



Integrated Performance Report – February 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). 95% of Patients received a Red response at scene 5 seconds quicker in Feb 2016 than in Feb 2015. YAS is the highest ranked trusts for this target, as well as for re-contact rates. YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

Survival to discharge UTSTEIN (witnessed by bystander): Between January and September 2015 106 UTSTEIN patients were discharged alive from hospital. This was an increase of 18 patients in comparison to the same period last year (January – September 2014), equating to a 20% increase in patients being discharged alive.

To date, for the 2015/2016 period we are currently ranked highest for performance among the eleven ambulance service trusts, with a success rate to date of 41.3%; which is notably an increase in performance compared to the 2014/2015 period

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

Table of contents

<i>Page Number</i>	<i>Content</i>	<i>Page Number</i>	<i>Content</i>
2	1. Compendium	26	4.1 Finance Overview
3	2. Exec Summary	27	4.2 Finance Detail
3	- Key Headlines	28	5. Workforce Scorecard
4	- Business Objectives	29-30	6.1 Quality, Safeguarding, IPC Audits and Incident Reporting
4	- Demand and Performance	31	6.2 Clinical Performance
5-8	- A&E	32	
9	- 111		Annexes
10	- PTS		
11	- Quality		
12	- Clinical	33	A1.1 EOC Service Line Report
13	- Workforce	34	A1.2 Estates Service Line Report
14	- Finance	35	A1.3 Fleet Service Line Report
15-16	2.2 Business Objectives	36	A1.4 Resilience Service Line Report
17-19	2.3 Transformation	37	A1.5 ICT Service Line Report
20	2.4 Quality and Efficiency Savings (CIP) 2.5	38	A2. National Ambulance Quality Indicators
21	CQUINS		A3. National Benchmarking
22-23	3.1 A&E Service Line Report	39	
24	3.2 PTS Service Line Report		
25	3.3 111 Service Line Report		

IPR Compendium (2014-15 Key Facts)

Key Facts & Figures for YAS

VEHICLES



349
Double-Crew
Ambulances

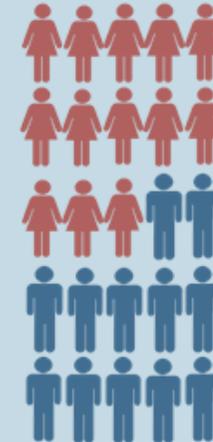


198
Rapid-Response
Vehicles

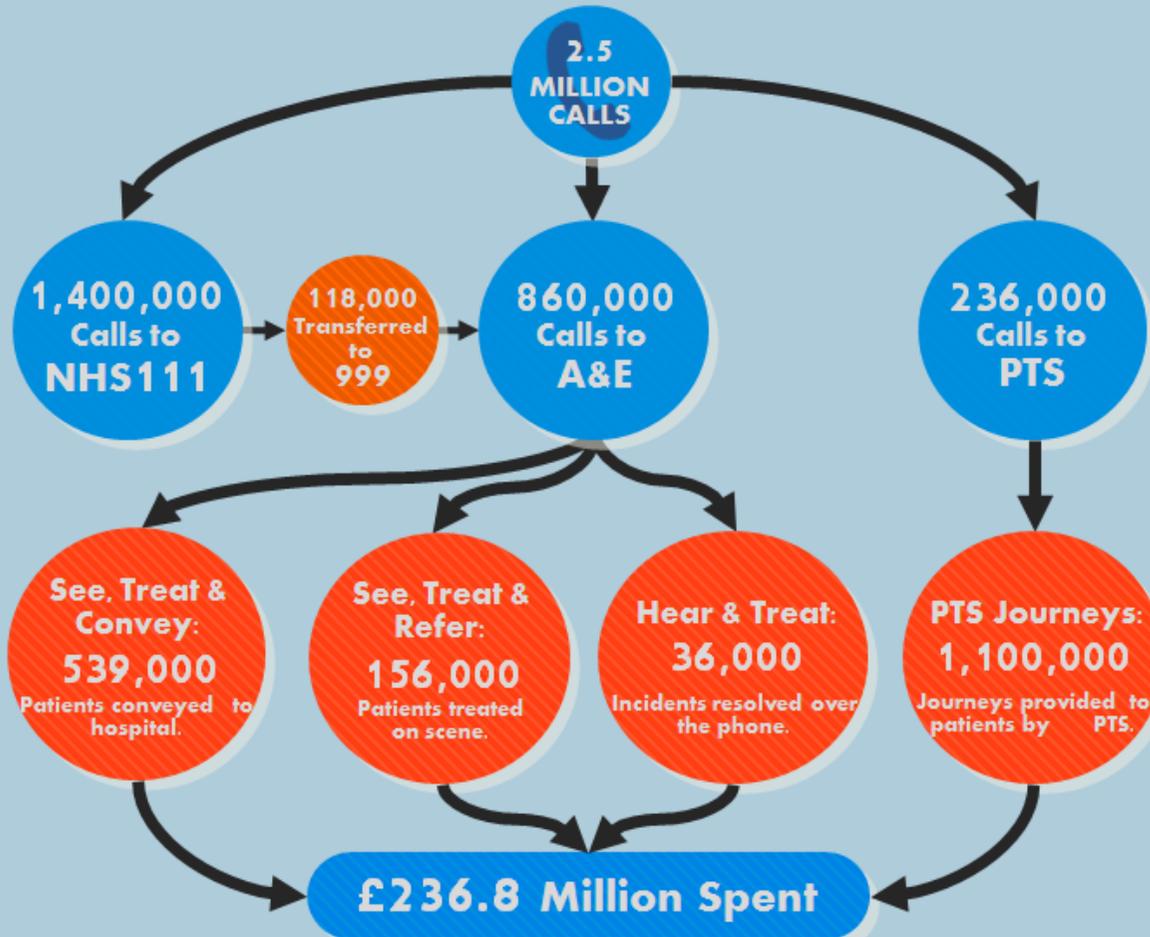


451
PTS Vehicles

STAFF



52%
Female
48%
Male
5.5%
BME



IPR Exec Summary – February 2016

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

- **111 calls** are above contracted for February (+0.8%, 897 calls), and remain above plan at 2.4% year to date (+7.9% above last year). The Plan included a contracted growth level of 5.0%. 111 referral rate to 999 is still performing well (<10%) at 8.0% for February.
- **999 Call demand** above plan in February (+9.8%, 6,160 Calls). However, YTD demand is 2.2% below plan (17,146 Calls). **NB: 111 calls up 32,221.**
- **Hear & Treat (H&T)** is 8.9% below the profiled plan in the month however YAS are effectively managing significantly more calls YTD (+6.6% on plan). This has positively reduced ambulance responses. This helps to make more resource available to other and particularly critical Red calls. Recent National Ambulance Quality Indicators (AQI) changes means less opportunity for H&T in respect of Red calls.
- **The See Treat & Refer (STR) activity** is lower than planned YTD mainly due to the increased use of Urgent Care Practitioners and the success of the investment schemes (111, Mental Health and Frequent Callers) which are targeted at reducing ambulance responses.
- **A&E Responses at scene** (At least 1 vehicle arriving at scene). Red responses are above plan for February (+18.1%, 4,089 Responses), they are also above plan YTD (+2%, 5,620 Calls). Red 1&2 ambulance response remain above 71% YTD, now the second ranked service nationally for Red 2. This achievement demonstrates continued A&E service efficiency (higher performance vs resource hours available). Red demand responses for Feb 2016 make up 48% (43.8% Feb 2015) of all responses, increasing pressure on an 8 min response as more resources are required.
- **999 Performance** against 8 min 75% target Red 1 (achieved 8m 42s) and Red 2 (achieved 8m 35s). Red 1 was above but Red 2 was below those achieved in Feb15. This has been affected by the recent AQI changes
- **PTS –Performance** - Overall PTS performance continues to report a positive position - KPI 2 getting patients to their appointment on time achieving 84.3% YTD (target 82.9%) and KPI 3 collected after appointment 90.7% YTD (target 91.7%). Patient Bookings: Journeys delivered across the region continues the monthly trend on reduction in activity across all consortia. Call taking performance: Calls answered within 3 minutes for February 2016 stands at 80.4% an increase of 2% from previous month with a YTD total of 82.7%.

111 Headline Metric	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Call Answered	118,022	118,919	897	0.8%	1,335,109	1,367,330	32,221	2.4%
Calls Answered (60 Secs)	112,121	98,606	(13,515)	(12.05%)	1,268,354	1,237,840	(30,514)	(2.4%)
999 Referral Numbers		9,552				107,345		
999 Referral Rate		8.0%				7.9%		

A&E Contract (CCG R&G Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Calls (Demand)	62,891	69,051	6,160	9.8%	782,054	764,908	(17,146)	(2.2%)
Hear and Treat (H&T)	3,231	2,942	(289)	(8.9%)	32,952	35,133	2,181	6.6%
See, Treat and Refer (STR)	11,863	11,803	(60)	(0.5%)	146,955	133,536	(13,419)	(9.1%)
UCP Demand (STR)		925	925			11,486	11,486	
All STR inc UCP	11,863	12,728	865	7.3%	146,955	145,022	(1,933)	(1.3%)
See, Treat and Convey (STC)	40,030	43,925	3,895	9.7%	492,387	480,802	(11,585)	(2.4%)

A&E Ambulance Response Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Red Responses (STR+STC) Ex OOA	22,563	26,652	4,089	18.1%	274,855	280,475	5,620	2.0%
Red 1 Performance	75%	69.6%			75%	71.2%		
Red 2 Performance	75%	71.3%			75%	71.5%		
Green Responses	29,089	28,826	(263)	(0.9%)	361,251	331,158	(30,093)	(8.3%)
Red to Green Ratio	43.7%	48.0%		4.4%	43.2%	45.9%		2.6%

PTS Headline Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
PTS Demand	67,881	66,652	(1,229)	(1.81%)	792,757	739,004	(53,753)	(6.78%)
Inbound Journeys	82.9%	85.5%			82.9%	84.3%		
Outbound Journeys	91.7%	91.1%			91.7%	90.7%		

Support Services

- **Finance:** The Trust submitted a revised financial plan to the NHS TDA in September in line with other Trusts nationally. Against this revised plan the Trust has a cumulative surplus as at the end of (M11) February of £2.4m, a positive variance of £0.1m above plan. This positive variance of is principally due to a reduction in non pay costs. This is offset by adverse performance delivery and therefore contract penalties
- **Workforce:** The sickness absence rate for February16 is at 5.8% which is a decrease of 0.3% from the previous month. This continues to compare favourably to the same period last year when it stood at 6.5%. The 12 month figure stands at 5.5% compared to the 6.5% for previous 12 months. Turnover has risen to 11.4% for the last 12 months compared to 10.3% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles.
- **Complaints, concerns and comments** increased slightly in the number in February 2016, 264 (0.1% of incidents) compared to January 2016, 262 (0.1%). Acknowledgement times were marginally higher in February at 98.2% (acknowledged within 3 days) compared to January at 98.0%.
- **Safeguarding compliance** has increased slightly in February overall but compliance Child Level 2 training has reduced slightly, however all measures remain above 80%.
- **Incident reporting** overall has increased slightly in February compared to January. The proportion of incidents with moderate and above harm is 3.3% which is lower than the January figure and within the range previously seen.
- **Clinical:** YAS has improved and is now in the top third in 13 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. **Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.**

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

Business objectives: The delivery of consistent Red 1 and Red 2 8 minute 999 response times has not been delivered as planned (75% target) and therefore has a RED RAG status. (YTD for Red 1 is 71.2% [75% in 8m 29s] and Red 2 is 71.5% [75% in 8m 31s])

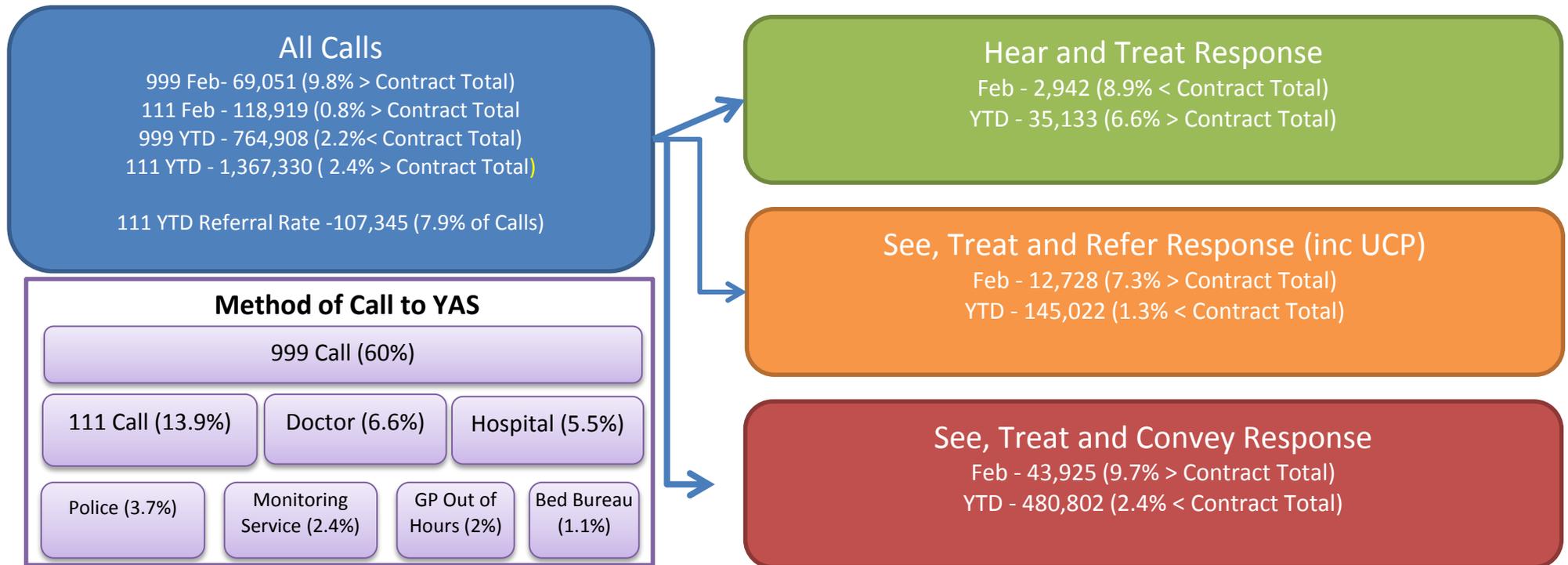
CQUINS: Majority of CQUINS are on track to deliver. A Red risk on paramedic pathfinder is due to data capture challenges on the paramedic pathfinder tool. The Mental Health, Sepsis, Pain and EOC Human Factors CQUINS for Q3 needed some amendments but met contract requirements. Additional focus is being applied to key areas of commissioner feedback for Q4.

Demand and Performance – A&E

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

Contracted Demand (Payment By Results Categories)

Demand (999 Calls) overall in February was above plan, reducing the gap to the plan YTD (plan predicted based on Feb 2015 forecast with 3.8% growth). Calls are 2.2% less than contracted YTD compared to January YTD which was 3.2%. The contract has 3 key categories of response. Hear & Treat - YAS are triaging more calls (6.6% YTD) than contracted whereas the other categories are all under contract levels at this point for 2015-16. Activity involving ambulances that have arrived at scene (responses) has not grown as much as previous years due to various internal factors including a reduced referral rate from 111, and increased use of the clinical hub for triaged calls. Fewer calls are being conveyed to hospital by either being resolved over the phone or dealt with on scene. Other factors also affect demand such as weather patterns and take-up of out of hours services.

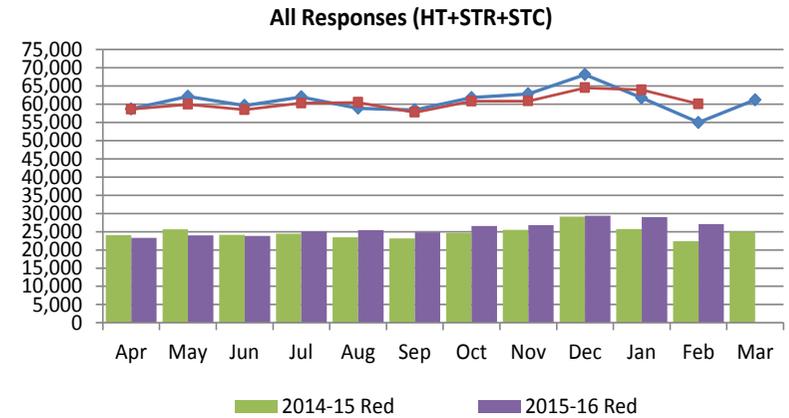


- *Note: 111 referral rate has decreased to 8.0% in February but is still above the 7.5% 2015-16 baseline, and call volumes have increased although there have been less referrals than last year. So far this year 111 have transferred 107,345 calls for an ambulance response, a decrease of 1% compared to April to Feb 2015.*

Demand and Performance – A&E

Contract by PBR categories

	Actual Feb	Plan Feb	Var Feb	Var % Feb	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls	69,051	62,891	6,160	9.8%	764,908	782,054	(17,146)	(2.2%)
Hear and Treat (Triage)	2,942	3,231	(0,289)	(8.9%)	35,133	32,952	2,181	6.6%
See, Treat & Refer	11,803	11,863	(0,060)	(0.5%)	133,536	146,955	(13,419)	(9.1%)
See, Treat & Refer (UCP)	925	0	1,047	N/A	11,486	0	11,486	N/A
See, Treat & Refer Total	12,728	11,863	0,865	7.3%	145,022	146,955	(1,933)	(1.3%)
See, Treat and Convey Total	43,925	40,030	3,895	9.7%	480,802	492,387	(11,585)	(2.4%)



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

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

Due to a higher number of red responses and less resources hours available than planned, performance for responses categorised as the most life threatening (Red 1&2) did not reach the target of 75% in Feb. Performance in February 2016 was higher than January 2016 for Red1 but lower for Red2. Changes in the AQI's for Red2 calls received from 111 saw a reduction in the time allowed to deal with the call which also had an impact on the Red2 Performance.

Red responses for February 2016 made up 48% of all responses, increasing the pressure on the 8 minute response times due to both resources despatched and extended job cycle times. YAS is the highest nationally in terms of red demand ratio.

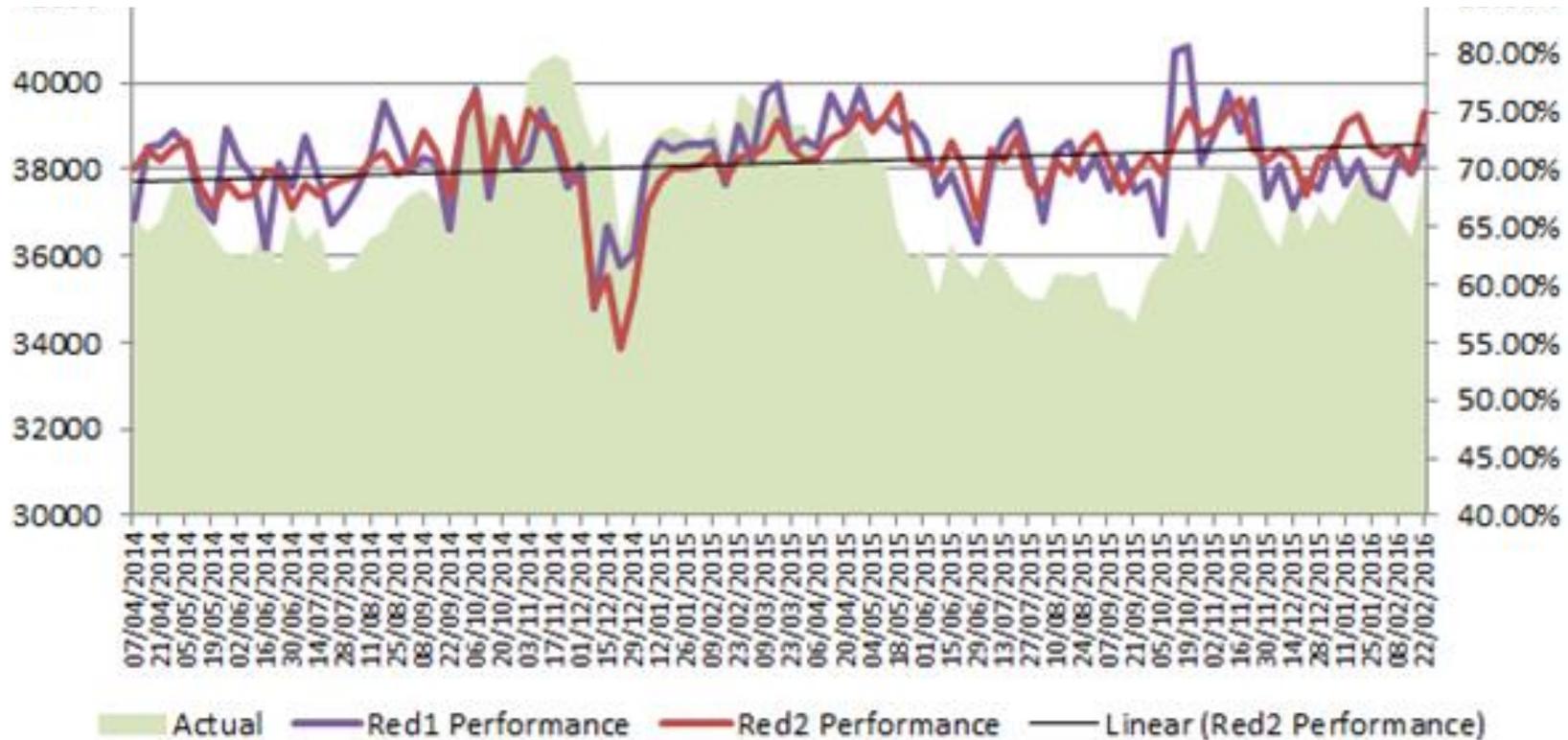
February	Month Actual	Previous Month	Same Month Last Year	Target
Red 1 Performance	69.6% ↑	69.0%	71.6% ↓	75.0%
Red 2 Performance	71.3% ↓	71.9%	70.0% ↑	75.0%
Red 1 Responses (Arrived Scene)	1,723 ↓	1,801	1,472 ↑	
Red 2 Responses (Arrived Scene)	25,365 ↓	27,177	20,933 ↑	
Total Responses (Arrived Scene)	60,064 ↓	60,723	51,741 ↓	
Red Ratio	45.1% ↑	47.7%	43.3% ↑	
Daily Average Resource Vehicle (GMA) Hours	5,693 ↑	5,639	5,453 ↑	

Demand and Performance – A&E

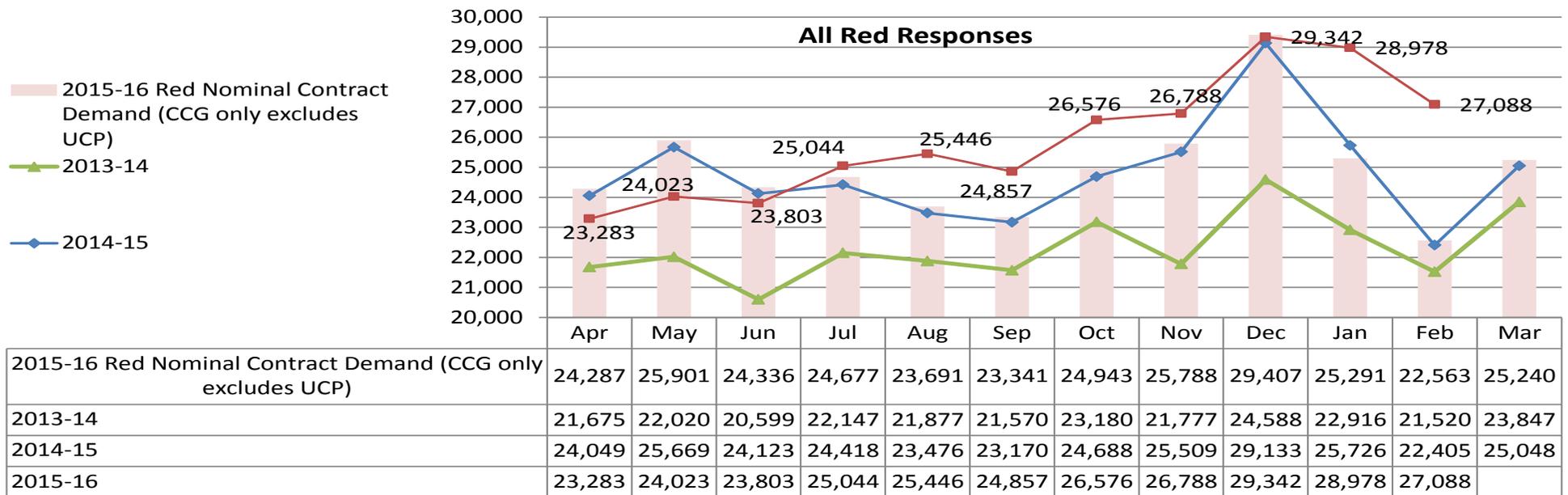
The drop in resource hours available this year is due to continuing vacancies and a reduction in the amount of hours taken up through overtime. Other abstractions in particular training also increased. In February there was a decrease in the number of daily hours available due to annual leave.

Current Abstraction rates are around 34% increasing the pressure on the service as anticipated levels should be around 31%. Overtime was above plan at 10% (Plan 6.7%). YAS put out 446 fewer unit hours per day than originally planned impacting on our ability to hit targets.

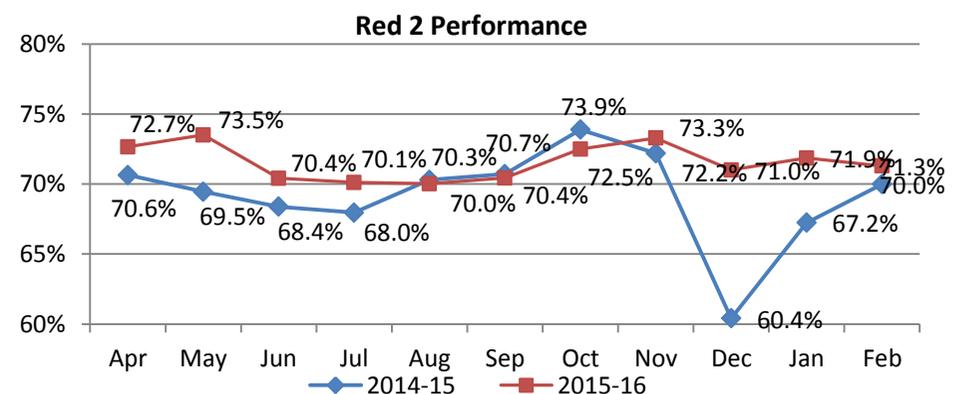
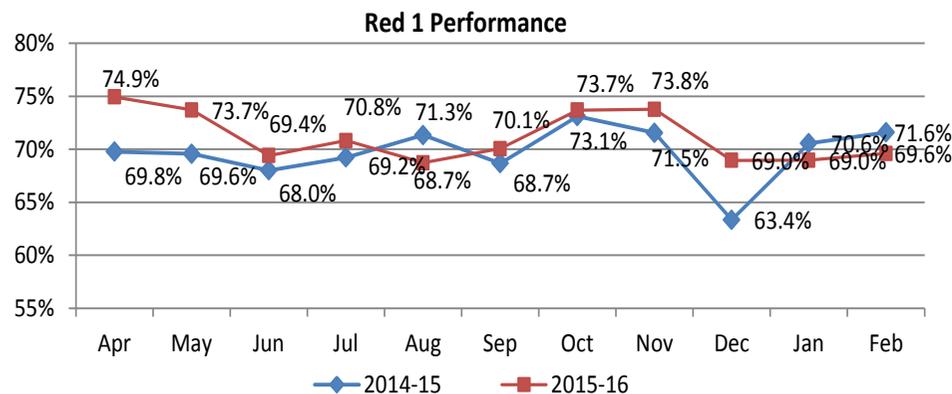
Hours Vs Performance Graph by Week



Demand and Performance – A&E



- Red1 - 94 Jobs (3.3 per day) short of updated trajectory target at 75%. Red 1 responses were down by 2% compared to February 2015.
 - 75% of patients were seen within 8 minutes and 42 seconds, this was 12 seconds faster than January
 - 95% of patients were seen within 14 minutes and 19 seconds, this was 3 seconds faster than January
- Red2 – 939 jobs (32.4 per day) short of updated trajectory target at 75%. Red 2 responses were up by 1.3% compared to February 2015.
 - 75% of patients were seen within 8 minutes and 35 seconds, this was 11 seconds slower than in January
 - 95% of patients were seen within 15 minutes and 8 seconds, this was 19 seconds slower than in January

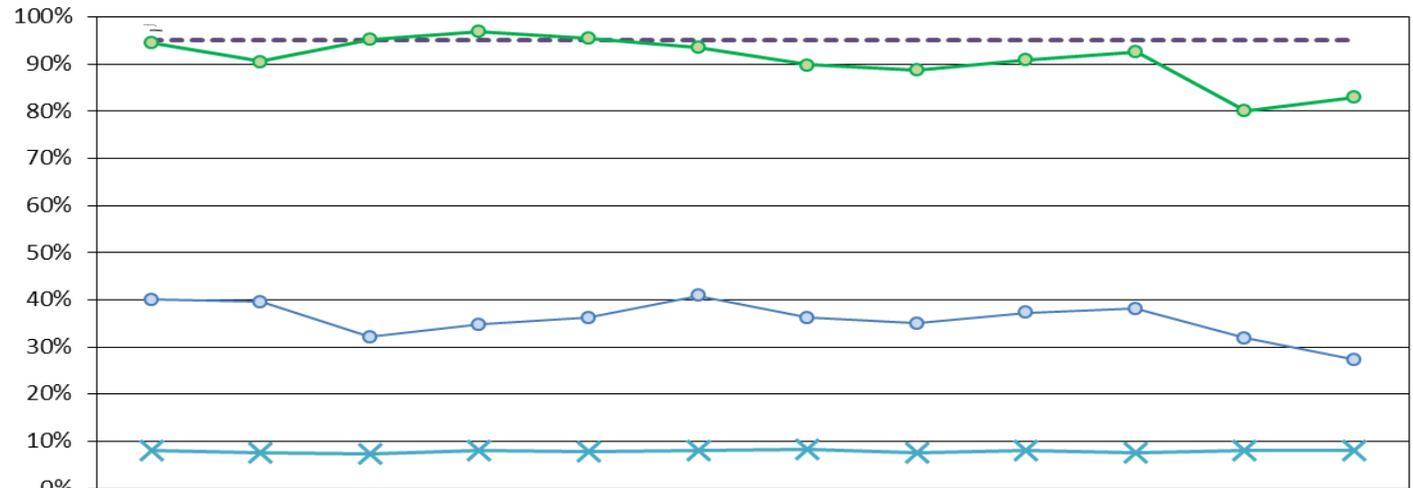


Demand and Performance – NHS 111

NHS 111 (Lead Director: Executive Director of Standards and Compliance – Steve Page, Nominated Lead: NHS 111 Lead – Mark Leese)

NHS 111 Key Indicators for Performance

YTD Answered calls are 7.2% (91,370) up on last year volumes versus a contracted growth of 5.0%. Year on Year there's been a 4.8% (56,746) increase in calls answered in 60 seconds despite increased demand above plan.



	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
--- Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
—●— Ans in 60 secs %	94.5%	90.5%	95.1%	97.0%	95.5%	93.6%	89.8%	88.6%	90.9%	92.5%	80.2%	82.9%
—x— Referred to 999 %	8.1%	7.6%	7.3%	8.0%	7.9%	8.1%	8.3%	7.7%	8.1%	7.5%	8.1%	8.0%
—●— Warm Transferred Or Called back in 10mins (%)	40.0%	39.6%	32.1%	34.8%	36.2%	40.9%	36.2%	35.0%	37.3%	38.2%	31.9%	27.3%

With calls answered demand running at 2.4% (32,221 calls) above the level funded within the contract, key KPI's have fallen and a capacity review has been requested with commissioners in order to ensure patient care can be maintained.

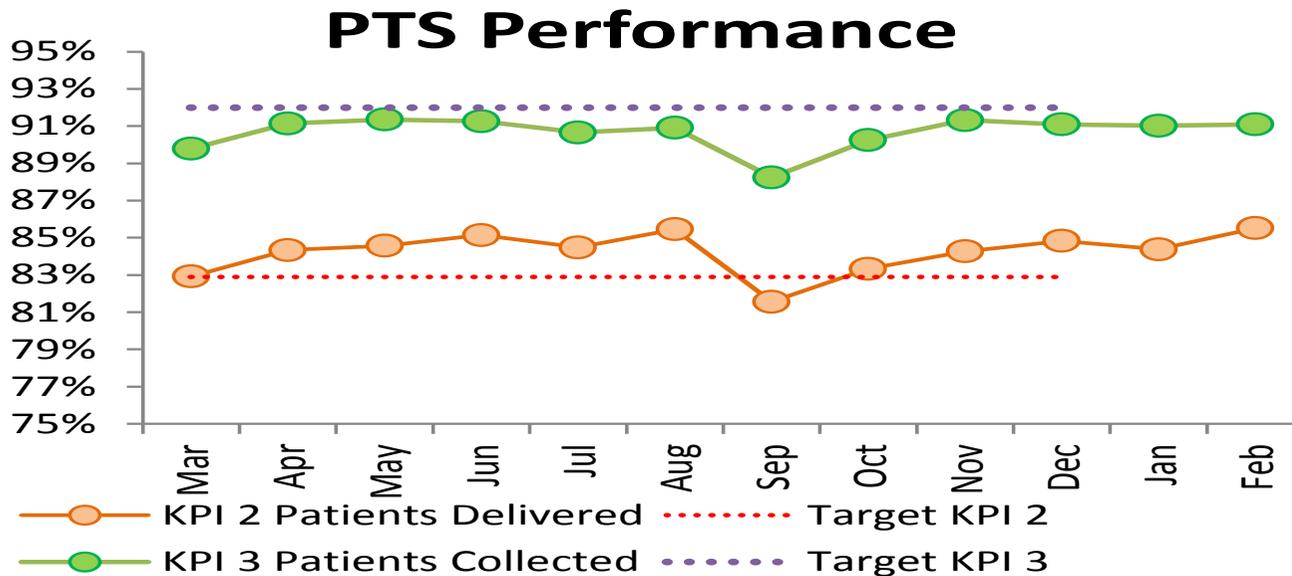
Referrals to 999 moved negligibly from 8.1% to 8.0% from January to February and have reduced by 0.6% year on year.

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 10.8% above budgeted for February. Available time was 6.4% above planned due to increase in Budget FTE. A cohort of new staff completed training and started in February this was planned recruitment given the budgetary underspend and the need to secure additional staffing for Easter given the increased call volumes and pressure seen within the service.

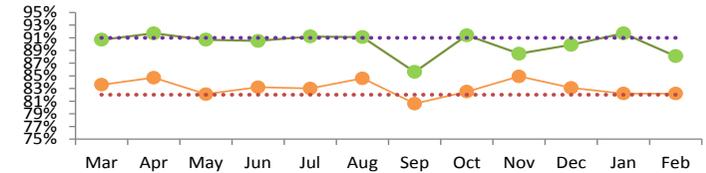
Demand and Performance - PTS

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

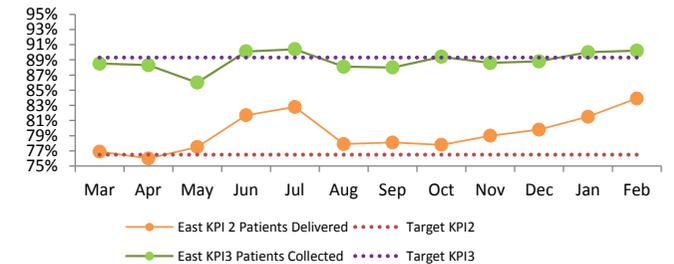
PTS –Performance - Overall PTS performance (all areas combined across Yorkshire & Humber) continues to report a positive position - KPI 2 getting patients to their appointment on time achieving 84.3% YTD (target 82.9%) and KPI 3 collected after appointment 90.7% YTD (target 91.7%). Patient Bookings: Journeys delivered across the region continues the monthly trend on reduction in activity across all consortia. Call taking performance: Calls answered within 3 minutes for February 2016 stands at 80.4% an increase of 2% from previous month with a YTD total of 82.7%.



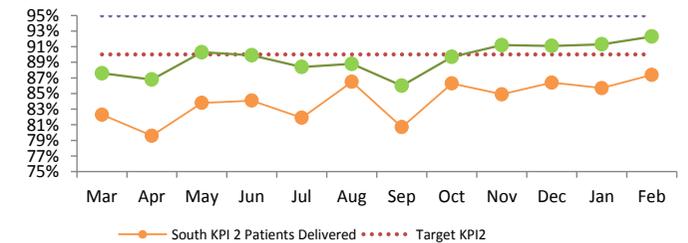
PTS Performance North



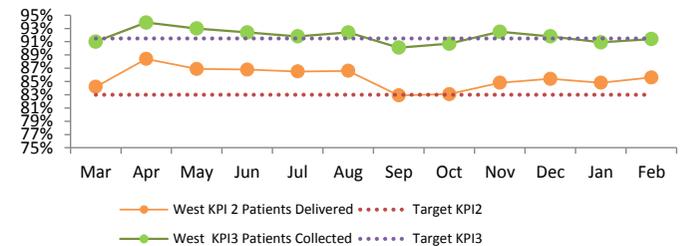
PTS Performance East



PTS Performance South



PTS Performance West



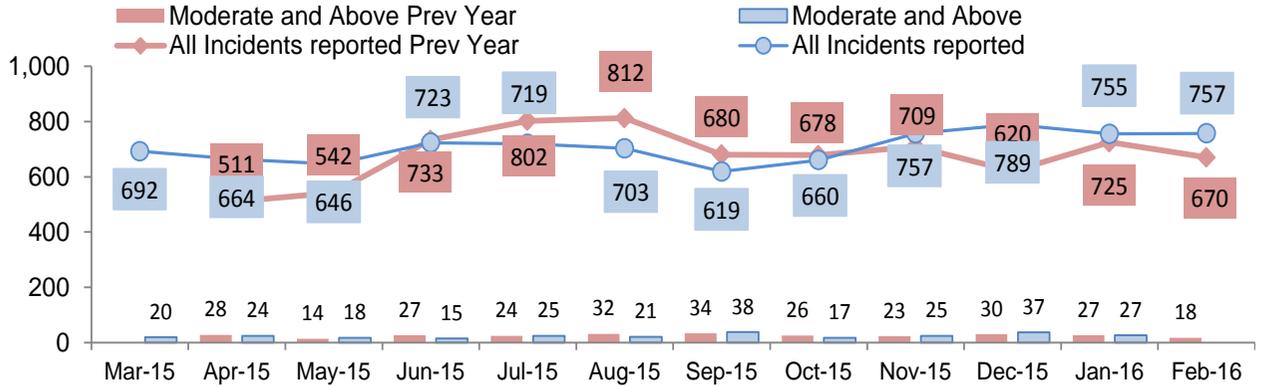
Quality (Lead Director: Executive Director of Standards and Compliance – Steve Page, Supported by Executive Medical Director – Dr Julian Mark, Nominated Leads: Associate Director of Quality & Nursing – Karen Warner, Associate Medical Director – Dr Steven Dykes)

There has been an increase in complaints and concerns from patients for all service lines with the exception of 111. Response times for complaints and concerns against timescales agreed with the complainant shows an increase in January (90%) compared to January (88%), the average response time has remained constant at 26 days.

Incidents Reported and Level of Harm

Incidents with a severity of moderate and above harm represent 3.3% of all incidents reported in February, with 96.7% of incidents reported as no or minor harm. No Harm Incidents remains consistent with previous months (65.4% of the total number of incidents in February).

A&E Ops remains the highest reporting area reporting 72.1% of all incidents, again reflective of previous months. The top 5 coded categories in A&E Ops this month are Vehicle-related, Response-related, Violence and aggression, Medication related and Moving and handling which is consistent with previous months.



Patient related incidents remain consistent, both clinical and non-clinical, make up 25.6% of all reported incidents. The top three categories of patient-related incidents are response-related, Carepathway and medical equipment related, which is consistent with previous months, except January where there was an increase in falls.

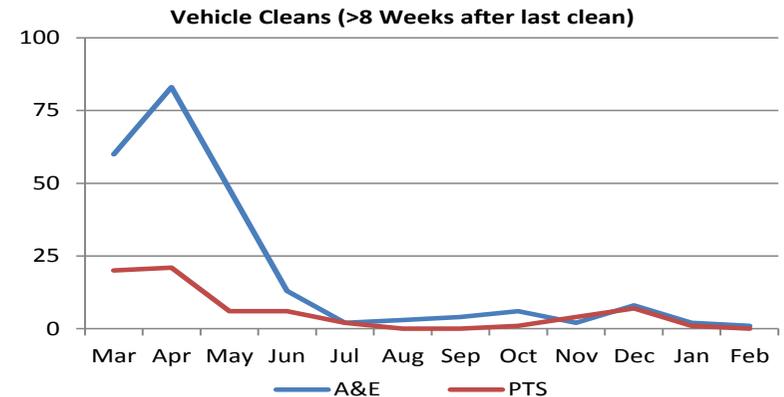
Patient-related Incidents graded no harm or minor harm represents 95.3% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.

Friends and family Test – results for Quarter3 (latest reporting) remain positive with 93.93% (PTS) and 85.33% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

IPC Audits – Compliance in February was 98% for Vehicle and 97% for Hand Hygiene and Premises Audit completion. Both favourably above limit of 94%.

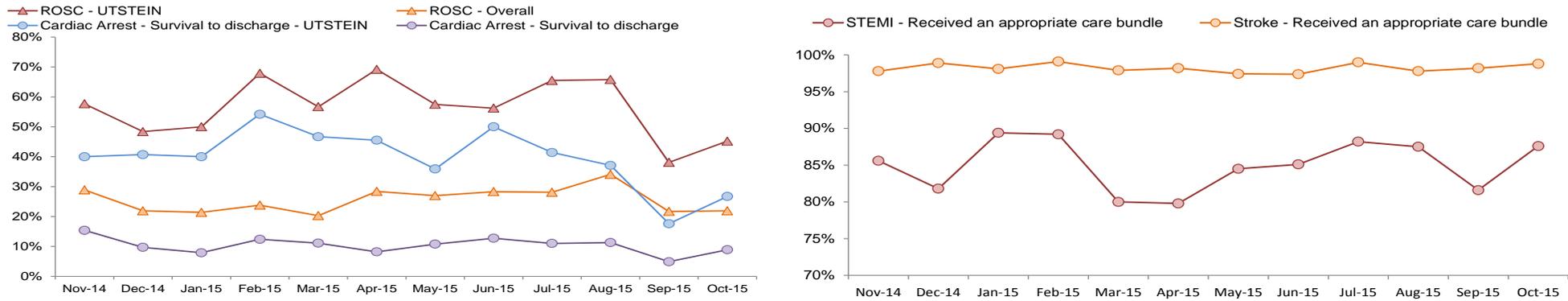
Safeguarding training compliance is consistent with last month. All 3 measures remain above 82%.

Infection prevention and control – The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has remained constantly low since June, under 2 breaches for both PTS and A&E.



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. There has been a noticeable drop in performance which corresponds with reduced number of patients in the Utstein group with reduced confidence in the statistical significance, however YTD YAS remain the top performing ambulance service for the Utstein group.

ACQIs: YAS has improved and is now in the top third in 13 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.

Survival to discharge UTSTEIN: Between January and September 2015 106 UTSTEIN patients were discharged alive from hospital. This was an increase of 18 patients in comparison to the same period last year (January – September 2014), equating to a 20% increase in patients being discharged alive.

To date, for the 2015/2016 period we are currently ranked highest for performance among the eleven ambulance service trusts, with a success rate to date of 41.3%; which is notably an increase in performance compared to the 2014/2015 period. Furthermore, the national average is currently 28.2%, suggesting that YAS is performing at a substantially higher level than some other ambulance service trusts. Since April 2015, we have been among the top three ambulance service trusts for performance, and have again ranked in first position for performance within this period.

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

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

Sickness Absence: The sickness absence rate for February 2016 stands at 5.8% which is a decrease of 0.3% from the previous month. This continues to compare favourably to the same period last year when it stood at 6.5%. The 12 month figure stands at 5.5% compared to the 6.5% for the 12 month period of Mar 2014 to Feb 2015. The two biggest reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & well-being strategy, which focus on reducing absence in these areas. Most notably this will include mental health awareness training for managers commencing in March 2016.

PDR Compliance: The current PDR rate is 77.3% against a target of 80%. Action continues to be in place to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning process.

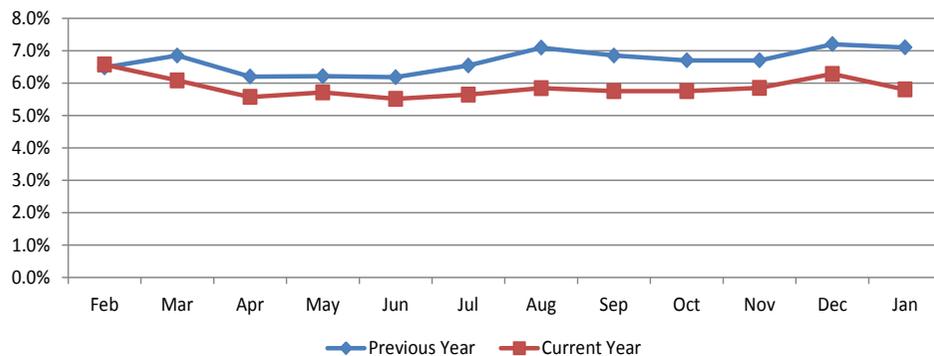
Statutory and Mandatory Training: The current combined compliance for the Statutory and Mandatory Workbook is 91.29%. The new workbook has been issued and 56.01% of staff have completed their required training.

Retention/ Attrition: Turnover has risen to 11.4% for the last 12 months compared to 10.3% for the previous 12 months. [The Trust is currently undertaking](#) a number of initiatives to try and improve the retention of staff particularly those in operational roles.

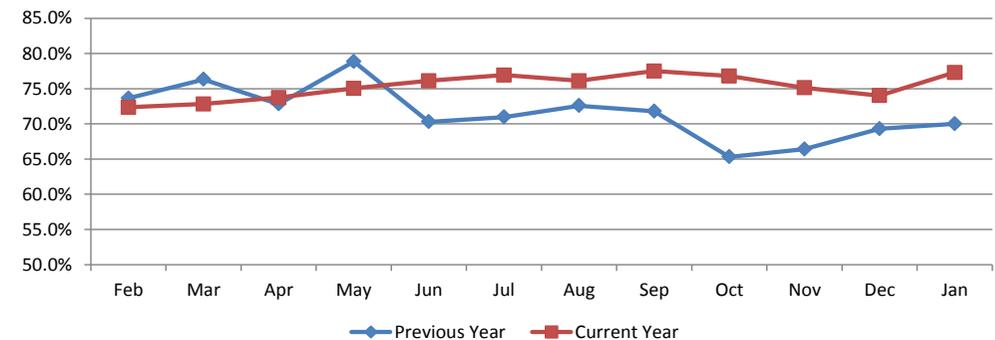
These include:-

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

Sickness Absence



PDR Compliance



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

* Following discussion with the TDA we have agreed to delay £3.653m of capital expenditure from 2015/16 into 2016/17.

As part of these transfers we will receive additional non-recurrent income covering capital expenditure deferred into 2016/17. That income will be offset by repayment of Public Dividend Capital. The reported Income, Surplus and EBITDA figures exclude the impact of those technical changes to show the underlying financial position.

The Trust submitted a revised financial plan to the NHS TDA in September in line with other Trusts nationally. Against this revised plan the Trust has a cumulative surplus as at the end of (M11) February of £2.4m, a positive variance of £0.1m above plan. This positive variance is principally due to a reduction in non pay costs. This is offset by adverse performance delivery and therefore contract penalties.

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income*	21,425	21,643	783	224,326	223,469	856
Expenditure	(21,111)	(20,621)	(490)	(221,951)	(221,031)	(919)
Surplus*	314	21	293	2,375	2,438	(63)
EBITDA*	1,296	978	318	12,854	12,445	409
CIPs	(854)	(507)	(347)	(7,902)	(6,899)	(1,003)
Cash	(497)	478	(975)	19,167	35,230	(16,063)
Capital Investment	(182)	180	(362)	(13,982)	(5,522)	(8,460)

The A&E service line is (£4.9m) adverse to plan driven by the failure to meet one of the CQUIN targets (Paramedic Pathfinder), subsistence payments and the use of external providers to maintain resource capacity for our patients and offset internal capacity shortfalls. Provision for A&E penalties of (£3.9m) have been accrued in respect of non-achievement of Red 1 and Red 2 performance targets. The PTS position is adverse to plan by (£0.5m) due to continued reliance on taxis and subcontractors.

Excluding the impact of Capital to Revenue transfers, the Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is adverse at £12.4m against a plan of £12.9m.

Quality & Efficiency (CIP) schemes delivered 87% against the year to date target resulting in an adverse variance of £1,003k.

Capital spend for 2015/16 at the end of February 2016 is £8.460m behind plan for the year to date and £0.362m behind plan for the month. This is due to a number of factors including a delay in the investment in A&E and HART vehicles due to reassessment of base van type and slipping the conversion into next year.

The Trust had cash and cash equivalents of £35.23m at the end of February 2016 against a plan of £19.167m resulting in a favourable variance of £16.063m. This is due to delays in the capital programme as detailed above and a favourable working capital.



2.2 Business Plan Objectives (Lead Directors: See below)

		Lead Director	A	M	J	J	A	S	O	N	D	J	F	M	Year End
1. Improve clinical outcomes for key conditions															
1a	Improve survival to discharge (STD) rates for cardiac arrest.	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G		GREEN
1b	Reduce mortality from major trauma	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G		GREEN
1c	Improve management of patients suffering from stroke and heart attack (Myocardial Infarction - MI).	Executive Medical Director	A	A	A	A	A	A	A	A	A	A	A		AMBER
1d	Improve effectiveness and patient experience in relation to the assessment and management of pain.	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G		GREEN
1e	Implement the priorities in our Sign up to Safety plan.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G		GREEN
2. Deliver timely emergency and urgent care in the most appropriate setting															
2a	Support health economy plans for delivering care closer to home.	Executive Director of Operations	G	G	G	G	G	G	G	G	G	G	G		GREEN
2b	Telecare	Chief Executive	G	G	G	G	G	G	G	G	G	G	G		GREEN
2c	Support greater integration through the development of NHS 111.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G		GREEN
2d	Deliver Red 1 and Red 2 response time standards on a consistent basis by the end of quarter 1 and for the rest of the financial year.	Executive Director of Operations	A	R	R	R	R	R	R	R	R	R	R		RED
3. Provide clinically-effective services which exceed regulatory and legislative standards															
3a	Implement recommendations from national reports including "Hard Truths" and other quality and safety publications.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G		GREEN
3b	Ensure our fleet and estates meet the needs of a modern service.	Executive Director of Finance & Performance / Chief Executive	A	A	A	A	A	A	A	A	A	A	A		AMBER
3c	Through the Clinical Quality Strategy 2015/18, implement improvements in patient safety, clinical effectiveness, and patient experience.	Executive Medical Director/Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G		GREEN
3d	Alignment to the CQCs five domains in the regulation framework.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G		GREEN
4. Provide services which exceed patient and Commissioners' expectations															
4a	Improve engagement with patients, the public, clinical commissioning groups and other key stakeholders.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A		AMBER
4b	Improve patient involvement and experience.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G		GREEN
4c	Develop services in partnership with others.	Executive Director of Operations/Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G		GREEN
4d	Implementation of plans to improve patient experience and financial sustainability of PTS.	Chief Executive	A	A	A	A	A	A	A	A	A	A	A		AMBER

			Lead Director	A	M	J	J	A	S	O	N	D	J	F	M	Year End
5. Develop culture, systems and processes to support continuous improvement and innovation																
5a	Support cultural change among existing service leaders and managers to improve healthcare delivery.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A		AMBER
5b	Faster adoption of innovative technologies and techniques.	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G	G		GREEN
5c	Improve access to continuing professional development (CPD) for frontline operational staff.	Executive Medical Director/Executive Director of People & Engagement	G	G	G	G	G	G	G	G	G	G	G	G		GREEN
5d	Work in partnership with commissioners and other providers to use YAS information and data to improve service design and commissioning.	Executive Director of Finance & Performance	A	A	A	A	A	A	A	A	A	A	A	A		AMBER
6. Create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future																
6a	Further improve staff engagement	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A		AMBER
6b	Develop a vibrant career framework which will create a pipeline of future talent, ensuring we are better able to manage the impact of increasing demand.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A		AMBER
6c	Develop and support staff.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A		AMBER
6d	Support the development of our nursing staff.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G	G	G	G		GREEN
6e	Implement and bring to life the new Workforce Race Equality Standard, ensuring that we grow into an organisation that is truly representative of the communities that we serve.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A	A	A	A		AMBER
7. Be at the forefront of healthcare resilience and public health improvement																
7a	Improve business continuity management systems across the Trust.	Executive Director of Operations	G	G	G	G	G	G	G	G	G	G	G	G		GREEN
7b	Raise the profile of Yorkshire Ambulance Service as the regional lead for healthcare resilience.	Executive Director of Operations	G	G	G	G	G	G	G	G	G	G	G	G		GREEN
7c	Make every contact count.	Executive Medical Director	G	G	G	G	G	G	G	G	G	G	G	G		GREEN
7d	Improve public training in CPR.	Executive Medical Director/Executive Director of Operations	G	G	G	G	G	G	G	G	G	G	G	G		GREEN
8. Provide cost-effective services that contribute to the objectives of the wider health economy																
8a	Agree a 3-5 year service strategy with commissioners for A&E and PTS.	Chief Executive	A	A	A	A	A	A	A	A	A	A	A	A		AMBER
8b	Continue to deliver Monitor's continuity of services rating of 4 (lowest risk).	Executive Director of Finance & Performance	G	G	G	G	G	G	G	G	G	G	G	G		GREEN
8c	Improve financial sustainability of service lines.	Executive Director of Finance & Performance	A	A	A	A	A	A	A	A	A	A	A	A		AMBER

Service Transformation Dashboard February 2016



Project Objectives On Track

Project Objectives At Risk Of Not being delivered Without Intervention

Project Objectives Will Not Be Delivered Without Intervention

Project Objectives Delivered

Programme/Project	Executive Sponsor	Senior Responsible Officer	Programme/Project Manager	Programme/Project	QTR 1	QTR 2	QTR 3	QTR 4	Latest Update									
					A	M	J	J		A	S	O	N	D	J	F	M	
A&E Transformation	David Macklin	Keely Townend	Bob Sunley	Overall Programme														
				Right People, Right Skills														The next steps are to meet with recruitment and training teams on options to deliver staff and training required. Review of weekly reporting using workforce tracker, carry out analysis of transfer list and make recommendations. Carry out analysis of Clinical / Non –Clinical split down to station level and prepare for the workforce retention strategy workshop.
				Right Place, Right Time														We are running a workshop to integrate principles and policies for work streams 2 and 3 and then identify key principles to inform rota design. The current policies need to be reviewed and recommendations made to feed rota principles framework design.
				Safe & Effective														Capacity Planning (6 week Resource Planning Tool) has final re-work to be completed. Communication with Resource Teams and user guides developed for interim planning tool. Planning for Capacity and Resource Planning (CARP) group away day (17th February). Revisions to Policy and SOP documents are being carried out by The Forum (based on completion of 1st review by PAP Group).
				Creating a Sustainable Service														Operational structure JDs continue to be produced and any feedback from consultation included. Budget and business planning process for 2016/17 to be progressed and aligned with the approved Trust Board business case
				Supporting Initiatives														Work is on-going to confirm the final scope and tracking of deliverables for this work stream.
Hub and Spoke	Rod Barnes	Rod Barnes	Deborah Ridley	Overall Programme														
				Hub & Spoke Programme													The Estates review for hub and spoke continues to be reviewed and will be presented to the programme board in March. The 5 year programme plan continues to be constructed with delivery options and models to be presented to programme board in April. The BC for Doncaster/Bentley will be presented to the Trust Board in May.	
				Make Ready													The Make Ready Pilot continues for vehicles sited at Manor Mill Resource Centre (PTS/A&E/HART/P&E). Dewsbury vehicles continue to be processed through Manor Mill, this commenced 04 January.	
				Vehicle Preparation System													Go live was 15 Feb and first vehicles handed to staff 16 Feb. The first performance data will be available in July but early feedback has been positive from staff and patients.	
				Co-Location													The co-location of Gildersome Station to Manor is completed and the car park finished. The project closure and lessons learnt report will be presented to the programme board in March.	
Emergency and Urgent Care Development	Julian Mark	Dr Philip Foster	Mark Marshall	Overall Programme														
				U&EC Strategy													This work will be part of the output from strategy development team which continues to progress.	
				Vanguard VP Bids													NHS England funding decisions for 15/16 has been published with YAS awarded £250k. For 16/17 submissions were made on 8th Feb with award decisions being made in April. Additional PM has been allocated from Service Transformation Team.	
				UCP Schemes													All recently commissioned schemes are green, next milestone negotiations for 16/17 will begin in the new year. Wakefield service terminated at the end of October. Contract negotiation and agreement are outstanding for 16/17.	
				Telecare													This work stream is currently being re configured to form part of an integrated approach to providing a supported discharge proposition.	
				Falls													Leeds Alternative Response Team (ART) YAS working in partnership with LCC and LCH. Pilot is live to obtain performance data and is resourced with bespoke clinician and dispatcher within EOC. The next steps are to evaluate the pilot and agree the funding and resource arrangements for 16/17.	
				Clinical Integration													This project has been incorporated into EUCD prior to the re structure of the programme under the Vanguard projects branding from April 2016. Clinical Integration will be re defined to contribute towards the Clinical Advisory Service objectives.	

Programme/Project	Executive Sponsor	Senior Responsible Officer	Programme/Project Manager	Programme/Project	QTR 1	QTR 2	QTR 3	QTR 4	Latest Update										
					A	M	J	J		A	S	O	N	D	J	F	M		
Intelligent Ambulance	Robert Toole	Mark Millins	Mark Millins	Overall Programme															
			Mark Millins	Paramedic Pathfinder															Pathfinder roll out continues and the training figures for East are 87.8% Barnsley are in excess of 85%, Sheffield in excess of 45% , North is in excess of 47% and the training model employed by Barnsley (utilising an ECP based at the station) is being extended to Sheffield and North. Although it is acknowledged by all sides that they CQUINs are unachievable as currently defined they were achieved in Barnsley and Rotherham for QTR 3 and to date 22,714 patients have been referred through Pathfinder.
			Patrick Buck	ePRF															Rollout of Toughbook's is planned to be completed by the end of Feb and is currently at 99% with 3 of 502 vehicles to be completed. YAS staff training in ePRF was suspended in October due to winter pressures and has not yet recommenced. Training was completed for West and Hull and East Yorkshire CBUs and was partially complete(46%) in the North but not commenced in the South. Selected acute trust customers are 100% enabled with webview licences but there are issues with adoption related to paper preference. The current software contract ends in July 16 and procurement evaluation is continuing with participation in a mini tender exercise or a new contract to continue the use of the present software.
			TBC	Airwave Replacement Programme (ESN)															Initial awareness raising workshops held with Business Areas and the first planning workshop has been completed. The priority decision at this stage is to agree where the YAS ownership for the project resides.

2.4 Quality and Efficiency Savings (CIP)

Feb-16

CIP Tracker 2015/16	2015/16 Plan	YTD Plan	YTD Variance	Forecast Outturn	Commentary YTD
Directorate	£000	£000	£000	£000	
Accident & Emergency (including EOC)	4,598	4,201	(2,180)	2,075	The A&E Operational efficiency scheme is underperforming by (£2.377m) against planned savings as the Trust has failed to meet the Red performance targets, resulting in financial penalties. This was offset partially by the increased utilisation of the clinical hub (over achievement against plan by £0.174m).
Patient Transport Service	1,500	1,310	(676)	693	Auto scheduler, optimise patient collection, voluntary car and streamline reservations schemes are underperforming by (£0.747m) against plan. Partially offsetting this is increased income from Calderdale and Huddersfield services (£66k) and reduced East Yorkshire subcontractor costs of (£88k).
Special Operations	171	157	0	171	
Standards and Compliance	243	222	0	243	
Finance	263	239	(12)	249	The under delivery against plan is mainly caused by Business Development and Business Intelligence schemes underperforming against plan by (£33k) due to agency spend to backfill resources.
Clinical Directorate	50	45	80	155	The over delivery against plan is mainly due to pay cost savings in the Clinical Directorate due to continued vacancies.
Trust wide	1,961	1,728	(454)	1,472	PTS vehicle replacement scheme is over performing by £0.154m because of the delay in delivery of vehicles. This was offset by under performance on various Fleet schemes including Income Generation, Fuel contract, Rental Savings - Willerby, Fleet Factor contract and PTS Telematics by (£0.635m).
Total Planned Scheme Savings	8,786	7,902	(3,242)	5,058	
Reserve Schemes	0	0	2,240	2,391	Main reserves schemes are various PTS improvement schemes of £922k, Fleet Insurance rebate of £944k and Quality & Risk VFM scheme of £165k, & Procurement savings of £100k.
Recurrent Reserve Schemes	0	0	1,172	1,323	
Non-recurrent Reserve Schemes	0	0	1,068	1,068	
Total Savings		7,902	(1,002)	7,449	

2.5 CQUINS - YAS (Nominated Lead: Associate Director of Quality & Nursing - Karen Warner)

A&E CQUINS	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
1. (1.1) Paramedic Pathfinder - West Yorkshire CBU and Rotherham	10%	£386,002	Green	Green	Amber	Amber	Amber	RED	RED	RED	RED	RED	RED		RED
1. (1.2) Paramedic Pathfinder - South Yorkshire & North/East Yorkshire CBUs	10%	£386,002	Green	Green	Amber	Amber	Amber	RED	RED	RED	RED	RED	RED		RED
2. Sepsis	20%	£772,005	Green		Green										
3. Pain Management	20%	£772,005	Green		Green										
4. Mental Health Pathways	20%	£772,005	Green	Green	Green	Green	Green	Green	Amber	Amber	Amber	RED	Green	Green	Green
5. Improving safety in the Emergency Operations Centre (Human Factors)	20%	£772,005	Green		Green										
Total	100%	£3,860,023													

Comments:- The Q3 report has been submitted and a number of minor queries have been received. These are being addressed and will be updated in Qtr 4

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

PTS CQUINS	Consortia	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
1. Improving the experience of Patients with complex needs	North	1.25%	£53,332	Green		Green										
	South	1.25%	£68,211	Green		Green										
	East	1.25%	£42,651	Green		Green										
	West	0.50%	£61,093	Green		Green										
2. Patient Experience - Investigate and quantify the potential improvements related to patients experience in relation to discharge	North	1.25%	£53,332	Green		Green										
	South	1.25%	£68,211	Green		Green										
	East	1.25%	£42,651	Green		Green										
2. Investigate and quantify the potential improvements related to patients experience in relation to return from outpatient clinics	West	1.00%	£122,186	Green		Green										
3. Improve renal performance	West	1.00%	£122,186	Green		Green										
Total		10.00%	£633,853													

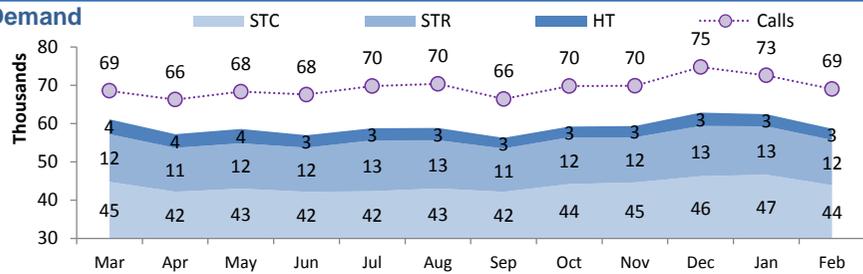
Comments:- The West Consortia CQUIN for improving renal performance has been confirmed as achieved; this was resulting from Commissioners supporting YAS that the feedback and actions from LTHT was not directly related or referenced to the original CQUIN requirements.

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: Associate Director of Operations - Ian Walton)

Feb-16

1. Demand



Compared to last year April to February Hear & Treat calls have increased by 6.8%, See Treat & Refer responses have increased by 1.8% and See Treat & Convey have decreased by 1.7%. Overall responses (incidents arrived at scene) are below contracted, this is in part due to an increase in Hear and Treat and increased UCP use.

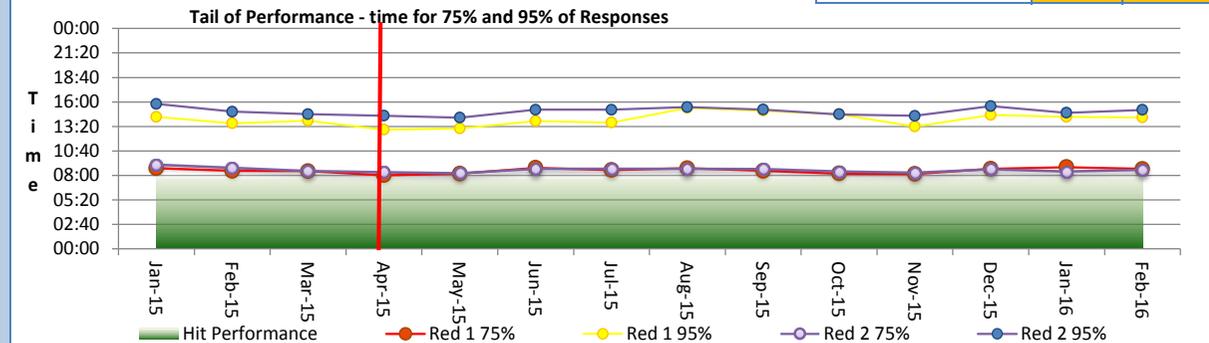
April to February	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2015-16	778,856	35,286	145,559	484,838
YTD YAS (inc OOA&UCP) 2014-15	774,989	33,048	143,007	493,182
Variance (Between Years)	3,867	2,238	2,552	(8,344)
	0.5%	6.8%	1.8%	(1.7%)
YTD (Contract CCGs only) Actuals 2015-16*	764,908	35,133	133,536	480,802
YTD (Contract CCGs only) Contracted 2015-16	782,054	32,952	146,955	492,387
Variance (to Contract)	(17,146)	2,181	(13,419)	(11,585)
	(2.2%)	6.6%	(9.1%)	(2.4%)

* excludes UCP and Out of Area

3. Quality

	February	YTD
Serious Incidents (Rate Per 1000 Responses)	1 (0.02) ↑	12 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
Total Incidents (Rate Per 1000 Responses)	546 (9.5) ↓	5160 (8.2)
Total Incidents per 1000 responses was higher in February than the current year to date average. There were 58 more incidents than January		
Feedback	Complaints	15 ↑ 130
	Concerns	17 ↓ 197
	Comments	3 ↓ 84
	Service to Service	21 ↑ 133
	Compliments	65 ↓ 621
Response within target time for Complaints and Concerns	97%	83%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 8
The average response time for Complaints and Concerns in February was 28 days and YTD is 28 days		
Vehicle Deep Clean (>8 weeks after last clean)	1 ↑	172

2. Red Performance



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Red 1	75%	08:46	08:29	08:27	08:01	08:11	08:49	08:35	08:46	08:29	08:12	08:09	08:43	08:42
	95%	14:22	13:41	13:58	12:58	13:06	13:54	13:45	15:21	15:03	14:39	13:19	14:35	14:22
Red 2	75%	09:10	08:48	08:28	08:20	08:13	08:42	08:42	08:41	08:24	08:16	08:39	08:24	08:35
	95%	15:47	14:56	14:40	14:30	14:17	15:09	15:09	15:26	15:10	14:39	14:29	15:32	14:49
TARGET	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

Performance for Red1 increased in February from January, however Red2 decreased, both measures remain below the 75% target. Red1 was lower & Red2 was higher this month than February 2015. YAS responded to 4675 more Red jobs in February 2016 compared to February 2015 and responded to 3,573 more jobs within 8 minutes. Training has been suspended for non clinical training and overtime plus shifts have been offered enabling continued resource to improve performance.

4. Workforce

February 2016 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,255	113	564	1,578	70%
Contracted FTE (before overtime)	2,128	137	658	1,332	63%
Variance	(127)	(25)	(95)	(246)	(15.6%)
% Variance	(5.6%)	(21.8%)	(16.8%)		
FTE (worked inc overtime)*	2,328	137	658	1,532	66%
Variance	74	(25)	(95)	(46)	(2.9%)
% Variance	3.3%	(21.8%)	(16.8%)		

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

Available FTE has decreased from last month (1332 compared to 1408). Sickness and other absences combined were above planned for February (38.6%). More overtime has been worked in February compared to January and the FTE is above planned in February. We are now allocating more staff to DCAs therefore our staff requirement is higher which also creates pressure on availability and performance.

The number of Operational Paramedics is 872 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.

	Red 1	Red 2
February 2016	69.6%	71.3%
Current YTD	71.2%	71.5%

5. Finance (YTD Summary)

	£000			
	Plan	Actual	Variance	
Directorate Position	71,342	66,396	(4,946)	
CIPs	2,866	365	(2,501)	

A&E are (£4,946k) adverse to plan year to date due to CQUINs (Paramedic Pathfinder), ongoing subsistence payments, and additional use of external providers to increase resource availability. Charges in relation to preceptorships of £1,049k YTD has also contributed to this position. N.B. this position excludes A&E performance penalties of (£3.9m) YTD.

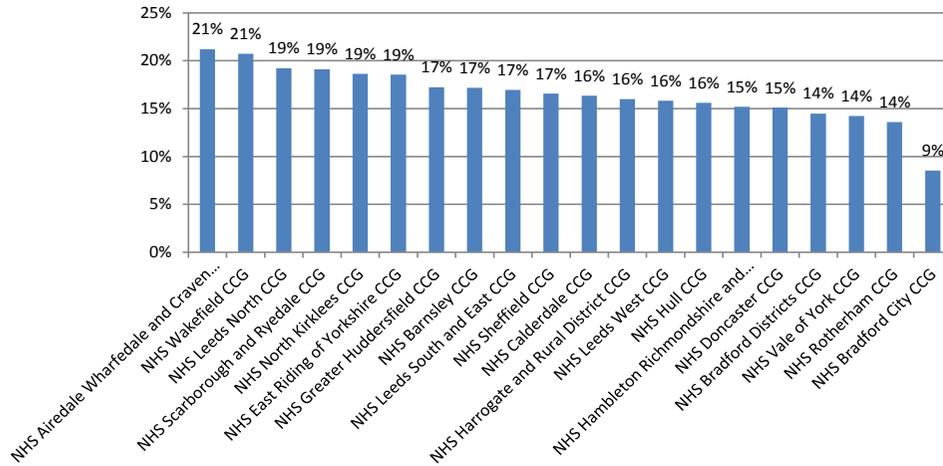
Quality & Efficiency Savings (CIPs) are under achieving with management focus on seeking to deliver improved A&E operational performance.

3.1 A&E Operations

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

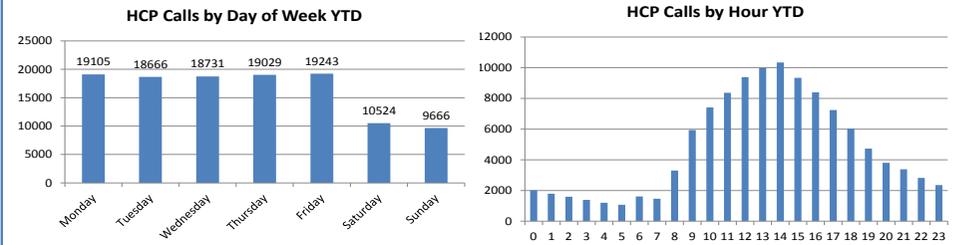
Feb-16

1. HCP (All) Proportion of Total Demand (2015-16 YTD)

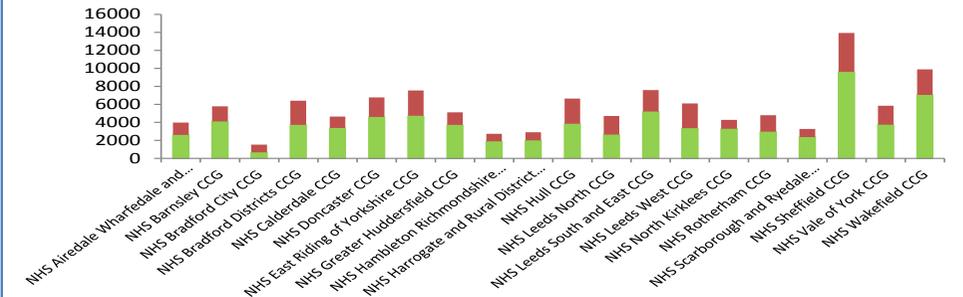


Red 1 & 2 Calls as a proportion account for 34% of all HCP calls. NHS Sheffield CCG has the highest proportion of HCP demand of all the CCGs. The time of day with the highest (60.2%) of all calls are between 9 and 4pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

2. HCP by Time of Day

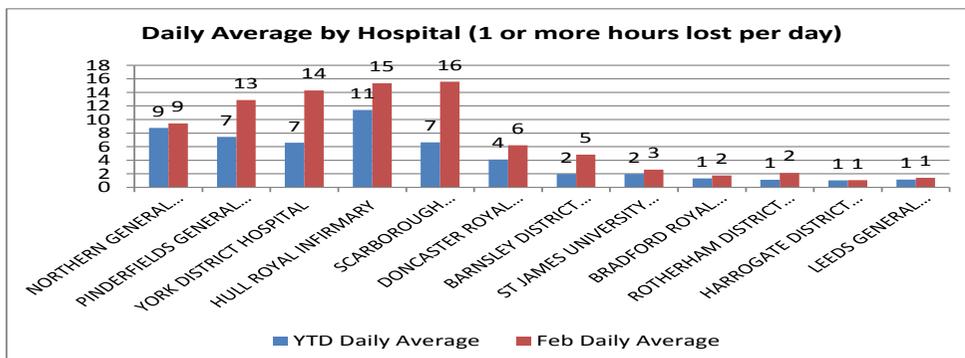


Number of Red and Green Calls by CCG YTD



3. Hospital Turnaround - Excessive Response

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
2015/16	Excessive Handovers Over 15mins (hours)	1860	1548	1629	1193	1433	1153	1825	1852	1591	2250	2251	16334
	Excessive Hours per Day	62	49	54	38	46	38	59	62	51	73	73	51
2014/15	Excessive Handovers Over 15mins (hours)	575	748	700	830	760	857	1326	1108	2453	1893	1894	11250
	Excessive Hours per Day	19	24	23	26	24	27	43	37	79	61	61	34



Excessive time lost at hospitals has remained high in February and is the highest it has been this year along with January. It continues to be higher than for the same period last year. Hull Royal, York District, Scarborough District and Mid-Yorks - Pinderfields have been impacting on performance.

4. National Benchmark - Latest Reportable Week (up to WC 22nd Feb)

WC 25/01/2016	R1 YTD	R2 YTD	R19 YTD	Call Pickup in 5 Secs YTD
West Midlands	78.8%	75.5%	97.3%	96.5%
South Central	72.2%	73.1%	94.4%	93.7%
North West	75.5%	71.6%	93.2%	95.7%
Yorkshire	71.2%	71.6%	95.1%	95.6%
South East Coast	72.9%	71.5%	96.3%	87.2%
North East	68.7%	69.2%	91.6%	93.7%
South West	74.2%	65.1%	90.4%	91.0%
London	68.6%	64.3%	93.7%	96.1%
East Midlands	69.7%	62.4%	88.3%	93.8%
East of England	72.9%	61.8%	90.6%	95.4%

* Above table is in order of Red 2 performance

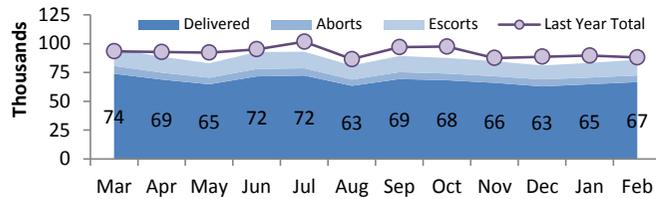
Key Points

Nationally YAS has improved from previous month at 4/10 for Red 2 performance. YAS has one of the highest Red response ratios which impacts directly on job cycle times. A19 performance is above the 95% target. Call pickup within 5 seconds is also performing well against others

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

Feb-16

1. Demand



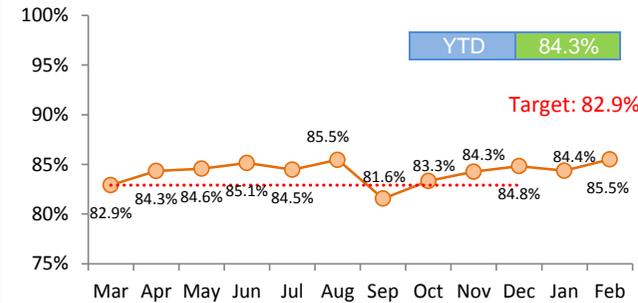
Comparison to Plan

April to November	Delivered	Aborts	Escorts	Total
YTD 2015-16	739,004	64,982	146,491	950,477
Contract 2015-16 (2014-15 Demand)	792,757	69,606	154,529	1,016,892
% Variance	(6.8%)	(6.6%)	(5.2%)	(6.5%)

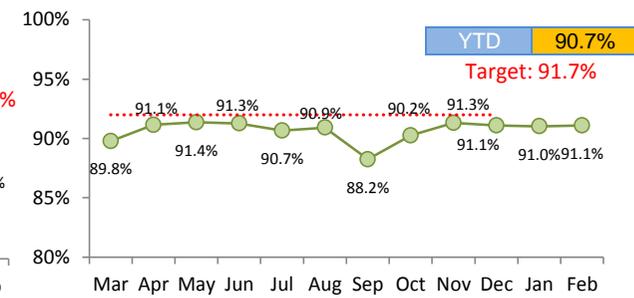
Key Points - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

2. Performance

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



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



Key Points - West Yorkshire KPI 2 (inward) achieving 84.8% (target 83.0%) + 1.8%. KPI 3 (outward) narrowly missed target by 0.6%. East Yorkshire KPI 2 (inward) and KPI 3 (outward) both achieved targets and remain strong YTD. North Yorkshire continues to achieve both KPI 2 (inward) and KPI 3 (outward) targets. South Yorkshire KPI 2 (inward) missed target by 4.3% KPI 3 (outward) achieved 91.3% against a higher CCG threshold target of 95.0% which although not met, continues to be a positive improvement month on month. Overall PTS performance (all areas combined across Yorkshire & Humber) continues to report a good positive position - KPI 2 getting patients to their appointment on time achieving 84.3% (target 82.9%) +1.4% and KPI 3 collected after appointment 90.7% (target) 91.7% -1%.

3. Quality, Safety and Patient Experience

	Feb	YTD
Calls Answered in 3 mins (All PTS calls)	80.4% ↓	82.1%
Serious Incidents (YTD)	0 ↓	1
Total Incidents (per 1000 activities)	97 (1.46) ↑	897 (1.05)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
Feedback	Complaints	7 ↓ 74
	Concerns	25 ↑ 364
	Comments	4 ↑ 54
	Service to Service	44 ↑ 439
	Compliments	3 ↔ 51
Response within target time for Complaints and Concerns	100%	86%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 1
Patient Experience Survey - Qtrly	92.4%	92.4%
Vehicle Deep Clean (>8 weeks since last clean)	0 ↓	48

4. Workforce

Feb-16	FTE	Sickness (5%)	Absence (20%)	Available	
				Total	%
Budget FTE	788	39	158	591	75%
Contracted FTE (before overtime)	724	42	109	573	79%
Variance	(64)	(3)	49		
Actual Shrinkage %		5.1%	14.5%	(18)	(3.0%)
% Variance	(8.1%)	(6.8%)	31.2%		
FTE worked inc overtime	750	42	109	600	80%
Variance	(38)	(3)	49	8	1.4%
% Variance	(4.8%)	(6.8%)	31.2%		

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

Key Points
 PTS used an equivalent of an additional 27 FTE with the use of overtime against vacancies of 64.
 The difference between contract and FTE worked is related to overtime.
 The difference between budget and contract is related to vacancies.

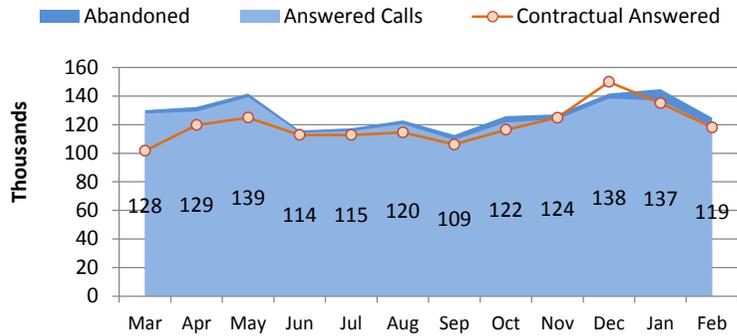
5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	7,871	7,413	(458)
CIPs	1,310	1,437	127

The directorate is (£458k) adverse to plan year to date. There is continued higher than budgeted expenditure due to ongoing utilisation of external PTS providers and taxis. At present, there are initiatives in place to manage the sub contractor spend.

Quality and Efficiency Savings (CIPs) are currently 167k better than planned, along with year on year improvement of operational performance.

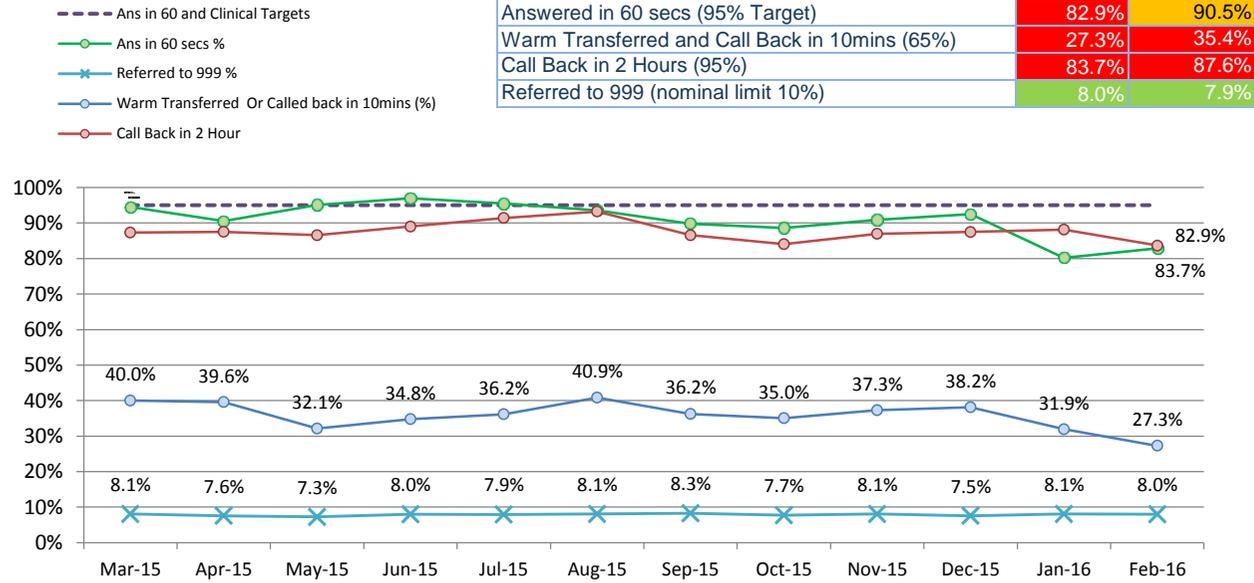
1. Demand



Calls answered down by 5.4% year on year and above contracted for February (0.8% - 897 calls).

April to February	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2015-16	1,407,735	1,367,330	1,237,840	90.5%
YTD Contracted 2015-16	1,339,758	1,339,758	1,272,770	95.0%
Variance	67,977	27,572	-34,930	
	5.1%	2.1%	-2.7%	(4.5%)
YTD 2014-15	1,309,261	1,275,960	1,181,094	92.6%
Variance	98,474	91,370	56,746	
	7.5%	7.2%	4.8%	(2.0%)

2. Performance



Calls Offered have increased by 9.4% year on year. Answered in 60 performance has dropped by 14.1% when compared to the same month last year. Month on month, performance went from 80.2% in January to 82.9% in February (an improvement of 2.7%). Warm Transfer and Call Back in 10 minutes 4.7% down month on month and 12.3% down compared to same month last year. 111 referrals to 999 down by 0.6% year on year.

3. Quality

	February	YTD
Serious Incidents (per 1000 answered)	3 (0.03) ↑	17 (0.01)
Of the 4 serious incidents in June, 2 were LCD incidents		
Total Incidents (per 1000)	43 (0.36) ↓	720 (0.53)
Feedback	Complaints	39 ↓ 433
	Concerns	3 ↑ 32
	Comments	2 ↓ 30
	Service to Service	55 ↓ 621
	Compliments	13 ↑ 97
Response within target time for Complaints and Concerns	76%	61%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 1

4. Workforce

December 2015 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence (23%)	Available	
				Total	%
Budget FTE	277	25	64	188	68%
Contracted FTE (before Overtime)	299	28	71	200	67%
Variance	22	(3)	(7)	12	6.4%
% Variance	8.1%	(12.3%)	(11.4%)		
FTE (Worked inc Overtime)	307	28	71	208	68%
Variance	30	(3)	(7)	20	10.4%
% Variance	10.8%	(12.3%)	(11.4%)		

Contracted FTE including overtime 10.8% above budgeted.
Paid Sickness and absence above planned by 0.4% and 0.7% respectively leading to FTE time available being 10.4% above budget.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	1,538	2,293	755
CIPs	222	222	-

The directorate is £755k favourable to plan year to date. This is primarily due to savings on vacancies.

4.1 Finance Overview Feb 2016

			Feb-16																																				
	Month	YTD	Trend 2015-16																																				
RISK RATING: Overall the Trust has achieved a rating of 4 for continuity of services (lowest risk) and an amber rating against the NHS TDA accountability framework.			<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>4</td><td>4</td></tr> <tr><td>M2</td><td>4</td><td>4</td></tr> <tr><td>M3</td><td>4</td><td>4</td></tr> <tr><td>M4</td><td>4</td><td>4</td></tr> <tr><td>M5</td><td>4</td><td>4</td></tr> <tr><td>M6</td><td>4</td><td>4</td></tr> <tr><td>M7</td><td>4</td><td>4</td></tr> <tr><td>M8</td><td>4</td><td>4</td></tr> <tr><td>M9</td><td>4</td><td>4</td></tr> <tr><td>M10</td><td>4</td><td>4</td></tr> <tr><td>M11</td><td>4</td><td>4</td></tr> </tbody> </table>	Month	Actual	Plan	M1	4	4	M2	4	4	M3	4	4	M4	4	4	M5	4	4	M6	4	4	M7	4	4	M8	4	4	M9	4	4	M10	4	4	M11	4	4
Month	Actual	Plan																																					
M1	4	4																																					
M2	4	4																																					
M3	4	4																																					
M4	4	4																																					
M5	4	4																																					
M6	4	4																																					
M7	4	4																																					
M8	4	4																																					
M9	4	4																																					
M10	4	4																																					
M11	4	4																																					
EBITDA: The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £12.4m against a plan of £12.9m, with a £0.5m adverse variance.			<table border="1"> <caption>EBITDA Data</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>1500</td><td>1500</td></tr> <tr><td>M2</td><td>1800</td><td>1600</td></tr> <tr><td>M3</td><td>1200</td><td>1000</td></tr> <tr><td>M4</td><td>1000</td><td>1700</td></tr> <tr><td>M5</td><td>500</td><td>800</td></tr> <tr><td>M6</td><td>1700</td><td>1200</td></tr> <tr><td>M7</td><td>800</td><td>800</td></tr> <tr><td>M8</td><td>600</td><td>1100</td></tr> <tr><td>M9</td><td>1000</td><td>800</td></tr> <tr><td>M10</td><td>1500</td><td>1300</td></tr> <tr><td>M11</td><td>1700</td><td>1300</td></tr> </tbody> </table>	Month	Actual	Plan	M1	1500	1500	M2	1800	1600	M3	1200	1000	M4	1000	1700	M5	500	800	M6	1700	1200	M7	800	800	M8	600	1100	M9	1000	800	M10	1500	1300	M11	1700	1300
Month	Actual	Plan																																					
M1	1500	1500																																					
M2	1800	1600																																					
M3	1200	1000																																					
M4	1000	1700																																					
M5	500	800																																					
M6	1700	1200																																					
M7	800	800																																					
M8	600	1100																																					
M9	1000	800																																					
M10	1500	1300																																					
M11	1700	1300																																					
SURPLUS: Excluding the impact of Capital to Revenue transfers, the Trust has reported year to date surplus as at the end of February (Month 11) of £2.4m against a revised planned surplus of £2.4m, a favorable variance of £0.1m against plan. In month the Trust reported a surplus of £21k which was £292k below the planned surplus of £314k			<table border="1"> <caption>Surplus Data</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>500</td><td>500</td></tr> <tr><td>M2</td><td>1000</td><td>600</td></tr> <tr><td>M3</td><td>500</td><td>0</td></tr> <tr><td>M4</td><td>200</td><td>700</td></tr> <tr><td>M5</td><td>0</td><td>-200</td></tr> <tr><td>M6</td><td>900</td><td>900</td></tr> <tr><td>M7</td><td>0</td><td>-200</td></tr> <tr><td>M8</td><td>-200</td><td>200</td></tr> <tr><td>M9</td><td>0</td><td>-200</td></tr> <tr><td>M10</td><td>400</td><td>300</td></tr> <tr><td>M11</td><td>200</td><td>300</td></tr> </tbody> </table>	Month	Actual	Plan	M1	500	500	M2	1000	600	M3	500	0	M4	200	700	M5	0	-200	M6	900	900	M7	0	-200	M8	-200	200	M9	0	-200	M10	400	300	M11	200	300
Month	Actual	Plan																																					
M1	500	500																																					
M2	1000	600																																					
M3	500	0																																					
M4	200	700																																					
M5	0	-200																																					
M6	900	900																																					
M7	0	-200																																					
M8	-200	200																																					
M9	0	-200																																					
M10	400	300																																					
M11	200	300																																					
CAPITAL: Capital spend for 2015/16 at the end of February 2016 is £8.460m behind plan for the year to date and £0.362m behind plan for the month. This is due to a number of factors including a delay in the investment in A&E and HART vehicles due to reassessment of base van type and slipping the conversion into next year.			<table border="1"> <caption>Capital Spend Data</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>0</td><td>1200</td></tr> <tr><td>M2</td><td>500</td><td>800</td></tr> <tr><td>M3</td><td>800</td><td>1000</td></tr> <tr><td>M4</td><td>200</td><td>3000</td></tr> <tr><td>M5</td><td>500</td><td>700</td></tr> <tr><td>M6</td><td>600</td><td>1200</td></tr> <tr><td>M7</td><td>700</td><td>1500</td></tr> <tr><td>M8</td><td>1400</td><td>500</td></tr> <tr><td>M9</td><td>800</td><td>3000</td></tr> <tr><td>M10</td><td>500</td><td>1200</td></tr> <tr><td>M11</td><td>0</td><td>200</td></tr> </tbody> </table>	Month	Actual	Plan	M1	0	1200	M2	500	800	M3	800	1000	M4	200	3000	M5	500	700	M6	600	1200	M7	700	1500	M8	1400	500	M9	800	3000	M10	500	1200	M11	0	200
Month	Actual	Plan																																					
M1	0	1200																																					
M2	500	800																																					
M3	800	1000																																					
M4	200	3000																																					
M5	500	700																																					
M6	600	1200																																					
M7	700	1500																																					
M8	1400	500																																					
M9	800	3000																																					
M10	500	1200																																					
M11	0	200																																					
CASH: The Trust had cash and cash equivalents of £35.2m at the end of February 2016 against a plan of £19.2m resulting in a favourable variance of £16m. This is due to delays in the capital programme as detailed above and a favourable working capital position against plan for both Debtors and Creditors. We have now agreed to slip £3.7m capital spend into 2016-17, and the closing cash position will reflect the reduced capital expenditure.			<table border="1"> <caption>Cash Data</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>16</td><td>16</td></tr> <tr><td>M2</td><td>17</td><td>16</td></tr> <tr><td>M3</td><td>24</td><td>18</td></tr> <tr><td>M4</td><td>27</td><td>20</td></tr> <tr><td>M5</td><td>29</td><td>17</td></tr> <tr><td>M6</td><td>29</td><td>18</td></tr> <tr><td>M7</td><td>31</td><td>18</td></tr> <tr><td>M8</td><td>32</td><td>18</td></tr> <tr><td>M9</td><td>32</td><td>19</td></tr> <tr><td>M10</td><td>33</td><td>18</td></tr> <tr><td>M11</td><td>35</td><td>19</td></tr> </tbody> </table>	Month	Actual	Plan	M1	16	16	M2	17	16	M3	24	18	M4	27	20	M5	29	17	M6	29	18	M7	31	18	M8	32	18	M9	32	19	M10	33	18	M11	35	19
Month	Actual	Plan																																					
M1	16	16																																					
M2	17	16																																					
M3	24	18																																					
M4	27	20																																					
M5	29	17																																					
M6	29	18																																					
M7	31	18																																					
M8	32	18																																					
M9	32	19																																					
M10	33	18																																					
M11	35	19																																					
CIP: The Trust has a savings target of £8.786m for 2015/16. 87% delivery of the CIP target was achieved in February and 74% of this was achieved through recurrent schemes. This creates a adverse variance against plan of £1,002k. Reserve schemes have achieved £2,240k of the year to date savings. However the Trust is forecasting a £1,338k adverse variance against the yearly target of £8.786m. This is due to non-achievement of A&E efficiency schemes which in turn is due to non-delivery of the Red performance targets.			<table border="1"> <caption>CIP Data</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>700</td><td>500</td></tr> <tr><td>M2</td><td>400</td><td>500</td></tr> <tr><td>M3</td><td>500</td><td>500</td></tr> <tr><td>M4</td><td>900</td><td>600</td></tr> <tr><td>M5</td><td>600</td><td>600</td></tr> <tr><td>M6</td><td>700</td><td>600</td></tr> <tr><td>M7</td><td>300</td><td>800</td></tr> <tr><td>M8</td><td>1300</td><td>800</td></tr> <tr><td>M9</td><td>300</td><td>800</td></tr> <tr><td>M10</td><td>400</td><td>800</td></tr> <tr><td>M11</td><td>500</td><td>800</td></tr> </tbody> </table>	Month	Actual	Plan	M1	700	500	M2	400	500	M3	500	500	M4	900	600	M5	600	600	M6	700	600	M7	300	800	M8	1300	800	M9	300	800	M10	400	800	M11	500	800
Month	Actual	Plan																																					
M1	700	500																																					
M2	400	500																																					
M3	500	500																																					
M4	900	600																																					
M5	600	600																																					
M6	700	600																																					
M7	300	800																																					
M8	1300	800																																					
M9	300	800																																					
M10	400	800																																					
M11	500	800																																					

4.2 Finance Detail February 2016

Feb-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	14,307	14,692	(384)
Patient Transport Service	2,341	2,333	8
111	2,524	2,298	226
Other Income*	2,252	1,320	933
Operating Income*	21,425	20,643	783
Pay Expenditure & reserves	(13,647)	(13,399)	(248)
Non-Pay expenditure & reserves	(6,482)	(6,266)	(216)
Operating Expenditure	(20,129)	(19,665)	(464)
EBITDA*	1,296	978	318
EBITDA %	6.0%	4.7%	
Depreciation	(810)	(769)	(41)
Interest payable & finance costs	0	(10)	10
Interest receivable	6	7	(2)
Profit on fixed asset disposal	12	4	7
Dividends, interest and other	(189)	(189)	(0)
Retained Surplus*	314	21	293
I&E Surplus %*	1.5%	0.1%	

Year to Date		
Budget	Actual	Variance
£000	£000	£000
161,683	160,867	815
24,676	25,332	(656)
28,286	28,652	(366)
9,681	8,617	1,063
224,326	223,469	856
(147,927)	(148,530)	603
(63,544)	(62,494)	(1,051)
(211,472)	(211,024)	(448)
12,854	12,445	409
5.7%	5.6%	
(8,377)	(7,960)	(417)
(207)	(183)	(24)
59	69	(11)
127	146	(20)
(2,080)	(2,079)	(1)
2,375	2,438	(63)
1.1%	1.1%	

* Income, Surplus and EBITDA exclude the impact of capital slippage agreed with TDA

Capital Plan	Annual Budget	Current Month Variance	YTD Variance
		£000	£000
Estates	(1,094)	(39)	100
H&S	(1,403)	57	213
EPRF	(1,500)	64	783
ICT	(1,502)	(58)	472
Fleet	(6,929)	(62)	5,171
Medical Equipment	(1,498)	400	1,402
Plant & Machinery	(14)	0	14
Contingency	(305)	0	305
Total Schemes	(14,245)	362	8,460

Plan	CATEGORY	Plan	Feb-16	YTD
%age of bills paid within terms	NHS	95%	90%	81%
%age of bills paid within terms	NON NHS	95%	81%	85%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	19,167	35,230	16,063

5 Workforce Scorecard

(Lead Director: Executive Director of People and Engagement, Nominated lead – Vacant: Associate

Director of Human Resources – Kate Simms)

Feb-16

Feb 2016 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 29 Feb 2016

Indicator	Current Data - Feb-16		Current Data - Jan-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4233	Feb-16	4205	Jan-16	4495		↑	4220	Feb-15
Equality & Diversity	5.46% fte	Feb-16	5.41% fte	Jan-16	11.1% fte		↑	5.11% fte	Feb-15
	5.54% hcount		5.54% hcount					5.40% hcount	
Monthly Sickness Absence	5.78%	Feb-16	6.05%	Jan-16	5% fte		↓	6.57%	Feb-15
Yearly Sickness Absence	5.51%	Mar-15 Feb-16	5.57%	Feb-15 Jan-16				6.57%	Mar-14 Feb-15
Turnover	11.39% fte	Feb-16	11.66% fte	Jan-16	10.13% Amb Trust Average from iView		↔	10.31% fte	Feb-15
	13.11% hcount		13.11% hcount					11.63% hcount	
Current PDRs	77.28%	Feb-16	74.91%	Jan-16	80%		↑	72%	Feb-15
Stat & Mand Workbook	91.29% (combined)	Feb-16	89.95% (combined)	Jan-16	85% (combined)		↑	90.72% (combined)	Feb-15
	56.01%	Feb-16	43.81%	Jan-16				89.76%	Feb-15
Overtime	£957k	Feb-16	£988k	Jan-16			↓	£836k	Feb-15
	£11,104k	Mar-15 Feb-16	£10,983k	Feb-15 Jan-16			↑	£11,509k	Mar-14 Feb-15

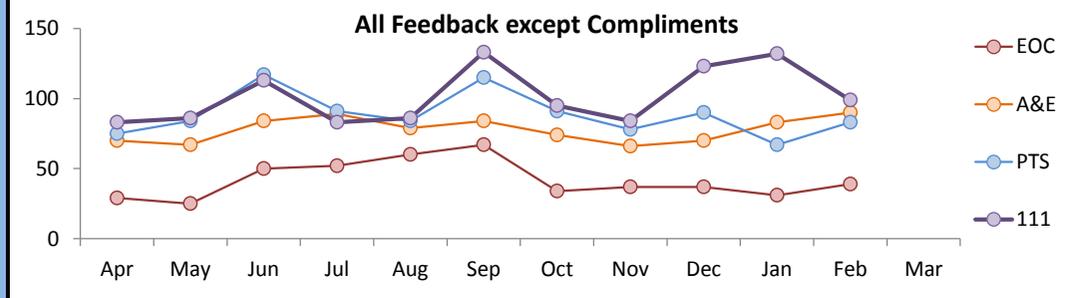
Sickness absence remains above the Trust target of 5%.

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.)

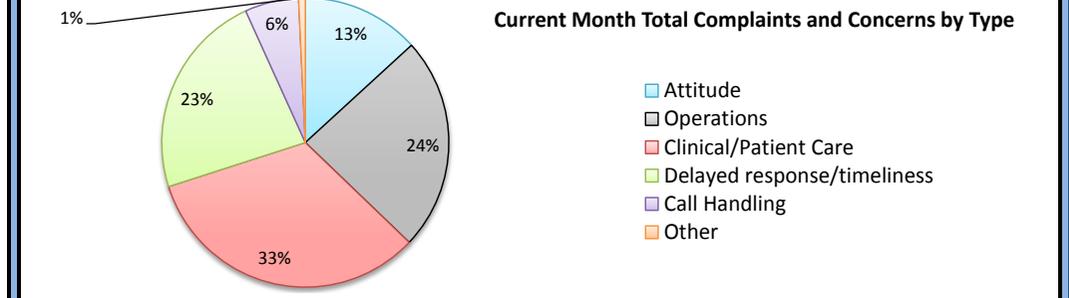
	EOC		A&E		PTS		111		Total	
	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
Complaint	14	193	15	130	7	74	39	433	75	830
Concern	9	104	17	197	25	364	3	32	54	697
Service to Service	15	141	21	133	44	439	55	621	135	1334
Comment	0	11	3	84	4	54	2	30	9	179
Compliment	1	4	65	621	3	51	13	97	82	773
Lost Property	0	0	25	209	2	16	0	0	27	225
PALS request	1	12	9	103	1	28	0	1	11	144
Total	40	465	155	1477	86	1026	112	1214	393	4182
Demand	70,472	781,557	60,064	665,683	66,652	856,362	118,919	1,367,330	316,107	3,670,932
Proportion	0.06%	0.06%	0.26%	0.22%	0.13%	0.12%	0.09%	0.09%	0.12%	0.11%

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

	EOC		A&E		PTS		111		Total	
	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
Attitude	0	0	20	162	8	74	7	79	35	315
Operations	2	3	14	176	11	51	36	553	63	783
Clinical/Patient Care	1	3	17	111	15	102	54	453	87	669
Delayed response	23	318	2	5	36	568	0	0	61	891
Call Handling	10	104	0	0	6	79	0	0	16	183
Other	2	10	0	6	0	1	0	1	2	18
Total	38	438	53	460	76	875	97	1086	264	2859
Demand	70,472	781,557	60,064	665,683	66,652	856,362	118,919	1,367,330	316,107	3,670,932
Proportion	0.05%	0.06%	0.09%	0.07%	0.11%	0.10%	0.08%	0.08%	0.08%	0.08%

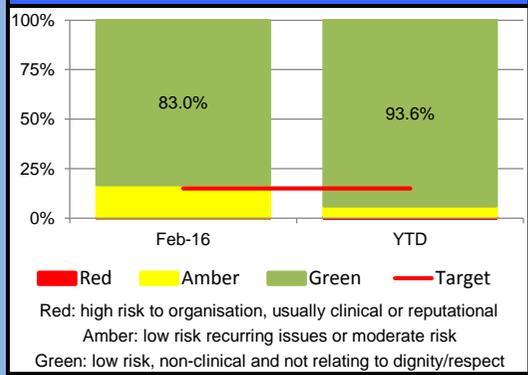


The Number of cases in February remained consistent with last month, with increases in PTS, A&E and EOC being offset by the decrease for 111.



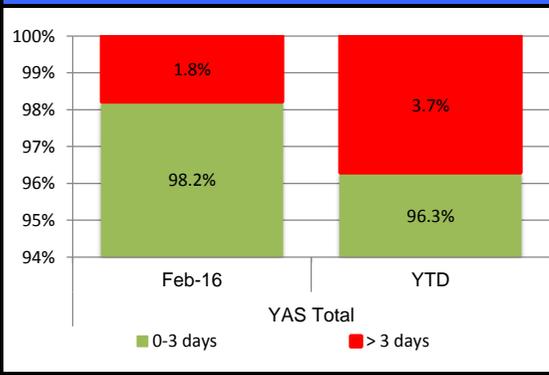
Delayed response remains the largest area of concern for YAS complainants - Emergency Operations and Patient Transport. 111 Operations attracted the largest number of complaints in February.

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



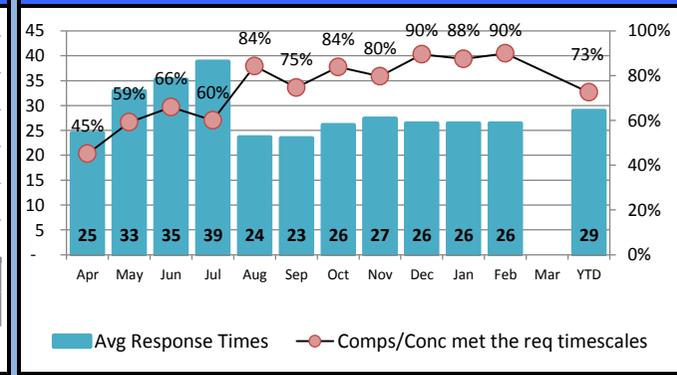
Overall Complaints & Concerns for Red & Amber remain below target for all areas. However Amber stands at 16.7% for February.

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



Acknowledgements to complaints have increased slightly in February

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



Responses to complaints are being made in time with the date agreed with the complainant in 90% of cases in February, with an average response time of 26 days. YTD compliance is 73% and average response time is 29 days

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

(YAS total inc HCP)	Total	
	Feb-16	YTD
Upheld	100	1333
Not Upheld	66	891
Partly Upheld	50	592
Total	216	2816

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

Total YAS % of C&C	Feb-16	YTD
	No. reopened	6
% of C&C	4.7%	3.3%

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

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

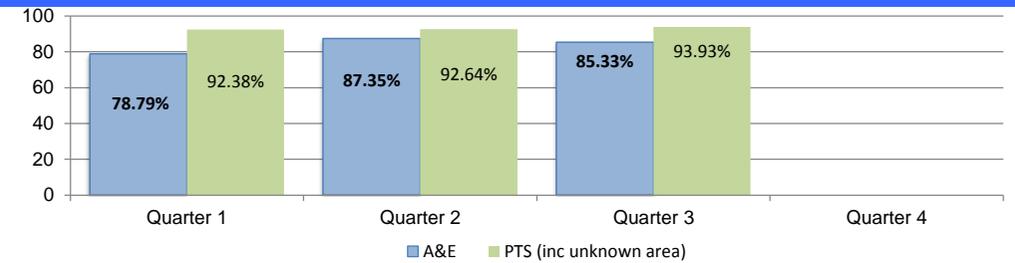
8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
	Feb-16	YTD	Feb-16	YTD	Upheld		Partially Upheld		Not Upheld	
					Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
EOC	2	8	2	7	0	0	0	0	1	6
A&E	1	8	1	4	0	0	0	2	0	8
PTS	0	1	0	1	0	0	0	0	0	1
111	0	1	0	1	0	0	0	0	0	1
Total	3	18	3	13	0	0	0	2	1	16

Only 3 referrals were received in February, with 1 Not Upheld outcomes received during the month.

Patient Survey Results (Friends and Family Test)

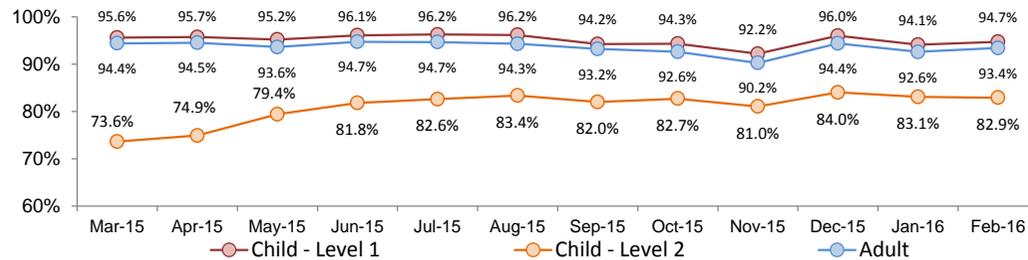
9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



The new Friends and Family Test results are now available and have been updated for the Third Quarter of 2015-16

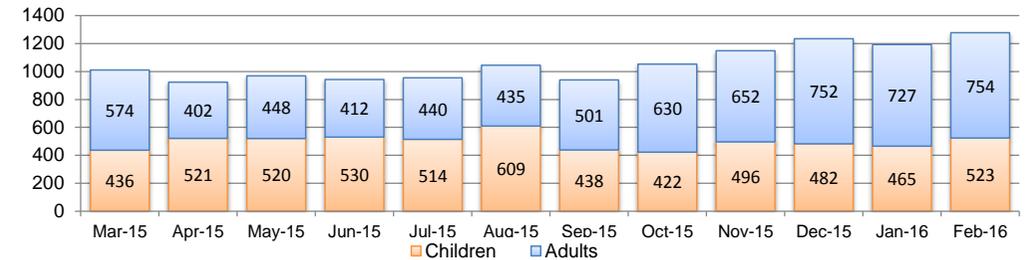
Safeguarding

10. Number of eligible workforce trained



Safeguarding compliance has increased slightly in February overall but reduced slightly for Child Level 2, but still remains high.

11. Number of Child and Adult Referrals



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

Results of IPC Audit

12. Infection, Prevention and Control

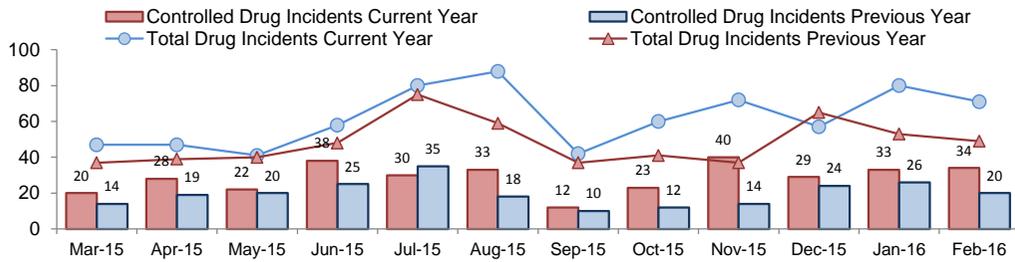
Area	Audit	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overall Compliance (Current Year)	Hand Hygiene	98%	99%	98%	99%	99%	97%	97%
	Premise	99%	96%	96%	97%	97%	98%	97%
	Vehicle	98%	99%	98%	98%	99%	97%	98%
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	99%	99%	99%	98%	99%
	Premise	98%	97%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

HUMBER: Hand hygiene audits exceptions were highlighted relating to the wearing of wrist watches. Fob watches have all been circulated to operational areas for distribution. There has been observation of gloves being worn inappropriately and some cleaning between patients not optimal. A focus on compliance, with awareness raising and training in relevant areas is continuing.

HART: Noted that the power wash jet wash is broken so cleaning was not at its normally high standard.

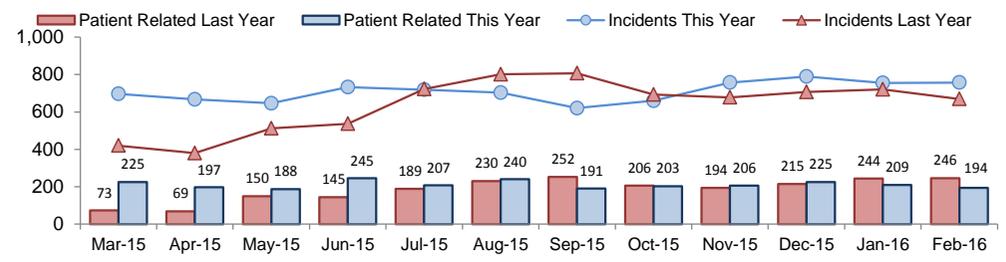
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



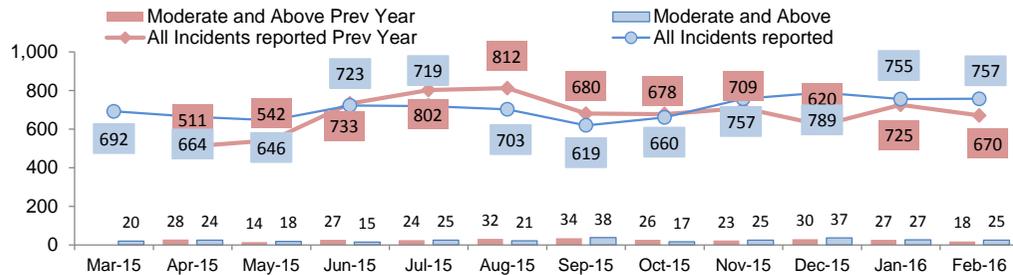
There were a total of 71 medication-related incidents for the month of February, of which 34 were controlled drug incidents: the majority involved dropped vials of Morphine or vials shattering on opening.

14. Incidents Reported



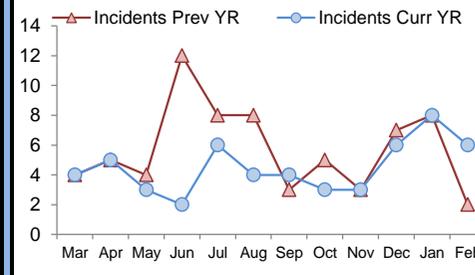
Patient related incidents, both clinical and non-clinical, make up 25.6% of all reported incidents which is consistent with previous months. The top three categories of patient-related incidents are response-related, Carepathway and medical equipment related, which is consistent with previous months, except January where there was an increase in falls. Patient-related Incidents graded no harm or minor harm represent 95.3% of patient-related incidents. Incidents graded initially as potentially moderate and above are reviewed at Incident Review Group to determine actual harm and regraded as per investigation findings.

15. Incidents, Moderate Harm and Near misses



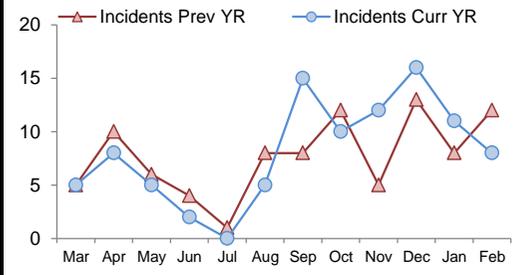
Incidents with a severity of Moderate and above represent 3.3% of incidents reported in February with 96.7% of incidents reported as no harm or minor harm. Data for the IPR is produced in the first week of the following month which may be prior to completion of investigations to establish actual harm therefore incident grading may be recategorised. Incidents in the category of no harm represent 65.4% of the total number of incidents in February. A&E Ops remains the highest reporting area reporting 72.1% of all incidents. The top 5 coded categories in A&E Ops this month are Vehicle-related, Violence and aggression, response-related, Medication and moving and handling, consistent with previous months.

16. Serious Incidents



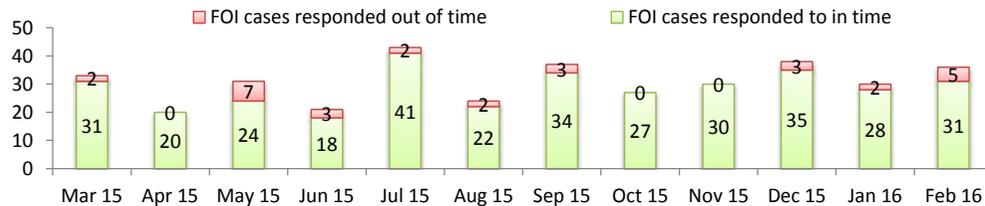
There were 8 Serious Incidents in February, 1 related to Delayed dispatch/response, 4 Inadequate clinical assessment, 1 Patient Fall.

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



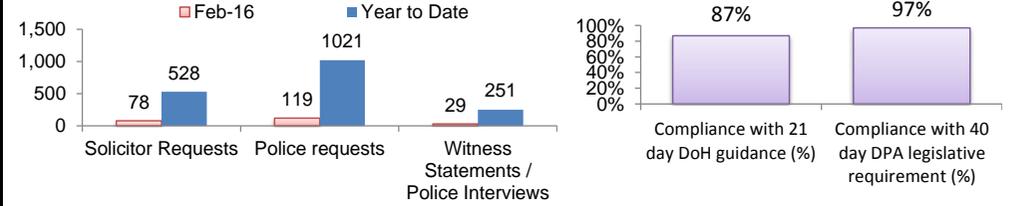
There were 8 Riddor Incidents in February (5 Manual Handling, 1 Slip/Trip/Fall, 1 Fall from Height and 1 Another kind of Accident)

18. FOI Requests



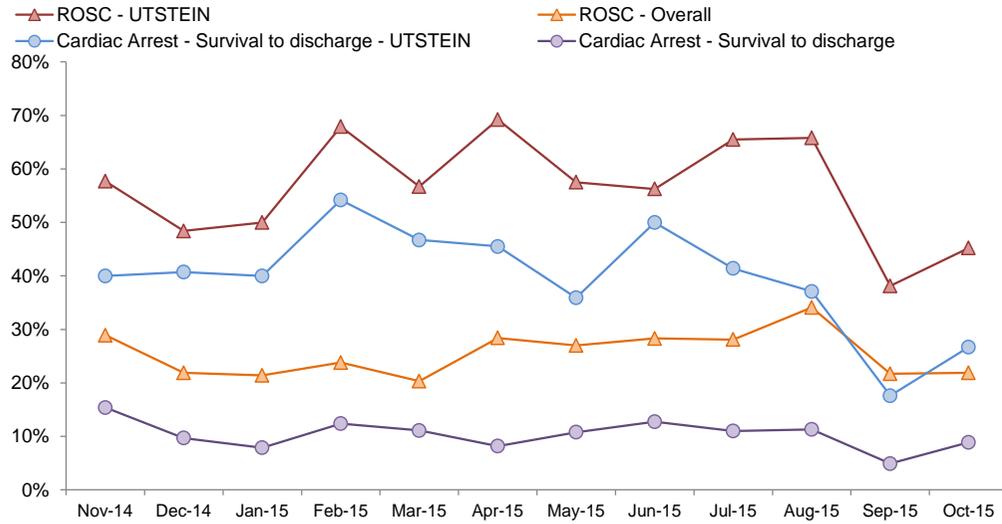
FOI Requests have increased slightly in February, with 86% of responses being completed in time.

19. Legal Requests



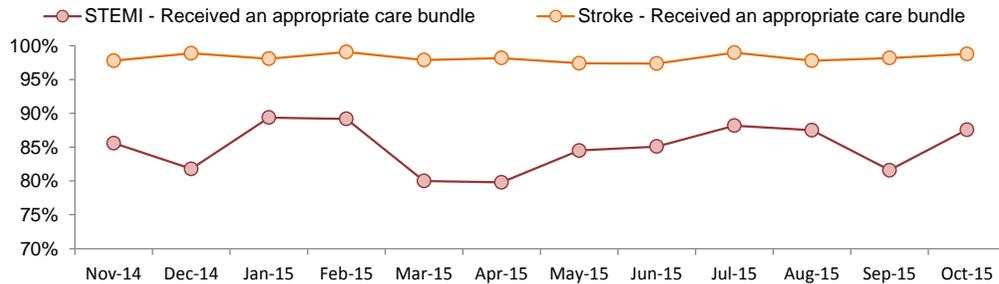
Compliance with requests remain high

20. Outcome from Cardiac Arrests



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

21. AqI Care Bundle



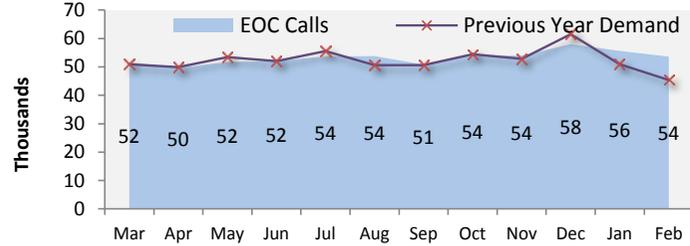
YAS has improved and is now in the top third in 13 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.

22. Clinical Performance Indicators

Asthma CPI	Cycle 15 - June 15		Cycle 16 - Dec 15	
	YAS	National	YAS	National
A1-Respiratory rate recorded	98.40%	98.60%	100.00%	99.60%
A2-PEFR recorded (before treatment)	83.60%	75.70%	75.10%	74.90%
A3-SPO2 recorded (before treatment)	94.30%	95.30%	85.20%	94.10%
A4-Beta-2 agonist recorded	97.50%	98.00%	100.00%	98.10%
A5-Oxygen administered	100.00%	98.30%	99.50%	97.00%
Care Bundle for Asthma (A1 + A2 + A3 + A4)	77.90%	73.50%	66.10%	71.20%

There is a 15.1% reduction in YAS's care bundle performance compared with last cycle, with peak flow rate recorded prior to treatment (standard 2) needing the most improvement. YAS's performance for Standard A1, A4 and A5 is higher than the national average. Action plans to address Standard 2 are in development.

1. Demand

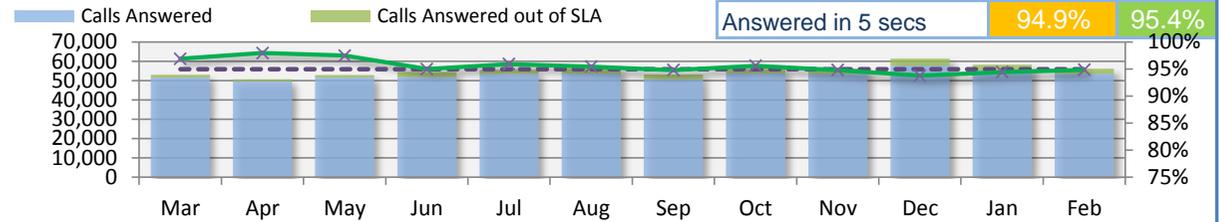


Service level YTD is currently 0.4% above target, and 1.0% higher than the same period last financial year.

Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2015/16	587,147	584,581	557,868	95.4%
2014/15	577,088	573,657	541,423	94.4%
Variance	10,059	10,924	16,445	
Variance	1.7%	1.90%	3.0%	1.0%

2. Performance (calls answered within 5 seconds)



	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Calls Answered out of SLA	1,597	1,011	1,294	2,597	2,175	2,441	2,635	2,364	2,778	3,593	3,079	2,746
Calls Answered	51,513	49,596	51,562	51,907	53,453	53,677	50,612	53,776	53,525	57,802	55,209	53,462
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	96.9%	98.0%	97.5%	95.0%	95.9%	95.5%	94.8%	95.6%	94.8%	93.8%	94.4%	94.9%

Work continues with the Quality Team in relation to the impact of Human Factors on the patient journey through EOC. A comprehensive plan for Call Handling is now set for 2016 including addressing some efficiency and performance issues. A real time audit is in place for missed Red calls to ensure cyclical learning and awareness by dispatchers. Changes to the AQIs are now in place and preparatory work ongoing for ARP Phase 2.

3. Quality

	Feb	YTD
Serious Incidents (Rate Per 1000 Responses)	2(0.03) ↓	20(0.03)
Total Incidents (per 1000 calls)	47(0.67) ↓	689(0.9)
There was 2 Serious Incident(s) in February, year to date this now stands at 20		
Feedback		
Complaints	14 ↔	193
Concerns	9 ↓	104
Comments	0 ↔	11
Service to Service	15 ↔	141
Compliments	1 ↓	4
Response within target time for Complaints and Concerns	92%	61%
Outcome of Ombudsman Cases		
Upheld	0	0
Not Upheld	1	5

4. Workforce

Feb-16	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	385	19.3	96	270	70%
Contracted FTE (before overtime)	366	18.3	91	256	70%
Variance	(19)	(1)	(5)	(14)	(5.0%)
% Variance	(5.0%)	(5.0%)	(5.0%)		
FTE worked inc overtime	376	31.4	88	257	68%
Variance	(9)	12	(8)	(12)	(4.6%)
% Variance	(2.2%)	63.1%	(8.8%)		

** 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 19 FTE under budget with a variance of 5.0%.
Both sickness and other absences were under planned for February.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	(12,545)	(12,411)	134
CIPs	1,335	1,656	321

The directorate is £134k favourable to plan year to date due to staffing shortfall / savings on vacancies.

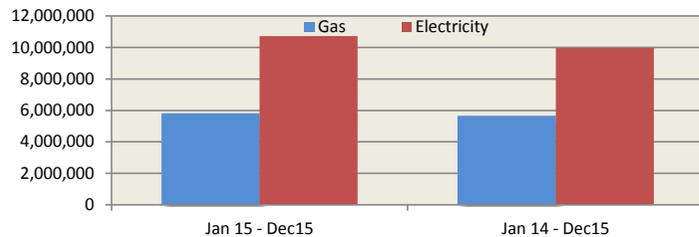
1. Demand

Number of Jobs Received - 343 of which 211 logged for YAS Estates Direct Labour.

Out of Hour Call's received - 7

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

kWh	Electricity (kWh)	Gas (kWh)
Jan 15 - Dec15	5,815,295	10,727,196
Jan 14 - Dec15	5,648,679	9,972,525
	2.95%	7.57%



2. Performance (to be developed)

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

- 64% of reactive maintenance requests completed within response timeframes - **134 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(160)**
- 98 % of statutory planned preventative maintenance site visits completed within response timeframes. **(100% not achieved due to Staff Annual Leave)**
- Training undertaken - **Stat & Mand Training books complete**
- Appraisals undertaken - **100% completed**

3. Quality of Service

- Capital Investment Appraisal bids for 2016/17 submitted and awaiting approval of draft plan.
- The proposed Estates Department staffing restructure has been presented and awaits approval from TMG. Cost control for the Estates Project Manager is approved and the post is currently advertised. Cost control for the Estates Manager vacancy has been submitted and awaits approval to enable recruitment.
- The inaugural Estates Management Group (EMG) held on 5th January 2016 and six subject specific Working Groups have been established to embed the proposed Estates Governance Assurance Framework. The inaugural Asbestos & Water Hygiene Working Group Meeting was held on the 26th January 2016 and the inaugural Health & Safety and Fire Safety Working Group meeting was held on the 10th February 2016. The inaugural Infrastructure Working Group was held on 3rd March 2016.

4. Staffing

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

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

Sickness in February 2016 for Estates was at 0.0%.

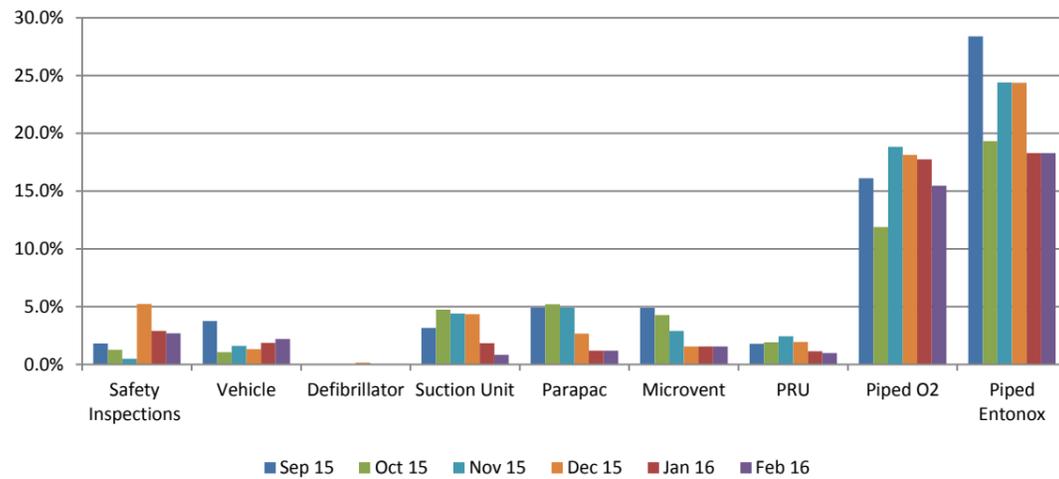
5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
Directorate Position	(5,165)	(5,333)	(167)
CIPs	222	100	(122)

Commentary

The directorate is £(167)k adverse to plan year to date due to agency spend to cover staff vacancies.

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



Key Points

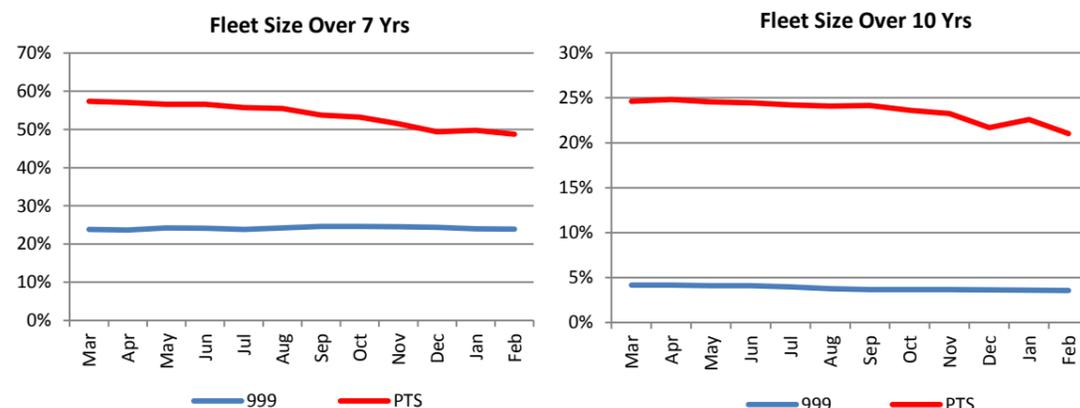
Number of vehicles serviced within target window has been maintained at a respectable level and the vehicles outside the service window are now routinely captured through the Fleet Service Breach Standard Operating Procedure.

Oxylitre Ltd have been engaged to assist with clearing the backlog of piped oxygen and the medical equipment department are delivering incremental improvements to the reduction of medical equipment servicing overall.

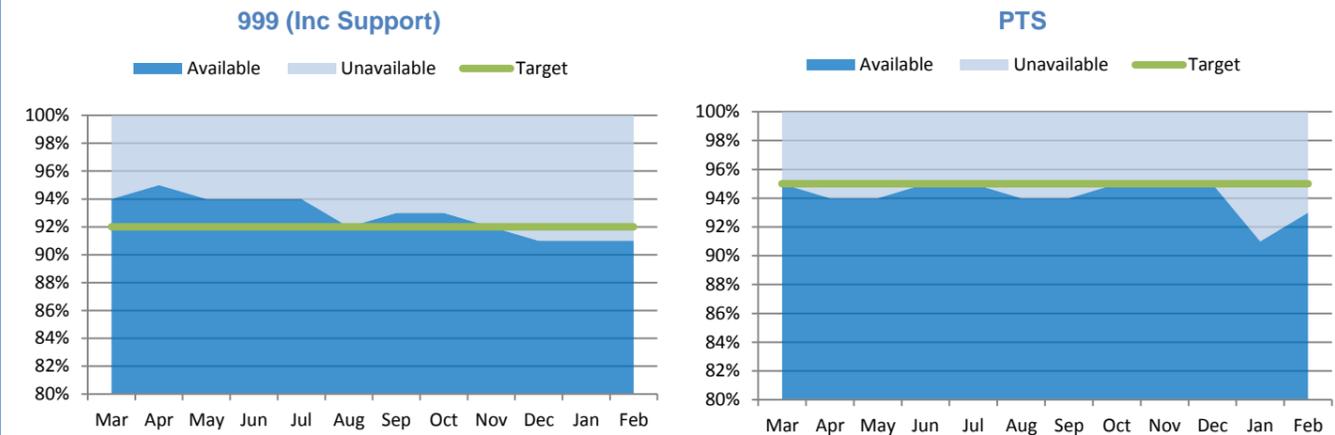
Inspections/Services out of Window	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	%	DOT
Safety Inspections	10	7	3	29	16	15	2.7%	↓
Vehicle Services	14	4	6	5	7	8	2.2%	↑
Defibrillator servicing	0	0	0	1	0	0	0.0%	↔
Suction Unit servicing	20	30	27	26	11	5	0.8%	↓
Parapac servicing	17	18	17	9	4	4	1.2%	↔
Microvent servicing	8	7	4	2	2	2	1.6%	↔
PRU	12	13	15	12	7	6	1.0%	↓
Piped O2	80	59	95	95	92	81	15.5%	↓
Piped Entonox	25	17	22	20	15	15	18.3%	↔

1.2 Vehicle Age

Vehicles >= 7 years	999	134	23.9%	PTS	210	46.9%	Total	344
Vehicles >=10 years	Fleet	20	4.2%	Fleet	82	18.3%	Total	102



2. Performance

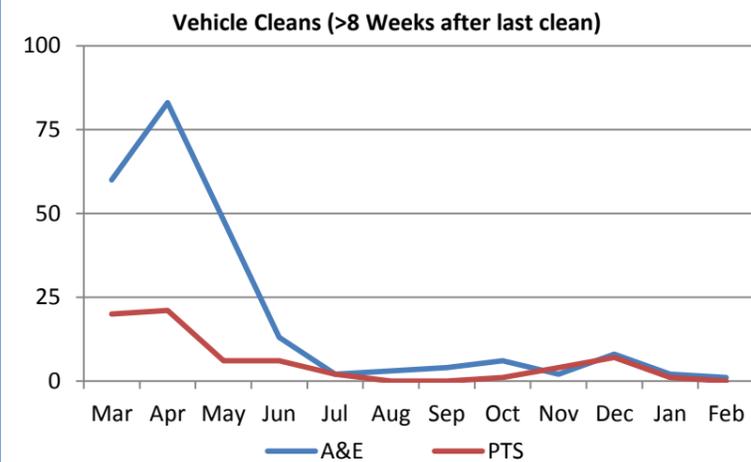


Key Points

Both A&E and PTS Vehicle availability dropped below the target during January 2016. This has been mainly due to a significant increase in vehicle defects and accidents being reported. The Trust has recently introduced a Accident Reduction group to identify and reduce the number of vehicle collisions and will be monitored monthly basis. PTS is also exacerbating the VOR where there are still a large number of vehicles over their replacement age profile which results in general unreliability. February has seen the start of the batch of 47 PTS vehicles arriving with 8 commissioned and in service the remaining 39 being delivered through March and April, there has been a slight delay due to a specification change to the base vehicle which the vehicle converters are correcting as part of the conversion, this is at no extra cost to the Trust. The new vehicles will enable us to dispose of 47 old and less reliable PTS vehicles.

3. Deep Clean

	Sep	Oct	Nov	Dec	Jan	Feb	Feb % in Window	Feb DOT
Vehicles Outside Window in Period	77	61	49	49	62	19	99.60%	↑



Key Points

Recruitment for Deep Clean staff has been completed. Delivery of the Deep Clean KPI (100% @ 35 days) has continued to increase and is now being sustained between 99.92% and 99.96% (excluding VOR's). The checking of Out of Date (OOD) consumable items on the vehicles is now embedded within the Deep Clean procedures, but we are currently working with the Training team to enable clinical training for the delivery of OOD checks within the Green Response bags.

4. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)				Available	
	FTE	Sickness	Total	%	
Budgeted	100	5.0	95	95%	
Actual	93	4.1	87	94%	
Variance	(6)	0.9	(7)	(7.5%)	
% Variance	-6%	+15%			

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

5. Finance (YTD)

£000	Plan	Actual	Variance
Directorate Position	(21,129)	(20,208)	920
CIPs	1,191	1,910	719

The directorate is £920k favourable to plan year to date. This is mainly due to an insurance rebate of £994k and lower than anticipated fuel and lease costs offset by higher maintenance costs to support operations.

Business Continuity

- Completed populating A & E Station BC plans
- Some of North Yorkshire A & E BC Plans have been published
- Delivery of Debrief Training to YAS staff and SYFRs and Wakefield Council
- Reviews completed of various external BC plans and BIA's
- Collation of hot de-brief information from 2015 floods and preparing for de-briefs to take place
- BC Manager attended Cyber Event at Civic Hall in Leeds
- Consultancy work with HEY and CHFT ongoing
- IG toolkit with Caroline Squires
- Completion of 1 weeks consultancy the Welsh Health Board, production of report with 25 recommendations for improvement of the BCMS
- Increase in consultancy work for CHFT
- Review of TOR for the BC leads Group
- Debrief Report for Christmas/New Year Floods
- Attended NHS Flooding Debrief 19th Feb
- Internal Audit completed and fully compliant for BC Plans and Incident Management

Emergency Preparedness and Response

- Undertook internal audit in to command resilience and response, interim reports positive
- Attended multi-agency debriefs relating to floods across the festive period
- Strategic level ex run by WY LRF, YAS supported the delivery and participated

February Training

Course	Number of Courses	Number of Attendees
Joint Decision Model	2	23
Special Operations Course (CBRN)	1	10
MTFA Tactical Command Course	2	24
National Multi Agency Gold Command Course	1	1
Operational Bronze Awareness	1	5

Hart and Special Operations

HART: HART continue to undertake training and exercise programmes with partner agencies, in addition to their core competence refresher training. February and March will see the annual clinical skills update being undertaken with each team. Two pre-CQC assessments are planned for the coming weeks. It is important cognisance is taken of the CQC inspections of other HART services across the country. Since ours in January 2014, the NARU HART Service Specification has been published and the CQC inspectors are using this as the baseline assessment, in addition to other areas of interest to them. HART were extensively involved in the Christmas flood response.

Air Ambulance: YAS and YAA have recruited nine Doctors for the Critical Care Team who will fly with the Air Ambulance from April 2016, twelve hours a day every day. They will join the Air Ambulance Paramedic team. Their in-house training programme commences in April for one week, and they will be operational thereafter. In addition the Charity takes delivery of a brand new aircraft in August with a second in December, replacing the existing aircraft. The new aircraft will come fitted with night flying and winching capability, but they won't come into operation until later in 2016 into 2017.

MTFA: Strategic and Tactical Commanders are being refreshed during February and March on the command responsibilities and complexities of dealing with a large incident involving firearms etc.

SORT: The numbers of SORT staff remain below that which is required (150 staff required, 72 in post). Two courses have been held in February and March increasing the number of staff trained to 98

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team	63	53	12
Hart Operatives FTE	42	42	0
CBRN (SORT) - Volunteers	150	*96	2
Air Ambulance FTE	13	13	0

* Number does not include 42 HART CBRN trained staff.

25 Staff applied for SORT awaiting their physical competency testing prior to being accepted for training courses.

9 AIT staff on a course on 8 March

Community Resilience Team

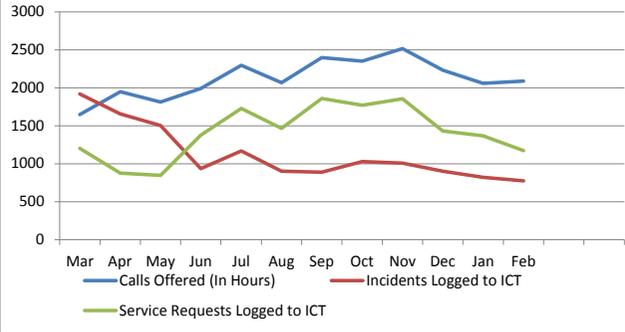
	No. CFR	No. EFRs	No. Static	No. CPADS
ABL	222	0	272	95
CKW	131	11	216	31
HULL/EAST	92	86	101	103
SOUTH	198	18	407	30
NORTH	388	33	184	191

	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.90%	1.10%	3.60%	5.10%
CKW	0.80%	1.00%	2.80%	4%
HULL/EAST	3.80%	4%	4.00%	6%
SOUTH	1.00%	1.20%	2.60%	3.80%
NORTH	1.60%	1.90%	3.30%	5%

EFRs	0.31%	0.40%
-------------	-------	-------

1. Demand

Support Demands on ICT Resources By Month

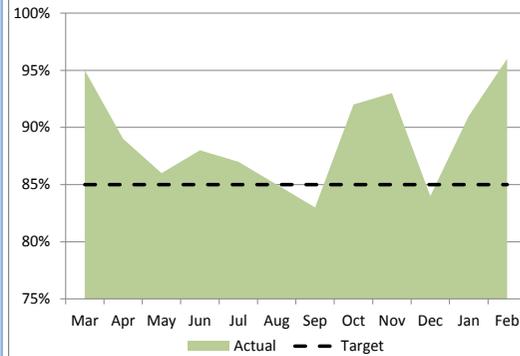


	Sep	Oct	Nov	Dec	Jan	Feb
Calls Offered (In Hours)	2399	2349	2518	2234	2059	2086
Incidents Logged to ICT	890	1028	1006	901	819	773
Service Requests Logged to ICT	1857	1768	1854	1432	1368	1173
Total number of active projects	26	24	21	21	20	17

Incident = Unplanned interruption or reduction in quality of and IT service.
 Request = Requests for hardware, software, access to data and locations etc.
 The continued reduction in incidents highlights the benefit of the service improvements developed by ICT .

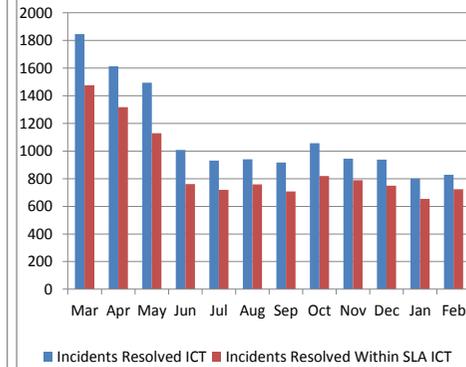
2. Performance

% Calls Answered Within Threshold

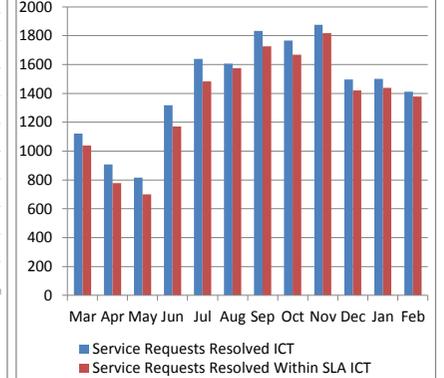


	Sep	Oct	Nov	Dec	Jan	Feb
% Calls Answered Within Threshold (10 seconds). Target 85%	83%	92%	93%	84%	91%	96%
Overall ICT Achievement on SLA for Incidents and Requests. Target 80%	86%	88%	90%	86%	88%	93%
Incidents Resolved ICT	916	1056	944	937	801	828
Incidents Resolved Within SLA ICT	707	819	790	749	654	723
Service Requests Resolved ICT	1833	1767	1875	1497	1500	1412
Service Requests Resolved Within SLA ICT	1725	1669	1817	1421	1439	1378

Incidents Resolved/Resolved Within SLA

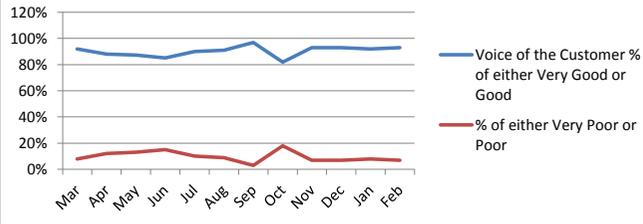


Requests Resolved/Resolved Within SLA



Calls answered within threshold is consistently high. Incidents and requests resolved within SLA show an improvement. The recent fulfilment of the roles of VC manager and ISD manager have had a positive result to the monitoring and managing of the SLA. Incidents and Request SLA's are also measured against priorities (1-5 for both incidents and requests)

3. Quality of Service



	Sep	Oct	Nov	Dec	Jan	Feb
Network Availability	100.0%	99.6%	100.0%	93.6%	100.0%	100.0%
System Availability	99.9%	99.7%	100.0%	100.0%	100.0%	100.0%
Telecoms Availability	100.0%	100.0%	100.0%	85.0%	100.0%	100.0%
Radio Availability	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%
% of either Very Good or Good	97.0%	82.0%	93.0%	93.0%	92.0%	93.0%
% of either Very Poor or Poor	3.0%	18.0%	7.0%	7.0%	8.0%	7.0%

Availability of all systems, network, telecoms and radio was 100% for February. The reduction in service in December is attributed to the severe flooding experienced. Customer survey responses show high levels of satisfaction with ICT service.

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40.25	6339.38			4437.56
Actual	40.25	6339.38			5345.38
Variance	0.00	0.00			907.81
%Variance	100%	100%			0
SICKNESS					
5% Sickness on Budgeted			316.97		
5% Sickness on Actual			316.97		
Recorded Monthly Sickness				53	
Variance between Budget and Actual Targets				-263.97	
ABSENCE					
25% Absence on Budgeted			1584.84		
25% Absence on Actual			1584.84		
Recorded Monthly Absence				941	
Variance between Budget and Actual Targets				-643.84	

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

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

5. Finance

TO BE DEVELOPED

Annex 2 Ambulance Quality Indicators - YAS

Indicator	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:19	0:19	0:19	0:18	0:18	0:19	0:19	0:19	0:20	0:20	0:23	0:23	0:25	8	0:02	to	0:42
Time to Answer (99%)	0:48	0:43	0:47	0:30	0:33	1:05	0:55	0:57	1:01	0:55	1:06	1:12	1:15	6	0:30	to	1:25
Abandoned calls	1.79	1.52	1.45	0.91	0.63	0.90	0.80	0.70	0.85	1.01	1.22	0.90	1.10	10	0.20	to	0.90
Cat Red 8 minute response - RED 1 (75%)	70.6	71.6	73.5	74.9	73.7	69.4	70.8	68.7	70.1	73.7	73.8	69.0	69.0	7	67.8	to	79.1
Cat Red 8 minute response - RED 2 (75%)	67.2	70.0	72.3	72.7	73.5	70.4	70.1	70.0	70.4	72.5	73.3	71.0	71.9	5	62.7	to	76.0
95 Percentile Red 1 only Response Time	13:47	13:21	13:29	12:56	13:05	13:53	13:44	15:39	14:44	13:28	13:18	14:29	14:22	3	11:57	to	16:30
Cat Red 19 minute response (95%)	95.2	96.2	96.3	96.2	96.3	95.3	95.3	95.0	95.3	95.3	95.3	93.9	94.7	2	88.8	to	97.3
Time to Treat (50%)	6:56	6:19	6:07	5:44	5:38	5:54	5:51	5:53	5:48	5:31	5:34	5:45	6:22	1	5:56	to	10:07
Time to Treat (95%)	17:17	15:57	15:49	14:24	14:12	15:03	15:04	15:28	15:07	14:14	14:20	15:25	15:52	1	15:23	to	24:05
Time to Treat (99%)	26:35	24:26	24:13	21:26	21:34	22:40	22:30	23:38	22:48	21:47	21:17	23:36	23:47	1	23:25	to	48:47
STEMI - Care	89.4	89.2	75.8	86.0	84.5	85.1	88.2	87.5	81.6	87.6				3	63.9	to	88.2
Stroke - Care	98.1	99.1	97.9	98.2	97.4	97.4	99.0	97.8	98.2	98.8				4	95.9	to	99.6
Frequent caller *	3.03	2.10	2.50	1.63	1.49	1.90	1.51	1.80	1.63	1.47	1.78	2.07	2.00	6	0.16	to	2.48
Resolved by telephone	9.4	9.6	10.2	9.7	9.9	8.8	8.1	8.2	7.5	7.2	7.8	9.4	8.2	7	5.1	to	13.0
Non A&E	32.0	31.7	30.9	31.2	31.3	31.6	32.5	32.9	31.2	31.7	30.3	31.1	30.7	8	30.0	to	52.7
STEMI - 150	79.3	79.8	80.0	79.8	80.2	84.8	86.4	87.7	80.0	89.3				9	76.1	to	93.4
Stroke - 60	58.6	57.7	57.3	57.0	59.8	53.6	55.8	57.0	54.0	53.6				7	45.4	to	70.7
ROSC	21.4	23.8	20.3	28.4	27.0	28.3	28.1	34.1	21.7	21.9				5	23.3	to	33.4
ROSC - Utstein	50.0	67.9	56.7	69.2	57.5	56.3	65.5	65.8	38.1	48.2				1	42.3	to	57.6
Cardiac - STD	7.9	12.4	11.1	8.2	10.8	12.7	11.0	11.3	4.9	8.9				3	6.6	to	13.5
Cardiac - STD Utstein	40.0	54.2	46.7	45.5	35.9	50.0	41.4	37.1	17.6	26.7				1	22.9	to	37.1
Recontact 24hrs Telephone	3.1	3.2	4.0	1.7	1.8	1.5	1.5	1.8	1.9	1.1	1.7	1.9	2.2	1	1.7	to	14.2
Recontact 24hrs on Scene	3.9	3.4	3.5	3.3	3.5	3.2	3.0	3.1	3.2	2.9	2.8	2.2	1.4	1	2.8	to	8.4

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

Annex 3 National Benchmarking - Year to Date

Feb-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	0:02	0:01	0:01	2	January
Time to Answer - 95%		mm:ss	0:10	0:06	0:02	0:42	0:03	0:10	0:29	0:15	0:04	0:20	8	January
Time to Answer - 99%		mm:ss	0:44	0:43	0:40	1:25	0:30	1:12	1:15	0:58	0:35	0:57	6	January
Abandoned calls		%	0.38	0.60	0.20	0.86	0.39	0.64	0.71	0.71	0.63	0.90	10	January
Cat Red 8 minute response - RED 1	75%	%	70.1	73.7	67.8	69.3	76.1	72.2	73.4	75.1	79.1	71.2	7	January
Cat Red 8 minute response - RED 2	75%	%	63.6	62.7	64.5	69.9	72.7	73.4	72.2	66.1	76.0	71.6	5	January
95 Percentile Red 1 only Response Time		mm:ss	14:49	15:06	16:30	14:26	13:39	14:15	14:34	14:16	11:57	13:57	3	January
Cat Red 19 minute response	95%	%	88.8	91.1	93.3	92.8	93.7	94.6	94.8	91.0	97.3	95.2	2	January
Time to Treat - 50%		mm:ss	10:07	7:22	6:56	6:54	6:32	6:05	6:04	7:13	5:56	5:56	1	January
Time to Treat - 95%		mm:ss	20:10	22:35	19:06	23:14	22:13	19:31	19:31	24:05	15:43	15:23	1	January
Time to Treat - 99%		mm:ss	32:25	33:58	35:18	38:58	48:47	33:17	29:14	39:08	24:01	23:25	1	January
STEMI - Care		%	76.8	79.9	70.7	88.2	86.3	63.9	68.3	84.2	77.3	85.7	3	October
Stroke - Care		%	98.5	97.8	97.3	97.8	99.6	98.5	96.4	96.9	95.9	98.1	4	October
Frequent caller *		%	0.19	0.30	1.14	0.16	0.86	2.48				1.73	6	January
Resolved by telephone		%	12.3	6.3	13.0	6.7	11.1	9.3	10.6	12.0	5.1	8.5	7	January
Non A&E		%	30.0	41.3	34.2	31.5	30.8	42.0	44.2	52.7	37.3	31.4	8	January
STEMI - 150		%	92.1	91.1	89.6	90.9	86.9	87.8	93.4	76.1	87.7	84.0	9	October
Stroke - 60		%	55.9	51.6	62.3	63.2	70.7	51.4	65.5	45.4	57.8	55.8	7	October
ROSC		%	24.4	26.9	30.5	23.3	33.4	25.3	27.3	23.6	30.8	27.1	5	October
ROSC - Utstein		%	46.7	49.1	55.9	51.6	57.2	42.3	48.8	50.5	52.7	57.6	1	October
Cardiac - STD		%	7.3	6.6	9.6	7.1	10.1	13.5	8.5	9.2	9.6	9.7	3	October
Cardiac - STD Utstein		%	22.9	26.2	34.3	33.3	28.4	26.7	23.8	30.6	26.0	37.1	1	October
Recontact 24hrs Telephone		%	3.7	10.8	2.9	14.2	4.0	9.9	8.1	13.0	13.3	1.7	1	January
Recontact 24hrs on Scene		%	4.9	5.9	8.4	5.0	3.6	5.1	4.4	5.6	6.2	2.8	1	January

