



## Integrated Performance Report – August 2016

The following YAS board report outlines Performance, Quality, Workforce and Finance headlines as identified by nominated leads in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across 3 main Service lines (999, PTS and 111).

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

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## IPR Compendium (2015-16 Key Facts)

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

#### VEHICLES

  
**300**  
Double-Crew  
Ambulances

  
**188**  
Rapid-Response  
Vehicles

  
**416**  
PTS Vehicles

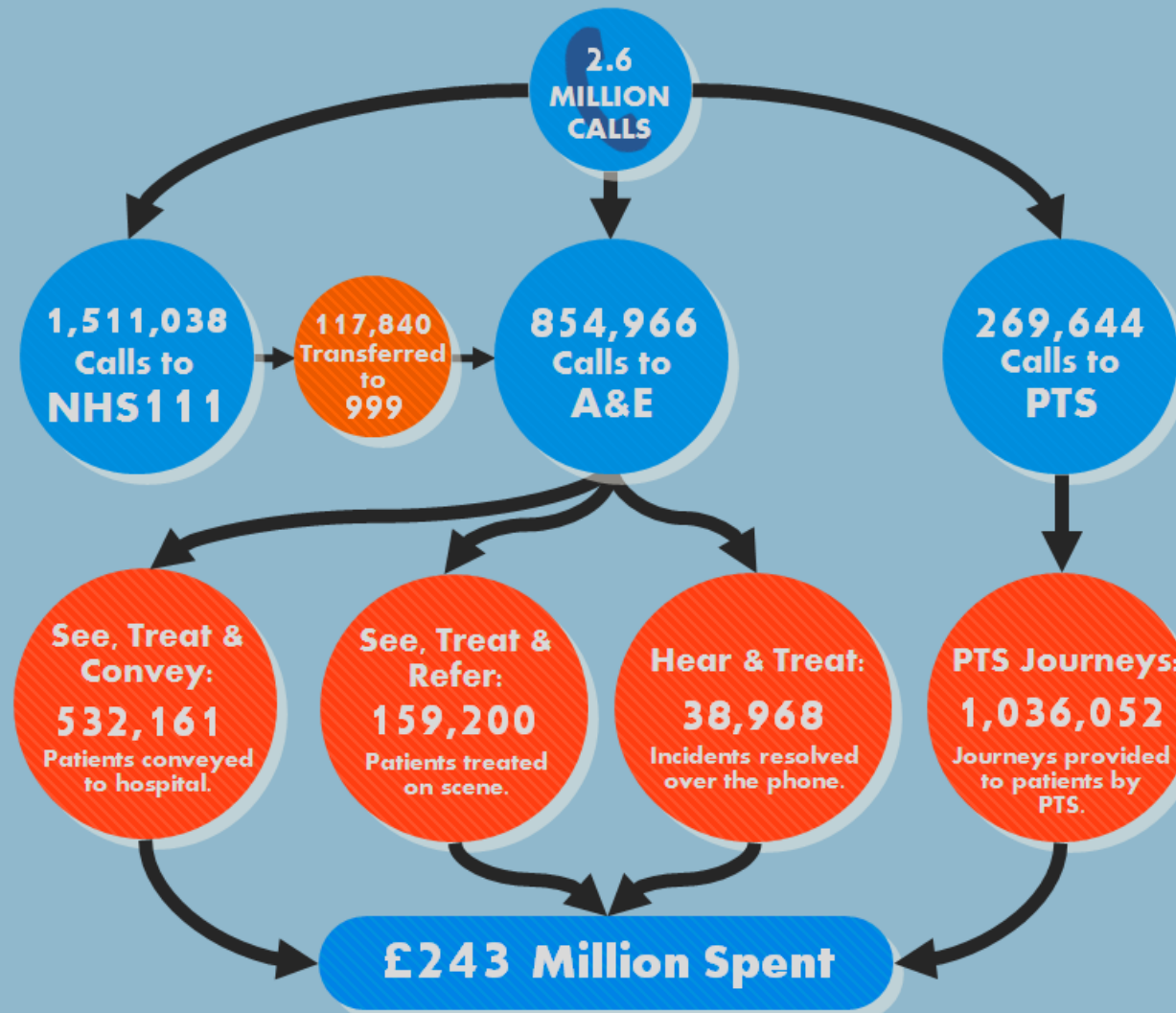
#### STAFF



**53.6%**  
Female

**46.4%**  
Male

**5.4%**  
BME



**£243 Million Spent**

# IPR Exec Summary – August 2016

## A&E

### DEMAND

- **Calls** above contract value for August and YTD, higher than the same period last year. 1.2% higher in month and 4.5% YTD.
- **Hear & Treat (H&T)** is 14.6% below contract in month. Changes to the National Ambulance Quality Indicators (AQI) means less opportunity for H&T in respect of Red calls.
- **Overall responses** (least 1 vehicle attended) were 4.3% higher in Aug 16 than Aug 15. This reflects the reduced H&T demand and effects resource availability / performance.
- **See Treat & Refer (STR)** above planned for Aug (5.2%) and YTD (7.6%), 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 August (4%) and YTD (6.3%).

### PERFORMANCE

- **999 Red against 8 mins** improved to 70.7% in Aug 16 (achieved 75% in 8m 30s). Improved performance is due to mitigating actions implemented. Performance will continue to be affected by significant increased activity and staffing requirements.

## 111

### DEMAND

- **111 Calls** are below contract ceiling for August by 2.7%, a difference of 3,307 calls.
- **Calls Answered** running at 13.2% above last year's volume for August when normalising the data.
- **Call volumes** quoted above include an estimated 1,082 calls that were not accounted for due to technical issues with Telephony server during the month. These have been manually added to the stats via an agreed process with Commissioners.

### PERFORMANCE

- **Answered in 60 seconds** at 95.8% for the month (an increase of 5.3% compared to last month)
- **Clinical KPIs** improved from July to August. Warm Transfer or Call Back in 10 minutes is up by 4.2% and Call Back in 2 hours is up by 5.9%
- **111 referral rate to 999** is still performing well (<10%) at 9% for the month
- **2,030 ambulances were checked by a clinician** before being sent, out of a total of 4,954 (41%) green ambulance calls.

## PTS

### PERFORMANCE

- **KPI 2** – arrival prior to appointment – August saw an overall PTS improvement in performance and remains above target of 82.9% at 85.6% and well ahead YTD
- **KPI 3** – departure after appointment – August performance as a whole for PTS was 1.4% below a target of 91.7% of patients getting collected within 90 minutes.
- **Calls** answered in 3 mins – August saw a 5.3% increase in all PTS calls answered within 3 minutes achieving 72.7% with YTD at 69.8%.
- **Renal** encountered challenges from combining smaller renal and main PTS rosters as part of the PTS Transformation Programme. PTS Renal Engagement Lead has been actively engaged with renal stakeholders. Trial of extended use of sub-contractors has begun and show improvements in performance, with both complaints and concerns reducing by almost 50% in August.

## Quality and Clinical

- **Incident Reporting** – August saw an increase in the number of incidents reported from July by 13%. There has been an increase in reporting of overall incidents in line with higher activity levels.
- **Safeguarding** – level 1 child and adult safeguarding training is above 95% and level 2 above 85%
- **IPC Audits** – Legal requests - the response rates within required timescales for Freedom of Information requests and requests under the Data Protection Act are over 90%. The number of FOI requests in August was the highest monthly figure seen to-date.
- **Friends and family Test:** Results for Quarter1 (latest reporting) remain positive with 93.62% (PTS) and 88.13% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family.

## Finance

	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	103,033	104,312	1,280
Expenditure	(104,372)	(104,970)	(598)
Retained (Deficit) / Surplus with STF Funding	(1,339)	(658)	681
STF Funding	0	(633)	(633)
Retained (Deficit) / Surplus without STF Funding*	(1,339)	(1,291)	48
EBITDA	3,338	4,081	743
Cash	20,281	24,180	3,899
Capital Investment	(2,334)	(273)	2,061
Quality & Efficiency Savings (CIPs)	2,951	2,691	(260)

## Workforce

### Sickness

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

### PDR

- 81% compliance against 90% stretched target

### Stat and Man Training

- 89% compliance against 95% target

### Turnover

- Dropped to 10.9% from 11.8% for last 12 months.

# Strategic Objectives 2016-17

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

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

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions)	Predicted RAG Year End	August RAG	August SUB RAG	Actions		Lead Director - Overall	Lead Director- Actions	Impl Date
1. Deliver World Class health outcomes in Urgent and Emergency Care	1a	Improve response times for A&E services <u>(A&amp;E Transformation Programme)</u>	1a iv: waiting for structure to be sorted 1a vi: Reviewed tel lines and redirected all the legacy lines as appropriate. Some actions to increase efficiency. However they need approving at Clinical Governance Committee. Benchmarked North West and North East to ensure new reports are in line with best practise. Recruited to plan, going through induction processes.	G	A	G	i	Introduce new Rotas aligned to demand modelling and new response standards	EDOps	EDOps	Mar-17
						A	ii	Expand provision of Community First Responder		EDOps	Mar-17
						NS	iii	Implement new vehicle mix in line with modelling recommendations		DEF	Mar-17
						A	iv	Implement new capacity planning process in A&E		EDOps	Mar-17
						C	v	Implement Ambulance Response Programme (ARP) II		EDOps	Jun-16
						G	vi	Review call answer profile for 999 calls and address shortfalls in call handler numbers		EDOps	Mar-17
	1b	Improve clinical performance in ACQIs and CPIs	1b i: 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	Mar-17
						G	ii	Further improve rates of cardiac arrest survival across Yorkshire: • Continue roll out of automated CPR devices • Establish a mobile community CPR training facility • Restart A Heart 3 • Expand Fire Co-responder Schemes in North and South Yorkshire • Implement enhanced CPR feedback CQUIN • Trial external pacing and electrical cardioversion to regulate heart rhythms in cases of ROSC		EMD	1. Sep-17 2.Mar-17 3. Oct-16 4. Mar-17 5. Mar-17 6. Sep-17
	1c	Ensure patients are provided with the most appropriate response to meet their needs <u>(Urgent Care Transformation)</u>	1c iii:Project not yet started. Scoping meetings held during July. 1c iv: Contract not finalised yet, ongoing discussions. Escalated to CEO level. 1c vi: DP&UC and DBD working jointly to actively review and pursue opportunities	G	A	G	i	Establish clinical advice and care navigation specialist clinical advisors	DP&UC	DP&UC	Mar-17
						G	ii	Implement and evaluate 3 Vanguard falls response pilots		DP&UC	Dec-16
						NS	iii	Develop a model for urgent / intermediate care transport		DP&UC	Dec-16
						R	iv	Work with Local Care Direct and Commissioners to review and develop the West Yorkshire urgent care model		DP&UC	Mar-17
						G	v	Develop closer integration between NHS 111 and 999 clinical triage services		DP&UC	Mar-17
						A	vi	Assess and pursue new NHS 111 and urgent care service tenders and opportunities		DBD	Mar-17
						NS	vii	Begin roll out of locally managed DOS to support frontline clinicians		DP&UC	Mar-17
						G	viii	Develop shared patient care record		DP&UC	Dec-16
						NS	ix	Introduce PTS enhanced patient discharge services supported by telecare connected home technology		DP&UC	Dec-16
2. Ensure continuous service improvement and innovation	2a	Improve processes for management of performance delivery	2a ii: Enhanced exception reporting to TMG. Performance Management Framework implemented from May 2a iii: New Head of PMO recruited. Processes in place and under review 2a iv: Quality dashboards reviewed. Further refinement of IPR scheduled for Q3.	G	A	A	i	Development and launch of Trust and Service Line strategies aligned to national Urgent and Emergency Care agenda	EDQ&P	DBD	Sep-16
						A	ii	Implement new performance management framework		EDQ&P	Jun-16
						A	iii	Ensure robust programme and project management arrangements via new PMO work streams for major change programmes		EDQ&P	Jun-16
						A	iv	Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture		EDQ&P	Sep-16
	2b	Improve efficiency and effectiveness of support service functions	2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured. Formal independent review of Ancillary completed. 2b (iii) Recruitment review started 17th August with the aim to streamline process and efficiency to the organisation.	G	A	NS	i	Develop a cadre of leaders equipped to support lean improvement programme	DBD	DWF	Sep-16
						A	ii	Improve efficiency through Northern Ambulance Alliance and implementing Carter recommendations		EDoF	Mar-17
						NS	iii	Undertake lean reviews of key support functions, focused on 1. Recruitment 2. Fleet 3. Internal logistics		EDoF DWF	1. Sep-16 2. Dec-16 3. Dec-16
	2c	Implementation of Hub & Spoke/ Make Ready operational infrastructure <u>(Hub and Spoke Transformation Programme)</u>	i: Paper to F&IC 12th May, agreeing next stage. ii Evaluation still on-going	G	G	C	i	Secure approval for Doncaster Estate Business Case	CEO	DEF	Jun-16
						A	ii	Evaluate Make Ready and Vehicle Preparation System (VPS) Pilots		DEF	Sep-17
						G	iii	Roll out Make Ready/VPS to 2 further stations		DEF	Mar-17



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

Strategic Objectives 2016-17

Strategic Objectives	Annual Objectives		Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions	Predicted RAG Year End	August RAG	August SUB RAG	Actions		Lead Director - Overall	Lead Director- Actions	Impl Date
4. Work with partners to provide system leadership and resilience	4a	Establish collaborative working across the 3 northern ambulance services through the Northern Ambulance Alliance	4a ii: work progressing, priority areas agreed and workplan in development	G	A	C	i	Further develop Board and Governance framework for the Alliance	CEO	CEO	Jun-16
						A	ii	Agree priority areas for action and develop work plan		CEO	Jun-16
	4b	Improve organisational resilience through ISO 22301 accreditation	4b iv On plan for 16/17 not yet commenced 4b v On plan for 16/17 not yet commenced	NA	NA	NA	i	ISO 22301 accreditation in Procurement	EDoF		Mar-17
						NA	ii	ISO 22301 accreditation in Fleet	DEF		Mar-17
						NA	iii	ISO 22301 accreditation in Corporate Communications	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	4c i Workshop scheduled and further discussion at Risk and Assurance Group. Introductory discussion pre workshop completed at TMG on 7th September,	G	G	G	i	Complete further diagnostic workshop with cross section of managers and staff	EDQ&P	EDQ&P	Sep-16
						NS	ii	Agree site security improvement priorities for inclusion in estates and other Trust plans		EDQ&P	Dec-16
						G	iii	Implement additional staff guidance and support relating to incidents involving violence and aggression		EDQ&P	Dec-16
						G	iv	Implement agreed 16/17 priorities		EDQ&P	Mar-17
	4d	Improve alignment with key stakeholders in wider health and social care system	Implementation of the SRM structure is to be paused in context of engagement with existing Service Performance & Delivery Manager posts. A further update is going to F&I Committee in Mid July. Utilisation of existing roles does not present a risk to performance. The development of patient panels is subject to a wider review of emerging Sustainability & Transformation plans and will form part of a detailed implementation plan for the Communications & Engagement Strategy. The intention is to explore joint patient and wider public engagement work in specific geographies.STP development in line with national timescales which have shifted.	G	G	NS	i	Implement new Stakeholder Relationship Management structure	DBD	DBD	
						G	ii	Implement Communications and Engagement Strategy action plan		DBD	Sep-16
						G	iii	Establish patient panels		DBD	
						A	iv	Co-development of locality Sustainability and Transformation Plans		CEO	Jun-16
						G	v	Embed roles and processes to engage in local reconfiguration and community activity and BDG to monitor going forward		DBD	Sep-16
						A	vi	Develop governance policy and checklist for partnership arrangements.		EDQ&P	Jun-16
						G	vii	Implement new corporate oversight of partnerships with other organisations		DBD	Sep-16
5. Provide a safe and caring service which demonstrates an efficient use of resources	5a	Address issues arising from CQC inspection	5a iii: Planned inspection visit took place in Sept (12th-16th). Further unannounced visits will take place over next 4 weeks. NHS 111 planned visit due 10-12th Oct.	G	G	C	i	Complete implementation of CQC action plan and associated audits	EDQ&P	EDQ&P	Jun-16
						C	ii	Undertake mock inspection		EDQ&P	Jun-16
						G	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	i) A 5-year estate optimisation and co-location plan is currently being developed and will consider the optimal location of four Hub & Spoke developments and potential Make Ready facilities to optimise Operational performance. ii) 1. Willerby relocation is dependant on PTS contract tented and currently stood down for 2016/17, until the Trust has clarity on accommodation requirements. The Trust continues to 'hold over' on the lease renewal. ii) 2. Bramham Heads of Terms for co disposal with Leeds City Council were agreed on 20/06/16 The property is likely to be marketed in March 2017. ii) 3. A paper regarding future options for Rotherham Fairfields was presented to the Hub & Spoke Programme Board on 21/06/16. A more detailed options appraisal is required. ii) 4. Gildersome sale completion delivered on 24/06/16. ii) 5 & 6. Doncaster iHub & Spoke buisness case was presented to Trust Board on 25/05/16, with a view to building a new Hub and Spoke service for the Doncaster and Bentley area. The H & S team are currently looking to acquire a suitably located site for the development, which will be the first of four H & S developments planned over the next five years. ii) 7. A paper is being drafted in support of the Trusts Training Strategy, scheduled for presentation to TMG in July 2016. iii) Maintenance backlog reduction of £200k is predicated by backlog reduction revenue and capital fund approval for infrastructure improvement works, as noted on the draft capital programme 2016/17. Capital programme bids are approved in principle and subject to final approval for identified schemes. CQC related Store Room Upgrades commenced on site 10/07/16 with work scheduled for completion by end July 2016	G	A	G	i	Develop and publish 5-year estates optimisation and co-location plan	DEF	DEF	Mar-17
						A	ii	Implement 2016/17 priority improvements in line with 5 year plan, focused on 1. Willerby 2. Bramham 3. Rotherham Fairfields 4. Gildersome 5. Doncaster 6. Bentley 7.Training		DEF	Mar-17
						A	iii	Undertake estate backlog maintenance programme		DEF	Mar-17
	5c	Demonstrate effective governance across key Trust functions	5c ii: recruitment to key post underway, delays as expected due to notice periods, etc. 5c iv: Committee Effectiveness review completed using well led framework. Action arising currently being implemented	G	A	C	i	Complete review of Trust Management Group in line with portfolio review	CEO	CEO	Jun-16
						A	ii	Embed new director portfolio structure and complete recruitment to key Board and TMG roles		CEO	Jun-16
						G	iii	Embed new Estates Governance Assurance Framework covering supplier frameworks, regulatory compliance, sustainability and property management		DEF	Sep-16
						NS	iv	Complete Well-led Review		EDQ&P	Dec-16
	5d	Align support functions to operational delivery	5d i - 1. Fleet Structure interim arrangements (Under review) 5d i - 2. Medical Devices - completed 5d i - 3 Estates - awaiting Dir E&F Appointment, out to consultation. 5d i - 4. Procurement- in place (next stage-under review)	A	A	A	i	Implement revised structures in key support functions to improve governance and compliance 1. Fleet, 2. Medical Devices, 3. Estates, 4. Procurement	CEO	CEO	Sep-16
						NS	ii	Implement SLAs between key support functions and operational service lines	EDQ&P	DBD	Dec-16
	5e	Achievement of planned surplus	5e i - See section 2.4 of IPR	A	A	A	i	Delivery of statutory financial duties including delivery of quality and efficiency savings (CIP) plan	EDoF supported by Exec Dirs	EDoF	Mar-17
						G	ii	Deliver agreed CQUIN schemes		EDQ&P	Mar-17
						NA	iii	Secure new income through service tenders and other service development opportunities		DBD	Mar-17

## Demand and Performance – A&E

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

### Contracted Demand (Payment By Results Categories)

Demand (999 CCG only Calls) overall in August was above plan by 1.2% (Plan based on August 2015 Actual CCG Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging fewer calls (468 fewer in August) than contracted whereas the other categories are all above contract levels at this point for 2016-17. Triaged calls were lower in August compared to July (348 less calls Triaged).

Activity involving ambulances that have arrived at scene (responses) has increased by 3.6% compared to August 2015. See, Treat and Convey is up by 3.9% which is due to a higher level of calls. Although the referral rate for 111 has slightly increased to 9% the actual number of calls sent in August compared to July decreased by 1,107 referrals.

#### Hear and Treat Response

Aug - 2,741 (14.6% < Contract Total)  
YTD - 14,500 (14.5% < Contract Total)

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

Aug - 14,159 (12.5% > Contract Total)  
YTD - 70,256 (15.7% > Contract Total)

#### See, Treat and Convey Response

Aug - 44,799 (4.0% > Contract Total)  
YTD - 226,286 (6.3% > Contract Total)

### Performance

Future performance reporting will concentrate on what's known as the tail of performance. This is the time it will take to get to the 50th, 75th, 95th and 99th percentile of patient (ie. How long does it take to get to patients?).

YTD performance has suffered due to the increased call demand and the reduced number of ambulance hours on the road as explained in Annex 3.1. August saw improved performance.

Performance	Post ARP- April	May	June	July	August	YTD
Red Performance (8 min Resp)	73.1%	71.1%	68.0%	66.5%	70.7%	69.3%
Amber R (19 min Resp)	83.1%	77.7%	74.7%	71.6%	78.5%	76.1%
Amber T (19 min Resp)	77.8%	68.6%	66.4%	60.5%	69.6%	67.0%
Amber F (19 min Resp)	86.8%	75.6%	72.2%	66.4%	70.9%	72.4%
Green F (60 min Resp)	96.8%	96.1%	94.9%	92.2%	95.7%	94.9%
Green T (60 min Resp)	88.1%	78.4%	80.3%	71.7%	82.5%	79.0%
Green H (60 min Resp)	99.0%	98.9%	98.1%	98.9%	98.5%	98.7%

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

### Demand Impact

- 1 – Higher levels of demand this year is having a significant impact on performance with a much higher proportion of responses (a least 1 ambulance arrived scene)
- 2 – Increased job cycle times due to hospital delays and other reasons alongside the demand increase causes of staff requirements to increase beyond the expected levels.
- 3- Resources have having to be committed to reconfigurations that have started such as Scarborough Stroke, Barnsley Stroke, Northallerton and Mid Yorks.

### Keys action in place to improve performance

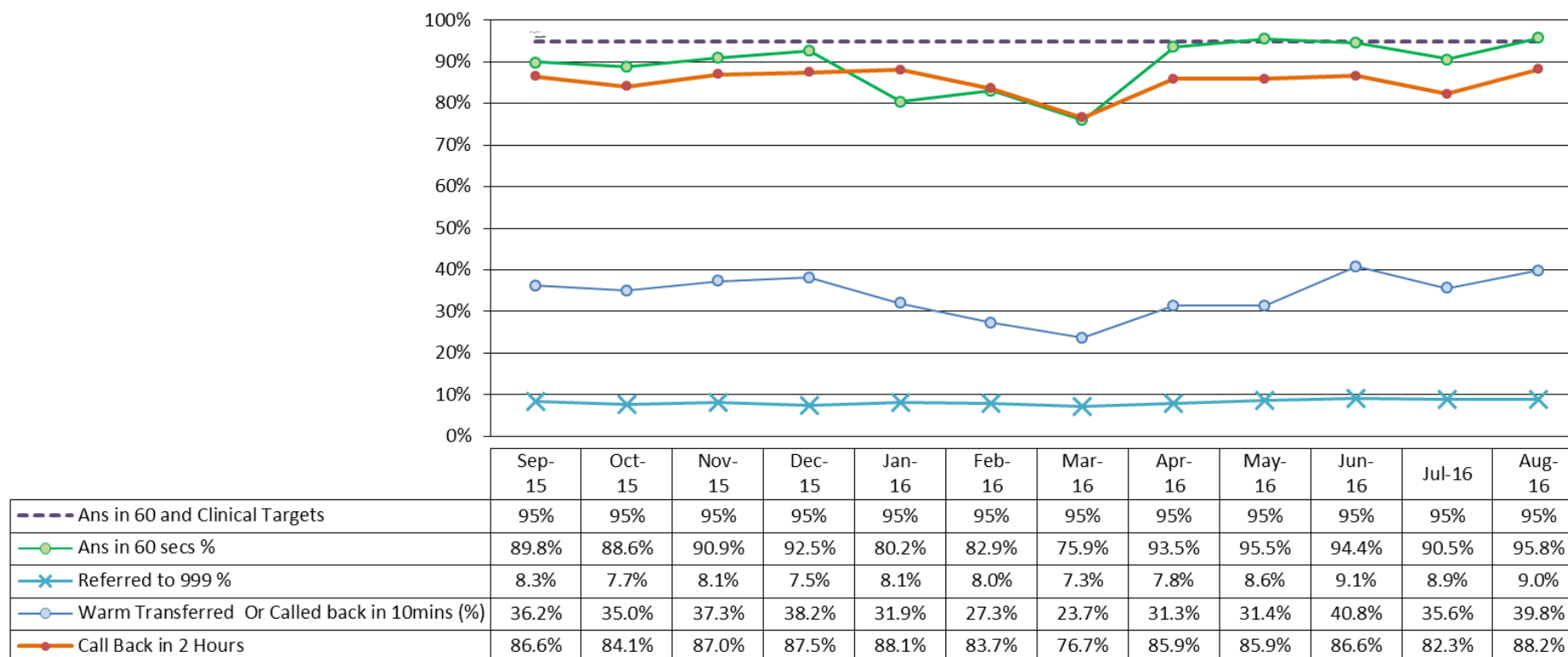
- 1 – **Improving Hear and Treat rates** by expanding the number of jobs in the clinical queue which in turn reduces the demands on ambulance staff.
- 2 – **Reducing vehicle ratio per incident** by reviewing allocation procedures. This will free up ambulances for other jobs.
- 3 – **improving allocation times** will speed up the response and reduce the tail of performance. CAD development ongoing to introduce auto allocation to improve allocation for red incidents.
- 4 –Improving hours on the road by **introducing new rotas** and putting staff on the road at the right times of day to cope with demand.
- 5– Working with hospitals **to improve turnaround** which will free up more ambulance hours to respond to increasing demand.
- 6- **Working with NHS England** to review ARP pilot and implement agreed actions
- 7 - Options appraisal ongoing to review Nature of Call vs keyword to **improve early red predict by 35%**. This helps to get ambulances calls for the most critically ill to dispatchers quicker.

## Demand and Performance – NHS 111

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

### NHS 111 Key Indicators for Performance

YTD Answered calls as at end of August are 5% (approximately 28,000 calls) above last year volumes versus a provisional contracted annual growth of 6.22% (based on contract and adjusted 2015/16 outturn to exclude Easter impact as no Easter in 2016/17). The year to date performance for calls answered in 60 seconds is currently 2.4% (13,739) above the same position last year.



Calls answered demand for August running at 2.7% (3,307 calls) below contact ceiling. Referrals to 999 moved from 8.9% to 9% from July to August and have increased by 0.9% year on year. In August, 1,630 (24.8%) ambulances were stopped as a result of clinical intervention and 2,030 ambulances were checked by a clinician before being sent, out of a total of 4,954 (41%) green ambulance calls. This is an increase of 1.1% from July to August. Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 6.2% below budgeted for August. Available time was 11% below budgeted.



# Demand and Performance - PTS

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

## PTS –Performance

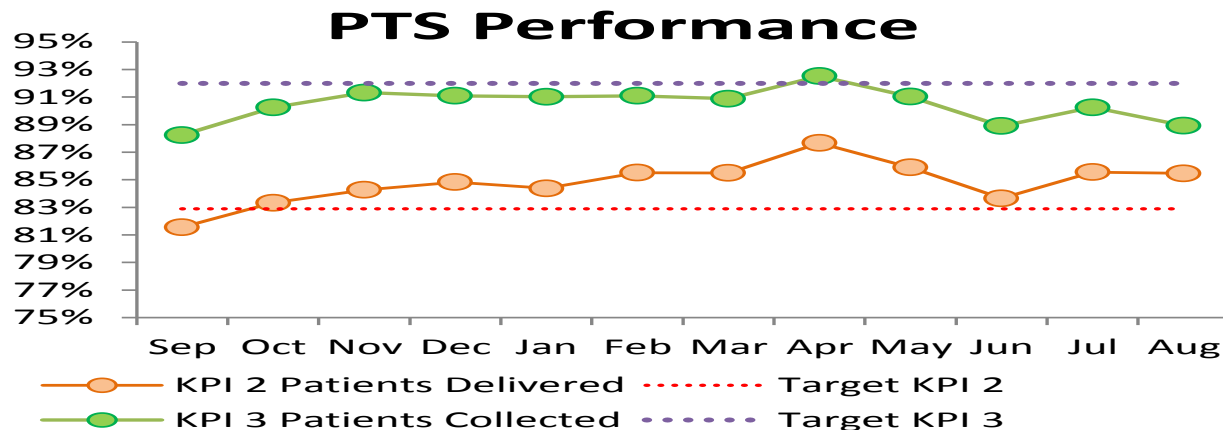
**KPI 2** – arrival prior to appointment – August saw an overall PTS improvement in performance and remains above target at 82.9% and well ahead YTD.

**KPI 3** – departure after appointment – August performance as a whole for PTS was 1.4% below a target of 91.7% of patients getting collected within 90 minutes.

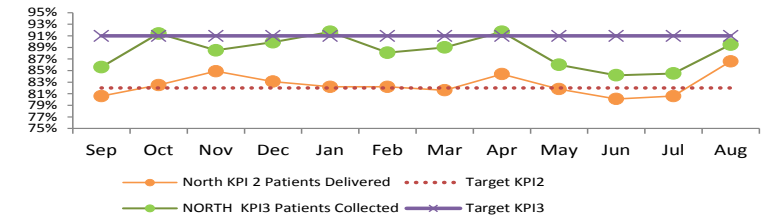
**Calls answered in 3 mins** – August saw a 5.3% increase in all PTS calls answered within 3 minutes achieving 72.7% with YTD at 69.8%.

PTS introduced a number of changes to the West Yorkshire Consortia area in June to support the implementation of the “PTS Change Programme”; these included combining smaller renal and main PTS rosters, and bringing together Control and planning desks. Whilst we are confident that these are the correct changes to make to bring about improvements in performance for patient transport; we have encountered challenges but have implemented service improvement measures which will reflect in the August report. Our PTS Senior Comm’s Lead, in position since July 16; is working on our PTS communications plan for our “change” programme to ensure that we improve our communication and engagement with our PTS staff, external partners and of course with our patients.

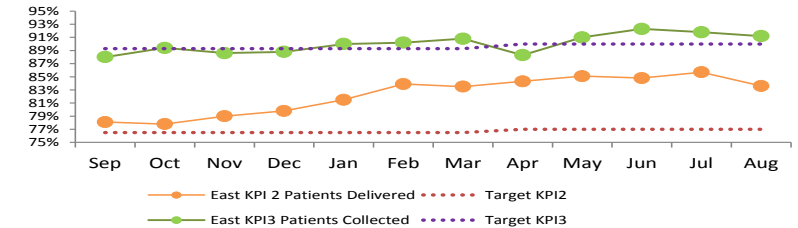
During August the PTS management team has been actively engaged with renal stakeholders during this time, and a series of meetings have now been arranged. Our PTS Renal Engagement Lead, who commenced this role on 1st August; is already establishing and enhancing our relationship with LTHT renal staff and patients. We have begun to trial the extended use of sub-contractors which has already shown improvements in performance. We have also taken the decision to reintroduce the practice allowing nurses to forecast in advance when patients will be ready for collection. This decision was taken following the criticisms received from some patient groups and stakeholders



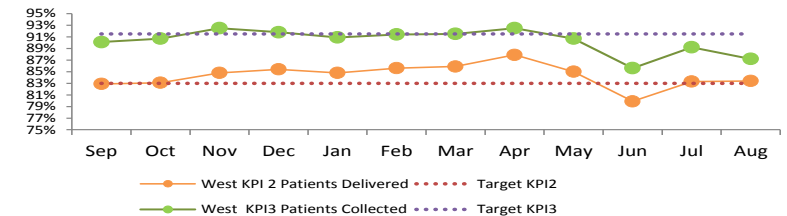
## PTS Performance North



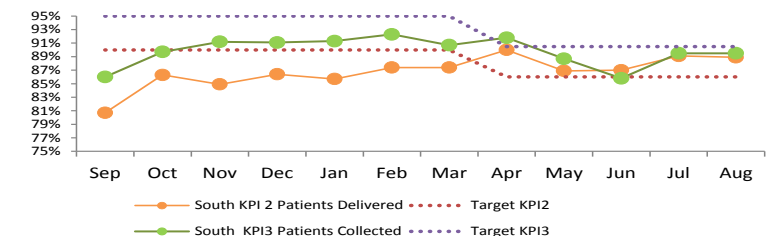
## PTS Performance East



## PTS Performance West



## PTS Performance South



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

**Complaints:** Following a rise in complaints in the PTS service in June, primarily associated with recent changes to the service for renal patients in West Yorkshire, the level has now reduced to the previous range following the implementation of action to address the short term service issues and to engage users of the service in the improvement process. Response times for all Trust complaints and concerns against timescales agreed with the complainant remains high at 92% and the average response time is 23 days.

**Incidents:** there was an increase in overall reporting of incidents and near misses in August. Nine Serious Incidents were reported in August, which is the highest monthly figure in the year to-date, and the overall number of incidents associated with moderate or greater harm also rose slightly. The movements were broadly in line with the activity seen in this period.

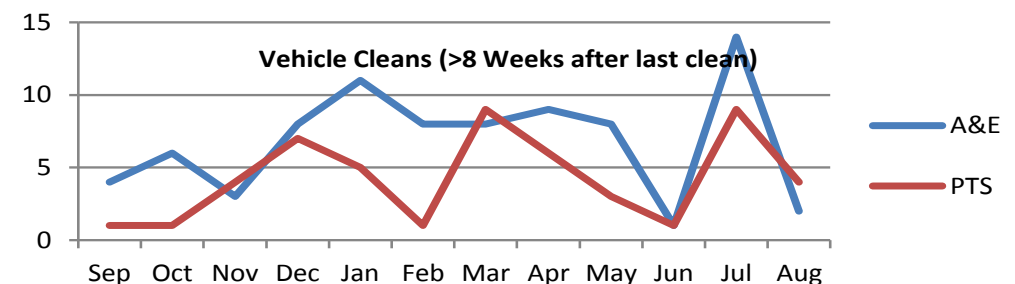
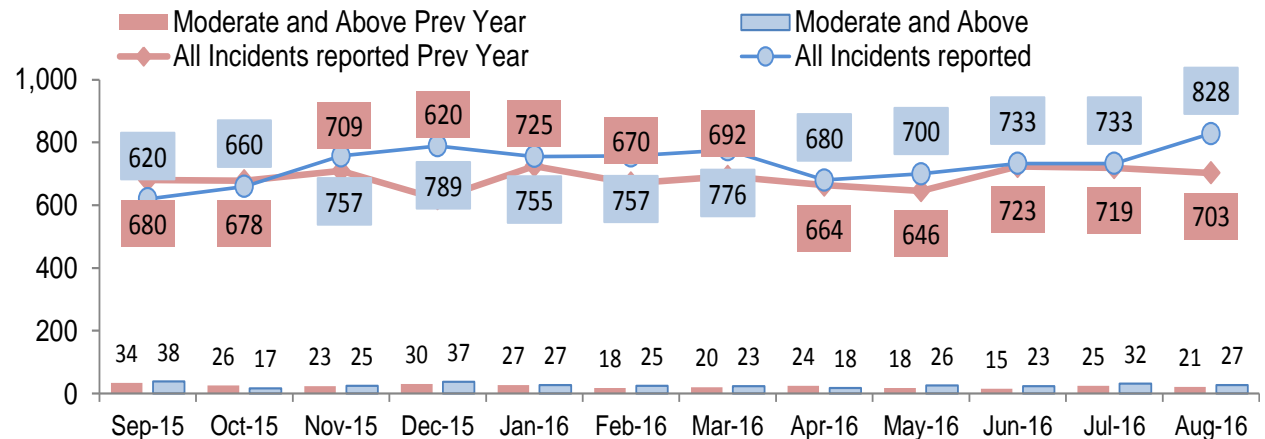
**Friends and family Test:** Results for Quarter1 (latest reporting) remain positive with 93.62% (PTS) and 88.13% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

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

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

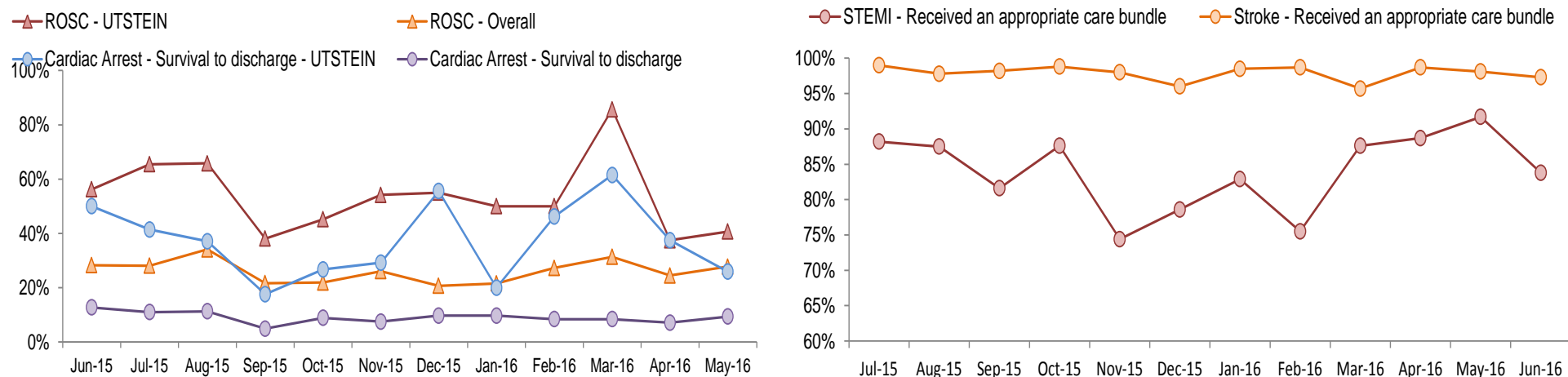
**Infection prevention and control:** The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has decreased in August and remains within the significantly lower range seen over recent months with 99.8% compliance. These are actively managed through the weekly review process. Deep Clean numbers for 8 weeks since last clean continue to be very low and vastly improved from this time last year.

**Legal requests** – the response rates within required timescales for Freedom of Information requests and requests under the Data Protection Act are over 90%. The number of FOI requests in August was the highest monthly figure seen to-date.



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

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



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

**.Outcome from Cardiac Arrests:** The most current data available for ROSC and survival to discharge is for May 2016. Data indicated that ROSC (overall) and Survival to discharge (overall) performance was in line with performance over the preceding months, with the addition of a particularly good percentage performance for ROSC (overall) in March, which was notably the highest performance seen since August 2015. Performance for ROSC (UTSTEIN) and Survival to discharge (UTSTEIN) have continued to fluctuate, which is the result of the very small number of patients included in this group.

**AQI Care Bundle:** STEMI and stroke data for June 2016 indicated that consistently high levels of care are being delivered to patients. A slight decrease was seen from May's figure for STEMI care, however May's performance was particularly high at 91.7%, which was the highest performance seen so far this year. June's performance of 83.8% is in line with the year to date average performance. For stroke care, exceptionally high levels of care were delivered in June with a performance of 97.3%. Currently, the year to date average is at 97.8%. Furthermore, improvements have been made over recent months to the ACQI data auditing process in order to provide additional confidence in the accuracy of this data.

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

**Sickness Absence:** The sickness absence rate for August 2016 stands at 5.5% which is an increase of 0.2% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.8%. The 12 month figure stands at 5.4% compared to the 5.9% for the 12 month period of September 2014 to August 2015. The two biggest reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & well-being strategy, which focus on reducing absence in these areas. Most notably this will include mental health awareness training for managers commencing in March 2016.

**PDR Compliance:** The current PDR rate is 81.2% against the trust stretched target of 90%. Action continues to be in place to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning process.

**Statutory and Mandatory Training:** The current combined compliance for the Statutory and Mandatory Workbook is 95%. The new workbook has been issued and 88.9% of staff have completed their required training.

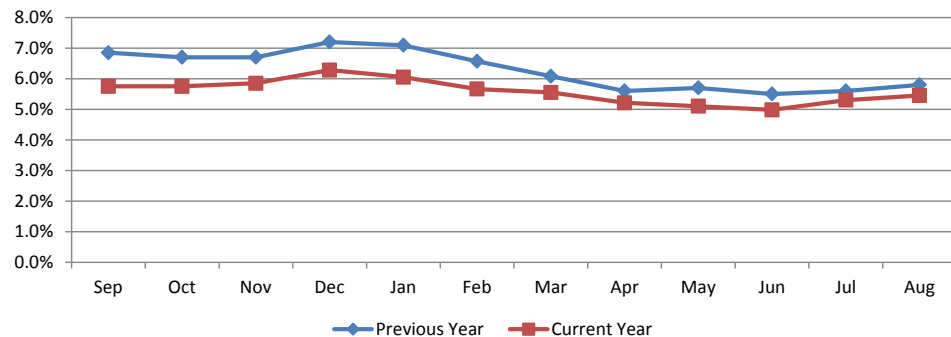
**Retention/ Attrition:** Turnover has dropped to 10.9% for last month compared to 11.8% for the previous 12 months, 89% of turnover is voluntary.

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

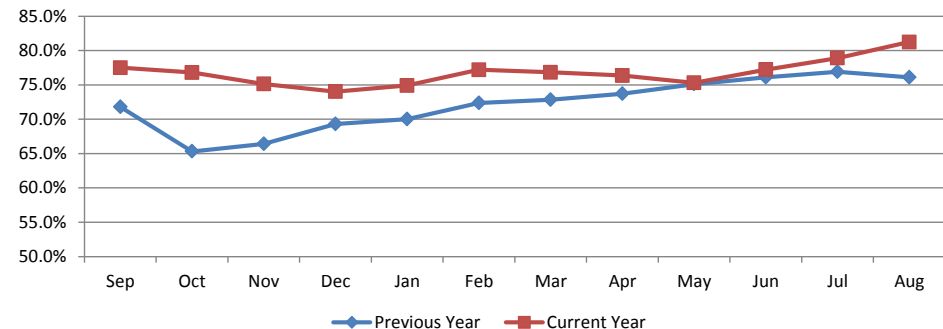
These include:-

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

**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	20,872	21,589	718	103,033	104,312	1,280
Expenditure	(20,749)	(21,125)	(376)	(104,372)	(104,970)	(598)
Retained (Deficit) / Surplus with STF Funding	123	464	341	(1,339)	(658)	681
STF Funding	0	(127)	(127)	0	(633)	(633)
Retained (Deficit) / Surplus without STF Funding*	123	338	215	(1,339)	(1,291)	48
EBITDA	1,024	1,413	390	3,338	4,081	743
Cash	20,281	24,180	3,899	20,281	24,180	3,899
Capital Investment	(1,516)	0	1,516	(2,334)	(273)	2,061
Quality & Efficiency Savings (CIPs)	591	549	(42)	2,951	2,691	(260)

Excluding the STF contribution this shows the trust ahead of plan (favourable variance of £215k). The YTD position is ahead of plan and shows a deficit of (£658k) against a plan of (£1,339k) deficit. Excluding STF the YTD position shows a deficit of (£1,291k) against a plan of (£1,339k) deficit and therefore a favourable variance of £48k

In terms of key variances YTD: The A&E service line is (£183k) adverse to plan, which is mainly due to additional use of external providers to increase resource availability and the slippage in the meal break CIP plan due to high levels of demand. Currently in July front line Operations are 43 FTE behind planned recruitment and it is this shortfall that is mainly being covered by external providers. The Fleet position is adverse to plan by (£521k) due to adverse spend with increased fleet maintenance on older vehicles given fleet replacement programme. The Procurement position is (£280k) adverse with additional spend on consumables, medicines and uniforms due to increased demand. The People and Engagement Directorate position is adverse to plan by (£670k), mainly due to expenditure on training (e.g. driver training, accommodation) and the requirement to utilise additional external professional support whilst substantive recruitment is undertaken. PTS shows an adverse variance against budget of (£181k) year to date principally due to the expenditure on overtime exceeding the available resources (staff vacancies) and spend on private providers and sub contractors. The 111 service is showing an under-spend of £301k mainly due to vacancies and additional income through increased activity. The EOC is £404k favourable against plan YTD due to continuing vacancies.

At the end of August 2016, the Trust's cash position was £24.2m against a planned figure of £20.2m. The reason for the increased cash is as reported previously, delays in capital spending (£2m) combined with favourable working capital (£2m).

Capital spend for 2016/17 at the end of August 2016 is £0.273m against the re-phased plan of £2.334m. The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned land acquisition has been delayed till the end of the year; this accounts for £0.749m of the slippage against the year to date plan. The 2016/17 plan spend profile has been updated to reflect the A&E and HART vehicle build programme and associated equipment. There are on-going discussions with NHS Improvement regarding the capital plan and the amount of funding available in year to the Trust as the Trust's full capital plan is yet to be approved by NHS Improvement.

The Trust has a savings target of £9.059m for 2016/17. 91% delivery of the YTD CIP target was achieved as at August 16 and 63% of this was achieved through recurrent schemes. Back-up / Reserve alternative schemes have achieved £822k of the year to date savings. This creates an adverse variance against plan of (£260k).

The Trust has submitted a revised financial plan to NHS Improvement with an annual planned surplus of £5.1m for 2016/17 in line with the control total agreed with NHS Improvement. In month 5 the plan was a surplus position of £123k with the actual surplus being £464k, of which £127k relates to the adjustment for STF Funding (note the plan submitted by the Trust had phased STF funding over the last 6 months of the year, whilst the national guidance shows STF to be accounted for over the full financial year and therefore is causing a timing difference at this point in the financial year).

# Quality and Efficiency Savings (CIP)

Aug-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	536	(411)	The A&E Operational efficiency schemes are adverse by (£411k) against planned savings, this includes slippage on missed meal breaks, Private Providers and other unidentified recurrent A&E schemes. This is mainly due to continuing high demand above contracted levels.
Clinical Directorate	43	18	(2)	Monthly achievement in line with planned savings.
Special Operations	256	107	(34)	Special Operations is currently adverse to plan due to challenges in achieving an increase in Private & Events Income.
Patient Transport Service	1,841	767	(355)	Areas adverse to plan include: aborted calls scheme (£25k), non pay elements of the workforce plan (£19k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£339k).
Finance & Procurement	455	190	(67)	The schemes are underachieving by (£67k) against plan, this is due to volume variances e.g. uniforms and medical consumables given increased demand.
Quality, Governance and performance Assurance	98	41	0	Achievement in line with planned savings.
111	595	248	16	The NHS 111 schemes are currently being reviewed to identify potential schemes / alternative service delivery. The CIP plan at the end of August is on track a result of non-recurrent staff savings due to vacancies.
EOC	308	128	0	Achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	917	(230)	Areas of variance against plan include: Fleet schemes (capacity £62k), Estates (£87k) and People and Engagement (£80k), resulting in an adverse variance of (£230k). Delivery of a number of smaller schemes are delayed and should commence later this year.
<b>Total Planned Scheme Savings</b>	<b>9,059</b>	<b>2,951</b>	<b>(1,082)</b>	
Reserve/ Alternative Backup Schemes	0	0	822	This relates to the non-recurrent A & E Clinical Supervisor scheme (utilising their time as part of the front line rota) & PTS Income
Recurrent Reserve Schemes	0	0		
Non-recurrent Reserve Schemes	0	0	0	
<b>Total Savings</b>	<b>9,059</b>	<b>2,951</b>	<b>(260)</b>	

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

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

**Comments:-** TEG has agreed initial resources to support a range of staff wellbeing initiatives. The uptake of flu vaccine will be a challenge to achieve.

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

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

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

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

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

**Comments:-**

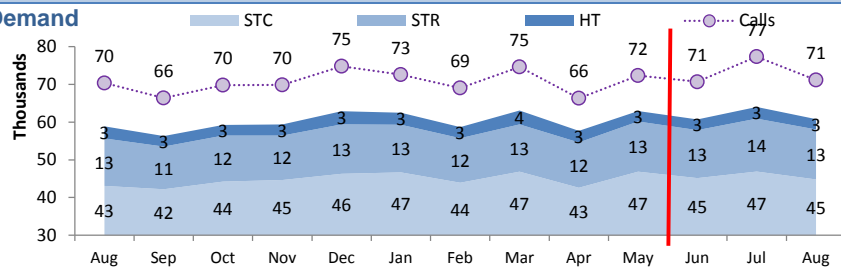
- Patient portal – on track and signed off for Q1 payment with just some requirements for the Equality Impact Assessment. This CQUIN is on track to meet all requirements.
- Courtesy Calling – Failed full roll out to meet Q1 requirements and as a result to date South and North have reduced Q1 payment by 5%, however the CQUIN at Q1 has been signed off. Roll out to all areas now achieved, BI reports now set up daily to monitor that the correct number of calls are being undertaken

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)

Aug-16

## 1. Demand



Compared to last year Hear & Treat calls have reduced by 14.6%, See Treat & Refer responses have increased by 7.6% and See Treat & Convey have increased by 6.3%. Overall responses (incidents arrived at scene) are above contracted.

	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	365,551	14,554	70,490	227,986
YTD YAS (inc OOA&UCP) 2015-16	347,977	17,034	66,284	214,476
<b>Variance (Between Years)</b>	<b>5.1%</b>	<b>(14.6%)</b>	<b>6.3%</b>	<b>6.3%</b>
YTD (Contract CCGs only) Actuals 2016-17*	357,918	14,500	65,312	226,286
YTD (Contract CCGs only) Contracted 2016-17	342,383	16,964	60,703	212,861
<b>Variance (to Contract)</b>	<b>4.5%</b>	<b>(14.5%)</b>	<b>7.6%</b>	<b>6.3%</b>

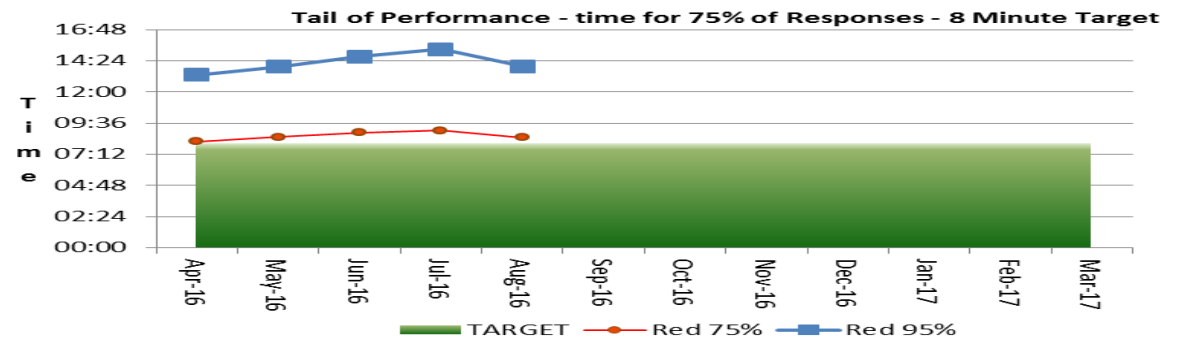
\* excludes UCP and Out of Area

## 3. Quality

	August	YTD
<b>Serious Incidents (Rate Per 1000 Responses)</b>	4 (0.06) ↑	8 (0.03)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
<b>Total Incidents (Rate Per 1000 Responses)</b>	498 (8.02) ↑	2191 (7)
Total Incidents per 1000 responses was more in August than the year to date average. There were 83 more incidents than July		
<b>Feedback</b>	Complaints	8 ↓ 59
	Concerns	20 ↑ 73
	Comments	5 ↑ 29
	Service to Service	17 ↑ 69
	Compliments	63 ↑ 246
<b>Response within target time for Complaints and Concerns</b>	97%	91%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 2
The average response time for Complaints and Concerns in Aug was 29 days and YTD is 30 days		
<b>Vehicle Deep Clean (&gt;8 weeks after last clean)</b>	2 ↓	34

## 2. Red Performance

	RED 1 Pre ARP	RED 2 Pre ARP	Red ARP Pilot
August 2016	69.70%	74.20%	70.7%
Current YTD	69.70%	74.20%	69.3%



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

ARP Pilot: Performance for Red is below the 75% target at 70.7% for August (69.3% YTD)

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

## 4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	%
August 2016 (FT Equivalents)					
Budget FTE	2,243	112	561	1,570	70%
Contracted FTE (before overtime)	2,068	135	503	1,430	69%
Variance	(175)	(22)	58	(139)	(8.9%)
% Variance	(7.8%)	(20.0%)	10.3%		
FTE (worked inc overtime)*	2,343	135	503	1,705	73%
Variance	100	(22)	58	135	8.6%
% Variance	4.5%	(20.0%)	10.3%		
* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Absence) are from GRS					
<b>Available FTE has decreased from last month (1430 compared to 1538) and is below planned Gross FTE (7.8%) Absence is higher than planned.</b>					
<b>The number of Operational Paramedics is 898 FTE (Band 5 &amp; 6)</b>					
The difference between contract and FTE worked is related to overtime.					
The difference between budget and contract is related to vacancies.					

## 5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
CIPs		536	608	72
The A&E Operational efficiency schemes are slightly ahead of plan at the end of August due to non re-current savings.				



## 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 ambulance 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

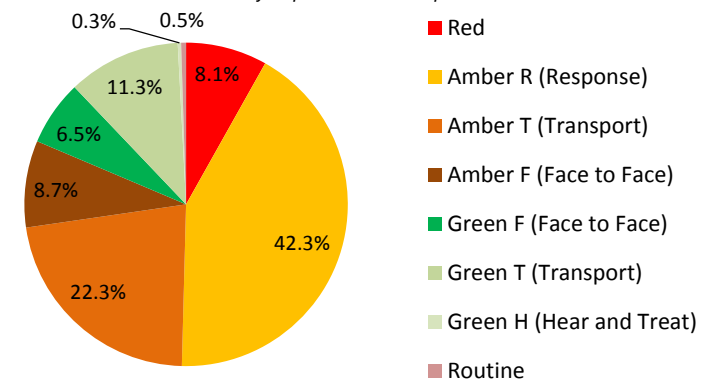
Urgent problem (not immediately life-threatening) that needs transport within a clinically appropriate timeframe or a further face-to-face or telephone assessment and management.

## 2. Demand and Performance

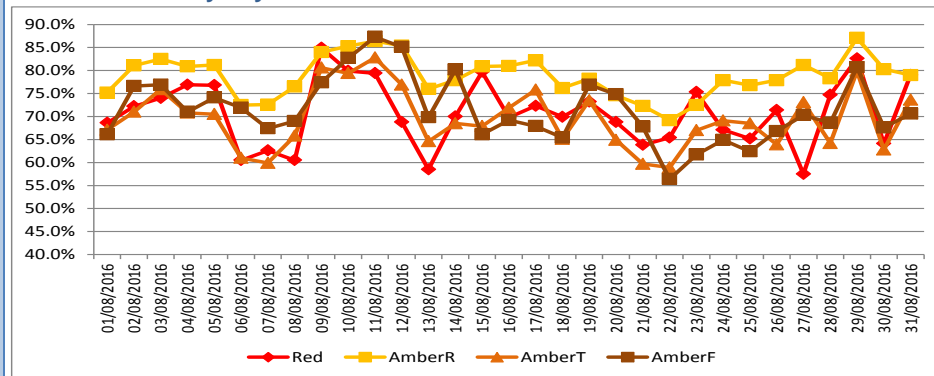
	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Red	5074	10	1205	3625	4830	8 Mins (75% Target)	70.7%	8.1%
Amber R (Response)	26888	156	5503	19583	25086	19 Mins (No Target)	78.5%	42.3%
Amber T (Transport)	14920	113	2609	10615	13224		69.6%	22.3%
Amber F (Face to Face)	6970	185	2127	3022	5149		70.9%	8.7%
Green F (Face to Face)	7954	81	1964	1898	3862	60 Mins (No Target)	95.7%	6.5%
Green T (Transport)	7379	25	707	5987	6694		82.5%*	11.3%
Green H (Hear and Treat)	3160	2182	77	125	202		98.5%	0.3%
Routine	359	0	19	271	290	Hear & Treat	98.6%	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	21%
Inter-facility 1	18%
Cardiac/Respiratory Arrest	12%
Haemorrhage/Lacerations	12%
Unknown Problem - Collapse-3rd Pty	5%
Allergies/Rash/Med Reaction/Stings	5%
Breathing Problems	4%
Falls/Back Injuries - Traumatic	4%
HCP Red Defib	3%
HCP Red	2%



## 3. Performance by day

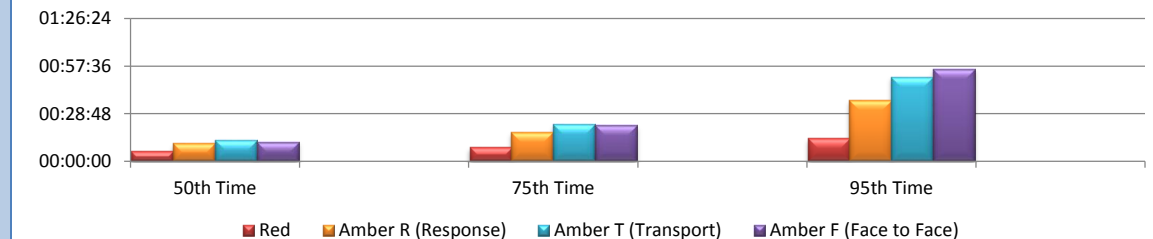


### Key Points:

- Hear and Treat rates for August at 4.4%. Due to the changing nature of the Ambulance Response there is less need in some cases for a hear and treat response as the patient is getting the most appropriate response. Further work is being carried out to assess the codes. There maybe some other codes that are suitable for a hear and treat response.
- The top 10 Red chief complaints are show above, 18% are Intra-facility 1 transfers.

## 4. Tail of Performance

	50th Time	75th Time	95th Time	99th Time
Red	00:06:03	00:08:30	00:13:58	00:20:51
Amber R (Response)	00:10:47	00:17:29	00:36:52	01:03:15
Amber T (Transport)	00:12:55	00:22:10	00:51:14	01:33:46
Amber F (Face to Face)	00:11:42	00:21:36	00:55:54	01:44:15



### Key Points:

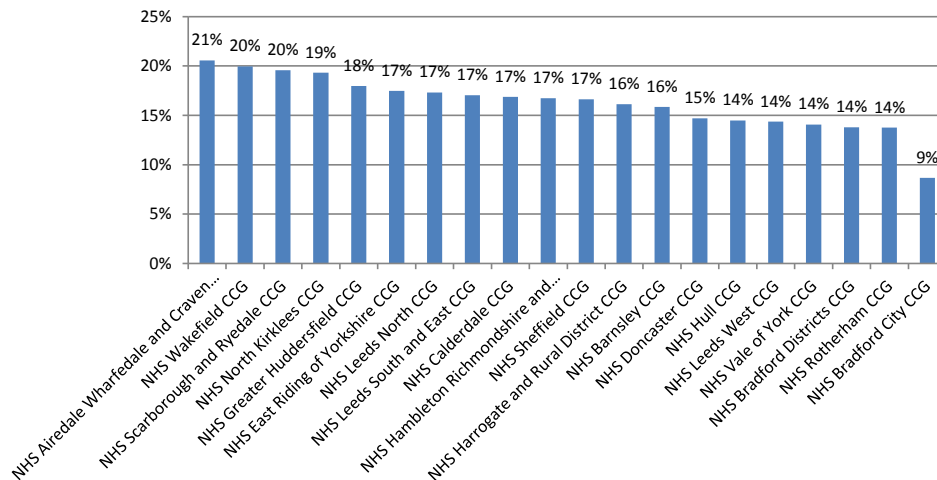
- Tail of performance for Red - 50% of people received a response in 6 mins 3 seconds. 95% of patient were seen in 13 mins and 58 seconds which is 1 minute 16 seconds faster than last month.
- Tail of Performance for Amber (within 19 minutes) ranges from 10:47 to 12:55 for 50th Percentile

## 3.1 A&E Operations

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

Aug-16

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

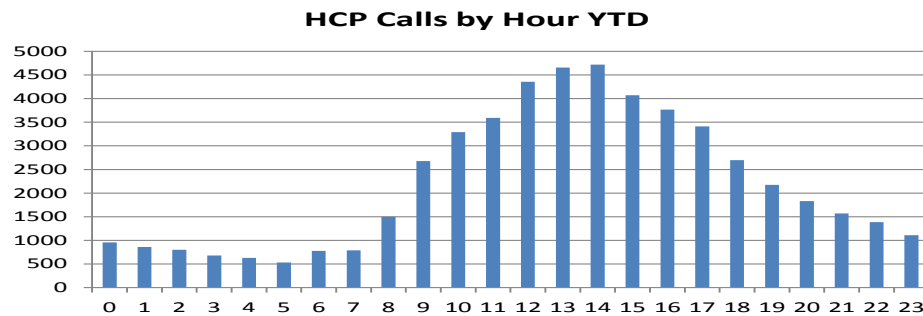
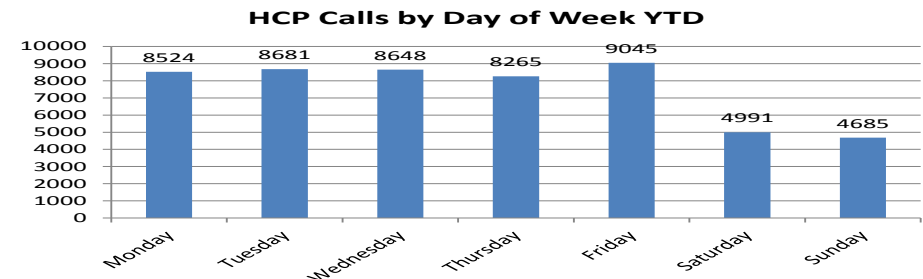


Red Calls as a proportion account for 15.3% of all HCP calls.

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

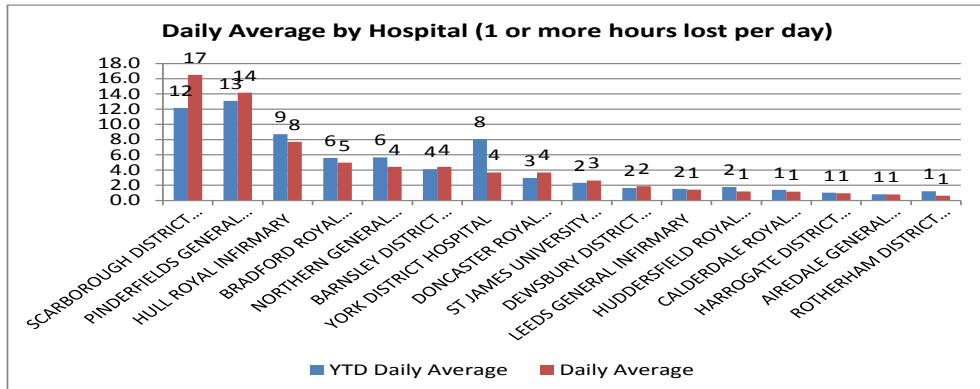
The time of day with the highest (60.3%) of all calls are between 10 and 5pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

### 2. HCP by Time of Day



### 3. Hospital Turnaround - Excessive Response

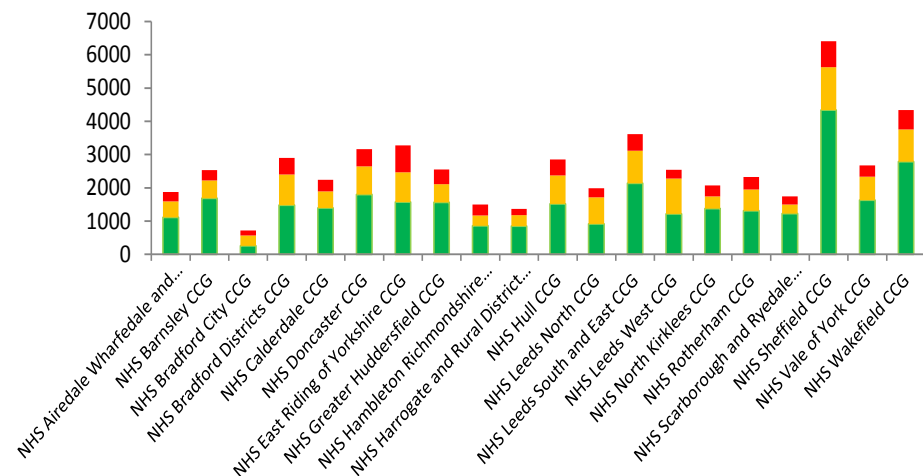
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	last 12 mths
Excessive Handovers Over 15mins (hours)	1153	1825	1852	1591	2250	2734	3300	1981	2323	2283	2274	2187	25753
Excessive Hours per Day	38	59	62	51	73	94	106	66	75	76	73	71	844



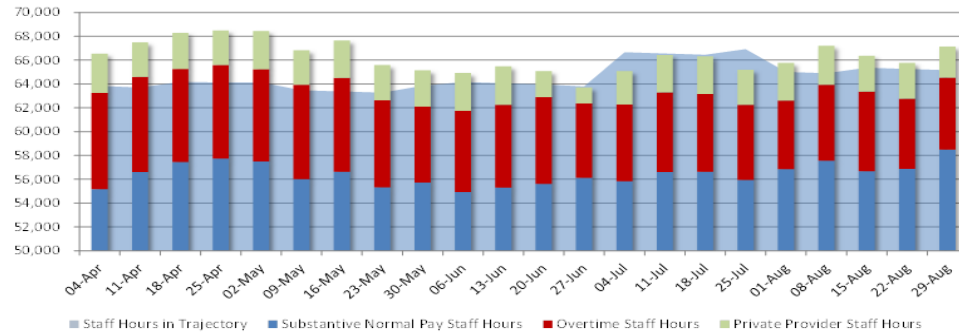
Excessive time lost at hospitals was lower in August than July. It continues to be higher than for the same period last year. Mid-Yorks - Pinderfields, Hull and Scarborough have been impacting on performance.

### 4. HCP by Grade of Call

#### Number of Red, Amber and Green Calls by CCG YTD



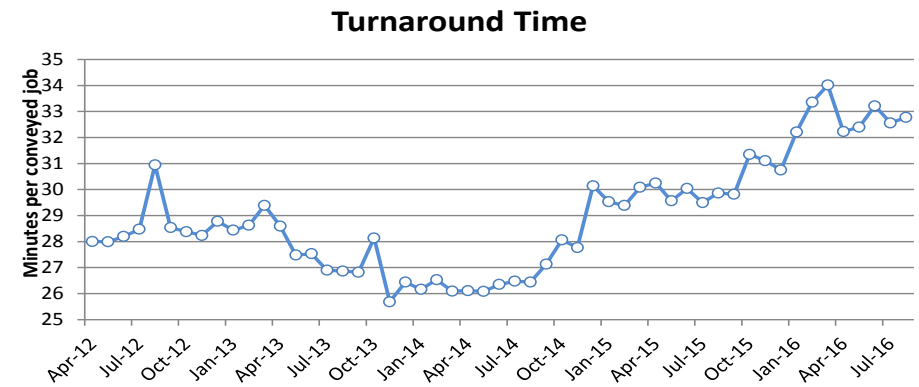
## 1. Resource Hours



Total Responses (minus Triage)	Apr	May	Jun	Jul	Aug	YTD
2015-16	55,039	56,192	55,166	57,108	57,255	280,760
2016-17	56,014	61,569	59,198	62,357	59,546	298,684
Variance	1.8%	9.6%	7.3%	9.2%	4.0%	6.4%
Yr on Yr Increase in Required FTE - Demand Only	26	138	107	134	59	93

Staff hours for July 1% under the expected for the month in the submitted trajectory. Year to date remains 3% over planned. By utilising the YAS Capacity model the table below shows the impact of increased demand on our FTE requirement. The 7% year to date increase requires 101 extra FTE to meet the same levels of performance as 2015-16. The estimated cost of the increased FTE requirement for 2016-17 is £4 Million based on a FTE split of 60% Paramedic and 40% Emergency Care Assistants. This is a projection based on YTD increase in demand of 7%.

## 2. Hospital Turnaround Times

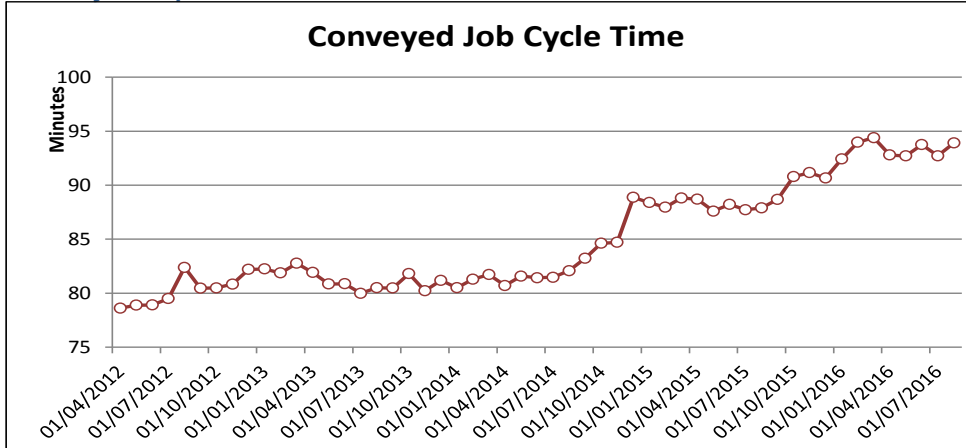


Recent analysis of all demand for 2015-16 around the increased job cycle times shows the impact of delays within the system on YAS vehicle availability and performance.

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

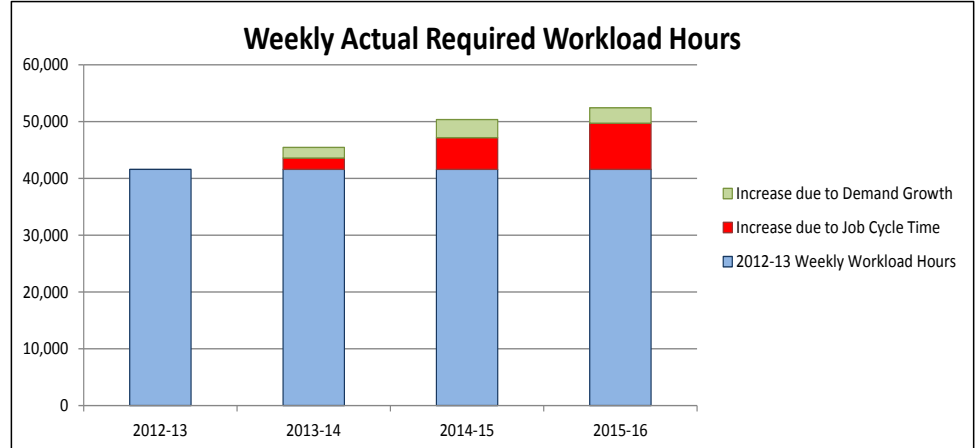
- A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 1 additional ambulance at all times or 7 full time ambulances per week
- A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 5 additional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

## 3. Job Cycle Impact

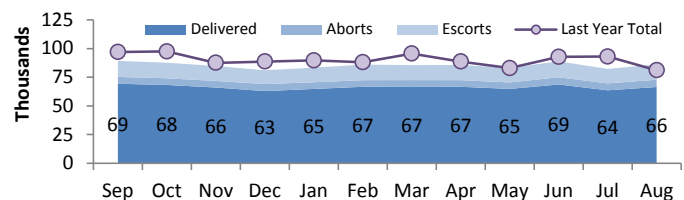


### Impact of Job Cycle Time on Staffing

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



## 1. Demand



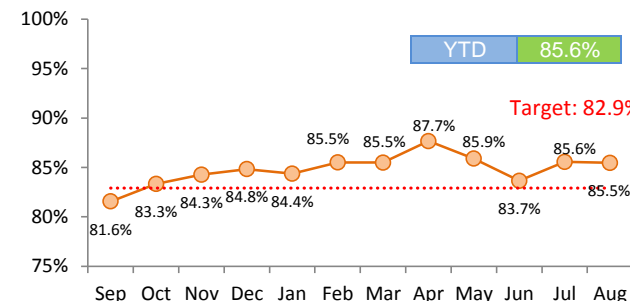
## Comparison to Plan

	Delivered	Aborts	Escorts	Total
April to March				
YTD 2016-17	330,206	30,066	65,862	426,134
Contract 2016-17 (2015-16 Demand)	341,064	29,818	67,536	438,418
% Variance	(3.2%)	0.8%	(2.5%)	(2.8%)

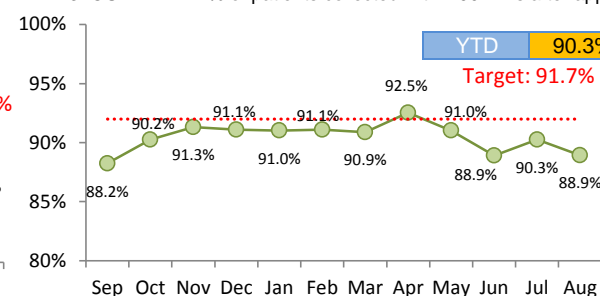
**Key Points** - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

## 2. Performance

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



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



**Key Points** - West Yorkshire, KPI 2 (inward) also achieved target by 4% and KPI 3 (outward) missed target by 4.3%. East Yorkshire KPI 2 (inward) achieved 83.6% against target of 77.0% + 6.6% and KPI 3 (outward) achieving 91.2% against target of 90.0% + 1.2%. North Yorkshire KPI 2 (inward) achieved target of 86.6% + 4.6%, KPI 3 under achieved by 1.5%. South Yorkshire KPI 2 (inward) achieved target by 2.9% due to the changes within 2016/2017 contract KPI 3 (outward) narrowly missed target by 1%. West Yorkshire Renal performance and recovery should be highlighted following poor July performance- inward journeys improved by 7.6% on previous month and above YTD performance; outward journeys (within 45 min of booked ready) improved by 14% on the previous month.

## 3. Quality, Safety and Patient Experience

	Aug	YTD
Calls Answered in 3 mins (All PTS calls)	72.7% ↑	69.8%
Serious Incidents (YTD)	1 ↑	2
Total Incidents (per 1000 activities)	131 (1.97) ↑	568 (1.72)
All incidents considered under DoC relate to slips, trips and falls		
Feedback	Complaints	14 ↓ 69
	Concerns	36 ↓ 223
	Comments	4 ↓ 31
	Service to Service	51 ↓ 235
	Compliments	4 ↑ 8
Response within target time for Complaints and Concerns	91%	96%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 0
Patient Experience Survey - Qtrly	92.6%	92.6%
Vehicle Deep Clean (>8 weeks since last clean)	4 ↓	23

## 4. Workforce

## FT Equivalents

Aug-16	FTE	Sickness (5%)	Absence (20%)	Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	700	58	161	481	69%
Variance	(27)	(21)	(16)		
Actual Shrinkage %		7.5%	22.2%	(64)	(11.7%)
% Variance	(3.7%)	(58.2%)	(10.7%)		
FTE worked inc overtime	726	58	161	507	70%
Variance	(1)	(21)	(16)	(38)	(7.0%)
% Variance	(0.2%)	(58.2%)	(10.7%)		

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

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

## Key Points

Long Term sickness has risen during August, a number of staff are due to return in September and we are assured that these staff are being affectively supported and engaged with our Locality teams.

PTS used an equivalent of an additional 26 FTE with the use of overtime against vacancies of 64.

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
CIPs	767	752	(15)

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

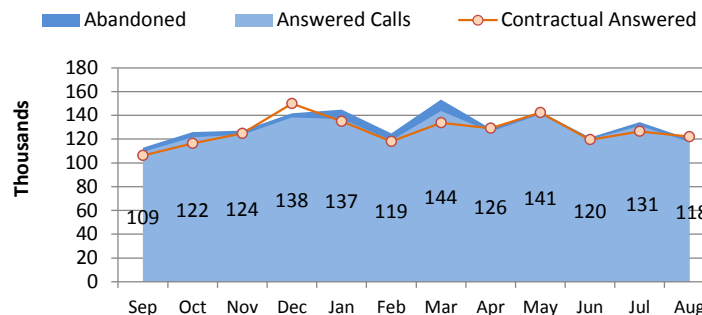


### 3.3 NHS 111

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

Aug-16

#### 1. Demand



Calls answered up by 13.2% compared to August 2015 when normalising the data and including an estimated 1082 calls not recorded due to telephony issues.  
Answered volumes were below contract ceiling (-2.7% - 3,307 calls).

April to August	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	647,719	635,675	596,943	93.9%
YTD Contract Ceiling 2016-17	639,548	639,548	607,571	95.0%
Variance	8,171	(3,873)	(10,628)	
	1.3%	(0.6)%	(1.7)%	(1.1)%
YTD 2015-16	630,391	618,673	583,204	94.3%
Variance	17,328	17,002	13,739	
	2.7%	2.7%	2.4%	(0.4)%

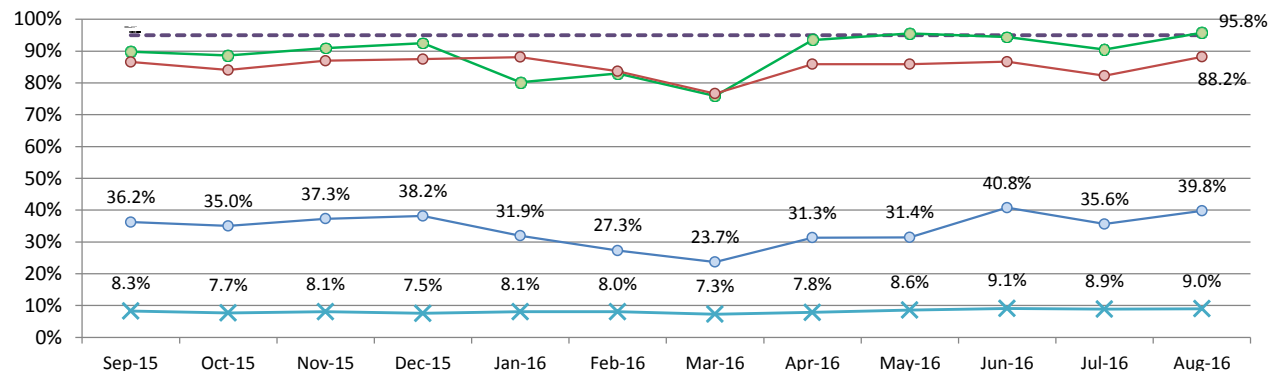
#### 3. Quality

		August	YTD
Serious Incidents (per 1000 answered)		1 (0.01) ↔	7 (0.01)
Total Incidents (per 1000)		61 (0.52) ↑	223 (0.35)
Feedback	Complaints	41 ↔	220
	Concerns	2 ↓	19
	Comments	2 ↓	24
	Service to Service	20 ↑	216
	Compliments	11 ↑	54
Response within target time for Complaints and Concerns		75%	86%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0

#### 2. Performance

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

Answered in 60 secs (95% Target)	Aug	YTD
Warm Transferred and Call Back in 10mins (65%)	39.8%	35.6%
Call Back in 2 Hours (95%)	88.2%	85.7%
Referred to 999 (nominal limit 10%)	9.0%	8.7%



Calls Offered have increased by an estimated 12% compared to August 2015 when normalising data and accounting for telephony issues. Answered in 60 performance is up by 2.2% when compared to the same month last year. Month on month, performance went from 90.5% in July to 95.8% in August (up by 5.3%). Warm Transferred and Call Back in 10 minutes is up by 4.2% month on month and 1% down compared to August 2015.111 referrals to 999 up by 0.9% year on year but remain within target. In August, 1,630 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

#### 4. Workforce

August 2016 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence (23%)	Total	%
Budget FTE	298	27	69	203	68.0%
Contracted FTE (before Overtime)	269	22	78	170	63.1%
Variance	(29)	5	(9)	(33)	-16%
% Variance	(9.7)%	19.5%	(13.4)%		
FTE (Worked inc Overtime)	280	22	78	180	64%
Variance	(18)	5	(9)	(22)	-11%
% Variance	(6.2)%	19.5%	(13.4)%		

Contracted FTE (before Overtime) 6.2% below budgeted  
Paid Sickness at 8% (1% below threshold) and absence at 28.9% (5.9 above threshold).

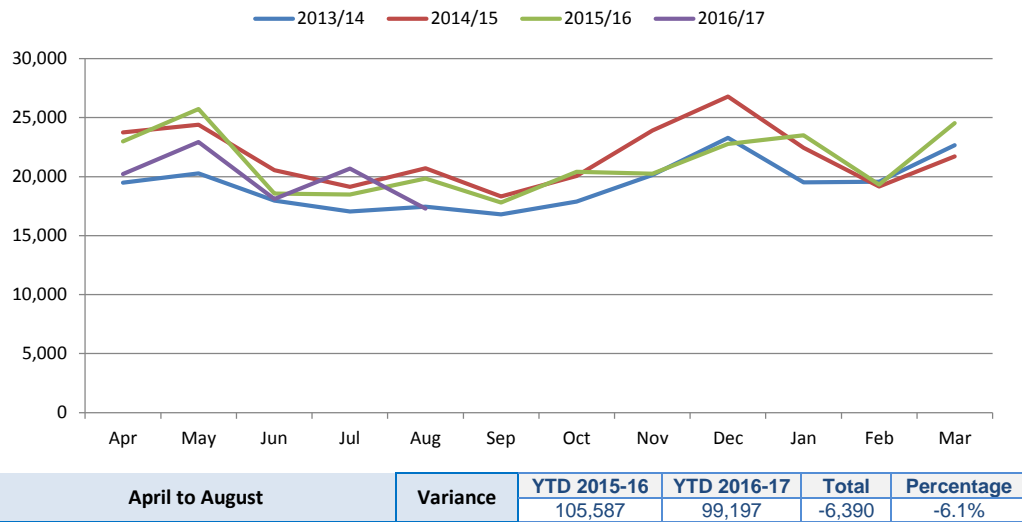
#### 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	248	264	16

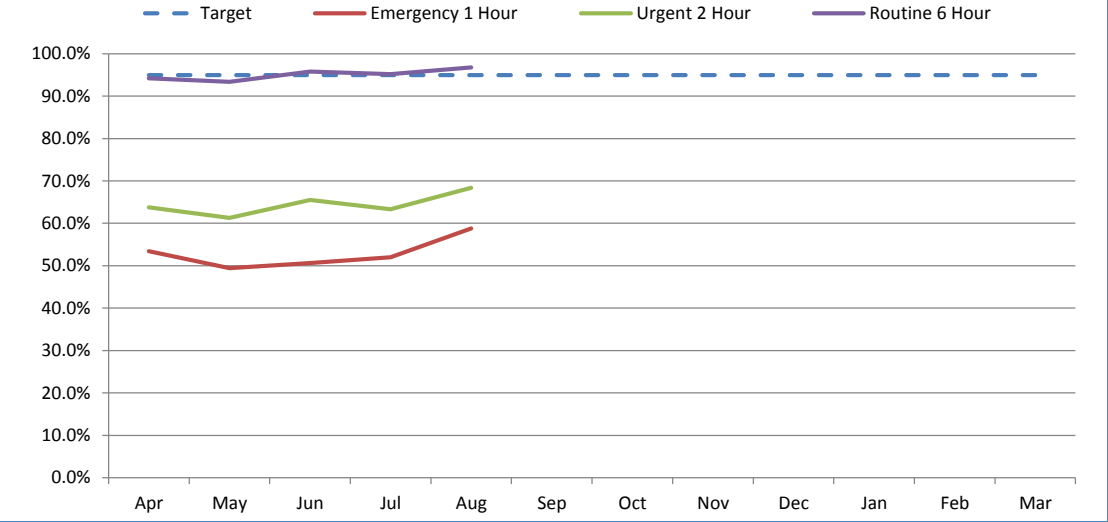
Quality and Efficiency Savings (CIPs) are slightly ahead of plan at the end of August as a result of non-recurrent staff savings due to vacancies.

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

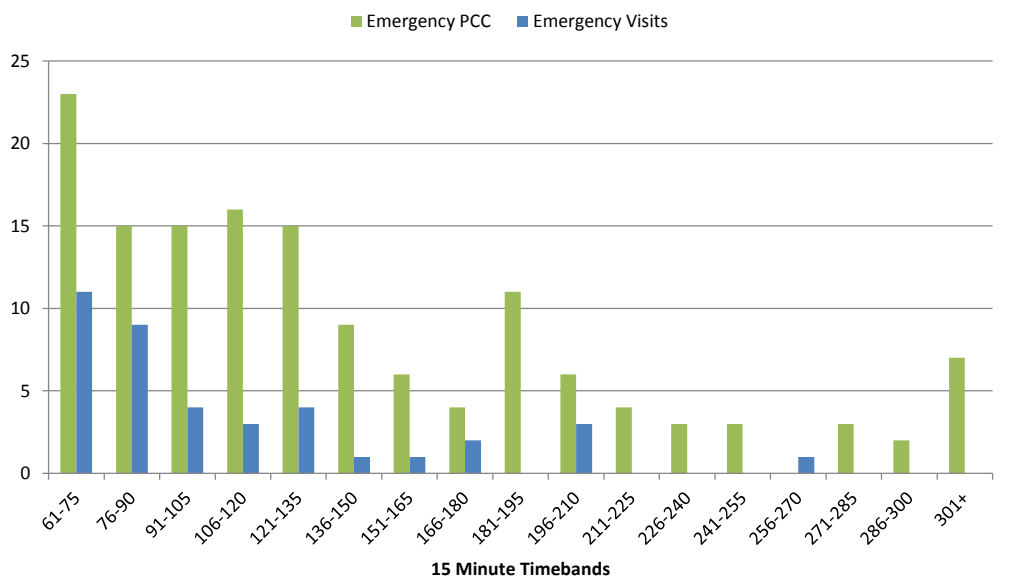
1. Demand



2. Performance



3. Tail of Performance August 2016



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	1 SI reported in August but not declared about WYUC but declared by Bradford Trust.
Adverse Reports received	No adverse reports received
Patient Complaints	18 patient complaints received in Aug-16 directly involving the LCD part of the pathway. 12 closed: 4 not upheld, 2 partly upheld, 6 upheld. 6 remain under investigation.

5. Comments

Patient demand levels for WYUC in August fell by 13.1% in comparison to August 2015 , although remain significantly above the contract baseline. This fall was also influenced by fewer weekend dates in August 2016 in comparison to the previous year. NQR 12a performance in August saw 58.8% of emergency appointments in 1 hour completed in time, an improvement of 6.8% from July. All 1 hour cases not dealt with in time are audited to identify any potential risk caused by delay. Performance for NQR 12 b and c also improved with 68.4% of urgent cases administered within 2 hours (improvement of 5.1% of from July) and 96.8% of less urgent cases administered within 6 hours (improvement of 1.6% from July). 18 patient complaints during August, which was the same level as recorded in July. 12 complaints are closed and 6 remain under investigation. The trend throughout 2015/16 was downward with an overall decrease of around 0.1%. August this year is down 0.2% compared to the previous year.

4.1 Finance Overview			Aug-16																																							
	Month	YTD	Trend 2016-17																																							
<b>RISK RATING:</b> The Trust remains broadly on plan at Month 5 against key financial metrics including I&E and Cash. The financial sustainability risk rating for Month 5 has improved to "4", the lowest risk, as the I&E margin has improved in Month 5.			<table><caption>Risk Rating Trend 2016-17</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>2</td><td>2</td></tr><tr><td>M2</td><td>2</td><td>2</td></tr><tr><td>M3</td><td>2</td><td>2</td></tr><tr><td>M4</td><td>2</td><td>2</td></tr><tr><td>M5</td><td>4</td><td>3</td></tr><tr><td>M6</td><td>4</td><td>3</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	2	2	M2	2	2	M3	2	2	M4	2	2	M5	4	3	M6	4	3	M7	4	4	M8	4	4	M9	4	4	M10	4	4	M11	4	4	M12	4	4
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<b>EBITDA:</b> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) at month 5 is £4m against a plan of £3.3m, a positive variance to Plan by £0.7m (reflecting the YTD adjustment for additional £0.6m STF income).			<table><caption>EBITDA Trend 2016-17</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>400</td><td>400</td></tr><tr><td>M2</td><td>600</td><td>700</td></tr><tr><td>M3</td><td>400</td><td>400</td></tr><tr><td>M4</td><td>1,300</td><td>900</td></tr><tr><td>M5</td><td>1,400</td><td>1,000</td></tr><tr><td>M6</td><td>500</td><td>500</td></tr><tr><td>M7</td><td>2,500</td><td>2,500</td></tr><tr><td>M8</td><td>2,000</td><td>2,000</td></tr><tr><td>M9</td><td>2,500</td><td>2,500</td></tr><tr><td>M10</td><td>2,000</td><td>2,000</td></tr><tr><td>M11</td><td>1,000</td><td>1,000</td></tr><tr><td>M12</td><td>2,000</td><td>2,000</td></tr></tbody></table>	Month	Actual	Plan	M1	400	400	M2	600	700	M3	400	400	M4	1,300	900	M5	1,400	1,000	M6	500	500	M7	2,500	2,500	M8	2,000	2,000	M9	2,500	2,500	M10	2,000	2,000	M11	1,000	1,000	M12	2,000	2,000
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M12	2,000	2,000																																								
<b>SURPLUS:</b> The Trust has reported a YTD deficit as at the end of August (Month 5) of £(0.70m) against a planned deficit of £(1.3)m, a positive variance to Plan by +£0.7m (of which £0.6m relates to the YTD adjustment for STF income). The methodology of the calculation and payment of STF was issued after the Trust's plan submission.			<table><caption>Surplus Trend 2016-17</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-500</td><td>-500</td></tr><tr><td>M2</td><td>-200</td><td>-200</td></tr><tr><td>M3</td><td>-500</td><td>-500</td></tr><tr><td>M4</td><td>500</td><td>0</td></tr><tr><td>M5</td><td>500</td><td>0</td></tr><tr><td>M6</td><td>-500</td><td>-500</td></tr><tr><td>M7</td><td>1,500</td><td>1,500</td></tr><tr><td>M8</td><td>1,000</td><td>1,000</td></tr><tr><td>M9</td><td>1,500</td><td>1,500</td></tr><tr><td>M10</td><td>1,000</td><td>1,000</td></tr><tr><td>M11</td><td>-500</td><td>-500</td></tr><tr><td>M12</td><td>1,000</td><td>1,000</td></tr></tbody></table>	Month	Actual	Plan	M1	-500	-500	M2	-200	-200	M3	-500	-500	M4	500	0	M5	500	0	M6	-500	-500	M7	1,500	1,500	M8	1,000	1,000	M9	1,500	1,500	M10	1,000	1,000	M11	-500	-500	M12	1,000	1,000
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M12	1,000	1,000																																								
<b>CAPITAL:</b> Capital spend for 2016/17 at the end of August 2016 is £0.273m against the re-phased plan of £2.334m. The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned land acquisition is being progressed. The 2016/17 plan spend profile has been updated to reflect the A&E and HART vehicle build programme and associated equipment. There are on-going discussions with NHS Improvement regarding the capital plan and the amount of funding available in year to the Trust as the Trust's full capital plan is yet to be approved by NHS Improvement.			<table><caption>Capital Spend Trend 2016-17</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>100</td><td>100</td></tr><tr><td>M2</td><td>100</td><td>100</td></tr><tr><td>M3</td><td>200</td><td>200</td></tr><tr><td>M4</td><td>400</td><td>500</td></tr><tr><td>M5</td><td>400</td><td>1,500</td></tr><tr><td>M6</td><td>400</td><td>3,200</td></tr><tr><td>M7</td><td>400</td><td>2,200</td></tr><tr><td>M8</td><td>400</td><td>2,000</td></tr><tr><td>M9</td><td>400</td><td>700</td></tr><tr><td>M10</td><td>400</td><td>2,200</td></tr><tr><td>M11</td><td>400</td><td>1,500</td></tr><tr><td>M12</td><td>400</td><td>400</td></tr></tbody></table>	Month	Actual	Plan	M1	100	100	M2	100	100	M3	200	200	M4	400	500	M5	400	1,500	M6	400	3,200	M7	400	2,200	M8	400	2,000	M9	400	700	M10	400	2,200	M11	400	1,500	M12	400	400
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M11	400	1,500																																								
M12	400	400																																								
<b>CASH:</b> At the end of August 2016, the Trust's cash position was £24.2m against a planned figure of £20.2m. The reason for the increased cash is as reported previously, delays in capital spending (£2m) combined with favourable working capital (£2m).			<table><caption>Cash Trend 2016-17</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>20.2</td><td>20.2</td></tr><tr><td>M2</td><td>22.2</td><td>18.2</td></tr><tr><td>M3</td><td>22.2</td><td>20.2</td></tr><tr><td>M4</td><td>22.2</td><td>20.2</td></tr><tr><td>M5</td><td>24.2</td><td>20.2</td></tr><tr><td>M6</td><td>24.2</td><td>18.2</td></tr><tr><td>M7</td><td>24.2</td><td>18.2</td></tr><tr><td>M8</td><td>24.2</td><td>18.2</td></tr><tr><td>M9</td><td>24.2</td><td>20.2</td></tr><tr><td>M10</td><td>24.2</td><td>20.2</td></tr><tr><td>M11</td><td>24.2</td><td>18.2</td></tr><tr><td>M12</td><td>24.2</td><td>18.2</td></tr></tbody></table>	Month	Actual	Plan	M1	20.2	20.2	M2	22.2	18.2	M3	22.2	20.2	M4	22.2	20.2	M5	24.2	20.2	M6	24.2	18.2	M7	24.2	18.2	M8	24.2	18.2	M9	24.2	20.2	M10	24.2	20.2	M11	24.2	18.2	M12	24.2	18.2
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<b>CIP:</b> The Trust has a savings target of £9.059m for 2016/17. 91% delivery of the CIP target was achieved YTD as at August with 63% of this achieved through recurrent schemes. Alternative back-up/ Reserve schemes have contributed £822k of the year to date savings. This creates an overall adverse variance against plan of (£260k).			<table><caption>CIP Trend 2016-17</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>500</td><td>500</td></tr><tr><td>M2</td><td>600</td><td>500</td></tr><tr><td>M3</td><td>600</td><td>500</td></tr><tr><td>M4</td><td>300</td><td>500</td></tr><tr><td>M5</td><td>500</td><td>500</td></tr><tr><td>M6</td><td>500</td><td>500</td></tr><tr><td>M7</td><td>1,400</td><td>1,400</td></tr><tr><td>M8</td><td>700</td><td>700</td></tr><tr><td>M9</td><td>700</td><td>700</td></tr><tr><td>M10</td><td>700</td><td>700</td></tr><tr><td>M11</td><td>700</td><td>700</td></tr><tr><td>M12</td><td>1,000</td><td>1,000</td></tr></tbody></table>	Month	Actual	Plan	M1	500	500	M2	600	500	M3	600	500	M4	300	500	M5	500	500	M6	500	500	M7	1,400	1,400	M8	700	700	M9	700	700	M10	700	700	M11	700	700	M12	1,000	1,000
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M12	1,000	1,000																																								

## 4.2 Finance Detail

Aug-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	15,105	15,265	160
Patient Transport Service	2,378	2,599	221
111	2,642	2,766	123
Other Income	747	960	213
Operating Income	20,872	21,589	718
Pay Expenditure & reserves	(14,443)	(14,202)	241
Non-Pay expenditure & reserves	(5,405)	(5,974)	(569)
Operating Expenditure	(19,848)	(20,176)	(328)
EBITDA	1,024	1,413	390
EBITDA %	4.9%	6.5%	1.6%
Depreciation	(727)	(720)	7
Interest payable & finance costs	(15)	(15)	0
Interest receivable	7	6	(1)
Profit on fixed asset disposal	11	9	(2)
Dividends, interest and other	(177)	(230)	(53)
Retained (Deficit) / Surplus	123	464	341
I&E (Deficit) / Surplus %	0.6%	2.2%	1.6%

Year to Date		
Budget	Actual	Variance
£000	£000	£000
74,102	74,416	314
11,974	11,980	6
13,289	13,457	168
3,668	4,459	791
103,033	104,312	1,280
(72,122)	(70,441)	1,681
(27,573)	(29,790)	(2,217)
(99,695)	(100,232)	(537)
3,338	4,081	743
3.2%	3.9%	0.7%
(3,687)	(3,680)	7
(185)	(185)	0
34	28	(6)
54	44	(10)
(893)	(945)	(53)
(1,339)	(658)	681
(1.3%)	(.6%)	0.7%

	Annual Budget	Current Month Variance	YTD Variance
	£000	£000	£000
<b>Capital Plan</b>			
Estates	(2,541)	419	731
H&S	(1,232)	748	749
ICT	(1,111)	20	266
Fleet	(7,444)	-	3
Hart Vehicles and Equipment	(1,378)	-	86
Medical Equipment	(1,629)	329	219
Contingency	-	-	7
<b>Total Schemes</b>	<b>(15,335)</b>	<b>1,516</b>	<b>2,061</b>
<b>Total CRL</b>	<b>(14,755)</b>	<b>-</b>	<b>-</b>
<b>Over committed against CRL</b>	<b>(580)</b>	<b>-</b>	<b>-</b>

Plan	CATEGORY	Plan	Aug-16	YTD
%age of bills paid within terms	NHS	95%	81%	71%
%age of bills paid within terms	NON NHS	95%	87%	86%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	20,281	24,180	3,899



# 5 Workforce Scorecard

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

Associate Director of Human Resources – Kate Simms)

Aug-16

YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - Aug-16		Current Data - Aug-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4249	Aug-16	4253	Jul-16	4495		↓	4120	Aug-15
Equality & Diversity	5.64% fte	Aug-16	5.72% fte	Jul-16	11.1% fte		↓	5.31% fte	Aug-15
	5.90% hcount		5.91% hcount					5.57% hcount	
Monthly Sickness Absence	5.45%	Aug-16	5.29%	Jul-16	5% fte		↑	5.84%	Aug-15
Yearly Sickness Absence	5.43%	Sep-15 Aug-16	5.42%	Aug-15 Jul-16			↑	5.91%	Sep-14 Aug-15
Turnover	10.87% fte	Aug-16	11.02% fte	Jul-16	10.13% Amb Trust Average from iView		↓	11.78% fte	Aug-15
	13.15% hcount		13.43% hcount					13.54% hcount	
Current PDRs	81.24%	Aug-16	78.85%	Jul-16	90%		↑	76.13%	Aug-15
Stat & Mand Workbook	95.02% (combined)	Aug-16	93.90% (combined)	Jul-16	85% (combined)		↑	91.01% (Combined)	Aug-15
	88.94%	Aug-16	85.52%	Jul-16				91.01%	Aug-15
Overtime	£855k	Aug-16	£853k	Jul-16			↑	£903k	Aug-15
	£11,302k	Sep-15 Aug-16	£11,351k	Aug-15 Jul-16			↓	£11,765k	Sep-14 Aug-15

Sickness absence remains above the Trust target of 5%.

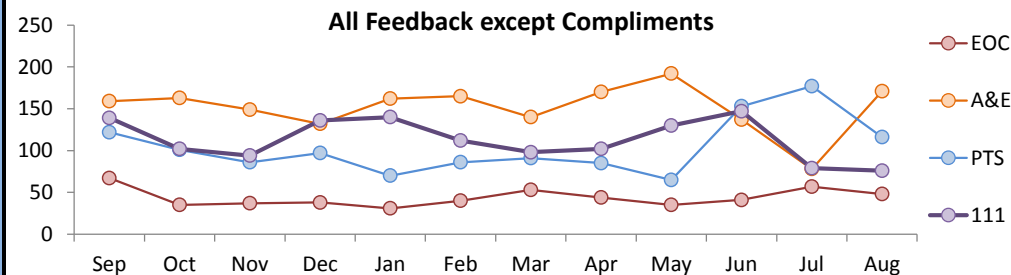
## 6.1 Quality and Risk

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

Aug-16

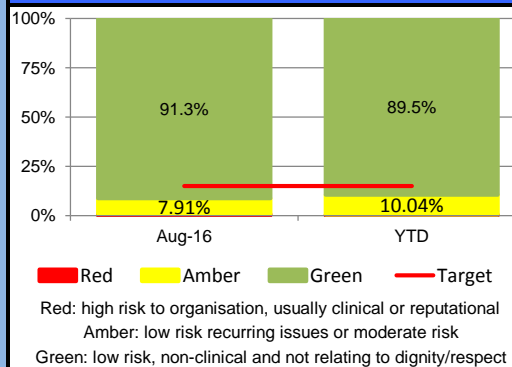
### 1. Feedback received by type (Includes complaints, concerns, comments made by patients and their families, issues raised by other healthcare professionals, and other general enquiries.)

	EOC		A&E		PTS		111		Total	
	Aug-16	YTD	Aug-16	YTD	Aug-16	YTD	Aug-16	YTD	Aug-16	YTD
Complaint	19	79	8	59	14	69	41	220	82	427
Concern	11	56	20	73	36	223	2	19	69	371
Service to Service	15	77	17	69	51	235	20	216	103	597
Comment	0	1	5	29	4	31	2	24	11	85
Compliment	1	4	63	246	4	8	11	54	79	312
Lost/Found Proper	0	3	35	153	4	9	0	0	39	165
PALS request	2	5	23	119	3	21	0	1	28	146
<b>Total</b>	<b>48</b>	<b>225</b>	<b>171</b>	<b>748</b>	<b>116</b>	<b>596</b>	<b>76</b>	<b>534</b>	<b>411</b>	<b>2103</b>
<b>Demand</b>	<b>72,704</b>	<b>365,977</b>	<b>62,089</b>	<b>313,189</b>	<b>66,473</b>	<b>330,206</b>	<b>117,674</b>	<b>635,675</b>	<b>318,940</b>	<b>1,645,047</b>
<b>Proportion</b>	<b>0.07%</b>	<b>0.06%</b>	<b>0.28%</b>	<b>0.24%</b>	<b>0.17%</b>	<b>0.18%</b>	<b>0.06%</b>	<b>0.08%</b>	<b>0.13%</b>	<b>0.13%</b>



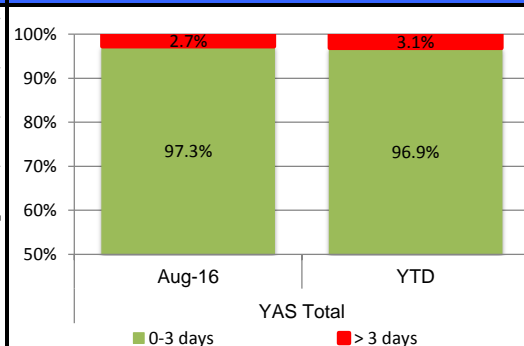
The Number of cases in July has again seen an increase for PTS with a specific focus on renal services in West Yorkshire following some recent service changes. Action is continuing to address the service issues and to engage users of the service in the improvement process.

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



Overall Complaints & Concerns for Red remain very low. Amber stands at 7.91% for August, which is below the 15% Target

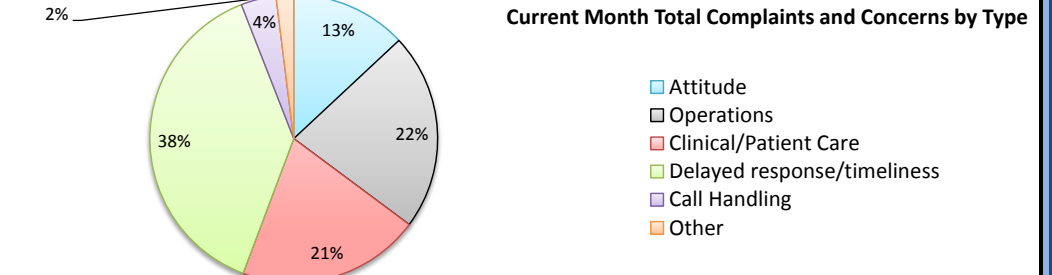
### 4. Acknowledgement Times for complaints (Target 95% in 3 WD)



Acknowledgement response times to complaints compliance has increased again slightly in August

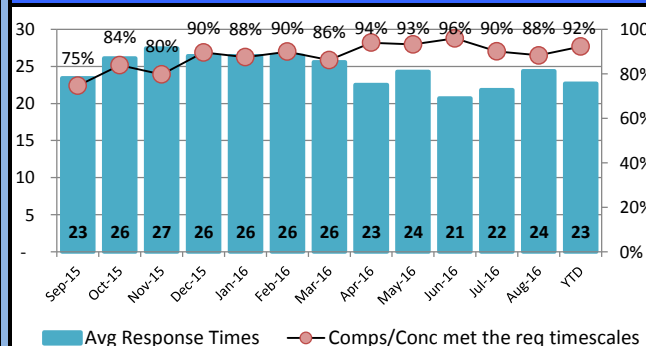
### 2. Complaints and Concerns (including issues raised by healthcare professionals ) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	Aug-16	YTD	Aug-16	YTD	Aug-16	YTD	Aug-16	YTD	Aug-16	YTD
Attitude	0	0	21	80	10	41	2	40	33	161
Operations	0	2	18	67	8	37	30	291	56	397
Clinical/Patient Care	0	0	6	46	16	51	30	122	52	219
Delayed response	34	153	0	2	63	375	0	0	97	530
Call Handling	7	42	0	2	3	22	0	0	10	66
Other	4	15	0	4	0	0	1	2	5	21
<b>Total</b>	<b>45</b>	<b>212</b>	<b>45</b>	<b>201</b>	<b>100</b>	<b>526</b>	<b>63</b>	<b>455</b>	<b>253</b>	<b>1394</b>
<b>Demand</b>	<b>72,704</b>	<b>365,977</b>	<b>62,089</b>	<b>313,189</b>	<b>66,473</b>	<b>330,206</b>	<b>117,674</b>	<b>635,675</b>	<b>318,940</b>	<b>1,645,047</b>
<b>Proportion</b>	<b>0.06%</b>	<b>0.06%</b>	<b>0.07%</b>	<b>0.06%</b>	<b>0.15%</b>	<b>0.16%</b>	<b>0.05%</b>	<b>0.07%</b>	<b>0.08%</b>	<b>0.08%</b>



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

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



Responses to complaints are being made in time, with the date agreed with the complainant being 88% of cases in August, with an average response time of 24 days. YTD compliance is 92% and average response time is 23 days

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

(YAS total inc HCP)	Total	
	Aug-16	YTD
Upheld	140	660
Partly Upheld	61	274
Not Upheld	76	441
<b>Total</b>	<b>277</b>	<b>1375</b>

The majority of cases closed this month were Upheld

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

	Total	
	Aug-16	YTD
<b>Total YAS</b>	<b>3</b>	<b>14</b>
<b>No. reopened</b>	<b>3</b>	<b>14</b>
<b>% of C&amp;C</b>	<b>2.0%</b>	<b>1.8%</b>

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

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

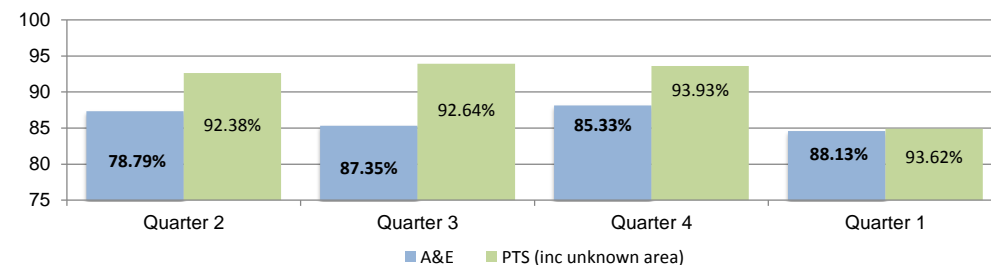
### 8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
	Aug-16	YTD	Aug-16	YTD	Upheld		Partially Upheld		Not Upheld	
					Aug-16	YTD	Aug-16	YTD	Aug-16	YTD
EOC	1	6	0	4	0	0	0	0	0	2
A&E	0	1	0	1	0	0	0	0	0	2
PTS	0	0	0	0	0	0	0	0	0	0
111	1	2	1	2	0	1	0	0	0	0
<b>Total</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>

Only 2 referrals were received in August - 1 each for 111 & EOC.

## Patient Survey Results (Friends and Family Test)

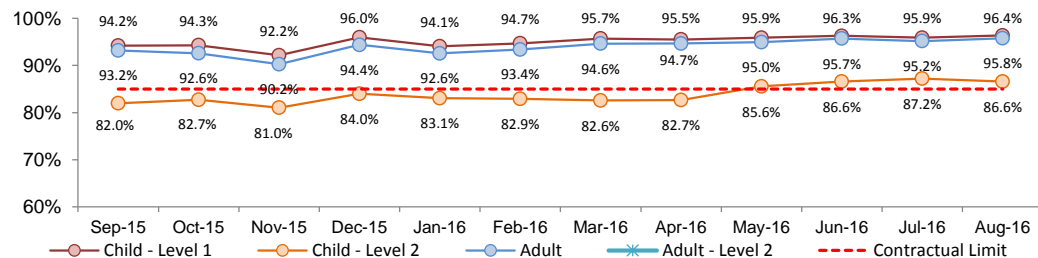
### 9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



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

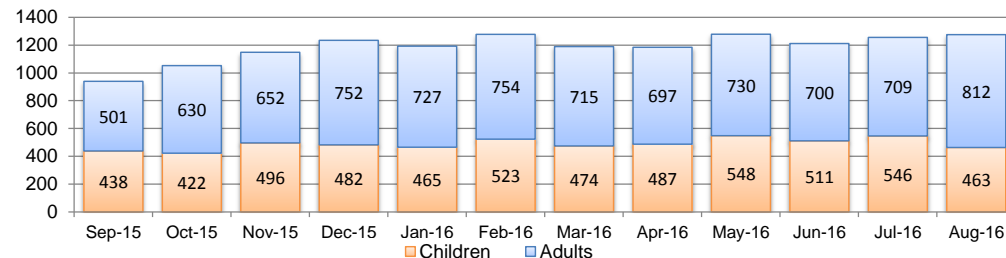
## Safeguarding

### 10. Number of eligible workforce trained



The Trust is achieving its target for Child Level 1 & 2 and Adult training. Work is ongoing to agree a Trajectory with Commissioners for Adult Level 2, following a recent change to the Intercollegiate Standards. Adult level 2 training is being undertaken but work is continuing to develop the associated compliance reporting.

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



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

## Results of IPC Audit

### 12. Infection, Prevention and Control

Area	Audit	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Overall Compliance (Current Year)	Hand Hygiene	97%	97%	98%	98%	99%	99%	99%
	Premise	97%	99%	97%	98%	98%	98%	99%
	Vehicle	98%	99%	98%	98%	99%	98%	97%
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	99%	99%	99%	97%	98%
	Premise	99%	98%	88%	95%	99%	98%	99%
	Vehicle	97%	99%	97%	97%	93%	97%	98%
Red Key	No Audits Completed or minimum audit requirements met with compliance <80%		Amber Key	Minimum audit requirements met with compliance 80% to 94%		Green Key	Requirements met with compliance >94%	

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

Actions: enforce good hand hygiene as per guidance.

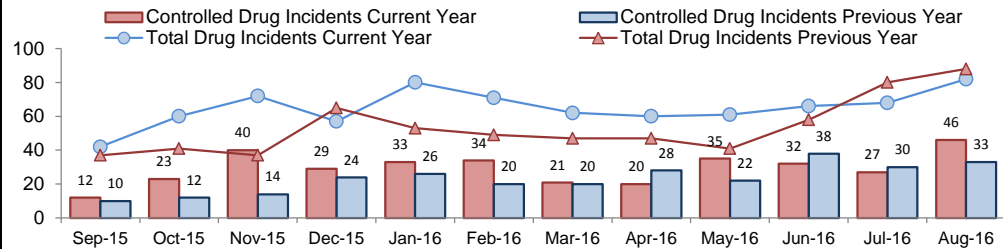
Premises cleaning. Clinical and general waste bins overflowing. COSHH signage not displayed.

Actions: issues with waste reported to estates for resolution. COSHH signage check in relevant areas.

Actions: ensure vehicles kept clean and tidy at all times.

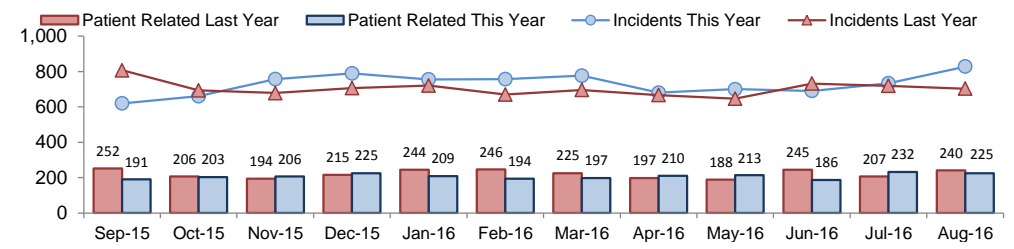
## Incident Reporting, FOIs and Legal Requests

### 13. Medicines Incidents



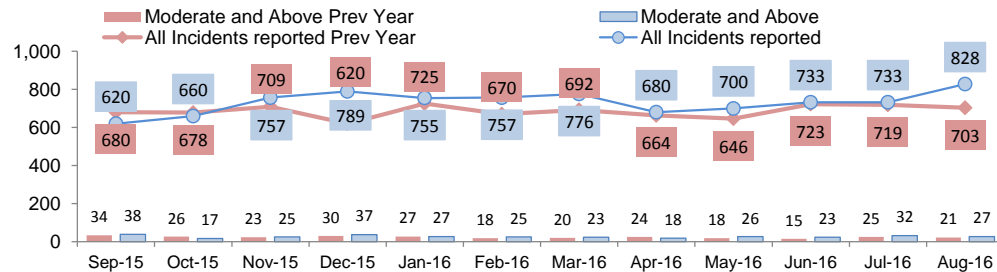
There were a total of 82 medication-related incidents for the month of August, of which 46 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

### 14. Incidents Reported



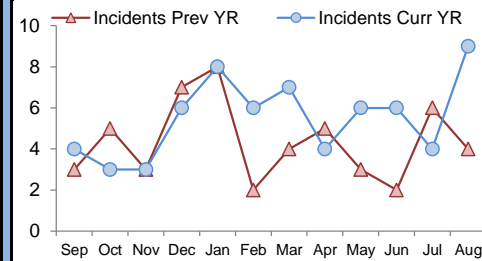
An overall decrease from July to August in Patient Related incidents by 3%. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed. Of the 94, 21 of these relate to delays in response due to lack of sufficient resource to meet demands.

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



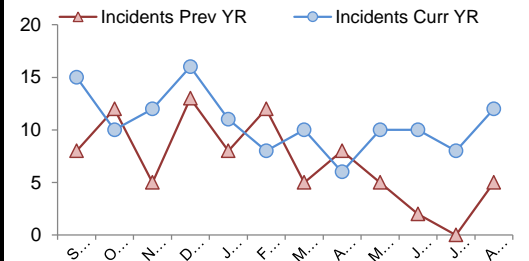
August saw an increase in the number of incidents reported within A&E Operations with a 20% increase on previous months. This is inline with Activity increase.  
An overall increase of 13% in incidents reported from July to August and this is a positive indicator with focus being given during 16-17 on increasing incident reporting.  
Incidents categorised as no harm represent 73.4% of the total number of incidents in August.  
Incidents in the category of moderate or above harm represent 3.3% of the total number of incidents in August.

### 16. Serious Incidents



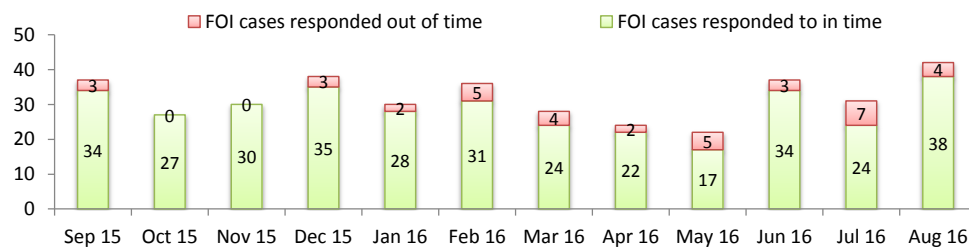
There were 9 Serious Incidents in August, 4 related to Delayed despatch/response, 3 Road Traffic Collision, 1 Patient Fall & 1 Inadequate clinical assessment.

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



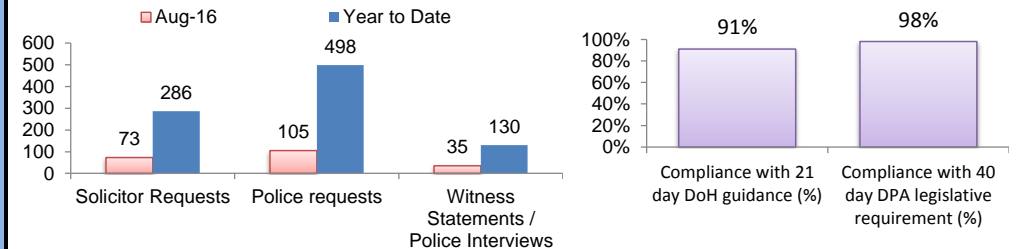
The themes and trends are showing within the RIDDOR reports as highlighted in the moving and handling summary above. Most of these involve a range of incidents including handling, lifting and carrying patients and numbers are fairly consistent with previous months.

### 18. FOI Requests



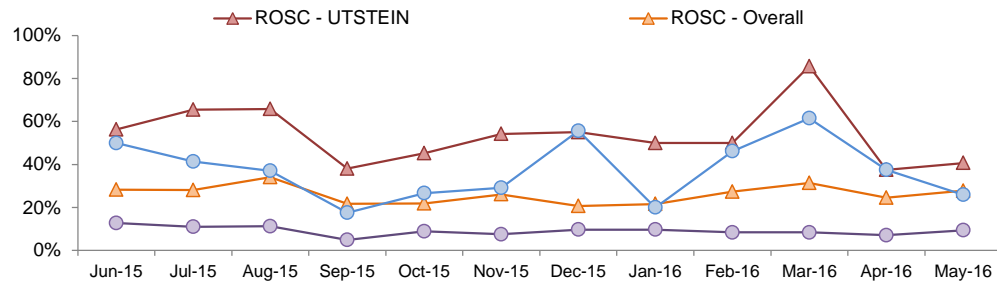
FOI Requests increased in August, with 90.5% of responses being completed in time.

### 19. Legal Requests



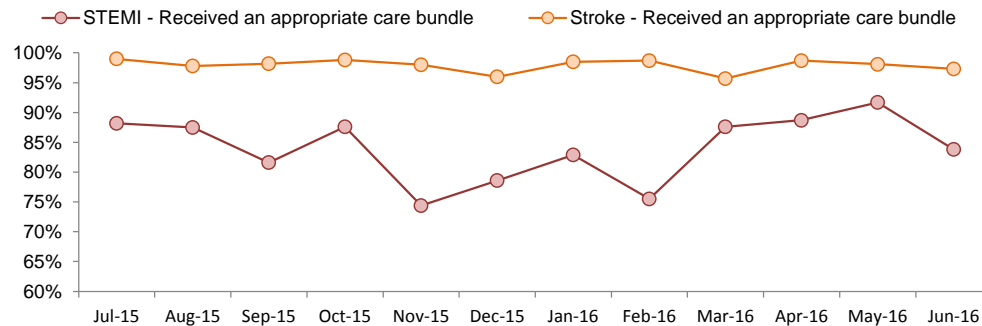
Compliance with requests remain high

## 20. Outcome from Cardiac Arrests



The most current data available for ROSC and survival to discharge is for May 2016. Data indicated that ROSC (overall) and Survival to discharge (overall) performance was in line with performance over the preceding months, with the addition of a particularly good percentage performance for ROSC (overall) in March, which was notably the highest performance seen since August 2015. Performance for ROSC (UTSTEIN) and Survival to discharge (UTSTEIN) have continued to fluctuate, which is the result of the very small number of patients included in this group.

## 21. AQI Care Bundle



STEMI and stroke data for June 2016 indicated that consistently high levels of care are being delivered to patients. A slight decrease was seen from May's figure for STEMI care, however May's performance was particularly high at 91.7%, which was the highest performance seen so far this year. June's performance of 83.8% is in line with the year to date average performance. For stroke care, exceptionally high levels of care were delivered in June with a performance of 97.3%. Currently, the year to date average is at 97.8%. Furthermore, improvements have been made over recent months to the ACQI data auditing process in order to provide additional confidence in the accuracy of this data.

## 22. Clinical Performance Indicators

Asthma CPI	Cycle 16 - Dec 2015		Cycle 17 - June 2016	
	YAS	National	YAS	National
A1-Respiratory rate recorded	100.0%	99.6%	99.0%	99.7%
A2-PEFR recorded (before treatment)	75.1%	74.9%	75.5%	76.8%
A3-SPO2 recorded (before treatment)	85.2%	94.1%	91.5%	96.5%
A4-Beta-2 agonist recorded	100.0%	98.1%	99.5%	96.0%
A5-Oxygen administered	99.5%	97.0%	100.0%	96.2%
Care Bundle for Asthma (A1 + A2 + A3 + A4)	66.1%	71.2%	69.0%	70.9%

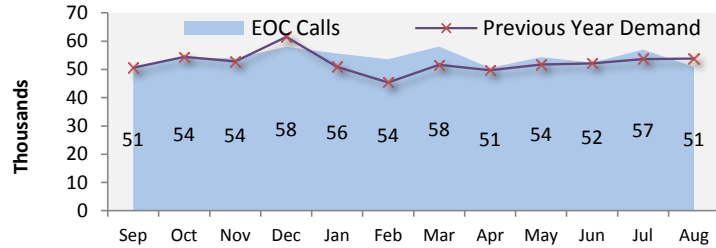
There is a 4.2% increase when Cycle 17 is compared to Cycle 16, with standard A2, peak flow recorded before treatment, needing the most improvement. With the introduction of storage bags for the peak flow meter, this will improve use.



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

Aug-16

## 1. Demand



Service level YTD is currently 9.3% below target.

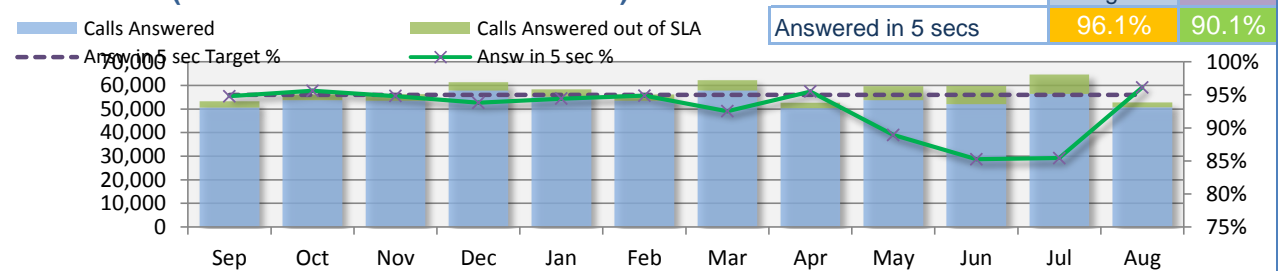
### Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	265,174	263,363	237,278	90.1%
2015/16	260,976	260,195	250,677	96.3%
Variance	4,198	3,168	(13399)	
Variance	1.6%	1.22%	(5.3%)	(6.2%)

## 3. Quality

		Aug	YTD
<b>Serious Incidents</b> (Rate Per 1000 Responses))		3(0.04) ↔	12(0.03)
<b>Total Incidents</b> (per 1000 calls)		98(1.35) ↓	469(1.28)
There was 3 Serious Incident(s) in Aug year to date this now stands at 12			
<b>Feedback</b>	Complaints	19 ↑	79
	Concerns	11 ↑	56
	Comments	0 ↔	1
	Service to Service	15 ↓	77
	Compliments	1 ↑	4
<b>Response within target time for Complaints and Concerns</b>		100%	95%
<b>Outcome of Ombudsman Cases</b>	Upheld	0%	0%
	Not Upheld	0	2

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



	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Calls Answered out of SLA	2,635	2,364	2,778	3,593	3,079	2,746	4,327	2,266	5,950	7,679	8,221	1,969
Calls Answered	50,612	53,776	53,525	57,802	55,209	53,462	57,851	50,356	53,739	52,074	56,432	50,762
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	94.8%	95.6%	94.8%	93.8%	94.4%	94.9%	92.5%	95.5%	88.9%	85.3%	85.4%	96.1%

Whilst call volumes continue to be higher than this time last year, service developments have been made and additional EMD training ongoing from which improvements are clear for August. The vacancy factor for Emergency Medical Dispatchers (Call Handlers) within the EOC has been significantly reduced with an additional 19 WTE new recruits, 8 of which are now fully trained to take emergency calls and 11 to deal with all urgent calls including HCP, Police, Fire and Prisons. An additional 10 new recruits will be trained in October bringing this staffing group to full establishment in time for winter pressures.

## 4. Workforce

### FT Equivalents

Aug-16	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	388	19.4	97	271	70%
Contracted FTE (before overtime)	362	18.1	91	254	70%
Variance	(25)	(1)	(6)	(18)	(6.6%)
% Variance	(6.6%)	(6.6%)	(6.6%)		
FTE worked inc overtime	380	27.4	96	257	68%
Variance	(8)	8	(1)	(14)	(5.3%)
% Variance	(1.9%)	41.4%	(1.2%)		

\* 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 25 FTE under budget with a variance of (6.6)%.

## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	128	128	0

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

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

Aug-16

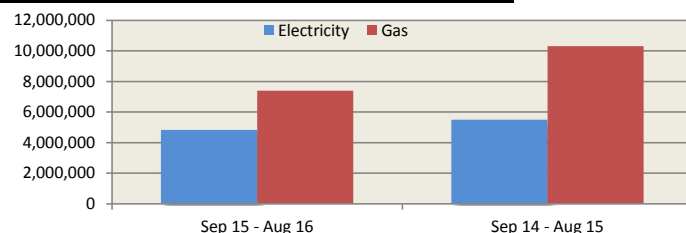
## 1. Demand

Number of Jobs Received - **478** of which **404** logged for YAS Estates Direct Labour.

Out of Hour Call's received - **4**

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

kWh	Electricity (kWh)	Gas (kWh)
Sep 15 - Aug 16	4,820,336	7,400,323
Sep 14 - Aug 15	5,487,195	10,318,176
	-12.15%	-28.28%



## 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:

- **88%** of reactive maintenance requests completed within response timeframes - **420 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(193)**
- **94 %** of statutory planned preventative maintenance site visits completed within response timeframes.(100% not achieved due to Staff Annual Leave)
- Appraisals undertaken - **100% completed**

## 3. Quality of Service

- The Upgrade of Ambulance Station Clinical Store Rooms scheme is progressing well and is virtually complete, with three outstanding and low risk stations requiring final completion and snagging.
- The Regulatory Reform Order (Fire Safety) 2005 compliance risk assessments are complete, enabling planning of the Trust Fire Safety Strategy for 2017
- Draft Internal Audit reports for 1) Property Portfolio Asset Management and 2) Estates Operational Facilities Management; show a significant level of compliance and assurance.

## 4. Staffing

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

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

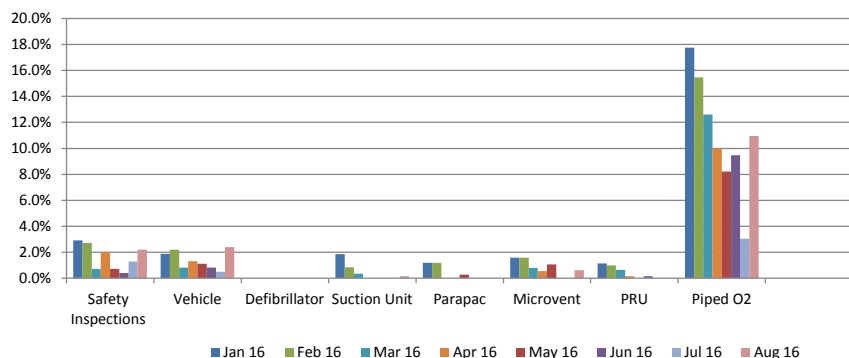
Sickness in Aug 2016 for Estates was at 0.17%.

## 5. Finance

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

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

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



### Key Points

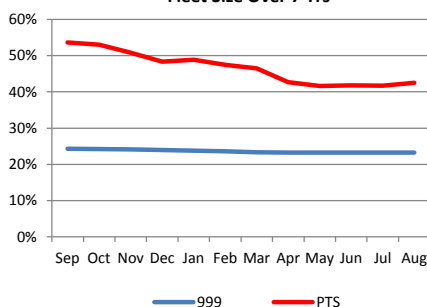
Routine vehicle maintenance remains within KPI, although August has seen a increase due to high VOR and increased Operational requirement on Double Crew Ambulances. Working hours and staffing resources has been moved to accommodate peak demand times to bring the VOR and Servicing back into line. Any vehicles outside the service window are captured through the Fleet Service Breach Standard Operating Procedure. Medical equipment maintenance remains above KPI targets. Piped oxygen servicing has remained stable in August due to resources provided from the service provider.

Inspections/Services out of Window	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	%	DOT
Safety Inspections	4	11	4	2	7	12	2.2%	↑
Vehicle Services	3	5	4	3	2	9	2.4%	↑
Defibrillator servicing	0	0	0	0	0	0	0.0%	↔
Suction Unit servicing	2	0	0	0	0	1	0.1%	↑
Parapac servicing	0	0	1	0	0	0	0.0%	↔
Microvent servicing	1	1	2	0	0	1	0.6%	↑
Pain Relief Unit (PRU)	4	1	0	1	0	1	0.0%	↔
Piped O2	66	56	46	53	17	59	11.0%	↑

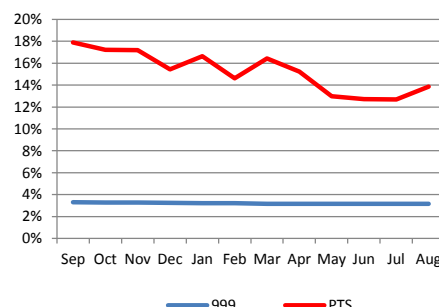
## 1.2 Vehicle Age

Vehicles >= 7 years	999	125	23.1%	PTS	163	39.6%	Total	288
Vehicles >=10 years	Fleet	17	3.3%	Fleet	36	8.7%		53

Fleet Size Over 7 Yrs

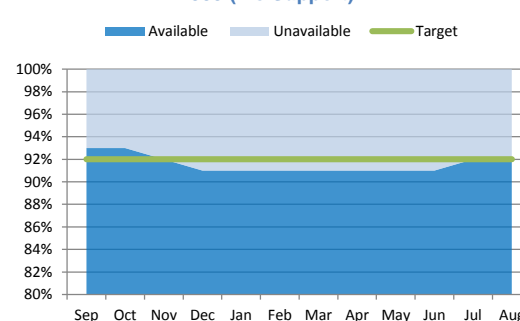


Fleet Size Over 10 Yrs

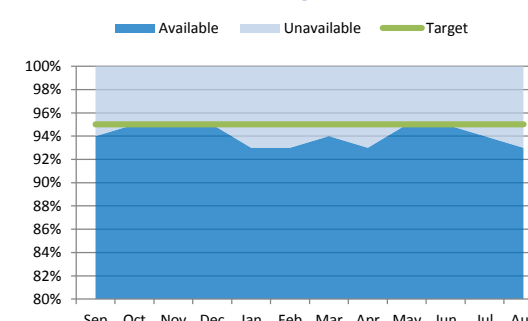


## 2. Performance

### 999 (Inc Support)



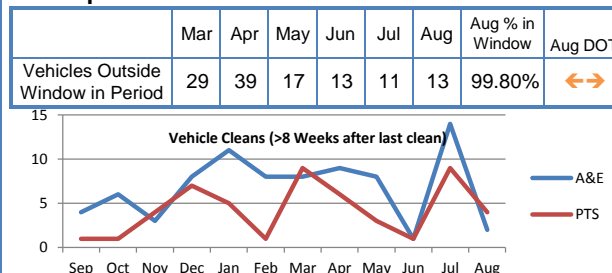
### PTS



### Key Points

A&E availability achieved target in August. There was a rise in short term VOR's in PTS meaning the vehicle availability dropped to 93% against the target of 95%. There were no reported vehicle shortages.

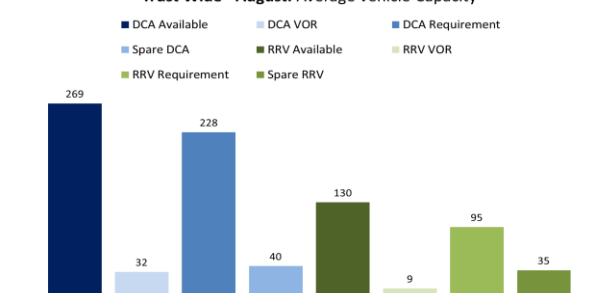
## 3. Deep Clean



August saw the Ancillary Services Cleaning Review document released and the identified key 'Next Steps' has already been assessed and changes commenced including implementation of 'Temp to Perm', additional Mobile Relief Station Cleaners and the recruitment of a Regional Team Leader and Training Supervisor. Training & Compliance is continuing with 100% of vehicle cleaners completed, 95% of station cleaners completed.

## 4. Vehicle Capacity

Trust Wide - August: Average Vehicle Capacity



## 5. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)			Available	
	FTE	Sickness	Total	%
Budgeted	100	5.0	95	95%
Actual	93	7.4	86	92%
Variance	(6)	(2.4)	(9)	(9.2%)
% Variance	-6%	+48%		

Sickness absence remains within budget in August although long term absence remains high through the month with 2 members of staff with return dates in September, staff are being managed inline with the Trust attendance policy.

## 6. Finance (YTD)

£000	Plan	Actual	Variance
CIPs	615	552	(62)

Quality and Efficiency Savings (CIPs) are currently (£62k) behind plan from a non achievement of income generation (£21k) and the retender fleet parts contract has not been achieved by (£42k).

## Business Continuity

- PTS locality Manager training on Incident Management and BC
- Executive training day and BC Exercise
- Debrief Report for Morrisons fire
- With head of resilience quoted three days consultancy with Wakefield CCG for 1 day JDM for health
- Review of the assurance processes for the Trust with Kevin Wynn
- Review of BC for PTS bid
- Application for BC to Statutory and Mandatory progressed with OEE
- Quote prepared for Calderdale and Huddersfield for 1 day JDM for Health
- ISO22301 training for HART and Air Ambulance
- Attended SY BC Group meeting
- Completed final report of Exercise Solar Storm (BC leads day)
- Met with for Community Resilience and S&C departments and planned table top exercises for them
- Drafted table top exercise planner for all departments, currently have 11 booked/planned in
- Wrote to top 15 YAS suppliers requesting completion of 3PQ questionnaire
- Supported Debrief facilitator Mike Shanahan with the Birstall Incident debrief, drafted notes and debrief report
- 3-yr rolling BCMS programme finalised and circulated to BC leads
- Ran Exercise Woodpecker for Community Resilience team, & assisted with production of Final Report
- Updated site specific BC plan template following feedback from Manor Mill group
- Published revised BC plan for Clinical dept
- Corporate Comms BC plan now in final draft awaiting sign-off by Director

## Emergency Preparedness and Response

Traditionally a quieter month in the EPRR calendar due to the summer holidays

- Started the NHS England EPRR Assurance process for 2016-17
- Conducted the YAS Executive Training session at YAS/Health Gold Cell
- Prepared a report for the York Independent Flood enquiry in relation to our experience of the 2015 festive flooding in the York area
- Increased the commander footprint covering the Leeds(Chapeltown) Carnival and the Feeds Festival events given the crowd sizes and number of casualties generated.

Training	Number of Courses
Resilience Awareness Session	1
Executive Awareness Session	1
Health JDM Course	1
BCM and ISO22301 course	1

### Exercises

Leeds Festival Table Top Exercise 11th August (Ops Commander, Resilience Team x2)

SY COMAH Exercise Four Corners 16th August (Ops Commander, NILO / HAZMED, CSA)

## Hart and Special Operations

**HART** staffing has improved slightly, but we continue to be challenged with the following issues

2 staff are on their Technician to Paramedic conversion course returning in December.

1 staff member is seconded to the NARU until March 2017

1 staff member is due to go on a career break in September

1 vacancy

The Training Manager is on long term absence.

A review of the HART deployment criteria is underway, following the introduction of the Ambulance Response Programme changes. This cannot be completed until the new updated codes have been received

The new staff training and CPD folders for recording HART competences have been delivered and are now in operation.

**Air Ambulance:** The first of the two new aircraft has been delivered and is operational. The second is scheduled for transfer of ownership at the end of October.

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

## Community Resilience Team

Numbers	No. CFR	No. EFRs	No. Static	No. CPADS
ABL	200	10	274	150
CKW	104	22	227	63
HULL/EAST	71	83	104	127
SOUTH	191	15	437	46
NORTH	379	16	179	281

% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.8%	1.0%	2.9%	4.5%
CKW	0.9%	1.2%	2.0%	3.2%
HULL/EAST	2.0%	2.6%	3.0%	4.8%
SOUTH	1.6%	2.1%	3.8%	5.4%
NORTH	0.8%	1.0%	3.5%	4.9%

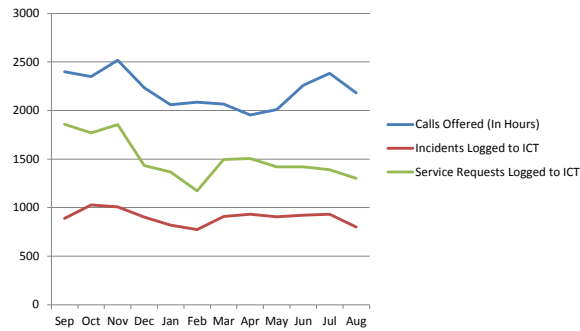
	Actual	Overall
EFRs	0.5%	0.5%

## A1.5 IM&T (Nominated Lead: Associate Director of IM&T - Ola Zahran)

Aug-16

### 1. Demand

Support Demands on ICT Resources By Month

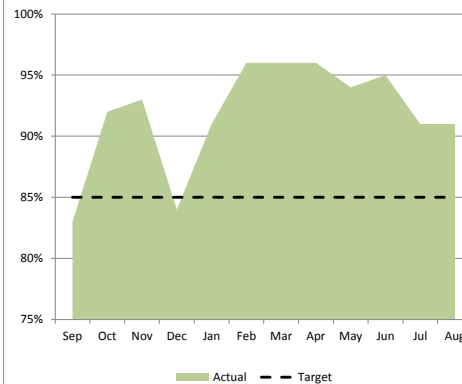


	Mar	Apr	May	Jun	Jul	Aug
Calls Offered (In Hours)	2,067	1,953	2,008	2,260	2,381	2,180
Incidents Logged to ICT	907	930	904	921	930	801
Service Requests Logged to ICT	1,496	1,504	1,418	1,418	1,391	1,301
Total number of active projects	11	17	13	14	15	16

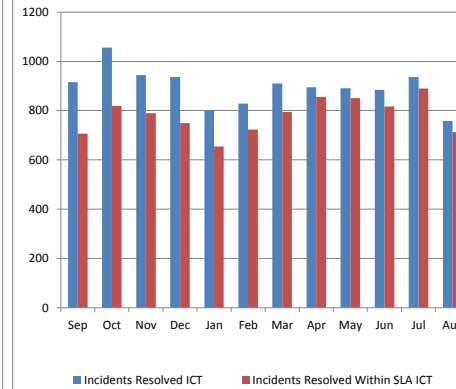
Incident = Unplanned interruption or reduction in quality of and IT service.  
Request = Requests for hardware, software, access to data and locations etc.  
Calls offered for incidents and requests has decreased this month

### 2. Performance

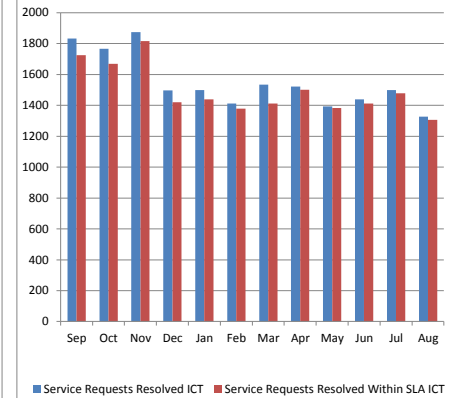
% Calls Answered Within Threshold



Incidents Resolved/Resolved Within SLA



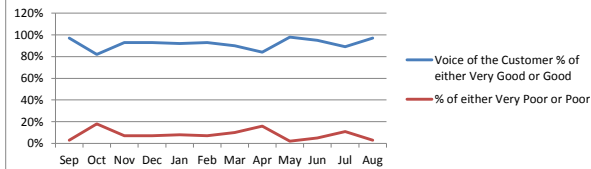
Requests Resolved/Resolved Within SLA



% Calls Answered Within Threshold (10 seconds), Target 85%	Mar	Apr	May	Jun	Jul	Aug
Overall ICT Achievement on SLA for Incidents and Requests, Target 80%	96%	96%	94%	95%	91%	91%
Incidents Resolved ICT	910	895	891	884	836	758
Incidents Resolved Within SLA ICT	795	856	850	817	890	713
Service Requests Resolved ICT	1,535	1,521	1,393	1,439	1,499	1,326
Service Requests Resolved Within SLA ICT	1,412	1,502	1,382	1,412	1,478	1,307

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

### 3. Quality of Service



	Mar	Apr	May	Jun	Jul	Aug
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	100.00%	99.79%	99.50%	100.00%	99.78%	100.00%
Telecoms Availability (unplanned)	99.99%	100.00%	100.00%	99.40%	99.73%	99.73%
Radio Availability (unplanned)	100.00%	100.00%	99.87%	100.00%	99.73%	100.00%
% of either Very Good or Good	90.00%	84.00%	98.00%	95.00%	89.00%	97.00%
% of either Very Poor or Poor	10.00%	16.00%	2.00%	5.00%	11.00%	3.00%

Unplanned Telecoms downtime was for CC6 for 2 hours on 26/08/16

### 4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6,339			4,438
Actual	40	6,339			4,519
Variance		0	0		82
%Variance	100%	100%			0%
<b>SICKNESS</b>					
5% Sickness on Budgeted			317		
5% Sickness on Actual			317		
Recorded Monthly Sickness				368	
Variance between Budget and Actual Targets				51	
<b>ABSENCE</b>					
25% Absence on Budgeted			1,585		
25% Absence on Actual			1,585		
Recorded Monthly Absence				1,453	
Variance between Budget and Actual Targets				(132)	

Sickness figures have been impacted due to 2 long term sickness absences. This has improved from 420 Sickness actual hours in the previous month

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



## Annex 2 Ambulance Quality Indicators - YAS

Aug-16

Indicator	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:04
Time to Answer (95%)	0:19	0:19	0:20	0:20	0:23	0:23	0:25	0:22	0:30	0:22	0:29	0:37	0:38	6	0:06	to	1:49
Time to Answer (99%)	0:55	0:57	1:01	0:55	1:06	1:12	1:15	1:09	1:22	1:04	1:25	1:31	1:45	7	0:46	to	3:08
Abandoned calls	0.80	0.70	0.85	1.01	1.22	0.90	1.10	0.79	1.10	0.81	0.88	0.87	1.18	5	0.28	to	2.81
Cat Red 8 minute response - RED 1 (75%)*	70.8	68.7	70.1	73.7	73.8	69.0	69.0	69.6	68.5	69.7					64.5	to	76.2
Cat Red 8 minute response - RED 2 (75%)*	70.1	70.0	70.4	72.5	73.3	71.0	71.9	71.3	69.5	74.2					54.4	to	73.9
95 Percentile Red 1 only Response Time*	13.7	15.4	14.7	13.5	13.3	14.5	14.4	14.3	14.3	14.5					9.6	to	16.8
Cat Red 19 minute response (95%)*	95.3	95.0	95.3	95.3	95.3	93.9	94.7	94.3	93.7	95.7					84.9	to	97.1
Cat Red 8 minute response**										73.1	71.1	68.0	66.5		N/A		
Cat Amber 19 minute response**										82.0	74.9	71.9	67.8				
Cat Green 60 minute response**										96.3	96.1	94.9	92.2				
Time to Treat (50%)	5.9	5.9	5.8	5.5	5.6	5.8	6.4	6.1	5.9	6.0					4.6	to	11.7
Time to Treat (95%)	15.1	15.5	15.1	14.2	14.3	15.4	15.9	15.3	15.5	13.3					12.1	to	24.5
Time to Treat (99%)	22.5	23.7	22.8	21.8	21.3	23.6	23.8	23.0	23.4	19.5					18.2	to	44.1
STEMI - Care	88.2	87.5	81.6	87.6	74.4	78.6	82.9	75.5	87.6	88.7	91.7	83.8		2	69.1	to	89.3
Stroke - Care	99.0	97.8	98.2	98.8	98.0	96.0	98.5	98.7	95.7	98.7	98.1	97.3		4	95.2	to	99.5
Frequent caller *	1.51	1.80	1.63	1.47	1.78	2.07	2.00	2.56	2.29	2.85	3.28	3.40	3.49	5	0.20	to	3.30
Resolved by telephone	8.1	8.2	7.5	7.2	7.8	9.4	8.2	7.9	9.1	8.3	6.7	7.1	7.2	7	5.2	to	15.7
Non A&E	32.5	32.9	31.2	31.7	30.3	31.1	30.7	29.8	29.4	30.2	29.9	29.7	30.4	10	30.1	to	49.6
STEMI - 150	86.4	87.7	80.0	89.3	79.3	91.3	79.0	84.9	86.4	91.2				5	76.1	to	94.8
Stroke - 60	55.8	57.0	54.0	53.6	51.1	55.2	49.3	51.5	48.7	54.4	52.0	43.2	47.1	5	36.4	to	76.4
ROSC	28.1	34.1	21.7	21.9	26.1	20.7	21.6	27.3	31.4	24.5				9	24.3	to	38.1
ROSC - Utstein	65.5	65.8	38.1	48.2	54.2	55.0	50.0	50.0	85.7	37.5				10	37.5	to	76.9
Cardiac - STD	11.0	11.3	4.9	8.9	7.5	9.7	9.7	8.4	8.4	7.1				7	4.7	to	16.7
Cardiac - STD Utstein	41.4	37.1	17.6	26.7	29.2	55.6	20.0	46.2	61.5	37.5				2	15.0	to	38.5
Recontact 24hrs Telephone	1.5	1.8	1.9	1.1	1.7	1.9	2.2	5.5	5.5	6.0	5.3	6.5	6.3	4	2.3	to	14.8
Recontact 24hrs on Scene	3.0	3.1	3.2	2.9	2.8	2.2	1.4	2.8	3.2	2.5	1..8	1.4	1.8	1	1.9	to	8.1

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

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

Aug-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	0:04	0:01	0:01	2	July
Time to Answer - 95%		mm:ss	0:28	0:06	0:06	0:33	0:17	0:53	1:49	1:01	0:11	0:32	6	July
Time to Answer - 99%		mm:ss	1:19	0:46	0:49	0:53	1:00	2:02	3:08	2:57	0:49	1:26	7	July
Abandoned calls		%	1.45	0.48	0.30	0.28	1.34	1.08	2.81	2.52	0.87	0.95	5	July
Cat Red 8 minute response - RED 1	75%	%	67.7	64.7	70.1	66.8	73.6	72.7	64.5		76.2			July
Cat Red 8 minute response - RED 2	75%	%	56.5	57.7	64.7	67.7	65.6	72.7	54.4		73.9			July
95 Percentile Red 1 only Response Time		Time	15.4	16.8	13.5	15.2	14.2	14.4	16.4		9.6			July
Cat Red 19 minute response	95%	%	84.9	88.9	93.9	91.8	91.2	94.6	89.9		97.1			July
Cat Red 8 minute response (ARP)	75%	%								N/A		68.9		July
Cat Amber19 minute response (ARP)		%								N/A		72.5		July
Cat Green 60 minute response (ARP)		%								N/A		94.7		July
Time to Treat - 50%		mm:ss	11.7	8.0	6.8	7.1	7.1	6.3	7.7		4.6			July
Time to Treat - 95%		mm:ss	24.1	24.5	18.6	24.2	24.0	19.8	23.9		12.1			July
Time to Treat - 99%		mm:ss	40.3	36.2	35.4	40.3	44.1	37.0	38.7		18.2			July
STEMI - Care		%	88.5	89.3	69.3	88.5	88.1	70.2	69.1	82.0	82.7	88.7	2	April
Stroke - Care		%	99.1	99.2	95.6	99.0	99.5	98.5	95.8	95.2	98.8	98.7	4	April
Frequent caller *		%	0.2	0.3	0.4	0.6	1.1	3.2				3.3	5	July
Resolved by telephone		%	15.7	6.4	10.3	7.6	9.5	11.5	5.9	14.4	5.2	7.3	7	July
Non A&E		%	32.4	40.9	36.1	32.9	32.2	41.8	49.6	49.0	37.6	30.1	10	July
STEMI - 150		%	92.6	94.5	94.8	90.9	76.1	81.8	94.2	79.0	88.6	91.2	5	April
Stroke - 60		%	52.8	43.1	64.6	55.3	47.2	36.4	76.4	36.7	57.0	54.4	5	April
ROSC		%	29.7	29.1	31.1	25.9	38.1	36.0	26.3	24.3	30.8	24.5	9	April
ROSC - Utstein		%	38.1	50.0	60.0	76.9	61.0	45.2	61.1	56.4	40.5	37.5	10	April
Cardiac - STD		%	4.9	4.7	8.4	7.5	9.1	16.7	6.2	8.1	10.2	7.1	7	April
Cardiac - STD Utstein		%	15.0	26.9	37.5	38.5	23.7	16.7	25.7	26.3	21.4	37.5	2	April
Recontact 24hrs Telephone		%	2.3	8.5	3.1	14.0	4.3	8.9	7.3	10.2	14.8	6.0	4	July
Recontact 24hrs on Scene		%	4.3	5.2	8.1	5.0	3.0	4.7	5.4	4.6	6.8	1.9	1	July

