



## Integrated Performance Report – January 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). In December, 95% of Patients received a Red response at scene quicker in Jan 2016 than in Jan 2015 by 1 minute and 25 seconds. 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.

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 5<sup>th</sup> of January 2016. Some of these changes have had an adverse effect on performance including the reduction of triaging of red 111 calls, change of clock start to 111 red 2 calls, and a change to the rules around counting of calls where a defibrillator has been used.

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## IPR Compendium (2014-15 Key Facts)

### Key Facts & Figures for YAS

#### VEHICLES



**349**  
Double-Crew  
Ambulances



**198**  
Rapid-Response  
Vehicles

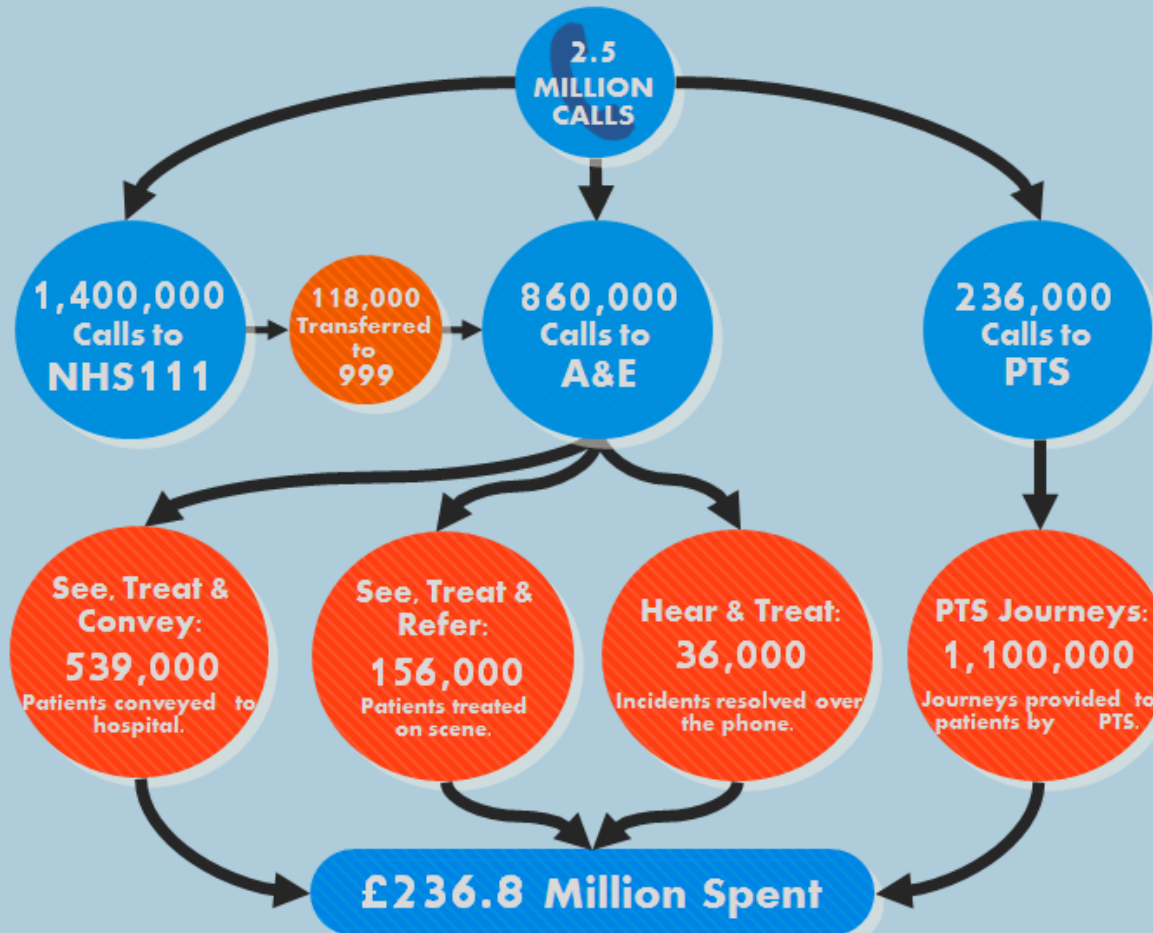


**451**  
PTS Vehicles

#### STAFF



**52%**  
Female  
**48%**  
Male  
**5.5%**  
BME



## IPR Exec Summary – January 2016

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

- **111** calls are above contracted for January (+1.4%, 1,938 calls), they also remain above plan at 2.6% year to date (+7.3% above last year). The Plan included a contracted growth level of 5%. 111 referral rate to 999 is still performing well (<10%) at 8.1% for January.
- **999 Call demand** above plan in January (+2.4%, 1,713 Calls). However, YTD demand is 3.2% below plan (23,306 Calls). **NB: 111 calls up 31,324.**
- **Hear & Treat (H&T)** is 13.5% below the profiled plan in the month however YAS are effectively managing significantly more calls YTD (+8.3% on plan). This has positively reduced ambulance responses. This helps to make more resource available to other and particularly critical Red calls. HT has been affected by the recent National Ambulance Quality Indicators (AQI) changes.
- **The See Treat & Refer (STR) activity** is lower than planned 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 January (+10.2%, 2,642 Responses), they are also above plan YTD (+0.6%, 1,531 Calls). Red 1&2 ambulance response performance met the revised trajectory for January and both remain above 71% YTD. This achievement demonstrates continued A&E service efficiency (higher performance vs resource hours available). Red demand responses for Jan 2016 make up 47.7% (44.3% Jan 2015) of all responses, increasing the pressure on the 8 minute response as more resources are required.
- **999 Performance** against 8 min 75% target Red 1 (achieved 8m 54s) and Red 2 (achieved 8m 24s). Red 1 was below but Red 2 was above those achieved in Jan 15. This has been affected by the recent AQI changes
- **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 at 84.2% (target 82.9%) and KPI 3 collected after appointment at 90.7% (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 January 2016 stands at 78.4% with a YTD total of 82.7%.

111 Headline Metric	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
<b>Call Answered</b>	<b>135,011</b>	<b>136,949</b>	<b>1,938</b>	<b>1.4%</b>	<b>1,217,087</b>	<b>1,248,411</b>	<b>31,324</b>	<b>2.6%</b>
Calls Answered (60 Secs)	128,261	109,822	(18,438)	(14.4%)	1,156,233	1,139,234	(16,999)	(1.5%)
999 Referral Numbers		11,061				97,793		
999 Referral Rate		8.1%				7.8%		

A&E Contract (CCG R&G Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
<b>Calls (Demand)</b>	<b>70,883</b>	<b>72,596</b>	<b>1,713</b>	<b>2.4%</b>	<b>719,163</b>	<b>695,857</b>	<b>(23,306)</b>	<b>(3.2%)</b>
<b>Hear and Treat (H&amp;T)</b>	3,679	3,183	(0,496)	(13.5%)	29,721	32,191	2,470	8.3%
See, Treat and Refer (STR)	13,416	12,632	(0,784)	(5.8%)	135,092	121,733	(13,359)	(9.9%)
UCP Demand (STR)		978	1,047	N/A		10,561	10,561	N/A
<b>All STR inc UCP</b>	13,416	13,610	194	1.4%	135,092	132,294	(2,798)	(2.1%)
<b>See, Treat and Convey (STC)</b>	44,834	46,663	1,829	4.1%	452,357	436,877	(15,480)	(3.4%)

A&E Ambulance Response Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Red Responses (STR+STC) Ex OOA	25,921	28,563	2,642	10.2%	252,292	253,823	(1,531)	(0.6%)
Red 1 Performance	75%	69.0%			75%	71.4%		
Red 2 Performance	75%	71.9%			75%	71.6%		
Green Responses	32,006	30,484	(1,522)	(4.8%)	332,162	302,332	(29,830)	(9.0%)
Red to Green Ratio	44.7%	48.4%		3.6%	43.2%	45.6%		2.5%

PTS Headline Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
<b>PTS Demand</b>	<b>69,376</b>	<b>64,765</b>	<b>(4,611)</b>	<b>(6.6%)</b>	<b>724,876</b>	<b>672,331</b>	<b>(52,545)</b>	<b>(7.2%)</b>
Inbound Journeys	82.9%	84.5%			82.9%	84.2%		
Outbound Journeys	91.7%	91.0%			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 (M10) January of £2.4m, a positive variance of £0.3m above plan. This positive variance of is principally due to vacancies (reduced staff costs to plan). This is offset by adverse performance delivery and therefore contract penalties
- **Workforce:** The sickness absence rate for January 16 is at 6.1% 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 7.1%. The 12 month figure stands at 5.6% compared to the 6.5% for previous 12 months. Turnover has risen to 11.7% for the last 12 months compared to 10.1% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles.
- **Complaints, concerns and comments** decreased in January 2016, 262 (0.1% of incidents) compared to December 2015, 280 (0.1%). Acknowledgement times were marginally lower in January at 98.0% (acknowledged within 3 days) compared to December 98.3%.
- **Safeguarding compliance** has decreased in January compared to December, however all measures remain above 83%.
- **Incident reporting** overall has decreased in January with 16 fewer incidents in January compared to December. The proportion of incidents with moderate and above harm is 3.6% which is lower than the December figure and within the range previously seen.
- **Clinical:** YAS has improved and is now in the top third in 14 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the 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 71.7% [8m 25s] and Red 2 [8m 31s] is 71.5%)

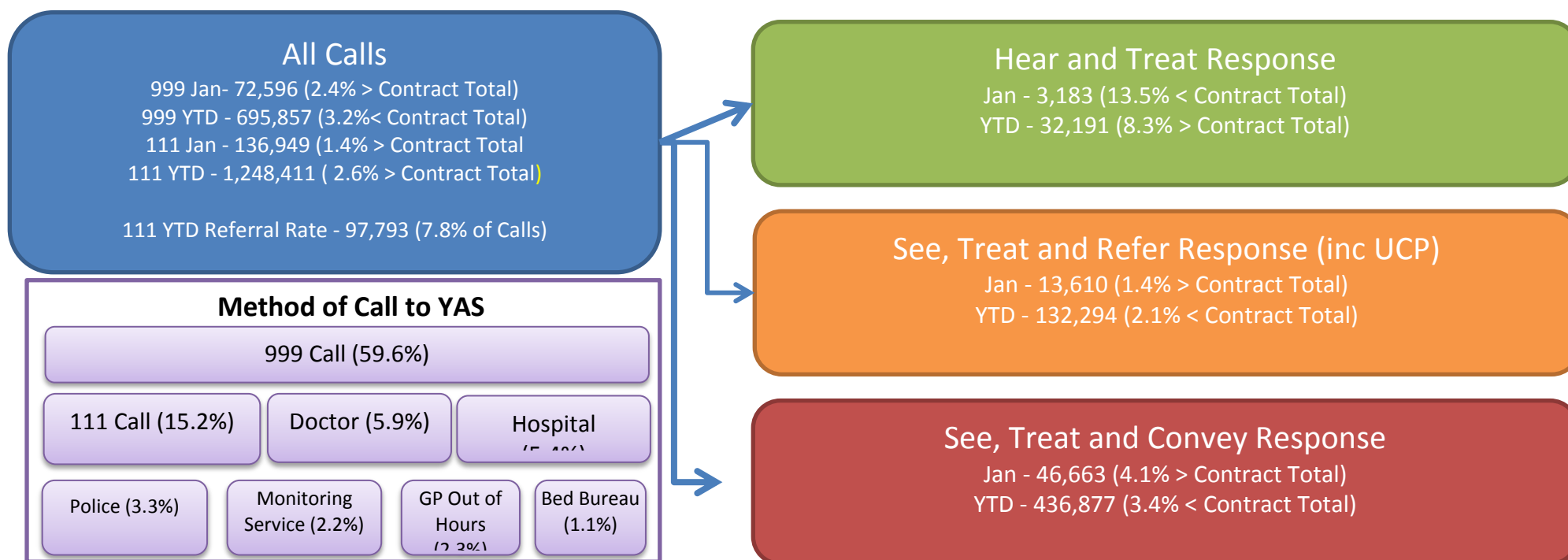
**CQUINS:** Majority of CQUINS are on track to deliver. A Red risk on paramedic pathfinder is due to data capture challenges on the paramedic pathfinder tool. In recognition that Clinical Quality is being enhanced a request for a contract variation remains currently in draft following discussion with commissioners. The Mental Health, Sepsis, Pain and EOC Human Factors CQUINS for Q3 needed some amendments but did meet 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 January was above plan, reducing the gap to the plan YTD (plan predicted based on Feb 2015 forecast with 3.8% growth). Calls are 3.2% less than contracted YTD compared to December YTD which was 3.9%. The contract has 3 key categories of response. Hear & Treat - YAS are triaging more calls (8.3% 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 Red Demand as a % of Calls remains level with plan (see below).

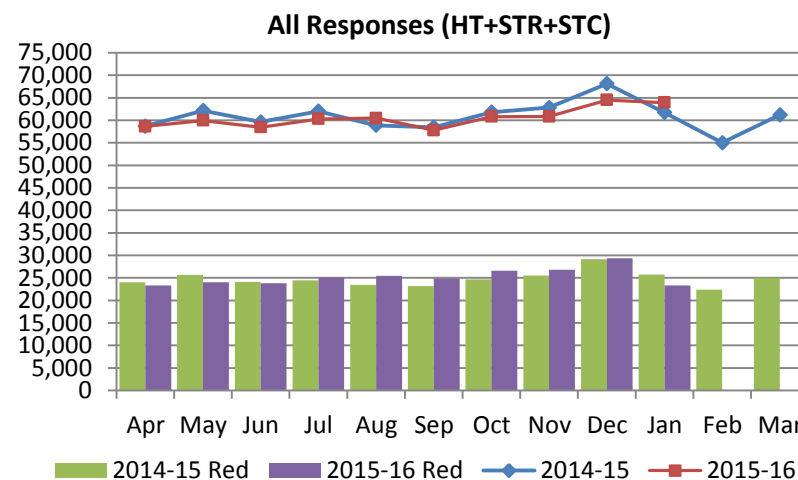


- Note: 111 referral rate has increased to 8.1% in January from 7.5% 2015-16 baseline, and call volumes have increased leading to less referrals than last year. So far this year 111 have transferred 97,793 calls for an ambulance response, a decrease of 0.9% compared to April to Jan 2015.

## Demand and Performance – A&E

### Contract by PBR categories

	Actual Jan	Plan Jan	Var Jan	Var % Jan	Actual YTD	Plan YTD	Var YTD	Var % YTD
<b>Calls</b>	<b>72,596</b>	<b>70,883</b>	<b>1,713</b>	<b>2.4%</b>	<b>695,857</b>	<b>719,163</b>	<b>(23,306)</b>	<b>(3.2%)</b>
<b>Hear and Treat (Triage)</b>	<b>3,183</b>	<b>3,679</b>	<b>(0,496)</b>	<b>(13.5%)</b>	<b>32,191</b>	<b>29,721</b>	<b>2,470</b>	<b>8.3%</b>
See, Treat & Refer	12,632	13,416	(0,784)	(5.8%)	121,733	135,092	(13,359)	(9.9%)
See, Treat & Refer (UCP)	978	0	1,047	N/A	10,561	0	10,561	N/A
<b>See, Treat &amp; Refer Total</b>	<b>13,610</b>	<b>13,416</b>	<b>0,194</b>	<b>1.4%</b>	<b>132,294</b>	<b>135,092</b>	<b>(2,798)</b>	<b>(2.1%)</b>
<b>See, Treat and Convey Total</b>	<b>46,663</b>	<b>44,834</b>	<b>1,829</b>	<b>4.1%</b>	<b>436,877</b>	<b>452,357</b>	<b>(15,480)</b>	<b>(3.4%)</b>



\* 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 Jan. Performance in January 2015 was higher than December 2015, this was also higher than January 2015. 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 adverse effect on the Red2 Performance.

Red responses for January 2016 made up 48.4% 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.

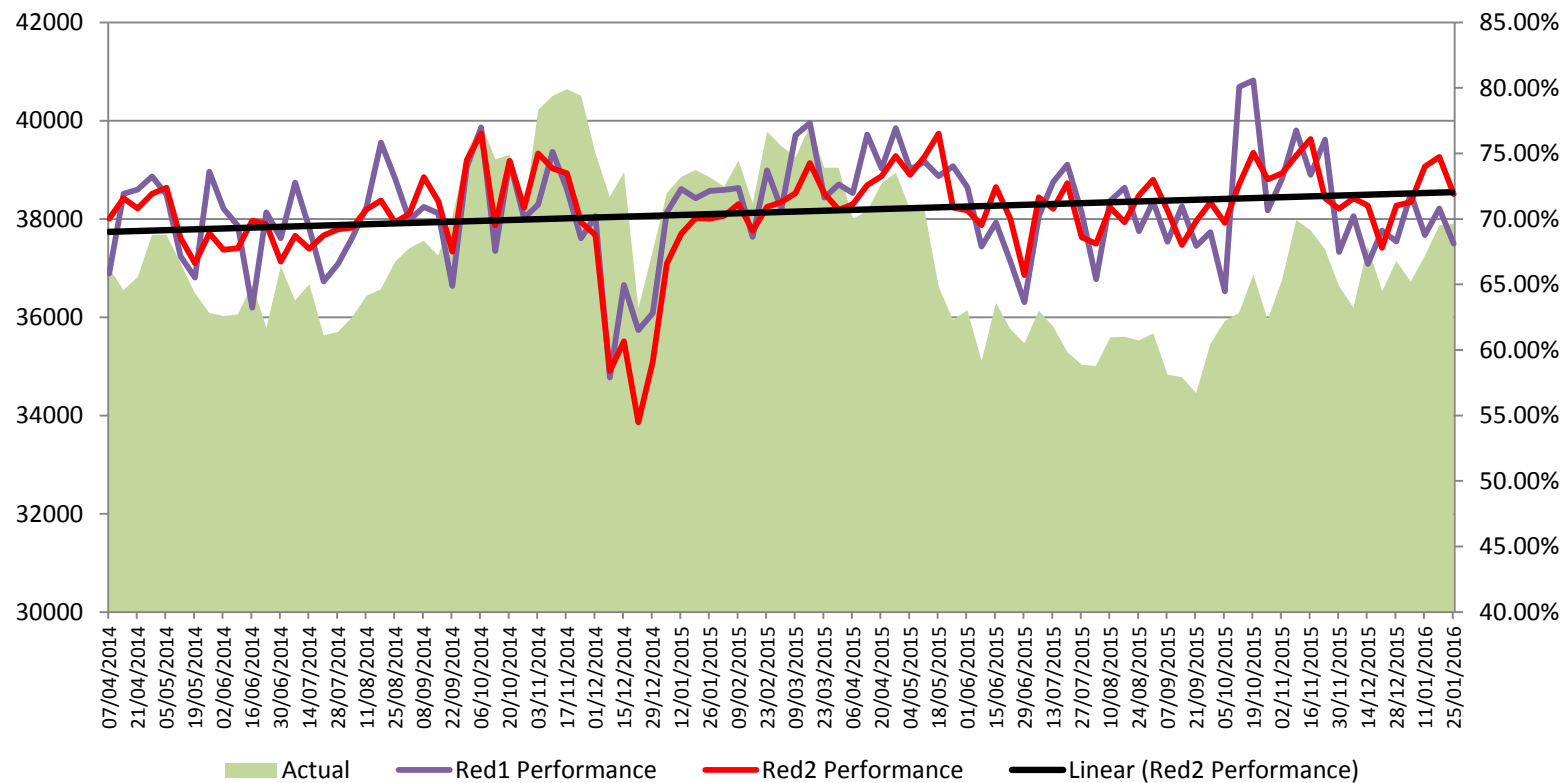
January	Month Actual	Previous Month	Same Month Last Year	Target
Red 1 Performance	69.0%	69.0%	70.6%	75.0%
Red 2 Performance	71.9%	71.0%	67.2%	75.0%
Red 1 Responses (Arrived Scene)	1,801	1,852	1,814	
Red 2 Responses (Arrived Scene)	27,177	27,490	23,912	
Total Responses (Arrived Scene)	60,723	60,998	58,062	
Red Ratio	47.7%	48.1%	44.3%	
Daily Average Resource Vehicle (GMA) Hours	5,639	5,535	5,701	

## Demand and Performance – A&E

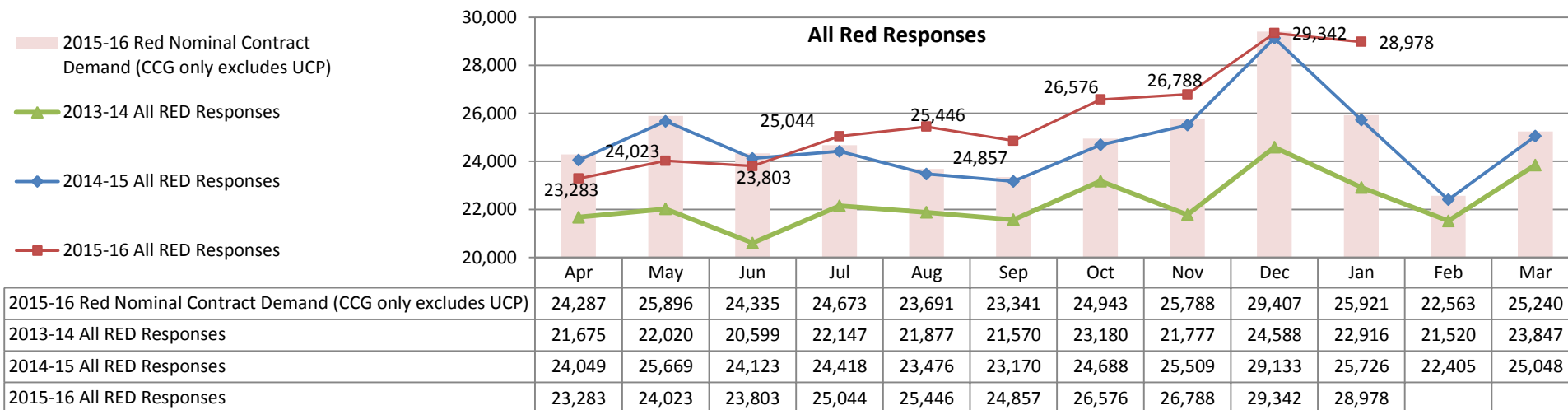
The drop in resource hours available this year is due to continuing vacancies and a reduction in the amount of hours taken up through overtime. Other abstractions in particular training also increased. In January there was a decrease in the number of daily hours available due to seasonal annual leave.

Current Abstraction rates are around 32% increasing the pressure on the service as anticipated levels should be around 31%. Overtime was above plan at 9% (Plan 6.7%). YAS put out 400 fewer unit hours per day than originally planned impacting on our ability to hit targets.

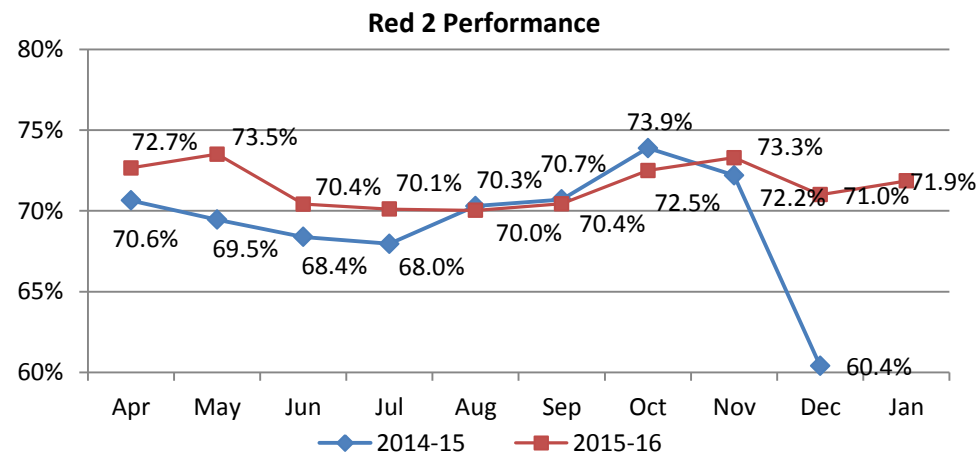
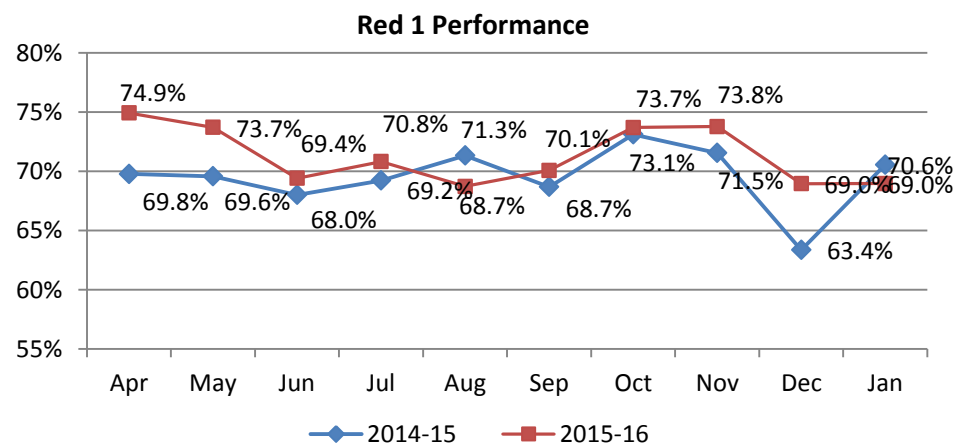
Hours Vs Performance Graph by Week



## Demand and Performance – A&E



- Red1 - 109 Jobs (3.5 per day) short of updated trajectory target at 75%. Red 1 responses were down by 0.7% compared to January 2015.
  - 75% of patients were seen within 8 minutes and 54 seconds, this was 11 seconds slower than December.
  - 95% of patients were seen within 14 minutes and 22 seconds, this was 13 seconds faster than December
- Red2 – 694 jobs (22 per day) short of updated trajectory target at 75%. Red 2 responses were up by 13.6% compared to January 2015.
  - 75% of patients were seen within 8 minutes and 24 seconds, this was 15 seconds faster than in December.
  - 95% of patients were seen within 14 minutes and 49 seconds, this was 43 seconds faster than in December

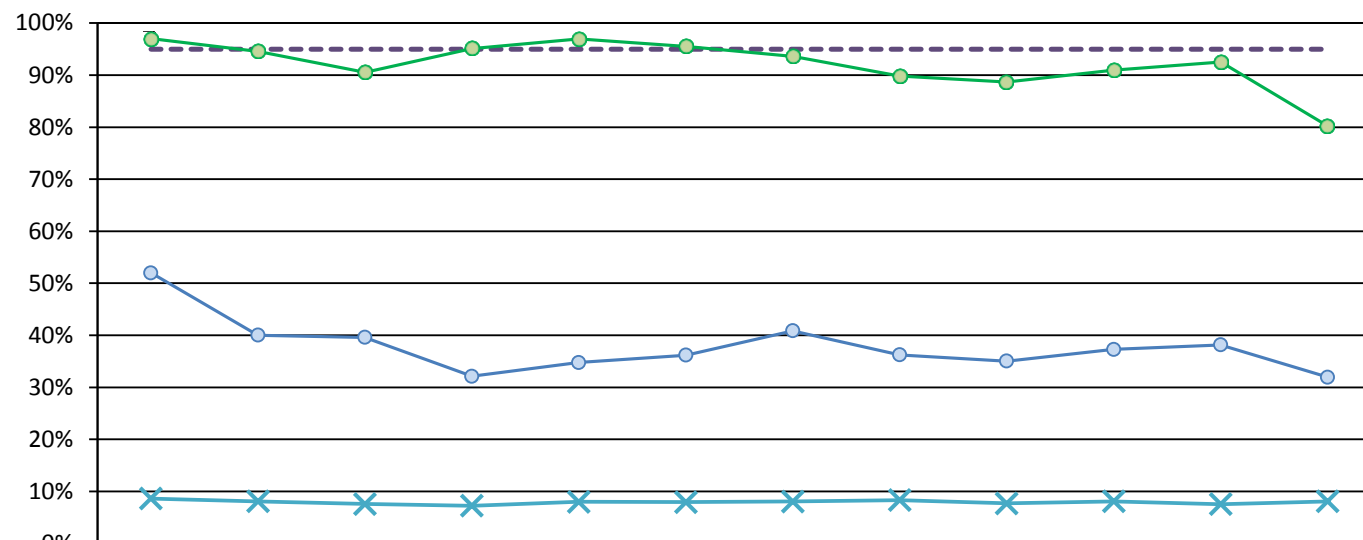


## Demand and Performance – NHS 111

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 7.3% (85,244) up on last year volumes versus a contracted growth of 4.6%.** Year on Year there's been a 6.3% (67,552) increase in calls answered in 60 seconds.



	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Ans in 60 secs %	97.0%	94.5%	90.5%	95.1%	97.0%	95.5%	93.6%	89.8%	88.6%	90.9%	92.5%	80.2%
Referred to 999 %	8.6%	8.1%	7.6%	7.3%	8.0%	7.9%	8.1%	8.3%	7.7%	8.1%	7.5%	8.1%
Warm Transferred Or Called back in 10mins (%)	52.0%	40.0%	39.6%	32.1%	34.8%	36.2%	40.9%	36.2%	35.0%	37.3%	38.2%	31.9%

With calls answered demand running at 2.2% (27,086 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 went from 7.5% to 8.1% from December to January and have dropped by 0.6% year on year.

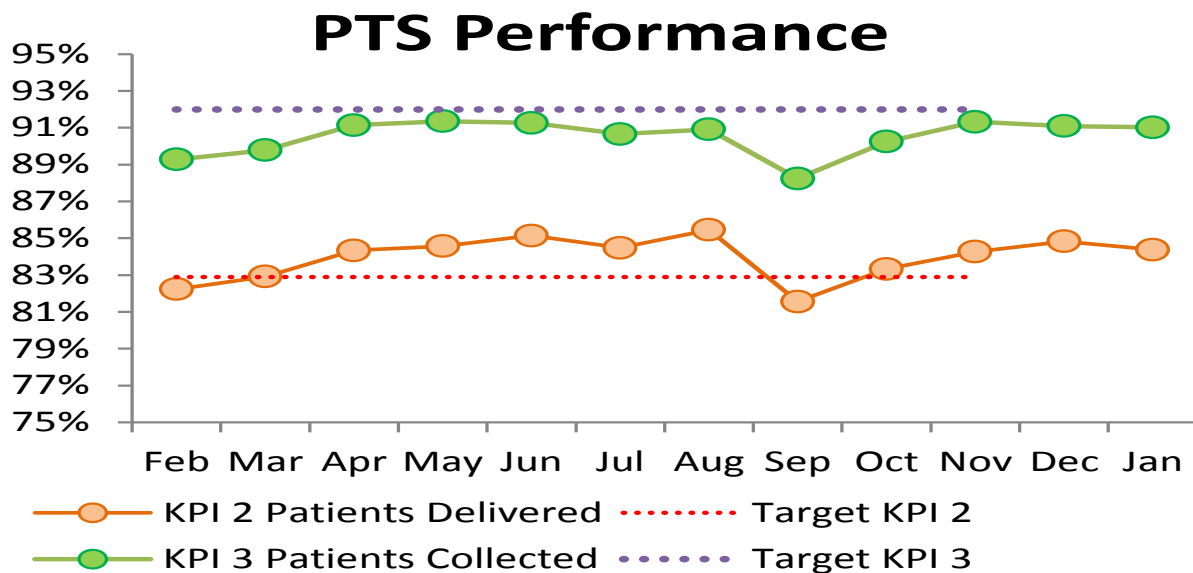
Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 4.4% above budgeted for January. Available time was 2.1% under planned due to increase in Budget FTE. A cohort of new staff is currently in training with a further additional intake due to commence in February.

## Demand and Performance - PTS

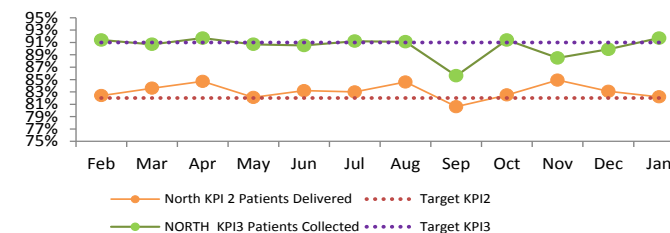
PTS (Lead Director: Chief Executive – Rod Barnes, Nominated Lead: Associate Director PTS – Chris Dexter)

### PTS - Core KPI 2 (INWARD) and Core KPI 3 (OUTWARD) performance

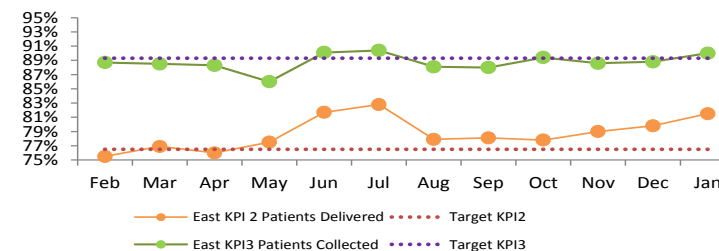
West Yorkshire KPI 2 (inward) achieved target remaining on target YTD. KPI 3 (outward) narrowly missed target by 0.6%. East Yorkshire KPI 2 (inward) and KPI 3 (outward) both achieved targets and remain strong YTD. North Yorkshire continues to achieve both KPI 2 (inward) and KPI 3 (outward) targets. South Yorkshire KPI 2 (inward) missed target by 3.7%, 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 84.2% (target 82.9%) +1.3% and KPI 3 collected after appointment - 90.7% (target 91.7% - 1%.



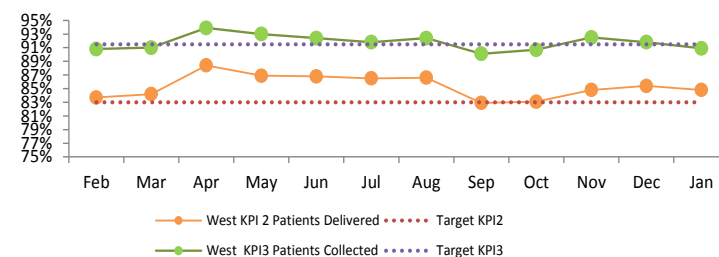
### PTS Performance North



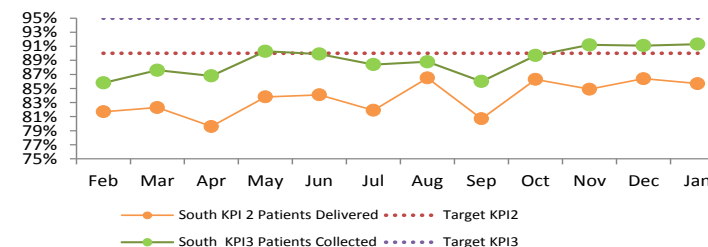
### PTS Performance East



### PTS Performance West



### PTS Performance South

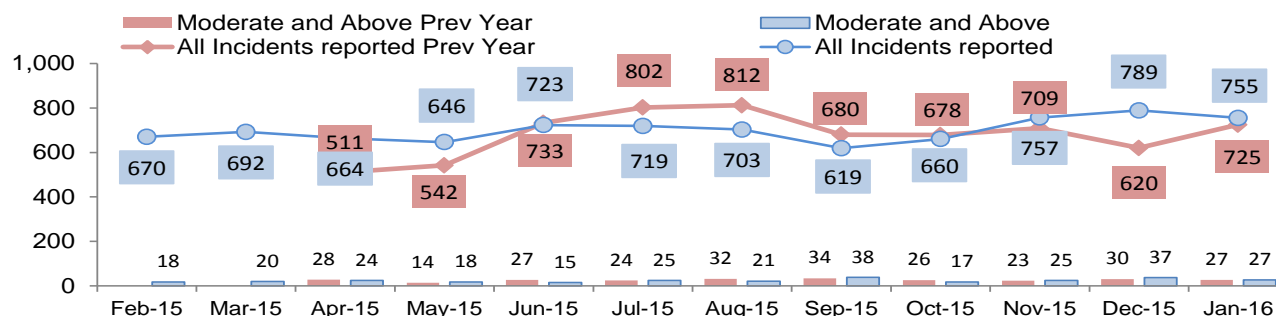


## Quality (Lead Director: Executive Director of Standards and Compliance – Steve Page, Supported by Executive Medical Director – Dr Julian Mark, Nominated Leads: Associate Director of Quality & Nursing – Karen Warner, Associate Medical Director – Dr Steven Dykes)

There has been a decrease 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 a decrease in January (88%) compared to December (90%), 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 3.6% of all incidents reported in January, with 96.4% of incidents reported as no or minor harm. No Harm Incidents remains consistent with previous months (61.6% of the total number of incidents in January).



A&E Ops remains the highest reporting area reporting 64.5% 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 27.7% of all reported incidents. The top three categories of patient-related incidents are response-related, Care pathway and slips, trips, falls, which is a change from previous months where the third highest category was medical equipment related.

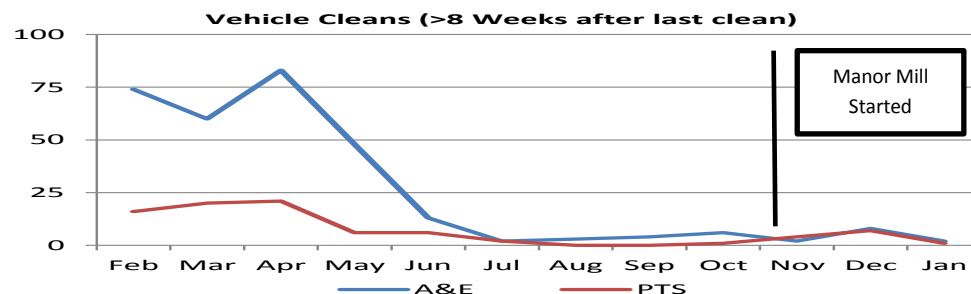
Patient-related Incidents graded no harm or minor harm represents 95.2% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.

**Friends and family Test** – results for Quarter2 (latest reporting) remain positive with 92.64% (PTS) and 87.35% (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 January was 98% for Premises and 97% for Hand Hygiene and Vehicle audit completion.

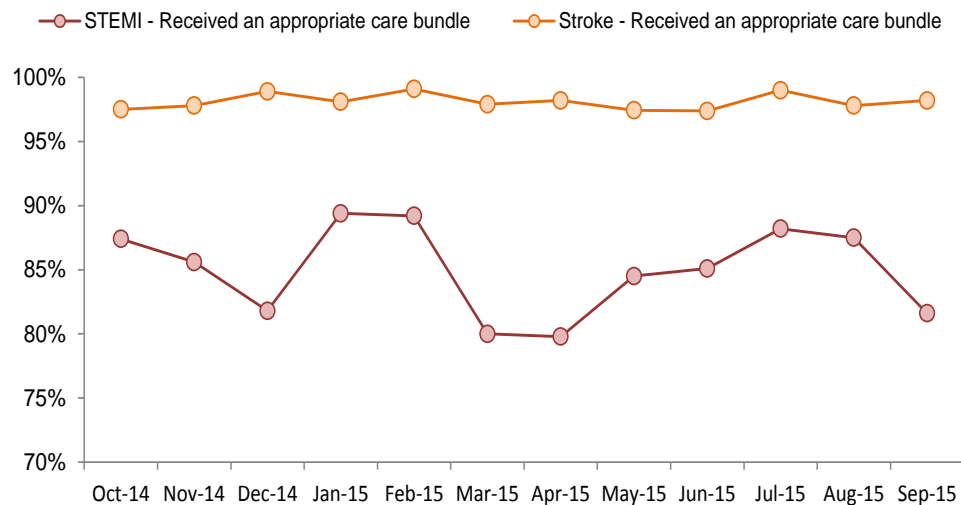
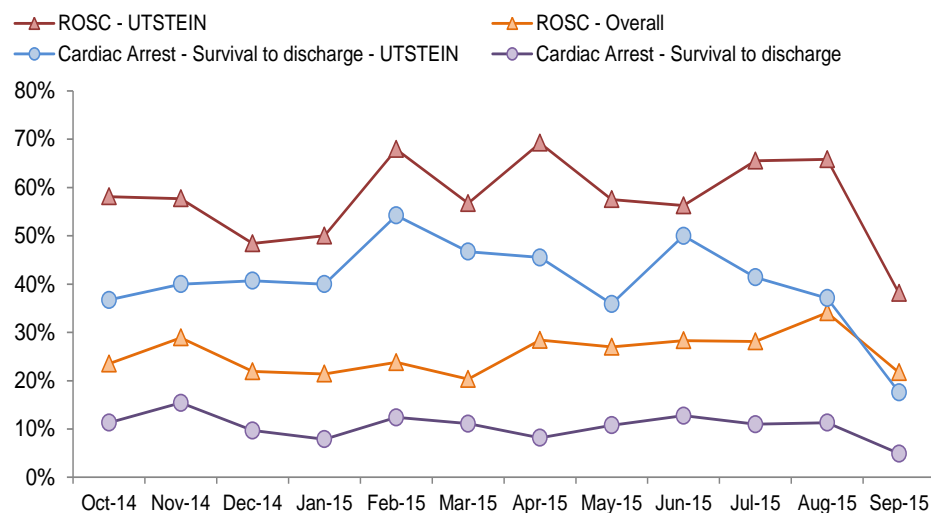
**Safeguarding training** compliance is consistent with last month. All 3 measures remain above 83%.

**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 8 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 regrettably is adversely affected by clinicians not recording a second pain score following administration of analgesia.

## 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 January 2015 stands at 6.1% which is a decrease of 0.2% from the previous month. This continues to compare favourably to the same period last year when it stood at 7.1%. The 12 month figure stands at 5.6% compared to the 6.5% for previous 12 months. 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.

### Statutory & Mandatory Training & PDR Compliance

The current PDR rate is 74.9% 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

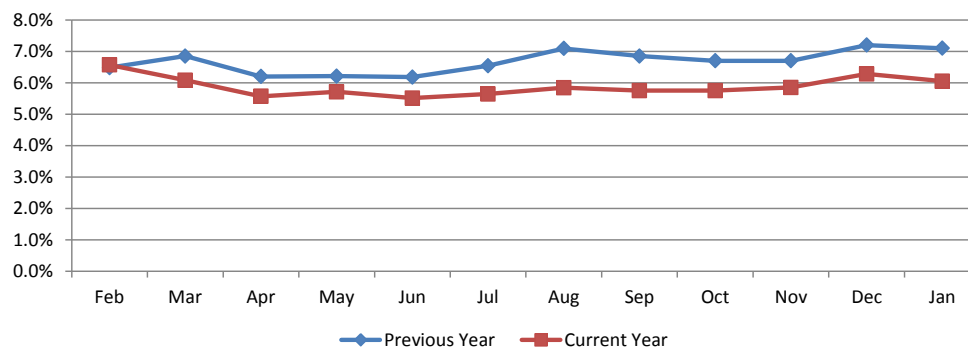
The current combined compliance for the Statutory and Mandatory Workbook is 89.95%. The new workbook has been issued and 43.81% of staff have completed their required training.

### Retention/ Attrition

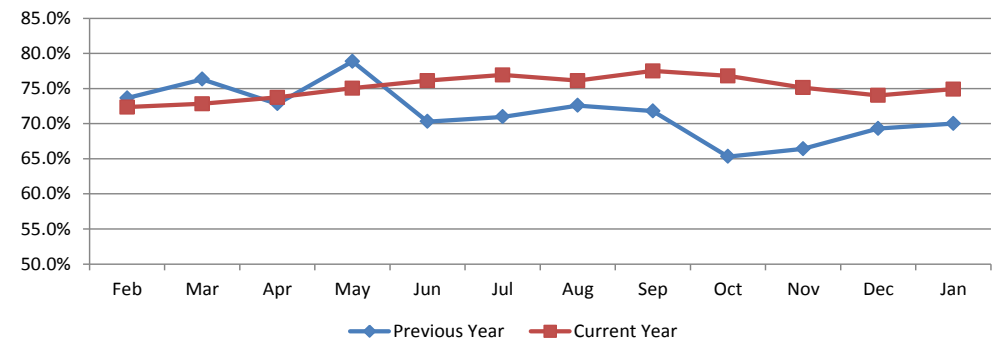
Turnover has risen to 11.7% for the last 12 months compared to 10.1% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles. These include:-

- The ongoing development of a clear career framework for A&E staff as part of the A&E transformation programme
- Review of the design of operational rotas
- Proactive recruitment to operational vacancies to reduce pressure on existing staff
- Actions to address 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 some £3.653m capital expenditure to be moved from 2015-16 into 2016-17. £2.953m of those transfers have been enacted to date, with £700k remaining.

As part of these transfers we will receive additional 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 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 (M10) January of £2.4m, a positive variance of £0.3m above plan. This positive variance of is principally due to vacancies (reduced staff costs to plan).

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
<b>Income*</b>	21,115	21,904	3,743	202,900	202,827	(74)
<b>Expenditure</b>	(20,840)	(21,608)	(768)	(200,840)	(200,410)	430
<b>Surplus*</b>	275	297	2,975	2,061	2,417	356
<b>EBITDA*</b>	1,257	1,288	31	11,558	11,467	(91)
<b>CIPs</b>	(732)	(451)	(281)	(7,048)	(6,391)	(657)
<b>Cash</b>	(497)	478	975	17,611	32,266	14,655
<b>Capital Investment</b>	1,212	452	(760)	13,800	5,702	(8,098)

This is offset by adverse performance delivery and therefore contract penalties.

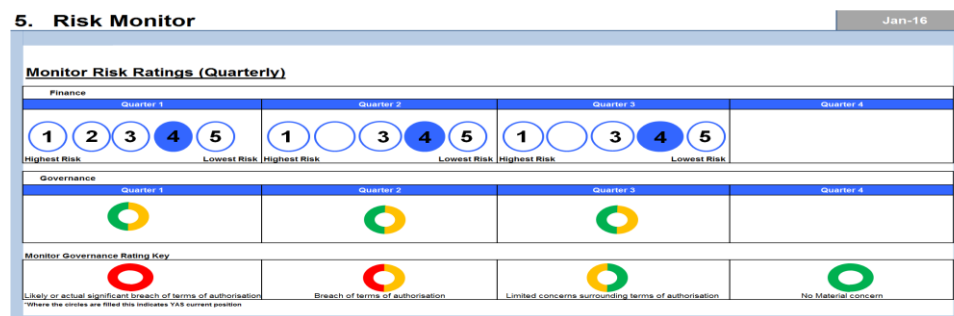
A&E are £(4.7)m adverse to plan driven by the failure to meet one of the CQUIN targets (Paramedic Pathfinder), subsistence payments and the use of external providers to meet internal capacity shortfalls. The PTS position is adverse to plan by £(0.3)m due to continued reliance on taxis and subcontractors. Provision for A&E penalties of £(3.4)m have been accrued in respect of non-achievement of Red 1 and Red 2 performance targets.

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 £11.6m against a plan of £11.6m, with no significant variance.

Quality & Efficiency (CIP) schemes delivered 91% against the year to date target resulting in an adverse variance of £657k.

The Trust had cash and cash equivalents of £32.3m at the end of January 2016 against a plan of £17.6m resulting in a favourable variance of £14.7m. This is due to delays in the capital programme as detailed above and a favourable working capital.

Capital spend for 2015-16 at the end of January 2016 is £8.1m behind at actual £5.7M vs. Plan £13.8m. This is due to a number of factors including a delay in the investment in A&E vehicles due to reassessment of base van type.



## 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
<b>1. Improve clinical outcomes for key conditions</b>																
1a	Improve survival to discharge (STD) rates for cardiac arrest.	Executive Medical Director	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				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				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				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				GREEN
<b>2. Deliver timely emergency and urgent care in the most appropriate setting</b>																
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				GREEN
2b	Telecare	Chief Executive	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				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				RED
<b>3. Provide clinically-effective services which exceed regulatory and legislative standards</b>																
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				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				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				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				GREEN
<b>4. Provide services which exceed patient and Commissioners' expectations</b>																
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				AMBER
4b	Improve patient involvement and experience.	Executive Director of Standards & Compliance	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				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				AMBER

			Lead Director	A	M	J	J	A	S	O	N	D	J	F	M	Year End
<b>5. Develop culture, systems and processes to support continuous improvement and innovation</b>																
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				AMBER
5b	Faster adoption of innovative technologies and techniques.	Executive Medical Director	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				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				AMBER
<b>6. Create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future</b>																
6a	Further improve staff engagement	Executive Director of People & Engagement	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				AMBER
6c	Develop and support staff.	Executive Director of People & Engagement	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				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				AMBER
<b>7. Be at the forefront of healthcare resilience and public health improvement</b>																
7a	Improve business continuity management systems across the Trust.	Executive Director of Operations	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				GREEN
7c	Make every contact count.	Executive Medical Director	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				GREEN
<b>8. Provide cost-effective services that contribute to the objectives of the wider health economy</b>																
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				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				GREEN
8c	Improve financial sustainability of service lines.	Executive Director of Finance & Performance	A	A	A	A	A	A	A	A	A	A				AMBER

## 2.3 Service Transformation Dashboard January 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
A&E Transformation	David Macklin	Keely Townend	Bob Sunley	Overall Programme												
				Right People, Right Skills												Programme trackers for the Recruitment and Training Workstream have been created to monitor recruitment which is currently behind plan. Management processes relating to their use now need to be agreed with Ops.
				Right Place, Right Time												The vehicle replacement bids have secured the capital required although the procurement approach for replacing some additional vehicle requirements is still to be confirmed.
				Safe & Effective												The analysis of current policies and proocedures has been completed and the revisions are now being developed and are in the process of re writes and ammending which has added to the delivery timetable.
				Creating a Sustainable Service												We are currently identifying sites suitable for Rota development that are the closest match to the ORH profiles so as to reduce the impact of the proposed changes.
				Supporting Initiatives												Work is on-going to confirm the final scope and tracking of deliverables for this workstream.
Hub and Spoke	Rod Barnes	Rod Barnes	Deborah Ridley	Overall Programme												
				Hub & Spoke OBC												The OBC part 1 has discussed and agreed been converted to “ Estates review for hub and spoke. Continues to be reviewed in light of the changes. The 5 year programme plan continues to be constructed. Delivery options and models to be presented to programme board in March.
				Make Ready Co-Location												Co-location of Gildersome Station to Manor is completed. The Make Ready Pilot continues for vehicles sited at Manor Mill Resource Centre (PTS/A&E/HART/P&E). Additional capacity identified Dewsbury vehicles be processed through Manor Mill, this commenced 04 January. Car park has been completed. Project close, lessons learnt and evaluation under construction.
				Vehicle Preperation System												Training of VPS operatives commenced 18 Jan 16. Communications and engagement in place for all staff, Ops Mgt and Trust. KPIs Established.The estates refurbishment commenced with a completion date of 12 Feb. Go live evening 15 Feb and first vehicles handed to staff 16 Feb. DoOps and CEO to attend go live The previous delay has been discussed at PB and agreed to extend to accommodate. This is reflected in the overall plan.
Emergency and Urgent Care Development	Julian Mark	Dr Philip Foster	Mark Marshall	Overall Programme												
				Urgent and Emergency Care Strategy												This work will be part of the output from strategy development team which continues to progress.
				Vanguard VP Bids												NHS England funding decisions have been delayed but are due now to be communicated by the end of January 2016 for 15/16. For 16/17 submissions are due on 8th Feb. 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.
				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 for a 'perfect week' which is to begin on 26th Feb.

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					
Organisational and Corporate Development	Rod Barnes	Kate Sims	Kate Sims	Overall Programme																	
				Talent Management and Succession Planning																	Meetings with Executive Directors are being scheduled and a range of examples and models have been identified. This can now be progressed following the outcome of the portfolio review.
				Effective Corporate Structure																	This requires a change control to revise the delivery date as is is dependent upon the completion of the portfolio review which is continuing to progress. Consultation has been completed and relevant job adverts have been posted.
				YAS Career Pathways																	This requires a change control to revise the delivery date until March 2016 although the clinical pathways are currently under discussion via engagement with the Unions.
				Leadership & Management Development																	The leadership and management essentials programme continue to be delivered. The next phase is to develop behaviours which will form part of the PDR process. A development centre is underway for senior managers.
				Transforming Education & Training																	Financial data has been submitted to Finance for review. Key benchmarks have been identified including areas for review. PTS basic training has been reviewed and the next stage is to complete the relevant vision and strategy.
				New Starter Process																	Review has been completed but recommendations progress needs to be reviewed.
				Corporate Engagement																	Requires a change control to revise the delivery date until March 2016 and confirmation of the owner for this work stream.
				Business Planning & Decision Making																	Workshops and follow up meetings are currently underway with all Directorates led by Neil Cook and supported by the Transformation Team.
PTS Transformation	Rod Barnes	Chris Dexter	Keiran Baker	Overall Programme																	
				Implement Auto-Scheduling																	Testing was planned to be completed by February 2016 but is now likely to be the end of April 2016 due to a delay in deciding if the application will be hosted remotely which is currently being discussed with YAS IT.
				Create Resource and Logistics Functions																	Implementation is due for completion by December 2016 but the timescales need to be formally agreed by the programme board.
				Develop Reporting and Forecasting																	Stakeholder engagement workshops are planned to be completed by the end of February 2016 and work stream completion is on track for delivery by the end of March 2016.
				Streamlining Reservations																	Risk to completion date of March 2016 due to lack of capacity at the software vendor to develop the on line booking capability which has allocated to resolving the delay with Auto Scheduler implementation.
				Develop Voluntary Car Service																	VCS strategy agreed and other VCS logistical enablers on track for pilot roll out in April 2016. Uniform purchase is now with procurement.
				Effective Sub-Contractor Management																	Risk of delay to finalising preferred management option and engaging with sub contractors due to a lack of sufficient number and quality of responses to the ITT. The timing of the new tender process is currently being discussed with procurement.
				Telematics																	Work stream completed and lessons learnt completed.
				Fleet Availability																	Scope and deliverables still to be agreed and there is still no progress on the allocation of an SME for this work stream.
				Organisational Effectiveness																	Process design and management performance/reporting requirements have been completed. The delivery model design workshop is planned to be completed by the end of February 2016.
Service Line Management	Robert Toole	Neil Cook	Mike Smith	Overall Programme																	
				PLICS software																	PLICS implementation is behind schedule by 3 weeks due to the volume of apportionments that are required to ensure greater accuracy of costing. However draft Service Line reports are still expected to be issued for January to support shadow reporting with formal SL Reports being in place for month 1 of 2016/17 to support revised Performance management arrangements.
Clinical Integration	Steve Page	Mark Leese	Mike Smith	Overall Programme																	
				Technical Development																	While the technical capability of transferring calls has been proven the wider joint triage deliverable needs to be scoped as part of the Vanguard VP for delivery as part of the CAS. A change control to realign this project has been agreed by the programme board but needs executive sign off.

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. In terms of meeting the required CQUIN targets for usage, although it is acknowledged by all sides that they are unachievable as currently defined there has been positive progress with 22,714 patients successfully referred through Pathfinder to date.
			Patrick Buck	ePRF																	Rollout of Toughbooks is planned to be completed by 29th Feb and is currently at 75%. Docking station fitment was due to be completed by Jan 29 2016 but is currently at 50% so change control is required to agree a new completion date. 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. Acute trust customers are 100% enabled with licences etc. but there are issues with adoption related to paper preference.The software contract ends in July 16 and procurement is underway with the preferred supplier announced in May 16.
			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)

Jan-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	3,829	(1,988)	2,075	The A&E Operational efficiency scheme is underperforming by (£2.165m) 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 (£0.119m)).
Patient Transport Service	1,500	1,124	(542)	681	Auto scheduler, optimise patient collection, voluntary car and streamline reservations schemes are underperforming by (£0.644m) against plan. Partially offsetting this is increased income from Calderdale and Huddersfield services (£59k) and reduced East Yorkshire subcontractor costs of £0.109m.
Special Operations	171	143	0	171	
Standards and Compliance	243	201	0	243	
Finance	263	215	(42)	216	The under delivery against plan is mainly caused by Business Development and Business Intelligence scheme underperforming against plan by (£47k) due to agency spend to backfill resources.
Clinical Directorate	50	40	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	1,496	(272)	1,552	PTS vehicle replacement scheme is over performing by £0.199m because of delay in delivery of vehicles. This was offset by under performance on Various Fleet schemes Income Generatio, Fuel contract, Rental Savings - Willerby, Fleet Factor contract and PTS Telematics by (£0.465m).
<b>Total Planned Scheme Savings</b>	<b>8,786</b>	<b>7,048</b>	<b>(2,764)</b>	<b>5,093</b>	
Reserve Schemes	0	0	2,107	2,470	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	1,039	1,402	
Non-recurrent Reserve Schemes	0	0	1,068	1,068	
<b>Total Savings</b>		<b>7,048</b>	<b>(657)</b>	<b>7,563</b>	

## 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
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
2. Sepsis	20%	£772,005	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			Green
3. Pain Management	20%	£772,005	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			Green
4. Mental Health Pathways	20%	£772,005	Green	Green	Green	Green	Green	Green	Amber	Amber	Amber	RED	Green		Green
5. Improving safety in the Emergency Operations Centre (Human Factors)	20%	£772,005	Green	Green	Green	Green	Green	Green	Green	Green	Green	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 a meeting is scheduled with commissioners 9.2.16.

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	Green	Green	Green	Green	Green	Green	Green	Green			Green
	South	1.25%	£68,211	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			Green
	East	1.25%	£42,651	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			Green
	West	0.50%	£61,093	Green	Green	Green	Green	Green	Green	Green	Green	Green	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	Green	Green	Green	Green	Green	Green	Green	Green			Green
	South	1.25%	£68,211	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			Green
	East	1.25%	£42,651	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			Green
3. UNDER NEGOTIATION - Investigate and quantify the potential improvements related to patients experience in relation to return from outpatient clinics	West	1.00%	£122,186	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			Green
4. UNDER NEGOTIATION Improve renal performance	West	1.00%	£122,186	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			Green
Total		10.00%	£633,853													

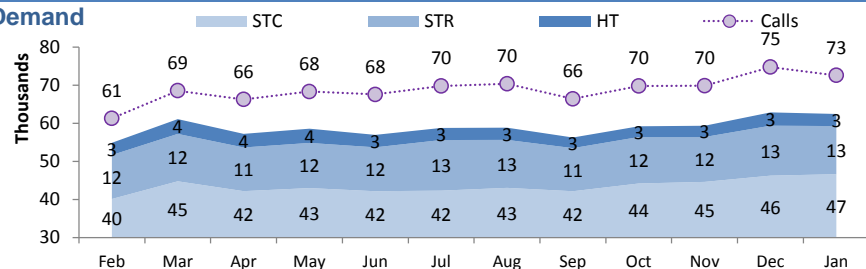
**Comments:-** There was an issue with a missing report for Qtr3, this has now been rectified and the commissioners have been made aware of this. CQUIN 3 for West is still awaiting a decision on the next steps from Commissioners.

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)

Jan-16

## 1. Demand



Compared to last year April to January Hear & Treat calls have increased by 8.5%, See Treat & Refer responses have increased by 1% and See Treat & Convey have decreased by 2.8%. 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 January	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2015-16	708,384	32,333	132,774	440,512
YTD YAS (inc OOA&UCP) 2014-15	712,700	29,809	131,409	453,039
<b>Variance (Between Years)</b>	<b>(4,316)</b>	<b>2,524</b>	<b>1,365</b>	<b>(12,527)</b>
	<b>(0.6%)</b>	<b>8.5%</b>	<b>1.0%</b>	<b>(2.8%)</b>
YTD (Contract CCGs only) Actuals 2015-16*	695,857	32,191	121,733	436,877
YTD (Contract CCGs only) Contracted 2015-16	719,163	29,721	135,092	452,357
<b>Variance (to Contract)</b>	<b>(23,306)</b>	<b>2,470</b>	<b>(13,359)</b>	<b>(15,480)</b>
	<b>(3.2%)</b>	<b>8.3%</b>	<b>(9.9%)</b>	<b>(3.4%)</b>

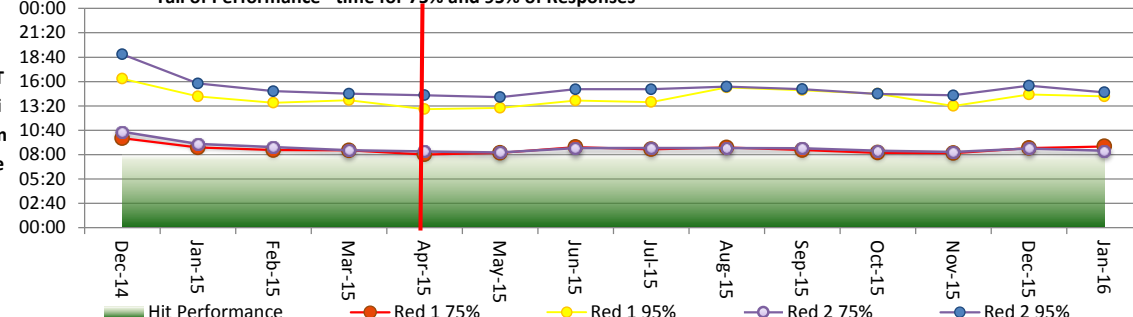
\* excludes UCP and Out of Area

## 3. Quality

	January	YTD
<b>Serious Incidents (Rate Per 1000 Responses)</b>	2 (0.03) ↓	16 (0.03)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
<b>Total Incidents (Rate Per 1000 Responses)</b>	488 (8.0) ↓	4614 (8.0)
Total Incidents per 1000 responses was the same in January as the the current year to date average. There were 55 less incidents than December		
<b>Feedback</b>	Complaints	9 ↓ 115
	Concerns	18 ↑ 180
	Comments	10 ↓ 81
	Service to Service	16 ↓ 112
	Compliments	69 ↑ 556
<b>Response within target time for Complaints and Concerns</b>	81%	82%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 8
The average response time for Complaints and Concerns in November was 35 days and YTD is 27 days		
<b>Vehicle Deep Clean (&gt;8 weeks after last clean)</b>	2 ↑	171

## 2. Red Performance

Tail of Performance - time for 75% and 95% of Responses



	Dec-14	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
Red 1	75% 09:47	08:46	08:29	08:27	08:01	08:11	08:49	08:35	08:46	08:29	08:12	08:09	08:43	08:54
	95% 16:19	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% 10:29	09:10	08:48	08:28	08:20	08:13	08:42	08:42	08:42	08:41	08:24	08:16	08:39	08:24
	95% 18:59	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 decreased in January from December, however Red2 increased, both measures remain below the 75% target. Red1 & Red2 were considerably higher this month than January 2015. YAS responded to 3234 more Red jobs in January 2016 compared to January 2015 and responded to 3,400 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

January 2016 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	2255	113	564	1578	70%
Contracted FTE (before overtime)	2107	144	555	1408	67%
Variance	(148)	(31)	8	(171)	(10.8%)
% Variance	(6.6%)	(27.8%)	1.5%		
FTE (worked inc overtime)*	2306	144	555	1606	70%
Variance	51	(31)	8	28	1.8%
% Variance	2.3%	(27.8%)	1.5%		

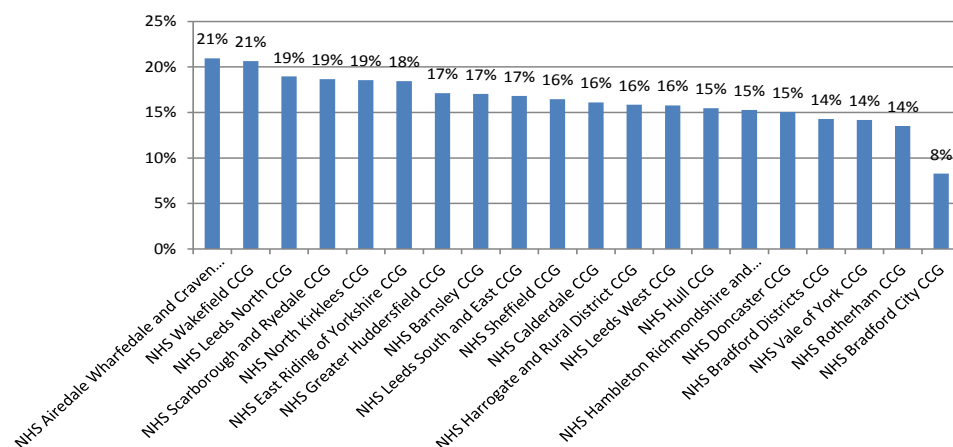
\* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE \*\* Sickness and Absence (Abstractions) are from GRS

**Available FTE has increased from last month (1408 compared to 1345).** Sickness and other absences combined were below planned for January (26.3%). Although less overtime has been worked in January compared to December the FTE is above planned in January. 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 881 FTE (Band 5 & 6)** The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

## 5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
%	Directorate	65,622	60,867	(4,755)
%	Position			
%)	CIPs	2,633	383	(2,250)
%	A&E are £(4,755)k 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 £1,057k YTD has also contributed to this position. N.B. this position excludes A&E performance penalties of £(3.416k) YTD.			
	Quality & Efficiency Savings (CIP)s are under achieving with management focus on seeking to deliver improved A&E operational performance.			

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

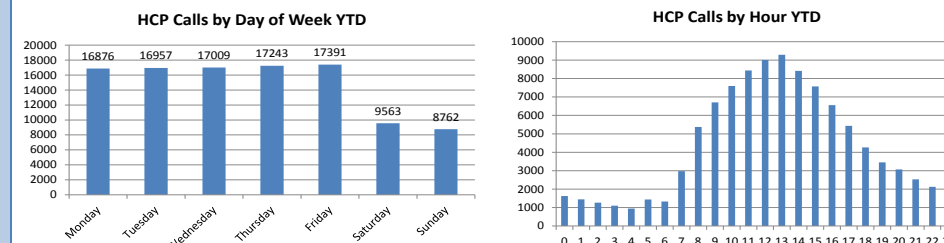


Red 1 & 2 Calls as a proportion account for 33.7% of all HCP calls.

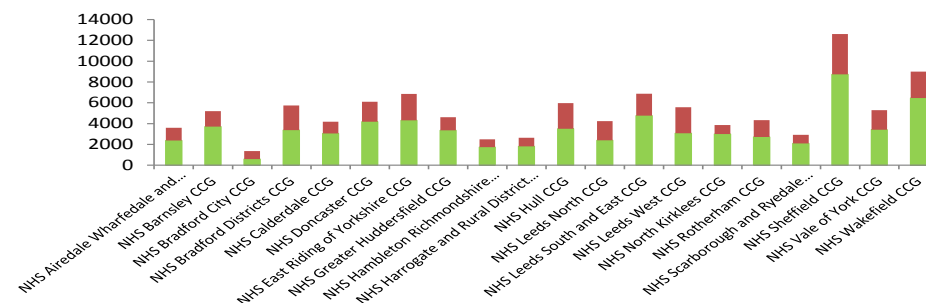
NHS Sheffield CCG has the highest proportion of HCP demand of all the CCGs.

The time of day with the highest (61%) 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



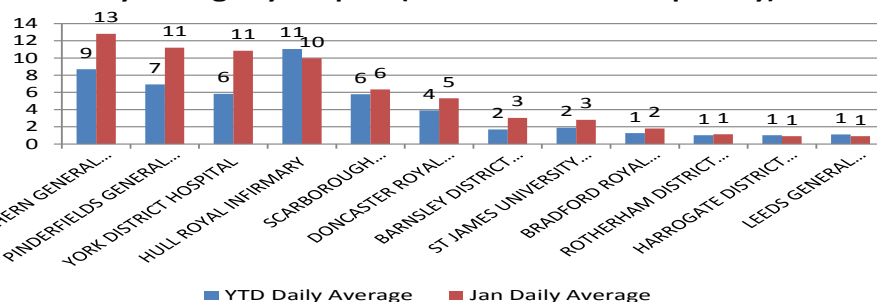
## Number of Red and Green Calls by CCG YTD



## 3. Hospital Turnaround - Excessive Response

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

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



Excessive time lost at hospitals has increased again in January and is the highest it has been this year. It continues to be higher than for the same period last year. Hull Royal, York District, Sheffield - Northern General and Mid-Yorks - Pinderfields have been impacting on performance.

## 4. National Benchmark - Latest Reportable Week (up to WC 25th Jan)

WC 25/01/2016	R1 YTD	R2 YTD	R19 YTD	Call Pickup in 5 Secs YTD
West Midlands	79.1%	76.0%	97.3%	96.7%
South Central	72.5%	73.8%	94.7%	94.4%
South East Coast	73.6%	72.9%	96.6%	87.7%
North West	76.1%	72.7%	93.7%	95.9%
Yorkshire	71.3%	71.7%	95.2%	95.6%
North East	69.3%	69.9%	92.0%	93.4%
South West	75.1%	66.3%	91.1%	91.6%
London	68.8%	65.0%	93.7%	96.2%
East Midlands	70.1%	63.6%	88.8%	93.9%
East of England	73.7%	62.7%	91.1%	95.3%

\* Above table is in order of Red 2 performance

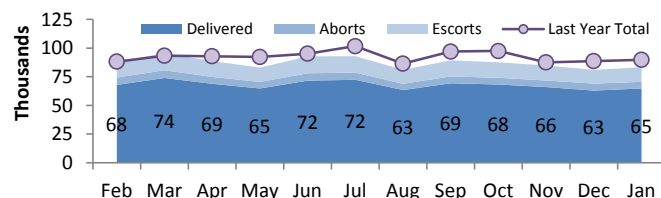
## Key Points

Nationally YAS remains as previous month at 5/10 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)

Jan-16

### 1. Demand



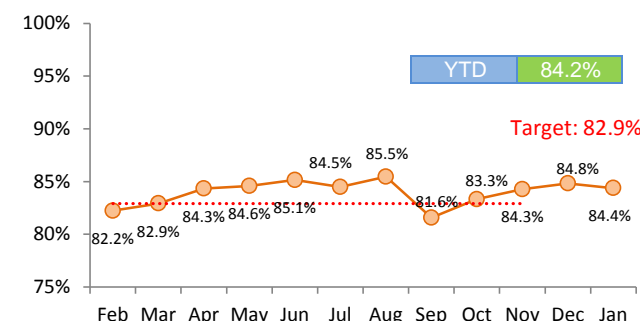
#### Comparison to Plan

April to November	Delivered	Aborts	Escorts	Total
YTD 2015-16	672,352	59,222	132,940	864,514
Contract 2015-16 (2014-15 Demand)	724,876	63,159	140,770	928,805
% Variance	(7.2%)	(6.2%)	(5.6%)	(6.9%)

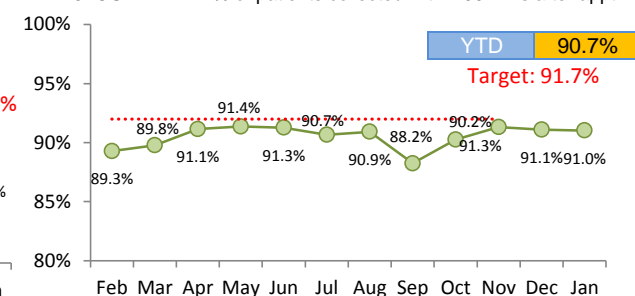
**Key Points** - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

### 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) achieved target remaining on target YTD. 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 3.7%, 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 84.2% (target 82.9%) +1.3% and KPI 3 collected after appointment - 90.7% (target) 91.7% - 1%.

### 3. Quality, Safety and Patient Experience

	Jan	YTD
<b>Calls Answered in 3 mins</b> (All PTS calls)	78.4% ↓	82.2%
<b>Serious Incidents (YTD)</b>	1 ↔	1
<b>Total Incidents</b> (per 1000 activities)	91 (1.41) ↓	800 (1.01)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
<b>Feedback</b>	Complaints	10 ↑ 67
	Concerns	23 ↓ 339
	Comments	1 ↓ 50
	Service to Service	30 ↓ 395
	Compliments	3 ↓ 48
<b>Response within target time for Complaints and Concerns</b>	92%	85%
<b>Ombudsman Cases</b>	Upheld	0 0
	Not Upheld	0 1
<b>Patient Experience Survey - Qtrly</b>	92.4%	92.4%
<b>Vehicle Deep Clean (&gt;8 weeks since last clean)</b>	1 ↓	48

### 4. Workforce

FT Equivalents				Available	
Jan-16	FTE	Sickness (5%)	Absence (20%)	Total	%
Budget FTE	788	39	158	591	75%
Contracted FTE (before overtime)	729	40	95	594	81%
Variance	(59)	(1)	63		
Actual Shrinkage %		5.9%	12.7%	3	0.4%
% Variance	(7.5%)	(2.3%)	39.9%		
FTE worked inc overtime	748	40	95	613	82%
Variance	(41)	(1)	63		
% Variance	(5.2%)	(2.3%)	39.9%	21	3.6%
** FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE					
** Sickness and Absence (Abstractions) is from GRS"					

#### Key Points

PTS used an equivalent of an additional 19 FTE with the use of overtime against vacancies of 59. Sickness absence for January is 5.85% . YAS combined (all CCG areas). The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

### 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	6,989	6,710	(279)
CIPs	1,124	1,291	167

The directorate is £(279)k 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.

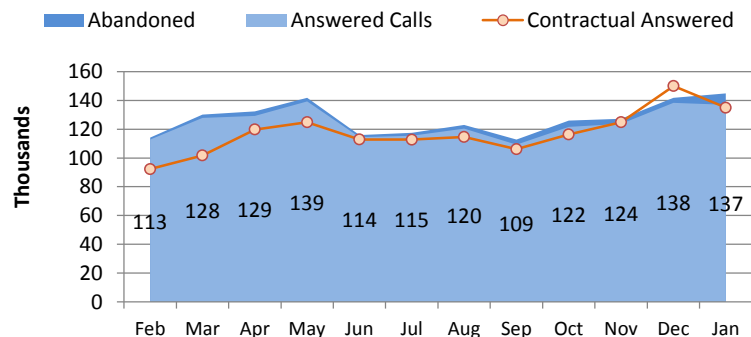
Quality and Efficiency Savings (CIPs) are currently 167k better than planned, along with year on year improvement of operational performance.

### 3.3 NHS 111

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

Jan-16

#### 1. Demand



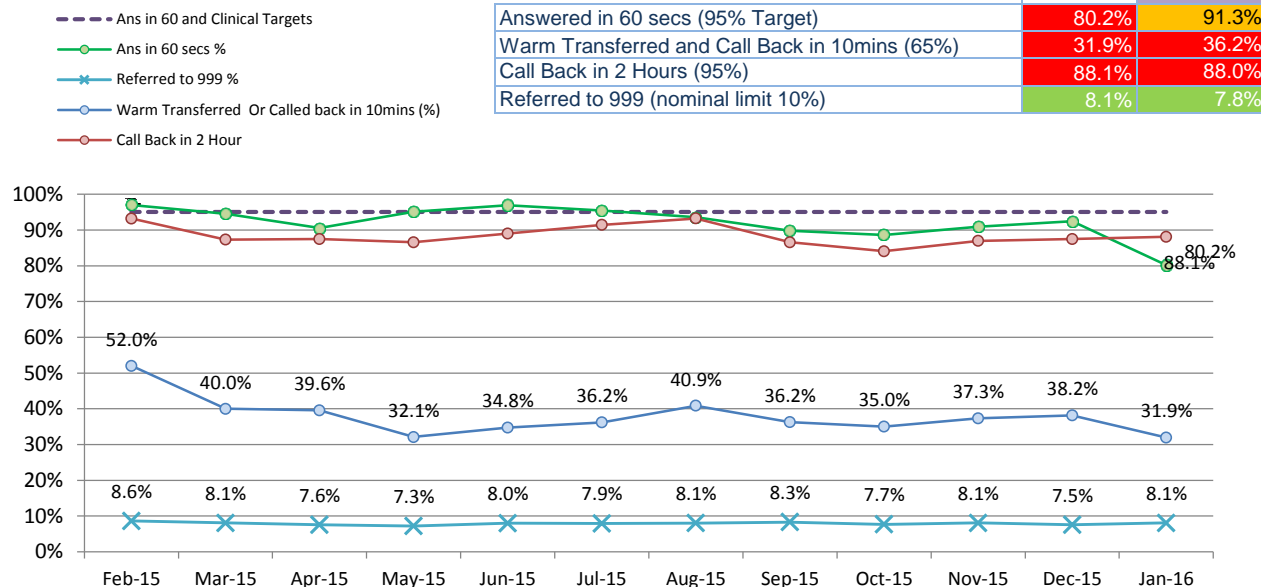
Calls answered up by 6.1% year on year and above contracted for January (1.4% - 1,938 calls).

April to January	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2015-16	1,282,892	1,248,411	1,139,234	91.3%
YTD Contracted 2015-16	1,221,325	1,221,325	1,160,259	95.0%
Variance	61,567	27,086	-21,025	
	5.0%	2.2%	-1.8%	(3.7%)
YTD 2014-15	1,195,115	1,163,167	1,071,682	92.1%
Variance	87,777	85,244	67,552	
	7.3%	7.3%	6.3%	(0.9%)

#### 3. Quality

		January	YTD
Serious Incidents (per 1000 answered)		1 (0.01) ↓	14 (0.01)
Total Incidents (per 1000)		56 (0.41) ↓	677 (0.54)
Feedback	Complaints	47 ↑	394
	Concerns	0 ↓	29
	Comments	6 ↔	28
	Service to Service	79 ↑	566
	Compliments	8 ↓	84
Response within target time for Complaints and Concerns		88%	60%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1

#### 2. Performance



Calls offered have increased by 10.8% year on year .Answered in 60 performance has dropped by 16% when compared to the same month last year - 2014/15 included 350k winter funding to increase staffing. Month on month, performance went from 92.5% in December to 80.2% in January (a reduction of 12.3%). 111 referrals to 999 have dropped by 0.6% year on year and remain within target.

#### 4. Workforce

December 2015 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence (23%)	Available	
Budget FTE	277	25	64	188	68%
Contracted FTE (before Overtime)	280	25	71	184	66%
Variance	3	0	(7)	(4)	(2.1%)
% Variance	1.2%	0.1%	(11.4%)		
FTE (Worked inc Overtime)	289	25	71	193	67%
Variance	12	0	(7)	5	2.6%
% Variance	4.4%	0.1%	(11.4%)		

Contracted FTE, including overtime, 4.4% above budgeted.  
Paid Sickness as planned and absence 2.3% higher than budgeted leading to available time being 2.6% above planned

#### 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	1,420	2,063	643
CIPs	180	180	0

The directorate is £643k favourable to plan year to date. This is primarily due to savings on vacancies.

## 4.1 Finance Overview January 2016

Jan-16

	Month	YTD	Trend 2015-16																																	
<b>RISK RATING:</b> 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><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></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
Month	Actual	Plan																																		
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M7	4	4																																		
M8	4	4																																		
M9	4	4																																		
M10	4	4																																		
<b>EBITDA:</b> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £11.6m against a plan of £11.6m, with no significant variance.			<table><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>600</td><td>800</td></tr><tr><td>M6</td><td>1700</td><td>1300</td></tr><tr><td>M7</td><td>800</td><td>800</td></tr><tr><td>M8</td><td>600</td><td>1200</td></tr><tr><td>M9</td><td>900</td><td>800</td></tr><tr><td>M10</td><td>1500</td><td>1300</td></tr></tbody></table>	Month	Actual	Plan	M1	1500	1500	M2	1800	1600	M3	1200	1000	M4	1000	1700	M5	600	800	M6	1700	1300	M7	800	800	M8	600	1200	M9	900	800	M10	1500	1300
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M7	800	800																																		
M8	600	1200																																		
M9	900	800																																		
M10	1500	1300																																		
<b>SURPLUS:</b> Excluding the impact of Capital to Revenue transfers, the Trust has reported year to date surplus as at the end of January (Month 10) of £2.4m against a revised planned surplus of £2.1m, a favorable variance of £0.3m. In month the Trust reported a favourable surplus of £296k which was £21k above a planned surplus of £275k			<table><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>-500</td><td>-500</td></tr><tr><td>M6</td><td>900</td><td>900</td></tr><tr><td>M7</td><td>0</td><td>-500</td></tr><tr><td>M8</td><td>-500</td><td>200</td></tr><tr><td>M9</td><td>0</td><td>-500</td></tr><tr><td>M10</td><td>200</td><td>200</td></tr></tbody></table>	Month	Actual	Plan	M1	500	500	M2	1000	600	M3	500	0	M4	200	700	M5	-500	-500	M6	900	900	M7	0	-500	M8	-500	200	M9	0	-500	M10	200	200
Month	Actual	Plan																																		
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M7	0	-500																																		
M8	-500	200																																		
M9	0	-500																																		
M10	200	200																																		
<b>CAPITAL:</b> Capital spend for 2015-16 at the end of January 2016 is £8.1m behind plan for the year to date and £0.8m behind plan for the month. This is due to a number of factors including a delay in the investment in A&E vehicles due to reassessment of base van type.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>500</td><td>1200</td></tr><tr><td>M2</td><td>600</td><td>1000</td></tr><tr><td>M3</td><td>800</td><td>1000</td></tr><tr><td>M4</td><td>400</td><td>2800</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>1800</td></tr><tr><td>M8</td><td>1400</td><td>500</td></tr><tr><td>M9</td><td>800</td><td>2800</td></tr><tr><td>M10</td><td>500</td><td>1200</td></tr></tbody></table>	Month	Actual	Plan	M1	500	1200	M2	600	1000	M3	800	1000	M4	400	2800	M5	500	700	M6	600	1200	M7	700	1800	M8	1400	500	M9	800	2800	M10	500	1200
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<b>CASH:</b> The Trust had cash and cash equivalents of £32.3m at the end of January 2016 against a plan of £17.6m resulting in a favourable variance of £14.7m. 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><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>17</td><td>17</td></tr><tr><td>M2</td><td>17</td><td>17</td></tr><tr><td>M3</td><td>23</td><td>18</td></tr><tr><td>M4</td><td>26</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></tbody></table>	Month	Actual	Plan	M1	17	17	M2	17	17	M3	23	18	M4	26	20	M5	29	17	M6	29	18	M7	31	18	M8	32	18	M9	32	19	M10	33	18
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M8	32	18																																		
M9	32	19																																		
M10	33	18																																		
<b>CIP:</b> The Trust has a savings target of £8.786m for 2015/16 and identified schemes totalling £11.093m. 91% delivery of the CIP target was achieved in January and 76% of this was achieved through recurrent schemes. This creates a adverse variance against plan of £657k. Reserve schemes have achieved £2,107k of the year to date savings. However the Trust is forecasting a £1,224k 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><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>500</td></tr><tr><td>M5</td><td>600</td><td>500</td></tr><tr><td>M6</td><td>700</td><td>500</td></tr><tr><td>M7</td><td>300</td><td>700</td></tr><tr><td>M8</td><td>1200</td><td>800</td></tr><tr><td>M9</td><td>700</td><td>800</td></tr><tr><td>M10</td><td>400</td><td>800</td></tr></tbody></table>	Month	Actual	Plan	M1	700	500	M2	400	500	M3	500	500	M4	900	500	M5	600	500	M6	700	500	M7	300	700	M8	1200	800	M9	700	800	M10	400	800
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M10	400	800																																		

## 4.2 Finance Detail January 2016

Jan-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	15,084	14,764	(320)
Patient Transport Service	2,113	2,177	64
111	2,748	2,584	(164)
Other Income*	1,170	2,379	1,209
Operating Income*	21,115	21,904	790
Pay Expenditure & reserves	(13,799)	(13,516)	283
Non-Pay expenditure & reserves	(6,058)	(7,100)	(1,042)
Operating Expenditure	(19,858)	(20,617)	(759)
EBITDA*	1,257	1,288	31
EBITDA %	6.0%	5.9%	
Depreciation	(810)	(822)	(12)
Interest payable & finance costs	0	0	0
Interest receivable	6	7	2
Profit on fixed asset disposal	12	13	1
Dividends, interest and other	(189)	(189)	0
Retained Surplus*	275	297	22
I&E Surplus %*	1.3%	1.4%	

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

	Annual Budget	Current Month Variance	YTD Variance
Capital Plan		£000	£000
Estates	(1,094)	(105)	139
H&S	(1,403)	212	156
EPRF	(1,500)	3	719
ICT	(1,502)	(79)	530
Fleet	(6,929)	729	5,233
Medical Equipment	(1,498)	0	1,002
Plant & Machinery	(14)	0	14
Contingency	(305)	0	305
<b>Total Schemes</b>	<b>(14,245)</b>	<b>760</b>	<b>8,098</b>

Year to Date		
Budget	Actual	Variance
£000	£000	£000
147,375	146,175	(1,200)
22,335	22,999	664
25,762	26,354	593
7,429	7,298	(131)
202,900	202,827	(74)
(134,280)	(135,131)	(851)
(57,063)	(56,228)	835
(191,343)	(191,359)	(17)
11,558	11,467	(91)
5.7%	5.7%	
(7,567)	(7,191)	376
(207)	(173)	34
53	62	9
115	142	27
(1,891)	(1,890)	1
2,061	2,417	356
1.0%	1.2%	

Plan	CATEGORY	Plan	January	YTD
%age of bills paid within terms	NHS	95%	73%	80%
%age of bills paid within terms	NON NHS	95%	88%	89%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	17,611	32,266	14,655

# 5 Workforce Scorecard

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

Jan-16

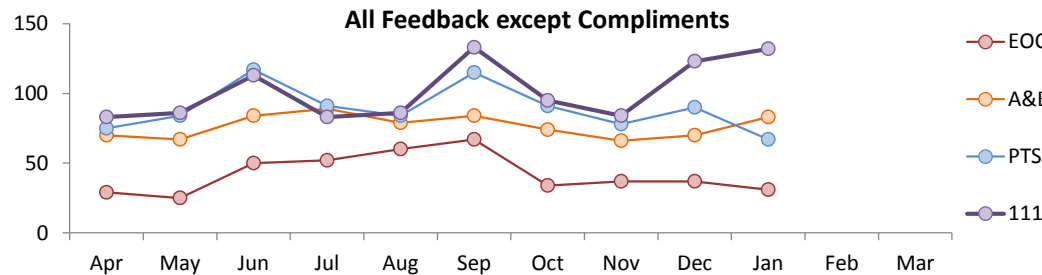
Jan 2016 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 31 Jan 2016

Indicator	Current Data - Jan-16		Current Data - Dec-15		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4205	Jan-16	4160	Dec-15	4495		↑	4227	Jan-15
Equality & Diversity	5.41% fte	Jan-16	5.30% fte	Dec-15	11.1% fte		↑	5.06% fte	Jan-15
	5.54% hcount		5.53% hcount					5.37% hcount	
Monthly Sickness Absence	6.05%	Jan-16	6.28%	Dec-15	5% fte		↓	7.09%	Jan-15
Yearly Sickness Absence	5.57%	Feb-15 Jan-16	5.65%	Jan-15 Dec-15			↓	6.50%	Feb-14 Jan-15
Turnover	11.66% fte	Jan-16	11.78% fte	Dec-15	10.13% Amb Trust Average from iView		↓	10.12% fte	Jan-15
	13.11% hcount		13.29% hcount					11.44% hcount	
Current PDRs	74.91%	Jan-16	74.02%	Dec-15	80%		↑	70%	Jan-15
Stat & Mand Workbook	89.95% (combined)	Jan-16	90.64% (combined)	Dec-15	85% (combined)		↓	89.40% (combined)	Jan-15
	89.95%	Jan-16	90.64%	Dec-15				88.30%	Jan-15
Overtime	£988k	Jan-16	£998k	Dec-15			↓	£1,034k	Jan-15
	£10,983k	Feb-15 Jan-16	£11,028k	Jan-15 Dec-15			↓	£11,458k	Feb-14 Jan-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.)**

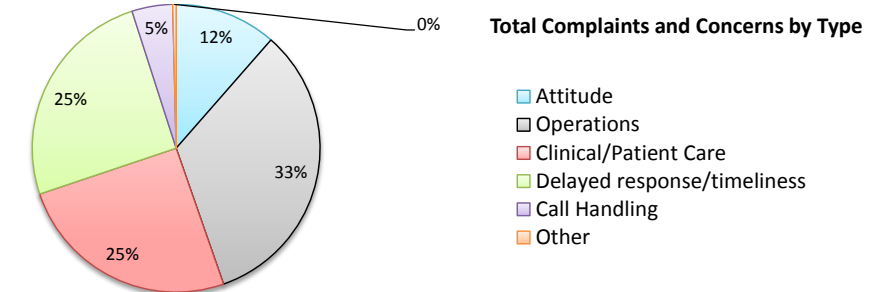
	EOC		A&E		PTS		111		Total	
	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
Complaint	14	179	9	115	10	67	47	394	80	755
Concern	7	95	18	180	23	339	0	29	48	643
Comment	1	11	10	81	1	50	6	28	18	170
Service to Service	9	126	16	112	30	395	79	566	134	1199
Compliment	0	3	69	556	3	48	8	84	80	691
Lost Property	0	0	20	184	2	14	0	0	22	198
PALS request	0	11	10	94	1	27	0	1	11	133
<b>Total</b>	<b>31</b>	<b>425</b>	<b>152</b>	<b>1322</b>	<b>70</b>	<b>940</b>	<b>140</b>	<b>1102</b>	<b>393</b>	<b>3789</b>
<b>Demand</b>	<b>74,172</b>	<b>711,085</b>	<b>63,921</b>	<b>605,619</b>	<b>64,765</b>	<b>789,689</b>	<b>136,949</b>	<b>1,248,411</b>	<b>339,807</b>	<b>3,354,804</b>
<b>Proportion</b>	<b>0.04%</b>	<b>0.06%</b>	<b>0.24%</b>	<b>0.22%</b>	<b>0.11%</b>	<b>0.12%</b>	<b>0.10%</b>	<b>0.09%</b>	<b>0.12%</b>	<b>0.11%</b>



The Number of cases reduced slightly overall in January, however A&E and EOC increased.

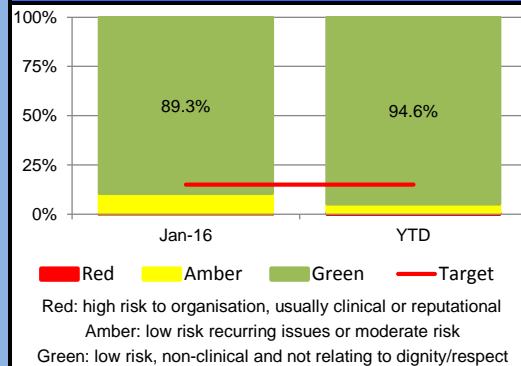
**2. Complaints and Concerns (including issues raised by healthcare professionals ) received by subject**

	EOC		A&E		PTS		111		Total	
	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
Attitude	0	0	16	142	7	66	7	72	30	280
Operations	1	1	15	162	2	40	69	517	87	720
Clinical/Patient Care	2	2	10	94	4	87	50	399	66	582
Delayed response	22	295	1	3	43	532	0	0	66	830
Call Handling	5	94	0	0	7	73	0	0	12	167
Other	0	8	1	6	0	1	0	1	1	16
<b>Total</b>	<b>30</b>	<b>400</b>	<b>43</b>	<b>407</b>	<b>63</b>	<b>799</b>	<b>126</b>	<b>989</b>	<b>262</b>	<b>2595</b>
<b>Demand</b>	<b>74,172</b>	<b>711,085</b>	<b>63,921</b>	<b>605,619</b>	<b>64,765</b>	<b>789,689</b>	<b>136,949</b>	<b>1,248,411</b>	<b>339,807</b>	<b>3,354,804</b>
<b>Proportion</b>	<b>0.04%</b>	<b>0.06%</b>	<b>0.07%</b>	<b>0.07%</b>	<b>0.10%</b>	<b>0.10%</b>	<b>0.09%</b>	<b>0.08%</b>	<b>0.08%</b>	<b>0.08%</b>



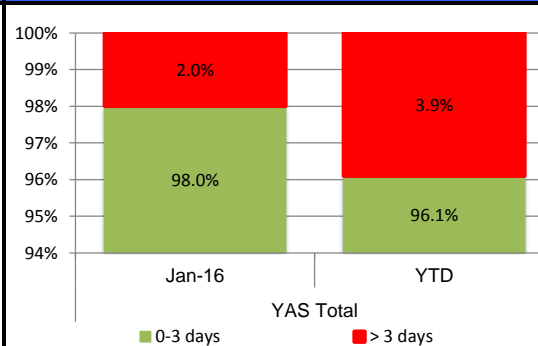
Delayed response remains the largest area of concern for YAS complainants - Emergency Operations and Patient Transport. 111 Operations attracted the largest number of complaints in January.

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



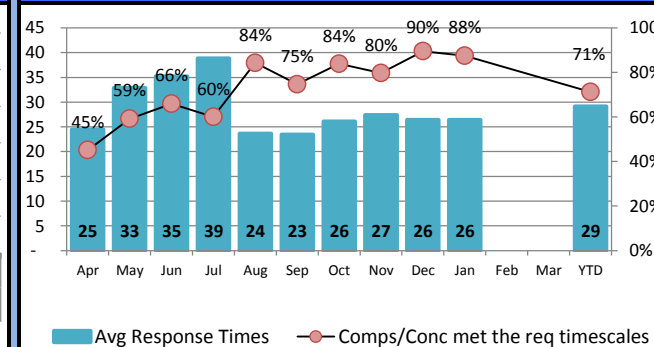
Complaints & Concerns for Red & Amber remain below target for all areas.

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



Acknowledgements to complaints have decreased slightly in January

**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 88% of cases in January, with an average response time of 26 days. YTD compliance is 71% and average response time is 29 days

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

	Total	
	Jan-16	YTD
Upheld	140	1233
Not Upheld	74	825
Partly Upheld	37	542
<b>Total</b>	<b>251</b>	<b>2600</b>

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

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

Total YAS		
	Jan-16	YTD
No. reopened	4	44
% of C&C	3.1%	3.1%

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

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

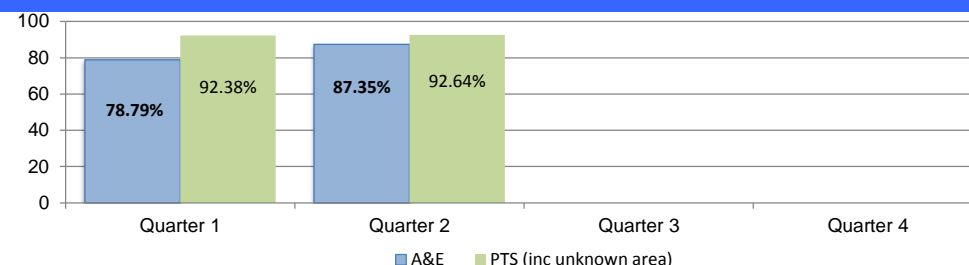
### 8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
					Upheld		Partially Upheld		Not Upheld	
	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
EOC	1	6	1	5	0	0	0	0	0	5
A&E	1	7	0	3	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
<b>Total</b>	<b>2</b>	<b>15</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>15</b>

Only 2 referrals were received in January, with no outcomes received during the month.

## Patient Survey Results (Friends and Family Test)

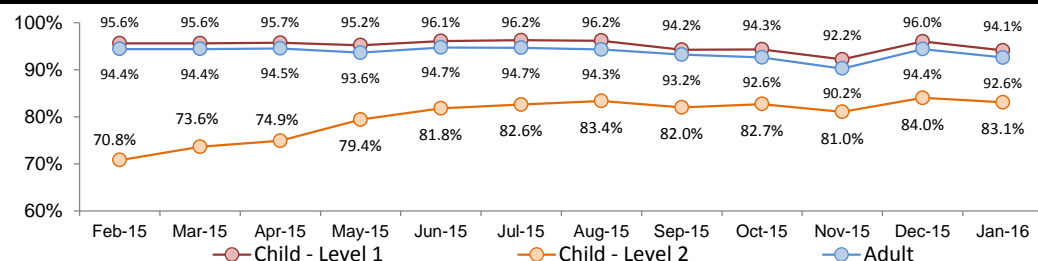
### 9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



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

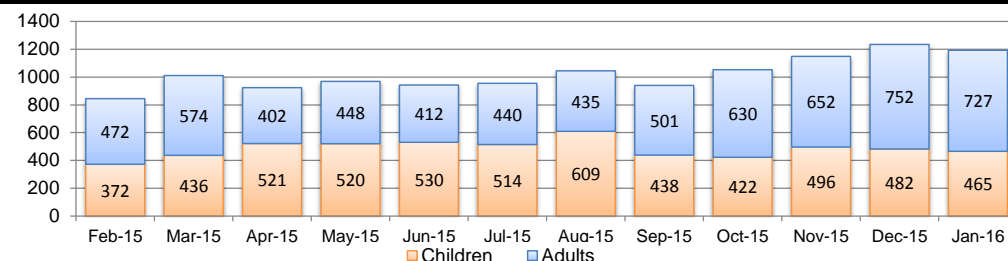
## Safeguarding

### 10. Number of eligible workforce trained



Safeguarding compliance has decreased slightly in January across all measures, 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

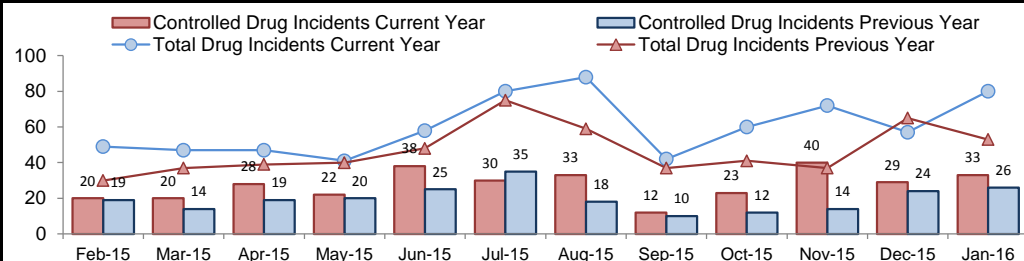
Area	Audit	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Overall Compliance (Current Year)	Hand Hygiene	97%	98%	99%	98%	99%	99%	97%
	Premise	98%	99%	96%	96%	97%	97%	98%
	Vehicle	97%	98%	99%	98%	98%	99%	97%
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	99%	99%	99%	99%	98%
	Premise	99%	98%	97%	99%	98%	98%	99%
	Vehicle	98%	98%	98%	97%	98%	96%	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%	

There is a reduction in compliance with hand hygiene and environmental cleanliness.

Noncompliance from the hand hygiene audits are: • Jewellery worn • No hand gel carried • Watches worn – awaiting for fob watches • Nail varnish/false nails  
 Actions – Awareness communications regarding the importance of adhering to the hand hygiene policy will be undertaken by the Quality and Risk Team over the next few months. Fob watches are now available and being distributed to areas, therefore there should be a reduction in the numbers of wrist watches worn.  
 Noncompliance from the environmental and vehicle audits are: • Linen stored in garages • Consumables on floors and not stored correctly • Clinical Waste bins not locked • General untidiness • Blood/Body Fluids not cleaned correctly on vehicles • Steri 7 wipes missing/not used • Deep clean sheets missing from vehicles • General and personal rubbish in doors of vehicles and not removed  
 Actions – Awareness communications regarding the importance of general environmental cleanliness will be undertaken by the Quality and Risk Team over the next few months, this will include clear guidance on where to store linen and consumables.  
 Individual audits will also be looked into and action plans formulated.

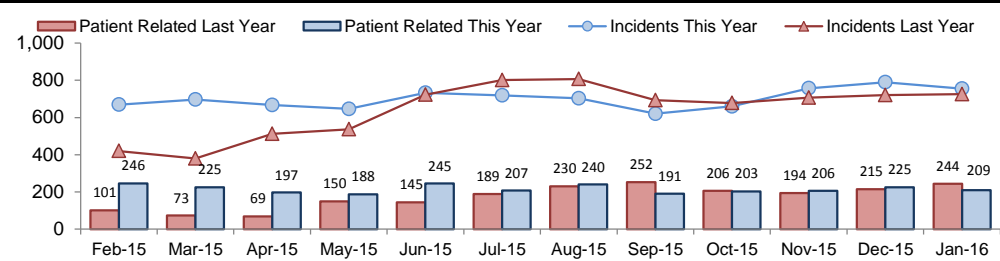
## Incident Reporting, FOIs and Legal Requests

### 13. Medicines Incidents



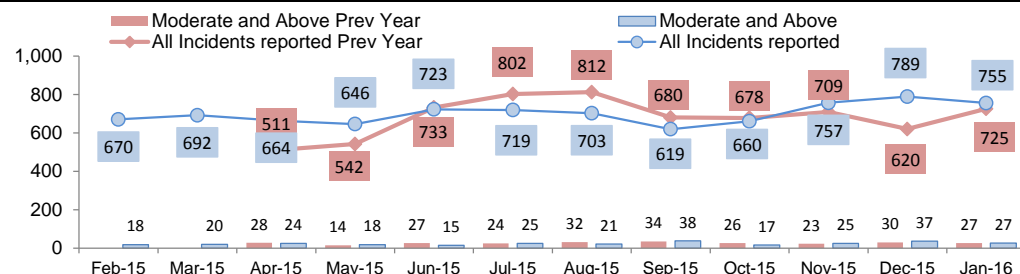
There were a total of 80 medication-related incidents for the month of January, of which 33 were controlled drug incidents: the majority involved dropped vials of Morphine or vials shattering on opening.

### 14. Incidents Reported



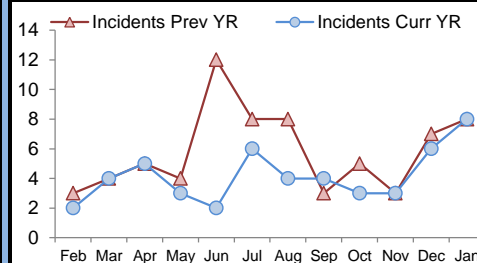
Patient related incidents, both clinical and non-clinical, make up 27.7% of all reported incidents which is consistent with previous months.  
The top three categories of patient-related incidents are response-related, Care pathway and slips, trips, falls, which is a change from previous months where the third highest category was medical equipment related.  
Patient-related Incidents graded no harm or minor harm represent 95.2% of patient-related incidents. Incidents graded initially as potentially moderate and above are reviewed at Incident Review Group to determine actual harm and regraded as per investigation findings.

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



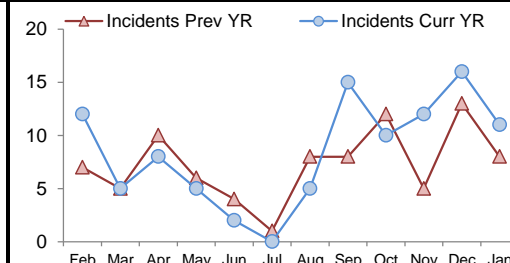
The breakdown of Incidents reported in January is 3.6% Moderate and above severity and 96.4% of incidents reported as no or minor harm. (Data for the IPR is produced on the 5th of the following month, and prior to completion of investigations to establish actual harm; those incidents graded moderate, major or catastrophic may be recategorised).  
Incidents categorised as no harm represent 61.6% of January total, consistent with previous months.  
A&E Ops remains the highest reporting area with 64.5% 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 which is consistent with previous months.

### 16. Serious Incidents



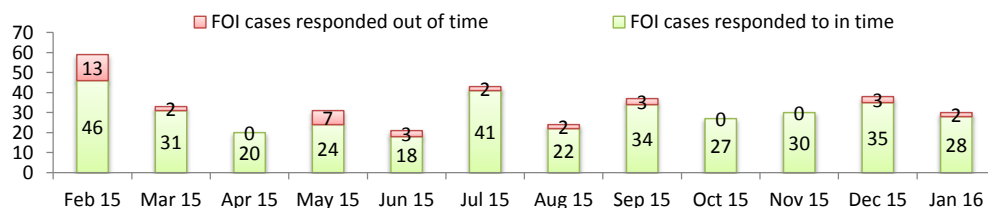
There were 8 Serious Incidents in January, 4 related to Delayed dispatch/response, 1 Inadequate clinical assessment, 1 Clinical care and 1 Inadequate Clinical Assessment.

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



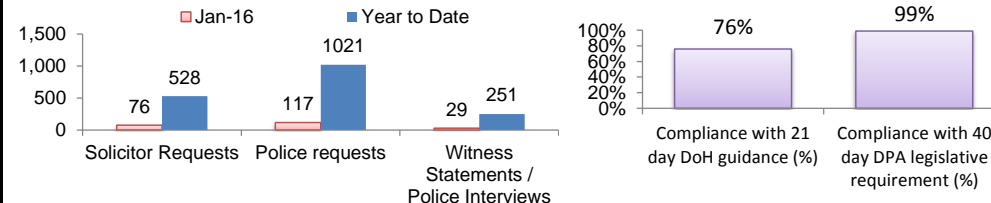
There were 11 Riddor Incidents in January (6 Manual Handling, 3 Slip/Trip/Fall, 1 Fall from Height and 1 Physical Assault)

### 18. FOI Requests



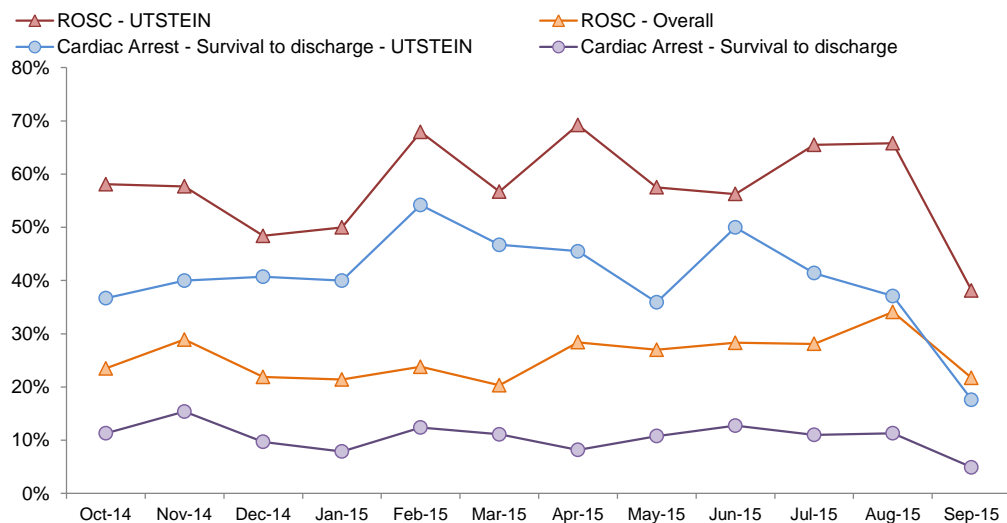
FOI Requests have reduced slightly in January, with 93% of responses being completed in time.

### 19. Legal Requests



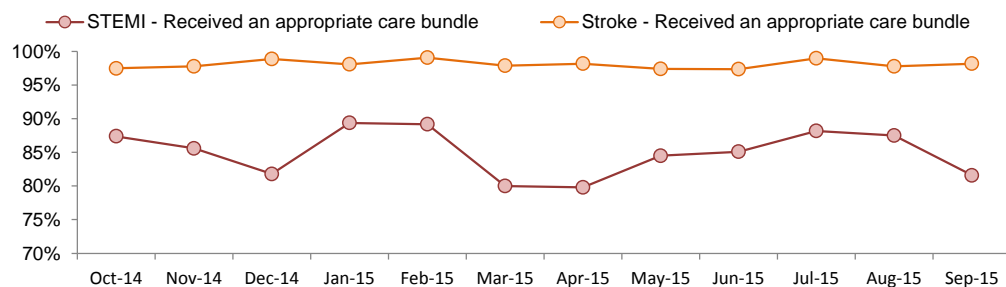
Compliance with requests remain high

## 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 regrettably is adversely affected by clinicians not recording a second pain score following administration of analgesia.

## 22. Clinical Performance Indicators

Mental Health Self Harm	Cycle 15 - Oct 15	
	YAS	National
SH1-Mental state recorded	95.8%	85.3%
SH2-Evidence of Use of drugs and or alcohol recorded	88.7%	84.2%
SH3-Exact nature of injury recorded	99.6%	89.2%
SH4-Clinical assessment completed	96.8%	97.4%
SH5-History of events recorded	98.6%	88.1%
SH6-Assessment of mental capacity	85.5%	76.3%
SH7-Info relating to social/family support or NoK recorded	94.7%	71.9%
Care Bundle SH1 2 3 4 5 6 7	65.4%	37.2%

YAS data includes all actual self-harm cases where injury to soft tissue was carried out by the patient as well as those patients who intentionally over dosed. (Eating disorders and those who drink large quantities of alcohol were not included).

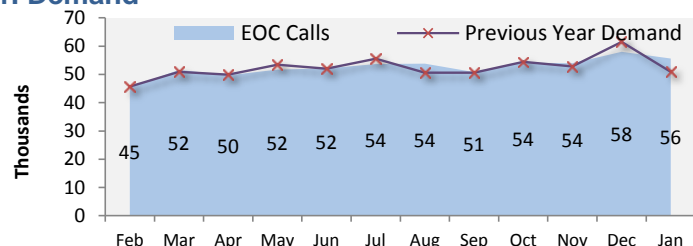
Mental capacity (SH6) and mental state (SH1) may have been recorded incorrectly by the crew when using the electronic PRF, as both sections of the form are labelled the same "Mental Health".

Information relating the social or NOK (SH7) was based on whether or not the crew recorded their current co-habitant or if they lived alone. For future audits it may be beneficial to quantify the number of patients who were referred to the Crisis team/GP/Social Services etc.

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

Jan-16

## 1. Demand



Service level YTD is currently 0.5% above target, and 1.3% higher than the same period last financial year.

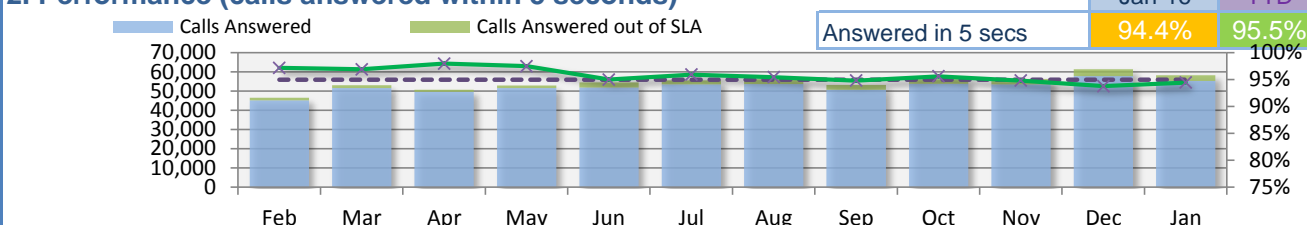
### Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2015/16	533,538	531,119	507,152	95.5%
2014/15	531,729	528,405	497,459	94.1%
Variance	1,809	2,714	9,693	
Variance	0.3%	0.51%	1.9%	1.3%

## 3. Quality

	Jan	YTD
<b>Serious Incidents</b> (Rate Per 1000 Responses))	3(0.04) ↑	18(0.03)
<b>Total Incidents</b> (per 1000 calls)	83(1.12) ↓	642(0.9)
There was 3 Serious Incident(s) in January year to date this now stands at 18		
<b>Feedback</b>		
Complaints	14 ↓	179
Concerns	7 ↓	95
Comments	1 ↔	11
Service to Service	9 ↔	126
Compliments	0 ↓	3
<b>Response within target time for Complaints and Concerns</b>	94%	59%
<b>Outcome of Ombudsman Cases</b>		
Upheld	0	0
Not Upheld	0	5

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



	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Calls Answered out of SLA	1,288	1,597	1,011	1,294	2,597	2,175	2,441	2,635	2,364	2,778	3,593	3,079
Calls Answered	45,252	51,513	49,596	51,562	51,907	53,453	53,677	50,612	53,776	53,525	57,802	55,209
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	97.2%	96.9%	98.0%	97.5%	95.0%	95.9%	95.5%	94.8%	95.6%	94.8%	93.8%	94.4%

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. All but 2 staff, both of whom have complex cases, within the EOC are within process for absence management.

## 4. Workforce

### FT Equivalents

Jan-16	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	385	19.3	96	270	70%
Contracted FTE (before overtime)	372	18.6	93	260	70%
Variance	(13)	(1)	(3)	(9)	(3.4%)
% Variance	(3.4%)	(3.4%)	(3.4%)		
FTE worked inc overtime	387	30.6	75	281	73%
Variance	2	11	(21)	11	0
% Variance	0.5%	59.0%	(21.8%)		

\*\* 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 13 FTE under budget with a variance of 3.4%.

Both sickness and other absences were under planned for January.

## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	(11,380)	(11,224)	156
CIPs	1,196	1,458	262

The directorate is £156k favourable to plan year to date due to staffing shortfall / savings on vacancies.

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

Jan-16

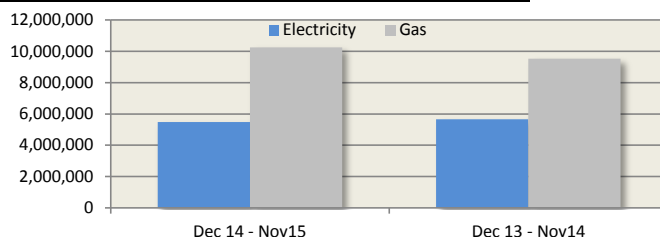
## 1. Demand

Number of Jobs Received - 332 of which 203 logged for YAS Estates Direct Labour.

Out of Hour Call's received - 8

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

kWh	Electricity (kWh)	Gas (kWh)
Dec 14 - Nov15	5,478,094	10,237,534
Dec 13 - Nov14	5,654,054	9,516,765
	3.21%	-7.04%



## 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:

- 72% of reactive maintenance requests completed within response timeframes - **146 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.
- A response paper to the Support Services customer satisfaction survey has been produced for TMG, in setting out what Estates have done and what we plan to do to improve our customer satisfaction levels.
- The proposed Estates Department staffing restructure has been presented and awaits approval from TMG.
- 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.

## 4. Staffing

January 2016 (FT Equivalents)	FTE	Sickness (5%)
Budget FTE	16	0.8
Contracted FTE (before overtime)	14	0.0
Variance	(3)	0.8
% Variance	(15.6%)	
FTE (worked inc overtime)*	17.6	0.0
Variance	1.6	0.8
% Variance	10.1%	

\* 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 January 2016 for Estates was at 0.00%.

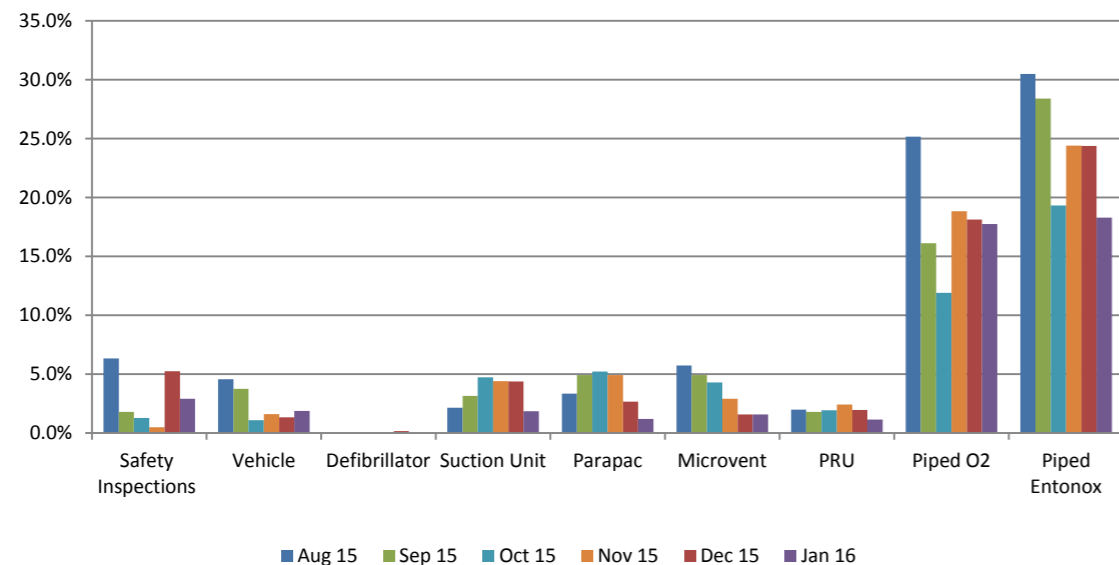
## 5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
Directorate Position	(4,701)	(4,852)	(151)
CIPs	196	86	(110)

### Commentary

The directorate is £(151)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



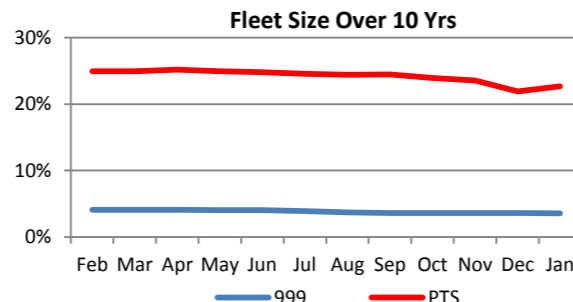
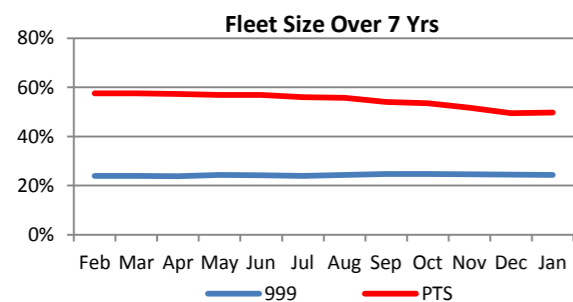
Key Points

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

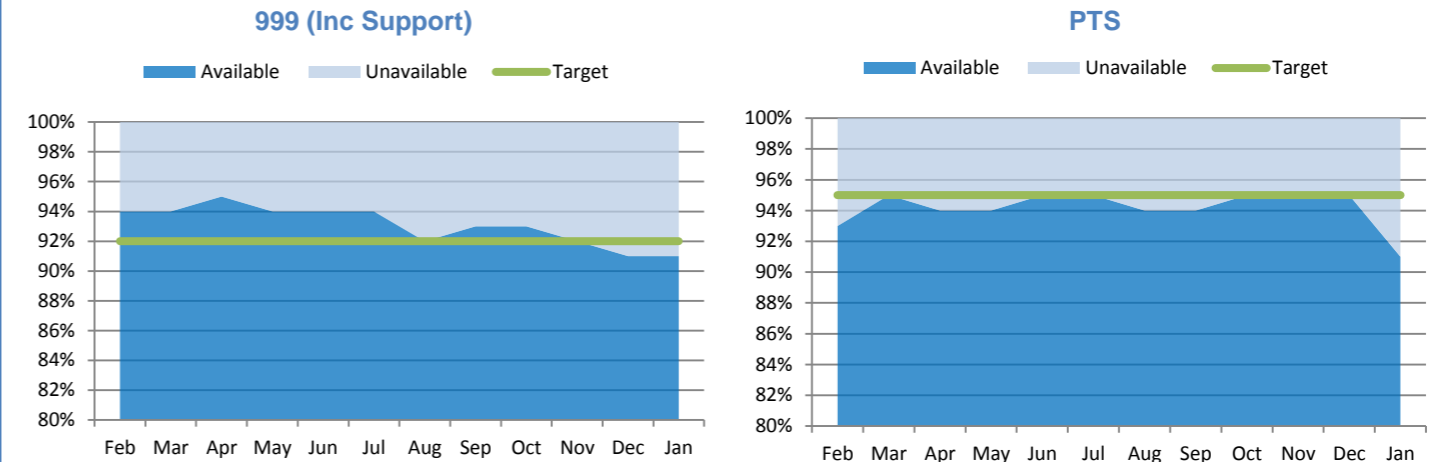
Inspections/Services out of Window	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	%	DOT
Safety Inspections	35	10	7	3	29	16	2.9%	↓
Vehicle Services	17	14	4	6	5	7	1.9%	↑
Defibrillator servicing	0	0	0	0	1	0	0.0%	↓
Suction Unit servicing	13	20	30	27	26	11	1.9%	↓
Parapac servicing	11	17	18	17	9	4	1.2%	↓
Microvent servicing	10	8	7	4	2	2	1.6%	↔
PRU	13	12	13	15	12	7	1.1%	↓
Piped O2	121	80	59	95	95	92	17.8%	↓
Piped Entonox	29	25	17	22	20	15	18.3%	↓

1.2 Vehicle Age

Vehicles >= 7 years	999	137	24.3%	PTS	212	47.4%	Total	349
Vehicles >=10 years	Fleet	20	4.1%	Fleet	85	19.0%		105



2. Performance

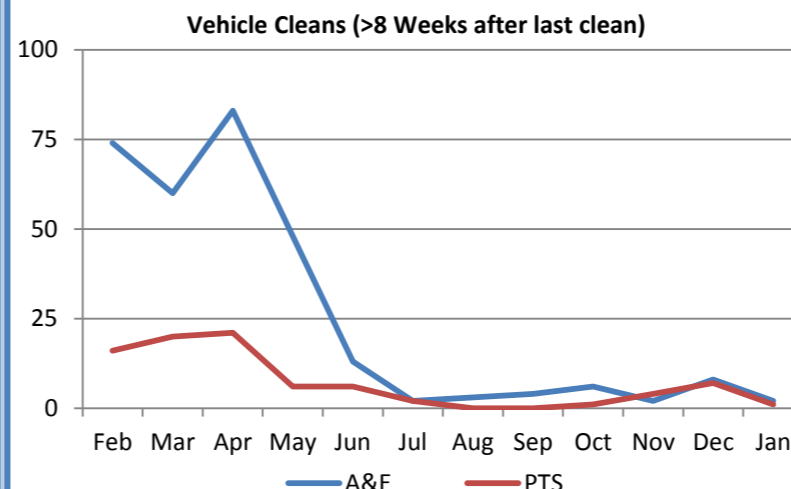


Key Points

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 being reported and is exacerbated particularly in PTS where there are still a large number of vehicles over their replacement age profile which results in general unreliability. A further batch of 47 PTS vehicles are due to be delivered during February and March which will enable us to dispose of 47 old and unreliable vehicles.

3 Deep Clean

	Aug	Sep	Oct	Nov	Dec	Jan	Jan % in Window	Jan DOT
Vehicles Outside Window in Period	27	77	61	49	49	62	98.60%	↓



Increased staffing level and VOR ability of vehicles has enabled deep clean improvement, this is seeing a stability over the last 4 months. However, introduction of vehicle consumable checks at the same time as deep cleaning is having an impact on A&E Vehicle deep clean rates. Recruitment is underway for additional cleaners to mitigate any further slippage. A number of new recruits are now being trained prior to commencing cleaning duties.

4. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)			Available	
	FTE	Sickness	Total	%
Budgeted	100	5.0	95	95%
Actual	93	5.6	88	94%
Variance	(6)	(0.6)	(7)	(7.3%)
% Variance	-6%	+12%		

Sickness absence has reduced due to one of three 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	(19,294)	(17,884)	1,411
CIPs	1,015	1,884	869

The directorate is £1,411k 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

To Be developed

Emergency Preparedness and Response

To Be developed

Hart and Special Operations

To Be developed

4. Staffing - Special Operation

Volunteers (FT Equivalents)	Budget	Actual	In Training	Awaiting Training
Plan FTE - Ambulance Intervention	63			
Hart Operatives FTE - Paid	42			
CBRN (SORT) - Volunteers	150	80		

To Be Developed

Community Reliance Tram

To Be Developed

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

Jan-16

## 1. Demand

TO BE DEVELOPED

## 2. Performance

TO BE DEVELOPED

## 3. Quality of Service

TO BE DEVELOPED

## 4. Staffing

January 2016 (FT Equivalents)	FTE	Sickness (5%)
Budget FTE		0.0
Contracted FTE (before overtime)		0.0
Variance		0.0
% Variance		
FTE (worked inc overtime)*		0.0
Variance		0.0
% Variance		

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

TO BE DEVELOPED

## 5. Finance

	YTD	YTD	YTD
£000	Plan	Actual	Variance
Directorate Position			
CIPs			

Commentary  
TO BE DEVELOPED

## Annex 2 Ambulance Quality Indicators - YAS

Indicator	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	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%)	0:35	0:19	0:19	0:19	0:18	0:18	0:19	0:19	0:19	0:20	0:20	0:23	0:23	8	0:02	to	0:43
Time to Answer (99%)	1:38	0:48	0:43	0:47	0:30	0:33	1:05	0:55	0:57	1:01	0:55	1:06	1:12	6	0:30	to	1:27
Abandoned calls	2.56	1.79	1.52	1.45	0.91	0.63	0.90	0.80	0.70	0.85	1.01	1.22	0.90	9	0.20	to	0.93
Cat Red 8 minute response - RED 1 (75%)	63.4	70.6	71.6	73.5	74.9	73.7	69.4	70.8	68.7	70.1	73.7	73.8	69.0	7	67.9	to	79.3
Cat Red 8 minute response - RED 2 (75%)	60.4	67.2	70.0	72.3	72.7	73.5	70.4	70.1	70.0	70.4	72.5	73.3	71.0	5	63.2	to	76.1
95 Percentile Red 1 only Response Time	16:09	13:47	13:21	13:29	12:56	13:05	13:53	13:44	15:39	14:44	13:28	13:18	14:29	3	11:58	to	16:49
Cat Red 19 minute response (95%)	92.5	95.2	96.2	96.3	96.2	96.3	95.3	95.3	95.0	95.3	95.3	95.3	93.9	2	89.8	to	97.3
Time to Treat (50%)	7:15	6:56	6:19	6:07	5:44	5:38	5:54	5:51	5:53	5:48	5:31	5:34	5:45	1	5:53	to	9:46
Time to Treat (95%)	19:57	17:17	15:57	15:49	14:24	14:12	15:03	15:04	15:28	15:07	14:14	14:20	15:25	1	15:19	to	23:55
Time to Treat (99%)	32:35	26:35	24:26	24:13	21:26	21:34	22:40	22:30	23:38	22:48	21:47	21:17	23:36	1	23:22	to	48:44
STEMI - Care	80.7	89.4	89.2	75.8	86.0	84.5	85.1	88.2	87.5	81.6				3	62.5	to	89.9
Stroke - Care	98.9	98.1	99.1	97.9	98.2	97.4	97.4	99.0	97.8	98.2				4	95.7	to	99.5
Frequent caller *	2.79	3.03	2.10	2.50	1.63	1.49	1.90	1.51	1.80	1.63	1.47	1.78	2.07	6	0.18	to	2.40
Resolved by telephone	12.1	9.4	9.6	10.2	9.7	9.9	8.8	8.1	8.2	7.5	7.2	7.8	9.4	7	5.1	to	13.2
Non A&E	32.8	32.0	31.7	30.9	31.2	31.3	31.6	32.5	32.9	31.2	31.7	30.3	31.1	7	30.1	to	52.7
STEMI - 150	81.8	79.3	79.8	80.0	79.8	80.2	84.8	86.4	87.7	80.0				8	76.3	to	93.7
Stroke - 60	44.8	58.6	57.7	57.3	57.0	59.8	53.6	55.8	57.0	54.0				5	46.0	to	69.8
ROSC	21.9	21.4	23.8	20.3	28.4	27.0	28.3	28.1	34.1	21.7				4	24.2	to	34.1
ROSC - Utstein	48.4	50.0	67.9	56.7	69.2	57.5	56.3	65.5	65.8	38.1				1	40.8	to	59.7
Cardiac - STD	9.7	7.9	12.4	11.1	8.2	10.8	12.7	11.0	11.3	4.9				3	6.2	to	14.3
Cardiac - STD Utstein	40.7	40.0	54.2	46.7	45.5	35.9	50.0	41.4	37.1	17.6				1	20.5	to	39.0
Recontact 24hrs Telephone	8.2	3.1	3.2	4.0	1.7	1.8	1.5	1.5	1.8	1.9	1.1	1.7	1.9	1	1.7	to	14.1
Recontact 24hrs on Scene	3.6	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	3.0	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

Jan-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	December
Time to Answer - 95%		mm:ss	0:10	0:06	0:02	0:43	0:03	0:09	0:30	0:15	0:04	0:20	8	December
Time to Answer - 99%		mm:ss	0:45	0:40	0:39	1:27	0:30	1:12	1:17	0:58	0:34	0:55	6	December
Abandoned calls		%	0.38	0.59	0.20	0.93	0.37	0.66	0.71	0.68	0.61	0.87	9	December
Cat Red 8 minute response - RED 1	75%	%	71.2	74.2	67.9	70.2	76.9	72.3	73.6	75.5	79.3	71.5	7	December
Cat Red 8 minute response - RED 2	75%	%	65.6	63.2	65.0	71.1	73.9	73.7	73.5	66.8	76.1	71.5	5	December
95 Percentile Red 1 only Response Time		mm:ss	14:35	14:57	16:49	14:16	13:23	14:15	14:27	14:11	11:58	13:54	3	December
Cat Red 19 minute response	95%	%	89.8	91.4	93.4	93.3	94.2	94.7	95.0	91.3	97.3	95.3	2	December
Time to Treat - 50%		mm:ss	9:46	7:18	6:54	6:49	6:27	6:03	6:02	7:10	5:56	5:53	1	December
Time to Treat - 95%		mm:ss	19:30	22:23	18:59	22:52	22:53	19:24	19:28	23:55	15:43	15:19	1	December
Time to Treat - 99%		mm:ss	31:17	33:47	34:51	38:06	48:44	32:53	29:10	39:04	24:01	23:22	1	December
STEMI - Care		%	75.4	80.7	70.7	89.9	88.1	62.5	66.8	83.6	74.4	85.3	3	September
Stroke - Care		%	98.6	97.8	97.2	97.7	99.5	98.4	96.3	97.2	95.7	98.0	4	September
Frequent caller *		%	0.20	0.30	1.19	0.18	0.86	2.40				1.70	6	December
Resolved by telephone		%	11.9	6.3	13.2	6.6	10.9	9.1	10.9	12.0	5.1	8.5	7	December
Non A&E		%	30.1	41.1	34.2	31.4	30.8	42.0	43.7	52.7	37.3	31.5	7	December
STEMI - 150		%	93.7	90.5	89.4	82.1	86.9	87.7	93.5	76.3	85.5	83.0	8	September
Stroke - 60		%	55.4	51.7	62.6	64.0	69.8	52.5	65.3	46.0	54.0	56.1	5	September
ROSC		%	24.2	26.4	30.4	24.9	34.1	24.3	27.1	25.1	31.4	27.9	4	September
ROSC - Utstein		%	47.7	46.8	56.2	57.6	59.5	40.8	47.8	49.6	54.0	59.7	1	September
Cardiac - STD		%	7.1	6.2	7.5	7.6	8.9	14.3	8.6	9.5	9.9	9.8	3	September
Cardiac - STD Utstein		%	20.5	24.1	27.9	33.8	26.0	28.9	24.0	28.5	26.6	39.0	1	September
Recontact 24hrs Telephone		%	4.1	10.8	2.8	14.1	4.1	9.9	8.1	13.1	13.2	1.7	1	December
Recontact 24hrs on Scene		%	4.8	5.9	8.4	5.0	3.7	5.1	4.2	5.6	6.1	3.0	1	December

