



Integrated Performance Report

September 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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EXECUTIVE OVERVIEW



Our purpose is

to save lives and ensure
everyone in our
communities receives the
right care, whenever and
wherever they need it

with our core values embedded in all we do



Our Vision

By 2023 we will be trusted as the best urgent and emergency
care provider, with the best people and partnerships, delivering
the best outcomes for patients

Our Ambition for 2023 is that



Delivery is directly supported by a range of enabling strategies



Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

- 1** Deliver the best possible response for each patient, first time.
- 2** Attract, develop and retain a highly skilled, engaged and diverse workforce.
- 3** Equip our people with the best tools, technology and environment to support excellent outcomes.
- 4** Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart.
- 5** Be a respected and influential system partner, nationally, regionally and at place.
- 6** Create a safe and high performing organisation based on openness, ownership and accountability.
- 7** Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding.
- 8** Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety.

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		13.8
Staff F&F Test % recommended care Q1 18/19		91.7%
Occurrence of any never event		None
Patient Safety Alerts not completed by deadline		None
Ambulance See-and-treat from F&F Test - % positive, Jun 18		80%
Ambulance Clinical Outcomes, Apr 18	Return of spontaneous circulation (ROSC) in Utstein group	43.8%
	Stroke Care Bundle	98.1%

(*) 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, Apr 18,	5.66%
Staff turnover, Jul18	0.71%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Jul 18	1.45%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

	Sep 18
Cat 1 Life-threatening calls mean	7:18
90 th centile	12:28
Cat 2 Emergency calls mean	20:19
90 th centile	42:11
Cat 3 Urgent calls 90 th centile	1:57:25
Cat 4 Less urgent calls 90 th centile	3:51:53

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (August 18)

Capacity & Capability	Amber
Infrastructure	Amber
Place Based	Amber
Service Delivery	Amber

Finance Score

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

SERVICE TRANSFORMATION PROGRAMME 2018-19

Service Delivery & Integrated Workforce Model **Amber**

- RRV-DCA project on track with 40 new DCA's operational by Nov 18
- ARP performance better than trajectory on all standards except category 4 90th percentile
- Recruitment/training of new staff behind track – implications and mitigations plan under review
- Integrated workforce work stream established

Place Based Care **Amber**

- Work is underway on Gap Analysis of UTC's
- Care home work on falls is underway in South & West Yorkshire
- NY pendant scheme PID is in development and will incorporate further developments

Infrastructure **Amber**

- Doncaster Hub is currently on track
- AVP Leeds and Huddersfield set for go live 3rd December as planned
- Unified Comms. business case reviewed and supported by Finance and Investment committee

Capacity Capability **Amber**

- Work on an options appraisal for future training requirements of the trust is underway
- PWC capacity and capability review first draft due in September
- PID under development on service line performance framework

External

- Each place has developed system Winter Plans, A&E Delivery Boards are developing and testing these plans and YAS continues to be engaged.
- YAS have shared the updated Winter Plan with all A&E Delivery Boards.
- The South Yorkshire and Bassetlaw ICS officially launched on 1 October 2018.
- West Yorkshire and Harrogate ICS Hyper Acute Stroke Unit review and options have been shared with YAS for comment.
- NHS England Consultation on ICS Contracting Arrangements have been distributed – YAS are developing a response, which may form part of a wider AACE narrative.
- YAS actively engaged in the ongoing development and implementation of the Escalation Management System (EMS) across South Yorkshire and Bassetlaw ICS area.
- YAS working with providers and commissioners across the patch to develop pathways into Urgent Treatment Centres

Our Performance September 2018

↑	Category 1 was 07:18
↓	Ambulance responses on Scene down by 1.1% from last month
↑	PTS KPI 2 continues to be above target at 88.2% for September
↔	Calls transferred to a CAS Clinician in 111 is below 50% target at 45.6%

YTD Performance		
	Time	Change
Category 1 Mean Performance	07 mins 39 Sec	
Ambulance Turnaround Time	33 mins 51 sec	0 min 54 sec more

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Sep-18	Variance (%)	Contract	Sep-18	Variance (%)	Avg	Sep-18	Var	Avg	Sep-18	Change	Target	Sep-18	Var
76,995	78,630	2.1% ↔	57,911	58,348	0.8% ↔	75.4%	75.9%	0.5% ↔	2,418	1,899	(21.5%) ↓	00:07:00	00:07:18	00:00:18 ↑

PTS (KPI's exclude South)

PTS Demand (Inc Abort & Escorts)			KPI2 Arrived Hospital (<2Hrs)			KPI3 Pre Planned Picked up (<90Min)			KPI4 Short Notice Patients (<2Hrs)			Calls answered in 3 mins		
Contract	Sep-18	Variance (%)	Target	Sep-18	Variance (%pts)	Target	Sep-18	Variance (%pts)	Target	Sep-18	Variance (%pts)	Target	Sep-18	Var
79,231	74,017	(6.6%) ↓	82.9%	88.2%	5.3% ↑	92.0%	90.1%	(1.9%) ↔	92%	78.7%	(13.3%) ↓	90.0%	93.9%	3.9% ↔

111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Sep-18	Variance (%)	Target	Sep-18	Variance (%)	Target	Sep-18	Variance (%)	Target	Sep-18	Variance (%)	Avg	Sep-18	Variance (%)
136,142	127,130	(7.1%) ↓	95%	92.9%	(2.1%) ↔	50%	45.6%	(4.4%) ↔	95%	82.6%	(12.4%) ↓	9.2%	9.6%	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	14.09.18 - PMO

Our Quality September 2018

↔	3 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
↔	1 in 10000 patients responses result in moderate or above harm	Recommend YAS to F&F			Compliance	Sep 17	Sep 18
↓	FOI compliance in September was 72.34%		Q1	YTD	Hand Hygiene	99%	99%
↑	3 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)	PTS	92%	91%	Premise	99%	99%
↔	8 out of 10 people would recommend YAS to Friends and Family	A&E	84%	83%	Vehicle	99%	99%

Incidents Reported

All Reported Incidents			Patient Incidents			Moderate Harm			Serious incidents			Medication Related		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change
683	671	(3.5%) ↔	201	184	2.2% ↔	20	19	26.7% ↑	3	6	600.0% ↑	82	98	(26.9%) ↓

Safeguarding

Adult Referrals			Child Referrals		
Avg	No	Change	Avg	No	Change
802	740	(6.7%) ↓	511	538	2.3% ↔

Patient Relations

Complaints		
Avg	No	Change
84	57	(32.1%) ↓

Legal

Compliance (21 Days)			FOI Requests		
Avg	%	Change (% Pts)	Avg	No	Change
81%	82%	12.3% ↑	37	34	(34.6%) ↓

Clinical Outcomes (May Data)

Stroke 60 (removed from COI's)			STeMI Care			ROSC (Utstein)			Survival (Utstein)		
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)
-	-	↑	81.1%	98.7%	18.9% ↑	48.1%	44.8%	(5.2%) ↓	27.1%	25.0%	15.9% ↑

Fleet

Deep Clean Breaches (8 weeks)		
Avg	AE/PTS	Change %
26	28	0.0% ↔

Key

Change

Direction of Travel

Sparklines

AVG - Average

Updated

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

From Previous Month

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

Previous 12 Periods

14/09/18 - PMO

Our Workforce - September 2018

↑	766 staff are overdue a PDR out of 4442
↔	121 Staff are on long term sick out of 5348 Staff
↑	447 staff are still to complete the stat and man work book out of 5348
↑	Child level 2 compliance does not include e-learning numbers of 3140 completed end of September-18

YTD Performance		
	%	Change
Sickness	5.75%	0.15%
Stat and Man	92.37%	-2.26%

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)
4,434	4,577	3.2%	11.1%	6.4%	(4.7%)	10.6%	9.3%	(1.3%)	52.07	83	58.5%	95.0%	82.6%	(12.4%)

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%	5.1%	0.1%	2.0%	1.6%	(0.4%)	3.8%	3.4%	(0.4%)	1,332	1,195	(11.5%)	£848,935	£821,780	(3.2%)

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%	92.4%	2.4%	90.0%	94.5%	4.5%	80.0%	85.8%	5.8%	2898	3,140	242

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	10th Oct 2018 - Workforce Intelligence Team			

	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,704)	(23,164)	(461)	(136,117)	(137,591)	(1,473)
Expenditure	22,534	22,994	461	132,399	133,872	1,473
Retained Deficit / (Surplus) with STF Funding	(170)	(170)	0	(3,718)	(3,718)	0
STF Funding	(141)	(141)	0	(743)	(743)	0
Retained Deficit / (Surplus) without STF Funding*	(29)	(29)	0	(2,975)	(2,975)	0
EBITDA	(1,118)	(1,181)	(63)	(9,360)	(9,493)	(132)
Cash	36,424	40,882	4,458	36,424	40,882	4,458
Capital Investment	1,973	649	(1,324)	3,243	2,071	(1,172)
Quality & Efficiency Savings (CIPs)	652	718	66	3,825	3,373	(452)

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

The Trust has reported a surplus as at the end of September (Month 6) of £3,718k, which is in line with plan.

At the end of September 2018 the Trust's cash position was £40.9m against a plan of £36.4m, giving a positive variance of £4.5m.

This is due to working capital being better than plan; essentially NHS receivables are less than plan.

As at the end of September Capital expenditure for 18/19 was underspent by £1.172m against plan. During September spend continued on the Door and Tail lift modifications and the conversion of the 17/18 chassis is progressing ahead of plan. In addition there was an expenditure on AVPs – Huddersfield, PTS updates and HART equipment. The overall plan is £22.022m expenditure allowing for disposals of £1.075m. This will result in a charge of £20,947m against the Capital Resource Limit (CRL), which has been approved by NHS Improvement.

The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £452k of which £298k 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																																							
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for September 2018 remains at 1 (1 being lowest risk, 4 being highest risk).			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>1</td><td>1</td></tr><tr><td>M2</td><td>1</td><td>1</td></tr><tr><td>M3</td><td>1</td><td>1</td></tr><tr><td>M4</td><td>1</td><td>1</td></tr><tr><td>M5</td><td>1</td><td>1</td></tr><tr><td>M6</td><td>1</td><td>1</td></tr><tr><td>M7</td><td>1</td><td>1</td></tr><tr><td>M8</td><td>1</td><td>1</td></tr><tr><td>M9</td><td>1</td><td>1</td></tr><tr><td>M10</td><td>1</td><td>1</td></tr><tr><td>M11</td><td>1</td><td>1</td></tr><tr><td>M12</td><td>1</td><td>1</td></tr></tbody></table>	Month	Actual	Plan	M1	1	1	M2	1	1	M3	1	1	M4	1	1	M5	1	1	M6	1	1	M7	1	1	M8	1	1	M9	1	1	M10	1	1	M11	1	1	M12	1	1
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EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of September (Month 6) is £9,493 against a plan of £9,360k, a favourable variance of £132k against plan.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M2</td><td>-2,000</td><td>-2,000</td></tr><tr><td>M3</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M4</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M5</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M6</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M7</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M8</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M9</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M10</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M11</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M12</td><td>-1,000</td><td>-1,000</td></tr></tbody></table>	Month	Actual	Plan	M1	-1,500	-1,500	M2	-2,000	-2,000	M3	-1,500	-1,500	M4	-1,000	-1,000	M5	-1,000	-1,000	M6	-1,000	-1,000	M7	-1,000	-1,000	M8	-1,000	-1,000	M9	-1,000	-1,000	M10	-1,000	-1,000	M11	-1,000	-1,000	M12	-1,000	-1,000
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M9	35	35																																								
M10	35	35																																								
M11	35	35																																								
M12	35	35																																								
CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £452k of which £298k 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.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>500</td><td>600</td></tr><tr><td>M2</td><td>500</td><td>600</td></tr><tr><td>M3</td><td>500</td><td>600</td></tr><tr><td>M4</td><td>500</td><td>600</td></tr><tr><td>M5</td><td>500</td><td>600</td></tr><tr><td>M6</td><td>500</td><td>600</td></tr><tr><td>M7</td><td>500</td><td>600</td></tr><tr><td>M8</td><td>500</td><td>600</td></tr><tr><td>M9</td><td>500</td><td>600</td></tr><tr><td>M10</td><td>500</td><td>600</td></tr><tr><td>M11</td><td>500</td><td>600</td></tr><tr><td>M12</td><td>500</td><td>600</td></tr></tbody></table>	Month	Actual	Plan	M1	500	600	M2	500	600	M3	500	600	M4	500	600	M5	500	600	M6	500	600	M7	500	600	M8	500	600	M9	500	600	M10	500	600	M11	500	600	M12	500	600
Month	Actual	Plan																																								
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M10	500	600																																								
M11	500	600																																								
M12	500	600																																								

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	1,887	1,837	(49)
Business Development Directorate	16	0	(16)
Chief Executive Directorate	41	15	(26)
Clinical Directorate	52	52	(0)
Estates Directorate	140	92	(47)
Finance Directorate	308	240	(68)
Fleet Directorate	544	394	(150)
Planned & Urgent Care Directorate	290	192	(98)
Quality, Governance & Performance Assurance Directorate	46	34	(12)
Hub & Spoke	34	34	(0)
Workforce & OD	468	300	(168)
RESERVE	0	183	183
Grand Total	3,825	3,373	(452)

Recurrent/Non-Recurrent Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
recurrent	3,411	3,074	(338)
non-recurrent	414	299	(115)
Grand Total	3,825	3,373	(452)

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

September 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	Amber	Amber	Amber							
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£286,016	Green	Green	Green	Green	Green	Green							
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£286,016	Green	Green	Green	Green	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 Health and Wellbeing plan is now in full implementation phase. The second phase of MHFA training is being procured which will give a further 120 managers trained. A peer support network is being planned for approval. Work with MIND is taking place in peer support and trauma support. The trust are currently out to procure for OH services. The flu campaign delivery is fully underway with our current uptake rate after 4 weeks being 34.5%.

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

Comments:

The end to end review CQUIN continues to progress through 18-19 with one case scheduled and one yet to be scheduled. Work continues with the Respiratory Management Improvement and Non Conveyance CQUINS.

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					Amber	Amber							
Total															






Comments:

South & North commissioners agreed the CQUIN proposal by the cut off date of 31 July. There was no response from West and it was assumed that as per communications this indicated acceptance. West have since started to query the CQUIN proposal and work is ongoing to resolve this. The Patient App development is on schedule for commencement of surveys 1 October. It is envisaged that rag rating will be green in October.


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

Corporate Services - September 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	16.1	(19.7%) ↓	5.3%	5.8%	0.5% ↔	0	0	0 ↔	85%	83.3%	-1.7% ↔	90%	58.3%	(31.7%) ↓
														

A horizontal timeline bar with a blue background and a white border. The text "Business Development" is centered in white. Above the bar, a series of colored dots (red, green, blue, orange) are placed at regular intervals, corresponding to the years 2010 through 2020.

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	9.55	(35.0%) ↓	5.3%	0.4%	(5.0%) ↓	0	0	↔	85%	80.0%	-5.0% ↔	90%	50.0%	(40.0%) ↓
														

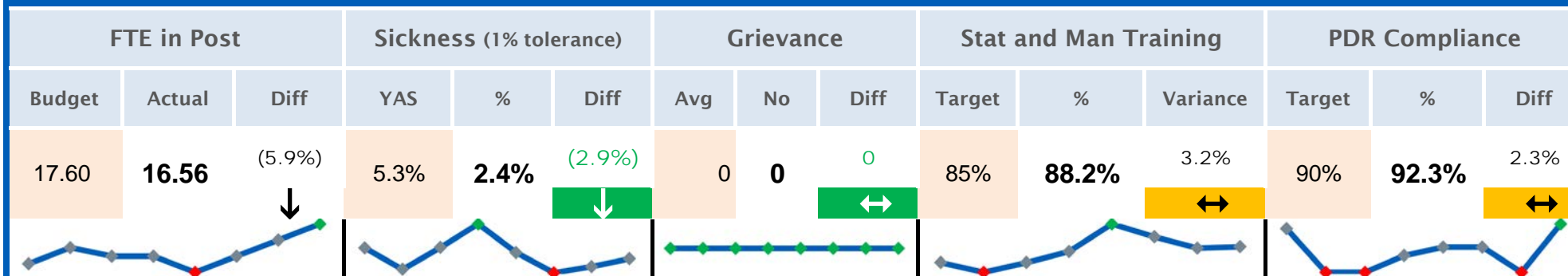
Finance (Excluding Fleet, Estates, BI and ICT)

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
212.48	180.28	(15.2%) ↓	5.3%	4.2%	(1.2%) ↓	0	0	0 ↔	85%	88.7%	3.7% ↔	90%	71.2%	(18.8%) ↓
														

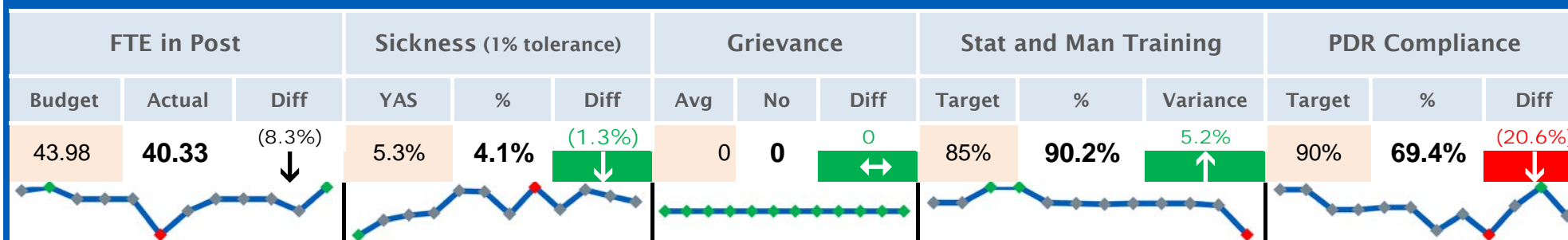
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated			
	Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	10.10.18 - PMO			

Corporate Services - September 2018

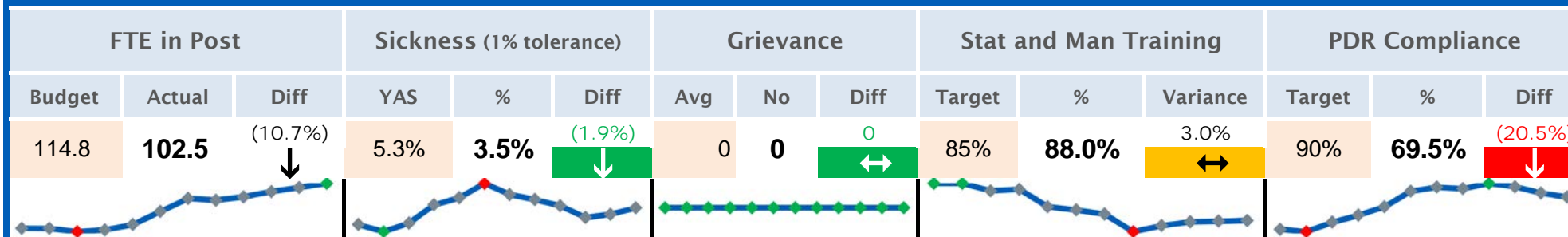
Business Intelligence



ICT



Workforce & Organisational Development



Key

Difference
Current Month (tolerance 5% number difference) unless stated

Direction of Travel
From Previous Month

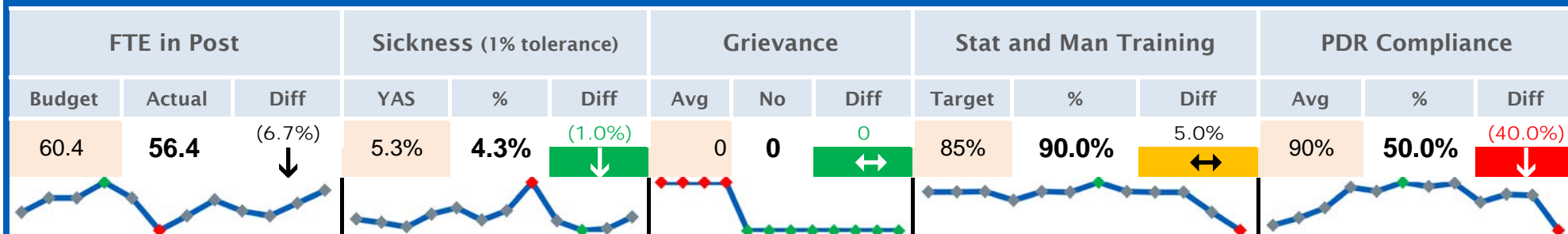
Sparklines
To demonstrate trend, low point is lowest point in that trend (not zero)

AVG - Average
Previous 12 Periods

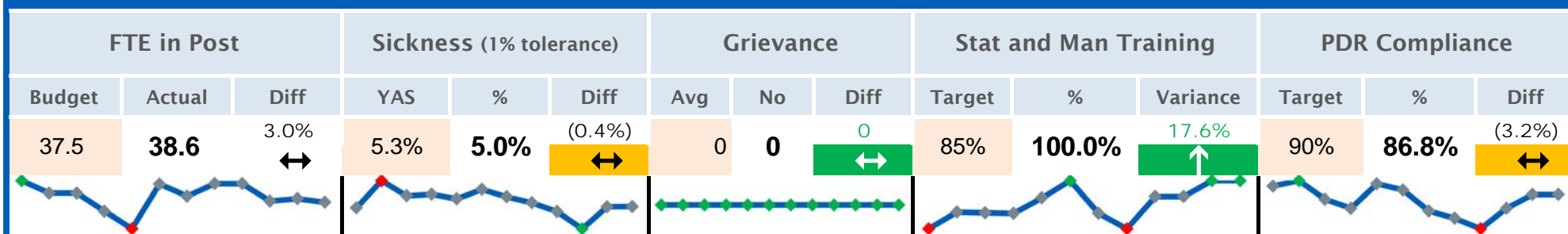
Updated
10.10.18 - PMO

Corporate Services - September 2018

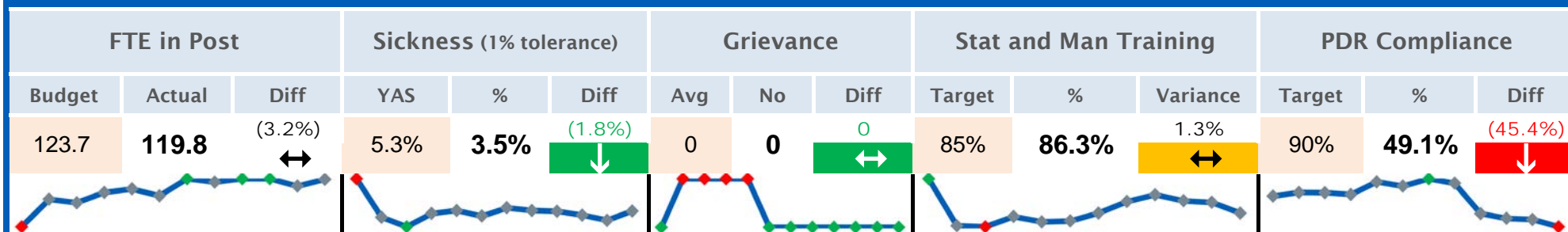
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates



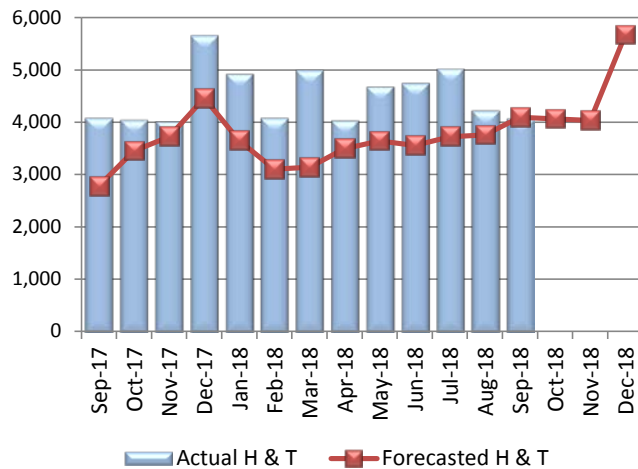
Key

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	10.10.18 - PMO

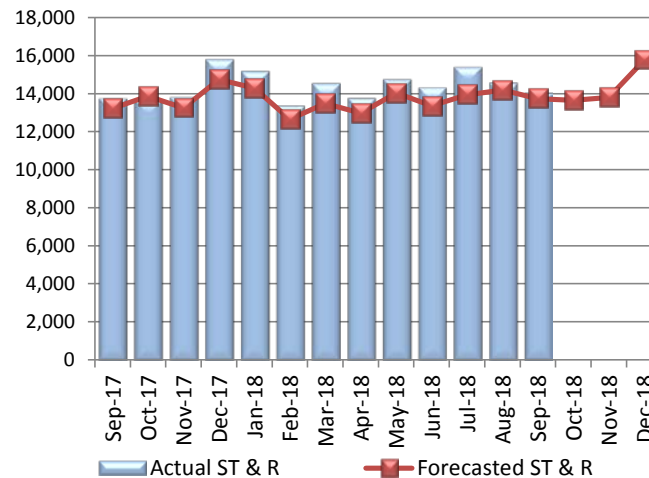
SERVICE LINES

9.1 Activity

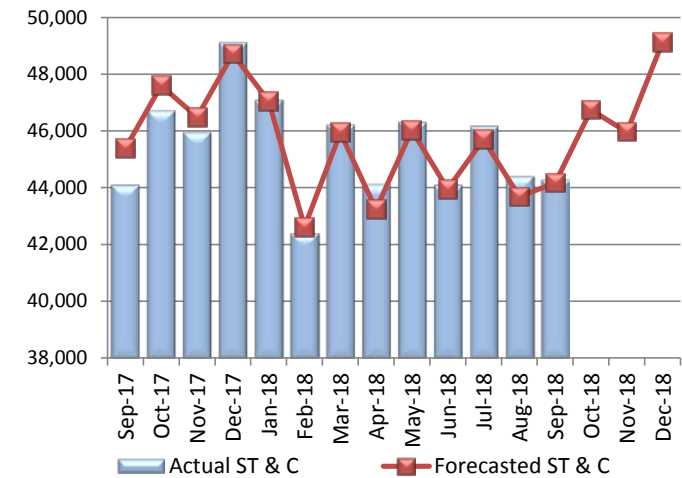
Hear & Treat



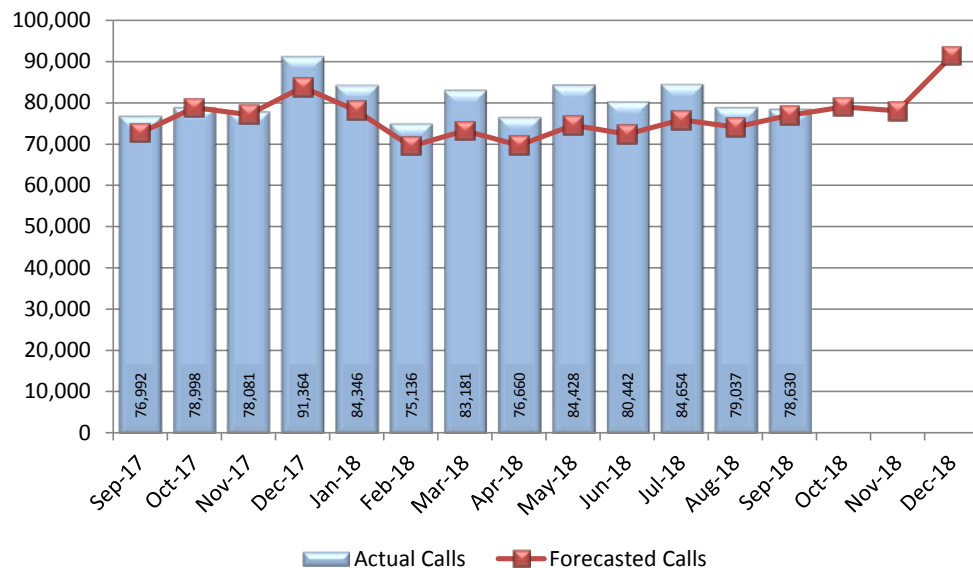
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls Increase in call numbers of 2.1% vs September last year.

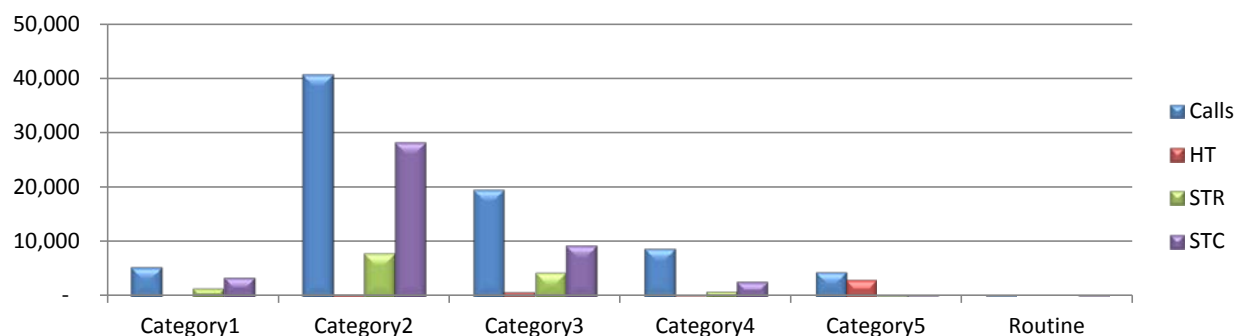
H&T Decrease of 0.2% in the amount of H&T carried out vs September last year. H&T service provision is now behind trajectory at 6.5% against 7.5% trajectory target due to recruitment of clinicians being behind track however mitigating actions are in place to bring recruitment back in line with plan and monitored via ARP programme management.

ST&R Increase of 2.2% in the amount of ST&R carried out vs September last year. See & Treat is an ongoing area of focus with an aim to increase the amount of S&T jobs throughout 18/19.

ST&C Increase of 0.4% in the amount of ST&C carried out vs September last year.

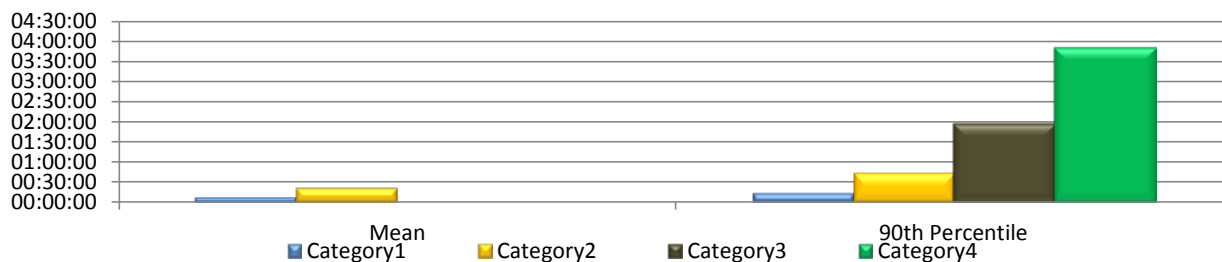
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,455	19	1,495	3,562	5,057	8.5%
Category2	40,888	349	7,749	28,306	36,055	60.8%
Category3	19,710	768	4,394	9,399	13,793	23.3%
Category4	8,907	167	894	2,778	3,672	6.2%
Category5	4,608	2,810	277	214	491	0.8%
Routine	303	-	2	230	232	0.4%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:18	00:12:28	00:07:00	00:15:00
Category2	00:20:19	00:42:10	00:18:00	00:40:00
Category3		01:57:25		02:00:00
Category4		03:51:53		03:00:00



ARP3 Update

Yorkshire Ambulance Service is continuing to participate in NHS England's Ambulance Response Programme (ARP) pilot and has now moved to the next stage, Phase 3. This has been developed by listening to feedback from ambulance staff, GPs, healthcare professionals (HCPs). ARP has given us a number of opportunities to improve patient care – which are outlined in the national papers and AACE documents -

<https://aace.org.uk/?s=ambulance+response>

New Guidance has now been released and YAS are working to align all reports to that guidance.

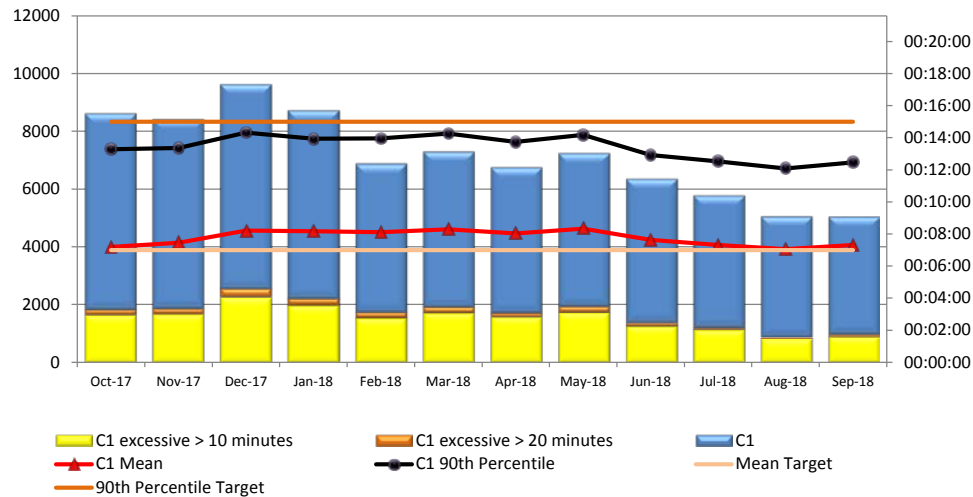
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

As agreed at the contract management board, YAS will only be reporting the YAS response standard until further discussions take place at a regional level. The Category1 No IFT indicator is shown as the indicator may change to not show IFTs within the performance measure. The impact of removing IFTs creates a longer mean time due to de-fib allocation on IFT jobs.

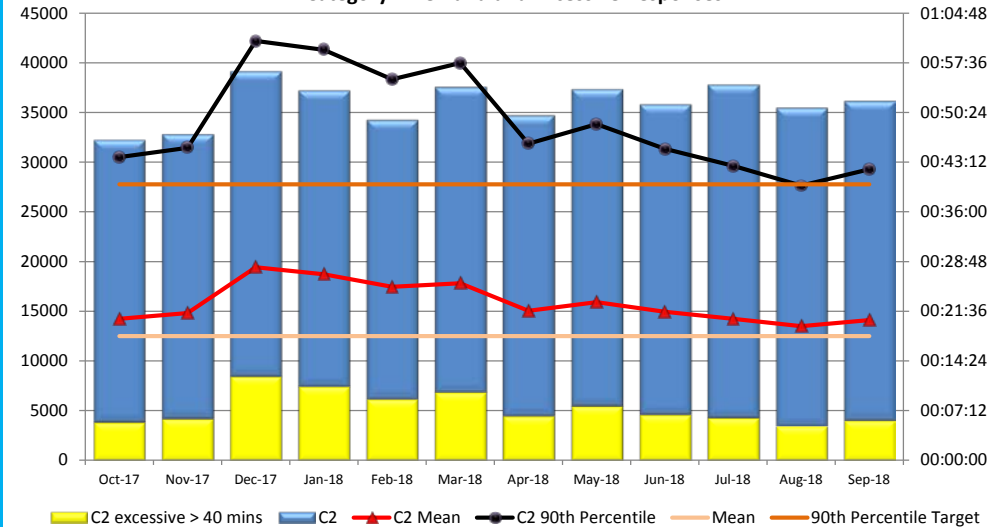
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

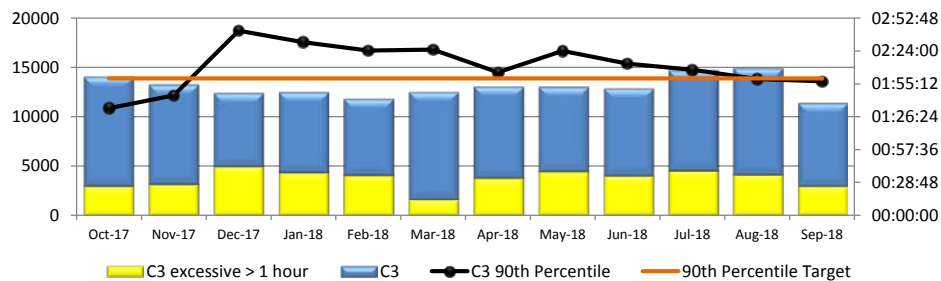
Category1 Demand and Excessive Responses



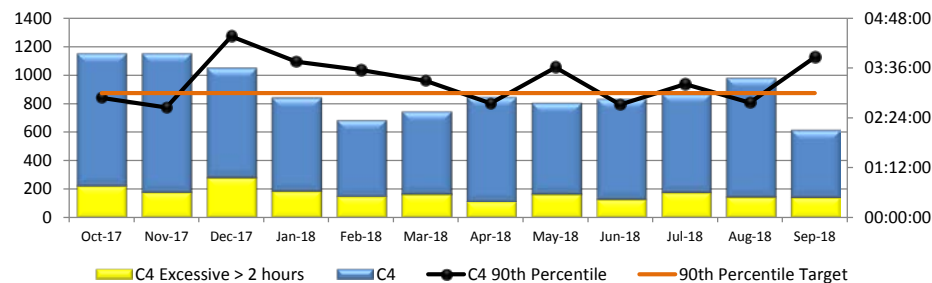
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 mean performance was 7 minutes 18seconds against the 7 minute target with the 90th percentile at 12:28 against the 15:00 target. 90th percentile performance has remained consistently within target for the past 12 months.

Category 2 mean performance was 20:19 an increase of 53 seconds on last month .90th percentile is reporting 42:10 an increase of 2:23 on last month.

Category 3 90th percentile performance was within target at 1:57:25 against a 2 hour target and showed a decrease of 00:10:06 against August's performance. September is the first month reporting within target for 2018.

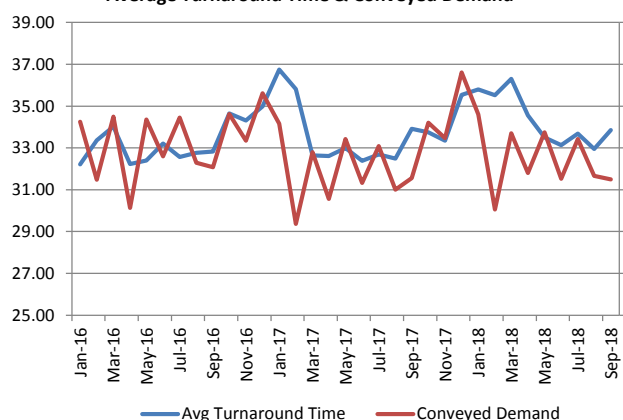
Category 4 90th percentile performance was over target at 3:51:53 an increase of 1:06:06 and is the highest 90th percentile result time within the category for 2018. Performance in category 4 is not as stable as other categories due to the low level of demand which can be impacted significantly by any outlying job times.

Performance overall dipped in September as per trajectory and as described in the August IPR due to increase in demand. Additional staffing and fleet will become operational at the end of October/beginning of November. Additional LAT crews will be operational for winter pressures which will improve category 4 performance.

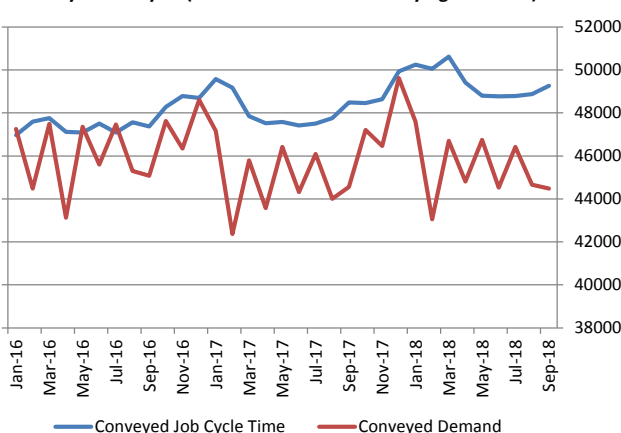
9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time

Average Turnaround Time & Conveyed Demand



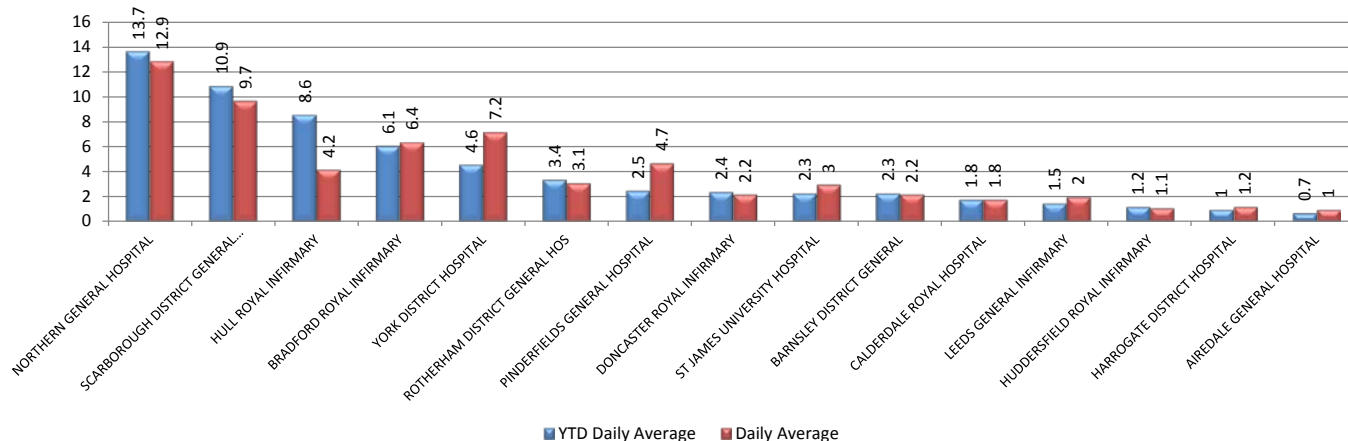
Conveyed Job Cycle (Allocated to Clear - Conveying Resource)



9.7 Hospital Turnaround - Excessive Responses

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,077	1,837	3,563	3,447	2,975	3,532	2,834	1,768	1,577	1,952	1,554	1,899	29,015
Excessive Hours per day (Avg)	67	63	115	115	96	118	91	57	53	63	52	61	79

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



Commentary

Turnaround times: for September were 2.7% higher than August and were 0.2% lower than September 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: was up slightly against August by 1.0% and is showing an increase of 2.0% vs September last year. EPR rollout is a contributor to this alongside a reduction in vehicles arriving on scene which may extend DCA cycle time. The contributing factors are currently under more detailed review.

Excessive hours: Lost hours at hospital for September were 345 hours Higher than August which is an increase of 22.2%. This is lower than September last year showing a decrease of 211 hours, which is a fall of 10.0%.

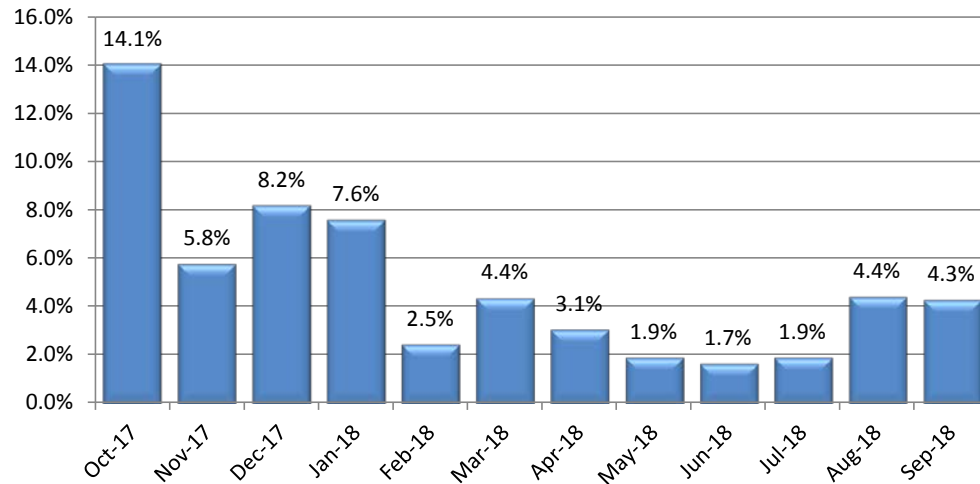
The A&E Operations senior management team are working closely with those acute trusts that regularly have significant handover delays this involves specific support regarding handover processes and piloting a HALO+ model. Initial findings are positive, progress is being monitored in each working group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

9. A&E Operations

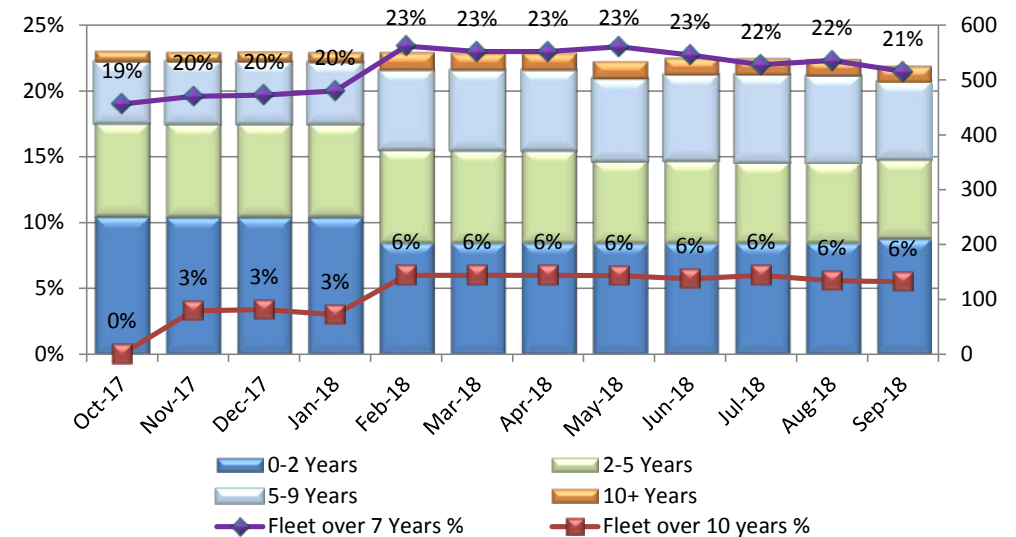
September 2018

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

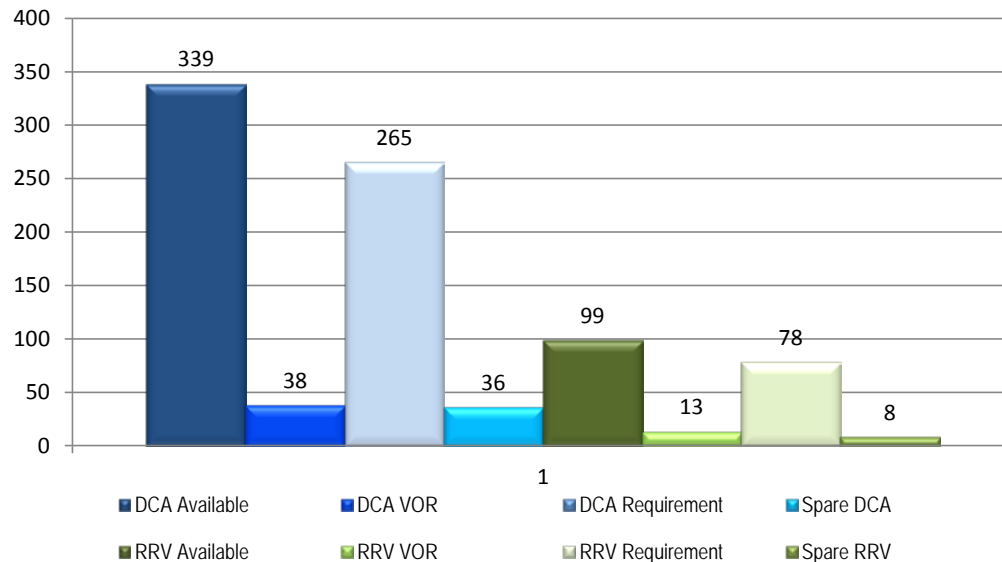


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

The A&E Deep Clean compliance service level remained level in September at 99.5%. West Yorkshire has proven to be a challenge during September with nearly 50% of the total exceptions.

Support from the A&E Operational management has been valued throughout the month, but obtaining spares to cover single stations has been difficult. Recruitment remains manageable, except at Manor Mill (AVP). Plans are being finalised to cover the Pre-AVP training period which starts in November.

Vehicle availability is currently averaging 89% availability which covers Operational Rotas. Work continues regards ARP to uplift DCA numbers to 380 vehicles.

9. A&E Operations

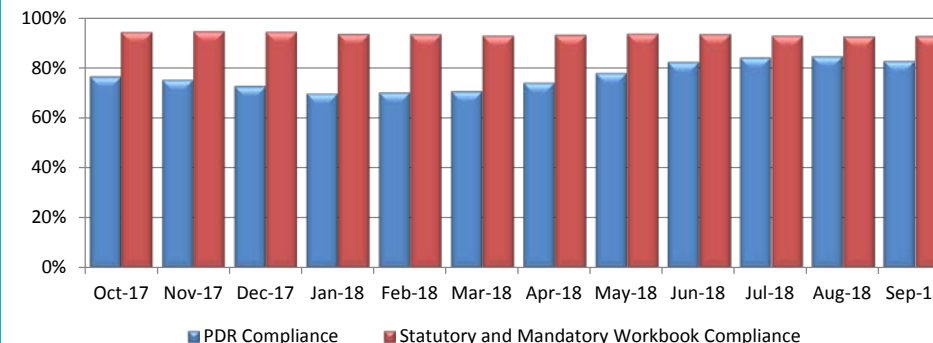
September 2018

9.11 Workforce

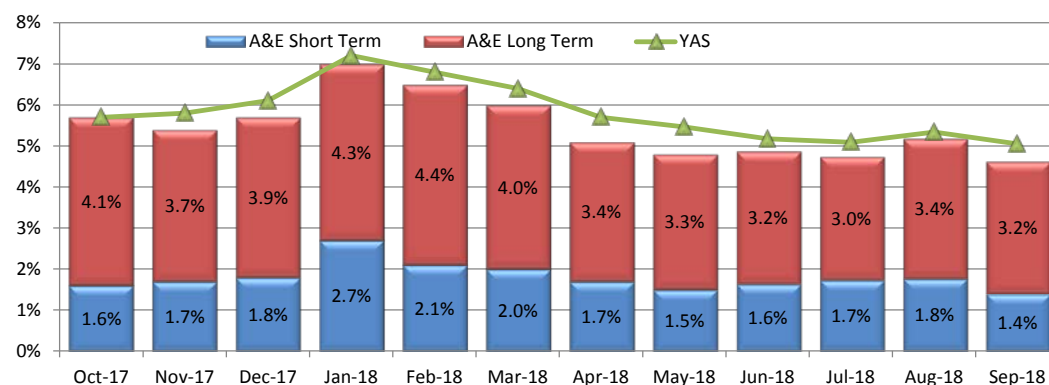
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,696	135	674	1,887	70%
Contracted FTE (before overtime)	2,454	128	535	1,791	73%
Variance	(242)	7	139	(96)	(5.1%)
% Variance	(9.0%)	4.9%	20.6%		
FTE (worked inc overtime)*	2596.6	128	535	1,933	74%
Variance	(99)	7	139	46	2.4%
% Variance	(3.7%)	4.9%	20.6%		

* 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

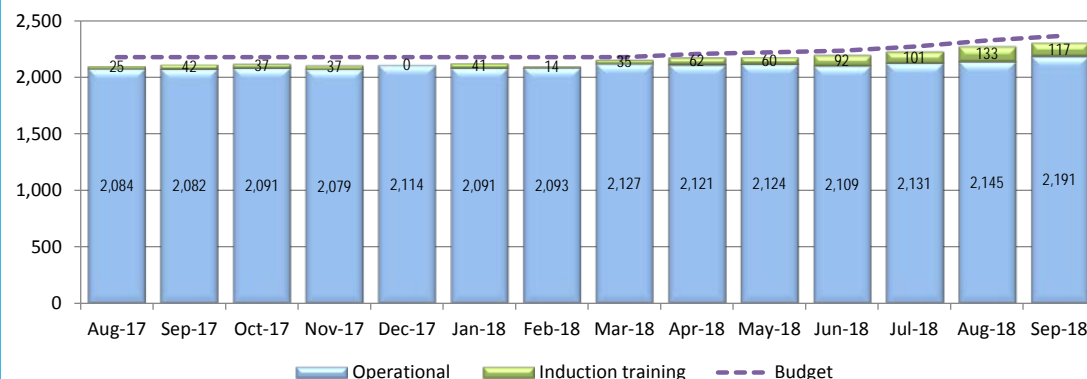
The number of Operational Paramedics is 925 FTE (Band 5 & 6). The difference between contract and FTE worked is related to overtime. Also the budget FTE figure in 9.11 is the year end budget position actual vacancy gap against forecast position in September is 59 FTE. The difference between budget and contract is related to vacancies.

PDR: Currently at 82.7% against stretch target of 90%. This is a decrease of 1.9% vs last month

Sickness: Currently stands at 4.6% which is a slight decrease of 0.6% on last month and is below the trust average of 5.1%.

9.14 A&E Recruitment Plan

A&E Operations (excluding CS)

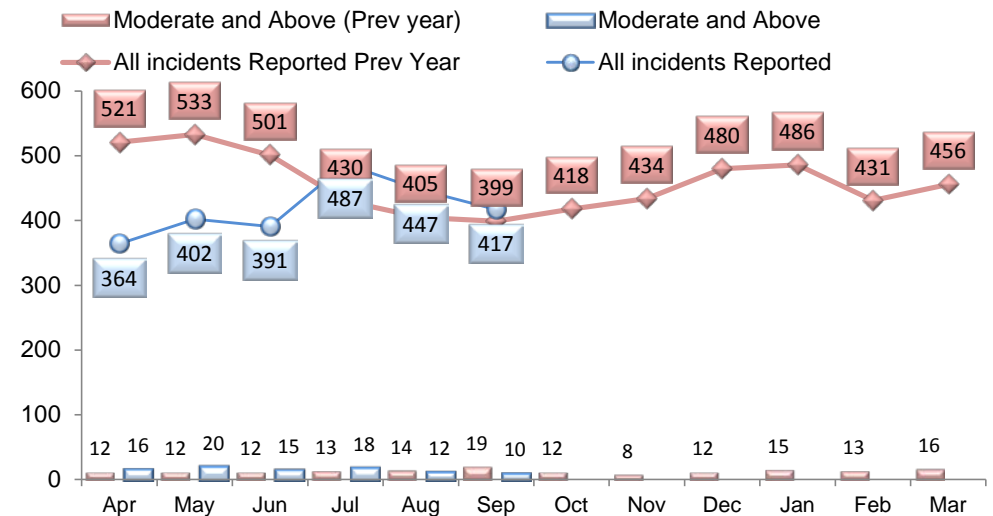


Recruitment Non clinical staffing numbers are slightly behind plan however mitigating action is being taken to resolve this before heading into the winter period. A weekly recruitment/training meeting takes place which has representation from YA Academy, HR and A&E operations to manage the current shortfall, mitigating actions and understand what we need to do in the coming months to avoid the same issue occurring.

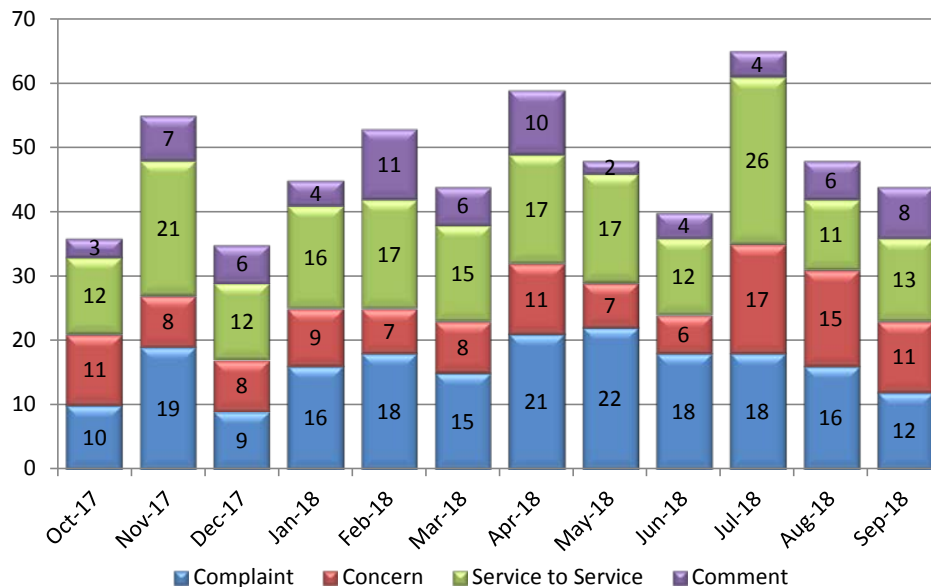
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		2	4
Total Incidents (Per 1000 activities)		0.03	0.01
Total incidents Moderate & above		10	91
Response within target time for complaints & concerns		96%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		82.3%	83.2%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

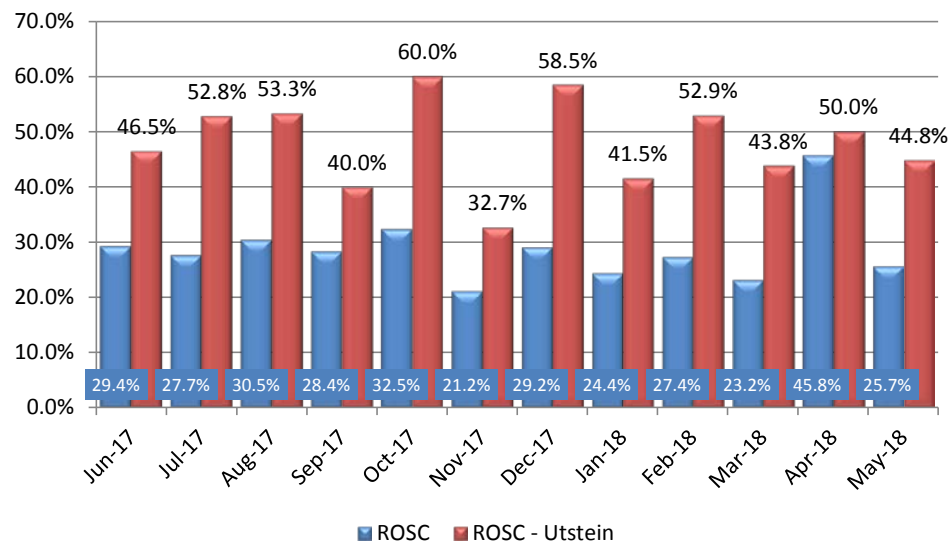


Commentary

Incidents: Total reported incidents decreased 6.7% on last month and is up by 4.5% against August last year. Incidents of moderate harm and above remain at a low level and in line with previous months.

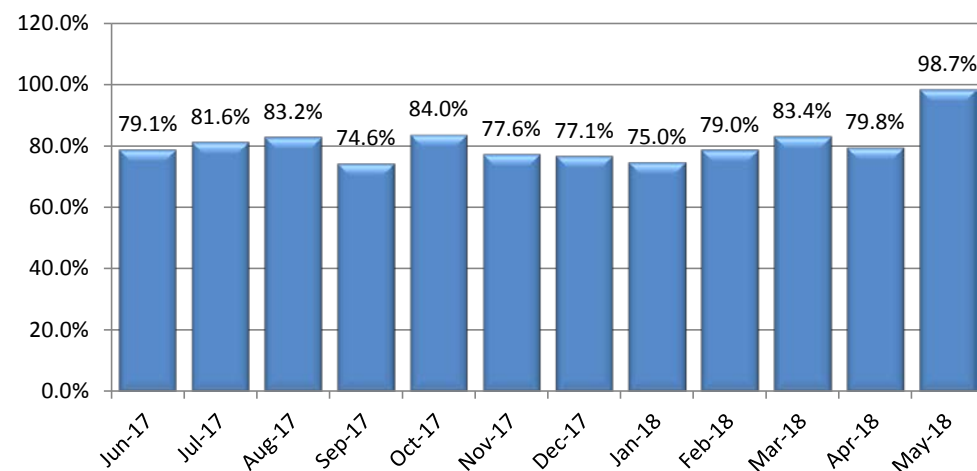
Feedback: Total feedback decreased 8.3% vs last month

9.18 ROSC & ROSC Utstein

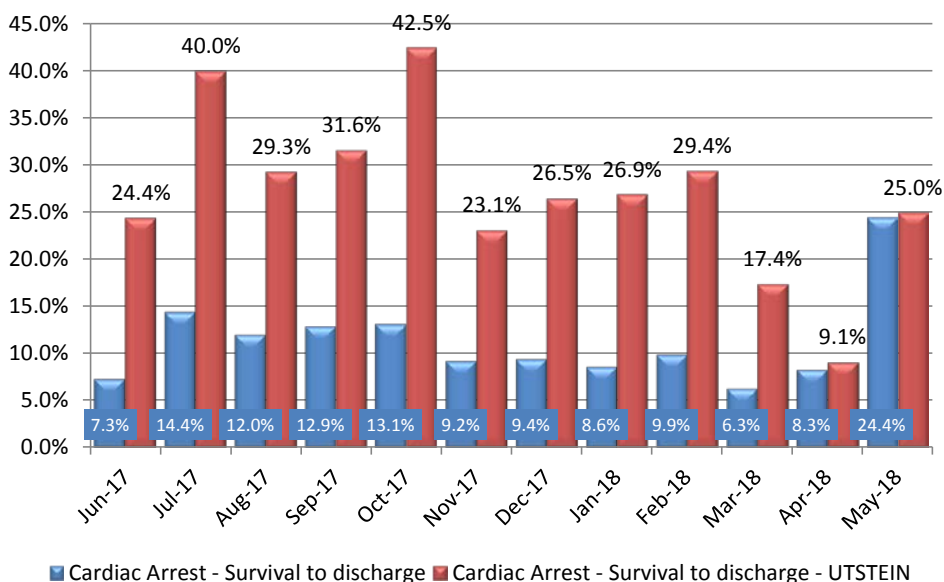


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



Commentary

IPR May 2018 data
September 2018 report

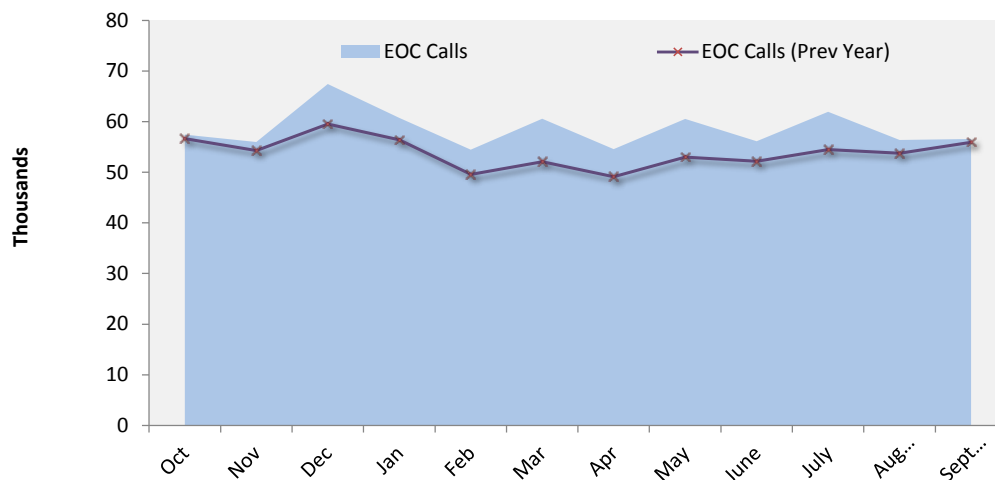
*Please note, March, April & May's ACQI data is incomplete and graphically inaccurate due the following:-

The availability of the clinical data; staffing issues at health records have led to a back log in the processing of paper records. This has resulted in less time for hospitals to provide survival information (1 week instead of 4). The submitted samples are incomplete.

Actions to mitigate the staffing shortages have been: clinical PA and audit staff asked to verify the sorted and scanned records; request for light duties staff to support the processing 1 staff member for 2 months starting end of October; recruitment of fixed term positions with an extension till March 2019; request for data submission extensions to NHSe- granted for Jan and Feb; recruitment of agency staff- over the last four weeks an attempt to recruit through three agencies has as yet been unsuccessful, (due to Christmas period all short term work is filled by agency). Senior team have been based at health records processing resuscitation and sepsis case prioritising to ensure YAS submits a full sample as further NHSE extensions are not possible; Leave has been reviewed

The new ACQI are currently in the process of being submitted by all ambulance trusts. There are at this time definition and submission refinements it cannot be seen as comparable with other services until full data is submitted and reported in the spring. YAS clinical audit will update the exec team with full sample data for comparison and will map our clinical performance over the reporting periods.

9.21 Activity

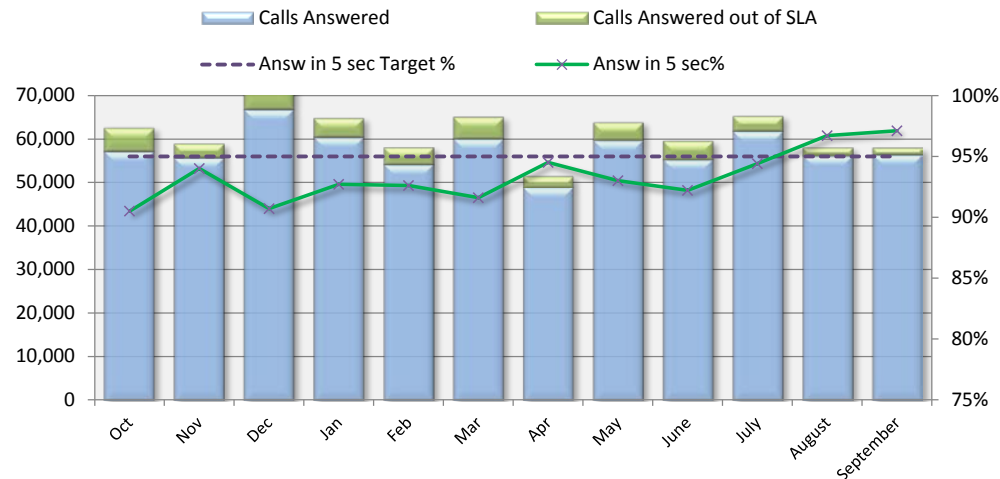


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	346,278	344,475	18,399	94.7%
2016/17	318,426	317,482	18,656	94.1%
Variance	27,852	26,993	-257	
Variance	8.7%	8.5%	(1.4%)	0.6%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	97.1%	94.7%



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	September
Calls Answered out of SLA	5,444	3,324	6,241	4,408	4,026	5,069	2,692	4,177	4,339	3,482	1,864	1,631
Calls Answered	57,238	55,774	66,831	60,487	54,232	60,078	48,981	59,786	55,379	61,860	56,326	56,488
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	90.5%	94.0%	90.7%	92.7%	92.6%	91.6%	94.5%	93.0%	92.2%	94.4%	96.7%	97.1%

Commentary

Demand: Increased 0.3% vs last month, this is also an increase of 1.2% vs September last year.

Answer in 5 sec: : YAS remains the highest performing Trust in the country with performance Increasing by 0.4% vs last month and at 97.1% and is now 2.1% above target. This represents an excellent level of performance and is the second consecutive month YAS has exceeded the national target in 2018.

9. EOC - 999 Control Centre

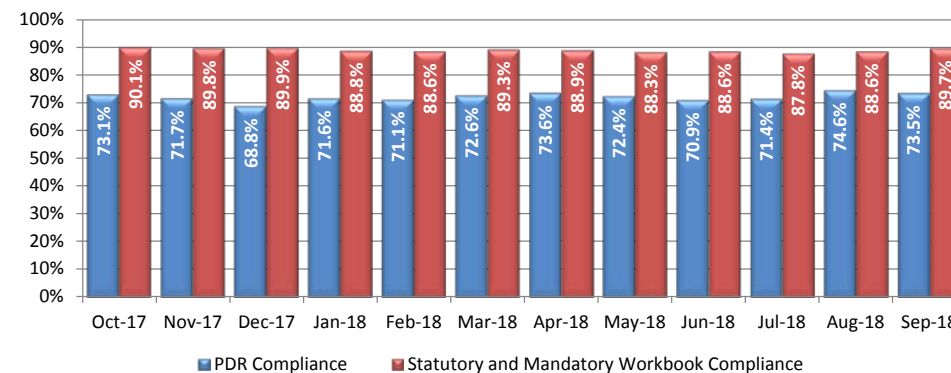
September 2018

9.24 Workforce

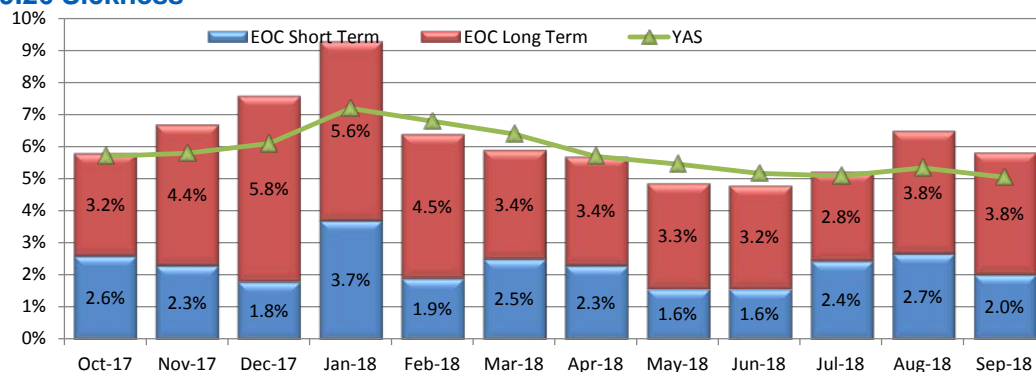
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	325	16.2	81	227	70%
Variance	(2)	(0)	(1)	(1)	(0.6%)
% Variance	(0.6%)	(0.6%)	(0.6%)		
FTE (worked inc overtime)*	335.2	24.3	59	252	75%
Variance	9	8	(23)		
% Variance	2.7%	48.9%	(28.0%)	24	0

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

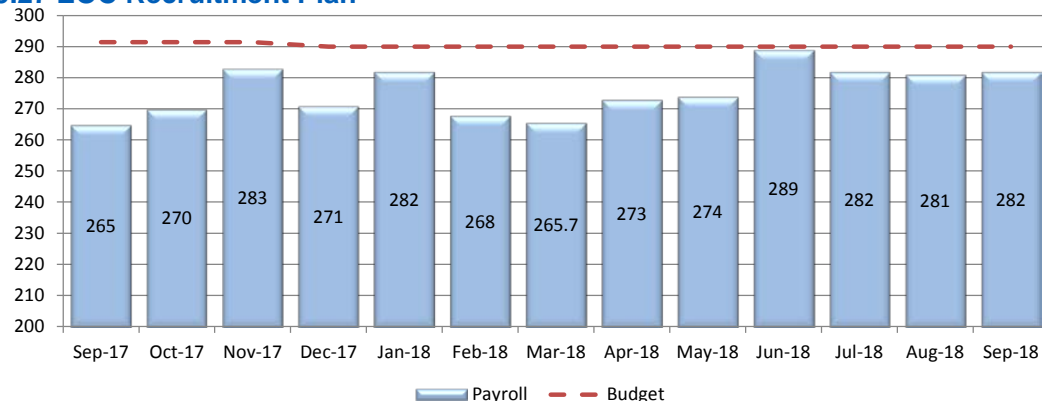
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 73.5% in September against a stretch target of 90% which is a decrease of 1.1% on previous month.

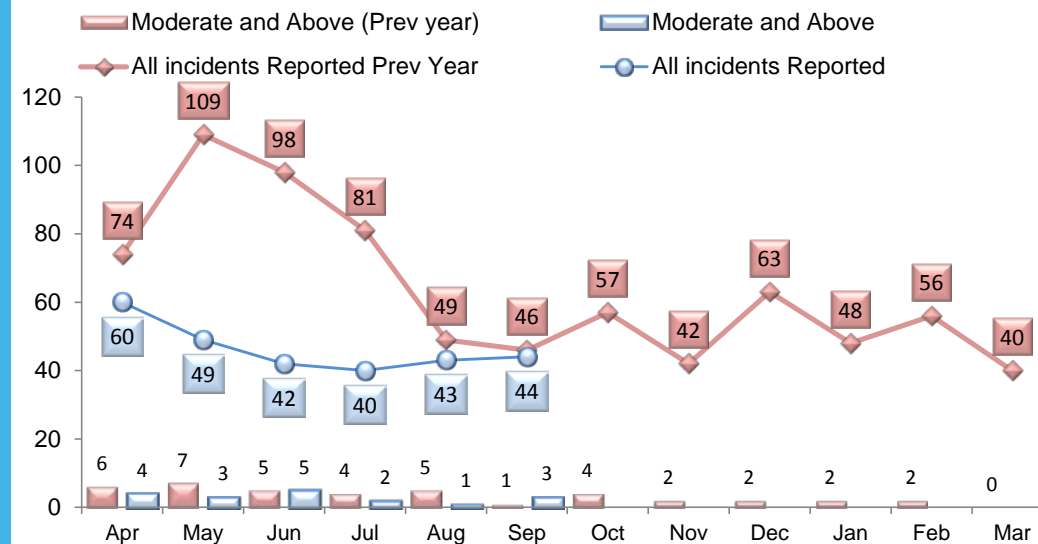
Sickness: Currently at 5.8% which is a decrease of 0.7% on the previous month. This is slightly above the Trust average of 5.1% and well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

Recruitment: We are revising our recruitment process to ensure these are targeted for EOC specifically for EMDs & Dispatchers. We have recruited to a small number of additional clinical staff for the clinical hub which have been redeployed from frontline A&E operations.

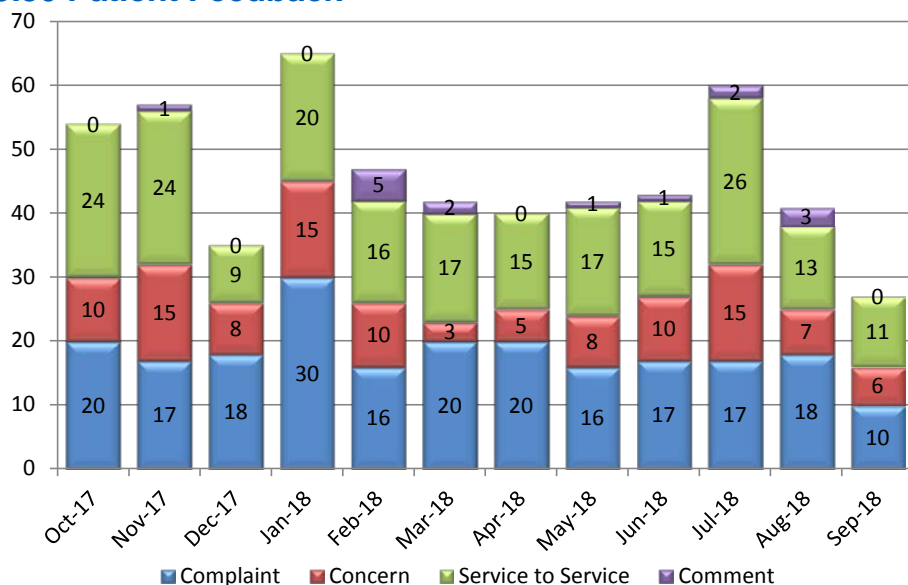
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		1	2
Total Incidents (Per 1000 activities)		0.02	0.01
Total incidents Moderate & above		3	18
Response within target time for complaints & concerns		62%	84%
Ombudsman Cases	Upheld	0	0
	Not Upheld	1	1
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

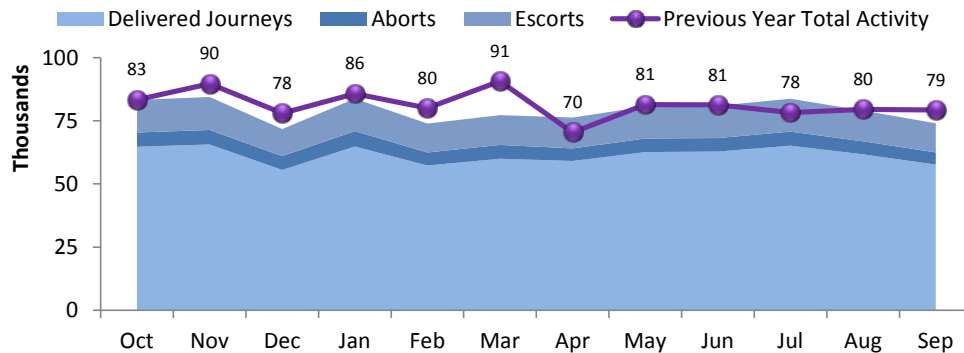
Incidents: Total reported incidents increased 2.3% on last month and is a decrease of 4.3% against September last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback figures decreased 34.1% on previous month. Complaints have reduced significantly to their lowest level in 12 months with just 10 complaints received in September.

10. PATIENT TRANSPORT SERVICE

September 2018

10.1 Demand



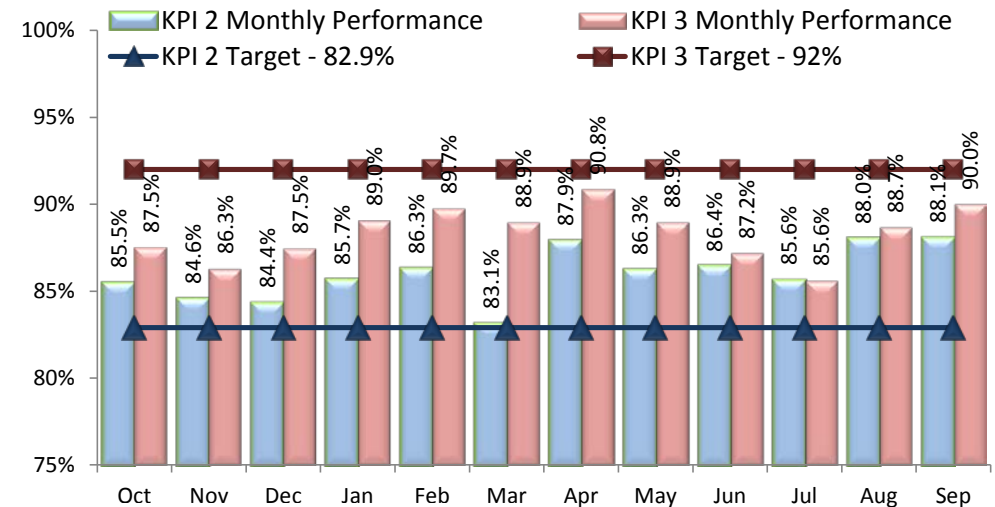
Comparison to Plan

Sep-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	369,035	31,225	74,376	474,636
Previous YTD* 2017-18	365,310	31,748	73,129	470,187
% Variance	1.0%	(1.6%)	1.7%	0.9%

* Demand includes All Activity

*** Note: Unmeasured Journeys are now included in performance calculations, to match other PTS contract reports

10.2 KPI* 2 & 3**

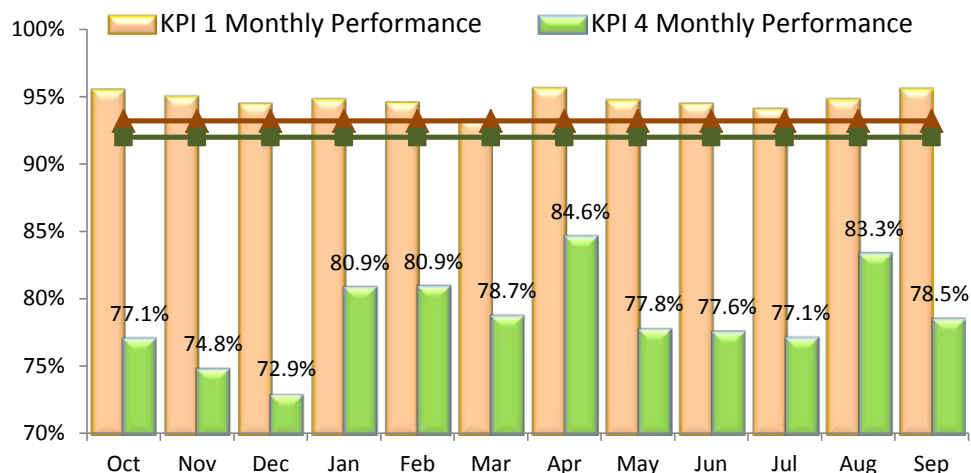


KPI 2* Arrival prior to appointment

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

KPI 4**** Outward - Short notice bookings picked up within 2 hours after informed ready

*** Excludes South

Commentary

PTS Activity in September decreased by 6.3% on the previous month and is down by 6.6% against the same month last year.

KPI 1 Performance increased slightly by 2.4 points in September to 95.6% and remains above the 93.2% target.

KPI 2 Inward performance stood at 88.1% in September which is up from 88.0% in the previous month and remains above the 82.9% making appointment on-time target.

KPI 3 The outward performance increased by 1.3 points on last month to 90.0%, the annual target is 92%.

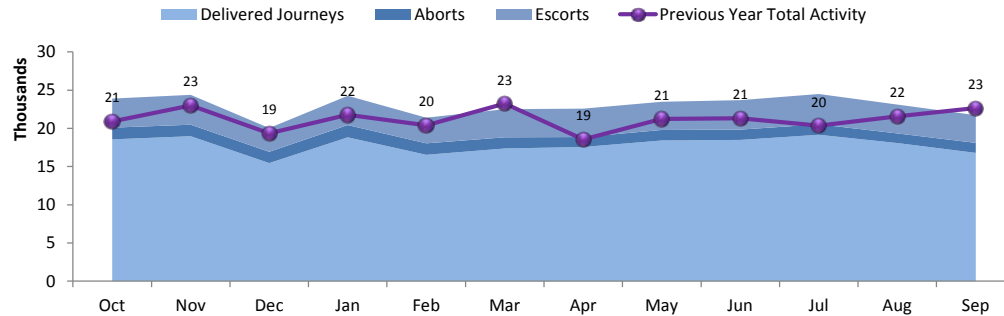
KPI 4 The performance of outward short notice bookings picked up within 2 hours decreased by 4.8 points to 78.5% in September and remains below the 92% target. Commissioned levels of resource vs KPI 4 target and a behaviour of high % discharges undertaken on-day by local acutes makes this KPI unrealistic.

Exceptions:- The increase in both KPI 1&3 is a good result. Scarborough & VOR Stretcher patients up by 36.5% and T1 up by 37.8%. East saw a 5.6% decrease compared to Sep 17.

10. PATIENT TRANSPORT SERVICE (South)

September 2018

10.1 Demand



Comparison to Plan

Sep-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	108,479	7,956	22,623	139,058
YTD 2017-18	98,137	7,820	19,706	125,663
% Variance	10.5%	1.7%	14.8%	10.7%

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 Urgent 1 & 2 not visually shown on performance graphs)

Commentary

Overall contract activity has seen a small decrease of 4% when compared to the same month last year. Of particular note is the continued increase in the number of escorts. Escorts have increased by 5% to a total of 3624 for the month. This increase reduces the number of seats available for patients and results in the requirement for more vehicles and drivers to move patients often resulting in delays for some.

When examining patient mobility needs, we have seen further increases in complex and double handed work. Stretcher patients have increased by 9% and T2 by 8%. Of note is that South are now moving more T2 patients than the whole of the West Consortia. This level of double handed work reduces crew availability and draws in extra resources which can then lead to delays for patients towards the end of the day.

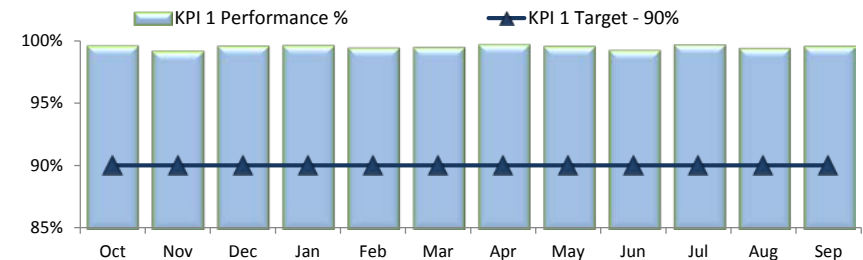
C1 Performance for September was 99.5% against a KPI of 90%. This is an outstanding result considering the increase in double handed movements and the rise in escort bookings.
 C2/C3 Performance stands at 85.1 % & 85.2%. This is a drop in performance when compared to previous months which has arisen as a result of the reconfiguration of resources. Work is ongoing to remodel the service in light of these changes to improve KPIs.
 C4 Performance which measures pre-planned outward patients being collected within 90mins has seen a reduction in performance and stands at 84% against a KPI of 90%
 C5 Performance for short notice and on day and discharge patients has dropped to 78%. This fall is due to the reconfiguration of resources that has taken place during the month. Performance for this KPI is being reviewed to identify areas for improvement going forward.

The GP Urgent Service is continuing to perform well with the GP 90 service standing at 70.5%, GP 120 82.4% and GP3 at 93.5%.

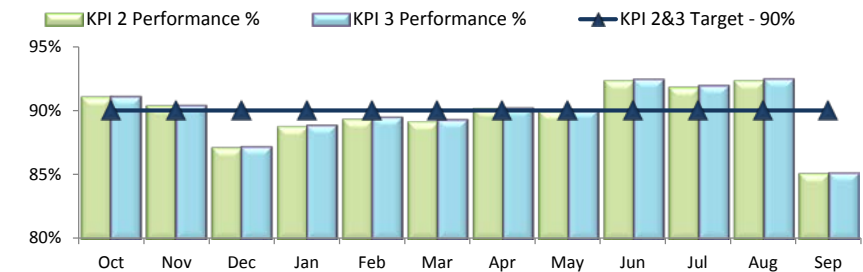
The Discharge Service stands at 76.7%. Further work is taking place with the Acute Hospital Bed Managers to seek out areas for improvement and performance gains for the Discharge Service.

*** Note: Unmeasured Journeys are now included in performance calculations, to match other PTS contract reports

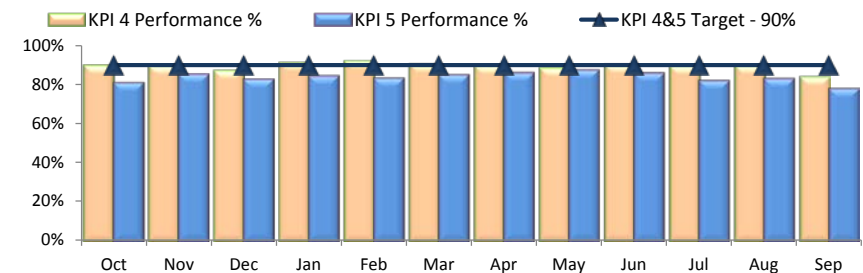
10.2 KPI 1 - Journeys no longer than 120 Mins



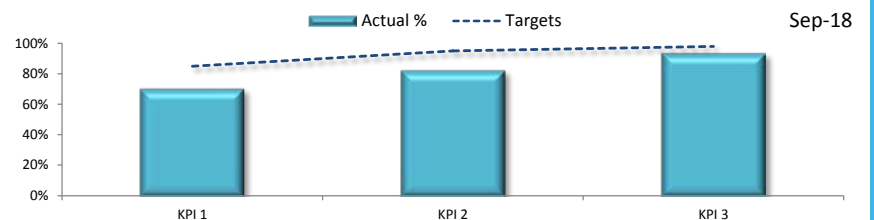
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys



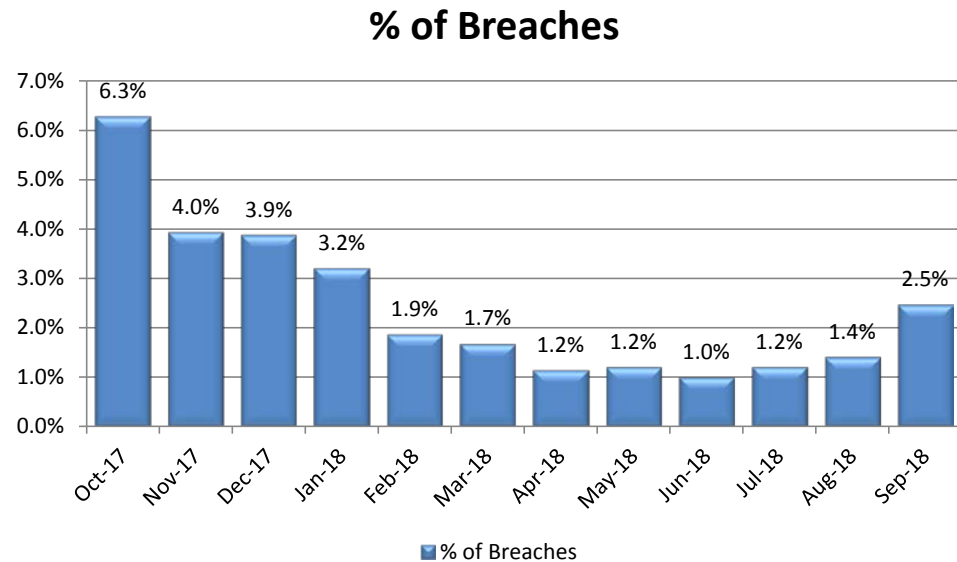
10.3 GP Urgent Performance



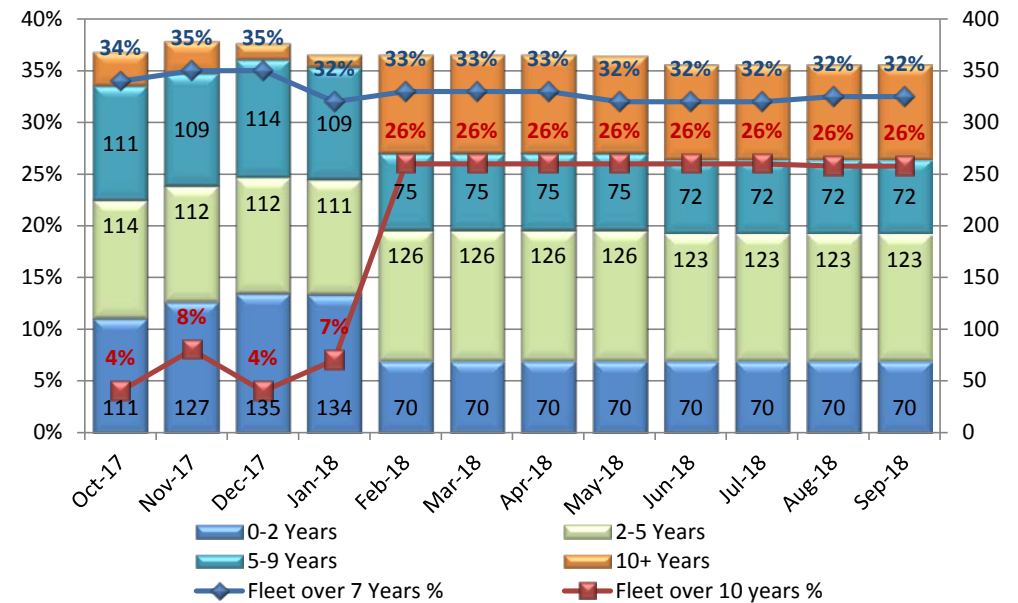
10. PATIENT TRANSPORT SERVICE

September 2018

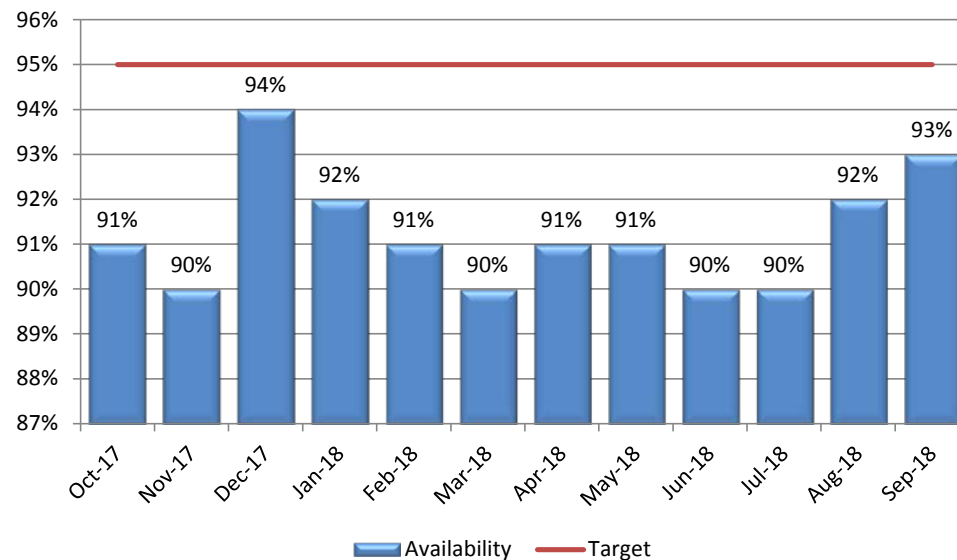
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability is up from 92% to 93% and is below the 95% trust target figure, this is due to a number of vehicle defects being associated with vehicle age.

The PTS deep clean percentage of breaches outside the 5 weeks window stood at 2.5% in September. The PTS vehicle Deep Cleaning Service Level again remained very good and stable in September

Figures for September 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. Vehicle age is affecting vehicle availability as parts are becoming difficult to obtain for vehicles over 10 years of age.

10. PTS

September 2018

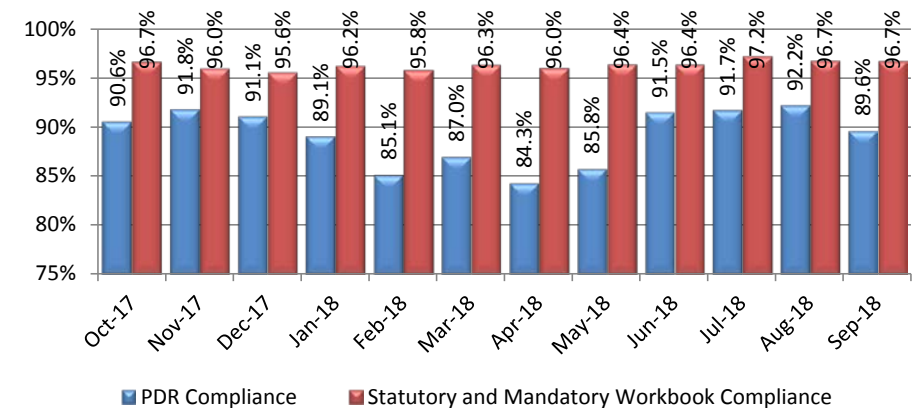
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	605	30	121	454	75%
Contracted FTE (before OT)	564	38	97	429	76%
Variance	(41)	(7)	24	(24)	(5.4%)
% Variance	(6.8%)	(24.4%)	20.0%		
FTE worked inc overtime	598	38	97	463	78%
Variance	7	(7)	24	10	2.1%
% Variance	1.2%	(24.4%)	20.0%		

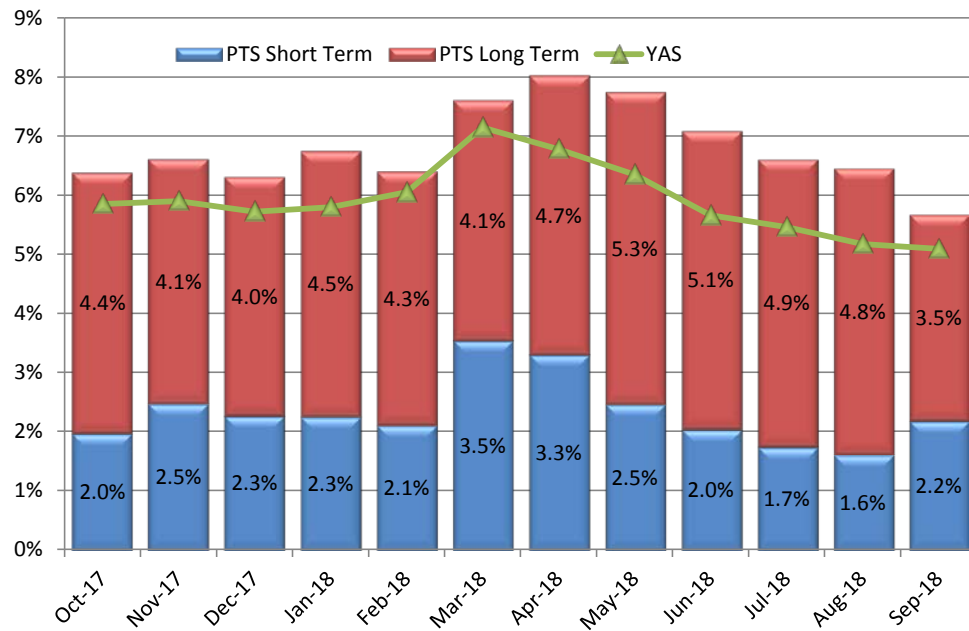
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance declined by 2.6 points in September to 89.6% and is marginally below the 90% Trust target and work continues to deliver the standard.

Statutory and Mandatory Workbook compliance remains unchanged on the previous month and at 96.7% is above the 90% Trust target.

Sickness rate in PTS decreased in September by 0.7 points to 5.7%, its lowest level in the last 12 month reporting period, narrowing the gap to just 0.6 points above the 5.1% YAS average.

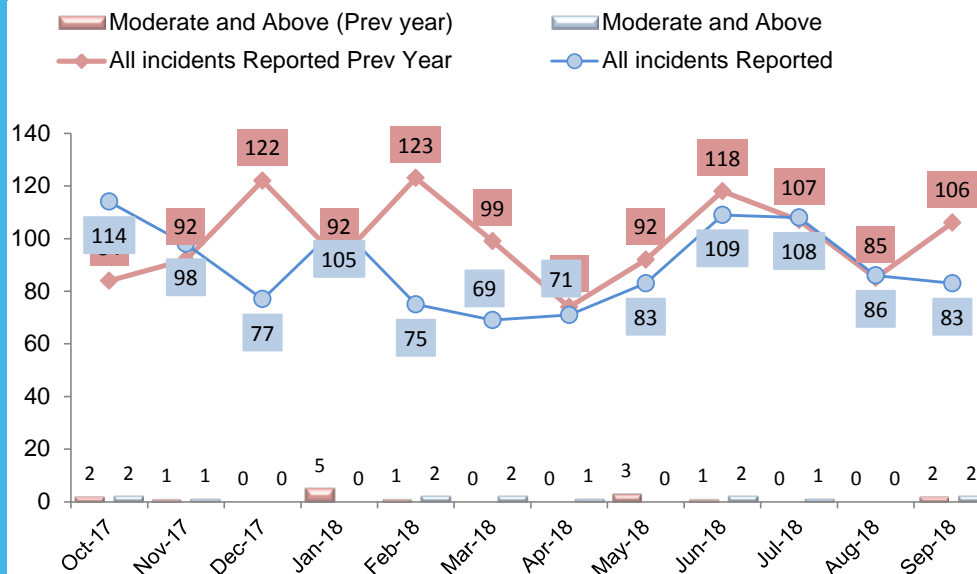
10. PATIENT TRANSPORT SERVICE

September 2018

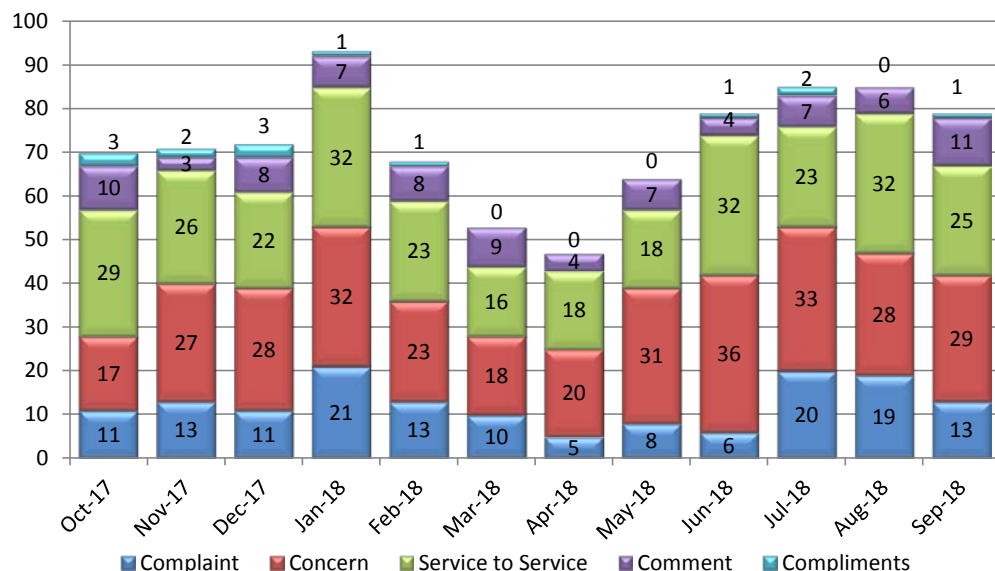
10.10 Quality, Safety and Patient Experience

		Sep 2018	2018-19
Serious Incidents		1	2
Total Incidents (per 1000 activities)		0.017	0.006
Total incidents Moderate & above		2	6
Response within target time for complaints & concerns		75%	89%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.6%	90.7%
Call Answered in 3 mins - Target 90%		93.9%	92.4%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes stood at 93.9% in September which is up from 93.5% on the previous month and above the 90% target.

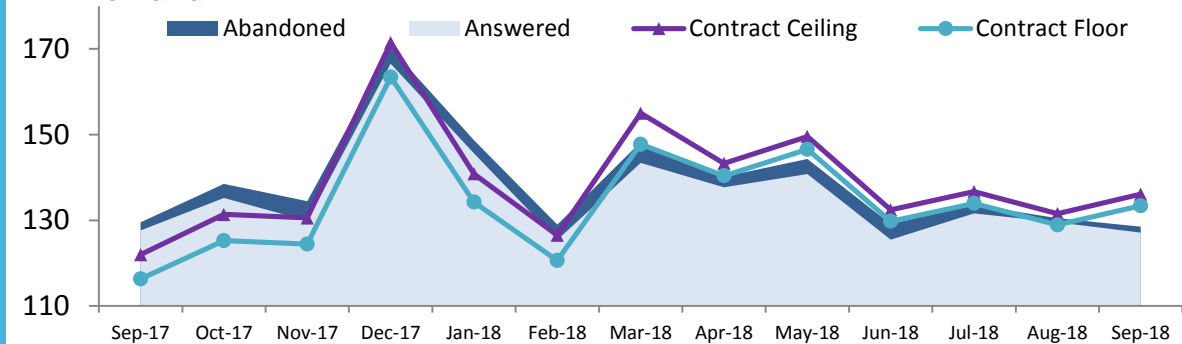
Incidents: The number of reported incidents within PTS during September decreased by 3.5% on the previous month level and has reduced in comparison to last year's figure.

Patient Feedback: figures are down by 7 on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints decreased by 6 in September and concerns were up by 1 with service to service decreasing by 7. The YTD average number of complaints each month is 12 equating to a complaint rate per PTS delivered journey of 0.01%.

11. NHS 111

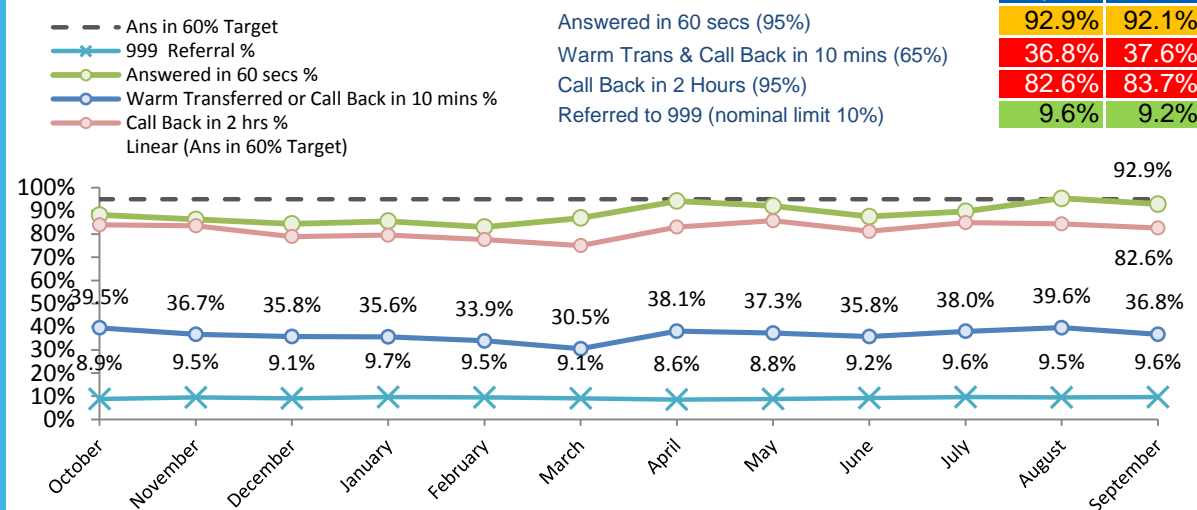
September 18

11.1 Demand



YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	806,300	792,286	729,380	92.1%
Contract Ceiling YTD 2018-19	813,071	829,761	788,273	95.0%
Variance	- 6,771 -0.8%	- 37,475 -4.5%	- 58,893 -7.5%	2.9%
YTD 2017-18	814,484	801,141	738,768	92.2%
Variance	- 8,184 -1.0%	- 8,855 -1.1%	- 9,388 -1.3%	-0.2%

11.2 Performance



11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



Commentary

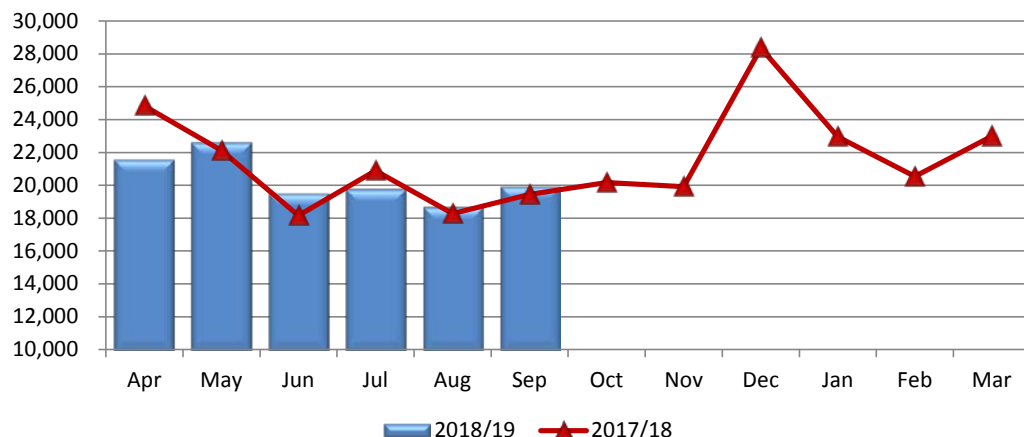
Call volumes for September 2018 were 4.7% below contract floor . (NB.This years floor includes 50% growth of the total 4.19% growth for the year). September 2018 call levels were 6.6% below contract ceiling.

Performance for September 2018 was 92.9%, a decrease of 2.5% from last month. (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 1.8% from last month (84.4%).

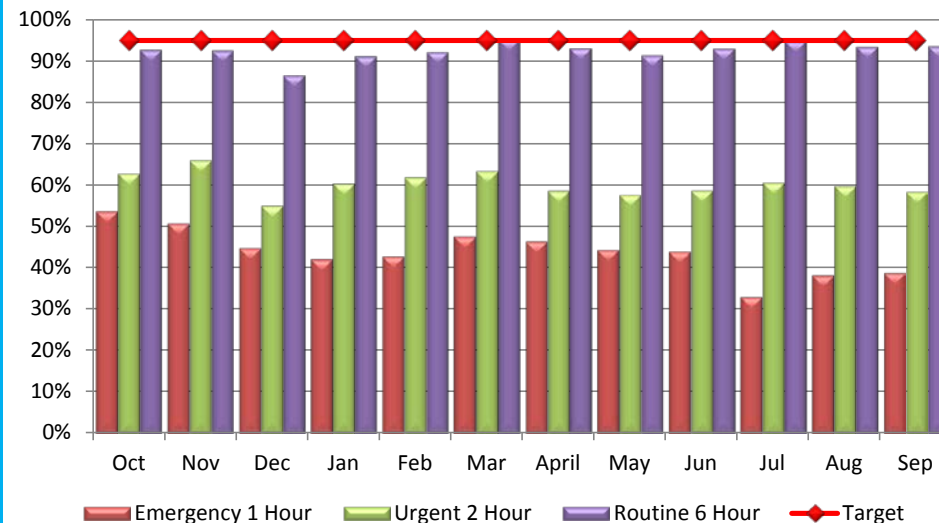
The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. Clinical contacts for September 2018 was 45.6%, (0.5% above last month's)

11.4 Demand

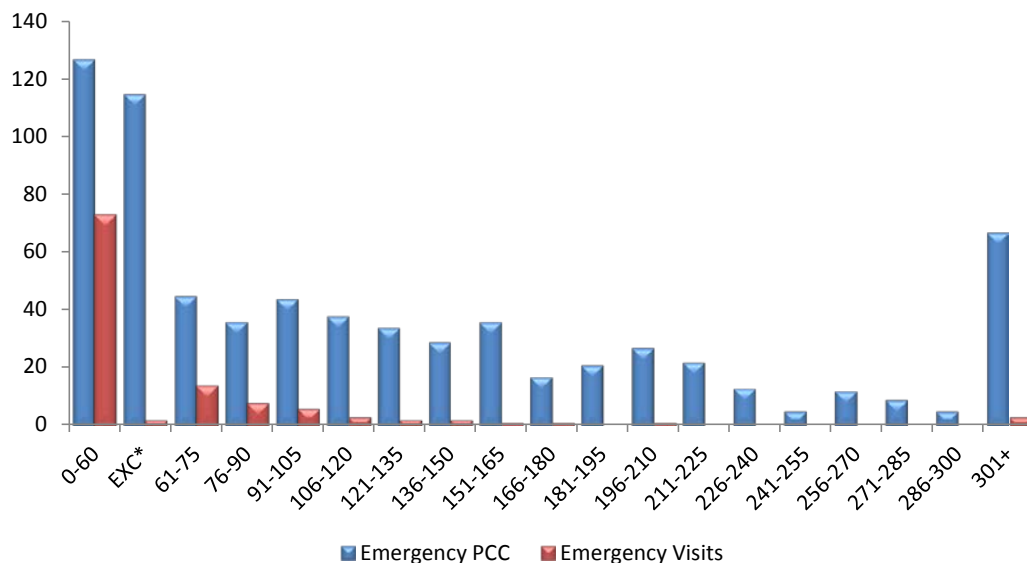


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		123,739	122,185	-1,554	-1.3%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	1 SI reported in Sep-18. Incident on 13th (Leeds area) Sep re. violence and aggression at LCD centre.
Adverse reports received	No adverse reports received
Patient Complaints	13 patient complaints received in Sep-18 according to DATIX 4 C's report (includes all categories). 12 of these directly involving the LCD part of the pathway. 1 upheld, 1 not upheld, 2 partially upheld and 9 remain under investigation.

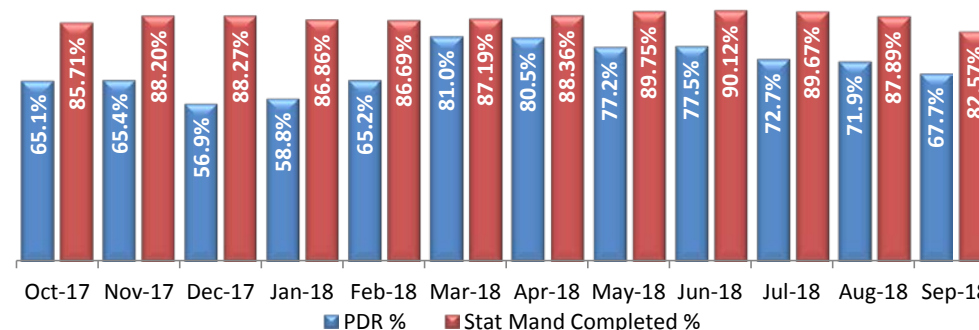
Comments: Patient demand increased during Sep 18 (2.6%) as compared to Sep 17, cumulatively remain below if the year to date picture is compared to 2017. NQR performance for Emergency 1 hour increased by 0.6%, Urgent 2 hour has decreased by

11.8 Workforce FTE - Call Handler & Clinician

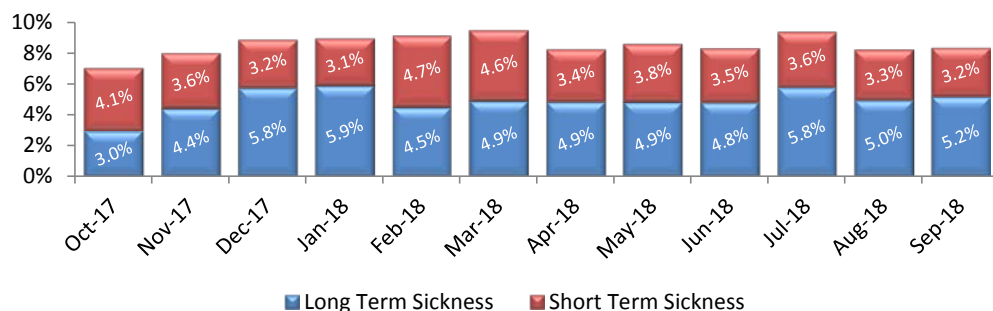
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	304	27	70	207	68%
Contracted FTE (before OT)	281	53	113	116	41%
Variance	-23	-25	-43	-91	-27%
% Variance	-7%	-92%	-61%	-44%	
FTE (Worked inc Overtime)	306	53	113	140	46%
Variance	2	-25	-43	-66	
% Variance	0.6%	-92%	-61%	-32%	-22%

11.11 Training



11.9 Sickness

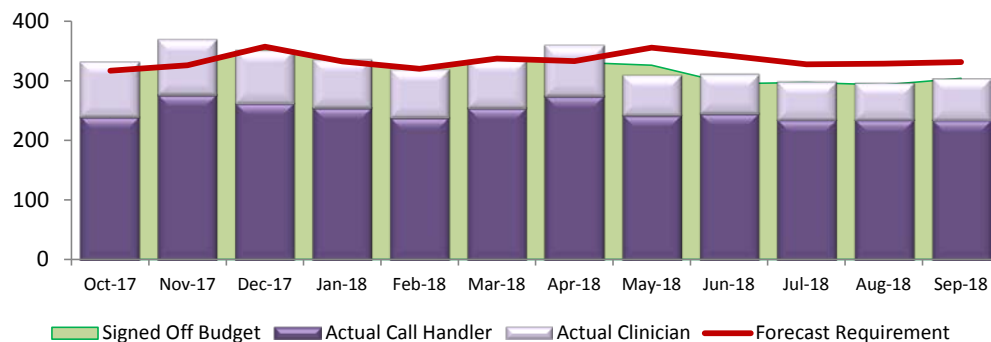


Commentary

Both Statutory and mandatory training and PDR rates decreased during September 2018. Stat Mand % was 7.4% under the 90% target at 82.57%, and PDR rates were at 67.7% (4.2% below last month).

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 8.4% for September 2018, a 0.1% increase from August 18. Work continues with HR colleagues and operational managers to support staff to maintain attendance at work.

11.10 Recruitment Plan



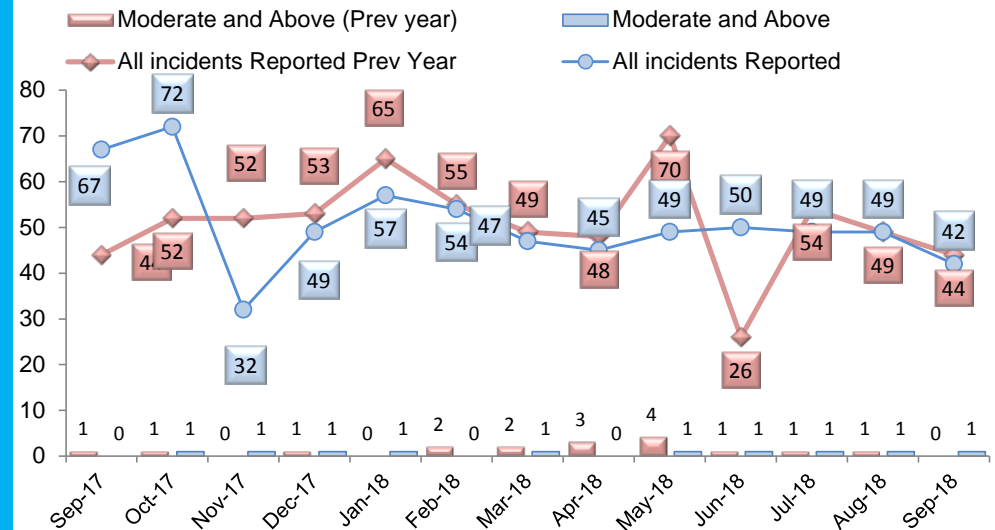
Clinical recruitment is an ongoing process within NHS111 to maintain sufficient clinical staff with 6 clinicians being processed to start in October /November. Interviews and assessments are taking place during for potential homeworkers and EOC/111 clinicians.

Overtime has been used to mitigate the impact of recruitment challenges and bring down the gap between forecast requirement and actual staff employed.

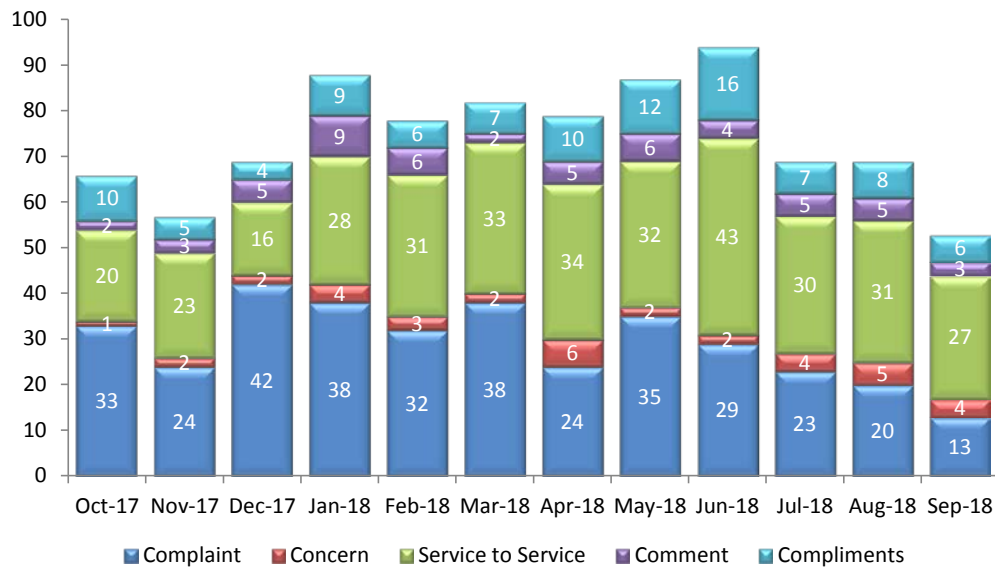
11.12 Quality, Safety and Patient Experience

		Sep-18	YTD
Serious Incidents		1	4
Total Incidents (per 1000 activities)		0.01	0.01
Total incidents Moderate & above		1	5
Response within target time for complaints & concerns		93%	91%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

11.14 Incidents



11.13 Patient Feedback



Commentary

One SI was reported for September 2018.

13 patient complaints were received in September, a decrease of 7 on the previous month. Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

The number of compliments also decreased, with 6 received during September 2018.

ANNEXES

System (September 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)	63371	93295	89562	57669	66822	69459	32958	84746	56943	44679
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	65.1%	63.7%	61.9%	68.5%	65.8%	60.6%	60.7%	54.9%	55.4%	52.3%
C1 Incidents	8.0%	9.3%	8.9%	10.1%	9.2%	6.3%	7.1%	6.3%	5.9%	5.6%
C2 Incidents	57.1%	54.3%	52.9%	58.4%	56.6%	54.3%	53.6%	48.6%	49.5%	46.8%
C3 Incidents	18.1%	22.4%	24.1%	20.0%	18.5%	25.1%	25.7%	36.1%	34.2%	32.3%
C4 Incidents	1.8%	2.6%	3.7%	0.3%	3.4%	0.9%	1.1%	1.8%	1.4%	2.2%
HCP 1-4 Hour Incidents	8.6%	3.6%	3.6%	4.4%	3.7%	3.8%	6.8%	4.1%	3.3%	7.5%
Hear and Treat	6.3%	3.1%	5.6%	6.8%	6.6%	5.5%	5.2%	3.0%	5.7%	5.8%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:18	00:06:57	00:07:58	00:07:26	00:08:02	00:06:50	00:06:12	00:06:46	00:07:41	00:07:15
C1-90th centile response time (Target 00:15:00)	00:12:28	00:11:27	00:13:18	00:13:20	00:14:24	00:12:41	00:10:37	00:11:41	00:14:12	00:13:12
C2-Mean response time (Target 00:18:00)	00:20:19	00:19:28	00:22:46	00:32:43	00:25:39	00:27:00	00:20:15	00:11:58	00:19:17	00:16:09
C2-90th centile response time (Target 00:40:00)	00:42:11	00:39:48	00:48:33	01:08:48	00:52:45	00:56:56	00:41:18	00:21:49	00:36:11	00:32:16
C3-90th centile response time (Target 02:00:00)	01:57:25	02:16:42	02:40:22	03:11:45	03:30:33	02:45:10	03:01:51	01:12:40	03:12:32	01:58:27
C4-90th centile response time (Target 03:00:00)	03:51:53	02:16:15	03:13:00	02:27:50	04:07:38	05:49:39	03:41:53	02:05:38	04:01:15	02:47:12
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.7%	63.9%	63.2%	61.1%	59.2%	54.1%	59.4%	57.1%	58.1%	54.1%
Incidents with transport not to ED	9.6%	6.8%	6.5%	4.4%	3.0%	4.7%	11.3%	3.7%	2.7%	6.3%
Incidents with face to face response	23.4%	26.2%	24.7%	27.7%	31.3%	35.8%	24.1%	36.3%	33.5%	33.8%

Clinical (May 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	25.7%	38.6%	34.5%	30.8%	32.2%	29.5%	26.6%	32.3%	25.1%	36.6%
ROSC - Utstein	44.8%	57.1%	54.3%	72.2%	56.3%	50.0%	57.9%	66.7%	50.0%	60.0%
Cardiac - Survival To Discharge	24.4%	8.1%	10.5%	10.8%	11.5%	8.4%	10.1%	12.5%	4.5%	13.0%
Cardiac - Survival To Discharge Utstein	25.0%	8.3%	30.2%	35.3%	48.4%	16.7%	35.3%	35.7%	20.7%	35.7%