



# Integrated Performance Report – March 2016

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 3 time to treat patients' targets, as well as re-contact rates. YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

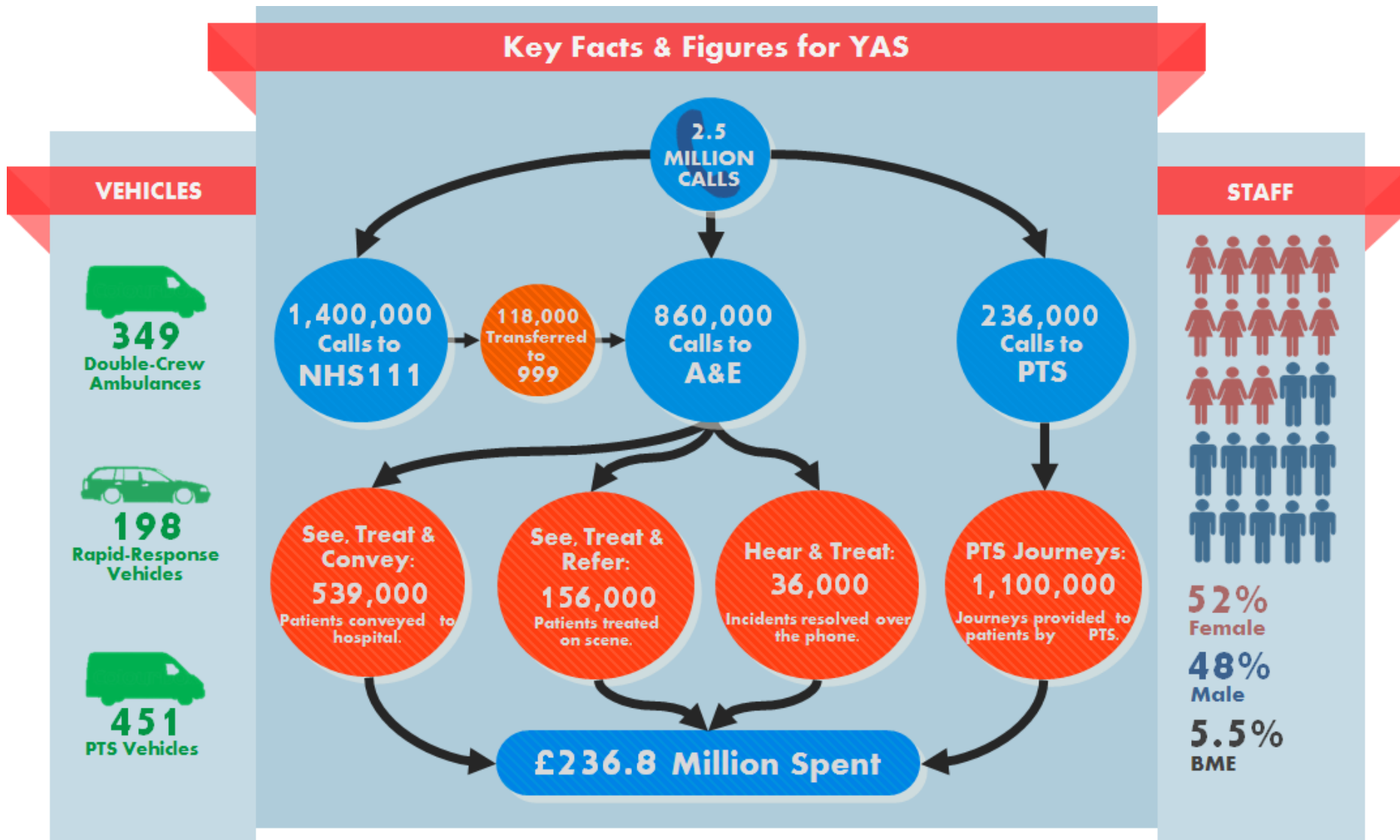
**Survival to discharge UTSTEIN (witnessed by bystander):** Between January and November 2015 121 UTSTEIN patients were discharged alive from hospital. This was an increase of 12 patients in comparison to the same period last year (January – November 2014), equating to an 11% increase in patients being discharged alive. To date, for the 2015/2016 period we are currently ranked second for performance among the eleven ambulance service trusts for this measure.

In 2014 the Association of Ambulance Chief Executives (AACE) developed a set of guidance for how ambulance services should report performance to ensure consistency in reporting of 999 targets and the AQIs. These have recently been reviewed and changes implemented on the 5<sup>th</sup> of January 2016. Red 1&2 ambulance response remained above 70% for 2015-16, with YAS the second ranked service nationally for Red 2 performance .

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## IPR Compendium (2014-15 Key Facts)



## IPR Exec Summary – March 2016

The following summary highlights exceptions with further detail provided within the report appendices. Main Service Lines:

- **111 calls** are above contracted for March (+7.5%, 9,965 calls), and remain above plan at 2.9% in 2015-16 (+7.6% above last year). The Plan included a contracted growth level of 5.0%. 111 onward referral rate to 999 is still performing well (<10%) at 7.3% for March.
- **999 Call demand** above plan in March (+6.1%, 4,283 Calls). 2015-16 demand ended 1.5% below plan (12,863 Calls). **NB: 111 calls up 42,186.**
- **Hear & Treat (H&T)** is 5.9% below the profiled plan in the month however YAS are effectively managed significantly more calls in 2015-16 (+5.3% on plan). This has positively reduced ambulance responses. This helps to make more resource available to other and particularly critical Red calls. Recent National Ambulance Quality Indicators (AQI) changes means less opportunity for H&T in respect of Red calls.
- **The See Treat & Refer (STR) activity** is lower than planned YTD mainly due to the increased use of Urgent Care Practitioners and the success of the investment schemes (111, Mental Health and Frequent Callers) which are targeted at reducing ambulance responses.
- **A&E Responses at scene** (At least 1 vehicle arriving at scene). Red responses are above plan for March (+15.9%, 4,008 Responses), they are also ended above plan for 2015-16 (+3.2%, 9,628 Calls). Red 1&2 ambulance response remained above 70% for 2015-16, now the second ranked service nationally for Red 2. This achievement demonstrates continued A&E service efficiency (higher performance vs resource hours available). Red demand responses for March 2016 make up 49.5% (43.9% March 2015) of all responses, increasing pressure on an 8 min response as more resources are required.
- **999 Performance** against 8 min 75% target Red 1 (achieved 8m 45s) and Red 2 (achieved 8m 48s). Red 1 was below but Red 2 was the same as those achieved in Feb15. Both performances have been impinged by the recent AQI changes
- **PTS –Performance** - - KPI 2 getting patients to their appointment on time achieving 84.4% YTD (target 82.9%) and KPI 3 collected after appointment 90.8% YTD (target 91.7%). March has been disappointing month's performance for outward journeys; although YTD remains encouraging. March has maintained its good level of performance for inward patient journeys-this is all the more critical to ensure patients are in for long awaited or health critical appointment times. Call taking performance: Calls answered within 3 minutes for March 2016 stands at 75.1% with a YTD total of 81.5%. Down 5% on last month. This being due to annual leave being at its maximum allowance due to staff taking leave at the end of year. PTS are working on smoothing this to reduce any impact in 16/17. Additionally PTS are balancing the courtesy calls versus inbound calls, due to the leave on certain days the ratio of staff assigned to inbound calls was recognised as slightly out impacting on call performance, on a few days.

111 Headline Metric	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Call Answered	133,743	143,708	9,965	7.5%	1,468,852	1,511,038	42,186	2.9%
Calls Answered (60 Secs)	127,056	109,055	(18,001)	(14.17%)	1,395,409	1,346,895	(48,514)	(3.5%)
999 Referral Numbers		10,495				117,840		
999 Referral Rate		7.3%				7.8%		

A&E Contract (CCG Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Calls (Demand)	70,340	74,623	4,283	6.1%	852,394	839,531	(12,863)	(1.5%)
Hear and Treat (H&T)	3,904	3,673	(231)	(5.9%)	36,856	38,806	1,950	5.3%
See, Treat and Refer (STR)	12,776	12,536	(240)	(1.9%)	159,731	146,072	(13,659)	(8.6%)
UCP Demand (STR)		1,060	1,060			12,546	12,546	
All STR inc UCP	12,776	13,596	820	6.4%	159,731	158,618	(1,113)	(0.7%)
See, Treat and Convey (STC)	44,712	46,856	2,144	4.8%	537,099	527,658	(9,441)	(1.8%)

A&E Ambulance Response Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Red Responses (STR+STC) Ex OOA	25,240	29,248	4,008	15.9%	300,095	309,723	9,628	3.2%
Red 1 Performance	75%	68.5%			75%	70.9%		
Red 2 Performance	75%	69.5%			75%	71.3%		
Green Responses	31,985	29,891	(2,094)	(6.5%)	393,236	361,049	(32,187)	(8.2%)
Red to Green Ratio	44.1%	49.5%		5.3%	43.3%	46.2%		2.9%

PTS Headline Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
PTS Demand	73,922	66,531	(7,391)	(10.00%)	866,678	805,535	(61,143)	(7.05%)
Inbound Journeys	82.9%	85.5%			82.9%	84.4%		
Outbound Journeys	91.7%	90.9%			91.7%	90.8%		

### Support Services

- **Finance:** The Trust submitted a revised financial plan to the NHS TDA in September in line with other Trusts nationally. Against this revised plan the Trust has a cumulative surplus as at the end of (M12) March of £2.4m, a positive variance of £0.4m above plan. This positive variance is principally due to a reduction in non pay costs. This is offset by adverse performance delivery and therefore contract penalties.
- **Workforce:** The sickness absence rate for March16 is at 5.6% which is a decrease of 0.2% from the previous month. This continues to compare favourably to the same period last year when it stood at 6.1%. The 12 month figure stands at 5.5% compared to the 6.4% for previous 12 months. Turnover has risen to 11% for the last 12 months compared to 10.7% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles.
- **Complaints, concerns and comments** decreased slightly in the number in March 2016, 253 (0.07% of incidents) compared to February 2016, 264 (0.08%). Acknowledgement times were marginally higher in March at 98.7% (acknowledged within 3 days) compared to February at 98.2%.
- **Safeguarding compliance** has increased slightly in March overall but compliance Child Level 2 training has reduced slightly, however all measures remain above 80%.
- **Incident reporting** overall has increased slightly in March compared to February. The proportion of incidents with moderate and above harm is 3% which is lower than the February figure and within the range previously seen.
- **Clinical:** YAS has improved and is now in the top third in 14 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. **Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.**

### Business Objectives and Transformation (Lead: Exec Team – see specific page)

**Business objectives:** The delivery of consistent Red 1 and Red 2 8 minute 999 response times has not been delivered as planned (75% target) and therefore has a RED RAG status. (Y/E for Red 1 is 70.9% [75% in 8m 45s] and Red 2 is 71.3% [75% in 8m 48s])

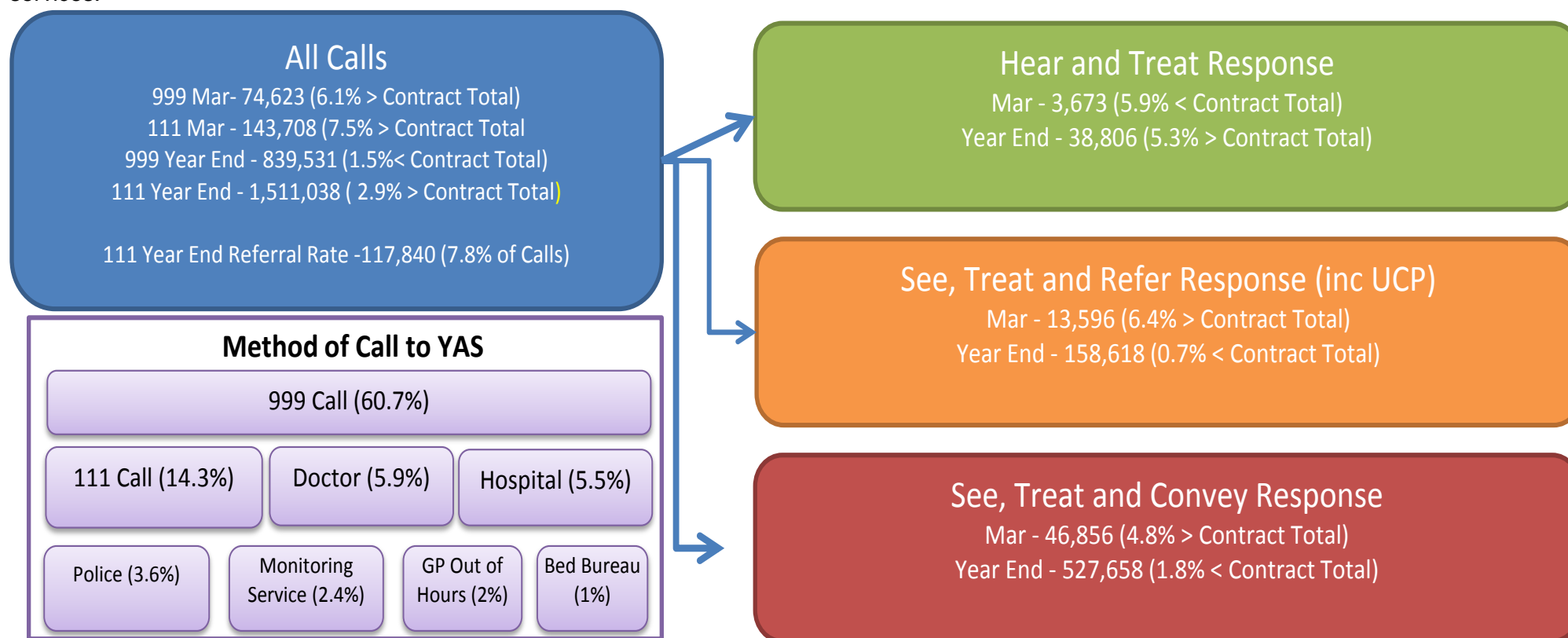
**CQUINS:** A Red risk on paramedic pathfinder is due to data capture challenges on the paramedic pathfinder tool. The Q3 reconciliation is complete and all milestones were achieved with the exception of Paramedic Pathfinder.

## 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 Calls) overall in March was above plan, reducing the marginal gap to the Year End (Y/E) plan. (Plan predicted based on Feb 2015 forecast with 3.8% growth). Calls are 1.5% less than contracted in 2015-16 compared to February YTD which was 2.2%. The contract has 3 key categories of response. Hear & Treat - YAS are triaging more calls (5.3% in 2015-16) than contracted whereas the other categories are all under contract levels at this point for 2015-16. Activity involving ambulances that have arrived at scene (responses) has not grown as much as previous years due to various internal factors including a reduced referral rate from 111, and increased use of the clinical hub for triaged calls. Fewer calls are being conveyed to hospital by either being resolved over the phone or dealt with on scene. Other factors also affect demand such as weather patterns and take-up of out of hours services.



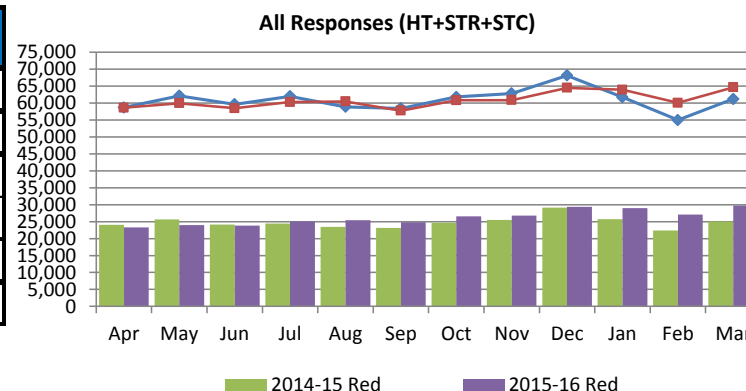
- Note: 111 referral rate has decreased to 7.3% in March and is below the 2015-16 year end average of 8.5%, and call volumes have increased although there has been less referral than last year. So far this year 111 have transferred 117,840 calls for an ambulance response, a decrease of 1% compared to April to Mar 2015.*

## Demand and Performance – A&E

### Contract by PBR categories

	Actual Mar	Plan Mar	Var Mar	Var % Mar	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls	74,623 ↓	70,340	4,283	6.1%	839,531 ↓	852,394	(12,863)	(1.5%)
Hear and Treat (Triage)	3,673 ↓	3,904	(0,231)	(5.9%)	38,806 ↓	36,856	1,950	5.3%
See, Treat & Refer	12,536 ↓	12,776	(0,240)	(1.9%)	146,072 ↓	159,731	(13,659)	(8.6%)
See, Treat & Refer (UCP)	1,060	0	1,047	N/A	12,546	0	12,546	N/A
See, Treat & Refer Total	13,596 ↓	12,776	0,820	6.4%	158,618 ↓	159,731	(1,113)	(0.7%)
See, Treat and Convey Total	46,856 ↓	44,712	2,144	4.8%	527,658 ↓	537,099	(9,441)	(1.8%)

\* The above table does not include out of area demand.



### Performance (based on at least 1 vehicle arriving at scene within 8 minutes for the most life threatening incidents, 1 response counted per incident)

Due to a higher number of red responses, performance for responses categorised as the most life threatening (Red 1&2) did not reach the target of 75% in March. Performance in March 2016 was lower than February 2016 for both measures. Changes in the AQI's for Red2 calls received from 111 saw a reduction in the time allowed to deal with the call which also had an impact on the Red2 Performance.

Red responses for March 2016 made up 49% of all responses, increasing the pressure on the 8 minute response times due to both resources despatched and extended job cycle times. YAS is the highest nationally in terms of red demand ratio.

March	Month Actual	Previous Month	Same Month Last Year	Target
Red 1 Performance	68.5% ↓	69.6% ↓	73.5% ↓	75.0%
Red 2 Performance	69.5% ↓	71.3% ↓	72.3% ↓	75.0%
Red 1 Responses (Arrived Scene)	1,873 ↑	1,723 ↑	1,640	
Red 2 Responses (Arrived Scene)	27,886 ↑	25,365 ↑	23,408	
Total Responses (Arrived Scene)	60,964 ↑	57,111 ↑	57,272	
Red Ratio	48.8% ↑	47.4% ↑	43.7%	
Daily Average Resource Vehicle (GMA) Hours	5,624 ↑	5,316 ↑	5,244	

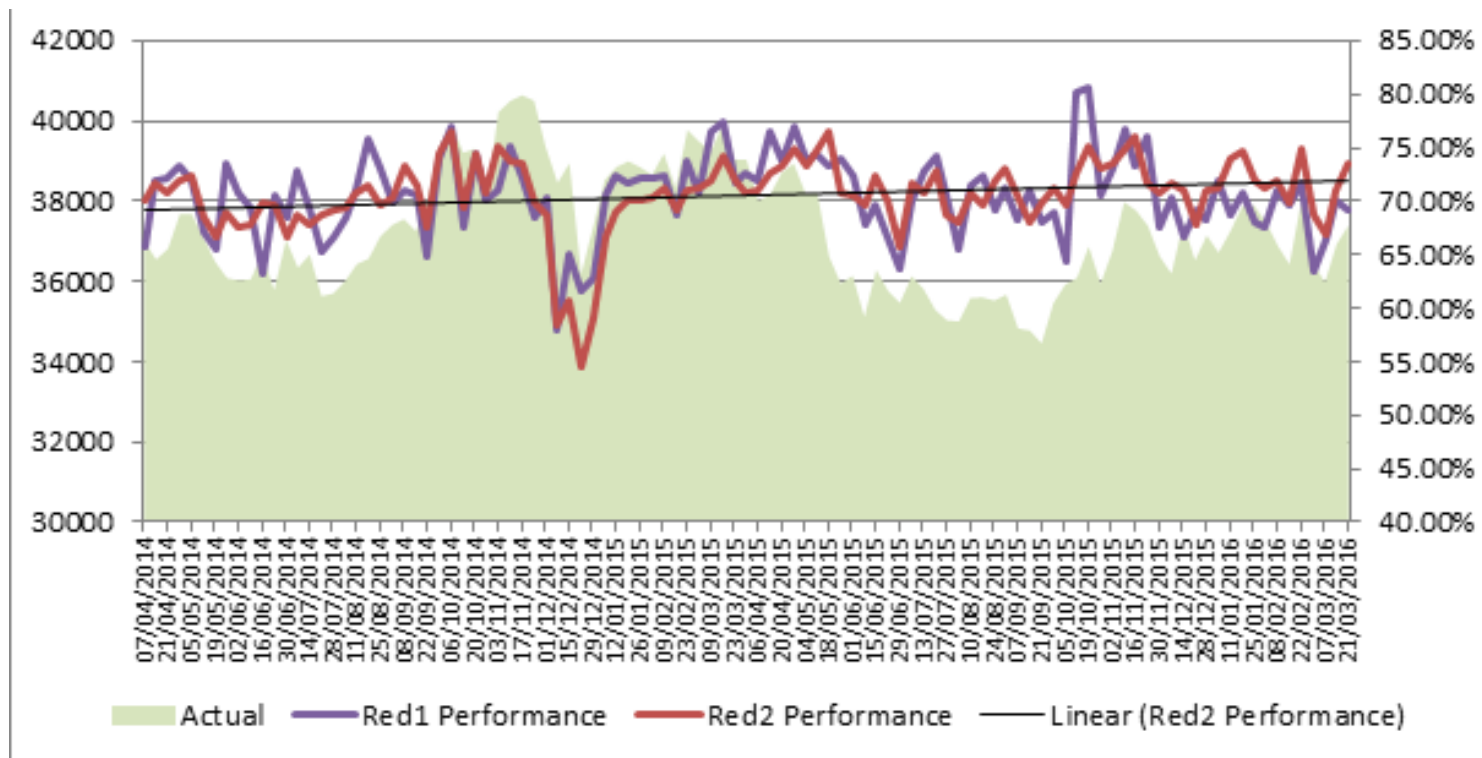


## Demand and Performance – A&E

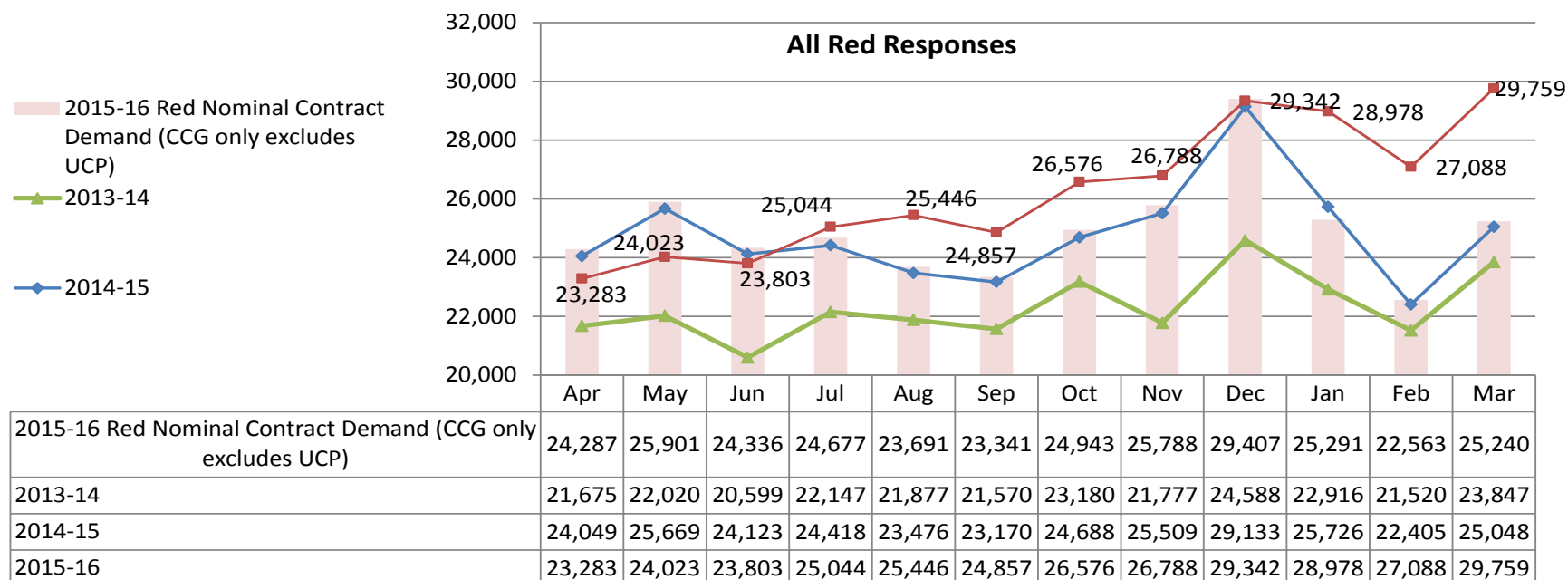
The drop in resource hours available this year is due to continuing vacancies and a reduction in the amount of hours taken up through overtime. Other abstractions in particular training also increased.

Current Abstraction rates are around 35% increasing the pressure on the service as anticipated levels should be around 31%. Overtime was above plan at 10.5% (Plan 6.7%). YAS put out 493 fewer unit hours per day than originally planned impacting on our ability to hit targets.

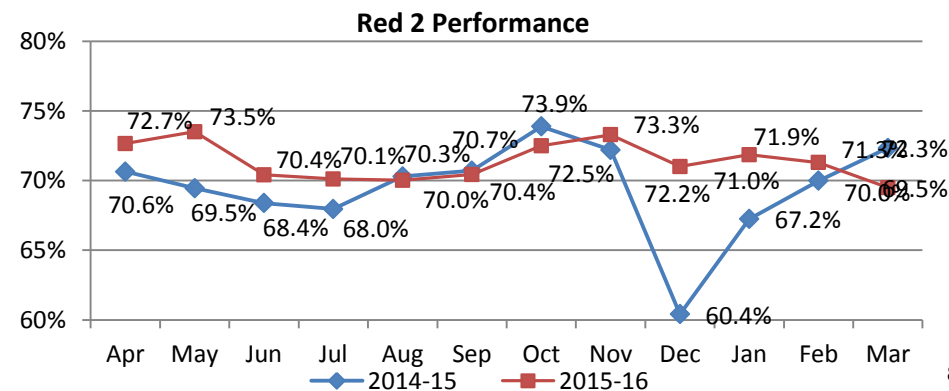
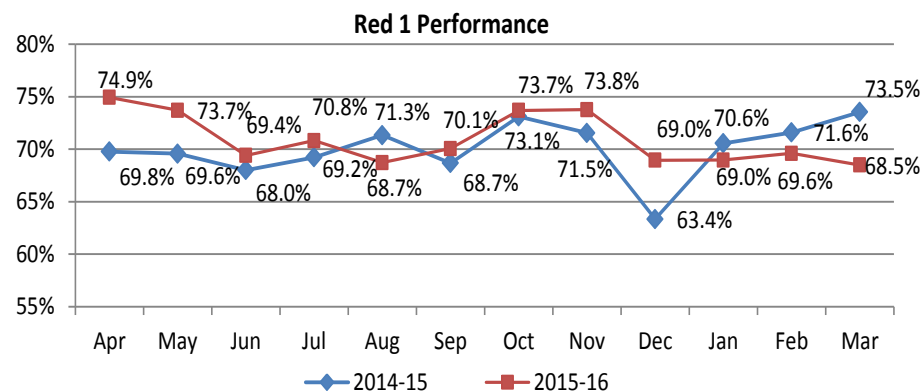
Hours Vs Performance Graph by Week



## Demand and Performance – A&E



- Red1 - 122 Jobs (3.9 per day) short of updated trajectory target at 75%. Red 1 responses were down by 5% compared to March 2015.
  - 75% of patients were seen within 8 minutes and 45 seconds, this was 3 seconds slower than February
  - 95% of patients were seen within 14 minutes and 20 seconds, this was 1 second slower than February
- Red2 – 1534 jobs (49.5 per day) short of updated trajectory target at 75%. Red 2 responses were down by 2.8% compared to March 2015.
  - 75% of patients were seen within 8 minutes and 48 seconds, this was 13 seconds slower than in February
  - 95% of patients were seen within 15 minutes and 43 seconds, this was 35 seconds slower than in February





## National Key Performance – Weekly (As of wc 28<sup>th</sup> March)

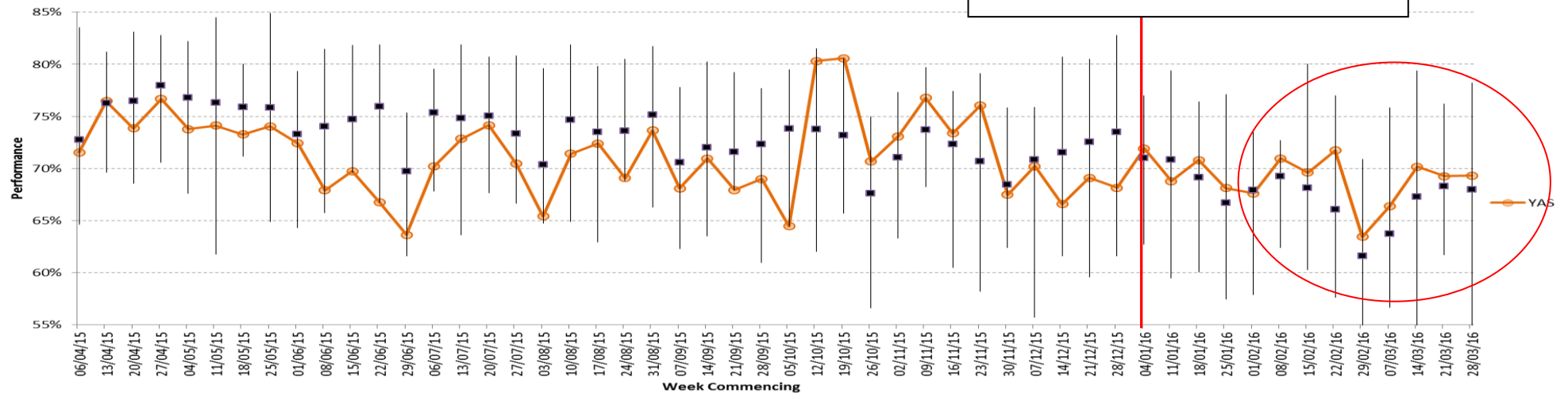
- There has been a Red 1 national trend decrease since the change to the AQI introduction guidance which happened in January 2016
- Nationally YAS has improved and is now ranked 2<sup>nd</sup> for Red 2 YTD performance
- YAS is above the national average throughout February and March

### Note:

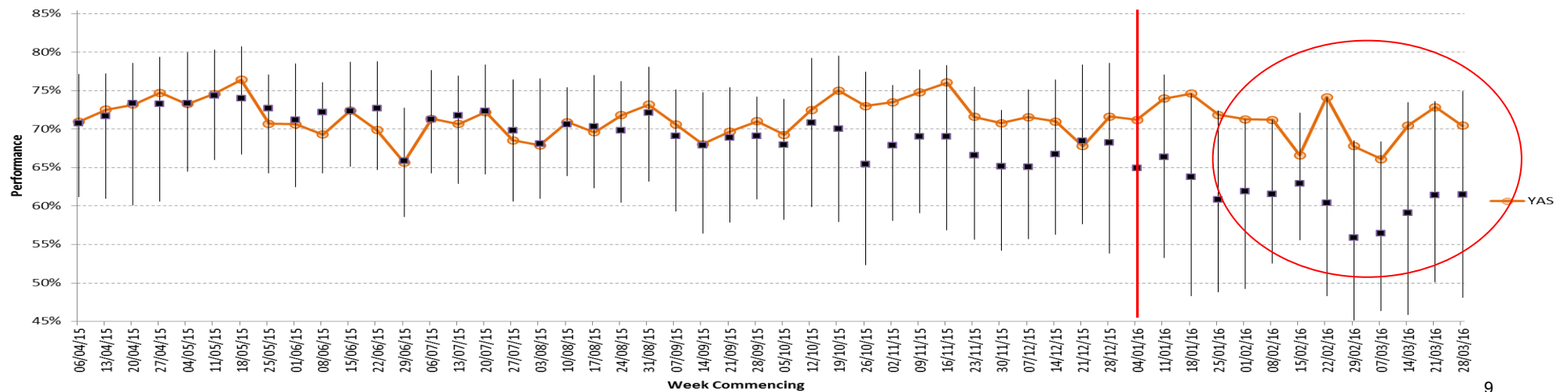
The black bars denote the highest and lowest performing services.  
The black squares denote the mean national performance.

### Weekly R1 Performance

IPR changes to Red1& 2 from 04/01/2016



### Weekly R2 Performance

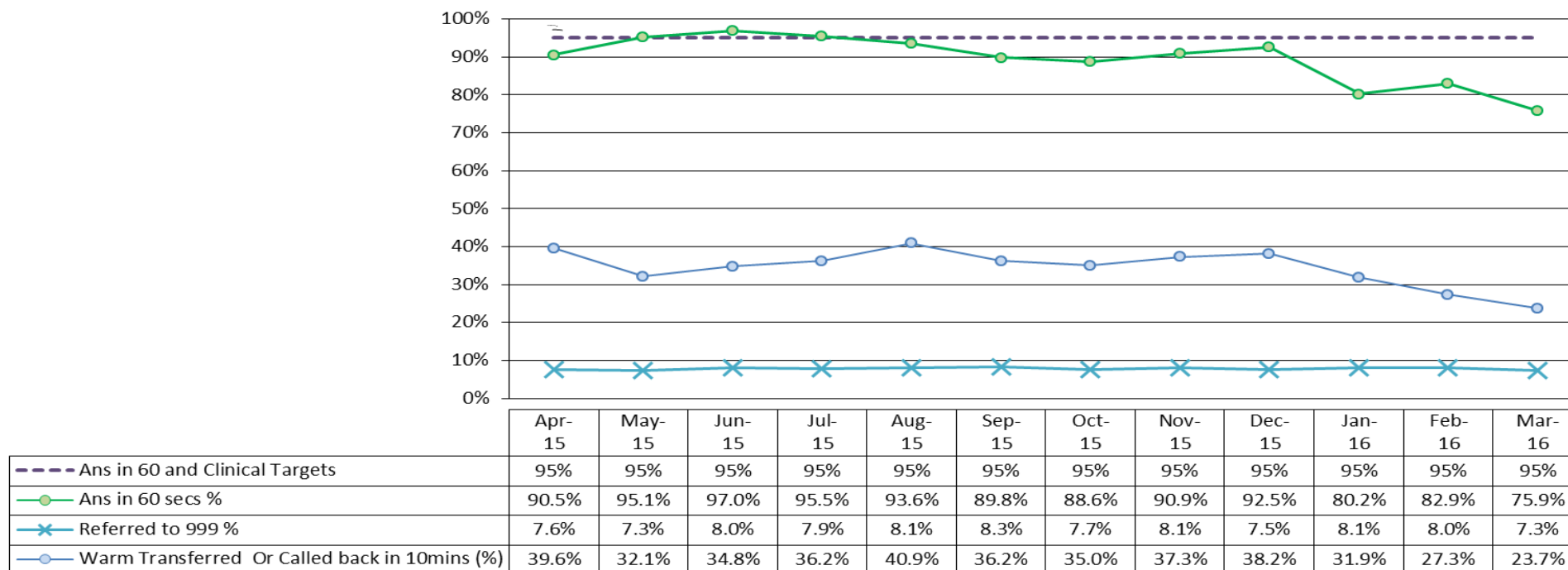


## Demand and Performance – NHS 111

NHS 111 (Lead Director: Executive Director of Standards and Compliance – Steve Page, Nominated Lead: NHS 111 Lead – Mark Leese)

### NHS 111 Key Indicators for Performance

**YTD Answered calls are 7.6% (107,260) up on last year volumes versus a contracted growth of 4.6%.** Year on Year there's been a 3.5% (44,969) increase in calls answered in 60 seconds despite increased demand above plan.



With calls answered demand running at 2.9% (42,186 calls) above the level funded within the contract, key KPI's have fallen and a capacity review has been requested with commissioners in order to ensure patient care can be maintained.

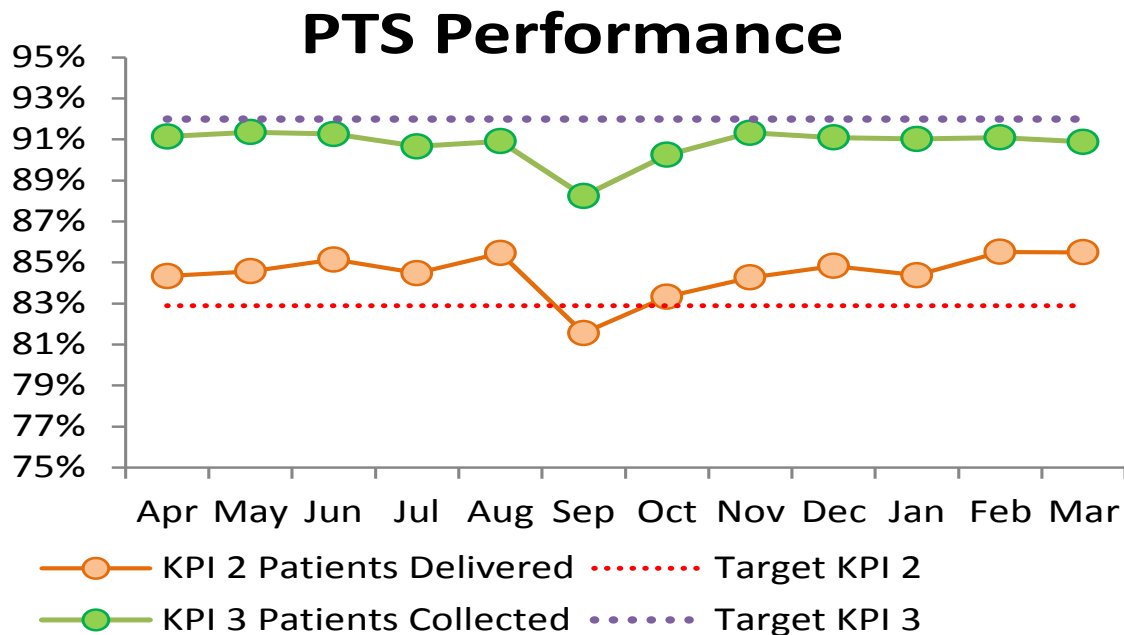
Referrals to 999 moved from 8.0% to 7.3% from February to March and have reduced by 0.8% year on year.

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 39.5% above budgeted for March. Available time was 39.7% above planned. A cohort of new staff completed training and started in February this was planned recruitment given the budgetary underspend and the need to secure additional staffing for Easter given the increased call volumes and pressure seen within the service.

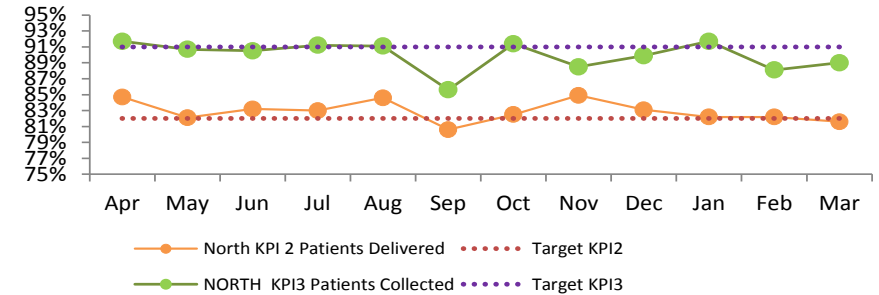
## Demand and Performance - PTS

PTS (Lead Director: Chief Executive – Rod Barnes, Nominated Lead: Managing Director PTS – Chris Dexter)

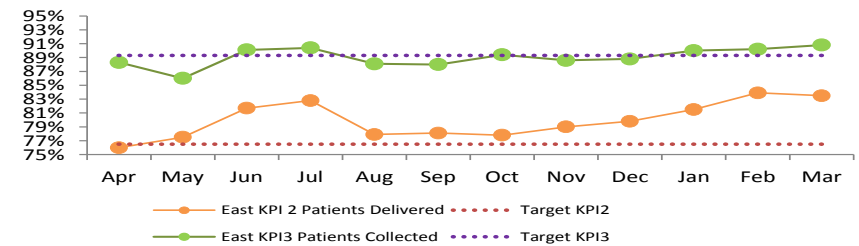
**PTS –Performance** - KPI 2 getting patients to their appointment on time achieving 84.4% YTD (target 82.9%) and KPI 3 collected after appointment 90.8% YTD (target 91.7%). March has been disappointing month's performance for outward journeys; although YTD remains encouraging. March has maintained its good level of performance for inward patient journeys- this is all the more critical to ensure patients are in for long awaited or health critical appointment times. Call taking performance: Calls answered within 3 minutes for March 2016 stands at 75.1% with a YTD total of 81.5%. Down 5% on last month. This being due to annual leave being at its maximum allowance due to staff taking leave at the end of year. PTS are working on smoothing this so it does not have the same impact in 16/17. PTS are also re-balancing the courtesy calls versus inbound calls, due to the leave on certain days the ratio of staff assigned to inbound calls was slightly out which impacted on call performance, on a few days.



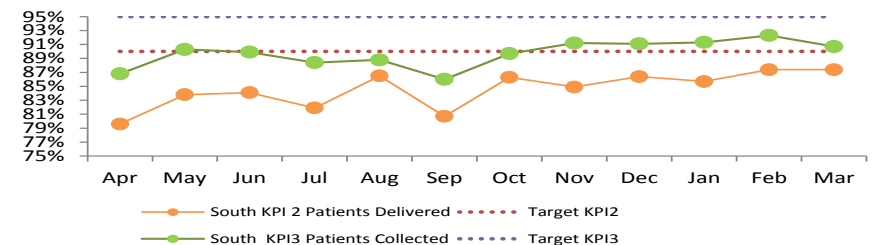
### PTS Performance North



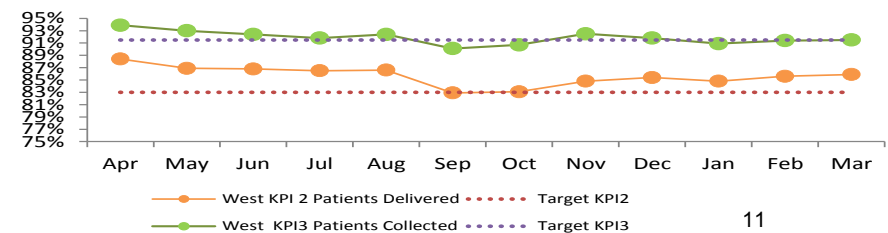
### PTS Performance East



### PTS Performance South



### PTS Performance West



## Quality (Lead Director: Executive Director of Standards and Compliance – 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)

There has been a decrease in complaints and concerns from patients for YAS overall, however EOC and PTS have increased. Response times for complaints and concerns against timescales agreed with the complainant shows a decrease in February (86%) compared to February (90%), the average response time has remained constant at 26 days.

### Incidents Reported and Level of Harm

**Incidents** with a severity of moderate and above harm represent 3% of all incidents reported in March, with 97% of incidents reported as no or minor harm. No Harm Incidents remains consistent with previous months (67% of the total number of incidents in March).

A&E Ops remains the highest reporting area reporting 67% of all incidents, again reflective of previous months. The top 5 coded categories in A&E Ops this month are Vehicle-related, Response-related, Violence and aggression, Medication related and Moving and handling which is consistent with previous months.

**Patient related incidents remain consistent**, both clinical and non-clinical, make up 25% of all reported incidents. The top three categories of patient-related incidents are response-related, Carepathway and medication related,

Patient-related Incidents graded no harm or minor harm represents 93.3% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.

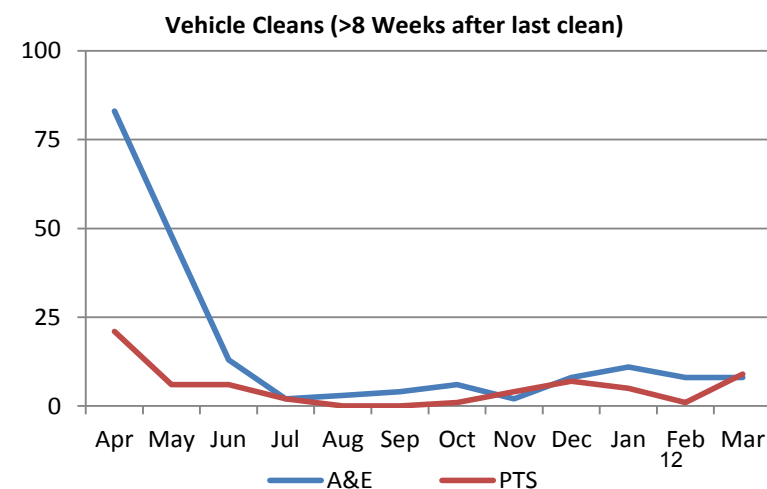
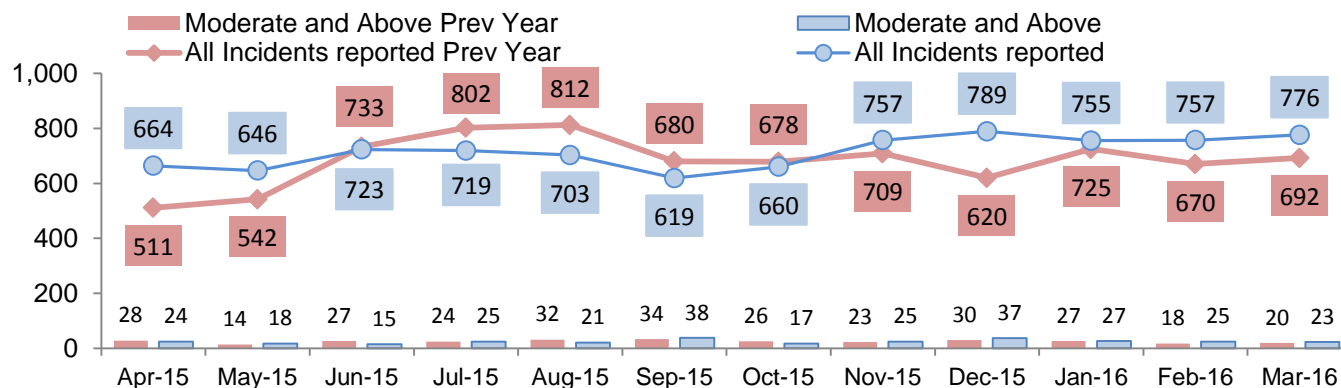
**Friends and family Test** – results for Quarter3 (latest reporting) remain positive with 93.93% (PTS) and 85.33% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family.

This will now be reviewed each quarter and a new survey has been circulated.

**IPC Audits** – Compliance in March was 97% for Hand Hygiene and 99% for Vehicle and Premises audit completion. All favourably above limit of 94%.

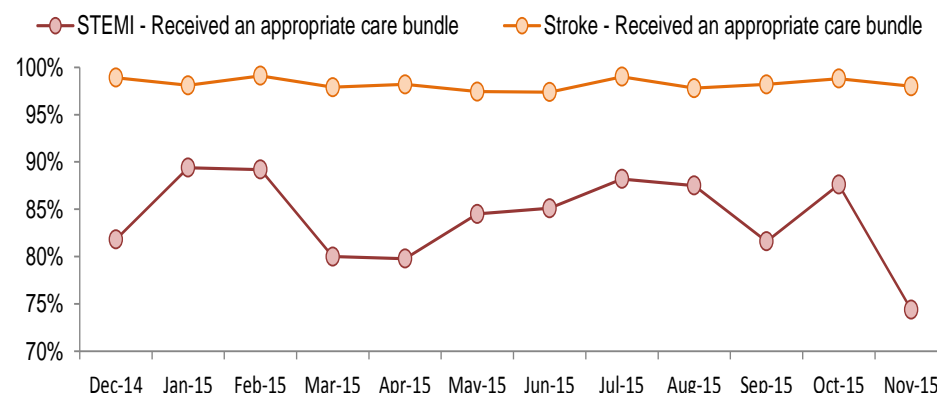
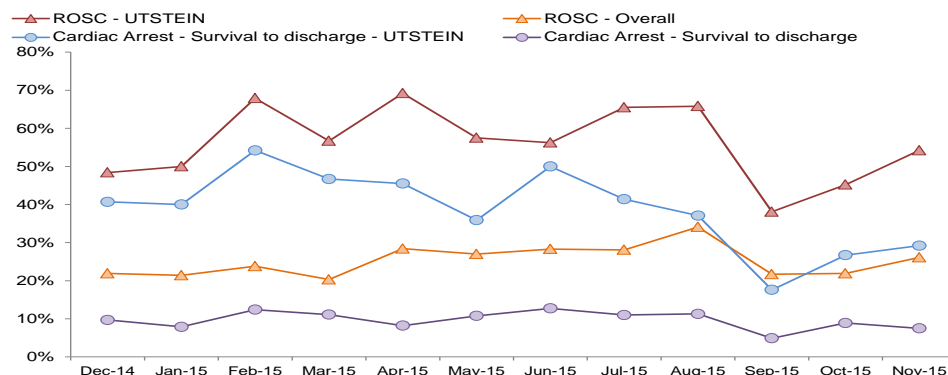
**Safeguarding training** compliance is consistent with last month. All 3 measures remain above 82%.

**Infection prevention and control** – The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has remained constantly low since June, under 10 breaches for both PTS and A&E.



## 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. There has been a noticeable drop in performance which corresponds with reduced number of patients in the Utstein group with reduced confidence in the statistical significance, however YTD YAS remain the top performing ambulance service for the Utstein group.

**ACQIs:** YAS has improved and is now in the top third in 14 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.

**Survival to discharge UTSTEIN:** Between January and November 2015 121 UTSTEIN patients were discharged alive from hospital. This was an increase of 12 patients in comparison to the same period last year (January – November 2014), equating to an 11% increase in patients being discharged alive.

To date, for the 2015/2016 period we are currently ranked second for performance among the eleven ambulance service trusts, with a success rate to date of 36.3%. Furthermore, the national average is currently 28.6%, suggesting that YAS is performing at a substantially higher level than some other ambulance service trusts. Since April 2015, we have been among the top three ambulance service trusts for performance, and have again ranked in first position for performance within this period.

This increase in performance may be attributed to a number of initiatives that have been implemented throughout YAS within the 2015 period. To begin with, the multi-disciplinary cross-directorate resuscitation committee have proposed a resuscitation plan for the coming five years 2015-2020. As a result, a range of actions have been undertaken, such as increasing the number of community first responder groups and providing further training to ensure that the despatch process is as appropriate as possible. Furthermore, the level of training that paramedics receive has been increased from basic life support to immediate life support. There has also been a regional roll out of senior leadership and training in advanced clinical skills through the introduction of Red Arrest Team (RAT). Moreover, advanced equipment has been purchased in the form of the mechanical CPR devices, which works to ensure safe transport to hospital for patients requiring ongoing chest compressions. YAS have formed a partnership with the fire and rescue service which has provided enhanced support in responding to patients. Lastly, YAS participated in the Start a Heart Campaign providing CPR training to 20,000 children across the region within one day.

## Workforce (Lead Director: Executive Director of People and Engagement – Vacant: Nominated lead Associate Director of Human Resources – Kate Sims)

**Sickness Absence:** The sickness absence rate for March 2016 stands at 5.6% which is a decrease of 0.2% from the previous month. This continues to compare favourably to the same period last year when it stood at 6.1%. The 12 month figure stands at 5.5% compared to the 6.4% for the 12 month period of Apr 2014 to Mar 2015. The two biggest 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 this will include mental health awareness training for managers commencing in March 2016.

**PDR Compliance:** The current PDR rate is 76.8% against a target of 80%. Action continues to be in place 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.

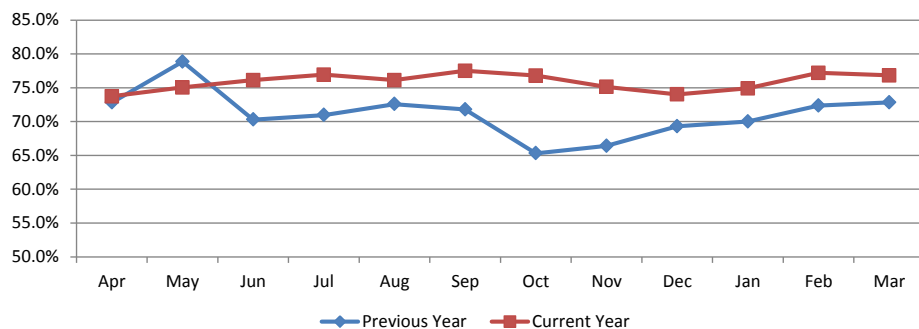
**Statutory and Mandatory Training:** The current combined compliance for the Statutory and Mandatory Workbook is 89.8%. The new workbook has been issued and 67.2% of staff have completed their required training.

**Retention/ Attrition:** Turnover has risen to 11.4% for the last 12 months compared to 10.3% for the previous 12 months. The Trust is currently undertaking a number of initiatives to try and improve the retention of staff particularly those in operational roles.

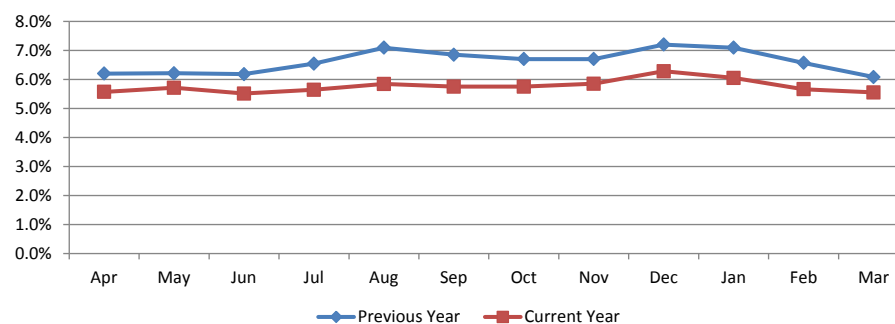
These include:-

- 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 and Performance – Robert D Toole, Nominated Lead: Associate Director of Finance and Performance – Alex Crickmar)

	MTD Plan	MTD Actual	MTD Variance	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income*	21,727	21,841	114	246,052	245,310	(742)
Expenditure	(21,021)	(20,957)	64	(232,492)	(231,981)	511
Surplus*	(358)	7	364	2,017	2,444	427
EBITDA*	706	884	178	13,560	13,329	(231)
CIPs	(732)	(528)	(204)	(8,786)	(7,427)	(1,359)
Cash	(497)	478	(975)	14,600	21,469	(6,869)
Capital Investment	(182)	180	(362)	(14,245)	(10,268)	(3,977)

\* Following discussion with the TDA we have delayed £3.653m of capital expenditure from 2015/16 into 2016/17. As part of these transfers we have received additional non-recurrent income covering capital expenditure deferred into 2016/17. That income has been offset by repayment of Public Dividend Capital. The reported Income, Surplus and EBITDA figures exclude the impact of those technical changes and impairments to show the underlying financial position.

The Trust submitted a revised financial plan to the NHS TDA in September in line with other Trusts nationally. Against this revised plan the Trust has a cumulative surplus as at the end of (M12) March of £2.4m, a positive variance of £0.4m above

plan. This positive variance is principally due to a reduction in non pay costs. This is offset by adverse performance delivery and therefore contract penalties.

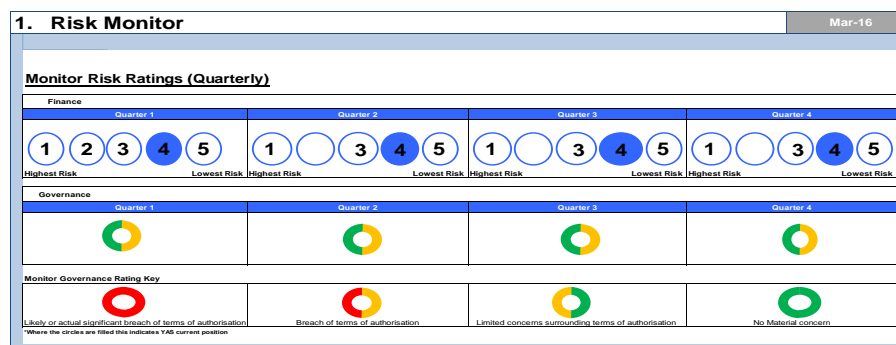
The A&E service line is adverse to plan driven by the failure to meet all of the CQUIN targets (Paramedic Pathfinder full year, Mental health Qtr 2), subsistence payments and the use of external providers to meet internal capacity shortfalls. The PTS position is adverse to plan due to continued reliance on taxis and subcontractors. Provision for A&E penalties of (£3.9m) have been incurred in respect of non-achievement of Red 1 and Red 2 performance targets.

Excluding the impact of Capital to Revenue transfers, the Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £13.6m against a plan of £13.3m.

Quality & Efficiency (CIP) schemes delivered 85% against the year to date target resulting in an adverse variance of £1,359k.

Capital spend for 2015/16 at the end of March 2016 is £10.3m against a revised plan of £10.4m (£14.1m less agreed slippage £3.7m) resulting in an underspend of £0.1m.

The Trust had cash and cash equivalents of £21.4 at the end of March 2016 against a plan of £14.6m resulting in a favourable variance of £16.063m. This is due to delays in the capital programme as detailed above and a favourable working capital position.



## 2.2 Business Plan Objectives (Lead Directors: See below)

			Lead Director	A	M	J	J	A	S	O	N	D	J	F	M	Year End
<b>1. Improve clinical outcomes for key conditions</b>																
1a	Improve survival to discharge (STD) rates for cardiac arrest.	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
1b	Reduce mortality from major trauma	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
1c	Improve management of patients suffering from stroke and heart attack (Myocardial Infarction - MI).	Executive Medical Director	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
1d	Improve effectiveness and patient experience in relation to the assessment and management of pain.	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
1e	Implement the priorities in our Sign up to Safety plan.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
<b>2. Deliver timely emergency and urgent care in the most appropriate setting</b>																
2a	Support health economy plans for delivering care closer to home.	Executive Director of Operations	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
2b	Telecare	Chief Executive	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
2c	Support greater integration through the development of NHS 111.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
2d	Deliver Red 1 and Red 2 response time standards on a consistent basis by the end of quarter 1 and for the rest of the financial year.	Executive Director of Operations	A	R	R	R	R	R	R	R	R	R	R	R	R	RED
<b>3. Provide clinically-effective services which exceed regulatory and legislative standards</b>																
3a	Implement recommendations from national reports including "Hard Truths" and other quality and safety publications.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
3b	Ensure our fleet and estates meet the needs of a modern service.	Executive Director of Finance & Performance / Chief Executive	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
3c	Through the Clinical Quality Strategy 2015/18, implement improvements in patient safety, clinical effectiveness, and patient experience.	Executive Medical Director/Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
3d	Alignment to the CQCs five domains in the regulation framework.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
<b>4. Provide services which exceed patient and Commissioners' expectations</b>																
4a	Improve engagement with patients, the public, clinical commissioning groups and other key stakeholders.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
4b	Improve patient involvement and experience.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
4c	Develop services in partnership with others.	Executive Director of Operations/Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
4d	Implementation of plans to improve patient experience and financial sustainability of PTS.	Chief Executive	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER

			Lead Director	A	M	J	J	A	S	O	N	D	J	F	M	Year End
<b>5. Develop culture, systems and processes to support continuous improvement and innovation</b>																
5a	Support cultural change among existing service leaders and managers to improve healthcare delivery.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
5b	Faster adoption of innovative technologies and techniques.	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
5c	Improve access to continuing professional development (CPD) for frontline operational staff.	Executive Medical Director/Executive Director of People & Engagement	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
5d	Work in partnership with commissioners and other providers to use YAS information and data to improve service design and commissioning.	Executive Director of Finance & Performance	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
<b>6. Create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future</b>																
6a	Further improve staff engagement	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
6b	Develop a vibrant career framework which will create a pipeline of future talent, ensuring we are better able to manage the impact of increasing demand.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
6c	Develop and support staff.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
6d	Support the development of our nursing staff.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
6e	Implement and bring to life the new Workforce Race Equality Standard, ensuring that we grow into an organisation that is truly representative of the communities that we serve.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
<b>7. Be at the forefront of healthcare resilience and public health improvement</b>																
7a	Improve business continuity management systems across the Trust.	Executive Director of Operations	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
7b	Raise the profile of Yorkshire Ambulance Service as the regional lead for healthcare resilience.	Executive Director of Operations	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
7c	Make every contact count.	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
7d	Improve public training in CPR.	Executive Medical Director/Executive Director of Operations	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
<b>8. Provide cost-effective services that contribute to the objectives of the wider health economy</b>																
8a	Agree a 3-5 year service strategy with commissioners for A&E and PTS.	Chief Executive	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER
8b	Continue to deliver Monitor's continuity of services rating of 4 (lowest risk).	Executive Director of Finance & Performance	G	G	G	G	G	G	G	G	G	G	G	G	G	GREEN
8c	Improve financial sustainability of service lines.	Executive Director of Finance & Performance	A	A	A	A	A	A	A	A	A	A	A	A	A	AMBER

# Service Transformation Dashboard March 2016



All milestones or objectives are on track and no intervention is required
Any milestone or objective is at risk of not being delivered without intervention
Any milestone or objective will not be delivered without intervention
Project objectives delivered

Programme/Project	Executive Sponsor	Senior Responsible Officer	Programme/Project Manager	Programme/Project	QTR 1				QTR 2				QTR 3				QTR 4				Latest Update
					A	M	J	J	A	S	O	N	D	J	F	M					
A&E Transformation	David Macklin	Keely Townend	Bob Sunley	Overall Programme																	
				Right People, Right Skills																	Recruitment and training continues. Workforce tracker up and running with view for managers Full review of plans undertaken and changes made to milestone dates. Amber due to shortfall from plan.
				Right Place, Right Time																	Rota principles workshop held to support design options for the new rotas and scope activities and timelines for feasible options to share with staff (Timeline likely June 2016). Continuation of interim rota adjustments. Amber due to slippage on timelines following review of plan and need to re-baseline
				Safe & Effective																	Review of policy rewrite completed in preparation for consultation period ("Straw Man" stage to be achieved by end of March). Amber due to the need to re-write some policies after review
				Creating a Sustainable Service																	Second Engagement and Communication workshop held with operations managers - building the 'programme delivery team' and co-creating ideas together on rotas and clinical supervision as well as sharing progress to date
				Supporting Initiatives																	ORH commissioned to undertake modelling to support the impact assessment of the AQI/ ARP1 and ARP2 on performance / resources and the assumptions in the A&E Transformation (Timeline April/May 2016) A&E Transformation Project Management supporting the Ambulance Response Programme (ARP) phase two.
Hub and Spoke	Rod Barnes	Rod Barnes	Deborah Ridley	Overall Programme																	
				Hub & Spoke Programme Development																	Estates review for hub and spoke was discussed at March Programme Board . The 5 year programme plan continues to be constructed with delivery options and models to be presented to programme board in April. BC for Doncaster/Bentley will be presented to the Trust Board in May. The project is Amber due to the lack of an agreed Comms & Engagement Plan which is forecasted to return to Green in April.
				Make Ready																	The Make Ready Pilot continues for vehicles sited at Manor Mill Resource Centre (PTS/A&E/HART/P&E). Dewsbury vehicles continue to be processed through Manor Mill, this commenced 04 January.
				Vehicle Preparation System																	Go live was 15 Feb and first vehicles handed to staff 16 Feb. The first performance data will be available in July but early feedback has been positive from staff and patients.
				Co-Location																	The co-location of Gildersome Station to Manor is completed and the car park finished. The project closure and lessons learnt report will be presented to the programme board in March.
Emergency and Urgent Care Development	Julian Mark	Dr Philip Foster	Mark Marshall	Overall Programme																	
				U&EC Strategy																	This work will be part of the output from strategy development team which continues to progress.
				Vanguard VP Bids																	NHS England funding decisions for 15/16 has been published with YAS awarded £250k. For 16/17 submissions were made on 8th Feb with award decisions being made in April. Additional PM has been allocated from Service Transformation Team.
				UCP Schemes																	All recently commissioned schemes are green, next milestone negotiations for 16/17 will begin in the new year. Wakefield service terminated at the end of October. Contract negotiation and agreement are outstanding for 16/17. All commissioners have indicated that they wish services to continue into 16/17 – negotiations are continuing
				Telecare																	This work stream is currently being re configured to form part of an integrated approach to providing a supported discharge proposition.
				Falls																	Leeds Alternative Response Team (ART) YAS working in partnership with LCC and LCH. Pilot is live to obtain performance data and is resourced with bespoke clinician and dispatcher within EOC. The next steps are to evaluate the pilot and agree the funding and resource arrangements for 16/17.
				Clinical Integration																	This project has been incorporated into EUCD prior to the re structure of the programme under the Vanguard projects branding from April 2016. Clinical Integration will be re defined to contribute towards the Clinical Advisory Service objectives.

Programme/Project	Executive Sponsor	Senior Responsible Officer	Programme/Project Manager	Programme/Project	QTR 1				QTR 2				QTR 3				QTR 4				Latest Update
					A	M	J	J	A	S	O	N	D	J	F	M					
Organisational and Corporate Development	Rod Barnes	Roberta Barker	Roberta Barker	Overall Programme																	
				Talent Management and Succession Planning															Meetings with Executive Directors are being scheduled and a range of examples and models have been identified. This will be progressed following the outcome of the portfolio review and newly appointed HR director review of all work streams.		
				Effective Corporate Structure															The portfolio review and consultation process have been completed, relevant job adverts have been posted and plans are in place for the functional transition and recruitment milestones although some of these are delayed.		
				YAS Career Pathways																The clinical pathways are currently under discussion via engagement with the Unions and agreement has now been reached on their content.	
				Leadership & Management Development																The leadership and management essentials programme continue to be delivered. The next phase is to develop behaviours which will form part of the PDR process. A development centre is underway for senior managers together with an overall scope review of the project.	
				Transforming Education & Training																	Financial data has been submitted to Finance for review. Key benchmarks have been identified including areas for review. PTS basic training has been reviewed and the next stage is to complete the relevant vision and strategy.
				New Starter Process																	Review of the current process has been completed and an implementation plan is now required.
				Corporate Engagement																	The stakeholder and engagement paper has been produced but the project objectives are currently under review by the Director of HR.
				Business Planning & Decision Making																	Workshops and follow up meetings with all Directorates have been held. Initial planning output and progress was presented to February TMG. Next steps are to ensure alignment and carry out prioritisation exercise.
PTS Transformation	Rod Barnes	Chris Dexter	Kieran Baker	Overall Programme																	
				Implement Auto-Scheduling																Testing was planned to be completed by February 2016 but is now likely to be the end of April 2016 due to a delay in deciding if the application will be hosted remotely which is currently being discussed with YAS IT. Finance have approved new servers, which were procured on 22nd Feb. Awaiting installation.	
				Create Resource and Logistics Functions																Implementation is due for completion by December 2016 which is on track but the timescales need to be formally agreed by the programme board. Due to slippages with Autoscheduler, implementation of the Resource and Logistics function has also slipped, but the pilot in West Yorkshire is due to take place from April 2016.	
				Develop Reporting and Forecasting																	Stakeholder engagement workshops have been completed, reporting framework written (pending approval from PTS). Reporting schedule has been identified and work is underway to develop new/existing reports in line with job role/function objectives.
				Streamlining Reservations																	Project being severely impacted by BAU and delays associated with Autoscheduler (Cleric time spent solving this issue has reduced the capacity to build/test online booking system). Project is currently being re-scoped.
				Develop Voluntary Car Service																	VCS strategy agreed and other VCS logistical enablers on track for pilot roll out in April 2016. Uniform purchase is now with procurement and discussions are on-going with Estates to place the VCS hub. 170 volunteers expected to be in place by April 2016.
				Effective Sub-Contractor Management																	Delay to finalising preferred management option and engaging with sub contractors due to a lack of sufficient number and quality of responses to the initial ITT. The new tender process is planned to be completed by the end of May 16, after which it is expected that contracts will be awarded.
				Telematics																	Installation and training has been completed. The analysis and reporting scope is being developed in the Reporting and Forecasting work stream, as part of wider developments to PTS reporting infrastructure
				Fleet Availability																	Scope and deliverables still to be agreed but there is progress on the allocation of an SME for this work stream with a group availability of expertise rather than one individual. Work will be combined with newly formed PTS-Fleet meeting, occurring monthly.
				Organisational Effectiveness																	The delivery model design workshop is has been completed and new management structure has been identified (draft). Work has already begun reviewing current rosters and suitability for demand as part of Resource and Logistics/Reporting and Forecasting workstreams. On track for completion in April 2017.
Service Line Management	Robert Toole	Neil Cook	Mike Smith	Overall Programme																	
				PLICS software																The PLICS software implementation is complete and work is now underway to engage with Service Line Leaders and stakeholders to validate the output information before go live. The Service Line Management (SLM) PID has been updated and signed off by the SLM Group and work is now progressing on the work streams to support roll out.	

Programme/Project	Executive Sponsor	Senior Responsible Officer	Programme/Project Manager	Programme/Project	QTR 1				QTR 2				QTR 3				QTR 4				Latest Update
					A	M	J	J	A	S	O	N	D	J	F	M					
Intelligent Ambulance	Robert Toole	Mark Millins	Mark Millins	Overall Programme																	
			Mark Millins	Paramedic Pathfinder															Pathfinder roll out training is being delivered by local champions on individual stations as the formal training was cancelled due to operational pressures. Training figure for East are 87%, Barnsley are in excess of 89% and Sheffield and North both in excess of 50%. Additionally clinical staff in the EOC hub have also been trained in pathfinder. The CQUINs were agreed by all to be unachievable but commissioners declined to renegotiate the metric used. However, targets were achieved in Barnsley and Rotherham for QTR 3 and to date more than 27,000 patients across the Trust have been referred through Pathfinder during the period April 15- Mar 16.		
			Patrick Buck	ePRF															Rollout of Toughbook's is planned to be completed by the end of Apr and is currently at 90% with 55 of 524 vehicles to be completed. YAS staff training in ePRF was suspended in October 15 due to winter pressures. Training was completed for West and Hull and East Yorkshire CBUs and was partially complete(46%) in the North but not commenced in the South. Selected acute trust customers are 100% enabled with webview licences but issues still remain with use . Current software contract ends in July 16 and procurement is evaluating options of a new contract or to continue the use of the present software.		
			TBC	Airwave Replacement Programme (ESN)															Initial awareness raising workshops held with Business Areas and the first planning workshop has been completed. Implementation The priority decision at this stage is to agree where the YAS ownership for the project resides as a PM needs to be appointed to begin planning for the 18 month implementation project that has to go live in March 2018.		



## 2.4 Quality and Efficiency Savings (CIP)

Mar-16

CIP Tracker 2015/16	2015/16 Plan	YTD Plan	YTD Variance	Forecast Outturn	Commentary YTD
Directorate	£000	£000	£000	£000	
Accident & Emergency (including EOC)	4,598	4,598	(2,643)	1,955	The A&E Operational efficiency scheme is underperforming by (£2.643m) against planned savings as the Trust has failed to meet the Red performance targets, resulting in financial penalties. This was offset partially by the EOC restructure (over achievement against plan by £0.138m).
Patient Transport Service	1,500	1,500	(815)	685	Auto scheduler, optimise patient collection, voluntary car and streamline reservations schemes are underperforming by (£0.885m) against plan. Partially offsetting this is increased income from Calderdale and Huddersfield services (£72k) and reduced East Yorkshire subcontractor costs of (£81k).
Special Operations	171	171	0	171	
Standards and Compliance	243	243	0	243	
Finance	263	263	(5)	258	The under delivery against plan is mainly caused by VFM Finance and VFM Business Development schemes underperforming against plan by (£52k) due to agency spend to backfill resources.
Clinical Directorate	50	50	105	155	The over delivery against plan is mainly due to pay cost savings in the Clinical Directorate due to continued vacancies.
Trust wide	1,961	1,961	(474)	1,487	PTS vehicle replacement scheme is over performing by £0.110m because of the delay in delivery of vehicles. This was offset by under performance on various Fleet schemes including Income Generation, Fuel contract, Rental Savings - Willerby, Fleet Factor contract and PTS Telematics by (£0.616m).
<b>Total Planned Scheme Savings</b>	<b>8,786</b>	<b>8,786</b>	<b>(3,832)</b>	<b>4,954</b>	
Reserve Schemes	0	0	2,473	2,473	Main reserves schemes are various PTS improvement schemes of £922k, Fleet Insurance rebate of £944k and Quality & Risk VFM scheme of £165k, & Procurement savings of £100k.
Recurrent Reserve Schemes	0	0	1,383	1,383	
Non-recurrent Reserve Schemes	0	0	1,090	1,090	
<b>Total Savings</b>		<b>8,786</b>	<b>(1,359)</b>	<b>7,427</b>	

## 2.5 CQUINS - YAS (Nominated Lead: Associate Director of Quality & Nursing - Karen Warner)

A&E CQUINS	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
1. (1.1) Paramedic Pathfinder - West Yorkshire CBU and Rotherham	10%	£386,002	Green	Green	Amber	Amber	Amber	RED	RED	RED	RED	RED	RED	RED	RED
1. (1.2) Paramedic Pathfinder - South Yorkshire & North/East Yorkshire CBUs	10%	£386,002	Green	Green	Amber	Amber	Amber	RED	RED	RED	RED	RED	RED	RED	RED
2. Sepsis	20%	£772,005	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
3. Pain Management	20%	£772,005	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
4. Mental Health Pathways	20%	£772,005	Green	Green	Green	Green	Green	Green	Amber	Amber	Amber	RED	Green	Green	Green
5. Improving safety in the Emergency Operations Centre (Human Factors)	20%	£772,005	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Total	100%	£3,860,023													

**Comments:-** The Q3 reconciliation complete. All milestones achieved with the exception of Paramedic Pathfinder.

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

PTS CQUINS	Consortia	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
1. Improving the experience of Patients with complex needs	North	1.25%	£53,332	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	South	1.25%	£68,211	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	East	1.25%	£42,651	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	West	0.50%	£61,093	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
2. Patient Experience - Investigate and quantify the potential improvements related to patients experience in relation to discharge	North	1.25%	£53,332	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	South	1.25%	£68,211	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	East	1.25%	£42,651	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
2. Investigate and quantify the potential improvements related to patients experience in relation to return from outpatient clinics	West	1.00%	£122,186	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
3. Improve renal performance	West	1.00%	£122,186	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Total		10.00%	£633,853													

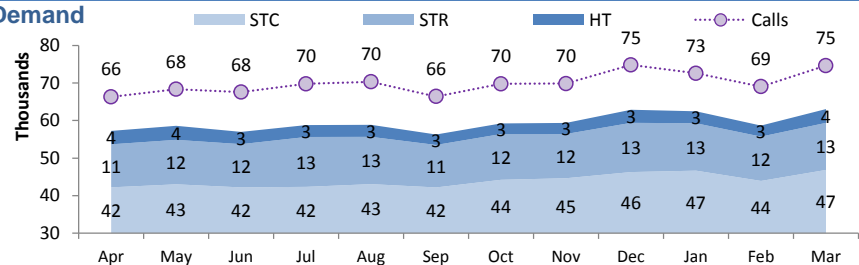
**Comments:-** The West Consortia CQUIN for improving renal performance has been confirmed as achieved; this was resulting from Commissioners supporting YAS that the feedback and actions from LTHT was not directly related or referenced to the original CQUIN requirements.

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

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

Mar-16

## 1. Demand



Compared to last year Hear & Treat calls have increased by 5.4%, See Treat & Refer responses have increased by 2.4% and See Treat & Convey have decreased by 1.1%. Overall responses (incidents arrived at scene) are below contracted, this is in part due to an increase in Hear and Treat and increased UCP use.

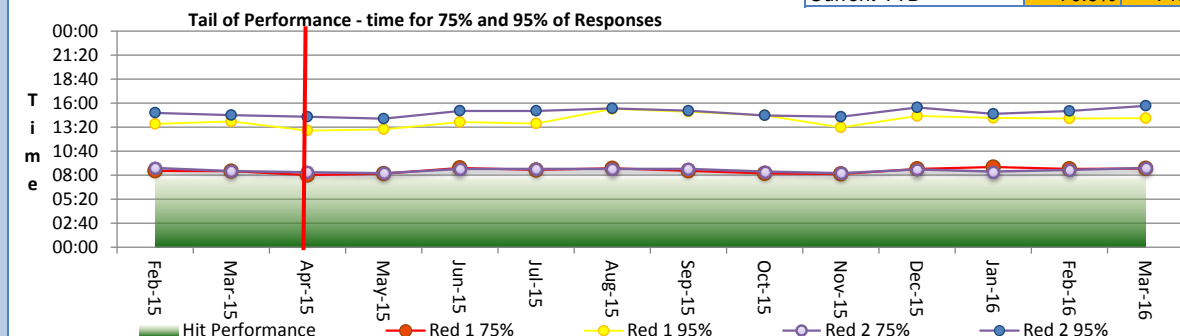
April to February	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2015-16	854,966	38,968	159,200	532,161
YTD YAS (inc OOA&UCP) 2014-15	844,554	36,956	155,465	537,996
<b>Variance (Between Years)</b>	<b>10,412</b>	<b>2,012</b>	<b>3,735</b>	<b>(5,835)</b>
	<b>1.2%</b>	<b>5.4%</b>	<b>2.4%</b>	<b>(1.1%)</b>
YTD (Contract CCGs only) Actuals 2015-16*	839,531	38,806	146,072	527,658
YTD (Contract CCGs only) Contracted 2015-16	852,394	36,856	159,731	537,099
<b>Variance (to Contract)</b>	<b>(12,863)</b>	<b>1,950</b>	<b>(13,659)</b>	<b>(9,441)</b>
	<b>(1.5%)</b>	<b>5.3%</b>	<b>(8.6%)</b>	<b>(1.8%)</b>

\* excludes UCP and Out of Area

## 3. Quality

	March	YTD
<b>Serious Incidents (Rate Per 1000 Responses)</b>	1 (0.02) ↔	13 (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>	520 (8.5) ↓	5680 (8.2)
Total Incidents per 1000 responses was higher in March than the current year to date average. There were 26 less incidents than February		
<b>Feedback</b>	Complaints	11 ↓ 141
	Concerns	21 ↑ 218
	Comments	13 ↑ 97
	Service to Service	14 ↓ 147
	Compliments	34 ↓ 655
<b>Response within target time for Complaints and Concerns</b>	100%	84%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 8
The average response time for Complaints and Concerns in March was 32 days and YTD is 28 days		
<b>Vehicle Deep Clean (&gt;8 weeks after last clean)</b>	8 ↔	196

## 2. Red Performance



		Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Red 1	75%	08:29	08:27	08:01	08:11	08:49	08:35	08:46	08:29	08:12	08:09	08:43	08:54	08:42	08:45
	95%	13:41	13:58	12:58	13:06	13:54	13:45	15:21	15:03	14:39	13:19	14:35	14:22	14:19	14:20
Red 2	75%	08:48	08:28	08:20	08:13	08:42	08:42	08:42	08:41	08:24	08:16	08:39	08:24	08:35	08:48
	95%	14:56	14:40	14:30	14:17	15:09	15:09	15:26	15:10	14:39	14:29	15:32	14:49	15:08	15:43
TARGET		08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

Performance for Red1 & Red2 decreased in March from February and both measures remain below the 75% target. Red1 & Red2 were lower this month than March 2015. YAS responded to 4670 more Red jobs in March 2016 compared to March 2015 and responded to 2,496 more jobs within 8 minutes. Overtime plus shifts have been offered enabling continued resource to improve performance.

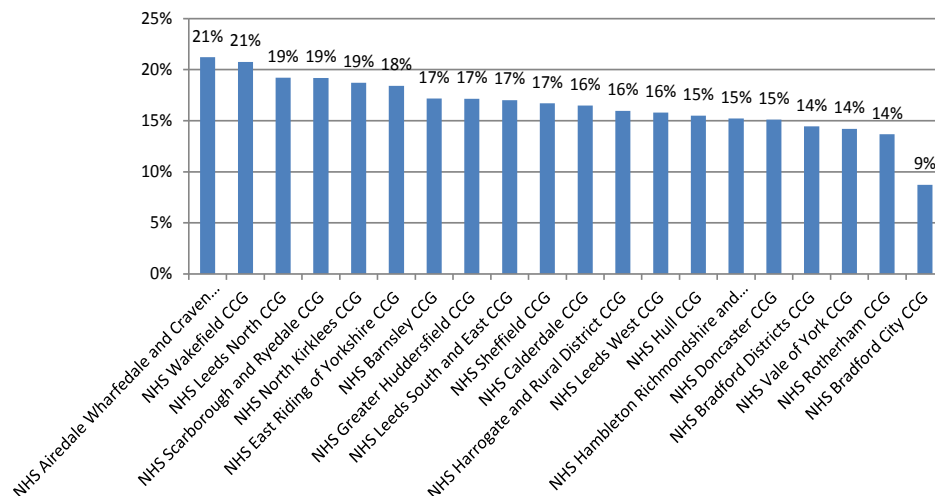
## 4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	Available
March 2016 (FT Equivalents)					%
Budget FTE	2,255	113	564	1,578	70%
Contracted FTE (before overtime)	2,127	124	663	1,341	63%
Variance	(128)	(11)	(99)	(238)	(15.1%)
% Variance	(5.7%)	(9.9%)	(17.6%)		
FTE (worked inc overtime)*	2,330	124	663	1,543	66%
Variance	75	(11)	(99)	(35)	(2.2%)
% Variance	3.3%	(9.9%)	(17.6%)		
* 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 increased from last month (1341 compared to 1332) though remains under planned due to the Gross FTE shortfall (5.7%) and higher than planned sickness and absence (27.5% over plan combined).</b>					
<b>The number of Operational Paramedics is 874 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
CIPs	3,124	365	(2,759)	
CQUINs underperformance, £924k (Paramedic Pathfinder and Mental Health), ongoing subsistence payments £699k, and additional use of external providers to increase resource availability, £473k. Charges in relation to preceptorships of £1,049k and £1,790k overtime expenditure has also contributed to variance. A&E performance penalties of (£3.9m) YTD.				
Quality & Efficiency Savings (CIPs) are under achieving with management focus on seeking to deliver improved A&E operational performance.				

## 1. HCP (All) Proportion of Total Demand (2015-16 YTD)

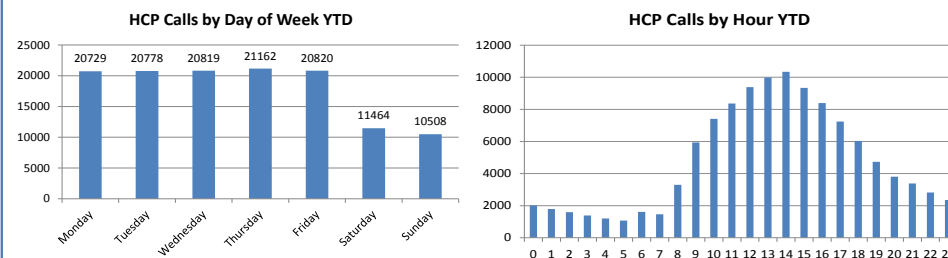


Red 1 & 2 Calls as a proportion account for 34.5% of all HCP calls.

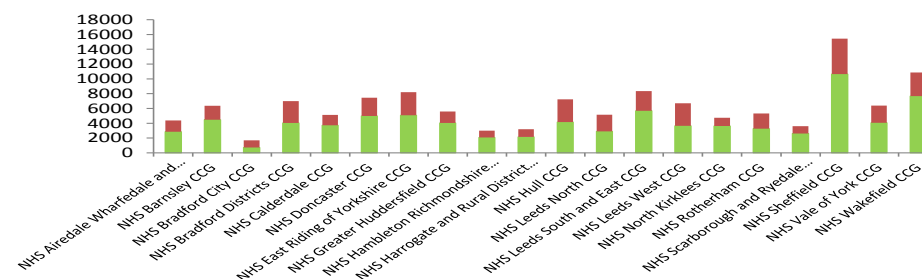
NHS Sheffield CCG has the highest proportion of HCP demand of all the CCGs.

The time of day with the highest (61.3%) of all calls are between 10 and 5pm. 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



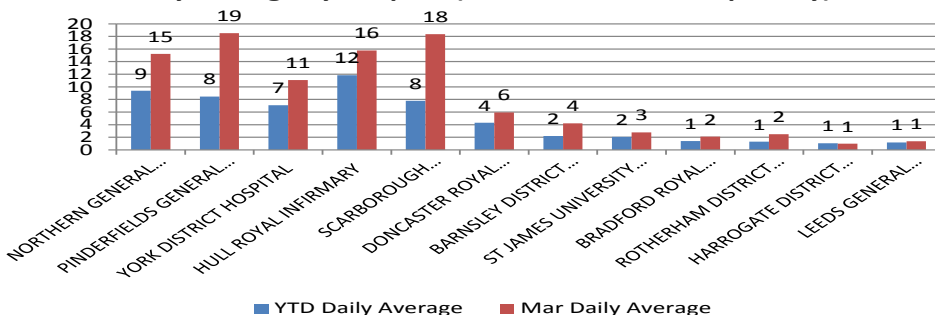
## Number of Red and Green Calls by CCG YTD



## 3. Hospital Turnaround - Excessive Response

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2015/16	Excessive Handovers Over 15mins (hours)	1860	1548	1629	1193	1433	1153	1825	1852	1591	2250	2734	3300	22368
	Excessive Hours per Day	62	49	54	38	46	38	59	62	51	73	94	106	61
2014/15	Excessive Handovers Over 15mins (hours)	575	748	700	830	760	857	1326	1108	2453	1893	1656	2140	15046
	Excessive Hours per Day	19	24	23	26	24	27	43	37	79	61	57	69	41

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



Excessive time lost at hospitals has remained high in March and is the highest it has been this year. It continues to be higher than for the same period last year. Hull Royal, Scarborough District, Northern General and Mid-Yorks - Pinderfields have been impacting on performance.

## 4. National Benchmark - Latest Reportable Week (up to WC 28th March)

WC 28/03/2016	R1 YTD	R2 YTD	R19 YTD	Call Pickup in 5 Secs YTD
West Midlands	78.5%	75.1%	97.2%	96.4%
Yorkshire	70.9%	71.4%	95.0%	95.3%
North West	74.8%	70.4%	92.6%	94.6%
South East Coast	71.8%	69.0%	95.5%	85.3%
South Central	75.2%	68.7%	92.0%	85.4%
North East	68.1%	68.6%	91.2%	93.9%
London	68.1%	63.6%	93.4%	97.4%
South West	73.6%	63.5%	89.4%	89.9%
East Midlands	69.1%	60.8%	87.4%	93.4%
East of England	71.4%	60.5%	89.8%	94.9%

\* Above table is in order of Red 2 performance

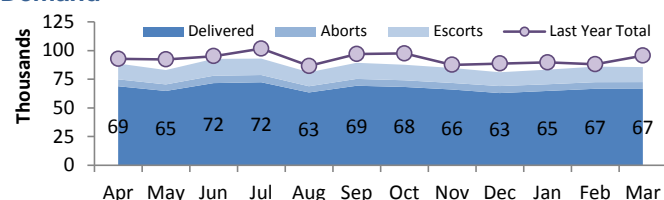
## Key Points

Nationally YAS has improved from previous month at 2/10 for Red 2 performance. YAS has one of the highest Red response ratios which impacts directly on job cycle times. A19 performance is above the 95% target. Call pickup within 5 seconds is also performing well against others

## 3.2 Patient Transport Service (Lead Director: Chief Exec - Rod Barnes, Nominated Lead: Managing Director PTS - Chris Dexter)

Mar-16

### 1. Demand



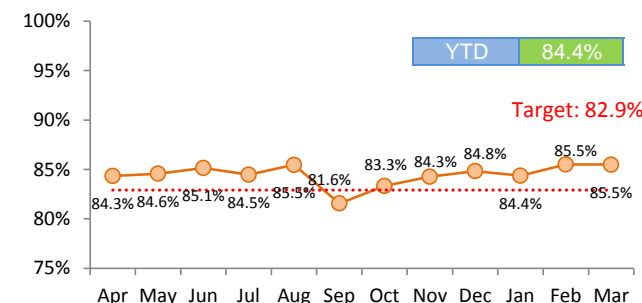
#### Comparison to Plan

	Delivered	Aborts	Escorts	Total
April to March				
YTD 2015-16	805,535	70,938	159,579	1,036,052
Contract 2015-16 (2014-15 Demand)	866,678	76,343	169,525	1,112,546
% Variance	(7.1%)	(7.1%)	(5.9%)	(6.9%)

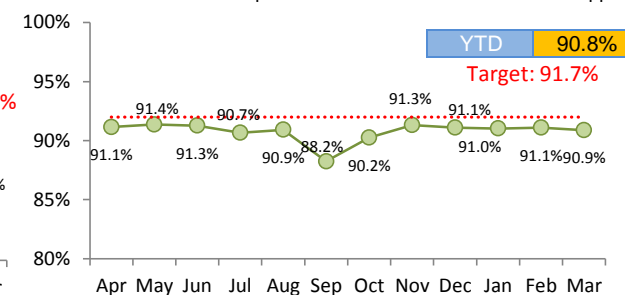
**Key Points** - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

### 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 Yorkshire KPI 2 (inward) and KPI 3 (outward) continue to achieve targets and remain in a strong YTD position. East Yorkshire KPI 2 (inward) achieved 83.4% against target of 76.5% + 6.9% and KPI 3 (outward) achieving 90.8% against target of 89.3% + 1.5%. North Yorkshire KPI 2 (inward) narrowly missed the overall target by 0.4%. KPI 3 under achieved their target by 2%. South Yorkshire KPI 2 (inward) missed target by 2.6% but improving month on month. KPI 3 (outward) achieved 90.7% against a higher CCG threshold target of 95.0% which although not met, continues to be a positive improvement month on month. Overall PTS performance (all areas combined across Yorkshire & Humber) continues to report a good positive position - KPI 2 getting patients to their appointment on time achieving 84.4% (target 82.9%) +1.5% and KPI 3 collected after appointment 90.8% (target) 91.7% -0.9%.

### 3. Quality, Safety and Patient Experience

	Mar	YTD
<b>Calls Answered in 3 mins</b> (All PTS calls)	75.1% ↓	81.5%
<b>Serious Incidents (YTD)</b>	0 ↔	1
<b>Total Incidents</b> (per 1000 activities)	107 (1.61) ↑	1004 (1.09)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
<b>Feedback</b>	Complaints	12 ↑ 86
	Concerns	36 ↑ 400
	Comments	5 ↑ 59
	Service to Service	32 ↓ 471
	Compliments	4 ↑ 55
<b>Response within target time for Complaints and Concerns</b>	97%	87%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 1
<b>Patient Experience Survey - Qtrly</b>	92.4%	92.4%
<b>Vehicle Deep Clean (&gt;8 weeks since last clean)</b>	9 ↑	62

### 4. Workforce

#### FT Equivalents

Mar-16	FTE	Sickness (5%)	Absence (20%)	Available	
Budget FTE	788	39	158	591	75%
Contracted FTE (before overtime)	720	43	172	506	70%
Variance	(68)	(4)	(14)		
Actual Shrinkage %		5.4%	23.1%	(86)	(14.5%)
% Variance	(8.6%)	(9.1%)	(8.9%)		
FTE worked inc overtime	743	43	172	528	71%
Variance	(46)	(4)	(14)		
% Variance	(5.8%)	(9.1%)	(8.9%)	(63)	(10.7%)

\*\* 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

PTS used an equivalent of an additional 22 FTE with the use of overtime against vacancies of 68. Sickness absence for March 2016 is 5.37% . YAS combined (all CCG areas).

The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

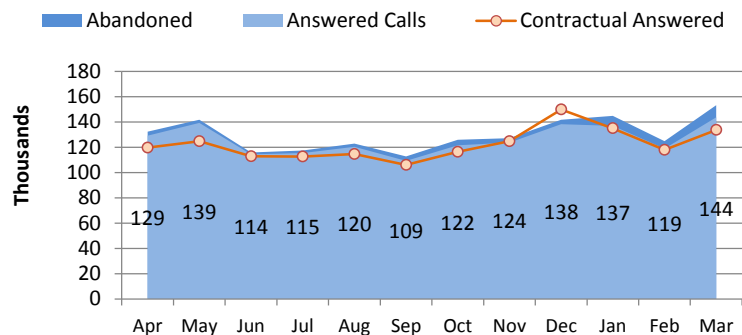
### 5. Finance (Y/E Summary)

£000	Plan	Actual	Variance
CIPs	1,500	1,660	160

Despite higher than budgeted expenditure on external PTS providers and taxis, savings on staff costs and ECRs and non-block contracts have offset some of the private providers overspend. At present, there are initiatives in place to manage the sub contractor spend.

Quality and Efficiency Savings (CIPs) are currently 160k better than planned, along with year on year improvement of operational performance.

## 1. Demand



Calls answered up by 12.4% year on year and above contracted for March (7.5% up - 9,965 calls)

April to March	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2015-16	1,561,021	1,511,038	1,346,895	89.1%
YTD Contracted 2015-16	1,473,967	1,473,967	1,400,269	95.0%
Variance	87,054	37,071	-53,374	
	5.9%	2.5%	-3.8%	(5.9%)
YTD 2014-15	1,439,379	1,403,778	1,301,926	92.7%
Variance	121,642	107,260	44,969	
	8.5%	7.6%	3.5%	(3.6%)

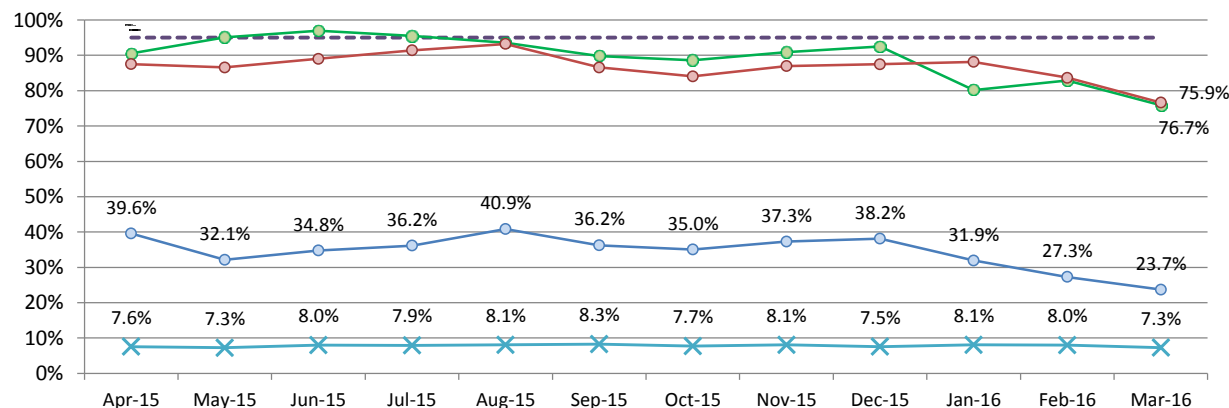
## 3. Quality

		March	YTD
Serious Incidents (per 1000 answered)		3 (0.02) ↔	20 (0.01)
Of the 4 serious incidents in June, 2 were LCD incidents			
Total Incidents (per 1000)		37 (0.26) ↓	757 (0.5)
Feedback	Complaints	45 ↑	478
	Concerns	0 ↓	32
	Comments	6 ↑	36
	Service to Service	37 ↓	658
	Compliments	10 ↓	107
Response within target time for Complaints and Concerns		63%	61%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1

## 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

	Mar	YTD
Answered in 60 secs (95% Target)	75.9%	89.1%
Warm Transferred and Call Back in 10mins (65%)	23.7%	34.4%
Call Back in 2 Hours (95%)	76.7%	86.6%
Referred to 999 (nominal limit 10%)	7.3%	7.8%



Calls Offered have increased by 17.8% year on year. Answered in 60 performance has dropped by 18.6% when compared to the same month last year. Month on month, performance went from 82.9% in February to 75.9% in March (down by 2.7%). Warm Transfer and Call Back in 10 minutes 3.6% down month on month and 16.3% down compared to same month last year. 111 referrals to 999 down by 0.8% year on year.

## 4. Workforce

March 2016 (FT Equivalents) - Call Handler and Clinician				Available	
	FTE	Sickness (9%)	Absence (23%)	Total	%
Budget FTE	266	24	61	181	68%
Contracted FTE (before Overtime)	357	23	95	239	67%
Variance	91	1	(34)	58	31.9%
% Variance	34.2%	2.3%	(55.4%)		
FTE (Worked inc Overtime)	371	23	95	253	68%
Variance	105	1	(34)	72	39.7%
% Variance	39.5%	2.3%	(55.4%)		

Contracted FTE including overtime 39.5% above budgeted.  
Paid Sickness 2.4% below planned and absence 1.6% above budgeted leading to FTE time available being 39.7% above budget.

## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	243	243	-



## 4.1 Finance Overview Mar 2016

	Month	YTD	Trend 2015-16																																							
<b>RISK RATING:</b> Overall the Trust has achieved a rating of 4 for continuity of services (lowest risk) and an amber rating against the NHS TDA accountability framework.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>4</td><td>4</td></tr><tr><td>M2</td><td>4</td><td>4</td></tr><tr><td>M3</td><td>4</td><td>4</td></tr><tr><td>M4</td><td>4</td><td>4</td></tr><tr><td>M5</td><td>4</td><td>4</td></tr><tr><td>M6</td><td>4</td><td>4</td></tr><tr><td>M7</td><td>4</td><td>4</td></tr><tr><td>M8</td><td>4</td><td>4</td></tr><tr><td>M9</td><td>4</td><td>4</td></tr><tr><td>M10</td><td>4</td><td>4</td></tr><tr><td>M11</td><td>4</td><td>4</td></tr><tr><td>M12</td><td>4</td><td>4</td></tr></tbody></table>	Month	Actual	Plan	M1	4	4	M2	4	4	M3	4	4	M4	4	4	M5	4	4	M6	4	4	M7	4	4	M8	4	4	M9	4	4	M10	4	4	M11	4	4	M12	4	4
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<b>EBITDA:</b> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £13.3m against a plan of £13.6m, with a £0.23m adverse variance.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>1500</td><td>1500</td></tr><tr><td>M2</td><td>1800</td><td>1500</td></tr><tr><td>M3</td><td>1200</td><td>1000</td></tr><tr><td>M4</td><td>1000</td><td>1800</td></tr><tr><td>M5</td><td>500</td><td>800</td></tr><tr><td>M6</td><td>1800</td><td>1200</td></tr><tr><td>M7</td><td>800</td><td>800</td></tr><tr><td>M8</td><td>500</td><td>1000</td></tr><tr><td>M9</td><td>1000</td><td>800</td></tr><tr><td>M10</td><td>1200</td><td>1200</td></tr><tr><td>M11</td><td>1000</td><td>1200</td></tr><tr><td>M12</td><td>800</td><td>800</td></tr></tbody></table>	Month	Actual	Plan	M1	1500	1500	M2	1800	1500	M3	1200	1000	M4	1000	1800	M5	500	800	M6	1800	1200	M7	800	800	M8	500	1000	M9	1000	800	M10	1200	1200	M11	1000	1200	M12	800	800
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M10	1200	1200																																								
M11	1000	1200																																								
M12	800	800																																								
<b>SURPLUS:</b> Excluding the impact of Capital to Revenue transfers, the Trust has reported year to date surplus as at the end of March (Month 12) of £2.4m against a revised planned surplus of £2.0m, a favorable variance of £0.4m against plan. In month the Trust reported an actual surplus of £7k which was £364k ahead of the planned deficit of (£358k)			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>500</td><td>500</td></tr><tr><td>M2</td><td>1000</td><td>500</td></tr><tr><td>M3</td><td>500</td><td>0</td></tr><tr><td>M4</td><td>0</td><td>500</td></tr><tr><td>M5</td><td>-500</td><td>-500</td></tr><tr><td>M6</td><td>1000</td><td>1000</td></tr><tr><td>M7</td><td>0</td><td>-500</td></tr><tr><td>M8</td><td>-500</td><td>500</td></tr><tr><td>M9</td><td>0</td><td>-500</td></tr><tr><td>M10</td><td>500</td><td>500</td></tr><tr><td>M11</td><td>0</td><td>500</td></tr><tr><td>M12</td><td>0</td><td>-500</td></tr></tbody></table>	Month	Actual	Plan	M1	500	500	M2	1000	500	M3	500	0	M4	0	500	M5	-500	-500	M6	1000	1000	M7	0	-500	M8	-500	500	M9	0	-500	M10	500	500	M11	0	500	M12	0	-500
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<b>CAPITAL:</b> Capital spend for 2015/16 at the end of March 2016 is £10.3m against a revised plan £10.4 (£14.2m less £3.8m agreed slippage) resulting in a £0.1m underspend against the CRL. This is due to a number of factors including a delay in the investment in A&E and HART vehicles due to reassessment of base van type and slipping the conversion into next year.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>0</td><td>1000</td></tr><tr><td>M2</td><td>0</td><td>1000</td></tr><tr><td>M3</td><td>0</td><td>1000</td></tr><tr><td>M4</td><td>0</td><td>3000</td></tr><tr><td>M5</td><td>0</td><td>1000</td></tr><tr><td>M6</td><td>0</td><td>1000</td></tr><tr><td>M7</td><td>0</td><td>1500</td></tr><tr><td>M8</td><td>0</td><td>1000</td></tr><tr><td>M9</td><td>0</td><td>3000</td></tr><tr><td>M10</td><td>0</td><td>1500</td></tr><tr><td>M11</td><td>0</td><td>0</td></tr><tr><td>M12</td><td>4500</td><td>0</td></tr></tbody></table>	Month	Actual	Plan	M1	0	1000	M2	0	1000	M3	0	1000	M4	0	3000	M5	0	1000	M6	0	1000	M7	0	1500	M8	0	1000	M9	0	3000	M10	0	1500	M11	0	0	M12	4500	0
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M11	0	0																																								
M12	4500	0																																								
<b>CASH:</b> The Trust had cash and cash equivalents of £21.5m at the end of March 2016 against a plan of £14.6m resulting in a favourable variance of £6.9m. This is due to delays in the capital programme as detailed above, and an agreed slip of £3.7m capital spend into 2016-17.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>16</td><td>16</td></tr><tr><td>M2</td><td>16</td><td>16</td></tr><tr><td>M3</td><td>23</td><td>18</td></tr><tr><td>M4</td><td>26</td><td>20</td></tr><tr><td>M5</td><td>29</td><td>16</td></tr><tr><td>M6</td><td>29</td><td>18</td></tr><tr><td>M7</td><td>31</td><td>16</td></tr><tr><td>M8</td><td>32</td><td>16</td></tr><tr><td>M9</td><td>32</td><td>18</td></tr><tr><td>M10</td><td>33</td><td>16</td></tr><tr><td>M11</td><td>36</td><td>19</td></tr><tr><td>M12</td><td>21</td><td>15</td></tr></tbody></table>	Month	Actual	Plan	M1	16	16	M2	16	16	M3	23	18	M4	26	20	M5	29	16	M6	29	18	M7	31	16	M8	32	16	M9	32	18	M10	33	16	M11	36	19	M12	21	15
Month	Actual	Plan																																								
M1	16	16																																								
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M11	36	19																																								
M12	21	15																																								
<b>CIP:</b> The Trust has a savings target of £8.786m for 2015/16. 85% delivery of the CIP target was achieved in March and 72% of this was achieved through recurrent schemes. Reserve schemes have achieved £2,247k of the year to date savings. This creates an adverse variance against plan of £1,359k. This is due to non-achievement of A&E efficiency schemes which in turn is due to non-delivery of the Red performance targets.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>700</td><td>500</td></tr><tr><td>M2</td><td>400</td><td>500</td></tr><tr><td>M3</td><td>500</td><td>500</td></tr><tr><td>M4</td><td>800</td><td>500</td></tr><tr><td>M5</td><td>600</td><td>500</td></tr><tr><td>M6</td><td>700</td><td>500</td></tr><tr><td>M7</td><td>300</td><td>700</td></tr><tr><td>M8</td><td>1200</td><td>800</td></tr><tr><td>M9</td><td>300</td><td>800</td></tr><tr><td>M10</td><td>400</td><td>800</td></tr><tr><td>M11</td><td>500</td><td>800</td></tr><tr><td>M12</td><td>500</td><td>800</td></tr></tbody></table>	Month	Actual	Plan	M1	700	500	M2	400	500	M3	500	500	M4	800	500	M5	600	500	M6	700	500	M7	300	700	M8	1200	800	M9	300	800	M10	400	800	M11	500	800	M12	500	800
Month	Actual	Plan																																								
M1	700	500																																								
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M12	500	800																																								

27

4.1 Finance Overview

## 4.2 Finance Detail March 2016

Mar-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	15,255	15,771	516
Patient Transport Service	2,257	2,483	226
111	3,089	3,074	(15)
Other Income*	1,126	513	(613)
Operating Income*	21,727	21,841	114
Pay Expenditure & reserves	(13,649)	(15,681)	(2,032)
Non-Pay expenditure & reserves	(7,371)	(5,276)	2,096
Operating Expenditure	(21,021)	(20,957)	64
EBITDA*	706	884	178
EBITDA %	3.3%	4.0%	
Depreciation	(810)	(1,033)	(223)
Interest payable & finance costs	(80)	(58)	22
Interest receivable	4	7	4
Profit on fixed asset disposal	12	27	16
Dividends, interest and other	(189)	179	368
Retained Surplus*	(358)	7	364
I&E Surplus %*	-1.6%	0.0%	
Impairment	0	(458)	(458)
Surplus after impairment	(358)	(452)	(94)

\* Income, Surplus and EBITDA exclude the impact of capital slippage agreed with TDA

Year to Date		
Budget	Actual	Variance
£000	£000	£000
176,937	176,638	(299)
26,933	27,816	882
31,375	31,726	351
10,807	9,131	(1,676)
246,052	245,310	(742)
(161,576)	(164,211)	(2,635)
(70,916)	(67,770)	3,146
(232,492)	(231,981)	511
13,560	13,329	(231)
5.5%	5.4%	
(9,187)	(8,993)	194
(287)	(242)	45
62	77	15
138	173	35
(2,269)	(1,900)	369
2,017	2,444	427
0.8%	1.0%	
0	(458)	(458)
2,017	1,986	(31)

Capital Plan	Annual Budget	Current Month Variance	YTD Variance
		£000	£000
Estates	(1,094)	(206)	(106)
H&S	(1,403)	56	269
EPRF	(1,500)	(572)	211
ICT	(1,502)	(589)	(117)
Fleet	(6,929)	(2,779)	2,392
Medical Equipment	(1,498)	(393)	1,009
Plant & Machinery	(14)	0	14
Contingency	(305)	0	305
<b>Total Schemes</b>	<b>(14,245)</b>	<b>(4,483)</b>	<b>3,977</b>

Plan	CATEGORY	Plan	Mar-16	YTD
%age of bills paid within terms	NHS	95%	75%	79%
%age of bills paid within terms	NON NHS	95%	81%	88%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	14,600	21,469	6,869

# 5 Workforce Scorecard

(Lead Director: Executive Director of People and Engagement, Nominated lead – Vacant: Associate  
Director of Human Resources – Kate Simms)

Mar-16

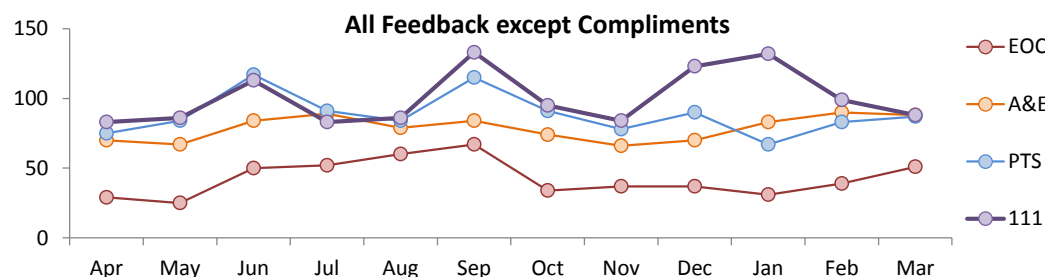
Mar 2016 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 31 Mar 2016

Indicator	Current Data - Mar-16		Current Data - Feb-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4220	Mar-16	4233	Feb-16	4495		↓	4215	Mar-15
Equality & Diversity	5.44% fte	Mar-16	5.46% fte	Feb-16	11.1% fte		↓	5.20% fte	Mar-15
	5.54% hcount		5.54% hcount					5.48% hcount	
Monthly Sickness Absence	5.55%	Mar-16	5.78%	Feb-16	5% fte		↓	6.08%	Mar-15
Yearly Sickness Absence	5.46%	Apr-15 Mar-16	5.51%	Mar-15 Feb-16			↓	6.41%	Apr-14 Mar-15
Turnover	11.02% fte	Mar-16	11.39% fte	Feb-16	10.13% Amb Trust Average from iView		↓	10.69% fte	Mar-15
	12.65% hcount		13.11% hcount					12.11% hcount	
Current PDRs	76.83%	Mar-16	77.28%	Feb-16	80%		↓	72.83%	Mar-15
Stat & Mand Workbook	89.78% (combined)	Mar-16	91.29% (combined)	Feb-16	85% (combined)		↓	90.68% (combined)	Mar-15
	67.15%	Mar-16	56.01%	Feb-16				90.16%	Mar-15
Overtime	£909k	Mar-16	£957k	Feb-16			↓	£903k	Mar-15
	£11,110k	Apr-15 Mar-16	£11,104k	Mar-15 Feb-16			↑	£11,670k	Apr-14 Mar-15

**Sickness absence** remains above the Trust target of 5%.

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

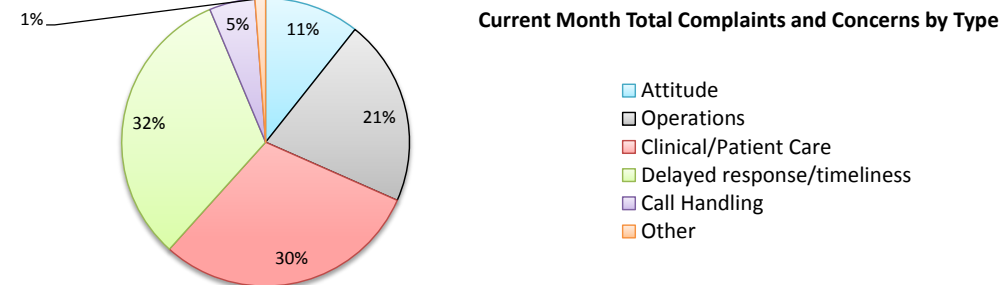
	EOC		A&E		PTS		111		Total	
	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD
Complaint	22	215	11	141	12	86	45	478	90	920
Concern	11	115	21	218	36	400	0	32	68	765
Service to Service	13	154	14	147	32	471	37	658	96	1430
Comment	4	15	13	97	5	59	6	36	28	207
Compliment	2	6	34	655	4	55	10	107	50	823
Lost Property	0	0	20	229	1	17	0	0	21	246
PALS request	1	13	9	112	1	29	0	1	11	155
<b>Total</b>	<b>53</b>	<b>518</b>	<b>122</b>	<b>1599</b>	<b>91</b>	<b>1117</b>	<b>98</b>	<b>1312</b>	<b>364</b>	<b>4546</b>
<b>Demand</b>	<b>76,110</b>	<b>857,667</b>	<b>64,646</b>	<b>730,329</b>	<b>66,531</b>	<b>922,893</b>	<b>143,708</b>	<b>1,511,038</b>	<b>350,995</b>	<b>4,021,927</b>
<b>Proportion</b>	<b>0.07%</b>	<b>0.06%</b>	<b>0.19%</b>	<b>0.22%</b>	<b>0.14%</b>	<b>0.12%</b>	<b>0.07%</b>	<b>0.09%</b>	<b>0.10%</b>	<b>0.11%</b>



The Number of cases in March reduced this month apart from PTS which increased slightly.

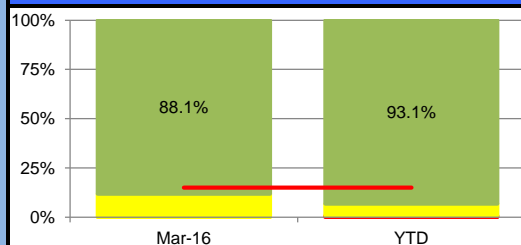
## 2. Complaints and Concerns (including issues raised by healthcare professionals ) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD
Attitude	0	0	14	176	8	82	5	84	27	342
Operations	0	3	17	193	11	62	25	578	53	836
Clinical/Patient Care	0	3	14	125	10	112	52	505	76	745
Delayed response	34	352	0	5	47	615	0	0	81	972
Call Handling	10	114	0	0	3	82	0	0	13	196
Other	2	12	1	7	0	1	0	1	3	21
<b>Total</b>	<b>46</b>	<b>484</b>	<b>46</b>	<b>506</b>	<b>79</b>	<b>954</b>	<b>82</b>	<b>1168</b>	<b>253</b>	<b>3112</b>
<b>Demand</b>	<b>76,110</b>	<b>857,667</b>	<b>64,646</b>	<b>730,329</b>	<b>66,531</b>	<b>922,893</b>	<b>143,708</b>	<b>1,511,038</b>	<b>350,995</b>	<b>4,021,927</b>
<b>Proportion</b>	<b>0.06%</b>	<b>0.06%</b>	<b>0.07%</b>	<b>0.07%</b>	<b>0.12%</b>	<b>0.10%</b>	<b>0.06%</b>	<b>0.08%</b>	<b>0.07%</b>	<b>0.08%</b>



Delayed response remains the largest area of concern for YAS complainants - Emergency Operations and Patient Transport. 111 Operations attracted the largest number of complaints in March.

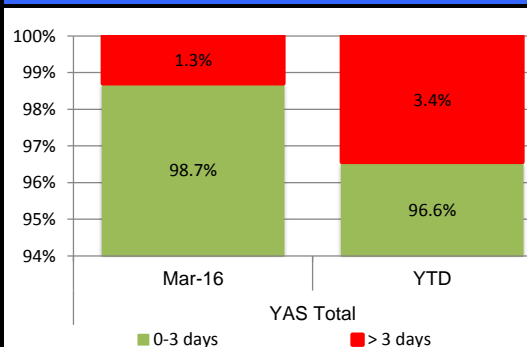
## 3. Complaints and Concerns (inc HCP) received by risk grading (Target <15% Red and amber)



Red: high risk to organisation, usually clinical or reputational  
Amber: low risk recurring issues or moderate risk  
Green: low risk, non-clinical and not relating to dignity/respect

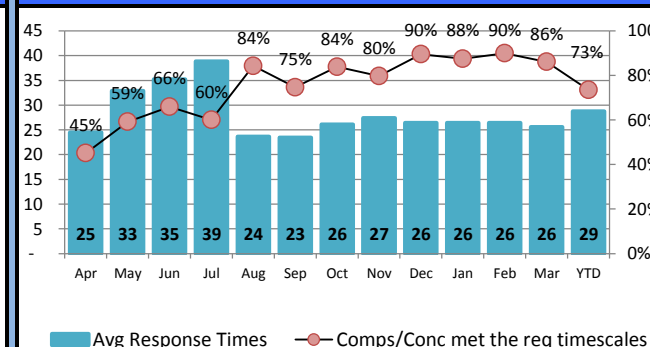
Overall Complaints & Concerns for Red & Amber remain below target for all areas.  
However Amber stands at 11.86% for March.

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



Acknowledgements to complaints have continued to increase slightly in March

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



Responses to complaints are being made in time with the date agreed with the complainant in 86% of cases in March, with an average response time of 26 days.  
YTD compliance is 73% and average response time is 29 days

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

	Total	
	Mar-16	YTD
Upheld	130	1463
Not Upheld	87	978
Partly Upheld	38	630
<b>Total</b>	<b>255</b>	<b>3071</b>

A significant proportion of the cases closed this month have Upheld outcomes.

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

	Total	
	Mar-16	YTD
No. reopened	4	54
% of C&C	2.5%	3.2%

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

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

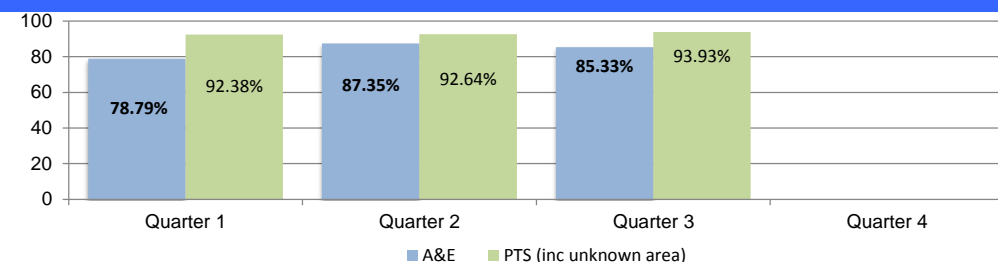
### 8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
					Upheld		Partially Upheld		Not Upheld	
	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD
EOC	0	8	0	7	0	0	0	0	2	8
A&E	3	11	3	7	0	0	0	2	0	8
PTS	0	1	0	1	0	0	0	0	0	1
111	0	1	0	1	0	0	0	0	0	1
<b>Total</b>	<b>3</b>	<b>21</b>	<b>3</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>18</b>

Only 3 referrals were received in March - all A&E.  
2 EOC Not Upheld outcomes where received during the month.

## Patient Survey Results (Friends and Family Test)

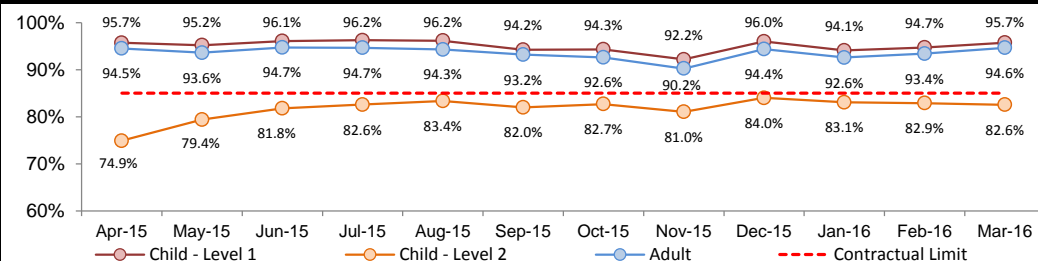
### 9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



The new Friends and Family Test results are now available and have been updated for the Third Quarter of 2015-16. The Full Year results are not yet available

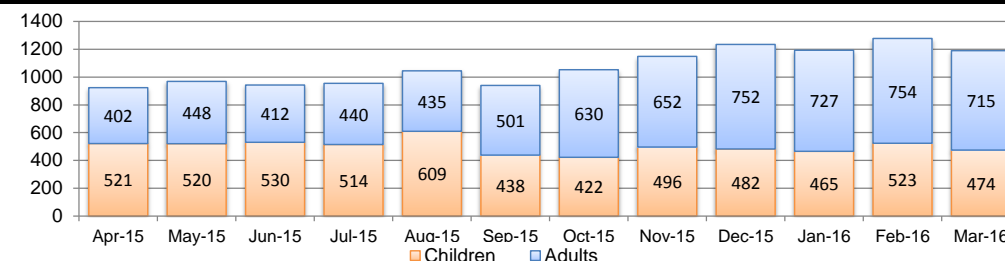
## Safeguarding

### 10. Number of eligible workforce trained



Safeguarding compliance has increased slightly in March overall but reduced slightly for Child Level 2, but still remains high.

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



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

## Results of IPC Audit

### 12. Infection, Prevention and Control

Area	Audit	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Overall Compliance (Current Year)	Hand Hygiene	99%	98%	99%	99%	97%	97%	97%
	Premise	96%	96%	97%	97%	98%	97%	99%
	Vehicle	99%	98%	98%	99%	97%	98%	99%
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	99%	99%	98%	99%	99%
	Premise	97%	99%	98%	98%	99%	99%	98%
	Vehicle	98%	97%	98%	96%	97%	97%	99%
Red Key	No Audits Completed or minimum audit requirements met with compliance <80%	Amber Key	Minimum audit requirements met with compliance 80% to 94%			Green Key	Requirements met with compliance >94%	

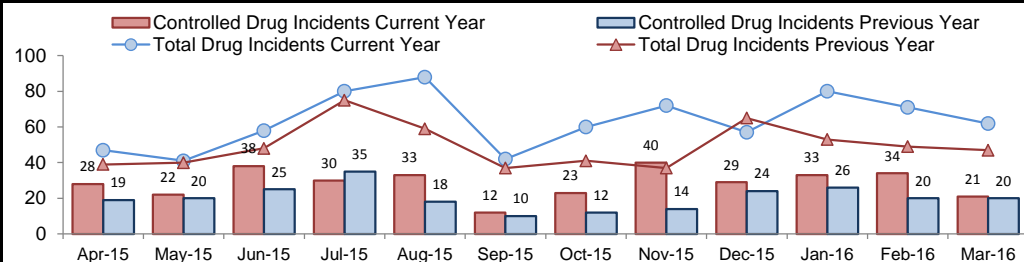
Hand hygiene • Nail varnish, jewellery and watches worn • Gloves worn all the time • Hand gel not carried  
Actions – Continue to challenge staff that are not adhering to bare below the elbows. Ensure all staff carry personal issue hand gel. Reinforce the correct usage of gloves.

Premise • Missing Hand Hygiene posters on stations (A&E Premises) • Linen stored in garage • Personal waste and general mess i.e. cups and plates in communal areas on stations • Clinical waste bins overflowing have been reported not emptied • IP&C audit results not displayed in South Yorkshire since January  
Actions - Replace hand hygiene posters - Supply cupboard for clean, safe linen storage – report to Facilities Manager - Ensure adequate waste collection - Display IPC audit data.

Vehicles • Personal and general waste in Ambulances – sweet wrappers & used packaging • Steri 7 wipes not available • Vehicle damage to interior and exterior not reported and found upon inspection  
Actions - Ensure stocked with correct cleaning supplies - Dispose of non-clinical waste appropriately - Report damage, for example rips in seats, to Fleet for repair.

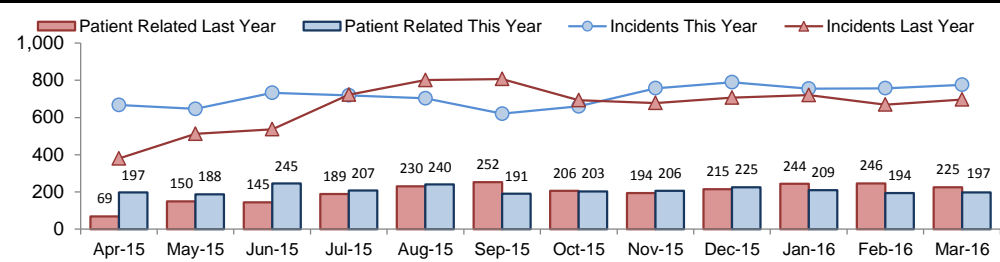
## Incident Reporting, FOIs and Legal Requests

### 13. Medicines Incidents



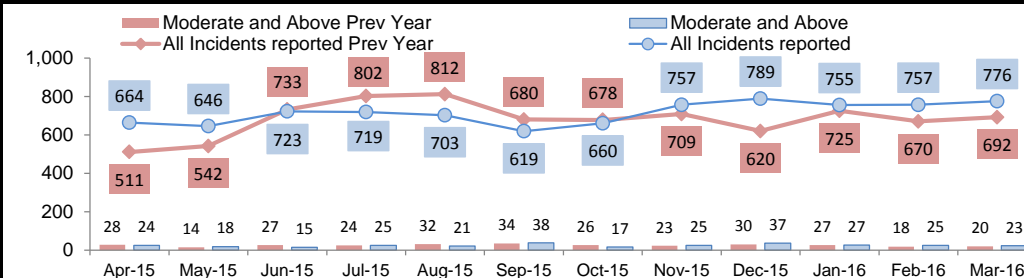
There were a total of 62 medication-related incidents for the month of March, of which 21 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

### 14. Incidents Reported



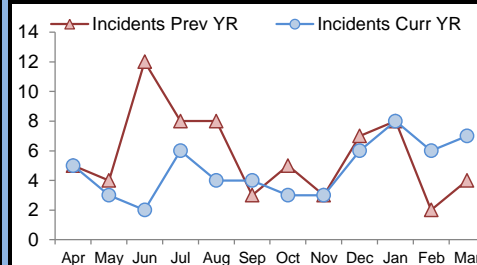
Patient related incidents, both clinical and non-clinical, make up 25% of all reported incidents which is consistent with previous months. The top three categories of patient-related incidents are response-related, Care pathway and medication-related. Patient-related Incidents graded no harm or minor harm represent 93.3% of patient-related incidents. Incidents graded initially as potentially moderate and above are reviewed at Incident Review Group to determine actual harm and regraded as per investigation findings.

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



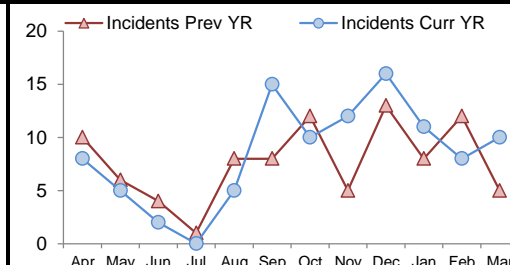
Incidents with a severity of Moderate and above represent 3% of incidents reported in March with 97% of incidents reported as no harm or minor harm. Data for the IPR is produced in the first week of the following month which may be prior to completion of investigations to establish actual harm therefore incidents graded moderate, major or catastrophic may be recategorised. Incidents in the category of no harm represent 67% of the total number of incidents in March. A&E Ops remains the highest reporting area reporting 67% of all incidents. The top 5 coded categories in A&E Ops this month are Vehicle-related, Violence and aggression, response-related, Medication and moving and handling, consistent with previous months.

### 16. Serious Incidents



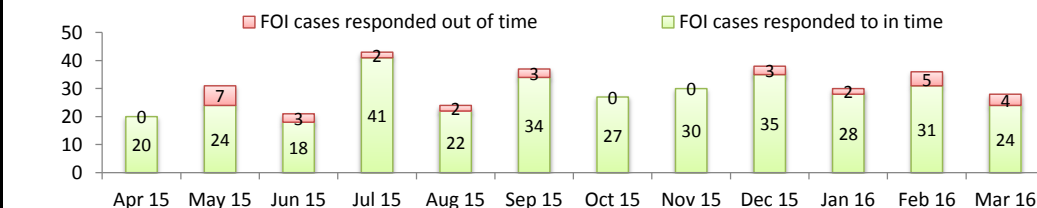
There were 7 Serious Incidents in March, 3 related to Delayed dispatch/response, 2 Inadequate clinical assessment, 1 Clinical Care & 1 Other.

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



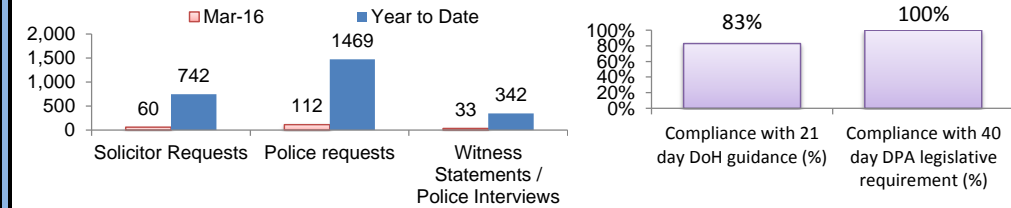
There were 10 Riddor Incidents in March (2 Manual Handling, 5 Slip/Trip/Fall, 2 Hit by Something fixed or stationary and 1 Another kind of Accident)

### 18. FOI Requests



FOI Requests have reduced slightly in March, with 83% of responses being completed in time.

### 19. Legal Requests



Compliance with requests remain high

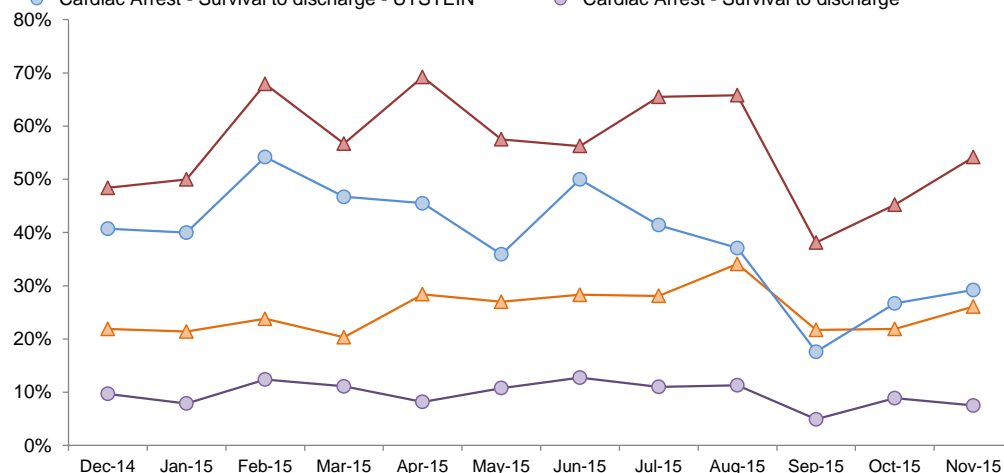


## 6.2 Clinical

Mar-16

### 20. Outcome from Cardiac Arrests

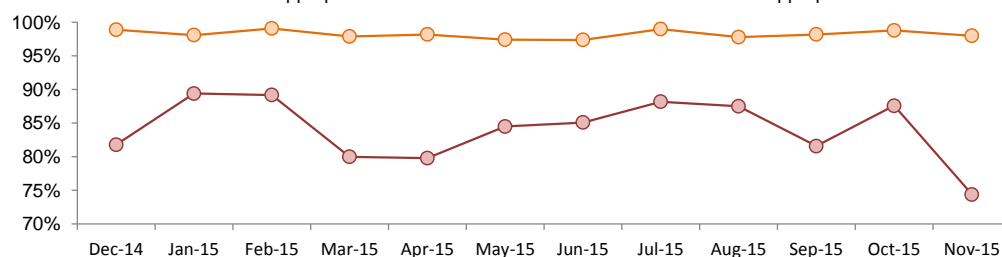
▲ ROSC - UTSTEIN      ▲ ROSC - Overall  
 ● Cardiac Arrest - Survival to discharge - UTSTEIN      ● Cardiac Arrest - Survival to discharge



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. There has been a noticeable drop in performance which corresponds with reduced number of patients in the Utstein group with reduced confidence in the statistical significance, however YTD YAS remain the top performing ambulance service for the Utstein group for ROSC.

### 21. AQI Care Bundle

● STEMI - Received an appropriate care bundle      ● Stroke - Received an appropriate care bundle



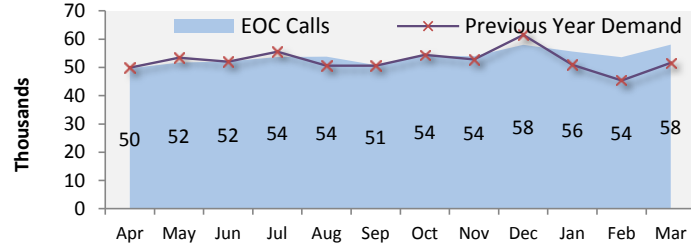
YAS has improved and is now in the top third in 14 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.

### 22. Clinical Performance Indicators

Single Limb Fractures	Cycle 15 - July 15		Cycle 16 - Jan 16	
	YAS	National	YAS	National
Two pain scores (Before & After Treatment)	64.9%	76.2%	61.9%	73.3%
Analgesia administered	93.0%	90.2%	95.9%	93.3%
Immobilisation of limb	63.2%	64.6%	71.1%	63.9%
Assessment of circulation distal to fracture	96.5%	80.1%	95.9%	86.5%
Care Bundle for Single Limb (F1 + F2 + F3 + F4)	42.1%	46.2%	43.3%	49.1%

There has been a slight improvement on compliance against the care bundle for this cycle.

### 1. Demand



Service level YTD is currently 0.2% above target, and 0.6% higher than the same period last financial year.

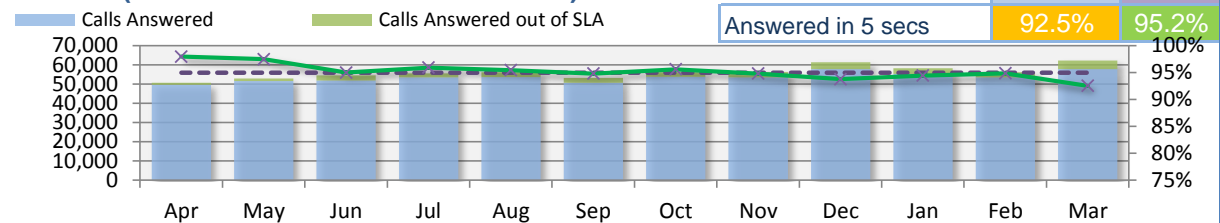
#### Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2015/16	645,212	642,432	611,392	95.2%
2014/15	628,693	625,170	591,339	94.6%
Variance	16,519	17,262	20,053	
Variance	2.6%	2.76%	3.4%	0.6%

### 3. Quality

		Mar		YTD
<b>Serious Incidents</b> (Rate Per 1000 Responses))		3(0.04)	↑	23(0.03)
<b>Total Incidents</b> (per 1000 calls)		88(1.16)	↑	777(0.91)
There was 2 Serious Incident(s) in March, year to date this now stands at 23				
<b>Feedback</b>	Complaints	22	↑	215
	Concerns	11	↑	115
	Comments	4	↑	15
	Service to Service	13	↓	154
	Compliments	2	↑	6
<b>Response within target time for Complaints and Concerns</b>		100%		64%
<b>Outcome of Ombudsman Cases</b>	Upheld	0		0
	Not Upheld	2		8

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



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Calls Answered out of SLA	1,011	1,294	2,597	2,175	2,441	2,635	2,364	2,778	3,593	3,079	2,746	4,327
Calls Answered	49,596	51,562	51,907	53,453	53,677	50,612	53,776	53,525	57,802	55,209	53,462	57,851
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	98.0%	97.5%	95.0%	95.9%	95.5%	94.8%	95.6%	94.8%	93.8%	94.4%	94.9%	92.5%

Whilst call volumes have been above forecast and also higher than this time last year, the SLA is above target at 95.2%. Work is ongoing to improve tail-end call answer and abandonment. Serious incidents continue to be on a downward trend. The EOC are planning ARP go-live imminently. Contracted FTE was 23 FTE under budget with a variance of 6.0% and both sickness and other absences were under planned for March.

### 4. Workforce

#### FT Equivalents

Mar-16	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	385	19.3	96	270	70%
Contracted FTE (before overtime)	362	18.1	91	253	70%
Variance	(23)	(1)	(6)	(16)	(6.0%)
% Variance	(6.0%)	(6.0%)	(6.0%)		
FTE worked inc overtime	371	35.7	85	251	68%
Variance	(14)	16	(11)	(19)	(7.1%)
% Variance	(3.6%)	85.5%	(11.8%)		

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

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

#### Key Points

Contracted FTE was 23 FTE under budget with a variance of 6.0%.

Both sickness and other absences were under planned for March.

### 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	1,474	1,590	116

# A1.2 Estates (Lead Director: Chief Exec - Rod Barnes, Nominated Lead: Associate Director of Estates - Ian Hinitt)

Mar-16

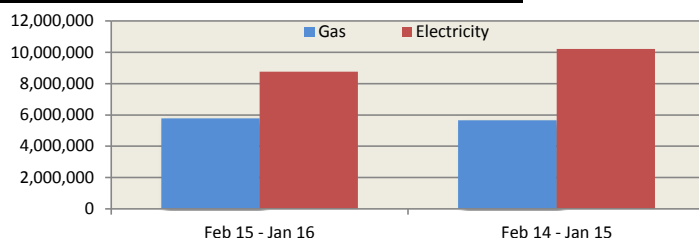
## 1. Demand

Number of Jobs Received - 419 of which 222 logged for YAS Estates Direct Labour.

Out of Hour Call's received - 6

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

kWh	Electricity (kWh)	Gas (kWh)
Feb 15 - Jan 16	5,783,778	8,776,020
Feb 14 - Jan 15	5,658,397	10,221,288
	2.22%	-14.14%



## 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:

- 60% of reactive maintenance requests completed within response timeframes - **133 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(160)**
- 98 % of statutory planned preventative maintenance site visits completed within response timeframes.(100% not achieved due to Staff Annual Leave)
- Appraisals undertaken - **100% completed**

## 3. Quality of Service

- Currently working up the Estates Annual Planning requirements for the approved Capital Investment Appraisal bids for 2016/17, to ensure minimal disruption to core business and in maximising greatest benefit and risk mitigation.
- Interviews for the appointment of Estates Project Manager and Estates Manager roles have been conducted w/c 11/04/16 and offers are to be made for substantive appointments. Early consultation regarding Estates Trades Technician structure reorganisation has commenced w/c 11/04/16. The appointments and restructure will enable delivery of the annual plan and will significantly improve the responsiveness of the Estates service.
- The second Estates Management Group (EMG) met on held on 8th April 2016 and reported on the six subject specific Working Groups progress, in embedding the Estates Governance Assurance Framework, to assure the Trust in matters of Estates related compliance.

## 4. Staffing

February 2016 (FT Equivalents)	FTE	Sickness (5%)
Budget FTE	16.0	0.8
Contracted FTE (before overtime)	14.5	0.0
Variance	(1.5)	0.8
% Variance	(9.5%)	
FTE (worked Inc. overtime)*	19.0	0.0
Variance	3.0	0.8
% Variance	18.4%	

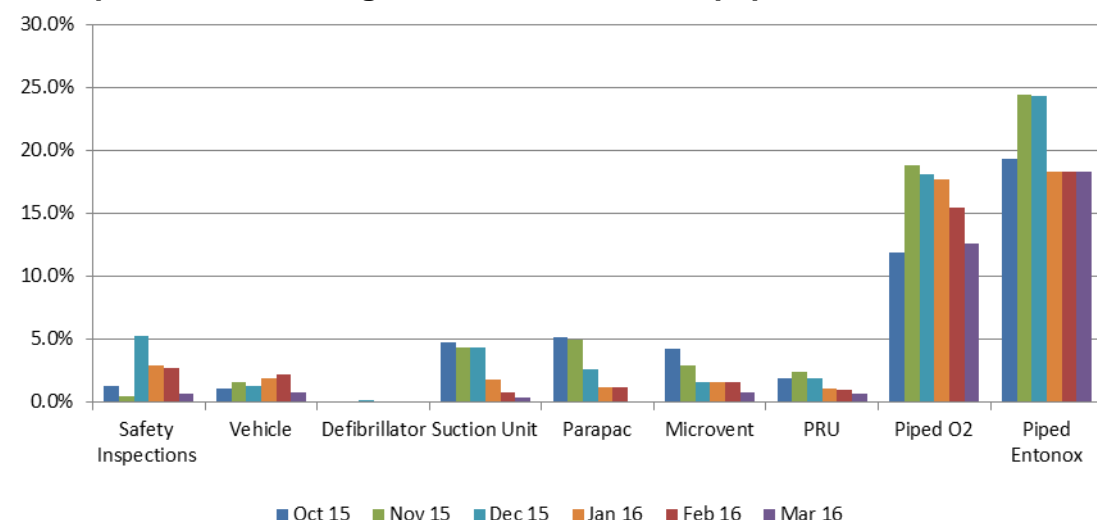
\* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE \*\* Sickness and Absence (Abstractions) are from ESR

Sickness in Mar 2016 for Estates was at 0.0%.

## 5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
CIPs	248	51	(197)

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



### Key Points

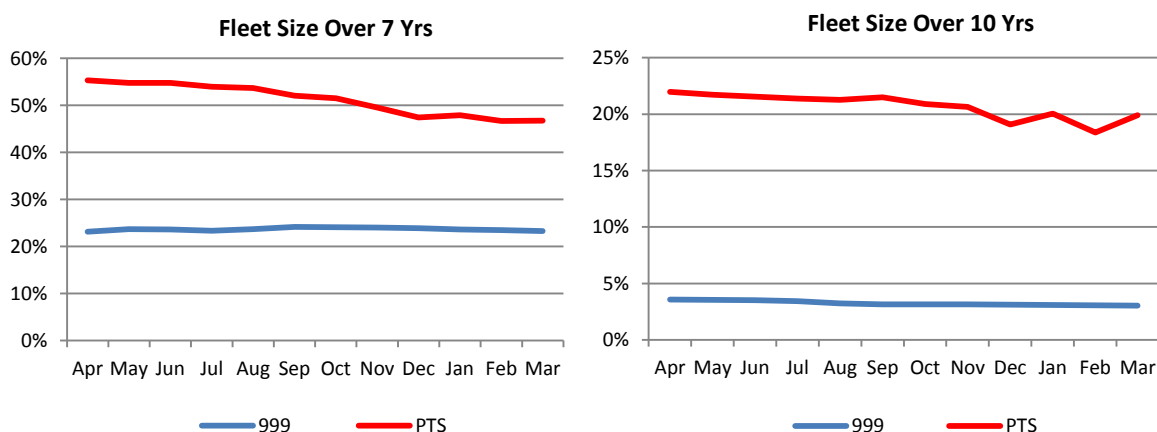
Number of vehicles serviced within target window has been maintained at a respectable level and the vehicles outside the service window are now routinely captured through the Fleet Service Breach Standard Operating Procedure.

An action plan has been implemented to facilitate full compliance for servicing on Piped O2 by May 2016

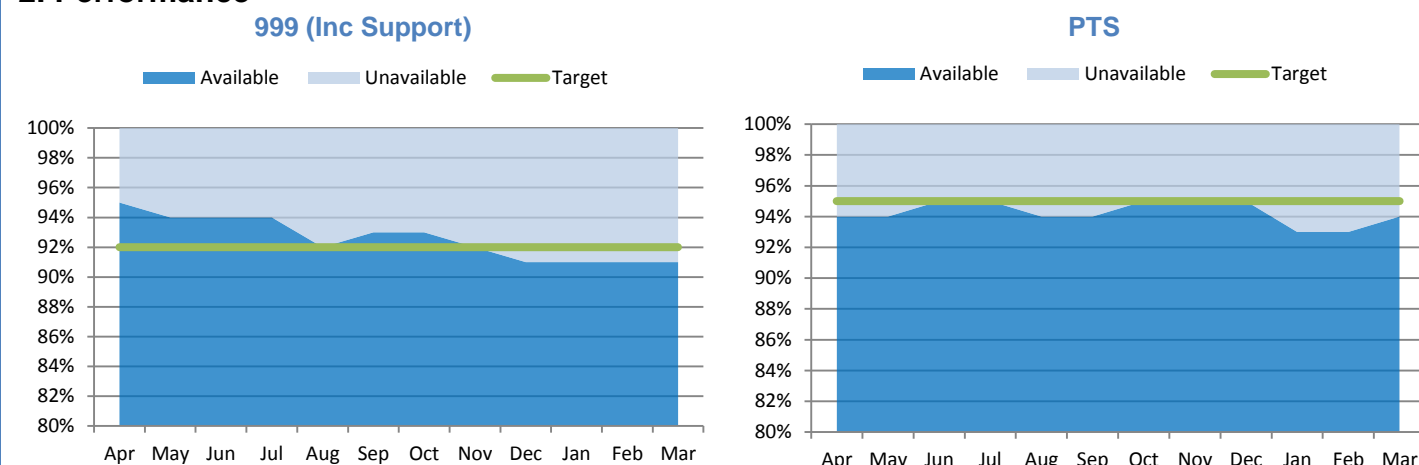
Inspections/Services out of Window	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	%	DOT
Safety Inspections	7	3	29	16	15	4	0.7%	↓
Vehicle Services	4	6	5	7	8	3	0.8%	↓
Defibrillator servicing	0	0	1	0	0	0	0.0%	↔
Suction Unit servicing	30	27	26	11	5	2	0.3%	↓
Parapac servicing	18	17	9	4	4	0	0.0%	↓
Microvent servicing	7	4	2	2	2	1	0.8%	↓
PRU	13	15	12	7	6	4	0.7%	↓
Piped O2	59	95	95	92	81	66	12.6%	↓
Piped Entonox	17	22	20	15	15	15	18.3%	↔

## 1.2 Vehicle Age

Vehicles >= 7 years	999	130	23.3%	PTS	188	43.3%	Total	318
Vehicles >=10 years	Fleet	17	3.6%	Fleet	61	14.1%		78



## 2. Performance

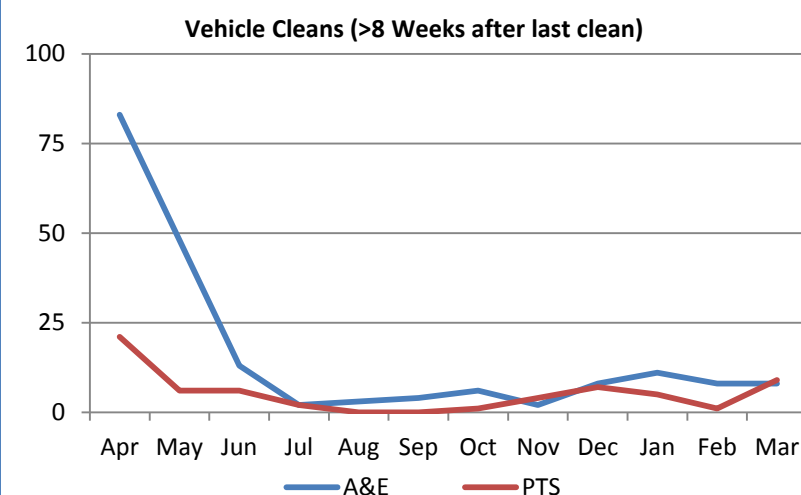


### Key Points

A&E availability failed to achieved target in March with one of the contributing factors being a high number of RTC in Leeds & Bradford, the trust has put in place a vehicle accident reduction group to monitor and target RTC in both A&E and PTS. PTS achieved KPI in March, this is set to improve further with the introduction of new vehicles, 95 of the 111 have now been commissioned and in service.

## 3. Deep Clean

	Oct	Nov	Dec	Jan	Feb	Mar	Mar % in Window	Mar DOT
Vehicles Outside Window in Period	61	49	49	62	19	29	99.90%	↑



### Key Points

Deep Clean Service level for March continued to be sustained at 99.9% (excluding VOR's). The checking of Out of Date (OOD) consumable items on the vehicles is embedded within all vehicle Deep Cleans and vehicle cleaning training (including Stat & Man) has commenced within Training schools. This is encompassing the OOD checks within the Green Response bags.

## 4. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)			Available	
	FTE	Sickness	Total	%
Budgeted	100	5.0	95	95%
Actual	93	4.3	89	95%
Variance	(6)	0.7	(6)	(6.0%)
% Variance	-6%	-14%		

Sickness absence has reduced due to Long Term absence people returning to work. This has brought the overall figure to within Trust target.

## 5. Finance (YTD)

£000	Plan	Actual	Variance
CIPs	1,368	1,059	(309)

## Business Continuity

- ISO22301 re-certification audit, completed and passed for all departments
- Scoping meeting with BSi to agree next stage for ISO22301 certification
- Completion of Consultancy work for Hull and East Yorkshire Acute Trust
- BC Manager completed mental health training
- All station plans reviewed and published for A&E Ops and PTS

## Emergency Preparedness and Response

- Exercise Sandpiper – East Yorkshire LRF Gold/silver Exercise – looking at a MTFA style but not terrorist related event.
- Tour de Yorkshire planning enters its final phases and April will bring the testing exercises and the event itself. Bulletins are going out via Ops Update
- March saw the retirement of one the EPRR Team Peter Speight, who had first completed 33years with WYP and 17years with YAS, we all wished him well at a gathering to celebrate his well-earned retirement.

### March Training

Course	Number of Courses	Number of Attendees
Ambulance Intervention Team	1	9
CBRN Special Operations Team (1 day)	2	22
CBRN Special Operations Team (5 day)	1	8
CBRN National Gold Course	1	2
MTFA Tactical Command Course	2	27
CS Bronze Awareness Course	1	8
ECA Resilience Awareness Session	4	Part of New Starter course

## Hart and Special Operations

**HART:** HART continue to undertake training and exercise programmes with partner agencies, in addition to their core competence refresher training. February and March saw the annual clinical skills update being undertaken with each team. April will see the BA, SWAH and CR1/ PRPs requalification's taking place. Two pre-CQC assessments took place in March. It is important cognisance is taken of the CQC inspections of other HART services across the country. Since ours in January 2014, the NARU HART Service Specification has been published and the CQC inspectors are using this as the baseline assessment, in addition to other areas of interest to them.

**Air Ambulance:** The Critical Care Team Doctors have undertaken a week of induction training consisting of medical, aviation and operational elements. The team will go live from Nostell ASU on Tues 12th April covering 12 hour shifts 365 days a year. The expected delivery dates for the first of two new Airbus H145 helicopters is August 2016 with the second coming in to service during November. Additional training for YAS aircrew paramedics and YAA pilots is expected to take place during the first week of August. The equipment for the new aircraft which comprises of 3 each of Corpuls defibrillator /monitor, Accuvac Suction unit and Oxylog ventilator have been delivered to Nostell ASU. Work is underway to develop operational models in the advent of extended hours flying and the possible winching of crew from the aircraft to a patients side.

**MTFA:** Additional courses have been scheduled to take place in May for Strategic and Tactical Commanders to be refreshed on the command responsibilities and complexities of dealing with a multi-sited terrorist attack. 4 courses have been held so far.

**SORT:** The numbers of SORT staff remain below that which is required (150 staff required, 73 in post). There was a five day initial course for new SORT Operatives held in March and 2 one day refresher for existing operatives. An expression of interest went out in Ops Update for a further intake of SORT operatives, we had 23 submitted, all of which have been invited to attend a physical competency assessment on the 13th April.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team	63	66	3
Hart Operatives FTE	42	42	0
CBRN (SORT) - Volunteers	150	*73	48
Air Ambulance FTE	13	13	0

\* Number does not include 42 HART CBRN trained staff.

## Community Resilience Team

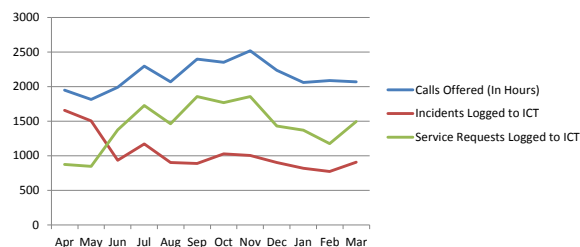
	No. CFR	No.EFRs	No. Static	No. CPADS
ABL	229	8	273	103
CKW	121	11	216	38
HULL/EAST	94	81	101	109
SOUTH	213	20	414	34
NORTH	397	11	187	205

	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	1.0%	1.2%	3.6%	5.2%
CKW	1.0%	1.2%	2.8%	4.0%
HULL/EAST	5.2%	6.0%	4.1%	5.8%
SOUTH	1.2%	1.5%	2.6%	3.9%
NORTH	2.1%	2.5%	3.4%	5.0%

EFRs	0.4%	0.5%
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### 1. Demand

Support Demands on ICT Resources By Month

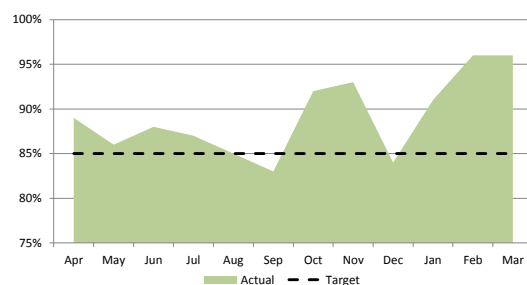


	Oct	Nov	Dec	Jan	Feb	Mar
Calls Offered (In Hours)	2349	2518	2234	2059	2086	2067
Incidents Logged to ICT	1028	1006	901	819	773	907
Service Requests Logged to ICT	1768	1854	1432	1368	1173	1496
Total number of active projects	24	21	21	20	17	11

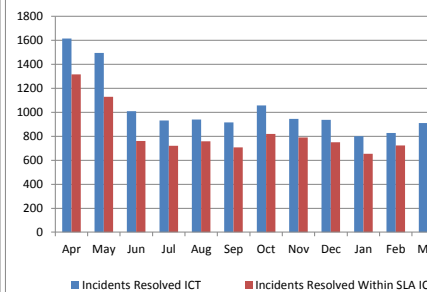
Incident = Unplanned interruption or reduction in quality of and IT service.  
Request = Requests for hardware, software, access to data and locations etc.  
The continued reduction in incidents highlights the benefit of the service improvements developed by ICT.

### 2. Performance

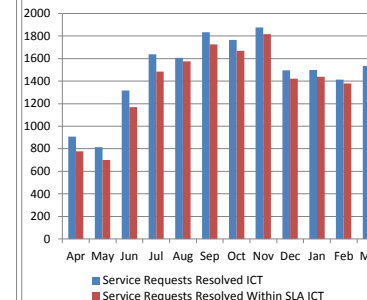
% Calls Answered Within Threshold



Incidents Resolved/Resolved Within SLA



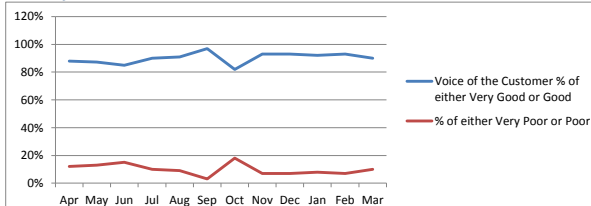
Requests Resolved/Resolved Within SLA



	Oct	Nov	Dec	Jan	Feb	Mar
% Calls Answered Within Threshold (10 seconds). Target 85%	92%	93%	84%	91%	96%	96%
Overall ICT Achievement on SLA for Incidents and Requests. Target 80%	88%	90%	86%	88%	93%	96%
Incidents Resolved ICT	1056	944	937	801	828	910
Incidents Resolved Within SLA ICT	819	790	749	654	723	795
Service Requests Resolved ICT	1767	1875	1497	1500	1412	1535
Service Requests Resolved Within SLA ICT	1669	1817	1421	1439	1378	1412

Calls answered within threshold is consistently high. Incidents and requests resolved within SLA show an improvement. The recent fulfilment of the roles of VC manager and ISD manager have had a positive result to the monitoring and managing of the SLA.  
Incidents and Request SLA's are also measured against priorities (1-5 for both incidents and requests)

### 3. Quality of Service



	Oct	Nov	Dec	Jan	Feb	Mar
Network Availability	99.60%	100.00%	93.55%	100.00%	100.00%	100.00%
System Availability	99.73%	100.00%	100.00%	100.00%	100.00%	100.00%
Telecoms Availability	100.00%	100.00%	84.95%	100.00%	100.00%	99.99%
Radio Availability	100.00%	99.72%	100.00%	100.00%	100.00%	100.00%
% of either Very Good or Good	82.00%	93.00%	93.00%	92.00%	93.00%	90.00%
% of either Very Poor or Poor	18.00%	7.00%	7.00%	8.00%	7.00%	10.00%

Availability of all systems, network, telecoms and radio was 100% for March.  
The reduction in service in December is attributed to the severe flooding experienced.  
Customer survey responses show high levels of satisfaction with ICT service.

### 4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6339			4438
Actual	40	6339			5379
Variance	0	0			942
%Variance	100%	100%			0%
<b>SICKNESS</b>					
5% Sickness on Budgeted			317		
5% Sickness on Actual			317		
Recorded Monthly Sickness				15	
Variance between Budget and Actual Targets				-302	
<b>ABSENCE</b>					
25% Absence on Budgeted			1585		
25% Absence on Actual			1585		
Recorded Monthly Absence				945	
Variance between Budget and Actual Targets				-640	

Sickness and Absence figures fall below monthly targets increasing availability to deliver budgeted expectations.

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

### 5. Finance

£000
CIPs

Commentary  
TO BE  
DEVELO  
PED

## Annex 2 Ambulance Quality Indicators - YAS

Indicator	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:19	0:19	0:19	0:18	0:18	0:19	0:19	0:19	0:20	0:20	0:23	0:23	0:25	0:22	8	0:03	to	0:42
Time to Answer (99%)	0:48	0:43	0:47	0:30	0:33	1:05	0:55	0:57	1:01	0:55	1:06	1:12	1:15	1:09	6	0:32	to	1:23
Abandoned calls	1.79	1.52	1.45	0.91	0.63	0.90	0.80	0.70	0.85	1.01	1.22	0.90	1.10	0.79	10	0.20	to	0.89
Cat Red 8 minute response - RED 1 (75%)	70.6	71.6	73.5	74.9	73.7	69.4	70.8	68.7	70.1	73.7	73.8	69.0	69.0	69.6	7	67.5	to	78.8
Cat Red 8 minute response - RED 2 (75%)	67.2	70.0	72.3	72.7	73.5	70.4	70.1	70.0	70.4	72.5	73.3	71.0	71.9	71.3	3	61.8	to	75.5
95 Percentile Red 1 only Response Time	13:47	13:21	13:29	12:56	13:05	13:53	13:44	15:39	14:44	13:28	13:18	14:29	14:22	14:16	2	12:01	to	16:18
Cat Red 19 minute response (95%)	95.2	96.2	96.3	96.2	96.3	95.3	95.3	95.0	95.3	95.3	95.3	93.9	94.7	94.3	2	88.3	to	97.3
Time to Treat (50%)	6:56	6:19	6:07	5:44	5:38	5:54	5:51	5:53	5:48	5:31	5:34	5:45	6:22	6:03	1	5:57	to	10:21
Time to Treat (95%)	17:17	15:57	15:49	14:24	14:12	15:03	15:04	15:28	15:07	14:14	14:20	15:25	15:52	15:16	1	15:22	to	24:50
Time to Treat (99%)	26:35	24:26	24:13	21:26	21:34	22:40	22:30	23:38	22:48	21:47	21:17	23:36	23:47	23:00	1	23:23	to	49:33
STEMI - Care	89.4	89.2	75.8	86.0	84.5	85.1	88.2	87.5	81.6	87.6	74.4				4	65.4	to	87.4
Stroke - Care	98.1	99.1	97.9	98.2	97.4	97.4	99.0	97.8	98.2	98.8	98.0				3	96.1	to	99.6
Frequent caller *	3.03	2.10	2.50	1.63	1.49	1.90	1.51	1.80	1.63	1.47	1.78	2.07	2.00	2.56	6	0.18	to	2.51
Resolved by telephone	9.4	9.6	10.2	9.7	9.9	8.8	8.1	8.2	7.5	7.2	7.8	9.4	8.2	7.9	7	5.1	to	13.0
Non A&E	32.0	31.7	30.9	31.2	31.3	31.6	32.5	32.9	31.2	31.7	30.3	31.1	30.7	29.8	8	30.0	to	52.6
STEMI - 150	79.3	79.8	80.0	79.8	80.2	84.8	86.4	87.7	80.0	89.3	79.3				9	76.0	to	93.4
Stroke - 60	58.6	57.7	57.3	57.0	59.8	53.6	55.8	57.0	54.0	53.6	51.1				7	45.6	to	68.1
ROSC	21.4	23.8	20.3	28.4	27.0	28.3	28.1	34.1	21.7	21.9	26.1				6	24.0	to	32.9
ROSC - Utstein	50.0	67.9	56.7	69.2	57.5	56.3	65.5	65.8	38.1	48.2	54.2				1	42.2	to	57.3
Cardiac - STD	7.9	12.4	11.1	8.2	10.8	12.7	11.0	11.3	4.9	8.9	7.5				3	6.7	to	13.8
Cardiac - STD Utstein	40.0	54.2	46.7	45.5	35.9	50.0	41.4	37.1	17.6	26.7	29.2				2	20.7	to	37.1
Recontact 24hrs Telephone	3.1	3.2	4.0	1.7	1.8	1.5	1.5	1.8	1.9	1.1	1.7	1.9	2.2	5.5	1	2.1	to	14.2
Recontact 24hrs on Scene	3.9	3.4	3.5	3.3	3.5	3.2	3.0	3.1	3.2	2.9	2.8	2.2	1.4	2.8	1	2.8	to	8.5

Comments:- Clinical AQIs are performing well against other Ambulance Services. Plans are in place to improve staffing levels within the EOC to improve the time taken to answer calls and to reduce the number of calls abandoned. The Trust continues to concentrate on improving the Survival to Discharge.



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

Mar-16

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	February
Time to Answer - 95%		mm:ss	0:10	0:06	0:03	0:42	0:04	0:13	0:30	0:17	0:05	0:21	8	February
Time to Answer - 99%		mm:ss	0:44	0:44	0:41	1:23	0:32	1:16	1:16	0:59	0:36	0:58	6	February
Abandoned calls		%	0.38	0.60	0.20	0.81	0.41	0.66	0.72	0.85	0.66	0.89	10	February
Cat Red 8 minute response - RED 1	75%	%	69.6	72.8	67.5	68.6	75.6	72.1	72.6	74.2	78.8	71.1	7	February
Cat Red 8 minute response - RED 2	75%	%	62.4	61.8	63.8	69.2	71.6	72.9	70.8	65.0	75.5	71.6	3	February
95 Percentile Red 1 only Response Time		mm:ss	14:59	15:21	16:18	14:32	13:59	14:16	14:38	14:30	12:01	13:58	2	February
Cat Red 19 minute response	95%	%	88.3	90.6	93.1	92.5	93.2	94.4	94.5	90.3	97.3	95.1	2	February
Time to Treat - 50%		mm:ss	10:21	7:29	6:59	6:59	6:39	6:07	6:10	7:22	5:59	5:57	1	February
Time to Treat - 95%		mm:ss	20:35	22:57	19:19	23:34	23:44	19:42	19:50	24:50	15:50	15:22	1	February
Time to Treat - 99%		mm:ss	33:20	34:31	35:55	39:26	49:33	33:46	29:45	41:26	24:12	23:23	1	February
STEMI - Care		%	76.7	80.5	70.3	87.4	86.2	65.4	68.1	84.6	77.8	84.0	4	November
Stroke - Care		%	97.4	97.8	97.3	97.9	99.6	98.5	96.5	96.9	96.1	98.1	3	November
Frequent caller *		%	0.19	0.30	1.10	0.18	0.86	2.51				1.81	6	February
Resolved by telephone		%	12.6	6.2	13.0	6.8	10.8	9.6	10.3	12.0	5.1	8.4	7	February
Non A&E		%	30.0	41.5	34.3	31.6	30.8	42.0	44.7	52.6	37.3	31.3	8	February
STEMI - 150		%	90.9	91.6	90.3	91.6	86.7	87.9	93.4	76.0	87.4	83.3	9	November
Stroke - 60		%	55.5	50.7	62.5	61.2	68.1	51.6	65.9	45.6	56.2	55.3	7	November
ROSC		%	24.4	27.1	30.2	24.2	32.9	25.6	27.3	24.0	30.9	26.9	6	November
ROSC - Utstein		%	44.4	50.0	55.3	56.7	55.5	42.2	49.4	50.5	51.4	57.3	1	November
Cardiac - STD		%	6.7	6.8	9.4	7.1	9.7	13.8	8.9	9.1	9.4	9.4	3	November
Cardiac - STD Utstein		%	20.7	26.1	32.9	37.1	26.3	27.3	25.1	29.2	25.2	36.3	2	November
Recontact 24hrs Telephone		%	3.5	10.6	2.9	14.2	4.1	9.7	8.2	12.8	13.6	2.1	1	February
Recontact 24hrs on Scene		%	4.8	5.9	8.5	5.0	3.6	5.1	4.5	5.6	6.3	2.8	1	February

