



## Integrated Performance Report – February 2017

The following YAS board report outlines Performance, Quality, Workforce and Finance headlines as identified by nominated leads in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across 3 main Service lines (999, PTS and 111).

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

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## IPR Compendium (2015-16 Key Facts)

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

#### VEHICLES

  
**300**  
Double-Crew  
Ambulances

  
**188**  
Rapid-Response  
Vehicles

  
**416**  
PTS Vehicles

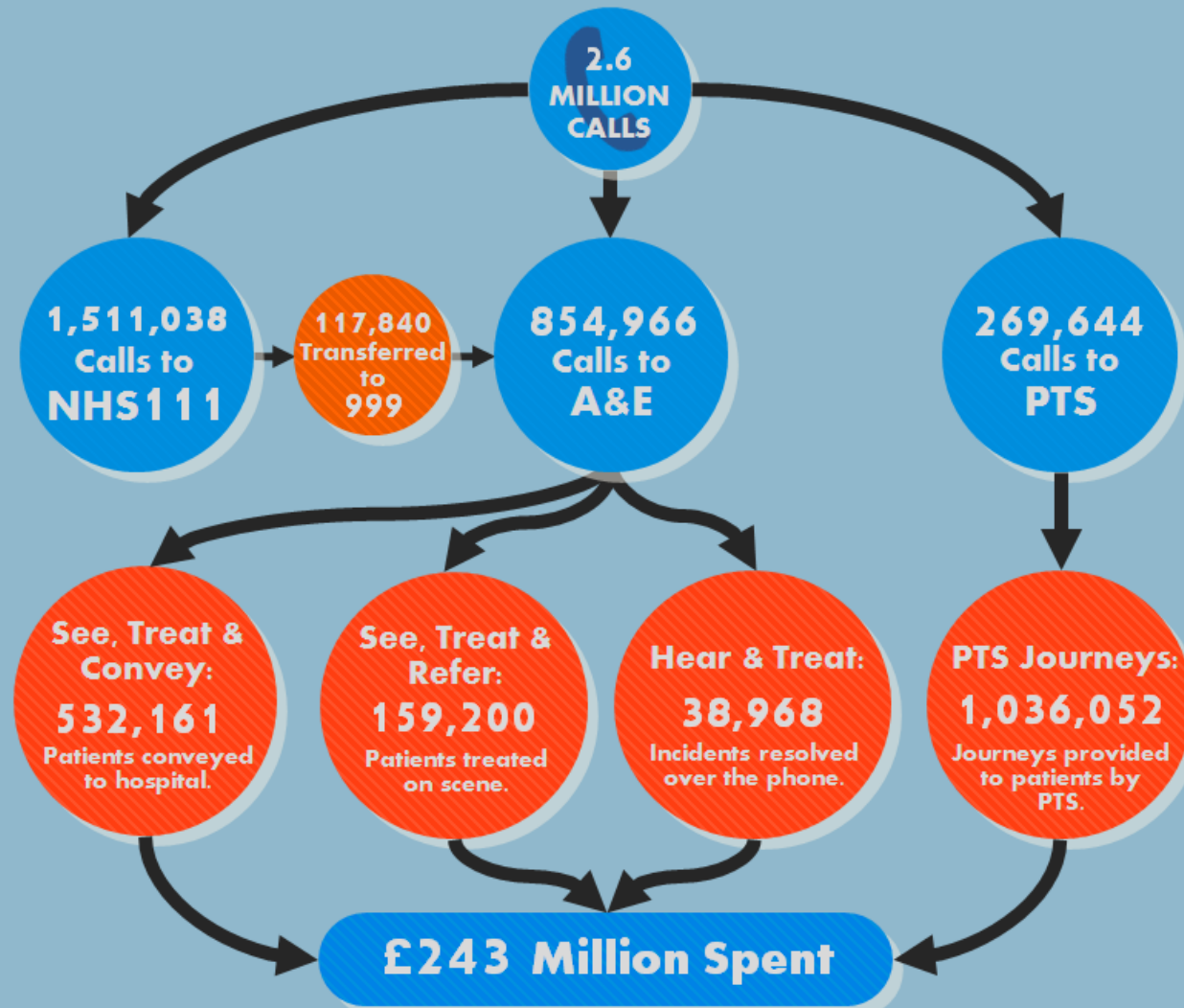
#### STAFF



**53.6%**  
Female

**46.4%**  
Male

**5.4%**  
BME



# IPR Exec Summary – February 2017

## A&E (CCG Demand)

- **Calls** below contract value for February but higher YTD and are lower than the same period last year -0.6% in month but 6.2% higher YTD.
- **Hear & Treat (H&T)** is 3.9% above contract in month which relates to January utilisation of DMP. Changes to the National Ambulance Quality Indicators (AQI) means less overall opportunity for H&T in respect of Category 1 calls.
- **Overall responses** (at least 1 vehicle attended) were 2.0% lower in Feb17 than Feb16.
- **See Treat & Refer (STR)** is above planned for Feb (6.5%) and YTD (9.7%), (excludes UCP's).
- **See, Treat & Convey (STC)** activity is above plan for Feb (4.3%) and YTD (4.2%).
- **Category 1 against 8 mins** was 66.1% in Feb (achieved 75% in 8 mins 50s).
- **Fleet Availability** Improved 2% to 90% against target of 92% availability is affected by 3 vehicle improvement programmes currently being rolled out across fleet.

## Quality and Clinical

- **Incident reporting:** The overall number of incidents reported has reduced in February from the January position, but remains consistently higher than in 2015/16, reflecting the positive work undertaken to promote reporting and learning across the Trust. Incidents of moderate or greater harm remain low.
- **Infection Prevention and Control:** The regular practice audits continue to show a high level of compliance, with specific issues addressed at source with relevant managers and staff.
- **Safeguarding:** The Trust is achieving its target for Safeguarding Children Level 1 & Level 2 training and Safeguarding Adult Level 1 training. Safeguarding Adult Level 2 training provision has been reviewed in the light of new national guidance for the 2017/18 training plan.
- **Stroke care:** Stroke care has shown outstanding performance across 2016, notably in October and November, achieving 99.1%. December's figure of 98.8% continues this high level of achievement.
- **STEMI Care:** STEMI care performance continues to depict exceptional levels of achievement with December's figure of 88.1%. The whole of 2016 has illustrated a pattern of high performance, particularly May with 91.7%

111

## 111 DEMAND

- **Calls** are above contract ceiling for February (2.3%, a difference of 2,851 calls) and YTD above by 0.1% (1,777 calls).
  - **Calls Answered** running at 6.0% above last year's volume for February. Last year February had an extra day, after normalising the data, Calls Answered are up by 9.4%
- ### PERFORMANCE
- **Answered in 60 seconds** at 94.8% for the month (an increase of 2.7% compared to last month) but up 11.9% from 2016
  - **Clinical KPIs** Warm Transfer or Call Back in 10 minutes has dropped (0.2%) compared to last month and Call Back in 2 hours is up by 1.6% from January to February.
  - **111 referral rate to 999** at 8.9% for the month
  - **Overall 4,898 ambulances were validated** by an NHS111 clinician out of 6,639 ambulance outcomes (73.8%). 2,385 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** – There was an improvement in PTS Performance for the month of February achieving 87.8% against a target of 82.9% an increase of 0.9% on January. Overall YTD is encouraging currently standing at 86.1% giving 3.2% ahead of target.
- **KPI 3 – departure after appointment** – February narrowly missed target by 1.2% achieving 90.5%. YTD currently stands at 90.7% against a target of 91.7%.
- Exceptions in West, particularly in Bradford, Calderdale, due to the access roadworks at acute sites and the lack of ambulance parking, centralised patient waiting and collection challenges the outward KPI targets.

## Finance

	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	229,366	232,959	3,594
Expenditure	(225,512)	(230,343)	(4,831)
Retained (Deficit) / Surplus with STF Funding	3,854	2,617	(1,237)
STF Funding	(1,267)	(1,140)	127
Retained (Deficit) / Surplus without STF Funding*	2,587	1,477	(1,110)
EBITDA	14,348	12,883	(1,465)
Cash	17,612	27,036	9,424
Capital Investment	(14,413)	(9,294)	5,119
Quality & Efficiency Savings (CIPs)	8,075	6,786	(1,289)

## Workforce

- **Sickness** The sickness absence rate for February 2017 stands at 5.88% which is a decrease of 0.2% from the previous month and closer to the Trusts threshold of 5%. This is slightly higher than the same period last year when it stood at 5.78%.
- **PDR** The current PDR rate is 77.23% against the trust stretched target of 90%.
- **Stat & Mand Compliance** for the Statutory and Mandatory Workbook is 94.85%.
- **Turnover** has decreased to 10.71% 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 been convened with 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

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions - February Comments)	Predicted RAG Year End	Feb RAG	Feb 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 iv: waiting for structure to be sorted 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	A	G	i	Introduce new Rotas aligned to demand modelling and new response standards	EDOps	EDOps	Mar-17	
						A	ii	Expand provision of Community First Responder		EDOps	Mar-17	
						NS	iii	Implement new vehicle mix in line with modelling recommendations		DEF	Mar-17	
						A	iv	Implement new capacity planning process in A&E		EDOps	Mar-17	
						C	v	Implement Ambulance Response Programme (ARP) II		EDOps	Jun-16	C
						G	vi	Review call answer profile for 999 calls and address shortfalls in call handler numbers		EDOps	Mar-17	
	1b	Improve clinical performance in ACQIs and CPIs	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: Evaluation commenced but not completed. 1c iii: Lack of capacity to start owing to other current priorities. 1c iv: Review is in progress. 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. 1c vii: Pilot started in West Yorkshire.	G	A	A	i	Establish clinical advice and care navigation specialist clinical advisors	DP&UC	DP&UC	Mar-17	
						G	ii	Implement and evaluate 3 Vanguard falls response pilots		DP&UC	Dec-16	
						NS	iii	Develop a model for urgent / intermediate care transport		DP&UC	Dec-16	Apr-17
						R	iv	Work with Local Care Direct and Commissioners to review and develop the West Yorkshire urgent care model		DP&UC	Mar-17	
						G	v	Develop closer integration between NHS 111 and 999 clinical triage services		DP&UC	Mar-17	
						A	vi	Assess and pursue new NHS 111 and urgent care service tenders and opportunities		DPD	Mar-17	
						A	vii	Begin roll out of locally managed DOS to support frontline clinicians		DP&UC	Mar-17	
						A	viii	Develop shared patient care record		DP&UC	Dec-16	Apr-17
						NS	ix	Introduce PTS enhanced patient discharge services supported by telecare connected home technology		DP&UC	Dec-16	Apr-17
2. Ensure continuous service improvement and innovation	2a	Improve processes for management of performance delivery	2a i: For TEG review as part of strategy development. 2a ii: Framework in place and underlying programmes currently being implemented. 2a iii: Recruitment to Assurance Manager underway. New dashboards developed and implemented. 2a iv: Quality dashboards reviewed. Further refinement of IPR scheduled for Q3/4.	G	A	A	i	Development and launch of Trust and Service Line strategies aligned to national Urgent and Emergency Care agenda	EDQ&P	DPD	Sep-16	Mar-17
						A	ii	Implement new performance management framework		EDQ&P	Jun-16	Mar-17
						A	iii	Ensure robust programme and project management arrangements via new PMO work streams for major change programmes		EDQ&P	Jun-16	Mar-17
						A	iv	Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture		EDQ&P	Sep-16	Mar-17
	2b	Improve efficiency and effectiveness of support service functions	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	G	C	i	Secure approval for Doncaster Estate Business Case	CEO	DEF	Jun-16	C
						A	ii	Evaluate Make Ready and Vehicle Preparation System (VPS) Pilots		DEF	Sep-17	
						G	iii	Roll out Make Ready/VPS to 2 further stations		DEF	Mar-17	



Strategic Objectives 2016-17

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

# Strategic Objectives 2016-17

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions - February Comments)	Predicted RAG Year End	Feb RAG	Feb 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	NA	C	i	ISO 22301 accreditation in Procurement	EDoF		Mar-17	C
						C	ii	ISO 22301 accreditation in Fleet	DEF		Mar-17	C
						C	iii	ISO 22301 accreditation in Corporate Communications	DPD		Mar-17	C
						C	iv	ISO 22301 accreditation in Air ambulance	EDOps		Mar-17	C
						C	v	ISO 22301 accreditation in HART	EDOps		Mar-17	C
	4c	Complete site security developments for core infrastructure assets	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	
	4d	Improve alignment with key stakeholders in wider health and social care system	4d i: Implementation of the SRM structure is to be paused in context of engagement with existing Service Performance & Delivery Manager posts. A further update is going to F&I Committee in Mid July. Utilisation of existing roles does not present a risk to performance. Planning and development posts approved for advert 4d ii: Complete 4d iii iv v The development of patient panels is subject to a wider review of emerging Sustainability & Transformation plans and will form part of a detailed implementation plan for the Communications & Engagement Strategy. The intention is to explore joint patient and wider public engagement work in specific geographies.STP development in line with national timescales which have shifted. 4d iv: Plans submitted 21st October. Supporting immobilisation of STPs. Moving to next phase in January 17. 4d v: BDG to monitor STP and A&E delivery boards. New role of planning and development managers will fulfil this need. Currently out for recruitment. 4dvidarft document under review by director of planning and development	G	G	NS	i	Implement new Stakeholder Relationship Management structure	DPD	DPD	Sep-16	Mar-17
						C	ii	Implement Communications and Engagement Strategy action plan		DPD	Sep-16	C
						A	iii	Establish patient panels		DPD		
						A	iv	Co-development of locality Sustainability and Transformation Plans		CEO	Jun-16	Mar-17
						A	v	Embed roles and processes to engage in local reconfiguration and community activity and BDG to monitor going forward		DPD	Sep-16	Mar-17
						A	vi	Develop governance policy and checklist for partnership arrangements.		DPD	Jun-16	Mar-17
						A	vii	Implement new corporate oversight of partnerships with other organisations		DPD	Sep-16	Mar-17
5. Provide a safe and caring service which demonstrates an efficient use of resources	5a	Address issues arising from CQC inspection	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 business 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	Apr-17
	5d	Align support functions to operational delivery	5d i - Correct owner? 5d i - 1. Fleet Structure interim arrangements (Under review) 5d i - 2. Medical Devices - completed 5d i - 3 Estates - Director now in post 5d i - 4. Procurement- in place (next stage-under review)	A	A	A	i	Implement revised structures in key support functions to improve governance and compliance 1. Fleet, 2. Medical Devices, 3. Estates, 4. Procurement	CEO	CEO	Sep-16	Feb-17
						NS	ii	Implement SLAs between key support functions and operational service lines	EDQ&P	DPD	Dec-16	Mar-17
	5e	Achievement of planned surplus	5e i - See section 2.4 of IPR 5e iii - KPI (target) needs revising.	A	A	A	i	Delivery of statutory financial duties including delivery of quality and efficiency savings (CIP) plan	EDoF supported by Exec Dirs	EDoF	Mar-17	
						A	ii	Deliver agreed CQUIN schemes		EDQ&P	Mar-17	
						NA	iii	Secure new income through service tenders and other service development opportunities		DPD	Mar-17	

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

## 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 February was slightly below plan by -0.6% (Plan based on February 2016 Actual CCG Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging more calls (115 more in February) than contracted. The other categories are also above contract levels at this point for 2016-17. Hear and Treat figures are increasing due to more calls coming into the clinical queue.

Activity involving ambulances that have arrived at scene (responses) has decreased by 2% compared to February 2016. See, Treat and Convey is down by 4.3% which is due to a lower level of calls. The referral rate for 111 has slightly increased to 8.9%, the actual number of calls sent in February compared to January decreased by 1346 referrals.

#### Hear and Treat Response

Feb - 3,057 (3.98% > Contract Total)

YTD -35,348 (0.6% > Contract Total)

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

Feb - 13,431 (13.8% > Contract Total)

YTD - 157,270 (17.8% > Contract Total)

#### See, Treat and Convey Response

Feb - 42,020 (4.3% > Contract Total)

YTD - 501,031 (4.2% > Contract Total)

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

**For more information see annex 3.1.**

### Performance (ARP 2.2)

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

Performance	Oct 20th to 31st	November	December	January	February	YTD
Category1 (8 min Resp)	65.7%	65.7%	64.2%	65.9%	66.1%	65.3%
Category2R (19 min Resp)	70.7%	75.9%	76.5%	78.9%	76.9%	76.2%
Category2T (19 min Resp)	69.2%	70.7%	67.3%	70.9%	71.6%	69.5%
Category3R (40 min Resp)	73.3%	76.6%	70.8%	77.6%	75.8%	74.8%
Category3T (40 min Resp)	69.7%	69.3%	66.2%	70.0%	68.2%	68.6%
Category4T (90 min Resp)	89.1%	81.3%	81.6%	81.6%	79.3%	82.9%
Category4H (90 min Resp)	100.0%	99.5%	95.4%	98.5%	97.2%	98.1%

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

### Demand Impact

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

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

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

### Keys action in place to improve performance

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

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

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

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

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

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

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

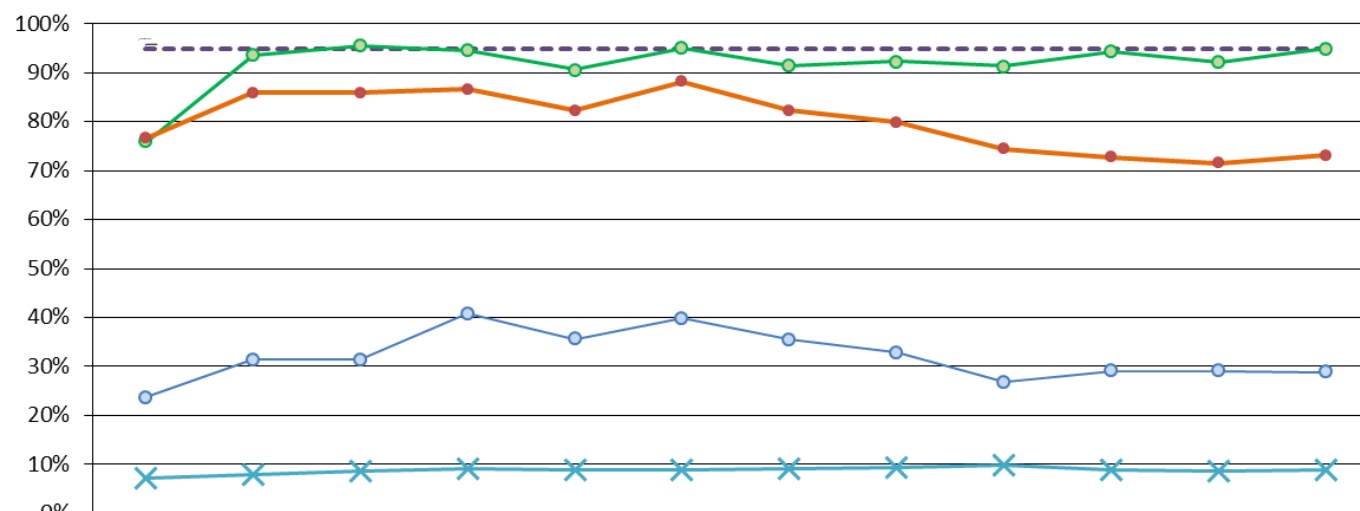
## Demand and Performance – NHS 111

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

### NHS 111 Key Indicators for Performance

YTD Answered calls as at end of February are 0.1% (1,177 calls) above YTD contract ceiling volume. The year to date performance for calls answered in 60 seconds is currently 2.6% 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 to 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



	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Ans in 60 secs %	75.9%	93.5%	95.5%	94.4%	90.5%	94.9%	91.3%	92.2%	91.2%	94.3%	92.1%	94.8%
Referred to 999 %	7.3%	7.9%	8.6%	9.2%	9.0%	9.0%	9.2%	9.3%	9.8%	8.9%	8.7%	8.9%
Warm Transferred Or Called back in 10mins (%)	23.7%	31.3%	31.4%	40.8%	35.6%	39.8%	35.5%	32.8%	26.8%	29.1%	29.1%	28.9%
Call Back in 2 Hours	76.7%	85.9%	85.9%	86.6%	82.3%	88.2%	82.3%	79.9%	74.4%	72.7%	71.5%	73.1%

Calls Offered have increased by 2.4% compared to February 2016. Answered in 60 performance has increased by 11.9% when compared to the same month last year. Month on month, performance went from 92.1% in January to 94.8% in February (Up by 2.7%). Warm Transferred and Call Back in 10 minutes is down 0.2% month on month and up 1.6% compared to February 2016. 111 referrals to 999 up by 0.9% year on year but remain within target. In February, 2,385 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed and 2,513 were checked by a clinician before being sent out (this is a total of 4898 ambulances validated out of 6639 - 73.8%).

Staff Resource Contracted Full Time Equivalent (FTE), before overtime, was 10.0% over budget for February and 2.3% below YTD budget. Available time was 2% below budgeted for February. 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 February saw a positive PTS performance achieving 87.8% against a target of 82.9% + 4.9%. Overall YTD is encouraging currently standing at 86.1% giving 3.2% ahead of target.

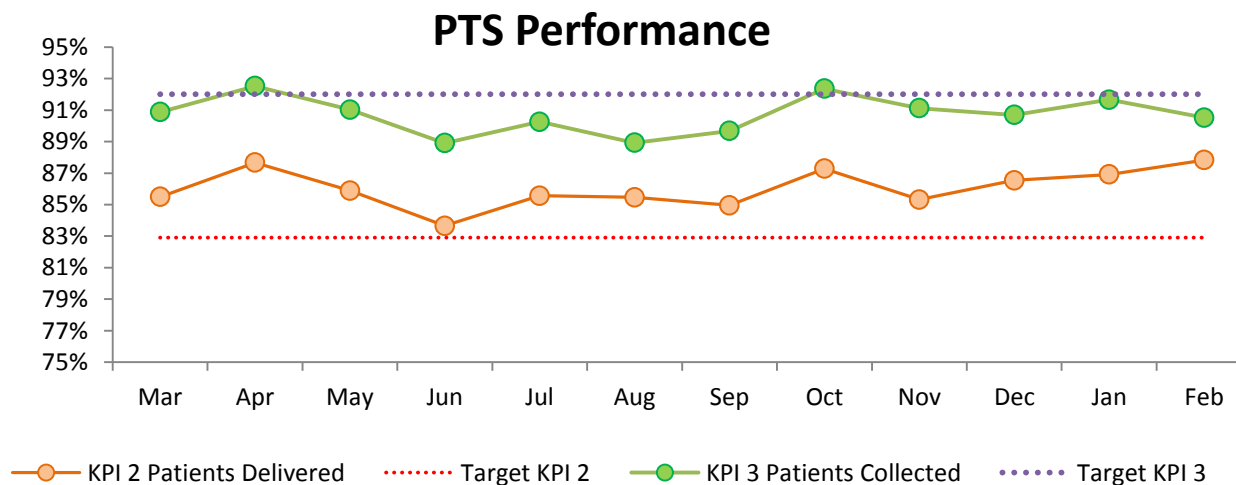
• **KPI 3 – departure** after appointment – February narrowly missed target by 1.2% achieving 90.5%. YTD currently stands at 90.7% against a target of 91.7% - 1%..

• **Exceptions** - West: Airedale are continuing to experience problems with ongoing roadworks; this has been highlighted to the CCG and Acute Trust as this has caused some delays. The configuration of the acute sites in Bradford & Calderdale and lack of ambulance parking and portage continues to be challenging. Greater Huddersfield has achieved inbound performance but narrowly missed the outward KPI 3 indicator target. Leeds achieved KPI 1 and 2. Leeds West incurred 55 breaches due to vehicles being planned in and out of Bradford and are being held up due to building works.

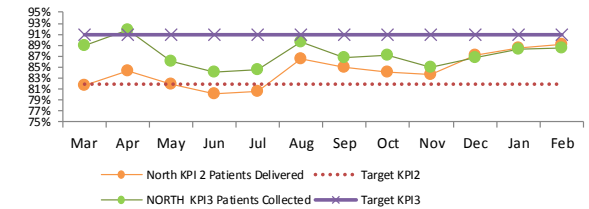
North KPI 1 over achieved target by 1%. KPI 2 also over achieved target by 7.1%. KPI 3 underachieved target by 2.5% incurring 52 breaches. Outward journeys are compromised due to ready times particularly pm when resources are depleted.

East Hull (despite contract loss) continues to over achieve on all targets other than KPI 4 (on day discharge). There has also been a reduction in activity compared to January. KPI 2 has achieved overall and the highest it has been in the past 12 months.

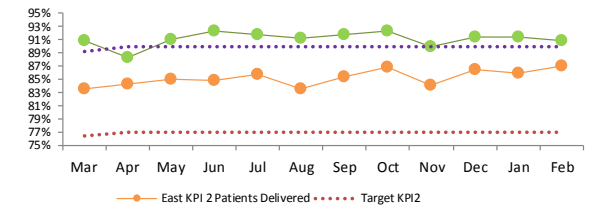
South continues to significantly over perform on inward patient journeys.



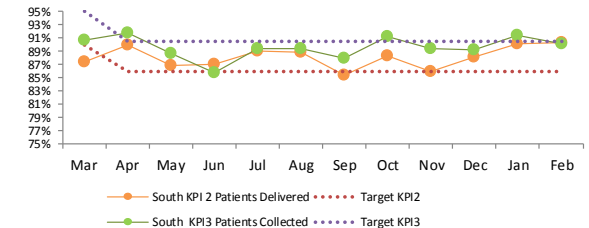
## PTS Performance North



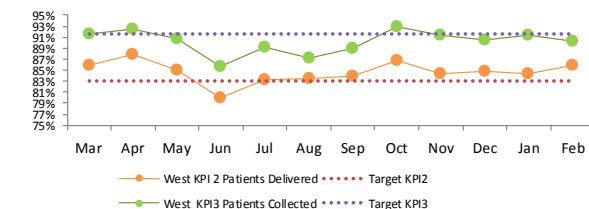
## PTS Performance East



## PTS Performance South



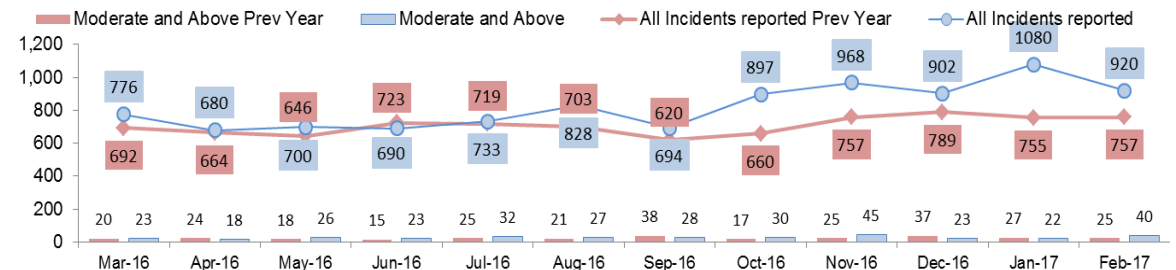
## PTS Performance West



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

**Complaints:** Complaint levels have remained consistent with previous months within PTS and EOC. Complaints within 111 have reduces but remain at an increased level due to a change in processing PEM's (post event message) which has increased the amount of feedback we receive. Complaints within A+E have continued to decrease. 91% of responses to complaints were provided within the timeframe agreed with the complainant and the majority of complaints are successfully resolved at the first stage.

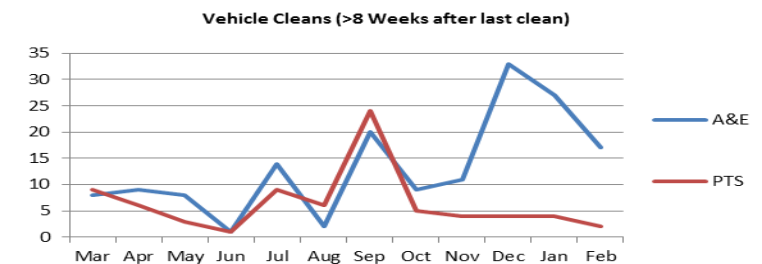
**Incidents:** The overall number of incidents reported has reduced in February from the January position, but remains consistently higher than in 2015/16, reflecting the positive work undertaken to promote reporting and learning across the Trust. Incidents of moderate or greater harm remain low.



**Infection prevention and control:** The regular practice audits continue to show a high level of compliance, with specific issues addressed at source with relevant managers and staff.

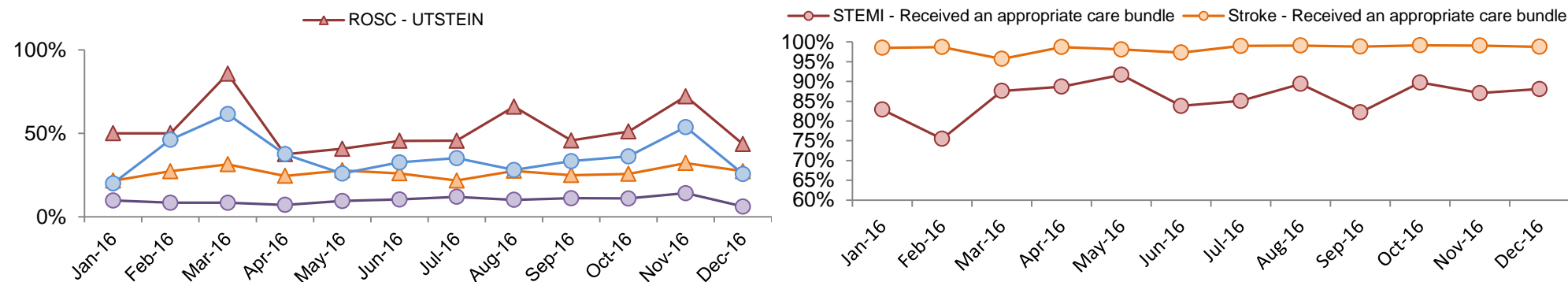
**Safeguarding training compliance:** The Trust is achieving its target for Safeguarding Children Level 1 & Level 2 training and Safeguarding Adult Level 1 training. Safeguarding Adult Level 2 training provision has been reviewed in the light of new national guidance for the 2017/18 training plan.

**Legal requests –** Compliance with target response times for requests for information under the Data Protection Act remain high, although performance in relation to Freedom of Information requests has reduced, reflecting the volume of activity and wider Trust management pressures.



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

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



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

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

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

Survival to discharge results for November 2016 demonstrates outstanding performance with an achievement of 14.1%. This is the highest percentage performance recorded over the last three consecutive years and depicts YAS's hard work. December's Survival to discharge denotes a drop in performance at 6.1% overall, although significantly lower than November this is not due to a significant decrease in the number of people who survived but rather a large increase in the number of cardiac arrests.

Survival to Discharge within the UTSTEIN comparator group emulates this pattern. Notably September, October and November show an increasing pattern of achievement, cumulating in November's figure of 53.7% being the second highest performing month of the 2016 thus far. In line with overall survival to discharge pattern, December's UTSTEIN figure is 25.6%.

**AQI Care Bundle:** STEMI and stroke data for September and October 2016 indicates a consistently high level of care is being delivered to patients across all areas. Stroke care has shown outstanding performance across 2016, notably in October and November, achieving 99.1%. December's figure of 98.8% continues this high level of achievement.

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

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

**Sickness Absence:** The sickness absence rate for February 2017 stands at 5.9% which is a decrease of 0.2% from the previous month and closer to the Trust threshold of 5%. This is higher than the same period last year when it stood at 5.8%. The 12 month figure stands at 5.4% compared to the 5.5% for the 12 month period of March 2016 to February 2017. The main reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & Well-being Strategy, which focus on reducing absence in these areas. Most notably a musculoskeletal initiative to be delivered in the call centre environments, a strong Communications Strategy for the One You campaign.

**PDR Compliance:** The current PDR rate is 77.2% 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%.

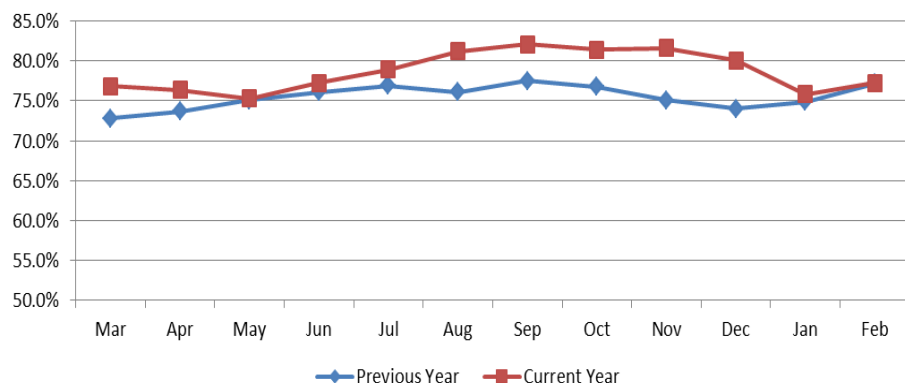
**Retention/ Attrition:** Turnover has decreased to 10.7% for last month compared to 11.4% for the previous 12 months. Turnover in 111 continues to be of concern, which is reflective of the national picture and HR are working with 111 management on retention strategies.

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

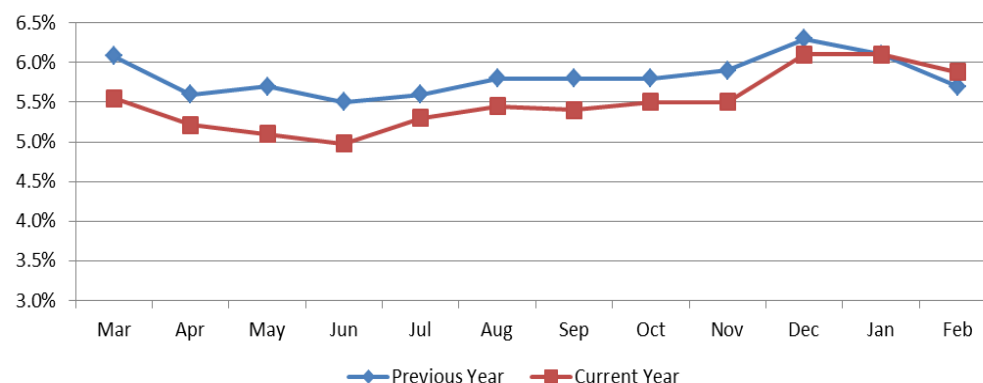
These include:-

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

**PDR Compliance**



**Sickness Absence**





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

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	19,693	20,201	508	229,366	232,959	3,594
Expenditure	(19,846)	(21,120)	(1,274)	(225,512)	(230,343)	(4,831)
Retained (Deficit) / Surplus with STF Funding	(153)	(919)	(766)	3,854	2,617	(1,237)
STF Funding	(254)	0	254	(1,267)	(1,140)	127
Retained (Deficit) / Surplus without STF Funding*	(407)	(919)	(512)	2,587	1,477	(1,110)
EBITDA	844	(69)	(913)	14,348	12,883	(1,465)
Cash	17,612	27,036	9,424	17,612	27,036	9,424
Capital Investment	(1,737)	(1,634)	103	(14,413)	(9,294)	5,119
Quality & Efficiency Savings (CIPs)	784	659	(125)	8,075	6,786	(1,289)

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

position of (£153k) with the actual deficit being (£919k), and therefore an adverse position of (£766k) 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 does not expect to achieve the planned surplus in the final quarter. Excluding the STF contribution this shows the trust behind plan (adverse variance of £512k). The YTD position is behind plan by (£1,237k) with a surplus of £2,617k against a planned YTD surplus position of £3,854k. Excluding STF the YTD position shows a surplus of £1,477k against a planned surplus of £2,587k and therefore an adverse variance of (£1,110k).

In terms of key variances YTD: The A&E service line is £772k 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 and the positive impact of contractual penalties not being imposed on the Trust (e.g. Sheffield ECPs). 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 (£1,816k) due to increased fleet maintenance expenditure on older vehicles given delays in fleet replacement. The procurement position is (£927k) 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 (£1,262k), 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 (£354k) year to date 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 February 2017, the Trust's cash position was £27m against the plan of £17.6m. The additional cash balance of £9.4m is due to capital spend being less than planned as described below (£5.1m), with the balance being due to favourable working capital, most notably receivables being £4.3m less than planned.

Capital spend for 2016/17 at the end of February 2017 is £9.3m against the plan of £14.4m.

The planned spend on Estates and ICT has been delayed due to scheme specifics. The Hub and Spoke planned site acquisition has been delayed until 2017/18. The 2016/17 planned spend profile was updated to reflect the A&E Fleet and HART vehicle build programme and associated equipment. However, as reported previously expenditure has been delayed due to user specification changes, with the first vehicle delivered in mid-November, 46 vehicles commissioned as at end February 2017 with the final vehicle expected to be delivered in March. In November the Trust received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trust's CRL, however the use of operating surplus/cash reserves of £2.1m is no longer required this financial year due to slippage in the capital programme relating to Hub and Spoke and purchase of training facility.

The Trust has a savings target of £9.059m for 2016/17. 84% delivery of the CIP target was achieved YTD as at February and 50% of this was achieved through recurrent schemes. Reserve schemes have contributed £2,722k of the year to date savings. This creates an overall adverse variance against plan of (£1,289k).

The new "Single Oversight Framework" came into effect in the monthly finance returns from Month 7. At Month 11 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 11 the plan was a deficit

## 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 Oct 16)	51.3%
Stroke in 60 mins (AQI YTD Oct 16)	46.1%
Stroke care (AQI YTD Oct 16)	98.6%
STeMI 150 mins (AQI YTD Oct 16)	85.3%
CQC rating	2

### Leadership & Improvement Capability

Staff sickness, <a href="#">Oct 16</a>	5.44%
Staff turnover, Feb 17	10.71%
Executive team turnover, Feb 17	11.17%
2016 Staff Survey response rate	37%
Proportion of temporary staff	NA
Aggressive cost reduction plans	NA
Written complaints, <a href="#">Q3 16-17</a>	419 (17.3%)
Staff F&F Test % recommended care <a href="#">Q2 16-17</a>	82%
Occurrence of any never event	NA
NHSE/NHSI Patient safety alerts outstanding	"

### Operational Performance

*Maximum 8 minute response for calls:*

• Category 1	66.1%
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*Maximum 19 mins for all category calls:*

• Category 1 (conveying)	89.6%
• Category 2R	76.9%
• Category 2T	71.6%

### Strategic Change

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

### Finance and Use of Resources

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

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

## 4. Quality and Efficiency Savings (CIP)

Feb-17

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	2,160	(2,035)	The A&E Operational efficiency schemes are adverse by (£2,035k) 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. 5-6%).
Clinical Directorate	43	39	0	Monthly achievement in line with planned savings.
Special Operations	256	235	(98)	Special Operations is currently adverse to plan due to challenges in achieving an increase in Private & Events (£74k) and community resilience income (£23k).
Patient Transport Service	1,841	1,688	(1,364)	Areas adverse to plan include: aborted calls scheme (£87k), pay & non pay elements of the workforce plan (£475k & £51k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£746k). See reserve schemes below which partially offset this adverse variance.
Finance & Procurement	455	417	(67)	The schemes are underachieving by (£67k) against plan, which is due to volume variances e.g. uniforms and medical consumables given increased demand.
Quality, Governance & Performance Assurance	98	92	0	Achievement in line with planned savings.
111	595	545	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
EOC	308	282	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	2,617	(449)	Main areas of variance against plan include: Fleet schemes (£137k), Estates (£151k) and People and Engagement (£177k), resulting in an adverse variance of (£449k) against plan.
<b>Total Planned Scheme Savings</b>	<b>9,059</b>	<b>8,075</b>	<b>(4,012)</b>	
Reserve Schemes	0	0	2,722	This relates to the non-recurrent A&E Clinical Supervisor scheme (utilising their time as part of the front line rota) of £1,772k, PTS Income of £746k and Estates schemes of £204k.
Recurrent Reserve Schemes	0	0	0	
Non-recurrent Reserve Schemes	0	0	0	
<b>Total Savings</b>	<b>9,059</b>	<b>8,075</b>	<b>(1,290)</b>	

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

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

**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	
Ambulance Mortality Review	21.43%	£568,905	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	
End to end reviews	21.43%	£568,905	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	
Patient outcome data	7.14%	£189,635	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Green	
<b>Total</b>	<b>100%</b>	<b>£2,654,890</b>													

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

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

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

**Comments:-**  
Patient Portal – delays in development outside PTS control (Cleric) have resulted in the potential for the Portal not to go live by 1 April. Mitigations are being put in place and discussions taking place with commissioners this week.  
Courtesy Calling – Staffing issues have resulted in the number of calls being reduced for this scheme. Mitigation has been put in place in the form of overtime and additional staff where available to resolve this.

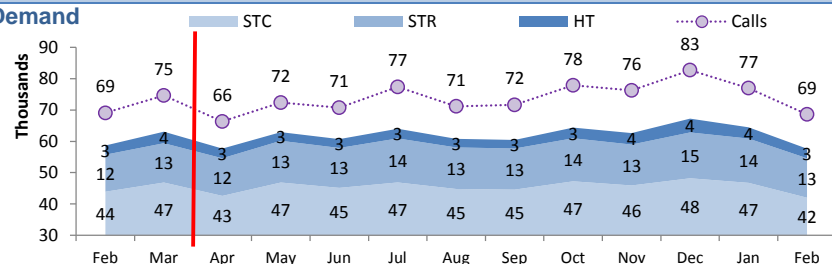
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved



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

Feb-17

## 1. Demand



Compared to last year all measures are above contracted. Hear & Treat are 0.6% higher, See Treat & Refer responses are 9.7% higher and See Treat & Convey are 4.2% higher. Overall responses (incidents arrived at scene) are above contracted.

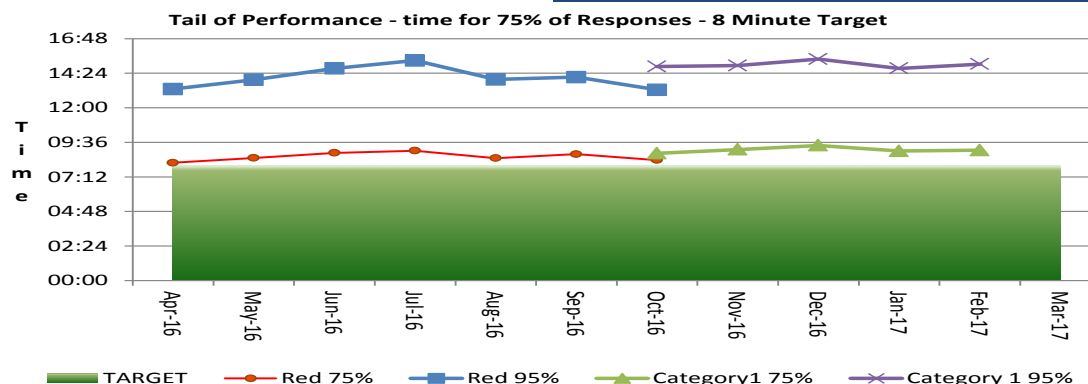
	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	827,998	35,468	157,576	504,169
YTD YAS (inc OOA&UCP) 2015-16	778,856	35,286	145,559	484,838
<b>Variance (Between Years)</b>	<b>49,142</b>	<b>182</b>	<b>12,017</b>	<b>19,331</b>
	<b>6.3%</b>	<b>0.5%</b>	<b>8.3%</b>	<b>4.0%</b>
YTD (Contract CCGs only) Actuals 2016-17*	811,983	35,348	146,505	501,031
YTD (Contract CCGs only) Contracted 2016-17	764,908	35,133	133,536	480,802
<b>Variance (to Contract)</b>	<b>47,075</b>	<b>215</b>	<b>12,969</b>	<b>20,229</b>
	<b>6.2%</b>	<b>0.6%</b>	<b>9.7%</b>	<b>4.2%</b>

\* excludes UCP and Out of Area

## 3. Quality

		February	YTD
<b>Serious Incidents (Rate Per 1000 Responses)</b>		1 (0.02) ↔	15 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.			
<b>Total Incidents (Rate Per 1000 Responses)</b>		616 (11.0) ↑	5822 (8.8.)
Total Incidents per 1000 responses was more in January than the year to date average. There were 86 less incidents than January			
<b>Feedback</b>	Complaints	10 ↑	164
	Concerns	14 ↑	177
	Comments	3 ↓	62
	Service to Service	18 ↑	165
	Compliments	0 ↓	531
<b>Response within target time for Complaints and Concerns</b>		95%	93%
<b>Ombudsman Cases</b>	Upheld	0	0
	Not Upheld	1	4
The average response time for Complaints and Concerns in Feb was 33 days and YTD is 29 days			
<b>Vehicle Deep Clean (&gt;8 weeks after last clean)</b>		17 ↓	151

## 2. Red Performance



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Red</b>	75% 08:11	08:31	08:52	09:01	08:30	08:47	08:22					
	95% 13:18	13:57	14:44	15:17	13:58	14:08	13:15					
<b>Category1</b>	75%							08:50	09:06	09:23	09:00	09:03
	95%							14:52	14:56	15:23	14:44	15:02
<b>TARGET</b>	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

ARP2.2 Pilot (Commenced 20th October): Performance for Category1 is below the 75% target at 66.1%

## 4. Workforce

				Available	
Feb 17 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,250	135	447	1,668	74%
Variance	(10)	(22)	118	86	5.4%
% Variance	(0.4%)	(19.7%)	20.9%		
FTE (worked inc overtime)*	2,428	135	447	1,845	76%
Variance	168	(22)	118	263	16.6%
% Variance	7.4%	(19.7%)	20.9%		
* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE					
** Sickness and Absence (Abstractions) are from GRS					
<b>Available FTE has remained the same as last month (1688 compared to 1668)</b> It is still below planned Gross FTE (0.4%) Absence is higher than planned.					
<b>The number of Operational Paramedics is 910 FTE (Band 5 &amp; 6)</b>					
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	2,160	1,897	(263)
The A&E Operational efficiency schemes are behind plan at the end of February. This is due to slippage on missed meal breaks, Private Providers and other unidentified recurrent schemes. These are being in part offset by non-recurrent savings on A&E Clinical Supervisors (utilising their time as part of the front line rota).			

## 1. ARP 2.2 Pilot Review

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

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

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

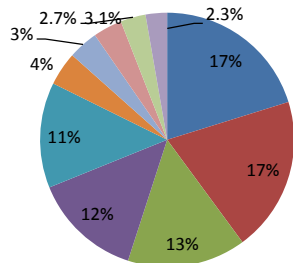
Category2 – Life-threatening emergency (Response standard within 19 minutes)

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

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

## 3. Top 10 Chief Complaints

Top 10 Chief Complaints	Category1
Convulsions/Fitting	17.0%
Breathing Problems	16.6%
Inter-facility 1	12.7%
Cardiac/Respiratory Arrest	11.7%
Haemorrhage/Lacerations	11.3%
Allergies/Rash/Med Reaction/Stings	3.6%
HCP Red Defib	3.2%
Falls/Back Injuries - Traumatic	3.1%
Overdose/Ingestion/Poisoning	2.7%
HCP Red	2.3%



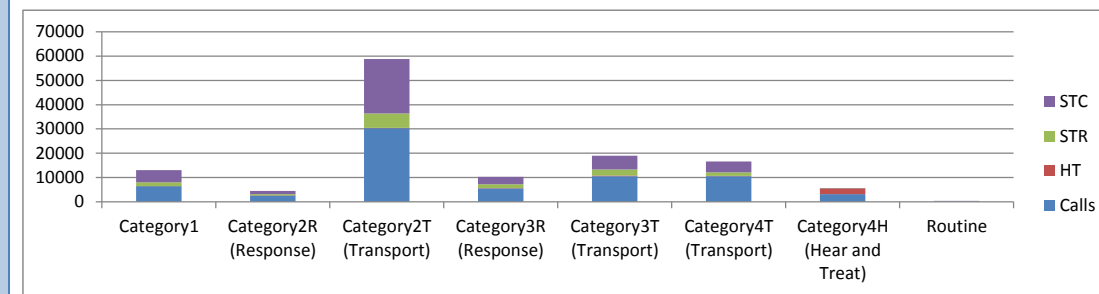
Category1

- Convulsions/Fitting
- Breathing Problems
- Inter-facility 1
- Cardiac/Respiratory Arrest
- Haemorrhage/Lacerations
- Allergies/Rash/Med Reaction/Stings
- HCP Red Defib
- Falls/Back Injuries - Traumatic
- Overdose/Ingestion/Poisoning
- HCP Red

## 2. Demand and Performance

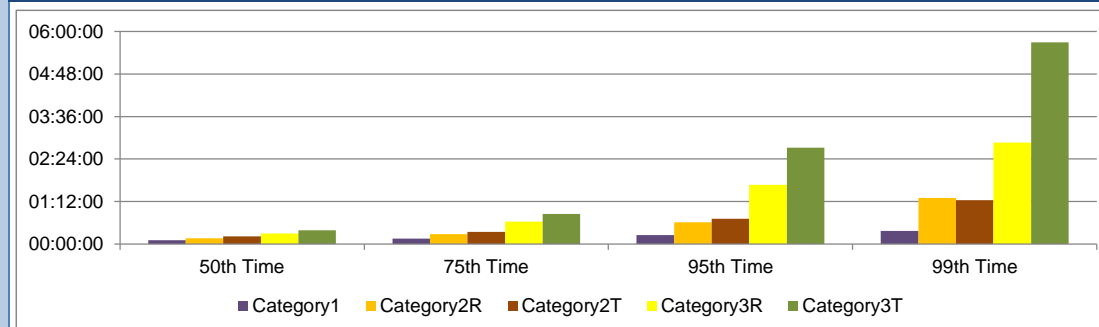
ARP2.2	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Category1	6564	10	1487	4990	6477	8 Mins (75% Target)	66.1%	11.6%
Category2R (Response)	2661	24	574	1241	1815	19 Mins (No Target)	79.9%	3.3%
Category2T (Transport)	30326	149	5859	22484	28343	40 Mins (No Target)	71.6%	50.9%
Category3R (Response)	5600	152	1494	3088	4582	60 Mins (No Target)	75.8%	8.2%
Category3T (Transport)	10555	278	2577	5592	8169	60 Mins (No Target)	68.2%	14.7%
Category4T (Transport)	10638	123	1359	4576	5935	60 Mins (No Target)	79.3%	10.7%
Category4H (Hear and Treat)	3246	2330	78	66	144	60 Mins (No Target)	97.2%	0.3%
Routine	258	0	14	187	201	Hear & Treat	93.8%	0.4%

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



## 4. Tail of Performance

ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:31	00:09:03	00:15:02	00:21:52
Category2R	00:09:47	00:16:33	00:36:30	01:18:12
Category2T	00:12:40	00:20:32	00:42:36	01:14:23
Category3R	00:17:44	00:37:49	01:40:18	02:51:41
Category3T	00:22:58	00:50:53	02:42:57	05:41:26



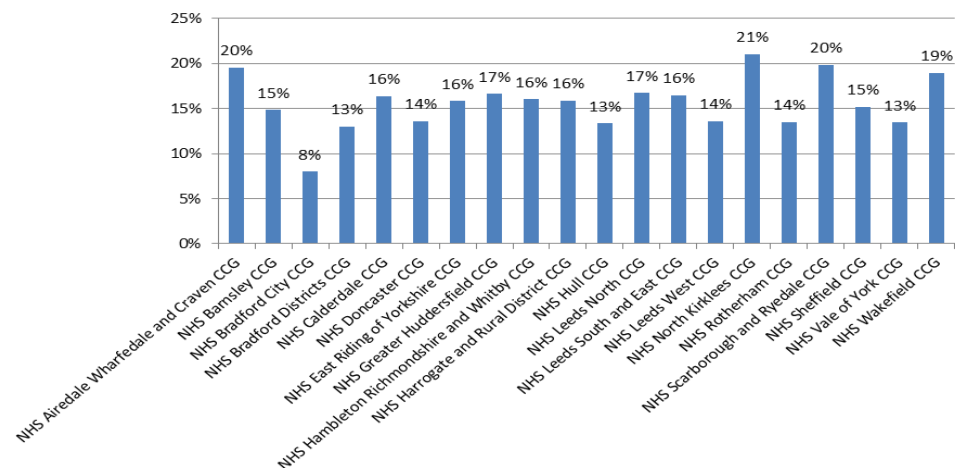
Tail of performance for Category1 - 50% of people received a response in 6 mins 32 seconds. 95% of patient were seen in 14 mins and 44 seconds. Tail of Performance for Category2 (within 19 minutes) is 9:38 and 12:37 for 50th Percentile

## 3.1 A&E Operations

(Lead Director: Executive Director of Operations - David Macklin, Nominated Lead: Associate Director of Operations - Ian Walton)

Feb-17

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

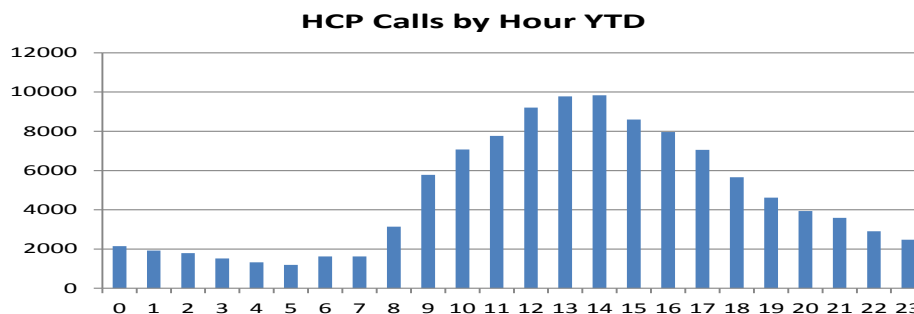
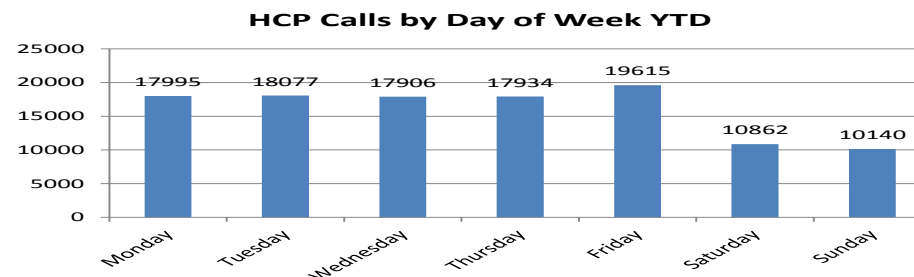


Category1 Calls as a proportion account for 12.6% of all HCP calls.

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 (59.8%) of all calls are between 10 and 6pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

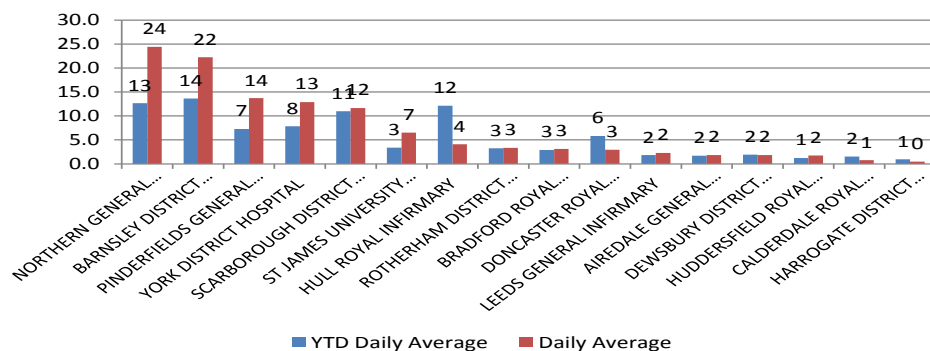
### 2. HCP by Time of Day



### 3. Hospital Turnaround - Excessive Response

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	last 12 mths
Excessive Handovers Over 15mins (hours)	3300	1981	2323	2283	2274	2187	2162	3149	2923	3160	4149	3208	33099
Excessive Hours per Day	106	66	74.9	76.1	73	71	72	102	97	102	134	115	1089

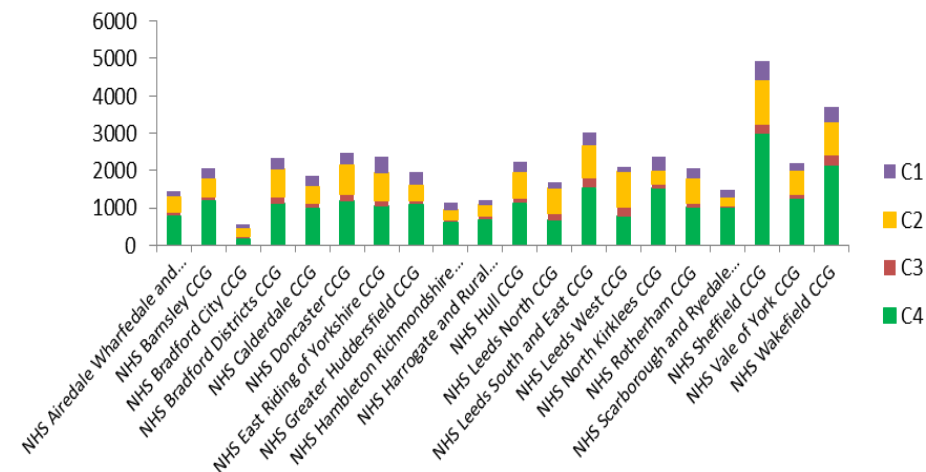
#### Daily Average by Hospital (1 or more hours lost per day)



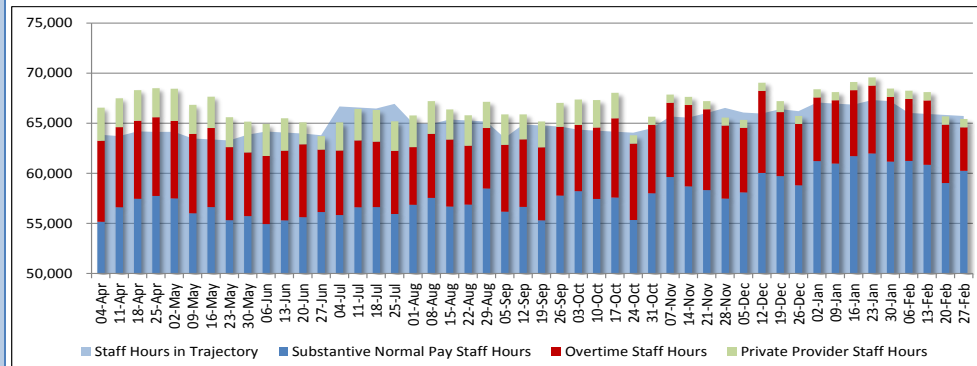
Excessive time lost at hospitals was lower in February than January. It continues to be higher than for the same period last year. Northern General, Barnsley, Pinderfields and York have been impacting on performance.

### 4. HCP by Grade of Call

#### Number of Calls by CCG (ARP 2.2)



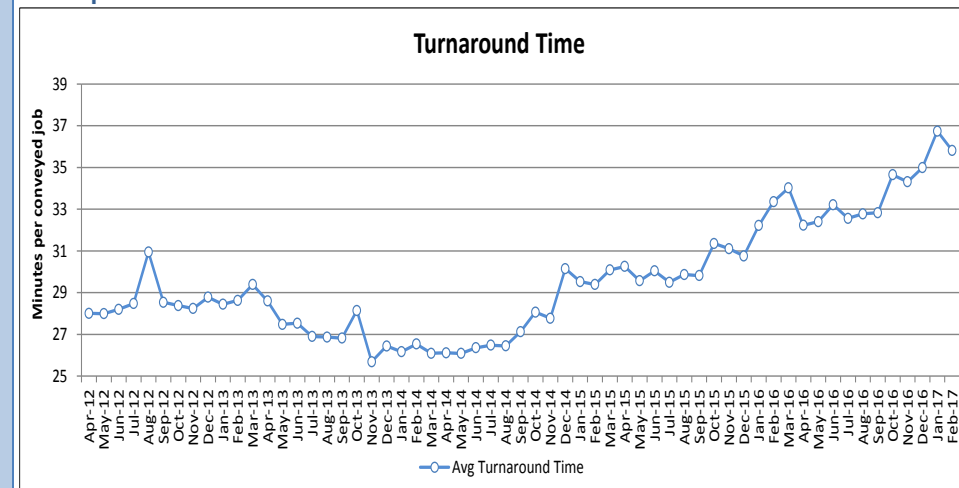
## 1. Resource Hours



Total Responses (minus Triage)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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	512,965
2016-17	56,014	61,569	59,198	62,357	59,546	58,937	62,169	60,434	64,279	62,351	55,824	662,678
Variance	1.8%	9.6%	7.3%	9.2%	4.0%	7.2%	7.2%	4.1%	5.0%	2.4%	-2.5%	29.2%
Yr on Yr Increase in Required FTE - Demand Only	26	139	107	135	59	106	108	63	79	37	42	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.

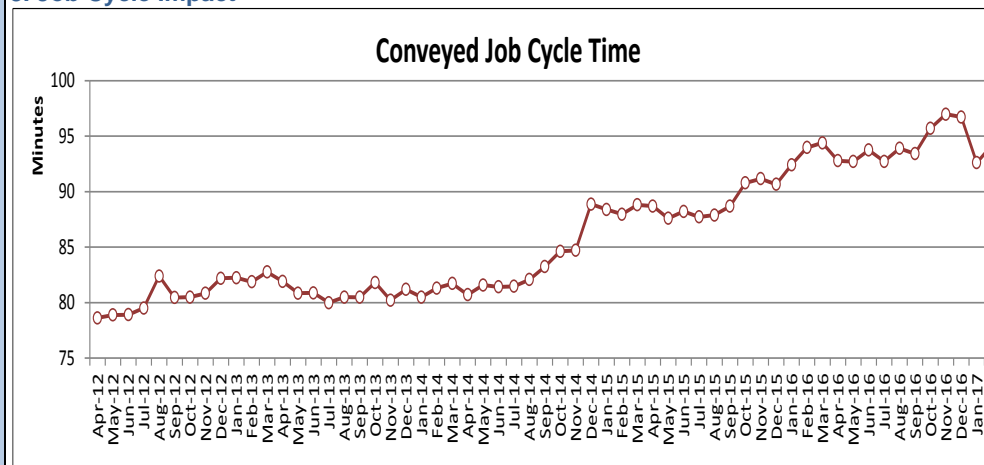
## 2. Hospital Turnaround Times



Turnaround times for February were 2.5% lower than January and 7.3% higher than February 2016.

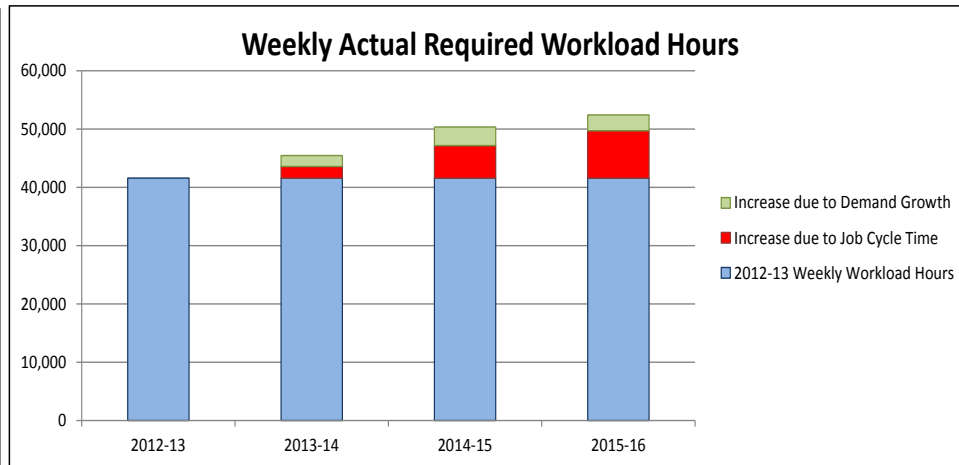
- A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 1 additional ambulance at all times or 7 full time ambulances per week
- A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 5 additional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

## 3. Job Cycle Impact



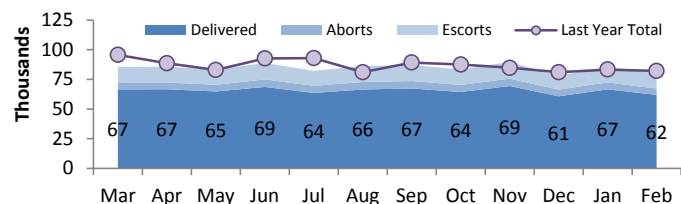
### Impact of Job Cycle Time on Staffing

- 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



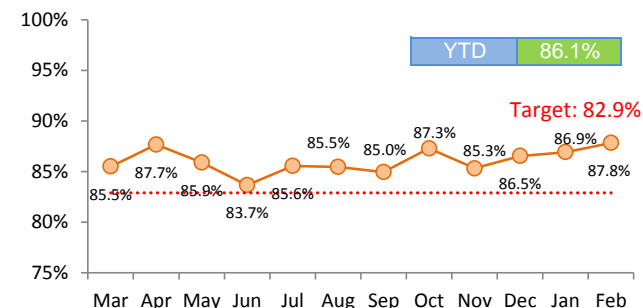
## Comparison to Plan

April to March	Delivered	Aborts	Escorts	Total
YTD 2016-17	720,632	65,252	144,080	929,964
Contract 2016-17 (2015-16 Demand)	735,938	64,681	145,906	946,525
% Variance	(2.1%)	0.9%	(1.3%)	(1.7%)

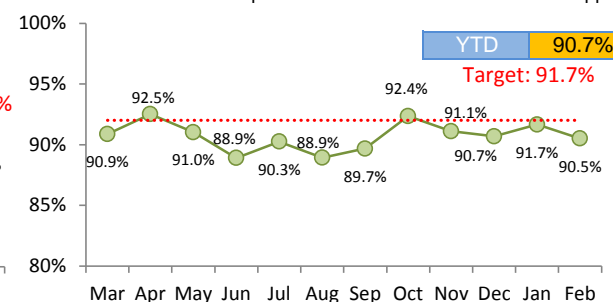
**Key Points** - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

## 2. Performance

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



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



**Key Points** - West: Airedale are continuing to experience problems with ongoing roadworks. The configuration of the Acute sites in Bradford & Calderdale and lack of ambulance parking and portage continues to be challenging. Leeds West incurred 55 breaches due to vehicles being planned in and out of Bradford and are being held up due to building works. North KPI 1 over achieved target by 1%. KPI 2 also over achieved target by 7.1%. KPI 3 underachieved target by 2.5% incurring 52 breaches. Outward journeys are compromised due to ready times particularly pm when resources are depleted. East Hull (despite contract loss) continues to over achieve on all targets other than KPI 4.

## 3. Quality, Safety and Patient Experience

	Feb	YTD
<b>Calls Answered in 3 mins</b> (All PTS calls)	90.9% ↑	78.0%
<b>Serious Incidents (YTD)</b>	0 ↔	2
<b>Total Incidents</b> (per 1000 activities)	99 (1.6) ↓	1180 (1.64)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
<b>Feedback</b>	Complaints	8 ↑ 116
	Concerns	19 ↓ 384
	Comments	1 ↓ 72
	Service to Service	12 ↓ 372
	Compliments	0 ↔ 28
<b>Response within target time for Complaints and Concerns</b>	91%	94%
<b>Ombudsman Cases</b>	Upheld	0
	Not Upheld	0
<b>Patient Experience Survey - Qtrly</b>	88.5%	87.7%
<b>Vehicle Deep Clean (&gt;8 weeks since last clean)</b>	2 ↓	68

## 4. Workforce

Feb-17	FTE	Sickness (5%)	Absence (20%)	Available	
				Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	658	52	91	515	78%
Variance	(69)	(15)	54		
Actual Shrinkage %		7.1%	13.2%	(30)	(5.5%)
% Variance	(9.5%)	(42.5%)	37.5%		
FTE worked inc overtime	688	52	91	545	79%
Variance	(39)	(15)	54	(0)	(0.1%)
% Variance	(5.4%)	(42.5%)	37.5%		

\*\* 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

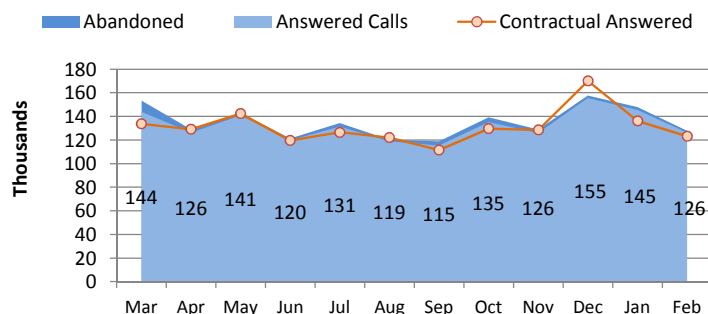
Sickness has increased from January by 0.9%.  
PTS used an equivalent of an additional 30 FTE with the use of overtime against vacancies of 69.  
The difference between contract and FTE worked is related to overtime.  
The difference between budget and contract is related to vacancies.

## 5. Finance (Y/E Summary)

£000	Plan	Actual	Variance
CIP's	1,688	1,069	(618)

Quality and Efficiency Savings (CIPs) are currently (£618k) behind plan due to a delay in workforce savings and lower than expected savings on reduced number of aborted calls.

## 1. Demand



Calls answered up by 6.0% compared to February 2016. Answered volume is 2.3% above contract ceiling for February 2017 (2,851 calls)

April to February	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	1,467,708	1,439,642	1,341,335	93.2%
YTD Contract Ceiling 2016-17	1,438,465	1,438,465	1,366,542	95.0%
Variance	29,243	1,177	(25,207)	
	2.0%	0.1%	(1.8)%	(1.8)%
YTD 2015-16	1,407,735	1,367,330	1,237,840	90.5%
Variance	59,973	72,312	103,495	
	4.3%	5.3%	8.4%	2.6%

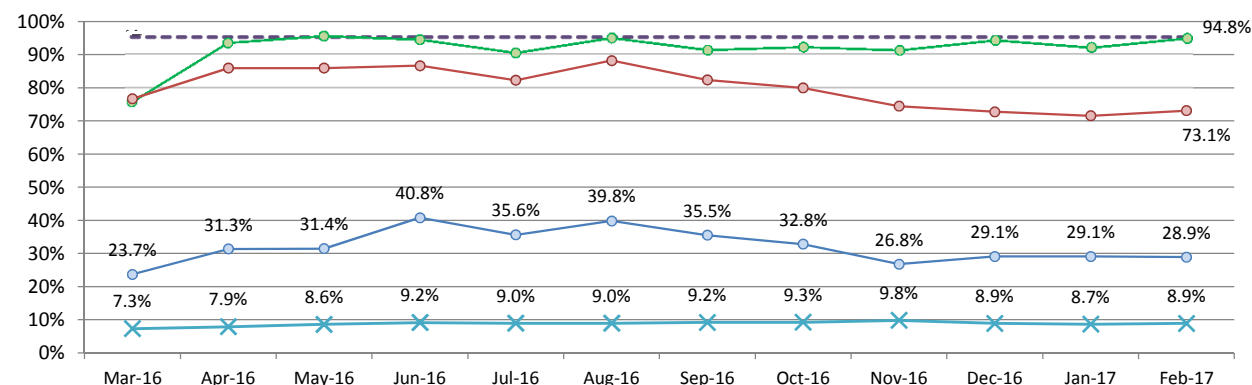
## 3. Quality

		February	YTD
Serious Incidents (per 1000 answered)		0 (0) ↓	9 (0.01)
Total Incidents (per 1000)		55 (0.44) ↓	544 (0.38)
Feedback	Complaints	32 ↓	466
	Concerns	8 ↑	44
	Comments	4 ↓	51
	Service to Service	81 ↓	613
	Compliments	13 ↑	125
Response within target time for Complaints and Concerns		83%	84%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0

## 2. Performance

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

Answered in 60 secs (95% Target)	94.8%	93.2%
Warm Transferred and Call Back in 10mins (65%)	28.9%	32.7%
Call Back in 2 Hours (95%)	73.1%	79.9%
Referred to 999 (nominal limit 10%)	8.9%	8.9%



Calls Offered have increased by 2.4% compared to February 2016. Answered in 60 performance has increased by 11.9% when compared to the same month last year. Month on month, performance went from 92.1% in January to 94.8% in February (Up by 2.7%). Warm Transferred and Call Back in 10 minutes has dropped 0.2% month on month and up 1.6% compared to February 2016. 111 referrals to 999 up by 0.9% year on year but remain within target. In January, 2,385 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

## 4. Workforce

				Available	
February 2017 (FT Equivalents) - Call Handler and Clinician				Total	%
Budget FTE	300	27	69	204	68.0%
Contracted FTE (before Overtime)	330	31	112	187	56.6%
Variance	30	(4)	(43)	(17)	-8%
% Variance	10.0%	(14.4)%	(62.6)%		
FTE (Worked inc Overtime)	343	31	112	200	58%
Variance	43	(4)	(43)	(4)	-2%
% Variance	14.3%	(14.4)%	(62.6)%		
Contracted FTE (before Overtime) 10.0% above budgeted					
Sickness at 14.4% and absence at 31.2%.					

\* Absence includes total abstractions away from substantive job roles.

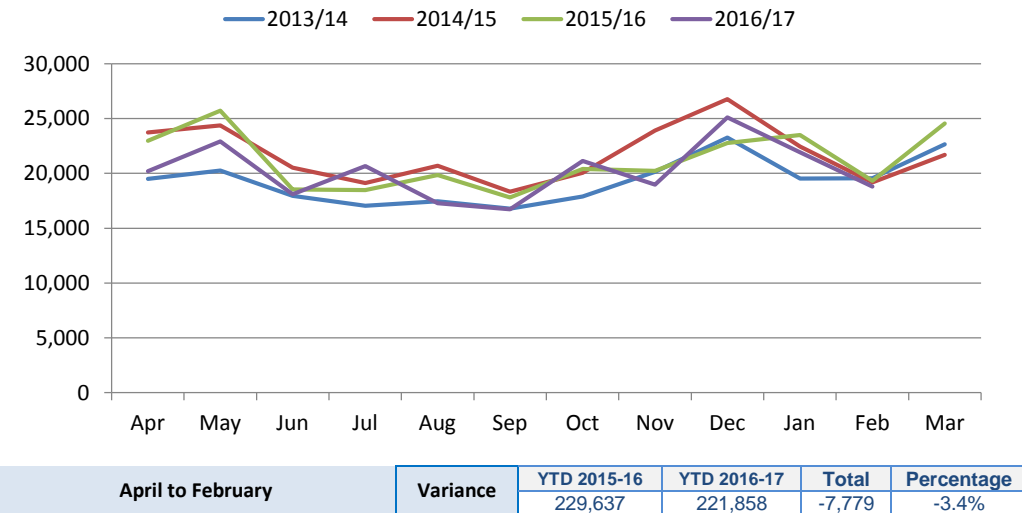
## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIP's	545	546	0

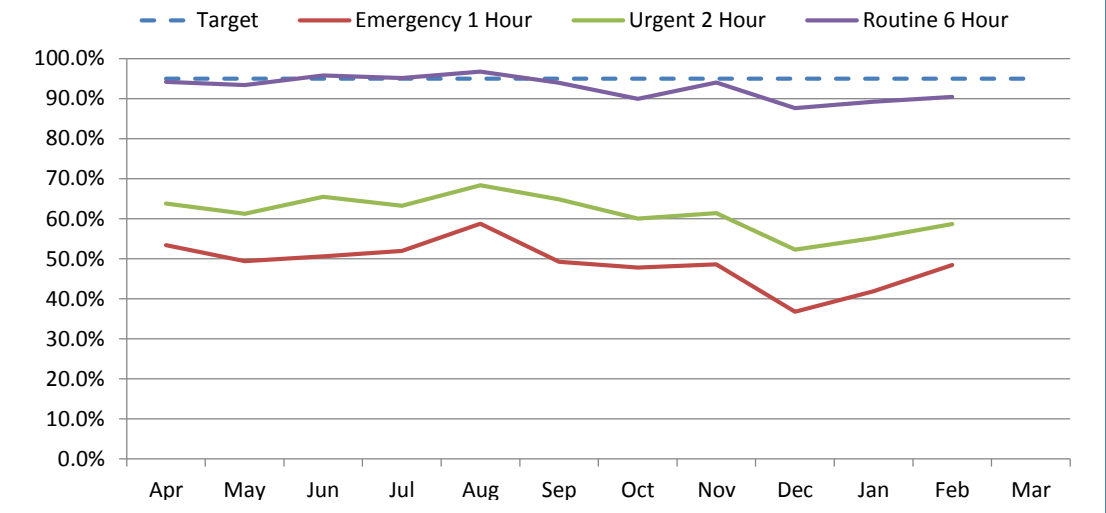
Quality and Efficiency Savings (CIPs) are on plan at the end of February as a result of non-recurrent staff savings due to vacancies.

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

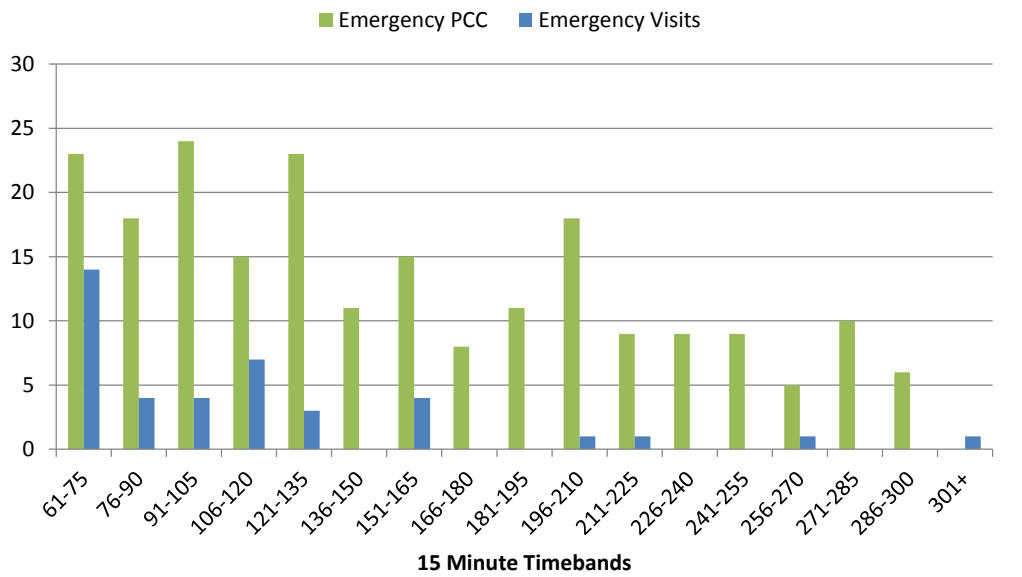
1. Demand



2. Performance



3. Tail of Performance



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	No SI's reported in February.
Adverse Reports received	No adverse reports received
Patient Complaints	28 patient complaints received in Feb-17 directly involving the LCD part of the pathway. 13 resolved and 15 remain under investigation. 6 lessons learned from those resolved.

5. Comments

Patient demand levels for WYUC in February 2017 in comparison to February 2016 decreased by 2.8%. NQR 12a performance in February saw 48.5% of emergency appointments in 1 hour completed in time, an increase of 6.6% from January. 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 58.7% of urgent cases administered within 2 hours (increase of 3.5% from January) and 90.5% of less urgent cases administered within 6 hours (Increase of 1.2% from January) The overall Quarter 4 averages for NQR 12b and 12c are 57.0% and 89.9% respectively. Urgent 1&2 hr: Shortage of clinicians (linked to contract settlement) is impacting upon performance and an independent review of the contract/ service has been undertaken with commissioners. The outcome of this review will be factored into 17/18 contract discussions which YAS agreed with commissioners to defer until the review was completed.

4.1 Finance Overview			Feb-17
	Month	YTD	Trend 2016-17
<b>RISK RATING:</b> The "Single Oversight Framework" came into effect in the monthly finance returns from Month 7. This currently shows at Month 11 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.			
<b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 11 is £12.9m against a plan of £14.4m. The in month position was an adverse variance of £0.9m against plan.			
<b>SURPLUS:</b> The Trust has reported a YTD surplus as at the end of February (Month 11) of £2.6m against a planned surplus of £3.9m, an adverse variance to plan by £1.2m. The in month position was an adverse variance of £0.8m against plan.			
<b>CAPITAL:</b> Capital spend for 2016/17 at the end of February 2017 is £9.3m against the plan of £14.4m.  The planned spend on Estates and ICT has been delayed due to scheme specifics. The Hub and Spoke planned site acquisition has been delayed until 2017/18. The 2016/17 planned spend profile was updated to reflect the A&E Fleet and HART vehicle build programme and associated equipment. However, as reported previously expenditure has been delayed due to user specification changes, with the first vehicle delivered in mid-November, 46 vehicles commissioned as at end February 2017 with the final vehicle expected to be delivered in March. In November the Trust received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trust's CRL, however the use of operating surplus/cash reserves of £2.1m is no longer required this financial year due to slippage in the capital programme relating to Hub and Spoke and purchase of training facility.			
<b>CASH:</b> At the end of February 2017, the Trust's cash position was £27m against the plan of £17.6m. The additional cash balance of £9.4m is due to capital spend being less than planned as described below (£5.1m), with the balance being due to favourable working capital, most notably receivables being £4.3m less than planned.			
<b>CIP:</b> The Trust has a savings target of £9.059m for 2016/17. 84% delivery of the CIP target was achieved YTD as at February and 50% of this was achieved through recurrent schemes. Reserve schemes have contributed £2,722k of the year to date savings. This creates an overall adverse variance against plan of (£1,290k).			



## 4.2 Finance Detail

Feb-17

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	13,683	14,464	781
Patient Transport Service	2,378	2,297	(81)
111	2,653	2,782	129
Other Income	979	659	(321)
Operating Income	19,693	20,201	508
Pay Expenditure & reserves	(14,222)	(14,397)	(175)
Non-Pay expenditure & reserves	(4,627)	(5,874)	(1,246)
Operating Expenditure	(18,849)	(20,270)	(1,421)
EBITDA	844	(69)	(913)
EBITDA %	4.3%	-0.3%	-4.6%
Depreciation	(812)	(778)	34
Interest payable & finance costs	(15)	(12)	3
Interest receivable	7	4	(3)
Profit on fixed asset disposal	12	11	(1)
Dividends, interest and other	(189)	(75)	115
Retained (Deficit) / Surplus	(153)	(919)	(766)
I&E (Deficit) / Surplus %	(.8%)	(4.5%)	(3.8%)

Capital Plan	Annual Budget £000	Current Month Variance £000	YTD Variance £000
Estates	(2,541)	(153)	1,245
H&S	(1,232)	0	1,065
ICT	(1,111)	(70)	525
Fleet	(7,444)	551	1,678
Hart Vehicles and Equipment	(1,378)	(430)	834
Medical Equipment	(1,629)	(1)	(234)
Contingency	-	-	6
<b>Total Schemes</b>	<b>(15,335)</b>	<b>(103)</b>	<b>5,119</b>
<b>Total CRL including planned NBV receipts</b>	<b>14,671</b>		
<b>Total CRL including additional NBV receipts</b>	<b>15,034</b>		
<b>Over committed against CRL incl disposals</b>	<b>(301)</b>		

Year to Date		
Budget	Actual	Variance
£000	£000	£000
164,213	165,736	1,523
26,411	26,417	7
29,411	30,512	1,101
9,332	10,294	962
229,366	232,959	3,594
(158,659)	(156,411)	2,248
(56,359)	(63,666)	(7,307)
(215,018)	(220,076)	(5,058)
14,348	12,883	(1,465)
6.3%	5.5%	-0.7%
(8,342)	(8,300)	42
(273)	(225)	47
75	49	(26)
126	143	17
(2,080)	(1,932)	148
3,854	2,617	(1,237)
1.7%	1.1%	(.56%)

Plan	CATEGORY	Plan	Feb-17	YTD
%age of bills paid within terms	NHS	95%	96%	80%
%age of bills paid within terms	NON NHS	95%	90%	87%

CASH	Plan £000	Actual £000	Variance £000
End of month cash balance	17,612	27,036	9,424

# 5 Workforce Scorecard

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

Feb-17

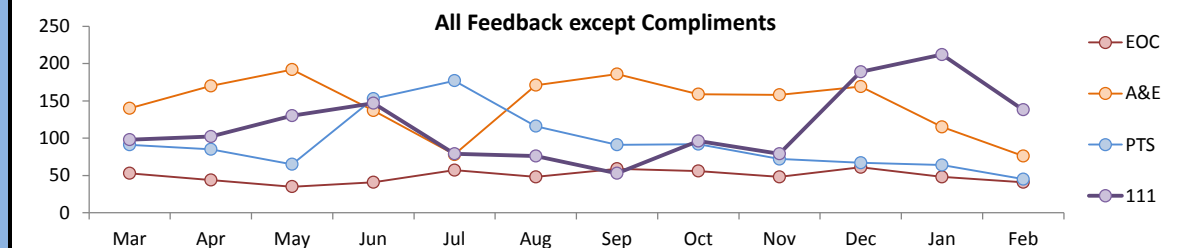
YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data -Feb-17		Current Data - Jan-17		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4377.19	Feb-17	4364.15	Jan-17	4495		↑	4232.99	Feb-16
Equality & Diversity	5.91% fte	Feb-17	5.86% fte	Jan-17	11.1% fte		↑	5.46% fte	Feb-16
	6.25% hcount		6.22% hcount					5.54% hcount	
Monthly Sickness Absence	5.88%	Feb-17	6.10%	Jan-17	5% fte		↓	5.78%	Feb-16
Yearly Sickness Absence	5.42%	Mar-16 Feb-17	5.43%	Feb-16 Jan-17			↓	5.51%	Mar-15 Feb-16
Turnover	10.71% fte	Feb-17	10.78% fte	Jan-17	10.13% Amb Trust Average from iView		↓	11.39% fte	Feb-16
	13.35% hcount		13.25% hcount					13.11% hcount	
Current PDRs	77.23%	Feb-17	75.76%	Jan-17	90%		↑	77.28%	Feb-16
Stat & Mand Workbook	94.85% (combined)	Feb-17	94.47% (combined)	Jan-17	85% (combined)		↑	91.29% (Combined)	Feb-16
	92.18%	Feb-17	91.55%	Jan-17				56.01%	Feb-16
Overtime	£853k	Feb-17	£919k	Jan-17			↓	£957k	Feb-16
	£10,856k	Mar-16 Feb-17	£10,960k	Feb-16 Jan-17			↓	£11,104k	Mar-15 Feb-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.)**

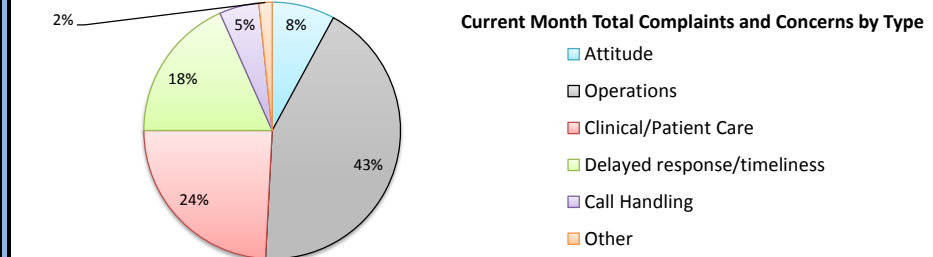
	EOC		A&E		PTS		111		Total	
	Feb-17	YTD	Feb-17	YTD	Feb-17	YTD	Feb-17	YTD	Feb-17	YTD
Complaint	19	164	10	164	8	116	32	466	69	910
Concern	11	133	14	177	19	384	8	44	52	738
Service to Service	8	212	18	165	12	372	81	613	119	1362
Comment	1	7	3	62	1	72	4	51	9	192
Compliment	0	7	0	531	0	28	13	125	13	691
Lost/Found Proper	1	6	17	312	2	22	0	0	20	340
PALS request	1	9	14	200	3	33	0	2	18	244
<b>Total</b>	<b>41</b>	<b>538</b>	<b>76</b>	<b>1,611</b>	<b>45</b>	<b>1,027</b>	<b>138</b>	<b>1,301</b>	<b>300</b>	<b>4,477</b>
Demand	69,848	828,424	58,733	698,039	61,939	720,632	126,044	1,439,642	316,564	3,686,737
Proportion	0.06%	0.06%	0.13%	0.23%	0.07%	0.14%	0.11%	0.09%	0.09%	0.12%



Complaint levels have remained consistent with previous months within PTS and EOC. Complaints within 111 have reduced but remain at an increased level due to a change in processing PEM's (post event message) which has increased the amount of feedback we receive. Complaints within A+E have continued to decrease.

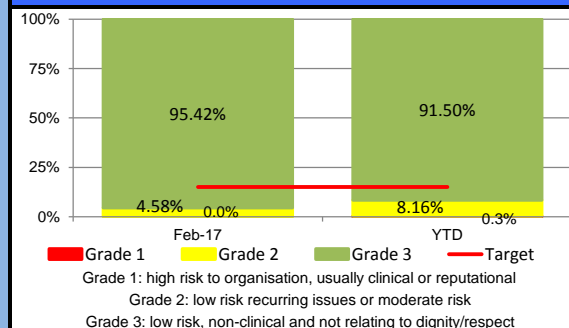
**2. Complaints and Concerns (including issues raised by healthcare professionals ) received by subject - excluding Comments**

	EOC		A&E		PTS		111		Total	
	Feb-17	YTD	Feb-17	YTD	Feb-17	YTD	Feb-17	YTD	Feb-17	YTD
Attitude	0	0	6	176	7	90	6	84	19	350
Operations	0	2	23	180	3	69	77	677	103	928
Clinical/Patient Care	0	0	13	141	8	93	37	353	58	587
Delayed response	26	391	0	3	18	565	0	0	44	959
Call Handling	9	93	0	2	3	45	0	0	12	140
Other	3	23	0	4	0	1	1	9	4	40
<b>Total</b>	<b>38</b>	<b>509</b>	<b>42</b>	<b>506</b>	<b>39</b>	<b>863</b>	<b>121</b>	<b>1,123</b>	<b>240</b>	<b>3,004</b>
Demand	69,848	828,424	58,733	698,039	61,939	720,632	126,044	1,439,642	316,564	3,686,737
Proportion	0.05%	0.06%	0.07%	0.07%	0.06%	0.12%	0.10%	0.08%	0.08%	0.08%



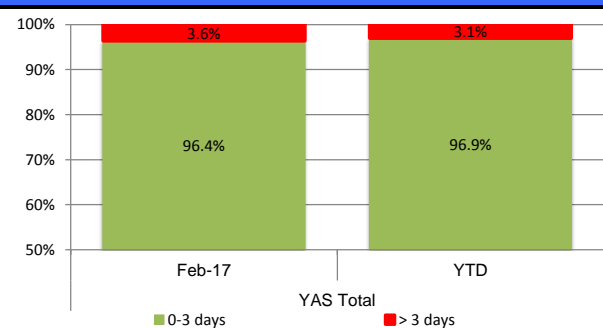
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations & Clinical/Patient are the largest for 111, whilst Attitude of staff is the most frequently reported issues for A+E.

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



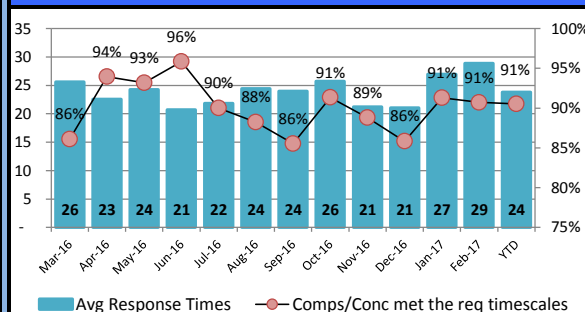
Overall Complaints & Concerns for Grade 1 remain very low. Grade 2 stands at 4.58% for February, which is below the 15% Target

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



Acknowledgement response times to complaints compliance was 96.4% in February.

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



Responses to complaints are being made in time, with the date agreed with the complainant being 91% of cases in February, with an average response time of 24 days. YTD compliance is 91% and average response time is 23 days

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

	Total	
	Feb-17	YTD
Upheld	137	1,410
Partly Upheld	77	588
Not Upheld	113	1,000
<b>Total</b>	<b>327</b>	<b>2,998</b>

The majority of cases closed this month were Upheld

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

	Total	
	Feb-17	YTD
Total YAS	5	32
No. reopened	4.1%	1.9%

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

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

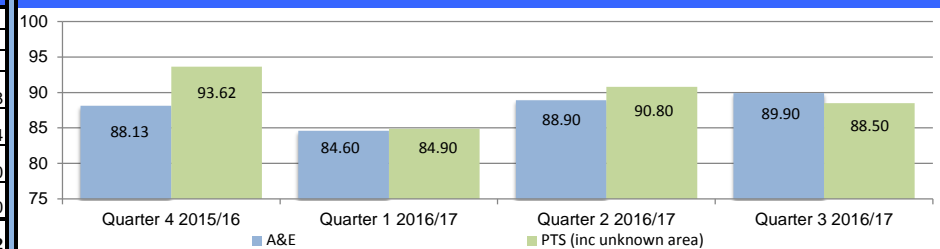
### 8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation notified		Investigation Outcomes					
	Feb-17	YTD	Feb-17	YTD	Upheld		Partially Upheld		Not Upheld	
					Feb-17	YTD	Feb-17	YTD	Feb-17	YTD
EOC	0	8	0	4	0	0	0	0	0	8
A&E	0	8	0	7	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
<b>Total</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>12</b>

No referrals were received in February

## Patient Survey Results

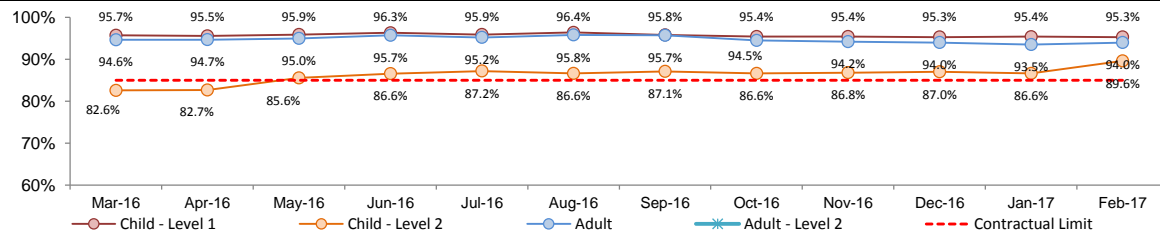
### 9. How likely are you to recommend the Yorkshire Ambulance Service?



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

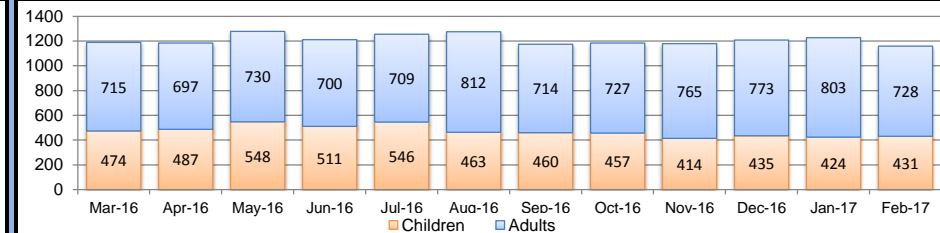
## Safeguarding

### 10. Number of eligible workforce trained



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

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



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

## Results of IPC Audit

### 12. Infection, Prevention and Control

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

Red Key

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

Amber Key

Minimum audit requirements met with compliance 80% to 94%

Green Key

Requirements met with compliance >94%

### Hand Hygiene

A&E – Hand gel not carried – staff reminded to collect. Nail varnish & jewellery worn – bare below the elbows reinforced with colleagues

### Premises

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

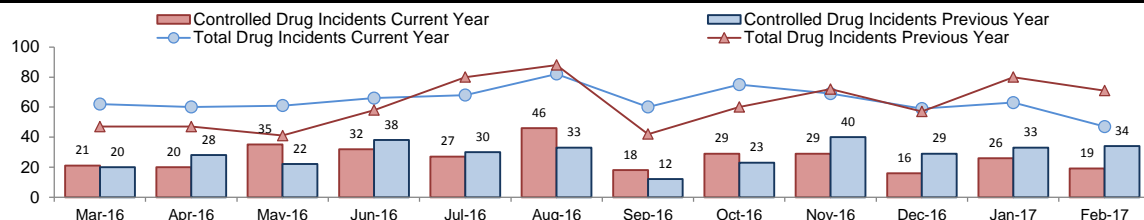
### Vehicle

A&E -Some issues found including rips & tears in stretchers and seats , New vehicles missing 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

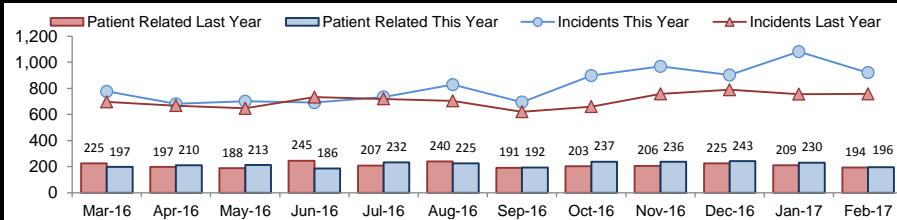
## Incident Reporting, FOIs and Legal Requests

### 13. Medicines Incidents



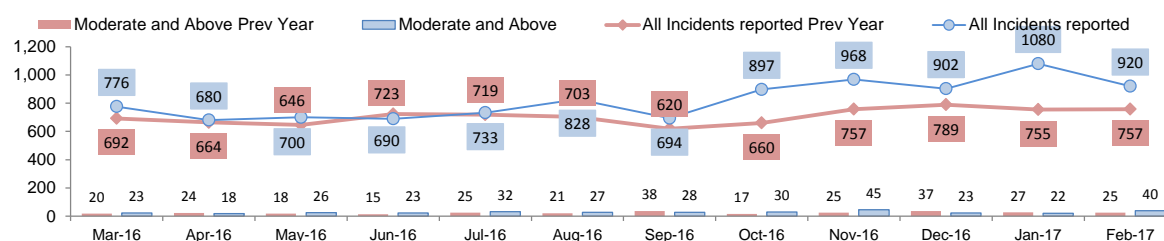
There were a total of 47 medication-related incidents for the month of February, of which 19 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

### 14. Incidents Reported



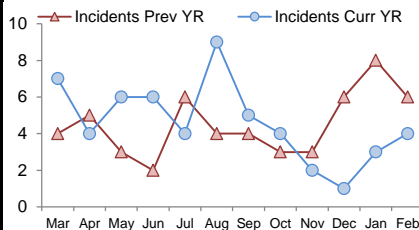
An overall slight decrease from December to February in Patient Related incidents. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed.

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



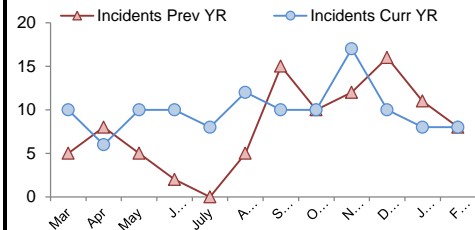
February saw a decrease in the number of incidents reported within A&E Operations with a 13.9% decrease on the previous month. An overall decrease of 17.39% in incidents reported from January to February with Incidents of moderate and above harm remaining low despite an increase in incidents reported vs last year.

### 16. Serious Incidents



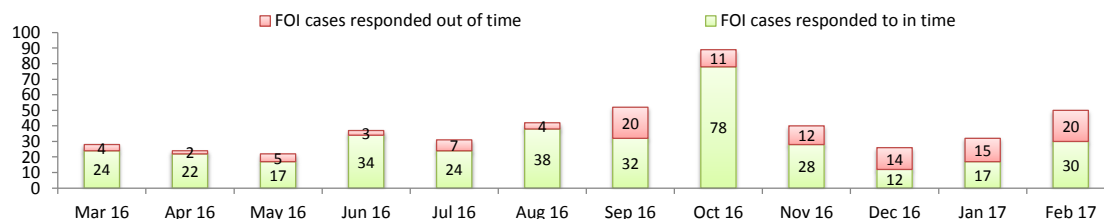
There were 4 Serious Incidents in February, 2 Delayed Response, 1 Road Traffic Collision and 1 Inadequate Clinical Assessment.

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



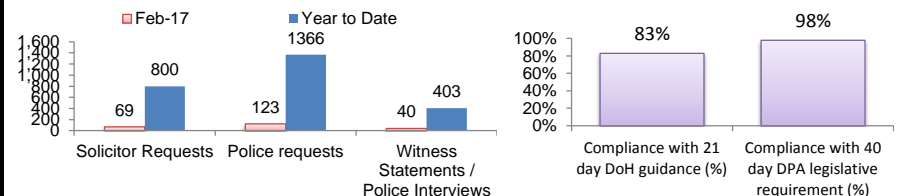
The themes and trends are showing within the RIDDOR reports as highlighted in the moving and handling summary above. Most of these involve a range of incidents including handling, lifting and carrying patients and numbers are fairly consistent with previous months.

### 18. FOI Requests



FOI Request levels increased slightly in February.

### 19. Legal Requests



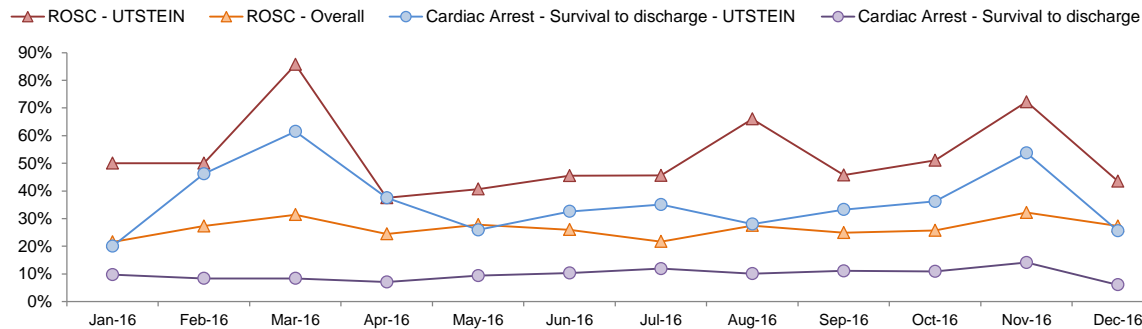
Compliance with the 21 day timescale has again improved by 6% on last months figure of 77%



## 6.2 Clinical

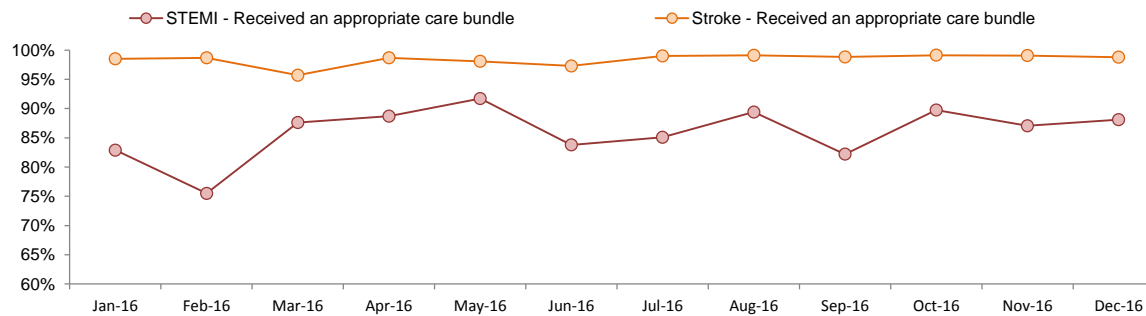
Feb-17

### 20. Outcome from Cardiac Arrests



Outcome from Cardiac Arrests: ROSC (overall) performance for December matches the consistent performance trend thus far for 2016 with an achievement of 27.3%, slightly down from November's figure of 32.2% which was the highest performing month of 2016 thus far. In line with the results of ROSC overall, the UTSTEIN comparator group also demonstrates outstanding achievement of 71.7% for November. December's figure of 43.5%, although down from the previous month, is still comparatively high on average. Survival to discharge results for November 2016 demonstrates outstanding performance with an achievement of 14.1%. This is the highest percentage performance recorded over the last three consecutive years and depicts YAS's hard work. December's Survival to discharge denotes a drop in performance at 6.1% overall, although significantly lower than November this is not due to a significant decrease in the number of people who survived but rather a large increase in the number of cardiac arrests. Survival to Discharge within the UTSTEIN comparator group emulates this pattern. Notably September, October and November show an increasing pattern of achievement, cumulating in November's figure of 53.7% being the second highest performing month of the 2016 thus far. In line with overall survival to discharge pattern, December's UTSTEIN figure is 25.6%.

### 21. AQI Care Bundle



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

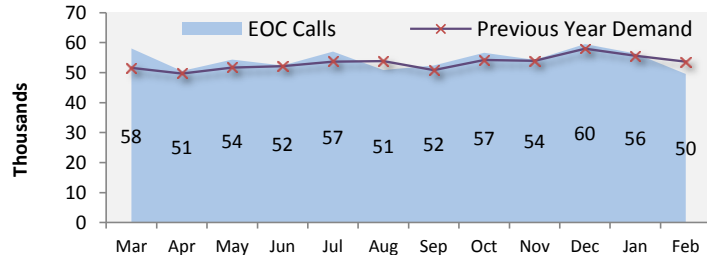
### 22. Clinical Performance Indicators

Single Limb Fractures	Cycle 16 - Jan 16		Cycle 17-July 16		Cycle 18 - Jan 17	
	YAS	National	YAS	National	YAS	
Two pain scores (Before & After Treatment)	61.9%	73.3%	70.2%	79.1%	71.1%	Not required/ reported
Analgesia administered	95.9%	93.3%	97.9%	95.2%	97.8%	
Immobilisation of limb	71.1%	63.9%	63.8%	70.0%	62.2%	
Assessment of circulation distal to fracture	95.9%	86.5%	97.9%	86.0%	91.1%	
Care Bundle for Single Limb (F1 + F2 + F3 + F4)	43.3%	49.1%	45.7%	53.9%	44.4%	

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

Feb-17

## 1. Demand



Service level YTD is currently 5.7% below target.

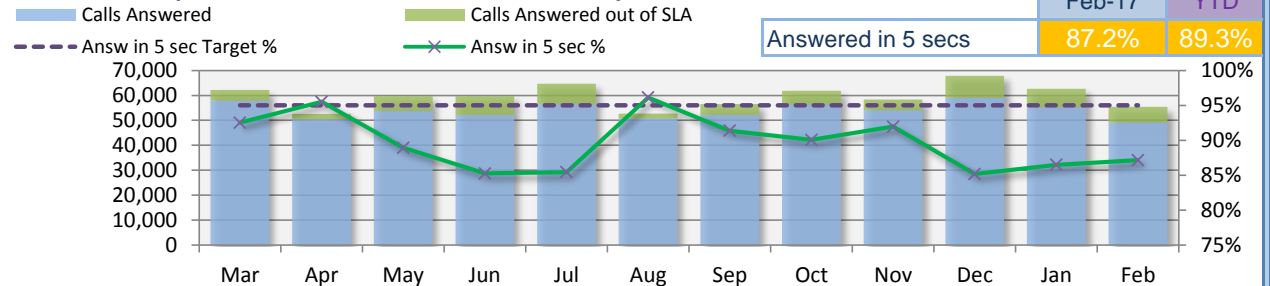
### Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	593,939	589,109	526,048	89.3%
2015/16	587,147	584,581	557,868	95.4%
Variance	6,792	4,528	(31820)	
Variance	1.2%	0.77%	(5.7%)	(6.1%)

## 3. Quality

	Feb	YTD
<b>Serious Incidents</b> (Rate Per 1000 Responses))	3(0.04) ↑	20(0.02)
<b>Total Incidents</b> (per 1000 calls)	95(1.36) ↓	1083(1.31)
There were 3 Serious Incident(s) in Feb year to date this now stands at 20.		
<b>Feedback</b>		
Complaints	19 ↔	164
Concerns	11 ↓	133
Comments	1 ↔	7
Service to Service	8 ↓	212
Compliments	0 ↔	7
<b>Response within target time for Complaints and Concerns</b>	93%	93%
<b>Outcome of Ombudsman Cases</b>		
Upheld	0	0
Not Upheld	0	8

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



	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Calls Answered out of SLA	4,327	2,266	5,950	7,679	8,221	1,969	4,501	5,600	4,351	8,760	7,456	6,308
Calls Answered	57,851	50,356	53,739	52,074	56,432	50,762	52,076	56,268	54,042	59,079	55,175	49,106
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	92.5%	95.5%	88.9%	85.3%	85.4%	96.1%	91.4%	90.0%	91.9%	85.2%	86.5%	87.2%

High demand continues to affect our service delivery (+5.0% Full YTD) although March 2017 has seen demand decrease to minus 1.5% MTD with February +3%. Recent review of call demand prediction has resulted in improved SLA performance combined with reduced average handling times. We are increasing call handling resilience by introducing a more flexible work force and we are actively recruiting against 2017 trajectory which should see achievement of full establishment call taking capacity by July 2017. 8. Attrition for EMDs forecast at 24.5% (32 fte) Performance project team beginnings this week supported by AACE which will review various processes and change the delivery of EOC and ultimately performance. Continuous early capture for purple details is ongoing which will see improvements to performance and patient outcome. Changes to capacity planning as also made good progress to stabilising EMD capacity.

## 4. Workforce

FT Equivalents	Feb-17	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE		401	20.1	100	281	70%
Contracted FTE (before overtime)		382	19.1	96	268	70%
Variance		(19)	(1)	(5)	(13)	(4.7%)
% Variance		(4.7%)	(4.7%)	(4.7%)		
FTE worked inc overtime		400	31.8	86	282	70%
Variance		(1)	12	(14)	1	0
% Variance		(0.3%)	58.6%	(14.0%)		
* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE						
** Sickness and Absence (Abstractions) is from GRS						
<b>Key Points</b>	Contracted FTE was 19 FTE under budget with a variance of (4.7)%.					

## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	282	282	0
Quality & Efficiency Savings (CIPs) are achieving due to non recurrent savings from vacancies.			

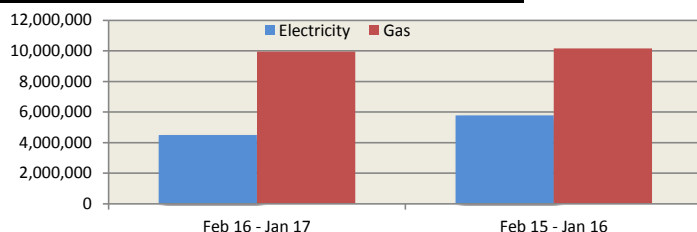
### 1. Demand

Number of Jobs Received - **744** of which **666** logged for YAS Estates Direct Labour.

Out of Hour Calls received - **21**

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

kWh	Electricity (kWh)	Gas (kWh)
Feb 16 - Jan 17	4,493,412	9,950,669
Feb 15 - Jan 16	5,784,314	10,157,521
Reduction of	<b>22.32%</b>	<b>2.04%</b>



### 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:

- **81%\*** of reactive maintenance requests completed within response timeframes - **526 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.
- First draft of Estates Strategy is currently being finalised and will be available for circulation in March 2017
- Health and Safety procedures and protocols being finalised in respect of Trades Staff and further H&S training now completed.
- Capital programme is being progressed with 4 ambulance station refurbishments underway and further garage heating at Leeds, Batemoor, Longley and Rotherham being upgraded. New garage doors are being installed at Todmorden and Pocklington (in addition to those at the 4 station refurbishments).

### 4. Staffing

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

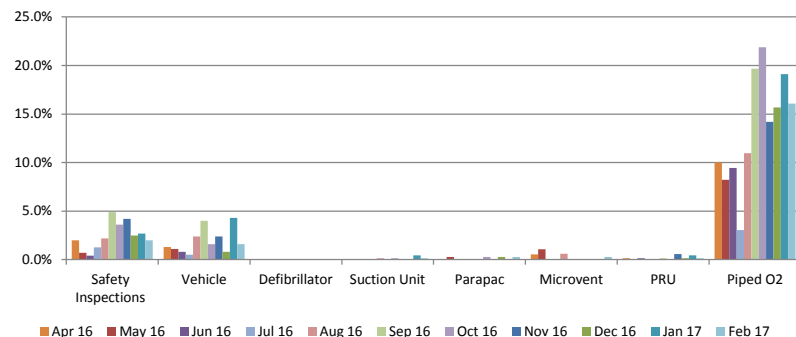
\* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE \*\* Sickness and Absence (Abstractions) are from ESR

### 5. Finance

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

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

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



### Key Points

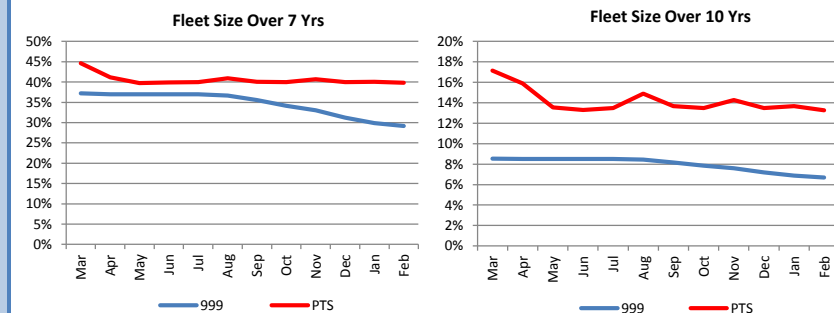
Routine vehicle maintenance remains within KPI, although the overdue remains higher than expected this is due to high VOR and increased Operational requirement on Double Crew Ambulances. Working hours and staffing resources has been moved to accommodate peak demand times to bring the VOR and Servicing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

Inspections/Services out of Window	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	%	DOT
Safety Inspections	27	20	23	14	15	11	2.0%	↓
Vehicle Services	15	6	9	3	16	6	1.6%	↓
Defibrillator servicing	0	0	1	0	0	0	0.0%	↔
Suction Unit servicing	0	1	0	0	3	1	0.1%	↓
Parapac servicing	0	1	0	1	0	1	0.3%	↑
Microvent servicing	0	0	0	0	0	1	0.3%	↓
Pain Relief Unit (PRU)	1	0	4	1	3	1	0.1%	↓
Piped O2	106	118	75	83	101	85	16.1%	↓

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.

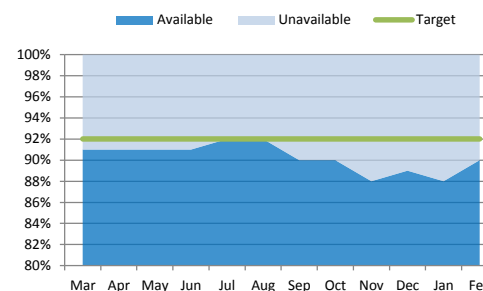
## 1.2 Vehicle Age

Vehicles >= 7 years	161	28.5%	157	38.8%	318
Vehicles >=10 years	37	8.5%	46	11.4%	83
999 Fleet			PTS Fleet		

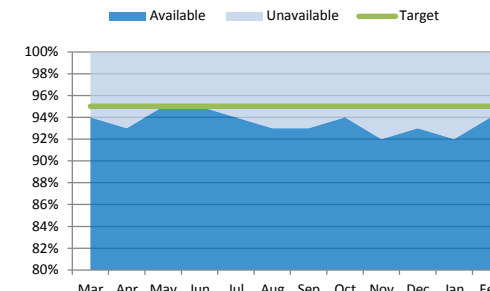


## 2. Performance

### 999 (Inc Support)



### PTS

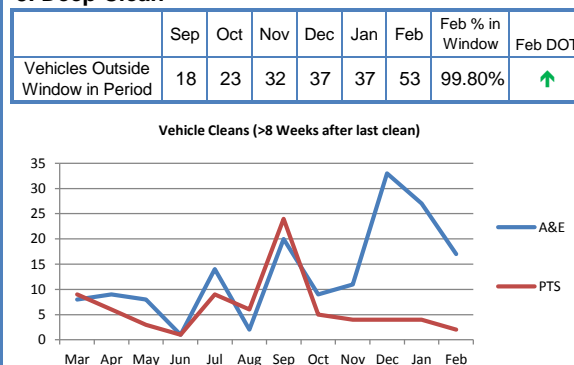


### Key Points

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

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

## 3. Deep Clean



Deep Clean Service level for February improved again to 99.8% (excluding VOR's) following improved availability of operational vehicles, 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	6.3	87	93%	
Variance	(7)	(1.3)	(8)	(8.6%)	
% Variance	-7%	+26%			

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

## 5. Finance (YTD)

£000	Plan	Actual	Variance
CIP's	1,952	1,815	(137)

Quality and Efficiency Savings (CIPs) are currently (£137k) behind plan due to non-achievement of income generation schemes (£46k) and the delay of the retender of the fleet parts contract (£92k).

## Business Continuity

- YAS BC Manager secondment with Leeds Teaching Hospitals completed at the end of February
- Preparation ongoing for ISO22301 recertification audits
- BC Manager arranged and facilitated debrief for loss of Communications outage
- BC plan and risk assessments reviewed and published for NHS111
- BC plan and risk assessments reviewed and published for BI/MI
- BC plan and risk assessments reviewed and published for Private & Events
- BC plan and risk assessments reviewed awaiting sign off for Resource Planning
- Route maps completed & printed for TdY
- Comms template for 'on route Stations' drafted for TdY
- Participated in Resilience TdY Bag day at Magna (reviewing contents of medical bags)
- Met with Lynsey Ryder & planned BC exercise for Clinical directorate (Exercise Egret)

## Emergency Preparedness and Response

- OP Blitz – start of the annual YAS EPRR Guidance/plan review including updating the YAS major Incident Plan.
- The team will look at due guidance and ensure it remains current and fit for purpose. Key focus on this year's Op Blitz as well as the MIP is the standard plan format, Event Safety Guidance and Gold cell refresher. This year's OP Blitz will be spread over the coming months, due to the reduction in available managers within the team.

- SHU EPRR awareness seminar – as part of embedding EPRR in to the future paramedics, YAS continues to support Sheffield Hallam University in holding an EPRR Seminar. This event was held at the YAS Magna base to allow a more interactive experience. YAS will continue to work closely with SHU in delivering these events on a bi-annual basis.

- Jim Richardson continues to support NHS England North in their Winter Assurance and Delivery, however Jim remains on the YAS Gold on-call cadre and also spends at least one day per week in YAS overseeing the EPRR function.

Training	Number of Courses
Resilience Awareness Course	4
Health JDM Awareness Course	1
MAGIC Course	1
CT Stage	1

Exercises
SY Exercise Capulet, Wathwood Hospital 1st February 2017
EY COMAH Exercise 1st February 2017
WY Resilience Forum Gold Exercise 9th February 2017
NY RAF Leeming Table Top Exercise 15 <sup>th</sup> February 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:** HART remains compliant with the national Service Specification and the Training and exercising programmes remain on track for all staff to complete their CPD files in line with national requirements by the year end. The new Incident Ground Technology equipment has been delivered and training is expected to commence in March, with a "go live" date of April.

**Air Ambulance:** The review of the staffing arrangements is ongoing, to maximise the investment in staff to fulfil the role. This is due to the training commitments associated with the role and the relative short duration of the secondment period. Approval to increase the establishment from 14 to 17 has been given. The recruitment process for the three new posts will be encompassed within the wider review aforementioned.

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

Both CBRN and MTFA training programmes continue to be delivered. Humberside and South Yorkshire Fire and Rescue Services are planning to develop an MTFA capability, which will increase the planning, training and exercise implications for YAS.

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

## Community Resilience Team

Numbers	No. CFR	No. EFRs	No. Static	No. CPADS
ABL	238	8	285	184
CKW	119	18	246	88
HULL/EAST	81	73	122	141
SOUTH	174	7	490	75
NORTH	378	13	209	344

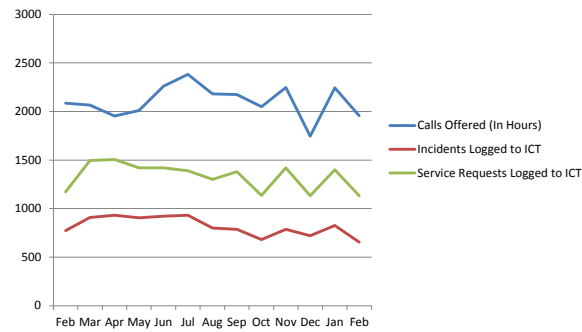
% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.6%	0.6%	2.4%	3.2%
CKW	0.7%	0.7%	0.9%	1.7%
HULL/EAST	1.2%	1.2%	2.0%	3.0%
SOUTH	1.2%	1.2%	2.3%	3.7%
NORTH	1.5%	1.5%	2.7%	3.8%

	Actual	Overall
EFRs	0.4%	0.4%



1. Demand

Support Demands on ICT Resources By Month

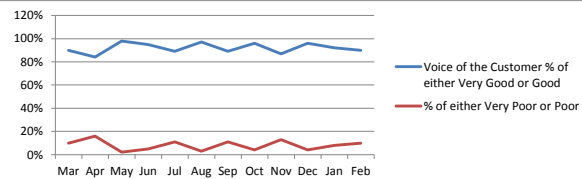


	Sep	Oct	Nov	Dec	Jan	Feb
Calls Offered (In Hours)	2,176	2,049	2,248	1,747	2,243	1,957
Incidents Logged to ICT	788	681	788	722	825	654
Service Requests Logged to ICT	1,379	1,137	1,421	1,133	1,399	1,133
Total number of active projects	13	17	17	16	14	11

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 decreased this month

3. Quality of Service

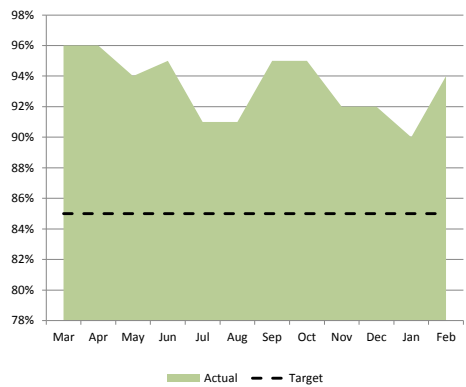


	Sep	Oct	Nov	Dec	Jan	Feb
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	99.97%	100.00%
Telecoms Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	99.93%	100.00%
Radio Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
% of either Very Good or Good	89.00%	96.00%	87.00%	96.00%	92.00%	90.00%
% of either Very Poor or Poor	11.00%	4.00%	13.00%	4.00%	8.00%	10.00%

No downtime was recorded in February

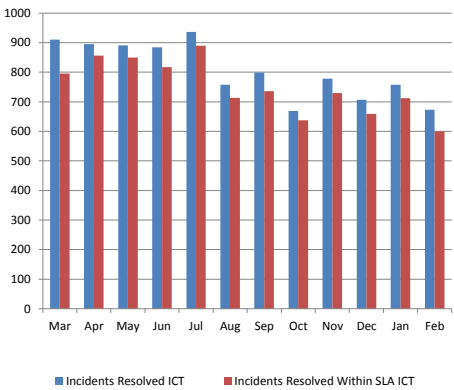
2. Performance

% Calls Answered Within Threshold

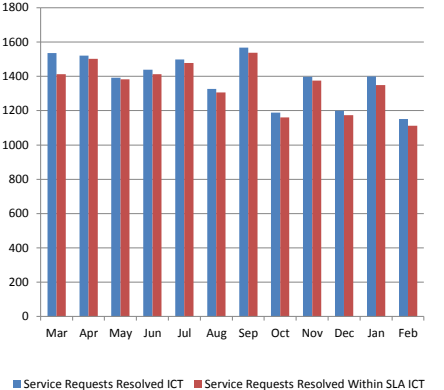


	Sep	Oct	Nov	Dec	Jan	Feb
% Calls Answered Within Threshold (10 seconds), Target 85%	95%	95%	92%	92%	90%	94%
Overall ICT Achievement on SLA for Incidents and Requests, Target 80%	96%	96%	97%	96%	97%	94%
Incidents Resolved ICT	799	669	778	778	758	0
Incidents Resolved Within SLA ICT	736	637	729	659	712	0
Service Requests Resolved ICT	1,568	1,189	1,397	1,199	1,399	0
Service Requests Resolved Within SLA ICT	1,538	1,161	1,376	1,173	1,349	0

Incidents Resolved/Resolved Within SLA



Requests Resolved/Resolved Within SLA



Calls answered within threshold is consistently high  
Overall SLA ICT achievement remains strong at 94%.  
Incidents and Request SLA's are measured against priorities (1-5 for both incidents and requests)

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6,300			4,410
Actual	39	6,143			4,894
Variance	1	158			484
%Variance	98%	98%			0%
<b>SICKNESS</b>					
5% Sickness on Budgeted			315		
5% Sickness on Actual			307		
Recorded Monthly Sickness				248	
Variance between Budget and Actual Targets				(60)	
<b>ABSENCE</b>					
25% Absence on Budgeted			1,585		
25% Absence on Actual			1,585		
Recorded Monthly Absence				1,001	
Variance between Budget and Actual Targets				(132)	

Overall absence has increased this month, but the sickness figures have remained the same

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

Feb-17

Indicator	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-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%)	0:25	0:22	0:30	0:22	0:29	0:37	0:38	0:04	0:12	0:20	0:14	0:33	0:36	4	0:07	to	1:26
Time to Answer (99%)	1:15	1:09	1:22	1:04	1:25	1:31	1:45	0:34	1:06	1:20	1:03	1:30	1:34	5	0:51	to	2:35
Abandoned calls	1.10	0.79	1.10	0.81	0.88	0.87	1.18	0.21	0.51	0.81	0.93	1.64	2.47	6	0.36	to	3.03
Cat Red 8 minute response - RED 1 (75%)*	69.0	69.6	68.5	69.7											64.5	to	72.8
Cat Red 8 minute response - RED 2 (75%)*	71.9	71.3	69.5	74.2											53.0	to	72.6
95 Percentile Red 1 only Response Time*	14.4	14.3	14.3	14.5											13.6	to	16.3
Cat Red 19 minute response (95%)*	94.7	94.3	93.7	95.7											84.1	to	94.4
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				
Category1 19 minute response***										89.5	88.3	88.4	89.4				
Category2 19 minute response***										69.3	71.1	67.9	71.4				
Category3 40 minute response***										71.1	72.2	68.0	72.8				
Category4 90 minute response*** (excl HCP)										90.3	84.3	83.5	84.0				
Time to Treat (50%)	6.4	6.1	5.9	6.0											6.4	to	11.7
Time to Treat (95%)	15.9	15.3	15.5	13.3											19.5	to	28.6
Time to Treat (99%)	23.8	23.0	23.4	19.5											34.8	to	57.7
STEMI - Care	82.9	75.5	87.6	88.7	91.7	83.8	85.1	89.4	82.2	89.7				2	68.3	to	90.8
Stroke - Care	98.5	98.7	95.7	98.7	98.1	97.3	99.0	99.1	98.8	99.1				4	94.4	to	99.6
Frequent caller *	2.00	2.56	2.29	2.85	3.28	3.40	3.49	3.67	4.03	2.52	2.83	2.92	2.87	6	0.30	to	3.50
Resolved by telephone	8.2	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	5.1	to	15.8
Non A&E	30.7	29.8	29.4	30.2	29.9	29.7	30.4	30.7	30.8	30.0	29.7	30.7	31.0	9	27.9	to	49.4
STEMI - 150	79.0	84.9	86.4	91.2	84.3	82.8	80.2	90.2						8	72.4	to	92.2
Stroke - 60	49.3	51.5	48.7	54.4	52.0	43.2	47.1	43.6	42.0	39.9				9	35.3	to	66.5
ROSC	21.6	27.3	31.4	24.5	27.8	26.0	21.7	28.4	25.2	25.7				7	24.5	to	36.3
ROSC - Utstein	50.0	50.0	85.7	37.5	40.7	45.5	45.6	64.7	46.8	51.1				6	42.9	to	68.5
Cardiac - STD	9.7	8.4	8.4	7.1	9.4	10.3	11.9	10.2						2	6.6	to	12.8
Cardiac - STD Utstein	20.0	46.2	61.5	37.5	25.9	32.6	35.1	29.2						2	20.0	to	41.0
Recontact 24hrs Telephone	2.2	5.5	5.5	6.0	5.3	6.5	6.3	6.8	6.7	5.0	7.3	5.7	5.1	4	1.7	to	14.6
Recontact 24hrs on Scene	1.4	2.8	3.2	2.5	1.8	1.4	1.8	1.3	1.6	1.3	1.5	1.6	1.5	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 (@ January 2017)

Feb-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	0:07	0:29	0:26	0:54	1:26	0:59	0:13	0:25	4	January
Time to Answer - 99%		mm:ss	1:35	1:01	0:51	1:04	1:21	2:03	2:35	2:04	0:54	1:17	5	January
Abandoned calls		%	1.66	0.76	0.36	0.43	2.63	1.05	3.03	2.06	0.90	1.06	6	January
Cat Red 8 minute response - RED 1	75%	%	68.3	68.2	69.1	66.5	68.3	72.8	64.5					January
Cat Red 8 minute response - RED 2	75%	%	56.7	60.9	64.8	63.0	62.8	72.6	53.0					January
Cat Red 19 minute response	95%	%	84.1	90.4	93.2	89.5	89.0	94.4	89.2					January
95 Percentile Red 1 only Response Time		Time	15.5	15.9	13.6	15.1	16.2	14.3	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	24.8	23.5	19.5	26.2	28.6	20.0	24.4					January
Time to Treat - 99%		mm:ss	41.7	34.9	39.9	43.2	57.7	34.8	39.0					January
STEMI - Care		%	83.6	90.8	70.7	81.7	87.1	73.2	68.3	76.8	80.0	87.5	2	October
Stroke - Care		%	98.7	99.2	96.8	97.7	99.6	98.4	95.9	94.4	97.6	98.6	4	October
Frequent caller *		%	0.3	0.3	0.3	0.9	1.4	3.5				3.2	6	January
Resolved by telephone		%	15.8	6.7	11.0	8.4	10.1	10.9	6.1	14.8	5.1	7.8	7	January
Non A&E		%	27.9	40.4	36.9	34.3	32.4	41.0	49.4	49.4	38.0	30.3	9	January
STEMI - 150		%	92.2	91.7	91.1	91.0	81.4	87.6	91.8	72.4	87.6	85.3	8	October
Stroke - 60		%	54.8	50.9	62.5	59.0	53.8	47.6	66.5	35.3	56.1	46.1	9	October
ROSC		%	24.9	28.4	29.2	26.1	36.3	30.1	27.9	24.5	31.0	26.3	7	October
ROSC - Utstein		%	47.7	55.8	54.4	68.5	61.9	42.9	53.6	45.0	47.3	51.3	6	October
Cardiac - STD		%	6.6	9.0	8.6	7.8	9.2	12.8	7.9	8.3	9.1	10.2	2	October
Cardiac - STD Utstein		%	20.0	31.7	26.2	41.0	28.2	24.4	27.0	21.7	23.4	32.7	2	October
Recontact 24hrs Telephone		%	1.7	8.0	3.4	12.6	4.2	9.0	7.0	10.3	14.6	6.0	4	January
Recontact 24hrs on Scene		%	4.2	5.3	8.7	4.5	3.2	4.5	5.5	4.6	6.9	1.6	1	January