



Integrated Performance Report

July 2018

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

Inspected and rated

Good



TABLE OF CONTENTS

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).

<i>Page Number</i>	<i>Content</i>	<i>Page Number</i>	<i>Content</i>
1	EXECUTIVE OVERVIEW	16	SERVICE LINES
2-3	1. YAS Overview Strategic Objectives	17-27	9. A&E
4	2. Single Oversight Framework	28-32	10.PTS
5	3. Transformation and Systems Pressures	33-36	11.111
6	4. Our Performance		
7	5. Our Quality	37	ANNEXES
8	6. Our Workforce	38	AQI National Benchmarking
9	7. Our Finance		
10	a. Finance Overview		
11	b. CIP Tracker		
12	c. CQUINS Tracker		
13-15	8. Our Corporate Services		

1 YAS STRATEGIC OBJECTIVES 2018/19

July 2018

These represent our current proposed baseline objectives and are under review by TEG.

YAS STRATEGIC OBJECTIVES 2018/19

Strategic Objective	No	Trust Level Objectives	Transformation Programme
1. Safe and Sustainable: Provide a safe, effective, caring and sustainable service for all patients	1.1	To develop a model of suitably trained clinicians and support staff, equipped with the right transporting resources, to deliver the best outcomes for patients	[1] Service Delivery and Integrated Workforce Model
	1.2	Work with system partners to expand clinical advice and develop integrated urgent care	[1] Service Delivery and Integrated Workforce Model
	1.3	Deploy digital technologies to support effective clinical decision making	[3] Infrastructure
	1.4	Improve resilience and interoperability of Emergency Control Centres, across the NAA	[3] Infrastructure
	1.5	Deploy digital technologies to improve efficiency and ensure financial sustainability of the Trust in line with national framework.	[4] Capacity and Capability
2. Best People: Attract, develop and retain a highly skilled, engaged and diverse workforce	2.1	Deploy an integrated, multi-professional model of clinical skills across care pathways, to provide the most appropriate treatment for our patients	[1] Service Delivery and Integrated
	2.2	Develop the right skills, structures and processes to ensure delivery of the Trust strategy and vision	[4] Capacity and Capability
	2.3	Shape the Culture of the organisation to deliver the Trust Vision and Values	[4] Capacity and Capability
	2.4	To improve the health and well-being of all our staff	
	2.5	Develop a workforce that reflects the diverse communities we serve	
	2.6	Foster a fully engaged, motivated and connected workforce to provide better services, improve patient care, communication and deliver better health outcomes	

YAS STRATEGIC OBJECTIVES 2018/19

Strategic Objective	No	Trust Level Objectives	Transformation Programme
3. Care through Collaboration: Provide the best possible integrated care, in collaboration with our system partners	3.1	Identify and address local priorities for public health, prevention and demand management, using data analytics and working with partners	[2] Place Based Care
	3.2	Develop public and community engagement, volunteers and other collaborative partnerships to contribute to a broader range of service delivery.	[2] Place Based Care
	3.3	Work with place-based partners to develop appropriate integrated service delivery models, infrastructure and pathways to manage patients as close to home as possible.	[2] Place Based Care
	3.4	Work with system partners to develop integrated transport solutions that support patient flow, collaboration and resource co-ordination	[2] Place Based Care
	3.5	Work with partners to support system reconfiguration and ongoing sustainability.	[2] Place Based Care
4. Achieving Excellence: Transform our services to exceed national performance and quality measures	4.1	Maximise the availability of resources, improve the working environment and training facilities, through the development of Hub & Spoke / Ambulance Vehicle Preparation.	[3] Infrastructure
	4.2	Engage patients to drive high quality care and services that meet or exceed national standards.	[4] Capacity and Capability
	4.3	Implement VFM and productivity improvements aligned to National Ambulance Productivity Programme and Northern Ambulance Alliance.	[4] Capacity and Capability
	4.4	Develop the Trust's Performance Framework to maximise analytical capabilities, service line management and to embed performance processes	[4] Capacity and Capability
	4.5	Ensure our estate is in the right location and fit for purpose, to support a modern ambulance service.	
	4.6	Foster innovation within the Trust to support system, service and environmental improvement	
	4.7	Work with our health, care and higher education partners to develop the education and training of our staff and those from the wider health and care system	

EXECUTIVE OVERVIEW

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

Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, Q2 17-18	13.8
Staff F&F Test % recommended care Q4 17-18	81%
Occurrence of any never event	None
Patient Safety Alerts not completed by deadline	None
Ambulance See-and-treat from F&F Test - % positive, Jun 18	*
Ambulance Clinical Outcomes, Mar18	
Return of spontaneous circulation (ROSC) in Utstein group	43.8
Stroke Care Bundle	98.6

(*) less than 5 responses – data withheld

(**) does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and variation in local populations

Organisational Health

Staff sickness, Feb 18,	6.97%
Staff turnover, Apr 18	0.63%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Feb 18	1.80%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

	Jul 18
Cat 1 Life-threatening calls mean	7:19
90 th centile	12:31
Cat 2 Emergency calls mean	20:29
90 th centile	42:40
Cat 3 Urgent calls 90 th centile	2:07:31
Cat 4 Less urgent calls 90 th centile	3:12:43

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (July 18)

Capacity & Capability	UNDER DEVELOPMENT
Infrastructure	
Place	
Service Delivery	

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Jul 18 1
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	1
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
Agency spend (distance from providers cap)	1
OVERALL USE OF RESOURCES RATING	1

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

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

Internal

SERVICE TRANSFORMATION PROGRAMME 2018-19

The four programmes from 17/18 will now form part of four new Transformation Programme Boards. This will allow alignment of the 18/19 Transformation programme to the Trusts strategy. The Four Transformation boards are as follows:

- Service Delivery & Integrated Workforce Model
- Operational Place Based Care
- Infrastructure
- Capacity & Capability

External

- The sector continues to establish any potential impact of a new Health and Care Secretary of State.
- Additional funding secured from the Department of Health for additional DCA vehicles, to support delivery of the ARP standards (can we reference progress to Sept/Oct target)
- Each place has developed system Winter Plans, feedback in draft for review by NHSI/E awaited; A&E Delivery Boards are developing these plans on behalf of each place – YAS remains engaged in these discussions.
- The West Yorkshire and Harrogate Health and Care Partnership ICS have developed a Memorandum of Understanding for the system and this has been shared with YAS for comment and review.
- YAS working with NHSE and the care home sector, to improve referrals into our services.
- ARP workshop with SYB commissioning colleagues to develop an understanding of ARP, what YAS is currently doing to improve performance and what support is required from commissioners to work collaboratively.
- YAS actively engaged in the ongoing development and implementation of the Escalation Management System (EMS) across South Yorkshire and Bassetlaw ICS area.

Our Performance July 2018

↓	Category 1 was 07:19	YTD Performance		
↑	Ambulance responses on Scene up by 5.3% from last month		Time	Change
↑	PTS KPI 2 continues to be above target at 87.4% for July	Category 1 Mean Performance	07 mins 50 Sec	
↔	Calls transferred to a CAS Clinican in 111 is below 50% target at 42%	Ambulance Turnaround Time	33 mins 46 sec	(0 min 15 sec less)

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Jul-18	Variance (%)	Contract	Jul-18	Variance (%)	Avg	Jul-18	Var	Avg	Jul-18	Change	Target	Jul-18	Var
75,900	84,654	11.5%	59,651	61,558	3.2%	75.4%	75.1%	(0.3%)	2,437	1,952	(19.9%)	00:07:00	00:07:19	00:00:19

PTS (KPI's exclude South)

PTS Demand (Inc Abort & Escorts)			KPI2 Arrived Hospital (<2Hrs)			KPI3 Pre Planned Picked up (<90Min)			KPI4 Short Notice Patients (<2Hrs)			Calls answered in 3 mins		
Contract	Jul-18	Variance (%)	Target	Jul-18	Variance (%pts)	Target	Jul-18	Variance (%pts)	Target	Jul-18	Variance (%pts)	Target	Jul-18	Var
78,361	83,748	6.9%	82.9%	87.4%	4.5%	92.0%	87.0%	(5.0%)	92%	80.7%	(11.3%)	90.0%	87.7%	(2.3%)

111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22)			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Jul-18	Variance (%)	Target	Jul-18	Variance (%)	Target	Jul-18	Variance (%)	Target	Jul-18	Variance (%)	Avg	Jul-18	Variance (%)
136,714	131,618	(3.9%)	95%	89.8%	(5.2%)	50%	42.7%	(7.3%)	95%	85.0%	(10.0%)	9.1%	9.6%	0.5%

Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	tolerance 5% number change or 5% pts	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	15.08.18 - PMO

Our Quality July 2018

- ↑ 3 in 1000 patients report an incident
- ↔ 1 in 10000 patients responses result in moderate or above harm
- ↑ FOI compliance in July was 96.5%
- ↔ 2 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)
- ↔ 8 out of 10 people would recommend YAS to Friends and Family

Patient Survey			Infection Control Compliance		
Recommend YAS to F&F			Compliance	Jul 17	Jul 18
	Q1	YTD	Hand Hygiene	98%	97%
PTS	92%	92%	Premise	98%	99%
A&E	84%	84%	Vehicle	99%	97%

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
674	764	18.1% ↑	205	222	17.5% ↑	20	24	0.0% ↔	3	1	0.0% ↔	72	91	4.6% ↔

Safeguarding

Adult Referrals			Child Referrals		
Avg	No	Change	Avg	No	Change
804	795	(2.9%) ↔	498	573	(2.4%) ↔

Patient Relations

Complaints		
Avg	No	Change
84	94	23.7% ↑

Legal

Compliance (21 Days)			FOI Requests		
Avg	%	Change (% Pts)	Avg	No	Change
82%	67%	(14.1%) ↓	37	29	0.0% ↔

Clinical Outcomes (MARCH 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 %
43.3%	36.3%	3.4% ↔	79.7%	83.4%	5.6% ↑	47.3%	43.8%	(17.2%) ↓	28.0%	17.4%	(40.8%) ↓	49	13	18.2% ↑

Fleet

Deep Clean Breaches (8 weeks)		
Avg	AE/PTS	Change %
49	13	18.2% ↑

Key

Change

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

Direction of Travel

From Previous Month

Sparklines

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

AVG - Average

Previous 12 Periods 15/08/18 - PMO

Updated

Our Workforce - Jul 2018

↓	675 staff are overdue a PDR out of 4570
↔	141 Staff are on long term sick out of 5234 Staff
↑	403 staff are still to complete the stat and man work book out of 5234
↓	Child level 2 compliance does not include e-learning numbers of 2670 completed end of July 18

YTD Performance		
	%	Change
Sickness	5.87%	0.35%
Stat and Man	93.13%	-2.21%

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)
4,396	4,477	1.8%	11.1%	6.4%	(4.7%)	11.0%	9.7%	(1.3%)	49.83	71	41.6%	95.0%	79.2%	(15.8%)
Sickness									Finance					
Total			Short Term			Long Term			Agency Spend			Overtime		
Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	%	Variance (%pts)	Plan YTD £(000)	Actual YTD £(000)	Variance (%pts)	Avg	AE/PTS Avg	Variance (%pts)
5.0%	5.1%	0.1%	2.0%	1.8%	(0.2%)	3.9%	3.3%	(0.6%)	1,521	895	(69.9%)	£850,458	£742,707	(12.7%)
Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			eLearning Safeguarding		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Prev Month (No)	No	No completed in Month
90.0%	81.2%	(8.8%)	90.0%	93.1%	3.1%	90.0%	0.0%	(90.0%)	80.0%	0.0%	(80.0%)	2356	2,670	314
Key	Tolerance for Variance (unless stated different)		Variance		Sparklines		AVG - Average		Updated					
	tolerance 5% number change or 5% pts		Variance to Contract or Target or Average		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		8th Aug 2018 - Workforce Intelligence Team					

	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(23,377)	(22,943)	435	(90,709)	(90,764)	(55)
Expenditure	22,845	22,411	(435)	87,720	87,775	55
Retained Deficit / (Surplus) with STF Funding	(532)	(532)	0	(2,989)	(2,989)	0
STF Funding	(142)	(142)	0	(460)	(460)	0
Retained Deficit / (Surplus) without STF Funding*	(390)	(390)	0	(2,529)	(2,529)	0
EBITDA	(1,480)	(1,478)	2	(6,735)	(6,764)	(29)
Cash	35,553	38,340	2,787	35,553	38,340	2,787
Capital Investment	366	1,190	824	804	1,305	501
Quality & Efficiency Savings (CIPs)	652	564	(88)	2,520	2,163	(357)

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

The Trust has reported a surplus as at the end of July (Month 4) of £2,989k, which is in line with plan.

At the end of July 2018 the Trust's cash position was £38.3m against a plan of £35.6m, giving a positive variance of £2.8m.

The increase in cash is due to NHS receivables being £3.7m less than Plan, partially offset by payables being £1.3m higher than Plan. The balance of the 2017/18 STF funding was also received in July boosting the cash balance by £4.3m

Capital expenditure for 18/19 is overspent by £501k against plan as at the end of July 2018. In July 2018 spend continued on the Door and Tail lift modifications, ICT Refresh and the completion of the Storage Server Refresh, the conversion of the 17/18 chassis is also progressing ahead of plan causing the overspend. The overall plan is £14.434m expenditure allowing for disposals of £1.075m. This will result in a charge of £13.359m against the Capital Resource Limit (CRL). The CRL was approved this month by NHS Improvement.

The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £357k of which £181k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year; causing an underlying recurrent financial risk for future years.

7B FINANCE OVERVIEW

July 2018

	Month	YTD	Trend 2018-19																																							
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for July 2018 remains at 1 (1 being lowest risk, 4 being highest risk).			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>1</td><td>1</td></tr><tr><td>M2</td><td>1</td><td>1</td></tr><tr><td>M3</td><td>1</td><td>1</td></tr><tr><td>M4</td><td>1</td><td>1</td></tr><tr><td>M5</td><td>1</td><td>1</td></tr><tr><td>M6</td><td>1</td><td>1</td></tr><tr><td>M7</td><td>1</td><td>1</td></tr><tr><td>M8</td><td>1</td><td>1</td></tr><tr><td>M9</td><td>1</td><td>1</td></tr><tr><td>M10</td><td>1</td><td>1</td></tr><tr><td>M11</td><td>1</td><td>1</td></tr><tr><td>M12</td><td>1</td><td>1</td></tr></tbody></table>	Month	Actual	Plan	M1	1	1	M2	1	1	M3	1	1	M4	1	1	M5	1	1	M6	1	1	M7	1	1	M8	1	1	M9	1	1	M10	1	1	M11	1	1	M12	1	1
Month	Actual	Plan																																								
M1	1	1																																								
M2	1	1																																								
M3	1	1																																								
M4	1	1																																								
M5	1	1																																								
M6	1	1																																								
M7	1	1																																								
M8	1	1																																								
M9	1	1																																								
M10	1	1																																								
M11	1	1																																								
M12	1	1																																								
EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of July (Month 4) is £6,764k against a plan of £6,735k, a favourable variance of £29k 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>1,500</td><td>1,500</td></tr><tr><td>M3</td><td>1,500</td><td>1,500</td></tr><tr><td>M4</td><td>1,500</td><td>1,500</td></tr><tr><td>M5</td><td>1,500</td><td>1,500</td></tr><tr><td>M6</td><td>1,500</td><td>1,500</td></tr><tr><td>M7</td><td>1,500</td><td>1,500</td></tr><tr><td>M8</td><td>1,500</td><td>1,500</td></tr><tr><td>M9</td><td>1,500</td><td>1,500</td></tr><tr><td>M10</td><td>1,500</td><td>1,500</td></tr><tr><td>M11</td><td>1,500</td><td>1,500</td></tr><tr><td>M12</td><td>1,500</td><td>1,500</td></tr></tbody></table>	Month	Actual	Plan	M1	1,000	1,000	M2	1,500	1,500	M3	1,500	1,500	M4	1,500	1,500	M5	1,500	1,500	M6	1,500	1,500	M7	1,500	1,500	M8	1,500	1,500	M9	1,500	1,500	M10	1,500	1,500	M11	1,500	1,500	M12	1,500	1,500
Month	Actual	Plan																																								
M1	1,000	1,000																																								
M2	1,500	1,500																																								
M3	1,500	1,500																																								
M4	1,500	1,500																																								
M5	1,500	1,500																																								
M6	1,500	1,500																																								
M7	1,500	1,500																																								
M8	1,500	1,500																																								
M9	1,500	1,500																																								
M10	1,500	1,500																																								
M11	1,500	1,500																																								
M12	1,500	1,500																																								
SURPLUS: The Trust has reported a surplus (including STF) as at the end of July (Month 4) of £2,989k, which is in line with plan. STF achieved YTD is £460k.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-500</td><td>-500</td></tr><tr><td>M2</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M3</td><td>-500</td><td>-500</td></tr><tr><td>M4</td><td>-500</td><td>-500</td></tr><tr><td>M5</td><td>-500</td><td>-500</td></tr><tr><td>M6</td><td>-500</td><td>-500</td></tr><tr><td>M7</td><td>-500</td><td>-500</td></tr><tr><td>M8</td><td>-500</td><td>-500</td></tr><tr><td>M9</td><td>-500</td><td>-500</td></tr><tr><td>M10</td><td>-500</td><td>-500</td></tr><tr><td>M11</td><td>-500</td><td>-500</td></tr><tr><td>M12</td><td>-500</td><td>-500</td></tr></tbody></table>	Month	Actual	Plan	M1	-500	-500	M2	-1,000	-1,000	M3	-500	-500	M4	-500	-500	M5	-500	-500	M6	-500	-500	M7	-500	-500	M8	-500	-500	M9	-500	-500	M10	-500	-500	M11	-500	-500	M12	-500	-500
Month	Actual	Plan																																								
M1	-500	-500																																								
M2	-1,000	-1,000																																								
M3	-500	-500																																								
M4	-500	-500																																								
M5	-500	-500																																								
M6	-500	-500																																								
M7	-500	-500																																								
M8	-500	-500																																								
M9	-500	-500																																								
M10	-500	-500																																								
M11	-500	-500																																								
M12	-500	-500																																								
CAPITAL: Capital expenditure for 18/19 is overspent by £501k against plan as at the end of July 2018. In July 2018 spend continued on the Door and Tail lift modifications, ICT Refresh and the completion of the Storage Server Refresh, the conversion of the 17/18 chassis is also progressing ahead of plan causing the overspend. The overall plan is £14.434m expenditure allowing for disposals of £1.075m. This will result in a charge of £13.359m against the Capital Resource Limit (CRL). The CRL was approved this month by NHS Improvement.			<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>1,000</td><td>1,000</td></tr><tr><td>M4</td><td>1,000</td><td>1,000</td></tr><tr><td>M5</td><td>1,000</td><td>1,000</td></tr><tr><td>M6</td><td>1,000</td><td>1,000</td></tr><tr><td>M7</td><td>1,000</td><td>1,000</td></tr><tr><td>M8</td><td>1,000</td><td>1,000</td></tr><tr><td>M9</td><td>1,000</td><td>1,000</td></tr><tr><td>M10</td><td>1,000</td><td>1,000</td></tr><tr><td>M11</td><td>1,000</td><td>1,000</td></tr><tr><td>M12</td><td>1,000</td><td>1,000</td></tr></tbody></table>	Month	Actual	Plan	M1	1,000	1,000	M2	1,000	1,000	M3	1,000	1,000	M4	1,000	1,000	M5	1,000	1,000	M6	1,000	1,000	M7	1,000	1,000	M8	1,000	1,000	M9	1,000	1,000	M10	1,000	1,000	M11	1,000	1,000	M12	1,000	1,000
Month	Actual	Plan																																								
M1	1,000	1,000																																								
M2	1,000	1,000																																								
M3	1,000	1,000																																								
M4	1,000	1,000																																								
M5	1,000	1,000																																								
M6	1,000	1,000																																								
M7	1,000	1,000																																								
M8	1,000	1,000																																								
M9	1,000	1,000																																								
M10	1,000	1,000																																								
M11	1,000	1,000																																								
M12	1,000	1,000																																								
CASH: At the end of July 2018 the Trust's cash position was £38.3m against a plan of £35.6m, giving a positive variance of £2.8m. The increase in cash is due to NHS receivables being £3.7m less than Plan, partially offset by payables being £1.3m higher than Plan. The balance of the 2017/18 STF funding was also received in July boosting the cash balance by £4.3m			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>30</td><td>30</td></tr><tr><td>M2</td><td>30</td><td>30</td></tr><tr><td>M3</td><td>30</td><td>30</td></tr><tr><td>M4</td><td>30</td><td>30</td></tr><tr><td>M5</td><td>30</td><td>30</td></tr><tr><td>M6</td><td>30</td><td>30</td></tr><tr><td>M7</td><td>30</td><td>30</td></tr><tr><td>M8</td><td>30</td><td>30</td></tr><tr><td>M9</td><td>30</td><td>30</td></tr><tr><td>M10</td><td>30</td><td>30</td></tr><tr><td>M11</td><td>30</td><td>30</td></tr><tr><td>M12</td><td>30</td><td>30</td></tr></tbody></table>	Month	Actual	Plan	M1	30	30	M2	30	30	M3	30	30	M4	30	30	M5	30	30	M6	30	30	M7	30	30	M8	30	30	M9	30	30	M10	30	30	M11	30	30	M12	30	30
Month	Actual	Plan																																								
M1	30	30																																								
M2	30	30																																								
M3	30	30																																								
M4	30	30																																								
M5	30	30																																								
M6	30	30																																								
M7	30	30																																								
M8	30	30																																								
M9	30	30																																								
M10	30	30																																								
M11	30	30																																								
M12	30	30																																								
CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £357k of which £181k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year; causing an underlying recurrent financial risk for future years.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>500</td><td>500</td></tr><tr><td>M2</td><td>500</td><td>500</td></tr><tr><td>M3</td><td>500</td><td>500</td></tr><tr><td>M4</td><td>500</td><td>500</td></tr><tr><td>M5</td><td>500</td><td>500</td></tr><tr><td>M6</td><td>500</td><td>500</td></tr><tr><td>M7</td><td>500</td><td>500</td></tr><tr><td>M8</td><td>500</td><td>500</td></tr><tr><td>M9</td><td>500</td><td>500</td></tr><tr><td>M10</td><td>500</td><td>500</td></tr><tr><td>M11</td><td>500</td><td>500</td></tr><tr><td>M12</td><td>500</td><td>500</td></tr></tbody></table>	Month	Actual	Plan	M1	500	500	M2	500	500	M3	500	500	M4	500	500	M5	500	500	M6	500	500	M7	500	500	M8	500	500	M9	500	500	M10	500	500	M11	500	500	M12	500	500
Month	Actual	Plan																																								
M1	500	500																																								
M2	500	500																																								
M3	500	500																																								
M4	500	500																																								
M5	500	500																																								
M6	500	500																																								
M7	500	500																																								
M8	500	500																																								
M9	500	500																																								
M10	500	500																																								
M11	500	500																																								
M12	500	500																																								

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	1,258	1,208	(49)
Business Development Directorate	11	8	(3)
Chief Executive Directorate	27	23	(4)
Clinical Directorate	35	35	(0)
Estates Directorate	93	59	(34)
Finance Directorate	205	186	(20)
Fleet Directorate	362	262	(100)
Planned & Urgent Care Directorate	164	128	(36)
Quality, Governance & Performance Assurance Directorate	31	23	(8)
Hub & Spoke	22	22	(0)
Workforce & OD	312	200	(112)
RESERVE	0	8	8
Grand Total	2,520	2,163	(357)

Recurrent/Non-Recurrent Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
recurrent	2,244	2,033	(212)
non-recurrent	276	130	(146)
Grand Total	2,520	2,163	(357)

7C CQUINS - YAS (Nominated Leads: Executive Director of Quality, Governance and Performance Assurance Steve Page, Associate Director of Quality & Nursing - Karen Owen)											July 2018					
Trust Wide	Lead Manager	Expected Financial Value (over 2 years)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD	
Improvement of health and wellbeing of NHS staff	Dep Director of HR & Organisational Dev	£286,016	Amber	Amber	Amber	Amber										
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£286,016	Green	Green	Green	Green										
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£286,016	Green	Green	Green	Green										
Total		£858,048														
Comments: The Healthy Food for Staff and Visitors CQUIN continues to perform well and is currently over achieving the 18/19 targets. The Health and Wellbeing plan is now in full implementation phase. Significant work is being progressed in MSK including a back care project. A full review of Post Incident Care process has taken place with a proposal for change being taken forward. 105 managers are now trained in Mental Health First Aid and a further cohort to be trained over the coming months. The flu campaign planning is fully underway with significant increase in peer vaccinators to give maximum coverage across the organisation.										Green	Fully Completed / Appropriate actions taken					
										Amber	Delivery at Risk					
										Red	Milestone not achieved					
A&E CQUINS		Expected Financial Value (over 2 years)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD	
Proportion of 999 incidents which do not result in transfer of the patient to a Type 1 or Type 2 A&E Department	Head of Clinical Hub EOC	£643,429	Green	Green	Green	Green										
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green										
Mortality Review	Deputy Medical Director	£1,716,096	Green	Green	Green	Green										
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green	Green	Green										
Total		£4,290,240														
Comments: The end to end review CQUIN continues to progress through 18-19 with one case scheduled and one yet to be scheduled. Work continues with the Respiratory Management Improvement and Non Conveyance CQUINS.										Green	Fully Completed / Appropriate actions taken					
										Amber	Delivery at Risk					
										Red	Milestone not achieved					
PTS CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	
Local CQUIN - currently under development		tbc														
Total																
Comments: PTS is still in negotiaton with commissioners on the 2018/19 CQUIN schemes.										Green	Fully Completed / Appropriate actions taken					
										Amber	Delivery at Risk					
										Red	Milestone not achieved					

Corporate Services - July 2018

Chief Executive

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
20.00	17.1	(14.7%) ↓	5.1%	0.0%	(5.1%) ↓	0	0	0 ↔	85%	92.3%	7.3% ↑	90%	83.3%	(6.7%) ↓

Business Development

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
14.70	9.55	(35.0%) ↓	5.1%	10.2%	5.1% ↑	0	0	0 ↔	85%	80.0%	-5.0% ↔	90%	62.5%	(27.5%) ↓

Finance (Excluding Fleet, Estates, BI and ICT)

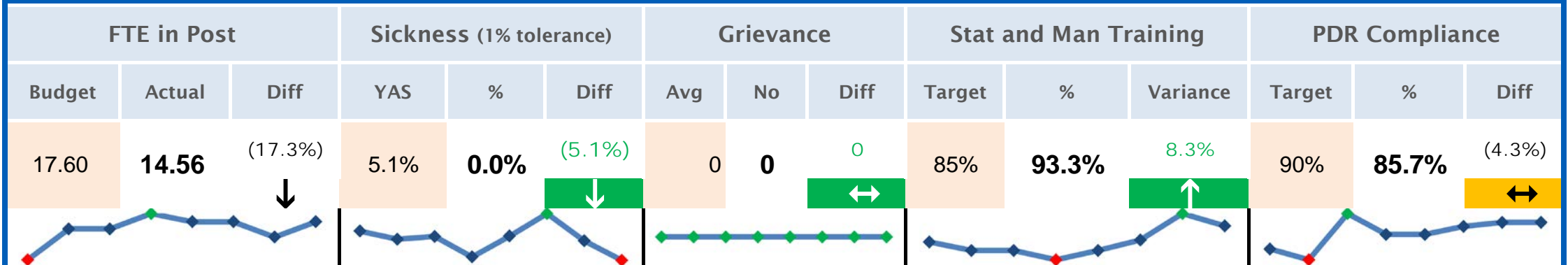
FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
212.48	181.23	(14.7%) ↓	5.1%	4.8%	(0.3%) ↔	0	0	0 ↔	85%	85.1%	0.1% ↔	90%	77.1%	(12.9%) ↓

Key

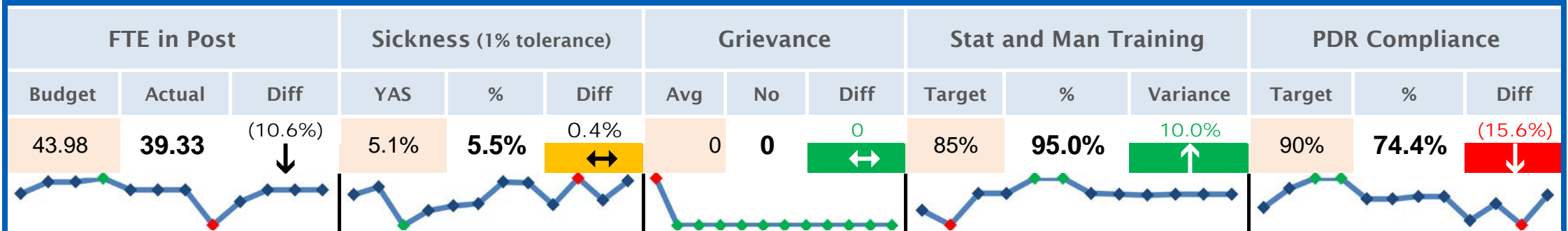
Difference	Direction of Travel	Sparklines	AVG - Average	Updated			
Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	08.08.18 - PMO			

Corporate Services - July 2018

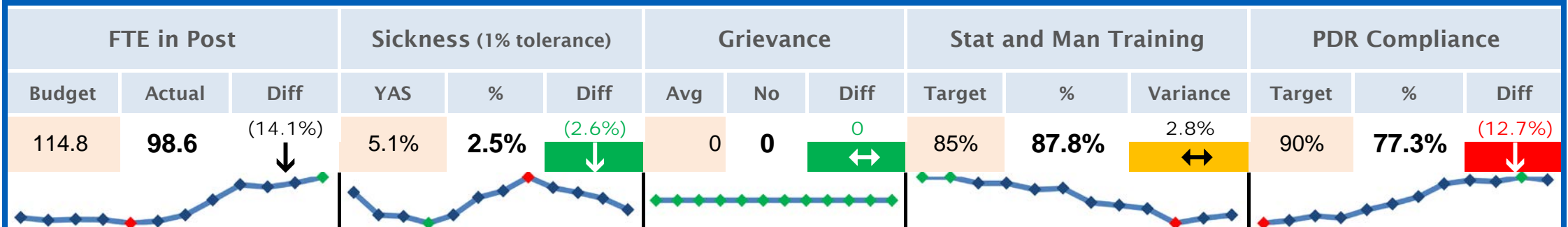
Business Intelligence



ICT



Workforce & Organisational Development

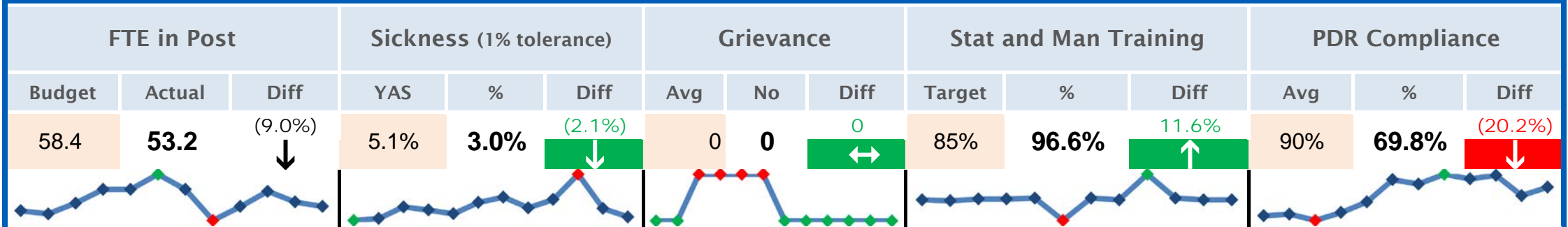


Key

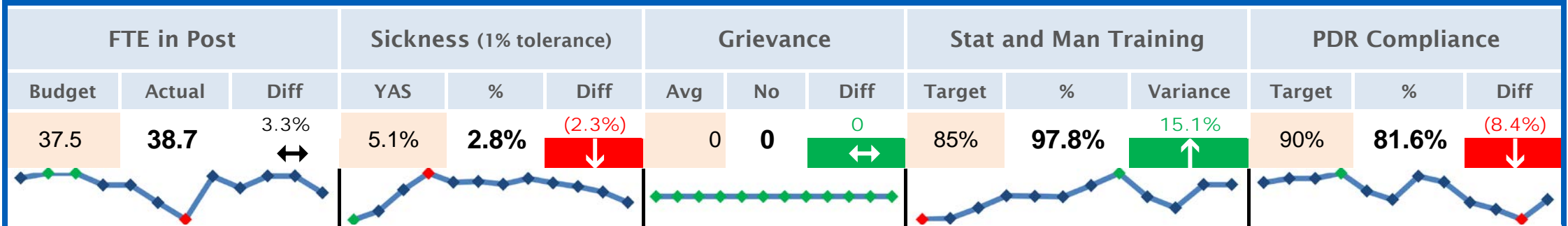
Difference	Direction of Travel	Sparklines	AVG - Average	Updated
Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	08.08.18 - PMO

Corporate Services - July 2018

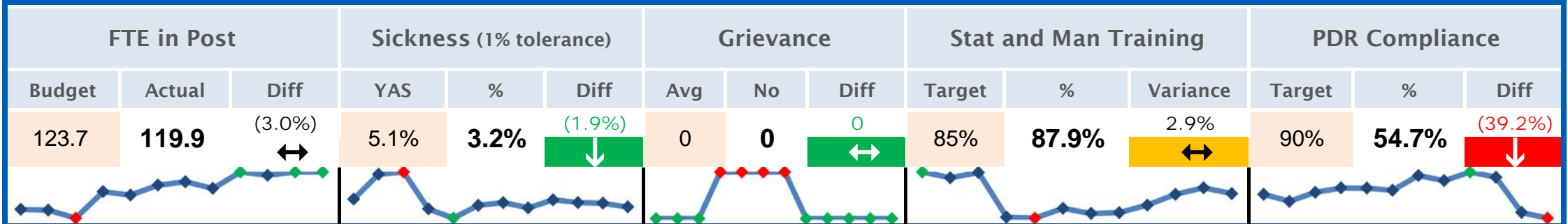
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates



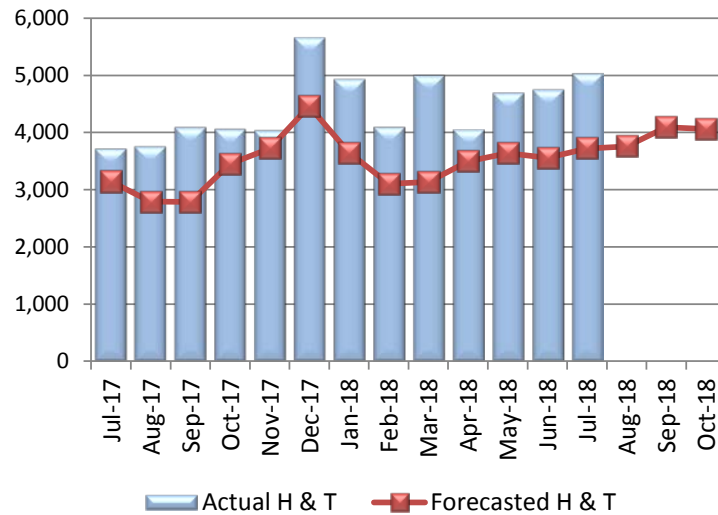
Key

Difference	Direction of Travel	Sparklines	AVG - Average	Updated
Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	08.08.18 - PMO

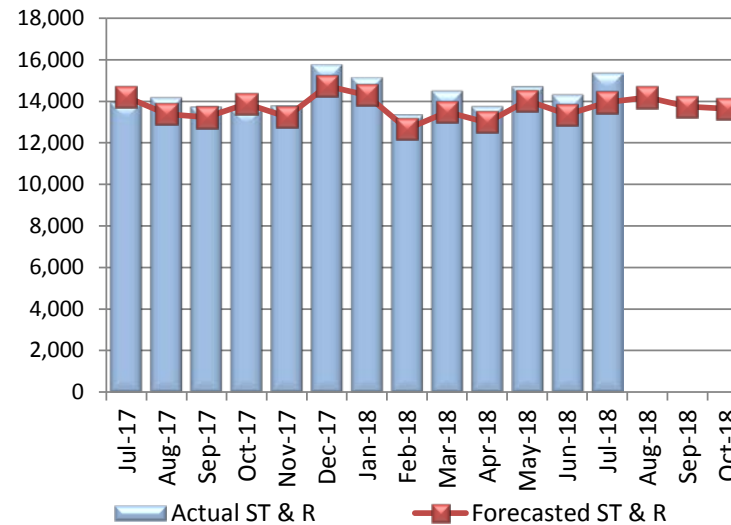
SERVICE LINES

9.1 Activity

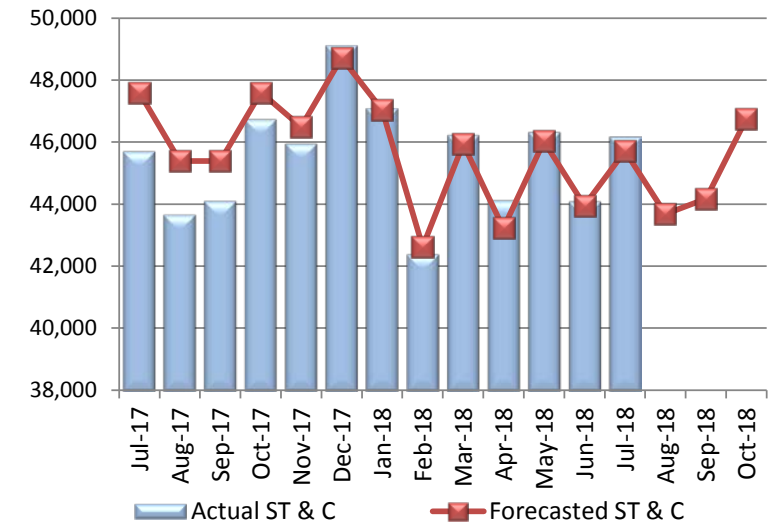
Hear & Treat



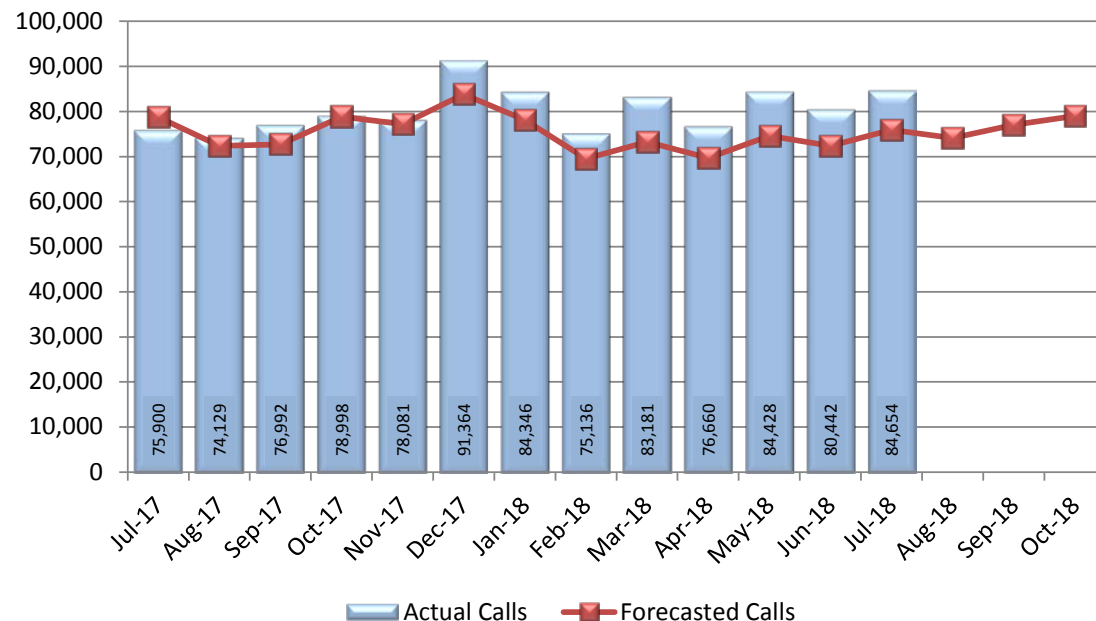
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls was 11.5% above forecast. This is an increase in call numbers of 11.5% vs July last year.

H&T was 35.4% above forecast. This is an increase of 35.4% in the amount of H&T carried out vs July last year

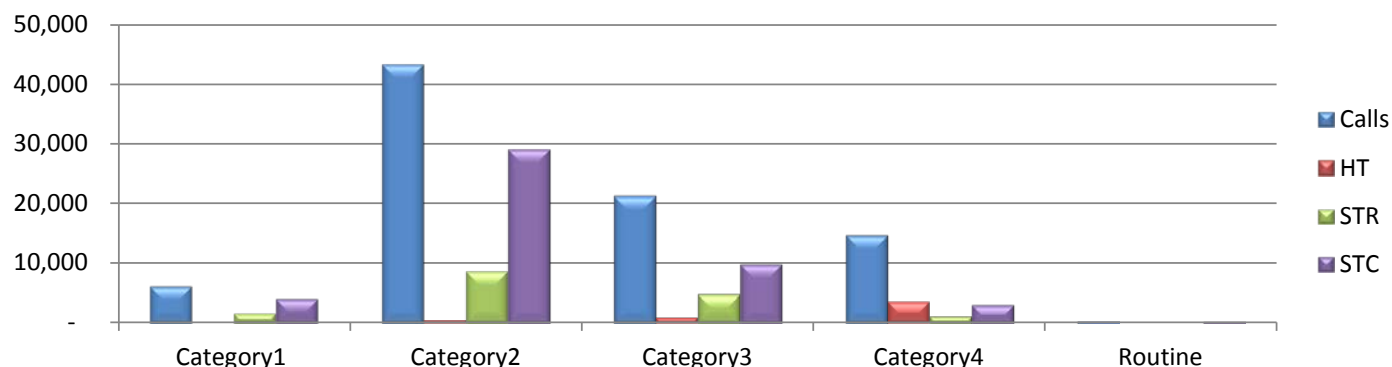
ST&R was 10.3% above forecast. This is an increase of 10.3% in the amount of ST&R carried out vs July last year.

ST&C was 1.0% above forecast. This is an increase of 1.0% in the amount of ST&C carried out vs July last year.

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

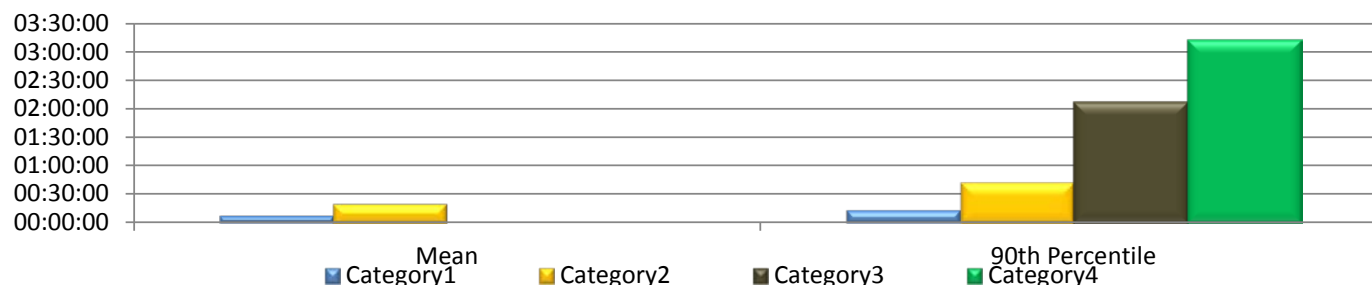
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	6,278	22	1,690	4,101	5,791	9.2%
Category2	43,373	509	8,561	29,111	37,672	60.2%
Category3	21,385	958	4,762	9,912	14,674	23.4%
Category4	14,819	3,572	1,189	3,081	4,270	6.8%
Routine	321	-	5	214	219	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:19	00:12:31	00:07:00	00:15:00
Category2	00:20:29	00:42:40	00:18:00	00:40:00
Category3		02:07:31		02:00:00
Category4		03:12:55		03:00:00



ARP3 Update

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

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

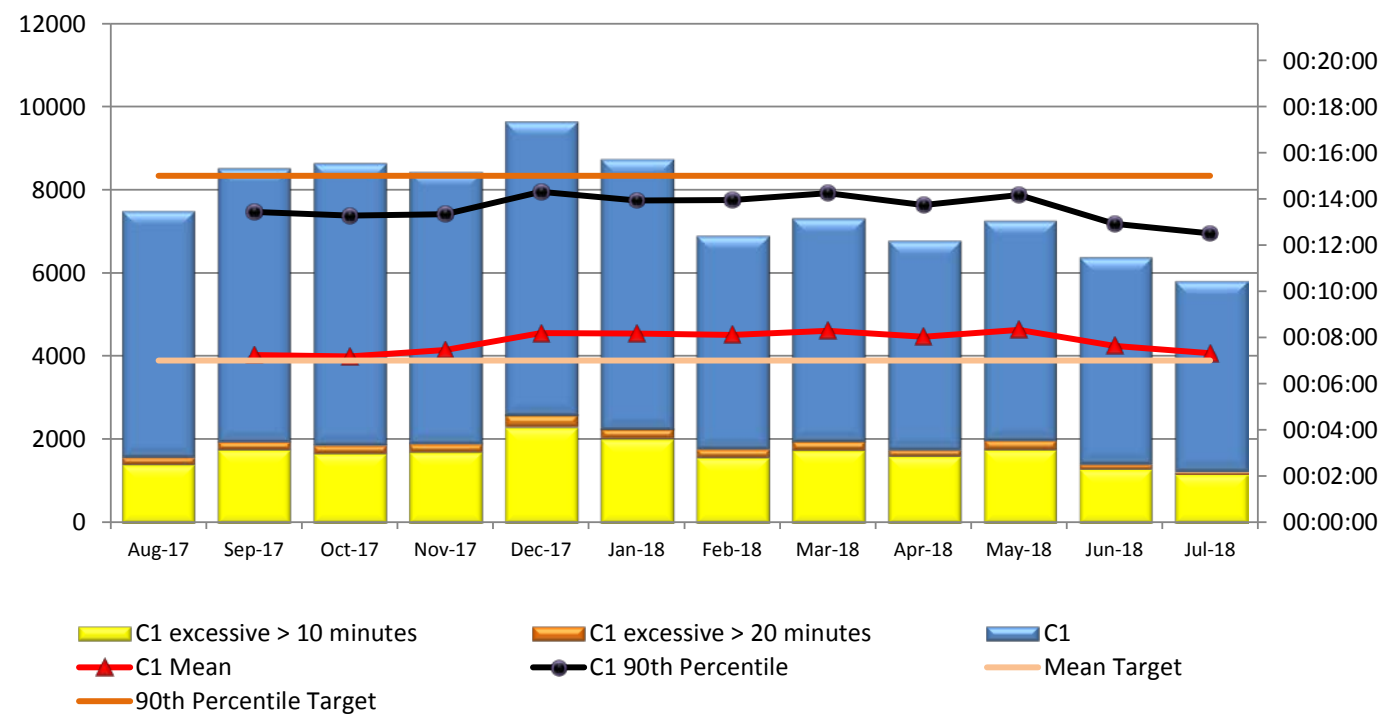
The Calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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

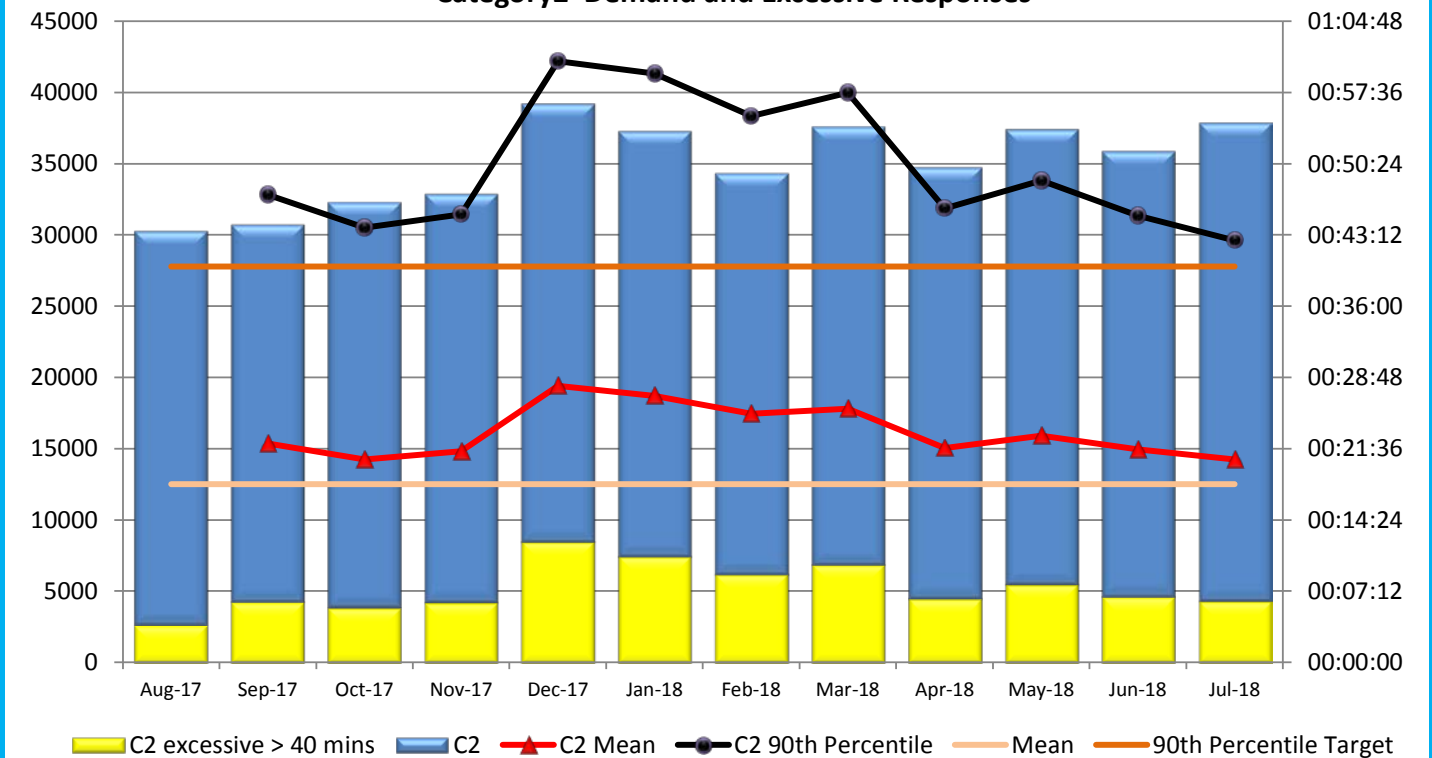
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

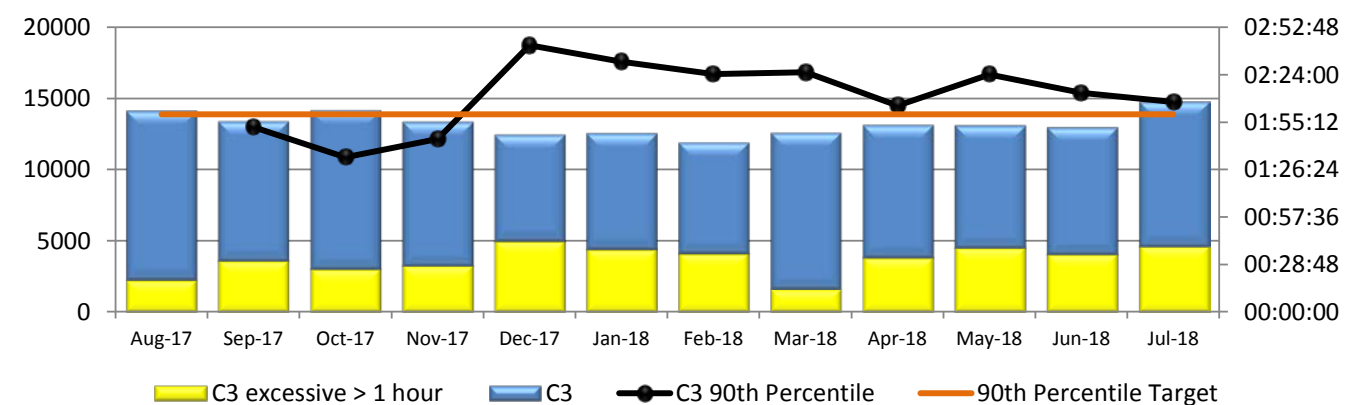
Category1 Demand and Excessive Responses



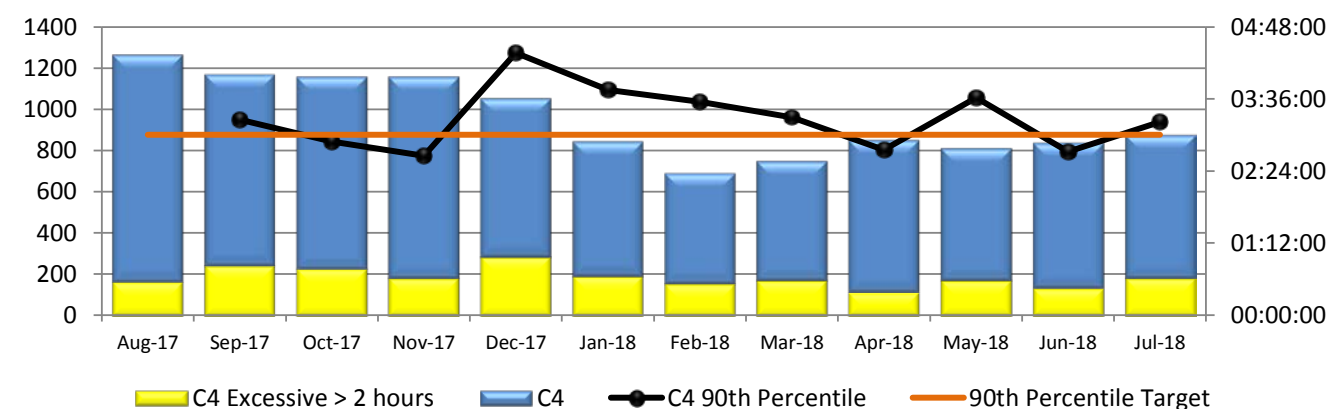
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

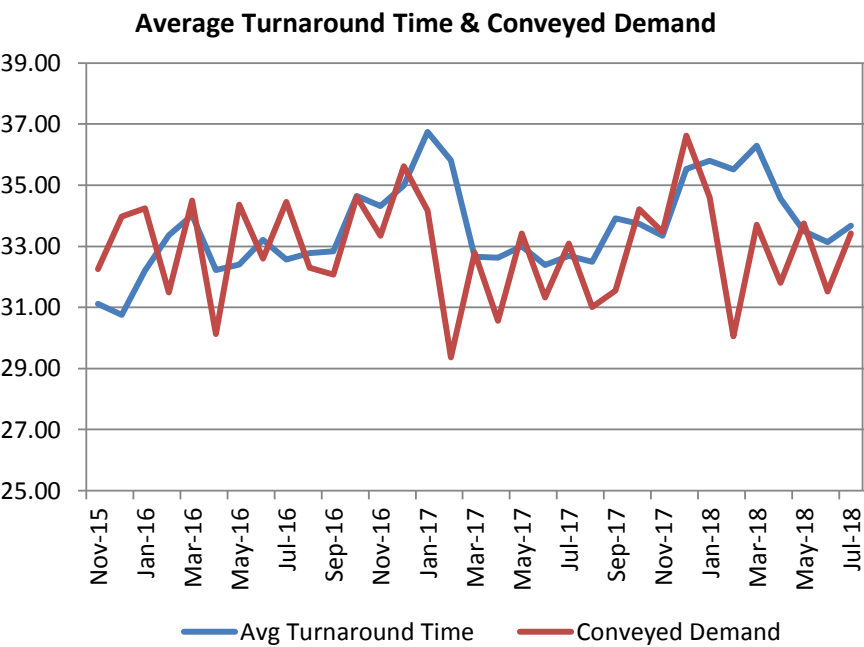
Category 1 mean performance was 7 minutes 19 seconds against the 7 minute target with the 90th percentile at 12:31 against the 15:00 target. This represents the best level of performance since October 17

Category 2 mean performance was 20:29 a decrease of 1 minute 1 second on last month with similar performance seen in the 90th percentile at 42:40 a decrease of 2:28 on last month. Although above target performance has steadily improved throughout the year and response times in Category 2 are now at their lowest since the national roll out of ARP in September last year.

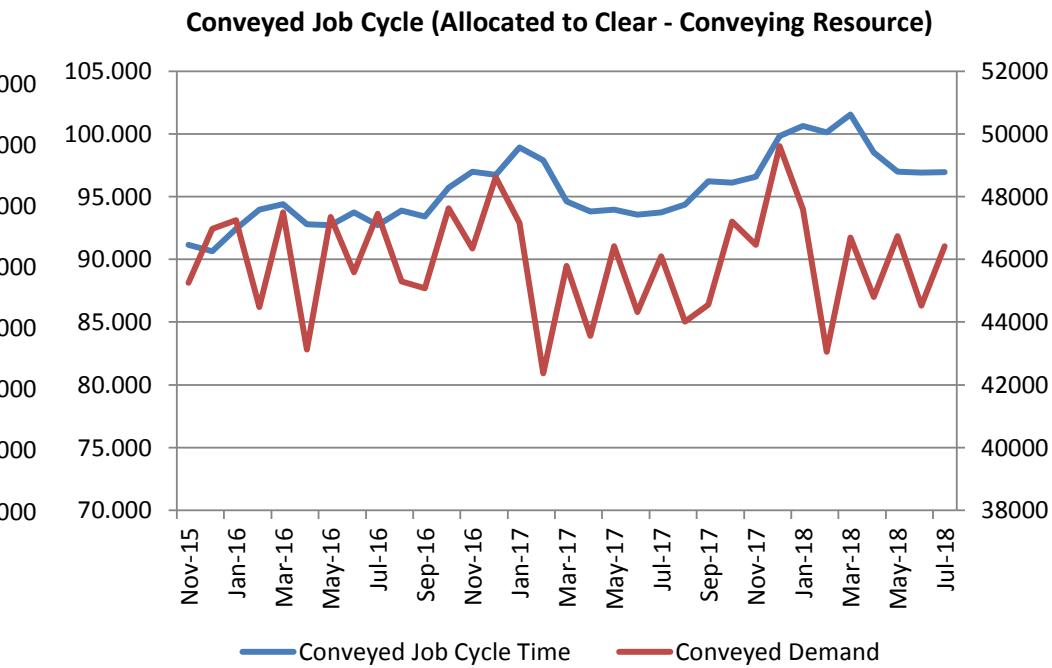
Category 3 90th percentile performance was above target at 2:07:31 against a 2 hour target this is a decrease of 5 minutes and 22 seconds on last month

Category 4 90th percentile performance was above target at 3:12:55 an increase of 29:44.

9.5 Hospital Turnaround Times



9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: for July were 1.7% higher than June and were 3.0% higher than July last year.

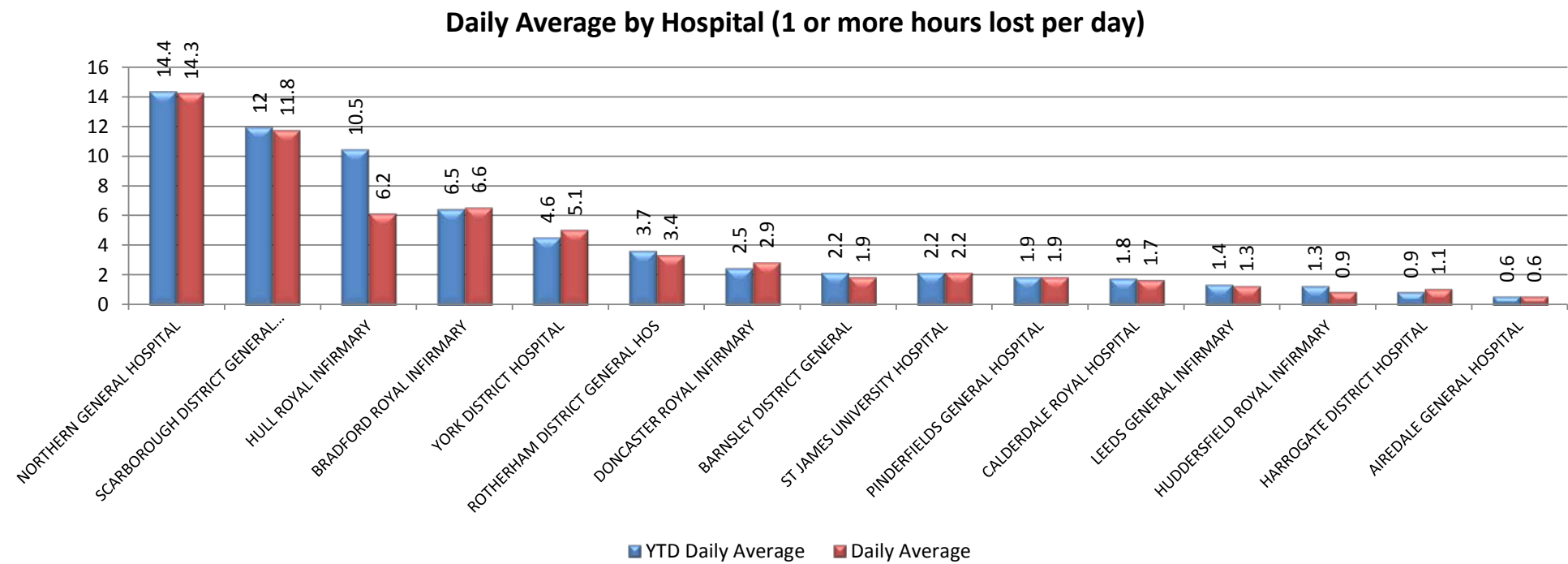
A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 7 full time ambulances a week.

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

Job Cycle time: was flat against June but is showing an increase of 3.4% vs July last year.

9.7 Hospital Turnaround - Excessive Responses

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Last 12 months
Excessive Handovers over 15 mins (in hours)	1,570	2,110	2,077	1,837	3,563	3,447	2,975	3,532	2,834	1,768	1,577	1,952	29,242
Excessive Hours per day (Avg)	51	73	67	61	115	115	96	114	94	57	53	63	80



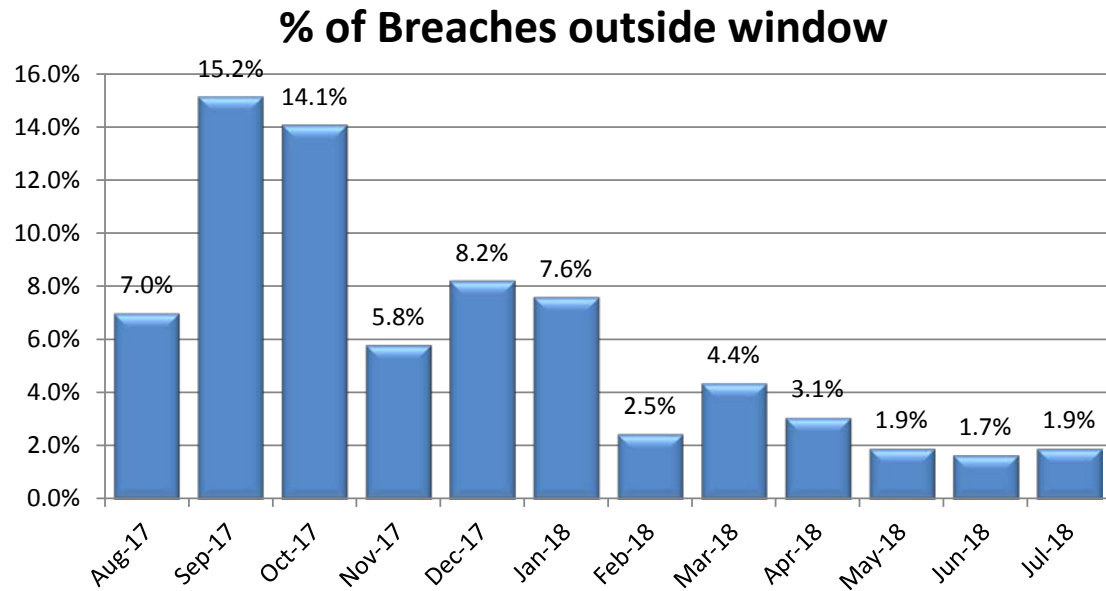
Excessive hours: Lost at hospital for July were 375 hours higher than June which is an increase of 23.8%. This is higher than July last year showing an increase of 306 hours, which is a rise of 18.6%. Hours lost remain high generally with Northern General, Scarborough and Hull impacting on performance.

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

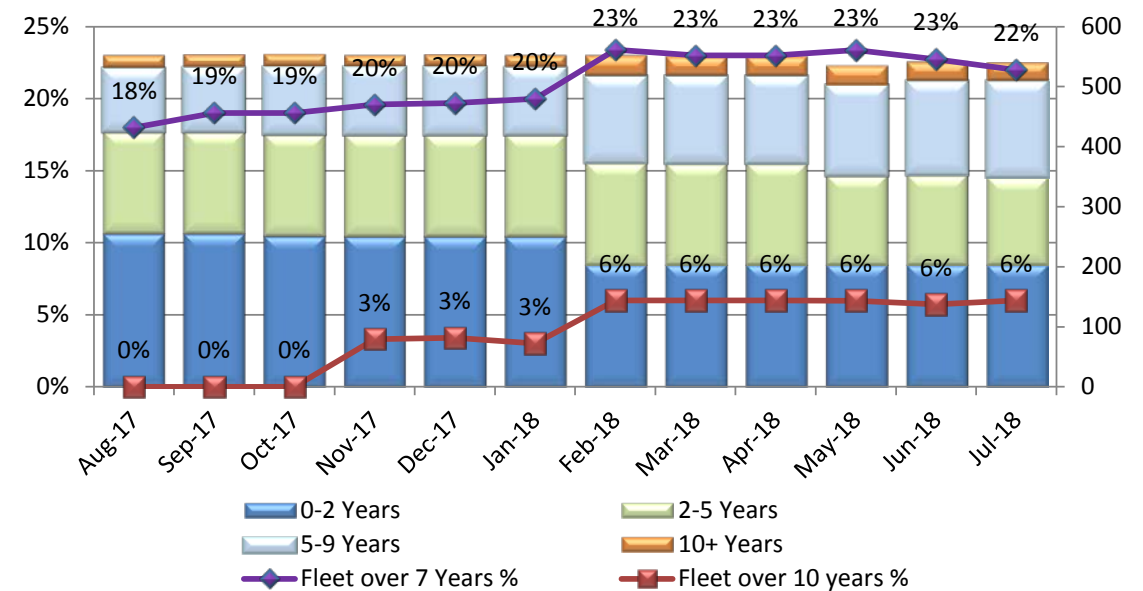
9. A&E Operations

July 2018

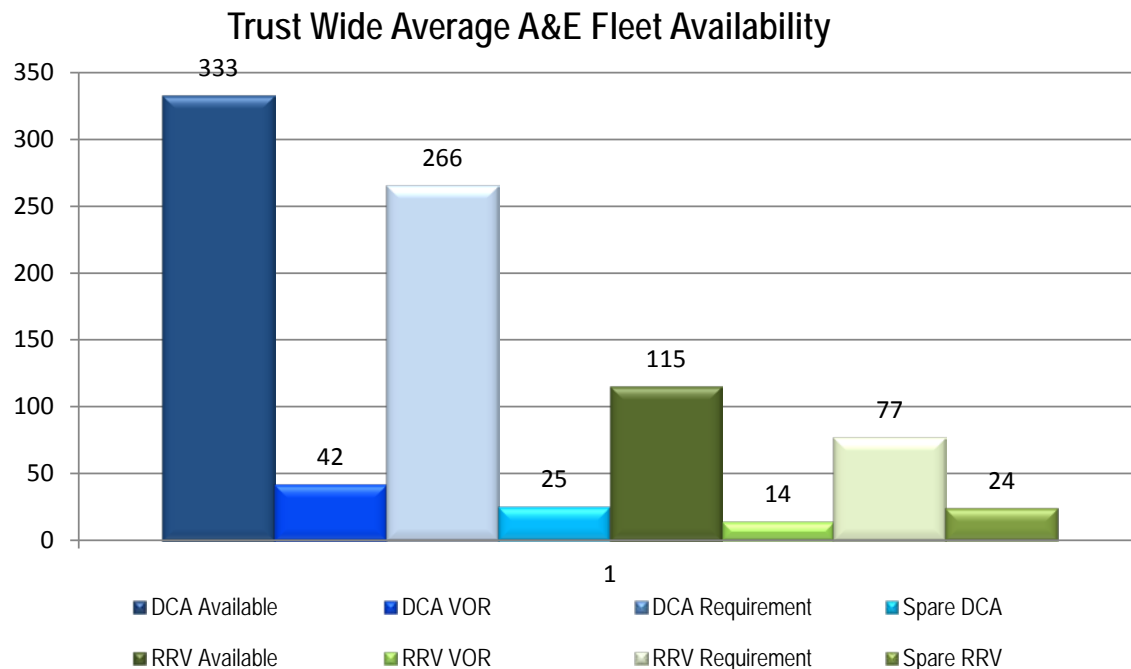
9.8 Vehicle Deep Cleans (5 weeks)



9.9 Vehicle Age



9.10 Fleet Availability



Commentary

The A&E Deep Clean percentage of breaches outside the 5 weeks window stood at 1.9% in July.

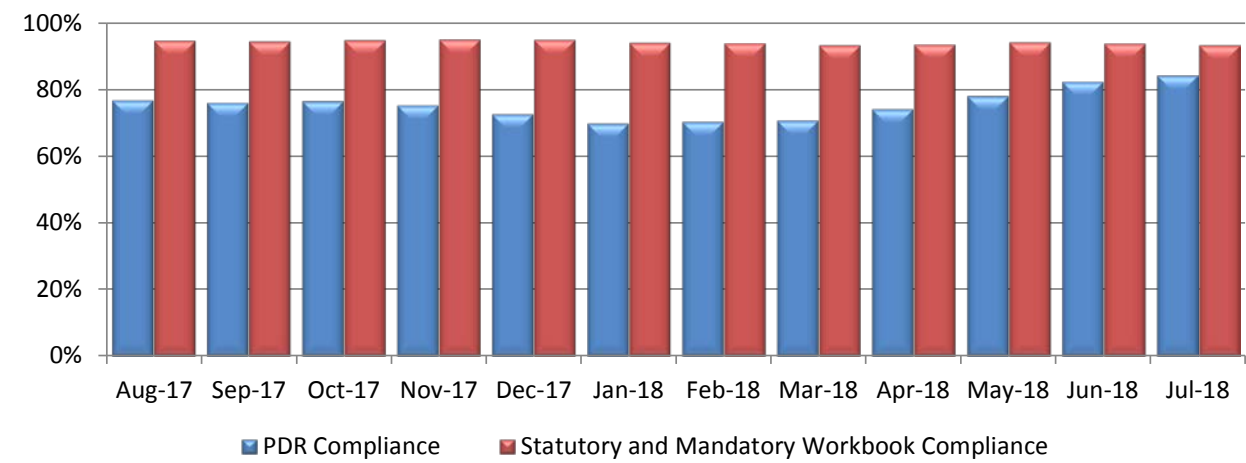
Positive work continues with A&E Operational management and this is reflected in the increased service level being delivered. The unavailability of some vehicles due to operational demand pressures remains an obstacle but this is generally at remote stations with single coverage. Recruitment and absence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

9.11 Workforce

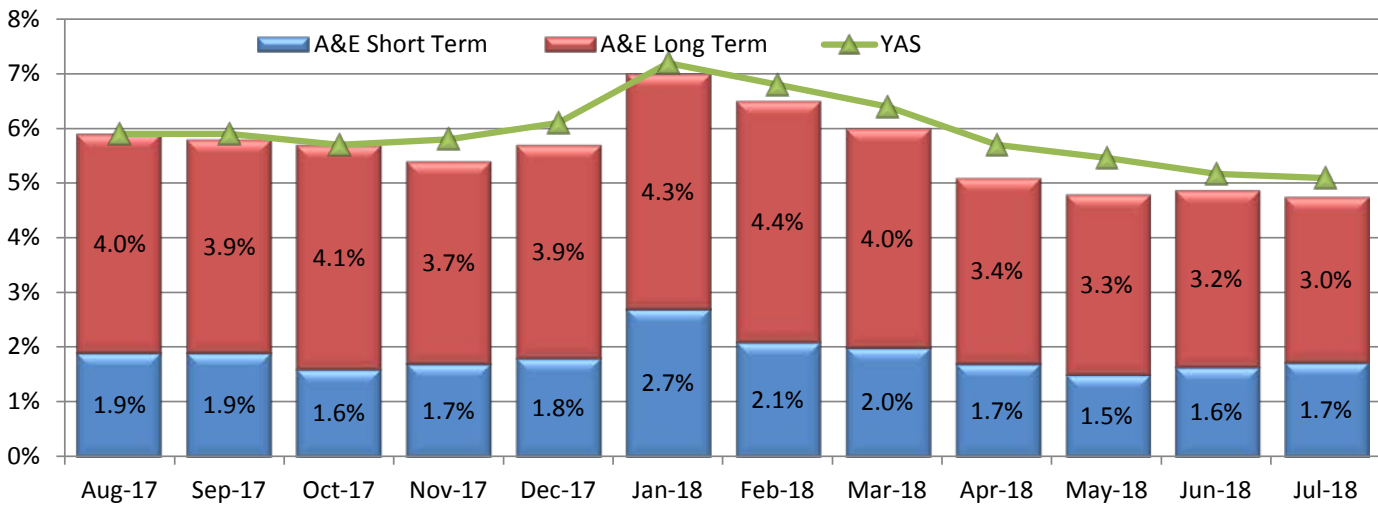
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,504	125	626	1,753	70%
Contracted FTE (before overtime)	2,395	129	555	1,711	71%
Variance	(109)	(4)	71	(42)	(2.4%)
% Variance	(4.4%)	(3.2%)	11.4%		
FTE (worked inc overtime)*	2532.1	129	555	1,848	73%
Variance	28	(4)	71	96	5.5%
% Variance	1.1%	(3.2%)	11.4%		

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

9.12 Training



9.13 Sickness



Commentary

The number of Operational Paramedics is 925 FTE (Band 5 & 6). The difference between contract and FTE worked is related to overtime. Also the budget FTE figure is the year end budget position actual vacancy gap against forecast position in July is 38 FTE.

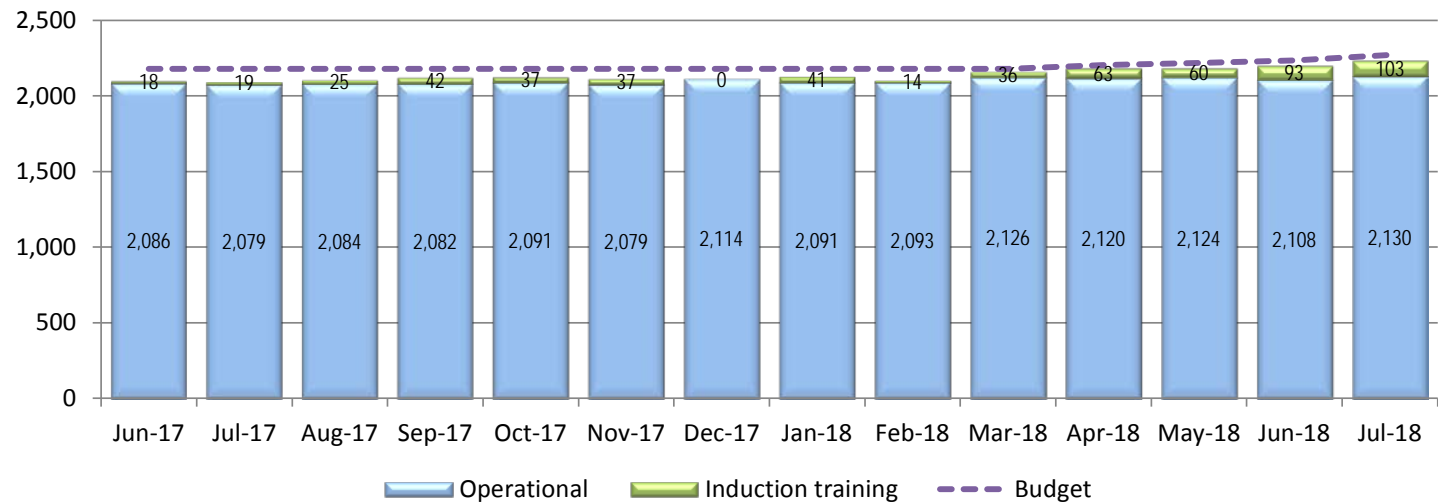
The difference between budget and contract is related to vacancies.

PDR: Currently at 84.2% against stretch target of 90%. This is an increase of 1.9 points vs last month and is 3.0 points above the 81.2% Trust average.

Sickness: Currently stands at 4.7% which is a slight fall on last month and is below the trust average of 5.1%.

9.14 A&E Recruitment Plan

A&E Operations (excluding CS)

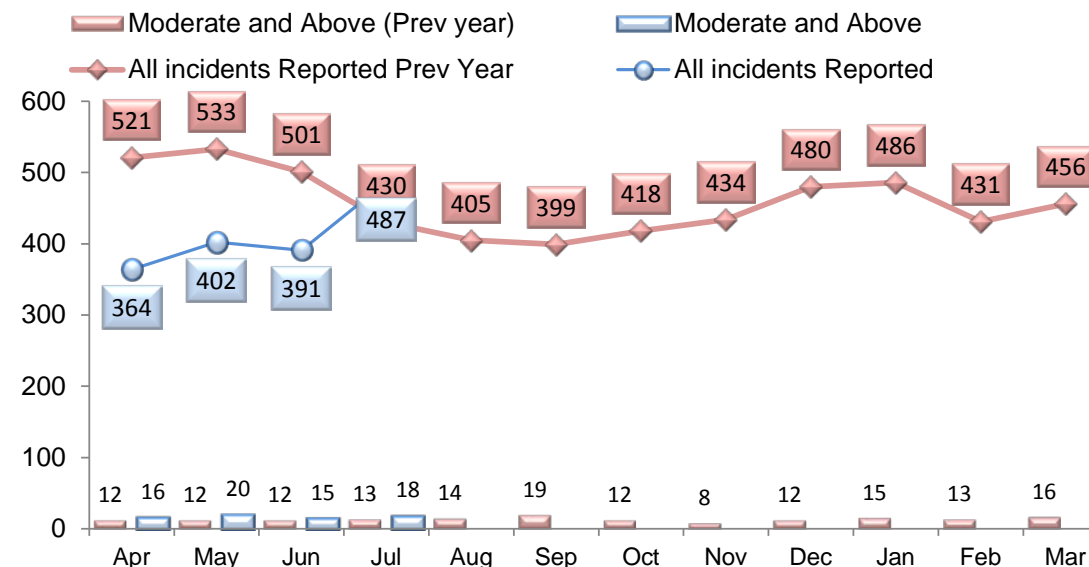


Recruitment Staffing numbers are slightly behind plan however mitigating action is being taken to resolve this before heading into the winter period.

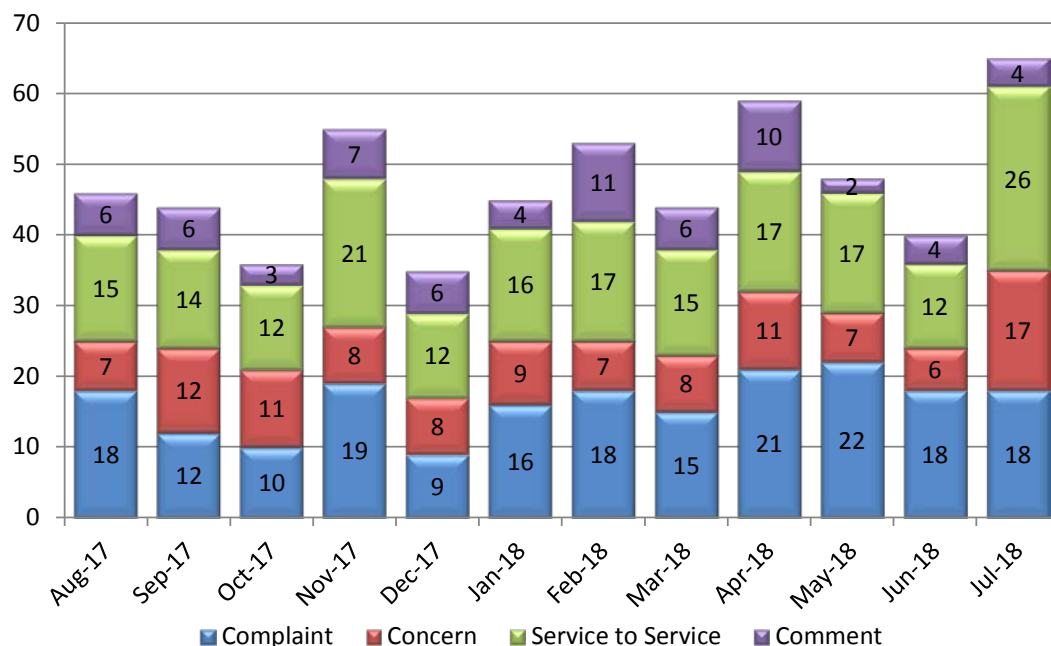
9.15 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	0	2
Total Incidents (Per 1000 activities)	0.00	0.03
Total incidents Moderate & above	18	69
Response within target time for complaints & concerns	100%	100%
Ombudsman Cases	Upheld	0
	Not Upheld	0
Patient Experience Survey - Qtrly		

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

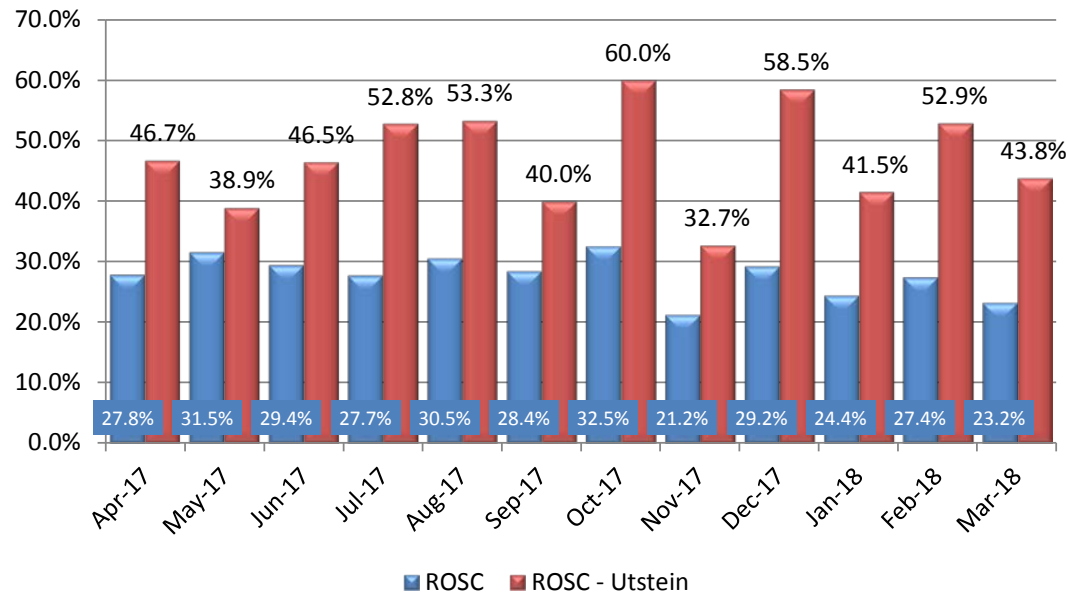


Commentary

Incidents: Total reported incidents increased 24.6% on last month and is up by 13.3% against July last year. Incidents of moderate harm and above remain at a low level but have now seen an increase vs last year for the last 4 months.

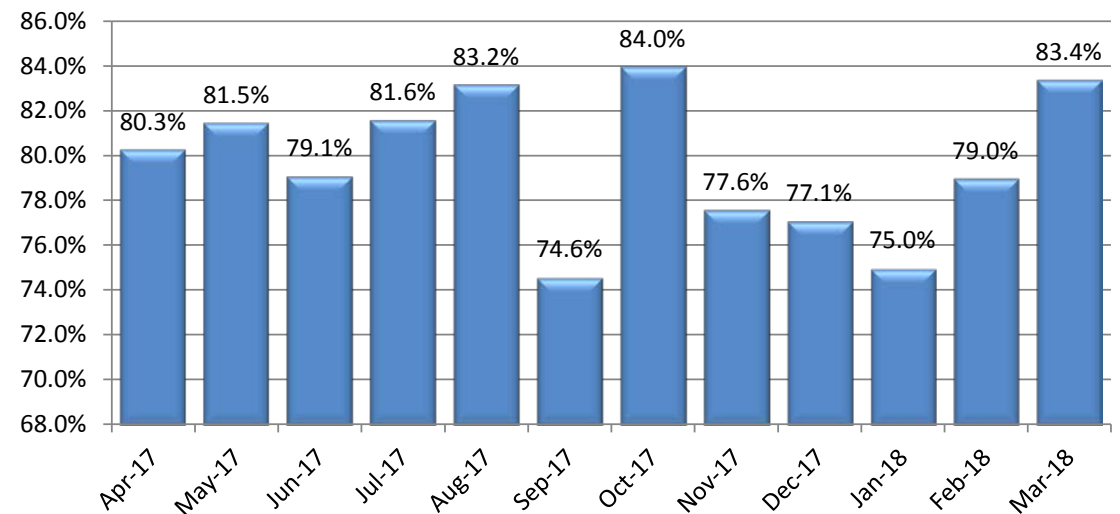
Feedback: Total feedback increased 62.5% vs last month while complaints remained in line with the previous month the majority of the increase has come through service to service feedback.

9.18 ROSC & ROSC Utstein

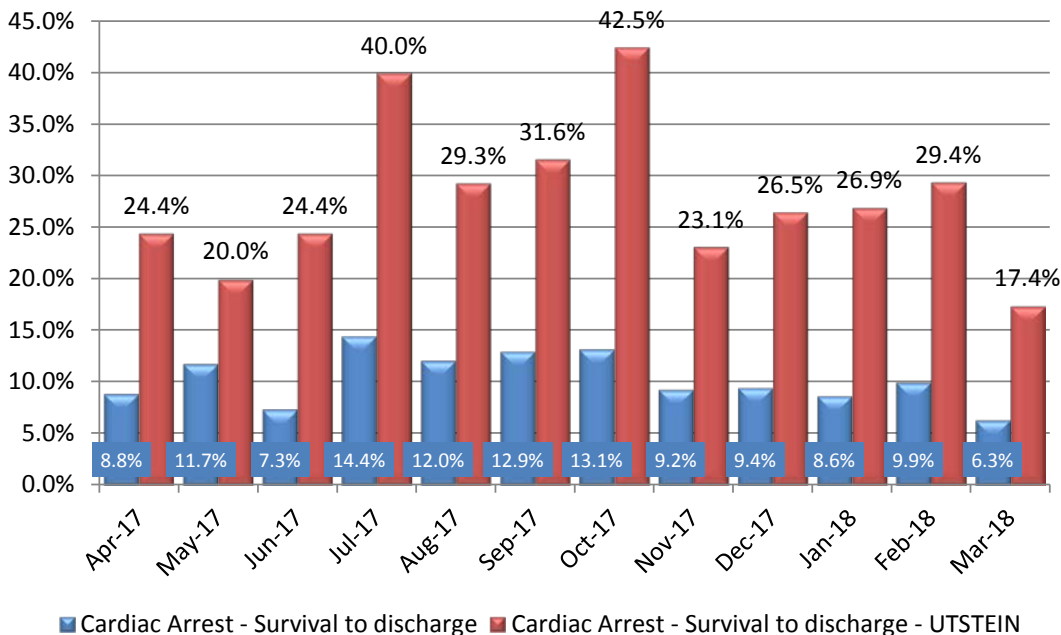


9.19 STEMI - Care Bundle

Stemi - Care Bundle



9.20 Survival to Discharge



Commentary

Early recognition and early provision of high quality CPR are the cornerstones of improving the survival to discharge of patients who have had an out of hospital cardiac arrest. Unprecedented winter pressures over the winter period, impacted upon YAS performance actions to mitigate risks to our most time critical patients were to; maximise the use of CFRs, support rapid turnaround of clinicians at hospitals and evoke escalation systems to manage call volume. The attendance of Red Arrest Team Paramedics is challenged over the winter period and the Operations Teams. However, poor road conditions snow and ice with an increase in demand across the month of March did lead to extended call to hospital times and therefore lower than expected performance across the ACQI.

Cardiac Arrest Management

YAS attempted resuscitation on 263 patients during February 2018, of which 72 had ROSC. Comparatively, resuscitation was attempted on 276 patients during March, 64 of which had a ROSC on arrival at hospital.

Overall Survival to discharge, during February 2018, 26 out of 263 patients survived to discharge (9.9%). In comparison, during March 18 patients out of 269 survived (6.7%).

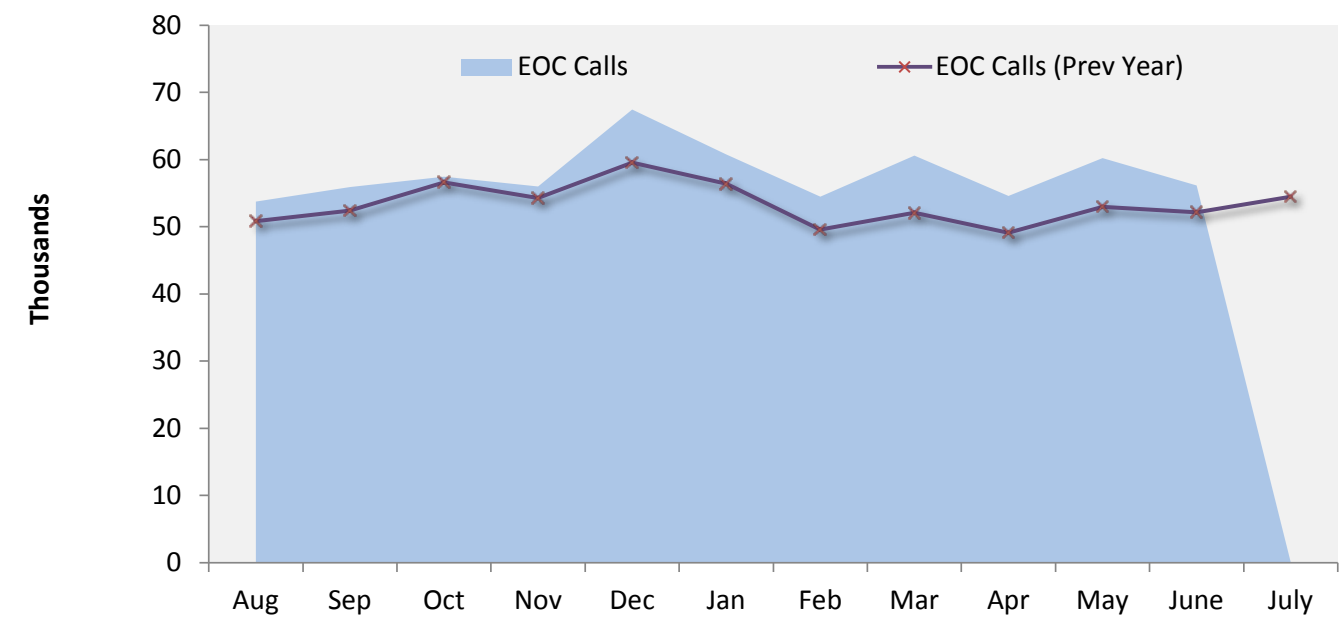
Survival to Discharge within the UTSTEIN comparator group reported 15 out of 51 patients survived within this group during February 2018, compared to 8 out of 46 patients within March 2018.

AQI Care Bundle:

Stroke care has been consistently high across YAS during 2017/18, having never fallen below 97%. March 2018 maintains this consistency with 623 out of 635 (98.1%) suspected stroke patients receiving appropriate care.

STEMI, local improvement can be seen in February and March 2018 with 98 out of 124 (79%) during February and 121 out of 145 (83.4%) patients receiving appropriate care in March. The key improvement in analgesia administration, the main improvement The clinical manager team will continue to promote the best

9.21 Activity

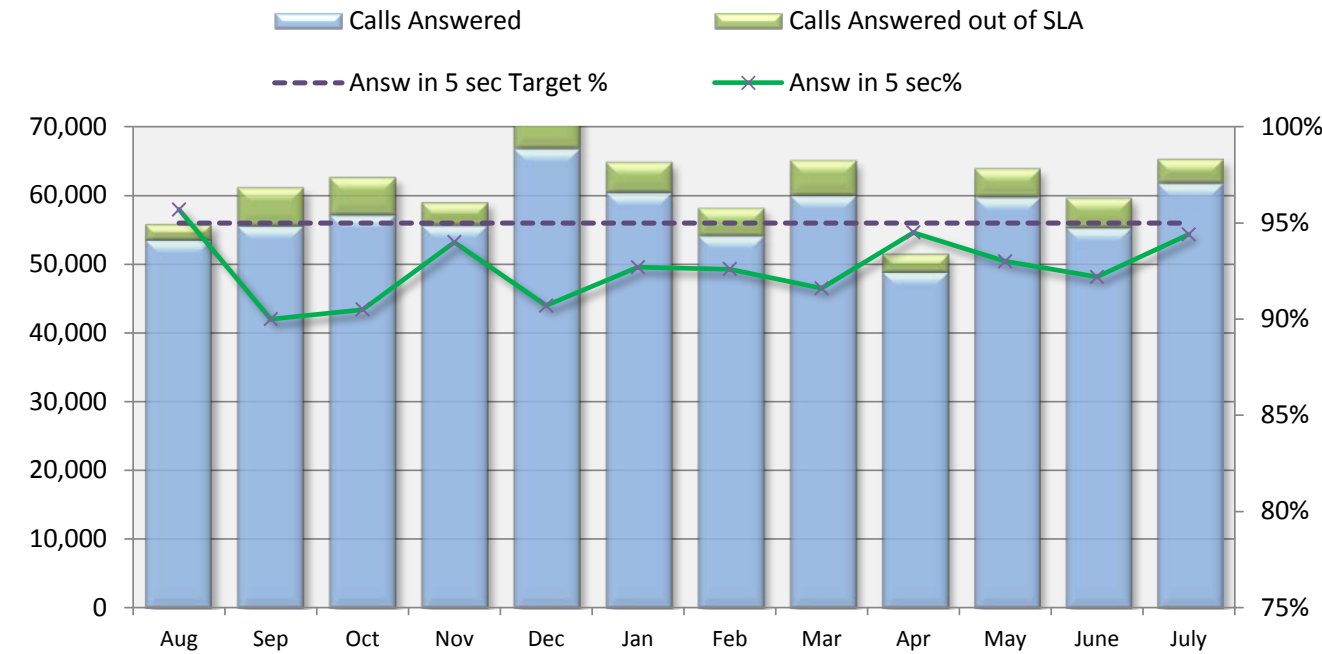


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	233,278	231,661	14,904	93.6%
2016/17	208,761	208,234	10,768	94.8%
Variance	24,517	23,427	4,136	
Variance	11.7%	11.3%	38.4%	(1.2%)

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	94.4%	93.6%



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Calls Answered out of SLA	2,327	5,561	5,444	3,324	6,241	4,408	4,026	5,069	2,692	4,177	4,339	3,482
Calls Answered	53,596	55,652	57,238	55,774	66,831	60,487	54,232	60,078	48,981	59,786	55,379	61,860
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	95.7%	90.0%	90.5%	94.0%	90.7%	92.7%	92.6%	91.6%	94.5%	93.0%	92.2%	94.4%

Commentary

Demand: Increased 10.4% vs last month and is up 13.7% vs July last year.

Answer in 5 sec: Increased by 2.2% vs last month and at 94.4% is now 0.6% below target. This represents a good level of performance given the increase in demand vs last year as shown above.

9. EOC - 999 Control Centre

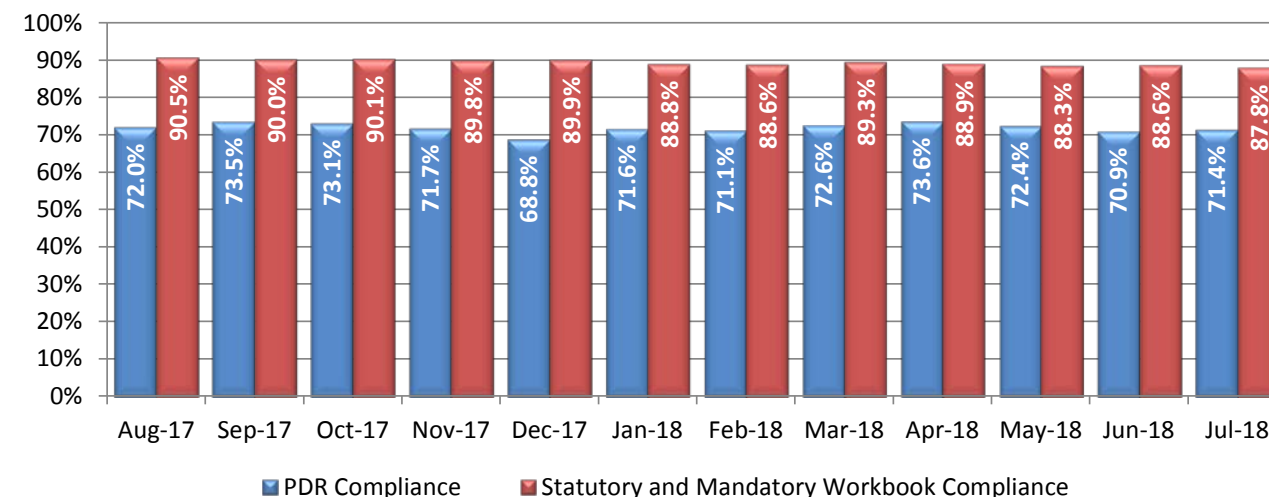
July 2018

9.24 Workforce

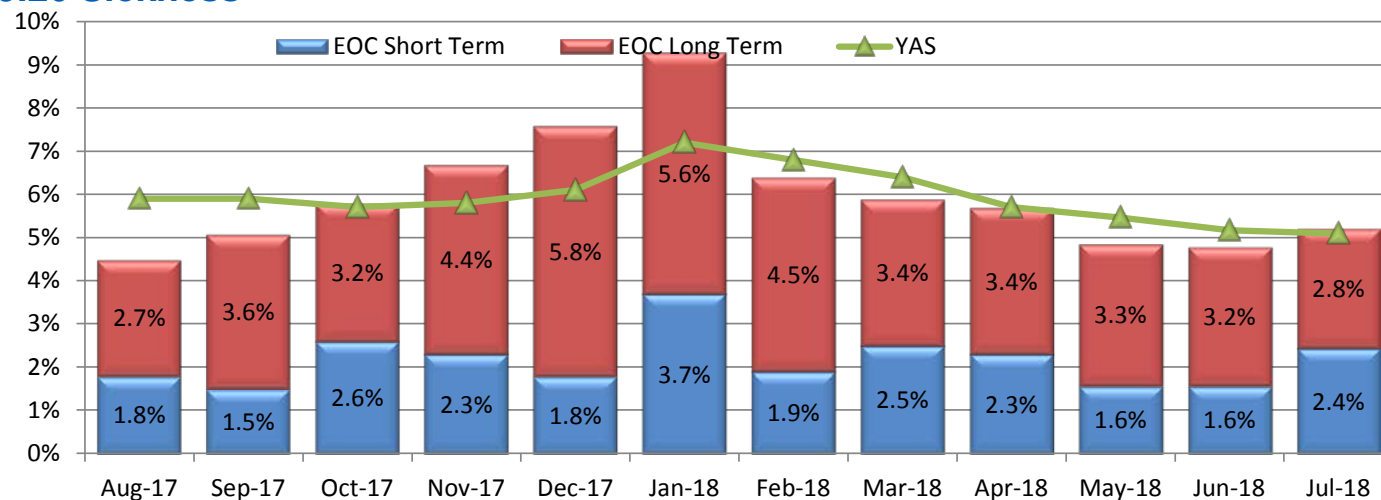
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	327	16.3	82	229	70%
Contracted FTE (before overtime)	322	16.1	80	225	70%
Variance	(5)	(0)	(1)	(4)	(1.6%)
% Variance	(1.6%)	(1.6%)	(1.6%)		
FTE (worked inc overtime)*	328.9	21.5	62	245	75%
Variance	2	5	(20)	16	0
% Variance	0.6%	31.5%	(24.0%)		

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

9.25 Training



9.26 Sickness

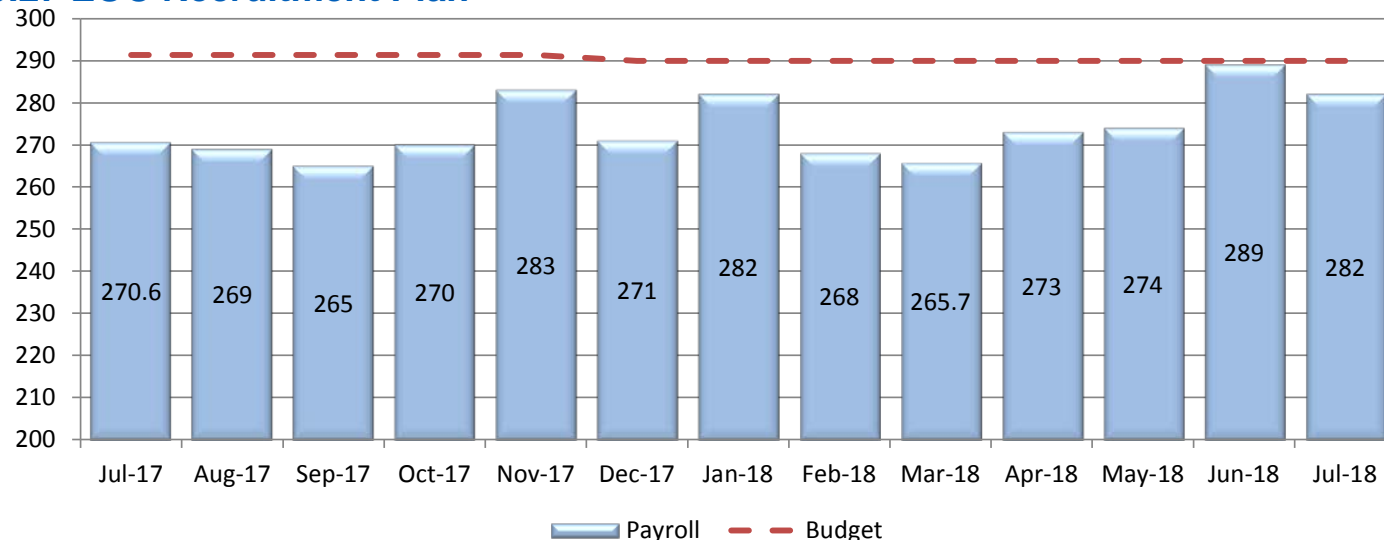


Commentary

PDR: PDR compliance stood at 71.4% in July against a stretch target of 90% which is an increase of 0.5 points on previous month and is 9.8 points below the trust average of 81.2%. The recovery plan remains in place to maintain the focus. EOC have had a high number of new starters and slight increase in sickness which has delayed the achievement of the stretch target.

Sickness: Currently at 5.2% which is an increase of 0.4% on the previous month. This is slightly above the Trust average of 5.1% and well below the seasonal average for a Call Centre environment, the focus on the well-being of EOC staff will continue to be a priority.

9.27 EOC Recruitment Plan

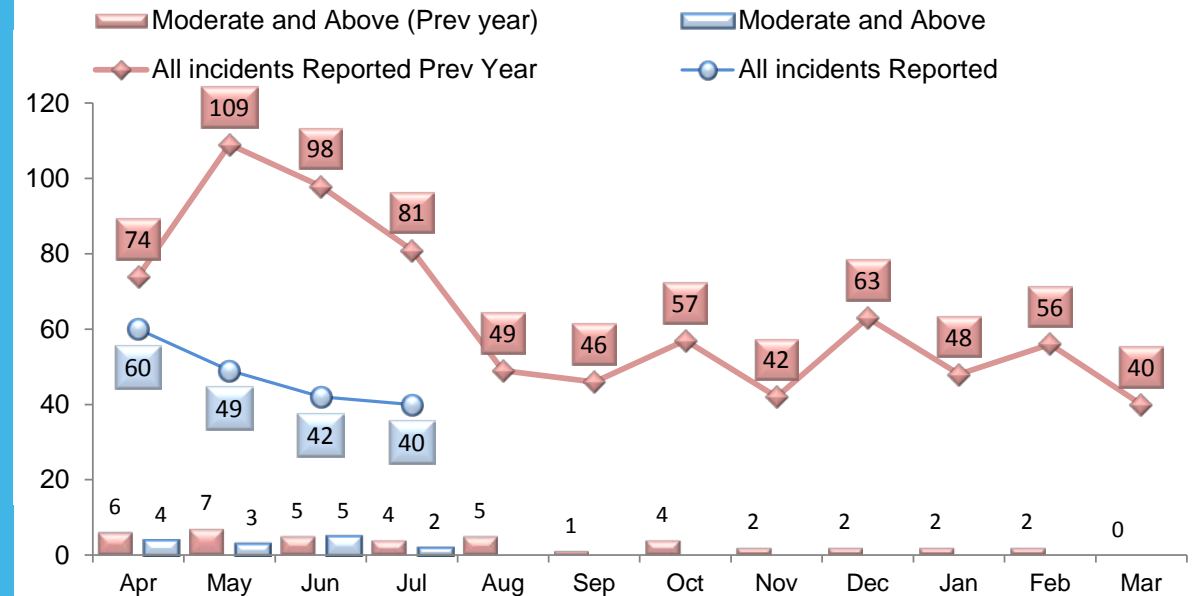


Recruitment: We are revising our recruitment process to ensure these are targeted for EOC specifically for EMDs & Dispatchers. We have recruited to a small number of additional clinical staff for the clinical hub which have been redeployed from frontline A&E operations.

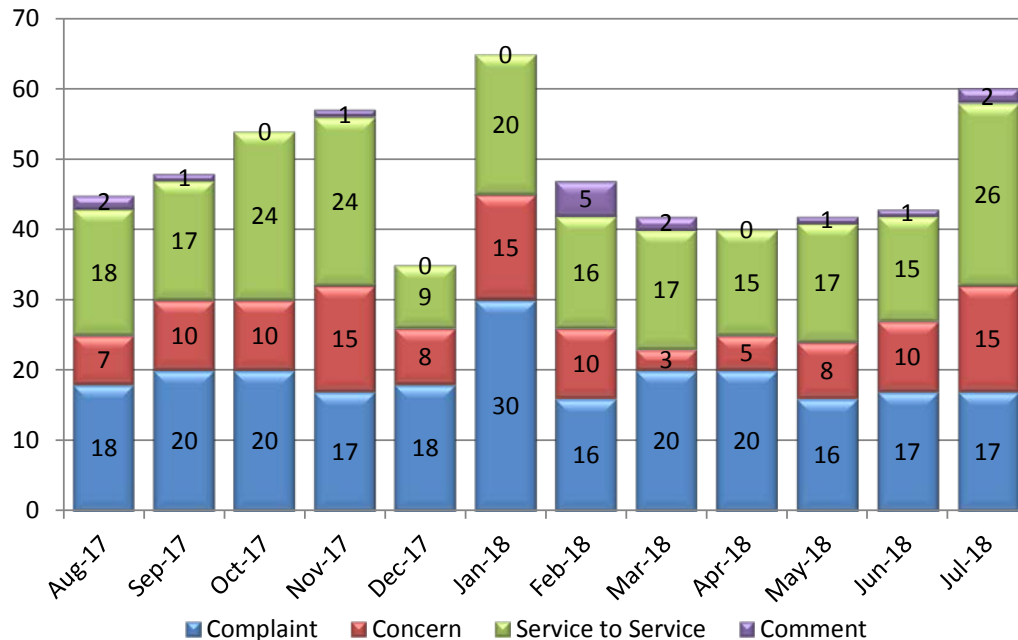
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	1
Total Incidents (Per 1000 activities)		0.00	0.00
Total incidents Moderate & above		2	14
Response within target time for complaints & concerns		100%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback



Commentary

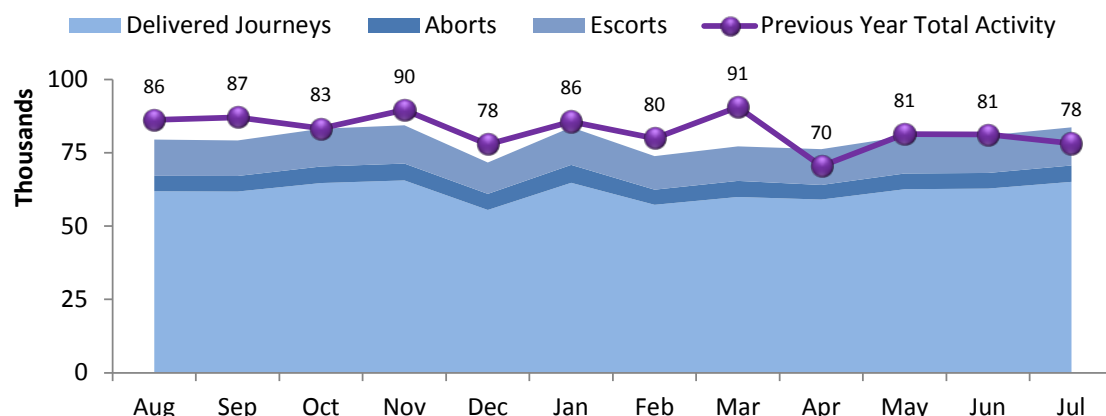
Incidents: Total reported incidents decreased 4.8% on last month and is a decrease of 50.6% against July last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback figures increased 39.5% last month largely driven by the increase in service to service feedback.

10. PATIENT TRANSPORT SERVICE

July 2018

10.1 Demand

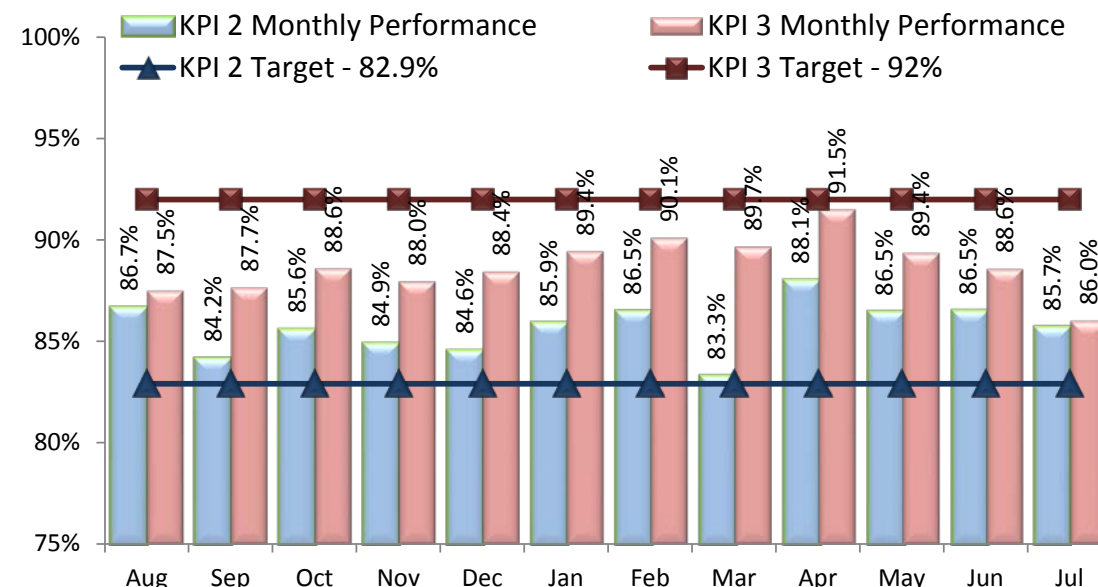


Comparison to Plan

Jul-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	190,568	16,286	38,473	245,327
Previous YTD* 2017-18	241,588	21,185	48,633	311,406
% Variance	(21.1%)	(23.1%)	(20.9%)	(21.2%)

* Demand includes All Activity

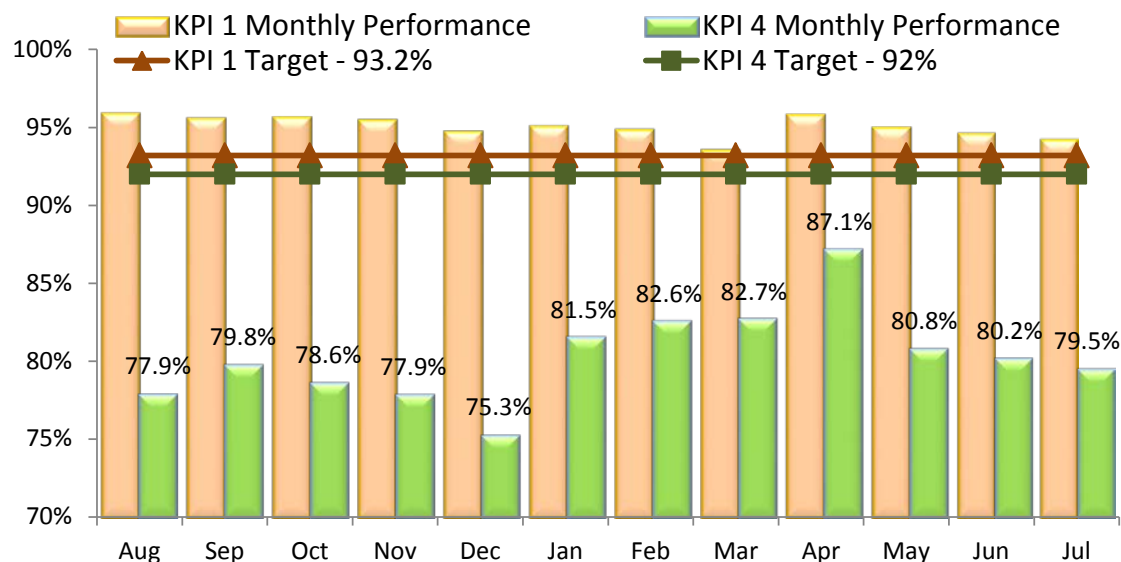
10.2 KPI* 2 & 3**



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

*** Excludes South

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



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

*** Excludes South

Commentary

PTS Activity in July increased by 3.4% on the previous month and is up by 7.4% against the same month last year.

KPI 1 Performance decreased slightly by 0.4 points in June to 94.2% but remains above the 93.2% target.

KPI 2 Inward performance stood at 85.75% in July which is down from 86.5% in the previous month but remains above the 82.9% making appointment on-time target.

KPI 3 The outward performance decreased by 2.6 points on last month to 86% which is the lowest level in the past 12 months reporting period. The annual target is 92%.

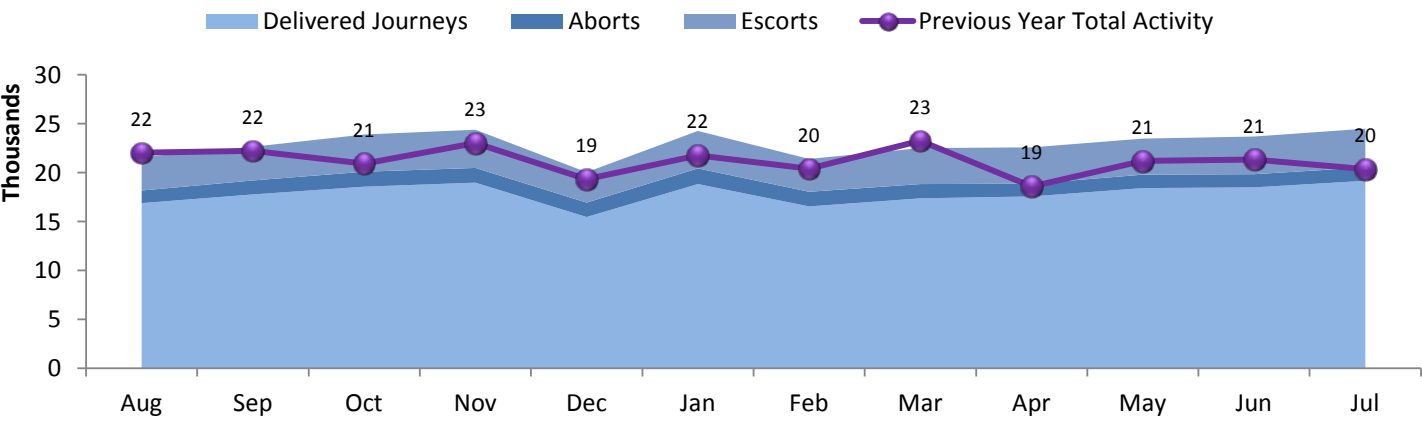
KPI 4 The performance of outward short notice bookings picked up within 2 hours fell from 80.2% to 79.5% in July and remains below the 92% target. Commissioned levels of resource vs KPI 4 target and a behaviour of high % discharges undertaken on-day by local acutes makes this KPI unrealistic. Regular discussions continue with commissioners and directly with acute providers in order to improve performance and develop more proactive arrangements to support effective discharge planning, reducing reliance on short notice transport.

There was a slight uplift in activity in **West** with approx 200 additional journeys for KPI 1&2 and 96 additional journeys for KPI3.. **HRW & Harrogate** had a 3.1% increase in saloon car activity compared to June. **Scarborough & VOR** saw a 33.3% increase in activity with aborted journeys up by 16.3% and escorts 15.6%. **East** saw a 1.6% increase in activity.

10. PATIENT TRANSPORT SERVICE (South)

July 2018

10.1 Demand



Comparison to Plan

Jul-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	56,055	4,091	11,506	71,652
YTD 2017-18	63,497	5,100	12,852	81,449
% Variance	(11.7%)	(19.8%)	(10.5%)	(12.0%)

South Performance Indicators as of April 2018

- KPI C1 - The patient's journey inwards and outwards should take no longer than 120 minutes
- KPI C2 - Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time
- KPI C3 - Patients will arrive at their appointment on time
- KPI C4 - Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time
- GP1 - patients requested & delivered within 90 minutes
- GP2 - patients requested and delivered within 120 minutes (GP Urgents 1 & 2 not visually shown on performance graphs)

Commentary

Overall contract activity has seen a large month on month increase in July and this follows similar trends. July has seen an overall increase of almost 20% in activity when compared to the corresponding month last year. This dramatic increase in activity has had a negative impact on certain KPI's particularly in relation to the Discharge service. In addition to this increase in activity we have also seen very large increase in double handed patients and those with high end mobility requirements. 4 Man lifts have increased by 153%, stretchers 106%, T2's 75% and W2's 44%, Escorts have also increased by 23% with almost 4000 Escorts being carried during the month of July. This increase in double handed work, 4 Man lifts and escorts have all resulted in there being fewer spaces left on Ambulances to transport patients and this has led to delays and longer waits for some patients particularly towards the end of the day. Despite this increase in demand and the complexity of patient movements, the South PTS performance for Outpatients and the GP Urgent Service has remained excellent.

C1 performance for July was 99.7% against a KPI of 90%. This is an outstanding result when placed in the context of the increase in patient and escort numbers.

C2 performance is 91.8% against a KPI of 90% and maintains the impressive performance of ensuring patients arrive on time for their appointments.

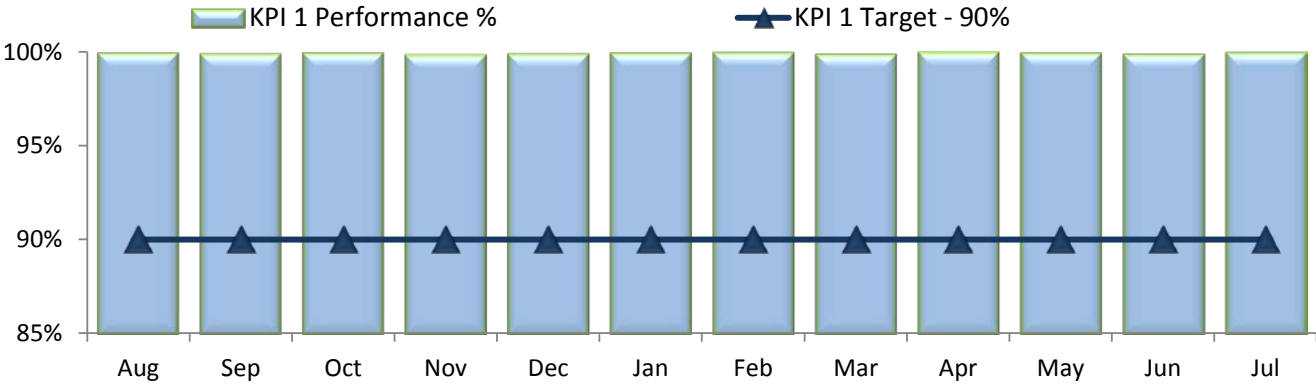
C3 performance is 92% and well above its KPI and again maintains the high level of performance we have seen during the period of the contract.

C4 performance which measures pre-planned outward patients being collected within 90 mins is only marginally below its KPI target and was 89.5% for the month.

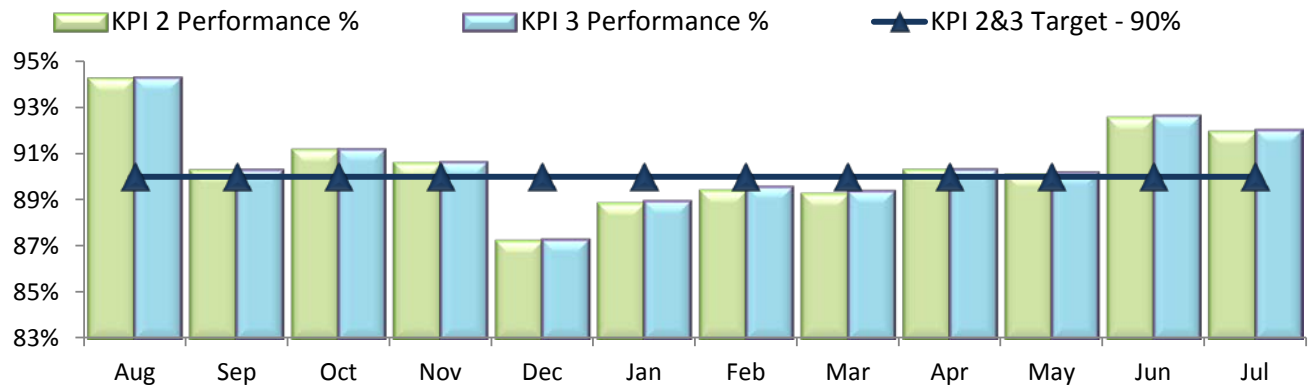
C5 performance for short notice and on day patients has seen a reduction in performance which is also mirrored within the Discharge service. The KPI for July being 82%.

The GP Urgent Service has maintained the improvements in performance which we have experienced during the past several months. GP 90 Mins was 78%, GP 120 was 91% and GP03 was 92.9%.

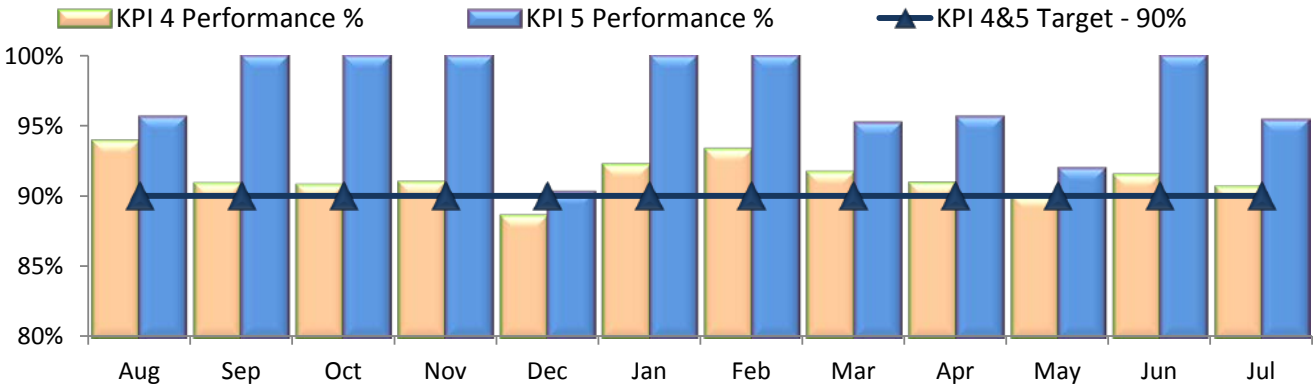
10.2 KPI 1 - Journeys no longer than 120 Mins



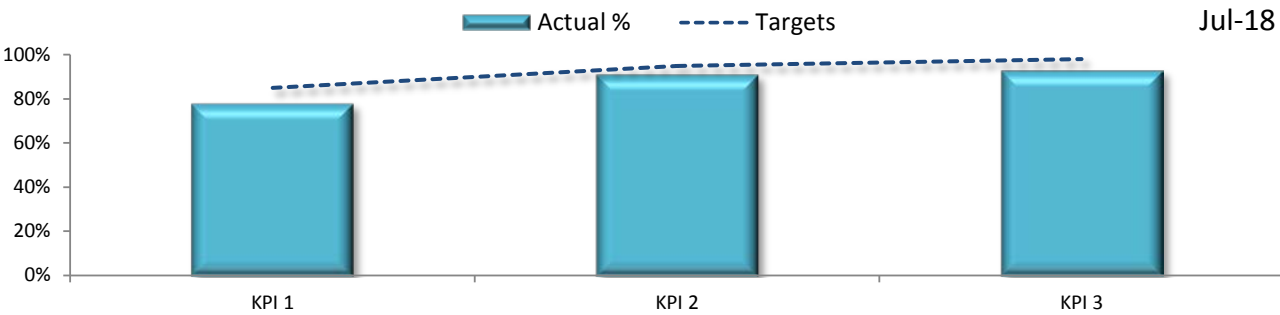
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys



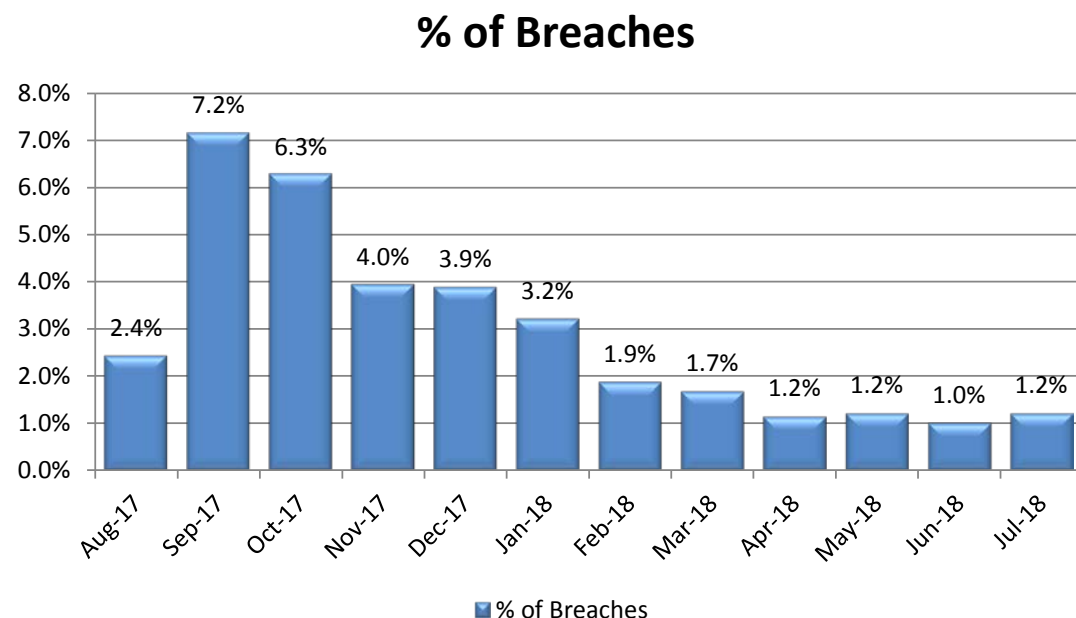
10.3 GP Urgent Performance



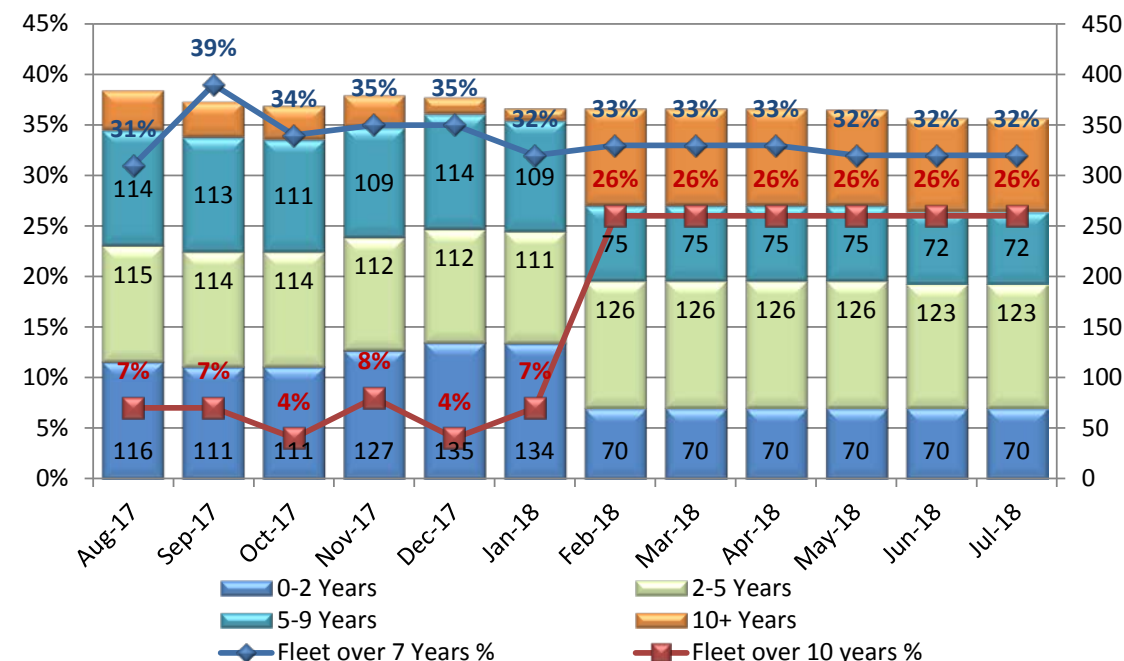
10. PATIENT TRANSPORT SERVICE

July 2018

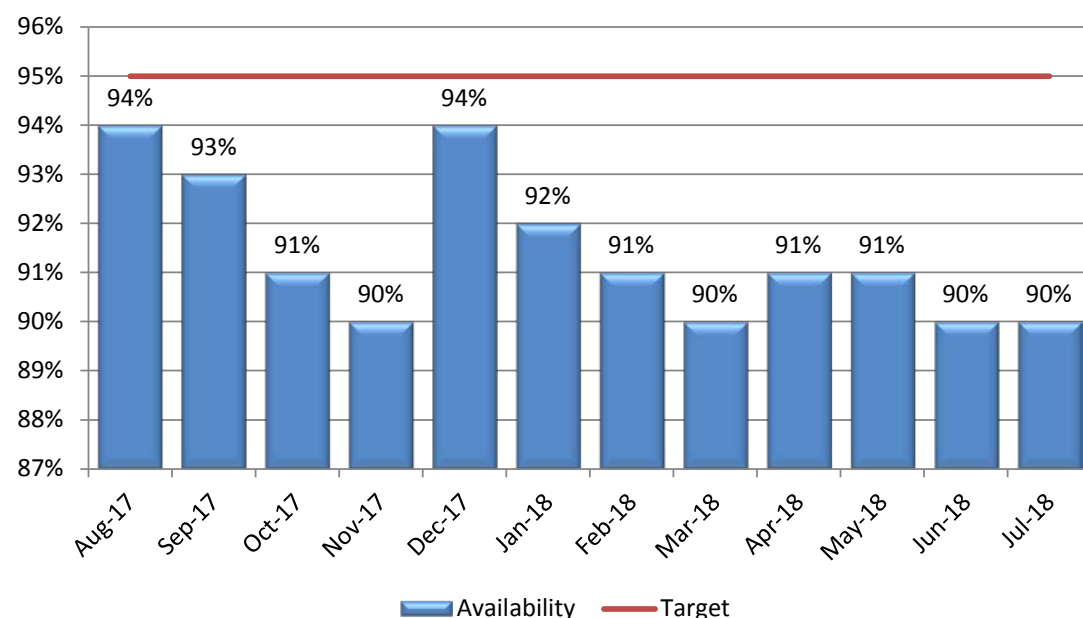
10.4 Deep Clean (5 weeks)



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

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

The PTS deep clean percentage of breaches outside the 5 weeks window stood at 1.2% in July. Although the availability of PTS vehicles for deep cleaning continues to remain high decommissioned and unknown vehicle movements still cause issues.

Figures for July 2018 show the proportion of vehicles aged above ten years is 26% and remains unchanged since February 2018. This is due to a high number of PTS vehicles purchased in early 2008.

10. PTS

July 2018

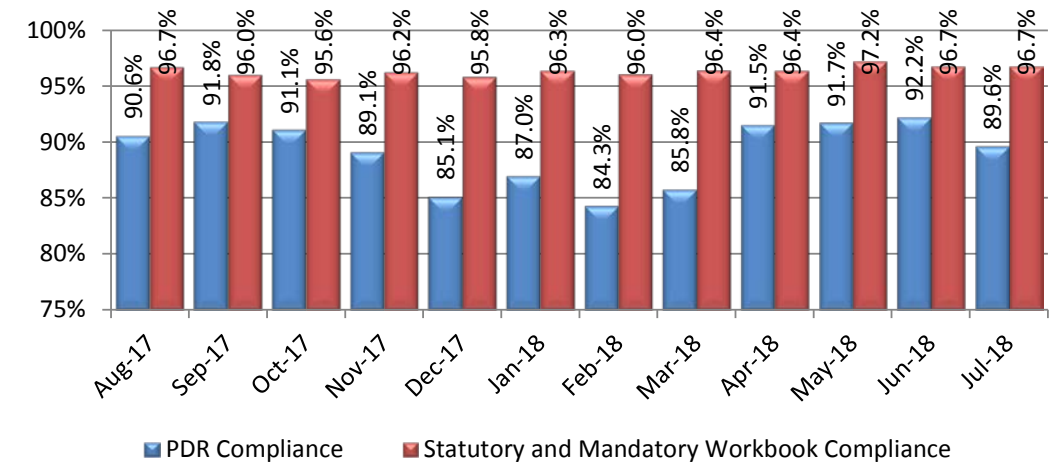
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	600	30	120	450	75%
Contracted FTE (before OT)	553	36	95	422	76%
Variance	(48)	(6)	25	(28)	(6.3%)
% Variance	(7.9%)	(19.6%)	21.1%		
FTE worked inc overtime	589	36	95	459	78%
Variance	11	(6)	25	8	1.8%
% Variance	1.9%	(19.6%)	21.1%		

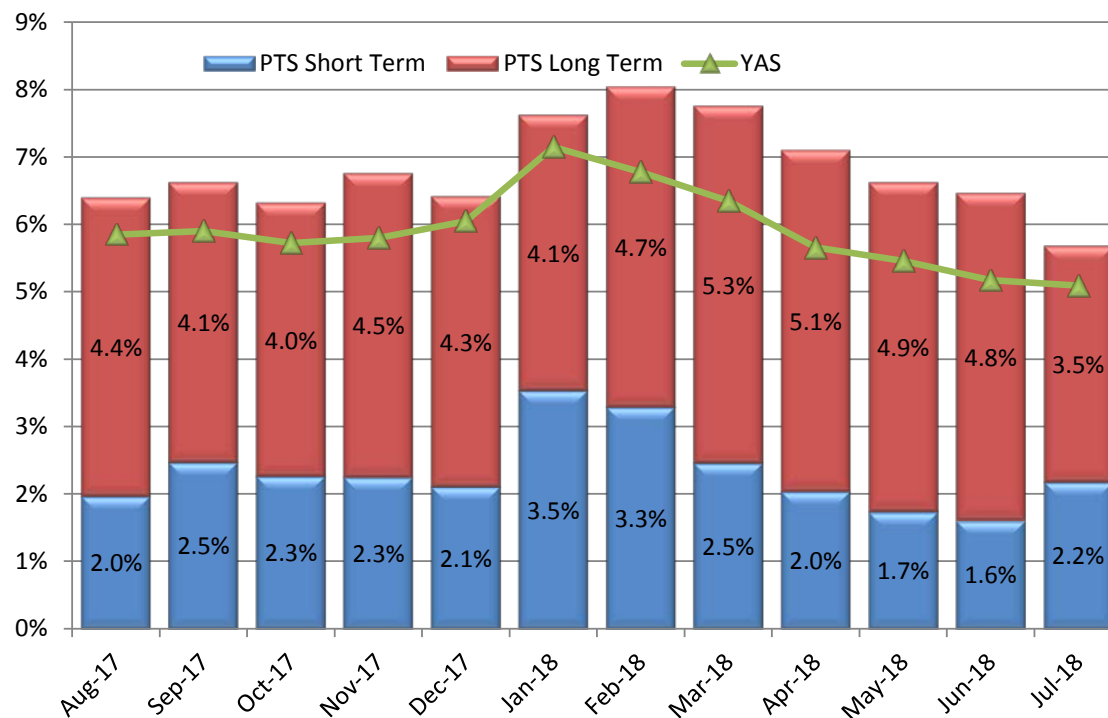
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance declined by 0.2 points in July to 89.6% and is marginally below the 90% Trust target and work continues to deliver the standard.

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

Sickness rate in PTS decreased in July by 0.8 points to its lowest level in the last 12 month reporting period to 5.7% narrowing the gap to just 0.6 points below the 5.1% YAS average.

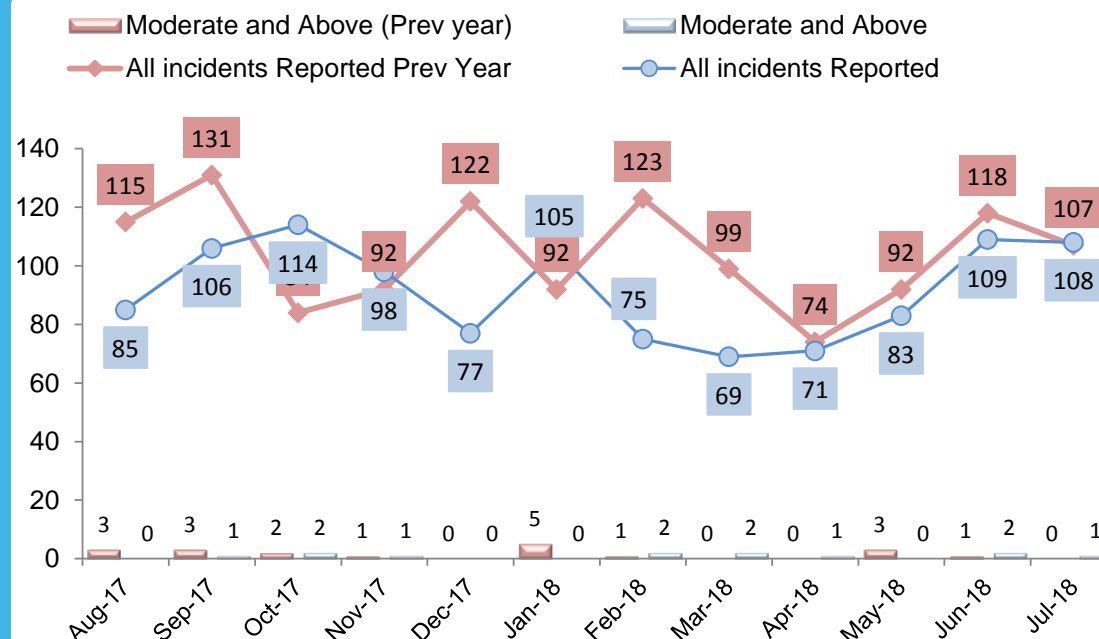
10. PATIENT TRANSPORT SERVICE

July 2018

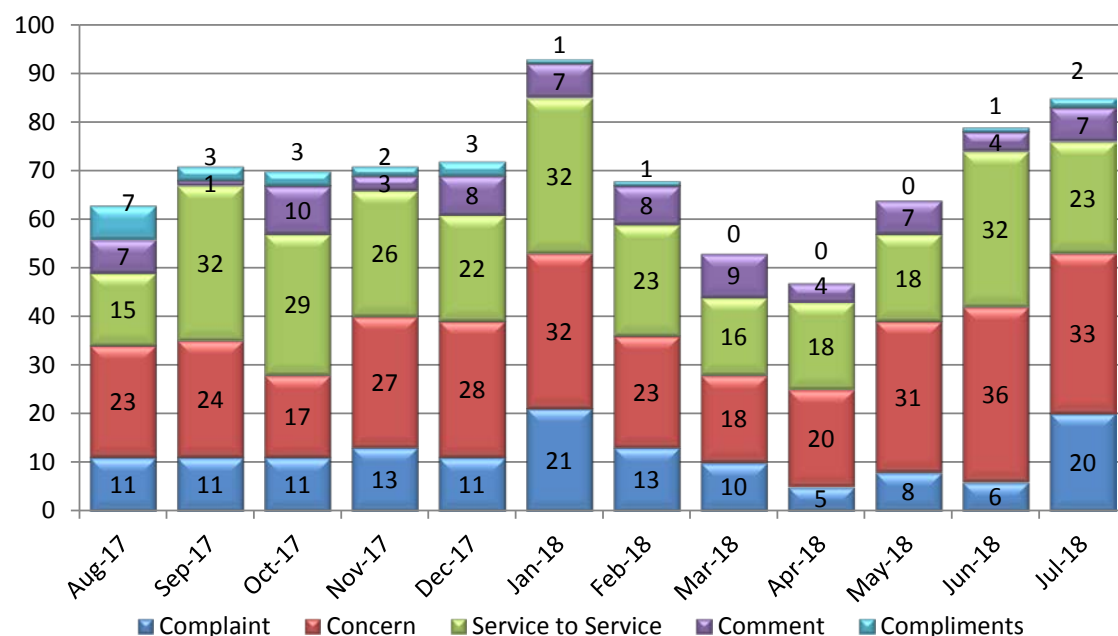
10.10 Quality, Safety and Patient Experience

		Jul 2018	2018-19
Serious Incidents		0	1
Total Incidents (per 1000 activities)		0.000	0.004
Total incidents Moderate & above		1	3
Response within target time for complaints & concerns		96%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.6%	91.6%
Call Answered in 3 mins - Target 90%		87.8%	91.7%

10.11 Incidents



10.12 Patient Feedback



Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes stood at 87.8% in July which is down from 90.9% on the previous month and below the 90% target. This being due to spike in calls compared to June with 2314 more calls coming through the system.

Incidents: The number of reported incidents within PTS during July was at a similar level to the previous month and year.

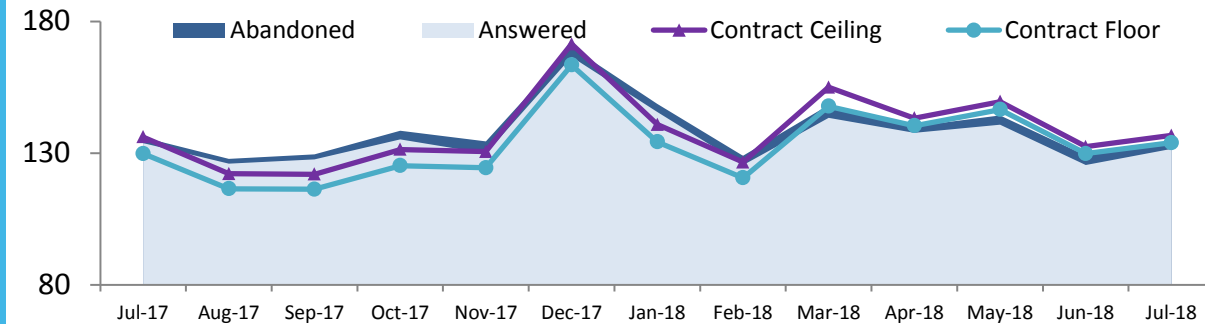
Patient Feedback:

Patient feedback figures are up by 6 on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints increased by 14 in July and concerns were down by 3. The YTD average number of complaints each month is 12 equating to a complaint rate per PTS delivered journey of 0.01%.

11. NHS 111

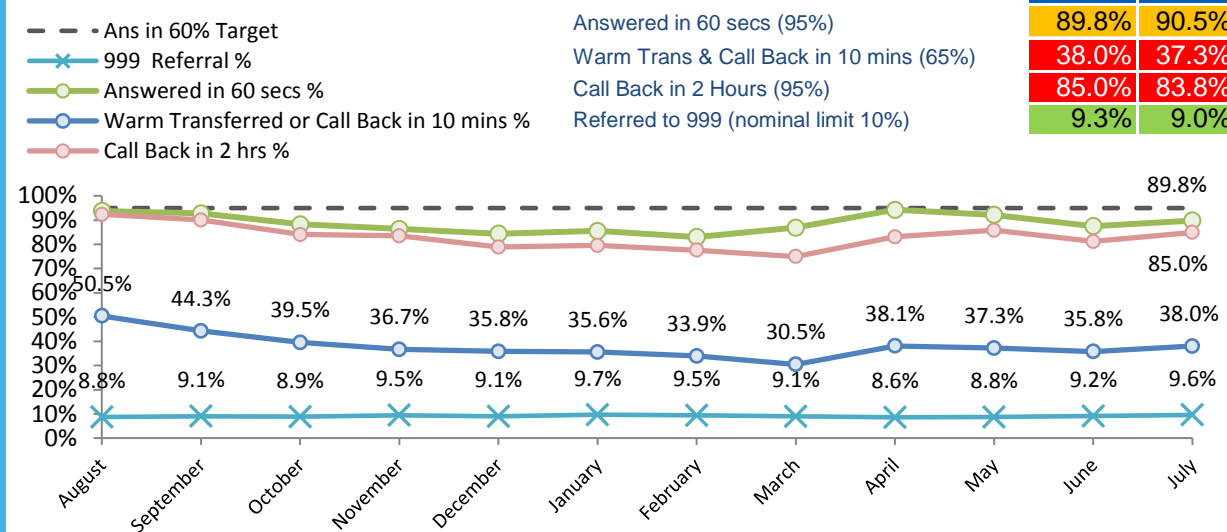
July 18

11.1 Demand



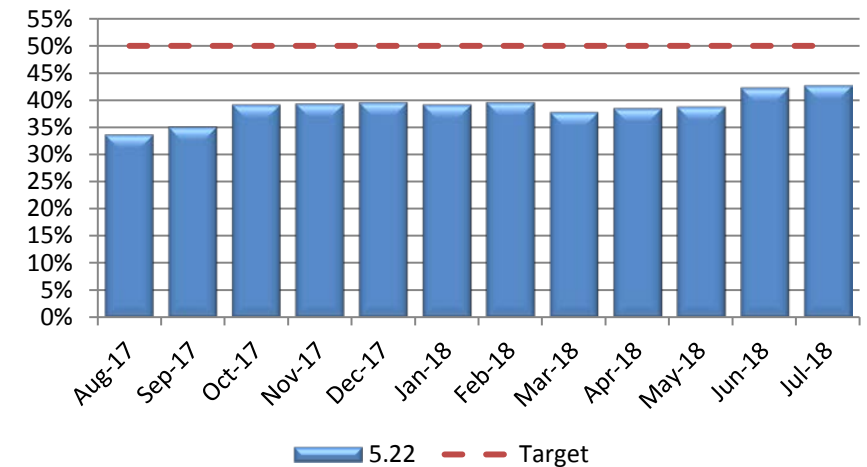
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	407,084	539,167	487,685	90.5%
Contract YTD 2018-19	572,424	562,030	533,928	95.0%
Variance	- 165,340 -28.9%	- 22,863 -4.1%	- 46,243 -8.7%	4.5%
YTD 2017-18	557,115	547,495	502,192	91.7%
Variance	- 150,031 -36.9%	- 8,328 -1.5%	- 14,507 -3.0%	-1.3%

11.2 Performance



11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



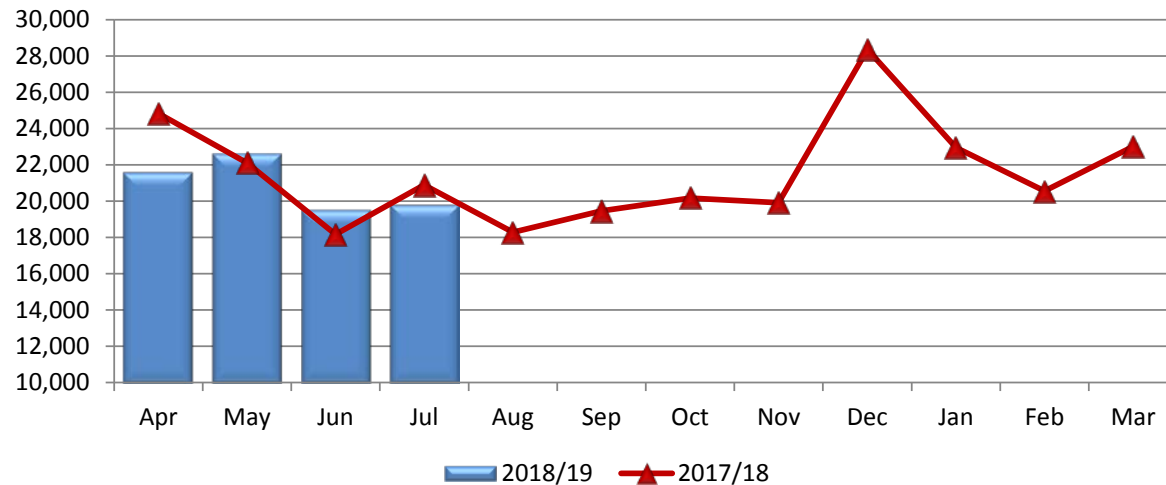
Commentary

Call volumes for July 2018 continued to track below the contract floor with actual calls answered being 1.8% below floor levels. (NB. This years floor includes 50% growth of the total 4.19% growth for the year). July 2018 call levels were 4.9% above June's volume

Performance for July 2018 was 89.8%, an increase of 2.3% from June 2018. (NB The contract settlement for 2018/19 does not fund the service to meet this KPI of 95%, it maintains 2017/18 level of performance).

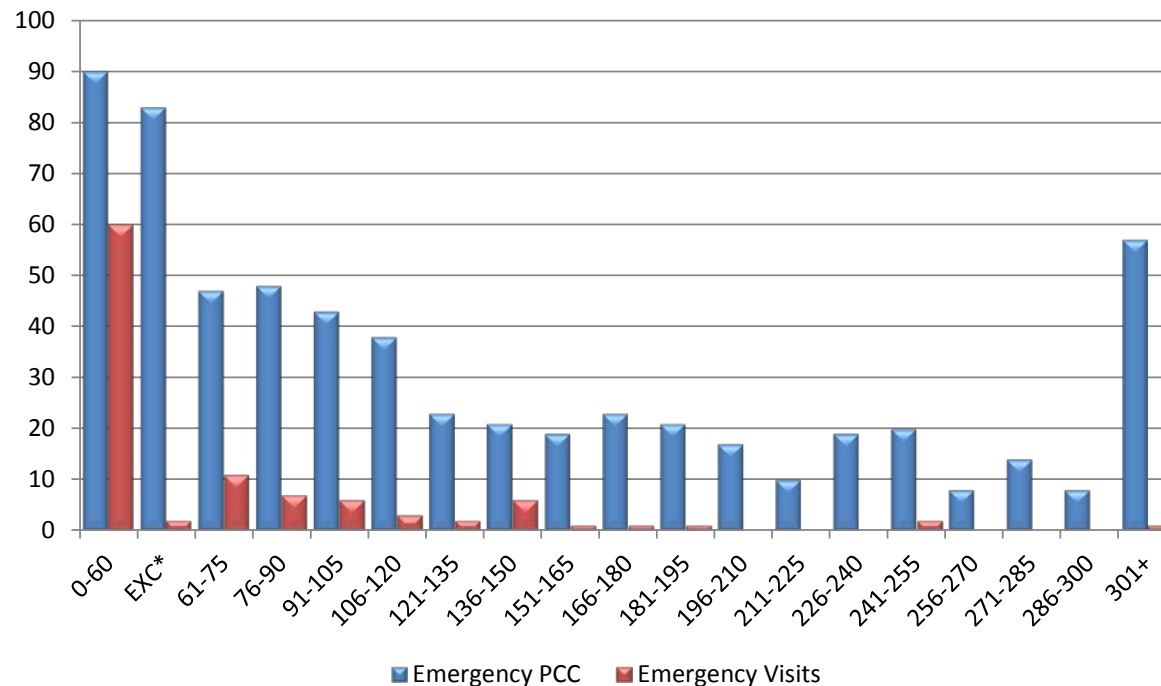
Clinical KPIs for 2 hours call-back increased by 3.8% from last month (81.2%), reflecting seasonal change in demand. The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. YAS is commissioned for levels as per 2017/18 core CAS, 28%. Current Clinical Contacts % at 42.7%, 0.4% above last month's.

11.4 Demand

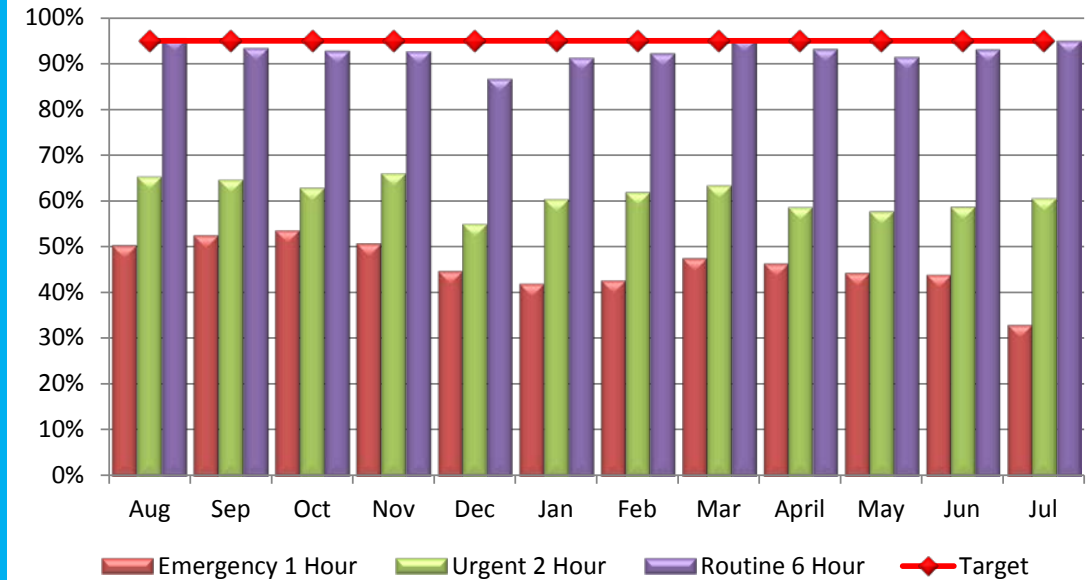


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		86,003	83,514	-2,489	-2.9%

11.5 Tail of Performance



11.6 Performance



11.7 Complaints

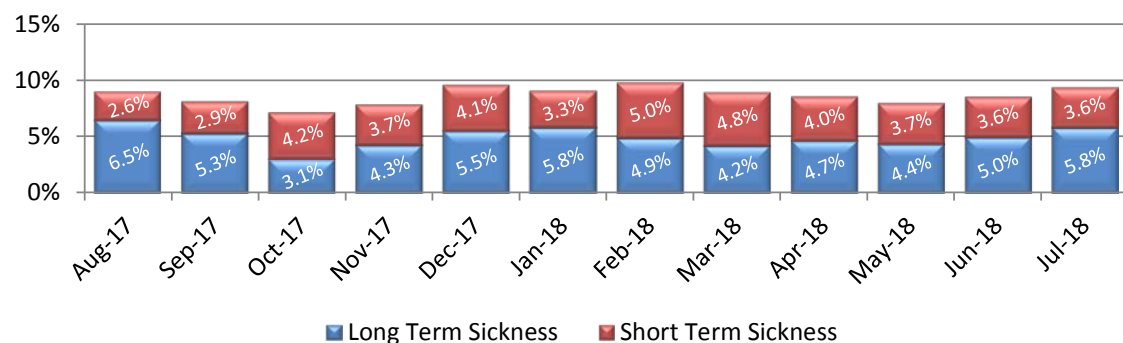
Adverse incidents	
Adverse incidents	No SIs reported in Jul-18.
Adverse reports received	No adverse reports received.
Patient Complaints	22 patient complaints received in Jul-18 according to DATIX 4 C's report (includes all categories). 19 of these directly involving the LCD part of the pathway. 5 upheld, 3 partially upheld, 6 not upheld and 8 remain under investigation.

Comments: Patient demand decreased during July 18 (-5.2%) as compared to July 17, cumulatively remain below if the year to date picture is compared to 2017. NQR performance fell for Emergency 1 hour by 10.9%. Urgent 2 hour has increased by 1.9% from June to July with Routine 6 hours improving by 1.9%

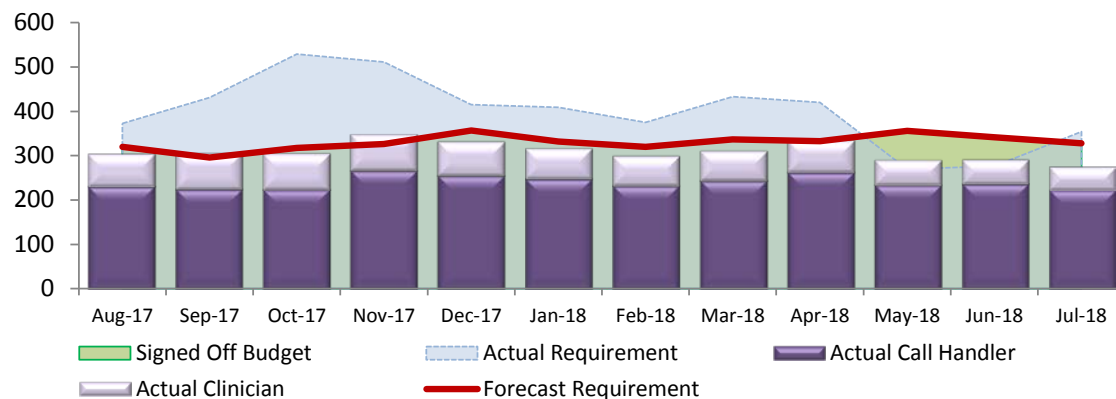
11.8 Workforce FTE - Call Handler & Clinician

				Available	
	FTE	Sickness	Absence	Total	%
Budget FTE	328	29	75	223	68%
Contracted FTE (before OT)	276	42	112	122	44%
Variance	-52	-12	-37	-101	-24%
% Variance	-16%	-42%	-49%	-45%	
FTE (Worked inc Overtime)	299	42	112	146	49%
Variance	-28	-12	-37	-77	-19%
% Variance	-8.6%	-42%	-49%	-35%	

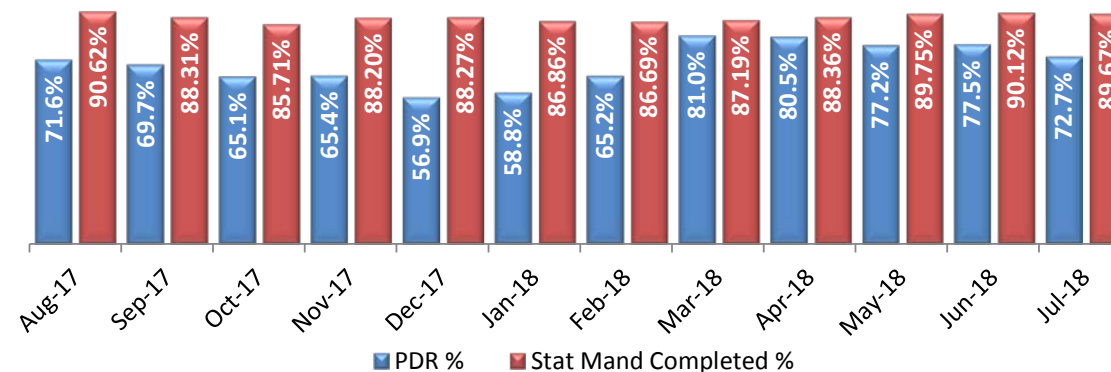
11.9 Sickness



11.10 Recruitment Plan



11.11 Training



Commentary

Statutory and mandatory training just under the 90% target at 89.6% and PDR rates decreased by 4.8% during July. Work continues across the service to deliver NHS Pathways version 15 training for implementation of the new clinical software. The training will also include the new safeguarding module.

Sickness continues to be difficult for the NHS111 service with rates remaining above the Trust target. The sickness information for NHS111 is now taken from ESR data so that comparisons can be made across the Trust. ESR levels are at 9.4% for July 2018, a 0.8% increase from June 18 driven by an increase on Long Term Sickness.

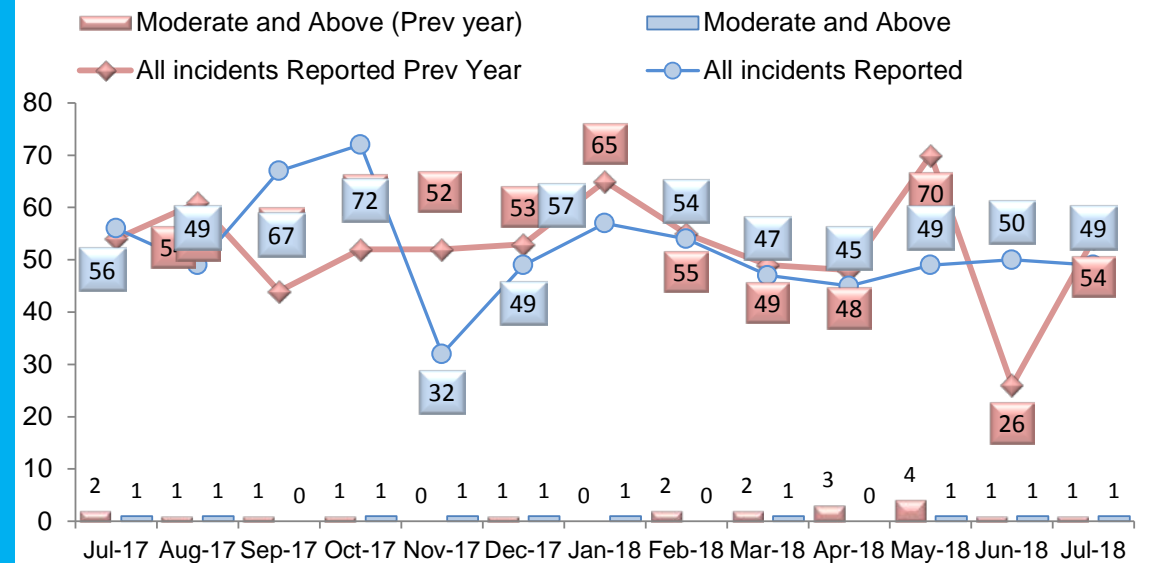
By the end of July, 20 people remained on long term sick, 15 less than June 2018. Work continues with HR colleagues and operational managers to support staff to maintain attendance at work.

Clinical recruitment is an ongoing process within NHS111 to maintain sufficient clinical staff with an additional 10 clinicians currently being processed to commence after September. A joint advert for Senior Clinical Advisors In EOC and NHS 111 has recently gone out to support further clinical recruitment.

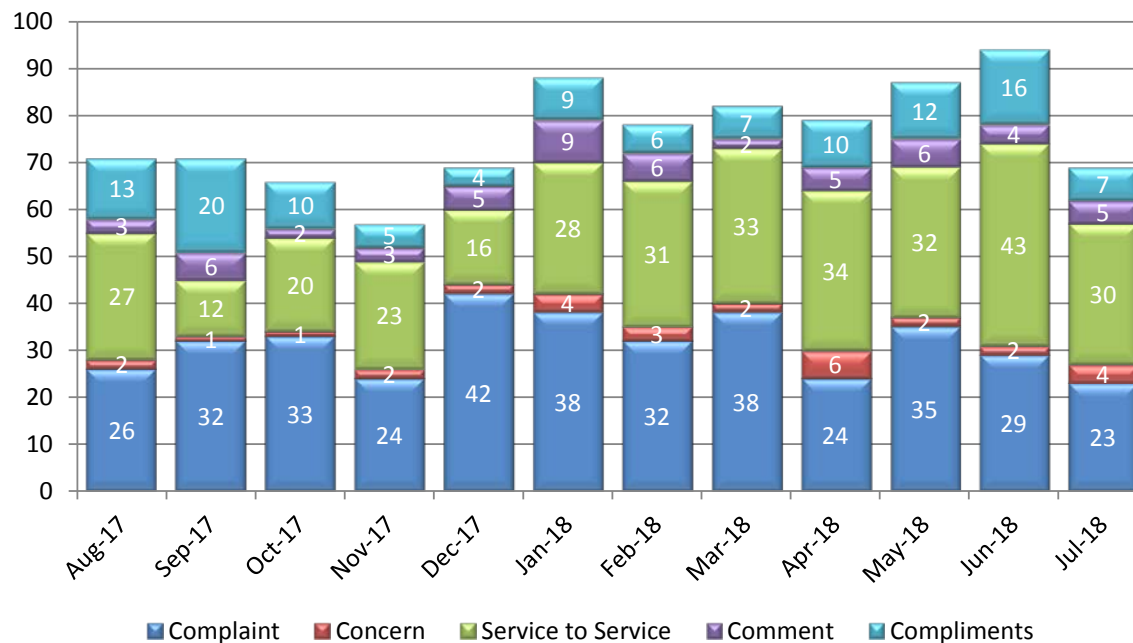
11.13 Quality, Safety and Patient Experience

		Jul-18	YTD
Serious Incidents		0	1
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		1	3
Response within target time for complaints & concerns		95%	96%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

11.15 Incidents



11.14 Patient Feedback



Commentary

No SIs were reported for July 2018.

36 patient complaints were received in June, this is lower than the previous month. Of these 13 were for the WYUC service and the other 23 NHS 111. Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

There were 7 compliments received during July 2018.

ANNEXES

Annex 1 AQI National Benchmarking

July 2018

System (June 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
Total Incidents (HT+STR+STC)	67756	100329	93819	60866	72796	74514	34801	91049	60337	46896
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	64.4%	63.4%	62.0%	67.5%	64.8%	59.8%	59.3%	51.3%	54.7%	51.8%
C1 Incidents	8.6%	9.8%	10.5%	11.0%	9.5%	6.7%	6.5%	5.9%	5.9%	5.4%
C2 Incidents	55.9%	53.5%	51.5%	56.5%	55.3%	53.1%	52.7%	45.4%	48.8%	46.4%
C3 Incidents	21.7%	21.8%	23.6%	20.1%	18.5%	25.4%	26.6%	39.7%	33.6%	31.9%
C4 Incidents	1.3%	2.7%	4.0%	0.3%	3.5%	0.9%	1.1%	1.8%	1.7%	2.6%
HCP 1-4 Hour Incidents	5.1%	3.8%	3.9%	5.1%	3.5%	3.8%	3.2%	3.6%	3.4%	7.6%
Hear and Treat	7.5%	3.7%	5.4%	7.0%	7.6%	5.9%	5.0%	3.4%	6.5%	6.1%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:19	00:07:27	00:08:02	00:07:41	00:08:37	00:07:09	00:06:20	00:06:48	00:08:19	00:07:12
C1-90th centile response time (Target 00:15:00)	00:12:31	00:12:12	00:13:28	00:13:53	00:15:35	00:13:10	00:10:52	00:11:43	00:15:12	00:12:52
C2-Mean response time (Target 00:18:00)	00:20:29	00:21:13	00:25:43	00:33:17	00:25:53	00:28:22	00:18:45	00:12:46	00:19:30	00:16:55
C2-90th centile response time (Target 00:40:00)	00:42:40	00:44:36	00:57:01	01:10:24	00:53:25	01:00:16	00:37:40	00:23:18	00:37:39	00:33:44
C3-90th centile response time (Target 02:00:00)	02:07:31	02:38:06	02:52:37	03:13:58	03:35:31	03:10:20	02:45:23	01:31:17	03:34:35	02:15:01
C4-90th centile response time (Target 03:00:00)	03:12:54	02:41:11	03:15:01	02:29:24	04:08:24	06:24:32	02:34:24	02:16:07	04:34:20	03:01:16
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	59.5%	61.9%	63.1%	60.5%	58.3%	51.9%	58.2%	55.7%	58.0%	54.2%
Incidents with transport not to ED	9.1%	6.6%	6.5%	4.1%	2.8%	4.8%	11.6%	3.6%	2.6%	6.0%
Incidents with face to face response	23.9%	27.8%	24.9%	28.4%	31.3%	37.4%	25.3%	37.2%	33.0%	33.7%

Clinical (March 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	23.2%	26.7%	33.6%	25.1%	28.0%	25.7%	31.8%	29.8%	22.9%	41.4%
ROSC - Utstein	43.8%	63.8%	48.1%	57.7%	62.1%	53.3%	55.6%	46.8%	56.4%	67.3%
Cardiac - Survival To Discharge	6.3%	8.0%	6.7%	9.1%	10.3%	8.2%	9.7%	11.8%	5.5%	17.7%
Cardiac - Survival To Discharge Utstein	17.4%	18.9%	21.6%	17.4%	32.3%	28.6%	40.0%	42.1%	22.2%	36.2%