



## Integrated Performance Report – January 2017

The following YAS board report outlines Performance, Quality, Workforce and Finance headlines 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 3 main Service lines (999, PTS and 111).

YAS is the highest ranked trust for the re-contact rates (on scene), as well as performing well with Time to Answer (50% & 95%) and re-contact rates (telephone). YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

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## IPR Compendium (2015-16 Key Facts)

### Key Facts & Figures for YAS - 2015/16

#### VEHICLES

  
**300**  
Double-Crew  
Ambulances

  
**188**  
Rapid-Response  
Vehicles

  
**416**  
PTS Vehicles

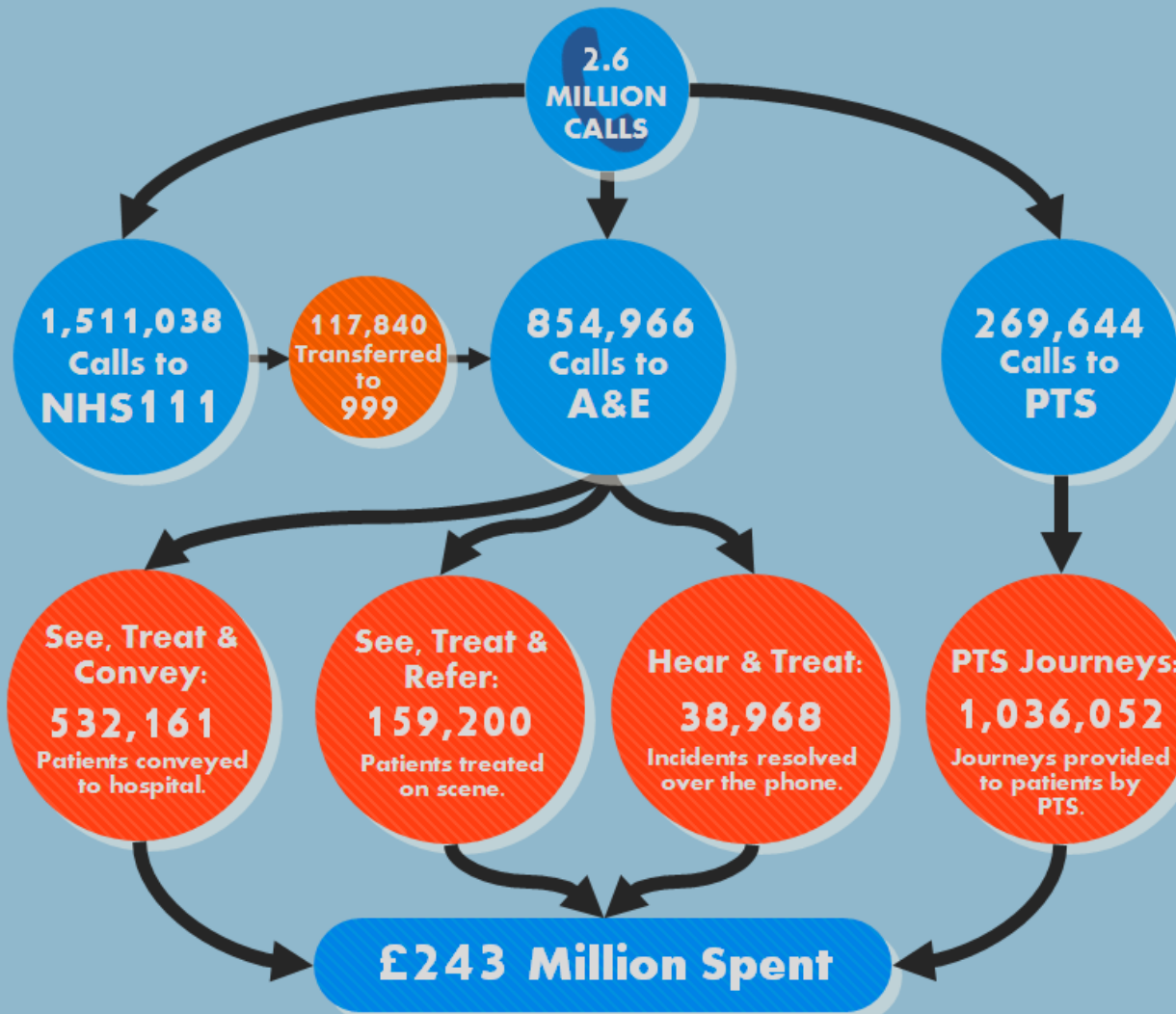
#### STAFF



**53.6%**  
Female

**46.4%**  
Male

**5.4%**  
BME



**£243 Million Spent**

# IPR Exec Summary – January 2017

## A&E (CCG Demand)

- **Calls** above contract value for January and YTD and are higher than the same period last year 6% higher in month and 6.8% YTD.
- **Hear & Treat (H&T)** is 12.8% above contract in month which relates to January utilisation of DMP. Changes to the National Ambulance Quality Indicators (AQI) means less overall opportunity for H&T in respect of Category 1 calls.
- **Overall responses** (at least 1 vehicle attended) were 2.7% higher in Jan17 than Jan16. This affects resource availability/performance.
- **See Treat & Refer (STR)** is above planned for Jan (11.8%) and YTD (10%), (excludes UCP's).
- **See, Treat & Convey (STC)** activity is above plan for Jan (0.2%) and YTD (5.1%).
- **Category 1 against 8 mins** was 65.9% in Jan16 (achieved 75% in 9 mins 0s).
- **Fleet Availability** Currently at 88% against target of 92% this is due to 3 vehicle improvement programmes currently being rolled out across fleet

111

## 111 DEMAND

- **Calls** are above contract ceiling for January (-6.8%, a difference of 9,221 calls) and YTD below by 0.1% (1,674 calls).
- **Calls Answered** running at 6.1% above last year's volume for January. Last year January had an extra Saturday, after normalising the data, Calls Answered are up by 11.6%

## PERFORMANCE

- **Answered in 60 seconds** at 92.1% for the month (a decrease of 2.3% compared to last month) but up 11.9% from 2016
- **Clinical KPIs** Warm Transfer or Call Back in 10 minutes has remained constant (29.1%) month on month and Call Back in 2 hours is down by 1.2% from December to January.
- **111 referral rate to 999** at 8.7% for the month
- **Overall 5,090 ambulances were validated** by a clinician out of 7,188 ambulance outcomes 70.8%)
- **WYUC An independent review of the contract/ service is currently in progress.**

PTS

## PERFORMANCE

- **KPI 2 – arrival prior to appointment** – Again January saw a positive PTS performance achieving 86.9% against a target of 82.9% + 4%. Overall YTD is encouraging currently standing at 85.9% giving 3% ahead of target.
- **KPI 3 – departure after appointment** – January saw an improvement on PTS performance achieving 91.7% in line with target. There continues to be an overall improvement on YTD performance currently below 1% of an overall target of 91.7%
- **Exceptions in West**, particularly in Bradford, Airedale, Greater Huddersfield and Calderdale were badly affected by adverse weather on 13 January 2017 which led to some service disruption. Leeds West marginally missed the target by 0.9% incurring 20 breaches.

## Quality and Clinical

- **Incident reporting** increased 19.7% last month however incidents of moderate harm fell to its lowest level for 8 months.
- **Friends and family Test:** Results for Quarter 3 (latest reporting) remain positive with 88.5% (PTS) and 89.9% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family.
- **Safeguarding:** The Trust is achieving its target for Safeguarding Children Level 1 & Level 2 training and Safeguarding Adult Level 1 training. Work is ongoing to agree a Trajectory with Commissioners for Safeguarding Adult Level 2 training
- **Survival to Discharge:** Survival to discharge results for November 2016 demonstrates outstanding performance with an achievement of 14.1%. This is the highest percentage performance recorded over the last three consecutive years
- **STEMI Care:** October's figure of 89.7% showed a continued level of exceptional performance.

## Finance

	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	209,673	212,758	3,086
Expenditure	(205,666)	(209,162)	(3,496)
Retained (Deficit) / Surplus with STF Funding and without B5 Paramedic Rebanding	4,006	3,596	(411)
B5 Paramedic Rebanding **	0	(60)	(60)
Retained (Deficit) / Surplus with STF Funding and B5 Paramedic Rebanding	4,006	3,536	(471)
STF Funding	(1,013)	(1,140)	(127)
Retained (Deficit) / Surplus without STF Funding*	2,993	2,396	(598)
EBITDA	13,504	12,952	(491)
Cash	18,882	26,285	7,403
Capital Investment	(12,676)	(7,660)	5,016
Quality & Efficiency Savings (CIPs)	7,291	6,095	(1,196)

## Workforce

- **Sickness** The sickness absence rate for January 2017 stands at 6.10% which is an increase of 0.1% from the previous month. This is higher than the same period last year when it stood at 6.05%.
- **PDR** The current PDR rate is 75.76% against the trust stretched target of 90%.
- **Stat & Mand** compliance for the Statutory and Mandatory Workbook is 91.78%.
- **Turnover** has decreased to 10.78% for last month compared to 11.66% for the previous 12 months, 89% of turnover is voluntary.
- **CQUIN's** This year's flu vaccination campaign wasn't as successful as planned the reasons for this have been reviewed and a new campaign has been drafted for 17/18 with a clear plan to achieve. Wellbeing schemes will be progressing from the start of 17/18 with clear comms in place to ensure delivery of CQUIN targets for 17/18-18/19.

# Strategic Objectives 2016-17

Comments and RAG ratings will be used in the IPR report. Please coordinate with your relevant teams to provide comments and RAG ratings. These should be exception based and highlight any concerns/issues with delivery of these Strategic Objectives. This is a public report therefore comments need to be tailored towards a non clinical audience.

RAG Guide: GREEN (G) - All Actions will be achieved or be on track by Year End, AMBER (A) - Some Actions will not be achieved (without significant impact) but the majority will and RED (R) - Actions will not be achieved and will have significant impact on YAS. NS is Not Started and NA is Not Available. C is for Completed

Strategic Objectives	Annual Objectives	Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions - January Comments)	Predicted RAG Year End	Jan RAG	Jan SUB RAG	Actions	Lead Director - Overall	Lead Director-Actions	Impl Date	Complete or Revised Impl Date
1. Deliver World Class health outcomes in Urgent and Emergency Care	1a	Improve response times for A&E services ( <u>A&amp;E Transformation Programme</u> )	G	A	G	i Introduce new Rotas aligned to demand modelling and new response standards	EDOps	EDOps	Mar-17	
					A	ii Expand provision of Community First Responder		EDOps	Mar-17	
					NS	iii Implement new vehicle mix in line with modelling recommendations		DEF	Mar-17	
					A	iv Implement new capacity planning process in A&E		EDOps	Mar-17	
					C	v Implement Ambulance Response Programme (ARP) II		EDOps	Jun-16	C
					G	vi Review call answer profile for 999 calls and address shortfalls in call handler numbers		EDOps	Mar-17	
	1b	Improve clinical performance in ACQIs and CPIs	A	A	A	i Deliver CPD programme to address under-performing aspects of ACQIs and CPIs	EMD	EMD	Mar-17	
					G	ii Further improve rates of cardiac arrest survival across Yorkshire: • Continue roll out of automated CPR devices • Establish a mobile community CPR training facility • Restart A Heart 3 • Expand Fire Co-responder Schemes in North and South Yorkshire • Implement enhanced CPR feedback CQUIN • Trial external pacing and electrical cardioversion to regulate heart rhythms in cases of ROSC		EMD	1. Sep-17 2. Mar-17 3. Oct-16 4. Mar-17 5. Mar-17 6. Sep-17	3. C
	1c	Ensure patients are provided with the most appropriate response to meet their needs ( <u>Urgent Care Transformation</u> )	G	A	A	i Establish clinical advice and care navigation specialist clinical advisors	DP&UC	DP&UC	Mar-17	
					G	ii Implement and evaluate 3 Vanguard falls response pilots		DP&UC	Dec-16	
					NS	iii Develop a model for urgent / intermediate care transport		DP&UC	Dec-16	Apr-17
					R	iv Work with Local Care Direct and Commissioners to review and develop the West Yorkshire urgent care model		DP&UC	Mar-17	
					G	v Develop closer integration between NHS 111 and 999 clinical triage services		DP&UC	Mar-17	
					A	vi Assess and pursue new NHS 111 and urgent care service tenders and opportunities		DPD	Mar-17	
					A	vii Begin roll out of locally managed DOS to support frontline clinicians		DP&UC	Mar-17	
					A	viii Develop shared patient care record		DP&UC	Dec-16	Apr-17
					NS	ix Introduce PTS enhanced patient discharge services supported by telecare connected home technology		DP&UC	Dec-16	Apr-17
2. Ensure continuous service improvement and innovation	2a	Improve processes for management of performance delivery	G	A	A	i Development and launch of Trust and Service Line strategies aligned to national Urgent and Emergency Care agenda	EDQ&P	DPD	Sep-16	Mar-17
					A	ii Implement new performance management framework		EDQ&P	Jun-16	Mar-17
					A	iii Ensure robust programme and project management arrangements via new PMO work streams for major change programmes		EDQ&P	Jun-16	Mar-17
					A	iv Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture		EDQ&P	Sep-16	Mar-17
	2b	Improve efficiency and effectiveness of support service functions	G	A	A	i Develop a cadre of leaders equipped to support lean improvement programme	DPD	DWF	Sep-16	Mar-17
					A	ii Improve efficiency through Northern Ambulance Alliance and implementing Carter recommendations		EDoF	Mar-17	
					A	iii Undertake lean reviews of key support functions, focused on 1. Recruitment 2. Fleet 3. Internal logistics		EDoF DWF	1. Sep-16 2. Dec-16 3. Dec-16	1. C
	2c	Implementation of Hub & Spoke/ Make Ready operational infrastructure ( <u>Hub and Spoke Transformation</u> )	G	G	C	i Secure approval for Doncaster Estate Business Case	CEO	DEF	Jun-16	C
					A	ii Evaluate Make Ready and Vehicle Preparation System (VPS) Pilots		DEF	Sep-17	

Strategic Objectives 2016-17

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	<u>Programme)</u>	Spoke Programme Board to enable a final decision on the model to be adopted.			G	iii	Roll out Make Ready/VPS to 2 further stations		DEF	Mar-17	



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2. Ensure continuous service improvement and innovation cont	2d <b>Implementation of a sustainable model for PTS delivery as the market leading integrated planned transport provider (PTS Transformation Programme)</b>	2d iv: Workforce plan for VCS and Apprentice numbers completed. Resourcing and Logistics outstanding. 2d vi: Currently auditing all PTS vehicles over 9 years old and reviewing requirements for overall numbers of PTS vehicles. 30 new vehicles in 2016-17 planned as yet uncommitted. 2d vi: Fleet modernisation programme awaiting financial approval	A	A	C	i Introduce auto planning	DP&UC	DP&UC	Sep-16	C
					A	ii Complete auto scheduling pilot		DP&UC	Jun-16	Mar-17
					A	iii Introduce on-line booking app		DP&UC	Jun-16	Mar-17
					A	iv Implement workforce plan for Resourcing and Logistics, Voluntary Car Services and apprentice numbers		DP&UC	Sep-16	Apr-17
					C	v Implement a new subcontractor framework aligned to partnership working & the Total Transport initiative		DP&UC	Jun-16	C
					R	vi Continue fleet modernisation programme		EDoF	Mar-17	
					G	vii Assess and pursue new service tenders and opportunities		DPD	Mar-17	
	2e <b>Embed initiatives to support an open learning culture and quality improvement</b>	2e i: Schemes run through Q4 so date revised to March 17 2e ii: Complete 2e iii: Further development to be implemented aligned to directorate management and leadership plan. Current internal audit underway in relation to maturity of risk processes in the trust 2e iv: Development of Nursing internship continuing. 8 roles now recruited. 2e v: Freedom to Speak guardian in post and reporting process in place.	G	G	G	i Implement 16/17 CQUIN programme, Clinical Quality Strategy, Sign up to Safety programme.	EDQ&P	EDQ&P	Dec-16	Mar-17
					C	ii Implement learning from complaints and serious incidents to support improvement in services.		EDQ&P	Sep-16	C
					A	iii Embed quality, risk and safety processes in operational service lines.		EDQ&P	Oct-16	Mar-17
					G	iv Further develop nursing professional leadership structure and implement internship pilot		DP&UC	Dec-16	Mar-17
					C	v Implement Freedom to Speak Up arrangements		EDQ&P	Sep-16	C
3. Develop and retain a highly skilled, engaged and motivated workforce	3a <b>Establish YAS values and behaviours framework aligned to findings from Cultural Audit.</b>	3a i: Completion rescheduled to April 2017.	G	A	A	i Engage wide cross section of staff in development of values and behaviours framework	DWF	DWF	Sep-16	Apr-17
					G	ii Produce and publish new behavioural framework		DWF	Sep-16	Apr-17
					A	iii Align recruitment, induction, training and other Trust communications to the new framework		DWF	Sep-16	Apr-17
	3b <b>Establish management and leadership development framework</b>	3b i: Plans are being created to produce timelines for these processes in line with the creation of a behavioural framework and new appraisal system.	G	A	A	i Talent management processes and succession planning including appraisals and selection linked to values and behaviours	DWF	DWF	Dec-16	Apr-17
					C	ii Increase Personal Development Review (PDR) compliance		DWF	Sep-16	C
	3c <b>Introduce new models for workforce development</b>	3c ii: Complete. 3c iii: Due for completion March 17 in line with A&E restructure. 3c iv: Following a review of apprentices in PTS, a project has been started to review future use aligned to a YAS apprentice strategy.	A	A	C	i Introduce career framework for specialist, advanced and consultant paramedic roles	DWF	EMD	Sep-16	C
					C	ii Implement a new A&E clinical leadership model ensuring appropriate clinical supervision and training for all A&E operations staff		EDOps EMD	Sep-16	C
					A	iii Establish clear workforce plan for A&E operations recruitment and training trajectory reflecting demand, ACQI and delivery model changes		DWF	Jun-16	Mar-17
					A	iv Improved access to seamless career progression for apprentice/PTS staff into A&E		DWF	Sep-16	Mar-17
					A	v Develop and pilot rotational nursing and paramedic roles within YAS and explore opportunities in partnership with other care providers		DWF	Sep-16	Jan-17
	3d <b>Take proactive steps to increase diversity within the workforce</b>	3d i: Diversity training ongoing to all staff with positive feedback. 3d ii: Diversity and Inclusion Steering Group has an Executive Sponsor (David Macklin). The first meeting held in December. 3d iii: Complete	G	G	G	i Deliver diversity training to all Trust managers	DWF	DWF	Dec-16	Apr-17
					G	ii Establishing a Diversity and Inclusion Steering Group		DWF	Dec-16	Apr-17
					C	iii Introduce diversity monitoring into recruitment processes and service line performance dashboards		DWF	Dec-16	C
	3e <b>Staff Welfare</b>	3e i: Some technology is in place but reliant on a more robust home working solution (and support) to have this implemented more fully. Pilot is underway. 3e ii: Mental health training for managers has been provided by Mind and Zeal. Next steps: Provide a training package for inclusion in management essentials programme 3e iii: Monitoring and management of sickness is being reviewed weekly led by the HR Business Partners. 3e iv: Several initiatives completed. Outstanding initiatives (Physical Competency Assessment, Health checks and One You campaign underway). Short timescale for completion remains an issue. Flu campaign unsuccessful.	G	G	G	i Support flexible working by introducing technology enabled home working in clinical advice functions in NHS111 and EOC	DWF	DP&UC	Mar-17	
					G	ii Enhance support to staff mental health related issues by training managers in assessing wellbeing issues		DWF	Dec-16	Apr-17
					C	iii Improved monitoring and management of short-term sickness		DWF	Dec-16	C
					R	iv Implement initiatives to improve staff wellbeing aligned to the national CQUIN: 1. Health and Wellbeing initiatives 2. Healthy Food 3. Flu vaccinations		DWF	Mar-17	

# Strategic Objectives 2016-17

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4. Work with partners to provide system leadership and resilience	4a	Establish collaborative working across the 3 northern ambulance services through the Northern Ambulance Alliance	G	A	C	i	Further develop Board and Governance framework for the Alliance	CEO	CEO	Jun-16	C
					A	ii	Agree priority areas for action and develop work plan		CEO	Jun-16	
	4b	Improve organisational resilience through ISO 22301 accreditation	NA	NA	C	i	ISO 22301 accreditation in Procurement	EDoF		Mar-17	C
					C	ii	ISO 22301 accreditation in Fleet	DEF		Mar-17	C
					C	iii	ISO 22301 accreditation in Corporate Communications	DPD		Mar-17	C
					C	iv	ISO 22301 accreditation in Air ambulance	EDOps		Mar-17	C
					C	v	ISO 22301 accreditation in HART	EDOps		Mar-17	C
	4c	Complete site security developments for core infrastructure assets	G	G	C	i	Complete further diagnostic workshop with cross section of managers and staff	EDQ&P	EDQ&P	Sep-16	C
					G	ii	Agree site security improvement priorities for inclusion in estates and other Trust plans		EDQ&P	Dec-16	Feb-17
					C	iii	Implement additional staff guidance and support relating to incidents involving violence and aggression		EDQ&P	Dec-16	C
					G	iv	Implement agreed 16/17 priorities		EDQ&P	Mar-17	
	4d	Improve alignment with key stakeholders in wider health and social care system	G	G	NS	i	Implement new Stakeholder Relationship Management structure	DPD	DPD	Sep-16	Mar-17
					C	ii	Implement Communications and Engagement Strategy action plan		DPD	Sep-16	C
					A	iii	Establish patient panels		DPD		
					A	iv	Co-development of locality Sustainability and Transformation Plans		CEO	Jun-16	Mar-17
					A	v	Embed roles and processes to engage in local reconfiguration and community activity and BDG to monitor going forward		DPD	Sep-16	Mar-17
					A	vi	Develop governance policy and checklist for partnership arrangements.		DPD	Jun-16	Mar-17
					A	vii	Implement new corporate oversight of partnerships with other organisations		DPD	Sep-16	Mar-17
5. Provide a safe and caring service which demonstrates an efficient use of resources	5a	Address issues arising from CQC inspection	G	G	C	i	Complete implementation of CQC action plan and associated audits	EDQ&P	EDQ&P	Jun-16	C
					C	ii	Undertake mock inspection		EDQ&P	Jun-16	C
					C	iii	Complete re-inspection with preparations informed by audit and mock inspection		EDQ&P	Sep-16	C
	5b	Develop an estate to meet the needs of the current and future needs of the service	G	A	G	i	Develop and publish 5-year estates optimisation and co-location plan	DEF	DEF	Mar-17	
					A	ii	Implement 2016/17 priority improvements in line with 5 year plan, focused on 1. Willerby 2. Bramham 3. Rotherham Fairfields 4. Gildersome 5. Doncaster 6. Bentley 7.Training		DEF	Mar-17	
					A	iii	Undertake estate backlog maintenance programme		DEF	Mar-17	Dec-17
	5c	Demonstrate effective governance across key	G	G	C	i	Complete review of Trust Management Group in line with portfolio review	CEO	CEO	Jun-16	C
					A	ii	Embed new director portfolio structure and complete recruitment to key Board and TMG roles		CEO	Jun-16	Mar-17

## Strategic Objectives 2016-17

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	5c	Governance across key Trust functions	procurement is required. 5c iv: Further well led review is planned for 16/17. Committee review complete no longer scheduled for 16/17.	G	G	G	iii	Embed new Estates Governance Assurance Framework covering supplier frameworks, regulatory compliance, sustainability and property management	CEO	DEF	Sep-16	Mar-17	
						G	iv			Complete Well-led Review	EDQ&P	Dec-16	Apr-17
	5d	Align support functions to operational delivery	5d i - Correct owner? 5d i - 1. Fleet Structure interim arrangements (Under review) 5d i - 2. Medical Devices - completed 5d i - 3 Estates - Director now in post 5d i - 4. Procurement- in place (next stage-under review)	A	A	A	i	Implement revised structures in key support functions to improve governance and compliance 1. Fleet, 2. Medical Devices, 3. Estates, 4. Procurement	CEO	CEO	Sep-16	Feb-17	
						NS	ii		Implement SLAs between key support functions and operational service lines	EDQ&P	DPD	Dec-16	Mar-17
	5e	Achievement of planned surplus	5e i - See section 2.4 of IPR 5e iii - KPI (target) needs revising.	A	A	A	i	Delivery of statutory financial duties including delivery of quality and efficiency savings (CIP) plan	EDoF supported by Exec Dirs	EDoF	Mar-17		
						A	ii			Deliver agreed CQUIN schemes	EDQ&P	Mar-17	
						NA	iii			Secure new income through service tenders and other service development opportunities	DPD	Mar-17	
1. Chief Executive CEO 2. Executive Director of Finance DoF 3. Executive Medical Director MD 4. Executive Director of Quality, Governance and Performance Assurance DQ&P 5. Executive Director of Operations DOPs 6. Director of Workforce and OD DWF 7. Director of Planned and Urgent Care DP&UC 8. Director of Planning & Development DPD 9. DEF													

R  
A  
G  
NS  
NA  
C



## Demand and Performance – A&E

**A&E (Lead Director: Executive Director of Operations – Dr David Macklin, Nominated Lead: Deputy Director of Operations – Ian Walton)**

### Contracted Demand (Payment By Results Categories)

Demand (999 CCG only Calls) overall in January was above plan by 6.0% (Plan based on January 2016 Actual CCG Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging more calls (408 more in January) than contracted. The other categories are also above contract levels at this point for 2016-17. Hear and Treat figures are increasing due to more calls coming into the clinical queue.

Activity involving ambulances that have arrived at scene (responses) has increased by 2.7% compared to January 2016. See, Treat and Convey is up by 0.2% which is due to a higher level of calls. The referral rate for 111 has slightly decreased to 8.7%, the actual number of calls sent in January compared to December decreased by 1270 referrals.

#### Hear and Treat Response

Jan - 3,591 (12.8% > Contract Total)

YTD -32,191 (0.3% > Contract Total)

#### See, Treat and Refer Response (inc UCP)

Jan - 15,173 (20.1% > Contract Total)

YTD - 143,839 (18.2% > Contract Total)

#### See, Treat and Convey Response

Jan - 46,759 (0.2% > Contract Total)

YTD - 459,011 (5.1% > Contract Total)

**Performance reporting affected by a further change to the Ambulance Model.**

**For more information see annex 3.1.**

### Performance (ARP 2.2)

Future performance reporting will concentrate on what's known as the tail of performance. This is the time it will take to get to the 50th, 75th, 95th and 99th percentile of patient (ie. How long does it take to get to patients?). Performance has suffered due to the increased demand for responses which require an ambulance and therefore the reduced number of available ambulances on the road. See Annex 3.1 for further detail. Below is from 21<sup>st</sup> Oct.

Performance	Oct 20th to 31st	November	December	January	YTD
Category1 (8 min Resp)	65.7%	65.7%	64.2%	65.9%	65.3%
Category2R (19 min Resp)	70.7%	75.9%	76.5%	78.9%	76.2%
Category2T (19 min Resp)	69.2%	70.7%	67.3%	70.9%	69.5%
Category3R (40 min Resp)	73.3%	76.6%	70.8%	77.6%	74.8%
Category3T (40 min Resp)	69.7%	69.3%	66.2%	70.0%	68.6%
Category4T (90 min Resp)	89.1%	81.3%	81.6%	81.6%	82.9%
Category4H (90 min Resp)	100.0%	99.5%	95.4%	98.5%	98.1%

*Due to the ARP pilot there are no national targets for performance until the pilot has been reviewed*

### Demand Impact

1 – Higher levels of demand this year is having a significant impact on performance with a much higher proportion of responses (a least 1 ambulance arrived scene)

2 – Increased job cycle times due to hospital delays and other reasons alongside the demand increase causes of staff requirements to increase beyond the expected levels.

3- Resources having to be committed to reconfigurations that have started such as Scarborough Stroke, Barnsley Stroke, Northallerton and Mid Yorks.

### Keys action in place to improve performance

1 – **Improving Hear and Treat rates** by expanding the number of jobs in the clinical queue which in turn reduces the demands on ambulance staff.

2 – **Reducing vehicle ratio per incident** by reviewing allocation procedures. This will free up ambulances for other jobs.

3 – **Improving allocation times** will speed up the response and reduce the tail of performance. CAD development is ongoing to introduce auto allocation to improve allocation for high priority incidents.

4 –Improving hours on the road by **introducing new rotas** and putting staff on the road at the right times of day to cope with demand.

5– Working with hospitals **to improve turnaround** which will free up more ambulance hours to respond to increasing demand.

6- Working **with NHS England** to review ARP pilot and implement agreed actions

7 - Options appraisal ongoing to review Nature of Call vs keyword to **improve early red predict by 35%**. This helps to get ambulances calls for the most critically ill to dispatchers quicker.

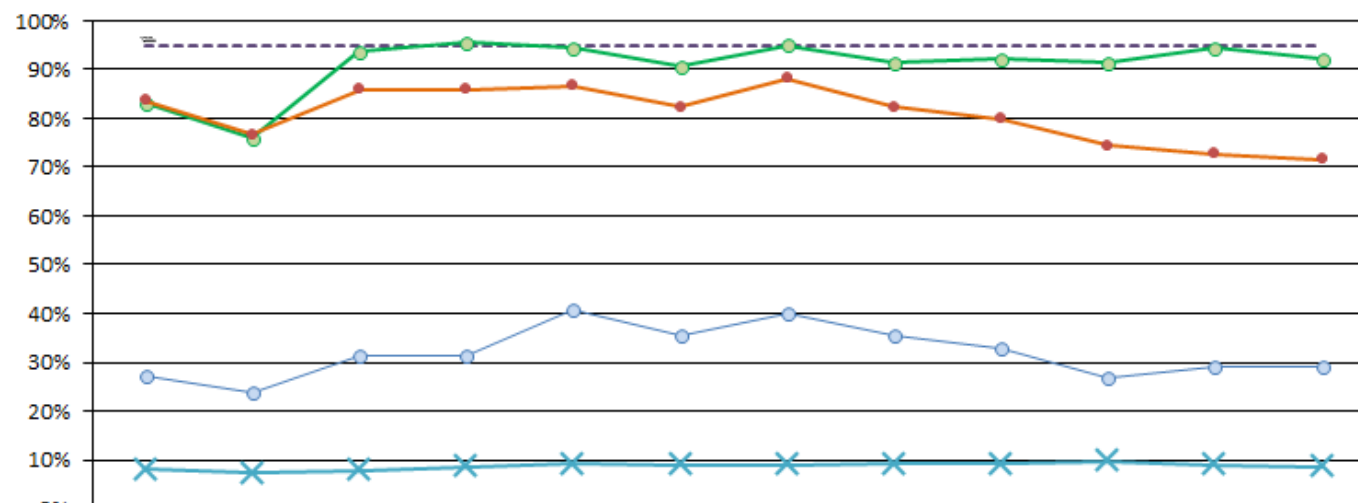
## Demand and Performance – NHS 111

NHS 111 (Lead Director: Director of Planned and Urgent Care - Philip Foster, Nominated Lead: Associate Director for Integrated Urgent Care – Keeley Townend)

### NHS 111 Key Indicators for Performance

YTD Answered calls as at end of January are 0.1% (1,674 calls) below YTD contract ceiling volume. The year to date performance for calls answered in 60 seconds is currently 1.8% above the same position last year.

**Call back in 2hrs:** A significant clinician recruitment campaign has failed to increase clinician numbers to meet demand. This combined with increased demand levels over winter months is driving performance down. A summary of challenges in clinician recruitment has been collated and a plan on next steps to increase clinician numbers has been drawn up for wider trust support



	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
--- Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
● Ans in 60 secs %	82.9%	75.9%	93.5%	95.5%	94.4%	90.5%	94.9%	91.3%	92.2%	91.2%	94.3%	92.1%
✕ Referred to 999 %	8.0%	7.3%	7.9%	8.6%	9.2%	9.0%	9.0%	9.2%	9.3%	9.8%	8.9%	8.7%
● Warm Transferred Or Called back in 10mins (%)	27.3%	23.7%	31.3%	31.4%	40.8%	35.6%	39.8%	35.5%	32.8%	26.8%	29.1%	29.1%
● Call Back in 2 Hours	83.7%	76.7%	85.9%	85.9%	86.6%	82.3%	88.2%	82.3%	79.9%	74.4%	72.7%	71.5%

Calls Offered have increased by 2.1% compared to January 2016. Answered in 60 performance has increased by 11.9% when compared to the same month last year. Month on month, performance went from 94.2% in December to 92.1% in January (Down by 2.3%). Warm Transferred and Call Back in 10 minutes has remained constant month on month and 2.8% down compared to January 2016. 111 referrals to 999 down by 0.7% year on year but remain within target. In January, 2,589 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed and 2,501 were checked by a clinician before being sent out (this is a total of 5,090 ambulances validated out of 7,188 - 70.8%).

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 10.7% above budgeted for January but 3.5% below YTD budget. Available time was 1% below budgeted for January.

## Demand and Performance - PTS

**PTS (Lead Director: Director of Planned and Urgent Care - Philip Foster, Nominated Lead: Managing Director PTS – Chris Dexter)**

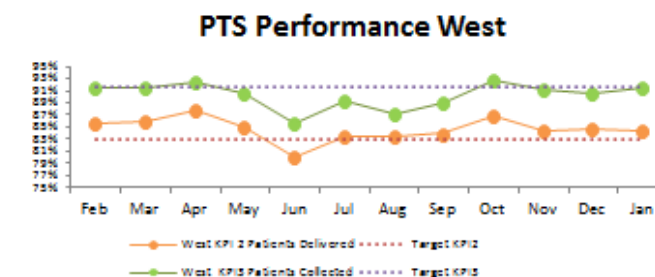
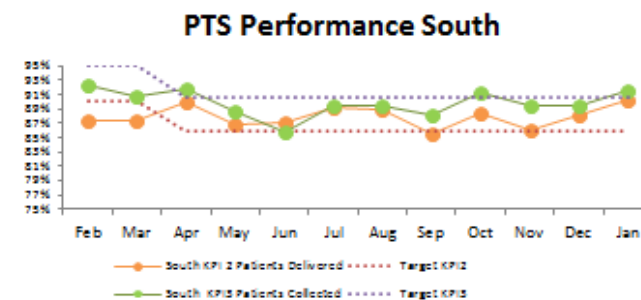
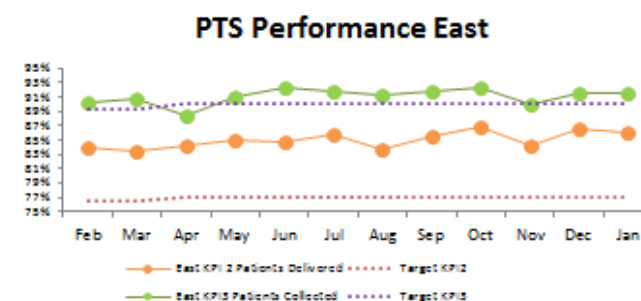
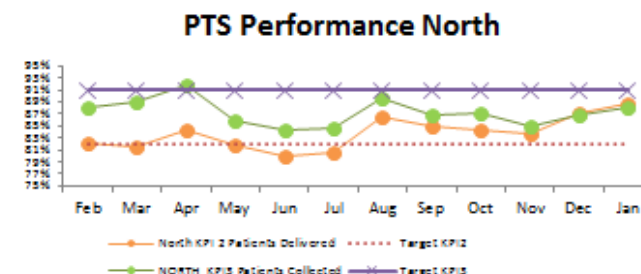
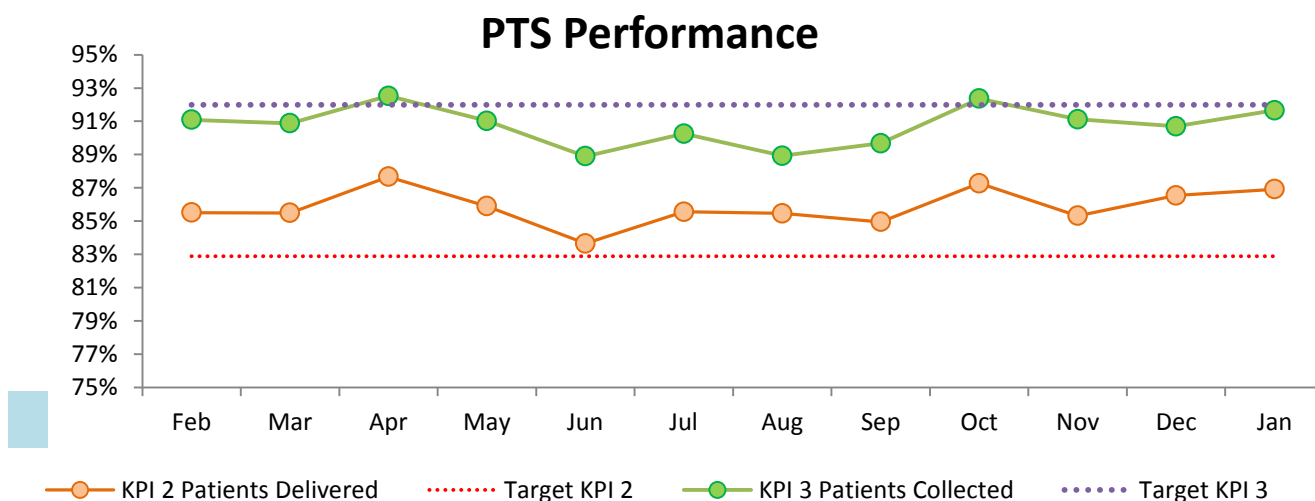
### PTS –Performance

- **KPI 2** - arrival prior to appointment – Again January saw a positive PTS performance achieving 86.9% against a target of 82.9% + 4%. Overall YTD is encouraging currently standing at 85.9% giving 3% ahead of target.
- **KPI 3 – departure** after appointment – January saw an improvement on PTS performance achieving 91.7% in line with target. There continues to be an overall improvement on YTD performance currently below 1% of an overall target of 91.7%
- **Exceptions** - West: Bradford, Airedale, Greater Huddersfield and Calderdale were badly affected by adverse weather on 13 January 2017 which led to some service disruption.

Bradford City and Districts have seen an improvement in both inward and outward performance particularly in Bradford City for KPI 3 with an increase from 78.6% in December 2016 to 88.4% in January 2017.

East Hull (despite contract loss) continues to over achieve on all targets other than KPI 4 (on day discharge) there has been a 3% increase in ODD demand.

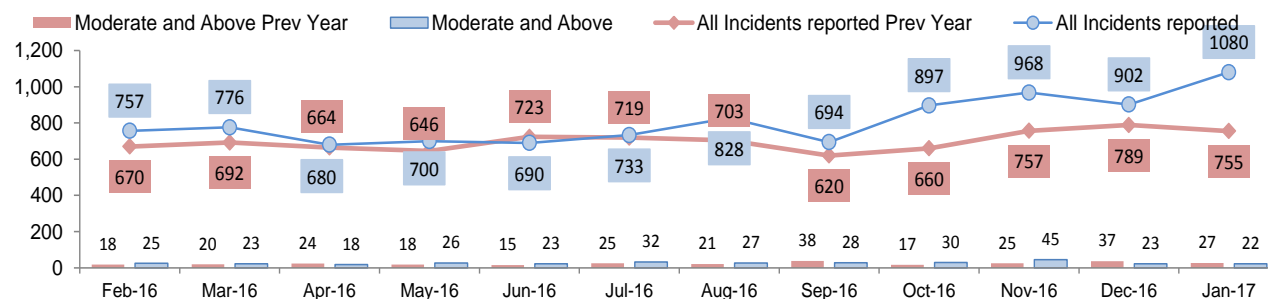
South continues to significantly over perform on inward patient journeys.



## Quality (Lead Director: Executive Director of Quality, Governance and Performance Assurance – Steve Page, Supported by Executive Medical Director – Dr Julian Mark, Nominated Leads: Associate Director of Quality & Nursing – Karen Warner, Associate Medical Director – Dr Steven Dykes)

**Complaints:** Complaint levels have remained consistent with previous months despite an increase in activity. Response times for all Trust complaints and concerns against timescales agreed with the complainant remains high at 91% (YTD) and the average response time is 23 days.

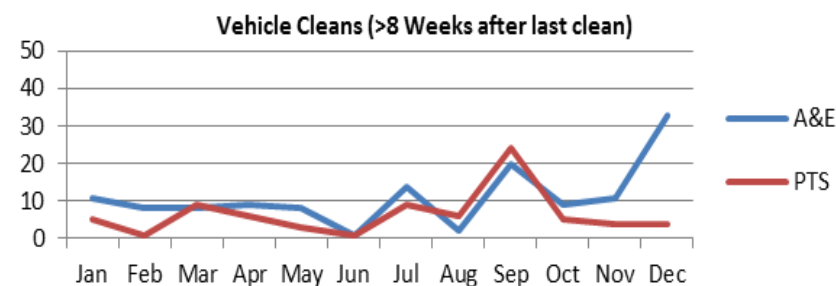
**Incidents:** January saw an increase in the number of incidents reported within A&E Operations with a 14.7% increase on the previous month. An overall increase of 19.73% in incidents reported from December to January. Although there has been an increase in incident reporting, the number of incidents reported that are categorised as moderate and above fell to its lowest level for 8 months. The incidents categorised as moderate and above accounted for 2.03% of all incidents.



**Friends and family Test:** Results for Quarter 3 (latest reporting) remain positive with 88.5% (PTS) and 89.9% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

**IPC Audits:** Audit compliance in January remained positive across hand hygiene and bare below the elbows compliance, vehicle and premises cleaning.

**Infection prevention and control:** The number of deep clean breaches (27 for A&E and 4 for PTS) - vehicles more than 8 weeks following last deep clean has decreased slightly in January despite overall pressure on resources remaining high, and remains within the significantly lower range seen over recent months with 99.4% compliance. These are actively managed through the weekly review process.

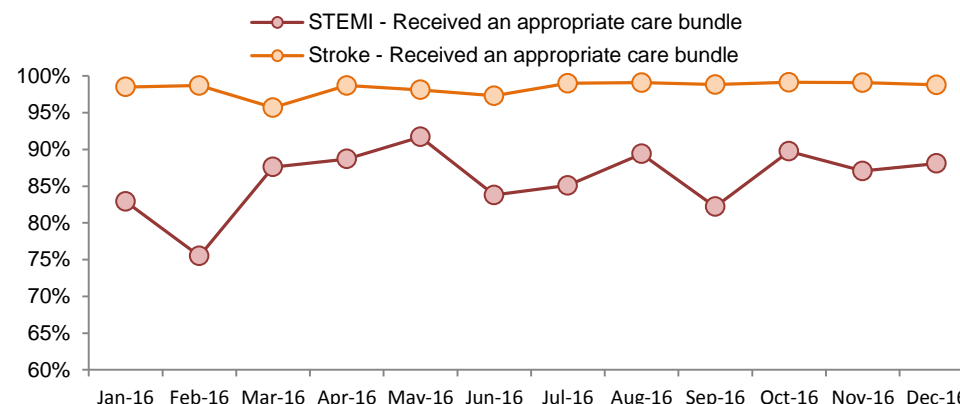
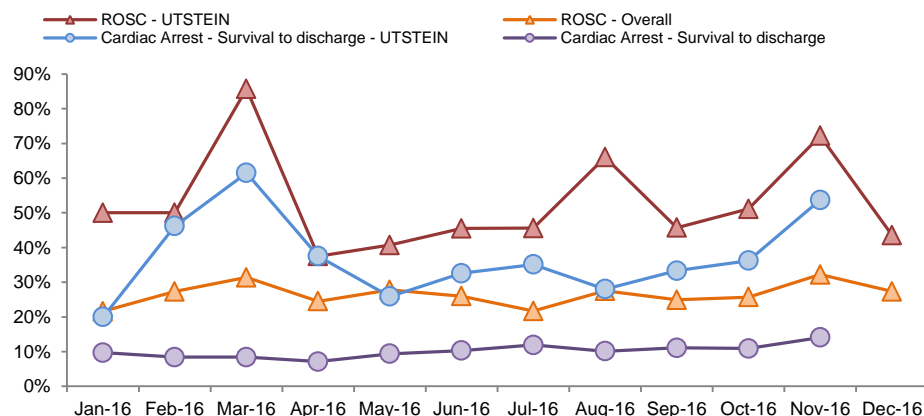


**Safeguarding training compliance:** The Trust is achieving its target for Safeguarding Children Level 1 & Level 2 training and Safeguarding Adult Level 1 training. Work is ongoing to agree a Trajectory with Commissioners for Safeguarding Adult Level 2 training, following the recent publication of Safeguarding Adults; Roles and competences for healthcare workers – Intercollegiate Document (2016). Adult level 2 training is being undertaken but work is continuing to develop the associated compliance reporting.

**Legal requests** – Compliance with the 21 day timescale has improved to 77% up 12% on last month's figure of 65%.

## Clinical (Lead Directors: Executive Medical Director - Dr Julian Mark, Nominated Lead: Deputy Medical Director – Dr Steven Dykes)

The chart below relates to nationally agreed Ambulance Quality indicators (AQIs). ROSC is Return Of Spontaneous Circulation.



The Trust's Resuscitation Plan 2015-20 concentrates on improving survival to discharge from out of hospital cardiac arrest which is of more significance to the patient rather than the measure of Return of Spontaneous Circulation (ROSC) at arrival at hospital. With reduced confidence in the statistical significance, YTD YAS remain the top performing (using latest benchmark data available) ambulance service for the UTSTEIN group. Month to month variation in results is not statistically significant due to the small numbers of patients involved, particularly in the Utstein comparator subgroup.

**Outcome from Cardiac Arrests:** ROSC (overall) performance for December matches the consistent performance trend thus far for 2016 with an achievement of 27.3%, slightly down from November's figure of 32.2% which was the highest performing month of 2016 thus far.

In line with the results of ROSC overall, the UTSTEIN comparator group also demonstrates outstanding achievement of 71.7% for November. December's figure of 43.5%, although down from the previous month, is still comparatively high on average.

Survival to discharge results for November 2016 demonstrates outstanding performance with an achievement of 14.1%. This is the highest percentage performance recorded over the last three consecutive years and depicts YAS's hard work.

Survival to Discharge within the UTSTEIN comparator group emulates this pattern. Notably September, October and November show an increasing pattern of achievement, cumulating in November's figure of 53.7% being the second highest performing month of the 2016 thus far.

**AQI Care Bundle:** STEMI and stroke data for September and October 2016 indicates a consistently high level of care is being delivered to patients across all areas.

Stroke care has shown outstanding performance across 2016, notably in October and November, achieving 99.1%. December's figure of 98.8% continues this high level of achievement.

STEMI care performance also continues to depict exceptional levels of achievement with October's figure of 89.7% being the second highest performing month of the year followed by December's figure of 88.1%. The whole of 2016 has illustrated a pattern of high performance, particularly May with 91.7%.



## Workforce (Lead Director: Executive Director of People and Engagement – Roberta Barker: Nominated lead Associate Director of HR Suzanne Hartshorne)

**Sickness Absence:** The sickness absence rate for January 2017 stands at 6.10% which is an increase of 0.1% from the previous month, which is not unusual for the time of year. This is higher than the same period last year when it stood at 6.05%. The 12 month figure stands at 5.4% compared to the 5.7% for the 12 month period of February 2016 to January 2017. The main reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & Well-being Strategy, which focus on reducing absence in these areas. Most notably a musculoskeletal initiative to be delivered in the call centre environments, a strong Communications Strategy for the One You campaign and the recruitment of an in-house Occupational Health Nurse.

**PDR Compliance:** The current PDR rate is 75.8% against the Trust target of 90%. Action continues to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning process. PDR processes will also be reviewed in line with Trust values.

**Statutory and Mandatory Training:** The current compliance for the Statutory and Mandatory Workbook is 91.78%.

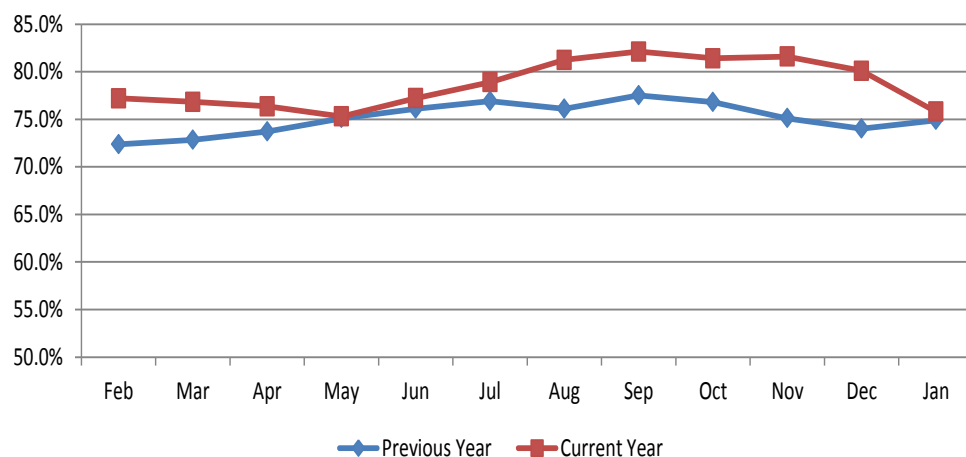
**Retention/ Attrition:** Turnover has decreased to 10.78% for last month compared to 11.66% for the previous 12 months, 89% of turnover is voluntary. Turnover in 111 continues to be of concern, which is reflective of the national picture and HR are working with 111 management on retention strategies.

The Trust is currently undertaking a number of initiatives to try and improve the retention of staff particularly those in operational roles.

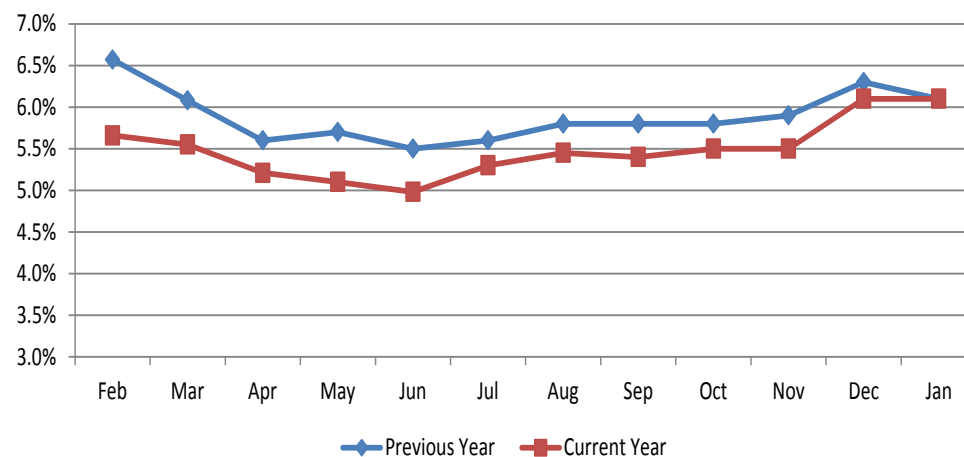
These include:-

- There is work that is being done to create a clear career framework for A&E staff as part of the A&E transformation programme
- An ongoing review of the working pattern and rotas of operational staff is currently being undertaken.
- Recruitment to address operational shortfalls is being done at pace, to relieve operational pressure and stress on existing staff.
- Work is currently being done to address some of the results of the Cultural Audit e.g. development of leadership behaviours framework and development of staff engagement framework.

### PDR Compliance



### Sickness Absence



## Finance (Lead Director: Executive Director of Finance – Robert D Toole, Nominated Lead: Deputy Director of Finance – Alex Crickmar)

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
<b>Income</b>	21,401	21,441	40	209,673	212,758	3,086
<b>Expenditure</b>	(20,114)	(20,607)	(492)	(205,666)	(209,162)	(3,496)
<b>Retained (Deficit) / Surplus with STF Funding and without B5 Paramedic Rebanding</b>	1,287	835	(452)	4,006	3,596	(411)
<b>B5 Paramedic Rebanding **</b>	0	(60)	(60)	0	(60)	(60)
<b>Retained (Deficit) / Surplus with STF Funding and B5 Paramedic Rebanding</b>	1,287	775	(512)	4,006	3,536	(471)
<b>STF Funding</b>	(254)	0	254	(1,013)	(1,140)	(127)
<b>Retained (Deficit) / Surplus without STF Funding*</b>	1,033	775	(258)	2,993	2,396	(598)
<b>EBITDA</b>	2,284	1,730	(494)	13,504	12,952	(491)
<b>Cash</b>	18,882	26,285	7,403	18,882	26,285	7,403
<b>Capital Investment</b>	(2,175)	(1,995)	180	(12,676)	(7,660)	5,016
<b>Quality &amp; Efficiency Savings (CIPs)</b>	787	611	(176)	7,291	6,095	(1,196)

\* Note this position is before any STF funding (Sustainability Transformation Funding)

\*\* B5 Paramedic Rebanding costs backdated to 1st January 2017

funding in relation to STF has been assumed in the position as the Trust does not expect to achieve the planned surplus in the final quarter. Excluding the STF contribution this shows the trust behind plan (adverse variance of £258k). The YTD position is behind plan by (£471k) with a surplus of £3,536k (net of £60k paramedic re- banding costs) against a planned YTD position of £4,006k. Excluding STF the YTD position shows a surplus of £2,396k against a planned surplus of £2,993k and therefore an adverse variance of (£598k).

At the end of January 2017, the Trust's cash position was £26.3m against a planned figure of £18.9m. The additional cash balance of £7.4m is principally due to capital spend being less than planned as described below (£5.0m), with the balance being due to favourable working capital.

Capital spend for 2016/17 at the end of January 2017 is £7.7m against the plan of £12.7m.

The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned site acquisition has been delayed until 2017/18. The 2016/17 planned spend profile was updated to reflect the A&E Fleet and HART vehicle build programme and associated equipment. However as reported previously expenditure has been delayed due to a user specification changes, with the first vehicle delivered in mid-November, 30 vehicles commissioned as at end January 2017 with the final vehicle expected to be delivered in March. In November the Trust received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trusts CRL, however the use of operating surplus/cash reserves of £2.1m is no longer required this financial year due to slippage in the capital programme relating to Hub and Spoke and purchase of training facility.

The Trust has a savings target of £9.059m for 2016/17. 84% delivery of the CIP target was achieved YTD as at January and 51% of this was achieved through recurrent schemes. Reserve schemes have contributed £2,345k of the year to date savings. This creates an overall adverse variance against plan of (£1,196k).

The new "Single Oversight Framework" came into effect in the monthly finance returns from Month 7. This currently shows at Month 10 the Trust as a 2 rating (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 for the financial indicators covering Liquidity and Capital Serving Capacity, and 2 for I&E Margin due to being behind plan. Agency is rated as a 3 due to the Trust being overspent against the agency cap.

The Trust submitted a revised financial plan to NHS Improvement with an annual planned surplus of £5.1m for 2016/17 in line with the control total agreed with NHS Improvement. In month 10 the plan was a surplus position of £1,287k with the actual surplus being £775k, and therefore an adverse position of (£512k) against plan (Note - This is net of £60k additional costs relating to the national agreement on paramedic rebanding - for which funding may be received at a later date however has not been included in the current position in line with national guidance). In month no

## Single Oversight Framework

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
ROSC in Utstein group (AQI YTD Sep 16)	51.3%
Stroke in 60 mins (AQI YTD Sep 16)	47.1%
Stroke care (AQI YTD Sep 16)	98.5%
STeMI 150 mins (AQI YTD Sep 16)	85.6%
CQC rating	2

### Leadership & Improvement Capability

Staff sickness, <a href="#">Sep 16</a>	5.39%
Staff turnover	10.83%
Executive team turnover (Kevin Learoyd)	12.58%
2016 Staff Survey response rate (Carol Tallett but updated annually)	37%
Proportion of temporary staff	NA
Aggressive cost reduction plans	NA
Written complaints, <a href="#">Q2 16-17</a>	465
Staff F&F Test % recommended care <a href="#">Q2 16-17</a>	82%
Occurrence of any never event	NA
NHSE/NHSI Patient safety alerts outstanding	"

### Operational Performance

*Maximum 8 minute response for calls:*

- Category 1 65.9%

*Maximum 19 mins for all category calls:*

- Category 1 (conveying) 89.4%
- Category 2R 78.9%
- Category 2T 70.9%

### Strategic Change

WYUC RAG	AMBER
Hub & Spoke RAG	AMBER
A+E transformation RAG	AMBER
PTS transformation rag	AMBER

### Finance and Use of Resources

<b>Capital service capacity</b> (Degree to which a providers generated income covers its financial obligations)	SOF Rating* 1
<b>Liquidity</b> (days of operating costs held in cash or cash equivalent forms)	1
<b>I&amp;E margin</b> (I&E surplus or deficit/ total revenue)	1
<b>Distance from financial plan</b> (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	2
<b>Agency spend</b> (distance from providers cap)	3
<b>OVERALL USE OF RESOURCES RATING</b>	2

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

## 2.2. Quality and Efficiency Savings (CIP)

Jan-17

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	1,856	(1,732)	The A&E Operational efficiency schemes are adverse by (£1,732k) against planned savings. This is mainly due to continuing high demand above contracted levels (c. 6%). The Schemes includes slippage on missed meal breaks & Private Providers.
Clinical Directorate	43	36	0	Monthly achievement in line with planned savings.
Special Operations	256	213	(86)	Special Operations is currently adverse to plan due to challenges in achieving an increase in Private & Events and community resilience income.
Patient Transport Service	1,841	1,534	(1,243)	Areas adverse to plan include: aborted calls scheme (£79k), pay & non pay elements of the workforce plan (£434k & £47k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£678k). See reserve schemes below which partially offset this adverse variance.
Finance & Procurement	455	379	(67)	The schemes are underachieving by (£67k) against plan, which is due to volume variances e.g. uniforms and medical consumables given increased demand.
Quality, Governance & Performance Assurance	98	86	0	Achievement in line with planned savings.
111	595	496	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
EOC	308	257	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	2,434	(414)	Areas of variance against plan include: Fleet schemes (£125k), Estates (£142k) and People and Engagement (£161k), resulting in an adverse variance of (£414k) against plan.
<b>Total Planned Scheme Savings</b>	<b>9,059</b>	<b>7,291</b>	<b>(3,541)</b>	
Reserve Schemes	0	0	2,345	This relates to the non-recurrent A&E working within contract funding of £1,295k, PTS Income of £611k and Estates schemes of £133k.
Recurrent Reserve Schemes	0	0	0	
Non-recurrent Reserve Schemes	0	0	0	
<b>Total Savings</b>	<b>9,059</b>	<b>7,291</b>	<b>(1,196)</b>	

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

Trust Wide	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Introduction of staff wellbeing	33.3%	£379,270	Green	Green	Green	Green	Green	Green	Green	Green	Red	Red	Red		
Healthy food for NHS staff, visitors	33.3%	£379,270	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		
Improving the uptake of flu vaccinations for frontline clinical staff	33.3%	£379,270	Green	Green	Amber	Amber	Amber	Amber	Amber	Amber	Red	Red	Red		
<b>Total</b>	<b>100%</b>	<b>£1,137,810</b>													

**Comments:-** This year's flu vaccination campaign wasn't as successful as planned the reasons for this have been reviewed and a new campaign has been drafted for 17/18 with a clear plan to achieve. Wellbeing schemes will be progressing from the start of 17/18 with clear comms in place to ensure delivery of CQUIN targets for 17/18-18/19.

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

A&E CQUINS	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Sepsis	14.29%	£379,270	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Ambulance Mortality Review	21.43%	£568,905	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Assessing the quality of CPR	21.43%	£568,905	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
End to end reviews	21.43%	£568,905	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Health Care Professional calls	14.29%	£379,270	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Patient outcome data	7.14%	£189,635	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber			
<b>Total</b>	<b>100%</b>	<b>£2,654,890</b>													

**Comments:-** Q3 report submitted to commissioners.  
End to End Review and Mortality Review CQUINs are being extended into the 2017/19 CQUIN schedule.  
Patient Outcome Data - Ongoing work with commissioners and hospitals. Pilot work with Bradford hospitals is progressing well.

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

PTS CQUINS	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Patient Portal	TBC	TBC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Courtesy Calling	TBC	TBC	Green	Green	Green	Amber	Amber	Green	Green	Green	Green	Green			
<b>Total</b>	<b>TBC</b>	<b>TBC</b>													

**Comments:-**  
Both CQUIN's on track and Q3 Reports signed off

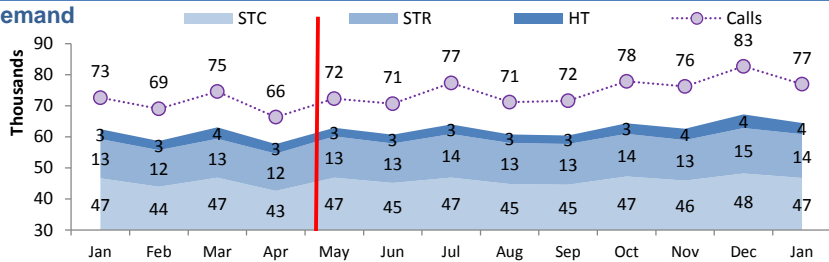
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved



## 3.1 A&E Operations (Lead Director: Executive Director of Operations - Dr D Macklin, Nominated Lead: Deputy Director of Operations - Ian Walton)

Jan-17

### 1. Demand



Compared to last year Hear & Treat calls have now increased and are above contract by 0.2%, See Treat & Refer responses have increased by 8.6% and See Treat & Convey have increased by 4.9%. Overall responses (incidents arrived at scene) are above contracted.

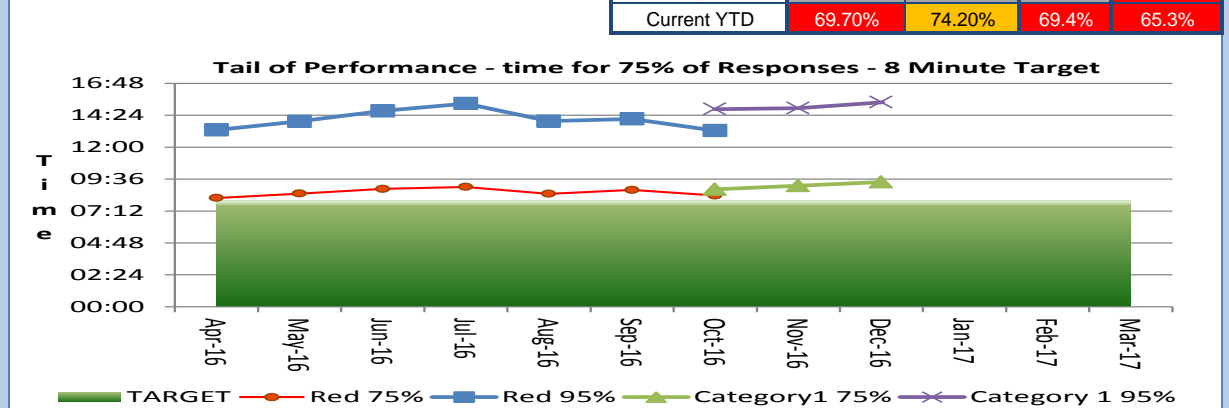
	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	758,150	32,402	144,135	461,962
YTD YAS (inc OOA&UCP) 2015-16	708,384	32,333	132,774	440,512
<b>Variance (Between Years)</b>	<b>49,766</b>	<b>69</b>	<b>11,361</b>	<b>21,450</b>
	<b>7.0%</b>	<b>0.2%</b>	<b>8.6%</b>	<b>4.9%</b>
YTD (Contract CCGs only) Actuals 2016-17*	743,372	32,291	133,936	459,011
YTD (Contract CCGs only) Contracted 2016-17	695,857	32,191	121,733	436,877
<b>Variance (to Contract)</b>	<b>47,515</b>	<b>100</b>	<b>12,203</b>	<b>22,134</b>
	<b>6.8%</b>	<b>0.3%</b>	<b>10.0%</b>	<b>5.1%</b>

\* excludes UCP and Out of Area

### 3. Quality

	January	YTD
<b>Serious Incidents (Rate Per 1000 Responses)</b>	1 (0.02) ↔	14 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
<b>Total Incidents (Rate Per 1000 Responses)</b>	702 (11.3) ↑	5206 (8.6)
Total Incidents per 1000 responses was more in January than the year to date average. There were 90 more incidents than December		
<b>Feedback</b>	Complaints	22 ↑ 154
	Concerns	24 ↑ 163
	Comments	3 ↓ 59
	Service to Service	21 ↑ 147
	Compliments	6 ↓ 531
<b>Response within target time for Complaints and Concerns</b>		95% 92%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	1 4
The average response time for Complaints and Concerns in Jan was 32 days and YTD is 29 days		
<b>Vehicle Deep Clean (&gt;8 weeks after last clean)</b>	27 ↓	134

### 2. Red Performance



		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Red</b>	75%	08:11	08:31	08:52	09:01	08:30	08:47	08:22					
	95%	13:18	13:57	14:44	15:17	13:58	14:08	13:15					
<b>Category1</b>	75%							08:50	09:06	09:23	09:00		
	95%							14:52	14:56	15:23	14:44		
<b>TARGET</b>		08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

ARP2.2 Pilot (Commenced 20th October): Performance for Category1 is below the 75% target at 65.9%

### 4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	Available
Jan 17 (FT Equivalents)					%
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,247	154	405	1,688	75%
Variance	(13)	(41)	160	106	6.7%
% Variance	(0.6%)	(35.9%)	28.4%		
FTE (worked inc overtime)*	2,431	154	405	1,872	77%
Variance	171	(41)	160	290	18.4%
% Variance	7.6%	(35.9%)	28.4%		

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

**Available FTE has increased from last month (1688 compared to 1568) however it is still below planned Gross FTE (0.6%) Absence is higher than planned.**

**The number of Operational Paramedics is 914 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.

### 5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
CIPs		1,856	1,659	(198)

The A&E Operational efficiency schemes are behind plan at the end of January. This is due to slippage on missed meal breaks, Private Providers and other unidentified recurrent schemes. These are being in part offset by non-recurrent savings on A&E Clinical Supervisors (utilising their time as part of the front line rota).

## 1. 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)

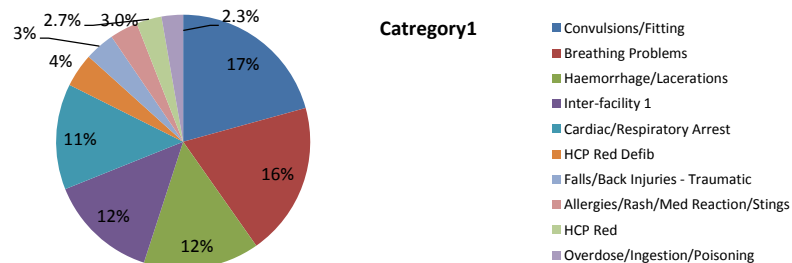
Category2 – Life-threatening emergency (Response standard within 19 minutes)

Category3 - Serious but not life-threatening emergency (Response standard within 40 minutes)

Category4 – Non-emergency (Response standard 1 to 4 hours)

## 3. Top 10 Chief Complaints

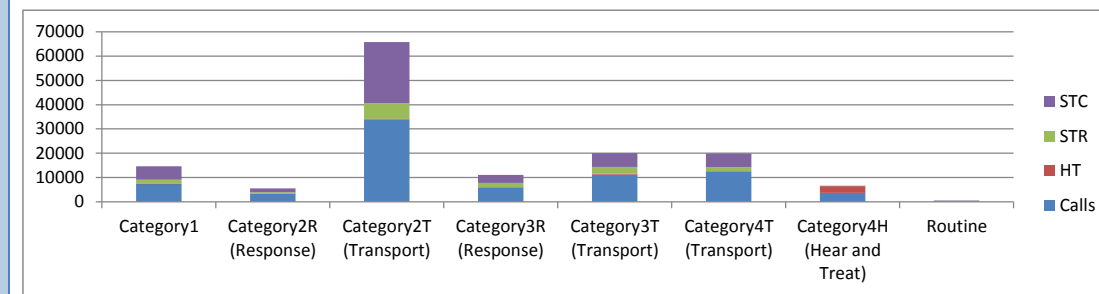
Top 10 Chief Complaints	Category1
Convulsions/Fitting	17.4%
Breathing Problems	16.4%
Haemorrhage/Lacerations	12.4%
Inter-facility 1	11.7%
Cardiac/Respiratory Arrest	11.3%
HCP Red Defib	3.6%
Falls/Back Injuries - Traumatic	3.2%
Allergies/Rash/Med Reaction/Stings	3.0%
HCP Red	2.7%
Overdose/Ingestion/Poisoning	2.3%



## 2. Demand and Performance

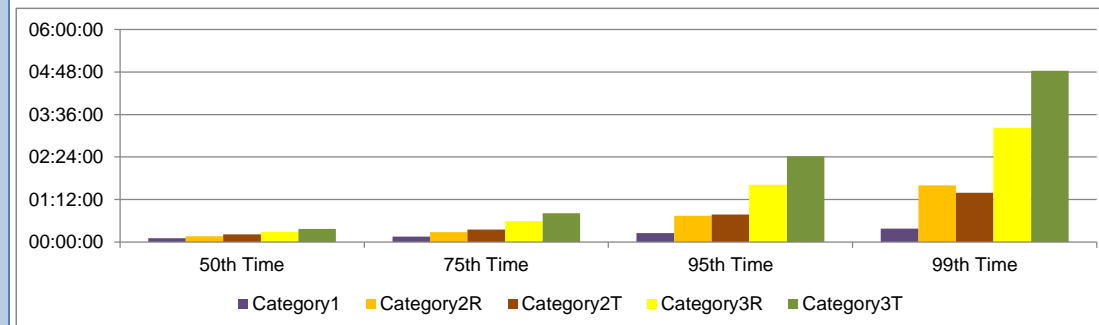
ARP2.2	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Category1	7402	20	1770	5534	7304	8 Mins (75% Target)	65.9%	11.7%
Category2R (Response)	3326	46	680	1490	2170	19 Mins (No Target)	78.9%	3.5%
Category2T (Transport)	33945	166	6531	25132	31663	19 Mins (No Target)	70.9%	50.9%
Category3R (Response)	6000	151	1685	3240	4925	40 Mins (No Target)	77.6%	7.9%
Category3T (Transport)	11211	374	2785	5637	8422	40 Mins (No Target)	70.0%	13.5%
Category4T (Transport)	12539	134	1598	5680	7278	60 Mins (No Target)	81.6%	11.7%
Category4H (Hear and Treat)	3766	2712	113	82	195	60 Mins (No Target)	98.5%	0.3%
Routine	298	0	16	220	236	Hear & Treat	94.9%	0.4%

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



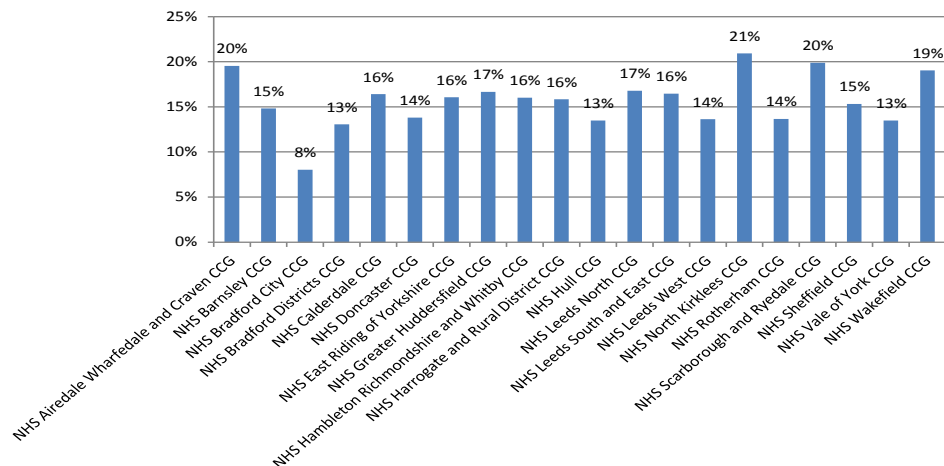
## 4. Tail of Performance

ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:32	00:09:00	00:14:44	00:22:25
Category2R	00:09:38	00:16:50	00:44:33	01:36:05
Category2T	00:12:37	00:21:01	00:46:31	01:23:12
Category3R	00:17:14	00:34:56	01:37:01	03:13:31
Category3T	00:21:54	00:48:53	02:25:15	04:50:13



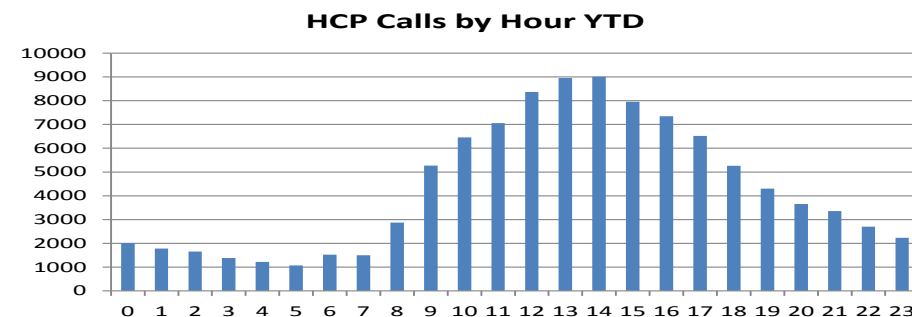
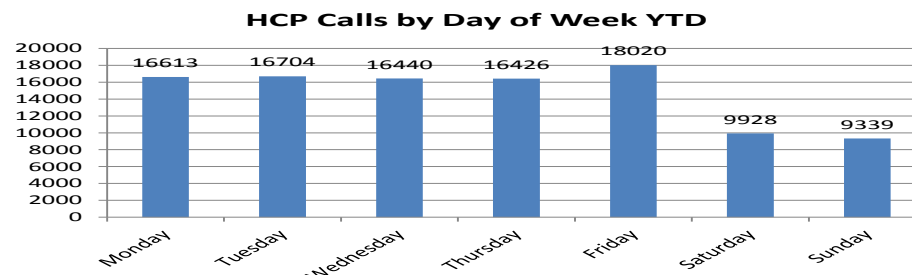
Tail of performance for Category1 - 50% of people received a response in 6 mins 32 seconds. 95% of patient were seen in 14 mins and 44 seconds. Tail of Performance for Category2 (within 19 minutes) is 9:38 and 12:37 for 50th Percentile

## 1. HCP (All) Proportion of Total Demand (2016-17 YTD)



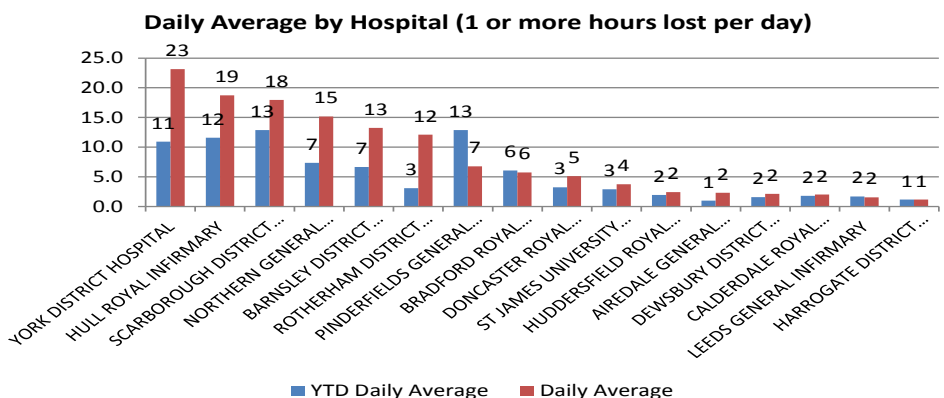
Category1 Calls as a proportion account for 12.5% of all HCP calls.  
NHS Sheffield CCG has the highest volume of HCP demand of all the CCGs (see section 4 HCP Call Graph).  
The time of day with the highest (59.6%) of all calls are between 10 and 6pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

## 2. HCP by Time of Day



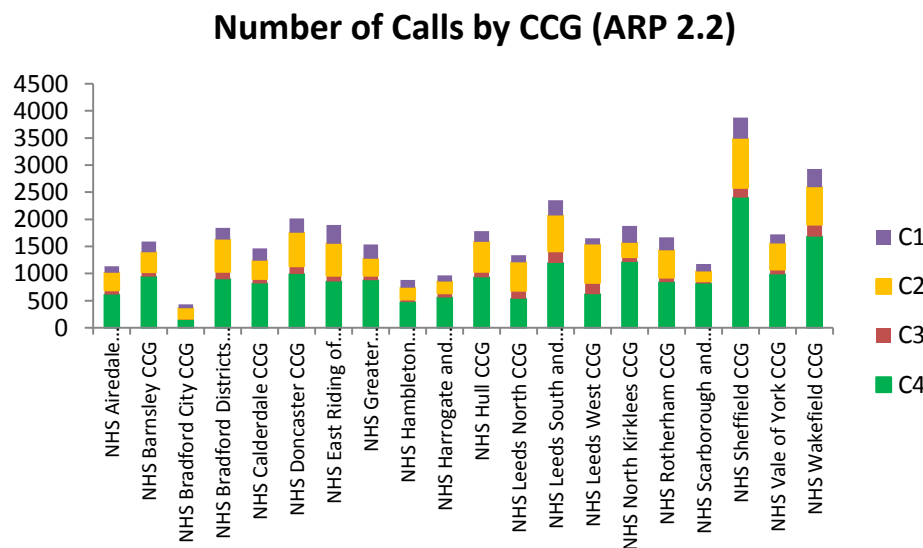
## 3. Hospital Turnaround - Excessive Response

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	last 12 mths
Excessive Handovers Over 15mins (hours)	2734	3300	1981	2323	2283	2274	2187	2162	3149	2923	3160	4149	32625
Excessive Hours per Day	94	106	66	74.9	76	73	71	72	102	97	102	134	1068

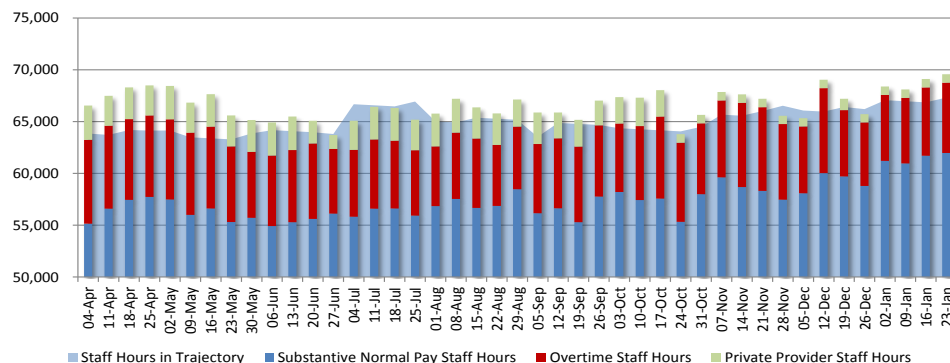


Excessive time lost at hospitals was higher in January than December. It continues to be higher than for the same period last year. York, Hull, Scarborough and Northern General have been impacting on performance.

## 4. HCP by Grade of Call



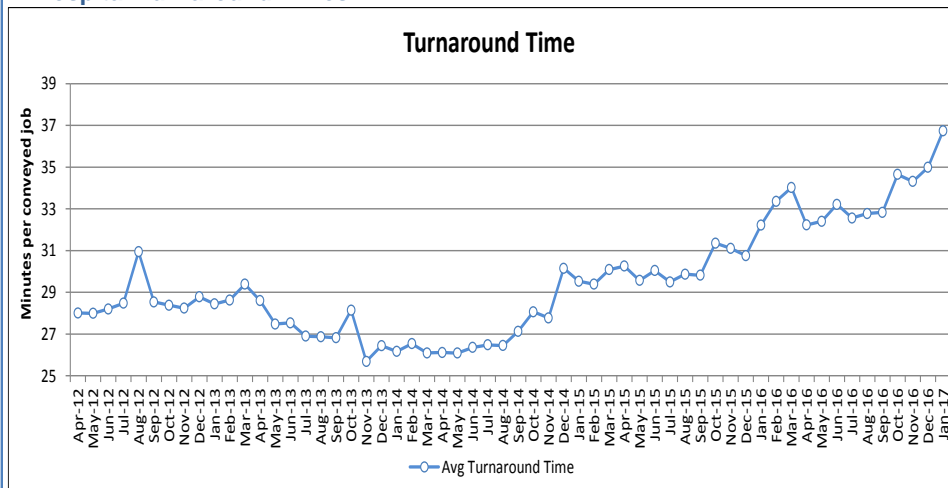
## 1. Resource Hours



Total Responses (minus Triage)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
2015-16	55,039	56,192	55,166	57,108	57,255	54,953	57,974	58,060	61,218	60,917	512,965
2016-17	56,014	61,569	59,198	62,357	59,546	58,937	62,169	60,434	64,279	62,351	606,854
Variance	1.8%	9.6%	7.3%	9.2%	4.0%	7.2%	7.2%	4.1%	5.0%	2.4%	18.3%
Yr on Yr Increase in Required FTE - Demand Only	26	139	107	135	59	106	108	63	79	37	97

Staff hours for December were 2.7% up on the expected for the month in the submitted trajectory. Year to date remains 2.5% over planned. By utilising the YAS Capacity model the table below shows the impact of increased demand on our FTE requirement. The 6.1% year to date increase requires 97 extra FTE to meet the same levels of performance as 2015-16. The estimated cost of the increased FTE requirement for 2016-17 is £4 Million based on a FTE split of 60% Paramedic and 40% Emergency Care Assistants.

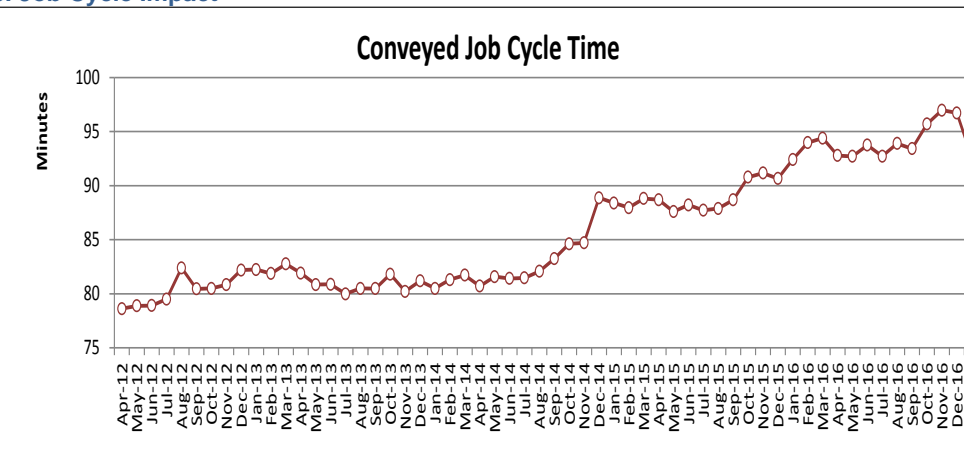
## 2. Hospital Turnaround Times



Turnaround times for January were 5.0% up from December and 14.1% up from January 2016.

- A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 1 additional ambulance at all times or 7 full time ambulances per week
- A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 5 additional ambulance at all times or 36 full time ambulances per week

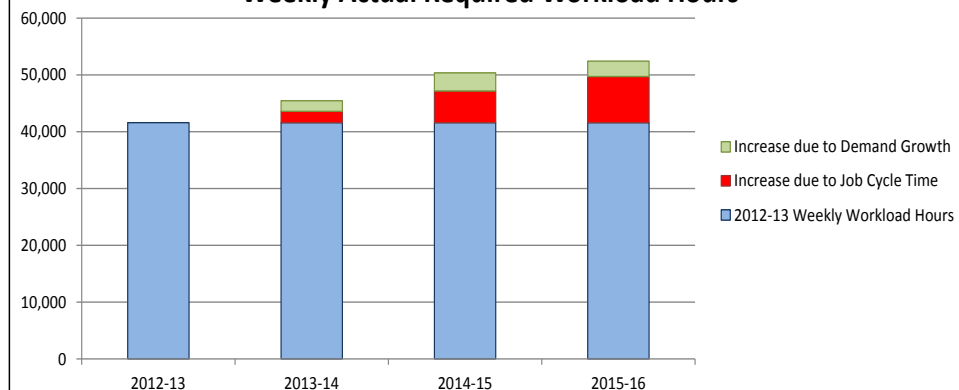
## 3. Job Cycle Impact



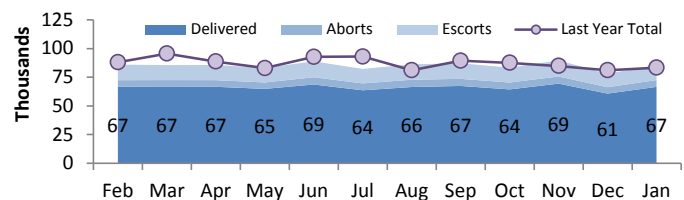
### Impact of Job Cycle Time on Staffing

- In 2015/16 we required 26% more resource workload hours based on actual demand and job cycle time
- 75% of this growth (circa 220 of 290 fte) was due to growth in Job Cycle time only.
- Over this time the Trusts budget for frontline fte grew by 66 (inline with the growth in requirement due to demand growth).

## Weekly Actual Required Workload Hours



## 1. Demand



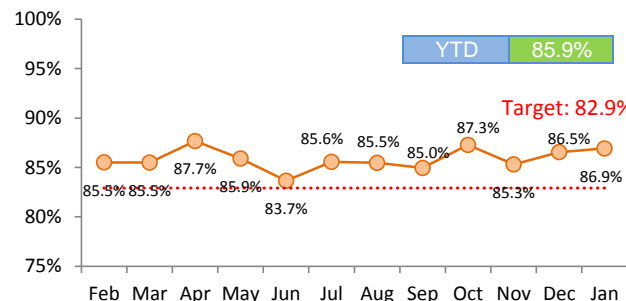
## Comparison to Plan

	Delivered	Aborts	Escorts	Total
April to March				
YTD 2016-17	658,693	59,973	131,317	849,983
Contract 2016-17 (2015-16 Demand)	672,352	59,222	132,940	864,514
% Variance	(2.0%)	1.3%	(1.2%)	(1.7%)

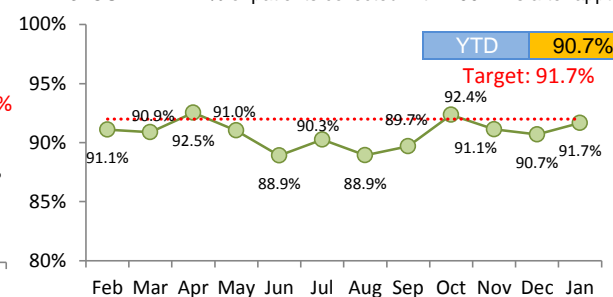
**Key Points** - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

## 2. Performance

2. INWARD - % of patients delivered between 0 and 120 mins before appt



3. OUTWARD - % of patients collected within 90 mins after appt



**Key Points** - West: Bradford, Airedale, Greater Huddersfield and Calderdale were badly affected by adverse weather on 13 January 2017 which led to some service disruption. Bradford City and Districts have seen an improvement in both inward and outward performance particularly in Bradford City for KPI 3 with an increase from 78.6% in December 2016 to 88.4% in January 2017. East Hull (despite contract loss) continues to over achieve on all targets other than KPI 4 (on day discharge) there has been a 3% increase in ODD demand. South continues to significantly over perform on inward patient journeys.

## 3. Quality, Safety and Patient Experience

	Jan	YTD
<b>Calls Answered in 3 mins</b> (All PTS calls)	86.8% ↓	76.7%
<b>Serious Incidents (YTD)</b>	0 ↔	2
<b>Total Incidents</b> (per 1000 activities)	123 (1.85) ↑	1081 (1.64)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
<b>Feedback</b>	Complaints	6 ↓ 108
	Concerns	26 ↓ 365
	Comments	8 ↑ 71
	Service to Service	20 ↑ 360
	Compliments	0 ↓ 28
<b>Response within target time for Complaints and Concerns</b>	91%	94%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 0
<b>Patient Experience Survey - Qtrly</b>	88.5%	87.7%
<b>Vehicle Deep Clean (&gt;8 weeks since last clean)</b>	4 ↑	66

## 4. Workforce

FT Equivalents				Available	
Jan-17	FTE	Sickness (5%)	Absence (20%)	Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	663	55	92	517	78%
Variance	(64)	(18)	54		
Actual Shrinkage %		6.9%	13.4%	(28)	(5.2%)
% Variance	(8.8%)	(50.2%)	36.8%		
FTE worked inc overtime	684	55	92	538	79%
Variance	(42)	(18)	54	(7)	(1.3%)
% Variance	(5.8%)	(50.2%)	36.8%		
** FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE					
** Sickness and Absence (Abstractions) is from GRS					
<b>Key Points</b>					
Sickness has increased from December by 0.3%.					
PTS used an equivalent of an additional 21 FTE with the use of overtime against vacancies of 64.					
The difference between contract and FTE worked is related to overtime.					
The difference between budget and contract is related to vacancies.					

## 5. Finance (Y/E Summary)

£000	Plan	Actual	Variance
CIP's	1,534	969	(565)

Quality and Efficiency Savings (CIPs) are currently (£565k) behind plan due to a delay in workforce savings and lower than expected savings on reduced number of aborted calls.

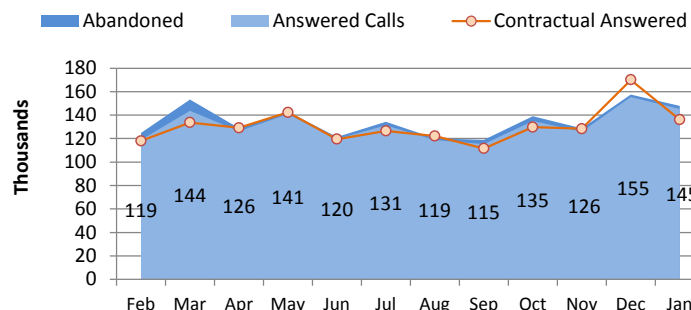


### 3.3 NHS 111

(Lead Director: Director of Planned and Urgent Care - Philip Foster , Nominated Lead: Associate Director for Integrated Urgent Care – Keeley Townend)

Jan-17

#### 1. Demand



Calls answered up by 6.1% compared to January 2016. Answered volume is 6.8% above contract ceiling for January 2017 (9,221 calls)

April to January	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	1,339,843	1,313,598	1,221,793	93.0%
YTD Contract Ceiling 2016-17	1,315,272	1,315,272	1,249,508	95.0%
Variance	24,571	(1,674)	(27,715)	
	1.9%	(0.1)%	(2.2)%	(2.0)%
YTD 2015-16	1,282,892	1,248,411	1,139,234	91.3%
Variance	56,951	65,187	82,559	
	4.4%	5.2%	7.2%	1.8%

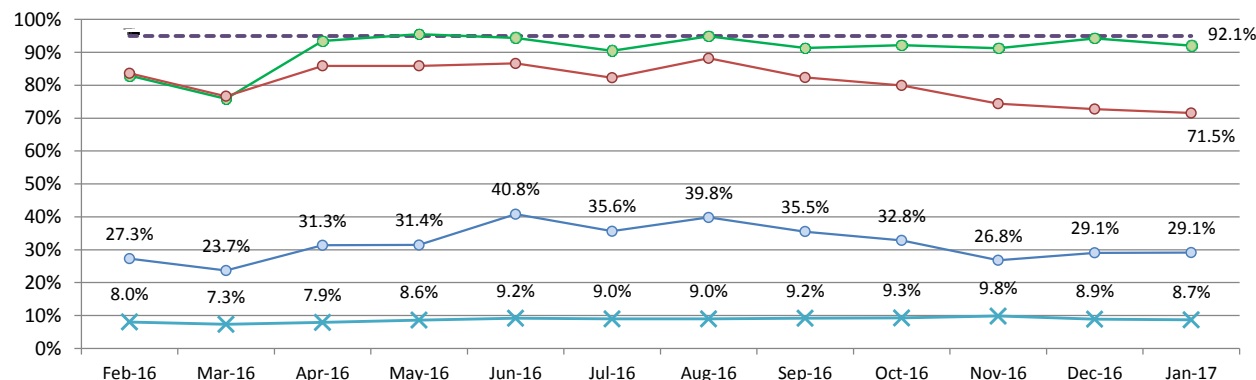
#### 3. Quality

		January	YTD
Serious Incidents (per 1000 answered)		1 (0.01) ↑	9 (0.01)
Total Incidents (per 1000)		65 (0.45) ↑	489 (0.37)
Feedback	Complaints	55 ↑	434
	Concerns	4 ↔	36
	Comments	7 ↓	47
	Service to Service	135 ↑	532
	Compliments	11 ↑	112
Response within target time for Complaints and Concerns		88%	84%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0

#### 2. Performance

- Ans in 60 and Clinical Targets
- Ans in 60 secs %
- Referred to 999 %
- Warm Transferred Or Called back in 10mins (%)
- Call Back in 2 Hour

Answered in 60 secs (95% Target)	Jan	YTD
Warm Transferred and Call Back in 10mins (65%)	92.1%	93.0%
Call Back in 2 Hours (95%)	29.1%	33.1%
Referred to 999 (nominal limit 10%)	71.5%	80.6%
	8.7%	8.9%



Calls Offered have increased by 2.1% compared to January 2016. Answered in 60 performance has increased by 11.9% when compared to the same month last year. Month on month, performance went from 94.3% in December to 92.1% in January (Down by 2.3%). Warm Transferred and Call Back in 10 minutes has remained constant month on month and 2.8% down compared to January 2016. 111 referrals to 999 up by 0.6% year on year but remain within target. In January, 2,589 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

#### 4. Workforce

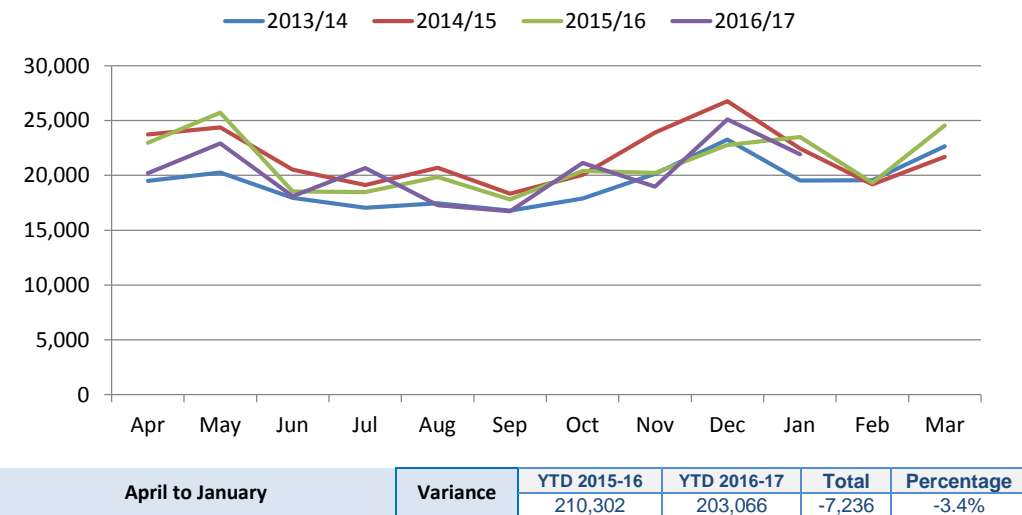
November 2016 (FT Equivalents) - Call Handler and Clinician				Available	
	FTE	Sickness (9%)	Absence*	Total	%
Budget FTE	300	27	69	204	68.0%
Contracted FTE (before Overtime)	332	31	112	189	56.9%
Variance	32	(4)	(43)	(15)	-7%
% Variance	10.7%	(14.4)%	(62.6)%		
FTE (Worked inc Overtime)	345	31	112	202	59%
Variance	45	(4)	(43)	(2)	-1%
% Variance	15.0%	(14.4)%	(62.6)%		
Contracted FTE (before Overtime) 10.7% above budgeted					
Paid Sickness at 9.3% (0.3% above threshold) and absence at 33.8%.					
* Absence includes total abstractions away from substantive job roles.					

#### 5. Finance (YTD Summary)

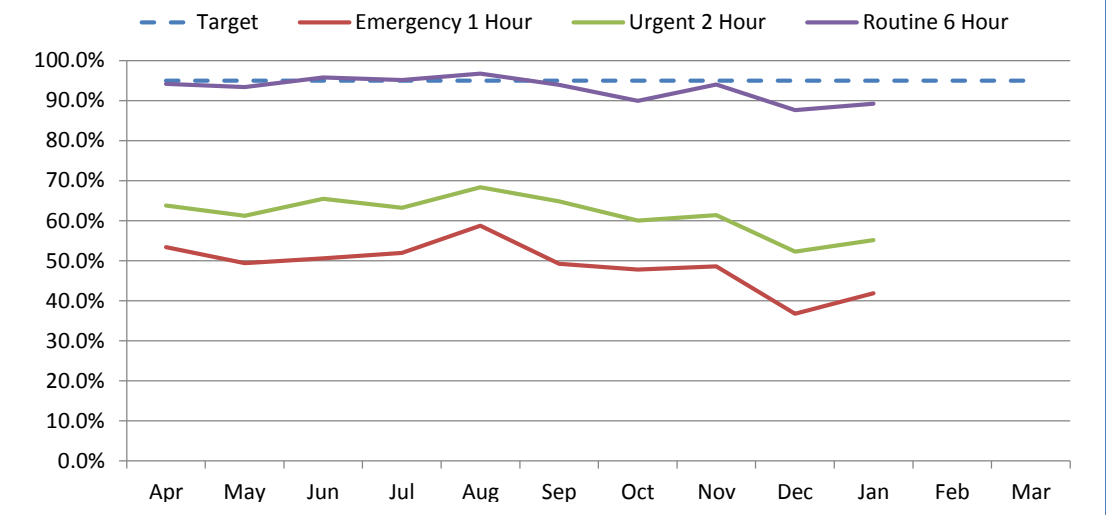
£000	Plan	Actual	Variance
CIP's	496	496	0
Quality and Efficiency Savings (CIPs) are on plan at the end of January as a result of non-recurrent staff savings due to vacancies.			

3.4 NHS 111 WYUC Contract (Lead Director: Director of Planned and Urgent Care - Philip Foster , Nominated Lead: Associate Director for Integrated Urgent Care – Keeley Townend)

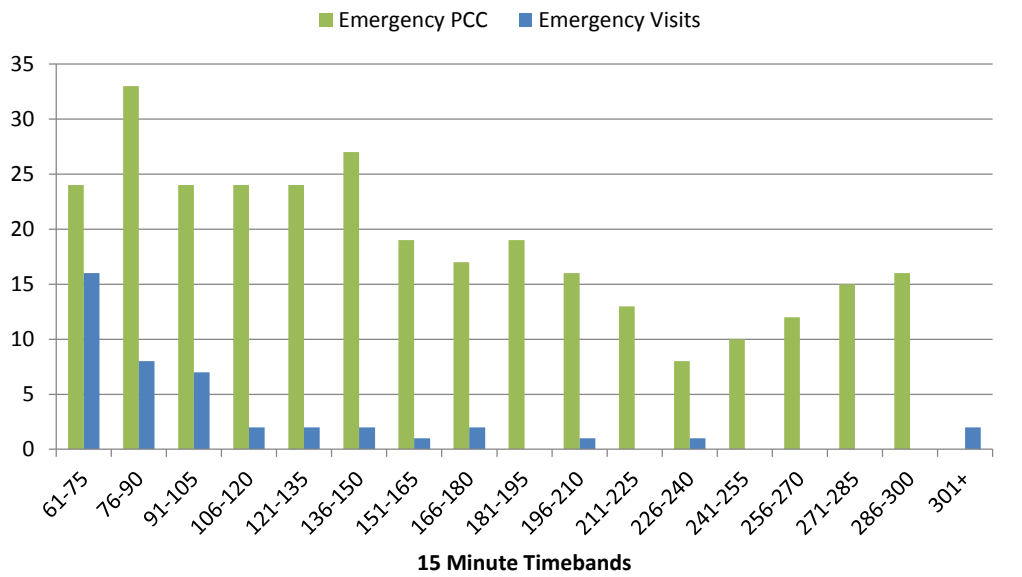
1. Demand



2. Performance



3. Tail of Performance



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	No SI's reported in January.
Adverse Reports received	No adverse reports received
Patient Complaints	25 patient complaints received in Jan-17 directly involving the LCD part of the pathway. 6 upheld, 1 partially upheld, 6 not upheld and 12 remain under investigation.

5. Comments

Patient demand levels for WYUC in January 2017 in comparison to January 2016 decreased by 6.2%. NQR 12a performance in January saw 41.9% of emergency appointments in 1 hour completed in time, an increase of 5.1% from December. All 1 hour cases not dealt with in time are audited to identify any potential risk caused by delay. Performance for NQR 12 b and c also fell with 55.2% of urgent cases administered within 2 hours (increase of 2.9% of from December, and a fall of 5.5% compared to January 16) and 89.35 of less urgent cases administered within 6 hours (Increase of 1.6 % from December, and a fall of 2.8% compared to January 16). The overall Quarter 3 averages for NQR 12b and 12c was 57.6% and 90.3% respectively.

**Urgent 1&2 hr:** Shortage of clinicians ( linked to contract settlement) is impacting upon performance this was especially evident over the festive period when increase in demand could not be met by increase in clinicians, discussions are taking place with commissioners around these challenges for 17/18.

An independent review of the contract/ service is currently in progress.

## 4.1 Finance Overview

			Jan-17
	Month	YTD	Trend 2016-17
<b>RISK RATING:</b> The "Single Oversight Framework" came into effect in the monthly finance returns from Month 7. This currently shows at Month 10 the Trust as a 2 rating (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 for the financial indicators covering Liquidity and Capital Serving Capacity, and 2 for I&E Margin due to being behind plan. Agency is rated as a 3 due to the Trust being overspent against the agency cap.			
<b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 10 is £13m against a plan of £13.5m. The in month position was an adverse variance of £0.5m against plan.			
<b>SURPLUS:</b> The Trust has reported a YTD surplus as at the end of January (Month 10) of £3.5m against a planned surplus of £4m, an adverse variance to plan by £0.5m. The in month position was an adverse variance of £0.5m against plan.			
<b>CAPITAL:</b> Capital spend for 2016/17 at the end of January 2017 is £7.7m against the plan of £12.7m.  The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned site acquisition has been delayed until 2017/18. The 2016/17 planned spend profile was updated to reflect the A&E Fleet and HART vehicle build programme and associated equipment. However as reported previously expenditure has been delayed due to a user specification changes, with the first vehicle delivered in mid-November, 30 vehicles commissioned as at end January 2017 with the final vehicle expected to be delivered in March. In November the Trust received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trusts CRL, however the use of operating surplus/cash reserves of £2.1m is no longer required this financial year due to slippage in the capital programme relating to Hub and Spoke and purchase of training facility.			
<b>CASH:</b> At the end of January 2017, the Trust's cash position was £26.3m against a planned figure of £18.9m. The additional cash balance of £7.4m is principally due to capital spend being less than planned as described above (£5.0m), with the balance being due to a favourable working capital position.			
<b>CIP:</b> The Trust has a savings target of £9.059m for 2016/17. 84% delivery of the CIP target was achieved YTD as at January and 51% of this was achieved through recurrent schemes. Reserve schemes have contributed £2,345k of the year to date savings. This creates an overall adverse variance against savings plan of (£1,196k).			

## 4.2 Finance Detail

Jan-17

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	15,308	15,441	133
Patient Transport Service	2,378	2,378	0
111	2,730	2,867	137
Other Income	986	756	(230)
Operating Income	21,401	21,441	40
Pay Expenditure & reserves	(14,435)	(13,928)	507
Non-Pay expenditure & reserves	(4,683)	(5,783)	(1,101)
Operating Expenditure	(19,118)	(19,711)	(594)
EBITDA	2,284	1,730	(554)
EBITDA %	10.7%	8.3%	-2.3%
Depreciation	(812)	(783)	29
Interest payable & finance costs	(15)	(12)	3
Interest receivable	7	3	(4)
Profit on fixed asset disposal	12	25	13
Dividends, interest and other	(189)	(189)	0
Retained (Deficit) / Surplus	1,287	775	(512)
I&E (Deficit) / Surplus %	6.0%	3.9%	

Capital Plan	Annual Budget £000	Current Month Variance £000	YTD Variance £000
Estates	(2,541)	164	1,354
H&S	(1,232)	184	1,182
ICT	(1,111)	(51)	571
Fleet	(7,444)	177	1,182
Hart Vehicles and Equipment	(1,378)	266	956
Medical Equipment	(1,629)	(560)	(234)
Contingency	-	-	6
<b>Total Schemes</b>	<b>(15,335)</b>	<b>180</b>	<b>5,017</b>
<b>Total CRL including planned NBV receipts</b>	<b>14,671</b>		
<b>Total CRL including additional NBV receipts</b>	<b>15,034</b>		
<b>Over committed against CRL incl disposals</b>	<b>(301)</b>		

Year to Date		
Budget	Actual	Variance
£000	£000	£000
150,530	151,272	743
24,033	24,120	88
26,758	27,730	972
8,352	9,635	1,283
209,673	212,758	3,086
(144,437)	(142,014)	2,424
(51,732)	(57,792)	(6,060)
(196,169)	(199,746)	(3,577)
13,504	12,952	(551)
6.4%	6.1%	-0.3%
(7,530)	(7,522)	8
(258)	(214)	44
68	45	(23)
114	132	19
(1,891)	(1,858)	33
4,006	3,536	(471)
1.9%	1.7%	

Plan	CATEGORY	Plan	Jan-17	YTD
%age of bills paid within terms	NHS	95%	92%	79%
%age of bills paid within terms	NON NHS	95%	87%	87%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	18,882	26,285	7,403

# 5 Workforce Scorecard

(Lead Director: Executive Director of People and Engagement, Nominated lead – Roberta Barker:  
Interim Associate Director of Human Resources – Tracy Hodgkiss)

Jan-17

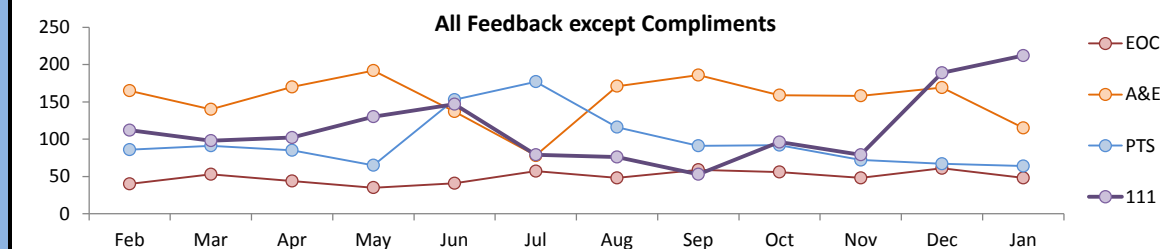
YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - Jan-17		Current Data - Dec-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4364.15	Jan-17	4333.61	Dec-16	4495		↑	4204.58	Jan-16
Equality & Diversity	5.86% fte	Jan-17	5.85% fte	Dec-16	11.1% fte		↑	5.41% fte	Jan-16
	6.22% hcount		6.2% hcount					5.54% hcount	
Monthly Sickness Absence	6.10%	Jan-17	6.09%	Dec-16	5% fte		↑	6.05%	Jan-16
Yearly Sickness Absence	5.43%	Feb-16 Jan-17	5.42%	Jan-16 Dec-16			↑	5.65%	Feb-15 Jan-16
Turnover	10.78% fte	Jan-17	10.83% fte	Dec-16	10.13% Amb Trust Average from iView		↓	11.66% fte	Jan-16
	13.25% hcount		13.69% hcount					13.11% hcount	
Current PDRs	75.76%	Jan-17	80.10%	Dec-16	90%		↓	70.00%	Jan-16
Stat & Mand Workbook	94.47% (combined)	Jan-17	94.98% (combined)	Dec-16	85% (combined)		↓	89.95% (Combined)	Jan-16
	91.55%	Jan-17	91.78%	Dec-16				89.95%	Jan-16
Overtime	£919k	Jan-17	£933k	Dec-16			↓	£988k	Jan-16
	£10,960k	Feb-16 Jan-17	£11,030k	Jan-16 Dec-16			↓	£10,983k	Feb-15 Jan-16

Sickness absence remains above the Trust target of 5%.



**1. Feedback received by type (Includes complaints, concerns, comments made by patients and their families, issues raised by other healthcare professionals, and other general enquiries.)**

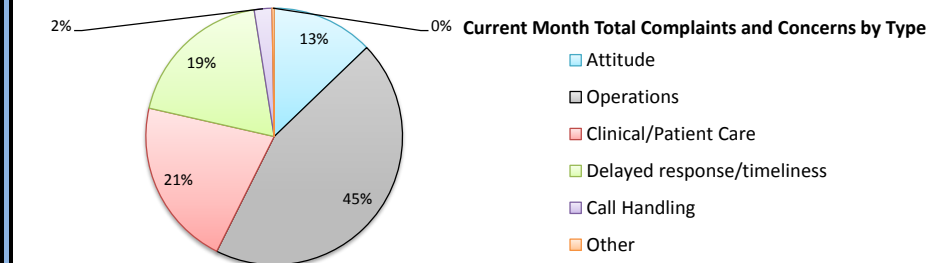
	EOC		A&E		PTS		111		Total	
	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD
Complaint	19	145	22	154	6	108	55	434	102	841
Concern	12	122	24	163	26	365	4	36	66	686
Service to Service	16	204	21	147	20	360	135	532	192	1243
Comment	1	6	3	59	8	71	7	47	19	183
Compliment	0	7	6	531	0	28	11	112	17	678
Lost/Found Proper	0	5	28	295	4	20	0	0	32	320
PALS request	0	8	11	186	0	30	0	2	11	226
<b>Total</b>	<b>48</b>	<b>497</b>	<b>115</b>	<b>1,535</b>	<b>64</b>	<b>982</b>	<b>212</b>	<b>1,163</b>	<b>439</b>	<b>4,177</b>
Demand	78,487	758,576	65,796	639,306	66,590	658,693	145,302	1,313,598	356,175	3,370,173
Proportion	0.06%	0.07%	0.17%	0.24%	0.10%	0.15%	0.15%	0.09%	0.12%	0.12%



Complaint levels have remained consistent with previous months despite an increase in activity. The only area showing significant change is 111 service to service this due to a change in processing PEM's (post event message) which has increased the amount of feedback we receive.

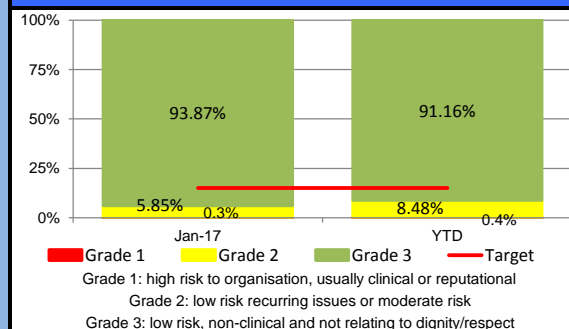
**2. Complaints and Concerns (including issues raised by healthcare professionals ) received by subject - excluding Comments**

	EOC		A&E		PTS		111		Total	
	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD
Attitude	0	0	24	170	12	83	10	78	46	331
Operations	0	2	18	157	2	66	140	600	160	825
Clinical/Patient Care	0	0	25	128	7	85	44	316	76	529
Delayed response	39	365	0	3	29	547	0	0	68	915
Call Handling	7	84	0	2	1	42	0	0	8	128
Other	1	20	0	4	0	1	0	8	1	36
<b>Total</b>	<b>47</b>	<b>471</b>	<b>67</b>	<b>464</b>	<b>51</b>	<b>824</b>	<b>194</b>	<b>1,002</b>	<b>359</b>	<b>2,764</b>
Demand	78,487	758,576	65,796	639,306	66,590	658,693	145,302	1,313,598	356,175	3,370,173
Proportion	0.06%	0.06%	0.10%	0.07%	0.08%	0.13%	0.13%	0.08%	0.10%	0.08%



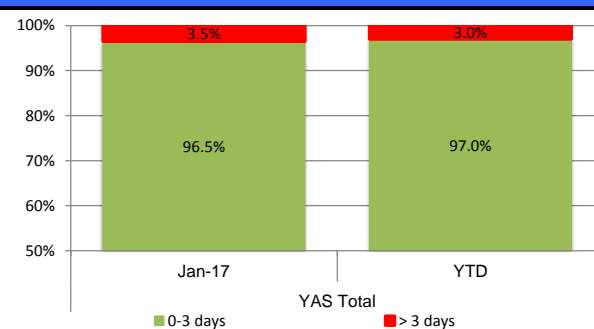
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations & Clinical/Patient are the largest for 111, whilst Attitude of staff is the most frequently reported issues for A&E.

**3. Complaints and Concerns (inc HCP) received by risk grading (Target <15% Grade 1 and 2)**



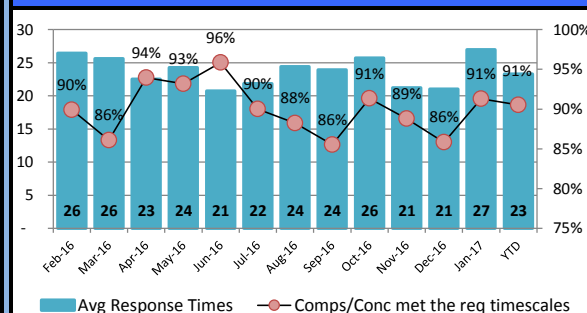
Overall Complaints & Concerns for Grade 1 remain very low. Grade 2 stands at 5.85% for January, which is below the 15% Target

**4. Acknowledgement Times for complaints (Target 95% in 3 WD)**



Acknowledgement response times to complaints compliance was 96.5% in January.

**5. Response Times for Complaints and Concerns (average times and those responded to in agreed timescales)**



Responses to complaints are being made in time, with the date agreed with the complainant being 91% of cases in January, with an average response time of 27 days. YTD compliance is 91% and average response time is 23 days

**6. Outcomes of Complaints and Concerns (Expect equal spread across all outcomes)**

	Total	
	Jan-17	YTD
(YAS total inc HCP)		
Upheld	114	1,273
Partly Upheld	46	511
Not Upheld	120	887
<b>Total</b>	<b>280</b>	<b>2,671</b>

The majority of cases closed this month were Not Upheld

**7. Reopened Cases - Complaints and concerns reopened following initial response (Target <5%)**

	Total	
	Jan-17	YTD
Total YAS		
No. reopened	4	27
% of C&C	2.4%	1.8%

The number of reopened cases remains low and in line with expected levels

## Outcome of cases involving PHSO (Parliamentary & Health Service Ombudsman)

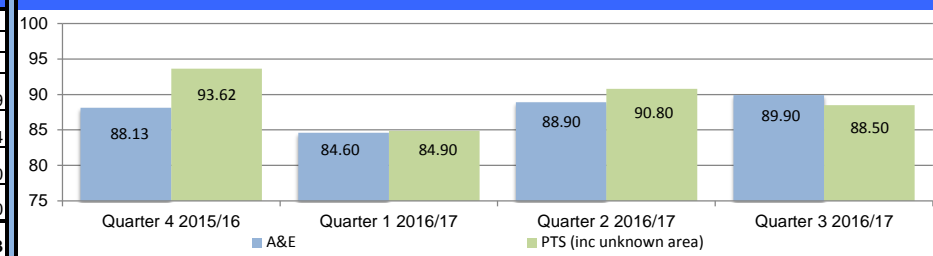
### 8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation notified		Investigation Outcomes					
	Jan-17	YTD	Jan-17	YTD	Upheld		Partially Upheld		Not Upheld	
	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD	Jan-17	YTD
EOC	0	10	0	6	0	0	0	0	1	9
A&E	1	9	1	8	0	0	0	0	1	4
PTS	0	1	0	0	0	0	0	0	0	0
111	0	2	0	2	0	1	1	1	0	0
<b>Total</b>	<b>1</b>	<b>22</b>	<b>1</b>	<b>16</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>13</b>

Only 1 referral was received in January for A&E

## Patient Survey Results

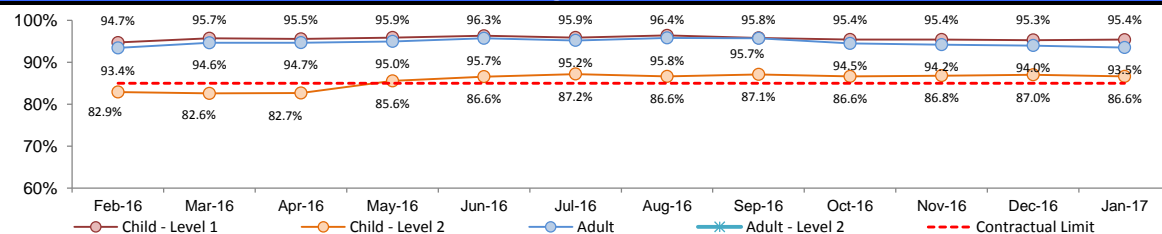
### 9. How likely are you to recommend the Yorkshire Ambulance Service?



The new Survey results are now available Quarterly in Arrears  
N.B. Quarter 2 2016/17 is 2 months to realign reporting periods

## Safeguarding

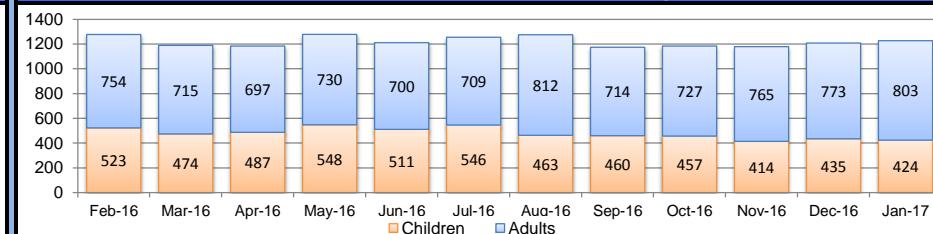
### 10. Number of eligible workforce trained



The Trust is achieving its target for Safeguarding Children Level 1 & Level 2 training and Safeguarding Adult Level 1 training. Work is ongoing to agree a Trajectory with Commissioners for Safeguarding Adult Level 2 training, following the recent publication of Safeguarding Adults; Roles and competences for healthcare workers – Intercollegiate Document (2016)

Adult level 2 training is being undertaken but work is continuing to develop the associated compliance reporting.

### 11. Number of Child Referrals and Adult Concerns/Request for Service



Adult referrals from December 2013 include Community Care Assessment (CCA) referrals, which are requests for an assessment of a patient's care / support needs.

## Results of IPC Audit

### 12. Infection, Prevention and Control

Area	Audit	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Overall Compliance (Current Year)	Hand Hygiene	99%	99%	99%	99%	99%	98%	99%
	Premise	98%	98%	99%	98%	99%	99%	98%
	Vehicle	99%	98%	97%	98%	98%	99%	98%
Overall Compliance (Previous Year)	Hand Hygiene	99%	97%	98%	99%	98%	99%	97%
	Premise	99%	98%	99%	96%	96%	97%	98%
	Vehicle	93%	97%	98%	99%	98%	98%	97%

Red Key

No Audits Completed or minimum audit requirements met with compliance <80%

Amber Key

Minimum audit requirements met with compliance 80% to 94%

Green Key

Requirements met with compliance >94%

### Hand Hygiene

A&E – Hand gel not carried – staff reminded to collect. Nail varnish & jewellery worn – asked to remove on day.

### Premises

generally good levels of compliance. Individual issues identified including mop head storage, display of COSHH notices, cleaning log completion, tidiness of clinical waste and laundry  
All issues reported to Facilities or Estates as required.

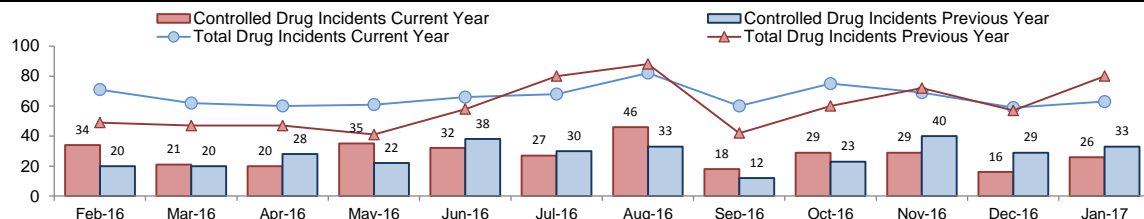
### Vehicle

A&E – Rips & tears in stretchers and seats - reported to fleet on day. New vehicles have missing deep clean stickers – reported to Facilities, Clinical waste not emptied after shift – reported to Estates, Biocide wipes missing – restocked on day

PTS – Holes in interior - reported to fleet on day, Damage to exterior – reported to fleet on day

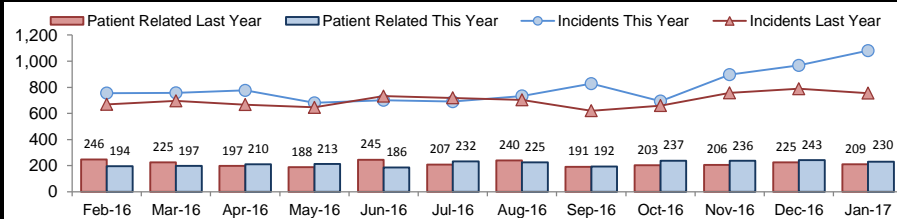
## Incident Reporting, FOIs and Legal Requests

### 13. Medicines Incidents



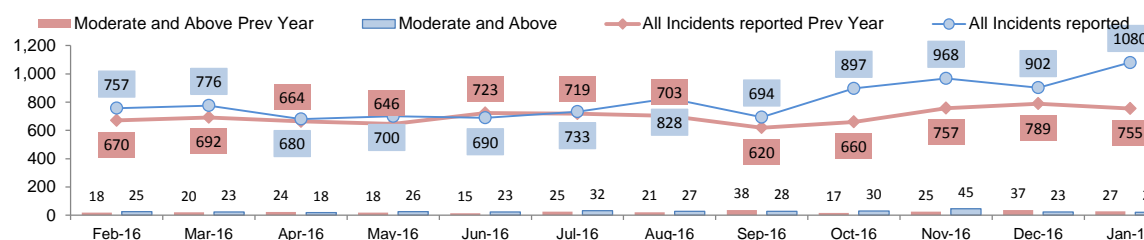
There were a total of 63 medication-related incidents for the month of January, of which 26 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

### 14. Incidents Reported



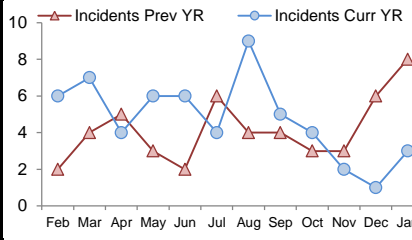
An overall slight decrease from December to January in Patient Related incidents. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed.

### 15. Incidents, Moderate Harm and Near misses



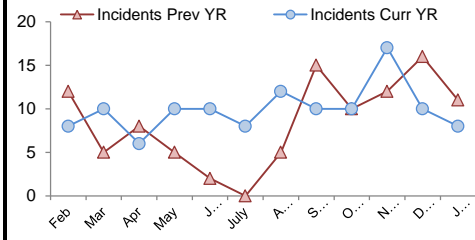
January saw an increase in the number of incidents reported within A&E Operations with a 14.7% increase on the previous month. An overall increase of 19.73% in incidents reported from December to January. Although there has been an increase in incident reporting, the number of incidents reported that are categorised as moderate and above remains at its lowest level for 8 months. The incidents categorised as moderate and above accounted for 2.03% of all incidents.

### 16. Serious Incidents



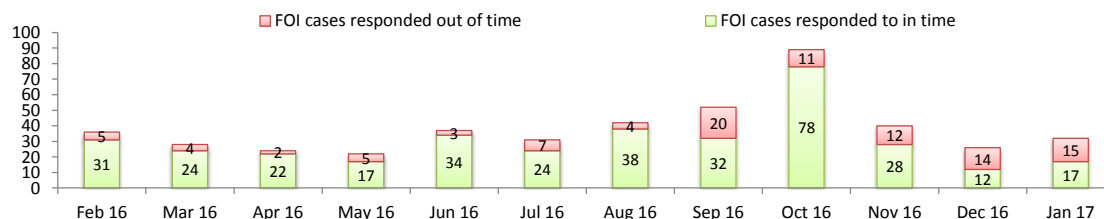
There were 3 Serious Incidents in January, 1 Data protection breach and 2 Inadequate Clinical Assessments.

### 17. Riddor Reportable (RIDDOR - Reporting of accident, or suspicion of diseases and dangerous occurrences)



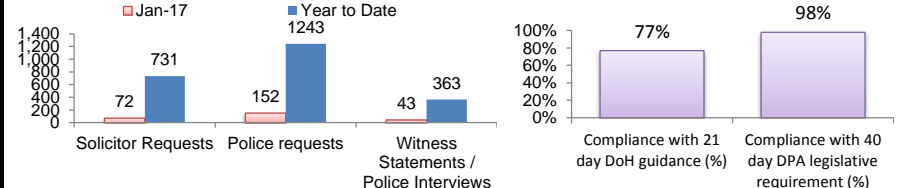
The themes and trends are showing within the RIDDOR reports as highlighted in the moving and handling summary above. Most of these involve a range of incidents including handling, lifting and carrying patients and numbers are fairly consistent with previous months.

### 18. FOI Requests



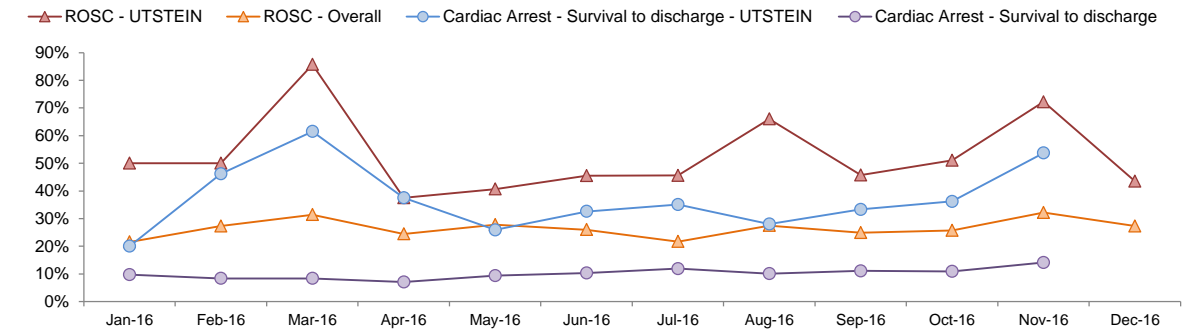
FOI Request levels increased slightly in January.

### 19. Legal Requests



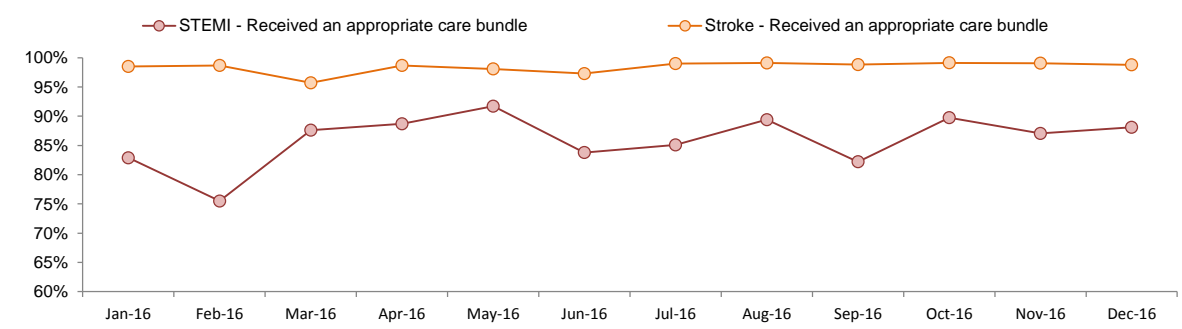
Compliance with the 21 day timescale has again improved by 12% on last months figure of 65%

20. Outcome from Cardiac Arrests



Outcome from Cardiac Arrests: ROSC (overall) performance for December matches the consistent performance trend thus far for 2016 with an achievement of 27.3%, slightly down from November's figure of 32.2% which was the highest performing month of 2016 thus far. In line with the results of ROSC overall, the UTSTEIN comparator group also demonstrates outstanding achievement of 71.7% for November. December's figure of 43.5%, although down from the previous month, is still comparatively high on average. Survival to discharge results for November 2016 demonstrates outstanding performance with an achievement of 14.1%. This is the highest percentage performance recorded over the last three consecutive years and depicts YAS's hard work. Survival to Discharge within the UTSTEIN comparator group emulates this pattern. Notably September, October and November show an increasing pattern of achievement, cumulating in November's figure of 53.7% being the second highest performing month of the 2016 thus far.

21. AQI Care Bundle



AQI Care Bundle: STEMI and stroke data for September and October 2016 indicates a consistently high level of care is being delivered to patients across all areas. Stroke care has shown outstanding performance across 2016, notably in October and November, achieving 99.1%. December's figure of 98.8% continues this high level of achievement. STEMI care performance also continues to depict exceptional levels of achievement with October's figure of 89.7% being the second highest performing month of the year followed by December's figure of 88.1%. The whole of 2016 has illustrated a pattern of high performance, particularly May with 91.7%.

22. Clinical Performance Indicators

Asthma CPI	Cycle 16 - Dec 2015		Cycle 17 -June 2016		Cycle 18 -Dec 2016	
	Dec 15-YAS	16- National	Jun 16 YAS	National	Dec 16 YAS	National
A1-Respiratory rate recorded	100.0%	99.6%	99.0%	99.7%	100.0%	TBC
A2-PEFR recorded (before treatment)	75.1%	74.9%	75.5%	76.8%	82.2%	TBC
A3-SPO2 recorded (before treatment)	85.2%	94.1%	91.5%	96.5%	95.6%	TBC
A4-Beta-2 agonist recorded	100.0%	98.1%	99.5%	96.0%	96.7%	TBC
A5-Oxygen administered	99.5%	97.0%	100.0%	96.2%	99.6%	TBC
Care Bundle for Asthma (A1 + A2 + A3 + A4)	66.1%	71.2%	69.0%	70.9%	76.3%	70.9%

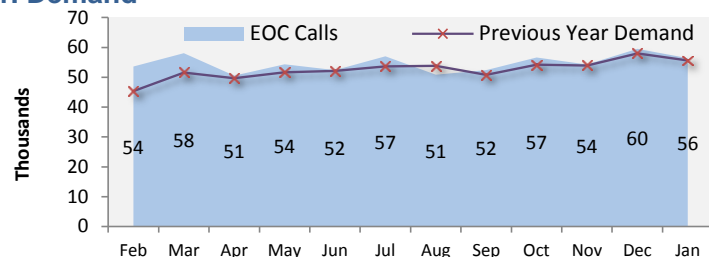
	Dec-15	Jun-16	Dec-16
A1-RR recorded	100.0%	99.0%	100.0%
A2-PEFR recorded	75.1%	75.5%	82.2%
A3-SPO2 recorded	85.2%	91.5%	95.6%
A4-β2 agonist administered	100.0%	99.5%	96.7%
A5-O <sub>2</sub> administered	99.5%	100.0%	99.6%
Care Bundle	66.1%	69.0%	76.3%

The asthma CPI was completed for December 2016 although national submission is not required; this has now become a local audit. Over the past year, this CPI has been completed three times and the care bundle has increased to from 66% to 76%.

# A1 - EOC - 999 Control Centre (Lead Director: Executive Director of Operations - Dr D Macklin, Nominated Lead: EOC Locality Director - Mark Inman)

Jan-17

## 1. Demand

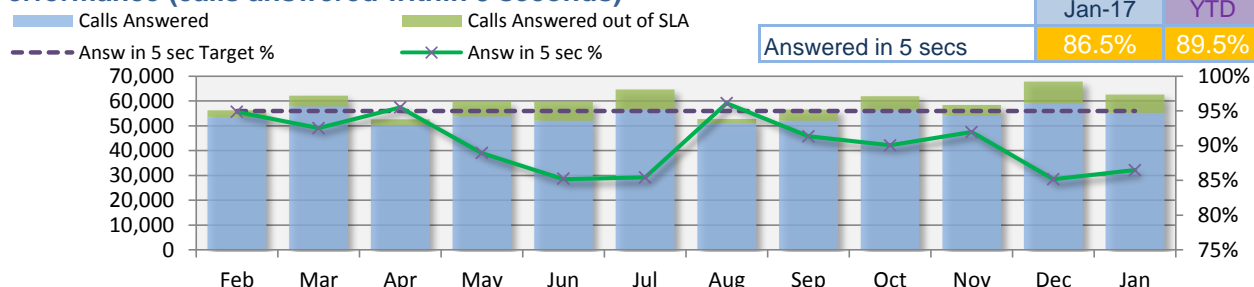


Service level YTD is currently 5.5% below target.

### Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	544,379	540,003	483,250	89.5%
2015/16	533,538	531,119	507,152	95.5%
Variance	10,841	8,884	(23902)	
Variance	2.0%	1.67%	(4.7%)	(6.0%)

## 2. Performance (calls answered within 5 seconds)



	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Calls Answered out of SLA	2,746	4,327	2,266	5,950	7,679	8,221	1,969	4,501	5,600	4,351	8,760	7,456
Calls Answered	53,462	57,851	50,356	53,739	52,074	56,432	50,762	52,076	56,268	54,042	59,079	55,175
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	94.9%	92.5%	95.5%	88.9%	85.3%	85.4%	96.1%	91.4%	90.0%	91.9%	85.2%	86.5%

High demand continues to affect our service delivery (+5.7% YTD) although Jan-16 to Jan-17 demand increase has moderate to +2.4%. This has affected our ability to provide consistent call answer and dispatch. Recent review of call demand prediction has resulted in improved SLA performance combined with reduced average handling times. We are actively recruiting against 2017 trajectory which should see achievement of full establishment call taking capacity by July 2017. Work with an external consultant has now produced a report of suggestions for local consideration. Further refinement of early capture for purple details is ongoing which will show continuous improvement to performance and patient outcome.

## 3. Quality

	Jan	YTD
Serious Incidents (Rate Per 1000 Responses))	0(0) ↔	17(0.02)

Total Incidents (per 1000 calls)	123(1.57) ↑	988(1.3)
----------------------------------	-------------	----------

There were no serious incident(s) in Jan-17, year to date this now stands at 17.

Feedback	Complaints	19	↑	145
	Concerns	12	↓	122
	Comments	1	↓	6
	Service to Service	16	↓	204
	Compliments	0	↓	7

Response within target time for Complaints and Concerns	92%	92%
---	-----	-----

Outcome of Ombudsman Cases	Upheld	0	0
	Not Upheld	1	6

## 4. Workforce

### FT Equivalents

Jan-17	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	401	20.1	100	281	70%
Contracted FTE (before overtime)	385	19.2	96	269	70%
Variance	(16)	(1)	(4)	(11)	(4.0%)
% Variance	(4.0%)	(4.0%)	(4.0%)		
FTE worked inc overtime	401	29.9	74	297	74%
Variance	(0)	10	(26)	16	0
% Variance	(0.0%)	49.1%	(26.3%)		

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

\*\* Sickness and Absence (Abstractions) is from GRS

### Key Points

Contracted FTE was 16 FTE under budget with a variance of (4.0)%.

## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	257	257	0

Quality & Efficiency Savings (CIPs) are achieving due to non recurrent savings from vacancies but this may not continue in future months as staff are appointed.



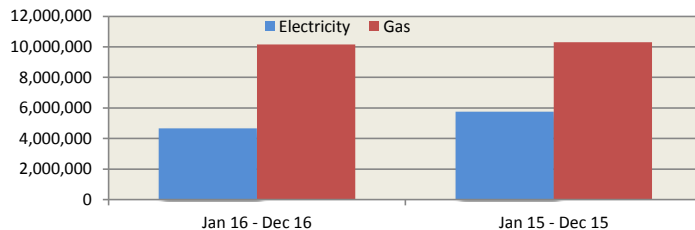
### 1. Demand

Number of Jobs Received - **753** of which **624** logged for YAS Estates Direct Labour.

Out of Hour Calls received - **25**

Energy/Utilities data (12 months data against previous 12 months)

kWh	Electricity (kWh)	Gas (kWh)
Jan 16 - Dec 16	4,659,391	10,151,059
Jan 15 - Dec 15	5,754,693	10,294,272
Reduction of	<b>19.03%</b>	<b>1.39%</b>



### 3. Quality of Service

- Estates and Facilities Restructure is now almost complete.
- First draft of Estates Strategy is currently being finalised and will be available for circulation in March 2017
- Health and Safety procedures and protocols being finalised in respect of Trades Staff and further H&S training will be taking place in Feb.
- Capital programme is being progressed with 4 ambulance station refurbishments proposed and further garage heating at Leeds, Batemoor, Longley and Rotherham being upgraded. New garage doors will be installed at Todmorden and Pocklington (in addition to those at the 4 station refurbishments).

### 2. Performance (to be developed)

Estates are currently in the process of reviewing the whole operational policy and service level agreement. As part of this some key metrics are being developed including:

- **87%\*** of reactive maintenance requests completed within response timeframes - **543 jobs completed**
  - Number of statutory planned preventative maintenance jobs issued. **(181)**
  - **98 %** of statutory planned preventative maintenance site visits completed within response timeframes.
  - Appraisals undertaken - **100% completed**
- \* Lower than normal No of reactive calls completed within timescales due to Annual Leave lost with vans VOR

### 4. Staffing

2016 (FT Equivalents)	FTE	Sickness (0%)
Budget FTE	16.0	0.8
Contracted FTE (before overtime)	14.5	0.0
Variance	<b>(1.5)</b>	0.8
% Variance	<b>(9.5%)</b>	
FTE (worked Inc. overtime)*	19.0	0.0
Variance	3.0	0.8
% Variance	18.4%	

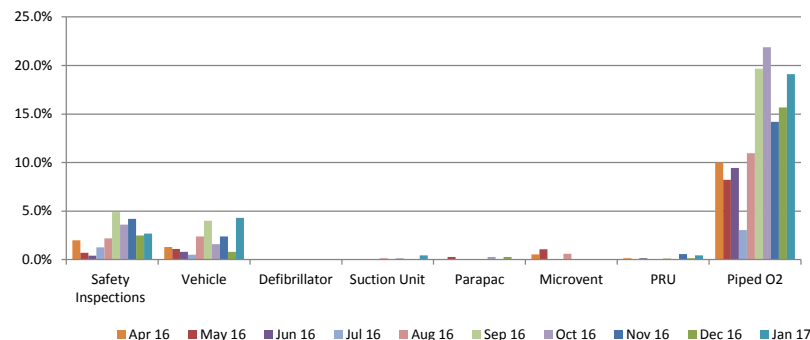
\* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE \*\* Sickness and Absence (Abstractions) are from ESR

### 5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
CIPs	297	297	0

Quality and Efficiency Savings (CIPs) are currently on plan. There is non achievement of rental cost savings, LED lighting upgrade, as well as other schemes. Mitigating schemes in place are rationalisation of portacabins, closure of Gildersome site, rent and utility savings at Morley.

## 1.1 Inspections/Servicing - % of vehicles and equipment outside window



### Key Points

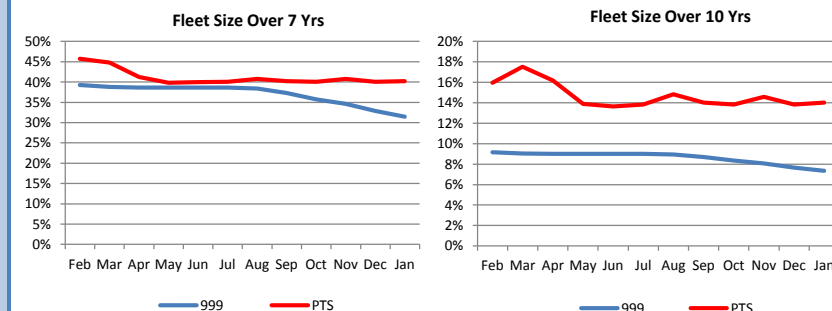
Routine vehicle maintenance remains within KPI, although higher than expected this is due to high VOR and increased Operational requirement on Double Crew Ambulances. Working hours and staffing resources has been moved to accommodate peak demand times to bring the VOR and Servicing back into line. Any vehicles outside the service window are captured through the Fleet Service Breach Standard Operating Procedure.

Inspections/Services out of Window	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	%	DOT
Safety Inspections	12	27	20	23	14	15	2.7%	↑
Vehicle Services	9	15	6	9	3	16	4.3%	↑
Defibrillator servicing	0	0	0	1	0	0	0.0%	↔
Suction Unit servicing	1	0	1	0	0	3	0.4%	↑
Parapac servicing	0	0	1	0	1	0	0.0%	↓
Microvent servicing	1	0	0	0	0	0	0.0%	↔
Pain Relief Unit (PRU)	1	1	0	4	1	3	0.4%	↑
Piped O2	59	106	118	75	83	101	19.1%	↑

Medical equipment maintenance remains above KPI targets. Piped oxygen servicing has again seen an increase over the January period. Personnel resources from the service provider have been utilised to address the servicing backlog; In-house engineering support will be improved over the coming months following training for all workshop engineers.

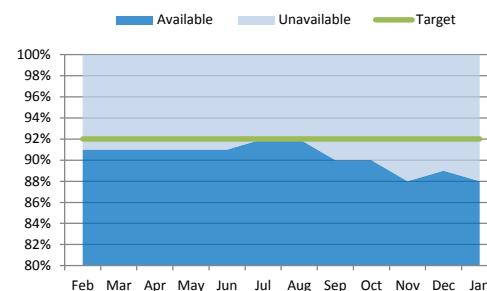
## 1.2 Vehicle Age

Vehicles >= 7 years		180	31.1%		158	38.8%		338
Vehicles >=10 years	999 Fleet	42	9.2%	PTS Fleet	47	11.5%	Total	89

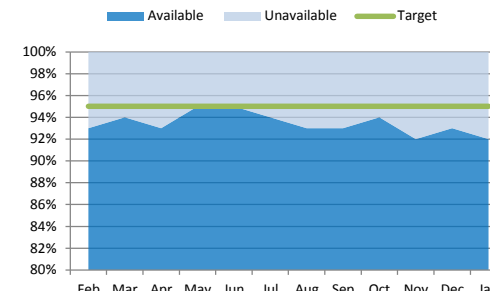


## 2. Performance

### 999 (Inc Support)



### PTS



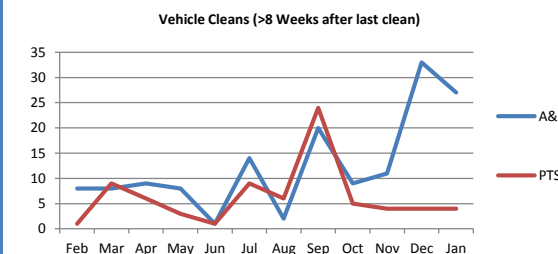
### Key Points

A&E availability remained below target in January this is due to a number of vehicles being removed from service in relation to the reported tail lift frame recall, a repair program has been implemented. PTS availability remains under KPI mainly due to larger repairs (Engines / Gearboxes) on over age vehicles.

**There were however no reported vehicle shortages.**

## 3. Deep Clean

	Aug	Sep	Oct	Nov	Dec	Jan	Jan % in Window	Jan DOT
Vehicles Outside Window in Period	13	18	23	32	37	37	99.30%	↔



Deep Clean Service level for January improved slightly to 99.4% (excluding VOR's) following improved availability of operational vehicles in the latter 10 days of the month. Absence figures are not available, but a slight increase is expected, however management of absence remains well focused.

## 4. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)				Available	
	FTE	Sickness	Total	%	
Budgeted	100	5.0	95	95%	
Actual	93	5.2	88	94%	
Variance	(6)	(0.3)	(7)	(7.0%)	
% Variance	-6%	+5%			

Sickness is dropped below target for the month of January, this is due to a number of planned operations, staff absent are being supported and managed in-line with the Trust attendance policy.

## 5. Finance (YTD)

£000	Plan	Actual	Variance
CIP's	1,829	1,705	(125)

Quality and Efficiency Savings (CIPs) are currently (£125k) behind plan due to non-achievement of income generation schemes (£42k) and the retender of the fleet parts contract was delayed (£83k).

## Business Continuity

- BC Manager ongoing 3 day per week secondment to Leeds Teaching
- Quote to York Council for BC training
- Review BCM Policy
- Additional one day health JDM secured for Bradford teaching hospitals
- BC Manager assessed on JDM practice and final assessments
- BC Manager hosted and attended ACE/NDOG national BC Managers meeting at Magna
- Attended South Yorkshire BC Group meeting
- Attended TdY Locality Managers meeting
- Attended TdY departmental leads meeting
- Attended Resweb development meeting
- Worked on TdY workstreams:
  - BC for stations located close to route
  - Recovery planning
  - Debrief planning for TdY post event
  - Comms templates for localities re race day
- Reviewed Resource Planning dept. BC plan and Risk Assessments
- Commenced annual reviews of BC plans for A&E Ops, NHS111, PTS, P&E, and BI departments
- Further work on BC Guide binder for A&E Ops

## Emergency Preparedness and Response

- OP Blitz – start of the annual YAS EPRR Guidance/plan review including updating the YAS major Incident Plan.
- The team will look at due guidance and ensure it remains current and fit for purpose. Key focus on this year's Op Blitz as well as the MIP is the standard plan format, Event Safety Guidance and Gold cell refresher. This year's OP Blitz will be spread over the coming months, due to the reduction in available managers within the team.
- SHU EPRR awareness seminar – as part of embedding EPRR in to the future paramedics, YAS continues to support Sheffield Hallam University in holding an EPRR Seminar. This event was held at the YAS Magna base to allow a more interactive experience. YAS will continue to work closely with SHU in delivering these events on a bi-annual basis.
- Jim Richardson continues to support NHS England North in their Winter Assurance and Delivery, however Jim remains on the YAS Gold on-call cadre and also spends at least one day per week in YAS overseeing the EPRR function.

Training	Number of Courses	Exercises
Resilience Awareness Course	2	EY COMAH Exercise Pemeco - 18th January 2017
Sheffield Hallam University Major Incident Training Day	1	
Joint Decision Model	1	

## Hart and Special Operations

**HART:** Delivery of the three new HART Secondary vehicles and Welfare vehicle (which replace the Heavy Equipment vehicle, the Reconnaissance vehicle and Forward Command vehicle), were due for delivery in January. However due to a delay in production these won't arrive with us until March. The recruitment for four additional staff has been approved, which will take the HART establishment to 46 FTE in the new financial year. One staff member remains on secondment to NARU, returning in October 2017 and one staff member has left for a twelve month career break, returning in September 2017.

HART remains compliant with the national Service Specification and the Training and exercising programmes remain on track for all staff to complete their CPD files in line with national requirements by the year end.

**Air Ambulance:** The review of the current seconded staff to become full time staffing remains ongoing. This is due to the training commitments associated with the role and the relative short duration of the secondment period. One of the Critical Care Team Doctors have tendered their resignation. As we are carrying a vacancy, recruitment to both positions is underway.

**CBRN / MTFA:** Planning continues for Exercise Historian, a large scale multi-agency MTFA exercise in March in South Yorkshire. Pinderfields Hospital will also be participating to test the advanced casualty clearing station. Both CBRN and MTFA training programmes continue to be delivered.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team - Volunteers	63	61	12
Hart Operatives FTE	42	42	3
CBRN (SORT) - Volunteers	170	112	66
Air Ambulance FTE	14	13	0

## Community Resilience Team

Numbers	No. CFR	No. EFRs	No. Static	No. CPADS
ABL	204	7	301	176
CKW	108	18	244	80
HULL/EAST	79	76	122	136
SOUTH	174	7	487	65
NORTH	361	13	208	325

% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.5%	0.7%	1.9%	2.8%
CKW	0.7%	0.9%	1.4%	2.6%
HULL/EAST	0.7%	0.8%	2.3%	3.5%
SOUTH	1.5%	1.6%	2.8%	3.8%
NORTH	2.0%	2.0%	2.7%	4.2%

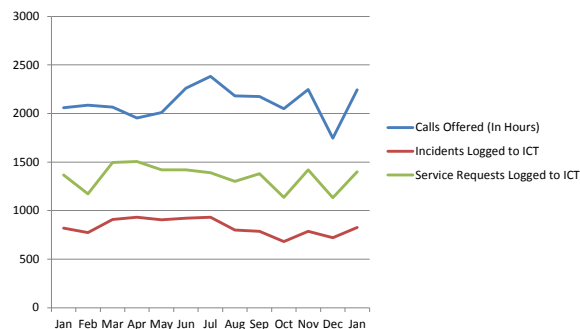
	Actual	Overall
EFRs	0.3%	0.3%

## A1.5 IM&T (Nominated Lead: Associate Director of IM&T - Ola Zahran)

Jan-17

### 1. Demand

Support Demands on ICT Resources By Month



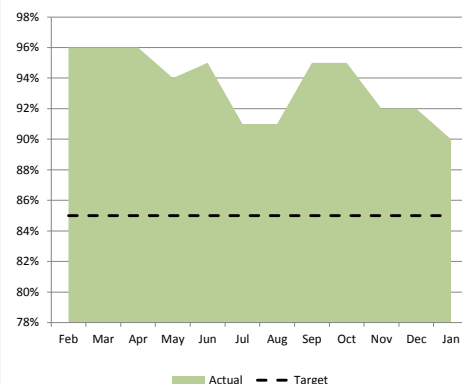
	Aug	Sep	Oct	Nov	Dec	Jan
Calls Offered (In Hours)	2,180	2,176	2,049	2,248	1,747	2,243
Incidents Logged to ICT	801	788	681	788	722	825
Service Requests Logged to ICT	1,301	1,379	1,137	1,421	1,133	1,399
Total number of active projects	16	13	17	17	16	14

Incident = Unplanned interruption or reduction in quality of and IT service.  
Request = Requests for hardware, software, access to data and locations etc.

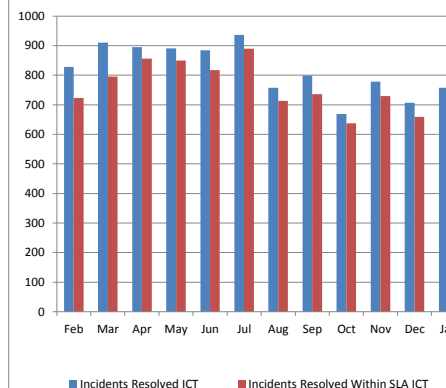
Calls offered for incidents and requests have increased this month

### 2. Performance

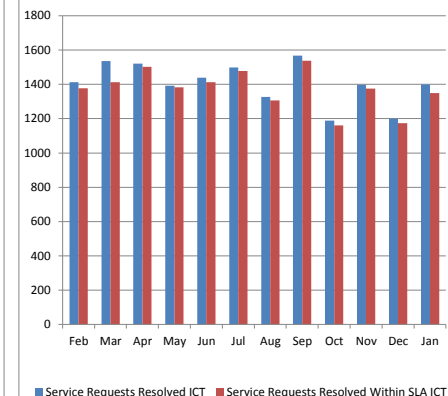
% Calls Answered Within Threshold



Incidents Resolved/Resolved Within SLA



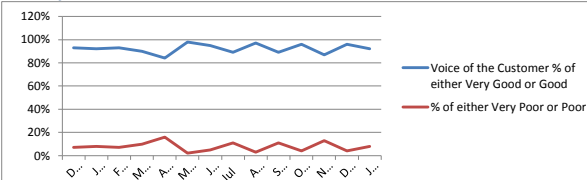
Requests Resolved/Resolved Within SLA



	Aug	Sep	Oct	Nov	Dec	Jan
% Calls Answered Within Threshold (10 seconds), Target 85%	91%	95%	95%	92%	92%	90%
Overall ICT Achievement on SLA for Incidents and Requests, Target 80%	97%	96%	96%	97%	96%	97%
Incidents Resolved ICT	758	799	669	778	778	758
Incidents Resolved Within SLA ICT	713	736	637	729	659	712
Service Requests Resolved ICT	1,326	1,568	1,189	1,397	1,199	1,389
Service Requests Resolved Within SLA ICT	1,307	1,538	1,161	1,376	1,173	1,349

Calls answered within threshold is consistently high  
Overall SLA ICT achievement remains strong at 97%.  
Incidents and Request SLA's are measured against priorities (1-5 for both incidents and requests)

### 3. Quality of Service



	Aug	Sep	Oct	Nov	Dec	Jan
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	99.97%
Telecoms Availability (unplanned)	99.73%	100.00%	100.00%	100.00%	100.00%	99.93%
Radio Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
% of either Very Good or Good	97.00%	89.00%	96.00%	87.00%	96.00%	92.00%
% of either Very Poor or Poor	3.00%	11.00%	4.00%	13.00%	4.00%	8.00%

Downtime in January was recorded for Pilot, e-mail and the telephone switch.

### 4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6,300			4,410
Actual	39	6,143			5,363
Variance	1	158			953
%Variance	98%	98%			0%
<b>SICKNESS</b>					
5% Sickness on Budgeted			315		
5% Sickness on Actual			307		
Recorded Monthly Sickness				248	
Variance between Budget and Actual Targets				(60)	
<b>ABSENCE</b>					
25% Absence on Budgeted			1,585		
25% Absence on Actual			1,585		
Recorded Monthly Absence				533	
Variance between Budget and Actual Targets				(132)	

Absence figures have decreased but sickness figures have increased this month

Absence is calculated to include all absence that is not sickness e.g. annual leave, training, maternity leave, suspension etc

## Annex 2 Ambulance Quality Indicators - YAS

Jan-17

Indicator	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	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	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:23	0:25	0:22	0:30	0:22	0:29	0:37	0:38	0:04	0:12	0:20	0:14	0:33	4	0:06	to	1:30
Time to Answer (99%)	1:12	1:15	1:09	1:22	1:04	1:25	1:31	1:45	0:34	1:06	1:20	1:03	1:30	5	0:50	to	2:39
Abandoned calls	0.90	1.10	0.79	1.10	0.81	0.88	0.87	1.18	0.21	0.51	0.81	0.93	1.64	4	0.29	to	2.84
Cat Red 8 minute response - RED 1 (75%)*	69.0	69.0	69.6	68.5	69.7										64.4	to	72.6
Cat Red 8 minute response - RED 2 (75%)*	71.0	71.9	71.3	69.5	74.2										53.7	to	72.7
95 Percentile Red 1 only Response Time*	14.5	14.4	14.3	14.3	14.5										13.6	to	16.4
Cat Red 19 minute response (95%)*	93.9	94.7	94.3	93.7	95.7										84.4	to	94.5
Cat Red 8 minute response**					73.1	71.1	68.0	66.5	70.7	68.8	70.7				N/A		
Cat Amber 19 minute response**					82.0	74.9	71.9	67.8	74.9	70.0	69.0						
Cat Green 60 minute response**					96.3	96.1	94.9	92.2	90.2	95.1	94.4						
Category1 8 minute response***											65.7	65.7	64.2				
Category1 19 minute response***											89.5	88.3	88.4				
Category2 19 minute response***											69.3	71.1	67.9				
Category3 40 minute response***											71.1	72.2	68.0				
Category4 90 minute response*** (excl HCP)											90.3	84.3	83.5				
Time to Treat (50%)	5.8	6.4	6.1	5.9	6.0										6.4	to	11.6
Time to Treat (95%)	15.4	15.9	15.3	15.5	13.3										19.1	to	27.7
Time to Treat (99%)	23.6	23.8	23.0	23.4	19.5										34.8	to	55.0
STEMI - Care	78.6	82.9	75.5	87.6	88.7	91.7	83.8	85.1	89.4	82.2	89.7			2	69.2	to	91.2
Stroke - Care	96.0	98.5	98.7	95.7	98.7	98.1	97.3	99.0	99.1	98.8	99.1			4	94.3	to	99.7
Frequent caller *	2.07	2.00	2.56	2.29	2.85	3.28	3.40	3.49	3.67	4.03	2.52	2.83	2.92	6	0.30	to	3.40
Resolved by telephone	9.4	8.2	7.9	9.1	8.3	6.7	7.1	7.2	6.8	6.8	7.8	8.5	9.4	7	5.1	to	15.9
Non A&E	31.1	30.7	29.8	29.4	30.2	29.9	29.7	30.4	30.7	30.8	30.0	29.7	30.7	9	28.6	to	49.4
STEMI - 150	91.3	79.0	84.9	86.4	91.2	84.3	82.8	80.2	90.2					8	71.7	to	92.1
Stroke - 60	55.2	49.3	51.5	48.7	54.4	52.0	43.2	47.1	43.6	42.0	39.9			8	35.3	to	67.3
ROSC	20.7	21.6	27.3	31.4	24.5	27.8	26.0	21.7	28.4	25.2	25.7			7	24.6	to	36.4
ROSC - Utstein	55.0	50.0	50.0	85.7	37.5	40.7	45.5	45.6	64.7	46.8	51.1			6	44.6	to	69.4
Cardiac - STD	9.7	9.7	8.4	8.4	7.1	9.4	10.3	11.9	10.2					2	7.3	to	13.2
Cardiac - STD Utstein	55.6	20.0	46.2	61.5	37.5	25.9	32.6	35.1	29.2					2	20.3	to	44.3
Recontact 24hrs Telephone	1.9	2.2	5.5	5.5	6.0	5.3	6.5	6.3	6.8	6.7	5.0	7.3	5.7	4	1.8	to	14.6
Recontact 24hrs on Scene	2.2	1.4	2.8	3.2	2.5	1.8	1.4	1.8	1.3	1.6	1.3	1.5	1.6	1	1.6	to	8.6

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



# Annex 3 National Benchmarking - Year to Date (@ December 2016)

Jan-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	0:03	0:01	0:01	2	December
Time to Answer - 95%		mm:ss	0:41	0:10	0:06	0:29	0:25	0:59	1:30	1:01	0:14	0:23	4	December
Time to Answer - 99%		mm:ss	1:34	1:00	0:50	1:02	1:18	2:09	2:39	2:07	0:55	1:15	5	December
Abandoned calls		%	1.75	0.74	0.29	0.41	2.74	1.15	2.84	2.19	0.95	0.89	4	December
Cat Red 8 minute response - RED 1	75%	%	68.7	68.1	69.4	66.2	69.2	72.6	64.4					December
Cat Red 8 minute response - RED 2	75%	%	56.9	61.0	65.2	64.2	63.2	72.7	53.7					December
Cat Red 19 minute response	95%	%	84.4	90.4	93.5	90.2	89.4	94.5	89.7					December
95 Percentile Red 1 only Response Time		Time	15.5	15.9	13.6	15.2	15.9	14.3	16.4					December
Category1 8 minute response***	75%	%								N/A	N/A	64.2		December
Category1 19 minute response***	95%	%								N/A	N/A	88.4		December
Category2 19 minute response***		%								N/A	N/A	67.9		December
Category3 40 minute response***		%								N/A	N/A	68.0		December
Category4 90 minute response***		%								N/A	N/A	83.5		December
Time to Treat - 50%		mm:ss	11.6	7.5	6.8	7.5	7.4	6.4	7.7					December
Time to Treat - 95%		mm:ss	24.5	23.4	19.1	25.5	27.7	20.0	24.0					December
Time to Treat - 99%		mm:ss	40.8	34.8	38.7	42.1	55.0	35.1	38.1					December
STEMI - Care		%	85.1	91.2	70.5	81.7	86.8	70.5	69.2	77.6	80.2	87.1	2	September
Stroke - Care		%	98.7	99.1	96.8	97.7	99.7	98.5	96.0	94.3	97.7	98.5	4	September
Frequent caller *		%	0.3	0.3	0.3	0.9	1.4	3.4				3.2	6	December
Resolved by telephone		%	15.9	6.5	10.8	8.4	10.1	11.1	6.0	14.8	5.1	7.7	7	December
Non A&E		%	28.6	40.5	36.9	34.2	32.4	41.1	49.4	49.4	37.9	30.2	9	December
STEMI - 150		%	92.1	91.2	91.6	92.0	81.9	87.5	90.9	71.7	87.6	85.6	8	September
Stroke - 60		%	55.4	50.8	63.7	59.6	53.8	43.1	67.3	35.3	56.7	47.1	8	September
ROSC		%	26.0	28.8	29.6	26.0	36.4	32.3	27.9	24.6	31.3	26.4	7	September
ROSC - Utstein		%	49.1	57.1	55.6	69.4	62.1	45.1	54.4	44.6	49.3	51.3	6	September
Cardiac - STD		%	7.3	9.0	8.8	8.5	9.5	13.2	8.4	7.9	9.2	10.1	2	September
Cardiac - STD Utstein		%	20.3	31.9	26.3	44.3	30.6	24.4	28.8	20.7	23.2	32.0	2	September
Recontact 24hrs Telephone		%	1.8	8.1	3.3	12.8	4.3	8.9	7.1	10.3	14.6	6.2	4	December
Recontact 24hrs on Scene		%	4.0	5.3	8.6	4.6	3.1	4.5	5.5	4.6	6.9	1.6	1	December