



Integrated Performance Report – October 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.


Table of contents

<i>Page Number</i>	<i>Content</i>	<i>Page Number</i>	<i>Content</i>
2	1. Compendium	24	4.1 Finance Overview
3	2. Exec Summary	25	4.2 Finance Detail
3	- Key Headlines	26	5. Workforce Scorecard
4-6	- Strategic Objectives	27-28	6.1 Quality, Safeguarding, IPC Audits and Incident Reporting
7	- Single Oversight Framework		6.2 Clinical Performance
8	- Demand and Performance	29	
9	- A&E		Annexes
10	- 111		
11	- PTS		
12	- Quality	30	A1.1 EOC Service Line Report
13	- Clinical	31	A1.2 Estates Service Line Report
14	- Workforce	32	A1.3 Fleet Service Line Report
15	- Finance	33	A1.4 Resilience Service Line Report
16	- Quality and Efficiency Savings (CIP)	34	A1.5 ICT Service Line Report
17-20	- CQUINS	35	A2. National Ambulance Quality Indicators
21	3.1 A&E Service Line Report		A3. National Benchmarking
22	3.2 PTS Service Line Report	36-37	
23	3.3 111 Service Line Report		
	3.4 NHS 111 WYUC Contract		

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

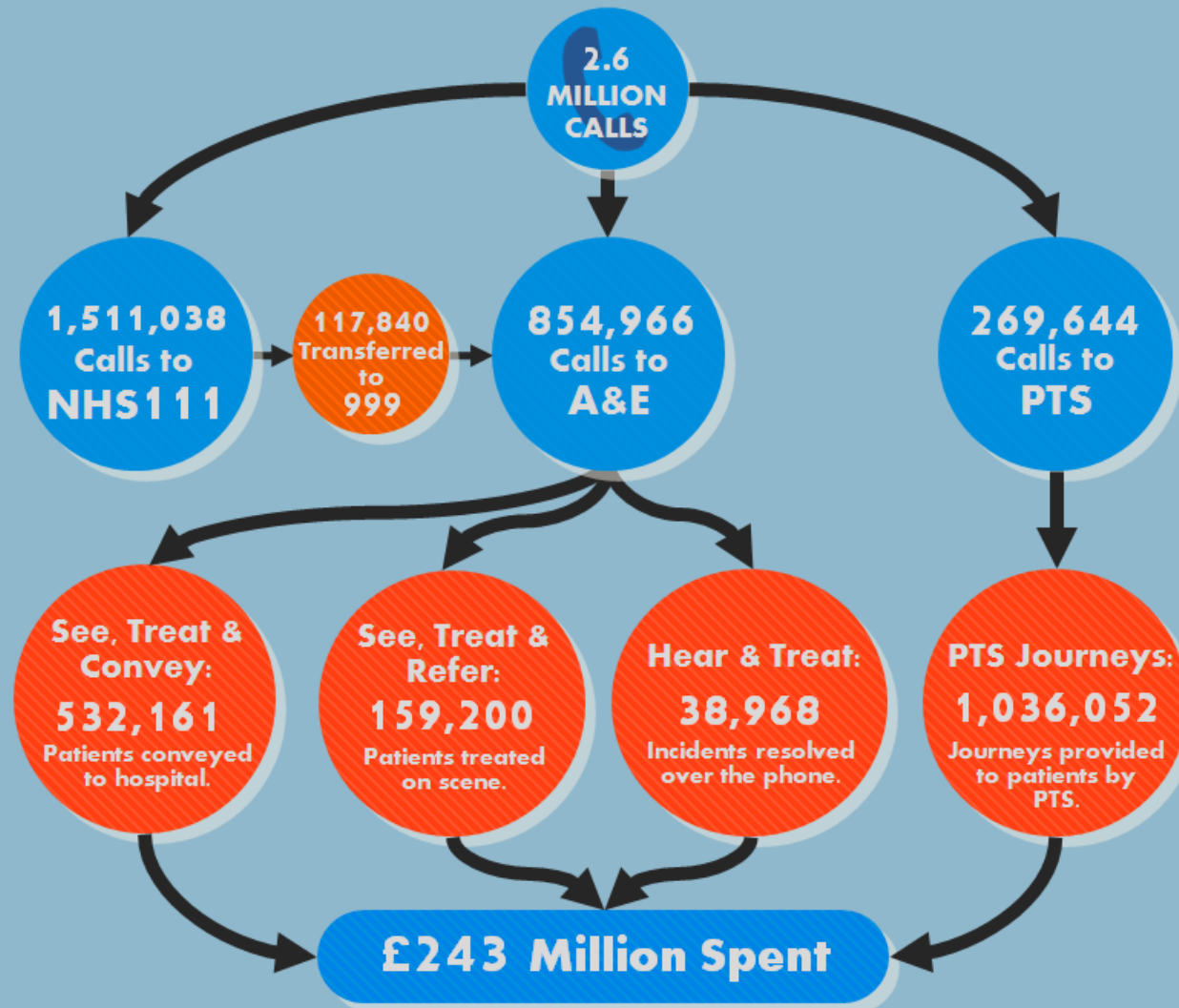
STAFF



53.6%
Female

46.4%
Male

5.4%
BME



IPR Exec Summary – October 2016

A&E (CCG Demand)

DEMAND

- **Calls** above contract value for October and YTD, higher than the same period last year. 11.6% higher in month and 6.0% YTD.
- **Hear & Treat (H&T)** is 20.9% 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 8.1% higher in Oct 16 than Oct 15. This affects resource availability / performance.
- **See Treat & Refer (STR)** above planned for Oct (12.6%) and YTD (9.4%), (excludes UCP's).
- **See, Treat & Convey (STC) activity** is above plan for Oct (6.8%) and YTD (6.3%).

PERFORMANCE (Split Performance due to ARP 2.2)

- **999 Red against 8 mins** increased to 69.4% in Oct 16 (achieved 75% in 8m 22s).
- **Category1 against 8 mins** was 65.7% in Oct16 (achieved 75% in 8 mins 50s)

111

DEMAND

- **111 Calls** are above contract ceiling for October (4.1%, a difference of 5,308 calls)
- **Calls Answered** running at 4.6% above last year's volume for October after normalizing data due to extra Sunday.

PERFORMANCE

- **Answered in 60 seconds** at 92.2% for the month (a increase of 0.9% compared to last month)
- **Clinical KPIs** decreasing since August. Warm Transfer or Call Back in 10 minutes is down by 2.7% month on month and Call Back in 2 hours is down by 2.4% from September to October
- **111 referral rate to 999** is still performing well (<10%) at 9% for the month
- **3,226 ambulances were checked** by a clinician before being sent, out of a total of 5,701 (57%) green ambulance calls

PTS

PERFORMANCE

- **KPI 2** – arrival prior to appointment – October saw an overall PTS increase in performance achieving 87.3% and remains above target of 82.9% and well ahead YTD currently +2.9%.
- **KPI 3** – departure after appointment – October's performance as a whole for PTS was 92.4% exceeding a target of 91.7%; for the first time since Aprils at 90.5% YTD, below target.
- Generally for the month of October all areas achieved there KPI's with the exception of North who missed KPI 3 target by 4%. Although Cumbria had an impact on the overall performance they only incurred 2 breaches. Whilst all areas within West Yorkshire achieved their targets, there was a slight drop in performance mid-month when the telephone system of one of our sub-contractors crashed. This also had a knock on effect in the increased number of complaints received due to delays within the system.

Quality and Clinical

- **Incident Reporting** – An overall increase of 22.6% in incidents reported from September to October. This was in line with increased activity.
- **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** increased in October, with 87.6% of responses being completed in time.
- **Stroke care**, performance has averaged an excellent 98.19% since January and remarkable results were seen in August with a performance of 99.7%. Furthermore, Airedale, Bradford and Leeds as well as South Yorkshire excelled for August, both achieving 100%

Finance

	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	144,632	146,453	1,821
Expenditure	(144,880)	(145,770)	(890)
Retained (Deficit) / Surplus with STF Funding	(248)	683	931
STF Funding	(253)	(887)	(633)
Retained (Deficit) / Surplus without STF Funding*	(501)	(204)	298
EBITDA	6,380	7,217	838
Cash	17,137	25,123	7,986
Capital Investment	0	0	0
Quality & Efficiency Savings (CIPs)	4,930	4,389	(540)

Workforce

Sickness

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

PDR

- 81.4% compliance against 90% stretched target

Stat and Man Training

- 95% compliance against 95% target

Turnover

- Dropped to 10.7% from 11.7% for last 12 months.

Strategic Objectives 2016-17

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

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

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions - October Comments)	Predicted RAG Year End	Oct RAG	Oct 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: Ready to go live subject to A&E approval. 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	
						NS	iii	Develop a model for urgent / intermediate care transport		DP&UC	Dec-16	
						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	
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 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. 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	
						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	
						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	
						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: A health and wellbeing strategy has now been developed which includes work on the national CQUINs.	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	
						C	iii	Improved monitoring and management of short-term sickness		DWF	Dec-16	C
						A	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	

Strategic Objectives 2016-17

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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 work streams, 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 iv On plan for 16/17 not yet commenced 4b v On plan for 16/17 not yet commenced	NA	NA	NA	i	ISO 22301 accreditation in Procurement	EDoF		Mar-17	
						NA	ii	ISO 22301 accreditation in Fleet	DEF		Mar-17	
						NA	iii	ISO 22301 accreditation in Corporate Communications	DPD		Mar-17	
						NA	iv	ISO 22301 accreditation in Air ambulance	EDOps		Mar-17	
						NA	v	ISO 22301 accreditation in HART	EDOps		Mar-17	
	4c	Complete site security developments for core infrastructure assets	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	
						G	iii	Implement additional staff guidance and support relating to incidents involving violence and aggression		EDQ&P	Dec-16	
						G	iv	Implement agreed 16/17 priorities		EDQ&P	Mar-17	
	4d	Improve alignment with key stakeholders in wider health and social care system	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. 4dvi: draft document under review by director of planning and devlopment	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
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 under review by new director of estates i) A 5-year estate optimisation and co-location plan is currently being developed and will consider the optimal location of four Hub & Spoke developments and potential Make Ready facilities to optimise Operational performance. ii) 1. Willerby relocation is dependant on PTS contract tented and currently stood down for 2016/17, until the Trust has clarity on accommodation requirements. The Trust continues to 'hold over' on the lease renewal. ii) 2. Bramham Heads of Terms for co disposal with Leeds City Council were agreed on 20/06/16 The property is likely to be marketed in March 2017. ii) 3. A paper regarding future options for Rotherham Fairfields was presented to the Hub & Spoke Programme Board on 21/06/16. A more detailed options appraisal is required. ii) 4. Gildersome sale completion delivered on 24/06/16. ii) 5 & 6. Doncaster iHub & Spoke business case was presented to Trust Board on 25/05/16, with a view to building a new Hub and Spoke service for the Doncaster and Bentley area. The H & S team are currently looking to acquire a suitably located site for the development, which will be the first of four H & S developments planned over the next five years. ii) 7. A paper is being drafted in support of the Trusts Training Strategy, scheduled for presentation to TMG in July 2016. iii) Maintenance backlog reduction of £200k is predicated by backlog reduction revenue and capital fund approval for infrastructure improvement works, as noted on the draft capital programme 2016/17. Capital programme bids are approved in principle and subject to final approval for identified schemes. CQC related Store Room Upgrades commenced on site 10/07/16 with work scheduled for completion by end July 2016	G	A	G	i	Develop and publish 5-year estates optimisation and co-location plan	DEF	DEF	Mar-17	
						A	ii	Implement 2016/17 priority improvements in line with 5 year plan, focused on 1. Willerby 2. Bramham 3. Rotherham Fairfields 4. Gildersome 5. Doncaster 6. Bentley 7.Training		DEF	Mar-17	
						A	iii	Undertake estate backlog maintenance programme		DEF	Mar-17	Dec-17
	5c	Demonstrate effective governance across key Trust functions	5c ii: recruitment to DOF in progress, Director of estates now in post, workforce senior management team appointment have been made. 5c iii: New Estates Governance Framework is now embedded but further work with procurement is required. 5c iv: Further well led review is planned for 16/17. Committee review complete no longer scheduled for 16/17.	G	G	C	i	Complete review of Trust Management Group in line with portfolio review	CEO	CEO	Jun-16	C
						A	ii	Embed new director portfolio structure and complete recruitment to key Board and TMG roles		CEO	Jun-16	Mar-17
						G	iii	Embed new Estates Governance Assurance Framework covering supplier frameworks, regulatory compliance, sustainability and property management		DEF	Sep-16	Mar-17
						G	iv	Complete Well-led Review		EDQ&P	Dec-16	
	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	

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	43.0%
Stroke in 60 mins	50.1%
Stroke care	98.0%
STeMI 150 mins	86.2%
CQC rating	2

Leadership & Improvement Capability

Staff sickness	5.4%
Staff turnover	10.5%
Executive team turnover	10.69%
Staff survey	13.42%
Proportion of temporary staff	4.16%
Aggressive cost reduction plans	NA
Written complaints rate	8.89%
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

Maximum 8 minute response for calls:

- Category 1 65.7%

Maximum 19 mins for all category calls:

- Category 1 (conveying) 89.5%
- Category 2R 70.7%
- Category 2T 69.2%

Strategic Change

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

Finance and Use of Resources

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

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

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 October was above plan by 11.6% (Plan based on October 2015 Actual CCG Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging more calls (589 more in October) 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 8.1% compared to October 2015. See, Treat and Convey is up by 6.4% which is due to a higher level of calls. The referral rate for 111 has slightly increased to 9.3% and the actual number of calls sent in October compared to September increased by 1916 referrals.

Hear and Treat Response

Oct - 3,405 (20.9% > Contract Total)
YTD - 20,639 (8.5% < Contract Total)

See, Treat and Refer Response (inc UCP)

Oct - 14,697 (20.5% > Contract Total)
YTD - 98,944 (17.5% > Contract Total)

See, Treat and Convey Response

Oct - 47,241 (6.8% > Contract Total)
YTD - 318,119 (6.3% > 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 up to 20th Oct.

Performance	July	August	September	October 1 - 20	YTD
Red Performance (8 min Resp)	66.5%	70.7%	68.8%	70.7%	69.4%
Amber R (19 min Resp)	71.6%	78.5%	75.5%	74.6%	75.8%
Amber T (19 min Resp)	60.5%	69.6%	63.0%	61.4%	65.8%
Amber F (19 min Resp)	66.4%	70.9%	64.7%	64.2%	69.4%
Green F (60 min Resp)	92.2%	95.7%	95.1%	94.4%	94.9%
Green T (60 min Resp)	71.7%	82.5%	77.0%	74.7%	78.3%
Green H (60 min Resp)	98.9%	98.5%	100.0%	100.0%	99.0%

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

Demand Impact

- 1 – Higher levels of demand this year is having a significant impact on performance with a much higher proportion of responses (a least 1 ambulance arrived scene)
- 2 – Increased job cycle times due to hospital delays and other reasons alongside the demand increase causes of staff requirements to increase beyond the expected levels.
- 3- Resources have 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

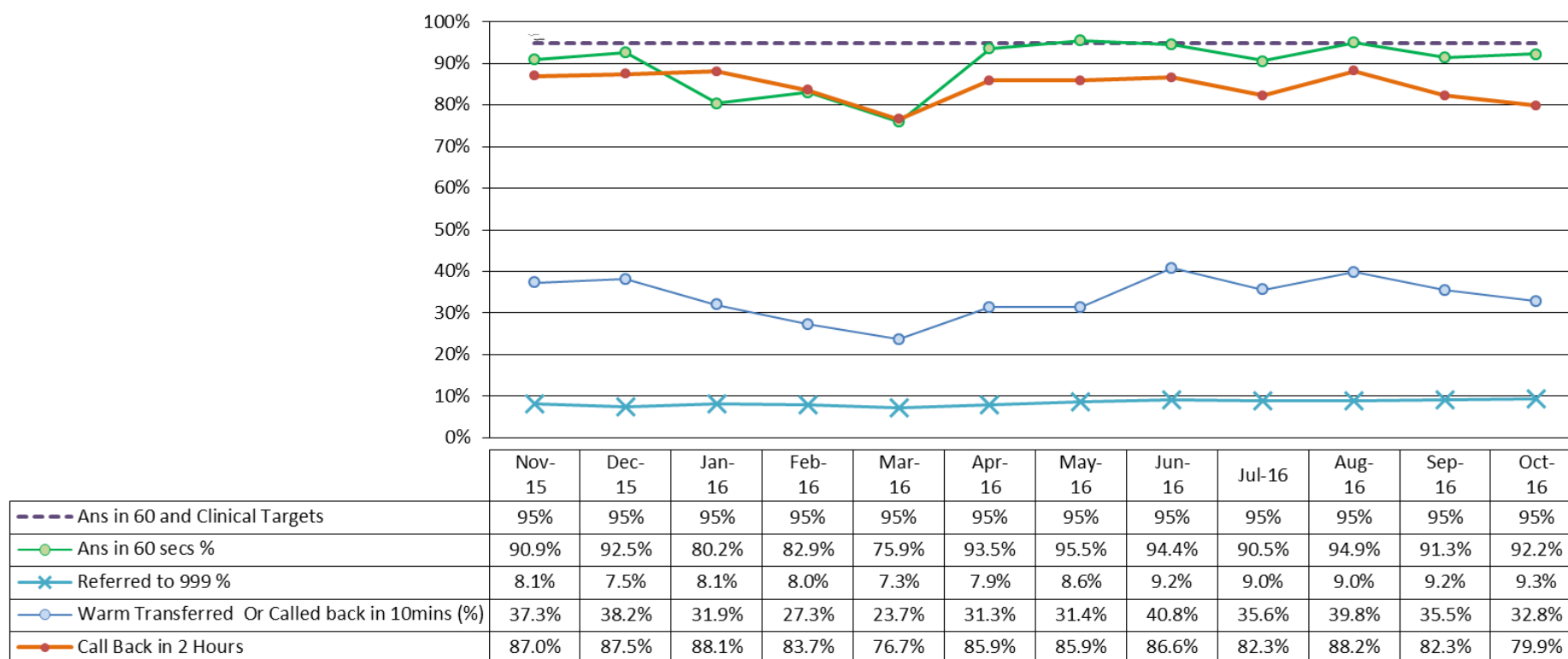
- 1 – **Improving Hear and Treat rates** by expanding the number of jobs in the clinical queue which in turn reduces the demands on ambulance staff.
- 2 – **Reducing vehicle ratio per incident** by reviewing allocation procedures. This will free up ambulances for other jobs.
- 3 – **Improving allocation 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 October are 0.7% (6,278 calls) above YTD contract ceiling volume. The year to date performance for calls answered in 60 seconds is currently 1.8% below the same position last year.



Calls answered demand for October running at 4.1% (5,308 calls) above contact ceiling. Referrals to 999 moved from 9.2% to 9.3% from September to October and have increased by 1.5% year on year. In October, 1,909 (25.1%) ambulances were stopped as a result of clinical intervention and 3,226 ambulances were checked by a clinician before being sent, out of a total of 5,701 (57%) green ambulance calls. This is a decrease of 17.9% from September to October.

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 2.3% above budgeted for October but 6.8% below YTD budget. Available time was 12% below budgeted for October.

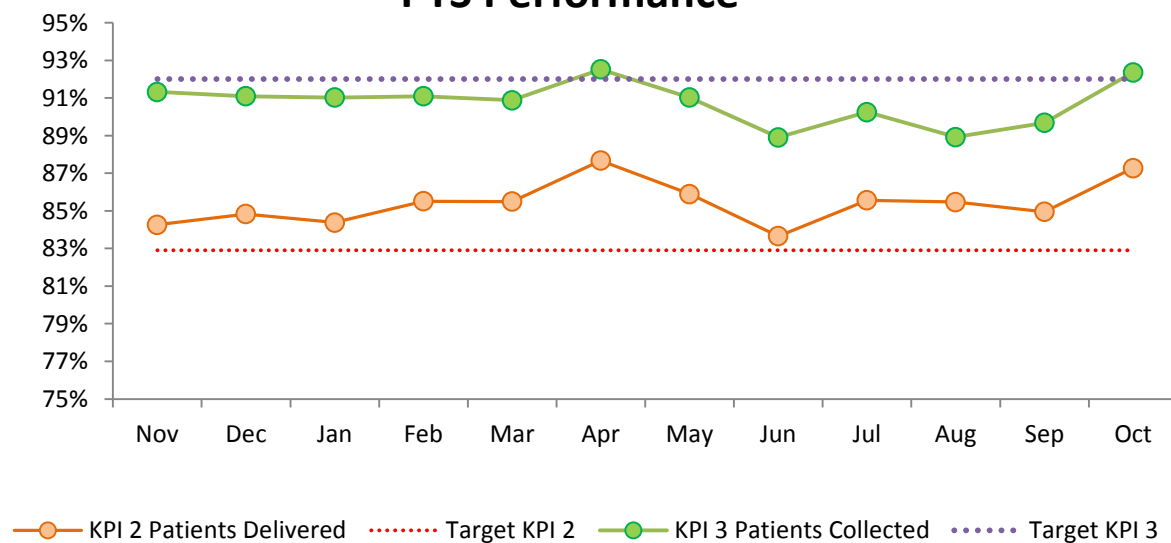
Demand and Performance - PTS

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

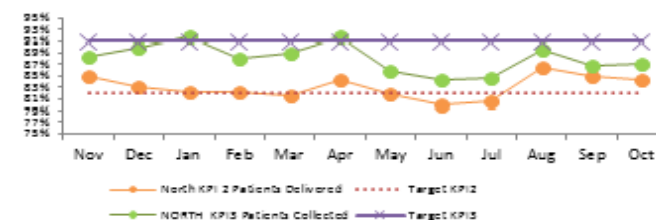
PTS –Performance

- **KPI 2** – arrival prior to appointment – October saw an overall PTS increase in performance achieving 87.3% and remains above target of 82.9% and well ahead YTD currently +2.9%.
- **KPI 3** – departure after appointment – October's performance as a whole for PTS was 92.4% exceeding a target of 91.7%; for the first time since Aprils at 90.5% YTD, below target.
- Generally for the month of October all areas achieved there KPI's with the exception of North who missed KPI 3 target by 4%. Although Cumbria had an impact on the overall performance they only incurred 2 breaches. Whilst all areas within West Yorkshire achieved their targets, there was a slight drop in performance mid-month when the telephone system of one of our sub-contractors crashed. This also had a knock on effect in the increased number of complaints received due to delays within the system.

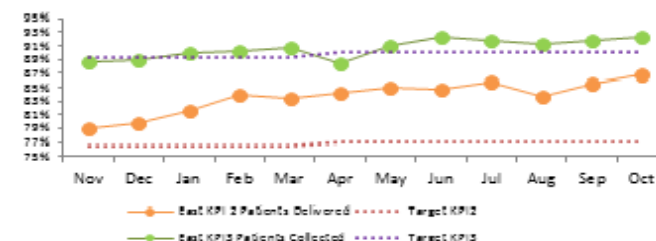
PTS Performance



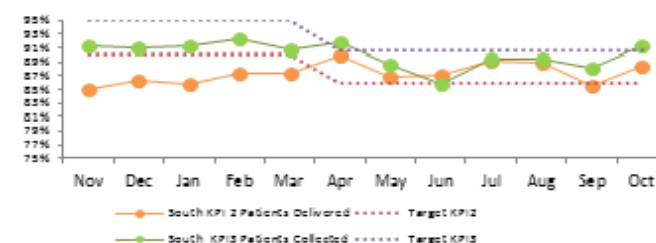
PTS Performance North



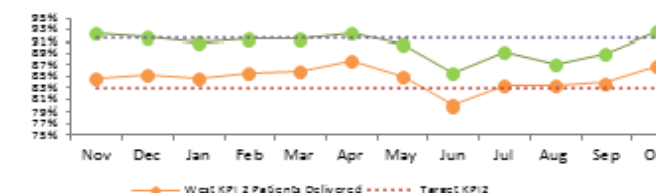
PTS Performance East



PTS Performance South

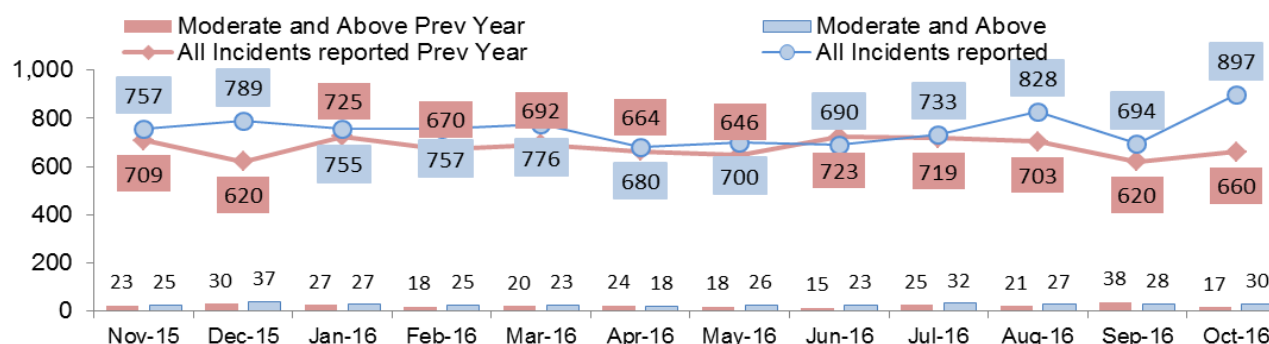


PTS Performance West



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

Complaints: The number of cases in October has remained consistent with the previous month for PTS following the high numbers in June to August due to 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. 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: Although incident reporting is at the highest for 12 months, incidents relating to moderate and above harm has not followed the same trend. It is down on average this year.

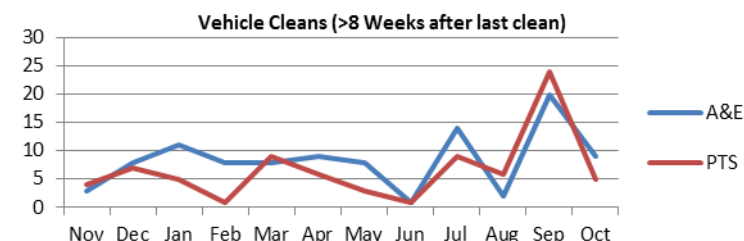
Friends and family Test: Results for Quarter 2 (latest reporting) remain positive with 93.62% (PTS) and 88.13% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

IPC Audits – audit compliance in October 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.

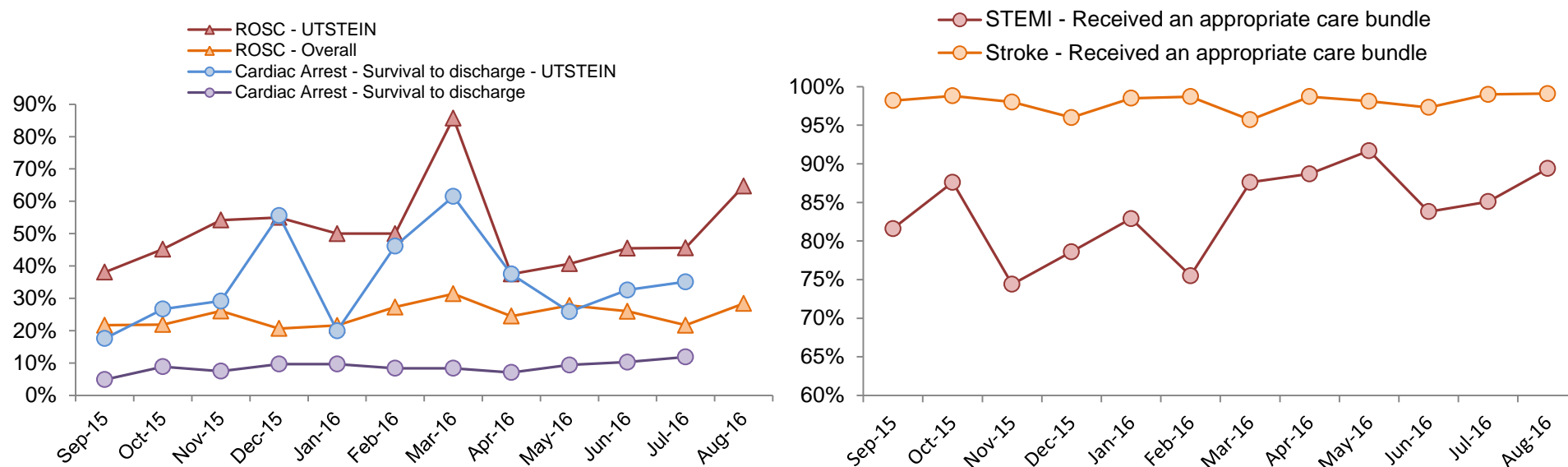
Infection prevention and control: The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has decreased in October and remains within the significantly lower range seen over recent months with 99.7% compliance. These are actively managed through the weekly review process. Deep Clean numbers for 8 weeks since last clean continue to be very low.

Legal requests – Compliance with the 21 day timescale has reduced this month due to a number of vacant positions within the legal team. Recruitment is currently on-going to fill these posts.



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 August was consistent with the trend seen over the previous 12 months, with August's figure of 28.4% being up from July's 21.7%. Performance continues to be at a good level in comparison with other Ambulance trusts. Performance for ROSC (UTSTEIN) stabilised over previous months, namely between April and July with an average performance of 42.3%. In comparison, a pleasing outcome for August of 64.7% showed a noticeable performance increase. Survival to Discharge data is not yet available for August - exceptional levels of performance have been seen over the last quarter, with an increase in performance from the previous month in May, June and July. Notably, June's performance of 10.3% was the highest performance seen over the last 12 months, which was then superseded by July's outstanding performance of 11.9%. For Survival to discharge (UTSTEIN), performance has mirrored the trend seen for Survival to discharge (overall), with an increase in performance over each month of the last quarter.

AQI Care Bundle: STEMI and stroke data for August 2016 indicates a consistently high level of care is being delivered to patients across all areas. For stroke care, performance has averaged an excellent 98.19% since January and remarkable results were seen in August with a performance of 99.7%. Furthermore, Airedale, Bradford and Leeds as well as South Yorkshire excelled for August, both achieving 100%. For STEMI care, August's performance of 89.39% exceeded the year to date average of 85.57%, and was the highest performing month in 2016 bar May's figure of 91.67%.

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

Sickness Absence: The sickness absence rate for October 2016 stands at 5.46% which is an increase of 0.3% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.69%. The 12 month figure stands at 5.4% compared to the 5.8% for the 12 month period of November 2014 to October 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 81.42% 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 94.53%. The new workbook has been issued and 90.6% of staff have completed their required training.

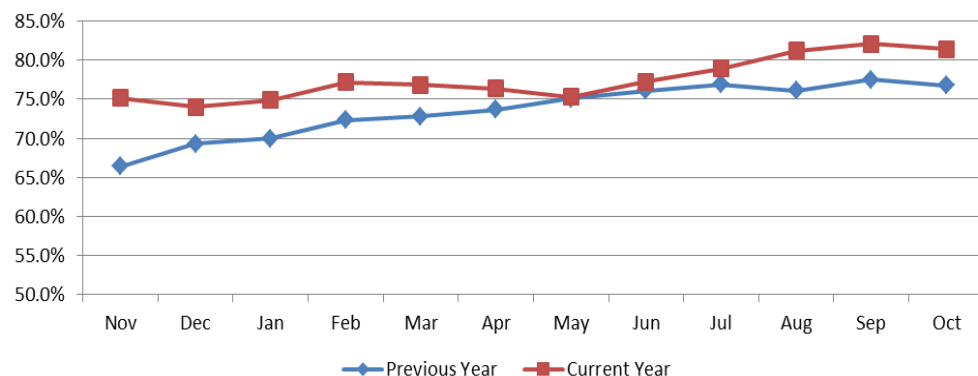
Retention/ Attrition: Turnover has dropped to 10.5% for last month compared to 10.9% for the previous 12 months, 89% of turnover is voluntary.

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

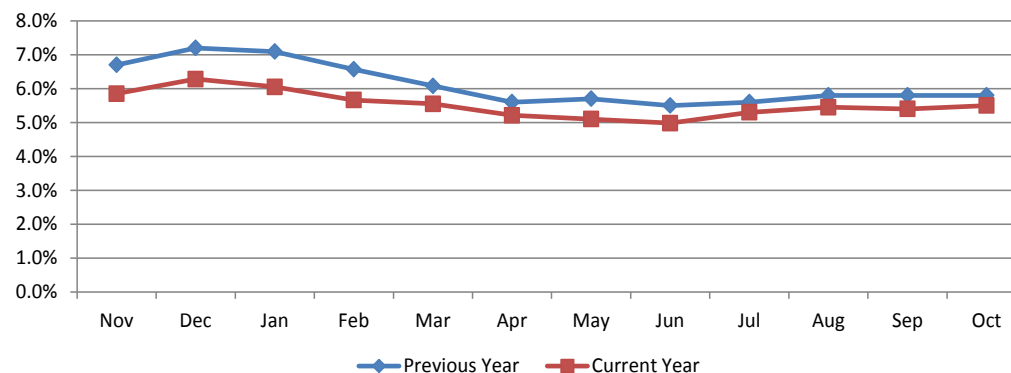
These include:-

- 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
Income	21,310	21,649	340	144,632	146,453	1,821
Expenditure	(19,737)	(20,195)	(457)	(144,880)	(145,770)	(890)
Retained (Deficit) / Surplus with STF Funding	1,572	1,455	(118)	(248)	683	931
STF Funding	(253)	(127)	127	(253)	(887)	(633)
Retained (Deficit) / Surplus without STF Funding*	1,319	1,328	9	(501)	(204)	298
EBITDA	2,509	2,375	(133)	6,380	7,217	838
Cash	17,137	25,123	7,986	17,137	25,123	7,986
Capital Investment	(2,255)	(2,653)	(398)	(7,853)	(3,157)	4,696
Quality & Efficiency Savings (CIPs)	1,386	1,339	(47)	4,930	4,389	(540)

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

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 ahead of plan (favourable variance of £9k). The YTD position is ahead of plan and shows a surplus of £683k against a deficit plan of (£248k) a favourable variance of £931k. On a like for like basis excluding STF the YTD position shows a deficit of (£204k) against a deficit plan of (£501k) and therefore a favourable variance of £298k

In terms of key variances YTD: Whilst the A&E service line is £602k favourable against plan, this 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 (£976k) due to increased fleet maintenance expenditure with increased activity and ageing fleet. The procurement position is (£477k) adverse to plan due to additional spend on consumables, medicines and uniforms due to increased demand activity. The People and Engagement Directorate position is adverse to plan by (£827k), mainly due to expenditure on front line 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 (£323k) year to date principally due to the expenditure on overtime exceeding the available resources (staff vacancies) and spend on external providers and sub-contractors. Whilst 111 service is showing an under-spend of £319k this is mainly due to vacancies. The EOC is £585k favourable against plan YTD and requires budget realignment to A&E overall requirements.

At the end of October 2016, the Trust's cash position was £25.1m against a planned figure of £17.1m. The additional cash balance of £8m is due to capital spend being less than planned as described below (£4.7m), and favourable working capital position.

Capital spend for 2016/17 at the end of October 2016 is £3.2m against the plan of £7.9m.

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 user specification change with the vehicles expected to start to be delivered in November 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 October we have 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 is yet to be approved.

The Trust has a savings target of £9.059m for 2016/17. 89% delivery of the YTD CIP target was achieved as at October 16 and 58% of this was achieved through recurrent schemes. Reserve schemes have achieved £1,442k of the year to date savings. This creates an adverse variance against plan of (£540k).

The new "Single Oversight Framework" has come into effect in the monthly finance returns from Month 7. This currently shows 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) with the exception being agency which is rated as a 3 due to the Trust being adverse against the agency cap although this is offset by reduced total pay spend.

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 7 the plan was a surplus position of £1,572k with the actual surplus being £1,455k, 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 be accounted

2.2 Quality and Efficiency Savings (CIP)

Oct-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	947	(822)	The A&E Operational efficiency schemes are adverse by (£822k) 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	25	(2)	Monthly achievement in line with planned savings.
Special Operations	256	149	(72)	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	1,074	(710)	Areas adverse to plan include: aborted calls scheme (£42k), pay & non pay elements of the workforce plan (£156k & £33k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£475k).
Finance & Procurement	455	265	(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	59	0	Achievement in line with planned savings.
111	595	347	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	180	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	1,884	(309)	Areas of variance against plan include: Fleet schemes (£87k), Estates (115k) and People and Engagement (£113k), resulting in an adverse variance of (£309k). Delivery of a number of smaller schemes are delayed and should commence later this year.
Total Planned Scheme Savings	9,059	4,930	(1,982)	
Reserve Schemes	0	0	1,442	This relates to the non-recurrent A & E Clinical Supervisor scheme (utilising their time as part of the front line rota) (£818k, PTS Income (475k) and Estates schemes (£149k).
Recurrent Reserve Schemes	0	0		
Non-recurrent Reserve Schemes	0	0	0	
Total Savings	9,059	4,930	(540)	

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						
Healthy food for NHS staff, visitors	33.3%	£379,270	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	Red						
Total	100%	£1,137,810													

Comments:- Uptake on flu vaccine slow at this stage however voucher scheme is in place supported by programme of internal vaccinations	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						
Ambulance Mortality Review	21.43%	£568,905	Green	Green	Green	Green	Green	Green	Green						
Assessing the quality of CPR	21.43%	£568,905	Green	Green	Green	Green	Green	Green	Green						
End to end reviews	21.43%	£568,905	Green	Green	Green	Green	Green	Green	Green						
Health Care Professional calls	14.29%	£379,270	Green	Green	Green	Green	Green	Green	Green						
Patient outcome data	7.14%	£189,635	Amber	Amber	Amber	Amber	Amber	Amber	Amber						
Total	100%	£2,654,890													

Comments:- Qtr 2 Report submitted	Green	Fully Completed / Appropriate actions taken
	Amber	Delivery at Risk
	Red	Milestone not achieved

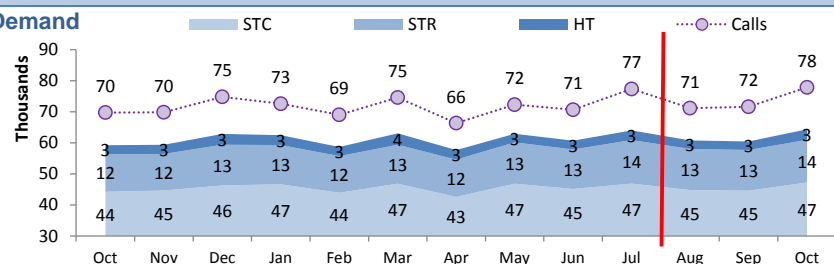
PTS CQUINS	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Patient Portal	TBC	TBC	Green	Green	Green	Green	Green	Green	Green						
Courtesy Calling	TBC	TBC	Green	Green	Green	Amber	Amber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

Oct-16

1. Demand



Compared to last year Hear & Treat calls have reduced by 8.6%, See Treat & Refer responses have increased by 7.8% and See Treat & Convey have increased by 6.2%. Overall responses (incidents arrived at scene) are above contracted.

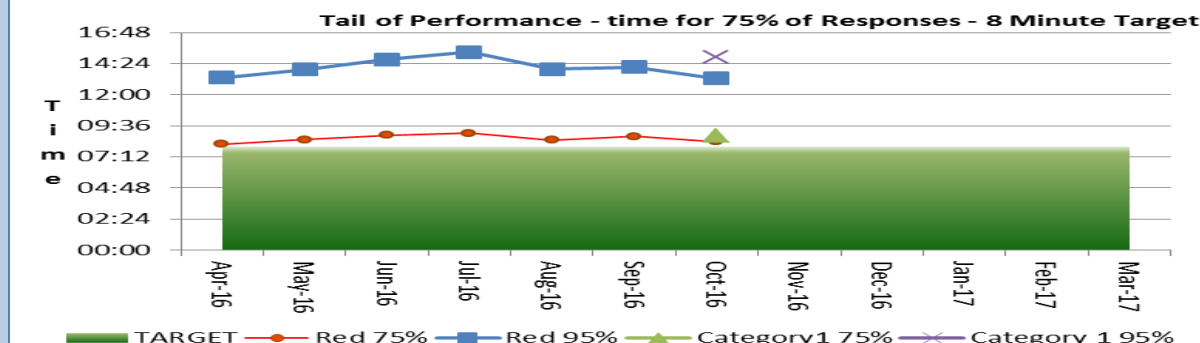
	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	517,878	20,715	99,225	320,366
YTD YAS (inc OOA&UCP) 2015-16	486,778	22,664	92,074	301,613
Variance (Between Years)	31,100	(1,949)	7,151	18,753
	6.4%	(8.6%)	7.8%	6.2%
YTD (Contract CCGs only) Actuals 2016-17*	507,432	20,639	92,153	318,119
YTD (Contract CCGs only) Contracted 2016-17	478,599	22,566	84,211	299,283
Variance (to Contract)	28,833	(1,927)	7,942	18,836
	6.0%	(8.5%)	9.4%	6.3%

* excludes UCP and Out of Area

3. Quality

	October	YTD
Serious Incidents (Rate Per 1000 Responses)	1 (0.02) ↑	12 (0.03)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
Total Incidents (Rate Per 1000 Responses)	581 (9.3) ↑	3250 (7.7)
Total Incidents per 1000 responses was more in October than the year to date average. There were 103 more incidents than September		
Feedback	Complaints	23 ↑ 97
	Concerns	15 ↓ 107
	Comments	4 ↓ 41
	Service to Service	15 ↓ 92
	Compliments	68 ↓ 401
Response within target time for Complaints and Concerns	97%	92%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 2
The average response time for Complaints and Concerns in Oct was 25 days and YTD is 28 days		
Vehicle Deep Clean (>8 weeks after last clean)	9 ↓	63

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				
Category 1	75%							08:50				
	95%							14:52				
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 Pilot: Performance for Red is below the 75% target at 70.7% for October (69.4% YTD)

ARP2.2 Pilot (Commenced 20th October): Performance for Category 1 is below the 75% target at 65.7%

4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	%
Oct 2016 (FT Equivalents)					
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,212	145	486	1,581	71%
Variance	(48)	(32)	79		
% Variance	(2.1%)	(28.6%)	14.0%	(1)	(0.1%)
FTE (worked inc overtime)*	2,360	145	486	1,729	73%
Variance	100	(32)	79		
% Variance	4.4%	(28.6%)	14.0%	147	9.3%

* 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 (1581 compared to 1546) and is below planned Gross FTE (2.1%) Absence is higher than planned.

The number of Operational Paramedics is 910 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		947	943	(4)

The A&E Operational efficiency schemes are slightly behind plan at the end of October. This is due slippage on missed meal breaks, Private Providers and other unidentified recurrent A&E schemes 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)

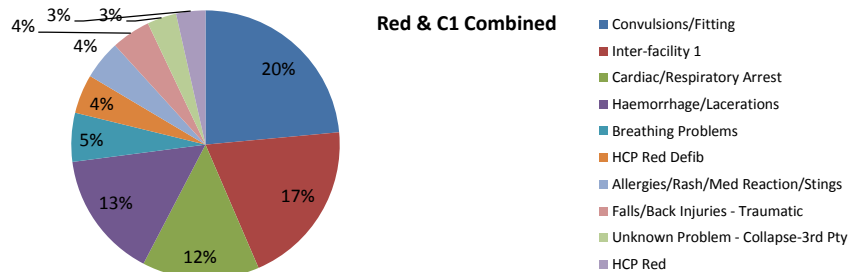
Category4 – Non-emergency (Response standard 1 to 4 hours)

3. Top 10 Chief Complaints

Top 10 Chief Complaints	Red
Convulsions/Fitting	20%
Inter-facility 1	19%
Cardiac/Respiratory Arrest	12%
Haemorrhage/Lacerations	11%
Breathing Problems	5%
HCP Red Defib	5%
Allergies/Rash/Med Reaction/Stings	5%
Falls/Back Injuries - Traumatic	4%
Unknown Problem - Collapse-3rd Pty	3%
HCP Red	3%

Top 10 Chief Complaints	Category 1
Convulsions/Fitting	20%
Inter-facility 1	14%
Haemorrhage/Lacerations	14%
Cardiac/Respiratory Arrest	12%
Breathing Problems	5%
Falls/Back Injuries - Traumatic	4%
HCP Red Defib	4%
Allergies/Rash/Med Reaction/Stings	4%
Unknown Problem - Collapse-3rd Pty	3%
Overdose/Ingestion/Poisoning	3%

Red & C1 Combined



2. Demand and Performance

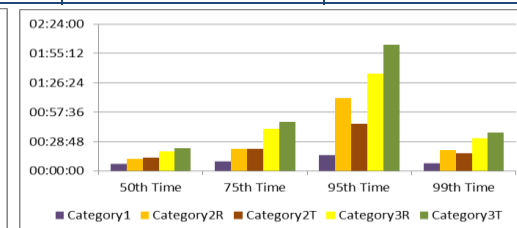
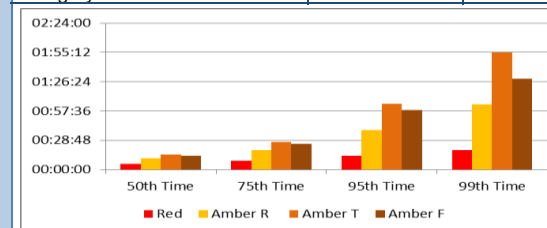
ARP2 (1st to 19th October)	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Red	3333	5	698	2496	3194	8 Mins (75% Target)	70.7%	8.4%
Amber R (Response)	16636	75	3181	12147	15328	19 Mins (No Target)	74.6%	40.3%
Amber T (Transport)	9514	77	1707	6697	8404		61.4%	22.1%
Amber F (Face to Face)	5932	217	1682	2866	4548		64.2%	11.9%
Green F (Face to Face)	5033	78	1117	1082	2199	60 Mins (No Target)	94.4%	5.8%
Green T (Transport)	4627	39	459	3664	4123		74.7%	10.8%
Green H (Hear and Treat)	1972	1372	39	69	108		100.0%	0.3%
Routine	202	0	11	156	167	Hear & Treat	95.1%	0.4%

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

ARP2.2 (20th to 31st October)	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Category1	2554	1	554	1887	2441	8 Mins (75% Target)	65.7%	10.1%
Category2R (Response)	1494	9	302	781	1083	19 Mins (No Target)	70.7%	4.5%
Category2T (Transport)	13135	95	2374	9515	11889		69.2%	49.3%
Category3R (Response)	2795	98	752	1416	2168	40 Mins (No Target)	73.3%	9.0%
Category3T (Transport)	4479	137	1125	2110	3235		69.7%	13.4%
Category4T (Transport)	5698	62	659	2455	3114	90 Mins (No Target)	89.1%	12.9%
Category4H (Hear and Treat)	1722	1148	44	45	89		100.0%	0.4%
Routine	111	0	4	75	79	Hear & Treat	93.1%	0.3%

4. Tail of Performance

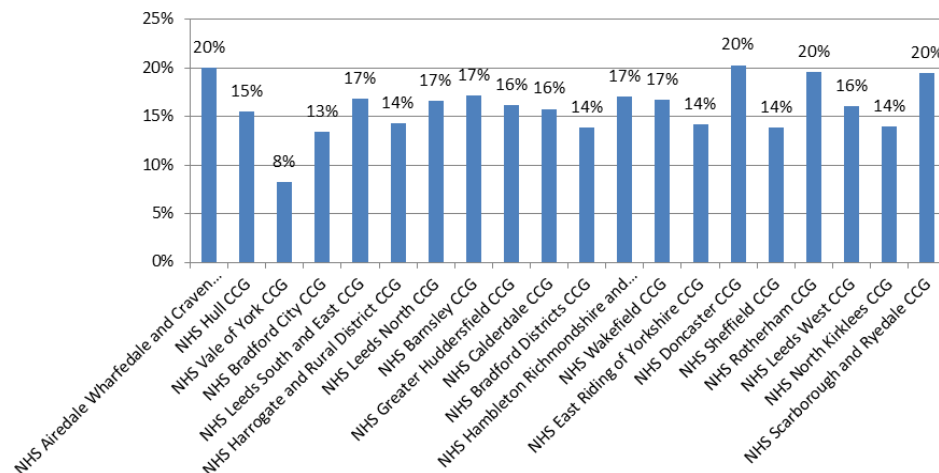
ARP2	50th Time	75th Time	95th Time	99th Time
Red	00:05:35	00:08:22	00:13:15	00:18:51
Amber R	00:11:09	00:19:06	00:38:32	01:04:08
Amber T	00:15:05	00:27:08	01:04:39	01:55:26
Amber F	00:13:32	00:25:29	00:58:37	01:29:04
ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:38	00:09:13	00:15:36	00:07:17
Category2R	00:11:56	00:21:27	01:11:33	00:20:19
Category2T	00:13:02	00:21:34	00:45:59	00:17:26
Category3R	00:19:16	00:41:08	01:35:22	00:31:48
Category3T	00:22:11	00:48:07	02:03:59	00:37:36



Tail of performance for Red - 50% of people received a response in 6 mins 3 seconds. 95% of patient were seen in 13 mins and 58 seconds which is 1 minute 16 seconds faster than last month.

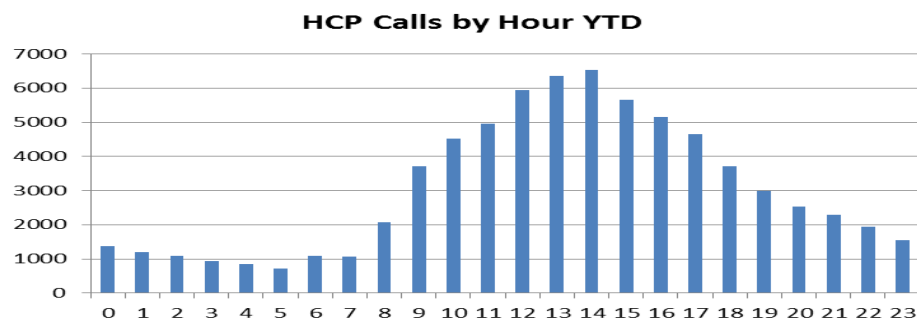
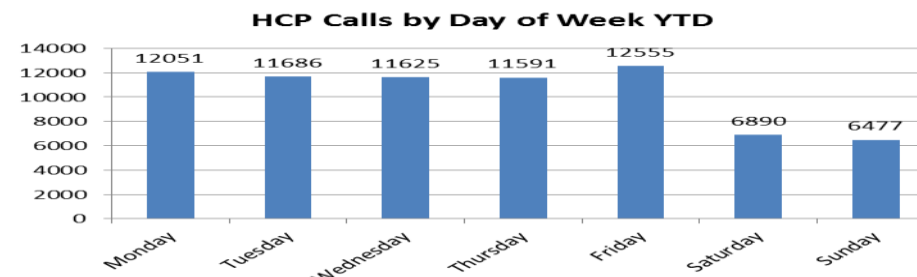
Tail of Performance for Amber (within 19 minutes) ranges from 10:47 to 12:55 for 50th Percentile

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



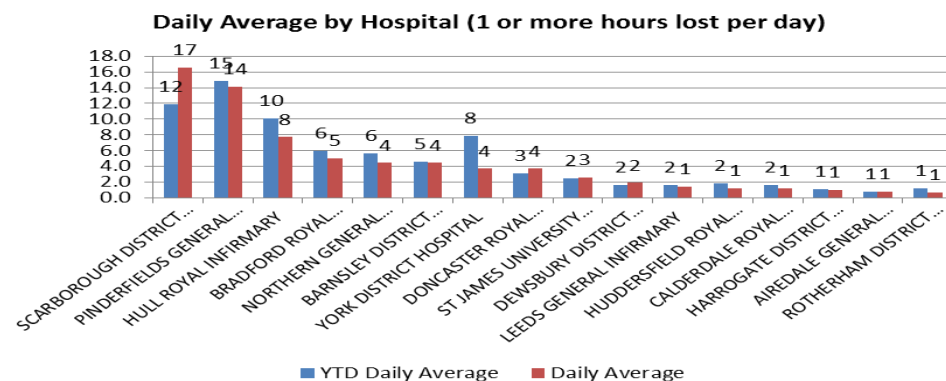
Red Calls as a proportion account for 13.4% of all HCP calls. Category1 calls account for 0.2%
 NHS Sheffield CCG has the highest volume of HCP demand of all the CCGs.
 The time of day with the highest (60.1%) of all calls are between 10 and 5pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

2. HCP by Time of Day



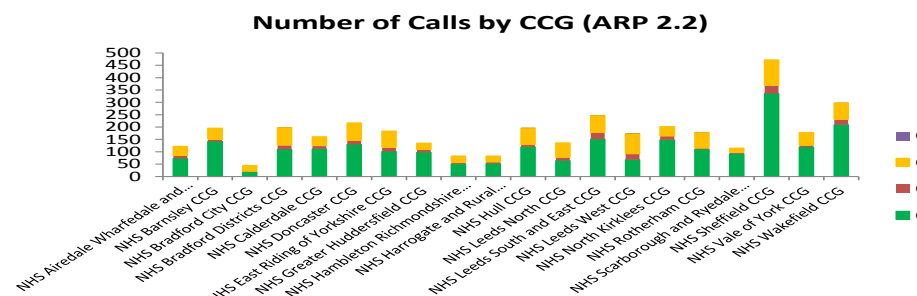
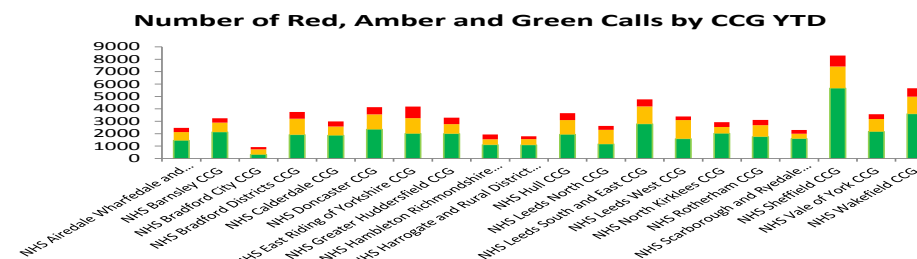
3. Hospital Turnaround - Excessive Response

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	last 12 mths
Excessive Handovers Over 15mins (hours)	1852	1591	2250	2734	3300	1981	2323	2283	2274	2187	2162	3149	28086
Excessive Hours per Day	62	51	73	94	106	66	75	76	73	71	72	102	921

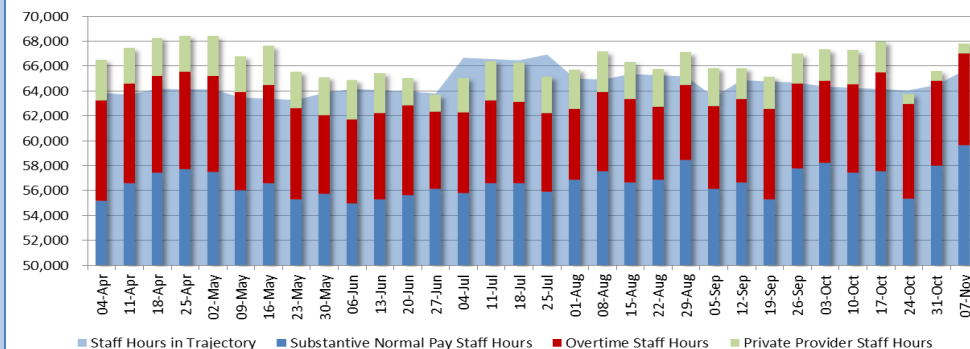


Excessive time lost at hospitals was higher in October than September. It continues to be higher than for the same period last year. Mid-Yorks - Pinderfields, Hull and Scarborough have been impacting on performance.

4. HCP by Grade of Call



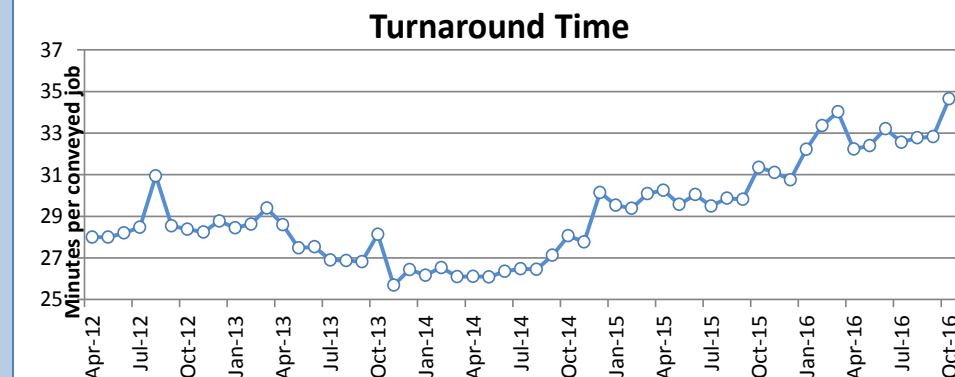
1. Resource Hours



Total Responses (minus Triage)	Apr	May	Jun	Jul	Aug	Sep	Oct	Total
2015-16	55,039	56,192	55,166	57,108	57,255	54,953	57,974	393,687
2016-17	56,014	61,569	59,198	62,357	59,546	58,937	62,169	419,790
Variance	1.8%	9.6%	7.3%	9.2%	4.0%	7.2%	7.2%	6.6%
Yr on Yr Increase in Required FTE - Demand Only	26	139	107	135	59	106	108	97

Staff hours for September were 3.6% 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 6.6% 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.

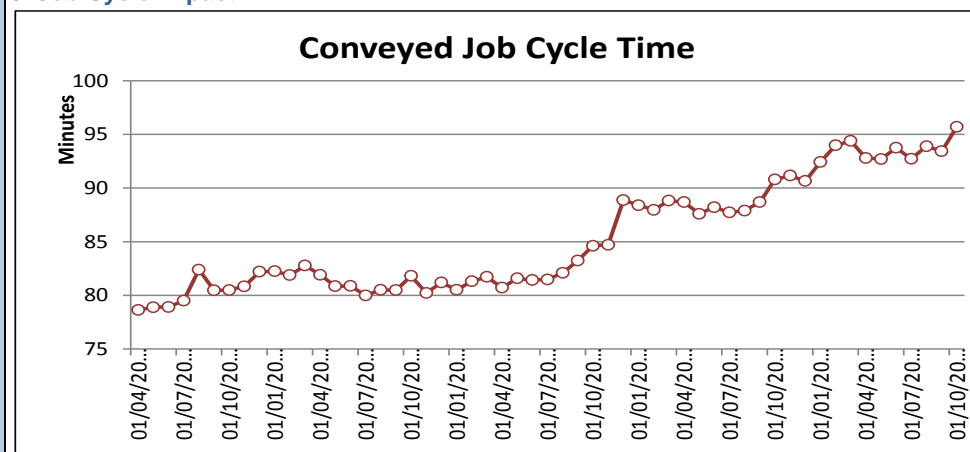
2. Hospital Turnaround Times



Turnaround times were up 6% (2 minutes per job) month on month, the equivalent of an additional 2 resource off the road 24/7 more than September.

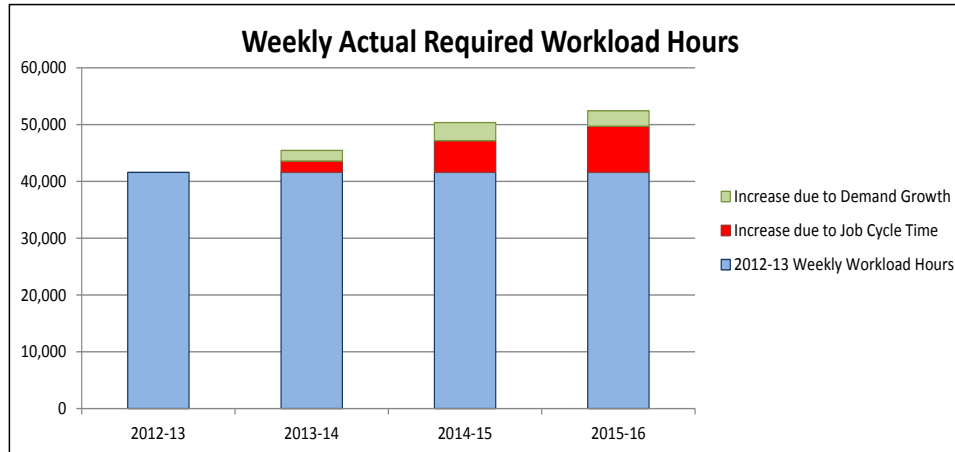
- A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 1 additional ambulance at all times or 7 full time ambulances per week
- A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 5 additional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

3. Job Cycle Impact

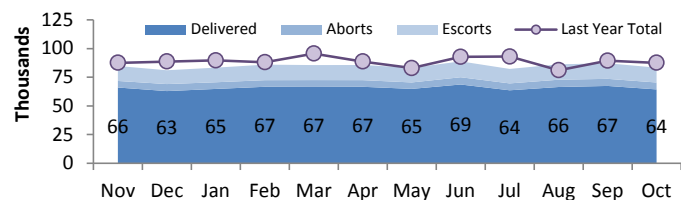


Impact of Job Cycle Time on Staffing

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



1. Demand



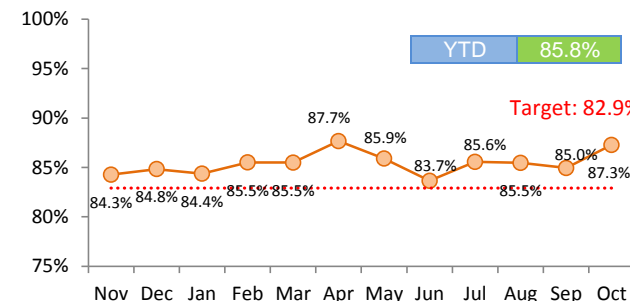
Comparison to Plan

April to March	Delivered	Aborts	Escorts	Total
YTD 2016-17	461,964	42,268	92,397	596,629
Contract 2016-17 (2015-16 Demand)	478,622	41,603	95,090	615,315
% Variance	(3.5%)	1.6%	(2.8%)	(3.0%)

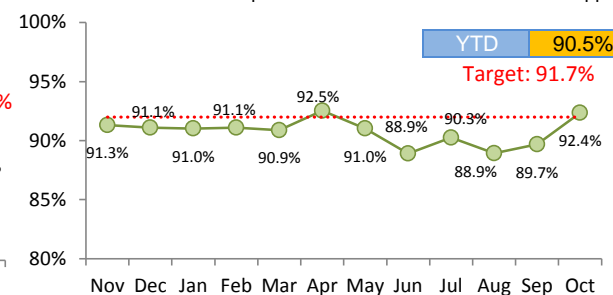
Key Points - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

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 - West Yorkshire, KPI 2 (inward) achieved target by 3.7% and KPI 3 (outward) achieved target by 1.3%. East Yorkshire KPI 2 (inward) achieved 86.9% against target of 77.0% + 9.9% and KPI 3 (outward) achieving 92.4% against target of 90.0% + 2.4%. North Yorkshire KPI 2 (inward) achieved target of 84.2% + 2.2%, KPI 3 under achieved by 3.8%. South Yorkshire KPI 2 (inward) achieved target by 2.3% due to the changes within 2016/2017 contract KPI 3 (outward) also achieved target by 0.7%.

3. Quality, Safety and Patient Experience

	Oct	YTD
Calls Answered in 3 mins (All PTS calls)	76.3% ↑	71.1%
Serious Incidents (YTD)	0 ↔	2
Total Incidents (per 1000 activities)	92 (1.43) ↑	744 (1.61)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
Feedback	Complaints	9 ↓ 88
	Concerns	27 ↓ 285
	Comments	3 ↓ 45
	Service to Service	43 ↑ 303
	Compliments	9 ↑ 20
Response within target time for Complaints and Concerns	86%	95%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 0
Patient Experience Survey - Qtrly	90.8%	87.5%
Vehicle Deep Clean (>8 weeks since last clean)	5 ↓	54

4. Workforce

FT Equivalents				Available	
Oct-16	FTE	Sickness (5%)	Absence (20%)	Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	689	44	95	549	80%
Variance	(38)	(7)	50		
Actual Shrinkage %		6.2%	13.4%	4	0.8%
% Variance	(5.3%)	(20.3%)	34.4%		
FTE worked inc overtime	713	44	95	574	80%
Variance	(14)	(7)	50	29	5.3%
% Variance	(1.9%)	(20.3%)	34.4%		
** FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE					
** Sickness and Absence (Abstractions) is from GRS"					
Key Points					
Sickness has reduced during October by 0.7%.					
PTS used an equivalent of an additional 25 FTE with the use of overtime against vacancies of 38.					
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	1,074	838	(236)

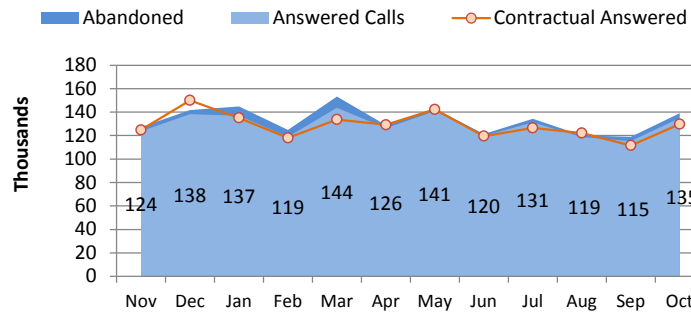
Quality and Efficiency Savings (CIPs) are currently (£236k) behind plan due to a delay in workforce savings, lower than expected savings on reduced number of aborted calls.

3.3 NHS 111

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

Oct-16

1. Demand



Calls answered up by 11% compared to October 2015 although there was an extra Sunday this year. Normalising the data, answered volume is up by 4.6% compared to October 2015. Answered volume is 4.1% above contract ceiling for October 2016 (5,308 calls)

April to October	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	905,696	887,016	826,690	93.2%
YTD Contract Ceiling 2016-17	880,738	880,738	836,701	95.0%
Variance	24,958	6,278	(10,011)	
	2.8%	0.7%	(1.2)%	(1.8)%
YTD 2015-16	869,097	849,503	789,079	92.9%
Variance	36,599	37,513	37,611	
	4.2%	4.4%	4.8%	0.3%

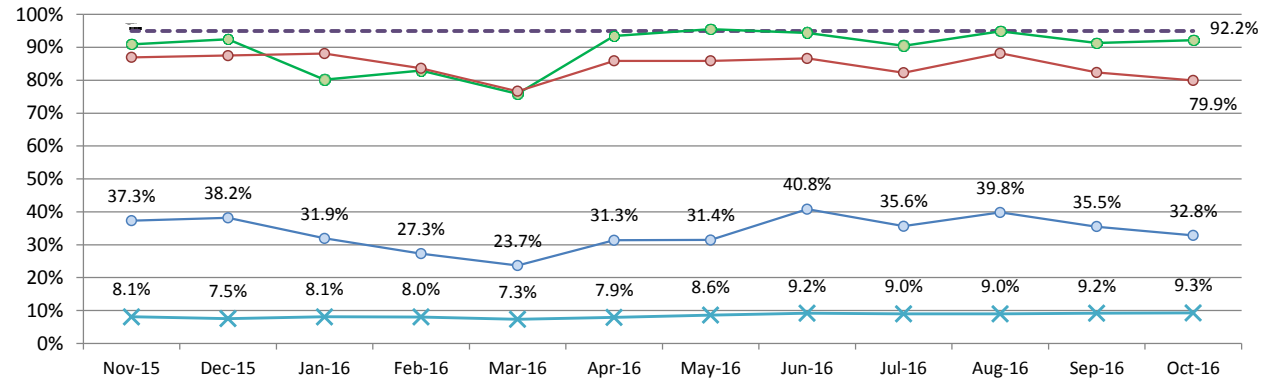
3. Quality

		October	YTD
Serious Incidents (per 1000 answered)		0 (0.0) ↓	8 (0.01)
Total Incidents (per 1000)		52 (0.39) ↑	319 (0.36)
Feedback	Complaints	43 ↑	288
	Concerns	4 ↑	26
	Comments	4 ↓	34
	Service to Service	28 ↑	257
	Compliments	17 ↑	76
Response within target time for Complaints and Concerns		93%	84%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0

2. Performance

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

Answered in 60 secs (95% Target)	92.2%	93.2%
Warm Transferred and Call Back in 10mins (65%)	32.8%	35.9%
Call Back in 2 Hours (95%)	79.9%	84.2%
Referred to 999 (nominal limit 10%)	9.3%	7.7%



Calls Offered have increased by 10.4% compared to October 2015. Answered in 60 performance is up by 3.6% when compared to the same month last year. Month on month, performance went from 91.3% in September to 92.2% in October (up by 0.9%). Warm Transferred and Call Back in 10 minutes is down by 2.7% month on month and 2.2% down compared to October 2015.111 referrals to 999 up by 1.5% year on year but remain within target. In October, 1,909 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

4. Workforce

October 2016 (FT Equivalents) - Call Handler and Clinician				Available	
	FTE	Sickness (9%)	Absence*	Total	%
Budget FTE	305	27	70	207	68.0%
Contracted FTE (before Overtime)	326	22	108	197	60.3%
Variance	21	6	(38)	(11)	-5%
% Variance	6.9%	21.3%	(53.8)%		
FTE (Worked inc Overtime)	312	22	108	183	58%
Variance	7	6	(38)	(25)	-12%
% Variance	2.3%	21.3%	(53.8)%		

Contracted FTE (before Overtime) 6.9% above budgeted
Paid Sickness at 6.6% (2.4% below threshold) and absence at 33.1%.

* Absence includes total abstractions away from substantive job roles.

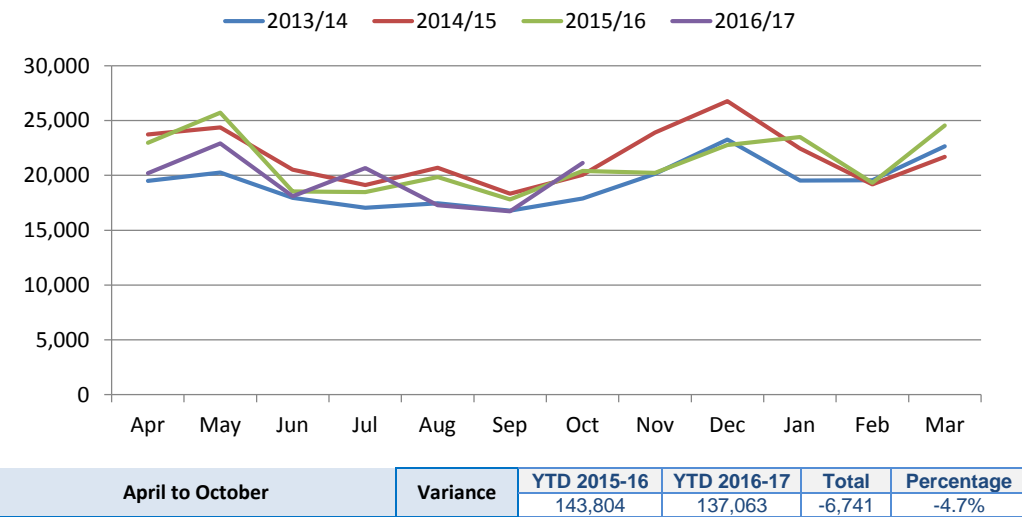
5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIP's	347	347	0

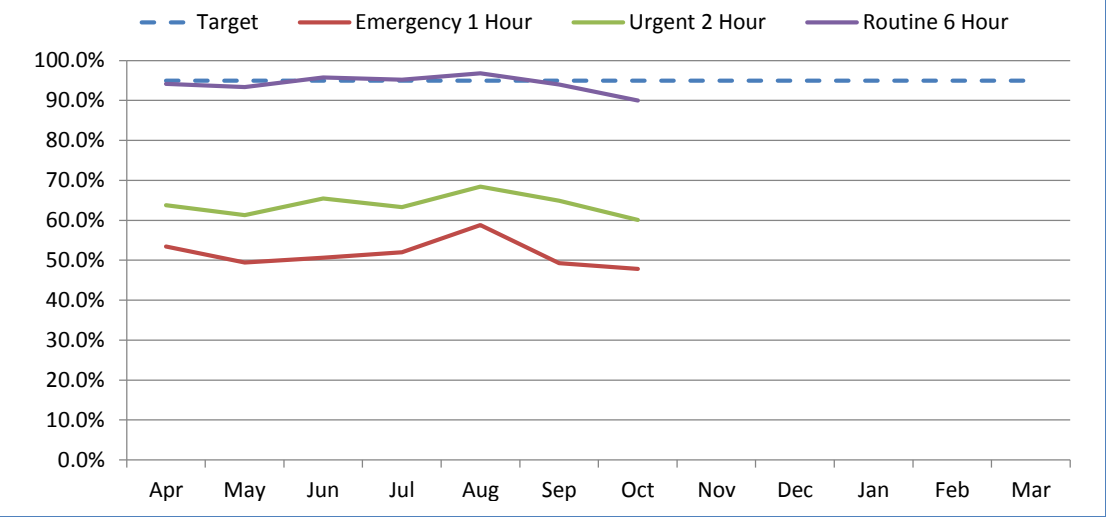
Quality and Efficiency Savings (CIPs) are on plan at the end of October as a result of non-recurrent staff savings due to vacancies.

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

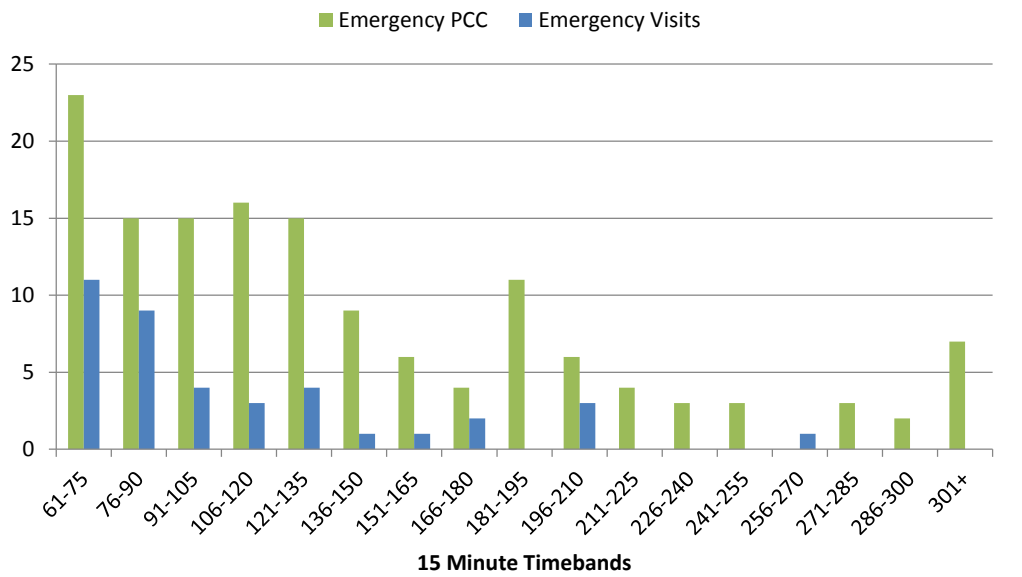
1. Demand



2. Performance



3. Tail of Performance



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	No SI's reported in October.
Adverse Reports received	No adverse reports received
Patient Complaints	19 patient complaints received in Oct-16 directly involving the LCD part of the pathway. 4 closed, 1 unable to proceed until incident date is confirmed and 14 remain under investigation.

5. Comments

Patient demand levels for WYUC in October 2016 in comparison to October 2015 remain significantly above the contract baseline and increased on the previous year and any other October within this contract. The rise in October was influenced by the number of weekend days this year, which stood at 10 compared to 9 in 2015.

NQR 12a performance in October saw 47.8% of emergency appointments in 1 hour completed in time, a fall of 1.5% from September. 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 fell with 60.1% of urgent cases administered within 2 hours (fall of 4.8% of from September) and 90.0% of less urgent cases administered within 6 hours (fall of 4% from September).

There were 19 patient complaints logged during Oct-16, an increase of 5 on last month and 16 lower when compared to Oct-15. 4 complaints are closed, 1 unable to proceed until incident date is confirmed and 14 remain under investigation.

The trend in 2016-17 so far is downwards, from approx. 1.0 in Aug-16 to 0.8 in Oct-16 with an overall decrease of around 0.2%.

4.1 Finance Overview

			Oct-16
	Month	YTD	Trend 2016-17
RISK RATING: The new "Single Oversight Framework" has come into effect in the monthly finance returns from Month 7. This currently shows 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 overspent against the agency cap. Note: Reporting against the new criteria has started this month. This indicator has a different basis to the "Financial Sustainability Risk Rating", so past ratings cannot be shown on the same graph.			
EBITDA: The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) at month 7 is £7.2m against a plan of £6.4m, a positive variance to Plan by £0.8m (reflecting the YTD adjustment for additional £0.9m STF income).			
SURPLUS: The Trust has reported a YTD surplus as at the end of October (Month 7) of £0.7m against a planned deficit of £0.2m, a positive variance to Plan by £0.9m (of which £0.6m 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.			
CAPITAL: Capital spend for 2016/17 at the end of October 2016 is £3.2m against the plan of £7.9m. 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 with the vehicles expected to start to be delivered in November 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 October we have 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 is yet to be approved.			
CASH: At the end of October 2016, the Trust's cash position was £25.1m against a planned figure of £17.1m. The additional cash balance of £8m is principally due to capital spend being less than planned as described below (£4.7m), and favourable working capital position.			
CIP: The Trust has a savings target of £9.059m for 2016/17. 89% delivery of the CIP target was achieved YTD as at October and 58% of this was achieved through recurrent schemes. Reserve schemes have contributed £1,442k of the year to date savings. This creates an overall adverse variance against plan of (£540k).			

4.2 Finance Detail

Oct-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	15,289	15,472	183
Patient Transport Service	2,378	2,384	6
111	2,648	2,700	52
Other Income	995	1,094	99
Operating Income	21,310	21,649	340
Pay Expenditure & reserves	(14,367)	(14,084)	283
Non-Pay expenditure & reserves	(4,434)	(5,190)	(756)
Operating Expenditure	(18,801)	(19,274)	(473)
EBITDA	2,509	2,375	(133)
EBITDA %	11.8%	11.0%	-0.8%
Depreciation	(752)	(744)	7
Interest payable & finance costs	(15)	0	15
Interest receivable	7	3	(4)
Profit on fixed asset disposal	12	16	4
Dividends, interest and other	(189)	(196)	(7)
Retained (Deficit) / Surplus	1,572	1,455	(117)
I&E (Deficit) / Surplus %	7.4%	6.7%	(.7%)

Capital Plan	Annual Budget £000	Current Month Variance £000	YTD Variance £000
Estates	(2,541)	59	1,185
H&S	(1,232)	35	819
ICT	(1,111)	(64)	319
Fleet	(7,444)	(212)	1,252
Hart Vehicles and Equipment	(1,378)	(63)	690
Medical Equipment	(1,629)	(153)	425
Contingency	-	-	6
Total Schemes	(15,335)	(398)	4,696
Total CRL including planned NBV receipts	14,575		
Total CRL including additional NBV receipts	14,836		
Over committed against CRL incl disposals	(499)		

Year to Date		
Budget	Actual	Variance
£000	£000	£000
103,896	104,432	536
16,814	16,821	6
18,528	18,851	323
5,394	6,349	956
144,632	146,453	1,821
(100,946)	(98,456)	2,490
(37,307)	(40,780)	(3,474)
(138,253)	(139,236)	(983)
6,380	7,217	838
4.4%	4.9%	0.5%
(5,215)	(5,198)	17
(214)	(168)	46
48	35	(13)
77	88	10
(1,324)	(1,291)	33
(248)	683	931
(.2%)	0.5%	0.6%

Plan	CATEGORY	Plan	Oct-16	YTD
%age of bills paid within terms	NHS	95%	91%	74%
%age of bills paid within terms	NON NHS	95%	92%	87%

CASH	Plan £000	Actual £000	Variance £000
End of month cash balance	17,137	25,123	7,986

5 Workforce Scorecard

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

Interim Associate Director of Human Resources – Tracy Hodgkiss)

Oct-16

YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - Oct-16		Current Data - Sep-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4332.61	Oct-16	4283.04	Sep-16	4495		↑	4161.77	Oct-15
Equality & Diversity	5.74% fte	Oct-16	5.77% fte	Sep-16	11.1% fte		↓	5.24% fte	Oct-15
	6.13% hcount		6.05% hcount					5.54% hcount	
Monthly Sickness Absence	5.46%	Oct-16	5.40%	Sep-16	5% fte		↑	5.69%	Oct-15
Yearly Sickness Absence	5.43%	Nov-15 Oct-16	5.42%	Oct-15 Sep-16			↑	5.79%	Nov-14 Oct-15
Turnover	10.69% fte	Oct-16	10.54% fte	Sep-16	10.13% Amb Trust Average from iView		↑	11.74% fte	Oct-15
	13.20% hcount		12.82% hcount					13.48% hcount	
Current PDRs	81.42%	Oct-16	82.12%	Sep-16	90%		↓	76.84%	Oct-15
Stat & Mand Workbook	94.53% (combined)	Oct-16	95.09% (combined)	Sep-16	85% (combined)		↓	88.11% (Combined)	Oct-15
	90.64%	Oct-16	90.46%	Sep-16				88.11%	Oct-15
Overtime	£810k	Oct-16	£823k	Sep-16			↓	£857k	Oct-15
	£11,183k	Nov-15 Oct-16	£11,229k	Oct-15 Sep-16			↓	£11,374k	Nov-14 Oct-15

Sickness absence remains above the Trust target of 5%.

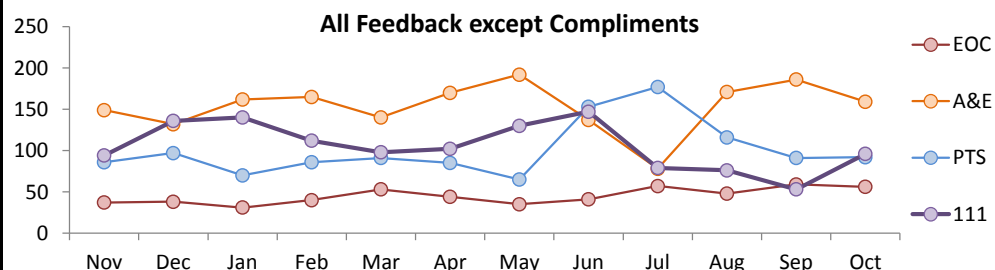
6.1 Quality and Risk

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)

Oct-16

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.)

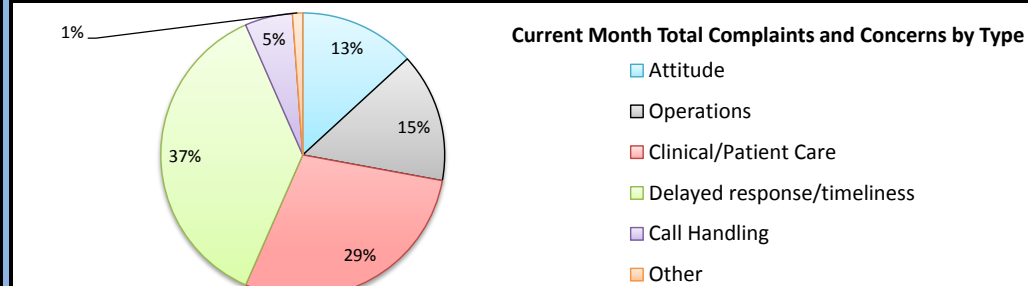
	EOC		A&E		PTS		111		Total	
	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD
Complaint	15	102	23	97	9	88	43	288	90	575
Concern	9	79	15	107	27	285	4	26	55	497
Service to Service	30	139	15	92	43	303	28	257	116	791
Comment	1	3	4	41	3	45	4	34	12	123
Compliment	1	6	68	401	9	20	17	76	95	503
Lost/Found Proper	0	4	25	207	1	14	0	0	26	225
PALS request	0	7	9	148	0	24	0	2	9	181
Total	56	340	159	1,093	92	779	96	683	403	2,895
Demand	79,237	518,304	66,037	441,113	64,366	461,964	135,002	887,016	344,642	2,308,397
Proportion	0.07%	0.07%	0.24%	0.25%	0.14%	0.17%	0.07%	0.08%	0.12%	0.13%



The Number of cases in October 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.

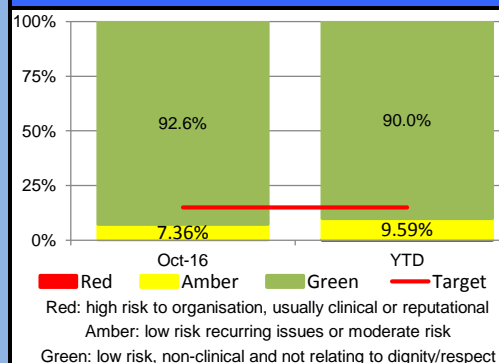
2. Complaints and Concerns (including issues raised by healthcare professionals) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD
Attitude	0	0	19	120	7	52	8	54	34	226
Operations	0	2	18	98	5	53	15	319	38	472
Clinical/Patient Care	0	0	16	69	9	64	49	193	74	326
Delayed response	44	240	0	3	51	465	0	0	95	708
Call Handling	10	63	0	2	4	35	0	0	14	100
Other	0	15	0	4	0	0	3	5	3	27
Total	54	320	53	296	76	669	75	571	258	1,859
Demand	79,237	518,304	66,037	441,113	64,366	461,964	135,002	887,016	344,642	2,308,397
Proportion	0.07%	0.06%	0.08%	0.07%	0.12%	0.14%	0.06%	0.06%	0.07%	0.08%



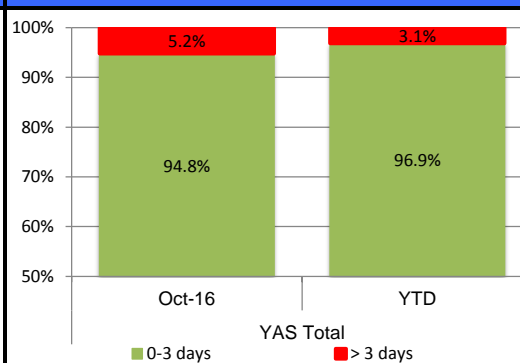
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations & Clinical/Patient are the largest for 111, whilst Attitude of staff is the most frequently reported issues for A&E.

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



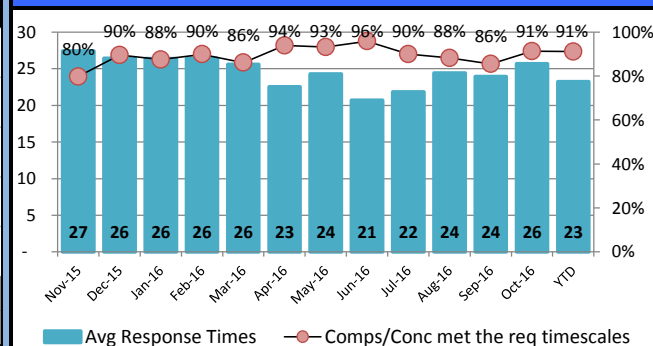
Overall Complaints & Concerns for Red remain very low. Amber stands at 7.36% for October, which is below the 15% Target

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



Acknowledgement response times to complaints compliance was 94.8% in October.

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



Responses to complaints are being made in time, with the date agreed with the complainant being 91% of cases in October, with an average response time of 26 days. YTD compliance is 91% and average response time is 23 days

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

(YAS total inc HCP)	Total	
	Oct-16	YTD
Upheld	141	908
Partly Upheld	49	381
Not Upheld	66	569
Total	256	1858

The majority of cases closed this month were Upheld

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

Total YAS	Total	
	Oct-16	YTD
No. reopened	3	20
% of C&C	2.1%	1.9%

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

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

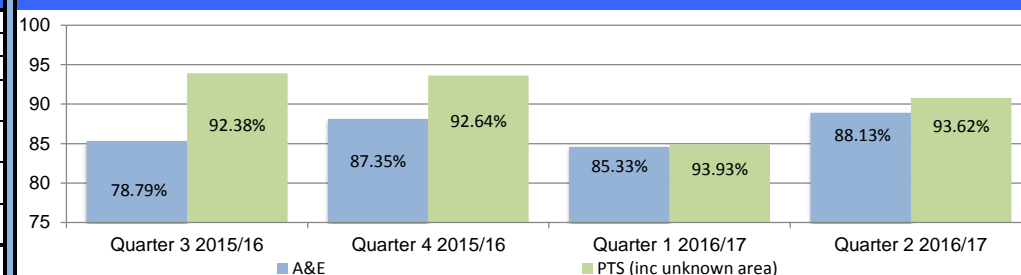
8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
					Upheld		Partially Upheld		Not Upheld	
	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD	Oct-16	YTD
EOC	1	7	0	4	0	0	0	0	1	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
Total	1	12	0	9	0	1	0	0	1	6

Only 1 referrals was received in October - for EOC and 1 EOC Investigation was completed as Not Upheld

Patient Survey Results

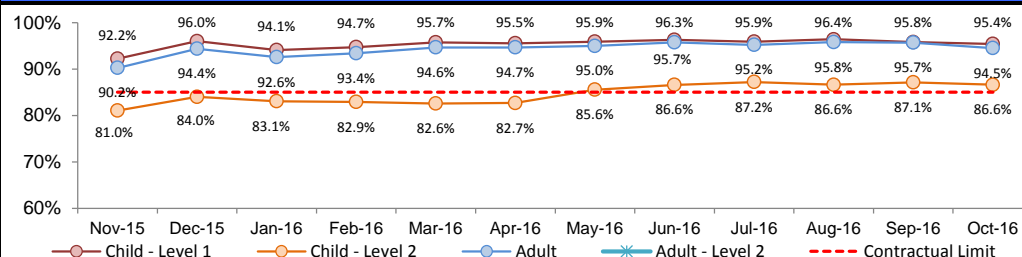
9. How likely are you to recommend the Yorkshire Ambulance Service?



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

Safeguarding

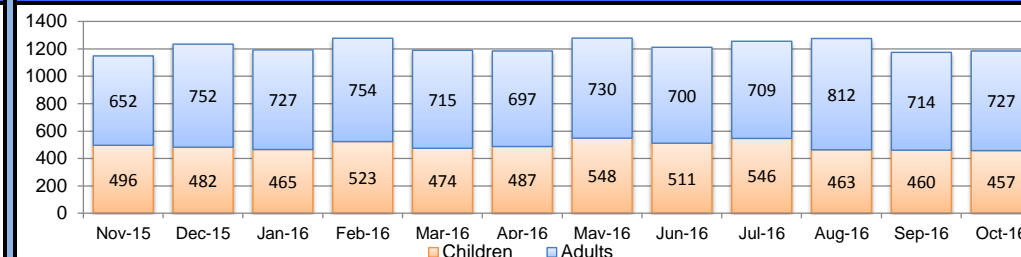
10. Number of eligible workforce trained



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

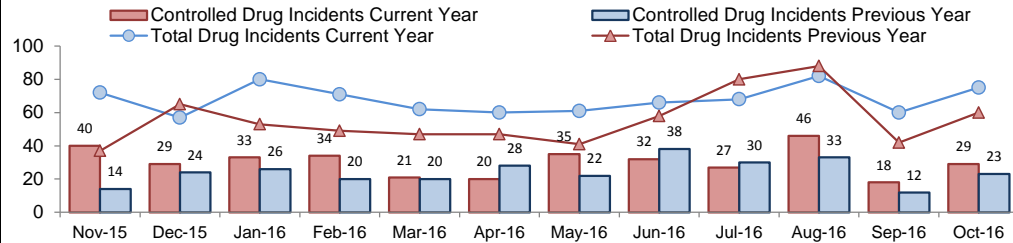
12. Infection, Prevention and Control

Area	Audit	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Overall Compliance (Current Year)	Hand Hygiene	98%	98%	99%	99%	99%	99%	99%
	Premise	97%	98%	98%	98%	99%	98%	99%
	Vehicle	98%	98%	99%	98%	97%	98%	98%
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	99%	97%	98%	99%	98%
	Premise	88%	95%	99%	98%	99%	96%	96%
	Vehicle	97%	97%	93%	97%	98%	99%	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 - • Hand Gel not carried • Watches and jewellery worn • Nail polish/false nails
Action: Continue to promote good hand hygiene and ensure staff are bare below the elbows and have personal issue hand gel at all times.
Validation hand hygiene audit to be completed across PTS during Q3 and Q4.
Vehicle cleanliness - A&E • General waste required removal interior • Vehicle interior and exterior dirty • Deep clean windscreen stickers not found • Steri-7 wipes missing
Action: Reinforcing the message that vehicles are clean and tidy at all times. Ensure you have stock of Steri-7 wipes for cleaning. Replace missing deep clean windscreen stickers
Specific issue • South – large proportion of vehicles with no deep clean windscreen sticker
Action: Facilities team to resolve
Vehicle cleanliness - PTS - Generic issues • Rips and tears to interior
Action: report ripped sheets to Fleet department for repair

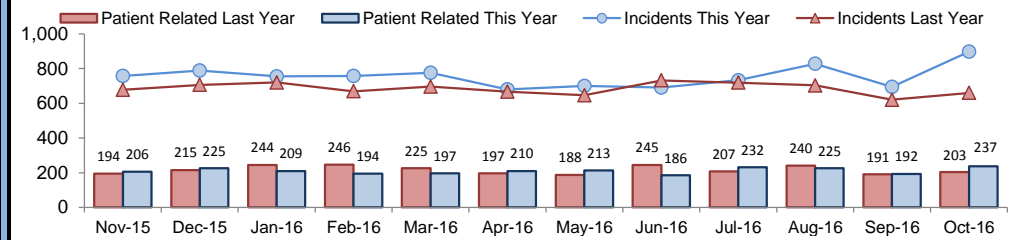
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



There were a total of 75 medication-related incidents for the month of October, of which 29 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

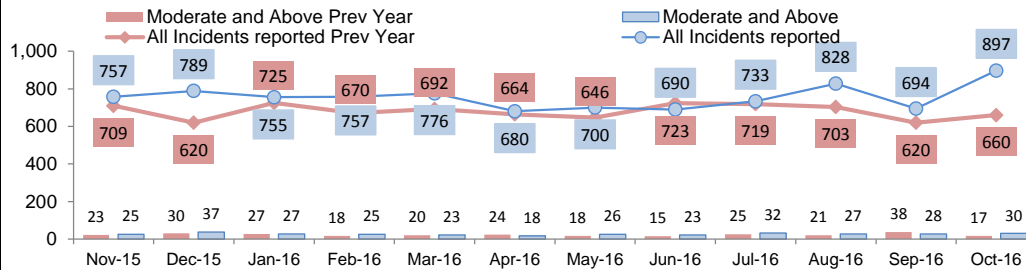
14. Incidents Reported



October saw an increase in the number of incidents reported within A&E Operations with a 17.73 % decrease on previous month's.

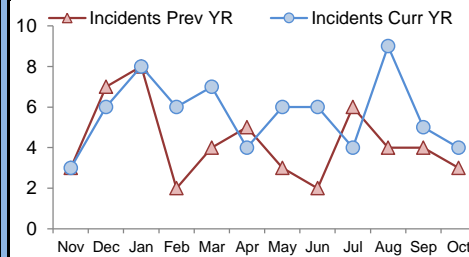
An overall increase of 22.6% in incidents reported from September to October. Although there has been an increase in incident reporting the number of incidents reported that are categorised as moderate and above remains consistent on previous months. The incidents categorised as moderate and above accounted for 0.11% of all incidents reported as opposed to 4.03% in September showing a reduction of reported harm.

15. Incidents, Moderate Harm and Near misses



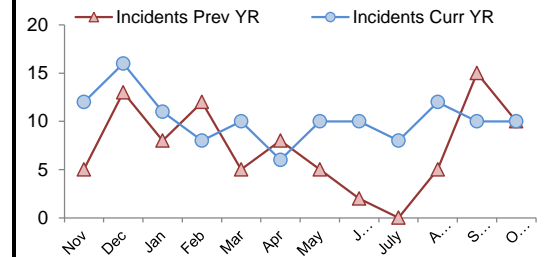
An overall increase from September to October in Patient Related incidents by 18.9%. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed. Although incident reporting levels have increased the moderate and above harm have not risen in the same way.

16. Serious Incidents



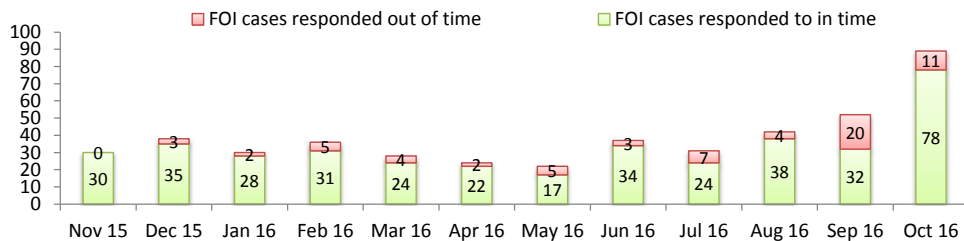
There were 4 Serious Incidents in October, all related to Delayed despatch/response.

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



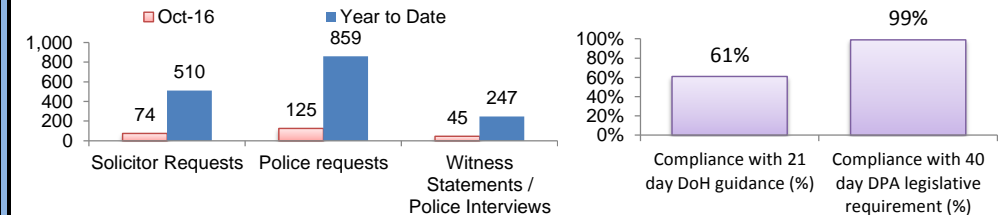
The themes and trends are showing within the RIDDOR reports as highlighted in the moving and handling summary above. Most of these involve a range of incidents including handling, lifting and carrying patients and numbers are fairly consistent with previous months.

18. FOI Requests



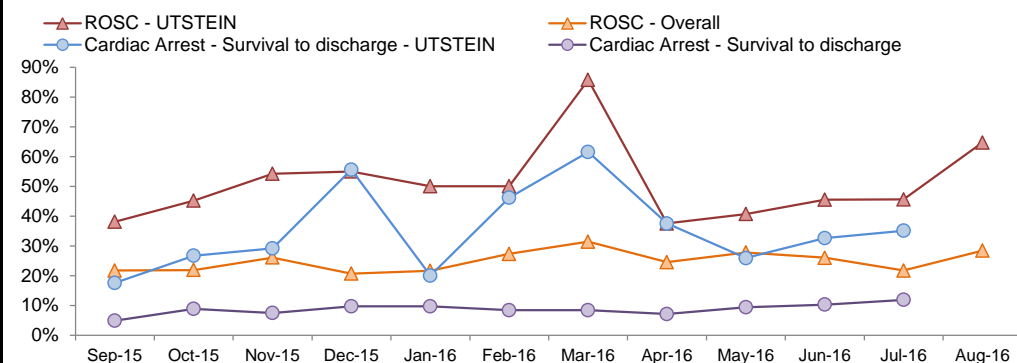
FOI Requests increased in October, with 87.6% of responses being completed in time. The spike seen in Sept and Oct is related to the same FOI sent for 49 different ambulance stations, therefore creating 49 different FOIs.

19. Legal Requests



Compliance with the 21 day timescale has reduced this month due to a number of vacant positions within the legal team. Recruitment is currently on-going to fill these posts.

20. Outcome from Cardiac Arrests

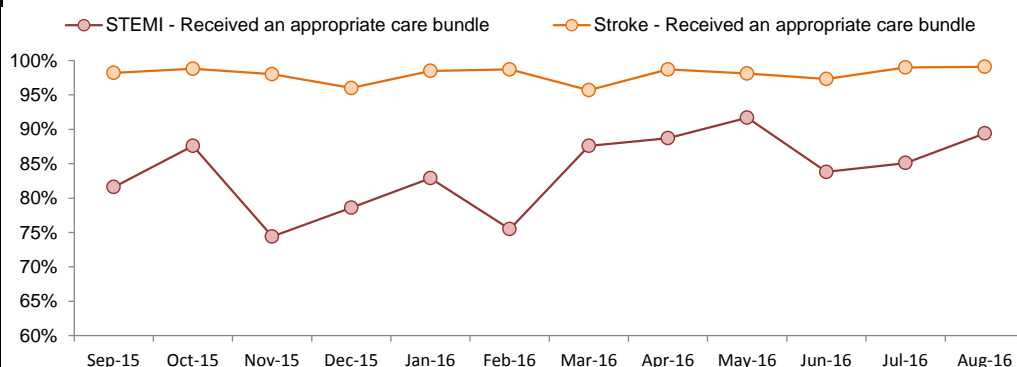


ROSC (overall) performance for August was consistent with the trend seen over the previous 12 months, with August's figure of 28.4% being up from July's 21.7%. Performance continues to be at a good level in comparison with other Ambulance trusts. Performance for ROSC (UTSTEIN) stabilised over previous months, namely between April and July with an average performance of 42.3%. In comparison, a pleasing outcome for August of 64.7% showed a noticeable performance increase.

N.B. Cardiac Arrest data for August 2016 is not yet available

For Survival to discharge (overall), exceptional levels of performance have been seen over the last quarter, with an increase in performance from the previous month in May, June and July. Notably, June's performance of 10.3% was the highest performance seen over the last 12 months, which was then superseded by July's outstanding performance of 11.9%. For Survival to discharge (UTSTEIN), performance has mirrored the trend seen for Survival to discharge (overall), with an increase in performance over each month of the last quarter.

21. AQI Care Bundle



STEMI and stroke data for August 2016 indicates a consistently high level of care is being delivered to patients across all areas.

For stroke care, performance has averaged an excellent 98.19% since January and remarkable results were seen in August with a performance of 99.7%. Furthermore, Airedale, Bradford and Leeds as well as South Yorkshire excelled for August, both achieving 100%. For STEMI care, August's performance of 89.39% exceeded the year to date average of 85.57%, and was the highest performing month in 2016 bar May's figure of 91.67%.

22. Clinical Performance Indicators

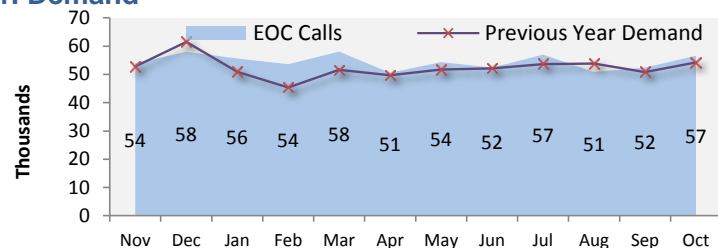
Febrile Convulsion	Cycle 16 - Feb 16		Cycle 17- Aug 16	
	YAS	National	YAS	National
V1 Blood Glucose Recorded	97.1%	88.1%	88.9%	TBC
V2 SPO2 recorded before O2 Administration	96.1%	93.3%	100.0%	TBC
V3 Anti Convulsant administered if appropriate	100.0%	98.7%	100.0%	TBC
V4 Temperature management	97.1%	90.2%	95.6%	TBC
V5 Appropriate discharge pathways recorded	99.0%	96.3%	100.0%	TBC
Febrile Convulsion (V1+V2+V4)	91.3%	75.9%	84.4%	TBC

A slight fall in the recording of temperature and or Blood Glucose has impacted upon the overall care resulting in a fall in the reported results from cycle 16

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

Oct-16

1. Demand



Service level YTD is currently 4.7% below target.

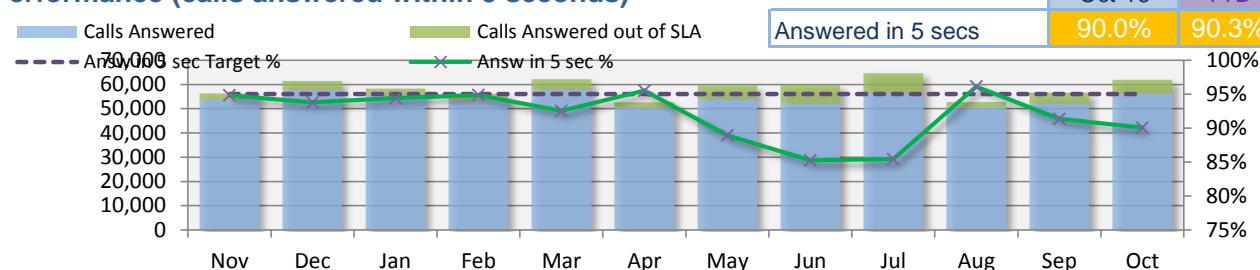
Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	374,190	371,707	335,521	90.3%
2015/16	365,971	364,583	350,066	96.0%
Variance	8,219	7,124	(14545)	
Variance	2.2%	1.95%	(4.2%)	(5.8%)

3. Quality

		Oct	YTD
Serious Incidents (Rate Per 1000 Responses))		3(0.04) ↑	15(0.03)
Total Incidents (per 1000 calls)		128(1.62) ↑	655(1.26)
There were 3 Serious Incident(s) in Oct year to date this now stands at 15.			
Feedback	Complaints	15 ↑	102
	Concerns	9 ↓	79
	Comments	1 ↔	3
	Service to Service	30 ↓	139
	Compliments	1 ↔	6
Response within target time for Complaints and Concerns		90%	95%
Outcome of Ombudsman Cases	Upheld	0	0
	Not Upheld	1	4

2. Performance (calls answered within 5 seconds)



	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Calls Answered out of SLA	2,778	3,593	3,079	2,746	4,327	2,266	5,950	7,679	8,221	1,969	4,501	5,600
Calls Answered	53,525	57,802	55,209	53,462	57,851	50,356	53,739	52,074	56,432	50,762	52,076	56,268
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	94.8%	93.8%	94.4%	94.9%	92.5%	95.5%	88.9%	85.3%	85.4%	96.1%	91.4%	90.0%

Demand is still high against last year showing an increase from 420,180 total responses in (2015/2016) to 446,759 total responses in (2016/2017) 6.3%. Changes to how we deliver service took place from 20th October with the introduction of Ambulance Response Programme (ARP) 2.2 which is assisting in how we respond to patients. Recruitment within EOC is following trajectory with an increase of 9 EMDS by first week in December and 7 Dispatcher due to qualify first week in January 2017. The SLA is slightly below target at target at YTD 93.44% with ongoing improvement plans including recruitment, capacity planning and forecasting. EOC abstractions have remained within parameters with sickness slightly raised at 7.6% for Nov-16.

4. Workforce

FT Equivalents

Oct-16	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	401	20.1	100	281	70%
Contracted FTE (before overtime)	364	18.2	91	255	70%
Variance	(37)	(2)	(9)	(26)	(9.3%)
% Variance	(9.3%)	(9.3%)	(9.3%)		
FTE worked inc overtime	373	32.8	82	258	69%
Variance	(28)	13	(18)	(23)	(8.1%)
% Variance	(7.0%)	63.6%	(18.0%)		

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

** Sickness and Absence (Abstractions) is from GRS

Key Points

Contracted FTE was 37 FTE under budget with a variance of (9.3)%.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	180	180	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: Associate Director of Estates - Ian Hinit)

Oct-16

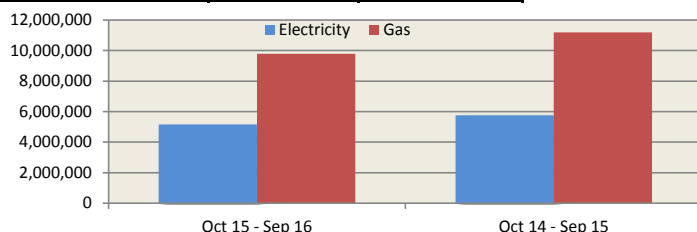
1. Demand

Number of Jobs Received - **592** of which **423** logged for YAS Estates Direct Labour.

Out of Hour Call's received - **6**

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

kWh	Electricity (kWh)	Gas (kWh)
Oct 15 - Sep 16	5,159,843.00	9,771,097.00
Oct 14 - Sep 15	5,757,038.00	11,176,428.00
Reduction of	10.37%	12.57%



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:

- **66%** of reactive maintenance requests completed within response timeframes - **277 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(189)**
- **90 %** of statutory planned preventative maintenance site visits completed within response timeframes.(100% not achieved due to Staff Annual Leave)
- Appraisals undertaken - **100% completed**

3. Quality of Service

- Health and Safety Audit of Trades Staff activity has commenced and a 'Health and Safety Rules Manual' for trades staff has been issued in draft for consultation with Trades staff and Staff Side representatives.
- 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 (5%)
Budget FTE	16.0	0.8
Contracted FTE (before overtime)	14.5	0.0
Variance	(1.5)	0.8
% Variance	(9.5%)	
FTE (worked inc. overtime)*	19.0	0.0
Variance	3.0	0.8
% Variance	18.4%	

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

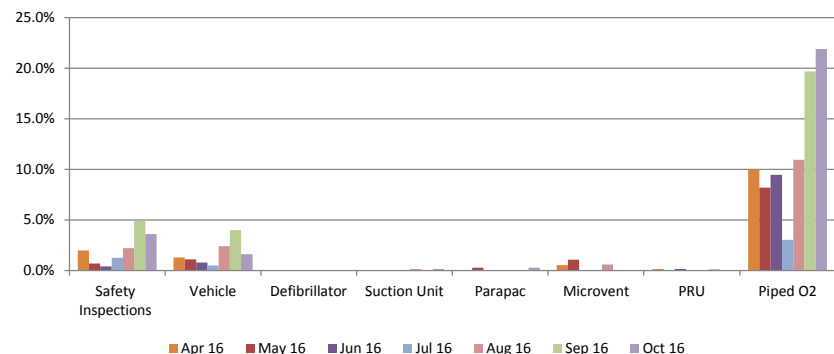
Sickness in October 2016 for Estates was at 0.17%.

5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
CIPs	148	61	(87)

Quality and Efficiency Savings (CIPs) are currently (£87k) behind plan from a non achievement of Rental cost savings, LED lighting upgrade, as well as unidentified schemes. Mitigating schemes are being developed.

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



Key Points

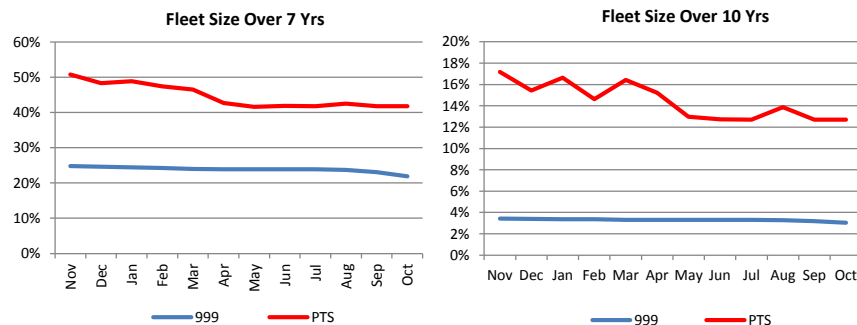
Routine vehicle maintenance remains within KPI, although higher than expected this is due to high VOR and increased Operational requirement on Double Crew Ambulances. Working hours and staffing resources has been moved to accommodate peak demand times to bring the VOR and Servicing back into line. Any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

Inspections/Services out of Window	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	%	DOT
Safety Inspections	4	2	7	12	27	20	3.6%	↓
Vehicle Services	4	3	2	9	15	6	1.6%	↓
Defibrillator servicing	0	0	0	0	0	0	0.0%	↔
Suction Unit servicing	0	0	0	1	0	1	0.1%	↑
Parapac servicing	1	0	0	0	0	1	0.3%	↑
Microvent servicing	2	0	0	1	0	0	0.0%	↔
Pain Relief Unit (PRU)	0	1	0	1	1	0	0.0%	↓
Piped O2	46	53	17	59	106	118	21.9%	↑

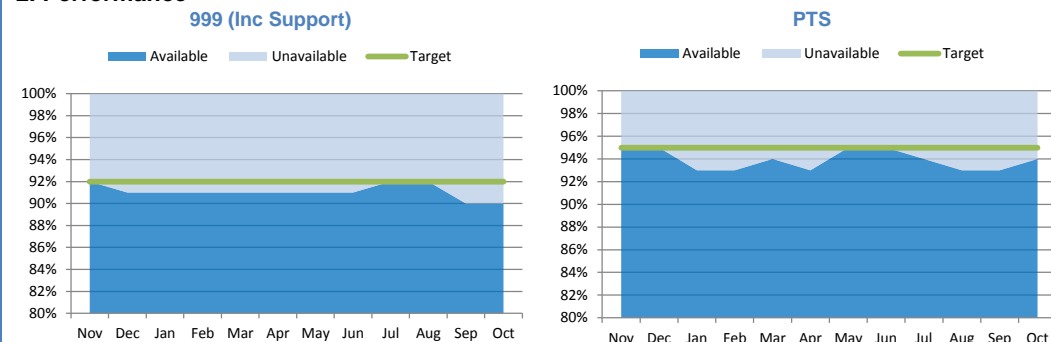
Medical equipment maintenance remains above KPI targets. Piped oxygen servicing requirement has increased over the October period. The increase is being addressed with personnel resources provided from our service provider with a focus on bringing the servicing down and balancing the workload.

1.2 Vehicle Age

Vehicles >= 7 years	999	123	21.6%	PTS	159	39.0%	Total	282
Vehicles >=10 years	Fleet	17	3.4%	Fleet	34	8.3%		51



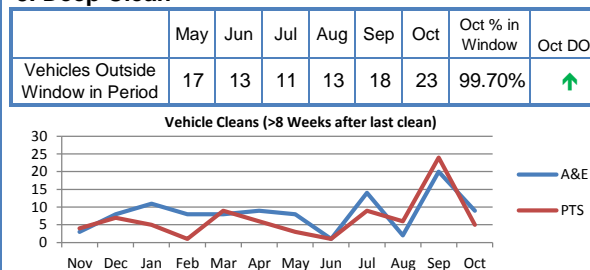
2. Performance



Key Points

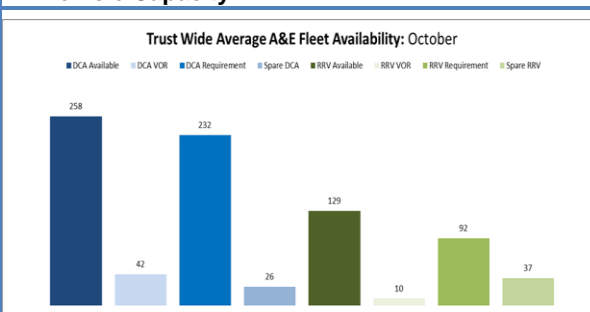
A&E availability remained below target in October this is due to a number of vehicles being removed from service in relation to the reported tail lift frame recall, a repair program has been implemented. Short term VOR's continue to be a problem in PTS although vehicle availability has increased to 94% through October against the target of 95%. **There were however no reported vehicle shortages.**

3. Deep Clean



Deep Clean Service level for October continues to maintain a high level at 99.7% (excluding VOR's), however the lack of vehicle availability due to dual rotas, overtime and VOR's is becoming quite challenging to maintain Service Level. Absence figures increased significantly from 4.72% to 7.14%. Absence management continuing. Temp 2 Perm and Service Review implementation delayed due to transformation changes.

4. Vehicle Capacity



5. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)				Available	
	FTE	Sickness	Total	%	
Budgeted	100	5.0	95	95%	
Actual	93	3.5	90	96%	
Variance	(6)	1.5	(5)	(5.1%)	
% Variance	-6%	-30%			

Short term sickness level was high in October this improved towards the back end of the month. The remaining 3 staff absent are being supported and managed in-line with the Trust attendance policy.

6. Finance (YTD)

£000	Plan	Actual	Variance
Directorate Position	(12,147)	(13,123)	(976)
CIPs	1,461	1,373	(87)

Quality and Efficiency Savings (CIPs) are currently (£87k) behind plan due to non-achievement of income generation schemes (£29k) and the retender of the fleet parts contract was delayed (£58k).

Business Continuity

- BC Exercise completed for Corporate Communications and Procurement, Fleet and Estates
- NARU National BC Managers Meeting at Magna hosted by YAS
- Internal Audit carried out by South West Ambulance service areas covered were: Fleet, Estates, Procurement, Corp Communications, Air Ambulance and HART
- Corporate Comms and Procurement Certified to ISO22301 International Standard for Business Continuity
- Delivered ISO22301 and BC training day to HART, Air Ambulance, Procurements and Estates
- Supported restart a heart day
- All department specific and staff wide staff mapping reviewed in preparation for winter
- Plans published, Procurement, HART

Emergency Preparedness and Response

- JESIP Regional Strategic Leads Meeting – chaired by YAS Dep. Dir. Ops
- We supported re-start a heart programme
- Supported a CT Workshop in South Yorkshire looking at a Paris style even in their area
- Continued the development of the Staff Responder Scheme, pre-pilot workshop held in York, sorting out the final details of the trial.
- Preparation for CQC inspection over the period, including interviews with assessors
- NHS England EPRR Assurance Framework compliance meeting, attended by YAS AEO

Training	Number of Courses	Exercises
1 Day JESIP Course	4	RAF Linton on Ouse Live Exercise 12th October
3 Day Bronze Refresher course	1	SY Exercise Cygnus 18th – 19th October
1 Day Resilience Awareness Course	1	Resilience Rat – 18th – 19th October
5 Day JDM Course	1	Exercise Spartan I – 26th October
Tactical CBRN Course	1	Exercise Spartan II – 27th October

Hart and Special Operations

HART: Two staff remain on their Technician to Paramedic conversion course returning in December. One staff member has extended his secondment to NARU, returning in October 2017 (originally planned to return in April 2017) and one staff member has left for a twelve month career break

There are two vacancies arising in December and March respectively. These posts have been recruited to in October and will join HART in January 2017, in readiness for the national HART course in February.

The three new HART Primary Response vehicles are now fully operational. The Secondary vehicles and Welfare vehicle are on track for delivery in January 2017. The Incident Ground Technology is due for delivery in November. The Personnel carrier remains at risk for completion in 2016-17, due to the specification and final price still to be completed. The delivery time for the chassis is approximately 12 to 15 weeks and then conversion time on top, which may take it beyond 31st March for delivery in year.

HART took part in Exercise Spartan, a multi-agency exercise in Ossett, which took place over two days, assisted by Ambulance Intervention Team staff and Doctors from the MIC cadre within YAS.

Air Ambulance: YAS and YAA representatives approved completion and delivery of the second aircraft for Topcliffe, which should be delivered in December and operational before Christmas.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training	Comments
Plan FTE - Ambulance Intervention Team	63	62	0	
Hart Operatives FTE	42	42	1	
CBRN (SORT) - Volunteers	150	122	31	54 in recruitment process
Air Ambulance FTE	14	13	0	

Community Resilience Team

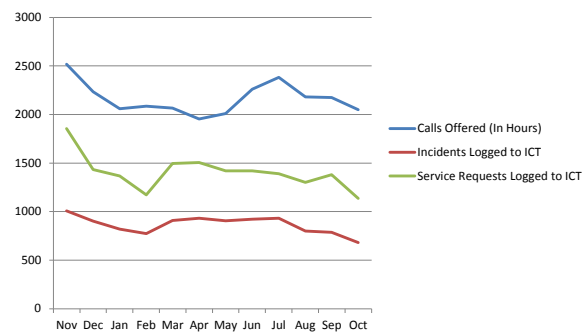
Numbers	No. CFR	No. EFRs	No. Static	No. CPADS
ABL	206	11	710	161
CKW	119	17	485	70
HULL/EAST	77	80	344	132
SOUTH	193	7	787	55
NORTH	370	15	688	292

% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.7%	0.9%	2.8%	4.4%
CKW	0.8%	1.1%	1.9%	3.1%
HULL/EAST	2.0%	2.7%	3.1%	4.5%
SOUTH	1.5%	2.0%	3.7%	5.2%
NORTH	0.9%	1.2%	3.4%	4.9%

	Actual	Overall
EFRs	0.4%	0.4%

1. Demand

Support Demands on ICT Resources By Month

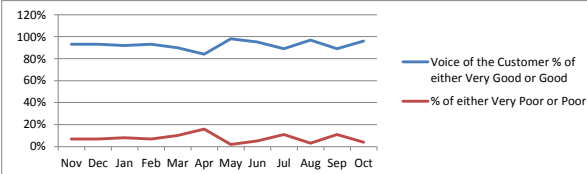


	May	Jun	Jul	Aug	Sep	Oct
Calls Offered (In Hours)	2,008	2,260	2,381	2,180	2,176	2,049
Incidents Logged to ICT	904	921	930	801	788	681
Service Requests Logged to ICT	1,418	1,418	1,391	1,301	1,379	1,137
Total number of active projects	13	14	15	16	13	17

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

Calls offered for incidents and requests have decreased this month

3. Quality of Service

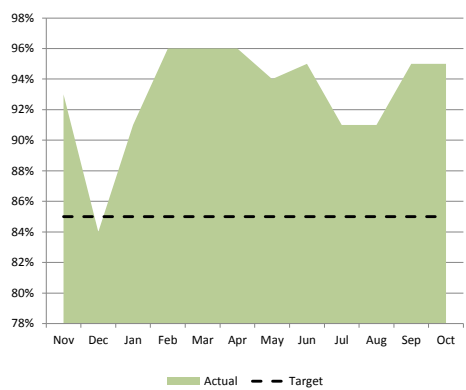


	May	Jun	Jul	Aug	Sep	Oct
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	99.50%	100.00%	99.78%	100.00%	100.00%	100.00%
Telecoms Availability (unplanned)	100.00%	99.40%	99.73%	99.73%	100.00%	100.00%
Radio Availability (unplanned)	99.87%	100.00%	99.73%	100.00%	100.00%	100.00%
% of either Very Good or Good	98.00%	95.00%	89.00%	97.00%	89.00%	96.00%
% of either Very Poor or Poor	2.00%	5.00%	11.00%	3.00%	11.00%	4.00%

There was no unplanned downtime last month

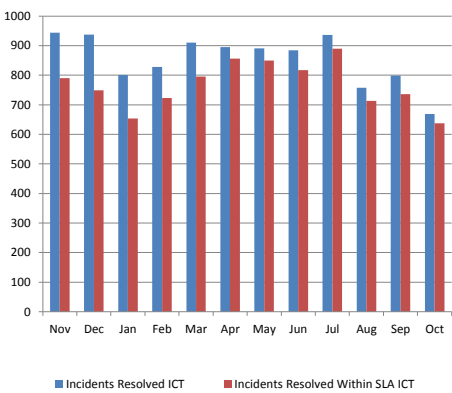
2. Performance

% Calls Answered Within Threshold

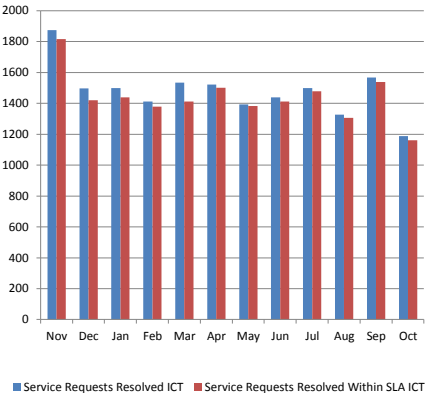


	May	Jun	Jul	Aug	Sep	Oct
% Calls Answered Within Threshold (10 seconds), Target 85%	94%	95%	91%	91%	95%	95%
Overall ICT Achievement on SLA for Incidents and Requests, Target 80%	95%	96%	96%	97%	96%	96%
Incidents Resolved ICT	891	884	936	758	799	669
Incidents Resolved Within SLA ICT	850	817	890	713	736	637
Service Requests Resolved ICT	1,393	1,439	1,499	1,326	1,568	1,189
Service Requests Resolved Within SLA ICT	1,382	1,412	1,478	1,307	1,538	1,161

Incidents Resolved/Resolved Within SLA



Requests Resolved/Resolved Within SLA



Calls answered within threshold is consistently high
Overall SLA ICT achievement remains strong at 96%.
Incidents and Request SLA's are measured against priorities (1-5 for both incidents and requests)

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6,300			4,410
Actual	39	6,143			5,369
Variance	1	158			959
%Variance	98%	98%			0%
SICKNESS					
5% Sickness on Budgeted			315		
5% Sickness on Actual			307		
Recorded Monthly Sickness				48	
Variance between Budget and Actual Targets				(259)	
ABSENCE					
25% Absence on Budgeted			1,585		
25% Absence on Actual			1,585		
Recorded Monthly Absence				726	
Variance between Budget and Actual Targets				(132)	

Sickness figures have improved this month with staff returning from long term absences.

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

Oct-16

Indicator	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-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	0:20	0:23	0:23	0:25	0:22	0:30	0:22	0:29	0:37	0:38	0:04	0:12	5	0:06	to	1:47
Time to Answer (99%)	1:01	0:55	1:06	1:12	1:15	1:09	1:22	1:04	1:25	1:31	1:45	0:34	1:06	6	0:51	to	3:03
Abandoned calls	0.85	1.01	1.22	0.90	1.10	0.79	1.10	0.81	0.88	0.87	1.18	0.21	0.51	4	0.29	to	2.88
Cat Red 8 minute response - RED 1 (75%)*	70.1	73.7	73.8	69.0	69.0	69.6	68.5	69.7							64.2	to	72.8
Cat Red 8 minute response - RED 2 (75%)*	70.4	72.5	73.3	71.0	71.9	71.3	69.5	74.2							53.8	to	72.9
95 Percentile Red 1 only Response Time*	14.7	13.5	13.3	14.5	14.4	14.3	14.3	14.5							13.6	to	16.5
Cat Red 19 minute response (95%)*	95.3	95.3	95.3	93.9	94.7	94.3	93.7	95.7							85.3	to	94.5
Cat Red 8 minute response**								73.1	71.1	68.0	66.5	70.7	68.8		N/A		
Cat Amber 19 minute response**								82.0	74.9	71.9	67.8	74.9	70.0				
Cat Green 60 minute response**								96.3	96.1	94.9	92.2	90.2	95.1				
Time to Treat (50%)	5.8	5.5	5.6	5.8	6.4	6.1	5.9	6.0							6.3	to	11.5
Time to Treat (95%)	15.1	14.2	14.3	15.4	15.9	15.3	15.5	13.3							18.7	to	24.5
Time to Treat (99%)	22.8	21.8	21.3	23.6	23.8	23.0	23.4	19.5							35.4	to	44.7
STEMI - Care	81.6	87.6	74.4	78.6	82.9	75.5	87.6	88.7	91.7	83.8	85.1	89.4		2	67.0	to	90.8
Stroke - Care	98.2	98.8	98.0	96.0	98.5	98.7	95.7	98.7	98.1	97.3	99.0	99.1		7	95.4	to	99.7
Frequent caller *	1.63	1.47	1.78	2.07	2.00	2.56	2.29	2.85	3.28	3.40	3.49	3.67	4.03	7	0.00	to	3.50
Resolved by telephone	7.5	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	5.1	to	15.7
Non A&E	31.2	31.7	30.3	31.1	30.7	29.8	29.4	30.2	29.9	29.7	30.4	30.7	30.8	10	30.3	to	49.6
STEMI - 150	80.0	89.3	79.3	91.3	79.0	84.9	86.4	91.2	84.3	82.8				8	70.9	to	94.0
Stroke - 60	54.0	53.6	51.1	55.2	49.3	51.5	48.7	54.4	52.0	43.2	47.1	44.3		7	33.7	to	68.7
ROSC	21.7	21.9	26.1	20.7	21.6	27.3	31.4	24.5	27.8	26.0	21.7	28.4		9	24.3	to	35.6
ROSC - Utstein	38.1	48.2	54.2	55.0	50.0	50.0	85.7	37.5	40.7	45.5	45.6	64.7		9	40.8	to	65.6
Cardiac - STD	4.9	8.9	7.5	9.7	9.7	8.4	8.4	7.1	9.4	10.3	11.9			5	5.9	to	11.6
Cardiac - STD Utstein	17.6	26.7	29.2	55.6	20.0	46.2	61.5	37.5	25.9	32.6	35.1			2	15.4	to	40.0
Recontact 24hrs Telephone	1.9	1.1	1.7	1.9	2.2	5.5	5.5	6.0	5.3	6.5	6.3	6.8	6.7	4	2.3	to	14.6
Recontact 24hrs on Scene	3.2	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	1.7	to	8.2

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

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

Oct-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	September
Time to Answer - 95%		mm:ss	0:34	0:06	0:08	0:30	0:18	1:02	1:47	1:05	0:13	0:24	5	September
Time to Answer - 99%		mm:ss	1:25	0:51	0:52	0:59	1:02	2:13	3:03	2:08	0:53	1:14	6	September
Abandoned calls		%	1.50	0.56	0.29	0.39	1.28	1.29	2.88	2.47	0.95	0.75	4	September
Cat Red 8 minute response - RED 1	75%	%	69.1	66.4	69.9	66.4	72.8	72.3	64.2					September
Cat Red 8 minute response - RED 2	75%	%	57.4	59.4	64.9	67.0	64.9	72.9	53.8					September
95 Percentile Red 1 only Response Time		Time	15.3	16.5	13.6	15.2	14.5	14.4	16.5					September
Cat Red 19 minute response	95%	%	85.3	89.8	93.8	91.6	90.8	94.5	89.9					September
Cat Red 8 minute response (ARP)	75%	%								N/A	N/A	69.2		September
Cat Amber 19 minute response (ARP)		%								N/A	N/A	72.5		September
Cat Green 60 minute response (ARP)		%								N/A	N/A	94.9		September
Time to Treat - 50%		mm:ss	11.5	7.7	6.8	7.1	7.2	6.3	7.7					September
Time to Treat - 95%		mm:ss	23.7	23.9	18.7	24.3	24.5	19.8	24.0					September
Time to Treat - 99%		mm:ss	39.4	35.4	36.3	40.4	44.7	35.5	37.8					September
STEMI - Care		%	82.8	90.8	70.8	86.1	86.3	67.2	67.0	78.0	80.2	88.4	2	June
Stroke - Care		%	98.8	99.2	96.2	98.4	99.7	98.2	96.5	95.4	98.1	98.0	7	June
Frequent caller *		%	0.0	0.3	0.4	0.8	1.3	3.3				3.5	7	September
Resolved by telephone		%	15.7	6.3	10.2	7.9	9.6	11.4	5.8	14.5	5.1	7.1	7	September
Non A&E		%	31.8	40.8	36.7	33.9	32.4	41.5	49.6	48.9	37.7	30.3	10	September
STEMI - 150		%	90.6	90.3	90.7	94.0	82.6	87.8	91.2	70.9	93.2	86.2	8	June
Stroke - 60		%	54.8	49.6	64.4	59.3	51.6	41.5	68.7	33.7	57.0	50.1	7	June
ROSC		%	26.4	30.0	31.1	24.3	35.6	32.6	28.0	26.6	32.0	26.1	9	June
ROSC - Utstein		%	49.3	53.8	59.2	65.6	63.6	40.8	55.3	50.0	53.6	43.0	9	June
Cardiac - STD		%	5.9	8.5	9.2	6.8	9.0	11.6	7.3	8.8	9.2	8.9	5	June
Cardiac - STD Utstein		%	15.4	26.7	30.5	40.0	29.7	19.3	27.1	24.0	22.3	30.8	2	June
Recontact 24hrs Telephone		%	2.3	8.5	3.2	13.8	4.3	8.9	7.3	10.2	14.6	6.3	4	September
Recontact 24hrs on Scene		%	3.9	5.2	8.2	4.7	3.1	4.6	5.5	4.5	6.8	1.7	1	September