



## Integrated Performance Report – November 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 re-contact rates (on scene), as well as performing well with Time to Answer (50%) and re-contact rates (telephone). YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

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## IPR Compendium (2015-16 Key Facts)

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

#### VEHICLES

  
**300**  
Double-Crew  
Ambulances

  
**188**  
Rapid-Response  
Vehicles

  
**416**  
PTS Vehicles

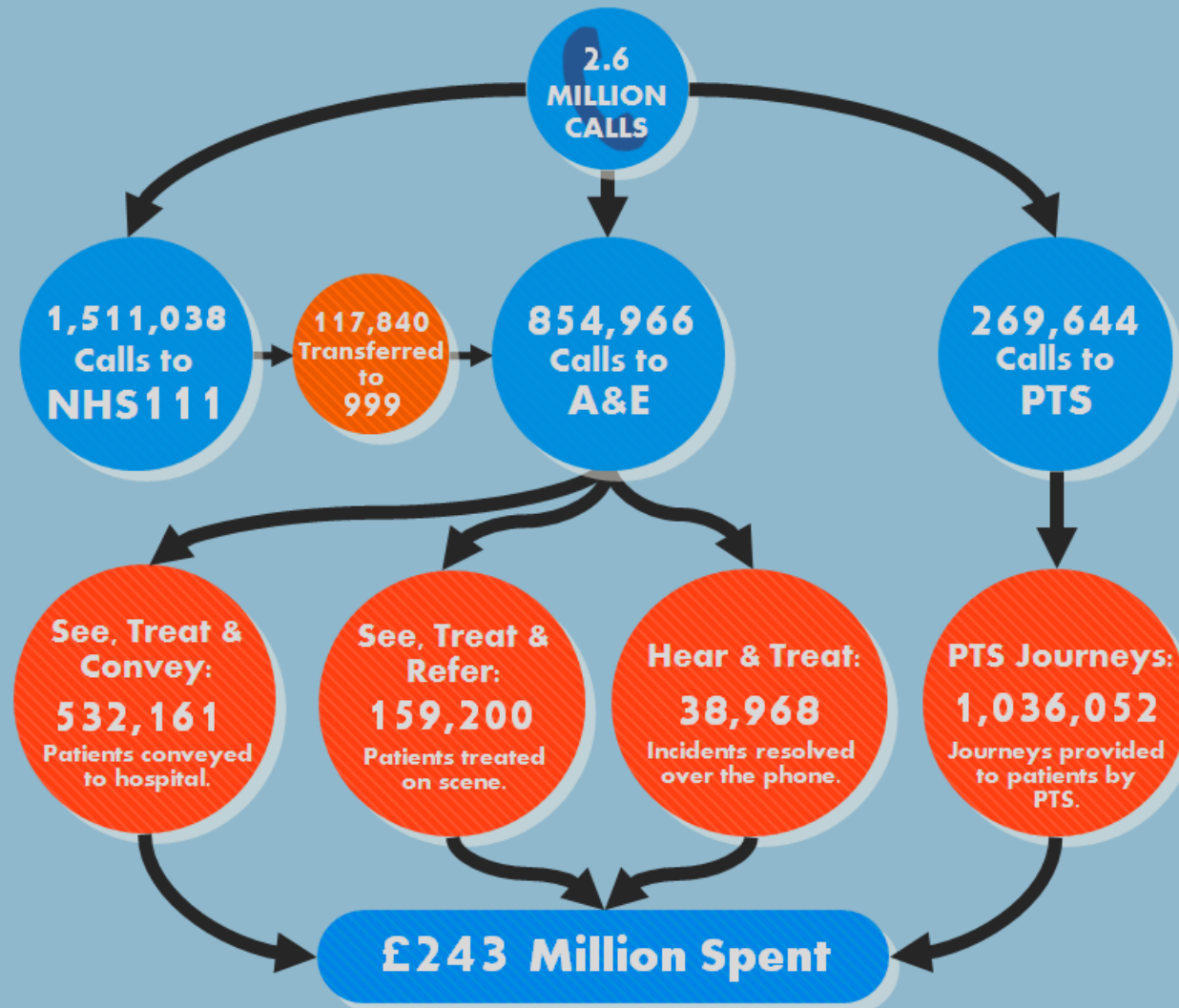
#### STAFF



**53.6%**  
Female

**46.4%**  
Male

**5.4%**  
BME



# IPR Exec Summary – November 2016

## A&E (CCG Demand)

### DEMAND

- **Calls** above contract value for November and YTD, higher than the same period last year. 9.2% higher in month and 6.4% YTD.
- **Hear & Treat (H&T)** is 23.9% above contract in month. Changes to the National Ambulance Quality Indicators (AQI) means less opportunity for H&T in respect of Red and Category 1 calls.
- **Overall responses** (least 1 vehicle attended) were 4.5% higher in Nov16 than Nov15. This affects resource availability / performance.
- **See Treat & Refer (STR)** above planned for Nov (10.7%) and YTD (9.6%), (excludes UCP's).
- **See, Treat & Convey (STC) activity** is above plan for Nov (2.9%) and YTD (5.8%).
- **Category1 against 8 mins** was 65.7% in Nov16 (achieved 75% in 9 mins 6s)

## 111

### DEMAND

- **111 Calls** are below contract ceiling for November (-2.0%, a difference of 2,516 calls) but YTD 0.4% above the ceiling (3,762 calls).
- **Calls Answered** running at 6.4% above last year's volume for November after normalizing data due to extra Sunday in November 2015.

### PERFORMANCE

- **Answered in 60 seconds** at 91.2% for the month (a decrease of 1% compared to last month)
- **Clinical KPIs** decreasing since August. Warm Transfer or Call Back in 10 minutes is down by 6% month on month and Call Back in 2 hours is down by 2.4% from October to November.
- **111 referral rate to 999** at 9.8% for the month
- **2,292 ambulances were checked** by a clinician before being sent, out of a total of 5,285 (43.4%) green ambulance calls

## PTS

### PERFORMANCE

- **KPI 2** – arrival prior to appointment – November saw positive overall PTS performance achieving YTD 85.7% and remains above target of 82.9% and well ahead YTD currently +2.8%.
- **KPI 3** – departure after appointment – November's performance as a whole for PTS was 91.1% narrowly missing target of 91.7% still improving the YTD %.
- Exceptions in West this was mainly due to adverse weather on 09 and 18 November leading to service disruption and grid locked roads in rural areas. For North unmeasured journeys increased considerably due to PDA issues at the end of the month. We are in regular dialogue with our renal patients and clinics alike and are constantly focusing on providing a satisfactory service and acceptable KPI ratings. PTS sickness continued significant improvement in November dropping by 1%.

## Quality and Clinical

- **Incident Reporting** An overall slight increase from October to November in Patient Related incidents. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed.
- **Friends and family Test:** Results for Quarter2 (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.
- **FOI Requests** levels have stabilised in November
- **Stroke care** has shown outstanding performance across 2016, notably in July, August and October, achieving 99.1% for October 2016. Further, East Yorkshire achieved 100% performance with South Yorkshire, Airedale, Bradford & Leeds and Calderdale, Kirklees and Wakefield all achieving 99%.

## Finance

	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	165,903	168,468	2,564
Expenditure	(165,012)	(166,923)	(1,911)
Retained (Deficit) / Surplus with STF Funding	891	1,545	653
STF Funding	0	(1,013)	(1,013)
Retained (Deficit) / Surplus without STF Funding*	891	531	(360)
EBITDA	8,455	9,025	569
Cash	17,137	25,123	7,986
Capital Investment	0	(17,612)	(17,612)
Quality & Efficiency Savings (CIPs)	5,717	4,960	(757)

## Workforce

### Sickness

- Stable at 5.5%, reduced from same period last year

### PDR

- 81.6% compliance against 90% stretched target

### Stat and Man Training

- 95% compliance against 95% target

### Turnover

- Dropped to 10.8% from 11.8% for last 12 months.

Strategic Objectives 2016-17

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions - November Comments	Predicted RAG Year End	Nov RAG	Nov SUB RAG	Actions		Lead Director - Overall	Lead Director- Actions	Impl Date	Complete or Revised Impl Date
1. Deliver World Class health outcomes in Urgent and Emergency Care	1a	Improve response times for A&E services (A&E Transformation Programme)	1a iv: waiting for structure to be sorted 1a vi: Reviewed tel lines and redirected all the legacy lines as appropriate. Some actions to increase efficiency. However they need approving at Clinical Governance Committee. Benchmarked North West and North East to ensure new reports are in line with best practise. Recruited to plan, going through induction processes.	G	A	G	i	Introduce new Rotas aligned to demand modelling and new response standards	EDOps	EDOps	Mar-17	
						A	ii	Expand provision of Community First Responder		EDOps	Mar-17	
						NS	iii	Implement new vehicle mix in line with modelling recommendations		DEF	Mar-17	
						A	iv	Implement new capacity planning process in A&E		EDOps	Mar-17	
						C	v	Implement Ambulance Response Programme (ARP) II		EDOps	Jun-16	C
						G	vi	Review call answer profile for 999 calls and address shortfalls in call handler numbers		EDOps	Mar-17	
	1b	Improve clinical performance in ACQIs and CPIs	1b i: Stroke HASU reconfiguration across the region is under review, Barnsley hospital closed to Acute Stroke thrombolysis this month. Further reconfiguration as part of STP plans. ARP Phase 2.2 in planning stages to improve response times to Acute Stroke, On Scene times being addressed through CPD and clinician awareness. National work looking at ACQIs and CPIs and this is feeding in to local initiatives by CDMs and CMs to improve performance. Series of CPD events and clinical simulations are in place to address this area too 1b ii: Regional roll out of RAT continues with further training sessions for Clinical Supervisors. Extra support through upskilling RRV Paramedics underway with advertisement of 10 further training places. Co responder schemes functioning well despite changes in dispatch due to ARP. Restart a Heart on track to deliver CPR training to 25,000 school children. External Cardiac Pacing performed by all RAT Paramedics, and DC Cardioversion mid way through regional rollout for all Paramedics. Survival to Discharge fallen slightly.	A	A	A	i	Deliver CPD programme to address under-performing aspects of ACQIs and CPIs	EMD	EMD	Mar-17	
						G	ii	Further improve rates of cardiac arrest survival across Yorkshire: • Continue roll out of automated CPR devices • Establish a mobile community CPR training facility • Restart A Heart 3 • Expand Fire Co-responder Schemes in North and South Yorkshire • Implement enhanced CPR feedback CQUIN • Trial external pacing and electrical cardioversion to regulate heart rhythms in cases of ROSC		EMD	1. Sep-17 2.Mar-17 3. Oct-16 4. Mar-17 5. Mar-17 6. Sep-17	3. C
	1c	Ensure patients are provided with the most appropriate response to meet their needs (Urgent Care Transformation)	1c i: Recommend change of rewording to 'establish clinical advisory service' 1c ii: Complete. 1c iii:Project not yet started. Scoping meetings held during July. 1c iv: Contract not finalised yet, ongoing discussions. Escalated to CEO level. 1c vi: DP&UC and DPD working jointly to actively review and pursue opportunities - suggest combining this action with 2d vii Assess and pursue new service tenders and opportunities.	G	A	G	i	Establish clinical advice and care navigation specialist clinical advisors	DP&UC	DP&UC	Mar-17	
						G	ii	Implement and evaluate 3 Vanguard falls response pilots		DP&UC	Dec-16	C
						NS	iii	Develop a model for urgent / intermediate care transport		DP&UC	Dec-16	Apr-17
						R	iv	Work with Local Care Direct and Commissioners to review and develop the West Yorkshire urgent care model		DP&UC	Mar-17	
						G	v	Develop closer integration between NHS 111 and 999 clinical triage services		DP&UC	Mar-17	
						A	vi	Assess and pursue new NHS 111 and urgent care service tenders and opportunities		DPD	Mar-17	
						NS	vii	Begin roll out of locally managed DOS to support frontline clinicians		DP&UC	Mar-17	
						A	viii	Develop shared patient care record		DP&UC	Dec-16	Apr-17
						NS	ix	Introduce PTS enhanced patient discharge services supported by telecare connected home technology		DP&UC	Dec-16	Apr-17
2. Ensure continuous service improvement and innovation	2a	Improve processes for management of performance delivery	2a i: Suggest this action is reassigned. 2a ii: Following board approval further work continuing for implementation of PMF. Programme management framework in development for completion end of October. 2a iii: Recruitment to Assurance Manager underway. New dashboards developed and implemented. 2a iv: Quality dashboards reviewed. Further refinement of IPR scheduled for Q3.	G	A	A	i	Development and launch of Trust and Service Line strategies aligned to national Urgent and Emergency Care agenda	EDQ&P	DPD	Sep-16	Mar-17
						A	ii	Implement new performance management framework		EDQ&P	Jun-16	Mar-17
						A	iii	Ensure robust programme and project management arrangements via new PMO work streams for major change programmes		EDQ&P	Jun-16	Mar-17
						A	iv	Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture		EDQ&P	Sep-16	Mar-17
	2b	Improve efficiency and effectiveness of support service functions	2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured. Formal independent review of Ancillary completed. Recruitment review completed September 2016.	G	A	A	i	Develop a cadre of leaders equipped to support lean improvement programme	DPD	DWF	Sep-16	Mar-17
						A	ii	Improve efficiency through Northern Ambulance Alliance and implementing Carter recommendations		EDoF	Mar-17	
						A	iii	Undertake lean reviews of key support functions, focused on 1. Recruitment 2. Fleet 3. Internal logistics		EDoF DWF	1. Sep-16 2. Dec-16 3. Dec-16	1. C
	2c	Implementation of Hub & Spoke/ Make Ready operational infrastructure (Hub and Spoke Transformation Programme)	2c i: Paper to F&IC 12th May, agreeing next stage. 2c ii More work is underway to quantify the cost of various hybrid models and find alternative ways to evaluate some of the benefits, as a result of data integrity issues with some of the original data. The final report will be presented to the December Hub and Spoke Programme Board to enable a final decision on the model to be adopted.	G	G	C	i	Secure approval for Doncaster Estate Business Case	CEO	DEF	Jun-16	C
						A	ii	Evaluate Make Ready and Vehicle Preparation System (VPS) Pilots		DEF	Sep-17	
						G	iii	Roll out Make Ready/VPS to 2 further stations		DEF	Mar-17	



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2. Ensure continuous service improvement and innovation cont	2d	Implementation of a sustainable model for PTS delivery as the market leading integrated planned transport provider (PTS Transformation Programme)	2d iv: Workforce plan for VCS and Apprentice numbers completed. Resourcing and Logistics outstanding. 2d vi: Currently auditing all PTS vehicles over 9 years old and reviewing requirements for overall numbers of PTS vehicles. 30 new vehicles in 2016-17 planned as yet uncommitted. 2d vi: Fleet modernisation programme awaiting financial approval	A	A	C	i	Introduce auto planning	DP&UC	DP&UC	Sep-16	C
						A	ii	Complete auto scheduling pilot		DP&UC	Jun-16	Mar-17
						A	iii	Introduce on-line booking app		DP&UC	Jun-16	Mar-17
						A	iv	Implement workforce plan for Resourcing and Logistics, Voluntary Car Services and apprentice numbers		DP&UC	Sep-16	Apr-17
						C	v	Implement a new subcontractor framework aligned to partnership working & the Total Transport initiative		DP&UC	Jun-16	C
						R	vi	Continue fleet modernisation programme		EDoF	Mar-17	
						G	vii	Assess and pursue new service tenders and opportunities		DPD	Mar-17	
	2e	Embed initiatives to support an open learning culture and quality improvement	2e i: Schemes run through Q4 so date revised to March 17 2e ii: Complete 2e iii: Further development to be implemented aligned to directorate management and leadership plan. Current internal audit underway in relation to maturity of risk processes in the trust 2e iv: Development of Nursing internship continuing. JD evaluation complete and awaiting cost control number from Finance. 8 roles now recruited. 2e v: Freedom to Speak guardian in post and reporting process in place.	G	A	G	i	Implement16/17 CQUIN programme, Clinical Quality Strategy, Sign up to Safety programme.	EDQ&P	EDQ&P	Dec-16	Mar-17
						C	ii	Implement learning from complaints and serious incidents to support improvement in services.		EDQ&P	Sep-16	C
						A	iii	Embed quality, risk and safety processes in operational service lines.		EDQ&P	Oct-16	Mar-17
						A	iv	Further develop nursing professional leadership structure and implement internship pilot		DP&UC	Dec-16	Mar-17
						C	v	Implement Freedom to Speak Up arrangements		EDQ&P	Sep-16	C
3. Develop and retain a highly skilled, engaged and motivated workforce	3a	Establish YAS values and behaviours framework aligned to findings from Cultural Audit.	3a i: Initial briefs for the work to review the YAS vision and values has been reviewed and will be used as a basis for a business case to secure the funds to start the process aligned to communications and through staff engagement. An initial presentation went to the TEG meeting on the 5th of September. Further meetings have commenced to align cost to project milestones and planning meetings for abstracting staff for training.	G	A	A	i	Engage wide cross section of staff in development of values and behaviours framework	DWF	DWF	Sep-16	Dec-16
						A	ii	Produce and publish new behavioural framework		DWF	Sep-16	Apr-17
						A	iii	Align recruitment, induction, training and other Trust communications to the new framework		DWF	Sep-16	Apr-17
	3b	Establish management and leadership development framework	3b i: Plans are being created to produce timelines for these processes in line with the creation of a behavioural framework and new appraisal system.	G	A	A	i	Talent management processes and succession planning including appraisals and selection linked to values and behaviours	DWF	DWF	Dec-16	Apr-17
						A	ii	Increase Personal Development Review (PDR) compliance		DWF	Sep-16	Jan-17
	3c	Introduce new models for workforce development	3c ii: assessing the new ways of working with clinical supervisors to fulfil clinical leadership model, supervisor and manager workshops to engage in how new delivery model should look. Pilot underway 3c iii: Recruitment on track. A training activity plan has now been created for additional training dates. 3c iv: Following a review of apprentices in PTS, a project has been started to review future use aligned to a YAS apprentice strategy.	A	A	G	i	Introduce career framework for specialist, advanced and consultant paramedic roles	DWF	EMD	Sep-16	Jan-17
						G	ii	Implement a new A&E clinical leadership model ensuring appropriate clinical supervision and training for all A&E operations staff		EDOps EMD	Sep-16	Jan-17
						A	iii	Establish clear workforce plan for A&E operations recruitment and training trajectory reflecting demand, ACQI and delivery model changes		DWF	Jun-16	Jan-17
						A	iv	Improved access to seamless career progression for apprentice/PTS staff into A&E		DWF	Sep-16	Mar-17
						A	v	Develop and pilot rotational nursing and paramedic roles within YAS and explore opportunities in partnership with other care providers		DWF	Sep-16	Jan-17
	3d	Take proactive steps to increase diversity within the workforce	3d i: Diversity training ongoing to all staff with positive feedback. 3d ii: Diversity ad Inclusion Steering Group has an Executive Sponsor (David Macklin). The first meeting to be held in December. 3d iii: Complete	G	G	G	i	Deliver diversity training to all Trust managers	DWF	DWF	Dec-16	Apr-17
						G	ii	Establishing a Diversity and Inclusion Steering Group		DWF	Dec-16	Apr-17
						C	iii	Introduce diversity monitoring into recruitment processes and service line performance dashboards		DWF	Dec-16	C
	3e	Staff Welfare	3e i: Some technology is in place but reliant on a more robust home working solution (and support) to have this implemented more fully. Pilot is underway. 3e ii: Health and wellbeing business case was approved by TEG in August with several pilot initiatives agreed for implementation. 3e iii: Monitoring and management of sickness is being reviewed weekly led by the HR Business Partners. 3e iv: The implementation of staff well-being is now being reported into TEG.	G	G	G	i	Support flexible working by introducing technology enabled home working in clinical advice functions in NHS111 and EOC	DWF	DP&UC	Mar-17	
						G	ii	Enhance support to staff mental health related issues by training managers in assessing wellbeing issues		DWF	Dec-16	Apr-17
						C	iii	Improved monitoring and management of short-term sickness		DWF	Dec-16	C
						R	iv	Implement initiatives to improve staff wellbeing aligned to the national CQUIN: 1. Health and Wellbeing initiatives 2. Healthy Food 3. Flu vaccinations		DWF	Dec-16	

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4. Work with partners to provide system leadership and resilience	4a	Establish collaborative working across the 3 northern ambulance services through the Northern Ambulance Alliance	4a ii: plans being worked up against various workstreams, eg IT procurement	G	A	C	i	Further develop Board and Governance framework for the Alliance	CEO	CEO	Jun-16	C	
						A	ii	Agree priority areas for action and develop work plan		CEO	Jun-16		
	4b	Improve organisational resilience through ISO 22301 accreditation	4b i, iii, iv, v complete November 2016 4b ii complete December 2016	NA	NA	NA	i	ISO 22301 accreditation in Procurement	EDoF		Mar-17	C	
						NA	ii	ISO 22301 accreditation in Fleet	DEF		Mar-17	C	
						NA	iii	ISO 22301 accreditation in Corporate Communications	DPD		Mar-17	C	
						NA	iv	ISO 22301 accreditation in Air ambulance	EDOps		Mar-17	C	
						NA	v	ISO 22301 accreditation in HART	EDOps		Mar-17	C	
	4c	Complete site security developments for core infrastructure assets	4c i Workshop complete action plans for 17/18 being drawn up. 4c iii Policy has now been implemented and shared.	G	G	C	i	Complete further diagnostic workshop with cross section of managers and staff	EDQ&P	EDQ&P	Sep-16	C	
						G	ii	Agree site security improvement priorities for inclusion in estates and other Trust plans		EDQ&P	Dec-16	Feb-17	
						G	iii	Implement additional staff guidance and support relating to incidents involving violence and aggression		EDQ&P	Dec-16	C	
						G	iv	Implement agreed 16/17 priorities		EDQ&P	Mar-17		
	4d	Improve alignment with key stakeholders in wider health and social care system	4d i: Implementation of the SRM structure is to be paused in context of engagement with existing Service Performance & Delivery Manager posts. A further update is going to F&I Committee in Mid July. Utilisation of existing roles does not present a risk to performance. Planning and development posts approved for advert 4d ii iii iv v The development of patient panels is subject to a wider review of emerging Sustainability & Transformation plans and will form part of a detailed implementation plan for the Communications & Engagement Strategy. The intention is to explore joint patient and wider public engagement work in specific geographies.STP development in line with national timescales which have shifted. 4d iv: Plans submitted 21st October. Supporting immobilisation of STPs. Moving to next phase in January 17. 4d v: BDG to monitor STP and A&E delivery boards. New role of planning and development managers will fulfil this need. Currently out for recruitment. 4dvidarft document under review by director of planning and development	G	G	NS	i	Implement new Stakeholder Relationship Management structure	DPD	DPD	Sep-16	Mar-17	
						G	ii	Implement Communications and Engagement Strategy action plan		DPD	Sep-16	Jan-17	
						A	iii	Establish patient panels		DPD			
						A	iv	Co-development of locality Sustainability and Transformation Plans		CEO	Jun-16	Mar-17	
						A	v	Embed roles and processes to engage in local reconfiguration and community activity and BDG to monitor going forward		DPD	Sep-16	Mar-17	
						A	vi	Develop governance policy and checklist for partnership arrangements.		DPD	Jun-16	Mar-17	
						A	vii	Implement new corporate oversight of partnerships with other organisations		DPD	Sep-16	Mar-17	
						A							
5. Provide a safe and caring service which demonstrates an efficient use of resources	5a	Address issues arising from CQC inspection	5a iii: Inspection now complete. Internal action plan has now been revised	G	G	C	i	Complete implementation of CQC action plan and associated audits	EDQ&P	EDQ&P	Jun-16	C	
						C	ii	Undertake mock inspection		EDQ&P	Jun-16	C	
						C	iii	Complete re-inspection with preparations informed by audit and mock inspection		EDQ&P	Sep-16	C	
	5b	Develop an estate to meet the needs of the current and future needs of the service	Plan currently uner review by new director of estates i) A 5-year estate optimisation and co-location plan is currently being developed and will consider the optimal location of four Hub & Spoke developments and potential Make Ready facilities to optimise Operational performance. ii) 1. Willerby relocation is dependant on PTS contract tented and currently stood down for 2016/17, until the Trust has clarity on accommodation requirements. The Trust continues to 'hold over' on the lease renewal. ii) 2. Bramham Heads of Terms for co disposal with Leeds City Council were agreed on 20/06/16 The property is likely to be marketed in March 2017. ii) 3. A paper regarding future options for Rotherham Fairfields was presented to the Hub & Spoke Programme Board on 21/06/16. A more detailed options appraisal is required. ii) 4. Gildersome sale completion delivered on 24/06/16. ii) 5 & 6. Doncaster iHub & Spoke buisness case was presented to Trust Board on 25/05/16, with a view to building a new Hub and Spoke service for the Doncaster and Bentley area. The H & S team are currently looking to acquire a suitably located site for the development, which will be the first of four H & S developments planned over the next five years. ii) 7. A paper is being drafted in support of the Trusts Training Strategy, scheduled for presentation to TMG in July 2016. iii) Maintenance backlog reduction of £200k is predicated by backlog reduction revenue and capital fund approval for infrastructure improvement works, as noted on the draft capital programme 2016/17. Capital programme bids are approved in principle and subject to final approval for identified schemes. CQC related Store Room Upgrades commenced on site 10/07/16 with work scheduled for completion by end July 2016	G	A	G	i	Develop and publish 5-year estates optimisation and co-location plan	DEF	DEF	Mar-17		
						A	ii	Implement 2016/17 priority improvements in line with 5 year plan, focused on 1. Willerby 2. Bramham 3. Rotherham Fairfields 4. Gildersome 5. Doncaster 6. Bentley 7.Training		DEF	Mar-17		
						A	iii	Undertake estate backlog maintenance programme		DEF	Mar-17	Dec-17	
	5c	Demonstrate effective governance across key Trust functions	5c ii: recruitment to DOF in progress, Director of estates now in post, workforce senior management team appointment have been made. 5c iii: New Estates Governance Framework is now embedded but further work with procurement is required. 5c iv: Further well led review is planned for 16/17. Committee review complete no longer scheduled for 16/17.	G	G	C	i	Complete review of Trust Management Group in line with portfolio review	CEO	CEO	Jun-16	C	
						A	ii	Embed new director portfolio structure and complete recruitment to key Board and TMG roles		CEO	Jun-16	Mar-17	
						G	iii	Embed new Estates Governance Assurance Framework covering supplier frameworks, regulatory compliance, sustainability and property management		DEF	Sep-16	Mar-17	
						G	iv	Complete Well-led Review		EDQ&P	Dec-16	Apr-17	
	5d	Align support functions to operational delivery	5d i - Correct owner? 5d i - 1. Fleet Structure interim arrangements (Under review) 5d i - 2. Medical Devices - completed 5d i - 3 Estates - Director now in post 5d i - 4. Procurement- in place (next stage-under review)	A	A	A	i	Implement revised structures in key support functions to improve governance and compliance 1. Fleet, 2. Medical Devices, 3. Estates, 4. Procurement	CEO	CEO	Sep-16	Feb-17	
						NS	ii	Implement SLAs between key support functions and operational service lines	EDQ&P	DPD	Dec-16	Mar-17	
	5e	Achievement of planned surplus	5e i - See section 2.4 of IPR 5e iii - KPI (target) needs revising.	A	A	A	i	Delivery of statutory financial duties including delivery of quality and efficiency savings (CIP) plan	EDoF supported by Exec Dirs	EDoF	Mar-17		
						A	ii	Deliver agreed CQUIN schemes		EDQ&P	Mar-17		
						NA	iii	Secure new income through service tenders and other service development opportunities		DPD	Mar-17		

## Demand and Performance – A&E

**A&E (Lead Director: Executive Director of Operations – Dr David Macklin, Nominated Lead: Deputy Director of Operations – Ian Walton)**

### Contracted Demand (Payment By Results Categories)

Demand (999 CCG only Calls) overall in November was above plan by 9.2% (Plan based on November 2015 Actual CCG Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging more calls (6407 more in November) than contracted. The other categories are also above contract levels at this point for 2016-17. Hear and Treat figures are increasing due to more calls coming into the clinical queue.

Activity involving ambulances that have arrived at scene (responses) has increased by 4.5% compared to November 2015. See, Treat and Convey is up by 2.9% which is due to a higher level of calls. The referral rate for 111 has slightly increased to 9.8%, however the actual number of calls sent in November compared to October decreased by 116 referrals.

#### Hear and Treat Response

Nov - 3,660 (23.9% > Contract Total)

YTD - 24,299 (4.8% < Contract Total)

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

Nov - 14,066 (19.4% > Contract Total)

YTD - 113,010 (17.7% > Contract Total)

#### See, Treat and Convey Response

Nov - 45,925 (2.9% > Contract Total)

YTD - 364,044 (5.8% > Contract Total)

**Performance reporting affected by a further change to the Ambulance Model. For more information see annex 3.1.**

### Performance (pre ARP 2.2)

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

Performance	Oct 20th to 31st	November	YTD
Category1 (8 min Resp)	65.7%	65.7%	65.7%
Category2R (19 min Resp)	70.7%	75.9%	74.2%
Category2T (19 min Resp)	69.2%	70.7%	70.3%
Category3R (40 min Resp)	73.3%	76.6%	75.7%
Category3T (40 min Resp)	69.7%	69.3%	69.4%
Category4T (90 min Resp)	89.1%	81.3%	84.5%
Category4H (90 min Resp)	100.0%	99.5%	99.7%

### Demand Impact

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

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

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

### Keys action in place to improve performance

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

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

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

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

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

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

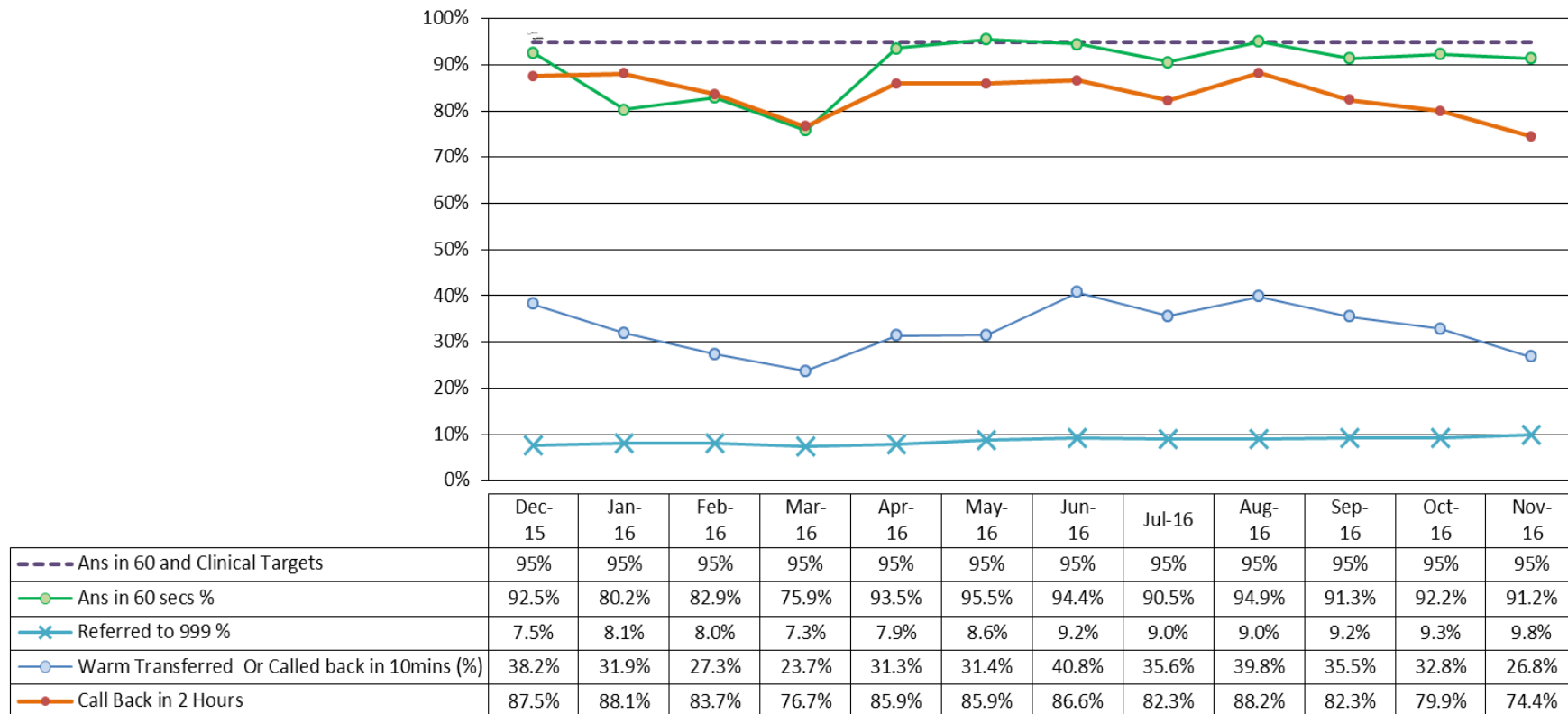
7 - Options appraisal ongoing to review Nature of Call vs keyword to **improve early red predict by 35%**. This helps to get ambulances calls for the most critically ill to dispatchers quicker.

## Demand and Performance – NHS 111

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

### NHS 111 Key Indicators for Performance

YTD Answered calls as at end of November are 0.4% (3,762 calls) above YTD contract ceiling volume. The year to date performance for calls answered in 60 seconds is currently 0.3% above the same position last year.



Calls answered demand for November running at 2% (2,516 calls) below contact ceiling. Referrals to 999 moved from 9.3% to 9.8% from October to November and have increased by 1.5% year on year. In November, 2,277 (30.1%) ambulances were stopped as a result of clinical intervention and 2,292 ambulances were checked by a clinician before being sent, out of a total of 5,285 (43.4%) green ambulance calls. This is an increase of 0.6% from October to November.

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 13% above budgeted for November but 4.7% below YTD budget. Available time was 13% above budgeted for November.



# Demand and Performance - PTS

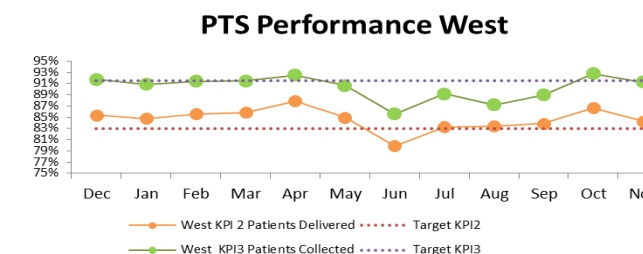
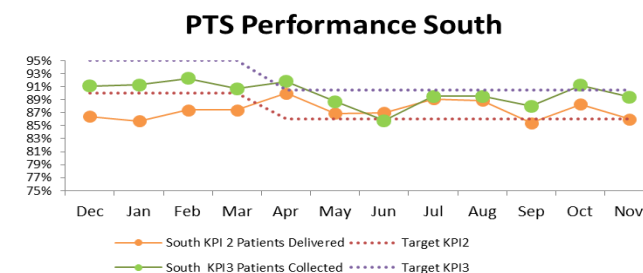
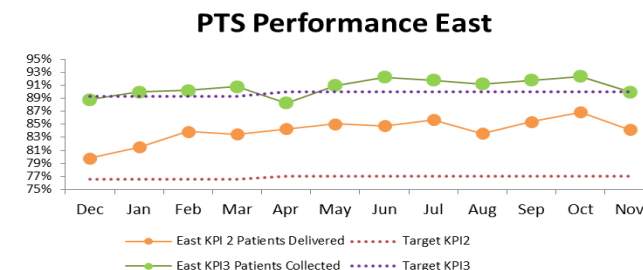
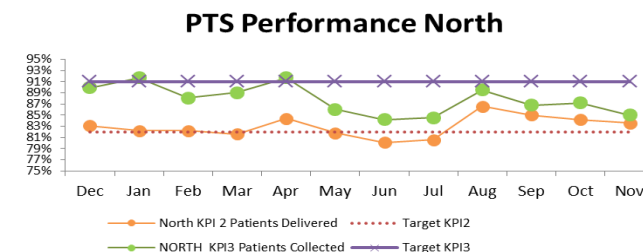
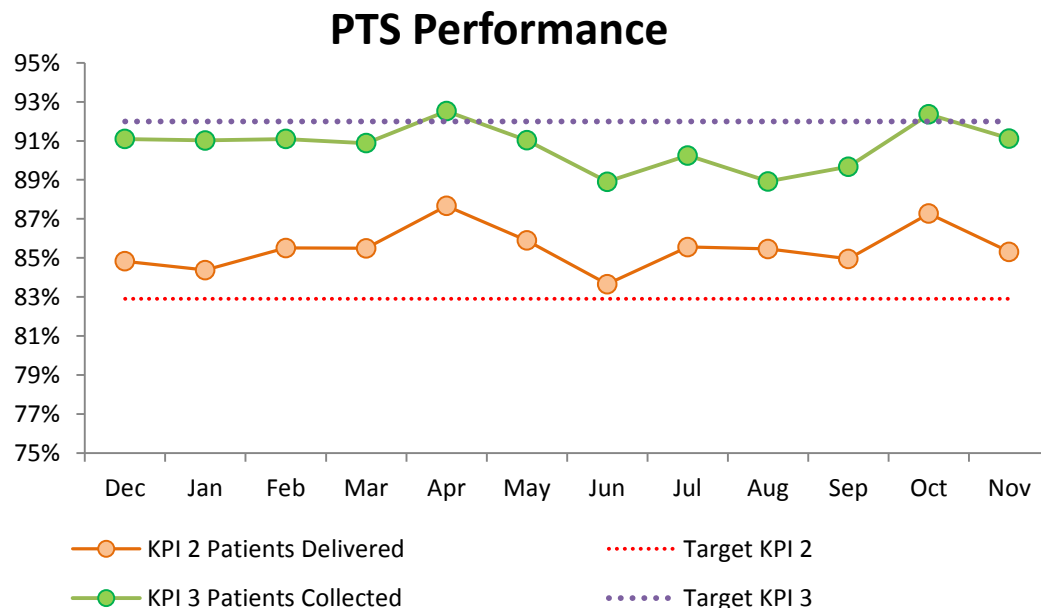
PTS (Lead Director: Director of Planned and Urgent Care - Philip Foster, Nominated Lead: Managing Director PTS – Chris Dexter)

## PTS –Performance

• **KPI 2** – arrival prior to appointment – November saw a positive PTS performance achieving YTD 85.7% and remains above target of 82.9% and well ahead YTD currently +2.8%.

• **KPI 3** – departure after appointment – November's performance as a whole for PTS was 91.1% narrowly missing target of 91.7%. An improvement on YTD performance.

• Exceptions in West were mainly due to adverse weather on 09 and 18 November leading to service disruption and grid locked roads in rural areas. For North unmeasured journeys increased considerably due to PDA issues at the end of the month. We are in regular dialogue with our renal patients and clinics alike and are constantly focusing on providing a satisfactory service and acceptable KPI ratings. PTS sickness continued significant improvement during November, dropping by 1%.



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

**Complaints:** The Number of cases in November has remained consistent with the previous month for PTS with issues experienced over the summer associated with service changes now resolved. Response times for all Trust complaints and concerns against timescales agreed with the complainant remains high at 91% (YTD) and the average response time is 23 days.

**Incidents** November saw an increase in the number of incidents reported within A&E Operations with a 10.49% increase on the previous month.

An overall increase of 7.91% was seen in incidents reported from October to November. Although there has been an increase in incident reporting this is broadly in line with increased demand. Incidents causing moderate and above harm has increased, however this is partially explained by the increase in overall incidents.

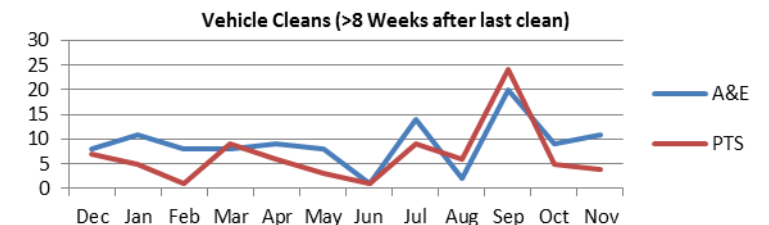
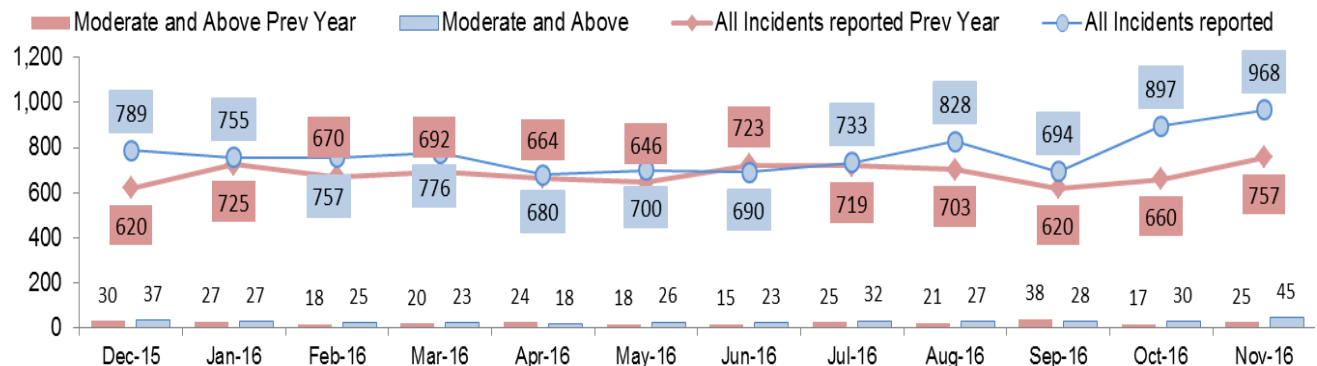
**Friends and family Test:** Results for Quarter 2 (latest reporting) remain positive with 93.62% (PTS) and 88.13% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

**IPC Audits** – audit compliance in November remained positive across hand hygiene and bare below the elbows compliance, vehicle and premises cleaning.

**Safeguarding training compliance** has remained constant with Level 1 child above 95% and adult training just slightly below 95%. Level 2 child safeguarding training is also above the 85% target level. The recently updated national Inter-collegiate guidelines for adult safeguarding were subsequently withdrawn and we understand that these will be re-issued in due course following further consultation. The safeguarding team is continuing to review Trust training provision against the draft guidelines to inform the 2017/18 training plan.

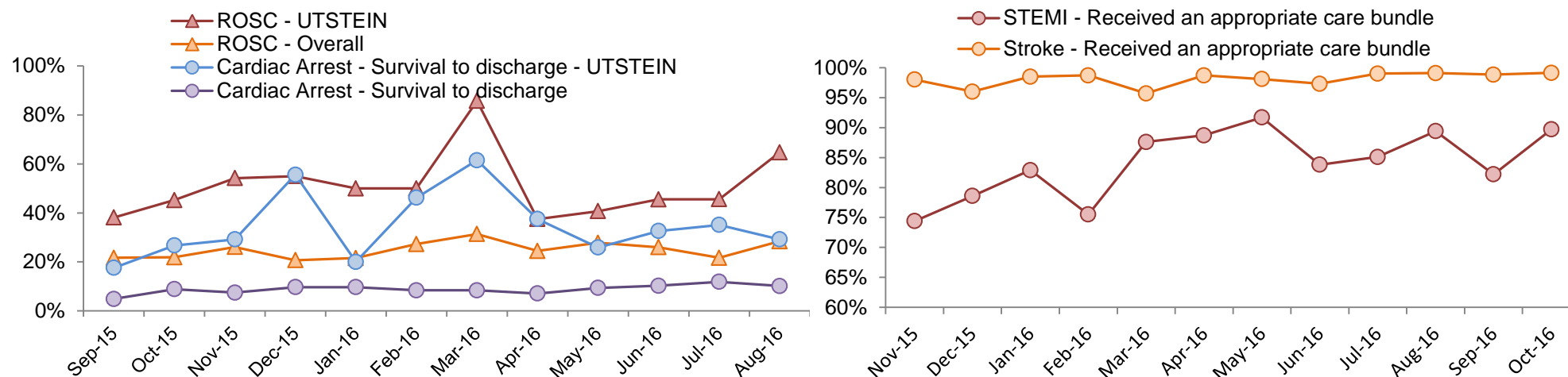
**Infection prevention and control:** The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has increased slightly in November but still remains within the significantly lower range seen over recent months with 99.4% compliance. These are actively managed through the weekly review process. Deep Clean numbers for 8 weeks since last clean continue to be very low.

**Legal requests** – Compliance with the 21 day timescale has improved 9% on last month's figure of 61%.



## 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 (using latest benchmark data available) ambulance service for the Utstein group. Month to month variation in results is not statistically significant due to the small numbers of patients involved, particularly in the Utstein comparator subgroup.

**Outcome from Cardiac Arrests:** ROSC (overall) performance for September is in line with the high performance trend thus far for 2016 with an achievement of 25.2%. October 2016 further evidences this trend and shows a slight increase with a figure of 25.7%. YAS achieved an outstanding result for ROSC UTSTEIN for August 2016 with 66%. September's figure of 46.8% is more in line with the results for the rest of the year, displaying a consistently high level of achievement for YAS. October's figure of 51.1% again, supports this positive trend. Survival to discharge results demonstrate consistently high levels of performance, July's figure of 11.9% was the highest performing month of 2016 thus far, with August slightly down in third place with 10.2%. Performance for survival to discharge has been consistently high, notably over June, July and August, demonstrating YAS's hard work. Survival to Discharge within the UTSTEIN comparator group also reflects the pattern of high performance; noticeably April and July's figures of 37.5% and 35.1%. Performance for August was 29.2% which although down from July's figure, still depicts high levels of achievement for YAS.

**AQI Care Bundle:** STEMI and stroke data for September and October 2016 indicates a consistently high level of care is being delivered to patients across all areas. Stroke care has shown outstanding performance across 2016, notably in July, August and October, achieving 99.1% for October 2016. Further, East Yorkshire achieved 100% performance with South Yorkshire, Airedale, Bradford & Leeds and Calderdale, Kirklees and Wakefield all achieving 99%. STEMI care performance also continues to demonstrate excellent levels of achievement with September's figure of 82.2%; as well as October's figure of 89.7% being the second highest performing month of the year thus far. The whole of 2016 has illustrated a pattern of high performance, particularly May with 91.7%.

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

**Sickness Absence:** The sickness absence rate for November 2016 stands at 5.48% which is an increase of 0.2% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.85%. The 12 month figure stands at 5.4% compared to the 5.8% for the 12 month period of December 2014 to November 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 81.6% against the trust stretched target of 90%. 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 94.87%. The new workbook has been issued and 91.35% of staff have completed their required training.

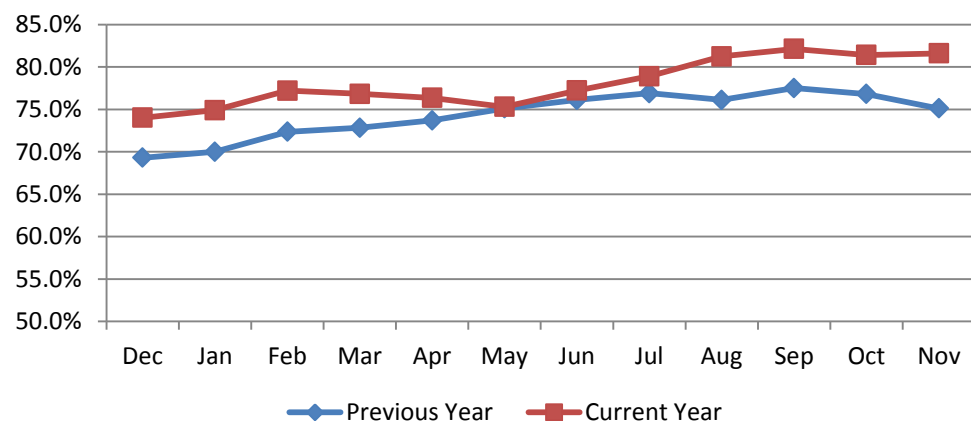
**Retention/ Attrition:** Turnover has increased to 10.83% for last month compared to 11.82% for the previous 12 months, 89% of turnover is voluntary.

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

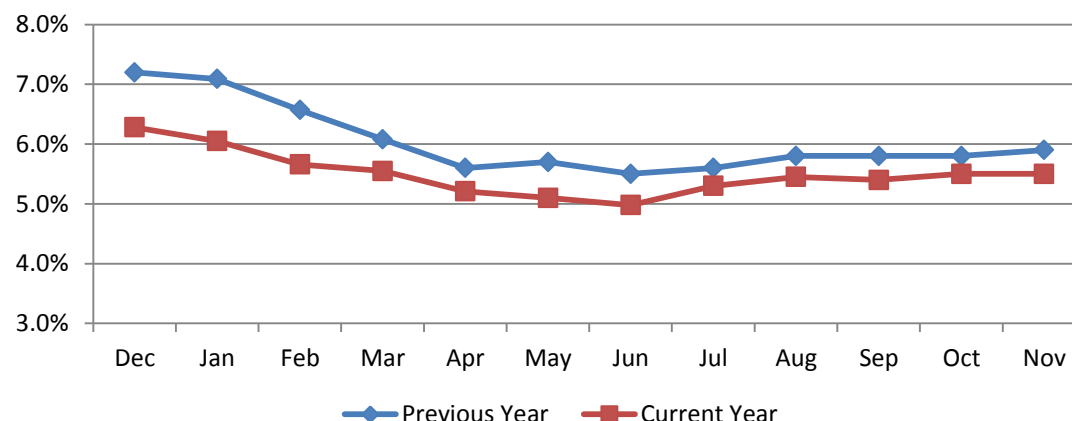
These include:-

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

### PDR Compliance



### Sickness Absence





## Finance (Lead Director: Executive Director of Finance and Performance – Robert D Toole, Nominated Lead: 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
<b>Income</b>	21,271	22,014	743	165,903	168,468	2,564
<b>Expenditure</b>	(20,132)	(21,153)	(1,021)	(165,012)	(166,923)	(1,911)
<b>Retained (Deficit) / Surplus with STF Funding</b>	1,139	861	(278)	891	1,545	653
<b>STF Funding</b>	0	(127)	(127)	0	(1,013)	(1,013)
<b>Retained (Deficit) / Surplus without STF Funding*</b>	1,139	735	(404)	891	531	(360)
<b>EBITDA</b>	2,076	1,807	(268)	8,455	9,025	569
<b>Cash</b>	17,137	25,123	7,986	17,137	25,123	7,986
<b>Capital Investment</b>	(1,984)	(1,559)	425	(9,837)	(4,716)	5,121
<b>Quality &amp; Efficiency Savings (CIPs)</b>	787	620	(167)	5,717	4,960	(757)

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

be accounted for over the full financial year and therefore is causing a timing difference at this point in the financial year). Excluding the STF contribution this shows the trust behind plan (adverse variance of £404k). The YTD position is ahead of plan and shows a surplus of £1,545k against a plan of £891k. Excluding STF the YTD position shows a surplus of £531k against a surplus plan of £891k and therefore an adverse variance of (£360k).

In terms of key variances YTD: The A&E service line is £554k favourable against plan, which is mainly due to vacancies in frontline staffing not fully being covered through overtime, private providers and agency spend. The fleet position is adverse to plan by (£1,224k) due to increased fleet maintenance expenditure on older vehicles given delays in fleet replacement. The procurement position is (£636k) adverse to plan due to additional spend on consumables, medicines and uniforms due to increased demand. The People and Engagement Directorate position is adverse to plan by (£976k), mainly due to expenditure on training (e.g. driver training, accommodation) and the requirement to utilise additional external professional support whilst substantive recruitment is undertaken. PTS shows an adverse variance against budget of (£355k) year to date principally due to the expenditure on overtime exceeding the available resources (staff vacancies) and spend on private providers and sub-contractors.

At the end of November 2016, the Trust's cash position was £26m against a planned figure of £17.1m. The additional cash balance of £8.9m is principally due to capital spend being less than planned as described below (£5.1m), and a favourable working capital position.

Capital spend for 2016/17 at the end of November 2016 is £4.7m against the plan of £9.8m.

The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned land acquisition has been delayed. The 2016/17 planned spend profile was updated to reflect the A&E Fleet and HART vehicle build programme and associated equipment. However expenditure is delayed due to a user specification change the first vehicle was delivered mid November and 8 have been commissioned as at 8th December 2016 with 25 vehicles due by Christmas with the final vehicle delivered in March. There are on-going discussions with NHS Improvement regarding the capital plan and the amount of funding available in year. In November we received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trusts CRL, however the use of operating surplus/cash reserves of £2.1m is yet to be approved."

CIP: The Trust has a savings target of £9.059m for 2016/17. 87% delivery of the CIP target was achieved YTD as at November and 56% of this was achieved through recurrent schemes. Reserve schemes have contributed £1,732k of the year to date savings. This creates an overall adverse variance against plan of (£757k).

The new "Single Oversight Framework" has come into effect in the monthly finance returns from Month 7. This currently shows at Month 8 the Trust as a 2 rating (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 or 2 on all areas of the financial indicators (Liquidity 1, Capital Serving Capacity 1, I&E Margin 2) except for agency which is rated as a 3 due to the Trust being significantly overspent against the agency cap.

The Trust has submitted a revised financial plan to NHS Improvement with an annual planned surplus of £5.1m for 2016/17 in line with the control total agreed with NHS Improvement. In month 8 the plan was a surplus position of £1,139k with the actual surplus being £861k, of which £127k relates to the adjustment for STF Funding (note the plan submitted by the Trust had phased STF funding over the last 6 months of the year, whilst the national guidance shows STF to

## Single Oversight Framework

The Single Oversight Framework is designed to help NHS providers attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right. The framework applies from 1 October 2016, replacing the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'. The Framework will help identify NHS providers potential support needs across the five themes illustrated below alongside YAS indicators where available. To date Finance and Use of Resources is the only theme which is rated nationally.

### Quality of Care

See & Treat F&F test % positive	NA
ROSC in Utstein group	47.8%
Stroke in 60 mins	49.3%
Stroke care	98.3%
STeMI 150 mins	84.7%
CQC rating	2

### Leadership & Improvement Capability

Staff sickness	5.48%
Staff turnover	10.83%
Executive team turnover	12.58%
Staff survey	13.42%
Proportion of temporary staff	NA
Aggressive cost reduction plans	NA
Written complaints rate	9.52%
Staff F&F test % recommended care	93.62% (PTS) 88.13% (AEE)
Occurrence of any never event	NA
NHSE/NHSI Patient safety alerts outstanding	"

### Operational Performance

<i>Maximum 8 minute response for calls:</i>	
• Category 1	65.7%
<i>Maximum 19 mins for all category calls:</i>	
• Category 1 (conveying)	88.3%
• Category 2R	75.9%
• Category 2T	70.7%

### Strategic Change

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

### Finance and Use of Resources

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

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

## 2.2 Quality and Efficiency Savings (CIP)

Nov-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	1,250	(1,125)	The A&E Operational efficiency schemes are adverse by (£1,125k) against planned savings, this includes slippage on missed meal breaks, Private Providers and other unidentified recurrent A&E schemes. This is mainly due to continuing high demand above contracted levels.
Clinical Directorate	43	29	0	Monthly achievement in line with planned savings.
Special Operations	256	171	(63)	Special Operations is currently adverse to plan due to challenges in achieving an increase in Private & Events and community resilience income.
Patient Transport Service	1,841	1,227	(890)	Areas adverse to plan include: aborted calls scheme (£55k), pay & non pay elements of the workforce plan (£249k & £37k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£543k).
Finance & Procurement	455	303	(67)	The schemes are underachieving by (£67k) against plan, this is due to volume variances e.g. uniforms and medical consumables given increased demand.
Quality, Governance & Performance Assurance	98	68	0	Achievement in line with planned savings.
111	595	397	0	The NHS 111 schemes are currently being reviewed to identify potential schemes / alternative service delivery. The CIP plan at the end of October is on track a result of non-recurrent staff savings due to vacancies.
EOC	308	205	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	2,067	(344)	Areas of variance against plan include: Fleet schemes (£100k), Estates (115k) and People and Engagement (£129k), resulting in an adverse variance of (£344k). Delivery of a number of smaller schemes are delayed and should commence later this year.
<b>Total Planned Scheme Savings</b>	<b>9,059</b>	<b>5,717</b>	<b>(2,489)</b>	
Reserve Schemes	0	0	1,732	This relates to the non-recurrent savings in A&E e.g CS's in rotas, Estates schemes - £133k offsetting above and PTS .
Recurrent Reserve Schemes	0	0		
Non-recurrent Reserve Schemes	0	0	0	
<b>Total Savings</b>	<b>9,059</b>	<b>5,717</b>	<b>(757)</b>	

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

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

**Comments:-** Voucher scheme has been implemented but the uptake of flu vaccine is still low. The implementation of staff well-being is now being reported into TEG.

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

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

**Comments:-** Q2 report approved by commissioners.  
End to End Review is being extended into the 2017/19 CQUIN schedule.  
Patient Outcome Data - Ongoing work with commissioners and hospitals.

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

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

**Comments:-**  
• Patient Portal – On track.  
• Courtesy Calls- On track.

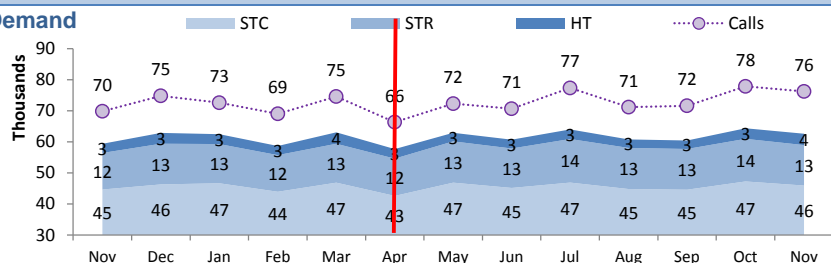
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved



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

Nov-16

## 1. Demand



Compared to last year Hear & Treat calls have reduced by 4.8%, See Treat & Refer responses have increased by 8% and See Treat & Convey have increased by 5.7%. Overall responses (incidents arrived at scene) are above contracted.

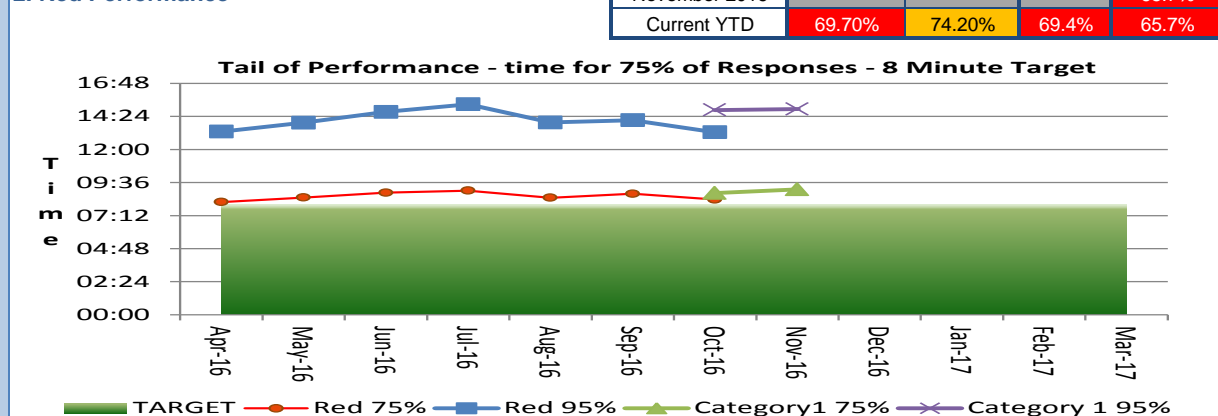
	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	595,432	24,389	113,298	366,513
YTD YAS (inc OOA&UCP) 2015-16	557,954	25,628	104,879	346,686
<b>Variance (Between Years)</b>	<b>37,478</b>	<b>(1,239)</b>	<b>8,419</b>	<b>19,827</b>
	<b>6.7%</b>	<b>(4.8%)</b>	<b>8.0%</b>	<b>5.7%</b>
YTD (Contract CCGs only) Actuals 2016-17*	583,696	24,299	105,190	364,044
YTD (Contract CCGs only) Contracted 2016-17	548,456	25,519	95,992	343,927
<b>Variance (to Contract)</b>	<b>35,240</b>	<b>(1,220)</b>	<b>9,198</b>	<b>20,117</b>
	<b>6.4%</b>	<b>(4.8%)</b>	<b>9.6%</b>	<b>5.8%</b>

\* excludes UCP and Out of Area

## 3. Quality

		November	YTD
<b>Serious Incidents (Rate Per 1000 Responses)</b>		0 (0.00) ↓	12 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.			
<b>Total Incidents (Rate Per 1000 Responses)</b>		642 (10.6) ↑	3892 (8.1)
Total Incidents per 1000 responses was more in November than the year to date average. There were 61 more incidents than October			
<b>Feedback</b>	Complaints	16 ↓	113
	Concerns	13 ↓	120
	Comments	7 ↑	48
	Service to Service	16 ↓	108
	Compliments	63 ↓	464
<b>Response within target time for Complaints and Concerns</b>		97%	92%
<b>Ombudsman Cases</b>	Upheld	0	0
	Not Upheld	0	2
The average response time for Complaints and Concerns in Nov was 25 days and YTD is 28 days			
<b>Vehicle Deep Clean (&gt;8 weeks after last clean)</b>		11 ↑	74

## 2. Red Performance



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

ARP2.2 Pilot (Commenced 20th October): Performance for Category1 is below the 75% target at 65.7%

## 4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Oct 2016 (FT Equivalents)					
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,200	143	470	1,587	72%
Variance	(60)	(30)	95		
% Variance	(2.7%)	(26.5%)	16.8%	5	0.3%
FTE (worked inc overtime)*	2,402	143	470	1,789	74%
Variance	142	(30)	95		
% Variance	6.3%	(26.5%)	16.8%	207	13.1%

\* 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 increased from last month (1587 compared to 1581) and is below planned Gross FTE (2.7%) Absence is higher than planned.

The number of Operational Paramedics is 912 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
CIPs	1,250	1,182	(68)

The A&E Operational efficiency schemes are slightly behind plan at the end of November. This is due to slippage on missed meal breaks, Private Providers and other unidentified recurrent schemes. These are being offset by non-recurrent savings on A&E Clinical Supervisors (utilising their time as part of the front line rota).

## 1. ARP 2.2 Pilot Review

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

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

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

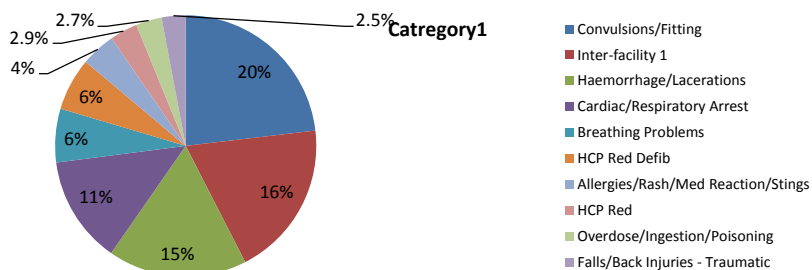
Category2 – Life-threatening emergency (Response standard within 19 minutes)

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

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

## 3. Top 10 Chief Complaints

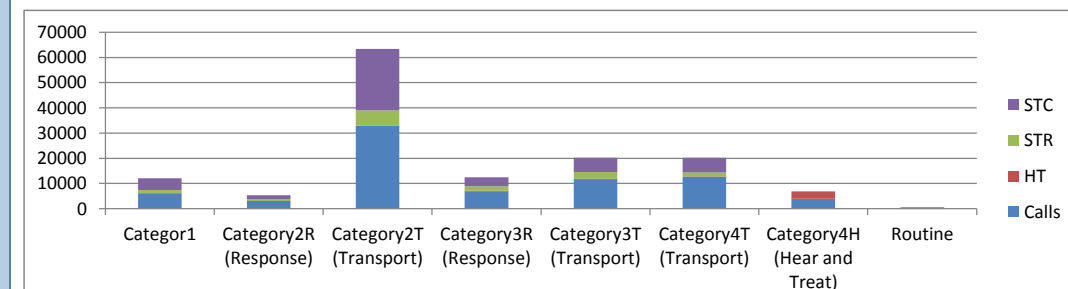
Top 10 Chief Complaints	Category1
Convulsions/Fitting	19.5%
Inter-facility 1	16.3%
Haemorrhage/Lacerations	14.5%
Cardiac/Respiratory Arrest	11.2%
Breathing Problems	5.6%
HCP Red Defib	5.5%
Allergies/Rash/Med Reaction/Stings	3.6%
HCP Red	2.9%
Overdose/Ingestion/Poisoning	2.7%
Falls/Back Injuries - Traumatic	2.5%



## 2. Demand and Performance

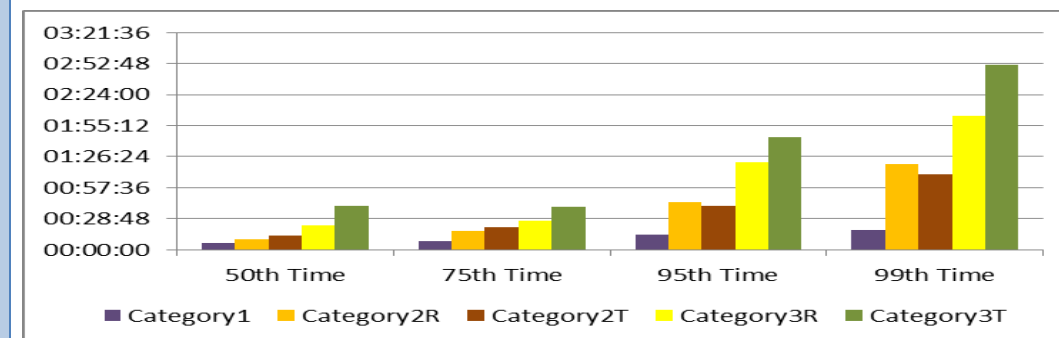
ARP2.2	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Category1	6185	8	1256	4684	5940	8 Mins (75% Target)	65.7%	9.9%
Category2R (Response)	3112	24	662	1600	2262	19 Mins (No Target)	75.9%	3.8%
Category2T (Transport)	32872	183	5926	24432	30358	70.7%	50.4%	
Category3R (Response)	6823	260	1818	3588	5406	40 Mins (No Target)	76.6%	9.0%
Category3T (Transport)	11424	362	2744	5744	8488	69.3%	14.1%	
Category4T (Transport)	12785	107	1523	5760	7283	60 Mins (No Target)	81.3%	12.1%
Category4H (Hear and Treat)	4010	2730	125	94	219	99.5%	0.4%	
Routine	343	0	19	245	264	Hear & Treat	93.2%	0.4%

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



## 4. Tail of Performance

ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:26	00:09:06	00:14:56	00:18:24
Category2R	00:10:17	00:18:24	00:51:49	01:19:19
Category2T	00:12:51	00:20:51	00:42:10	01:09:51
Category3R	00:18:03	00:36:40	01:28:43	02:03:46
Category3T	00:23:01	00:47:16	01:51:30	02:51:27



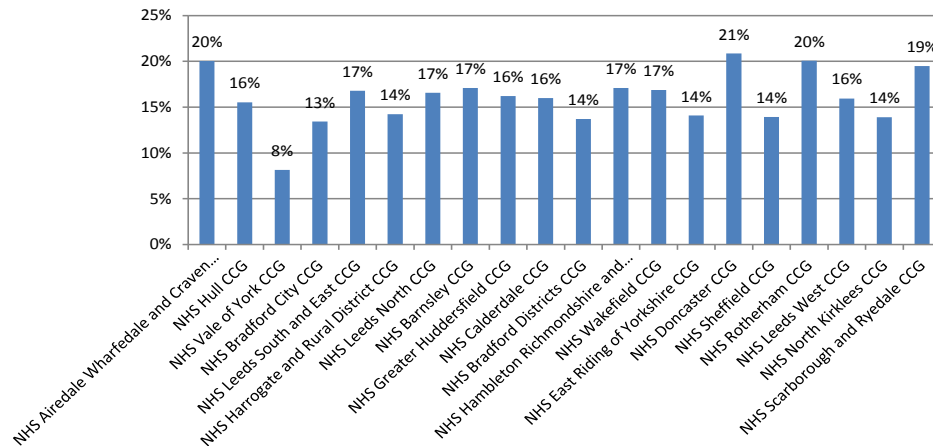
Tail of performance for Category1 - 50% of people received a response in 5 mins 46 seconds. 95% of patient were seen in 13 mins and 57 seconds. Tail of Performance for Category2 (within 19 minutes) is 09:43 and 12:47 for 50th Percentile

## 3.1 A&E Operations

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

Nov-16

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

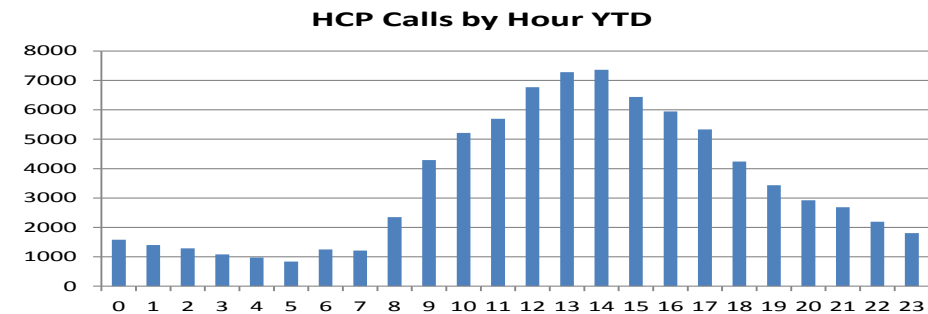
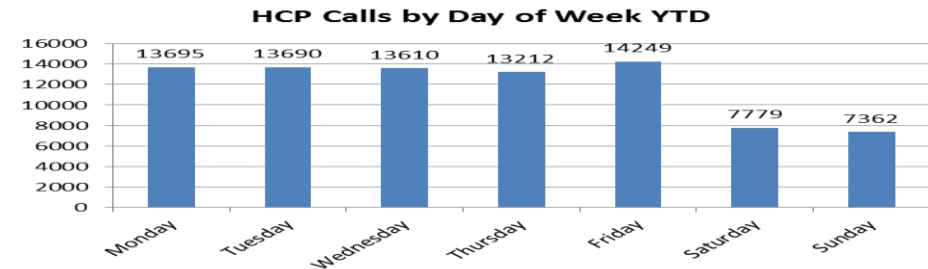


Category1 Calls as a proportion account for 10.2% of all HCP calls.

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

The time of day with the highest (59.9%) 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.

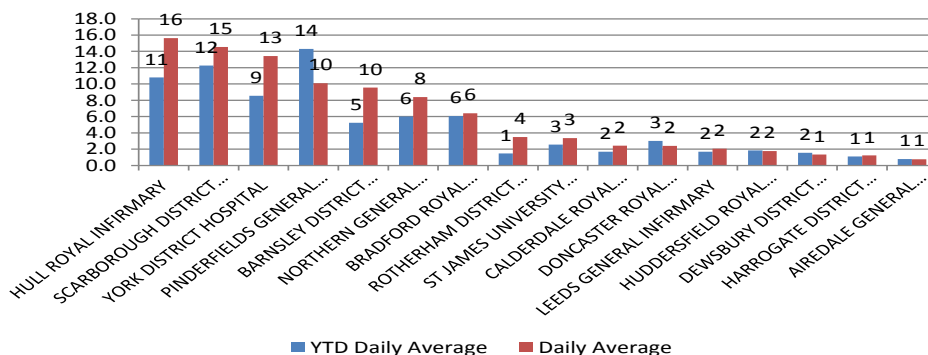
### 2. HCP by Time of Day



### 3. Hospital Turnaround - Excessive Response

	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	last 12 mths
Excessive Handovers Over 15mins (hours)	1591	2250	2734	3300	1981	2323	2283	2274	2187	2162	3149	2923	29157
Excessive Hours per Day	51	73	94	106	66	75	76	73	71	72	102	97	957

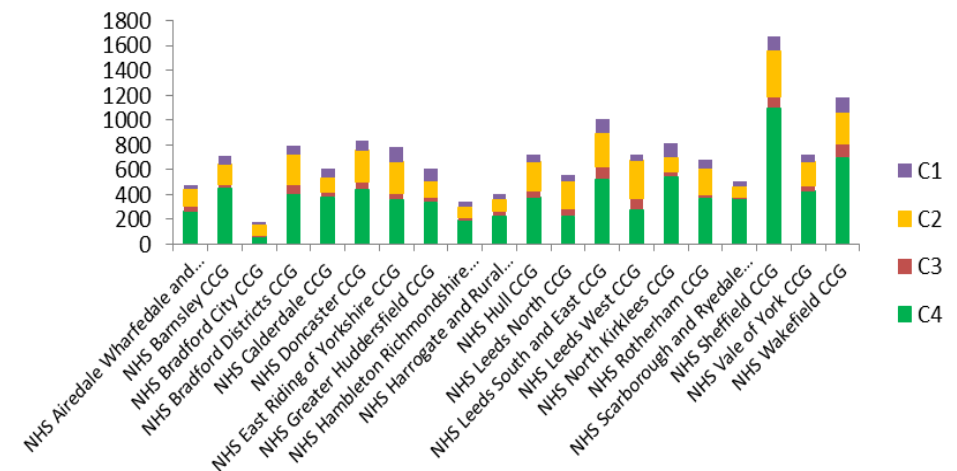
#### Daily Average by Hospital (1 or more hours lost per day)



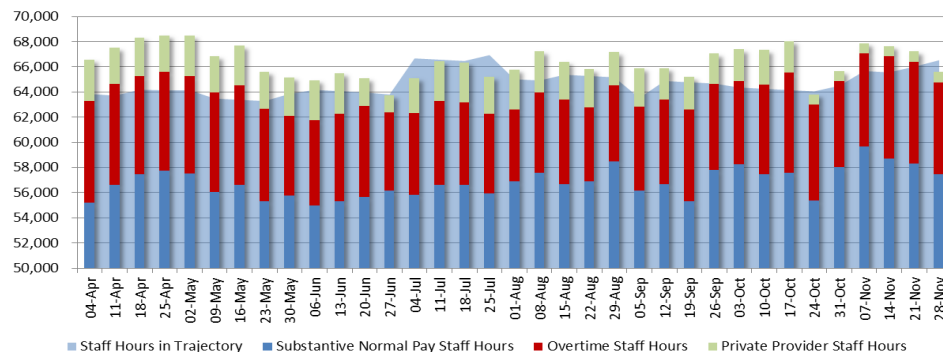
Excessive time lost at hospitals was lower in November than October. It continues to be higher than for the same period last year. Hull Royal, Scarborough, York and Pinderfields have been impacting on performance.

### 4. HCP by Grade of Call

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



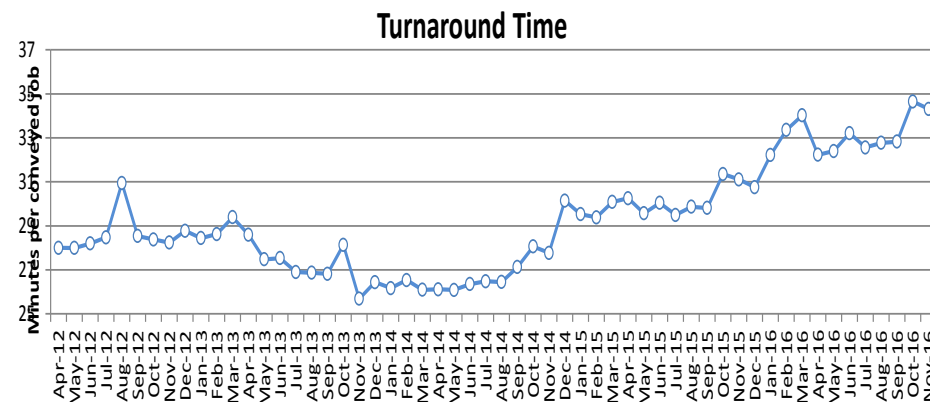
## 1. Resource Hours



Total Responses (minus Triage)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
2015-16	55,039	56,192	55,166	57,108	57,255	54,953	57,974	58,060	451,747
2016-17	56,014	61,569	59,198	62,357	59,546	58,937	62,169	60,434	480,224
Variance	1.8%	9.6%	7.3%	9.2%	4.0%	7.2%	7.2%	4.1%	6.3%
Yr on Yr Increase in Required FTE - Demand Only	26	139	107	135	59	106	108	63	97

Staff hours for November were 2.4% up on the expected for the month in the submitted trajectory. Year to date remains 2.8% over planned. By utilising the YAS Capacity model the table below shows the impact of increased demand on our FTE requirement. The 6.3% year to date increase requires 97 extra FTE to meet the same levels of performance as 2015-16. The estimated cost of the increased FTE requirement for 2016-17 is £4 Million based on a FTE split of 60% Paramedic and 40% Emergency Care Assistants.

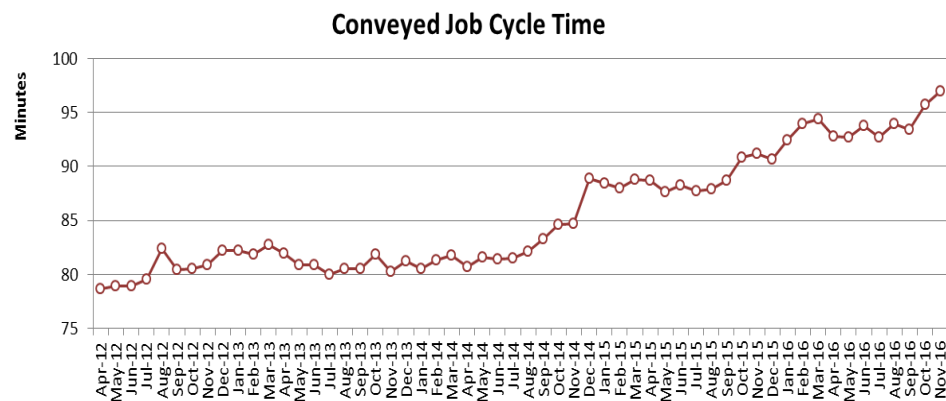
## 2. Hospital Turnaround Times



Turnaround times were down slightly 0.9% (34 seconds per job) from October to November.

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

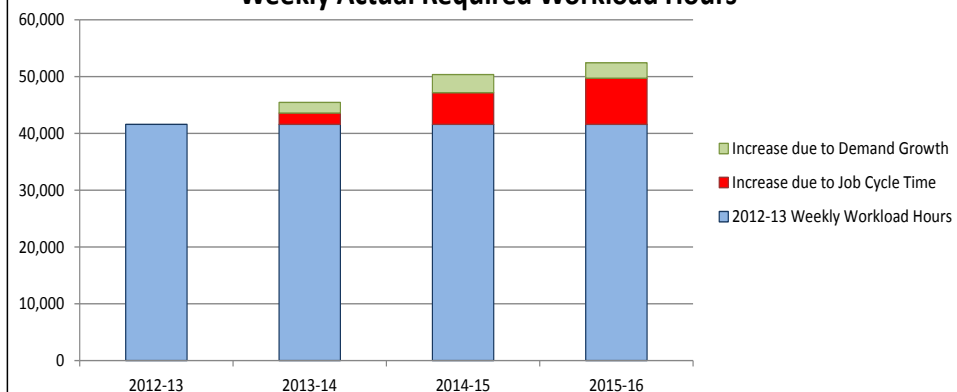
## 3. Job Cycle Impact



### Impact of Job Cycle Time on Staffing

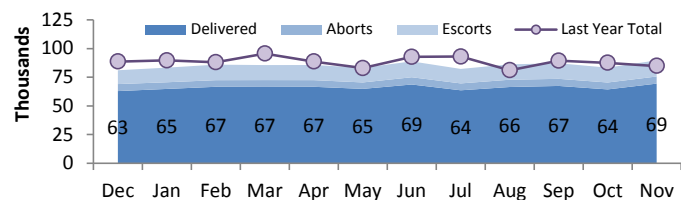
- In 2015/16 we required 26% more resource workload hours based on actual demand and job cycle time
- 75% of this growth (circa 220 of 290 fte) was due to growth in Job Cycle time only.
- Over this time the Trusts budget for frontline fte grew by 66 (inline with the growth in requirement due to demand growth).

## Weekly Actual Required Workload Hours





## 1. Demand



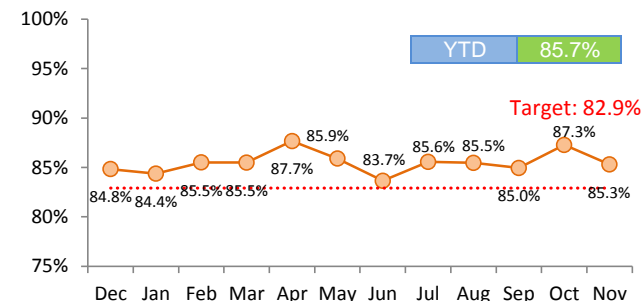
## Comparison to Plan

	Delivered	Aborts	Escorts	Total
April to March				
YTD 2016-17	531,380	48,472	106,469	686,321
Contract 2016-17 (2015-16 Demand)	544,648	47,312	108,141	700,101
% Variance	(2.4%)	2.5%	(1.5%)	(2.0%)

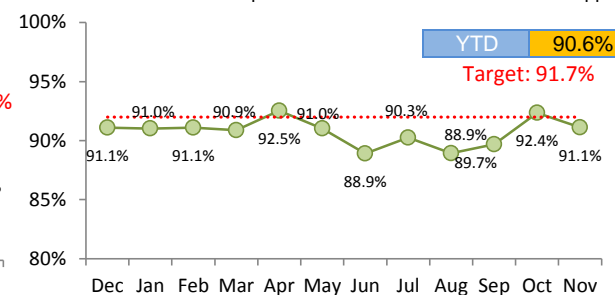
**Key Points** - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

## 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** - Key Points - West Yorkshire, KPI 2 (inward) achieved target by 2.4% and KPI 3 (outward) narrowly missed target by 0.6% East Yorkshire KPI 2 (inward) achieved 84.2% against target of 77.0% + 7.2% and KPI 3 (outward) achieving target of 90.0%. North Yorkshire KPI 2 (inward) achieved target of 83.6% + 1.6%, KPI 3 under achieved by 6%. South Yorkshire KPI 2 (inward) achieved target of 86.0% and KPI 3 (outward) narrowly missed target by 1.1%

## 3. Quality, Safety and Patient Experience

	Nov	YTD
<b>Calls Answered in 3 mins</b> (All PTS calls)	82.3% ↑	72.9%
<b>Serious Incidents (YTD)</b>	0 ↔	2
<b>Total Incidents</b> (per 1000 activities)	122 (1.76) ↑	866 (1.63)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
<b>Feedback</b>	Complaints	6 ↓ 94
	Concerns	25 ↓ 310
	Comments	11 ↑ 56
	Service to Service	18 ↓ 321
	Compliments	6 ↓ 26
<b>Response within target time for Complaints and Concerns</b>	94%	95%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 0
<b>Patient Experience Survey - Qtrly</b>	90.8%	87.5%
<b>Vehicle Deep Clean (&gt;8 weeks since last clean)</b>	4 ↓	58

## 4. Workforce

FT Equivalents				Available	
Nov-16	FTE	Sickness (5%)	Absence (20%)	Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	681	46	78	558	82%
Variance	(46)	(9)	68		
Actual Shrinkage %		6.0%	11.0%	13	2.3%
% Variance	(6.3%)	(25.2%)	46.7%		
FTE worked inc overtime	705	46	78	582	83%
Variance	(22)	(9)	68		
% Variance	(3.1%)	(25.2%)	46.7%	37	6.7%
** FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE					
** Sickness and Absence (Abstractions) is from GRS					
<b>Key Points</b>					
Sickness has again reduced for November by 0.2%.					
PTS used an equivalent of an additional 24 FTE with the use of overtime against vacancies of 46.					
The difference between contract and FTE worked is related to overtime.					
The difference between budget and contract is related to vacancies.					

## 5. Finance (Y/E Summary)

£000	Plan	Actual	Variance
CIP's	1,227	880	(347)

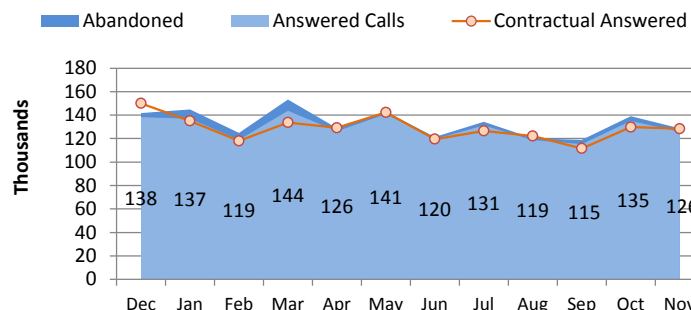
Quality and Efficiency Savings (CIPs) are currently (£347k) behind plan due to a delay in workforce savings, lower than expected savings on reduced number of aborted calls.

### 3.3 NHS 111

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

Nov-16

#### 1. Demand



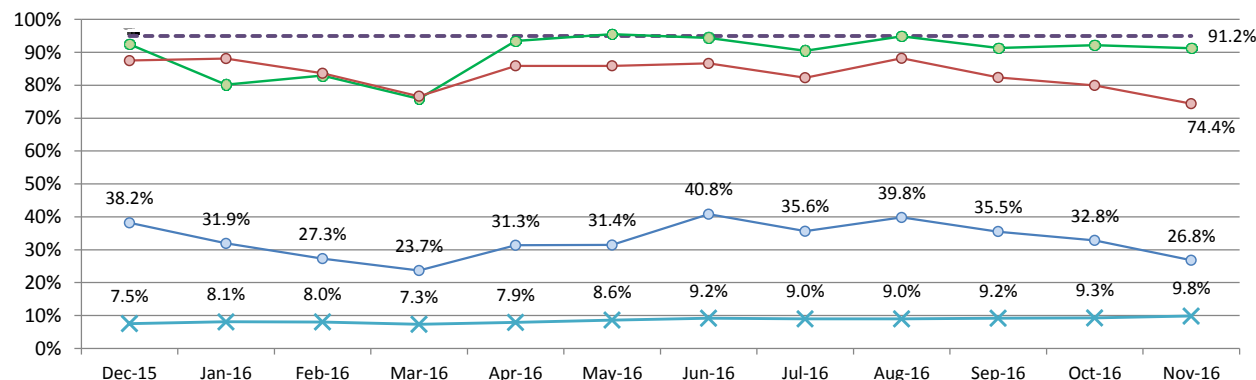
Calls answered up by 1.8% compared to November 2015 although there was an extra Sunday last year. Normalising the data, answered volume is up by 6.4% compared to November 2015. Answered volume is 2% below contract ceiling for November 2016 (2,516 calls)

April to November	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	1,034,471	1,012,904	941,547	93.0%
YTD Contract Ceiling 2016-17	1,009,142	1,009,142	958,685	95.0%
Variance	25,329	3,762	(17,138)	
	2.5%	0.4%	(1.8)%	(2.0)%
YTD 2015-16	996,299	973,196	901,533	92.6%
Variance	38,172	39,708	40,014	
	3.8%	4.1%	4.4%	0.3%

#### 2. Performance

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

	Nov	YTD
Answered in 60 secs (95% Target)	91.2%	93.0%
Warm Transferred and Call Back in 10mins (65%)	26.8%	34.2%
Call Back in 2 Hours (95%)	74.4%	83.1%
Referred to 999 (nominal limit 10%)	9.8%	9.0%



Calls Offered have increased by 1.2% compared to November 2015. Answered in 60 performance is up by 0.3% when compared to the same month last year. Month on month, performance went from 92.2% in October to 91.2% in November (down by 1%). Warm Transferred and Call Back in 10 minutes is down by 6% month on month and 10.5% down compared to November 2015.111 referrals to 999 up by 1.8% year on year but remain within target. In November, 2,277 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

#### 3. Quality

		November	YTD
Serious Incidents (per 1000 answered)		0 (0.0) ↓	8 (0.01)
Total Incidents (per 1000)		52 (0.41) ↑	371 (0.37)
Feedback	Complaints	41 ↑	329
	Concerns	2 ↑	28
	Comments	23 ↓	36
	Service to Service	23 ↑	280
	Compliments	11 ↑	87
Response within target time for Complaints and Concerns		81%	84%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0

#### 4. Workforce

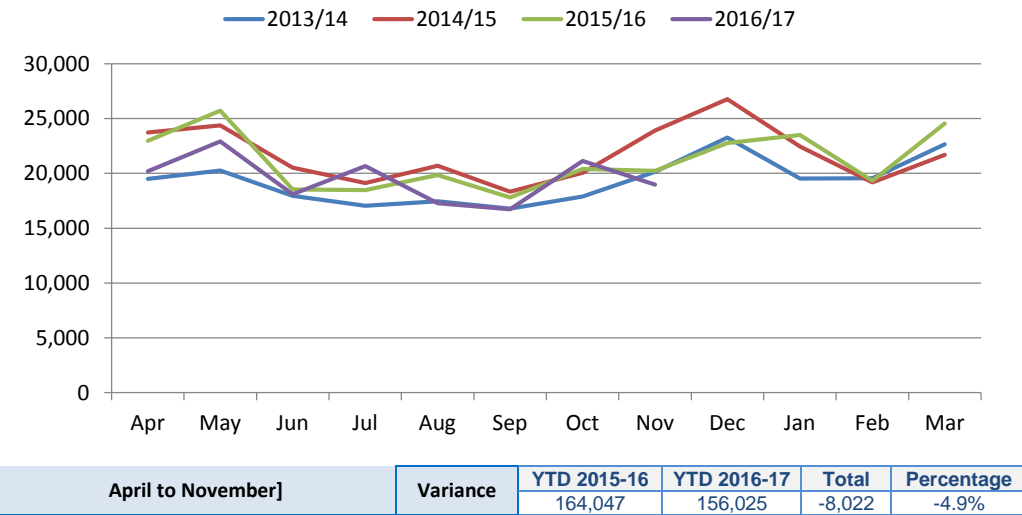
November 2016 (FT Equivalents) - Call Handler and Clinician				Available	
	FTE	Sickness (9%)	Absence*	Total	%
Budget FTE	324	29	75	220	68.0%
Contracted FTE (before Overtime)	354	22	151	182	51.3%
Variance	30	8	(76)	(39)	-18%
% Variance	9.3%	26.3%	(102.5)%		
FTE (Worked inc Overtime)	366	22	151	194	53%
Variance	42	8	(76)	(27)	-12%
% Variance	13.0%	26.3%	(102.5)%		
Contracted FTE (before Overtime) 9.3% above budgeted					
Paid Sickness at 6.1% (2.9% below threshold) and absence at 42.6%.					
* Absence includes total abstractions away from substantive job roles.					

#### 5. Finance (YTD Summary)

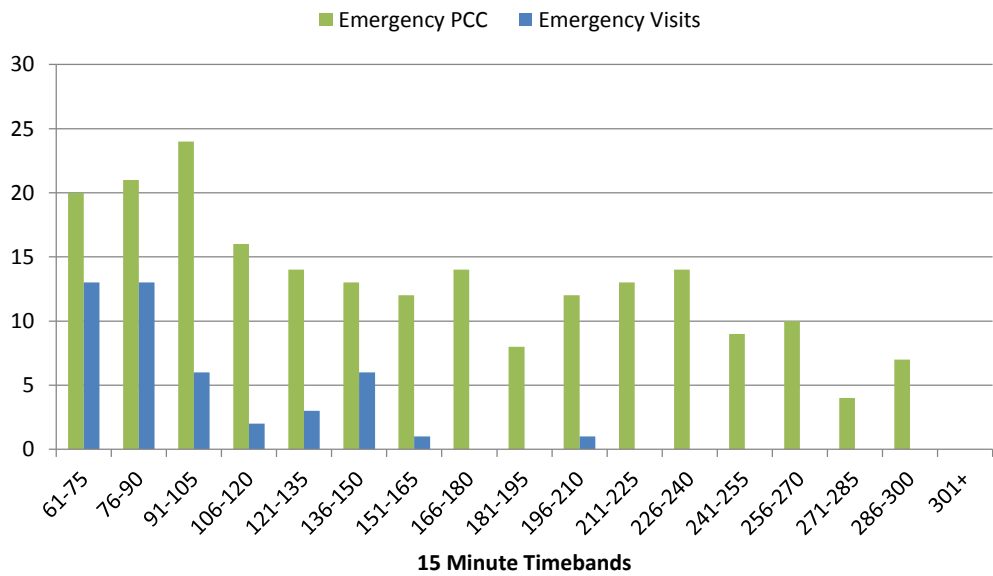
£000	Plan	Actual	Variance
CIP's	397	397	0
Quality and Efficiency Savings (CIPs) are on plan at the end of November as a result of non-recurrent staff savings due to vacancies.			

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

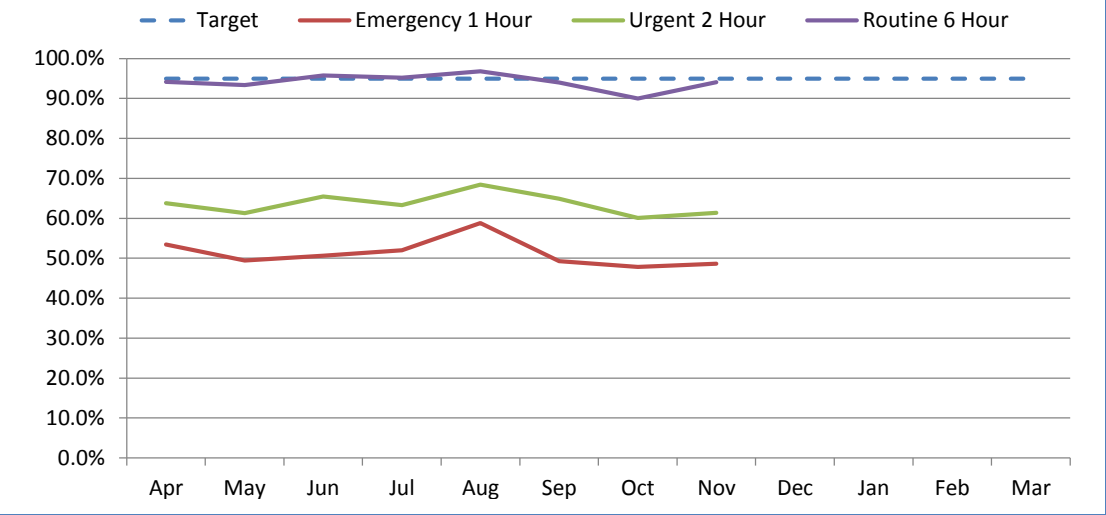
1. Demand



3. Tail of Performance



2. Performance



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	No SI's reported in November.
Adverse Reports received	No adverse reports received
Patient Complaints	19 patient complaints received in Nov-16 directly involving the LCD part of the pathway (16 official complaints, 1 comment and 2 concerns). 8 closed and 11 remain under investigation.

5. Comments

Patient demand levels for WYUC in November 2016 in comparison to November 2015 remain significantly above the contract baseline but decreased on the previous year by 6.4%. The reason behind this reduction is related to the number of weekend days which totalled 8 this year, as opposed to 9 the previous year and 10 in 2014. After allowing for the weekend effect, there was therefore a marginal increase in underlying activity year on year.

NQR 12a performance in November saw 48.6% of emergency appointments in 1 hour completed in time, an improvement of 0.8% from October. All 1 hour cases not dealt with in time are audited to identify any potential risk caused by delay.

Performance for NQR 12 b and c also improved with 61.4% of urgent cases administered within 2 hours (improvement of 1.3% of from October) and 90.1% of less urgent cases administered within 6 hours (improvement of 0.1% from October).

## 4.1 Finance Overview

4.1 Finance Overview			Nov-16																																							
	Month	YTD	Trend 2016-17																																							
<b>RISK RATING:</b> The new "Single Oversight Framework" has come into effect in the monthly finance returns from Month 7. At month 8 the Trust remains as a 2 rating (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 or 2 on all areas of the financial indicators (Liquidity 1, Capital Serving Capacity 1, I&E Margin 2) except for agency which is rated as a 3 due to the Trust being overspent against the agency cap.			<table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>2</td><td>2</td></tr><tr><td>M2</td><td>2</td><td>2</td></tr><tr><td>M3</td><td>2</td><td>2</td></tr><tr><td>M4</td><td>2</td><td>2</td></tr><tr><td>M5</td><td>2</td><td>2</td></tr><tr><td>M6</td><td>2</td><td>2</td></tr><tr><td>M7</td><td>3</td><td>2</td></tr><tr><td>M8</td><td>3</td><td>2</td></tr><tr><td>M9</td><td>3</td><td>2</td></tr><tr><td>M10</td><td>3</td><td>2</td></tr><tr><td>M11</td><td>3</td><td>2</td></tr><tr><td>M12</td><td>3</td><td>2</td></tr></tbody></table>	Month	Actual	Plan	M1	2	2	M2	2	2	M3	2	2	M4	2	2	M5	2	2	M6	2	2	M7	3	2	M8	3	2	M9	3	2	M10	3	2	M11	3	2	M12	3	2
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M10	3	2																																								
M11	3	2																																								
M12	3	2																																								
<b>EBITDA:</b> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) at month 8 is £9m against a plan of £8.5m, a positive variance to Plan by £0.5m (reflecting the YTD adjustment for additional £1m STF income). The in month position was an adverse variance of £0.3m against plan.			<table><caption>EBITDA Data (Estimated)</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>400</td><td>400</td></tr><tr><td>M2</td><td>600</td><td>600</td></tr><tr><td>M3</td><td>400</td><td>400</td></tr><tr><td>M4</td><td>1,200</td><td>1,000</td></tr><tr><td>M5</td><td>1,400</td><td>1,000</td></tr><tr><td>M6</td><td>800</td><td>600</td></tr><tr><td>M7</td><td>2,400</td><td>2,200</td></tr><tr><td>M8</td><td>1,800</td><td>2,100</td></tr><tr><td>M9</td><td>2,800</td><td>2,800</td></tr><tr><td>M10</td><td>2,400</td><td>2,200</td></tr><tr><td>M11</td><td>800</td><td>800</td></tr><tr><td>M12</td><td>2,200</td><td>2,200</td></tr></tbody></table>	Month	Actual	Plan	M1	400	400	M2	600	600	M3	400	400	M4	1,200	1,000	M5	1,400	1,000	M6	800	600	M7	2,400	2,200	M8	1,800	2,100	M9	2,800	2,800	M10	2,400	2,200	M11	800	800	M12	2,200	2,200
Month	Actual	Plan																																								
M1	400	400																																								
M2	600	600																																								
M3	400	400																																								
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M12	2,200	2,200																																								
<b>SURPLUS:</b> The Trust has reported a YTD surplus as at the end of November (Month 8) of £1.5m against a planned surplus of £0.9m, a positive variance to Plan by £0.65m (of which £0.1m relates to the YTD variance for STF income). The methodology of the calculation and payment of STF was issued after the Trust's plan submission and therefore is currently causing a timing difference. The in month position was an adverse variance of £0.3m against plan.			<table><caption>Surplus Data (Estimated)</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-500</td><td>-500</td></tr><tr><td>M2</td><td>-200</td><td>-200</td></tr><tr><td>M3</td><td>-500</td><td>-500</td></tr><tr><td>M4</td><td>400</td><td>200</td></tr><tr><td>M5</td><td>500</td><td>200</td></tr><tr><td>M6</td><td>100</td><td>-200</td></tr><tr><td>M7</td><td>1,500</td><td>1,500</td></tr><tr><td>M8</td><td>800</td><td>1,200</td></tr><tr><td>M9</td><td>1,800</td><td>1,800</td></tr><tr><td>M10</td><td>1,200</td><td>1,200</td></tr><tr><td>M11</td><td>-200</td><td>-200</td></tr><tr><td>M12</td><td>1,200</td><td>1,200</td></tr></tbody></table>	Month	Actual	Plan	M1	-500	-500	M2	-200	-200	M3	-500	-500	M4	400	200	M5	500	200	M6	100	-200	M7	1,500	1,500	M8	800	1,200	M9	1,800	1,800	M10	1,200	1,200	M11	-200	-200	M12	1,200	1,200
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<b>CAPITAL:</b> Capital spend for 2016/17 at the end of November 2016 is £4.7m against the plan of £9.8m.  The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned land acquisition has been delayed. The 2016/17 planned spend profile was updated to reflect the A&E Fleet and HART vehicle build programme and associated equipment. However expenditure is delayed due to a user specification change the first vehicle was delivered mid November and 8 have been commissioned as at 8th December 2016 with 25 vehicles due by Christmas with the final vehicle delivered in March. There are on-going discussions with NHS Improvement regarding the capital plan and the amount of funding available in year. In November we received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trusts CRL, however the use of operating surplus/cash reserves of £2.1m is yet to be approved.			<table><caption>Capital Spend Data (Estimated)</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>100</td><td>100</td></tr><tr><td>M2</td><td>100</td><td>100</td></tr><tr><td>M3</td><td>200</td><td>200</td></tr><tr><td>M4</td><td>200</td><td>400</td></tr><tr><td>M5</td><td>100</td><td>1,500</td></tr><tr><td>M6</td><td>300</td><td>3,200</td></tr><tr><td>M7</td><td>2,600</td><td>2,200</td></tr><tr><td>M8</td><td>1,500</td><td>2,000</td></tr><tr><td>M9</td><td>700</td><td>700</td></tr><tr><td>M10</td><td>2,200</td><td>2,200</td></tr><tr><td>M11</td><td>1,600</td><td>1,600</td></tr><tr><td>M12</td><td>300</td><td>300</td></tr></tbody></table>	Month	Actual	Plan	M1	100	100	M2	100	100	M3	200	200	M4	200	400	M5	100	1,500	M6	300	3,200	M7	2,600	2,200	M8	1,500	2,000	M9	700	700	M10	2,200	2,200	M11	1,600	1,600	M12	300	300
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<b>CASH:</b> At the end of November 2016, the Trust's cash position was £26m against a planned figure of £17.1m. The additional cash balance of £8.9m is principally due to capital spend being less than planned as described above (£5.1m), and a favourable working capital position.			<table><caption>Cash Position Data (Estimated)</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>19</td><td>19</td></tr><tr><td>M2</td><td>22</td><td>18</td></tr><tr><td>M3</td><td>21</td><td>20</td></tr><tr><td>M4</td><td>22</td><td>21</td></tr><tr><td>M5</td><td>24</td><td>20</td></tr><tr><td>M6</td><td>25</td><td>17</td></tr><tr><td>M7</td><td>25</td><td>17</td></tr><tr><td>M8</td><td>26</td><td>17</td></tr><tr><td>M9</td><td>26</td><td>19</td></tr><tr><td>M10</td><td>26</td><td>19</td></tr><tr><td>M11</td><td>26</td><td>18</td></tr><tr><td>M12</td><td>26</td><td>17</td></tr></tbody></table>	Month	Actual	Plan	M1	19	19	M2	22	18	M3	21	20	M4	22	21	M5	24	20	M6	25	17	M7	25	17	M8	26	17	M9	26	19	M10	26	19	M11	26	18	M12	26	17
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<b>CIP:</b> The Trust has a savings target of £9.059m for 2016/17. 87% delivery of the CIP target was achieved YTD as at November and 56% of this was achieved through recurrent schemes. Reserve schemes have contributed £1,732k of the year to date savings. This creates an overall adverse variance against plan of (£757k).			<table><caption>CIP Savings Data (Estimated)</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>500</td><td>500</td></tr><tr><td>M2</td><td>600</td><td>600</td></tr><tr><td>M3</td><td>600</td><td>600</td></tr><tr><td>M4</td><td>300</td><td>600</td></tr><tr><td>M5</td><td>500</td><td>600</td></tr><tr><td>M6</td><td>400</td><td>600</td></tr><tr><td>M7</td><td>1,300</td><td>1,300</td></tr><tr><td>M8</td><td>700</td><td>700</td></tr><tr><td>M9</td><td>700</td><td>700</td></tr><tr><td>M10</td><td>700</td><td>700</td></tr><tr><td>M11</td><td>700</td><td>700</td></tr><tr><td>M12</td><td>1,000</td><td>1,000</td></tr></tbody></table>	Month	Actual	Plan	M1	500	500	M2	600	600	M3	600	600	M4	300	600	M5	500	600	M6	400	600	M7	1,300	1,300	M8	700	700	M9	700	700	M10	700	700	M11	700	700	M12	1,000	1,000
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## 4.2 Finance Detail

Nov-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	15,257	15,335	79
Patient Transport Service	2,378	2,361	(16)
111	2,658	3,325	668
Other Income	979	992	13
Operating Income	21,271	22,014	743
Pay Expenditure & reserves	(14,346)	(14,529)	(183)
Non-Pay expenditure & reserves	(4,849)	(5,678)	(829)
Operating Expenditure	(19,195)	(20,207)	(1,012)
EBITDA	2,076	1,807	(268)
EBITDA %	9.8%	8.2%	-1.5%
Depreciation	(752)	(767)	(15)
Interest payable & finance costs	(15)	0	15
Interest receivable	7	4	(3)
Profit on fixed asset disposal	12	7	(6)
Dividends, interest and other	(189)	(189)	0
Retained (Deficit) / Surplus	1,139	861	(278)
T&E (Deficit) / Surplus %	5.4%	3.9%	(1.4%)

Year to Date		
Budget	Actual	Variance
£000	£000	£000
119,153	119,768	615
19,192	19,182	(10)
21,185	22,176	991
6,372	7,341	969
165,903	168,468	2,564
(115,292)	(112,985)	2,307
(42,156)	(46,458)	(4,302)
(157,448)	(159,443)	(1,995)
8,455	9,025	569
5.1%	5.4%	0.3%
(5,966)	(5,965)	2
(229)	(168)	61
55	38	(16)
89	94	5
(1,513)	(1,480)	33
891	1,545	653
0.5%	0.9%	0.4%

Capital Plan	Annual Budget	Current Month Variance	YTD Variance
	£000	£000	£000
Estates	(2,541)	36	1,221
H&S	(1,232)	27	846
ICT	(1,111)	154	473
Fleet	(7,444)	282	1,533
Hart Vehicles and Equipment	(1,378)	(1)	689
Medical Equipment	(1,629)	(72)	353
Contingency	-	-	6
<b>Total Schemes</b>	<b>(15,335)</b>	<b>426</b>	<b>5,121</b>
<b>Total CRL including planned NBV receipts</b>	<b>14,575</b>		
<b>Total CRL including additional NBV receipts</b>	<b>14,836</b>		
<b>Over committed against CRL incl disposals</b>	<b>(499)</b>		

Plan	CATEGORY	Plan	Nov-16	YTD
%age of bills paid within terms	NHS	95%	90%	77%
%age of bills paid within terms	NON NHS	95%	84%	87%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	17,065	26,047	8,982

# 5 Workforce Scorecard

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

Interim Associate Director of Human Resources – Tracy Hodgkiss)

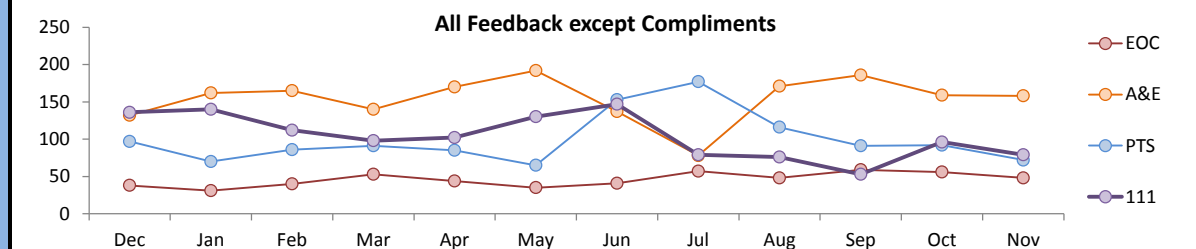
Nov-16

YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - Nov-16		Current Data - Oct-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4341.71	Nov-16	4332.61	Oct-16	4495		↑	4174.19	Nov-15
Equality & Diversity	5.76% fte	Nov-16	5.74% fte	Oct-16	11.1% fte		↑	5.23% fte	Nov-15
	6.15% hcount		6.13% hcount					5.51% hcount	
Monthly Sickness Absence	5.48%	Nov-16	5.46%	Oct-16	5% fte		↑	5.85%	Nov-15
Yearly Sickness Absence	5.43%	Dec-15 Nov-16	5.43%	Nov-15 Oct-16			↓	5.73%	Dec-14 Nov-15
Turnover	10.83% fte	Nov-16	10.69% fte	Oct-16	10.13% Amb Trust Average from iView		↑	11.82% fte	Nov-15
	13.77% hcount		13.20% hcount					13.43% hcount	
Current PDRs	81.60%	Nov-16	81.42%	Oct-16	90%		↑	75.14%	Nov-15
Stat & Mand Workbook	94.87% (combined)	Nov-16	94.53% (combined)	Oct-16	85% (combined)		↑	89.30% (Combined)	Nov-15
	91.35%	Nov-16	90.64%	Oct-16				89.30%	Nov-15
Overtime	£929k	Nov-16	£810k	Oct-16			↑	£1,017k	Nov-15
	£11,094k	Dec-15 Nov-16	£11,182k	Nov-15 Oct-16			↓	£11,162k	Dec-14 Nov-15

Sickness absence remains above the Trust target of 5%.

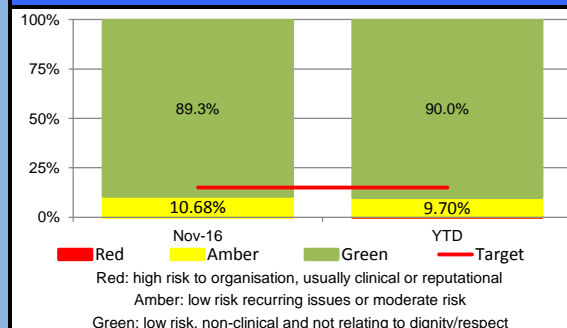
**1. Feedback received by type (Includes complaints, concerns, comments made by patients and their families, issues raised by other healthcare professionals, and other general enquiries.)**

	EOC		A&E		PTS		111		Total	
	Nov-16	YTD	Nov-16	YTD	Nov-16	YTD	Nov-16	YTD	Nov-16	YTD
Complaint	11	113	16	113	6	94	41	329	74	649
Concern	12	91	13	120	25	310	2	28	52	549
Service to Service	23	162	16	108	18	321	23	280	80	871
Comment	0	3	7	48	11	56	2	36	20	143
Compliment	0	6	63	464	6	26	11	87	80	583
Lost/Found Proper	1	5	30	237	1	15	0	0	32	257
PALS request	1	8	13	161	5	29	0	2	19	200
<b>Total</b>	<b>48</b>	<b>388</b>	<b>158</b>	<b>1,251</b>	<b>72</b>	<b>851</b>	<b>79</b>	<b>762</b>	<b>357</b>	<b>3,252</b>
Demand	77,554	595,858	63,894	505,007	69,416	531,380	125,888	1,012,904	336,752	2,645,149
Proportion	0.06%	0.07%	0.25%	0.25%	0.10%	0.16%	0.06%	0.08%	0.11%	0.12%



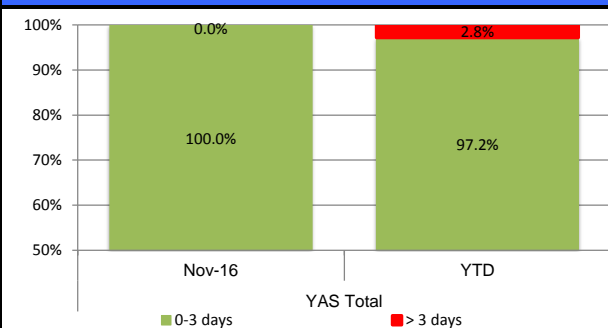
The Number of cases in November has remained consistent with the previous month for PTS with following the high numbers in June to August following some recent service changes to West Yorkshire Renal Services. Action is continuing to address the service issues and to engage users of the service in the improvement process.

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



Overall Complaints & Concerns for Red remain very low. Amber stands at 10.68% for November, which is below the 15% Target

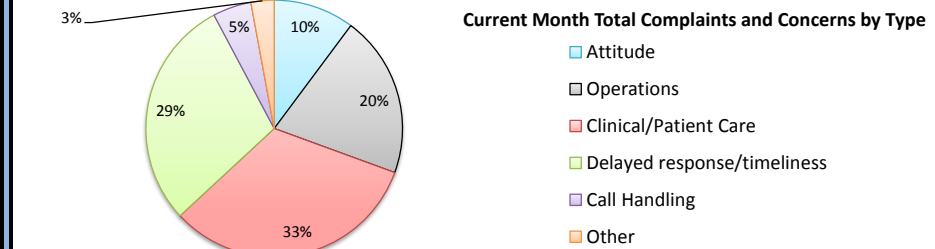
**4. Acknowledgement Times for complaints (Target 95% in 3 WD)**



Acknowledgement response times to complaints compliance was 100% in November.

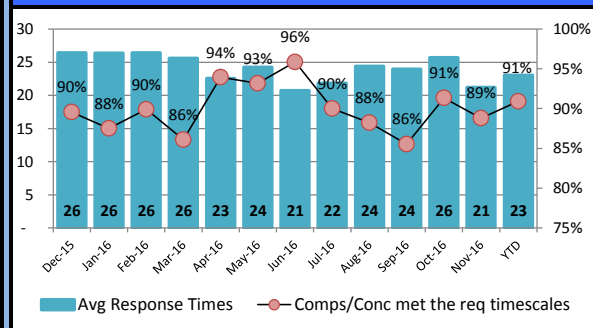
**2. Complaints and Concerns (including issues raised by healthcare professionals ) received by subject - excluding Comments**

	EOC		A&E		PTS		111		Total	
	Nov-16	YTD	Nov-16	YTD	Nov-16	YTD	Nov-16	YTD	Nov-16	YTD
Attitude	0	0	7	127	10	62	4	58	21	247
Operations	0	2	20	118	6	59	16	335	42	514
Clinical/Patient Care	0	0	18	87	5	69	44	237	67	393
Delayed response	35	275	0	3	25	490	0	0	60	768
Call Handling	8	71	0	2	2	37	0	0	10	110
Other	3	18	0	4	1	1	2	7	6	33
<b>Total</b>	<b>46</b>	<b>366</b>	<b>45</b>	<b>341</b>	<b>49</b>	<b>718</b>	<b>66</b>	<b>637</b>	<b>206</b>	<b>2,065</b>
Demand	77,554	595,858	63,894	505,007	69,416	531,380	125,888	1,012,904	336,752	2,645,149
Proportion	0.06%	0.06%	0.07%	0.07%	0.07%	0.14%	0.05%	0.06%	0.06%	0.08%



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

**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 89% of cases in November, with an average response time of 21 days. YTD compliance is 91% and average response time is 23 days

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

	Total	
	Nov-16	YTD
(YAS total inc HCP)	113	1,021
Upheld	45	426
Partly Upheld	68	637
Not Upheld	226	2,084

The majority of cases closed this month were Upheld

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

	Total	
	Nov-16	YTD
Total YAS	3	23
No. reopened	2.4%	1.9%

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

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

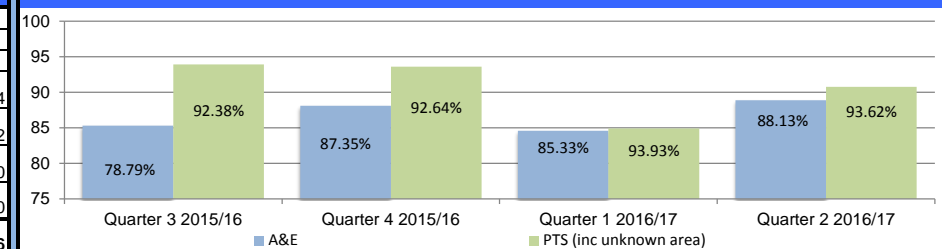
### 8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation notified		Investigation Outcomes					
	Nov-16	YTD	Nov-16	YTD	Upheld		Partially Upheld		Not Upheld	
					Nov-16	YTD	Nov-16	YTD	Nov-16	YTD
EOC	1	8	0	4	0	0	0	0	0	4
A&E	0	3	0	3	0	0	0	0	0	2
PTS	0	0	0	0	0	0	0	0	0	0
111	0	2	0	2	0	1	0	0	0	0
<b>Total</b>	<b>1</b>	<b>13</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>

Only 1 referrals was received in November - for EOC

## Patient Survey Results

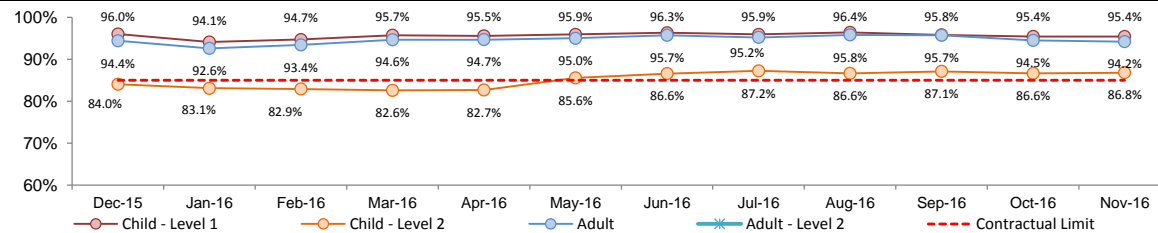
### 9. How likely are you to recommend the Yorkshire Ambulance Service?



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

## Safeguarding

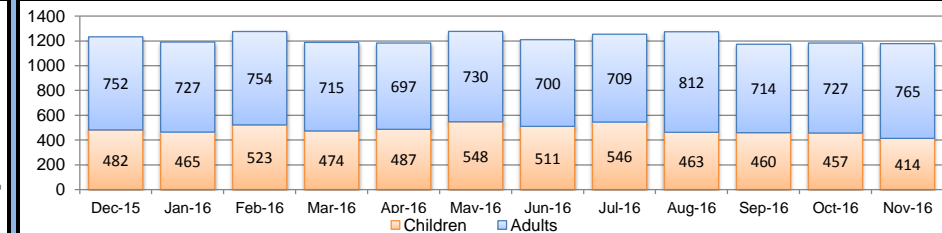
### 10. Number of eligible workforce trained



The Trust is achieving its target for Child Level 1 & 2 and Adult training

Work is ongoing to agree a Trajectory with Commissioners for Adult Level 2, following a recent change to the Intercollegiate Standards. Adult level 2 training is being undertaken but work is continuing to develop the associated compliance reporting.

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



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

## Results of IPC Audit

### 12. Infection, Prevention and Control

Area	Audit	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Overall Compliance (Current Year)	Hand Hygiene	98%	99%	99%	99%	99%	99%	98%
	Premise	98%	98%	98%	99%	98%	99%	99%
	Vehicle	98%	99%	98%	97%	98%	98%	99%
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	97%	98%	99%	98%	99%
	Premise	95%	99%	98%	99%	96%	96%	97%
	Vehicle	97%	93%	97%	98%	99%	98%	98%
Red Key	No Audits Completed or minimum audit requirements met with compliance <80%		Amber Key	Minimum audit requirements met with compliance 80% to 94%		Green Key	Requirements met with compliance >94%	

**Hand Hygiene** • Bare below the elbows not adhered to watches worn, hand gel missing

Action: Continue to promote good hand hygiene and ensure staff are bare below the elbows and have personal issue hand gel at all times.

**Vehicle cleanliness** • Vehicle interior and exterior dirty • Deep clean windscreen stickers not found • Steri-7 wipes missing

Action: Ensure vehicles are clean and tidy at all times. Ensure Steri-7 wipes stocked. Replace missing deep clean windscreen stickers

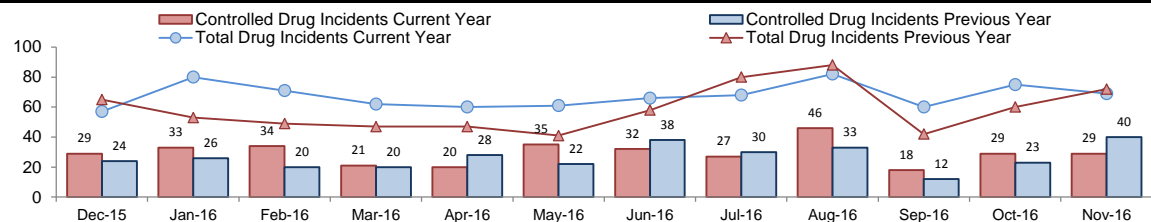
**Specific issue** • South –vehicles with no deep clean windscreen sticker - Action: Facilities team to resolve

**Premises cleanliness** - Generic issues • Dirty mop heads still attached and in buckets • Clinical waste bins overflowing bags tied incorrectly with no label

Action: Estates contacted to ensure waste removed and contract for collection increased as necessary. Facilities teams reminded about process for mop head storage.

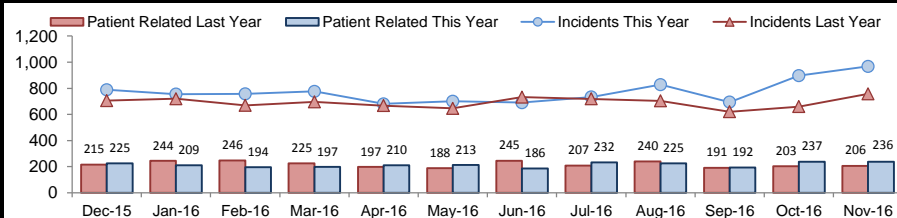
## Incident Reporting, FOIs and Legal Requests

### 13. Medicines Incidents



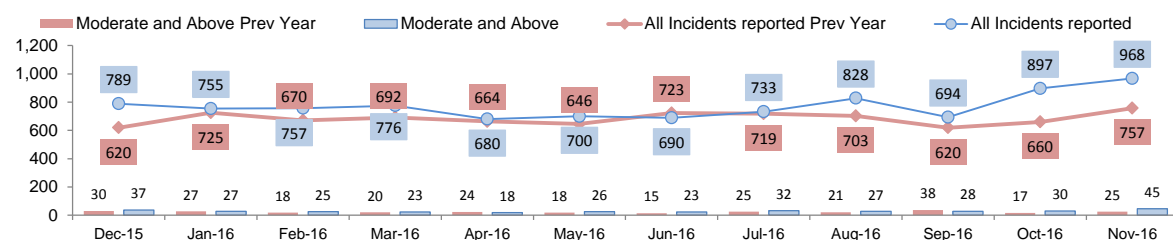
There were a total of 69 medication-related incidents for the month of November, of which 29 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

### 14. Incidents Reported



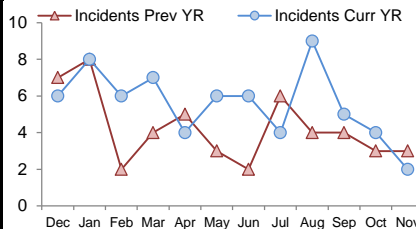
Patient Related incidents remained level with October. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed.

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



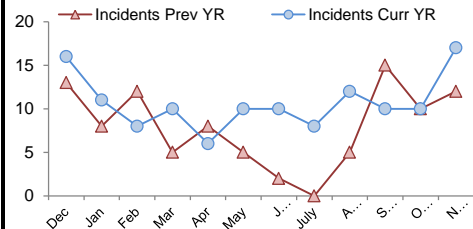
November saw an increase in the number of incidents reported within A&E Operations with a 10.49% increase on the previous month. An overall increase of 7.91% was seen in incidents reported from October to November. Although there has been an increase in incident reporting this is broadly in line with increased demand. Incidents causing moderate and above harm has increased, however this is partially explained by the increase in overall incidents.

### 16. Serious Incidents



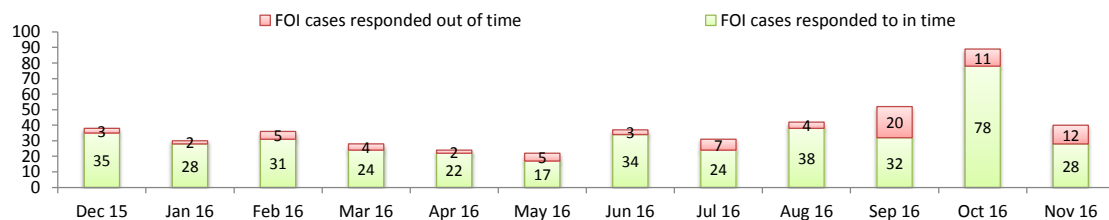
There were 2 Serious Incidents in November, both related to Delayed despatch/response.

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



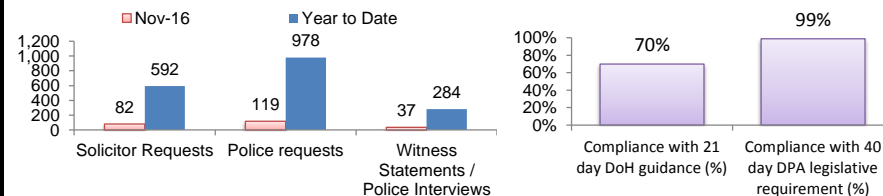
The themes and trends are showing within the RIDDOR reports as highlighted in the moving and handling summary above. Most of these involve a range of incidents including handling, lifting and carrying patients and numbers are fairly consistent with previous months.

### 18. FOI Requests



FOI Request levels have stabilised in November.

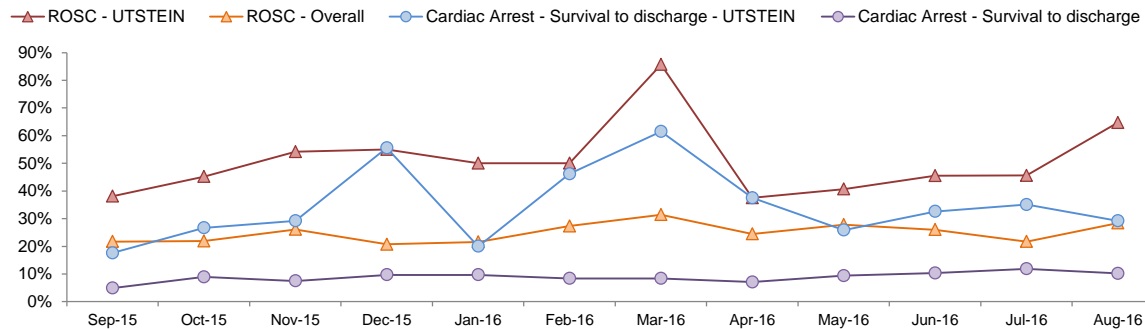
### 19. Legal Requests



Compliance with the 21 day timescale has improved by 9% on last months figure of 61%



## 20. Outcome from Cardiac Arrests



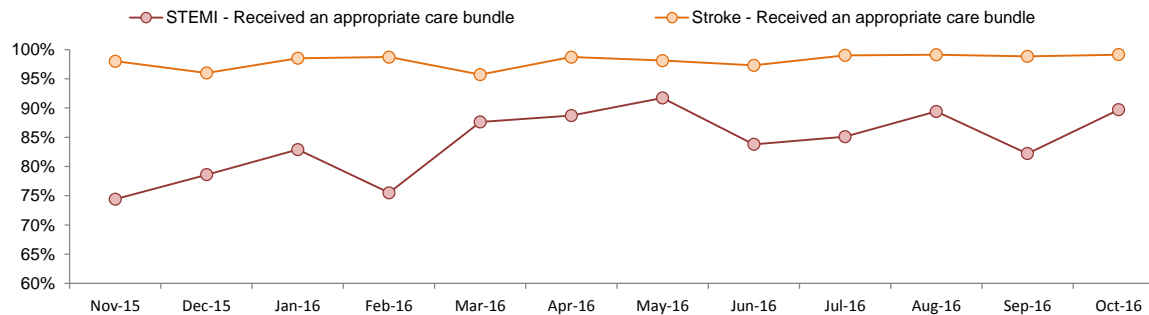
ROSC (overall) performance for September is in line with the high performance trend thus far for 2016 with an achievement of 25.2%. October 2016 further evidences this trend and shows a slight increase with a figure of 25.7%.

YAS achieved an outstanding result for ROSC UTSTEIN for August 2016 with 66%. September's figure of 46.8% is more in line with the results for the rest of the year, displaying a consistently high level of achievement for YAS. October's figure of 51.1% again, supports this positive trend.

Survival to discharge results demonstrate consistently high levels of performance, July's figure of 11.9% was the highest performing month of 2016 thus far, with August slightly down in third place with 10.2%. Performance for survival to discharge has been consistently high, notably over June, July and August, demonstrating YAS's hard work.

Survival to Discharge within the UTSTEIN comparator group also reflects the pattern of high performance; noticeably April and July's figures of 37.5% and 35.1%. Performance for August was 29.2% which although down from July's figure, still depicts high levels of achievement for YAS.

## 21. AQI Care Bundle



STEMI and stroke data for September and October 2016 indicates a consistently high level of care is being delivered to patients across all areas. Stroke care has shown outstanding performance across 2016, notably in July, August and October, achieving 99.1% for October 2016. Further, East Yorkshire achieved 100% performance with South Yorkshire, Airedale, Bradford & Leeds and Calderdale, Kirklees and Wakefield all achieving 99%.

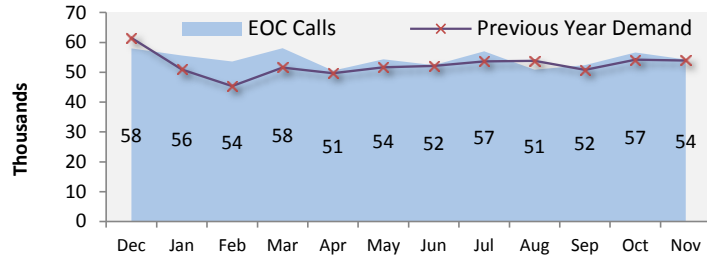
STEMI care performance also continues to demonstrate excellent levels of achievement with September's figure of 82.2%; as well as October's figure of 89.7% being the second highest performing month of the year thus far. The whole of 2016 has illustrated a pattern of high performance, particularly May with 91.7%.

## 22. Clinical Performance Indicators

Elderly Falls	Cycle 16 - Mar 16		Cycle 17 - Sep-16	
	YAS	National	YAS	National
E1- Primary Obs recorded	92.7%	88.2%	88.7%	TBC
E2- Recorded Assessment Cause of Fall	99.3%	95.8%	96.7%	TBC
E3- History of Falls	43.7%	47.3%	39.7%	TBC
E4- 12 Lead ECG Assessment	97.3%	93.8%	89.3%	TBC
E5- Recorded Assessment of Mobility	81.7%	79.6%	79.0%	TBC
E6- Direct Referral to an appropriate Healthcare professional	60.3%	47.8%	54.7%	TBC
FC- Care Bundle For Elderly Falls (E1+E2+E3+E4+E5+E6)	23.0%	33.7%	17.0%	TBC

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.

### 1. Demand

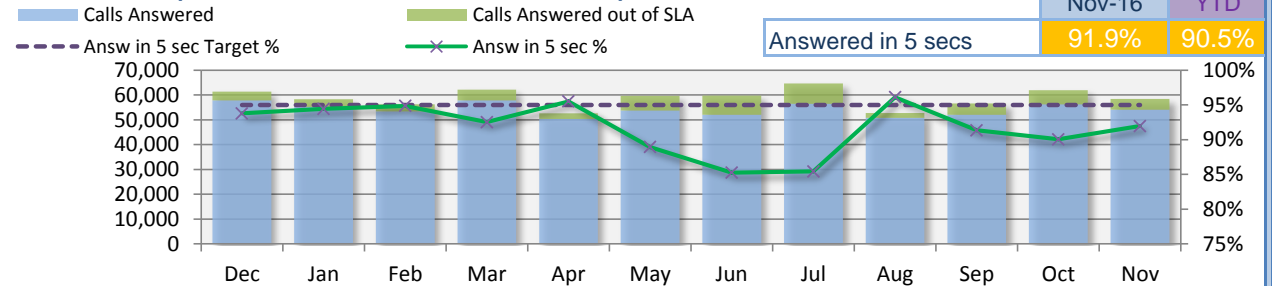


Service level YTD is currently 4.5% below target.

#### Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	428,459	425,749	385,212	90.5%
2015/16	419,923	418,108	400,813	95.9%
Variance	8,536	7,641	(15601)	
Variance	2.0%	1.83%	(3.9%)	(5.4%)

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



	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Calls Answered out of SLA	3,593	3,079	2,746	4,327	2,266	5,950	7,679	8,221	1,969	4,501	5,600	4,351
Calls Answered	57,802	55,209	53,462	57,851	50,356	53,739	52,074	56,432	50,762	52,076	56,268	54,042
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	93.8%	94.4%	94.9%	92.5%	95.5%	88.9%	85.3%	85.4%	96.1%	91.4%	90.0%	91.9%

Demand on the service is still high compared to this time last year (2%) and this has impacted our ability to provide 95% call answer consistently. This month has seen a new process introduced where call handlers will only maintain the line with pre-determined codes. This will increase the call handling availability. We are actively recruiting and year to date have seen 29 new staff join EOC. The plan for recruitment will continue throughout the new year until we fulfil establishment. We are actively looking at ways to decrease our abstractions. The implementation of a forecasting tool will ensure we are staying within limits dependant on demand and staffing.

### 3. Quality

	Nov	YTD
<b>Serious Incidents</b> (Rate Per 1000 Responses))	2(0.03) ↓	17(0.03)

<b>Total Incidents</b> (per 1000 calls)	106(1.37) ↓	761(1.28)
--------------------------------------------	-------------	-----------

There were 2 Serious Incident(s) in Nov year to date this now stands at 17.

Feedback				
Complaints	11	↓		113
Concerns	12	↑		91
Comments	0	↓		3
Service to Service	23	↓		162
Compliments	0	↓		6

<b>Response within target time for Complaints and Concerns</b>	82%	94%
<b>Outcome of Ombudsman Cases</b>		
Upheld	0	0
Not Upheld	0	4

### 4. Workforce

#### FT Equivalents

Nov-16	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	401	20.1	100	281	70%
Contracted FTE (before overtime)	372	18.6	93	260	70%
Variance	(30)	(1)	(7)	(21)	(7.4%)
% Variance	(7.4%)	(7.4%)	(7.4%)		
FTE worked inc overtime	387	28.0	93	266	69%
Variance	(14)	8	(7)	(15)	(5.4%)
% Variance	(3.5%)	39.7%	(6.8%)		

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

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

#### Key Points

Contracted FTE was 30 FTE under budget with a variance of (7.5%).

### 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	205	205	0

Quality & Efficiency Savings (CIPs) are achieving due to non recurrent savings from vacancies but this may not continue in future months as staff are appointed.

# A1.2 Estates (Lead Director: Chief Exec - Rod Barnes, Nominated Lead: Director of Estates and Facilities - Emma Bolton)

Nov-16

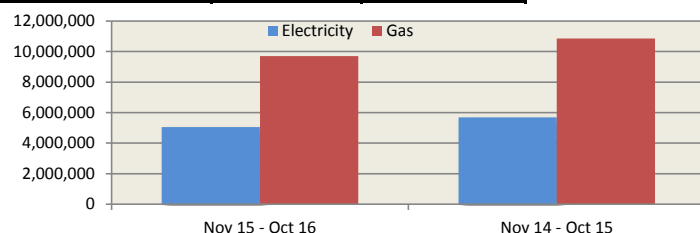
## 1. Demand

Number of Jobs Received - **729** of which **566** logged for YAS Estates Direct Labour.

Out of Hour Call's received - **21**

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

kWh	Electricity (kWh)	Gas (kWh)
Nov 15 - Oct 16	5,057,279	9,701,134
Nov 14 - Oct 15	5,689,091	10,858,954
Reduction of	<b>11.11%</b>	<b>10.66%</b>



## 2. Performance (to be developed)

Estates are currently in the process of reviewing the whole operational policy and service level agreement. As part of this some key metrics are being developed including:

- **51%\*** of reactive maintenance requests completed within response timeframes - **375 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(187)**
- **97 %** of statutory planned preventative maintenance site visits completed within response timeframes.(100% not achieved due to VOR)
- Appraisals undertaken - **100% completed**

\* Lower than normal No of reactive calls completed within timescales due to time lost with vans VOR

## 3. Quality of Service

- Health and Safety Audit of Trades Staff activity completed and a 'Health and Safety Rules Manual' for trades staff has been issued in draft for consultation with Trades staff and Staff Side representatives. We have received no adverse feedback following consultation. The document will be taken to the next Estates Management Group meeting for approval and then onto TEG for final approval.
- The Estates Department is advancing its application for ISO accreditation for Business Continuity, from 2017 to November 2016.
- Draft Internal Audit reports for 1) Property Portfolio Asset Management and 2) Estates Operational Facilities Management; show a significant level of compliance and assurance.

## 4. Staffing

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

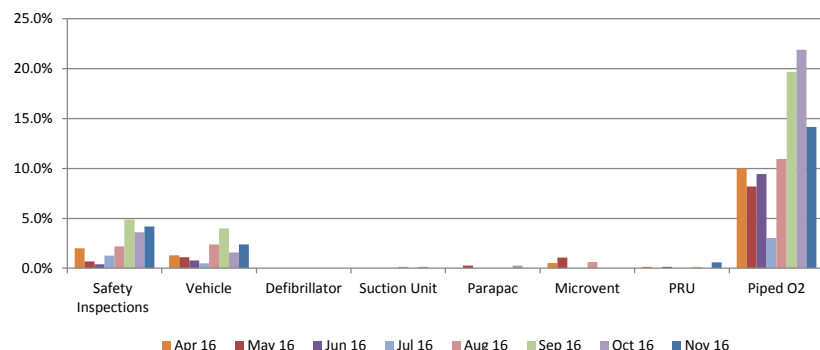
\* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE \*\* Sickness and Absence (Abstractions) are from ESR

## 5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
CIPs	237	246	9

Quality and Efficiency Savings (CIPs) are currently £9k ahead of plan. There is non achievement of rental cost savings, LED lighting upgrade, as well as other unidentified schemes. Mitigating schemes in place are rationalisation of porter cabins, cost avoidance schemes, closure of Gildersome site, rent and utility savings at Morley.

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



### Key Points

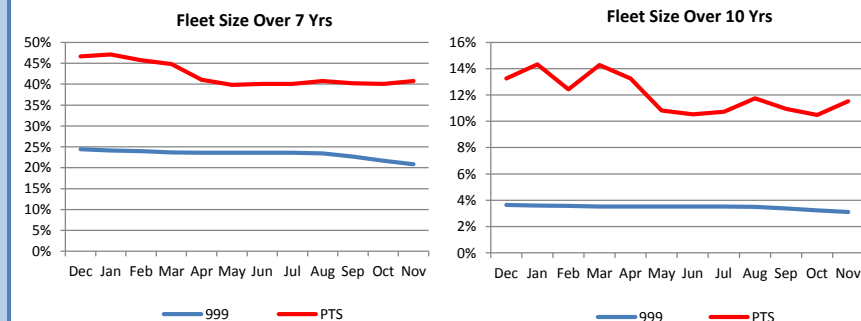
Routine vehicle maintenance remains within KPI, although higher than expected this is due to high VOR and increased Operational requirement on Double Crew Ambulances. Working hours and staffing resources has been moved to accommodate peak demand times to bring the VOR and Servicing back into line. Any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

Inspections/Services out of Window	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	%	DOT
Safety Inspections	2	7	12	27	20	23	4.2%	↑
Vehicle Services	3	2	9	15	6	9	2.4%	↔
Defibrillator servicing	0	0	0	0	0	1	0.0%	↔
Suction Unit servicing	0	0	1	0	1	0	0.0%	↓
Parapac servicing	0	0	0	0	1	0	0.0%	↓
Microvent servicing	0	0	1	0	0	0	0.0%	↔
Pain Relief Unit (PRU)	1	0	1	1	0	4	0.6%	↑
Piped O2	53	17	59	106	118	75	14.2%	↓

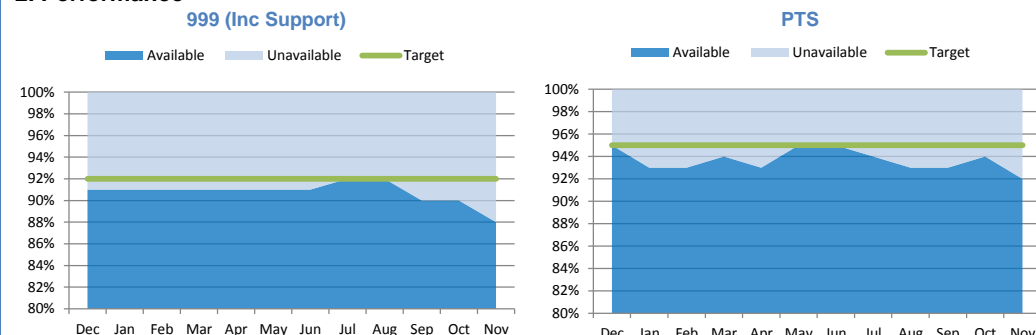
Medical equipment maintenance remains above KPI targets. Piped oxygen servicing has decreased over the November period. Personnel resources from the service provider have been utilised to address the servicing backlog ; In-house engineering support has been provided where availability allowed.

## 1.2 Vehicle Age

Vehicles >= 7 years	999	114	20.3%	PTS	156	38.4%	Total	270
Vehicles >=10 years	Fleet	17	3.6%	Fleet	31	7.6%		48



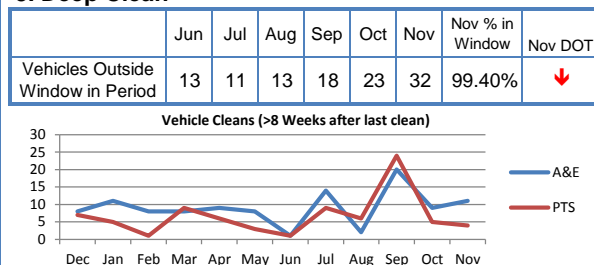
## 2. Performance



### Key Points

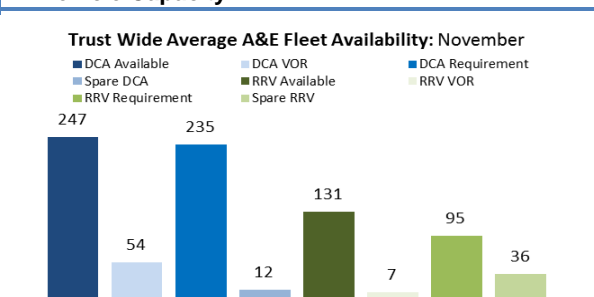
A&E availability remained below target in November this is due to a number of vehicles being removed from service in relation to the reported tail lift frame recall, a repair program has been implemented. PTS availability has dropped in November mainly due to larger repairs (Engines / Gearboxes) on over age vehicles many of these repairs are now complete and availability has improved. **There were however no reported vehicle shortages.**

## 3. Deep Clean



Deep Clean Service level for November was marginally lower at 99.4%. (excluding VOR's), however the lack of vehicle availability due to VOR's (Tail Lift issues mainly), dual rotas and overtime continues to place us in a challenging position to maintain Service Level. Absence figures also increased slightly from 7.14% to 7.59% although 5.46% of this is LTS and absence management is continuing. Temp 2 Perm and Service Review implementation are still delayed due to transformation changes and the Station Deep Clean teams have ended this month due to absence of further Cost Control. This is being chased due to potential IPC issues.

## 4. Vehicle Capacity



## 5. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)				Available	
	FTE	Sickness	Total	%	
Budgeted	100	5.0	95	95%	
Actual	93	3.3	90	97%	
Variance	(6)	1.7	(5)	(4.9%)	
% Variance	-6%	-35%			

Sickness is within Target for the month of November, remaining staff absent are being supported and managed in-line with the Trust attendance policy.

## 6. Finance (YTD)

£000	Plan	Actual	Variance
CIP's	1,584	1,484	(100)

Quality and Efficiency Savings (CIPs) are currently (£100k) behind plan due to non-achievement of income generation schemes (£33k) and the retender of the fleet parts contract was delayed (£67k).

## Business Continuity

- Meeting and information for the IG toolkit compliance for BC, all information provided and fully compliant
- Preparation for Security Exercise with Steve Wilson and Helen carter
- Preparation and successful certification of Fleet to ISO22301
- Facilitated Emergo exercise for Public Health England
- Second Training course for CCG for JDM for health
- 2 day debrief training course at Magna delivered to ten learners
- Conducted debrief for Exercise Spartan and drafted Final Report
- BC Plans published for Air Ambulance and Estates
- Attended Tour de Yorkshire start up meeting (and will attend all future meetings)
- BC z-card finalised and published in Ops Update
- Targeted Flood Warning System reviewed, new user account set up for HART CS's

## Emergency Preparedness and Response

- The first day of a shared learning and development project between ourselves and North Yorkshire Local authority. One of their Resilience Managers will shadow YAS Resilience managers 1 day per month for an initial 6 months to look at where shared learning can take place and identify cross overs of best practise.
- The planning and preparations have commenced for the next tour de Yorkshire (late, April 2017). The routes have been released and YAS has started the early mapping/planning of the event.  
The Head of EPRR supported the Clinical team in delivering the CS away days, knowledge retention around command and control (including JESIP) was assessed. It was felt going forward to look at integrating the 3 day bronze and CS away days to give a wider set of topics on a more frequent basis by integrating both programmes. Work is being done on scoping this.
- YAS delivered another JESIP/JDM awareness day to Wakefield CCG's Senior On-call Team as part of a commercial service being offered to wider health.

Training	Number of Courses
JESIP Course	4
Debrief Course	1
Resilience Awareness Course	3
Bronze Refresher Course	1

Exercises
NY Exercise Surge – 3rd Nov
NY Exercise Kingfisher – 8th Nov
WY Severe Weather Exercise – 16th Nov
EY COMAH Exercise – 16th Nov
Exercise Saton Force – 16th – 17th Nov
EY Exercise Grey Seal – 22nd – 23rd Nov

## Hart and Special Operations

**HART:** Two staff are in the final stages of completing the Technician to Paramedic course and are expected back at the end of December. One staff member remains on secondment to NARU, returning in October 2017 and one staff member has left for a twelve month career break One member of staff leaves the Trust at the end of December and another retires in March 2017. Recruitment has been completed for both posts nd they await the national training course in February.

The Training Manager remains on long term absence.

HART have been awarded the ISO 22301 award for Business Continuity.

The Personnel carrier due for replacement in 16-17 has been deferred to 17-18. This is due to the supplier not finalising the vehicle specification and price in time for the build and delivery to YAS before the end of the financial year.

HART along with other parts of the Trust, participated in a multi-agency no notice MTFA live exercise out of hours. A debrief is being scheduled.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team	63	61	0
Hart Operatives FTE	42	42	3
CBRN (SORT) - Volunteers	178	112	66
Air Ambulance FTE	14	13	0

## Community Resilience Team

Numbers	No. CFR	No.EFRs	No. Static	No. CPADS
ABL	212	7	300	165
CKW	115	19	239	73
HULL/EAST	80	15	120	134
SOUTH	176	8	478	60
NORTH	350	15	205	309

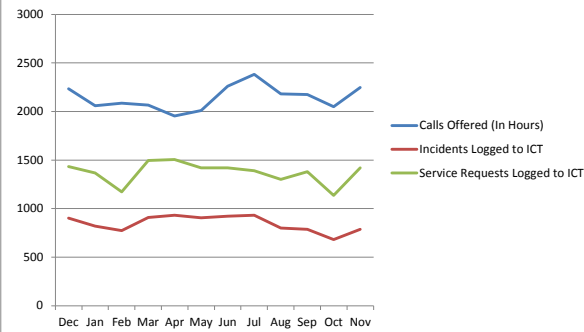
% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.6%	0.6%	4.5%	4.5%
CKW	0.7%	0.7%	3.1%	3.1%
HULL/EAST	1.5%	1.5%	2.8%	2.8%
SOUTH	1.4%	1.4%	6.8%	6.8%
NORTH	1.1%	1.1%	5.4%	5.4%

	Actual	Overall
EFRs	0.4%	0.4%



1. Demand

Support Demands on ICT Resources By Month



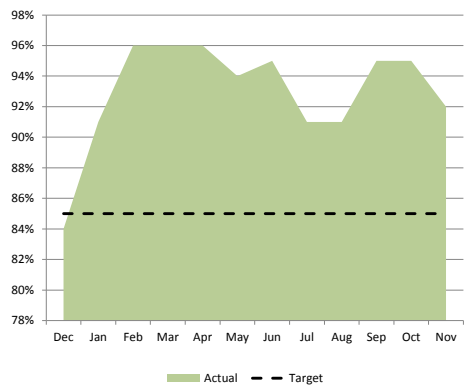
	Jun	Jul	Aug	Sep	Oct	Nov
Calls Offered (In Hours)	2,260	2,381	2,180	2,176	2,049	2,248
Incidents Logged to ICT	921	930	801	788	681	788
Service Requests Logged to ICT	1,418	1,391	1,301	1,379	1,137	1,421
Total number of active projects	14	15	16	13	17	15

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

Calls offered for incidents and requests have increased for this month

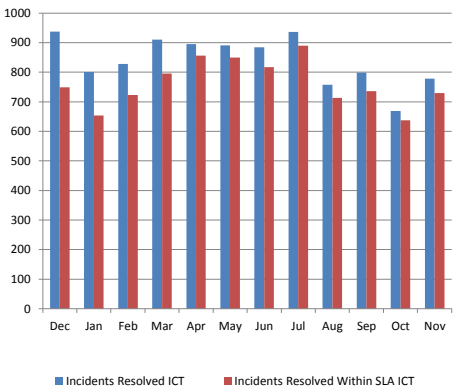
2. Performance

% Calls Answered Within Threshold

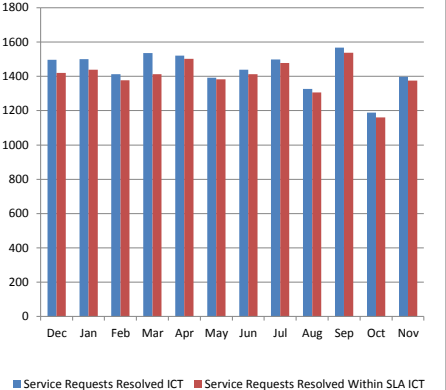


	Jun	Jul	Aug	Sep	Oct	Nov
% Calls Answered Within Threshold (10 seconds), Target 85%	95%	91%	91%	95%	95%	92%
Overall ICT Achievement on SLA for Incidents and Requests, Target 80%	96%	96%	97%	96%	96%	97%
Incidents Resolved ICT	884	936	758	799	669	778
Incidents Resolved Within SLA ICT	817	890	713	736	637	729
Service Requests Resolved ICT	1,439	1,499	1,326	1,568	1,189	1,397
Service Requests Resolved Within SLA ICT	1,412	1,478	1,307	1,538	1,161	1,376

Incidents Resolved/Resolved Within SLA

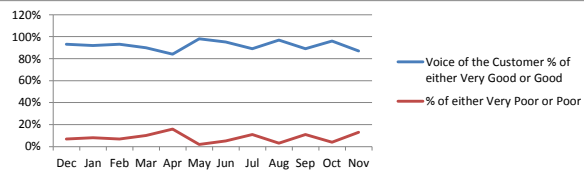


Requests Resolved/Resolved Within SLA



Calls answered within threshold is consistently high  
Overall SLA ICT achievement remains strong at 97%.  
Incidents and Request SLA's are measured against priorities (1-5 for both incidents and requests)

3. Quality of Service



	Jun	Jul	Aug	Sep	Oct	Nov
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	100.00%	99.78%	100.00%	100.00%	100.00%	100.00%
Telecoms Availability (unplanned)	99.40%	99.73%	99.73%	100.00%	100.00%	100.00%
Radio Availability (unplanned)	100.00%	99.73%	100.00%	100.00%	100.00%	100.00%
% of either Very Good or Good	95.00%	89.00%	97.00%	89.00%	96.00%	87.00%
% of either Very Poor or Poor	5.00%	11.00%	3.00%	11.00%	4.00%	13.00%

There was no unplanned downtime last month  
Customer satisfaction has increased to 96% positive

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6,300			4,410
Actual	39	6,143			5,413
Variance	1	158			1,003
%Variance	98%	98%			0%
<b>SICKNESS</b>					
5% Sickness on Budgeted			315		
5% Sickness on Actual			307		
Recorded Monthly Sickness				15	
Variance between Budget and Actual Targets				(293)	
<b>ABSENCE</b>					
25% Absence on Budgeted			1,585		
25% Absence on Actual			1,585		
Recorded Monthly Absence				715	
Variance between Budget and Actual Targets				(132)	

Sickness figures have improved this month with a reduction in absences and sickness

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

## Annex 2 Ambulance Quality Indicators - YAS

Nov-16

Indicator	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-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%)	0:20	0:23	0:23	0:25	0:22	0:30	0:22	0:29	0:37	0:38	0:04	0:12	0:20	5	0:07	to	1:41
Time to Answer (99%)	0:55	1:06	1:12	1:15	1:09	1:22	1:04	1:25	1:31	1:45	0:34	1:06	1:20	6	0:51	to	2:54
Abandoned calls	1.01	1.22	0.90	1.10	0.79	1.10	0.81	0.88	0.87	1.18	0.21	0.51	0.81	4	0.29	to	2.88
Cat Red 8 minute response - RED 1 (75%)*	73.7	73.8	69.0	69.0	69.6	68.5	69.7								64.3	to	72.2
Cat Red 8 minute response - RED 2 (75%)*	72.5	73.3	71.0	71.9	71.3	69.5	74.2								53.9	to	72.8
95 Percentile Red 1 only Response Time*	13.5	13.3	14.5	14.4	14.3	14.3	14.5								13.6	to	16.4
Cat Red 19 minute response (95%)*	95.3	95.3	93.9	94.7	94.3	93.7	95.7								85.2	to	94.5
Cat Red 8 minute response**							73.1	71.1	68.0	66.5	70.7	68.8	70.7		N/A		
Cat Amber 19 minute response**							82.0	74.9	71.9	67.8	74.9	70.0	69.0				
Cat Green 60 minute response**							96.3	96.1	94.9	92.2	90.2	95.1	94.4				
Category1 8 minute response***													65.7				
Category1 19 minute response***													89.5				
Category2 19 minute response***													69.3				
Category3 40 minute response***													71.1				
Category4 90 minute response*** (excl HCP)													90.3				
Time to Treat (50%)	5.5	5.6	5.8	6.4	6.1	5.9	6.0								6.4	to	11.5
Time to Treat (95%)	14.2	14.3	15.4	15.9	15.3	15.5	13.3								18.7	to	25.4
Time to Treat (99%)	21.8	21.3	23.6	23.8	23.0	23.4	19.5								35.2	to	48.2
STEMI - Care	87.6	74.4	78.6	82.9	75.5	87.6	88.7	91.7	83.8	85.1	89.4	82.2		2	66.3	to	92.0
Stroke - Care	98.8	98.0	96.0	98.5	98.7	95.7	98.7	98.1	97.3	99.0	99.1	98.8		5	94.7	to	99.7
Frequent caller *	1.47	1.78	2.07	2.00	2.56	2.29	2.85	3.28	3.40	3.49	3.67	4.03	2.52	6	0.00	to	3.50
Resolved by telephone	7.2	7.8	9.4	8.2	7.9	9.1	8.3	6.7	7.1	7.2	6.8	6.8	7.8	7	5.1	to	15.7
Non A&E	31.7	30.3	31.1	30.7	29.8	29.4	30.2	29.9	29.7	30.4	30.7	30.8	30.0	10	30.3	to	49.5
STEMI - 150	89.3	79.3	91.3	79.0	84.9	86.4	91.2	84.3	82.8	80.2				8	71.7	to	92.2
Stroke - 60	53.6	51.1	55.2	49.3	51.5	48.7	54.4	52.0	43.2	47.1	44.3	39.9		8	35.5	to	68.3
ROSC	21.9	26.1	20.7	21.6	27.3	31.4	24.5	27.8	26.0	21.7	28.4	25.2		7	25.4	to	35.7
ROSC - Utstein	48.2	54.2	55.0	50.0	50.0	85.7	37.5	40.7	45.5	45.6	64.7	46.8		9	42.3	to	70.2
Cardiac - STD	8.9	7.5	9.7	9.7	8.4	8.4	7.1	9.4	10.3	11.9				2	6.1	to	12.9
Cardiac - STD Utstein	26.7	29.2	55.6	20.0	46.2	61.5	37.5	25.9	32.6	35.1				2	17.0	to	44.4
Recontact 24hrs Telephone	1.1	1.7	1.9	2.2	5.5	5.5	6.0	5.3	6.5	6.3	6.8	6.7	5.0	4	2.1	to	14.5
Recontact 24hrs on Scene	2.9	2.8	2.2	1.4	2.8	3.2	2.5	1.8	1.4	1.8	1.3	1.6	1.3	1	1.7	to	8.4

Comments:- Please Note \* 1st to 20th April only and \*\* 21st April to 19th October due to ARP2 and \*\*\* 20th October onwards due to ARP2.2

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

Nov-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	October
Time to Answer - 95%		mm:ss	0:37	0:08	0:07	0:29	0:20	1:04	1:41	1:07	0:14	0:23	5	October
Time to Answer - 99%		mm:ss	1:29	0:55	0:51	0:59	1:06	2:16	2:54	2:12	0:55	1:15	6	October
Abandoned calls		%	1.50	0.56	0.29	0.39	1.28	1.29	2.88	2.47	0.95	0.75	4	October
Cat Red 8 minute response - RED 1	75%	%	68.9	67.1	69.8	66.2	71.5	72.2	64.3					October
Cat Red 8 minute response - RED 2	75%	%	57.6	60.1	65.1	66.2	64.6	72.8	53.9					October
95 Percentile Red 1 only Response Time		Time	15.4	16.3	13.6	15.3	15.0	14.4	16.4					October
Cat Red 19 minute response	95%	%	85.2	90.0	93.8	91.4	90.4	94.5	89.9					October
Cat Red 8 minute response (ARP)	75%	%								N/A	N/A	69.4		October
Cat Amber 19 minute response (ARP)		%								N/A	N/A	72.1		October
Cat Green 60 minute response (ARP)		%								N/A	N/A	94.9		October
Category 1 8 minute response***	75%	%								N/A	N/A	65.7		October
Category 1 19 minute response***	95%	%								N/A	N/A	89.5		October
Category 2 19 minute response***		%								N/A	N/A	69.3		October
Category 3 40 minute response***		%								N/A	N/A	71.1		October
Category 4 90 minute response***		%								N/A	N/A	90.3		October
Time to Treat - 50%		mm:ss	11.5	7.6	6.7	7.2	7.3	6.4	7.7					October
Time to Treat - 95%		mm:ss	23.9	23.7	18.7	24.5	25.4	20.0	23.9					October
Time to Treat - 99%		mm:ss	39.7	35.2	36.6	40.5	48.2	35.8	37.8					October
STEMI - Care		%	84.1	92.0	70.8	82.0	87.0	71.5	66.3	77.6	80.7	87.7	2	July
Stroke - Care		%	98.7	99.3	96.5	98.0	99.7	98.4	96.5	94.7	98.0	98.3	5	July
Frequent caller *		%	0.0	0.3	0.3	0.8	1.3	3.5				3.3	6	October
Resolved by telephone		%	15.7	6.3	10.4	8.1	9.8	11.6	5.8	14.5	5.1	7.2	7	October
Non A&E		%	30.5	40.6	36.9	33.9	32.3	41.3	49.5	49.1	37.7	30.3	10	October
STEMI - 150		%	92.2	90.4	91.7	90.6	81.5	88.3	92.1	71.7	88.0	84.7	8	July
Stroke - 60		%	55.8	50.2	63.2	58.9	51.0	44.9	68.3	35.5	55.8	49.3	8	July
ROSC		%	26.5	30.3	30.1	25.9	35.7	32.8	29.0	25.4	32.0	26.5	7	July
ROSC - Utstein		%	49.0	56.3	57.4	70.2	59.7	42.3	58.3	49.1	52.7	47.8	9	July
Cardiac - STD		%	6.1	8.9	8.8	8.1	9.2	12.9	8.1	8.2	9.6	9.8	2	July
Cardiac - STD Utstein		%	17.0	30.6	27.7	44.4	29.4	23.7	27.4	23.1	24.7	32.6	2	July
Recontact 24hrs Telephone		%	2.1	8.3	3.2	13.3	4.3	8.7	7.2	10.2	14.5	6.0	4	October
Recontact 24hrs on Scene		%	3.8	5.2	8.4	4.7	3.0	4.5	5.5	4.5	6.8	1.7	1	October