



## Integrated Performance Report – December 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% & 95%) and re-contact rates (telephone). YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

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## IPR Compendium (2015-16 Key Facts)

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

#### VEHICLES

  
**300**  
Double-Crew  
Ambulances

  
**188**  
Rapid-Response  
Vehicles

  
**416**  
PTS Vehicles

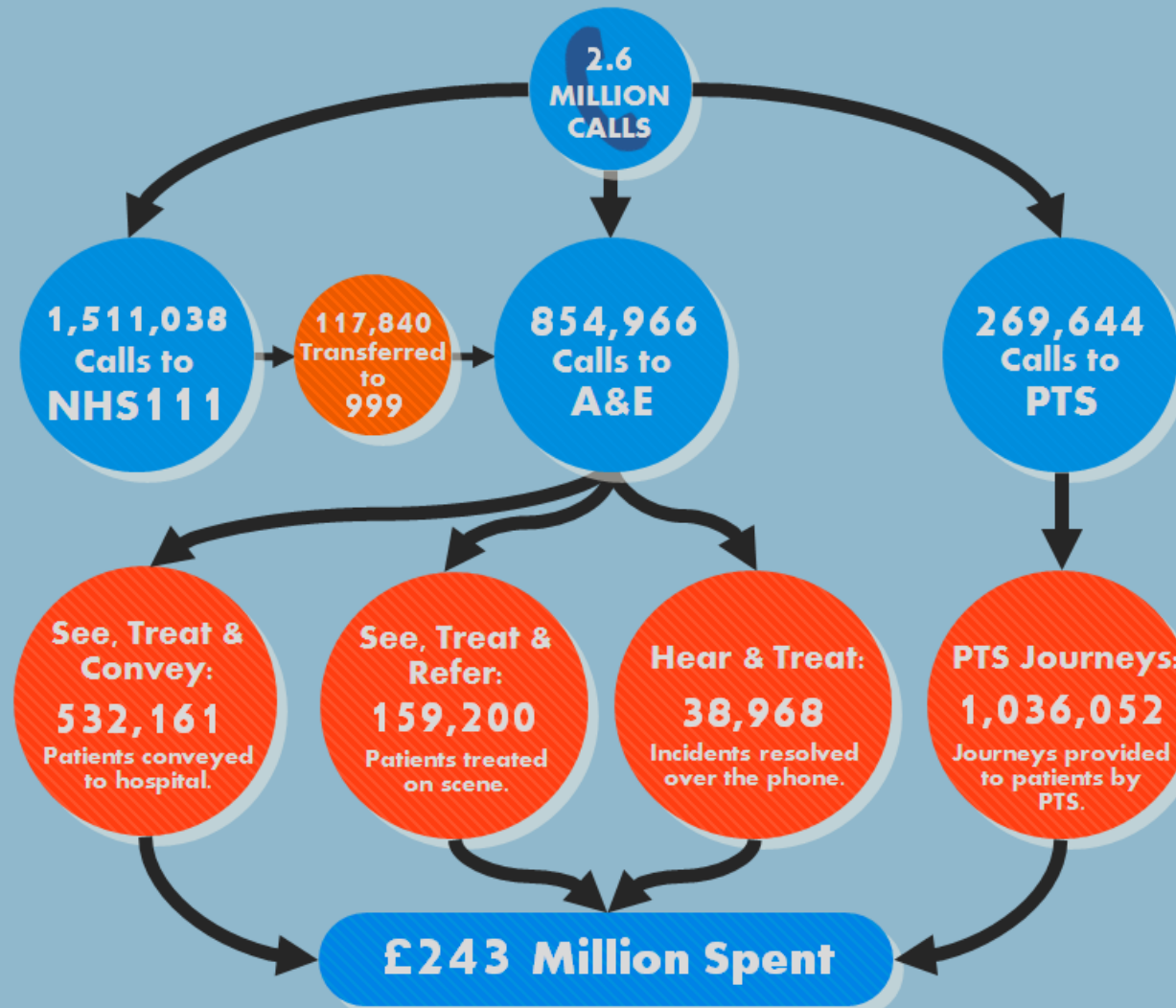
#### STAFF



**53.6%**  
Female

**46.4%**  
Male

**5.4%**  
BME



# IPR Exec Summary – December 2016

## A&E (CCG Demand)

- **Calls** above contract value for December and YTD are higher than the same period last year, 10.6% higher in month and 6.9% YTD.
- **Hear & Treat (H&T)** is 26.1% above contract in month which relates to December utilisation of DMP. Changes to the National Ambulance Quality Indicators (AQI) means less overall opportunity for H&T in respect of Red and Category 1 calls.
- **Overall responses** (at least 1 vehicle attended) were 5.8% higher in Dec16 than Dec15. This affects resource availability/performance.
- **See Treat & Refer (STR)** above planned for Dec (11.6%) and YTD (9.8%), (excludes UCP's).
- **See, Treat & Convey (STC)** activity is above plan for Dec (4.2%) and YTD (5.6%).
- **Category 1 against 8 mins** was 64.2% in Dec16 (achieved 75% in 9 mins 23s).

## 111

### DEMAND

- **111 Calls** are below contract ceiling for December (-8.6%, a difference of 14,657 calls) and YTD below by 0.9% (10,895 calls).
- **Calls Answered** running at 12.4% above last year's volume for December. Demand over Christmas period was 18.4% above last year's volume. This is 6,766 extra calls.

### PERFORMANCE

- **Answered in 60 seconds** at 94.3% for the month (an increase of 3% compared to last month)
- **Clinical KPIs Warm Transfer** or Call Back in 10 minutes is up by 2.3% month on month and Call Back in 2 hours is down by 1.7% from November to December.
- **111 referral rate** to 999 at 8.9% for the month
- **2,831 ambulances** were checked by a clinician before being sent and 2,833 were stopped, out of a total of 7,993 .

## PTS

### PERFORMANCE

- **KPI 2** – arrival prior to appointment – December again saw a positive PTS performance achieving YTD 85.8% and remains above target of 82.9% and well ahead YTD currently + 2.9%.
- **KPI 3** – departure after appointment – December's performance as a whole for PTS was 90.7% narrowly missing target of 91.7% by 1%. There continues to be an overall improvement on YTD performance.
- Exceptions in West particularly in Bradford were badly affected by the introduction of a one way system at BRI which led to service disruption and delays. There have also been a number of trolley issues and delays in handover of stretcher patients during December.

## Quality and Clinical

- **Incident Reporting** Incident reporting fell 7.3% last month with incidents of moderate harm falling to its lowest level for 5 months.
- **Friends and family Test:** Results for Quarter 3 (latest reporting) remain positive with 88.5% (PTS) and 89.9% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family.
- **Safeguarding:** The Trust is achieving its target for Child Level 1 & 2 and Adult training. Work is ongoing to agree a Trajectory with Commissioners for the new Adult Level 2 requirement.
- **Survival to Discharge** results demonstrate consistently high levels of performance.
- **Stroke and STEMI** care bundle performance was also strong in Sept/Oct data.

## Finance

	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	188,271	191,317	3,046
Expenditure	(185,552)	(188,556)	(3,004)
Retained (Deficit) / Surplus with STF Funding	2,719	2,761	42
STF Funding	(759)	(1,140)	(381)
Retained (Deficit) / Surplus without STF Funding*	1,960	1,621	(339)
EBITDA	11,220	11,222	3
Cash	19,002	24,287	5,285
Capital Investment	(10,501)	(5,665)	4,836
Quality & Efficiency Savings (CIPs)	6,504	5,529	(975)

## Workforce

- **Sickness** The sickness absence rate for December 2016 stands at 6.09% which is an increase of 0.6% from the previous month. This continues to compare favourably to the same period last year when it stood at 6.28%.
- **PDR** The current PDR rate is 80.1% against the trust stretched target of 90%.
- **Stat & Mand** Combined compliance for the Statutory and Mandatory Workbook is 94.98%.
- **Turnover** has remained the same at 10.83% for last month compared to 11.78% for the previous 12 months, 89% of turnover is voluntary.
- **CQUIN's** Flu voucher scheme implemented but uptake is below target. Wellbeing schemes are progressing but a number are behind schedule.

## 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 - December Comments)	Predicted RAG Year End	Dec RAG	Dec SUB RAG	Actions			Lead Director - Overall	Lead Director- Actions	Impl Date	Complete or Revised Impl Date																									
1. Deliver World Class health outcomes in Urgent and Emergency Care	1a	Improve response times for A&E services (A&E Transformation Programme)	1a iv: waiting for structure to be sorted 1a vi: Reviewed tel lines and redirected all the legacy lines as appropriate. Some actions to increase efficiency. However they need approving at Clinical Governance Committee. Benchmarked North West and North East to ensure new reports are in line with best practise. Recruited to plan, going through induction processes.	G	A	G	i	Introduce new Rotas aligned to demand modelling and new response standards			EDOps	EDOps	Mar-17																									
						A	ii	Expand provision of Community First Responder				EDOps	Mar-17																									
						NS	iii	Implement new vehicle mix in line with modelling recommendations				DEF	Mar-17																									
						A	iv	Implement new capacity planning process in A&E				EDOps	Mar-17																									
						C	v	Implement Ambulance Response Programme (ARP) II				EDOps	Jun-16	C																								
						G	vi	Review call answer profile for 999 calls and address shortfalls in call handler numbers				EDOps	Mar-17																									
	1b	Improve clinical performance in ACQIs and CPIs	1b i: Stroke HASU reconfiguration across the region is under review, with plans to reduce the number of HASUs. Services struggling to recruit staff accross the region. Simulation Leadership fellows promoting and delivering good practice, and reducing on scene times though the use of simulation exercises. RAT schemes running across the region, improving quality CPR and clinical leadership. Increase in ROSC Utstein and STD seen, with marked increases in areas with full time RAT.  1b ii: Restart a Heart complete in October.External Cardiac Pacing performed by all RAT Paramedics, and DC Cardioversion mid way through regional rollout for all Paramedics. Post event debrief and data download now embedded into routine practice, well recieved by staff, and a marked improvement in hands on chest time, and cardiac compression rate.	A	A	A	i	Deliver CPD programme to address under-performing aspects of ACQIs and CPIs			EMD	EMD	Mar-17																									
								G	ii	Further improve rates of cardiac arrest survival across Yorkshire: • Continue roll out of automated CPR devices • Establish a mobile community CPR training facility • Restart A Heart 3 • Expand Fire Co-responder Schemes in North and South Yorkshire • Implement enhanced CPR feedback CQUIN • Trial external pacing and electrical cardioversion to regulate heart rhythms in cases of ROSC			EMD	1. Sep-17 2.Mar-17 3. Oct-16 4. Mar-17 5. Mar-17 6. Sep-17	3. C																							
	1c	Ensure patients are provided with the most appropriate response to meet their needs (Urgent Care Transformation)	1c i: Recommend change of rewording to 'establish clinical advisory service' 1c iii:Project not yet started. Scoping meetings held during July. 1c iv: Contract not finalised yet, ongoing discussions. Escalated to CEO level.Independent evaluation now being conducted 1c vi: DP&UC and DPD working jointly to actively review and pursue opportunities - suggest combining this action with 2d vii Assess and pursue new service tenders and opportunities.	G	A	G	i	Establish clinical advice and care navigation specialist clinical advisors			DP&UC	DP&UC	Mar-17																									
						C	ii	Implement and evaluate 3 Vanguard falls response pilots				DP&UC	Dec-16	C																								
NS						iii	Develop a model for urgent / intermediate care transport			DP&UC		Dec-16	Apr-17																									
R						iv	Work with Local Care Direct and Commissioners to review and develop the West Yorkshire urgent care model			DP&UC		Mar-17																										
G						v	Develop closer integration between NHS 111 and 999 clinical triage services			DP&UC		Mar-17																										
A						vi	Assess and pursue new NHS 111 and urgent care service tenders and opportunities			DPD		Mar-17																										
NS						vii	Begin roll out of locally managed DOS to support frontline clinicians			DP&UC		Mar-17																										
A						viii	Develop shared patient care record			DP&UC		Dec-16	Apr-17																									
NS						ix	Introduce PTS enhanced patient discharge services supported by telecare connected home technology			DP&UC		Dec-16	Apr-17																									
2. Ensure continuous service improvement and innovation	2a	Improve processes for management of performance delivery	2a i: Suggest this action is reassigned. 2a ii: Performance management framework in place and actions progressing to embed key elements. 2a iii: Recruitment to Assurance Manager underway. New dashboards developed and implemented. 2a iv: Quality dashboards reviewed. Further refinement of IPR scheduled for Q3.	G	A	A	i	Development and launch of Trust and Service Line strategies aligned to national Urgent and Emergency Care agenda			EDQ&P	DPD	Sep-16	Mar-17																								
								A	ii	Implement new performance management framework			EDQ&P	Jun-16	Mar-17																							
								A	iii	Ensure robust programme and project management arrangements via new PMO work streams for major change programmes			EDQ&P	Jun-16	Mar-17																							
								A	iv	Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture			EDQ&P	Sep-16	Mar-17																							
	2b	Improve efficiency and effectiveness of support service functions	2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured. Formal independent review of Ancillary completed. Recruitment review completed September 2016.	G	A	A	i	Develop a cadre of leaders equipped to support lean improvement programme			DPD	DWF	Sep-16	Mar-17																								
								A	ii	Improve efficiency through Northern Ambulance Alliance and implementing Carter recommendations			EDoF	Mar-17																								
								A	iii	Undertake lean reviews of key support functions, focused on 1. Recruitment 2. Fleet 3. Internal logistics			EDoF DWF	1. Sep-16 2. Dec-16 3. Dec-16	1. C																							
	2c	Implementation of Hub & Spoke/ Make Ready operational infrastructure (Hub and Spoke Transformation Programme)	2c i: Paper to F&IC 12th May, agreeing next stage. 2c ii More work is underway to quantify the cost of various hybrid models and find alternative ways to evaluate some of the benefits, as a result of data integrity issues with some of the original data. The final report will be presented to the February Hub and Spoke Programme Board to enable a final decision on the model to be adopted.	G	G	C	i	Secure approval for Doncaster Estate Business Case			CEO	DEF	Jun-16	C																								
								A	ii	Evaluate Make Ready and Vehicle Preparation System (VPS) Pilots			DEF	Sep-17																								
								G	iii	Roll out Make Ready/VPS to 2 further stations			DEF	Mar-17																								
CEO ED Finance EDoF Medical Director EMD													ED Quality, Governance and Performance Assurance EDQ ED Operations EDOps Director of Workforce and OD DWF													ED Planning and Urgent Care DPUC Dir Business Development DBD Dir Estates DEE												



Strategic Objectives 2016-17

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

Strategic Objectives 2016-17

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

## Demand and Performance – A&E

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

### Contracted Demand (Payment By Results Categories)

Demand (999 CCG only Calls) overall in December was above plan by 10.6% (Plan based on December 2015 Actual CCG Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging more calls (912 more in December) than contracted. The other categories are also above contract levels at this point for 2016-17. Hear and Treat figures are increasing due to more calls coming into the clinical queue.

Activity involving ambulances that have arrived at scene (responses) has increased by 5.8% compared to December 2015. See, Treat and Convey is up by 4.2% which is due to a higher level of calls. The referral rate for 111 has slightly decreased to 8.9%, however the actual number of calls sent in December compared to November increased by 1468 referrals.

#### Hear and Treat Response

Dec - 4,401 (26.1% > Contract Total)

YTD - 28,700 (1.1% < Contract Total)

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

Dec - 15,656 (19.4% > Contract Total)

YTD - 122,262 (12.1% > Contract Total)

#### See, Treat and Convey Response

Dec - 48,208 (4.2% > Contract Total)

YTD - 412,252 (5.6% > Contract Total)

**Performance reporting affected by a further change to the Ambulance Model.**

**For more information see annex 3.1.**

### Performance (ARP 2.2)

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

Performance	Oct 20th to 31st	November	December	YTD
Category1 (8 min Resp)	65.7%	65.7%	64.2%	65.0%
Category2R (19 min Resp)	70.7%	75.9%	76.5%	75.1%
Category2T (19 min Resp)	69.2%	70.7%	67.3%	69.0%
Category3R (40 min Resp)	73.3%	76.6%	70.8%	73.7%
Category3T (40 min Resp)	69.7%	69.3%	66.2%	68.1%
Category4T (90 min Resp)	89.1%	81.3%	81.6%	83.4%
Category4H (90 min Resp)	100.0%	99.5%	95.4%	98.0%

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

### Demand Impact

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

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

3- Resources 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 is ongoing to introduce auto allocation to improve allocation for high priority incidents.

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

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

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

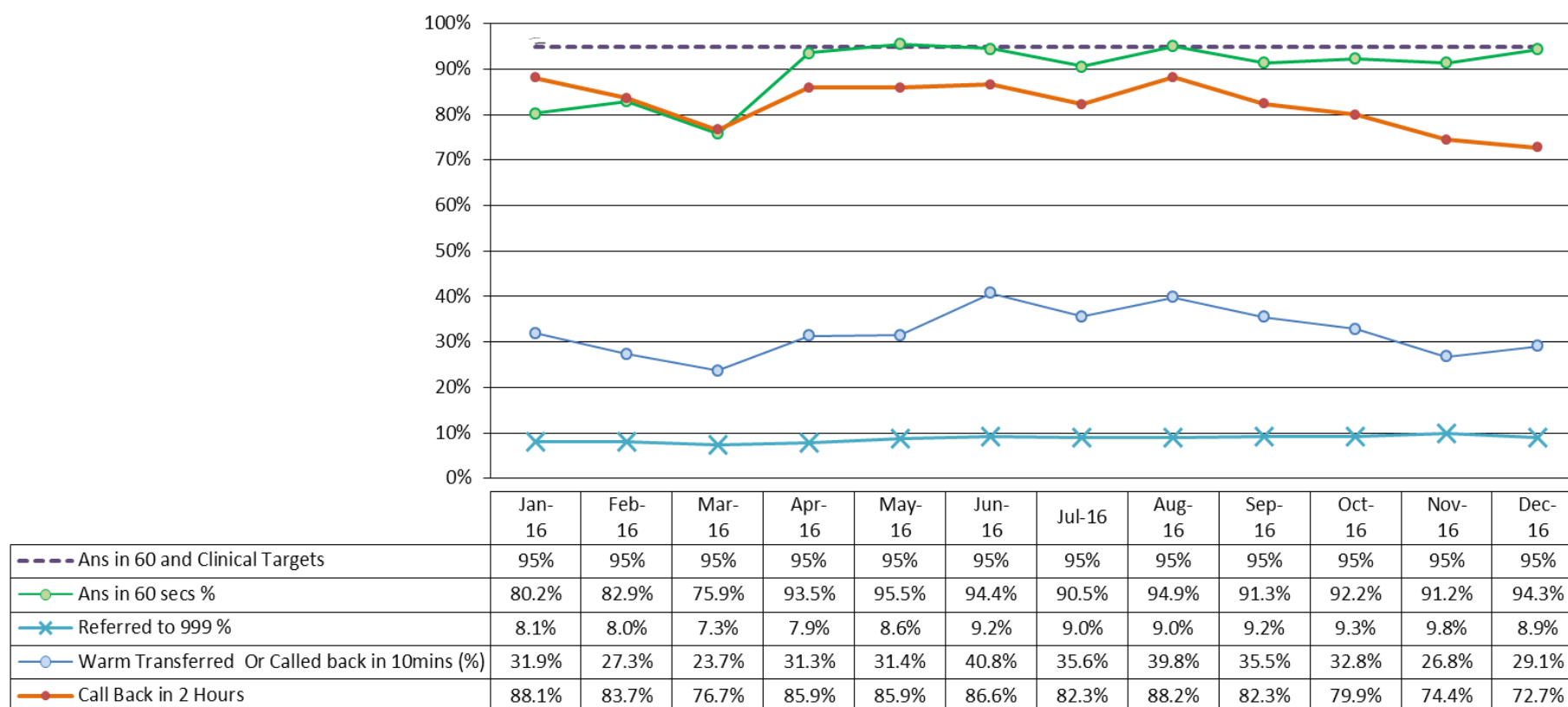
7 - Options appraisal ongoing to review Nature of Call vs keyword to **improve early red predict by 35%**. This helps to get ambulances calls for the most critically ill to dispatchers quicker.

## Demand and Performance – NHS 111

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

### NHS 111 Key Indicators for Performance

YTD Answered calls as at end of December are 0.9% (10,895 calls) below YTD contract ceiling volume. The year to date performance for calls answered in 60 seconds is currently 0.5% above the same position last year.



Calls answered demand for December running at 8.6% (14,657 calls) below contact ceiling. Referrals to 999 moved from 9.8% to 8.9% from November to December and have increased by 1.4% year on year. In December, 2,833 ambulances were stopped as a result of clinical intervention and 2,831 ambulances were checked by a clinician before being sent, out of a total of 7,993 ambulance outcomes. This is an increase of 11% from November to 71% for December.

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 0.3% above budgeted for December but 4.4% below YTD budget. Available time was 2% above budgeted for December.

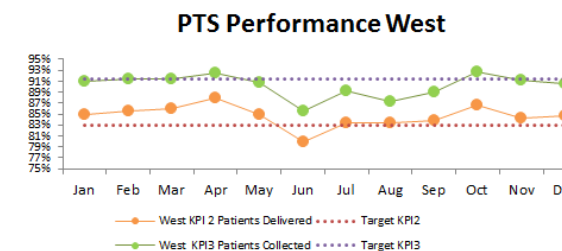
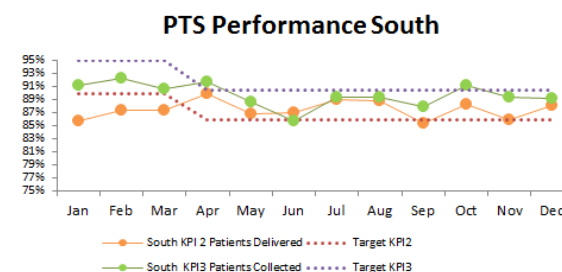
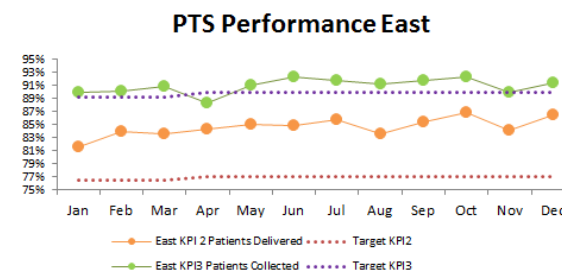
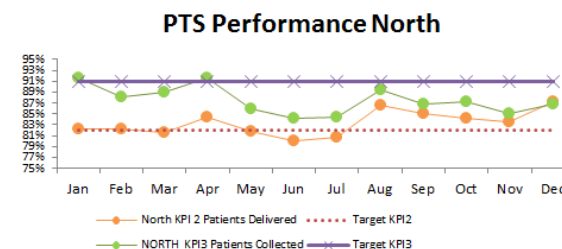
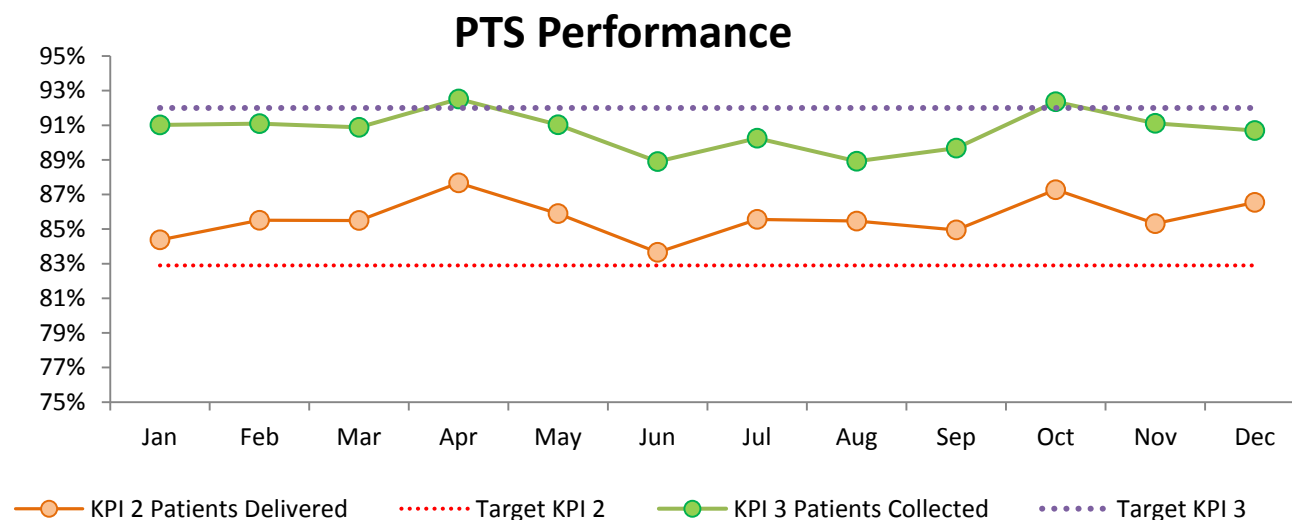


# Demand and Performance - PTS

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 – December again saw a positive PTS performance achieving YTD 85.8% and remains above target of 82.9% and well ahead YTD currently + 2.9%.
- **KPI 3** – departure after appointment – December's performance as a whole for PTS was 90.7% narrowly missing target of 91.7% by 1%. There continues to be an overall improvement on YTD performance.
- Exceptions in West particularly in Bradford were badly affected by the introduction of a one way system at BRI which led to service disruption and delays. There have also been a number of trolley issues and delays in handover of stretcher patients during December. We have identified a number of issues with online bookings and incorrect mobility's and have arranged to meet with the appointment centre to look at actions to resolve these. North incurred a higher number of breaches against it's outward/homebound journey KPI. These were due to increased activity on the approach to the festive period. For our staff in Hull who are going through the TUPE process, all 121 meeting invites have been sent out. South Consortia has performed solidly against KPI; procurement of the contract has been subject to some delays; Initial Costed Proposals have been scored with YAS progressing to the dialogue stages for it's current Lot, plus others; with much to be progressed at the "competitive dialogue" stages during Jan and Feb.



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

**Complaints:** The Number of cases in December has increased from November. This was mainly driven by 111 with an increase of 110 on last month, which is largely due to the substantial increase in call volumes over the Christmas period. Cases in all other areas remained stable against previous months. Response times for all Trust complaints and concerns against timescales agreed with the complainant remains high at 90% (YTD) and the average response time is 23 days.

**Incidents** December saw a decrease in the number of incidents reported within A&E Operations with a 4.90% decrease on the previous month.

An overall decrease of 7.3% in incidents reported from November to December. Although incident reporting levels remain consistent with increased activity levels the number of incidents reported that are categorised as moderate and above has decreased on previous months and is at its lowest figure for 5 months. The incidents categorised as moderate and above accounted for 2.54% of all incidents.

**Friends and family Test:** Results for Quarter 3 (latest reporting) remain positive with 88.5% (PTS) and 89.9% (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.

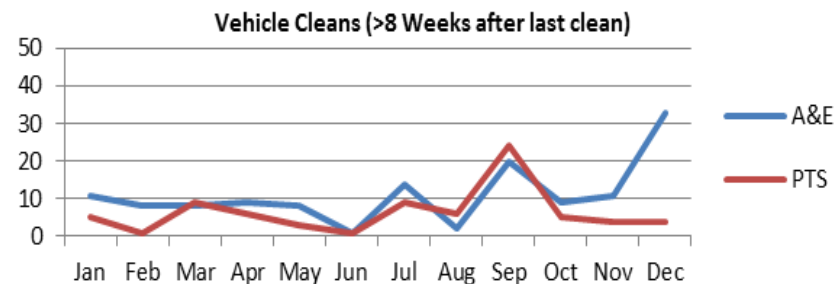
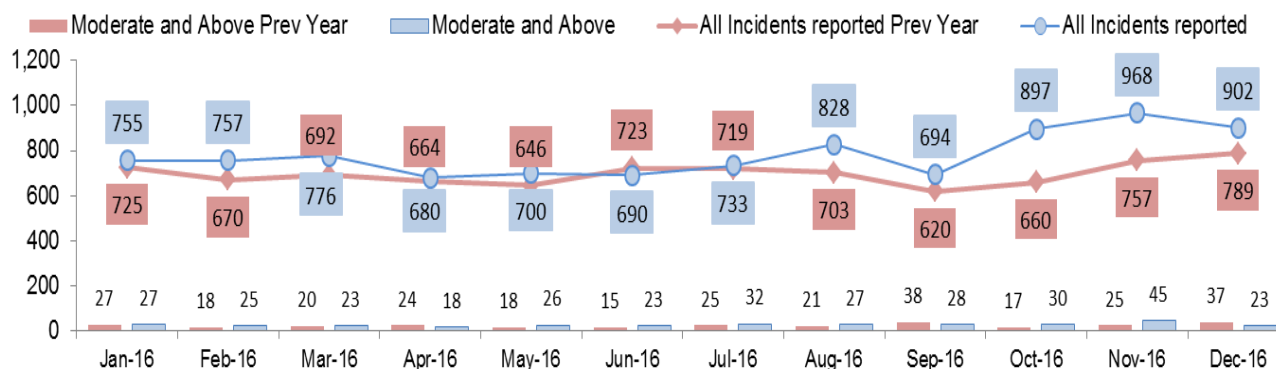
**Safeguarding training compliance:** The Trust is achieving its target for Child Level 1 & 2 and Adult training

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.

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

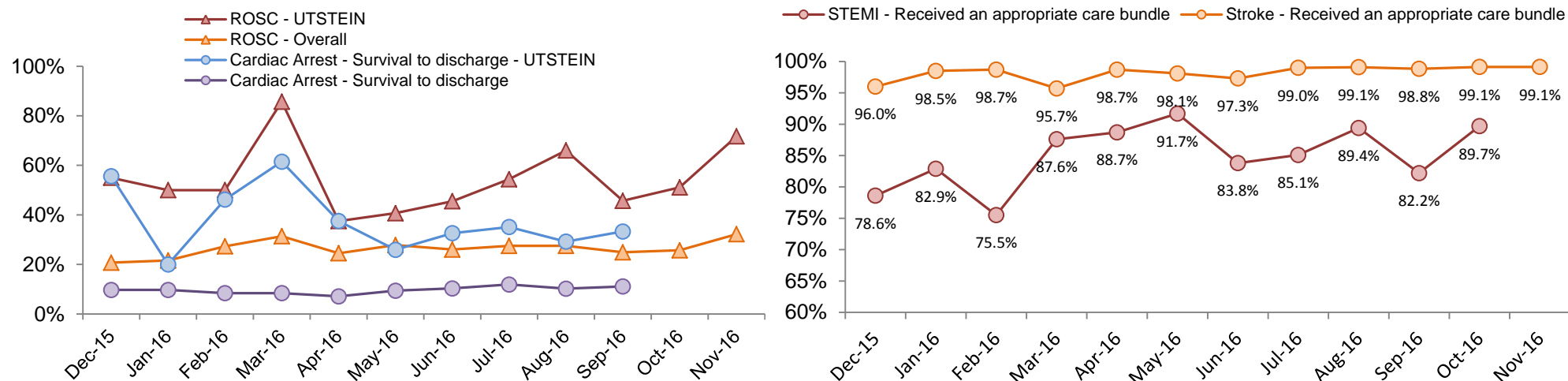
**Infection prevention and control:** The number of deep clean breaches (33 for A&E and 4 for PTS) - vehicles more than 8 weeks following last deep clean has increased in December as overall pressure on resources increased, but still remains within the significantly lower range seen over recent months with 99.3% compliance. These are actively managed through the weekly review process. Deep Clean numbers for 8 weeks since last clean continue to be very low.

**Legal requests** – Compliance with the 21 day timescale has decreased 5% on last month with Vacancies in Legal currently being recruited.



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

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



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

**Outcome from Cardiac Arrests:** ROSC (overall) performance for November matches the consistent performance trend thus far for 2016 with an achievement of 32.2%; qualifying November as the highest performing month of 2016 thus far. In line with the results of ROSC overall, the UTSTEIN comparator group also demonstrates outstanding achievement of 71.7% for November. September and October's figures also show mirror this excellent performance with figures of 46.8% and 51.1% respectively.

Survival to discharge results demonstrate consistently high levels of performance, July's figure of 11.9% was the highest performing month of 2016 thus far. September's figure of 11.1% shows continuation of this trend. Performance for survival to discharge has been consistently high, notably over June, July and September, demonstrating YAS's hard work.

Survival to Discharge within the UTSTEIN comparator group also demonstrates a pattern of high performance; noticeably April and July's figures of 37.5% and 35.1%. Performance for September continued this trend at 33.3% which although down from July's figure, still depicts high levels of achievement for YAS.

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

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

**Sickness Absence:** The sickness absence rate for December 2016 stands at 6.09% which is an increase of 0.6% from the previous month, which is not unusual for the time of year. This continues to compare favourably to the same period last year when it stood at 6.28%. The 12 month figure stands at 5.4% compared to the 5.7% for the 12 month period of January 2016 to December 2016. The main 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 forums for staff to discuss mental health issues, in addition to counselling being available through PAM, a musculoskeletal initiative to be delivered in the call centre environments, and a health check initiative delivered in various areas across the organisation (commencing early 2017).

**PDR Compliance:** The current PDR rate is 80.1% against the Trust target of 90%. Action continues 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. PDR processes will also be reviewed in line with Trust values.

**Statutory and Mandatory Training:** The current combined compliance for the Statutory and Mandatory Workbook is 94.98%. The new workbook has been issued and 91.78% of staff have completed their required training.

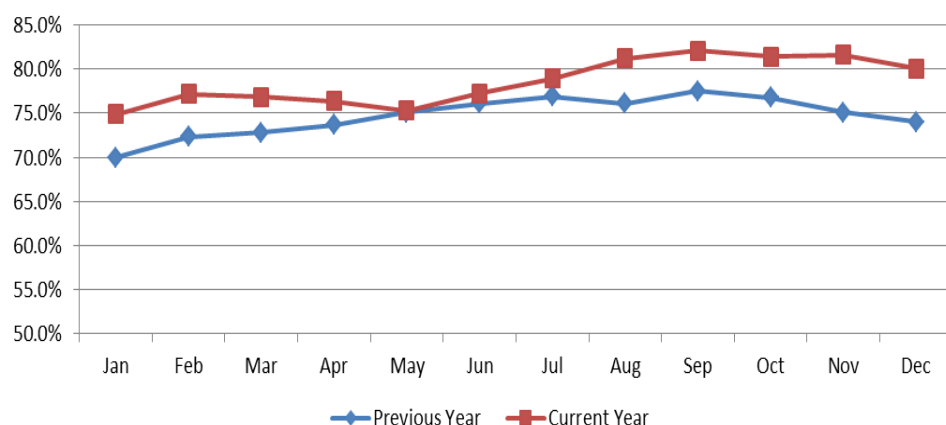
**Retention/ Attrition:** Turnover has remained the same at 10.83% for last month compared to 11.78% for the previous 12 months, 89% of turnover is voluntary. Turnover in 111 continues to be of concern, which is reflective of the national picture and HR are working with 111 management on retention strategies.

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

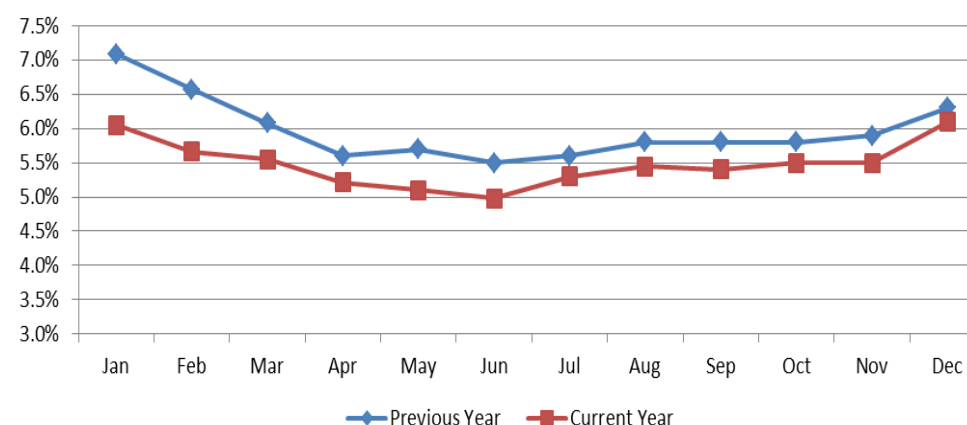
These include:-

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

**PDR Compliance**



**Sickness Absence**





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

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
<b>Income</b>	22,368	22,849	481	188,271	191,317	3,046
<b>Expenditure</b>	(20,540)	(21,633)	(1,093)	(185,552)	(188,556)	(3,004)
<b>Retained (Deficit) / Surplus with STF Funding</b>	1,828	1,216	(612)	2,719	2,761	42
<b>STF Funding</b>	(253)	(127)	127	(759)	(1,140)	(381)
<b>Retained (Deficit) / Surplus without STF Funding*</b>	1,575	1,090	(485)	1,960	1,621	(339)
<b>EBITDA</b>	2,764	2,198	(567)	11,220	11,222	3
<b>Cash</b>	19,002	24,287	5,285	19,002	24,287	5,285
<b>Capital Investment</b>	(664)	(949)	(285)	(10,501)	(5,665)	4,836
<b>Quality &amp; Efficiency Savings (CIPs)</b>	787	609	(179)	6,504	5,529	(975)

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

the last 6 months of the year, whilst the national guidance shows STF to be accounted for over the full financial year and therefore is causing a timing difference at this point in the financial year). Excluding the STF contribution this shows the trust behind plan (adverse variance of £485k). The YTD position is ahead of plan and shows a surplus of £2,761k against a plan of £2,719k. Excluding STF the YTD position shows a surplus of £1,621k against a surplus plan of £1,960k and therefore an adverse variance of (£339k).

At the end of December 2016, the Trust's cash position was £24.3m against a planned figure of £19m. The additional cash balance of £5.3m is principally due to capital spend being less than planned as described below (£4.8m), with the balance being due to favourable working capital.

Capital spend for 2016/17 at the end of December 2016 is £5.7m against the plan of £10.5m.

The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned land acquisition has been delayed. The 2016/17 planned spend profile was updated to reflect the A&E Fleet and HART vehicle build programme and associated equipment. However as reported previously expenditure has been delayed due to a user specification changes, with the first vehicle delivered in mid-November, 22 vehicles commissioned as at 6th January 2017 with the final vehicle expected to be delivered in March. There are on-going discussions with NHS Improvement regarding the capital plan and the amount of funding available in year. In November we received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trusts CRL, however the use of operating surplus/cash reserves of £2.1m is yet to be confirmed as required and thus approval would need to be sought.

The Trust has a savings target of £9.059m for 2016/17. 85% delivery of the CIP target was achieved YTD as at December and 54% of this was achieved through recurrent schemes with others impacted by demand/activity increases. Reserve/alternative schemes have contributed £2,039k of the year to date savings. This creates an overall adverse variance against plan of (£975k).

The new "Single Oversight Framework" came into effect in the monthly finance returns from Month 7. This currently shows at Month 9 the Trust as a 2 rating (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 in all areas of the financial indicators (Liquidity 1, Capital Serving Capacity 1, I&E Margin 1) except for agency which is rated as a 3 due to the Trust being significantly overspent against the agency cap..

The Trust has submitted a revised financial plan to NHS Improvement with an annual planned surplus of £5.1m for 2016/17 in line with the control total agreed with NHS Improvement. In month 9 the plan was a surplus position of £1,828k with the actual surplus being £1,216k, of which £127k relates to the adjustment for STF Funding (note the plan submitted by the Trust had phased STF funding over

## Single Oversight Framework

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

### Quality of Care

See & Treat F&F test % positive	NA
ROSC in Utstein group	71.7%
Stroke in 60 mins	41.4%
Stroke care	99.1%
STeMI 150 mins	84.7%
CQC rating	2

### Leadership & Improvement Capability

Staff sickness	6.09%
Staff turnover	10.83%
Executive team turnover	12.58%
2016 Staff Survey response rate	37%
Proportion of temporary staff	NA
Aggressive cost reduction plans	NA
Written complaints rate	NA
Staff F&F Test % recommended care, Q2 16-17	82%
Occurrence of any never event	NA
NHSE/NHSI Patient safety alerts outstanding	"

### Operational Performance

<i>Maximum 8 minute response for calls:</i>	
• Category 1	64.2%
<i>Maximum 19 mins for all category calls:</i>	
• Category 1 (conveying)	88.4%
• Category 2R	76.5%
• Category 2T	67.3%

### Strategic Change

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

### Finance and Use of Resources

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

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

## 2.2 Quality and Efficiency Savings (CIP)

Dec-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	1,553	(1,428)	The A&E Operational efficiency schemes are adverse by (£1,428k) 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 (c. 6%).
Clinical Directorate	43	32	0	Monthly achievement in line with planned savings.
Special Operations	256	192	(75)	Special Operations is currently adverse to plan due to challenges in achieving an increase income.
Patient Transport Service	1,841	1,381	(1,065)	Areas adverse to plan include: aborted calls scheme (£62k), pay & non pay elements of the workforce plan (£345k & £42k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£611k). See reserve schemes below which partially offset this adverse variance.
Finance & Procurement	455	341	(67)	The schemes are underachieving by (£67k) against plan, this is due to volume variances e.g. uniforms and medical consumables given increased demand.
Quality, Governance & Performance Assurance	98	77	0	Achievement in line with planned savings.
111	595	446	0	The CIP plan at the end of December is on track with required budget.
EOC	308	231	0	Achievement in line with planned target.
Trust wide	3,000	2,250	(379)	Areas of variance against plan include: Fleet schemes (£112k), Estates (£133k) and People and Engagement (£145k), resulting in an adverse variance of (£379k).
<b>Total Planned Scheme Savings</b>	<b>9,059</b>	<b>6,504</b>	<b>(3,014)</b>	
Reserve Schemes	0	0	2,039	This relates to the non-recurrent A&E contract reduction funding challenge, £1,295k, PTS Income of £611k and Estates schemes of £133k.
Recurrent Reserve Schemes	0	0	0	
Non-recurrent Reserve Schemes	0	0	0	
<b>Total Savings</b>	<b>9,059</b>	<b>6,504</b>	<b>(975)</b>	

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

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

**Comments:-** Voucher scheme has been implemented but the uptake of flu vaccine is has not met the CQUIN target. There will be a financial penalty for this in PTS. Wellbeing schemes are progressing but a number are behind schedule.

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

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

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

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

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

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

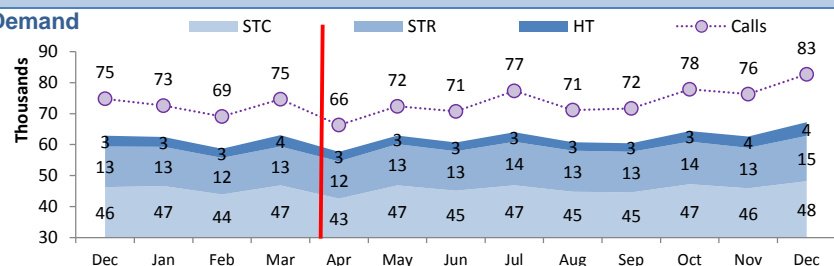
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved



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

Dec-16

## 1. Demand



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

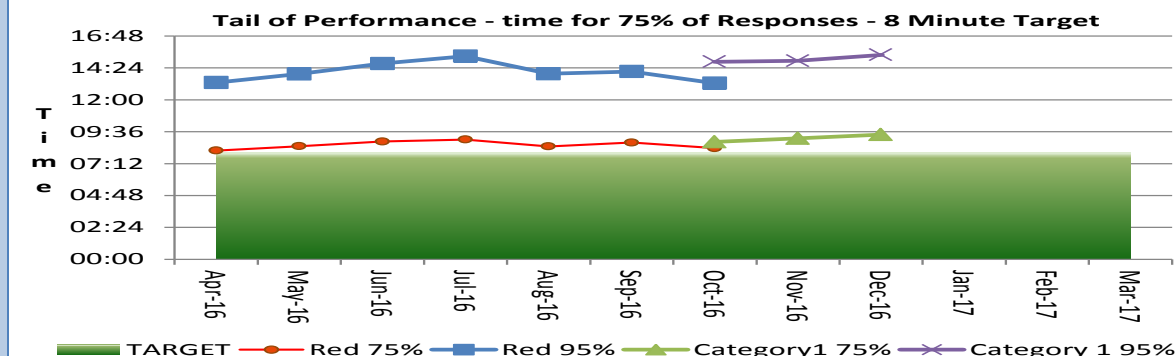
	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	679,663	28,799	128,957	414,947
YTD YAS (inc OOA&UCP) 2015-16	634,286	29,135	119,117	393,446
<b>Variance (Between Years)</b>	<b>45,377</b>	<b>(336)</b>	<b>9,840</b>	<b>21,501</b>
	<b>7.2%</b>	<b>(1.2%)</b>	<b>8.3%</b>	<b>5.5%</b>
YTD (Contract CCGs only) Actuals 2016-17*	666,414	28,700	119,818	412,252
YTD (Contract CCGs only) Contracted 2016-17	623,261	29,008	109,101	390,214
<b>Variance (to Contract)</b>	<b>43,153</b>	<b>(308)</b>	<b>10,717</b>	<b>22,038</b>
	<b>6.9%</b>	<b>(1.1%)</b>	<b>9.8%</b>	<b>5.6%</b>

\* excludes UCP and Out of Area

## 3. Quality

		December	YTD
<b>Serious Incidents (Rate Per 1000 Responses)</b>		1 (0.02)	13 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.			
<b>Total Incidents (Rate Per 1000 Responses)</b>		612 (9.5)	4504 (8.3)
Total Incidents per 1000 responses was more in December than the year to date average. There were 30 less incidents than November			
<b>Feedback</b>	Complaints	19	132
	Concerns	19	139
	Comments	8	56
	Service to Service	18	126
	Compliments	61	525
<b>Response within target time for Complaints and Concerns</b>		89%	92%
<b>Ombudsman Cases</b>	Upheld	0	0
	Not Upheld	1	3
The average response time for Complaints and Concerns in Nov was 25 days and YTD is 28 days			
<b>Vehicle Deep Clean (&gt;8 weeks after last clean)</b>		33	107

## 2. Red Performance



		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Red	75%	08:11	08:31	08:52	09:01	08:30	08:47	08:22					
	95%	13:18	13:57	14:44	15:17	13:58	14:08	13:15					
Category1	75%							08:50	09:06	09:23			
	95%							14:52	14:56	15:23			
TARGET		08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

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

## 4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Oct 2016 (FT Equivalents)					
Budget FTE	2,260	113	565	1,582	70%
Contracted FTE (before overtime)	2,229	154	507	1,568	70%
Variance	(31)	(41)	58	(14)	(0.9%)
% Variance	(1.4%)	(36.5%)	10.3%		
FTE (worked inc overtime)*	2,447	154	507	1,786	73%
Variance	187	(41)	58	204	12.9%
% Variance	8.3%	(36.5%)	10.3%		

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

**Available FTE has decreased from last month (1568 compared to 1587) and is below planned Gross FTE (1.4%) Absence is higher than planned.**

**The number of Operational Paramedics is 912 FTE (Band 5 & 6)**  
 The difference between contract and FTE worked is related to overtime.  
 The difference between budget and contract is related to vacancies.

## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	1,553	1,420	(133)

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

## 1. ARP 2.2 Pilot Review

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

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

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

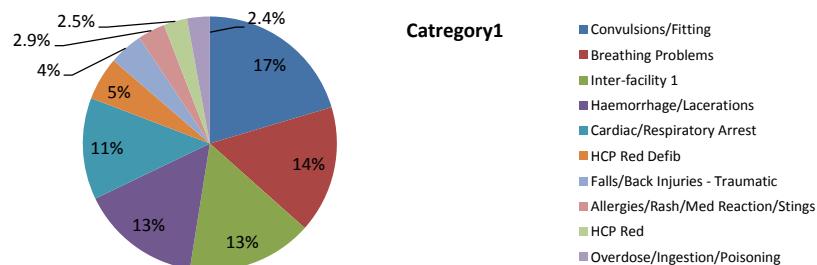
Category2 – Life-threatening emergency (Response standard within 19 minutes)

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

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

## 3. Top 10 Chief Complaints

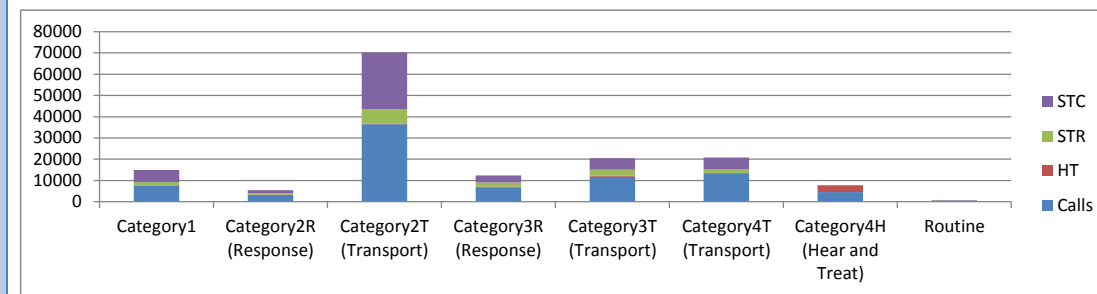
Top 10 Chief Complaints	Category1
Convulsions/Fitting	17.0%
Breathing Problems	13.5%
Inter-facility 1	13.3%
Haemorrhage/Lacerations	12.8%
Cardiac/Respiratory Arrest	10.8%
HCP Red Defib	4.6%
Falls/Back Injuries - Traumatic	3.6%
Allergies/Rash/Med Reaction/Stings	2.9%
HCP Red	2.5%
Overdose/Ingestion/Poisoning	2.4%



## 2. Demand and Performance

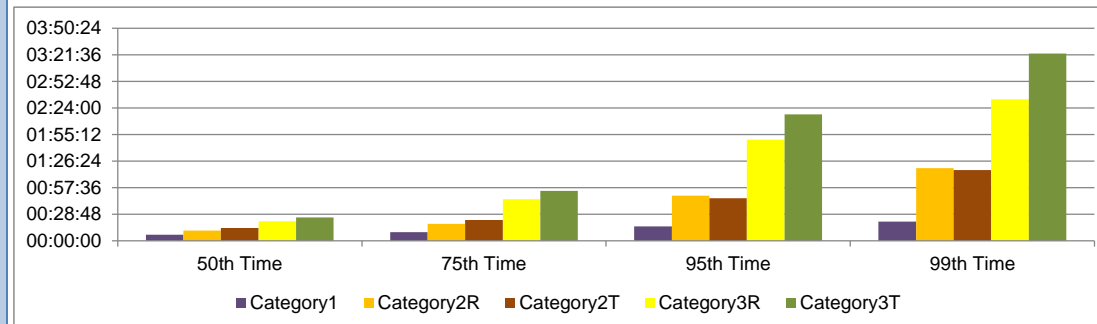
ARP2.2	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Category1	7635	23	1579	5755	7334	8 Mins (75% Target)	64.2%	11.4%
Category2R (Response)	3255	54	723	1517	2240	19 Mins (No Target)	76.5%	3.5%
Category2T (Transport)	36411	281	6913	26512	33425	19 Mins (No Target)	67.3%	52.0%
Category3R (Response)	6901	295	1869	3316	5185	40 Mins (No Target)	70.8%	8.1%
Category3T (Transport)	11765	438	2837	5447	8284	40 Mins (No Target)	66.2%	12.9%
Category4T (Transport)	13450	161	1603	5611	7214	60 Mins (No Target)	81.6%	11.2%
Category4H (Hear and Treat)	4511	3158	114	81	195	60 Mins (No Target)	95.4%	0.3%
Routine	303	21	195	245	440	Hear & Treat	93.0%	0.7%

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



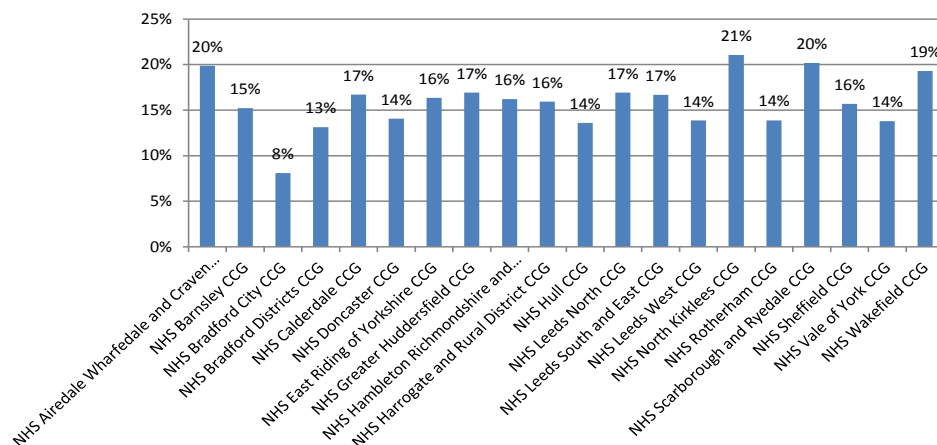
## 4. Tail of Performance

ARP 2.2	50th Time	75th Time	95th Time	99th Time
Category1	00:06:39	00:09:23	00:15:23	00:20:37
Category2R	00:10:51	00:18:14	00:48:51	01:18:40
Category2T	00:13:41	00:22:29	00:46:14	01:16:32
Category3R	00:21:03	00:44:53	01:49:34	02:33:32
Category3T	00:25:05	00:53:56	02:17:03	03:22:51



Tail of performance for Category1 - 50% of people received a response in 6 mins 39 seconds. 95% of patient were seen in 15 mins and 23 seconds. Tail of Performance for Category2 (within 19 minutes) is 10:51 and 13:41 for 50th Percentile

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

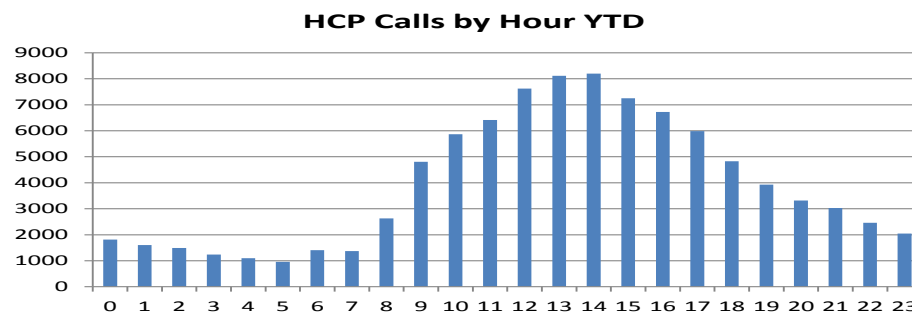
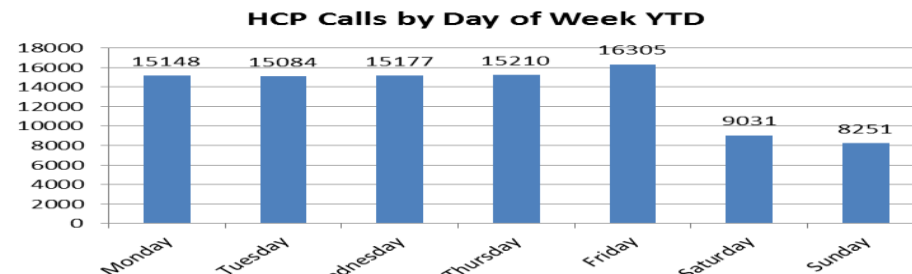


Category1 Calls as a proportion account for 11.9% of all HCP calls.

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

The time of day with the highest (59.6%) of all calls are between 10 and 6pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

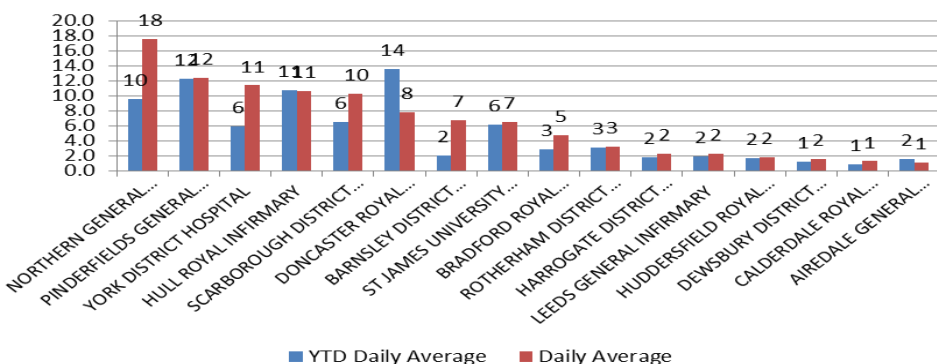
## 2. HCP by Time of Day



## 3. Hospital Turnaround - Excessive Response

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	last 12 mths
Excessive Handovers Over 15mins (hours)	2250	2734	3300	1981	2323	2283	2274	2187	2162	3149	2923	3160	30726
Excessive Hours per Day	73	94	106	66	75	76	73	71	72	102	97	102	1007

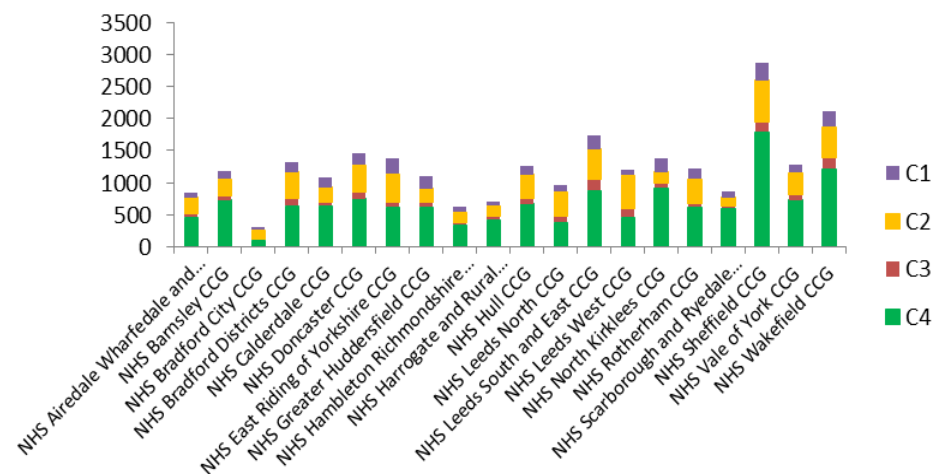
### Daily Average by Hospital (1 or more hours lost per day)



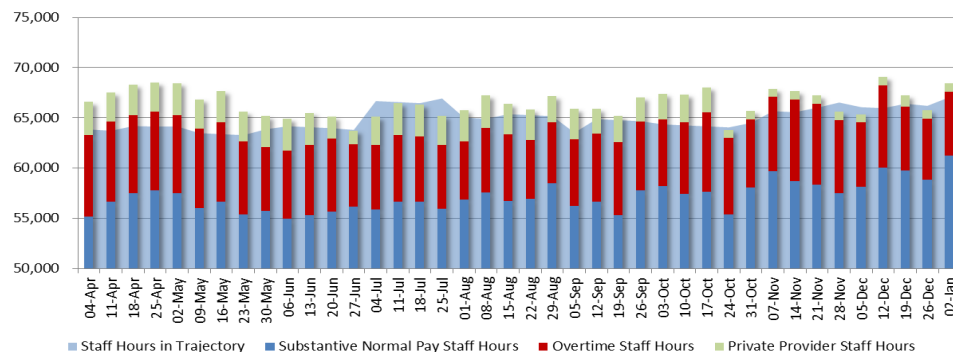
Excessive time lost at hospitals was higher in December than November. It continues to be higher than for the same period last year. Scarborough, York, Northern General, Pinderfields, Doncaster Royal & Hull Royal have been impacting on performance.

## 4. HCP by Grade of Call

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



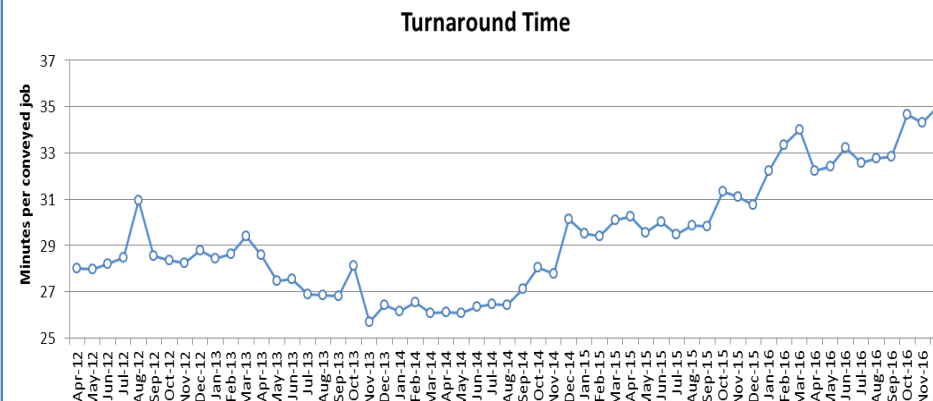
## 1. Resource Hours



Total Responses (minus Triage)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2015-16	55,039	56,192	55,166	57,108	57,255	54,953	57,974	58,060	61,218	512,965
2016-17	56,014	61,569	59,198	62,357	59,546	58,937	62,169	60,434	64,279	544,503
Variance	1.8%	9.6%	7.3%	9.2%	4.0%	7.2%	7.2%	4.1%	5.0%	6.1%
Yr on Yr Increase in Required FTE - Demand Only	26	139	107	135	59	106	108	63	79	97

Staff hours for December were 0.4% up on the expected for the month in the submitted trajectory. Year to date remains 2.5% over planned. By utilising the YAS Capacity model the table below shows the impact of increased demand on our FTE requirement. The 6.1% year to date increase requires 97 extra FTE to meet the same levels of performance as 2015-16. The estimated cost of the increased FTE requirement for 2016-17 is £4 Million based on a FTE split of 60% Paramedic and 40% Emergency Care Assistants.

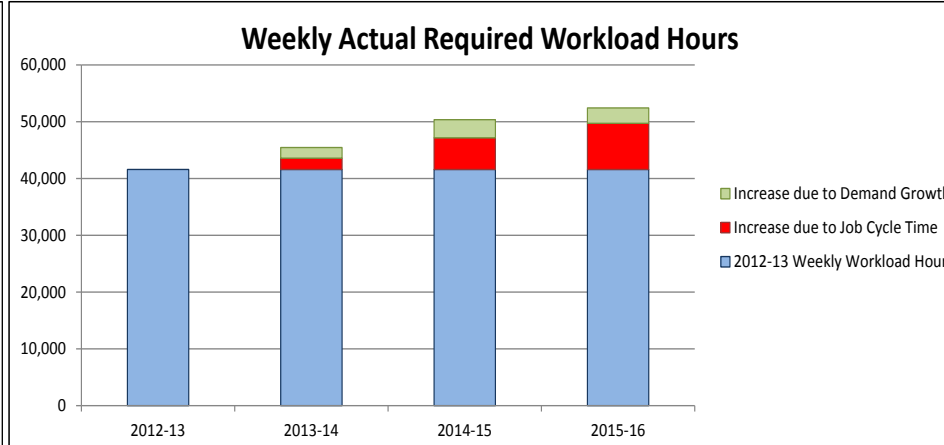
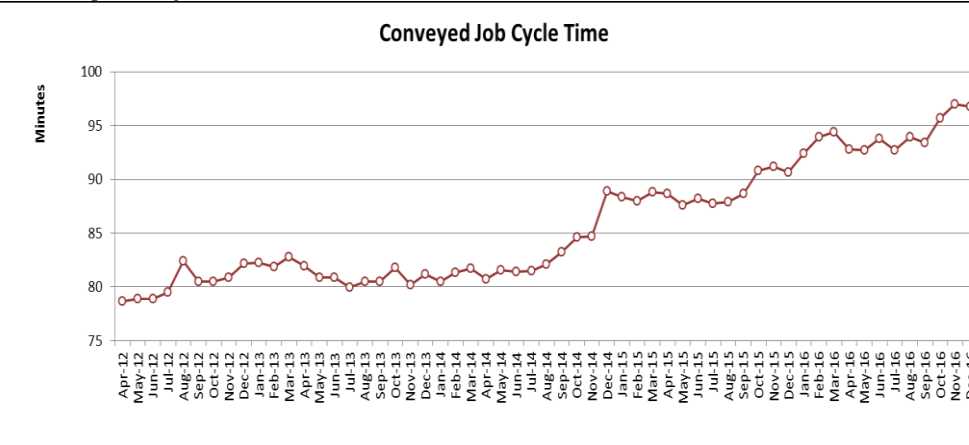
## 2. Hospital Turnaround Times



Turnaround times for December were 2.0% up month on month and 13.8% up year on year.

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

## 3. Job Cycle Impact

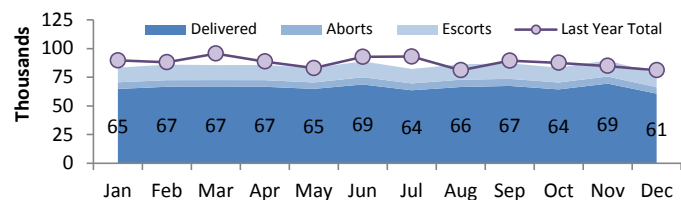


### Impact of Job Cycle Time on Staffing

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



## 1. Demand



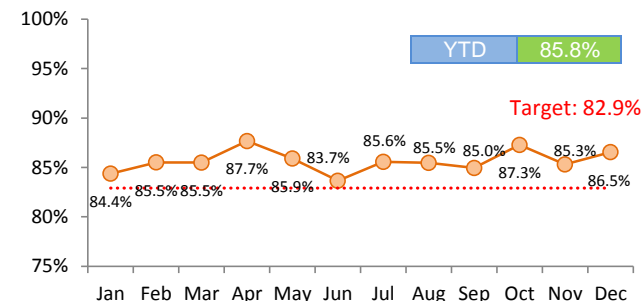
## Comparison to Plan

April to March	Delivered	Aborts	Escorts	Total
YTD 2016-17	592,103	54,057	118,114	764,274
Contract 2016-17 (2015-16 Demand)	607,566	53,415	120,185	781,166
% Variance	(2.5%)	1.2%	(1.7%)	(2.2%)

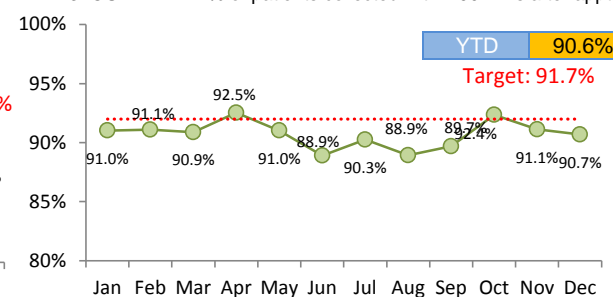
**Key Points** - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

## 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** - Consortia performance against individual Consortia targets: West Yorkshire, KPI 2 (inward) achieved target by 1.7% and KPI 3 (outward) missed target by 1% achieving 90.5%. East Yorkshire KPI 2 (inward) achieved 86.5% against target of 77.0% + 9.5% and KPI 3 (outward) achieving 91.5% against target of 90.0% + 1.5%. North Yorkshire KPI 2 (inward) achieved 87.2% against a target of 82.0% + 5.2%, KPI 3 missed its target by 4.2%. South Yorkshire KPI 2 (inward) achieved 88.1% against target of 86.0% + 2.1% and KPI 3 (outward) narrowly missed target by 1.2%

## 3. Quality, Safety and Patient Experience

	Dec	YTD
<b>Calls Answered in 3 mins</b> (All PTS calls)	90.6% ↑	75.1%
<b>Serious Incidents (YTD)</b>	0 ↔	2
<b>Total Incidents</b> (per 1000 activities)	92 (1.52) ↓	958 (1.62)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
<b>Feedback</b>	Complaints	8 ↑ 102
	Concerns	29 ↑ 339
	Comments	7 ↓ 63
	Service to Service	19 ↑ 340
	Compliments	2 ↓ 28
<b>Response within target time for Complaints and Concerns</b>	94%	95%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 0
<b>Patient Experience Survey - Qtrly</b>	88.5%	87.7%
<b>Vehicle Deep Clean (&gt;8 weeks since last clean)</b>	4 ↑	66

## 4. Workforce

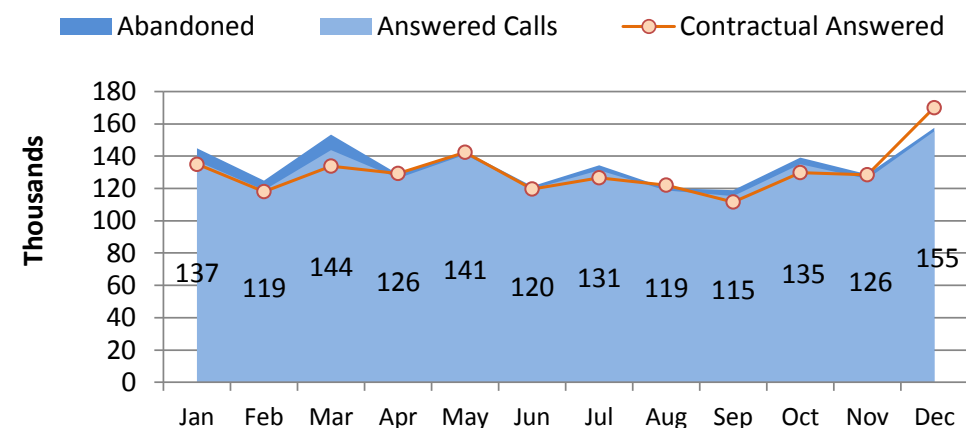
FT Equivalents				Available	
Dec-16	FTE	Sickness (5%)	Absence (20%)	Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	678	51	134	494	73%
Variance	(49)	(14)	12		
Actual Shrinkage %		6.6%	18.9%	(51)	(9.4%)
% Variance	(6.7%)	(39.2%)	8.2%		
FTE worked inc overtime	705	51	134	521	74%
Variance	(22)	(14)	12	(24)	(4.4%)
% Variance	(3.0%)	(39.2%)	8.2%		
** FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE					
** Sickness and Absence (Abstractions) is from GRS					
<b>Key Points</b>					
Sickness has increased from November by 0.6%.					
PTS used an equivalent of an additional 27 FTE with the use of overtime against vacancies of 49.					
The difference between contract and FTE worked is related to overtime.					
The difference between budget and contract is related to vacancies.					

## 5. Finance (Y/E Summary)

£000	Plan	Actual	Variance
CIP's	1,381	927	(454)

Quality and Efficiency Savings (CIPs) are currently (£454k) behind plan due to a delay in workforce savings and lower than expected savings on reduced number of aborted calls.

## 1. Demand



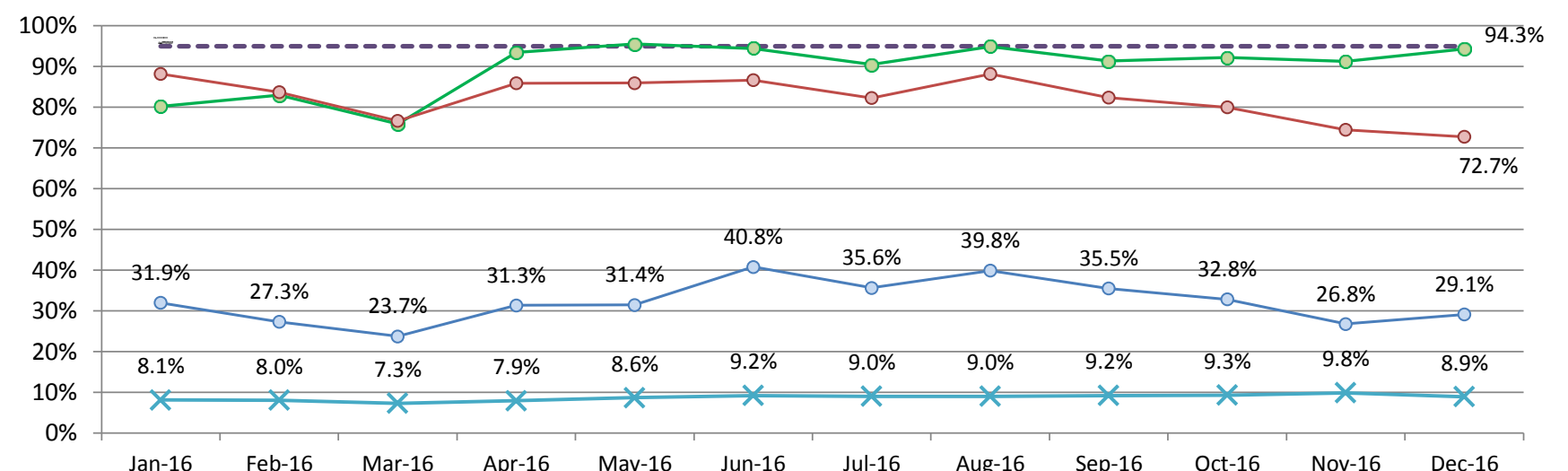
Calls answered up by 12.4% compared to December 2015 although there was an extra Friday and Saturday which coincided with the new years weekend. Answered volume is 8.6% below contract ceiling for December 2016 (14657 calls)

April to December	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	1,191,973	1,168,296	1,088,015	93.1%
YTD Contract Ceiling 2016-17	1,179,191	1,179,191	1,120,231	95.0%
Variance	12,782	(10,895)	(32,216)	
	1.1%	(0.9)%	(2.9)%	(1.9)%
YTD 2015-16	1,138,055	1,111,462	1,029,412	92.6%
Variance	53,918	56,834	58,603	
	4.7%	5.1%	5.7%	0.5%

## 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

	Dec	YTD
Answered in 60 secs (95% Target)	94.3%	93.1%
Warm Transferred and Call Back in 10mins (65%)	29.1%	33.6%
Call Back in 2 Hours (95%)	72.7%	81.8%
Referred to 999 (nominal limit 10%)	8.9%	9.0%



Calls Offered have increased by 11.1% compared to December 2015. Answered in 60 performance is up by 1.8% when compared to the same month last year. Month on month, performance went from 91.2% in November to 94.3% in December (up by 3.1%). Warm Transferred and Call Back in 10 minutes is up by 2.3% month on month and 9% down compared to December 2015.111 referrals to 999 up by 1.4% year on year but remain within target. In December, 2,833 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

## 3. Quality

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

## 4. Workforce

November 2016 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence*	Available	
Budget FTE	348	31	80	237	68.0%
Contracted FTE (before Overtime)	331	27	81	223	67.5%
Variance	(17)	4	(1)	(13)	-6%
% Variance	(4.9)%	13.8%	(0.8)%		
FTE (Worked inc Overtime)	349	27	81	241	69%
Variance	1	4	(1)	5	2%
% Variance	0.3%	13.8%	(0.8)%		

Contracted FTE (before Overtime) 4.9% above budgeted  
Paid Sickness at 8.2% (0.8% below threshold) and absence at 24.4%.

\* Absence includes total abstractions away from substantive job roles.

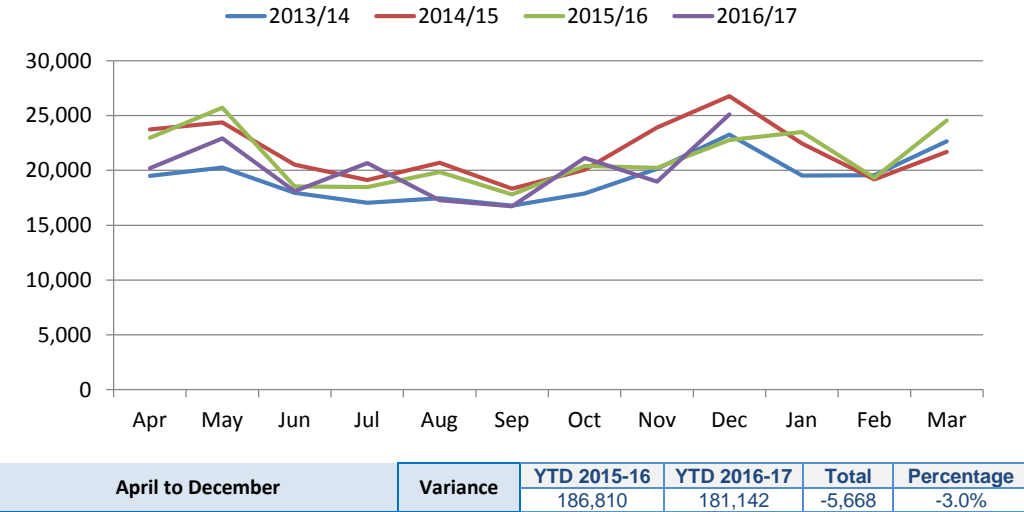
## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIP's	446	446	0

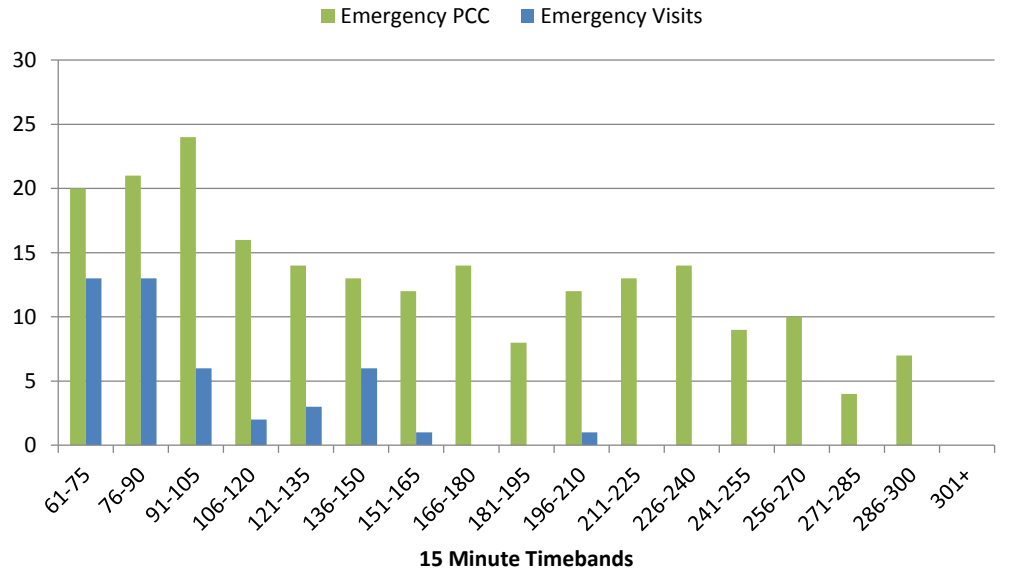
Quality and Efficiency Savings (CIPs) are on plan at the end of December as a result of non-recurrent staff savings due to vacancies.

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

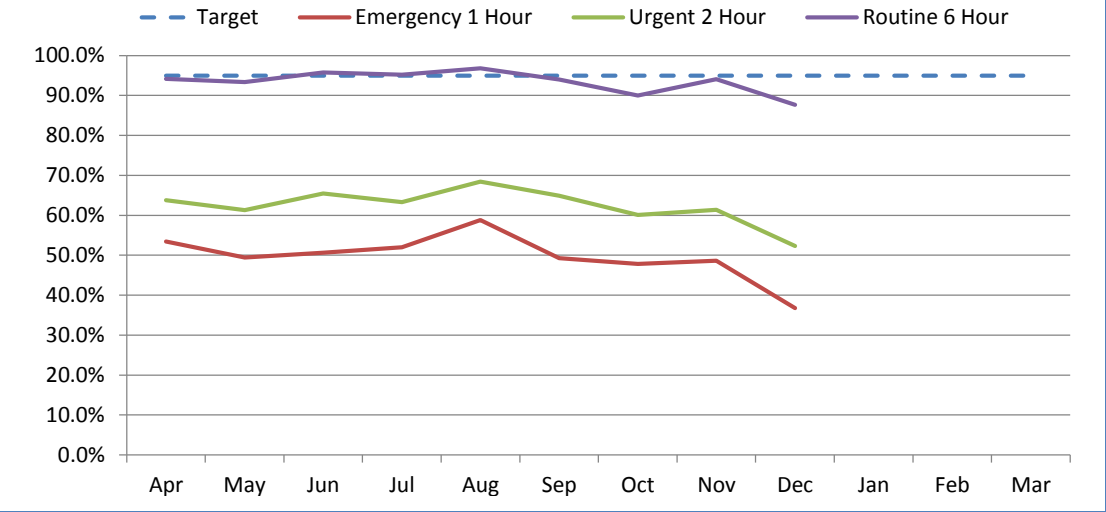
1. Demand



3. Tail of Performance



2. Performance



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	No SIs reported in December
Adverse Reports received	No adverse reports received
Patient Complaints	27 patient complaints received in Dec-16 directly involving the LCD part of the pathway. 14 closed; 8 not upheld, 3 partially upheld and 3 upheld. 13 investigation ongoing.

5. Comments

Patient demand levels for WYUC in December 2016 in comparison to December 2015 increased by 9.8%. NQR 12a performance in December saw 36.8% of emergency appointments in 1 hour completed in time, a fall of 11.6% from November, and a fall of 15.3% from December 2015. All 1 hour cases not dealt with in time are audited to identify any potential risk caused by delay. The overall average for Quarter 3 was 43.5%. Performance for NQR 12 b and c also fell with 52.3% of urgent cases administered within 2 hours (fall of 9.1% of from November, and a fall of 10.2% compared to December 15) and 90.1% of less urgent cases administered within 6 hours (fall of 2.4% from November, and a fall of 0.3% compared to December 15). The overall Quarter 3 averages for NQR 12b and 12c was 57.6% and 90.3% respectively.

## 4.1 Finance Overview

	Month	YTD	Dec-16 Trend 2016-17
<b>RISK RATING:</b> The Single Oversight Framework is now in place. Under that framework at Month 9 the Trust remains at a 2 rating (1 being lowest risk, 4 being highest risk). The Trust is rated as a 1 on all areas of the financial indicators (Liquidity 1, Capital Serving Capacity 1, I&E Margin 1) except for agency which is rated as a 3 due to the Trust being overspent against the agency cap.			
<b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at month 9 is £11.2m against a plan of £11.2m (including the positive variance of £0.3m due to £1.1m STF income against a YTD plan of £0.8m). The in month position was an adverse variance of £0.6m against plan.			
<b>SURPLUS:</b> The Trust has reported a YTD surplus as at the end of December (Month 9) of £2.76m against a planned surplus of £2.72m, a positive variance to Plan by £0.04m (of which £0.38m relates to the YTD variance for STF income). The in month position was an adverse variance of £0.6m against plan.			
<b>CAPITAL:</b> Capital spend for 2016/17 at the end of December 2016 is £5.7m against the plan of £10.5m.  The planned spend on Estates and ICT is delayed due to scheme specifics. The Hub and Spoke planned land acquisition has been delayed. The 2016/17 planned spend profile was updated to reflect the A&E Fleet and HART vehicle build programme and associated equipment. However as reported previously expenditure has been delayed due to user specification changes, with the first vehicle delivered in mid-November, 22 vehicles commissioned as at 6th January 2017 with the final vehicle expected to be delivered in March. There are on-going discussions with NHS Improvement regarding the capital plan and the amount of funding available in year. In November we received notification of the £3.653m 2015/16 Capital to Revenue transfer being confirmed as part of the Trusts CRL, however the use of operating surplus/cash reserves of £2.1m is yet to be determined as necessary and thus approval sought.			
<b>CASH:</b> At the end of December 2016, the Trust's cash position was £24.3m against a planned figure of £19m. The additional cash balance of £5.3m is principally due to capital spend being less than planned as described above (£4.8m), with the balance being due to a favourable working capital position.			
<b>CIP:</b> The Trust has a savings target of £9.059m for 2016/17. 85% delivery of the CIP target was achieved YTD as at December and 54% of this was achieved through recurrent schemes. Reserve / backup alternative schemes have contributed £2,039k of the year to date savings. This creates an overall adverse variance against plan of (£975k).			



## 4.2 Finance Detail

Dec-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	16,069	16,064	(5)
Patient Transport Service	2,463	2,560	98
111	2,843	2,687	(155)
Other Income	994	1,538	544
Operating Income	22,368	22,849	481
Pay Expenditure & reserves	(14,710)	(15,101)	(391)
Non-Pay expenditure & reserves	(4,893)	(5,550)	(657)
Operating Expenditure	(19,604)	(20,651)	(1,048)
EBITDA	2,764	2,198	(567)
EBITDA %	12.4%	9.6%	-2.7%
Depreciation	(752)	(774)	(23)
Interest payable & finance costs	(15)	(34)	(19)
Interest receivable	7	3	(3)
Profit on fixed asset disposal	12	12	0
Dividends, interest and other	(189)	(189)	0
Retained (Deficit) / Surplus	1,828	1,216	(612)
T&E (Deficit) / Surplus %	8.2%	5.3%	

Year to Date		
Budget	Actual	Variance
£000	£000	£000
135,222	135,832	610
21,655	21,743	88
24,028	24,864	836
7,366	8,879	1,513
188,271	191,317	3,046
(130,002)	(128,086)	1,917
(47,049)	(52,009)	(4,959)
(177,052)	(180,094)	(3,043)
11,220	11,222	3
6.0%	5.9%	-0.1%
(6,718)	(6,739)	(21)
(243)	(202)	41
62	42	(20)
102	107	5
(1,702)	(1,669)	33
2,719	2,761	42
1.4%	1.4%	

Capital Plan	Annual Budget	Current Month Variance	YTD Variance
	£000	£000	£000
Estates	(2,541)	(30)	1,191
H&S	(1,232)	151	997
ICT	(1,111)	149	621
Fleet	(7,444)	(529)	1,005
Hart Vehicles and Equipment	(1,378)	0	690
Medical Equipment	(1,629)	(26)	326
Contingency	-	-	6
<b>Total Schemes</b>	<b>(15,335)</b>	<b>(285)</b>	<b>4,836</b>
<b>Total CRL including planned NBV receipts</b>	<b>14,575</b>		
<b>Total CRL including additional NBV receipts</b>	<b>14,836</b>		
<b>Over committed against CRL incl disposals</b>	<b>(499)</b>		

Plan	CATEGORY	Plan	Dec-16	YTD
%age of bills paid within terms	NHS	95%	87%	78%
%age of bills paid within terms	NON NHS	95%	91%	87%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	19,002	24,287	5,285

# 5 Workforce Scorecard

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

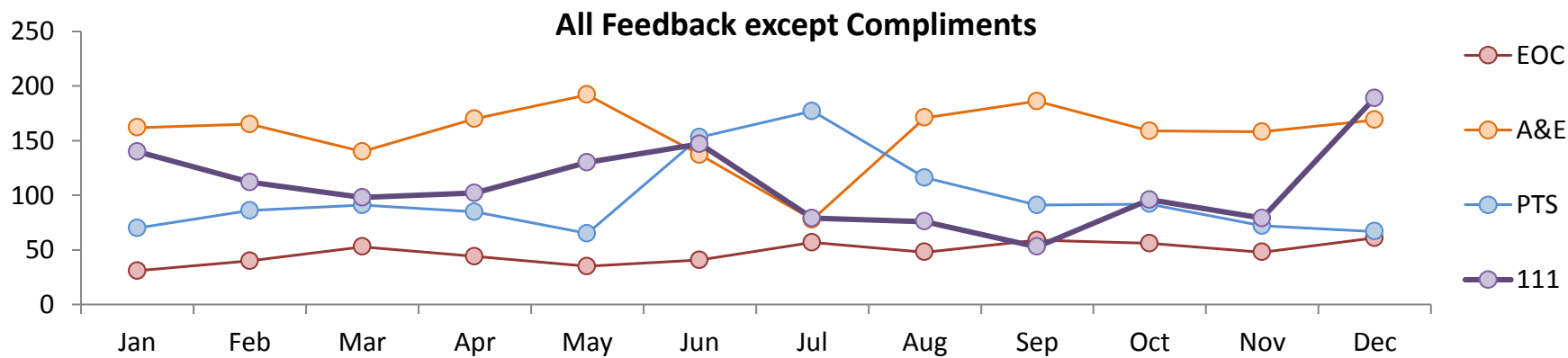
Dec-16

YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - Dec-16		Current Data - Nov-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4333.61	Dec-16	4341.71	Nov-16	4495		↓	4160.02	Dec-15
Equality & Diversity	5.85% fte	Dec-16	5.76% fte	Nov-16	11.1% fte		↑	5.3% fte	Dec-15
	6.2% hcount		6.15% hcount					5.53% hcount	
Monthly Sickness Absence	6.09%	Dec-16	5.48%	Nov-16	5% fte		↑	6.28%	Dec-15
Yearly Sickness Absence	5.42%	Jan-16 Dec-16	5.43%	Dec-15 Nov-16			↓	5.65%	Jan-15 Dec-15
Turnover	10.83% fte	Dec-16	10.83% fte	Nov-16	10.13% Amb Trust Average from iView		↔	11.78% fte	Dec-15
	13.69% hcount		13.77% hcount					13.29% hcount	
Current PDRs	80.10%	Dec-16	81.60%	Nov-16	90%		↓	74.02%	Dec-15
Stat & Mand Workbook	94.98% (combined)	Dec-16	94.87% (combined)	Nov-16	85% (combined)		↑	90.64% (Combined)	Dec-15
	91.78%	Dec-16	91.35%	Nov-16				90.64%	Dec-15
Overtime	£933k	Dec-16	£929k	Nov-16			↑	£998k	Dec-15
	£11,030k	Jan-16 Dec-16	£11,094k	Dec-15 Nov-16			↓	£11,029k	Jan-15 Dec-15

Sickness absence remains above the Trust target of 5%.

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

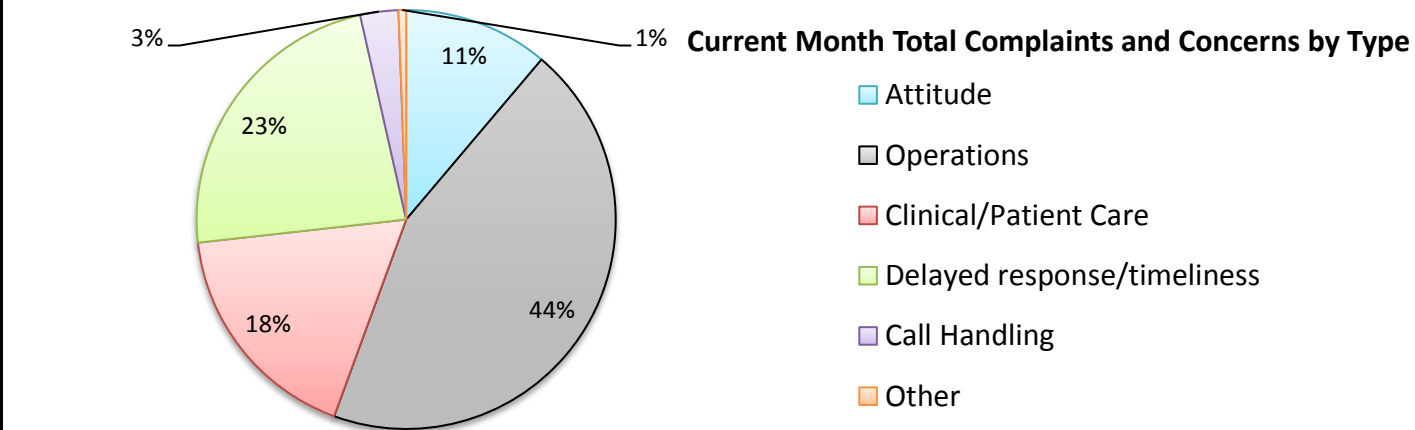
	EOC		A&E		PTS		111		Total	
	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD
Complaint	13	126	19	132	8	102	50	379	90	739
Concern	19	110	19	139	29	339	4	32	71	620
Service to Service	26	188	18	126	19	340	117	397	180	1051
Comment	2	5	8	56	7	63	4	40	21	164
Compliment	1	7	61	525	2	28	14	101	78	661
Lost/Found Proper	0	5	30	267	1	16	0	0	31	288
PALS request	0	8	14	175	1	30	0	2	15	215
Total	61	449	169	1,420	67	918	189	951	486	3,738
Demand	84,231	680,089	68,503	573,510	60,723	592,103	155,392	1,168,296	368,849	3,013,998
Proportion	0.07%	0.07%	0.25%	0.25%	0.11%	0.16%	0.12%	0.08%	0.13%	0.12%



The number of cases in December showed an increase of 129 on the previous month. This was mainly driven by 111 with an increase of 110 on last month, which is largely due to the substantial increase in call volumes over the christmas period. Cases in all other areas remained stable against previous months.

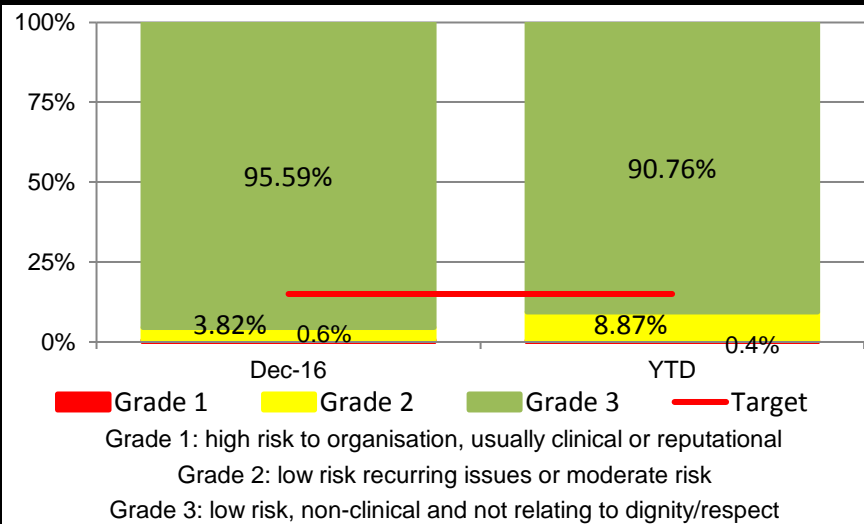
2. Complaints and Concerns (including issues raised by healthcare professionals ) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD
Attitude	0	0	19	146	9	71	10	68	38	285
Operations	0	2	21	139	5	64	125	460	151	665
Clinical/Patient Care	0	0	16	103	9	78	35	272	60	453
Delayed response	51	326	0	3	28	518	0	0	79	847
Call Handling	6	77	0	2	4	41	0	0	10	120
Other	1	19	0	4	0	1	1	8	2	35
Total	58	424	56	397	55	773	171	808	340	2,405
Demand	84,231	680,089	68,503	573,510	60,723	592,103	155,392	1,168,296	368,849	3,013,998
Proportion	0.07%	0.06%	0.08%	0.07%	0.09%	0.13%	0.11%	0.07%	0.09%	0.08%



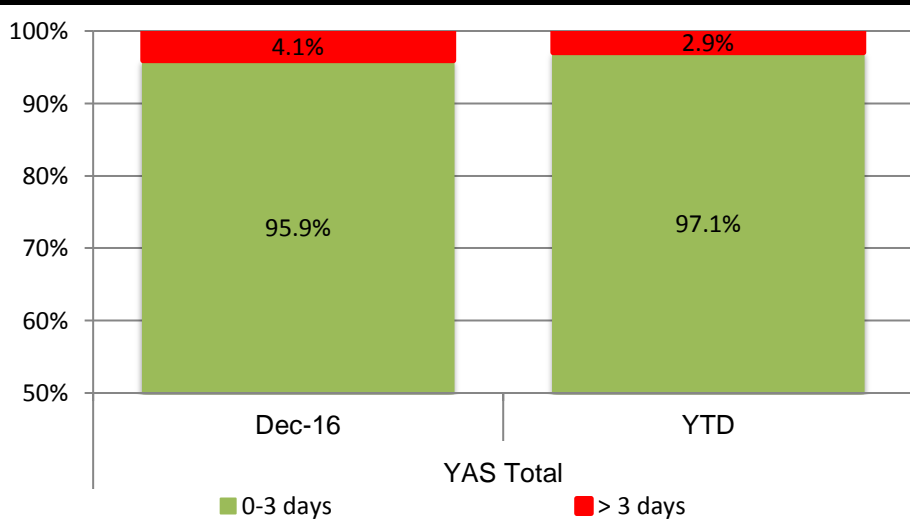
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations & Clinical/Patient are the largest for 111, whilst Attitude of staff is the most frequently reported issues for A&E.

3. Complaints and Concerns (inc HCP) received by risk grading (Target <15% Grade 1 and 2)



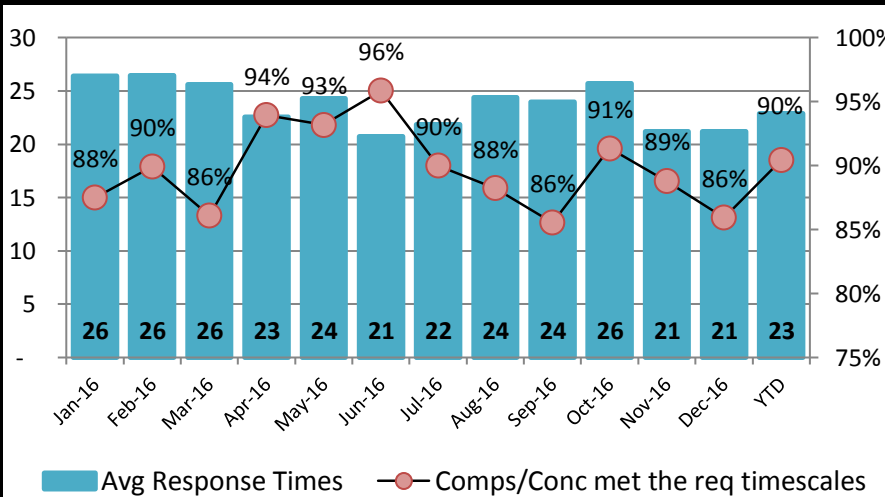
Overall Complaints & Concerns for Grade 1 remain very low. Grade 2 stands at 3.82% for December, which is below the 15% Target

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



Acknowledgement response times to complaints compliance was 95.9% in December.

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



Responses to complaints are being made in time, with the date agreed with the complainant being 86% of cases in December, with an average response time of 23 days.  
YTD compliance is 90% and average response time is 23 days

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

(YAS total inc HCP)	Total	
	Dec-16	YTD
Upheld	138	1,159
Partly Upheld	39	465
Not Upheld	131	768
Total	308	2,392

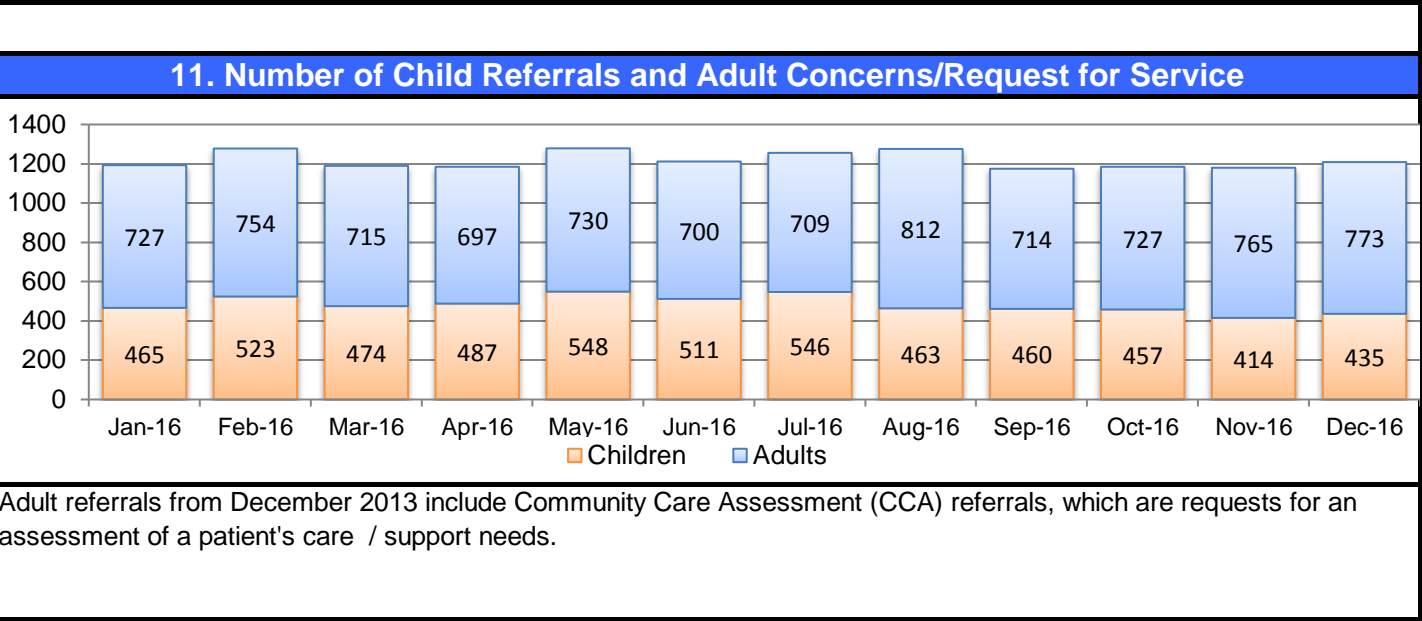
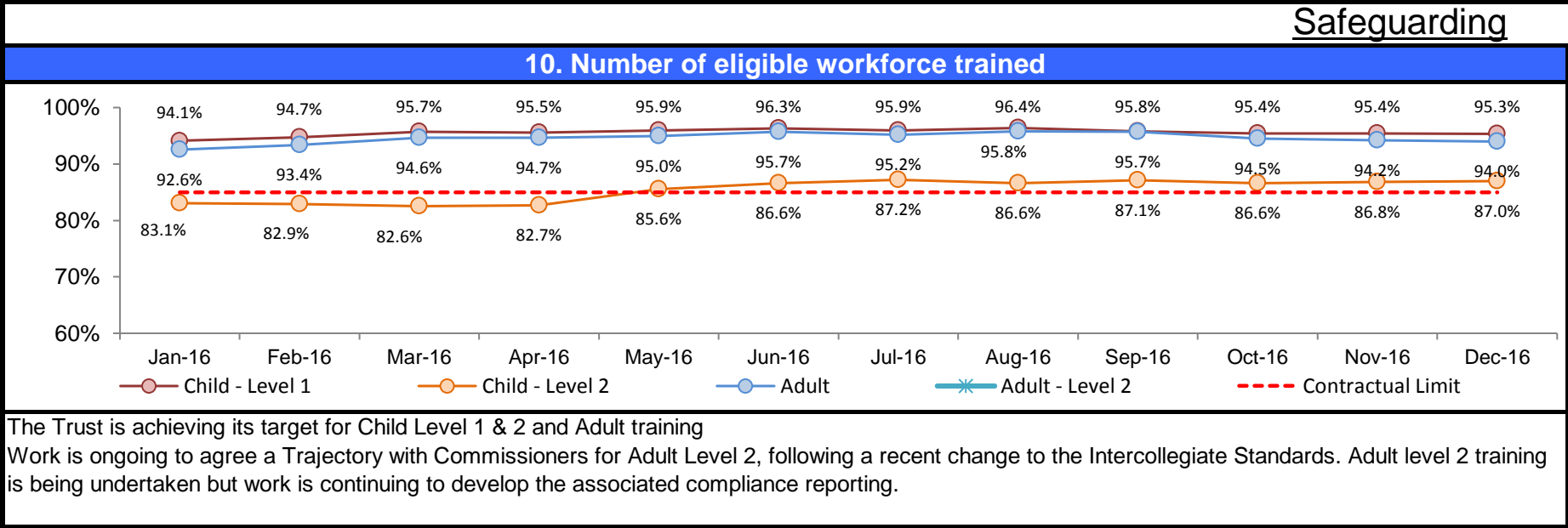
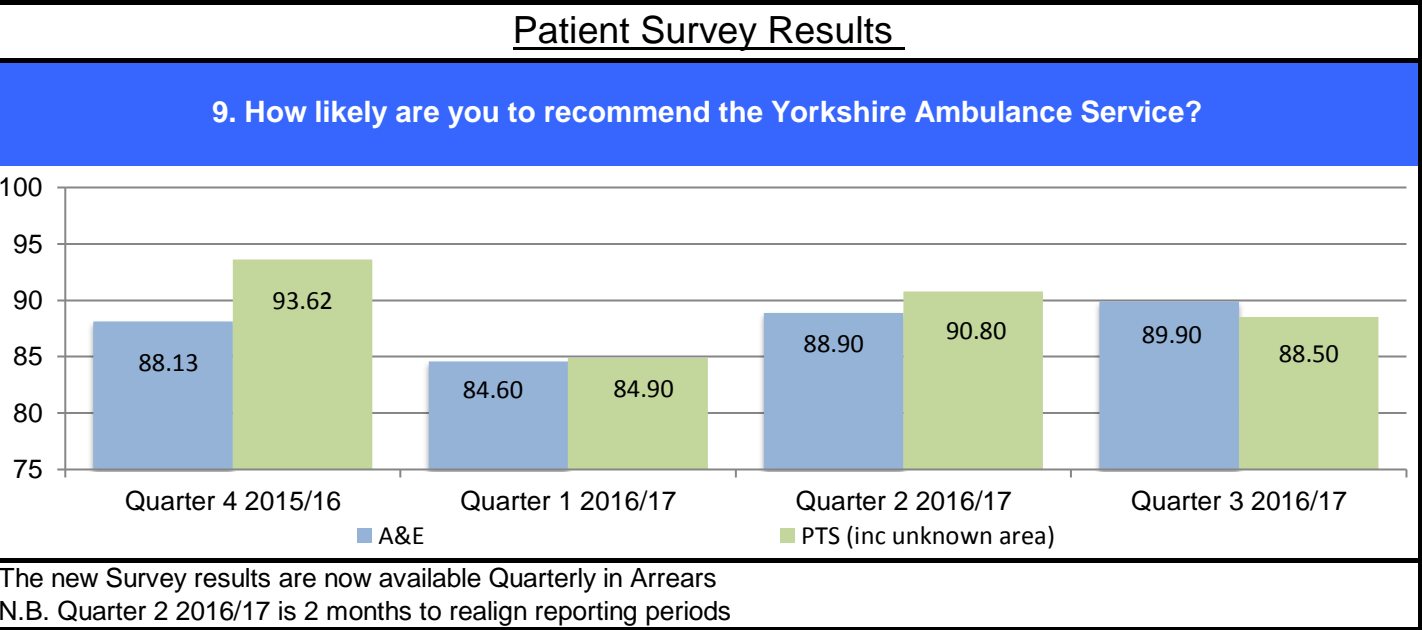
The majority of cases closed this month were Upheld

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

Total YAS	Dec-16	YTD
No. reopened	1	23
% of C&C	0.6%	1.7%

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

Outcome of cases involving PHSO (Parliamentary & Health Service Ombudsman)										
8. Includes cases where PHSO has made enquiries only										
	PHSO referrals received		PHSO investigation notified		Investigation Outcomes					
	Dec-16	YTD	Dec-16	YTD	Upheld		Partially Upheld		Not Upheld	
	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD	Dec-16	YTD
EOC	0	8	0	4	0	0	0	0	1	5
A&E	1	4	0	3	0	0	0	0	1	3
PTS	1	1	0	0	0	0	0	0	0	0
111	0	2	0	2	0	1	0	0	0	0
Total	2	15	0	9	0	1	0	0	2	8
Only 2 referrals were received in December - 1 for A&E and 1 for PTS										



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

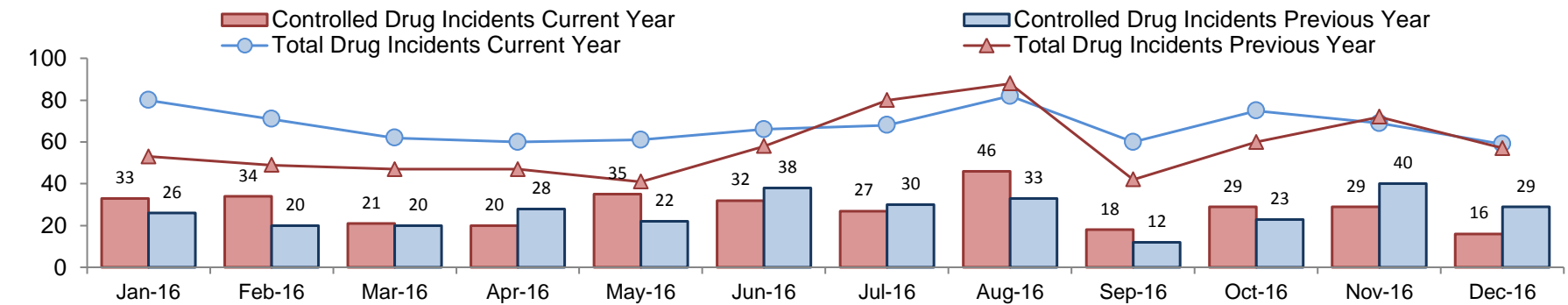
**Hand Hygiene** - Jewellery worn, and watches worn in replacement of fob watches • Hand gel missing and not been used  
Action: Continue to promote good hand hygiene and ensure staff are bare below the elbows and have personal issue hand gel at all times. Validation hand hygiene audit to be completed across PTS during Q4.

**Vehicle cleanliness** - General waste required removal interior • Vehicle interior and exterior dirty • Deep clean windscreen stickers not found or deep clean overdue • Steri-7 wipes missing - Action: Ensure focus on key issues with supervisors and staff.

**Premises cleanliness** • COSHH information missing • Incorrect use of mops • Clinical waste bags not tied or tied incorrectly - Action: Facilities teams reminded about process for mop head storage. Display all relevant COSHH fact sheets. Ensure clinical waste bags are tied with swan neck and ID

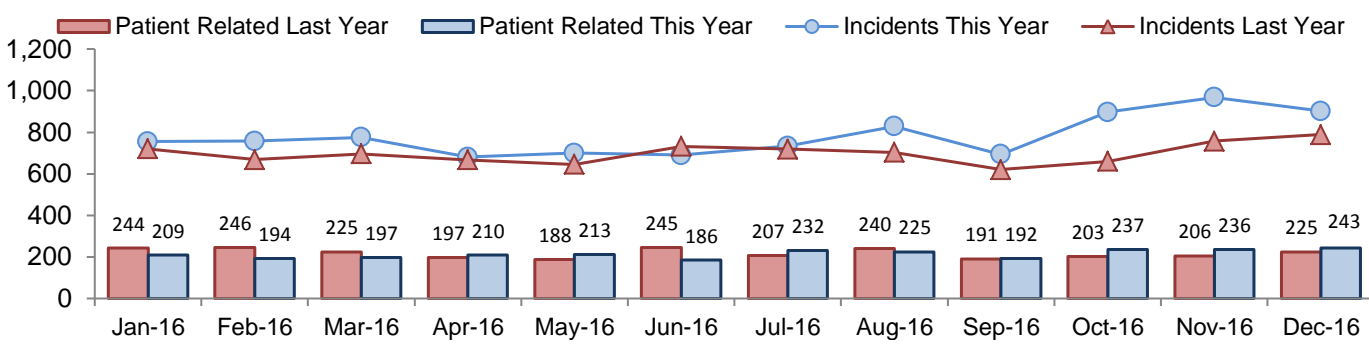
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



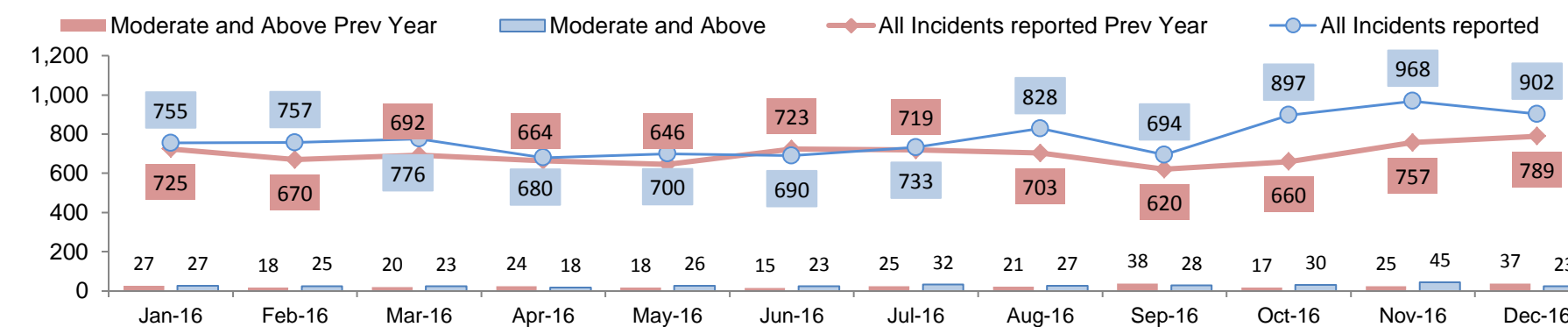
There were a total of 59 medication-related incidents for the month of December, of which 16 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

14. Incidents Reported



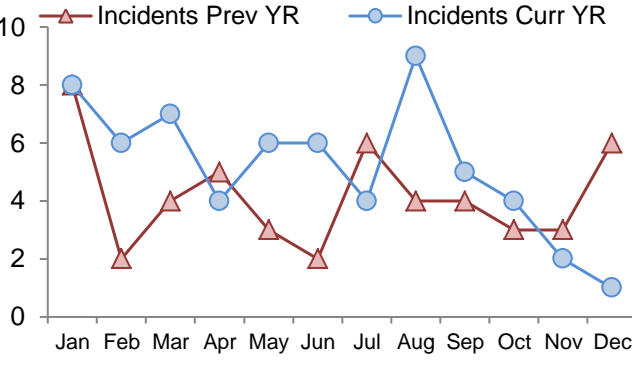
Patient Related incidents remained fairly consistent over recent months. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed.

15. Incidents, Moderate Harm and Near misses



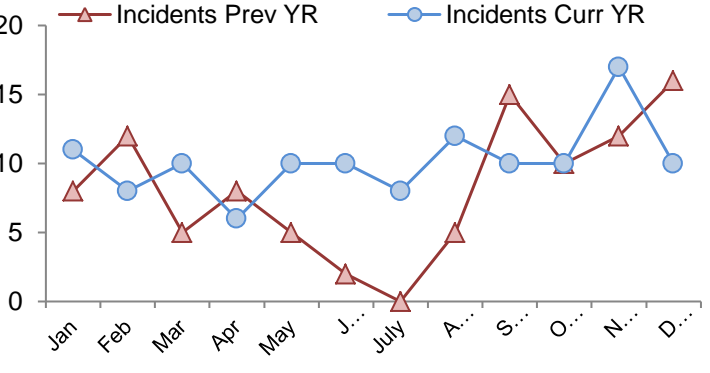
December saw a decrease in the number of incidents reported within A&E Operations with a 4.90% decrease on the previous month. An overall decrease of 7.3% in incidents reported from November to December. Although incident reporting levels remain consistent with increased activity levels the number of incidents reported that are categorised as moderate and above has decreased on previous months and is at its lowest figure for 5 months. The incidents categorised as moderate and above accounted for 2.54% of all incidents.

16. Serious Incidents



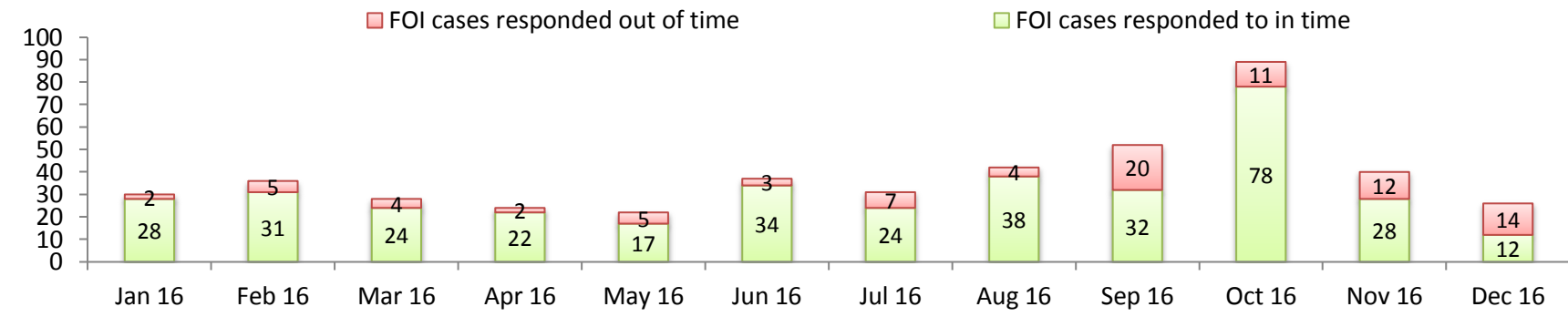
There was 1 Serious Incidents in December, related to Delayed despatch/response.

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



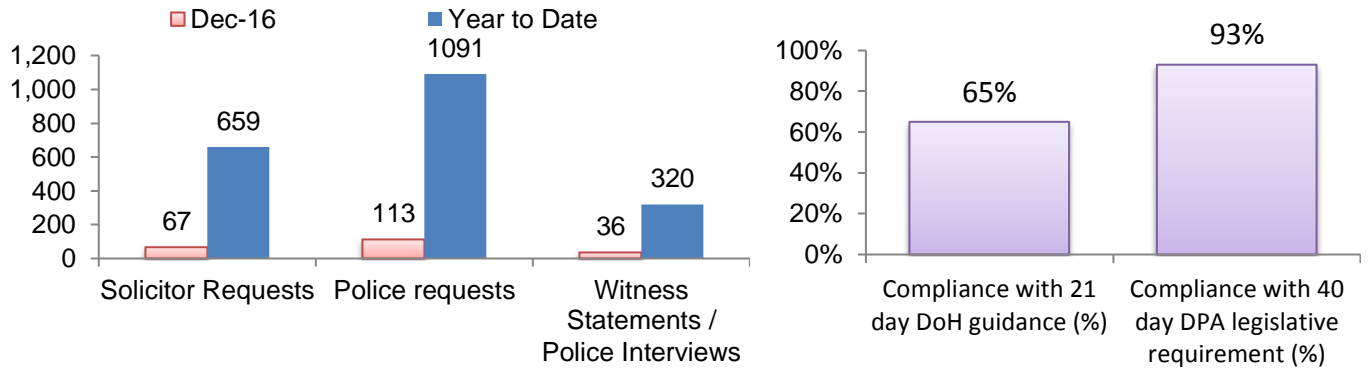
The themes and trends are showing within the RIDDOR reports as highlighted in the moving and handling summary above. Most of these involve a range of incidents including handling, lifting and carrying patients and numbers are fairly consistent with previous months.

18. FOI Requests



FOI Request levels reduced in December. This was due to an increase in FOI responses requiring significant analysis that needed additional sign off by directors.

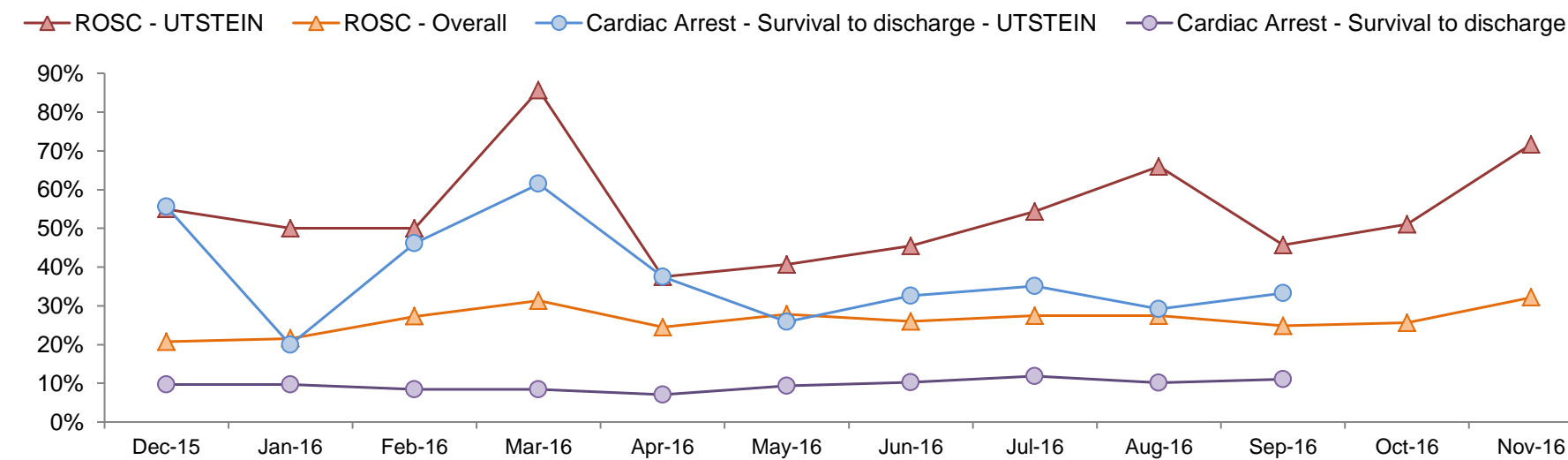
19. Legal Requests



Compliance with the 21 day timescale has decreased 5% on last month with Vacancies in Legal still being recruited.



20. Outcome from Cardiac Arrests



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

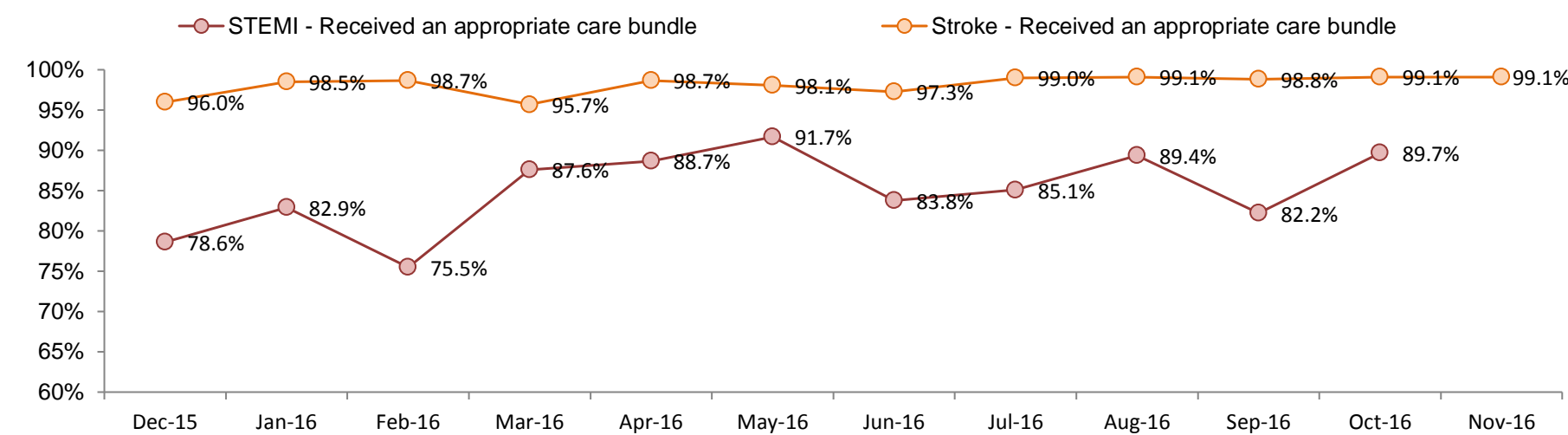
Outcome from Cardiac Arrests: ROSC (overall) performance for November matches the consistent performance trend thus far for 2016 with an achievement of 32.2%; qualifying November as the highest performing month of 2016 thus far.

In line with the results of ROSC overall, the UTSTEIN comparator group also demonstrates outstanding achievement of 71.7% for November. September and October's figures also mirror this excellent performance with figures of 46.8% and 51.1% respectively.

Survival to discharge results demonstrate consistently high levels of performance, July's figure of 11.9% was the highest performing month of 2016 thus far. September's figure of 11.1% shows continuation of this trend. Performance for survival to discharge has been consistently high, notably over June, July and September, demonstrating YAS's hard work.

Survival to Discharge within the UTSTEIN comparator group also demonstrates a pattern of high performance; noticeably April and July's figures of 37.5% and 35.1%. Performance for September continued this trend at 33.3% which although down from July's figure, still depicts high levels of achievement for YAS.

21. AQI Care Bundle



AQI Care Bundle: STEMI and stroke data for September and October 2016 indicates a consistently high level of care is being delivered to patients across all areas.

Stroke care has shown outstanding performance across 2016, notably in October and November, achieving 99.1%.

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

22. Clinical Performance Indicators

Elderly Falls

E1- Primary Obs recorded

E2- Recorded Assessment Cause of Fall

E3- History of Falls

E4- 12 Lead ECG Assessment

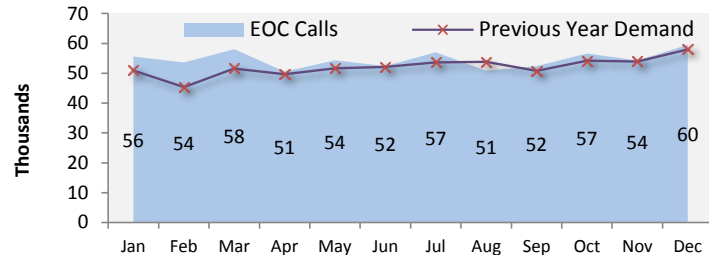
E5- Recorded Assessment of Mobility

E6- Direct Referral to an appropriate Healthcare professional

FC- Care Bundle For Elderly Falls (E1+E2+E3+E4+E5+E6)

There has been a slight improvement on most elements of the Elderly Fall CPI care bundle with the exception of direct referral by YAS, when the previous cycle is compared to cycle 16.

### 1. Demand

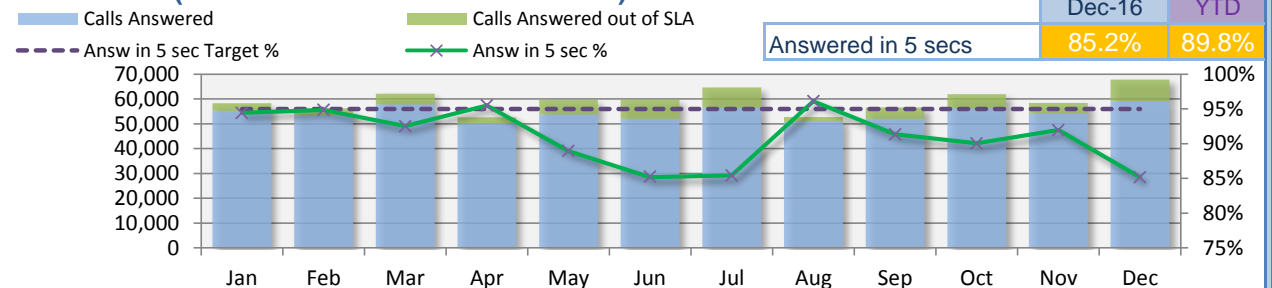


Service level YTD is currently 5.2% below target.

#### Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	487,984	484,828	435,531	89.8%
2015/16	477,919	475,910	455,022	95.6%
Variance	10,065	8,918	(19491)	
Variance	2.1%	1.87%	(4.3%)	(5.8%)

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



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Calls Answered out of SLA	3,079	2,746	4,327	2,266	5,950	7,679	8,221	1,969	4,501	5,600	4,351	8,760
Calls Answered	55,209	53,462	57,851	50,356	53,739	52,074	56,432	50,762	52,076	56,268	54,042	59,079
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	94.4%	94.9%	92.5%	95.5%	88.9%	85.3%	85.4%	96.1%	91.4%	90.0%	91.9%	85.2%

We are still experiencing high demand on the service (+ 6%) compared to this time last year which has impacted our ability to provide call answer and dispatch consistently. Work is ongoing to review call answer times with a view to consistency in achievement. We are actively recruiting against 2017 trajectory which should see an increase in new staff joining EOC. The plan for recruitment will continue throughout 2017 until we fulfil establishment. We are actively working with an external consultant reviewing the call answer and dispatch process which should result in improvements. Further localised changes to ARP went live in December to ensure maximum performance contribution through the trial. Further review of early capture for purple details is ongoing which will see improvement to performance and patient outcome.

### 3. Quality

	Dec	YTD
Serious Incidents (Rate Per 1000 Responses))	2(0.03) ↓	17(0.03)

Total Incidents (per 1000 calls)	106(1.37) ↓	761(1.28)
----------------------------------	-------------	-----------

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

Feedback	Complaints	Concerns	Comments	Service to Service	Compliments
	11 ↓	12 ↑	0 ↓	23 ↓	0 ↓

Response within target time for Complaints and Concerns	82%	94%
Outcome of Ombudsman Cases	Upheld	0
	Not Upheld	0

### 4. Workforce

FT Equivalents	Dec-16	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE		401	20.1	100	281	70%
Contracted FTE (before overtime)		371	18.5	93	259	70%
Variance		(30)	(2)	(8)	(21)	(7.6%)
% Variance		(7.6%)	(7.6%)	(7.6%)		
FTE worked inc overtime		386	30.0	95	261	68%
Variance		(15)	10	(5)	(20)	(7.1%)
% Variance		(3.8%)	49.6%	(5.3%)		

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

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

#### Key Points

Contracted FTE was 30 FTE under budget with a variance of (7.6)%.

### 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
CIPs	231	231	0

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

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

Dec-16

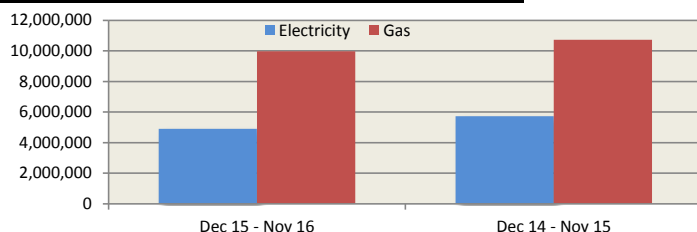
## 1. Demand

Number of Jobs Received - **753** of which **659** logged for YAS Estates Direct Labour.

Out of Hour Call's received - **24**

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

kWh	Electricity (kWh)	Gas (kWh)
Dec 15 - Nov 16	4,894,161	9,981,844
Dec 14 - Nov 15	5,729,822	10,722,696
Reduction of	14.58%	6.91%



## 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:

- **82%\*** of reactive maintenance requests completed within response timeframes - **543 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(187)**
- **95 %** of statutory planned preventative maintenance site visits completed within response timeframes.(100% not achieved due to VOR)
- Appraisals undertaken - **100% completed**

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

## 3. Quality of Service

- Estates and Facilities Restructure is underway and will be complete by 1st February 2017
- First draft of Estates Strategy is currently being finalised and will be available for circulation in March 2017
- Health and Safety procedures and protocols being finalised in respect of Trades Staff
- Capital programme is being progressed with 4 ambulance station refurbishments proposed

## 4. Staffing

2016 (FT Equivalents)	FTE	Sickness (0%)
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

## 5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
CIPs	267	267	0

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

## Dec-16

## Business Continuity

- Commenced initial ResWeb audit
- Attended TdY strategic planning meeting
- Conducted initial TdY route analysis re BC for Stations on route
- Attended first TdY departmental planning leads meeting
- Started work on 'Guide to BC' folder for A&E Ops in prep for ISO certification
- Completed Exercise Blackbird Final Report
- Completed Exercise Spartan Final Report
- Commenced BC reviews for HR and OEE
- YAS BC Manager started 3 day per week secondment with Leeds Teaching Hospitals
- BC Manager attended Fire Safety and CPR training course
- BC Manager attended SI training
- Secured additional training for Bradford teaching for Health JDM

## Emergency Preparedness and Response

- The New Regional JRLO (Military Liaison) Lt. Col. Holden visited YAS HQ, EOC, Manor Mill and Gold Cell for a familiarisation visit.
- Supported Hull and East Riding CCG management teams with their internal exercise.
- JR started to work with NHS England North 4 days per week as a seconded Winter and System Resilience Manager for the winter duration

Training	Number of Courses	Exercises
Resilience Awareness Course	1	NY Richmondshire Multi Agency Flood Plan Table Top Exercise – 2nd Dec
ECA Session	1	WY COMAH Exercise Omaha – 7th Dec
EPC SAG Course	1	WY Exercise Maya – 15th Dec

## Hart and Special Operations

**HART:** All HART staff have now been converted to Paramedics. The last remaining ambulance technician retires in March, which brings the establishment into line with the national service specification. One staff member remains on secondment to NARU, returning in October 2017 and one staff member has left for a twelve month career break, returning in September 2017.

A submission to the commissioners has been sent to fund an additional four staff members from April 1st 2017.

Delivery of the new Secondary and Welfare vehicles was due for delivery in January. However there is now some slippage in this and delivery is expected in February.

**Air Ambulance:** The second new aircraft for Topcliffe has now been delivered and is in service. A review of the current seconded staff to become full time staffing is underway. This is due to the training commitments and investment by YAS and the Charity to maintain their competence and planned changes to service in the coming months.

**MTFA:** A large scale exercise is being planned for March in South Yorkshire. A planning team has been established to bring this together. NHS England require that we have 63 AIT staff trained and equipped, with 10 on duty at any one time. Due to staff leaving and rota patterns, it has been decided to increase the number of staff from 63 to 70, to prevent YAS from dropping below the required number and to ensure shortfalls are replaced quickly.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team - Volunteers	63	61	12
Hart Operatives FTE	42	42	3
CBRN (SORT) - Volunteers	178	112	66
Air Ambulance FTE	14	13	0

## Community Resilience Team

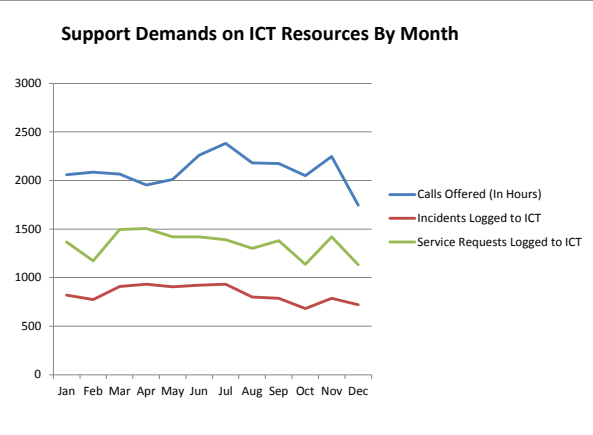
Numbers	No. CFR	No. EFRs	No. Static	No. CPADS
ABL	220	7	300	171
CKW	111	19	240	75
HULL/EAST	78	77	120	134
SOUTH	171	6	482	62
NORTH	355	13	207	311

% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.6%	0.8%	2.9%	4.4%
CKW	0.7%	1.0%	2.0%	3.1%
HULL/EAST	1.9%	2.5%	3.1%	4.4%
SOUTH	1.4%	1.8%	3.8%	5.4%
NORTH	0.9%	1.2%	3.5%	5.0%

	Actual	Overall
EFRs	0.4%	0.4%



1. Demand

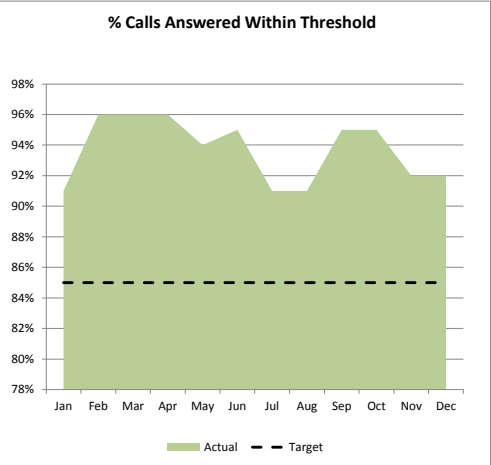


	Jul	Aug	Sep	Oct	Nov	Dec
Calls Offered (In Hours)	2,381	2,180	2,176	2,049	2,248	1,747
Incidents Logged to ICT	930	801	788	681	788	722
Service Requests Logged to ICT	1,391	1,301	1,379	1,137	1,421	1,133
Total number of active projects	15	16	13	17	15	15

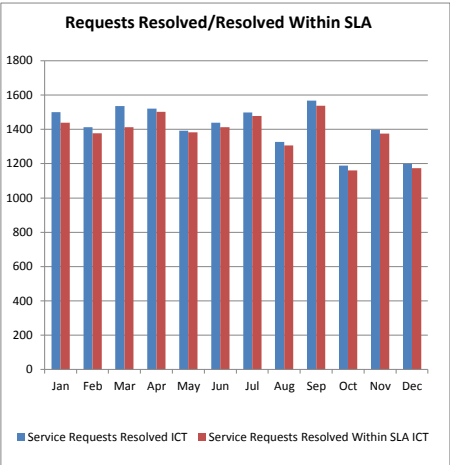
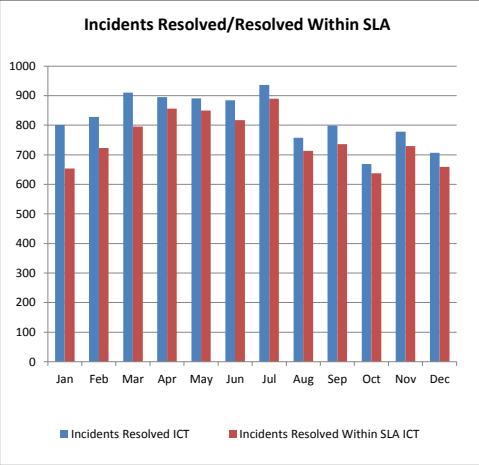
Incident = Unplanned interruption or reduction in quality of and IT service.  
Request = Requests for hardware, software, access to data and locations etc.

Calls offered for incidents and requests have decreased this month

2. Performance

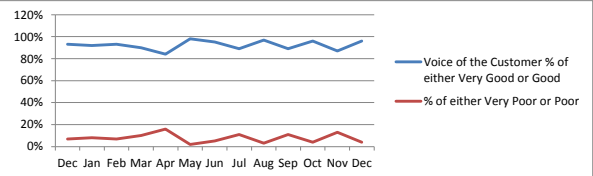


	Jul	Aug	Sep	Oct	Nov	Dec
% Calls Answered Within Threshold (10 seconds), Target 85%	91%	91%	95%	95%	92%	92%
Overall ICT Achievement on SLA for Incidents and Requests, Target 80%	96%	97%	96%	96%	97%	96%
Incidents Resolved ICT	936	758	799	669	778	778
Incidents Resolved Within SLA ICT	890	713	736	637	729	659
Service Requests Resolved ICT	1,499	1,326	1,568	1,189	1,397	1,199
Service Requests Resolved Within SLA ICT	1,478	1,307	1,538	1,161	1,376	1,173



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

3. Quality of Service



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

There was no unplanned downtime last month

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6,300			4,410
Actual	39	6,143			5,063
Variance	1	158			653
%Variance	98%	98%			0%
SICKNESS					
5% Sickness on Budgeted			315		
5% Sickness on Actual			307		
Recorded Monthly Sickness				173	
Variance between Budget and Actual Targets				(135)	
ABSENCE					
25% Absence on Budgeted			1,585		
25% Absence on Actual			1,585		
Recorded Monthly Absence				908	
Variance between Budget and Actual Targets				(132)	

Absence and sickness figures have increased this month due to the festive period and illness

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

Dec-16

Indicator	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:23	0:23	0:25	0:22	0:30	0:22	0:29	0:37	0:38	0:04	0:12	0:20	0:14	4	0:07	to	1:34
Time to Answer (99%)	1:06	1:12	1:15	1:09	1:22	1:04	1:25	1:31	1:45	0:34	1:06	1:20	1:03	6	0:50	to	2:44
Abandoned calls	1.22	0.90	1.10	0.79	1.10	0.81	0.88	0.87	1.18	0.21	0.51	0.81	0.93	4	0.30	to	2.58
Cat Red 8 minute response - RED 1 (75%)*	73.8	69.0	69.0	69.6	68.5	69.7									64.5	to	72.3
Cat Red 8 minute response - RED 2 (75%)*	73.3	71.0	71.9	71.3	69.5	74.2									54.2	to	72.8
95 Percentile Red 1 only Response Time*	13.3	14.5	14.4	14.3	14.3	14.5									13.6	to	16.3
Cat Red 19 minute response (95%)*	95.3	93.9	94.7	94.3	93.7	95.7									85.1	to	94.5
Cat Red 8 minute response**						73.1	71.1	68.0	66.5	70.7	68.8	70.7			N/A		
Cat Amber 19 minute response**						82.0	74.9	71.9	67.8	74.9	70.0	69.0					
Cat Green 60 minute response**						96.3	96.1	94.9	92.2	90.2	95.1	94.4					
Category1 8 minute response***												65.7	65.7				
Category1 19 minute response***												89.5	88.3				
Category2 19 minute response***												69.3	71.1				
Category3 40 minute response***												71.1	72.2				
Category4 90 minute response*** (excl HCP)												90.3	84.3				
Time to Treat (50%)	5.6	5.8	6.4	6.1	5.9	6.0									6.4	to	11.5
Time to Treat (95%)	14.3	15.4	15.9	15.3	15.5	13.3									18.8	to	26.5
Time to Treat (99%)	21.3	23.6	23.8	23.0	23.4	19.5									34.9	to	51.7
STEMI - Care	74.4	78.6	82.9	75.5	87.6	88.7	91.7	83.8	85.1	89.4	82.2	89.7		2	67.8	to	91.7
Stroke - Care	98.0	96.0	98.5	98.7	95.7	98.7	98.1	97.3	99.0	99.1	98.8	99.1		4	94.5	to	99.7
Frequent caller *	1.78	2.07	2.00	2.56	2.29	2.85	3.28	3.40	3.49	3.67	4.03	2.52	2.83	6	0.30	to	3.40
Resolved by telephone	7.8	9.4	8.2	7.9	9.1	8.3	6.7	7.1	7.2	6.8	6.8	7.8	8.5	7	5.1	to	15.8
Non A&E	30.3	31.1	30.7	29.8	29.4	30.2	29.9	29.7	30.4	30.7	30.8	30.0	29.7	9	29.4	to	49.4
STEMI - 150	79.3	91.3	79.0	84.9	86.4	91.2	84.3	82.8	80.2	90.2				8	71.6	to	91.9
Stroke - 60	51.1	55.2	49.3	51.5	48.7	54.4	52.0	43.2	47.1	43.6	42.0	39.9		8	35.2	to	68.0
ROSC	26.1	20.7	21.6	27.3	31.4	24.5	27.8	26.0	21.7	28.4	25.2	25.7		7	25.3	to	35.6
ROSC - Utstein	54.2	55.0	50.0	50.0	85.7	37.5	40.7	45.5	45.6	64.7	46.8	51.1		6	42.7	to	68.3
Cardiac - STD	7.5	9.7	9.7	8.4	8.4	7.1	9.4	10.3	11.9	10.2				2	7.2	to	12.5
Cardiac - STD Utstein	29.2	55.6	20.0	46.2	61.5	37.5	25.9	32.6	35.1	29.2				3	21.2	to	45.5
Recontact 24hrs Telephone	1.7	1.9	2.2	5.5	5.5	6.0	5.3	6.5	6.3	6.8	6.7	5.0	7.3	4	1.9	to	14.4
Recontact 24hrs on Scene	2.8	2.2	1.4	2.8	3.2	2.5	1.8	1.4	1.8	1.3	1.6	1.3	1.5	1	1.6	to	8.5

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

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

Dec-16

Ambulance Quality Indicator (A&E)	Target	Units	East Midlands	East of England	London	North East	North West	South Central	South East Coast	South Western	West Midlands	YAS	RANK (1 - 10)	YTD
Time to Answer - 50%		mm:ss	0:02	0:01	0:00	0:01	0:01	0:03	0:03	0:03	0:01	0:01	2	November
Time to Answer - 95%		mm:ss	0:40	0:09	0:07	0:27	0:23	1:03	1:34	1:02	0:15	0:22	4	November
Time to Answer - 99%		mm:ss	1:32	0:57	0:50	1:00	1:10	2:14	2:44	2:06	0:56	1:14	6	November
Abandoned calls		%	1.80	0.69	0.30	0.39	1.97	1.24	2.58	2.25	0.98	0.78	4	November
Cat Red 8 minute response - RED 1	75%	%	69.0	67.8	69.9	66.0	70.3	72.3	64.5					November
Cat Red 8 minute response - RED 2	75%	%	57.8	60.8	65.3	65.8	64.1	72.8	54.2					November
Cat Red 19 minute response	95%	%	85.1	90.3	93.7	91.3	89.9	94.5	90.0					November
95 Percentile Red 1 only Response Time		Time	15.5	16.1	13.6	15.3	15.4	14.3	16.3					November
Category1 8 minute response***	75%	%								N/A	N/A	65.7		November
Category1 19 minute response***	95%	%								N/A	N/A	88.7		November
Category2 19 minute response***		%								N/A	N/A	70.6		November
Category3 40 minute response***		%								N/A	N/A	71.9		November
Category4 90 minute response***		%								N/A	N/A	86.6		November
Time to Treat - 50%		mm:ss	11.5	7.5	6.7	7.3	7.3	6.4	7.6					November
Time to Treat - 95%		mm:ss	23.9	23.4	18.8	24.7	26.5	19.9	23.8					November
Time to Treat - 99%		mm:ss	39.7	34.9	37.2	40.8	51.7	35.0	37.6					November
STEMI - Care		%	83.8	91.7	69.8	82.3	87.0	70.3	67.8	78.2	79.9	88.0	2	August
Stroke - Care		%	98.8	99.3	96.7	97.6	99.7	98.3	96.1	94.5	97.9	98.4	4	August
Frequent caller *		%	0.3	0.3	0.3	0.9	1.3	3.4				3.3	6	November
Resolved by telephone		%	15.8	6.4	10.6	8.2	9.9	11.3	5.8	14.5	5.1	7.4	7	November
Non A&E		%	29.4	40.5	36.8	34.0	32.4	41.1	49.4	49.2	37.8	30.2	9	November
STEMI - 150		%	91.7	90.4	91.3	91.9	81.0	88.3	91.7	71.6	87.3	85.8	8	August
Stroke - 60		%	55.2	51.4	64.1	60.4	52.7	42.4	68.0	35.2	55.9	48.2	8	August
ROSC		%	26.7	29.0	29.2	25.3	35.6	31.3	28.4	25.3	31.7	26.7	7	August
ROSC - Utstein		%	50.0	55.6	58.4	68.3	60.1	42.7	56.6	45.8	51.4	52.7	6	August
Cardiac - STD		%	7.2	8.9	9.0	7.9	9.3	12.5	8.2	8.2	9.4	9.9	2	August
Cardiac - STD Utstein		%	21.2	32.8	28.8	45.5	29.9	23.2	28.6	21.6	23.8	31.7	3	August
Recontact 24hrs Telephone		%	1.9	8.2	3.3	13.0	4.4	8.8	7.1	10.2	14.4	6.2	4	November
Recontact 24hrs on Scene		%	3.9	5.2	8.5	4.7	3.1	4.5	5.4	4.5	6.8	1.6	1	November