



Integrated Performance Report

September 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

September 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	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 changed from 'red' to 'amber' due to the majority of restructure resources now in place allowing several work streams to progress, as well as the service realising more benefits than originally reported.
	2.9	Implement Hub and Spoke and Ambulance Vehicle Preparation to improve quality and performance	CEO				Doncaster business case was approved by HS Programme Board in August. TEG, FIC and Trust Board reviews in September. 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.
	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.

YAS STRATEGIC OBJECTIVES 2017/18								
Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	COMMENTS/EXCEPTIONS	
3 Our People	3.2	To prioritise the health and well-being of all staff	DWF				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 starting at the end of September. The contract has been awarded to deliver mental health first aid training to clinical supervisors. The Healthy Food CQUIN continues to be compliant. Flu vaccination uptake incentives have been delivered to Trust HQ. Flu programme has commenced with 35% 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, Jul 17		*
AQIs (Annex 2 Sep 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 suppressed

(**) 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, May 17	5.12%
Staff turnover (FTE), (Oct 16-Sep 17)	11.8%
NHS Staff Survey response rate 2016	37%
Proportion of temporary staff, Jun 17	1.85%

Strategic Change RAG ratings (Sep 17)

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

Revised targets and more recent data will be reported next month.

Finance and Use of Resources

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

- The Doncaster business case was approved by Trust Board in September.
- 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 SYSTP for national consideration for capital funding
- Recruitment to Senior 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.

Service Improvement

A&E: Not reported this month

- Changes in personnel and lead responsibilities have temporarily delayed the implementation and progress of some activities
- A review of all projects and milestones were reviewed at September Programme Board. A decision was made to recast the programme to respond to current challenges.

PTS: Moves to **Amber**

- Programme RAG changed from 'red' to 'amber' due to the majority of restructure resources now in place allowing several work streams to progress, as well as the service realising more benefits than originally reported.
- Re-casting information was presented in September's PTS Programme Board, and is due to be submitted to TMG in next reporting period for governance purposes and final review.
- Additional support requested from TEG to be prioritised for the programme to progress further.
- North/East Operations Manager and Resource Analyst roles commenced in September. Senior Communications Officer and Logistics Manager roles successfully appointed.

External

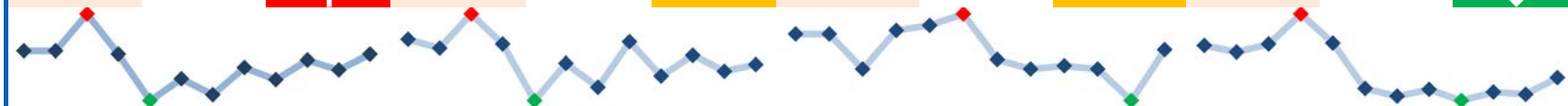
- Winter plans have now been submitted from each A&E Delivery Board and reviewed by NHS England.
- Key focus on Winter remains – NHSE/I pushing to ensure that flu vaccinations are a priority for front line staff, whilst putting pressure on systems to provide 95% 4 hour, will accept maintenance / improvement on Q2/3 performance from last; asking local systems to provide bed numbers against same period last year
- Local A&E Delivery Plans are looking at how to strengthen the community response to better support greater use of alternative diversionary pathways (shifting demand from Emergency Departments).
- SYB ACS undertaking a Hospital Services Review with five shortlisted work streams – YAS Clinical Directorate involved in all
- 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 September 2017


↑	The Mean Performance for Cat1 with IFT's was 07:12
↔	Ambulance responses on Scene down 1.7% YTD
↑	PTS KPI 2 continues to be above target at 95.6% for September
↔	Calls transferred to a CAS Clinician in 111 is above 30% target at 34.6%

YTD Performance		
	Time	Change
Category 1 no IFT Mean Performance	00:08:05	
Ambulance Turnaround Time	29 mins 20 sec	(110 seconds more)


A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 No IFT Mean		
Contract	Sep-17	Variance (%)	Contract	Sep-17	Variance (%)	Avg	Sep-17	Var	Avg	Sep-17	Change	Target	Sep-17	Var
72,722	76,992	5.9% ↑	57,852	58,614	1.3% ↔	76.1%	76.2%	0.1% ↔	2,367	2,110	(10.9%) ↓	00:07:00	00:08:05	00:01:05 ↑
														
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	Sep-17	Variance (%)	Target	Sep-17	Variance (%pts)	Target	Sep-17	Variance (%pts)	Target	Sep-17	Variance (%pts)	Target	Sep-17	Var
83,506	79,231	(5.1%) ↓	82.9%	84.2%	1.3% ↔	92.0%	87.7%	(4.3%) ↔	92%	79.8%	(12.2%) ↓	90.0%	76%	(13.9%) ↓
														

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	Sep-17	Variance (%)	Target	Sep-17	Variance (%)	Target	Sep-17	Variance (%)	Target	Sep-17	Variance (%)	Avg	Sep-17	Variance (%)
122,011	127,632	(4.4%) ↔	95%	92.8%	(2.2%) ↔	30%	34.6%	4.6% ↑	95%	90.0%	(5.0%) ↔	8.8%	9.1%	0.3% ↔
														

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 September 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	Aug 16	Aug 17
↔	5 in 1000 People get a safeguarding referral		Q1 YTD	Hand Hygiene	99%	99%
↔	2 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)	PTS	91% 91%	Premise	98%	99%
↔	9 out of 10 people would recommend YAS to Friends and Family	A&E	86% 86%	Vehicle	98%	99%

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
844	645	5.2% ↑	206	227	20.1% ↑	26	23	15.0% ↑	3	5	66.7% ↑	58	54	(10.0%) ↓

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
757	792	3.8% ↔	463	456	2.0% ↔	85	75	1.4% ↔	76%	92%	29.6% ↑	45	36	(14.3%) ↓

Patient Relations

Legal

Clinical Outcomes (Mar DATA)

Stroke 60			STeMI Care			ROSC (Utstein)			Survival (Utstein)			Fleet		
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change (%pts)
44.0%	47.8%	1.5% ↔	83.6%	79.1%	(2.9%) ↔	53.6%	46.5%	19.5% ↑	33.9%	24.4%	22.0% ↑	32	89	93.5% ↑

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 - September 2017

↑	854 staff are overdue a PDR out of 4342
↔	139 Staff are on long term sick out of 5142 Staff
↑	352 staff are still to complete the stat and man work book out of 5142
↔	More than 9 out of 10 staff have completed the Stat Man Workbook

YTD Performance		
	%	Change
Sickness	5.60%	0.18%
Stat and Man	94.63%	-0.46%

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)
4,333	4,342	0.2%	11.1%	6.2%	(4.9%)	11.4%	11.9%	0.5%	51.03	84	65.5%	95.0%	77.1%	(17.9%)

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%	5.9%	0.9%	2.0%	2.0%	0.0%	3.6%	3.9%	0.3%	1,720	1,637	(5.1%)	£803,515	£803,256	(0.0%)

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%	76.1%	(14.0%)	90.0%	94.6%	4.6%	90.0%	93.9%	3.9%	80.0%	89.8%	9.8%			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		10th October 2017 - Workforce Intelligence Team		8	

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,723)	(21,582)	140	(130,536)	(129,639)	897
Expenditure	21,302	21,081	(220)	129,173	127,796	(1,377)
Retained (Deficit) / Surplus with STF Funding	(421)	(501)	(80)	(1,363)	(1,843)	(480)
STF Funding	(100)	(100)	0	(529)	(529)	0
Retained (Deficit) / Surplus without STF Funding*	(321)	(401)	(80)	(834)	(1,314)	(480)
EBITDA	(1,393)	(1,442)	(50)	(7,193)	(7,661)	(468)
Cash	19,809	33,073	13,264	19,809	33,073	13,264
Capital Investment	265	55	(210)	1,259	298	(961)
Quality & Efficiency Savings (CIPs)	1,037	1,008	(29)	6,220	7,350	1,130

Under the "Single Oversight Framework" the overall Trust's rating for September 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 £480k against plan as at the end of September (Month 6). Income is lower than plan by £897k, 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 £3,605k favourable against plan mainly due to; vacancies and 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 £162k 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 £314k 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 September 2017, the Trust's cash position was £33.1m against a plan of £19.8m, giving a favourable variance of £13.3m. The additional cash is due to payables being £10.1m higher than plan; largely due to accrued costs. The balance is largely accounted for by capital being £2.9m below plan in cash terms.

Capital spend at the end of September 2017 is £298k against a plan of £1,259k for the YTD. The original plan was for £13.232m expenditure (allowing for disposals of £1.05m resulting in a charge of £12.182 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 £8,504k which was approved by 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 £1,130k, 36% of savings have been delivered none 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 September 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.			<p>Actual: 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 Plan: 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1</p>
EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 6 is £7,661k against a plan of £7,193k, a favourable variance of £468k against plan.			<p>Actual: -1,000, -1,000, -1,000, -1,000, -1,000, -1,000, 7,661, 7,661, 7,661, 7,661, 7,661, 7,661 Plan: -1,000, -1,000, -1,000, -1,000, -1,000, -1,000, -1,000, -1,000, -1,000, -1,000, -1,000, -1,000</p>
SURPLUS: The Trust has reported a surplus (including STF) as at the end of September (Month 6) of £1,843k which is £480k favourable against the planned surplus of £1,363k. The STF achieved YTD is £529k.			<p>Actual: -100, -100, -100, -100, -100, -100, 1,843, 1,843, 1,843, 1,843, 1,843, 1,843 Plan: -100, -100, -100, -100, -100, -100, -100, -100, -100, -100, -100, -100</p>
CAPITAL: Capital spend at the end of September 2017 is £298k against the original plan of £1,259k 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 £8,504k which was approved by the Trust Board in September 2017.			<p>Actual: 0, 0, 0, 0, 0, 0, 298, 298, 298, 298, 298, 298 Plan: 0, 0, 0, 0, 0, 0, 1,259, 1,259, 1,259, 1,259, 1,259, 1,259</p>
CASH: At the end of September 2017, the Trust's cash position was £33.1m against a plan of £19.8m, giving a favourable variance of £13.3m. The additional cash is due to payables being £10.1m higher than plan; largely due to accrued costs. The balance is largely accounted for by capital being £2.9m below plan in cash terms			<p>Actual: 20, 20, 20, 20, 20, 20, 33.1, 33.1, 33.1, 33.1, 33.1, 33.1 Plan: 20, 20, 20, 20, 20, 20, 19.8, 19.8, 19.8, 19.8, 19.8, 19.8</p>
CIP: The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,130k, 36% of savings have been delivered non recurrently and therefore causing an underlying recurrent financial risk for future years.			<p>Actual: 1,000, 1,000, 1,000, 1,000, 1,000, 1,000, 1,130, 1,130, 1,130, 1,130, 1,130, 1,130 Plan: 1,000, 1,000, 1,000, 1,000, 1,000, 1,000, 1,000, 1,000, 1,000, 1,000, 1,000, 1,000</p>

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	3,433	3,367	(67)
Business Development Directorate	44	44	0
Capital Charges Directorate	66	20	(46)
Chief Executive Directorate	63	16	(47)
Clinical Directorate	71	70	(1)
Estates Directorate	161	81	(81)
Finance Directorate	499	385	(114)
Fleet Directorate	881	205	(675)
People & Engagement Directorate	195	0	(195)
Planned & Urgent Care Directorate	713	277	(436)
Quality, Governance & Performance Assurance Directorate	94	94	0
Reserve Schemes	0	2,791	2,791
Grand Total	6,220	7,350	1,130

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	4,719	4,710	(9)
Non - Recurrent	1,080	2,640	1,560
Unidentified	421	0	(421)
Grand Total	6,220	7,350	1,130

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

September 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							
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£285,987	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							
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 starting at the end of September. The contract has been awarded to deliver mental health first aid training to clinical supervisors with dates arranged for the new year. The Healthy Food CQUIN continues to be compliant. Flu vaccination campaign has commenced and initial take up has been positive with 35% take up in the first few weeks. The campaign will run between 19th September and 31st December with regular updates on performance of the programme.

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							
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green							
Mortality Review	Deputy Medical Director	£1,072,238	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							
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 Q2 reporting.

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

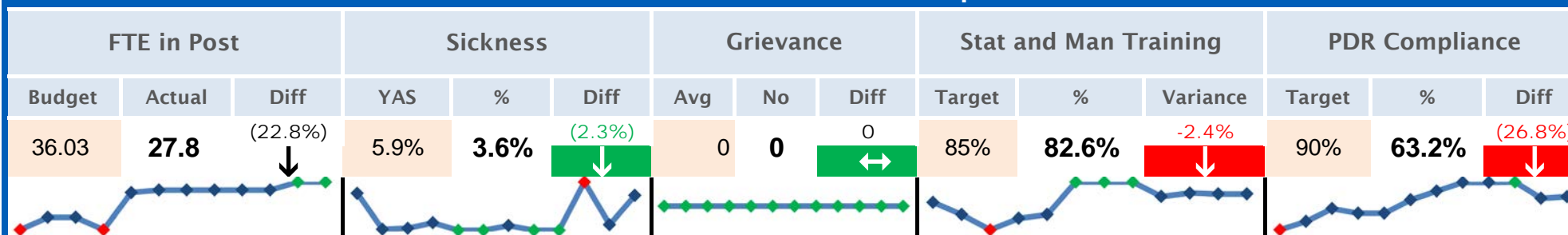
PTS CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Patient Portal	PTS Locality Manager	£136,000	Green	Green	Amber	Amber	Green	Green							
Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18 reconciliation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

Comments: The Patient Portal delivery remains on track with no current concerns. A recent demonstration to commissioner colleagues proved extremely positive and they are extremely pleased with the functionality and progress on this development.

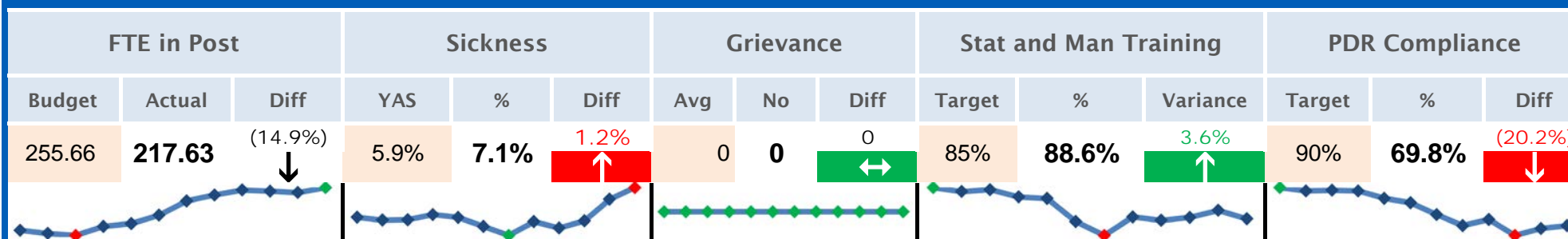
Green Fully Completed / Appropriate actions taken
Amber Delivery at Risk
Red Milestone not achieved

Corporate Services - September 2017

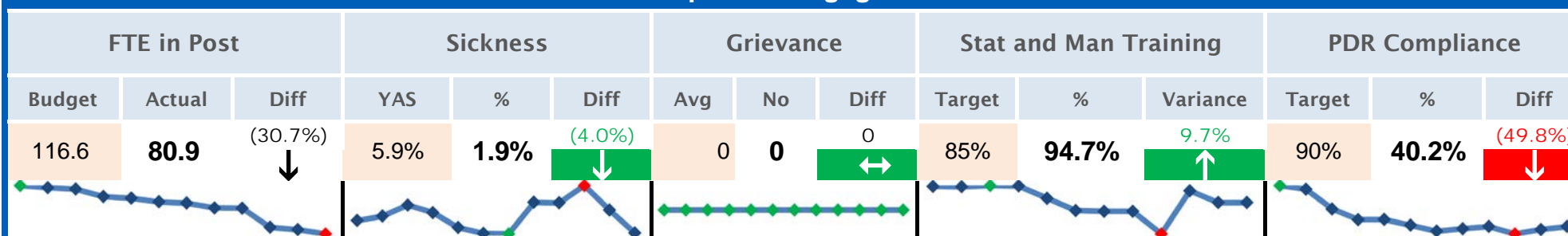
Chief Exec and Business Development



Finance



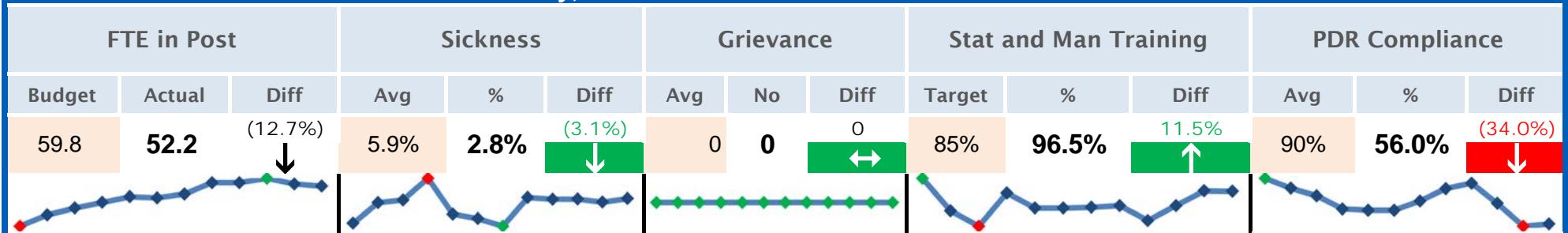
People and Engagement



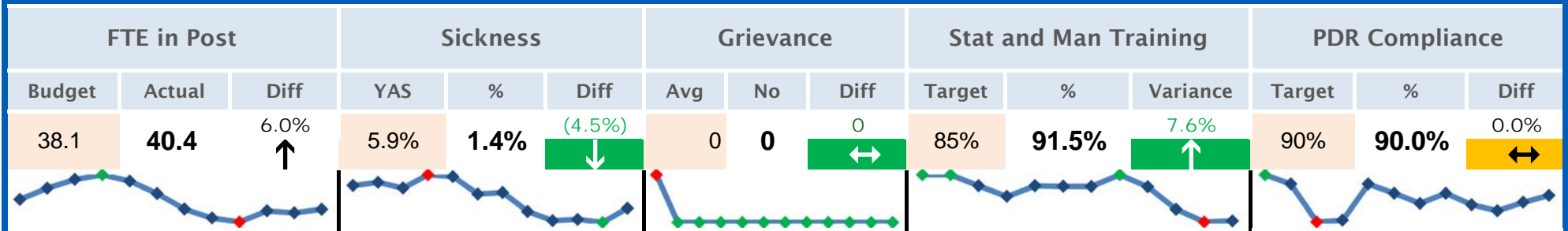
Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated	
	Current Month (tolerance 5% number difference)		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		27.10.17 - PMO	

Corporate Services - September 2017

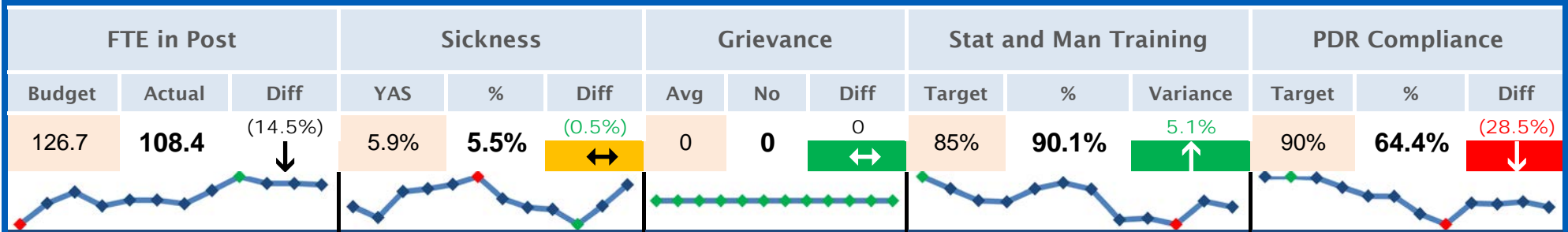
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates

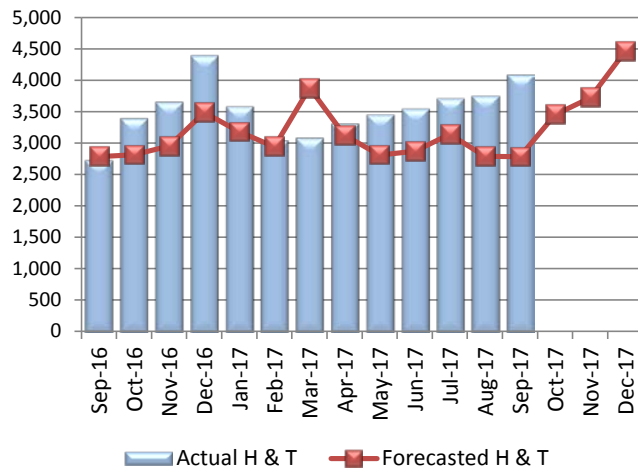


Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference and 1% for sickness)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	27.10.17 - PMO

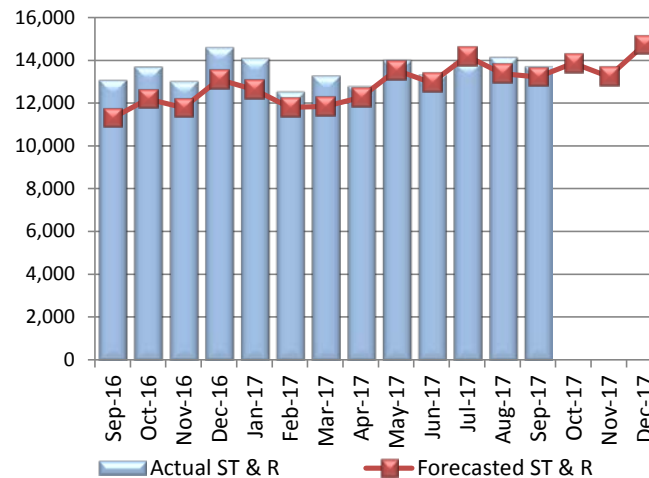
SERVICE LINES

9.1 Activity

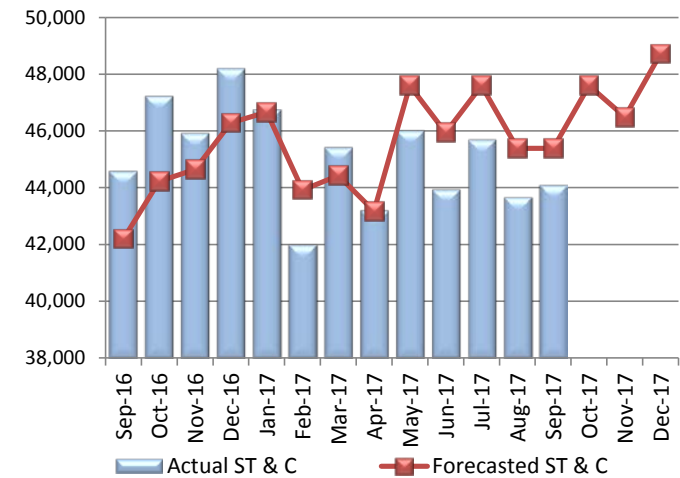
Hear & Treat



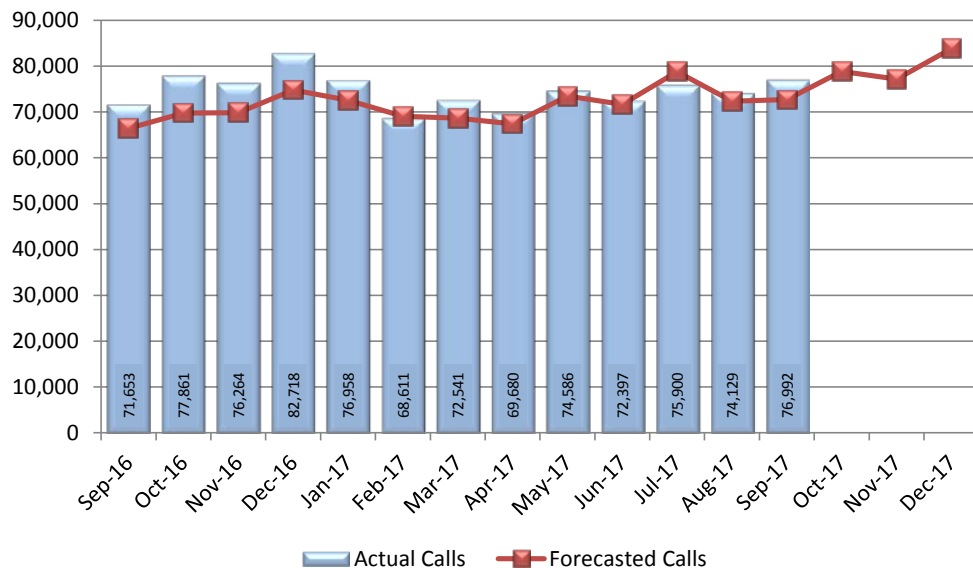
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 5.9% above forecast. This is an increase in call numbers of 7.5% vs September last year.

H&T is 47.1% above forecast. This is an increase of 49.8% in the amount of H&T carried out vs September last year

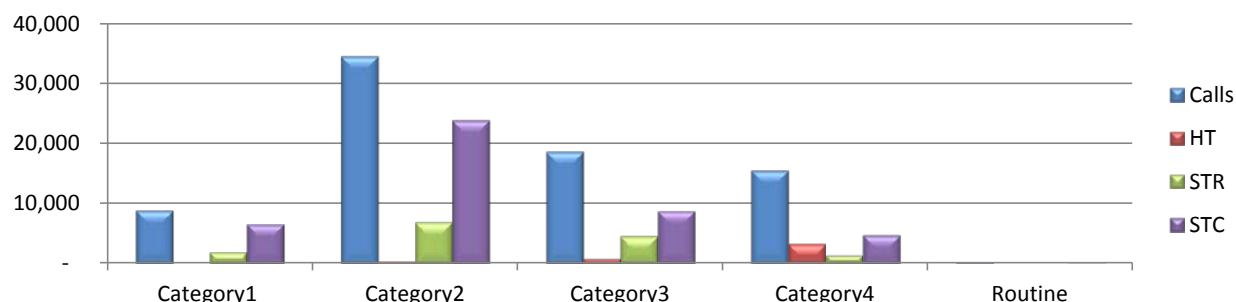
ST&R was 3.9% above forecast. This is an increase of 4.8% in the amount of ST&R carried out vs September last year.

ST&C was (2.8%) below forecast. This is a decrease of (1.1%) in the amount of ST&C carried out vs September last year.

These figures show sustained progress in reducing our conveyance rate

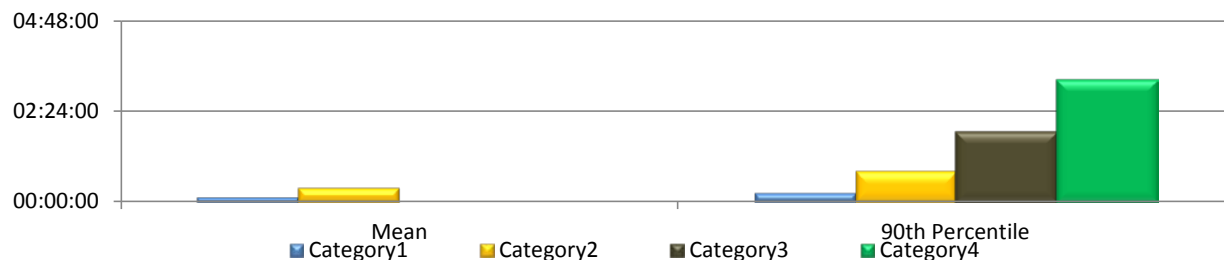
9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	8,871	32	1,901	6,598	8,499	14.4%
Category2	34,539	359	6,750	23,934	30,684	52.1%
Category3	18,651	725	4,500	8,847	13,347	22.7%
Category4	15,554	3,165	1,394	4,778	6,172	10.5%
Routine	250	-	5	135	140	0.2%



9.3 Performance

ARP 2.3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:14	00:13:27	00:07:00	00:15:00
Category2	00:22:07	00:47:16	00:18:00	00:40:00
Category3		01:52:18		02:00:00
Category4		03:15:04		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.

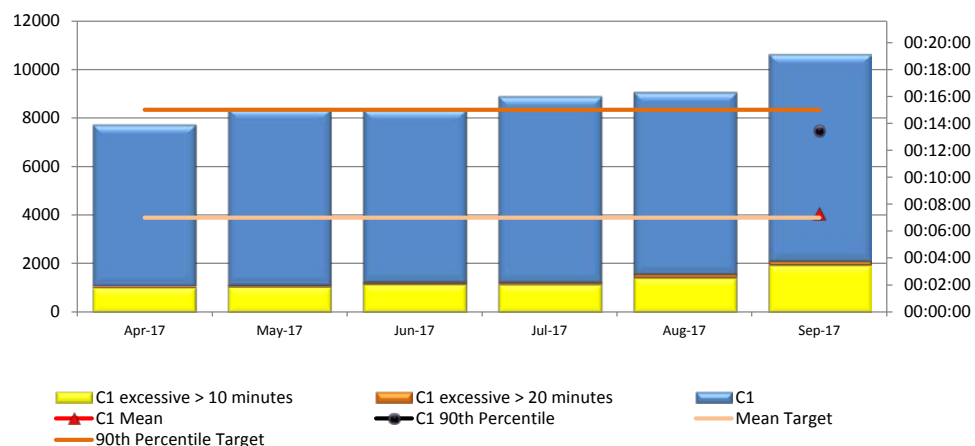
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

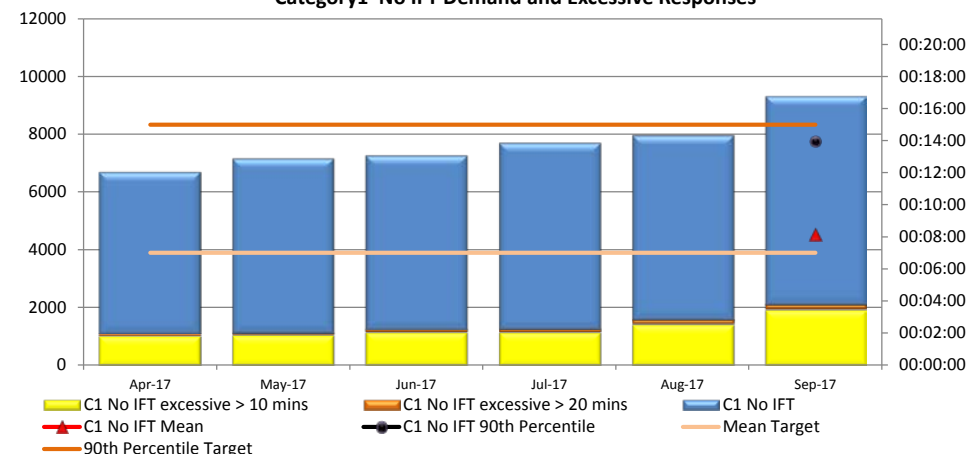
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C1 No IFT		
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

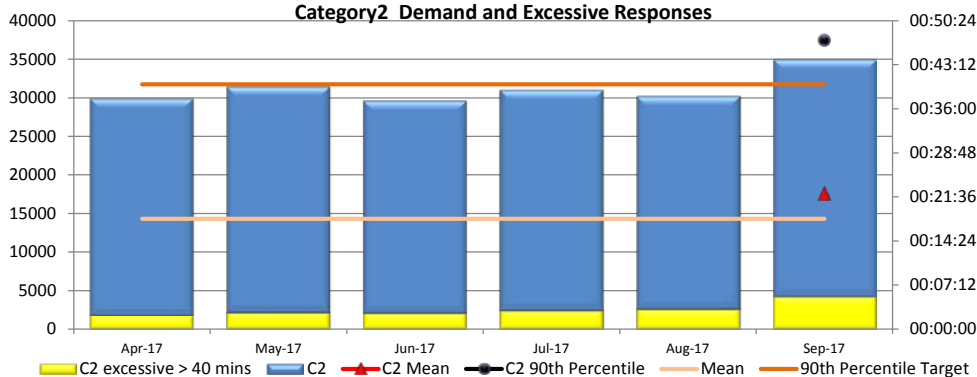
Category1 Demand and Excessive Responses



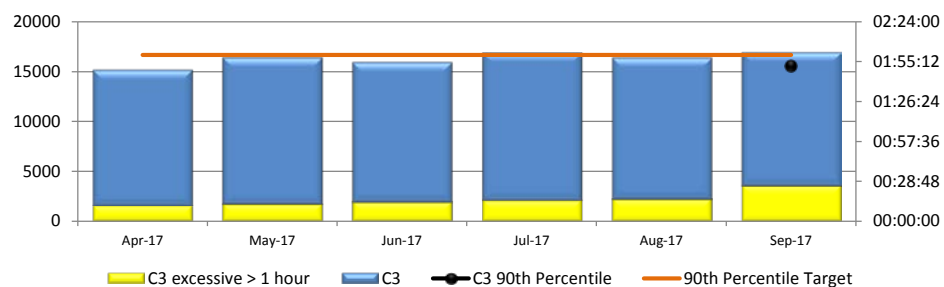
Category1 No IFT Demand and Excessive Responses



Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Commentary

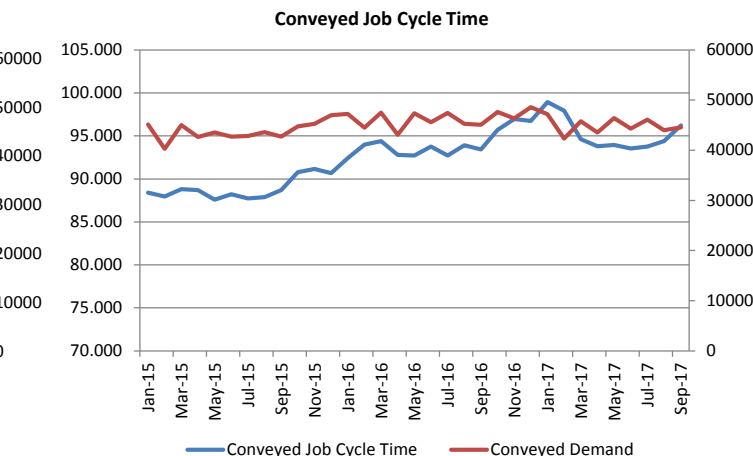
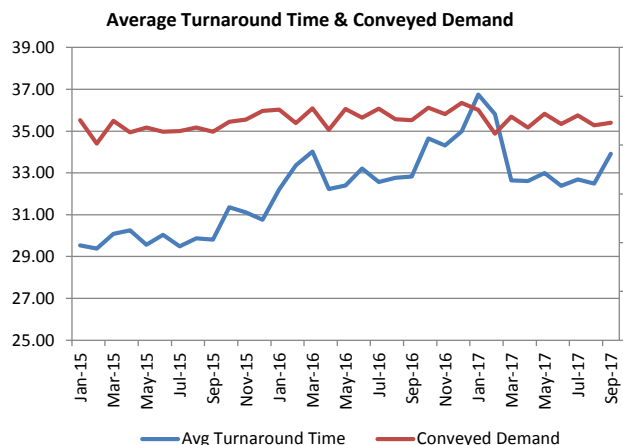
Category 1 mean performance with the Inclusion of inter facility transfers was 7 minutes 14 seconds against the 7 minute target with the 90th percentile at 13:27 against the 15:00 target which represents good level of performance against 7.5% increase in demand vs last year. Category 1 Mean performance with inter facility transfers removed shows a clear impact on performance at 8:05 the impact on 90th percentile is not as severe with the target still achieved at 13:57. The impact of removing IFTs creates a longer mean time due to de-fib allocation on IFT jobs.

Category 2 Mean performance was 22:07 which is 4:07 short of the 18:00 target with similar performance seen in the 90th percentile at 47:16 which is 7:16 short of the 40:00 target. A contributing factor to this may be the increase in category 1 demand of 13.7% (1029 jobs) vs previous month which is largely due to the removal of the ability to downgrade category 1 calls where clinically appropriate. We must also take into consideration that an increase in category 1 demand has a larger impact on resource as we allocate an average of 1.8 units per call compared to just 1.2 units on average showing a much lower allocation of units in other categories.

Category 3 90th percentile performance was under target at 1:52:18 against a 2 hour target

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: for September were 4.2% higher than August and 3.2% higher than September last year. This is the first significant increase seen since March of this 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.

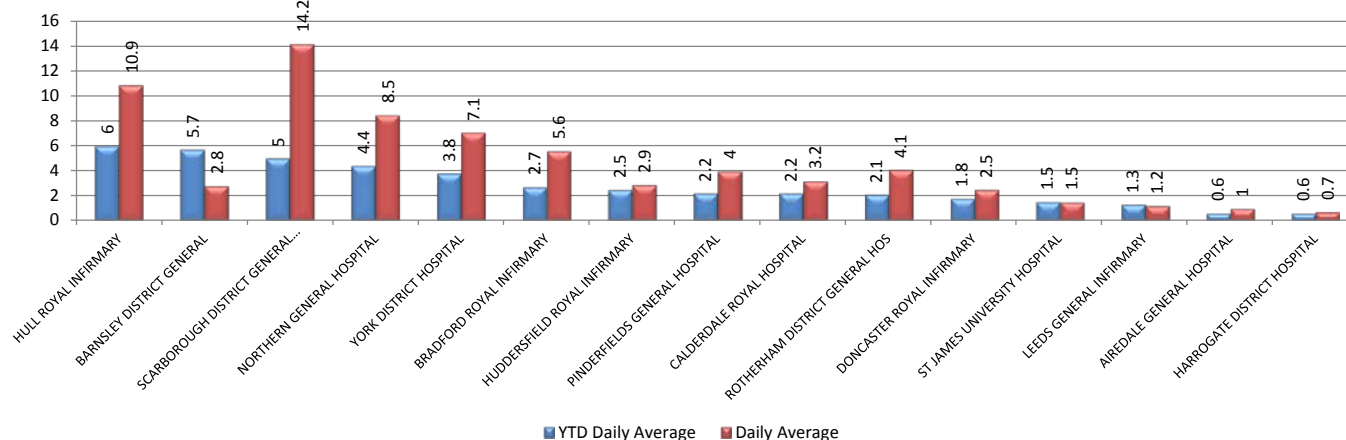
Job Cycle time: showed a slight increase on August of 1.9% and is a slight increase of 2.9% vs last year.

Excessive hours: Lost at hospital were higher in September than August by 540 hours which is an increase of 25.6%. This is however lower than September last year showing a decrease of 52 hours, a fall of 2.5%. Hull Royal Infirmary and Scarborough District General have been impacting on performance.

9.7 Hospital Turnaround - Excessive Responses

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Last 12 months
Excessive Handovers over 15 mins (in hours)	3,149	2,923	3,160	4,149	3,208	1,727	1,509	1,728	1,367	1,646	1,570	2,110	28,246
Excessive Hours per day (Avg)	102	101	102	138	103	58	49	56	46	53	52	68	77

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

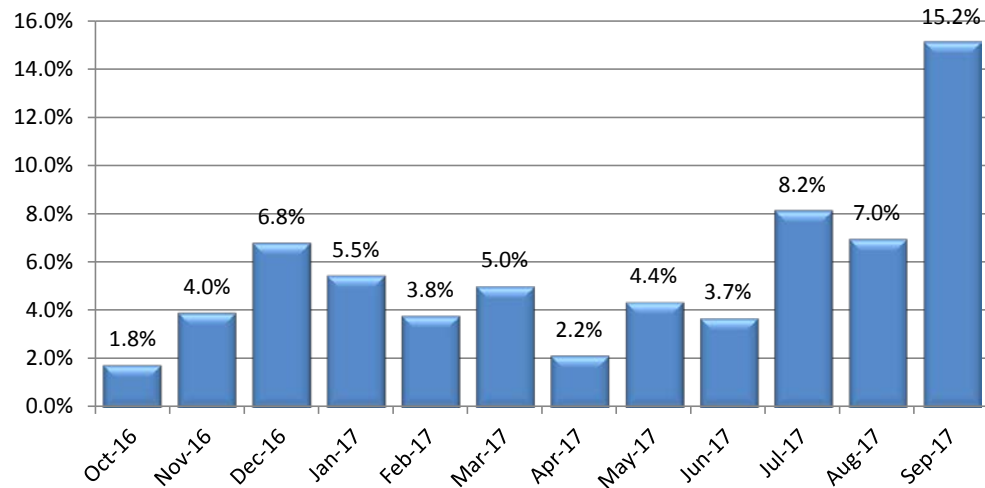


9. A&E Operations

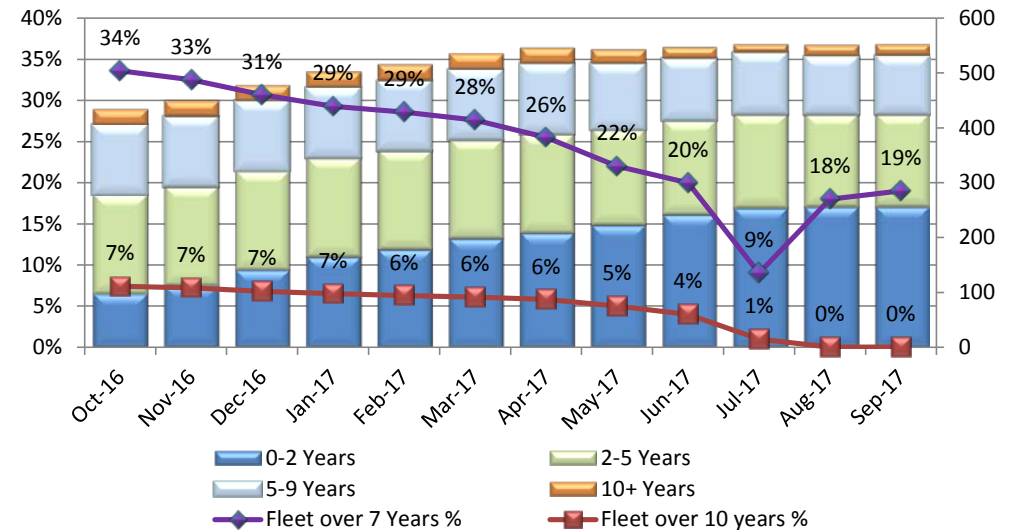
September 2017

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

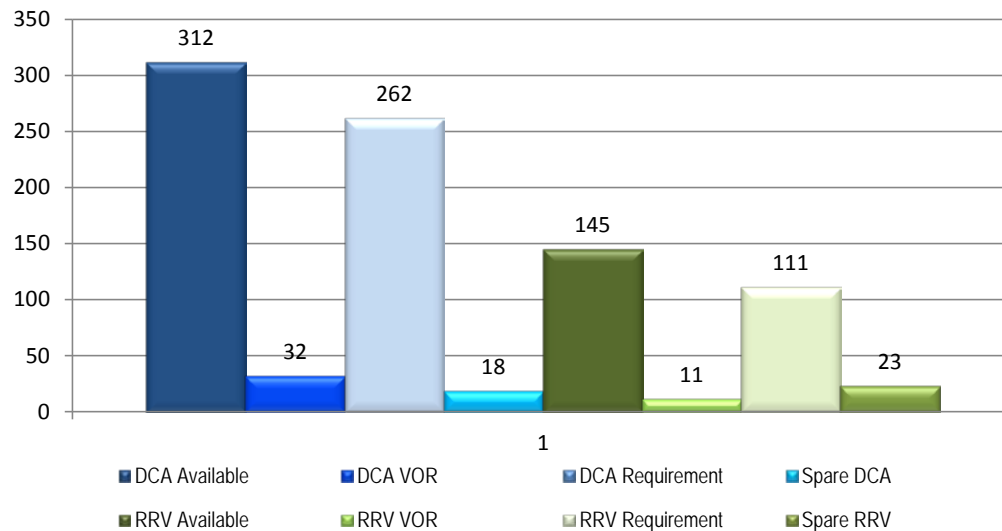


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability: September



Commentary

Deep clean: The A&E Deep Clean percentage of breaches outside the 5 weeks window increased in September to 15.2%. This is attributable to three key factors: current level of vehicle unavailability linked to the new A&E rotas, significantly increased staff absence and the current working times of key vehicle deep cleaners. The realignment of vehicle cleaning staff working hours is required to increase utilisation and discussions are ongoing with HR.

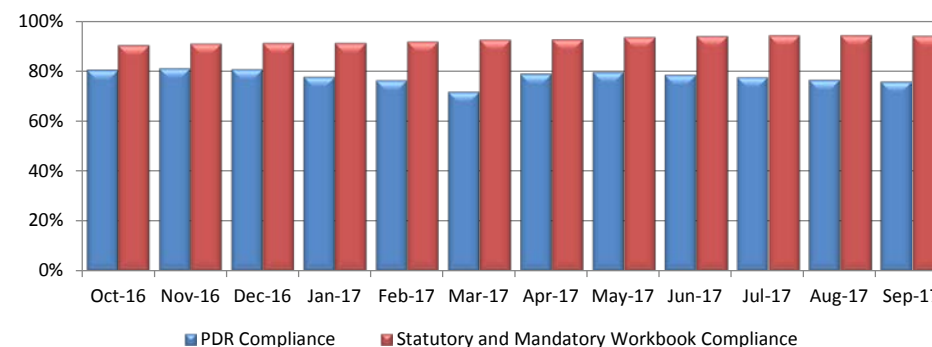
Availability: Vehicle availability has decreased slightly in September as a result of some charging issues on the new vehicles, Fleet are working with the convertor to rectify the issues. Fleet is progressing the tail lift project (replacement frames and platforms) which is affecting the overall availability. 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

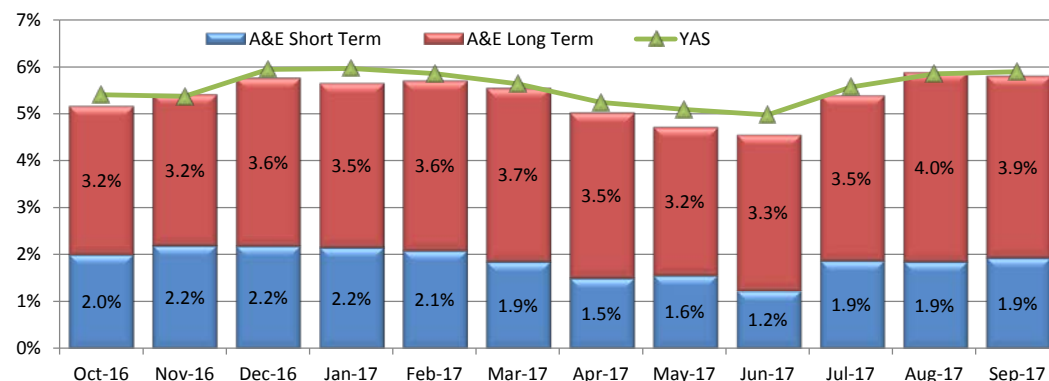
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,368	118	592	1,658	70%
Contracted FTE (before overtime)	2,178	146	518	1,514	69%
Variance	(190)	(28)	74	(144)	(8.7%)
% Variance	(8.0%)	(23.7%)	12.5%		
FTE (worked inc overtime)*	2324.7	146	518	1,660	71%
Variance	(43)	(28)	74		
% Variance	(1.8%)	(23.7%)	12.5%	3	0.2%

* 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 953 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.

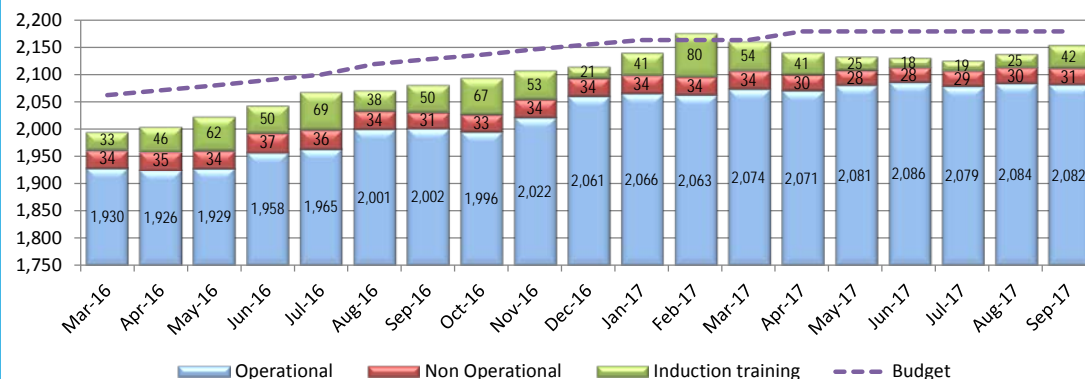
PDR: Currently at 76.0% against stretch target of 90%. This is a decrease of 0.7% vs last month and is 0.1% below the Trust average

Sickness: Currently stands at 5.8% which is a decrease of 0.1% vs last month and is slightly below the trust average of 5.9%

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

9.14 A&E Recruitment Plan

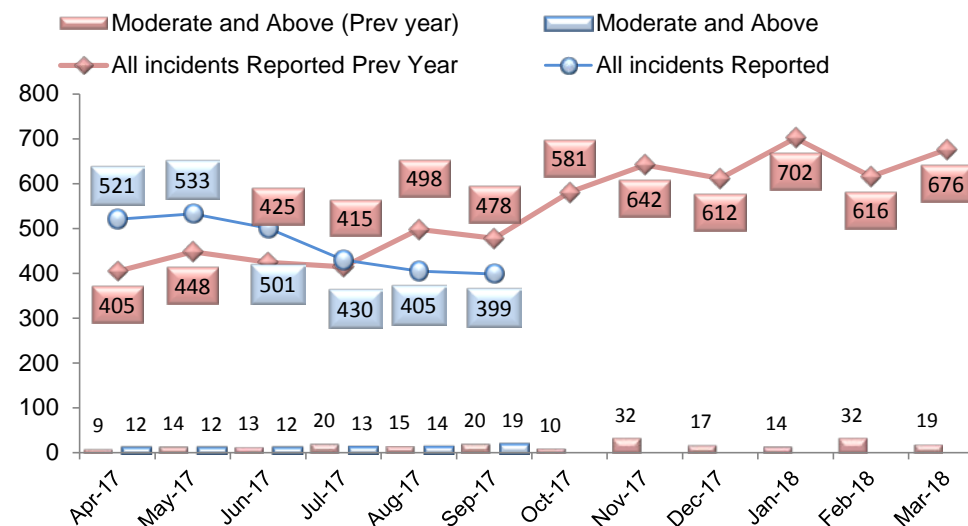
A&E Operations (excluding CS)



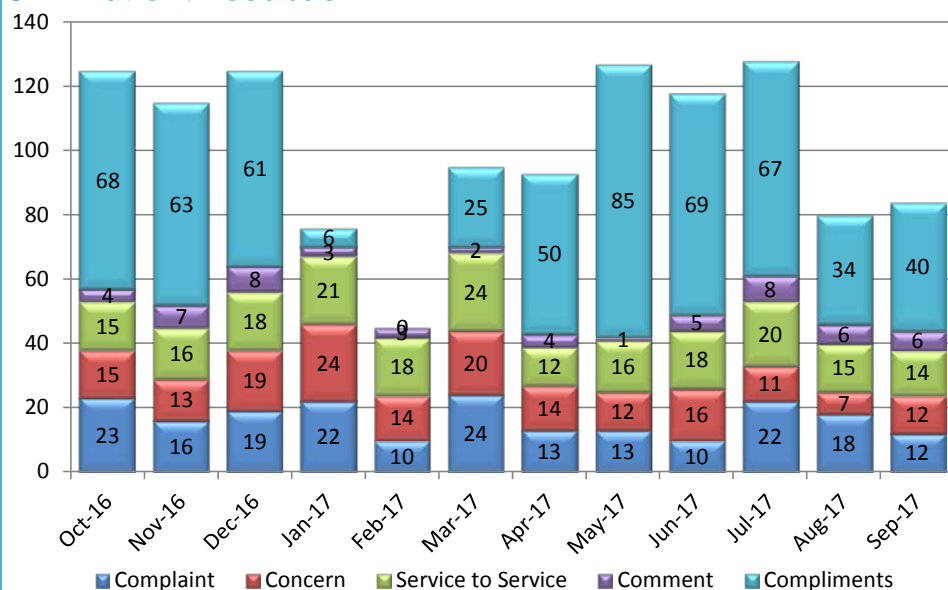
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		4	10
Total Incidents (Per 1000 activities)		0.07	0.03
Total incidents Moderate & above		19	0.03
Response within target time for complaints & concerns		94%	96%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1
Patient Experience Survey - Qtrly		85.9%	85.9%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

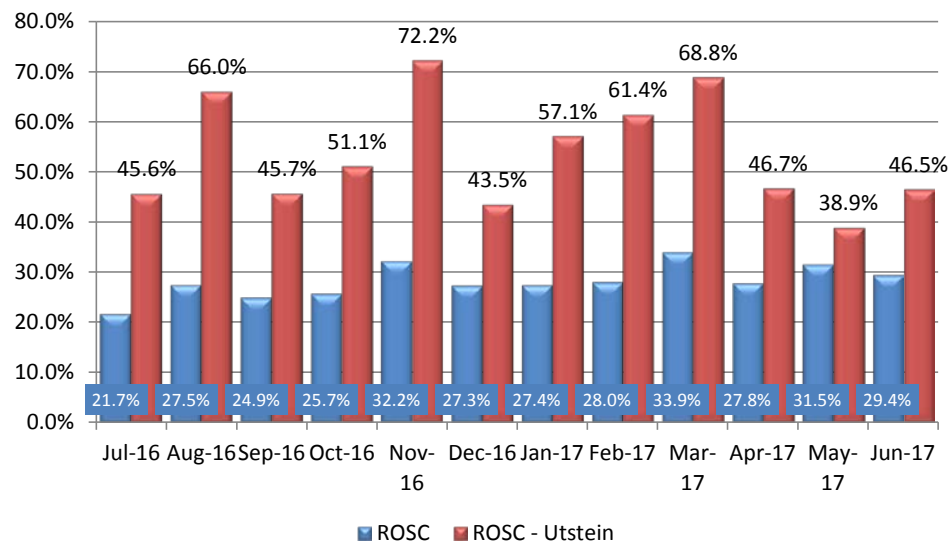


Commentary

Incidents: Total reported incidents decreased 1.5% on last month and is down by 16.5% against September 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 but have shown an increase that is in line with last years figures.

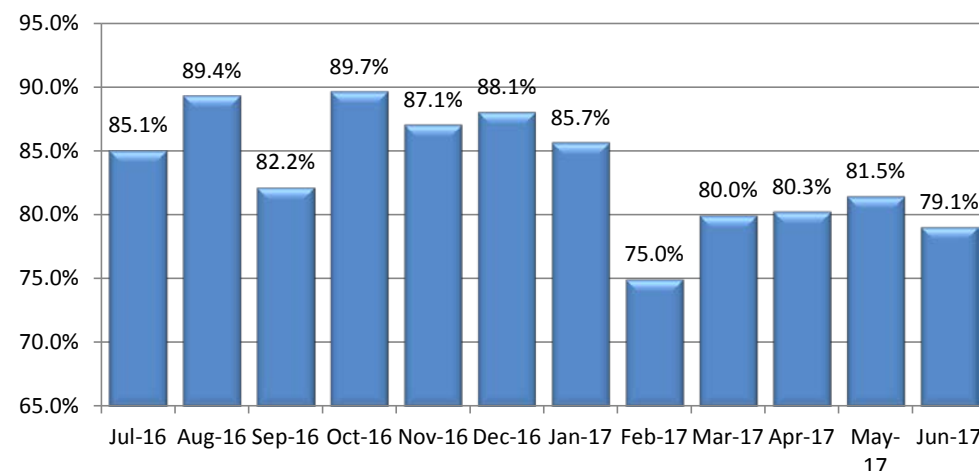
Feedback: Total feedback increased marginally last month however complaints fell to the 3rd lowest level of the year, while compliments increased which accounted for 47.6% of all feedback.

9.18 ROSC & ROSC Utstein

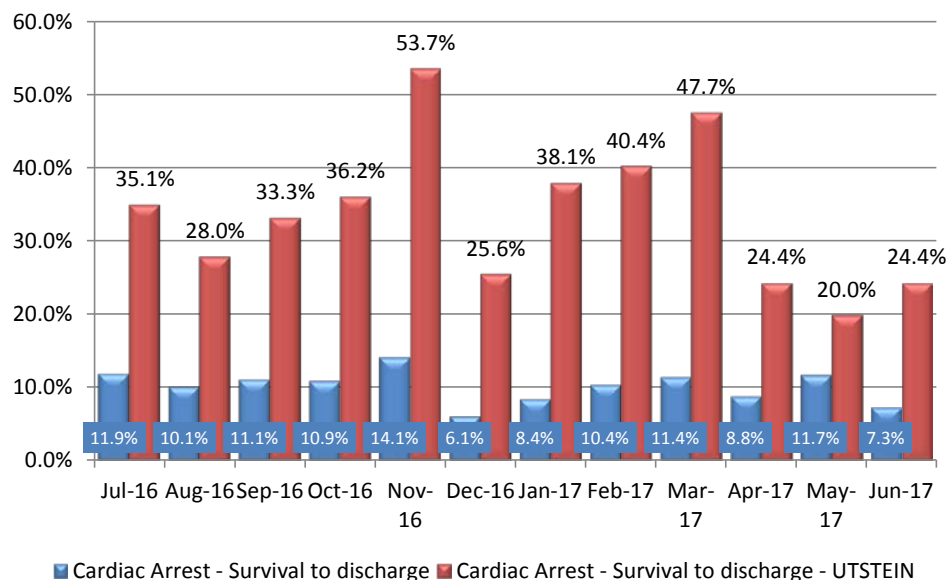


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



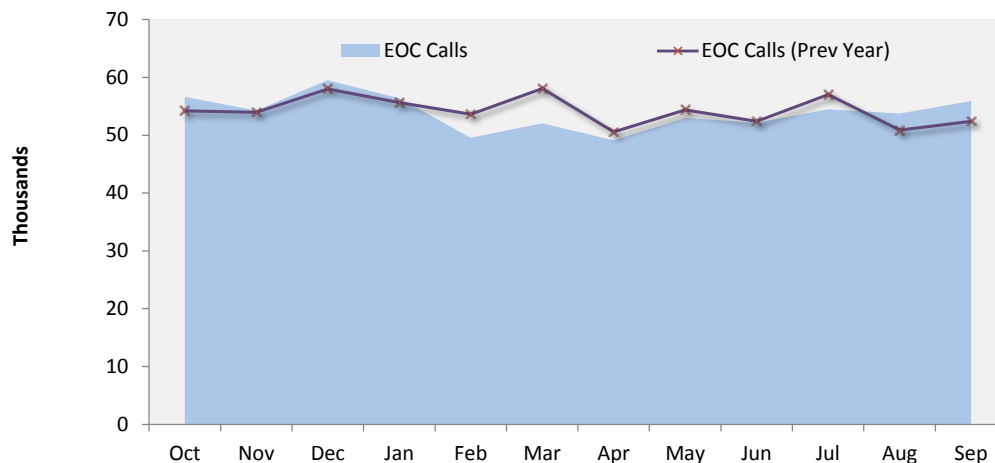
Commentary

ROSC: ROSC (overall) performance for June 2017, 29.4%, is slightly down from May's figure of 31.5%. This can largely be attributed to the increase in the number of cardiac arrest patients YAS attempted RESUS on between these two months. In May 2017 YAS attempted RESUS on 213 patients, of which 67 had ROSC, compared with 252 patients in June, of which 74 had ROSC.

Survival to Discharge: Survival to discharge overall has shown a decrease in performance from May (11.7%) to June (7.3%). 24 patients survived to discharge in May and 18 in June. Survival to Discharge within the UTSTEIN comparator group mirrors the increase shown in ROSC UTSTEIN performance from May (20%) to June (24.4%). 7 out of 35 patients survived in May, compared to 10 out of 41 patients within June.

Stemi-Care Bundle: STEMI care performance has decreased slightly, with May's figure of 81.5% (101 out of 124 patients) being up from June which saw 87 patients out of 110 patients, 79.1%, receiving the appropriate care bundle.

9.21 Activity

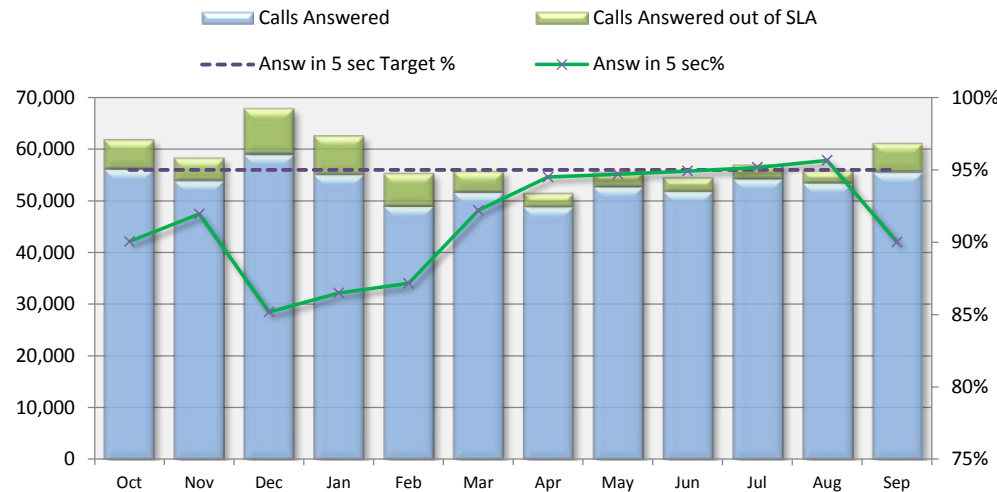


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95%)
2017/18	318,426	317,482	18,656	94.1%
2016/17	317,564	315,439	30,586	90.3%
Variance	862	2,043	-11,930	
Variance	0.3%	0.6%	(39.0%)	3.8%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	90.0%	94.1%



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Calls Answered out of SLA	5,600	4,351	8,760	7,456	6,308	4,043	2,692	2,804	2,643	2,629	2,327	5,561
Calls Answered	56,268	54,042	59,079	55,175	49,106	51,816	48,981	52,859	51,997	54,397	53,596	55,652
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	90.0%	91.9%	85.2%	86.5%	87.2%	92.2%	94.5%	94.7%	94.9%	95.2%	95.7%	90.0%

Commentary

Demand: Increased 4.0% vs last month.

Answer in 5 sec: Decreased by 5.7% vs last month at 90% and is 5% below target

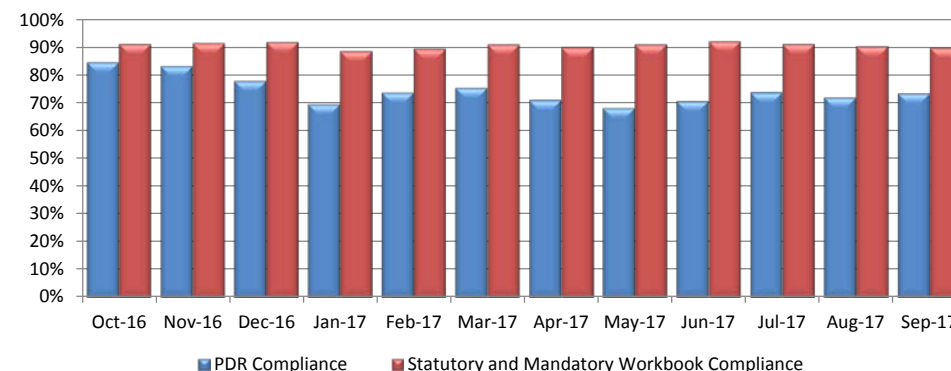
The Volume of calls offered was the highest we have seen since January with over 2000 calls more offered in September than August. Weekend staffing has been below requirement, an audit is taking place to review if recent changes to resourcing has had an impact on coverage. We have also been working collaboratively with NWAS who have experienced some system issues.

9.24 Workforce

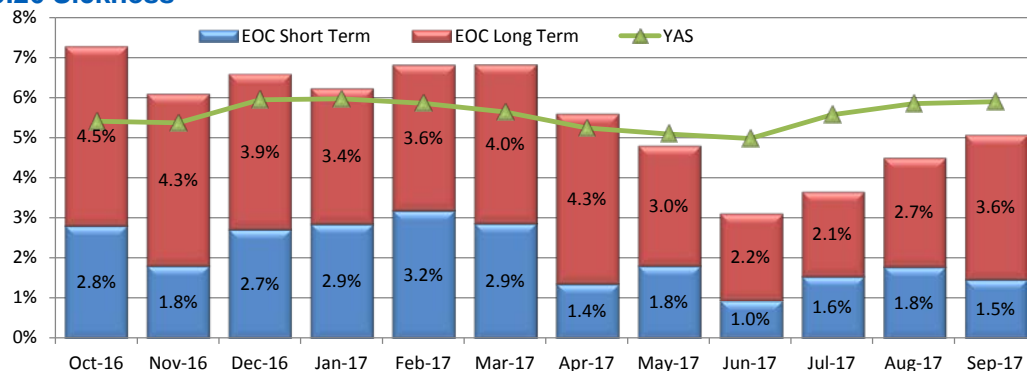
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	313	15.6	78	219	70%
Variance	(14)	(1)	(4)	(10)	(4.3%)
% Variance	(4.3%)	(4.3%)	(4.3%)		
FTE (worked inc overtime)*	315.3	19.7	71	224	71%
Variance	(12)	3	(11)	-4	0
% Variance	(3.5%)	20.5%	(12.9%)		

* 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



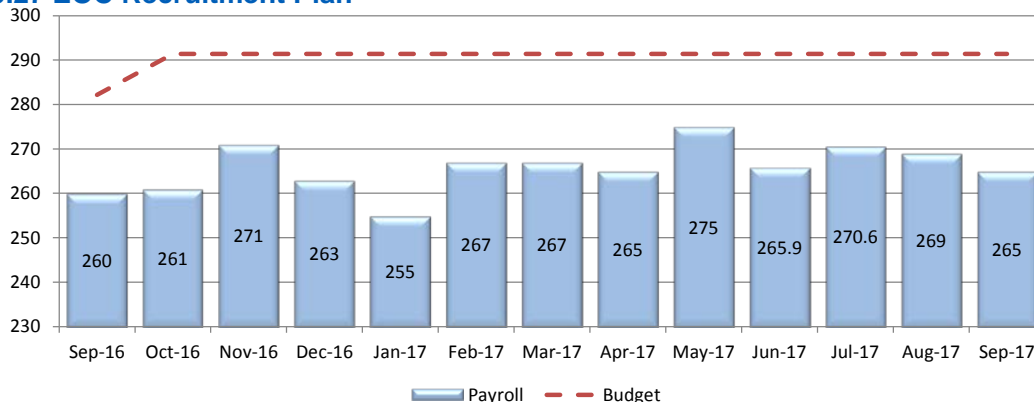
Commentary

PDR: PDR compliance stood at 73.5% in September against a stretch target of 90% which is an increase of 1.5% on previous month. This is 2.6% below the trust average.

Sickness: Currently at 5.1% which is an increase of 0.6% on the previous month and compares favourably against the 5.9% Trust average.

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.

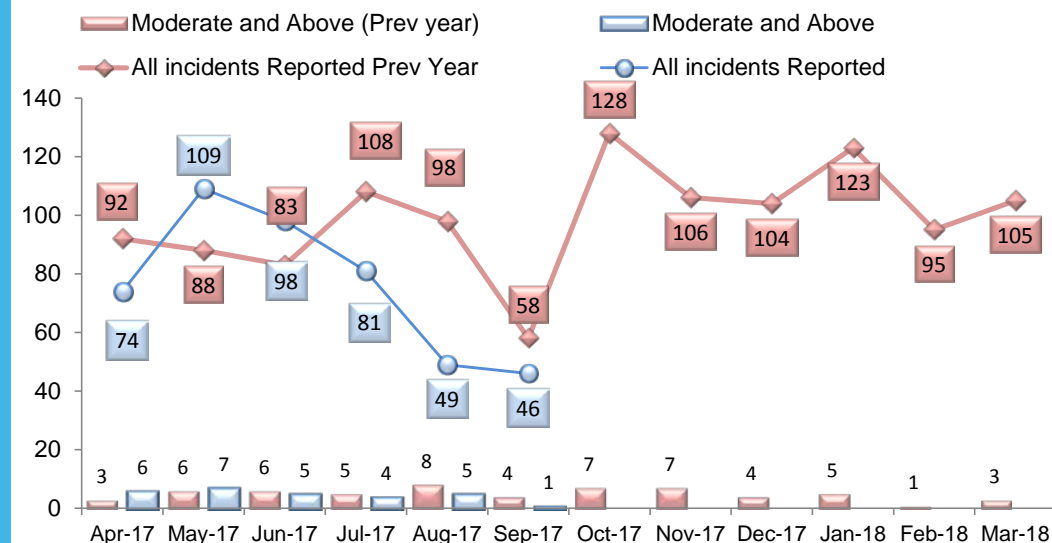
9.27 EOC Recruitment Plan



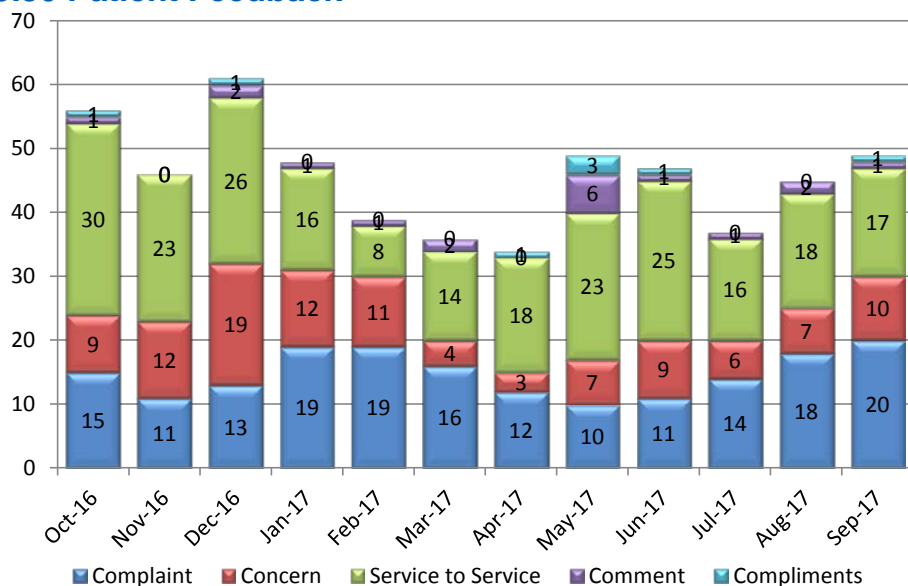
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	7
Total Incidents (Per 1000 activities)		0.00	0.02
Total incidents Moderate & above		1	28
Response within target time for complaints & concerns		88%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

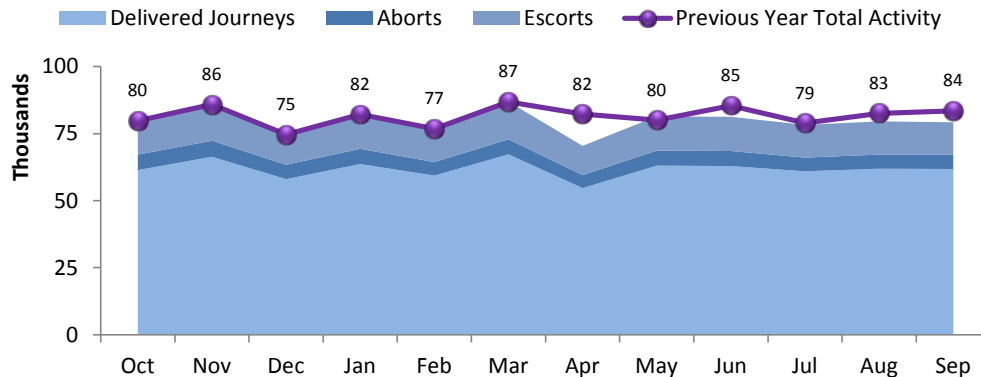
Incidents: Total reported incidents decreased 6.1% on last month a reduction of 20.7% against September last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback increased slightly on the previous month. Complaint levels also increased but in line with the overall increase in feedback.

10. PATIENT TRANSPORT SERVICE

September 17

10.1 Demand

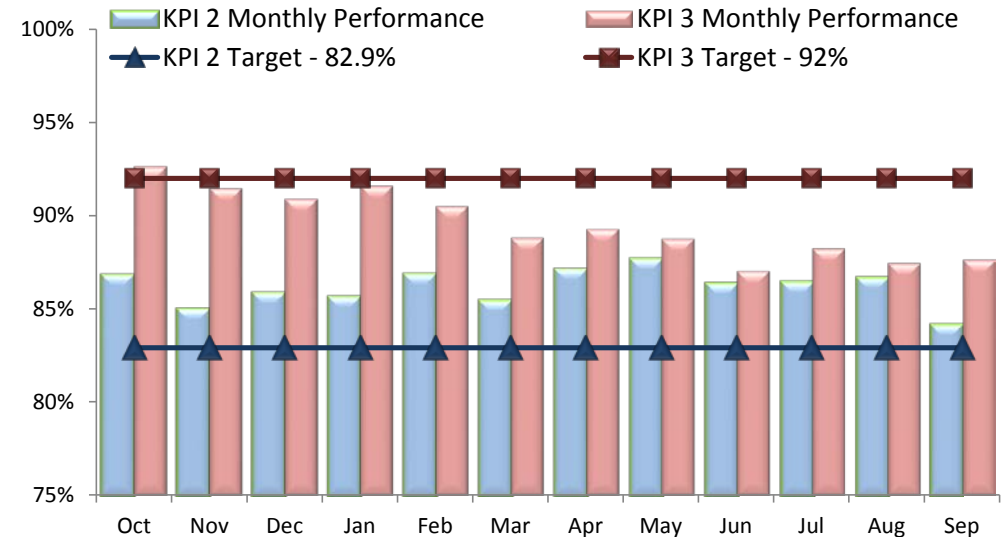


Comparison to Plan

Sep-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	365,306	31,747	73,129	470,182
Previous YTD* 2016-17	316,576	28,912	63,824	409,312
% Variance	15.4%	9.8%	14.6%	14.9%

* Demand includes All Activity

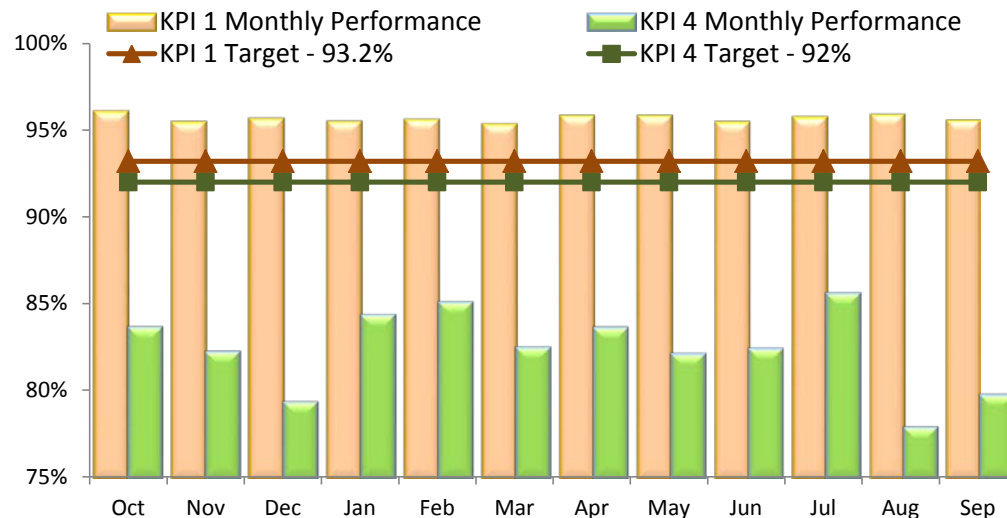
10.2 KPI* 2 & 3**



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 September decreased by 0.4% on last month; it shows a decrease of 5.1% against September last year.

KPI 1 Performance decreased by 0.3% percent in September and is 2.4% above target.

KPI 2 Inward performance fell in September to 84.2% which is 1.3% above the making appointment on-time target. This is however the lowest figure achieved in 12 months but may be attributed to South figures being reported separately due to a change in KPI targets.

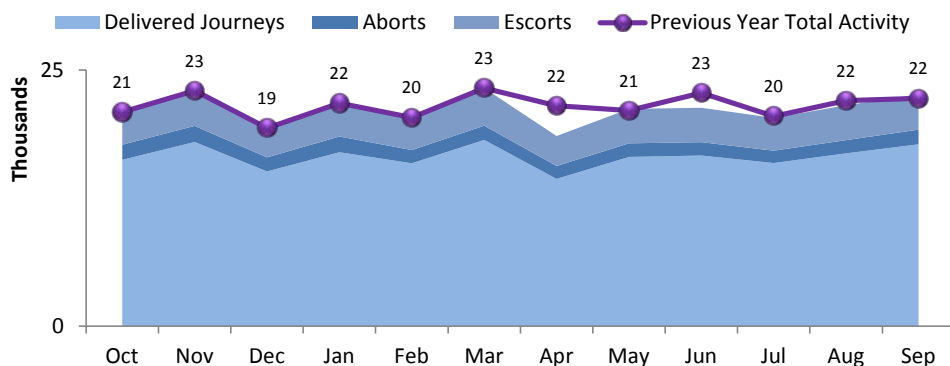
KPI 3 The outward performance slightly increased on last month and is now 4.3% below the annual target of 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours improved from 77.% in August to 79.8%, however, 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)

September 17

10.1 Demand



Comparison to Plan

Sep-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	98,137	7,820	19,706	125,663
YTD 2017-18	84,676	7,837	15,399	107,912
% Variance	15.9%	(0.2%)	28.0%	16.4%

South Performance Indicators - as of September 2017

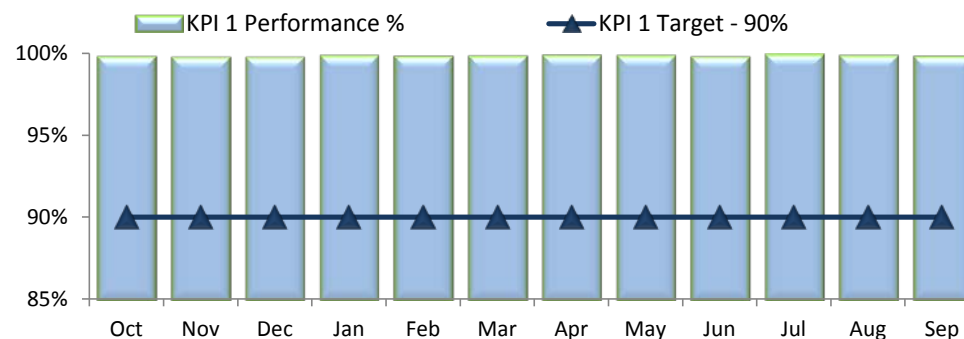
- KPI 1 - The patient's journey inwards and outwards should take no longer than 120 minutes
- KPI 2 - Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time.
- KPI 3 - Pre-planned outward patients should leave the clinic/ward no later than 90 minutes 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

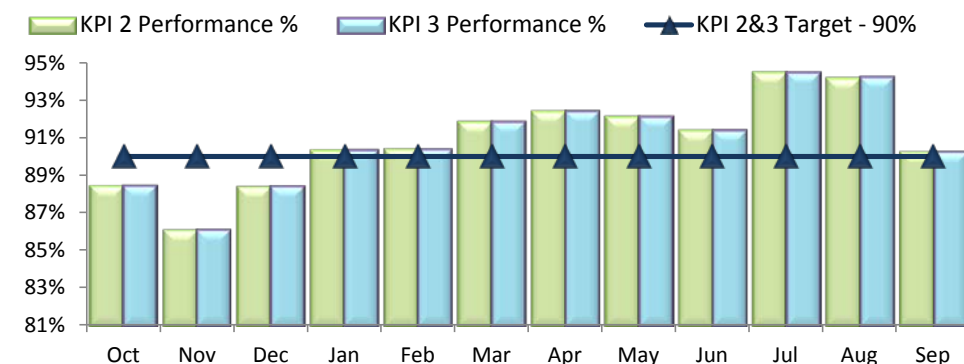
KPI 2&3 performance dipped in September to 90.3% this is however still above the 90% target.

KPI 4 It is worth noting that this is the only PTS area that is consistently achieving KPI 4 which may provide an opportunity to share best practice with the rest of the PTS service.

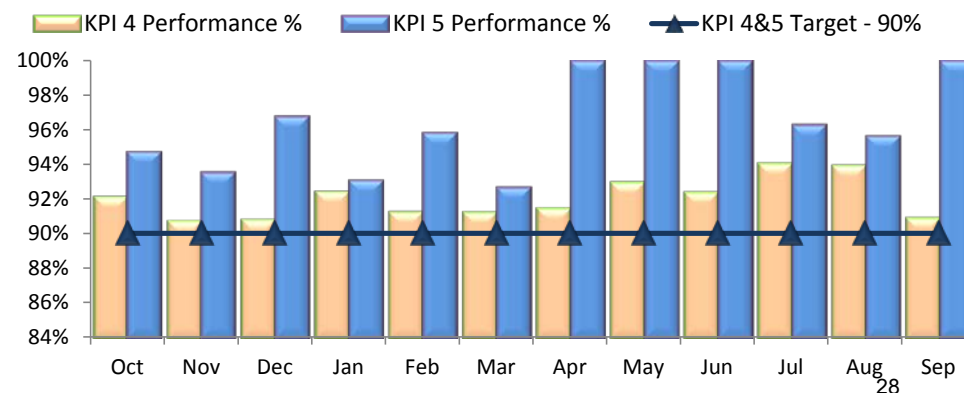
10.2 KPI 1 - Journeys no longer than 120 Mins



10.3 KPI 2&3 - Inwards Journeys



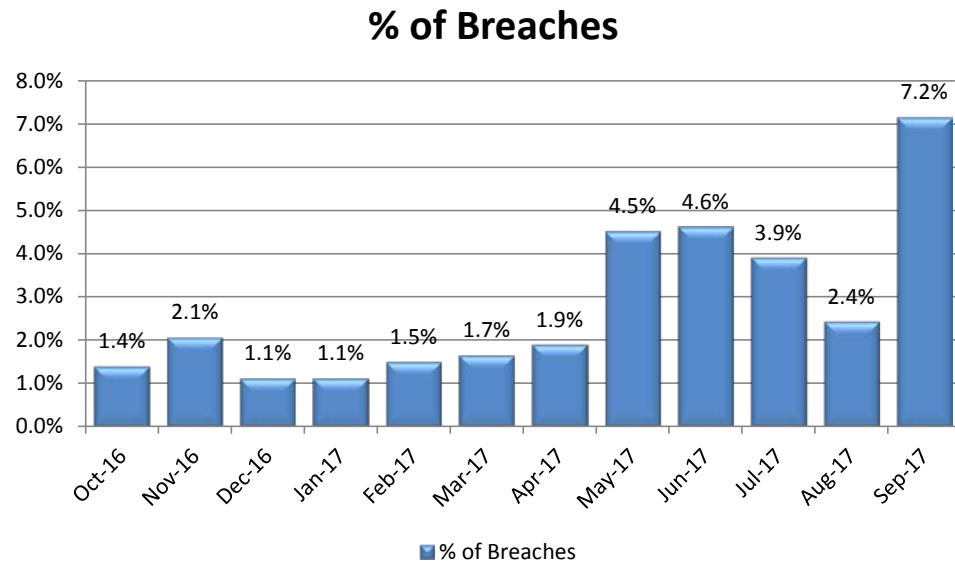
10.3 KPI 4&5 - Outwards Journeys



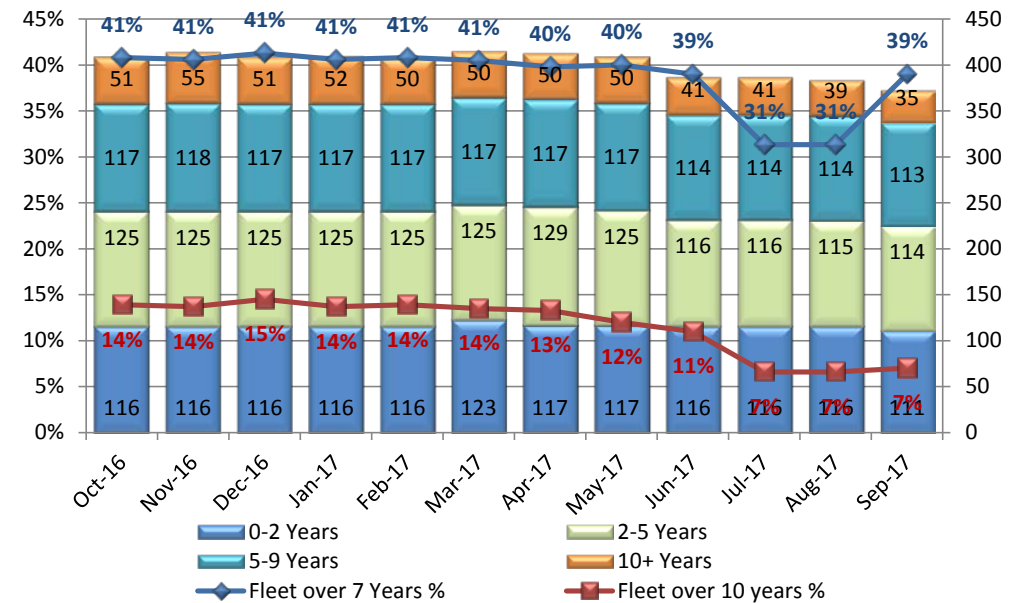
10. PATIENT TRANSPORT SERVICE

September 17

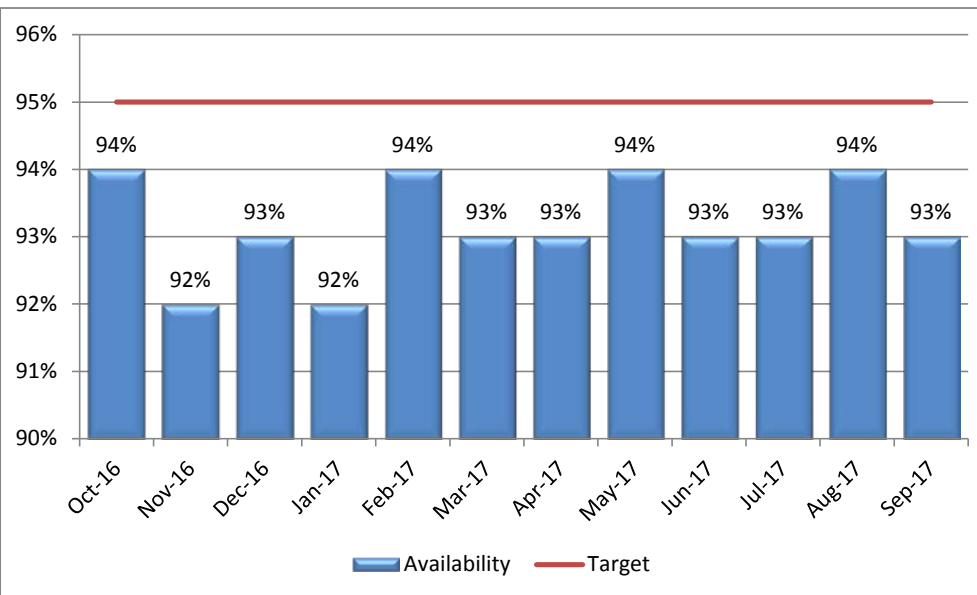
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability has dropped slightly this month and at 93% 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 increased in September to 7.2%. There were 21 breaches during the period totalling 139 cumulative exception days. A common theme for vehicle cleaning breaches is due to vehicles being off road, in workshop or relocated to cover shortfalls in other areas.

Figures for September show that 7% 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 vehicle will be in service through November/December. The reduction of older vehicle age is also in part from the loss of Hull from April, and additional reductions in line with the "Workforce Plan".

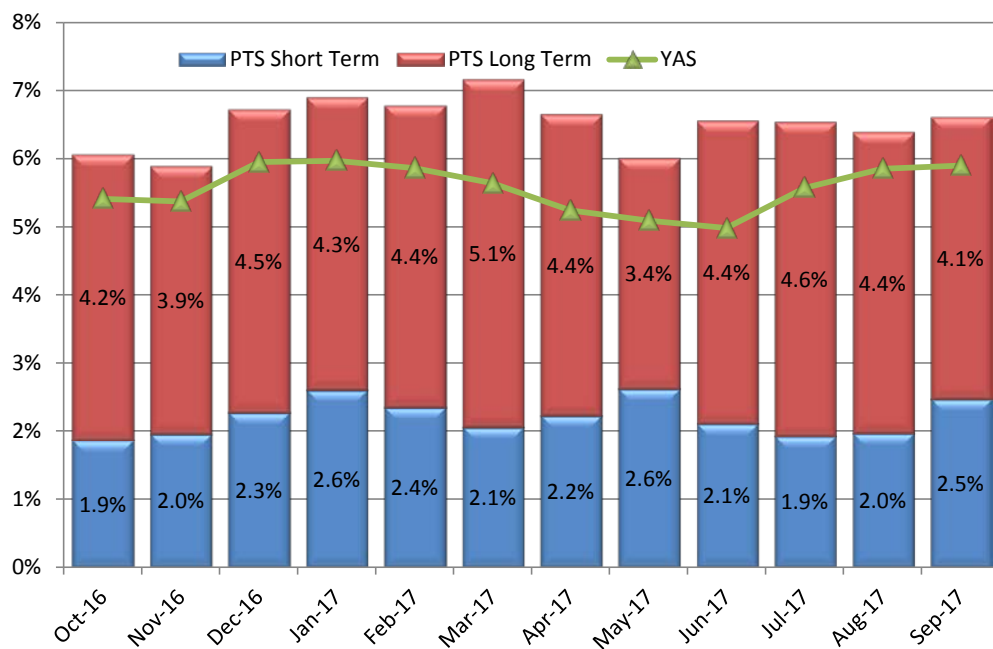
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	600	30	120	450	75%
Contracted FTE (before OT)	595	44	97	454	76%
Variance	(5)	(14)	23	4	0.9%
% Variance	(0.9%)	(46.6%)	19.4%		
FTE worked inc overtime	628	44	97	487	78%
Variance	(28)	(14)	23	37	8.3%
% Variance	(4.7%)	(46.6%)	19.4%		

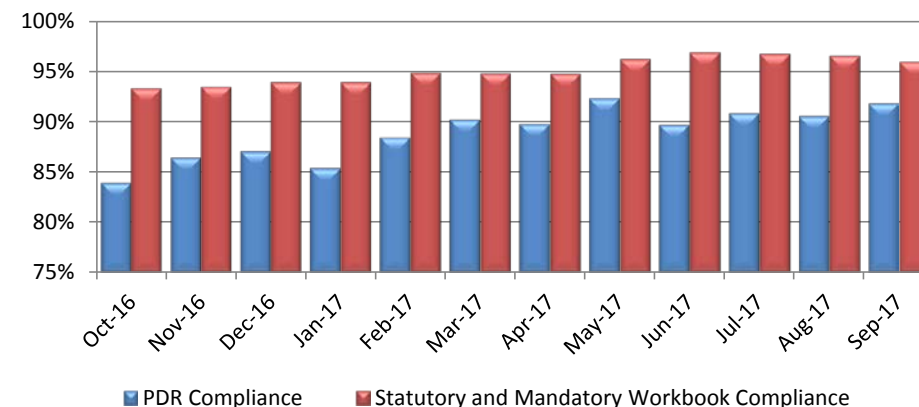
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Absence) is from OPS

10.9 Sickness



10.8 Training



Commentary

PDR compliance has improved from 90.6% in August to 91.8% in September, above the 90% Trust target.

Statutory and Mandatory Workbook compliance fell slightly in September to 96% but remains above the 90% Trust target.

Sickness rate increased from August by (0.2%) and is 0.7% higher than the 5.9% YAS average.

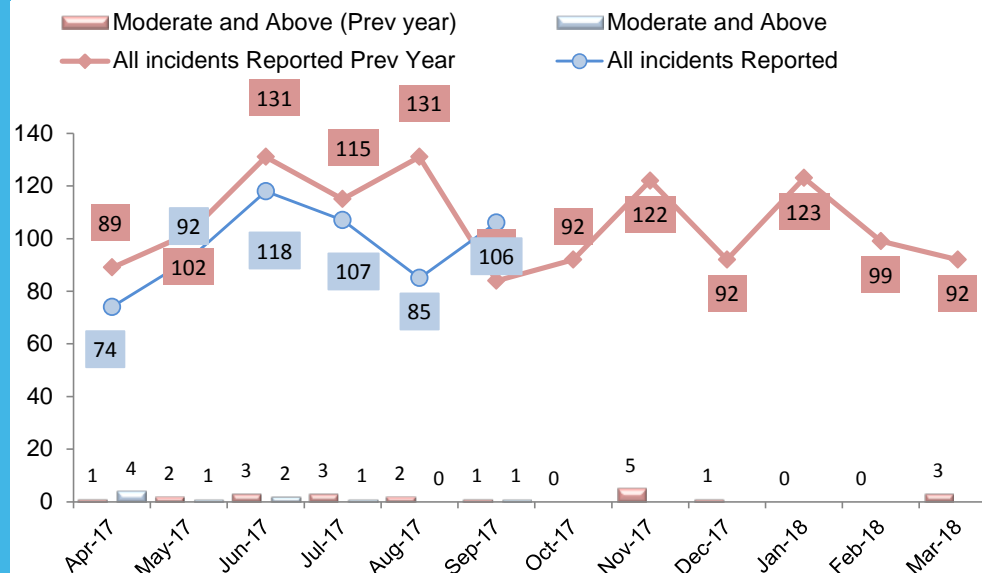
10. PATIENT TRANSPORT SERVICE

September 2017

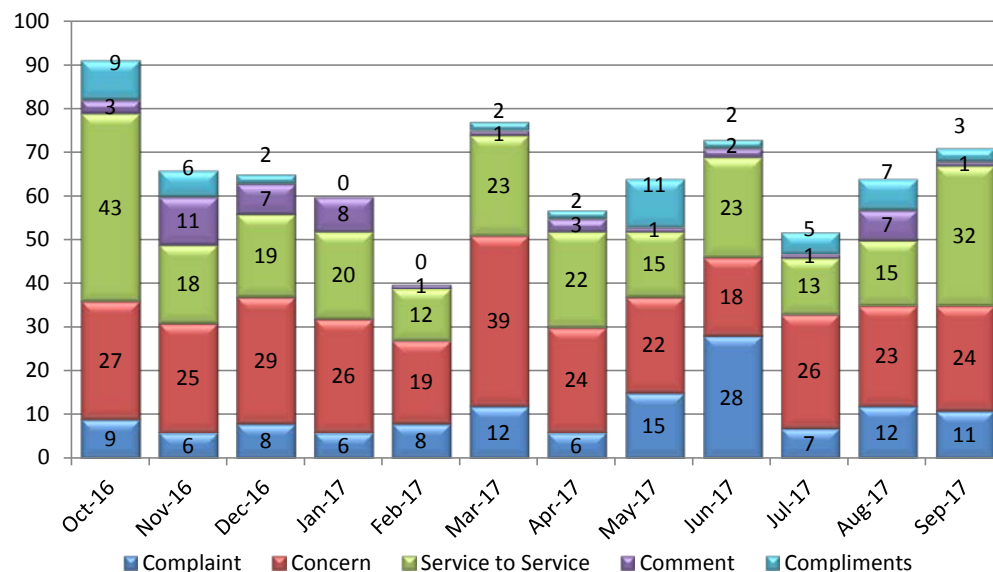
10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents YTD		0	1
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	9
Response within target time for complaints & concerns		100%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.2%	91.2%
Call Answered in 3 mins - Target 90%		74.4%	79.4%

10.11 Incidents



10.12 Patient Feedback



Commentary

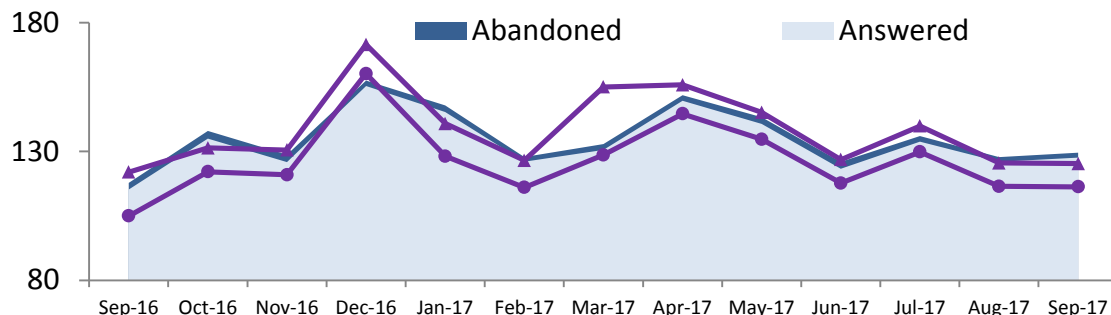
Incidents: The number of reported incidents within PTS increased by 24.7% vs last month and show an increase of 26.1% against September last year while Incidents of moderate harm remained low.

Patient Feedback: Patient feedback figures are up by 7 (10.9%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints decreased from 12 to 11, however, the number of concerns rose from 23 to 24. The YTD average number of complaints each month is 14 equating to a complaint rate per PTS journey of 0.02%.

11. NHS 111

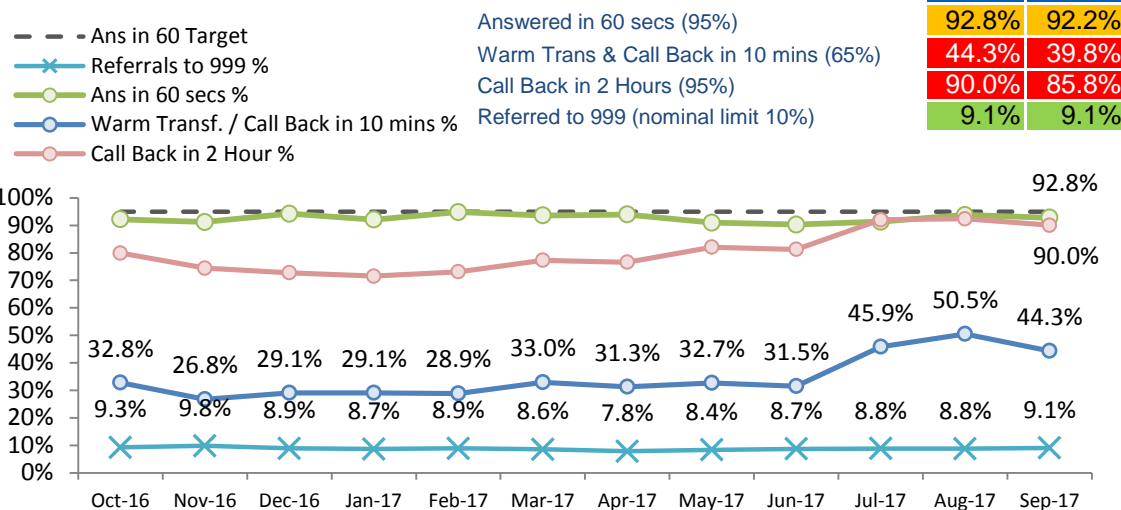
September 17

11.1 Demand

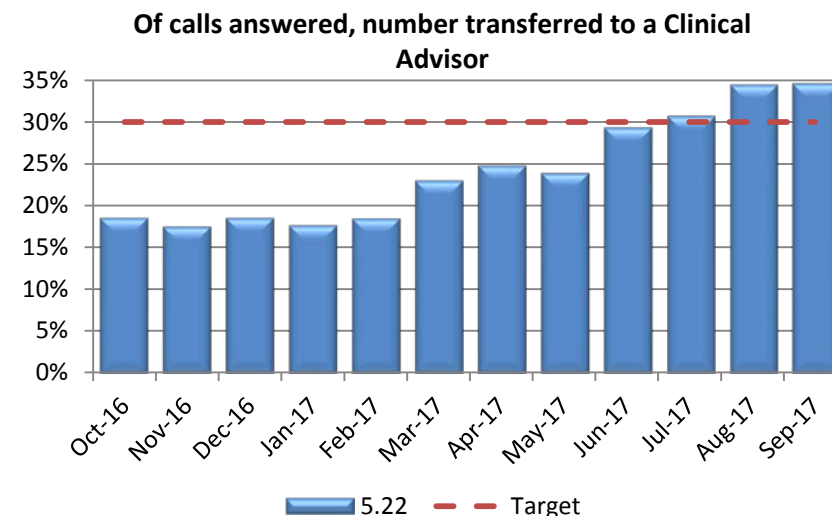


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	814,484	801,141	738,768	92.2%
Contract YTD 2017-18	818,565	796,972	757,123	95.0%
Variance	- 4,081	4,169	- 18,355	2.8%
	-0.5%	0.5%	-2.4%	
YTD 2016-17	764,472	750,932	702,212	93.5%
Variance	50,012	50,209	36,556	-1.3%
	6.1%	6.3%	4.9%	

11.2 Performance



11.3 proportion calls transferred to a clinical advisor



Commentary

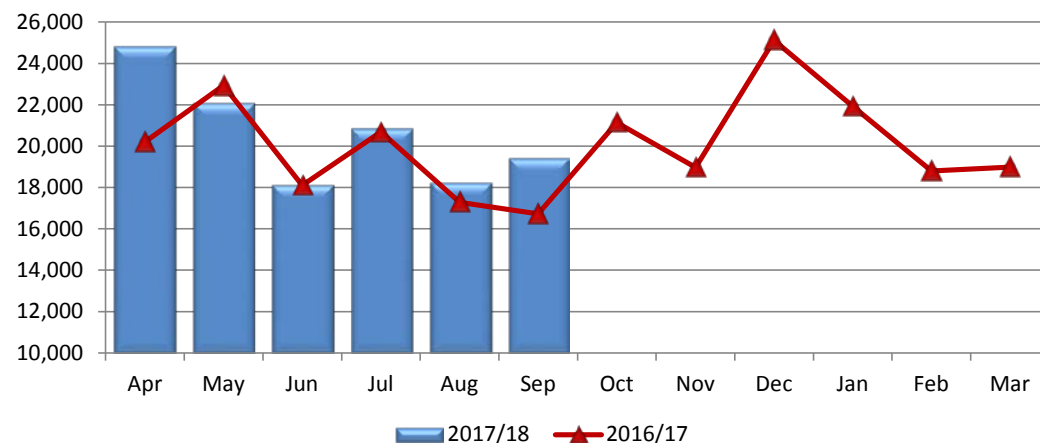
Figures for September 2017 show that 92.8% patient calls were answered in 60 seconds. Commissioners are aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Calls continue to track closely with the contract ceiling with calls in September 4.6% above. Compared to last year YTD at end August demand is 0.2% below.

The 2 local clinical KPIs for 2 hours call-back (90%) and warm transfer / 10 minute call-back (44.3%)

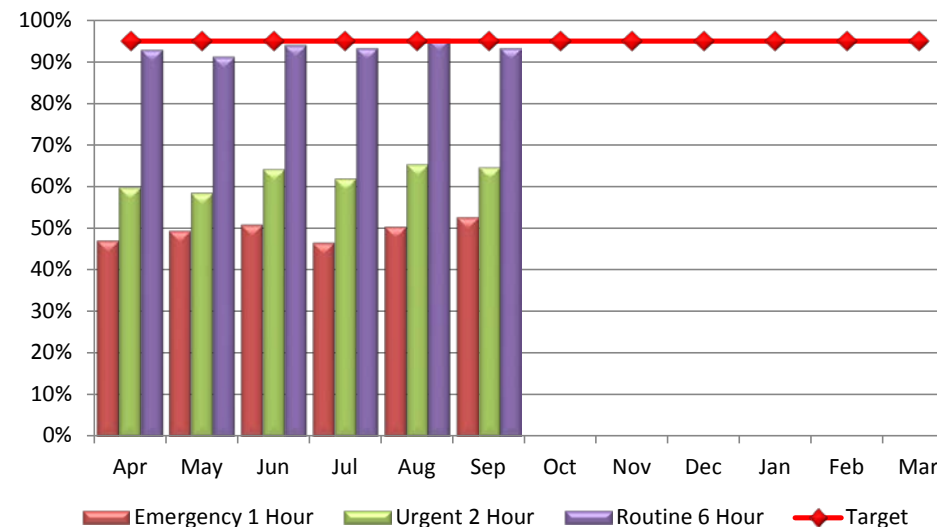
Clinical advice is exceeding the 30% NHS England target.

11.4 Demand

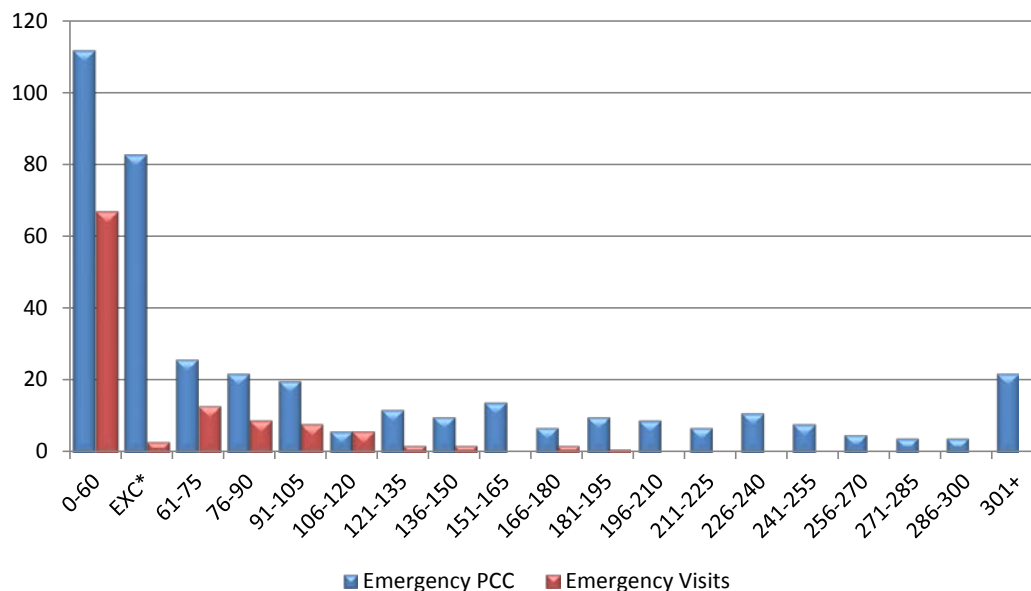


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		43,135	123,739	80,604	186.9%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SI's reported in September.
Adverse reports received	No adverse reports received.
Patient Complaints	12 patient complaints received in Sep-17 directly involving the LCD part of the pathway. 3 upheld, 1 partially upheld, 3 not upheld and 5 remain under investigation.

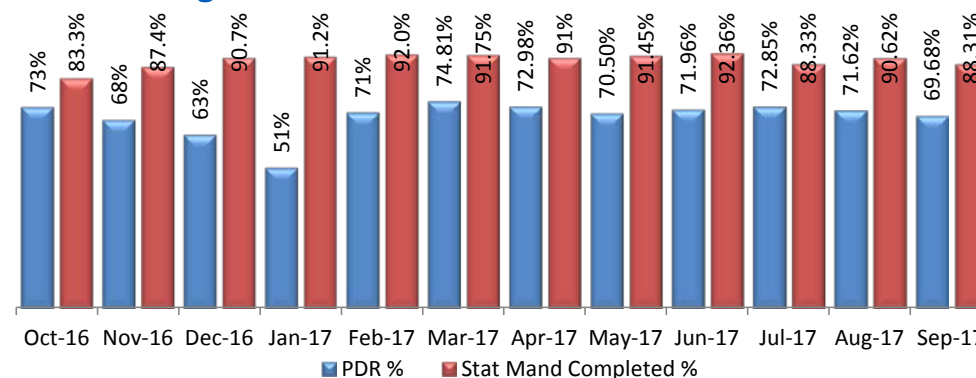
Comments: Patient demand levels for WYUC Sept 17, in comparison to Sept 16 increased by 4% when normalised for the number of weekends. NQR performance dropped compared to last year apart from the 1 hour emergency which has improved (52.5% emergency 49.3% Sept 16 / 64.6% urgent 64.9% Sept 16 / 93.3% routine 94.0% Sept 16). Performance and actions continue to be picked up through the WYUC review task and finish group.

11.8 Workforce FTE - Call Handler & Clinician

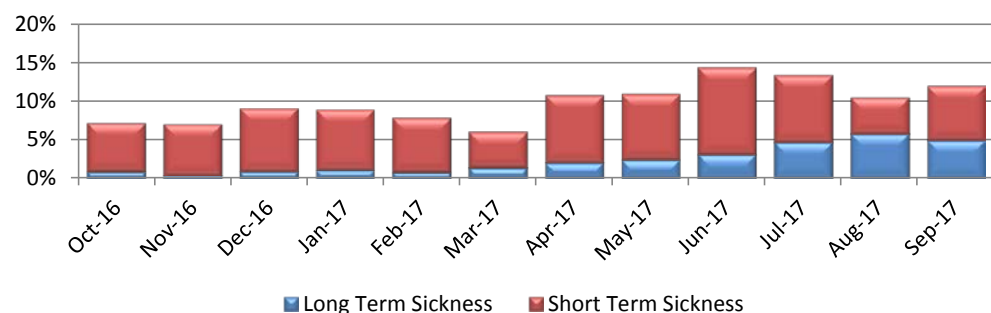
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	296	27	68	201	68%
Contracted FTE (before OT)	306	37	98	170	56%
Variance	10	-10	-30	-31	-12%
% Variance	3%	-39%	-45%	-15%	
FTE (Worked inc Overtime)	328	37	98	192	59%
Variance	32	-10	-30	-9	
% Variance	10.8%	-39%	-45%	-4%	-9%

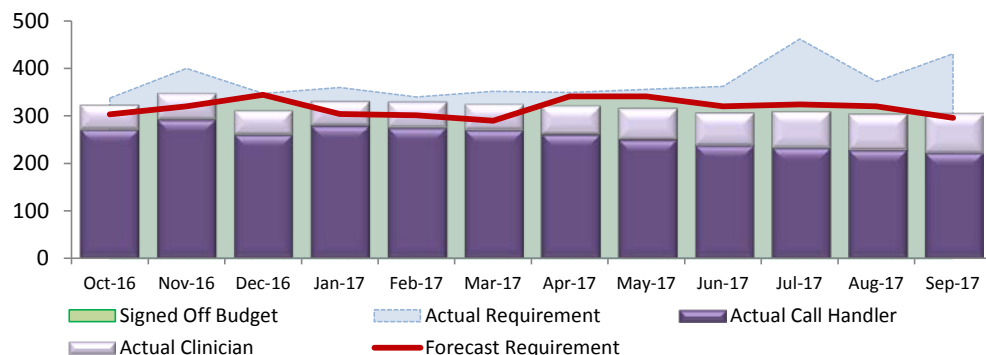
11.11 Training



11.9 Sickness



11.10 Recruitment Plan



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.

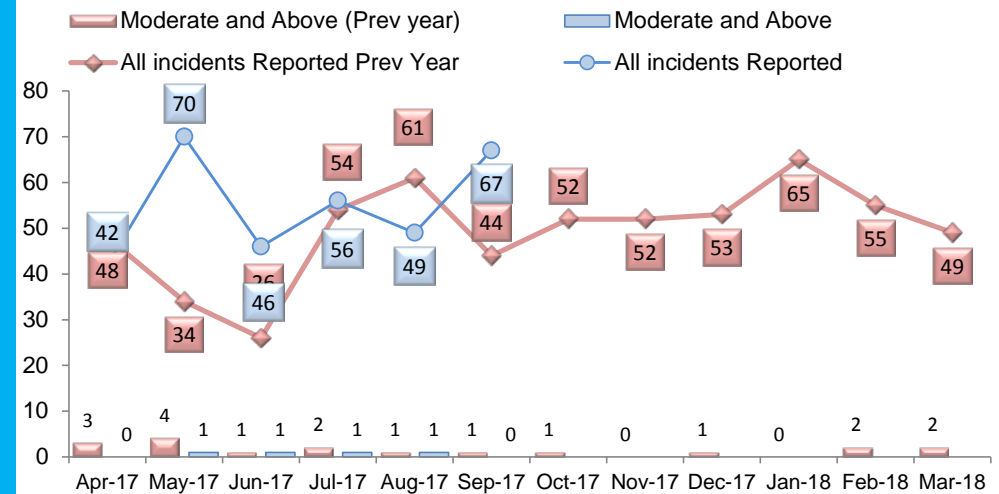
Call handling recruitment for winter is currently under plan and additional actions are being put in place to mitigate this issue which has emerged with staff failing NHS Pathways or pulling out from the recruitment process at the last minute.

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

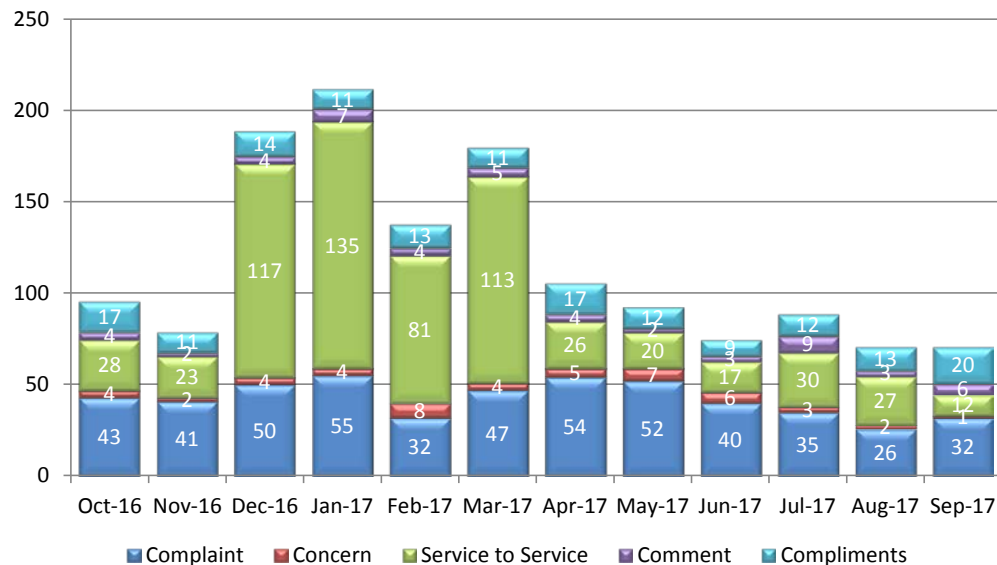
11.13 Quality, Safety and Patient Experience

		Sep-17	YTD
Serious Incidents YTD		0	0
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	4
Response within target time for complaints & concerns		67%	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

No SIs reported in September, 32 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 September

There was 20 compliments during September, the highest amount over the last 12 months in a single month.

ANNEXES

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

September 2017

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

September 2017

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