



Integrated Performance Report May 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



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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.

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

3A - The final survey on visions and values goes out in June and results available in July allowing this phase of the work to be completed. Competency framework cannot be commenced until values work is complete.

3B – Plans for introduction and roll out of wellbeing initiatives have been submitted to TEG. Changes to healthy food programme and monitoring arrangements have been implemented. Charitable fund incentive application submitted.

3D - A working group from all directorates is being established to assist shaping our apprenticeship approach with the aim of maximising the levy utilisation to ensure we achieve government targets of 2.3% of staff on apprenticeship standards. All work should be complete by Q4.

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.

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 – Current financial plan does not deliver £5.2M control total. Current financial plan of £53K also carries a significant level of risk.

5B – CIP programme was £2.7M short of £12.4M target. After deep dives were conducted throughout May this gap has narrowed to £1.2M after a further £1.5M was identified in reserve schemes.

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 (Mar17) | 68.8% |
| | Stroke in 60 mins (Apr17) | 41.0% |
| | Stroke Care (Apr17) | 98.6% |
| | STeMI 150 mins (Jan17) | 80% |
| CQC rating, Feb 17 | | 2 |

Leadership & Improvement Capability

| | |
|--|-------------|
| Staff sickness, Jan 17 | 6.0% |
| Staff turnover (FTE), (Jun16-May 17) | 11.7% |
| Executive team turnover, (Jun16-May 17) | 5.6% |
| 2016 Staff Survey response rate | 37% |
| Proportion of temporary staff | NA |
| Aggressive cost reduction plans | NA |
| Written complaints (per 10,000 calls) – Q4 16-17 | 427 (19.6%) |
| Staff F&F Test % recommended care Q4 16-17 | 88% |
| Occurrence of any never event | NA |
| NHSE/NHSI Patient safety alerts outstanding | " |

Operational Performance

| | |
|--|------------|
| May 17 | |
| <i>Maximum 8 minute response for calls:</i> | |
| • Category 1 | 72.9 |
| <i>Maximum 19 mins for all category calls:</i> | |
| • Category 1 (conveying) | No |
| • Category 2R | National |
| • Category 2T | Target Set |

Strategic Change RAG ratings (May 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* May 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**
 - AVP evaluation to be distributed to June Programme Board.
 - Project management resources stretched due to delays recruiting suitable candidate for senior project manager role.
 - AVP single supplier framework tender procurement process completed. Supplier selected in May 2017.

- **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 continues on projects which have been carried over from Phase 1 including recruitment to vacant posts in restructure, capacity planning framework and training.
 - Phase 2 of the programme is under development with new milestones being developed.
- **PTS:** Remains **Red**
 - Review completed with PMO and recast plan for mobilisation in South Yorkshire and East Riding is progressing.
 - CQC actions incorporated into plan.
 - TEG Deep Dive undertaken to ensure risks are suitably mitigated.
 - New post holders have commenced as part of management restructure – Head of Operations, alternative Resource Manager and one of three Logistics Managers.

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.

Our Performance May 2017

| | | | | |
|---|--|----------------------------|---------|------------------|
| <div>↓</div> <div>↑</div> <div>↑</div> <div>↔</div> | 75 per cent received a response in 8 mins, 15 seconds for Cat 1 calls, down by 12 seconds. | YTD Performance | | |
| | Ambulance responses on Scene up 0.6% YTD | | % | Change |
| | PTS KPI 2 continues to be above target, improving in May 2017 | Category 1 999 Performance | 72.9% | 3.4% |
| | Calls transferred to a CAS Clinician in 111 is just below the 30% target at 29.4% | 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 | May-17 | Variance (%) | Contract | May-17 | Variance (%) | Avg | May-17 | Var | Avg | May-17 | Change | Target | May-17 | Var (2% Tol) |
| 73,506 | 74,586 | 1.5% | 59,946 | 61,140 | 2.0% | 76.6% | 76.8% | 0.2% | 2,571 | 1,728 | (32.8%) | 75.0% | 72.9% | (2.1%) |
| | | | | | | | | | | | | | | |

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 | May-17 | Variance (%) | Target | May-17 | Variance (%pts) | Target | May-17 | Variance (%pts) | Target | May-17 | Variance (%pts) | Target | May-17 | Var |
| 80,004 | 81,443 | 1.8% | 82.9% | 88.9% | 6.0% | 92.0% | 89.7% | (2.3%) | 92% | 83% | (8.8%) | 90.0% | 91% | 0.8% |
| | | | | | | | | | | | | | | |

111

| 111 Answered Calls | | | 111 Answered in 60 secs | | | Calls To A Clinician (5.22) | | | 111 Call Back in 2 Hours | | | 111 Referral Rate to 999 | | |
|--------------------|---------|--------------|-------------------------|--------|--------------|-----------------------------|--------|--------------|--------------------------|--------|--------------|--------------------------|--------|--------------|
| Contract | May-17 | Variance (%) | Target | May-17 | Variance (%) | Target | May-17 | Variance (%) | Target | May-17 | Variance (%) | Avg | May-17 | Variance (%) |
| 141,363 | 140,699 | 0.5% | 95% | 91.0% | (4.0%) | 30% | 29.4% | (0.6%) | 95% | 82.1% | (12.9%) | 8.9% | 8.4% | (0.5%) |
| | | | | | | | | | | | | | | |

| 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 - May 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 | 98% | 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 | 98% | 99% |

Incidents Reported

| All Reported Incidents | | | Patient Incidents | | | Moderate Harm | | | Serious incidents | | | Medication Related | | |
|------------------------|------------|---------|-------------------|------------|---------|---------------|-----------|--------|-------------------|----------|-----------|--------------------|-----------|-----------|
| Avg | N° | Change | Avg | N° | Change | Avg | N° | Change | Avg | N° | Change | Avg | N° | Change |
| 859 | 858 | 13.0% ↑ | 210 | 191 | 18.6% ↑ | 29 | 22 | 0.0% ↔ | 4 | 2 | (66.7%) ↓ | 64 | 53 | (15.9%) ↓ |
| | | | | | | | | | | | | | | |

Safeguarding

| Adult Referrals | | | Child Referrals | | | Complaints | | | Compliance (21 Days) | | | FOI Requests | | |
|-----------------|------------|--------|-----------------|------------|---------|------------|-----------|---------|----------------------|------------|----------------|--------------|-----------|-----------|
| Avg | N° | Change | Avg | N° | Change | Avg | N° | Change | Avg | % | Change (% Pts) | Avg | N° | Change |
| 744 | 777 | 7.3% ↑ | 473 | 554 | 15.2% ↑ | 85 | 90 | 10.3% ↑ | 78% | 83% | 7.8% ↑ | 46 | 30 | (26.8%) ↓ |
| | | | | | | | | | | | | | | |

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% ↑ | 23 | 33 | 120.0% ↑ |
| | | | | | | | | | | | | | | |

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 - May 2017

| | |
|---|--|
| ↑ | 802 number of staff are are overdue a PDR out of 4391 |
| ↔ | 108 Staff are on long term sick out of 5561Staff |
| ↓ | 348 number of staff are still to complete the stat and man work book out of 5067 |
| ↔ | More than 9 out of 10 staff have completed the Stat Man Workbook |

| YTD Performance | | |
|-----------------|--------|--------|
| | % | Change |
| Sickness | 5.46% | -0.01% |
| Stat and Man | 95.24% | 1.99% |

| Workforce | | | | | | | | | Recruitment | | | IG | | |
|-------------------------|--------------|-----------------|--------|-------------|-----------------|----------|--------------|-----------------|-------------|-----------|-----------------|------------------------|--------------|-----------------|
| Total FTE in Post (ESR) | | | BME | | | Turnover | | | New Starts | | | Information Governance | | |
| Avg | Nº | Variance (%pts) | Target | Nº | Variance (%pts) | Avg | Nº | Variance (%pts) | Avg | % | Variance (%pts) | Target | Nº | Variance (%pts) |
| 4,318 | 4,313 | (0.1%) ↔ | 11.1% | 5.9% | (5.2%) ↓ | 11.1% | 11.7% | 0.7% ↔ | 47.56 | 39 | (18.6%) ↓ | 95.0% | 74.5% | (20.5%) ↓ |
| | | | | | | | | | | | | | | |

| Sickness | | | | | | | | | Finance | | | | | |
|----------|-------------|-----------------|------------|-------------|-----------------|-----------|-------------|-----------------|----------------|------------------|-----------------|-------------|-----------------|-----------------|
| Total | | | Short Term | | | Long Term | | | Agency Spend | | | Overtime | | |
| Target | Nº | Variance (%pts) | Avg | Nº | Variance (%pts) | Avg | Nº | Variance (%pts) | Plan YTD (000) | Actual YTD (000) | Variance (%pts) | Avg | AE/PTS Avg | Variance (%pts) |
| 5.0% | 5.1% | 0.1% ↔ | 2.0% | 1.8% | (0.2%) ↔ | 3.5% | 3.3% | (0.2%) ↔ | £710 | £601 | (18.1%) ↓ | £838,614.31 | £691,358 | (17.6%) ↓ |
| | | | | | | | | | | | | | | |

| 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% | 77.8% | (12.2%) ↓ | 90.0% | 95.2% | 5.2% ↑ | 90.0% | 95.3% | 5.3% ↑ | 80.0% | 90.9% | 10.9% ↑ | | | 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 | 6th June2017 - Workforce Intelligence Team | | | 8 |

| | MTD Plan £'000 | MTD Actual £'000 | MTD Variance £'000 | YTD Plan £'000 | YTD Actual £'000 | YTD Variance £'000 |
|--|-------------------|---------------------|-----------------------|-------------------|---------------------|-----------------------|
| Income | (21,801) | (21,566) | 235 | (43,632) | (43,167) | 465 |
| Expenditure | 21,771 | 21,542 | (228) | 43,562 | 43,098 | (465) |
| Retained Deficit / (Surplus) | (31) | (24) | 7 | (70) | (70) | (0) |
| | | | | | | |
| EBITDA | (1,002) | (1,010) | (8) | (2,013) | (2,012) | 1 |
| | | | | | | |
| Cash | 17,630 | 22,951 | 5,321 | 17,630 | 22,951 | 5,321 |
| Capital Investment | 296 | 23 | (273) | 373 | 44 | (329) |
| | | | | | | |
| Quality & Efficiency Savings (CIPs) | 1,037 | 1,171 | 134 | 2,073 | 1,937 | (136) |

Under the "Single Oversight Framework" the Trust has a 2 rating for month 2 (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 is also limited to an overall score of "2" since the Trust has not agreed a control total with NHS Improvement.

The Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £53k for 2017/18. The Trust has reported a surplus as at the end of May (Month 2) of £70k against a planned surplus of £70k. However, against the control set by NHS Improvement the position is an

adverse variance of (£713k, excluding STF). Income is lower than plan by £235k, 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 favorable 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 £1,059k favorable 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 the CQUIN risk reserve.

At the end of May 2017, the Trust's cash position was £22.9m against the plan of £17.6m, giving a favorable variance of £5.3m. This is mainly due to improved working capital with payables being £4.7m more than plan and receivables £0.9 less than plan.

Capital spend at the end of May 2017 is £44k against a plan of £373k 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). The capital plan is subject to approval from NHS Improvement.

The Trust has a savings target of £12.441m for 2017/18. 93% delivery of the CIP target was achieved as at May and 74% of this was achieved through recurrent schemes. Non Recurrent schemes have contributed £411k of the year to date savings. This creates an overall adverse variance against plan of (£136k).

| | Month | YTD | Trend 2017-18 |
|--|-------|-----|---------------|
| RISK RATING: Under the "Single Oversight Framework" the Trust has a 2 rating for month 2 (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 is also limited to an overall score of "2" since the Trust has not agreed a control total with NHS Improvement. | | | |
| EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 2 is £2.012m against a plan of £2.013m, a small adverse variance of £1k against plan. | | | |
| SURPLUS: The Trust has reported a surplus as at the end of May (Month 2) of £70k which is break even against the planned surplus of £70k. However, against the control set by NHS Improvement the position is an adverse variance of (£713k), excluding STF. | | | |
| CAPITAL: Capital spend at the end of May 2017 is £44k against a plan of £373k 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). The capital plan is subject to approval from NHS Improvement. | | | |
| CASH: At the end of May 2017, the Trust's cash position was £22.9m against the plan of £17.6m, giving a favourable variance of £5.3m. This is mainly due to improved working capital with payables being £4.7m more than plan and receivables £0.9 less than plan. | | | |
| CIP: The Trust has a savings target of £12.441m for 2017/18. 93% delivery of the CIP target was achieved at Month 2 and 74% of this was achieved through recurrent schemes. Non-recurrent schemes have contributed £411k of the year to date savings. This creates an overall adverse variance against plan of (£136k). | | | |

| Directorate | Plan YTD £000 | Actual YTD £000 | YTD Variance £000 |
|---|------------------|--------------------|-------------------------|
| A&E Directorate | 1,144 | 1,122 | (22) |
| Business Development Directorate | 15 | 15 | 0 |
| Capital Charges Directorate | 22 | 0 | (22) |
| Chief Executive Directorate | 21 | 5 | (16) |
| Clinical Directorate | 24 | 24 | 0 |
| Estates Directorate | 54 | 24 | (30) |
| Finance Directorate | 166 | 120 | (46) |
| Fleet Directorate | 294 | 66 | (228) |
| People & Engagement Directorate | 65 | 0 | (65) |
| Planned & Urgent Care Directorate | 238 | 101 | (137) |
| Quality, Governance & Performance Assurance Directorate | 31 | 31 | 0 |
| Reserve Schemes | 0 | 430 | 430 |
| Grand Total | 2,073 | 1,937 | (136) |

| Recurrent/Non-Recurrent/Reserve Schemes | Plan YTD £000 | Actual YTD £000 | YTD Variance £000 |
|---|------------------|--------------------|-------------------------|
| Recurrent | 1,616 | 1,527 | (89) |
| Non - Recurrent | 295 | 411 | 115 |
| Unidentified | 162 | 0 | (162) |
| Reserve Schemes | 2,073 | 1,937 | (136) |
| Grand Total | 1,616 | 1,527 | (89) |

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

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

Comments:- Plans for introduction and roll out of wellbeing initiatives have been submitted to TEG but funding is yet to be agreed. Flu delivery campaign has been submitted to TEG with funding now agreed however the overall plan requires some refinement around possible incentives. Changes for healthy food have been implemented and monthly checks in place to monitor standards. Charitable fund incentive application submitted.

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 | | | | | | | | | | | |
| End to End Reviews | Head of Investigations & Learning | £1,072,238 | Green | Green | | | | | | | | | | | |
| Mortality Review | Deputy Medical Director | £1,072,238 | Green | Green | | | | | | | | | | | |
| Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18 reconciliation | tbc | £1,287,715 | NA | NA | | | | | | | | | | | |
| Total | | £4,290,239 | | | | | | | | | | | | | |

Comments: Conveyance: NHS number now live. SCR and DOS training delayed due to threat level increase but now on track to be completed by end of June 17. 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




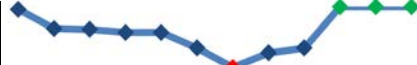

| PTS CQUINS | | Expected Financial Value of Goal | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | YTD |
|---|----------------------|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|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

Comments:
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.






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

Corporate Services - May 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 |
| 38.20 | 27.2 | (28.9%) | 5.1% | 0.0% | (5.1%) | 0 | 0 | 0 | 85% | 86.4% | 1.4% | 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 | 213.69 | (17.1%) | 5.1% | 3.6% | (1.5%) | 0 | 0 | 0 | 85% | 89.0% | 4.0% | 90% | 69.9% | (20.1%) |
|  | | |  | | |  | | |  | | |  | | |






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 |
| 105.4 | 87.8 | (16.7%) | 5.1% | 5.2% | 0.1% | 0 | 0 | 0 | 85% | 94.0% | 9.0% | 90% | 38.4% | (51.6%) |
|  | | |  | | |  | | |  | | |  | | |



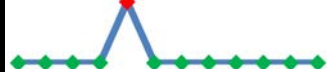


| Key | Difference | | Direction of Travel | | Sparklines | | AVG - Average | | Updated | | | | |
|-----|--|--|---------------------|--|--|--|---------------------|--|--------------------------------------|--|--|--|--|
| | Current Month (tolerance 5% number difference) | | From Previous Month | | To demonstrate trend, low point is lowest point in that trend (not zero) | | Previous 12 Periods | | 07.6.17 - Workforce Information Team | | | | |

Corporate Services - May 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%) ↓ | 5.1% | 2.9% | (2.2%) ↔ | 0 | 0 | 0 ↔ | 85% | 94.8% | 9.8% ↑ | 90% | 69.4% | (20.6%) ↓ |
|  | | |  | | |  | | |  | | |  | | |

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 | 39.4 | 3.4% ↔ | 5.1% | 1.1% | (4.0%) ↔ | 0 | 0 | 0 ↔ | 85% | 100.0% | 17.6% ↑ | 90% | 90.5% | 0.5% ↔ |
|  | | |  | | |  | | |  | | |  | | |

Fleet and Estates

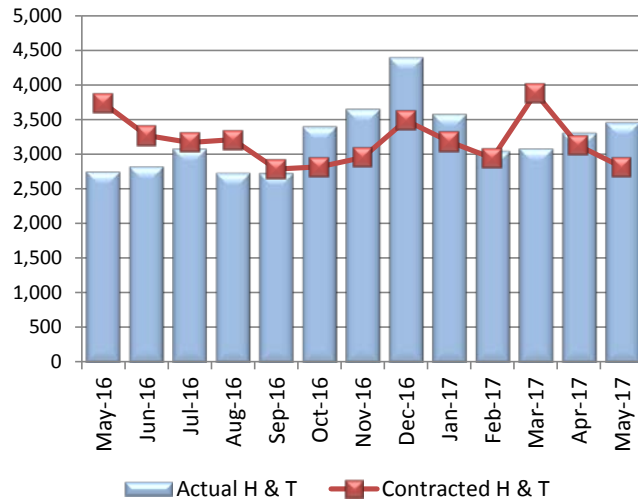
| FTE in Post | | | Sickness | | | Grievance | | | Stat and Man Training | | | PDR Compliance | | |
|---|--------|--------------|---|------|-------------|--|----|--------|---|-------|-----------|---|-------|--------------|
| Budget | Actual | Diff | YAS | % | Diff | Avg | No | Diff | Target | % | Variance | Target | % | Diff |
| 125.0 | 107.5 | (13.9%) ↓ | 5.1% | 3.6% | (1.5%) ↔ | 0 | 0 | 0 ↔ | 85% | 88.3% | 3.3% ↔ | 90% | 51.5% | (42.8%) ↓ |
|  | | |  | | |  | | |  | | |  | | |

| 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 | | 07.6.17 - Workforce Information Team | | | | |

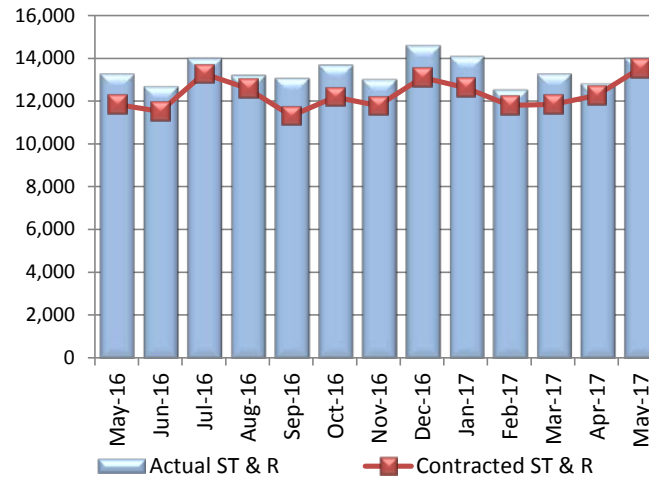
SERVICE LINES

9.1 Activity

Hear & Treat



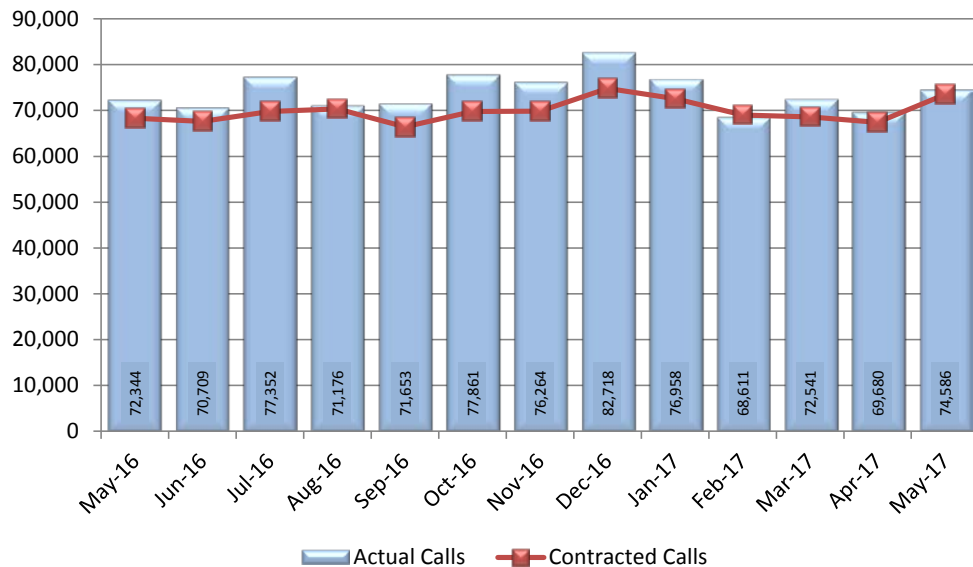
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 1.5% above contract an increase of 3.1% v same period last year.

H&T 23.2% above contract an increase of 25.3% v same period last year.

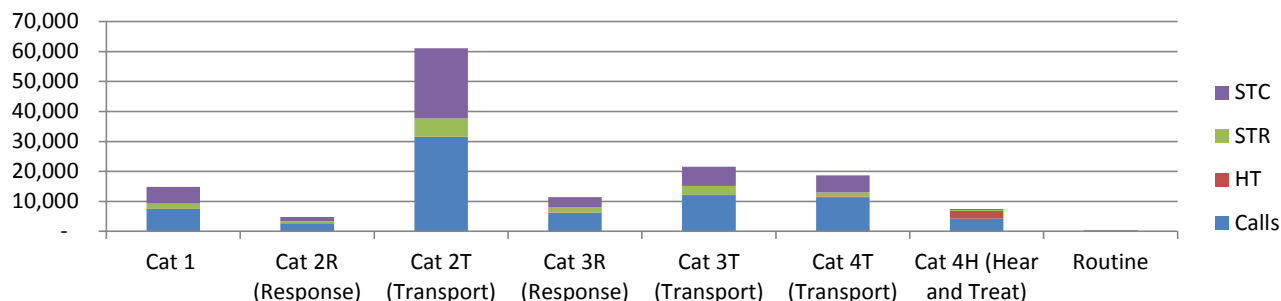
ST&R 3.7% above contract an increase of 5.5% v same period last year.

ST&C (3.3%) below contract a decrease of (1.8%) v same period last year.

9.2 Activity and Performance

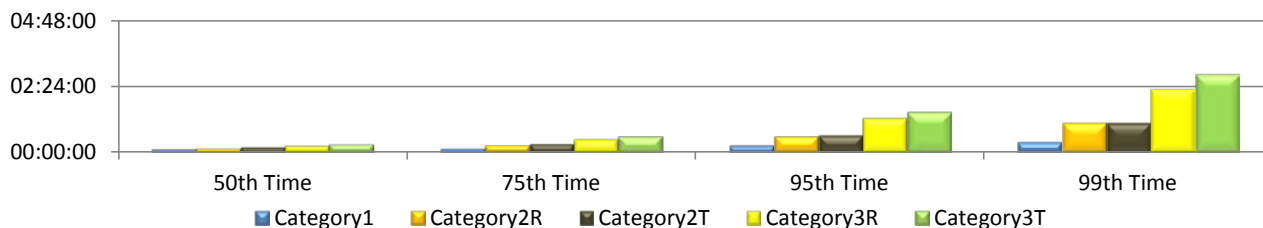
| ARP2.2 | Calls | HT | STR | STC | Responses | Target Time | Perf | Prop of Responses |
|-------------------------|--------|-------|-------|--------|-----------|------------------------|-------|-------------------|
| Cat 1 | 7,570 | 35 | 1,699 | 5,562 | 7,261 | 8 Mins (75% Target) | 72.9% | 11.9% |
| Cat 2R (Response) | 2,667 | 61 | 695 | 1,318 | 2,013 | No National Target Set | | 3.3% |
| Cat 2T (Transport) | 31,463 | 185 | 6,043 | 23,434 | 29,477 | | | 48.2% |
| Cat 3R (Response) | 6,146 | 152 | 1,755 | 3,385 | 5,140 | No National Target Set | | 8.4% |
| Cat 3T (Transport) | 11,829 | 277 | 3,037 | 6,450 | 9,487 | | | 15.5% |
| Cat 4T (Transport) | 11,407 | 211 | 1,429 | 5,605 | 7,034 | No National Target Set | | 11.5% |
| Cat 4H (Hear and Treat) | 4,217 | 2,648 | 297 | 334 | 631 | | | 1.0% |
| Routine | 228 | - | 7 | 157 | 164 | | | 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 | 00:05:56 | 00:08:15 | 00:13:49 | 00:20:02 |
| Category2R | 00:08:28 | 00:14:59 | 00:35:01 | 01:02:20 |
| Category2T | 00:11:28 | 00:18:21 | 00:36:32 | 01:02:45 |
| Category3R | 00:15:38 | 00:29:33 | 01:14:39 | 02:16:58 |
| Category3T | 00:18:52 | 00:35:55 | 01:28:32 | 02:50:11 |



ARP 2.2 Pilot Review

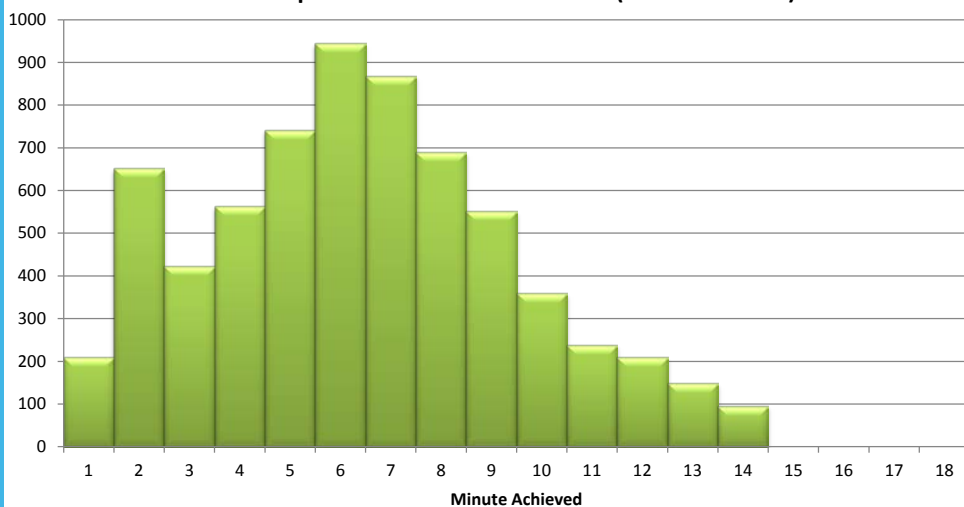
Phase 2.2 of the NHS England-led Ambulance Response Programme was live from Thursday 20th October 2016. Yorkshire Ambulance Service are one of two ambulances services nationally to belong to the trial. The pilot will run for 3 months initially with evidence reviewed on a bi weekly basis by NHS England.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

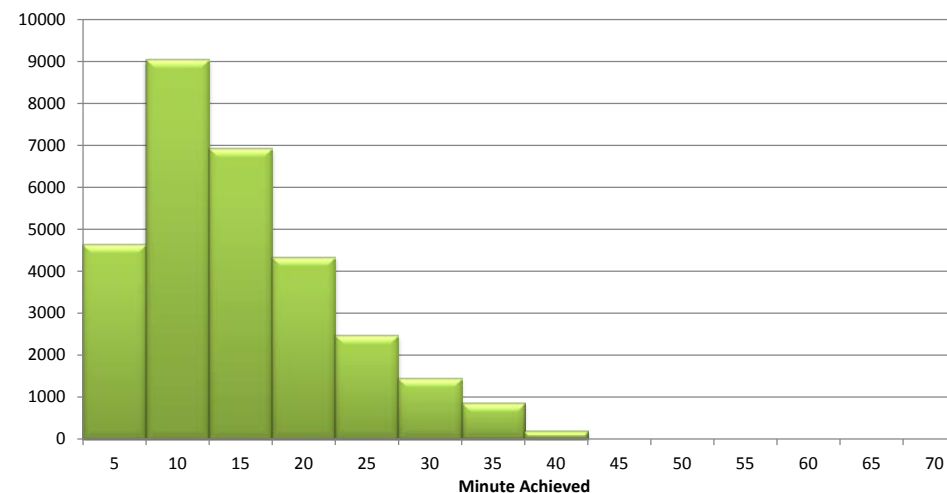
Category1 – Cardiac arrest or peri-arrest (Response standard within 8 minutes)

9.4 Tail of Performance

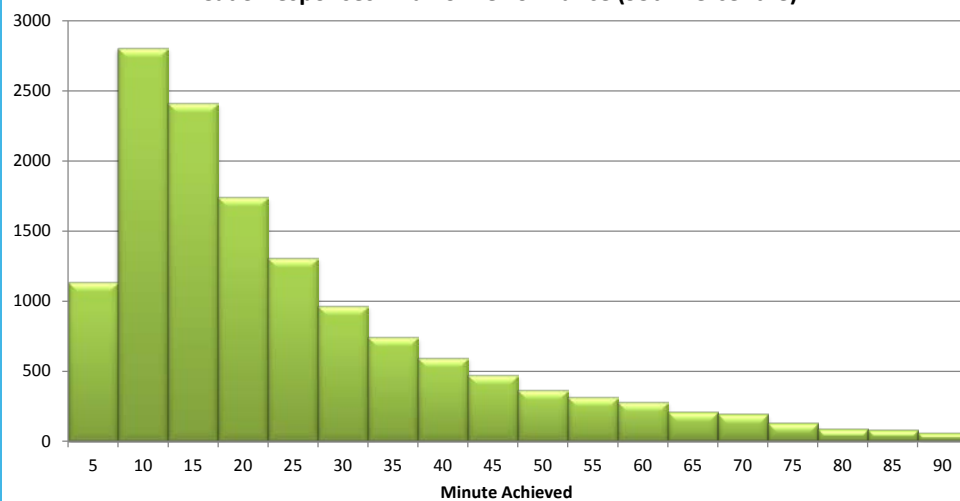
Cat 1 Responses - Tail of Performance (95th Percentile)



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



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

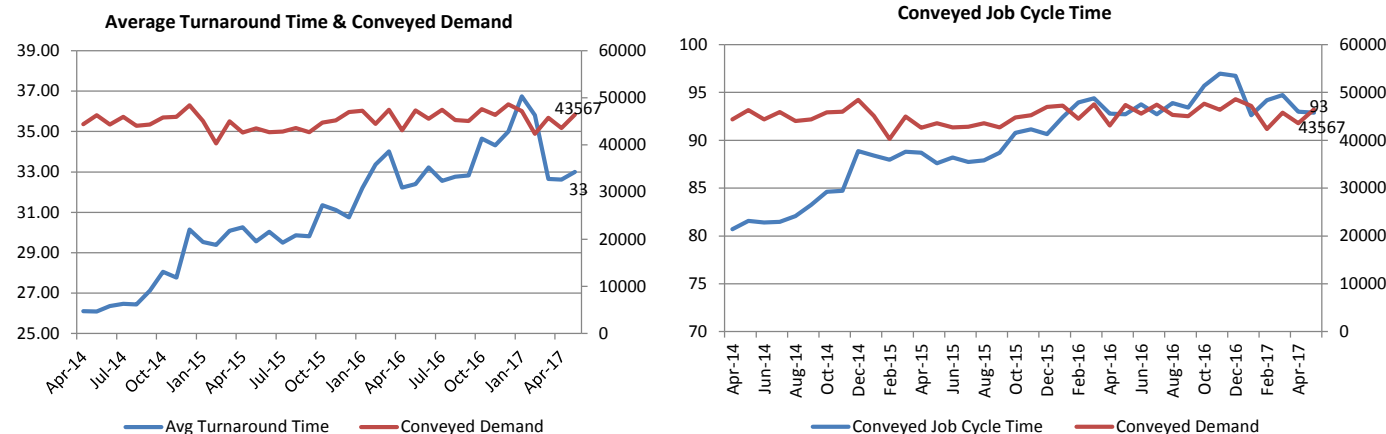


Commentary

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 May were 1.2% higher than April and 1.8% Higher than May last year. This is now broadly in line with turnaround times seen throughout summer months in 2016.

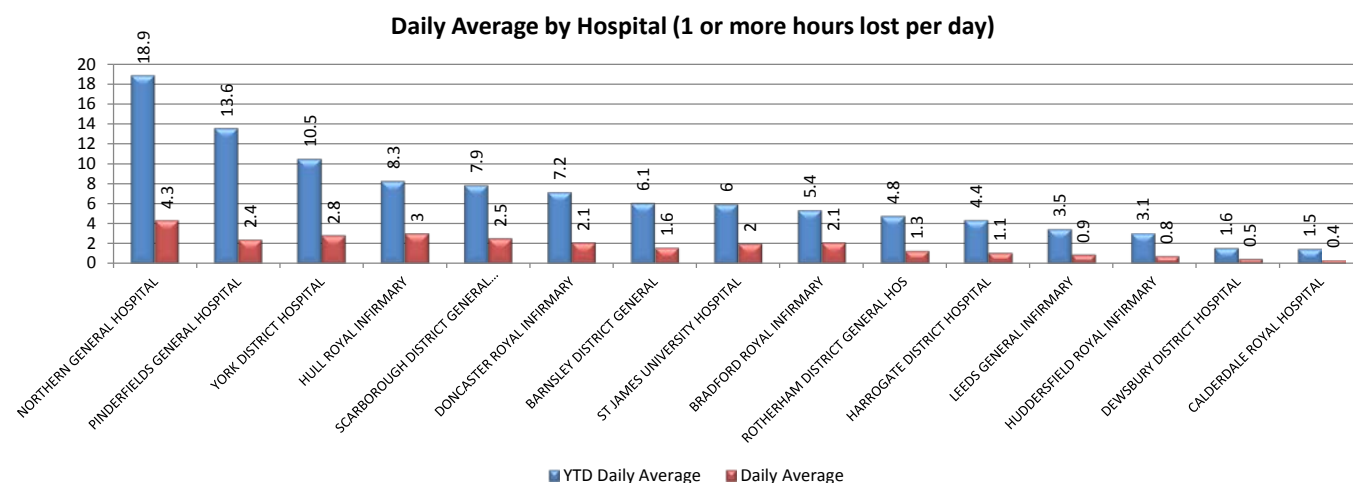
A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 7 full time ambulances a week.

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 April of 0.1% and is a slight increase of 0.2% vs last year.

9.7 Hospital Turnaround - Excessive Responses

| | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Last 12 months |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|
| Excessive Handovers over 15 mins (in hours) | 2,283 | 2,274 | 2,187 | 2,162 | 3,149 | 2,923 | 3,160 | 4,149 | 3,208 | 1,727 | 1,509 | 1,728 | 30,459 |
| Excessive Hours per day (Avg) | 74 | 78 | 71 | 72 | 102 | 97 | 102 | 134 | 107 | 56 | 50 | 56 | 83 |



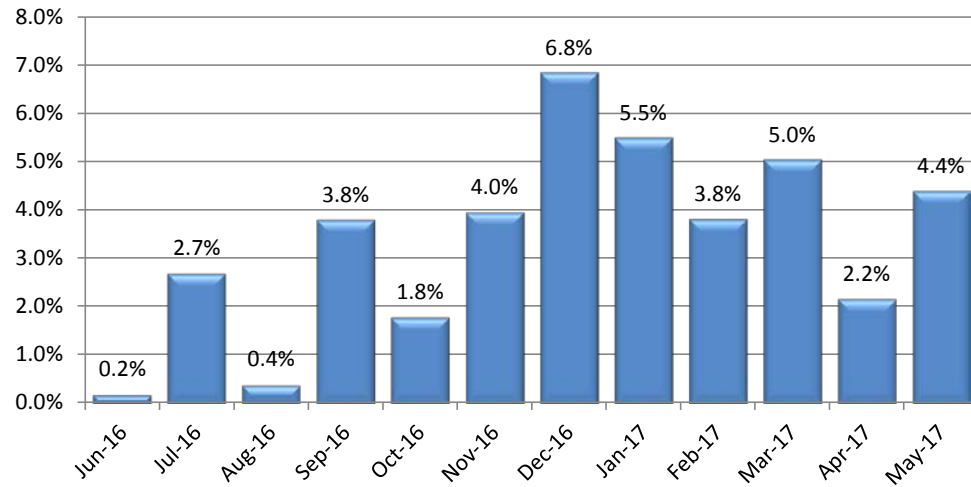
Excessive hours: lost at hospital were higher in May than April by 219 hours an increase of 12.7%. However It was lower than May 16 showing a decrease of 595 hours, a decrease of 34.4%. Northern General, Pinderfields and York have been impacting on performance.

9. A&E Operations

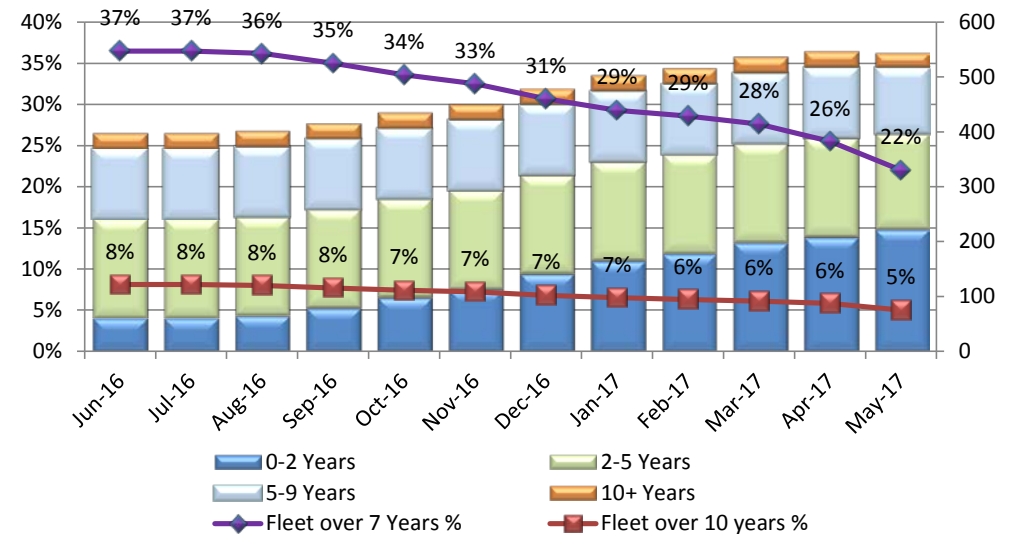
May 2017

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

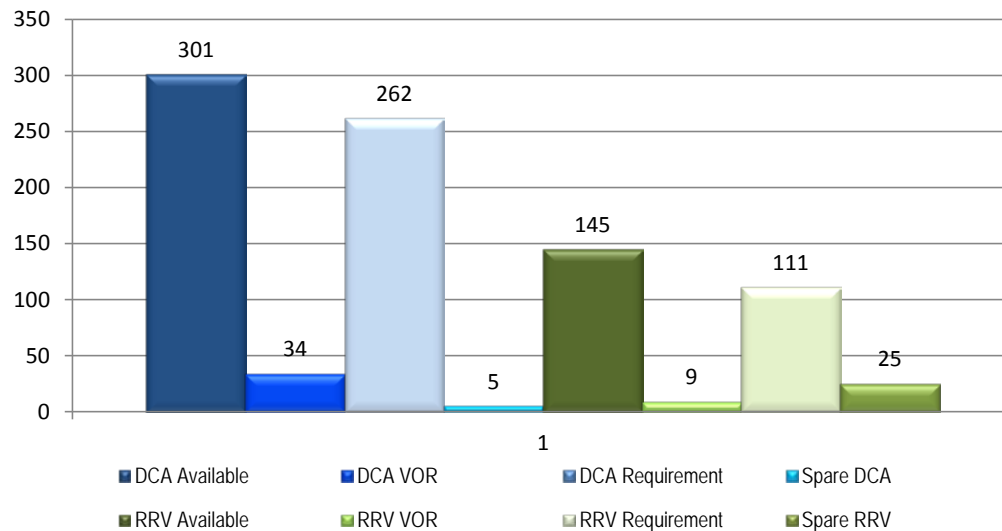


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability: May



Commentary

Deep clean: Deep Clean Service level for May 2017 was marginally lower at 99.5%. (excluding VOR's), however the lack of vehicle availability due to VOR's, new rotas and overtime continues to be challenging.

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

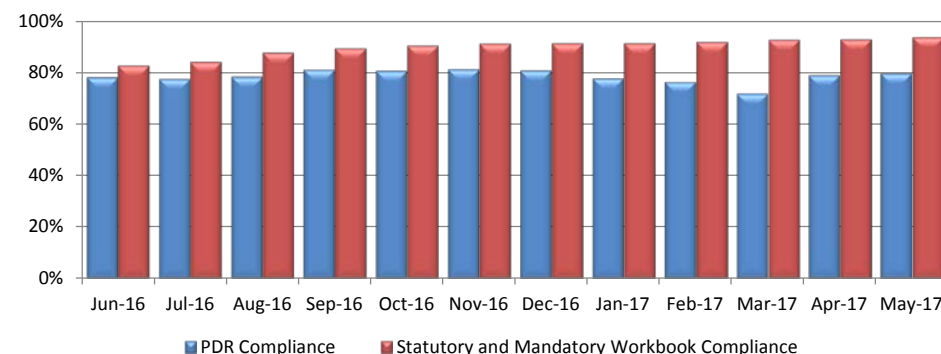
May 2017

9.11 Workforce

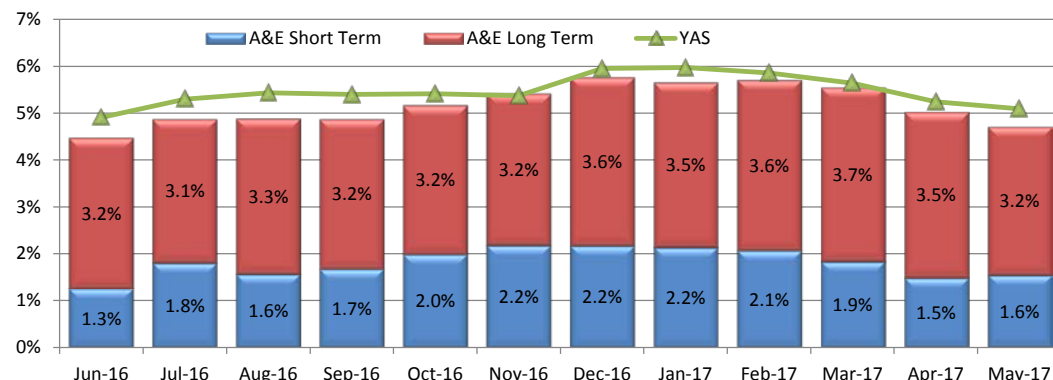
| Apr 2017 (FT Equivalents) | FTE | Sickness (5%) | Absence (25%) | Available | |
|----------------------------------|--------|---------------|---------------|-----------|------|
| | | | | Total | % |
| Budget FTE | 2,260 | 113 | 565 | 1,582 | 70% |
| Contracted FTE (before overtime) | 2,150 | 129 | 413 | 1,609 | 75% |
| Variance | (110) | (16) | 152 | 27 | 1.7% |
| % Variance | (4.9%) | (13.7%) | 26.9% | | |
| FTE (worked inc overtime)* | 2261.9 | 129 | 413 | 1,721 | 76% |
| Variance | 2 | (16) | 152 | 139 | 8.8% |
| % Variance | 0.1% | (13.7%) | 26.9% | | |

* 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 919 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.

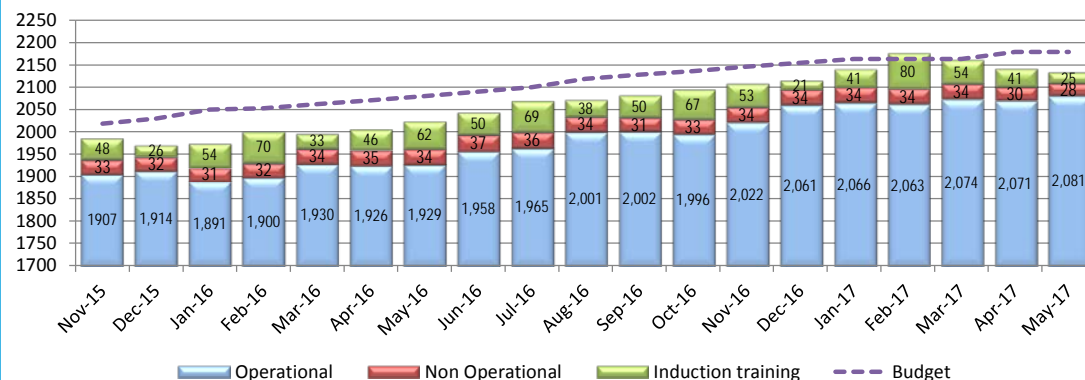
PDR: Currently at 79.8% against stretch target of 90%. This is an improvement of 0.7 vs last month and is 2.6% above the Trust average

Sickness Currently 4.8% which is 0.3% below trust average consistent levels achieved over the last 12 months

Recruitment : Recruitment is in line with plan and is now heading towards phase 2 of the transformation programme

9.14 A&E Recruitment Plan

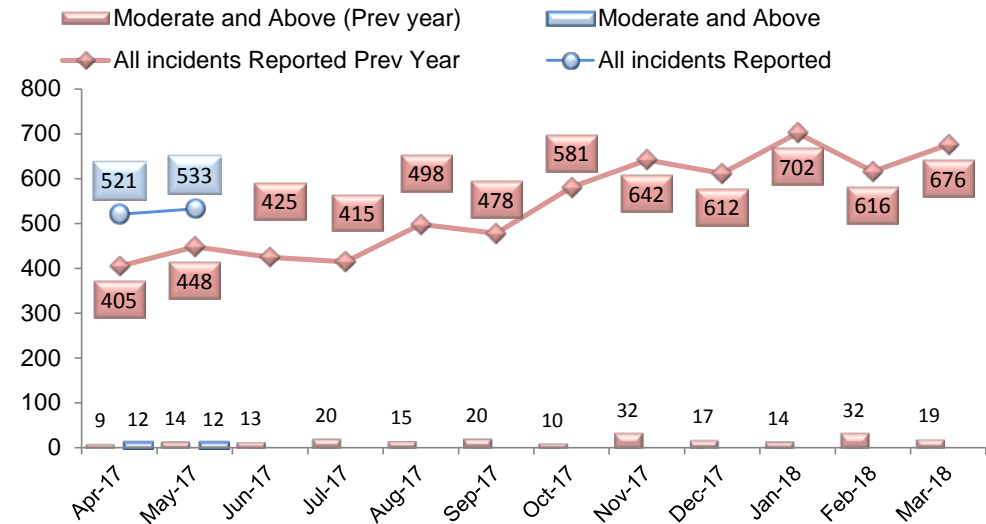
A&E Operations (exc CS)



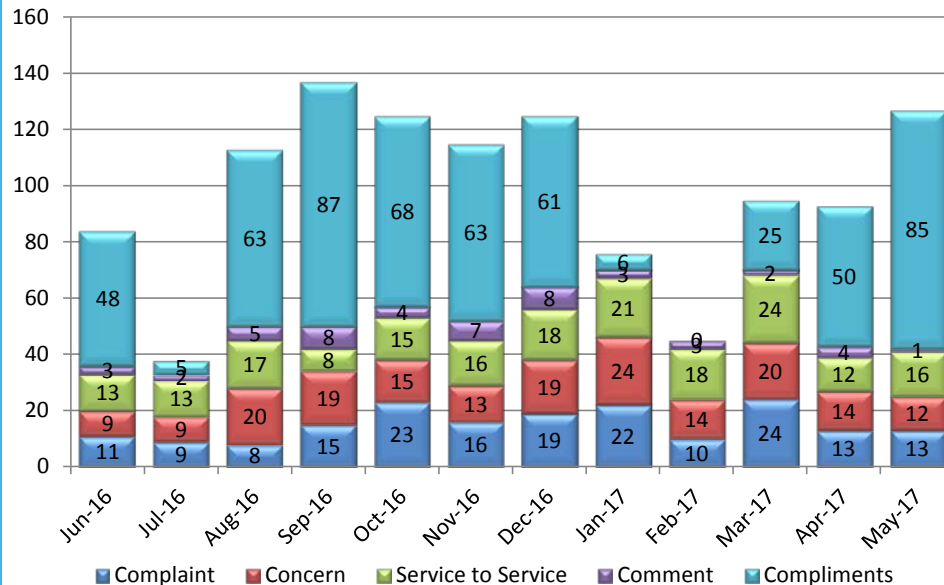
9.15 Quality, Safety and Patient Experience

| | Month | YTD |
|---|------------|-------|
| Serious Incidents | 1 | 3 |
| Total Incidents (Per 1000 activities) | 0.02 | 0.03 |
| Total incidents Moderate & above | 12 | 0.03 |
| Response within target time for complaints & concerns | 97% | 93% |
| Ombudsman Cases | Upheld | 0 |
| | Not Upheld | 1 |
| Patient Experience Survey - Qtrly | 85.1% | 86.9% |

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

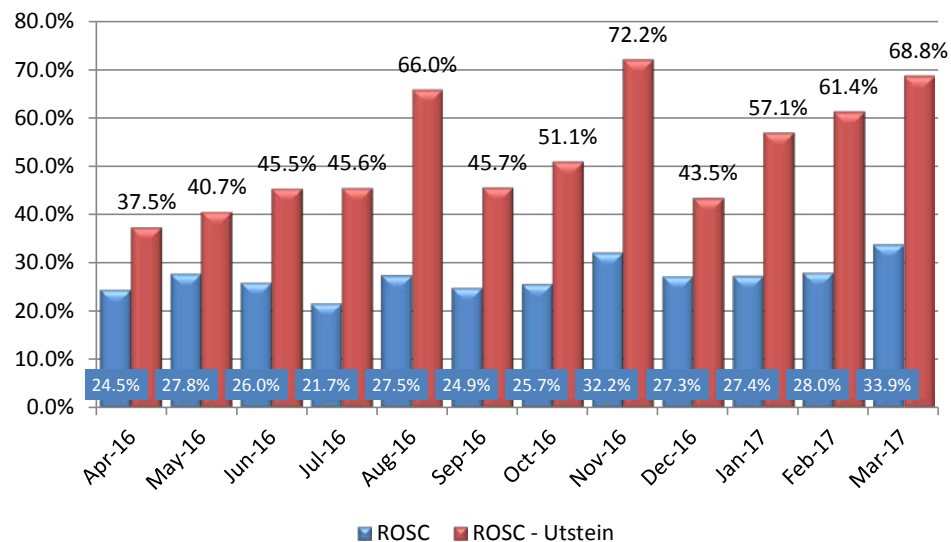


Commentary

Incidents: Total reported incidents increased 2.3% on last month and increased 19.0% against May 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 6 months despite the overall increase in incident reporting

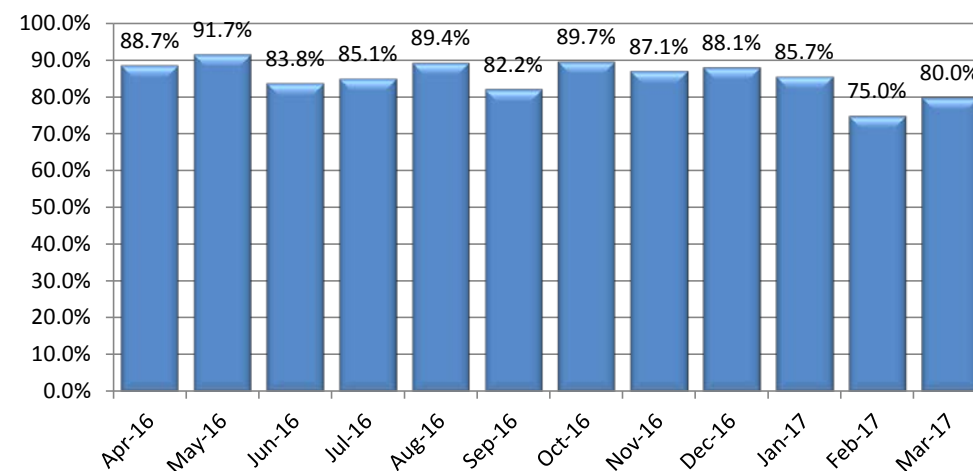
Feedback: Compliments accounted for 66.9% of all feedback last month and represents the highest level of compliments received for 6 months. Complaints remained at a low level and in line with the previous month

9.18 ROSC & ROSC Utstein

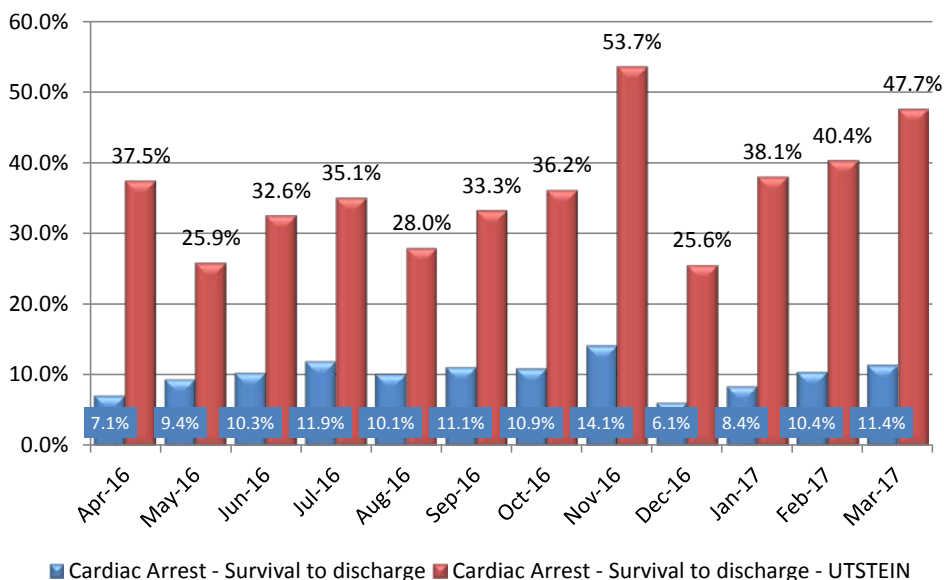


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



Commentary

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.

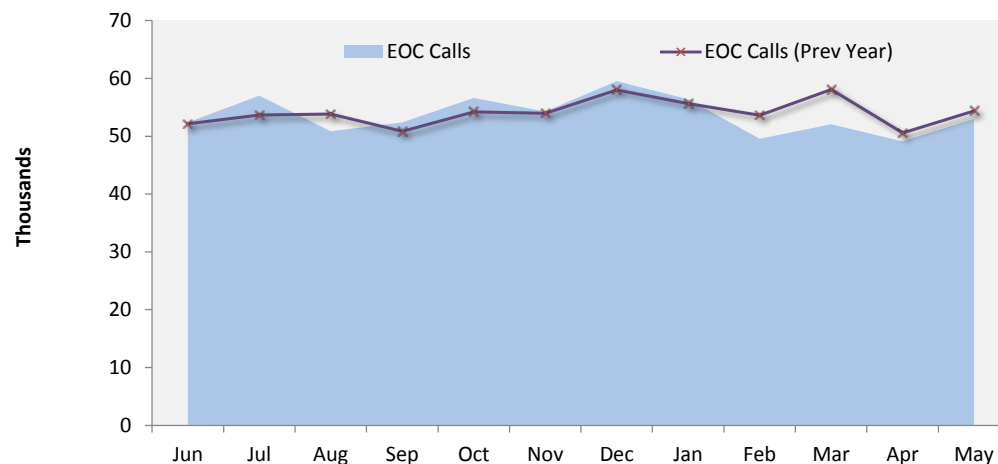
Survival to Discharge: March also saw excellent survival to discharge results of 11.4%, equating to 28 patients out of 245 surviving to discharge; this mirrors the pattern shown by ROSC performance. Survival to Discharge within the UTSTEIN comparator group further emulates this pattern with February's figure of 40.4% (21 out of 52 patients), being improved upon by March's figure of 47.7%.

Stemi-Care Bundle: STEMI care performance dipped in February with 75%; this has been attributed to the comparatively high number of patients who did not receive the care bundle, 25, 62% of which failed to receive analgesia. However performance has since improved in March 2017 to 80% and again in April 2017 with 80.3%.

9. EOC - 999 Control Centre

May 2017

9.21 Activity

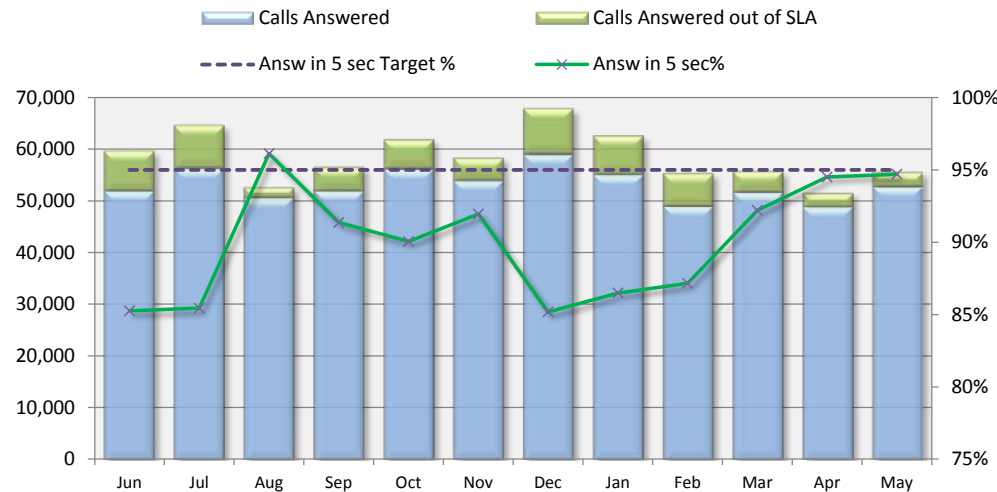


9.22 Year to Date Comparison

| YTD (999 only) | Offered | Calls Answered | Calls Answered SLA | Calls Answered SLA (95%) |
|----------------|---------|----------------|--------------------|--------------------------|
| 2017/18 | 102,103 | 101,840 | 96,344 | 94.6% |
| 2016/17 | 104,905 | 104,905 | 95,879 | 91.4% |
| Variance | -2,802 | -3,065 | 465 | |
| Variance | (2.7%) | (2.9%) | 0.5% | 3.2% |

9.23 Performance (calls answered within 5 seconds)

| | Month | YTD |
|--------------------|-------|-------|
| Answered in 5 secs | 94.7% | 94.5% |



| | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Calls Answered out of SLA | 7,679 | 8,221 | 1,969 | 4,501 | 5,600 | 4,351 | 8,760 | 7,456 | 6,308 | 4,043 | 2,692 | 2,804 |
| Calls Answered | 52,074 | 56,432 | 50,762 | 52,076 | 56,268 | 54,042 | 59,079 | 55,175 | 49,106 | 51,816 | 48,981 | 52,859 |
| Answ in 5 sec Target % | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| Answ in 5 sec% | 85.3% | 85.4% | 96.1% | 91.4% | 90.0% | 91.9% | 85.2% | 86.5% | 87.2% | 92.2% | 94.5% | 94.7% |

Commentary

Demand : Increased 5.6% vs last month.

Answer in 5 sec: Increased by 0.2% vs last month and at 94.7% represents the best level of performance for 9 months and was only 0.3 % 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

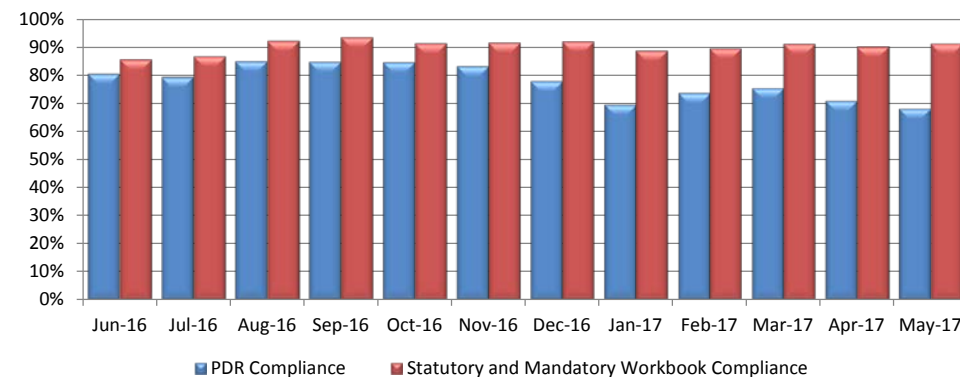
May 2017

9.24 Workforce

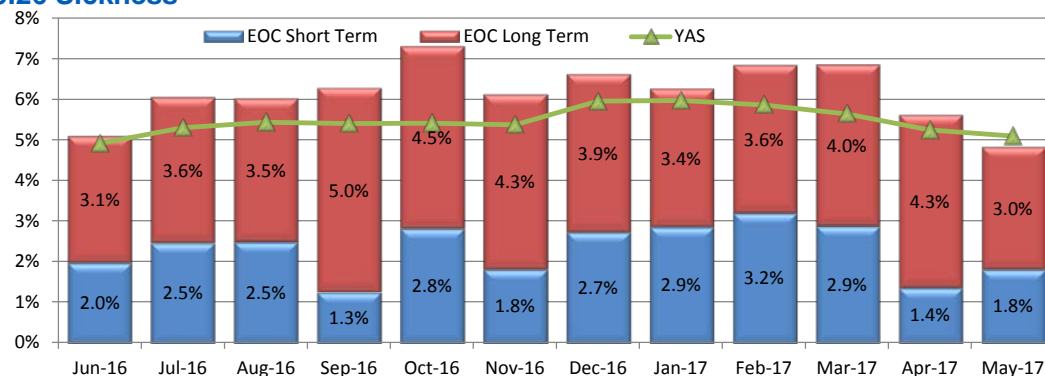
| May 2017 (FT Equivalents) | FTE | Sickness (5%) | Absence (25%) | Available | |
|----------------------------------|--------|---------------|---------------|-----------|--------|
| | | | | Total | % |
| Budget FTE | 325 | 16.3 | 81 | 228 | 70% |
| Contracted FTE (before overtime) | 317 | 15.9 | 79 | 222 | 70% |
| Variance | (8) | (0) | (2) | (6) | (2.5%) |
| % Variance | (2.5%) | (2.5%) | (2.5%) | | |
| FTE (worked inc overtime)* | 322 | 18.0 | 67 | 237 | 74% |
| Variance | (3) | 2 | (14) | 10 | 0 |
| % Variance | (0.9%) | 10.8% | (17.5%) | | |

* 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



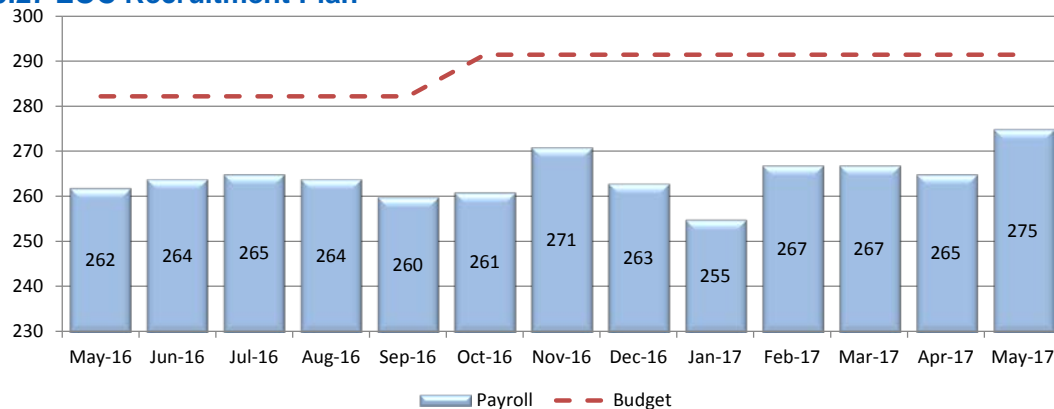
Commentary

PDR: Currently at 68.2% a decrease of 2.8% on previous month and is 12.3% below trust average.

Sickness: Currently 4.8% an improvement of 0.9% and at its lowest level for 12 months and is 0.3% 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.

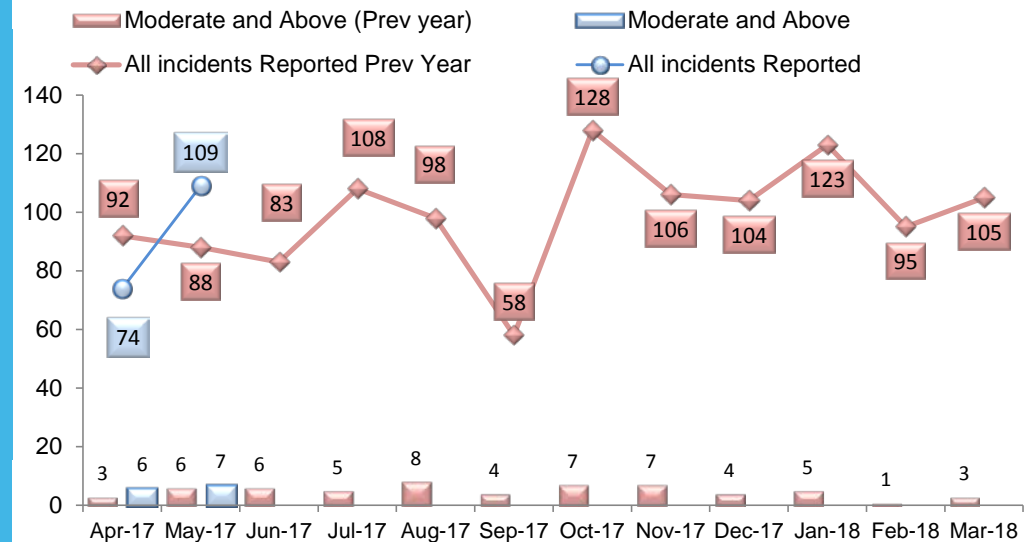
9.27 EOC Recruitment Plan



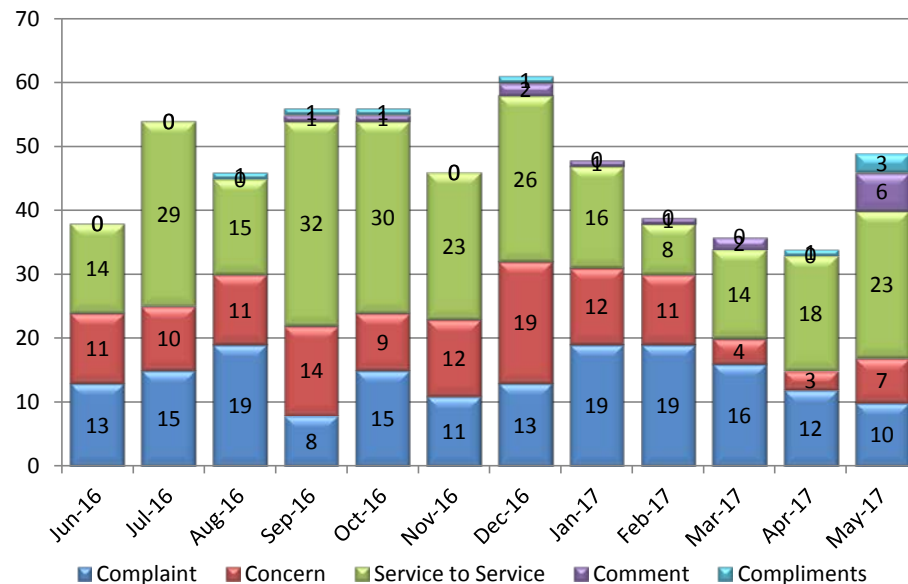
9.28 Quality, Safety and Patient Experience

| | | Month | YTD |
|---|------------|-------|------|
| Serious Incidents | | 1 | 4 |
| Total Incidents (Per 1000 activities) | | 0.02 | 0.04 |
| Total incidents Moderate & above | | 7 | 13 |
| Response within target time for complaints & concerns | | 86% | 71% |
| Ombudsman Cases | Upheld | 0 | 0 |
| | Not Upheld | 0 | 0 |
| Patient Experience Survey - Qtrly | | | |

9.29 Incidents



9.30 Patient Feedback



Commentary

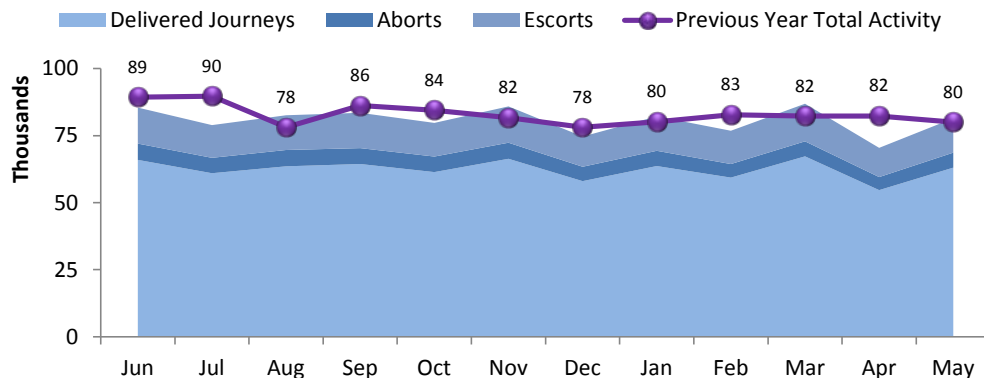
Incidents: Reported incidents increased by 18.5% on the previous month and is up 23.9% vs last year. Incidents of moderate and above remained at a low level and in line with previous months despite the increase in overall incident reporting.

Feedback: This increased 45.4% last month but remained in line with levels seen throughout the previous 12 months. Although compliment numbers are low it was the highest number received in 12 months.

10. PATIENT TRANSPORT SERVICE

May-2017

10.1 Demand

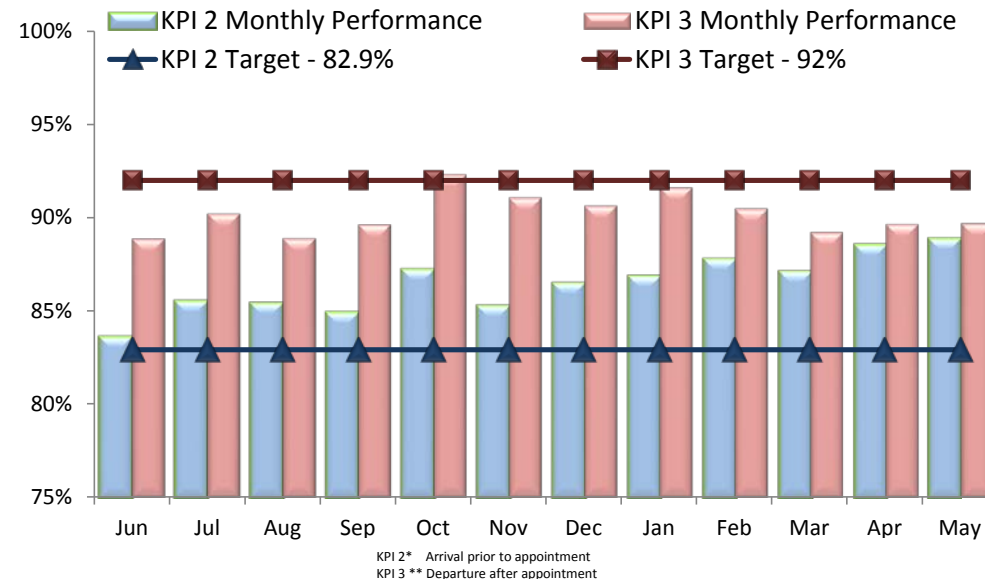


Comparison to Plan

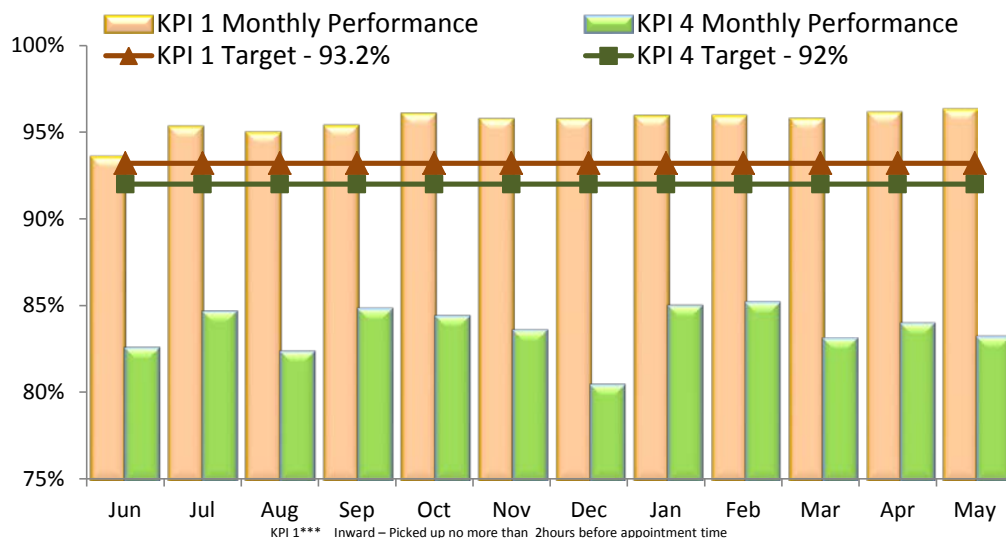
| May-17 | Delivered | Aborts | Escorts | Total |
|-----------------------|-----------|--------|---------|---------|
| YTD 2017-18 | 117,744 | 10,446 | 23,688 | 151,878 |
| Previous YTD* 2016-17 | 126,095 | 11,011 | 25,248 | 162,354 |
| % Variance | (6.6%) | (5.1%) | (6.2%) | (6.5%) |

* Excludes Hull CCG

10.2 KPI* 2 & 3**



10.3 Performance KPI*** 1 & 4****



Commentary

PTS demand in May is up on the previous month with total activity increasing by 15.6%.

Inward performance (KPI 2) improved in May increasing to 6.0% above target. This represents the highest level of performance for 12 months (making appointment on-time).

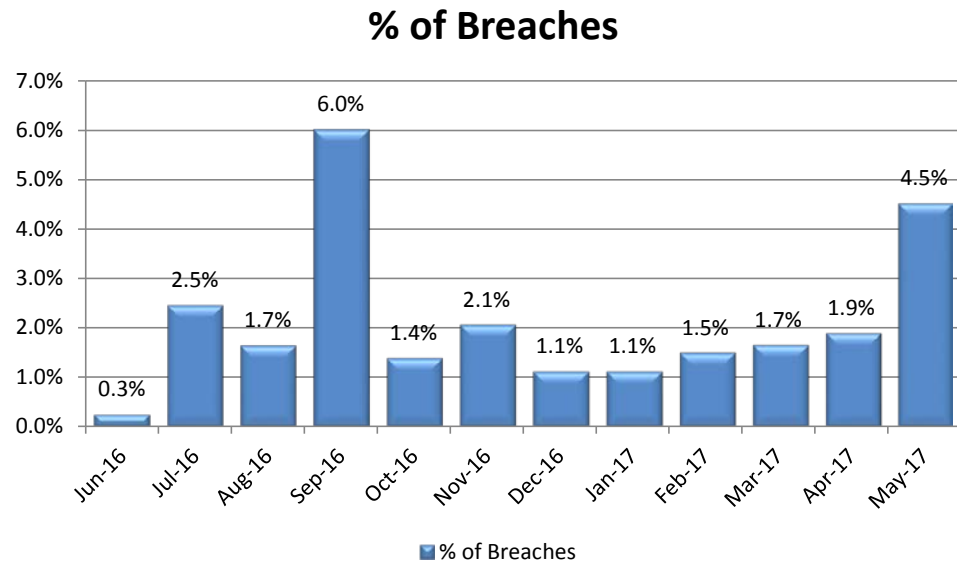
We are reviewing the impact this has on timeliness for the less critical outward performance (KPI3) which was 1.8% below YTD target.

Performance against KPI 1 improved in May increasing to 3.1% above target. Commissioned levels of resource vs KPI 4 target will always make this particular KPI challenging.

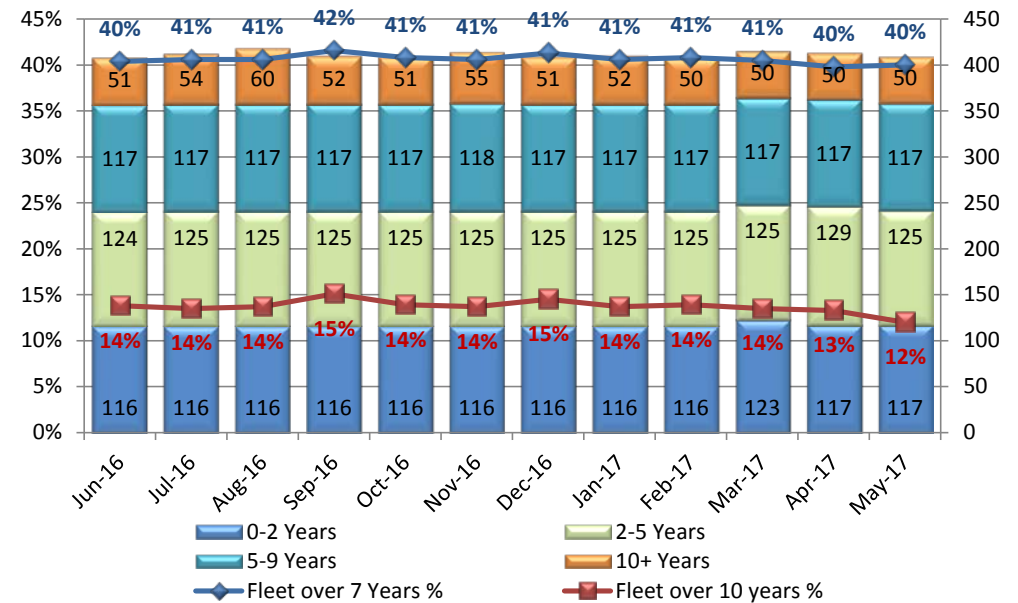
10. PATIENT TRANSPORT SERVICE

May-2017

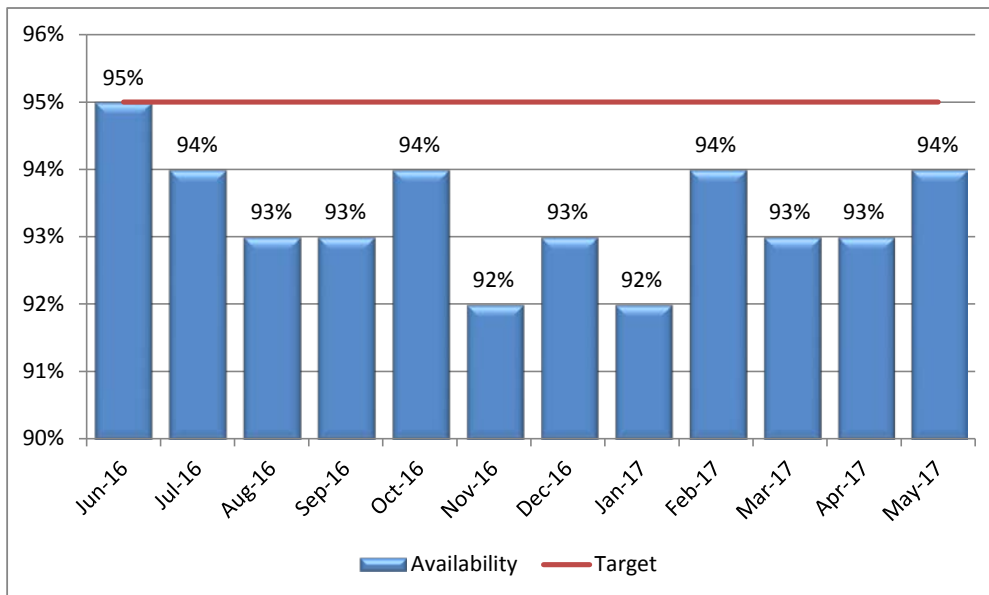
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

Vehicle availability improved in May to 94% but remains below 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 1.9% in April to 4.5% in May. 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 May show that 12% of PTS fleet is aged over 10 years old which is down from 15% recorded in December.

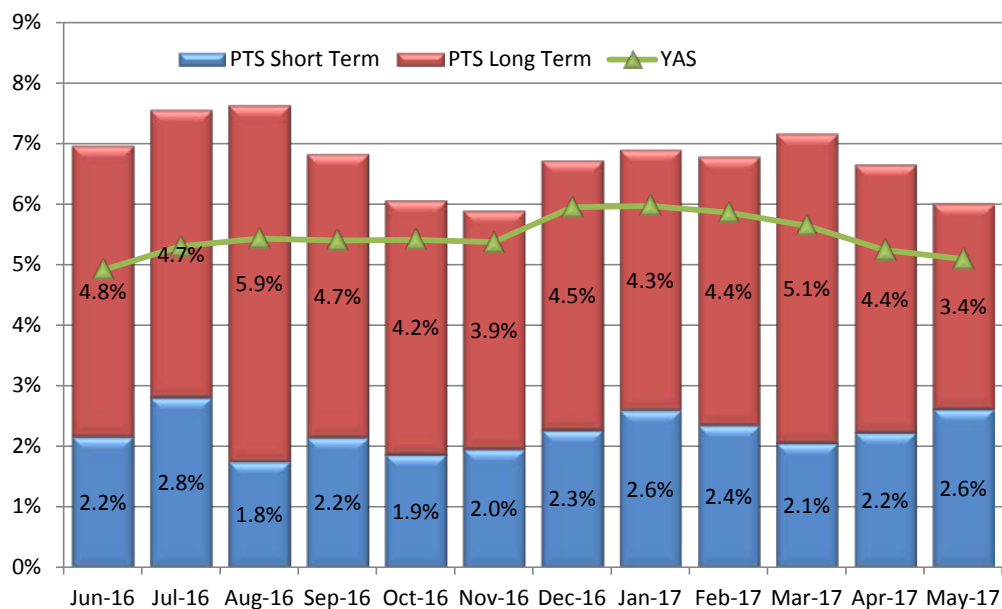
10.7 Workforce

| FT Equivalents | FTE | Sickness (5%) | Absence | Available | |
|----------------------------|--------|---------------|---------|-----------|-------|
| | | | | Total | % |
| Budget FTE | 596 | 30 | 119 | 447 | 75% |
| Contracted FTE (before OT) | 600 | 45 | 93 | 462 | 77% |
| Variance | 4 | (16) | 26 | 15 | 3.3% |
| % Variance | 0.6% | (52.1%) | 22.2% | | |
| FTE worked inc overtime | 636 | 45 | 93 | 498 | 78% |
| Variance | (40) | (16) | 26 | 51 | 11.4% |
| % Variance | (6.7%) | (52.1%) | 22.2% | | |

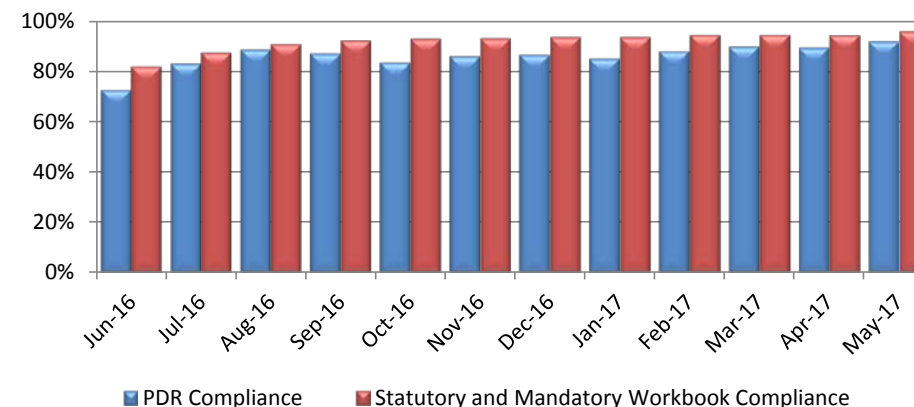
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Absence) is from OPS

10.9 Sickness



10.8 Training



Commentary

PDR compliance has improved, rising from 89.8% in April to 92.3% in May which is above the 90% Trust target. Statutory and Mandatory Workbook compliance also improved and at 96.3% is 6.3 points higher than the 90% Trust target.

The PTS sickness rate fell from 6.7% in April to 6% in May but remains higher than the 5.1% YAS average.

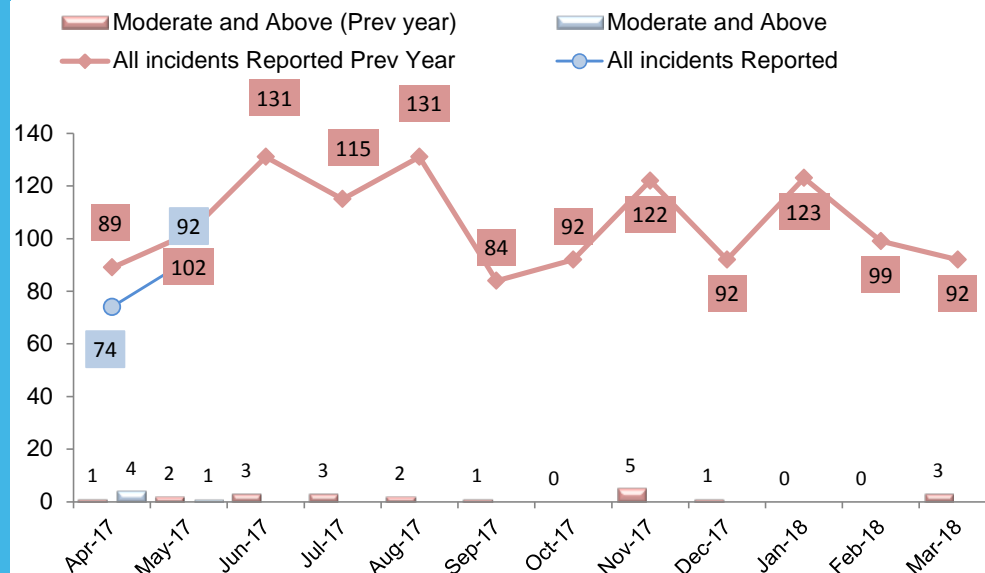
10. PATIENT TRANSPORT SERVICE

May-2017

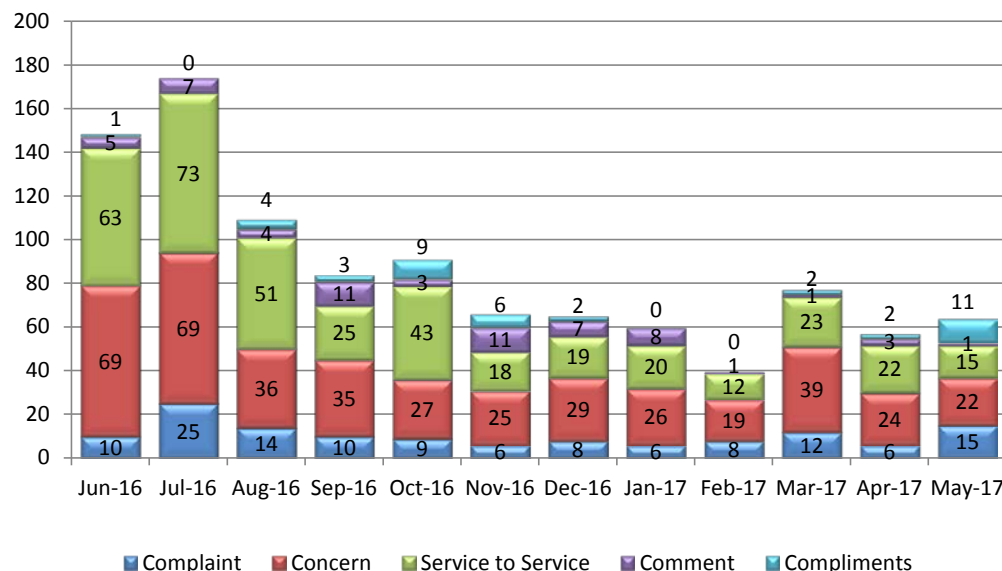
10.10 Quality, Safety and Patient Experience

| | | Month | YTD |
|---|------------|-------|-------|
| Serious Incidents YTD | | 0 | 1 |
| Total Incidents (per 1000 activities) | | 0.00 | 0.01 |
| Total incidents Moderate & above | | 1 | 5 |
| Response within target time for complaints & concerns | | 96% | 90% |
| Ombudsman Cases | Upheld | 0 | 0 |
| | Not Upheld | 0 | 0 |
| Patient Experience Survey - Qtrly | | 90.0% | 88.3% |
| Call Answered in 3 mins - Target 90% | | 90.8% | 90.9% |

10.11 Incidents



10.12 Patient Feedback



Commentary

Incidents: The number of reported incidents within PTS increased by 18 (24.3%) vs last month but was down on the same period last year by 10 (-9.8%). Levels of moderate harm remain low.

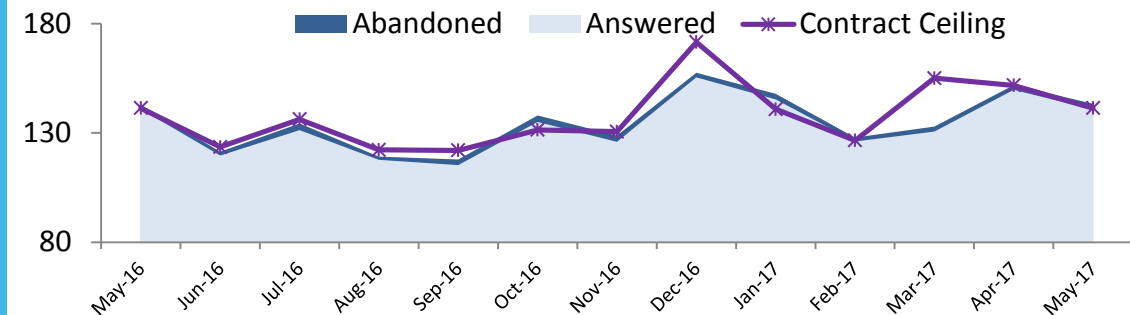
Patient Feedback: Patient feedback figures are down slightly on the previous month. On closer inspection of the 4 Cs (complaints, concerns, comments and compliments) reveal the number of complaints increased from 6 to 15, however, the number of compliments rose from 2 in April to 11 in May. The YTD average number of complaints each month is 11 equating to a complaint rate per PTS journey of 0.09%.

Safety Thermometer: Figures for 2016/2017 show a reduction in patient falls by PTS by over 50%; therefore when shown as a % of total patient journeys this = 0.01%.

11. NHS 111

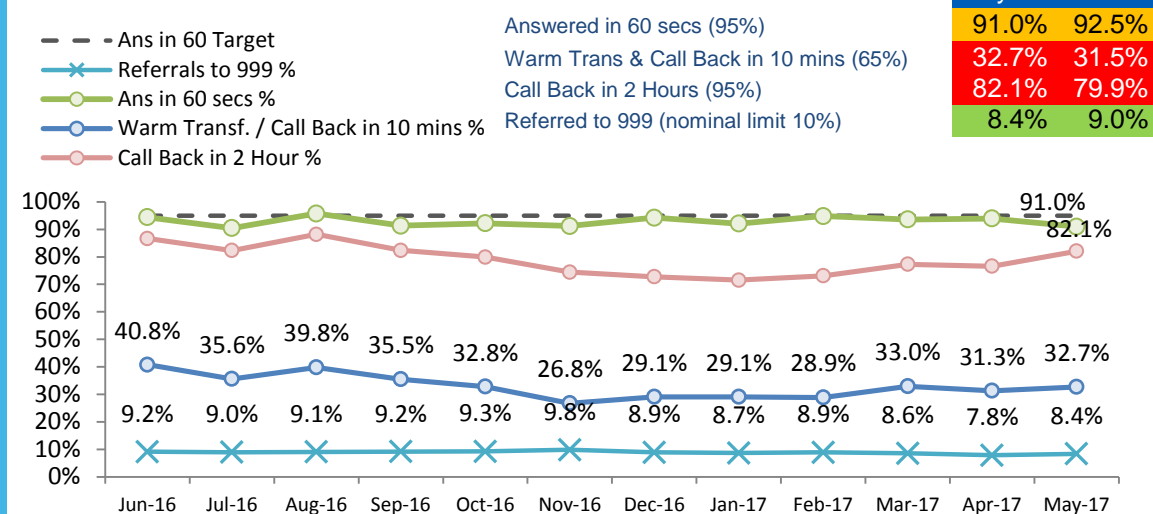
May-17

11.1 Demand

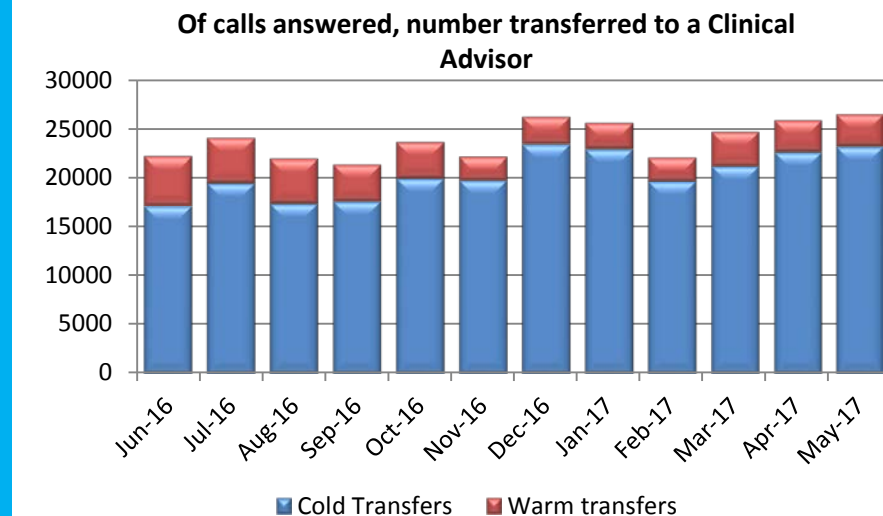


| YTD | Offered | Calls Answered | Calls Answered SLA <60s | Calls Answered SLA (95%) |
|----------------------|---------|----------------|-------------------------|--------------------------|
| YTD 2017-18 | 295,135 | 290,372 | 268,664 | 92.5% |
| Contract YTD 2017-18 | 293,071 | 293,081 | 278,427 | 95.0% |
| Variance | 2,064 | - 2,709 | - 9,763 | 2.5% |
| | 0.7% | -0.9% | -3.5% | |
| YTD 2016-17 | 271,784 | 267,141 | 252,561 | 94.5% |
| Variance | 23,351 | 23,231 | 16,103 | -2.0% |
| | 7.9% | 8.0% | 6.0% | |

11.2 Performance



11.3 proportion calls transferred to a clinical advisor



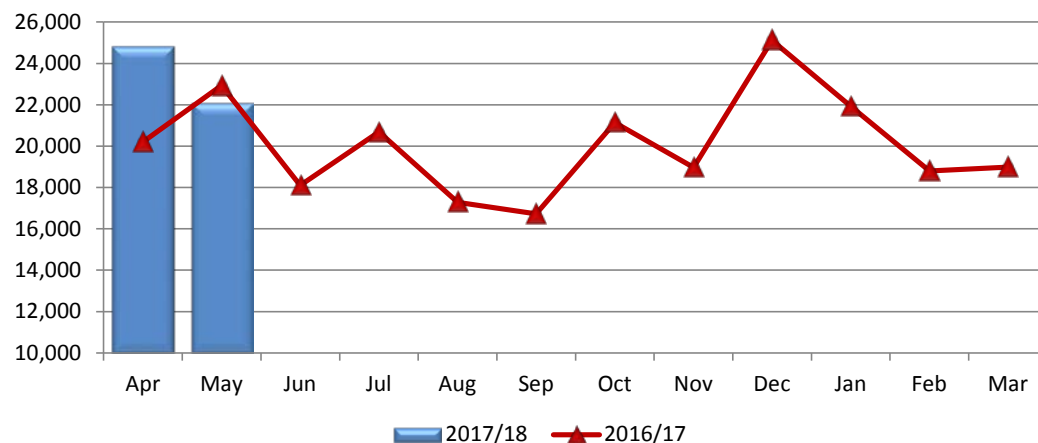
Commentary

Figures for May 2017 show that 91% 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.

YAS NHS 111 performance however remained above the national average in May, against call levels which were marginally below (0.5%, 664 calls) below contract ceiling levels.

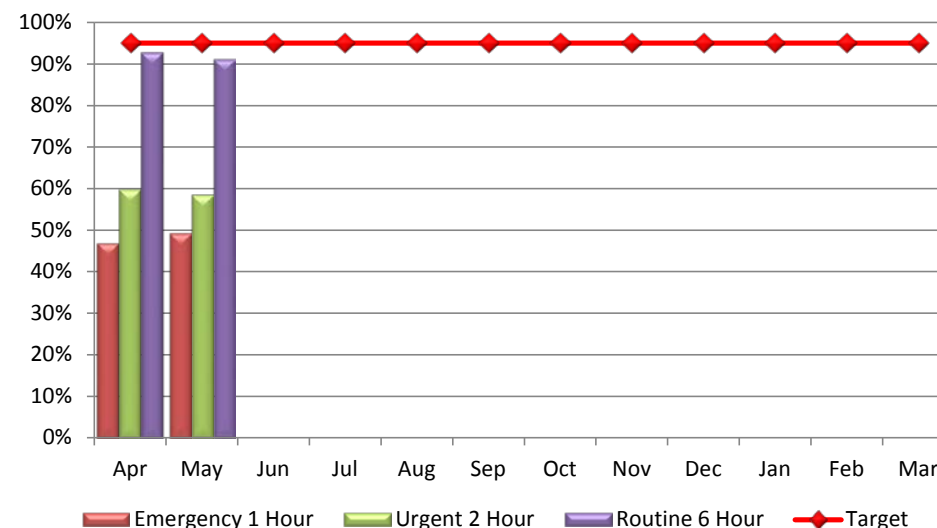
The 2 local clinical KPIs for 2 hours callback (82.1%) and warm transfer / 10 minute callback (32.7%) improved from the April outturn.

11.4 Demand

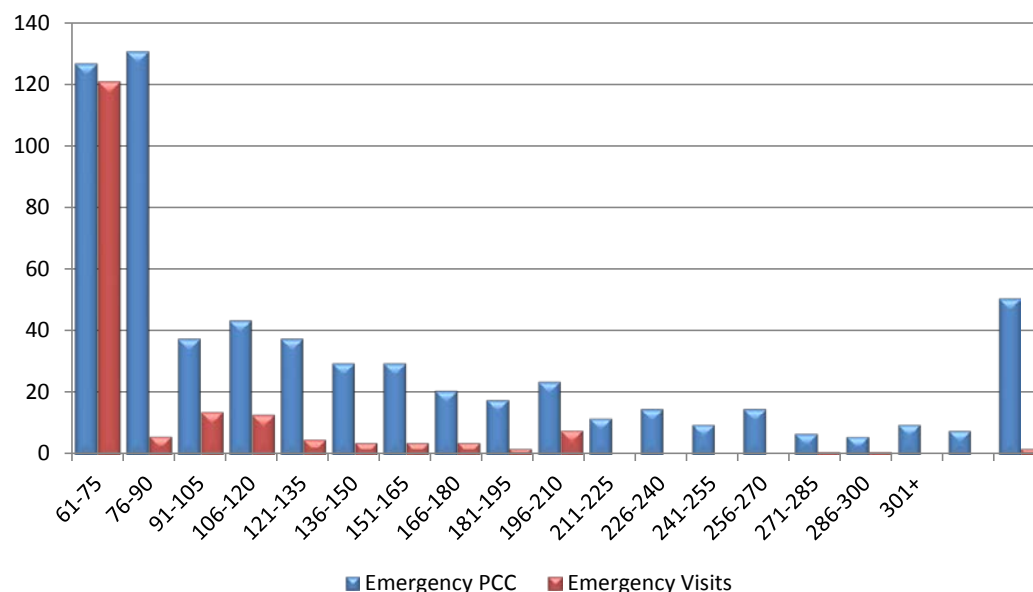


| YTD | Variance | YTD 2016-17 | YTD 2017-18 | Diff | Percentage |
|-----|----------|-------------|-------------|-------|------------|
| | | 43,135 | 46,946 | 3,811 | 8.8% |

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

| Adverse incidents | |
|--------------------------|---|
| Adverse incidents | No SI's reported in May. |
| Adverse reports received | No adverse reports received. |
| Patient Complaints | 26 patient complaints received in May-17 directly involving the WYUC part of the pathway. |

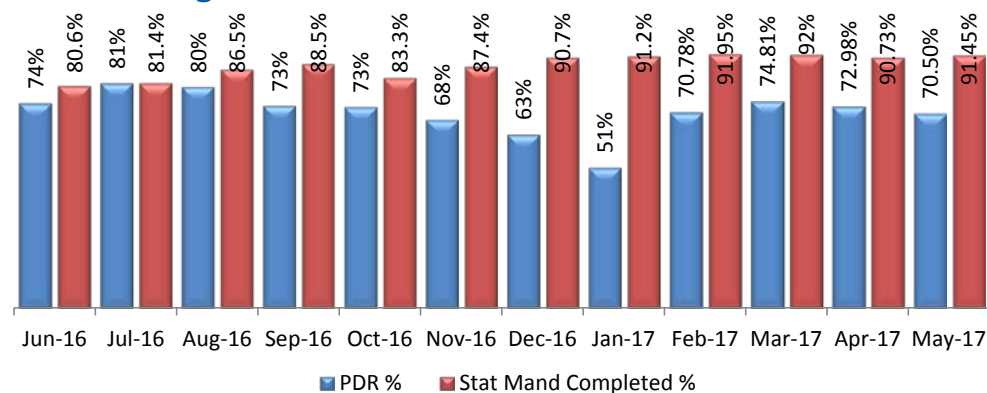
Comments - Demand has however largely fallen over the last 15 months with May 17 demand levels below the May 16 levels – this was however influenced by an extra weekend day in May 2016 and therefore when normalised the demand level was approximately the same. Performance against receiving treatment within the national quality requirements (NQR12a, b and c) remain below the KPI levels. Performance for NQR12a (Emergency in 1 hour) did however show a marginal improvement (+2.3%) whilst performance NQR 12b (Urgent in 2 hours) was 1.3% below the April outturn. Performance for NQR12c (Routine in 6 hours) similarly fell by 1.7% from the previous month. Achieving NQRs is not possible within the current specification and funding and reflected in the independent review. An action plan, linked to the recommendations from the WYUC Independent Service review, was approved in the June contract meeting and is therefore being progressed by YAS, LCD and commissioners.

11.8 Workforce FTE - Call Handler & Clinician

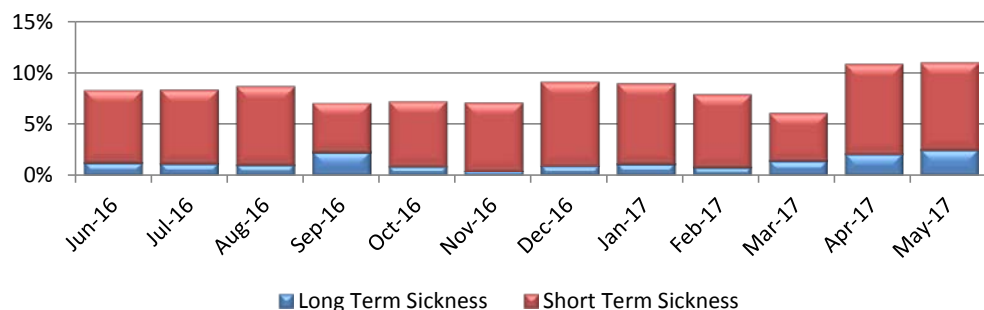
Available

| | FTE | Sickness | Absence | Total | % |
|----------------------------|-------|----------|---------|-------|-----|
| Budget FTE | 341 | 31 | 78 | 232 | 68% |
| Contracted FTE (before OT) | 317 | 35 | 82 | 200 | 63% |
| Variance | -24 | -4 | -4 | -32 | |
| % Variance | -7% | -14% | -5% | -14% | -5% |
| FTE (Worked inc Overtime) | 330 | 35 | 82 | 213 | 65% |
| Variance | -11 | -4 | -4 | -19 | |
| % Variance | -3.1% | -14% | -5% | -8% | -3% |

11.11 Training



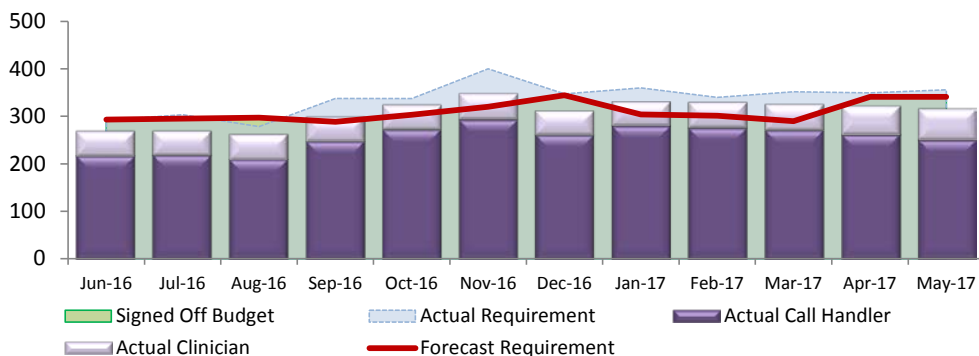
11.9 Sickness



Commentary

Whilst statutory and mandatory training compliance improved across the month, from the April outturn, PDR compliance saw a marginal fall. This was impacted by increased sickness, including Team Leaders and the need to allocate significant resource to NHS Pathways V 13 training which every staff member needs to complete. An Operational Service Manager is already allocated to retain the focus on this measure.

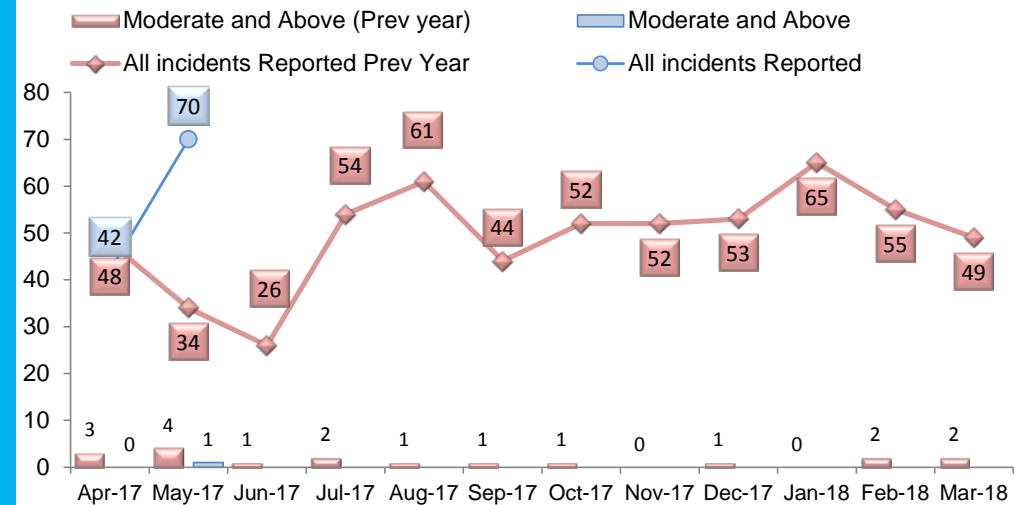
11.10 Recruitment Plan



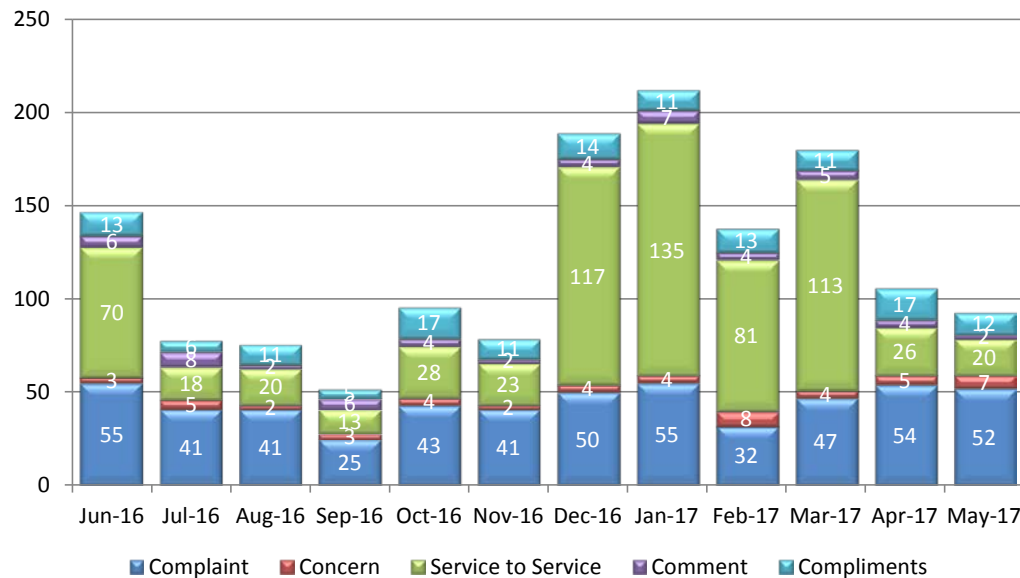
11.13 Quality, Safety and Patient Experience

| | | May-17 | YTD |
|---|------------|--------|------|
| Serious Incidents YTD | | 0 | 0 |
| Total Incidents (per 1000 activities) | | | 0.00 |
| Total incidents Moderate & above | | 0 | 1 |
| Response within target time for complaints & concerns | | 81% | 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 May, although 30 patient complaints were received and are being investigated

Patient satisfaction data for Quarter 2 will not be available until August.

Incident reporting improved from 42 in April to 70 in May and is twice as high as reported the previous year. The level of moderate and above incidents remain very low with just 1 recorded in May against 4 during the same period last year.

ANNEXES

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

May-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 | April |
| 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 | 3 | April |
| 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 | 3 | April |
| Abandoned calls | | % | 0.45 | 0.76 | 0.67 | 0.57 | 1.21 | 0.17 | 1.32 | 1.37 | 0.40 | 0.25 | 2 | April |
| Cat Red 8 minute response - RED 1 | 75% | % | 72.3 | 73.6 | 79.2 | 73.1 | 70.1 | 75.9 | 70.8 | | | | | April |
| Cat Red 8 minute response - RED 2 | 75% | % | 58.3 | 64.8 | 73.6 | 60.7 | 68.9 | 74.6 | 56.2 | | | | | April |
| Cat Red 19 minute response | 95% | % | 86.7 | 92.3 | 95.5 | 90.0 | 92.5 | 95.9 | 91.4 | | | | | April |
| 95 Percentile Red 1 only Response Time | | Time | 14.2 | 14.2 | 11.5 | 13.1 | 15.4 | 13.6 | 14.4 | | | | | April |
| Category1 8 minute response*** | 75% | % | | | | | | | | N/A | N/A | 66.2 | | April |
| Category1 19 minute response*** | 95% | % | | | | | | | | N/A | N/A | 89.6 | | April |
| Category2 19 minute response*** | | % | | | | | | | | N/A | N/A | 71.5 | | April |
| Category3 40 minute response*** | | % | | | | | | | | N/A | N/A | 72.7 | | April |
| Category4 90 minute response*** | | % | | | | | | | | N/A | N/A | 84.9 | | April |
| Time to Treat - 50% | | mm:ss | 11.2 | 6.9 | 6.0 | 7.1 | 6.7 | 6.3 | 7.3 | | | | | April |
| Time to Treat - 95% | | mm:ss | 22.2 | 21.6 | 16.4 | 27.1 | 23.4 | 17.9 | 22.3 | | | | | April |
| Time to Treat - 99% | | mm:ss | 36.1 | 32.0 | 32.8 | 47.5 | 48.0 | 28.7 | 33.0 | | | | | April |
| STEMI - Care | | % | 84.0 | 91.1 | 71.4 | 83.1 | 86.9 | 74.4 | 67.3 | 75.6 | 80.6 | 87.3 | 2 | January |
| Stroke - Care | | % | 98.7 | 99.0 | 96.6 | 97.7 | 99.7 | 98.8 | 95.8 | 94.9 | 97.1 | 98.7 | 4 | January |
| Frequent caller * | | % | 0.3 | 0.4 | 0.2 | 0.9 | 1.3 | 3.5 | | | | 3.1 | 6 | April |
| Resolved by telephone | | % | 18.2 | 9.0 | 10.7 | 7.3 | 8.5 | 11.7 | 6.5 | 14.5 | 4.8 | 8.3 | 7 | April |
| Non A&E | | % | 22.8 | 37.4 | 37.5 | 36.1 | 32.2 | 40.1 | 47.5 | 49.1 | 38.3 | 30.2 | 9 | April |
| STEMI - 150 | | % | 92.1 | 92.1 | 89.7 | 90.0 | 79.5 | 87.0 | 89.7 | 71.8 | 86.9 | 84.7 | 8 | January |
| Stroke - 60 | | % | 52.5 | 50.0 | 61.5 | 56.7 | 52.7 | 51.8 | 64.3 | 36.1 | 57.5 | 45.0 | 9 | January |
| ROSC | | % | 24.9 | 27.9 | 29.1 | 25.9 | 35.6 | 28.6 | 27.8 | 24.3 | 29.9 | 27.2 | 7 | January |
| ROSC - Utstein | | % | 48.1 | 56.4 | 53.1 | 62.1 | 56.7 | 41.4 | 52.2 | 46.2 | 46.2 | 53.7 | 4 | January |
| Cardiac - STD | | % | 6.8 | 7.9 | 8.1 | 7.4 | 8.2 | 12.6 | 6.3 | 7.9 | 8.8 | 9.9 | 2 | January |
| Cardiac - STD Utstein | | % | 22.8 | 28.7 | 24.1 | 35.8 | 24.7 | 24.5 | 21.5 | 23.3 | 23.3 | 35.3 | 2 | January |
| Recontact 24hrs Telephone | | % | 0.8 | 9.4 | 3.3 | 13.1 | 4.3 | 12.7 | 6.8 | 11.1 | 13.8 | 3.8 | 3 | April |
| 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 | April |

Annex 2 Ambulance Quality Indicators - YAS

May-17

| Indicator | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-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%) | 0:29 | 0:37 | 0:38 | 0:04 | 0:12 | 0:20 | 0:14 | 0:33 | 0:36 | 0:35 | 0:11 | 0:05 | 3 | 0:02 | to | 0:55 |
| Time to Answer (99%) | 1:25 | 1:31 | 1:45 | 0:34 | 1:06 | 1:20 | 1:03 | 1:30 | 1:34 | 1:36 | 0:56 | 0:45 | 3 | 0:30 | to | 1:54 |
| Abandoned calls | 0.88 | 0.87 | 1.18 | 0.21 | 0.51 | 0.81 | 0.93 | 1.64 | 2.47 | 1.59 | 0.62 | 0.25 | 2 | 0.17 | to | 1.37 |
| Cat Red 8 minute response** | 71.1 | 68.0 | 66.5 | 70.7 | 68.8 | 70.7 | | | | | | | | N/A | | |
| Cat Amber 19 minute response** | 74.9 | 71.9 | 67.8 | 74.9 | 70.0 | 69.0 | | | | | | | | | | |
| Cat Green 60 minute response** | 96.1 | 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 | | | | |
| Category1 19 minute response*** | | | | | | 89.5 | 88.3 | 88.4 | 89.4 | 89.6 | 92.1 | 92.4 | | | | |
| Category2 19 minute response*** | | | | | | 69.3 | 71.1 | 67.9 | 71.4 | 72.1 | 76.3 | 77.8 | | | | |
| Category3 40 minute response*** | | | | | | 71.1 | 72.2 | 68.0 | 72.8 | 70.9 | 79.7 | 79.9 | | | | |
| Category4 90 minute response*** (excl HCP) | | | | | | 90.3 | 84.3 | 83.5 | 84.0 | 81.6 | 86.8 | 84.0 | | | | |
| STEMI - Care | 91.7 | 83.8 | 85.1 | 89.4 | 82.2 | 89.7 | 87.1 | 88.1 | 85.7 | 75.0 | 80.0 | | 2 | 67.3 | to | 91.1 |
| Stroke - Care | 98.1 | 97.3 | 99.0 | 99.1 | 98.8 | 99.1 | 99.1 | 98.8 | 99.1 | 96.7 | 98.6 | | 4 | 94.9 | to | 99.7 |
| Frequent caller * | 3.28 | 3.40 | 3.49 | 3.67 | 4.03 | 2.52 | 2.83 | 2.92 | 2.87 | 2.54 | 2.67 | 2.79 | 6 | 0.20 | to | 3.50 |
| Resolved by telephone | 6.7 | 7.1 | 7.2 | 6.8 | 6.8 | 7.8 | 8.5 | 9.4 | 9.2 | 7.5 | 6.9 | 8.3 | 7 | 4.8 | to | 18.2 |
| Non A&E | 29.9 | 29.7 | 30.4 | 30.7 | 30.8 | 30.0 | 29.7 | 30.7 | 31.0 | 30.4 | 29.9 | 30.2 | 9 | 22.8 | to | 49.1 |
| STEMI - 150 | 84.3 | 82.8 | 80.2 | 90.2 | 84.7 | 83.8 | 81.4 | 88.8 | 80.0 | | | | 8 | 71.8 | to | 92.1 |
| Stroke - 60 | 52.0 | 43.2 | 47.1 | 43.6 | 42.0 | 39.9 | 41.4 | 42.4 | 43.8 | 41.8 | 41.0 | | 9 | 36.1 | to | 64.3 |
| ROSC | 27.8 | 26.0 | 21.7 | 28.4 | 25.2 | 25.7 | 32.2 | 27.3 | 27.4 | 28.0 | 33.9 | | 7 | 24.3 | to | 35.6 |
| ROSC - Utstein | 40.7 | 45.5 | 45.6 | 64.7 | 46.8 | 51.1 | 72.2 | 43.5 | 57.1 | 61.4 | 68.8 | | 4 | 41.4 | to | 62.1 |
| Cardiac - STD | 9.4 | 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 | 25.9 | 32.6 | 35.1 | 29.2 | 33.3 | 36.2 | 53.7 | 25.6 | 38.1 | 40.4 | 47.7 | | 2 | 21.5 | to | 35.8 |
| Recontact 24hrs Telephone | 5.3 | 6.5 | 6.3 | 6.8 | 6.7 | 5.0 | 7.3 | 5.7 | 5.1 | 3.7 | 4.9 | 4.9 | 3 | 0.8 | to | 13.8 |
| Recontact 24hrs on Scene | 1.8 | 1.4 | 1.8 | 1.3 | 1.6 | 1.3 | 1.5 | 1.6 | 1.5 | 1.3 | 1.1 | 1.1 | 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