



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

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## IPR Compendium (2015-16 Key Facts)

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

#### VEHICLES

  
**300**  
Double-Crew  
Ambulances

  
**188**  
Rapid-Response  
Vehicles

  
**416**  
PTS Vehicles

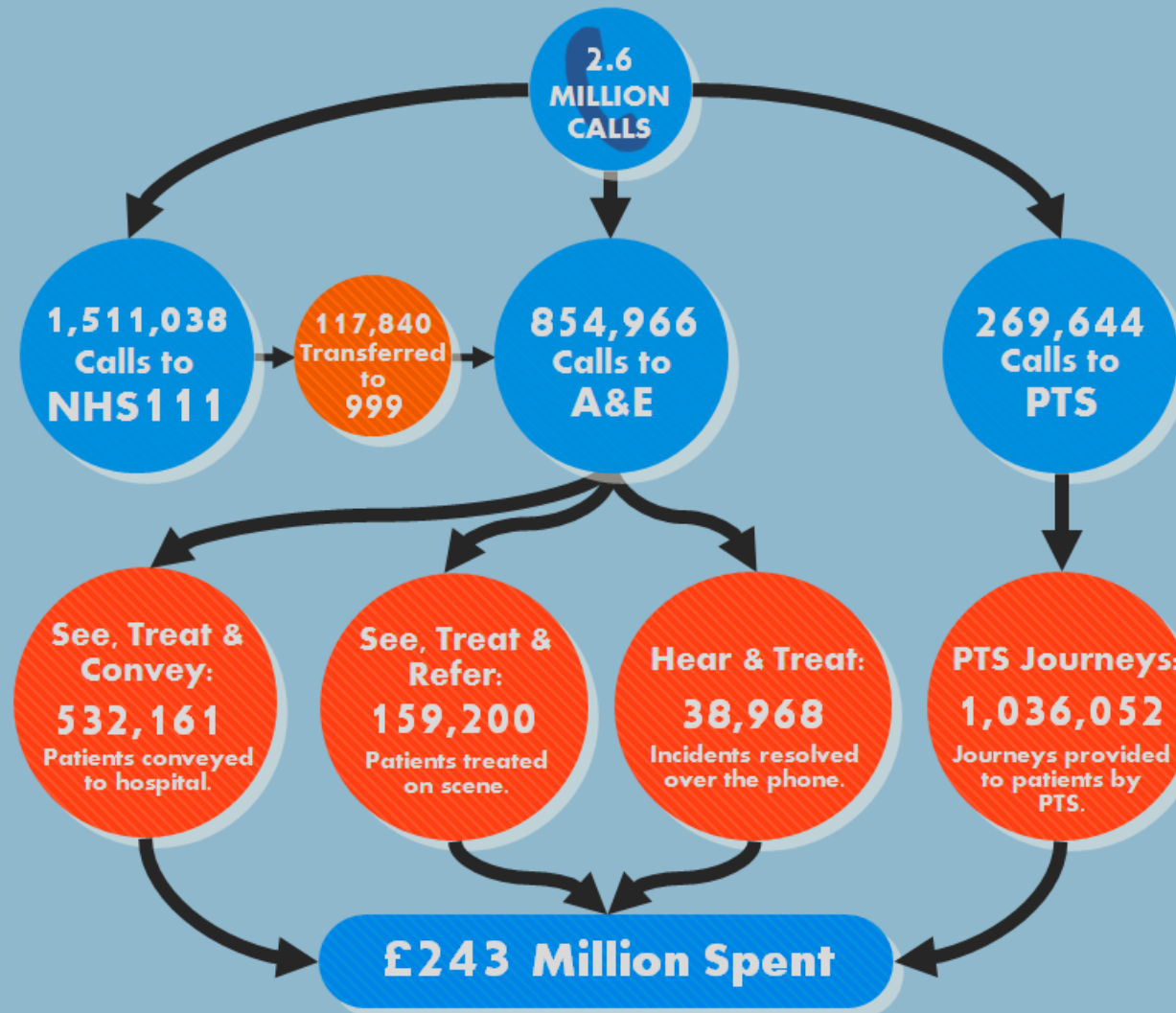
#### STAFF



**53.6%**  
Female

**46.4%**  
Male

**5.4%**  
BME



# IPR Exec Summary – September 2016

## A&E

### DEMAND

- **Calls** above contract value for September and YTD, higher than the same period last year. 7.9% higher in month and 5.5% YTD.
- **Hear & Treat (H&T)** is 1.9% below contract in month. Changes to the National Ambulance Quality Indicators (AQI) means less opportunity for H&T in respect of Red calls.
- **Overall responses** (least 1 vehicle attended) were 7.3% higher in Sep 16 than Sep 15. This reflects the reduced H&T demand and effects resource availability / performance.
- **See Treat & Refer (STR)** above planned for Sep (15.9%) and YTD (9.7%), this is due to the reduction in Hear and Treat and the use of UCP's.
- **See, Treat & Convey (STC) activity** is above plan for Sep (5.7%) and YTD (6.2%).

### PERFORMANCE

- **999 Red against 8 mins** decreased to 68.8% in Sep 16 (achieved 75% in 8m 47s). A reduction in performance is due to high demand. Performance will continue to be affected by significant increased activity and staffing requirements.

## 111

### DEMAND

- **111 Calls** are above contract ceiling for September (3.4%, a difference of 3,761 calls)
- **Calls Answered** running at 5.5% above last year's volume for September.

### PERFORMANCE

- **Answered in 60 seconds** at 91.3% for the month (a decrease of 3.6% compared to last month)
- **Clinical KPIs** decreased from August to September. Warm Transfer or Call Back in 10 minutes is down by 4.3% and Call Back in 2 hours is down by 5.9%
- **111 referral rate to 999** is still performing well (<10%) at 9.2% for the month
- **1,891 ambulances were checked** by a clinician before being sent, out of a total of 4,885 (38.7%) green ambulance calls

## PTS

### PERFORMANCE

- **KPI 2** – arrival prior to appointment – September saw an overall PTS decrease in performance of 0.5% but remains above target of 82.9% and well ahead YTD currently +2.6%.
- **KPI 3** – departure after appointment – September performance as a whole for PTS was 2.0% below a target of 91.7% but has improved 0.8% from August's performance and sits at 90.2% YTD 1.5% below target.
- **Renal** encountered challenges from combining smaller renal and main PTS rosters as part of the PTS Transformation Programme. PTS Renal Engagement Lead has been actively engaged with renal stakeholders. Trial of extended use of sub-contractors has begun and show improvements in performance. During the months of August and September we received a total of 8 compliments from our renal patients.

## Quality and Clinical

- **Incident Reporting** – September saw a decrease in reporting however moderate harm levels have increased.
- **Safeguarding** – level 1 child and adult safeguarding training is above 95% and level 2 above 85%.
- **IPC Audits** – Compliant for September.
- **FOI Requests** – There was quite a jump in FOI requests not responded to in time. This is partly due to an increase in requests.
- **CQC Inspections** – Both now complete, we are now awaiting the formal reports.
- **Clinical** – best results in 12 months for Survival to Discharge 11.9% and Stroke Care Bundle delivery at 99%.

## Finance

	Year to Date		
	Budget	Actual	Variance
	£000	£000	£000
Operating Income	123,323	124,804	1,481
Pay Expenditure & reserves	(86,579)	(84,371)	2,208
Non-Pay expenditure & reserves	(32,872)	(35,590)	(2,718)
Operating Expenditure	(119,452)	(119,962)	(510)
EBITDA	3,871	4,842	971
EBITDA %	3.1%	3.9%	0.7%
Depreciation	(4,463)	(4,453)	10
Interest payable & finance costs	(200)	(168)	31
Interest receivable	41	32	(9)
Profit on fixed asset disposal	65	72	6
Dividends, interest and other	(1,134)	(1,095)	39
Retained (Deficit) / Surplus	(1,820)	(772)	1,048
I&E (Deficit) / Surplus %	(1.5%)	(.6%)	0.9%

## Workforce

- **Sickness**  
Stable at 5.4%, against a Trust target of 5%
- **PDR**  
82.1% compliance against 90% stretched target. Showing a slight improvement from last month
- **Stat and Man Training**  
90.46% compliance against 95% target showing a slight improvement from last month
- **Turnover**  
Improved to 10.5% from 10.9% for last month and is 1.6% down vs last year.

# 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 - September Comments)	Predicted RAG Year End	Sept RAG	Sept SUB RAG	Actions		Lead Director - Overall	Lead Director- Actions	Impl Date
1. Deliver World Class health outcomes in Urgent and Emergency Care	1a	Improve response times for A&E services (A&E Transformation Programme)	1a iv: waiting for structure to be sorted 1a vi: Reviewed tel lines and redirected all the legacy lines as appropriate. Some actions to increase efficiency. However they need approving at Clinical Governance Committee. Benchmarked North West and North East to ensure new reports are in line with best practise. 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
						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		1. Sep-17 2.Mar-17 3. Oct-16 4. Mar-17 5. Mar-17 6. Sep-17	
	1c	Ensure patients are provided with the most appropriate response to meet their needs (Urgent Care Transformation)	1c 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.	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		DBD	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
						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 ii: Following board approval further work continuing for implementation of PMF. 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	DBD	Sep-16
						A	ii	Implement new performance management framework		EDQ&P	Jun-16
						A	iii	Ensure robust programme and project management arrangements via new PMO work streams for major change programmes		EDQ&P	Jun-16
						A	iv	Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture		EDQ&P	Sep-16
	2b	Improve efficiency and effectiveness of support service functions	2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured. 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	DBD	DWF	Sep-16
						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
	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 Evaluation still on-going	G	G	C	i	Secure approval for Doncaster Estate Business Case	CEO	DEF	Jun-16
						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
CEO ED Finance EDoF Medical Director EMD ED Quality, Governance and Performance Assurance ED Operations EDOps Director of Workforce and OD DWF Dir Business Development DBD Dir Estates DE Dir Finance and Urgent Care DPUC Dir Business Development DBD											



# Strategic Objectives 2016-17

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

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

## 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 September was above plan by 7.9% (Plan based on August 2015 Actual CCG Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging fewer calls (52 fewer in September) than contracted whereas the other categories are all above contract levels at this point for 2016-17. Hear and Treat figures are beginning to increase due to more calls coming into the clinical queue.

Activity involving ambulances that have arrived at scene (responses) has increased by 7.3% compared to September 2015. See, Treat and Convey is up by 5.7% which is due to a higher level of calls. Although the referral rate for 111 has slightly increased to 9.2% the actual number of calls sent in September compared to August decreased by 74 referrals.

#### Hear and Treat Response

Sep - 2,734 (1.9% < Contract Total)  
YTD - 17,234 (12.7% < Contract Total)

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

Sep - 13,991 (23.7% > Contract Total)  
YTD - 84,247 (17.0% > Contract Total)

#### See, Treat and Convey Response

Sep - 44,592 (5.7% > Contract Total)  
YTD - 270,878 (6.2% > Contract Total)

### Performance

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 (**these responses up 7.8% Sept 16 to Sept 15**) and therefore the reduced number of available ambulances on the road. See Annex 3.1 for further detail.

Performance	Post ARP- April	June	July	August	September	YTD
Red Performance (8 min Resp)	73.1%	68.0%	66.5%	70.7%	68.8%	69.2%
Amber R (19 min Resp)	83.1%	74.7%	71.6%	78.5%	75.5%	76.0%
Amber T (19 min Resp)	77.8%	66.4%	60.5%	69.6%	63.0%	66.3%
Amber F (19 min Resp)	86.8%	72.2%	66.4%	70.9%	64.7%	70.3%
Green F (60 min Resp)	96.8%	94.9%	92.2%	95.7%	95.1%	94.9%
Green T (60 min Resp)	88.1%	80.3%	71.7%	82.5%	77.0%	78.7%
Green H (60 min Resp)	99.0%	98.1%	98.9%	98.5%	100.0%	98.9%

*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 (at least 1 ambulance arrived scene)

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

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

### Keys action in place to improve performance

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

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

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

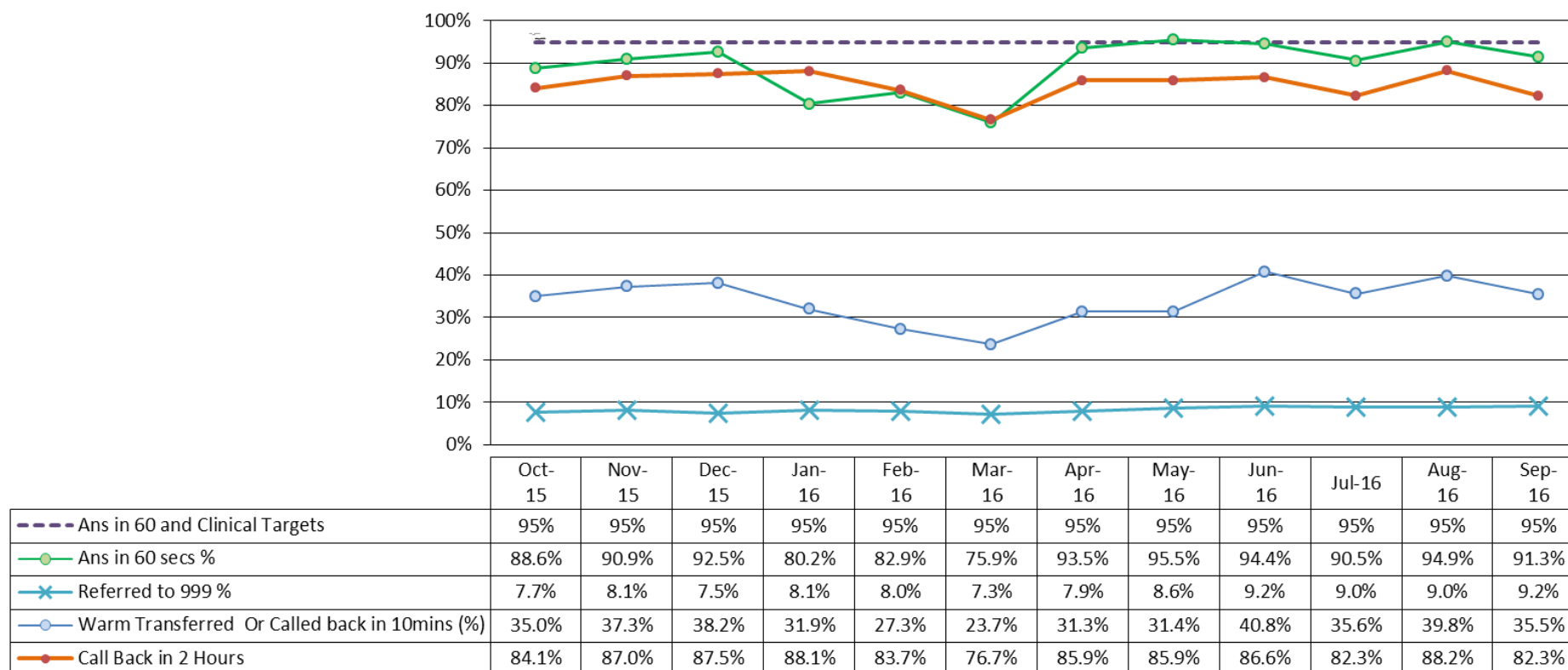
7 - Options appraisal ongoing to review Nature of Call vs keyword to **improve early red predict by 35%**. This helps to get ambulances calls for the most critically ill to dispatchers quicker.

## 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 September are 0.1% (970 calls) above YTD contract ceiling volume. The year to date performance for calls answered in 60 seconds is currently 0.2% below the same position last year.



Calls answered demand for September running at 3.4% (3,761 calls) above contact ceiling. Referrals to 999 moved from 9% to 9.2% from August to September and have increased by 0.9% year on year. In September, 1,618 (24.9%) ambulances were stopped as a result of clinical intervention and 1,891 ambulances were checked by a clinician before being sent, out of a total of 4,885 (38.7%) green ambulance calls. This is a decrease of 0.5% from August to September.

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 9.5% above budgeted for September but 9.2% below YTD budget. Available time was 13% below budgeted for September.



## Demand and Performance - PTS

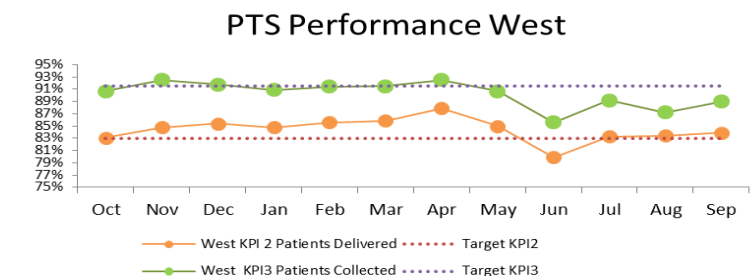
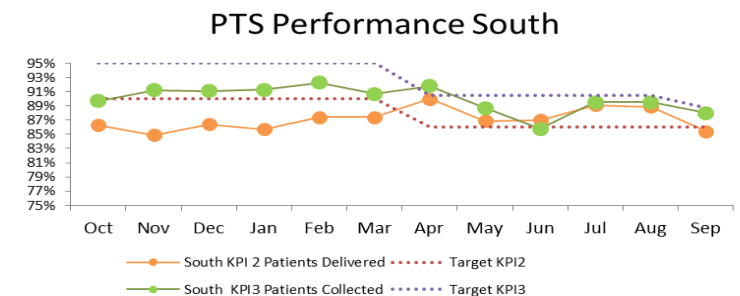
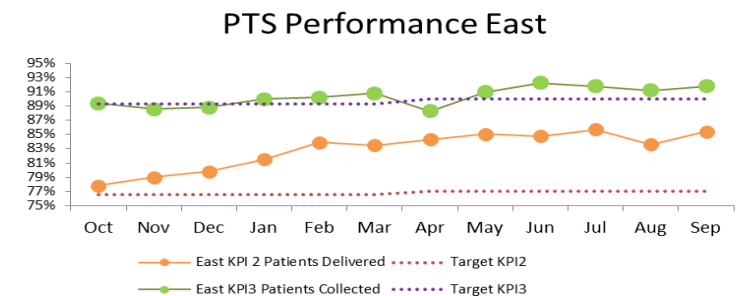
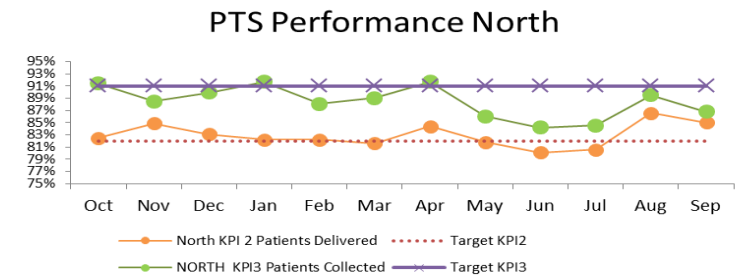
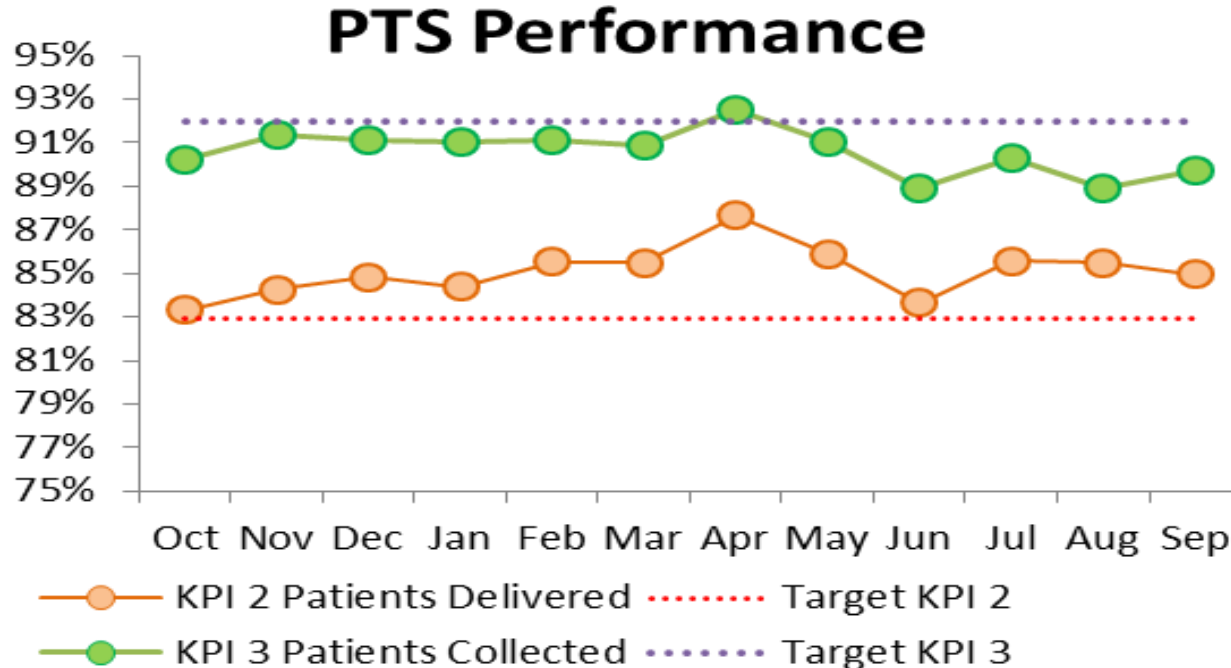
**PTS (Lead Director: Director of Planned and Urgent Care - Philip Foster, Nominated Lead: Managing Director PTS – Chris Dexter)**

### PTS –Performance

**KPI 2** – arrival prior to appointment – September saw an overall PTS decrease in performance of 0.5% but remains above target of 82.9% and well ahead YTD currently +2.6%.

**KPI 3** – departure after appointment – September performance as a whole for PTS was 2.0% below a target of 91.7% but has improved 0.8% from August's performance and sits at 90.2% YTD 1.5% below target.

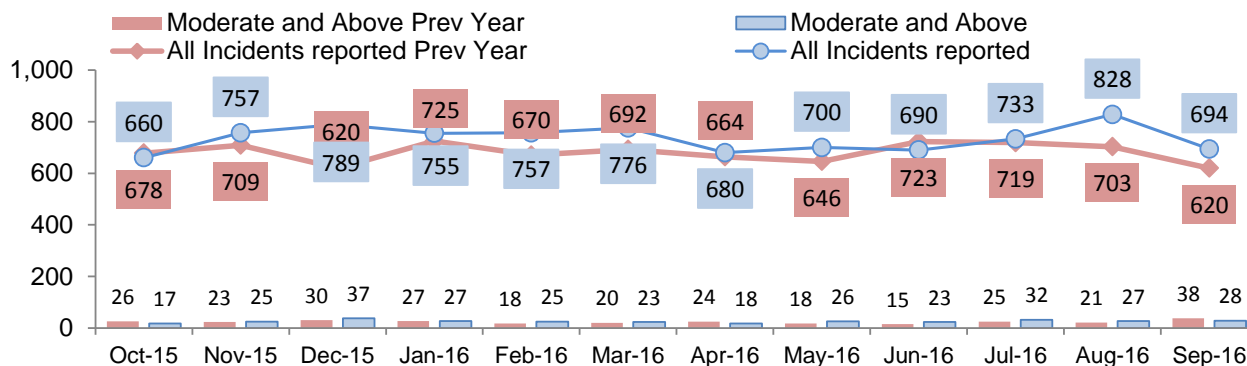
During September the PTS management team has been actively engaged with renal stakeholders during this time, and a series of meetings have taken place all of which have been very positive. Our PTS Renal Engagement Lead is continuing to establish and enhance our relationship with LHT renal staff and patients. The feedback received from patients is very positive and there has been a reduction in complaints and concerns. During the months of August and September we received a total of 8 compliments from our renal patients.



## 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 September has reduced for PTS following the high volume recorded between June and August which was largely due to the recent service changes to West Yorkshire Renal Services. Action is continuing to address these issues and to engage service users 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:** An overall decrease of 16% in incidents reported from August to September. Incidents categorised as no harm represent 72.3% of the total number of incidents in September.



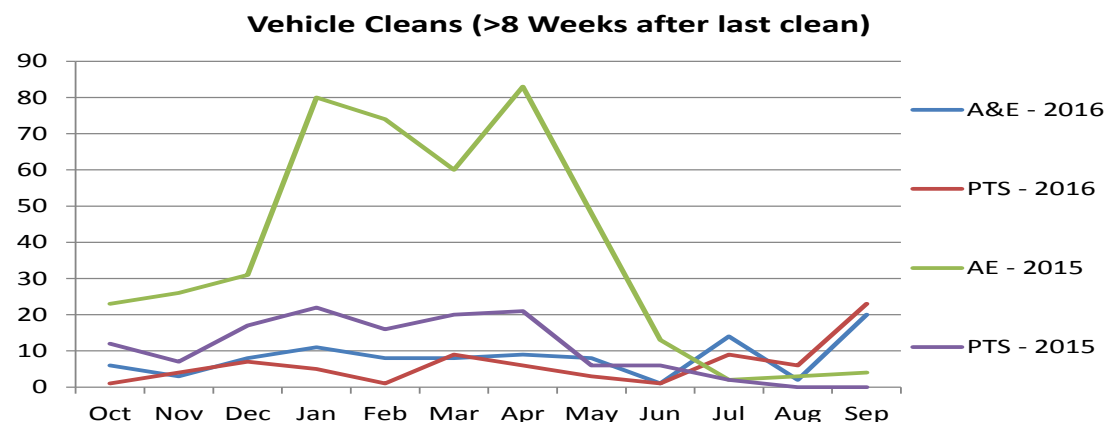
**Friends and family Test:** Results for Quarter1 (latest reporting) remain positive with 93.62% (PTS) and 88.13% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

**IPC Audits** – audit compliance in September 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 and adult training over 95% and Level 2 child safeguarding training above the 85% target level. The recently updated national Inter-collegiate guidelines for adult safeguarding were subsequently withdrawn and we understand that these will be re-issued in due course following further consultation. The safeguarding team is continuing to review Trust training provision against the draft guidelines to inform the 2017/18 training plan.

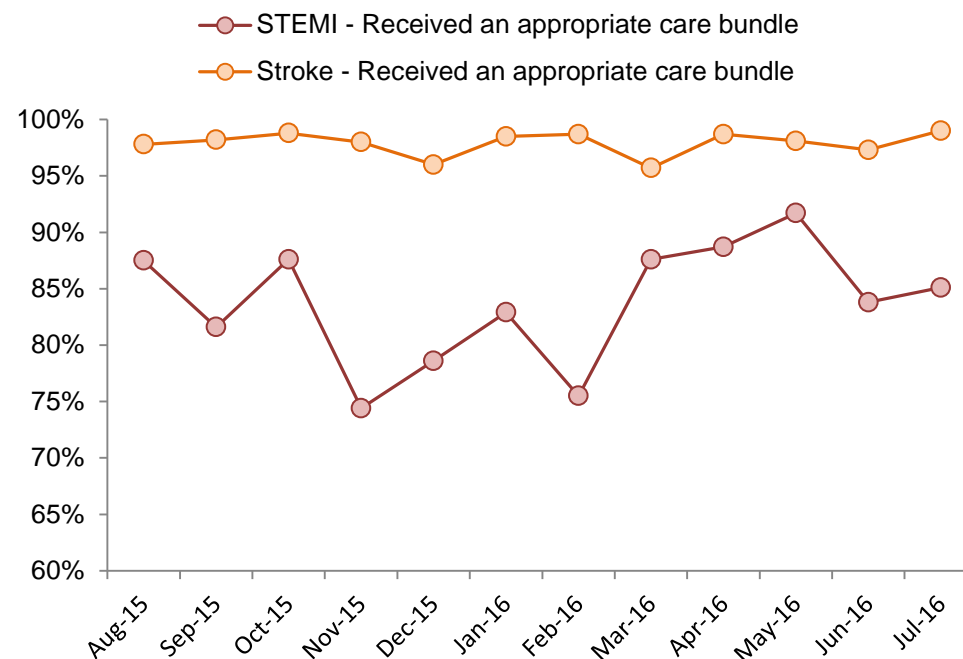
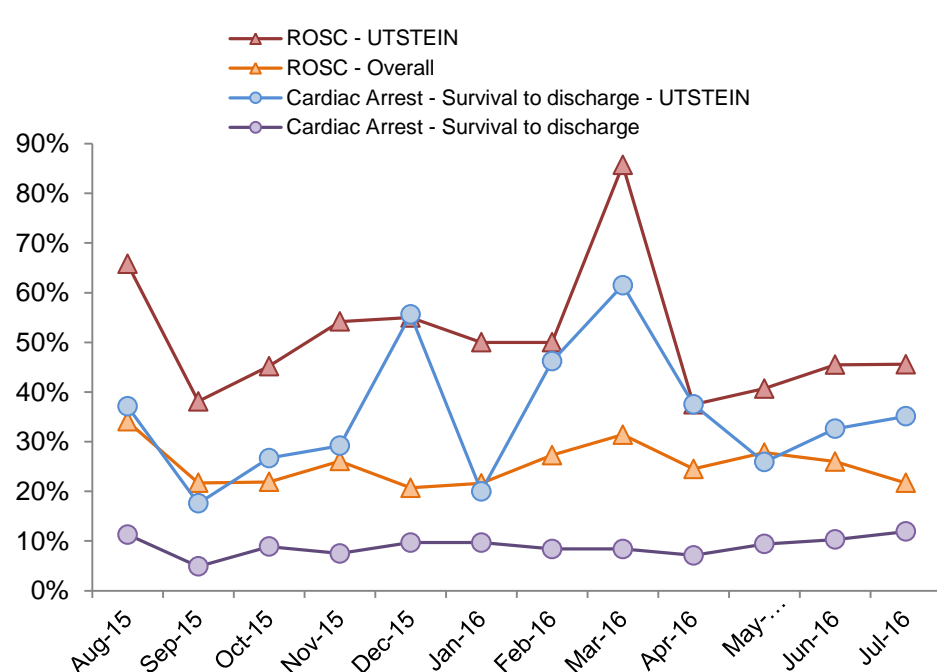
**Infection prevention and control:** The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has increased in Sept however performance remains high with 99.6% compliance. These are actively managed through the weekly review process.

**Legal requests** – the response rates within required timescales for Freedom of Information requests and requests under the Data Protection Act were reduced this month due to a substantial increase in the number of requests received. The number of FOI requests in September was the highest monthly figure seen to-date.



## 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:** 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. ROSC (overall) performance for June and July were consistent with the trend seen over the previous 12 months, with performance continuing to be at a good level in comparison with other Ambulance trusts. Performance for ROSC (UTSTEIN) has stabilised over recent months, with pleasing outcomes made visible through the measure.

**AQI Care Bundle:** STEMI and stroke data for July 2016 indicated that consistently high levels of care are being delivered to patients across all areas. For stroke care, remarkable results were seen in July with a performance of 99.0%, which is the highest performance seen over the last 12 months. Furthermore, a performance of 100% was seen in the CKW and ABL areas which is exceptional. For STEMI care, July's performance was in line with the year to date average of 85.3%, and was also an improvement on the performance seen in June.

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

**Sickness Absence:** The sickness absence rate for September 2016 stands at 5.4% which is a decrease of 0.5% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.8%. The 12 month figure stands at 5.4% compared to the 5.9% for the 12 month period of October 2014 to September 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 82.1% 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 95.1%. The new workbook has been issued and 90.5% of staff have completed their required training.

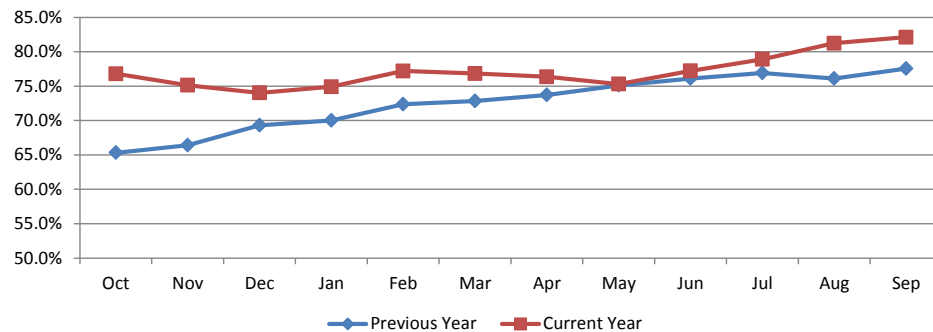
**Retention/ Attrition:** Turnover has dropped to 10.5% for last month compared to 10.9% for the previous 12 months, 89% of turnover is voluntary.

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

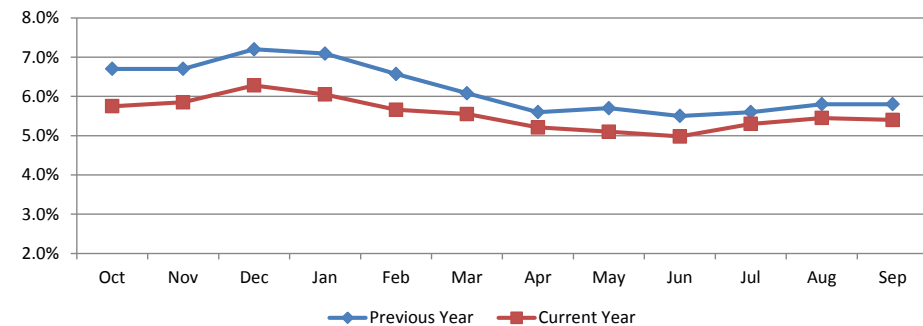
These include:-

- 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	20,290	20,492	202	123,323	124,804	1,481
Expenditure	(20,771)	(20,605)	166	(125,143)	(125,575)	(433)
Retained (Deficit) / Surplus with STF Funding	(481)	(114)	367	(1,820)	(772)	1,048
STF Funding	0	(127)	(127)	0	(760)	(760)
Retained (Deficit) / Surplus without STF Funding*	(481)	(240)	241	(1,820)	(1,532)	288
EBITDA	481	761	281	3,871	4,842	971
Cash	17,047	25,282	8,235	17,047	25,282	8,235
Capital Investment	(3,264)	(231)	3,033	(5,598)	(504)	5,094
Quality & Efficiency Savings (CIPs)	592	510	(82)	3,543	3,089	(454)

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

plan of (£1,820k) deficit a favourable variance of £1,048k. Excluding STF the YTD position shows a deficit of (£1,532k) against a deficit plan of (£1,820k) and therefore a favourable variance of £288k.

In terms of key variances YTD: The A&E service line is £256k favourable against plan, which is mainly due to vacancies in frontline staffing not fully being covered through overtime, private providers and agency spend. The fleet position is adverse to plan by (£693k) due to increased fleet maintenance expenditure on older vehicles given additional volume of activity as well as delays in fleet replacement. The procurement position is (£375k) adverse to plan due to additional spend on consumables, medicines and uniforms due to increased demand. The People and Engagement Directorate position is adverse to plan by (£853k), mainly due to expenditure on training (e.g. driver training, accommodation) and the requirement to utilise additional external professional support whilst substantive recruitment is undertaken. PTS shows an adverse variance against budget of (£235k) year to date principally due to the expenditure on overtime exceeding the available resources (staff vacancies) and spend on private providers and sub contractors. The 111 service is showing an under-spend of £260k mainly due to vacancies and additional income through increased activity. The EOC is £496k favourable against plan YTD due to continuing vacancies.

At the end of September 2016, the Trust's cash position was £25.3m against a planned figure of £17m. The majority of the additional cash is due to capital spend being significantly less than plan with the balance relating to a more favourable working capital (the main cause being receivables are £1.5m less than plan).

Capital spend for 2016/17 at the end of September 2016 is £0.504m against the re-phased plan of £5.598m. The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned land acquisition has been delayed until the end of the year which accounts for £0.785m of the slippage against the year to date plan. 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 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, as the Trust's full capital plan is yet to be approved by NHS Improvement.

The Trust has a savings target of £9.059m for 2016/17. 87% delivery of the YTD CIP target was achieved as at September 16 and 59% of this was achieved through recurrent schemes. Reserve schemes have achieved £987k of the year to date savings. This creates an adverse variance against plan of (£454k).

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 6 the plan was a deficit position of £(481)k versus actual deficit of £(114)k, a favourable variance of £367k 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 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 £241k). The YTD position is ahead of plan and shows a deficit of (£772k) against a

# Quality and Efficiency Savings (CIP)

Sep-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	643	(519)	The A&E Operational efficiency schemes are adverse by (£519k) 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	22	(2)	Monthly achievement in line with planned savings.
Special Operations	256	128	(50)	Special Operations is currently adverse to plan due to challenges in achieving an increase in Private & Events Income and achieving additional income in community resilience.
Patient Transport Service	1,841	921	(534)	Areas adverse to plan include: aborted calls scheme (£31k), non pay elements of the workforce plan (£28k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£407k).
Finance & Procurement	455	228	(67)	The schemes are underachieving by (£67k) against plan, this is principally due to demand volume variances on centralised operational budgets e.g. uniforms and medical consumables.
Quality, Governance & Performance Assurance	98	51	0	Achievement precisely in line with planned savings.
111	595	298	0	The NHS 111 schemes are currently being reviewed to identify potential schemes / alternative service delivery. The CIP plan at the end of September is on track a result of non-recurrent staff savings due to challenge in resourcing vacancies.
EOC	308	154	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	1,100	(269)	Areas of variance against plan include: Fleet schemes (£75k), Estates (101k) and People and Engagement (£97k), resulting in an adverse variance of (£269k). Delivery of a number of smaller schemes are delayed and should commence later this year.
<b>Total Planned Scheme Savings</b>	<b>9,059</b>	<b>3,543</b>	<b>(1,441)</b>	
Reserve Schemes	0	0	987	This relates to the non-recurrent A & E Clinical Supervisor scheme (utilising their time as part of the front line rota) & PTS Income
Recurrent Reserve Schemes	0	0		
Non-recurrent Reserve Schemes	0	0	0	
<b>Total Savings</b>	<b>9,059</b>	<b>3,543</b>	<b>(454)</b>	

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

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

**Comments:-** Voucher scheme has been implemented. The uptake of flu vaccine will be a challenge to achieve. It was previously understood that the above were 3 parts of the same CQUIN therefore all were put as Amber due to the Flu vaccination position. These have now been amended as they are 3 separate CQUIN parts.

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							
Ambulance Mortality Review	21.43%	£568,905	Green	Green	Green	Green	Green	Green							
Assessing the quality of CPR	21.43%	£568,905	Green	Green	Green	Green	Green	Green							
End to end reviews	21.43%	£568,905	Green	Green	Green	Green	Green	Green							
Health Care Professional calls	14.29%	£379,270	Green	Green	Green	Green	Green	Green							
Patient outcome data	7.14%	£189,635	Amber	Amber	Amber	Amber	Amber	Amber							
Total	100%	£2,654,890													

**Comments:-** Q1 milestones achieved and signed off at CMB

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							
Courtesy Calling	TBC	TBC	Green	Green	Green	Amber	Amber	Green							
Total	TBC	TBC													

**Comments:-**

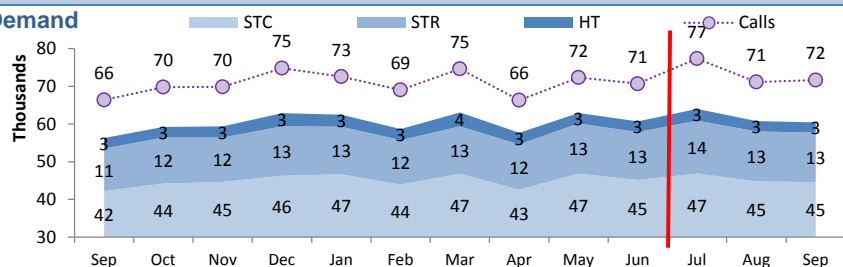
- Patient Portal – Revised EIA issued to commissioners – all on track.
- Courtesy Calls- Revised EIA issued to commissioners – all on track.

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)

Sep-16

## 1. Demand



Compared to last year Hear & Treat calls have reduced by 12.8%, See Treat & Refer responses have increased by 7.4% and See Treat & Convey have increased by 6.2%. Overall responses (incidents arrived at scene) are above contracted.

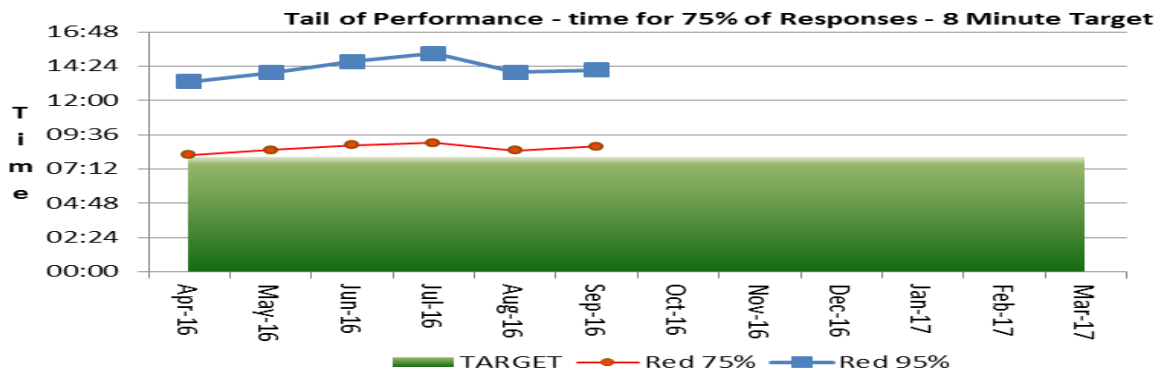
	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	438,641	17,302	84,517	272,905
YTD YAS (inc OOA&UCP) 2015-16	415,641	19,834	78,697	257,016
<b>Variance (Between Years)</b>	<b>5.5%</b>	<b>(12.8%)</b>	<b>7.4%</b>	<b>6.2%</b>
YTD (Contract CCGs only) Actuals 2016-17*	429,571	17,234	78,425	270,878
YTD (Contract CCGs only) Contracted 2016-17	408,803	19,750	72,016	255,055
<b>Variance (to Contract)</b>	<b>20,768</b>	<b>(2,516)</b>	<b>6,409</b>	<b>15,823</b>
	<b>5.1%</b>	<b>(12.7%)</b>	<b>8.9%</b>	<b>6.2%</b>

\* excludes UCP and Out of Area

## 3. Quality

Serious Incidents (Rate Per 1000 Responses)		September	YTD
		4 (0.07)	↑ 11 (0.03)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.			
Total Incidents (Rate Per 1000 Responses)		478 (8.1)	↑ 2669 (7.4)
Total Incidents per 1000 responses was more in September than the year to date average. There were 20 less incidents than August			
Feedback	Complaints	15	↑↓ 59
	Concerns	19	↓ 73
	Comments	8	↑ 29
	Service to Service	8	↓ 69
	Compliments	87	↑ 246
Response within target time for Complaints and Concerns		88%	91%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	2
The average response time for Complaints and Concerns in Aug was 29 days and YTD is 30 days			
Vehicle Deep Clean (>8 weeks after last clean)		20	↑ 54

## 2. Red Performance



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

ARP Pilot: Performance for Red is below the 75% target at 68.8% for September (69.2% YTD)

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

## 4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	%
August 2016 (FT Equivalents)					
Budget FTE	2,522	126	630	1,765	70%
Contracted FTE (before overtime)	2,189	125	519	1,546	71%
Variance	(333)	1	112	(219)	(12.4%)
% Variance	(13.2%)	0.9%	17.8%		
FTE (worked inc overtime)*	2,351	125	519	1,707	73%
Variance	(171)	1	112	(58)	(3.3%)
% Variance	(6.8%)	0.9%	17.8%		
* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Abstractions) are from GRS					
<b>Available FTE has increased from last month (1546 compared to 1430) and is below planned Gross FTE (13.2%) Absence is higher than planned.</b>					
<b>The number of Operational Paramedics is 901 FTE (Band 5 &amp; 6)</b>					
The difference between contract and FTE worked is related to overtime.					
The difference between budget and contract is related to vacancies.					

## 5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
CIPs		643	704	61
The A&E Operational efficiency schemes are slightly ahead of plan at the end of September. 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 Pilot Review

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

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

### Red – Life-threatening

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

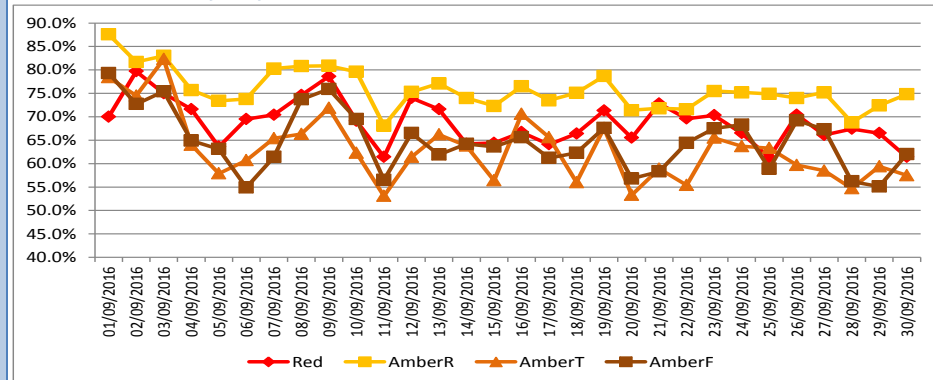
### Amber – Emergency

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

### Green – Urgent

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

## 3. Performance by day



### Key Points:

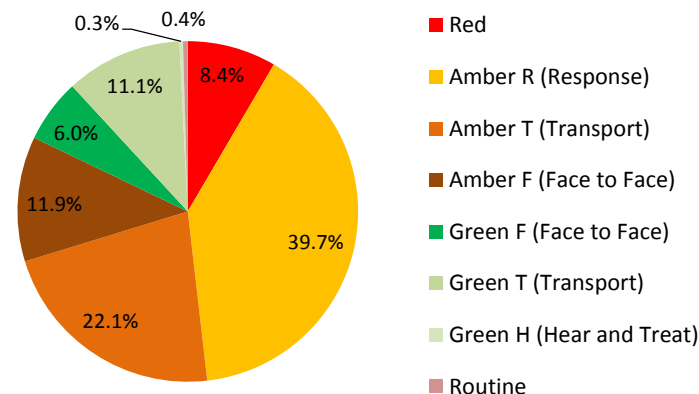
- Hear and Treat rates for September at 4.5%. Due to the changing nature of the Ambulance Response there is less need in some cases for a hear and treat response as the patient is getting the most appropriate response. Further work is being carried out to assess the codes. There maybe some other codes that are suitable for a hear and treat response.
- The top 10 Red chief complaints are show above, 17% are Intra-facility 1 transfers.

## 2. Demand and Performance

	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Red	5178	7	1138	3837	4975	8 Mins (75% Target)	68.8%	8.4%
Amber R (Response)	25223	85	5087	18335	23422	19 Mins (No Target)	75.5%	39.7%
Amber T (Transport)	14908	128	2594	10424	13018		63.0%	22.1%
Amber F (Face to Face)	9171	301	2580	4412	6992		64.7%	11.9%
Green F (Face to Face)	7822	83	1850	1702	3552	60 Mins (No Target)	95.1%	6.0%
Green T (Transport)	7299	36	683	5839	6522		77.0%*	11.1%
Green H (Hear and Treat)	3159	2108	78	124	202		100.0%	0.3%
Routine	330	0	17	246	263	Hear & Treat	96.8%	0.4%

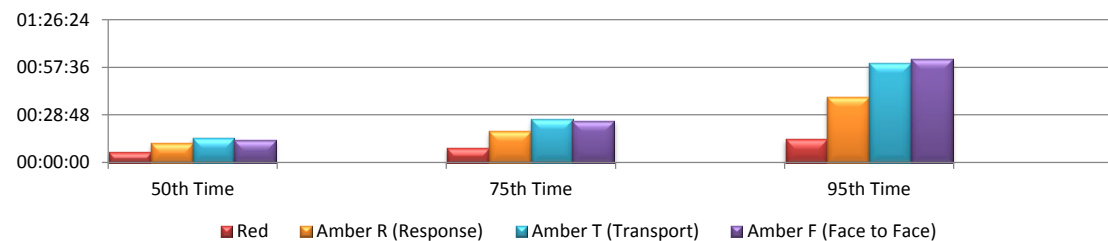
\* HCP calls have been taken out of the performance calculation for Greens as they request different response times

Top 10 Chief Complaints	Red
Convulsions/Fitting	22%
Inter-facility 1	17%
Haemorrhage/Lacerations	12%
Cardiac/Respiratory Arrest	11%
Unknown Problem - Collapse-3rd Pty	5%
Allergies/Rash/Med Reaction/Stings	5%
Breathing Problems	5%
Falls/Back Injuries - Traumatic	4%
HCP Red Defib	4%
Falls/Back Injuries - Traumatic	4%



## 4. Tail of Performance

	50th Time	75th Time	95th Time	99th Time
Red	00:06:16	00:08:47	00:14:08	00:21:13
Amber R (Response)	00:11:33	00:18:45	00:39:40	01:06:32
Amber T (Transport)	00:14:52	00:26:06	01:00:19	01:47:31
Amber F (Face to Face)	00:13:35	00:25:20	01:02:38	01:47:35



### Key Points:

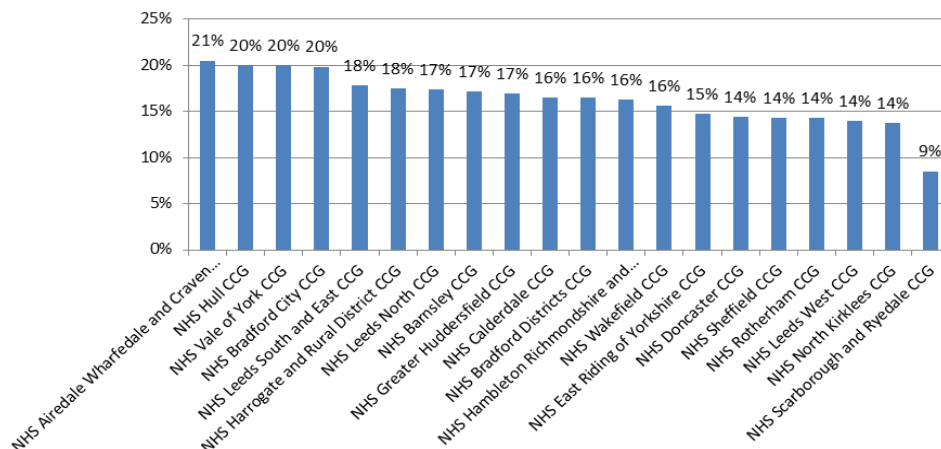
- Tail of performance for Red - 50% of people received a response in 6 mins 3 seconds. 95% of patient were seen in 13 mins and 58 seconds which is 1 minute 16 seconds faster than last month.
- Tail of Performance for Amber (within 19 minutes) ranges from 10:47 to 12:55 for 50th Percentile

## 3.1 A&E Operations

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

Sep-16

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

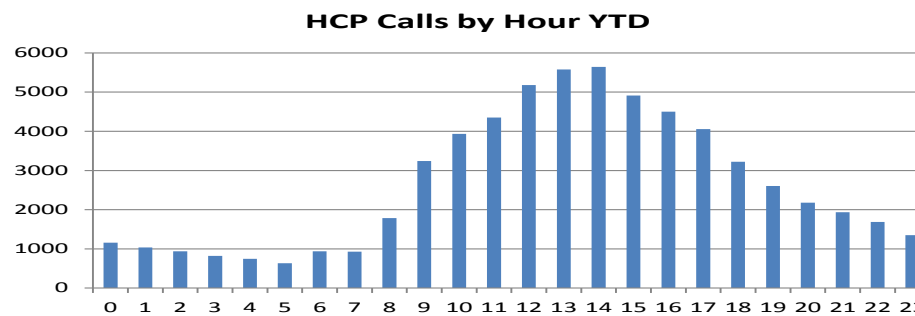
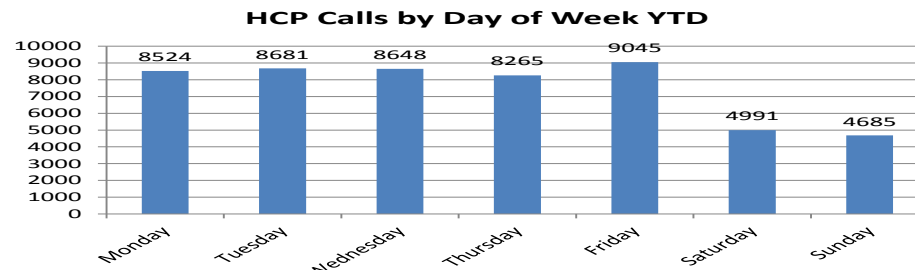


Red Calls as a proportion account for 14.6% of all HCP calls.

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

The time of day with the highest (60.2%) of all calls are between 10 and 5pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

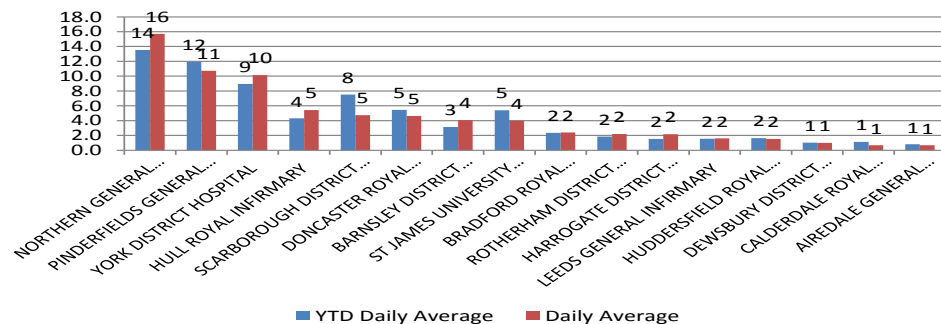
### 2. HCP by Time of Day



### 3. Hospital Turnaround - Excessive Response

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	last 12 mths
Excessive Handovers Over 15mins (hours)	1825	1852	1591	2250	2734	3300	1981	2323	2283	2274	2187	2162	26762
Excessive Hours per Day	59	62	51	73	94	106	66	75	76	73	71	72	878

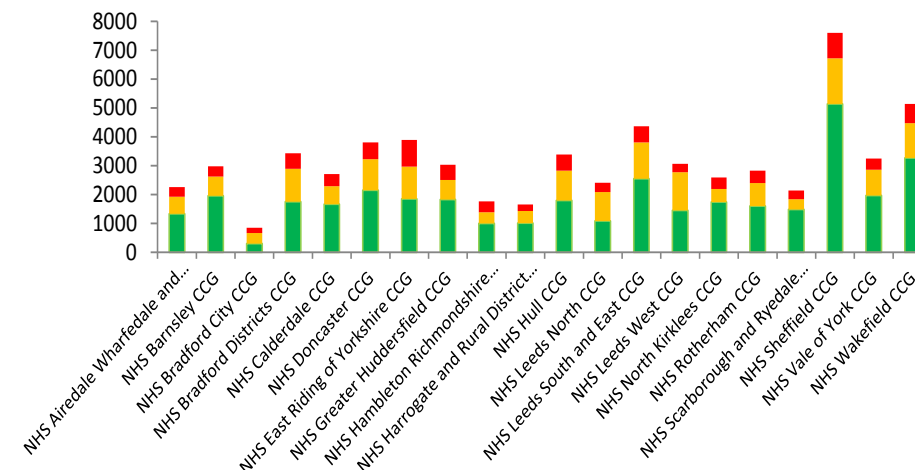
Daily Average by Hospital (1 or more hours lost per day)



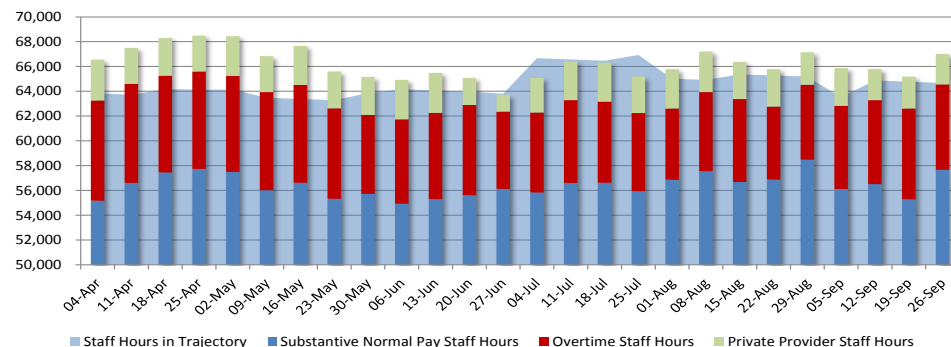
Excessive time lost at hospitals was lower in August and September than July. It continues to be higher than for the same period last year. Mid-Yorks - Pinderfields, Hull and Scarborough have been impacting on performance.

### 4. HCP by Grade of Call

Number of Red, Amber and Green Calls by CCG YTD



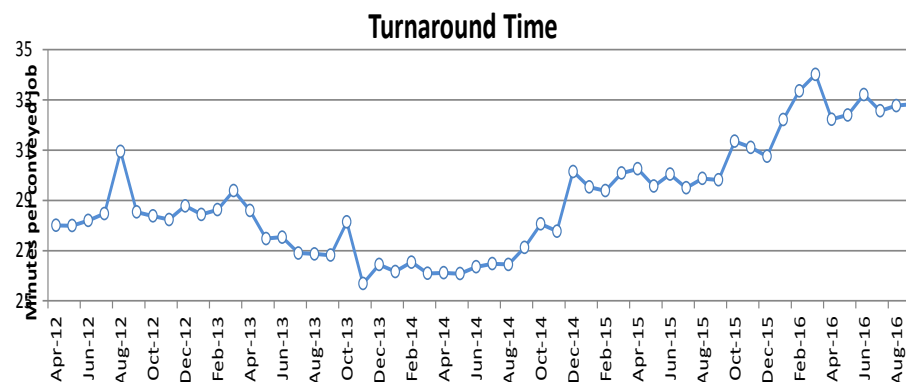
## 1. Resource Hours



Total Responses Minus Triage	Apr	May	Jun	Jul	Aug	Sep	YTD
2015/16	55039	56192	55166	57108	57255	54953	335713
2016/17	56014	61569	59198	62358	59337	58946	357422
Variance	1.8%	9.6%	7.3%	9.2%	3.6%	7.3%	6.5%
Yr on Yr increase in Required FTE - Demand Only	26	138	107	134	59	105	95

Staff hours for September were 2.4% up on the expected for the month in the submitted trajectory. Year to date remains 3% over planned. By utilising the YAS Capacity model the table below shows the impact of increased demand on our FTE requirement. The 6.5% year to date increase requires 95 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

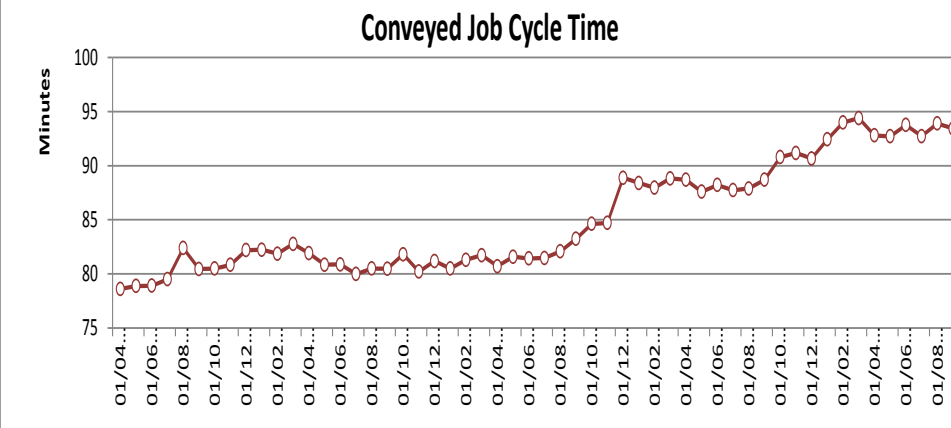


Recent analysis of all demand for 2015-16 around the increased job cycle times shows the impact of delays within the system on YAS vehicle availability and performance.

Looking at data for last year (2015-2016) there were 605,640 YAS hospital attendances, therefore:

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

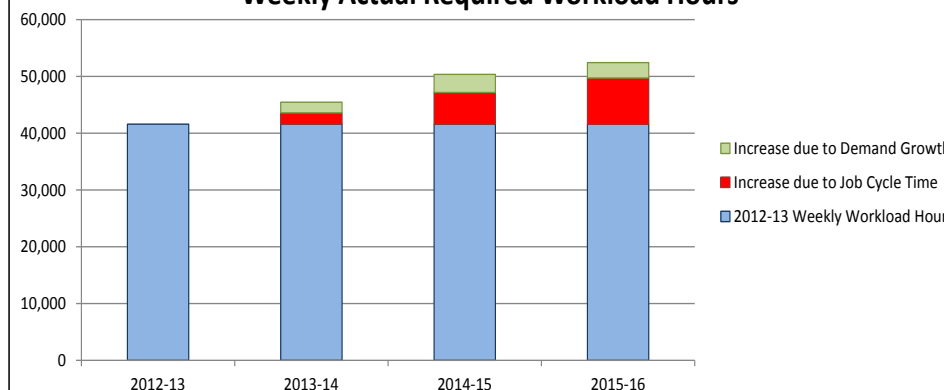
## 3. Job Cycle Impact



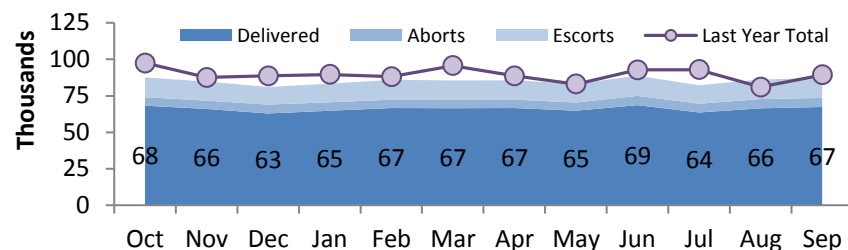
### Impact of Job Cycle Time on Staffing

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

## Weekly Actual Required Workload Hours



## 1. Demand



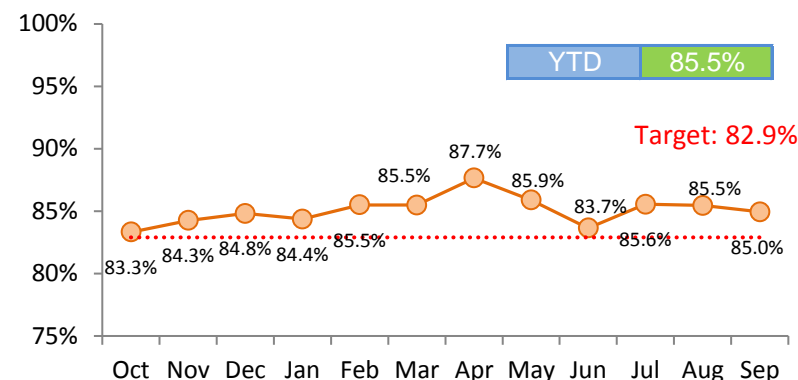
## Comparison to Plan

April to March	Delivered	Aborts	Escorts	Total
YTD 2016-17	397,598	36,247	79,435	513,280
Contract 2016-17 (2015-16 Demand)	410,359	35,798	81,559	527,716
% Variance	(3.1%)	1.3%	(2.6%)	(2.7%)

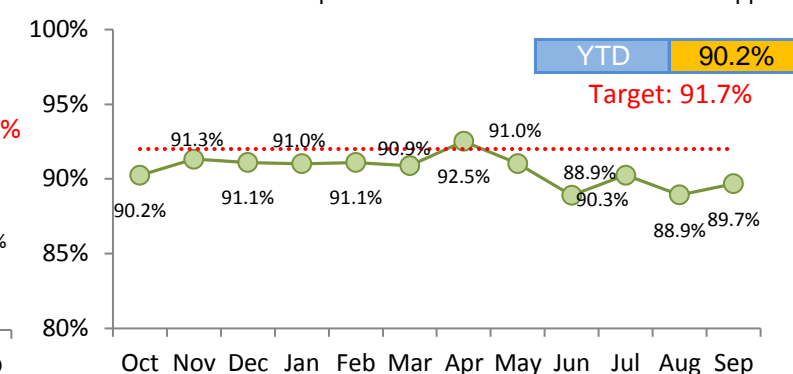
**Key Points** - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

## 2. Performance

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



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



## Key Points -

KPI 2 patients arriving prior to appointment remains very positive and well above target.

KPI 3 waits for collection from appointment is still below target in all Contracts with the exception of East Consortia, who are achieving.

West Yorkshire Renal performance continues to improve KPI 1 (patients arrive no more than 30 minutes early for their appointment) achieving 96.4% and KPI 2 (patients travelling up to 10 miles should be on vehicle no longer than 45 minutes) achieving 95.8%.

## 3. Quality, Safety and Patient Experience

	Sep	YTD
<b>Calls Answered in 3 mins</b> (All PTS calls)	71.3% ↓	70.1%
<b>Serious Incidents (YTD)</b>	0 ↓	2
<b>Total Incidents</b> (per 1000 activities)	84 (1.25) ↓	652 (1.64)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
<b>Feedback</b>	Complaints	10 ↓ 79
	Concerns	35 ↓ 258
	Comments	11 ↑ 42
	Service to Service	25 ↓ 260
	Compliments	3 ↓ 11
<b>Response within target time for Complaints and Concerns</b>	92%	96%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 0
<b>Patient Experience Survey - Qtrly</b>	92.6%	92.6%
<b>Vehicle Deep Clean (&gt;8 weeks since last clean)</b>	23 ↑	48

## 4. Workforce

FT Equivalents				Available	
Sep-16	FTE	Sickness (5%)	Absence (20%)	Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	692	51	119	522	76%
Variance	(35)	(14)	27		
Actual Shrinkage %		6.9%	16.6%	(23)	(4.2%)
% Variance	(4.8%)	(39.8%)	18.3%		
FTE worked inc overtime	716	51	119	547	76%
Variance	(10)	(14)	27	2	0.3%
% Variance	(1.4%)	(39.8%)	18.3%		
** 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 September by 0.6%; it remains well above the 5% target; all cases are being managed and reviewed.

PTS used an equivalent of an additional 24 FTE with the use of overtime against vacancies of 35.

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

The difference between budget and contract is related to vacancies.

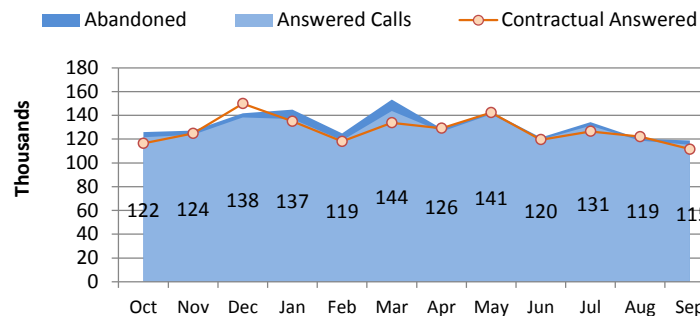
## 5. Finance (Y/E Summary)

£000	Plan	Actual	Variance
CIP's	921	794	(127)

Quality and Efficiency Savings (CIPs) are currently (£127k) behind plan due to a delay in workforce savings, lower than expected savings on reduced number of aborted calls, as well as the non-delivery of the 15/16 CIP target.



## 1. Demand



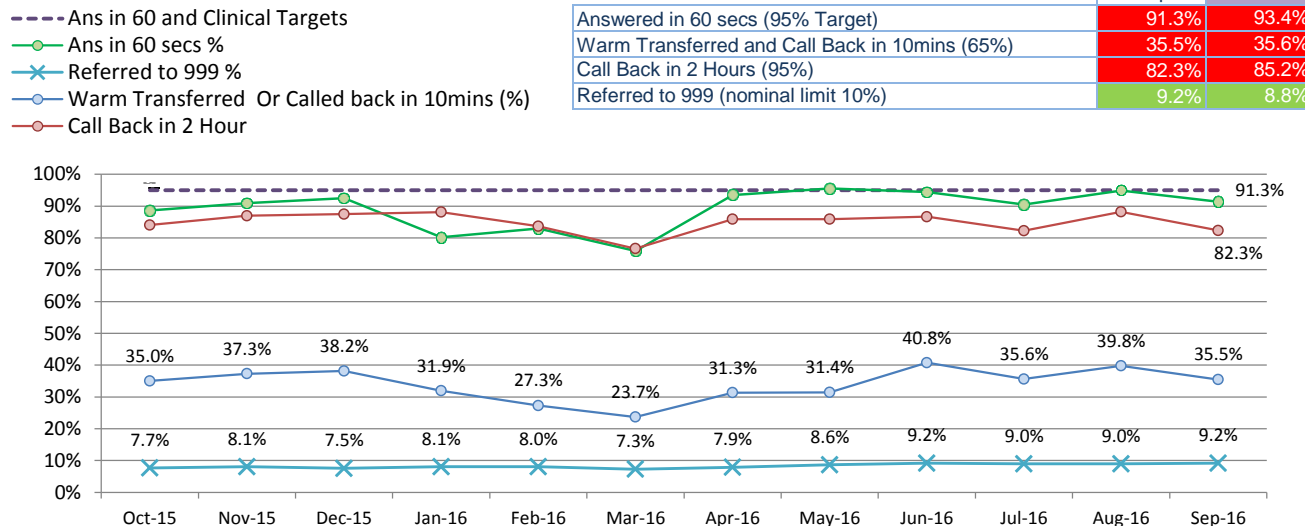
Calls answered up by 5.5% compared September 2015.  
Answered volumes were above contract ceiling (3.4% +3,761 calls).

April to September	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	766,636	752,014	702,212	93.4%
YTD Contract Ceiling 2016-17	751,044	751,044	713,492	95.0%
Variance	15,592	970	(11,280)	
	2.1%	0.1%	(1.6)%	(1.6)%
YTD 2015-16	743,156	727,912	681,314	93.6%
Variance	23,480	24,102	20,898	
	3.2%	3.3%	3.1%	(0.2)%

## 3. Quality

		September	YTD
Serious Incidents (per 1000 answered)	1 (0.01)	↔	8 (0.01)
Total Incidents (per 1000)	44 (0.38)	↓	267 (0.36)
Feedback	Complaints	25 ↓	245
	Concerns	3 ↑	22
	Comments	6 ↑	30
	Service to Service	13 ↓	229
	Compliments	5 ↓	59
Response within target time for Complaints and Concerns	69%		83%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0

## 2. Performance



Calls Offered have increased by 5.5% compared to September 2015. Answered in 60 performance is up by 1.5% when compared to the same month last year. Month on month, performance went from 94.9% in August to 91.3% in September (down by 3.6%). Warm Transferred and Call Back in 10 minutes is down by 4.3% month on month and 0.7% down compared to September 2015. 111 referrals to 999 up by 0.9% year on year but remain within target. In September, 1,618 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

## 4. Workforce

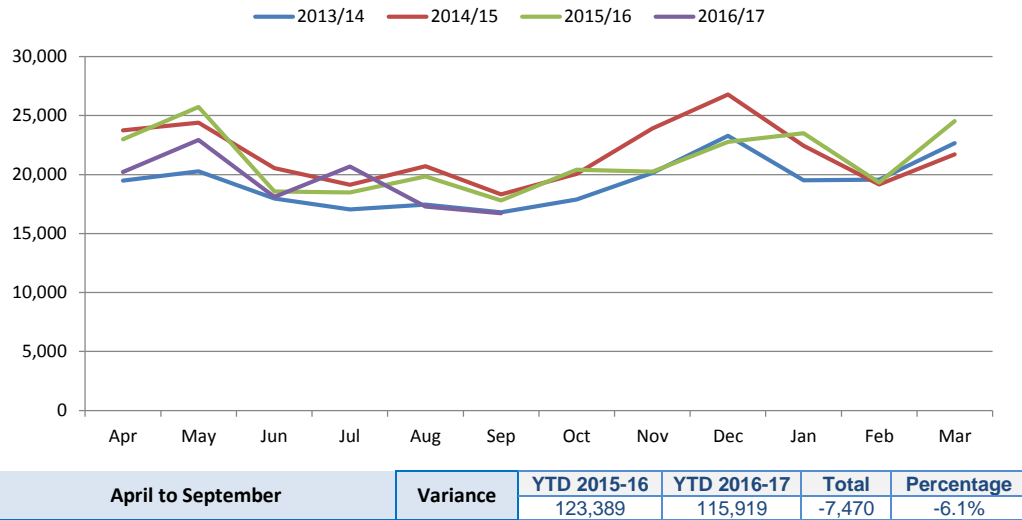
September 2016 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence*	Available	
Budget FTE	285	26	66	194	68.0%
Contracted FTE (before Overtime)	302	21	123	158	52.5%
Variance	17	5	(57)	(35)	-18%
% Variance	6.0%	18.1%	(87.0)%		
FTE (Worked inc Overtime)	312	21	123	168	54%
Variance	27	5	(57)	(25)	-13%
% Variance	9.5%	18.1%	(87.0)%		
Contracted FTE (before Overtime) 6% above budgeted for the month. Paid Sickness at 7% (2% below threshold) and absence at 40.6%.					
Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 9.5% above budgeted for September but 9.2% below YTD budget.					
* Absence includes total abstractions away from substantive job roles.					

## 5. Finance (YTD Summary)

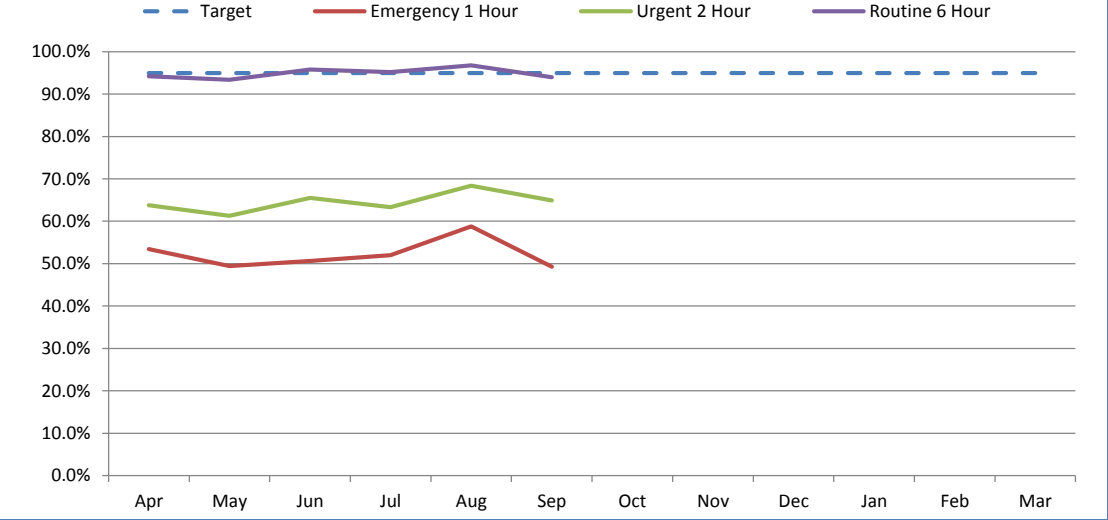
£000	Plan	Actual	Variance
CIP's	298	298	0
Quality and Efficiency Savings (CIPs) are on plan at the end of September as a result of non-recurrent staff savings due to vacancies.			

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)

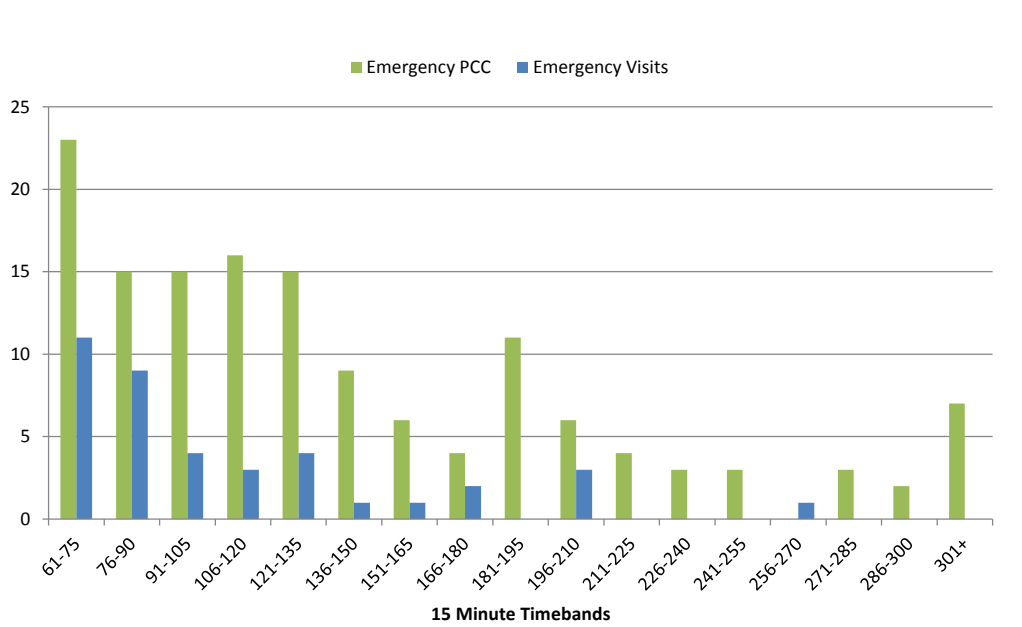
1. Demand



2. Performance



3. Tail of Performance



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	No SIs reported in September
Adverse Reports received	No adverse reports received
Patient Complaints	14 patient complaints received in Sep-16 directly involving the LCD part of the pathway. 7 closed and any lessons learned being looked into and 7 assigned/logged.

5. Comments

Patient demand levels for WYUC in August fell by 6.2% in comparison to September 2015 , although remain significantly above the contract baseline. NQR 12a performance in September saw 49.3% of emergency appointments in 1 hour completed in time, a fall of 9.5% from August. 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 64.9% of urgent cases administered within 2 hours (fall of 3.8% against August) and 96.8% of less urgent cases administered within 6 hours (fall of 2.8% from August).

14 patient complaints during September. The trend throughout 2015/16 was downward with an overall decrease of around 0.3%. September this year is down 0.44% compared to the previous year.

## 4.1 Finance Overview

			Sep-16
	Month	YTD	Trend 2016-17
<b>RISK RATING:</b> The Trust financial sustainability risk rating for is "4", the lowest risk. NHS Improvement will replace the FSR rating with a new "Single Oversight Framework" to take effect from Month 7. This will include performance against the Agency control total.			
<b>EBITDA:</b> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) at month 6 is £4.8m against a plan of £3.9m, a positive variance to Plan by £0.9m (also reflecting the YTD adjustment for additional £0.8m STF income).			
<b>SURPLUS:</b> The Trust has reported a YTD deficit as at the end of September (Month 6) of £(0.8)m against a planned deficit of £(1.8)m, a positive variance to Plan by £1m (of which £0.8m relates to the YTD adjustment 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.			
<b>CAPITAL:</b> Capital spend for 2016/17 at the end of September 2016 is £0.504m against the re-phased plan of £5.598m.  The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned land acquisition has been delayed until the end of the year which accounts for £0.785m of the slippage against the year to date plan. 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 specification change to the value of £2.795m 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, as the Trust's full capital plan is yet to be approved by NHS Improvement.			
<b>CASH:</b> At the end of September 2016, the Trust's cash position was £25.3m against a planned figure of £17m. The majority of the additional cash is due to capital spend being significantly less than plan with the balance relating to more favourable working capital position (mainly due to receivables £1.5m lower than plan).			
<b>CIP:</b> The Trust has a savings target of £9.1m for 2016/17. 87% delivery of the CIP target was achieved YTD as at September and 59% of this was achieved through recurrent schemes. Reserve schemes have contributed £987k of the year to date savings. This creates an overall adverse variance against plan of £(454)k.			

## 4.2 Finance Detail

Sep-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Operating Income	20,290	20,492	202
Pay Expenditure & reserves	(14,374)	(13,930)	444
Non-Pay expenditure & reserves	(5,436)	(5,800)	(365)
Operating Expenditure	(19,809)	(19,730)	79
EBITDA	481	761	281
EBITDA %	2.4%	3.7%	1.3%
Depreciation	(776)	(773)	3
Interest payable & finance costs	(15)	17	31
Interest receivable	7	3	(4)
Profit on fixed asset disposal	11	28	17
Dividends, interest and other	(189)	(150)	39
Retained (Deficit) / Surplus	(481)	(114)	367
I&E (Deficit) / Surplus %	(2.4%)	(.6%)	1.8%

Year to Date		
Budget	Actual	Variance
£000	£000	£000
123,323	124,804	1,481
(86,579)	(84,371)	2,208
(32,872)	(35,590)	(2,718)
(119,452)	(119,962)	(510)
3,871	4,842	971
3.1%	3.9%	0.7%
(4,463)	(4,453)	10
(200)	(168)	31
41	32	(9)
65	72	6
(1,134)	(1,095)	39
(1,820)	(772)	1,048
(1.5%)	(.6%)	0.9%

Capital Plan	Annual Budget £000	Current Month Variance £000	YTD Variance £000
Estates	(2,541)	395	1,126
H&S	(1,232)	35	784
ICT	(1,111)	116	383
Fleet	(7,444)	1,461	1,464
Hart Vehicles and Equipment	(1,378)	667	753
Medical Equipment	(1,629)	359	578
Contingency	-	-	6
<b>Total Schemes</b>	<b>(15,335)</b>	<b>3,033</b>	<b>5,094</b>
<b>Total CRL</b>	<b>14,575</b>		
<b>Total CRL incl additional NBV sales</b>	<b>14,836</b>		
<b>Over committed against CRL incl disposals</b>	<b>(499)</b>		

Plan	CATEGORY	Plan	Sep-16	YTD
%age of bills paid within terms	NHS	95%	82%	72%
%age of bills paid within terms	NON NHS	95%	83%	86%

CASH	Plan £000	Actual £000	Variance £000
End of month cash balance	17,047	25,282	8,235



# 5 Workforce Scorecard

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

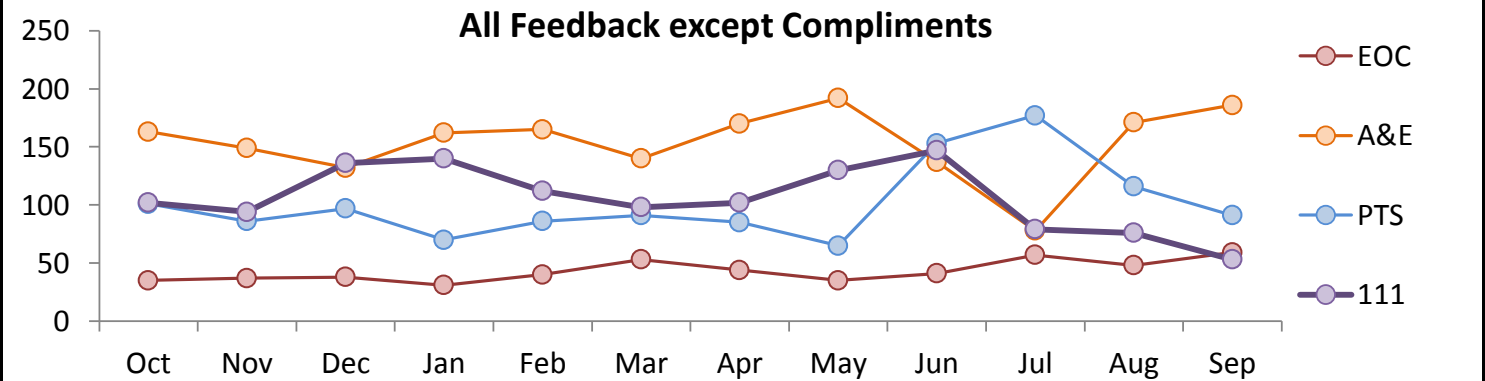
Sep-16

YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - Sep-16		Current Data - Aug-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4283.04	Sep-16	4248.80	Aug-16	4495		↑	4115.99	Sep-15
Equality & Diversity	5.77% fte	Sep-16	5.64% fte	Aug-16	11.1% fte		↑	5.27% fte	Sep-15
	6.05% hcount		5.90% hcount					5.55% hcount	
Monthly Sickness Absence	5.40%	Sep-16	5.45%	Aug-16	5% fte		↓	5.75%	Sep-15
Yearly Sickness Absence	5.42%	Oct-15 Sep-16	5.43%	Sep-15 Aug-16			↓	5.86%	Oct-14 Sep-15
Turnover	10.54% fte	Sep-16	10.87% fte	Aug-16	10.13% Amb Trust Average from iView		↓	12.17% fte	Sep-15
	12.82% hcount		13.15% hcount					13.97% hcount	
Current PDRs	82.12%	Sep-16	81.24%	Aug-16	90%		↑	77.55%	Sep-15
Stat & Mand Workbook	95.09% (combined)	Sep-16	95.02% (combined)	Aug-16	85% (combined)		↑	88.11% (Combined)	Sep-15
	90.46%	Sep-16	88.94%	Aug-16				88.11%	Sep-15
Overtime	£823k	Sep-16	£855k	Aug-16			↓	£896k	Sep-15
	£11,229k	Oct-15 Sep-16	£11,302k	Sep-15 Aug-16			↓	£11,765k	Oct-14 Sep-15

Sickness absence remains above the Trust target of 5%.

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

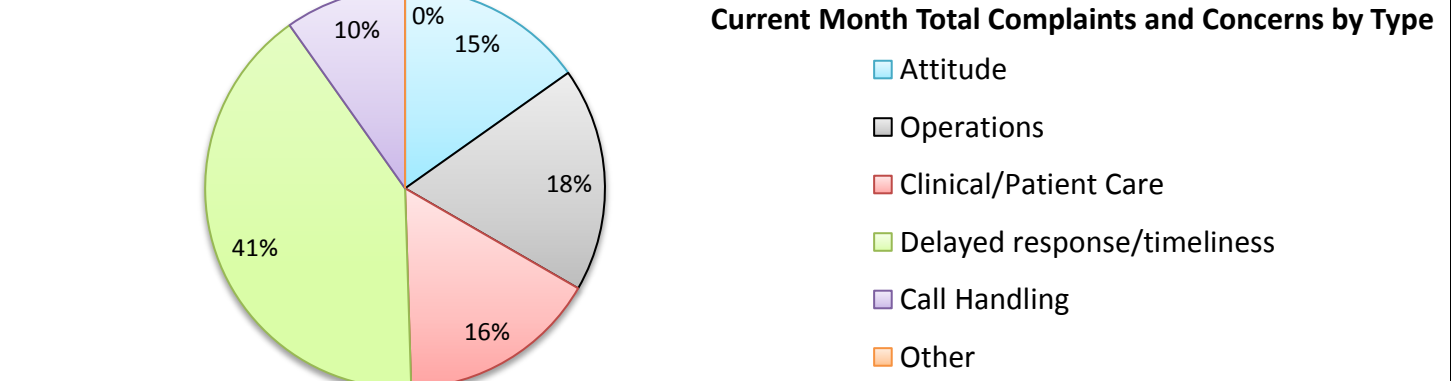
	EOC		A&E		PTS		111		Total	
	Sep-16	YTD	Sep-16	YTD	Sep-16	YTD	Sep-16	YTD	Sep-16	YTD
Complaint	8	87	15	74	10	79	25	245	58	485
Concern	14	70	19	92	35	258	3	22	71	442
Service to Service	32	109	8	77	25	260	13	229	78	675
Comment	1	2	8	37	11	42	6	30	26	111
Compliment	1	5	87	333	3	11	5	59	96	408
Lost/Found Proper	1	4	29	182	4	13	0	0	34	199
PALS request	2	7	20	139	3	24	1	2	26	172
Total	59	284	186	934	91	687	53	587	389	2492
Demand	73,090	439,067	61,887	375,076	67,392	397,598	115,257	752,014	317,626	1,963,755
Proportion	0.08%	0.06%	0.30%	0.25%	0.14%	0.17%	0.05%	0.08%	0.12%	0.13%



The Number of cases in September has reduced 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.

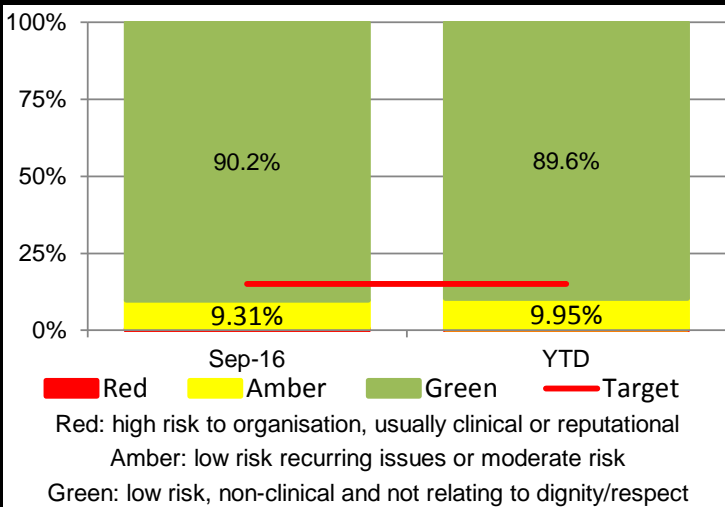
2. Complaints and Concerns (including issues raised by healthcare professionals ) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	Sep-16	YTD	Sep-16	YTD	Sep-16	YTD	Sep-16	YTD	Sep-16	YTD
Attitude	0	0	21	101	4	45	6	46	31	192
Operations	0	2	13	80	11	48	13	304	37	434
Clinical/Patient Ca	0	0	7	53	4	55	22	144	33	252
Delayed response	43	196	1	3	39	414	0	0	83	613
Call Handling	11	53	0	2	9	31	0	0	20	86
Other	0	15	0	4	0	0	0	2	0	24
Total	54	266	42	243	67	593	41	496	204	1601
Demand	73,090	439,067	61,887	375,076	67,392	397,598	115,257	752,014	317,626	1,963,755
Proportion	0.07%	0.06%	0.07%	0.06%	0.10%	0.15%	0.04%	0.07%	0.06%	0.08%



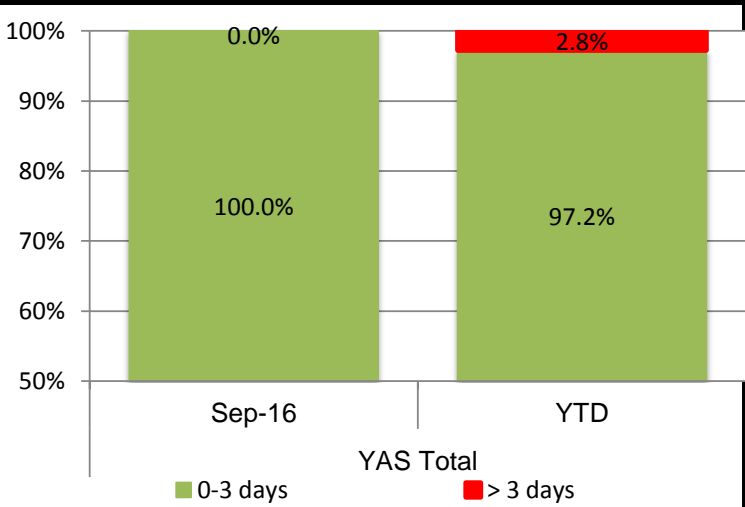
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations & Clinical/Patient are the largest for 111, whilst Attitude of staff is the most frequently reported issues for A&E.

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



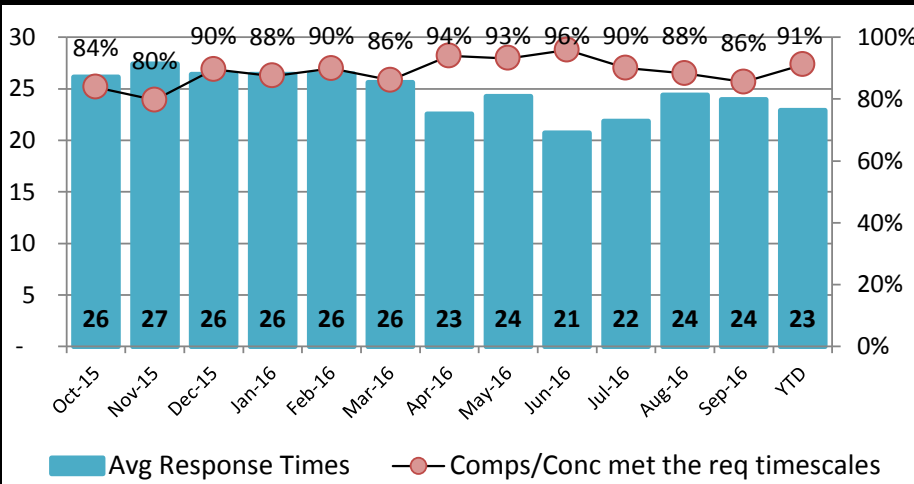
Overall Complaints & Concerns for Red remain very low. Amber stands at 9.31% for Septemebr, which is below the 15% Target

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



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

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 86% of cases in September, with an average response time of 24 days. YTD compliance is 91% and average response time is 23 days

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

	Total	
	Sep-16	YTD
(YAS total inc HCP)		
Upheld	107	767
Partly Upheld	58	332
Not Upheld	62	503
Total	227	1602

The majority of cases closed this month were Upheld

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

	Total	
	Sep-16	YTD
Total YAS		
No. reopened	3	17
% of C&C	2.3%	1.8%

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

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

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

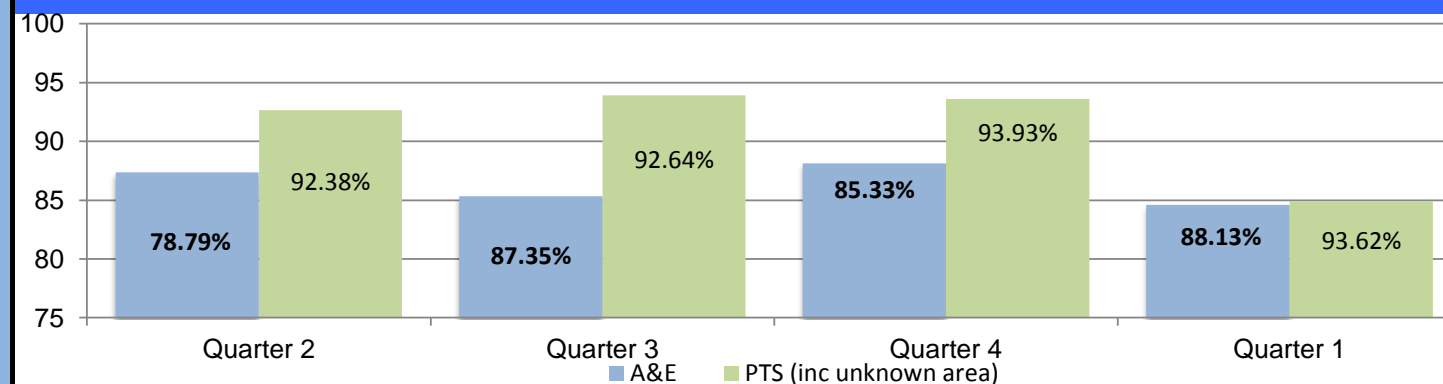
	PHSO referrals received		PHSO investigation		Investigation Outcomes					
	Sep-16	YTD	Sep-16	YTD	Upheld		Partially Upheld		Not Upheld	
					Sep-16	YTD	Sep-16	YTD	Sep-16	YTD
EOC	0	6	0	4	0	0	0	0	1	3
A&E	2	3	2	3	0	0	0	0	0	2
PTS	0	0	0	0	0	0	0	0	0	0
111	0	2	0	2	0	1	0	0	0	0
<b>Total</b>	<b>2</b>	<b>11</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>5</b>

Only 2 referrals were received in September - both for A&E.

1 EOC Investigation was completed as Not Upheld

## Patient Survey Results (Friends and Family Test)

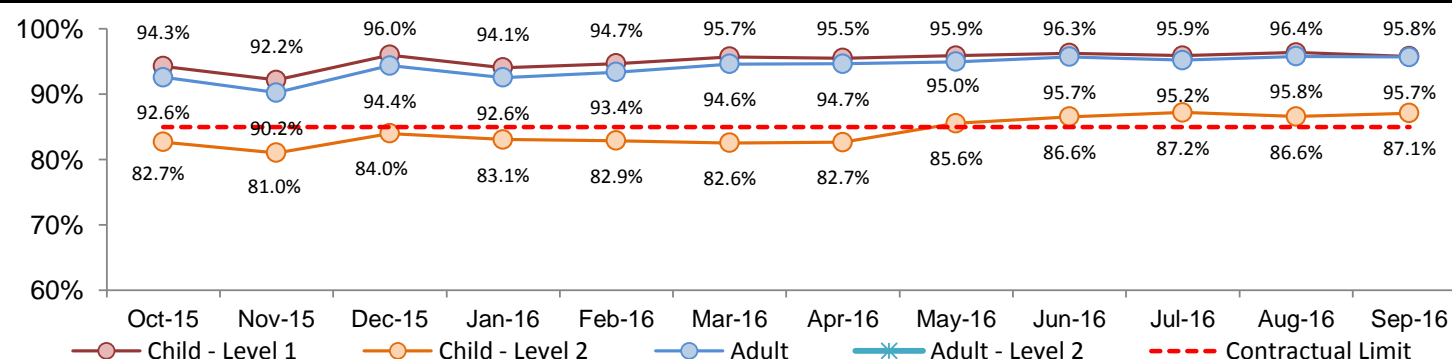
### 9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



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

## Safeguarding

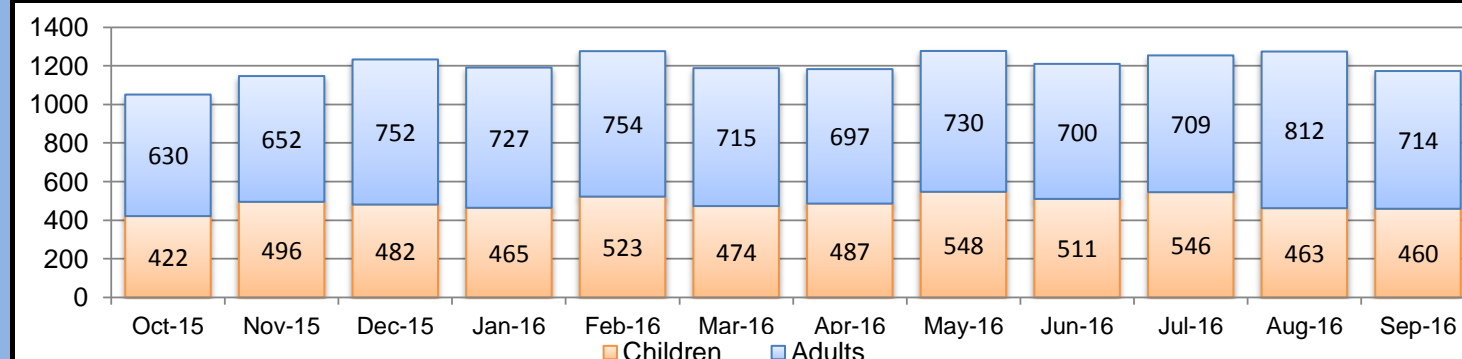
### 10. Number of eligible workforce trained



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	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Overall Compliance (Current Year)	Hand Hygiene	97%	98%	98%	99%	99%	99%	99%
	Premise	99%	97%	98%	98%	98%	99%	98%
	Vehicle	99%	98%	98%	99%	98%	97%	98%
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	99%	99%	97%	98%	99%
	Premise	98%	88%	95%	99%	98%	99%	96%
	Vehicle	99%	97%	97%	93%	97%	98%	99%

Red Key

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

Amber Key

Minimum audit requirements met with compliance 80% to 94%

Green Key

Requirements met with compliance >94%

Hand Hygiene - Carrying of hand gel, inappropriate use of gloves

Actions: enforce good hand hygiene as per guidance

Premises cleaning: Clinical and general waste bins overflowing

Actions: Issues with waste reported to estates for resolution

Specific issue: Humber – large proportion of vehicles required general waste items removed during audit

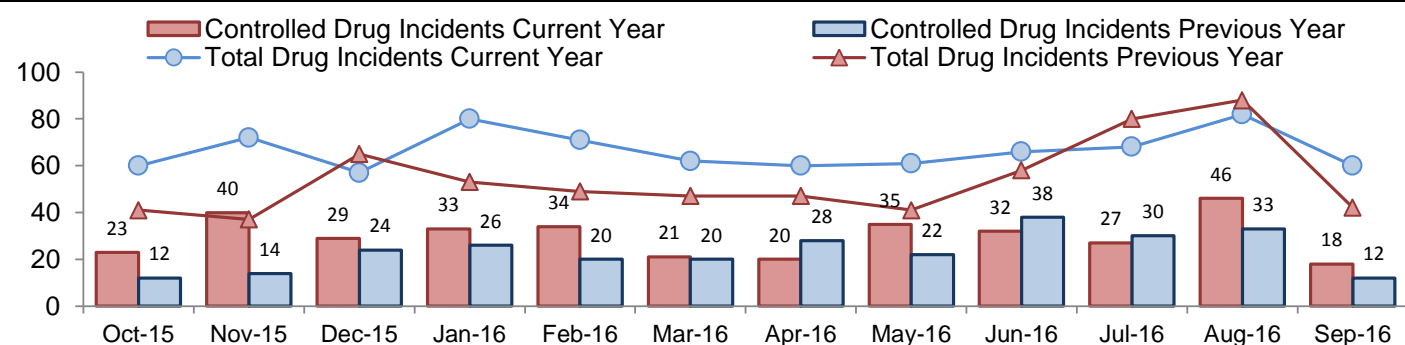
Action – all staff reminded to dispose of waste in appropriate waste stream as they go along

Vehicle cleanliness - PTS - Generic issues - Rips and tears to interior

Deep clean breaches - vehicles more than 8 weeks following last deep clean was 5 in total. This is higher than previous month. Impacted mainly by PTS Car Scheme vehicles which are not based on stations, along with increased operational vehicle requirements. The overall Deep Clean service level remains within the significantly lower range with 99.6% compliance. These are actively managed through the weekly review process.

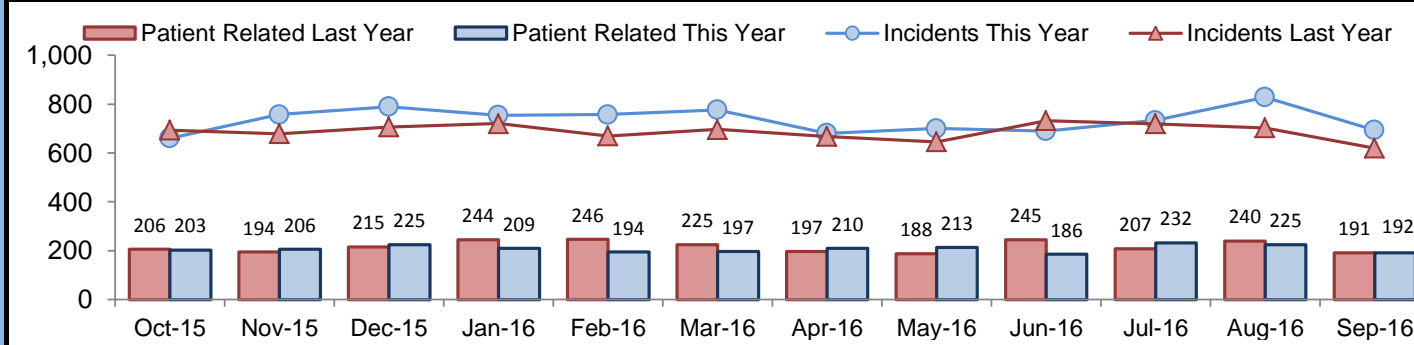
## Incident Reporting, FOIs and Legal Requests

### 13. Medicines Incidents



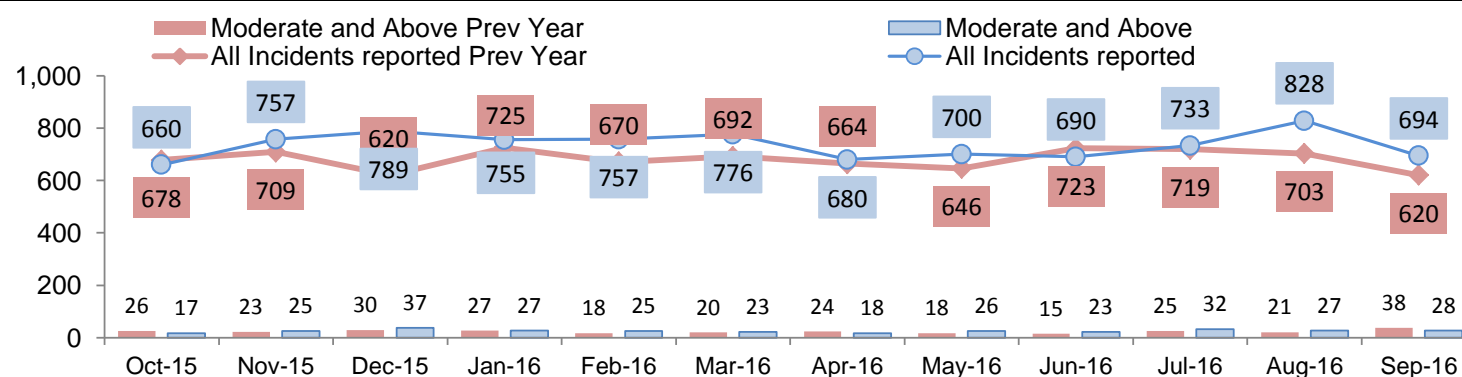
There were a total of 60 medication-related incidents for the month of September, of which 18 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

### 14. Incidents Reported



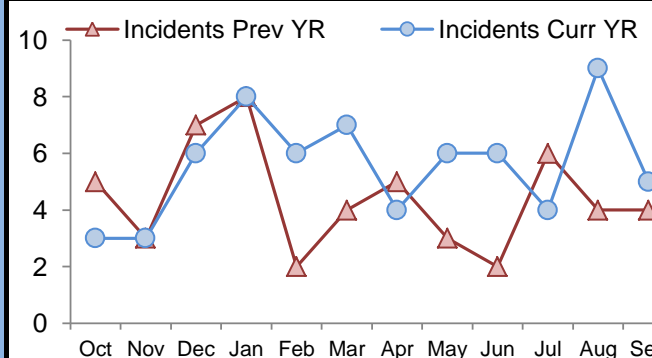
An overall decrease from July to September in Patient Related incidents by 14.6%. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed.

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



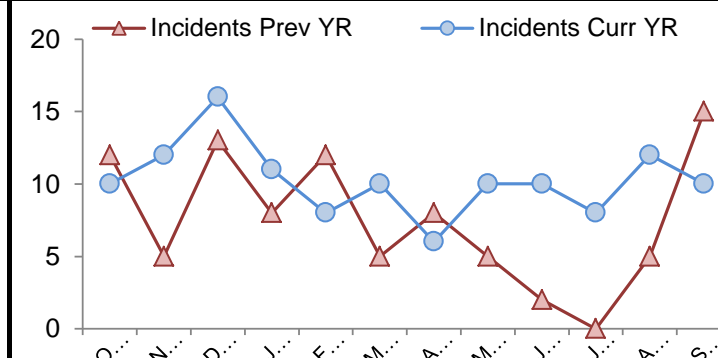
An overall decrease of 16% in incidents reported from August to September. Incidents categorised as no harm represent 72.3% of the total number of incidents in September, a reduction from 73.4% in August.

### 16. Serious Incidents



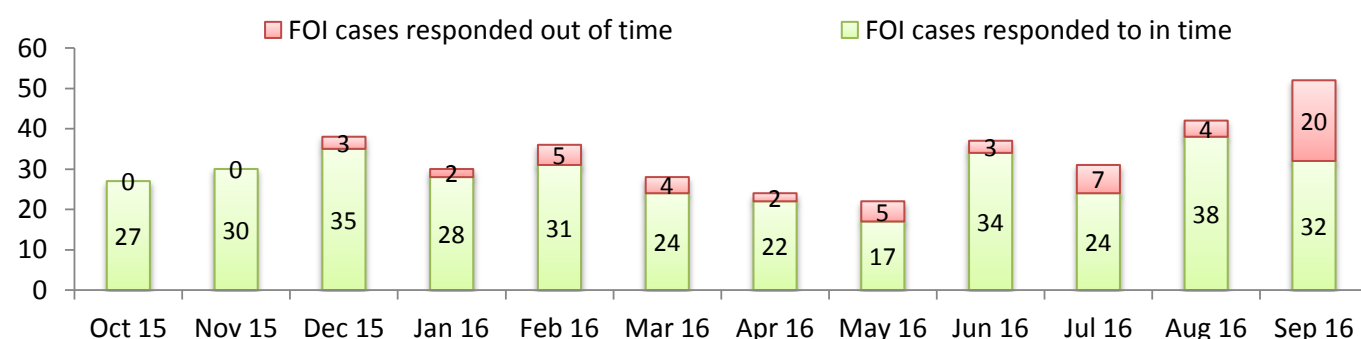
There were 5 Serious Incidents in September, 2 related to Delayed despatch/response, 1 Data Protection Breach & 2 Inadequate clinical assessment.

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



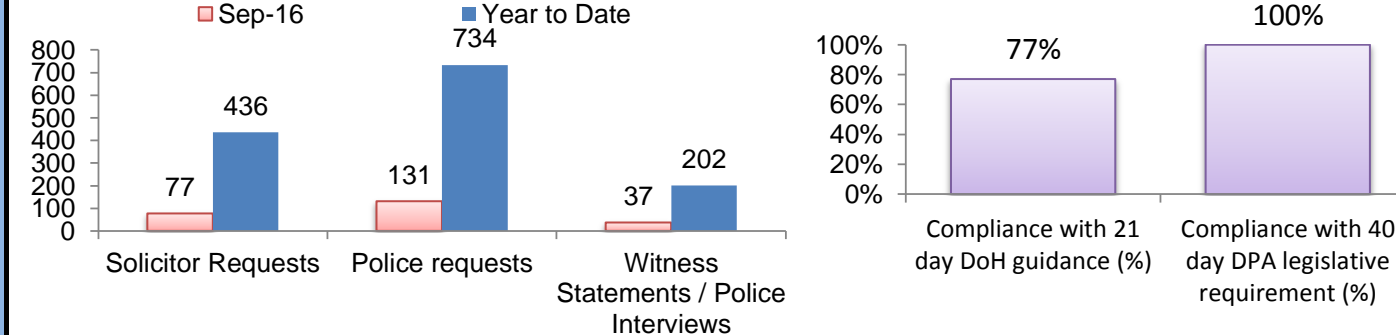
The themes and trends are showing within the RIDDOR reports as highlighted in the moving and handling summary above. Most of these involve a range of incidents including handling, lifting and carrying patients and numbers are fairly consistent with previous months.

### 18. FOI Requests



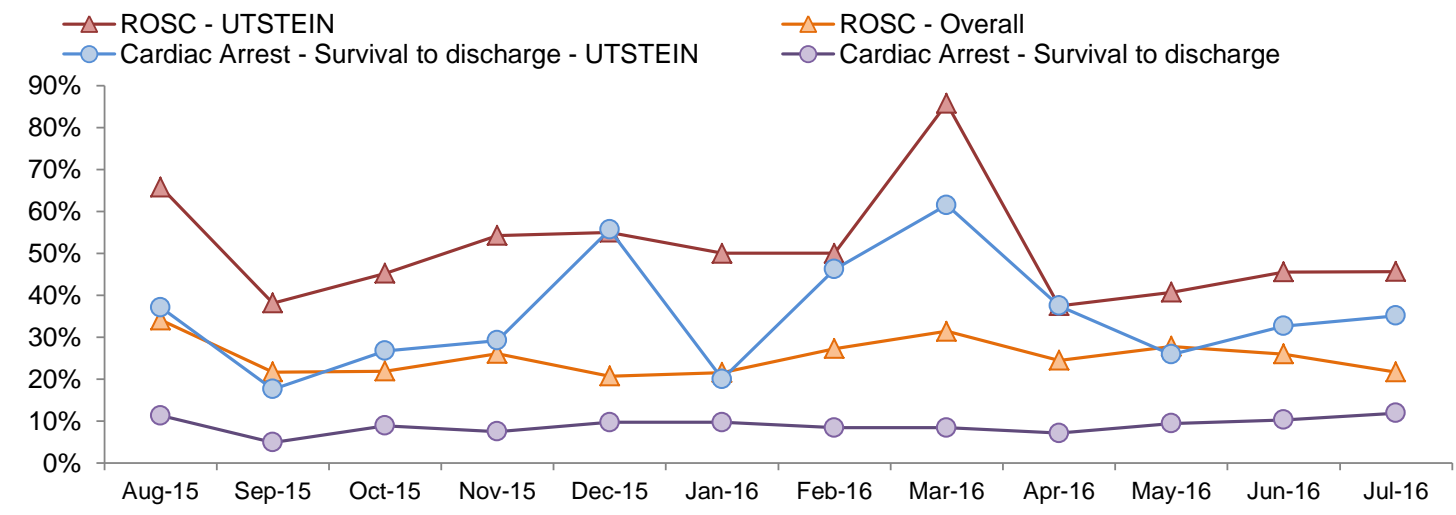
FOI Requests increased in September, with 61.5% of responses being completed in time.

### 19. Legal Requests



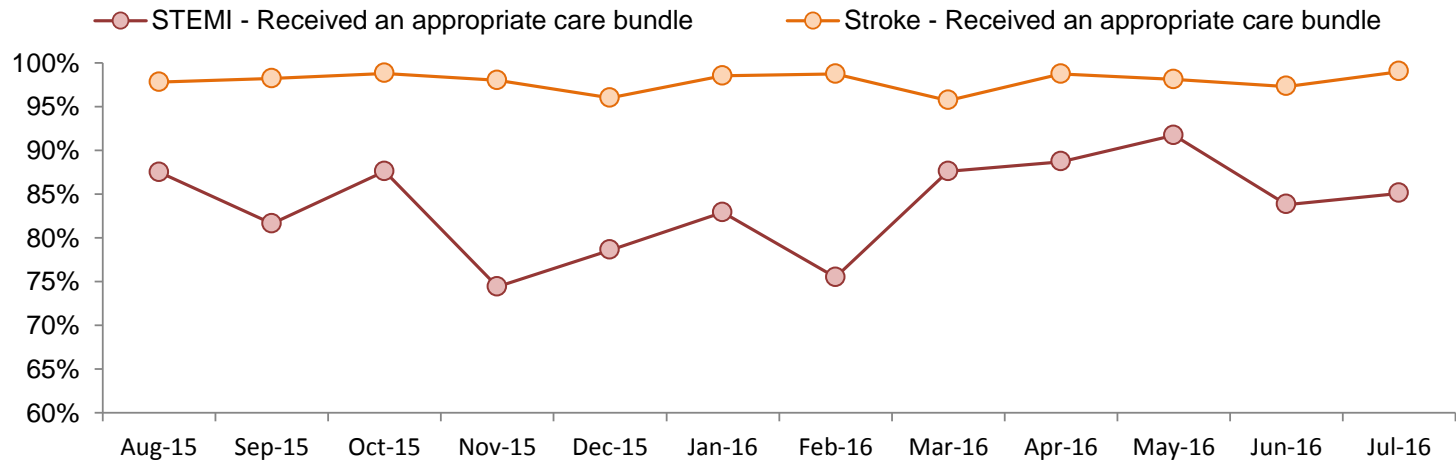
Compliance with requests remain high

20. Outcome from Cardiac Arrests



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. ROSC (overall) performance for June and July were consistent with the trend seen over the previous 12 months, with performance continuing to be at a good level in comparison with other Ambulance trusts. Performance for ROSC (UTSTEIN) has stabilised over recent months, with pleasing outcomes made visible through the measure.

21. AQI Care Bundle



STEMI and stroke data for July 2016 indicated that consistently high levels of care are being delivered to patients across all areas. For stroke care, remarkable results were seen in July with a performance of 99.0%, which is the highest performance seen over the last 12 months. Furthermore, a performance of 100% was seen in the CKW and ABL areas which is exceptional. For STEMI care, July’s performance was in line with the year to date average of 85.3%, and was also an improvement on the performance seen in June.

22. Clinical Performance Indicators

Single Limb Fractures	Cycle 15 - July 15		Cycle 16 - Jan 16		Cycle 17-July 16	
	YAS	National	YAS	National	YAS	National
Two pain scores (Before & After Treatment)	64.9%	76.2%	61.9%	73.3%	70.2%	79.1%
Analgesia administered	93.0%	90.2%	95.9%	93.3%	96.8%	95.2%
Immobilisation of limb	63.2%	64.6%	71.1%	63.9%	63.8%	69.7%
Assessment of circulation distal to fracture	96.5%	80.1%	95.9%	86.5%	97.9%	83.5%
Care Bundle for Single Limb (F1 + F2 + F3 + F4)	42.1%	46.2%	43.3%	49.1%	44.7%	52.8%

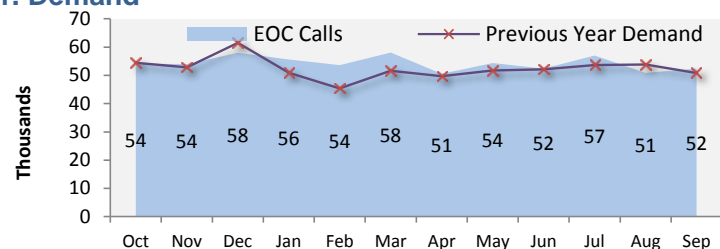
There has been a slight improvement on compliance against the care bundle for this cycle.



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

Sep-16

## 1. Demand



Service level YTD is currently 4.7% below target.

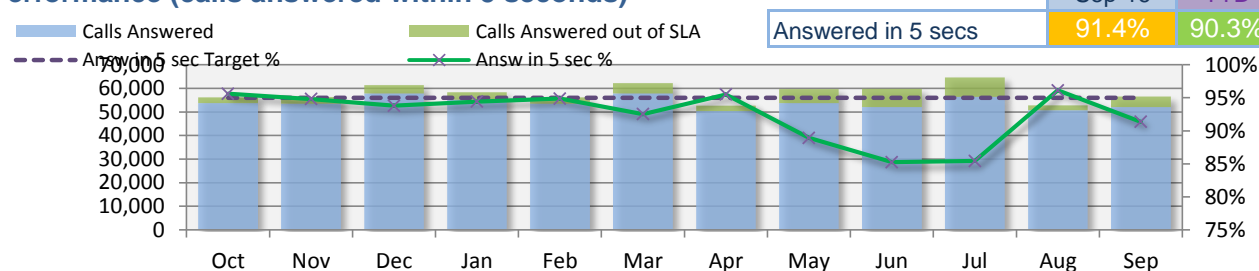
### Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	317,564	315,439	284,853	90.3%
2015/16	311,794	310,807	298,654	96.1%
Variance	5,770	4,632	(13801)	
Variance	1.9%	1.49%	(4.6%)	(5.8%)

## 3. Quality

		Sep	YTD
<b>Serious Incidents</b> (Rate Per 1000 Responses))		0(0)	↓ 12(0.03)
<b>Total Incidents</b> (per 1000 calls)		58(0.79)	↓ 527(1.2)
There were no serious incident(s) in Sep year to date this now stands at 12.			
<b>Feedback</b>	Complaints	8 ↑	87
	Concerns	14 ↑	70
	Comments	1 ↔	2
	Service to Service	32 ↓	109
	Compliments	1 ↑	5
<b>Response within target time for Complaints and Concerns</b>		97%	96%
<b>Outcome of Ombudsman Cases</b>	Upheld	0	0
	Not Upheld	1	3

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



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Calls Answered out of SLA	2,364	2,778	3,593	3,079	2,746	4,327	2,266	5,950	7,679	8,221	1,969	4,501
Calls Answered	53,776	53,525	57,802	55,209	53,462	57,851	50,356	53,739	52,074	56,432	50,762	52,076
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	95.6%	94.8%	93.8%	94.4%	94.9%	92.5%	95.5%	88.9%	85.3%	85.4%	96.1%	91.4%

Call volumes continue to be higher than this time last year by 5,770 (1.9%) more calls which is evident year to date. EOC has seen a period of intense recruitment between June and September 2016 with a total number of 27 EMDs being employed. Improvements in August were due to the number of EMDs trained in Urgent call handling being mentored in the EOC, whilst through September these members of staff were back in the classroom to be trained in taking Emergency calls. Tactical actions have been put in place to reduce the Average Handling Times which initially increased as a result of ARP Phase 2 and further developments are in process to embed this as BAU.

## 4. Workforce

### FT Equivalents

Sep-16	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	387	19.4	97	271	70%
Contracted FTE (before overtime)	363	18.1	91	254	70%
Variance	(24)	(1)	(6)	(17)	(6.3%)
% Variance	(6.3%)	(6.3%)	(6.3%)		
FTE worked inc overtime	380	29.9	96	255	67%
Variance	(7)	11	(1)	(16)	(6.1%)
% Variance	(1.8%)	54.5%	(1.3%)		

\* 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 24 FTE under budget with a variance of (6.3)%.

## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	154	154	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 Hinitt)

Sep-16

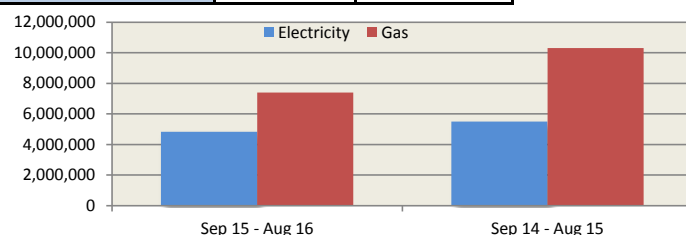
### 1. Demand

Number of Jobs Received - **532** of which **474** logged for YAS Estates Direct Labour.

Out of Hour Call's received - **7**

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

kWh	Electricity (kWh)	Gas (kWh)
Aug 15 - July 16	5,426,956	9,866,722
Aug 14 - Jul 15	5,713,580	11,221,872
Reduction of	<b>5.02%</b>	<b>12.08%</b>



### 2. Performance (to be developed)

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

- **87%** of reactive maintenance requests completed within response timeframes - **408 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(196)**
- **97 %** 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	<b>(1.5)</b>	0.8
% Variance	<b>(9.5%)</b>	
FTE (worked inc. overtime)*	19.0	0.0
Variance	3.0	0.8
% Variance	18.4%	

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

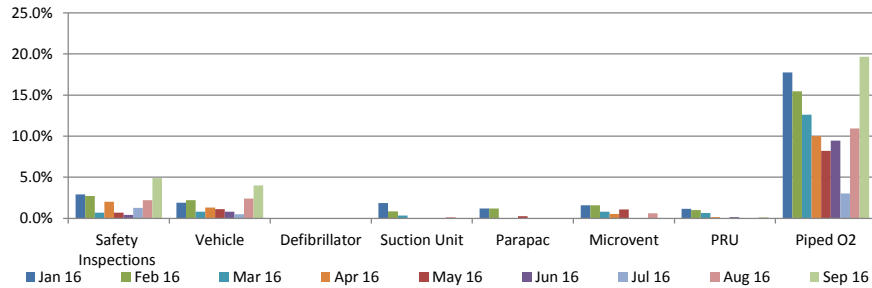
Sickness in Sept 2016 for Estates was at 0.17%.

### 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

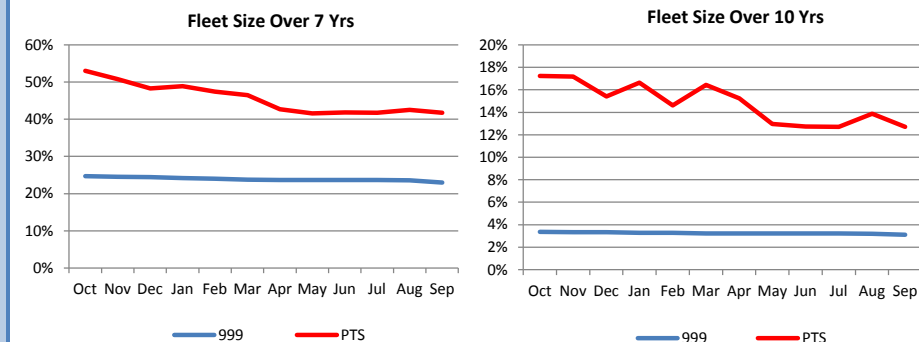
Routine vehicle maintenance remains within KPI, although September has seen an increase due to high VOR and increased Operational requirement on Double Crew Ambulances.

Inspections/Services out of Window	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	%	DOT
Safety Inspections	11	4	2	7	12	27	4.9%	↑
Vehicle Services	5	4	3	2	9	15	4.0%	↑
Defibrillator servicing	0	0	0	0	0	0	0.0%	↔
Suction Unit servicing	0	0	0	0	1	0	0.0%	↓
Parapac servicing	0	1	0	0	0	0	0.0%	↔
Microvent servicing	1	2	0	0	1	0	0.0%	↓
Pain Relief Unit (PRU)	1	0	1	0	1	1	0.1%	↑
Piped O2	56	46	53	17	59	106	19.7%	↑

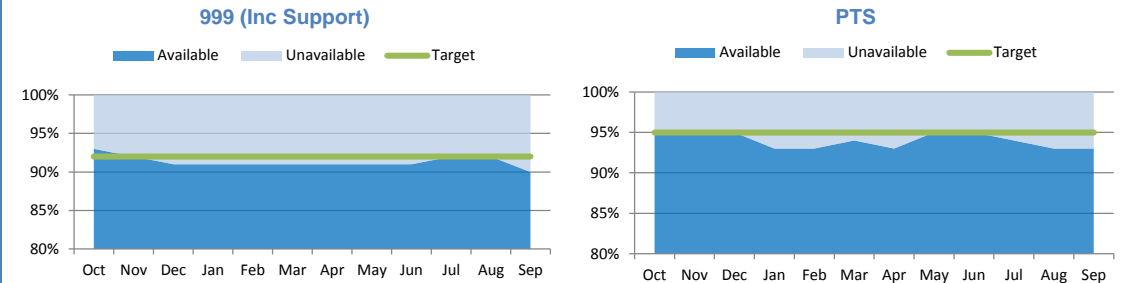
Working hours and staffing resources has been moved to accommodate peak demand times to bring the VOR and Servicing back into line. Any vehicles outside the service window are captured through the Fleet Service Breach Standard Operating Procedure. Medical equipment maintenance remains above KPI targets. Piped oxygen servicing requirements has increased in September but has had increased resources provided from the service provider after staff changes.

## 1.2 Vehicle Age

Vehicles >= 7 years	999	125	22.5%	PTS	161	39.3%	Total	286
Vehicles >=10 years	Fleet	17	3.4%	Fleet	35	8.5%		52



## 2. Performance

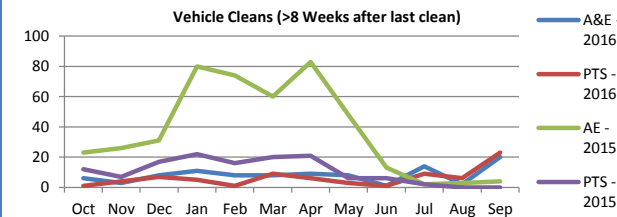


### Key Points

A&E availability fell below target in September this is due partially due to over-age vehicles and associated failures of major units (engines / gearboxes / Axles) and larger RTC repairs. Short term VOR's continue to be a problem in PTS meaning the vehicle availability remained at 93% through September against the target of 95%. **There were however no reported vehicle shortages.**

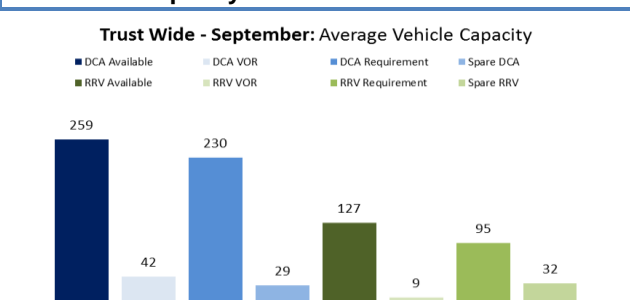
## 3. Deep Clean

	Apr	May	Jun	Jul	Aug	Sep	Sep % in Window	Sep DOT
Vehicles Outside Window in Period	39	17	13	11	13	18	99.60%	↓



The number of deep clean breaches is higher than in the previous month but it was impacted mainly by PTS Car Scheme vehicles which are not based on stations, along with increased operational vehicle requirements. The overall Deep Clean service level still performs well at **99.6% compliance**. These are actively managed through the weekly review process.

## 4. Vehicle Capacity



## 5. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)			Available	
	FTE	Sickness	Total	%
Budgeted	100	5.0	95	95%
Actual	93	6.3	87	93%
Variance	(6)	(1.3)	(8)	(8.0%)
% Variance	-6%	+26%		

Sickness absence remains within budget in September although long term absence remains high through the month with 1 members of staff with return dates in October, staff are being supported and managed in-line with the Trust attendance policy.

## 6. Finance (YTD)

£000	Plan	Actual	Variance
CIPs	738	663	(75)

Quality and Efficiency Savings (CIPs) are currently (£75k) behind plan due to non-achievement of income generation schemes (£25k) and the retender of the fleet parts contract delay (£50k).

## Business Continuity

- New process for sharing partner lessons developed and Investigations and Learning policy updated
- Meetings with all depts. working towards ISO22301 for final updates and preparation
- Fleet live evacuation exercise completed
- Reviewed and published Corporate Comms BC Plan
- Reviewed and published Procurement BC Plan
- Reviewed and published Clinical BC Plan
- Reviewed and published Fleet BC Plan
- Reviewed HART BC Plan, awaiting sign-off
- Reviewed YAA BC Plan, now with Operational Manager for updating
- Met with Estates to discuss upcoming Live Exercise and ISO certification
- Conducted test of Fire evacuation procedure at Magna
- Finalised format of BC z-card
- Registered with EA Information Database via Gov website

## Emergency Preparedness and Response

September has seen the start of planning for winter with the development of the Winter Concept of Operations and supporting department with developing their operational plans

- Work has commenced on the Statement of Compliance for December Board meeting. This year it deep dives into includes Fuel resilience
- Recruited on secondment two Assistant Resilience Managers to support the department and support individual development in the areas of emergency preparedness
- Preparation for CQC inspection over the period, including interviews with assessors
- Attended Hull Fair planning meetings, and Safety Advisory Group (SAG) meetings in preparation for Hull Fair in October
- Attended Hull SAG. This SAG covers the Hull City Council area and the SAG will become very busy from now on (monthly meetings at least) due to Hull winning the City of Culture 2017 bid.

Training	Number of Courses
AIT Courses	2
SORT Refresher Course	2
SORT Course	1
JDM	1
Bronze Refresher Course	1

## Hart and Special Operations

**HART:** The three new HART Primary Response vehicles have been delivered and are undergoing risk assessments, fitting of the MDT and Airwave.

The CQC re-inspection found no issues and noted that all the areas highlighted in the 2015 inspection have been rectified.

**CBRN:** A one day refresher course and a five day initial training course has been completed for SORT staff.

**MTFA:** Two one day refresher courses, one of which incorporates a multi-agency exercise, has been completed in the month

**Air Ambulance:** The new Aircraft was introduced at the beginning of September and suffered from a few teething problems post introduction. These have now been resolved. The Critical Care Team continues to operate twelve hours a day, with a Consultant level service. A mid-year paper is being developed for the YAS/YAA Partnership Board to consider.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training	Comments
Plan FTE - Ambulance Intervention Team	63	62	0	
Hart Operatives FTE	42	41	0	
CBRN (SORT) - Volunteers	150	122	31	54 in recruitment process
Air Ambulance FTE	14	13	0	

## Community Resilience Team

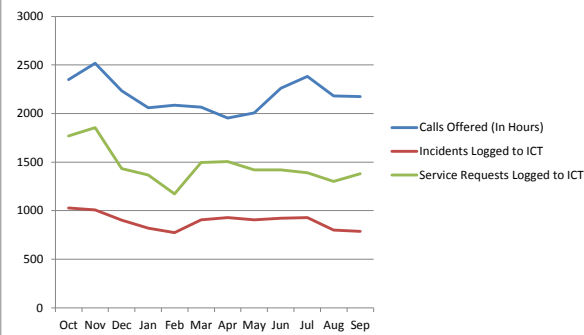
Numbers	No. CFR	No. EFRs	No. Static	No. CPADS
ABL	186	10	702	153
CKW	115	22	478	63
HULL/EAST	71	79	341	129
SOUTH	187	8	781	49
NORTH	351	14	680	284

% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.9%	1.2%	2.7%	4.3%
CKW	0.9%	1.2%	1.9%	3.1%
HULL/EAST	2.0%	2.6%	3.1%	4.6%
SOUTH	1.5%	2.0%	3.6%	5.1%
NORTH	0.9%	1.2%	3.5%	5.1%

	Actual	Overall
EFRs	0.4%	0.4%

1. Demand

Support Demands on ICT Resources By Month

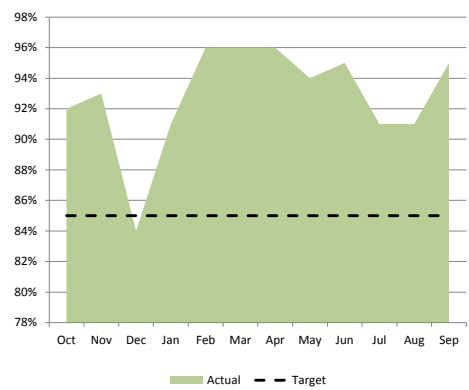


	Apr	May	Jun	Jul	Aug	Sep
Calls Offered (In Hours)	1,953	2,008	2,260	2,381	2,180	2,176
Incidents Logged to ICT	930	904	921	930	801	788
Service Requests Logged to ICT	1,504	1,418	1,418	1,391	1,301	1,379
Total number of active projects	17	13	14	15	16	13

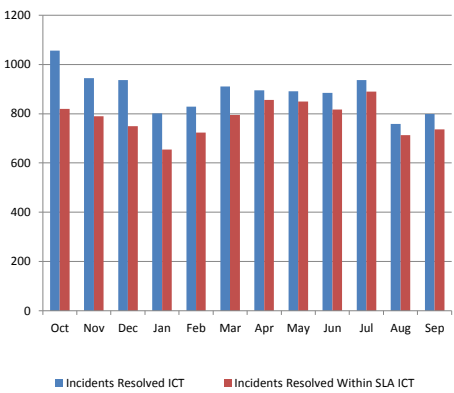
Incident = Unplanned interruption or reduction in quality of and IT service.  
Request = Requests for hardware, software, access to data and locations etc.  
Calls offered for incidents have decreased this month whilst requests have risen

2. Performance

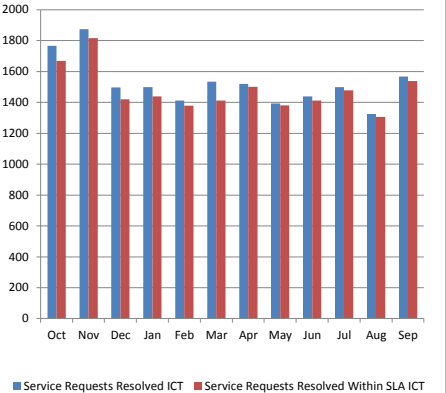
% Calls Answered Within Threshold



Incidents Resolved/Resolved Within SLA



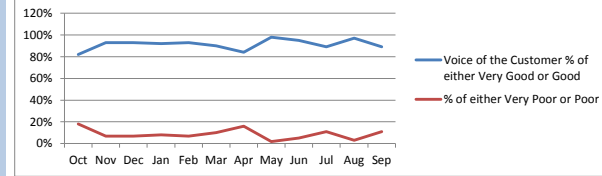
Requests Resolved/Resolved Within SLA



	Apr	May	Jun	Jul	Aug	Sep
% Calls Answered Within Threshold (10 seconds), Target 85%	96%	94%	95%	91%	91%	95%
Overall ICT Achievement on SLA for Incidents and Requests, Target 80%	97%	95%	96%	96%	97%	96%
Incidents Resolved ICT	895	891	884	936	758	799
Incidents Resolved Within SLA ICT	856	850	817	890	713	736
Service Requests Resolved ICT	1,521	1,393	1,439	1,499	1,326	1,568
Service Requests Resolved Within SLA ICT	1,502	1,382	1,412	1,478	1,307	1,538

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)

3. Quality of Service



	Apr	May	Jun	Jul	Aug	Sep
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	99.79%	99.50%	100.00%	99.78%	100.00%	100.00%
Telecoms Availability (unplanned)	100.00%	100.00%	99.40%	99.73%	99.73%	100.00%
Radio Availability (unplanned)	100.00%	99.87%	100.00%	99.73%	100.00%	100.00%
% of either Very Good or Good	84.00%	98.00%	95.00%	89.00%	97.00%	89.00%
% of either Very Poor or Poor	16.00%	2.00%	5.00%	11.00%	3.00%	11.00%

There was no unplanned downtime last month

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6,300			4,410
Actual	40	6,300			4,892
Variance	0	0			482
%Variance	100%	100%			0%
SICKNESS					
5% Sickness on Budgeted			315		
5% Sickness on Actual			315		
Recorded Monthly Sickness				368	
Variance between Budget and Actual Targets				53	
ABSENCE					
25% Absence on Budgeted			1,585		
25% Absence on Actual			1,585		
Recorded Monthly Absence				1,041	
Variance between Budget and Actual Targets				(132)	

Sickness figures have been impacted due an long term sickness absence. Overall absence has declined from 1453 hours the previous month

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

Sep-16

Indicator	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-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%)	0:19	0:20	0:20	0:23	0:23	0:25	0:22	0:30	0:22	0:29	0:37	0:38	0:04	5	0:06	to	1:48
Time to Answer (99%)	0:57	1:01	0:55	1:06	1:12	1:15	1:09	1:22	1:04	1:25	1:31	1:45	0:34	6	0:48	to	3:07
Abandoned calls	0.70	0.85	1.01	1.22	0.90	1.10	0.79	1.10	0.81	0.88	0.87	1.18	0.21	4	0.28	to	2.94
Cat Red 8 minute response - RED 1 (75%)*	68.7	70.1	73.7	73.8	69.0	69.0	69.6	68.5	69.7						64.5	to	76.2
Cat Red 8 minute response - RED 2 (75%)*	70.0	70.4	72.5	73.3	71.0	71.9	71.3	69.5	74.2						54.0	to	73.9
95 Percentile Red 1 only Response Time*	15.4	14.7	13.5	13.3	14.5	14.4	14.3	14.3	14.5						7.7	to	16.7
Cat Red 19 minute response (95%)*	95.0	95.3	95.3	95.3	93.9	94.7	94.3	93.7	95.7						85.4	to	97.1
Cat Red 8 minute response**									73.1	71.1	68.0	66.5	70.7		N/A		
Cat Amber 19 minute response**									82.0	74.9	71.9	67.8	74.9				
Cat Green 60 minute response**									96.3	96.1	94.9	92.2	90.2				
Time to Treat (50%)	5.9	5.8	5.5	5.6	5.8	6.4	6.1	5.9	6.0						3.7	to	11.5
Time to Treat (95%)	15.5	15.1	14.2	14.3	15.4	15.9	15.3	15.5	13.3						9.7	to	24.2
Time to Treat (99%)	23.7	22.8	21.8	21.3	23.6	23.8	23.0	23.4	19.5						14.6	to	43.8
STEMI - Care	87.5	81.6	87.6	74.4	78.6	82.9	75.5	87.6	88.7	91.7	83.8			1	67.9	to	90.1
Stroke - Care	97.8	98.2	98.8	98.0	96.0	98.5	98.7	95.7	98.7	98.1	97.3			6	95.5	to	99.7
Frequent caller *	1.80	1.63	1.47	1.78	2.07	2.00	2.56	2.29	2.85	3.28	3.40	3.49	3.67	7	0.20	to	3.40
Resolved by telephone	8.2	7.5	7.2	7.8	9.4	8.2	7.9	9.1	8.3	6.7	7.1	7.2	6.8	7	5.2	to	15.8
Non A&E	32.9	31.2	31.7	30.3	31.1	30.7	29.8	29.4	30.2	29.9	29.7	30.4	30.7	10	30.2	to	49.7
STEMI - 150	87.7	80.0	89.3	79.3	91.3	79.0	84.9	86.4	91.2	84.3				7	73.5	to	92.8
Stroke - 60	57.0	54.0	53.6	51.1	55.2	49.3	51.5	48.7	54.4	52.0	43.2	47.1		6	34.3	to	71.9
ROSC	34.1	21.7	21.9	26.1	20.7	21.6	27.3	31.4	24.5	27.8	26.0			8	24.1	to	38.4
ROSC - Utstein	65.8	38.1	48.2	54.2	55.0	50.0	50.0	85.7	37.5	40.7	45.5			10	40.0	to	72.7
Cardiac - STD	11.3	4.9	8.9	7.5	9.7	9.7	8.4	8.4	7.1	9.4	10.3			6	5.0	to	14.5
Cardiac - STD Utstein	37.1	17.6	26.7	29.2	55.6	20.0	46.2	61.5	37.5	25.9	32.6			5	11.6	to	45.0
Recontact 24hrs Telephone	1.8	1.9	1.1	1.7	1.9	2.2	5.5	5.5	6.0	5.3	6.5	6.3	6.8	4	2.3	to	14.5
Recontact 24hrs on Scene	3.1	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	1.8	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 (@ August 2016)													Sep-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	August
Time to Answer - 95%			mm:ss	0:29	0:06	0:06	0:31	0:17	0:56	1:48	1:03	0:12	0:26	5	August
Time to Answer - 99%			mm:ss	1:20	0:48	0:50	0:57	1:02	2:07	3:07	2:02	0:51	1:16	6	August
Abandoned calls			%	1.48	0.53	0.28	0.35	1.26	1.16	2.94	2.49	0.91	0.80	4	August
Cat Red 8 minute response - RED 1	75%	%	68.8	65.6	69.9	67.0	73.4	72.8	64.5		76.2				August
Cat Red 8 minute response - RED 2	75%	%	57.5	58.6	65.2	67.2	65.5	72.8	54.0		73.9				August
95 Percentile Red 1 only Response Time		Time	15.3	16.7	13.7	15.2	14.2	14.3	16.4		7.7				August
Cat Red 19 minute response	95%	%	85.4	89.3	94.0	91.6	91.2	94.5	89.9		97.1				August
Cat Red 8 minute response (ARP)	75%	%								N/A		69.3			August
Cat Amber19 minute response (ARP)		%								N/A		73.0			August
Cat Green 60 minute response (ARP)		%								N/A		94.9			August
Time to Treat - 50%		mm:ss	11.5	7.9	6.7	7.1	7.1	6.3	7.7		3.7				August
Time to Treat - 95%		mm:ss	23.7	24.2	18.5	24.2	24.0	19.8	24.0		9.7				August
Time to Treat - 99%		mm:ss	39.5	35.8	35.6	40.2	43.8	36.3	38.1		14.6				August
STEMI - Care		%	85.1	88.8	72.0	86.5	88.9	68.7	67.9	80.9	78.1	90.1	1	May	
Stroke - Care		%	99.0	99.2	96.1	98.6	99.7	98.3	95.8	95.5	98.8	98.3	6	May	
Frequent caller *		%	0.2	0.3	0.4	0.7	1.2	3.2				3.4	7	August	
Resolved by telephone		%	15.8	6.4	10.2	7.9	9.5	11.4	5.9	14.6	5.2	7.2	7	August	
Non A&E		%	32.2	41.0	36.5	33.3	32.2	41.7	49.7	48.9	37.7	30.2	10	August	
STEMI - 150		%	87.4	92.8	89.9	91.8	80.5	88.4	91.3	73.5	91.0	87.6	7	May	
Stroke - 60		%	54.7	48.5	64.8	58.5	49.9	43.8	71.9	34.3	58.0	53.1	6	May	
ROSC		%	25.4	29.6	29.9	24.1	36.3	38.4	26.3	26.9	32.0	26.2	8	May	
ROSC - Utstein		%	48.9	54.4	57.1	72.7	63.8	45.6	61.2	48.8	48.7	40.0	10	May	
Cardiac - STD		%	5.0	6.4	9.1	7.3	8.4	14.5	7.1	9.0	9.1	8.3	6	May	
Cardiac - STD Utstein		%	11.6	28.8	33.3	45.0	26.6	21.2	29.2	23.1	23.1	28.6	5	May	
Recontact 24hrs Telephone		%	2.3	8.5	3.2	13.7	4.4	8.9	7.3	10.3	14.5	6.2	4	August	
Recontact 24hrs on Scene		%	4.0	5.2	8.2	4.8	3.0	4.6	5.5	4.6	6.8	1.8	1	August	