



# Integrated Performance Report

## June 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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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
<b>1. Safe and Sustainable: Provide a safe, effective, caring and sustainable service for all patients</b>	1.1	To develop a model of suitably trained clinicians and support staff, equipped with the right transporting resources, to deliver 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
<b>2. Best People: Attract, develop and retain a highly skilled, engaged and diverse workforce</b>	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	Develop the right skills, structures and processes to ensure delivery of the Trust strategy and vision	[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 fully engaged, motivated and connected workforce to provide better services, improve patient care, communication and deliver better health outcomes	

## YAS STRATEGIC OBJECTIVES 2018/19

Strategic Objective	No	Trust Level Objectives	Transformation Programme
<b>3. Care through Collaboration: Provide the best possible integrated care, in collaboration with our system partners</b>	3.1	Identify and address local priorities for public health, prevention and demand management, using data analytics and working with partners	[2] Place Based Care
	3.2	Develop public and community engagement, 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 system reconfiguration and ongoing sustainability.	[2] Place Based Care
<b>4. Achieving Excellence: Transform our services to exceed national performance and quality measures</b>	4.1	Maximise the availability of resources, improve the working environment and training facilities, 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, <a href="#">Q2 17-18</a>	13.8
Staff F&F Test % recommended care <a href="#">Q4 17-18</a>	81%
Occurrence of any never event	None
Patient Safety Alerts not completed by deadline	None
Ambulance See-and-treat from F&F Test - % positive, <a href="#">May 18</a>	*
Ambulance Clinical Outcomes, Feb 18	
Return of spontaneous circulation (ROSC) in Utstein group	52.9
Stroke Care Bundle	98.2

(\*) 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, Feb 18,	6.97%
Staff turnover, Apr 18	0.63%
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

	Jun 18
Cat 1 Life-threatening calls mean	7:38
90 <sup>th</sup> centile	12:55
Cat 2 Emergency calls mean	21:30
90 <sup>th</sup> centile	45:08
Cat 3 Urgent calls 90 <sup>th</sup> centile	2:12:53
Cat 4 Less urgent calls 90 <sup>th</sup> centile	2:43:11

Source: Annex 1 AQI National Benchmarking

### Service Transformation Programme RAG ratings (June 18)

Capacity & Capability	UNDER DEVELOPMENT
Infrastructure	
Place	
Service Delivery	

### Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Jun 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)	1
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
Agency spend (distance from providers cap)	1
OVERALL USE OF RESOURCES RATING	1

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

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

### Internal

#### 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


- The sector continues to establish any potential impact of a new Health and Care Secretary of State.
- Additional funding secured from the Department of Health for additional DCA vehicles, to support delivery of the ARP standards
- Each place is required to develop system Winter Plans, draft for review by NHSI/E required by mid-July 2018; A&E Delivery Boards are developing these plans on behalf of each place – YAS remains engaged in these discussions.
- The West Yorkshire and Harrogate Health and Care Partnership ICS have developed a Memorandum of Understanding for the system and this has been shared with YAS for comment and review.
- YAS working with NHSE and the care home sector, 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 June 2018

↓	Category 1 was 07:38	YTD Performance		
↓	Ambulance responses on Scene down by 4.5% from last month		Time	Change
↑	PTS KPI 2 continues to be above target at 86.5% for June	Category 1 Mean Performance	08 mins 1 Sec	
↔	Calls transferred to a CAS Clinician in 111 is below 50% target at 42%	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	Jun-18	Variance (%)	Contract	Jun-18	Variance (%)	Avg	Jun-18	Var	Avg	Jun-18	Change	Target	Jun-18	Var
72,397	80,442	11.1%	57,318	58,434	1.9%	75.5%	75.5%	0.0%	2,411	1,577	(34.6%)	00:07:00	00:07:38	00:00:38
														

## 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	Jun-18	Variance (%)	Target	Jun-18	Variance (%pts)	Target	Jun-18	Variance (%pts)	Target	Jun-18	Variance (%pts)	Target	Jun-18	Var
81,260	80,964	(0.4%)	82.9%	86.5%	3.6%	92.0%	88.6%	(3.4%)	92%	80.2%	(11.8%)	90.0%	90.9%	0.9%
														

## 111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Jun-18	Variance (%)	Target	Jun-18	Variance (%)	Target	Jun-18	Variance (%)	Target	Jun-18	Variance (%)	Avg	Jun-18	Variance (%)
132,458	124,086	(6.7%)	95%	85.0%	(10.0%)	50%	42.3%	(7.7%)	95%	81.2%	(13.8%)	9.1%	9.5%	0.4%
														

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 June 2018

↔	2 in 1000 patients report an incident
↔	1 in 10000 patients responses result in moderate or above harm
↑	FOI compliance in June was 87.8%
↔	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	Jun 17	Jun 18
	Q1	YTD	Hand Hygiene	99%	98%
PTS	92%	92%	Premise	99%	99%
A&E	84%	84%	Vehicle	99%	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
669	<b>647</b>	2.5% ↔	202	<b>189</b>	0.5% ↔	20	<b>24</b>	0.0% ↔	3	<b>1</b>	(80.0%) ↓	69	<b>87</b>	45.0% ↑

## Safeguarding

Adult Referrals			Child Referrals		
Avg	No	Change	Avg	No	Change
805	<b>819</b>	(0.6%) ↔	490	<b>587</b>	8.3% ↑

## Patient Relations

Complaints		
Avg	No	Change
83	<b>76</b>	(17.4%) ↓

## Legal

Compliance (21 Days)			FOI Requests		
Avg	%	Change (% Pts)	Avg	No	Change
83%	<b>78%</b>	2.6% ↔	37	<b>29</b>	(39.6%) ↓

## Clinical Outcomes (February data)

Stroke 60			STeMI Care			ROSC (Utstein)			Survival (Utstein)		
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)
43.7%	<b>35.1%</b>	(9.3%) ↓	79.4%	<b>79.0%</b>	5.3% ↑	49.4%	<b>52.9%</b>	27.5% ↑	30.5%	<b>29.4%</b>	9.3% ↑

## Fleet

Deep Clean Breaches (8 weeks)		
Avg	AE/PTS	Change (%pts)
55	<b>11</b>	(15.4%) ↓

### 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 18/06/18 - PMO

#### Updated

# Our Workforce - Jun 2018

↓	693 staff are overdue a PDR out of 4506
↔	124 Staff are on long term sick out of 5198 Staff
↓	373 staff are still to complete the stat and man work book out of 5198
↓	Child level 2 compliance does not include e-learning numbers of 2356 completed end of May 18

## YTD Performance

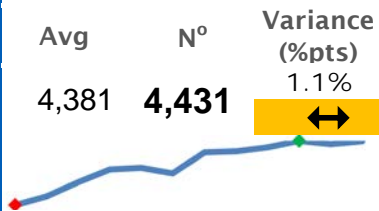
	%	Change
Sickness	5.93%	0.48%
Stat and Man	93.77%	-1.92%

## Workforce

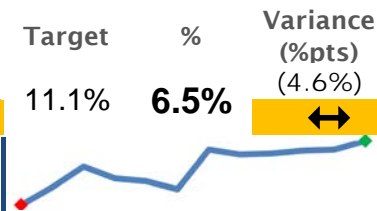
## Recruitment

## IG

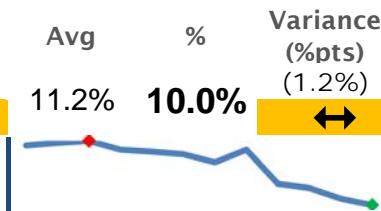
### Total FTE in Post (ESR)



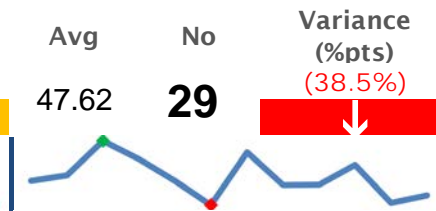
### BME



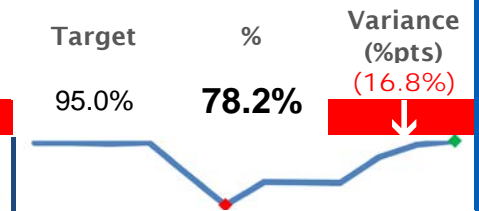
### Turnover



### New Starts



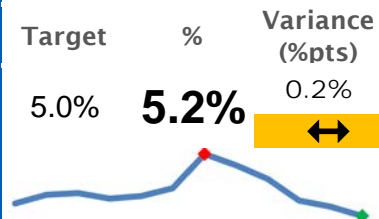
### Information Governance



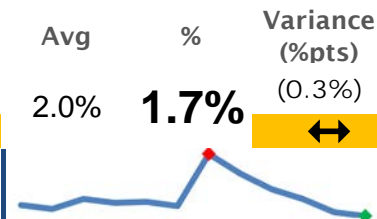
## Sickness

## Finance

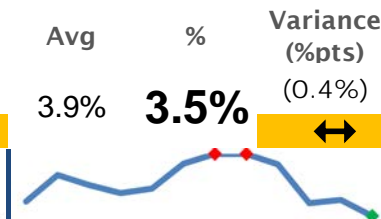
### Total



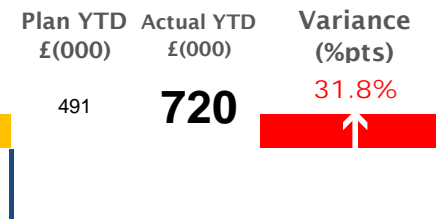
### Short Term



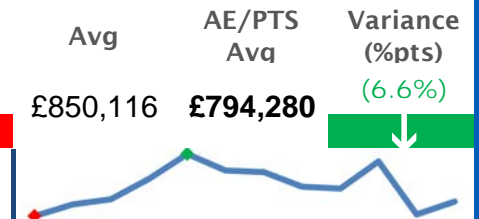
### Long Term



### Agency Spend

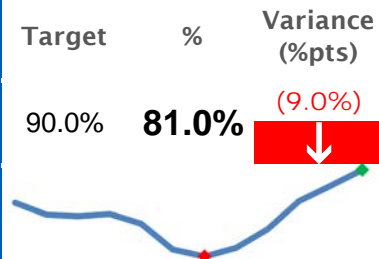


### Overtime

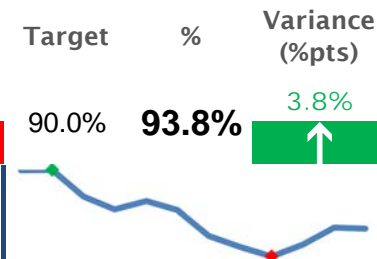


## Training

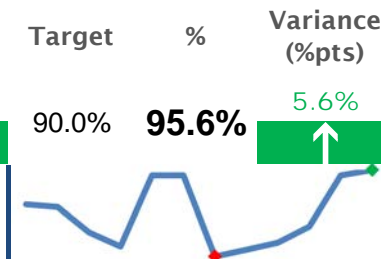
### PDRs



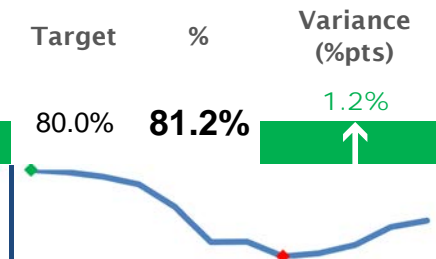
### Stat & Mand



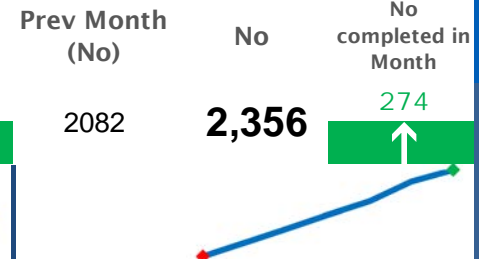
### Adult Safeguarding L1



### Child Safeguarding L2



### eLearning Safeguarding



## 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	6th July 2018 - Workforce Intelligence Team

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(22,444)	(22,701)	(257)	(67,332)	(67,821)	(489)
Expenditure	21,636	21,892	257	64,875	65,364	489
Retained Deficit / (Surplus) with STF Funding	(808)	(808)	0	(2,457)	(2,457)	0
STF Funding	(106)	(106)	0	(318)	(318)	0
Retained Deficit / (Surplus) without STF Funding*	(702)	(702)	0	(2,139)	(2,139)	0
EBITDA	(1,741)	(1,787)	(46)	(5,255)	(5,286)	(31)
Cash	34,077	31,472	(2,605)	34,077	31,472	(2,605)
Capital Investment	326	71	(255)	438	115	(323)
Quality & Efficiency Savings (CIPs)	623	569	(54)	1,868	1,599	(269)

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 June (Month 3) of £2,457k, which is in line with plan.

At the end of June 2018 the Trust's cash position was £31.5m against a plan of £34.1m, giving a variance of £2.6m.

The variance is caused by NHS Trade and Other Receivables being higher than plan. The Plan assumes a static value of £9,041k throughout the year however in practice there are peaks & troughs. This month's increase is due to the issue of quarterly invoices for UCPs & Embrace etc and adjustment to the A&E contract values now that contracts have been agreed.

**CAPITAL:** Capital expenditure for 18/19 is underspent by £323k against plan as at the end of June 2018. In June 2018 spend continued on the Door and Tail lift modifications and EOC CAD developments. 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 June 2018.

The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £269k of which £139k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year; causing an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2018-19
<b>RISK RATING:</b> Under the "Single Oversight Framework" the overall Trust's rating for June 2018 remains at 1 (1 being lowest risk, 4 being highest risk).			
<b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of June (Month 3) is £5,286k against a plan of £5,255k, a favourable variance of £31k against plan.			
<b>SURPLUS:</b> The Trust has reported a surplus (including STF) as at the end of June (Month 3) of £2,457k, which is in line with plan. STF achieved YTD is £318k.			
<b>CAPITAL:</b> Capital expenditure for 18/19 is underspent by £323k against plan as at the end of June 2018. In June 2018 spend continued on the Door and Tail lift modifications and EOC CAD developments. 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 June 2018.			
<b>CASH:</b> At the end of June 2018 the Trust's cash position was £31.5m against a plan of £34.1m, giving a variance of £2.6m. Our plan did not anticipate any fundamental changes in NHS receivables over the year as there are peaks & troughs which cannot readily be predicted sufficiently in advance to include in the plan. This month's increase reflects agreements to the A&E contract which were invoiced in June and will be paid in July. There are also quarterly invoices for Urgent Care Practitioners and the Embrace contract that increase the position.			
<b>CIP:</b> The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £269k of which £139k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year; causing an underlying recurrent financial risk for future years.			

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	943	906	(37)
Business Development Directorate	8	5	(3)
Chief Executive Directorate	20	16	(4)
Clinical Directorate	26	11	(15)
Estates Directorate	70	43	(27)
Finance Directorate	154	134	(20)
Fleet Directorate	272	197	(75)
Planned & Urgent Care Directorate	100	96	(4)
Quality, Governance & Performance Assurance Directorate	23	17	(6)
Hub & Spoke	17	17	0
Workforce & OD	234	150	(84)
RESERVE	0	6	6
<b>Grand Total</b>	<b>1,868</b>	<b>1,599</b>	<b>(269)</b>

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	1,661	1,525	(136)
Non - Recurrent	207	74	(133)
<b>Grand Total</b>	<b>1,868</b>	<b>1,599</b>	<b>(269)</b>

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

**June 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	Amber										
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£286,016	Green	Green	Green										
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£286,016	Green	Green	Green										
Total		<b>£858,048</b>													

**Comments:**

The Healthy Food for Staff and Visitors CQUIN continues to perform well and is currently over achieving the 18/19 targets. The Health and Wellbeing plan is now in full implementation phase. Significant work is being progressed in MSK including a back care project. A full review of our Post Incident Care process has taken place with a proposal for change being taken forward. 105 managers are now trained in Mental Health First Aid and a further cohort to be trained over the coming months. Three national and local campaigns have been delivered in the last 3 months. The flu campaign planning is fully underway with significant increase in peer vaccinators to give maximum coverage across the organisation.

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	Green										
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green										
Mortality Review	Deputy Medical Director	£1,716,096	Green	Green	Green										
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green	Green										
Total		<b>£4,290,240</b>													

**Comments:**

The end to end review CQUIN continues to progress through 18-19 with two cases completed in June. The final case did not have commissioner representation but findings shared at local CCG meeting. Q1 Respiratory Management Improvement report submitted to commissioners.

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 is 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 - June 2018

### Chief Executive

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
20.00	17.1	(14.7%) ↓	5.2%	0.0%	(5.2%) ↓	0	0	0 ↔	85%	84.6%	-0.4% ↔	90%	72.2%	(17.8%) ↓

### Business 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
14.70	8.75	(40.5%) ↓	5.2%	10.3%	5.1% ↑	0	0	0 ↔	85%	80.0%	-5.0% ↔	90%	60.0%	(30.0%) ↓

### Finance (Excluding Fleet, Estates, BI and 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
207.88	180.65	(13.1%) ↓	5.2%	6.1%	0.9% ↔	0	0	0 ↔	85%	87.1%	2.1% ↔	90%	75.7%	(14.4%) ↓

Key

Difference

Current Month (tolerance 5% number difference) unless stated

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

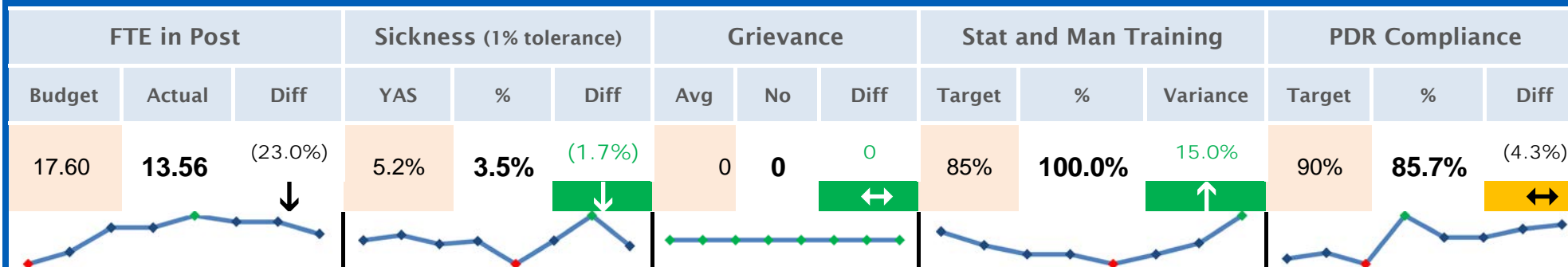
Updated

09.07.18 - PMO

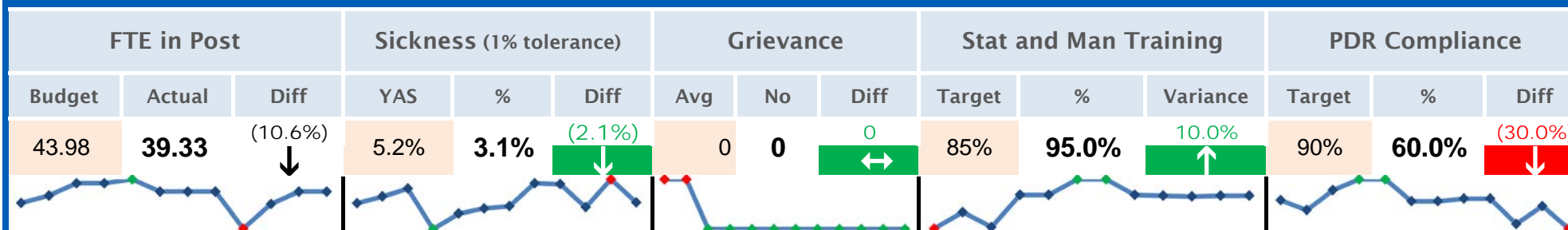


# Corporate Services - June 2018

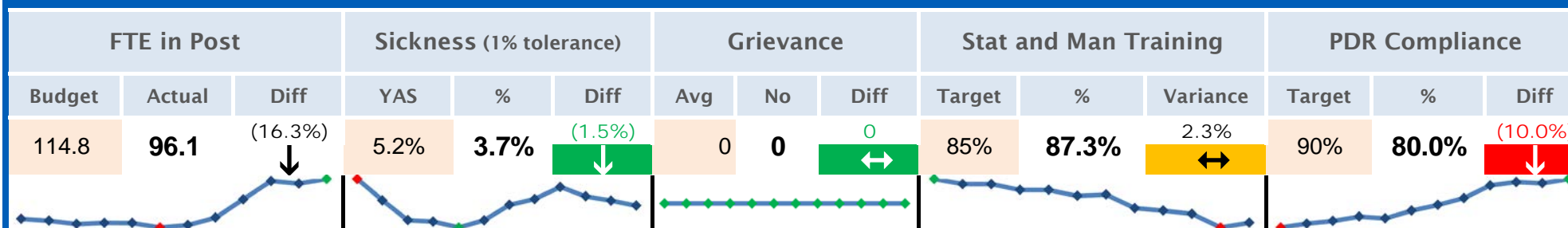
## Business Intelligence



## ICT



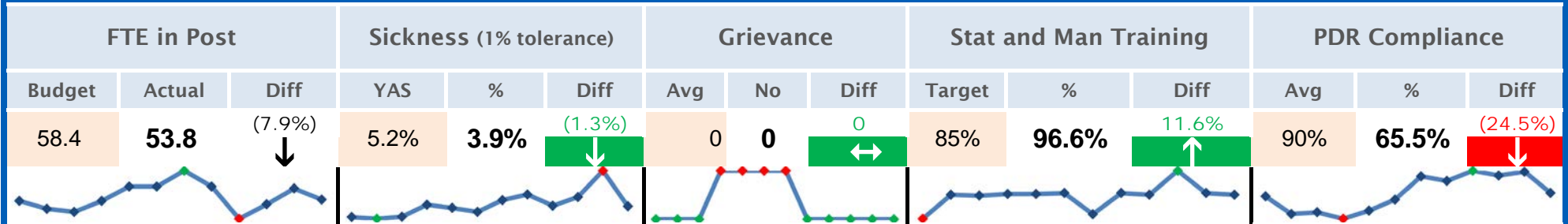
## Workforce & Organisational Development



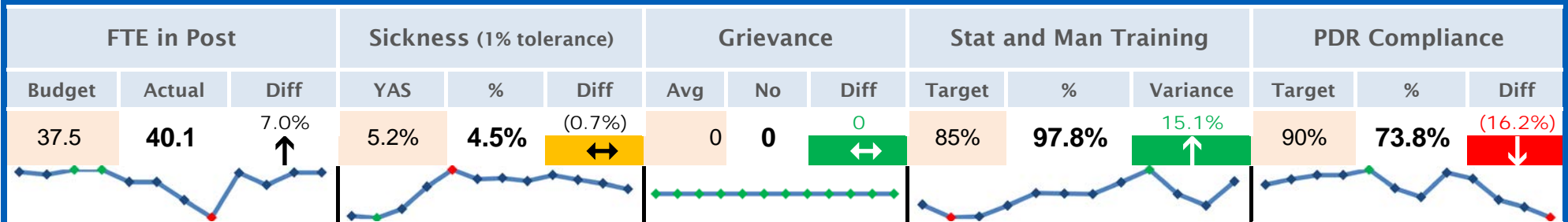
Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated	
	Current Month (tolerance 5% number difference) unless stated		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		09.07.18 - PMO	

# Corporate Services - June 2018

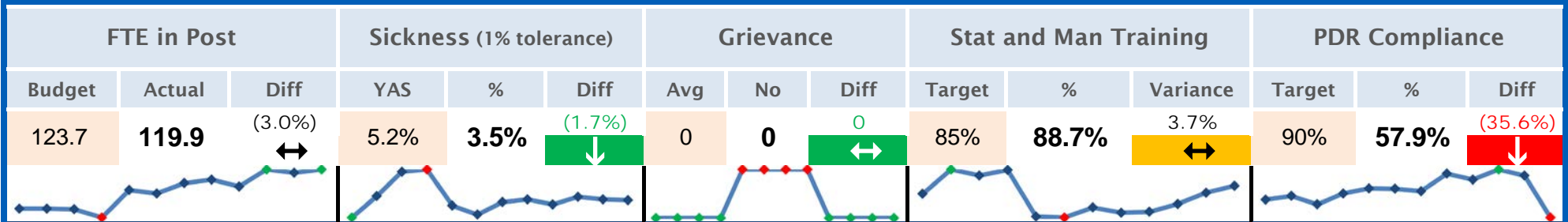
## Quality, Governance and Performance Assurance



## Clinical



## Fleet and Estates



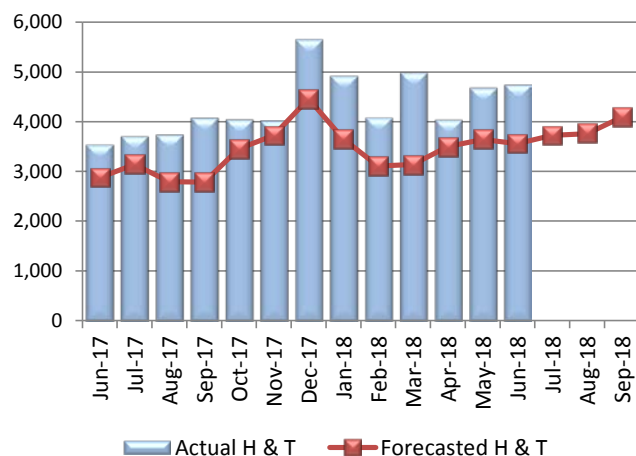
Key

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	09.07.18 - PMO

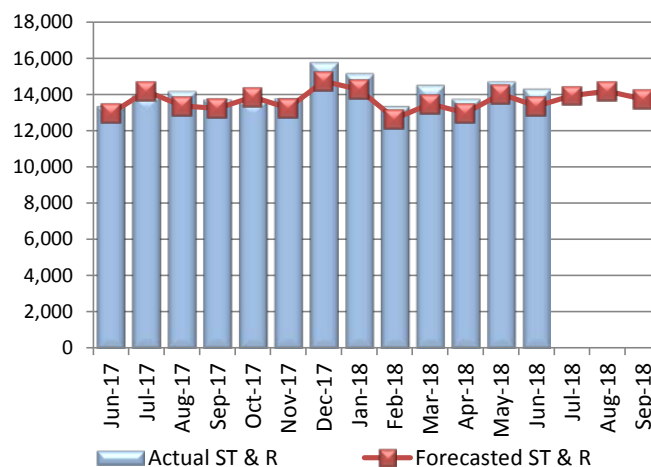
# SERVICE LINES

## 9.1 Activity

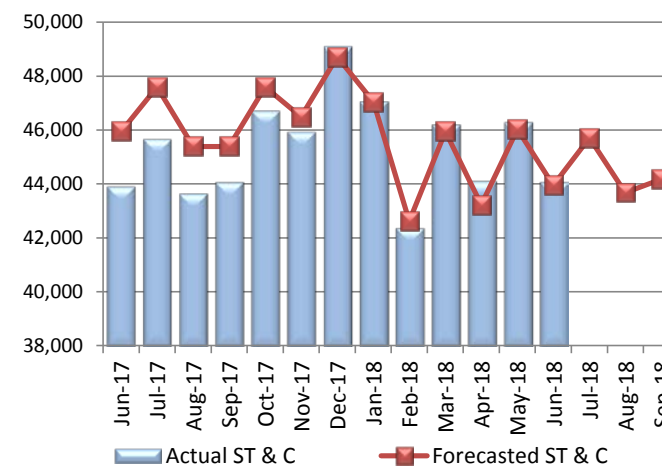
### Hear & Treat



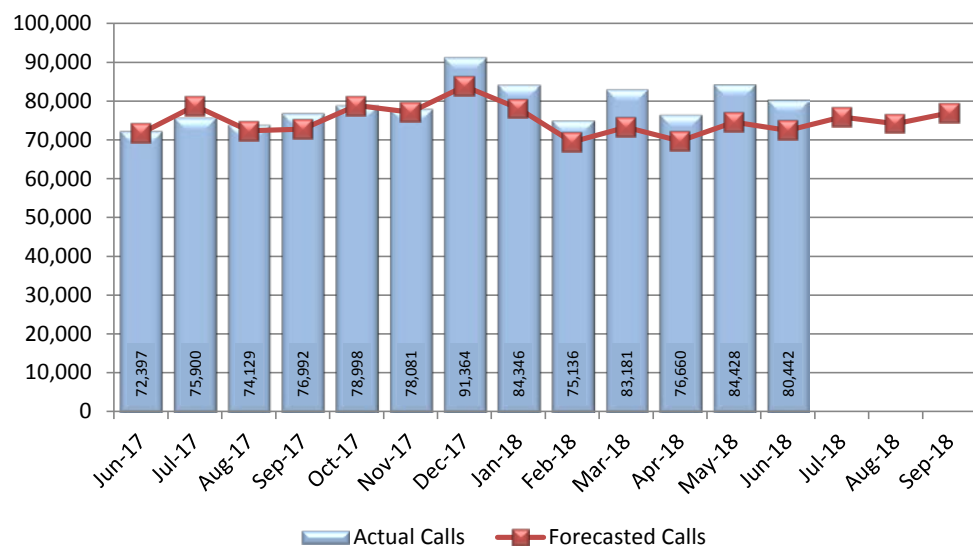
### See, Treat & Refer



### See, Treat & Convey



### Total Calls



## Commentary

Total Demand was 11.1% above forecast. This is an increase in call numbers of 11.1% vs June last year.

H&T is 33.7% above forecast. This is an increase of 33.7% in the amount of H&T carried out vs June last year

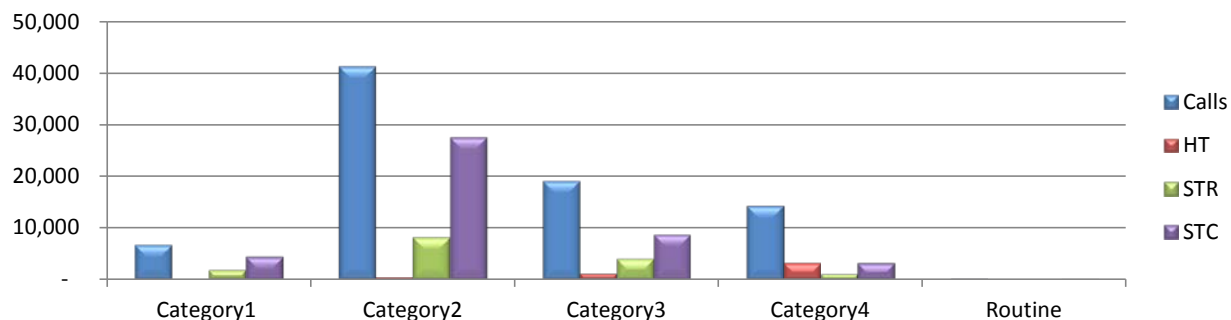
ST&R was 7.1% above forecast. This is an increase of 7.1% in the amount of ST&R carried out vs June last year.

ST&C was 0.4% above forecast. This is an increase of 0.4% in the amount of ST&C carried out vs June last year.

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

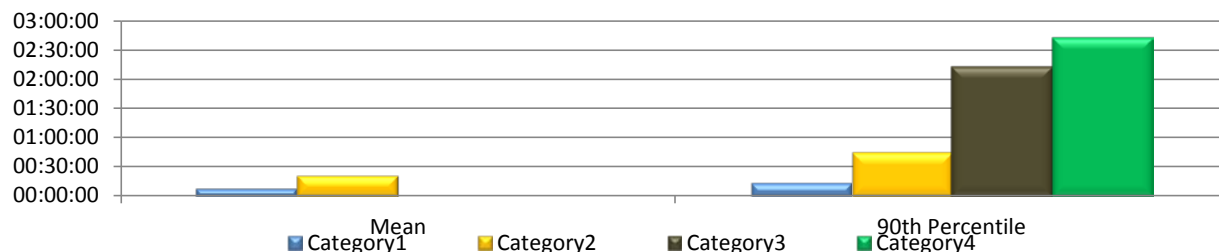
## 9.2 Activity

ARP2.3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	6,810	29	1,844	4,510	6,354	10.7%
Category2	41,305	464	8,125	27,594	35,719	60.1%
Category3	19,176	1,129	4,032	8,830	12,862	21.6%
Category4	14,366	3,165	1,117	3,251	4,368	7.3%
Routine	273	-	8	166	174	0.3%



## 9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:38	00:12:55	00:07:00	00:15:00
Category2	00:21:30	00:45:08	00:18:00	00:40:00
Category3		02:12:53		02:00:00
Category4		02:43:11		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.

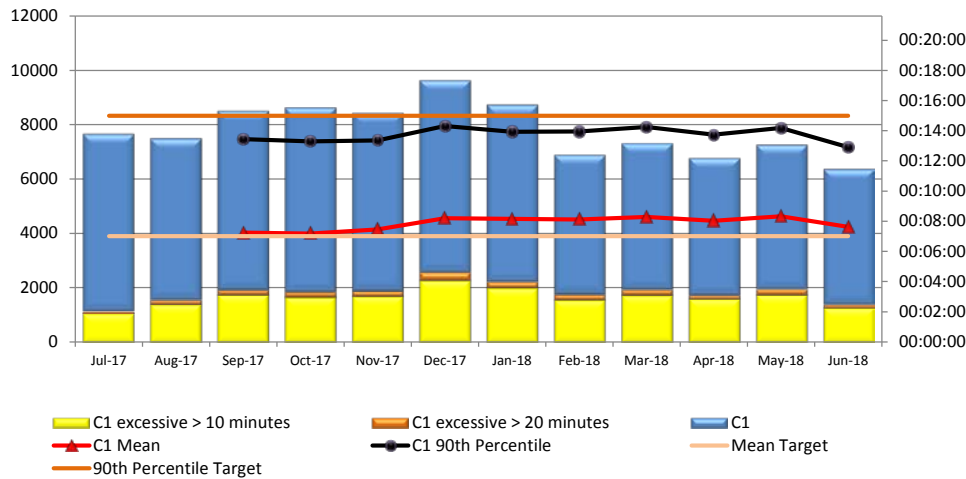
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

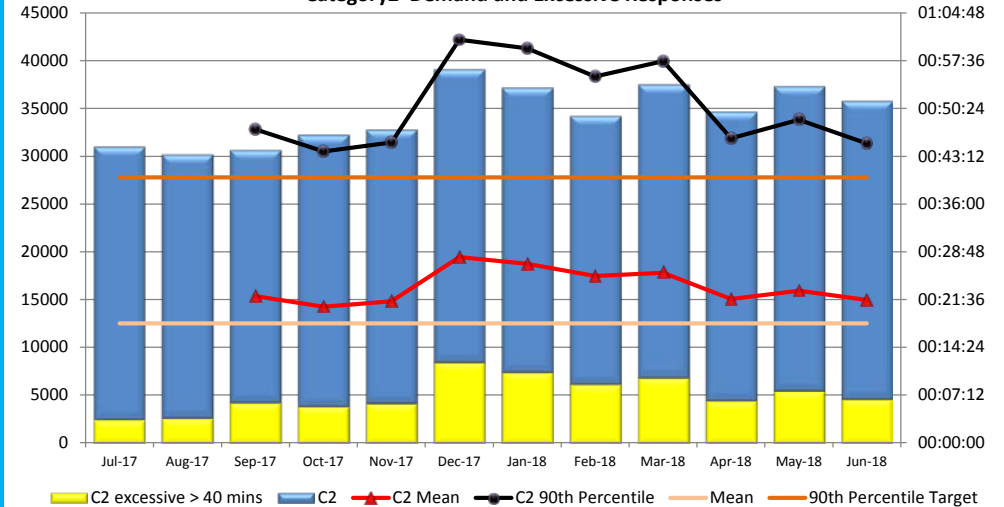
	Mean Standard	90 <sup>th</sup> Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

## 9.4 Demand and Excessive Responses with Tail of Performance

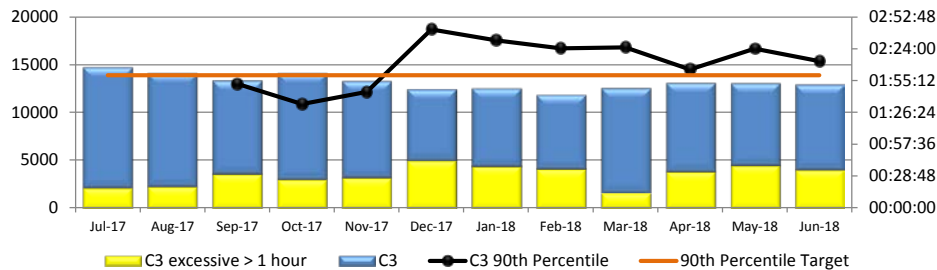
Category1 Demand and Excessive Responses



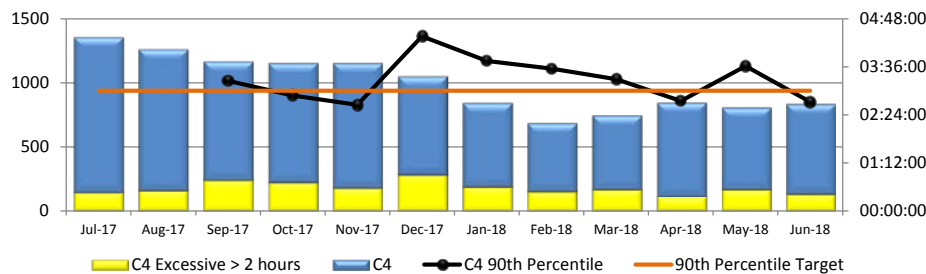
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



## Commentary

**Category 1** mean performance was 7 minutes 38 seconds against the 7 minute target with the 90th percentile at 12:55 against the 15:00 target.

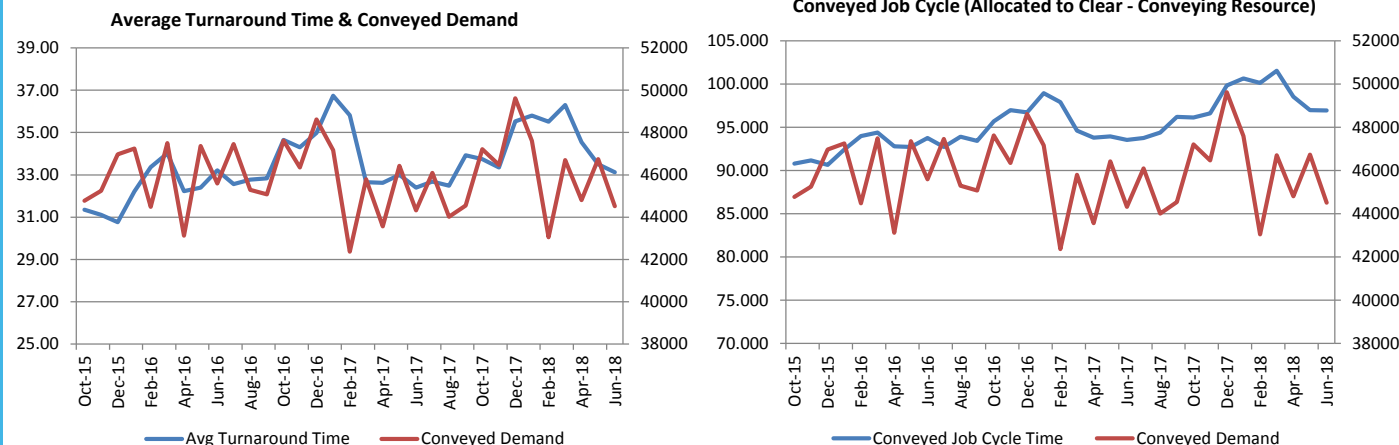
**Category 2** mean performance was 21:30 a decrease of 1 minute 24 seconds on last month with similar performance seen in the 90th percentile at 45:08 a decrease of 3:35 on last month.

**Category 3** 90th percentile performance was above target at 2:12:53 against a 2 hour target this is a decrease of 11 minutes and 14 seconds on last month

**Category 4** 90th percentile performance was below target at 2:43:11 a decrease of 53:58.

## 9.5 Hospital Turnaround Times

## 9.6 Conveyed Job Cycle Time



## Commentary

**Turnaround times:** for June were 1.1% lower than May but 2.3% higher than June 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.

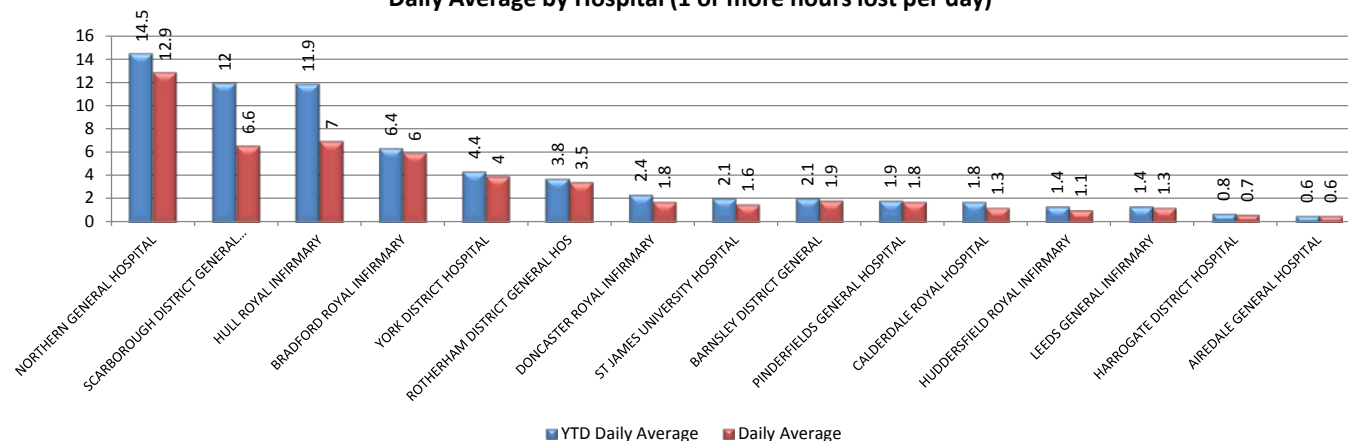
A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 36 full time ambulances a week.

**Job Cycle time:** showed a decrease on May of 0.1% and is showing an increase of 3.6% vs June last year.

## 9.7 Hospital Turnaround - Excessive Responses

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Last 12 months
Excessive Handovers over 15 mins (in hours)	1,646	1,570	2,110	2,077	1,837	3,563	3,447	2,975	3,532	2,834	1,768	1,577	28,686
Excessive Hours per day (Avg)	53	54	68	69	59	119	111	96	118	91	59	51	79

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



**Excessive hours:** Lost at hospital for June were 191 hours lower than May which is a decrease of 10.8%. This is higher than June last year showing an increase of 210 hours, which is a rise of 15.4%. Hours lost remain high generally with Northern General, Scarborough and Hull impacting on performance.

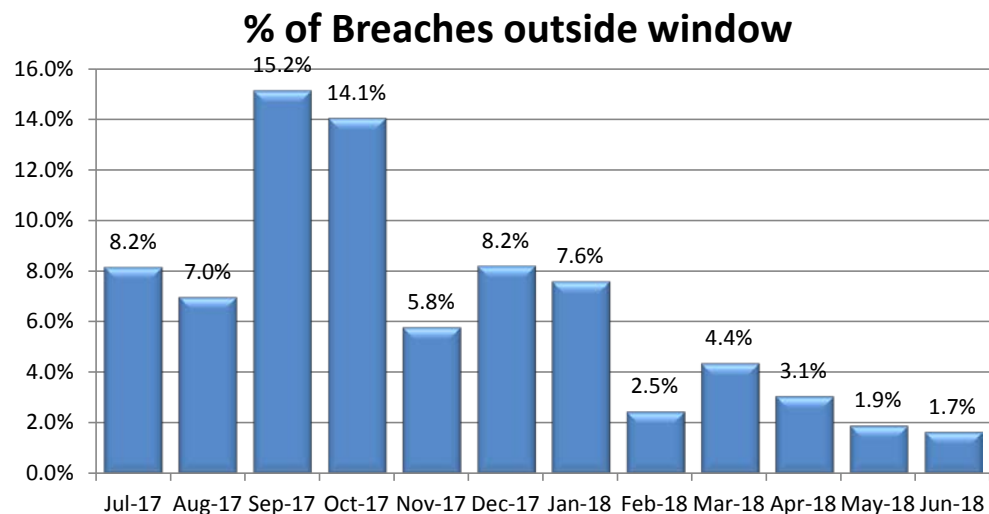
The A&E Operations senior management team are working closely with those acute trusts that regularly have significant handover delays. Initial findings are positive, progress is being monitored in each working group consisting of commissioners, acute hospital representatives and A&E operations. Winter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



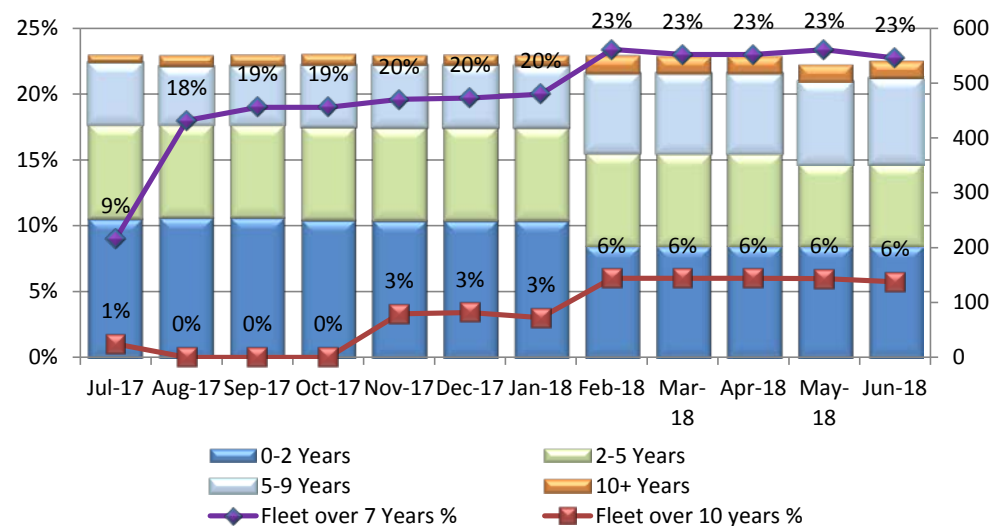
## 9. A&E Operations

June 2018

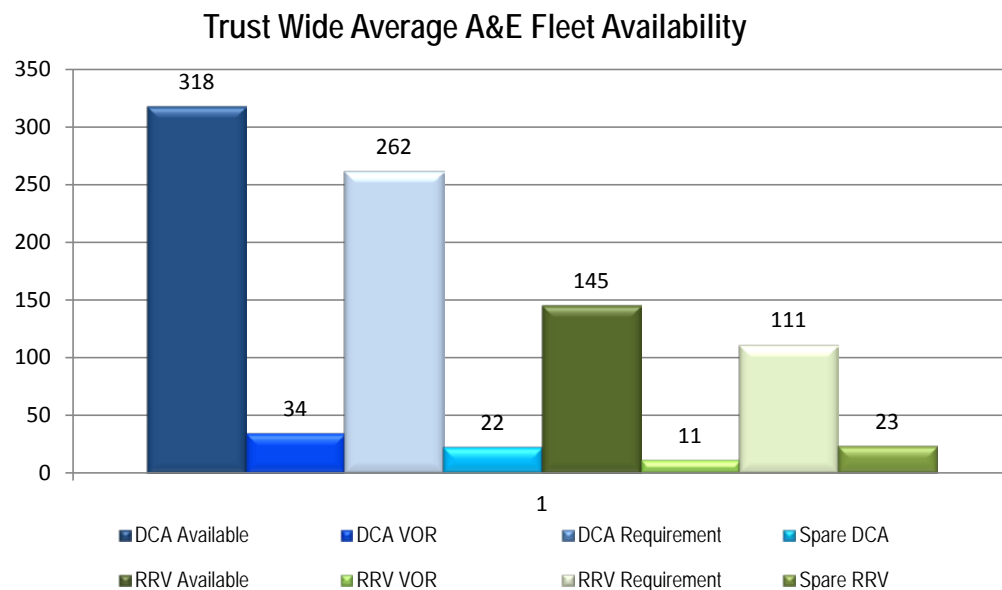
### 9.8 Vehicle Deep Cleans (5 weeks)



### 9.9 Vehicle Age



### 9.10 Fleet Availability



### Commentary

The A&E Deep Clean percentage of breaches outside the 5 weeks window decreased from 1.9% to a low of 1.7% in June, which is the lowest rate in the past year.

Positive work continues with A&E Operational management and this is reflected in the increased service level being delivered. The unavailability of some vehicles due to operational demand pressures remains an obstacle and this is generally at remote stations with single coverage. Recruitment remains manageable with a five year low absence figure of 3.16%.

## 9. A&E Operations

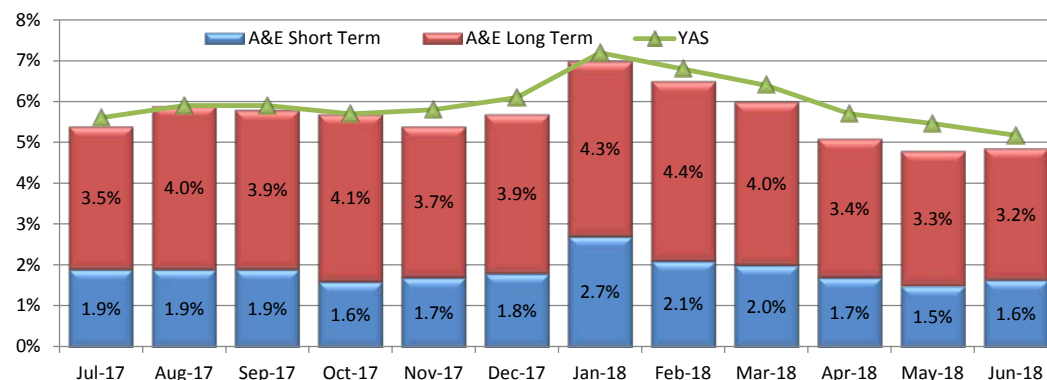
June 2018

### 9.11 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,468	123	617	1,728	70%
Contracted FTE (before overtime)	2,354	131	554	1,669	71%
Variance	(114)	(7)	63	(59)	(3.4%)
% Variance	(4.6%)	(5.9%)	10.2%		
FTE (worked inc overtime)*	2477.8	131	554	1,793	72%
Variance	10	(7)	63	65	3.8%
% Variance	0.4%	(5.9%)	10.2%		

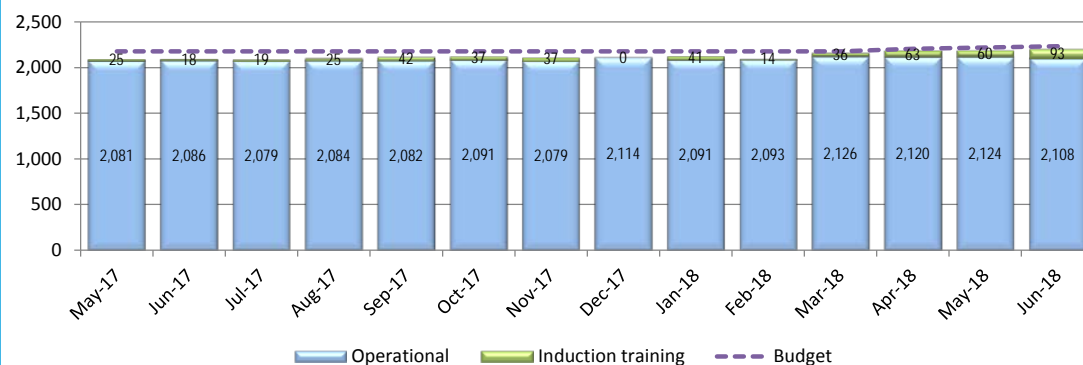
\* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE \*\* Sickness and Absence (Absence) are from GRS

### 9.13 Sickness

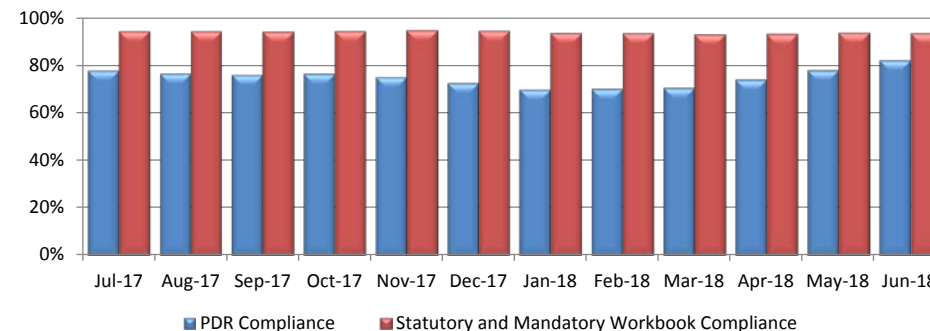


### 9.14 A&E Recruitment Plan

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



### 9.12 Training



### 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 82.3% against stretch target of 90%. This is an increase of 4.3 points vs last month and is 1.3 points above the 81% Trust average.

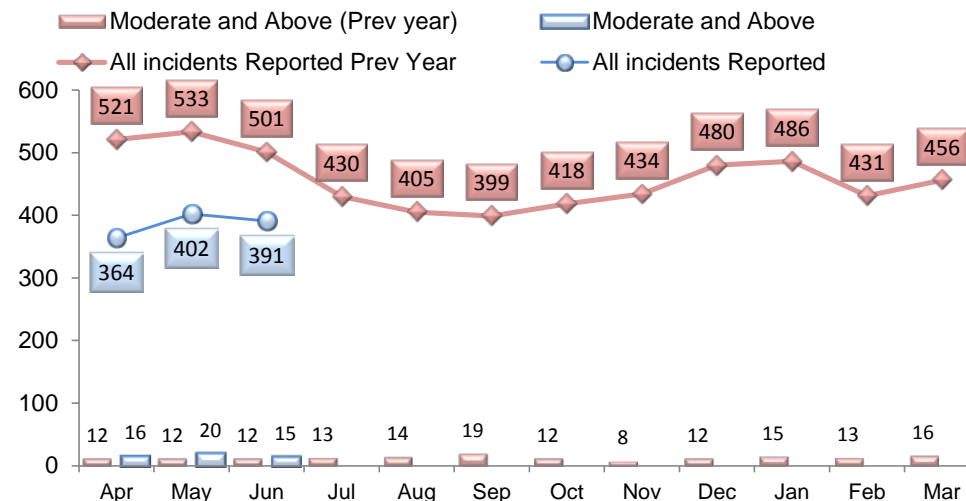
**Sickness:** Currently stands at 4.8% which is unchanged on last month and is below the trust average of 5.2%.

**Recruitment** Staffing numbers are now in line with plan.

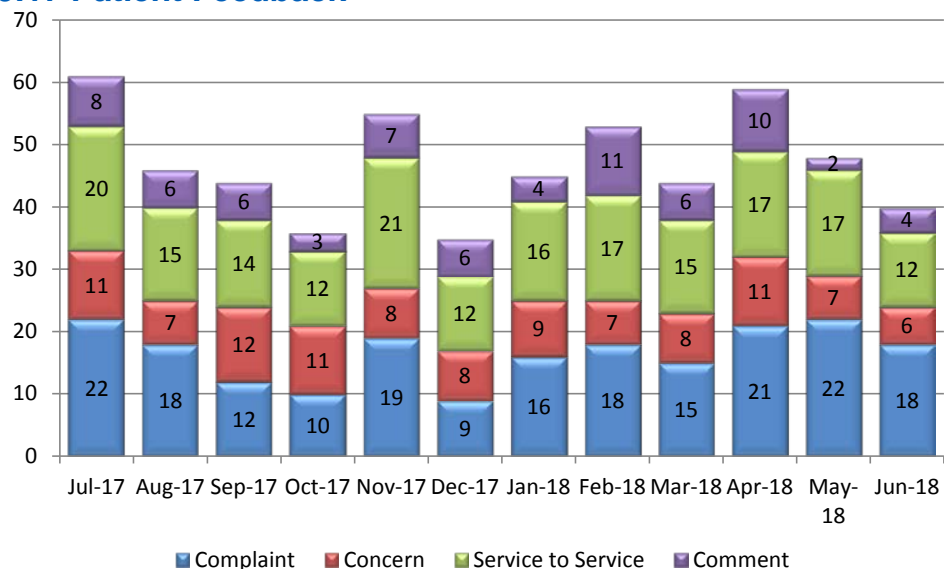
## 9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (Per 1000 activities)		0.00	0.03
Total incidents Moderate & above		15	51
Response within target time for complaints & concerns		100%	100%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

## 9.16 Quality, Safety and Patient Experience



## 9.17 Patient Feedback

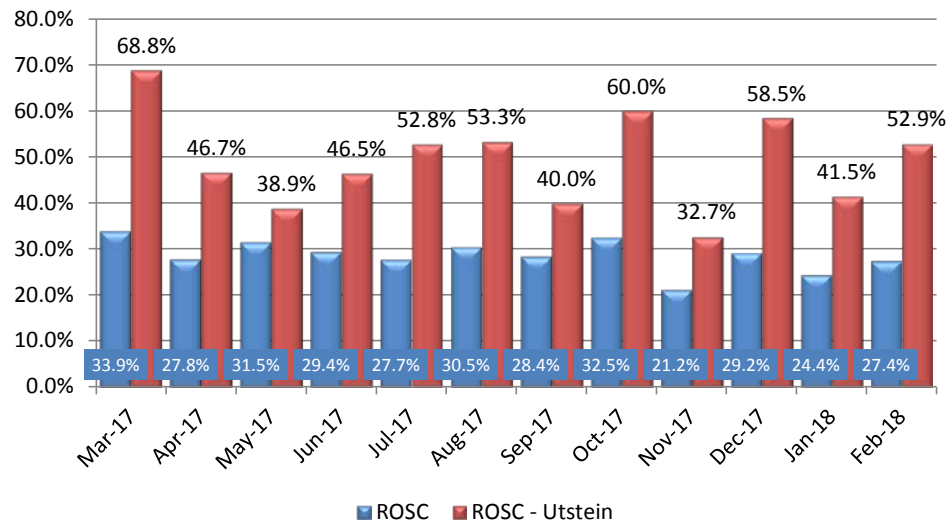


## Commentary

**Incidents:** Total reported incidents decreased 2.7% on last month and is down by 22% against June 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.

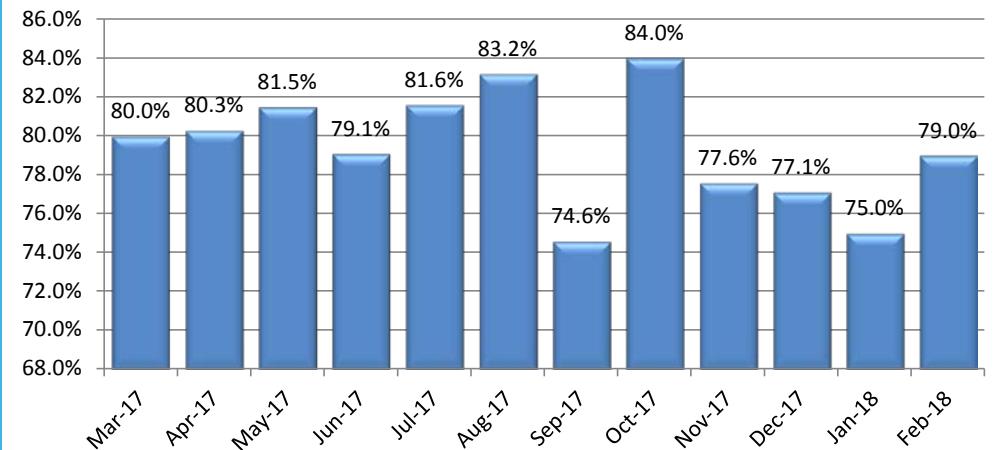
**Feedback:** Total feedback decreased 16.7% last month while complaints remained in line with the previous month.

## 9.18 ROSC & ROSC Utstein

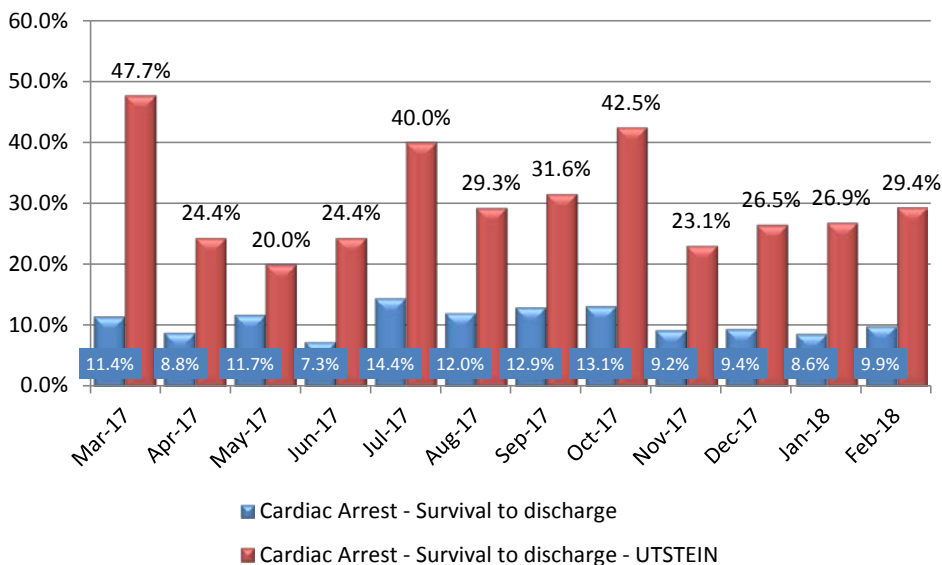


## 9.19 STEMI - Care Bundle

### Stemi - Care Bundle



## 9.20 Survival to Discharge



## Commentary

Early recognition and early provision of high quality CPR are the cornerstones of improving the survival to discharge of patients who have had an out of hospital cardiac arrest. 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

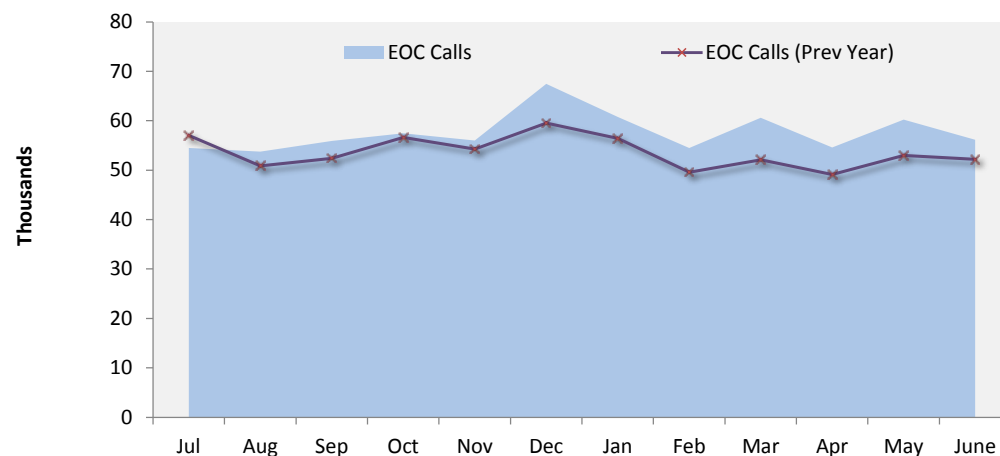
YAS attempted resuscitation on 307 patients during January, of which 75 had ROSC. Comparatively, resuscitation was attempted on 263 patients during February 2018, 72 of which had a ROSC on arrival at hospital. Overall Survival to discharge, during January 2018, 26 out of 303 patients survived to discharge (8.6%). In February 2018, 26 patients out of 263 survived (9.9%) these outcomes are similar to January 2017 findings, 26 out of 309. Survival to Discharge within the UTSTEIN comparator group reported 14 out of 52 patients survived within this group during January 2018, compared to 15 out of 51 patients within February 2018.

### AQI Care Bundle:

Stroke care has been consistently high across YAS during 2017/18, having never fallen below 97%. February maintains this consistency with 545 out of 555 (98.2%) suspected stroke patients receiving appropriate care.

A slight decrease in the delivery of the STEMI care bundle has been fed back through the clinical managers; the most common element missing in the care bundle is administration of analgesia. Improvement can be seen in February with 98 out of 124 (79%) patients receiving appropriate care with an improvement in correct analgesia administration also. The clinical manager team will continue to promote the best practice message to staff through CS teams at locality meetings.

## 9.21 Activity

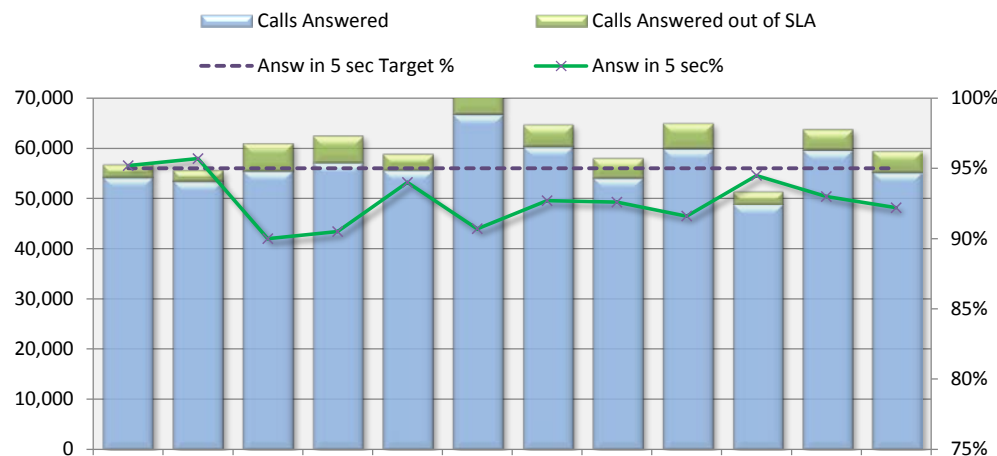


## 9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	171,306	169,801	11,422	93.3%
2016/17	154,270	153,837	8,139	94.7%
Variance	17,036	15,964	3,283	
Variance	11.0%	10.4%	40.3%	(1.4%)

## 9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	92.2%	93.3%



## Commentary

**Demand:** Decreased 6.8% vs last month and is down 7.1% vs June last year.

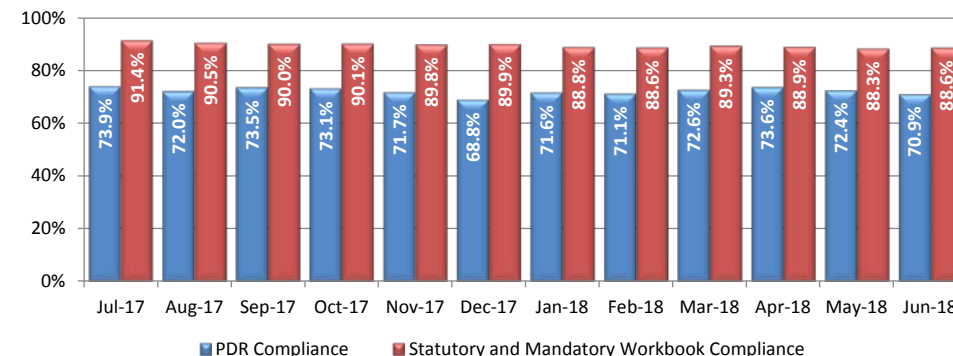
**Answer in 5 sec:** Decreased by 0.8% vs last month and at 92.2% is now 2.8% below target. 92.2% of calls were answered in 5 seconds in June which is down slightly from 93% in May.

## 9.24 Workforce

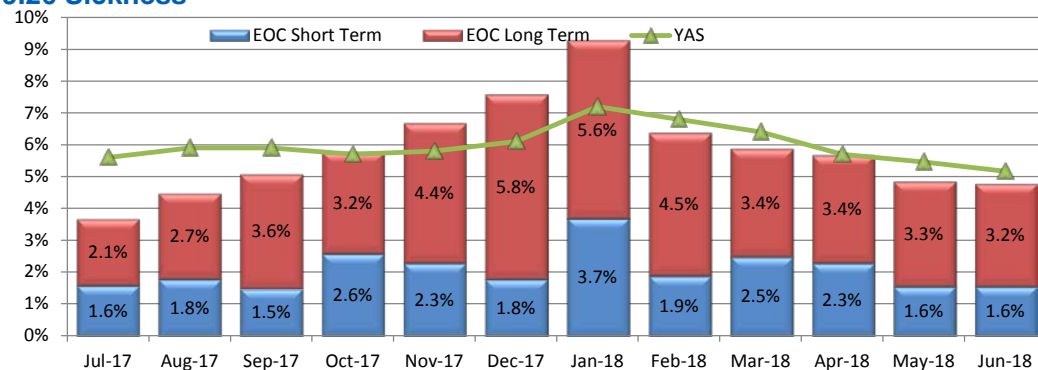
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	324	16.2	81	227	70%
Variance	(3)	(0)	(1)	(2)	(0.8%)
% Variance	(0.8%)	(0.8%)	(0.8%)		
FTE (worked inc overtime)*	336.7	18.1	64	254	76%
Variance	10	2	(17)	25	0
% Variance	3.0%	10.7%	(21.3%)		

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

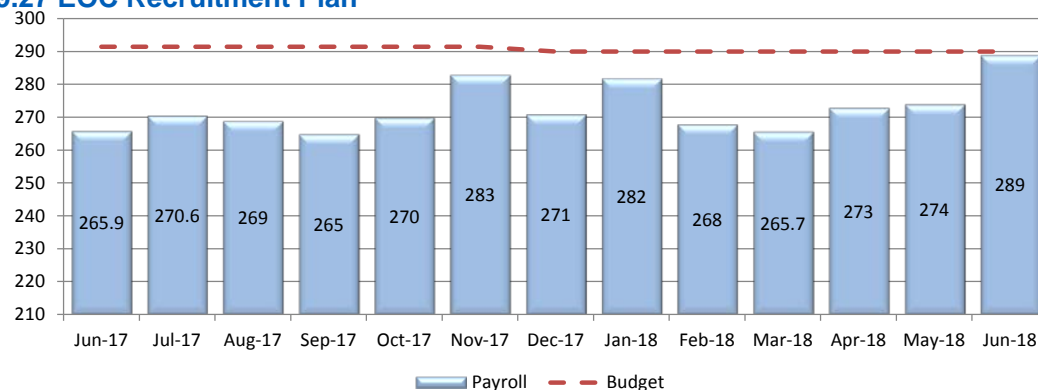
## 9.25 Training



## 9.26 Sickness



## 9.27 EOC Recruitment Plan



## Commentary

**PDR:** PDR compliance stood at 70.9% in June against a stretch target of 90% which is a decrease of 1.5 points on previous month and is 10.1 points below the trust average of 81%. Q1 will see a focused action plan to bring the compliance back in line and is working towards 75% compliance by July.

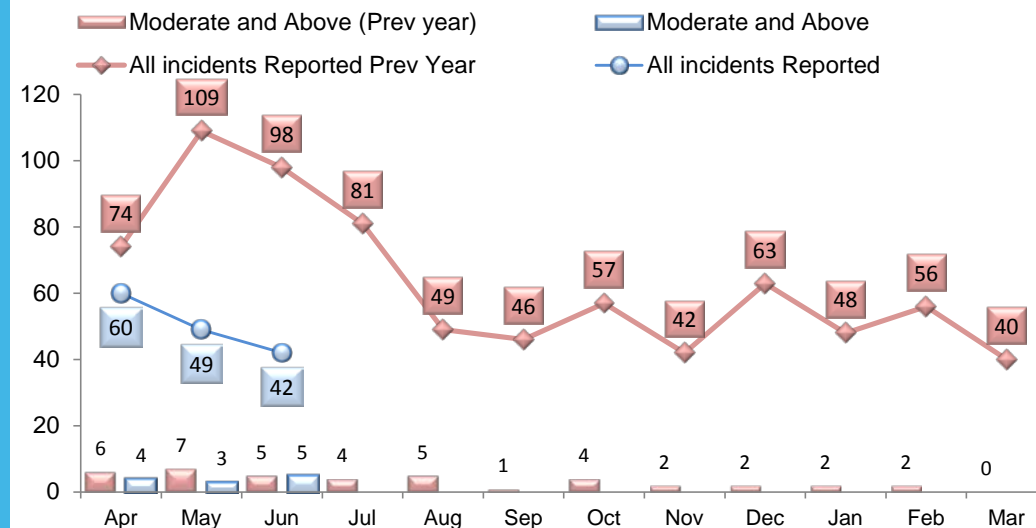
**Sickness:** Currently at 4.8% which is a decrease of 0.1% on the previous month. This is below the Trust average of 5.2% and well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

**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.

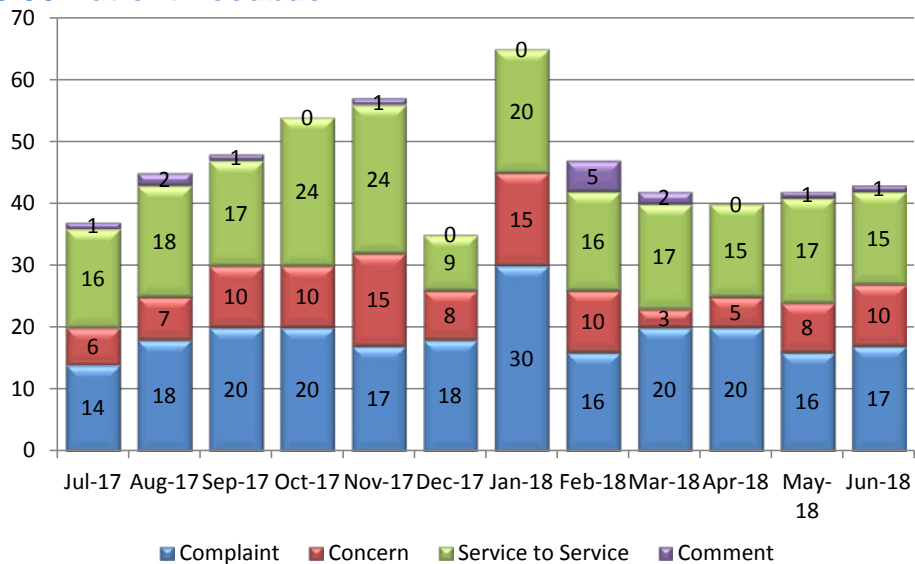
## 9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	1
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		3	12
Response within target time for complaints & concerns		84%	89%
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 14.3% on last and is a decrease of 57% against June last year. Incidents of moderate harm and above have remained at a low level.

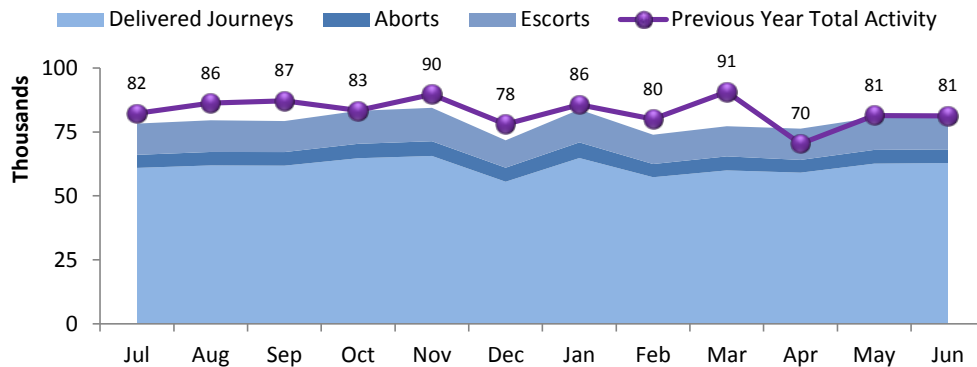
**Feedback:** Overall feedback figures increased marginally on last month.



# 10. PATIENT TRANSPORT SERVICE

June 2018

## 10.1 Demand

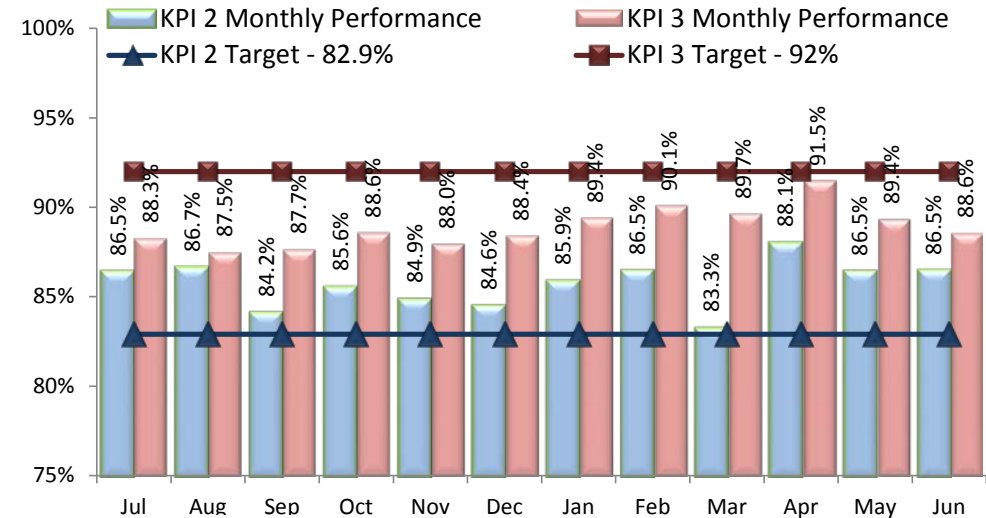


### Comparison to Plan

	Jun-18	Delivered	Aborts	Escorts	Total
YTD 2018-19		184,528	15,675	37,680	237,883
Previous YTD* 2017-18		180,641	16,079	36,423	233,143
% Variance		2.2%	(2.5%)	3.5%	2.0%

\* Demand includes All Activity

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

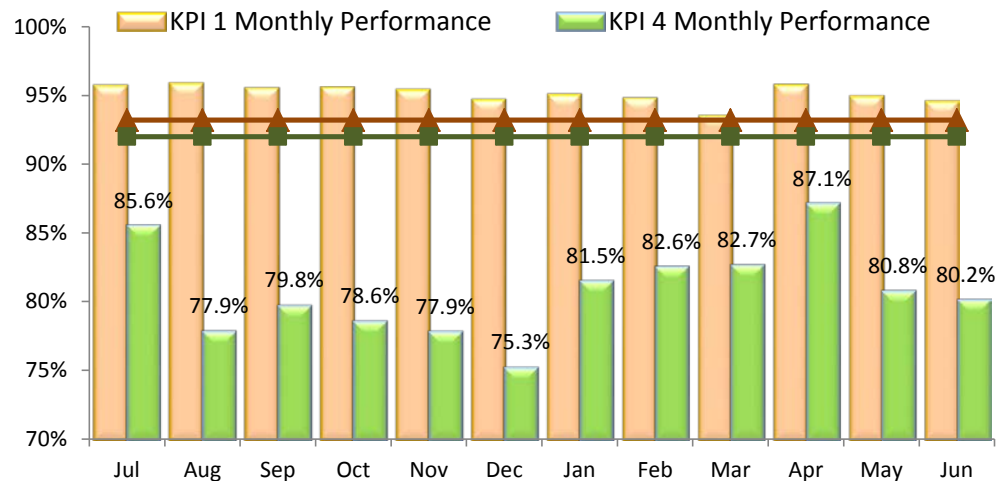


KPI 2\* Arrival prior to appointment

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 June increased by 0.4% on the previous month and is down by 0.4% against the same month last year.

**KPI 1** Performance decreased by 0.4 points in June to 94.6% but remains above the 93.2% target.

**KPI 2** Inward performance stood at 86.5% in June unchanged on the previous month and is 3.6 points above the making appointment on-time target.

**KPI 3** The outward performance decreased by 0.8 points on last month to 88.6%. The annual target is 92%.

**KPI 4** The performance of outward short notice bookings picked up within 2 hours fell from 80.8% to 80.2% in June 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.

**East** - Activity is up by 5.6% compared to the previous month, Saloon cars and stretcher activity has seen the highest increase.

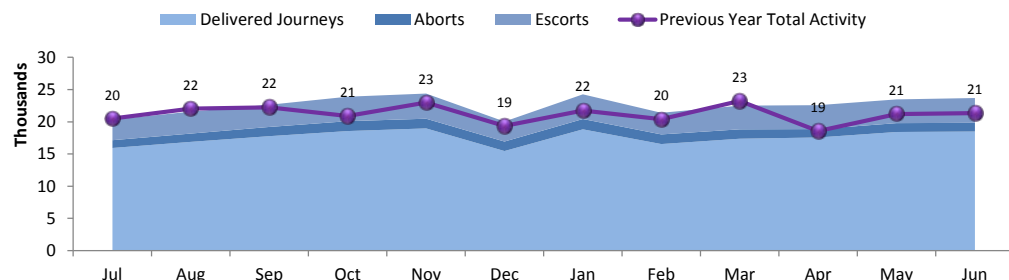
**North** - Year to date activity is up by 2.2% the largest increase has been seen in saloon car activity.

**West** - Activity in June was comparable to May 18. KPI 1 & 2 consistently over achieve the target. In June KPI 1 was over target by 1.5% and KPI 2 was also over target by 3.4%. KPI 3 was

# 10. PATIENT TRANSPORT SERVICE (South )

June 2018

## 10.1 Demand



### Comparison to Plan

Jun-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	54,456	4,024	11,258	69,738
YTD 2017-18	47,567	3,894	9,650	61,111
% Variance	14.5%	3.3%	16.7%	14.1%

### 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

Overall contract activity has seen a very significant increase of 10.6% when compared to the corresponding month of the previous year. Of particular note with the increase in activity is the increase in the number of escorts. Escorts have increased by 14.3% to a total of 3854 for the month. This level of increase reduces efficiencies and makes the planning process for allocating vehicles ever more difficult.

When examining patient mobility needs, we have seen another large increase in complex and double handed patients. Stretcher patients have increased by 51%, T2's by 33.7% and W2's by 20%. We have also seen a total of 60, 3 and 4 Man lifts during the month. This level of activity results in more crews being drawn into moving a single patient which has a detrimental effect on waiting times and performance for other patients at certain times of the day. Despite this increase in demand and the complexity of patient movement, performance for Outpatient, Discharge and the GP Urgent Service continues to improve and in certain indicators out stretch their KPI's by some considerable margin.

C1 Performance for June 2018 was 99.2% against a KPI of 90%. This is an outstanding result when placed in the context of the increase in patient and escort numbers. You will note that this month we have seen an increase in unmeasured journeys and work is in hand to identify the cause and rectify this position with immediate effect.

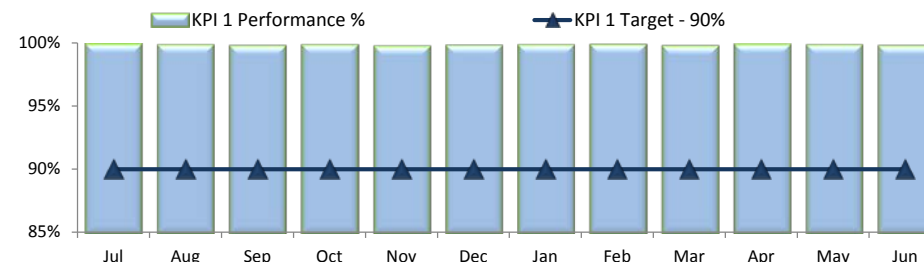
C2 performance is 92.4% against a KPI of 90%. This is an improvement of the previous month and is the best level of performance for this indicator since the new contract went live in September 2017.

C3 performance is 92.5% and again this is well above its KPI and also the best performance that we have seen since the inception of the contract. C4 performance which measures pre-planned outward patients being collected within 90mins has also seen an improvement this month and is now above its KPI indicator and stands at 90.1%

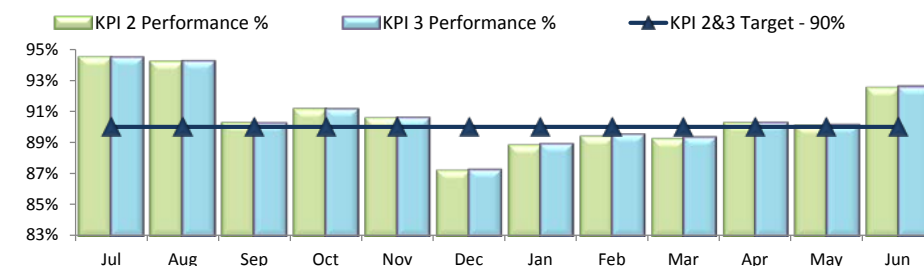
The Discharge Service has seen a slight reduction in performance on the previous month but is maintaining gains achieved over the lifetime of the new contract. The performance for June was 85.5% which is the second best month for this performance indicator during the entire period of the contract. The slight drop off in performance is mainly attributable to the increase in demand for double handed patients being marked ready towards the end of the day when crew availability is stretched with other outpatient activity. I am in the process of meeting all the Acute Hospital Bed Managers to try and improve the pre-planning of patients to prevent these bottlenecks in demand.

The GP Urgent Service has also seen its best months performance in June and it has maintained gains achieved over the past several months. GP

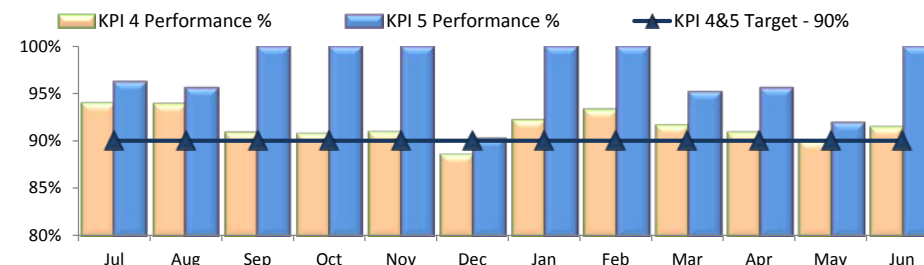
## 10.2 KPI 1 - Journeys no longer than 120 Mins



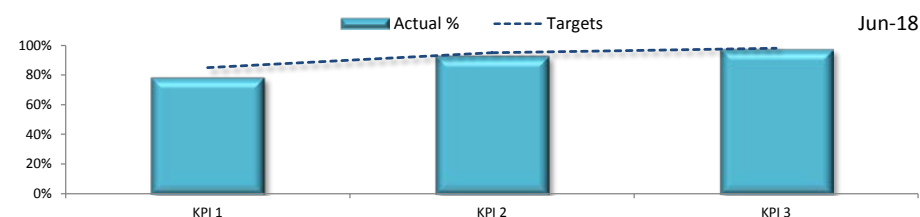
## 10.3 KPI 2&3 - Inwards Journeys



## 10.3 KPI 4&5 - Outwards Journeys



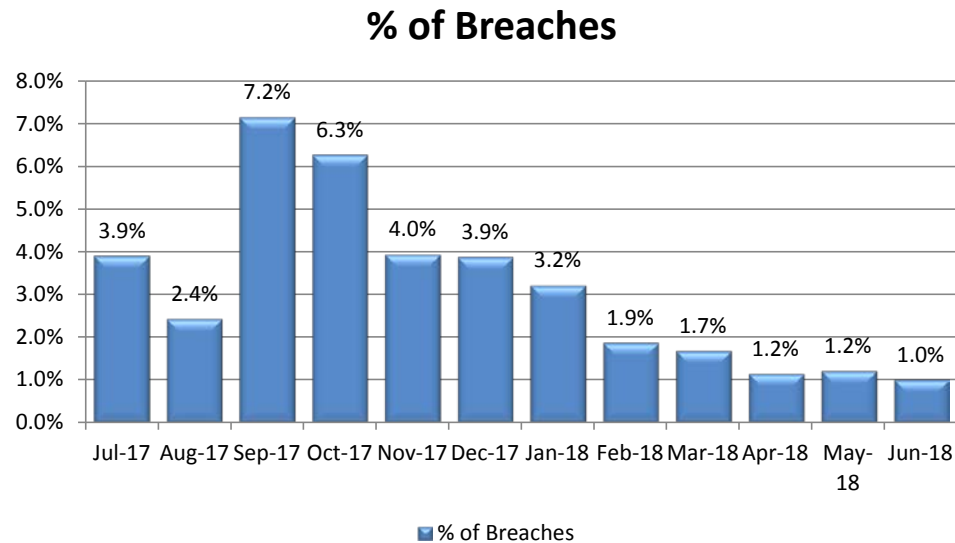
## 10.3 GP Urgent Performance



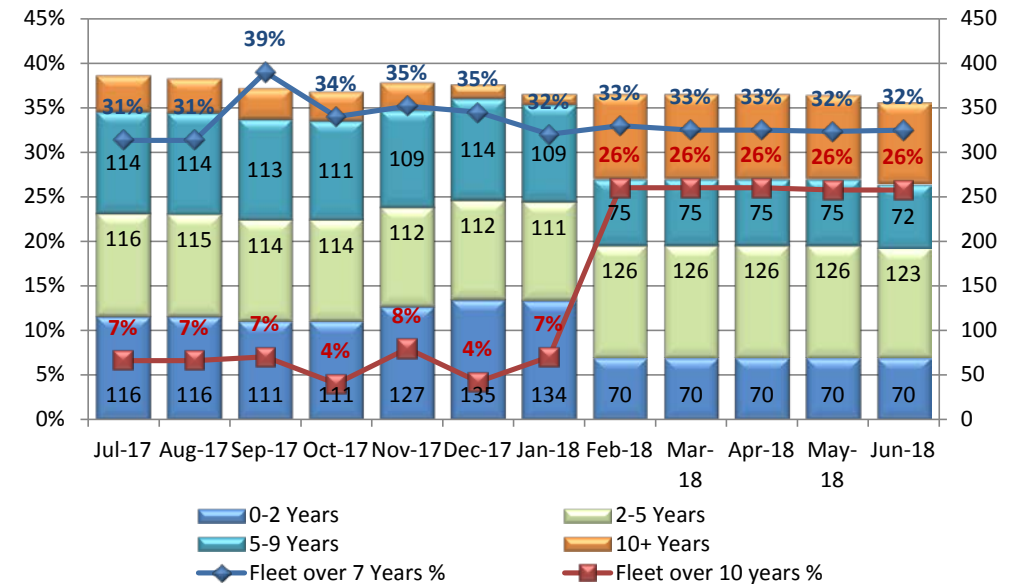
## 10. PATIENT TRANSPORT SERVICE

June 2018

### 10.4 Deep Clean (5 weeks)



### 10.5 Vehicle Age



### 10.6 Vehicle Availability



### Commentary

Vehicle availability is down from 91% to 90% and is below the 95% trust target figure.

The PTS deep clean percentage of breaches outside the 5 weeks window declined to 1% and 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

June 2018

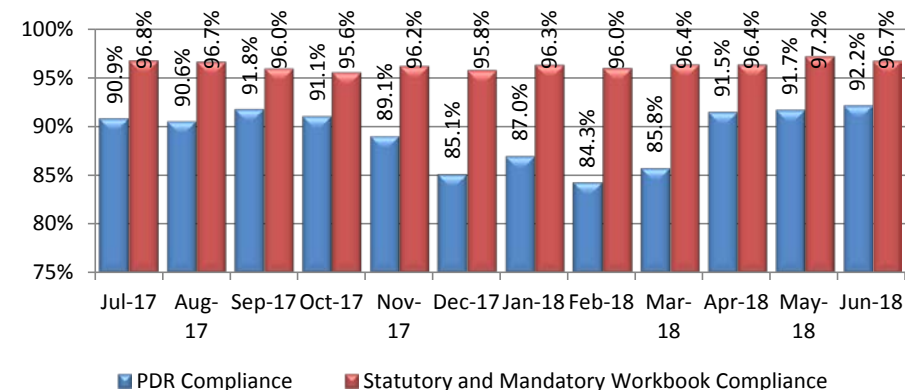
### 10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	611	31	122	458	75%
Contracted FTE (before OT)	549	40	94	415	76%
Variance	(62)	(9)	28	(43)	(9.4%)
% Variance	(10.2%)	(30.0%)	23.3%		
FTE worked inc overtime	591	40	94	457	77%
Variance	20	(9)	28	(1)	(0.2%)
% Variance	3.3%	(30.0%)	23.3%		

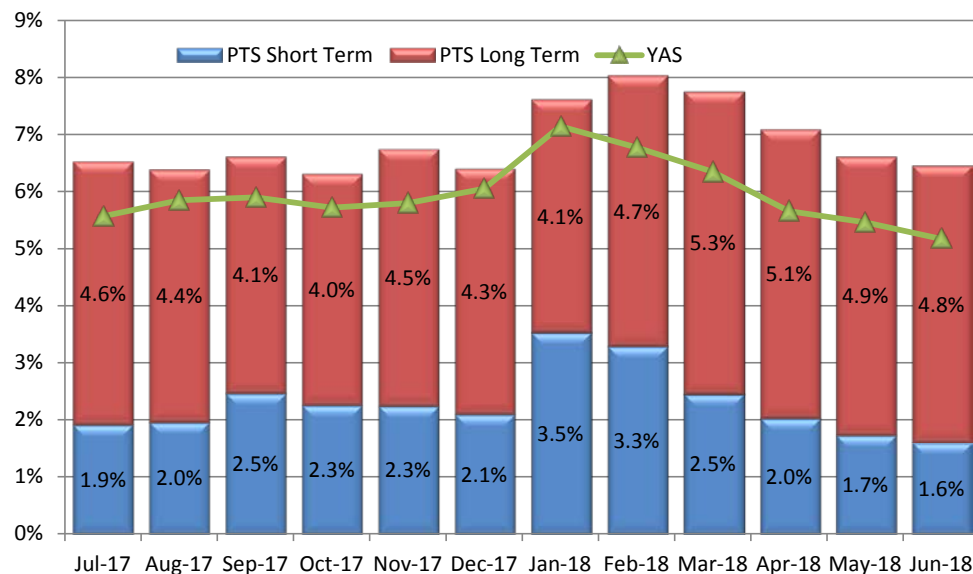
\*\* FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

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

### 10.8 Training



### 10.9 Sickness



### Commentary

**PDR** compliance improved by 0.5 points in June to 92.2% and is above the 90% Trust target.

**Statutory and Mandatory Workbook** compliance declined slightly from 97.2% to 96.7% in June but remains above the 90% Trust target.

**Sickness** rate in PTS decreased in June by 0.2 points but at 6.4% is higher than the 5.2% YAS average.

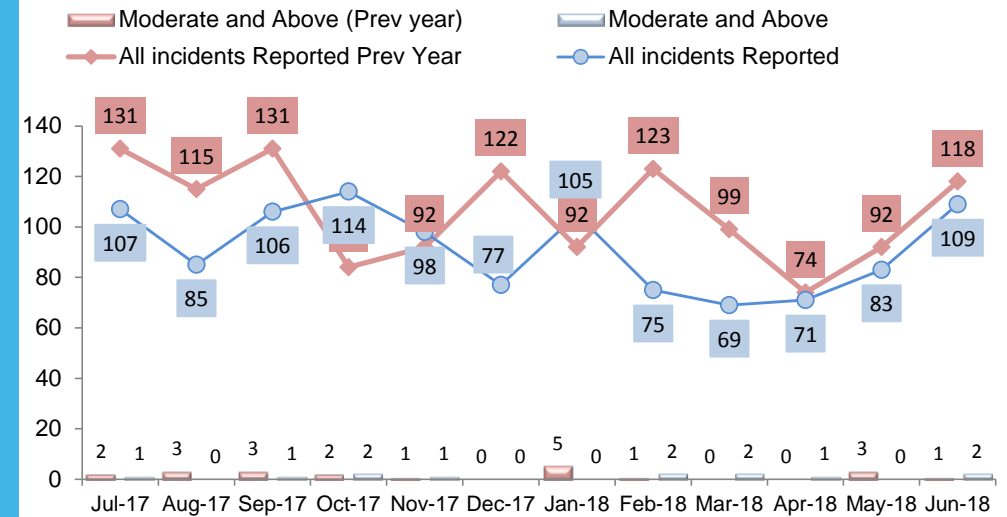
## 10. PATIENT TRANSPORT SERVICE

June 2018

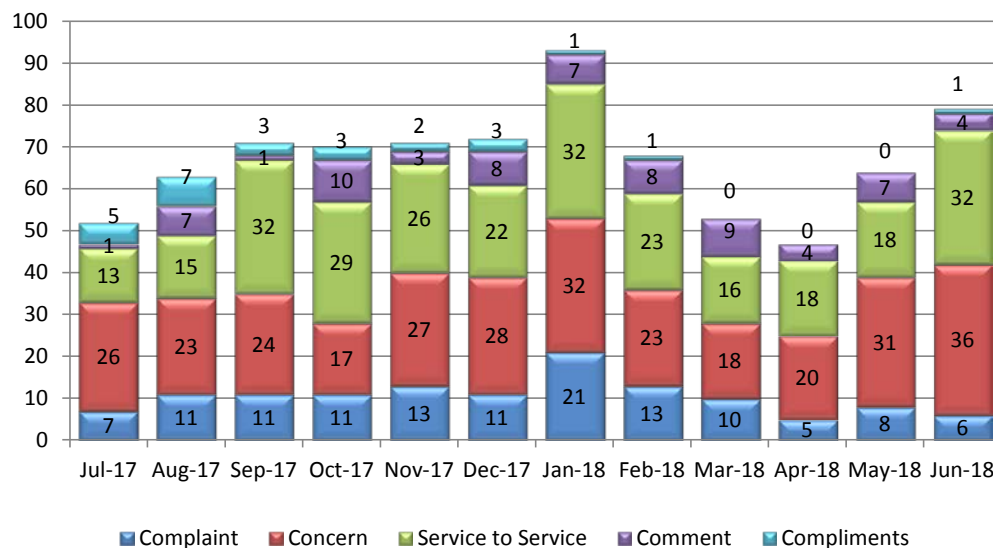
### 10.10 Quality, Safety and Patient Experience

	Jun 2018	2018-19
Serious Incidents	1	2
Total Incidents (per 1000 activities)	0.016	0.016
Total incidents Moderate & above	2	2
Response within target time for complaints & concerns	96%	94%
Ombudsman Cases	Upheld	0
	Not Upheld	0
Patient Experience Survey - Qtrly	91.6%	91.6%
Call Answered in 3 mins - Target 90%	90.9%	93.2%

### 10.11 Incidents



### 10.12 Patient Feedback



### Commentary

**Quality, Safety and Patient Experience:** The proportion of calls answered in 3 minutes stood at 90.9% in June which is down from 94.6% on the previous month and is above the 90% target.

**Incidents:** The number of reported incidents within PTS increased by 31% vs last month and is up by 7.6% on the previous year's figures.

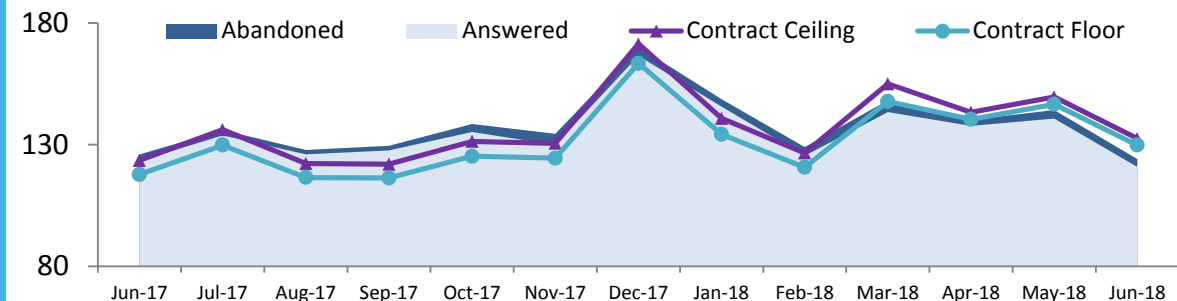
#### Patient Feedback:

Patient feedback figures are up by 15 (23.4%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints decreased by 2 in June, however, concerns were up by 5. The YTD average number of complaints each month is 11 equating to a complaint rate per PTS delivered journey of 0.02%.

# 11. NHS 111

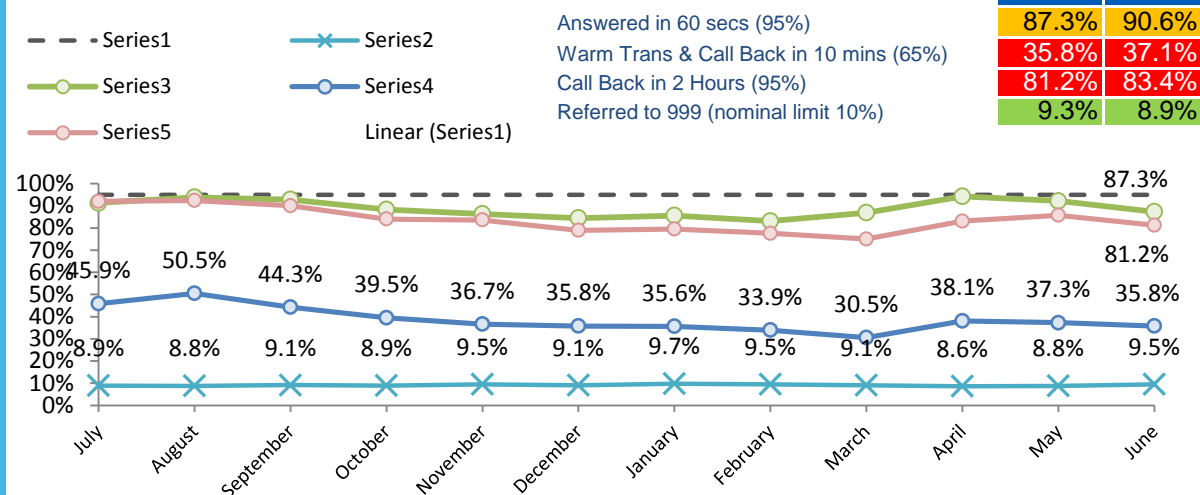
June 18

## 11.1 Demand



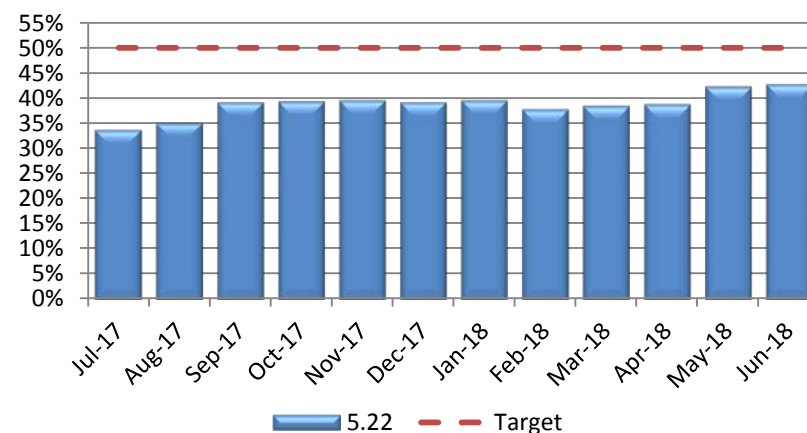
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	408,538	402,814	364,996	90.6%
Contract YTD 2018-19	422,587	425,316	404,051	95.0%
Variance	-14,049	-22,502	-39,055	4.4%
	-3.3%	-5.3%	-9.7%	
YTD 2017-18	421,123	413,677	379,992	91.9%
Variance	-12,585	-10,863	-14,996	-1.2%
	-3.1%	-2.7%	-4.1%	

## 11.2 Performance



## 11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



## Commentary

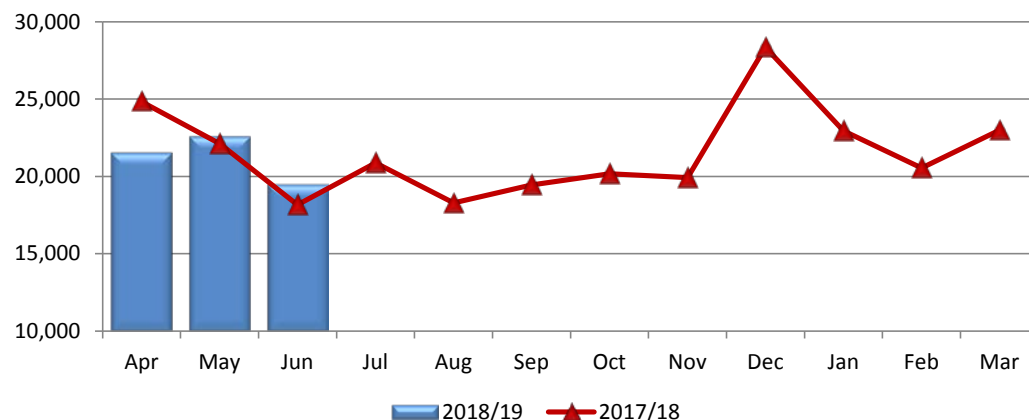
Call volumes for June 2018 continued to track below the contract floor with actual calls answered being 4.2% below floor levels. (NB. This year's floor includes 50% growth of the total 4.19% growth for the year). June 2018 call levels were below May's volume (current work to recover data due to telephony outage on the 25th and 26th of June, call volumes have been estimated for these specific periods based on an agreed methodology).

Performance for June 2018 was 87.3%, a fall of 4.9% from May 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 decreased by 4.6% (81.2%), 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 2017/18 core CAS,

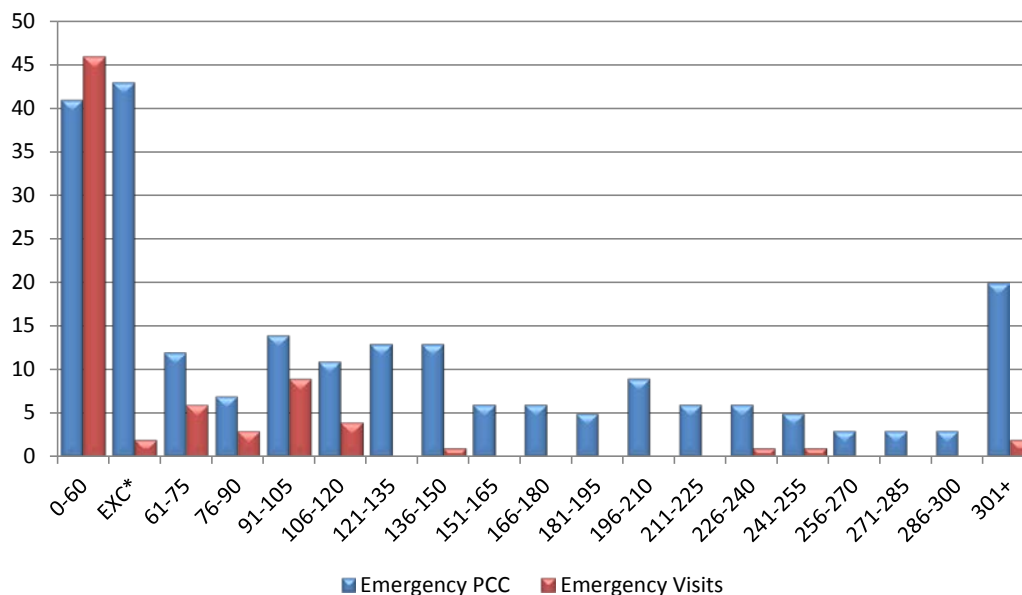


### 11.4 Demand

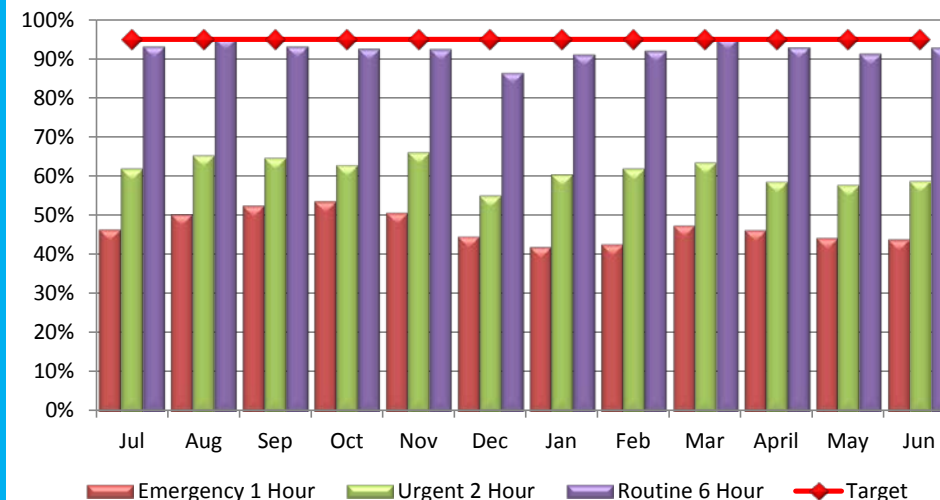


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		65,116	63,719	-1,397	-2.1%

### 11.5 Tail of Performance



### 11.6 Performance



### 11.7 Complaints

Adverse incidents	
Adverse incidents	No SIs reported in June
Adverse reports received	No adverse reports received
Patient Complaints	14 patient complaints received in Jun-17 directly involving the LCD part of the pathway. 3 not upheld, 2 partly upheld, 1 upheld and 8 investigation ongoing.

**Comments:** Patient demand decreased during Jun 18 (-17.6%) as compared to Jun 17, cumulatively remain below if the year to date picture is compared to 2017. NQR performance marginally fell for Emergency 1 hour by 0.4%. Urgent 2 hour has increased by 1% from May to June with Routine 6 hours improving by 1.6%

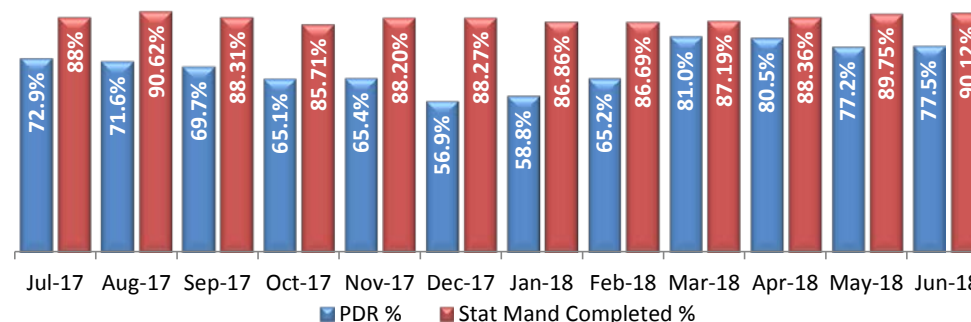


## 11.8 Workforce FTE - Call Handler &amp; Clinician

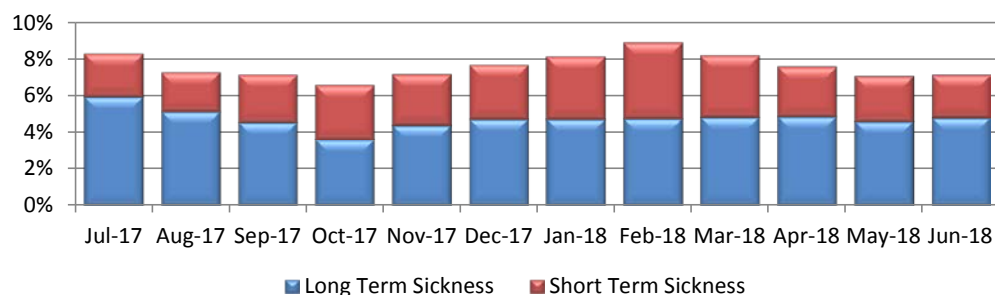
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	342	31	79	232	68%
Contracted FTE (before OT)	292	34	94	164	56%
Variance	-50	-3	-16	-69	
% Variance	-15%	-9%	-20%	-30%	-12%
FTE (Worked inc Overtime)	312	34	94	184	59%
Variance	-30	-3	-16	-48	
% Variance	-8.7%	-9%	-20%	-21%	-9%

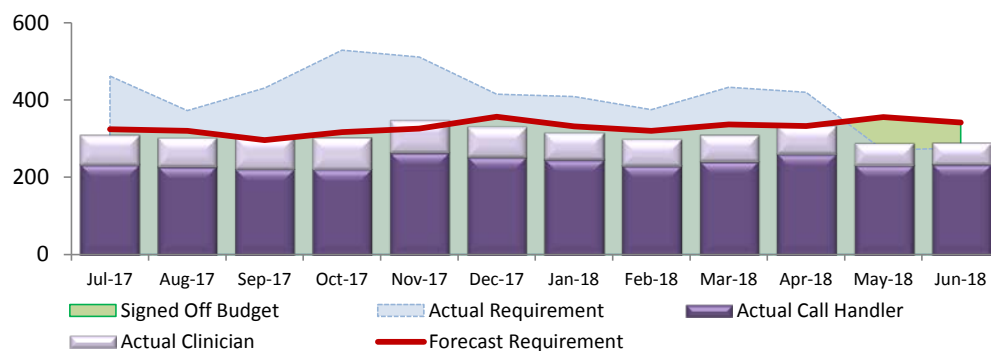
## 11.11 Training



## 11.9 Sickness



## 11.10 Recruitment Plan



## Commentary

Statutory and mandatory training continues to remain above the 90% target and PDR rates increased marginally during June. 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 7.19% for June 2018, a 0.06% increase from May 18.

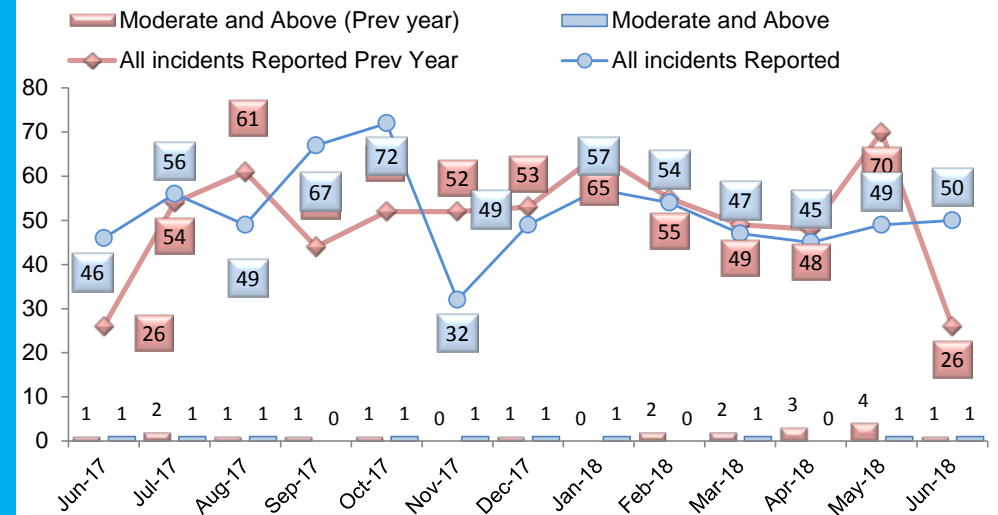
By the end of June 35 people remained on long term sick, 17 more than May 2018. Work continues with HR colleagues and operational managers to support staff to maintain attendance at work.

Clinical recruitment is an ongoing process within NHS111 to maintain sufficient clinical staff with an additional 10 clinicians currently being processed to commence after September.

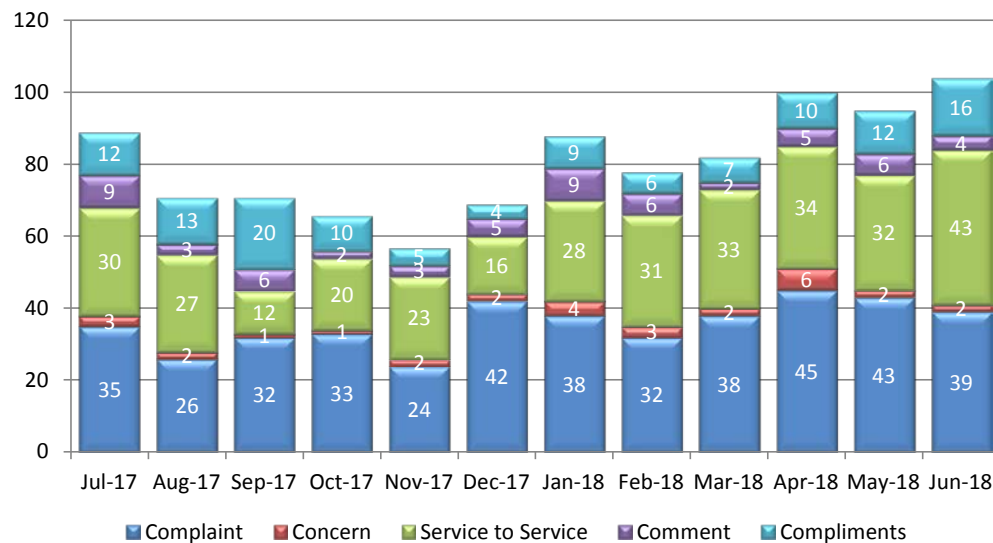
## 11.13 Quality, Safety and Patient Experience

		Jun-18	YTD
Serious Incidents		0	1
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	2
Response within target time for complaints & concerns		92%	96%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

## 11.15 Incidents



## 11.14 Patient Feedback



## Commentary

No SIs were reported for June 2018.

39 patient complaints were received in June, this is lower than the previous month. Of these 10 were for the WYUC service and the other 29 NHS 111. Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

There were 16 compliments received during June 2018.

# ANNEXES

System (June 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
<b>Total Incidents (HT+STR+STC)</b>	<b>64391</b>	<b>94350</b>	<b>91365</b>	<b>57153</b>	<b>68155</b>	<b>71803</b>	<b>33303</b>	<b>85613</b>	<b>57556</b>	<b>44514</b>
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	65.6%	63.1%	61.1%	67.0%	64.2%	58.8%	58.6%	50.6%	52.3%	50.9%
C1 Incidents	9.9%	9.5%	10.2%	10.5%	9.6%	7.5%	6.6%	5.8%	5.7%	5.7%
C2 Incidents	55.7%	53.6%	50.9%	56.4%	54.6%	51.4%	52.0%	44.8%	46.5%	45.3%
C3 Incidents	20.1%	22.3%	24.0%	20.9%	18.5%	25.5%	27.1%	39.7%	36.4%	32.7%
C4 Incidents	1.3%	2.8%	4.4%	0.5%	5.7%	0.9%	1.0%	2.1%	1.9%	3.1%
HCP 1-4 Hour Incidents	5.5%	3.7%	4.2%	5.3%	3.7%	4.0%	3.8%	3.8%	3.7%	7.7%
Hear and Treat	7.4%	3.6%	5.1%	6.3%	7.9%	6.2%	4.9%	3.5%	5.8%	5.6%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:38	00:07:17	00:08:18	00:07:14	00:08:42	00:07:39	00:06:04	00:06:59	00:07:41	00:06:53
C1-90th centile response time (Target 00:15:00)	00:12:55	00:11:46	00:14:11	00:12:56	00:15:40	00:14:23	00:10:17	00:12:03	00:14:22	00:12:39
C2-Mean response time (Target 00:18:00)	00:21:30	00:20:01	00:23:29	00:31:10	00:26:14	00:26:41	00:17:39	00:12:27	00:17:39	00:15:12
C2-90th centile response time (Target 00:40:00)	00:45:08	00:40:52	00:51:42	01:05:49	00:53:06	00:56:24	00:36:13	00:22:22	00:33:14	00:30:02
C3-90th centile response time (Target 02:00:00)	02:12:53	02:22:52	02:27:41	02:51:47	03:25:19	02:58:38	02:17:47	01:17:02	02:55:30	01:40:08
C4-90th centile response time (Target 03:00:00)	02:43:11	02:28:36	03:03:11	02:14:04	04:02:53	05:50:15	02:16:35	02:08:26	04:58:23	02:49:27
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	59.6%	62.2%	63.0%	61.1%	59.0%	52.1%	58.9%	56.3%	58.2%	55.2%
Incidents with transport not to ED	9.5%	6.9%	6.9%	4.5%	2.9%	5.0%	11.4%	3.7%	2.9%	6.5%
Incidents with face to face response	23.5%	27.2%	25.0%	28.0%	30.2%	36.7%	24.8%	36.6%	33.1%	32.7%

Clinical (February 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
Stroke - Care Bundle	98.2%	96.7%	97.3%	97.0%	99.2%	97.2%	99.5%	96.0%	96.4%	95.1%
ROSC	27.4%	38.7%	36.2%	24.4%	26.4%	24.6%	33.7%	28.3%	22.4%	30.7%
ROSC - Utstein	52.9%	62.5%	62.5%	47.8%	47.2%	41.9%	55.9%	63.2%	36.4%	31.6%
Cardiac - Survival To Discharge	9.9%	8.5%	9.7%	5.6%	8.1%	5.5%	8.8%	12.0%	8.0%	9.8%
Cardiac - Survival To Discharge Utstein	29.4%	27.1%	35.9%	23.8%	27.8%	15.1%	22.6%	28.1%	25.8%	21.6%