



Yorkshire Ambulance Service



NHS Trust

Integrated Performance Report April 2017

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



Inspected and rated

Good



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

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EXECUTIVE OVERVIEW

YAS STRATEGIC OBJECTIVES RAG RATES - OVERVIEW

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

Deliver clinical priorities including respiratory care, basic life support & safe management of patients closer to home./ Implement the next phase of an integrated clinical advice network to support patients and “no decision in isolation” for staff..

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

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

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

2. Ensure continuous service improvement and innovation

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

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

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

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

Delivery of CQC Improvement Plan.

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

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

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

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

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

4. Work with partners to provide system leadership and resilience

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

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

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

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

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

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

Delivery of Trust CIP Programme

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

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

Emerging Risks

- Financial Plan Delivery.
- Well Being CQUIN Delivery.
- Hospital reconfigurations.

YAS STRATEGIC OBJECTIVES - EXCEPTION REPORT

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

- Category 1 performance is at 71.2% versus a target of 75%.
- Delivery against the Clinical advice target of 30% in NHS 111 currently sits at 23.9%. The service is currently implementing a plan and trajectory to achieve the 30%. An Executive Sponsored Clinical Retention and Recruitment Project has been established to help mitigate the risk in relation to clinical recruitment and capacity.
- Performance against the STEMI care bundle has reduced this month but continues to reflect a good level of practice overall.

2. Ensure continuous service improvement and innovation

- Transformation Programmes are currently being reviewed and refreshed in line with emerging national guidance relating to Urgent and Emergency Care and local contractual specifications relating to PTS, as a result of recent tender activity.
- The number of deep cleans breaching the target timeframe has increased over the last quarter, following introduction of new rotas and pressures arising from other fleet maintenance issues

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

- A number of the health and well-being work streams were not fully delivered as anticipated last year. A TMG and TEG level review has been conducted in the first part of this year on some of the higher risk areas to ensure effective delivery in 2017/18.
- The Workforce Directorate is leading on plans to maximise use of the new apprentice levy and to limit the associated financial risk to the Trust.
- PDR compliance remains a challenge and has been formally raised with the management team for focused action through Risk and Assurance Group and Trust Management Group.

4. Work with partners to provide system leadership and resilience

- The full impact of the hospital service reconfigurations across Yorkshire is being worked up by the Planning and Development team through an agreed risk assessment approach, to inform appropriate mitigation plans.

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

- As of Month 1 of this year a proportion of CIP plans for the Trust are not finalised and fully in place. A series of Deep Dives with respective functions, including Workforce, Estates and Fleet, PTS and ICT are being led by the DoF with a view to finalising these plans imminently.

Emerging Risks

- No exceptions reported.

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 (Mar17)	53.3%
Stroke in 60 mins (Mar17)	45.1%
Stroke care (Mar17)	98.7%
STeMI 150 mins (Mar17)	85.3%
CQC rating, Feb 17	2

Leadership & Improvement Capability

Staff sickness, Dec 16	6.0%
Staff turnover (FTE), (May 16-Apr 17)	11.82%
Executive team turnover, (May 16-Apr 17)	10.87%
2016 Staff Survey response rate	37%
Proportion of temporary staff	NA
Aggressive cost reduction plans	NA
Written complaints (per 10,000 calls)	419 (17.3%)
Staff F&F Test % recommended care Q3 16-17	82%
Staff F&F Test % recommended care Q2 16-17	82%
Occurrence of any never event	NA
NHSE/NHSI Patient safety alerts outstanding	"

Operational Performance

Apr 17	
<i>Maximum 8 minute response for calls:</i>	
• Category 1	71.2%
<i>Maximum 19 mins for all category calls:</i>	
• Category 1 (conveying)	No
• Category 2R	National
• Category 2T	Target Set

Strategic Change RAG ratings (April 17)

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

Finance and Use of Resources

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

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

An overview of internal transformation programmes and external factors that may influence YAS's performance

Internal

● Hub & Spoke: Remains Amber

- AVP evaluation undergoing remodelling with ORH and financial review.
- Project management resources stretched due to failure to recruit suitable candidate for senior project manager role.

● Urgent Care: Not reported this month

- The next phase of the Urgent Care Programme is currently under discussion by TEG as part of strategy discussions.

Service Improvement

● A&E: Remains Green

- Phase 2 of the programme is under development with new milestones being developed.

● PTS: Remains Red

- Review completed with PMO and recast plan for mobilisation in South Yorkshire and East Riding.
- CQC actions incorporated into plan.
- TEG Deep Dive undertaken to ensure risks are suitably mitigated.

External

South Yorkshire

Opportunities: To work closely with an emerging Accountable Care System.

Threats: Potential impact in relation to stroke and children's services reconfiguration.

A reconfiguration risk assessment is underway.

Humber Coast & Vale

Opportunities: To work with leadership teams and support to place based delivery of safe and sustainable services and potential to support community based services.

A reconfiguration risk assessment is underway.

West Yorkshire

Opportunities: In relation to supporting delivery of placed based plans.

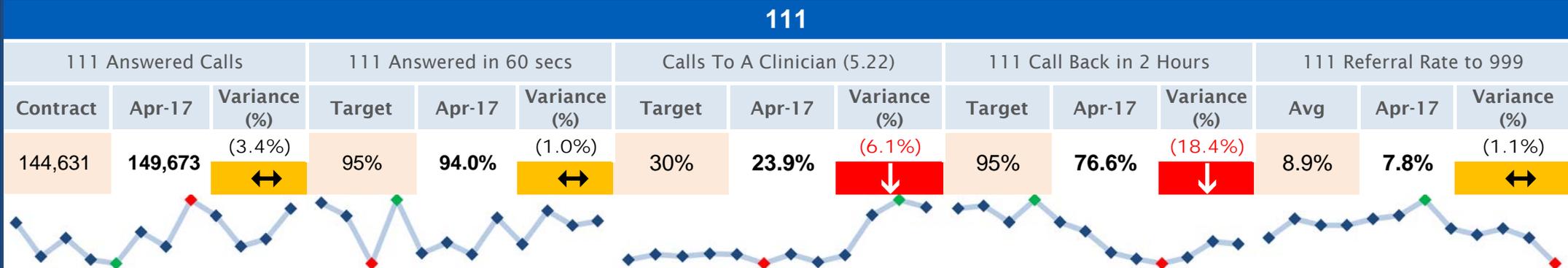
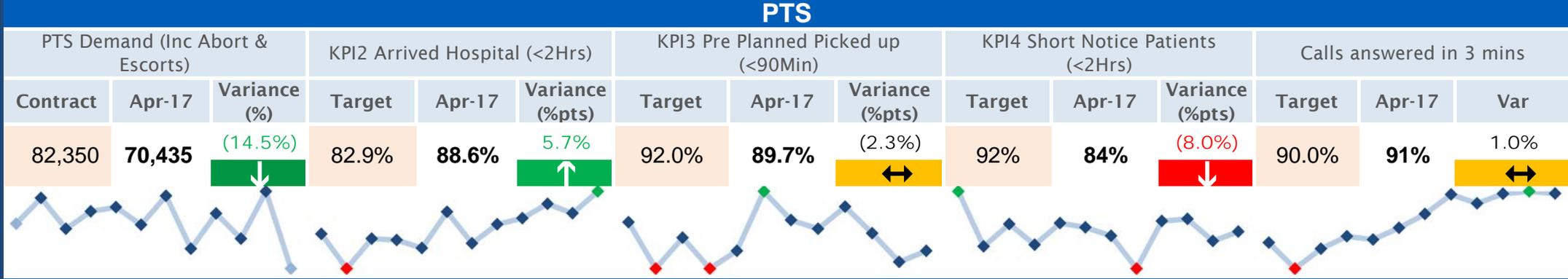
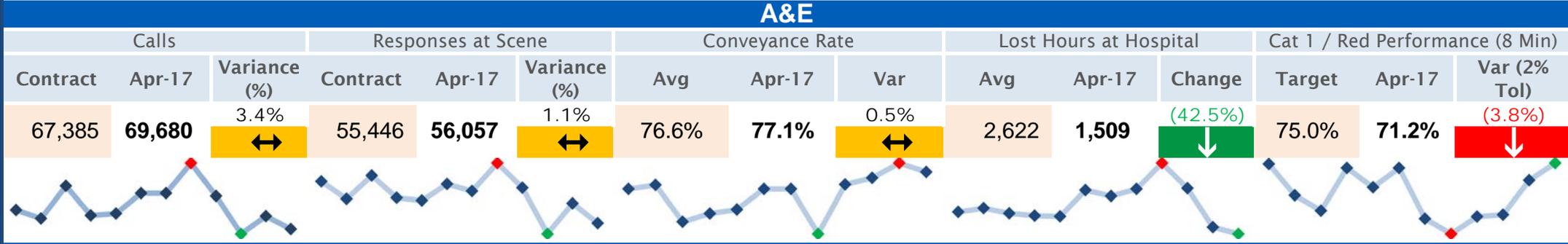
Threats: A&E, Vascular and Stroke reconfigurations means possible service Impact on YAS.

A reconfiguration risk assessment is underway.

Our Performance April 2017

- ↓ 75 per cent received a response in 8 mins, 27 seconds for Cat 1 calls, down by 15 seconds.
- ↑ Ambulance responses on Scene up 2.3% YTD
- ↑ PTS KPI 2 continues to be above target, improving in April 2017
- ↓ Calls transferred to a CAS Clinician in 111 is below the 30% target at 23.9%

YTD Performance		
	%	Change
Category 1 999 Performance	71.2%	1.7%
Ambulance Turnaround Time	27 mins	(2 Minutes Less)



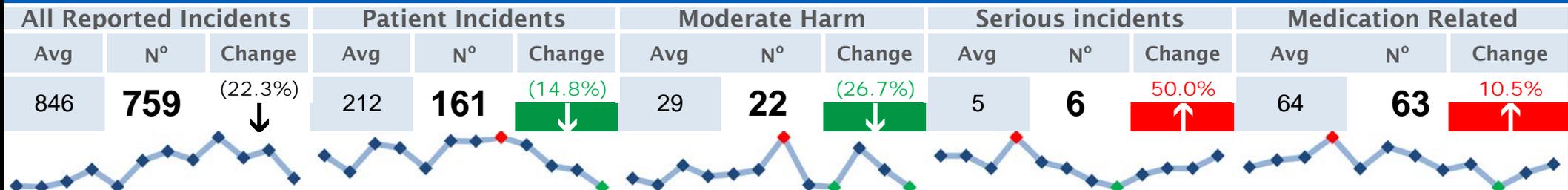
Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	00 Jan 1900 - Business Intelligence Team

Our Quality - April 2017

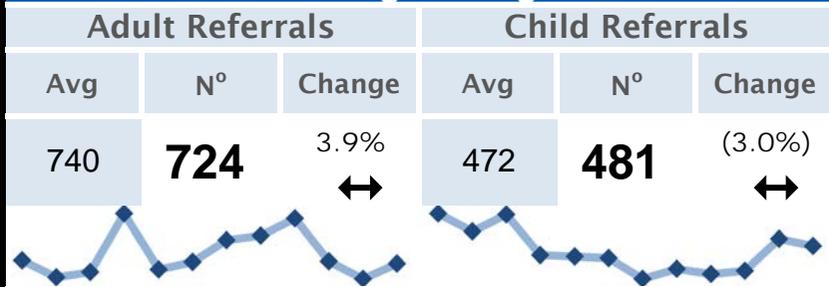
- ↓ 6 in 1000 patients report an incident
- ↓ 2 in 10000 patients incidents result in moderate or above harm
- ↔ 8 in 1000 People get a safeguarding referral
- ↑ 4 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (ustein)
- ↔ 9 out of 10 people would recommend YAS to Friends and Family

Patient Survey		Infection Control Compliance			
Recommend YAS to F&F		Compliance	Apr 16	Apr 17	
	Q4	YTD	Hand Hygiene	99%	98%
PTS	90%	88%	Premise	88%	98%
A&E	85%	87%	Vehicle	97%	99%

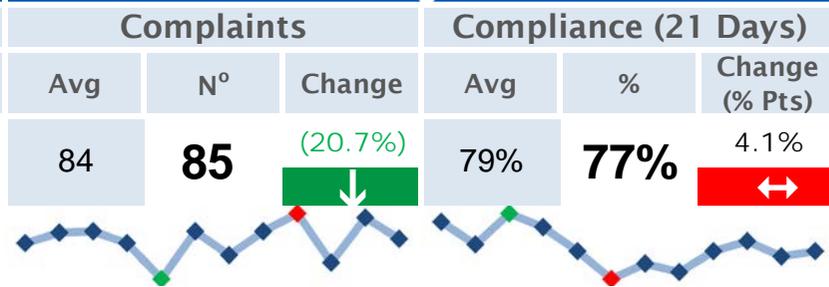
Incidents Reported



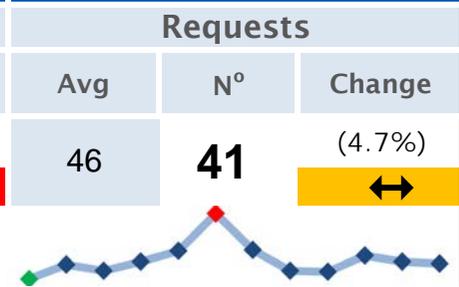
Safeguarding



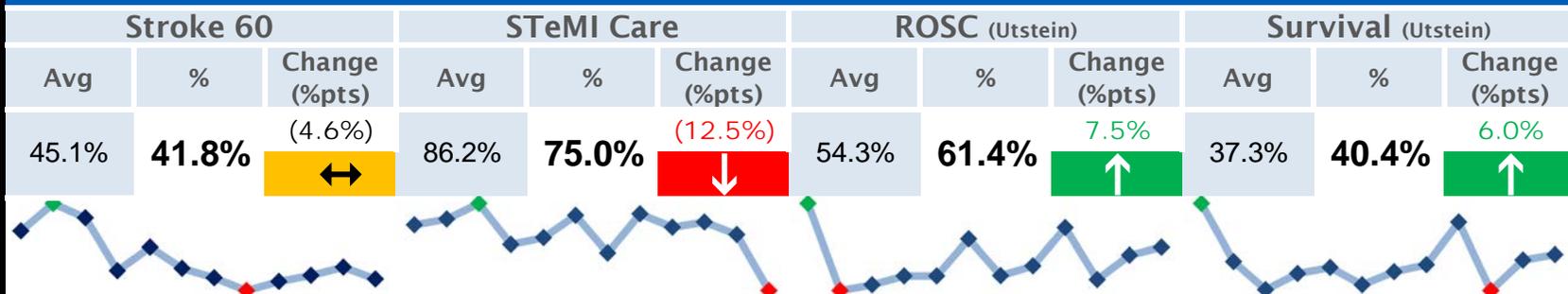
Legal



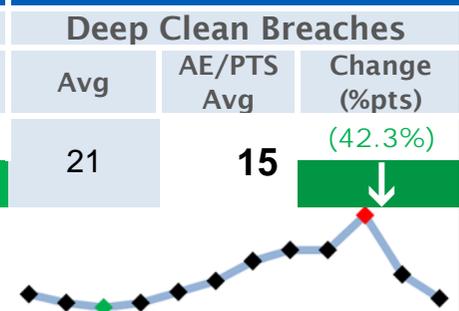
FOI



Clinical Outcomes (Feb DATA)



Fleet



Key	Change	Direction of Travel	Sparklines	AVG - Average	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 8 Periods	14th May 2017 - Business Intelligence Team

Our Workforce - April 2017

- ↓ 795 number of staff are are overdue a PDR out of 4387
- ↓ 123 Staff are on on long term sick out of 5557 Staff
- ↑ 396 number of staff are still to complete the stat and man work book out of 5059
- ↔ More than 9 out of 10 staff have completed the Stat Man Workbook

YTD Performance		
	%	Change
Sickness	5.44%	-0.03%
Stat and Man	94.50%	4.78%

Workforce						Recruitment			IG					
Total FTE in Post (ESR)			BME			Turnover			New Starts			Information Governance		
Avg	N°	Variance (%pts)	Target	N°	Variance (%pts)	Avg	N°	Variance (%pts)	Avg	%	Variance (%pts)	Target	N°	Variance (%pts)
4,310	4,316	0.1%	11.1%	5.9%	(5.2%)	11.0%	11.8%	0.8%	47.71	36	(25.2%)	95.0%	71.8%	(23.3%)

Sickness						Finance								
Total			Short Term			Long Term			Agency Spend			Overtime		
Target	N°	Variance (%pts)	Avg	N°	Variance (%pts)	Avg	N°	Variance (%pts)	Plan (000)	Actual (000)	Variance (%pts)	Avg	AE/PTS Avg	Variance (%pts)
5.0%	5.2%	0.2%	2.0%	1.7%	(0.3%)	3.5%	3.6%	0.1%	£369	£278	(32.7%)	£860,417.95	£659,736	(23.3%)

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			Clinical Training		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)
90.0%	77.8%	(12.2%)	90.0%	94.5%	4.5%	90.0%	94.8%	4.8%	80.0%	89.5%	9.5%			0.0%

Key	Change	Direction of Travel	Sparklines	AVG - Average	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	8th May 2017 - Workforce Intelligence Team

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(21,831)	(21,601)	(230)	(21,831)	(21,601)	(230)
Expenditure	21,785	21,555	230	21,785	21,555	230
Retained Deficit / (Surplus)	(46)	(46)	0	(46)	(46)	0
EBITDA	(1,018)	(1,002)	16	(1,018)	(1,002)	16
Cash	17,721	22,842	5,121	17,721	22,842	5,121
Capital Investment	77	21	(56)	77	21	(56)
Quality & Efficiency Savings (CIPs)	1,037	766	(271)	1,037	766	(271)

Under the "Single Oversight Framework" the Trust has a 2 rating for month 1 (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 for the financial indicators for Liquidity, Capital Serving Capacity, Agency Spend and Distance from Plan. We score "2" for our I&E Margin which at 0.2% falls below the 1% required to score "1" within the framework. The Trust is also limited to an overall score of "2" since the Trust has not agreed a control total with NHS Improvement.

The Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £53k for 2017/18. The Trust has reported a surplus as at the end of April (Month 1) of £46k against a planned surplus of £46k at Month 1. Income is lower than plan by £230k, mainly due to the non-

achievement of the CQUIN income 'risk reserve' (relating to non-achievement of the 2016/17 control total) and the funding included in the plan for the Clinical Advisory Network not yet agreed with Commissioners (which is offset by a corresponding favourable variance on expenditure on the Clinical Advisory Network).

In terms of key service line variances YTD: The A&E service line (including EOC and Special Operations) is £625k favourable against plan mainly due to; vacancies in the new management restructure, underutilisation of the overtime budget and other staff vacancies. The underspend in pay is partially offset by overspend in non-pay (fire service responders and meal break payments) and the CQUIN risk reserve.

At the end of April 2017, the Trust's cash position was £22.8m against the plan of £17.7m. The additional cash reflects profiling on non-pay cashflows, in particular rates costs. This is expected to resolve in future months.

Capital spend at the end of April 2017 is £21k against a plan of £77k for the month. The overall plan is for £13.232m expenditure (allowing for disposals of £1.05m this will result in a charge of £12.182 against the Capital Resource Limit). The capital plan is subject to approval from NHS Improvement.

The Trust has a savings target of £12.441m for 2017/18. 74% delivery of the CIP target was achieved as at April and 83% of this was achieved through recurrent schemes. Non Recurrent schemes have contributed £95k of the year to date savings. This creates an overall adverse variance against plan of (£271k).

	Month	YTD	Trend 2017-18
<p>RISK RATING: Under the "Single Oversight Framework" the Trust has a 2 rating for month 1 (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 for the financial indicators for Liquidity, Capital Serving Capacity, Agency Spend and Distance from Plan. We score "2" for our I&E Margin which at 0.2% falls below the 1% required to score "1" within the framework. The Trust is also limited to an overall score of "2" since the Trust has not agreed a control total with NHS Improvement.</p>			
<p>EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 1 is £1.002m against a plan of £1.018m, a small adverse variance of £16k against plan.</p>			
<p>SURPLUS: The Trust has reported a surplus as at the end of April (Month 1) of £46k against a planned surplus of £46k.</p>			
<p>CAPITAL: Capital spend at the end of April 2017 is £21k against a plan of £77k for the month. The overall plan is for £13.232m expenditure (allowing for disposals of £1.05m this will result in a charge of £12.182 against the Capital Resource Limit). The capital plan is subject to approval from NHS Improvement.</p>			
<p>CASH: At the end of April 2017, the Trust's cash position was £22.8m against the plan of £17.7m. The additional cash reflects profiling on non-pay cashflows, in particular rates costs. This is expected to resolve in future months.</p>			
<p>CIP: The Trust has a savings target of £12.441m for 2017/18. 74% delivery of the CIP target was achieved for the month of April and 83% of this was achieved through recurrent schemes. Non-recurrent schemes have contributed £95k of the year to date savings. This creates an overall adverse variance against plan of (£271k).</p>			

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	572	561	(11)
Business Development Directorate	7	4	(4)
Capital Charges Directorate	11	0	(11)
Chief Executive Directorate	11	3	(8)
Clinical Directorate	12	12	0
Estates Directorate	27	13	(14)
Finance Directorate	83	64	(19)
Fleet Directorate	147	40	(107)
People & Engagement Directorate	33	1	(31)
Planned & Urgent Care Directorate	119	53	(66)
Quality, Governance & Performance Assurance Directorate	16	16	0
Reserve Schemes			0
Grand Total	1,037	766	(271)

Recurrent/Non-Recurrent/Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	808	670	(138)
Non - Recurrent	126	85	(42)
Unidentified	102	11	(92)
Reserve Schemes	0	0	0
Grand Total	1,037	766	(271)

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

Trust Wide	Lead Manager	Financial Value	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Improvement of health and wellbeing	Dep Director of HR & Organisational Dev	£286,073	Amber												
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates	£285,987	Green												
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£285,987	Amber												
Total		£858,047													

Comments:- Plans for introduction and roll out of wellbeing initiatives and flu delivery campaign have been submitted to TEG, however, funding requirements have not been approved. Changes for healthy food have been implemented and monthly checks in place to monitor standards.

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

A&E CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Proportion of 999 incidents which do not result in transfer of the patient to a Type 1 or Type 2 A&E Department	Head of Clinical Hub EOC	£858,048	Green												
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green												
Mortality Review	Deputy Medical Director	£1,072,238	Green												
Local CQUIN developed jointly with YAS and finalised as part of the Q3 2017/18 reconciliation	tbc	£1,287,715	NA												
Total		£4,290,239													

Comments: Conveyance: Cad system now upgraded to allow NHS number to be captured further actions are scheduled for May including, Weblink to be made available for clinicians in Clinical Hub to access DoS, Training to be delivered to clinicians in Clinical Hub on use of DoS and how to access the SCR. **END to End:** On track for 2 end to end reviews to be complete in Q1. **Mortality review** is on track in Q1

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

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

Comments: Milestones for delivery have been left open for YAS to produce and provide to commissioners in May these will then be tracked monthly and reported through the CQUIN delivery group. Commissioners have been provided with an updated action plan for delivery.

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

Corporate Services

Chief Exec and Business Development

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
37.91	27.17	(28.3%)	5.9%	0.5%	(5.4%)	0	0	0	85%	86.36%	1.4%	90%	50.00%	(40.0%)

Finance

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
250.10	210.56	(15.8%)	5.9%	2.3%	(3.6%)	0	0	0	85%	84.86%	-0.1%	90%	75.83%	(14.2%)

People and Engagement

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
104.93	89.07	(15.1%)	5.9%	1.8%	(4.1%)	0	0	0	85%	94.00%	9.0%	90%	36.36%	(53.6%)

Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	18.5.17 - Workforce Information Team

Corporate Services

Quality, Governance and Performance Assurance

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	Avg	%	Diff	Avg	No	Diff	Target	%	Diff	Avg	%	Diff
59.30	50.81	(14.3%)	5.9%	1.2%	(4.7%)	0	0	0	85%	94.64%	9.6%	90%	64.71%	(25.3%)

Clinical

FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
38.09	40.37	6.0%	5.9%	3.0%	(2.9%)	0	0	0	85%	97.83%	15.1%	90%	88.10%	(1.9%)

Fleet and Estates

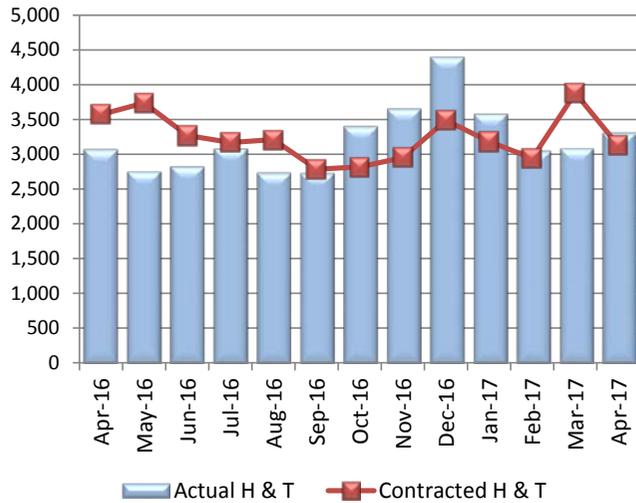
FTE in Post			Sickness			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
123.58	105.66	(14.5%)	5.9%	4.3%	(1.5%)	0	0	0	85%	92.59%	7.6%	90%	59.41%	(34.0%)

Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated
	Current Month (tolerance 5% number difference)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	18.5.17 - Workforce Information Team

SERVICE LINES

9.1 Activity

Hear & Treat



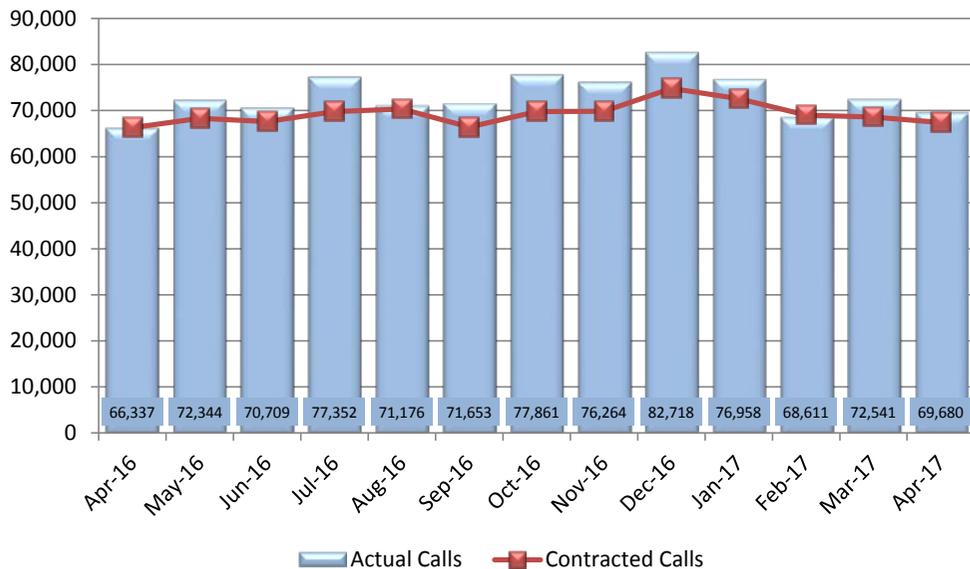
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Demand was 3.4% above contract an increase of 5% v same period last year.

H&T 6% above contract an increase of 7.7% v same period last year.

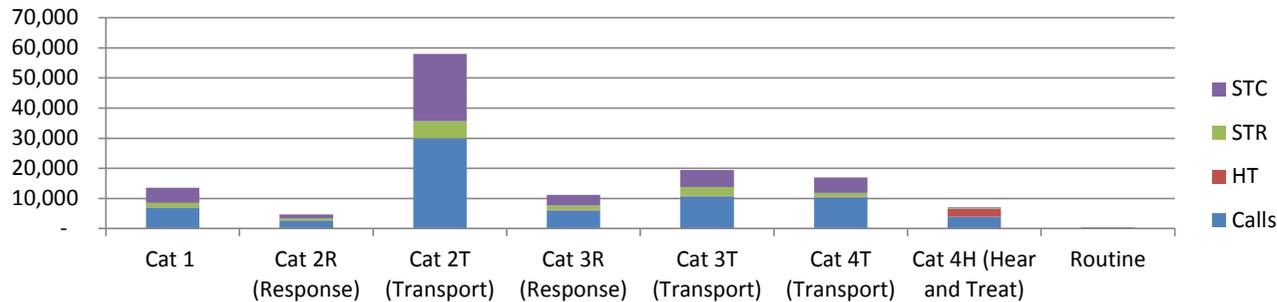
ST&R 4.7% above contractn an increase of 7% v same period last year.

ST&C 0.1% above contract an increase of 1.5% v same period last year.

9.2 Activity and Performance

ARP2.2	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Cat 1	6,921	16	1,549	5,087	6,636	8 Mins (75% Target)	71.2%	11.6%
Cat 2R (Response)	2,635	47	678	1,335	2,013	No National Target Set		3.5%
Cat 2T (Transport)	29,852	198	5,602	22,349	27,951			48.8%
Cat 3R (Response)	5,986	138	1,584	3,440	5,024	No National Target Set		8.8%
Cat 3T (Transport)	10,623	262	2,838	5,690	8,528			14.9%
Cat 4T (Transport)	10,384	189	1,305	5,106	6,411	No National Target Set		11.2%
Cat 4H (Hear and Treat)	3,922	2,533	302	264	566			1.0%
Routine	231	-	8	156	164			0.3%

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



ARP 2.2 Pilot Review

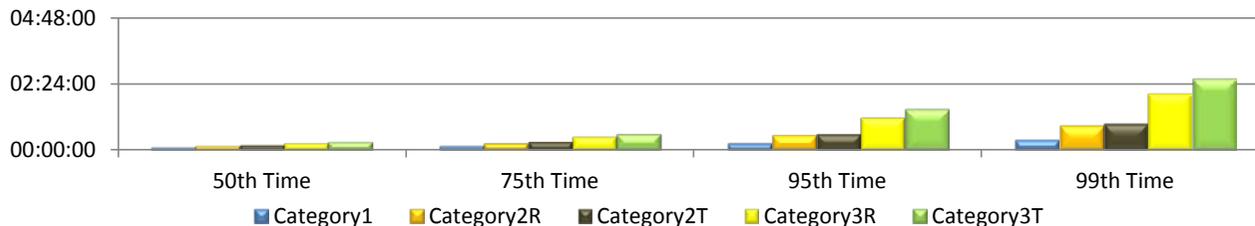
Phase 2.2 of the NHS England-led Ambulance Response Programme was live from Thursday 20th October 2016. Yorkshire Ambulance Service are one of two ambulances services nationally to belong to the trial. The pilot will run for 3 months initially with evidence reviewed on a bi weekly basis by NHS England. They will assess the impact on the patients both in terms of quality and performance. There has been a further review of the clinical codes within both NHS Pathways and AMPDS to ensure the most appropriate clinical response is made to every call and will see significant changes to the way we deliver our service and respond to patients. It will also enable us to decide on the most appropriate response for patients' needs.

The aim is to examine whether the current system was appropriate in an environment where a longer time period was given to categorise the nature of the call and only those patients that were in cardiac arrest or at risk of cardiac arrest should receive an immediate response. It should improve the management of demand and allocation of a clinically-appropriate response and therefore deliver the right care, in the right place, at the right time. It will help to inform potential future changes in national performance standards.

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

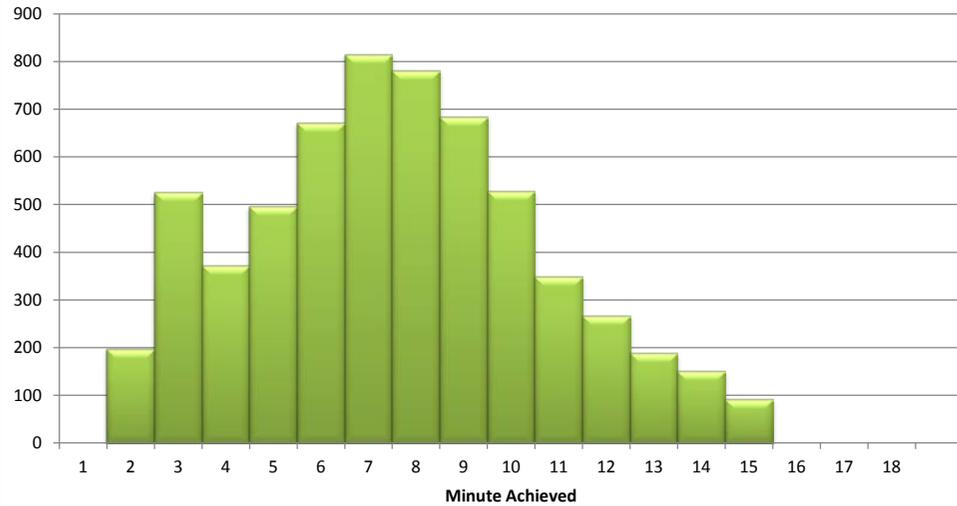
9.3 Tail of Performance

ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:05	00:08:27	00:13:55	00:20:41
Category2R	00:08:51	00:14:38	00:30:49	00:50:21
Category2T	00:11:24	00:18:02	00:34:51	00:56:15
Category3R	00:16:20	00:30:31	01:10:35	02:02:08
Category3T	00:18:51	00:35:59	01:29:50	02:35:44

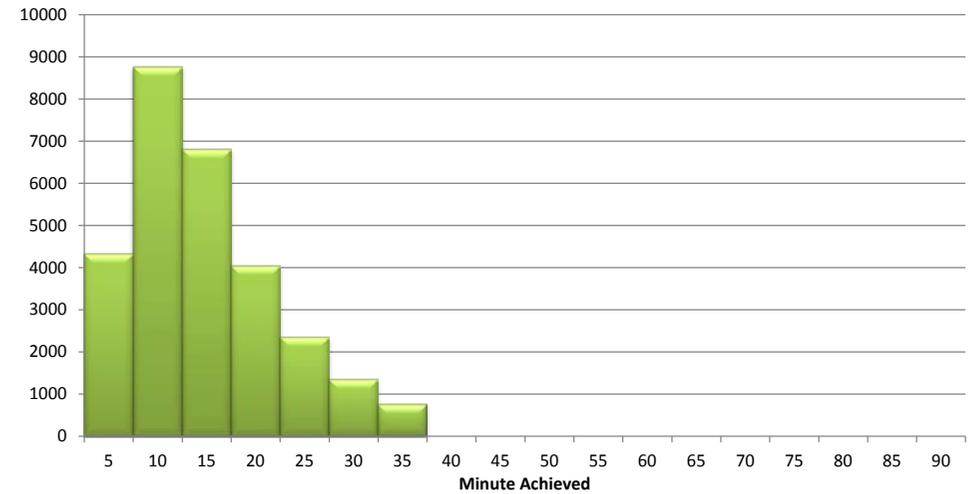


9.3 Tail of Performance

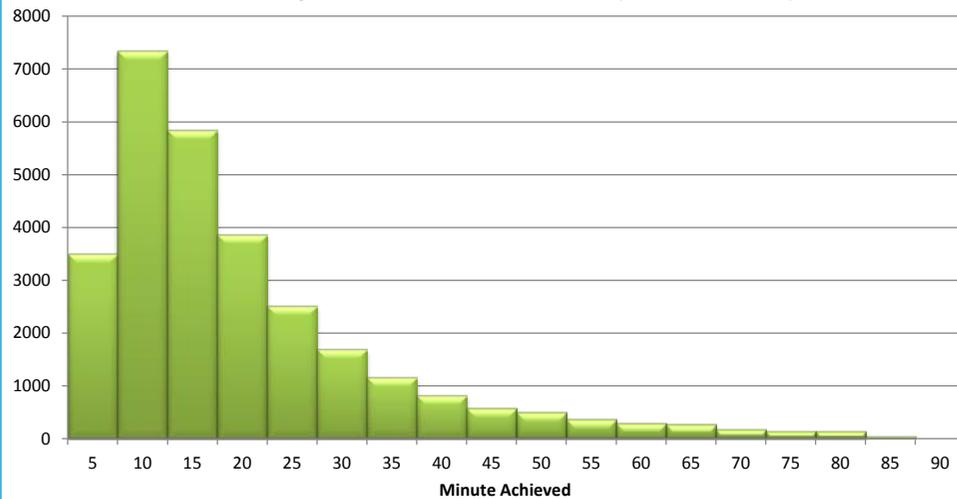
Cat 1 Responses - Tail of Performance (95th Percentile)



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



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

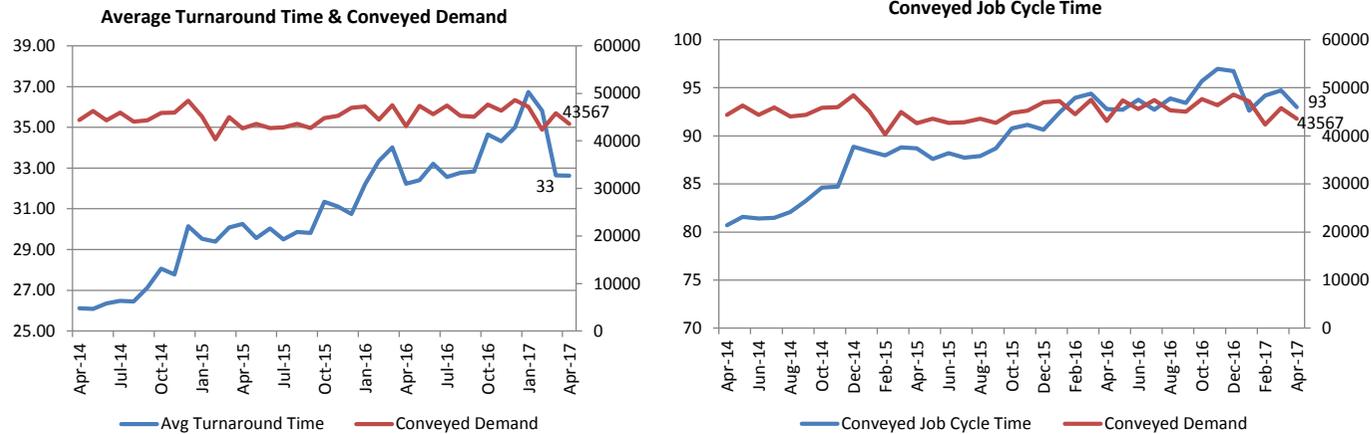


Commentary

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

9.4 Hospital Turnaround Times

9.5 Conveyed Job Cycle Time



Commentary

Turnaround times for April were 0.1% lower than March and 1.2% Higher than April last year. This is now broadly in line with turnaround times seen throughout summer months in 2016.

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

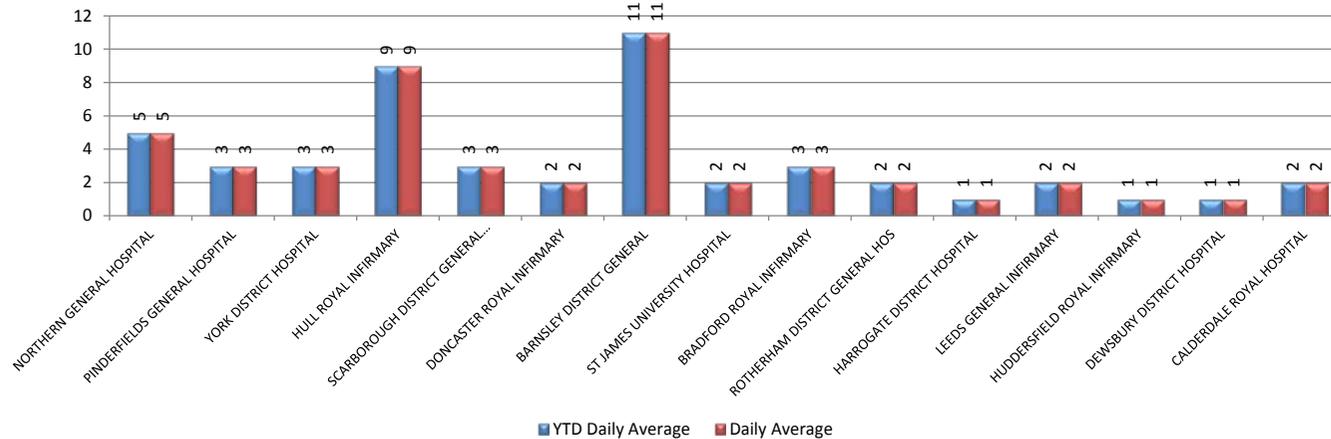
A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 5 additional ambulance at all times or 36 full time ambulances a week.

Job Cycle time showed a slight decrease on March of 1.8% and is a slight increase of 0.2% vs last year.

9.6 Hospital Turnaround - Excessive Responses

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,323	2,283	2,274	2,187	2,162	3,149	2,923	3,160	4,149	3,208	1,727	1,509	31,526
Excessive Hours per day (Avg)	75	79	73	73	70	105	94	102	138	103	58	49	1,019

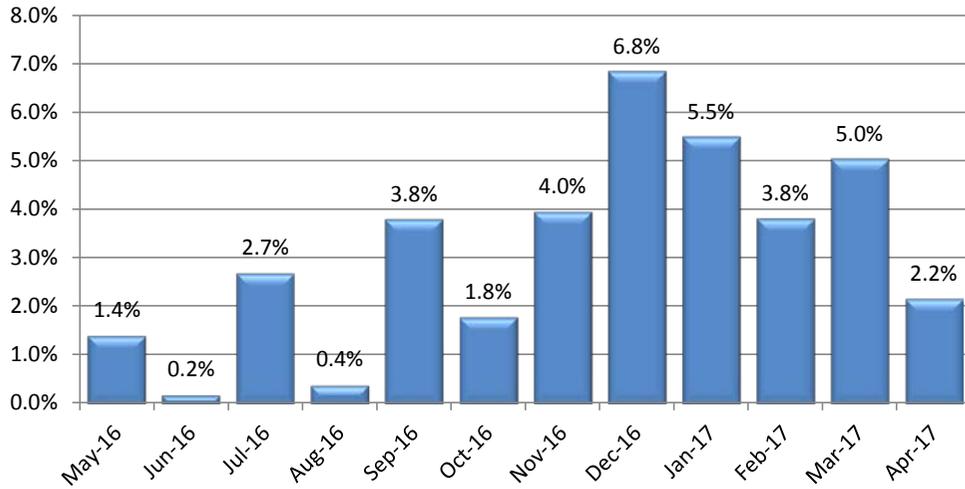
Daily Average by Hospital (1 or more hours lost per day)



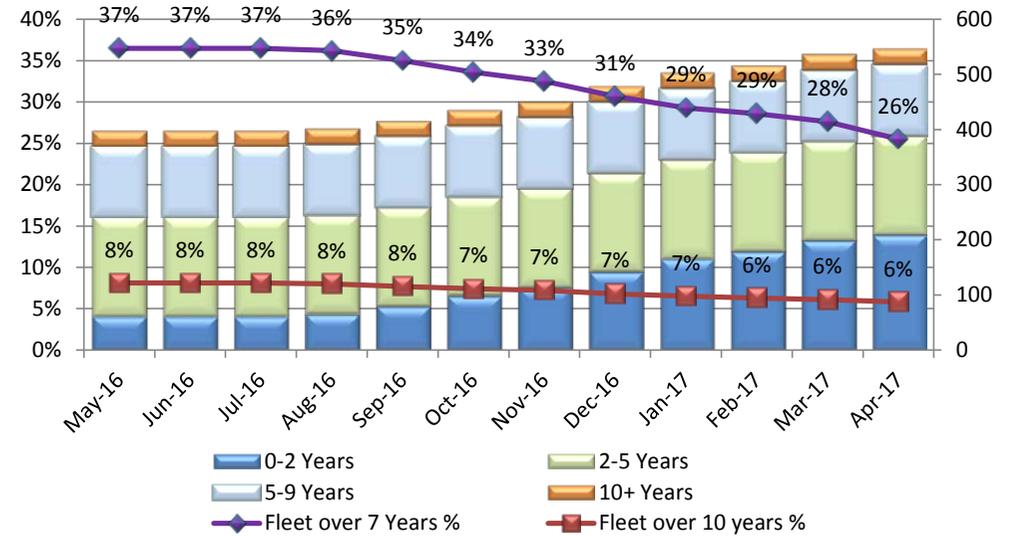
Excessive hours lost at hospital were lower in April than March by 218 hours a decrease of 12.6%. It was also lower than April 16 showing a decrease of 472 hours, a decrease of 23.8%. Bransley General and Hull Royal have been impacting on performance.

9.9 Vehicle Deep Cleans

% of Breaches outside window

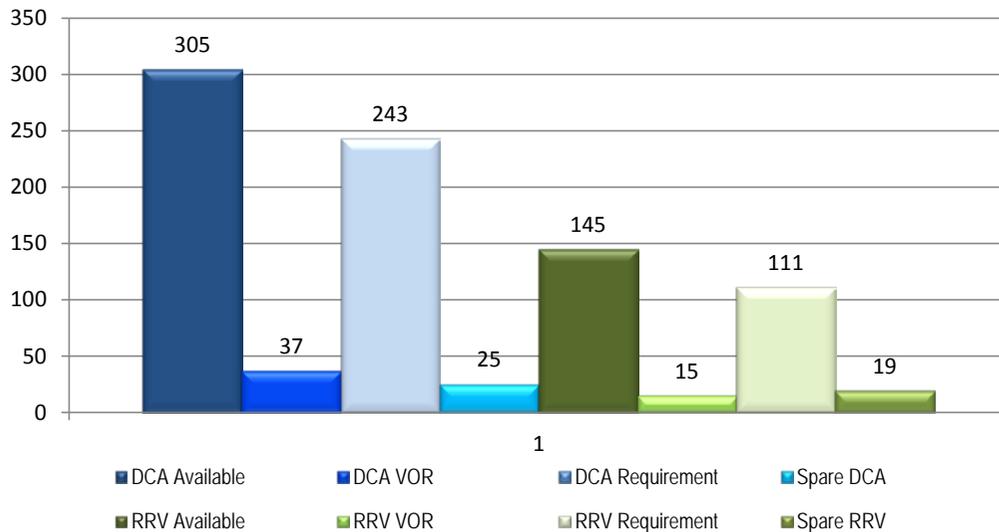


9.10 Vehicle Age



9.11 Fleet Availability

Trust Wide Average A&E Fleet Availability: April



Commentary

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

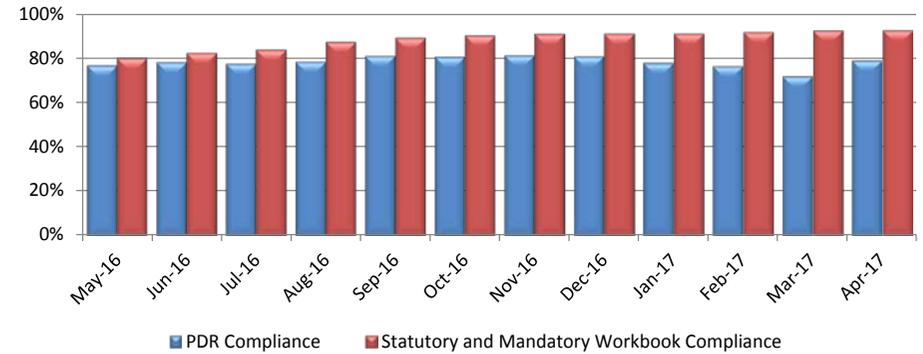
Availability: Fleet have a number of projects on going which is affecting DCA availability these are tail lift (replacement frames and platforms) and new vehicle replacement programme. Although the figures are showing a number of spares this is due to the use of averages, there is extreme pressure on the vehicle fleet with vehicles being moved on a daily basis to cover operational shifts.

9.12 Workforce

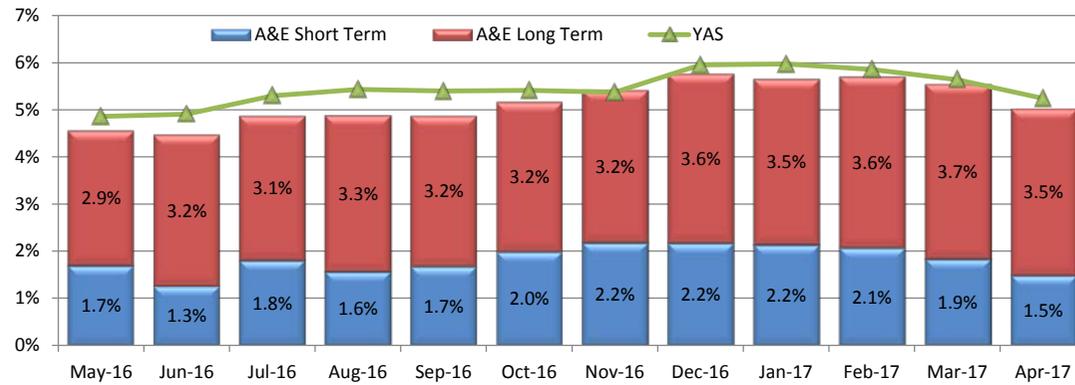
Apr 2017 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,150	129	413	1,609	75%
Variance	(110)	(16)	152	27	1.7%
% Variance	(4.9%)	(13.7%)	26.9%		
FTE (worked inc overtime)*	2261.9	129	413	1,721	76%
Variance	2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

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

9.13 Training



9.14 Sickness



Commentary

The number of Operational Paramedics is 930 FTE (Band 5 & 6)
 The difference between contract and FTE worked is related to overtime.
 The difference between budget and contract is related to vacancies.

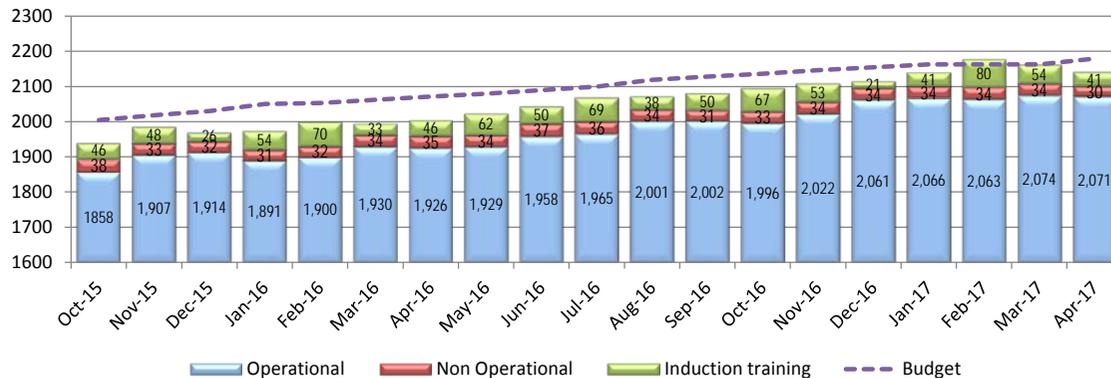
PDR currently at 79.1% against stretch target of 90%.

Sickness Currently 5% which is 0.2% below trust average consistent levels achieved over the last 12 months

Recruitment : Recruitment is in line with Plan

9.15 A&E Recruitment Plan

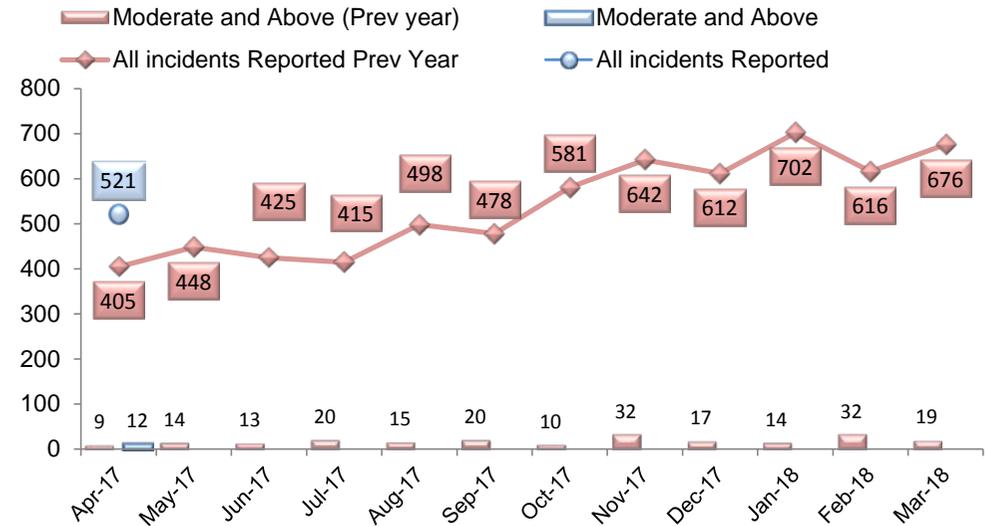
A&E Operations (exc CS)



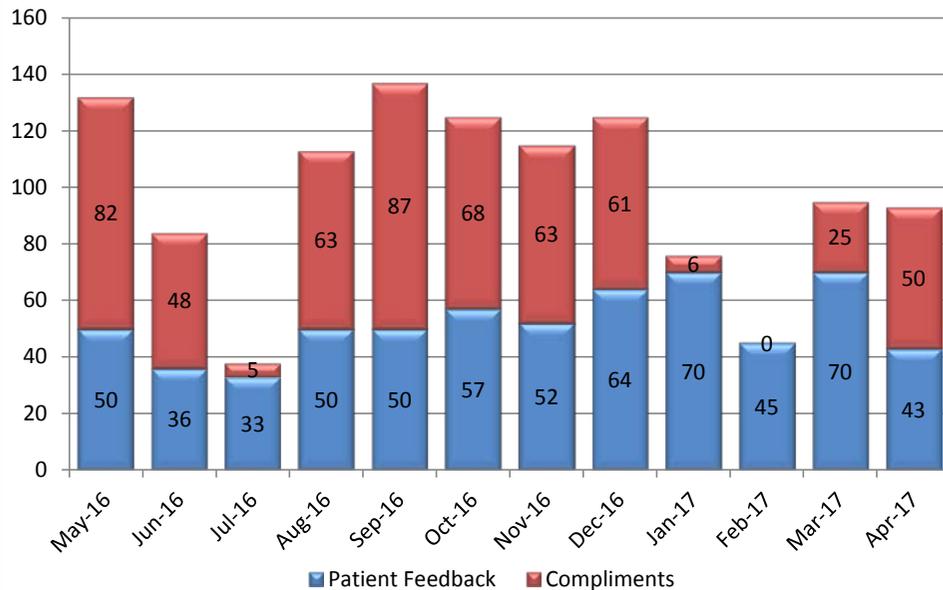
9.16 Quality, Safety and Patient Experience

	Month	YTD
Serious Incidents	2	2
Total Incidents (Per 1000 activities)	0.03	0.03
Total incidents Moderate & above	12	0.03
Response within target time for complaints & concerns	87%	87%
Ombudsman Cases	Upheld	0
	Not Upheld	1
Patient Experience Survey - Qtrly	85.1%	86.9%

9.17 Quality, Safety and Patient Experience



9.18 Patient Feedback

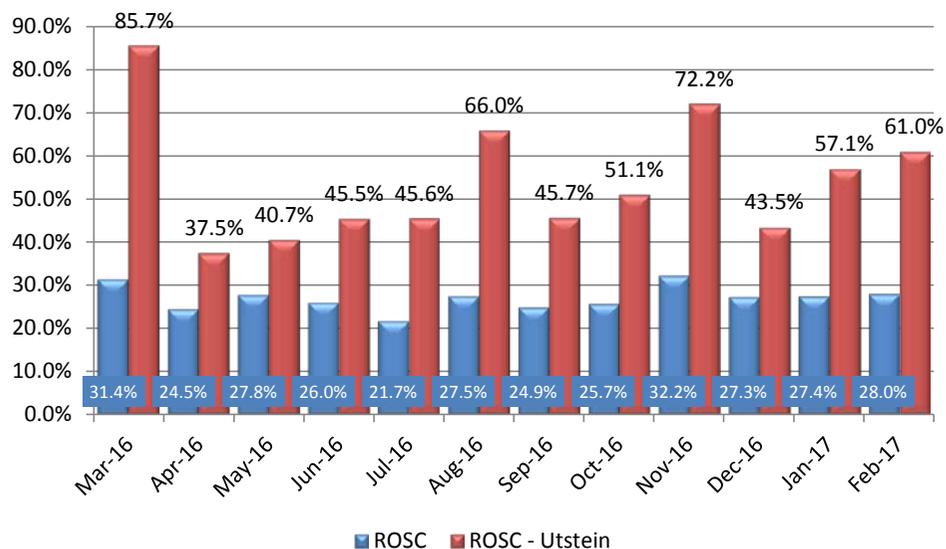


Commentary

Incidents: Total reported incidents were 22.9% lower than last month and 28.6% higher than last year showing a strong improvement in incident reporting. Incidents of moderate harm and above have remained at a low level and was at its lowest level since October last year.

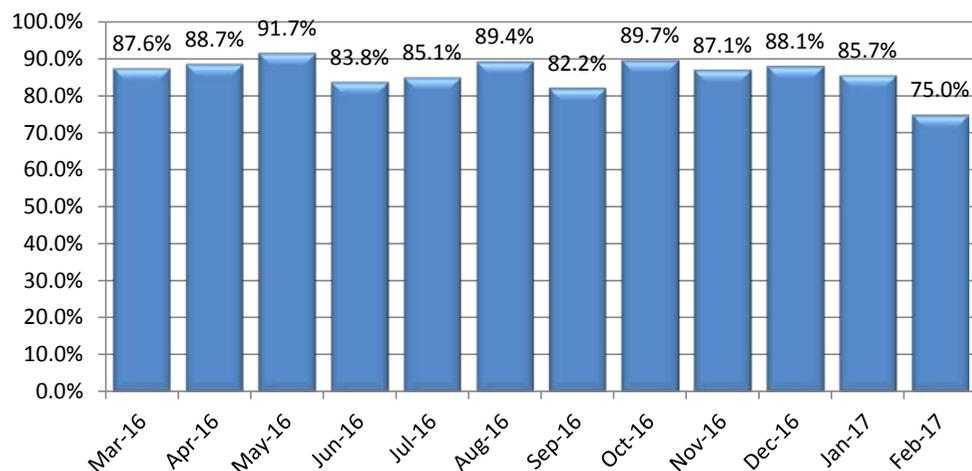
Feedback: Compliments accounted for 54% of all feedback last month. Compliments decreased 45.8% vs last month.

9.19 ROSC & ROSC Utstein

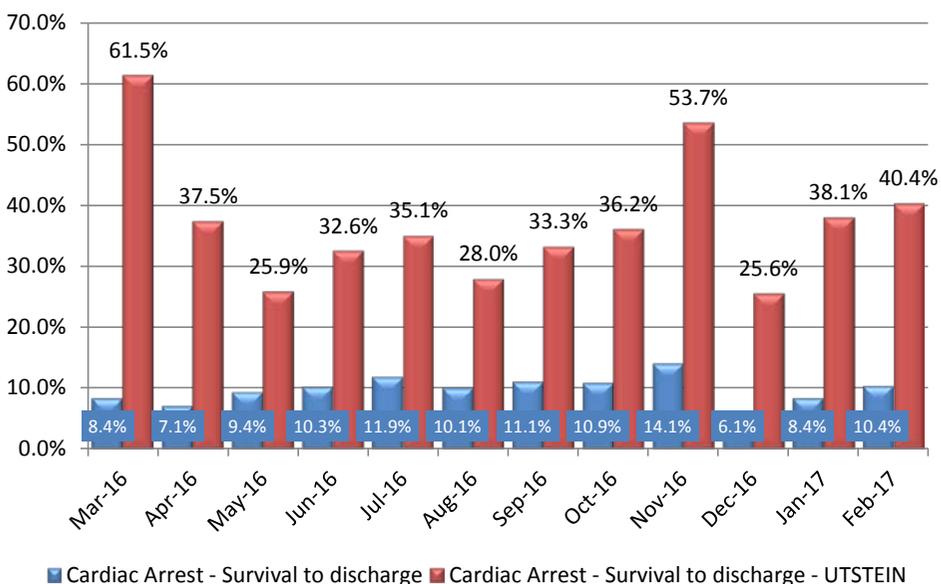


9.20 STEMI - Care Bundle

Stemi - Care Bundle



9.21 Survival to Discharge



Commentary

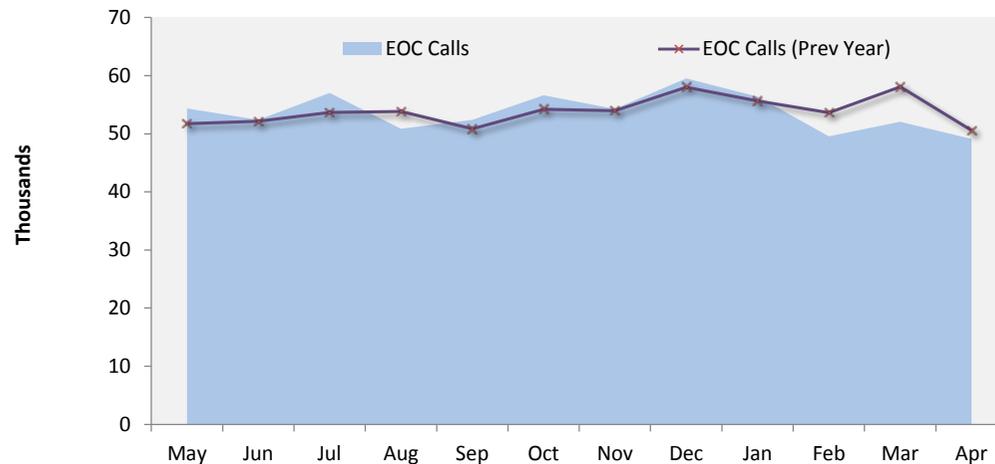
ROSC: ROSC (overall) performance for February 2017 of 28% is up from January's figure of 27.4% showing positive improvement in the number of patients with return of circulation.

Survival to Discharge: February's survival to discharge figure of 10.4% is up from January's achievement of 8.4%, demonstrating an improvement in performance. November 2016 still remains the highest performing month for this measure, across the previous three years, although performance for this measure is also on an upward trend since December 2016.

Survival to Discharge within the UTSTEIN comparator group emulates this pattern with February's figure of 40.4% being up from January's 38.1%.

Stemi- Care Bundle: STEMI care performance dipped in February with 75%, however has since improved in March 2017 to 80%. Although below the standard set during previous months, still demonstrates good performance.

9.22 Activity

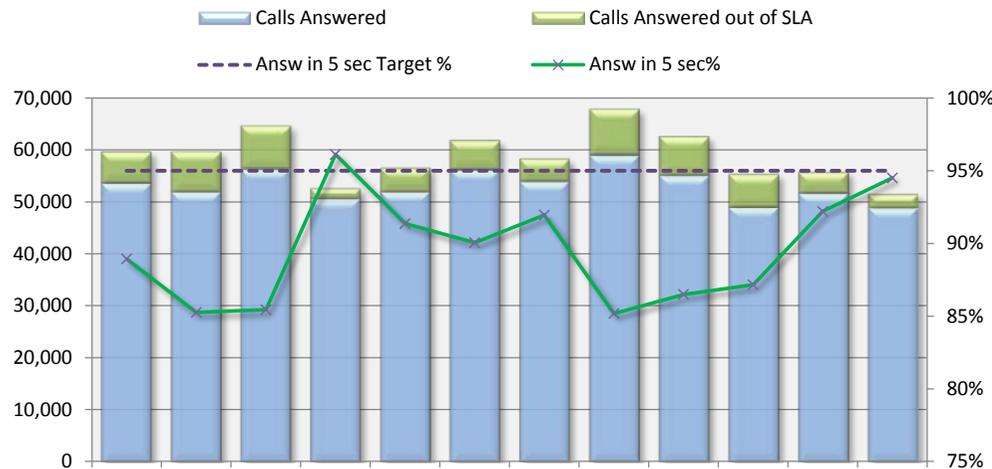


9.23 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95%)
2017/18	49,113	48,981	46,289	94.5%
2016/17	49,687	49,596	48,585	98.0%
Variance	-574	-615	-2,296	
Variance	(1.2%)	(1.2%)	(4.7%)	(3.5%)

9.24 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	94.5%	94.5%



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Calls Answered out of SLA	5,950	7,679	8,221	1,969	4,501	5,600	4,351	8,760	7,456	6,308	4,043	2,692
Calls Answered	53,739	52,074	56,432	50,762	52,076	56,268	54,042	59,079	55,175	49,106	51,816	48,981
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	88.9%	85.3%	85.4%	96.1%	91.4%	90.0%	91.9%	85.2%	86.5%	87.2%	92.2%	94.5%

Commentary

Demand : Decreased 5.6% vs last month .

Answer in 5 sec: increased by 2.3% vs last month and at 94.5% represents the best level of performance for 8 months and was only 0.5 % short of target.

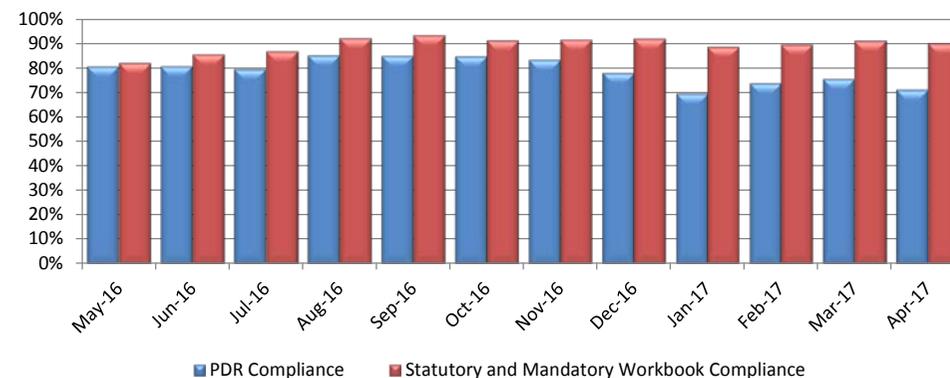
Category 1 Performance project team supported by AACE are currently working through actions to support performance medium to long term, which will change the delivery of EOC. Continuous early capture for purple details is ongoing which will see improvements to performance and patient outcome. Increased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

9.25 Workforce

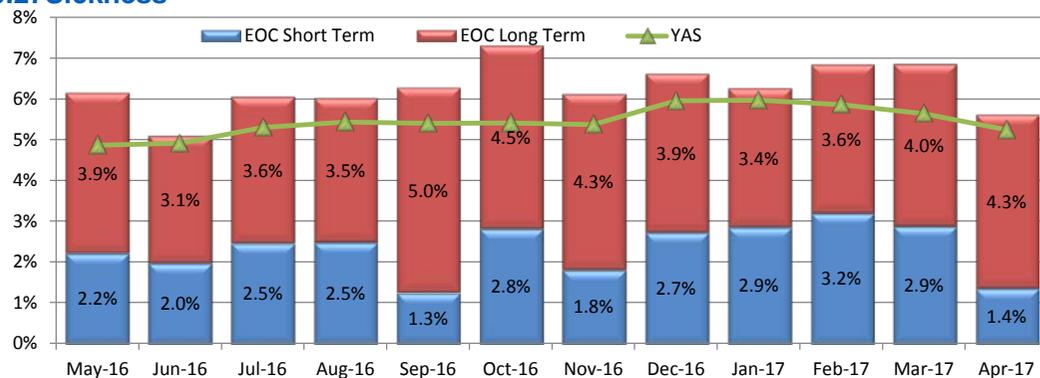
Apr 2017 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	388	19.4	97	272	70%
Contracted FTE (before overtime)	369	18.5	92	258	70%
Variance	(19)	(1)	(5)	(13)	(4.9%)
% Variance	(4.9%)	(4.9%)	(4.9%)		
FTE (worked inc overtime)*	371.4	21.3	78	272	73%
Variance	(17)	2	(19)	1	0
% Variance	(4.3%)	9.8%	(19.9%)		

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

9.26 Training



9.27 Sickness



Commentary

PDR: Currently at 71% a decrease of 4.5% on previous month.

Sickness: Improved 1.2% vs last month now at 5.7% which is 0.5% above Trust average for the month.

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

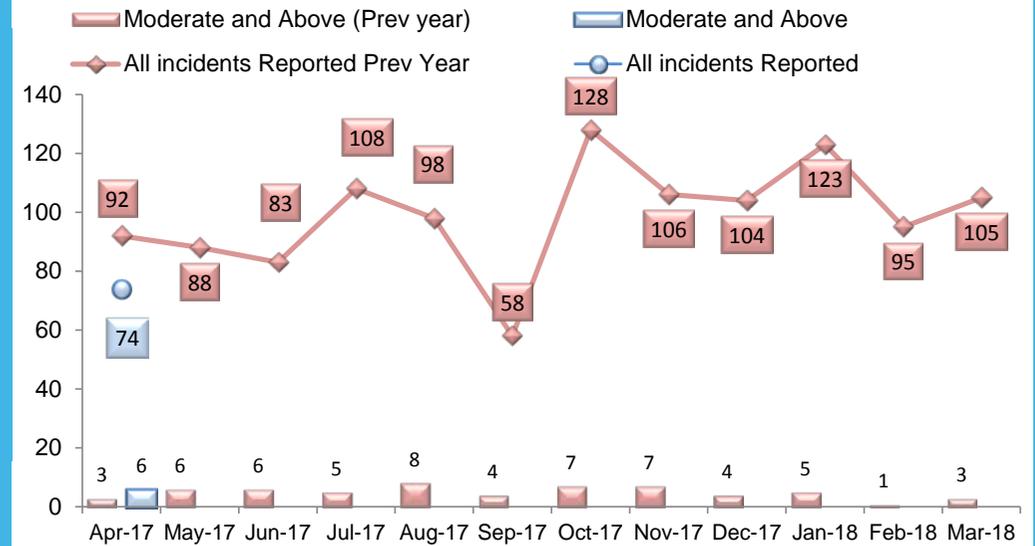
9.28 HR Recruitment Plan



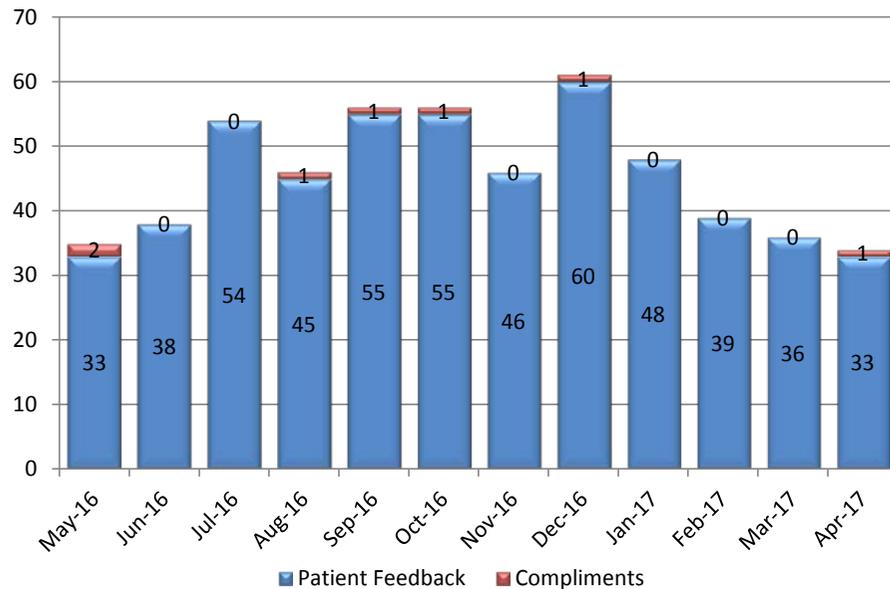
9.29 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		3	3
Total Incidents (Per 1000 activities)		0.06	0.06
Total incidents Moderate & above		6	6
Response within target time for complaints & concerns		63%	63%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly			

9.30 Incidents



9.31 Patient Feedback

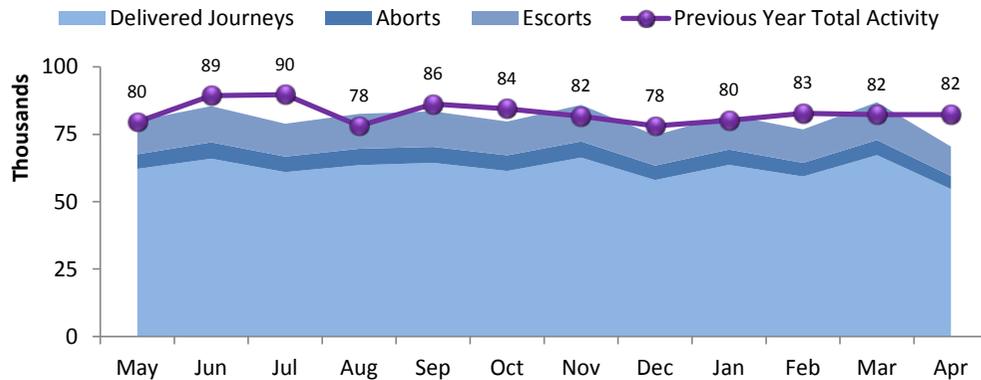


Commentary

Incidents: Reported incidents decreased by 29.5% on previous month and fell 19.56 vs last year. Incidents of moderate and above remained at a low level and in line with previous months.

Feedback: Was at its lowest level for 12months but is in line with a drop in call volume.

10.1 Demand

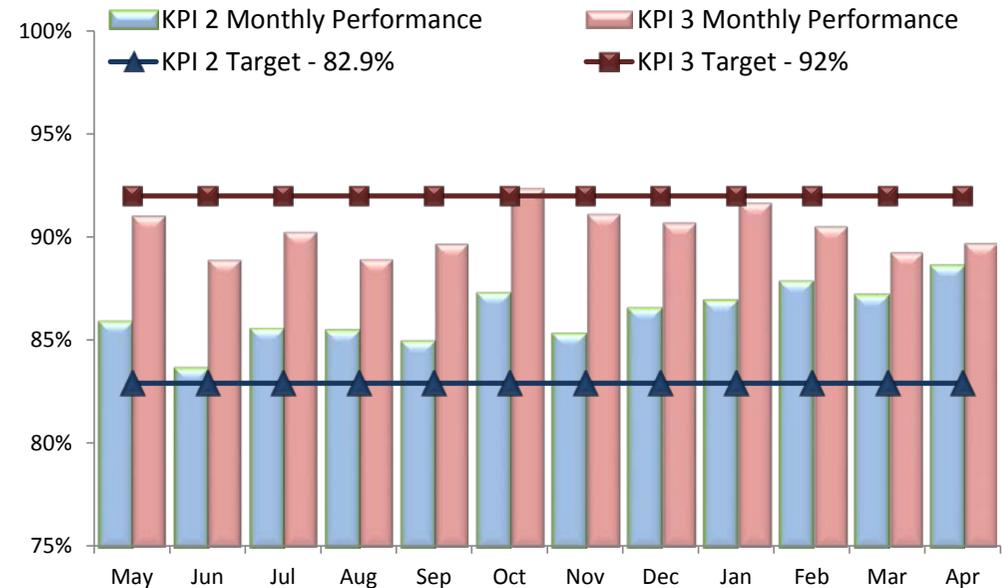


Comparison to Plan

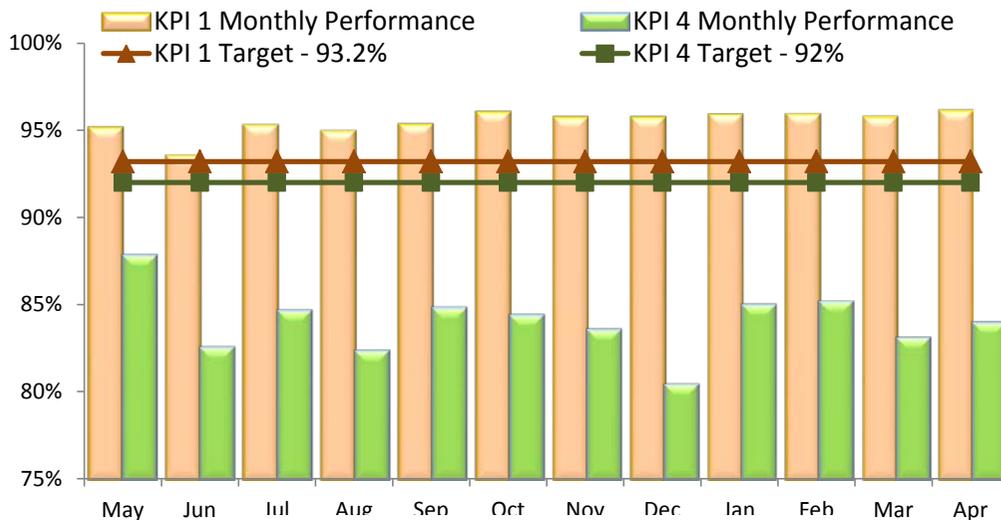
Apr-17	Delivered	Aborts	Escorts	Total
YTD 2017-18	54,680	4,857	10,898	70,435
Previous YTD* 2016-17	63,918	5,603	12,829	82,350
% Variance	(14.5%)	(13.3%)	(15.1%)	(14.5%)

* Excludes Hull CCG

10.2 KPI 2 & 3



10.3 Performance KPI* 1 & 4**



KPI 1* Inward - Picked up no more than 2 hours before appointment time
 KPI 4** Outward - Short notice bookings picked up within 2 hours after informed ready

Commentary

There was a significant drop in actual demand due to Hull CCG activity no longer being operated by YAS.

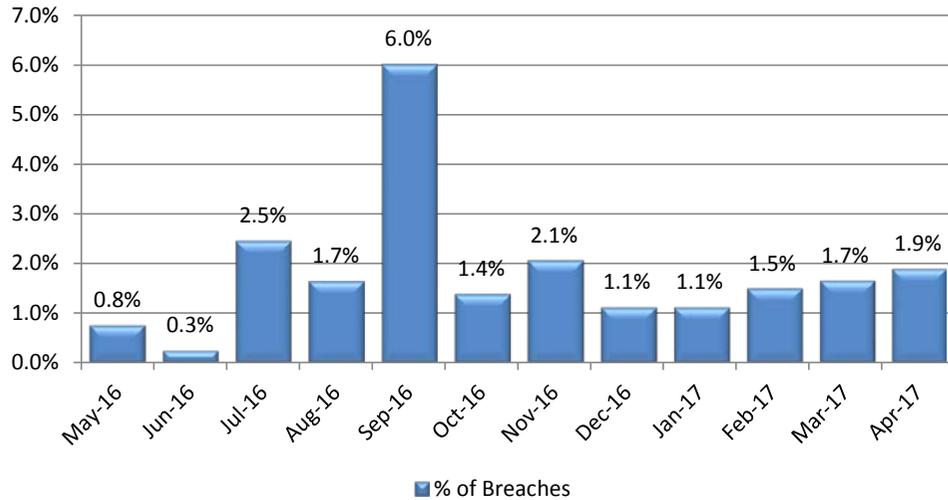
Inward performance (KPI 2) improved in April with inward performance increased to 5.7% above target. This represents the highest level of performance for 12 months (making appointment on-time). We are reviewing the impact this has on timeliness for the less critical outward performance which was 1.7% below target.

Action Plans are in place for East Riding and North (Scarborough) for performance Improvement.

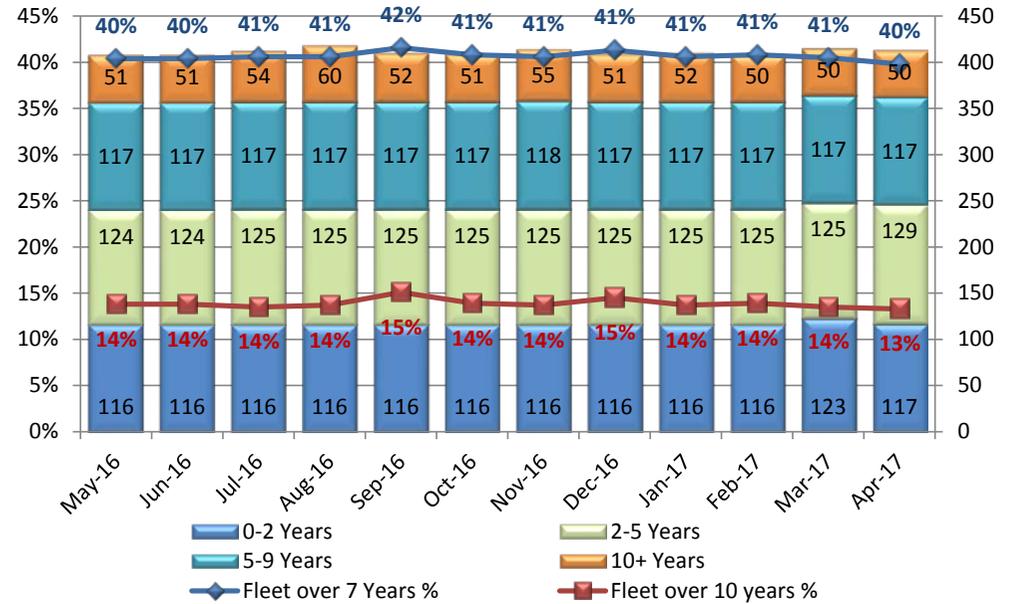
Commisioned levels of resource vs KPI 4 target will always make this particular KPI challenging.

10.4 Deep Clean

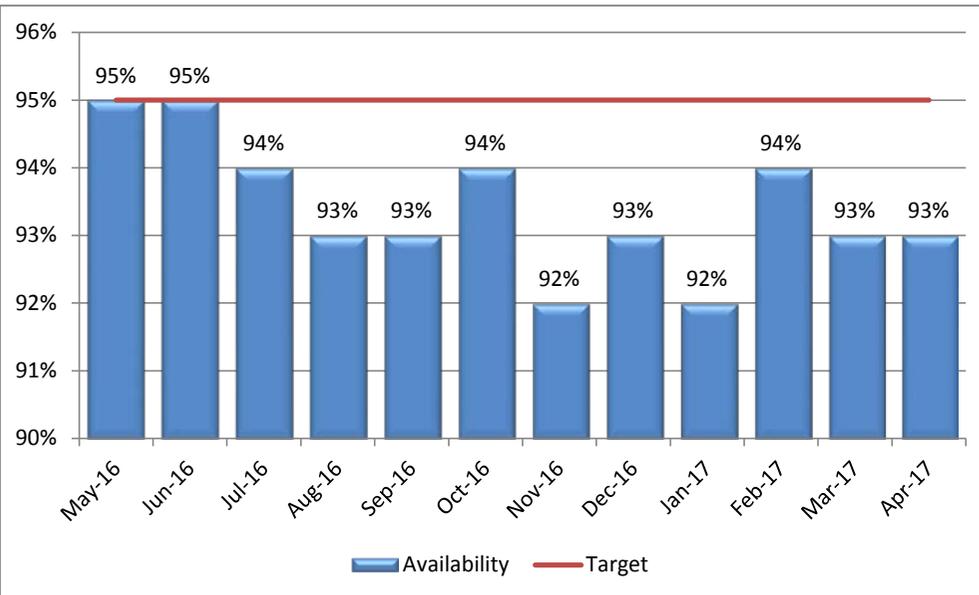
% of Breaches



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

A common theme for vehicle cleaning breaches has been due to vehicles being off road, in workshop or relocated to cover shortfalls in other areas.

A review of PTS fleet numbers is currently underway. When possible vehicle maintenance is being carried out at times when the PTS Operational demand is low (evenings and weekends).

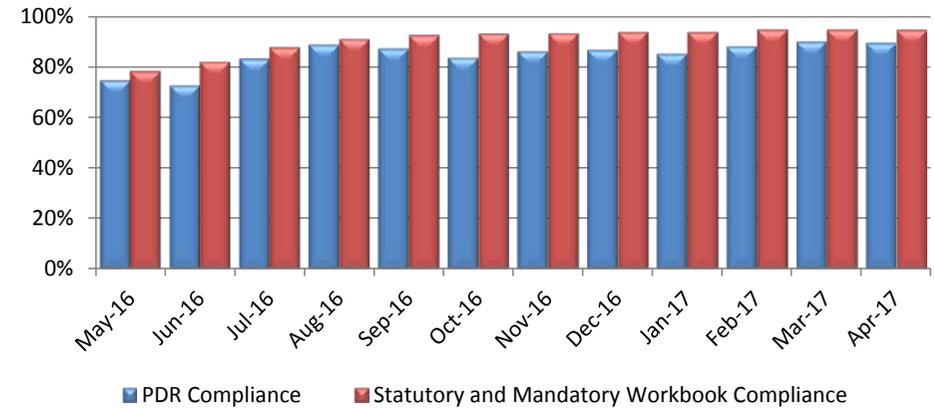
10.8 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	555	28	111	416	75%
Contracted FTE (before OT)	607	44	92	471	78%
Variance	52	(16)	19	55	13.2%
% Variance	9.4%	(59.3%)	17.4%		
FTE worked inc overtime	643	44	92	507	79%
Variance	(88)	(16)	19	91	21.9%
% Variance	(15.9%)	(59.3%)	17.4%		

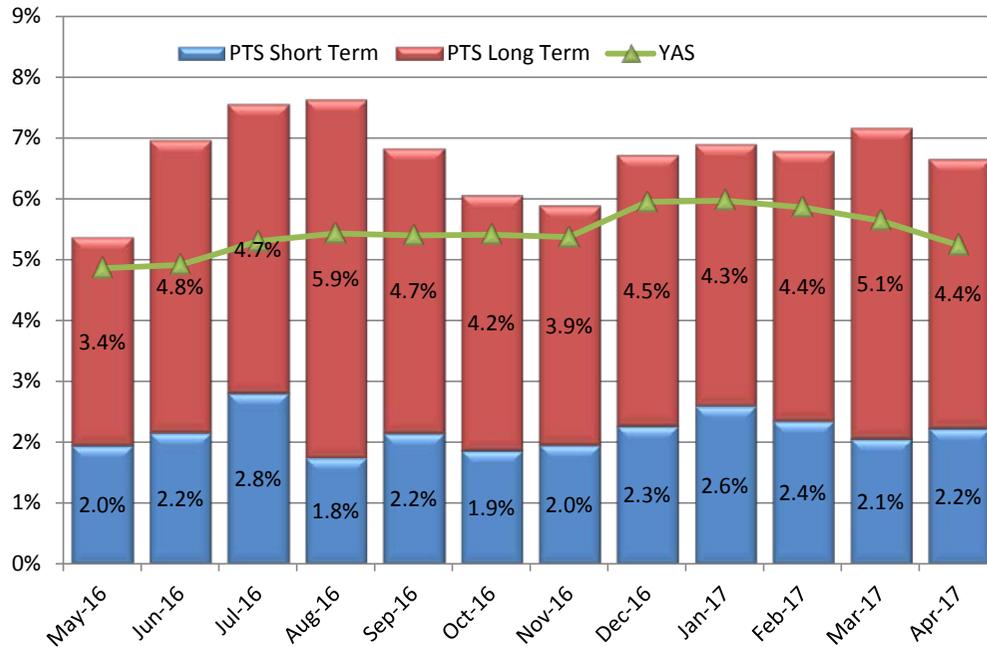
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Absence) is from ODS

10.9 Training



10.10 Sickness



Commentary

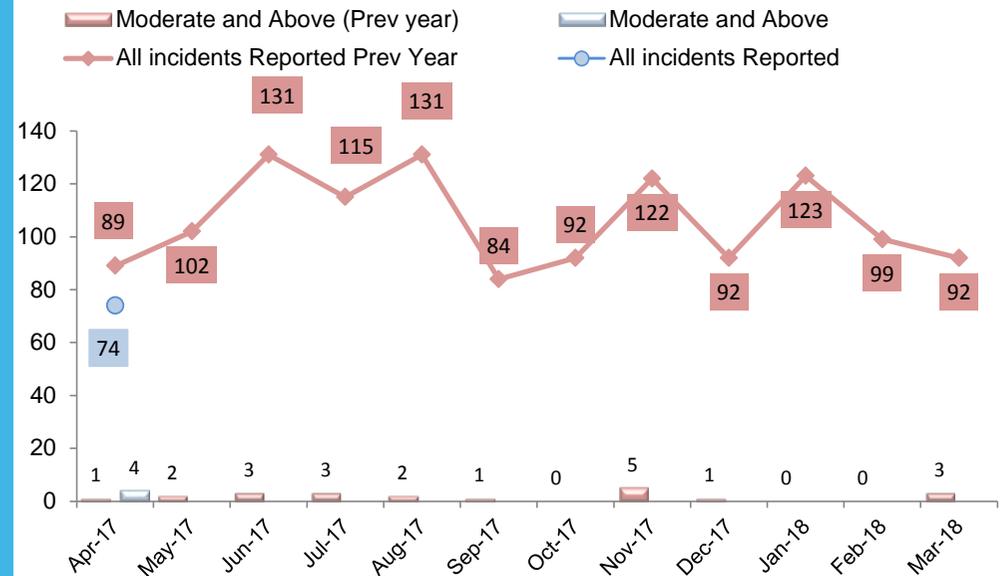
At 89.8% PTS PDR compliance is relatively high and close to the 90% Trust target.

Sickness at 6.6% is 1.4% higher than the YAS average. With the exception of one, all review cases were in line with policy and absence management meetings.

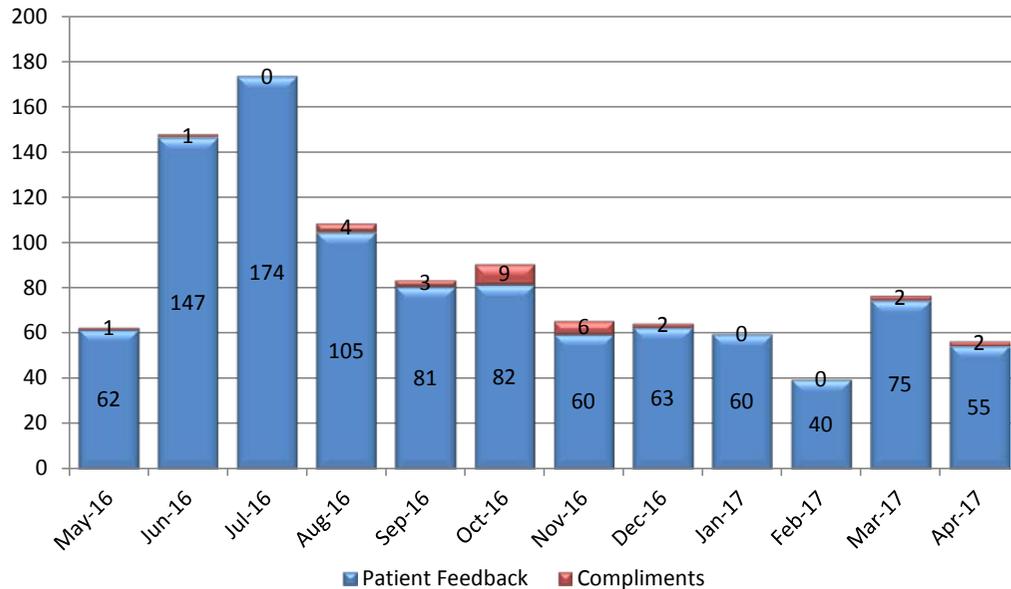
10.12 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents YTD		1	1
Total Incidents (per 1000 activities)		0.02	0.02
Total incidents Moderate & above		4	4
Response within target time for complaints & concerns		87%	87%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		90.0%	88.3%
Call Answered in 3 mins - Target 90%		91%	91%

10.13 Incidents



10.14 Patient Feedback

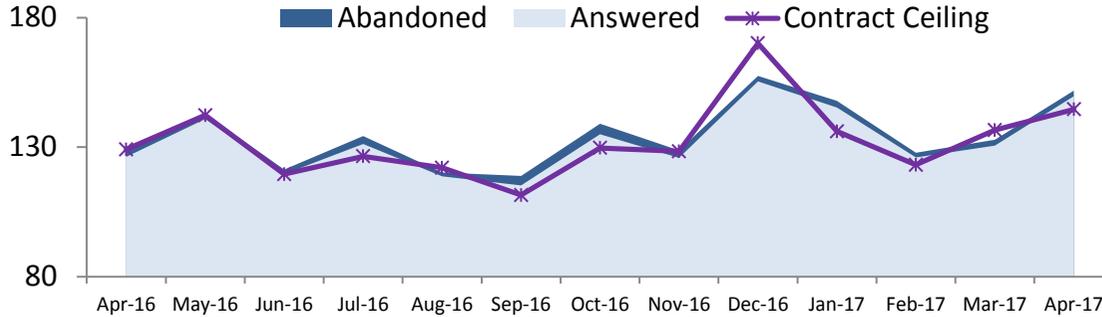


Commentary

Incidents: The level of reported incidents within PTS decreased 19.5% vs last month and was also down on the same period last year by 16.8%. Levels of moderate harm remained low and the overall decrease in reported incidents is in line with the 14.5% fall in demand vs last year with the loss of Hull.

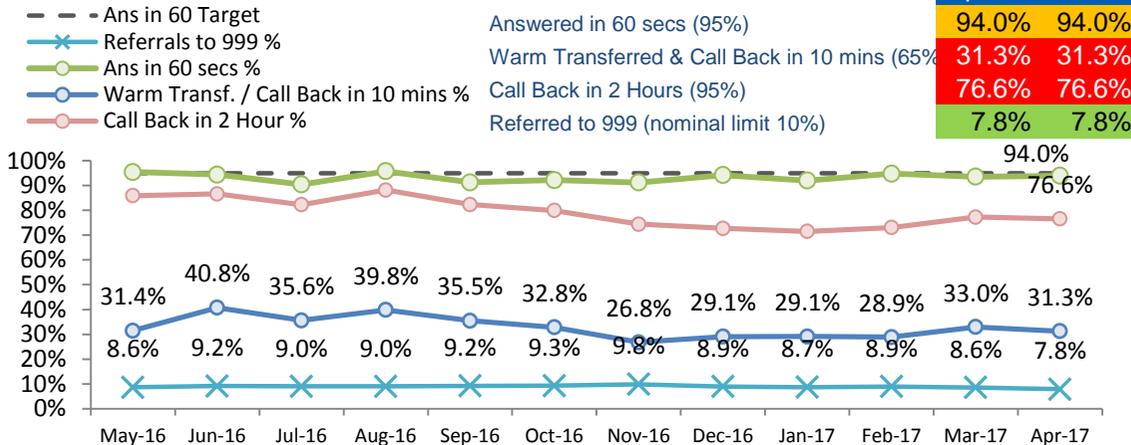
Patient Feedback: Patient feedback figures are down on the previous month.

11.1 Demand

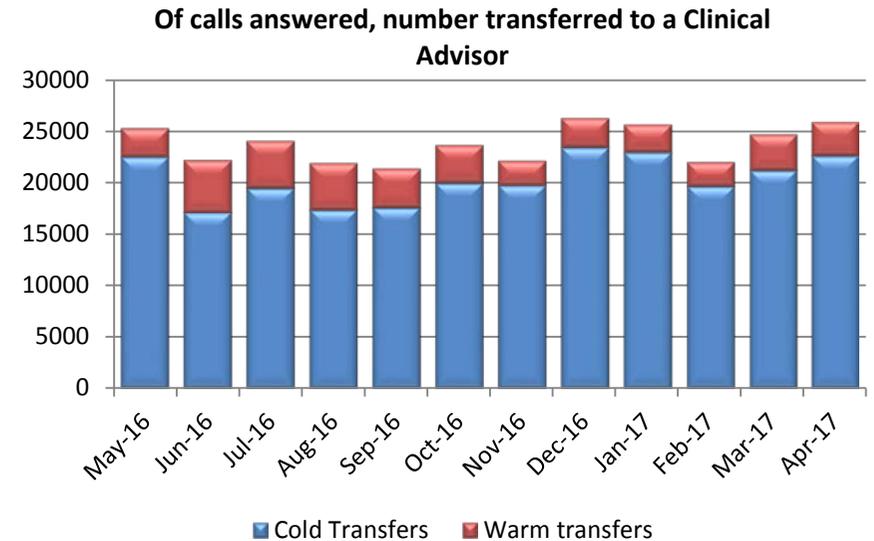


YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 2017-18	151,828	149,673	140,650	94.0%
Contract YTD 2017-18		151,718	144,132	95.0%
Variance		- 2,045	- 3,482	1.0%
		-1.3%	-2.4%	
YTD 2016-17	128,893	126,279	118,032	93.5%
Variance	22,935	23,394	22,618	0.5%
	15.1%	15.6%	16.1%	

11.2 Performance



11.3 proportion calls transferred to a clinical advisor



Commentary

April 2017 included Easter when 31,253 patients were managed through NHS111 during the four-day Easter period.

99.3% of patients' calls were answered within 60 seconds against a target of 95%.

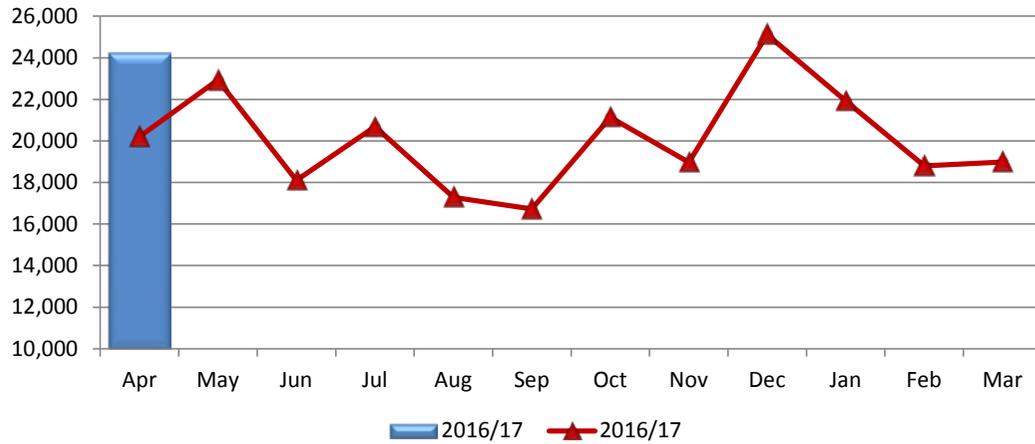
86% of patients were managed in one call with no requirement for a call-back.

87% of patients who required a clinical call-back were responded to within 2 hours with the average time for a call-back c.45 minutes.

Call volumes 8.9% lower than 2016: potentially linked to a later Easter, the school holiday periods and a reduction in overall 'system' pressures.

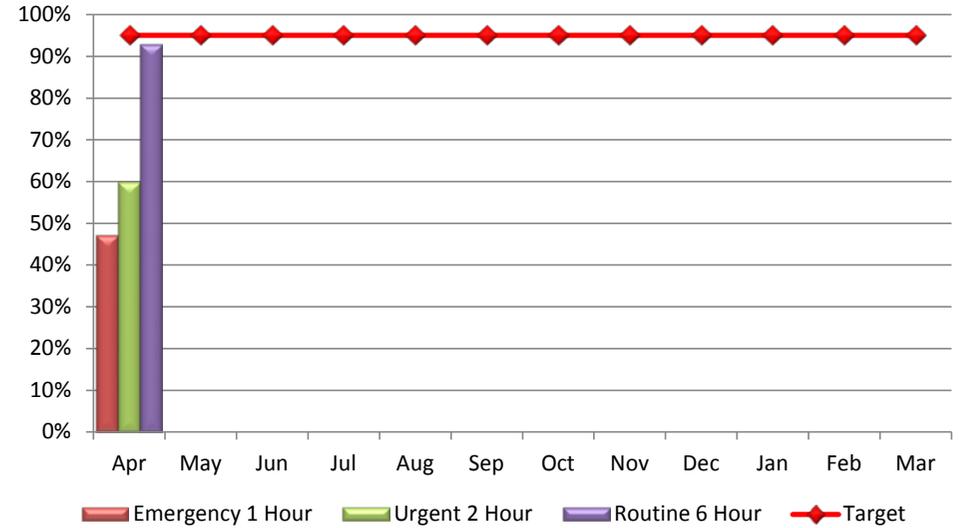
Easter Performance was 13.2% higher than 2016.

11.4 Demand

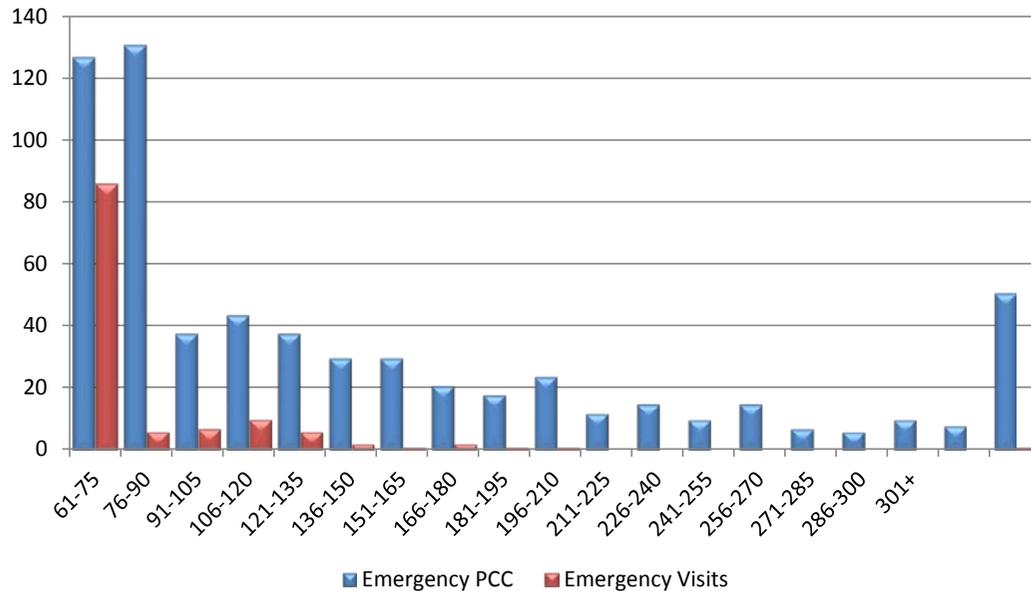


YTD	Variance	YTD 2016-17	YTD 2017-18	Diff	Percentage
		20,208	24,261	4,053	20.1%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SI's reported in April.
Adverse reports received	No adverse reports received.
Patient Complaints	32 patient complaints received in Apr-17 directly involving the LCD part of the pathway. 5 upheld, 2 partially upheld, 3 not upheld and 22 remain under investigation.

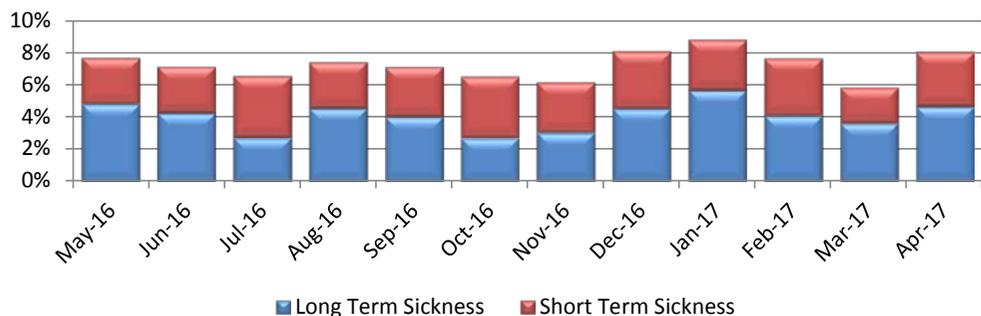
Comments - Demand has fallen over the last 14 months and whilst April 17 was above the April 16 level this was influenced by Easter falling later in the year. Performance against receiving treatment within the national quality requirements (NQR12a, b and c) were below the KPI levels with performance for NQR12a (Emergency in 1 hour and NQR 12b (Urgent in 2 hours) below the March outturn with NQR12c (Routine inn 6 hours) improving slightly. Achieving NQRs is not possible within the current specification and funding and reflected in the independent review.

11.8 Workforce FTE - Call Handler & Clinician

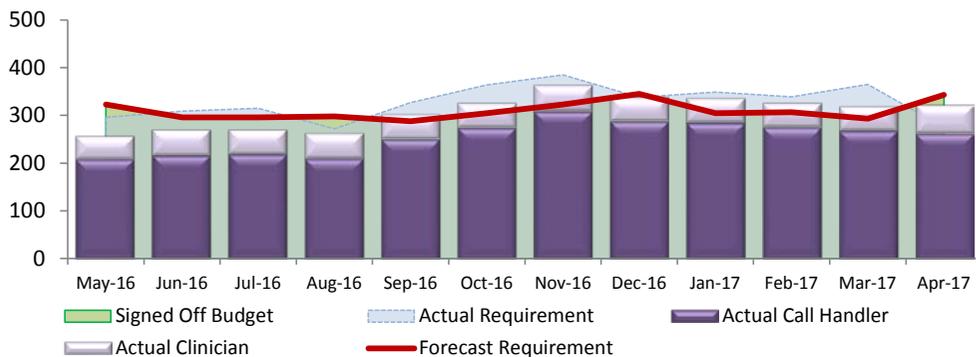
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	342	31	79	233	68%
Contracted FTE (before OT)	382	57.2	169	157	41%
Variance	40	-26	-90	-76	
% Variance	12%	-86%	-114%	-33%	-27%
FTE (Worked inc Overtime)	395	57.2	169	169	43%
Variance	53	-26	-90	-64	
% Variance	15.4%	-86%	-114%	-27%	-25%

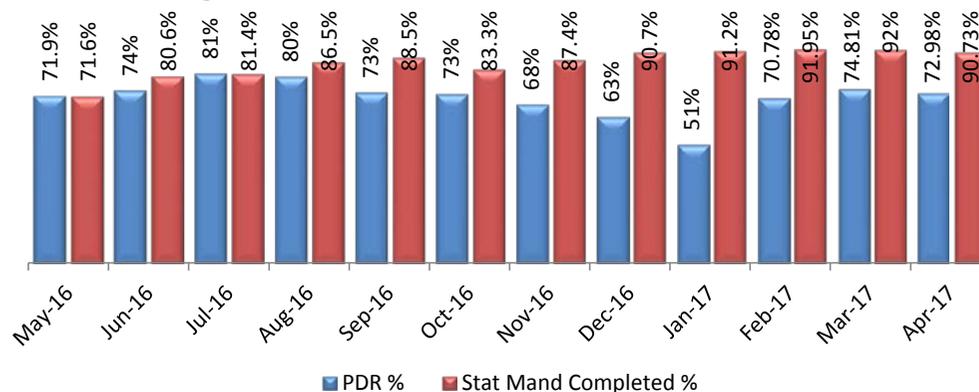
11.9 Sickness



11.10 Recruitment Plan



11.12 Training



Commentary

The operational plan for 2016/17 has been developed to profile the staffing requirements across the year. This includes the recruitment and training plan, annual leave and shrinkage management plan.

As part of this operational plan, the focus of workforce development includes the ongoing recruitment of clinical advisors and career development framework for call handlers in line with the NHS England framework.

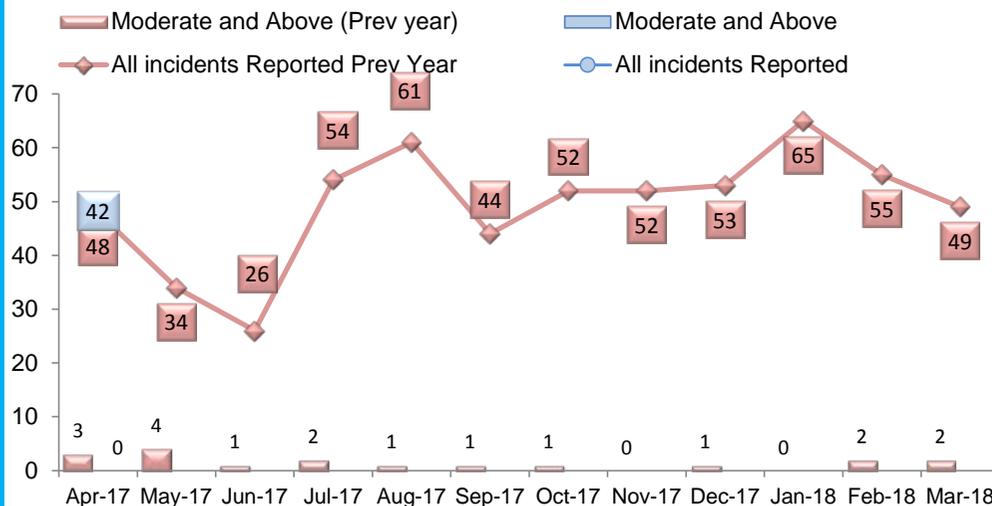
The objectives for the service line include initiatives to support health and wellbeing with the aim of reducing sickness and attrition within the service.

PDR compliance for April (73%) fell marginally below the March 17 figure (75%) and reversing improvements over the 2 previous months. This fall was linked to operational challenges across the month and focus of the service on securing appropriate staffing for Easter. To help support this moving forward an Operational Service Manager has been allocated responsibility for managing this process and the importance of the PDR target has also been incorporated as an important objective in the annual business plan.

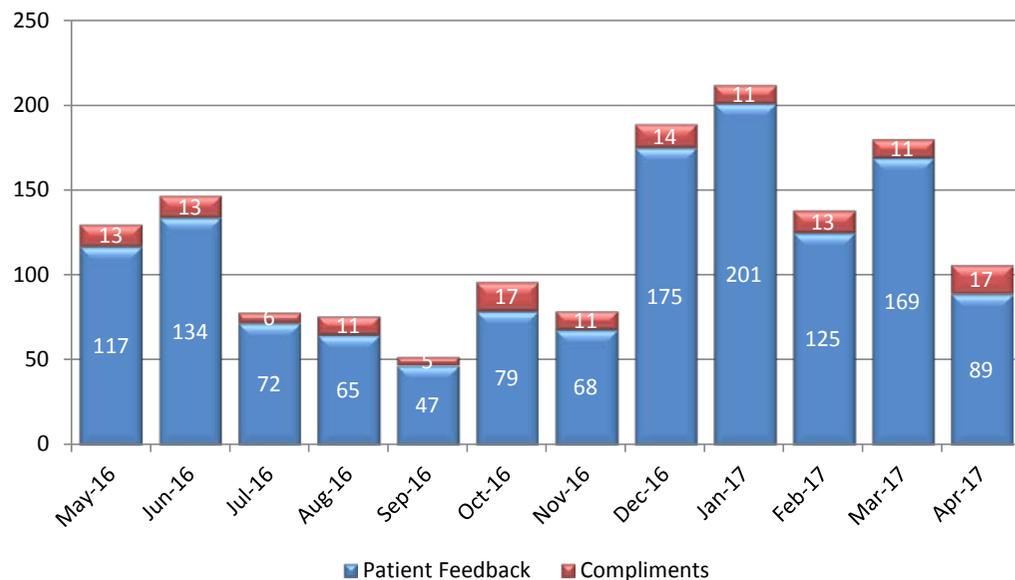
11.13 Quality, Safety and Patient Experience

		Apr-17	YTD
Serious Incidents YTD		0	0
Total Incidents (per 1000 activities)		0.00	0.00
Total incidents Moderate & above		0	0
Response within target time for complaints & concerns		81%	81%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

11.15 Incidents (definition/explanation reqd)



11.14 Patient Feedback



Commentary

No SIs reported in April. NHS111 have additional senior clinical floor walkers available to support call handlers on busy shifts.

Call handlers have NHS Pathways dispositions of infants of 4 months and under clinically checked before a final outcome is decided on.

Patient experience service continues to remain positive. Over half (54%) of respondents reported they would have telephoned 999 or attended ED if NHS111 had not been available.

111 Governance have 2 vacancies which is impacting on closing complaint responses within timescale.

ANNEXES

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

Apr-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	March
Time to Answer - 95%		mm:ss	0:42	0:10	0:06	0:27	0:29	0:46	1:17	0:55	0:12	0:24	4	March
Time to Answer - 99%		mm:ss	1:36	1:00	0:49	1:03	1:27	1:52	2:16	1:58	0:52	1:17	5	March
Abandoned calls		%	1.50	0.75	0.34	0.41	2.48	0.94	2.82	1.89	0.84	1.06	6	March
Cat Red 8 minute response - RED 1	75%	%	68.6	68.3	69.5	66.8	67.9	73.2	65.2					March
Cat Red 8 minute response - RED 2	75%	%	56.8	60.1	64.9	62.5	62.6	72.8	54.0					March
Cat Red 19 minute response	95%	%	84.1	90.3	93.2	89.4	88.9	94.5	89.5					March
95 Percentile Red 1 only Response Time		Time	15.4	15.8	13.4	15.2	16.4	14.1	16.0					March
Category1 8 minute response***	75%	%								N/A	N/A	66.2		March
Category1 19 minute response***	95%	%								N/A	N/A	89.6		March
Category2 19 minute response***		%								N/A	N/A	71.5		March
Category3 40 minute response***		%								N/A	N/A	72.7		March
Category4 90 minute response***		%								N/A	N/A	84.9		March
Time to Treat - 50%		mm:ss	11.6	7.4	6.7	7.6	7.5	6.4	7.9					March
Time to Treat - 95%		mm:ss	24.4	23.2	19.3	26.5	28.6	19.8	24.5					March
Time to Treat - 99%		mm:ss	41.2	34.6	39.7	44.1	58.4	33.8	39.5					March
STEMI - Care		%	83.9	90.6	71.3	82.4	87.2	73.5	67.5	76.7	80.9	87.5	2	December
Stroke - Care		%	98.8	99.0	96.6	97.9	99.7	98.7	95.9	94.7	97.2	98.7	4	December
Frequent caller *		%	0.3	0.4	0.3	0.9	1.4	3.5				3.1	6	March
Resolved by telephone		%	15.9	6.8	11.0	8.3	10.0	10.8	6.1	14.6	5.1	7.7	7	March
Non A&E		%	27.0	40.1	36.9	34.5	32.3	40.8	49.3	49.5	38.0	30.3	9	March
STEMI - 150		%	92.6	92.3	90.7	90.5	78.8	87.5	91.3	72.1	87.4	85.3	8	December
Stroke - 60		%	52.8	50.1	62.0	57.4	52.7	51.9	64.9	35.8	57.4	45.1	9	December
ROSC		%	25.2	28.4	28.9	25.8	36.2	28.9	27.7	24.1	30.2	27.2	7	December
ROSC - Utstein		%	48.4	55.6	53.8	64.0	57.2	41.8	52.2	46.1	46.0	53.3	5	December
Cardiac - STD		%	6.7	8.3	8.2	7.4	8.6	12.4	6.7	7.9	8.9	10.1	2	December
Cardiac - STD Utstein		%	22.1	29.4	25.5	36.4	25.5	23.3	22.7	22.8	23.0	34.9	2	December
Recontact 24hrs Telephone		%	1.7	8.1	3.4	12.6	4.2	9.2	7.0	10.4	14.8	5.8	4	March
Recontact 24hrs on Scene		%	4.3	5.4	8.7	4.6	3.2	4.5	5.5	4.7	7.0	1.5	1	March

Annex 2 Ambulance Quality Indicators - YAS

Apr-17

Indicator	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 RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:22	0:29	0:37	0:38	0:04	0:12	0:20	0:14	0:33	0:36	0:35	0:11	4	0:06	to	1:17
Time to Answer (99%)	1:04	1:25	1:31	1:45	0:34	1:06	1:20	1:03	1:30	1:34	1:36	0:56	5	0:49	to	2:16
Abandoned calls	0.81	0.88	0.87	1.18	0.21	0.51	0.81	0.93	1.64	2.47	1.59	0.62	6	0.34	to	2.82
Cat Red 8 minute response - RED 1 (75%)*	69.7													65.2	to	73.2
Cat Red 8 minute response - RED 2 (75%)*	74.2													54.0	to	72.8
95 Percentile Red 1 only Response Time*	14.5													13.4	to	16.4
Cat Red 19 minute response (95%)*	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	69.5				
Category1 19 minute response***							89.5	88.3	88.4	89.4	89.6	92.1				
Category2 19 minute response***							69.3	71.1	67.9	71.4	72.1	76.3				
Category3 40 minute response***							71.1	72.2	68.0	72.8	70.9	79.7				
Category4 90 minute response*** (excl HCP)							90.3	84.3	83.5	84.0	81.6	86.8				
Time to Treat (50%)	6.0													6.4	to	11.6
Time to Treat (95%)	13.3													19.3	to	28.6
Time to Treat (99%)	19.5													33.8	to	58.4
STEMI - Care	88.7	91.7	83.8	85.1	89.4	82.2	89.7	87.1	88.1	85.7			2	67.5	to	90.6
Stroke - Care	98.7	98.1	97.3	99.0	99.1	98.8	99.1	99.1	98.8	99.1			4	94.7	to	99.7
Frequent caller *	2.85	3.28	3.40	3.49	3.67	4.03	2.52	2.83	2.92	2.87	2.54	2.67	6	0.30	to	3.50
Resolved by telephone	8.3	6.7	7.1	7.2	6.8	6.8	7.8	8.5	9.4	9.2	7.5	6.9	7	5.1	to	15.9
Non A&E	30.2	29.9	29.7	30.4	30.7	30.8	30.0	29.7	30.7	31.0	30.4	29.9	9	27.0	to	49.5
STEMI - 150	91.2	84.3	82.8	80.2	90.2	84.7	83.8	81.4	88.8				8	72.1	to	92.6
Stroke - 60	54.4	52.0	43.2	47.1	43.6	42.0	39.9	41.4	42.4	43.8			9	35.8	to	64.9
ROSC	24.5	27.8	26.0	21.7	28.4	25.2	25.7	32.2	27.3	27.4			7	24.1	to	36.2
ROSC - Utstein	37.5	40.7	45.5	45.6	64.7	46.8	51.1	72.2	43.5	57.1			5	41.8	to	64.0
Cardiac - STD	7.1	9.4	10.3	11.9	10.2	11.1	10.9	14.1	6.1	8.4			2	6.7	to	12.4
Cardiac - STD Utstein	37.5	25.9	32.6	35.1	29.2	33.3	36.2	53.7	25.6	38.1			2	22.1	to	36.4
Recontact 24hrs Telephone	6.0	5.3	6.5	6.3	6.8	6.7	5.0	7.3	5.7	5.1	3.7	4.9	4	1.7	to	14.8
Recontact 24hrs on Scene	2.5	1.8	1.4	1.8	1.3	1.6	1.3	1.5	1.6	1.5	1.3	1.1	1	1.5	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