



# Integrated Performance Report

## August 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

August 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				PTS Transformation programme has been recast into a broader PTS Programme to reflect actions required for CQC/Quality improvement, bids and mobilisations in South and East. PTS Management restructure is 80% complete with recruitment to remaining post progressing. As managers are now moving in to post a further update will be provided in September giving details on milestones to move the PTS programme forward and out of its current red rating. North PTS procurement is underway and this will have Senior PTS resource capacity impact during Sept-Dec.
	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.

YAS STRATEGIC OBJECTIVES 2017/18								
Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	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				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. Vaccines will be delivered on the 19 Sep with vaccination starting on the 20th. The campaign will run between 19 Sep and 31 Dec.	
	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. 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, <a href="#">Q1 17-18</a>		16.5
Staff F&F Test % recommended care <a href="#">Q1 17-18</a>		85%
Occurrence of any never event		NA
Patient Safety Alerts not completed by deadline		NA
Ambulance See-and-treat from F&F Test - % positive, <a href="#">Jul 17</a>		*
AQIs (Annex 2 Aug 17)	Return of spontaneous circulation (ROSC) in Utstein group (May 17)	31.5
	Stroke 60 minutes (May 17)	47.1
	Stroke Care (May 17)	98.0
	ST Segment elevation myocardial infarction (STeMI) 150 minutes (Apr 17)	83.3

(\*) 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, <a href="#">Apr 17</a>	5.28%
Staff turnover (FTE), (Sep 16-Aug 17)	11.8%
NHS Staff Survey response rate 2016	37%
Proportion of temporary staff, <a href="#">Jun 17</a>	1.85%

### 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

### Strategic Change RAG ratings (Aug 17)

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

### Finance and Use of Resources

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

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 Hub and spoke Programme Board in August. TEG, FIC and Trust Board reviews are in September. Doncaster H&S now part of SYB ACS capital bid submission for Tranche 2 – awaiting update on decision
- Criteria to assess suitable future sites to implement MR/VPS (AVP) have been agreed with a business case paper for the next sites to be presented at the October Programme Board.

#### ● 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 now been established to further progress strategy direction. UEC National Specification has been released with an initial gap analysis undertaken within the NHS111 team, between the requirements of the specification and the current levels of provision / commissioned activity.

### Service Improvement

#### ● A&E: Changes to **Amber**

- Changes in personnel and lead responsibilities have temporarily delayed the implementation and progress of some activities
- A review of all projects and milestones to be completed at September Programme Board.

#### ● PTS: Remains **Red**

- South Yorkshire contract mobilisation for core PTS, on-day discharges and GP Urgent went live on 01/09/17, with positive feedback received from Sheffield Teaching Hospitals and the Lead Commissioner during week 1.
- East Riding Mobilisation contract documentation has been sent through to PTS Managing Director to review and sign off.
- The Head of Service and Standards, Senior Logistics Manager, Operations Manager South and Operations Manager West roles have commenced.

### External

- Winter plans have now been submitted from each A&E Delivery Board and reviewed by NHS England.
- Key focus on Winter remains – number of A&E Boards continue to consider the use of Hospital Diverts as a mechanism for managing increased level of ED demand; however YAS input into these Boards is emphasising the need to develop alternative solutions.
- 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 are considering the development of a Primary Care workforce, supporting the roles of AHPs within GP practice. A key element of this AHP role includes the use of paramedics, developing an education programme for new paramedics. A potential risk for YAS around the movement of paramedic workforce into primary care.
- 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

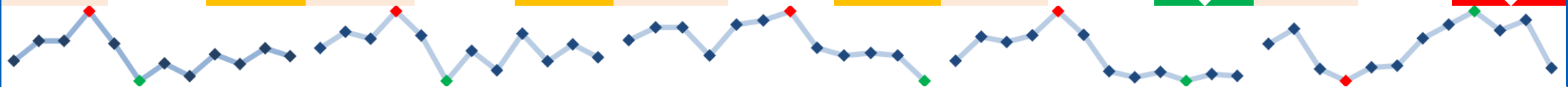


# Our Performance August 2017


↑	75 per cent received a response in 9 mins, 15 seconds for Cat 1 calls, up by 50 seconds.
↓	Ambulance responses on Scene down 1.7% YTD
↑	PTS KPI 2 continues to be above target at 88.8% for August
↑	Calls transferred to a CAS Clinican in 111 is above 30% target at 34.6%

YTD Performance		
	%	Change
Category 1 999 Performance	65.8%	-6.00%
Ambulance Turnaround Time	27 mins 30 sec	(30 seconds more)


## A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 / Red Performance (8 Min)		
Contract	Aug-17	Variance (%)	Contract	Aug-17	Variance (%)	Avg	Aug-17	Var	Avg	Aug-17	Change	Target	Aug-17	Var (2% Tol)
72,338	74,129	2.5%	58,767	57,867	(1.5%)	76.1%	74.6%	(1.5%)	2,372	1,570	(33.8%)	75.0%	65.8%	(9.2%)
														

## PTS

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	Aug-17	Variance (%)	Target	Aug-17	Variance (%pts)	Target	Aug-17	Variance (%pts)	Target	Aug-17	Variance (%pts)	Target	Aug-17	Var
82,589	79,550	(3.7%)	82.9%	88.8%	5.9%	92.0%	89.2%	(2.8%)	92%	79.3%	(12.7%)	90.0%	74%	(15.6%)
														






## 111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Aug-17	Variance (%)	Target	Aug-17	Variance (%)	Target	Aug-17	Variance (%)	Target	Aug-17	Variance (%)	Avg	Aug-17	Variance (%)
122,206	126,014	(3.0%)	95%	93.8%	(1.2%)	30%	34.6%	4.6%	95%	92.4%	(2.6%)	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	00 Jan 1900 - Business Intelligence Team




# Our Quality August 2017

	3 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 safegaurding referral		Q1	YTD	Hand Hygiene	99%	98%
	2 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)	PTS	91%	91%	Premise	99%	100%
	9 out of 10 people would recommend YAS to Friends and Family	A&E	86%	86%	Vehicle	97%	100%

## 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
848	613	(12.1%)	203	189	2.2%	27	20	5.3%	3	3	50.0%	59	60	11.1%

## 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
751	763	(5.6%) ↓	463	447	(5.9%) ↓	83	74	(5.1%) ↓	75%	71%	(4.1%) ↔	46	42	16.7% ↑
														

## Clinical Outcomes (Mar DATA)

Stroke 60			STeMI Care			ROSC (Utstein)			Survival (Utstein)			Fleet		
Deep Clean Breaches (8 weeks)														
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change (%pts)
43.6%	47.1%	(6.2%)	84.0%	81.5%	1.5%	53.5%	38.9%	(16.7%)	34.6%	20.0%	(18.0%)	30	46	(8.0%)

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	14th May 2017 - Business Intelligence Team

# Our Workforce - Aug 2017

↑	850 staff are overdue a PDR out of 4347
↔	133 Staff are on long term sick out of 5521 Staff
↓	318 staff are still to complete the stat and man work book out of 5097
↔	More than 9 out of 10 staff have completed the Stat Man Workbook

YTD Performance		
	%	Change
Sickness	5.57%	0.14%
Stat and Man	95.34%	0.32%

Workforce									Recruitment			IG		
Total FTE in Post (ESR)			BME			Turnover			New Starts			Information Governance		
Avg	N°	Variance (%pts)	Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	No	Variance (%pts)	Target	%	Variance (%pts)
4,328	4,311	(0.4%) ↔	11.1%	6.0%	(5.1%) ↓	11.2%	11.8%	0.6% ↔	48.23	79	63.8% ↑	95.0%	77.4%	(17.6%) ↓

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%	1.8%	(0.2%) ↔	3.6%	4.1%	0.5% ↔	1,450	1,435	(1.0%) ↔	£805,170	£783,389	(2.7%) ↔

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%	76.2%	(13.8%) ↓	90.0%	95.4%	5.4% ↑	90.0%	94.6%	4.6% ↑	80.0%	90.8%	10.8% ↑			0.0% ↔
												under development		

Key	Change	Direction of Travel	Sparklines	AVG - Average	Updated			
	From Previous Month (tolerance 5% number change or 5% pts)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	8th September 2017 - Workforce Intelligence Team	8		

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,662)	(21,901)	(239)	(108,813)	(108,056)	757
Expenditure	21,342	21,181	(161)	107,871	106,714	(1,157)
Retained (Deficit) / Surplus with STF Funding	(320)	(720)	(400)	(942)	(1,342)	(400)
STF Funding	(101)	(101)	0	(429)	(429)	0
Retained (Deficit) / Surplus without STF Funding*	(219)	(619)	(400)	(513)	(913)	(400)
EBITDA	(1,292)	(1,666)	(374)	(5,801)	(6,219)	(418)
Cash	19,987	30,693	10,706	19,987	30,693	10,706
Capital Investment	267	158	(109)	994	243	(751)
Quality & Efficiency Savings (CIPs)	1,037	1,013	(24)	5,183	6,348	1,165

RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for July 2017 is 1 (1 being lowest risk, 4 being highest risk). The Trust now scores "1" for all metrics in this rating. The I&E margin excluding STF funding for the year to August is 1.2%, which exceeds the 1% target. This result has been achieved earlier than planned. The plan anticipated that the Trust would achieve this target by September 2017.

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 £400k against plan as at the end of August (Month 5). Income is lower than plan by £757k, 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 £3,224k 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 £146k 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 £320k 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 August 2017, the Trust's cash position was £30.7m against a plan of £20.0m, giving a favourable variance of £10.7m. The additional cash is due to payables being £11.2m higher than Plan, partially offset by higher receivables than Plan (£1.3m); the balance relates to non-material changes in Provisions and other areas of the balance sheet.

Capital spend at the end of August 2017 is £243k against a plan of £994k for the YTD. The overall plan is for £13.232m expenditure (allowing for disposals of £1.05m this will result in a charge of £12.182 against the Capital Resource Limit). At the end of June 2017 NHS Improvement have approved the CRL of £8,533k further approval will be required from NHS Improvement to use our operating surplus/cash reserves.

The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target, 38% of savings have been delivered non recurrently. Whilst this delivers a favourable variance of £1.165m against plan, there is an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2017-18
<b>RISK RATING:</b> Under the "Single Oversight Framework" the overall Trust's rating for July 2017 is 1 (1 being lowest risk, 4 being highest risk). The Trust now scores "1" for all metrics in this rating. The I&E margin excluding STF funding for the year to August is 1.2%, which exceeds the 1% target. This result has been achieved earlier than planned. The plan anticipated that the Trust would achieve this target by September 2017.			
<b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 5 is £6,219m against a plan of £5,801m, a favourable variance of £418k against plan.			
<b>SURPLUS:</b> The Trust has reported a surplus (including STF) as at the end of August (Month 5) of £1,342k which is £400k favourable against the planned surplus of £942k. The STF YTD is £429k.			
<b>CAPITAL:</b> Capital spend at the end of August 2017 is £243k against a plan of £994k for the YTD. The overall plan is for £13.233m expenditure (allowing for disposals of £1.05m this will result in a charge of £12.182 against the Capital Resource Limit). At the end of June 2017 NHS Improvement have approved the CRL of £8,533k, further approval will be required from NHS Improvement to use our operating surplus/cash reserves.			
<b>CASH:</b> At the end of August 2017, the Trust's cash position was £30.7m against a plan of £20.0m, giving a favourable variance of £10.7m. The additional cash is due to payables being £11.2m higher than Plan, partially offset by higher receivables than Plan (£1.3m); the balance relates to non-material changes in Provisions and other areas of the balance sheet.			
<b>CIP:</b> The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target, 38% of savings have been delivered non recurrently. Whilst this delivers a favourable variance of £1.165m against plan, there is an underlying recurrent financial risk for future years.			

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	2,861	2,806	(55)
Business Development Directorate	36	36	0
Capital Charges Directorate	55	10	(45)
Chief Executive Directorate	53	13	(39)
Clinical Directorate	59	69	10
Estates Directorate	135	69	(66)
Finance Directorate	416	320	(96)
Fleet Directorate	734	168	(565)
People & Engagement Directorate	163	0	(163)
Planned & Urgent Care Directorate	594	221	(373)
Quality, Governance & Performance Assurance Directorate	79	79	0
Reserve Schemes	0	2,557	2,556
<b>Grand Total</b>	<b>5,183</b>	<b>6,348</b>	<b>1,165</b>

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	3,932	3,912	(20)
Non - Recurrent	900	2,436	1,536
Unidentified	351	0	(351)
<b>Grand Total</b>	<b>5,183</b>	<b>6,348</b>	<b>1,165</b>

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

**August 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								
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£285,987	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								
Total		<b>£858,047</b>													

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. The Healthy Food CQUIN continues to be compliant. Flu vaccination uptake incentives have been delivered to Trust Headquarters. Vaccine will be delivered on the 19th of September with vaccination starting on the 20th. 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								
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green								
Mortality Review	Deputy Medical Director	£1,072,238	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								
Total		<b>£4,290,239</b>													

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 tack in Q2. Commisioners have confirmed achievement of all 3 CQUINS for Q1

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

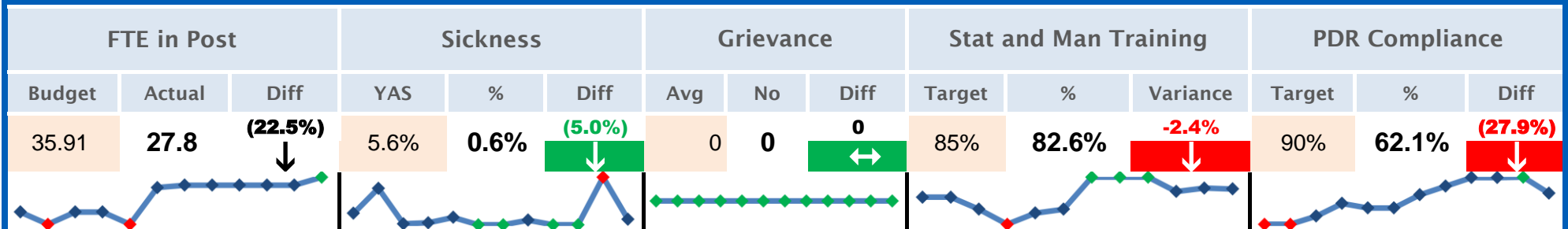
PTS CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Patient Portal	PTS Locality Manager	£136,000	Green	Green	Amber	Amber	Green								
Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18 reconciliation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

Comments: The Patient Portal is on track for delivery and there are currently no new development issues. The uptake from patients to use the Portal has proved positive with many more signing up to have access to this patient focussed facility.

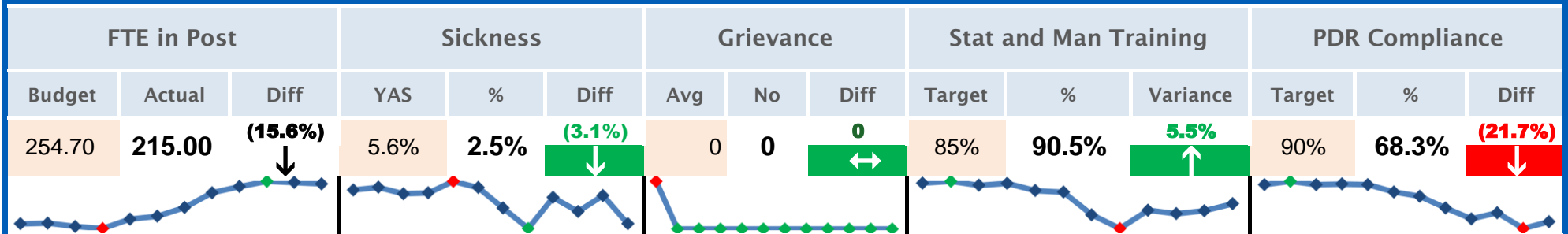
Green Fully Completed / Appropriate actions taken  
Amber Delivery at Risk  
Red Milestone not achieved

# Corporate Services - August 2017

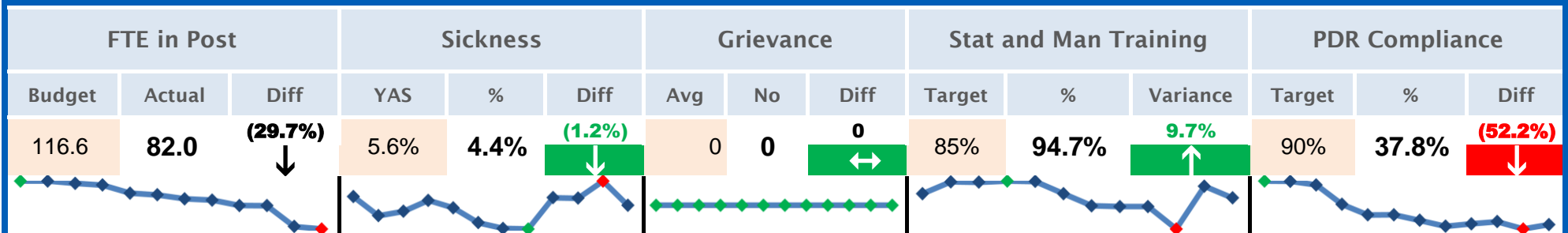
## Chief Exec and Business Development



## Finance



## People and Engagement

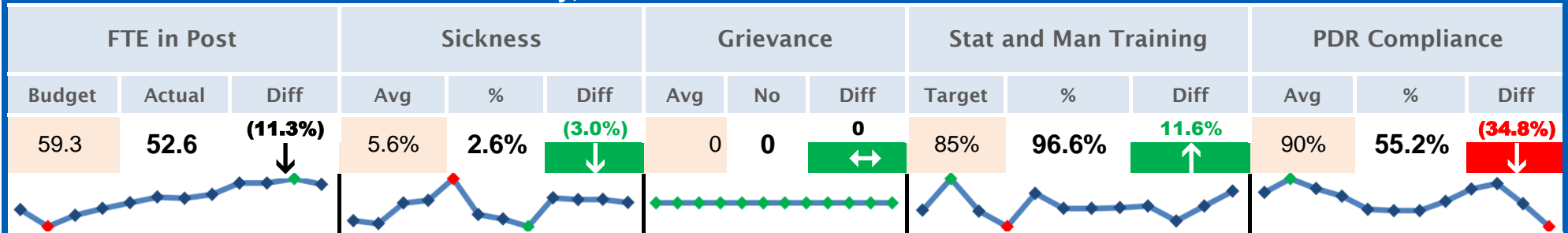


Key	Difference		Direction of Travel	Sparklines	AVG - Average		Updated			
	Current Month (tolerance 5% number difference)		From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods		08.08.17 - Workforce Information Team			

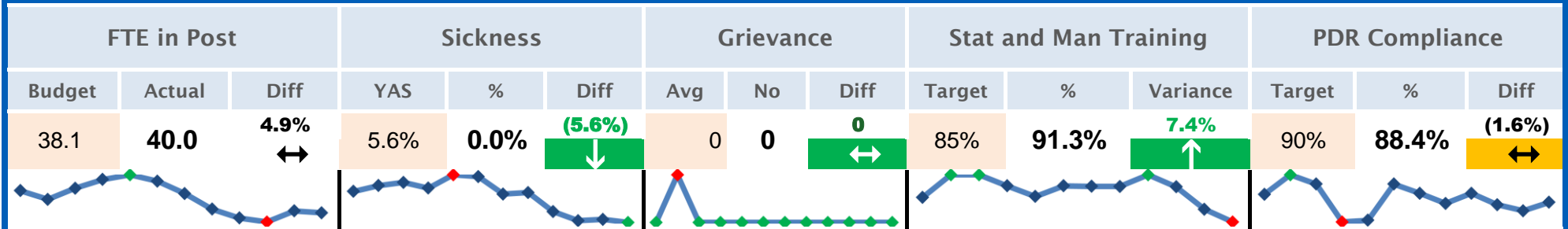


# Corporate Services - August 2017

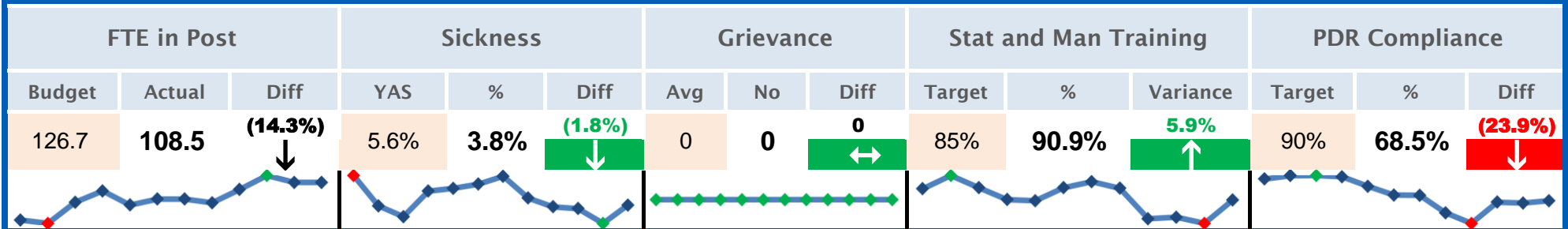
## Quality, Governance and Performance Assurance



## Clinical



## Fleet and Estates

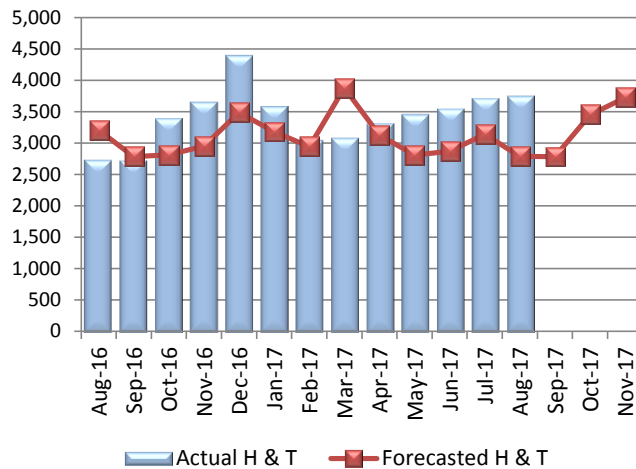


Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated	
	Current Month (tolerance 5% number difference and 1% for sickness)		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		08.08.17 - Workforce Information Team	

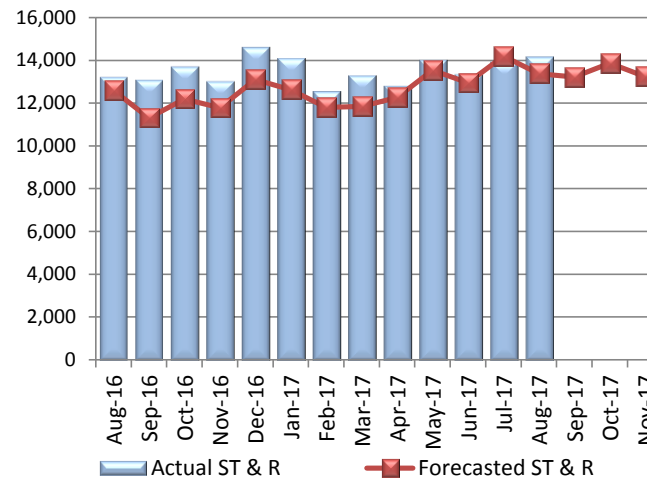
## SERVICE LINES

## 9.1 Activity

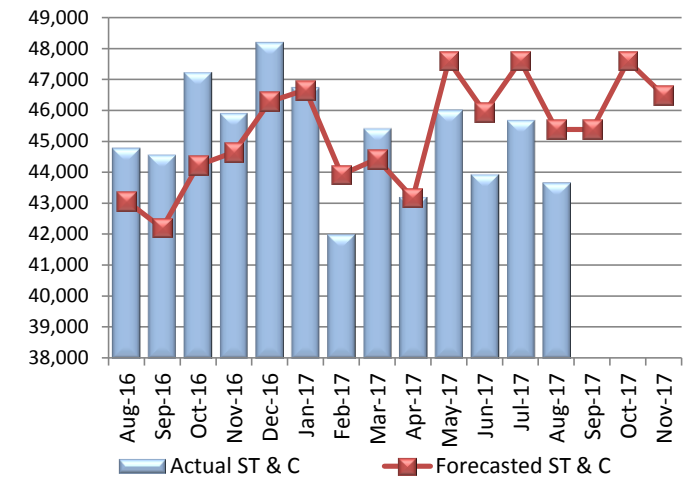
### Hear & Treat



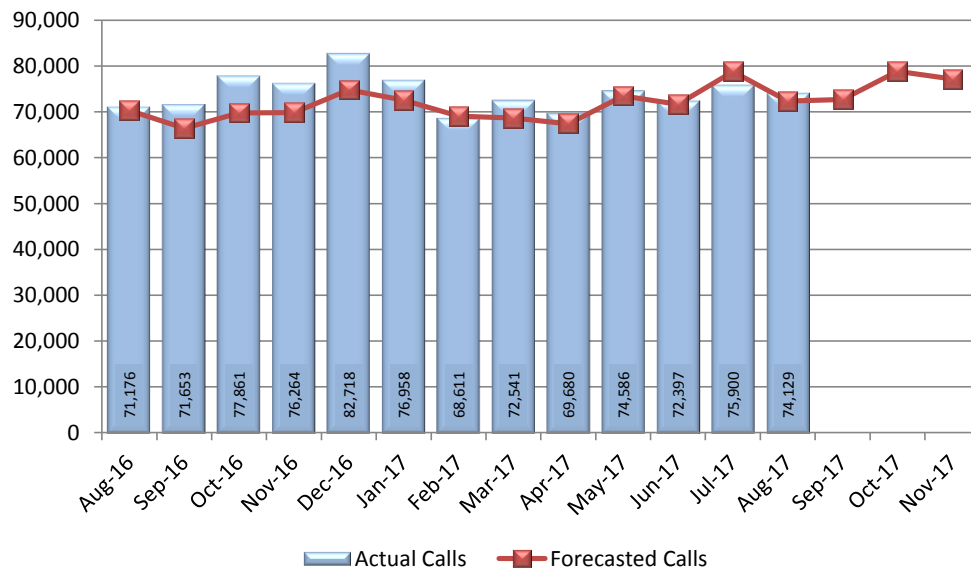
### See, Treat & Refer



### See, Treat & Convey



### Total Calls



## Commentary

Total Demand was 2.5% above forecast. This is an increase in call numbers of 4.1% vs August last year.

H&T is 34.8% above forecast. This is an increase of 37.1% in the amount of H&T carried out vs August last year

ST&R was 6% above forecast. This is an increase of 7.1% in the amount of ST&R carried out vs August last year.

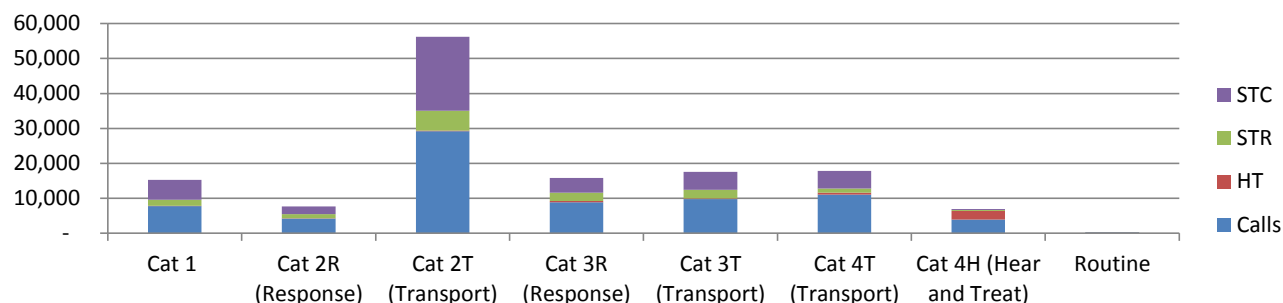
ST&C was 3.8% below forecast. This is a decrease of 2.5% in the amount of ST&C carried out vs August last year.

These figures show sustained progress in reducing our covenance rate

### 9.2 Activity and Performance

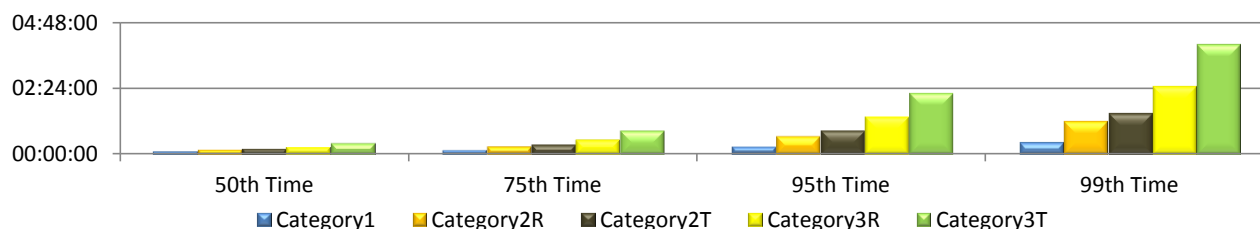
ARP2.2	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Cat 1	7,804	18	1,749	5,735	7,484	8 Mins (75% Target)	65.8%	12.7%
Cat 2R (Response)	4,203	103	1,196	2,146	3,342	No National Target Set		5.7%
Cat 2T (Transport)	29,158	194	5,749	21,159	26,908			45.7%
Cat 3R (Response)	8,829	438	2,362	4,154	6,516	No National Target Set		11.1%
Cat 3T (Transport)	9,769	236	2,405	5,189	7,594			12.9%
Cat 4T (Transport)	11,085	500	1,232	5,058	6,290	No National Target Set		10.7%
Cat 4H (Hear and Treat)	3,886	2,518	292	291	583			1.0%
Routine	221	-	8	131	139			0.2%

\* HCP calls have been taken out of the performance calculation for Greens as they request different response times



### 9.3 Tail of Performance

ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:27	00:09:15	00:16:18	00:24:21
Category2R	00:10:29	00:17:55	00:39:50	01:12:27
Category2T	00:13:02	00:22:20	00:52:37	01:29:14
Category3R	00:16:59	00:33:06	01:23:04	02:28:23
Category3T	00:25:16	00:52:48	02:14:08	03:59:18



#### ARP 2.2 Pilot Review

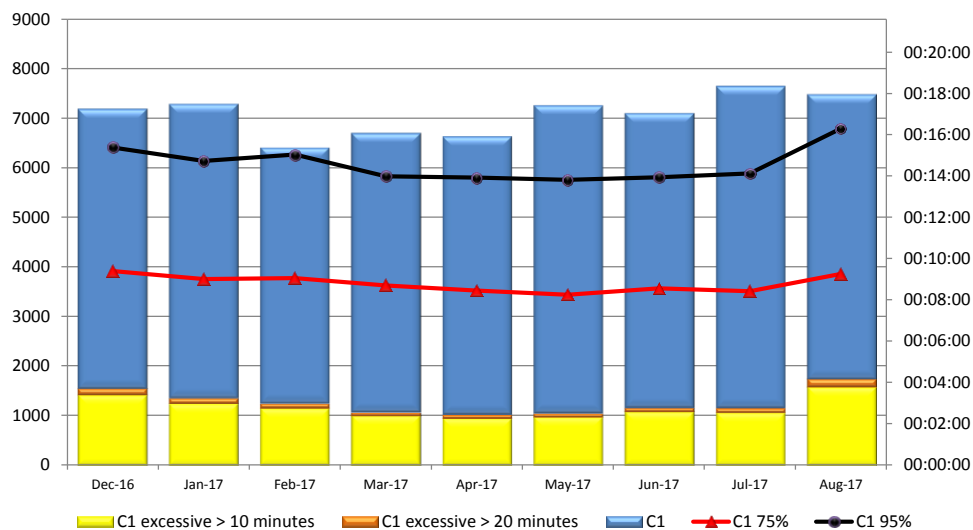
Phase 2.2 of the NHS England-led Ambulance Response Programme went live on 20th October 2016. Yorkshire Ambulance Service is one of two ambulances services nationally to belong to the trial. The programme will assess the impact on the patients both in terms of quality and performance. There has been a further review of the clinical codes within both NHS Pathways and AMPDS to ensure the most appropriate clinical response is made to every call and will see significant changes to the way we deliver our service and respond to patients. It will also enable us to decide on the most appropriate response for patients' needs.

The aim is to examine whether the current system was appropriate in an environment where a longer time period was given to categorise the nature of the call and only those patients that were in cardiac arrest or at risk of cardiac arrest should receive an immediate response. It should improve the management of demand and allocation of a clinically-appropriate response and therefore deliver the right care, in the right place, at the right time. It will help to inform potential future changes in national performance standards.

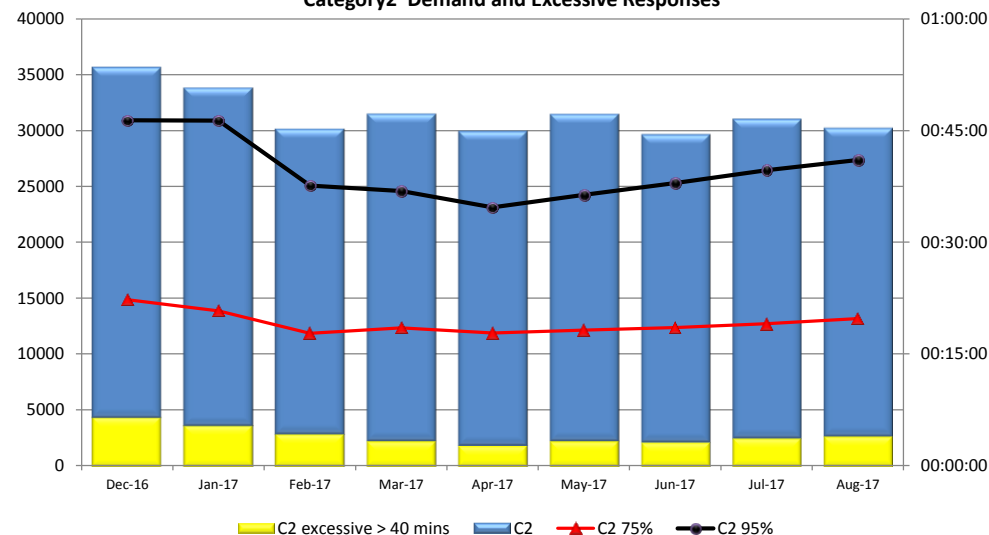
Category1 – Cardiac arrest or peri-arrest (Response standard within 8 minutes)

## 9.4 Demand and Excessive Responses with Tail of Performance

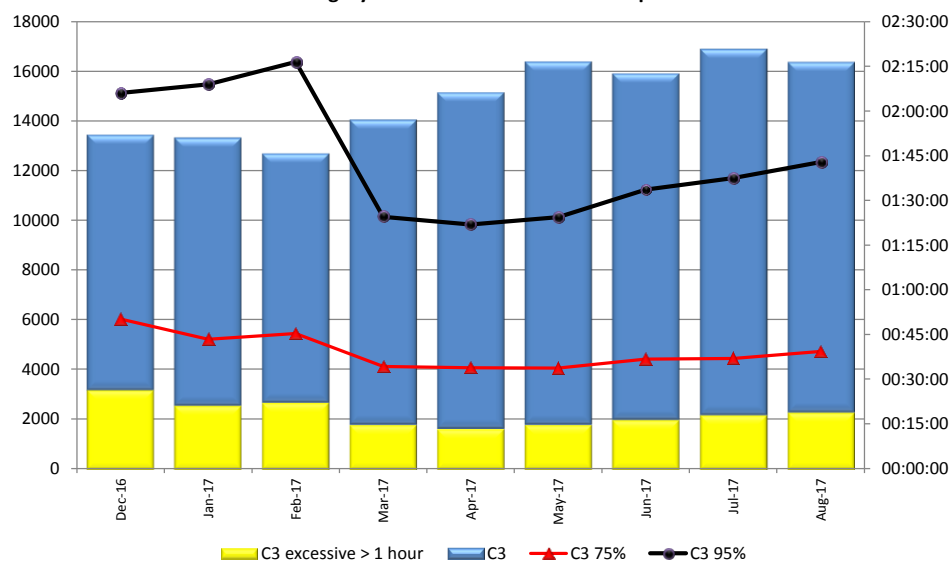
Category1 Demand and Excessive Responses



Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses

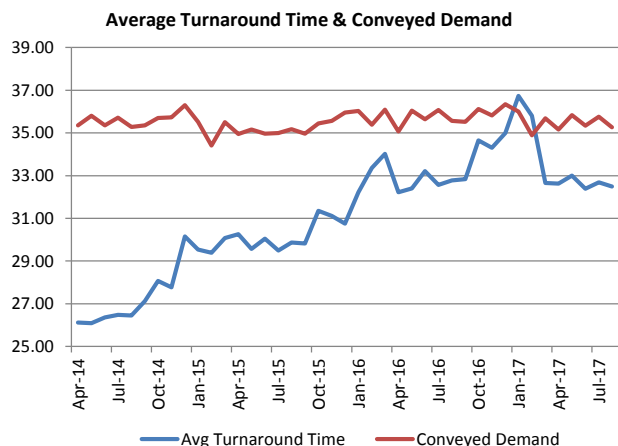


## Commentary

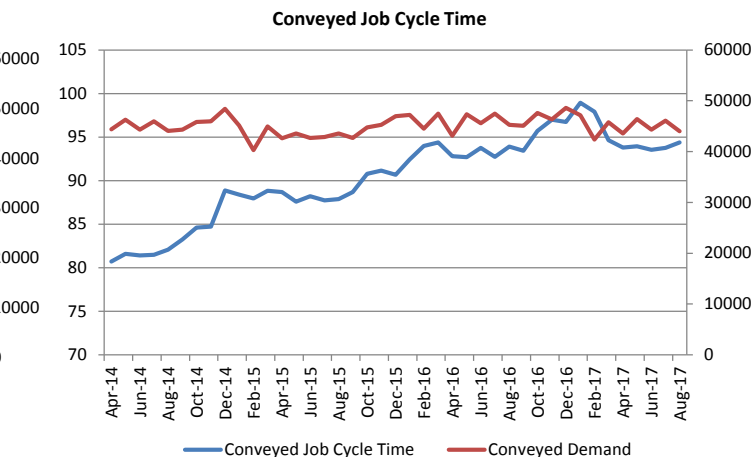
The tail of performance in Cat 1 has seen a notable increase in August. This is largely due to changes made since 11th August to ARP 2.3 when the ability to downgrade category 1 calls where clinically appropriate was removed. This resulted in category 1 demand increasing by over 600 calls despite overall demand falling vs the previous month.

Abstraction was also higher than normal in August at 38% due to a combination of increased sickness and annual leave. This reduction in resource will have impacted the tail of performance in all categories.

## 9.5 Hospital Turnaround Times



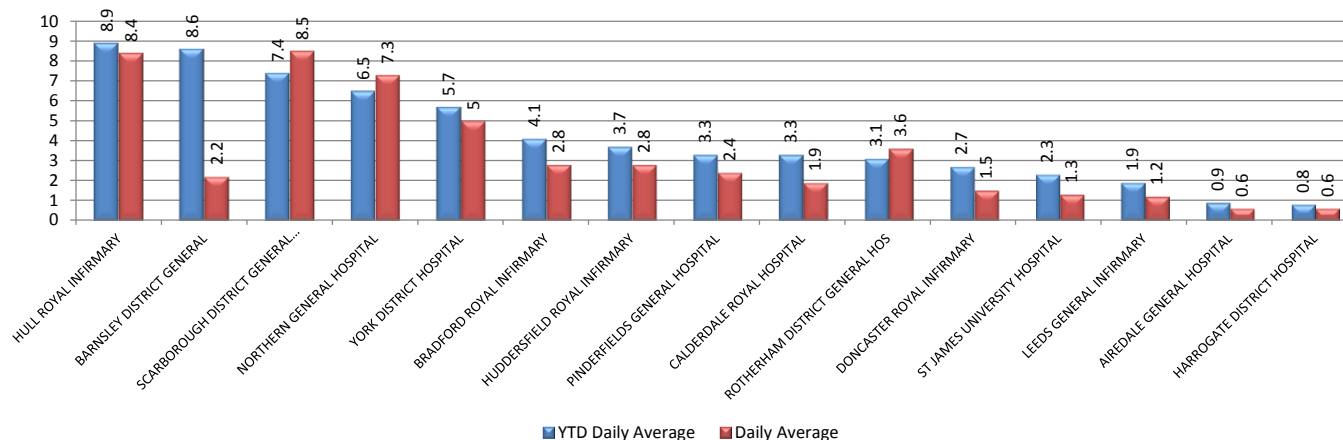
## 9.6 Conveyed Job Cycle Time



## 9.7 Hospital Turnaround - Excessive Responses

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,162	3,149	2,923	3,160	4,149	3,208	1,727	1,509	1,728	1,367	1,646	1,570	28,298
Excessive Hours per day (Avg)	70	109	94	105	134	107	56	49	58	44	55	51	78

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



## Commentary

**Turnaround times:** for August were 0.6% lower than July and 0.9% lower than August last year. This is broadly in line with turnaround times seen throughout summer months in 2016.

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 July of 0.7% and is a slight increase of 0.5% vs last year.

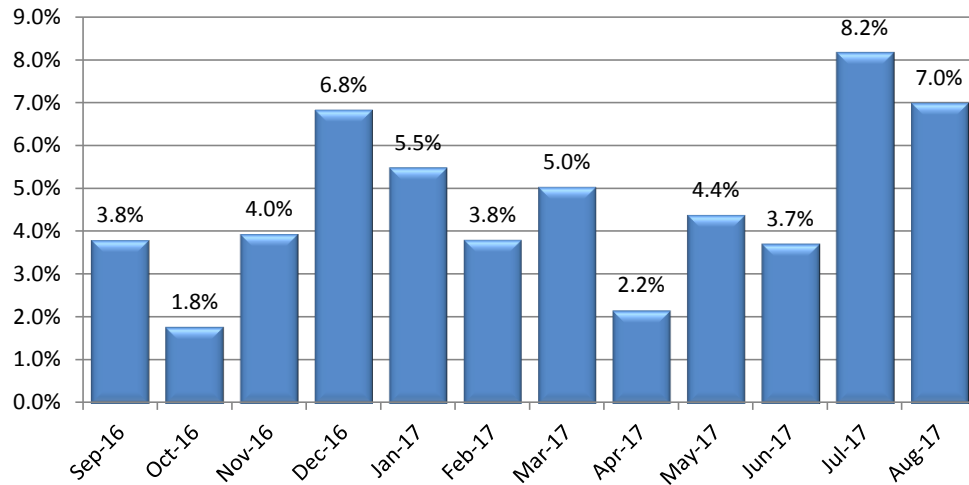
**Excessive hours:** Lost at hospital were lower in August than July by 76 hours which is a decrease of 4.6%. This is significantly lower than August last year showing a decrease of 617 hours, a fall of 39.9%. Hull Royal Infirmary, Barnsley District General and Scarborough District General have been impacting on performance.

## 9. A&E Operations

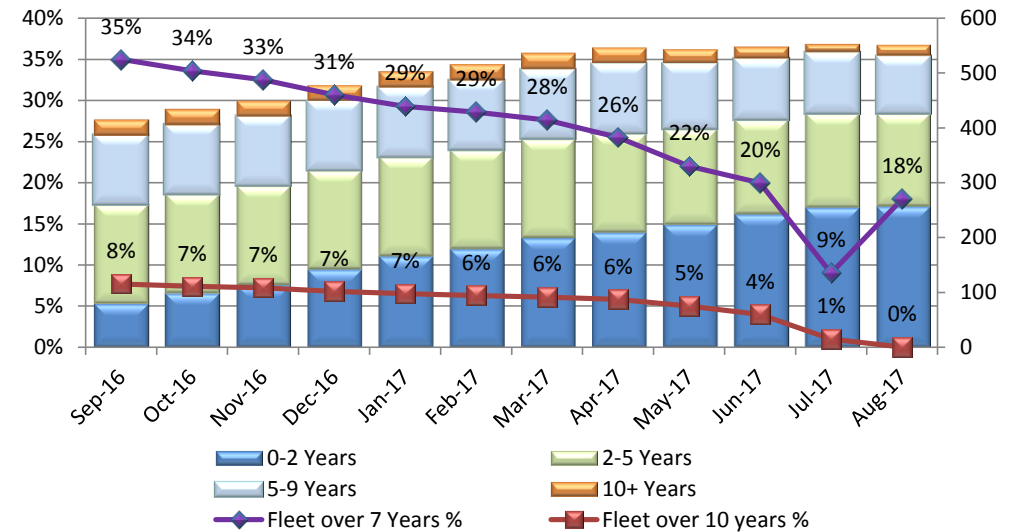
August 2017

### 9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

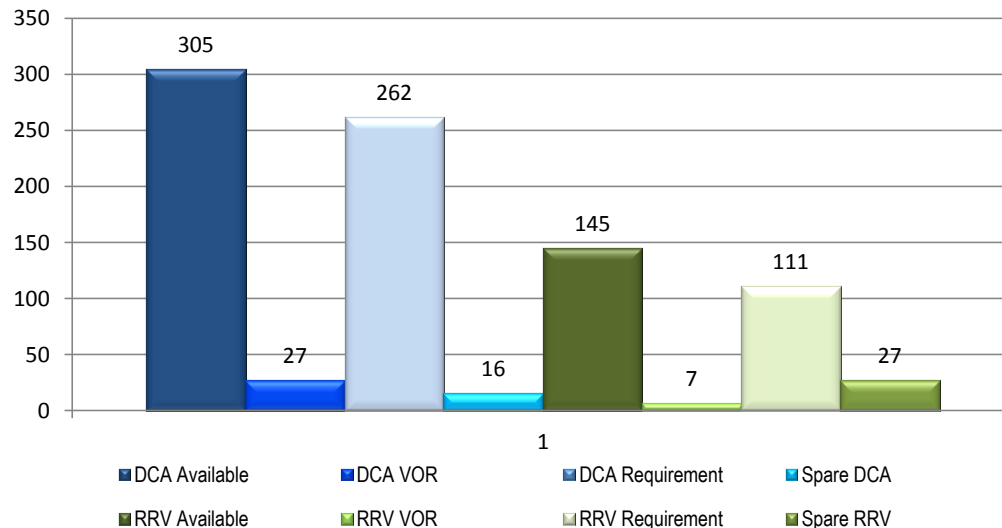


### 9.9 Vehicle Age



### 9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability: August



### Commentary

**Deep clean:** The A&E Deep Clean percentage compliance service level increased in August to 98.6%. The re-introduction of exception status letters from the DIPC appears to have led to an increase in vehicle availability which coupled with overtime being offered, has increased the completion rate. The current level of vehicle unavailability is linked to the new A&E rotas along with the current working times of vehicle cleaners. The realignment of vehicle cleaning staff working hours is required to increase utilisation. Growing levels of staff absence and delays in recruitment are also beginning to impact the service level and this will become more evident in September's results.

**Availability:** Vehicle availability has increased in August as a result of the new vehicles and the improved departmental efficiencies of the Fleet restructure. 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. A&E Operations

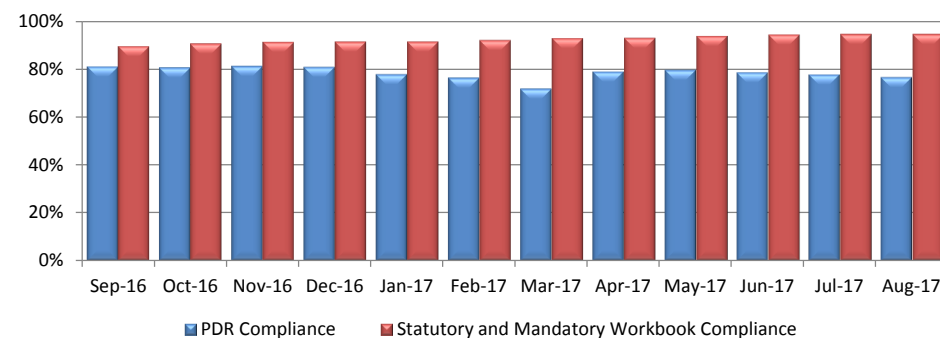
August 2017

### 9.11 Workforce

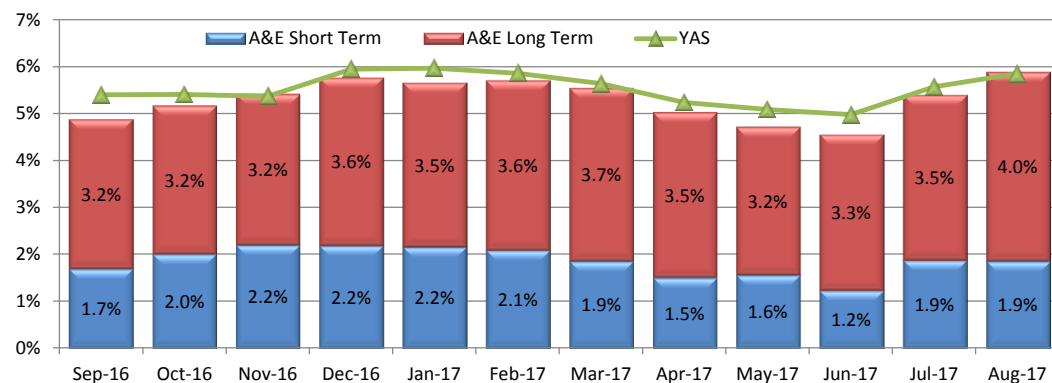
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,152	158	548	1,446	67%
Variance	(108)	(45)	17	(136)	(8.6%)
% Variance	(4.8%)	(39.6%)	3.0%		
FTE (worked inc overtime)*	2296.2	158	548	1,590	69%
Variance	36	(45)	17	8	0.5%
% Variance	1.6%	(39.6%)	3.0%		

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

### 9.12 Training



### 9.13 Sickness



### Commentary

The number of Operational Paramedics is 938 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.

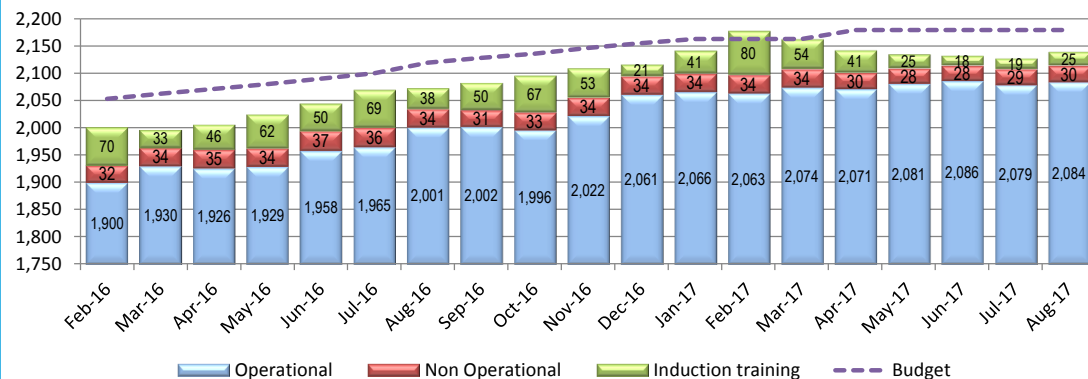
**PDR:** Currently at 76.7% against stretch target of 90%. This is a decrease of 1.2% vs last month and is 0.5% above the Trust average

**Sickness:** Currently stands at 5.9% which is an increase of 0.5% vs last month and is in line with the trust average of 5.9%

**Recruitment** is behind plan. This has been reviewed and additional recruitment of ECA's has been authorised to correct this position through TEG.

### 9.14 A&E Recruitment Plan

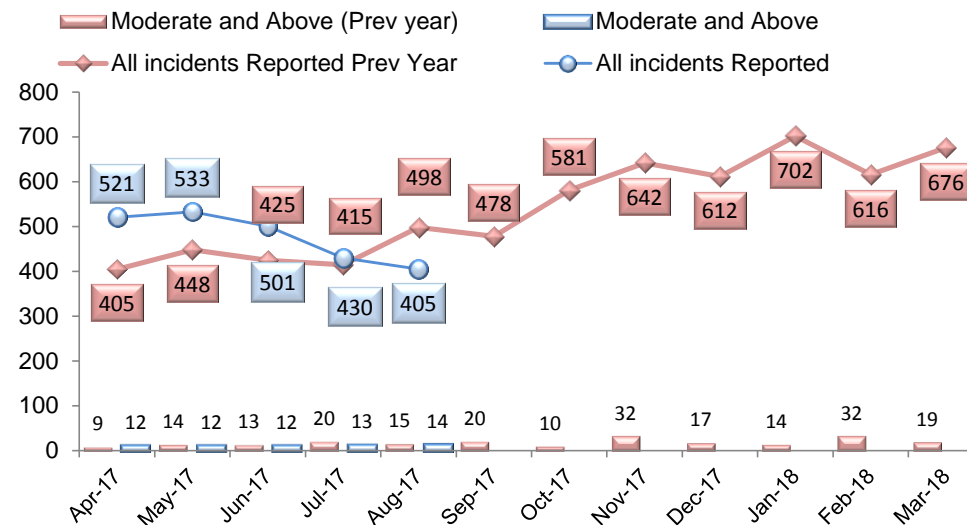
#### A&E Operations (exec CS)



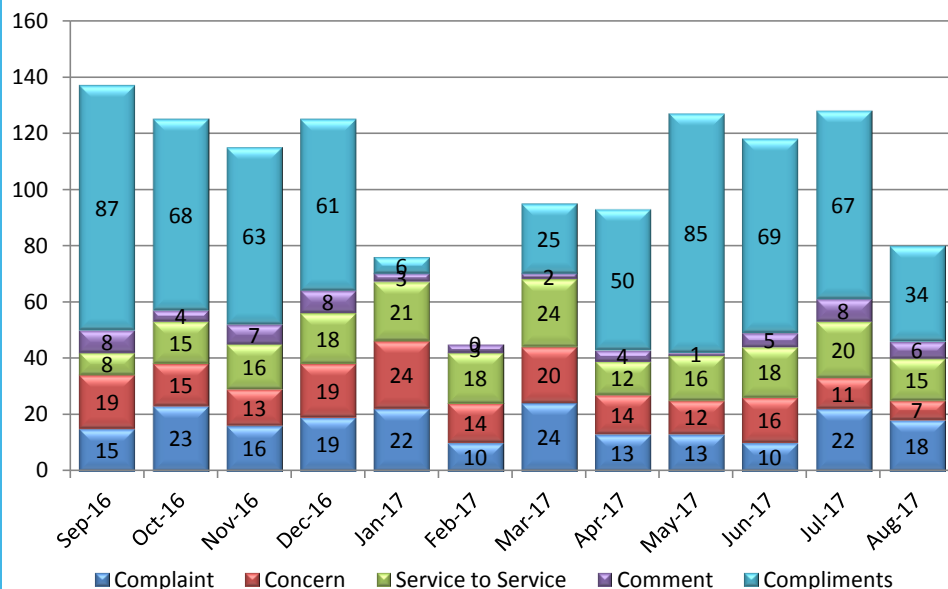
### 9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	1	6
Total Incidents (Per 1000 activities)	0.02	0.02
Total incidents Moderate & above	14	0.02
Response within target time for complaints & concerns	100%	100%
Ombudsman Cases	Upheld	0
	Not Upheld	1
Patient Experience Survey - Qtrly	85.9%	85.9%

### 9.16 Quality, Safety and Patient Experience



### 9.17 Patient Feedback

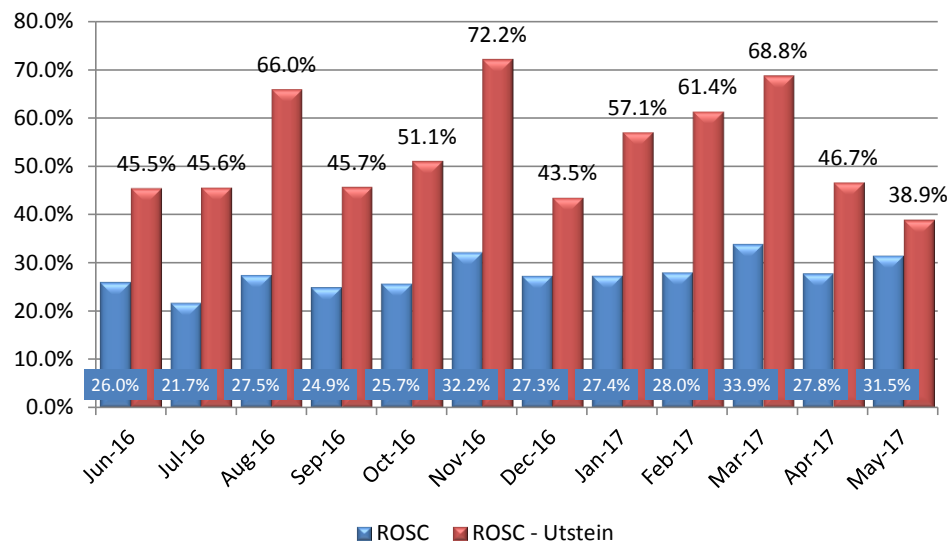


### Commentary

**Incidents:** Total reported incidents decreased 5.8% on last month and is down by 18.7% against August 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 as in previous months.

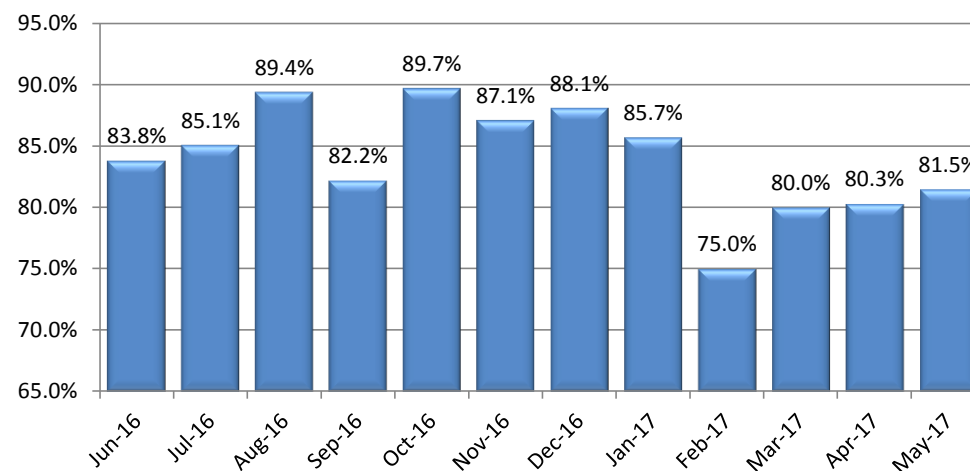
**Feedback:** Total feedback decreased 37.5% from the previous month with complaints also decreasing while compliments also fell but still accounted for 43% of all feedback.

### 9.18 ROSC & ROSC Utstein

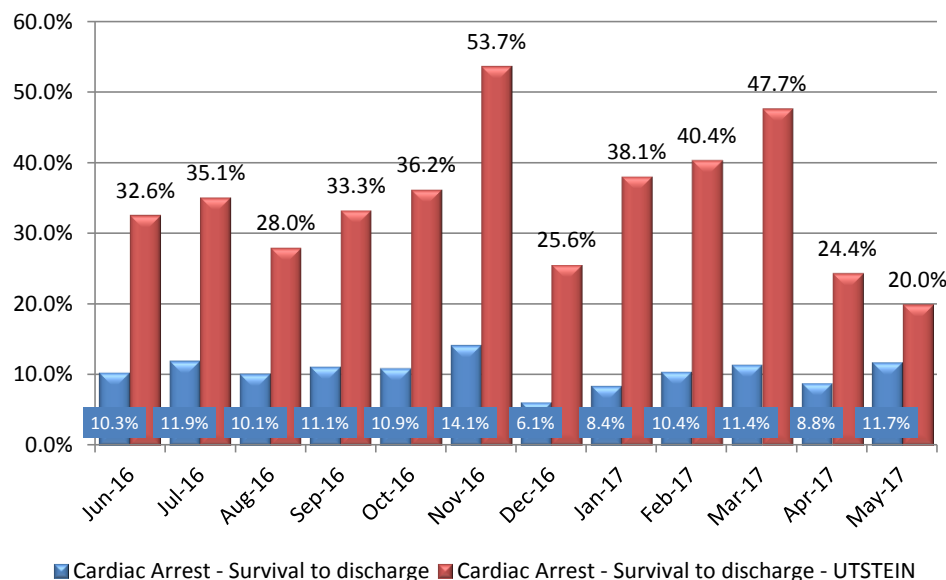


### 9.19 STEMI - Care Bundle

#### Stemi - Care Bundle



### 9.20 Survival to Discharge



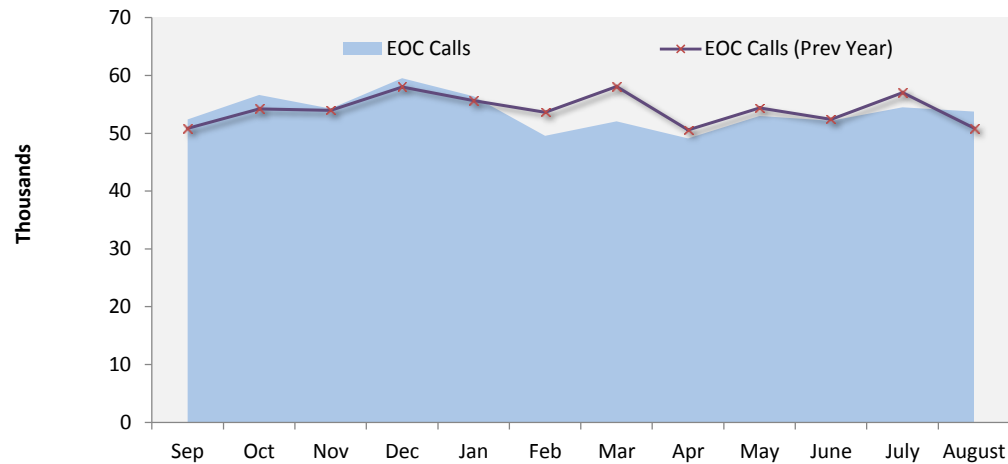
### Commentary

**ROSC:** ROSC (overall) performance for May 2017, 31.5%, is up from April's figure of 27.8%. This shows an increase in the proportion of patients with return of circulation. In terms of patient numbers, YAS achieved ROSC for 67 out of 213 patients in May 2017 and 65 out of 234 in April 2017.

**Survival to Discharge:** Survival to discharge overall has shown an increase in performance from April (8.8%) to May (11.7%). 20 patients survived to discharge in April and 24 in May. However, May saw a decrease in the overall number of patients who had a cardiac arrest; 227 for April and 206 in May.

**Stemi-Care Bundle:** STEMI care performance has been relatively consistent with April's figure of 80.3% (118 out of 147 patients) improving in May with 101 patients out of 124 patients, 81.5%, receiving the appropriate care bundle.

### 9.21 Activity

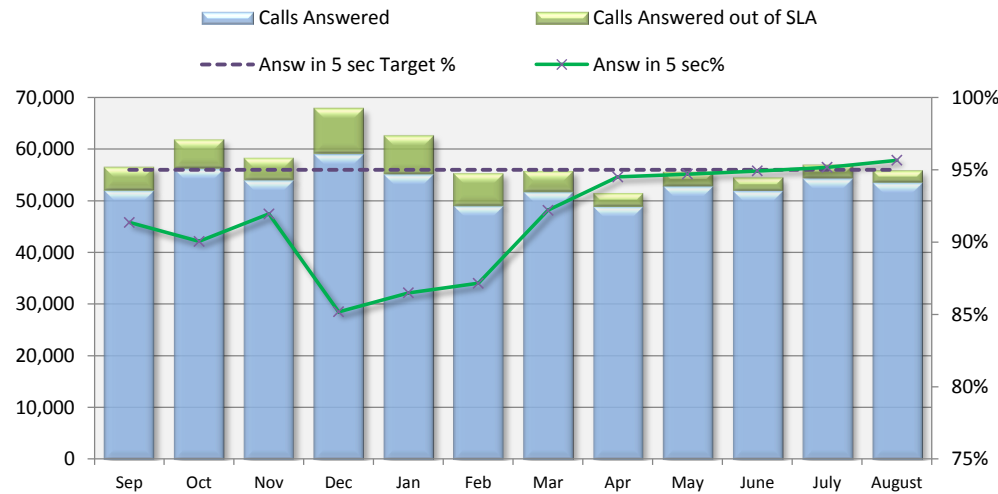


### 9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95%)
2017/18	262,512	261,830	248,735	95.0%
2016/17	265,174	263,363	237,278	90.1%
Variance	-2,662	-1,533	11,457	
Variance	(1.0%)	(0.6%)	4.8%	4.9%

### 9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	95.7%	95.0%



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August
Calls Answered out of SLA	4,501	5,600	4,351	8,760	7,456	6,308	4,043	2,692	2,804	2,643	2,629	2,327
Calls Answered	52,076	56,268	54,042	59,079	55,175	49,106	51,816	48,981	52,859	51,997	54,397	53,596
Ans in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Ans in 5 sec%	91.4%	90.0%	91.9%	85.2%	86.5%	87.2%	92.2%	94.5%	94.7%	94.9%	95.2%	95.7%

### Commentary

**Demand:** Decreased 1.4% vs last month.

**Answer in 5 sec:** Increased by 0.5% vs last month and at 95.7% represents the best level of performance for 12 months and also 0.7 % above target.

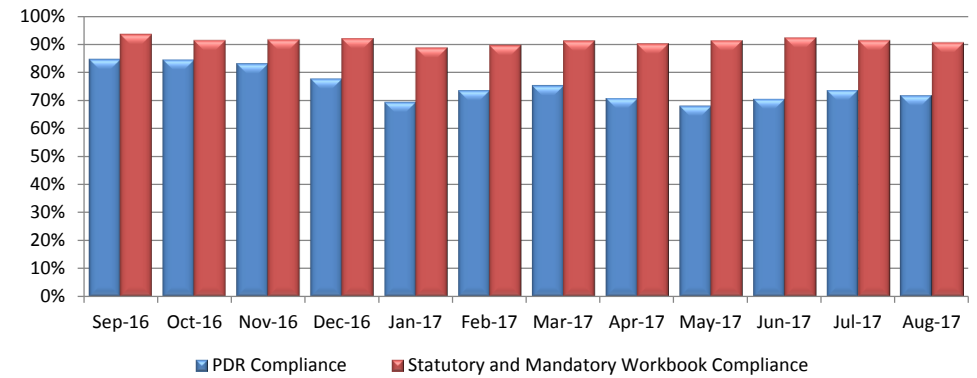
Category 1 Performance project team supported by AACE is currently working through actions to support medium to long term performance to change the delivery of EOC. Continuous early capture for Category 1 details is ongoing which will see improvements to performance and patient outcomes. Increased use of capacity planning has led to stabilising EMD capacity. The introduction of a BI tool for EOC management is now embedded enabling closer monitoring of team and individual performance.

## 9.24 Workforce

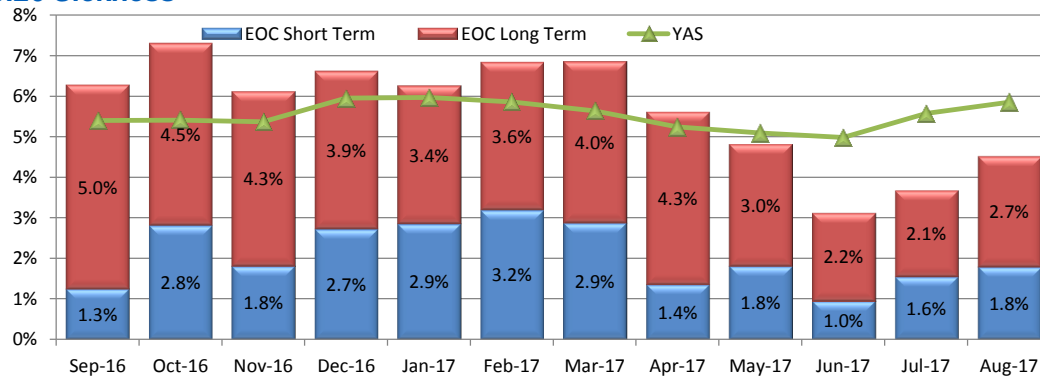
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.4	82	229	70%
Contracted FTE (before overtime)	312	15.6	78	218	70%
Variance	(15)	(1)	(4)	(11)	(4.6%)
% Variance	(4.6%)	(4.6%)	(4.6%)		
FTE (worked inc overtime)*	315	17.0	74	224	71%
Variance	(12)	1	(8)	-5	0
% Variance	(3.7%)	4.0%	(9.5%)		

\* 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



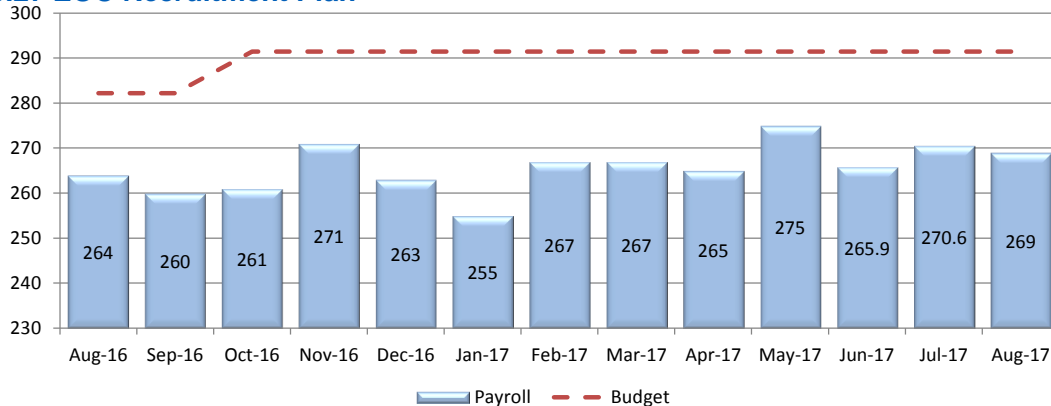
## Commentary

**PDR:** PDR compliance stood at 72.0% in August against a stretch target of 90% which is a decrease of 1.9% on previous month. This is 4.2% below the trust average.

**Sickness:** Currently at 4.5% which is an increase of 0.8% on the previous month and compares favourably against the 5.9% Trust average.

**Recruitment:** Recruitment is continuing to increase the number of call handlers to bring numbers up to the required level of call taking capacity. Attrition has also reduced over recent months.

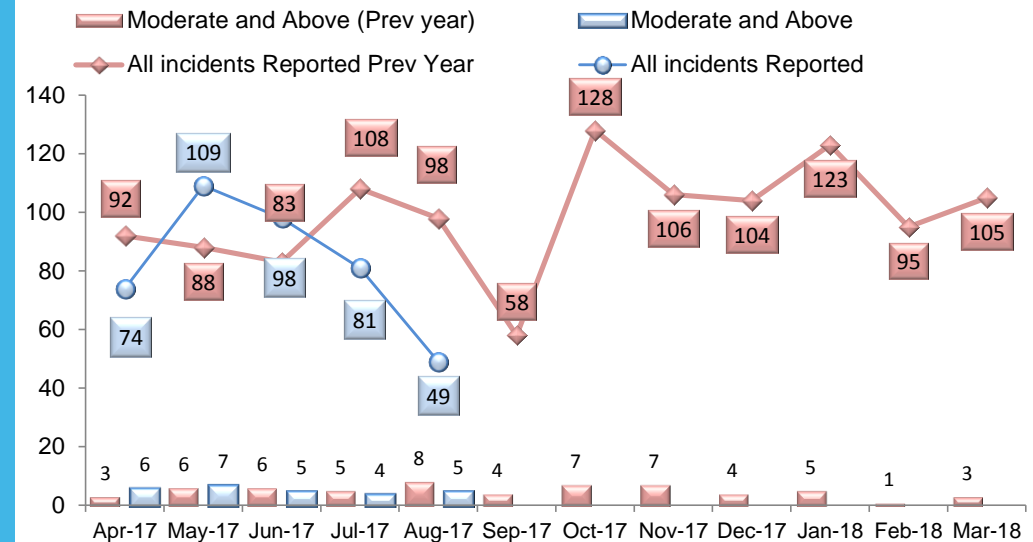
## 9.27 EOC Recruitment Plan



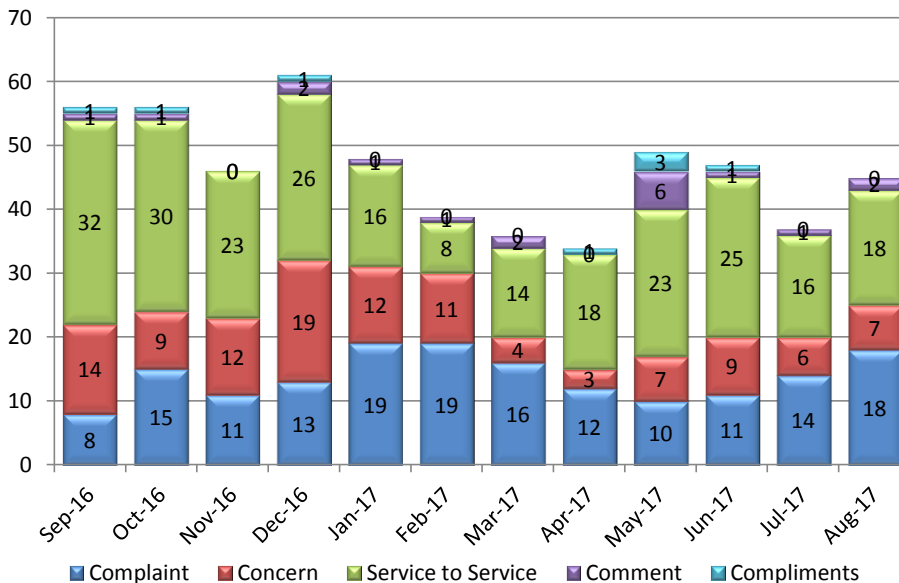
## 9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		2	7
Total Incidents (Per 1000 activities)		0.04	0.03
Total incidents Moderate & above		5	27
Response within target time for complaints & concerns		100%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

## 9.29 Incidents



## 9.30 Patient Feedback



## Commentary

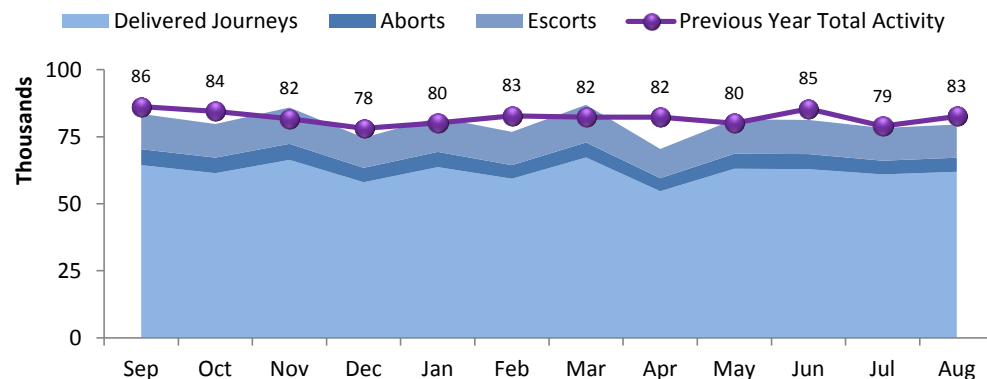
**Incidents:** Total reported incidents decreased 39.5% on last month a reduction of 50% against August last year. Incidents of moderate harm and above have remained at a low level.

**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

August 2017

## 10.1 Demand

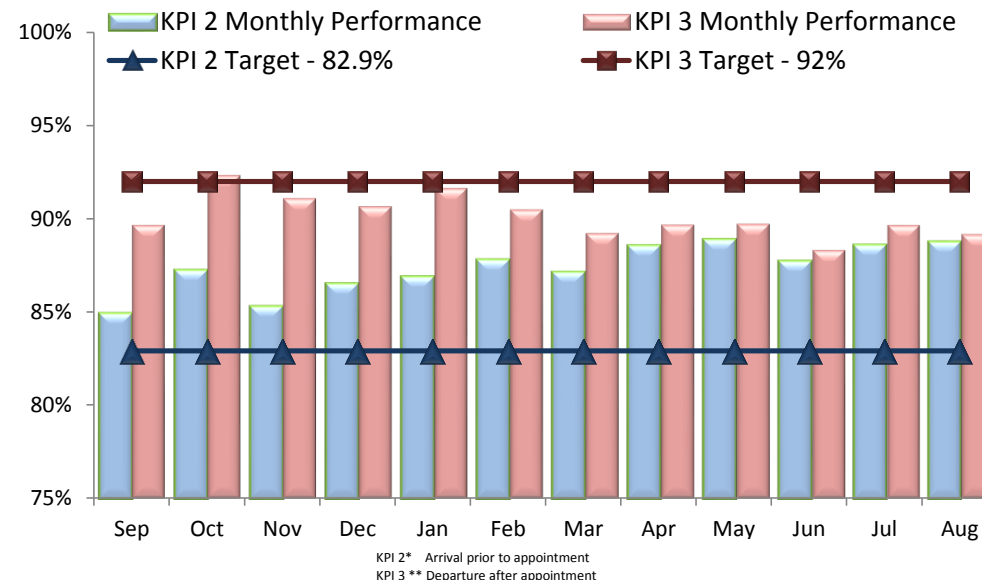


### Comparison to Plan

August 2017	Delivered	Aborts	Escorts	Total
YTD 2017-18	303,502	26,439	61,010	390,951
Previous YTD* 2016-17	316,576	28,912	63,824	409,312
% Variance	(4.1%)	(8.6%)	(4.4%)	(4.5%)

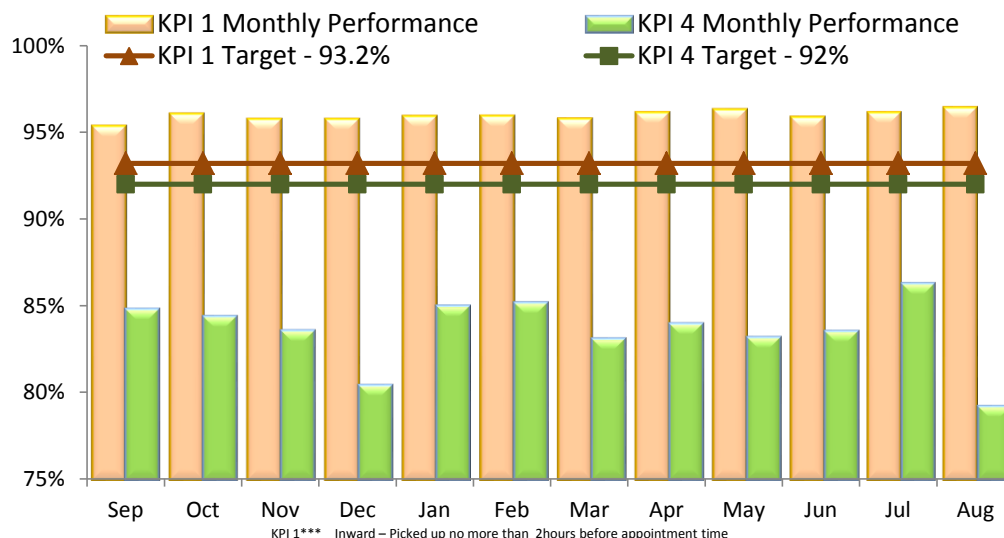
\* Excludes Hull CCG

## 10.2 KPI\* 2 & 3\*\*



KPI 2\* Arrival prior to appointment  
KPI 3\*\* Departure after appointment

## 10.3 Performance KPI\*\*\* 1 & 4\*\*\*\*



KPI 1\*\*\*\* Inward - Picked up no more than 2 hours before appointment time

## Commentary

PTS demand, YTD is 4.5% below 16/17 like for like. However, in August is up on the previous month with total activity increasing by 1.6%.

Inward performance (KPI2) rose slightly in July to 88.8% which is 5.9% above the arriving for appointment on-time target.

The outward performance (KPI3) slightly decreased from last month to 89.2% and is 2.8% below the annual target of 92%.

Performance against KPI1 improved for the third consecutive month increasing by 0.3% percent in August and is 3.2% above target.

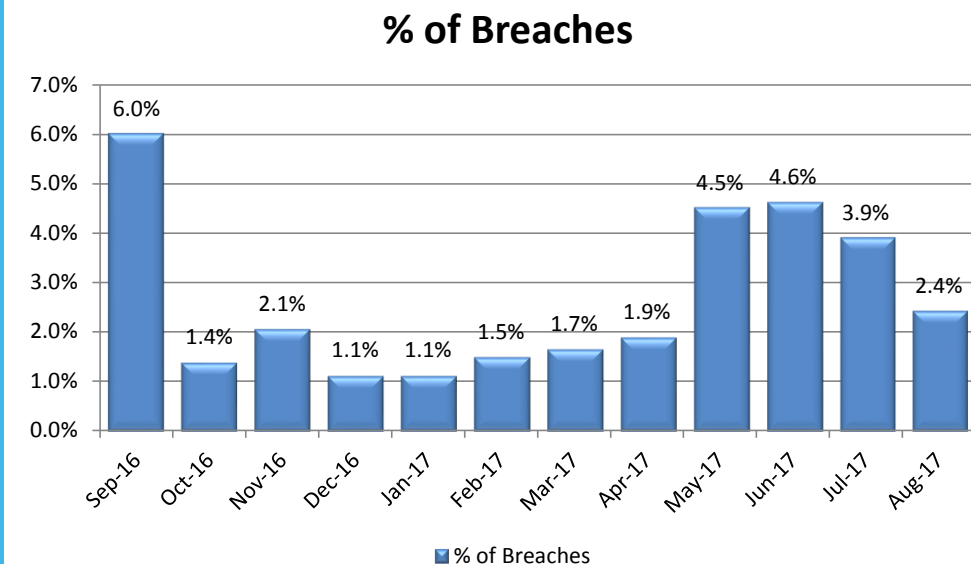
The performance of outward short notice bookings picked up within 2 hours (KPI4) significantly decreased to 79.3% in August, YTD remains below the 92% target. This is being investigated - initial findings show all areas have dropped; significantly a drop in West of 9% and East by 3%.



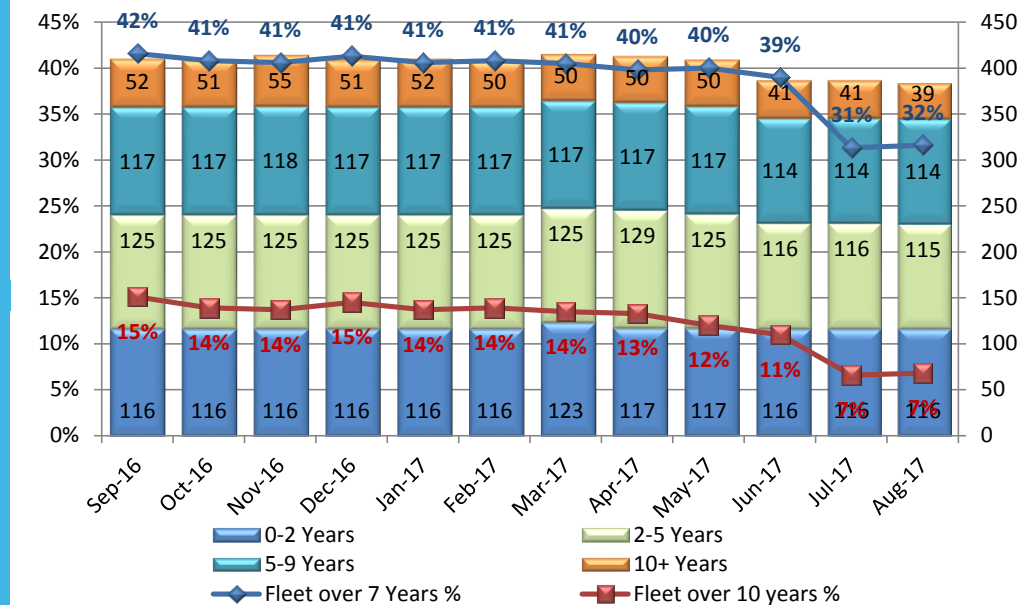
# 10. PATIENT TRANSPORT SERVICE

August 2017

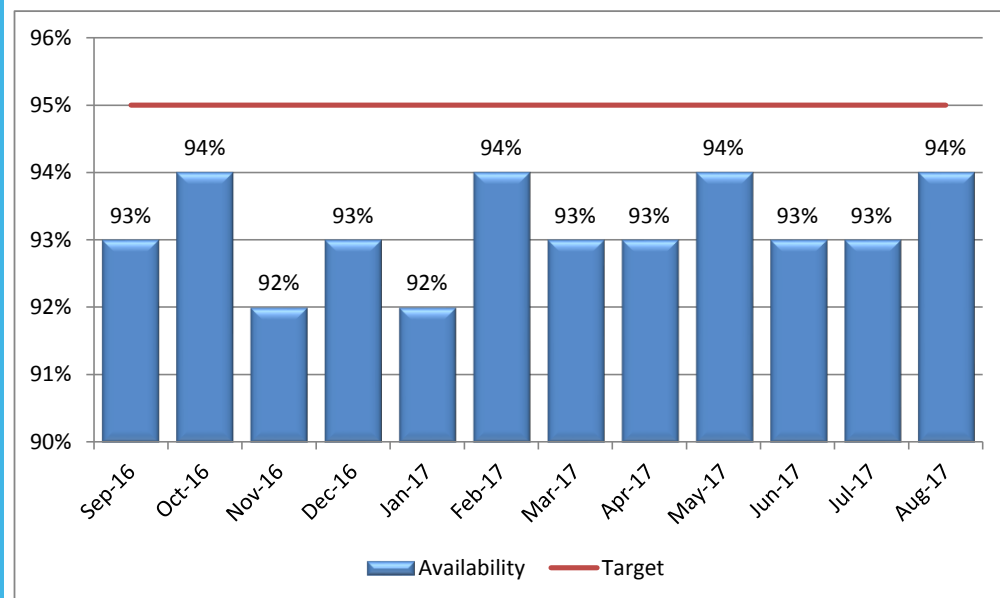
## 10.4 Deep Clean (5 weeks)



## 10.5 Vehicle Age



## 10.6 Vehicle Availability



## Commentary

Vehicle availability improved on the previous month by 1% to 94% but is slightly 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 completion of PTS deep cleaning to schedule remains high with August's compliance service level being 99.7%. PTS vehicles generally remain available through the evening offering access to the deep clean teams within their current scheduled working times.

Figures for August show that 7% of PTS fleet is aged over 10 years old which is down from 15% recorded in December 2016 and is due to the fleet reduction aligned with the Hull and South contracts.

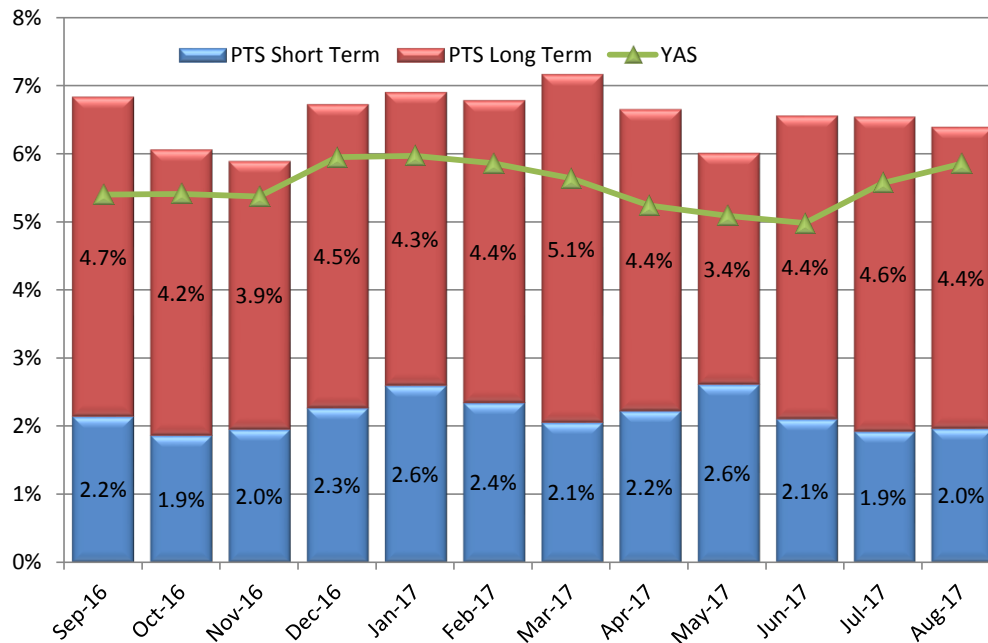
## 10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	595	30	119	446	75%
Contracted FTE (before OT)	587	43	96	449	76%
Variance	(7)	(13)	23	3	0.6%
% Variance	(1.2%)	(44.6%)	19.5%		
FTE worked inc overtime	624	43	96	485	78%
Variance	(29)	(13)	23	39	8.8%
% Variance	(4.9%)	(44.6%)	19.5%		

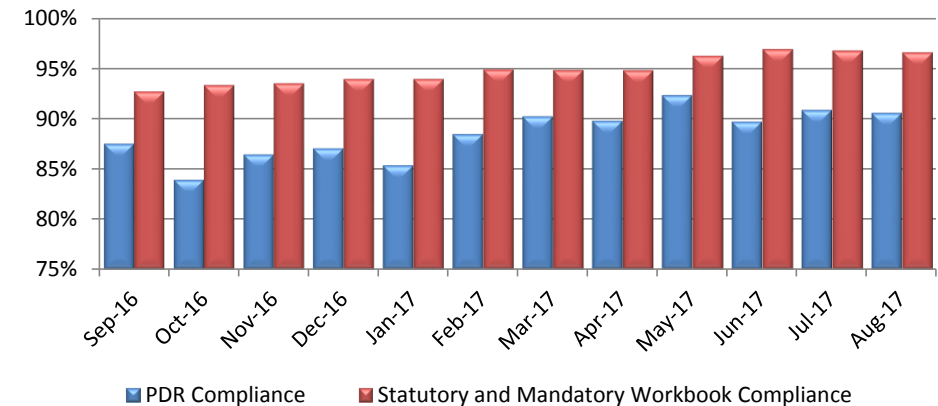
\*\* FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

\*\* Sickness and Absence (Absence) is from GPS

## 10.9 Sickness



## 10.8 Training



## Commentary

PDR compliance stood at 90.6% in August which continues to be above the 90% Trust target. Statutory and Mandatory Workbook compliance changed slightly from 96.8% in July to 96.6% in August but remains above the 90% Trust target.

The PTS sickness rate improved slightly (-0.1%) to 6.4% in August and is 0.5% higher than the 5.9% YAS average

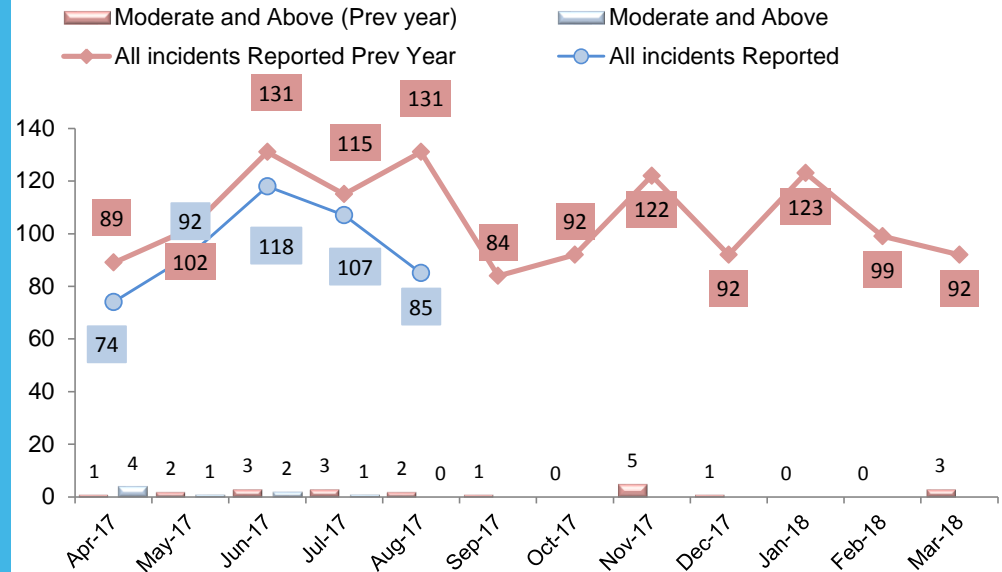
## 10. PATIENT TRANSPORT SERVICE

August 2017

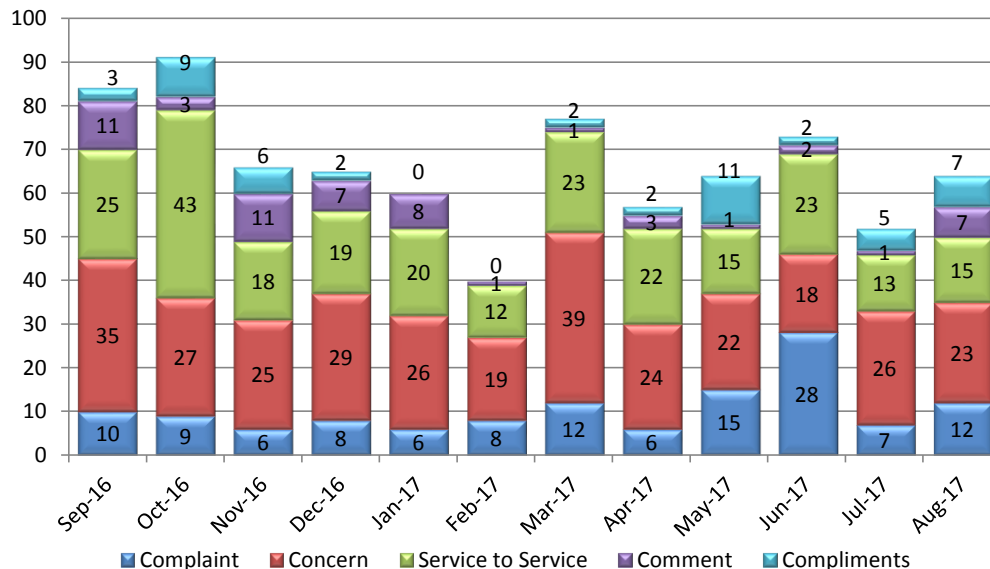
### 10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents YTD		0	1
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	8
Response within target time for complaints & concerns		100%	96%
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%	81.5%

### 10.11 Incidents



### 10.12 Patient Feedback



### Commentary

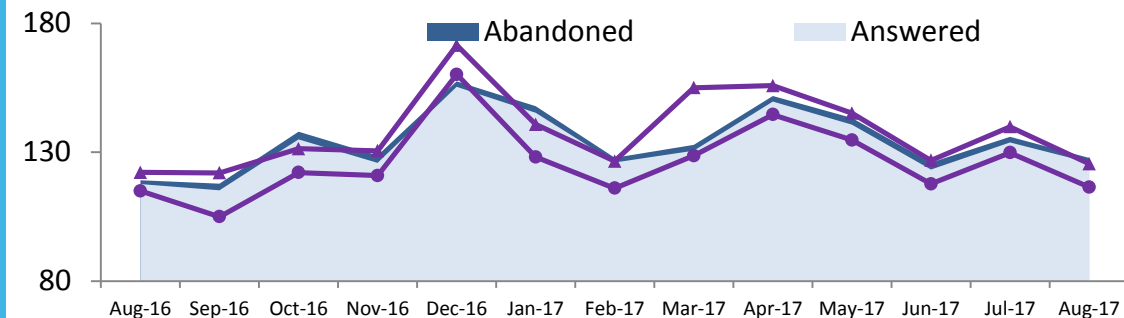
**Incidents:** The number of reported incidents within PTS decreased by 22 (-20.6%) vs last month and remains below that of the same period last year by 46 (-35.1%). Levels of moderate harm remain low.

**Patient Feedback:** Patient feedback figures are up by 11 (23%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints rose from 7 to 12, however, the number of compliments improved rising from 5 to 7. The YTD average number of complaints each month is 11 equating to a complaint rate per PTS journey of 0.02%.

# 11. NHS 111

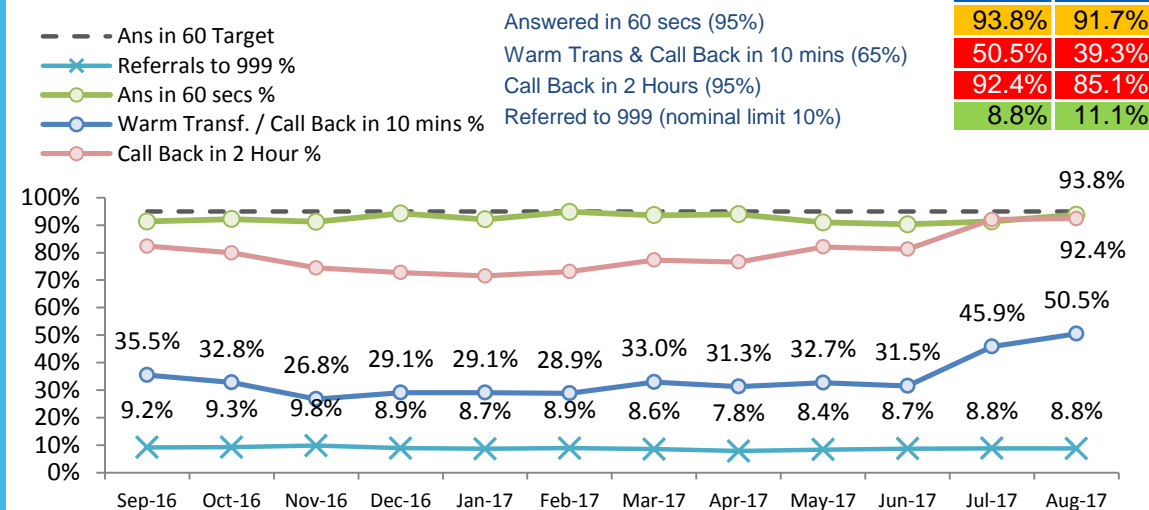
Aug-17

## 11.1 Demand

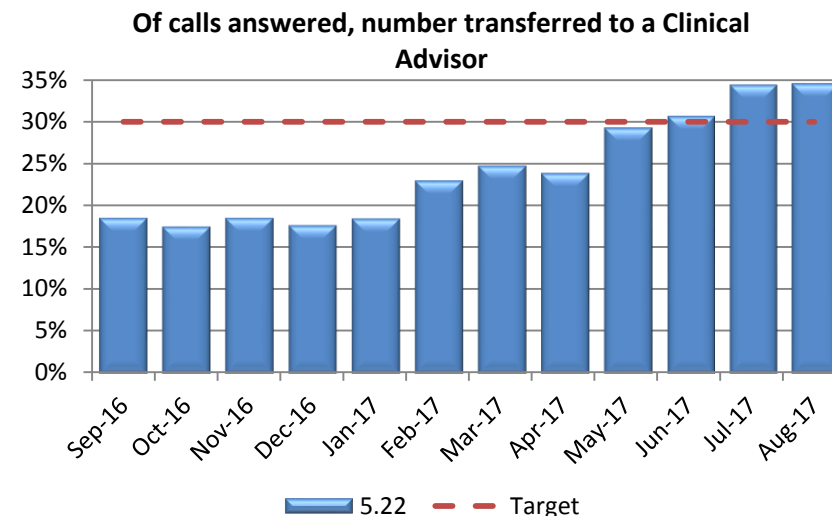


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	557,115	547,495	502,192	91.7%
Contract YTD 2017-18	567,730	552,754	525,117	95.0%
Variance	- 10,615	- 5,259	- 22,925	3.3%
	-1.9%	-1.0%	-4.4%	
YTD 2016-17	527,480	518,001	484,243	93.5%
Variance	29,635	29,494	17,949	-1.8%
	5.3%	5.4%	3.6%	

## 11.2 Performance



## 11.3 proportion calls transferred to a clinical advisor



## Commentary

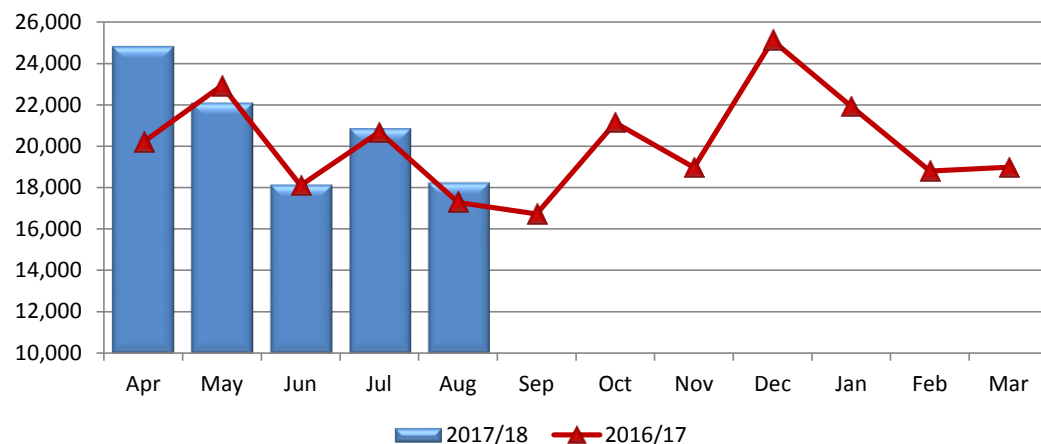
Figures for August 2017 show that 93.8% patient calls were answered in 60 seconds, a 1% rise from the July outturn. Commissioners are however aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Calls continue to track closely with the contract ceiling with calls in August 3.1% above. Compared to last year YTD at end August demand is 0.2% below.

The 2 local clinical KPIs for 2 hours call-back (92.4%) and warm transfer / 10 minute call-back (50.5%), improved on the July outturn.

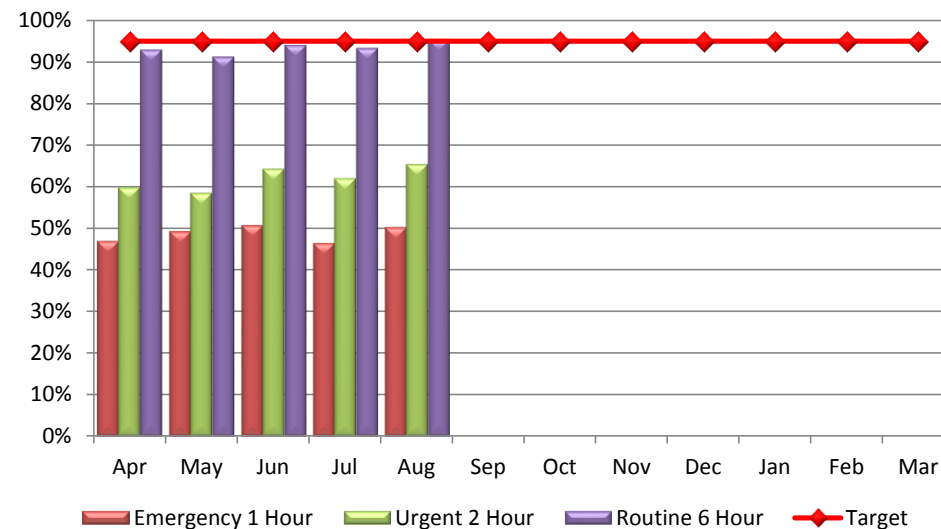
Clinical advice is exceeding the 30% NHS England target.

### 11.4 Demand

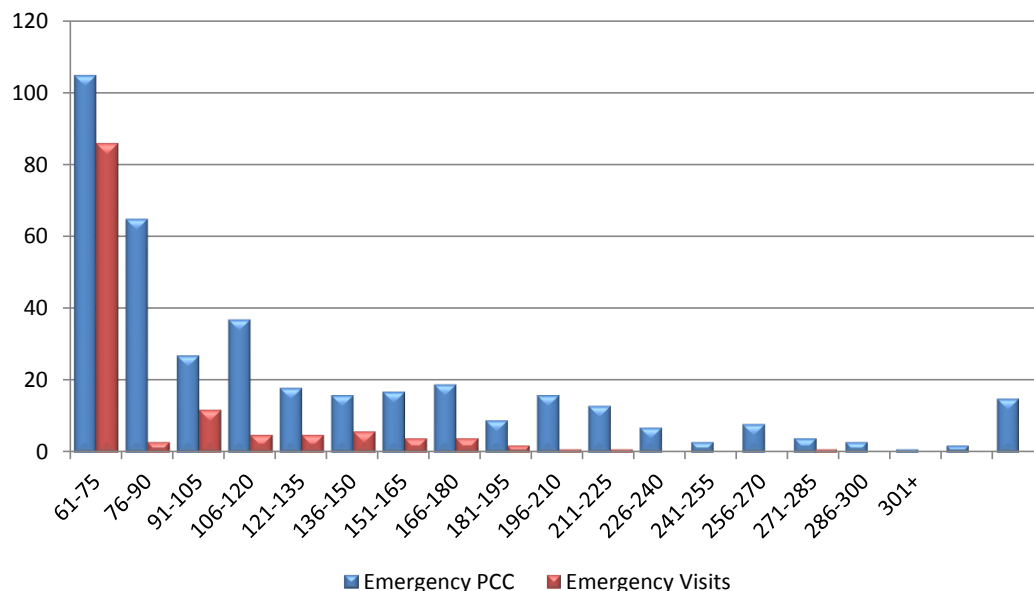


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		43,135	104,288	61,153	141.8%

### 11.6 Performance



### 11.5 Tail of Performance



### 11.7 Complaints

Adverse incidents	
Adverse incidents	No SI's reported in August.
Adverse reports received	No adverse reports received
Patient Complaints	12 patient complaints received in Aug-17 directly involving the LCD part of the pathway. 1 upheld, 1 partially upheld, 1 not upheld and 9 remain under investigation.

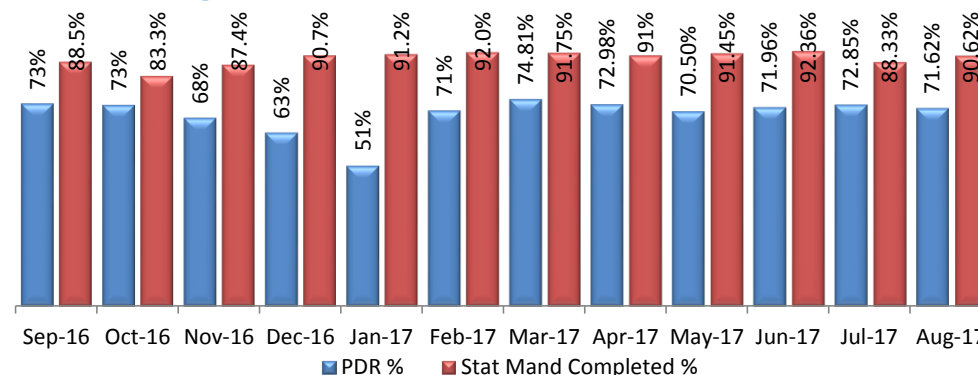
**Comments:** Patient demand levels for WYUC Aug 17, in comparison to Aug-16 increased by 3% (526 cases), reversing the recent trends which has seen demand below the same period in the previous year. NQR performance dropped compared to last year (50.3% emergency 58.8% Aug 16 / 65.3% urgent 68.4% Aug 16 / 95.4% routine 96.8% Aug 16). Performance and actions continue to be picked up through the WYUC review task and finish group.

## 11.8 Workforce FTE - Call Handler & Clinician

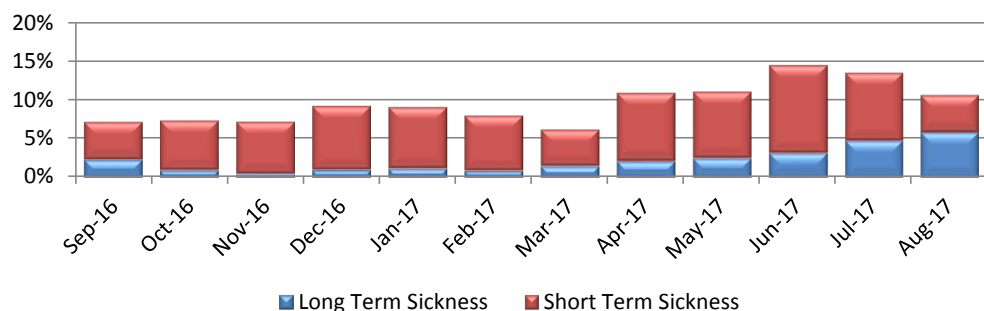
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	320	29	74	218	68%
Contracted FTE (before OT)	304	32	89	183	60%
Variance	-16	-4	-16	-35	
% Variance	-5%	-12%	-21%	-16%	-8%
FTE (Worked inc Overtime)	323	32	89	201	62%
Variance	3	-4	-16	-16	
% Variance	0.9%	-12%	-21%	-7%	-6%

## 11.11 Training



## 11.9 Sickness

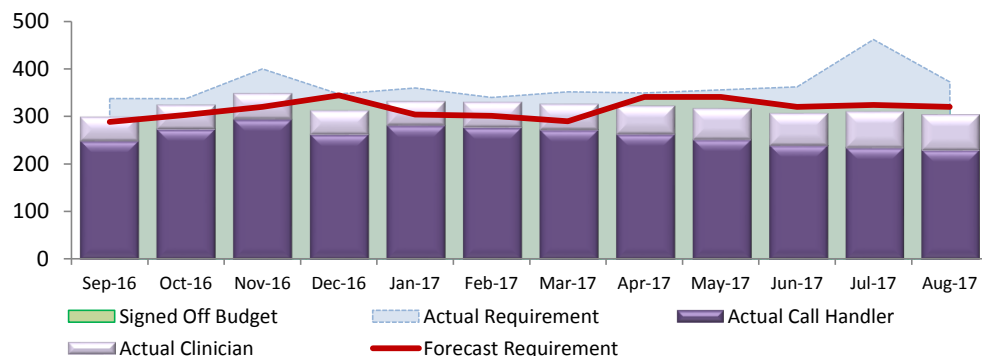


## Commentary

Sickness marginally reduced in August following local sickness interventions in the month; although long term sickness has again increased. An additional analysis around the main cause of sickness (anxiety/stress/depression/other psychiatric illnesses) has demonstrated that the majority of this relates to domestic as opposed to work based issues and actions are being taken locally to further promote health and wellbeing within the service.

Statutory and Mandatory training and PDRs continue to be managed to support improvements prior to winter, although the PDR rate marginally fell across the month.

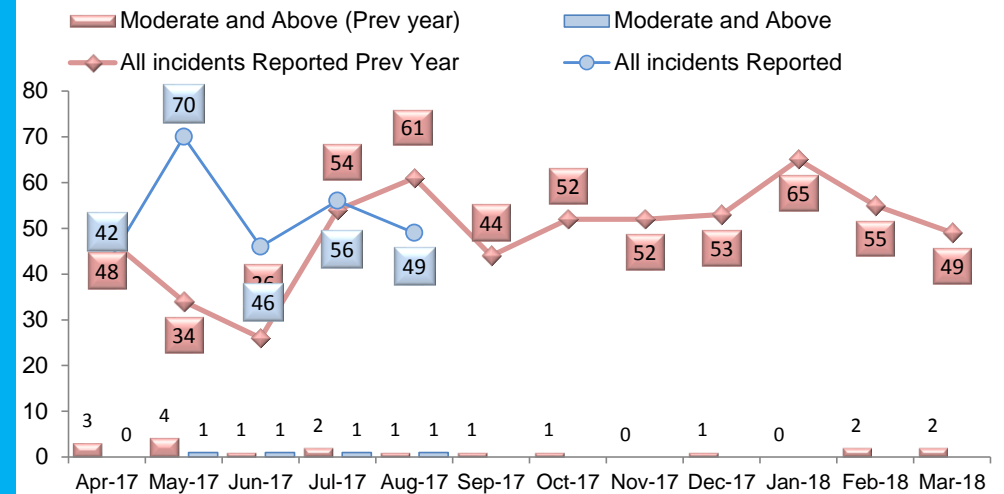
## 11.10 Recruitment Plan



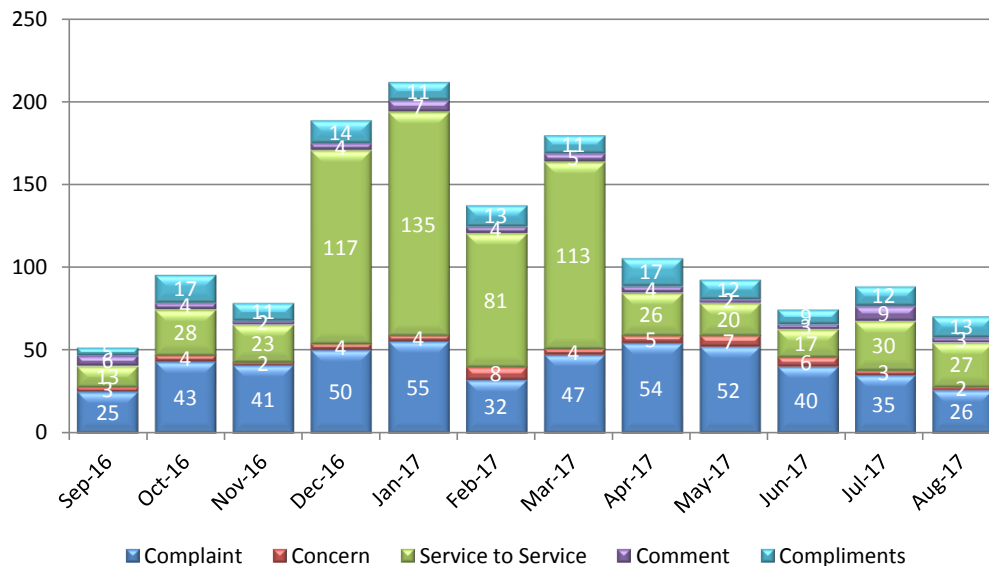
## 11.13 Quality, Safety and Patient Experience

		Aug-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%	87%
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 August. 26 patient complaints were received and are being investigated.

The level of moderate and above incidents remains very low with just 1 recorded in August.

Feedback fell slightly in August with complaints also falling and now at the second lowest level in 12 months.



# ANNEXES

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

August 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	July
Time to Answer - 95%		mm:ss	0:31	0:22	0:32	0:28	0:58	0:11	1:44	1:11	0:07	0:05	1	July
Time to Answer - 99%		mm:ss	1:21	1:18	1:25	1:17	2:25	1:05	3:15	2:48	0:41	0:44	2	July
Abandoned calls		%	0.80	1.05	0.87	0.60	2.78	0.29	3.64	2.03	0.58	0.24	1	July
Cat Red 8 minute response - RED 1	75%	%	71.4	71.7	74.6	73.4	65.8	75.5	65.1					July
Cat Red 8 minute response - RED 2	75%	%	56.6	61.1	70.9	57.0	65.5	72.3	50.1					July
Cat Red 19 minute response	95%	%	85.1	90.6	94.7	87.5	90.4	94.9	88.3					July
95 Percentile Red 1 only Response Time		Time	14.8	14.9	12.6	13.3	17.4	13.5	15.9					July
Category1 8 minute response***	75%	%								N/A	N/A	71.6		July
Category1 19 minute response***	95%	%								N/A	N/A	92.2		July
Category2 19 minute response***		%								N/A	N/A	74.8		July
Category3 40 minute response***		%								N/A	N/A	77.2		July
Category4 90 minute response***		%								N/A	N/A	84.5		July
Time to Treat - 50%		mm:ss	11.7	7.4	6.3	7.7	7.1	6.5	8.2					July
Time to Treat - 95%		mm:ss	24.0	23.1	17.7	28.0	27.2	19.2	24.8					July
Time to Treat - 99%		mm:ss	39.6	34.1	37.9	48.8	58.6	30.2	38.6					July
STEMI - Care		%	80.9	91.6	70.1	92.9	87.6	81.7	59.6	61.4	77.6	80.3	6	April
Stroke - Care		%	99.0	99.3	97.2	97.8	99.7	98.9	94.1	96.7	94.3	98.4	5	April
Frequent caller *		%	0.4	0.4	0.4	1.0	1.4	3.7				2.6	6	July
Resolved by telephone		%	18.8	9.3	11.2	7.5	9.6	12.5	6.4	14.4	4.7	9.1	7	July
Non A&E		%	23.0	37.9	37.5	36.7	32.5	40.3	47.5	49.4	38.8	30.9	9	July
STEMI - 150		%	93.7	92.9	93.3	97.4	76.5	89.5	87.9	77.0	88.9	83.3	8	April
Stroke - 60		%	55.1	52.2	70.4	53.2	63.1	51.0	66.8	40.5	62.9	50.2	9	April
ROSC		%	25.9	28.8	35.4	24.5	37.6	30.6	28.0	27.4	29.5	27.8	7	April
ROSC - Utstein		%	47.2	59.3	63.6	45.5	63.3	37.9	62.1	48.6	61.4	46.7	8	April
Cardiac - STD		%	8.4	9.1	10.4	8.6	8.3	17.5	8.1	6.0	10.6	8.8	5	April
Cardiac - STD Utstein		%	28.6	32.0	38.0	27.3	32.5	32.0	33.3	27.8	34.1	24.4	10	April
Recontact 24hrs Telephone		%	1.0	8.8	3.5	12.5	3.8	12.0	7.3	10.1	14.6	3.5	2	July
Recontact 24hrs on Scene		%	5.0	5.7	8.7	4.7	3.0	4.4	5.8	4.6	6.8	1.1	1	July

## Annex 2 Ambulance Quality Indicators - YAS

August 2017

Indicator	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-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%)	0:04	0:12	0:20	0:14	0:33	0:36	0:35	0:11	0:05	0:05	0:05	0:05	1	0:02	to	0:55
Time to Answer (99%)	0:34	1:06	1:20	1:03	1:30	1:34	1:36	0:56	0:45	0:45	0:50	0:36	2	0:30	to	1:54
Abandoned calls	0.21	0.51	0.81	0.93	1.64	2.47	1.59	0.62	0.25	0.28	0.23	0.20	1	0.17	to	1.37
Cat Red 8 minute response**	70.7	68.8	70.7											N/A		
Cat Amber 19 minute response**	74.9	70.0	69.0													
Cat Green 60 minute response**	90.2	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				
Category1 19 minute response***			89.5	88.3	88.4	89.4	89.6	92.1	92.4	92.8	92.0	91.6				
Category2 19 minute response***			69.3	71.1	67.9	71.4	72.1	76.3	77.8	77.0	72.9	71.6				
Category3 40 minute response***			71.1	72.2	68.0	72.8	70.9	79.7	79.9	79.9	74.6	74.5				
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				
STEMI - Care	89.4	82.2	89.7	87.1	88.1	85.7	75.0	80.0	80.3	81.5			6	67.3	to	91.1
Stroke - Care	99.1	98.8	99.1	99.1	98.8	99.1	96.7	98.6	98.4	98.0			5	94.9	to	99.7
Frequent caller *	3.67	4.03	2.52	2.83	2.92	2.87	2.54	2.67	2.79	2.69	2.74	2.38	6	0.20	to	3.50
Resolved by telephone	6.8	6.8	7.8	8.5	9.4	9.2	7.5	6.9	8.3	8.1	8.9	9.0	7	4.8	to	18.2
Non A&E	30.7	30.8	30.0	29.7	30.7	31.0	30.4	29.9	30.2	31.4	30.6	31.3	9	22.8	to	49.1
STEMI - 150	90.2	84.7	83.8	81.4	88.8	80.0	82.7	80.4	83.3				8	71.8	to	92.1
Stroke - 60	43.6	42.0	39.9	41.4	42.4	43.8	41.8	41.0	50.2	47.1			9	36.1	to	64.3
ROSC	28.4	25.2	25.7	32.2	27.3	27.4	28.0	33.9	27.8	31.5			7	24.3	to	35.6
ROSC - Utstein	64.7	46.8	51.1	72.2	43.5	57.1	61.4	68.8	46.7	38.9			8	41.4	to	62.1
Cardiac - STD	10.2	11.1	10.9	14.1	6.1	8.4	10.4	11.4	8.8	11.7			5	6.3	to	12.6
Cardiac - STD Utstein	29.2	33.3	36.2	53.7	25.6	38.1	40.4	47.7	24.4	20.0			10	21.5	to	35.8
Recontact 24hrs Telephone	6.8	6.7	5.0	7.3	5.7	5.1	3.7	4.9	3.8	4.0	4.1	2.8	2	0.8	to	13.8
Recontact 24hrs on Scene	1.3	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	to	8.5

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