



# Integrated Performance Report

**December 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

December 2017

This is an overview of the Trust's strategic objectives alongside their respective RAG ratings. Exception commentary is provided for objectives considered to be Amber and Red rated.

YAS STRATEGIC OBJECTIVES 2017/18												
Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	Oct	Nov	Dec	COMMENTS/EXCEPTIONS		
1 Excellent Outcomes	1.1	To deliver effective and efficient emergency call handling performance & increase capability to deliver non-conveyance	EDOps							Plans are being developed through the A&E Operations board as part of the Operational Delivery Improvement plan to increase clinical hub capacity with an aim to increase Hear and Treat rates. EMD recruitment is behind plan which contributed to a fall in call answer performance in recent months, however, this is beginning to improve.		
	1.2	To develop integrated patient care through our NHS111 delivery model aligned to national & local strategies for integrated urgent care	DPUC									
	1.3	To deliver safe & effective urgent & emergency care, supporting staff to make appropriate non-conveyance decisions.	DPUC									
	1.4	To create a sustainable core A&E service, with the right number of skilled people in place (A&E Transformation Programme)	EDOps							Recruitment to management posts is complete with RGM starting in February. However the service is not yet at full establishment with approximately 60 vacancies. The recruitment plan is aimed at achieving full establishment by January.		
	1.5	To sustain and deliver improvement in identified patient care and safety priorities	EMD									
2 Improvement & Innovation	2.1	To develop and implement an ICT strategy which enables delivery of YAS strategic priorities and is aligned to the digital roadmap across STPs	EDoF									
	2.2	To embed a robust strategic and operational business planning process into the organisation	DPD									
	2.3	To implement the performance management framework to enable devolved leadership and accountability.	EDQGPA									
	2.4	To enhance service improvement capability and provide assurance through programme and project management.	EDQGPA									
	2.5	To define, deliver and implement an integrated and systematic approach to quality improvement for the Trust.	EDQGPA									
	2.6	To develop research capability in pre-hospital urgent & emergency care, develop research skills & expertise	EMD									
	2.7	To deliver a communications function in support of a motivated workforce & external reputation as a trusted system partner	DPD									
	2.8	To create a sustainable, efficient, patient focused and fit for future PTS service (PTS Transformation Programme)	DPUC							Programme RAG stays Amber the majority of restructure resources are now in place allowing several work streams to progress, as well as the service realising more benefits than originally reported.		
	2.9	Implement Hub and Spoke and Ambulance Vehicle Preparation to improve quality and performance	CEO							Doncaster Hub design has now moved to the final phase. Application of the Change Management Framework/approach within the Programme, including the Doncaster hub, was presented at November Programme Board. Discussions commenced and meetings agreed to determine benefits. STP (ACS) Doncaster bid submitted to SY STP for national consideration for capital funding. Recruitment to Senior Project Manager Post commenced.		

YAS STRATEGIC OBJECTIVES 2017/18												
Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	Oct	Nov	Dec	COMMENTS/EXCEPTIONS		
3 Our People	3.1	To refresh the organisation's vision & values, building a positive working environment, developing culture & behaviours	DWF									
	3.2	To prioritise the health and well-being of all staff	DWF							Health and wellbeing team staff are all now in post. The team is currently evaluating existing strategy and will develop a project plan to deliver the remainder of the programme. Flu programme has been a priority since October 17 and Trust achieved 65.3% uptake of the vaccine for frontline staff. Mental health first aid training has commenced for Clinical Supervisors.		
	3.3	To build equality and diversity within our organisation to reflect the communities we serve.	DWF									
	3.4	To develop high quality, relevant and well governed clinical education processes and activity	EMD									
	3.5	To develop a workforce strategy to deliver integrated urgent & emergency care	DWF							Further work is required on Development of a Clinical Workforce Strategy, aligned to the national work stream. There is also a requirement to develop and implement a recruitment and retention strategy as referred to in 3.3.		
	3.6	To address immediate workforce challenges and develop appropriate processes & controls.	DWF							Structure proposal for the Workforce Directorate has been approved and recruitment has commenced. Work to review and evaluate systems and process in Job Evaluation and Remuneration will take place when the new structure is in place and the new role in governance is appointed to.		
4 System Partner & Resilience	4.1	To maintain a high standard of capability for emergency planning, resilience, response and business continuity	EDOps									
	4.2	To develop collaborative relationships with Y&H stakeholders, building the reputation of YAS as a trusted system partner	DPD									
	4.3	To implement professional, co-ordinated approach to public & community engagement and corporate social responsibility	CEO									
	4.4	To implement a robust business development function and bid management process for the organisation	DPD									
5 Safe, Caring & Efficient	5.1	To sustain a safe compassionate service through compliance and continued improvement in all statutory functions	EDQGPA									
	5.2	To further embed the risk management strategy with devolved leadership and accountability in all areas	EDQGPA									
	5.3	To produce financial plans and efficiency programmes to support delivery of our Trust strategy	EDoF									
	5.4	To deliver an enhanced finance function, responsive to core operational delivery and system transformation	EDoF									
	5.5	To produce and implement 5 year strategies for estates and fleet aligned to the overarching vision for the trust	DEF									

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

### Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, <a href="#">Q2 17-18</a>	13.5	
Staff F&F Test % recommended care <a href="#">Q2 17-18</a>	87%	
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="#">Nov 17</a>	*	
Ambulance Clinical Outcomes, <a href="#">Aug 17</a>	Return of spontaneous circulation (ROSC) in Utstein group	53.3
	Stroke 60 minutes	49.2
	Stroke Care	98.7
	ST Segment elevation myocardial infarction (STeMI) 150 minutes	90.6

(\*) less than 5 responses – data withheld

(\*\*) does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and variation in local populations

### Organisational Health

Staff sickness, <a href="#">Aug 17</a>	5.72%
Staff turnover (FTE), (YAS Workforce Scorecard Dec 17)	11.5%
NHS Staff Survey response rate 2016	37%
Proportion of temporary staff, <a href="#">Jul 17, NHS Model Hospital</a>	1.91%

### Operational Performance Response Times

[Dec 17](#)

Cat 1 Life-threatening calls mean	8:12
90 <sup>th</sup> centile	14:19
Cat 2 Emergency calls mean	27:58
90 <sup>th</sup> centile	1:00:47
Cat 3 Urgent calls 90 <sup>th</sup> centile	2:41:47
Cat 4 Less urgent calls 90 <sup>th</sup> centile	4:22:05

### Strategic Change RAG ratings (Dec 17)

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

### Finance Score

<b>Capital service capacity</b> (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Dec 17 1
<b>Liquidity</b> (days of operating costs held in cash or cash equivalent forms)	1
<b>I&amp;E margin</b> (I&E surplus or deficit/ total revenue)	1
<b>Distance from financial plan</b> (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
<b>Agency spend</b> (distance from providers cap)	1
<b>OVERALL USE OF RESOURCES RATING</b>	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**
  - Discussions commenced and meetings agreed to determine benefits
  - Recruitment to Senior Project Manager Post commenced
  - Doncaster hub design has moved to the final stage
- **Urgent Care:** **Amber**
  - Programme is being reviewed and inaugural Integrated Urgent and Emergency Care Programme group scheduled to take place on 22/12/17.

## Service Improvement





- **A&E:** Remains **Amber**
  - The planned A&E Operations Board meeting has been delayed due to senior staff availability and winter pressures. It is anticipated that this meeting will commence on a monthly basis from February 16th where formal terms of reference will be agreed.
  - Activities completed within December include:-
    - Low Acuity Transport - pilot went live on 4th December 2017
    - System Status Plans have been approved and implemented in EOC
    - Meal Break Management – 4 week trial monitoring period has been completed.
    - Reduction in Response Ratios – data analysis completed
- **PTS:** Remains **Amber**
  - Programme RAG remains as 'amber'. Many areas of the programme are now "green" the parts remaining as amber include the auto scheduling project and understanding of the benefits of the programme. This work is ongoing.
  - Flu campaign uptake at 66.4%
  - The East Riding mobilisation is now completed and a new project has commenced, Harrogate/HRW – where YAS is working with commissioners to reduce saloon car journeys by up to 30% to remain competitive and sustainable for the future.

## External

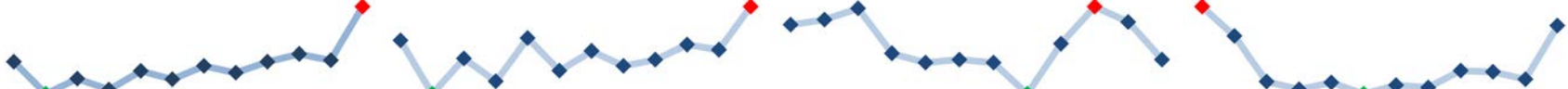
- Winter pressures continue for most Delivery Board areas, with monitoring and escalation processes ongoing; Service lines are resourcing additional conference calls / meetings.
- YAS Winter Debrief has been arranged for 24<sup>th</sup> January, chaired by YAS Deputy Director of Operations with various regional and local debriefs being arranged across the patch. Ongoing winter pressures, early lessons learned and Easter Planning continue to be discussed at delivery boards.
- Flu levels are currently on the increase, with flu vaccinations for front line staff remaining a priority with NHSE/I.
- NHSE/I focus continues in respect of :4 hour ED performance; Handover performance; mutual aid across systems
- YAS continue to work with urgent care networks and local delivery boards to explain the benefits and impact of ARP; to strengthen community support for greater use of alternative diversionary pathways (to reduce ED conveyance) and to develop options and in respect of Low Acuity Transport, Advanced & Specialist Paramedics and Integrated Urgent Care.
- Contract negotiations continue with Commissioners for 999 contract negotiations for 18/19 and for a transitional year in the NHS111 contract. Work continues within the West Yorkshire STP to develop an MOU.
- Hospital reconfigurations continue throughout the region, those considered to have moderate to significant impact on YAS operations are outlined below:-
  - SYB ACS Hospital Services Review report expected in January, with matrix of options. Final report expected in April 2018. Other
  - Friarage Hospital; Durham, Darlington Tees, HRW
  - West Yorkshire Stroke Services including Harrogate
  - Evaluation of MYHT and CHFT reconfigurations continues.




# Our Performance December 2017

	Category 1 without IFT's was 08:23	YTD Performance		
	Ambulance responses on Scene down 1% YTD		Time	Change
	PTS KPI 2 continues to be above target at 84.6% for December	Category 1 Mean Performance	07 mins 32 Sec	
	Calls transferred to a CAS Clinician in 111 is above 30% target at 34.6%	Ambulance Turnaround Time	35 mins 36 sec	(15 sec more)


## A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Dec-17	Variance (%)	Contract	Dec-17	Variance (%)	Avg	Dec-17	Var	Avg	Dec-17	Change	Target	Dec-17	Var
83,814	91,364	9.0%	63,452	64,899	2.3%	76.2%	75.7%	(0.5%)	2,215	3,563	60.8%	00:07:00	00:08:12	00:01:12
														
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	Dec-17	Variance (%)	Target	Dec-17	Variance (%pts)	Target	Dec-17	Variance (%pts)	Target	Dec-17	Variance (%pts)	Target	Dec-17	Var
74,652	71,724	(3.9%)	82.9%	84.6%	1.7%	92.0%	88.4%	(3.6%)	92%	75.3%	(16.7%)	90.0%	86%	(4.3%)
														

## 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	Dec-17	Variance (%)	Target	Dec-17	Variance (%)	Target	Dec-17	Variance (%)	Target	Dec-17	Variance (%)	Avg	Dec-17	Variance (%)
171,459	166,555	2.9%	95%	84.4%	(10.6%)	30%	34.6%	4.6%	95%	78.9%	(16.1%)	8.7%	9.1%	0.4%
														

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	18.01.18 - PMO



# Our Quality December 2017

↑	3 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
↓	0.0001 in 10000 patients incidents result in moderate or above harm	Recommend YAS to F&F			Compliance	Dec 16	Dec 17
↑	FOI compliance in December was 100%		Q2	YTD	Hand Hygiene	98%	98%
↔	3 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)	PTS	93%	92%	Premise	98%	99%
↔	9 out of 10 people would recommend YAS to Friends and Family	A&E	82%	84%	Vehicle	97%	98%

## Incidents Reported

All Reported Incidents			Patient Incidents			Moderate Harm			Serious incidents			Medication Related		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change
791	<b>796</b>	24.6% ↑	201	<b>222</b>	18.7% ↑	22	<b>17</b>	41.7% ↑	3	<b>4</b>	33.3% ↑	57	<b>67</b>	17.5% ↑

## Safeguarding

Adult Referrals			Child Referrals			Complaints			Compliance (21 Days)			FOI Requests		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	%	Change (% Pts)	Avg	No	Change
778	<b>890</b>	13.5% ↑	473	<b>444</b>	(8.8%) ↓	83	<b>82</b>	10.8% ↑	83%	<b>89%</b>	(1.3%) ↔	38	<b>30</b>	(26.8%) ↓

## Patient Relations

## Legal

## Clinical Outcomes (Sept DATA)

Stroke 60			STeMI Care			ROSC (Utstein)			Survival (Utstein)			Deep Clean Breaches (8 weeks)		
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change (%pts)
44.7%	<b>49.2%</b>	(1.6%) ↔	83.4%	<b>90.6%</b>	11.0% ↑	53.2%	<b>53.3%</b>	0.9% ↔	34.4%	<b>29.3%</b>	(26.8%) ↓	36	<b>57</b>	21.3% ↑

## Fleet

Key	Change	Direction of Travel	Sparklines	AVG - Average	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	18/01/18 - PMO
					7

# Our Workforce - December 2017

↑	939 staff are overdue a PDR out of 4398
↔	176 Staff are on long term sick out of 5172 Staff
↑	361 staff are still to complete the stat and man work book out of 5172
↓	Child level 2 compliance does not include new e-learning numbers with 336 completed in December

YTD Performance		
	%	Change
Sickness	5.67%	0.25%
Stat and Man	94.26%	-0.72%

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)
4,341	4,361	0.5%	11.1%	6.0%	(5.1%)	11.5%	11.5%	(0.1%)	46.25	20	(57.7%)	95.0%	54.2%	(40.8%)

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%	6.1%	1.1%	1.9%	1.9%	(0.1%)	3.7%	4.2%	0.5%	2,637	2,410	(9.4%)	£812,446	£916,004	12.7%

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%	72.5%	(17.5%)	90.0%	94.3%	4.3%	90.0%	95.4%	5.4%	80.0%	76.9%	(3.1%)			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		8th January 2018 - Workforce Intelligence Team		8	

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(22,192)	(22,351)	(159)	(196,344)	(195,517)	826
Expenditure	22,332	22,368	36	194,313	192,383	(1,929)
Retained Deficit / (Surplus) with STF Funding	140	17	(123)	(2,031)	(3,134)	(1,103)
STF Funding	(151)	(151)	0	(982)	(982)	0
Retained Deficit / (Surplus) without STF Funding*	291	168	(123)	(1,049)	(2,152)	(1,103)
EBITDA	(832)	(744)	87	(10,777)	(11,679)	(903)
Cash	21,870	39,083	17,213	21,870	39,083	17,213
Capital Investment	1,491	27	(1,464)	4,058	411	(3,647)
Quality & Efficiency Savings (CIPs)	1,037	1,044	7	9,331	10,492	1,162

Under the "Single Oversight Framework" the overall Trust's rating for December 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 £1,103k against plan as at the end of December (Month 9). Income is lower than plan by £826k, 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 £4,162k favourable against plan mainly due to; vacancies and the underutilisation of the overtime budget. The underspend in pay is partially offset by overspend in non-pay including fire service responders and meal break payments and an income shortfall due to the unachievement of CQUIN. PTS is adverse to plan by £377k 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 £902k 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 December 2017 the Trust's cash position was £39.1m against a plan of £21.9m, giving a favourable variance of £17.2m. The increase in the cash balance of £1.6m against the November position reflects continuing underspends against the capital plan and the higher than planned surplus.

Capital spend at the end of December 2017 is £411k against the original plan of £4.058k YTD. The original plan was £13.233m expenditure (allowing for disposals of £1.05m resulting in a charge of £12.182m against the Capital Resource Limit). At the end of June 2017 NHS Improvement approved a CRL of £8,533k, as a result of this in August 2017 the service leads reviewed and subsequently reappraised the deliverability of capital schemes. This resulted in a reduction of the capital plan to £8.5m which was approved by the Trust Board in September 2017. Capital expenditure is currently significantly behind plan however a number of mitigating plans have been approved, with the Trust currently forecasting to achieve plan by year end. Further assurance from scheme leads is being sought regarding deliverability of schemes for year end.

The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,162k, 31% of savings have been delivered non recurrently and therefore causing 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 December 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>
<b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 9 is £11,679k against a plan of £10,777k, a favourable variance of £903k against plan.			<p>Actual: £11,679k at M9 Plan: £10,777k at M9</p>
<b>SURPLUS:</b> The Trust has reported a surplus (including STF) as at the end of December (Month 9) of £3,134k which is a £1,103k favourable variance against the planned surplus of £2,031k. The STF achieved YTD is £982k.			<p>Actual: £3,134k at M9 Plan: £2,031k at M9</p>
<b>CAPITAL:</b> Capital spend at the end of December 2017 is £411k against the original plan of £4,058k YTD. The original plan was £13.233m expenditure (allowing for disposals of £1.05m resulting in a charge of £12.182m against the Capital Resource Limit). At the end of June 2017 NHS Improvement approved a CRL of £8,533k, as a result of this in August 2017 the service leads reviewed and subsequently reappraised the deliverability of capital schemes. This resulted in a reduction of the capital plan to £8.5m which was approved by the Trust Board in September 2017. Capital expenditure is currently significantly behind plan however a number of mitigating plans have been approved, with the Trust currently forecasting to achieve plan by year end. Further assurance from scheme leads is being sought regarding deliverability of schemes for year end.			<p>Actual: £411k at M9 Plan: £4,058k at M9</p>
<b>CASH:</b> At the end of December 2017 the Trust's cash position was £39.1m against a plan of £21.9m, giving a favourable variance of £17.2m. The increase in the cash balance of £1.6m against the November position reflects continuing underspends against the capital plan and the higher than planned surplus.			<p>Actual: £39.1m at M9 Plan: £21.9m at M9</p>
<b>CIP:</b> The Trust has a savings target of £12.441m for 2017/18. Whilst YTD the Trust has overachieved against this target by £1,162k, 31% of savings have been delivered non recurrently and therefore causing an underlying recurrent financial risk for future years.			<p>Actual: £1,162k at M9 Plan: £12.441m at M9</p>

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	5,150	5,150	0
Business Development Directorate	65	65	0
Capital Charges Directorate	99	0	(99)
Chief Executive Directorate	95	24	(71)
Clinical Directorate	106	100	(6)
Estates Directorate	242	126	(116)
Finance Directorate	749	604	(145)
Fleet Directorate	1,321	319	(1,002)
People & Engagement Directorate	293	0	(293)
Planned & Urgent Care Directorate	1,070	541	(529)
Quality, Governance & Performance Assurance Directorate	141	141	0
Reserve Schemes	0	3,422	3,422
<b>Grand Total</b>	<b>9,331</b>	<b>10,492</b>	<b>1,162</b>

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	7,078	7,247	169
Non - Recurrent	1,621	3,246	1,625
Unidentified	632	0	(632)
<b>Grand Total</b>	<b>9,331</b>	<b>10,492</b>	<b>1,162</b>

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

**December 17**

Trust Wide	Lead Manager	Financial Value	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Improvement of health and wellbeing	Dep Director of HR & Organisational Dev	£286,073	Amber	Amber	Red	Red	Red	Red	Amber	Amber	Amber				
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£285,987	Green	Green	Green	Green	Green	Green	Green	Green	Green				
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£285,987	Amber	Amber	Red	Green	Green	Green	Green	Green	Green				
<b>Total</b>		<b>£858,047</b>													

Comments: Key staff who will deliver health related CQUINS (Head of Well Being; H&WB adviser and Occ Health practitioner) are now all in post. A complete review of all health and wellbeing initiatives has been undertaken and in addition a review of the current Occupational Health provision has been undertaken. The trust will later this month, make a decision on the future occupational health provision required for the organisation. The trust will also agree a 12 month action plan for the delivery of health and wellbeing activity across the organisation. The Mental Health First Aid training has now commenced with a potential for more places being offered to staff. A pilot MSK project has been evaluated and full roll out of this project is to begin in the coming months. The flu campaign has continued to grow from strength to strength, with the trust being recognised nationally for the improvements it has made this year. The final submission to INNFORM was 65.3% of frontline staff were vaccinated as of the end of Dec 2017. The Healthy Food CQUIN continues to be compliant.

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

A&E CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Proportion of 999 incidents which do not result in transfer of the patient to a Type 1 or Type 2 A&E Department	Head of Clinical Hub EOC	£858,048	Green	Green	Green	Green	Green	Green	Green	Green	Green				
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green	Green	Green	Green				
Mortality Review	Deputy Medical Director	£1,072,238	Green	Green	Green	Green	Green	Green	Green	Green	Green				
Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18 reconciliation	tbc	£1,287,715	NA	NA	NA	NA	NA	NA	NA	NA	NA				
<b>Total</b>		<b>£4,290,239</b>													

Comments: Conveyance: All tasks with the exception of DOS are complete. We are looking at ways to implement and integrate DOS with 111 and negotiations and target setting for Year 2 are underway. End to End reviews and mortality reviews are both on track for delivery.

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

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

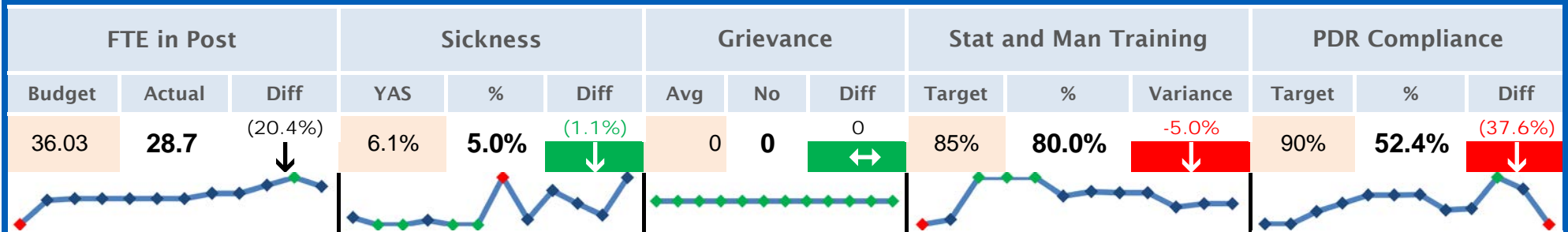
Comments: The Portal has now been renamed 'Patient Zone' it is being used successfully by a small number of patients across all areas. As reported previously it is difficult to maintain a steady number of users as regular patients i.e. dialysis patients know their transport is booked and their regular routine. Patients who finish their treatment or no longer have need for ambulance transport stop using the facility. With this in mind the 'Patient Zone' has been relaunched across all areas with a view to encourage patients to sign up. The CQUIN is fully on track for delivery at the end of the financial year.

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

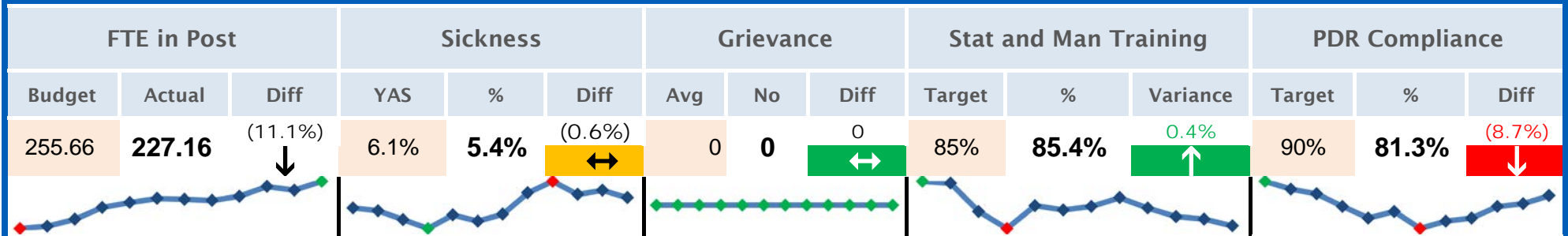


# Corporate Services - December 2017

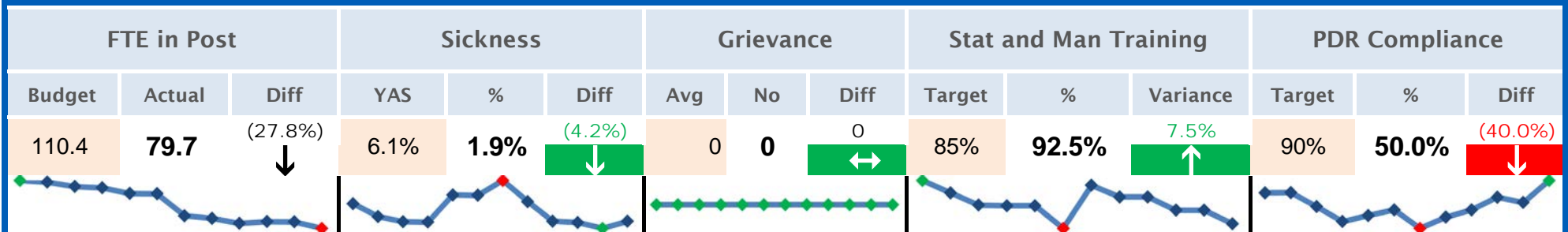
## Chief Exec and Business Development



## 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		08.01.18 - PMO			



# Corporate Services - December 2017

## Quality, Governance and Performance Assurance

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	Avg	%	Diff	Avg	No	Diff	Target	%	Diff	Avg	%	Diff
59.8	55.4	(7.4%)	6.1%	3.3%	(2.7%)	0	1	1	85%	96.7%	11.7%	90%	62.3%	(27.7%)

### Clinical

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
38.1	39.4	3.4%	6.1%	6.1%	0.0%	0	0	0	85%	95.7%	12.5%	90%	85.0%	(5.0%)

### Fleet and Estates

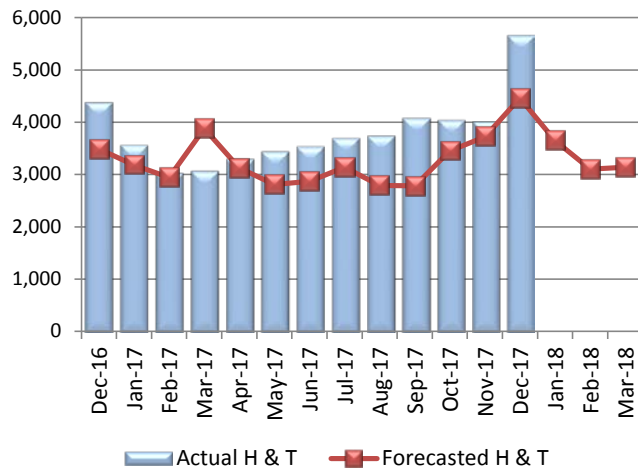
FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
126.7	112.9	(10.9%)	6.1%	2.5%	(3.6%)	0	1	1	85%	84.5%	-0.5%	90%	72.0%	(20.0%)

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		08.01.18 - PMO	

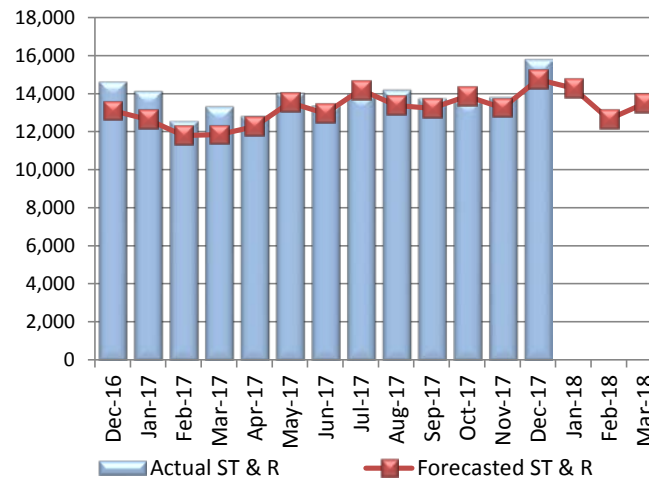
# SERVICE LINES

## 9.1 Activity

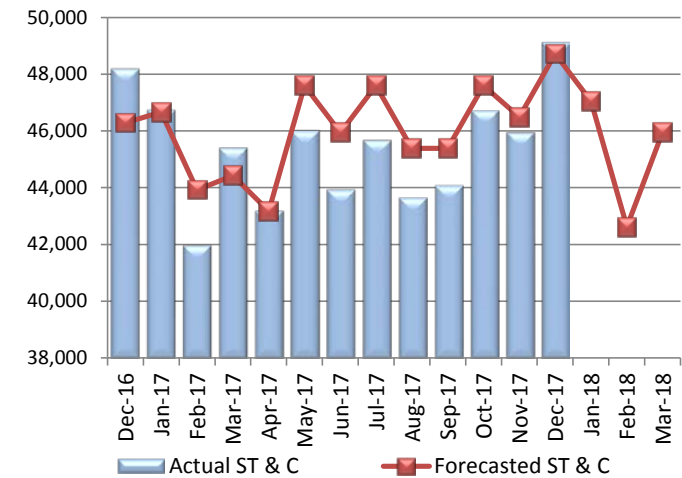
### Hear & Treat



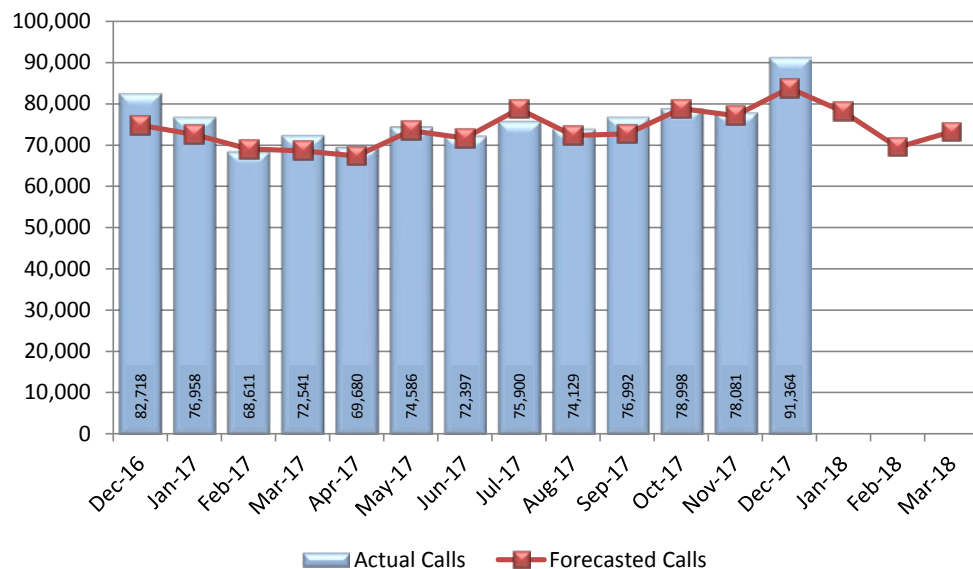
### See, Treat & Refer



### See, Treat & Convey



### Total Calls



## Commentary

Total Demand was 9% above forecast. This is an increase in call numbers of 10.5% vs December last year.

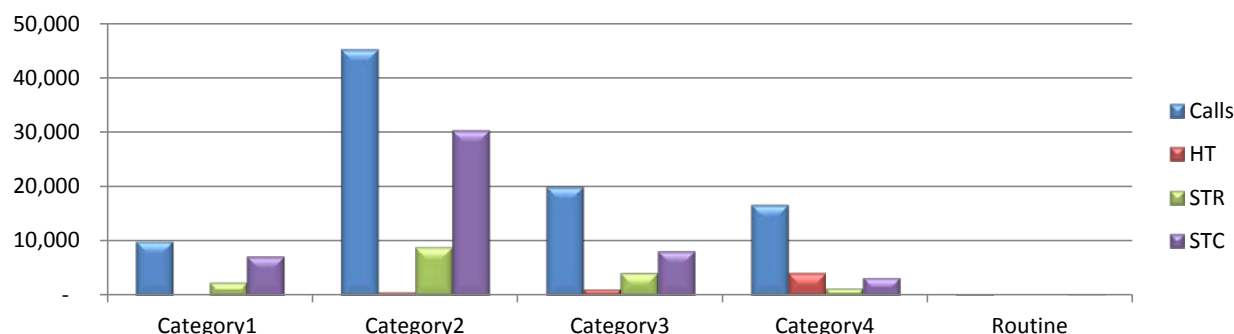
H&T is 27% above forecast. This is an increase of 28.8% in the amount of H&T carried out vs December last year

ST&R was 7% above forecast. This is an increase of 7.8% in the amount of ST&R carried out vs December last year.

ST&C was 0.8% above forecast. This is an increase of 1.9% in the amount of ST&C carried out vs December last year.

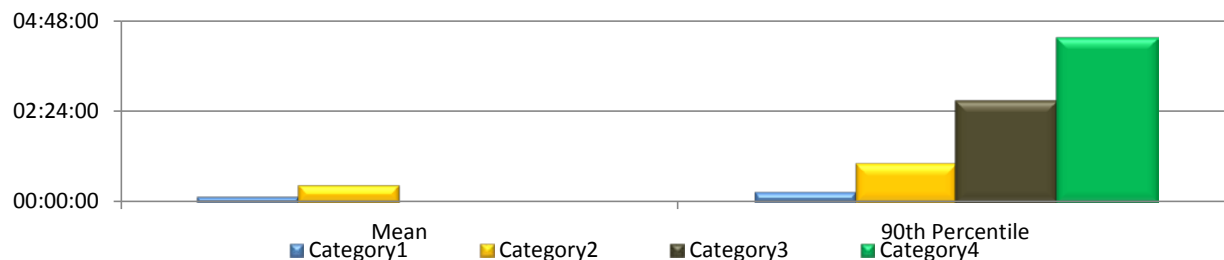
### 9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	10,079	15	2,410	7,225	9,635	14.6%
Category2	45,416	611	8,763	30,359	39,122	59.3%
Category3	20,086	1,118	4,160	8,255	12,415	18.8%
Category4	16,834	4,021	1,334	3,363	4,697	7.1%
Routine	297	-	10	149	159	0.2%



### 9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:08:12	00:14:19	00:07:00	00:15:00
Category2	00:27:58	01:00:47	00:18:00	00:40:00
Category3		02:41:47		02:00:00
Category4		04:22:05		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.

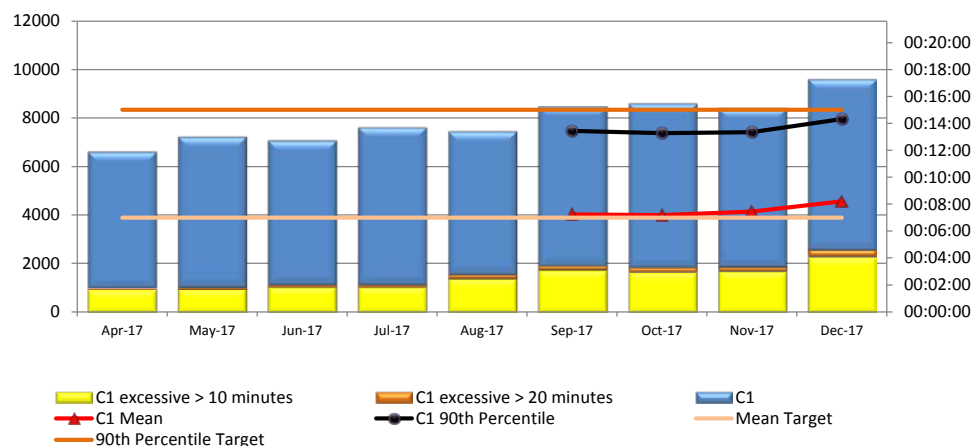
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

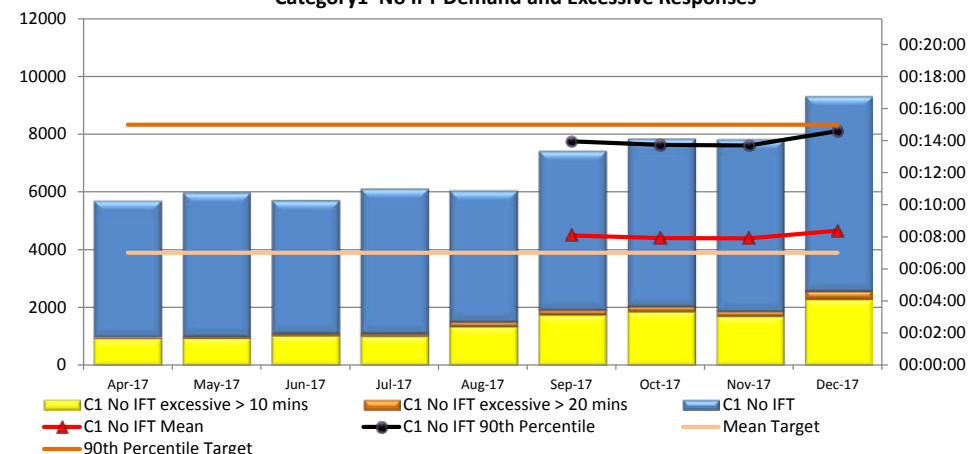
	Mean Standard	90 <sup>th</sup> Standard
C1	00:07:00	00:15:00
C1 No IFT		
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

## 9.4 Demand and Excessive Responses with Tail of Performance

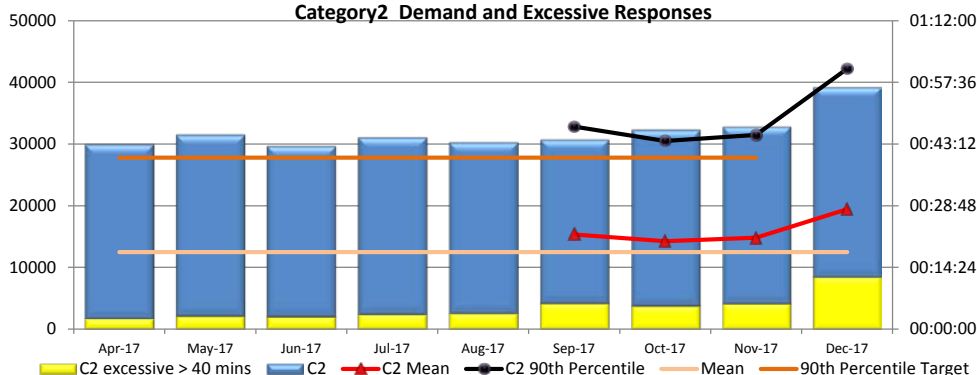
Category1 Demand and Excessive Responses



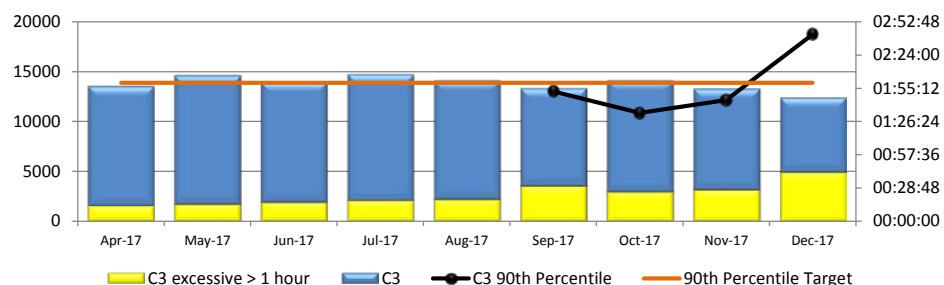
Category1 No IFT Demand and Excessive Responses



Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



## Commentary

**Category 1** mean performance with the Inclusion of inter facility transfers was 8 minutes 12 seconds against the 7 minute target with the 90th percentile at 15:00 against the 15:00 target. Category 1 Mean performance with inter facility transfers removed still shows some impact on performance at 8:23. this has no impact on 90th percentile which is identical at 15:00. In January all IFT and HCP will be removed to Category 1 removing the need to display performance with and without these jobs.

**Category 2** Mean performance was 27:58 an increase of 6 minutes 38 seconds on last month which is 9:58 over the 18:00 target with similar performance seen in the 90th percentile at 1:00:47 an increase of 15:29 on last month which is 20:47 over the 40:00 target .

**Category 3** 90th percentile performance was above target at 2:41:47 against a 2 hour target but has increased 56:45 on the previous month.

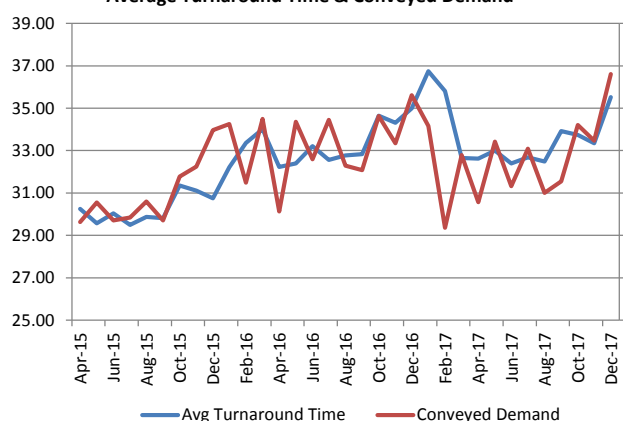
The decline in performance can be directly attributed to the 10.5% increase in demand vs December last year alongside and increase in lost hours at hospital of 1,726 hours on last month which is close to a 100% increase and is also 11.3% higher than December last year.

Mitigating action was implemented during December via the Demand Management Plan to clinically triage and focus resources for the highest acuity patients.

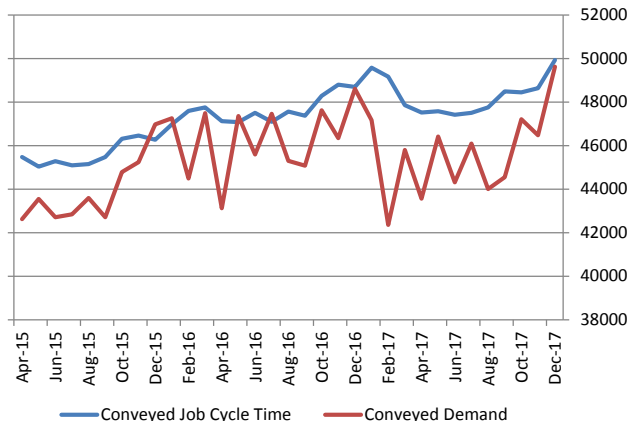
## 9.5 Hospital Turnaround Times

## 9.6 Conveyed Job Cycle Time

Average Turnaround Time &amp; Conveyed Demand



Conveyed Job Cycle Time



## Commentary

**Turnaround times:** for November were 6.1% higher than November and 1.5% higher than December last year.

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

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

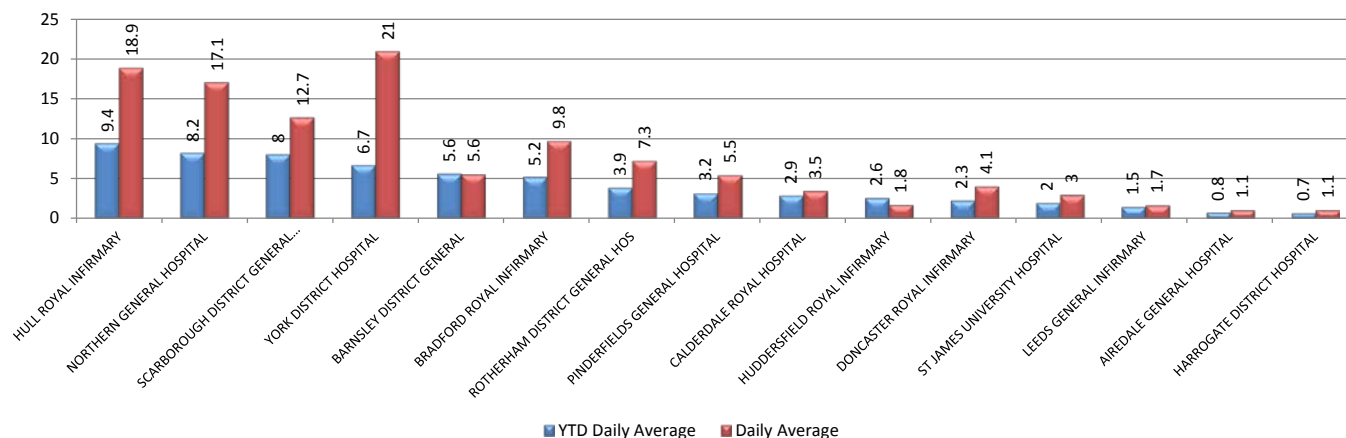
**Job Cycle time:** showed an increase on November of 3.2% and is showing an increase of 3.1% vs December last year.

**Excessive hours:** Lost at hospital were higher in December than November by 1,726 hours which is an increase of 94%. This is higher than December last year showing an increase of 403 hours, which is a rise of 11.3%. Hull Royal Infirmary, Northern General, York and Scarborough have been impacting on performance.

## 9.7 Hospital Turnaround - Excessive Responses

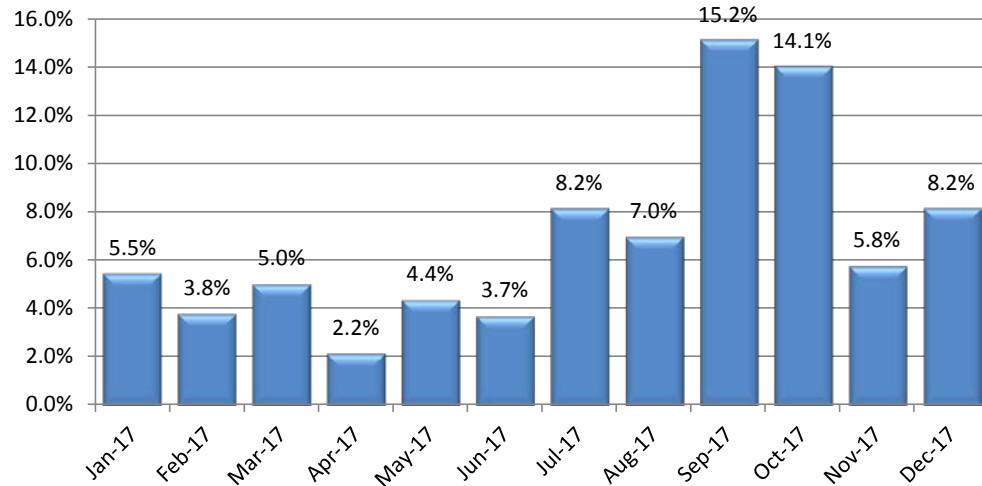
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Last 12 months
Excessive Handovers over 15 mins (in hours)	4,149	3,208	1,727	1,509	1,728	1,367	1,646	1,570	2,110	2,077	1,837	3,563	26,491
Excessive Hours per day (Avg)	134	111	56	50	56	46	53	51	70	67	61	115	72

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

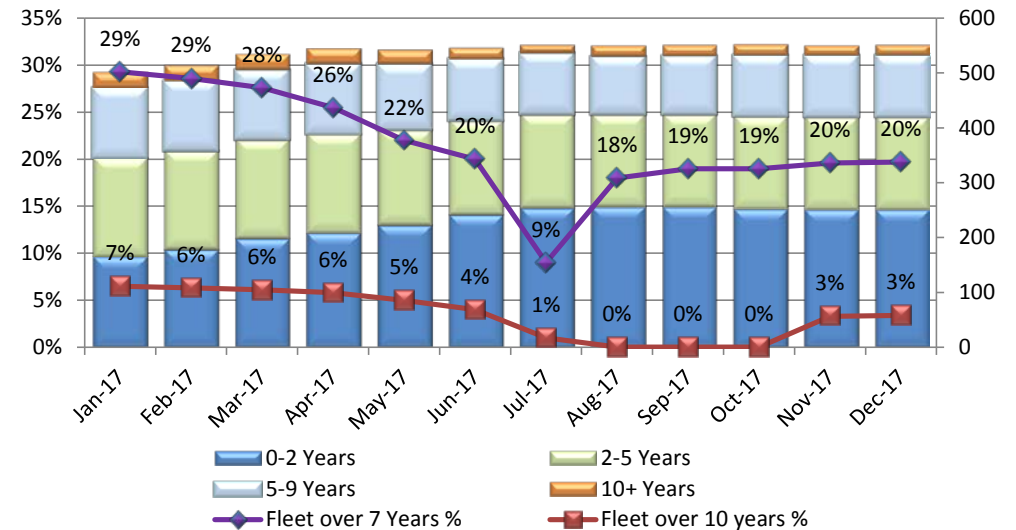


## 9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

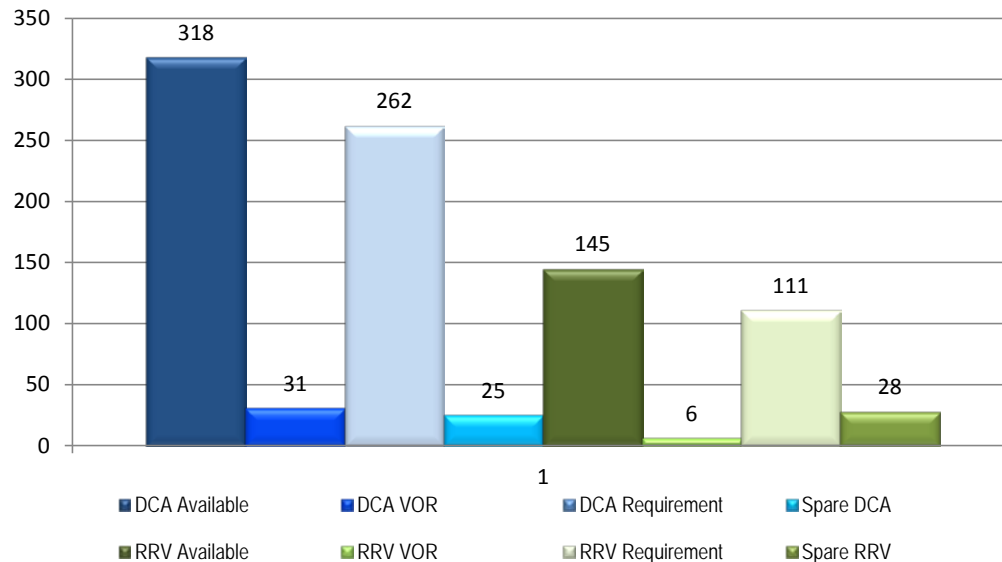


## 9.9 Vehicle Age



## 9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



## Commentary

**Deep clean:** The A&E Deep Clean percentage of breaches outside the 5 weeks window increased in December from 5.8% to 8.2%. Recruitment is continuing and the number of vacancies is down to 17 with 12 of these in progression. Vehicle unavailability issues continue which is linked to the new A&E rotas along with the additional rota lines being staffed. The high level of staff absence is reducing with short term sickness at 0.27%, but at 7.52% long term sickness continues to have a significant negative impact. Appropriate attendance management is in place. Discussions are ongoing with HR regarding the realignment of vehicle Deep Cleaning staff working hours to increase utilisation and continued absence management within current procedures.

**Availability:** Vehicle availability increased in December with the planned suspension of routine maintenance and tail lift projects, these works will restart in January. Although the figures are showing a number of spares, this is due to the use of averages, there is extreme pressure on the vehicle fleet with vehicles being moved on a daily basis to cover operational shifts.

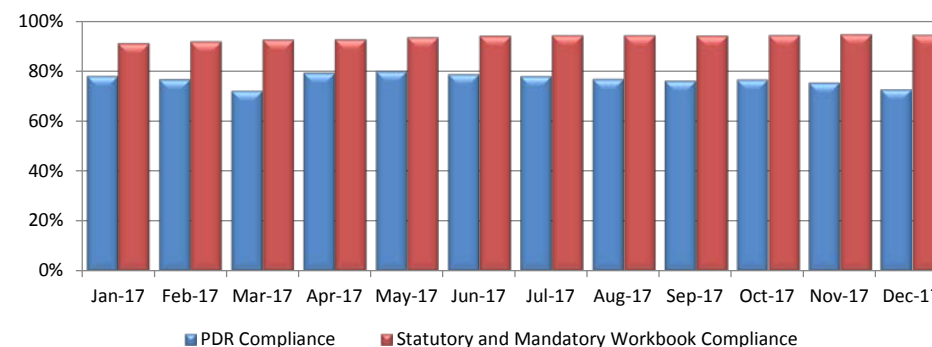


## 9.11 Workforce

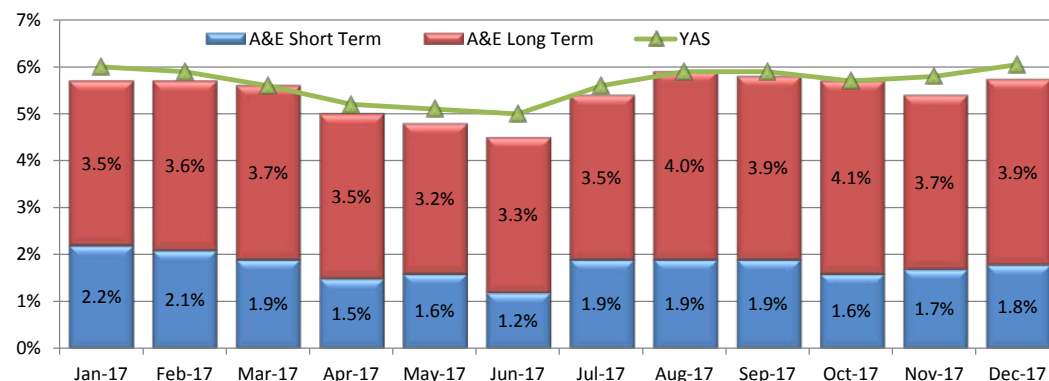
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,368	118	592	1,658	70%
Contracted FTE (before overtime)	2,172	135	447	1,589	73%
Variance	(196)	(17)	145	(68)	(4.1%)
% Variance	(8.3%)	(14.3%)	24.5%		
FTE (worked inc overtime)*	2350.3	135	447	1,768	75%
Variance	(18)	(17)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

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

## 9.12 Training



## 9.13 Sickness



## Commentary

The number of Operational Paramedics is 922 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.

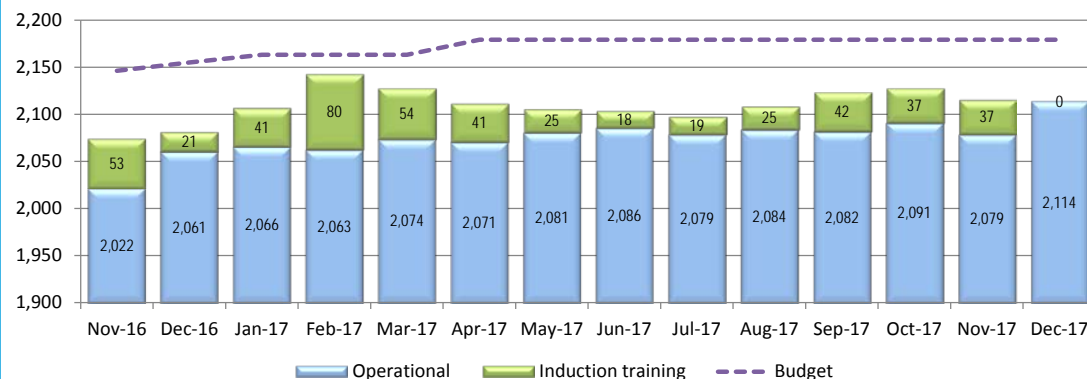
**PDR:** Currently at 72.6% against stretch target of 90%. This is a decrease of 2.6% vs last month and is 0.1% above the Trust average

**Sickness:** Currently stands at 5.7% which is an increase of 0.3% vs last month and is below the trust average of 6.1%

**Recruitment** No recruitment was planned in December and staffing numbers are now in line with plan.

## 9.14 A&E Recruitment Plan

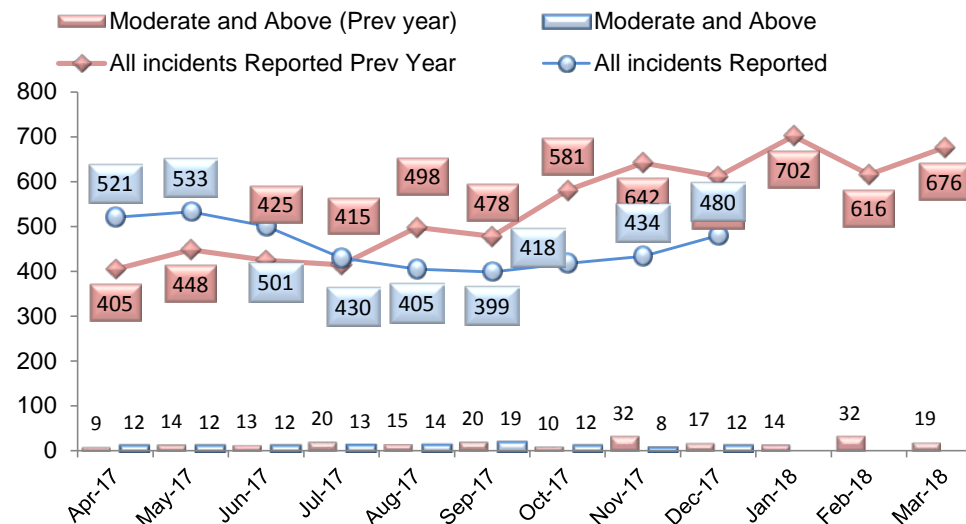
### A&E Operations (excluding CS)



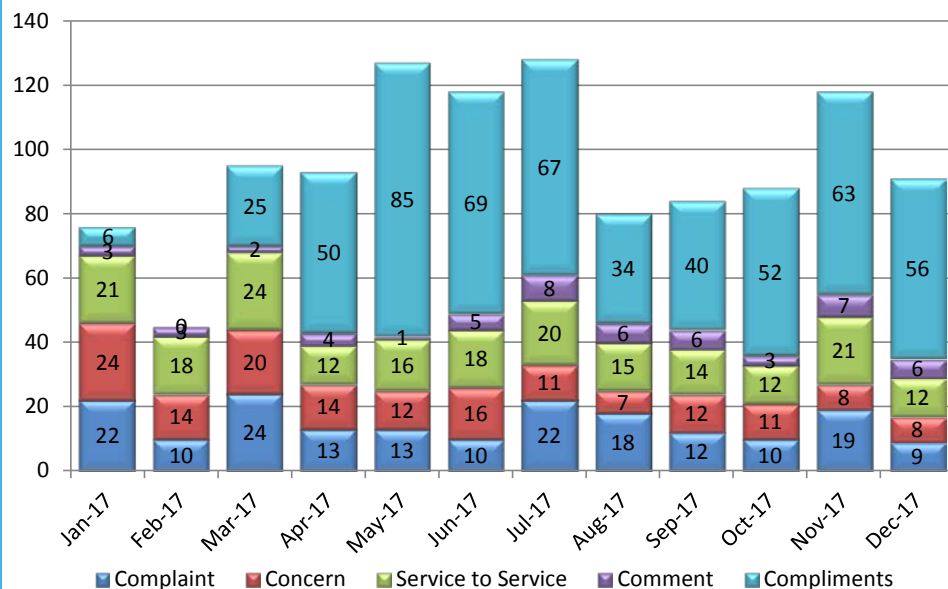
## 9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	3	15
Total Incidents (Per 1000 activities)	0.05	0.03
Total incidents Moderate & above	12	0.03
Response within target time for complaints & concerns	96%	95%
Ombudsman Cases	Upheld	0
	Not Upheld	1
Patient Experience Survey - Qtrly	81.7%	83.9%

## 9.16 Quality, Safety and Patient Experience



## 9.17 Patient Feedback

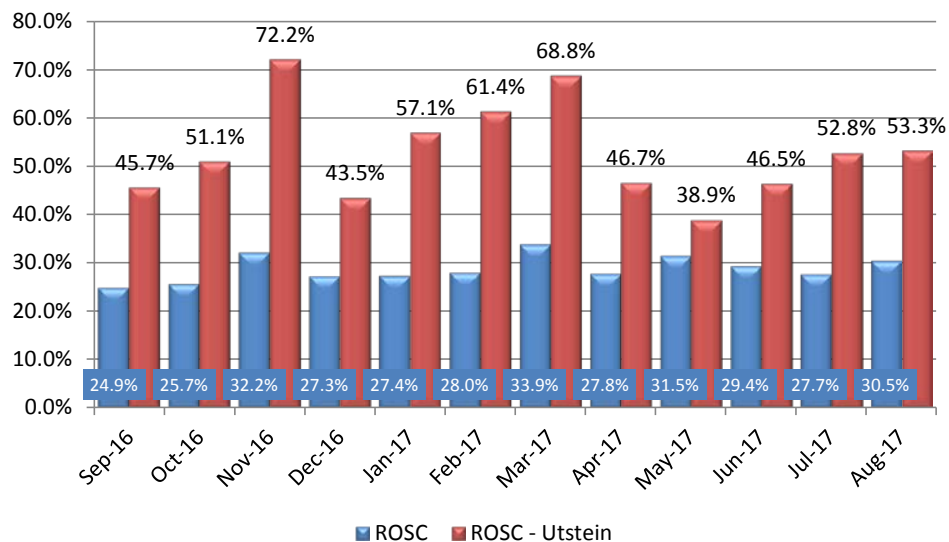


## Commentary

**Incidents:** Total reported incidents increased 10.6% on last month and is down by 21.6% against December last year. This is not as high as in previous months however it should be noted that figures are now benchmarked against a period of increased reporting which occurred during the last twelve months. Incidents of moderate harm and above remained at a low level.

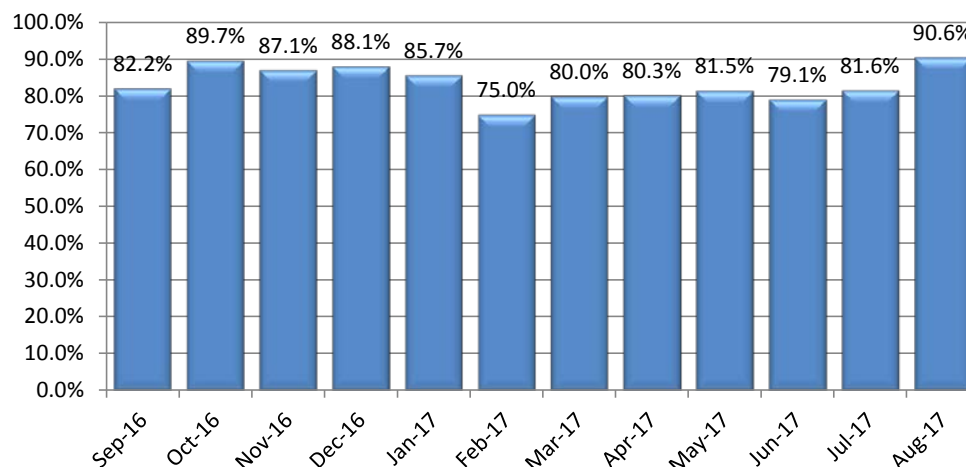
**Feedback:** Total feedback decreased 23% last month while complaints fell to their lowest level for 12 months. Compliments increased as a percentage of feedback and accounted for 61.5% of all feedback.

## 9.18 ROSC & ROSC Utstein

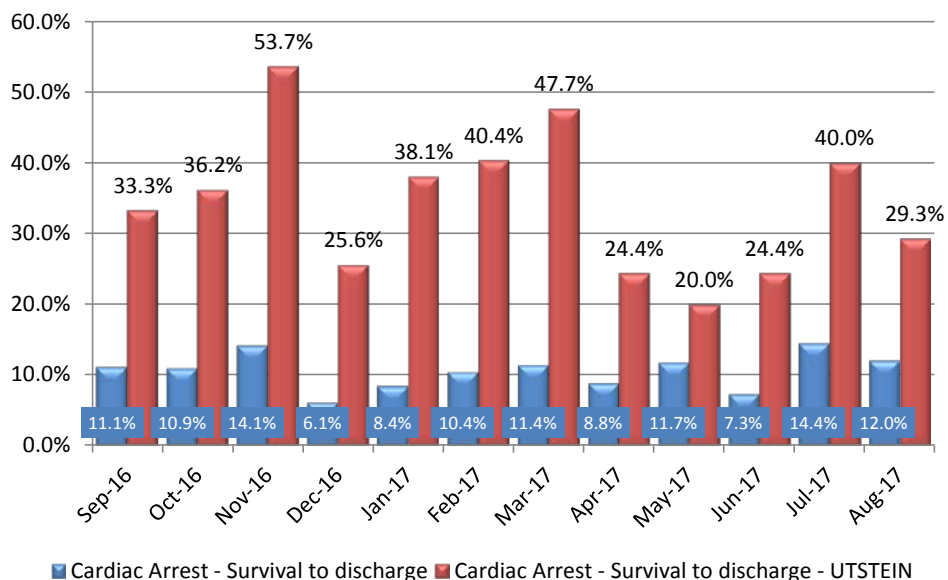


## 9.19 STEMI - Care Bundle

### Stemi - Care Bundle



## 9.20 Survival to Discharge



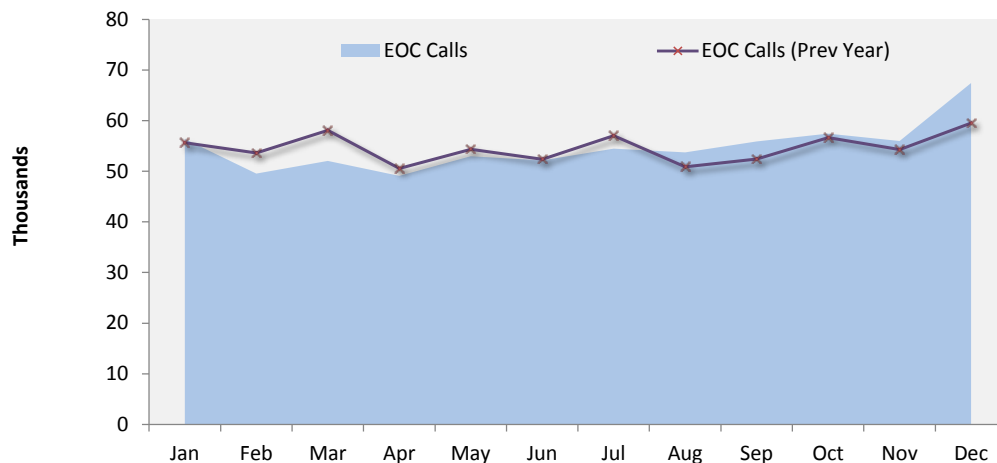
## Commentary

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

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

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

## 9.21 Activity

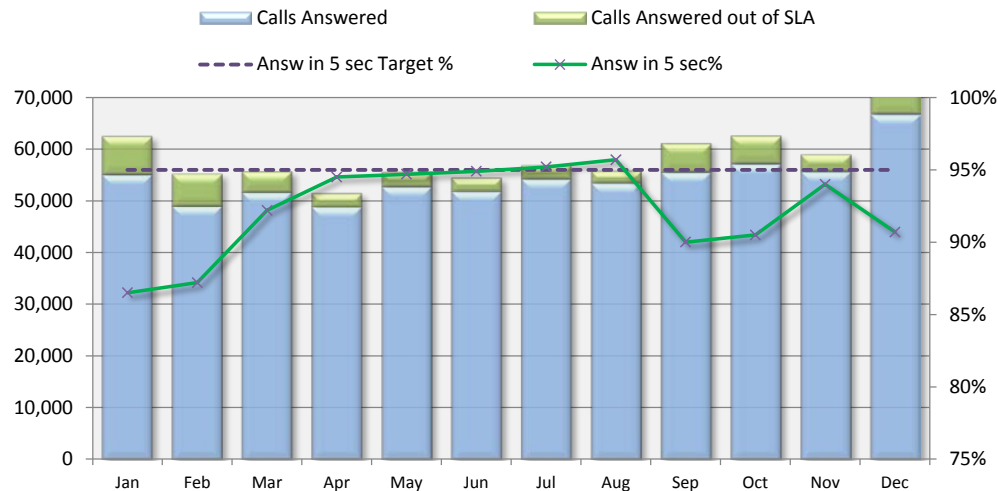


## 9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	499,347	497,325	33,665	93.2%
2016/17	487,984	484,828	49,297	89.8%
Variance	11,363	12,497	-15,632	
Variance	2.3%	2.6%	(31.7%)	3.4%

## 9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	90.7%	93.2%



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Calls Answered out of SLA	7,456	6,308	4,043	2,692	2804	2643	2629	2327	5561	5444	3324	6241
Calls Answered	55,175	49,106	51,816	48,981	52859	51997	54397	53596	55652	57238	55774	66831
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	86.5%	87.2%	92.2%	94.5%	94.7%	94.9%	95.2%	95.7%	90.0%	90.5%	94.0%	90.7%

## Commentary

**Demand:** Increased 20.5% vs last month which is an increase of 13.3% vs December last year

**Answer in 5 sec:** Decreased by 3.3% vs last month at 90.7% and is now 4.3% below target

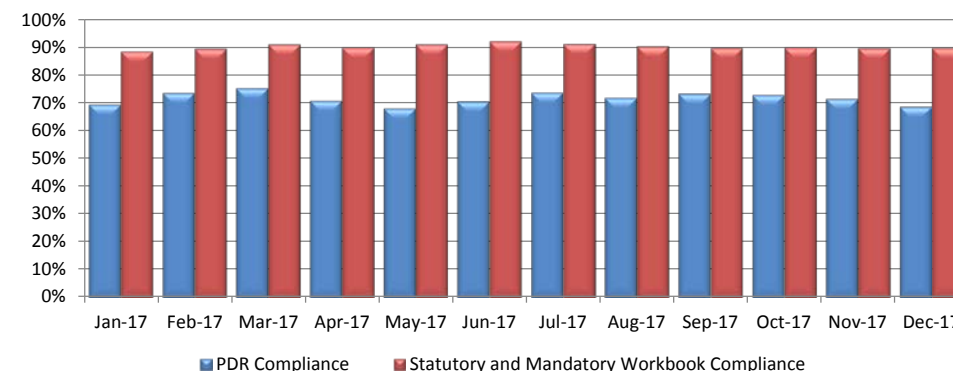
Weekend staffing has been below requirement, an audit is taking place to review if recent changes to resourcing has had an impact on coverage. A full EOC rota review will take place in Q4/Q1

## 9.24 Workforce

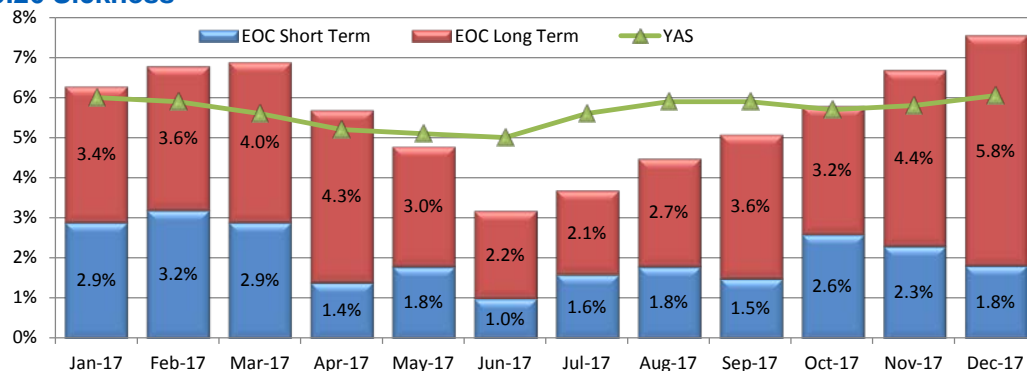
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	311	15.5	78	217	70%
Variance	(16)	(1)	(4)	(11)	(5.0%)
% Variance	(5.0%)	(5.0%)	(5.0%)		
FTE (worked inc overtime)*	318.4	25.3	63	230	72%
Variance	(9)	9	(19)	1	0
% Variance	(2.6%)	54.8%	(22.9%)		

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

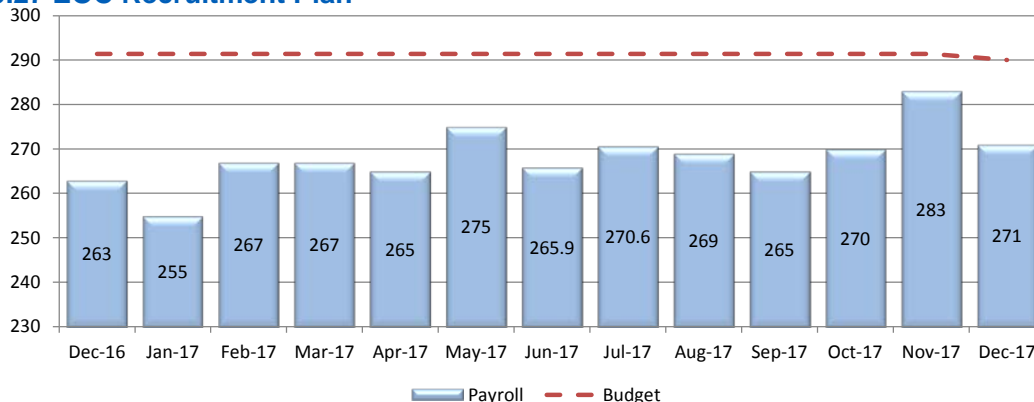
## 9.25 Training



## 9.26 Sickness



## 9.27 EOC Recruitment Plan



## Commentary

**PDR:** PDR compliance stood at 68.8% in December against a stretch target of 90% which is a decrease of 2.9% on previous month. This is 3.7% below the trust average. Q4 will see a focused action plan to bring the compliance back inline.

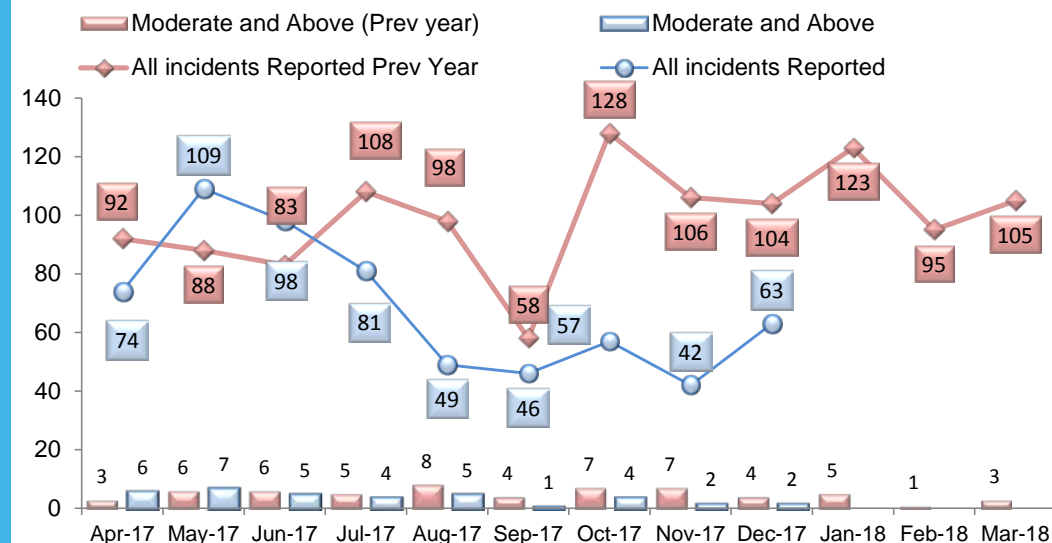
**Sickness:** Currently at 7.6% which is an increase of 0.9% on the previous month and is above the Trust average of 6.1% but well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

**Recruitment:** We 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.

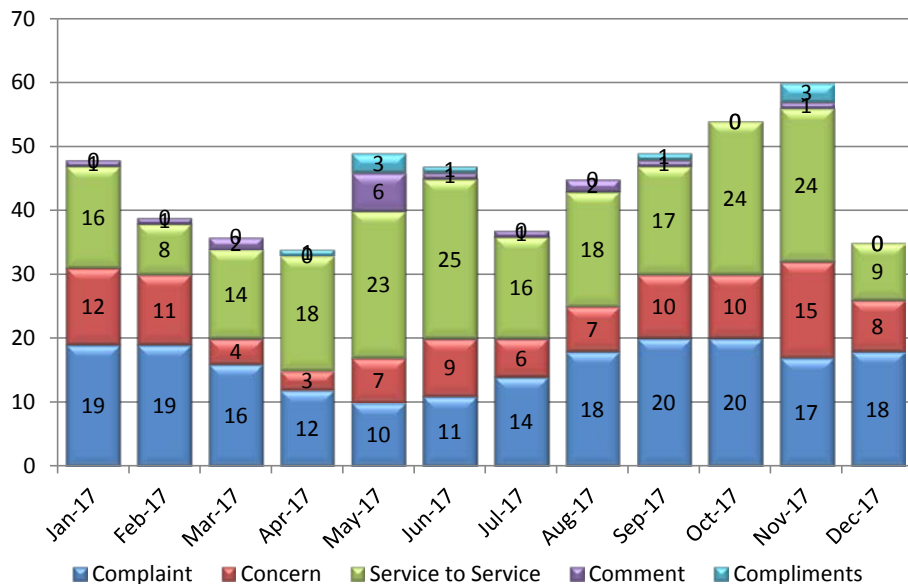
## 9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	7
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		2	36
Response within target time for complaints & concerns		88%	86%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

## 9.29 Incidents



## 9.30 Patient Feedback



## Commentary

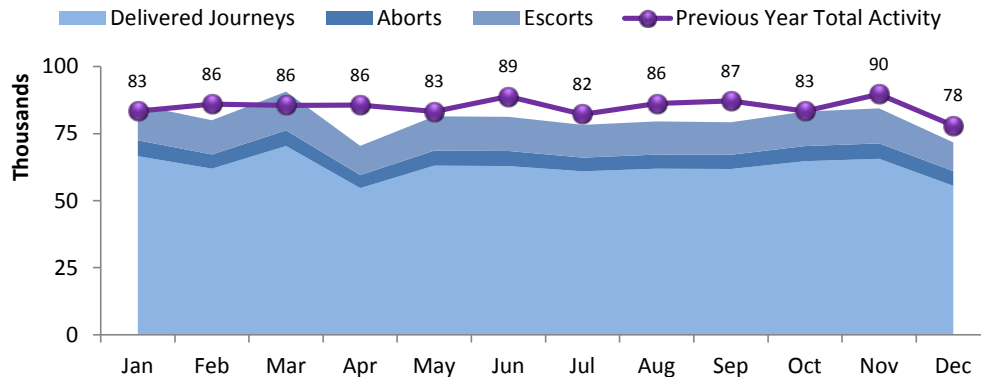
**Incidents:** Total reported incidents increased 50% on last month but is a decrease of 39.4% against December last year. Incidents of moderate harm and above have remained at a low level.

**Feedback:** Overall feedback decreased 42% on the previous month and the number of complaints fell by 6% on the previous month.

# 10. PATIENT TRANSPORT SERVICE

December 17

## 10.1 Demand

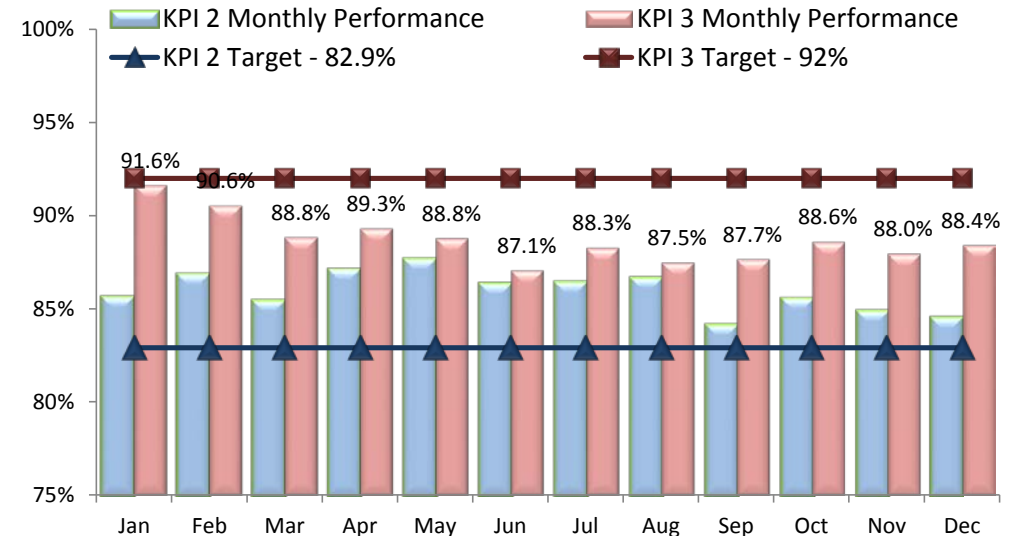


### Comparison to Plan

Dec-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	551,174	48,604	109,779	709,557
Previous YTD* 2016-17	592,103	54,057	118,114	733,100
% Variance	(6.9%)	(10.1%)	(7.1%)	(3.2%)

\* Demand includes All Activity

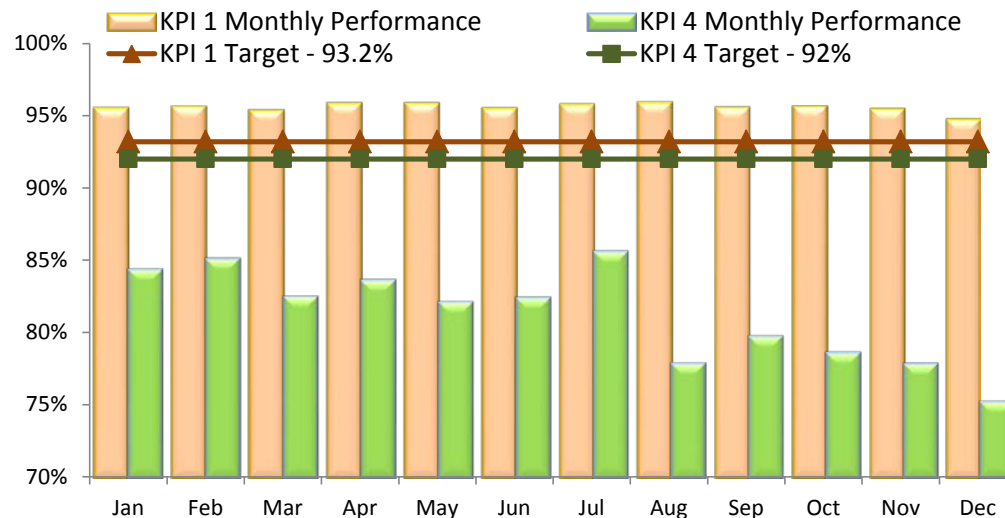
## 10.2 KPI\* 2 & 3\*\*



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

\*\*\* Excludes South

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



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

\*\*\* Excludes South

## Commentary

**PTS Demand** in December decreased by 15% on the previous month and shows a 3.9% reduction against the same month last year

**KPI 1** Performance decreased by 0.7% percent in December and remains 1.5% above target.

**KPI 2** Inward performance in December fell slightly from 84.9% to 84.6% and is 1.7% above the making appointment on-time target.

**KPI 3** The outward performance increased by 0.4% on last month and is now 3.6% below the annual target of 92%.

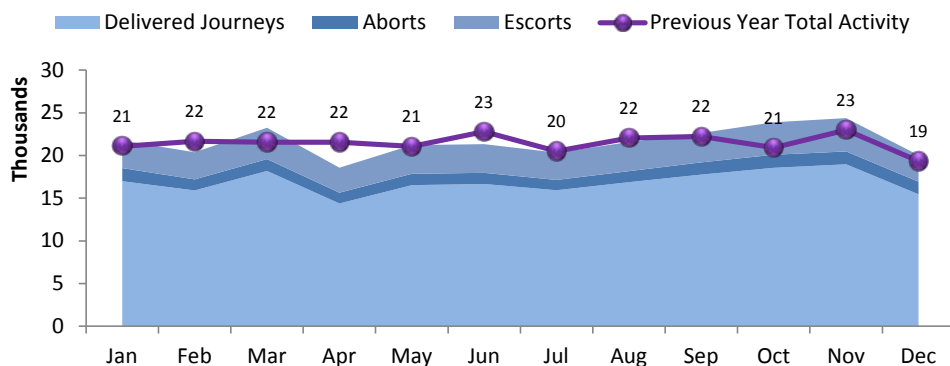
**KPI 4** The performance of outward short notice bookings picked up within 2 hours decreased by 2.6% to 75.3% in November and remains below the 92% target. Commissioned levels of resource vs KPI 4 target and a behaviour of high % discharges undertaken on-day by local acutes makes this KPI challenging.



# 10. PATIENT TRANSPORT SERVICE (South )

December 17

## 10.1 Demand



### Comparison to Plan

Dec-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	151,117	12,330	30,525	193,972
YTD 2017-18	151,231	13,882	28,290	193,403
% Variance	(0.1%)	(11.2%)	7.9%	0.3%

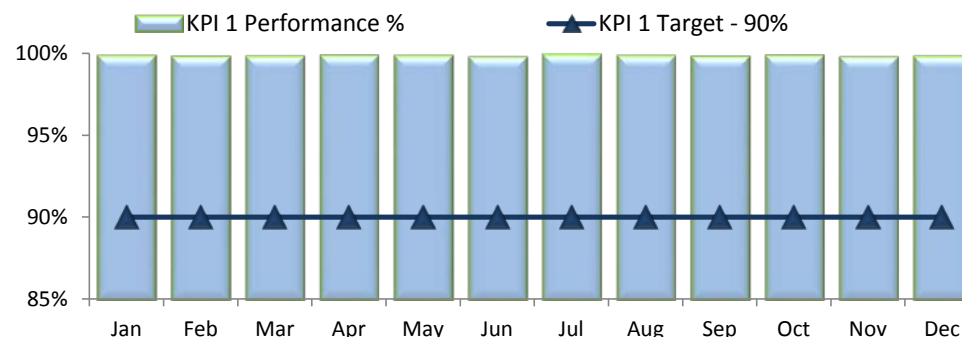
## South Performance Indicators - as of September 2017

KPI C1 - The patient's journey inwards and outwards should take no longer than 120 minutes  
 KPI C2 - Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time  
 KPI C3 - Patients will arrive at their appointment on time  
 KPI C4 - Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time  
 GP1 - patients requested & delivered within 90 minutes  
 GP2 - patients requested and delivered within 120 minutes (GP Urgents 1 & 2 not visually shown on performance graphs)

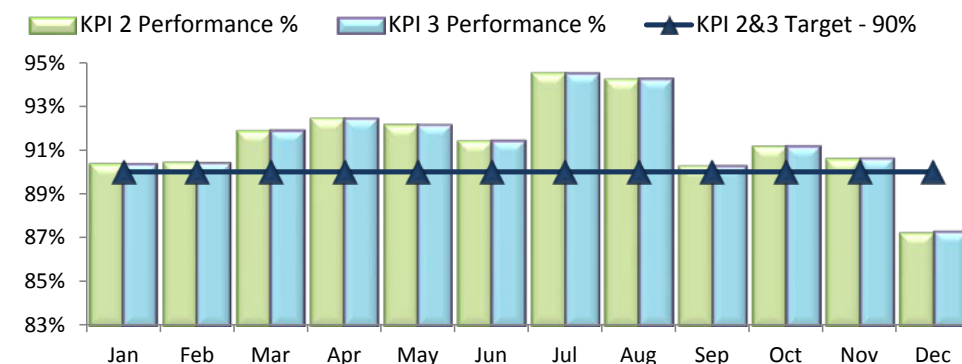
## Commentary

C1 performance is 99.2%. This performance is consistent across all CCGs. C2/3 performance has seen a slight dip and are below their KPI target in month, but remain above their KPI targets Year to date. C4 performance has reduced and narrowly missed KPI by 0.6%, with an increase in unmeasured journeys. C5 remains above KPI.  
 It should be noted that 2 exceptional days impacted performance on 14/15 Dec relating to an unforeseeable staff incident and providing support and welfare to staff.  
 GP Urgent performance stands at 37.3% for GP 1 and 57.9% for GP 2 120. Immediate measures have been taken to improve performance in this area by amending crew rotas, increasing capacity.  
 On Day Discharge has achieved its highest performance to date at 84.6%. We are continually monitoring

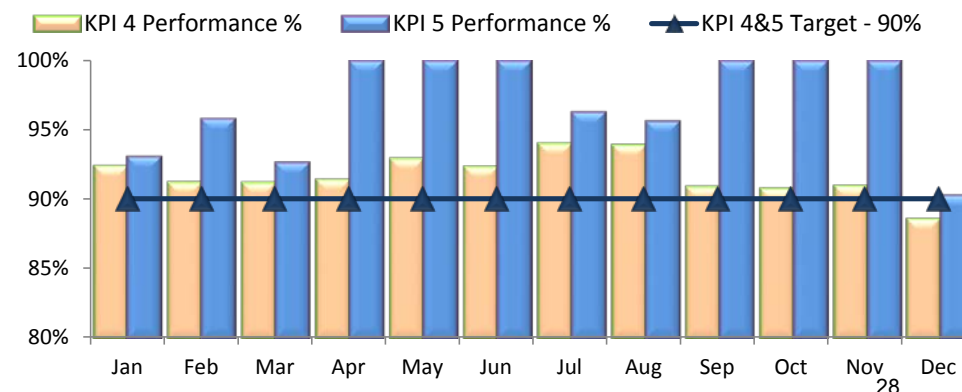
## 10.2 KPI 1 - Journeys no longer than 120 Mins



## 10.3 KPI 2&3 - Inwards Journeys



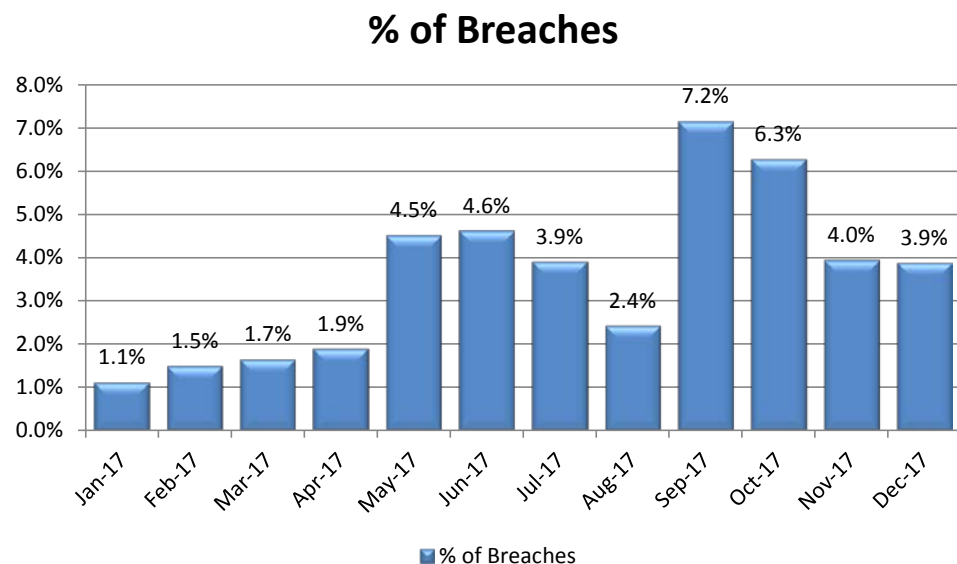
## 10.3 KPI 4&5 - Outwards Journeys



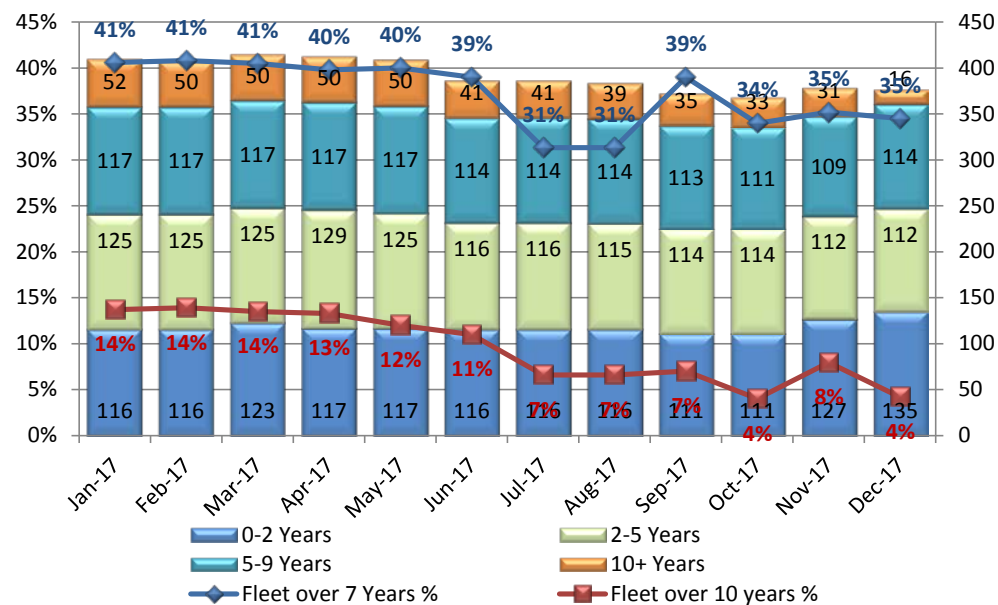
## 10. PATIENT TRANSPORT SERVICE

December 17

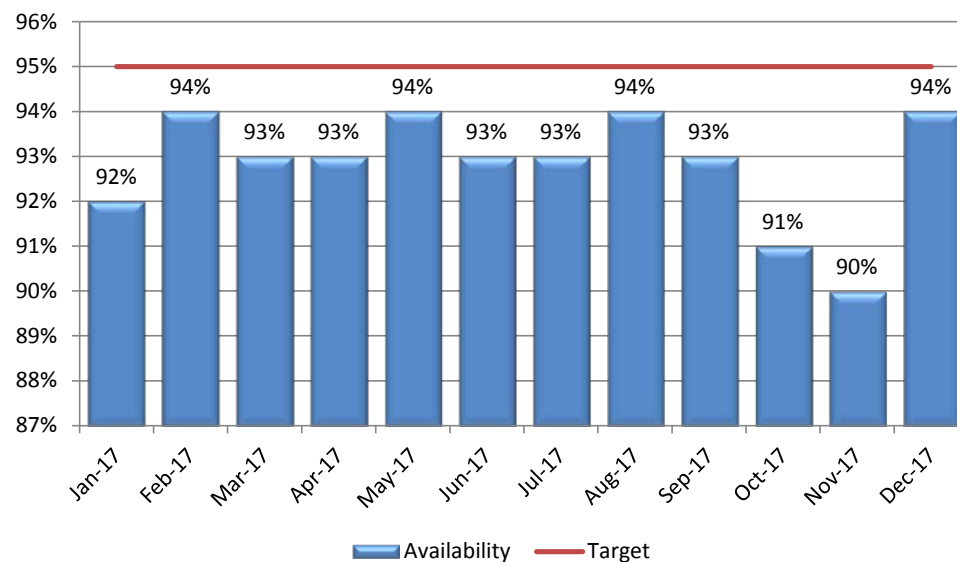
### 10.4 Deep Clean (5 weeks)



### 10.5 Vehicle Age



### 10.6 Vehicle Availability



### Commentary

Vehicle availability improved in December and at 94% is just below the 95% trust target. This improvement is due to a number of factors including the planned suspension of routine maintenance and introduction of 24 new vehicles aligned with the South contract. Routine maintenance will restart in January.

The PTS deep clean percentage of breaches outside the 5 weeks window stood at 3.9% compared with 4% the previous month. Despite the Christmas period the deep cleaning service level increased again in December to 99.3%. Manor Mill (JPR Solutions) made good progress to minimise their levels of deep clean exception during December. Generally the availability of PTS vehicles for deep cleaning remains high due to the availability of vehicles through the night.

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

## 10. PTS

December 2017

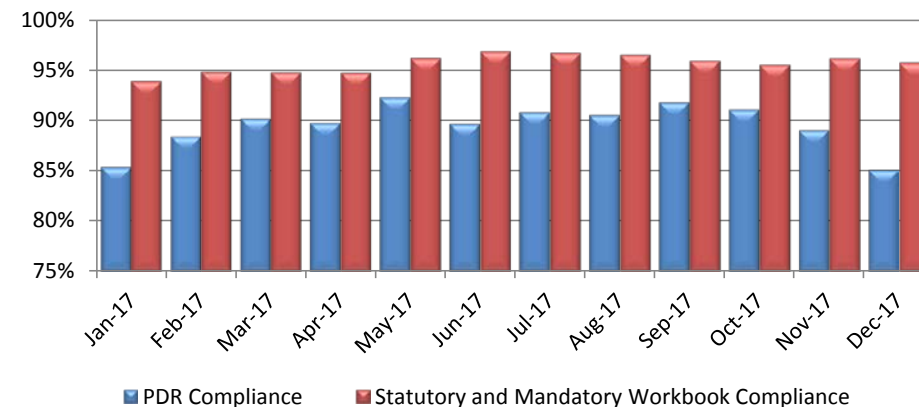
### 10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	599	30	120	449	75%
Contracted FTE (before OT)	586	42	99	445	76%
Variance	(14)	(12)	21	(4)	(0.9%)
% Variance	(2.3%)	(39.2%)	17.6%		
FTE worked inc overtime	636	42	99	496	78%
Variance	(37)	(12)	21	46	10.3%
% Variance	(6.2%)	(39.2%)	17.6%		

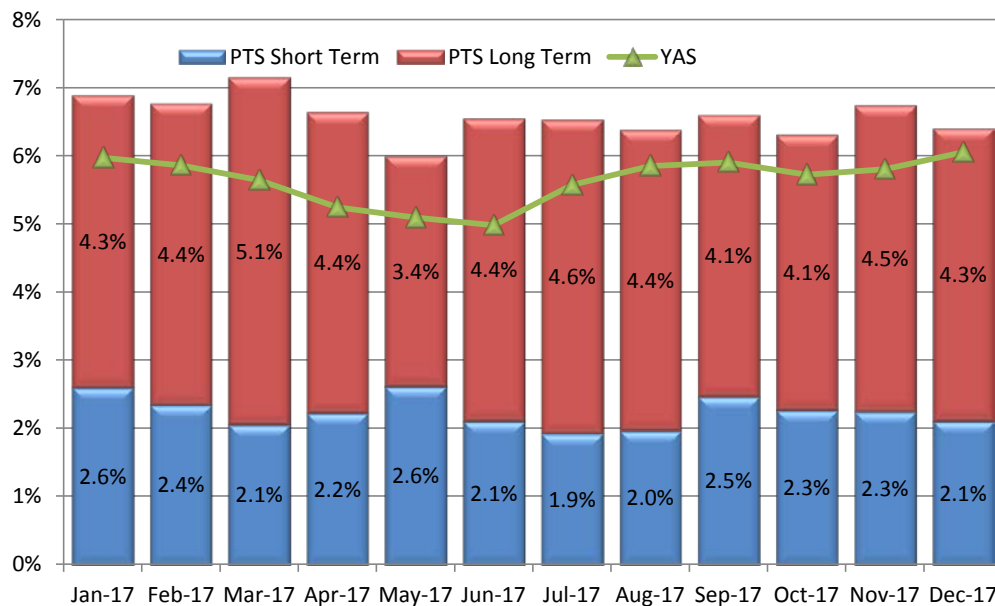
\*\* FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

\*\* Sickness and Absence (Abstractions) is from GRS

### 10.8 Training



### 10.9 Sickness



### Commentary

**PDR** compliance decreased from 89.1% in December to 85.21% in December and is below the 90% Trust target.

**Statutory and Mandatory Workbook** compliance fell slightly in December to 95.8% but is above the 90% Trust target.

**Sickness** rate decreased slightly in December by (0.4%) and was 0.3% higher than the 6.1% YAS average.

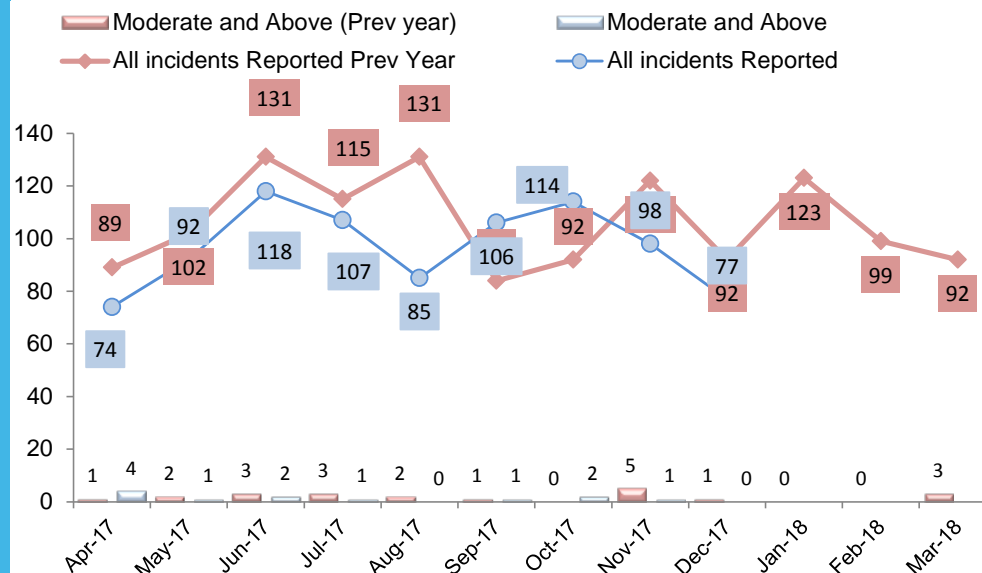
# 10. PATIENT TRANSPORT SERVICE

December 2017

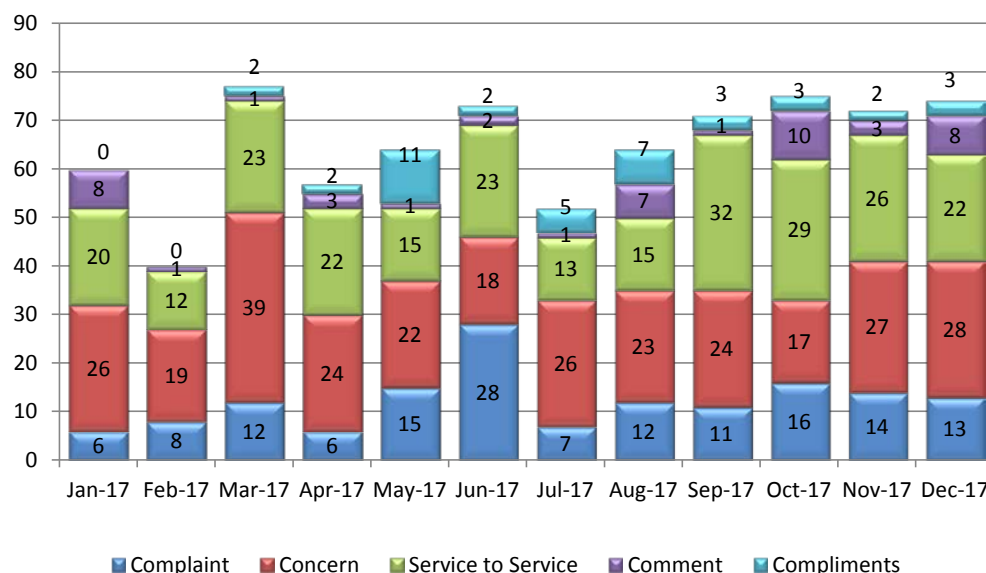
## 10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	12
Response within target time for complaints & concerns		93%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		93.2%	91.2%
Call Answered in 3 mins - Target 90%		85.7%	77.1%

## 10.11 Incidents



## 10.12 Patient Feedback



## Commentary

**Quality, Safety and Patient Experience:** At 85.7% the proportion of calls answered in 3 minutes has improved significantly but remains below the 90% target. This is due to abstraction, recruitment delays and sickness. Recruitment will recommence in the new year.

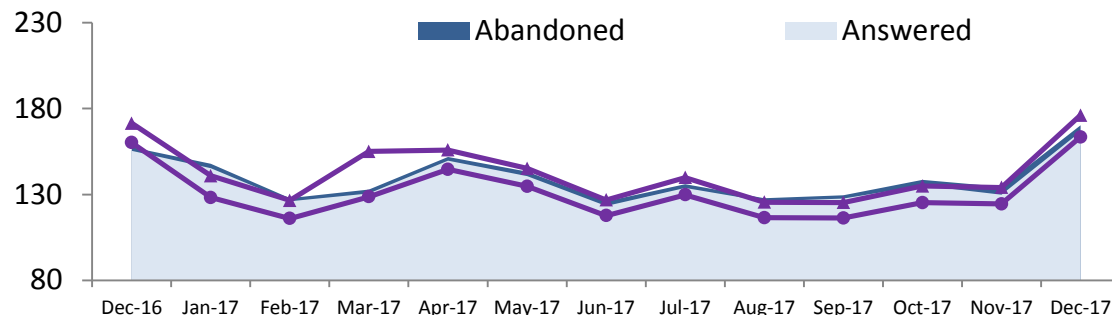
**Incidents:** The number of reported incidents within PTS decreased by 21% vs last month.

**Patient Feedback:** Patient feedback figures are up by 2 (2.8%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints decreased from 14 to 13, the number of concerns increased from 27 to 28. The YTD average number of complaints each month is 12 equating to a complaint rate per PTS journey of 0.02%.

# 11. NHS 111

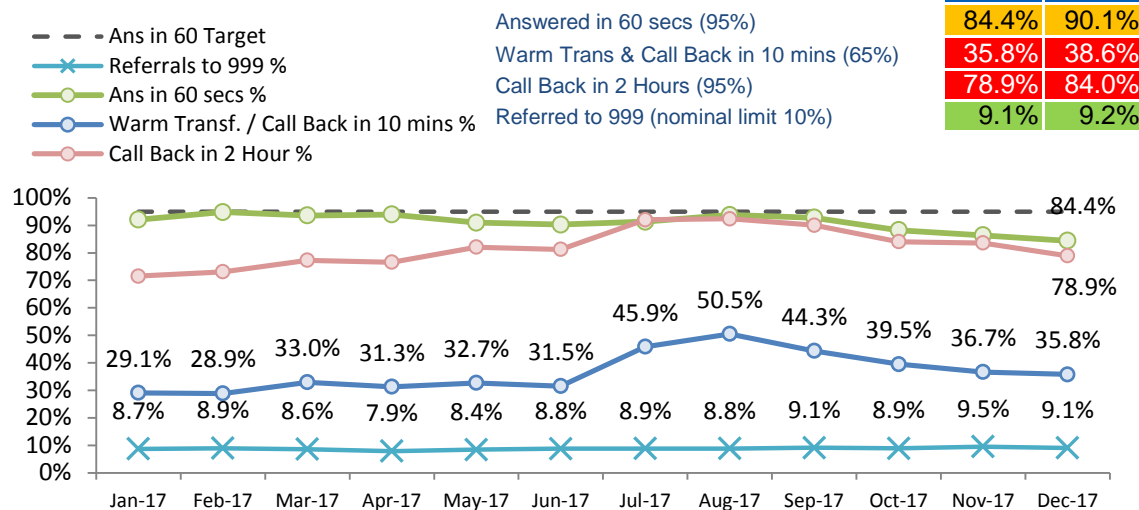
December 17

## 11.1 Demand

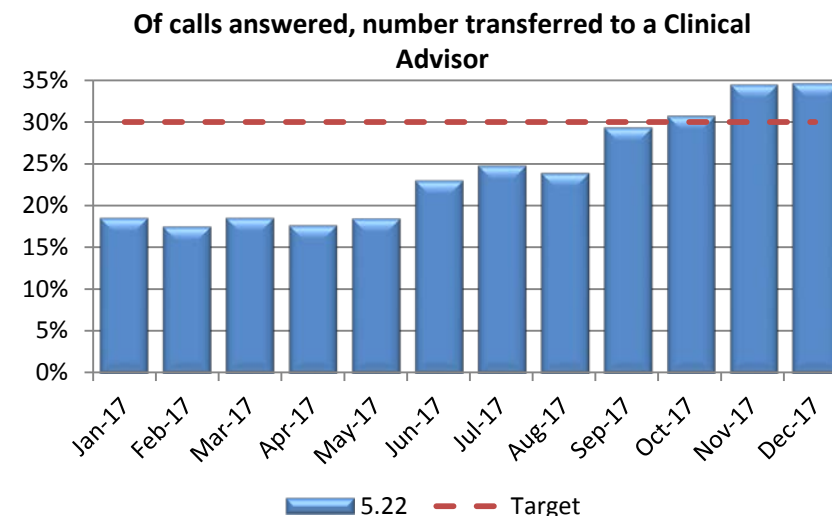


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	1,257,715	1,232,796	1,110,848	90.1%
Contract YTD 2017-18	1,263,713	1,230,378	1,168,859	95.0%
Variance	- 5,998	2,418	- 58,011	4.9%
	-0.5%	0.2%	-5.0%	
YTD 2016-17	1,188,727	1,167,214	1,088,015	93.2%
Variance	68,988	65,582	22,833	-3.1%
	5.5%	5.3%	2.1%	

## 11.2 Performance



## 11.3 proportion calls transferred to a clinical advisor



## Commentary

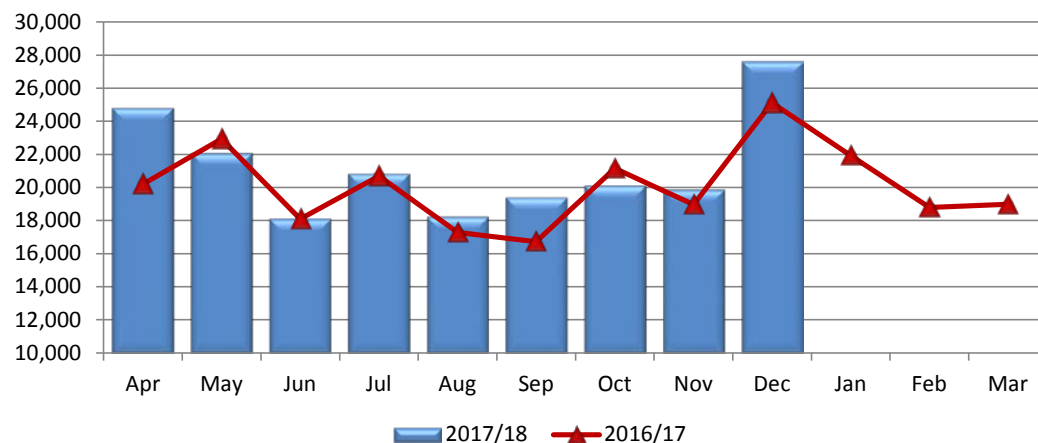
Figures for December 2017 show that 84.4% patient calls were answered in 60 seconds. Commissioners are aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Calls continue to track closely with the contract ceiling with calls YTD 0.2% above ceiling.

YAS NHS 111 performed well over the festive period when compared with other NHS 111 providers.

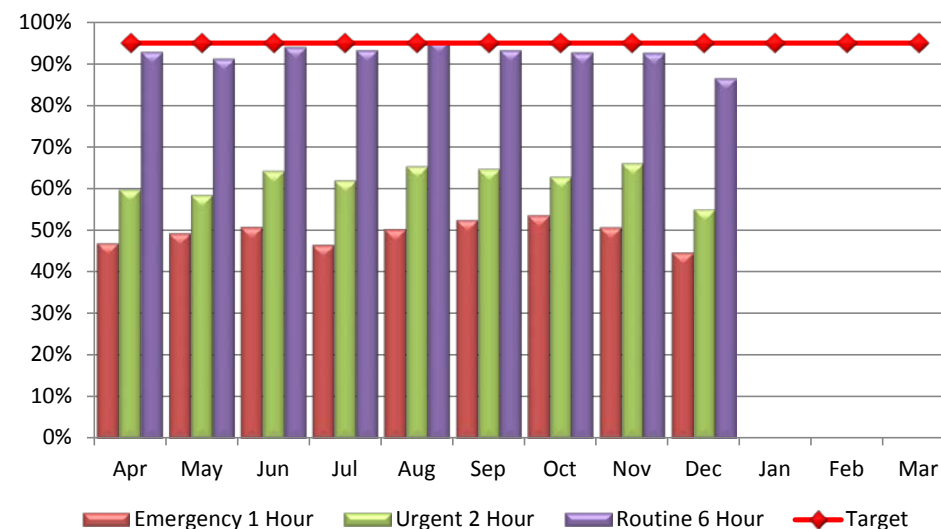
The 2 local clinical KPIs for 2 hours call-back (78.9%) and warm transfer / 10 minute call-back (35.8%) these have decreased since November however this reflects the extra demand and clinicians supporting with answering calls up front. Clinical advice is exceeding the 30% NHS England target.

### 11.4 Demand

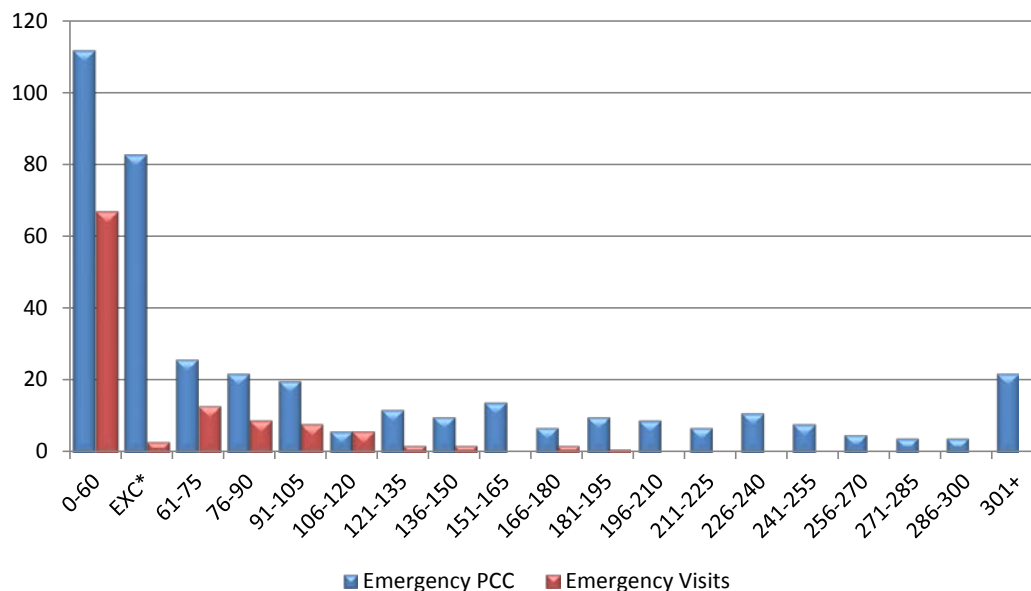


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		181,142	191,461	10,319	5.7%

### 11.6 Performance



### 11.5 Tail of Performance



### 11.7 Complaints

Adverse incidents	
Adverse incidents	No SI's reported in December.
Adverse reports received	No adverse reports received.
Patient Complaints	23 patient complaints received in Dec-17 directly involving the LCD part of the pathway. 1 upheld, 0 partially upheld, 2 not upheld and 20 remain under investigation.

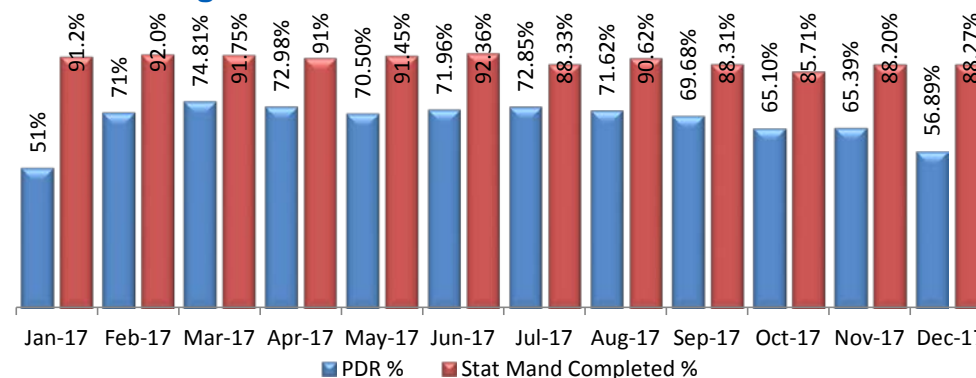
**Comments:** Patient demand levels for WYUC Dec 17, in comparison to Dec 16 increased by 9.9%. NQR performance improved compared to last year for the 1 hour emergency (44.7% emergency from 36.8% in Dec 16) and the 2 hour urgent cases (55.0% against 52.3%). Performance however fell for the 6 hour routine NQR (86.6% against 87.7% in Dec 16).



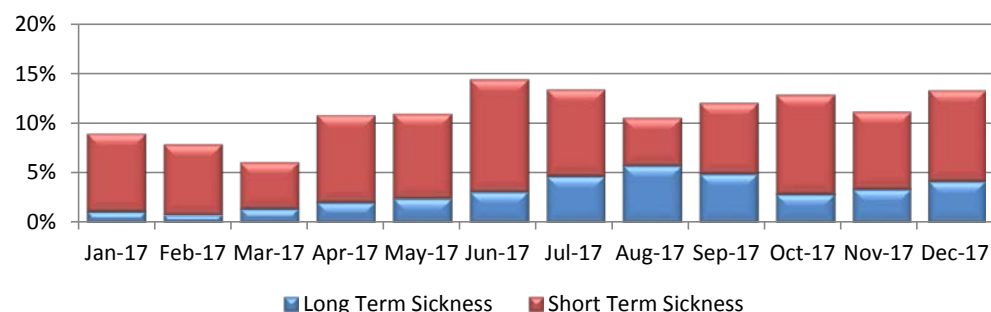
### 11.8 Workforce FTE - Call Handler & Clinician

	FTE	Sickness	Absence	Available	
				Total	%
Budget FTE	357	32	82	243	68%
Contracted FTE (before OT)	332	44	74	213	64%
Variance	-25	-12	8	-29	-4%
% Variance	-7%	-38%	10%	-12%	
FTE (Worked inc Overtime)	352	44	74	234	66%
Variance	-5	-12	8	-9	
% Variance	-1.4%	-38%	10%	-4%	-2%

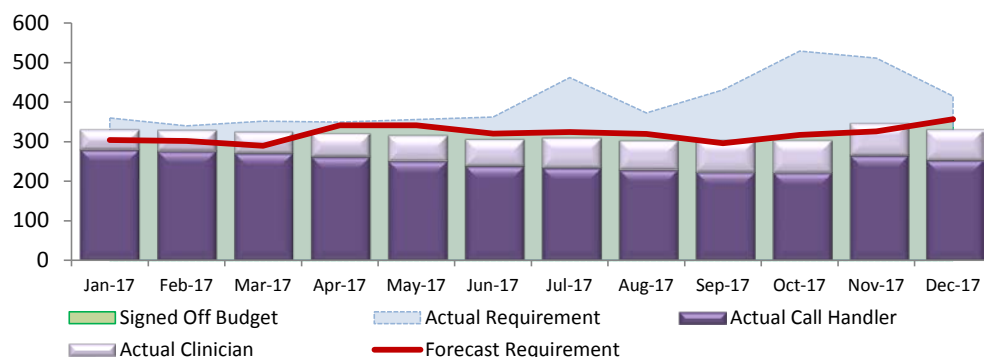
### 11.11 Training



### 11.9 Sickness



### 11.10 Recruitment Plan



### Commentary

There was a freeze on training and development during December in line with the expected and actual increase in patient demand.

The cough/ cold symptoms seen within the patient demand affected the NHS 111 staff over the festive period and increased absence. Long Term sickness is the focus for the team as there has been a rise in this during the month too.

A plan has been developed to manage the PDR completion and statutory mandatory training in quarter four to the required levels.

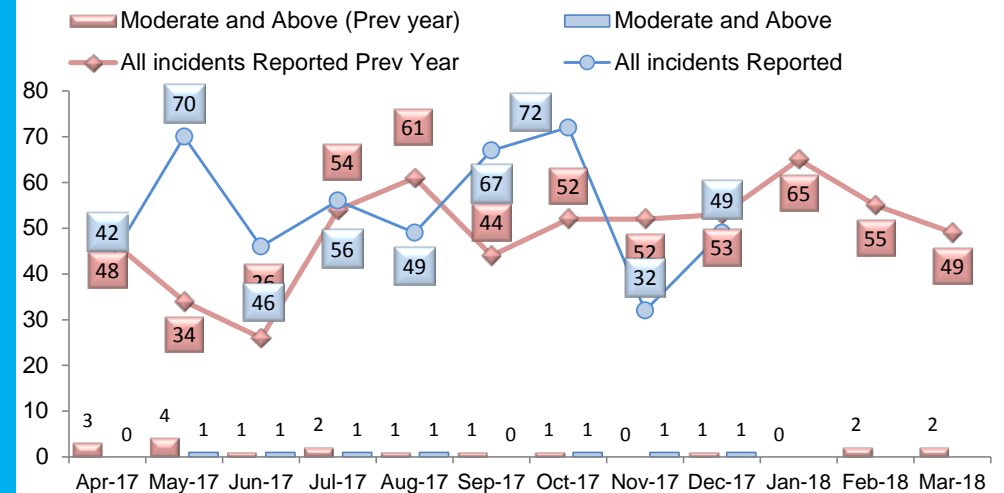
Additional dental nurses were brought into the service for the winter peak along with additional senior and clinical support and a review of this period will be used to prepare for the Easter workforce requirements .



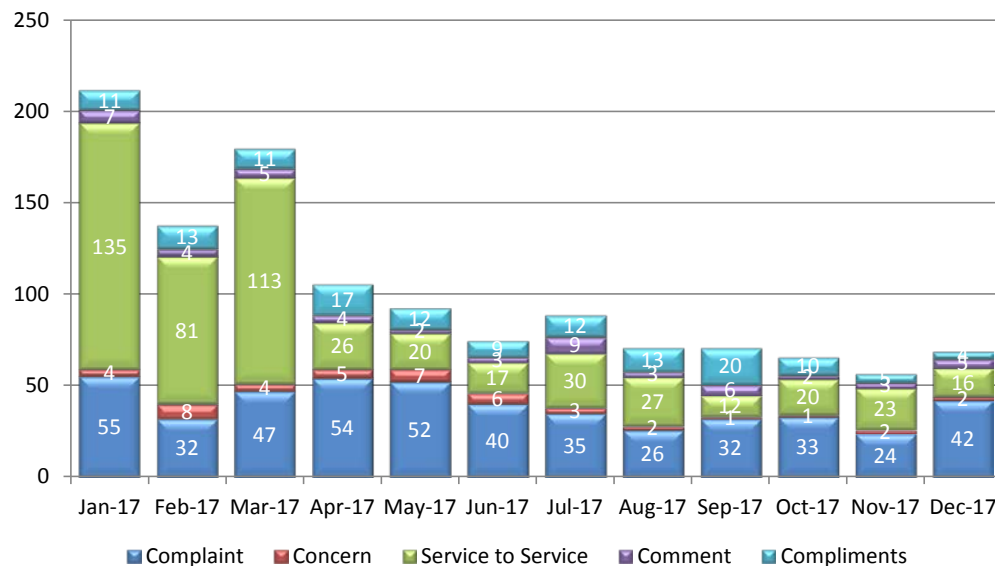
## 11.13 Quality, Safety and Patient Experience

		Dec-17	YTD
Serious Incidents		1	3
Total Incidents (per 1000 activities)		0.01	0.00
Total incidents Moderate & above		1	7
Response within target time for complaints & concerns		100%	79%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

## 11.15 Incidents



## 11.14 Patient Feedback



## Commentary

One SI was reported in December.

42 patient complaints were received and are being investigated. This is up on the previous month but reflects increased demand. The YTD average number of complaints each month (Apr to Dec) is 38 equating to a calls answered complaint rate of 0.03%.

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

There were 4 compliments received during December.

# ANNEXES

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