



Yorkshire Ambulance Service



NHS Trust

# Integrated Performance Report July 2017

The following report outlines performance, quality, workforce and finance as identified by nominated leads in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (999, PTS and 111).

Inspected and rated

Good



when it's less  
urgent than 999



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The following YAS board report outlines performance, quality, workforce and finance headlines in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (A&E, PTS and 111).

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# EXECUTIVE OVERVIEW

# 1 YAS STRATEGIC OBJECTIVES 2017/18

Ju

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

YAS STRATEGIC OBJECTIVES 2017/18								
Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	COMMENTS/EXCEPTIONS	
1 Excellent Outcomes	1.1	To deliver effective and efficient emergency call handling performance & increase capability to deliver non-conveyance	EDOps					
	1.2	To develop integrated patient care through our NHS111 delivery model aligned to national & local strategies for integrated urgent care	DPUC					
	1.3	To deliver safe & effective urgent & emergency care, supporting staff to make appropriate non-conveyance decisions.	DPUC					
	1.4	To create a sustainable core A&E service, with the right number of skilled people in place (A&E Transformation Programme)	EDOps					
	1.5	To sustain and deliver improvement in identified patient care and safety priorities	EMD					
2 Improvement & Innovation	2.1	To develop and implement an ICT strategy which enables delivery of YAS strategic priorities and is aligned to the digital roadmap across STPs	EDoF					
	2.2	To embed a robust strategic and operational business planning process into the organisation	DPD					
	2.3	To implement the performance management framework to enable devolved leadership and accountability.	EDQGPA					
	2.4	To enhance service improvement capability and provide assurance through programme and project management.	EDQGPA					
	2.5	To define, deliver and implement an integrated and systematic approach to quality improvement for the Trust.	EDQGPA					
	2.6	To develop research capability in pre-hospital urgent & emergency care, develop research skills & expertise	EMD					
	2.7	To deliver a communications function in support of a motivated workforce & external reputation as a trusted system partner	DPD					
	2.8	To create a sustainable, efficient, patient focused and fit for future PTS service (PTS Transformation Programme)	DPUC				PTS Transformation programme has been recast into a broader PTS Programme to reflect actions required for CQC/Quality improvement, Bids and mobilisations in South and East. PTS Management restructure is 80% complete with recruitment to remaining post progressing. As managers are now moving in to post a further update will be provided in September giving details on milestones to move the PTS programme forward and out of its current red rating. North PTS procurement is underway, and this will have Senior PTS resource capacity impact during Sept-Dec.	
	2.9	Implement Hub and Spoke and Ambulance Vehicle Preparation to improve quality and performance	CEO				Doncaster business case to be submitted to HS Programme Board in August with subsequent committee reviews and Trust Board in September. Criteria for further sites to implement MR/VPS (AVP) under construction to be shared at July Programme Board to influence the business cases.	

# YAS STRATEGIC OBJECTIVES 2017/18

Strategic Objective	No	Trust Level Objectives	Lead	Jul	Aug	Sep	COMMENTS/EXCEPTIONS
3 Our People	3.1	To refresh the organisation's vision & values, building a positive working environment, developing culture & behaviours	DWF				The new YAS values will be formally launched at the management conference on 5 September. Currently work is on its way in developing a values based behavioural framework that will be an instrument in embedding the values across the organisation. This piece of work has also engaged a large part of the organisation across the Trust and been discussed at TMG, TEG and Board.
	3.2	To prioritise the health and well-being of all staff	DWF				The Health and Wellbeing strategy is going to board in August. Key staff who will deliver health related CQUINs (Head of Well Being; H&WB adviser and Occ Health practitioner) have now been appointed. Work is ongoing to procure external providers to deliver mental health first aid training to clinical supervisors. The Healthy Food CQUIN continues to be compliant. Flu vaccination uptake incentives have been agreed. Vaccines have been ordered (to include non front line staff offer) and inoculation plans are being developed. The campaign will run between 19th September and 31st December.
	3.3	To build equality and diversity within our organisation to reflect the communities we serve.	DWF				
	3.4	To develop high quality, relevant and well governed clinical education processes and activity	EMD				
	3.5	To develop a workforce strategy to deliver integrated urgent & emergency care	DWF				
	3.6	To address immediate workforce challenges and develop appropriate processes & controls.	DWF				Structure proposal is going to TEG for budget approval. Work to review and evaluate systems and process in Job Evaluation and Remuneration will take place when the new structure is in place and the new role in governance is appointed to.
4 System Partner & Resilience	4.1	To maintain a high standard of capability for emergency planning, resilience, response and business continuity	EDOps				
	4.2	To develop collaborative relationships with Y&H stakeholders, building the reputation of YAS as a trusted system partner	DPD				
	4.3	To implement professional, co-ordinated approach to public & community engagement and corporate social responsibility	CEO				
	4.4	To implement a robust business development function and bid management process for the organisation	DPD				The Planning and Development team, with colleagues from U&EC Directorate have undertaken an externally facilitated 2 day training course - Business Development in the NHS and Best Practice Bid Writing. Work is ongoing to further develop and enhance the skills within the team in readiness for upcoming tenders.
5 Safe, Caring & Efficient	5.1	To sustain a safe compassionate service through compliance and continued improvement in all statutory functions	EDQGPA				
	5.2	To further embed the risk management strategy with devolved leadership and accountability in all areas	EDQGPA				
	5.3	To produce financial plans and efficiency programmes to support delivery of our Trust strategy	EDoF				
	5.4	To deliver an enhanced finance function, responsive to core operational delivery and system transformation	EDoF				
	5.5	To produce and implement 5 year strategies for estates and fleet aligned to the overarching vision for the trust	DEF				

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

### Quality of Care

<a href="#">See &amp; Treat F&amp;F test % positive</a>		NA
AQIs (Annex 2)	ROSC in Utstein group (May17)	38.9%
	Stroke in 60 mins (May17)	47.1%
	Stroke Care (Apr17)	98.4%
	STeMI 150 mins (Mar17)	80.4%
CQC rating, Feb 17		2

### Leadership & Improvement Capability

Staff sickness, ( <a href="#">Jan 17-Mar 17</a> )	5.64%
Staff turnover (FTE), (Aug 16-Jul 17)	11.7%
Executive team turnover, (Aug 16-Jul 17)	10.5%
2016 Staff Survey response rate	37%
Proportion of temporary staff	NA
Aggressive cost reduction plans	NA
Number of new complaints per 10,000 calls to Ambulance services <a href="#">Q4 16-17</a>	19.0
Staff F&F Test % recommended care <a href="#">Q4 16-17</a>	88%
Occurrence of any never event	NA
NHSE/NHSI Patient safety alerts outstanding	"

### Operational Performance

Jul 17	
<i>Maximum 8 minute response for calls:</i>	
• Category 1	71.8%
<i>Maximum 19 mins for all category calls:</i>	
• Category 1 (conveying)	No
• Category 2R	National
• Category 2T	Target Set

### Strategic Change RAG ratings (Jul 17)

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

### Finance and Use of Resources

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Jul 17 1
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	2
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
Agency spend (distance from providers cap)	1
OVERALL USE OF RESOURCES RATING	1

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



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

## Internal

- **Hub & Spoke:** Remains **Amber**
  - Doncaster business case to be submitted to HS Programme Board in August with subsequent committee reviews and Trust Board in September.
  - Criteria for further sites to implement MR/VPS (AVP) under construction to be shared at July Programme Board to influence the business cases.

- **Urgent Care:** Not reported this month
  - The next phase of the Urgent Care Programme is currently under discussion by TEG as part of strategy discussions. The Urgent and Emergency Care Board has now been established to further progress strategy direction.

## Service Improvement

- **A&E:** Remains **Green**
  - Changes in personnel and lead responsibilities have temporarily delayed the implementation and progress of some activities
  - An interim senior responsible officer has been identified.
  - A review and realignment of all projects and milestones has been undertaken.
  - No major changes to overall completion dates are expected and lead responsibilities within individual projects have now been identified.
- **PTS:** Remains **Red**
  - Offers accepted for Head of Service and Standards, Senior Logistics Manager and Operations Manager West and Quality Lead. Head of Service and Standards and Senior Logistics Manager roles to commence in August. Head of Business Systems role is being reviewed.
  - Fleet's vehicle replacement paper approved by YAS Board for 24 new PTS vehicles to meet requirements of South Yorkshire mobilisation contract for vehicles to be 5 years of age or less.

## External

- Winter levels of ED demand across the region, with no particular specific cause will increase pressure on A&E Operations. Hospital handovers appear to be generally improving, however, this is a seasonal trend and are anticipated to deteriorate again soon.
- Letters received from NHSE / I placing requirements on all A&E Delivery Boards to develop Winter Plans by September increasing pressures for all Providers to develop these earlier. YAS has completed this and CONOPs plus other updates already out to A&E DBs.
- Ongoing focus on the development of Front Door Streaming and Urgent Treatment Centres increases pressure to access and utilise already limited primary care resources; particularly coupled with the requirement for increasing out of hours primary care provision.
- Hospital reconfigurations continue to be modelled throughout the region, immediate programmes taking place are:
  - Phase 2 within Mid-Yorkshire Hospitals FT – implementation 4<sup>th</sup> September – operation plan in place
  - Stroke reconfigurations across South Yorkshire and West Yorkshire STP footprints
  - Calderdale and Huddersfield FT
  - County Durham and Darlington FT
  - South Tees FT Friarage Hospital
- Local A&E Delivery Plans are looking at how to strengthen the community response to better support greater use of alternative diversionary pathways (shifting demand from Emergency Departments).
- Ongoing pressures around availability and demand from Care Homes – creating pressures on discharging patients from hospital and additional demand, respectively.

# Our Performance July 2017

↓	75 per cent received a response in 8 mins, 25 seconds for Cat 1 calls, down by 32 seconds.
↓	Ambulance responses on Scene down 1.8% YTD
↑	PTS KPI 2 continues to be above target at 88.6% for July
↑	Calls transferred to a CAS Clinician in 111 is above 30% target at 34.5%

YTD Performance		
	%	Change
Category 1 999 Performance	71.8%	1.30%
Ambulance Turnaround Time	27 mins 30 sec	(30 seconds more)

## A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 / Red Performance (8 Min)		
Contract	Jul-17	Variance (%)	Contract	Jul-17	Variance (%)	Avg	Jul-17	Var	Avg	Jul-17	Change	Target	Jul-17	Var (2% Tol)
78,796	75,900	(3.7%)	61,801	59,651	(3.5%)	76.6%	76.6%	(0.0%)	2,425	1,646	(32.1%)	75.0%	71.8%	(3.2%)

## PTS

PTS Demand (Inc Abort & Escorts)			KPI2 Arrived Hospital (<2Hrs)			KPI3 Pre Planned Picked up (<90Min)			KPI4 Short Notice Patients (<2Hrs)			Calls answered in 3 mins		
Contract	Jul-17	Variance (%)	Target	Jul-17	Variance (%pts)	Target	Jul-17	Variance (%pts)	Target	Jul-17	Variance (%pts)	Target	Jul-17	Var
78,918	78,263	(0.8%)	82.9%	88.6%	5.7%	92.0%	89.7%	(2.3%)	92%	86.3%	(5.7%)	90.0%	75%	(14.6%)






## 111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Jul-17	Variance (%)	Target	Jul-17	Variance (%)	Target	Jul-17	Variance (%)	Target	Jul-17	Variance (%)	Avg	Jul-17	Variance (%)
136,170	133,673	1.9%	95%	91.3%	(3.7%)	30%	34.5%	4.5%	95%	92.0%	(3.0%)	8.8%	8.8%	(0.0%)

Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	00 Jan 1900 - Business Intelligence Team



# Our Quality July 2017

	3 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
	1 in 10000 patients incidents result in moderate or above harm	Recommend YAS to F&F			Compliance	May 16	May 17
	5 in 1000 People get a safeguarding referral		Q4	YTD	Hand Hygiene	99%	98%
	2 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)	PTS	90%	88%	Premise	98%	98%
	9 out of 10 people would recommend YAS to Friends and Family	A&E	85%	87%	Vehicle	98%	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
866	<b>697</b>	(14.0%) ↓	206	<b>185</b>	(3.6%) ↔	27	<b>19</b>	(5.0%) ↔	4	<b>2</b>	100.0% ↑	61	<b>54</b>	17.4% ↑

## Safeguarding

Adult Referrals			Child Referrals			Complaints			Compliance (21 Days)			FOI Requests		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	%	Change (% Pts)	Avg	No	Change
755	<b>808</b>	10.5% ↑	464	<b>475</b>	(1.7%) ↔	84	<b>78</b>	(12.4%) ↓	77%	<b>74%</b>	(14.9%) ↓	46	<b>36</b>	(7.7%) ↓

## Patient Relations

## Legal

## Clinical Outcomes (Mar DATA)

Stroke 60			STeMI Care			ROSC (Utstein)			Survival (Utstein)			Deep Clean Breaches (8 weeks)		
Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change (%pts)
44.0%	<b>50.2%</b>	22.4% ↑	84.8%	<b>80.3%</b>	0.4% ↔	53.7%	<b>46.7%</b>	(32.1%) ↓	35.1%	<b>24.4%</b>	(48.8%) ↓	30	<b>50</b>	61.3% ↑

## Fleet

Key	Change	Direction of Travel	Sparklines	AVG - Average	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	14th May 2017 - Business Intelligence Team

# Our Workforce - Jul 2017

↑	811 number of staff are are overdue a PDR out of 4370
↔	133 Staff are on long term sick out of 5504 Staff
↑	324 number of staff are still to complete the stat and man work book out of 5065
↔	More than 9 out of 10 staff have completed the Stat Man Workbook

YTD Performance		
	%	Change
Sickness	5.52%	0.10%
Stat and Man	95.34%	1.44%

Workforce									Recruitment			IG		
Total FTE in Post (ESR)			BME			Turnover			New Starts			Information Governance		
Avg	N°	Variance (%pts)	Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	No	Variance (%pts)	Target	%	Variance (%pts)
4,326	4,292	(0.8%)	11.1%	5.8%	(5.3%)	11.2%	11.7%	0.6%	44.16	44	(0.1%)	95.0%	77.4%	(17.6%)

Sickness									Finance					
Total			Short Term			Long Term			Agency Spend			Overtime		
Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	%	Variance (%pts)	Plan YTD £(000)	Actual YTD £(000)	Variance (%pts)	Avg	AE/PTS Avg	Variance (%pts)
5.0%	5.6%	0.6%	1.9%	1.9%	(0.1%)	3.6%	3.7%	0.1%	1,180	1,160	(1.7%)	£811,136	£738,610	(8.9%)

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			Clinical Training		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)
90.0%	77.5%	(12.5%)	90.0%	95.3%	5.3%	90.0%	94.6%	4.6%	80.0%	91.2%	11.2%			0.0%
												under development		

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

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,790)	(21,223)	567	(87,151)	(86,156)	995
Expenditure	21,472	20,905	(567)	86,529	85,534	(995)
Retained (Deficit) / Surplus with STF Funding	(318)	(318)	0	(622)	(622)	0
STF Funding	(101)	(101)	0	(328)	(328)	0
Retained (Deficit) / Surplus without STF Funding*	(217)	(217)	0	(294)	(294)	0
EBITDA	(1,290)	(1,281)	9	(4,509)	(4,553)	(44)
Cash	19,222	28,645	9,423	19,222	28,645	9,423
Capital Investment	234	11	(223)	727	85	(642)
Quality & Efficiency Savings (CIPs)	1,037	2,357	1,320	4,147	5,319	1,172

RISK RATING: Under the "Single Oversight Framework" the Trust's rating for July 2017 is 1 (1 being lowest risk, 4 being highest risk). The I&E margin is below 1% this month, meaning a rating of "2" for that metric. This is expected and in accordance with the Plan submitted in June 2017 and is forecast to improve to "1" in September 2017 and remain at 1 through to forecast outturn in March 2018.

The Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £53k for 2017/18, which has since been revised to an planned £3,408k surplus in line with the

agreed control total. The Trust has reported a breakeven position against plan as at the end of July (Month 4). Income is lower than plan by £995k, mainly due to the non-achievement of the CQUIN income 'risk reserve' (relating to non-achievement of the 2016/17 control total) and the funding included in the plan for the Clinical Advisory Network not yet agreed with Commissioners (which is offset by a corresponding favourable variance on expenditure on the Clinical Advisory Network).

In terms of key service line variances YTD: The A&E service line (including EOC and Special Operations) is £2,505k favourable against plan mainly due to; vacancies and under utilisation of the overtime budget. The underspend in pay is partially offset by overspend in non-pay including fire service responders and meal break payments and an income shortfall due to the none achievement of CQUIN. PTS is adverse to plan by £308k due to the delay in the management restructure impacting on CIP delivery which is partly offset by savings on vacancies within the Directorate. Fleet is adverse to plan by £291k which is mainly due to under achievement of CIPs year to date on a number of schemes including accident reduction, CVL contract and also a proportion of CIPs still yet to be identified by the Directorate.

CASH: At the end of July 2017, the Trust's cash position was £28.6m against a plan of £19.2m, giving a favourable variance of £9.4m. This is mainly due to payables being significantly higher than plan (£7.9m) and the purchase of capital lower (£2.6m) giving an aggregate positive variance of £10.5m; this is partially offset by receivables being £1.5m greater than plan. The balance relates to changes on provisions.

Capital spend at the end of July 2017 is £85k against a plan of £727k for the YTD. The overall plan is for £13.232m expenditure (allowing for disposals of £1.05m this will result in a charge of £12.182 against the Capital Resource Limit). At the end of June 2017 NHS Improvement have approved the CRL of £8,533k further approval will be required from NHS Improvement to use our operating surplus/cash reserves

The Trust has a savings target of £12.441m for 2017/18. 128% delivery of the CIP target was achieved at Month 4 and 75% of this was achieved through recurrent schemes. Non-recurrent schemes have contributed £2,216k of the year to date savings. This creates an overall favourable variance against plan of £1,172k, although noting the underlying recurrent financial risk for future years due to non-recurrent CIP delivery in 2017/18.

	Month	YTD	Trend 2017-18
<b>RISK RATING:</b> Under the "Single Oversight Framework" the overall Trust's rating for July 2017 is 1 (1 being lowest risk, 4 being highest risk). The I&E margin excluding STF funding is below 1% this month. This is expected and in accordance with the Plan submitted in June 2017 and is forecast to improve to "1" in September 2017 and remain at 1 through to forecast outturn in March 2018.			<p>Actual Plan- all updated re June 17 submission</p>
<b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 4 is £4.553m against a plan of £4.509m, a small favourable variance of £44k against plan.			<p>Actual Plan</p>
<b>SURPLUS:</b> The Trust has reported a surplus (including STF) as at the end of July (Month 4) of £622k which is break even against the planned surplus of £622k.			<p>Actual Plan</p>
<b>CAPITAL:</b> Capital spend at the end of July 2017 is £85k against a plan of £727k for the YTD. The overall plan is for £13.233m expenditure (allowing for disposals of £1.05m this will result in a charge of £12.182 against the Capital Resource Limit). At the end of June 2017 NHS Improvement have approved the CRL of £8,533k, further approval will be required from NHS Improvement to use our operating surplus/cash reserves.			<p>Actual Plan</p>
<b>CASH:</b> At the end of July 2017, the Trust's cash position was £28.6m against a plan of £19.2m, giving a favourable variance of £9.4m. This is mainly due to payables - in particular accrued expenditure - being significantly higher than plan (£7.9m) and the purchase of capital lower (£2.6m) giving an aggregate positive variance of £10.5m; this is partially offset by receivables being £1.5m greater than plan. The balance relates to changes on provisions.			<p>Actual Plan- all updated re June 17 submission</p>
<b>CIP:</b> The Trust has a savings target of £12.441m for 2017/18. 128% delivery of the CIP target was achieved at Month 4 and 75% of this was achieved through recurrent schemes. Non-recurrent schemes have contributed £2,216k of the year to date savings. This creates an overall favourable variance against plan of £1,172k, although noting the underlying recurrent financial risk for future years due to non-recurrent CIP delivery in 2017/18.			<p>Actual Plan</p>

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	2,289	2,245	(44)
Business Development Directorate	29	29	0
Capital Charges Directorate	44	0	(44)
Chief Executive Directorate	42	11	(31)
Clinical Directorate	47	38	(9)
Estates Directorate	108	52	(55)
Finance Directorate	333	256	(77)
Fleet Directorate	587	132	(456)
People & Engagement Directorate	130	0	(130)
Planned & Urgent Care Directorate	476	173	(302)
Quality, Governance & Performance Assurance Directorate	63	63	0
Reserve Schemes	0	2,322	2,322
<b>Grand Total</b>	<b>4,147</b>	<b>5,319</b>	<b>1,172</b>

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	3,231	3,103	(128)
Non - Recurrent	591	2,216	1,625
Unidentified	325	0	(325)
<b>Grand Total</b>	<b>4,147</b>	<b>5,319</b>	<b>1,172</b>

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

**July 17**

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

Comments: Key staff who will deliver health related CQUINS (Head of Well Being; H&WB adviser and Occ Health practitioner) have now been appointed. Work is ongoing to procure external providers to deliver mental health first aid training to clinical supervisors. The Healthy Food CQUIN continues to be compliant. Flu vaccination uptake incentives have been agreed. Vaccines have been ordered (to include non front line staff offer) and inoculation plans are being developed. The campaign will run between 19th September and 31st December.

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

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

Comments: Conveyance: NHS number now live. END to End: On track for 2 end to end reviews to be complete in Q1. Mortality review is on track in Q1.

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

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

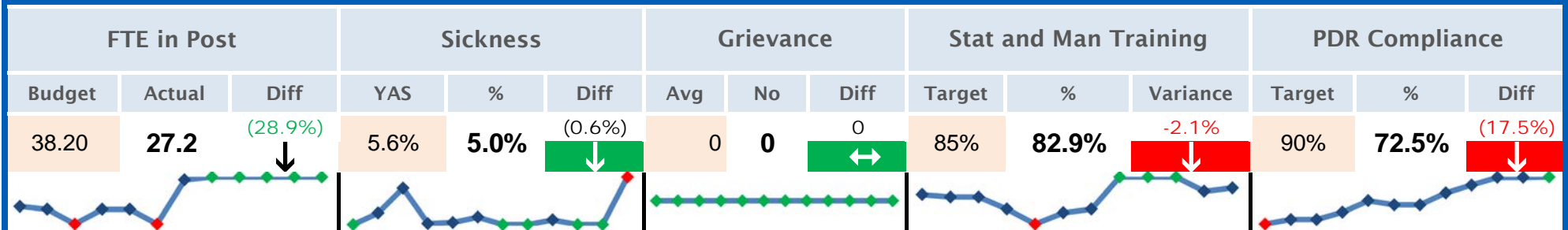
Comments: Development of the Patient Portal CQUIN was delayed in Q4 due to technical issues outside YAS remit. This was further compounded by the resignation of the dedicated person working on the front end of the development with our patients. An action plan was delivered to commissioners along with a proposal for delivery milestones for 2017-18. Whilst the milestones have yet to be approved we continue to work to these in the development of the Portal. This issue has been highlighted with the relevant YAS lead and a new member of staff has now been appointed.

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

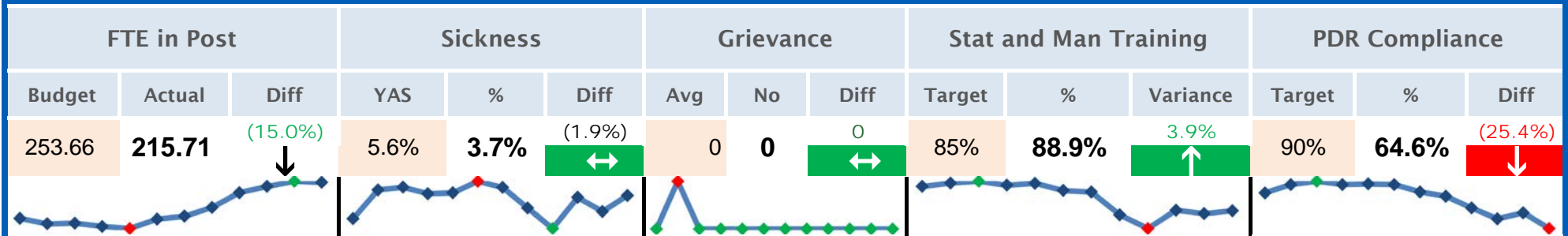


# Corporate Services July 2017

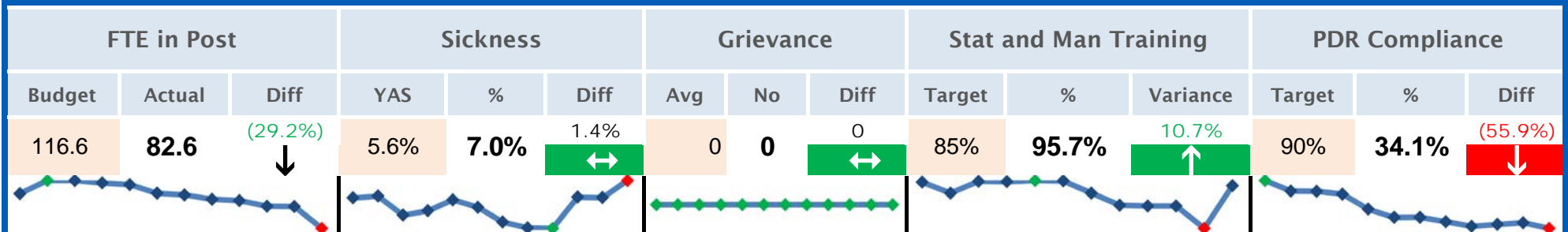
## Chief Exec and Business Development



## Finance



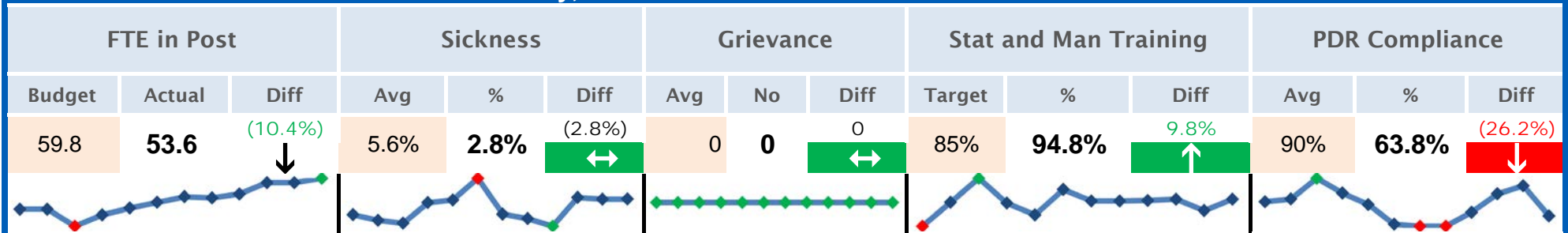
## People and Engagement



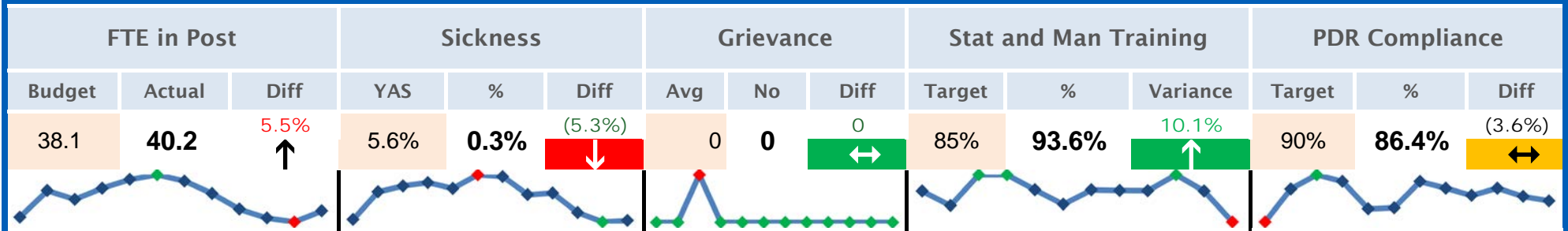
Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated				
	Current Month (tolerance 5% number difference)		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		08.08.17 - Workforce Information Team				

# Corporate Services July 2017

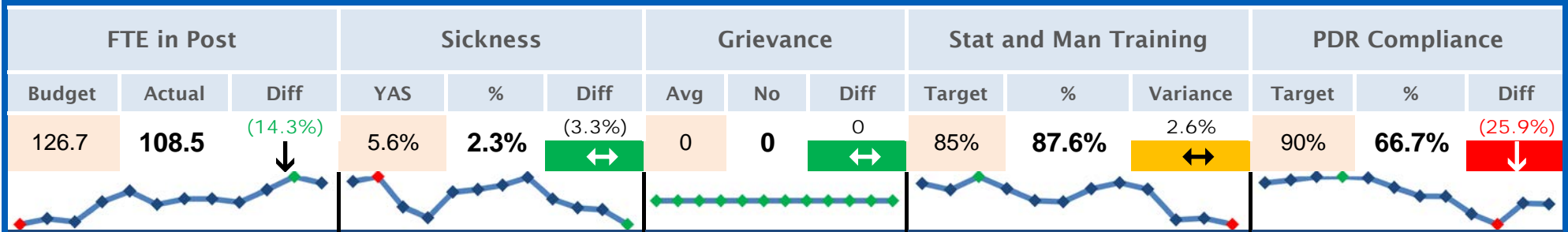
## Quality, Governance and Performance Assurance



## Clinical



## Fleet and Estates

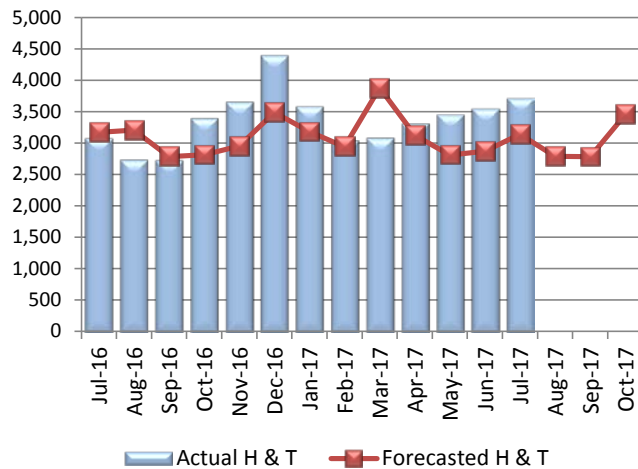


Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated	
	Current Month (tolerance 5% number difference)		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		08.08.17 - Workforce Information Team	

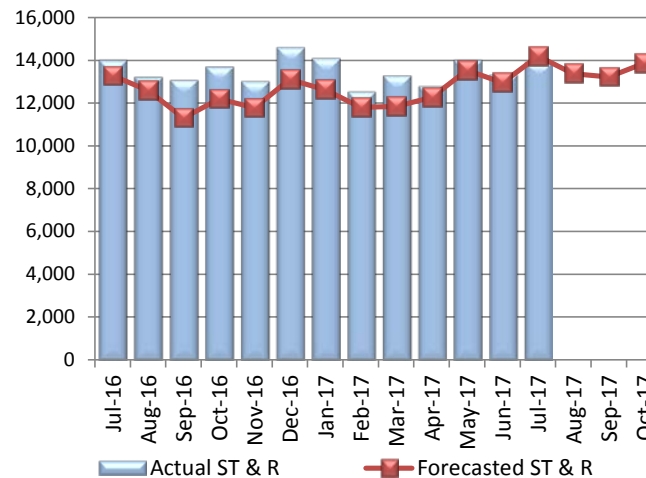
# SERVICE LINES

## 9.1 Activity

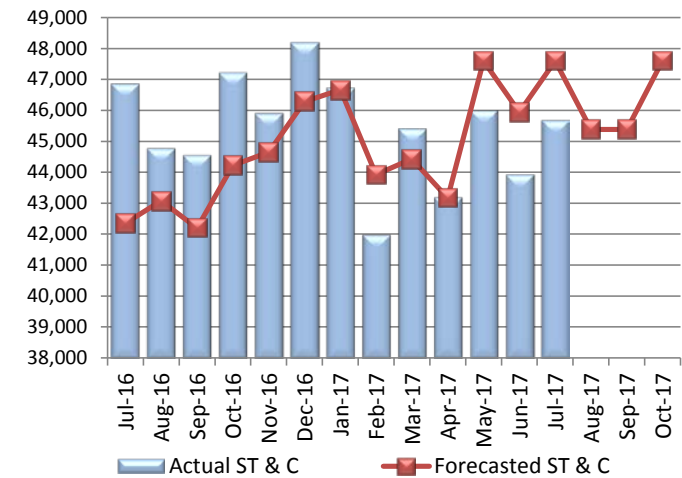
### Hear & Treat



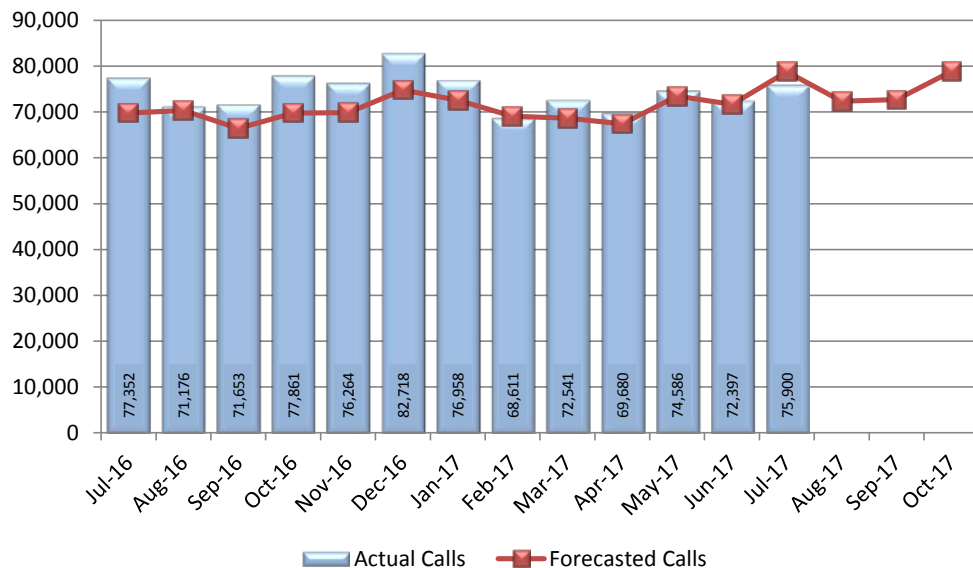
### See, Treat & Refer



### See, Treat & Convey



### Total Calls



## Commentary

Total Demand was (3.7%) below forecast. This is a decrease in call numbers of 1.9% vs July last year.

H&T is 18.5% above forecast. This is an increase of 20.5% in the amount of H&T carried out vs July last year

ST&R was (1.8%) below forecast. This is a decrease of (0.7%) in the amount of ST&R carried out vs July last year.

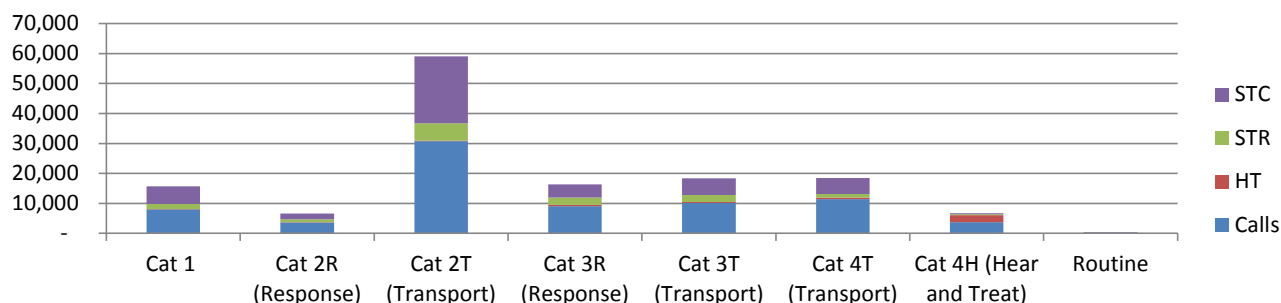
ST&C was (4.0%) below forecast. This is a decrease of (2.5%) in the amount of ST&C carried out vs July last year.

These figures show sustained progress in reducing our conveyance rate

## 9.2 Activity and Performance

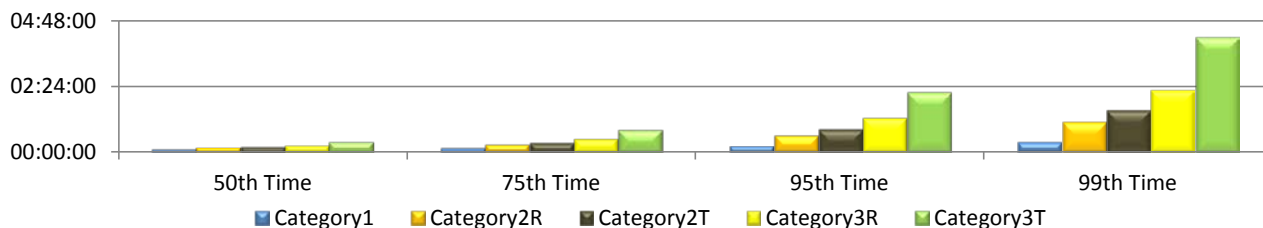
ARP2.2	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Cat 1	8,026	46	1,756	5,894	7,650	8 Mins (75% Target)	71.8%	12.6%
Cat 2R (Response)	3,663	59	942	1,959	2,901	No National Target Set		4.8%
Cat 2T (Transport)	30,701	254	5,783	22,372	28,155			46.3%
Cat 3R (Response)	9,057	429	2,457	4,388	6,845	No National Target Set		11.3%
Cat 3T (Transport)	10,152	286	2,396	5,502	7,898			13.0%
Cat 4T (Transport)	11,409	507	1,233	5,367	6,600	No National Target Set		10.9%
Cat 4H (Hear and Treat)	3,743	2,378	287	310	597			1.0%
Routine	222	-	5	146	151			0.2%

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



## 9.3 Tail of Performance

ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:00	00:08:25	00:14:07	00:21:27
Category2R	00:10:25	00:17:14	00:36:49	01:04:22
Category2T	00:12:14	00:21:13	00:50:48	01:31:08
Category3R	00:16:06	00:30:51	01:15:43	02:15:32
Category3T	00:23:17	00:50:14	02:11:28	04:11:32



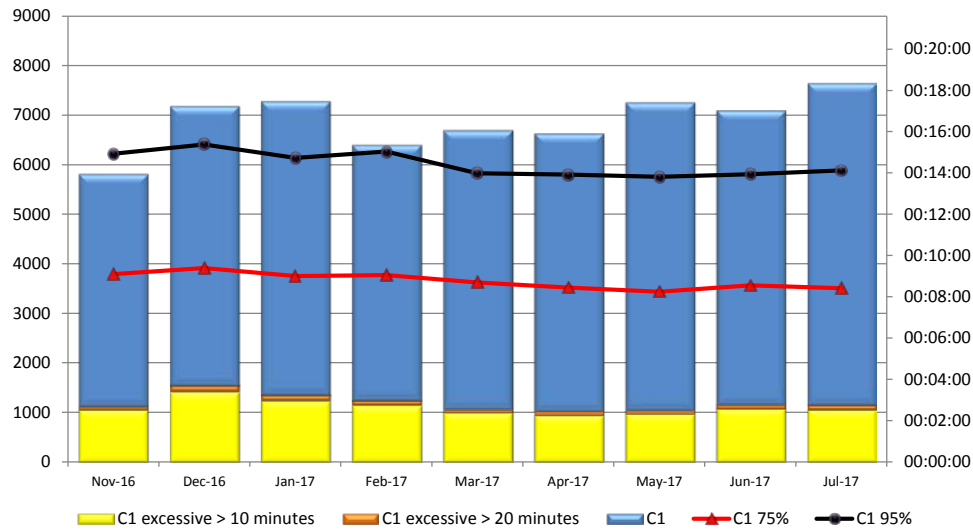
### ARP 2.2 Pilot Review

Phase 2.2 of the NHS England-led Ambulance Response Programme went live on 20th October 2016. Yorkshire Ambulance Service is one of two ambulances services nationally to belong to the trial. The programme will assess the impact on the patients both in terms of quality and performance. There has been a further review of the clinical codes within both NHS Pathways and AMPDS to ensure the most appropriate clinical response is made to every call and will see significant changes to the way we deliver our service and respond to patients. It will also enable us to decide on the most appropriate response for patients' needs. The aim is to examine whether the current system was appropriate in an environment where a longer time period was given to categorise the nature of the call and only those patients that were in cardiac arrest or at risk of cardiac arrest should receive an immediate response. It should improve the management of demand and allocation of a clinically-appropriate response and therefore deliver the right care, in the right place, at the right time. It will help to inform potential future changes in national performance standards.

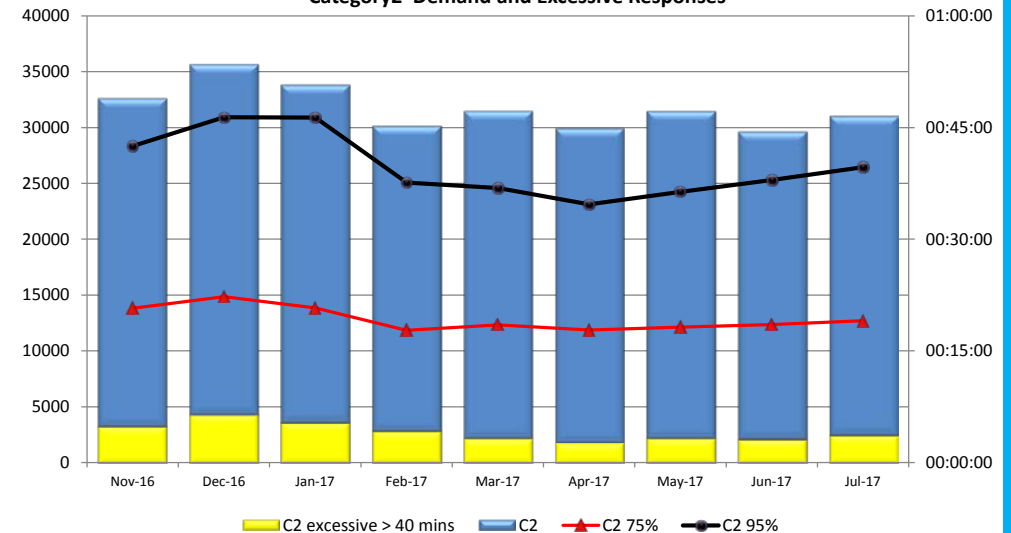
Category1 – Cardiac arrest or peri-arrest (Response standard within 8 minutes)

## 9.4 Demand and Excessive Responses with Tail of Performance

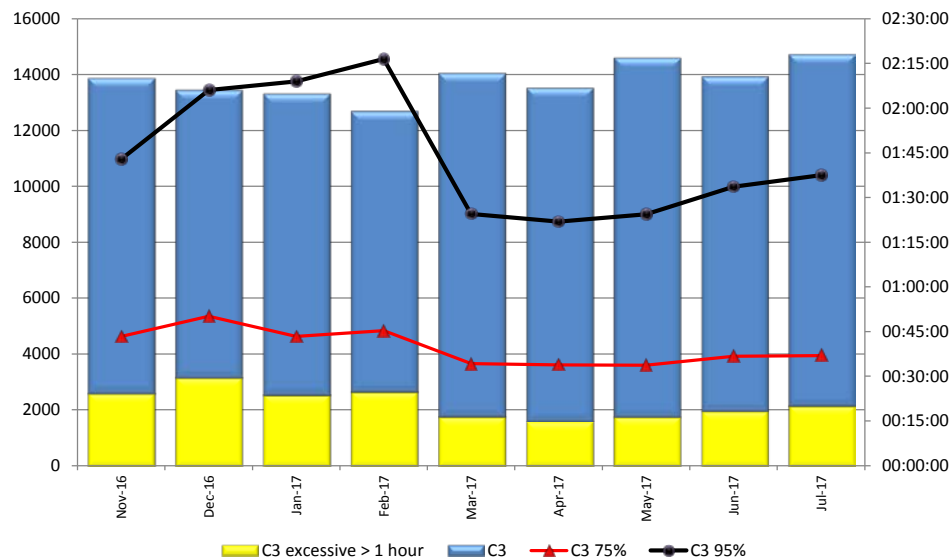
Category1 Demand and Excessive Responses



Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



## Commentary

The tail of performance in Category 1 calls has remained fairly static despite an increase in category 1 demand over the last 3 months. The same however can not be said for Category 2 and 3 which have both shown steady increases month on month for the last 4 months despite demand in these categories of calls not increasing at the same rate as the tail.

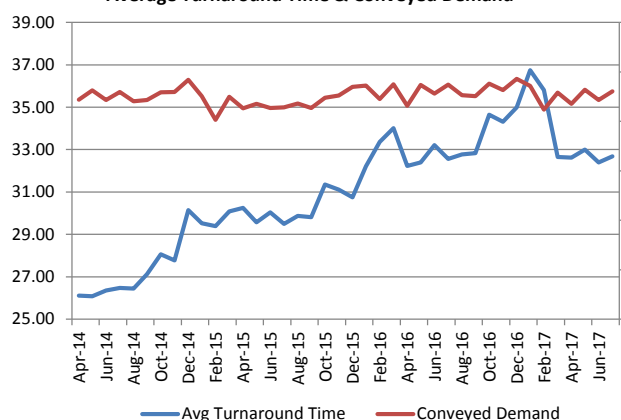
Some of this may be accredited to maintaining category 1 performance against the increase in demand in this category therefore reducing available resource for category 2 & 3 calls.



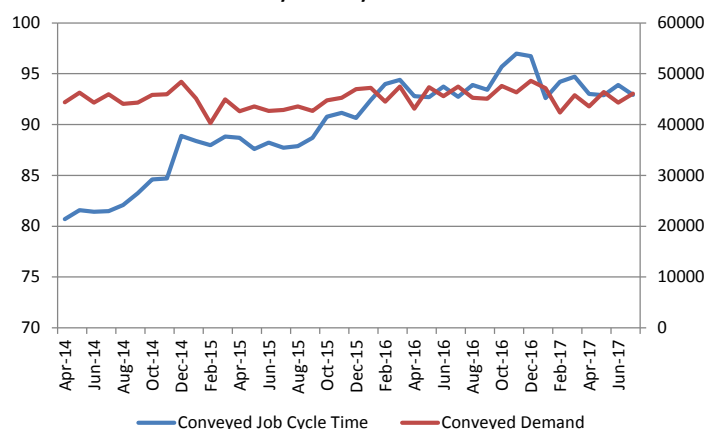
## 9.5 Hospital Turnaround Times

## 9.6 Conveyed Job Cycle Time

Average Turnaround Time & Conveyed Demand



Conveyed Job Cycle Time



## Commentary

**Turnaround times:** for July were 0.9% higher than June and 0.4% higher than July last year. This is broadly in line with turnaround times seen throughout summer months in 2016.

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

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

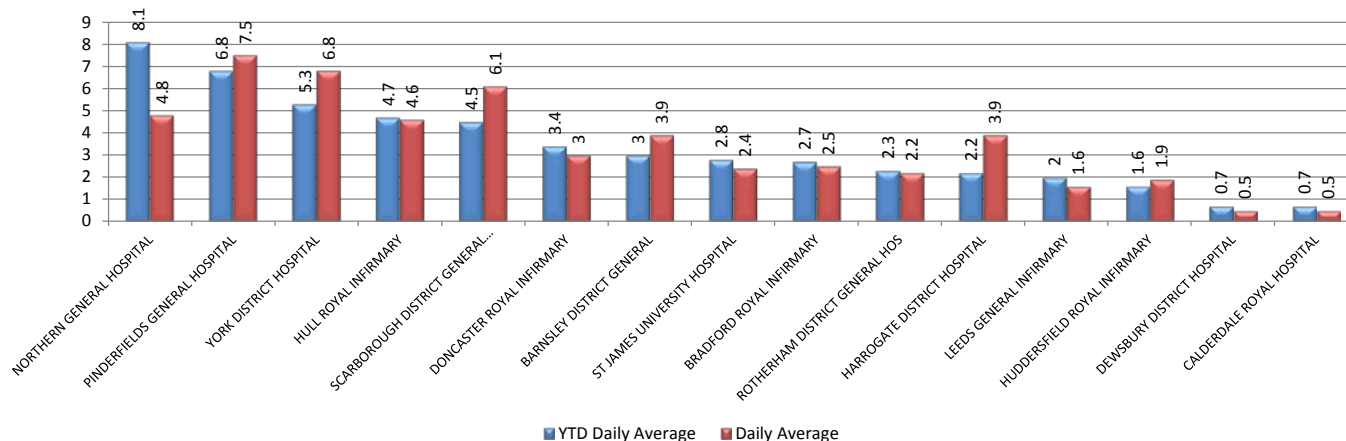
**Job Cycle time:** showed a slight decrease on June of (1.0%) and is a slight increase of 0.2% vs last year.

**Excessive hours:** lost at hospital were higher in July than June by 279 hours a increase of 17.0%. However this is significantly lower than July last year showing a decrease of 628 hours, a decrease of 38.2%. Northern General, Pinderfields and York have been impacting on performance.

## 9.7 Hospital Turnaround - Excessive Responses

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,187	2,162	3,149	2,923	3,160	4,149	3,208	1,727	1,509	1,728	1,367	1,646	28,915
Excessive Hours per day (Avg)	71	75	102	97	102	138	103	56	50	56	46	53	79

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

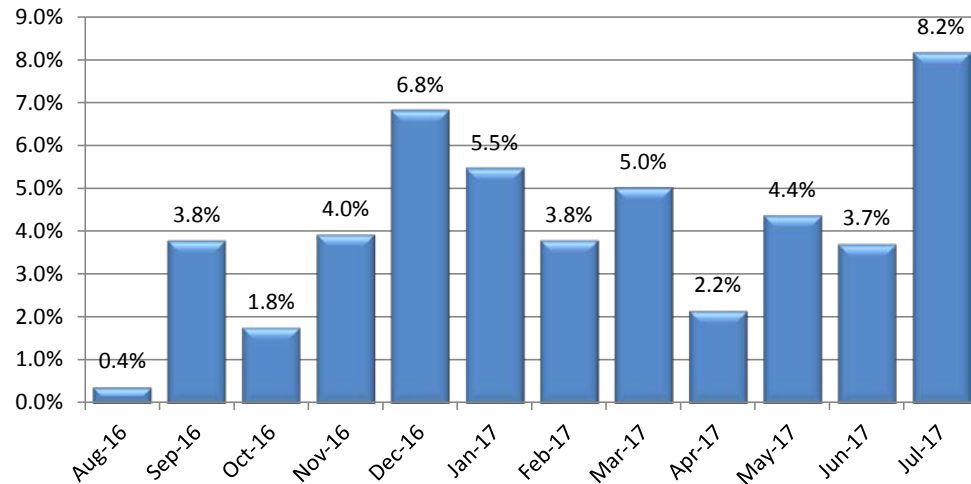


## 9. A&E Operations

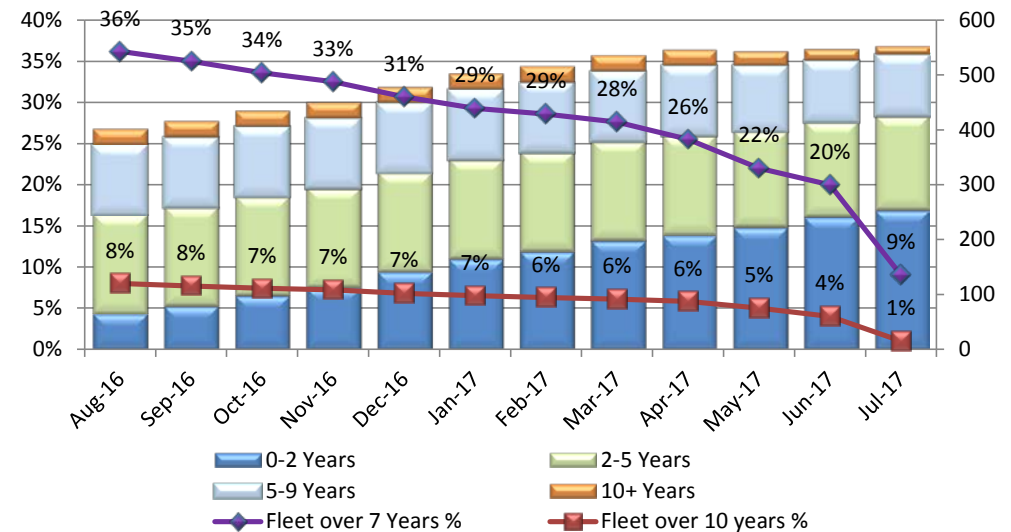
July 2017

### 9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

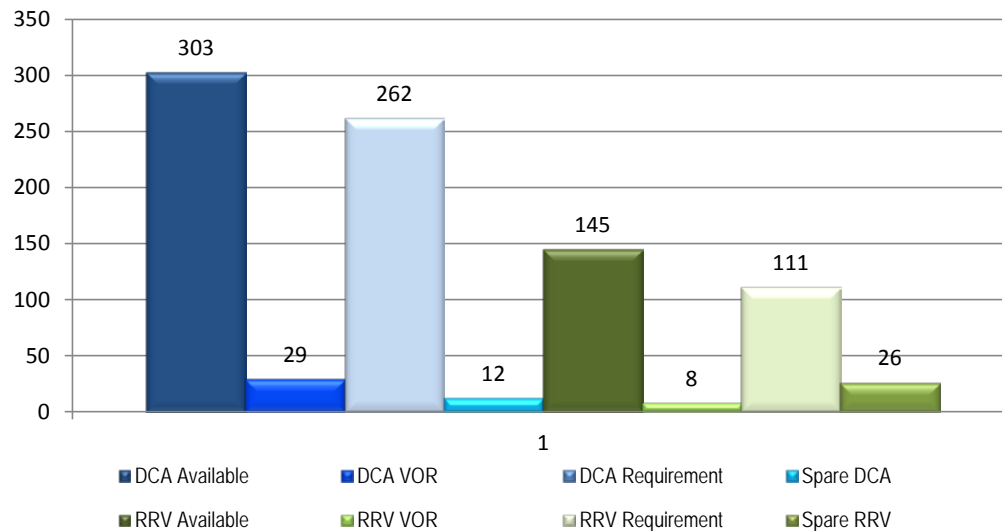


### 9.9 Vehicle Age



### 9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability: July



### Commentary

**Deep clean:** The Deep Clean Service level for July fell from 96.3% (excluding VOR's) to 91.8%. This follows a limited increase in availability of operational vehicles. The current vehicle unavailability trend continues to be linked to the two-fold issue of vehicle availability due to new rotas and limited utilisation.

**Availability:** Availability has increased during July with the completion of the new vehicle replacement programme. However Fleet is still progressing with the tail lift projects (replacement frames and platforms) which is affecting the overall availability. Although the figures are showing a number of spares this is due to the use of averages, there is extreme pressure on the vehicle fleet with vehicles being moved on a daily basis to cover operational shifts.

## 9. A&E Operations

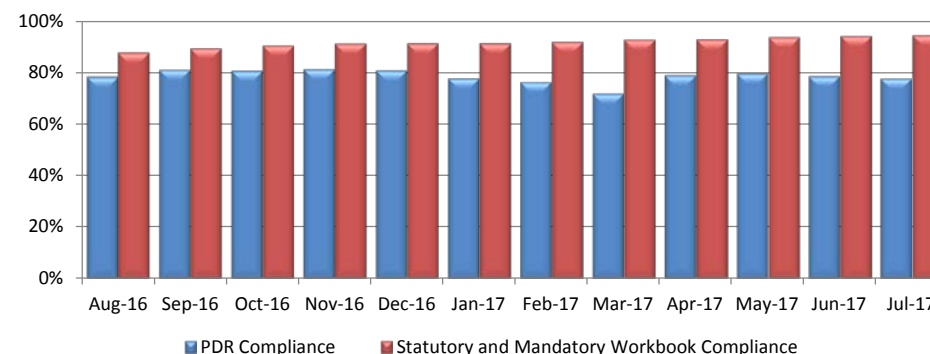
July 2017

### 9.11 Workforce

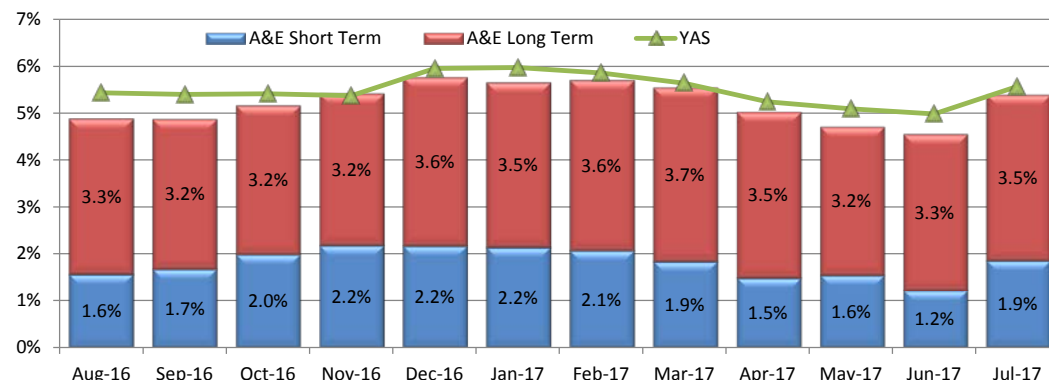
Jun 2017 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,159	86	466	1,607	74%
Variance	(101)	27	99	25	1.6%
% Variance	(4.5%)	23.8%	17.6%		
FTE (worked inc overtime)*	2302.8	86	466	1,751	76%
Variance	43	27	99	169	10.7%
% Variance	1.9%	23.8%	17.6%		

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

### 9.12 Training



### 9.13 Sickness



### Commentary

The number of Operational Paramedics is 923 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.

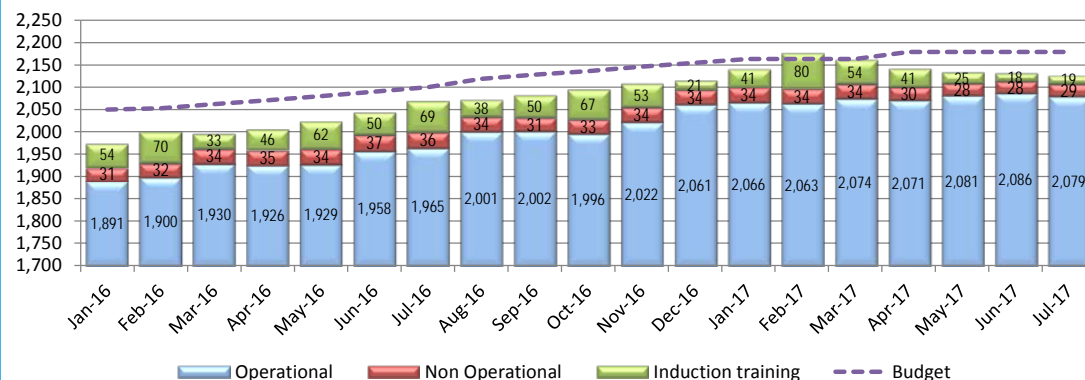
**PDR:** Currently at 77.9% against stretch target of 90%. This is a decrease of 0.8% vs last month and is 0.4% above the Trust average

**Sickness:** Currently stands at 5.4% which is an increase of 0.8% vs last month and is 0.2% below the trust average of 5.6% with consistent levels achieved over the last 12 months

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

### 9.14 A&E Recruitment Plan

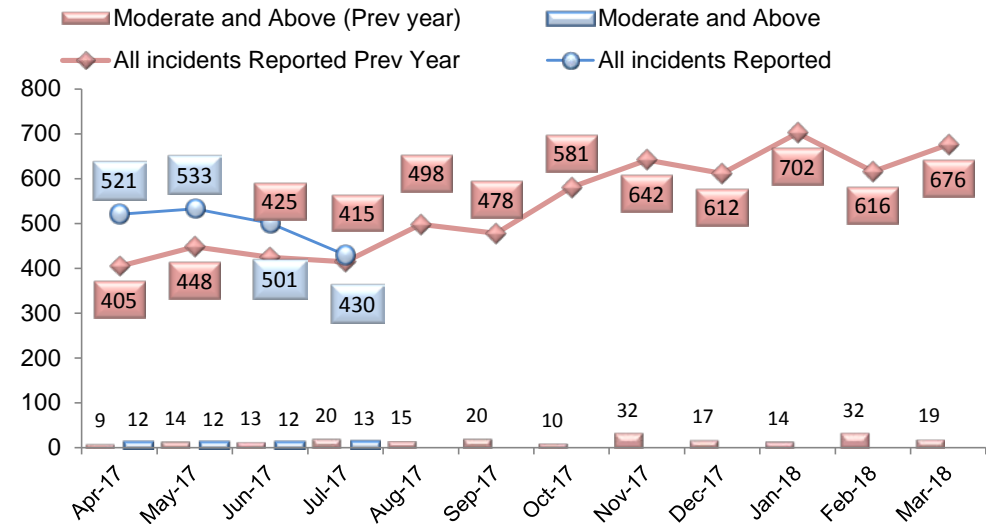
#### A&E Operations (exec CS)



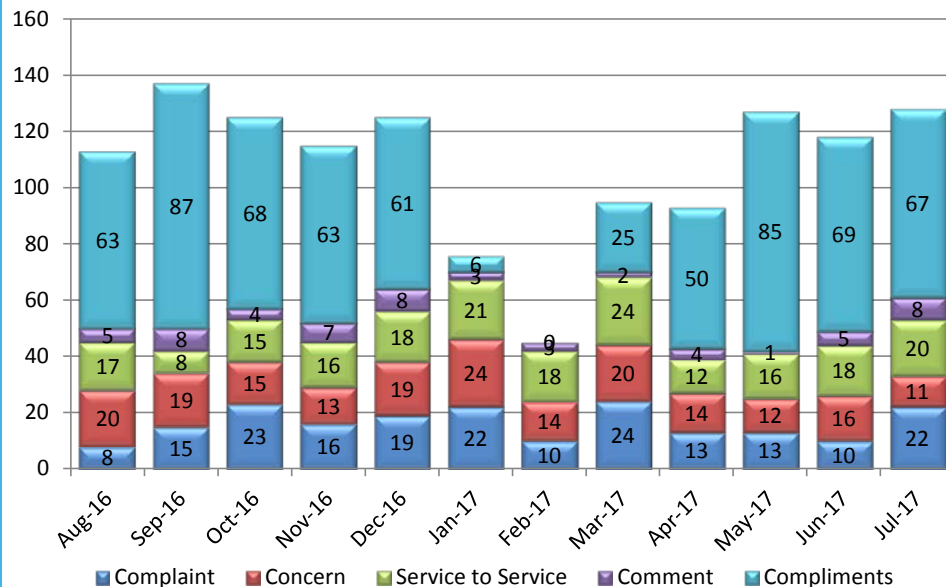
## 9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	1	5
Total Incidents (Per 1000 activities)	0.02	0.02
Total incidents Moderate & above	12	0.02
Response within target time for complaints & concerns	100%	93%
Ombudsman Cases	Upheld	0
	Not Upheld	1
Patient Experience Survey - Qtrly	85.9%	85.9%

## 9.16 Quality, Safety and Patient Experience



## 9.17 Patient Feedback

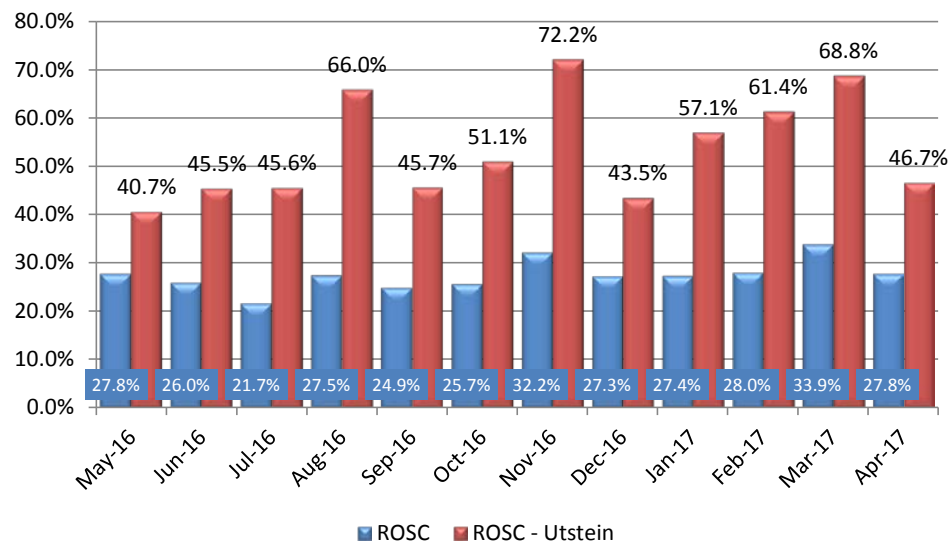


## Commentary

**Incidents:** Total reported incidents decreased 14.2% on last month but is up by 3.6% against July last year. This is not as high as in previous months however it should be noted that figures are now benchmarked against a period of increased reporting which occurred during the last twelve months. Incidents of moderate harm and above have remained at a low level as in previous months.

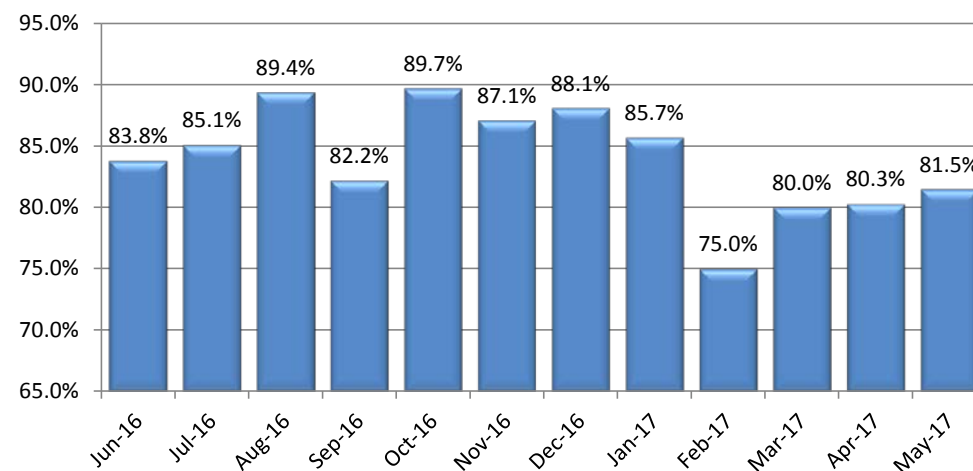
**Feedback:** Complaints increased on the previous month but compliments remain high accounting for more than half (52.3%) of all patient feedback.

## 9.18 ROSC & ROSC Utstein

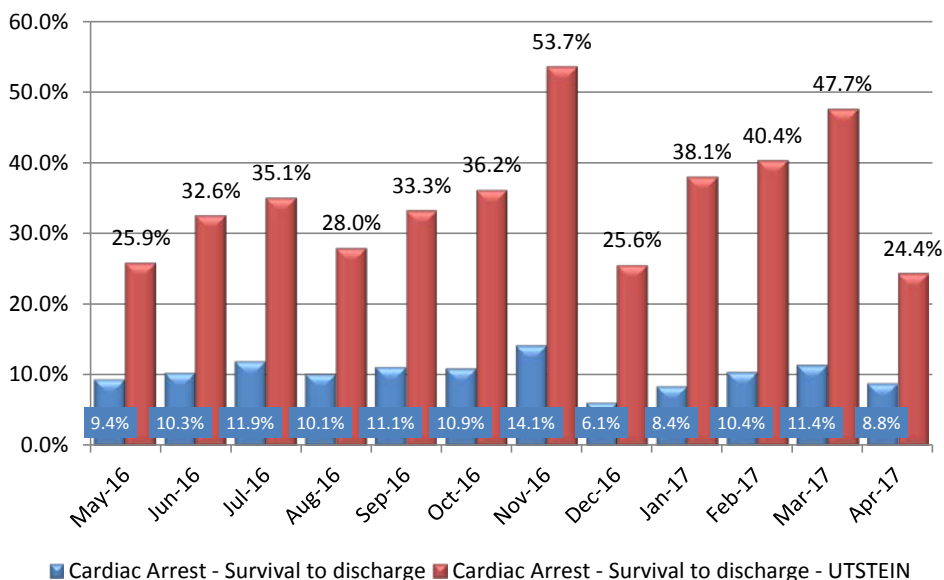


## 9.19 STEMI - Care Bundle

### Stemi - Care Bundle



## 9.20 Survival to Discharge



## Commentary

**ROSC:** ROSC (overall) performance for April 2017, 27.8% is down from March's figure of 33.9%. This shows a decrease in the proportion of patients with return of circulation. In terms of patient numbers, YAS achieved ROSC for 87 out of 257 patients in March 2017, and 65 out of 234 in April 2017. This can be attributed to a decrease in both numbers of cardiac arrest patients as well as number of patients who had ROSC.

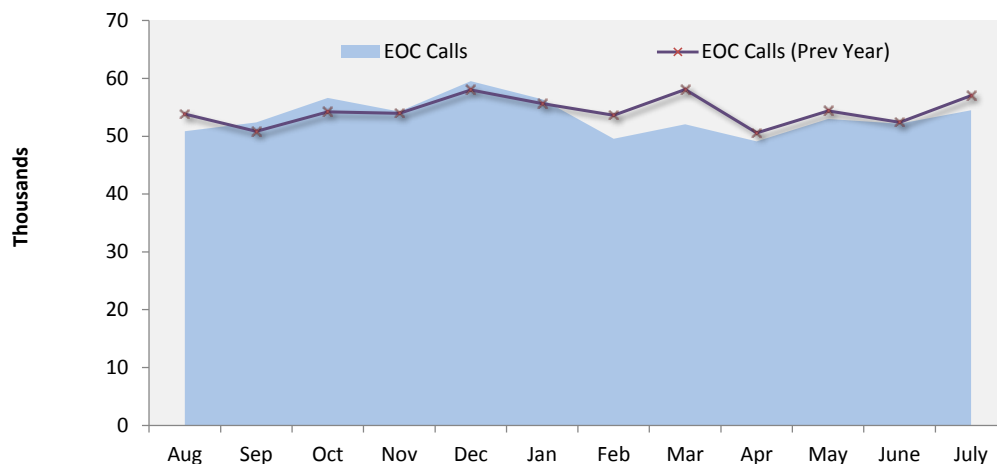
**Survival to Discharge:** Survival to discharge overall has shown a decrease in performance from March (11.4%) to April (8.8%). 28 patients survived to discharge in March and 20 in April. However, April saw a decrease in the overall number of patients who had a cardiac arrest; 245 in March and 224 for April. Survival to Discharge within the UTSTEIN comparator group mirrors this decrease in performance from March (47.7%) to May (24.4%). 21 out of 44 patients survived in March, compared to 11 out of 45 patients within April.

**Stemi-Care Bundle:** STEMI care performance has decreased slightly, with May's figure of 81.5% (101 out of 124 patients) being up from June which saw 87 patients out of 110 patients, 79.1%, receiving the appropriate care bundle. A possible cause of this could be attributed to the number of incidents which failed on the analgesia element of the care bundle.

## 9. EOC - 999 Control Centre

July 2017

### 9.21 Activity

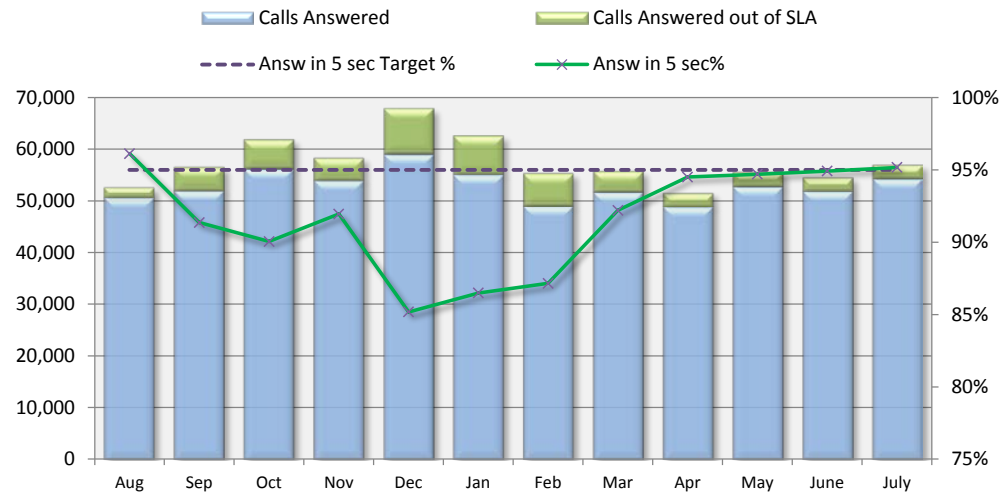


### 9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95%)
2017/18	208,761	208,234	197,466	94.8%
2016/17	214,311	212,601	188,485	88.7%
Variance	-5,550	-4,367	8,981	
Variance	(2.6%)	(2.1%)	4.8%	6.2%

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

	Month	YTD
Answered in 5 secs	95.2%	94.8%



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Calls Answered out of SLA	1,969	4,501	5,600	4,351	8,760	7,456	6,308	4,043	2,692	2,804	2,643	2,629
Calls Answered	50,762	52,076	56,268	54,042	59,079	55,175	49,106	51,816	48,981	52,859	51,997	54,397
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	96.1%	91.4%	90.0%	91.9%	85.2%	86.5%	87.2%	92.2%	94.5%	94.7%	94.9%	95.2%

### Commentary

**Demand :** Increased 4.5% vs last month.

**Answer in 5 sec:** Increased by 0.3% vs last month and at 95.2% represents the best level of performance for 11 months and also 0.2 % above target

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



## 9. EOC - 999 Control Centre

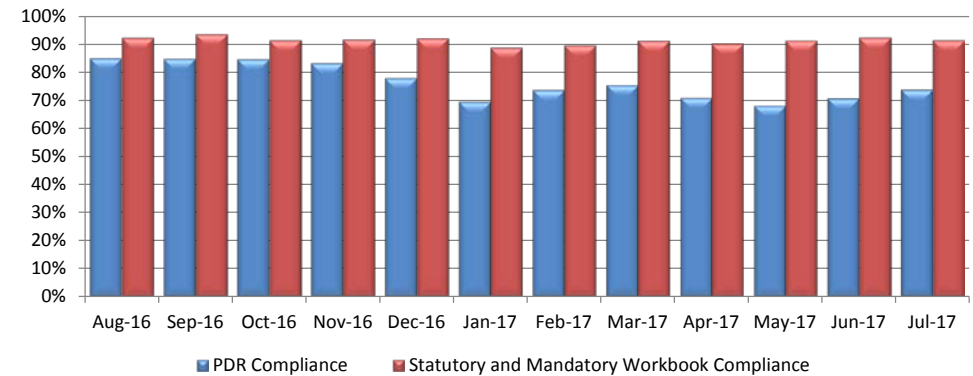
July 2017

### 9.24 Workforce

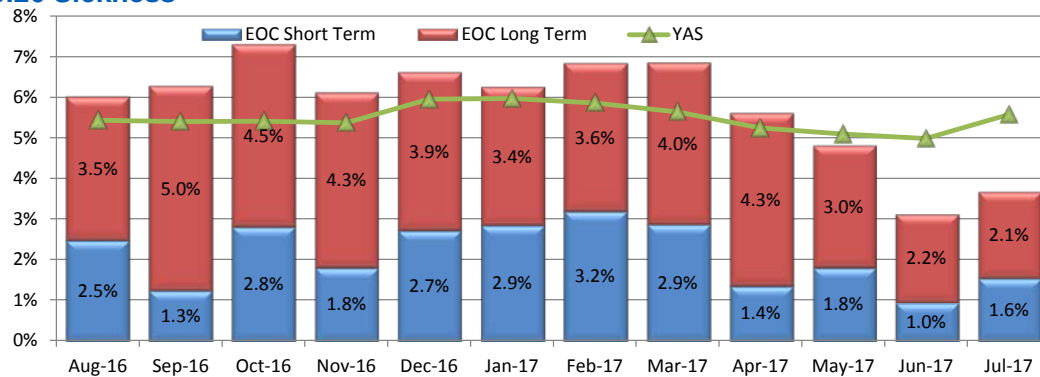
Jun 2017 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	315	15.8	79	221	70%
Variance	(12)	(1)	(3)	(8)	(3.5%)
% Variance	(3.5%)	(3.5%)	(3.5%)		
FTE (worked inc overtime)*	311.7	6.2	24	282	90%
Variance	(15)	(10)	(58)	53	0
% Variance	(4.6%)	(62.1%)	(71.0%)		

\* 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



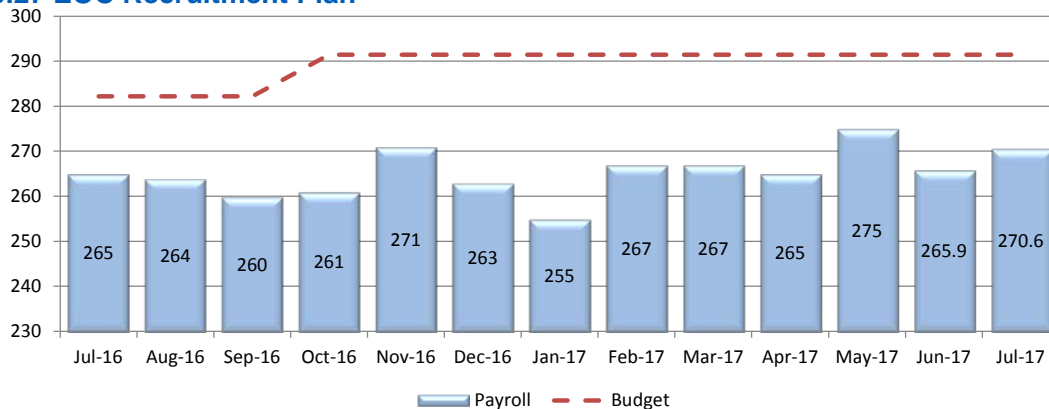
### Commentary

**PDR:** PDR compliance stood at 73.9% in July against a stretch target of 90% which is an increase of 3.2% on previous month. This is 3.6% below the trust average but has improved over the last 3 consecutive months.

**Sickness:** Currently at 3.7% which is an increase of 0.5% on the previous month and compares favourably against the 5.7% Trust average.

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

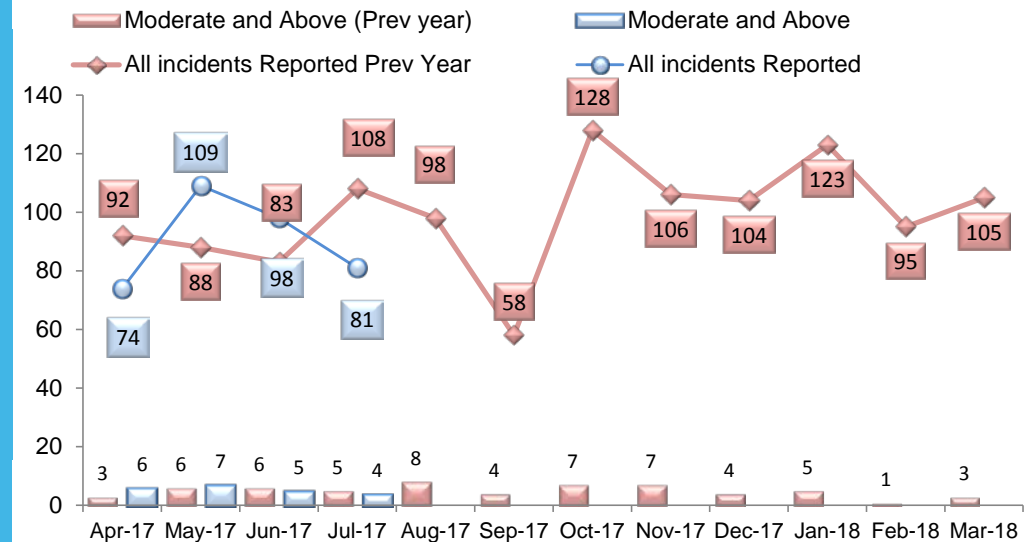
### 9.27 EOC Recruitment Plan



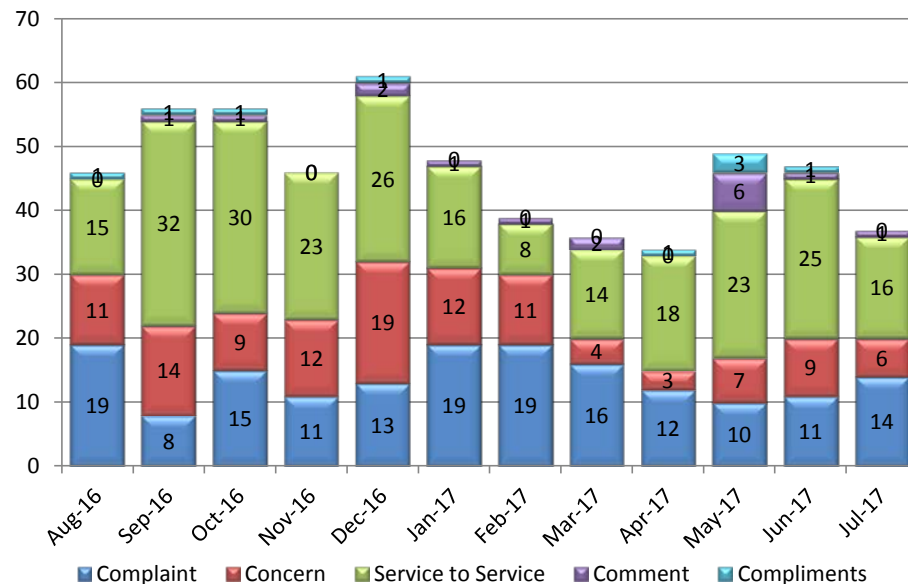
## 9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		1	5
Total Incidents (Per 1000 activities)		0.02	0.02
Total incidents Moderate & above		4	22
Response within target time for complaints & concerns		95%	71%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

## 9.29 Incidents



## 9.30 Patient Feedback



## Commentary

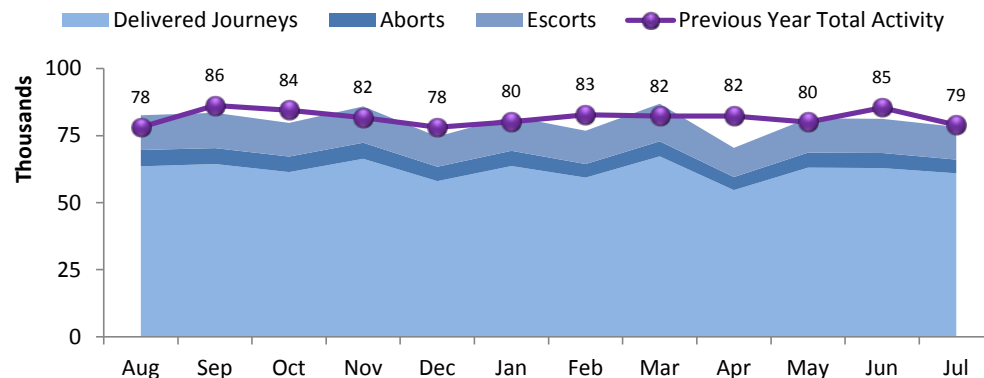
**Incidents:** Total reported incidents decreased 17.3% on last month a reduction of 25% against July last year. Incidents of moderate harm and above have remained at a low level and showed a decrease on the previous year's figures.

**Feedback:** Overall feedback fell slightly on previous month. Complaint levels have remained low and broadly in line with levels seen in previous months.

# 10. PATIENT TRANSPORT SERVICE

July 2017

## 10.1 Demand

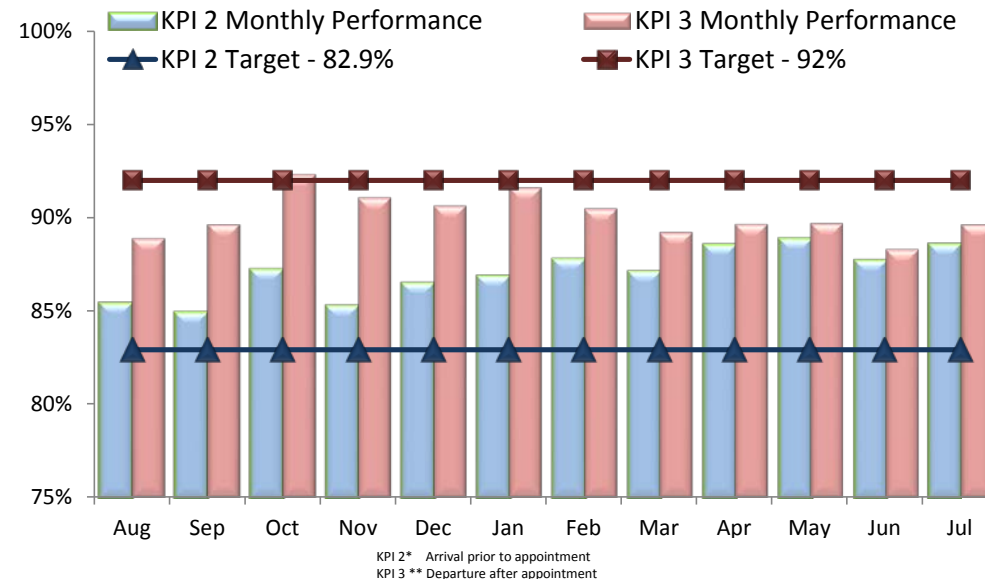


### Comparison to Plan

July 2017	Delivered	Aborts	Escorts	Total
YTD 2017-18	241,584	21,184	48,633	311,401
Previous YTD* 2016-17	253,027	22,824	50,872	326,723
% Variance	(4.5%)	(7.2%)	(4.4%)	(4.7%)

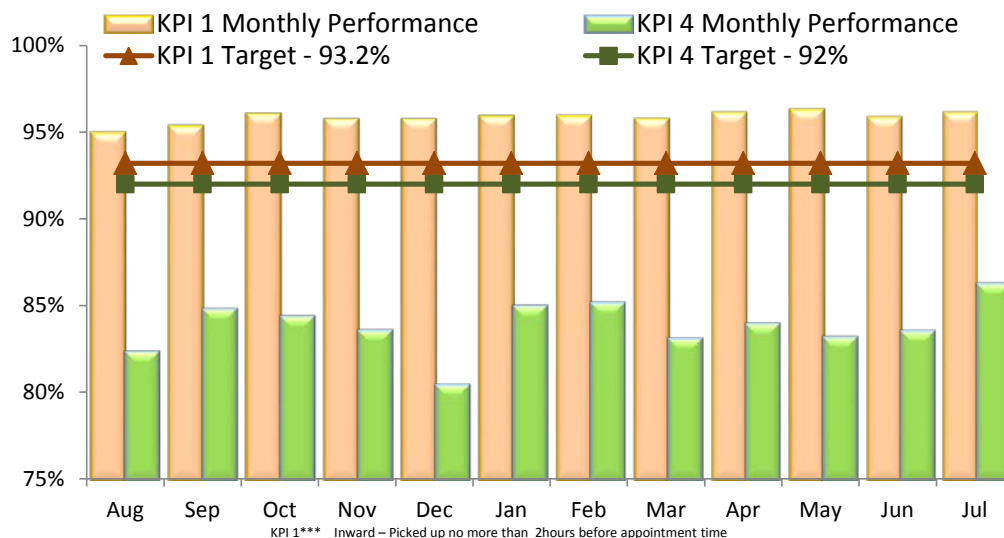
\* Excludes Hull CCG

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



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

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



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

## Commentary

PTS demand in July is down on the previous month with total activity decreasing by 3.7%.

Inward performance (KPI2) rose slightly in July to 88.6% which is 5.7% above the making appointment on-time target.

The outward performance (KPI3) slightly increased from last month and is now 2.3% below the annual target of 92%.

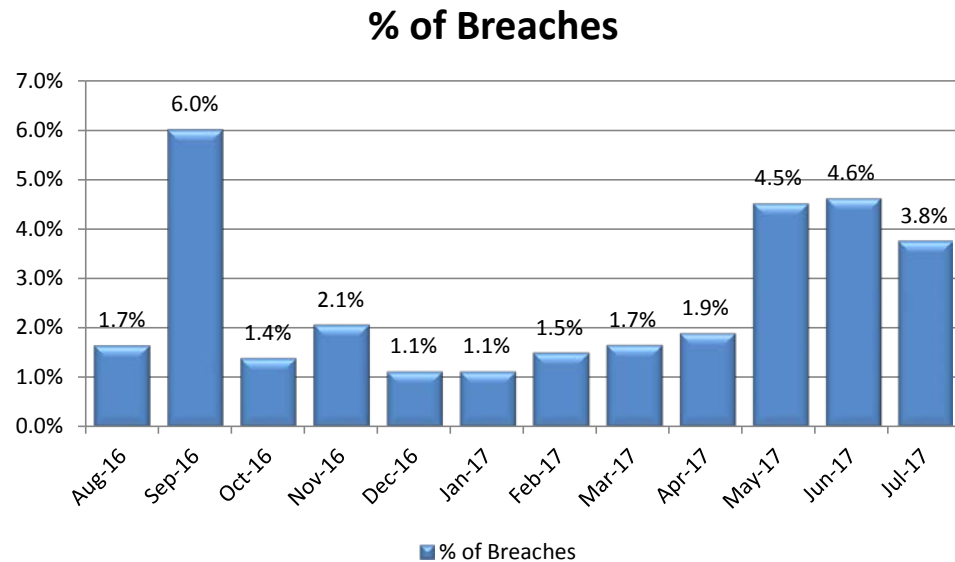
Performance against KPI1 increased by 0.2% percent in July and is 2.9% above target.

The performance of outward short notice bookings picked up within 2 hours (KPI4) improved from 83.5% in June to 86.3% in July, but remains below the 92% target. Commissioned levels of resource vs KPI4 target will always make this particular KPI challenging.

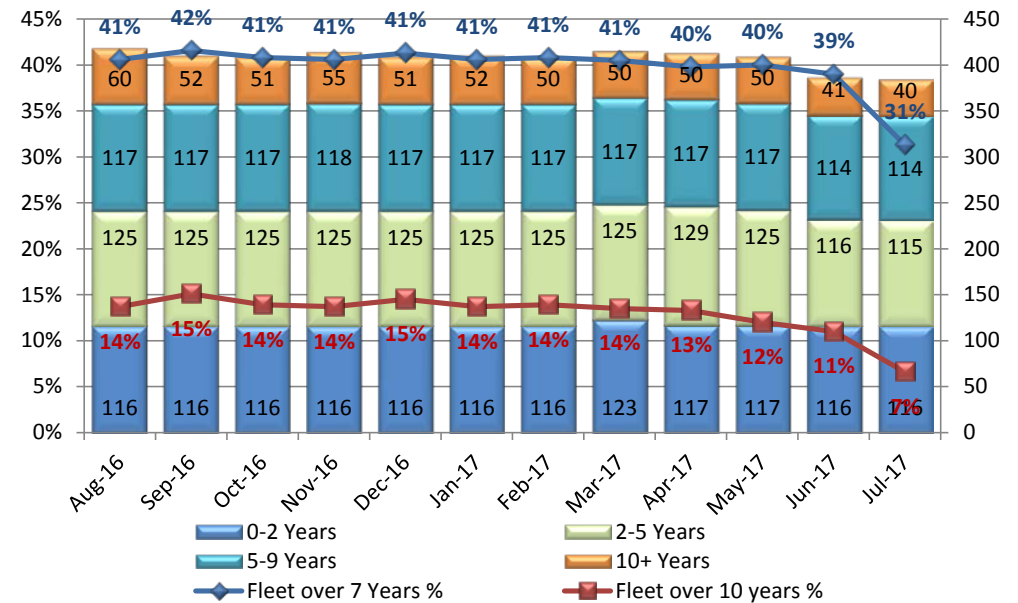
## 10. PATIENT TRANSPORT SERVICE

July 2017

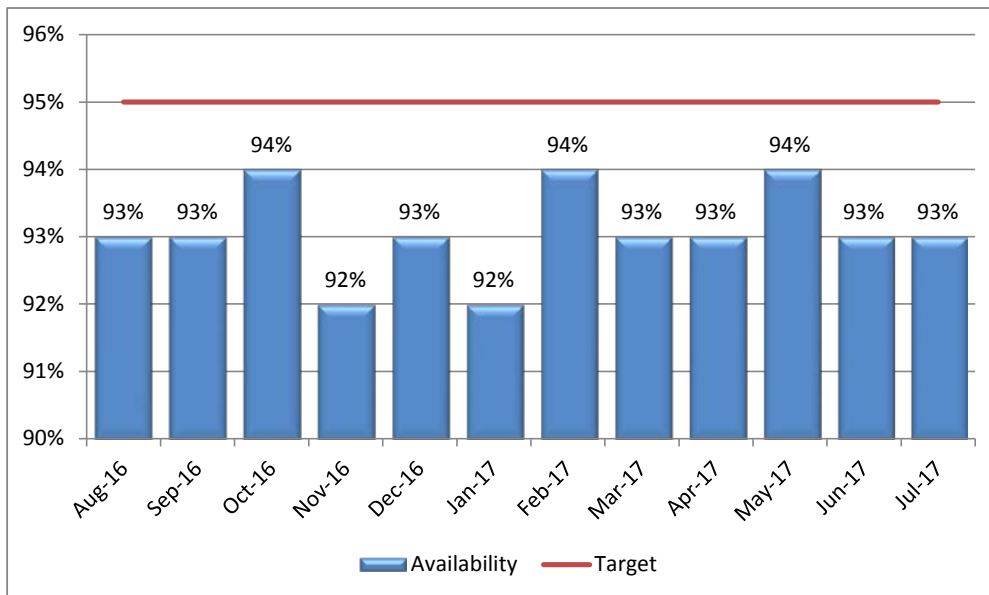
### 10.4 Deep Clean (5 weeks)



### 10.5 Vehicle Age



### 10.6 Vehicle Availability



### Commentary

Vehicle availability remained at the same level as the previous month and at 93% is below the 95% trust target. This shortfall is because of general fleet maintenance due to vehicle age and issues relating to road traffic collisions.

The proportion of vehicle deep clean breaches decreased from 4.6% in June to 3.8% in July. A common theme for vehicle cleaning breaches is due to vehicles being off road, in workshop or relocated to cover shortfalls in other areas.

Figures for July show that 7% of PTS fleet is aged over 10 years old which is down from 11% recorded the previous month.

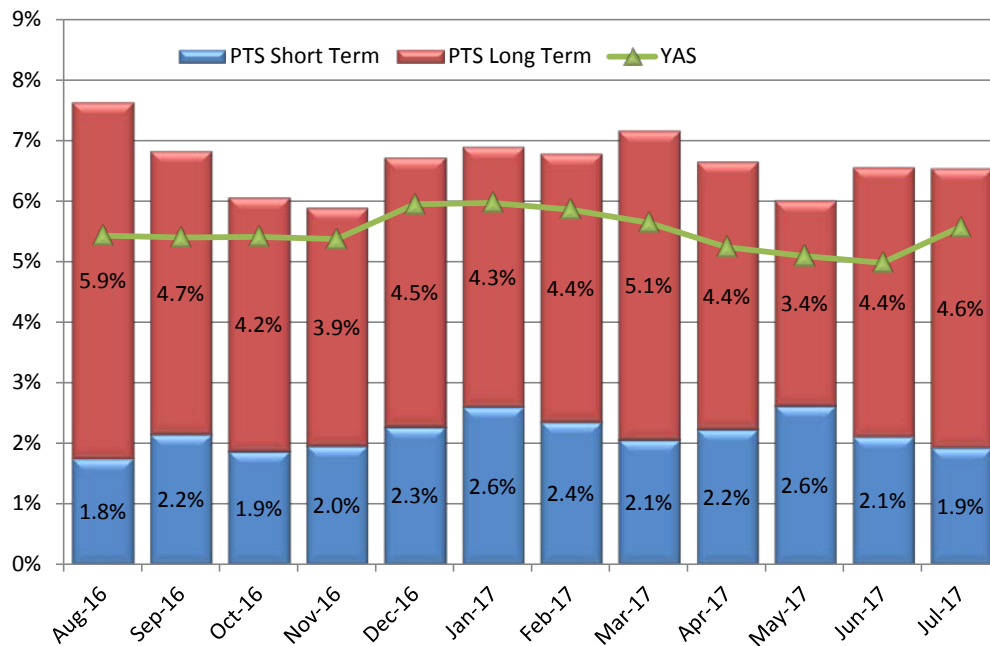
## 10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	595	30	119	446	75%
Contracted FTE (before OT)	586	13	95	479	82%
Variance	(9)	17	24	32	7.3%
% Variance	(1.5%)	57.0%	20.4%		
FTE worked inc overtime	617	13	95	509	83%
Variance	(22)	17	24	63	14.2%
% Variance	(3.7%)	57.0%	20.4%		

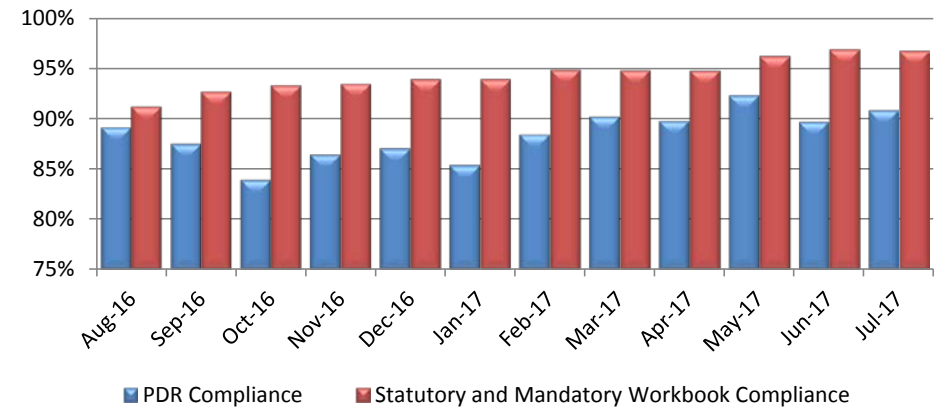
\*\* FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

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

## 10.9 Sickness



## 10.8 Training



## Commentary

PDR compliance has improved from 89.7% in June to 90.9% in July, above the 90% Trust target. Statutory and Mandatory Workbook compliance remains unchanged from June (96.8%) but remains above the 90% Trust target.

The PTS sickness rate remains unchanged from June (6.5%) and is 0.9% higher than the 5.6% YAS average.

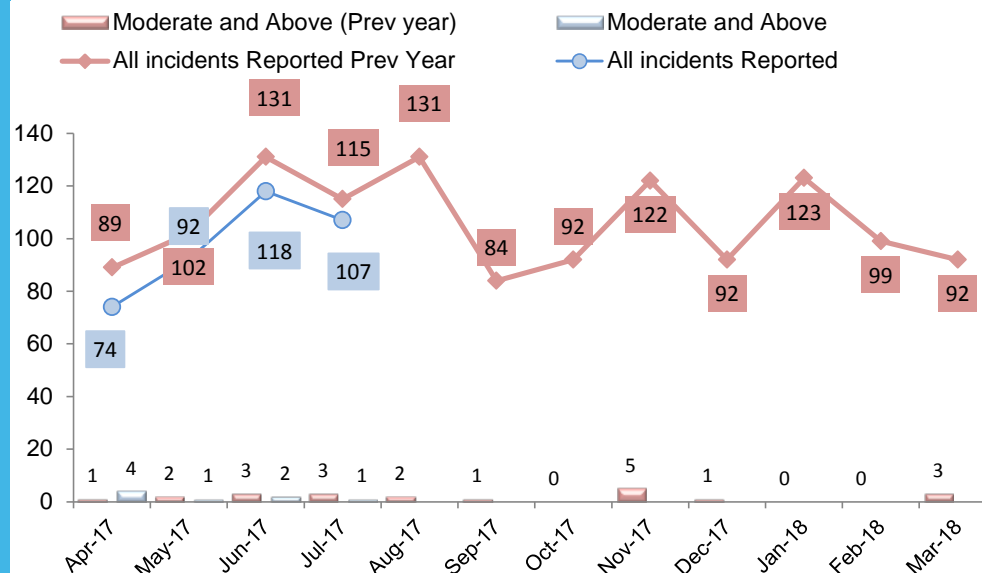
## 10. PATIENT TRANSPORT SERVICE

July 2017

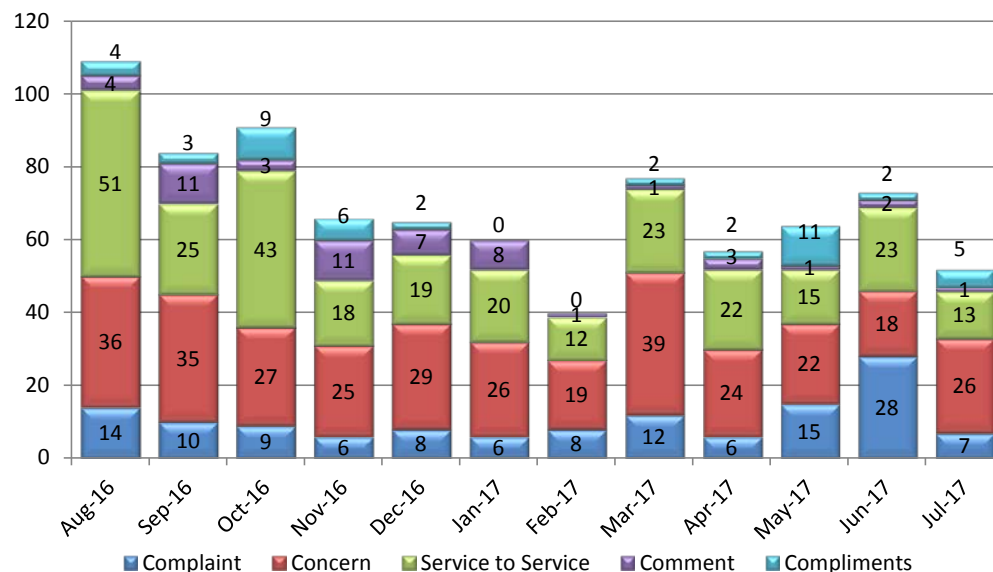
### 10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents YTD		0	1
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	8
Response within target time for complaints & concerns		100%	94%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.2%	91.2%
Call Answered in 3 mins - Target 90%		75.4%	81.5%

### 10.11 Incidents



### 10.12 Patient Feedback



### Commentary

**Incidents:** The number of reported incidents within PTS decreased by 11 (-9.3%) vs last month and remains below that of the same period last year by 8 (-7.0%). Levels of moderate harm remain low.

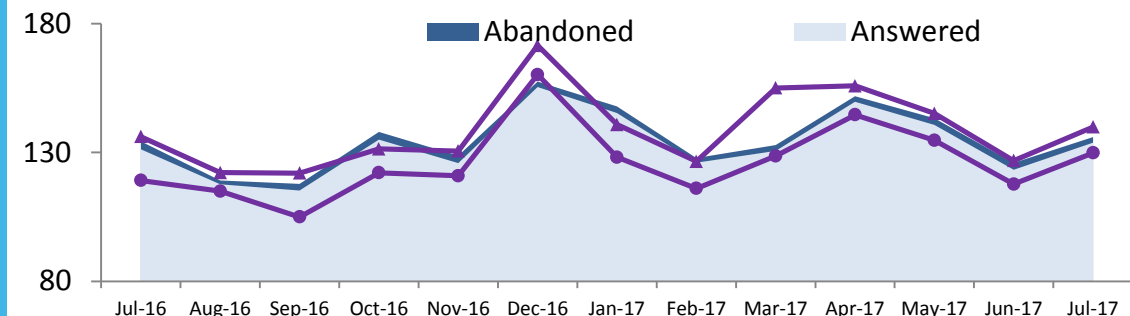
**Patient Feedback:** Patient feedback figures are down by 11 (22%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints decreased from 28 to 7, however, the number of concerns rose from 18 in June to 26 in July. The YTD average number of complaints each month is 14 equating to a complaint rate per PTS journey of 0.02%.



# 11. NHS 111

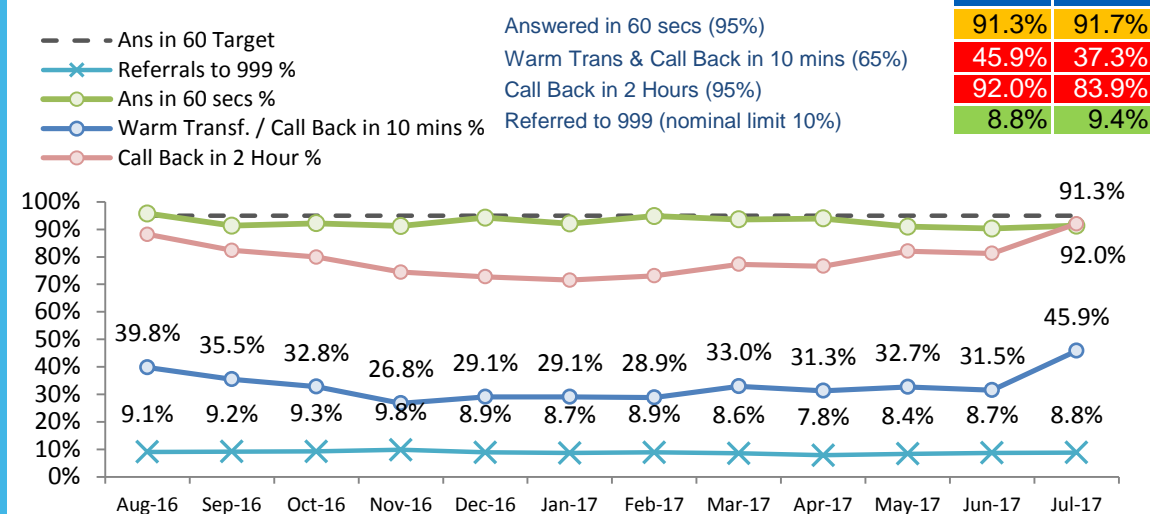
Jul-17

## 11.1 Demand

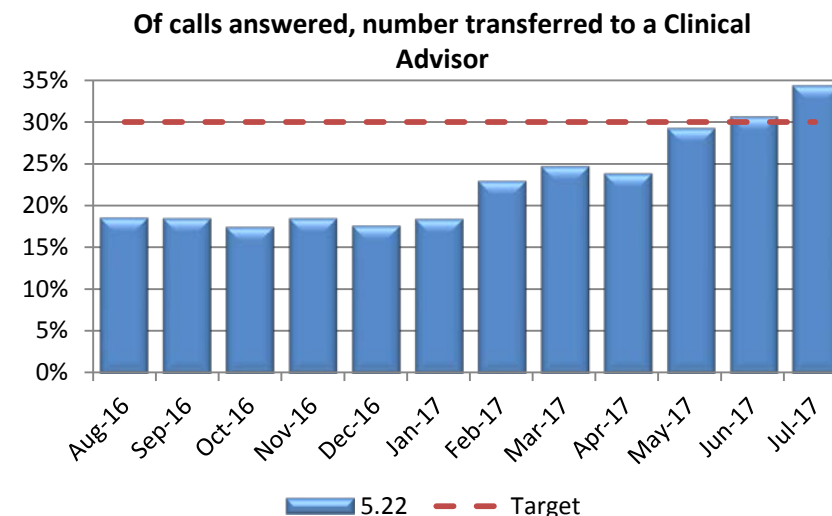


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	557,115	547,495	502,192	91.7%
Contract YTD 2017-18	567,730	552,754	525,117	95.0%
Variance	- 10,615	- 5,259	- 22,925	3.3%
	-1.9%	-1.0%	-4.4%	
YTD 2016-17	527,480	518,001	484,243	93.5%
Variance	29,635	29,494	17,949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

## 11.2 Performance



## 11.3 proportion calls transferred to a clinical advisor



## Commentary

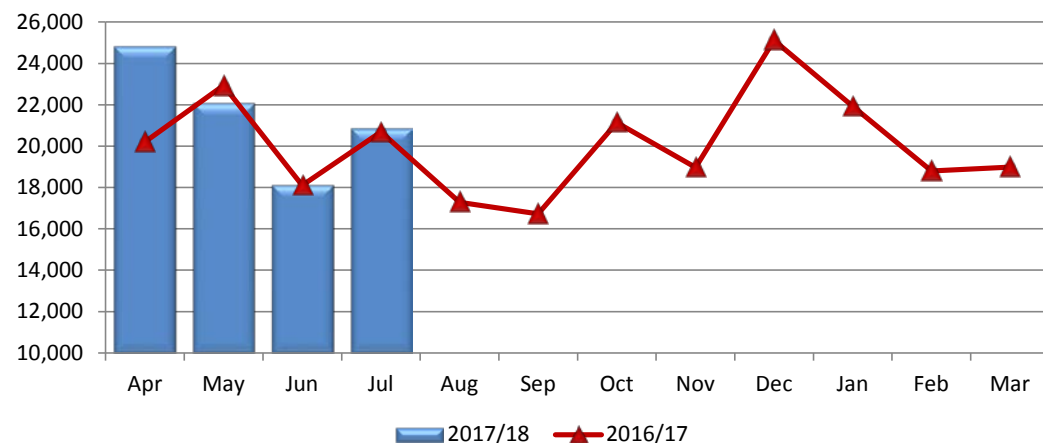
Figures for July 2017 show that 91.3% patient calls were answered in 60 seconds a 1% rise from the June outturn. Commissioners are however aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Calls continue to track closely with the contract ceiling with calls in July marginally below (-1.7%). Compared to last year YTD at end July demand is up 5.4% and performance is down 3.5%.

The 2 local clinical KPIs for 2 hours call-back (92.0%) and warm transfer / 10 minute call-back (45.9%) have had the strongest performance in last 12 months with increases in clinical staffing.

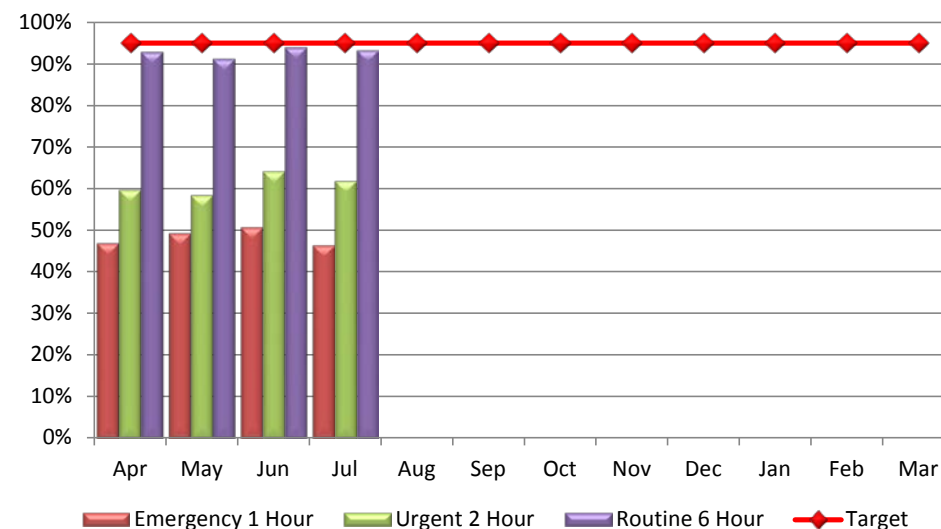
Clinical advice is exceeding the 30% NHS England target.

## 11.4 Demand

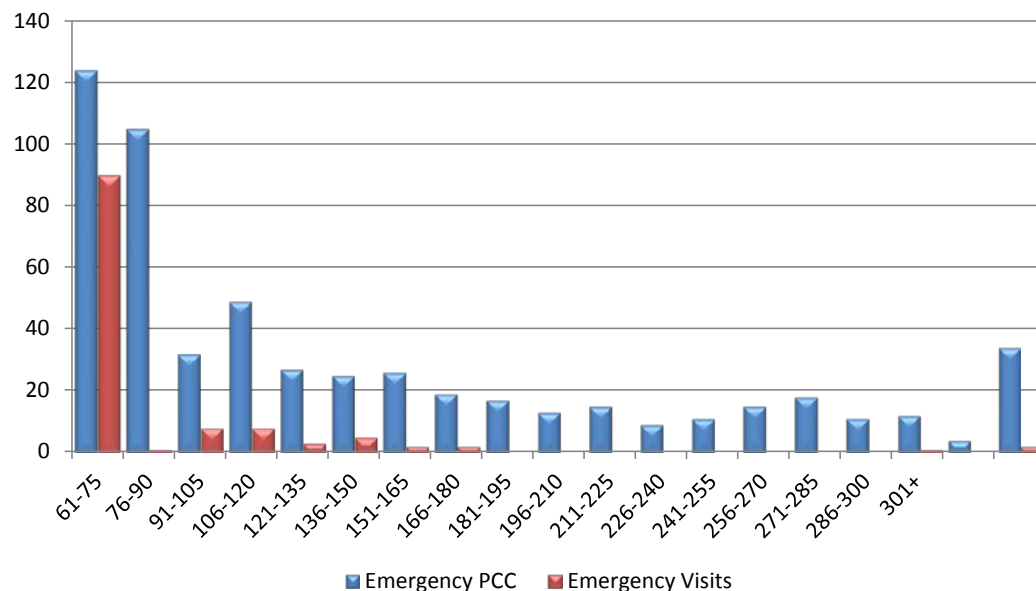


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		43,135	86,003	42,868	99.4%

## 11.6 Performance



## 11.5 Tail of Performance



## 11.7 Complaints

Adverse incidents	
Adverse incidents	No SI's reported in July.
Adverse reports received	No adverse reports received
Patient Complaints	21 patient complaints received in Jul-17 directly involving the LCD part of the pathway. 2 upheld, 2 partially upheld, 1 not upheld and 16 remain under investigation.

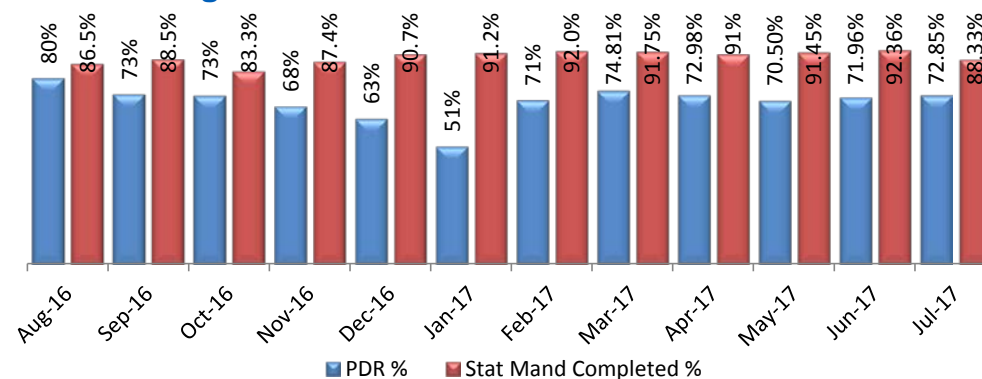
**Comments:** Patient demand levels for WYUC in Jul-17 in comparison to Jul-16 marginally decreased by 1.9% (410 cases) continuing the general reduction in demand seen over the last 12 months. NQR performance dropped compared to last year (46.5% emergency 53.4% July 16 / 61.9% urgent 63.3% July 16 / 93.3% routine 95.2% July 16). The drop in performance and actions to improve this are been discussed in the WYUC review task and finish group.

## 11.8 Workforce FTE - Call Handler & Clinician

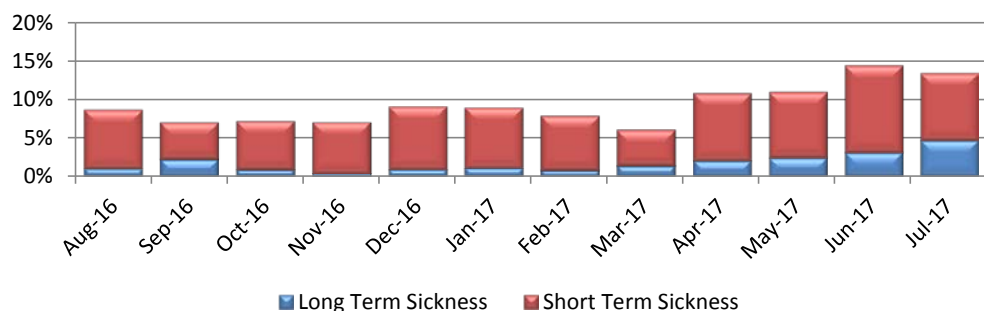
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	324	29	75	220	68%
Contracted FTE (before OT)	311	42	81	188	60%
Variance	-13	-13	-7	-33	
% Variance	-4%	-44%	-9%	-15%	-8%
FTE (Worked inc Overtime)	325	42	81	202	62%
Variance	1	-13	-7	-19	
% Variance	0.3%	-44%	-9%	-8%	-6%

## 11.11 Training



## 11.9 Sickness

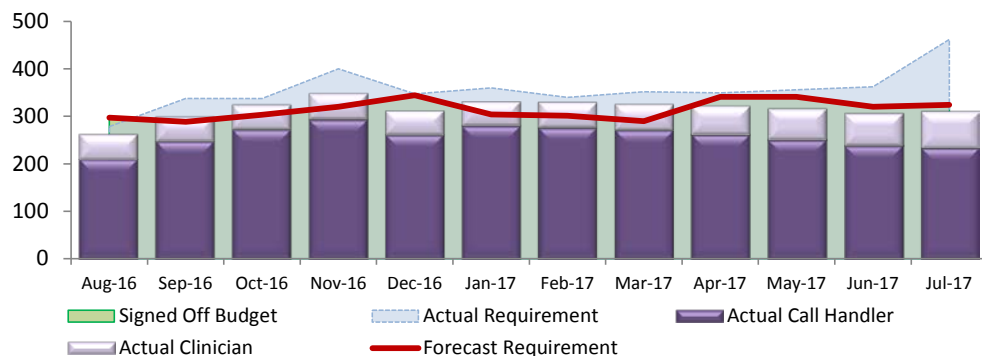


## Commentary

Sickness has marginally reduced in July; although long term sickness has increased significantly. During the month of August a review of all staff absence has taken place and actions are being taken associated with health and wellbeing to support staff to attend work.

Statutory and Mandatory training and PDRs continue to be managed to support improvements prior to winter.

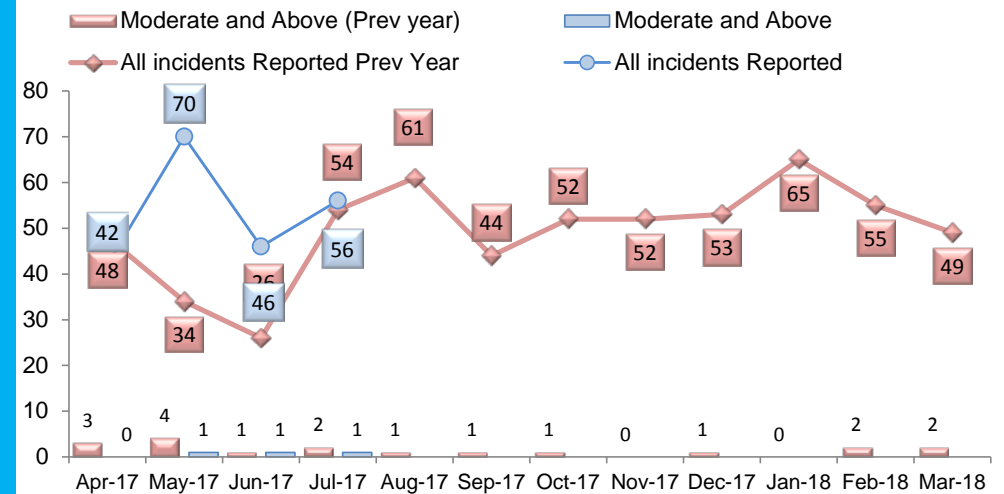
## 11.10 Recruitment Plan



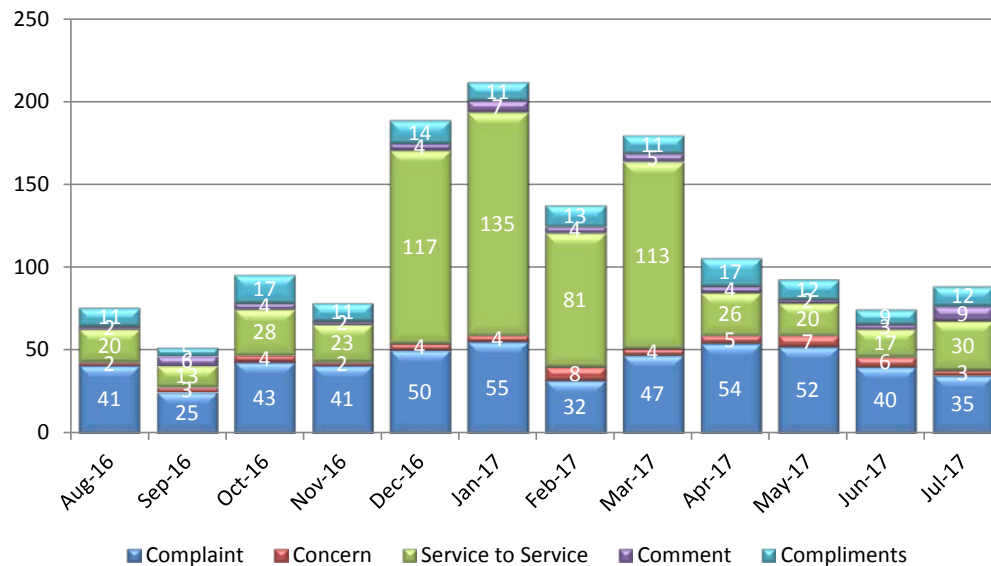
## 11.13 Quality, Safety and Patient Experience

		Jul-17	YTD
Serious Incidents YTD		0	0
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	3
Response within target time for complaints & concerns		82%	84%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

## 11.15 Incidents



## 11.14 Patient Feedback



## Commentary

No SIs reported in July. 35 patient complaints were received and are being investigated.

The level of moderate and above incidents remain very low with just 1 recorded in July against 2 during the same period last year.

# ANNEXES

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

Jul-17

Ambulance Quality Indicator (A&E)	Target	Units	East Midlands	East of England	London	North East	North West	South Central	South East Coast	South Western	West Midlands	YAS	RANK (1 - 10)	YTD
Time to Answer - 50%		mm:ss	0:02	0:01	0:00	0:01	0:01	0:03	0:03	0:02	0:01	0:01	2	June
Time to Answer - 95%		mm:ss	0:29	0:18	0:25	0:24	0:55	0:10	1:20	1:23	0:06	0:05	1	June
Time to Answer - 99%		mm:ss	1:18	1:14	1:17	1:15	2:21	1:02	2:15	2:51	0:38	0:47	2	June
Abandoned calls		%	0.69	0.99	0.81	0.59	2.74	0.31	1.91	2.29	0.53	0.25	1	June
Cat Red 8 minute response - RED 1	75%	%	72.1	72.2	75.3	73.5	66.1	75.5	67.5					June
Cat Red 8 minute response - RED 2	75%	%	57.4	62.4	71.7	58.2	66.0	72.7	51.6					June
Cat Red 19 minute response	95%	%	14.6	14.7	12.4	13.0	17.1	13.5	15.1					June
95 Percentile Red 1 only Response Time		Time	85.6	91.3	94.9	88.4	90.6	94.9	89.0					June
Category1 8 minute response***	75%	%								N/A	N/A	71.5		June
Category1 19 minute response***	95%	%								N/A	N/A	92.4		June
Category2 19 minute response***		%								N/A	N/A	75.9		June
Category3 40 minute response***		%								N/A	N/A	78.1		June
Category4 90 minute response***		%								N/A	N/A	84.7		June
Time to Treat - 50%		mm:ss	11.4	7.2	6.2	7.6	7.0	6.4	8.0					June
Time to Treat - 95%		mm:ss	23.3	22.6	17.3	27.7	26.9	19.1	24.2					June
Time to Treat - 99%		mm:ss	38.5	33.2	36.7	48.4	58.0	30.3	37.3					June
STEMI - Care		%	84.0	91.5	71.7	84.5	86.6	76.3	67.2	73.7	81.5	85.8	3	March
Stroke - Care		%	98.8	99.1	96.8	97.7	99.7	98.8	95.8	95.1	97.3	98.5	5	March
Frequent caller *		%	0.3	0.4	0.3	1.0	1.3	3.6				2.7	6	June
Resolved by telephone		%	18.5	9.2	11.0	7.3	9.4	12.4	6.6	14.5	4.7	9.2	6	June
Non A&E		%	23.0	37.7	37.5	36.5	32.6	40.2	47.8	49.3	38.6	30.8	9	June
STEMI - 150		%	91.8	91.7	90.0	90.9	79.9	86.8	89.6	72.9	86.8	84.1	8	March
Stroke - 60		%	52.0	50.6	62.1	56.3	52.6	54.2	63.9	36.9	57.1	44.4	9	March
ROSC		%	24.8	28.5	29.4	25.0	35.8	27.5	28.0	25.2	29.2	27.8	6	March
ROSC - Utstein		%	46.8	56.9	54.4	59.3	57.0	39.8	52.5	46.4	46.0	55.9	4	March
Cardiac - STD		%	6.8	8.4	8.1	7.1	8.1	11.9	6.1	7.8	8.8	10.1	2	March
Cardiac - STD Utstein		%	21.3	31.4	24.7	34.2	24.1	22.8	21.0	23.0	24.0	36.9	1	March
Recontact 24hrs Telephone		%	1.0	8.8	3.5	12.3	3.8	12.0	6.6	10.2	14.4	3.8	3	June
Recontact 24hrs on Scene		%	5.0	5.6	8.7	4.6	3.0	4.3	5.3	4.7	6.7	1.1	1	June

## Annex 2 Ambulance Quality Indicators - YAS

Jul-17

Indicator	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:38	0:04	0:12	0:20	0:14	0:33	0:36	0:35	0:11	0:05	0:05	0:05	1	0:02	to	0:55
Time to Answer (99%)	1:45	0:34	1:06	1:20	1:03	1:30	1:34	1:36	0:56	0:45	0:45	0:50	2	0:30	to	1:54
Abandoned calls	1.18	0.21	0.51	0.81	0.93	1.64	2.47	1.59	0.62	0.25	0.28	0.23	1	0.17	to	1.37
Cat Red 8 minute response**	66.5	70.7	68.8	70.7										N/A		
Cat Amber 19 minute response**	67.8	74.9	70.0	69.0												
Cat Green 60 minute response**	92.2	90.2	95.1	94.4												
Category1 8 minute response***				65.7	65.7	64.2	65.9	66.1	69.5	71.2	72.9	70.5				
Category1 19 minute response***				89.5	88.3	88.4	89.4	89.6	92.1	92.4	92.8	92.0				
Category2 19 minute response***				69.3	71.1	67.9	71.4	72.1	76.3	77.8	77.0	72.9				
Category3 40 minute response***				71.1	72.2	68.0	72.8	70.9	79.7	79.9	79.9	74.6				
Category4 90 minute response*** (excl HCP)				90.3	84.3	83.5	84.0	81.6	86.8	84.0	83.9	86.1				
STEMI - Care	85.1	89.4	82.2	89.7	87.1	88.1	85.7	75.0	80.0	80.3			3	67.3	to	91.1
Stroke - Care	99.0	99.1	98.8	99.1	99.1	98.8	99.1	96.7	98.6	98.4			5	94.9	to	99.7
Frequent caller *	3.49	3.67	4.03	2.52	2.83	2.92	2.87	2.54	2.67	2.79	2.69	2.74	6	0.20	to	3.50
Resolved by telephone	7.2	6.8	6.8	7.8	8.5	9.4	9.2	7.5	6.9	8.3	8.1	8.9	6	4.8	to	18.2
Non A&E	30.4	30.7	30.8	30.0	29.7	30.7	31.0	30.4	29.9	30.2	31.4	30.6	9	22.8	to	49.1
STEMI - 150	80.2	90.2	84.7	83.8	81.4	88.8	80.0	82.7	80.4				8	71.8	to	92.1
Stroke - 60	47.1	43.6	42.0	39.9	41.4	42.4	43.8	41.8	41.0	50.2	47.1		9	36.1	to	64.3
ROSC	21.7	28.4	25.2	25.7	32.2	27.3	27.4	28.0	33.9	27.8	31.5		6	24.3	to	35.6
ROSC - Utstein	45.6	64.7	46.8	51.1	72.2	43.5	57.1	61.4	68.8	46.7	38.9		4	41.4	to	62.1
Cardiac - STD	11.9	10.2	11.1	10.9	14.1	6.1	8.4	10.4	11.4	8.8			2	6.3	to	12.6
Cardiac - STD Utstein	35.1	29.2	33.3	36.2	53.7	25.6	38.1	40.4	47.7	24.4			1	21.5	to	35.8
Recontact 24hrs Telephone	6.3	6.8	6.7	5.0	7.3	5.7	5.1	3.7	4.9	3.8	4.0	4.1	3	0.8	to	13.8
Recontact 24hrs on Scene	1.8	1.3	1.6	1.3	1.5	1.6	1.5	1.3	1.1	1.1	1.0	1.3	1	1.1	to	8.5

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