



Yorkshire Ambulance Service



NHS Trust

Integrated Performance Report June 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

This is an overview of the Trust's priority areas in each strategic objective area alongside their respective RAG ratings together with known emergency risks. Exception reports for amber and red rated areas are provided on the next page.

1. Deliver world class health outcomes in urgent and emergency care

A

Deliver clinical priorities including respiratory care, basic life support & safe management of patients closer to home.

B

Implement the next phase of an integrated clinical advice network to support patients and "no decision in isolation" for staff.

C

Deliver patient safety priorities, patient engagement and a systematic approach to quality improvement.

D

Respond to new national Ambulance Quality indicators and support the Ambulance Response Pilot to reduce conveyance rates and improve response times.

E

Deliver key components of digital roadmap, including EPR and NHS numbers to help improve patient care.

2. Ensure continuous service improvement and innovation

A

Mobilise programme management capacity and capability to support priority transformation and improvement programmes.

B

Enable devolved leadership and clear accountability through embedding the Performance Management Framework and Trust Risk Management Strategy.

C

Develop capability and maintain effective governance across all services to support delivery and manage change.

D

Delivery of internal transformation programmes for PTS, HUB and Spoke and Urgent and Emergency Care.

E

Delivery of CQC Improvement Plan.

3. Develop and retain a highly skilled, engaged and motivated workforce

A

Develop education and learning infrastructure to embed values and behaviours framework, including a competency framework.

B

Implement improvements to support health & well-being of staff through delivery of COUIN programme with a focus on delivery of mental health and well-being initiatives.

C

Implement nursing internship model and specialist and advanced paramedic roles to support multi-disciplinary capacity across the Trust.

D

Implement a corporate approach to the use and deployment of apprenticeships across the Trust

4. Work with partners to provide system leadership and resilience

A

Engage with and respond to partners and stakeholders, focussing on strong relationships with STPs (COUIN), A&E Delivery Boards and Urgent and Emergency Care Groups.

B

Work with commissioners to implement recommendations from the West Yorkshire Urgent Care Review.

C

Develop joint delivery plan with NAA to build resilience across the organisations and improve use of resources.

D

Engage proactively with communities, staff and volunteers within a Corporate Social Responsibility Framework, building on initiatives such as Restart a Heart.

5. Provide a safe and caring service which demonstrates an efficient use of resources

A

Achieving financial regulatory and statutory compliance through delivery of our financial plan, including reduction of agency spend.

B

Delivery of Trust CIP Programme

C

Develop and implement an efficiency plan with national, regional and local work streams, aligned to best practice such as Model Ambulance and National Audit Report

D

Maintain and improve compliance across statutory functions including safeguarding, safety, resilience, workforce, estates, fleet & governance.

Emerging Risks

- Financial Plan Delivery.
- Well Being COUIN Delivery.
- Hospital reconfigurations.
- National constraints relating to access of funding for workforce development and education.

The following are exception reports of priority areas in each strategic objective area that have been given a red or amber RAG rating.

1. Deliver world class health outcomes in urgent and emergency care

2. Ensure continuous service improvement and innovation

3. Develop and retain a highly skilled, engaged and motivated workforce

2A – TEG deep dive reviews commenced and ongoing. PTS deep dive complete. Follow up actions being progressed. A&E deep dive complete. Urgent care deep dive scheduled for July.

2D – There is ongoing pressure within the PTS programme around mobilisation, core transformation work streams and CQC action plans. Review of PTS programme in progress. There are ongoing constraints in relation to capital funding that will potentially impact H&S delivery.

3A – The new restructure consultation was launched 29 June and new values final survey on 28 June. The values based behavioural framework is being drafted. Work is ongoing with Corporate Comms to create a visual identity for new values aligned with the new NHS corporate visual identity to launch the new values and behavioural framework at the management conference in September 17.

3B – Procurement is underway for external providers to deliver mental health first aid training to clinical supervisors. Abstraction is agreed in principle. Additional details of flu campaign under discussion at TEG. Recruitment is underway to employ 2 posts to deliver health and wellbeing improvement programme with an approximate lead time of 12 weeks to fill vacant post. Plans are currently underway for interim cover.

3D – An apprenticeship working group has been set up to review a renewed corporate approach to apprenticeships. TMG was presented with a draft forecast of the potential utilisation and draw down from the digital account (the apprenticeship levy) and it was agreed TMG would receive quarterly updates.

4. Work with partners to provide system leadership and resilience

5. Provide a safe and caring service which demonstrates an efficient use of resources

Emerging Risks

4A – The full impact of the hospital service reconfigurations across Yorkshire is being worked up by the Planning and Development team through an agreed risk assessment approach to inform appropriate mitigation plans. Capacity issues impacting on ability to attend all STP meetings.

4B – The WYUC plan was formally approved at the June contract meeting and commissioners have been asked for dates of task and finish group meetings to support the plan. As a consequence some actions have slipped, although action is being taken on key areas.

4C – The NAA executive session has been rescheduled and work is progressing in relation to the re-prioritised work streams.

5A – New control total agreed of £3.4M including £1.5M STF funding which gives the trust a target of £1.9M surplus.

5B – CIP programme was £1.2M short of £12.4M target. Work is now progressing on 18/19 schemes with a view to progress in January to mitigate existing shortfall.

5C – Launch of the national Lord Carter work stream is underway with an ambulance mobilisation event on 28th June.

5D – TEG level mandatory training review is progressing with refreshed curricula for key programmes.

➤ No specific exceptions to report this month.

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

See & Treat F&F test % positive		NA
AQIs	ROSC in Utstein group (Apr17)	46.7%
	Stroke in 60 mins (Apr17)	50.2%
	Stroke Care (Apr17)	98.4%
	STeMI 150 mins (Feb17)	82.7%
CQC rating, Feb 17		2

Leadership & Improvement Capability

Staff sickness, Feb 17	5.8%
Staff turnover (FTE), (Jul 16-Jun17)	11.8%
Executive team turnover, (Jul 16-Jun 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 – Q4 16-17	19.0
Staff F&F Test % recommended care Q4 16-17	88%
Occurrence of any never event	NA
NHSE/NHSI Patient safety alerts outstanding	“

Operational Performance

June 17	
<i>Maximum 8 minute response for calls:</i>	
• Category 1	70.5%
<i>Maximum 19 mins for all category calls:</i>	
• Category 1 (conveying)	No
• Category 2R	National
• Category 2T	Target Set

Strategic Change RAG ratings (June 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* June 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	2

*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 July with subsequent committee reviews and Trust Board in August.
 - AVP single supplier framework tender now in place as at 1 July 2017.
 - Criteria for further sites to implement MR/VPS (AVP) under construction to be shared at July Programme Board to influence the business cases.
 - Interviews for the senior project manager unsuccessful.

- **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.

Service Improvement

- **A&E:** Remains **Green**

Work has continued at pace to complete Phase 3 of the Capacity Planning Framework. Plans now in place to deliver training sessions for Operational Staff in September on Capacity Planning,

 - Priorities currently remain as:-
 - Governance and Administration Framework
 - Rota review within EOC (Phase 1 – diagnostic / analysis work)
 - Fulfilment of remaining vacant senior management posts within new structure
 - Approval of project briefs and milestones by Programme Board
- **PTS:** Remains **Red**
 - Additional support requested from TEG by PTS MD in May to be prioritised to progress with programme.
 - Senior manager interviews held in June.
 - East Riding Go Live commenced on 01/07/17. Positive feedback received from Commissioners.
 - Fleet replacement paper approved by TEG – awaiting Board outcome.

External

South Yorkshire

Opportunities: Invitation to participate in the developing accountable care system.

Threats: Impact of stroke reconfiguration on ambulance and PTS resources.

Humber Coast & Vale

Opportunities: Improved working relationships and opportunities for new ways of working in respect of Urgent Treatment Centres and other innovations in the footprint.

Threats: Impact of capped expenditure programmes on hospital and therefore ambulance handover performance.

West Yorkshire

Opportunities: Close working with acute providers through WYAAT.

Threats: A&E, Vascular and Stroke reconfigurations likely to impact on YAS capacity for response without additional resources. Continue dialogue on phase 2 of Mid Yorkshire Reconfigurations.

Our Performance June 2017

↑	75 per cent received a response in 8 mins, 57 seconds for Cat 1 calls, up by 42 seconds.
↓	Ambulance responses on Scene down 2.7% YTD
↑	PTS KPI 2 continues to be above target at 87.7% for June
↑	Calls transferred to a CAS Clinician in 111 is above 30% target at 30.7%

YTD Performance		
	%	Change
Category 1 999 Performance	70.5%	1.0%
Ambulance Turnaround Time	27 mins	(2 Minutes Less)

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 / Red Performance (8 Min)		
Contract	Jun-17	Variance (%)	Contract	Jun-17	Variance (%)	Avg	Jun-17	Var	Avg	Jun-17	Change	Target	Jun-17	Var (2% Tol)
71,682	72,397	1.0%	58,900	57,318	(2.7%)	76.6%	76.7%	0.1%	2,478	1,367	(44.8%)	75.0%	70.5%	(4.5%)

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	Jun-17	Variance (%)	Target	Jun-17	Variance (%pts)	Target	Jun-17	Variance (%pts)	Target	Jun-17	Variance (%pts)	Target	Jun-17	Var
85,451	81,260	(4.9%)	82.9%	87.7%	4.8%	92.0%	88.3%	(3.7%)	92%	83.5%	(8.5%)	90.0%	78%	(12.0%)

111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Jun-17	Variance (%)	Target	Jun-17	Variance (%)	Target	Jun-17	Variance (%)	Target	Jun-17	Variance (%)	Avg	Jun-17	Variance (%)
123,503	123,305	0.2%	95%	90.3%	(4.7%)	30%	30.7%	0.7%	95%	81.3%	(13.7%)	8.9%	8.7%	(0.2%)

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 June 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
↔	4 in 1000 People get a safeguarding referral		Q4	YTD	Hand Hygiene	99%	99%
↑	5 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)	PTS	90%	88%	Premise	98%	99%
↔	9 out of 10 people would recommend YAS to Friends and Family	A&E	85%	87%	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
869	810	(5.6%)	210	192	0.5%	28	20	(9.1%)	4	0	(100.0%)	62	46	(13.2%)

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
747	731	(5.9%)	470	483	(12.8%)	85	89	(13.7%)	79%	87%	4.8%	46	39	30.0%

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)
44.4%	41.0%	(1.9%)	85.5%	80.0%	6.7%	52.9%	68.8%	12.1%	36.2%	47.7%	18.1%	28	31	(6.1%)

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 - Jun 2017

↑	806 number of staff are are overdue a PDR out of 4368
↔	128 Staff are on long term sick out of 5531 Staff
↓	314 number of staff are still to complete the stat and man work book out of 5060
↔	More than 9 out of 10 staff have completed the Stat Man Workbook

YTD Performance		
	%	Change
Sickness	5.45%	0.01%
Stat and Man	95.69%	1.57%

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)
4,323	4,299	(0.6%)	11.1%	5.9%	(5.2%)	11.1%	11.8%	0.7%	45.52	24	(48.2%)	95.0%	74.5%	(20.5%)

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%	5.0%	(0.0%)	2.0%	1.6%	(0.4%)	3.5%	3.4%	(0.2%)	1,037	857	(21.0%)	£820,690	£751,524	(8.4%)

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%	77.7%	(12.3%)	90.0%	95.7%	5.7%	90.0%	95.0%	5.0%	80.0%	91.1%	11.1%			0.0%

Key	Change		Direction of Travel		Sparklines		AVG - Average		Updated			
	From Previous Month (tolerance 5% number change or 5% pts)		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		7th July2017 - Workforce Intelligence Team		8	

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,729)	(21,765)	(36)	(65,361)	(64,933)	428
Expenditure	21,495	21,531	36	65,057	64,629	(428)
Retained (Deficit) / Surplus with STF Funding	(234)	(234)	0	(304)	(304)	0
STF Funding	(227)	(227)	0	(227)	(227)	0
Retained (Deficit) / Surplus without STF Funding*	(7)	(7)	0	(77)	(77)	0
EBITDA	(1,206)	(1,260)	(54)	(3,219)	(3,272)	(53)
Cash	17,991	24,869	6,878	17,991	24,869	6,878
Capital Investment	120	31	(89)	493	74	(419)
Quality & Efficiency Savings (CIPs)	1,037	979	(58)	3,110	2,921	(189)

Under the "Single Oversight Framework" the Trust has a 1 rating for month 3 (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 for the financial indicators for Liquidity, Capital Serving Capacity, Agency Spend and Distance from Plan. We score "2" for our I&E Margin which at 0.2% falls below the 1% required to score "1" within the framework. The Trust, having agreed a control total with NHS Improvement, is now rated a 1 overall under the Single Oversight Framework.

The Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £53k for 2017/18, which has

since been revised to a planned £3,408k surplus in line with the agreed control total. The Trust has reported a breakeven position against plan as at the end of June (Month 3). Income is lower than plan by £428k, 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 £1,813k 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 unachievement of CQUIN. PTS is adverse to plan by £197k 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 £238k which is mainly due to unachievement of CIPs year to date on a number of schemes including accident reduction, CVL contract and also a proportion of CIPs still yet to be identified by the Directorate.

At the end of June 2017, the Trust's cash position was £24.9m against the plan of £18m, giving a favourable variance of £6.9m. This is mainly due to improved working capital with payables being £6.9m more than plan.

Capital spend at the end of June 2017 is £74k against a plan of £493k for the month. 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. 94% delivery of the CIP target was achieved at Month 3 and 74% of this was achieved through recurrent schemes. Non-recurrent schemes have contributed £627k of the year to date savings. This creates an overall adverse variance against plan of (£189k), as well as an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2017-18																																							
RISK RATING: Under the "Single Oversight Framework" the Trust's rating for June 2017 is 1 (1 being lowest risk, 4 being highest risk). This has improved from a 2 (April & May 2017) as a result of the Trust signing up to the control total.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>2</td><td>2</td></tr><tr><td>M2</td><td>2</td><td>2</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	2	2	M2	2	2	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 month 3 is £3.272m against a plan of £3.219m, a small favourable variance of £53k against plan.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M2</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M3</td><td>-1,200</td><td>-1,200</td></tr><tr><td>M4</td><td></td><td></td></tr><tr><td>M5</td><td></td><td></td></tr><tr><td>M6</td><td></td><td></td></tr><tr><td>M7</td><td></td><td></td></tr><tr><td>M8</td><td></td><td></td></tr><tr><td>M9</td><td></td><td></td></tr><tr><td>M10</td><td></td><td></td></tr><tr><td>M11</td><td></td><td></td></tr><tr><td>M12</td><td></td><td></td></tr></tbody></table>	Month	Actual	Plan	M1	-1,000	-1,000	M2	-1,000	-1,000	M3	-1,200	-1,200	M4			M5			M6			M7			M8			M9			M10			M11			M12		
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SURPLUS: The Trust has reported a surplus (including STF) as at the end of June (Month 3) of £304k which is break even against the planned surplus of £304k.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-50</td><td>-50</td></tr><tr><td>M2</td><td>-50</td><td>-50</td></tr><tr><td>M3</td><td>-250</td><td>-250</td></tr><tr><td>M4</td><td></td><td></td></tr><tr><td>M5</td><td></td><td></td></tr><tr><td>M6</td><td></td><td></td></tr><tr><td>M7</td><td></td><td></td></tr><tr><td>M8</td><td></td><td></td></tr><tr><td>M9</td><td></td><td></td></tr><tr><td>M10</td><td></td><td></td></tr><tr><td>M11</td><td></td><td></td></tr><tr><td>M12</td><td></td><td></td></tr></tbody></table>	Month	Actual	Plan	M1	-50	-50	M2	-50	-50	M3	-250	-250	M4			M5			M6			M7			M8			M9			M10			M11			M12		
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CAPITAL: Capital spend at the end of June 2017 is £74k against a plan of £493k for the month. 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.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>0</td><td>0</td></tr><tr><td>M2</td><td>0</td><td>0</td></tr><tr><td>M3</td><td>0</td><td>0</td></tr><tr><td>M4</td><td></td><td>0</td></tr><tr><td>M5</td><td></td><td>0</td></tr><tr><td>M6</td><td></td><td>0</td></tr><tr><td>M7</td><td></td><td>0</td></tr><tr><td>M8</td><td></td><td>0</td></tr><tr><td>M9</td><td></td><td>0</td></tr><tr><td>M10</td><td></td><td>0</td></tr><tr><td>M11</td><td></td><td>0</td></tr><tr><td>M12</td><td></td><td>3,500</td></tr></tbody></table>	Month	Actual	Plan	M1	0	0	M2	0	0	M3	0	0	M4		0	M5		0	M6		0	M7		0	M8		0	M9		0	M10		0	M11		0	M12		3,500
Month	Actual	Plan																																								
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M11		0																																								
M12		3,500																																								
CASH: At the end of June 2017, the Trust's cash position was £24.9m against the plan of £18m, giving a favourable variance of £6.9m. This is mainly due to improved working capital with payables being £6.9m more than plan due to timing differences; the actual movement on payables is not aligned with the plan profile.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>25</td><td>18</td></tr><tr><td>M2</td><td>25</td><td>18</td></tr><tr><td>M3</td><td>25</td><td>18</td></tr><tr><td>M4</td><td></td><td>18</td></tr><tr><td>M5</td><td></td><td>18</td></tr><tr><td>M6</td><td></td><td>18</td></tr><tr><td>M7</td><td></td><td>18</td></tr><tr><td>M8</td><td></td><td>18</td></tr><tr><td>M9</td><td></td><td>18</td></tr><tr><td>M10</td><td></td><td>18</td></tr><tr><td>M11</td><td></td><td>18</td></tr><tr><td>M12</td><td></td><td>25</td></tr></tbody></table>	Month	Actual	Plan	M1	25	18	M2	25	18	M3	25	18	M4		18	M5		18	M6		18	M7		18	M8		18	M9		18	M10		18	M11		18	M12		25
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M11		18																																								
M12		25																																								
CIP: The Trust has a savings target of £12.441m for 2017/18. 94% delivery of the CIP target was achieved at Month 3 and 74% of this was achieved through recurrent schemes. Non-recurrent schemes have contributed £627k of the year to date savings. This creates an overall adverse variance against plan of (£189k), as well as 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>800</td><td>1,000</td></tr><tr><td>M2</td><td>800</td><td>1,000</td></tr><tr><td>M3</td><td>1,000</td><td>1,000</td></tr><tr><td>M4</td><td></td><td></td></tr><tr><td>M5</td><td></td><td></td></tr><tr><td>M6</td><td></td><td></td></tr><tr><td>M7</td><td></td><td></td></tr><tr><td>M8</td><td></td><td></td></tr><tr><td>M9</td><td></td><td></td></tr><tr><td>M10</td><td></td><td></td></tr><tr><td>M11</td><td></td><td></td></tr><tr><td>M12</td><td></td><td></td></tr></tbody></table>	Month	Actual	Plan	M1	800	1,000	M2	800	1,000	M3	1,000	1,000	M4			M5			M6			M7			M8			M9			M10			M11			M12		
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Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	1,717	1,683	(33)
Business Development Directorate	22	22	0
Capital Charges Directorate	33	0	(33)
Chief Executive Directorate	32	8	(24)
Clinical Directorate	35	42	7
Estates Directorate	81	36	(45)
Finance Directorate	250	191	(59)
Fleet Directorate	440	99	(342)
People & Engagement Directorate	98	0	(98)
Planned & Urgent Care Directorate	357	139	(218)
Quality, Governance & Performance Assurance Directorate	47	47	0
Reserve Schemes	0	655	655
Grand Total	3,110	2,921	(189)

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	2,424	2,294	(129)
Non - Recurrent	443	627	184
Unidentified	244	0	(244)
Grand Total	3,110	2,921	(189)

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

June 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										
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£285,987	Green	Green	Green										
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£285,987	Amber	Amber	Red										
Total		£858,047													

Comments:- Work is ongoing to procure external providers to deliver mental health first aid training to clinical supervisors. However abstraction is not yet agreed adding further Risk to delivery. Funding for individual incentives has not been agreed for flu vaccinations meaning a revised plan is needed with 2 months remaining before the campaign launches. As from Mid July the Wellbeing post will be vacant with little capacity to back fill to drive both programmes forward. Recruitment is underway to employ 2 posts to deliver the health and wellbeing improvement programme with an approximate lead time of 12 weeks.

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										
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green										
Mortality Review	Deputy Medical Director	£1,072,238	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										
Total		£4,290,239													

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										
Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18 reconciliation		£136,000	NA	NA	NA										
Total		£272,000													

Comments: Still awaiting approval of delivery milestones from commissioners which will then be tracked monthly and reported through the CQUIN delivery group. Commissioners have been provided with an updated delivery action plan. Development of the portal has not progressed in Q1 as per plan an action plan to address delays in Q2 is being drawn up.

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

Corporate Services June 2017

Chief Exec and Business Development

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
38.09	27.2	(28.7%)	5.0%	0.0%	(5.0%)	0	0	0	85%	81.8%	-3.2%	90%	72.2%	(17.8%)

Finance

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
257.66	216.31	(16.0%)	5.0%	3.0%	(2.0%)	0	0	0	85%	88.2%	3.2%	90%	73.2%	(16.8%)

People and Engagement

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
116.6	87.7	(24.8%)	5.0%	5.1%	0.2%	0	0	0	85%	92.1%	7.1%	90%	40.2%	(49.8%)

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		07.7.17 - Workforce Information Team	

Corporate Services June 2017

Quality, Governance and Performance Assurance

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	Avg	%	Diff	Avg	No	Diff	Target	%	Diff	Avg	%	Diff
59.8	52.8	(11.7%) ↓	5.0%	2.8%	(2.2%) ↔	0	0	0 ↔	85%	93.1%	8.1% ↑	90%	71.4%	(18.6%) ↓

Clinical

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
38.1	38.9	2.2% ↔	5.0%	17.0%	12.0% ↑	0	0	0 ↔	85%	97.8%	15.0% ↑	90%	87.8%	(2.2%) ↔

Fleet and Estates

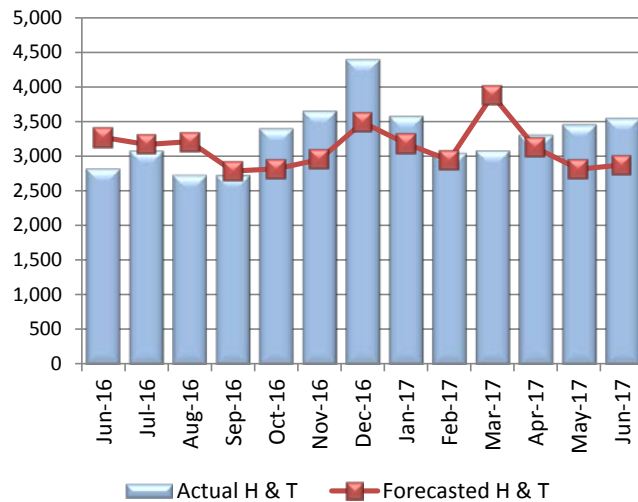
FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
126.7	109.5	(13.5%) ↓	5.0%	3.5%	(1.5%) ↔	0	0	0 ↔	85%	88.5%	3.5% ↔	90%	67.4%	(25.2%) ↓

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		07.7.17 - Workforce Information Team	

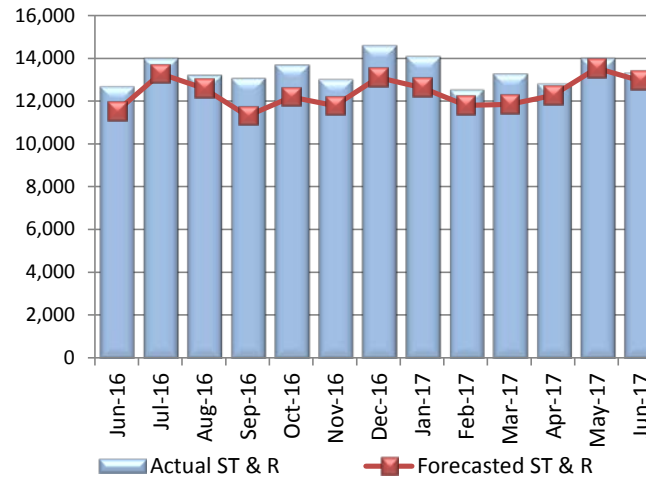
SERVICE LINES

9.1 Activity

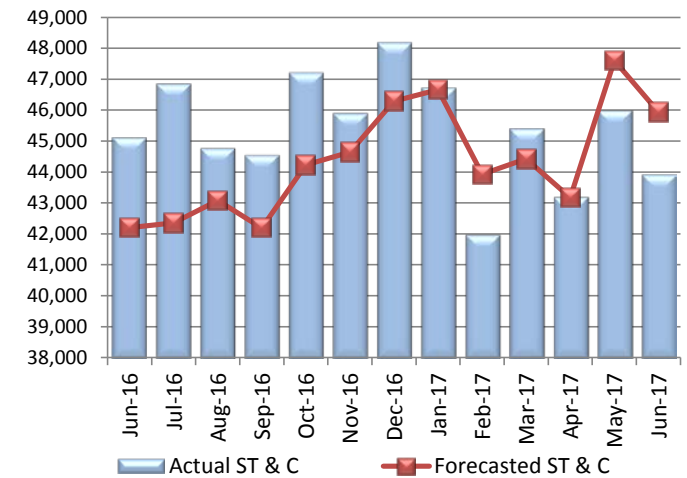
Hear & Treat



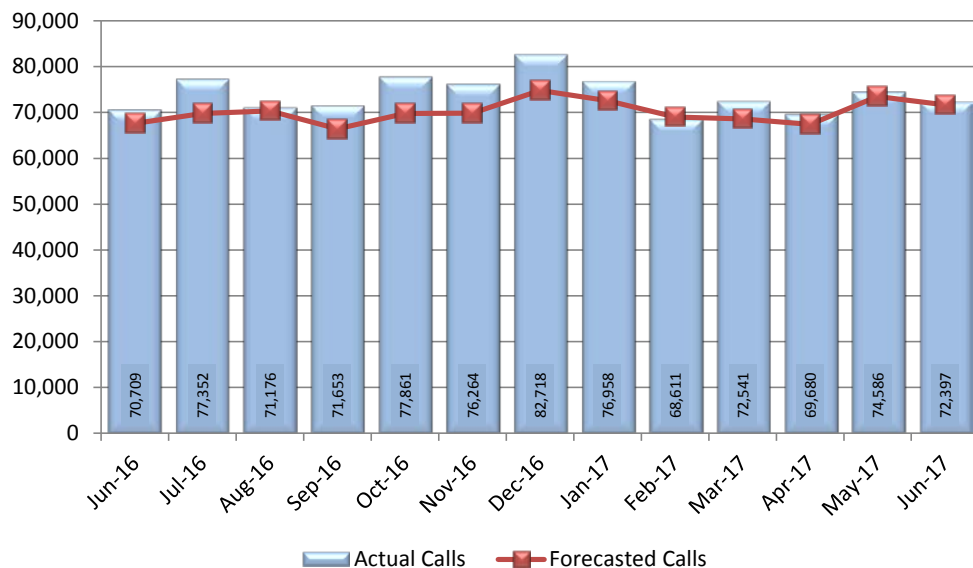
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 1.0% above forecast. This is an increase in call numbers of 3.1% vs June last year.

H&T is 23.9% above forecast. This is an increase of 25.7% in the amount of H&T carried out vs June last year

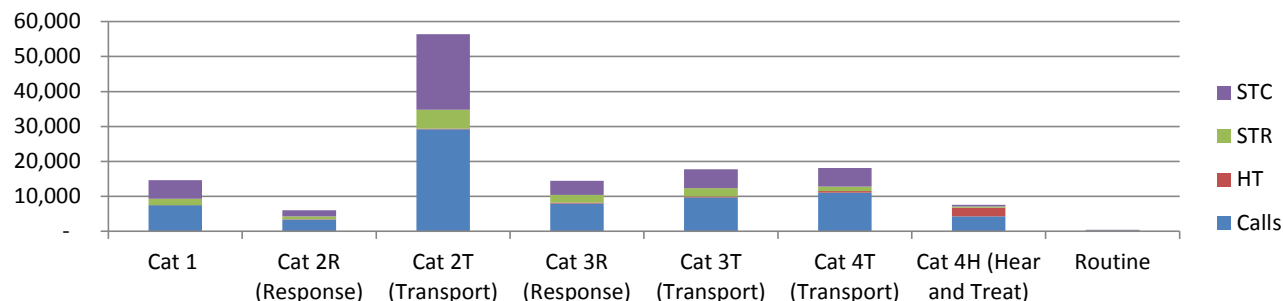
ST&R 3.1% above forecast. This is an an increase of 5.1% in the amount of ST&R carried out vs June last year.

ST&C (4.3%) below forecast. This is a decrease of (2.7%) in the amount of ST&C carried out vs June last year.

9.2 Activity and Performance

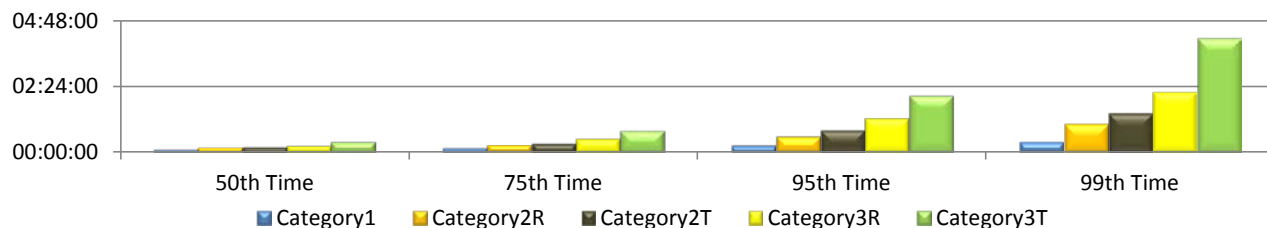
ARP2.2	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Cat 1	7,481	51	1,756	5,348	7,104	8 Mins (75% Target)	70.5%	12.2%
Cat 2R (Response)	3,366	68	855	1,750	2,605	No National Target Set		4.5%
Cat 2T (Transport)	29,181	214	5,433	21,613	27,046			46.3%
Cat 3R (Response)	7,941	305	2,141	4,077	6,218	No National Target Set		10.7%
Cat 3T (Transport)	9,735	241	2,351	5,381	7,732			13.2%
Cat 4T (Transport)	11,107	441	1,243	5,338	6,581	No National Target Set		11.3%
Cat 4H (Hear and Treat)	4,278	2,446	427	478	905			1.6%
Routine	250	-	8	160	168			0.3%

* 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	00:06:09	00:08:33	00:13:56	00:20:47
Category2R	00:09:58	00:16:28	00:33:54	01:00:50
Category2T	00:12:08	00:20:23	00:48:25	01:24:53
Category3R	00:15:49	00:31:01	01:15:29	02:11:20
Category3T	00:23:03	00:48:21	02:04:48	04:08:52



ARP 2.2 Pilot Review

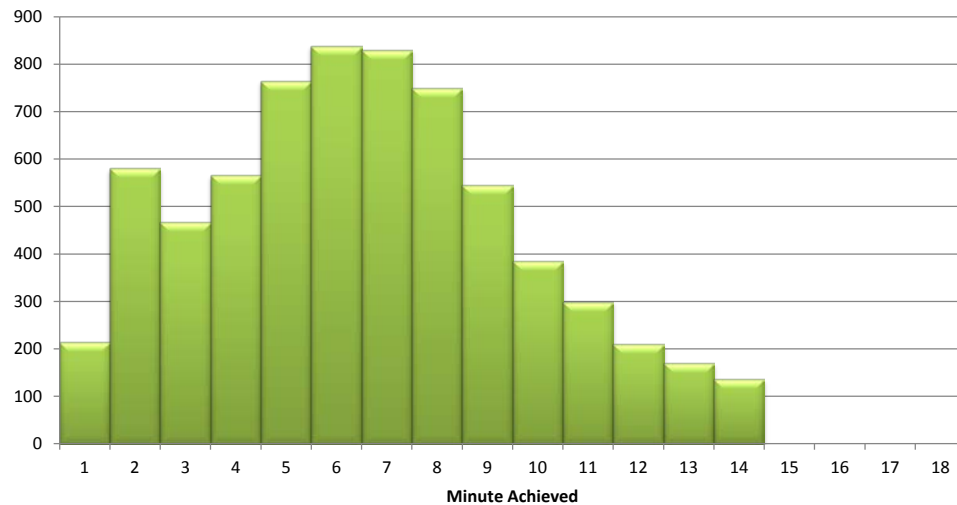
Phase 2.2 of the NHS England-led Ambulance Response Programme was live from Thursday 20th October 2016. Yorkshire Ambulance Service are one of two ambulances services nationally to belong to the trial. The pilot will run for 3 months initially with evidence reviewed on a bi weekly basis by NHS England. They 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.

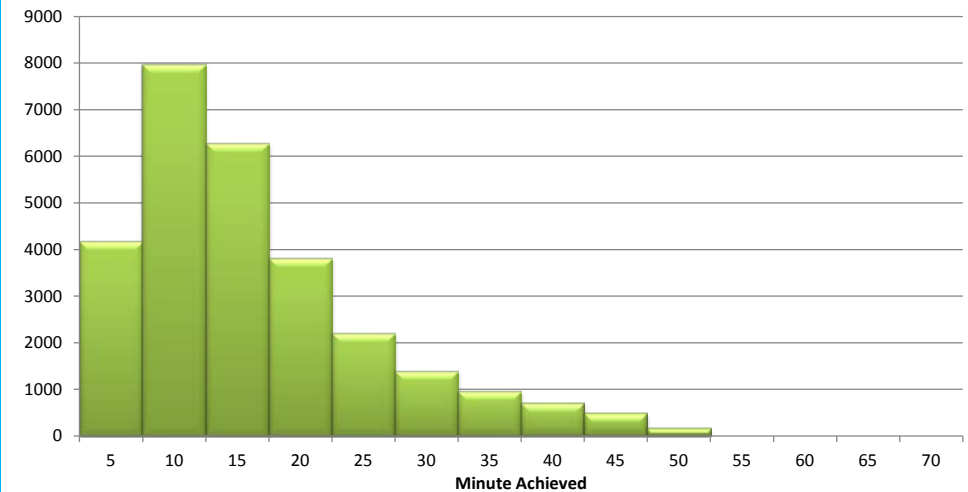
Category1 – Cardiac arrest or peri-arrest (Response standard within 8 minutes)

9.4 Tail of Performance

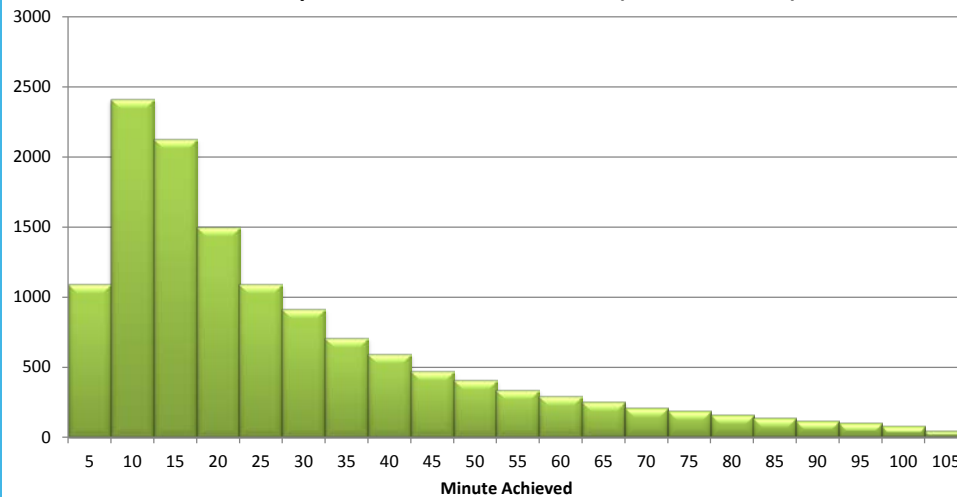
Cat 1 Responses - Tail of Performance (95th Percentile)



Cat 2 Responses - Tail of Performance (95th Percentile)



Cat 3 Responses - Tail of Performance (95th Percentile)

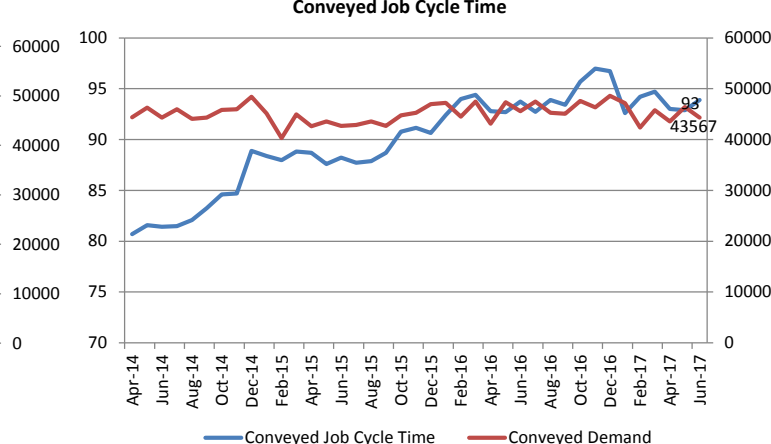
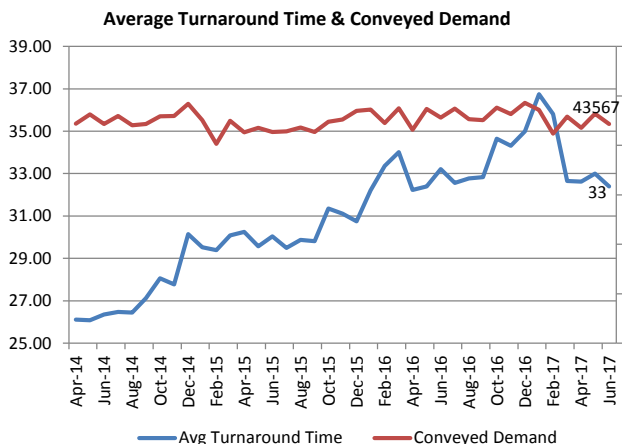


Commentary

The tail of performance within each category remains within acceptable limits. It is monitored constantly and via the weekly quality and safety report. Improvements will be monitored over the course of the rota implementation but early indications are that there is an improvement in the tail of performance.

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: for June were (1.9%) lower than May and (2.6%) lower than June 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.

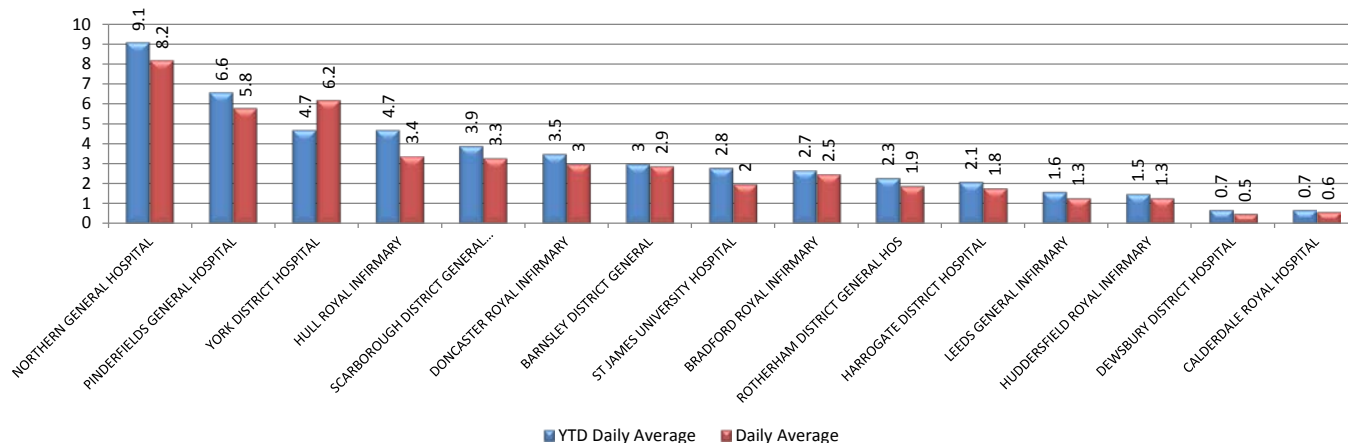
A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 36 full time ambulances a week.

Job Cycle time: showed a slight increase on May of 1.1% and is a slight increase of 0.2% vs last year.

9.7 Hospital Turnaround - Excessive Responses

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,274	2,187	2,162	3,149	2,923	3,160	4,149	3,208	1,727	1,509	1,728	1,367	29,543
Excessive Hours per day (Avg)	73	75	70	105	94	105	134	103	58	49	58	44	81

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



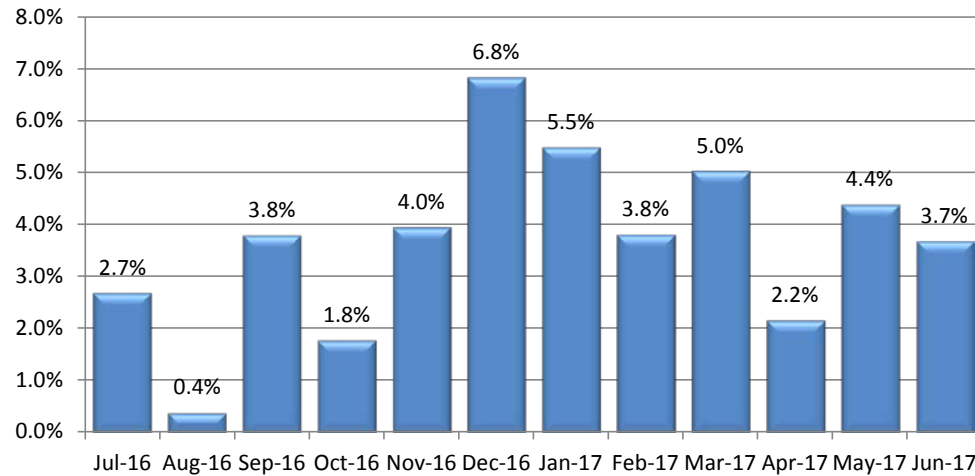
Excessive hours: lost at hospital were lower in June than May by 361 hours a decrease of 26.4%. This is also lower than June 16 showing a decrease of 916 hours, a decrease of 67%. Northern General, Pinderfields and York have been impacting on performance.

9. A&E Operations

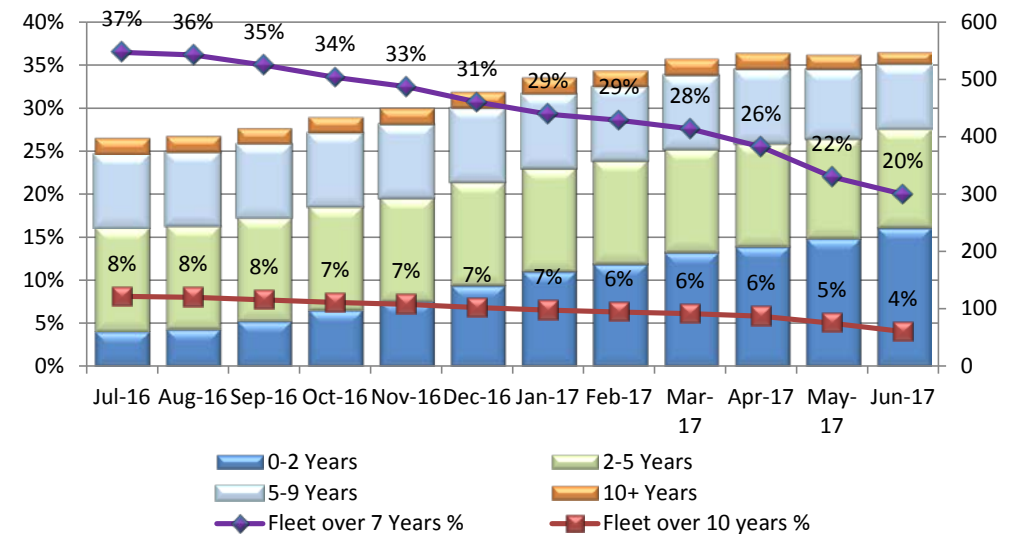
June 2017

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

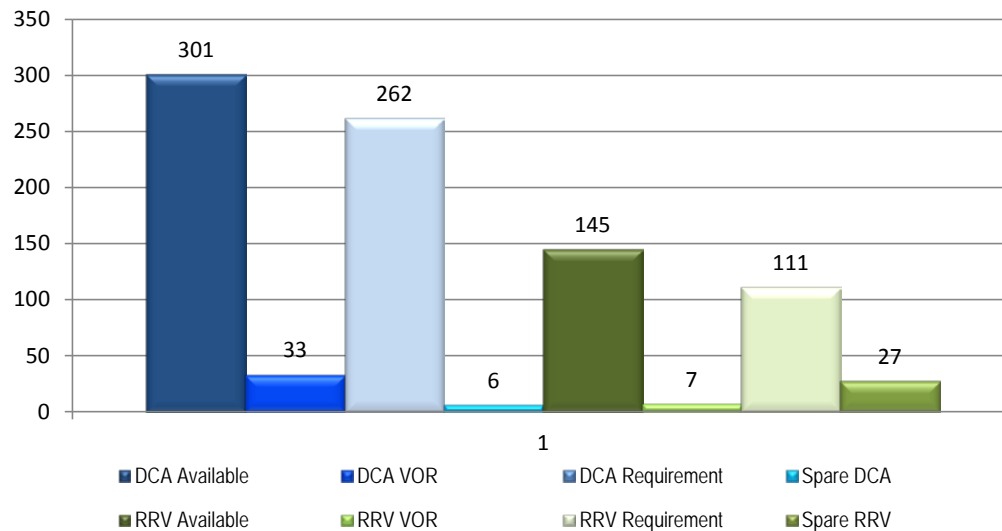


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability: May



Commentary

Deep clean: Deep Clean Service level for June slightly improved to 99.3% (excluding VOR's) following 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: Fleet have a number of projects on going which is affecting DCA availability these are tail lift (replacement frames and platforms) and new vehicle replacement programme. 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

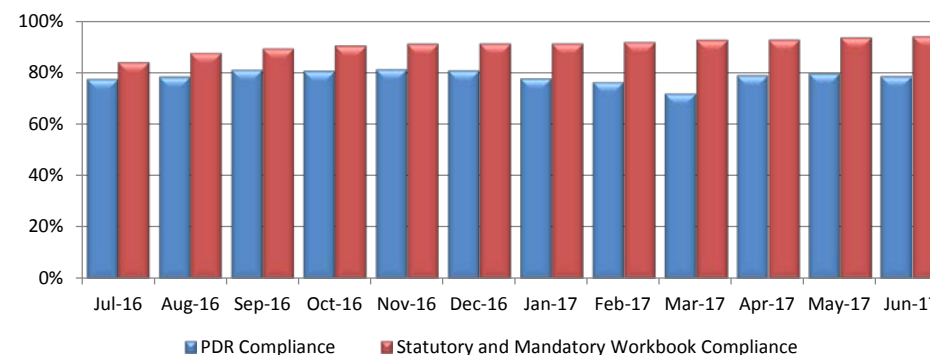
June 2017

9.11 Workforce

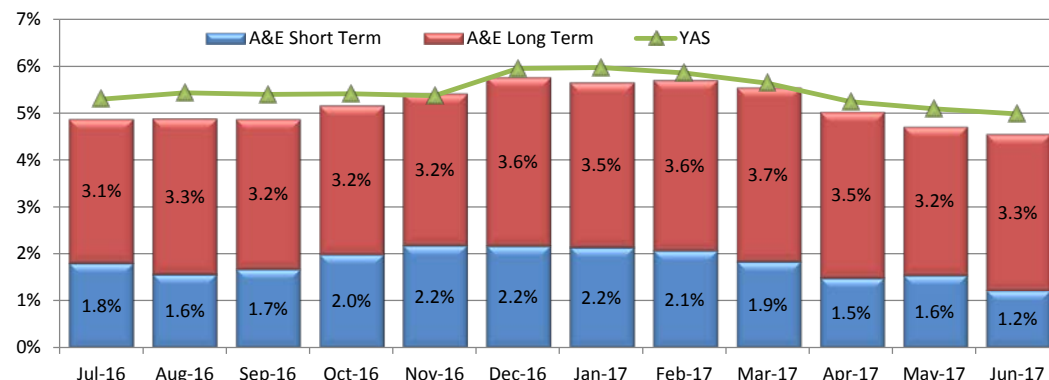
Jun 2017 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,169	122	491	1,557	72%
Variance	(91)	(9)	74	(25)	(1.6%)
% Variance	(4.0%)	(8.0%)	13.2%		
FTE (worked inc overtime)*	2313.4	122	491	1,701	74%
Variance	53	(9)	74	119	7.5%
% Variance	2.4%	(8.0%)	13.2%		

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

9.12 Training



9.13 Sickness



Commentary

The number of Operational Paramedics is 916 FTE (Band 5 & 6)
The difference between contract and FTE worked is related to overtime.
The difference between budget and contract is related to vacancies.

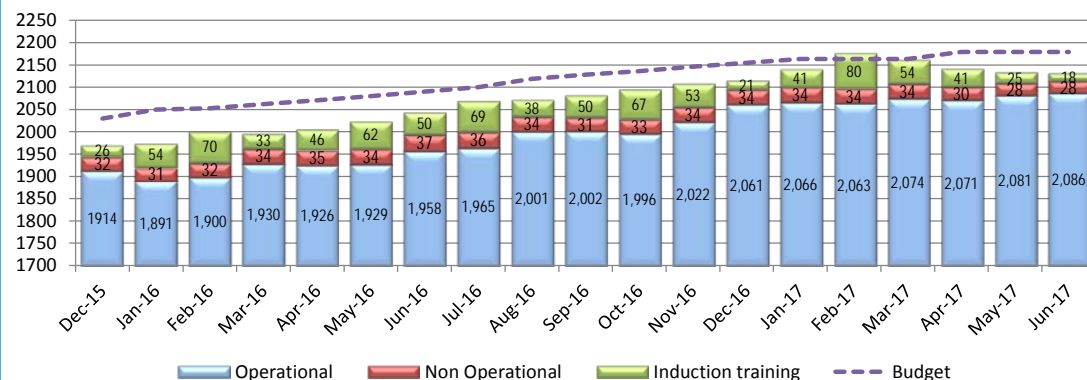
PDR: Currently at 78.7% against stretch target of 90%. This is an decrease of 1.1% vs last month and is 1% above the Trust average

Sickness Currently 4.6% which is 0.4% below trust average consistent levels achieved over the last 12 months

Recruitment : Recruitment is slightly under plan and a review of the current delivery is under way following discussion in TEG.

9.14 A&E Recruitment Plan

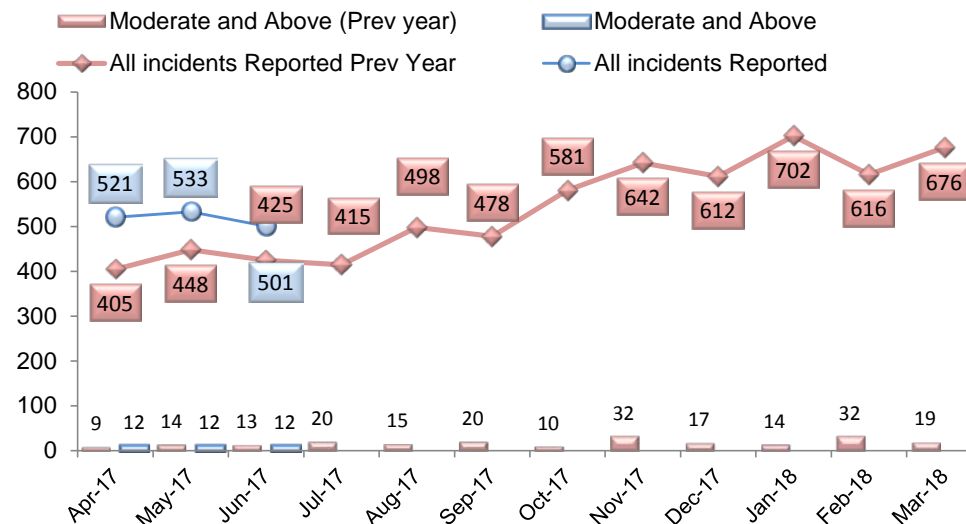
A&E Operations (exc CS)



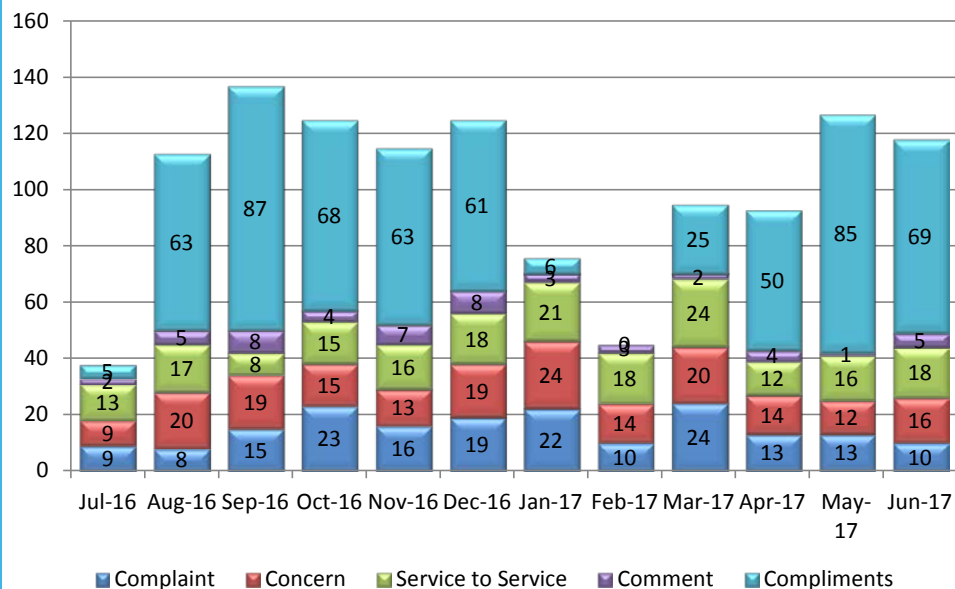
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	3
Total Incidents (Per 1000 activities)		0.00	0.02
Total incidents Moderate & above		12	0.02
Response within target time for complaints & concerns		100%	93%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1
Patient Experience Survey - Qtrly		85.1%	86.9%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

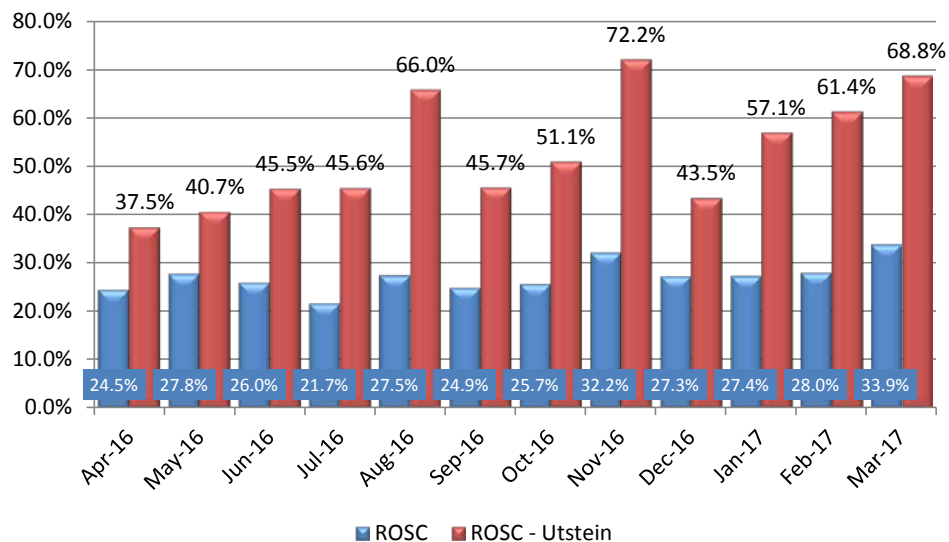


Commentary

Incidents: Total reported incidents decreased 6.0% on last month this is however an increase of 17.9% against June last year continuing the trend of improvement in incident reporting. Incidents of moderate harm and above have remained at a low level and was at its lowest level for 7 months despite the overall increase in incident reporting

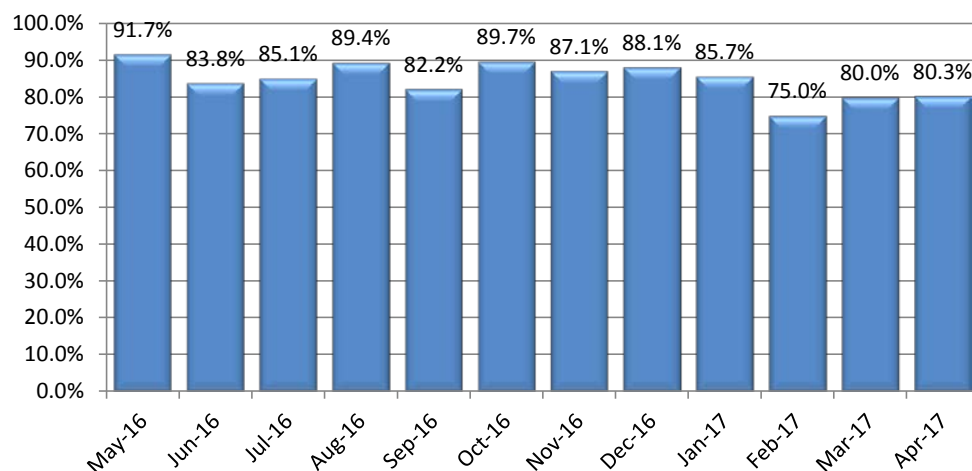
Feedback: Compliments accounted for 58.5% of all feedback last month. Complaints remained at a low level with only July and August last year showing a lower level of complaints throughout the last 12 months.

9.18 ROSC & ROSC Utstein

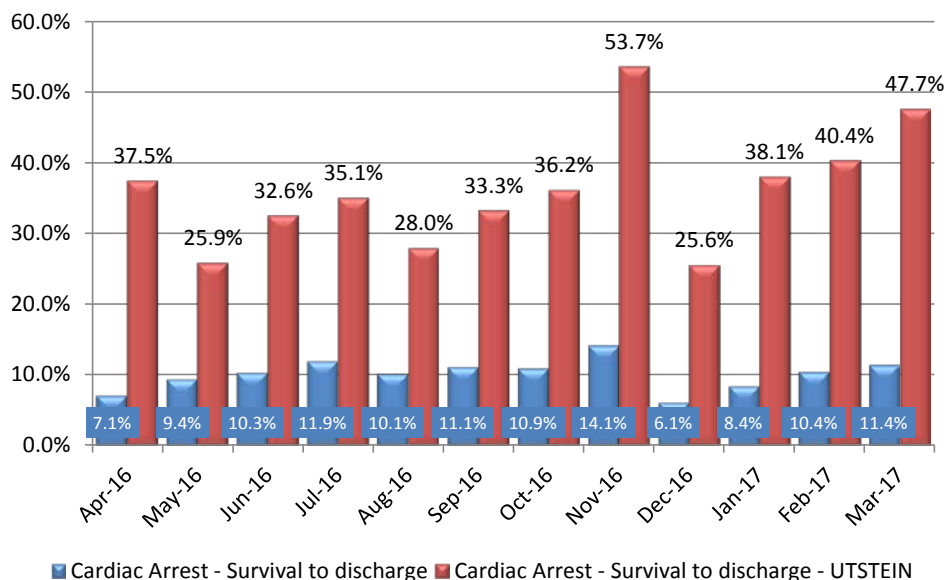


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



Commentary

ROSC: ROSC (overall) performance for March 2017, 33.9%, is up from both January and February's figures of 27.4% and 28% respectively. This shows a month on month increase in the proportion of patients with return of circulation thus far in 2017.

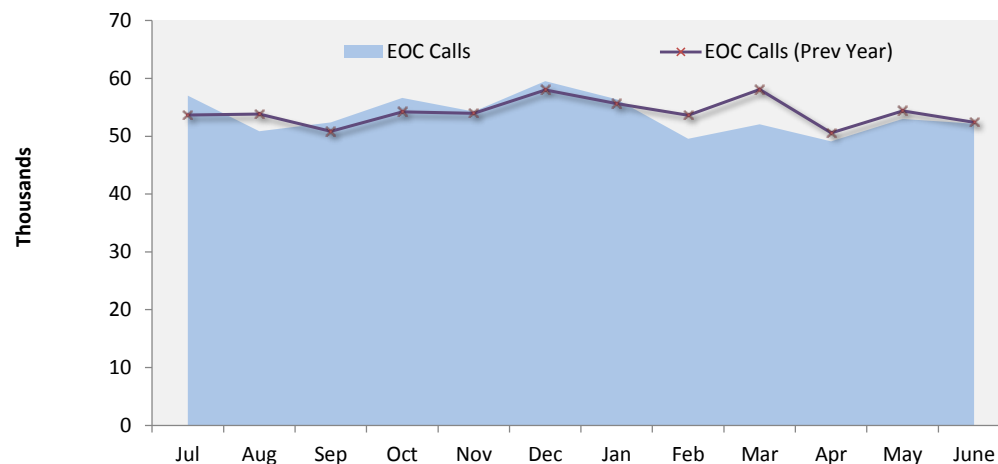
Survival to Discharge: Survival to discharge has demonstrated a trend of improvement in the proportion of patients who survived. From December 2016, where YAS performance dipped to 6.1%, (19 out of 310 patients), it increased in January to 8.4% (26 out of 309 patients) and improved again in February with 10.4% (32 out of 308 patients). March also saw survival to discharge results of 11.4%, equating to 28 patients out of 245 surviving to discharge; this mirrors the pattern shown by ROSC performance.

Stemi-Care Bundle: STEMI care performance has been relatively consistent, with April's figure of 80.3% (118 out of 147 patients) being improved upon in May with 101 patients out of 124 patients, 81.5%, receiving the appropriate care bundle.

9. EOC - 999 Control Centre

June 2017

9.21 Activity

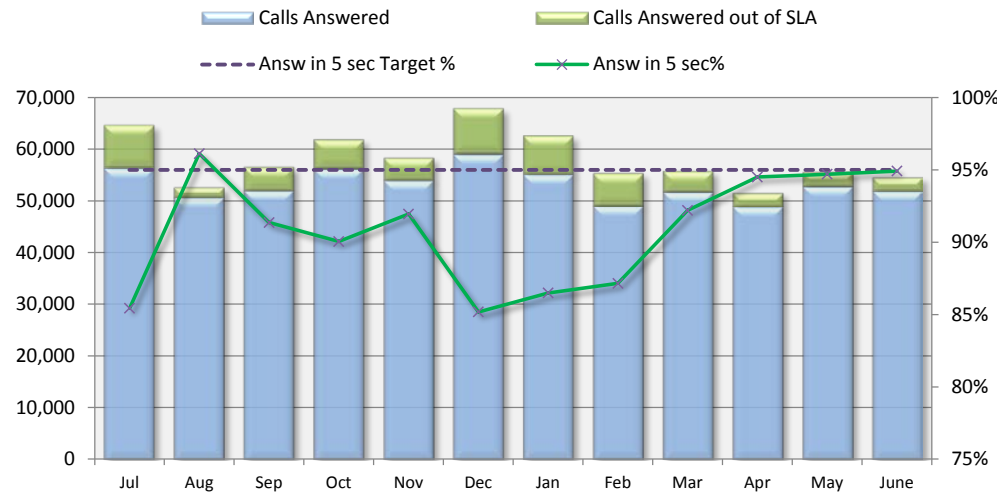


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95%)
2017/18	154,270	153,837	145,698	94.7%
2016/17	157,291	156,169	140,274	89.8%
Variance	-3,021	-2,332	5,424	
Variance	(1.9%)	(1.5%)	3.9%	4.9%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	94.9%	94.7%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Calls Answered out of SLA	8,221	1,969	4,501	5,600	4,351	8,760	7,456	6,308	4,043	2,692	2,804	2,643
Calls Answered	56,432	50,762	52,076	56,268	54,042	59,079	55,175	49,106	51,816	48,981	52,859	51,997
Ans in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Ans in 5 sec%	85.4%	96.1%	91.4%	90.0%	91.9%	85.2%	86.5%	87.2%	92.2%	94.5%	94.7%	94.9%

Commentary

Demand : Decreased 1.6% vs last month.

Answer in 5 sec: Increased by 0.2% vs last month and at 94.9% represents the best level of performance for 10 months and was only 0.1 % short of target.

Category 1 Performance project team supported by AACE are currently working through actions to support performance medium to long term, which will change the delivery of EOC. Continuous early capture for purple details is ongoing which will see improvements to performance and patient outcome. Increased use of capacity planning, also made good progress to stabilising EMD capacity. Introduction of a BI tool for EOC management is now embedded which enables closer monitoring of team and individual performance.

9. EOC - 999 Control Centre

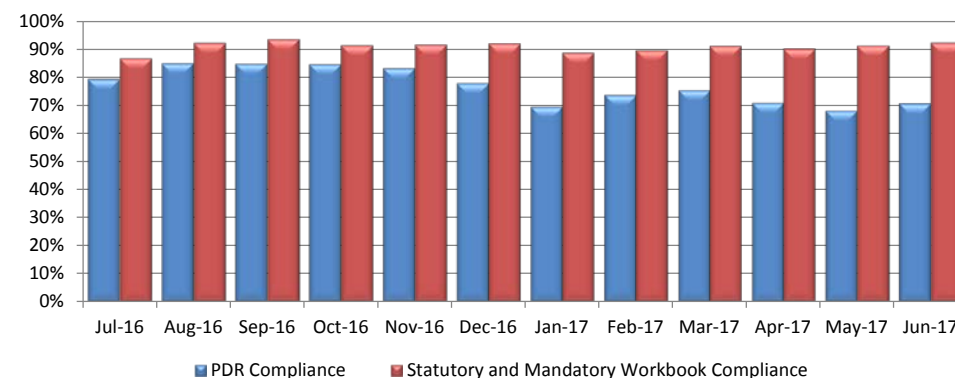
June 2017

9.24 Workforce

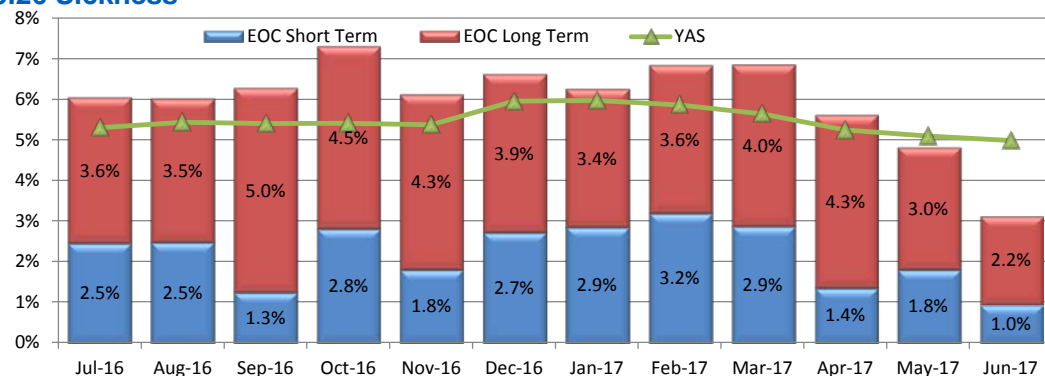
Jun 2017 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	326	16.3	81	228	70%
Contracted FTE (before overtime)	321	16.0	80	224	70%
Variance	(5)	(0)	(1)	(4)	(1.7%)
% Variance	(1.7%)	(1.7%)	(1.7%)		
FTE (worked inc overtime)*	320.6	14.1	78	229	71%
Variance	(5)	(2)	(3)	0	0
% Variance	(1.6%)	(13.5%)	(4.3%)		

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

9.25 Training



9.26 Sickness



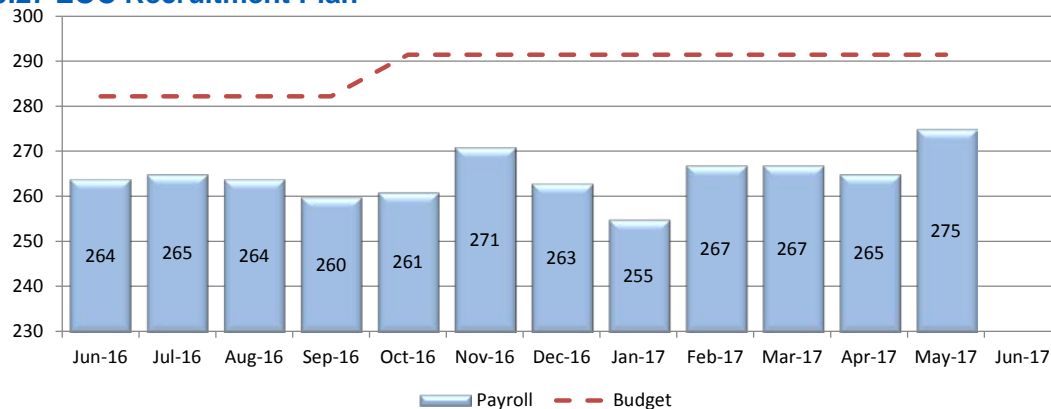
Commentary

PDR: Currently at 70.7% against stretch target of 90% an increase of 2.5% on previous month and is 7% below trust average.

Sickness: Currently 3.1% an improvement of 1.7% at its lowest level for 12 months and is 1.9% below trust average

Recruitment: Recruitment is continuing to increase call handler numbers which should see achievement of full establishment call taking capacity by July 2017. We have also seen a reduction in attrition over recent months.

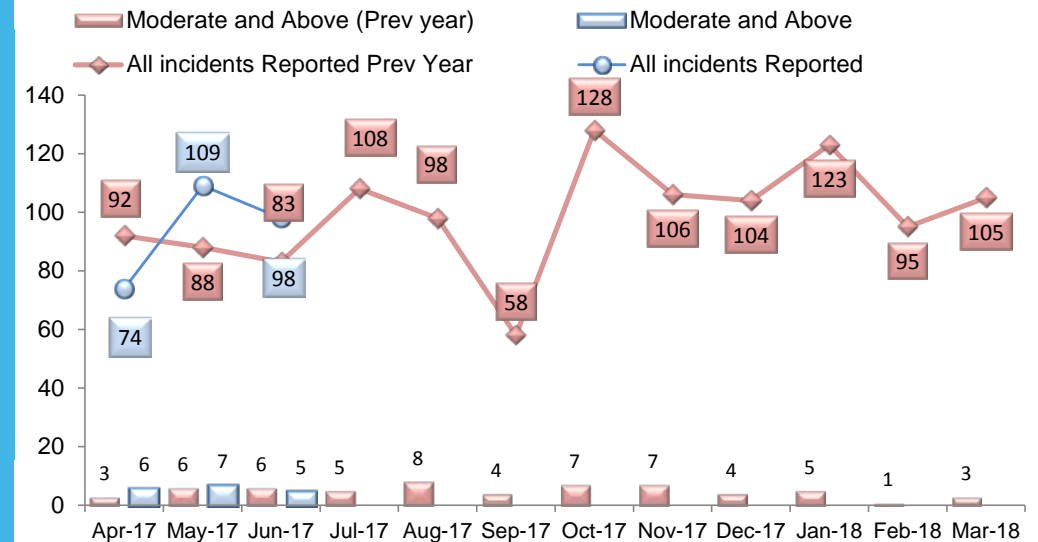
9.27 EOC Recruitment Plan



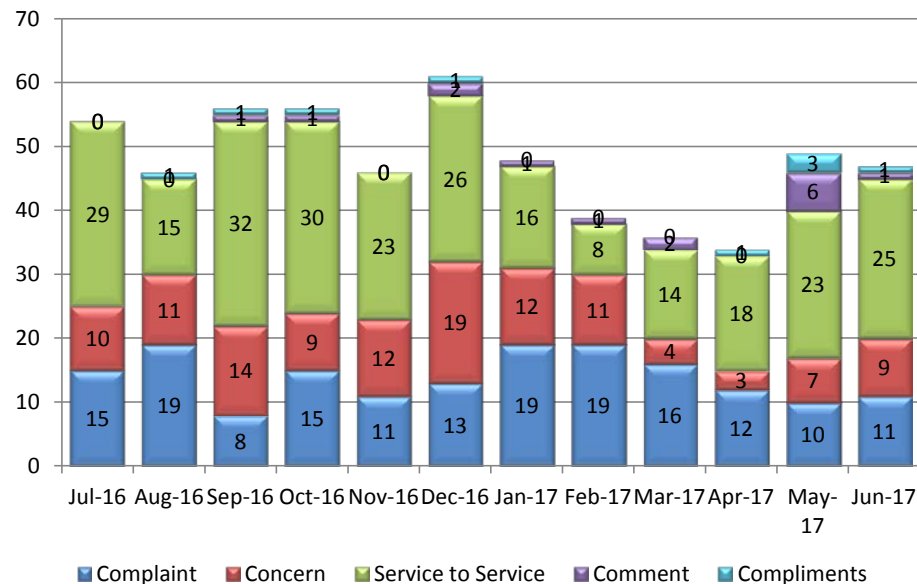
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	4
Total Incidents (Per 1000 activities)		0.00	0.03
Total incidents Moderate & above		5	18
Response within target time for complaints & concerns		94%	71%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

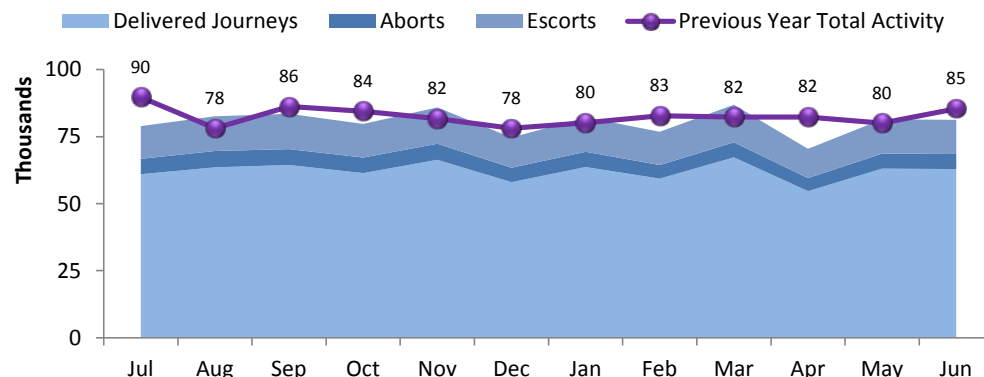
Incidents: Total reported incidents decreased 10.1% on last month this is however an increase of 18.1% against June last year continuing the trend of improvement in incident reporting. Incidents of moderate harm and above have remained at a low level and showed no increase on last year despite the increase in incident reporting

Feedback: Overall feedback fell slightly on previous month. Complaint levels have remained low and have only been lower on 2 occasions over the last 12 months

10. PATIENT TRANSPORT SERVICE

June-2017

10.1 Demand

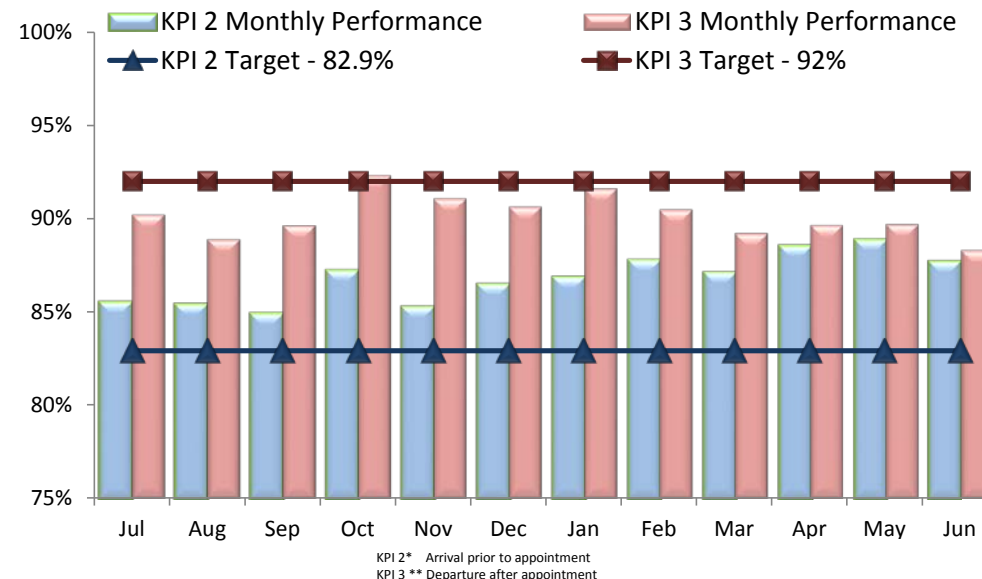


Comparison to Plan

Jun-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	180,637	16,078	36,423	233,138
Previous YTD* 2016-17	192,048	17,083	38,674	247,805
% Variance	(5.9%)	(5.9%)	(5.8%)	(5.9%)

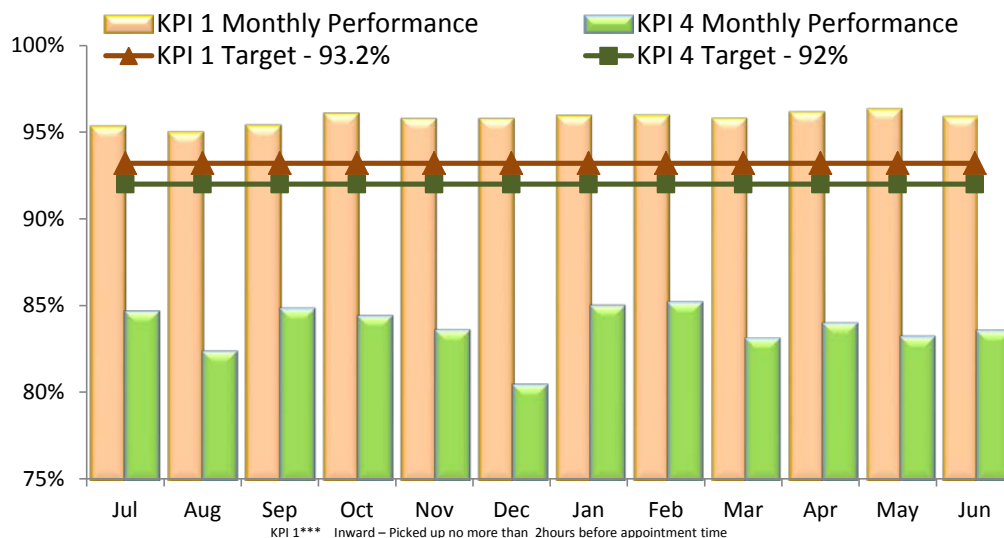
* Excludes Hull CCG

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 June is down slightly on the previous month with total activity decreasing by 0.2%.

Inward performance (KPI2) fell in June to 87.7% but is 4.8% above the making appointment on-time target.

We are reviewing the impact on timeliness for the less critical outward performance (KPI3) which was down by 1.6% on the previous month and 3.7% below the annual target of 92%.

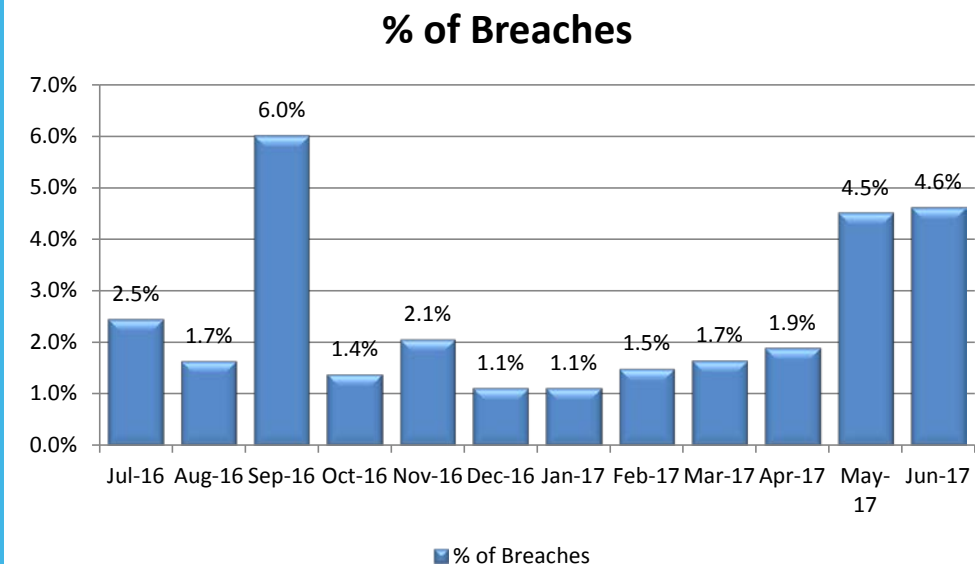
Performance against KPI1 decreased by 0.4 percentage points in June but is 2.7 above target.

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

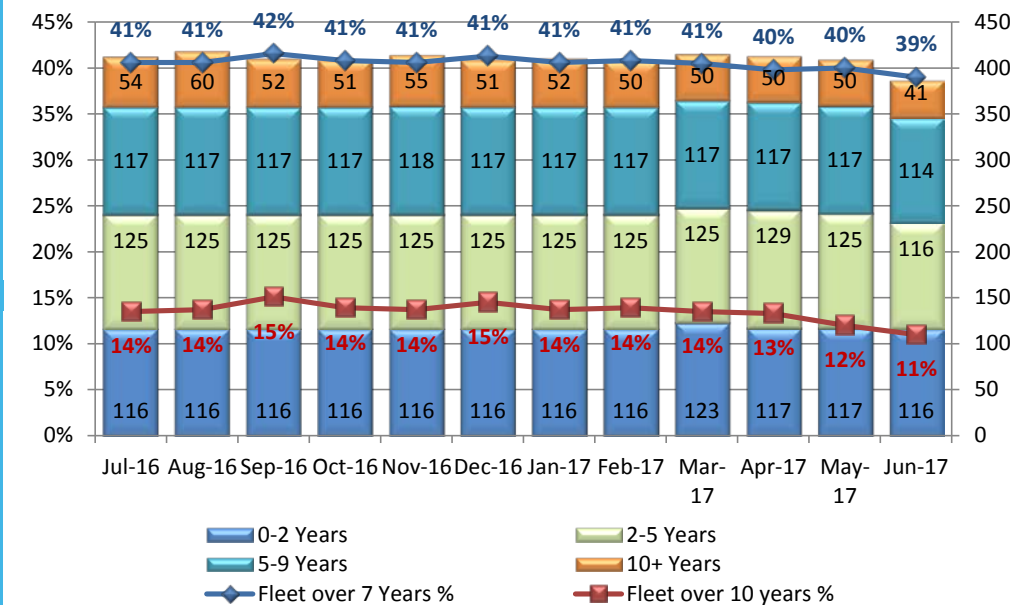
10. PATIENT TRANSPORT SERVICE

June-2017

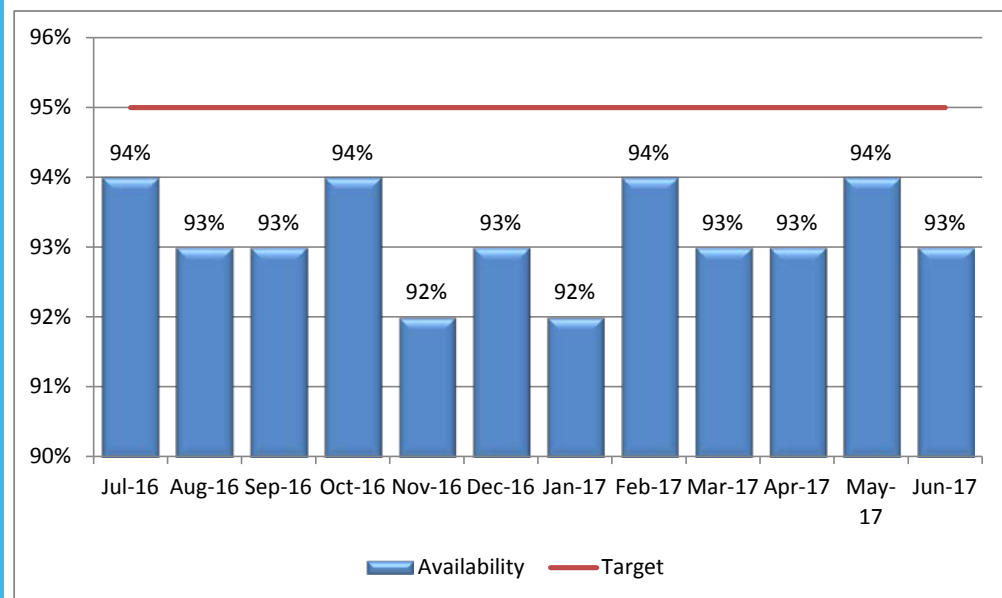
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability dipped in June to 93% against the 95% trust target. This shortfall is due to general fleet maintenance requirements and issues due to road traffic collisions.

The proportion of vehicle deep clean breaches increased from 4.5% in May to 4.6% in June. A common theme for vehicle cleaning breaches has been due to vehicles being off road, in workshop or relocated to cover shortfalls in other areas.

Figures for June show that 11% of PTS fleet is aged over 10 years old which is down from 15% recorded in December.

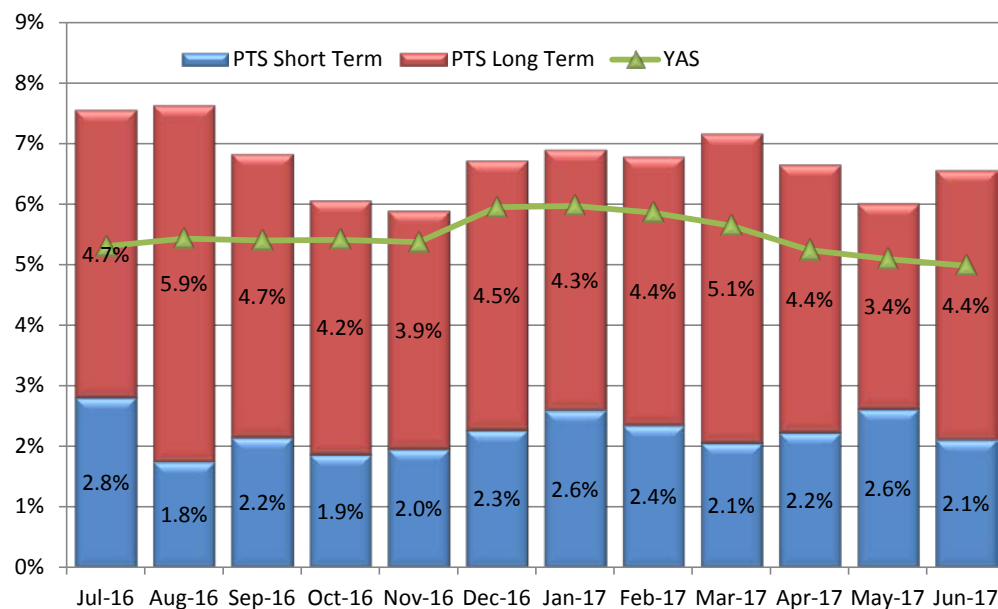
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	593	30	119	445	75%
Contracted FTE (before OT)	591	47	94	451	76%
Variance	(2)	(17)	25	6	1.4%
% Variance	(0.3%)	(58.2%)	21.0%		
FTE worked inc overtime	630	47	94	490	78%
Variance	(37)	(17)	25	45	10.1%
% Variance	(6.3%)	(58.2%)	21.0%		

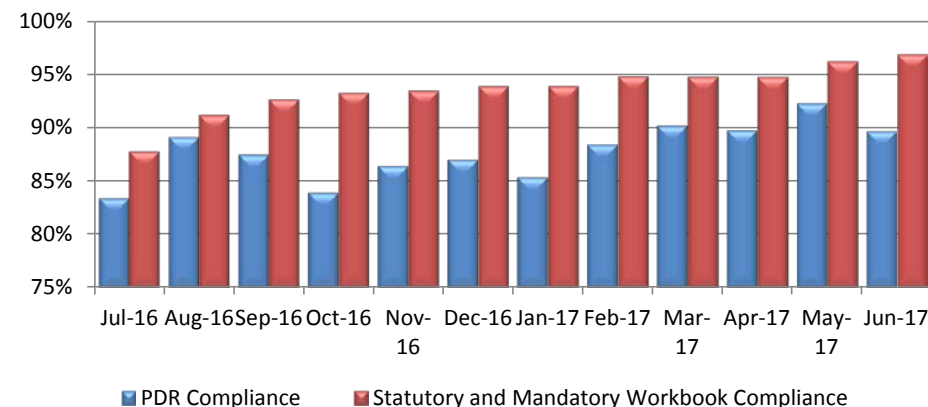
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Absence) is from OPS

10.9 Sickness



10.8 Training



Commentary

PDR compliance continues to improve, rising from 96.3% in May to 92.9% in June which is the highest rate in the last 12 months and above the 90% Trust target. Statutory and Mandatory Workbook compliance fell from 96.3% to 89.7% in June but remains higher than the 90% Trust target.

The PTS sickness rate increased from 6% in May to 6.6% in June and is 1.6 points higher than the 5% YAS average. Long term sickness increased by one point in June to 4.4%.

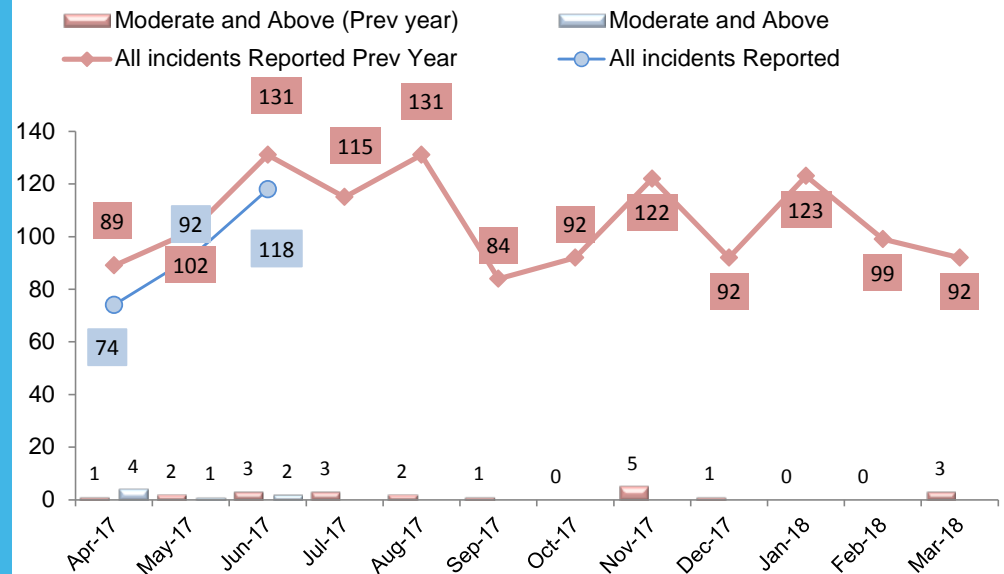
10. PATIENT TRANSPORT SERVICE

June-2017

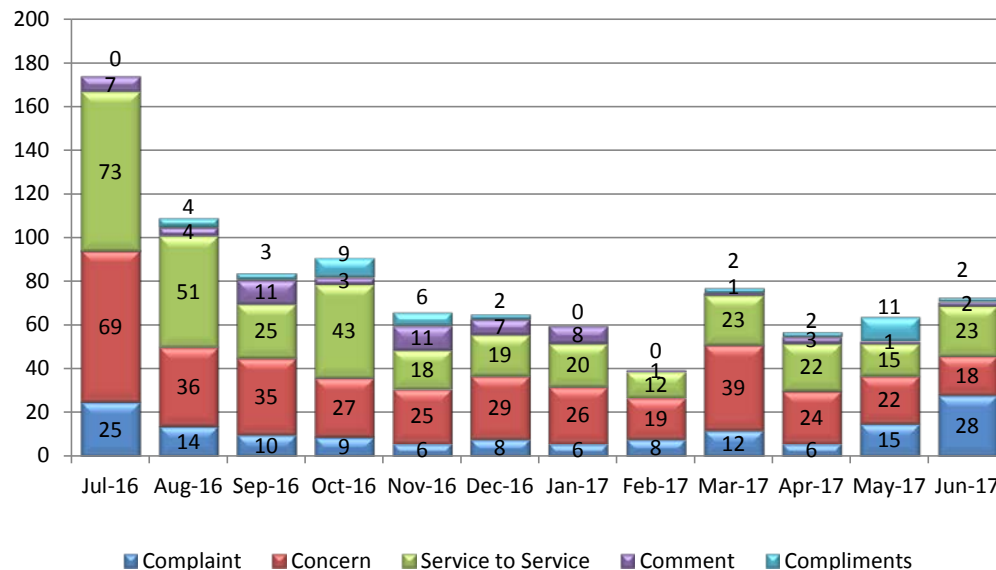
10.10 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents YTD		0	1
Total Incidents (per 1000 activities)		0.00	0.01
Total incidents Moderate & above		2	7
Response within target time for complaints & concerns		94%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.2%	91.2%
Call Answered in 3 mins - Target 90%		78.0%	85.2%

10.11 Incidents



10.12 Patient Feedback



Commentary

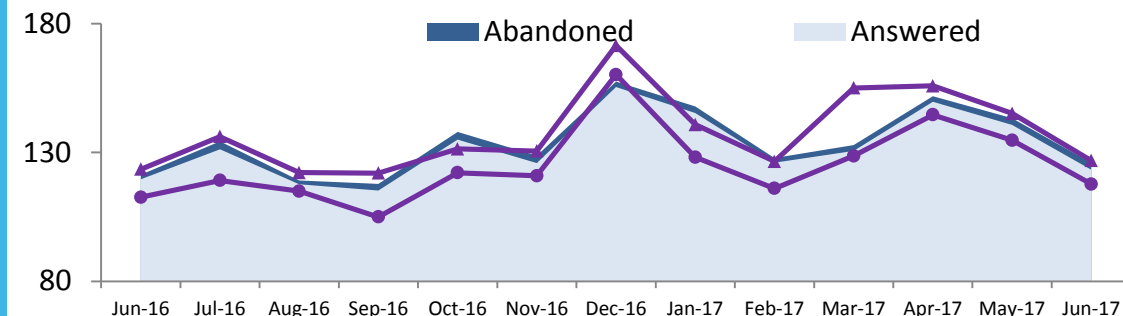
Incidents: The number of reported incidents within PTS increased by 26 (28.3%) vs last month but was down on the same period last year by 13 (-9.9%). Levels of moderate harm remain low.

Patient Feedback: Patient feedback figures are up by 9 (14%) on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints increased from 15 to 28, however, the number of concerns fell from 22 in May to 18 in June. The YTD average number of complaints each month is 12 equating to a complaint rate per PTS journey of 0.02%.

11. NHS 111

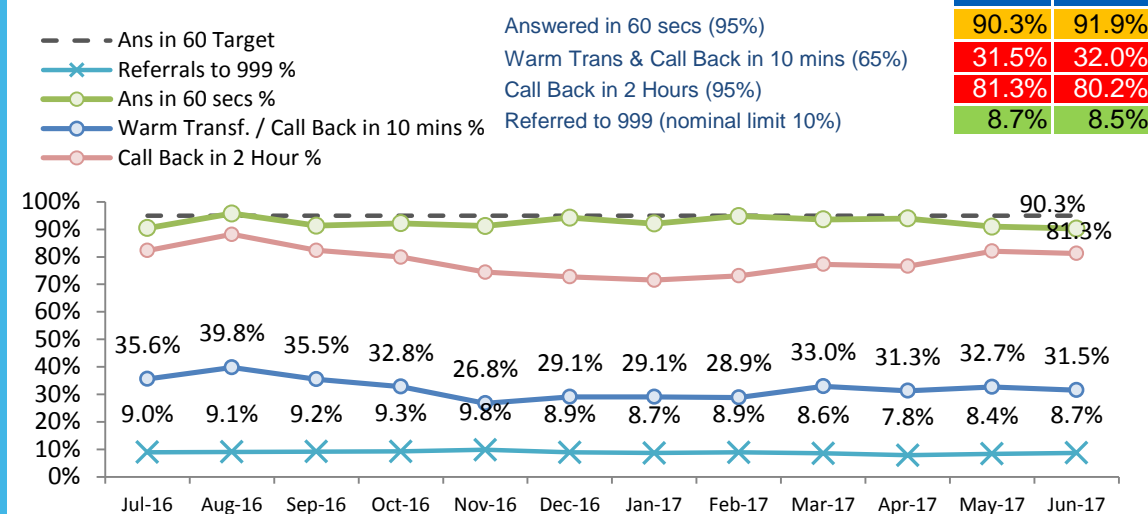
Jun-17

11.1 Demand

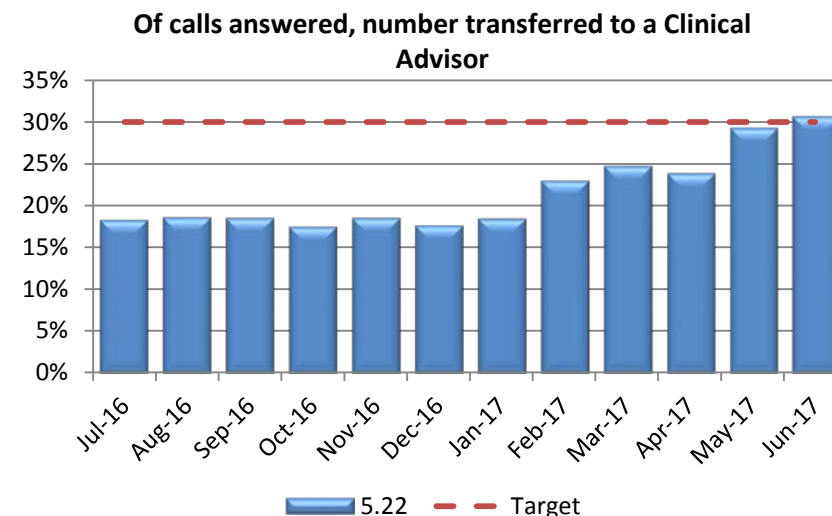


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	421,123	413,677	379,992	91.9%
Contract YTD 2017-18	427,871	416,585	395,755	95.0%
Variance	- 6,748	- 2,908	- 15,763	3.1%
	-1.6%	-0.7%	-4.0%	
YTD 2016-17	393,171	386,759	365,507	94.5%
Variance	27,952	26,918	14,485	-2.6%
	6.6%	6.5%	3.8%	

11.2 Performance



11.3 proportion calls transferred to a clinical advisor



Commentary

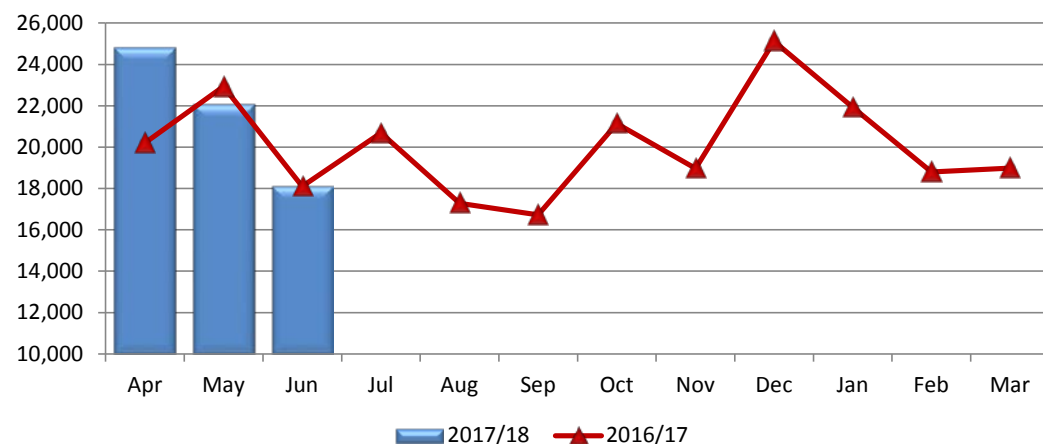
Figures for June 2017 show that 90.3% of patients' calls were answered within 60 seconds against a national target of 95%. Commissioners are however aware that the 2017/18 contract settlement does not fund the service to meet this KPI.

Call levels are marginally below (0.2%, 198 calls) contract ceiling levels for the month of June. Compared to last year quarter 1 demand is up 6.5% and performance is down 2.6%.

The 2 local clinical KPIs for 2 hours call-back (81.3%) and warm transfer / 10 minute call-back (31.5%) are still challenging for the service although additional clinical staffing is supporting marginal improvements from the start of the year.

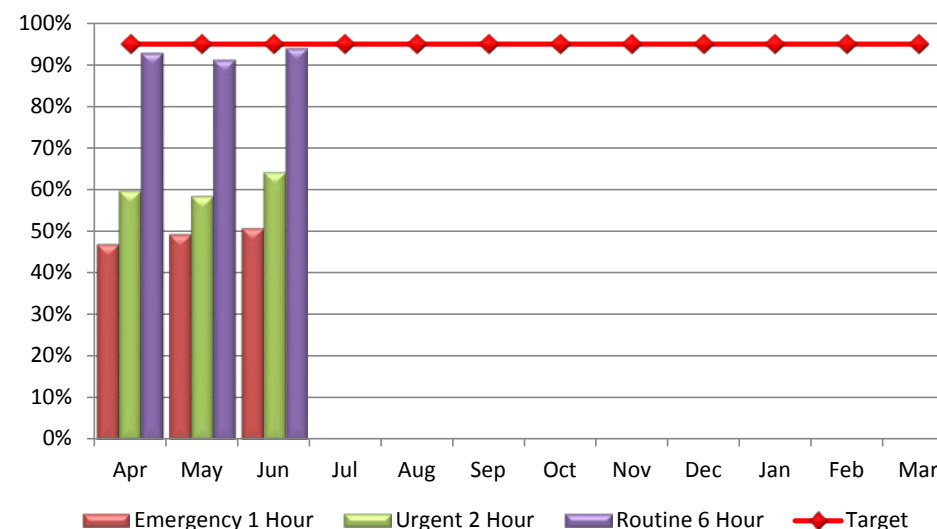
Clinical advice is exceeding the 30% NHS England target.

11.4 Demand

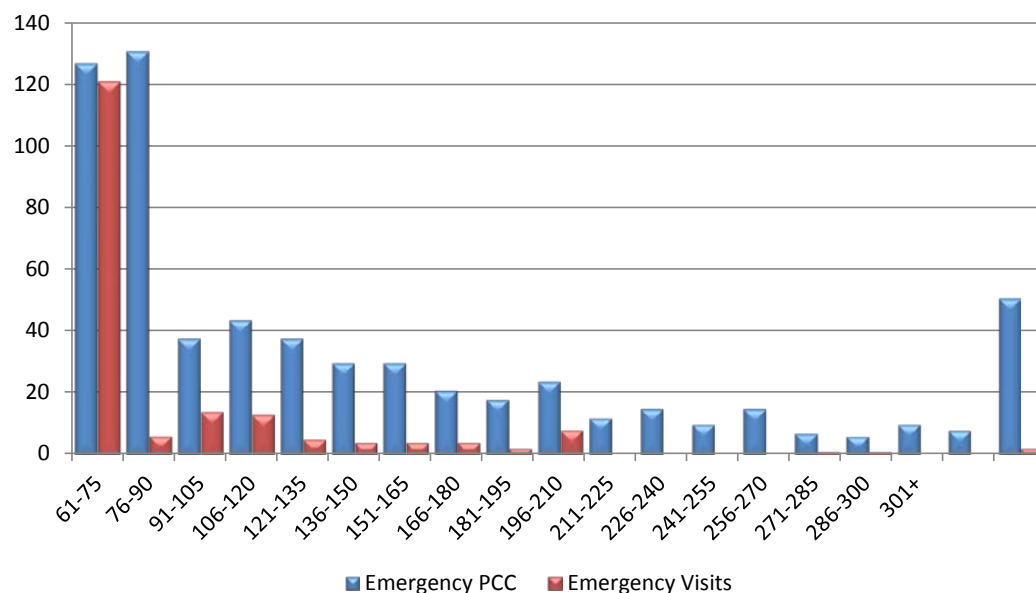


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		43,135	65,116	21,981	51.0%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SIs reported in June.
Adverse reports received	No adverse reports received.
Patient Complaints	20 patient complaints received in Jun-17 directly involving the LCD part of the pathway. 3 not upheld, 3 upheld and 14 investigation ongoing.

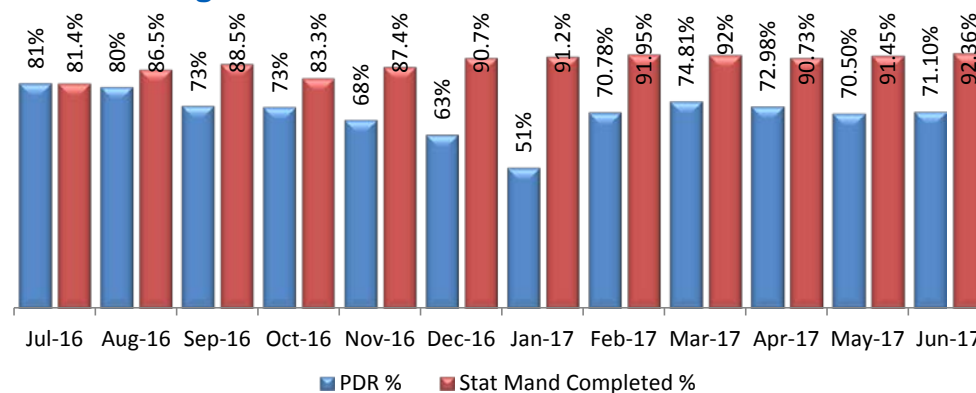
Comments Demand has however largely fallen over the last 16 months with June 17 demand levels below June 16 levels. Performance against receiving treatment within the national quality requirements (NQR12a - 1 hour, b - 2 hours and c - 6 hours) remain below the KPI levels. Performance for the NQRS did improve from the May 2017 outturn (NQR12a, +1.5%, NQR 12b, + 4.3% and NQR 12c + 2.8%). In comparison to June 2016 NQR 12a saw a marginal improvement of 0.2%, although NQR 12b and 12c were below the June 2016 outturn (1.4% and 1.8% respectively). Achieving NQRs is not possible within the current specification and funding and reflected in the independent review.

11.8 Workforce FTE - Call Handler & Clinician

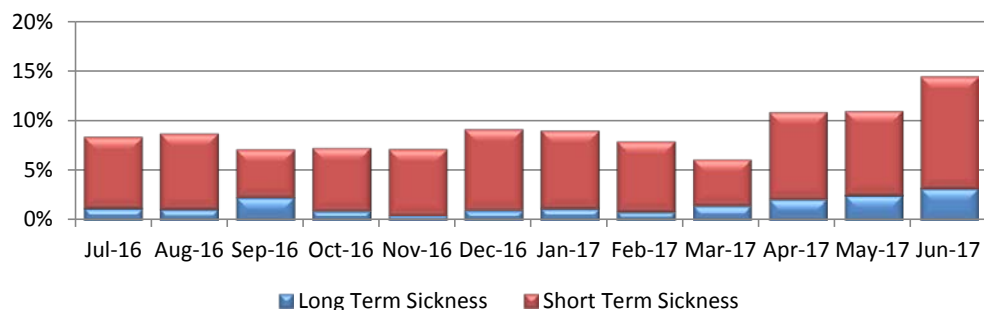
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	320	29	74	218	68%
Contracted FTE (before OT)	307	44	86	177	57%
Variance	-13	-16	-13	-41	-11%
% Variance	-4%	-54%	-17%	-19%	
FTE (Worked inc Overtime)	322	44	86	191	59%
Variance	2	-16	-13	-27	-9%
% Variance	0.5%	-54%	-17%	-12%	

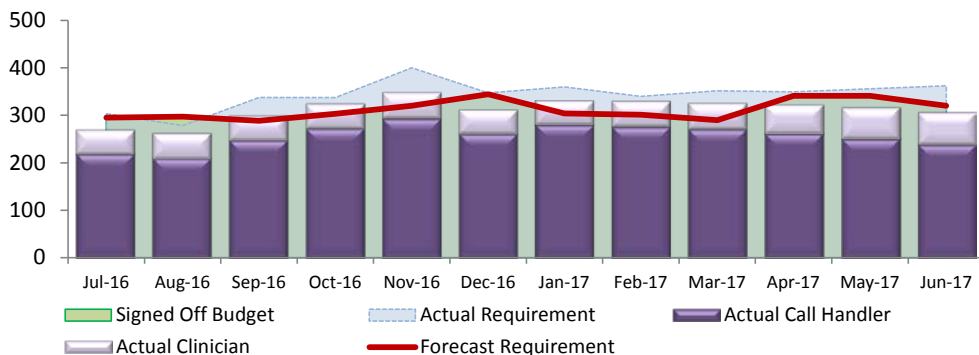
11.11 Training



11.9 Sickness



11.10 Recruitment Plan



Commentary

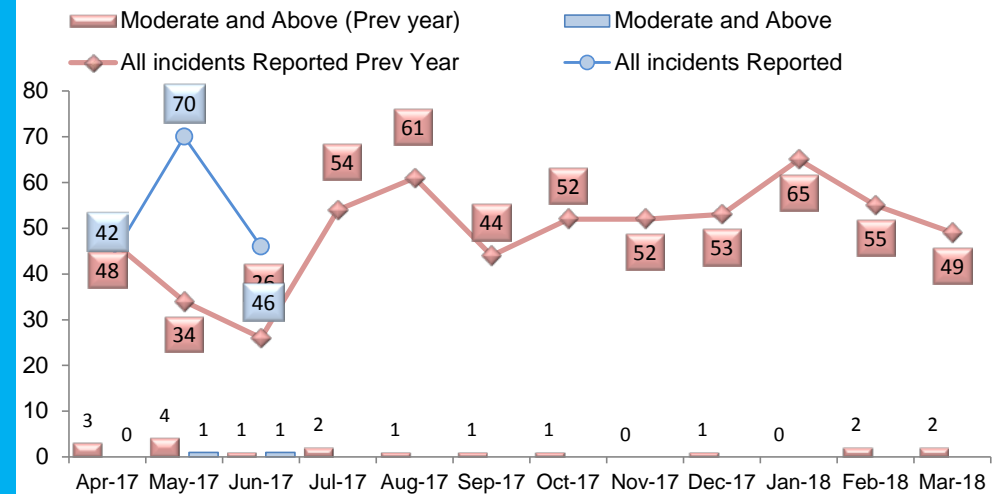
June has seen a significant increase in sickness for the service which has not been seen for the last 12 months. A full review of the absence reasons and actions to support health and wellbeing is underway to support staff to attend work.

Statutory and Mandatory training has marginally increased and work is underway to focus on PDRs following the training of all staff on version 13 of NHS Pathways which was successfully implemented at the end of June.

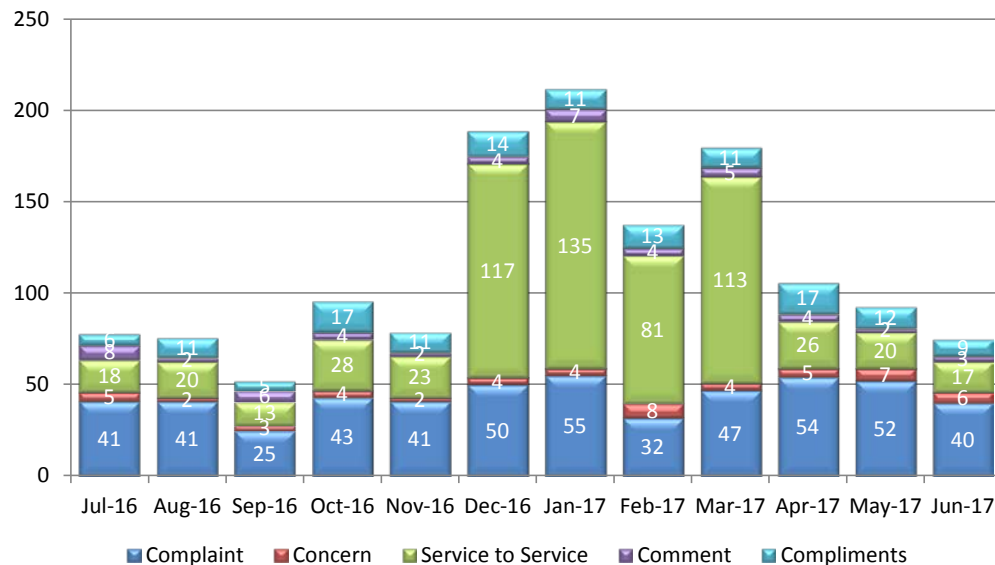
11.13 Quality, Safety and Patient Experience

		Jun-17	YTD
Serious Incidents YTD		0	0
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	2
Response within target time for complaints & concerns		83%	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 June, although 40 patient complaints were received and are being investigated

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

ANNEXES

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

Jun-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	May
Time to Answer - 95%		mm:ss	0:26	0:07	0:02	0:19	0:28	0:05	0:31	0:55	0:03	0:05	2	May
Time to Answer - 99%		mm:ss	1:15	1:03	0:52	1:12	1:38	0:40	1:29	1:54	0:30	0:45	2	May
Abandoned calls		%	0.45	0.76	0.67	0.57	1.21	0.17	1.32	1.37	0.40	0.25	2	May
Cat Red 8 minute response - RED 1	75%	%	72.3	73.6	79.2	73.1	70.1	75.9	70.8					May
Cat Red 8 minute response - RED 2	75%	%	58.3	64.8	73.6	60.7	68.9	74.6	56.2					May
Cat Red 19 minute response	95%	%	86.7	92.3	95.5	90.0	92.5	95.9	91.4					May
95 Percentile Red 1 only Response Time		Time	14.2	14.2	11.5	13.1	15.4	13.6	14.4					May
Category1 8 minute response***	75%	%								N/A	N/A	72.1		May
Category1 19 minute response***	95%	%								N/A	N/A	92.6		May
Category2 19 minute response***		%								N/A	N/A	77.4		May
Category3 40 minute response***		%								N/A	N/A	79.9		May
Category4 90 minute response***		%								N/A	N/A	83.9		May
Time to Treat - 50%		mm:ss	11.2	6.9	6.0	7.1	6.7	6.3	7.3					May
Time to Treat - 95%		mm:ss	22.2	21.6	16.4	27.1	23.4	17.9	22.3					May
Time to Treat - 99%		mm:ss	36.1	32.0	32.8	47.5	48.0	28.7	33.0					May
STEMI - Care		%	84.0	91.1	71.4	83.1	86.9	74.4	67.3	75.6	80.6	87.3	3	February
Stroke - Care		%	98.7	99.0	96.6	97.7	99.7	98.8	95.8	94.9	97.1	98.7	5	February
Frequent caller *		%	0.3	0.4	0.2	0.9	1.3	3.5				3.1	6	May
Resolved by telephone		%	18.2	9.0	10.7	7.3	8.5	11.7	6.5	14.5	4.8	8.3	7	May
Non A&E		%	22.8	37.4	37.5	36.1	32.2	40.1	47.5	49.1	38.3	30.2	9	May
STEMI - 150		%	92.1	92.1	89.7	90.0	79.5	87.0	89.7	71.8	86.9	84.7	8	February
Stroke - 60		%	52.5	50.0	61.5	56.7	52.7	51.8	64.3	36.1	57.5	45.0	9	February
ROSC		%	24.9	27.9	29.1	25.9	35.6	28.6	27.8	24.3	29.9	27.2	7	February
ROSC - Utstein		%	48.1	56.4	53.1	62.1	56.7	41.4	52.2	46.2	46.2	53.7	4	February
Cardiac - STD		%	6.8	7.9	8.1	7.4	8.2	12.6	6.3	7.9	8.8	9.9	2	February
Cardiac - STD Utstein		%	22.8	28.7	24.1	35.8	24.7	24.5	21.5	23.3	23.3	35.3	1	February
Recontact 24hrs Telephone		%	0.8	9.4	3.3	13.1	4.3	12.7	6.8	11.1	13.8	3.8	3	May
Recontact 24hrs on Scene		%	5.1	5.6	8.5	4.7	3.2	4.2	5.4	4.5	6.7	1.1	1	May

Annex 2 Ambulance Quality Indicators - YAS

Jun-17

Indicator	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-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%)	0:37	0:38	0:04	0:12	0:20	0:14	0:33	0:36	0:35	0:11	0:05	0:05	2	0:02	to	0:55
Time to Answer (99%)	1:31	1:45	0:34	1:06	1:20	1:03	1:30	1:34	1:36	0:56	0:45	0:45	2	0:30	to	1:54
Abandoned calls	0.87	1.18	0.21	0.51	0.81	0.93	1.64	2.47	1.59	0.62	0.25	0.28	2	0.17	to	1.37
Cat Red 8 minute response**	68.0	66.5	70.7	68.8	70.7									N/A		
Cat Amber 19 minute response**	71.9	67.8	74.9	70.0	69.0											
Cat Green 60 minute response**	94.9	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				
Category1 19 minute response***					89.5	88.3	88.4	89.4	89.6	92.1	92.4	92.8				
Category2 19 minute response***					69.3	71.1	67.9	71.4	72.1	76.3	77.8	77.0				
Category3 40 minute response***					71.1	72.2	68.0	72.8	70.9	79.7	79.9	79.9				
Category4 90 minute response*** (excl HCP)					90.3	84.3	83.5	84.0	81.6	86.8	84.0	83.9				
STEMI - Care	83.8	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	97.3	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 *	3.40	3.49	3.67	4.03	2.52	2.83	2.92	2.87	2.54	2.67	2.79	2.69	6	0.20	to	3.50
Resolved by telephone	7.1	7.2	6.8	6.8	7.8	8.5	9.4	9.2	7.5	6.9	8.3	8.8	7	4.8	to	18.2
Non A&E	29.7	30.4	30.7	30.8	30.0	29.7	30.7	31.0	30.4	29.9	30.2	31.4	9	22.8	to	49.1
STEMI - 150	82.8	80.2	90.2	84.7	83.8	81.4	88.8	80.0	82.7				8	71.8	to	92.1
Stroke - 60	43.2	47.1	43.6	42.0	39.9	41.4	42.4	43.8	41.8	41.0	50.2		9	36.1	to	64.3
ROSC	26.0	21.7	28.4	25.2	25.7	32.2	27.3	27.4	28.0	33.9	27.8		7	24.3	to	35.6
ROSC - Utstein	45.5	45.6	64.7	46.8	51.1	72.2	43.5	57.1	61.4	68.8	46.7		4	41.4	to	62.1
Cardiac - STD	10.3	11.9	10.2	11.1	10.9	14.1	6.1	8.4	10.4	11.4			2	6.3	to	12.6
Cardiac - STD Utstein	32.6	35.1	29.2	33.3	36.2	53.7	25.6	38.1	40.4	47.7			1	21.5	to	35.8
Recontact 24hrs Telephone	6.5	6.3	6.8	6.7	5.0	7.3	5.7	5.1	3.7	4.9	3.8	3.6	3	0.8	to	13.8
Recontact 24hrs on Scene	1.4	1.8	1.3	1.6	1.3	1.5	1.6	1.5	1.3	1.1	1.1	1.0	1	1.1	to	8.5

Comments:- Please Note * 1st to 20th April only and ** 21st April to 19th October due to ARP2 and *** 20th October onwards due to ARP2.2