



Integrated Performance Report – March 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.

Table of contents

<i>Page Number</i>	<i>Content</i>	<i>Page Number</i>	<i>Content</i>
2	1. Compendium	24	4.1 Finance Overview
3	2. Exec Summary	25	4.2 Finance Detail
	- Key Headlines	26	5. Workforce Scorecard
4-6	- Strategic Objectives	27-28	6.1 Quality, Safeguarding, IPC Audits and Incident Reporting
7	- Single Oversight Framework		6.2 Clinical Performance
8	- Demand and Performance	29	
9	- A&E		Annexes
10	- 111		
11	- PTS		
12	- Quality	31	A1.1 EOC Service Line Report
13	- Clinical	32	A1.2 Estates Service Line Report
14	- Workforce	33	A1.3 Fleet Service Line Report
15	- Finance	34	A1.4 Resilience Service Line Report
16	- Quality and Efficiency Savings (CIP)	35	A1.5 ICT Service Line Report
17-20	- CQUINS	36	A2. National Ambulance Quality Indicators
21	3.1 A&E Service Line Report		A3. National Benchmarking
22	3.2 PTS Service Line Report	37	
23	3.3 111 Service Line Report		
	3.4 NHS 111 WYUC Contract		

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

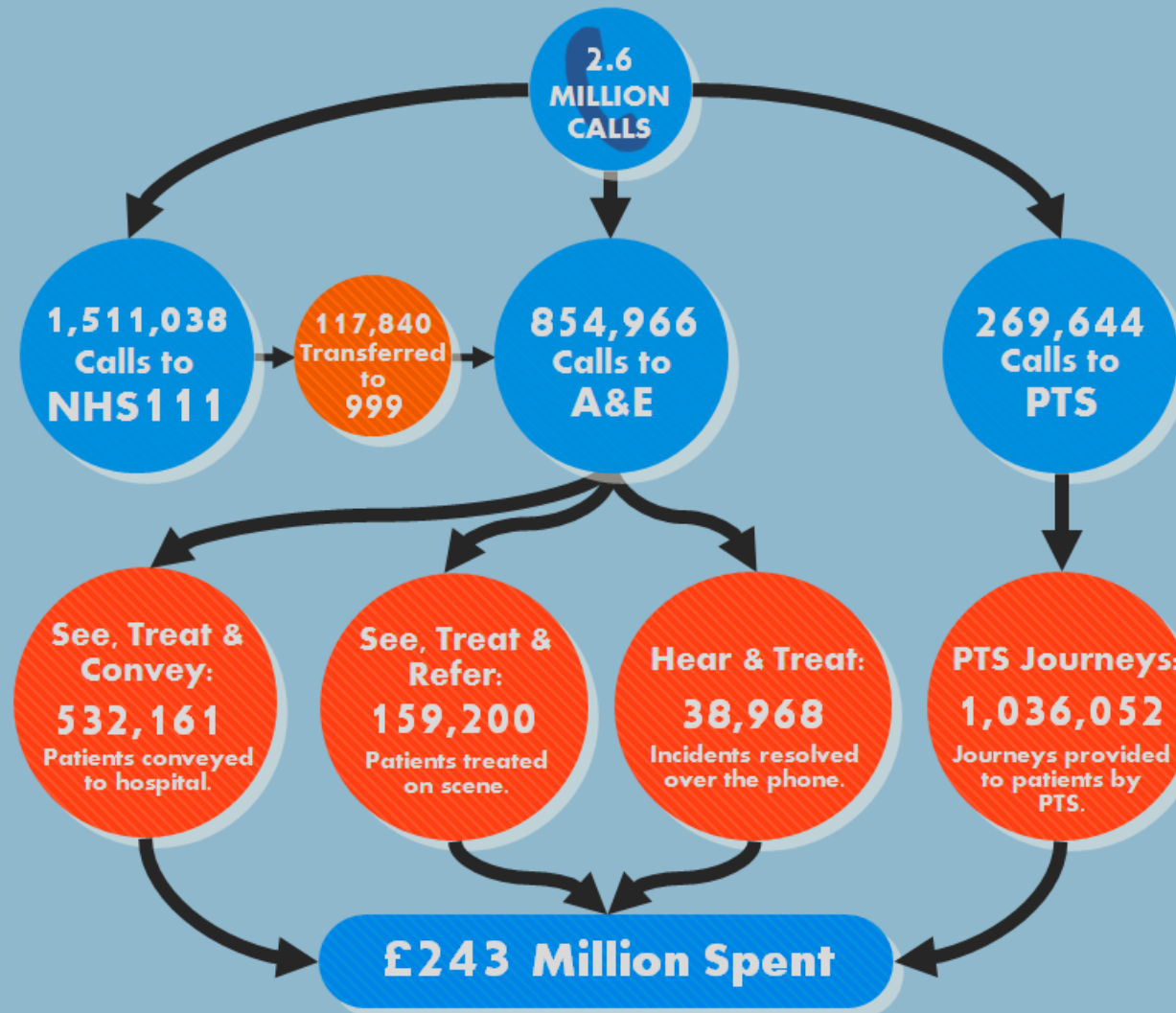
STAFF



53.6%
Female

46.4%
Male

5.4%
BME



IPR Exec Summary – March 2017

A&E (CCG Demand)

- **Calls** above contract value for March and YTD are higher than the same period last year, 5.7% in month and 6.1% higher YTD.
- **Hear & Treat (H&T)** is 20.3% below contract activity in month. 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 4.4% higher in March17 than March16.
- **See Treat & Refer (STR)** is above planned for March (12.5%) and YTD (9.7%), (excludes UCP's).
- **See, Treat & Convey (STC)** activity is above plan for March (2.3%) and YTD (4%).
- **Category 1 against 8 mins** was 69.5% in March (achieved 75% in 8 mins 42s).
- **Fleet Availability** remained at 90% against target of 92%. Availability is affected by 3 vehicle improvement programmes currently being rolled out across fleet.

111

111 DEMAND

- **Calls Answered** are below contract ceiling for March (-4.4%, a difference of -5,976 calls) and YTD below by 0.3% (-4,799 calls).
- **Calls Answered** down by 9.1% compared to March 2016 (normalised data shows a reduction of 1.0%, taking into account the 2016 Easter weekend).

PERFORMANCE

- **Answered in 60 seconds** at 93.6% for the month (a decrease of 1.2% compared to last month) but up 17.7% from 2016.
- **Clinical KPIs** Warm Transfer or Call Back in 10 minutes has increased (4.1%) compared to last month and Call Back in 2 hours is up by 4.2% from February to March.
- **111 referral rate to 999** at 8.6% for the month.
- **Overall 4,659 ambulances were validated** by an NHS111 clinician out of 6,631 ambulance outcomes (70.3%). 2,243 ambulances were managed to another outcome. These figures do not include all ambulance interventions.
- **WYUC An independent review of the contract/ service is currently in progress.**

PTS

PERFORMANCE

- **KPI 2 – arrival prior to appointment.** PTS performance continues to over achieve target of 82.9%. For the month of March PTS achieved 87.2%. Overall YTD is encouraging, currently standing at 86.2% giving 3.3% ahead of target.
- **KPI 3 – departure after appointment –** For March we missed the target by 2.5% achieving 89.2%. YTD currently stands at 90.7% against a target of 91.7%.
- **Exceptions in West for March**, particularly in Leeds where KPI 3 incurred 295 breaches. There are various factors which resulted in these breaches and we are working with CCG's & Acute partners to improve the areas we can.

Quality and Clinical

- **Incident reporting:** : March saw an increase in the number of incidents reported within A&E Operations with a 9.74% increase on the previous month. An overall increase of 6.19% in incidents reported from February to March with Incidents of moderate and above harm remaining low despite an increase in incidents reported.
- **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 in relation to Safeguarding Adult Level 2 training to align to national guidance
- **Stroke care:** Stroke care has shown outstanding performance across 2016/17, notably in January achieving 99.1%. December's figure of 98.8% continues this high level of achievement.
- **STEMI Care:** STEMI care performance continues to depict high levels of achievement with January's figure of 85.7%. The whole of 2016 has illustrated a pattern of high performance, particularly May with 91.7%

Finance

	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000
Income	250,621	255,424	4,803
Expenditure	(245,501)	(252,712)	(7,211)
Retained (Deficit) / Surplus with STF Funding	5,120	2,713	(2,408)
STF Funding	(1,520)	(1,140)	380
Retained (Deficit) / Surplus without STF Funding*	3,600	1,572	(2,028)
EBITDA	16,656	13,901	(2,756)
Cash	16,600	19,085	2,485
Capital Investment	(14,671)	(12,675)	1,996
Quality & Efficiency Savings (CIPs)	9,059	7,746	(1,313)

Workforce

Sickness: The sickness absence rate for March 2017 stands at 5.64% which is a decrease of 0.16% from the previous month and closer to the Trusts threshold of 5%. This is slightly lower than the same period last year when it stood at 5.78%.

PDR: The current PDR rate is 75.11% against the trust stretched target of 90%.

Stat & Mand: Compliance for the Statutory and Mandatory Workbook is 94.94% against the trust target of 95%

Turnover has increased slightly 11.74% for last month compared to 11.39% for the previous 12 months.

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. A flu strategy group has met and included stakeholders from across the Trust. 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 - March Comments)	Predicted RAG Year End	Mar RAG	Mar 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 (A&E Transformation Programme)	1a i: Complete 1a ii: Complete 1a iv: Complete 1a vi: Reviewed tel lines and redirected all the legacy lines as appropriate. Some actions to increase efficiency. However they need approving at Clinical Governance Committee. Benchmarked North West and North East to ensure new reports are in line with best practise. Recruited to plan, going through induction processes.	G	G	C	i	Introduce new Rotas aligned to demand modelling and new response standards	EDOps	EDOps	Mar-17	C
						C	ii	Expand provision of Community First Responder		EDOps	Mar-17	C
						NS	iii	Implement new vehicle mix in line with modelling recommendations		DEF	Mar-17	
						C	iv	Implement new capacity planning process in A&E		EDOps	Mar-17	C
						C	v	Implement Ambulance Response Programme (ARP) II		EDOps	Jun-16	C
						A	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	1b i: Stroke HASU reconfiguration across the region is under review, with plans to reduce the number of HASUs. Services struggling to recruit staff accross the region. Simulation Leadership fellows promoting and delivering good practice, and reducing on scene times though the use of simulation exercises. RAT schemes running accross the region, improving quality CPR and clinical leadership. Increase in ROSC Utstein and STD seen, with marked increases in areas with full time RAT. 1b ii: Restart a Heart on track to deliver CPR training to 25,000 school chidlren. External Cardiac Pacing performed by all RAT Paramedics, and DC Cardioversion mid way through regional rollout for all Paramedics. Post event debrief and data download now embedded into routine practice, well recieved by staff, and a marked improvement in hands on chest time, and cardiac compression rate. 3 complete. 2, 4, and 5 complete Feb 2017.	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	2. C 3. C 4. C 5. C
	1c	Ensure patients are provided with the most appropriate response to meet their needs (Urgent Care Transformation)	1c i: Recommend change of rewording to 'establish clinical advisory service' 1c.ii: Pilots extended to end April 17, evaluations to be completed May 17. 1c iii: Lack of capacity to start owing to other current priorities. Some initial fact finding and data gathering commenced March 17. 1c iv: Evaluation completed, planning, plan development ongoing. 1c v: IT links developed, future actions to be discussed and agreed at ISDB. 1c vi: DP&UC and DPD working jointly to actively review and pursue opportunities - suggest combining this action with 2d vii Assess and pursue new service tenders and opportunities. Process in place to monitor, evaulate and respond to opportunities. PTS contracts retained/won in ER/SY. 1c vii: Future actions to be discussed and agreed at ISBD. 1c viii: Future actions to be discussed and agreed at ISBD. 1c ix: Project not started.	G	A	G	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	Sep-17
						G	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	
						G	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	2a i: Development of trust strategy and operational business plan in progress. 2a ii: Framework in place and underlying programmes currently being implemented, ie IPR and report streamlining. 2a iii: Recruitment to Assurance Manager underway. New dashboards developed and implemented. Revise scope for new team agreed in line with business needs relating to CIP delivery. 2a iv: Quality dashboards reviewed. Further refinement of IPR scheduled for Q3/4. IPR refinement for new financial year delivered. IT solution being jointly supported with BI and IT to support underpinning operational management.	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
						C	ii	Implement new performance management framework		EDQ&P	Jun-16	Mar-17
						C	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	2 b (i) Discussion of PMO role discussed in TEG/TMG. Action underway to prioritise key projects. 2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured. Formal independent review of Ancillary completed. Recruitment review completed September 2016.	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 (Hub and Spoke Transformation Programme)	2c i: Paper to F&IC 12th May, agreeing next stage. 2c ii More work is underway to quantify the cost of various hybrid models and find alternative ways to evaluate some of the benefits, as a result of data integrity issues with some of the original data. The final report will be presented to the February Hub and Spoke Programme Board to enable a final decision on the model to be adopted.	G	A	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	
						G	iii	Roll out Make Ready/VPS to 2 further stations		DEF	Mar-17	

Strategic Objectives 2016-17

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions - March Comments	Predicted RAG Year End	Mar RAG	Mar SUB RAG	Actions		Lead Director - Overall	Lead Director- Actions	Impl Date	Complete or Revised Impl Date
2. Ensure continuous service improvement and innovation cont	2d	Implementation of a sustainable model for PTS delivery as the market leading integrated planned transport provider (PTS Transformation Programme)	2d i: Complete. 2d ii: Management restructure progressing - 1st June Phase 1 in place (links with ii, iv and vi for completion and resource to achieve). 2d iii: PTS transformation and 2 major mobilisations need to be consolidated into best use of resources and re-cast to ensure priorities are met and diliverables captured. 2d iv: PTS continues to progress the workforce strategy. There is no ongoing roster management to adjust to 12%+ attrition rates. 2d v: Completed. 2d vi: No fleet modernisation programme currently in place - East and South mobilisation plans will be focus for PTS fleet review. BAU programme needs resourcing. The 30 vehicles due in 16/17 were not ordered as uncertainty around PTS bids but as we have won the bids will progress ordering with fleet. 2d vi: Ongoing - assessment proccesses established, PTS contracts retained/won in ER/SY.	A	R	C	i	Introduce auto planning	DP&UC	DP&UC	Sep-16	C
						A	ii	Complete auto scheduling pilot		DP&UC	Jun-16	Jul-17
						A	iii	Introduce on-line booking app		DP&UC	Jun-16	May-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	Sep-17
						G	vii	Assess and pursue new service tenders and opportunities		DPD	Mar-17	C
	2e	Embed initiatives to support an open learning culture and quality improvement	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. Internal audit complete. Internal audit complete re risk process and action plan for CI in place. 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	Implement16/17 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
						G	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	Establish YAS values and behaviours framework aligned to findings from Cultural Audit.	3a i:Scheduled for completion in Q1 17/18. 10% threshold achieved in March. 3a i and ii) to be carried over into 17/18.	G	A	A	i	Engage wide cross section of staff in development of values and behaviours framework	DWF	DWF	Sep-16	Apr-17
						R	ii	Produce and publish new behavioural framework		DWF	Sep-16	Apr-17
						R	iii	Align recruitment, induction, training and other Trust communications to the new framework		DWF	Sep-16	Apr-17
	3b	Establish management and leadership development framework	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. Needs to be carried over into 17/18.	G	A	R	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	Introduce new models for workforce development	3c ii: Complete. 3c iii: Complete. 3c iv: Complete. Initial acions complete. Further work now identified which is to be included in overall apprenticeship work. 3c v: Pilot started in May. National workshop has agreed a number of factors, ie nursing career development and local discussion with stakeholders and workforce leads in progress.	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
						C	iii	Establish clear workforce plan for A&E operations recruitment and training trajectory reflecting demand, ACQI and delivery model changes		DWF	Jun-16	C
						C	iv	Improved access to seamless career progression for apprentice/PTS staff into A&E		DWF	Sep-16	C
						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	Take proactive steps to increase diversity within the workforce	3d i: Diversity training ongoing to all staff with positive feedback. 3d ii: Diversity ad 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
						C	ii	Establishing a Diversity and Inclusion Steering Group		DWF	Dec-16	C
						C	iii	Introduce diversity monitoring into recruitment processes and service line performance dashboards		DWF	Dec-16	C
	3e	Staff Welfare	3e i: Home working solution now in place for NHS111 with robust governance and processes. 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

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions - March Comments	Predicted RAG Year End	Mar RAG	Mar SUB RAG	Actions		Lead Director - Overall	Lead Director- Actions	Impl Date	Complete or Revised Impl Date
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	4a ii: plans being worked up against various workstreams, eg IT procurement. Action currently underway to prioritise projects.	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	4b i, iii, iv, v complete November 2016 4b ii complete December 2016	NA	G	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	4c i Workshop complete action plans for 17/18 being drawn up. 4c ii Capital bids submitted for areas of priority in securing improvement. 4c iii Policy has now been implemented and shared.	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
						C	iv	Implement agreed 16/17 priorities		EDQ&P	Mar-17	C
	4d	Improve alignment with key stakeholders in wider health and social care system	4d i: Progress delayed in context of financial pressures. 4d ii: Complete 4d iii: Not started. 4d iv: In progress, no issues. 4d v: In progress, no issues. 4d vi: In progress, no issues. 4d vii: In progress, no issues.	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
						NS	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	5a iii: Inspection now complete. Internal action plan has now been revised	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	Plan currently uner review by new director of estates i) A 5-year estate optimisation and co-location plan is currently being developed and will consider the optimal location of four Hub & Spoke developments and potential Make Ready facilities to optimise Operational performance. ii) 1. Willerby relocation is dependant on PTS contract tented and currently stood down for 2016/17, until the Trust has clarity on accommodation requirements. The Trust continues to 'hold over' on the lease renewal. ii) 2. Bramham Heads of Terms for co disposal with Leeds City Council were agreed on 20/06/16 The property is likely to be marketed in March 2017. ii) 3. A paper regarding future options for Rotherham Fairfields was presented to the Hub & Spoke Programme Board on 21/06/16. A more detailed options appraisal is required. ii) 4. Gildersome sale completion delivered on 24/06/16. ii) 5 & 6. Doncaster iHub & Spoke buisness case was presented to Trust Board on 25/05/16, with a view to building a new Hub and Spoke service for the Doncaster and Bentley area. The H & S team are currently looking to acquire a suitably located site for the development, which will be the first of four H & S developments planned over the next five years. ii) 7. A paper is being drafted in support of the Trusts Training Strategy, scheduled for presentation to TMG in July 2016. iii) Maintenance backlog reduction of £200k is predicated by backlog reduction revenue and capital fund approval for infrastructure improvement works, as noted on the draft capital programme 2016/17. Capital programme bids are approved in principle and subject to final approval for identified schemes. CQC related Store Room Upgrades commenced on site 10/07/16 with work scheduled for completion by end July 2016	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 Trust functions	5c ii: recruitment to DOF in progress, Director of estates now in post, workforce senior management team appointment have been made. 5c iii: New Estates Governance Framework is now embedded but further work with 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	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
						G	iii	Embed new Estates Governance Assurance Framework covering supplier frameworks, regulatory compliance, sustainability and property management		DEF	Sep-16	Mar-17
						C	iv	Complete Well-led Review		EDQ&P	Dec-16	C
	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) 5d ii - Not started.	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 ii - National CQUIN scheme plans in place and being reviewed at TMG in April. 5e iii - Resources used to defend existing business rather than growth.	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	
						R	ii	Deliver agreed CQUIN schemes		EDQ&P	Mar-17	
						A	iii	Secure new income through service tenders and other service development opportunities		DPD	Mar-17	

1. Chief Executive CEO
5. Executive Director of Operations DOPs
2. Executive Director of Finance DoF
6. Director of Workforce and OD DWF
3. Executive Medical Director MD
7. Director of Planned and Urgent Care DP&UC
4. Executive Director of Quality, Governance and Performance Assurance DQ&P
8. Director of Planning & Development DPD
9. DEF

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 March was above plan by 5.7% (Plan based on March 2016 Actual CCG Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging fewer calls (788 less in March) than contracted. The other categories are above contract levels at this point for 2016-17.

Activity involving ambulances that have arrived at scene (responses) has increased by 4.4% compared to March 2016. See, Treat and Convey is above by 2.3% which is due to a higher level of calls. The referral rate for 111 has slightly decreased to 8.6%, the actual number of calls sent in March compared to February decreased by 33 referrals.

Hear and Treat Response

Mar - 3,093 (20.3% < Contract Total)

YTD - 38,441 (1.5% < Contract Total)

See, Treat and Refer Response (inc UCP)

Mar - 13,312 (12.4% > Contract Total)

YTD - 159,817 (9.9% > Contract Total)

See, Treat and Convey Response

Mar - 45,434 (2.3% > Contract Total)

YTD - 546,465 (4.0% > 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 21st Oct.

Performance	Oct 20th to 31st	November	December	January	February	March	YTD
Category1 (8 min Resp)	65.7%	65.7%	64.2%	65.9%	66.1%	69.5%	66.2%
Category2R (19 min Resp)	70.7%	75.9%	76.5%	78.9%	76.9%	84.0%	78.1%
Category2T (19 min Resp)	69.2%	70.7%	67.3%	70.9%	71.6%	75.7%	71.0%
Category3R (40 min Resp)	73.3%	76.6%	70.8%	77.6%	75.8%	82.7%	76.4%
Category3T (40 min Resp)	69.7%	69.3%	66.2%	70.0%	68.2%	78.1%	70.4%
Category4T (90 min Resp)	89.1%	81.3%	81.6%	81.6%	79.3%	83.8%	82.5%
Category4H (90 min Resp)	100.0%	99.5%	95.4%	98.5%	97.2%	99.3%	98.3%

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 (at 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.

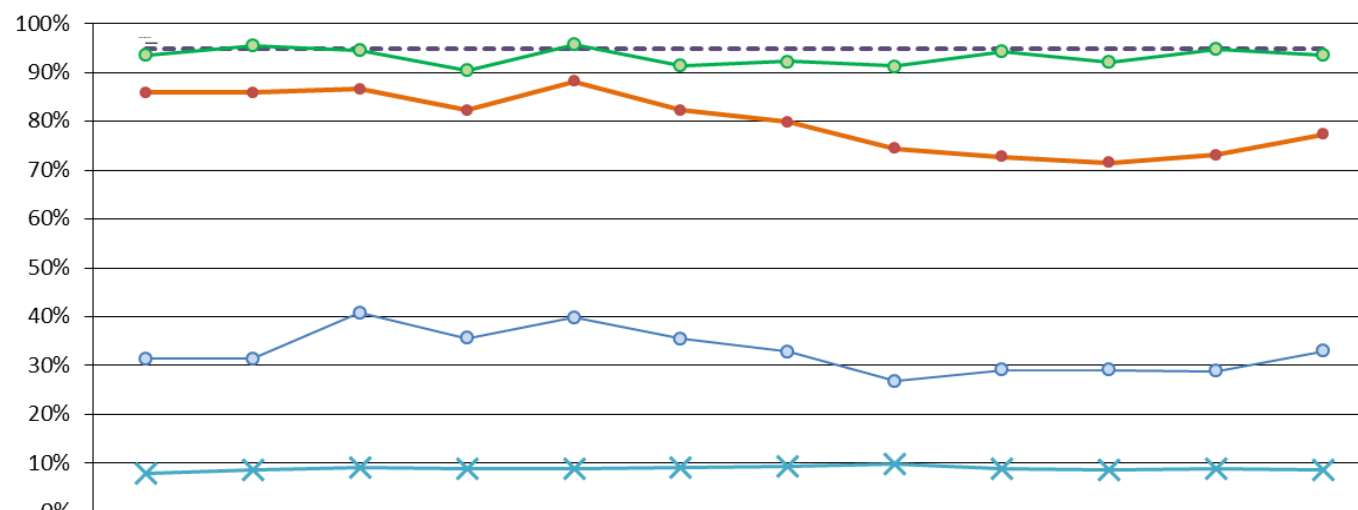
Demand and Performance – NHS 111

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 March are 0.3% (4,799 calls) below YTD contract ceiling volume. The year to date performance for calls answered in 60 seconds is currently 4.2% above the same position last year.

Call back in 2hrs: Whilst significant effort has taken place within the service around clinical recruitment this has not markedly changed overall staffing numbers. The only real increase has been to senior clinical floorwalker numbers although this equates too few additional clinical hours. This combined with increased demand levels over winter months has made it more difficult to meet the 2 hour local KPI. 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



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
--- Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
—●— Ans in 60 secs %	93.5%	95.5%	94.4%	90.5%	95.8%	91.3%	92.2%	91.2%	94.3%	92.1%	94.8%	93.6%
—×— Referred to 999 %	7.9%	8.6%	9.2%	9.0%	9.0%	9.2%	9.3%	9.8%	8.9%	8.7%	8.9%	8.6%
—●— Warm Transferred Or Called back in 10mins (%)	31.3%	31.4%	40.8%	35.6%	39.8%	35.5%	32.8%	26.8%	29.1%	29.1%	28.9%	33.0%
—●— Call Back in 2 Hours	85.9%	85.9%	86.6%	82.3%	88.2%	82.3%	79.9%	74.4%	72.7%	71.5%	73.1%	77.3%

Calls Offered have reduced by 13.3% compared to March 2016 (normalised data shows a reduction of 4.1%, taking into account the 2016 Easter weekend). Answered in 60 performance has increased by 17.7% when compared to the same month last year. Month on month, performance went from 94.8% in February to 93.6% in March (Down by 1.2%). Warm Transferred and Call Back in 10 minutes is up 4.1% month on month and up 9.3% compared to March 2016. 111 referrals to 999 up by 1.3% year on year but remain within target. In March, 2,243 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed and 2,416 were checked by a clinician before being sent out (this is a total of 4,659 ambulances validated out of 6631 - 70.3%).

Staff Resource Contracted Full Time Equivalent (FTE), before overtime, was 12.8% over budget for March. Available time was 0.4% below budgeted for March. This however is linked to call handler numbers with this staff being in place to backfill resource allocated to the NHS England Workforce Development projects.

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 March saw a positive PTS performance achieving 87.2% against a target of 82.9% + 4.3%. Overall YTD is encouraging currently standing at 86.2% giving 3.3% ahead of target.

• **KPI 3 – departure** after appointment – February missed target by 2.5% achieving 89.2%. YTD currently stands at 90.6% against a target of 91.7% - 1.1%.

• **Exceptions** – Leeds incurred 295 breaches on KPI 3. There are various factors which resulted in these breaches such as the historic challenges with wheelchair capacity in LTHT and access and egress at BRI. Configuration of the Acute sites in Bradford & Calderdale together with the lack of ambulance parking, centralised patient waiting and collection areas and portage continue to challenge our ability to meet KPI targets. Throughout the 2016/2017 contract year Mid Yorks has remained stable with KPI 1 and 3 achieving targets. KPI 2 combined performance for Mid Yorks and North Kirklees is 90%. North Kirklees underachieved by 15 patients for March.

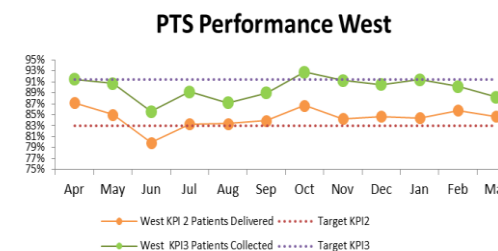
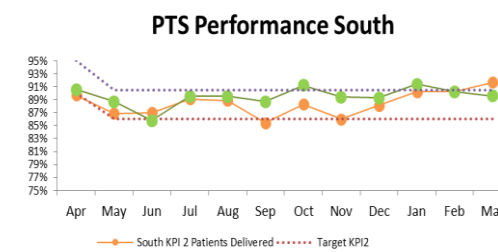
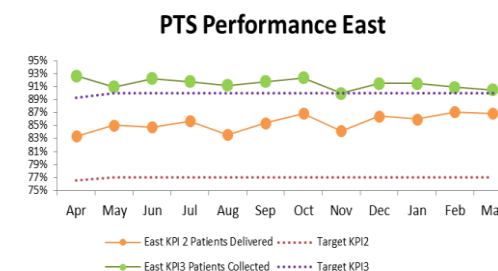
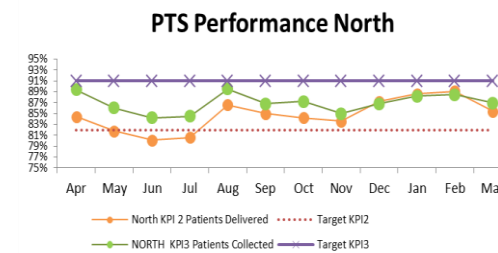
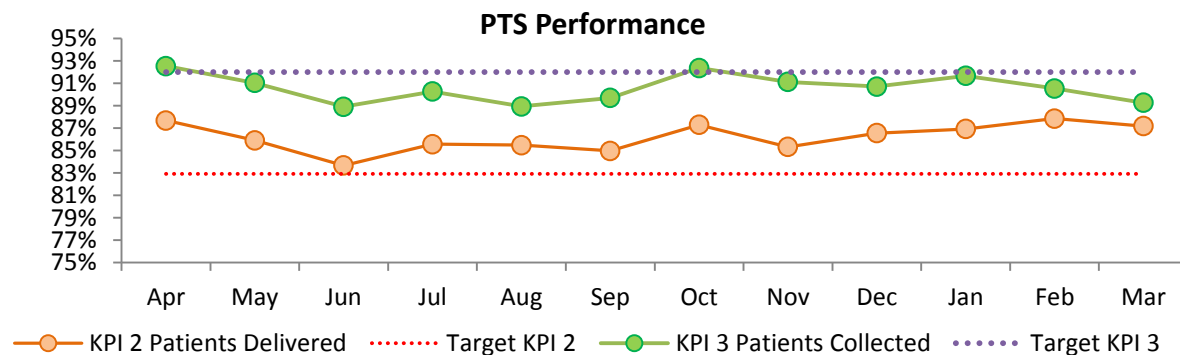
North - In March overall activity increased by 8.4%. Despite this KPI 1 & 2 over achieved the target. KPI 1 over achieved by 1.2% incurring 22 breaches in Scarborough and Ryedale and KPI 2 overachieved by 3.4%. However KPI 3 under achieved by 4.1% incurring 134 breaches across the consortium which was anticipated due to the increase in activity.

East -March performance has recorded the highest activity over the last 12 months. In comparison the activity in March 2016 has seen an increase by 12.6%. Complex mobility jobs such as T2 (Tail Lift) and W2 (Wheelchair) have increased by 43.9% and 35.4%, these are the two highest mobility's to rise. Including abortions and escorts overall activity was 9994 in comparison with 8814 in March 16.

Throughout the 2016-2017 contract year the performance has remained stable and KPIs 1, 2 & 3 have achieved throughout. KPI 1 year to date figure is 95% against 94% target. KPI 2 has achieved a year to date figure of 85.5% against a target of 77%. KPI 3 has also achieved a year to date figure exceeding the KPI target by 1.5% overall. KPI 4 has remained under target and work will continue with the Acute Trust to develop discharge strategy moving forward.

South - March performance has recorded the highest activity over the last 12 months. In comparison the activity in March 2016 has seen an increase by 7.8%. W2 mobility has increased by 24.2%. Including abortions and escorts overall activity was 23361 in comparison with 21548 in March 16.

Throughout the 2016-2017 contract year KPI 1 & 2s performance has remained stable and achieved throughout. KPI 1 year to date figure is 95.6% against 93% target. KPI 2 has achieved a year to date figure of 88.4% against a target of 86%, in September the performance underachieved, the only month in 12 months. KPI 3 missed the KPI target by 1.1%, Sheffield missed the KPI by 134 patient journeys. Year to date KPI 3 has underachieved by 1%. KPI 4 has remained under target and missed the KPI by 7.3%, mostly in Doncaster by 30 patients.

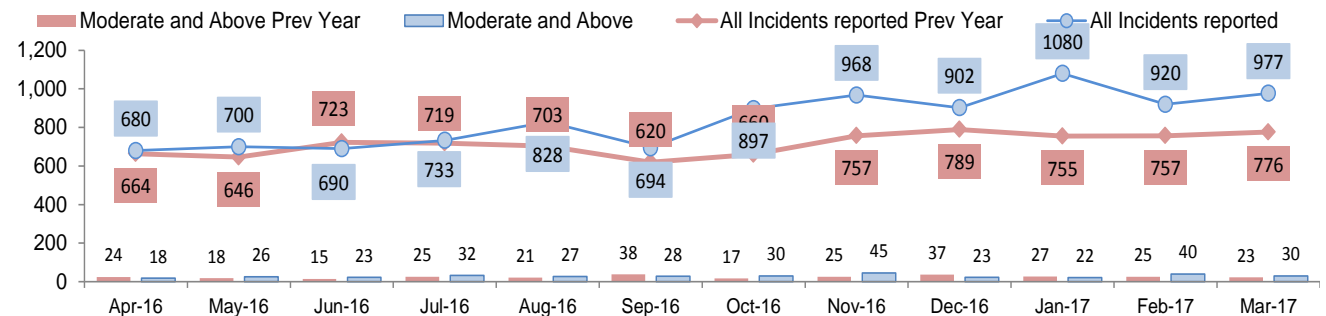


Quality (Lead Director: Executive Director of Quality, Governance and Performance Assurance – Steve Page, Supported by Executive Medical Director – Dr Julian Mark, Nominated Leads: Associate Director of Quality & Nursing – Karen Warner, Associate Medical Director – Dr Steven Dykes)

Complaints: Complaint levels have shown a small increase across all service lines in March compared to February with the exception of EOC which has reduced. These are however in line with previous months with the exception of 111 where the change in processing PEM's (Post Event Messages) has seen the feedback we receive in service to service complaints increase.

Incidents: March saw an increase in the number of incidents reported within A&E Operations with a 9.74% increase on the previous month.

An overall increase of 6.19% in incidents reported from February to March with Incidents of moderate and above harm remaining low despite an increase in incidents reported vs last year.



Friends and family Test: Results for Quarter 3

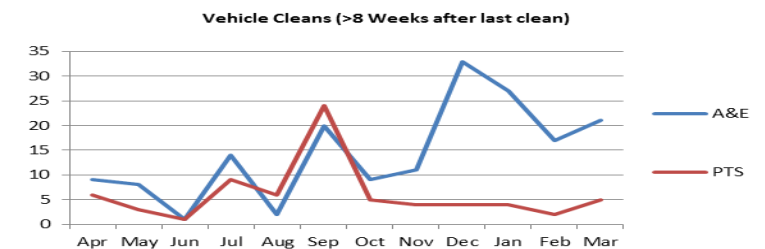
(latest reporting) remain positive with 88.5% (PTS) and 89.9% (A&E) of people surveyed likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

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

Infection prevention and control: The number of vehicle clean breaches above 8 weeks (21 for A&E and 5 for PTS) – has increased in March due to overall pressure on resources remaining high. These are actively managed through the weekly review process.

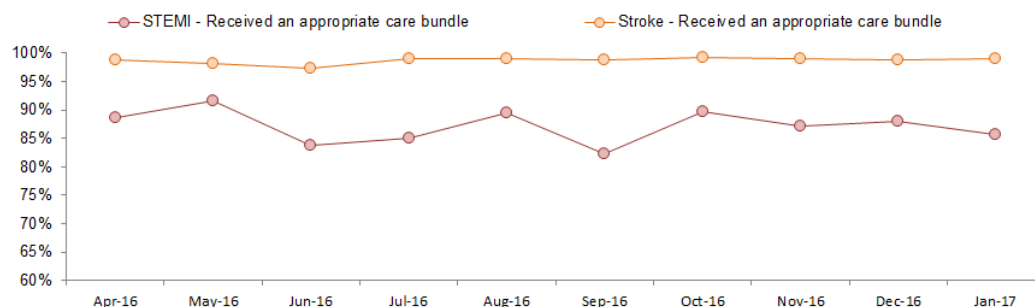
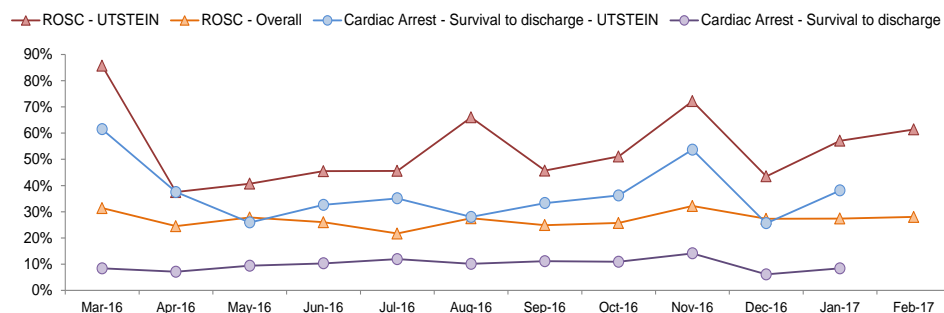
Safeguarding training compliance: The Trust is achieving its target for Safeguarding Children Level 1 & Level 2 training and Safeguarding Adult Level 1 training. Work is ongoing to agree a trajectory with Commissioners for Safeguarding Adult Level 2 training, following the recent publication of Safeguarding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

Legal requests – The legal services team are continuing to work with departments across the Trust to improve both the compliance rates and the quality of the responses.



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 for 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. 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 February matches the consistent performance trend thus far for 2016/17 with an achievement of 28%, slightly up from January's figure of 27.4%. This puts February as the highest performing month for ROSC since November 2016.

In line with the results of ROSC overall, the UTSTEIN comparator group also demonstrates outstanding achievement of 61.4% for February 2017. Again, this is an improvement upon January's figure of 57.1% and maintains February's status as the highest performing month since November 2016.

January's survival to discharge figure of 8.4% is up from December's achievement of 6.1%, demonstrating an improvement in performance. November 2016 still remains the highest performing month for this measure, across the previous three years. Results indicate

that this drop in performance is likely not due to a significant decrease in the number of people who survived, but rather an increase in the number of patients who suffered a cardiac arrest.

Survival to Discharge within the UTSTEIN comparator group emulates this pattern with January's figure of 38.1% being up from December's 25.6%.

AQI Care Bundle: STEMI and stroke data for December 2016 and January 2017 indicate a consistently high level of care is being delivered to patients across all areas.

Stroke care has shown outstanding performance across 2016/17, emulated by December's achievement of 98.8%, as well as January's performance of 99.1%.

STEMI care performance also continues to depict high levels of achievement with 88.1% in December 2016 and January's figure of 85.7% being consistent with previous months.

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 March 2017 stands at 5.6% which is a decrease of 0.3% from the previous month and closer to the Trust threshold of 5%. This is lower than the same period last year when it stood at 5.8%. The 12 month figure stands at 5.4% compared to 5.5% for the 12 month period of April 15 to March 16. 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 training for our managers on mental health and physiotherapist stationed in Call Centre environments to support staff posture.

PDR Compliance: The current PDR rate is 75.1% 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 94.9% against the Trust target of 95%

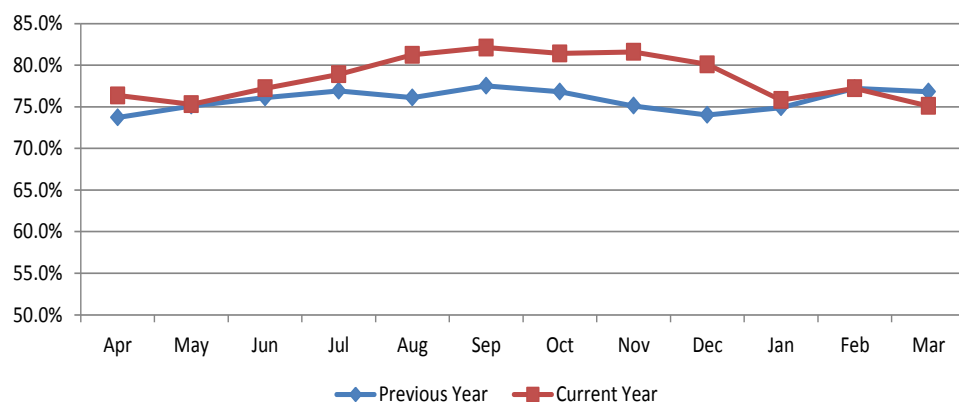
Retention/ Attrition: Turnover has decreased to 11.7% for last month compared to 11.4% for the previous 12 months. Turnover in 111 continues to be of concern, which is reflective of the national picture and HR are working with 111 management on retention strategies.

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

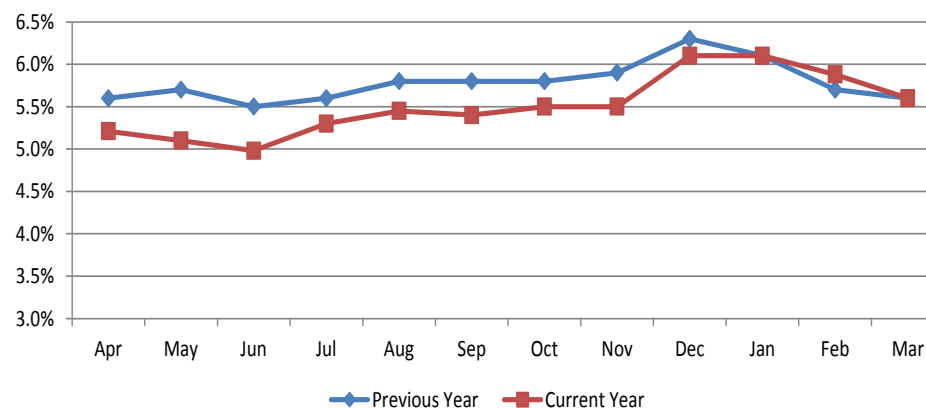
These include:-

- Work 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.
- Recruitment to address operational shortfalls 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 – Mark Bradley, 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
Income	21,255	22,464	1,209	250,621	255,424	4,803
Expenditure	(19,989)	(22,369)	(2,380)	(245,501)	(252,712)	(7,211)
Retained (Deficit) / Surplus with STF Funding	1,266	95	(1,171)	5,120	2,713	(2,408)
STF Funding	(254)	0	254	(1,520)	(1,140)	380
Retained (Deficit) / Surplus without STF Funding*	1,012	95	(917)	3,600	1,572	(2,028)
EBITDA	2,308	1,018	(1,291)	16,656	13,901	(2,756)
Cash	16,600	19,085	2,485	16,600	19,085	2,485
Capital Investment	(258)	(3,381)	(3,123)	(14,671)	(12,675)	1,996
Quality & Efficiency Savings (CIPs)	984	951	(34)	9,059	7,746	(1,313)

adverse position of (£1,171k) against plan (Note - This includes both income and expenditure relating to the national agreement on paramedic rebanding in line with national guidance). In month no funding in relation to STF has been assumed in the position as the Trust did not achieve the planned surplus in the final quarter. Excluding the STF contribution this shows the trust surplus was behind plan (adverse variance of £917k). The year end position is behind plan by (£2,408k) with a surplus of £2,713k against a planned surplus position of £5,120k. Excluding STF the year end position shows a surplus of £1,572k against a planned surplus of £3,600k and therefore an adverse variance of (£2,028k).

In terms of key variances YTD: The A&E service line is £506k favourable against plan mainly due to; ECR income above plan, funding for 2016/17 now confirmed for the national Paramedic rebanding from Band 5 to Band 6. These factors including the phasing of frontline recruitment budget and vacancies in frontline staffing not fully being covered through overtime, private providers and agency spend have contributed to the favourable variance against plan. The fleet position is adverse to plan by (£2,093k) due to increased fleet maintenance expenditure on older vehicles given delays in fleet replacement. The procurement position is (£1,126k) adverse to plan due to additional spend on consumables, medicines and uniforms due to increased demand. The People and Engagement Directorate position is adverse to plan by (£1,335k), mainly due to expenditure on training (e.g. driver training, accommodation) and the requirement to utilise additional external professional support whilst substantive recruitment is undertaken. PTS shows an adverse variance against budget of (£272k) principally due to the expenditure on overtime exceeding the available resources (staff vacancies) and spend on private providers and sub-contractors.

At the end of March 2017, the Trust's cash position was £19.1m against the plan of £16.6m. The additional cash balance of £2.5m is primarily due to capital spend being less than planned as set out below, with the balance being due to favourable working capital.

Capital spend for 2016/17 at the end of March 2017 is £12.7m against the plan of £14.7m and against an approved NHS Improvement CRL limit (and disposals) of £12.9m.

Estates underspend against plan is mainly due to the Trust not progressing the training facility and deferring various works into 17/18. The Hub and Spoke planned site acquisition has also been delayed until 2017/18 as previously reported to the Trust Board. 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 was delayed due to user specification changes. In November the Trust received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trust's CRL, however the use of operating surplus/cash reserves of £2.1m was no longer required this financial year due to slippage in the capital programme relating to Hub and Spoke and purchase of the training facility.

The Trust has a savings target of £9.059m for 2016/17. 85% delivery of the CIP target was achieved as at March however only 52% of this was achieved through recurrent schemes which causes a risk moving in to 2017/18. Reserve schemes have contributed £3,039k of the year to date savings. This creates an overall adverse variance against plan of (£1,313k).

The "Single Oversight Framework" came into effect in the monthly finance returns from Month 7. At Month 12 this framework shows 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 12 the plan was a surplus position of £1,266k with the actual surplus being £95k, and therefore an

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 Jan 17)	54.7%
Stroke in 60 mins (AQI YTD Jan 17)	45.5%
Stroke care (AQI YTD Jan 17)	98.6%
STeMI 150 mins (AQI YTD Jan 17)	84.8%
CQC rating	2

Leadership & Improvement Capability

Staff sickness, Mar 17	5.64%
Staff turnover, Mar 17	11.74%
Executive team turnover, (Apr 16-Mar 17)	10.87%
2016 Staff Survey response rate	37%
Proportion of temporary staff	NA
Aggressive cost reduction plans	NA
Written complaints, Q3 16-17	419 (17.3%)
Staff F&F Test % recommended care Q2 16-17	82%
Occurrence of any never event	NA
NHSE/NHSI Patient safety alerts outstanding	"

Operational Performance

Maximum 8 minute response for calls:

• Category 1	69.5%
--------------	-------

Maximum 19 mins for all category calls:

• Category 1 (conveying)	92.1%
• Category 2R	84.0%
• Category 2T	75.7%

Strategic Change

RAG Ratings

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

Finance and Use of Resources

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* (March 17) 1
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	1
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	2
Agency spend (distance from providers cap)	3
OVERALL USE OF RESOURCES RATING	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)

Mar-17

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	2,463	(2,338)	The A&E Operational efficiency schemes are adverse by (£2,338k) against planned savings, this includes slippage on missed meal breaks, Private Providers and other unidentified recurrent A&E schemes. This is mainly due to continuing high demand above contracted levels (c. 5%). See reserve schemes below which partially offset this adverse variance.
Clinical Directorate	43	43	0	Achievement in line with planned savings.
Special Operations	256	256	(109)	Special Operations is currently adverse to plan due to challenges in achieving an increase in Private & Events (£81k) and community resilience income (£6k) and a reduction in resilience non pay expenditure (£22k).
Patient Transport Service	1,841	1,841	(1,456)	Areas adverse to plan include: aborted calls scheme (£87k), pay & non pay elements of the workforce plan (£494k & £56k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£814k). See reserve schemes below which partially offset this adverse variance.
Finance & Procurement	455	455	29	The schemes have overachieved by £29k against plan, due to depreciation savings in excess of plan by £96k offset by a £66k shortfall on supplies and procurement savings due to volume variances (e.g. uniforms and medical consumables due to increased demand).
Quality, Governance & Performance Assurance	98	98	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
111	595	595	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
EOC	308	308	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	3,000	(478)	Main areas of variance against plan include: Fleet schemes (£150k), Estates (£161k) and People and Engagement (£193k), resulting in an adverse variance of (£478k) against plan.
Total Planned Scheme Savings	9,059	9,059	(4,352)	
Reserve Schemes	0	0	3,039	This relates to the non-recurrent A&E Clinical Supervisor scheme (utilising their time as part of the front line rota) of £2,000k, PTS Income of £814k and Estates schemes of £225k.
Recurrent Reserve Schemes	0	0	0	
Non-recurrent Reserve Schemes	0	0	0	
Total Savings	9,059	9,059	(1,313)	

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	Red	Red
Healthy food for NHS staff, visitors	33.3%	£379,270	Green	Green	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	Red	Red
Total	100%	£1,137,810													

Comments:- This year's flu vaccination campaign was less successful than 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	Green	Green	Green
Ambulance Mortality Review	21.43%	£568,905	Green	Green	Green	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	Green	Green	Green
End to end reviews	21.43%	£568,905	Green	Green	Green	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	Green	Green	Green
Patient outcome data	7.14%	£189,635	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Green	Green	Green
Total	100%	£2,654,890													

Comments:- Q3 report accepted by 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	Amber	Amber	Amber
Courtesy Calling	TBC	TBC	Green	Green	Green	Amber	Amber	Green	Green	Green	Green	Green	Amber	Green	Green
Total	TBC	TBC													

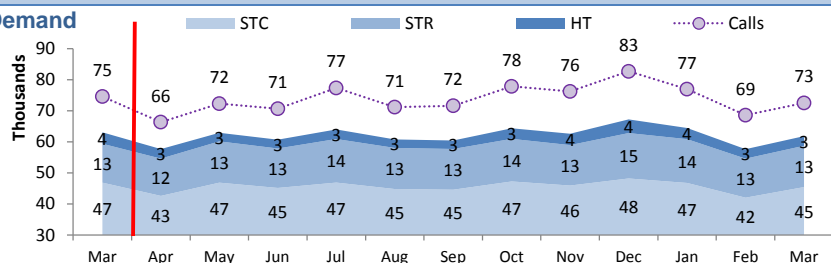
Comments:-
Patient Portal – delays in development outside PTS control (Cleric) have resulted in the Portal not going live for the 1 April. Mitigations have been put in place and discussed with commissioners. Commissioners have been provided with an action plan for delivery. It should be noted that this CQUIN is to continue in the new financial year.
Courtesy Calling – This CQUIN is now back on track and although the final results have not yet been received the daily report suggests that we have over achieved on targets for this CQUIN.

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)

Mar-17

1. Demand



Compared to last year all measures with the exception of Hear & Treat are above contracted. Hear & Treat are 1.5% lower, See Treat & Refer responses are 9.9% higher and See Treat & Convey are 4.0% higher. Overall responses (incidents arrived at scene) are above contracted.

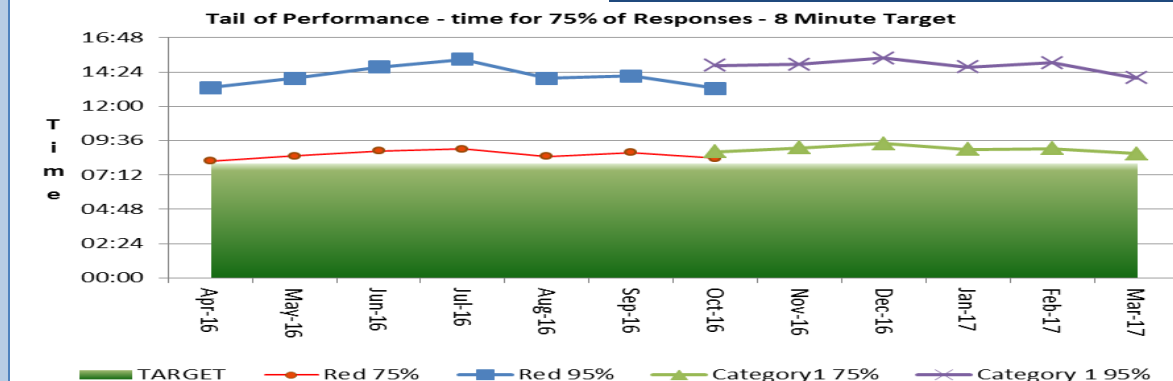
	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	901,582	38,566	171,905	549,803
YTD YAS (inc OOA&UCP) 2015-16	854,966	38,968	159,200	532,161
Variance (Between Years)	46,616	(402)	12,705	17,642
	5.5%	(1.0%)	8.0%	3.3%
YTD (Contract CCGs only) Actuals 2016-17*	884,524	38,441	159,817	546,465
YTD (Contract CCGs only) Contracted 2016-17	833,539	39,014	145,381	525,230
Variance (to Contract)	50,985	(573)	14,436	21,235
	6.1%	(1.5%)	9.9%	4.0%

* excludes UCP and Out of Area

3. Quality

	March	YTD
Serious Incidents (Rate Per 1000 Responses)	0 (0.00) ↓	15 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
Total Incidents (Rate Per 1000 Responses)	676 (11.2) ↑	6498 (9.0.)
Total Incidents per 1000 responses was more in March than the year to date average. There were 60 less incidents than February		
Feedback	Complaints	24 ↑ 188
	Concerns	20 ↑ 197
	Comments	2 ↓ 64
	Service to Service	24 ↑ 189
	Compliments	25 ↑ 556
Response within target time for Complaints and Concerns	90%	92%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 4
The average response time for Complaints and Concerns in March was 35 days and YTD is 29 days		
Vehicle Deep Clean (>8 weeks after last clean)	21 ↑	172

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
Red	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				
Category1	75%							08:50	09:06	09:23	09:00	09:03
	95%							14:52	14:56	15:23	14:44	15:02
TARGET	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 69.5%

4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	Available
Mar 17 (FT Equivalents)					%
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,261	145	461	1,655	73%
Variance	1	(32)	104	73	4.6%
% Variance	0.0%	(28.6%)	18.5%		
FTE (worked inc overtime)*	2,429	145	461	1,823	75%
Variance	169	(32)	104	241	15.2%
% Variance	7.5%	(28.6%)	18.5%		

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

Available FTE is lower than last month (1655 compared to 1668) Contracted FTE is the same as planned Gross FTE (0.0%) Absence is higher than planned.

The number of Operational Paramedics is 913 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
CIP's		2,463	2,125	(338)

The A&E Operational efficiency schemes are behind plan at the end of March. 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 went live on Thursday 20th October 2016. Yorkshire Ambulance Service is 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)

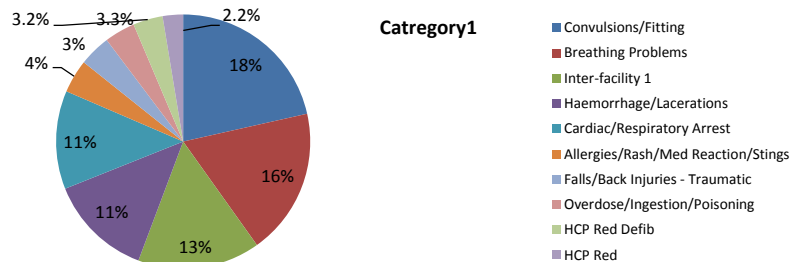
Category2 – Life-threatening emergency

Category3 - Serious but not life-threatening emergency

Category4 – Non-emergency

3. Top 10 Chief Complaints

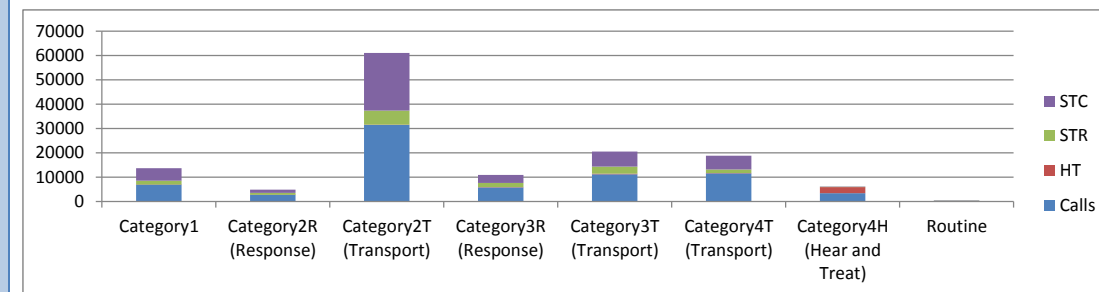
Top 10 Chief Complaints	Category1
Convulsions/Fitting	18.2%
Breathing Problems	15.8%
Inter-facility 1	13.2%
Haemorrhage/Lacerations	11.2%
Cardiac/Respiratory Arrest	10.6%
Allergies/Rash/Med Reaction/Stings	3.6%
Falls/Back Injuries - Traumatic	3.4%
Overdose/Ingestion/Poisoning	3.3%
HCP Red Defib	3.2%
HCP Red	2.2%



2. Demand and Performance

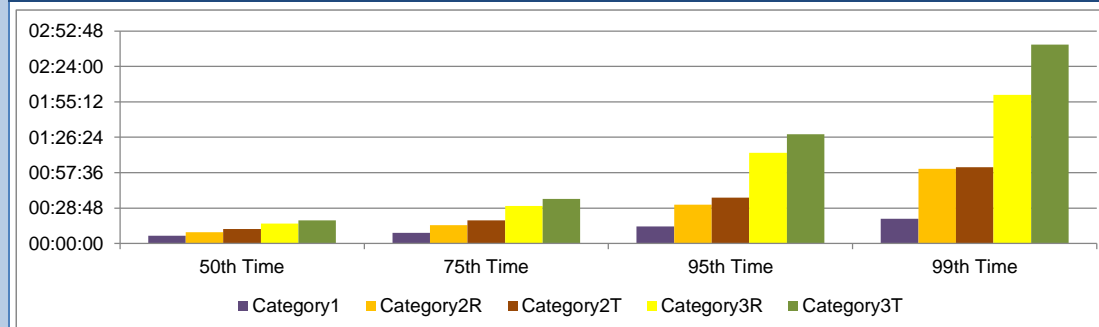
ARP2.2	Calls	HT	STR	STC	Responses	Target	Perf	Prop of Responses
Category1	6990	16	1538	5162	6700	8 Mins (75% Target)	69.5%	11.2%
Category2R (Response)	2790	15	705	1320	2025	No National Target Set		3.4%
Category2T (Transport)	31454	146	5806	23675	29481	No National Target Set		49.2%
Category3R (Response)	5858	111	1692	3268	4960	No National Target Set		8.3%
Category3T (Transport)	11237	224	2886	6222	9108	No National Target Set		15.2%
Category4T (Transport)	11532	144	1536	5659	7195	No National Target Set		12.0%
Category4H (Hear and Treat)	3474	2442	149	150	299	No National Target Set		0.5%
Routine	255	0	17	178	195			0.3%

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



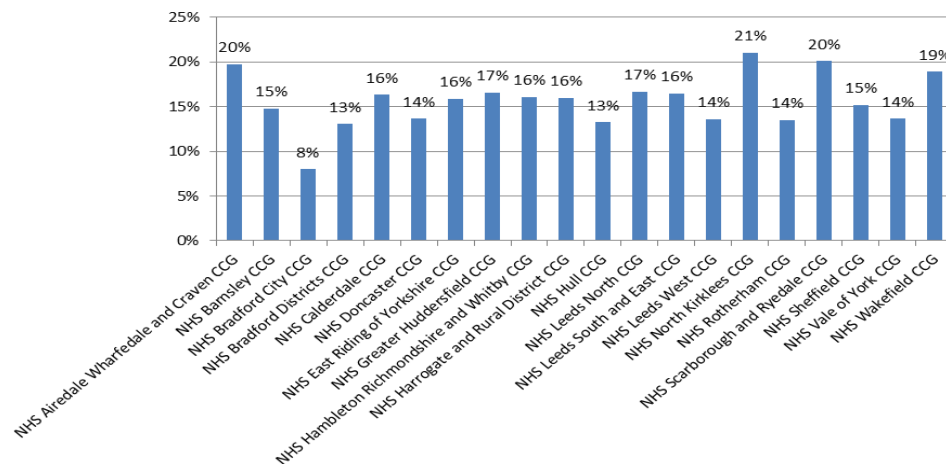
4. Tail of Performance

ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:16	00:08:42	00:13:59	00:20:09
Category2R	00:09:17	00:14:52	00:31:33	01:00:43
Category2T	00:11:47	00:18:45	00:37:12	01:02:01
Category3R	00:16:06	00:30:32	01:13:47	02:00:56
Category3T	00:18:47	00:36:12	01:28:52	02:41:49



Tail of performance for Category1 - 50% of people received a response in 6 mins 16 seconds. 95% of patient were seen in 13 mins and 59 seconds. Tail of Performance for Category2 (within 19 minutes) is 9:17 and 11:47 for 50th Percentile

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

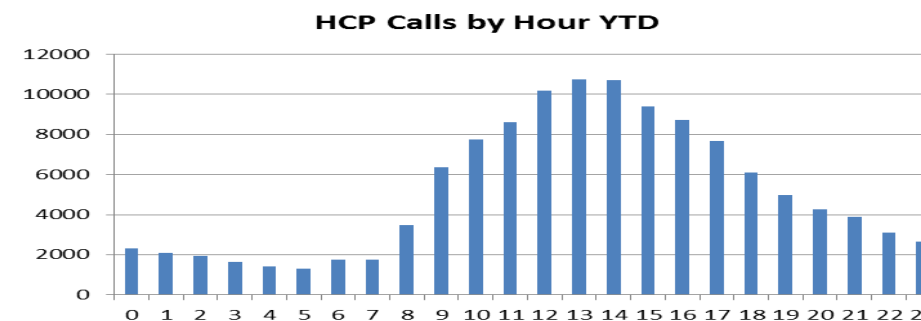
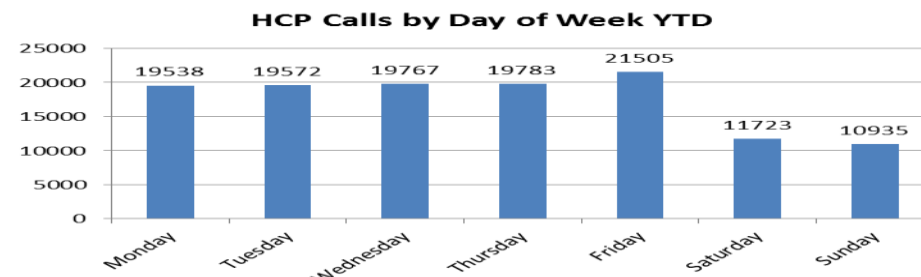


Category1 Calls as a proportion account for 12.5% of all HCP calls.

NHS Sheffield CCG has the highest volume of HCP demand of all the CCGs (see section 4 HCP by Grade of Call Graph).

The time of day with the highest (60.1%) proportion of all calls is 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.

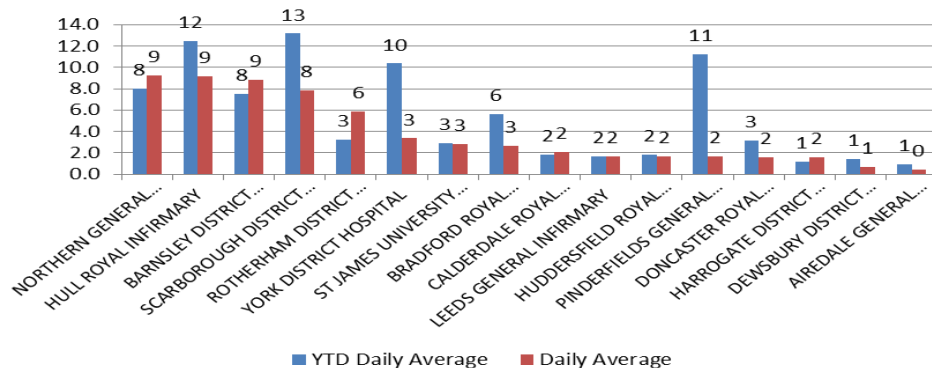
2. HCP by Time of Day



3. Hospital Turnaround - Excessive Response

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	last 12 mths
Excessive Handovers Over 15mins (hours)	1981	2323	2283	2274	2187	2162	3149	2923	3160	4149	3208	1727	31526
Excessive Hours per Day	66	74.9	76.1	73.4	71	72	102	97	102	134	115	56	1038

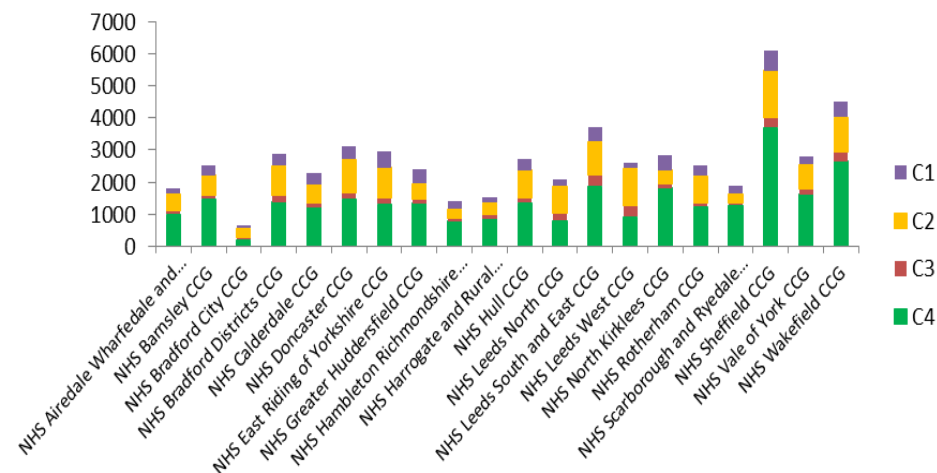
Daily Average by Hospital (1 or more hours lost per day)



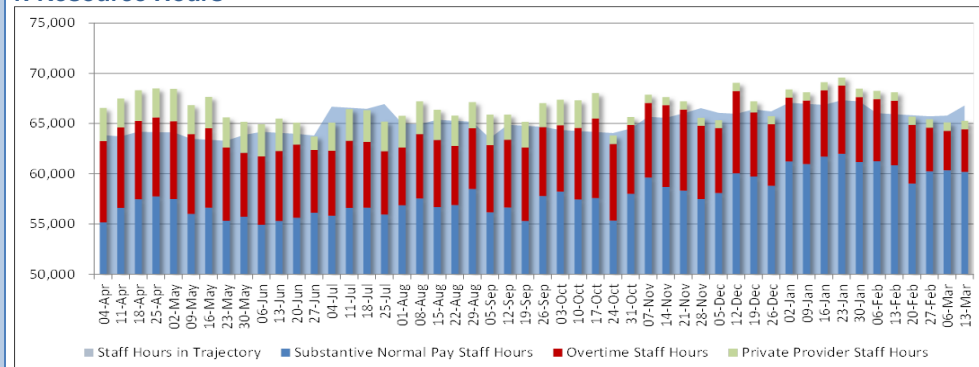
Excessive time lost at hospitals was lower in March than February. It was also lower than the same period last year. Northern General, Hull, Barnsley and Scarborough have been impacting on performance.

4. HCP by Grade of Call

Number of Calls by CCG (ARP 2.2)



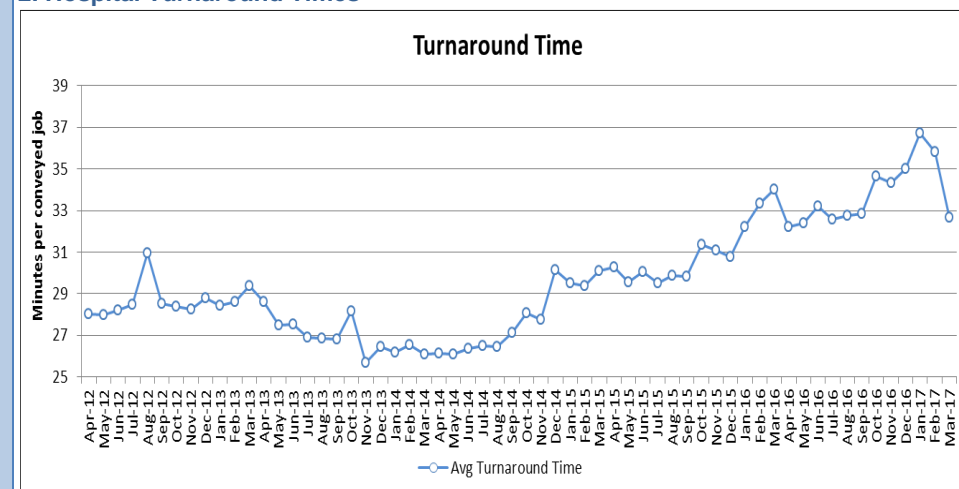
1. Resource Hours



Total Responses (minus Triage)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-16	55,039	56,192	55,166	57,108	57,255	54,953	57,974	58,060	61,218	60,917	57,282	60,878	692,042
2016-17	56,014	61,569	59,198	62,357	59,546	58,937	62,169	60,434	64,279	62,351	55,824	60,130	722,808
Variance	1.8%	9.6%	7.3%	9.2%	4.0%	7.2%	7.2%	4.1%	5.0%	2.4%	-2.5%	-1.2%	4.4%
Yr on Yr Increase in Required FTE - Demand Only	26	139	107	135	59	106	108	63	79	37	42	19	97

Staff hours for December were 2.0% 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.

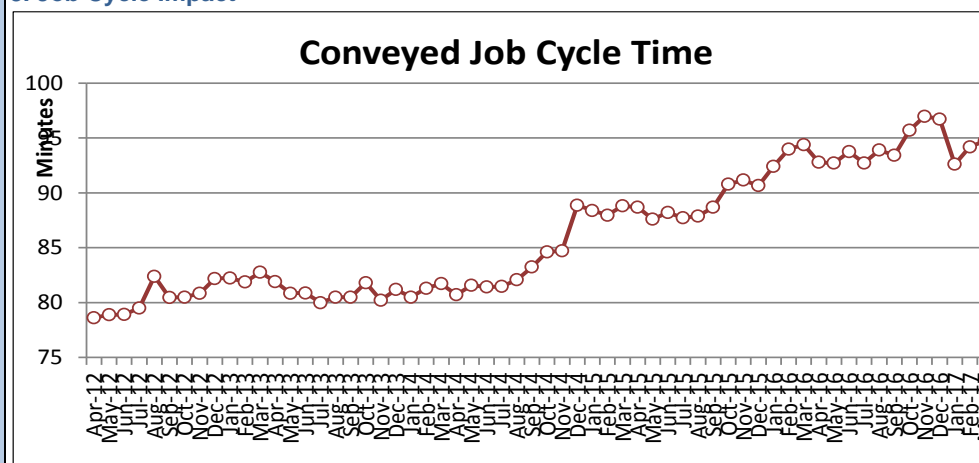
2. Hospital Turnaround Times



Turnaround times for March were 8.8% lower than February and 4% lower than March 2016.

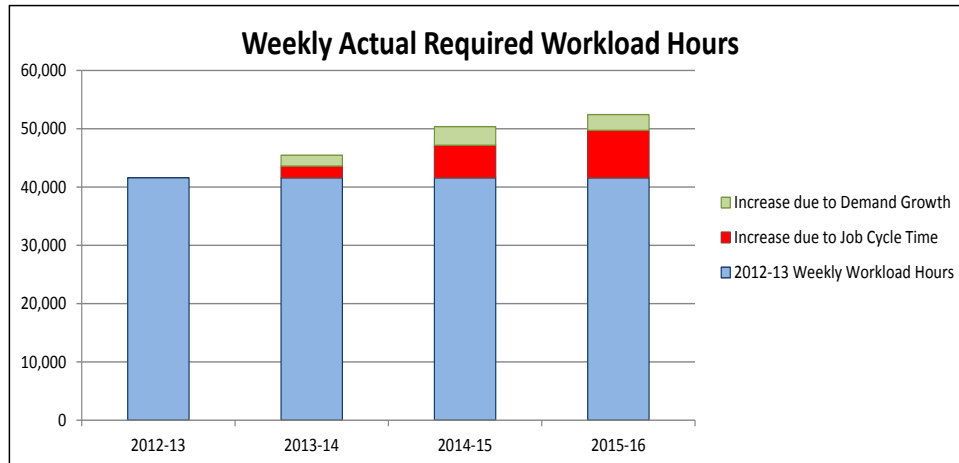
- A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 1 additional ambulance at all times or 7 full time ambulances per week
- A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 5 additional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

3. Job Cycle Impact

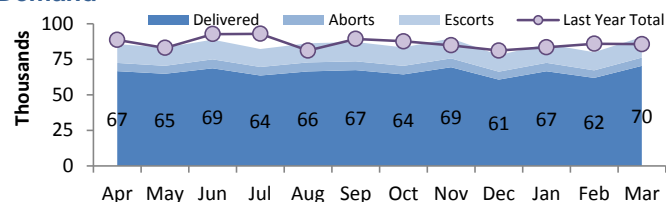


Impact of Job Cycle Time on Staffing

- 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).



1. Demand



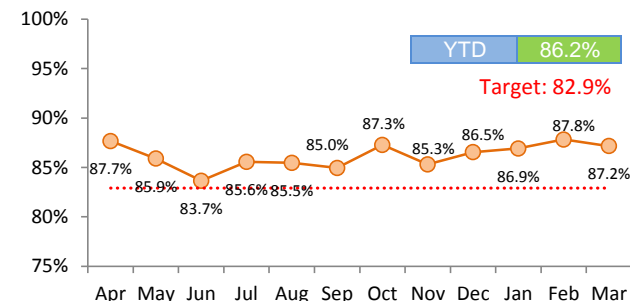
Comparison to Plan

April to March	Delivered	Aborts	Escorts	Total
YTD 2016-17	791,007	71,087	158,527	1,020,621
Contract 2016-17 (2015-16 Demand)	805,534	70,938	159,579	1,036,051
% Variance	(1.8%)	0.2%	(0.7%)	(1.5%)

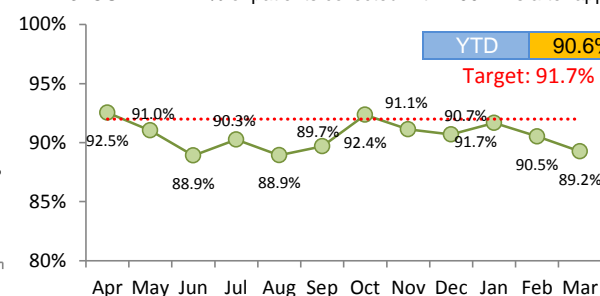
Key Points - Total YTD demand is under plan; along with escorts which are also trending under plan. Aborts are above plan by 0.2% YTD.

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 and Airedale have maintained inward performance, meeting all indicators for the month and YTD. Greater Huddersfield has also achieved their targets with the exception of KPI 4. Leeds achieved KPI 1 and 2. KPI 3 however incurred 295 breaches, considerably under target. Mid Yorks has remained stable; both KPI 1 and 2 have consistently achieved their targets. North KPI 1 and 2 over achieved target despite a 8.4% increase in activity. KPI 3 under achieved by 4.1% incurring 134 breaches due to the increase in activity. In March South has seen a 24.2% increase in W2 mobility, still achieving KPI 1 and 2. KPI 3 missed the target by 1.1%. March performance in East Hull has recorded the highest activity over the past 12 months. However they still managed to achieve their targets for KPI 1, 2 and 3. KPI 4 under achieved and are working with the Acute Trust to develop a discharge strategy moving forward.

3. Quality, Safety and Patient Experience

	Mar	YTD
Calls Answered in 3 mins (All PTS calls)	92.0% ↑	79.4%
Serious Incidents (YTD)	0 ↔	2
Total Incidents (per 1000 activities)	92 (0) ↓	1272 (1.77)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
Feedback	Complaints	12 ↑ 128
	Concerns	39 ↑ 423
	Comments	1 ↔ 73
	Service to Service	23 ↑ 395
	Compliments	2 ↑ 30
Response within target time for Complaints and Concerns	92%	94%
Ombudsman Cases	Upheld	0
	Not Upheld	0
Patient Experience Survey - Qtrly	88.5%	87.7%
Vehicle Deep Clean (>8 weeks since last clean)	5 ↑	73

4. Workforce

FT Equivalents

Mar-17	FTE	Sickness (5%)	Absence (20%)	Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	654	52	103	500	76%
Variance	(73)	(15)	43		
Actual Shrinkage %		7.2%	15.1%	(45)	(8.3%)
% Variance	(10.0%)	(42.3%)	29.3%		
FTE worked inc overtime	681	52	103	526	77%
Variance	(46)	(15)	43	(19)	(3.4%)
% Variance	(6.3%)	(42.3%)	29.3%		

** 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

Sickness has increased from February by 0.1%.
PTS used an equivalent of an additional 46 FTE with the use of overtime against vacancies of 73.
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	1,841	1,199	(642)

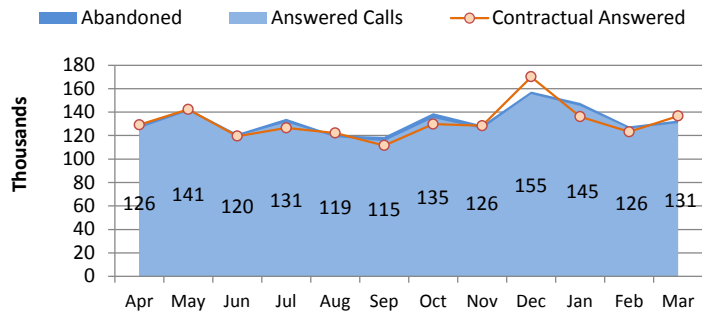
Quality and Efficiency Savings (CIPs) are (£642k) behind plan due to a delay in workforce savings and lower than expected savings on reduced number of aborted calls.

3.3 NHS 111

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

Mar-17

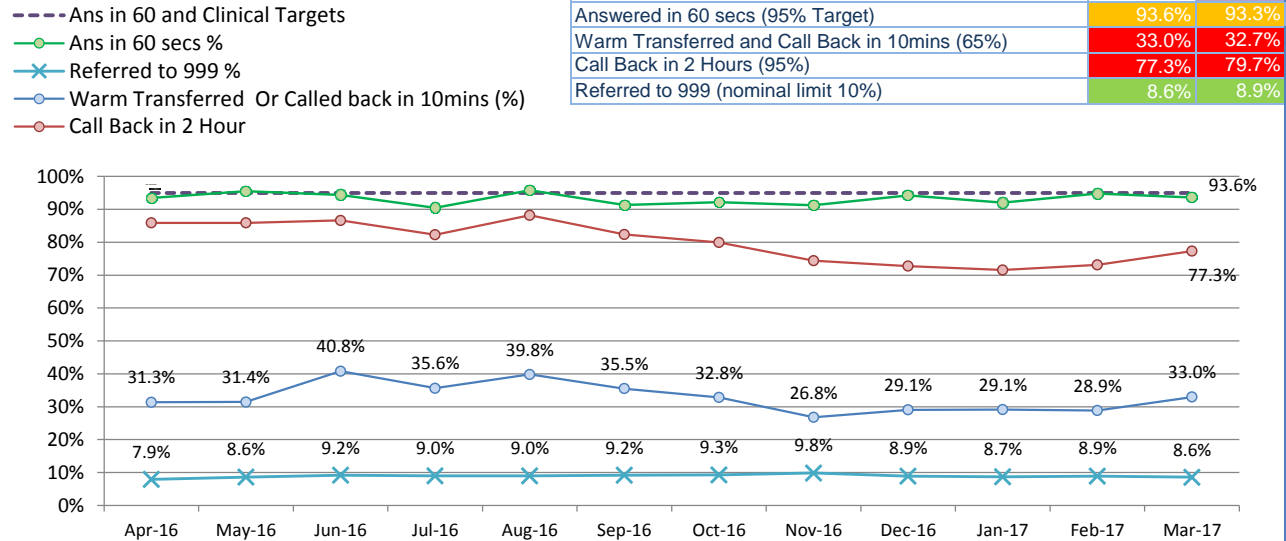
1. Demand



Calls answered down by 9.1% compared to March 2016 (normalised data shows a reduction of 1.0%, taking into account the 2016 Easter weekend). Answered volume is 4.4% below contract ceiling for March 2017 (-5976 calls).

April to March	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	1,600,593	1,570,254	1,464,701	93.3%
YTD Contract Ceiling 2016-17	1,575,053	1,575,053	1,496,300	95.0%
Variance	25,540	(4,799)	(31,599)	
	1.6%	(0.3)%	(2.1)%	(1.7)%
YTD 2015-16	1,561,021	1,511,038	1,346,895	89.1%
Variance	39,572	59,216	117,806	
	2.5%	3.9%	8.7%	4.1%

2. Performance



Calls Offered have decreased by 13.3% compared to March 2016 (normalised data shows a reduction of 4.1%). Answered in 60 performance has increased by 17.7% when compared to the same month last year. Month on month, performance went from 94.8% in February to 93.6% in March (down by 1.2%). Warm Transferred and Call Back in 10 minutes has increased 4.1% month on month and up 9.3% compared to March 2016. 111 referrals to 999 up by 1.3% year on year but remain within target. In March, 2,243 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

3. Quality

		March	YTD
Serious Incidents (per 1000 answered)		0 (0)	9 (0.01)
Total Incidents (per 1000)		49 (0.38)	593 (0.38)
Feedback	Complaints	47	513
	Concerns	4	48
	Comments	5	56
	Service to Service	113	726
	Compliments	11	136
Response within target time for Complaints and Concerns		94%	85%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0

4. Workforce

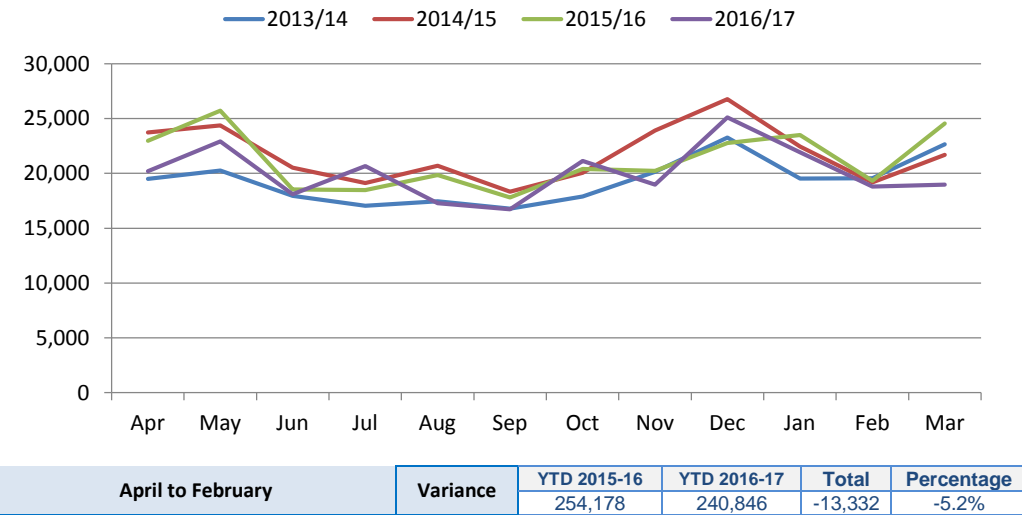
March 2017 (FT Equivalents) - Call Handler and Clinician			Available	
	FTE	Sickness (9%)	Absence*	Total
Budget FTE	290	26	67	197
Contracted FTE (before Overtime)	327	24	116	186
Variance	37	2	(50)	(11)
% Variance	12.8%	6.5%	(74.4)%	-6%
FTE (Worked inc Overtime)	337	24	116	196
Variance	47	2	(50)	(1)
% Variance	16.2%	6.5%	(74.4)%	0%
Contracted FTE (before Overtime) 12.8% above budgeted.				
Sickness at 7.46% and absence at 35.57%.				
* Absence includes total absences away from substantive job roles.				

5. Finance (YTD Summary)

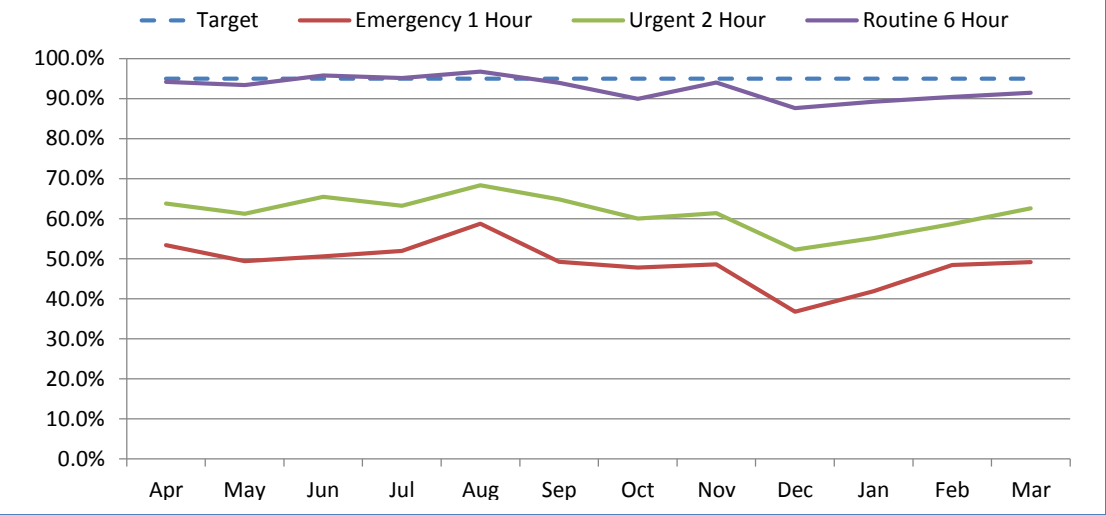
£000	Plan	Actual	Variance
CIP's	595	595	0
Quality and Efficiency Savings (CIPs) are on plan at the end of March as a result of non-recurrent staff savings due to vacancies.			

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)

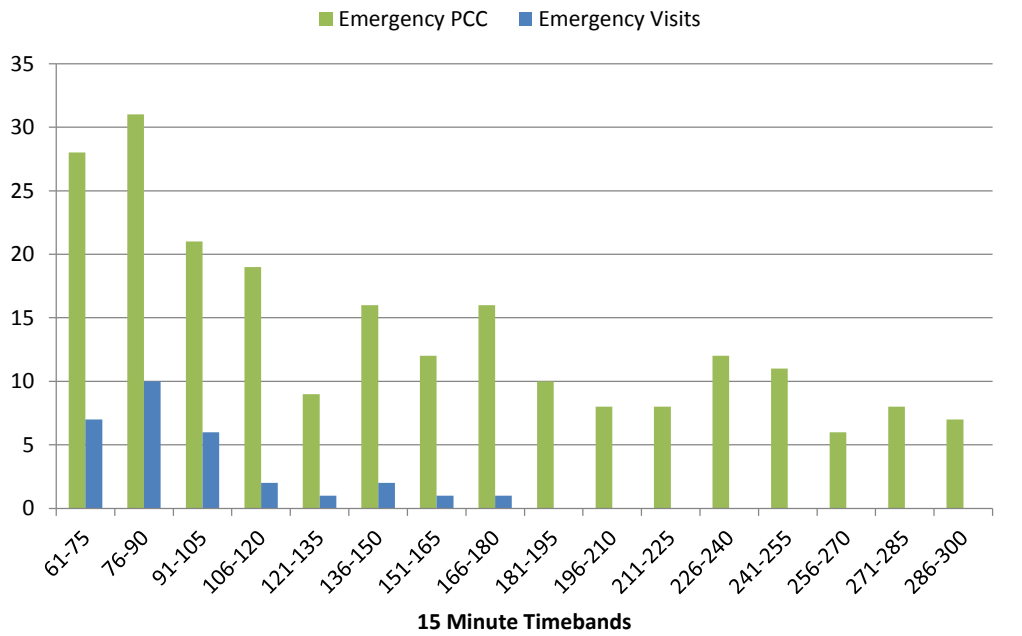
1. Demand



2. Performance



3. Tail of Performance



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	No SIs declared in Mar-17.
Adverse Reports received	No adverse reports received.
Patient Complaints	19 patient complaints received in Mar-17 directly involving the LCD part of the pathway. 8 closed, 2 under investigation, 1 awaiting a response and 8 assigned/logged.

5. Comments

Patient demand levels for WYUC in March 2017 in comparison to March 2016 decreased by 22.6%. NQR 12a performance in March saw 49.2% of emergency appointments in 1 hour completed in time, an increase of 0.7% from February. 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 increased with 62.6% of urgent cases administered within 2 hours (increase of 3.9% from February) and 91.5% of less urgent cases administered within 6 hours (Increase of 1.0% from February)

The overall Quarter 4 averages for NQR 12b and 12c are 58.8% and 90.4% respectively.

4.1 Finance Overview

	Month	YTD	Feb-17 Trend 2016-17
RISK RATING: The "Single Oversight Framework" came into effect in the monthly finance returns from Month 7. This currently shows at Month 12 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 significantly overspent against the agency cap.			
EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 12 is £13.9m against a plan of £16.7m. The in month position was an adverse variance of £1.3m against plan.			
SURPLUS: The Trust has reported a YTD surplus as at the end of March (Month 12) of £2.7m against a planned surplus of £5.1m, an adverse variance to plan by £2.4m. The in month position was an adverse variance of £1.2m against plan.			
CAPITAL: Capital spend for 2016/17 at the end of March 2017 is £12.7m against the plan of £14.7m and against an approved NHS Improvement CRL limit (and disposals) of £12.9m. Estates underspend against plan is mainly due to the Trust not progressing the training facility and deferring various works into 17/18. The Hub and Spoke planned site acquisition has also been delayed until 2017/18 as previously reported to the Trust Board. 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 was delayed due to user specification changes. In November the Trust received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trust's CRL, however the use of operating surplus/cash reserves of £2.1m was no longer required this financial year due to slippage in the capital programme relating to Hub and Spoke and purchase of the training facility.			
CASH: At the end of March 2017, the Trust's cash position was £19.1m against the plan of £16.6m. The additional cash balance of £2.5m is primarily due to capital spend being less than planned as set out above, with the balance being due to favourable working capital.			
CIP: The Trust has a savings target of £9.059m for 2016/17. 85% delivery of the CIP target was achieved for the year and 52% of this was achieved through recurrent schemes. Reserve schemes have contributed £3,039k of the year to date savings. This creates an overall adverse variance against plan of (£1,313k).			

4.2 Finance Detail

Mar-17

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	15,114	14,854	(259)
Patient Transport Service	2,463	2,589	126
111	2,693	2,976	283
Other Income	986	2,045	1,059
Operating Income	21,255	22,464	1,209
Pay Expenditure & reserves	(14,358)	(14,674)	(317)
Non-Pay expenditure & reserves	(4,589)	(6,772)	(2,183)
Operating Expenditure	(18,947)	(21,447)	(2,500)
EBITDA	2,308	1,018	(1,291)
EBITDA %	10.9%	4.5%	-6.3%
Depreciation	(858)	(781)	76
Interest payable & finance costs	(15)	0	15
Interest receivable	7	3	(4)
Profit on fixed asset disposal	12	36	24
Dividends, interest and other	(189)	(181)	8
Retained (Deficit) / Surplus	1,266	95	(1,171)
I&E (Deficit) / Surplus %	6.0%	0.4%	

Year to Date		
Budget	Actual	Variance
£000	£000	£000
179,326	180,590	1,264
28,873	29,007	133
32,104	33,488	1,384
10,317	12,339	2,021
250,621	255,424	4,803
(173,017)	(171,085)	1,932
(60,948)	(70,438)	(9,490)
(233,965)	(241,523)	(7,558)
16,656	13,901	(2,756)
6.6%	5.4%	-1.2%
(9,200)	(9,082)	118
(287)	(225)	62
82	52	(30)
138	179	41
(2,269)	(2,113)	156
5,120	2,712	(2,408)
2.0%	1.1%	

Capital Plan	Annual Budget £000	Current Month Variance £000	YTD Variance £000
Estates	(2,541)	(637)	1,520
H&S	(1,232)	39	1,221
ICT	(1,111)	(375)	30
Fleet	(7,444)	(1,881)	(133)
Hart Vehicles and Equipment	(1,378)	(44)	485
Medical Equipment	(1,629)	(235)	(469)
Contingency	-		6
Total Schemes	(15,335)	(3,133)	2,660
Total CRL including planned NBV receipts	14,671		
Total CRL including additional NBV receipts	15,044		
Over committed against CRL incl disposals	(301)		

Plan	CATEGORY	Plan	Mar-17	YTD
%age of bills paid within terms	NHS	95%	88%	81%
%age of bills paid within terms	NON NHS	95%	91%	88%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	16,600	19,085	2,485

5 Workforce Scorecard

(Lead Director: Executive Director of People and Engagement, Nominated lead – Roberta Barker:
Deputy Director of Workforce – Suzanne Hartshorne)

Mar-17

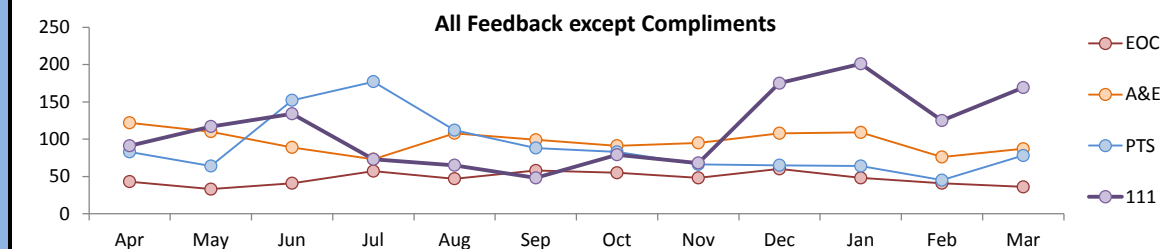
YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - Mar-17		Current Data - Feb-17		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4379.19	Mar-17	4377.19	Feb-17	4495		↑	4232.99	Mar-16
Equality & Diversity	5.91% fte	Mar-17	5.91% fte	Feb-17	11.1% fte		↔	5.46% fte	Mar-16
	6.27% hcount		6.25% hcount					5.54% hcount	
Monthly Sickness Absence	5.64%	Mar-17	5.88%	Feb-17	5% fte		↓	5.78%	Feb-16
Yearly Sickness Absence	5.44%	Apr-16 Mar-17	5.42%	Mar-16 Feb-17			↑	5.51%	Apr-15 Mar-16
Turnover	11.74% fte	Mar-17	10.71% fte	Feb-17	10.13% Amb Trust Average from iView		↑	11.39% fte	Mar-16
	14.38% hcount		13.35% hcount					13.11% hcount	
Current PDRs	75.11%	Mar-17	77.23%	Jan-17	90%		↓	77.28%	Feb-16
Stat & Mand Workbook	94.94%	Mar-17	94.85%	Jan-17	85% (combined)		↑	91.29%	Feb-16
	92.49%	Mar-17	92.18%	Jan-17				56.01%	Feb-16
Overtime	£ 770 K	Mar-17	£ 853 K	Jan-17			↓	£ 957 K	Feb-16
	£ 10,717 K	Apr-16 Mar-17	£ 10,856 K	Mar-16 Feb-17			↓	£ 11,104 K	Apr-15 Mar-16

Sickness absence remains above the Trust target of 5%.

0.22

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.)

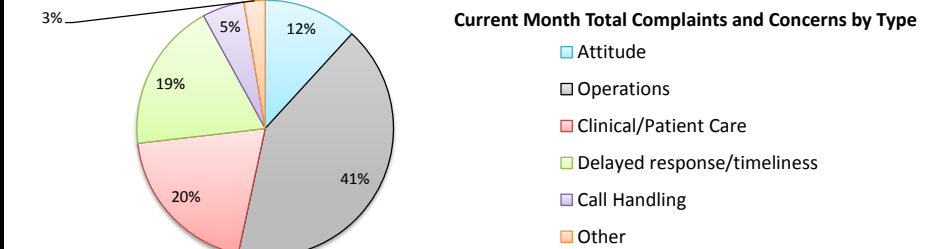
	EOC		A&E		PTS		111		Total	
	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD
Complaint	16	180	24	188	12	128	47	513	99	1009
Concern	4	137	20	197	39	423	4	48	67	805
Service to Service	14	226	24	189	23	395	113	726	174	1536
Comment	2	9	2	64	1	73	5	56	10	202
Compliment	0	7	25	556	2	30	11	136	38	729
Lost/Found Proper	0	6	9	321	0	22	0	0	9	349
PALS request	0	9	8	208	3	36	0	2	11	255
Total	36	574	112	1,723	80	1,107	180	1,481	408	4,885
Demand	73,593	902,017	63,061	761,100	0	720,632	130,612	1,570,254	267,266	3,954,003
Proportion	0.05%	0.06%	0.18%	0.23%	#DIV/0!	0.15%	0.14%	0.09%	0.15%	0.12%



Complaint levels have increased across all service lines in March compared to February with the exception of EOC which has reduced.

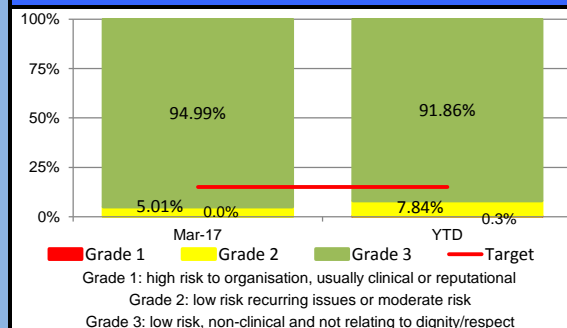
2. Complaints and Concerns (including issues raised by healthcare professionals) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD
Attitude	0	0	19	195	11	101	10	94	40	390
Operations	1	3	23	203	10	79	107	784	141	1069
Clinical/Patient Care	0	0	18	159	8	101	41	394	67	654
Delayed response	20	411	5	8	39	604	0	0	64	1023
Call Handling	11	104	3	5	4	49	0	0	18	158
Other	2	25	0	4	1	2	6	15	9	49
Total	34	543	68	574	73	936	164	1,287	339	3,343
Demand	73,593	902,017	63,061	761,100	0	720,632	130,612	1,570,254	267,266	3,954,003
Proportion	0.05%	0.06%	0.11%	0.08%	#DIV/0!	0.13%	0.13%	0.08%	0.13%	0.08%



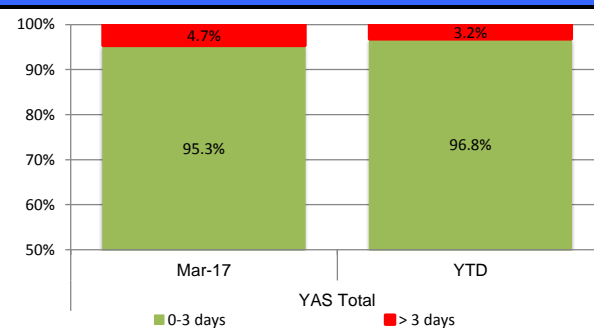
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations & Clinical/Patient are the largest for 111, whilst Attitude of staff is the most frequently reported issues for A&E.

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



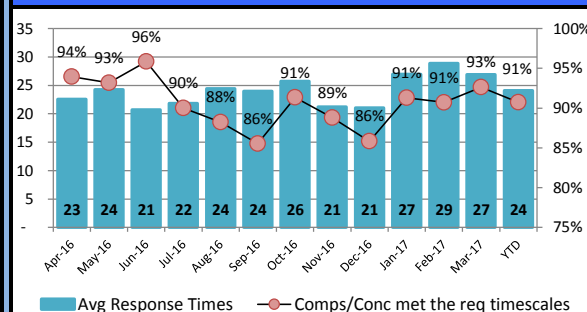
Overall Complaints & Concerns for Grade 1 remain very low. Grade 2 stands at 5.01% for March, which is below the 15% Target

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



Acknowledgement response times to complaints compliance was on target at 95.3% in March

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 93% of cases in March, with an average response time of 27 days. YTD compliance is 91% and average response time is 24 days

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

	Total	
	Mar-17	YTD
Upheld	64	707
Partly Upheld	42	479
Not Upheld	57	593
Total	163	1,779

The majority of cases closed this month were Upheld

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

	Total	
	Mar-17	YTD
Total YAS	3	35
No. reopened	1.8%	1.9%

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

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

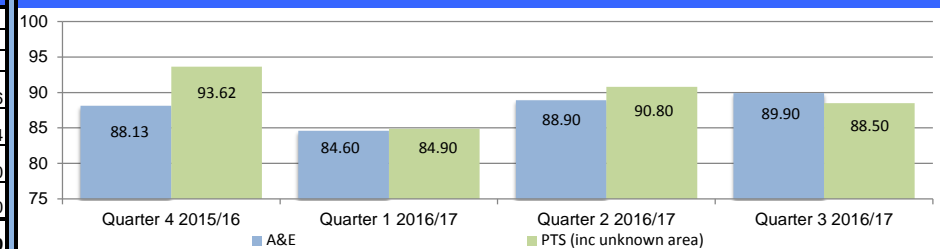
8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation notified		Investigation Outcomes					
					Upheld		Partially Upheld		Not Upheld	
	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD	Mar-17	YTD
EOC	0	8	0	4	0	0	0	0	0	6
A&E	0	5	0	4	0	0	0	0	0	4
PTS	0	1	0	0	0	0	0	0	0	0
111	0	2	0	2	0	1	0	1	0	0
Total	0	16	0	10	0	1	0	1	0	10

No referrals were received in March

Patient Survey Results

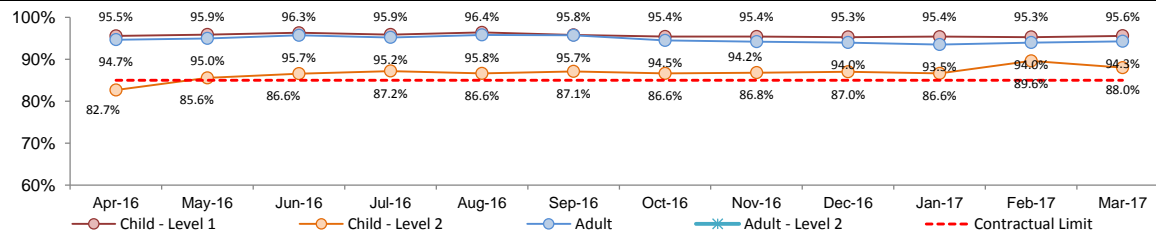
9. How likely are you to recommend the Yorkshire Ambulance Service?



The new Survey results are now available Quarterly in Arrears

Safeguarding

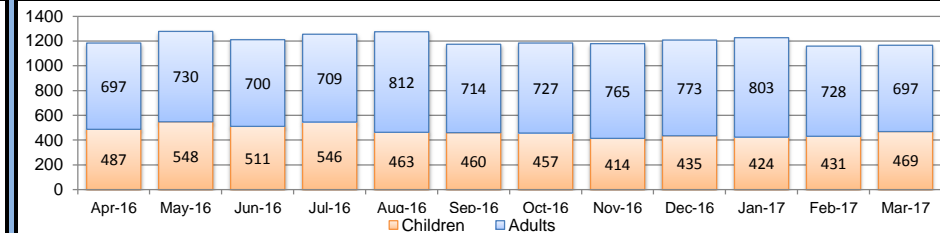
10. Number of eligible workforce trained



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	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Overall Compliance (Current Year)	Hand Hygiene	99%	99%	98%	98%	99%	98%	98%
	Premise	98%	99%	99%	98%	98%	98%	99%
	Vehicle	98%	98%	99%	97%	98%	97%	98%
Overall Compliance (Previous Year)	Hand Hygiene	99%	98%	99%	99%	97%	97%	97%
	Premise	96%	96%	97%	97%	98%	97%	99%
	Vehicle	99%	98%	98%	99%	97%	98%	99%

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. Bare below the elbows reinforced with colleagues as watches and jewellery being worn

Premises

generally good levels of compliance with Individual issues identified including mop head storage and display of COSHH notices, cleaning log completion is not consistent and tidiness of clinical waste and laundry. All issues reported to Facilities or Estates.

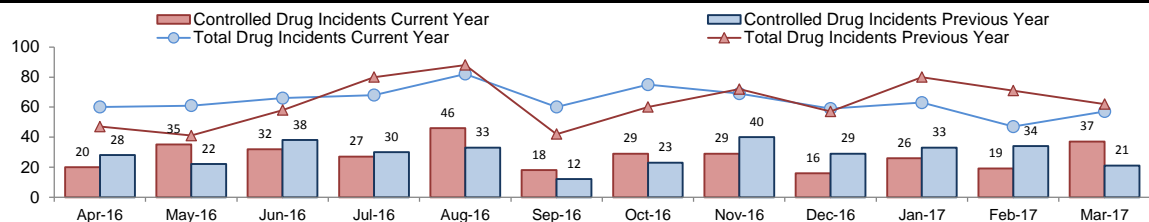
Vehicle

A&E -Some issues found including rips & tears in stretchers and seats , New vehicles require deep clean stickers, Clinical waste not emptied after shift – Biocide wipes missing – restocked on day.

PTS - Rips and tears to seat upholstery, some external damage noted and reported to fleet

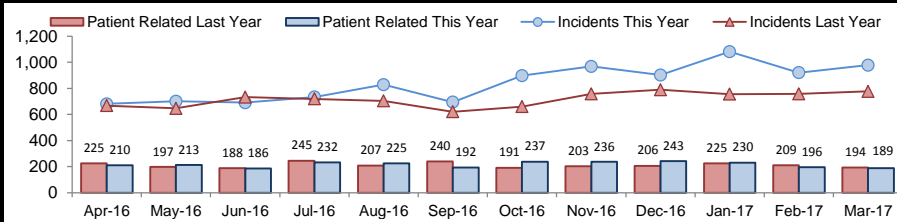
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



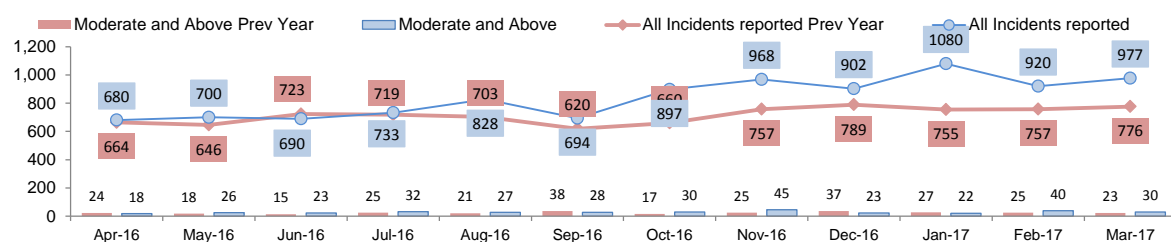
There were a total of 57 medication-related incidents for the month of March, of which 37 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

14. Incidents Reported



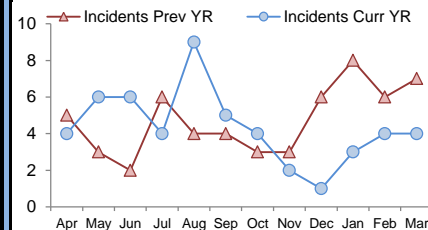
March saw an increase in the number of incidents reported within A&E Operations with a 9.74% increase on the previous month. An overall increase of 6.19% in incidents reported from February to March.

15. Incidents, Moderate Harm and Near misses



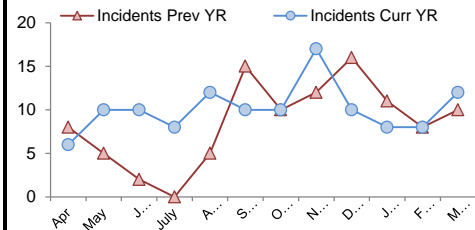
Incidents that are categorised as moderate or above harm account for 3.07% of all reported incidents which is in line with previous months.

16. Serious Incidents



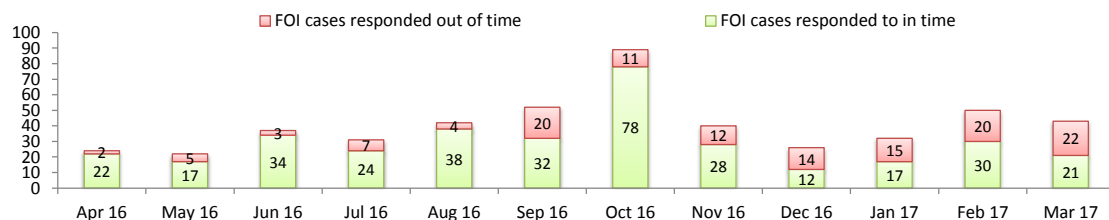
There were 4 Serious Incidents in March, All 4 were Delayed Response

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



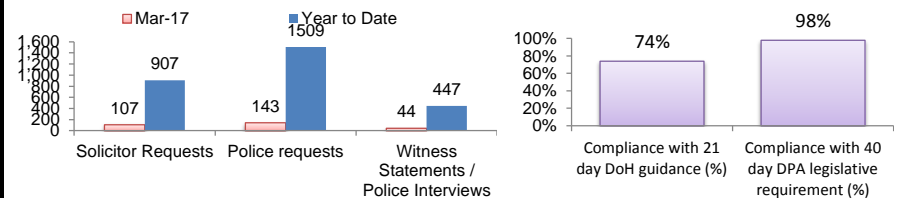
The themes and trends are showing within the RIDDOR reports as highlighted in the moving and handling summary above. Most of these involve a range of incidents including handling, lifting and carrying patients and numbers are fairly consistent with previous months.

18. FOI Requests



FOI compliance rate remains low this month as a result of information from departments being received late and provision of information that does not meet the request which then causes delays.

19. Legal Requests

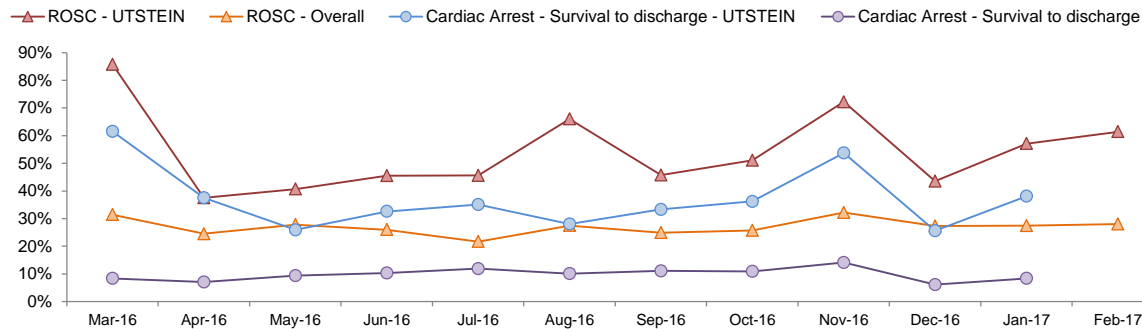


The legal services team are continuing to work with departments across the Trust to improve both the compliance rates and the quality of the responses that are being sent.

6.2 Clinical

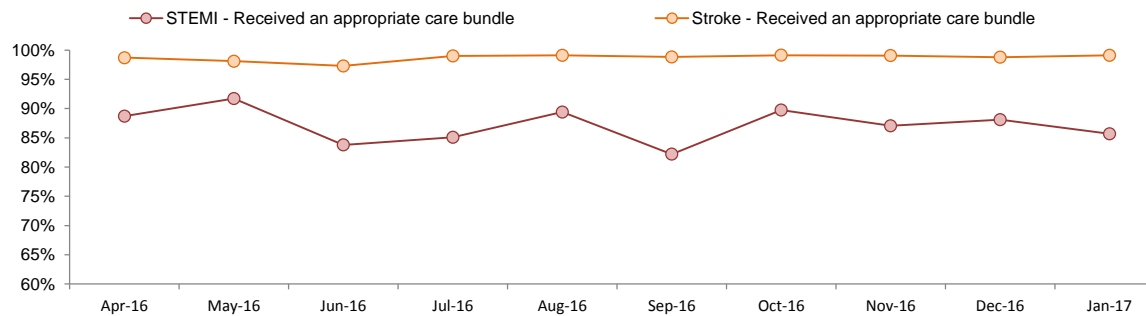
Mar-17

20. Outcome from Cardiac Arrests



Outcome from Cardiac Arrests: ROSC (overall) performance for February matches the consistent performance trend thus far for 2016/17 with an achievement of 28%, slightly up from January's figure of 27.4%. This puts February as the highest performing month for ROSC since November 2016. In line with the results of ROSC overall, the UTSTEIN comparator group also demonstrates outstanding achievement of 61.4% for February 2017. Again, this is an improvement upon January's figure of 57.1% and maintains February's status as the highest performing month since November 2016. January's survival to discharge figure of 8.4% is up from December's achievement of 6.1%, demonstrating an improvement in performance. November 2016 still remains the highest performing month for this measure across the previous three years. Results indicate that this drop in performance is not due to a significant decrease in the number of people who survived, but rather an increase in the number of patients who suffered a cardiac arrest. Survival to Discharge within the UTSTEIN comparator group emulates this pattern with January's figure of 38.1% being up from December's 25.6%.

21. AQI Care Bundle

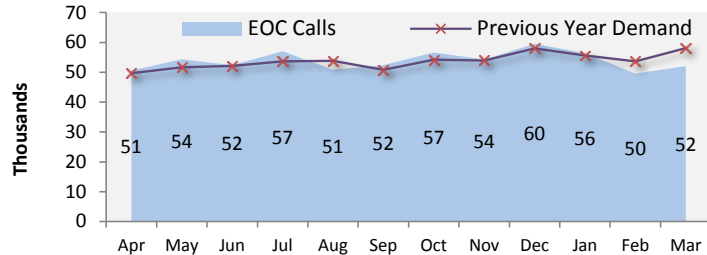


AQI Care Bundle: STEMI and stroke data for December 2016 and January 2017 indicate a consistently high level of care is being delivered to patients across all areas. Stroke care has shown outstanding performance across 2016/17, emulated by December's achievement of 98.8%, as well as January's performance of 99.1%. STEMI care performance also continues to depict high levels of achievement with 88.1% in December 2016 and January's figure of 85.7% being consistent with previous months.

22. Clinical Performance Indicators

Febrile Convulsion	Cycle 16 - Feb 16		Cycle 17- Aug 16		Cycle 18 - Feb 17	
	YAS	National	YAS	National	YAS	National
V1 Blood Glucose Recorded	97.1%	88.1%	88.9%	89.1%	94.2%	Not required / reported
V2 SPO2 recorded before O2 Administration	96.1%	93.3%	100.0%	92.5%	95.7%	
V3 Anti Convulsant administered if appropriate	100.0%	98.7%	100.0%	99.5%	100.0%	
V4 Temperature management	97.1%	90.2%	95.6%	90.9%	94.2%	
V5 Appropriate discharge pathways recorded	99.0%	96.3%	100.0%	98.1%	100.0%	
Febrile Convulsion (V1+V2+V4)	91.3%	75.9%	84.4%	77.3%	85.5%	

1. Demand



Service level YTD is currently 2.8% below target.

Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	646,004	640,925	573,821	89.5%
2015/16	645,212	642,432	611,392	95.2%
Variance	792	-1,507	(37571)	
Variance	0.1%	-0.23%	(6.1%)	(5.6%)

3. Quality

	Mar	YTD
Serious Incidents (Rate Per 1000 Responses))	4(0.05) ↑	20(0.02)

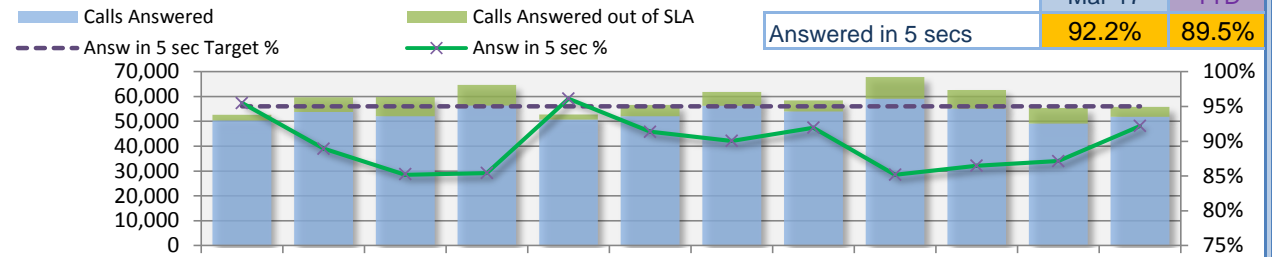
Total Incidents (per 1000 calls)	105(1.43) ↑	1083(1.31)
--	-------------	------------

There were 3 Serious Incident(s) in Feb year to date this now stands at 20.

Feedback	Complaints	16	↓	180
	Concerns	4	↓	137
	Comments	2	↑	9
	Service to Service	14	↑	226
	Compliments	0	↔	7

Response within target time for Complaints and Concerns	94%	93%
Outcome of Ombudsman Cases		
Upheld	0	0
Not Upheld	0	6

2. Performance (calls answered within 5 seconds)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Calls Answered out of SLA	2,266	5,950	7,679	8,221	1,969	4,501	5,600	4,351	8,760	7,456	6,308	4,043
Calls Answered	50,356	53,739	52,074	56,432	50,762	52,076	56,268	54,042	59,079	55,175	49,106	51,816
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	95.5%	88.9%	85.3%	85.4%	96.1%	91.4%	90.0%	91.9%	85.2%	86.5%	87.2%	92.2%

Demand for March 2017 has seen an overall decrease to minus 1.6% MTD. We are now seeing improvements in SLA performance combined with reduced average handling times with improvements in March SLA at 92.2% MTD. Recruitment continues on track against 2017 trajectory which should see achievement of full establishment call taking capacity by July 2017, we have also seen a reduction in attrition over the past months. Category 1 Performance project team supported by AACE are currently working through actions to support performance medium to long term, which will change the delivery of EOC. Continuous early capture for purple details is ongoing which will see improvements to performance and patient outcome. Increased use of capacity planning, also made good progress to stabilising EMD capacity. Introduction of a BI tool for EOC management is now embedded which enables closer monitoring of team and individual performance.

4. Workforce

FT Equivalents

Mar-17	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	401	20.1	100	281	70%
Contracted FTE (before overtime)	380	19.0	95	266	70%
Variance	(21)	(1)	(5)	(14)	(5.2%)
% Variance	(5.2%)	(5.2%)	(5.2%)		
FTE worked inc overtime	390	31.6	81	278	71%
Variance	(11)	12	(19)	(3)	(1.1%)
% Variance	(2.7%)	57.6%	(19.1%)		

* 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 21 FTE under budget with a variance of (5.2)%.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	308	308	0

Quality & Efficiency Savings (CIPs) are achieving due to non recurrent savings from vacancies.

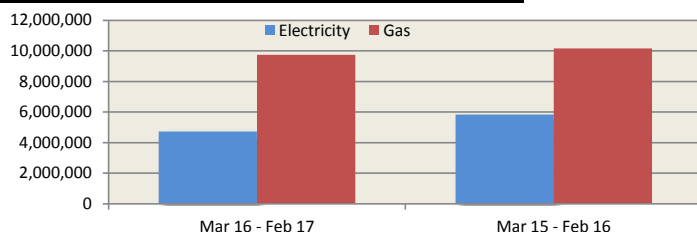
1. Demand

Number of Jobs Received - **669** of which **586** logged for YAS Estates Direct Labour.

Out of Hour Calls received - **16**

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

kWh	Electricity (kWh)	Gas (kWh)
Mar 16 - Feb 17	4,728,198	9,743,494
Mar 15 - Feb 16	5,824,977	10,162,356
Reduction of	18.83%	4.12%



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 - **509 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(181)**
- **100 %** of statutory planned preventative maintenance site visits completed within response timeframes.
- Appraisals undertaken - **100% completed**

3. Quality of Service

- Estates and Facilities Restructure is now almost complete and appointments have been made with some posts awaiting start dates on staff working notice periods.
- First draft of Estates Strategy is currently being finalised and will be available for circulation shortly.
- Health and Safety procedures and protocols being finalised in respect of Trades Staff and further H&S training is currently underway.
- Capital programme has seen refurbishment works to 4 Ambulance Stations which are in the final stages of completion, works have included decoration, LED Lighting upgrades, flooring replacement and new windows and external doors to 2 of the stations of which Castleford has also had a new automated roller shutter doors and a new insulated roof covering installed. Works have also seen number of stations with new boiler installations, further garage door replacements, additional car parking and a launch pad at Goole Station. The redundant revolving door and single entrance and exit doors have been replaced to the main Springhill 1 entrance with new double doors and glazed screen, externally new bollards have also been installed. Inspection and upgrades to the fire compartments in Springhill 1 have also been carried out with works due to complete there by mid-April.

4. Staffing

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

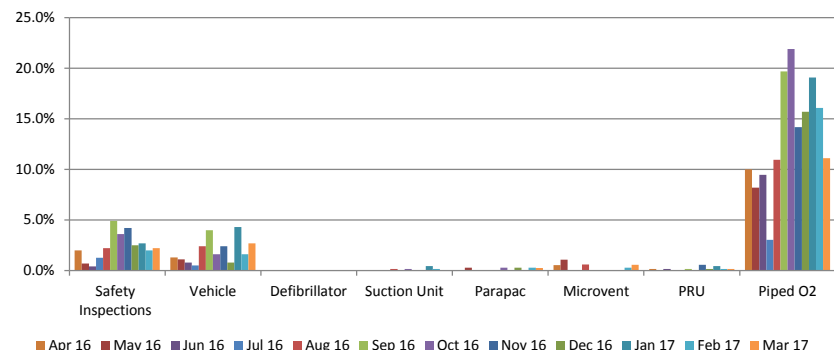
* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Abstractions) are from ESR

5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
CIPs	356	421	65

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 porter cabins, closure of Gildersome site, rent and utility savings at Morley.

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



Key Points

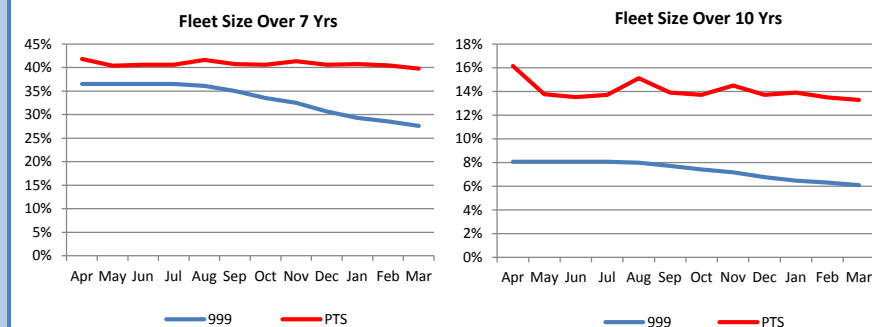
Routine vehicle maintenance remains within KPI, although the overdue remains higher than expected. This is due to high VOR and increased Operational requirement on Double Crew Ambulances. Working hours and staffing resources have been moved to accommodate peak demand times to bring the VOR and Servicing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

Inspections/Services out of Window	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	%	DOT
Safety Inspections	20	23	14	15	26	12	2.2%	↑
Vehicle Services	6	9	3	16	17	10	2.7%	↑
Defibrillator servicing	0	1	0	0	0	0	0.0%	↔
Suction Unit servicing	1	0	0	3	1	0	0.0%	↓
Parapac servicing	1	0	1	0	1	1	0.3%	↓
Microvent servicing	0	0	0	0	1	1	0.6%	↑
Pain Relief Unit (PRU)	0	4	1	3	1	1	0.1%	↔
Piped O2	118	75	83	101	85	61	11.1%	↓

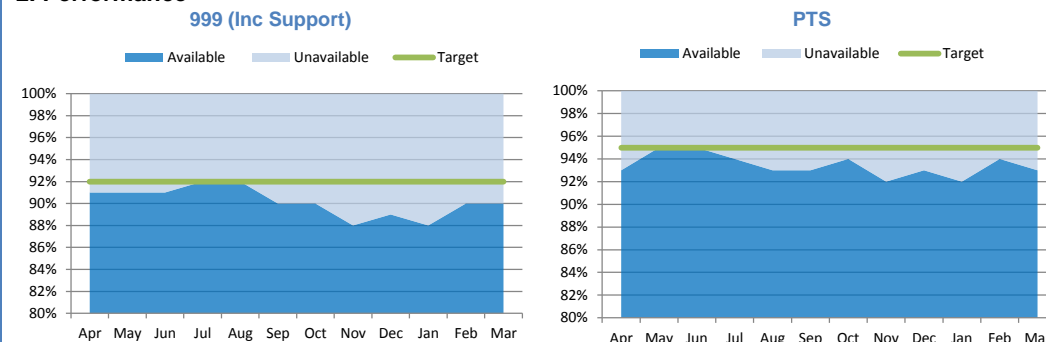
Medical equipment maintenance remains above KPI targets. Piped oxygen servicing has decreased over the February period. In-house personnel resources have been provided where available to reduce the backlog alongside the service provider.

1.2 Vehicle Age

Vehicles >= 7 years	g99	154	27.3%	PTS	157	39.2%	Total	311
Vehicles >=10 years	Fleet	34	8.1%	Fleet	46	11.5%		80



2. Performance



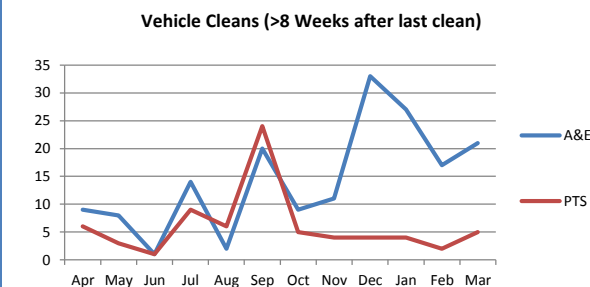
Key Points

A&E availability remained below target in March this is due to a number of vehicles being removed from service due 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. Vehicle Cleans

Deep Clean	Oct	Nov	Dec	Jan	Feb	Mar	Mar % in Window	Mar DOT
Vehicles Outside Window in Period	23	32	37	37	53	14	99.70%	↓

Deep Clean Service level for March remains high at 99.7% (excluding VOR's), however there may be a negative impact on Service Level following the implementation of the new A&E rota Lines.



4. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)			Available	
	FTE	Sickness	Total	%
Budgeted	100	5.0	95	95%
Actual	93	6.2	87	93%
Variance	(7)	(1.2)	(8)	(8.4%)
% Variance	-7%	+23%		

Sickness has dropped below target for the month of March and 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	2,275	2,126	(150)

Quality and Efficiency Savings (CIPs) are currently (£150k) behind plan due to non-achievement of income generation schemes (£50k) and the delay of the retender of the fleet parts contract (£100k).

Business Continuity

- YAS were successful in their British Standards Institute ISO22301 recertification audit
- BC Manager delivered a BC Training session and BC Exercise at Leeds Teaching Hospitals, replicating the outage experienced in late 2016
- BC Business plan completed and submitted
- New Business Plan 2017/2019 completed
- BC Plan & risk assessments reviewed & issued for PTS
- BC Plan & risk assessments reviewed & issued for Resource Planning
- BC Information Pack completed, now in first complete draft
- BC Exercise Silkwood designed for Resilience dept
- Two meetings with Kev Wynn re work required to Assurance Map
- Built revised Excel template for Assurance Map for Kev Wynn
- Preparation of evidence for ISO audit, plus meeting with ISO auditor
- Tour de Yorkshire work completed as below:
 - o Calculated all route timings using WtY data supplied
 - o Individual information packs completed for all 22 stations on TdY route
 - o Further information packs drafted for other YAS stations & crew working on TdY dates

Emergency Preparedness and Response

- Continued with the revenue generation JDM/JESIP education for senior health on-call leaders (Bradford Teaching)
- Completed successfully the Re-certification for EPRR Team - ISO 33201
- Continued to support NHS England North in their management of Winter (JR Secondment)
- Continued to support Hallam University in EPRR Education for their students
- Tour-de-Yorkshire preparations continue and are gathering pace

Training	Number of Courses
Health Joint Decision Model	1
Resilience Awareness Course	3
Joint Decision Model course	1
JESIP Course	2

Exercises
SYLRF Exercise Historian 19th March 2017

Hart and Special Operations

The Tour de Yorkshire starts on the 28th April for three days. Planning continues to be developed in conjunction with our partner agencies and Welcome to Yorkshire. North West, North East and YAS Ambulance Services Special Operations leads met to consider how best to maximise our assets. This includes sharing of plans, equipment, training and exercising. A peer review of HART, CBRN and MTFA capabilities in each service is currently being planned for 17-18. Business plans for 17-18 are in development for completion in March.

HART: HARTHART 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. The new Incident Ground Technology equipment has been delivered and staff have received the necessary training. Recruitment is currently taking place for 4 permanent relief staff at HART, and assessments will be taking place in May.

Air Ambulance: The restructure at YAA is progressing with recruitment currently underway for both substantive and seconded posts. Staffing numbers will be increased from 14 WTE to 17 WTE to facilitate the increased operational hours that will be introduced from June of this year. These changes will lead to the Nostell aircraft being operational between the hours of 0600-0000 throughout the year providing a significant improvement in availability particularly in the winter periods. The two vacant posts for CCT doctors are currently out to advert

CBRN / MTFA :Ongoing Training of SORT Staff within Trust. Regional Police led CBRN Exercise Saton Response 16-18 May 2017. YAS HART/EOC/NILO's/Commanders all participating. Commencement of Acute Trust CBRN Audits 2017 in conjunction with NHS England.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team - Volunteers	70	71	0
Hart Operatives FTE	42	42	0
CBRN (SORT) - Volunteers	150	112	44
Air Ambulance FTE	14	13	0

Community Resilience Team

Numbers	No. CFR	No.EFRs	No. Static	No. CPADS
ABL	235	8	291	189
CKW	125	18	257	92
HULL/EAST	84	69	125	143
SOUTH	181	8	491	80
NORTH	402	13	213	359

% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.6%	0.6%	2.4%	3.2%
CKW	0.7%	0.7%	0.9%	1.7%
HULL/EAST	1.2%	1.2%	2.0%	3.0%
SOUTH	1.2%	1.2%	2.3%	3.7%
NORTH	1.5%	1.5%	2.7%	3.8%

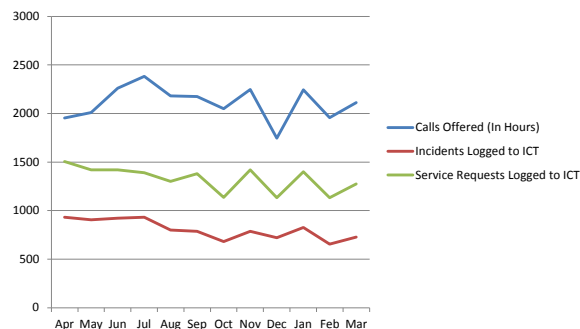
	Actual	Overall
EFRs	0.4%	0.4%

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

Mar-17

1. Demand

Support Demands on ICT Resources By Month



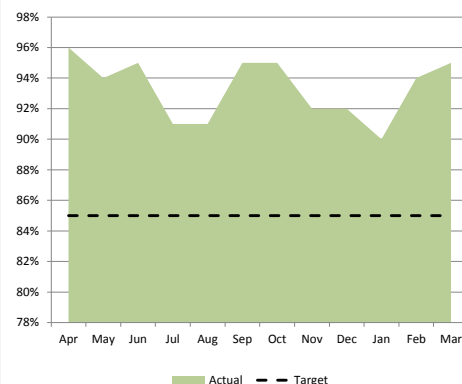
	Oct	Nov	Dec	Jan	Feb	Mar
Calls Offered (In Hours)	2,049	2,248	1,747	2,243	1,957	2,111
Incidents Logged to ICT	681	788	722	825	654	726
Service Requests Logged to ICT	1,137	1,421	1,133	1,399	1,133	1,274
Total number of active projects	17	17	16	14	11	11

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

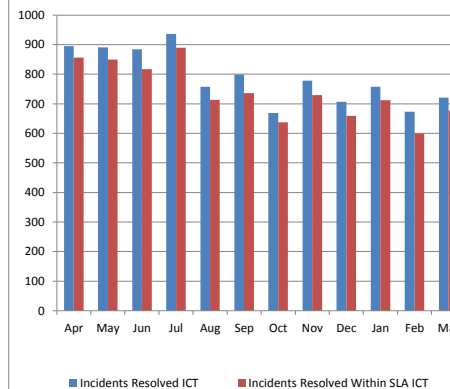
Calls offered for incidents and requests have increased this month

2. Performance

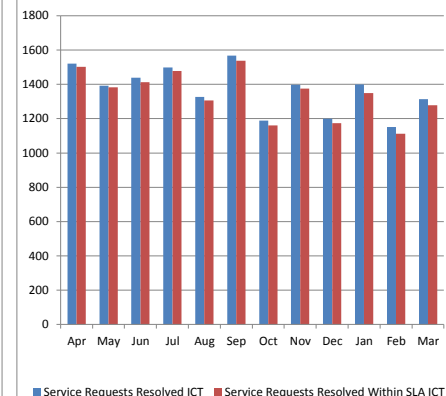
% Calls Answered Within Threshold



Incidents Resolved/Resolved Within SLA



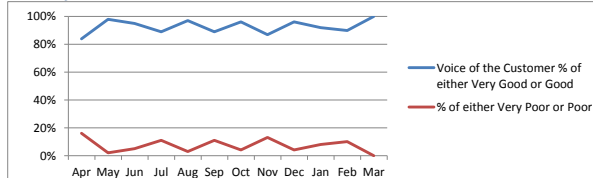
Requests Resolved/Resolved Within SLA



	Oct	Nov	Dec	Jan	Feb	Mar
% Calls Answered Within Threshold (10 seconds), Target 85%	95%	92%	92%	90%	94%	95%
Overall ICT Achievement on SLA for Incidents and Requests, Target 80%	96%	97%	96%	97%	94%	96%
Incidents Resolved ICT	669	778	778	758	673	721
Incidents Resolved Within SLA ICT	637	729	659	712	599	677
Service Requests Resolved ICT	1,189	1,397	1,199	1,399	1,152	1,313
Service Requests Resolved Within SLA ICT	1,161	1,376	1,173	1,349	1,113	1,279

Calls answered within threshold is consistently high
Overall SLA ICT achievement remains strong at 96%.
Incidents and Request SLA's are measured against priorities (1-5 for both incidents and requests)

3. Quality of Service



	Oct	Nov	Dec	Jan	Feb	Mar
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	100.00%	100.00%	100.00%	99.97%	100.00%	100.00%
Telecoms Availability (unplanned)	100.00%	100.00%	100.00%	99.93%	100.00%	100.00%
Radio Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
% of either Very Good or Good	96.00%	87.00%	96.00%	92.00%	90.00%	100.00%
% of either Very Poor or Poor	4.00%	13.00%	4.00%	8.00%	10.00%	0.00%

No downtime and 100% positive feedback was recorded in March

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6,300			4,410
Actual	39	6,143			4,981
Variance	1	158			571
%Variance	98%	98%			0%
SICKNESS					
5% Sickness on Budgeted			315		
5% Sickness on Actual			307		
Recorded Monthly Sickness				68	
Variance between Budget and Actual Targets				(239)	
ABSENCE					
25% Absence on Budgeted			1,585		
25% Absence on Actual			1,585		
Recorded Monthly Absence				1,094	
Variance between Budget and Actual Targets				(132)	

Overall absence has increased this month, but the sickness figures have dropped.

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

Mar-17

Indicator	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:22	0:30	0:22	0:29	0:37	0:38	0:04	0:12	0:20	0:14	0:33	0:36	0:35	4	0:06	to	1:21
Time to Answer (99%)	1:09	1:22	1:04	1:25	1:31	1:45	0:34	1:06	1:20	1:03	1:30	1:34	1:36	5	0:50	to	2:30
Abandoned calls	0.79	1.10	0.81	0.88	0.87	1.18	0.21	0.51	0.81	0.93	1.64	2.47	1.59	6	0.34	to	2.93
Cat Red 8 minute response - RED 1 (75%)*	69.6	68.5	69.7												64.6	to	73.2
Cat Red 8 minute response - RED 2 (75%)*	71.3	69.5	74.2												52.8	to	72.8
95 Percentile Red 1 only Response Time*	14.3	14.3	14.5												13.5	to	16.4
Cat Red 19 minute response (95%)*	94.3	93.7	95.7												84.1	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	65.9	66.1				
Category1 19 minute response***									89.5	88.3	88.4	89.4	89.6				
Category2 19 minute response***									69.3	71.1	67.9	71.4	72.1				
Category3 40 minute response***									71.1	72.2	68.0	72.8	70.9				
Category4 90 minute response*** (excl HCP)									90.3	84.3	83.5	84.0	81.6				
Time to Treat (50%)	6.1	5.9	6.0												6.4	to	11.7
Time to Treat (95%)	15.3	15.5	13.3												19.5	to	28.7
Time to Treat (99%)	23.0	23.4	19.5												34.2	to	58.2
STEMI - Care	75.5	87.6	88.7	91.7	83.8	85.1	89.4	82.2	89.7	87.1	88.1	85.7		2	68.2	to	90.7
Stroke - Care	98.7	95.7	98.7	98.1	97.3	99.0	99.1	98.8	99.1	99.1	98.8	99.1		4	94.4	to	99.6
Frequent caller *	2.56	2.29	2.85	3.28	3.40	3.49	3.67	4.03	2.52	2.83	2.92	2.87	2.54	6	0.30	to	3.50
Resolved by telephone	7.9	9.1	8.3	6.7	7.1	7.2	6.8	6.8	7.8	8.5	9.4	9.2	7.5	7	5.1	to	15.7
Non A&E	29.8	29.4	30.2	29.9	29.7	30.4	30.7	30.8	30.0	29.7	30.7	31.0	30.4	9	27.5	to	49.5
STEMI - 150	84.9	86.4	91.2	84.3	82.8	80.2	90.2	84.7	83.8	81.4	88.8			8	72.5	to	92.7
Stroke - 60	51.5	48.7	54.4	52.0	43.2	47.1	43.6	42.0	39.9	41.4	42.4	43.8		9	35.9	to	65.7
ROSC	27.3	31.4	24.5	27.8	26.0	21.7	28.4	25.2	25.7	32.2	27.3	27.4		7	24.2	to	36.2
ROSC - Utstein	50.0	85.7	37.5	40.7	45.5	45.6	64.7	46.8	51.1	72.2	43.5	57.1		5	42.2	to	66.9
Cardiac - STD	8.4	8.4	7.1	9.4	10.3	11.9	10.2	11.1	10.9	14.1	6.1	8.4		2	6.9	to	12.5
Cardiac - STD Utstein	46.2	61.5	37.5	25.9	32.6	35.1	29.2	33.3	36.2	53.7	25.6	38.1		2	21.7	to	38.6
Recontact 24hrs Telephone	5.5	5.5	6.0	5.3	6.5	6.3	6.8	6.7	5.0	7.3	5.7	5.1	3.7	4	1.7	to	14.7
Recontact 24hrs on Scene	2.8	3.2	2.5	1.8	1.4	1.8	1.3	1.6	1.3	1.5	1.6	1.5	1.3	1	1.6	to	8.7

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 (@ February 2017)

Mar-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	January
Time to Answer - 95%		mm:ss	0:41	0:11	0:06	0:29	0:28	0:50	1:21	0:56	0:13	0:25	4	January
Time to Answer - 99%		mm:ss	1:35	1:01	0:50	1:04	1:24	1:57	2:30	1:59	0:52	1:19	5	January
Abandoned calls		%	1.59	0.75	0.34	0.42	2.54	0.99	2.93	1.95	0.87	1.10	6	January
Cat Red 8 minute response - RED 1	75%	%	68.6	68.4	69.4	67.0	67.9	73.2	64.6					January
Cat Red 8 minute response - RED 2	75%	%	56.8	61.0	65.1	62.3	62.6	72.8	52.8					January
Cat Red 19 minute response	95%	%	84.1	90.4	93.3	89.2	88.9	94.5	89.1					January
95 Percentile Red 1 only Response Time		Time	15.4	15.8	13.5	15.0	16.4	14.1	16.3					January
Category1 8 minute response***	75%	%								N/A	N/A	65.5		January
Category1 19 minute response***	95%	%								N/A	N/A	89.0		January
Category2 19 minute response***		%								N/A	N/A	70.4		January
Category3 40 minute response***		%								N/A	N/A	71.0		January
Category4 90 minute response***		%								N/A	N/A	84.4		January
Time to Treat - 50%		mm:ss	11.7	7.5	6.8	7.6	7.5	6.4	7.8					January
Time to Treat - 95%		mm:ss	24.6	23.4	19.5	26.5	28.7	19.8	24.5					January
Time to Treat - 99%		mm:ss	41.6	34.9	40.3	43.7	58.2	34.2	39.4					January
STEMI - Care		%	83.5	90.7	71.0	81.7	86.7	72.3	68.2	76.6	80.3	87.4	2	October
Stroke - Care		%	98.7	99.0	96.7	97.8	99.6	98.6	96.0	94.4	97.1	98.6	4	October
Frequent caller *		%	0.3	0.3	0.3	0.9	1.4	3.5				3.1	6	January
Resolved by telephone		%	15.7	6.8	11.0	8.4	10.1	10.8	6.1	14.7	5.1	7.8	7	January
Non A&E		%	27.5	40.3	36.9	34.4	32.3	41.0	49.4	49.5	38.0	30.3	9	January
STEMI - 150		%	92.7	91.9	90.7	91.4	79.9	86.7	91.6	72.5	88.1	84.8	8	October
Stroke - 60		%	53.5	50.0	62.5	59.0	53.4	49.6	65.7	35.9	57.6	45.5	9	October
ROSC		%	25.4	28.9	29.1	26.3	36.2	29.4	27.5	24.2	30.4	27.1	7	October
ROSC - Utstein		%	48.8	57.9	54.9	66.9	59.8	42.2	52.8	45.8	46.4	54.7	5	October
Cardiac - STD		%	6.9	8.7	8.5	7.8	8.7	12.5	7.3	7.9	9.1	10.8	2	October
Cardiac - STD Utstein		%	22.1	30.3	26.4	38.6	27.0	24.8	24.9	21.7	23.2	36.2	2	October
Recontact 24hrs Telephone		%	1.7	8.1	3.4	12.6	4.2	9.1	7.1	10.4	14.7	5.8	4	January
Recontact 24hrs on Scene		%	4.2	5.3	8.7	4.6	3.2	4.5	5.5	4.6	6.9	1.6	1	January