



Integrated Performance Report – May 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 (on scene). YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

Reduction in drug errors: There were no reported drug errors in the month of May. Work by the clinical managers over the last six months to repackage and separate similar items with change in fluid presentations have all worked to improve the safety and drug management. Tablet presentations have also been reviewed with Aspirin and paracetamol remaining in original packaging reducing the clinical risk of inappropriate administration. A revised audit process by the clinical manager team has supported the monitoring and feedback to staff and operational teams, this and the YAS wide POMs audit process monitors the risks and identifies areas for improvement this is reported to medicines management for review and actioned.

Table of contents

<i>Page Number</i>	<i>Content</i>	<i>Page Number</i>	<i>Content</i>
2	1. Compendium	25	4.1 Finance Overview
3	2. Exec Summary	26	4.2 Finance Detail
3	- Key Headlines	27	5. Workforce Scorecard
4	- Business Objectives	28-30	6.1 Quality, Safeguarding, IPC Audits and Incident Reporting
	- Demand and Performance		6.2 Clinical Performance
5-8	- A&E	31	
9	- 111		Annexes
10	- PTS		
11	- Quality		
12	- Clinical	32	A1.1 EOC Service Line Report
13	- Workforce	33	A1.2 Estates Service Line Report
14	- Finance	34	A1.3 Fleet Service Line Report
15-16	2.1 Strategic Objectives	35	A1.4 Resilience Service Line Report
17	2.2 Quality and Efficiency Savings (CIP)	36	A1.5 ICT Service Line Report
18	2.3 CQUINS	37	A2. National Ambulance Quality Indicators
19-22	3.1 A&E Service Line Report		A3. National Benchmarking
23	3.2 PTS Service Line Report	38	
24	3.3 111 Service Line Report		

IPR Compendium (2015-16 Key Facts)

Key Facts & Figures for YAS - 2015/16

VEHICLES


300
Double-Crew
Ambulances


188
Rapid-Response
Vehicles


416
PTS Vehicles

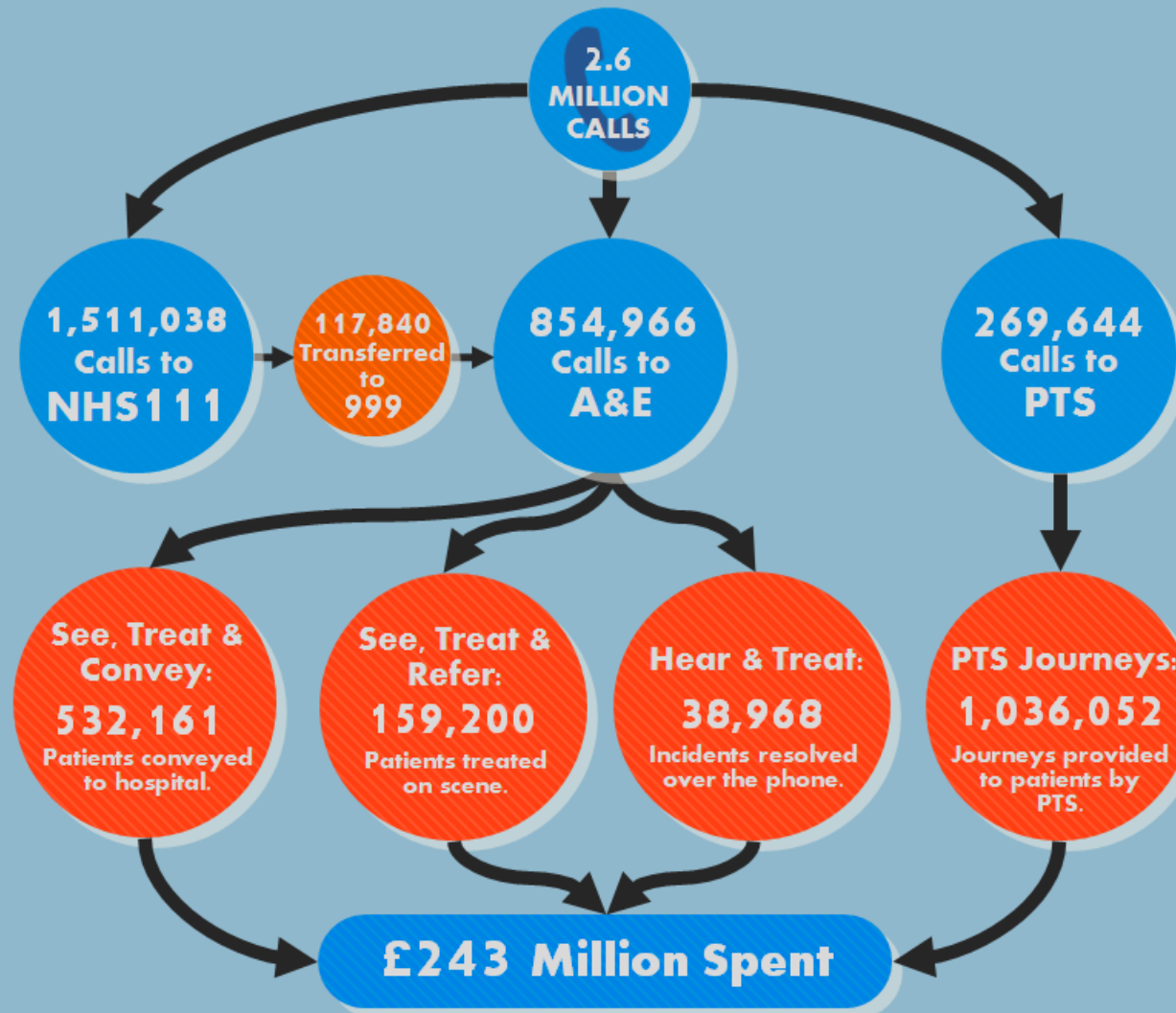
STAFF



53.6%
Female

46.4%
Male

5.4%
BME



IPR Exec Summary – May 2016

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

111

- **111 calls** are below plan for May (0.5%, down 727 calls), although the 16/17 position has not been finalised, and running at 1.1% above last year answered volume for May. 111 referral rate to 999 is still performing well (<10%) at 8.6% for the month. In May, 2,302 ambulances were checked by a clinician before being sent, out of a total of 5605 (41.1%) green ambulance calls. This is an increase of 2% from April to May.

A&E

- **Calls** for both A&E and 111 were high in May compared to last year.
- **Hear & Treat (H&T)** is 26.1% below the profiled plan in the month. Changes to the National Ambulance Quality Indicators (AQI) changes means less opportunity for H&T in respect of Red calls. The plan is based on May last year which was higher than usual for H&T.
- **Overall responses** where at least 1 vehicle attended scene for May 2016 were 9.6% higher than May 2015 with some high spikes in demand throughout the month.
- **See Treat & Refer (STR) activity** is above planned for May (21%), this is due to the reduction in Hear and Treat and the use of UCP's
- **See, Treat & Convey (STC) activity** is above plan for April (8.9%).
- **999 Performance** against 8 min 75% target Red (achieved 8m 31s. Red ambulance responses have now reduced with the new coding for Red (ARP Trial). Prior to the trial we maintained our second place ranking for Red2 nationally. This achievement demonstrates continued A&E service efficiency (higher performance vs resource hours available).

PTS

- **KPI 2** getting patients to their appointment on time achieving 85.9% (target 82.9%)
- **KPI 3** collected after appointment 91% YTD (target 91.7%).
- PTS Auto Planning pilot commenced as planned from 23 May; for a combined Leeds planning desk. Overall performance was in line with targets, although down on the previous month. Call answering was down 9.5% due to structure changes and some LTS.
- Auto Planning will be expanded to the whole West PTS region from 20 June.

111 Headline Metric	Month Planned	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Call Answered	140,135	140,862	727	0.5%	267,842	267,141	(701)	(0.3%)
Calls Answered (60 Secs)	133,128	134,529	1,401	1.1%	254,450	252,561	(1,889)	(0.7%)
999 Referral Numbers		12,075				21,974		
999 Referral Rate		8.6%				8.2%		
Ambulances Stopped		2,470				4,797		

A&E Contract (CCG Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Calls (Demand)	68,344	72,344	4,000	5.9%	134,250	138,681	4,431	3.3%
Hear and Treat (H&T)	3,740	2,763	(977)	(26.1%)	7,314	5,840	(1,474)	(20.2%)
See, Treat and Refer (STR)	11,846	13,305	1,459	12.3%	23,310	27,424	4,114	17.6%
UCP Demand (STR)		1,029	1,029			2,019	2,019	
All STR inc UCP	11,846	14,334	2,488	21.0%	23,310	29,443	6,133	26.3%
See, Treat and Convey (STC)	43,023	46,856	3,833	8.9%	85,238	89,449	4,211	4.9%

A&E Ambulance Response Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Red Responses (STR+STC) Ex OOA (Pre ARP Trial)						17,100		
Red Responses (STR+STC) Ex OOA (ARP Trial)		5,260				6,813		
Red Performance (Pre ARP Trial)					75%	73.9%		
Red Performance (ARP Trial)	75%	71.1%			75%	71.6%		

PTS Headline Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
PTS Demand	64,777	64,830	53	0.08%	133,637	131,488	(2,149)	(1.61%)
Inbound Journeys	82.9%	85.9%			82.9%	86.8%		
Outbound Journeys	91.7%	91.0%			91.7%	91.8%		

Support Services

- **Finance:** At the beginning of the financial year the Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £2.1m for 2016/17. In month 2 the plan was to achieve a deficit of (£242k) with expected surpluses generated later in the year. In month the Trust ended with a deficit financial position of £270k which is broadly in line with plan (small adverse variance of £28k)
- **Workforce:** The sickness absence rate for May16 was at 5.1% which is a decrease of 0.1% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.6%. The 12 month figure stands at 5.5% compared to the 6.3% for previous 12 months. Turnover remains at 11.3% for the last 12 months compared to 11.1% 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 May 2016, 235 (0.07% of incidents) compared to April 2016, 249 (0.08% of incidents), Response times for complaints and concerns against timescales agreed with the complainant is high at 93% and the average is response time as improved to 24 days.
- **Safeguarding compliance** has increased in May overall and all measures are above the 85% target.
- **Incident reporting** overall has increased slightly in May compared to April. The proportion of incidents with moderate and above harm is 3.7% which is higher than the April figure (2.6%) and within the range previously seen.
- **Clinical:** YAS has improved and is now in the top third in 13 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 Clinical effectiveness Manager. 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 reporting process has been improved to provide comments and RAG ratings for each objective. This process is being aligned to the Transformation projects. See section 2.1 for a full breakdown.

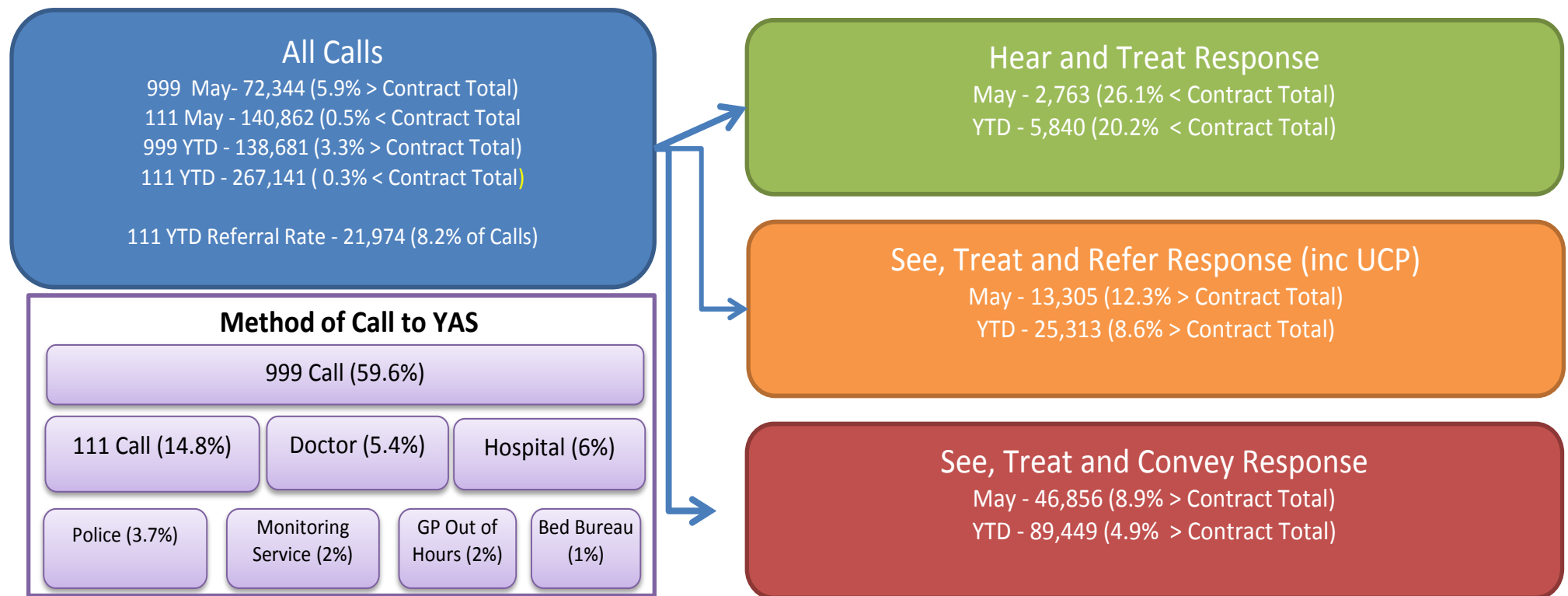
CQUINS: CQUINs have been agreed for 2016/17. The progress of these CQUINS will be reporting in future IPRs. See section 2.3

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 May was above plan by 5.9% (Plan based on May 2015 Actual Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging fewer calls (2,763 in May) than contracted whereas the other categories are all above contract levels at this point for 2016-17. Activity involving ambulances that have arrived at scene (responses) has increased by nearly 10% from 2015, calls referred from 111 has also increased due to the increase in 111 call demand. 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 increased to 8.6% in May from April 2016 and is higher than the 2015-16 year end average of 7.8%, call volumes have increased creating more referrals.*

Demand and Performance – A&E

Contract by PBR categories

	Actual May	Plan May	Var May	Var % May	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls	72,344	↓ 68,344	4,000	5.9%	138,681	↓ 134,250	4,431	3.3%
Hear and Treat (Triage)	2,763	↓ 3,740	(0,977)	(26.1%)	5,840	↓ 7,314	(1,474)	(20.2%)
See, Treat & Refer	13,305	↓ 11,846	1,459	12.3%	25,313	↓ 23,310	2,003	8.6%
See, Treat & Refer (UCP)	1,029	0	1,047	N/A	990	0	0,990	N/A
See, Treat & Refer Total	14,334	↓ 11,846	2,488	21.0%	26,303	↓ 23,310	2,993	12.8%
See, Treat and Convey Total	46,856	↓ 43,023	3,833	8.9%	89,449	↓ 85,238	4,211	4.9%

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

Ambulance Response Programme

Phase 2 of the NHS England-led Ambulance Response Programme was live from Thursday 21 April 2016. Yorkshire Ambulance Service are one of two ambulances services nationally to belong to the trial. The pilot will run for 3 months initially with evidence reviewed on a bi weekly basis by NHS England. They will assess the impact on the patients both in terms of quality and performance. Phase 2 is a review of the clinical codes within both NHS Pathways and AMPDS to ensure the most appropriate clinical response is made to every call and will see significant changes to the way we deliver our service and respond to patients. It will also enable us to decide on the most appropriate response for patients' needs.

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

Red – Life-threatening: Time critical life-threatening event needing immediate intervention and/or resuscitation.

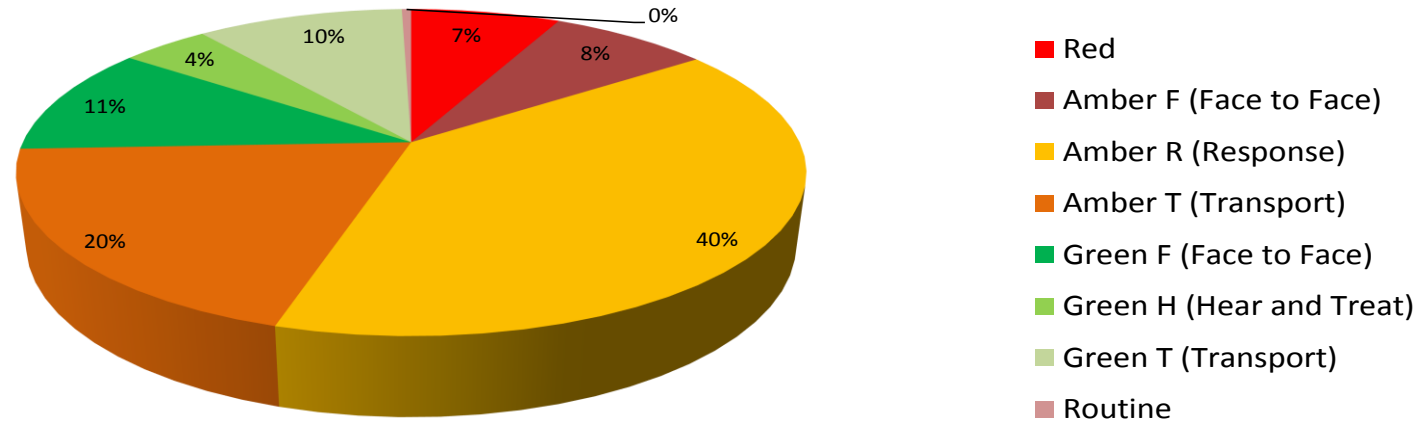
Amber – Emergency: Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport.

Green – Urgent: Urgent problem (not immediately life-threatening) that needs transport within a clinically appropriate timeframe or a further face-to-face or telephone assessment and management.

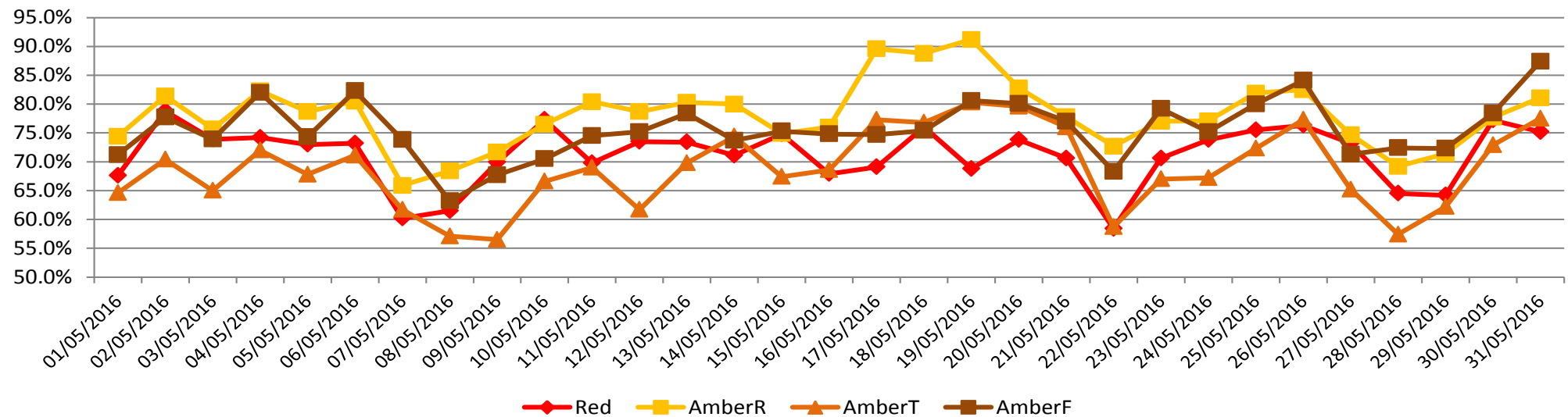
Demand and Performance – A&E – ARP Trial

The new codes are listed in the below pie chart. Future performance reporting will concentrate on what's known as the tail of performance. This is the time it will take to get to the 50th, 75th, 95th and 99th percentile of patient (ie. How long does it take to get to patients).

Pie Chart showing Proportion of Calls for May

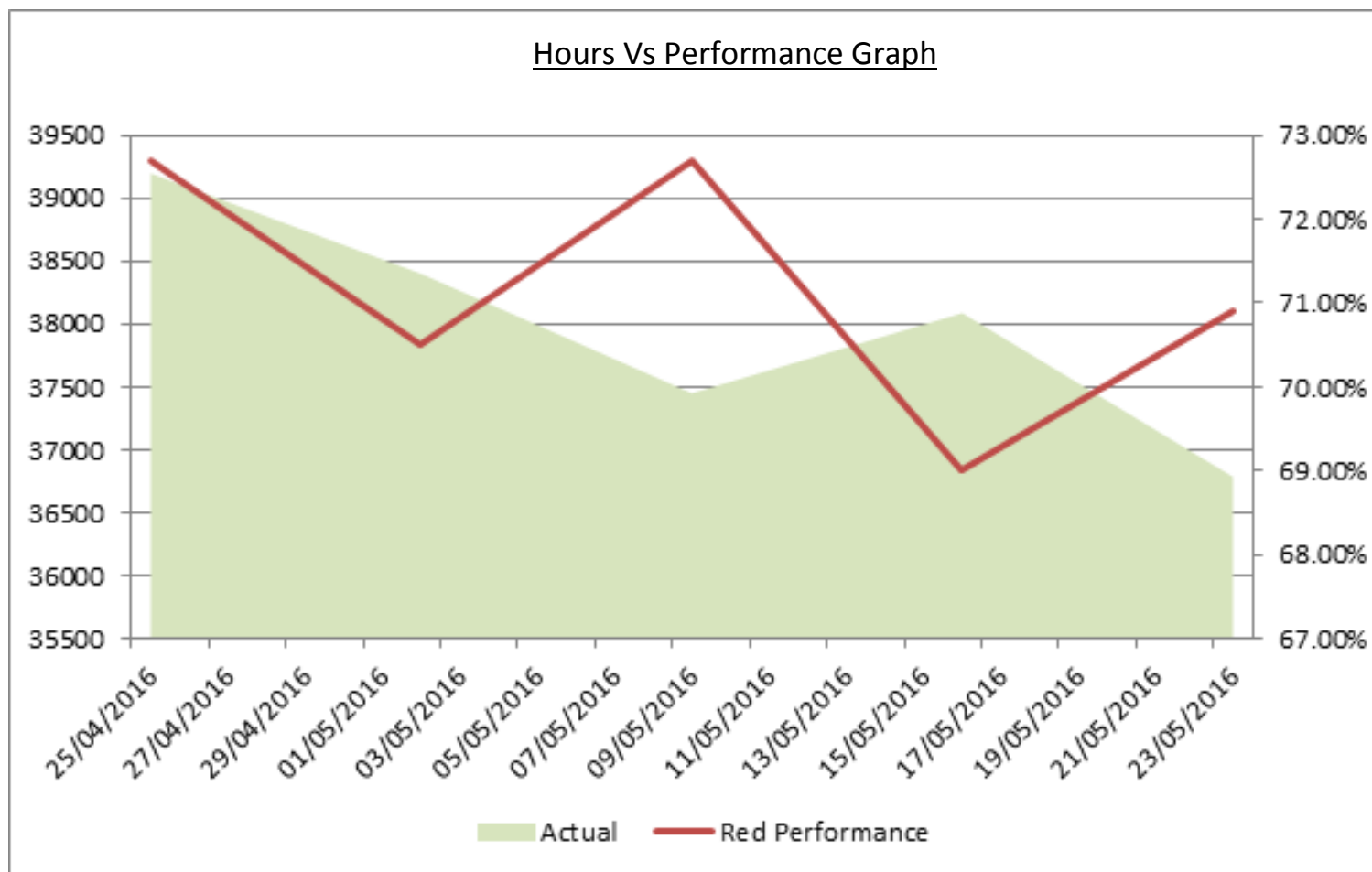


Performance by Day



Demand and Performance – A&E – Resource Hours

Abstraction rates remain above plan, 32.2% versus 28%, circa 88 FTE impact. Overtime was below plan at 9.2% (plan 9.0%) whilst private provision and St John's remains flat versus Q4 2015/16.



Demand and Performance – NHS 111

NHS 111 (Lead Director: Lead Director: Director of Planned and Urgent Care - Philip Foster, Nominated Lead: NHS 111 Lead – Mark Leese)

NHS 111 Key Indicators for Performance

YTD Answered calls for May are 1.1% (1,594) above last year volumes versus a provisional contracted annual growth of 6.22% (based on current contract offer and adjusted 2015/16 outturn to exclude Easter impact as no Easter in 2016/17). The year to date performance for calls answered in 60 seconds is currently 1.3% (3,142) above the same position last year.



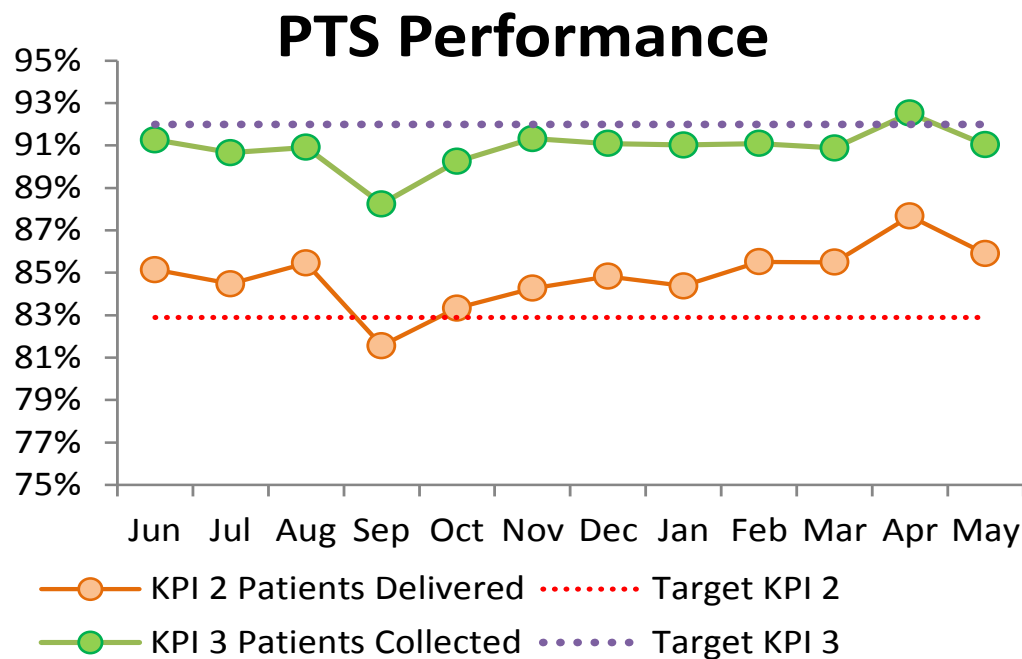
Calls answered demand running at 0.5% (727 calls) below the proposed plan. Referrals to 999 moved from 7.8% to 8.6% from April to May and have increased by 1.3% year on year. In May, 2,470 (44.1%) ambulances were stopped as a result of clinical intervention and 2,302 ambulances were checked by a clinician before being sent, out of a total of 5605 (41.1%) green ambulance calls. This is an increase of 2% from April to May.

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 8.2% above budgeted for May. Available time was 10% above budgeted.

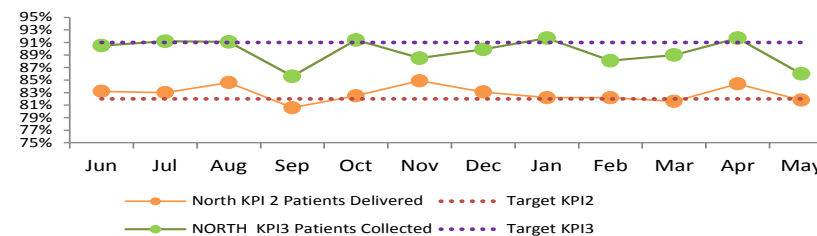
Demand and Performance - PTS

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

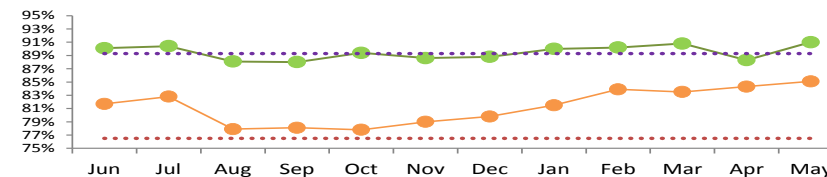
- **PTS –Performance** - KPI 2 getting patients to their appointment on time achieving 85.9% (target 82.9%) and KPI 3 collected after appointment 91% YTD (target 91.7% Calls answered within 3 minutes for May 2016 was down 9.5% due to structure changes and some LTS. The Auto Planning pilot has been implemented in Leeds on 23 May 2016 followed by on day allocation which in turn will be rolled out to all other areas within PTS. Please note that South Consortia KPI targets are revised for this year.



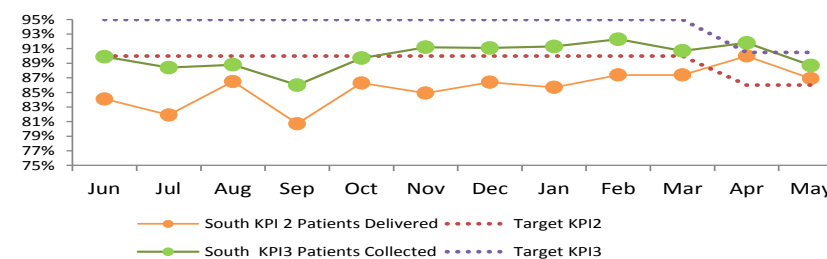
PTS Performance North



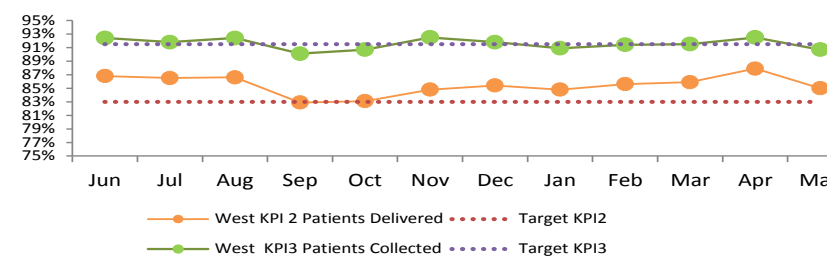
PTS Performance East



PTS Performance South



PTS Performance West



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

There has been no significant change in complaint and concern patterns across the service lines this month. Response times for complaints and concerns against timescales agreed with the complainant is high at 94% and the average response time is 23 days

Incidents Reported and Level of Harm

Incidents with a severity of moderate and above harm represent 3.7% of all incidents reported in May, with 96.7% of incidents reported as no or minor harm. No Harm Incidents remains consistent with previous months (68.1% of the total number of incidents in May).

A&E Ops remains the highest reporting area reporting 64% 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 and Medical Equipment related and Moving and handling which is consistent with previous months.

Patient related incidents remain consistent, the top three categories of patient incidents are response-related, medication-related (non-controlled drug) and slips, trips falls. The category of carepathway has slipped from the top 3 in May 2016.

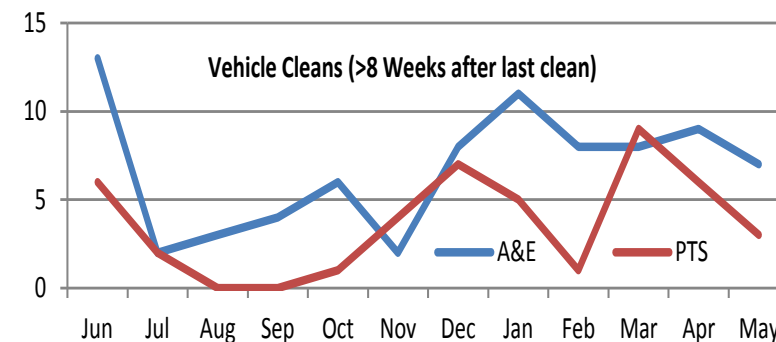
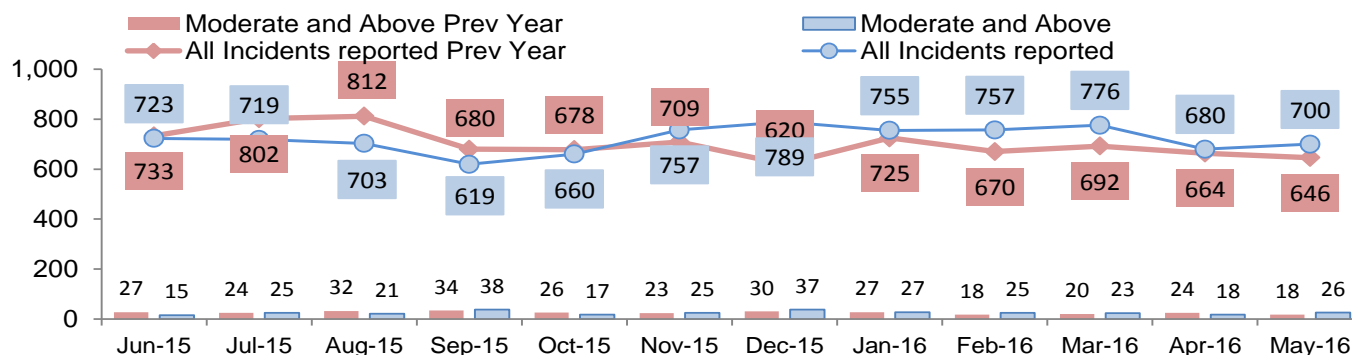
Patient-related Incidents graded no harm or minor harm represents 92% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.

Friends and family Test – results for Quarter4 (latest reporting) remain positive with 93.62% (PTS) and 88.13% (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 May was positive - 98% for Hand Hygiene, 98% for Premises and 98% for vehicle audit completion.

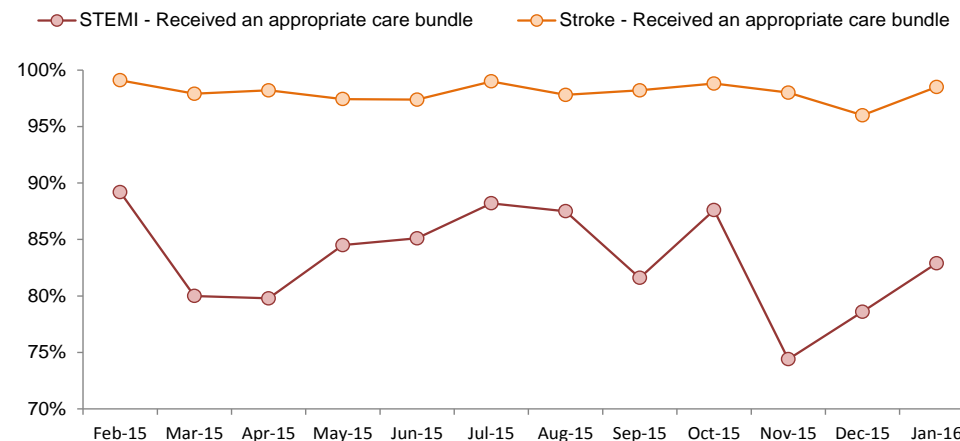
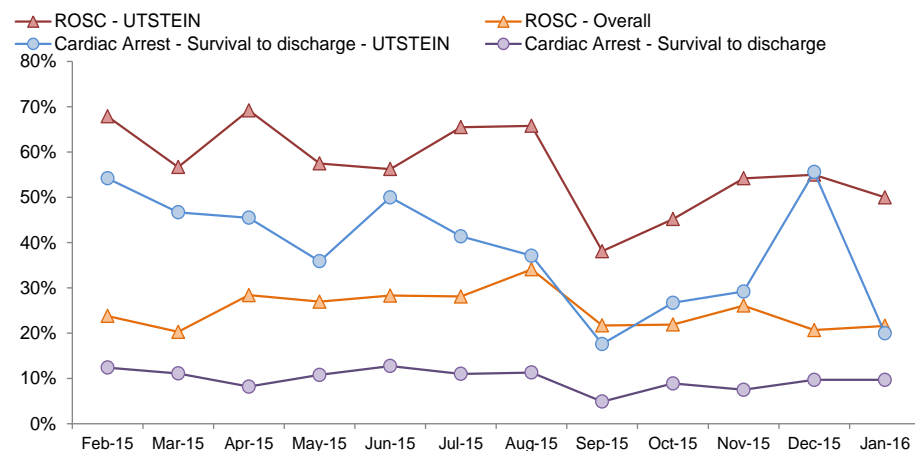
Safeguarding training compliance is consistent with last month. Positive compliance rates have been maintained across all 3 measures, and all 3 measures are above the 85% target level.

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. These are actively managed through the weekly review process



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

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



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

AQIs: YAS has remained in the top third in 13 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 Clinical effectiveness Manager. 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 February and January 2015/16 124 UTSTEIN patients were discharged alive from hospital. This was an increase of 6 patients in comparison to the same period last year (February and January 2014/15), equating to a 5.1% increase in patients being discharged alive. To date, for the 2015/2016 period we are currently ranked first for performance among the eleven ambulance service trusts for this measure with a success rate to date of 36.1%. Furthermore, the national average is currently 27.3%, suggesting that YAS is performing at a substantially higher level than some other ambulance service trusts.

This increase in performance may be attributed to a number of initiatives that have been implemented throughout YAS within the 2015 period. The multi-disciplinary cross-directorate resuscitation committee have proposed a resuscitation plan for 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 dispatch 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 mechanical CPR devices, which work 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 Re-start a Heart Campaign providing CPR training to 20,000 children across the region in one day.

Workforce (Lead Director: Executive Director of People and Engagement – Roberta Barker: Nominated lead Associate Director of Human)

Sickness Absence: The sickness absence rate for May 2016 stands at 5.1% which is a decrease of 0.1% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.7%. The 12 month figure stands at 5.5% compared to the 6.3% for the 12 month period of June 2014 to May 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 75.3% 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.

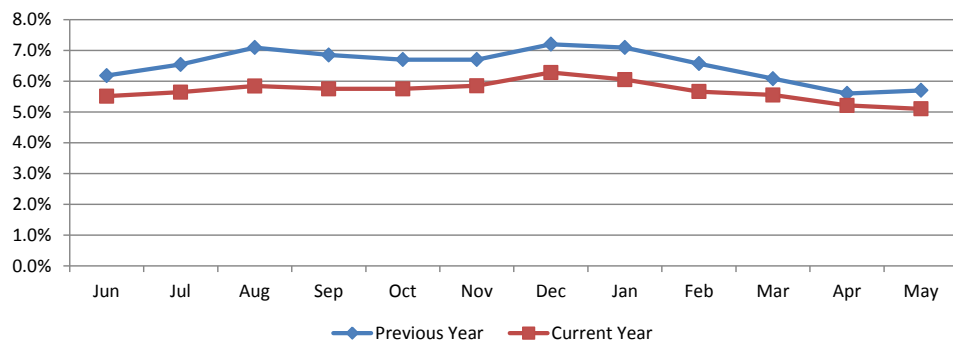
Statutory and Mandatory Training: The current combined compliance for the Statutory and Mandatory Workbook is 93.3%. The new workbook has been issued and 79.4% of staff have completed their required training.

Retention/ Attrition: Turnover has risen to 11.3% for the last 12 months compared to 11.1% 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.

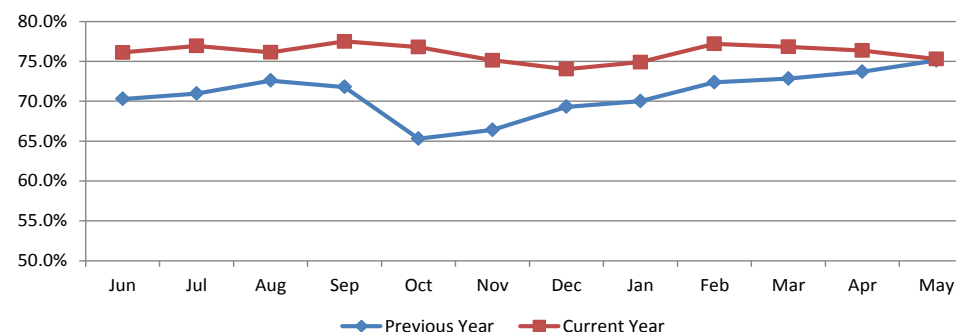
These include:-

- 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.

Sickness Absence



PDR Compliance



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

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(20,757)	(20,848)	(91)	(41,105)	(41,386)	(281)
Expenditure	20,999	21,118	119	42,019	42,315	296
Retained Deficit / (Surplus)	242	270	28	914	929	15
EBITDA	(682)	(627)	55	(1,027)	(1,007)	20
CIPs	(590)	(670)	80	(1,180)	(1,198)	18
Cash	(497)	478	(975)	17,913	22,207	(4,294)
Capital Investment	(1,690)	0	(1,690)	(1,783)	(3)	(1,780)

The overall Amber risk rating for Month 2 reflects the Trust's financial performance against the National financial metrics as outlined in the monthly returns to NHS Improvement. This performance is based on the original financial plan submitted to NHS Improvement by the Trust in Q1 however agreement has been reached with NHS Improvement on a revision to this plan, which will be taken into account in the June report. The Amber rating mainly reflects the non-achievement of the control total as per the originally submitted plan.

At the beginning of the financial year the Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £2.1m for 2016/17. In month 2 the plan was a deficit of (£242k) with expected surpluses generated later in the year (mainly due to the profiling of income). In month the Trust ended in a deficit financial position of £270k which is broadly in line with plan (small adverse variance of £28k).

In terms of key variances YTD: The A&E service line is (£0.3m) adverse to plan, (before release of A&E specific reserves), which is mainly due to additional use of external providers to increase resource availability. This is offset by an underspend on A&E management reserves of £327k resulting in an overall A&E service underspend of £38k against budget. Currently in May front line Operations are 47 FTE behind plan and it is this shortfall that is mainly being covered by external providers. The Fleet position is adverse to plan by (£0.2m) due to overspend within fleet maintenance. The Procurement position is (£0.1m) behind plan due to overspend within pay on agency as well as CIP underachievement.

The release of reserves totalling £0.6m has positively contributed to the YTD position.

The Trust has a savings target of £9.059m for 2016/17. 101% delivery of the CIP target was achieved in May 16 and 73% of this was achieved through recurrent schemes. Reserve schemes have achieved £329k of the year to date savings. This creates a favourable variance against plan of £18k.

Capital spend for 2016/17 at the end of May 2016 is £0.003m against a plan £1.690m. The planned spend on Estates and ICT is delayed due to scheme specifications. The medical equipment for the 109 A&E vehicles is delayed due to the tender process for the stretchers.

At the end of May 2016, the Trust's cash position was £22.2m against a planned figure of £17.9m. The main reason for the increased cash position is the delay on capital spend as detailed above combined with favourable working capital.

2.1 Strategic Objectives 2016-17

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

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

Strategic Objectives	Annual Objectives	Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions)	Predicted RAG Year End	MAY RAG	MAY SUB RAG	Actions	Lead Director - Overall	Lead Director- Actions	Impl Date
1. Deliver World Class health outcomes in Urgent and Emergency Care	1a Improve response times for A&E services (A&E Transformation Programme)	1a iv: waiting for structure to be sorted 1a vi: Reviewed tel lines and redirected all the legacy lines as appropriate. Some actions to increase efficiency. However they need approving at Clinical Governance Committee. Benchmarked North West and North East to ensure new reports are in line with best practise.	G	A	NS	i	Introduce new Rotas aligned to demand modelling and new response standards	EDOps	Mar-17
					NA	ii	Expand provision of Community First Responder		Mar-17
					NS	iii	Implement new vehicle mix in line with modelling recommendations		Mar-17
					A	iv	Implement new capacity planning process in A&E		Mar-17
					G	v	Implement Ambulance Response Programme (ARP) II		Jun-16
					A	vi	Review call answer profile for 999 calls and address shortfalls in call handler numbers		Mar-17
	1b Improve clinical performance in ACQIs and CPIs	1b i: Improvement in Stroke 60 and STEMI 150 ACQIs are dependent on external factors beyond YAS' influence. The current configuration of acute stroke services, and planned reconfiguration, will exacerbate the fall in Stroke 60 ACQI performance. The majority of excessive responses in the STEMI 150 ACQI data set are due to delays outside YAS' control. The dissolution of the Cardiac SCN in March 2016 will further exacerbate the situation as feedback and scrutiny are compromised. 1b ii: Continuing roll out of automated devices as Business as usual, restart a heart in planning stage.	A	A	A	i	Deliver CPD programme to address under-performing aspects of ACQIs and CPIs	EMD	Mar-17
					G	ii	Further improve rates of cardiac arrest survival across Yorkshire: • Continue roll out of automated CPR devices • Establish a mobile community CPR training facility • Restart A Heart 3 • Expand Fire Co-responder Schemes in North and South Yorkshire • Implement enhanced CPR feedback CQUIN • Trial external pacing and electrical cardioversion to regulate heart rhythms in cases of ROSC		1. Sep-17 2. Mar-17 3. Oct-16 4. Mar-17 5. Mar-17 6. Sep-17
	1c Ensure patients are provided with the most appropriate response to meet their needs (Urgent Care Transformation)	1c iii: Project not yet started 1c iv: Contract not finalised yet, ongoing discussions. 1c vi: DP&UC and DBD working jointly to actively review and pursue opportunities	G	A	G	i	Establish clinical advice and care navigation specialist clinical advisors	DP&UC	Mar-17
					G	ii	Implement and evaluate 3 Vanguard falls response pilots		Dec-16
					NS	iii	Develop a model for urgent / intermediate care transport		Dec-16
					R	iv	Work with Local Care Direct and Commissioners to review and develop the West Yorkshire urgent care model		Mar-17
					G	v	Develop closer integration between NHS 111 and 999 clinical triage services		Mar-17
					A	vi	Assess and pursue new NHS 111 and urgent care service tenders and opportunities		Mar-17
					NS	vii	Begin roll out of locally managed DOS to support frontline clinicians		Mar-17
					G	viii	Develop shared patient care record		Dec-16
					NS	ix	Introduce PTS enhanced patient discharge services supported by telecare connected home technology		Dec-16
2. Ensure continuous service improvement and innovation	2a Improve processes for management of performance delivery	2a ii: Performance Management Framework agreed, operational processes currently being implemented 2a iii: New Head of PMO to be recruited 2a iv: Initial work done on quality dashboards	G	A	A	i	Development and launch of Trust and Service Line strategies aligned to national Urgent and Emergency Care agenda	EDQ&P	Sep-16
					A	ii	Implement new performance management framework		Jun-16
					A	iii	Ensure robust programme and project management arrangements via new PMO work streams for major change programmes		Jun-16
					A	iv	Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture		Sep-16
	2b Improve efficiency and effectiveness of support service functions	2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured	G	A	NA	i	Develop a cadre of leaders equipped to support lean improvement programme	EDoF	Sep-16
					A	ii	Improve efficiency through Northern Ambulance Alliance and implementing Carter recommendations		Mar-17
					NS	iii	Undertake lean reviews of key support functions, focused on 1. Recruitment 2. Fleet 3. Internal logistics		1. Sep-16 2. Dec-16 3. Dec-16
	2c Implementation of Hub & Spoke/ Make Ready operational infrastructure (Hub and Spoke Transformation Programme)	i: Paper to F&IC 12th May, agreeing next stage.	G	G	G	i	Secure approval for Doncaster Estate Business Case	DEF	Jun-16
					G	ii	Evaluate Make Ready and Vehicle Preparation System (VPS) Pilots		Sep-17
					G	iii	Roll out Make Ready/VPS to 2 further stations		Mar-17

2.1 Strategic Objectives 2016-17

Strategic Objectives	Annual Objectives	Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions)	Predicted RAG Year End	MAY RAG	MAY SUB RAG	Actions	Lead Director - Overall	Lead Director- Actions	Impl Date
2. Ensure continuous service improvement and innovation cont	2d	Implementation of a sustainable model for PTS delivery as the market leading integrated planned transport provider (PTS Transformation Programme)	A	A	G	i	Introduce auto planning	DP&UC	Sep-16
					G	ii	Complete auto scheduling pilot		Jun-16
					A	iii	Introduce on-line booking app		Jun-16
					G	iv	Implement workforce plan for Resourcing and Logistics, Voluntary Car Services and apprentice numbers		Sep-16
					G	v	Implement a new subcontractor framework aligned to partnership working & the Total Transport initiative		Jun-16
					A	vi	Continue fleet modernisation programme		Mar-17
					A	vii	Assess and pursue new service tenders and opportunities		Mar-17
	2e	Embed initiatives to support an open learning culture and quality improvement	G	A	G	i	Implement 16/17 CQUIN programme, Clinical Quality Strategy, Sign up to Safety programme.	EDQ&P	Dec-16
					G	ii	Implement learning from complaints and serious incidents to support improvement in services.		Sep-16
					A	iii	Embed quality, risk and safety processes in operational service lines.		Jun-16
					A	iv	Further develop nursing professional leadership structure and implement internship pilot		Dec-16
					G	v	Implement Freedom to Speak Up arrangements		Sep-16
3. Develop and retain a highly skilled, engaged and motivated workforce	3a	Establish YAS values and behaviours framework aligned to findings from Cultural Audit.	G	A	A	i	Engage wide cross section of staff in development of values and behaviours framework	DWF	Sep-16
					A	ii	Produce and publish new behavioural framework		Sep-16
					A	iii	Align recruitment, induction, training and other Trust communications to the new framework		Sep-16
	3b	Establish management and leadership development framework	G	A	A	i	Talent management processes and succession planning including appraisals and selection linked to values and behaviours	DWF	Dec-16
					A	ii	Increase Personal Development Review (PDR) compliance		Sep-16
	3c	Introduce new models for workforce development	A	A	A	i	Introduce career framework for specialist, advanced and consultant paramedic roles	DWF	Sep-16
					A	ii	Implement a new A&E clinical leadership model ensuring appropriate clinical supervision and training for all A&E operations staff		Sep-16
					A	iii	Establish clear workforce plan for A&E operations recruitment and training trajectory reflecting demand, ACQI and delivery model changes		Jun-16
					A	iv	Improved access to seamless career progression for apprentice/PTS staff into A&E		Sep-16
					A	v	Develop and pilot rotational nursing and paramedic roles within YAS and explore opportunities in partnership with other care providers		
	3d	Take proactive steps to increase diversity within the workforce	G	A	G	i	Deliver diversity training to all Trust managers	DWF	Dec-16
					G	ii	Establishing a Diversity and Inclusion Steering Group		Dec-16
					G	iii	Introduce diversity monitoring into recruitment processes and service line performance dashboards		Dec-16
	3e	Staff Welfare	G	G	G	i	Support flexible working by introducing technology enabled home working in clinical advice functions in NHS111 and EOC	DWF	Mar-17
					G	ii	Enhance support to staff mental health related issues by training managers in assessing wellbeing issues		Dec-16
					G	iii	Improved monitoring and management of short-term sickness		Dec-16
					G	iv	Implement initiatives to improve staff wellbeing aligned to the national CQUIN: 1. Health and Wellbeing initiatives 2. Healthy Food 3. Flu vaccinations		Dec-16

2.1 Strategic Objectives 2016-17

Strategic Objectives	Annual Objectives	Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions)	Predicted RAG Year End	MAY RAG	MAY SUB RAG	Actions		Lead Director - Overall	Lead Director- Actions	Impl Date
4. Work with partners to provide system leadership and resilience	4a	Establish collaborative working across the 3 northern ambulance services through the Northern Ambulance Alliance	G	G	G	i	Further develop Board and Governance framework for the Alliance	CEO	CEO	Jun-16
					A	ii	Agree priority areas for action and develop work plan		CEO	Jun-16
	4b	Improve organisational resilience through ISO 22301 accreditation	NA	NA	NA	i	ISO 22301 accreditation in Procurement	EDoF		Mar-17
					NA	ii	ISO 22301 accreditation in Fleet	DEF		Mar-17
					NA	iii	ISO 22301 accreditation in Corporate Communications	DBD		Mar-17
					NA	iv	ISO 22301 accreditation in Air ambulance	EDOps		Mar-17
					NA	v	ISO 22301 accreditation in HART	EDOps		Mar-17
	4c	Complete site security developments for core infrastructure assets	G	G	NS	i	Complete further diagnostic workshop with cross section of managers and staff	EDQ&P	EDQ&P	Sep-16
					NS	ii	Agree site security improvement priorities for inclusion in estates and other Trust plans		EDQ&P	Dec-16
					G	iii	Implement additional staff guidance and support relating to incidents involving violence and aggression		EDQ&P	Dec-16
					G	iv	Implement agreed 16/17 priorities		EDQ&P	Mar-17
	4d	Improve alignment with key stakeholders in wider health and social care system	G	A	NA	i	Implement new Stakeholder Relationship Management structure	DBD	DBD	
					NA	ii	Implement Communications and Engagement Strategy action plan		DBD	Sep-16
					NA	iii	Establish patient panels		DBD	Sep-16
					NA	iv	Co-development of locality Sustainability and Transformation Plans		CEO	Jun-16
					NA	v	Embed roles and processes to engage in local reconfiguration and community activity		DBD	Sep-16
					A	vi	Develop governance policy and checklist for partnership arrangements.		EDQ&P	Jun-16
					NA	vii	Implement new corporate oversight of partnerships with other organisations		DBD	Sep-16
					C	i	Complete implementation of CQC action plan and associated audits	EDQ&P	EDQ&P	Jun-16
5. Provide a safe and caring service which demonstrates an efficient use of resources	5a	Address issues arising from CQC inspection	A	A	C	ii	Undertake mock inspection		EDQ&P	Jun-16
					A	iii	Complete re-inspection with preparations informed by audit and mock inspection		EDQ&P	Sep-16
					G	i	Develop and publish 5-year estates optimisation and co-location plan	DEF	DEF	Mar-17
	5b	Develop an estate to meet the needs of the current and future needs of the service	G	A	A	ii	Implement 2016/17 priority improvements in line with 5 year plan, focused on 1. Willerby 2. Bramham 3. Rotherham Fairfields 4. Gildersome 5. Doncaster 6. Bentley 7.Training		DEF	Mar-17
					A	iii	Undertake estate backlog maintenance programme		DEF	Mar-17
	5c	Demonstrate effective governance across key Trust functions	G	A	G	i	Complete review of Trust Management Group in line with portfolio review	CEO	CEO	Jun-16
					A	ii	Embed new director portfolio structure and complete recruitment to key Board and TMG roles		CEO	Jun-16
					G	iii	Embed new Estates Governance Assurance Framework covering supplier frameworks, regulatory compliance, sustainability and property management		DEF	Sep-16
					NS	iv	Complete Well-led Review		EDQ&P	Dec-16
	5d	Align support functions to operational delivery	A	A	A	i	Implement revised structures in key support functions to improve governance and compliance 1. Fleet 2. Medical Devices 3. Estates 4. Procurement	EDoF	EDoF	Sep-16
					NS	ii	Implement SLAs between key support functions and operational service lines	EDQ&P	DBD	Dec-16
	5e	Achievement of planned surplus	G	A	A	i	Delivery of statutory financial duties including delivery of quality and efficiency savings (CIP) plan	EDoF supported by Exec Dirs	EDoF	Mar-17
					G	ii	Deliver agreed CQUIN schemes		EDQ&P	Mar-17
					NA	iii	Secure new income through service tenders and other service development opportunities		DBD	Mar-17

CEO

ED Finance EDoF

Medical Director EMD

ED Quality, Governance and Performance Assurance EDQS

ED Operations EDops

Director of Workforce and OD DWF

Dir Planned and Urgent Care DPUC

Dir Business Development DBD

Dir Estates DEF

2.2 Quality and Efficiency Savings (CIP)

May-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	214	(111)	The A&E Operational efficiency schemes are underperforming by (£111k) against planned savings, this includes Private Providers and other unidentified recurrent A&E schemes.
Clinical Directorate	43	7	0	Monthly achievement in line with planned savings.
Special Operations	256	43	0	Monthly achievement in line with planned savings.
Patient Transport Service	1,841	307	(13)	Areas of underperformance against plan include: aborted calls scheme (£16k), non pay elements of the workforce plan (£14k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£136k).
Finance	455	76	0	Monthly achievement in line with planned savings.
Standards and Compliance	98	16	0	Monthly achievement in line with planned savings
111	595	99	(66)	The NHS 111 schemes are currently being reviewed as part of the contract negotiation process.
EOC	308	51	(26)	Overspend on agency due to vacancies.
Trust wide	3,000	367	(97)	Areas of underperformance against plan include: Fleet schemes (£25k), Estates (£35k) and People and Engagement (£32k), resulting in an adverse variance of (£97k). Delivery of a number of smaller schemes is delayed and should commence later this year.
Total Planned Scheme Savings	9,059	1,180	(313)	
Reserve Schemes	0	0	329	This relates to the non-recurrent A & E Clinical Supervisor scheme.
Recurrent Reserve Schemes	0	0		
Non-recurrent Reserve Schemes	0	0	0	
Total Savings	9,059	1,180	16	

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

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

Comments:- A paper is due to be presented at TEG to outline the resource implications for the staff wellbeing initiatives CQUIN. The uptake of flu vaccine will be a challenge to achieve.

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

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

Comments:- YAS have requested commissioner support for CQUIN 6 to identify information sharing opportunities with acute providers.

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

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

Comments:-

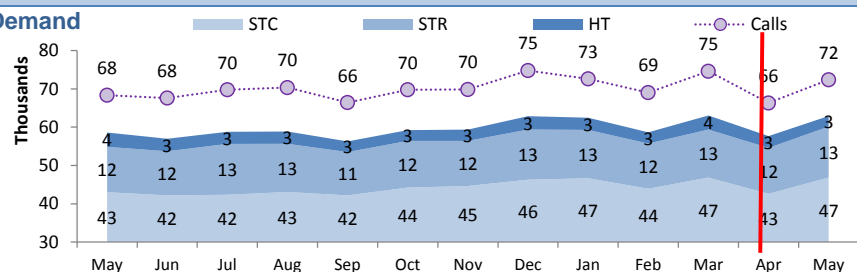
- Patient portal – all initial actions and project plans written and shared with commissioners. Additional staffing requested to assist with development and delivery of the project.
- Courtesy Calling – all initial actions and project plans written and shared with commissioners. Additional staff being trained along with staff on light duties to deliver the project from roll out on 30 June.

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)

May-16

1. Demand



Compared to last year Hear & Treat calls have reduced by 20.1%, See Treat & Refer responses have increased by 7.9% and See Treat & Convey have increased by 5.1%. Overall responses (incidents arrived at scene) are above contracted.

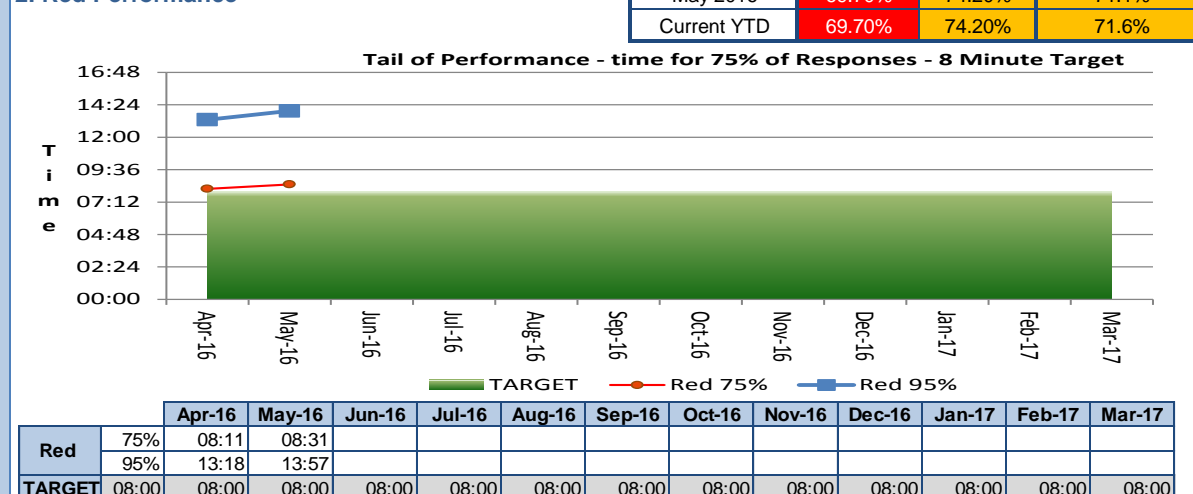
April	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	141,608	5,863	27,424	90,159
YTD YAS (inc OOA&UCP) 2015-16	136,789	7,342	25,407	85,824
Variance (Between Years)	4,819	(1,479)	2,017	4,335
	3.5%	(20.1%)	7.9%	5.1%
YTD (Contract CCGs only) Actuals 2016-17*	138,681	5,840	25,313	89,449
YTD (Contract CCGs only) Contracted 2016-17	134,656	7,314	23,310	85,238
Variance (to Contract)	4,025	(1,474)	2,003	4,211
	3.0%	(20.2%)	8.6%	4.9%

* excludes UCP and Out of Area

3. Quality

	May	YTD
Serious Incidents (Rate Per 1000 Responses)	3 (0.05) ↑	3 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
Total Incidents (Rate Per 1000 Responses)	448 (6.96) ↑	853 (6.9)
Total Incidents per 1000 responses was higher in May than the year to date average. There were 43 more incidents than April		
Feedback	Complaints	14 ↓
	Concerns	15 ↓
	Comments	11 ↑
	Service to Service	10 ↓
	Compliments	82 ↑
Response within target time for Complaints and Concerns	84%	91%
Ombudsman Cases	Upheld	0
	Not Upheld	1
The average response time for Complaints and Concerns in April was 31 days and YTD is 27 days		
Vehicle Deep Clean (>8 weeks after last clean)	7 ↓	16

2. Red Performance



ARP Pilot: **Performance for Red** is below the 75% target at 71.1% for May (71.6% YTD)

Tail of Performance: The information in the table above is the tail for Red Ambulance Response Pilot. **Further detail is on the next page.**

4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	%
May 2016 (FT Equivalents)					
Budget FTE	2,164	108	541	1,515	70%
Contracted FTE (before overtime)	2,135	116	711	1,308	61%
Variance	(29)	(8)	(170)	(207)	(13.7%)
% Variance	(1.4%)	(7.2%)	(31.4%)		
FTE (worked inc overtime)*	2,334	116	711	1,507	65%
Variance	170	(8)	(170)	(8)	(0.5%)
% Variance	7.9%	(7.2%)	(31.4%)		

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

Available FTE has decreased from last month (1308 compared to 1344) though remains under planned due to the Gross FTE shortfall (1.4%) and higher than planned sickness and absence.

The number of Operational Paramedics is 869 FTE (Band 5 & 6)

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

The difference between budget and contract is related to vacancies.

5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
Directorate Position		10,744	10,782	38
CIPs		214	104	(110)
A&E are (£289k) adverse to plan YTD, before the release of reserves which is mainly due to additional use of external providers to increase resource availability. This is offset by an underspend on A&E Management reserves of £327k resulting in an overall underspend of £38k against budget.				
Currently in May front line Operations are 47 FTE behind plan and it is this shortfall that is being covered by external providers. Overall resource hours per week is in line with the plan.				
Charges in relation to overtime, subsistence and agency paramedics expenditure has also contributed to this position.				

3.1 A&E Operations

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

May-16

1. ARP Pilot Review

Phase 2 of the NHS England-led Ambulance Response Programme was live from Thursday 21 April 2016. Yorkshire Ambulance Service are one of two ambulances services nationally to belong to the trial. The pilot will run for 3 months initially with evidence reviewed on a bi weekly basis by NHS England. They will assess the impact on the patients both in terms of quality and performance. Phase 2 is a review of the clinical codes within both NHS Pathways and AMPDS to ensure the most appropriate clinical response is made to every call and will see significant changes to the way we deliver our service and respond to patients. It will also enable us to decide on the most appropriate response for patients' needs.

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

Red – Life-threatening

Time critical life-threatening event needing immediate intervention and/or resuscitation.

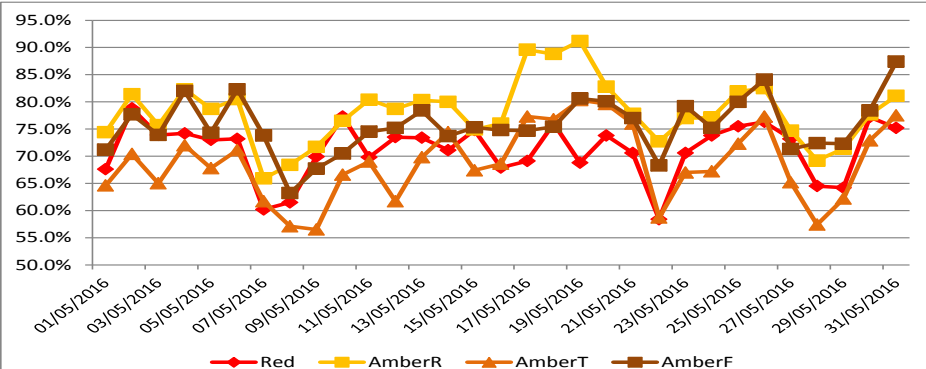
Amber – Emergency

Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport.

Green – Urgent

Urgent problem (not immediately life-threatening) that needs transport within a clinically appropriate timeframe or a further face-to-face or telephone assessment and management.

3. Performance by day



Key Points:

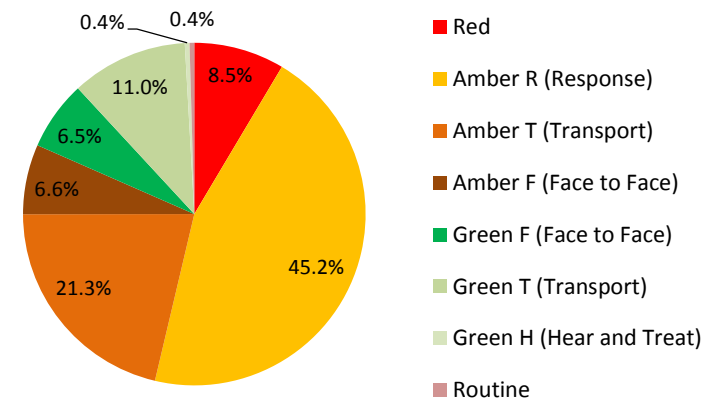
- Hear and Treat rates have fallen to 4.3%. Due to the changing nature of the Ambulance Response there is less need in some cases for a hear and treat response as the patient is getting the most appropriate response. Further work is being carried out to assess the codes. There maybe some other codes that are suitable for a hear and treat response.
- The top 10 Red chief complaints are show above, 17% are Intra-facility 1 transfers.

2. Demand and Performance

	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Red	5404	2	1254	4006	5260	8 Mins (75% Target)	71.1%	8.5%
Amber R (Response)	29197	122	6091	21708	27799	19 Mins (No Target)	77.7%	45.2%
Amber T (Transport)	14547	85	2505	10604	13109		68.6%	21.3%
Amber F (Face to Face)	5776	160	1825	2235	4060		75.6%	6.6%
Green F (Face to Face)	7937	104	1990	2033	4023	60 Mins (No Target)	93.0%*	6.5%
Green T (Transport)	7486	37	600	6169	6769		79.5%*	11.0%
Green H (Hear and Treat)	3198	2266	104	171	275		98.9%	0.4%
Routine	335	0	13	261	274	Hear & Treat	99.2%	0.4%

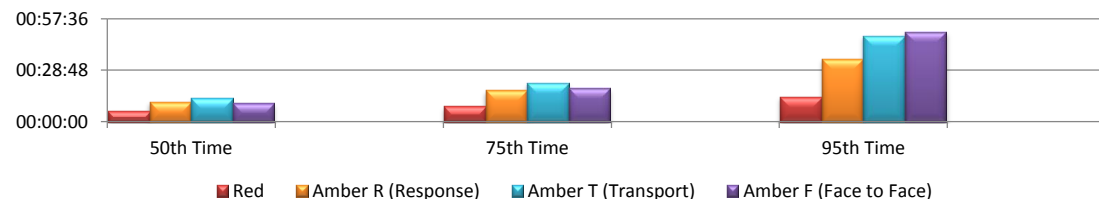
* HCP calls have been taken out of the performance calculation for Greens as they request different response times

Top 10 Chief Complaints	Red
Convulsions/Fitting	23%
Inter-facility 1	17%
Cardiac/Respiratory Arrest	12%
Haemorrhage/Lacerations	12%
Breathing Problems	5%
Falls/Back Injuries - Traumatic	4%
Unknown Problem - Collapse-3	4%
Allergies/Rash/Med Reaction/Stings	3%
HCP Red Defib	3%
HCP Red	2%



4. Tail of Performance

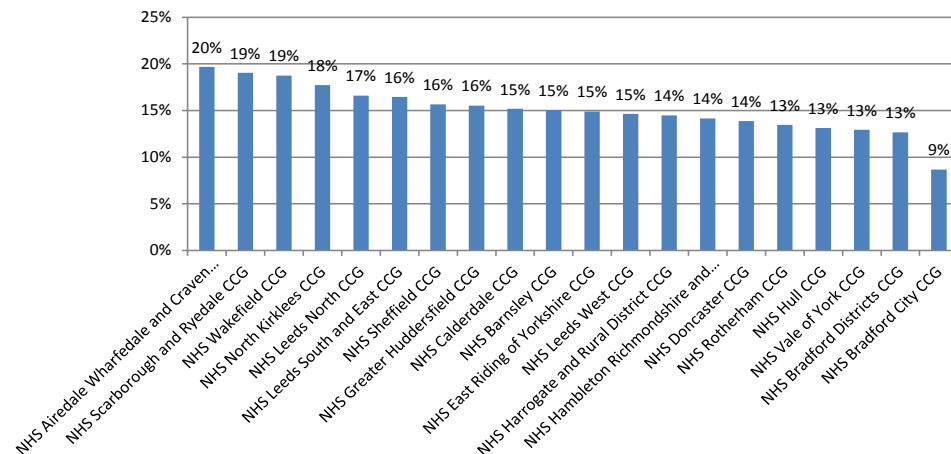
	50th Time	75th Time	95th Time	99th Time
Red	00:06:02	00:08:31	00:13:57	00:20:15
Amber R (Response)	00:11:11	00:17:29	00:35:06	00:55:29
Amber T (Transport)	00:12:59	00:21:45	00:48:01	01:26:10
Amber F (Face to Face)	00:10:17	00:18:41	00:50:26	01:36:21



Key Points:

- Tail of performance for Red has improved under ARP compared to Red 1 before ARP went live. 95% of patient seen in 8 minutes for Red 1 was at 14mins and 5 seconds, now under ARP it is 13mins and 57 seconds. These will be monitored closely throughout the pilot.
- Tail of Performance for Amber (within 19 minutes) ranges from 11:11 to 12:59 for 50th Percentile

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

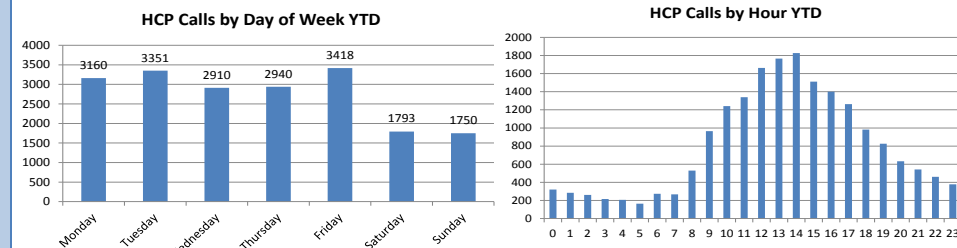


Red Calls as a proportion account for 13% of all HCP calls.

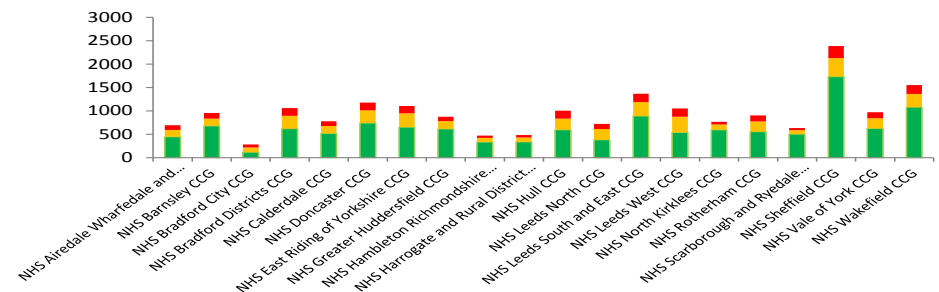
NHS Sheffield CCG has the highest volume of HCP demand of all the CCGs.

The time of day with the highest (62.2%) 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



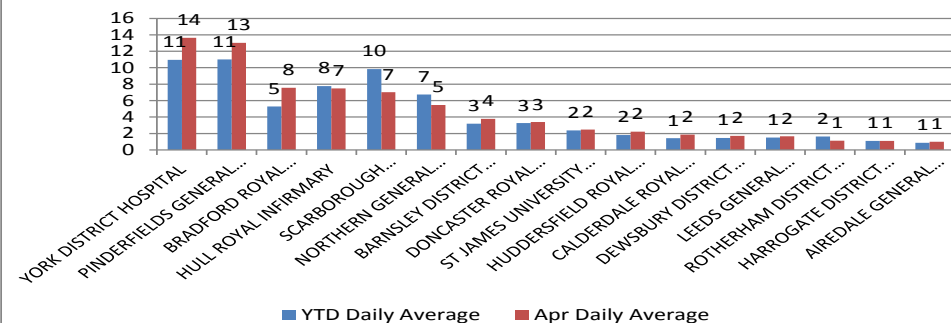
Number of Red, Amber and Green Calls by CCG YTD



3. Hospital Turnaround - Excessive Response

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	last 12 mths
Excessive Handovers Over 15mins (hours)	1629	1193	1433	1153	1825	1852	1591	2250	2734	3300	1981	2323	23264
Excessive Hours per Day	54	38	46	38	59	62	51	73	94	106	66	75	762

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



Excessive time lost at hospitals was higher in May than April. It continues to be higher than for the same period last year. York District, Mid-Yorks - Pinderfields, Bradford Royal, Hull Royal and Scarborough have been impacting on performance.

4. National Benchmark - Latest Reportable Week (up to WC 18th April)

WC 18/04/2016	R1 YTD	R2 YTD	R19 YTD	Call Pickup in 5 Secs YTD
West Midlands	77.6%	75.0%	97.1%	96.5%
Yorkshire	69.7%	74.1%	95.7%	90.8%
South Central	74.5%	74.0%	95.4%	89.9%
North East	69.8%	69.5%	91.7%	98.0%
North West	75.6%	65.8%	91.3%	90.9%
London	69.3%	64.0%	94.2%	98.2%
South East Coast	61.5%	61.5%	94.2%	75.4%
South West	72.5%	57.0%	86.0%	86.8%
East of England	59.7%	53.8%	87.0%	95.6%
East Midlands	64.9%	53.2%	84.3%	63.1%

* Above table is in order of Red 2 performance

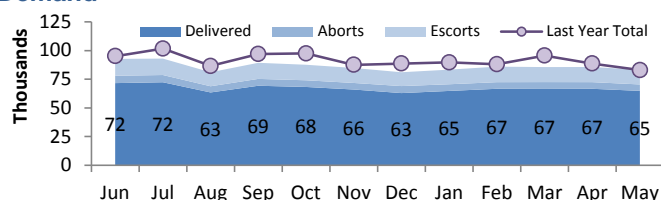
Key Points

Nationally YAS has remained as 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 above average against others

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

May-16

1. Demand



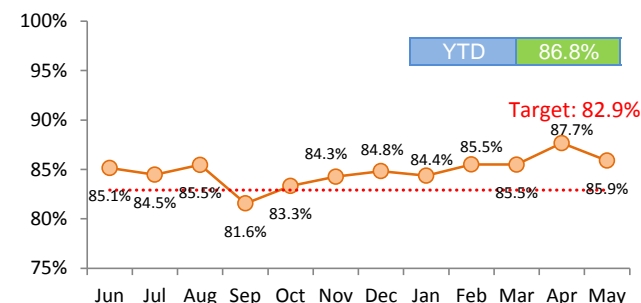
Comparison to Plan

	Delivered	Aborts	Escorts	Total
April to March				
YTD 2016-17	131,488	11,396	25,986	168,870
Contract 2016-17 (2015-16 Demand)	133,637	11,717	26,322	171,676
% Variance	(1.6%)	(2.7%)	(1.3%)	(1.6%)

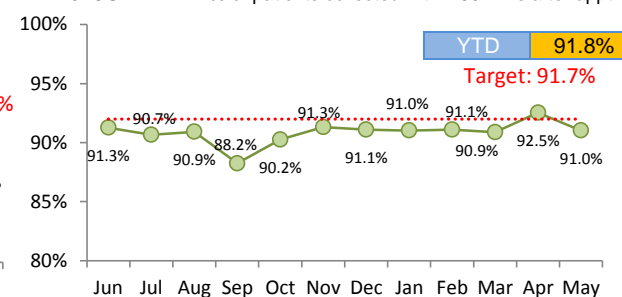
Key Points - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

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 1, KPI 2 (inward) achieved both target and KPI 3 (outward) narrowly missed target by 0.8%. However we still remain in a strong YTD position. East Yorkshire KPI 2 (inward) achieved 85.1% against target of 76.5% - 8.6% and KPI 3 (outward) achieving 91.0% against target of 89.3% 1.7%. North Yorkshire KPI 2 (inward) narrowly missed target by +0.2% due to a large increase in unmeasured journeys. KPI 3 under achieved by 5% due to incurring additional breaches. South Yorkshire KPI 2 (inward) achieved target by 0.9% due to the changes within 2016/2017 contract KPI 3 (outward) narrowly missed target by 1.8%. Overall PTS performance (all areas combined across Yorkshire & Humber) reports a good positive position for the beginning of the year - KPI 2 getting patients to their appointment on time achieving 86.8% (target 82.9%) +3.9% and KPI 3 collected after appointment 91.8% (target) 91.7% +0.1%.

3. Quality, Safety and Patient Experience

		May	YTD
Calls Answered in 3 mins (All PTS calls)		70.0% ↓	74.8%
Serious Incidents (YTD)		0	0
Total Incidents (per 1000 activities)		102 (1.57) ↑	191 (1.45)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)			
Feedback	Complaints	7 ↓	20
	Concerns	27 ↑	49
	Comments	11 ↑	15
	Service to Service	17 ↓	48
	Compliments	1 ↓	3
Response within target time for Complaints and Concerns		100%	97%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		93.6%	93.6%
Vehicle Deep Clean (>8 weeks since last clean)		3 ↓	9

4. Workforce

FT Equivalents

May-16	FTE	Sickness (5%)	Absence (20%)	Total	Available
Budget FTE	726	36	145	544	75%
Contracted FTE (before overtime)	715	41	133	542	76%
Variance	(11)	(4)	13		
Actual Shrinkage %		6.2%	18.0%	(3)	(0.5%)
% Variance	(1.5%)	(11.6%)	8.7%		
FTE worked inc overtime	735	41	133	562	76%
Variance	9	(4)	13	17	3.2%
% Variance	1.2%	(11.6%)	8.7%		

** 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 20 FTE with the use of overtime against vacancies of 11. Sickness absence for April 2016 is 6.24% . YAS combined (all CCG areas).

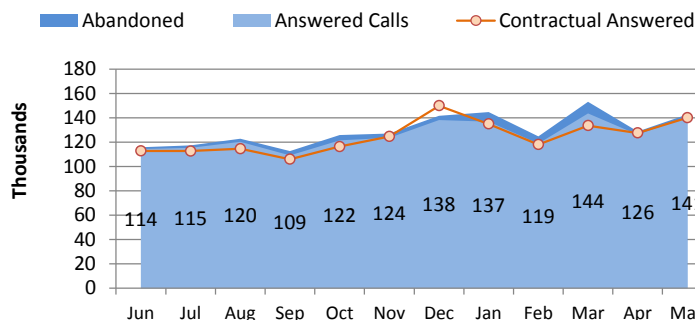
The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

5. Finance (Y/E Summary)

£000	Plan	Actual	Variance
Directorate Position	1,568	1,517	(51)
CIPs	307	294	(13)

The YTD position of the directorate is (£51k) adverse to plan. The current overspend of (£56k) mainly relates to pay and is partly offset by underspend within non pay for Taxis and Private providers.

1. Demand



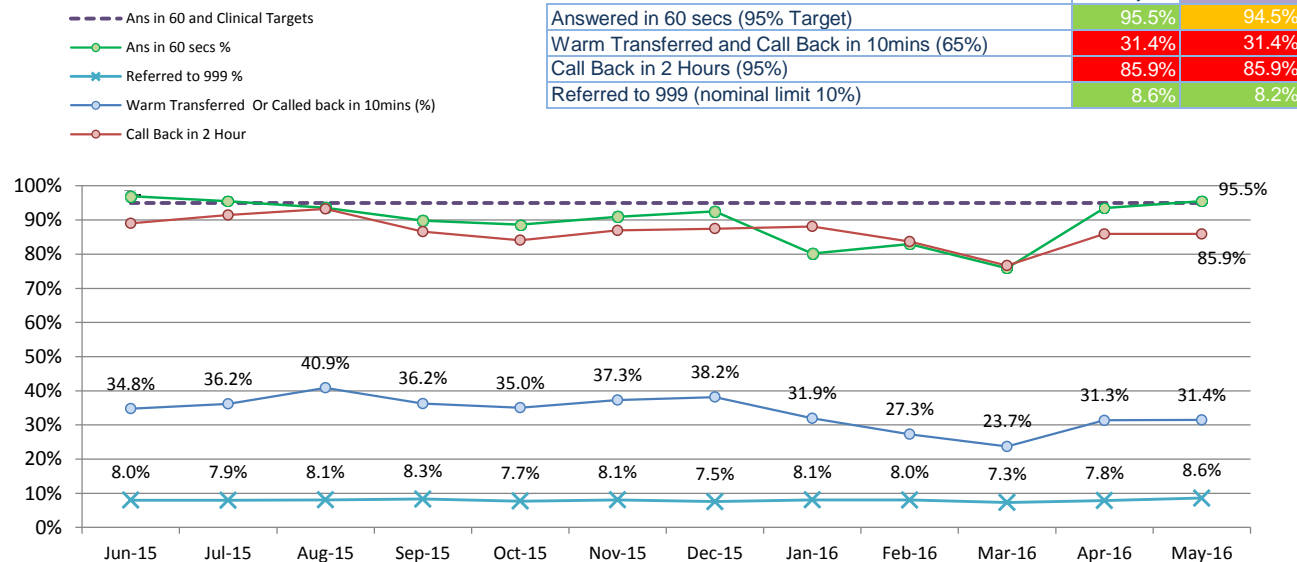
Calls answered up by 1.1% year on year and below plan for May (0.5% down - 727 calls)

April to May	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	271,784	267,141	252,561	94.5%
YTD Plan 2016-17	267,842	267,842	254,450	95.0%
Variance	3,942	(701)	(1,889)	
	1.5%	(0.3)%	(0.7)%	(0.5)%
YTD 2015-16	274,123	268,456	249,419	92.9%
Variance	(2,339)	(1,315)	3,142	
	(0.9)%	(0.5)%	1.3%	1.6%

3. Quality

		May	YTD
Serious Incidents (per 1000 answered)		2 (0.01) ↓	5 (0.02)
Total Incidents (per 1000)		34 (0.24) ↓	82 (0.31)
Feedback	Complaints	47 ↑	83
	Concerns	5 ↑	9
	Comments	5 ↑	8
	Service to Service	60 ↑	108
	Compliments	13 ↑	24
Response within target time for Complaints and Concerns		94%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

2. Performance



Calls Offered have increased by 0.8% year on year. Answered in 60 performance is up by 0.4% when compared to May 2015. Month on month, performance went from 93.5% in April to 95.5% in May (up by 2%). Warm Transferred and Call Back in 10 minutes is 0.1% up month on month and 0.7% down compared to May 2015
111 referrals to 999 up by 1.3% year on year but remain within target. In May, 2,470 ambulances were managed to a more appropriate clinical outcome as a result of being clinically reviewed.

4. Workforce

May 2016 (FT Equivalents) - Call Handler and Clinician				Available	
	FTE	Sickness (9%)	Absence (23%)	Total	%
Budget FTE	266	24	61	181	68.0%
Contracted FTE (before Overtime)	279	20	68	191	68.5%
Variance	13	4	(7)	10	6%
% Variance	4.9%	15.6%	(10.8)%		
FTE (Worked inc Overtime)	288	20	68	200	69%
Variance	22	4	(7)	19	10%
% Variance	8.2%	15.6%	(10.8)%		
Contracted FTE (including Overtime) 8.2% above budgeted					
Paid Sickness at 7.2% (1.8% below threshold) and absence at 24.3% (1.3% above threshold)					

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	439	459	19
CIPs	99	33	(66)
The directorate is favourable to plan by £19k YTD due to vacancies.			
Quality and Efficiency Savings (CIPs) are currently behind plan by (£66k). The NHS 111 schemes are currently being reviewed as part of the contract negotiation process.			

4.1 Finance Overview

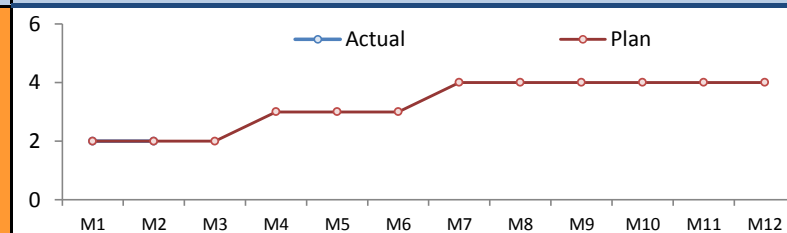
May-16

RISK RATING: The risk rating for Month 2 reflects the Trust's financial performance against the continuity of service metrics as shown in the monthly returns to NHS Improvement. This performance is based on the original financial plan submitted to NHS Improvement by the Trust in Q1 however agreement has been reached with NHS Improvement on a revision to this plan, which will be taken into account in the June report. The Amber RAG rating reflects the non-achievement of the control total as per the originally submitted plan, and a planned negative I&E margin at this point of the year.

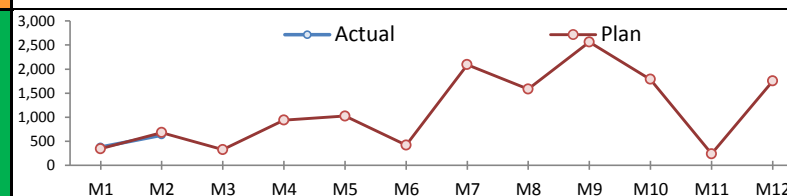
Month

YTD

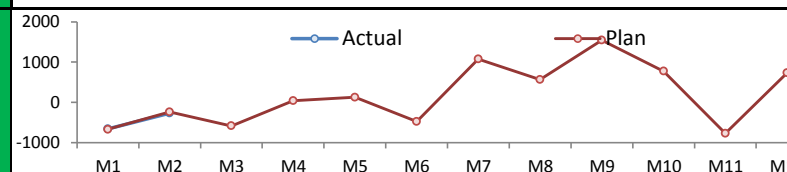
Trend 2016-17



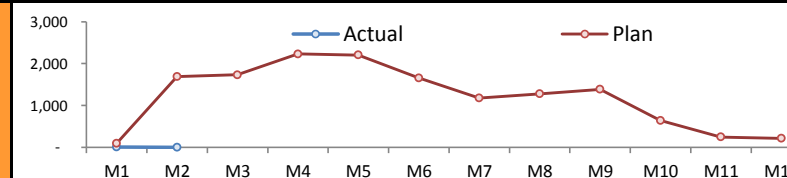
EBITDA: The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), at the end of month 2 £1.0m against a plan of £1.0m, thus being line with plan.



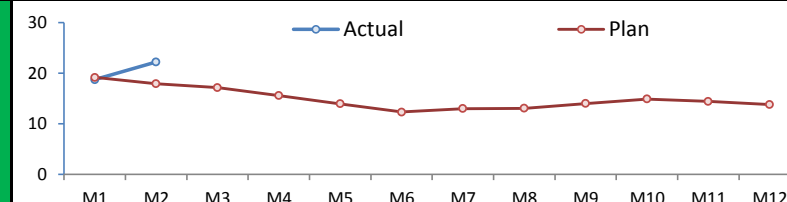
SURPLUS: The Trust has reported a YTD deficit as at the end of May (Month 2) of £0.9m against a planned deficit of £0.9m, thus being in line with plan.



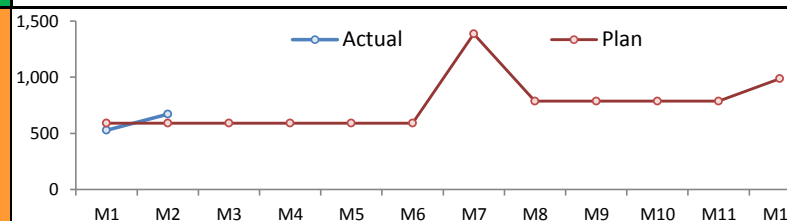
CAPITAL: Capital spend for 2016/17 at the end of May 2016 is £0.003m against a plan of £1.780m. The planned spend on Estates and ICT is delayed due to scheme specifications. Purchase of the medical equipment for the 109 A&E vehicles has been delayed due to the tender process for the stretchers.



CASH: At the end of May 2016, the Trust's cash position was £22.2m against a planned figure of £17.9m. The main reason for the increased cash position is the delay on capital spend as detailed above combined with a favourable working capital position.



CIP: The Trust has a savings target of £9.059m for 2016/17. 101% delivery of the CIP target was achieved in May and 73% of this was achieved through recurrent schemes. Reserve schemes have contributed £329k of the year to date savings. This creates an overall favourable variance against plan of £16k.



4.2 Finance Detail

May-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	(14,901)	(15,029)	(128)
Patient Transport Service	(2,406)	(2,461)	(55)
111	(2,790)	(2,744)	45
Other Income	(660)	(613)	47
Operating Income	(20,757)	(20,848)	(91)
Pay Expenditure & reserves	14,480	14,146	(333)
Non-Pay expenditure & reserves	5,595	6,075	480
Operating Expenditure	20,075	20,221	146
EBITDA	(682)	(627)	55
EBITDA %	-3.3%	-3.0%	
Depreciation	748	707	(41)
Interest payable & finance costs	15	12	(3)
Interest receivable	(7)	(4)	2
Profit on fixed asset disposal	(11)	(15)	(4)
Dividends, interest and other	180	197	18
Retained Deficit / (Surplus)	242	270	28
I&E Surplus %	1.2%	1.3%	

Year to Date		
Budget	Actual	Variance
£000	£000	£000
(29,482)	(29,667)	(184)
(4,812)	(4,818)	(6)
(5,481)	(5,493)	(12)
(1,330)	(1,408)	(79)
(41,105)	(41,386)	(281)
28,792	28,318	(474)
11,286	12,061	775
40,078	40,379	301
(1,027)	(1,007)	20
-2.5%	-2.4%	
1,476	1,475	(1)
141	132	(9)
(14)	(12)	2
(22)	(27)	(6)
359	368	9
914	929	15
2.2%	2.2%	

Capital Plan	Annual Budget £000	Current Month Variance £000	YTD Variance £000
Estates	(2,541)	33	83
H&S	(1,232)	-	-
ICT	(1,111)	28	68
Fleet	(7,444)	-	-
Hart Vehicles and Equipment	(1,378)	-	-
Medical Equipment	(1,629)	1,629	1,629
Contingency	0	-	-
Total Schemes	(15,335)	1,690	1,780
Total CRL	(14,755)	-	-
Over committed against CRL	(580)	-	-

Plan	CATEGORY	Plan	May-16	YTD
%age of bills paid within terms	NHS	95%	42%	60%
%age of bills paid within terms	NON NHS	95%	90%	90%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	17,913	22,207	4,294

5 Workforce Scorecard

(Lead Director: Executive Director of People and Engagement, Nominated lead – Roberta Barker:

Associate Director of Human Resources – Kate Simms)

May-16

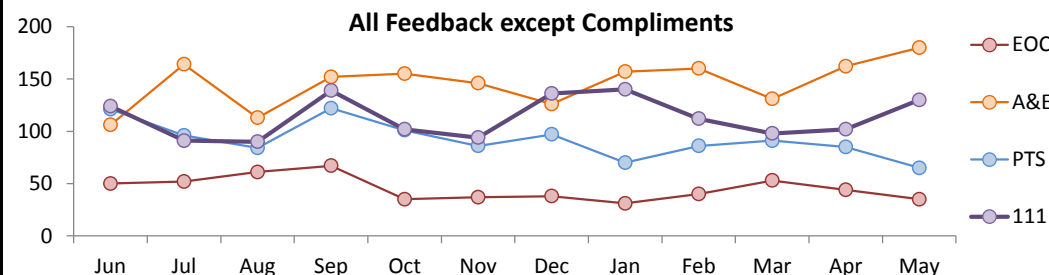
May 2016 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 31 May 2016

Indicator	Current Data - May-16		Current Data - Apr-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4221	May-16	4218	Apr-16	4495		↑	4148	May-15
Equality & Diversity	5.55% fte	May-16	5.47% fte	Apr-16	11.1% fte		↑	5.12% fte	May-15
	5.70% hcount		5.58% hcount					5.40% hcount	
Monthly Sickness Absence	5.11%	May-16	5.21%	Apr-16	5% fte		↓	5.71%	May-15
Yearly Sickness Absence	5.47%	Jun-15 May-16	5.47%	May-15 Apr-16			↓	6.26%	Jun-14 May-15
Turnover	11.30% fte	May-16	11.21% fte	Apr-16	10.13% Amb Trust Average from iView		↑	11.13% fte	May-15
	12.65% hcount		12.63% hcount					12.68% hcount	
Current PDRs	75.26%	May-16	76.36%	Apr-16	80%		↓	75.05%	May-15
Stat & Mand Workbook	93.25% (combined)	May-16	89.72% (combined)	Apr-16	85% (combined)		↑	91.58% (Combined)	May-15
	79.43%	May-16	70.15%	Apr-16				91.20%	May-15
Overtime	£953k	May-16	£1,051k	Apr-16			↑	£922k	May-15
	£11,187k	Jun-15 May-16	£11,156k	May-15 Apr-16			↑	£11,904k	Jun-14 May-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.)

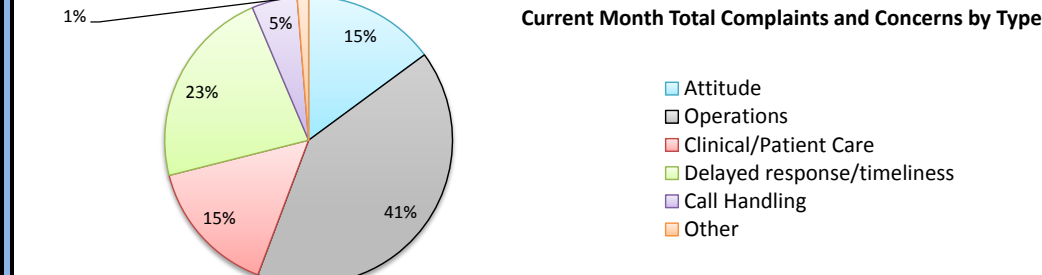
	EOC		A&E		PTS		111		Total	
	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
Complaint	14	32	14	31	7	20	47	83	82	166
Concern	10	24	15	35	27	49	5	9	57	117
Service to Service	9	19	10	26	17	48	60	108	96	201
Comment	0	1	11	19	11	15	5	8	27	43
Compliment	2	3	82	130	1	3	13	24	98	160
Lost/Found Proper	0	0	34	65	1	3	0	0	35	68
PALS request	0	0	14	36	1	12	0	0	15	48
Total	35	79	180	342	65	150	130	232	410	803
Demand	73,880	142,034	64,345	123,606	64,830	131,488	140,862	267,141	343,917	664,269
Proportion	0.05%	0.06%	0.28%	0.28%	0.10%	0.11%	0.09%	0.09%	0.12%	0.12%



The Number of cases in May continued to increase slightly this month for A&E and EOC. PTS and 111 reduced slightly this month.

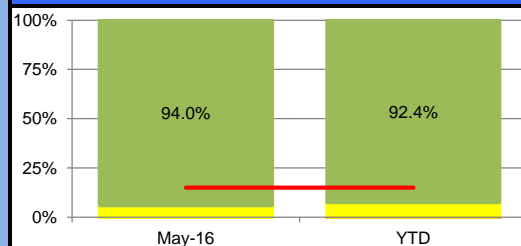
2. Complaints and Concerns (including issues raised by healthcare professionals) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
Attitude	0	0	19	35	6	13	10	18	35	66
Operations	0	2	10	29	6	12	80	134	96	177
Clinical/Patient Care	0	0	10	21	4	16	22	47	36	84
Delayed response	22	48	0	2	31	69	0	0	53	119
Call Handling	8	17	0	2	4	7	0	0	12	26
Other	3	8	0	3	0	0	0	1	3	12
Total	33	75	39	92	51	117	112	200	235	484
Demand	73,880	142,034	64,345	123,606	64,830	131,488	140,862	267,141	343,917	664,269
Proportion	0.04%	0.05%	0.06%	0.07%	0.08%	0.09%	0.08%	0.07%	0.07%	0.07%



Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations are the largest for 111, whilst Attitude is for A&E.

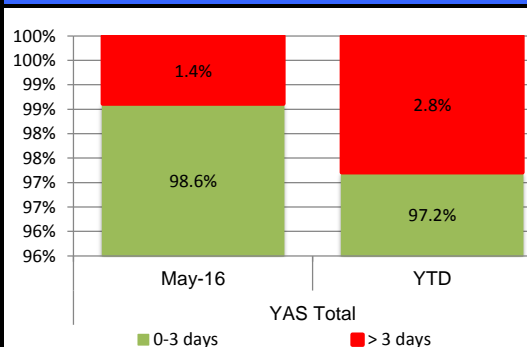
3. Complaints and Concerns (inc HCP) received by risk grading (Target <15% Red and amber)



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

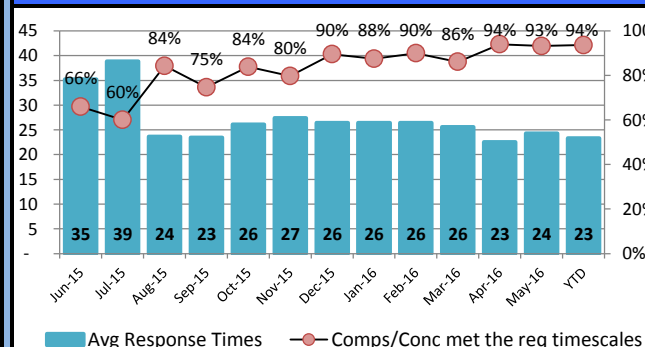
Overall Complaints & Concerns for Red & Amber remain low. Amber stands at 5.96% for May.

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



Acknowledgements to complaints have continued to increase slightly in May

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



Responses to complaints are being made in time, with the date agreed with the complainant being 93% of cases in May, with an average response time of 24 days. YTD compliance is 94% and average response time is 23 days

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

	Total	
	May-16	YTD
Upheld	91	211
Not Upheld	0	190
Partly Upheld	0	88
Total	91	489

All cases closed this month have Upheld outcomes.

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

	Total	
	May-16	YTD
No. reopened	4	5
% of C&C	2.9%	1.8%

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

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

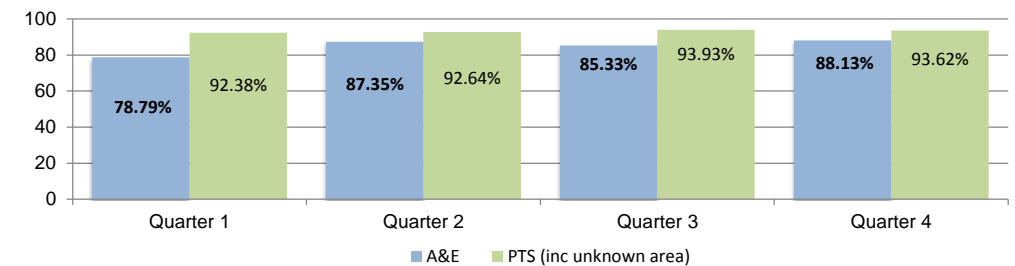
8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
					Upheld		Partially Upheld		Not Upheld	
	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD	May-16	YTD
EOC	1	3	1	2	0	0	0	0	0	1
A&E	0	0	0	0	0	0	0	0	1	0
PTS	0	0	0	0	0	0	0	0	0	0
111	0	0	0	0	0	0	0	0	0	0
Total	1	3	1	2	0	0	0	0	1	1

Only 2 referrals were received in April - all EOC.

Patient Survey Results (Friends and Family Test)

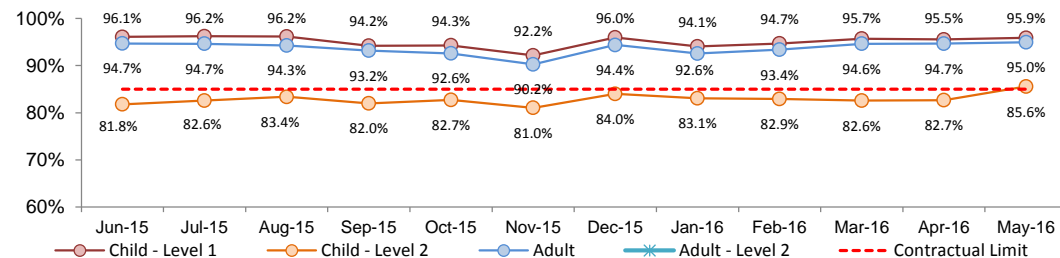
9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



The new Friends and Family Test results are now available Quarterly in Arrears

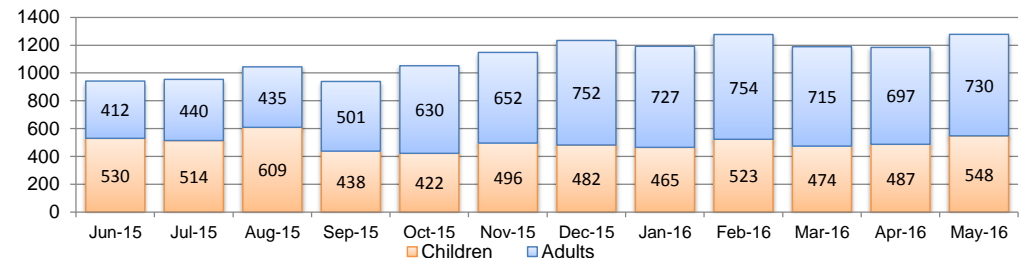
Safeguarding

10. Number of eligible workforce trained



Child Level 2 training is now over 85%. We are now compliant for Child Level 1 & 2 and Adult Level 2 training. Work is ongoing to agree a Trajectory with Commissioners for Adult Level 2, training is being undertaken but numbers are not yet available.

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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Overall Compliance (Current Year)	Hand Hygiene	99%	99%	97%	97%	97%	98%	98%
	Premise	97%	97%	98%	97%	99%	97%	98%
	Vehicle	98%	99%	97%	98%	99%	98%	98%
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	98%	99%	99%	99%	99%
	Premise	98%	98%	99%	99%	98%	88%	95%
	Vehicle	98%	96%	97%	97%	99%	97%	97%
Red Key	No Audits Completed or minimum audit requirements met with compliance <80%	Amber Key	Minimum audit requirements met with compliance 80% to 94%			Green Key	Requirements met with compliance >94%	

Amber rating for hand hygiene within CKW relates to failure of staff to be bare below the elbows, including wearing of wrist watches, and failure to carry personal issue hand gel.

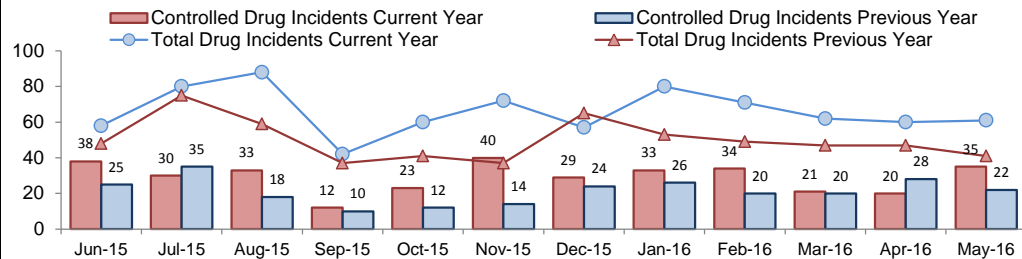
Amber rating for vehicles in Humber and ABL relate to access to cleaning wipes and cleanliness of the vehicles.

Actions:

- All areas, including PTS, to continue to enforce hand hygiene and bare below the elbows.
- Challenge and issue to those who are not carrying personal issue hand gel.
- Please ensure the vehicle has cleaning wipes and use these to decontaminate frequent touch areas after each patient.
- Please report all rips in seat coverings to fleet.
- It is everyone's responsibility to keep all areas within the ambulance station clean and tidy.
- Ensure all stock items in the consumable cupboards are in date and stored correctly.

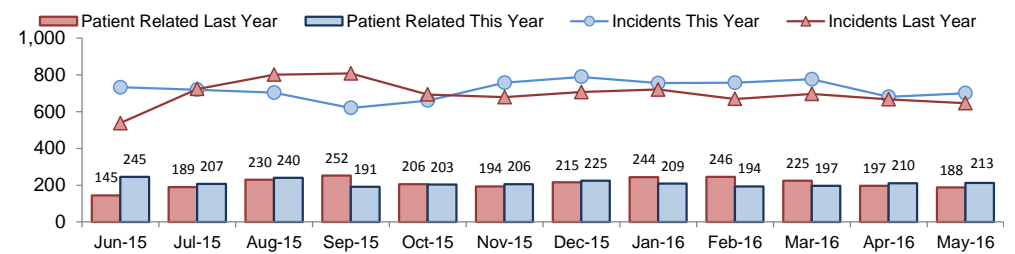
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



There were a total of 61 medication-related incidents for the month of May, of which 35 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

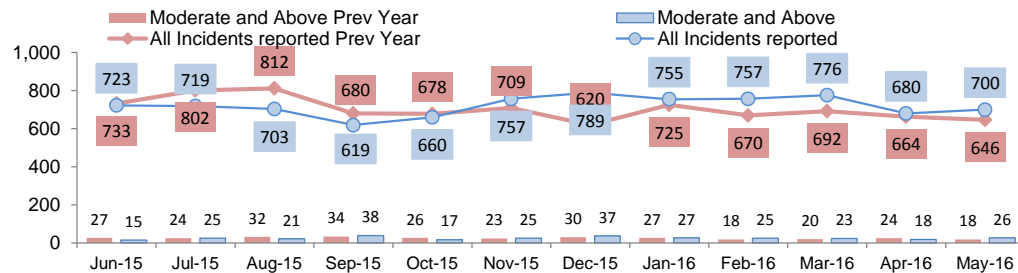
14. Incidents Reported



Patient related incidents, both clinical and non-clinical, make up 30.4% of all reported incidents which is consistent with April

The top three categories of patient incidents are response-related, medication-related (non-controlled drug) and slips, trips falls. The category of carepathway has slipped from the top 3 in May 2016. Patient-related Incidents graded no harm or minor harm represent 92% of patient-related incidents. Incidents graded initially as potentially moderate and above are reviewed at Incident Review Group to determine actual harm and may be regraded following investigation

15. Incidents, Moderate Harm and Near misses

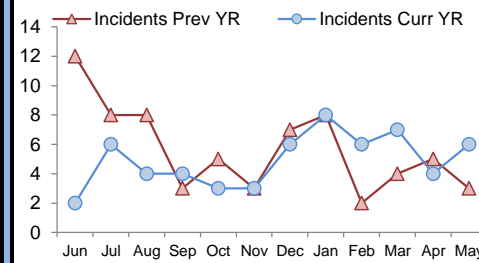


Incidents with a severity of Moderate and above represent 3.7% of incidents reported in May 2016, an increase from 2.6% in April. 96.7% of incidents reported as no harm or minor harm.

Incidents in the category of no harm represent 68.1% of the total number of incidents in May.

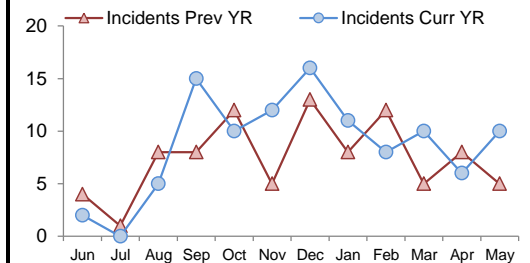
A&E Ops remains the highest reporting area reporting 64% of all incidents. The top 5 coded categories in A&E Ops this month are Response-related, Vehicle-related, Violence and aggression, Medication and Medical Equipment Related replacing moving and handling which moves into 6th place this month. Other categories remain consistent with previous months.

16. Serious Incidents



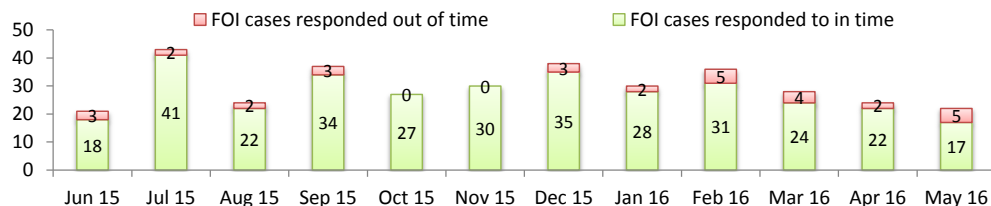
There were 6 Serious Incidents in May, 3 related to Delayed despatch/response, 1 Inadequate clinical assessment, 1 Clinical Care & 1 Patient Fall.

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



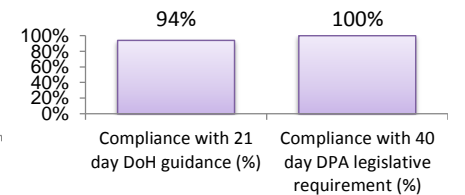
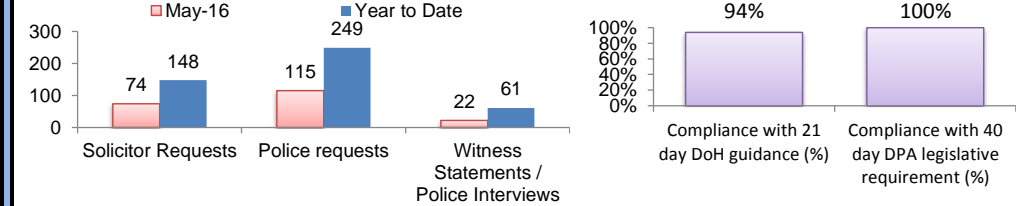
Of the 10 RIDDOR reportable incidents in May, 4 were recorded as Handling injuries, 4 Slip/Trip/Falls and 2 Falls from height

18. FOI Requests



FOI Requests have reduced slightly again in May, with 77.3% of responses being completed in time.

19. Legal Requests

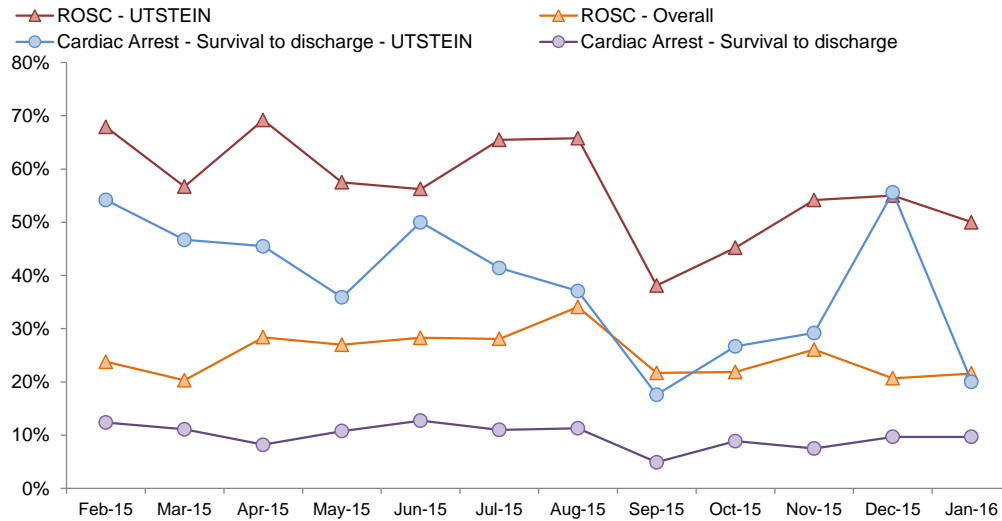


Compliance with requests remain high

6.2 Clinical

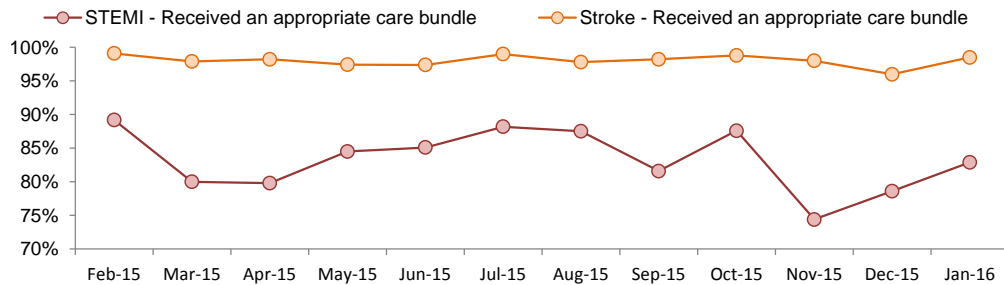
May-16

20. Outcome from Cardiac Arrests



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



YAS has improved and is now in the top third in 13 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

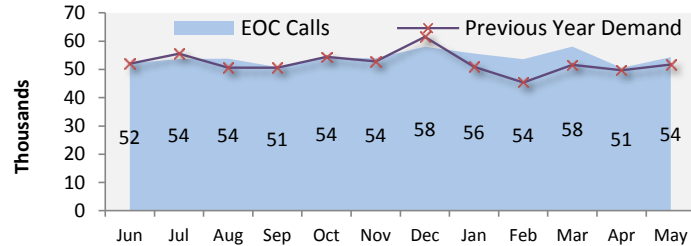
Elderly Falls	Cycle 16		Cycle 15	
	Mar-16	Nat avg %	Sep-15	Nat avg %
E1- Primary Obs recorded	92.7%	88.2%	91.7%	90.0%
E2- Recorded Assessment Cause of Fall	99.3%	95.8%	96.3%	93.7%
E3- History of Falls	43.7%	47.3%	46.3%	47.6%
E4- 12 Lead ECG Assessment	97.3%	93.8%	94.3%	88.0%
E5- Recorded Assessment of Mobility	81.7%	79.6%	72.3%	75.2%
E6- Direct Referral to an appropriate Healthcare professional	60.3%	47.8%	61.0%	51.9%
FC- Care Bundle For Elderly Falls (E1+E2+E3+E4+E5+E6)	23.0%	33.7%	22.3%	23.8%

There has been a slight improvement on most elements of the Elderly Fall CPI care bundle with the exception of direct referral by YAS, when the previous cycle is compared to cycle 16.

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

May-16

1. Demand



Service level YTD is currently 0.5% above target.

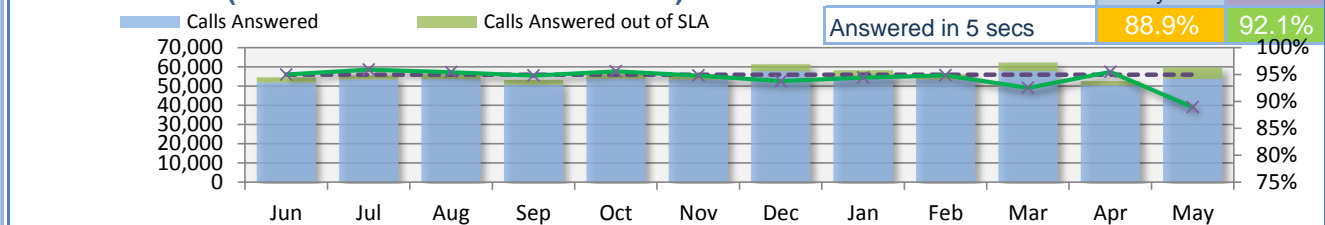
Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	104,905	104,095	95,879	92.1%
2015/16	101,386	101,158	98,853	97.7%
Variance	3,519	2,937	(2974)	
Variance	3.5%	2.90%	(3.0%)	(5.6%)

3. Quality

	May	YTD
Serious Incidents (Rate Per 1000 Responses))	1(0.01) ↔	2(0.01)
Total Incidents (per 1000 calls)	88(1.19) ↓	180(1.27)
There was 1 Serious Incident(s) in May year to date this now stands at 2		
Feedback		
Complaints	14 ↓	32
Concerns	10 ↓	24
Comments	0 ↓	1
Service to Service	9 ↓	19
Compliments	2 ↑	3
Response within target time for Complaints and Concerns	96%	95%
Outcome of Ombudsman Cases		
Upheld	0	0
Not Upheld	0	1

2. Performance (calls answered within 5 seconds)



	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Calls Answered out of SLA	2,597	2,175	2,441	2,635	2,364	2,778	3,593	3,079	2,746	4,327	2,266	5,950
Calls Answered	51,907	53,453	53,677	50,612	53,776	53,525	57,802	55,209	53,462	57,851	50,356	53,739
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	95.0%	95.9%	95.5%	94.8%	95.6%	94.8%	93.8%	94.4%	94.9%	92.5%	95.5%	88.9%

Call volumes increased significantly throughout May and were up 13.4% (7,067) from April, this combined with reduced staffing levels across the weekend period (increased sickness and reduced take up of overtime) has resulted in lower SLA achievement at 88.9%. A cohort of call handlers are currently in training with 2 further courses back to back increasing staffing levels significantly with the final 2 courses completed in August.

4. Workforce

FT Equivalents				Available	
May-16	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	388	19.4	97	271	70%
Contracted FTE (before overtime)	351	17.6	88	246	70%
Variance	(37)	(2)	(9)	(26)	(9.4%)
% Variance	(9.4%)	(9.4%)	(9.4%)		
FTE worked inc overtime	365	28.3	81	255	70%
Variance	(23)	9	(16)	(16)	(5.9%)
% Variance	(5.9%)	46.0%	(16.2%)		
* 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 37 FTE under budget with a variance of (9.4%).					
Sickness was over the planned value for May, but other absences was below.					

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	(2504)	(2397)	107
CIPs	51	26	(25)
The directorate is £107k favourable to plan YTD due to staffing shortfall / savings on vacancies.			
Quality & Efficiency Savings (CIPs) are achieving due to non recurrent savings from vacancies but it is expected this will not continue in future months as vacancies are appointed into.			

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

May-16

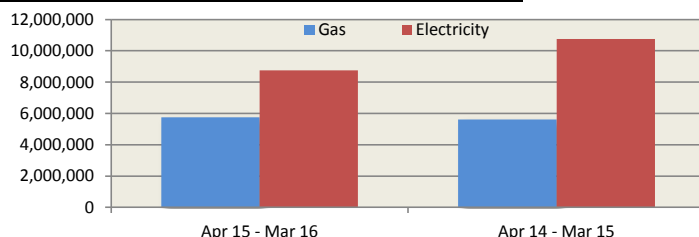
1. Demand

Number of Jobs Received - 497 of which 421 logged for YAS Estates Direct Labour.

Out of Hour Call's received - 5

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

kWh	Electricity (kWh)	Gas (kWh)
Apr 15 - Mar 16	5,758,190	8,750,821
Apr 14 - Mar 15	5,626,258	10,748,559
	2.34%	-18.59%



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:

- 71% of reactive maintenance requests completed within response timeframes - 299 **jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(160)**
- 94 % 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

- The Estates Annual Plan for Capital and Minor Works schemes for 2016/17, is progressing with Wakefield Station Rewire and Infrastructure resilience improvements to Springhill, as per plan.
- As a result of the Support Services Customer Satisfaction Survey, all Estates Staff have attended a Customer Service workshop, provided by YAS Training Department. The workshop was very well received by staff, who fully engaged and suggested several initiatives, which would improve response and rectification to breakdown requests and site management of contractors.
- The Estates Management Group (EMG) sub group meetings are progressing well. The Asbestos Register and Asbestos Management Plans are defined and all trades staff and management staff have received Asbestos Awareness Training. Training has also been extended to IT Department, with a good level of take up.

4. Staffing

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

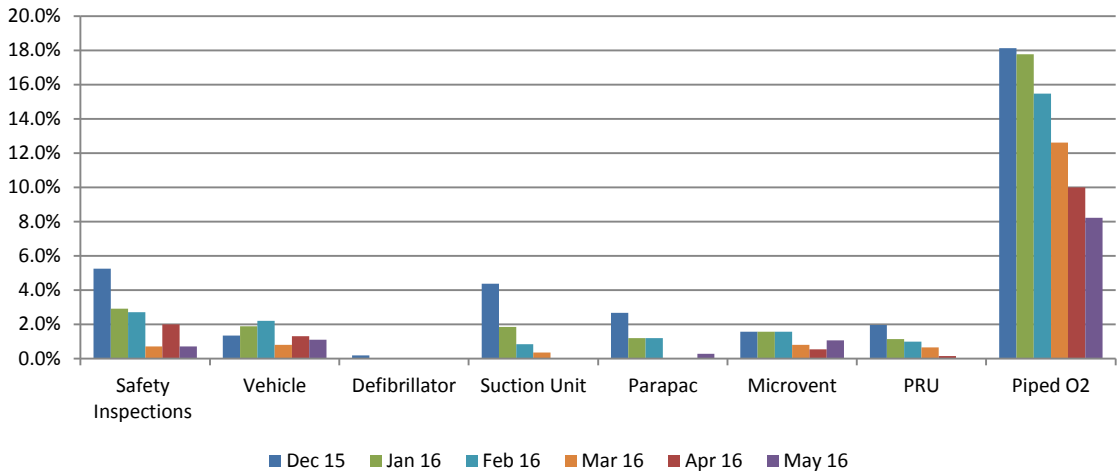
Sickness in May 2016 for Estates was at 0.0%.

5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
Directorate Position	(932)	(988)	(56)
CIPs	59	24	(35)

The directorate is £56k adverse to due plan YTD mainly due to (£13k) overspend related to VPS, Hub&Spoke and Make Ready costs and (£38k) overspend on Estates due to non achievement of CIPs and overspend on agency.

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



Key Points

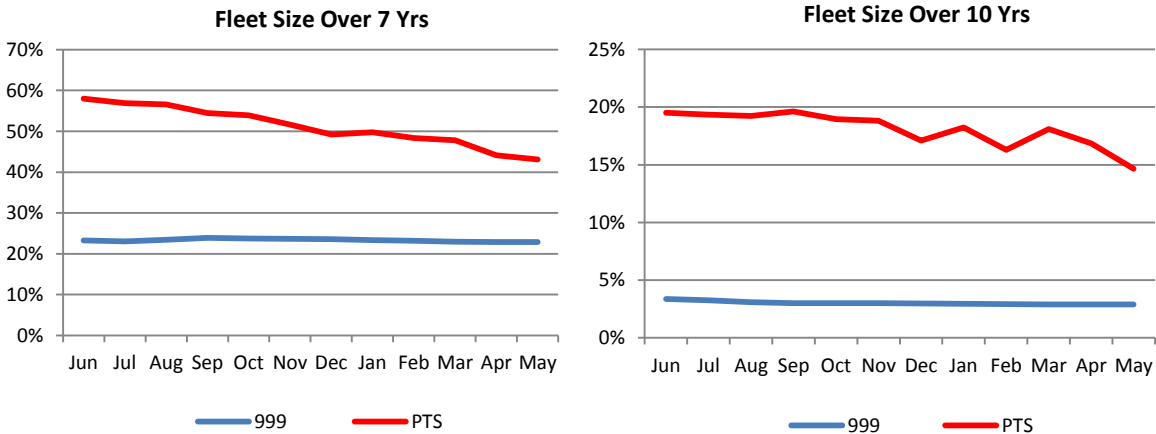
Routine vehicle maintenance remains within KPI with any vehicles outside the service window being captured through the Fleet Service Breach Standard Operating Procedure.

Due to capacity issues within our subcontractors the Piped O2 has failed to meet KPI, actions are been taken to bring this in house in the longer term, short term additional resource is being moved into YAS by the subcontractors following the appoint of further engineers.

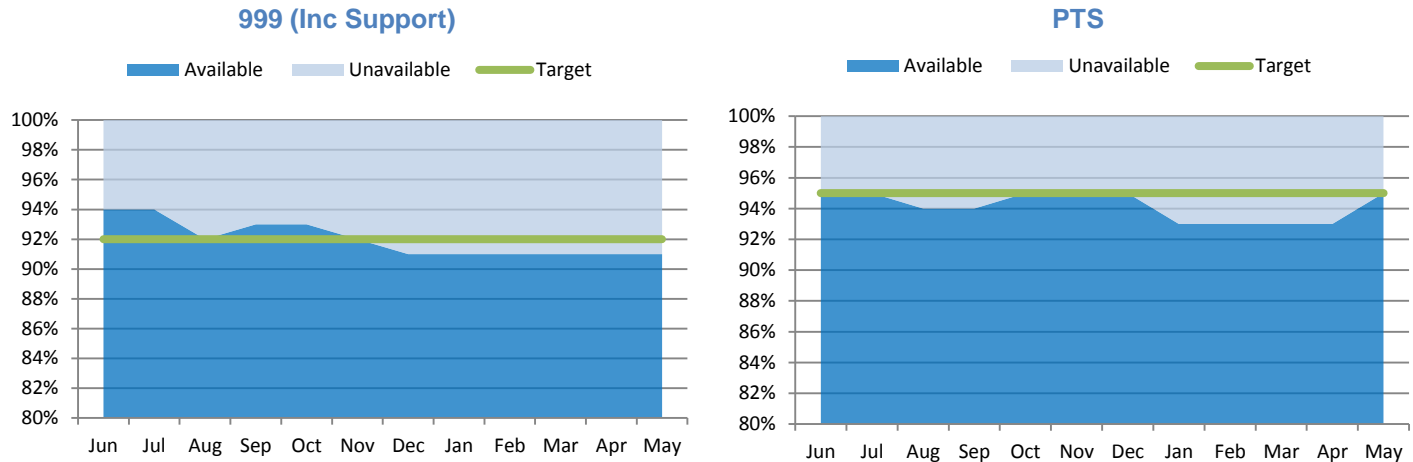
Inspections/Services out of Window	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	%	DOT
Safety Inspections	29	16	15	4	11	4	0.7%	↓
Vehicle Services	5	7	8	3	5	4	1.1%	↓
Defibrillator servicing	1	0	0	0	0	0	0.0%	↔
Suction Unit servicing	26	11	5	2	0	0	0.0%	↔
Parapac servicing	9	4	4	0	0	1	0.3%	↑
Microvent servicing	2	2	2	1	1	2	1.1%	↑
Pain Relief Unit (PRU)	12	7	6	4	1	0	0.0%	↓
Piped O2	95	92	81	66	56	46	8.2%	↓

1.2 Vehicle Age

Vehicles >= 7 years	999	127	22.9%	PTS	171	41.0%	Total	298
Vehicles >=10 years	Fleet	16	3.4%	Fleet	44	10.6%		60



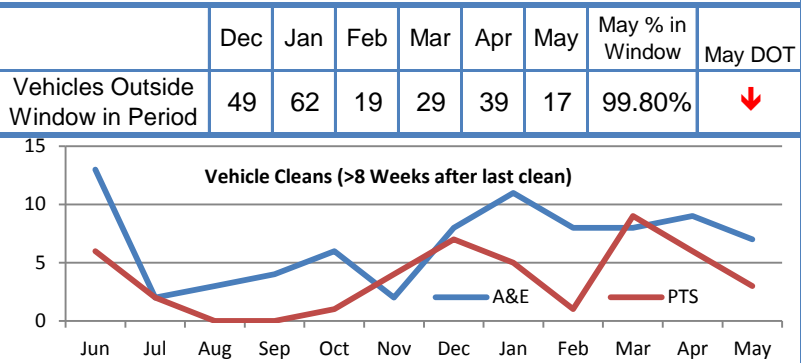
2. Performance



Key Points

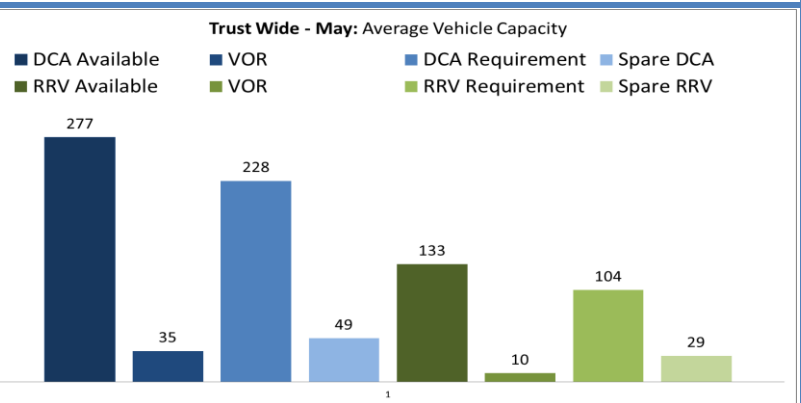
A&E availability failed to achieved target in May with contributing factors being a high number of RTC, second factor is the carry over of older vehicles we are seeing a number of larger unit failures (engines / gearboxes / axles), the new Fiat vehicles will start to go into service in September. Although targets have not been reached spare capacity has been available within the fleet DCA 49 / RRV 29. PTS has achieve KPI in May with the new vehicles making a positive impact on vehicle downtime.

3. Deep Clean



Deep Clean Service level for May continued to maintain a high level at 99.8% (excluding VOR's). Green Response Bag OOD training and Stat & Man refresher classroom sessions completed in May along with start of role refresher training. Still encountering station/site cleaner recruitment issues even though using agency. Absence figures remain high but reducing through effective management.

4. Vehicle Capacity



5. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)			Available	
	FTE	Sickness	Total	%
Budgeted	100	5.0	95	95%
Actual	93	3.4	90	96%
Variance	(6)	1.6	(5)	(5.0%)
% Variance	-6%	-32%		

Sickness absence is slightly higher in May due to 2 long term sicknesses these are been managed within the Absence Policy estimated RTW date have been established towards the end of June.

6. Finance (YTD)

£000	Plan	Actual	Variance
Directorate Position	(1,840)	(1,923)	(84)
CIPs	123	110	(13)

A1.4 Resilience (Lead Associate Director of Operations Ian Walton)

May-16

Business Continuity

- YAS Resilience participated in the Resilience Direct National Exercise 'Bravo Charlie' during BCAW 2016
- Awareness campaign via screensaver and stand in HQ canteen during BCAW 2016
- Annual Review of Fleet BC plan with Jeff Gott, Annual Review of Community Resilience BC plan with Paul Stevens
- Booked in table top exercise for Community Resilience (16th August)
- Finalised 3-yr rolling plan for BCMS (for roll out at BC leads meeting)
- 5 x ISO23302 training courses with HART, Fleet and Procurement
- YAS BC Manager carried out and ISO22301 audit of Southern Ambulance Service
- BC Plans and arrangements, part of the remit was a preparation for their pending CQC visit.
- BC Manager worked with Head of Resilience to complete the Health JDM training course, to be delivered to Mid Yorkshire Hospital Trust in July and August.

Emergency Preparedness and Response

- Leeds Triathlon planning and preparations well under way – 100,000 spectators attending, 6000 participants include 130+ elite athletes in the Brownlee brothers home town. Full YAS command structure in place for this in June.
- Starts the review process for the Critical incidents activation Guidance (aka the Blue Book)
- Worked with Partners in planning for EDL style demonstration in Rotherham (Operation Signature)
- Attended the full LRF in South Yorkshire
- Held the YAS TdY debrief. Facilitated and held by WYP

Training

- ECA Session: 2 sessions
- ISO22301 Courses: 2 courses
- MAGIC Course: Paul Mudd and Mark Millins attended
- MTFA Tactical Command Courses: 2 courses
- North Yorkshire LRF TCG Training: 4 YAS attendees

Exercises

SY Comah Exercise 12th May 2016

RAF Leeming Exercise 17th – 18th May 2016

EY Port Health Plan Exercise 19th May 2016 - looking at the challenges faced should illegal immigrants be found at a port and how we could meet their medical needs.

Hart and Special Operations

HART: HART staff continue to support A&E Operations through shift cover to normal operations. In May they provided 747 hours of cover. In addition they also supported the Tour de Yorkshire with an additional HART team over the three days. The mock CQC inspection identified minor housekeeping issues to resolve, but also highlighted areas of good practice, which have been taken back nationally. The key area of concern remains the training records. An action plan has been developed based on the findings.

Air Ambulance: The Critical Care team is now into its second month of operating. The early indicators are that the team is having a positive impact on patient care. A more detailed analysis will be undertaken in the coming months. With the introduction of the Critical Care Team, the Air Ambulance now carry's blood products, which is provided by Pinderfields Hospital and delivered/returned by the White Nights Charity.

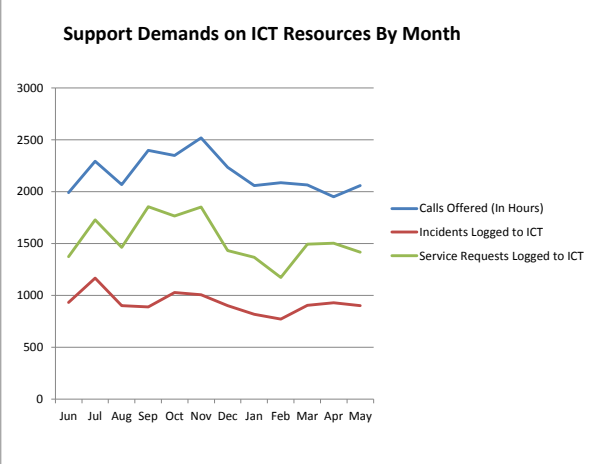
Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team	63	64	3
Hart Operatives FTE	42	41	0
CBRN (SORT) - Volunteers	150	85	35
Air Ambulance FTE	13	13	0

13 expressions of interest for SORT training awaiting selection process. Adverts for more volunteers going out to staff. 3 AIT staff recently completed a 1 day refresher course (41 out of the 64 still need a refresher course)

Community Resilience Team

	No. CFR	No.EFRs	No. Static	No. CPADS
ABL	215	10	544	120
CKW	127	22	413	42
HULL/EAST	83	74	220	116
SOUTH	202	22	732	37
NORTH	389	25	405	242

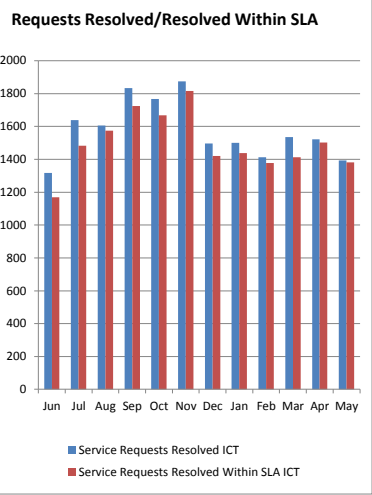
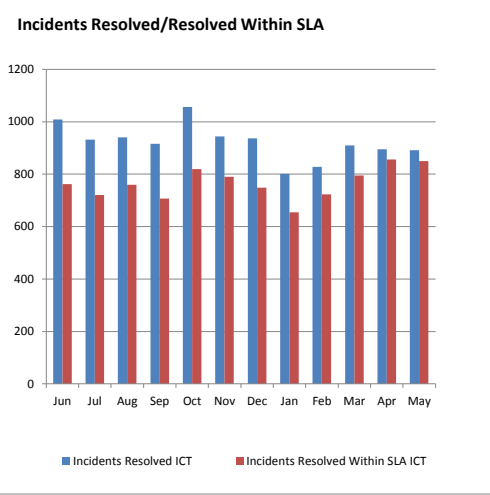
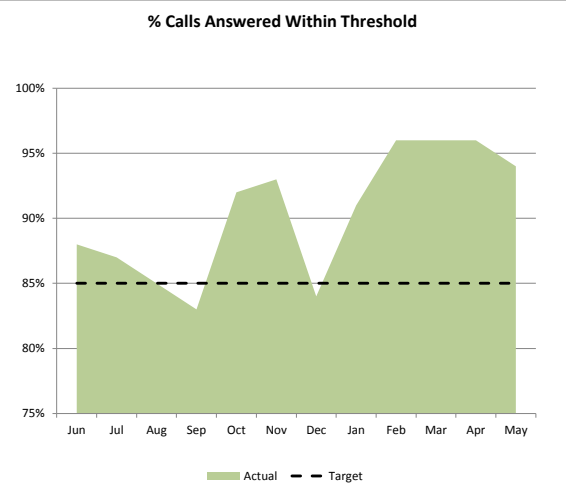
1. Demand



	Dec	Jan	Feb	Mar	Apr	May
Calls Offered (In Hours)	2234	2059	2086	2067	1953	2059
Incidents Logged to ICT	901	819	773	907	930	904
Service Requests Logged to ICT	1432	1368	1173	1496	1504	1418
Total number of active projects	21	20	17	11	17	13

Incident = Unplanned interruption or reduction in quality of and IT service.
Request = Requests for hardware, software, access to data and locations etc.
Demand from incidents and requests have remained steady

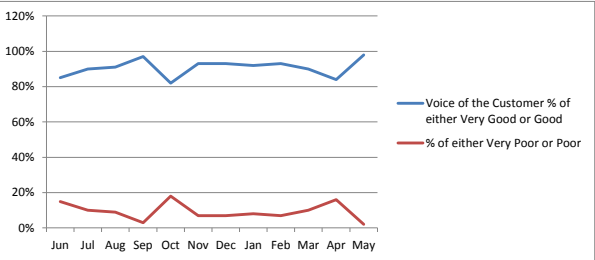
2. Performance



	Dec	Jan	Feb	Mar	Apr	May
% Calls Answered Within Threshold (10 seconds). Target 85%	84%	91%	96%	96%	96%	94%
Overall ICT Achievement on SLA for Incidents and Requests. Target 80%	86%	88%	93%	96%	97%	95%
Incidents Resolved ICT	937	801	828	910	895	891
Incidents Resolved Within SLA ICT	749	654	723	795	856	850
Service Requests Resolved ICT	1497	1500	1412	1535	1521	1393
Service Requests Resolved Within SLA ICT	1421	1439	1378	1412	1502	1382

Calls answered within threshold is consistently high
Overall SLA ICT achievement remains strong at 95%.
Incidents and Request SLA's are also measured against priorities (1-5 for both incidents and requests)

3. Quality of Service



	Dec	Jan	Feb	Mar	Apr	May
Network Availability	93.55%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability	100.00%	100.00%	100.00%	100.00%	99.79%	99.50%
Telecoms Availability	84.95%	100.00%	100.00%	99.99%	100.00%	100.00%
Radio Availability	100.00%	100.00%	100.00%	100.00%	100.00%	99.87%
% of either Very Good or Good	93.00%	92.00%	93.00%	90.00%	84.00%	98.00%
% of either Very Poor or Poor	7.00%	8.00%	7.00%	10.00%	16.00%	2.00%

The reduction in service in December is attributed to the severe flooding
In May, downtime was experienced on Genisys, I: Shared drive, email and Cyfas.

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6339			4438
Actual	40	6339			5540
Variance	0	0			1103
%Variance	100%	100%			0%
SICKNESS					
5% Sickness on Budgeted			317		
5% Sickness on Actual			317		
Recorded Monthly Sickness				165	
Variance between Budget and Actual Targets				-152	
ABSENCE					
25% Absence on Budgeted			1585		
25% Absence on Actual			1585		
Recorded Monthly Absence				634	
Variance between Budget and Actual Targets				-951	

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

TO BE DEVELOPED

Annex 2 Ambulance Quality Indicators - YAS

Indicator	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:18	0:18	0:19	0:19	0:19	0:20	0:20	0:23	0:23	0:25	0:22	0:30	0:22	6	0:02	to	1:12
Time to Answer (99%)	0:30	0:33	1:05	0:55	0:57	1:01	0:55	1:06	1:12	1:15	1:09	1:22	1:04	7	0:20	to	2:34
Abandoned calls	0.91	0.63	0.90	0.80	0.70	0.85	1.01	1.22	0.90	1.10	0.79	1.10	0.81	6	0.04	to	1.59
Cat Red 8 minute response - RED 1 (75%)*	74.9	73.7	69.4	70.8	68.7	70.1	73.7	73.8	69.0	69.0	69.6	68.5	69.7	7	60.8	to	76.8
Cat Red 8 minute response - RED 2 (75%)*	72.7	73.5	70.4	70.1	70.0	70.4	72.5	73.3	71.0	71.9	71.3	69.5	74.2	3	54.8	to	75.1
95 Percentile Red 1 only Response Time*	12.9	13.1	13.9	13.7	15.4	14.7	13.5	13.3	14.5	14.4	14.3	14.3	14.5	6	12.7	to	17.7
Cat Red 19 minute response (95%)*	96.2	96.3	95.3	95.3	95.0	95.3	95.3	95.3	93.9	94.7	94.3	93.7	95.7	2	86.1	to	97.2
Cat Red 8 minute response**													73.1		N/A		
Cat Amber 19 minute response**													82.0				
Cat Green 60 minute response**													96.3				
Time to Treat (50%)	6.2	6.0	6.4	5.9	5.9	5.8	5.5	5.6	5.8	6.4	6.1	5.9	6.0	1	6.0	to	11.4
Time to Treat (95%)	15.9	15.6	16.7	15.1	15.5	15.1	14.2	14.3	15.4	15.9	15.3	15.5	13.3	1	13.3	to	30.6
Time to Treat (99%)	24.4	24.3	26.0	22.5	23.7	22.8	21.8	21.3	23.6	23.8	23.0	23.4	19.5	1	19.5	to	58.6
STEMI - Care	86.0	84.5	85.1	88.2	87.5	81.6	87.6	74.4	78.6	82.9				4	67.3	to	86.4
Stroke - Care	98.2	97.4	97.4	99.0	97.8	98.2	98.8	98.0	96.0	98.5				3	96.2	to	99.6
Frequent caller *	1.63	1.49	1.90	1.51	1.80	1.63	1.47	1.78	2.07	2.00	2.56	2.29	2.85	6	0.10	to	3.10
Resolved by telephone	9.7	9.9	8.8	8.1	8.2	7.5	7.2	7.8	9.4	8.2	7.9	9.1	8.3	5	5.2	to	13.2
Non A&E	31.2	31.3	31.6	32.5	32.9	31.2	31.7	30.3	31.1	30.7	29.8	29.4	30.2	10	30.2	to	49.8
STEMI - 150	79.8	80.2	84.8	86.4	87.7	80.0	89.3	79.3	91.3	79.0				9	76.6	to	92.6
Stroke - 60	57.0	59.8	53.6	55.8	57.0	54.0	53.6	51.1	55.2	49.3				5	44.7	to	65.6
ROSC	28.4	27.0	28.3	28.1	34.1	21.7	21.9	26.1	20.7	21.6				7	23.6	to	33.2
ROSC - Utstein	69.2	57.5	56.3	65.5	65.8	38.1	48.2	54.2	55.0	50.0				1	41.3	to	56.4
Cardiac - STD	8.2	10.8	12.7	11.0	11.3	4.9	8.9	7.5	9.7	9.7				2	6.3	to	13.8
Cardiac - STD Utstein	45.5	35.9	50.0	41.4	37.1	17.6	26.7	29.2	55.6	20.0				1	21.6	to	36.1
Recontact 24hrs Telephone	1.7	1.8	1.5	1.5	1.8	1.9	1.1	1.7	1.9	2.2	5.5	5.5	6.0	4	3.2	to	14.4
Recontact 24hrs on Scene	3.3	3.5	3.2	3.0	3.1	3.2	2.9	2.8	2.2	1.4	2.8	3.2	2.5	1	2.5	to	8.1

Comments:- Please Note * 1st to 20th April only and ** 21st April onwards only due to ARP

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

May-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	April
Time to Answer - 95%		mm:ss	0:13	0:05	0:02	0:41	0:12	0:32	1:12	0:31	0:04	0:22	6	April
Time to Answer - 99%		mm:ss	0:55	0:44	0:20	0:43	0:53	1:34	2:34	1:25	0:35	1:04	7	April
Abandoned calls		%	0.91	0.49	0.04	0.24	0.87	0.65	1.35	1.59	0.62	0.81	6	April
Cat Red 8 minute response - RED 1	75%	%	66.3	60.8	70.0	69.1	76.5	75.1	70.1	72.7	76.8	69.7	7	April
Cat Red 8 minute response - RED 2	75%	%	57.3	54.8	64.6	70.1	67.5	74.6	60.0	56.9	75.1	74.2	3	April
95 Percentile Red 1 only Response Time		Time	15.4	17.7	13.8	14.1	13.8	13.3	15.1	15.4	12.7	14.5	6	April
Cat Red 19 minute response	95%	%	86.7	87.7	94.2	92.9	92.0	95.6	92.0	86.1	97.2	95.7	2	April
Cat Red 8 minute response (ARP)	75%	%										73.1	N/A	April
Cat Amber19 minute response (ARP)		%										82.0		April
Cat Green 60 minute response (ARP)		%										96.3		April
Time to Treat - 50%		mm:ss	11.4	8.4	6.7	6.8	6.9	6.0	6.9	8.4	6.0	6.0	1	April
Time to Treat - 95%		mm:ss	22.4	25.1	18.2	23.5	22.9	18.4	21.7	30.6	15.8	13.3	1	April
Time to Treat - 99%		mm:ss	36.0	35.8	34.4	39.8	41.5	32.3	36.5	58.6	24.3	19.5	1	April
STEMI - Care		%	77.6	82.1	70.3	86.4	86.2	67.3	67.9	84.4	77.9	83.1	4	January
Stroke - Care		%	97.6	97.7	97.3	97.8	99.6	98.5	96.5	96.8	96.2	97.9	3	January
Frequent caller *		%	0.2	0.3	0.8	0.1	0.9	3.1				2.9	6	April
Resolved by telephone		%	13.2	6.4	10.2	6.9	7.1	11.2	6.1	13.0	5.2	8.3	5	April
Non A&E		%	33.0	40.7	34.7	31.7	31.5	42.2	49.8	48.9	37.4	30.2	10	April
STEMI - 150		%	91.0	92.2	91.1	92.0	86.4	88.2	92.6	76.6	87.2	83.7	9	January
Stroke - 60		%	53.7	49.7	62.8	58.3	64.1	50.3	65.6	44.7	54.2	54.8	5	January
ROSC		%	24.4	26.2	30.0	23.6	33.2	26.7	26.7	24.5	30.2	25.6	7	January
ROSC - Utstein		%	44.5	49.0	53.8	54.8	55.3	41.3	46.8	49.0	50.0	56.4	1	January
Cardiac - STD		%	6.6	6.5	8.7	6.3	8.8	13.8	8.1	8.8	8.8	9.5	2	January
Cardiac - STD Utstein		%	21.6	24.8	30.8	34.5	23.9	27.3	24.0	27.5	24.4	36.1	1	January
Recontact 24hrs Telephone		%	3.2	8.8	3.2	14.0	4.9	8.7	8.0	10.5	14.4	6.0	4	April
Recontact 24hrs on Scene		%	4.5	5.2	8.1	5.3	3.0	4.8	5.3	4.7	7.0	2.5	1	April

