



Integrated Performance Report – April 2016

The following YAS board report outlines Performance, Quality, Workforce and Finance headlines as identified by nominated leads in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across 3 main Service lines (999, PTS and 111). YAS is the highest ranked trust for the 3 time to treat patients targets, as well as re-contact rates. YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

Survival to discharge UTSTEIN (witnessed by bystander): Between January and December 2015 131 UTSTEIN patients were discharged alive from hospital. This was an increase of 11 patients in comparison to the same period last year (January – December 2014), equating to a 9.2% increase in patients being discharged alive. To date, for the 2015/2016 period we are currently ranked first for performance among the eleven ambulance service trusts for this measure.

In 2014 the Association of Ambulance Chief Executives (AACE) developed a set of guidance for how ambulance services should report performance to ensure consistency in reporting of 999 targets and the AQIs. These have recently been reviewed and changes implemented on the 5th of January 2016. Some of these changes have had an adverse effect on performance including the reduction of triaging of red 111 calls, change of clock start to 111 red 2 calls, and a change to the rules around counting of calls where a defibrillator has been used.

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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

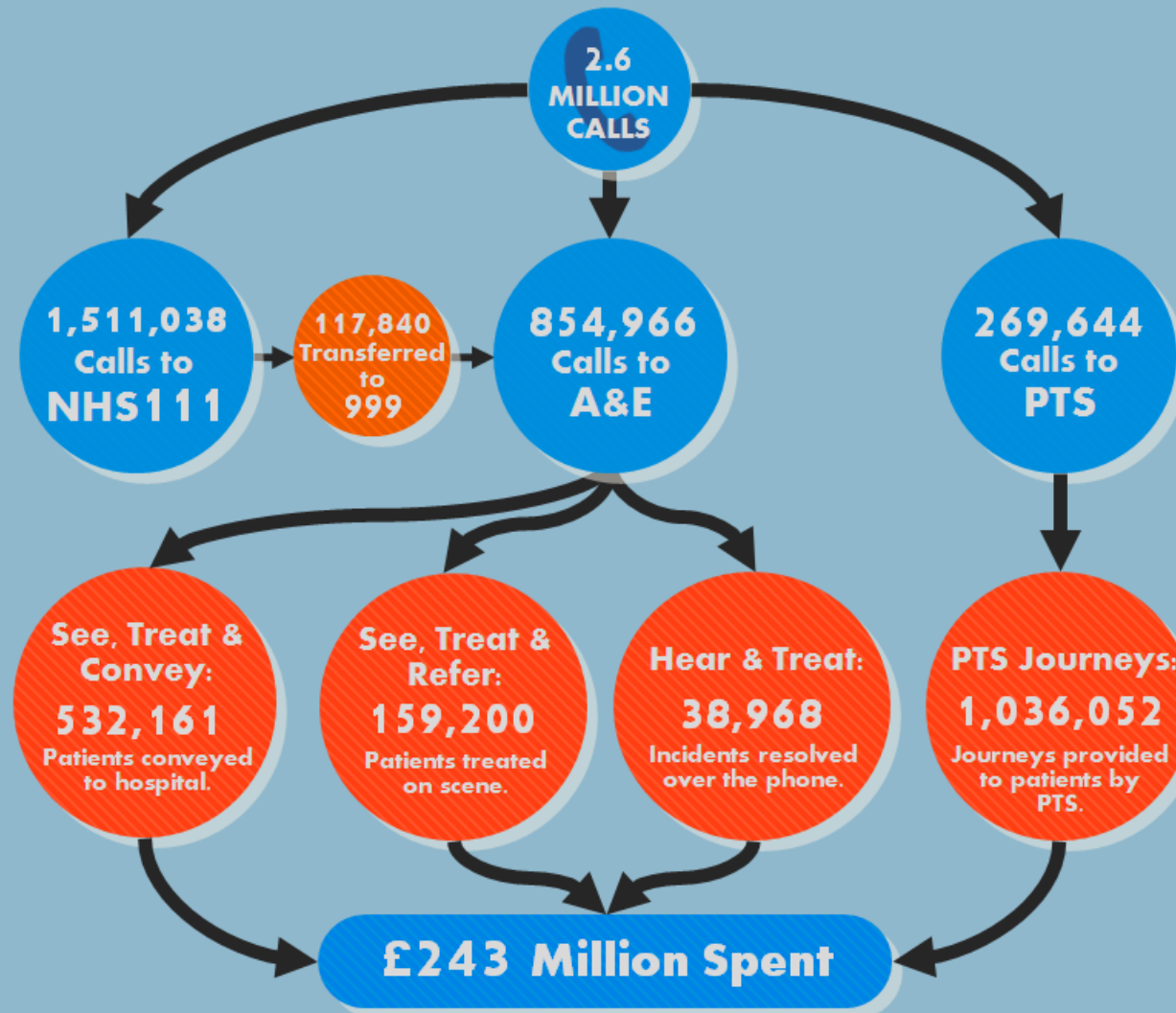
STAFF



53.6%
Female

46.4%
Male

5.4%
BME



IPR Exec Summary – April 2016

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

111

- **111 calls** are nominally below contracted for April (-5.3%, 7,104 calls), although the 16/17 position has not been finalised, and running at 2.3% below last year answered volume for April. 111 referral rate to 999 is still performing well (<10%) at 7.8% for the month.

A&E

- **Hear & Treat (H&T)** is 13.9% below the profiled plan in the month. Changes to the National Ambulance Quality Indicators (AQI) changes means less opportunity for H&T in respect of Red calls. The plan is based on April last year which was higher than usual for H&T.
- **See Treat & Refer (STR) activity** is above planned for April (13.4%), this is due to the reduction in Hear and Treat and the use of UCP's
- **See, Treat & Convey (STC) activity** is above plan for April (0.9%).
- **999 Performance** against 8 min 75% target Red 1 (achieved 8m 46s) and Red 2 (achieved 8m 08s). Red 1 was above but Red 2 was below those achieved in April15. This has been affected by the recent AQI changes. Red 1&2 ambulance responses remained high for April prior to the new ARP trial, however these have now reduced with the new coding for Red. Prior to the trial we maintained our second place ranking for Red2 nationally. This achievement demonstrates continued A&E service efficiency (higher performance vs resource hours available).

PTS

- **KPI 2** getting patients to their appointment on time achieving 87.7% (target 82.9%)
- **KPI 3** collected after appointment 92.5% YTD (target 91.7%).
- I am pleased to report that the Contract Performance Notice which was issued by the South Yorkshire CCG's Consortia on 18 August 2015 has now been lifted. Recent negotiations with the South Consortia have resulted in a change within the KPI's which will remain challenging more realistic to achieve. Calls answered within 3 minutes for April 2016 stands at 79.5% which is a 4.4% improvement on last month. The Auto Planning pilot will be implemented in Leeds on 23 May 2016 followed by on day allocation which in turn will be rolled out to all other areas within PTS.

111 Headline Metric	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Call Answered	133,383	126,279	(7,104)	(5.3%)	135,177	126,279	(8,898)	(6.6%)
Calls Answered (60 Secs)	126,714	118,032	(8,682)	(6.85%)	128,418	118,032	(10,386)	(8.1%)
999 Referral Numbers		9,899				9,899		
999 Referral Rate		7.8%				7.8%		
Ambulances Stopped		2,327				2,327		

A&E Contract (CCG Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Calls (Demand)	66,312	66,337	25	0.0%	66,312	66,337	25	0.0%
Hear and Treat (H&T)	3,574	3,077	(497)	(13.9%)	3,574	3,077	(497)	(13.9%)
See, Treat and Refer (STR)	11,464	12,008	544	4.7%	11,464	12,008	544	4.7%
UCP Demand (STR)		990	990			990	990	
All STR inc UCP	11,464	12,998	1,534	13.4%	11,464	12,998	1,534	13.4%
See, Treat and Convey (STC)	42,215	42,593	378	0.9%	42,215	42,593	378	0.9%

A&E Ambulance Response Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Red Responses (STR+STC) Ex OOA (Pre ARP Trial)		17,100				17,100		
Red Responses (STR+STC) Ex OOA (ARP Trial)		1,553				1,553		
Red Performance (Pre ARP Trial)	75%	73.9%			75%	73.9%		
Red Performance (ARP Trial)	75%	73.1%			75%	73.1%		

PTS Headline Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
PTS Demand	68,860	66,658	(2,202)	(3.20%)	68860	66,658	(2,202)	(3.20%)
Inbound Journeys	82.9%	87.7%			82.9%	87.7%		
Outbound Journeys	91.7%	92.5%			91.7%	92.5%	3 of 40	

Support Services

- **Finance:** At the beginning of the financial year the Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £2.1m for 2016/17. In month 1 the plan was to achieve a deficit of (£672k) with expected surpluses generated later in the year. In month against the plan the Trust has overachieved by £12k.
- **Workforce:** The sickness absence rate for April16 is at 5.2% which is a decrease of 0.3% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.6%. The 12 month figure stands at 5.47% compared to the 6.3% for previous 12 months. Turnover remains at 11.2% for the last 12 months compared to 10.9% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles.
- **Complaints, concerns and comments** decreased slightly in the number in April 2016, 249 (0.08% of incidents) compared to March 2016, 253 (07%). Response time s for complaints and concerns against timescales agreed with the complainant is high at 94% and the average is response time as improved to 23 days.
- **Safeguarding compliance** has increased April overall although level 2 safeguarding children training is slightly below the 85% target level at 82.7%.
- **Incident reporting** overall has increased slightly in April compared to March. The proportion of incidents with moderate and above harm is 2.6% which is lower than the February figure (3%) and within the range previously seen.
- **Clinical:** YAS has improved and is now in the top third in 14 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the Clinical effectiveness Manager. Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.

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

Business objectives: the reporting process has been improved to provide comments and RAG ratings for each objective. This process is being aligned to the Transformation projects. See section 2.1 for a full breakdown.

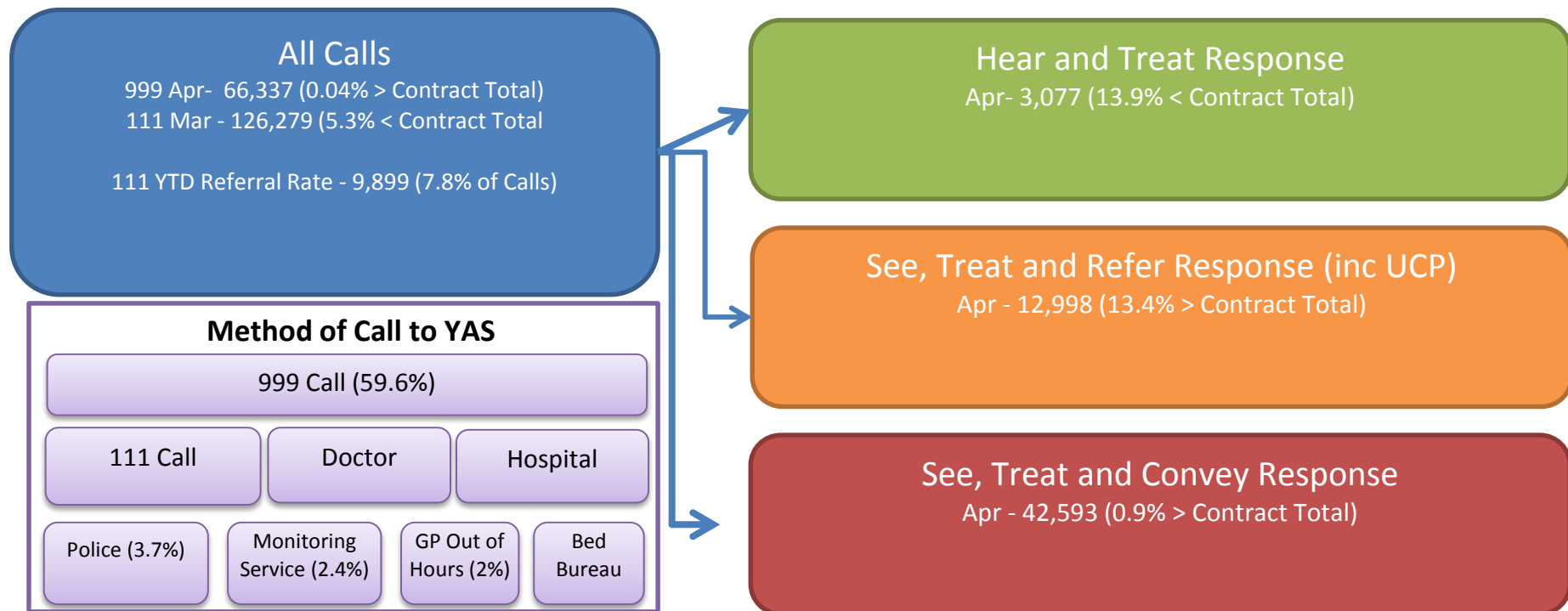
CQUINS: CQUINS have been agreed for 2016/17. The progress of these CQUINS will be reporting in future IPRs. See section 2.3

Demand and Performance – A&E

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

Contracted Demand (Payment By Results Categories)

Demand (999 Calls) overall in April was slightly above plan, (Plan predicted based on March 2015 to February 2016 Actual Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging fewer calls (3,077 in April) than contracted whereas the other categories are all above contract levels at this point for 2016-17. Activity involving ambulances that have arrived at scene (responses) has increased, calls referred from 111 have also increased. Fewer calls are being conveyed to hospital by either being resolved over the phone or dealt with on scene. Other factors also affect demand such as weather patterns and take-up of out of hours services.



- *Note: 111 referral rate has increased to 7.8% in April from March 2016 and is line with the 2015-16 year end average of 7.8%, and call volumes have increased creating more referrals.*

Demand and Performance – A&E

Contract by PBR categories

	Actual Apr	Plan Apr	Var Apr	Var % Apr	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls	66,337	↓ 66,312	0,025	0.0%	66,337	↓ 66,312	0,025	0.0%
Hear and Treat (Triage)	3,077	↓ 3,574	(0,497)	(13.9%)	3,077	↓ 3,574	(0,497)	(13.9%)
See, Treat & Refer	12,008	↓ 11,464	0,544	4.7%	12,008	↓ 11,464	0,544	4.7%
See, Treat & Refer (UCP)	990	0	1,047	N/A	990	0	0,990	N/A
See, Treat & Refer Total	12,998	↓ 11,464	1,534	13.4%	12,998	↓ 11,464	1,534	13.4%
See, Treat and Convey Total	42,593	↓ 42,215	0,378	0.9%	42,593	↓ 42,215	0,378	0.9%

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

Ambulance Response Programme

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

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

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

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

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

For Reporting purposes the month of April has been split into 2 parts. One for Pre ARP and Post ARP implementation. This is due to the performance codes changing and therefore the information is not comparable if you combine the results.

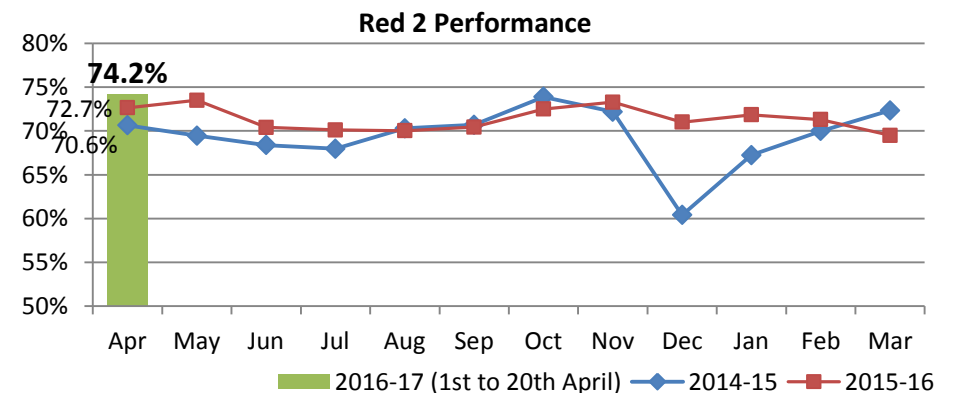
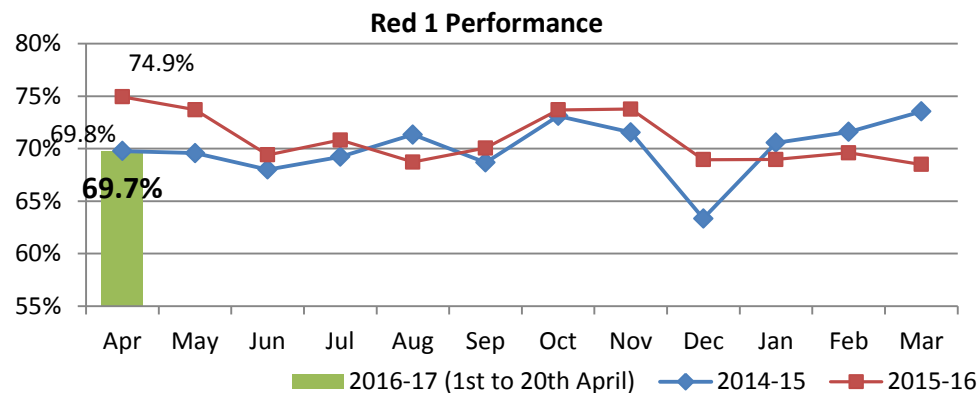
Demand and Performance – Pre ARP (1st to 20th April)

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

Just before the implementation of the ARP trial YAS were one of the highest performing Ambulance Trusts.

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

- Red1 - 61 Jobs (3.1 per day) short of updated trajectory target at 75%. (1st to 20th April only).
 - 75% of patients were seen within 8 minutes and 46 seconds, this was 1 seconds slower than March
 - 95% of patients were seen within 14 minutes and 28 seconds, this was 8 second slower than March
- Red2 – 134 jobs (6.7 per day) short of updated trajectory target at 75%. (1st to 20th April only).
 - 75% of patients were seen within 8 minutes and 8 seconds, this was 40 seconds quicker than in March
 - 95% of patients were seen within 14 minutes and 5 seconds, this was 98 seconds quicker than in March

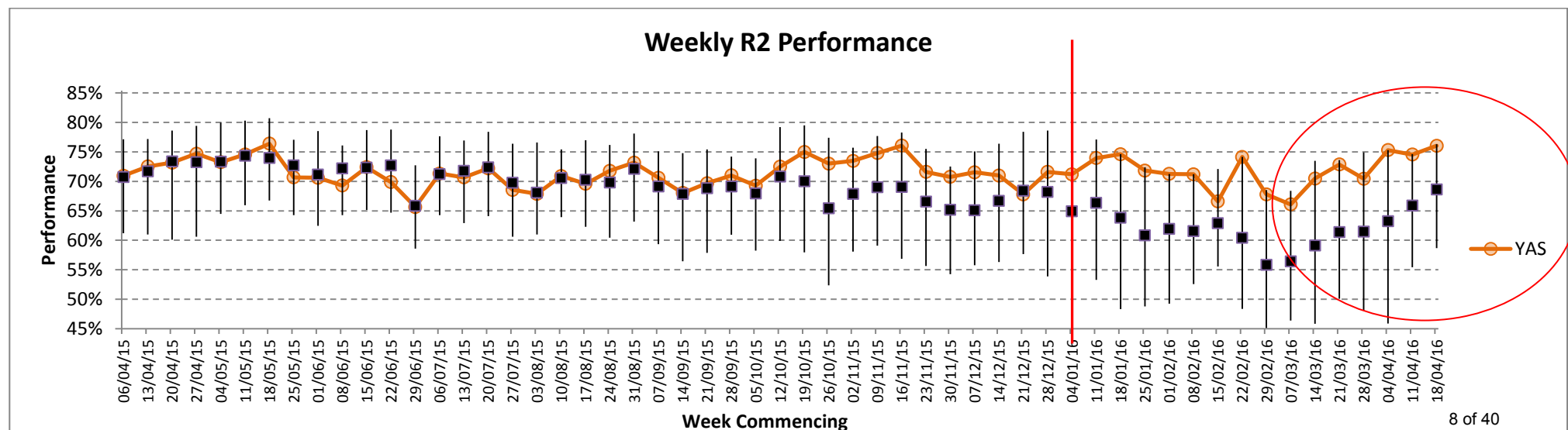
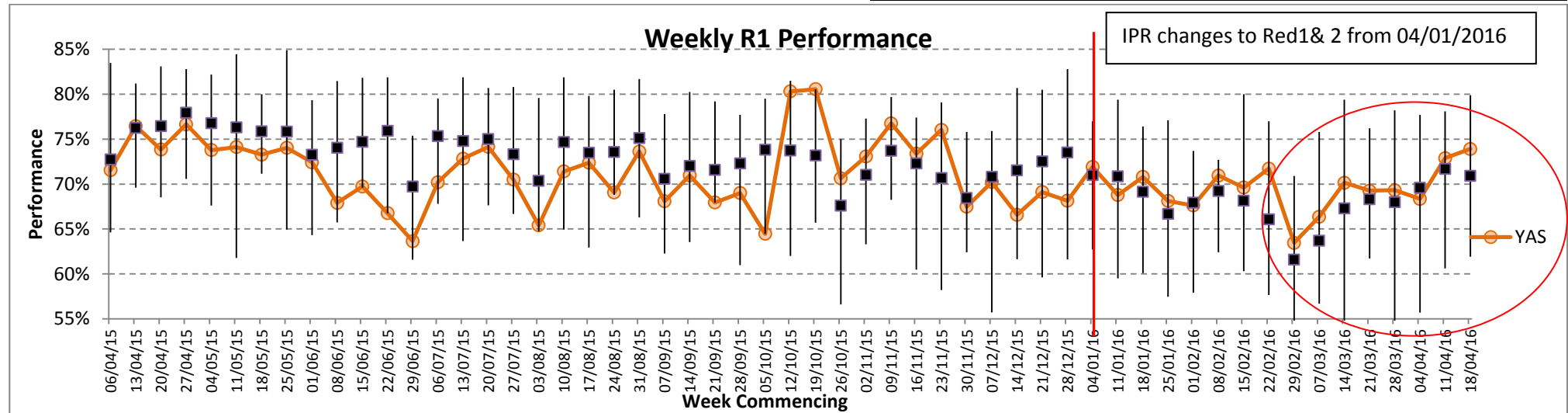


National Key Performance – Weekly (As of wc 20th April)

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

Note:

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

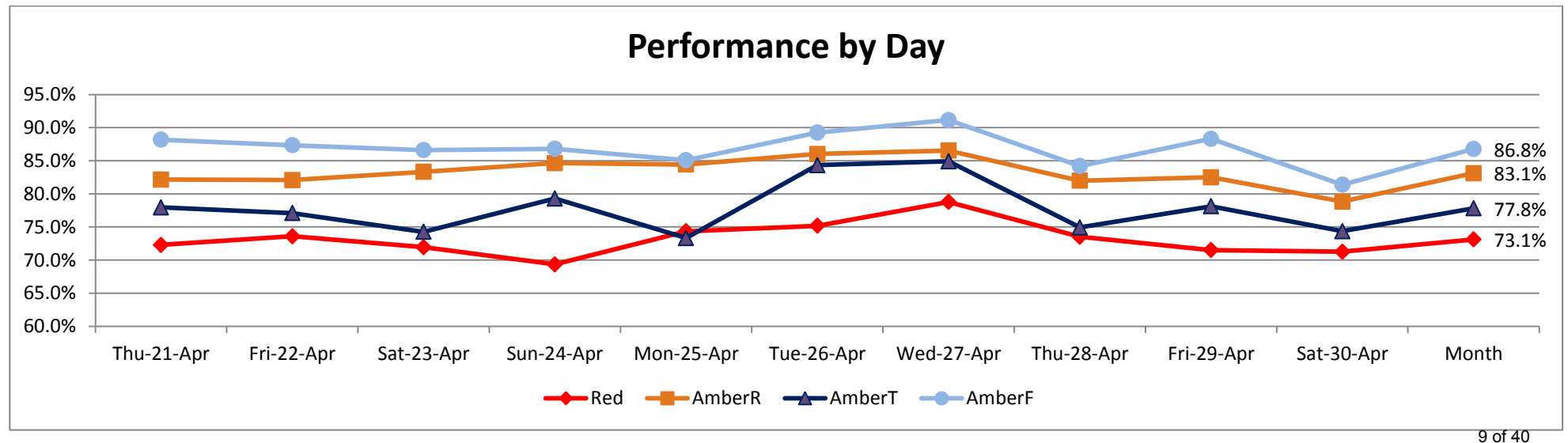


Demand and Performance – A&E – ARP Trial

Only 10 days of data is available for April for the ARP trial therefore it's very early to judge any significant patterns.

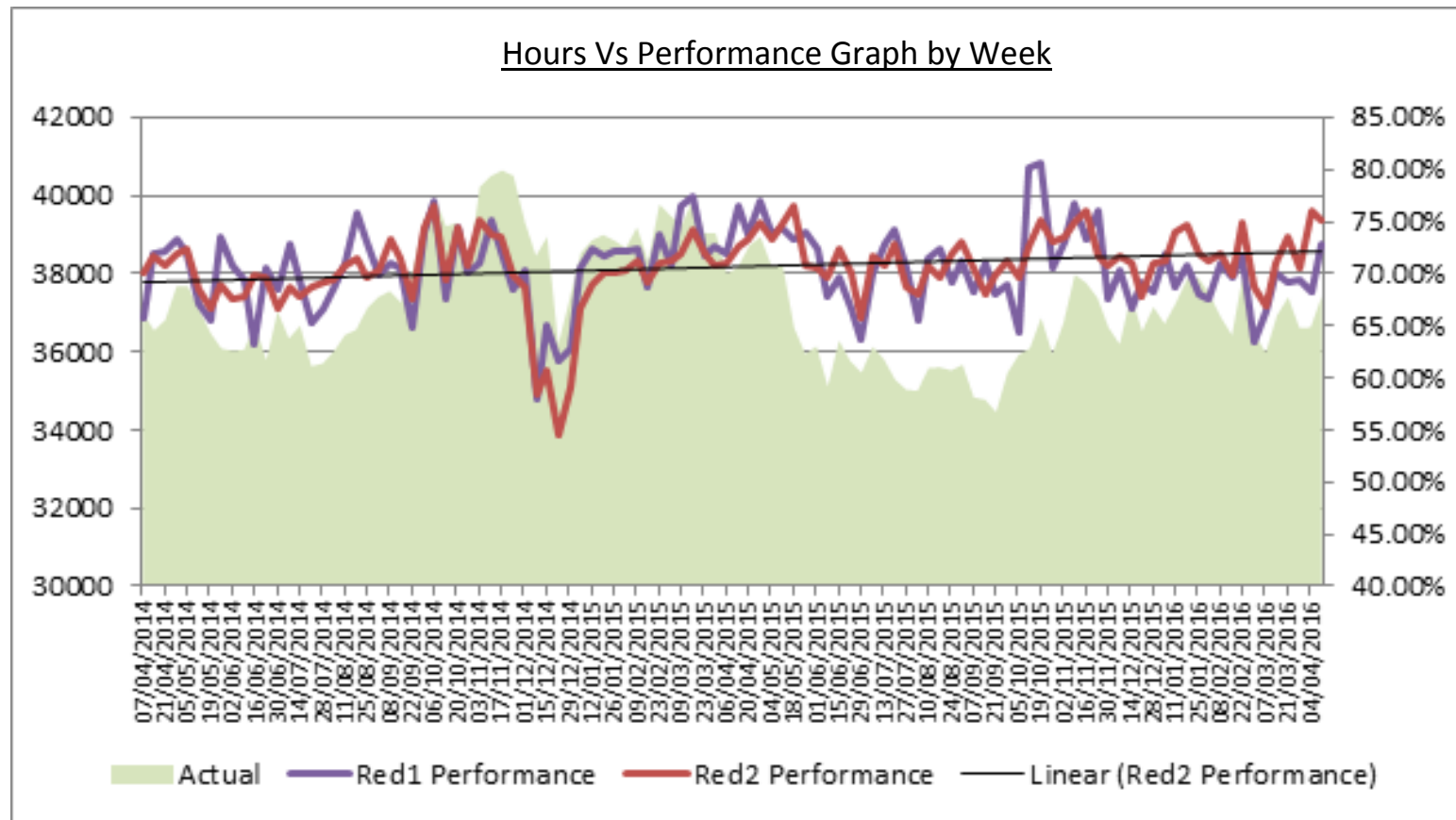
The new codes are listed in the below pie chart. Future performance reporting will concentrate on what's known as the tail of performance. This is the time it will take to get to the 50th, 75th, 95th and 99th percentile of patient (ie. How long does it take to get to patients). Section 3.1 has further detail about the first 10 days of the trial.

Pie Chart showing Proportion of Calls



Demand and Performance – A&E – Resource Hours

Abstraction rates remain above plan, 35% versus 28%, circa 140 FTE impact. Overtime was above plan at 9.7% (plan 9.0%) whilst private provision and St John's remains flat versus Q4 2015/16.

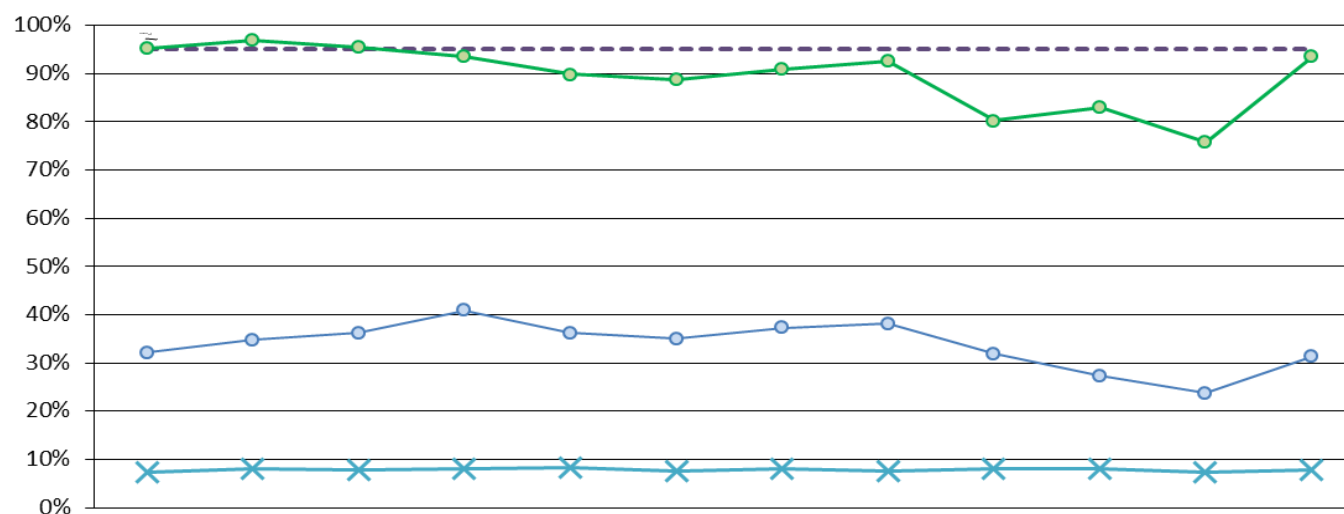


Demand and Performance – NHS 111

NHS 111 (Lead Director: Executive Director of Quality, Governance and Performance Assurance – Steve Page, Nominated Lead: NHS 111 Lead – Mark Leese)

NHS 111 Key Indicators for Performance

YTD Answered calls are 2.3% (2,909) down on last year volumes versus a contracted growth of 5% (TBC). Year on Year there's been a 0.9% (1,068) increase in calls answered in 60 seconds.



	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
--- Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
—●— Ans in 60 secs %	95.1%	97.0%	95.5%	93.6%	89.8%	88.6%	90.9%	92.5%	80.2%	82.9%	75.9%	93.5%
—x— Referred to 999 %	7.3%	8.0%	7.9%	8.1%	8.3%	7.7%	8.1%	7.5%	8.1%	8.0%	7.3%	7.8%
—●— Warm Transferred Or Called back in 10mins (%)	32.1%	34.8%	36.2%	40.9%	36.2%	35.0%	37.3%	38.2%	31.9%	27.3%	23.7%	31.3%

Calls answered demand running at -5.3% (7,104 calls) below the proposed ceiling level of the contract offered by commissioners. Referrals to 999 moved from 7.3% to 7.8% from March to April and have increased by 0.3% year on year. In April, 2,327 ambulances were stopped as a result of clinical intervention.

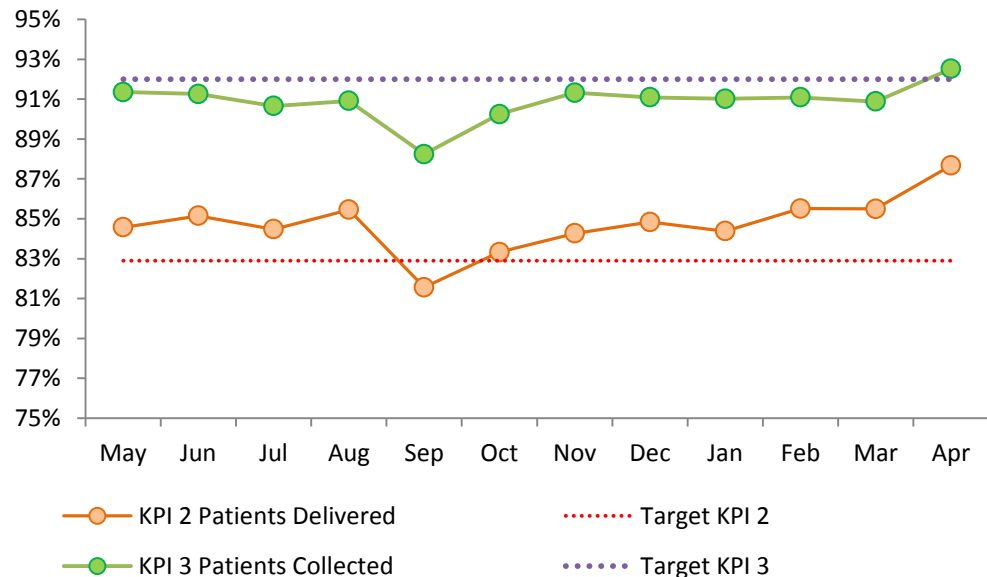
Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 8.9% above budgeted for April. Available time was 2.4% above planned.

Demand and Performance - PTS

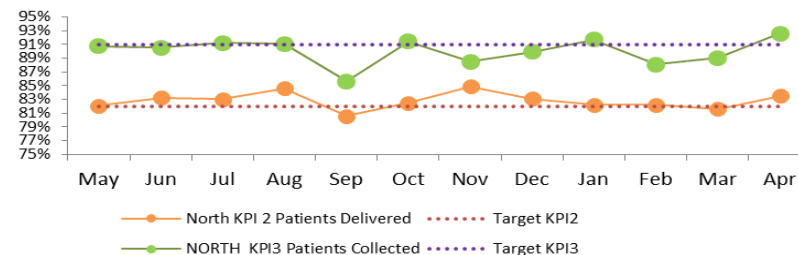
PTS (Lead Director: Chief Executive – Rod Barnes, Nominated Lead: Managing Director PTS – Chris Dexter)

PTS –Performance - KPI 2 getting patients to their appointment on time achieving 87.7% (target 82.9%) and KPI 3 collected after appointment 92.5% YTD (target 91.7%). I am pleased to report that the Contract Performance Notice which was issued by the South Yorkshire CCG's Consortia on 18 August 2015 has now been lifted. Recent negotiations with the South Consortia have resulted in a change within the KPI's which will remain challenging more realistic to achieve. Calls answered within 3 minutes for April 2016 stands at 79.5% which is a 4.4% improvement on last month. The Auto Planning pilot will be implemented in Leeds on 23 May 2016 followed by on day allocation which in turn will be rolled out to all other areas within PTS.

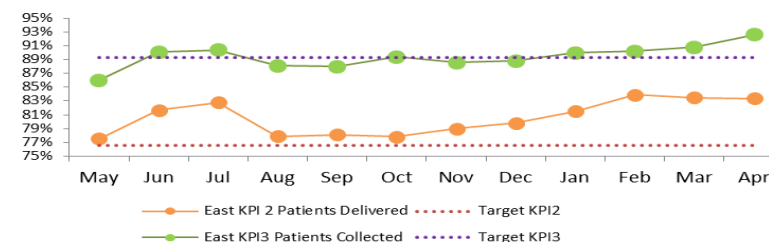
PTS Performance



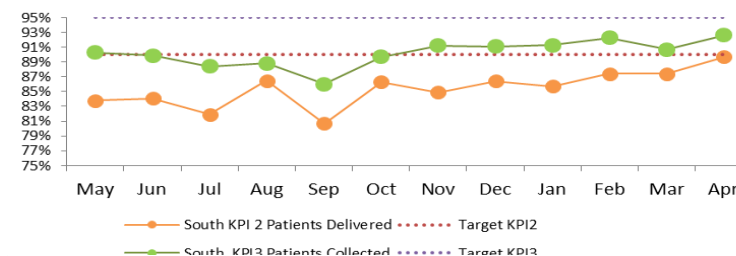
PTS Performance North



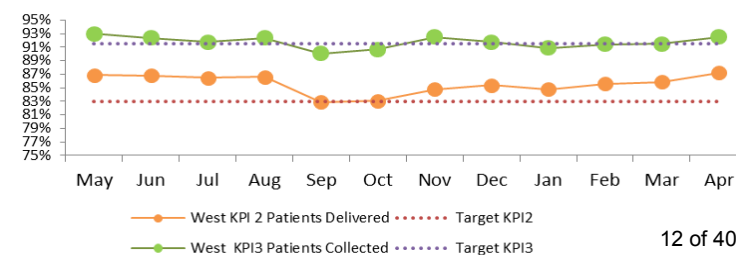
PTS Performance East



PTS Performance South



PTS Performance West



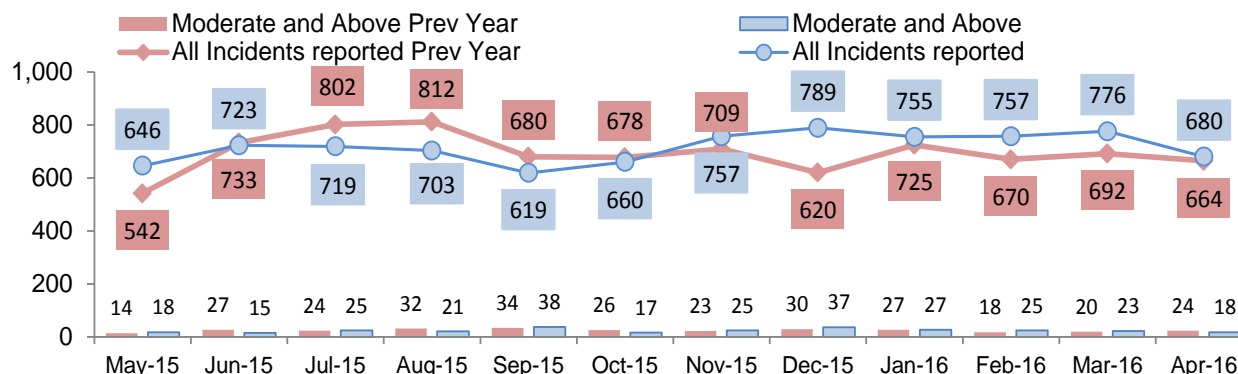
Quality (Lead Director: Executive Director of Quality, Governance and Performance Assurance – Steve Page, Supported by Executive Medical Director – Dr Julian Mark, Nominated Leads: Associate Director of Quality & Nursing – Karen Warner, Associate Medical Director – Dr Steven Dykes)

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

Incidents Reported and Level of Harm

Incidents with a severity of moderate and above harm represent 2.6% of all incidents reported in April, with 97.4% of incidents reported as no or minor harm. No Harm Incidents remains consistent with previous months (69.6% of the total number of incidents in April).

A&E Ops remains the highest reporting area reporting 59.6% of all incidents, again reflective of previous months. The top 5 coded categories in A&E Ops this month are Vehicle-related, Response-related, Violence and aggression, Medication related and Moving and handling which is consistent with previous months.



Patient related incidents remain consistent, both clinical and non-clinical, make up 31% of all reported incidents, an increase from the previous month. The top three categories of patient-related incidents are response-related, Carepathway and medication related,

Patient-related Incidents graded no harm or minor harm represents 95.2% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.

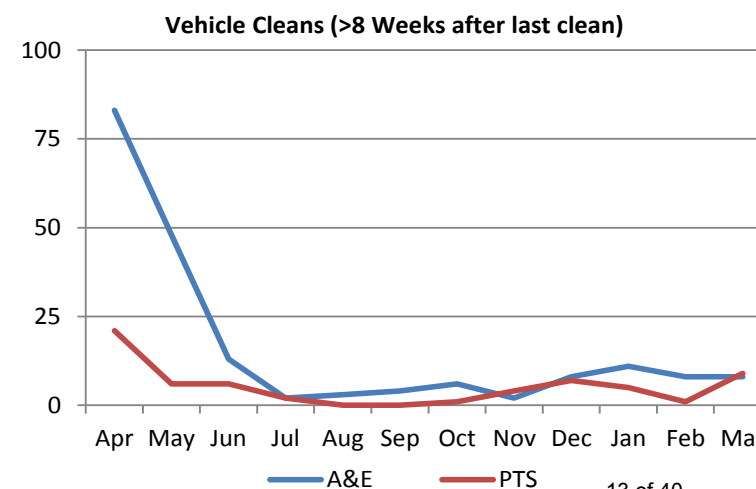
Friends and family Test – results for Quarter3 (latest reporting) remain positive with 93.93% (PTS) and 85.33% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family.

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

IPC Audits – Compliance in April was positive - 98% for Hand Hygiene, 97% for Premises and 98% for vehicle audit completion.

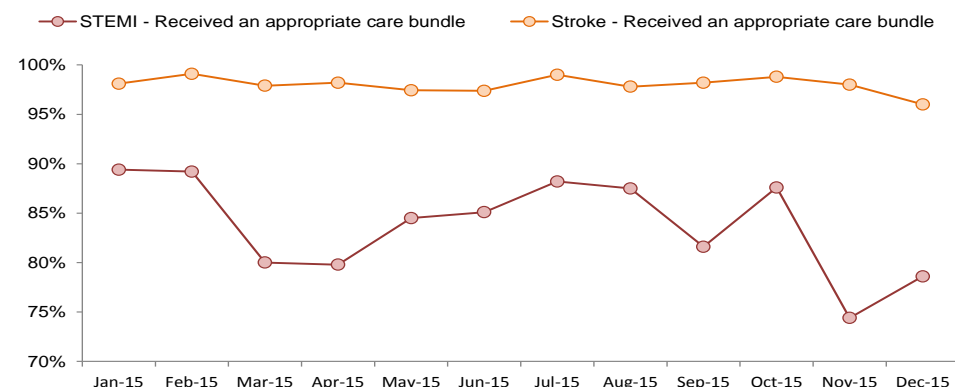
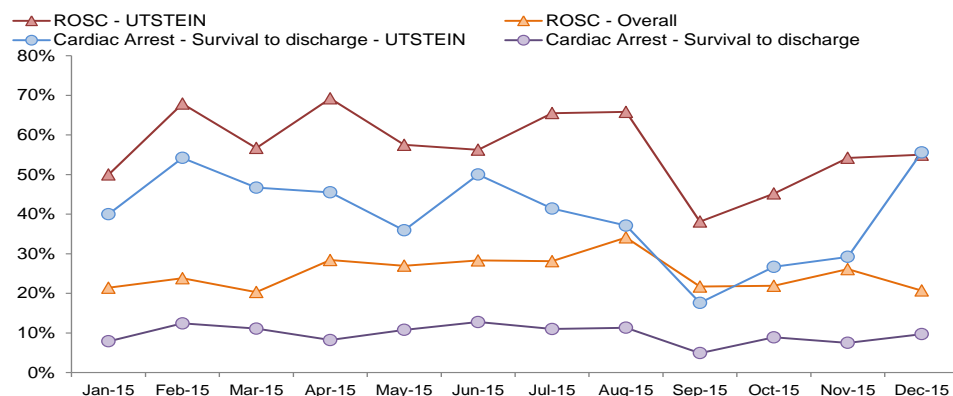
Safeguarding training compliance is consistent with last month. Positive compliance rates have been maintained across all 3 measures, although level 2 child safeguarding training is slightly below the 85% target level at 82.7%, with work in train to improve this position further

Infection prevention and control – The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has remained constantly low since June, under 10 breaches for both PTS and A&E. These are actively managed through the weekly review process



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

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



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

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

Survival to discharge UTSTEIN: Between January and December 2015 131 UTSTEIN patients were discharged alive from hospital. This was an increase of 11 patients in comparison to the same period last year (January – December 2014), equating to a 9.2% increase in patients being discharged alive. To date, for the 2015/2016 period we are currently ranked first for Survival to Discharge (Utstein) among the eleven ambulance service trusts, with a success rate to date of 37.7%. Furthermore, the national average is currently 28.1%, suggesting that YAS is performing at a substantially higher level than some other ambulance service trusts.

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

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

Sickness Absence: The sickness absence rate for Apr 2016 stands at 5.2% which is a decrease of 0.34% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.6%. The 12 month figure stands at 5.5% compared to the 5.5% for the 12 month period of May 2014 to Apr 2015. The two biggest reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & well-being strategy, which focus on reducing absence in these areas. Most notably this will include mental health awareness training for managers commencing in March 2016.

PDR Compliance: The current PDR rate is 76.4% against a 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.

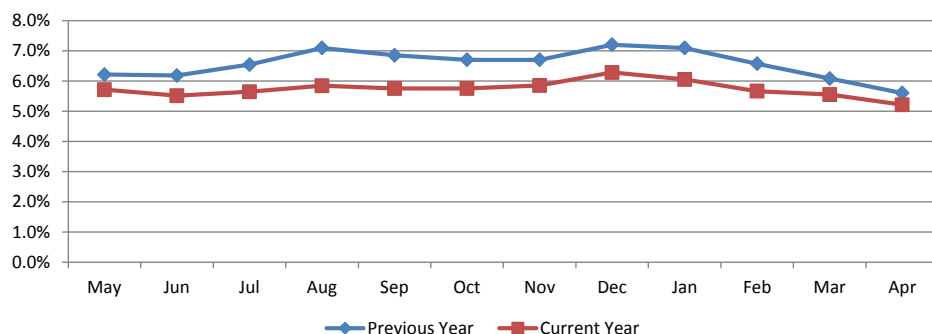
Statutory and Mandatory Training: The current combined compliance for the Statutory and Mandatory Workbook is 89.7%. The new workbook has been issued and 70.4% of staff have completed their required training.

Retention/ Attrition: Turnover has risen to 11.2% for the last 12 months compared to 10.7% for the previous 12 months. The Trust is currently undertaking a number of initiatives to try and improve the retention of staff particularly those in operational roles.

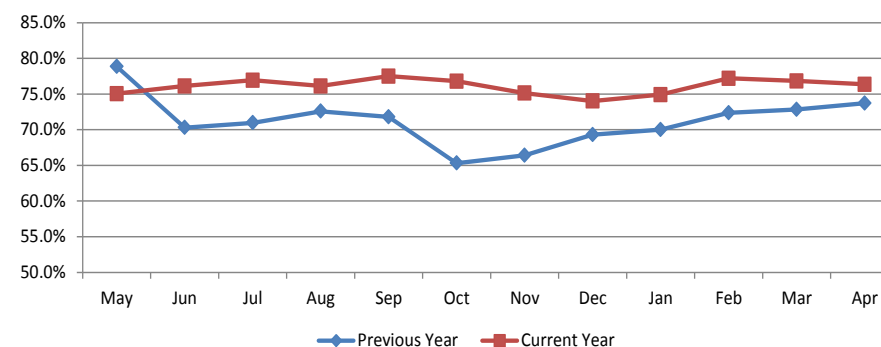
These include:-

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

Sickness Absence



PDR Compliance



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

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	(20,348)	(20,537)	(190)	(20,348)	(20,537)	(190)
Expenditure	21,020	21,197	177	21,020	21,197	177
Surplus	(672)	(660)	12	(672)	(660)	12
EBITDA	242	266	24	242	266	24
CIPs	(590)	(528)	(62)	(590)	(528)	(62)
Cash	(497)	478	(975)	19,157	18,716	441
Capital Investment	(93)	(3)	(90)	(93)	(3)	(90)

At the beginning of the financial year the Trust submitted a financial plan to NHS Improvement with an annual planned surplus of £2.1m for 2016/17. In month 1 the plan was to achieve a deficit of (£672k) with expected surpluses generated later in the year. In month against the plan the Trust has overachieved by £12k.

In terms of key variances: The A&E service line is (£0.1m) adverse to plan driven by the use of external providers to meet internal capacity shortfalls. The PTS position is adverse to plan by (£0.1m) due to underachievement of ECR income and overspend on pay. The Fleet position is also (£0.1m) behind plan due to overspend within fleet maintenance.

The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for month 1 is £0.26m against a plan of £0.24m, with a £0.02m favourable variance.

The Trust has a savings target of £9.059m for 2016/17. 89% delivery of the CIP target was achieved in April and 73% of this was achieved through recurrent schemes. Reserve schemes have achieved £97k of the year to date savings. This creates an adverse variance against plan of (£62k)

Capital spend for 2016/17 at the end of April 2016 is £0.003m against a plan £0.093m. The planned spend on Estates and ICT is delayed due to scheme specifications.

The Trust's cash position was very close to target at the end of April 2016, with a balance of £18.7m against a planned position of £19.1m.

2.1 Strategic Objectives 2016-17

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

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

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions)	Predicted RAG Year End	APRIL RAG	APRIL SUB RAG	Actions		Lead Director - Overall	Lead Director-Actions	Support Director(s)	Impl Date
1. Deliver World Class health outcomes in Urgent and Emergency Care	1a	Improve response times for A&E services (A&E Transformation Programme)	1a iv: waiting for structure to be sorted 1a vi: Reviewed tel lines and redirected all the legacy lines as appropriate. Some actions to increase efficiency. However they need approving at Clinical Governance Committee. Benchmarked North West and North East to ensure new reports are in line with best practise.	G	A	NS	i	Introduce new Rotas aligned to demand modelling and new response standards	EDOps	EDOps		Mar-17
						NA	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	EDoF	Mar-17
						G	v	Implement Ambulance Response Programme (ARP) II		EDOps		Jun-16
						A	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: Improvement in Stroke 60 and STEMI 150 ACQIs are dependent on external factors beyond YAS' influence. The current configuration of acute stroke services, and planned reconfiguration, will exacerbate the fall in Stroke 60 ACQI performance. The majority of excessive responses in the STEMI 150 ACQI data set are due to delays outside YAS' control. The dissolution of the Cardiac SCN in March 2016 will further exacerbate the situation as feedback and scrutiny are compromised. 1b ii: Continuing roll out of automated devices as Business as usual, restart a heart in planning stage.	A	A	A	i	Deliver CPD programme to address under-performing aspects of ACQIs and CPIs	EMD	EMD	EDOps DWF	Mar-17
						G	ii	Further improve rates of cardiac arrest survival across Yorkshire: • Continue roll out of automated CPR devices • Establish a mobile community CPR training facility • Restart A Heart 3 • Expand Fire Co-responder Schemes in North and South Yorkshire • Implement enhanced CPR feedback CQUIN • Trial external pacing and electrical cardioversion to regulate heart rhythms in cases of ROSC		EMD	EDOps DWF	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 iv: Contract not finalised yet, ongoing discussions. 1c vi: reviewing learning from East Midlands 111 tender.	G	A	G	i	Establish clinical advice and care navigation specialist clinical advisors for the frail elderly	EMD	EMD		Mar-17
						G	ii	Implement and evaluate 3 Vanguard falls response pilots		EMD		Dec-16
						G	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		EMD	EDOps DP&UC	Mar-17
						A	vi	Assess and pursue new NHS 111 and urgent care service tenders and opportunities		DBD	DP&UC	Mar-17
						NS	vii	Begin roll out of locally managed DOS to support frontline clinicians		EMD		Mar-17
						G	viii	Develop shared patient care record		EMD	EDoF	Dec-16
						NS	ix	Introduce PTS enhanced patient discharge services supported by telecare connected home technology		DP&UC	DBD	Dec-16
2. Ensure continuous service improvement and innovation	2a	Improve processes for management of performance delivery	2a ii: Performance Management Framework agreed, operational processes currently being implemented 2a iii: New Head of PMO to be recruited 2a iv: Initial work done on quality dashboards	G	A	NS	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	EDoF	Sep-16
	2b	Improve efficiency and effectiveness of support service functions	2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured	G	A	NA	i	Develop a cadre of leaders equipped to support lean improvement programme	EDoF	DWF	DBD	Sep-16
						A	ii	Improve efficiency through Northern Ambulance Alliance and implementing Carter recommendations		EDoF		Mar-17
						NS	iii	Undertake lean reviews of key support functions, focused on 1. Recruitment 2. Fleet 3. Internal logistics		EDoF DWF	DEF	1. Sep-16 2. Dec-16 3. Dec-16
	2c	Implementation of Hub & Spoke/ Make Ready operational infrastructure (Hub and Spoke Transformation Programme)	i: Paper to F&IC 12th May, agreeing next stage.	G	G	G	i	Secure approval for Doncaster Estate Business Case	DEF	DEF		Jun-16
						G	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

2.1 Strategic Objectives 2016-17

Strategic Objectives	Annual Objectives	Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions	Predicted RAG Year End	APRIL RAG	APRIL SUB RAG	Actions		Lead Director - Overall	Lead Director- Actions	Support Director(s)	Impl Date
2. Ensure continuous service improvement and innovation cont	2d	Implementation of a sustainable model for PTS delivery as the market leading integrated planned transport provider (PTS Transformation Programme)	A	A	G	i	Introduce auto planning	DP&UC	DP&UC		Sep-16
					G	ii	Complete auto scheduling pilot		DP&UC		Jun-16
					A	iii	Introduce on-line booking app		DP&UC		Jun-16
					G	iv	Implement workforce plan for Resourcing and Logistics, Voluntary Car Services and apprentice numbers		DP&UC	DWF	Sep-16
					G	v	Implement a new subcontractor framework aligned to partnership working & the Total Transport initiative		DP&UC		Jun-16
					A	vi	Continue fleet modernisation programme		EDoF		Mar-17
					A	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	Implement16/17 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		Jun-16
					A	iv	Further develop nursing professional leadership structure and implement internship pilot		DP&UC	EDQ&P	Sep-16
					A	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	NS	NA	i	Engage wide cross section of staff in development of values and behaviours framework	DWF	DWF		Sep-16
					NA	ii	Produce and publish new behavioural framework		DWF		Jun-16
					NA	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	NA	i	Talent management processes and succession planning including appraisals and selection linked to values and behaviours	DWF	DWF		Dec-16
					NA	ii	Increase Personal Development Review (PDR) compliance		DWF	All	Sep-16
	3c	Introduce new models for workforce development	A	A	NA	i	Introduce career framework for specialist, advanced and consultant paramedic roles	DWF	EMD	DWF	Sep-16
					NA	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
					NA	iii	Establish clear workforce plan for A&E operations recruitment and training trajectory reflecting demand, ACQI and delivery model changes		DWF	EDOps	Jun-16
					NA	iv	Improved access to seamless career progression for apprentice/PTS staff into A&E		DWF		Sep-16
					NA	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	A	NA	i	Deliver diversity training to all Trust managers	DWF	DWF		Dec-16
					NA	ii	Establishing a Diversity and Inclusion Steering Group		DWF		Dec-16
					NA	iii	Introduce diversity monitoring into recruitment processes and service line performance dashboards		DWF		Dec-16
	3e	Staff Welfare	G	A	A	i	Support flexible working by introducing technology enabled home working in clinical advice functions in NHS111 and EOC	DWF	DP&UC	EDOps DP&UC	Mar-17
					NA	ii	Enhance support to staff mental health related issues by training managers in assessing wellbeing issues		DWF		Dec-16
					NA	iii	Improved monitoring and management of short-term sickness		DWF		Dec-16
					NA	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

2.1 Strategic Objectives 2016-17

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

2.2 Quality and Efficiency Savings (CIP)

Apr-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	107	(67)	The A&E Operational efficiency schemes are underperforming by (£67k) against planned savings, this includes Private providers and other unidentified A&E schemes at the beginning of the year. This is offset by the Clinical Supervisor reserve scheme which is achieving £97k YTD.
Clinical Directorate	43	4	0	Monthly achievement in line with planned savings
Special Operations	256	21	0	Monthly achievement in line with planned savings
Patient Transport Service	1,841	153	(1)	Monthly achievement in line with planned savings
Finance	455	38	0	Monthly achievement in line with planned savings
Standards and Compliance	98	8	0	Monthly achievement in line with planned savings
111	595	50	(33)	The NHS 111 schemes are currently being reviewed as part of the contract negotiation process.
EOC	308	26	0	Monthly achievement in line with planned savings
Trust wide	3,000	183	(58)	Underperformance in Fleet schemes (£12k), Estates (£30k) and other (£16k) results in negative variance of (£58k). Delivery of a number of smaller schemes is delayed and should commence later this year.
Total Planned Scheme Savings	9,059	590	(159)	
Reserve Schemes	0	0	97	This relates to the non-recurrent A & E Clinical Supervisor scheme.
Recurrent Reserve Schemes	0	0		
Non-recurrent Reserve Schemes	0	0	97	
Total Savings	9,059	590	(62)	

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

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

Comments:-

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

Comments:-

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	TBC												
Courtesy Calling	TBC	TBC	TBC												
Total	TBC	TBC													

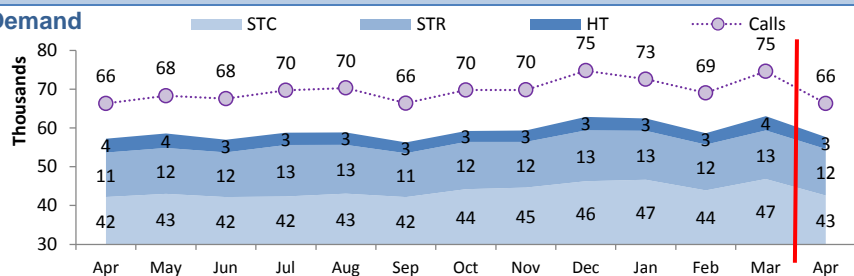
Comments:-

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)

Apr-16

1. Demand



Compared to last year Hear & Treat calls have reduced by 14.1%, See Treat & Refer responses have increased by 3.9% and See Treat & Convey have increased by 1.2%. Overall responses (incidents arrived at scene) are above contracted.

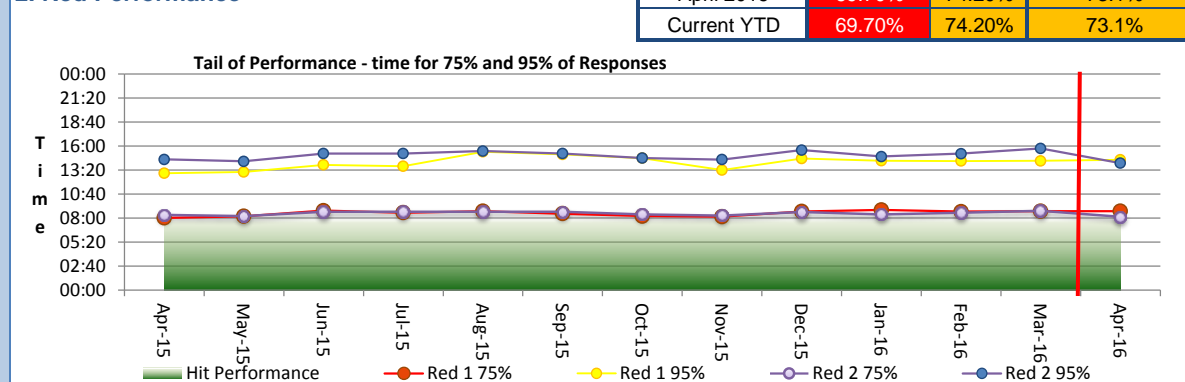
April	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	67,728	3,087	13,042	42,972
YTD YAS (inc OOA&UCP) 2015-16	67,372	3,592	12,557	42,482
Variance (Between Years)	356	(505)	485	490
	0.5%	(14.1%)	3.9%	1.2%
YTD (Contract CCGs only) Actuals 2016-17*	66,337	3,077	12,008	42,593
YTD (Contract CCGs only) Contracted 2016-17	66,312	3,574	11,464	42,215
Variance (to Contract)	25	(497)	544	378
	0.0%	(13.9%)	4.7%	0.9%

* excludes UCP and Out of Area

3. Quality

Serious Incidents (Rate Per 1000 Responses)		0 (0.00)	↓	0 (0.00)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.				
Total Incidents (Rate Per 1000 Responses)		405 (7.2)	↓	405 (7.2)
Total Incidents per 1000 responses was lower in April than the last year to date average. There were 115 less incidents than March				
Feedback	Complaints	17	↑	17
	Concerns	20	↓	20
	Comments	8	↓	8
	Service to Service	16	↑	16
	Compliments	48	↑	48
Response within target time for Complaints and Concerns		97%		97%
Ombudsman Cases	Upheld	0		0
	Not Upheld	0		0
The average response time for Complaints and Concerns in April was 23 days and YTD is 23 days				
Vehicle Deep Clean (>8 weeks after last clean)		9	↑	9

2. Red Performance



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Red 1	75% 08:01	08:11	08:49	08:35	08:46	08:29	08:12	08:09	08:43	08:54	08:42	08:45	08:46
	95% 12:58	13:06	13:54	13:45	15:21	15:03	14:39	13:19	14:35	14:22	14:19	14:20	14:28
Red 2	75% 08:20	08:13	08:42	08:42	08:42	08:41	08:24	08:16	08:39	08:24	08:35	08:48	08:08
	95% 14:30	14:17	15:09	15:09	15:26	15:10	14:39	14:29	15:32	14:49	15:08	15:43	14:05
TARGET	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

Pre ARP Pilot: Red2 is just below the 75% target at 74.2% (1st to 20th April only).

ARP Pilot: Performance for Red is below the 75% target at 73.1% (21st to 30th April only).

Tail of Performance: The information in the table above is the tail for Red1&* pre ARP. Red 2 achieved 75% within 08 mins and 8 seconds. 95% seen within 14 mins and 5 Seconds. A big improvement on the month of March.

4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	%
April 2016 (FT Equivalents)					
Budget FTE	2,164	108	541	1,515	70%
Contracted FTE (before overtime)	2,129	122	662	1,344	63%
Variance	(35)	(14)	(121)	(171)	(11.3%)
% Variance	(1.6%)	(13.0%)	(22.4%)		
FTE (worked inc overtime)*	2,320	122	662	1,535	66%
Variance	156	(14)	(121)	20	1.3%
% Variance	7.2%	(13.0%)	(22.4%)		
* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Abstractions) are from GRS					
Available FTE has increased from last month (1344 compared to 1341) though remains under planned due to the Gross FTE shortfall (1.6%) and higher than planned sickness and absence (35.5% over plan combined).					
The number of Operational Paramedics is 876 FTE (Band 5 & 6)					
The difference between contract and FTE worked is related to overtime.					
The difference between budget and contract is related to vacancies.					

5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
Directorate Position	5,361	5,263	(98)	
CIPs	107	137	30	
A&E are (£98k) adverse to plan in month which is due to additional use of external providers to increase resource availability. Charges in relation to overtime, subsistence and agency paramedics expenditure has also contributed to this position but offset by vacancies in front line staffing.				

1. ARP Pilot Review

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

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

Red – Life-threatening

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

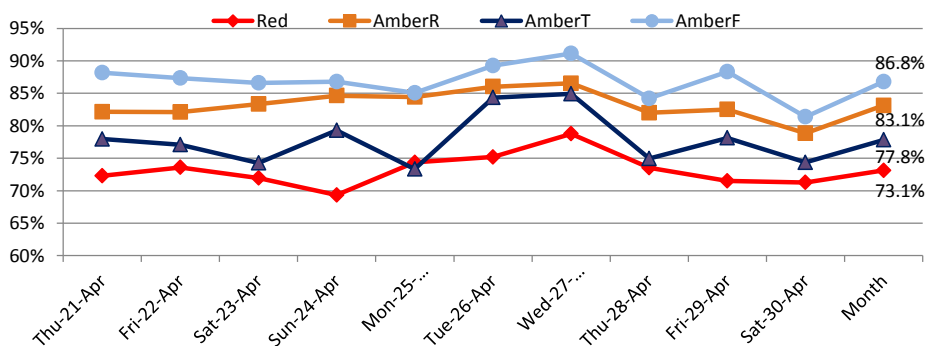
Amber – Emergency

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

Green – Urgent

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

3. Performance by day



Key Points:

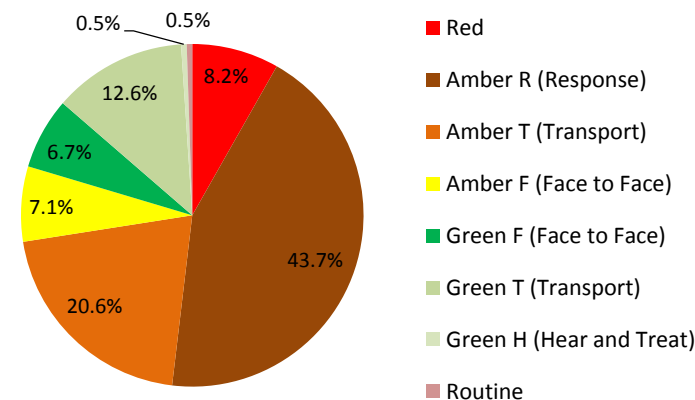
- Hear and Treat rates have fallen to 6.9% from 8.5% (Jan to April Average). Due to the changing nature of the Ambulance Response there is less need in some cases for a hear and treat response as the patient is getting the most appropriate response. Further work is being carried out to assess the codes. There may be some other codes that are suitable for a hear and treat response.
- The top 10 chief complaints are shown above, 17% are Intra-facility 1 transfers.

2. Demand and Performance (April 21st - April 30th)

	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Red	1620	0	376	1177	1553	8 Mins (75% Target)	73.1%	8.2%
Amber R (Response)	8634	69	1923	6329	8252	19 Mins (No Target)	83.1%	43.7%
Amber T (Transport)	4238	13	756	3145	3901		77.8%	20.6%
Amber F (Face to Face)	1749	13	596	744	1340		86.8%	7.1%
Green F (Face to Face)	2144	27	598	676	1274	60 Mins (No Target)	96.8%*	6.7%
Green T (Transport)	2697	8	262	2119	2381		88.1%*	12.6%
Green H (Hear and Treat)	954	728	34	66	100		99.1%	0.5%
Routine	114	0	9	89	98			0.5%

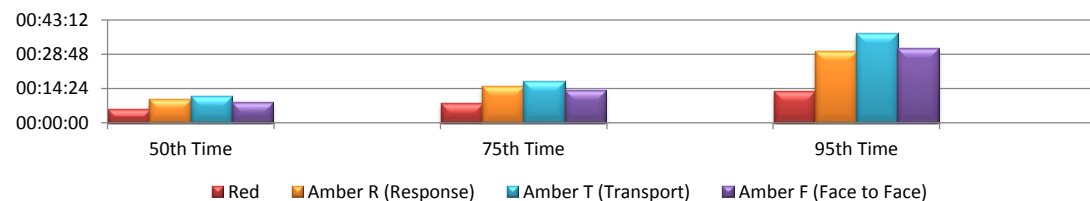
* HCP calls have been taken out of the performance calculation for Greens as they request different response times

Top 10 Chief Complaints	Red
Convulsions/Fitting	24%
Inter-facility 1	17%
Haemorrhage/Lacerations	13%
Cardiac/Respiratory Arrest	13%
Allergies/Rash/Med Reaction/Stings	5%
Falls/Back Injuries - Traumatic	4%
Breathing Problems	4%
Unknown Problem - Collapse-3rd Pty	3%
HCP Red Defib	3%
HCP Red	2%



4. Tail of Performance

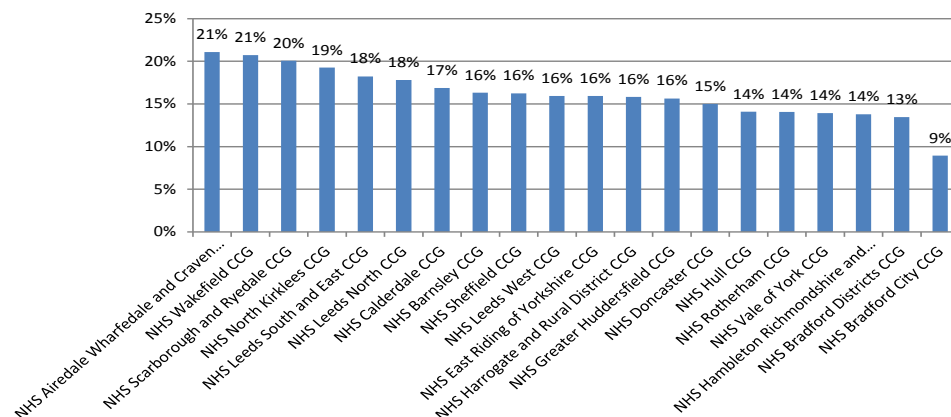
	50th Time	75th Time	95th Time	99th Time
Red	00:05:53	00:08:11	00:13:18	00:19:32
Amber R (Response)	00:09:54	00:15:22	00:30:00	00:48:42
Amber T (Transport)	00:11:21	00:17:38	00:37:35	01:11:07
Amber F (Face to Face)	00:08:29	00:13:43	00:31:18	01:03:33



Key Points:

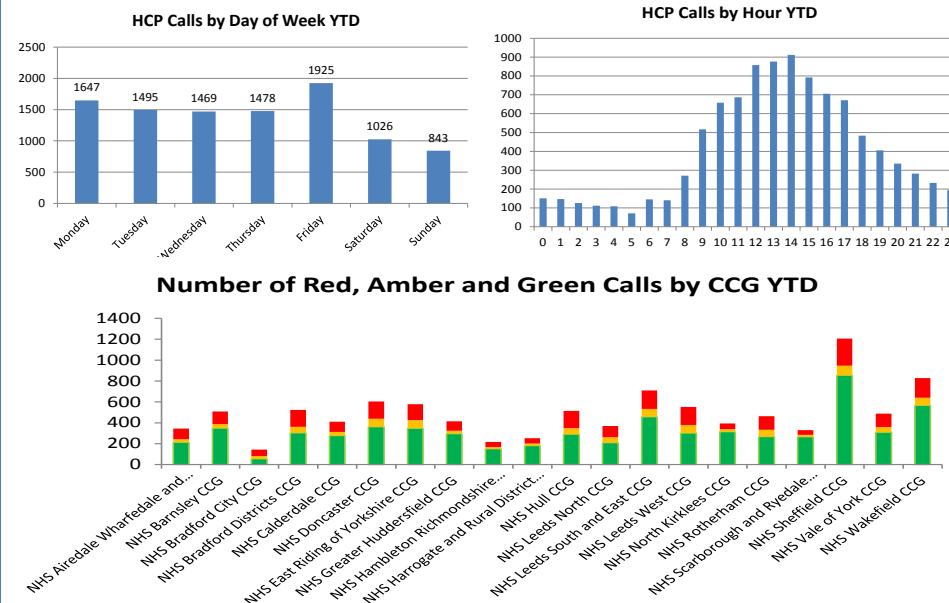
- Tail of performance for Red has improved under ARP compared to Red 1 before ARP went live. 95% of patient seen in 8 minutes for Red 1 was at 14mins and 5 seconds, now under ARP it is 13mins and 18 seconds. This is only 10 days worth of data therefore it's too soon to come to any conclusions. These will be monitored closely throughout the pilot.
- 1st DCA to scene time for those patients receiving a response in under 19 Minutes with the old Red 2 category used to be on average 75%. In the first 10 days of ARP it's 77.8% for Amber T. Although not directly comparable, it's an early sign of improvement.

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



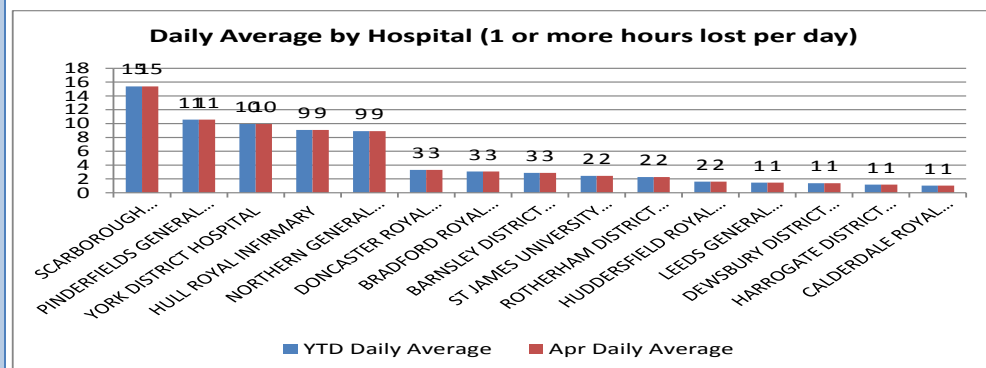
Red Calls as a proportion account for 25.2% of all HCP calls.
NHS Sheffield CCG has the highest volume of HCP demand of all the CCGs.
The time of day with the highest (62.3%) of all calls are between 10 and 5pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

2. HCP by Time of Day



3. Hospital Turnaround - Excessive Response

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	last 12 mths
Excessive Handovers Over 15mins (hours)	2275	1548	1629	1193	1433	1153	1825	1852	1591	2250	2734	3300	22783
Excessive Hours per Day	76	49	54	38	46	38	59	62	51	73	94	106	759



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

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

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

* Above table is in order of Red 2 performance

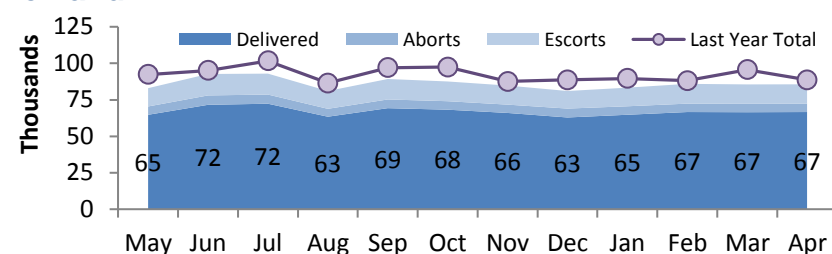
Key Points

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

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

Apr-16

1. Demand



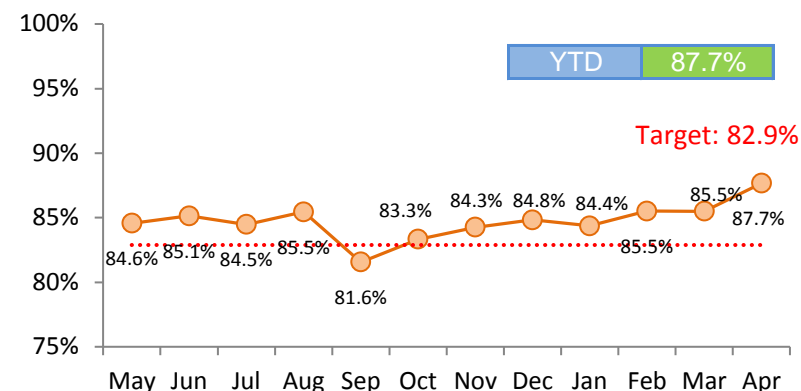
Comparison to Plan

April to March	Delivered	Aborts	Escorts	Total
YTD 2016-17	66,658	5,789	13,206	85,653
Contract 2016-17 (2015-16 Demand)	68,860	6,028	13,791	88,679
% Variance	(3.2%)	(4.0%)	(4.2%)	(3.4%)

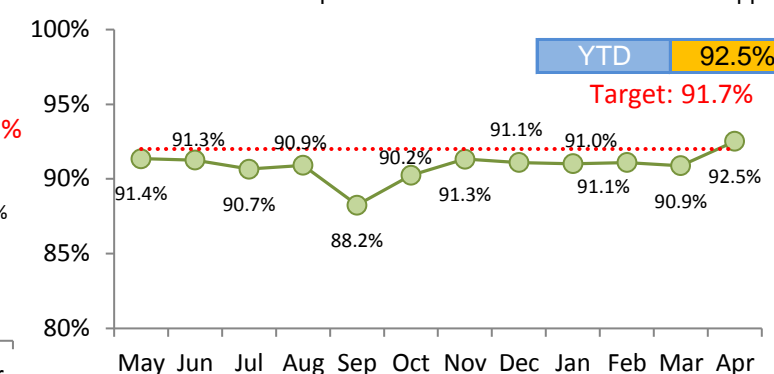
Key Points - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

2. Performance

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



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



Key Points - West Yorkshire KPI 1, KPI 2 (inward) and KPI 3 (outward) achieved targets and starts the new Contractual year in a strong position. East Yorkshire KPI 2 (inward) achieved 83.4% against target of 76.5% + 6.9% and KPI 3 (outward) achieving 94.0% against target of 89.3% + 4.7%. North Yorkshire KPI 2 (inward) achieved the overall target by +1.5%. KPI 3 achieved their target by +1.1%. South Yorkshire KPI 2 (inward) missed target by 0.3% but improving month on month KPI 3 (outward) achieved 92.6% against a higher CCG threshold target of 95.0% which although not met, continues to be a positive improvement month on month. Overall PTS performance (all areas combined across Yorkshire & Humber) reports a good positive position for the beginning of the year - KPI 2 getting patients to their appointment on time achieving 87.7% (target 82.9%) +4.8% and KPI 3 collected after appointment 92.5% (target) 91.7% +0.8%.

3. Quality, Safety and Patient Experience

	Apr	YTD
Calls Answered in 3 mins (All PTS calls)	79.5% ↑	79.5%
Serious Incidents (YTD)	0 ↔	0
Total Incidents (per 1000 activities)	89 (1.34) ↓	89 (1.34)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
Feedback	Complaints	13 ↑ 13
	Concerns	22 ↓ 22
	Comments	4 ↓ 4
	Service to Service	31 ↓ 31
	Compliments	2 ↓ 2
Response within target time for Complaints and Concerns	96%	87%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 0
Patient Experience Survey - Qtrly	92.4%	92.4%
Vehicle Deep Clean (>8 weeks since last clean)	6 ↑	6

4. Workforce

Apr-16	FTE	Sickness (5%)	Absence (20%)	Available	
				Total	%
Budget FTE	726	36	145	544	75%
Contracted FTE (before overtime)	716	42	73	601	84%
Variance	(10)	(6)	72		
Actual Shrinkage %		5.9%	9.8%	57	10.5%
% Variance	(1.3%)	(15.2%)	49.6%		
FTE worked inc overtime	749	42	73	634	85%
Variance	23	(6)	72	89	16.4%
% Variance	3.2%	(15.2%)	49.6%		

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

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

Key Points

PTS used an equivalent of an additional 33 FTE with the use of overtime against vacancies of 10. Sickness absence for April 2016 is 5.91% . YAS combined (all CCG areas). The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

5. Finance (Y/E Summary)

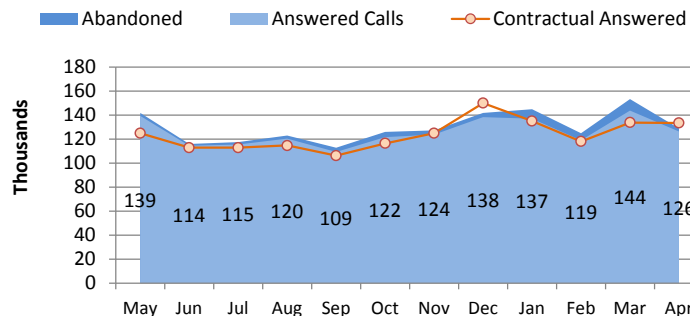
£000	Plan	Actual	Variance
Directorate Position	784	723	(61)
CIPs	153	153	0

The month end position of the directorate is (£61k) adverse to plan.

ECR Income is behind plan by (£49k) which is expected to be recouped in future months. Further overspend of (£15k) relates to Pay and is partly offset by £3k underspend within non pay for Taxis and Private providers.

Quality and Efficiency Savings (CIPs) are currently on plan.

1. Demand



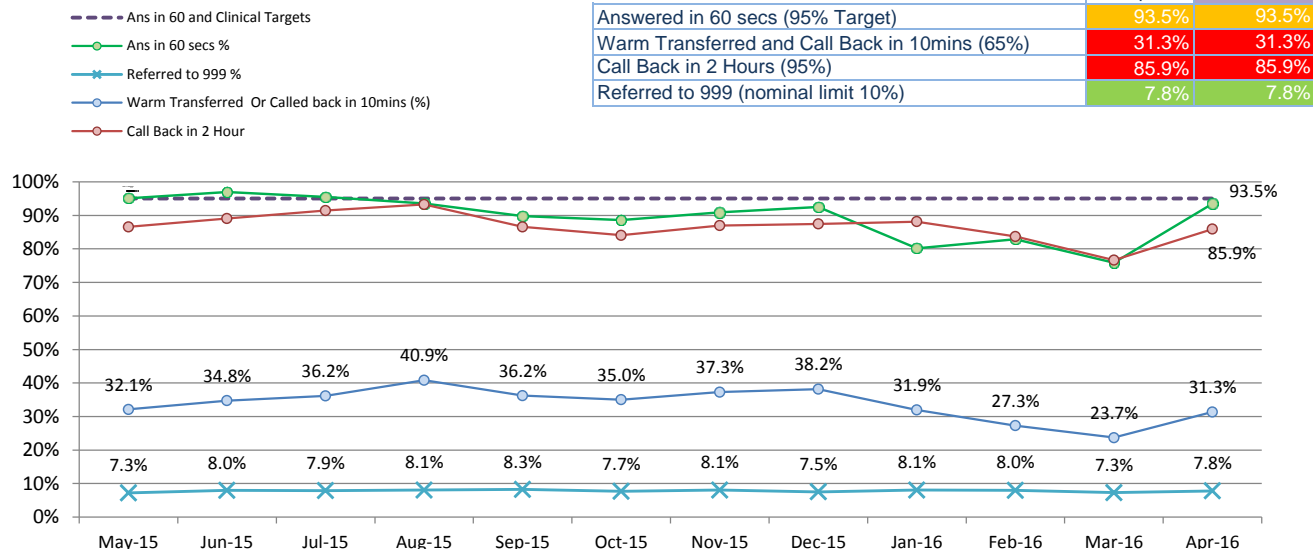
Calls answered down by 2.3% year on year and below contracted for April (5.3% down - 7,104 calls)

April to March	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	128,893	126,279	118,032	93.5%
YTD Contracted 2016-17	133,383	133,383	126,714	95.0%
Variance	-4,490	-7,104	-8,682	
	-3.4%	-5.3%	-6.9%	(1.5%)
YTD 2015-16	132,344	129,188	116,964	90.5%
Variance	-3,451	-2,909	1,068	
	-2.6%	-2.3%	0.9%	2.9%

3. Quality

	April	YTD
Serious Incidents (per 1000 answered)	3 (0.02) ↔	3 (0.02)
Of the 4 serious incidents in June, 2 were LCD incidents		
Total Incidents (per 1000)	48 (0.38) ↑	48 (0.38)
Feedback	Complaints	36 ↓
	Concerns	4 ↑
	Comments	3 ↓
	Service to Service	48 ↑
	Compliments	11 ↑
Response within target time for Complaints and Concerns	89%	89%
Ombudsman Cases	Upheld	0
	Not Upheld	0

2. Performance



Calls Offered have decreased by 2.6% year on year. Answered in 60 performance is up by 2.9% when compared to the same month last year. Month on month, performance went from 75.9% in March to 93.5% in April (up by 17.6%). Warm Transfer and Call Back in 10 minutes is 7.6% up month on month and 8.3% down compared to same month last year. March 2015 included Easter and marked the busiest month for the service. 111 referrals to 999 up by 0.3% year on year but remain within target. In April, 2,327 ambulances were stopped as a result of clinical intervention.

4. Workforce

April 2016 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence (23%)	Total	%
Budget FTE	266	24	61	181	68%
Contracted FTE (before Overtime)	281	18	86	177	63%
Variance	15	6	(25)	(4)	(2.4)%
% Variance	5.6%	24.8%	(41.2)%		
FTE (Worked inc Overtime)	290	18	86	185	64%
Variance	24	6	(25)	4	2.4%
% Variance	8.9%	24.8%	(41.2)%		

Contracted FTE including overtime 8.9% above budgeted.
Paid Sickness 2.6% below planned and absence 7.7% above budgeted leading to FTE time available being 2.4% above budget.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	207	206	(1)
CIPs	50	17	(33)

The directorate is breakeven to plan.

Quality and Efficiency Savings (CIPs) are currently behind plan by (£33k) plan. The NHS 111 schemes are currently being reviewed as part of the contract negotiation process.

4.1 Finance Overview Apr 2016

	Month	YTD	Trend 2016-17																																							
RISK RATING: There is no rating against the NHS Improvement financial metrics as this is not reported on at Month 1.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>4</td><td>4</td></tr><tr><td>M2</td><td>4</td><td>4</td></tr><tr><td>M3</td><td>4</td><td>4</td></tr><tr><td>M4</td><td>4</td><td>4</td></tr><tr><td>M5</td><td>4</td><td>4</td></tr><tr><td>M6</td><td>4</td><td>4</td></tr><tr><td>M7</td><td>4</td><td>4</td></tr><tr><td>M8</td><td>4</td><td>4</td></tr><tr><td>M9</td><td>4</td><td>4</td></tr><tr><td>M10</td><td>4</td><td>4</td></tr><tr><td>M11</td><td>4</td><td>4</td></tr><tr><td>M12</td><td>4</td><td>4</td></tr></tbody></table>	Month	Actual	Plan	M1	4	4	M2	4	4	M3	4	4	M4	4	4	M5	4	4	M6	4	4	M7	4	4	M8	4	4	M9	4	4	M10	4	4	M11	4	4	M12	4	4
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EBITDA: The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for month 1 is £0.26m against a plan of £0.24m, with a £0.02m favourable variance.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>0.26</td><td>0.24</td></tr><tr><td>M2</td><td>0.7</td><td>0.6</td></tr><tr><td>M3</td><td>0.3</td><td>0.4</td></tr><tr><td>M4</td><td>0.9</td><td>0.8</td></tr><tr><td>M5</td><td>1.0</td><td>0.9</td></tr><tr><td>M6</td><td>0.4</td><td>0.5</td></tr><tr><td>M7</td><td>2.1</td><td>1.8</td></tr><tr><td>M8</td><td>1.5</td><td>1.6</td></tr><tr><td>M9</td><td>2.6</td><td>2.5</td></tr><tr><td>M10</td><td>1.8</td><td>1.7</td></tr><tr><td>M11</td><td>0.3</td><td>0.4</td></tr><tr><td>M12</td><td>1.7</td><td>1.6</td></tr></tbody></table>	Month	Actual	Plan	M1	0.26	0.24	M2	0.7	0.6	M3	0.3	0.4	M4	0.9	0.8	M5	1.0	0.9	M6	0.4	0.5	M7	2.1	1.8	M8	1.5	1.6	M9	2.6	2.5	M10	1.8	1.7	M11	0.3	0.4	M12	1.7	1.6
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SURPLUS: The Trust has reported an in month deficit as at the end of April (Month 1) of £0.7m in line with the planned deficit of £0.7m.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-0.7</td><td>-0.7</td></tr><tr><td>M2</td><td>-0.2</td><td>-0.1</td></tr><tr><td>M3</td><td>-0.6</td><td>-0.5</td></tr><tr><td>M4</td><td>0.1</td><td>0.2</td></tr><tr><td>M5</td><td>0.2</td><td>0.3</td></tr><tr><td>M6</td><td>-0.5</td><td>-0.4</td></tr><tr><td>M7</td><td>1.0</td><td>0.9</td></tr><tr><td>M8</td><td>0.5</td><td>0.6</td></tr><tr><td>M9</td><td>1.5</td><td>1.4</td></tr><tr><td>M10</td><td>0.8</td><td>0.7</td></tr><tr><td>M11</td><td>-0.8</td><td>-0.7</td></tr><tr><td>M12</td><td>0.7</td><td>0.6</td></tr></tbody></table>	Month	Actual	Plan	M1	-0.7	-0.7	M2	-0.2	-0.1	M3	-0.6	-0.5	M4	0.1	0.2	M5	0.2	0.3	M6	-0.5	-0.4	M7	1.0	0.9	M8	0.5	0.6	M9	1.5	1.4	M10	0.8	0.7	M11	-0.8	-0.7	M12	0.7	0.6
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CAPITAL: Capital spend for 2016/17 at the end of April 2016 is £0.003m against a plan £0.093m. The planned spend on Estates and ICT is delayed due to scheme specifications.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>0.003</td><td>0.093</td></tr><tr><td>M2</td><td>1.7</td><td>1.8</td></tr><tr><td>M3</td><td>1.7</td><td>1.8</td></tr><tr><td>M4</td><td>2.2</td><td>2.3</td></tr><tr><td>M5</td><td>2.2</td><td>2.3</td></tr><tr><td>M6</td><td>1.7</td><td>1.8</td></tr><tr><td>M7</td><td>1.1</td><td>1.2</td></tr><tr><td>M8</td><td>1.2</td><td>1.3</td></tr><tr><td>M9</td><td>1.3</td><td>1.4</td></tr><tr><td>M10</td><td>0.7</td><td>0.8</td></tr><tr><td>M11</td><td>0.3</td><td>0.4</td></tr><tr><td>M12</td><td>0.3</td><td>0.4</td></tr></tbody></table>	Month	Actual	Plan	M1	0.003	0.093	M2	1.7	1.8	M3	1.7	1.8	M4	2.2	2.3	M5	2.2	2.3	M6	1.7	1.8	M7	1.1	1.2	M8	1.2	1.3	M9	1.3	1.4	M10	0.7	0.8	M11	0.3	0.4	M12	0.3	0.4
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CASH: The Trust's cash position was very close to target at the end of April 2016, with a balance of £18.7m against a planned position of £19.1m.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>18.7</td><td>19.1</td></tr><tr><td>M2</td><td>18.5</td><td>18.6</td></tr><tr><td>M3</td><td>18.3</td><td>18.4</td></tr><tr><td>M4</td><td>18.1</td><td>18.2</td></tr><tr><td>M5</td><td>17.9</td><td>18.0</td></tr><tr><td>M6</td><td>17.7</td><td>17.8</td></tr><tr><td>M7</td><td>17.9</td><td>18.0</td></tr><tr><td>M8</td><td>17.8</td><td>17.9</td></tr><tr><td>M9</td><td>18.0</td><td>18.1</td></tr><tr><td>M10</td><td>18.2</td><td>18.3</td></tr><tr><td>M11</td><td>18.1</td><td>18.2</td></tr><tr><td>M12</td><td>18.0</td><td>18.1</td></tr></tbody></table>	Month	Actual	Plan	M1	18.7	19.1	M2	18.5	18.6	M3	18.3	18.4	M4	18.1	18.2	M5	17.9	18.0	M6	17.7	17.8	M7	17.9	18.0	M8	17.8	17.9	M9	18.0	18.1	M10	18.2	18.3	M11	18.1	18.2	M12	18.0	18.1
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M11	18.1	18.2																																								
M12	18.0	18.1																																								
CIP: The Trust has a savings target of £9.059m for 2016/17. 89% delivery of the CIP target was achieved in April and 73% of this was achieved through recurrent schemes. Reserve schemes have achieved £97k of the year to date savings. This creates a adverse variance against plan of (£62k).			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>500</td><td>550</td></tr><tr><td>M2</td><td>550</td><td>600</td></tr><tr><td>M3</td><td>550</td><td>600</td></tr><tr><td>M4</td><td>550</td><td>600</td></tr><tr><td>M5</td><td>550</td><td>600</td></tr><tr><td>M6</td><td>550</td><td>600</td></tr><tr><td>M7</td><td>1350</td><td>1400</td></tr><tr><td>M8</td><td>750</td><td>800</td></tr><tr><td>M9</td><td>750</td><td>800</td></tr><tr><td>M10</td><td>750</td><td>800</td></tr><tr><td>M11</td><td>750</td><td>800</td></tr><tr><td>M12</td><td>950</td><td>1000</td></tr></tbody></table>	Month	Actual	Plan	M1	500	550	M2	550	600	M3	550	600	M4	550	600	M5	550	600	M6	550	600	M7	1350	1400	M8	750	800	M9	750	800	M10	750	800	M11	750	800	M12	950	1000
Month	Actual	Plan																																								
M1	500	550																																								
M2	550	600																																								
M3	550	600																																								
M4	550	600																																								
M5	550	600																																								
M6	550	600																																								
M7	1350	1400																																								
M8	750	800																																								
M9	750	800																																								
M10	750	800																																								
M11	750	800																																								
M12	950	1000																																								

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4.2 Finance Detail April 2016

Apr-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	(14,448)	(14,504)	(56)
Patient Transport Service	(2,406)	(2,357)	49
111	(2,692)	(2,749)	(57)
Other Income	(802)	(928)	(126)
Operating Income	(20,348)	(20,537)	(190)
Pay Expenditure & reserves	14,312	14,172	(140)
Non-Pay expenditure & reserves	6,707	7,025	318
Operating Expenditure	21,020	21,197	177
EBITDA	242	266	24
EBITDA %	(1.2%)	(1.3%)	
Depreciation	(728)	(769)	(41)
Interest payable & finance costs	(24)	(5)	19
Interest receivable	7	7	1
Profit on fixed asset disposal	11	13	2
Dividends, interest and other	(180)	(171)	9
Retained Surplus	(672)	(660)	12
I&E Surplus %	3.3%	3.2%	

Year to Date		
Budget	Actual	Variance
£000	£000	£000
(14,448)	(14,504)	(56)
(2,406)	(2,357)	49
(2,692)	(2,749)	(57)
(802)	(928)	(126)
(20,348)	(20,537)	(190)
14,312	14,172	(140)
6,707	7,025	318
21,020	21,197	177
242	266	24
(1.2%)	(1.3%)	
(728)	(769)	(41)
(24)	(5)	19
7	7	1
11	13	2
(180)	(171)	9
(672)	(660)	12
3.3%	3.2%	

Capital Plan	Annual Budget	Current Month Variance	YTD Variance
	£000	£000	£000
Estates	(2,541)	50	50
H&S	(1,232)	-	-
ICT	(1,111)	40	40
Fleet	(7,444)	-	-
Hart Vehicles and Equipment	(1,378)	-	-
Medical Equipment	(1,629)	-	-
Contingency	0	-	-
Total Schemes	(15,335)	90	90
Total CRL	(14,755)	-	-
Over committed against CRL	(580)	90	90

Plan	CATEGORY	Plan	Apr-16	YTD
%age of bills paid within terms	NHS	95%	71%	71%
%age of bills paid within terms	NON NHS	95%	90%	90%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	19,157	18,716	(441)

5 Workforce Scorecard

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

Apr-16

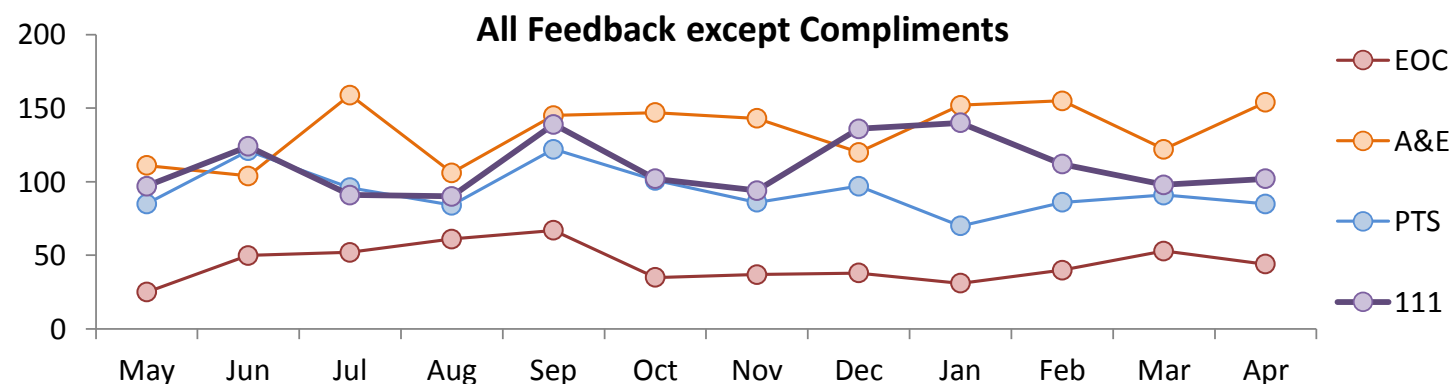
Apr 2016 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 30 Apr 2016

Indicator	Current Data - Apr-16		Current Data - Mar-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4218	Apr-16	4220	Mar-16	4495		↓	4169	Apr-15
Equality & Diversity	5.47% fte	Apr-16	5.44% fte	Mar-16	11.1% fte		↑	5.16% fte	Apr-15
	5.58% hcount		5.54% hcount					5.47% hcount	
Monthly Sickness Absence	5.21%	Apr-16	5.55%	Mar-16	5% fte		↓	5.57%	Apr-15
Yearly Sickness Absence	5.47%	May-15 Apr-16	5.46%	Apr-15 Mar-16				6.29%	May-14 Apr-15
Turnover	11.21% fte	Apr-16	11.02% fte	Mar-16	10.13% Amb Trust Average from iView		↑	10.86% fte	Apr-15
	12.63% hcount		12.65% hcount					12.39% hcount	
Current PDRs	76.36%	Apr-16	76.83%	Mar-16	90%		↓	73.73%	Apr-15
Stat & Mand Workbook	89.72% (combined)	Apr-16	89.76% (combined)	Mar-16	85% (combined)		↓	91.00% (combined)	Apr-15
	70.40%	Apr-16	67.15%	Mar-16				90.60%	Apr-15
Overtime	£1,051k	Apr-16	£909k	Mar-16			↑	£1,006k	Apr-15
	£11,156k	May-15 Apr-16	£11,110k	Apr-15 Mar-16			↑	£11,812k	May-14 Apr-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.)

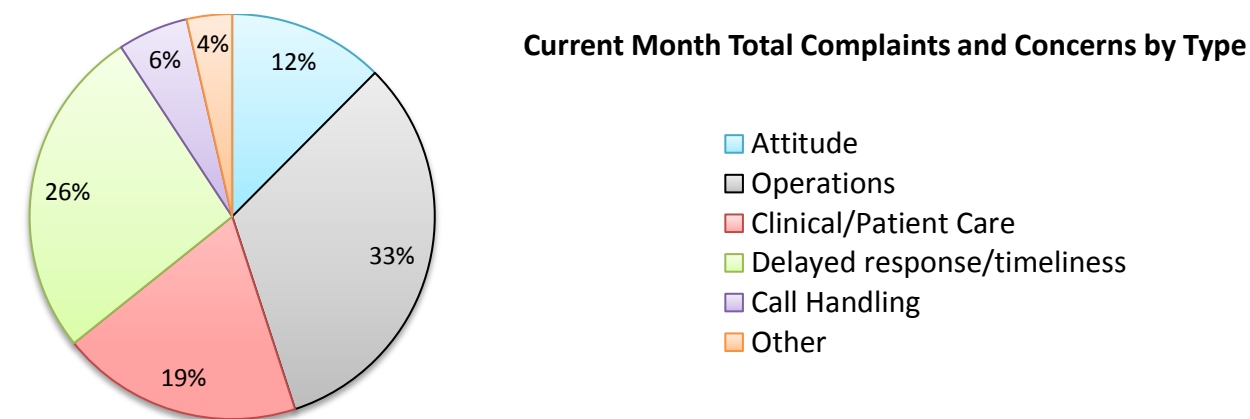
	EOC		A&E		PTS		111		Total	
	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
Complaint	18	18	17	17	13	13	36	36	84	84
Concern	14	14	20	20	22	22	4	4	60	60
Service to Service	10	10	16	16	31	31	48	48	105	105
Comment	1	1	8	8	4	4	3	3	16	16
Compliment	1	1	48	48	2	2	11	11	62	62
Lost Property	0	0	23	23	2	2	0	0	25	25
PALS request	0	0	22	22	11	11	0	0	33	33
Total	44	44	154	154	85	85	102	102	385	385
Demand	69,119	69,119	59,261	59,261	66,658	66,658	126,279	126,279	321,317	321,317
Proportion	0.06%	0.06%	0.26%	0.26%	0.13%	0.13%	0.08%	0.08%	0.12%	0.12%



The Number of cases in April increased slightly this month for A&E and 111. PTS and EOC reduced slightly this month.

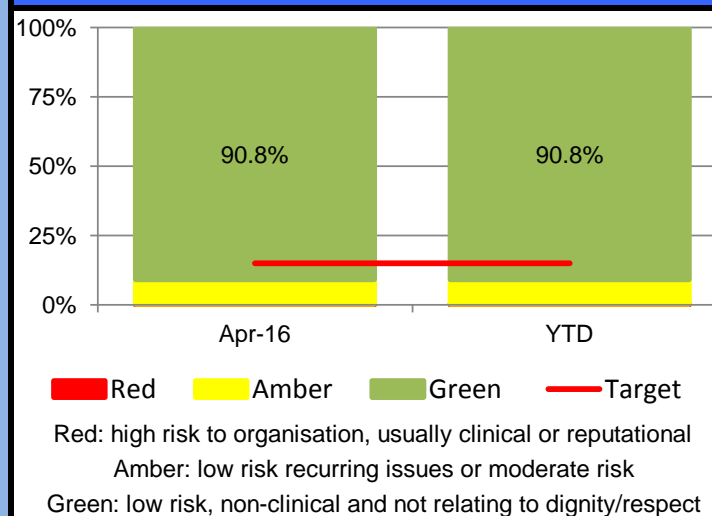
2. Complaints and Concerns (including issues raised by healthcare professionals) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD	Apr-16	YTD
Attitude	0	0	16	16	7	7	8	8	31	31
Operations	2	2	19	19	6	6	54	54	81	81
Clinical/Patient Care	0	0	11	11	12	12	25	25	48	48
Delayed response	26	26	2	2	38	38	0	0	66	66
Call Handling	9	9	2	2	3	3	0	0	14	14
Other	5	5	3	3	0	0	1	1	9	9
Total	42	42	53	53	66	66	88	88	249	249
Demand	69,119	69,119	59,261	59,261	66,658	66,658	126,279	126,279	321,317	321,317
Proportion	0.06%	0.06%	0.09%	0.09%	0.10%	0.10%	0.07%	0.07%	0.08%	0.08%



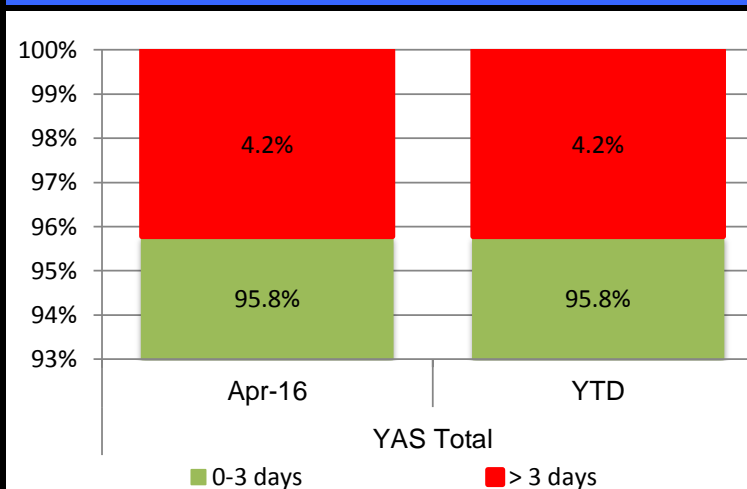
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations are the largest for 111 and A&E.

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



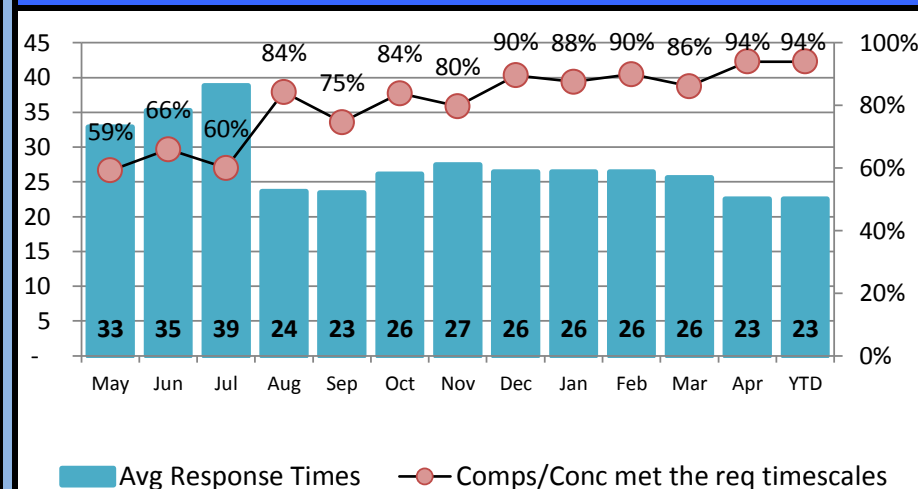
Overall Complaints & Concerns for Red & Amber remain low. Amber stands at 8.84% for April.

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



Acknowledgements to complaints have continued to increase slightly in April

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



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

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

	Total	
	Apr-16	YTD
Upheld	120	120
Not Upheld	96	96
Partly Upheld	47	47
Total	263	263

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

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

	Total	
	Apr-16	YTD
No. reopened	1	1
% of C&C	0.7%	0.7%

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

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

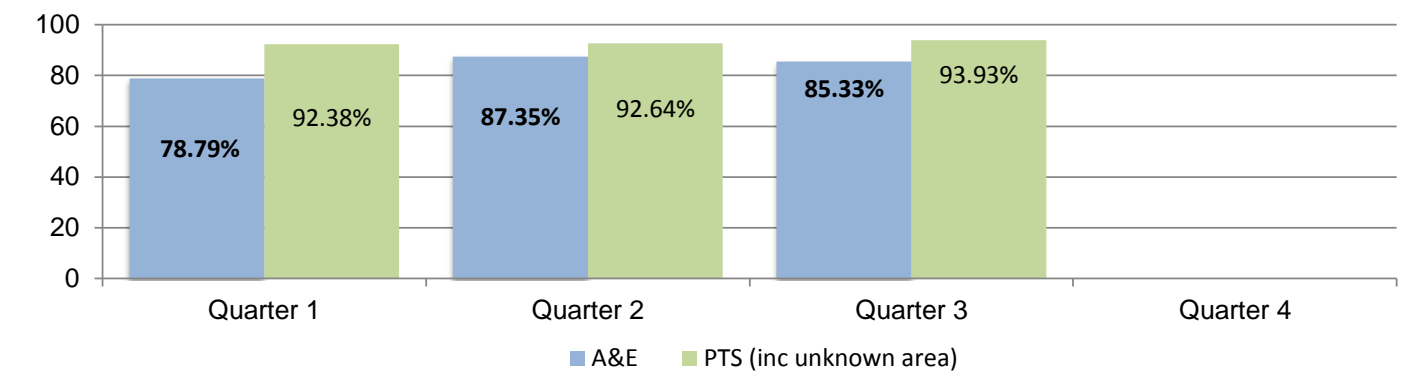
8. Includes cases where PHSO has made enquiries only

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

Only 2 referrals were received in April - all EOC.

Patient Survey Results (Friends and Family Test)

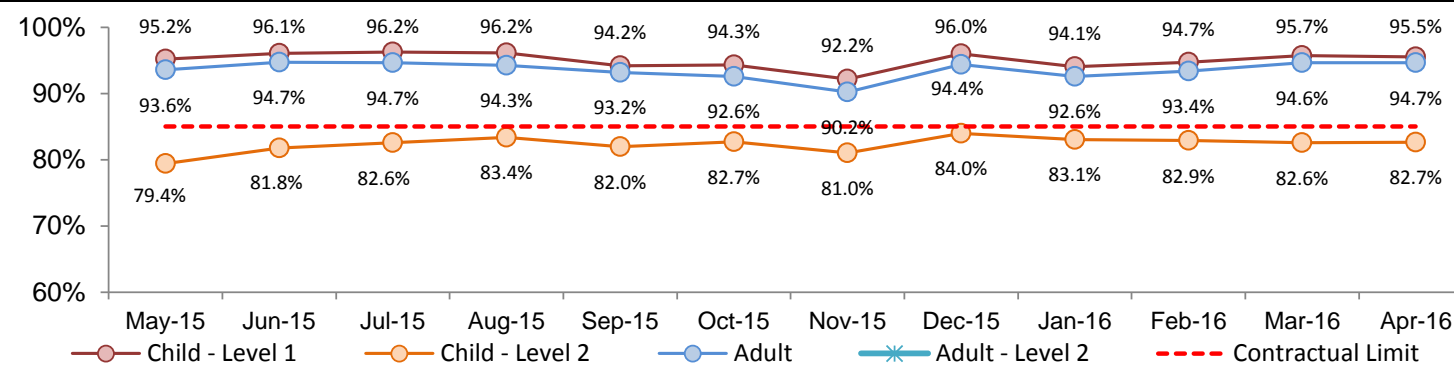
9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



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

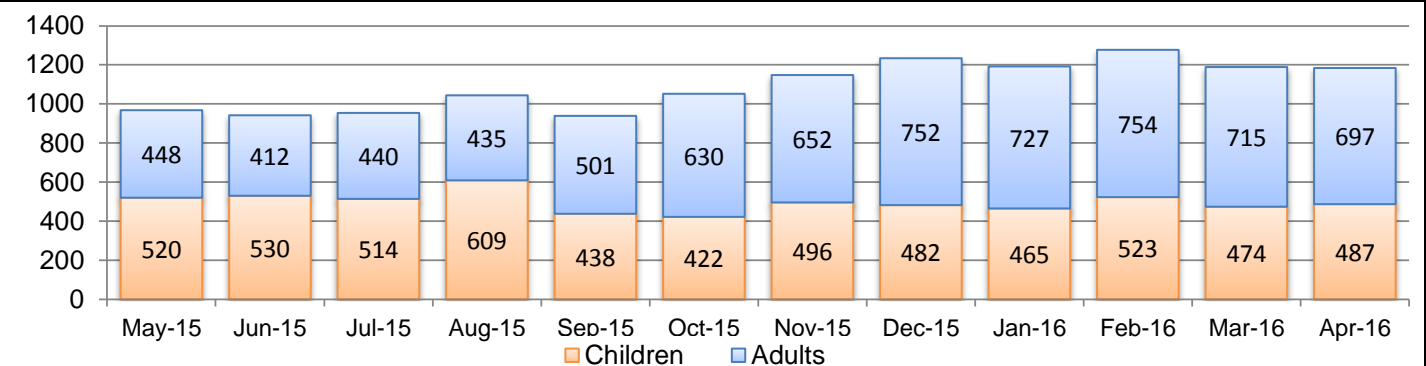
Safeguarding

10. Number of eligible workforce trained



Safeguarding compliance has remained high in April. Work is ongoing to agree a Trajectory with Commissioners for Adult Level 2, training is being undertaken but numbers are not yet available

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



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

Results of IPC Audit

12. Infection, Prevention and Control

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

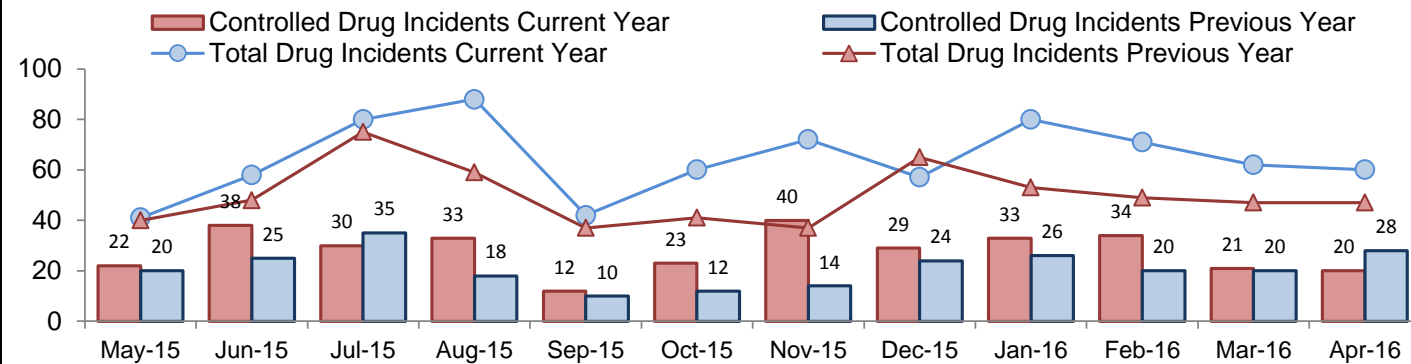
Hand Hygiene - Small number of examples of the following observed • False nails and nail varnish • Jewellery and watches still been worn • Not carrying hand rub
Actions: Staff are reminded they are required to be bare below the elbows for clinical shifts and carry personal hand gel.

Premises - Small number of examples of the following observed • Clinical waste bins overflowing • Medical gases log not completed • CD room untidy Orange tags not on clinical waste bags
Actions: All station areas should be kept tidy and free from clutter in order to allow the facilities staff to clean effectively.

Vehicle - Small number of examples of the following observed • Rubbish in vehicles • Dirty interior and exterior • Damage to interior or exterior
Actions: All staff have been reminded to keep their vehicles tidy and clear from clutter, this will enable effective decontamination of the vehicle after each patient.

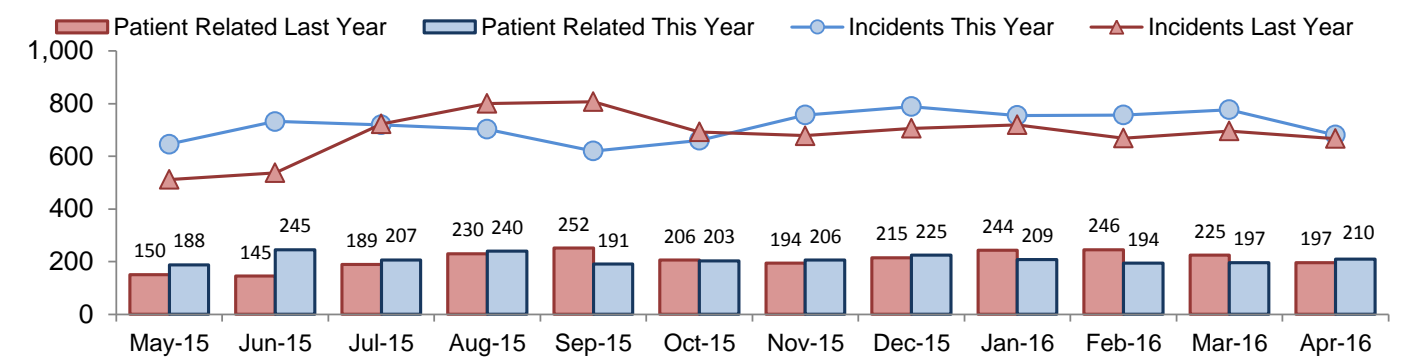
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



There were a total of 60 medication-related incidents for the month of April, of which 20 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

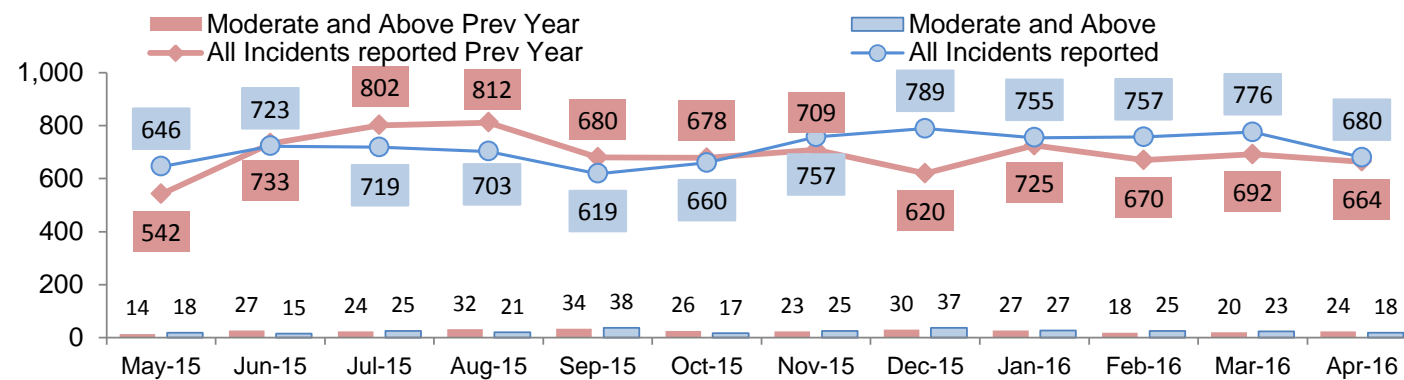
14. Incidents Reported



Patient related incidents, both clinical and non-clinical, make up 31% of all reported incidents which is an increase from March (25%)

The top three categories of patient-related incidents are response-related, Carepathway and medical-equipment related. Patient-related Incidents graded no harm or minor harm represent 95.2% of patient-related incidents. Incidents graded initially as potentially moderate and above are reviewed at Incident Review Group to determine actual harm and may be regraded following investigation

15. Incidents, Moderate Harm and Near misses

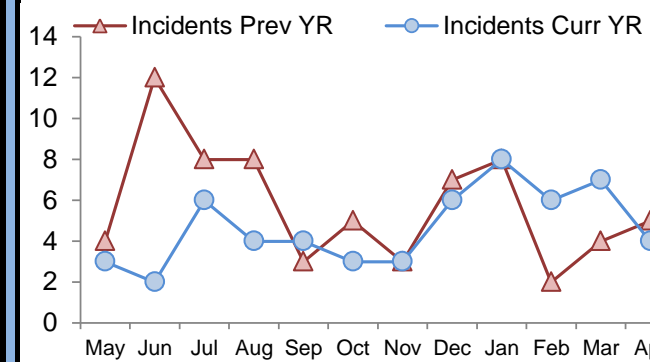


Incidents with a severity of Moderate and above represent 2.6% of incidents reported in April 2016, a decrease from 3% in March. 97.4% of incidents reported as no harm or minor harm.

Incidents in the category of no harm represent 69.6% of the total number of incidents in April.

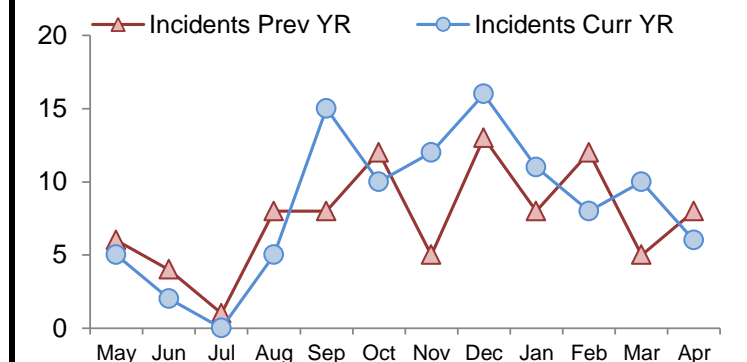
A&E Ops remains the highest reporting area reporting 59.6% of all incidents. The top 5 coded categories in A&E Ops this month are Vehicle-related, Violence and aggression, response-related, Medication and moving and handling, consistent with previous months.

16. Serious Incidents



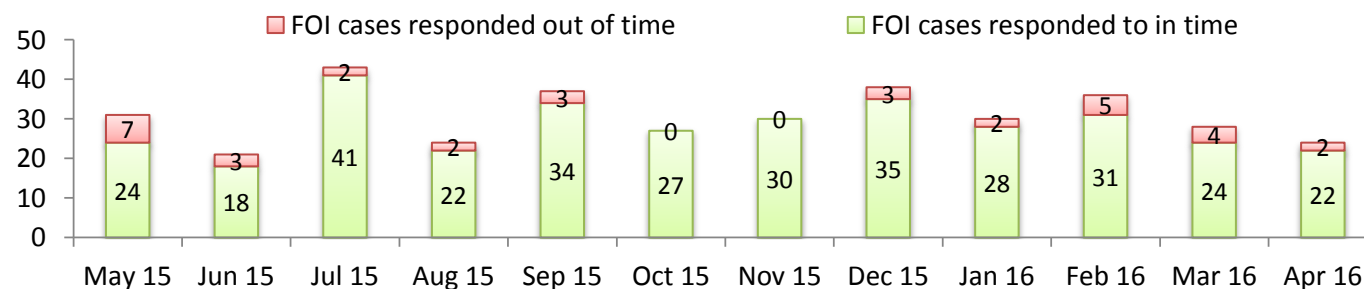
There were 4 Serious Incidents in April, 1 related to Delayed dispatch/response, 2 Inadequate clinical assessment, & 1 Other.

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



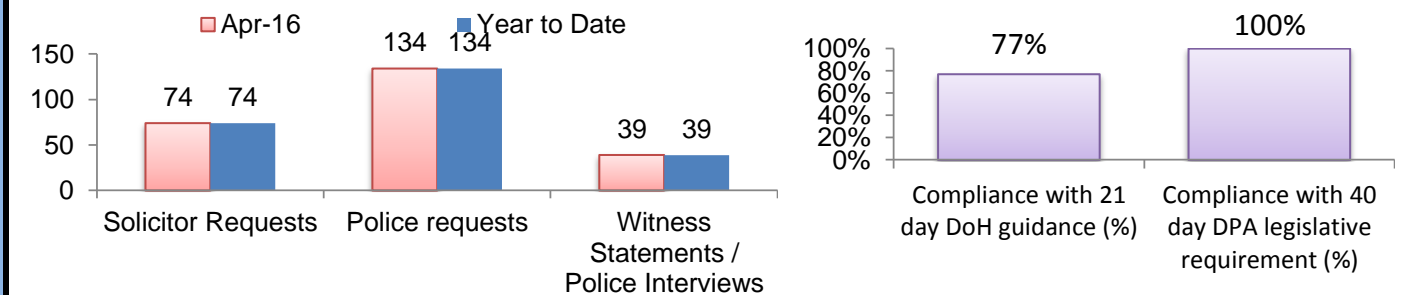
Of the 5 RIDDOR reportable incidents in May, 4 were recorded as minor harm, and one as moderate harm.

18. FOI Requests



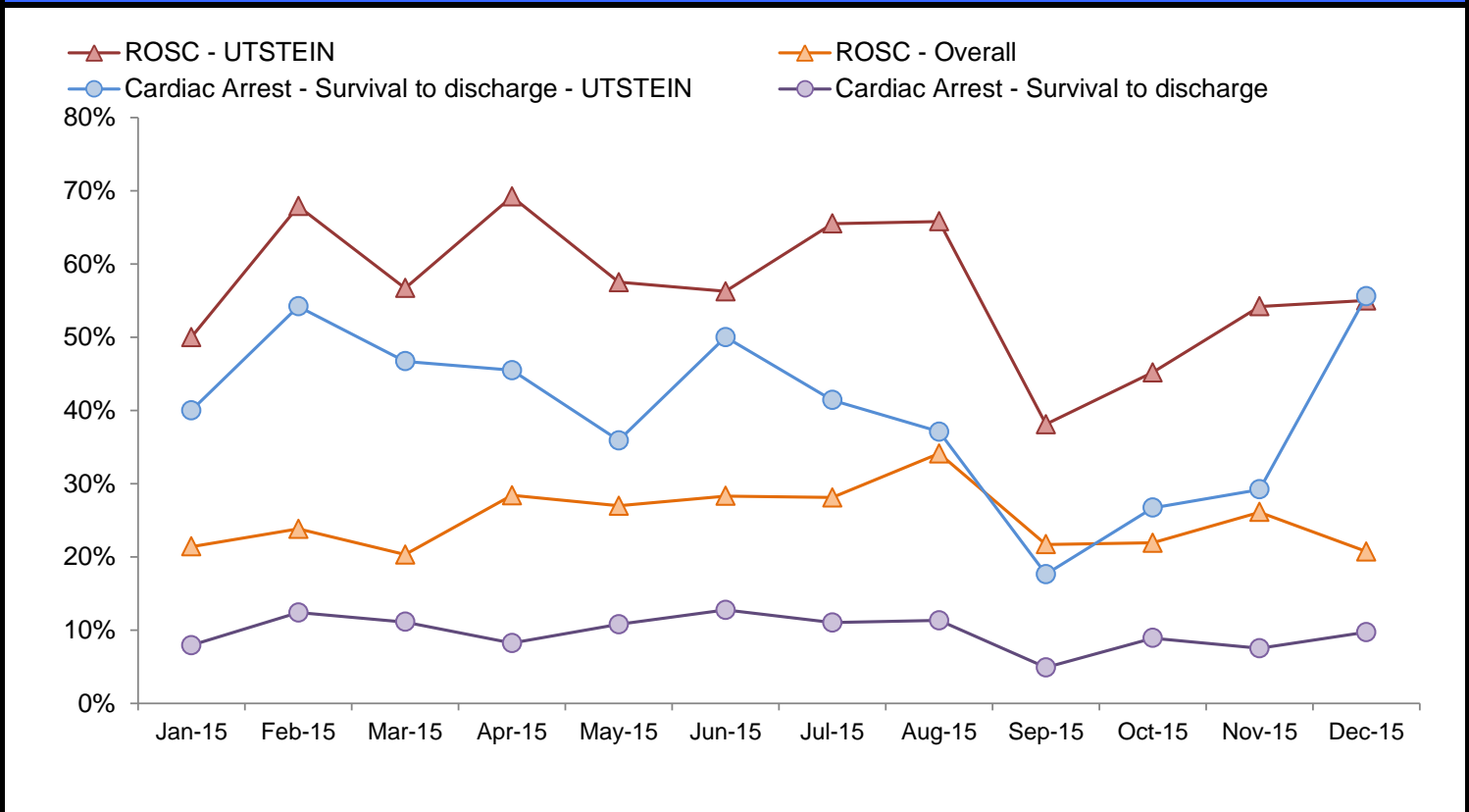
FOI Requests have reduced slightly in April, with 92% of responses being completed in time.

19. Legal Requests



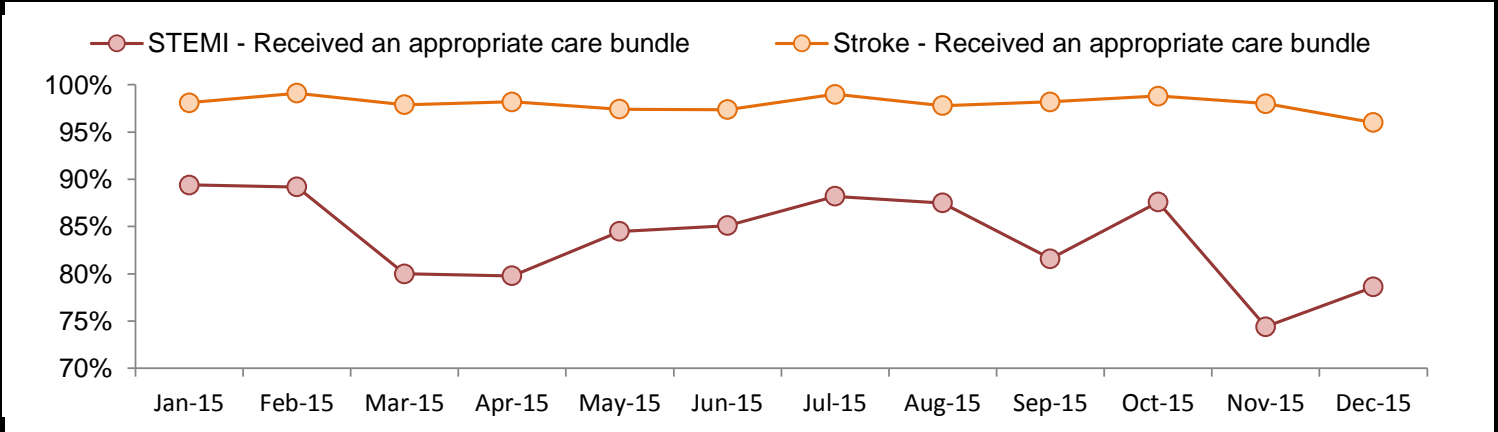
Compliance with requests remain high

20. Outcome from Cardiac Arrests



The Trust's Resuscitation Plan 2015-20 concentrates on improving survival to discharge from out of hospital cardiac arrest which is of more significance to the patient rather than the measure of Return of Spontaneous Circulation (ROSC) at arrival at hospital. There has been a noticeable drop in performance which corresponds with reduced number of patients in the Utstein group with reduced confidence in the statistical significance, however YTD YAS remain the top performing ambulance service for the Utstein group for ROSC.

21. AQI Care Bundle



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

22. Clinical Performance Indicators

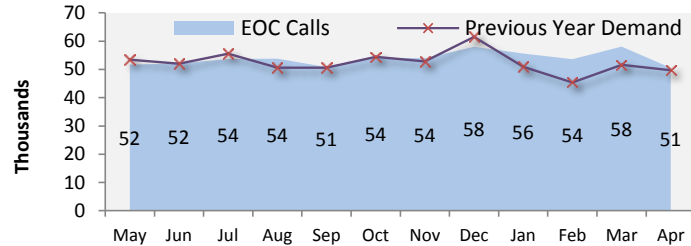
Febrile Convulsion	Cycle 15 - Aug 15		Cycle 16 - Feb 16	
	YAS	National	YAS	National
V1 Blood Glucose Recorded	82.5%	86.0%	97.1%	88.1%
V2 SPO2 recorded before O2 Administration	87.7%	90.2%	96.1%	93.3%
V3 Anti Convulsant administered if appropriate	96.5%	98.9%	100.0%	98.7%
V4 Temperature management	89.5%	87.2%	97.1%	90.2%
V5 Appropriate discharge pathways recorded	98.2%	97.8%	99.0%	96.3%
Febrile Convulsion (V1+V2+V4)	68.4%	72.1%	91.3%	75.9%

There was an excellent improvement when Cycle 16 was compared to Cycle 15, with an increase in all elements of the care bundle. Actions for improvement by Clinical managers has been highlighting the areas for improvement with CS teams at away days SPO2 before Oxygen and the importance of Blood Glucose recording. As well as face to face feedback with clinicians

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

Apr-16

1. Demand



Service level YTD is currently 0.5% above target.

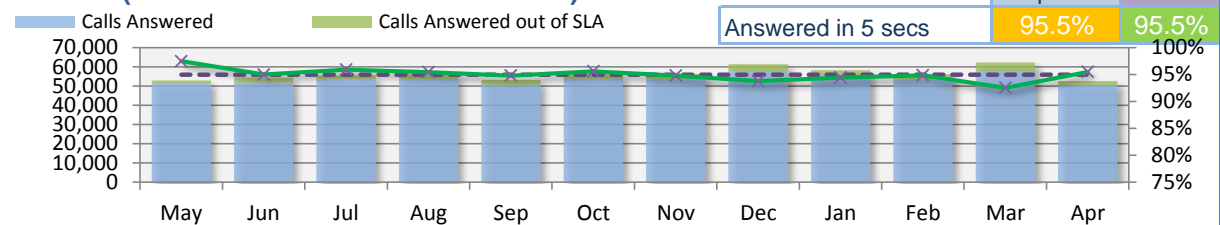
Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	50,553	50,356	48,090	95.5%
2015/16	49,687	49,596	48,585	98.0%
Variance	866	760	(495)	
Variance	1.7%	1.53%	(1.0%)	(2.5%)

3. Quality

	Apr	YTD
Serious Incidents (Rate Per 1000 Responses))	1(0.01) ↓	1(0.01)
Total Incidents (per 1000 calls)	92(1.33) ↑	92(1.33)
There was 1 Serious Incident(s) in Apr year to date this now stands at 1		
Feedback		
Complaints	18 ↓	18
Concerns	14 ↑	14
Comments	1 ↓	1
Service to Service	10 ↓	10
Compliments	1 ↓	1
Response within target time for Complaints and Concerns	94%	94%
Outcome of Ombudsman Cases		
Upheld	0	0
Not Upheld	0	1

2. Performance (calls answered within 5 seconds)



	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Calls Answered out of SLA	1,294	2,597	2,175	2,441	2,635	2,364	2,778	3,593	3,079	2,746	4,327	2,266
Calls Answered	51,562	51,907	53,453	53,677	50,612	53,776	53,525	57,802	55,209	53,462	57,851	50,356
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	97.5%	95.0%	95.9%	95.5%	94.8%	95.6%	94.8%	93.8%	94.4%	94.9%	92.5%	95.5%

Whilst call volumes have been above forecast and also higher than this time last year, the SLA is just below target at 92.5%. Work is ongoing to improve tail-end call answer and abandonment, including a critical review of our call handling processes and a review of reporting ongoing - work is also ongoing to increase staffing resilience on telephony over the next 3 months. Serious incidents are up slightly for the month of April but are down following ARP go live on 21st May, other ARP results are positive.

4. Workforce

FT Equivalents

Apr-16	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	388	19.4	97	271	70%
Contracted FTE (before overtime)	357	17.9	89	250	70%
Variance	(31)	(2)	(8)	(21)	(7.9%)
% Variance	(7.9%)	(7.9%)	(7.9%)		
FTE worked inc overtime	371	33.4	76	261	70%
Variance	(17)	14	(21)	(10)	(3.8%)
% Variance	(4.3%)	72.3%	(21.2%)		

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

** Sickness and Absence (Abstractions) is from GRS

Key Points

Contracted FTE was 31 FTE under budget with a variance of (7.9)%.

Both sickness and other absences were under the planned value for April.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	(1252)	(1221)	31
CIPs	26	26	0

The directorate is £31k favourable to plan year to date due to staffing shortfall / savings on vacancies.

Quality & Efficiency Savings (CIPs) are achieving due to non recurrent savings from vacancies but it is expected this will not continue in future months as vacancies are appointed into.

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

Apr-16

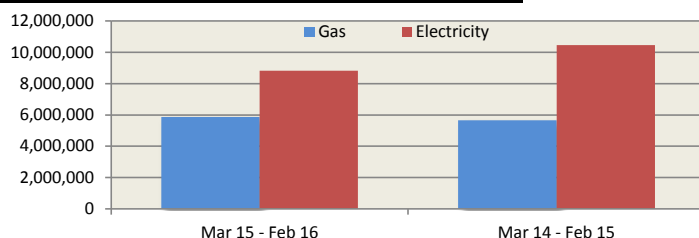
1. Demand

Number of Jobs Received - 441 of which 372 logged for YAS Estates Direct Labour.

Out of Hour Call's received - 7

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

kWh	Electricity (kWh)	Gas (kWh)
Mar 15 - Feb 16	5,861,499	8,830,825
Mar 14 - Feb 15	5,647,827	10,462,827
	3.78%	-15.60%



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:

- 57% of reactive maintenance requests completed within response timeframes - 211 **jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(160)**
- 98 % of statutory planned preventative maintenance site visits completed within response timeframes.(100% not achieved due to Staff Annual Leave)
- Appraisals undertaken - **100% completed**

3. Quality of Service

- The Estates Annual Plan for Capital and Minor Works schemes for 2016/17, has commenced with replacement of hot water calorifiers to Drifffield, Bridlington and Withernsea, deriving energy efficiency CIP opportunity, as per plan.
- The Estates restructure is progressing well, with several appointments being made substantively: An Estates Project Manager has been appointed and will commence 04/07/16; substantive appointment of an Estates Manager has been resourced by an internal appointment; the Environment and Sustainability Manager line reporting arrangements have changed from Fleet to Estates. A funded vacancy for Energy and Waste Manager now arises and is to be advertised in due course.
- The third cycle of Estates Management Group (EMG) meetings on the six subject specific Working Groups is in progress, in embedding the Estates Governance Assurance Framework.

4. Staffing

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

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

Sickness in Apr 2016 for Estates was at 0.0%.

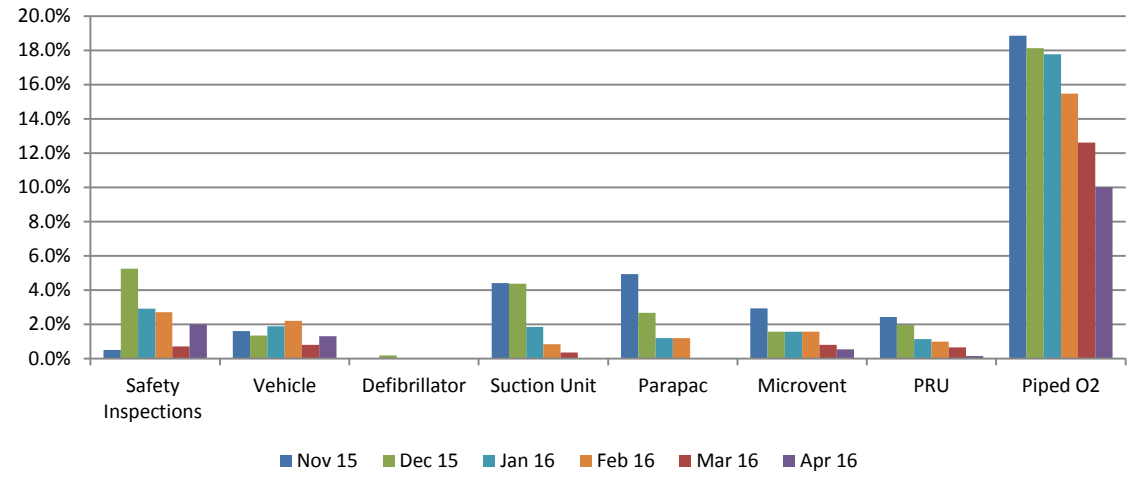
5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
Directorate Position	(466)	(450)	16
CIPs	30	0	(30)

The directorate is £16k favourable to plan in month due to £15k of income from renewed leases, as well as non pay underspend within hub & spoke and minor works of £20k. These underspends are offset by (£22k) overspend related to Vehicle Preparation system (VPS) pay costs.

Quality and Efficiency Savings (CIPs) are currently (£30k) behind plan with management identifying mitigating schemes.

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



Key Points

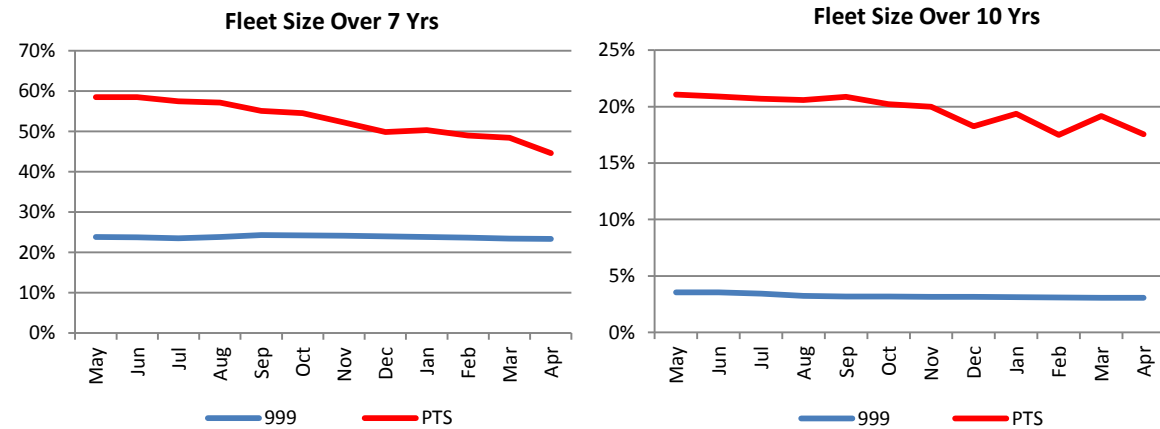
Number of vehicles serviced within target window has been maintained at a respectable level and the vehicles outside the service window are now routinely captured through the Fleet Service Breach Standard Operating Procedure.

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

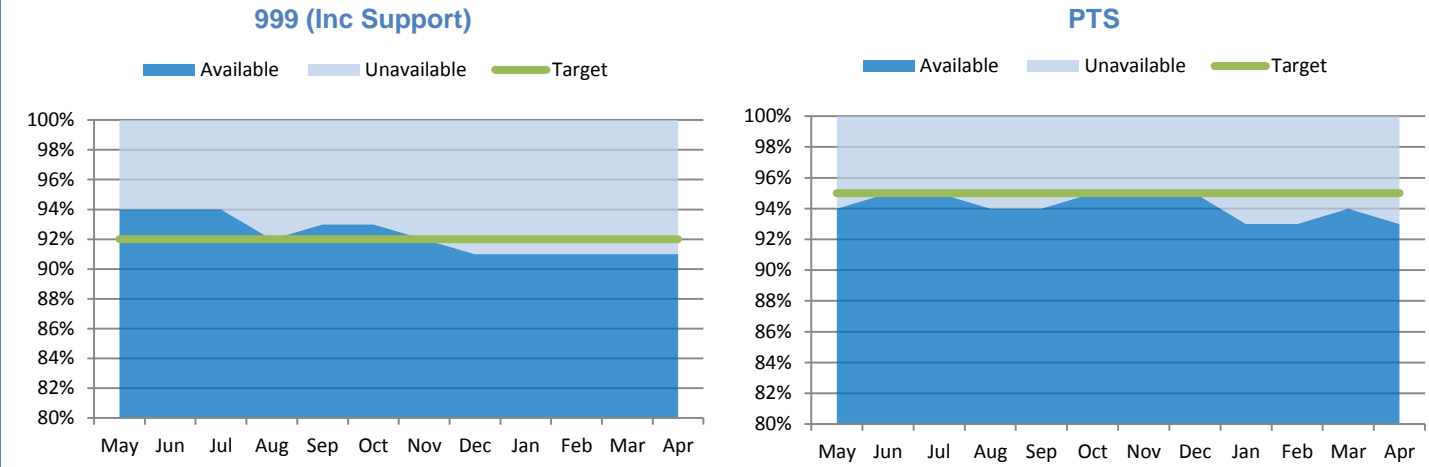
Inspections/Services out of Window	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	%	DOT
Safety Inspections	3	29	16	15	4	11	2.0%	↑
Vehicle Services	6	5	7	8	3	5	1.3%	↑
Defibrillator servicing	0	1	0	0	0	0	0.0%	↔
Suction Unit servicing	27	26	11	5	2	0	0.0%	↓
Parapac servicing	17	9	4	4	0	0	0.0%	↔
Microvent servicing	4	2	2	2	1	1	0.5%	↓
Pain Relief Unit (PRU)	15	12	7	6	4	1	0.2%	↓
Piped O2	95	95	92	81	66	56	10.0%	↓

1.2 Vehicle Age

Vehicles >= 7 years	999	130	23.3%	PTS	187	44.4%	Total	317
Vehicles >=10 years	Fleet	17	3.6%	Fleet	60	14.3%		77



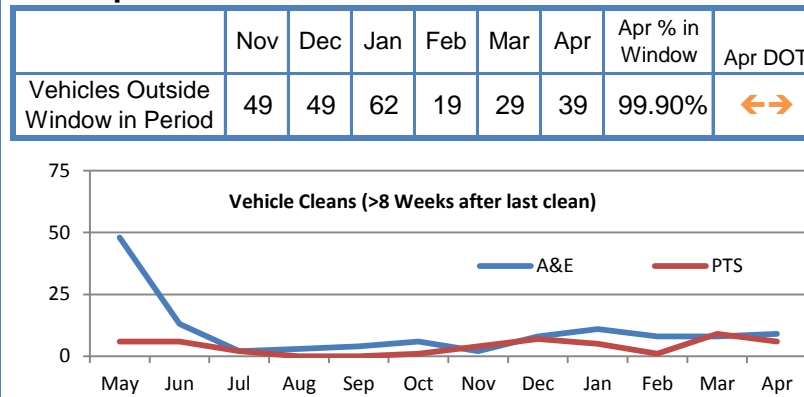
2. Performance



Key Points

A&E availability failed to achieved target in April with one of the contributing factors being a high number of RTC in Leeds & Bradford, the trust has put in place a vehicle accident reduction group to monitor and target RTC in both A&E and PTS, a second factor is the carry over of older vehicles due to the chassis change to Fiat the new vehilces are set to come into the trust Starting August 2016. Although targets have not been reached spare capacity has been available within the fleet DCA 52 / RRV 28. PTS failed to achieve KPI in April partially due to the number of RTC and an increasing trend of clutches failing this appears to be in the '57 / 08 vehicles which are coming within the age replacement profile.

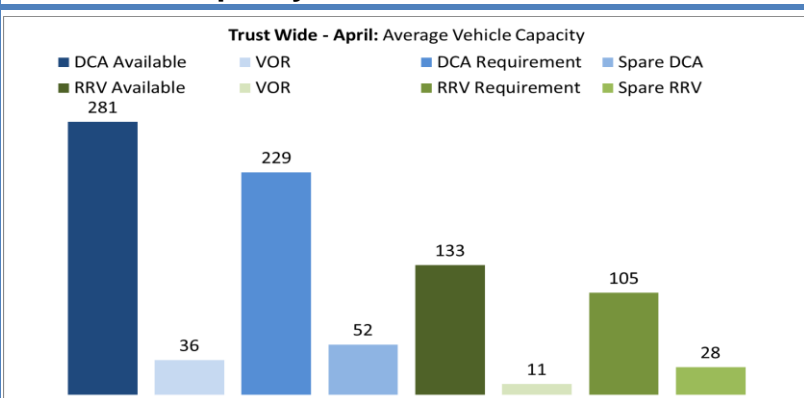
3. Deep Clean



Key Points

Deep Clean Service level for April continued to be sustained at 99.9% (excluding VOR's). Training has is continuing regards Vehicle Cleaning including OOD checks within Green Response bags.

4. Vehicle Capacity



5. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)			Available	
	FTE	Sickness	Total	%
Budgeted	100	5.0	95	95%
Actual	93	4.3	91	98%
Variance	(6)	0.7	(3)	(3.6%)
% Variance	-6%	-58%		

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

6. Finance (YTD)

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

The directorate is (£84k) adverse to plan in month. This is mainly due to vehicle maintenance overspend and van conversion Q&E scheme not delivering however this is partly offset by fuel underspend due to both low price and lower volume usage. Quality and Efficiency Savings (CIPs) are currently (£13k) behind plan from a delay in retendering the parts contract.

Business Continuity

- BC Manager facilitated and wrote final report for Exercise Leyland, National Exercise to test CBRN capabilities, 13 recommendations for improvement were made, these will be used for the tri - service debrief and the national debrief, (both held in April)
- Completion of consultancy work with Hull and East Yorkshire NHS Trust
- 4 x ISO 22310 and BCMS training courses for Procurement and Fleet
- Ongoing Consultancy with CHFT
- BC Plans published – Resilience and Standards and Compliance
- Ambulance Response Programme- BC team carried out role of critical friends at the exercise
- YAS 7 embedding with new marketing materials
- Preparation for Exercise Bravo Charlie (Resilience Direct Partner Exercise)

Emergency Preparedness and Response

- Was involved in a Multi-agency table top exercise at Robin hood Airport Doncaster-Sheffield to re-accredit their plans
- Delivered a full plan and command and control structure to manage the junior doctors industrial action
- Involved in the assurance day for the TdY with all other partners and the Welcome to Yorkshire Team
- Undertook the National Fuel capability survey
- Delivered the response/plan for the TdY

Course	Number of Courses	Number of Attendees
1 Day BC Training Course	1	40
1 Day Major Incident Training to SHU students	1	30
4 hour Resilience Awareness Sessions to PTS	1	Session on New Starter Course

Hart and Special Operations

HART: The capital replacement programme for the second HART generation fleet and equipment is underway. HART Continue to undertake training and exercise programmes with partner agencies, in addition to their core competence refresher training. The annual clinical skills update has been completed, the Breathing Apparatus annual requalification's are ongoing. Two pre-CQC assessments have been completed with assurance provided across the key domains. A third is planned for the 16th and 17th May by external auditors. It is envisaged this will provide a more in-depth assessment of the of the HART capability and readiness against the NARU HART Service Specification, as opposed to the generic CQC domains. It is important cognisance is taken of the CQC inspections of other HART services across the country. Since the last CQC inspection in January 2014, the NARU HART Service Specification has been published and the CQC inspectors are using this as the baseline assessment, in addition to other areas of interest to them.

Air Ambulance: The Critical Care team is now live which consists of a Consultant level Doctor on board the Nostell aircraft 12 hours a day, with two Paramedics. Plans continue to be developed for the flying hours to be extended from April 2017, with night flying capability and winching capabilities also being considered. In addition the Charity is still on target to take delivery of a brand new aircraft in August with a second in December, replacing the existing aircraft.

MTFA: Two further AIT training courses have been completed bringing the numbers back to the commissioned 63 staff. However the commissioning requirements are that there should be 10 AIT staff on duty in any one 24 hour period. This is not achieved consistently due to the staff rosters and AIT staff being volunteers and not a dedicated function. The staff numbers are reported on a daily basis through the PROCLUS Dashboard system which is reported through to NARU, NHS England and the DoH. It should be noted we are not compliant with the aforementioned standard when there are less than 10 staff available.

SORT: The Powered Respirator Protective Suit (PRPS) used by the SORT staff are due for replacement this year. This will be phased over a the next three years with the bulk of the replacement's being in 17-18. However, national discussions are taking place regarding blue light stocks centrally procured and stored we await the outcomes of that discussion.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team	63	64	3
Hart Operatives FTE	42	42	0
CBRN (SORT) - Volunteers	150	*72	48
Air Ambulance FTE	13	13	0

* Number does not include 42 HART CBRN trained staff.

Community Resilience Team

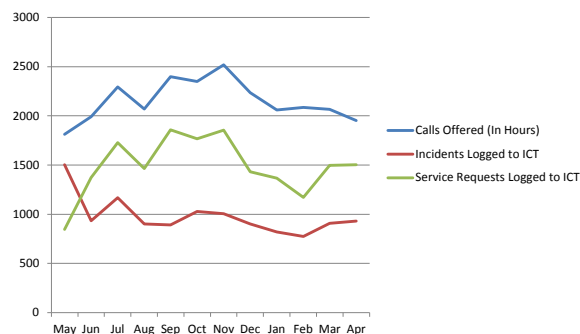
	No. CFR	No.EFRs	No. Static	No. CPADS
ABL	229	10	281	113
CKW	121	22	218	39
HULL/EAST	94	84	106	113
SOUTH	213	19	424	35
NORTH	397	12	193	220

	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	1.1%	1.3%	3.8%	5.2%
CKW	1.2%	1.4%	2.9%	4.0%
HULL/EAST	6.1%	7.0%	4.3%	6.0%
SOUTH	1.4%	1.6%	2.8%	3.9%
NORTH	2.5%	2.8%	3.5%	5.0%

EFRs	0.5%	0.5%
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1. Demand

Support Demands on ICT Resources By Month



	Nov	Dec	Jan	Feb	Mar	Apr
Calls Offered (In Hours)	2518	2234	2059	2086	2067	1953
Incidents Logged to ICT	1006	901	819	773	907	930
Service Requests Logged to ICT	1854	1432	1368	1173	1496	1504
Total number of active projects	21	21	20	17	11	17

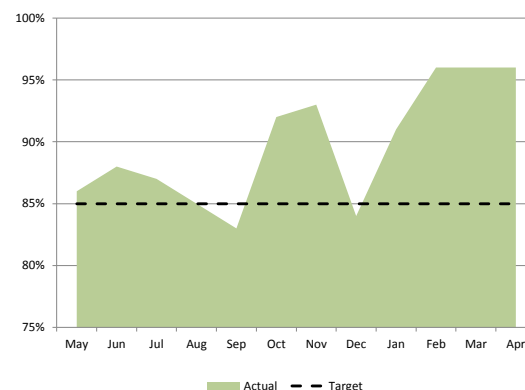
Incident = Unplanned interruption or reduction in quality of and IT service.

Request = Requests for hardware, software, access to data and locations etc.

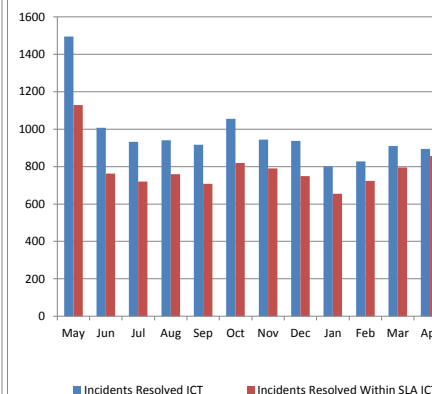
Demand from incidents and requests have both increased to a 5 month high

2. Performance

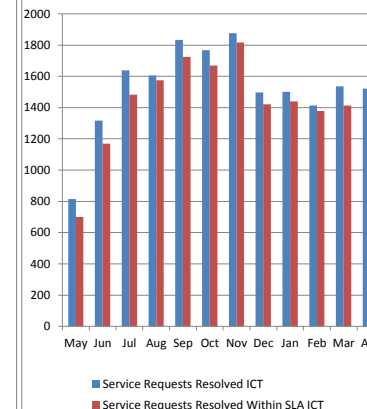
% Calls Answered Within Threshold



Incidents Resolved/Resolved Within SLA



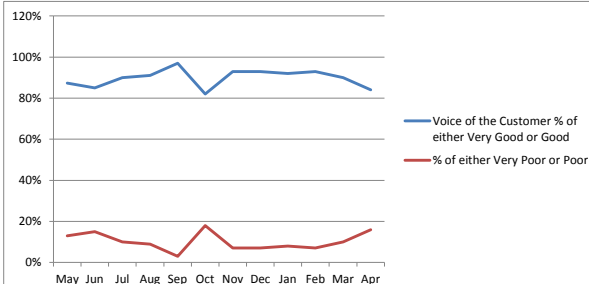
Requests Resolved/Resolved Within SLA



	Nov	Dec	Jan	Feb	Mar	Apr
% Calls Answered Within Threshold (10 seconds). Target 85%	93%	84%	91%	96%	96%	96%
Overall ICT Achievement on SLA for Incidents and Requests. Target 80%	90%	86%	88%	93%	96%	97%
Incidents Resolved ICT	944	937	801	828	910	895
Incidents Resolved Within SLA ICT	790	749	654	723	795	856
Service Requests Resolved ICT	1875	1497	1500	1412	1535	1521
Service Requests Resolved Within SLA ICT	1817	1421	1439	1378	1412	1502

Calls answered within threshold is consistently high
Despite the increase in ICT service demand, the SLA ICT achievement is at 97%.
Incidents and Request SLA's are also measured against priorities (1-5 for both incidents and requests)

3. Quality of Service



	Nov	Dec	Jan	Feb	Mar	Apr
Network Availability	100.00%	93.55%	100.00%	100.00%	100.00%	100.00%
System Availability	100.00%	100.00%	100.00%	100.00%	100.00%	99.79%
Telecoms Availability	100.00%	84.95%	100.00%	100.00%	99.99%	100.00%
Radio Availability	99.72%	100.00%	100.00%	100.00%	100.00%	100.00%
% of either Very Good or Good	93.00%	93.00%	92.00%	93.00%	90.00%	84.00%
% of either Very Poor or Poor	7.00%	7.00%	8.00%	7.00%	10.00%	16.00%

April's systems reduction in availability was due to 1.5 hours unplanned downtime to CAD system.

The reduction in service in December is attributed to the severe flooding experienced.

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6339			4438
Actual	40	6339			5452
Variance	0	0			1015
%Variance	100%	100%			0%
SICKNESS					
5% Sickness on Budgeted			317		
5% Sickness on Actual			317		
Recorded Monthly Sickness				53	
Variance between Budget and Actual Targets				-264	
ABSENCE					
25% Absence on Budgeted			1585		
25% Absence on Actual			1585		
Recorded Monthly Absence				834	
Variance between Budget and Actual Targets				-751	

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

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

5. Finance

Commentary
TO BE
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Annex 2 Ambulance Quality Indicators - YAS

Indicator	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:19	0:19	0:18	0:18	0:19	0:19	0:19	0:20	0:20	0:23	0:23	0:25	0:22	0:30	8	0:03	to	0:43
Time to Answer (99%)	0:43	0:47	0:30	0:33	1:05	0:55	0:57	1:01	0:55	1:06	1:12	1:15	1:09	1:22	6	0:35	to	1:23
Abandoned calls	1.52	1.45	0.91	0.63	0.90	0.80	0.70	0.85	1.01	1.22	0.90	1.10	0.79	1.10	9	0.21	to	1.10
Cat Red 8 minute response - RED 1 (75%)	71.6	73.5	74.9	73.7	69.4	70.8	68.7	70.1	73.7	73.8	69.0	69.0	69.6	68.5	7	68.1	to	78.5
Cat Red 8 minute response - RED 2 (75%)	70.0	72.3	72.7	73.5	70.4	70.1	70.0	70.4	72.5	73.3	71.0	71.9	71.3	69.5	3	60.4	to	75.1
95 Percentile Red 1 only Response Time	13:21	13:29	12:56	13:05	13:53	13:44	15:39	14:44	13:28	13:18	14:29	14:22	14:16	14:34	4	12:04	to	15:40
Cat Red 19 minute response (95%)	96.2	96.3	96.2	96.3	95.3	95.3	95.0	95.3	95.3	95.3	93.9	94.7	94.3	93.7	2	87.4	to	97.2
Time to Treat (50%)	6:19	6:07	5:44	5:38	5:54	5:51	5:53	5:48	5:31	5:34	5:45	6:22	6:03	5:55	1	5:52	to	10:38
Time to Treat (95%)	15:57	15:49	14:24	14:12	15:03	15:04	15:28	15:07	14:14	14:20	15:25	15:52	15:16	15:29	1	15:08	to	25:48
Time to Treat (99%)	24:26	24:13	21:26	21:34	22:40	22:30	23:38	22:48	21:47	21:17	23:36	23:47	23:00	23:24	1	22:54	to	44:55
STEMI - Care	89.2	75.8	86.0	84.5	85.1	88.2	87.5	81.6	87.6	74.4	78.6				4	66.5	to	86.9
Stroke - Care	99.1	97.9	98.2	97.4	97.4	99.0	97.8	98.2	98.8	98.0	96.0				3	95.9	to	99.6
Frequent caller *	2.10	2.50	1.63	1.49	1.90	1.51	1.80	1.63	1.47	1.78	2.07	2.00	2.56	2.29	6	0.19	to	2.51
Resolved by telephone	9.6	10.2	9.7	9.9	8.8	8.1	8.2	7.5	7.2	7.8	9.4	8.2	7.9	9.1	7	5.2	to	15.2
Non A&E	31.7	30.9	31.2	31.3	31.6	32.5	32.9	31.2	31.7	30.3	31.1	30.7	29.8	29.4	9	30.9	to	52.4
STEMI - 150	79.8	80.0	79.8	80.2	84.8	86.4	87.7	80.0	89.3	79.3	91.3				9	76.2	to	93.4
Stroke - 60	57.7	57.3	57.0	59.8	53.6	55.8	57.0	54.0	53.6	51.1	55.2				5	44.9	to	67.1
ROSC	23.8	20.3	28.4	27.0	28.3	28.1	34.1	21.7	21.9	26.1	20.7				6	24.2	to	32.8
ROSC - Utstein	67.9	56.7	69.2	57.5	56.3	65.5	65.8	38.1	48.2	54.2	55.0				1	41.3	to	57.1
Cardiac - STD	12.4	11.1	8.2	10.8	12.7	11.0	11.3	4.9	8.9	7.5	9.7				2	6.5	to	13.9
Cardiac - STD Utstein	54.2	46.7	45.5	35.9	50.0	41.4	37.1	17.6	26.7	29.2	55.6				1	22.2	to	37.7
Recontact 24hrs Telephone	3.2	4.0	1.7	1.8	1.5	1.5	1.8	1.9	1.1	1.7	1.9	2.2	5.5	5.5	1	2.4	to	14.2
Recontact 24hrs on Scene	3.4	3.5	3.3	3.5	3.2	3.0	3.1	3.2	2.9	2.8	2.2	1.4	2.8	3.2	1	2.9	to	8.5

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

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

Apr-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	March
Time to Answer - 95%		mm:ss	0:11	0:07	0:03	0:43	0:06	0:17	0:34	0:19	0:05	0:21	8	March
Time to Answer - 99%		mm:ss	0:46	0:47	0:43	1:22	0:35	1:19	1:23	1:03	0:37	1:00	6	March
Abandoned calls		%	0.40	0.51	0.21	0.79	0.59	0.65	0.80	1.10	0.67	0.91	9	March
Cat Red 8 minute response - RED 1	75%	%	69.1	71.3	68.1	68.1	74.8	71.9	71.6	73.7	78.5	70.8	7	March
Cat Red 8 minute response - RED 2	75%	%	60.8	60.4	63.7	68.6	70.4	72.7	67.3	63.6	75.1	71.4	3	March
95 Percentile Red 1 only Response Time		mm:ss	15:05	15:40	13:46	14:37	13:59	14:19	14:49	14:31	12:04	14:00	4	March
Cat Red 19 minute response	95%	%	87.4	89.8	93.4	92.0	92.6	94.4	93.8	89.4	97.2	95.0	2	March
Time to Treat - 50%		mm:ss	10:38	7:42	7:00	7:04	6:42	6:12	6:21	7:26	6:01	5:52	1	March
Time to Treat - 95%		mm:ss	21:16	23:22	18:58	24:26	22:10	19:40	20:25	25:48	15:57	15:08	1	March
Time to Treat - 99%		mm:ss	34:38	34:26	34:03	41:29	40:49	32:58	31:08	44:55	24:21	22:54	1	March
STEMI - Care		%	76.9	81.0	70.1	86.9	86.2	66.5	68.1	84.3	78.4	83.2	4	December
Stroke - Care		%	97.6	97.7	97.3	97.8	99.6	98.6	96.5	96.9	95.9	97.9	3	December
Frequent caller *		%	0.19	0.30	0.92	0.23	0.86	2.51				1.85	6	March
Resolved by telephone		%	15.2	5.7	12.8	8.1	10.6	10.5	10.2	11.4	5.2	8.5	7	March
Non A&E		%	33.6	41.6	34.4	32.5	30.9	42.0	45.3	52.4	37.3	31.1	9	March
STEMI - 150		%	91.0	91.9	90.6	91.9	86.8	88.3	93.4	76.2	86.9	84.3	9	December
Stroke - 60		%	55.1	50.1	63.0	59.2	67.1	50.7	66.1	44.9	55.2	55.3	5	December
ROSC		%	24.4	26.7	30.1	24.2	32.8	26.2	27.1	24.2	30.6	26.2	6	December
ROSC - Utstein		%	46.6	49.4	54.5	54.4	54.4	41.3	48.7	49.3	51.1	57.1	1	December
Cardiac - STD		%	6.8	6.6	9.0	6.5	9.1	13.9	8.7	9.0	9.2	9.4	2	December
Cardiac - STD Utstein		%	22.2	24.5	32.3	34.6	25.0	28.2	24.5	28.0	24.7	37.7	1	December
Recontact 24hrs Telephone		%	2.7	9.1	3.0	14.2	4.1	9.0	8.1	12.7	13.6	2.4	1	March
Recontact 24hrs on Scene		%	4.9	5.7	8.5	5.0	3.6	5.1	4.6	5.5	6.5	2.9	1	March

