



Integrated Performance Report

May 2018

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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These represent our current proposed baseline objectives and are under review by TEG.

YAS STRATEGIC OBJECTIVES 2018/19

Strategic Objective	No	Trust Level Objectives	Transformation Programme
1. Safe and Sustainable: Provide a safe, effective, caring and sustainable service for all patients	1.1	An integrated model of clinical skills and transporting resources, that delivers the best outcomes for patients	[1] Service Delivery and Integrated Workforce Model
	1.2	Work with system partners to expand clinical advice and develop integrated urgent care	[1] Service Delivery and Integrated Workforce Model
	1.3	Deploy digital technologies to support effective clinical decision making	[3] Infrastructure
	1.4	Improve resilience and interoperability of Emergency Control Centres, across the NAA	[3] Infrastructure
	1.5	Deploy digital technologies to improve efficiency and ensure financial sustainability of the Trust in line with national framework.	[4] Capacity and Capability
2. Best People: Attract, develop and retain a highly skilled, engaged and diverse workforce	2.1	Deploy an integrated, multi-professional model of clinical skills across care pathways, to provide the most appropriate treatment for our patients	[1] Service Delivery and Integrated
	2.2	Ensure that the right people, with the right skills are aligned to the Trust Strategy, Vision and Values	[4] Capacity and Capability
	2.3	Shape the Culture of the organisation to deliver the Trust Vision and Values	[4] Capacity and Capability
	2.4	To improve the health and well-being of all our staff	
	2.5	Develop a workforce that reflects the diverse communities we serve	
	2.6	Foster a more engaged and motivated workforce to provide better services, improve patient care and deliver better health outcomes	
	2.7	Utilise technology to create a connected workforce, improving engagement and communication	

YAS STRATEGIC OBJECTIVES 2018/19

Strategic Objective	No	Trust Level Objectives	Transformation Programme
3. Care through Collaboration: Provide the best possible integrated care, in collaboration with our system partners	3.1	Identify and address local priorities for public health, prevention and demand management, through the use of data analytics	[2] Place Based Care
	3.2	Develop public and community engagement to enable volunteers and other collaborative partnerships to contribute to a broader range of service delivery.	[2] Place Based Care
	3.3	Work with place-based partners to develop appropriate integrated service delivery models, infrastructure and pathways to manage patients as close to home as possible.	[2] Place Based Care
	3.4	Work with system partners to develop integrated transport solutions that support patient flow, collaboration and resource co-ordination	[2] Place Based Care
	3.5	Work with partners to support service reconfiguration and ongoing system sustainability.	[2] Place Based Care
4. Achieving Excellence: Transform our services to exceed national performance and quality measures	4.1	Maximise the availability of resources through the development of Hub & Spoke / Ambulance Vehicle Preparation.	[3] Infrastructure
	4.2	Engage patients to drive high quality care and services that meet or exceed national standards.	[4] Capacity and Capability
	4.3	Implement VFM and productivity improvements aligned to National Ambulance Productivity Programme and Northern Ambulance Alliance.	[4] Capacity and Capability
	4.4	Develop the Trust's Performance Framework to maximise analytical capabilities, service line management and to embed performance processes	[4] Capacity and Capability
	4.5	Ensure our estate is in the right location and fit for purpose, to support a modern ambulance service.	
	4.6	Foster innovation within the Trust to support system, service and environmental improvement	
	4.7	Work with our health, care and higher education partners to develop the education and training of our staff and those from the wider health and care system	

EXECUTIVE OVERVIEW

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.

Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, Q2 17-18 NB Ambulance Trust Indicator data not available for A3 or 4 following changes to data collected by NHS England	13.8	
Staff F&F Test % recommended care Q4 17-18	81%	
Occurrence of any never event	None	
Patient Safety Alerts not completed by deadline	None	
Ambulance See-and-treat from F&F Test - % positive,	*	
Ambulance Clinical Outcomes, Dec 17	Return of spontaneous circulation (ROSC) in Utstein group	41.5
	Stroke Care Bundle	98.4
	ST Segment elevation myocardial infarction (STeMI) Care Bundle	75.0

(*) less than 5 responses – data withheld

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

Organisational Health

Staff sickness, Jan 18,	7.07%
Staff turnover, Mar 18	1.02%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Feb 18	1.80%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

	May 18
Cat 1 Life-threatening calls mean	8:20
90 th centile	14:11
Cat 2 Emergency calls mean	22:54
90 th centile	48:43
Cat 3 Urgent calls 90 th centile	2:24:07
Cat 4 Less urgent calls 90 th centile	3:37:09

Source: Annex 1 AQI National Benchmarking

Strategic Change RAG ratings (May 18)

Urgent Care	NOT REPORTING
Hub & Spoke	GREEN
A&E Transformation	AMBER
PTS Transformation	AMBER

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* May 18 1
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	2
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
Agency spend (distance from providers cap)	1
OVERALL USE OF RESOURCES RATING	1

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

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

Internal

- **Hub & Spoke:** Remains Green
 The AVP delivery model has been agreed and work continues with the architect to determine costs and fit out requirements for Huddersfield AVP while the revised fit out costs for Leeds have been presented. The Doncaster STP business case was approved for onward transmission has now been forwarded to the STP and NHSI for feedback.
- **Integrated Urgent & Emergency Care:** Amber
 The programme has now been reviewed and priority areas are being finalised with a focus on four areas:-
 - Integrated Urgent Care Specification (IUC) Tender
 - See, Treat & Refer Project including Pathways, AP Schemes & UTCs
 - High Impact Urgent Care Pathways
 - System Flow Project including LAT and reconfiguration agenda
- **A&E:** Remains Amber
 In light of the Planning Guidance received in February priority was shifted to work streams that will improve ARP performance. A number of business cases were approved by commissioners this has formed 3 key workstreams.
- **PTS:** Remains Amber
 Many areas of the programme are now “green” the parts remaining as amber include understanding of the benefits of the programme. The York and Scarborough mobilisation project has commenced and is reporting as green. The Forecasting and resourcing project has been completed. The HRW/Harrogate eligibility criteria has made significant progress. The revised questions for patients have been tested, signed off and the impact understood. A draft appeals process and marketing plan have been completed and are awaiting input from commissioners.

SERVICE TRANSFORMATION PROGRAMME 2018-19

The four programmes from 17/18 will now form part of four new Transformation Programme Boards. This will allow alignment of the 18/19 Transformation programme to the Trusts strategy. The Four Transformation boards are as follows:

- Service Delivery & Integrated Workforce Model
- Operational Place Based Care
- Infrastructure
- Capacity & Capability

External

- Positive feedback received following the NHSI Winter Review meeting with a number of recommendations being made ahead of winter 2018.
- Local ‘Action on A&E’ workshops are being developed across each STP / ICS area, building on the outputs and learning from the North Regional event on 10 May – YAS will be represented at these events.
- West Yorkshire and Harrogate Health and Care Partnership STP have been successfully approved as a Wave 2 Integrated Care System (ICS). The ICS will continue to be referenced as the WY&H Health and Care Partnership. The MOU for the ICS has been drafted and shared with partners for review and feedback. A workforce strategy is also being developed and will be shared with partners.
- WY&H UEC programme board have agreed 3 priorities for working together in the next 2 years:
 - 1) Urgent care systems
 - 2) Interoperability and IT capability e.g. direct booking/sharing patient information
 - 3) Workforce – with the first focus on the A&E department workforce
- WYAAT has developed five key areas for improvement:
 - 1) Workforce
 - 2) Referring from A&E into other services
 - 3) NHS Ambulance Contracting
 - 4) Choice Policy
 - 5) Reablement and packages of Care
- YAS working with NHSE and the care home sector, to provide two workshops to improve referrals into our services.
- ARP workshop with SYB commissioning colleagues to develop an understanding of ARP, what YAS is currently doing to improve performance and what support is required from commissioners to work collaboratively.
- YAS actively engaged in the ongoing development and implementation of the Escalation Management System (EMS) across South Yorkshire and Bassetlaw ICS area.

Our Performance May 2018

↓	Category 1 was 08:20
↑	Ambulance responses on Scene up by 5.1% from last month
↑	PTS KPI 2 continues to be above target at 86.5% for May
↔	Calls transferred to a CAS Clinician in 111 is below 50% target at 42%

YTD Performance		
	Time	Change
Category 1 Mean Performance	08 mins 12 Sec	
Ambulance Turnaround Time	34 mins 01 sec	(0 min 32 sec less)

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	May-18	Variance (%)	Contract	May-18	Variance (%)	Avg	May-18	Var	Avg	May-18	Change	Target	May-18	Var
74,586	84,428	13.2%	60,062	61,057	1.7%	75.5%	75.9%	0.4%	2,394	1,768	(26.1%)	00:07:00	00:08:20	00:01:20

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	May-18	Variance (%)	Target	May-18	Variance (%pts)	Target	May-18	Variance (%pts)	Target	May-18	Variance (%pts)	Target	May-18	Var
81,446	80,639	(1.0%)	82.9%	86.5%	3.6%	92.0%	89.4%	(2.6%)	92%	80.8%	(11.2%)	90.0%	94.6%	4.6%

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	May-18	Variance (%)	Target	May-18	Variance (%)	Target	May-18	Variance (%)	Target	May-18	Variance (%)	Avg	May-18	Variance (%)
149,575	140,770	(6.3%)	95%	92.2%	(2.8%)	50%	42.3%	(7.7%)	95%	86.0%	(9.0%)	9.0%	8.8%	(0.2%)

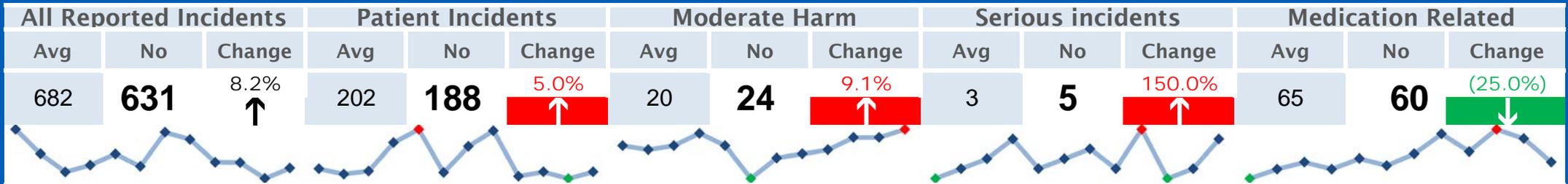
Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	tolerance 5% number change or 5% pts	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	19.06.18 - PMO

Our Quality May 2018

- ↔ 2 in 1000 patients report an incident
- ↔ 1 in 10000 patients responses result in moderate or above harm
- ↑ FOI compliance in May was 73.5%
- ↔ 3 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)
- ↔ 8 out of 10 people would recommend YAS to Friends and Family

Patient Survey		Infection Control Compliance			
Recommend YAS to F&F		Compliance	May 17	May 18	
	Q4	YTD	Hand Hygiene	99%	98%
PTS	85%	89%	Premise	99%	98%
A&E	79%	83%	Vehicle	99%	98%

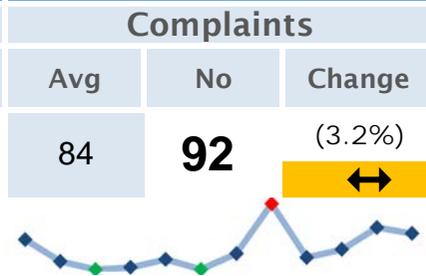
Incidents Reported



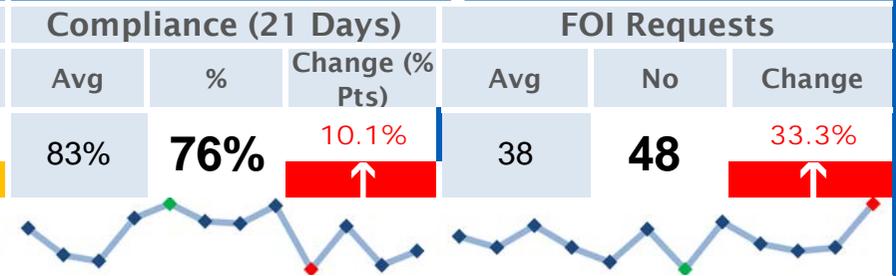
Safeguarding



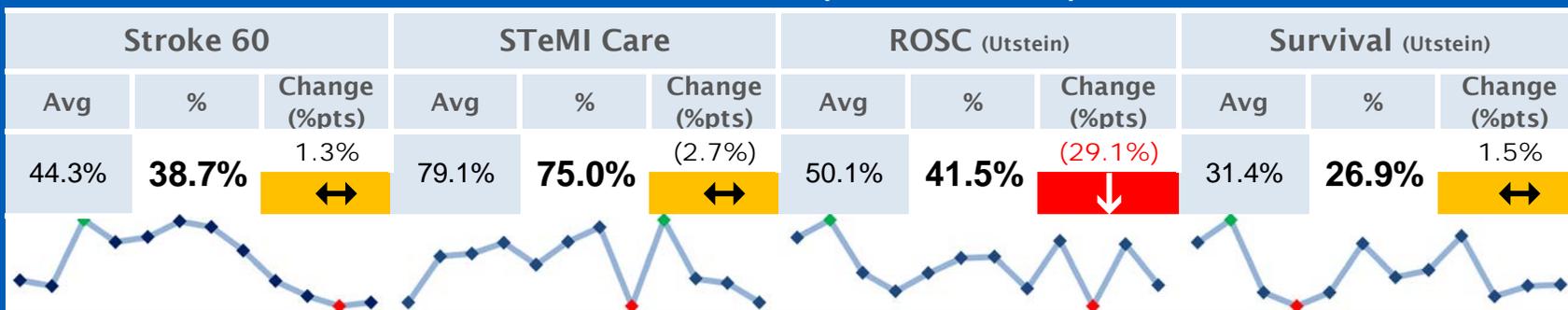
Patient Relations



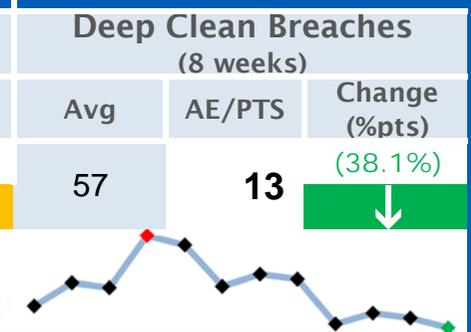
Legal



Clinical Outcomes (October DATA)



Fleet



Key

Change

From Previous Month (tolerance 5% number change or 5% pts)

Direction of Travel

From Previous Month

Sparklines

To demonstrate trend, low point is lowest point in that trend (not zero)

AVG - Average

Previous 12 Periods

Updated

18/04/18 - PMO

Our Workforce - May 2018

- ↓ 764 staff are overdue a PDR out of 4499
- ↔ 149 Staff are on long term sick out of 5212 Staff
- ↓ 375 staff are still to complete the stat and man work book out of 5212
- ↓ Child level 2 compliance does not include e-learning numbers of 2082 completed end of May 18

YTD Performance		
	%	Change
Sickness	5.98%	0.52%
Stat and Man	93.80%	-1.44%

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)
4,370	4,425	1.3%	11.1%	6.4%	(4.7%)	11.3%	10.2%	(1.2%)	47.15	22	(54.0%)	95.0%	76.7%	(18.3%)

Sickness									Finance					
Total			Short Term			Long Term			Agency Spend			Overtime		
Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	%	Variance (%pts)	Plan YTD £(000)	Actual YTD £(000)	Variance (%pts)	Avg	AE/PTS Avg	Variance (%pts)
5.0%	5.5%	0.5%	2.0%	1.7%	(0.3%)	3.9%	3.7%	(0.2%)	346	467	25.9%	£846,553	£744,605	(12.0%)

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			eLearning Safeguarding		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Prev Month (No)	No	No completed in Month
90.0%	79.3%	(10.7%)	90.0%	93.8%	3.8%	90.0%	95.4%	5.4%	80.0%	79.9%	(0.1%)	1618	2,082	464

Key	Tolerance for Variance (unless stated different)		Variance		Sparklines		AVG - Average		Updated	
	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		19th June 2018 - Workforce Intelligence Team	

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(22,555)	(22,551)	4	(44,888)	(45,121)	(233)
Expenditure	21,256	21,252	(4)	43,239	43,472	233
Retained Deficit / (Surplus) with STF Funding	(1,299)	(1,299)	0	(1,649)	(1,649)	0
STF Funding	(106)	(106)	0	(212)	(212)	0
Retained Deficit / (Surplus) without STF Funding*	(1,193)	(1,193)	0	(1,437)	(1,437)	0
EBITDA	(2,188)	(2,254)	(66)	(3,514)	(3,499)	15
Cash	32,540	29,765	(2,775)	32,540	29,765	(2,775)
Capital Investment	0	31	31	112	44	(68)
Quality & Efficiency Savings (CIPs)	623	532	(91)	1,245	1,031	(214)

Under the "Single Oversight Framework" the overall Trust's rating for May 2018 remains at 1 (1 being lowest risk, 4 being highest risk).

The Trust has reported a surplus as at the end of May (Month 2) of £1,649k, which is in line with plan.

At the end of May 2018 the Trust's cash position was £29.8m against a plan of £32.5m, giving a variance of £2.8m.

The variance is caused by NHS receivables being £2.9m higher than

plan. This is due to Bradford Districts CCG's late payment of May invoices totaling £1.7m (settled 1 June) and an increase in income accruals of £1.2m

CAPITAL: Capital expenditure for 18/19 at the end of May 2018 is £44k against a plan of £112k leading to an underspend of £68k. In May 2018 the sale of Fairfield Admin Centre South completed with sale proceeds of £775k. The overall plan is £14.434m expenditure allowing for disposals of £1.075m. This will result in a charge of £13.359m against the Capital Resource Limit (CRL). The approval of the CRL from NHS Improvement has not been agreed as at end of May 2018.

The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £214k of which £104k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year, hence causing an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2018-19
<p>RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for May 2018 remains at 1 (1 being lowest risk, 4 being highest risk).</p>			<p>A line chart titled 'Trend 2018-19' showing Risk Rating. The y-axis ranges from 1 to 4. The x-axis shows months M1 to M12. Two lines are plotted: 'Actual' (blue) and 'Plan' (red). Both lines are at the value of 1 for M1 and M2.</p>
<p>EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of May (Month 2) is £3,499k against a plan of £3,514k, an adverse variance of £15k against plan.</p>			<p>A line chart titled 'Trend 2018-19' showing EBITDA. The y-axis ranges from -3,000 to 3,000. The x-axis shows months M1 to M12. Two lines are plotted: 'Actual' (blue) and 'Plan' (red). For M1, Actual is approximately 1,500 and Plan is approximately 1,500. For M2, Actual is approximately 1,499 and Plan is approximately 1,514.</p>
<p>SURPLUS: The Trust has reported a surplus as at the end of May (Month 2) of £1,437k, which is in line with plan.</p>			<p>A line chart titled 'Trend 2018-19' showing Surplus. The y-axis ranges from -1,500 to 500. The x-axis shows months M1 to M12. Two lines are plotted: 'Actual' (blue) and 'Plan' (red). For M1, Actual is approximately -500 and Plan is approximately -500. For M2, Actual is approximately -1,437 and Plan is approximately -1,437.</p>
<p>CAPITAL: Capital expenditure for 18/19 at the end of May 2018 is £44k against a plan of £112k leading to an underspend of £68k. In May 2018 the sale of Fairfield Admin Centre South completed with sale proceeds of £775k. The overall plan is £14.434m expenditure allowing for disposals of £1.075m. This will result in a charge of £13.359m against the Capital Resource Limit (CRL). The approval of the CRL from NHS Improvement has not been agreed as at end of May 2018.</p>			<p>A line chart titled 'Trend 2018-19' showing Capital expenditure. The y-axis ranges from 0 to 3,000. The x-axis shows months M1 to M12. Two lines are plotted: 'Actual' (blue) and 'Plan' (red). Actual values are low (around 100-500) until M5, then spike to around 2,000 in M6 and M7. Plan values are around 100-500 until M5, then spike to around 2,500 in M11 and M12.</p>
<p>CASH: At the end of May 2018 the Trust's cash position was £29.8m against a plan of £32.5m, giving a variance of £2.8m. The variance is caused by NHS receivables being £2.9m higher than plan. This is due to Bradford Districts CCG's late payment of May invoices totalling £1.7m (settled 1 June) and an increase in income accruals of £1.2m</p>			<p>A line chart titled 'Trend 2018-19' showing Cash position. The y-axis ranges from 26 to 34. The x-axis shows months M1 to M12. Two lines are plotted: 'Actual' (blue) and 'Plan' (red). For M1, Actual is approximately 29.8 and Plan is approximately 32.5. For M2, Actual is approximately 29.8 and Plan is approximately 32.5.</p>
<p>CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £214k of which £104k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year, hence causing an underlying recurrent financial risk for future years.</p>			<p>A line chart titled 'Trend 2018-19' showing CIP. The y-axis ranges from 0 to 800. The x-axis shows months M1 to M12. Two lines are plotted: 'Actual' (blue) and 'Plan' (red). For M1, Actual is approximately 500 and Plan is approximately 600. For M2, Actual is approximately 500 and Plan is approximately 600.</p>

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	629	579	(50)
Business Development Directorate	5	3	(2)
Chief Executive Directorate	14	9	(5)
Clinical Directorate	17	7	(10)
Estates Directorate	47	26	(21)
Finance Directorate	103	83	(20)
Fleet Directorate	181	131	(50)
Planned & Urgent Care Directorate	67	65	(2)
Quality, Governance & Performance Assurance Directorate	15	11	(4)
Hub & Spoke	11	11	0
Workforce & OD	156	100	(56)
RESERVE	115	4	(111)
Grand Total	1,245	1,031	(214)

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	1,107	993	(114)
Non - Recurrent	138	38	(100)
Grand Total	1,245	1,031	(214)

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

April 2018

Trust Wide	Lead Manager	Expected Financial Value (over 2 years)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Improvement of health and wellbeing of NHS staff	Dep Director of HR & Organisational Dev	£286,016	Amber	Amber											
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£286,016	Green	Green											
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£286,016	Green	Green											
Total		£858,048													

Comments:
 The Healthy Food for Staff and Visitors CQUIN continues to perform well and is currently over achieving the 18/19 targets. The trust is on target with the 12 month delivery plan for its health and wellbeing activity. The strategic group is now overseeing activity and good progress is being made in all areas. Work is moving forward particularly with regards to mental health and MSK activity. Planning for this year's Flu vaccination campaign is fully underway with a full project plan in place with trust approval. The two keys areas of additional focus for this year's plan will be on increased coverage with peer vaccinators and a much improved communications plan.

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

A&E CQUINS		Expected Financial Value (over 2 years)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	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	£643,429	Green	Green											
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green											
Mortality Review	Deputy Medical Director	£1,716,096	Green	Green											
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green											
Total		£4,290,240													

Comments:
 The end to end review CQUIN continues to progress through 18-19 with two cases being selected per quarter for review with relevant other providers and commissioners. These will be selected across the region throughout the year based upon the appropriateness of the case and the most benefit for system wide learning. There has been some challenge with commissioners and other providers in arranging the second end to end of the quarter however this should hopefully be resolved in time to ensure the review takes place before the end of June. Development work to deliver the patient transfer CQUIN continues with the senior clinical module delivered and currently being tested which will enable access to DOS via EOC.

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
Local CQUIN - currently under development		tbc													
Total															

Comments:
 PTS are still in negotiaton with commissioners on the 2018/19 CQUIN schemes.

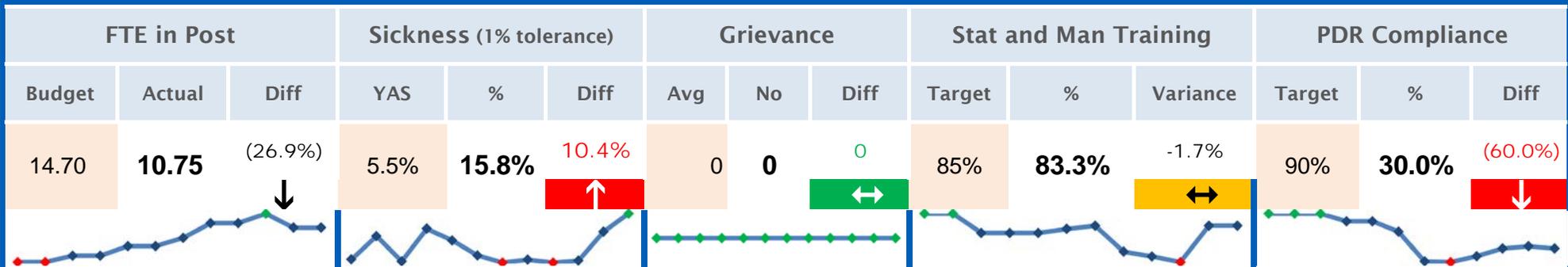
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved

Corporate Services - May 2018

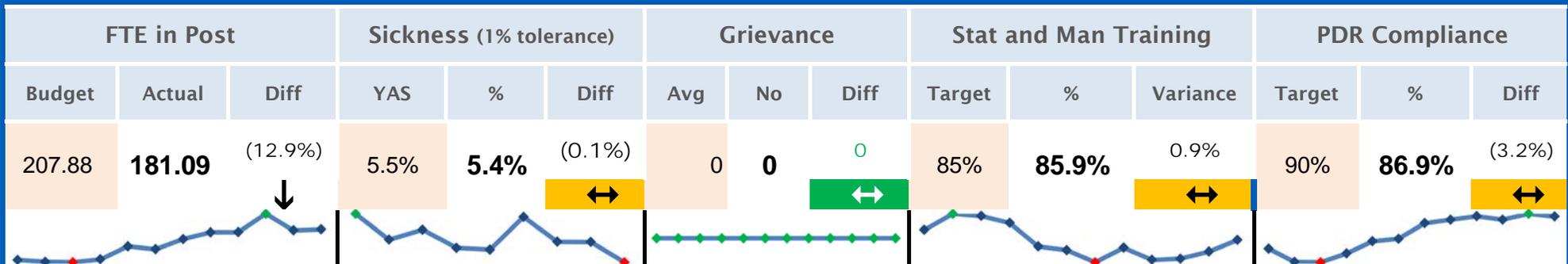
Chief Executive



Business Development



Finance (Excluding Fleet, Estates, BI and ICT)



Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	07.06.18 - PMO

Business Intelligence

Corporate Services - May 2018

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
17.60	14.56	(17.3%)	5.5%	8.4%	3.0%	0	0	0	85%	85.7%	0.7%	90%	83.3%	(6.7%)

ICT

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
43.98	39.33	(10.6%)	5.5%	5.8%	0.4%	0	0	0	85%	95.0%	10.0%	90%	70.3%	(19.7%)

Workforce & Organisational Development

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
114.8	94.5	(17.7%)	5.5%	4.3%	(1.1%)	0	0	0	85%	86.4%	1.4%	90%	75.9%	(14.1%)

Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	07.06.18 - PMO

Corporate Services - May 2018

Quality, Governance and Performance Assurance



Clinical



Fleet and Estates



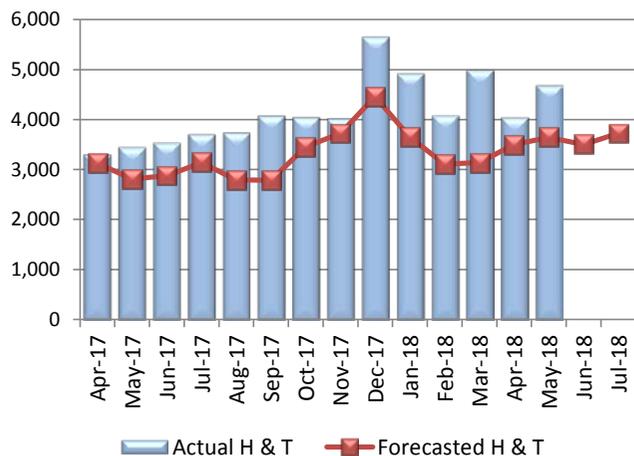
Key

Difference	Direction of Travel	Sparklines	AVG - Average	Updated
Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	07.06.18 - PMO

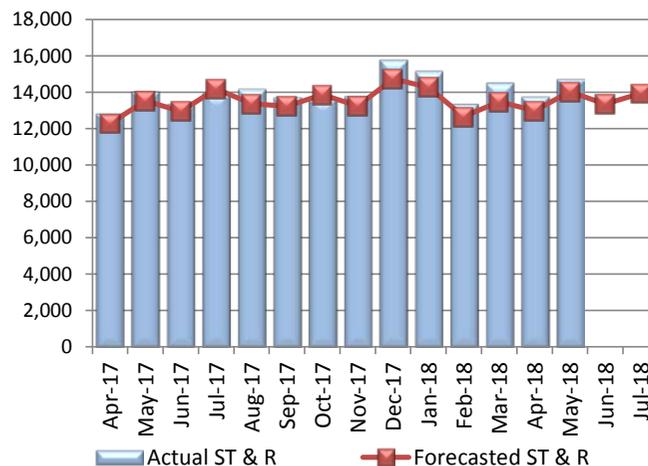
SERVICE LINES

9.1 Activity

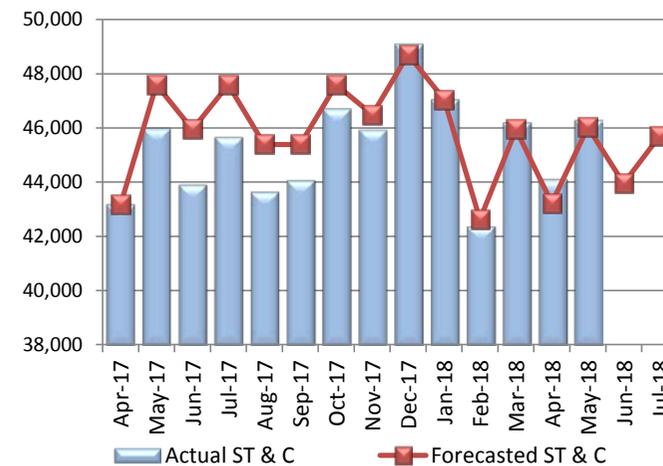
Hear & Treat



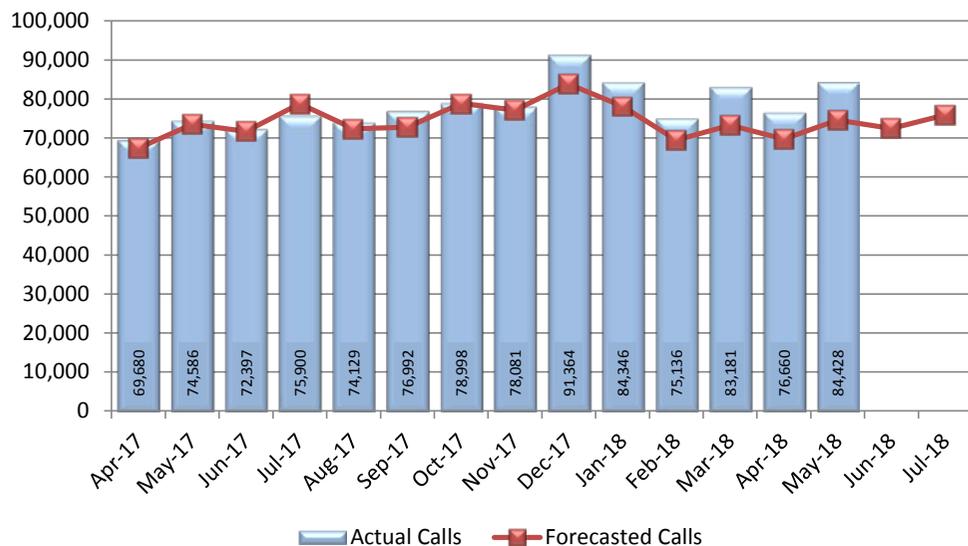
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 13.2% above forecast. This is an increase in call numbers of 13.2% vs May last year.

H&T is 29.0% above forecast. This is an increase of 29.0% in the amount of H&T carried out vs May last year

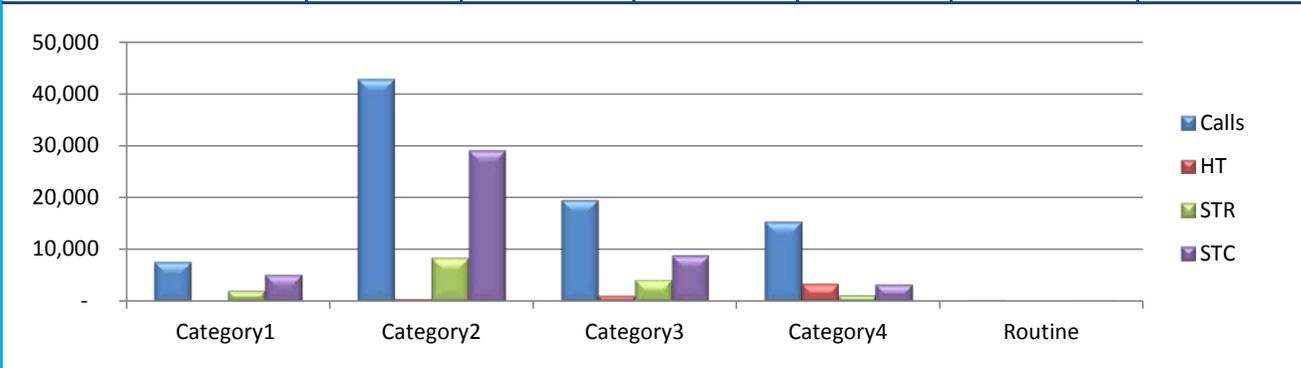
ST&R was 4.9% above forecast. This is an increase of 4.9% in the amount of ST&R carried out vs May last year.

ST&C was 0.7% above forecast. This is an increase of 0.7% in the amount of ST&C carried out vs April last year.

Please note that an activity plan has not yet been agreed with commissioners therefore contract numbers are flat against last years demand.

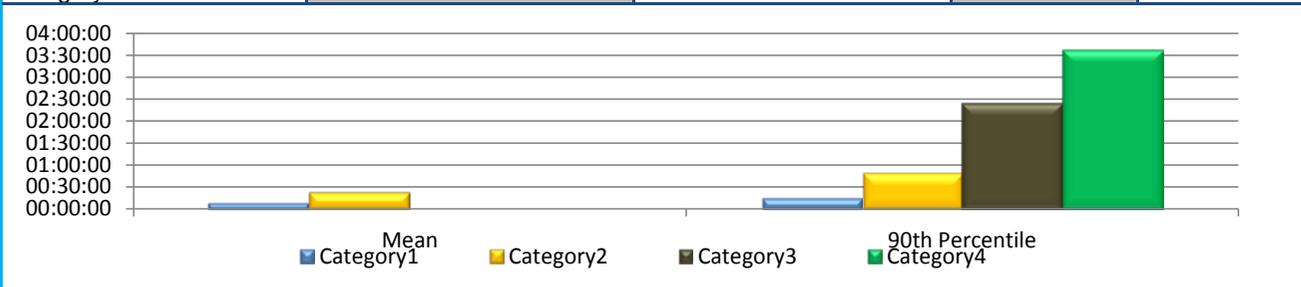
9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	7,682	18	2,028	5,207	7,235	11.6%
Category2	42,834	454	8,246	29,004	37,250	59.9%
Category3	19,621	1,037	4,149	8,845	12,994	20.9%
Category4	15,399	3,210	1,161	3,349	4,510	7.3%
Routine	286	-	8	166	174	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:08:20	00:14:11	00:07:00	00:15:00
Category2	00:22:54	00:48:43	00:18:00	00:40:00
Category3		02:24:07		02:00:00
Category4		03:37:09		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.

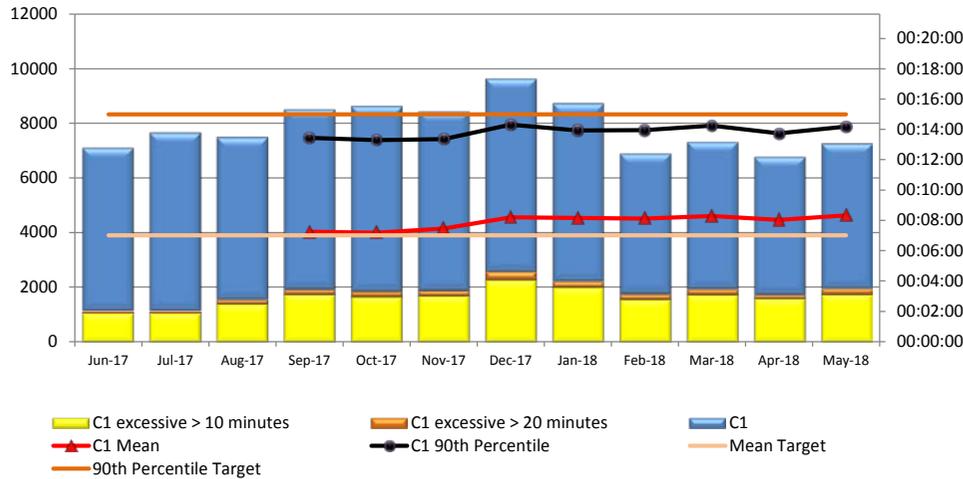
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

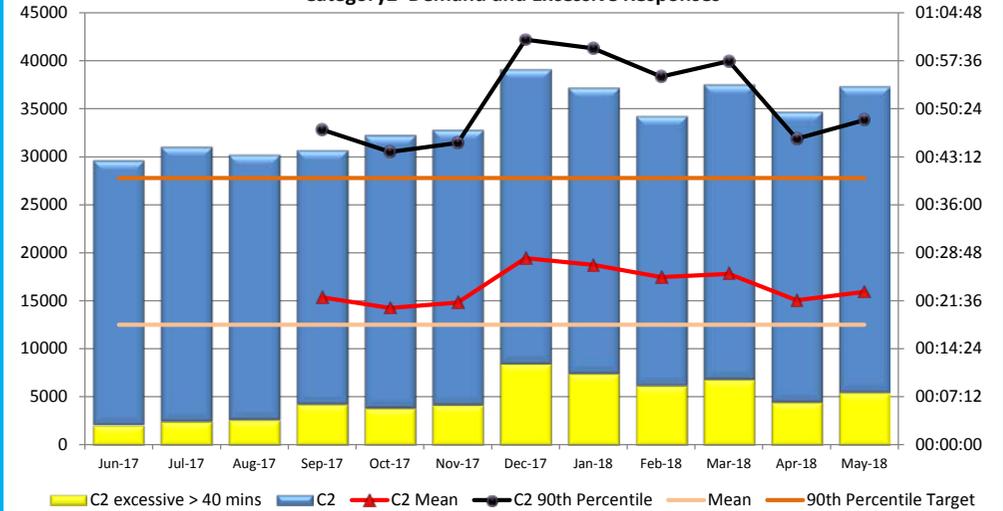
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

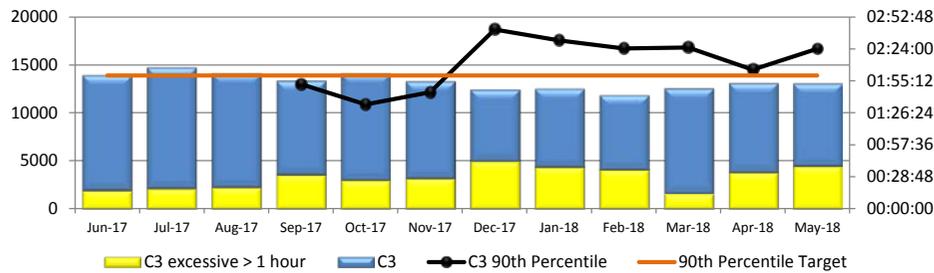
Category1 Demand and Excessive Responses



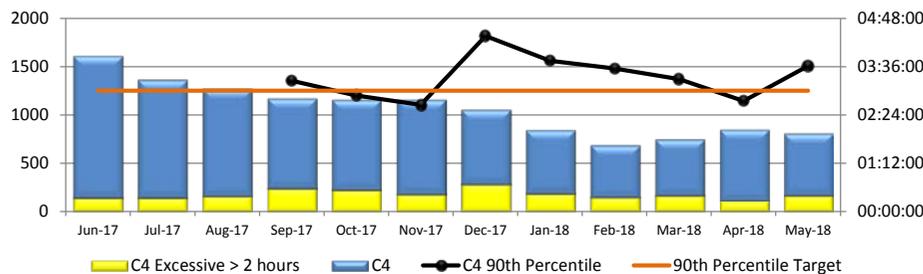
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 mean performance was 8 minutes 20 seconds against the 7 minute target with the 90th percentile at 14:11 against the 15:00 target.

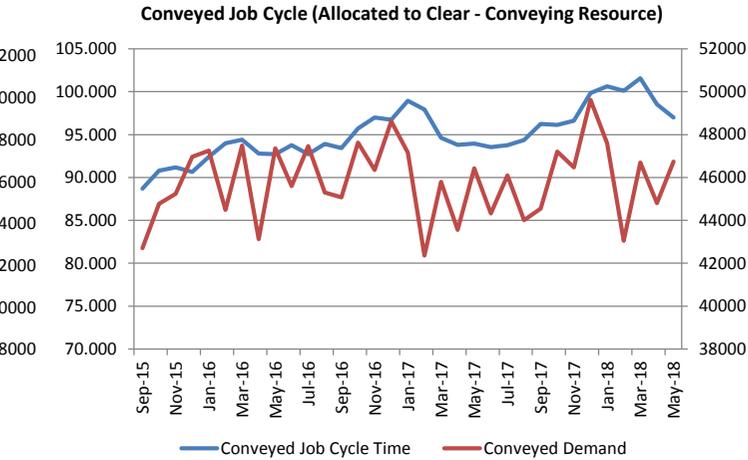
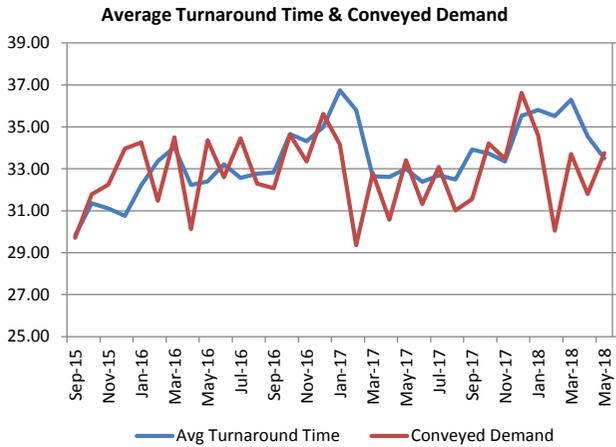
Category 2 mean performance was 22.54 an increase of 1 minute 15 seconds on last month with similar performance seen in the 90th percentile at 48:43 an increase of 2:50 on last month.

Category 3 90th percentile performance was above target at 2:24:07 against a 2 hour target this is an increase of 18 minutes and 51 seconds on last month

Category 4 90th percentile performance was above target at 3:37:09 an increase of 52:44

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: for May were 3.1% lower than April but were 1.5% higher than May last year.

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

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

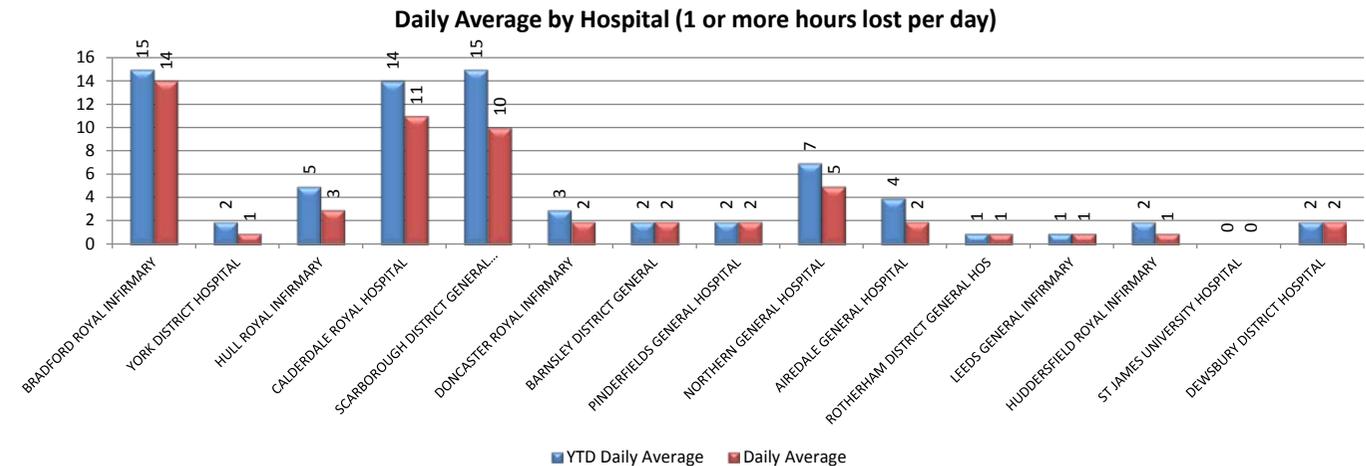
Job Cycle time: showed a decrease on April of 1.6% and is showing an increase of 3.1% vs May last year.

9.7 Hospital Turnaround - Excessive Responses

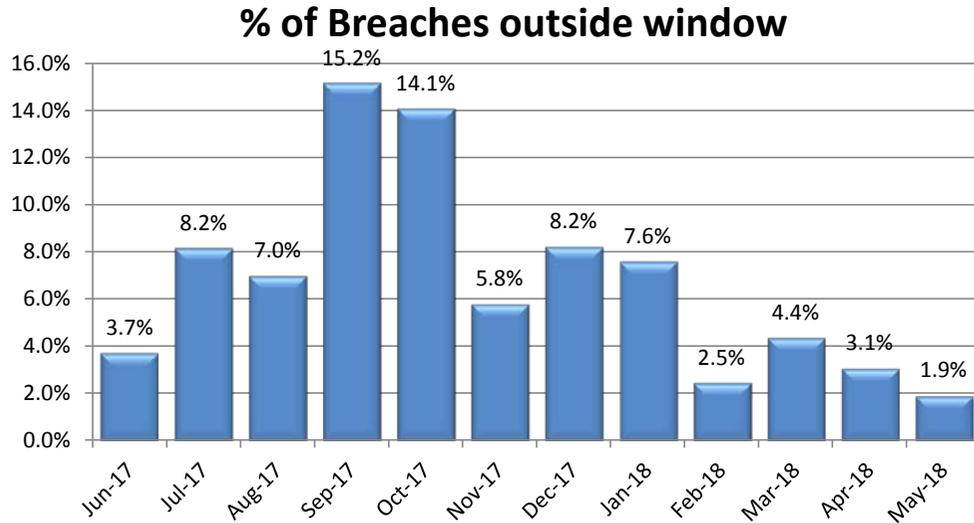
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Last 12 months
Excessive Handovers over 15 mins (in hours)	1,367	1,646	1,570	2,110	2,077	1,837	3,563	3,447	2,975	3,532	2,834	1,768	28,686
Excessive Hours per day (Avg)	44	57	51	70	67	61	115	111	99	114	94	57	78

Excessive hours: Lost at hospital for May were 1066 hours lower than April which is a decrease of 60.8%. This is slightly higher than May last year showing an increase of 40 hours, which is a rise of 2.3%. Hours lost remain high generally with Bradford, Calderdale and Scarborough impacting on performance.

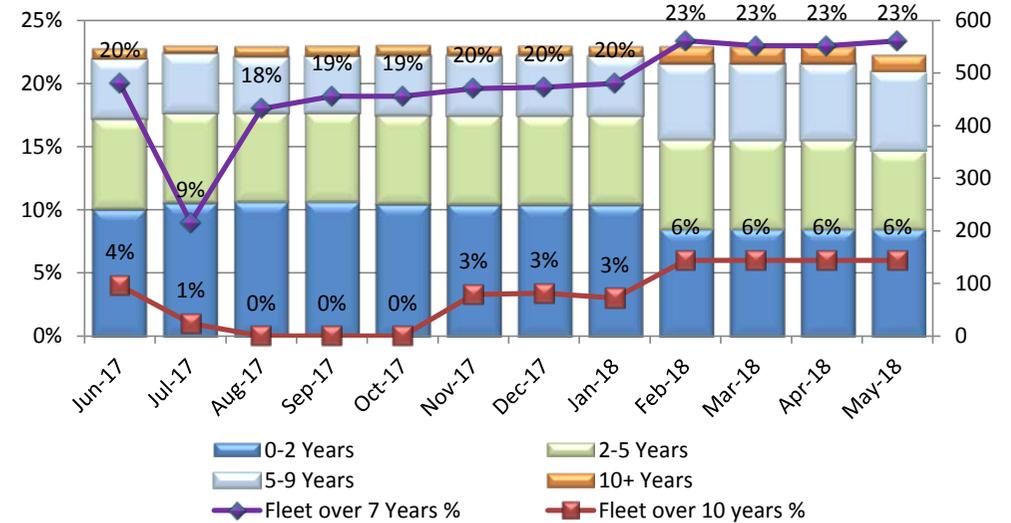
The A&E Operations senior management team are working closely with those acute trusts that regularly have significant handover delays. Initial findings are positive, progress is being monitored in each working group consisting of commissioners, acute hospital representatives and A&E operations.



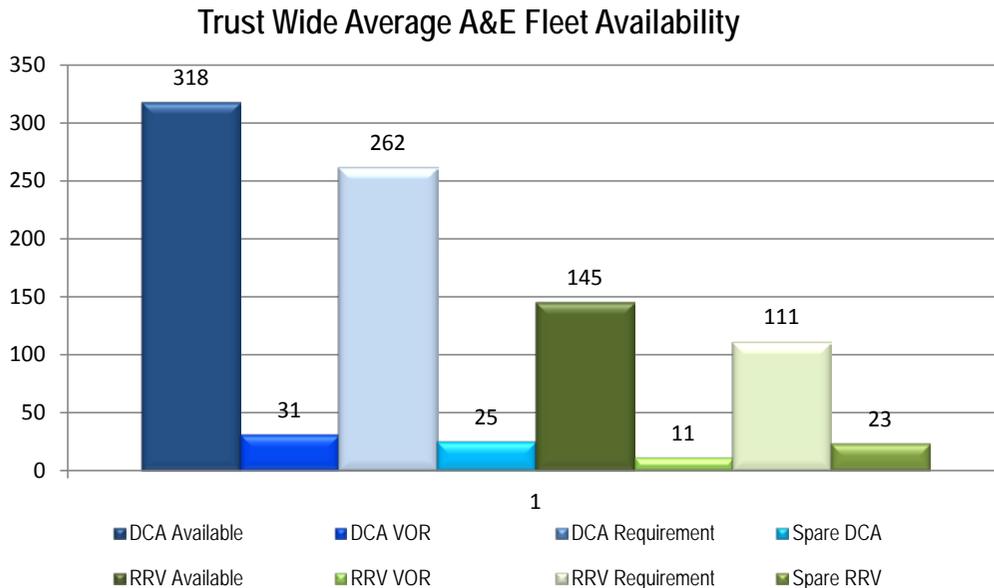
9.8 Vehicle Deep Cleans (5 weeks)



9.9 Vehicle Age



9.10 Fleet Availability



Commentary

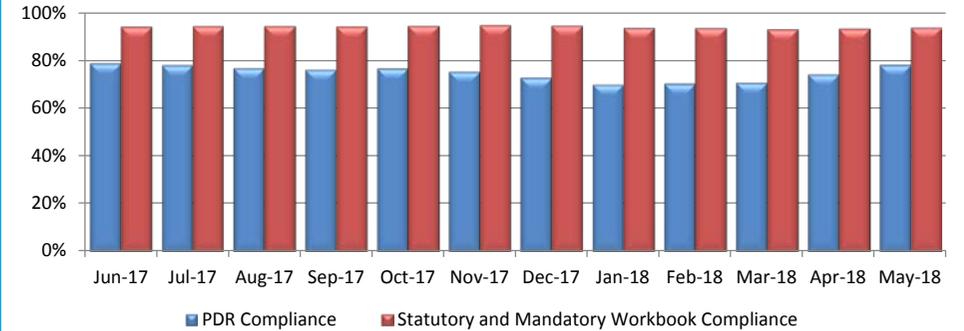
The A&E Deep Clean percentage of breaches outside the 5 weeks window decreased from 3.1% to 1.9% in May, which is the lowest rate in the past year. Vehicle unavailability due to operational demand pressures remains an obstacle, but we are now seeing some areas achieving 100% compliance on a weekly basis. Operational managers continue to work with supervisors to free vehicles for deep cleaning but vehicles continue to be in high demand for operational use. Recruitment remains manageable and absence has improved considerable over recent months.

9.11 Workforce

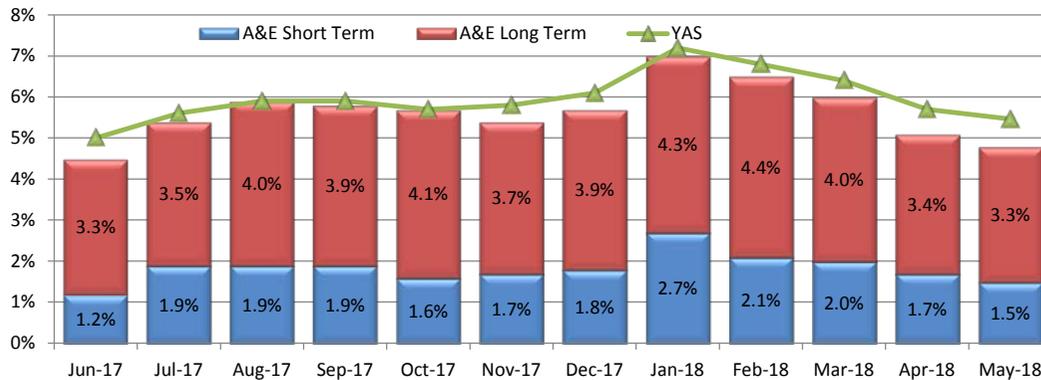
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,418	121	604	1,693	70%
Contracted FTE (before overtime)	2,345	122	535	1,688	72%
Variance	(73)	(1)	69	(5)	(0.3%)
% Variance	(3.0%)	(0.9%)	11.5%		
FTE (worked inc overtime)*	2480.1	122	535	1,823	74%
Variance	62	(1)	69		
% Variance	2.6%	(0.9%)	11.5%	131	7.7%

* 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 925 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 78.0% against stretch target of 90%. This is an increase of 3.9% vs last month and is 1.3% below the Trust average

Sickness: Currently stands at 4.8% which is a decrease of 0.3% vs last month and is below the trust average of 5.5%

Recruitment Staffing numbers are now in line with plan.

9.14 A&E Recruitment Plan

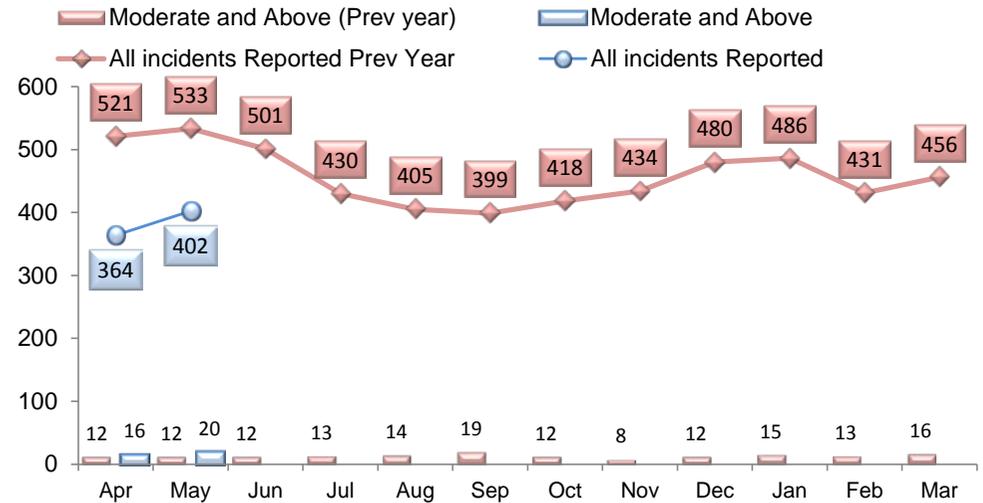
A&E Operations (excluding CS)



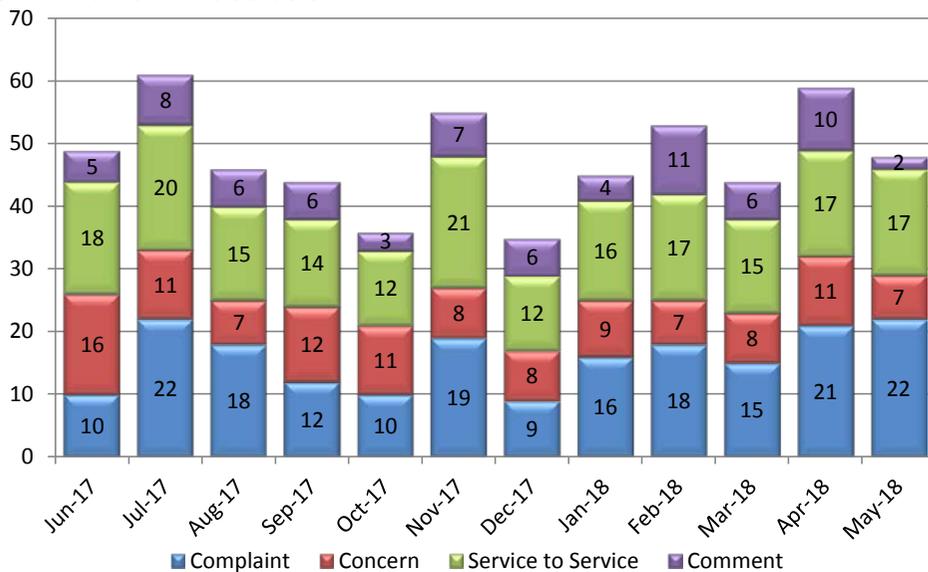
9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	2	2
Total Incidents (Per 1000 activities)	0.03	0.03
Total incidents Moderate & above	20	36
Response within target time for complaints & concerns	96%	94%
Ombudsman Cases		
Upheld	0	0
Not Upheld	0	0
Patient Experience Survey - Qtrly		

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

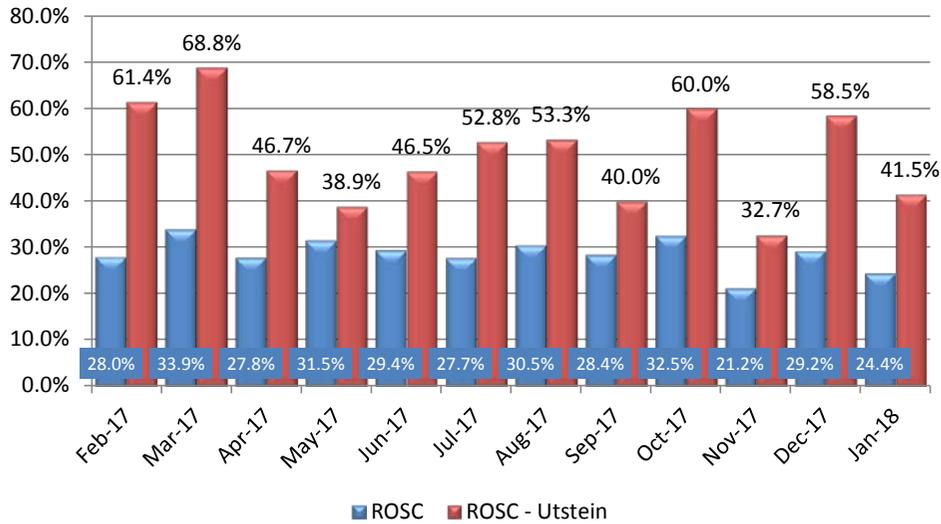


Commentary

Incidents: Total reported incidents increased 10.4% on last month and is down by 24.6% against May last year. This is not as high as in previous months, however, it should be noted that figures are benchmarked against a period of increased reporting which occurred during the last twelve months. Incidents of moderate harm and above remain at a low level.

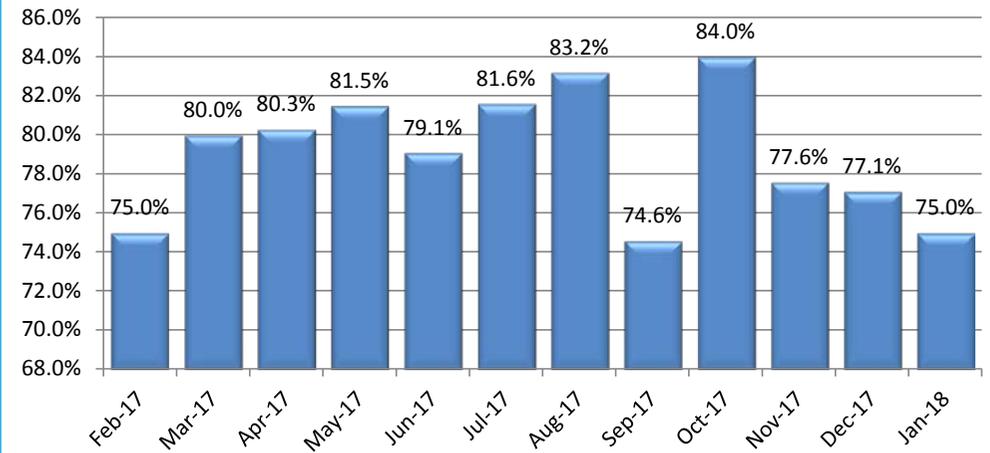
Feedback: Total feedback decreased 18.6% last month while complaints remained in line with the previous month.

9.18 ROSC & ROSC Utstein

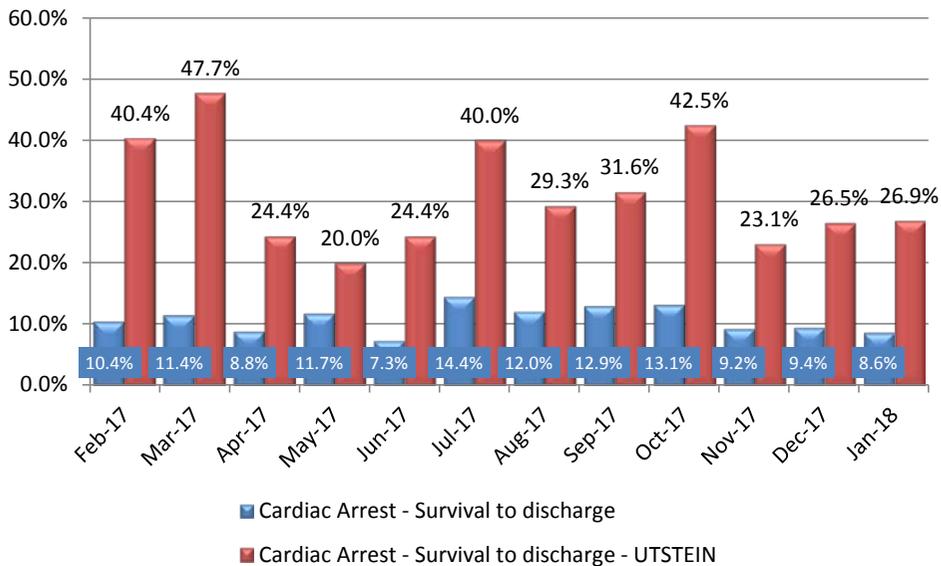


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



Commentary

Unprecedented winter pressures over December and January is well reported and actions to mitigate risks to our most time critical patients have been to; maximise the use of CFRs, support rapid turnaround of clinicians at hospitals and evoke escalation systems to manage call volume. The attendance of Red Arrest Team Paramedics is challenged over the winter period and the Operations Teams are reviewing options to improve the availability.

Cardiac Arrest Management

YAS attempted resuscitation on 319 patients during December, of which 93 had ROSC. Comparatively, resuscitation was attempted on 307 patients during January 2018, 75 of which had a ROSC on arrival at hospital.

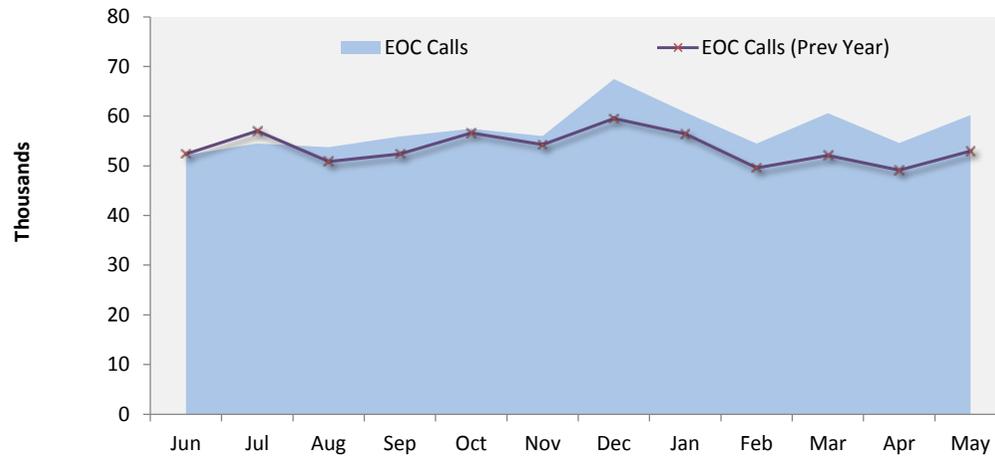
Overall Survival to discharge, during December 2017, 29 out of 308 patients survived to discharge (9.4%). In January 2018, 26 patients out of 303 survived (8.6%) this is similar to January 2017 findings, 26 out of 309. Survival to Discharge within the UTSTEIN comparator group reported 13 out of 49 patients survived within this group during December 2017, compared to 14 out of 52 patients within January 2018. The total numbers for 2018 are greater in the UTSTEIN group than in January 2017 data of 16 out of 42 patients surviving to discharge.

AQI Care Bundle:

Stroke care has been consistently high across YAS during 2017/18, having never fallen below 97%. January 2018 is no exception to this with 600 out of 610 (98.4%) suspected stroke patients receiving appropriate care.

A slight decrease in the delivery of the STEMI care bundle is being addressed by the clinical managers. The most common element missing in the care bundle is pain scoring, over June information across the front

9.21 Activity

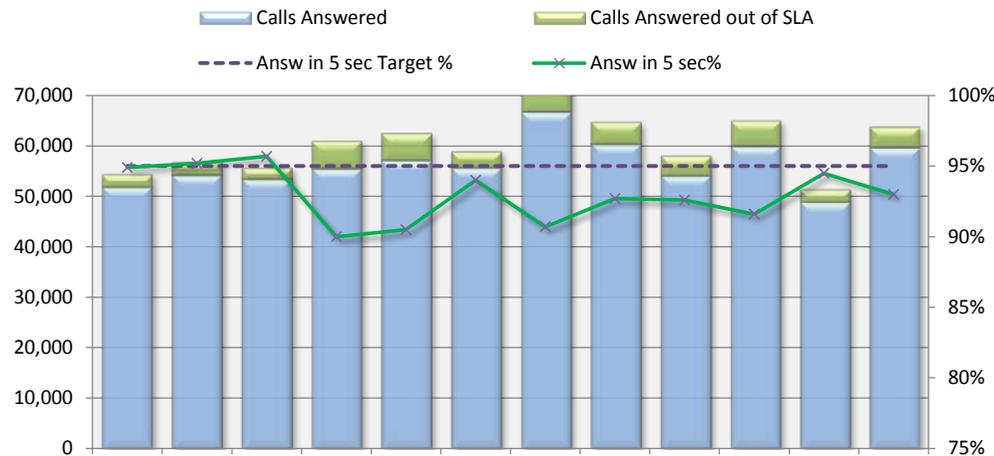


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	114,818	114,092	7,038	93.8%
2016/17	102,103	101,840	5,496	94.6%
Variance	12,715	12,252	1,542	
Variance	12.5%	12.0%	28.1%	(0.8%)

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	93.0%	93.8%



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Calls Answered out of SLA	2,643	2,629	2,327	5,561	5,444	3,324	6,241	4,408	4,026	5,069	2,692	4,177
Calls Answered	51,997	54,397	53,596	55,652	57,238	55,774	66,831	60,487	54,232	60,078	48,981	59,786
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	94.9%	95.2%	95.7%	90.0%	90.5%	94.0%	90.7%	92.7%	92.6%	91.6%	94.5%	93.0%

Commentary

Demand: Increased 10.3% vs last month which is an increase of 13.6% vs May last year.

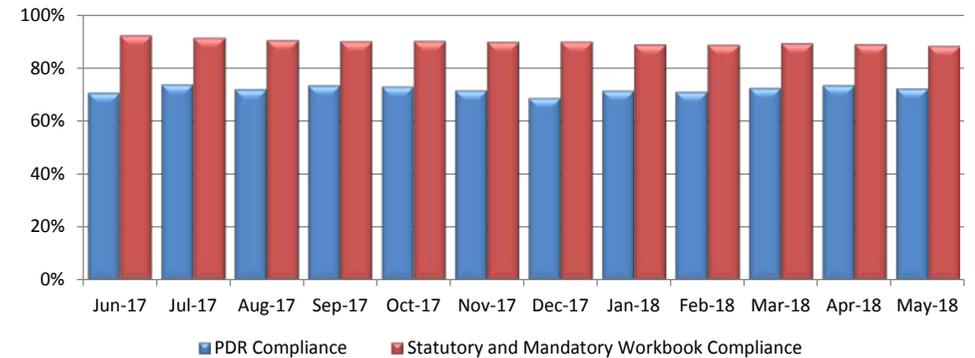
Answer in 5 sec: Decreased by 1.5% vs last month at 93.0% and is now just 2.0% below target.

9.24 Workforce

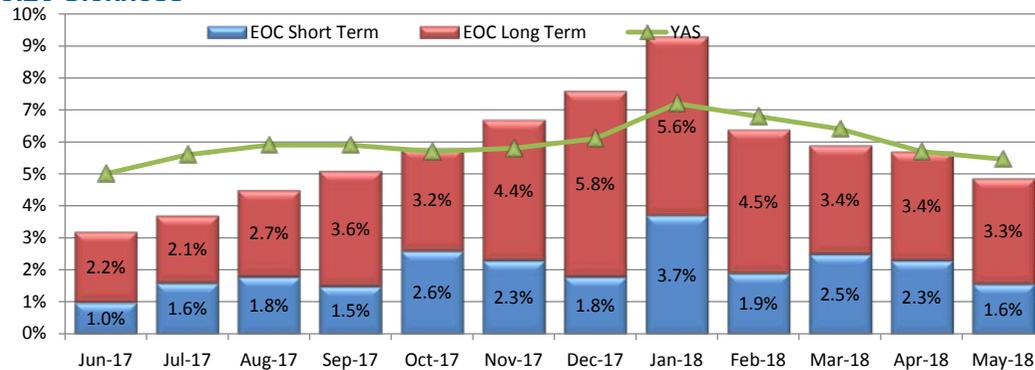
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	318	15.9	80	223	70%
Variance	(9)	(0)	(2)	(6)	(2.6%)
% Variance	(2.6%)	(2.6%)	(2.6%)		
FTE (worked inc overtime)*	324.7	20.4	61	244	75%
Variance	(2)	4	(21)	15	0
% Variance	(0.7%)	24.8%	(25.7%)		

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

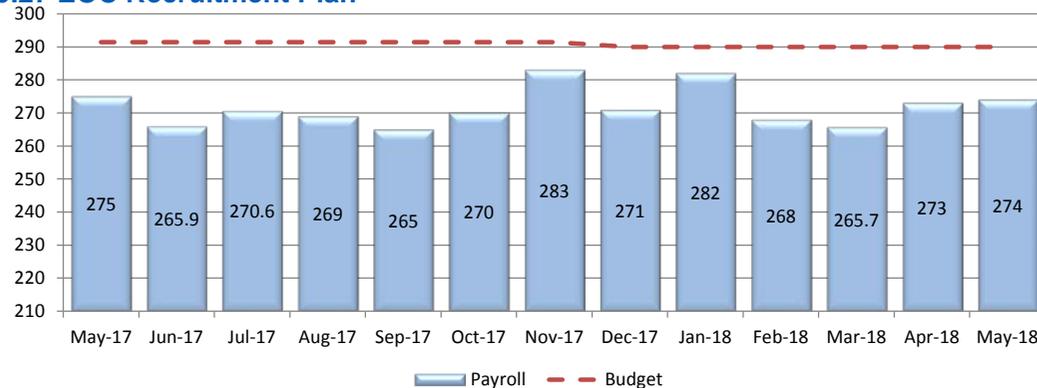
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 72.4% in May against a stretch target of 90% which is a decrease of 1.2% on previous month. This is 6.9% below the trust average. Q1 will see a focused action plan to bring the compliance back in line. EOC still working towards 75% compliance by July.

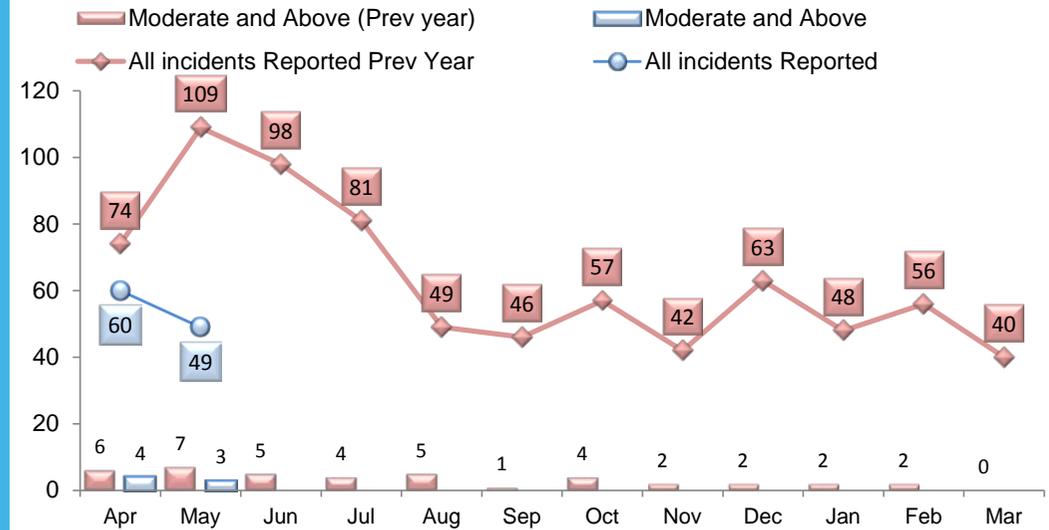
Sickness: Currently at 4.9% which is a decrease of 0.8% on the previous month and is below the Trust average of 5.5% and well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

Recruitment: We are revising our recruitment process to ensure these are targeted for EOC specifically for EMDs & Dispatchers. We have the required number of candidates on the next courses planned for April, May and July. We have recruited to a small number of additional clinical staff for the clinical hub which have been redeployed from frontline A&E operations.

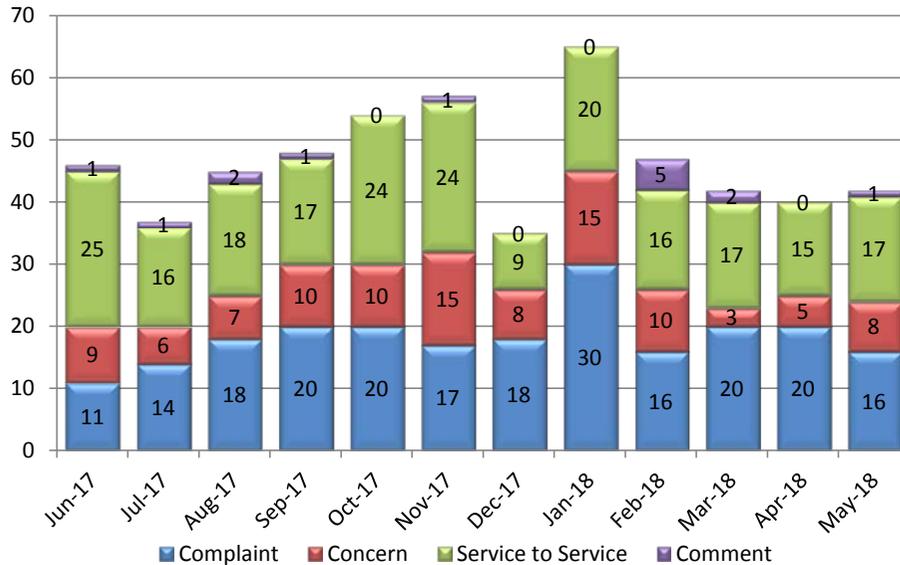
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	1
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		3	7
Response within target time for complaints & concerns		84%	90%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

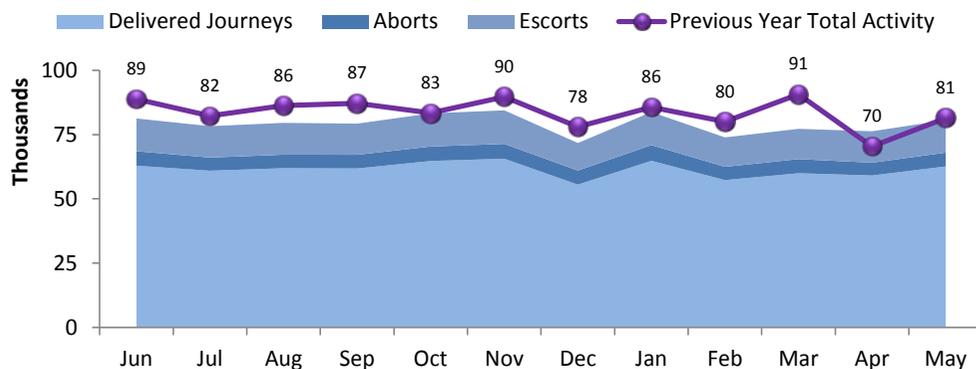
Incidents: Total reported incidents decreased 18.2% on last and is a decrease of 55.0% against May last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback increased marginally on last month with complaints seeing a small decrease on the previous month.

10. PATIENT TRANSPORT SERVICE

May 2018

10.1 Demand

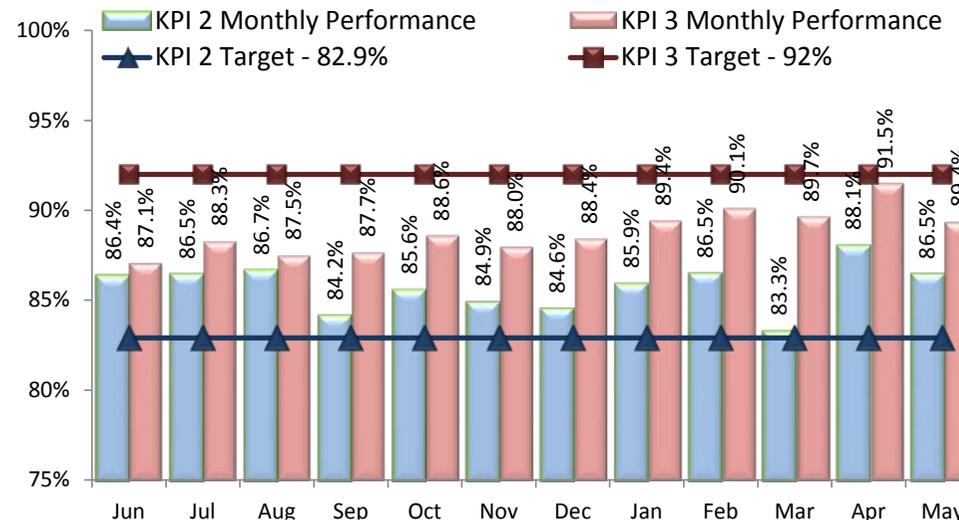


Comparison to Plan

	May-18	Delivered	Aborts	Escorts	Total
YTD 2018-19		62,608	5,370	12,661	80,639
Previous YTD* 2017-18		63,066	5,590	12,790	88,810
% Variance		(0.7%)	(3.9%)	(1.0%)	(9.2%)

* Demand includes All Activity

10.2 KPI* 2 & 3**

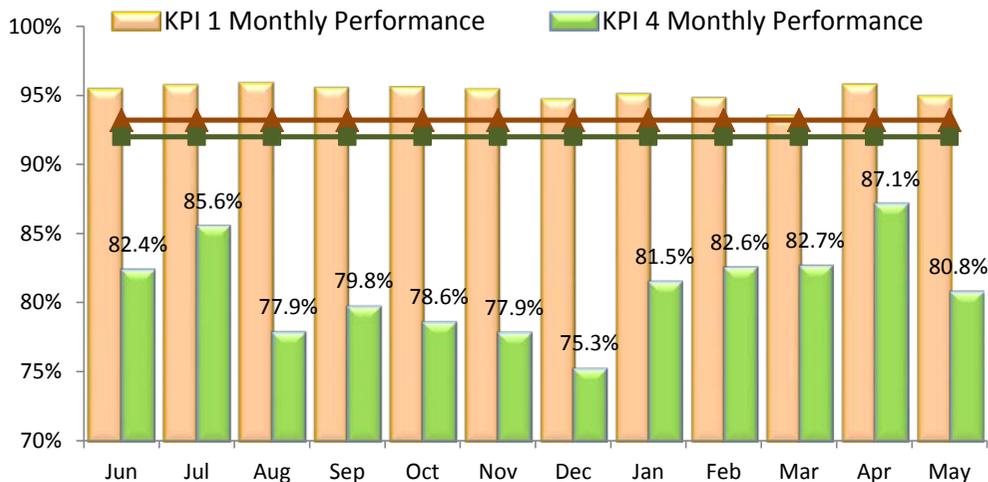


KPI 2* Arrival prior to appointment

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 May increased by 5.7% on the previous month but is down by 1% against the same month last year.

KPI 1 Performance decreased by 0.8 points in May to 95% but remains above the 93.2% target.

KPI 2 Inward performance stood at 86.5% in May and is 3.6 points above the making appointment on-time target.

KPI 3 The outward performance decreased by 2.1 points on last month to 89.4%. The annual target is 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours fell from 87.1% to 80.8% in May 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 unrealistic. South/East & North KPI negotiations are progressing well and a more reflective KPI of 90% or less is in the proposed or agreed stage

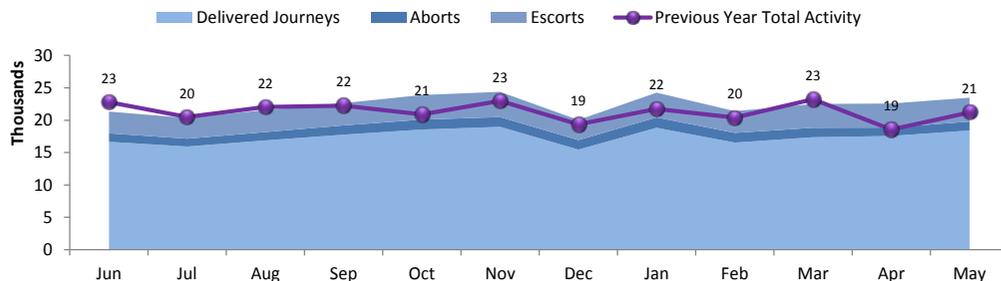
East Overall activity in May 2018 has seen an increase of 6.1% when compared to the previous month. We have seen an increase in higher mobility patients compared to April.

West In May activity was -7.1% compared to April 2018 and the YTD activity was -3.1%. KPI's 1&2 continue to consistently over achieve the target. KPI 1 was over target by 1.7% and

10. PATIENT TRANSPORT SERVICE (South)

May 2018

10.1 Demand



Comparison to Plan

May-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	208,909	16,976	42,514	268,399
YTD 2017-18	16,526	1,327	3,361	21,214
% Variance	1164.1%	1179.3%	1164.9%	1165.2%

South Performance Indicators as of April 2018

- 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 for May was 99.5% against a KPI target of 90%. This is an outstanding result when placed in context with the increase in patient numbers. The level of performance is consistent across all CCG areas.

C2/3 Performance is also strong and stands at 90% and 99.1% respectively.

C4 Performance has seen a small decrease and stands at 88.5% marginally below its target of 90% with the exception of Sheffield which was significantly below its target. Further work has been commissioned to understand the dip in performance at the Northern General and Royal Hallamshire hospitals.

C5 Performance for short notice and on day outward patients has seen an improvement on the previous month following the work to alter the workforce mix. Performance for May was 87.4% which is a significant increase from the levels achieved at the commencement of the contract.

Overall contract activity has continued to see a significant increase in demand of 10.4% when compared to corresponding months of the previous year. Complex patient movements and higher mobility also continue to increase at a dramatic rate. Four man lifts have increased by 72%, three man lifts by 32% and stretchers by 106%.

The discharge Service for May has seen its busiest month ever. This increase is concerning as discharge activity is mainly unplanned activity. It is often double-handed work which impacts on other areas of the PTS contract. Despite these issues, May has been the best month for performance standing at 86.9%

10.2 KPI 1 - Journeys no longer than 120 Mins



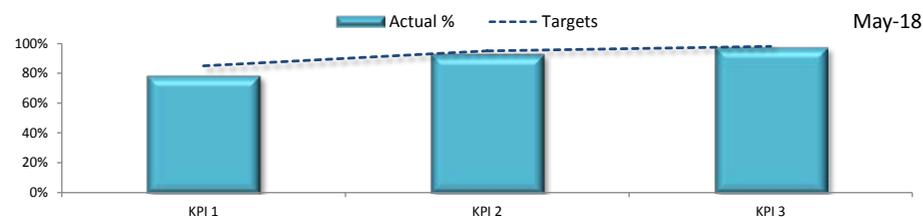
10.3 KPI 2&3 - Inwards Journeys



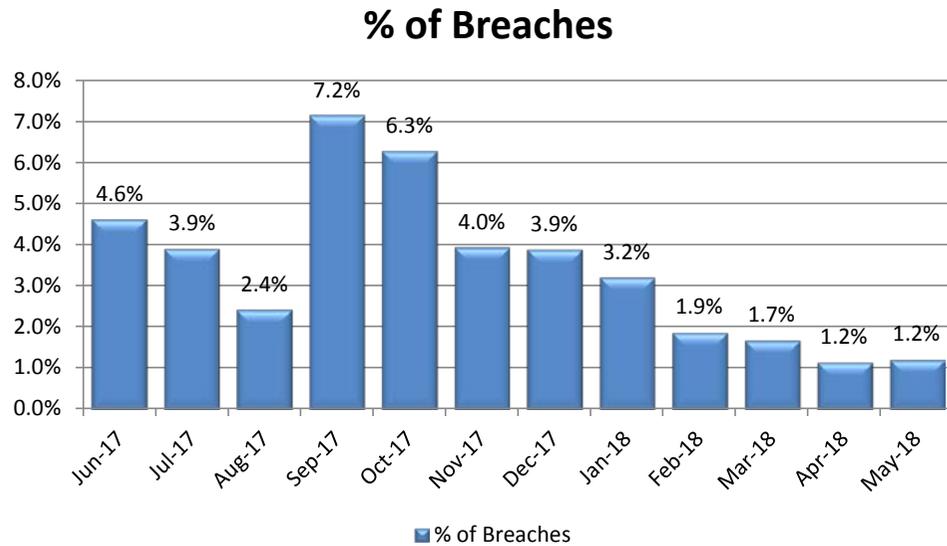
10.3 KPI 4&5 - Outwards Journeys



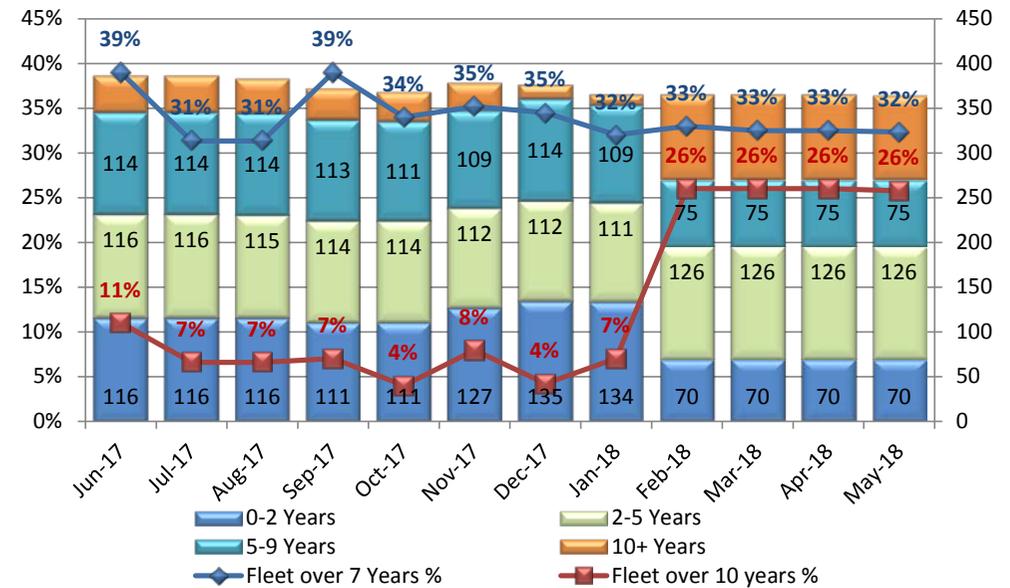
10.3 GP Urgent Performance



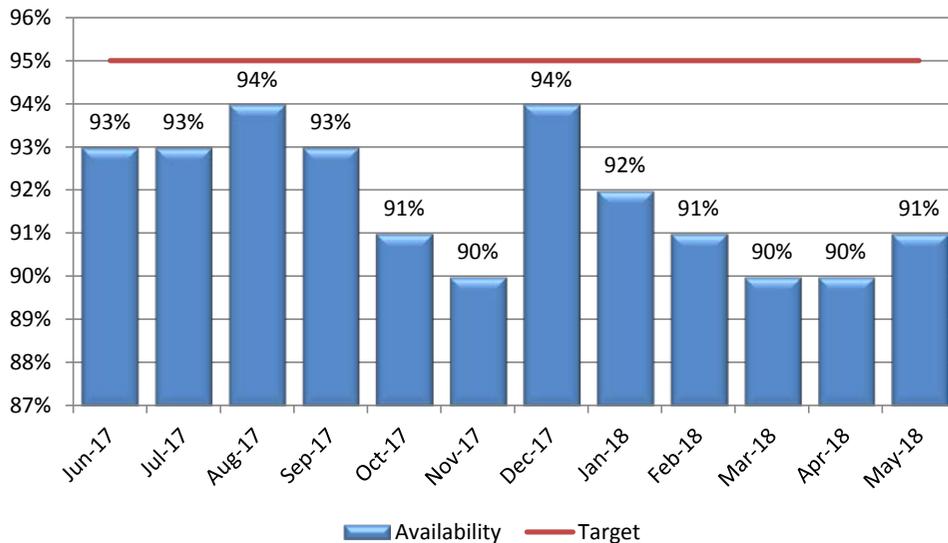
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability as up from 90% to 91% but is below the 95% trust target figure.

The PTS deep clean percentage of breaches outside the 5 weeks window remained the same as the previous month and at 1.2% is at its lowest level during the past 12 months reporting period. Although the availability of PTS vehicles for deep cleaning continues to remain high unknown vehicle movements still cause issues.

Figures for May 2018 show the proportion of vehicles aged above ten years is 26% and remains unchanged since February 2018. This is due to a high number of PTS vehicles purchased in early 2008.

10. PTS

May 2018

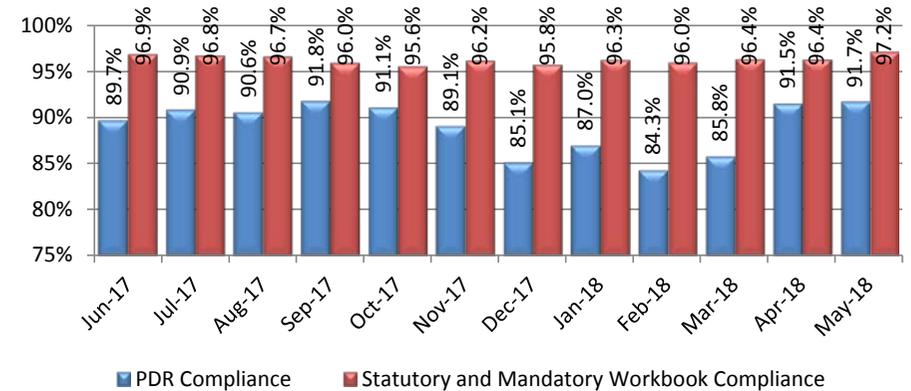
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	617	31	123	463	75%
Contracted FTE (before OT)	552	42	93	418	76%
Variance	(65)	(11)	31	(45)	(9.7%)
% Variance	(10.5%)	(34.5%)	24.9%		
FTE worked inc overtime	586	42	93	452	77%
Variance	31	(11)	31	(11)	(2.4%)
% Variance	5.1%	(34.5%)	24.9%		

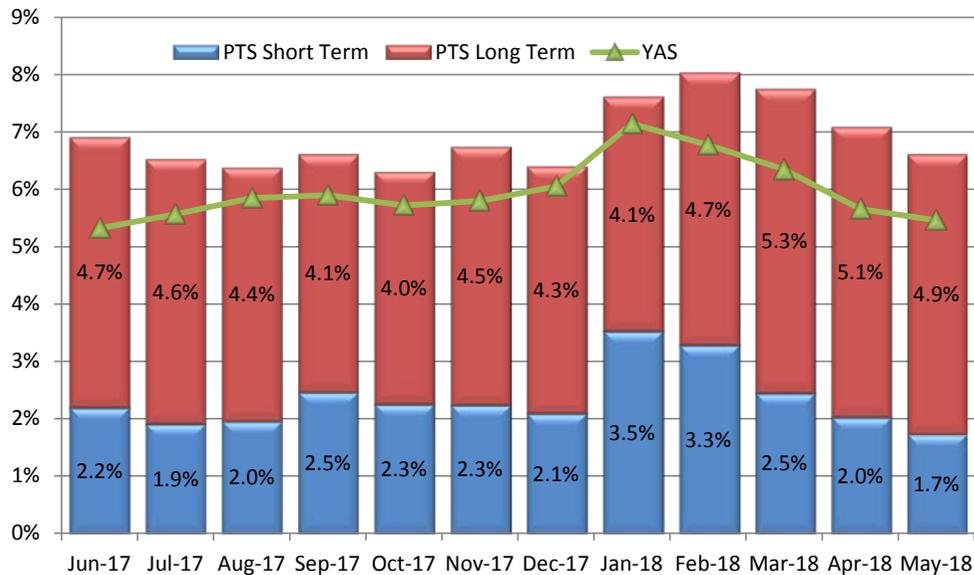
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance improved by 0.2 points in May to 91.7% and is above the 90% Trust target.

Statutory and Mandatory Workbook compliance improved from 96.4% to 97.2% in May and is above the 90% Trust target.

Sickness rate in PTS decreased in May by 0.5 points but at 6.6% is higher than the 5.5% YAS average.

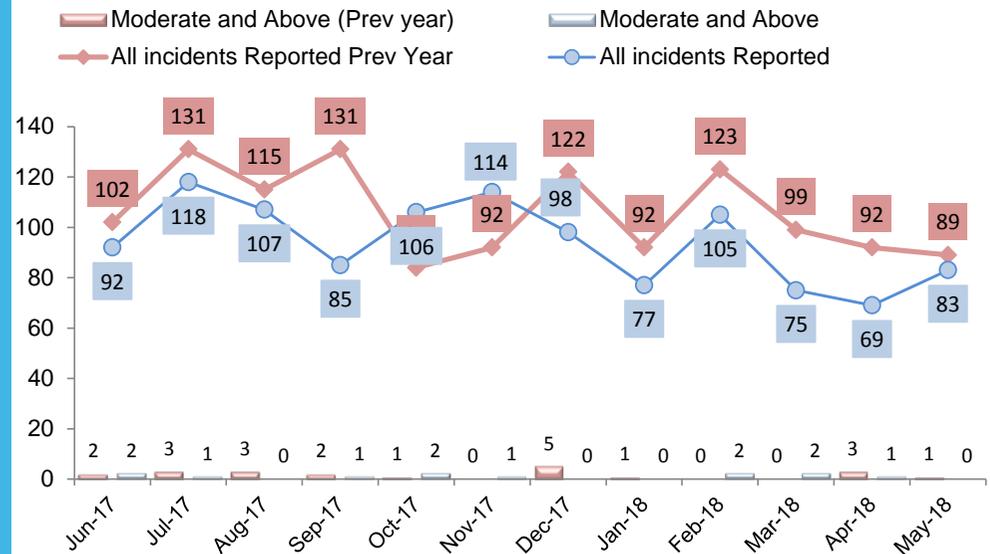
10. PATIENT TRANSPORT SERVICE

May 2018

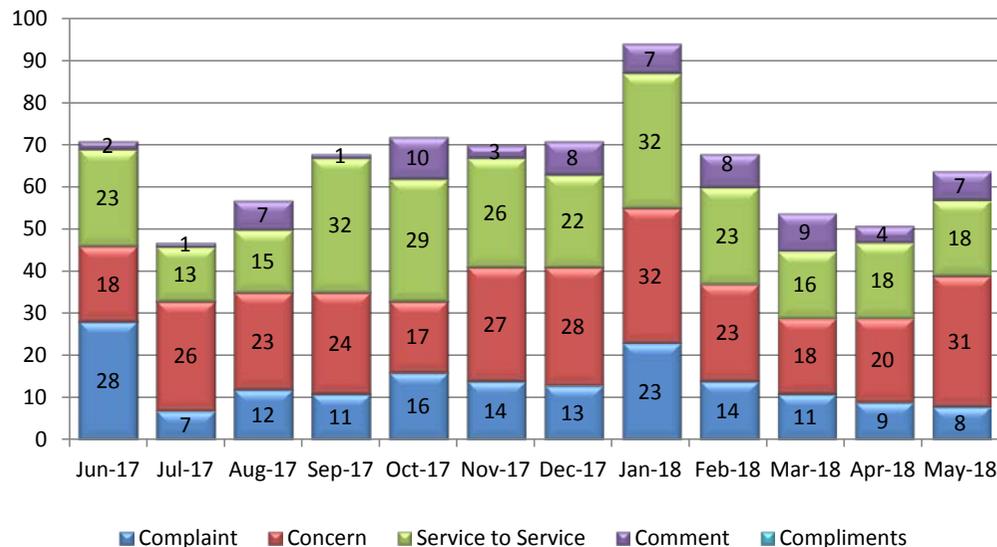
10.10 Quality, Safety and Patient Experience

	May 2018	2018-19
Serious Incidents	0	1
Total Incidents (per 1000 activities)	0.000	0.008
Total incidents Moderate & above	0	1
Response within target time for complaints & concerns	97%	91%
Ombudsman Cases	Upheld	0
	Not Upheld	0
Patient Experience Survey - Qtrly	0.0%	0.0%
Call Answered in 3 mins - Target 90%	94.6%	94.3%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes stood at 94% in April which is up from 84% on the previous month and is below the 90% target.

Incidents: The number of reported incidents within PTS decreased by 8% vs last month and is down by 25% on the previous year's figures.

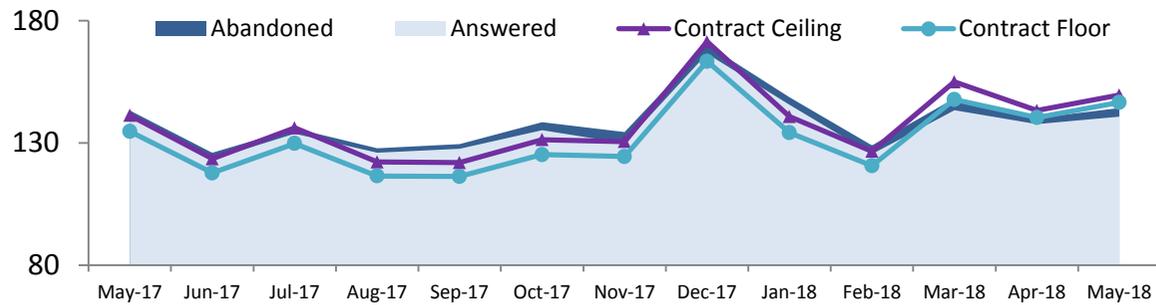
Patient Feedback:

Patient feedback figures are up by 13 (25.5%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints decreased by 1 in May, however, concerns rose from 20 to 31. The YTD average number of complaints each month is 14 equating to a complaint rate per PTS journey of 0.02%.

11. NHS 111

May 18

11.1 Demand



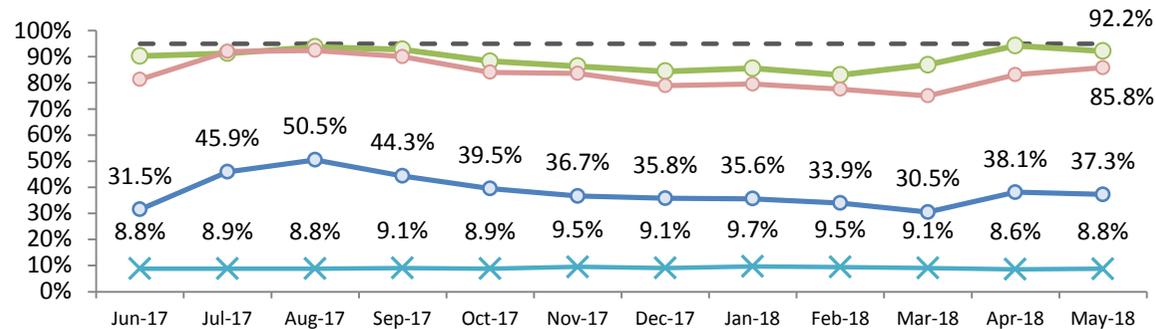
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	284,505	278,483	259,516	93.2%
Contract YTD 2018-19	303,338	292,858	278,215	95.0%
Variance	- 18,833	- 14,375	- 18,699	1.8%
	-6.2%	-4.9%	-6.7%	
YTD 2017-18	295,135	290,372	268,664	92.5%
Variance	- 10,630	- 11,889	- 9,148	0.7%
	-3.7%	-4.3%	-3.5%	

11.2 Performance

- - - Ans in 60 Target
- x— Referrals to 999 %
- o— Ans in 60 secs %
- o— Warm Transf. / Call Back in 10 mins %
- o— Call Back in 2 Hour %

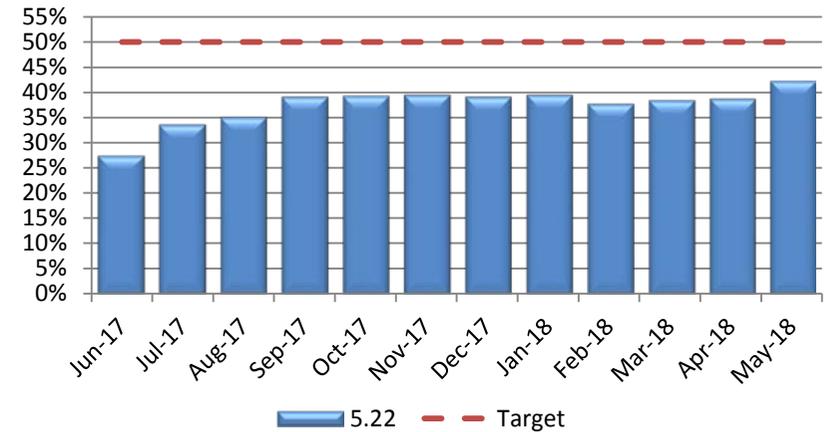
- Answered in 60 secs (95%)
- Warm Trans & Call Back in 10 mins (65%)
- Call Back in 2 Hours (95%)
- Referred to 999 (nominal limit 10%)

May-18	YTD
92.2%	93.2%
37.3%	37.7%
85.8%	84.5%
8.8%	8.7%



11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



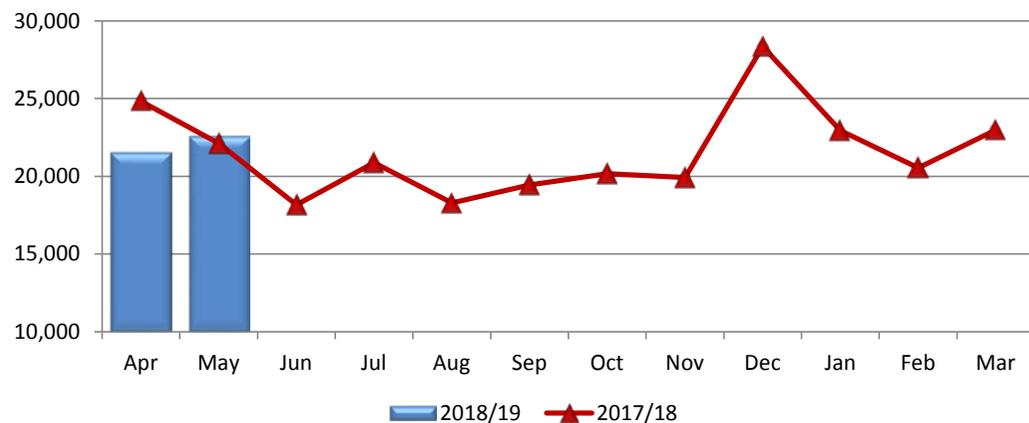
Commentary

Call volumes for May 2018 continued to track below the contract floor with actual calls answered being 4.0% below floor levels. (NB. This year's floor includes 50% growth of the total 4.19% growth for the year). May 2018 call levels were marginally above (projected by 1 call, linked to the telephony outage on the 22 May and the assumed calls levels).

Performance for May 2018 was 92.2%, a fall of 2.1% from April 2018. (NB The contract settlement for 2018/19 does not fund the service to meet this KPI of 95%, it maintains 2017/18 level of performance).

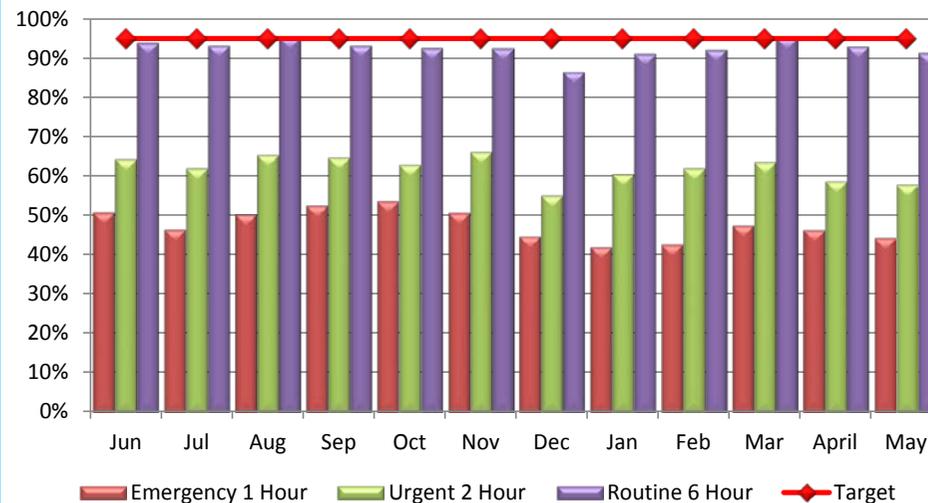
Clinical KPIs for 2 hours call-back increased by 2.7% (85.8%), reflecting seasonal change in demand. The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. YAS is commissioned for levels as per

11.4 Demand

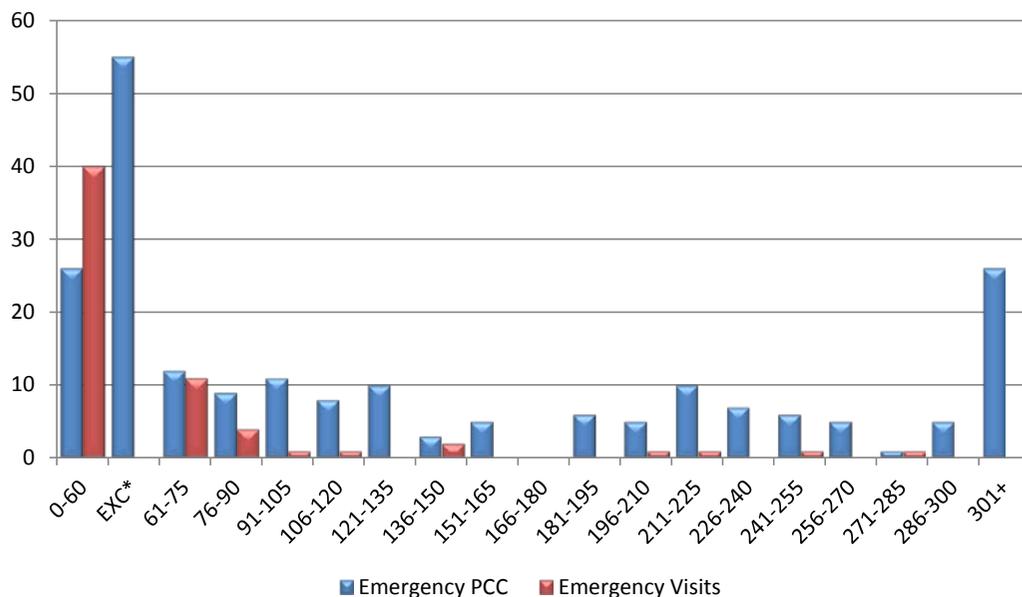


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		24,831	21,578	-3,253	-13.1%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SIs reported in May-18.
Adverse reports received	No adverse reports received
Patient Complaints	18 patient complaints received in May-18 according to DATIX 4 C's report (includes all categories). 11 of these directly involving the LCD part of the pathway. 1 upheld, 2 partially upheld, 1 not upheld and 7 remain under investigation.

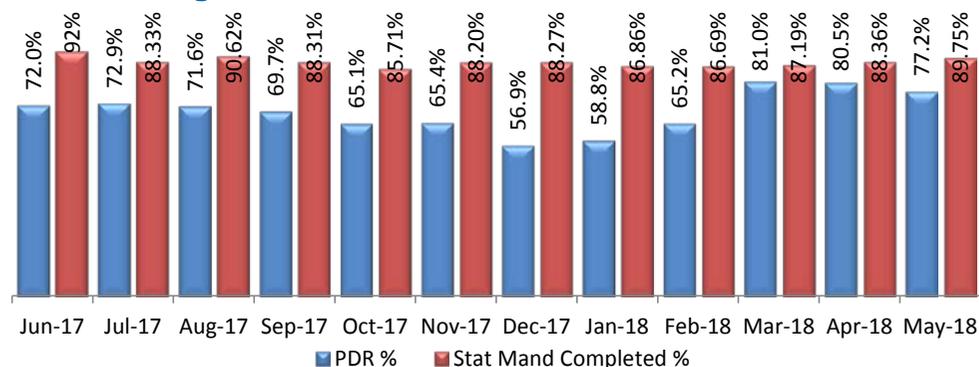
Comments: Patient demand increased marginally during May 18 (+2.3%) as compared to May 17, although cumulatively remain below if the year to date picture is compared to 2017. NQR performance marginally fell across all categories from April 2018 in May 2018 to 1 hour emergency (44.3% emergency), the 2 hour urgent cases (57.7%) and 6 hour routine NQR (91.4%). All of the NQR outturns were below the May 2017 levels with the exception of routine which was

11.8 Workforce FTE - Call Handler & Clinician

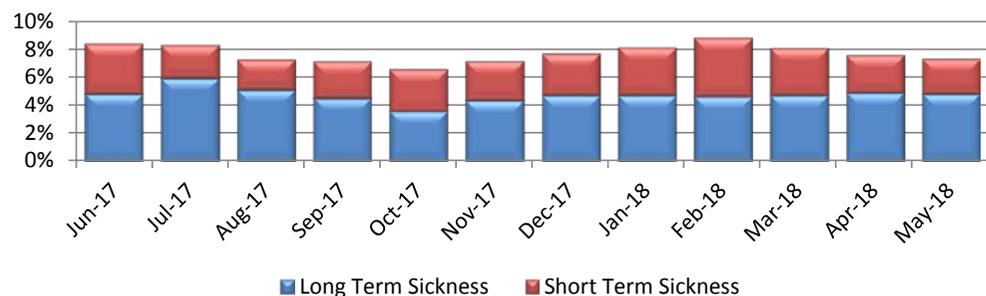
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	324	29	75	220	68%
Contracted FTE (before OT)	299	41	81	177	59%
Variance	-25	-11	-7	-43	-9%
% Variance	-8%	-39%	-9%	-20%	
FTE (Worked inc Overtime)	319	41	81	197	62%
Variance	-5	-11	-7	-23	-6%
% Variance	-1.5%	-39%	-9%	-10%	

11.11 Training



11.9 Sickness



Commentary

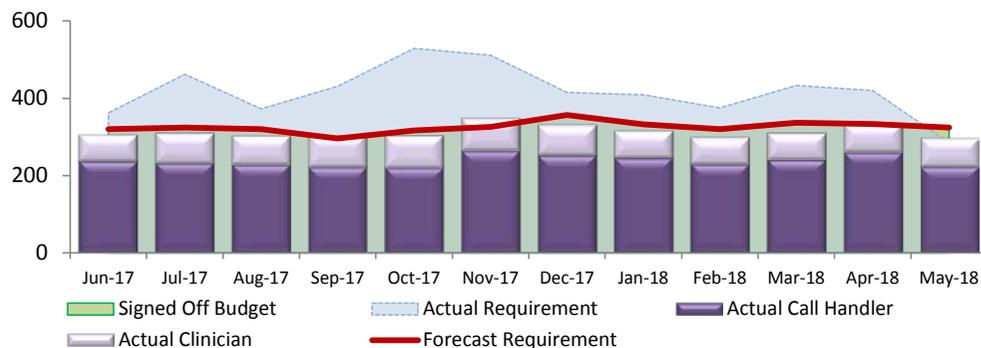
Statutory and mandatory training continues to remain within the 80%, although PDR rates fell marginally during May. Work continues across the service to deliver NHS Pathways version 15 training for implementation of the new clinical software before July 2018. The training will also include the new safeguarding module.

Sickness continues to be difficult for the NHS111 service with rates remaining above the Trust target. The sickness information for NHS111 is now taken from ESR data so that comparisons can be made across the Trust. ESR levels are at 8.64% for May 2018, a 0.13% increase from April 18.

By the end of May 18 people remained on long term sick, a marginal fall (-1) from the April 18 outturn. Work continues with HR colleagues and operational managers to support staff to maintain attendance at work.

Clinical recruitment is an ongoing process within NHS111 to maintain sufficient clinical staff with an additional 6 clinicians currently being processed to commence training.

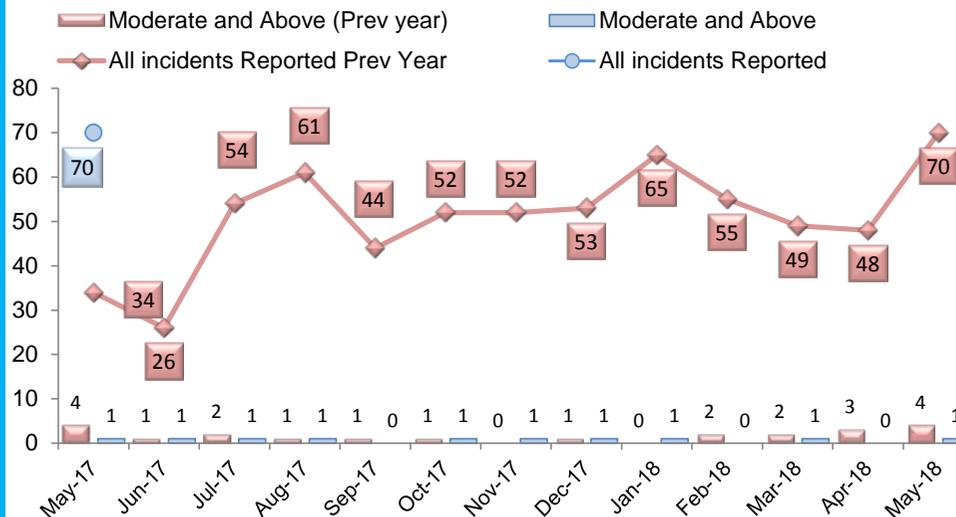
11.10 Recruitment Plan



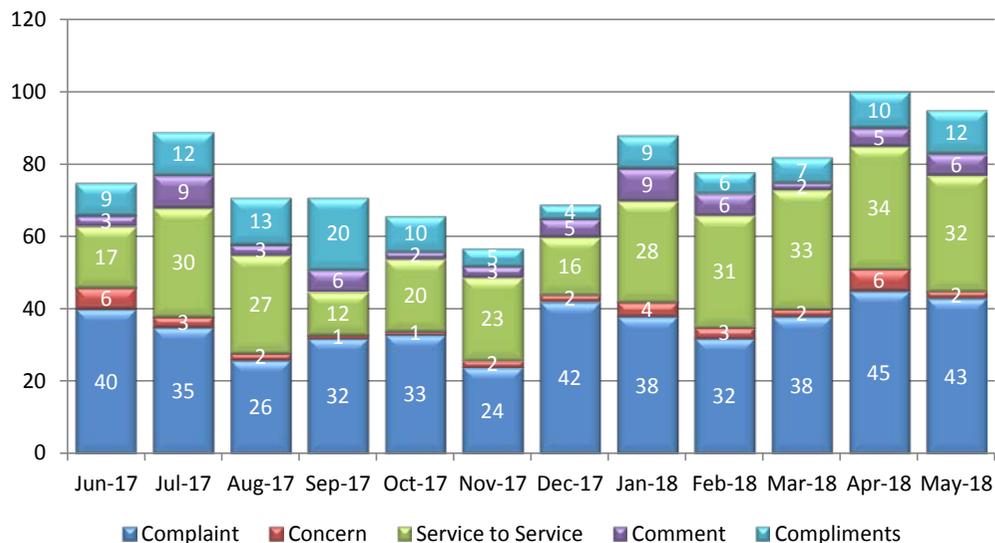
11.13 Quality, Safety and Patient Experience

	May-18	YTD
Serious Incidents	1	1
Total Incidents (per 1000 activities)	0.01	0.00
Total incidents Moderate & above	1	1
Response within target time for complaints & concerns	98%	91%
Ombudsman Cases	Upheld	0
	Not Upheld	0
Patient Experience Survey - Qtrly	0.0%	0.0%

11.15 Incidents



11.14 Patient Feedback



Commentary

1 SI was reported for May 2018.

43 patient complaints were received in April, this is marginally up on the previous month. Of these 9 were for for the WYUC service and the other 24 NHS 111. Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

There were 12 compliments received during May 2018.

ANNEXES

System (May 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
Total Incidents (HT+STR+STC)	67157	98062	94971	59430	71909	73870	34854	88305	60189	45659
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	66.5%	63.0%	61.4%	67.4%	61.6%	57.9%	58.0%	50.0%	51.5%	51.0%
C1 Incidents	10.8%	9.4%	10.2%	10.1%	9.1%	7.6%	6.4%	5.6%	5.5%	5.6%
C2 Incidents	55.7%	53.6%	51.2%	57.3%	52.5%	50.2%	51.6%	44.4%	46.0%	45.5%
C3 Incidents	19.5%	22.3%	24.2%	20.7%	19.2%	25.6%	27.6%	40.4%	36.8%	32.2%
C4 Incidents	1.2%	2.8%	4.4%	0.5%	7.5%	1.2%	1.5%	2.2%	2.0%	3.2%
HCP 1-4 Hour Incidents	5.7%	3.9%	4.0%	5.2%	4.0%	4.2%	-	-	-	-
Hear and Treat	7.0%	3.5%	4.8%	6.3%	7.6%	6.6%	5.0%	3.3%	6.1%	5.7%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:08:20	00:06:54	00:08:10	00:08:07	00:08:35	00:08:24	00:05:50	00:06:51	00:07:37	00:06:52
C1-90th centile response time (Target 00:15:00)	00:14:11	00:11:21	00:13:51	00:14:36	00:15:32	00:15:47	00:09:45	00:11:50	00:14:06	00:12:26
C2-Mean response time (Target 00:18:00)	00:22:54	00:18:41	00:24:46	00:30:46	00:24:58	00:24:44	00:16:54	00:11:59	00:17:07	00:15:41
C2-90th centile response time (Target 00:40:00)	00:48:43	00:38:10	00:54:48	01:04:35	00:51:06	00:51:38	00:34:37	00:21:30	00:32:29	00:32:21
C3-90th centile response time (Target 02:00:00)	02:24:07	02:12:38	02:39:01	02:53:55	02:57:41	02:42:01	01:59:05	01:08:13	02:53:19	02:01:23
C4-90th centile response time (Target 03:00:00)	03:37:09	02:24:33	03:06:36	02:42:50	03:20:22	05:52:44	02:07:18	02:02:22	04:38:21	02:54:30
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	59.7%	62.4%	64.0%	61.4%	59.4%	52.1%	58.3%	56.4%	58.2%	55.2%
Incidents with transport not to ED	10.1%	7.0%	6.6%	4.8%	2.9%	5.0%	11.7%	3.7%	2.6%	6.4%
Incidents with face to face response	23.2%	27.1%	24.5%	27.5%	30.1%	36.2%	25.0%	36.6%	33.1%	32.7%

Clinical (December 2017)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
STEMI - Care Bundle	75.0%	72.2%	73.1%	78.3%	87.8%	69.3%	86.5%	77.2%	61.2%	79.4%
Stroke - Care Bundle	98.4%	97.5%	98.8%	98.0%	100.0%	96.7%	97.7%	95.1%	94.6%	97.4%
ROSC	24.4%	33.0%	32.0%	16.4%	29.4%	26.0%	25.2%	28.4%	23.1%	25.9%
ROSC - Utstein	41.5%	55.1%	48.9%	30.4%	51.3%	43.5%	57.9%	51.2%	35.7%	27.3%
Cardiac - Survival To Discharge	8.6%	3.6%	6.6%	4.4%	6.0%	5.0%	7.1%	10.1%	3.6%	11.9%
Cardiac - Survival To Discharge Utstein	26.4%	23.1%	22.2%	15.0%	25.6%	11.9%	37.8%	28.6%	10.7%	18.9%