



Integrated Performance Report – July 2016

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

YAS is the highest ranked trust for the 3 time to treat patient's targets, as well as re-contact rates (on scene). YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

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IPR Compendium (2015-16 Key Facts)

Key Facts & Figures for YAS - 2015/16

VEHICLES


300
Double-Crew
Ambulances


188
Rapid-Response
Vehicles


416
PTS Vehicles

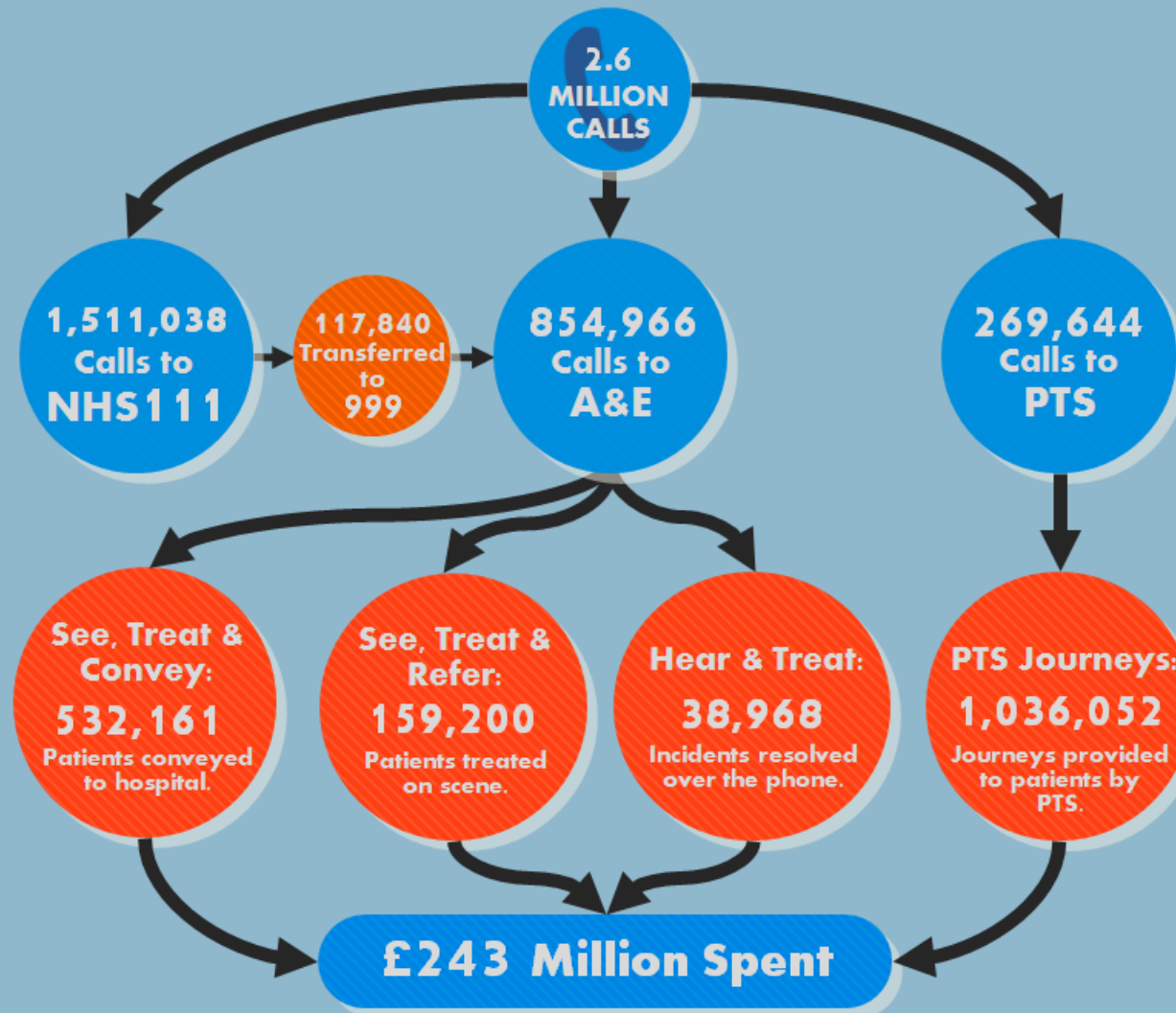
STAFF



53.6%
Female

46.4%
Male

5.4%
BME



£243 Million Spent

IPR Exec Summary – July 2016

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

111

- **111 calls** are above contract ceiling for July (3.8%, up by 4,765 calls), Calls answered running at 13.7% above last year volume for July. 111 referral rate to 999 is still performing well (<10%) at 8.9% for the month. In July, 2,170 ambulances were checked by a clinician before being sent, out of a total of 5,470 (39.7%) green ambulance calls. This is an increase of 1.4% from June to July.

A&E

- **Calls** for A&E are above plan for July and YTD and are higher than the same period last year. 10.9% higher in month and 5.4% YTD.
- **Hear & Treat (H&T)** is 2.6% below the profiled plan in the month. Changes to the National Ambulance Quality Indicators (AQI) means less opportunity for H&T in respect of Red calls. The plan is based on July last year.
- **Overall responses** where at least 1 vehicle attended scene for July 2016 were 9.5% higher than July 2015. This reflects the reduced H&T demand.
- **See Treat & Refer (STR) activity** is above planned for July (13.3%), this is due to the reduction in Hear and Treat and the use of UCP's
- **See, Treat & Convey (STC) activity** is above plan for July (10.7%).
- **999 Performance** against 8 mins was below the 75% target for Red at 66.5% (achieved 75% in 9m 1s). This is partly due to reducing resources in line with budget requirements, slippage on recruitment to the workforce plan, and a significant increase in activity 9.5% above contract for July (5287 more responses) YTD Activity is 7.2% above contracted (15656 more responses) Red ambulance responses have now reduced with the new coding for Red (ARP Trial).

PTS

- **KPI 2** – arrival prior to appointment – July saw an overall PTS improvement in performance and remains above target of 82.9% and well ahead YTD
- **KPI 3** – departure after appointment – July's performance as a whole for PTS was 1.4% below a target of 91.7% of patients getting collected within 90 minutes. Although there was an improvement on June's performance figures.

111 Headline Metric	Contract Ceiling	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Call Answered	126,477	131,242	4,765	3.8%	517,485	518,001	516	0.1%
Calls Answered (60 Secs)	120,153	118,736	(1,417)	(1.2%)	491,611	484,243	(7,368)	(1.5%)
999 Referral Numbers		11,692				44,540		
999 Referral Rate		8.9%				8.6%		
Ambulances Stopped		2,008				8,958		

A&E Contract (CCG Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Calls (Demand)	69,780	77,352	7,572	10.9%	272,027	286,742	14,715	5.4%
Hear and Treat (H&T)	3,170	3,089	(81)	(2.6%)	13,755	11,759	(1,996)	(14.5%)
See, Treat and Refer (STR)	13,283	14,036	753	5.7%	48,113	52,067	3,954	8.2%
UCP Demand (STR)		1,011	1,011			4,030	4,030	
All STR inc UCP	13,283	15,047	1,764	13.3%	48,113	56,097	7,984	16.6%
See, Treat and Convey (STC)	42,350	46,884	4,534	10.7%	169,785	181,487	11,702	6.9%

A&E Ambulance Response Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Red Responses (STR+STC) Ex OOA (Pre ARP Trial)						17,100		
Red Responses (STR+STC) Ex OOA (ARP Trial)		5,339				17,048		
Red Performance (Pre ARP Trial)					75%	73.9%		
Red Performance (ARP Trial)	75%	66.5%			75%	68.9%		

PTS Headline Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
PTS Demand	72,359	63,603	(8,756)	(12.10%)	277,609	263,733	(13,876)	(5.00%)
Inbound Journeys	82.9%	85.6%			82.9%	85.7%		
Outbound Journeys	92.0%	90.3%			92.0%	90.7%		

Support Services

- **Finance:** The Trust has submitted a revised financial plan to NHS Improvement with an annual planned surplus of £5.1m for 2016/17 in line with the control total agreed with NHS Improvement. In month 4 the plan was a surplus position of £38k with the actual surplus being £591k, of which £506k relates to YTD adjustment for STF Funding. Excluding the STF contribution this shows the trust slightly ahead of plan (small favourable variance of £46k). The like for like YTD position is slightly ahead of plan and shows a deficit of (£1,412k) against a plan of (£1,462k) deficit.
- **Workforce:** The sickness absence rate for July16 was at 5.3% which is an increase of 0.3% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.6%. The 12 month figure stands at 5.4% compared to the 6.0% for previous 12 months. Turnover is at 11% for the last 12 months compared to 11.3% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles.
- **Complaints and Concerns** decreased in July 2016, 316 (0.09% of incidents) compared to June 2016, 341 (0.11% of incidents), Response times for complaints and concerns against timescales agreed with the complainant remains high at 90% and the average is response time to 22 days. There has been a rise in PTS & EOC complaints in early July reflecting recent changes to the renal and other services in West Yorkshire, mitigating actions are underway and early indications are positive.
- **Safeguarding compliance** remains high in July overall and all measures continue to be above the 85% target.
- **Incident reporting** overall has increased in July compared to June. The proportion of incidents with moderate and above harm is 4.4% which is higher than the June figure (3.3%) although within the range previously seen.
- **Clinical:** YAS is now in the top third in 8 out of the 17 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the Clinical effectiveness Manager. Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.

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

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

CQUINS: CQUINs have been agreed for 2016/17. The progress of CQUINS is reported section 2.3. All schemes are currently on track although risks are highlighted in relation to the complexity of delivery of the staff flu vaccination CQUIN and patient outcome data scheme.

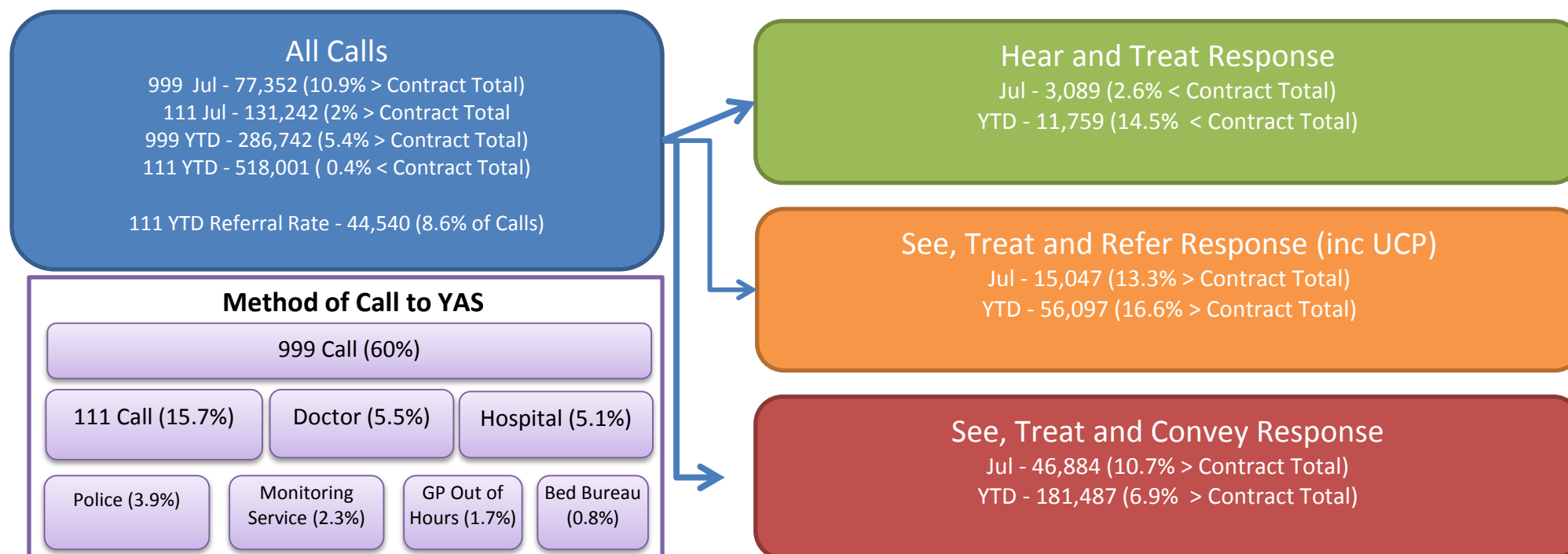
Demand and Performance – A&E

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

Contracted Demand (Payment By Results Categories)

Demand (999 Calls) overall in July was above plan by 10.9% (Plan based on July 2015 Actual Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging fewer calls (81 fewer in July) than contracted whereas the other categories are all above contract levels at this point for 2016-17. However, YAS has increased the number of triaged calls in July compared to June by 9%, helping to reduce the demands on A&E.

Activity involving ambulances that have arrived at scene (responses) has increased by 7.1% compared to July 2015. See, Treat and Convey is up by 10.3% which is due to a higher level of calls. Although the referral rate for 111 has improved to 8.9% the actual number of calls sent in July compared to June increased by 818 referrals. This is an increase of 7.5%, considering calls increased by 9.7% this represents good work done by the 111 team to reduce the potential impact of high demand.



- Note: 111 referral rate has decreased to 8.9% in July from June 2016 and is higher than the 2015-16 year end average of 7.8%, call volumes have increased from June 2016

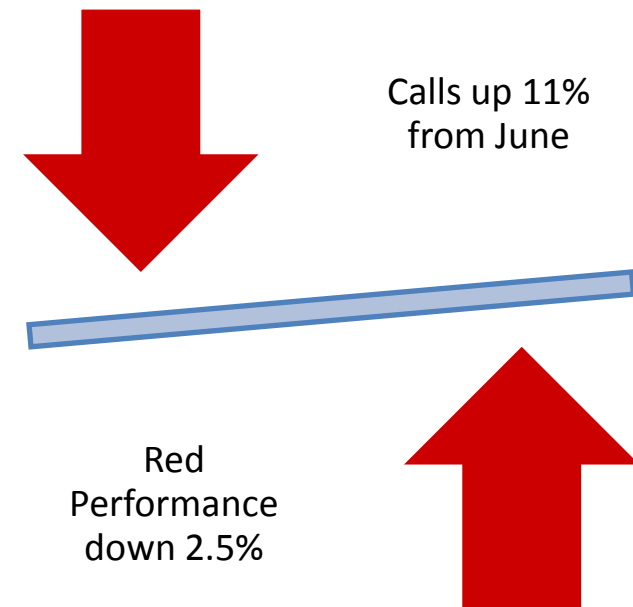
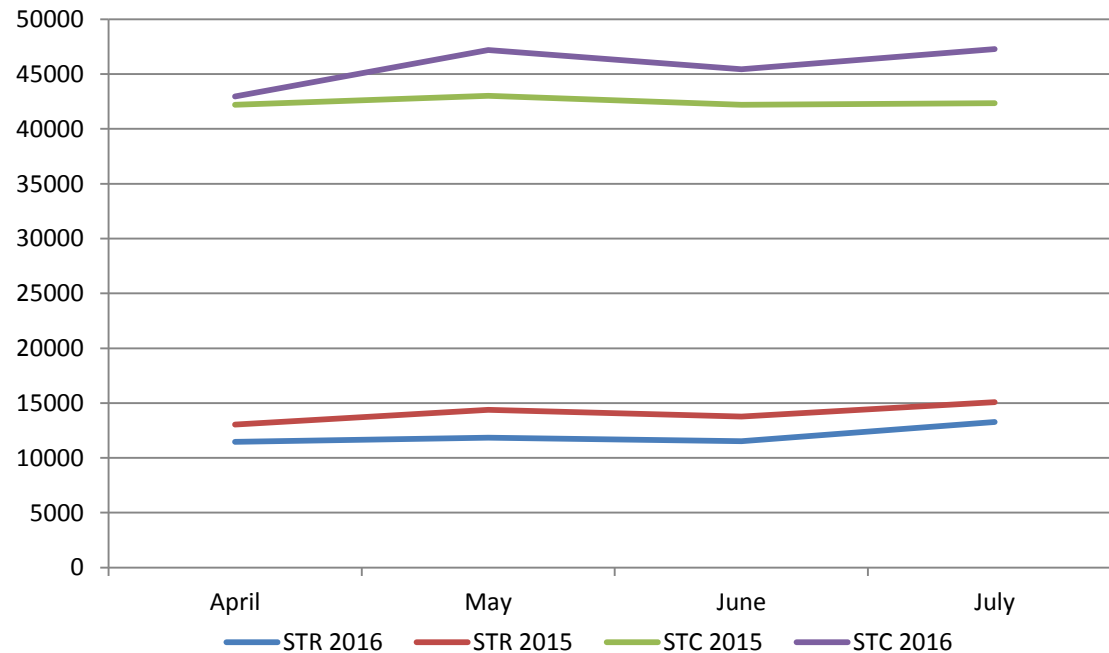
Demand and Performance – A&E

Contract by PBR categories

	Actual July	Plan July	Var July	Var % July	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls	77,352 ↑	69,780	7,572	10.9%	286,742 ↓	272,027	14,715	5.4%
Hear and Treat (Triage)	3,089 ↓	3,170	(0,081)	(2.6%)	11,759 ↓	13,755	(1,996)	(14.5%)
See, Treat & Refer	14,036 ↑	13,283	0,753	5.7%	52,067 ↑	48,113	3,954	8.2%
See, Treat & Refer (UCP)	1,011	0	1,047	N/A	4,030	0	4,030	N/A
See, Treat & Refer Total	15,047 ↑	13,283	1,764	13.3%	56,097 ↓	48,113	7,984	16.6%
See, Treat and Convey Total	46,884 ↑	42,350	4,534	10.7%	181,487 ↓	169,785	11,702	6.9%

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

Overall Response Trend (at least 1 vehicle Arrive Scene)



Ambulance Response Programme

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

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

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

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

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

Performance

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

July performance suffered due to the increased call demand and the reduced number of ambulance hours on the road as explained below.

Post ARP	Post ARP- April	May	June	July	YTD
Category Red Performance (8 min Resp)	73.1%	71.1%	68.0%	66.5%	68.9%
Category Amber R (19 min Resp)	83.1%	77.7%	74.7%	71.6%	75.4%
Category Amber T (19 min Resp)	77.8%	68.6%	66.4%	60.5%	66.2%
Category Amber F (19 min Resp)	86.8%	75.6%	72.2%	66.4%	72.9%
Category Green F (60 min Resp)	96.8%	96.1%	94.9%	92.2%	94.7%
Category Green T (60 min Resp)	88.1%	78.4%	80.3%	71.7%	77.9%
Category Green H (60 min Resp)	99.0%	98.9%	98.1%	98.9%	98.7%

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

Keys action in place to improve performance

1 – **improving Hear and Treat rates** by expanding the number of jobs in the clinical queue which in turn reduces the demands on ambulance staff.

2 – **reducing vehicle ratio per incident** by reviewing allocation procedures. This will free up ambulances for other jobs.

3 – **improving allocation times** will speed up the response and reduce the tail of performance. CAD development ongoing to introduce auto allocation to improve allocation for red incidents.

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

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

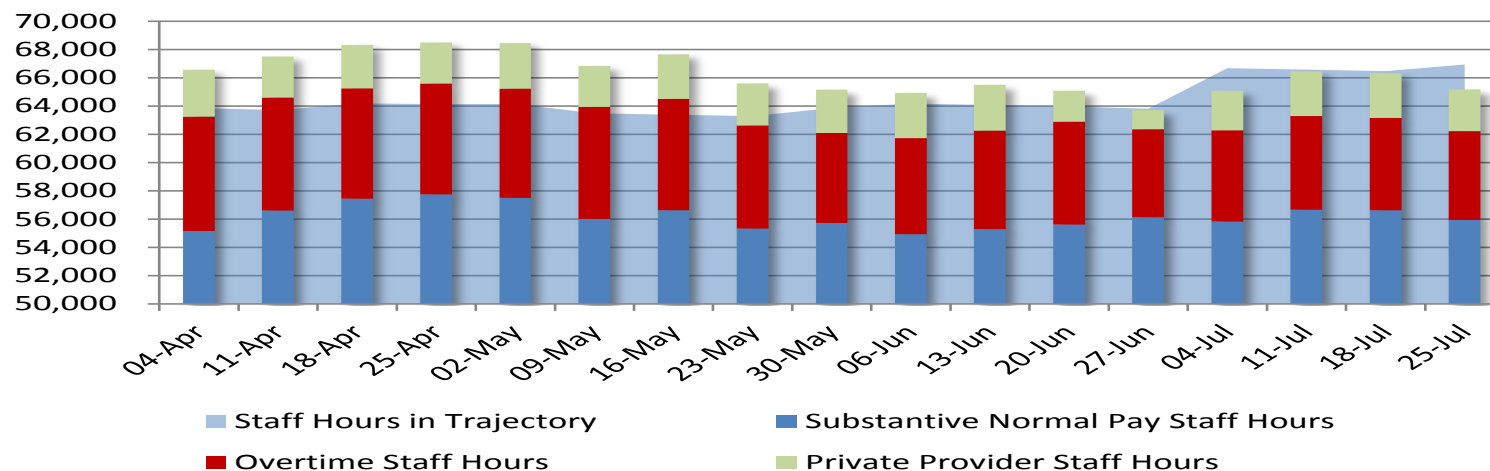
6- **Work with NHS England** to review ARP pilot and implement agreed actions

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

Resource hours

Staff hours for July 1% under the expected for the month in the submitted trajectory. Year to date remains 3% over planned. Overall Responses were planned flat year on year as per the contract settlement agreed with commissioners however they were 9.2% up in July and 7.0% up year to date; this has had a significant impact on performance. The period of increased demand has also coincided with the introduction of the new ARP processes, which are the subject of ongoing testing and refinement through the pilot process.

Hours Vs Performance Graph



Demand Increase Impact on Staff Requirement

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

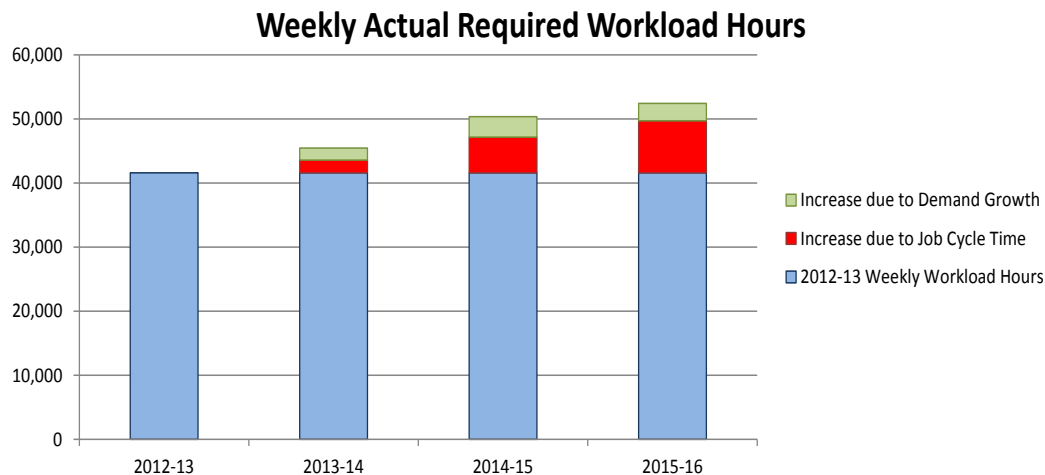
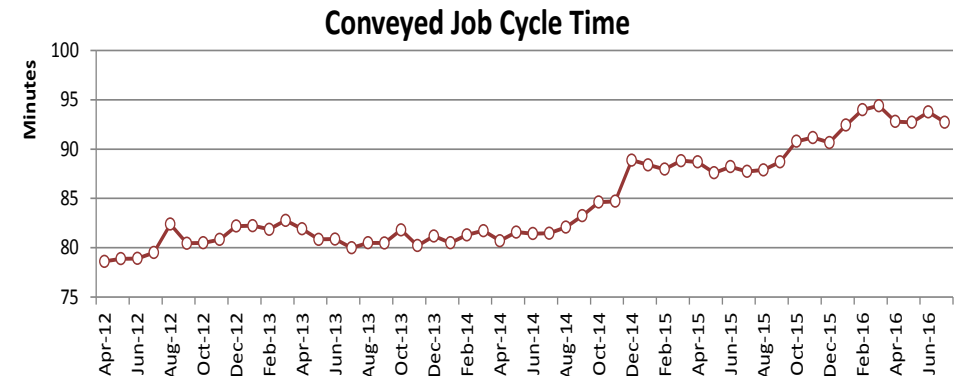
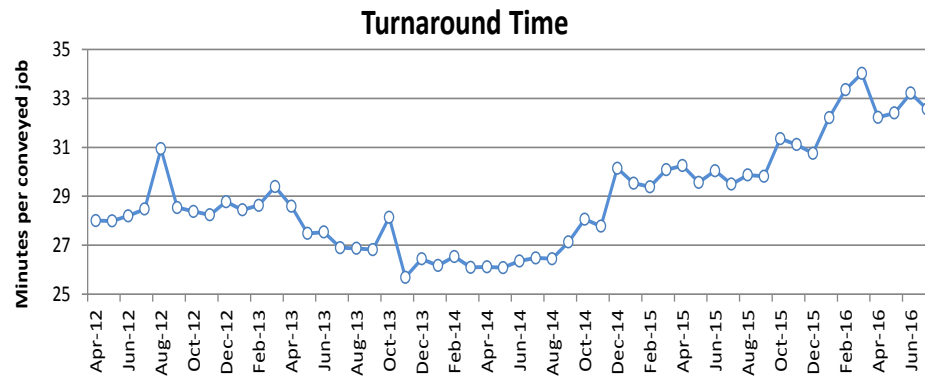
Total Responses	Apr	May	Jun	Jul	Year to Date
2015-16	55,039	56,192	55,166	57,108	223,505
2016-17	56,014	61,569	59,198	62,357	239,138
Variance	1.8%	9.6%	7.3%	9.2%	7.0%
Year on Year Increase in Required FTE - Demand only	26	138	107	134	101

Job cycle Impact

Recent analysis of all demand for 2015-16 around the increased job cycle times shows the impact of delays within the system on YAS vehicle availability and performance. The delays at hospitals caused by longer handover times and increased time at scene causes ambulance staff to be tied up on jobs longer therefore limits the availability to other patients. This impact is significantly higher by increased demand across Yorkshire.

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

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



Impact of Job Cycle Time on Staffing

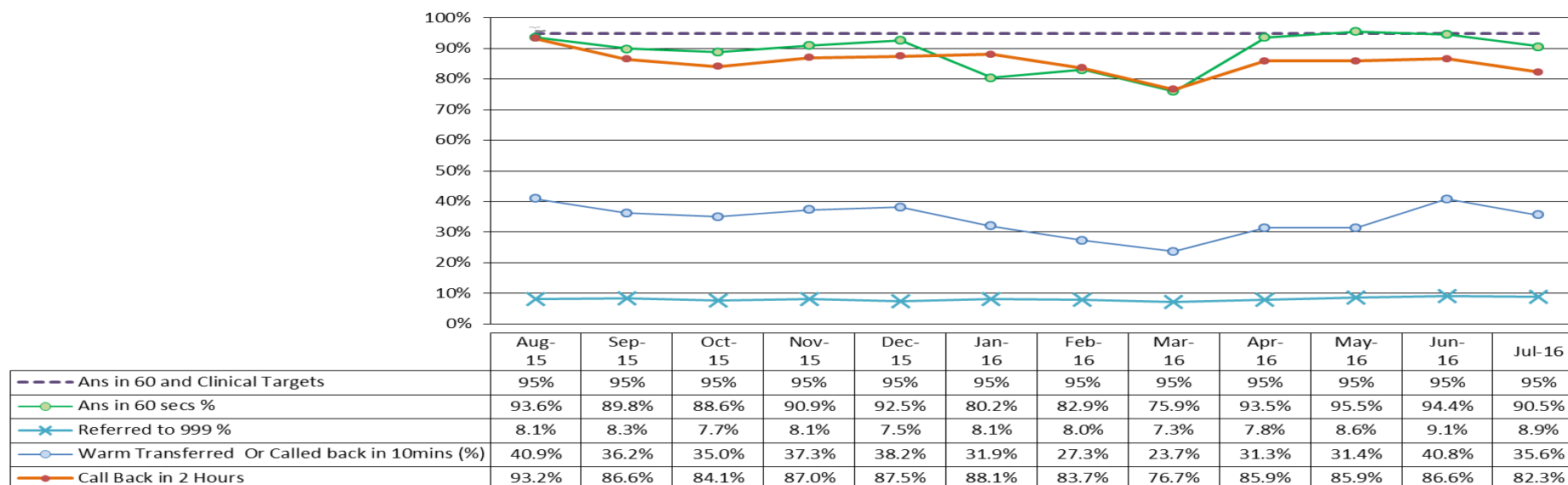
- In 2015/16 we required 26% more resource workload hours based on actual demand and job cycle time
- 75% of this growth (circa 220 of 290 fte) was due to growth in Job Cycle time only.
- Over this time the Trusts budget for frontline fte grew by 66 (inline with the growth in requirement due to demand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

Demand and Performance – NHS 111

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

NHS 111 Key Indicators for Performance

YTD Answered calls as at end of July are 4% (19,700) above last year volumes versus a provisional contracted annual growth of 6.22% (based on contract and adjusted 2015/16 outturn to exclude Easter impact as no Easter in 2016/17). The year to date performance for calls answered in 60 seconds is currently 2.9% (13,671) above the same position last year.



Calls answered demand running at 3.8% (4,765 calls) above contract ceiling. Referrals to 999 moved from 9.1% to 8.9% from June to July and have increased by 1% year on year. In July, 2,008 (26.9%) ambulances were stopped as a result of clinical intervention and 2170 ambulances were checked by a clinician before being sent, out of a total of 5,470 (39.7%) green ambulance calls. This is a decrease of 1.4% from June to July.

YAS has a capacity plan which is profiled across the year in terms of staff required against call profile. This plan makes assumptions on recruitment, attrition and overtime levels. Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 1.4% marginally below plan for July. Available time was 6% below plan. Some of this time relates to failure rate on an NHS pathways course for new starters in July which was higher than expected. Additional staff have been recruited for the September course to accommodate this drop in call handler staff. There is also an ongoing shortfall of clinical staff where the mitigation is agency and senior clinical floor walking support.

Demand and Performance - PTS

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

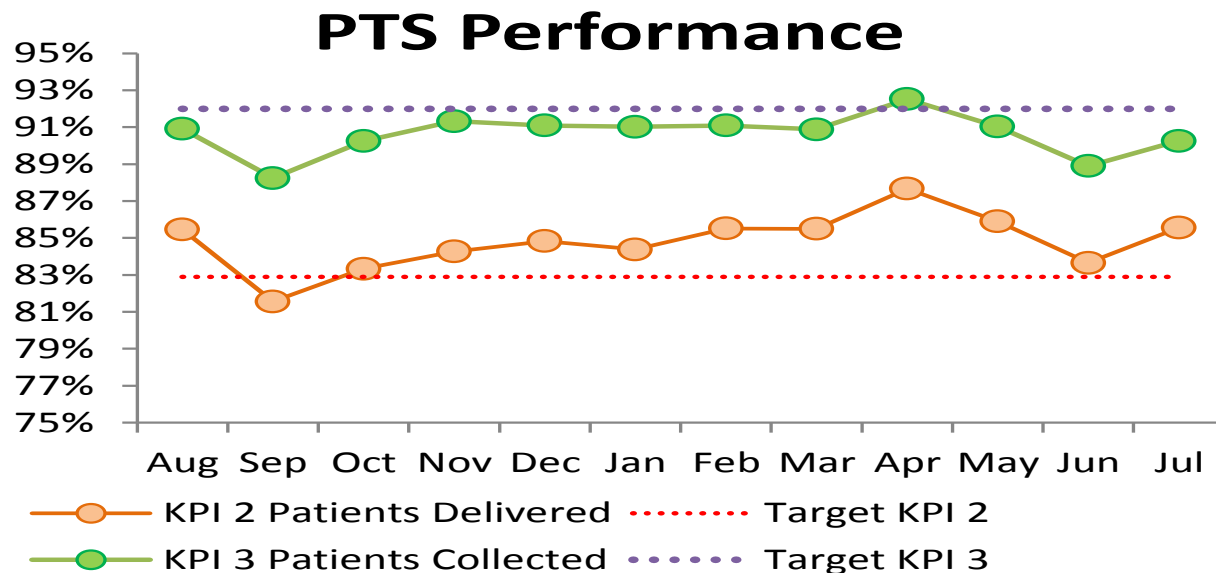
PTS –Performance

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

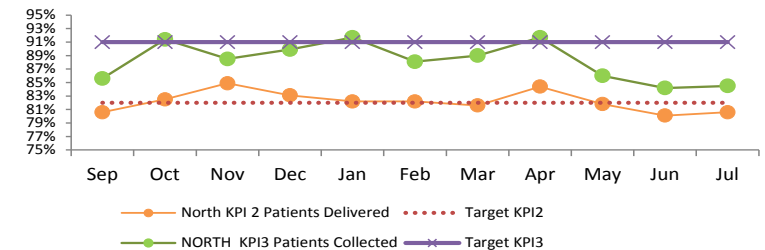
KPI 3 – departure after appointment – July's performance as a whole for PTS was 1.4% below a target of 91.7% of patients getting collected within 90 minutes. Although there was an improvement on June's performance figures.

PTS introduced a number of changes to the West Yorkshire Consortia area in June to support the implementation of the "PTS Change Programme"; these included combining smaller renal and main PTS rosters, and bringing together Control and planning desks. Whilst we are confident that these are the correct changes to make to bring about improvements in performance for patient transport; we have encountered challenges but have implemented service improvement measures which will reflect in the August report.

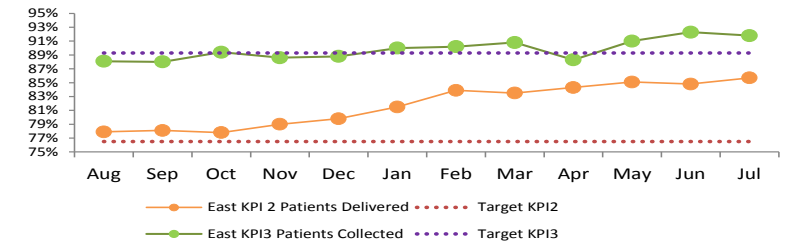
The PTS management team has been actively engaged with renal stakeholders during this time, and a series of meetings have now been arranged. We have begun to trial the extended use of sub-contractors which has already shown improvements in performance. We have also taken the decision to reintroduce the practice allowing nurses to forecast in advance when patients will be ready for collection. This decision was taken following the criticisms received from some patient groups and stakeholders



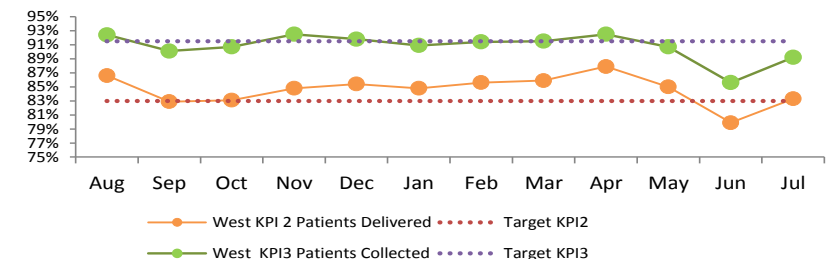
PTS Performance North



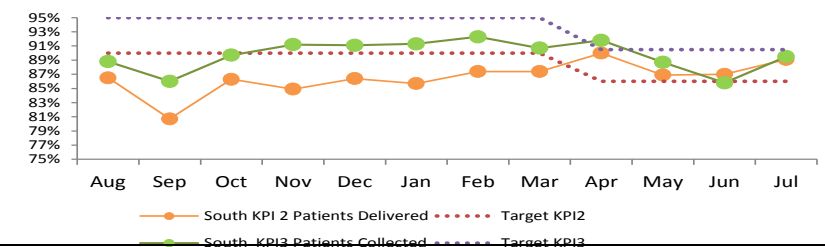
PTS Performance East



PTS Performance West



PTS Performance South

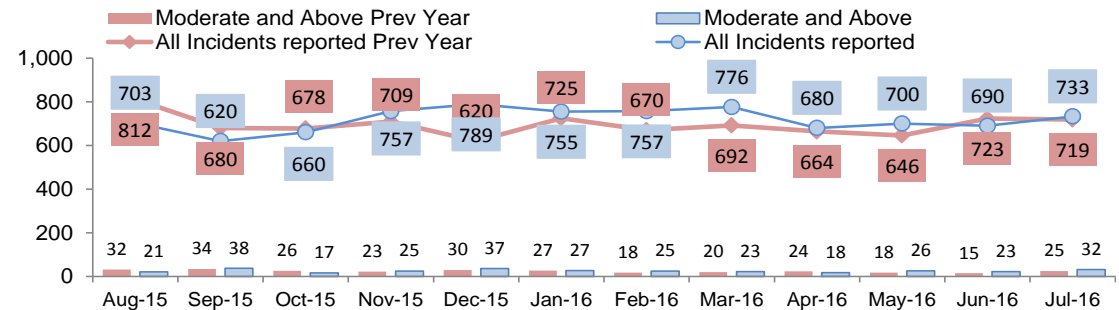


Quality (Lead Director: Executive Director of Quality, Governance and Performance Assurance – Steve Page, Supported by Executive Medical Director – Dr Julian Mark, Nominated Leads: Associate Director of Quality & Nursing – Karen Warner, Associate Medical Director – Dr Steven Dykes)

Complaints: There has been an increase in complaints for PTS with the specific focus on Renal services in West Yorkshire following some recent service changes. Action is underway to address the issues and to engage users of the service in the improvement process. Trust wide response times for complaints and concerns against timescales agreed with the complainant remains high at 94% (YTD) and the average response time is 22 days (YTD)

Incidents: July saw an increase in the number of incidents reported within the EOC. A large proportion of these (33) were delays in response and a further 11 were delayed dispatch. This reflects the increased demand during this period.

An increase can also be seen in NHS 111 and almost a third of these incidents involve delays. An overall increase of 6% in incidents reported from June to July and this is a positive indicator with focus being given during 16-17 on increasing incident reporting. The KPI for 16-17 is to increase incident and near miss reporting by 5% in comparison to last year. As would be expected the majority of incidents reported are no harm or low harm.



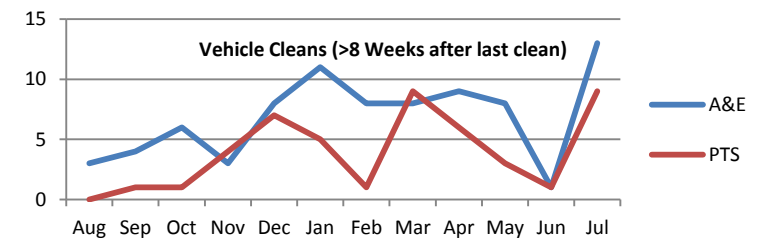
Within PTS the two highest categories are details being inputted incorrectly which affected the patient journey and the incorrect transport being booked.

Friends and family Test: Results for Quarter4 (latest reporting) remain positive with 93.62% (PTS) and 88.13% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

IPC Audits – Compliance in July was positive - 99% for Hand Hygiene, 98% for Premises and 98% for vehicle audit completion.

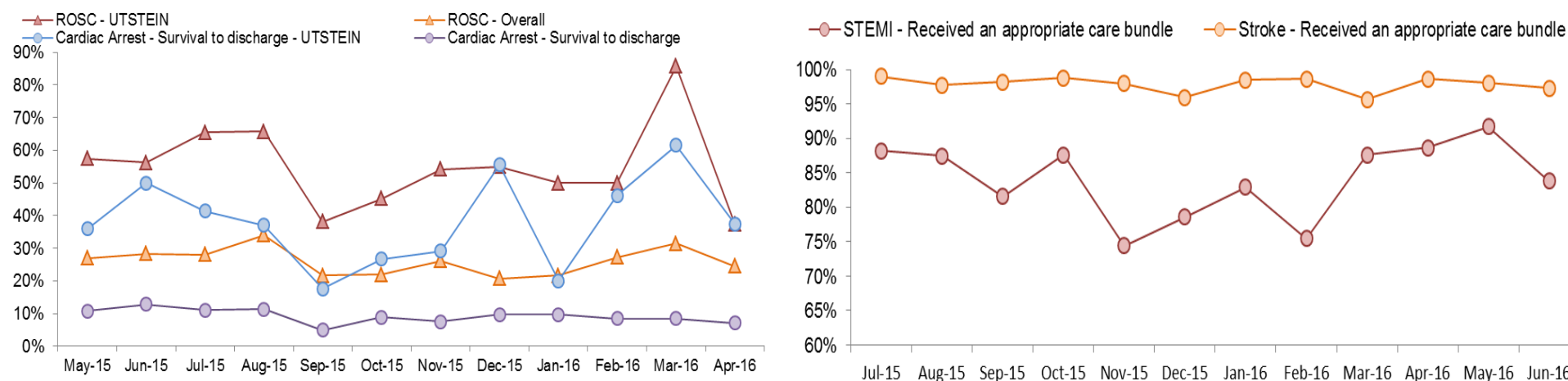
Safeguarding training compliance is consistent with last month. Positive compliance rates have been maintained across all 3 measures, and all 3 measures are above the 85% target level.

Infection prevention and control: The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has risen slightly in July although remains with the significantly lower range seen over recent months with 99.8% compliance. These are actively managed through the weekly review process.



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

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



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

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

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

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

Sickness Absence: The sickness absence rate for July 2016 stands at 5.3% which is an increase of 0.3% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.6%. The 12 month figure stands at 5.4% compared to the 6.0% for the 12 month period of August 2014 to July 2015. The two biggest reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & well-being strategy, which focus on reducing absence in these areas. Most notably this will include mental health awareness training for managers commencing in March 2016.

PDR Compliance: The current PDR rate is 78.9% against the trust stretched target of 90%. Action continues to be in place to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning process.

Statutory and Mandatory Training: The current combined compliance for the Statutory and Mandatory Workbook is 93.9%. The new workbook has been issued and 85.5% of staff have completed their required training.

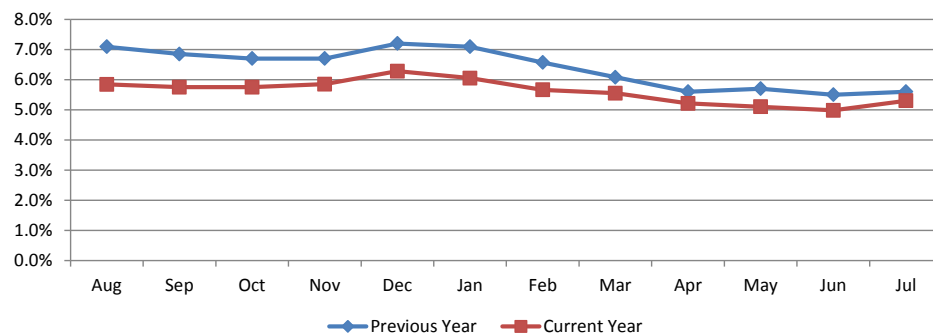
Retention/ Attrition: Turnover has dropped to 11.0% for last month compared to 11.3% for the previous 12 months, 89% of turnover is voluntary.

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

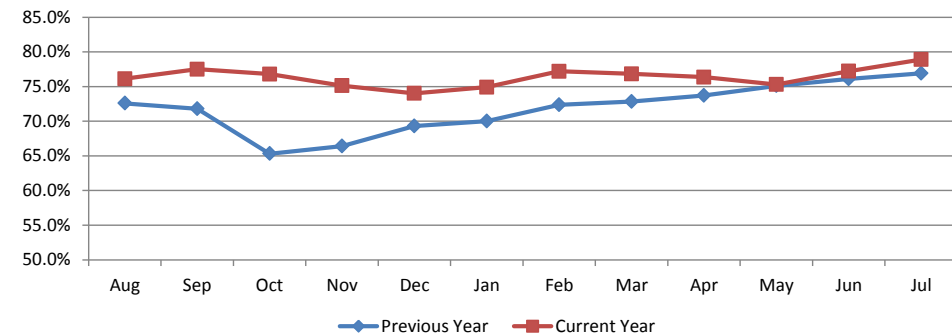
These include:-

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

Sickness Absence



PDR Compliance



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

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	20,810	21,373	563	82,161	82,940	779
Expenditure	(20,772)	(20,782)	(10)	(83,623)	(83,845)	(222)
Retained (Deficit) / Surplus with STF Funding	38	591	553	(1,462)	(905)	557
STF Funding	0	(507)	(507)	0	(507)	(507)
Retained (Deficit) / Surplus without STF Funding*	38	84	46	(1,462)	(1,412)	50
EBITDA	959	1,499	541	2,314	2,884	571
Cash	21,241	22,238	997	21,241	22,238	997
Capital Investment	(447)	(129)	318	(817)	(273)	544
Quality & Efficiency Savings (CIPs)	451	274	(177)	2,360	2,142	(218)

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

£46k). The YTD position is slightly ahead of plan and shows a deficit of (£1,412k) against a plan of (£1,462k) deficit.

In terms of key variances YTD: The A&E service line is (£334k) adverse to plan, which is mainly due to additional use of external providers to increase resource availability and the slippage in the meal break CIP plan. Currently in July front line Operations are 34 FTE behind planned recruitment and it is this shortfall that is mainly being covered by external providers.

The Fleet position is adverse to plan by (£343k) due to adverse spend with increased fleet maintenance on older vehicles given delays in fleet replacement. The Procurement position is (£238k) adverse to plan due to additional spend on consumables, medicines and uniforms due to increased demand. The People and Engagement Directorate position is adverse to plan by (£476k), mainly due to expenditure on training (e.g. driver training, accommodation) and requirement to utilise additional external professional support whilst substantive recruitment is undertaken.

At the end of July 2016, the Trust's cash position was £22.3m against a planned figure of £21.2m. Consistent with last month, the slightly improved cash position is a result of favourable working capital and underspend on capital as highlighted above.

Capital spend for 2016/17 at the end of July 2016 is £0.273m against the re-phased plan of £0.817m. The planned spend on Estates and ICT is delayed due to scheme specifics. The 2016/17 plan spend profile has been updated to reflect the A&E and HART vehicle build programme and associated equipment. There are on-going discussions with NHS Improvement regarding the capital plan and amount of funding available in year to the Trust.

The Trust has a savings target of £9.059m for 2016/17. 88% delivery of the CIP target was achieved as at July 16 and 61% of this was achieved through recurrent schemes. Reserve schemes have achieved £658k of the year to date savings. This creates an adverse variance against plan of (£218k).

The Trust has submitted a revised financial plan to NHS Improvement with an annual planned surplus of £5.1m for 2016/17 in line with the control total agreed with NHS Improvement. In month 4 the plan was a surplus position of £38k with the actual surplus being £591k, of which £507k relates to the YTD adjustment for STF Funding (note the plan submitted by the Trust had phased STF funding over the last 6 months of the year, whilst the national guidance now published shows STF to be accounted for over the full financial year and therefore is causing a timing difference at this point in the financial year). Excluding the STF contribution this shows the trust slightly ahead of plan (small favourable variance of

2.1 Strategic Objectives 2016-17

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

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

Strategic Objectives	Annual Objectives	Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions)	Predicted RAG Year End	July RAG	July SUB RAG	Actions	Lead Director - Overall	Lead Director- Actions	Impl Date
1. Deliver World Class health outcomes in Urgent and Emergency Care	1a Improve response times for A&E services (A&E Transformation Programme)	1a iv: waiting for structure to be sorted 1a vi: Reviewed tel lines and redirected all the legacy lines as appropriate. Some actions to increase efficiency. However they need approving at Clinical Governance Committee. Benchmarked North West and North East to ensure new reports are in line with best practise.	G	A	NS	i	Introduce new Rotas aligned to demand modelling and new response standards	EDOps	Mar-17
					NA	ii	Expand provision of Community First Responder		Mar-17
					NS	iii	Implement new vehicle mix in line with modelling recommendations		Mar-17
					A	iv	Implement new capacity planning process in A&E		Mar-17
					C	v	Implement Ambulance Response Programme (ARP) II		Jun-16
					A	vi	Review call answer profile for 999 calls and address shortfalls in call handler numbers		Mar-17
	1b Improve clinical performance in ACQIs and CPIs	1b i: Improvement in Stroke 60 and STEMI 150 ACQIs are dependent on external factors beyond YAS' influence. The current configuration of acute stroke services, and planned reconfiguration, will exacerbate the fall in Stroke 60 ACQI performance. The majority of excessive responses in the STEMI 150 ACQI data set are due to delays outside YAS' control. The dissolution of the Cardiac SCN in March 2016 will further exacerbate the situation as feedback and scrutiny are compromised. 1b ii: Continuing roll out of automated devices as Business as usual, restart a heart in planning stage.	A	A	A	i	Deliver CPD programme to address under-performing aspects of ACQIs and CPIs	EMD	Mar-17
					G	ii	Further improve rates of cardiac arrest survival across Yorkshire: • Continue roll out of automated CPR devices • Establish a mobile community CPR training facility • Restart A Heart 3 • Expand Fire Co-responder Schemes in North and South Yorkshire • Implement enhanced CPR feedback CQUIN • Trial external pacing and electrical cardioversion to regulate heart rhythms in cases of ROSC		1. Sep-17 2. Mar-17 3. Oct-16 4. Mar-17 5. Mar-17 6. Sep-17
	1c Ensure patients are provided with the most appropriate response to meet their needs (Urgent Care Transformation)	1c iii: Project not yet started. Scoping meetings held during July. 1c iv: Contract not finalised yet, ongoing discussions. Escalated to CEO level. 1c vi: DP&UC and DBD working jointly to actively review and pursue opportunities	G	A	G	i	Establish clinical advice and care navigation specialist clinical advisors	DP&UC	Mar-17
					G	ii	Implement and evaluate 3 Vanguard falls response pilots		Dec-16
					NS	iii	Develop a model for urgent / intermediate care transport		Dec-16
					R	iv	Work with Local Care Direct and Commissioners to review and develop the West Yorkshire urgent care model		Mar-17
					G	v	Develop closer integration between NHS 111 and 999 clinical triage services		Mar-17
					A	vi	Assess and pursue new NHS 111 and urgent care service tenders and opportunities		Mar-17
					NS	vii	Begin roll out of locally managed DOS to support frontline clinicians		Mar-17
					G	viii	Develop shared patient care record		Dec-16
					NS	ix	Introduce PTS enhanced patient discharge services supported by telecare connected home technology		Dec-16
2. Ensure continuous service improvement and innovation	2a Improve processes for management of performance delivery	2a ii: Performance Management Framework agreed, operational processes currently being implemented 2a iii: New Head of PMO to be recruited 2a iv: Initial work done on quality dashboards	G	A	A	i	Development and launch of Trust and Service Line strategies aligned to national Urgent and Emergency Care agenda	EDQ&P	Sep-16
					A	ii	Implement new performance management framework		Jun-16
					A	iii	Ensure robust programme and project management arrangements via new PMO work streams for major change programmes		Jun-16
					A	iv	Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture		Sep-16
	2b Improve efficiency and effectiveness of support service functions	2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured 2b (iii) Recruitment review started 17th August with the aim to streamline process and efficiency to the organisation.	G	A	NA	i	Develop a cadre of leaders equipped to support lean improvement programme	DBD	Sep-16
					A	ii	Improve efficiency through Northern Ambulance Alliance and implementing Carter recommendations		Mar-17
					NS	iii	Undertake lean reviews of key support functions, focused on 1. Recruitment 2. Fleet 3. Internal logistics		1. Sep-16 2. Dec-16 3. Dec-16
	2c Implementation of Hub & Spoke/ Make Ready operational infrastructure (Hub and Spoke Transformation Programme)	i: Paper to F&IC 12th May, agreeing next stage.	G	G	C	i	Secure approval for Doncaster Estate Business Case	CEO	Jun-16
					G	ii	Evaluate Make Ready and Vehicle Preparation System (VPS) Pilots		Sep-17
					G	iii	Roll out Make Ready/VPS to 2 further stations		Mar-17

CEO

ED Finance EDoF

Medical Director EMD

ED Quality, Governance and Performance Assurance EDQ1

ED Operations EDOps

Director of Workforce and OD DWF

Dir Planned and Urgent Care DPUC

Dir Business Development DBD

Dir Estates DEF

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2.1 Strategic Objectives 2016-17

Strategic Objectives	Annual Objectives	Director Overall Comments For IPR - Exception based (provide comments for any Amber or Red Actions)	Predicted RAG Year End	July RAG	July SUB RAG	Actions	Lead Director - Overall	Lead Director- Actions	Impl Date
2. Ensure continuous service improvement and innovation cont	2d	Implementation of a sustainable model for PTS delivery as the market leading integrated planned transport provider (PTS Transformation Programme)	A	A	G	i	Introduce auto planning	DP&UC	Sep-16
					G	ii	Complete auto scheduling pilot		Jun-16
					A	iii	Introduce on-line booking app		Jun-16
					G	iv	Implement workforce plan for Resourcing and Logistics, Voluntary Car Services and apprentice numbers		Sep-16
					G	v	Implement a new subcontractor framework aligned to partnership working & the Total Transport initiative		Jun-16
					A	vi	Continue fleet modernisation programme		Mar-17
					A	vii	Assess and pursue new service tenders and opportunities		Mar-17
	2e	Embed initiatives to support an open learning culture and quality improvement	G	A	G	i	Implement 16/17 CQUIN programme, Clinical Quality Strategy, Sign up to Safety programme.	EDQ&P	Dec-16
					G	ii	Implement learning from complaints and serious incidents to support improvement in services.		Sep-16
					A	iii	Embed quality, risk and safety processes in operational service lines.		Oct-16
					A	iv	Further develop nursing professional leadership structure and implement internship pilot		Dec-16
					C	v	Implement Freedom to Speak Up arrangements		Sep-16
3. Develop and retain a highly skilled, engaged and motivated workforce	3a	Establish YAS values and behaviours framework aligned to findings from Cultural Audit.	G	A	A	i	Engage wide cross section of staff in development of values and behaviours framework	DWF	Sep-16
					A	ii	Produce and publish new behavioural framework		Sep-16
					A	iii	Align recruitment, induction, training and other Trust communications to the new framework		Sep-16
	3b	Establish management and leadership development framework	G	A	A	i	Talent management processes and succession planning including appraisals and selection linked to values and behaviours	DWF	Dec-16
					A	ii	Increase Personal Development Review (PDR) compliance		Sep-16
	3c	Introduce new models for workforce development	A	A	A	i	Introduce career framework for specialist, advanced and consultant paramedic roles	DWF	Sep-16
					A	ii	Implement a new A&E clinical leadership model ensuring appropriate clinical supervision and training for all A&E operations staff		EDOps EMD Sep-16
					A	iii	Establish clear workforce plan for A&E operations recruitment and training trajectory reflecting demand, ACQI and delivery model changes		DWF Jun-16
					A	iv	Improved access to seamless career progression for apprentice/PTS staff into A&E		DWF Sep-16
					A	v	Develop and pilot rotational nursing and paramedic roles within YAS and explore opportunities in partnership with other care providers		DWF
	3d	Take proactive steps to increase diversity within the workforce	G	G	G	i	Deliver diversity training to all Trust managers	DWF	DWF Dec-16
					G	ii	Establishing a Diversity and Inclusion Steering Group		DWF Dec-16
					G	iii	Introduce diversity monitoring into recruitment processes and service line performance dashboards		DWF Dec-16
	3e	Staff Welfare	G	G	G	i	Support flexible working by introducing technology enabled home working in clinical advice functions in NHS111 and EOC	DWF	DP&UC Mar-17
					G	ii	Enhance support to staff mental health related issues by training managers in assessing wellbeing issues		DWF Dec-16
					G	iii	Improved monitoring and management of short-term sickness		DWF Dec-16
					G	iv	Implement initiatives to improve staff wellbeing aligned to the national CQUIN: 1. Health and Wellbeing initiatives 2. Healthy Food 3. Flu vaccinations		DWF Dec-16

2.1 Strategic Objectives 2016-17

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

1. Chief Executive CEO

5. Executive Director of Operations DOps

ED Finance EDoF

Medical Director EMD

2. Executive Director of Finance DoF

6. Director of Workforce and OD DWF

3. Executive Medical Director MD

7. Director of Planned and Urgent Care DP&UC

ED Quality, Governance and Performance Assurance EDQ&P

ED Operations EDOps

Director of Workforce and OD DWF

4. Executive Director of Quality, Governance and Performance Assurance DQ&P

8. Director of Business Development DBD

9. DEF

Dir Planned and Urgent Care DPUC

Dir Business Development DBD

Dir Estates DEF

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2.2 Quality and Efficiency Savings (CIP)

Jul-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	429	(304)	The A&E Operational efficiency schemes are adverse by (£304k) against planned savings, this includes slippage on missed meal breaks, Private Providers and other unidentified recurrent A&E schemes.
Clinical Directorate	43	14	0	Monthly achievement in line with planned savings.
Special Operations	256	85	(27)	Special Operations is currently adverse to plan due to challenges in achieving an increase in Private & Events Income.
Patient Transport Service	1,841	614	(285)	Areas adverse to plan include: aborted calls scheme (£22k), non pay elements of the workforce plan (£19k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£271k).
Finance & Procurement	455	152	(67)	The schemes are underachieving by (£67k) against plan, this is due to volume variances e.g. uniforms and medical consumables given increased demand.
Standards and Compliance	98	32	(10)	Standards & Compliance is currently underachieving including Injury Cost Recovery scheme variance to plan (£10k)
111	595	198	0	The NHS 111 schemes are currently being reviewed to identify potential schemes / alternative service delivery. The CIP plan at the end of July is on track at the end of July as a result of non-recurrent staff savings due to vacancies.
EOC	308	103	0	Monthly achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	733	(184)	Areas of variance against plan include: Fleet schemes (capacity £50k), Estates (£69k) and People and Engagement (£64k), resulting in an adverse variance of (£184k). Delivery of a number of smaller schemes are delayed and should commence later this year.
Total Planned Scheme Savings	9,059	2,361	(877)	
Reserve Schemes	0	0	658	This relates to the non-recurrent A & E Clinical Supervisor scheme (utilising their time as part of the front line rota) & PTS Income
Recurrent Reserve Schemes	0	0		
Non-recurrent Reserve Schemes	0	0	0	
Total Savings	9,059	2,361	(219)	

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

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

Comments:- A paper is due to be presented at TEG to outline the resource implications for the staff wellbeing initiatives CQUIN. The uptake of flu vaccine will be a challenge to achieve.

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

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

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

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

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

Comments:-

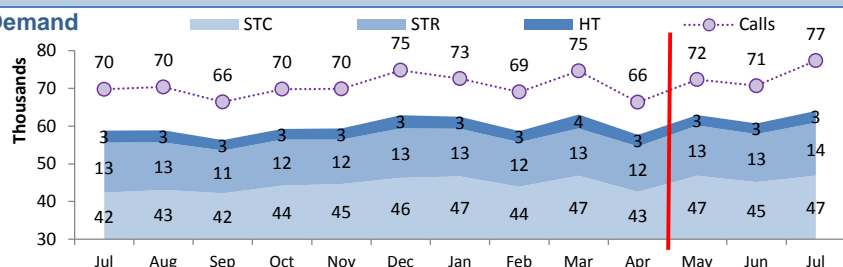
- Patient portal – all initial actions and project plans written and shared with commissioners. Additional staffing requested to assist with development and delivery of the project.
- Courtesy Calling – all initial actions and project plans written and shared with commissioners. Additional staff being trained along with staff on light duties to deliver the project from roll out on 30 June.

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

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

Jul-16

1. Demand



Compared to last year Hear & Treat calls have reduced by 14.5%, See Treat & Refer responses have increased by 7.3% and See Treat & Convey have increased by 6.9%. Overall responses (incidents arrived at scene) are above contracted.

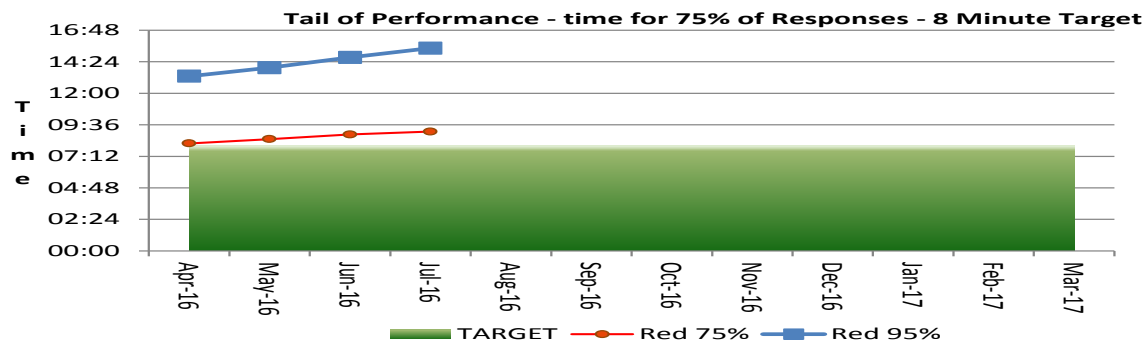
July	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	292,847	11,802	56,279	182,860
YTD YAS (inc OOA&UCP) 2015-16	276,363	13,810	52,458	171,047
Variance (Between Years)	6.0%	(14.5%)	7.3%	6.9%
YTD (Contract CCGs only) Actuals 2016-17*	286,742	11,759	52,067	181,487
YTD (Contract CCGs only) Contracted 2016-17	272,027	13,755	48,113	169,785
Variance (to Contract)	5.4%	(14.5%)	8.2%	6.9%

* excludes UCP and Out of Area

3. Quality

	July.	YTD
Serious Incidents (Rate Per 1000 Responses)	1 (0.02) ↑	4 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
Total Incidents (Rate Per 1000 Responses)	415 (6.6) ↓	1693 (7.1)
Total Incidents per 1000 responses was less in July than the year to date average. There were 10 less incidents than June		
Feedback	Complaints	9 ↓ 51
	Concerns	9 ↔ 53
	Comments	2 ↓ 24
	Service to Service	13 ↔ 52
	Compliments	5 ↓ 183
Response within target time for Complaints and Concerns	80%	90%
Ombudsman Cases	Upheld	0 0
	Not Upheld	1 2
The average response time for Complaints and Concerns in July was 37 days and YTD is 30 days		
Vehicle Deep Clean (>8 weeks after last clean)	13 ↑	22

2. Red Performance



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

ARP Pilot: Performance for Red is below the 75% target at 66.5% for July (68.9% YTD)

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

4. Workforce

	FTE	Sickness (5%)	Absence (25%)	Total	%
July 2016 (FT Equivalents)					
Budget FTE	2,164	108	541	1,515	70%
Contracted FTE (before overtime)	2,188	132	517	1,538	70%
Variance	24	(24)	24	23	1.5%
% Variance	1.1%	(22.4%)	4.4%		
FTE (worked inc overtime)*	2,340	132	517	1,691	72%
Variance	176	(24)	24	176	11.6%
% Variance	8.1%	(22.4%)	4.4%		
* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Abstractions) are from GRS					
Available FTE has increased from last month (1538 compared to 1392) and is now above planned Gross FTE (1.1%) Absence is higher than planned.					
The number of Operational Paramedics is 896 FTE (Band 5 & 6)					
The difference between contract and FTE worked is related to overtime.					
The difference between budget and contract is related to vacancies.					

5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
Directorate Position		22,517	22,183	334
CIPs		429	511	82
A&E are (£334k) adverse to plan YTD, which relates to additional use of external providers to increase resource availability.				
Overall resource hours per week has fallen compared to the business plan with reduced numbers in overtime uptake.				
Charges in relation to subsistence and agency paramedics expenditure has also contributed to this position.				

3.1 A&E Operations

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

Jul-16

1. ARP Pilot Review

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

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

Red – Life-threatening

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

Amber – Emergency

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

Green – Urgent

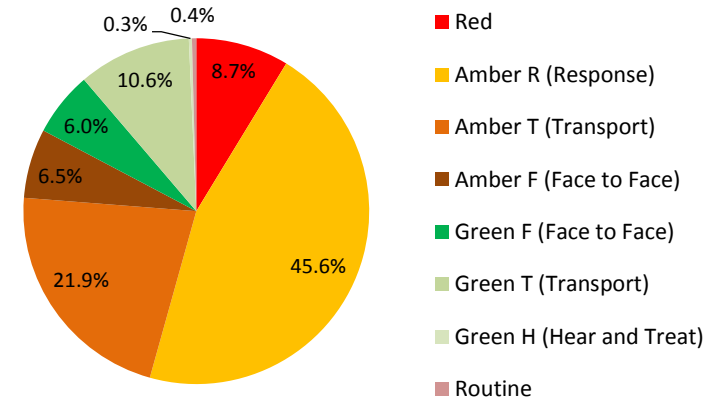
Urgent problem (not immediately life-threatening) that needs transport within a clinically appropriate timeframe or a further face-to-face or telephone assessment and management.

2. Demand and Performance

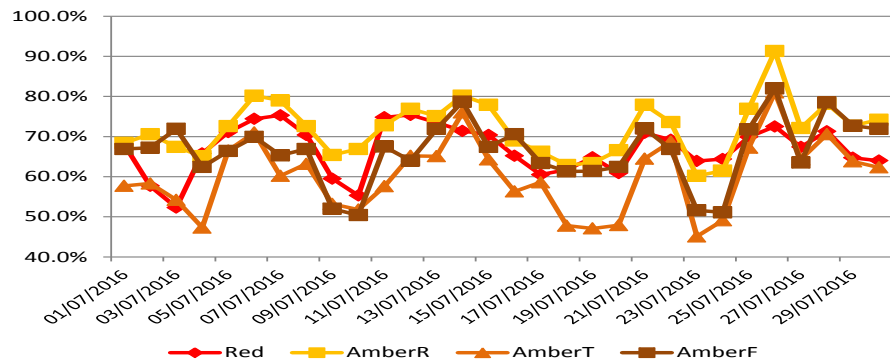
	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Red	5721	8	1233	4198	5431	8 Mins (75% Target)	66.5%	8.7%
Amber R (Response)	30916	254	6368	22084	28452	19 Mins (No Target)	71.6%	45.6%
Amber T (Transport)	15936	209	2802	10851	13653		60.5%	21.9%
Amber F (Face to Face)	6308	143	1905	2143	4048		66.4%	6.5%
Green F (Face to Face)	9044	98	1946	1812	3758	60 Mins (No Target)	92.2%	6.0%
Green T (Transport)	7642	53	750	5833	6583		71.7%*	10.6%
Green H (Hear and Treat)	3282	2337	66	116	182		98.9%	0.3%
Routine	345	0	21	230	251	Hear & Treat	96.4%	0.4%

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

Top 10 Chief Complaints	Red
Convulsions/Fitting	21%
Inter-facility 1	16%
Cardiac/Respiratory Arrest	12%
Haemorrhage/Lacerations	11%
Unknown Problem - Collapse-3rd Pty	5%
Breathing Problems	5%
HCP Red Defib	4%
Allergies/Rash/Med Reaction/Stings	4%
Falls/Back Injuries - Traumatic	4%
HCP Red	2%



3. Performance by day

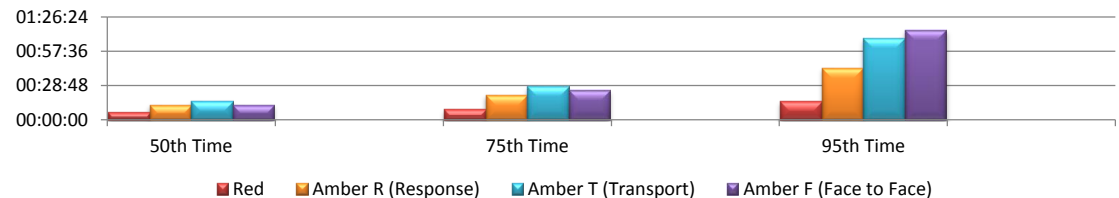


Key Points:

- Hear and Treat rates increased again from last month to 4.8% compared to 4.6% last month. Due to the changing nature of the Ambulance Response there is less need in some cases for a hear and treat response as the patient is getting the most appropriate response. Further work is being carried out to assess the codes. There maybe some other codes that are suitable for a hear and treat response.
- The top 10 Red chief complaints are show above, 16% are Intra-facility 1 transfers.

4. Tail of Performance

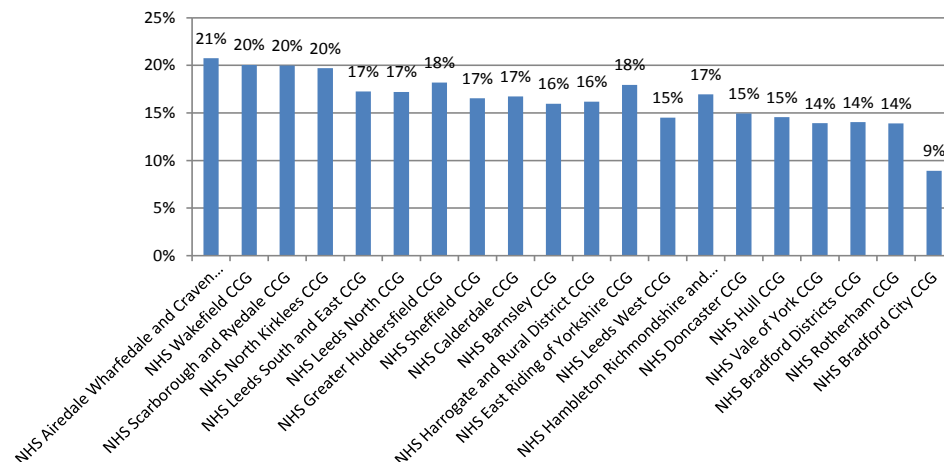
	50th Time	75th Time	95th Time	99th Time
Red	00:06:19	00:09:01	00:15:17	00:22:19
Amber R (Response)	00:12:27	00:20:45	00:43:36	01:12:49
Amber T (Transport)	00:15:37	00:28:03	01:08:23	02:02:57
Amber F (Face to Face)	00:12:30	00:24:54	01:15:24	02:11:32



Key Points:

- Tail of performance for Red - 50% of people received a response in 6 mins 19 seconds. 95% of patient were seen in 15 mins and 17 seconds.
- Tail of Performance for Amber (within 19 minutes) ranges from 12:27 to 15:37 for 50th Percentile

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

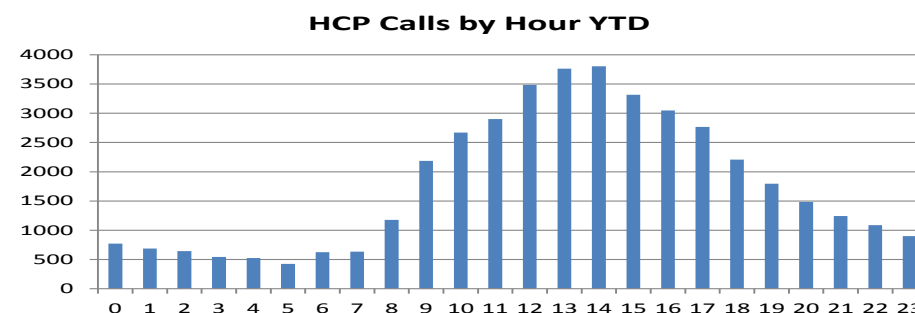
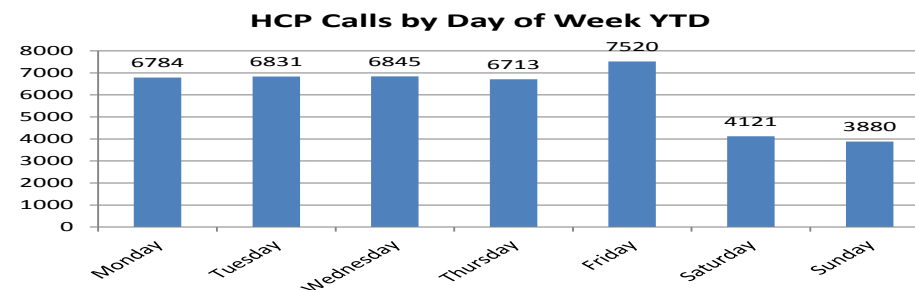


Red Calls as a proportion account for 16.2% of all HCP calls.

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

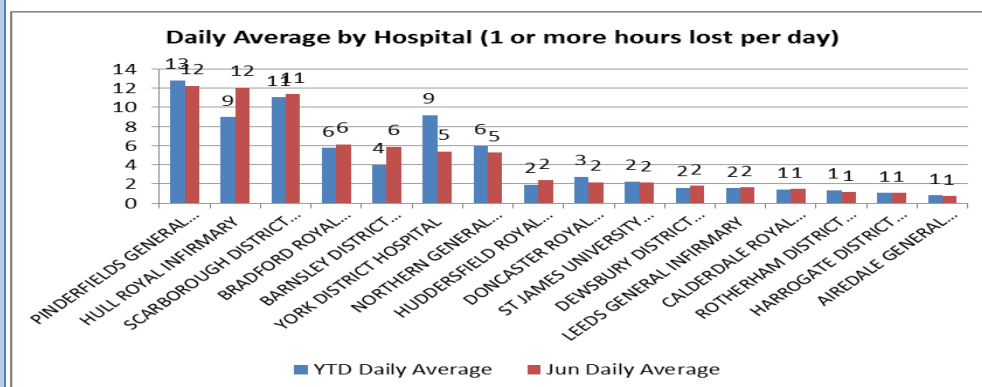
The time of day with the highest (60.3%) of all calls are between 10 and 5pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

2. HCP by Time of Day



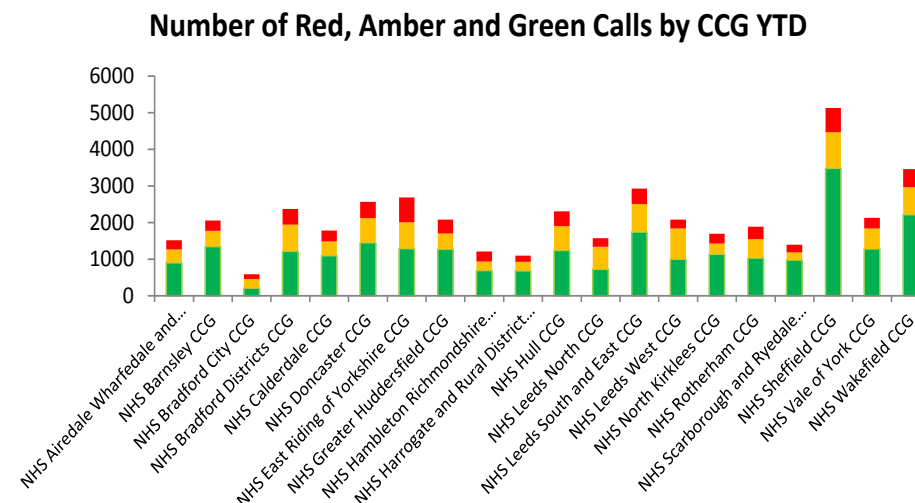
3. Hospital Turnaround - Excessive Response

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	last 12 mths
Excessive Handovers Over 15mins (hours)	1433	1153	1825	1852	1591	2250	2734	3300	1981	2323	2283	2274	24999
Excessive Hours per Day	46	38	59	62	51	73	94	106	66	75	76	73	820

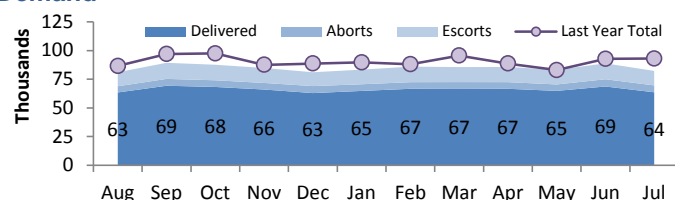


Excessive time lost at hospitals was lower in July than June. It continues to be higher than for the same period last year. Mid-Yorks - Pinderfields, York District and Scarborough have been impacting on performance.

4. HCP by Grade of Call



1. Demand



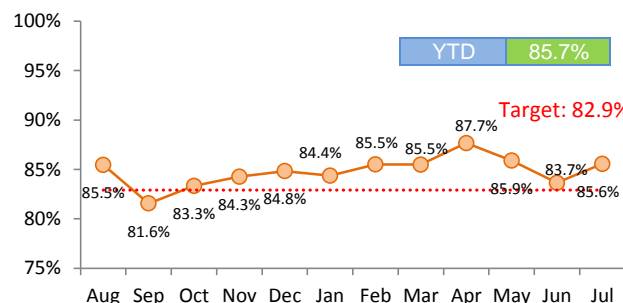
Comparison to Plan

	Delivered	Aborts	Escorts	Total
April to March				
YTD 2016-17	263,733	23,726	52,448	339,907
Contract 2016-17 (2015-16 Demand)	277,609	24,414	55,334	357,357
% Variance	(5.0%)	(2.8%)	(5.2%)	(4.9%)

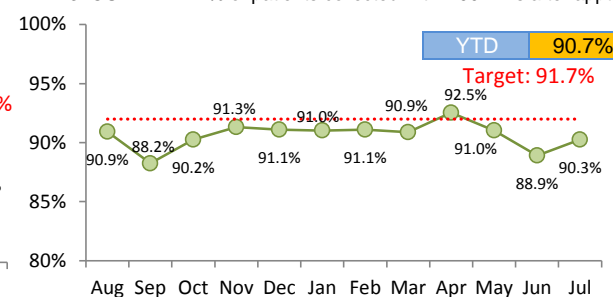
Key Points - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

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 1 achieved 94.3% against a target of 94.0%. KPI 2 (inward) also achieved target by 3% and KPI 3 (outward) missed target by 1.4%. East Yorkshire KPI 2 (inward) achieved 85.7% against target of 76.5% + 9.2% and KPI 3 (outward) achieving 91.8% against target of 89.3% + 2.5%. North Yorkshire KPI 2 (inward) narrowly missed target by 1.4%, KPI 3 under achieved by 6.5% due. The biggest challenges being experienced in HaRD and Vale of York largely due to a high volume of staff sickness since June. South Yorkshire KPI 2 (inward) achieved target by 3.1% due to the changes within 2016/2017 contract KPI 3 (outward) narrowly missed target by 1% although an improvement on June's figures.

3. Quality, Safety and Patient Experience

	Jul	YTD
Calls Answered in 3 mins (All PTS calls)	67.4% ↑	68.9%
Serious Incidents (YTD)	0 ↔	1
Total Incidents (per 1000 activities)	115 (1.81) ↓	437 (1.66)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
Feedback	Complaints	25 ↑ 55
	Concerns	69 ↔ 187
	Comments	7 ↑ 27
	Service to Service	73 ↑ 184
	Compliments	0 ↓ 4
Response within target time for Complaints and Concerns	99%	98%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 0
Patient Experience Survey - Qtrly	92.4%	92.4%
Vehicle Deep Clean (>8 weeks since last clean)	9 ↑	19

4. Workforce

FT Equivalents

Jul-16	FTE	Sickness (5%)	Absence (20%)	Available	
				Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	707	54	117	536	76%
Variance	(20)	(18)	29		
Actual Shrinkage %		7.1%	15.7%	(9)	(1.7%)
% Variance	(2.7%)	(48.9%)	19.7%		
FTE worked inc overtime	741	54	117	571	77%
Variance	15	(18)	29		
% Variance	2.0%	(48.9%)	19.7%	26	4.7%

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

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

Key Points

PTS used an equivalent of an additional 26 FTE with the use of overtime against vacancies of 9. Sickness absence for July 2016 is 7.1%. YAS combined (all CCG areas).

The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

5. Finance (Y/E Summary)

£000	Plan	Actual	Variance
Directorate Position	3,100	2,964	136
CIPs	614	600	(14)

The YTD position of the directorate is £136k adverse to plan. The current overspend of £136k mainly relates to pay £79k and Non Pay £59k.

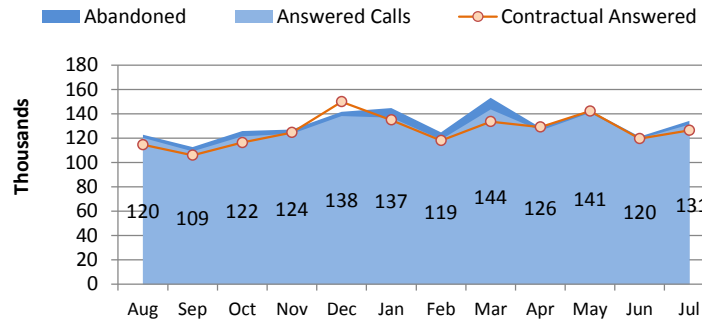
Quality and Efficiency Savings (CIPs) are currently (£76k) behind plan due to a delay in workforce savings, lower than expected savings on reduced number of aborted calls, as well as the non-delivery of the 15/16 CIP target.

3.3 NHS 111

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

Jul-16

1. Demand



Calls answered up by 13.7% compared to July 2015 and above contract ceiling (3.8% up - 4,765 calls)

April to June	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2016-17	527,480	518,001	484,243	93.5%
YTD Contract Ceiling 2016-17	517,485	517,485	491,611	95.0%
Variance	9,995	516	(7,368)	
	1.9%	0.1%	(1.5)%	(1.5)%
YTD 2015-16	507,470	498,301	470,572	94.4%
Variance	20,010	19,700	13,671	
	3.9%	4.0%	2.9%	(1.0)%

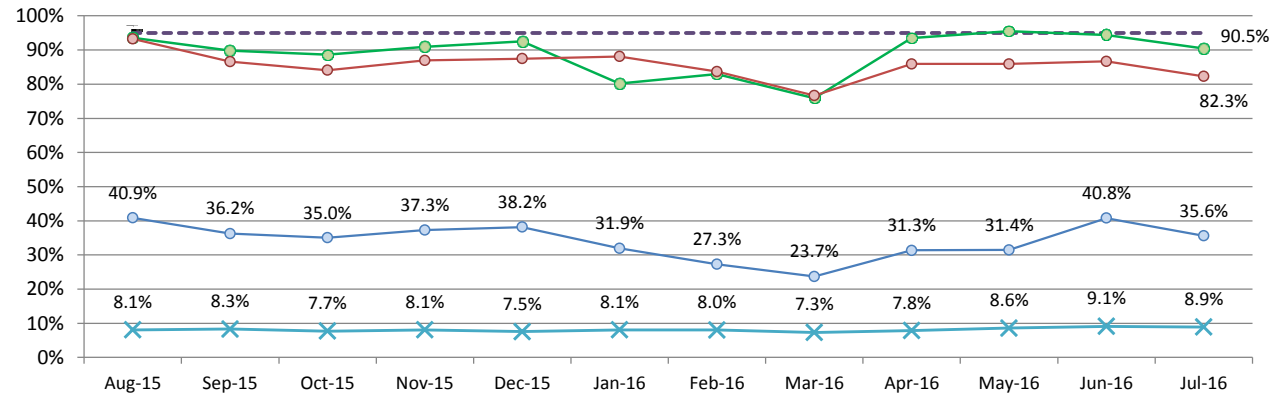
3. Quality

		July	YTD
Serious Incidents (per 1000 answered)		0 (0)	6 (0.01)
Total Incidents (per 1000)		54 (0.41)	162 (0.31)
Feedback	Complaints	41	179
	Concerns	5	17
	Comments	8	22
	Service to Service	18	196
	Compliments	6	43
Response within target time for Complaints and Concerns		79%	90%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0

2. Performance

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

Answered in 60 secs (95% Target)	90.5%	93.5%
Warm Transferred and Call Back in 10mins (65%)	35.6%	34.7%
Call Back in 2 Hours (95%)	82.3%	85.2%
Referred to 999 (nominal limit 10%)	8.9%	8.6%



Calls Offered have increased by 14.4% compared to July 2015. Answered in 60 performance is down by 5% when compared to the same month last year. Month on month, performance went from 94.4% in June to 90.5% in July (down by 4%). Warm Transferred and Call Back in 10 minutes is down by 5.1% month on month and 0.6% down compared to July 2015. 111 referrals to 999 up by 1% year on year but remain within target. In July, 2,008 ambulances were managed to a more appropriate outcome as a result of being clinically reviewed.

4. Workforce

June 2016 (FT Equivalents) - Call Handler and Clinician				Available	
FTE	Sickness (9%)	Absence (23%)	Total	%	
Budget FTE	293	26	67	199	68.0%
Contracted FTE (before Overtime)	279	22	80	178	63.6%
Variance	(14)	4	(12)	(22)	-11%
% Variance	(4.7)%	16.2%	(18.3)%		
FTE (Worked inc Overtime)	289	22	80	187	65%
Variance	(4)	4	(12)	(12)	-6%
% Variance	(1.4)%	16.2%	(18.3)%		
Contracted FTE (before Overtime) 1.4% below budgeted					
Paid Sickness at 7.9% (1.1% below threshold) and absence at 28.5% (5.5% above threshold)					

5. Finance (YTD Summary)

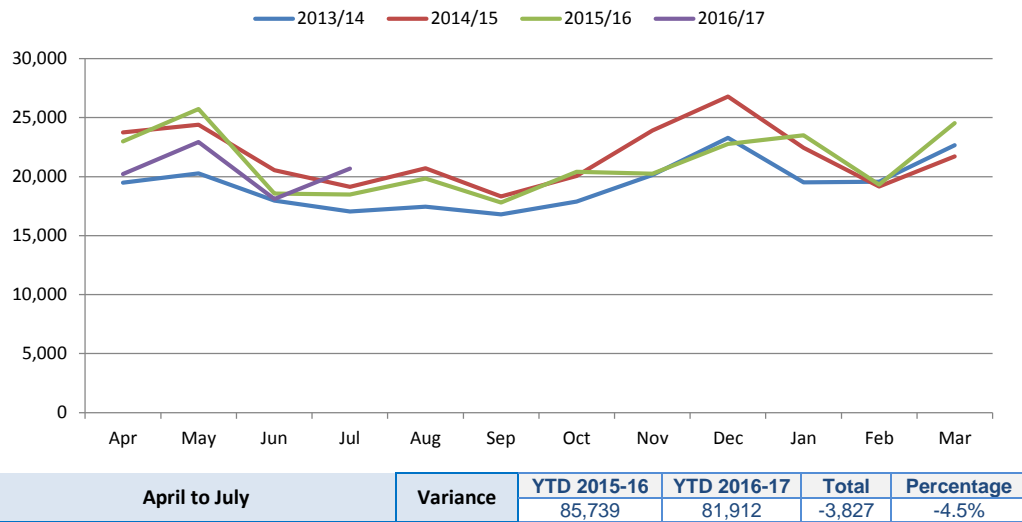
£000	Plan	Actual	Variance
Directorate Position	807	934	(127)
CIPs	198	198	0

The directorate is favourable to plan by £127k YTD mainly due to vacancies £85k.

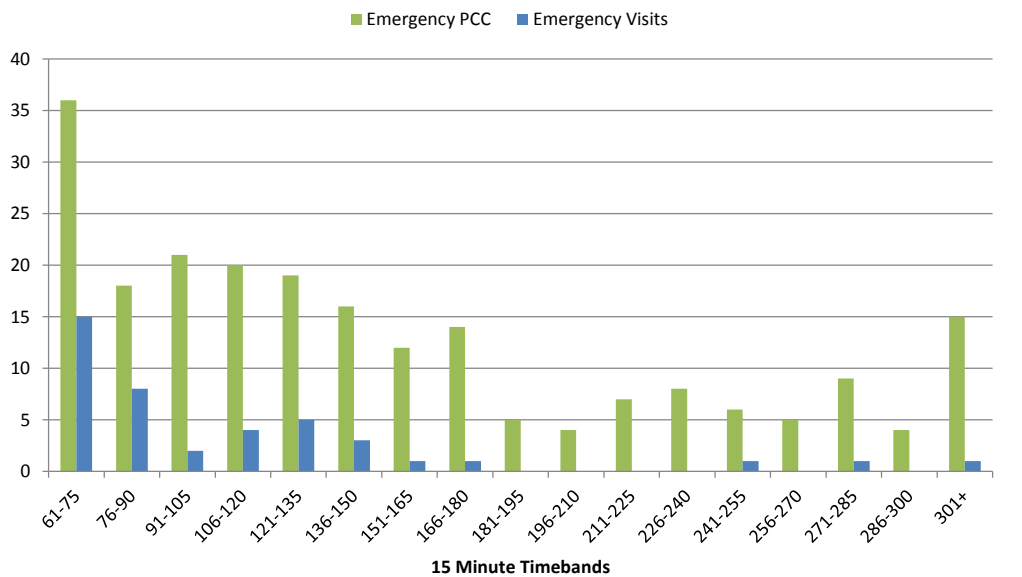
Quality and Efficiency Savings (CIPs) are currently in line with the plan at the end of July as a result of non-recurrent staff savings due to vacancies.

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

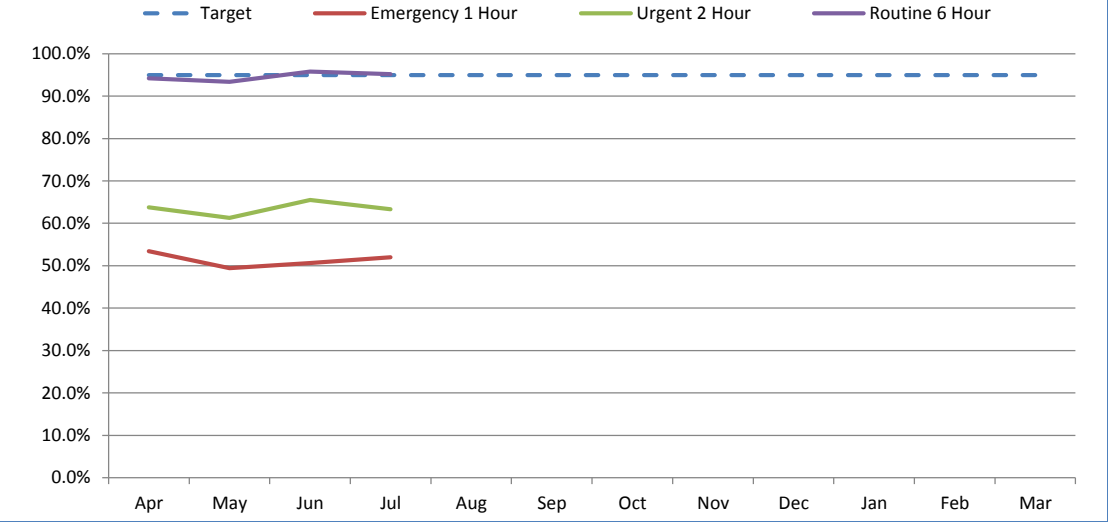
1. Demand



3. Tail of Performance July 2016



2. Performance



4. Complaints

Adverse Incidents, Reports and Complaints	
Adverse Incidents	No SI's reported in July.
Adverse Reports received	No adverse reports received
Patient Complaints	There were 18 patient complaints during July, down 13 on June. 9 complaints are closed and 9 under investigation.

5. Comments

The activity levels for WYUC continue to be higher than originally anticipated and additional capacity continues to be provided by Local Care Direct to support the delivery of a safe service. Patient demand levels for WYUC increased in July by 12.7% year-on-year. The increase can be attributed to the fact that Jul-16 contained 10 weekend days when we have only ever seen 8 in the past, so the extra 2,400 on last year is an average weekend's activity.

Performance for July :

- One hour Emergency responses (NQR12a) showed an improvement of 0.4% compared to July-15
- Two hour urgent responses (NQR12b) declined by 6% with an activity increase of 14%
- Six hour routine responses (NQR12c) improved by 0.3%

There were 18 patient complaints during July, down 13 on June. 9 complaints are closed and 9 under investigation. After a period of falling percentages from Feb-Apr, a two month increase was observed in May/Jun, however the trend overall is a decline of approx. 1%.

4.1 Finance Overview

Jul-16

	Month	YTD	Trend 2016-17																																							
RISK RATING: The Trust remains broadly on plan at Month 4 against key financial metrics including I&E and Cash. The Amber risk rating for Month 4 results from the calculation of the "Financial Sustainability Risk Rating", where a negative I&E margin limits the metric to 2, even where the deficit was planned. This metric will improve as the Trust moves to financial surplus for the year, in line with plan.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>2</td><td>2</td></tr><tr><td>M2</td><td>2</td><td>2</td></tr><tr><td>M3</td><td>2</td><td>2</td></tr><tr><td>M4</td><td>2</td><td>2</td></tr><tr><td>M5</td><td>3</td><td>3</td></tr><tr><td>M6</td><td>3</td><td>3</td></tr><tr><td>M7</td><td>4</td><td>4</td></tr><tr><td>M8</td><td>4</td><td>4</td></tr><tr><td>M9</td><td>4</td><td>4</td></tr><tr><td>M10</td><td>4</td><td>4</td></tr><tr><td>M11</td><td>4</td><td>4</td></tr><tr><td>M12</td><td>4</td><td>4</td></tr></tbody></table>	Month	Actual	Plan	M1	2	2	M2	2	2	M3	2	2	M4	2	2	M5	3	3	M6	3	3	M7	4	4	M8	4	4	M9	4	4	M10	4	4	M11	4	4	M12	4	4
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EBITDA: The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) at month 4 is £1.5m against a plan of £1m, a positive variance to Plan by £0.5m (reflecting the YTD adjustment for additional £0.5m STF income).			<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>800</td><td>800</td></tr><tr><td>M3</td><td>500</td><td>500</td></tr><tr><td>M4</td><td>1,500</td><td>1,000</td></tr><tr><td>M5</td><td>1,000</td><td>1,000</td></tr><tr><td>M6</td><td>500</td><td>500</td></tr><tr><td>M7</td><td>2,500</td><td>2,500</td></tr><tr><td>M8</td><td>2,200</td><td>2,200</td></tr><tr><td>M9</td><td>2,500</td><td>2,500</td></tr><tr><td>M10</td><td>2,200</td><td>2,200</td></tr><tr><td>M11</td><td>1,000</td><td>1,000</td></tr><tr><td>M12</td><td>2,200</td><td>2,200</td></tr></tbody></table>	Month	Actual	Plan	M1	500	500	M2	800	800	M3	500	500	M4	1,500	1,000	M5	1,000	1,000	M6	500	500	M7	2,500	2,500	M8	2,200	2,200	M9	2,500	2,500	M10	2,200	2,200	M11	1,000	1,000	M12	2,200	2,200
Month	Actual	Plan																																								
M1	500	500																																								
M2	800	800																																								
M3	500	500																																								
M4	1,500	1,000																																								
M5	1,000	1,000																																								
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M11	1,000	1,000																																								
M12	2,200	2,200																																								
SURPLUS: The Trust has reported a YTD deficit as at the end of July (Month 4) of £0.9m against a planned deficit of £1.5m, positive variance to Plan by £0.6m (of which £0.5m relates to the YTD adjustment for STF income). The methodology of the calculation and payment of STF was issued after the Trust's plan submission.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-500</td><td>-500</td></tr><tr><td>M2</td><td>-200</td><td>-200</td></tr><tr><td>M3</td><td>-500</td><td>-500</td></tr><tr><td>M4</td><td>1,500</td><td>1,000</td></tr><tr><td>M5</td><td>1,000</td><td>1,000</td></tr><tr><td>M6</td><td>-500</td><td>-500</td></tr><tr><td>M7</td><td>1,500</td><td>1,500</td></tr><tr><td>M8</td><td>1,200</td><td>1,200</td></tr><tr><td>M9</td><td>1,500</td><td>1,500</td></tr><tr><td>M10</td><td>1,200</td><td>1,200</td></tr><tr><td>M11</td><td>-500</td><td>-500</td></tr><tr><td>M12</td><td>1,200</td><td>1,200</td></tr></tbody></table>	Month	Actual	Plan	M1	-500	-500	M2	-200	-200	M3	-500	-500	M4	1,500	1,000	M5	1,000	1,000	M6	-500	-500	M7	1,500	1,500	M8	1,200	1,200	M9	1,500	1,500	M10	1,200	1,200	M11	-500	-500	M12	1,200	1,200
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M12	1,200	1,200																																								
CAPITAL: Capital spend for 2016/17 at the end of July 2016 is £0.273m against a plan of £0.817m. The planned spend on Estates and ICT is delayed due to scheme specifics. The 2016/17 plan spend profile has been updated to reflect the A&E and HART vehicle build programme and associated equipment.			<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>500</td><td>500</td></tr><tr><td>M3</td><td>500</td><td>500</td></tr><tr><td>M4</td><td>500</td><td>500</td></tr><tr><td>M5</td><td>1,500</td><td>1,500</td></tr><tr><td>M6</td><td>3,500</td><td>3,500</td></tr><tr><td>M7</td><td>2,500</td><td>2,500</td></tr><tr><td>M8</td><td>2,000</td><td>2,000</td></tr><tr><td>M9</td><td>1,000</td><td>1,000</td></tr><tr><td>M10</td><td>2,000</td><td>2,000</td></tr><tr><td>M11</td><td>1,500</td><td>1,500</td></tr><tr><td>M12</td><td>500</td><td>500</td></tr></tbody></table>	Month	Actual	Plan	M1	500	500	M2	500	500	M3	500	500	M4	500	500	M5	1,500	1,500	M6	3,500	3,500	M7	2,500	2,500	M8	2,000	2,000	M9	1,000	1,000	M10	2,000	2,000	M11	1,500	1,500	M12	500	500
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CASH: At the end of July 2016, the Trust's cash position was £22.3m against a planned figure of £21.2m. Consistent with last month, the slightly improved cash position is a result of favourable working capital and underspend on capital as highlighted above.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>20</td><td>20</td></tr><tr><td>M2</td><td>22</td><td>20</td></tr><tr><td>M3</td><td>22</td><td>20</td></tr><tr><td>M4</td><td>22</td><td>22</td></tr><tr><td>M5</td><td>20</td><td>20</td></tr><tr><td>M6</td><td>18</td><td>18</td></tr><tr><td>M7</td><td>22</td><td>18</td></tr><tr><td>M8</td><td>18</td><td>18</td></tr><tr><td>M9</td><td>20</td><td>20</td></tr><tr><td>M10</td><td>18</td><td>18</td></tr><tr><td>M11</td><td>18</td><td>18</td></tr><tr><td>M12</td><td>18</td><td>18</td></tr></tbody></table>	Month	Actual	Plan	M1	20	20	M2	22	20	M3	22	20	M4	22	22	M5	20	20	M6	18	18	M7	22	18	M8	18	18	M9	20	20	M10	18	18	M11	18	18	M12	18	18
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CIP: The Trust has a savings target of £9.059m for 2016/17. 88% delivery of the CIP target was achieved as at July and 61% of this was achieved through recurrent schemes. Reserve schemes have contributed £658k of the year to date savings. This creates an overall adverse variance against plan of (£219k).			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>600</td><td>600</td></tr><tr><td>M2</td><td>600</td><td>600</td></tr><tr><td>M3</td><td>600</td><td>600</td></tr><tr><td>M4</td><td>600</td><td>600</td></tr><tr><td>M5</td><td>600</td><td>600</td></tr><tr><td>M6</td><td>600</td><td>600</td></tr><tr><td>M7</td><td>1,400</td><td>1,400</td></tr><tr><td>M8</td><td>800</td><td>800</td></tr><tr><td>M9</td><td>800</td><td>800</td></tr><tr><td>M10</td><td>800</td><td>800</td></tr><tr><td>M11</td><td>800</td><td>800</td></tr><tr><td>M12</td><td>1,000</td><td>1,000</td></tr></tbody></table>	Month	Actual	Plan	M1	600	600	M2	600	600	M3	600	600	M4	600	600	M5	600	600	M6	600	600	M7	1,400	1,400	M8	800	800	M9	800	800	M10	800	800	M11	800	800	M12	1,000	1,000
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4.2 Finance Detail

Jul-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	14,869	14,777	(91)
Patient Transport Service	2,378	2,374	(4)
111	2,619	2,669	49
Other Income	944	1,553	609
Operating Income	20,810	21,373	563
Pay Expenditure & reserves	(14,438)	(14,012)	426
Non-Pay expenditure & reserves	(5,413)	(5,861)	(448)
Operating Expenditure	(19,851)	(19,873)	(22)
EBITDA	959	1,499	541
EBITDA %	4.6%	7.0%	2.4%
Depreciation	(746)	(747)	(1)
Interest payable & finance costs	(15)	(15)	0
Interest receivable	7	5	(2)
Profit on fixed asset disposal	11	16	6
Dividends, interest and other	(177)	(168)	9
Retained (Deficit) / Surplus	38	591	553
I&E (Deficit) / Surplus %	0.2%	2.8%	2.6%

Year to Date		
Budget	Actual	Variance
£000	£000	£000
58,996	59,151	154
9,596	9,598	2
10,647	10,692	45
2,921	3,499	578
82,161	82,940	779
(57,679)	(56,239)	1,439
(22,168)	(23,816)	(1,648)
(79,847)	(80,056)	(209)
2,314	2,884	571
2.8%	3.5%	0.7%
(2,960)	(2,960)	0
(171)	(171)	0
27	23	(5)
44	35	(9)
(716)	(716)	0
(1,462)	(905)	557
(1.8%)	(1.1%)	0.7%

Capital Plan	Annual	Current Month	YTD
	Budget £000	Variance £000	Variance £000
Estates	(2,541)	186	312
H&S	(1,232)	-	1
ICT	(1,111)	127	246
Fleet	(7,444)	3	3
Hart Vehicles and Equipment	(1,378)	113	86
Medical Equipment	(1,629)	(111)	(111)
Contingency	0	0	7
Total Schemes	(15,335)	318	544
Total CRL	(14,755)	-	-
Over committed against CRL	(580)	-	-

Plan	CATEGORY	Plan	Jul-16	YTD
%age of bills paid within terms	NHS	95%	66%	70%
%age of bills paid within terms	NON NHS	95%	87%	87%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	21,241	22,328	1,087

5 Workforce Scorecard

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

Associate Director of Human Resources – Kate Simms)

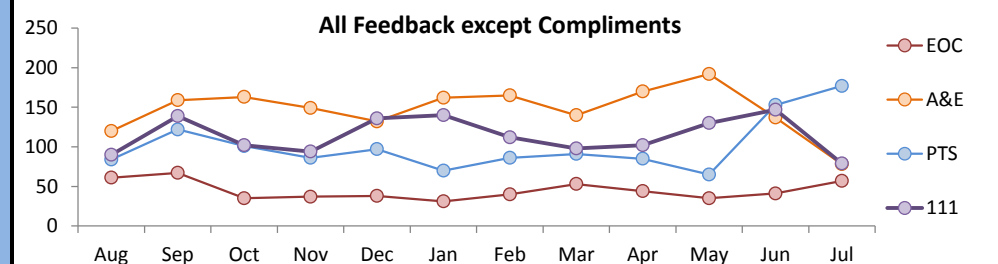
Jul-16

YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - Jul-16		Current Data - Jun-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4253	Jul-16	4239	Jun-16	4495		↑	4117	Jul-15
Equality & Diversity	5.72% fte	Jul-16	5.50% fte	Jun-16	11.1% fte		↑	5.16% fte	Jul-15
	5.91% hcount		5.65% hcount					5.50% hcount	
Monthly Sickness Absence	5.29%	Jul-16	4.98%	Jun-16	5% fte		↑	5.64%	Jul-15
Yearly Sickness Absence	5.42%	Aug-15 Jul-16	5.44%	Jul-15 Jun-16			↓	6.04%	Aug-14 Jul-15
Turnover	11.02% fte	Jul-16	11.08% fte	Jun-16	10.13% Amb Trust Average from iView		↓	11.34% fte	Jul-15
	13.43% hcount		12.56% hcount					12.99% hcount	
Current PDRs	78.85%	Jul-16	77.23%	Jun-16	90%		↑	76.91%	Jul-15
Stat & Mand Workbook	93.90% (combined)	Jul-16	94.12% (combined)	Jun-16	85% (combined)		↓	91.38% (Combined)	Jul-15
	85.52%	Jul-16	83.45%	Jun-16				91.38%	Jul-15
Overtime	£853k	Jul-16	£967k	Jun-16			↓	£764k	Jul-15
	£11,351k	Aug-15 Jul-16	£11,262k	Jul-15 Jun-16			↑	£11,838k	Aug-14 Jul-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.)

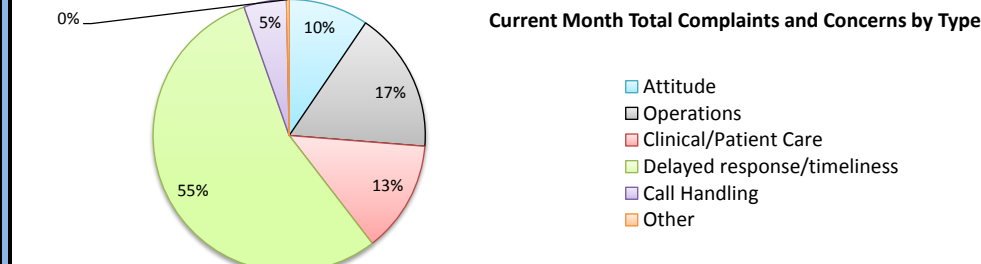
	EOC		A&E		PTS		111		Total	
	Jul-16	YTD	Jul-16	YTD	Jul-16	YTD	Jul-16	YTD	Jul-16	YTD
Complaint	15	60	9	51	25	55	41	179	90	345
Concern	10	45	9	53	69	187	5	17	93	302
Service to Service	29	62	13	52	73	184	18	196	133	494
Comment	0	1	2	24	7	27	8	22	17	74
Compliment	0	3	5	183	0	4	6	43	11	233
Lost/Found Proper	2	3	23	118	1	5	0	0	26	126
PALS request	1	3	17	96	2	18	1	1	21	118
Total	57	177	78	577	177	480	79	458	391	1692
Demand	79,194	293,273	65,459	251,100	63,603	263,733	131,242	518,001	339,498	1,326,107
Proportion	0.07%	0.06%	0.12%	0.23%	0.28%	0.18%	0.06%	0.09%	0.12%	0.13%



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

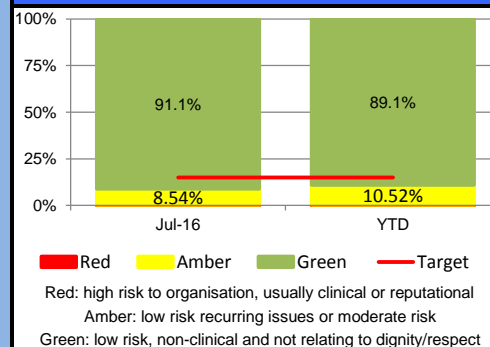
2. Complaints and Concerns (including issues raised by healthcare professionals) received by subject - excluding Comments

	EOC		A&E		PTS		111		Total	
	Jul-16	YTD	Jul-16	YTD	Jul-16	YTD	Jul-16	YTD	Jul-16	YTD
Attitude	0	0	10	59	10	31	10	38	30	128
Operations	0	2	11	49	9	29	33	261	53	341
Clinical/Patient C	0	0	9	40	12	35	21	92	42	167
Delayed response	44	119	0	2	130	312	0	0	174	433
Call Handling	10	35	0	2	6	19	0	0	16	56
Other	0	11	1	4	0	0	0	1	1	16
Total	54	167	31	156	167	426	64	392	316	1141
Demand	79,194	293,273	65,459	251,100	63,603	263,733	131,242	518,001	339,498	1,326,107
Proportion	0.07%	0.06%	0.05%	0.06%	0.26%	0.16%	0.05%	0.08%	0.09%	0.09%



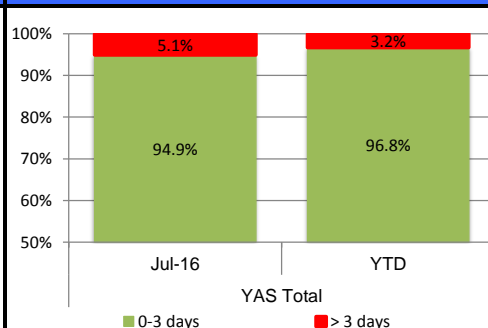
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations are the largest for 111, whilst Attitude of staff is the most frequently reported issues for A&E.

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



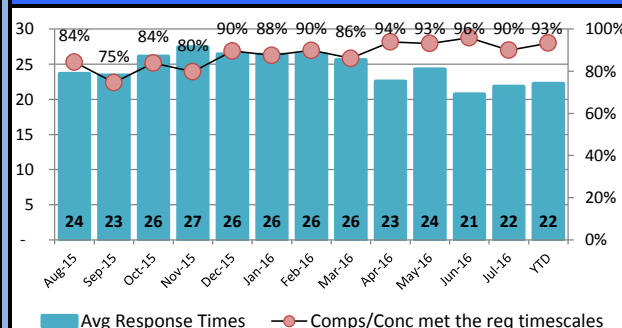
Overall Complaints & Concerns for Red remain very low. Amber stands at 8.54% for July, which is below the 15% Target

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



Acknowledgement response times to complaints has increased slightly in July

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



Responses to complaints are being made in time, with the date agreed with the complainant being 90% of cases in July, with an average response time of 22 days. YTD compliance is 93% and average response time is 22 days

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

	Total	
	Jul-16	YTD
(YAS total inc HCP)		
Upheld	138	520
Partly Upheld	72	213
Not Upheld	64	365
Total	274	1098

The majority of cases closed this month were Upheld

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

	Total	
	Jul-16	YTD
Total YAS	4	11
No. reopened	4	11
% of C&C	2.2%	1.7%

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

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

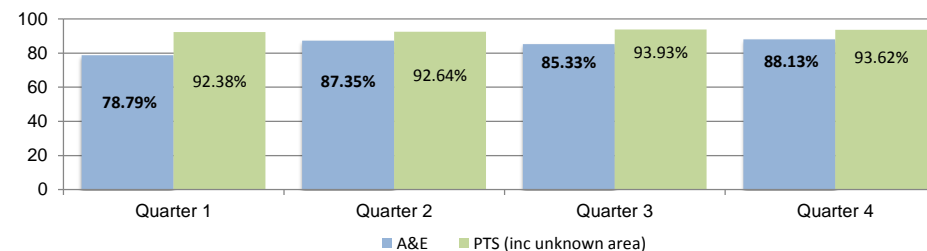
8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
	Jul-16	YTD	Jul-16	YTD	Upheld		Partially Upheld		Not Upheld	
					Jul-16	YTD	Jul-16	YTD	Jul-16	YTD
EOC	1	5	1	4	0	0	0	0	1	2
A&E	1	1	1	1	0	0	0	0	1	2
PTS	0	0	0	0	0	0	0	0	0	0
111	0	1	0	1	0	1	0	0	0	0
Total	2	7	2	6	0	1	0	0	2	4

Only 2 referrals were received in July - 1 each for EOC & A&E.

Patient Survey Results (Friends and Family Test)

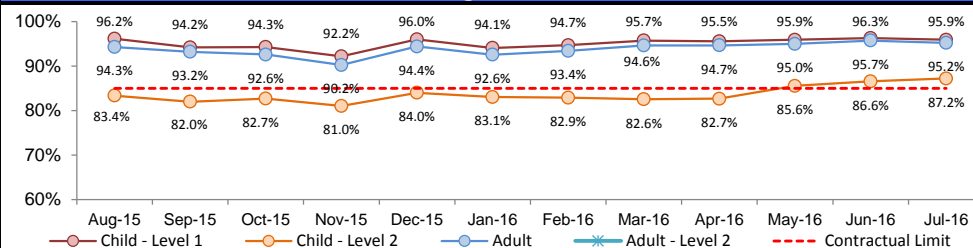
9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



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

Safeguarding

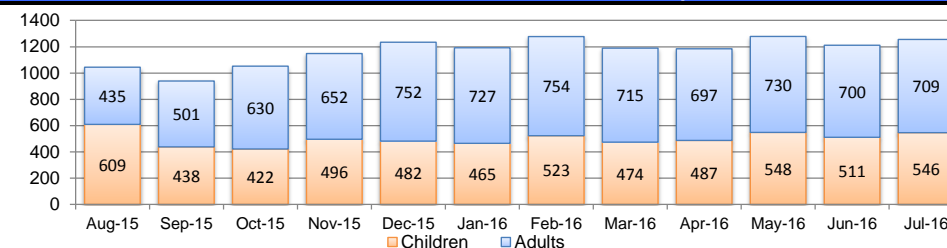
10. Number of eligible workforce trained



The Trust is achieving its target for Child Level 1 & 2 and Adult training

Work is ongoing to agree a Trajectory with Commissioners for Adult Level 2, following a recent change to the Intercollegiate Standards. Adult level 2 training is being undertaken but work is continuing to develop the associated compliance reporting.

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



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

Results of IPC Audit

12. Infection, Prevention and Control

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

Hand Hygiene

A&E - Bare Below the Elbow Compliance. No training of Hand Hygiene Procedures, HH posters not displayed

PTS - Bare Below the Elbow Compliance.

Premises

Mop heads and buckets not used correctly, left in buckets. Cleaning logs not up to date

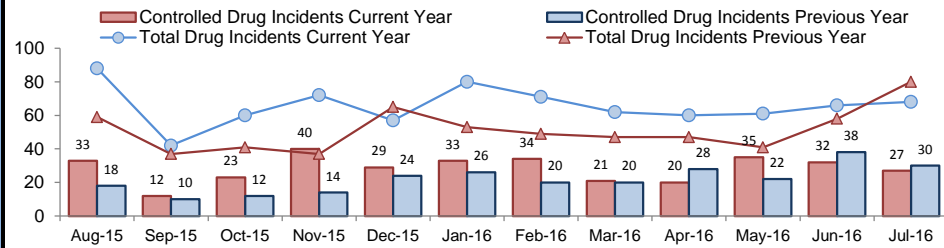
Vehicle

A&E - Clinical waste disposal, Cleaning of Equipment. Dirty vehicles, Rips etc to seats.

PTS - Rips and tears, Damage to exterior bodywork

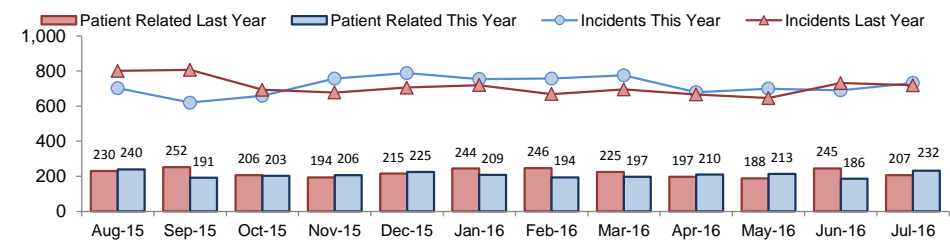
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



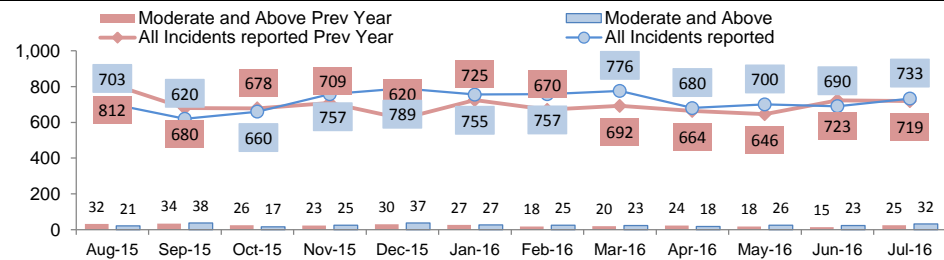
There were a total of 68 medication-related incidents for the month of July, of which 27 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

14. Incidents Reported



An overall increase from June to July in Patient Related incidents by 24%. The majority of these have occurred within the A&E Operations directorate which is to be expected due to the levels of activity performed. Of the 94, 19 of these relate to delays in response due to lack of sufficient resource to meet demands. Within PTS the two highest categories are details being inputted incorrectly which affected the patient journey and the incorrect transport being booked.

15. Incidents, Moderate Harm and Near misses

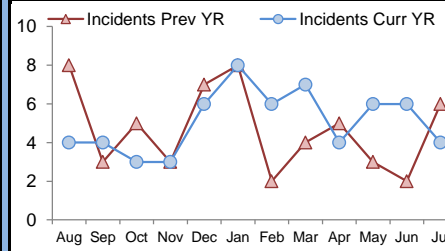


July saw an increase in the number of incidents reported within the EOC. A large proportion of these (33) were delays in response and a further 11 were delayed dispatch. There has been increased pressures on the service during this time which has impacted on the ability to get to patients quickly. An increase can also be seen in NHS 111 and almost a third of these incidents involve delays. 9 incidents relate to inappropriate referrals and learning is being identified in relation to these in order to ensure referrals to relevant healthcare providers are appropriate.

An overall increase of 6% in incidents reported from June to July and this is a positive indicator with focus being given during 16-17 on increasing incident reporting. The KPI for 16-17 is to increase incident and near miss reporting by 5% in comparison to last year.

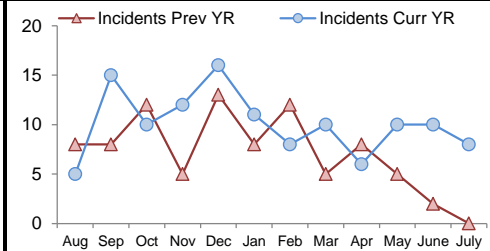
As would be expected the majority of incidents reported are no harm or low harm.

16. Serious Incidents



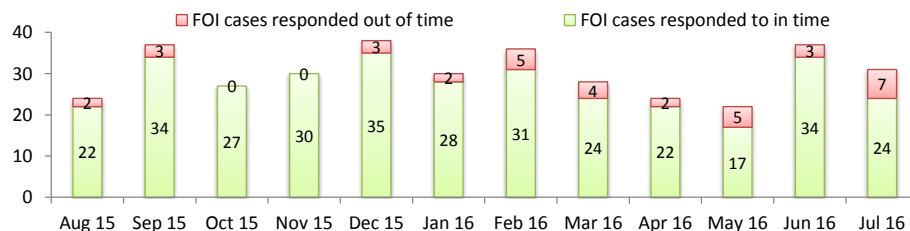
There were 4 Serious Incidents in July, 3 related to Delayed despatch/response & 1 Inadequate clinical assessment.

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



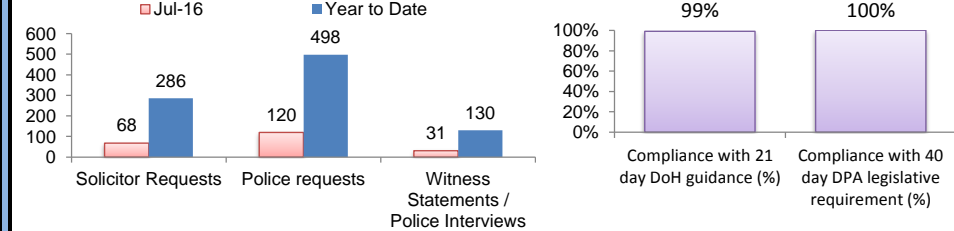
Of the 8 RIDDOR reportable incidents in July, 5 were recorded as Handling injuries, 1 Slip/Trip/Falls, 1 Hit by moving/flying/falling object & 1 Other

18. FOI Requests



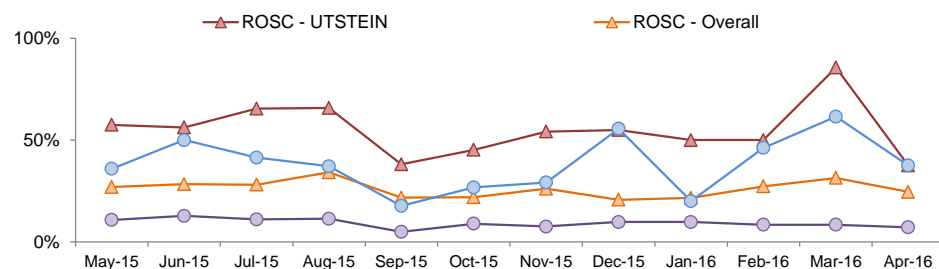
FOI Requests decreased in July, with 70.8% of responses being completed in time.

19. Legal Requests



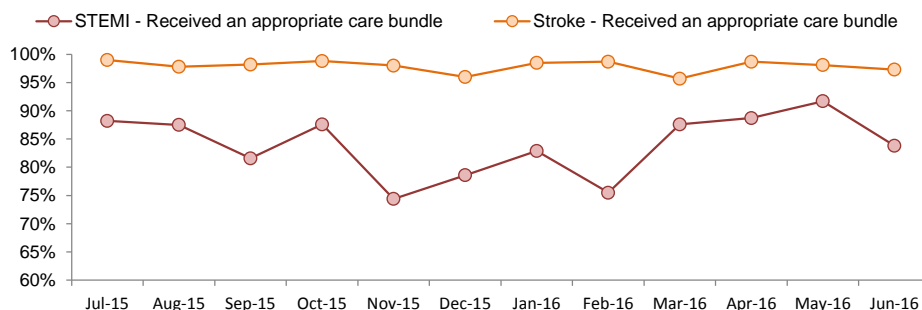
Compliance with requests remain high

20. Outcome from Cardiac Arrests



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

21. AQI Care Bundle



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

22. Clinical Performance Indicators

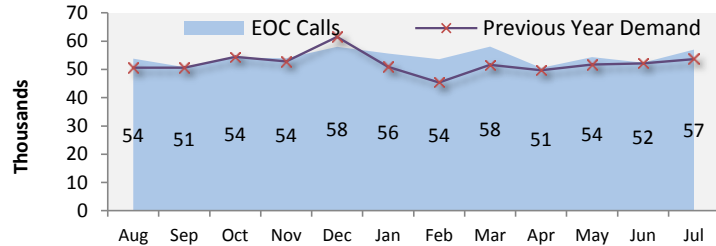
Mental Health Self Harm	Cycle 16-Apr 16		Cycle 15 - Oct 15	
	YAS-	National	YAS	National
SH1-Mental state recorded	87.7%	87.2%	95.8%	85.3%
SH2-Evidence of Use of drugs and or alcohol recorded	90.7%	85.1%	88.7%	84.2%
SH3-Exact nature of injury recorded	100.0%	94.6%	99.6%	89.2%
SH4-Clinical assessment completed	96.7%	97.2%	96.8%	97.4%
SH5-History of events recorded	97.0%	91.0%	98.6%	88.1%
SH6-Assessment of mental capacity	85.0%	78.2%	85.5%	76.3%
SH7-Info relating to social/family support or NoK recorded	98.7%	84.4%	94.7%	71.9%
Care Bundle SH1+2+3+4+5+6+7	64.3%	51.2%	65.4%	37.2%

YAS compliance of the Mental Health Pilot 2: Self Harm CPI care bundle remains a pilot and therefore YAS performance is not yet comparable to other sites. YAS have seen improvements on some of elements of this cycle, with Assessment of Mental Capacity needing the most improvement. Work continues to improve this through staff information, engagement and focus on documentation.

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

Jul-16

1. Demand



Service level YTD is currently 9.3% below target.

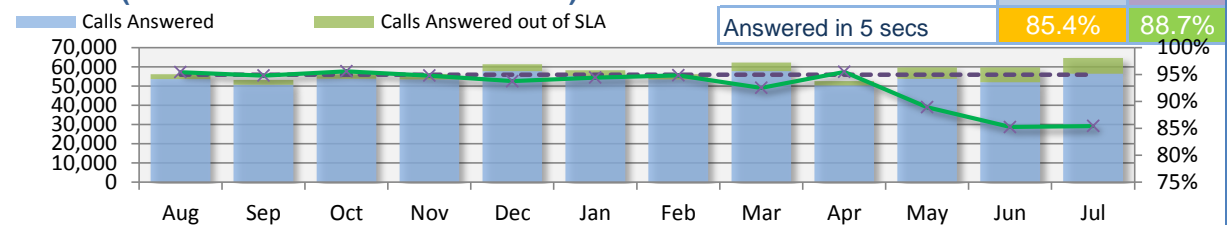
Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2016/17	214,311	212,601	188,485	88.7%
2015/16	207,171	206,518	199,441	96.6%
Variance	7,140	6,083	(10956)	
Variance	3.4%	2.95%	(5.5%)	(7.9%)

3. Quality

	Jul	YTD
Serious Incidents (Rate Per 1000 Responses))	3(0.04) ↓	9(0.03)
Total Incidents (per 1000 calls)	108(1.36) ↑	371(1.27)
There were 3 Serious Incident(s) in Jul year to date this now stands at 9.		
Feedback		
Complaints	15 ↑	60
Concerns	10 ↓	45
Comments	0 ↔	1
Service to Service	29 ↑	62
Compliments	0 ↔	3
Response within target time for Complaints and Concerns	88%	94%
Outcome of Ombudsman Cases		
Upheld	0	0
Not Upheld	1	2

2. Performance (calls answered within 5 seconds)



	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Calls Answered out of SLA	2,441	2,635	2,364	2,778	3,593	3,079	2,746	4,327	2,266	5,950	7,679	8,221
Calls Answered	53,677	50,612	53,776	53,525	57,802	55,209	53,462	57,851	50,356	53,739	52,074	56,432
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	95.5%	94.8%	95.6%	94.8%	93.8%	94.4%	94.9%	92.5%	95.5%	88.9%	85.3%	85.4%

Call volumes continue to be significantly higher than this time last year by 7,140 (3.4%) more calls. Average Handling Times have increased and this has been seen across all Trusts nationally. However in relation to ARP we have recognised that Call handlers are staying on the line longer providing pre arrival instructions due to an increase in the Amber calls (19 minutes) response where previously these calls would have been an 8 minute response (Red2). Training continues to be rolled out to support the EMD community with new starters working 6 of 10 weekends to ensure cover at key times.

4. Workforce

FT Equivalents

Jul-16	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	388	19.4	97	271	70%
Contracted FTE (before overtime)	355	17.7	89	248	70%
Variance	(33)	(2)	(8)	(23)	(8.4%)
% Variance	(8.4%)	(8.4%)	(8.4%)		
FTE worked inc overtime	371	28.0	101	243	65%
Variance	(16)	9	4	(29)	(10.5%)
% Variance	(4.2%)	44.5%	3.8%		

* 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 33 FTE under budget with a variance of (8.4)%.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	(5008)	(4737)	(271)
CIPs	103	103	0

The directorate is £271k favourable to plan YTD due to staffing shortfall / savings on vacancies.

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

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

Jul-16

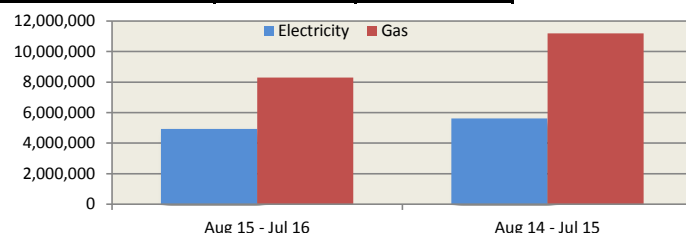
1. Demand

Number of Jobs Received - **395** of which **332** logged for YAS Estates Direct Labour.

Out of Hour Call's received - **6**

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

kWh	Electricity (kWh)	Gas (kWh)
Aug 14 - Jul 15	4,924,443	8,292,144
Aug 15 - Jul 16	5,616,740	11,176,946
	-12.33%	-25.81%



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:

- **86%** of reactive maintenance requests completed within response timeframes - **301 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(158)**
- **96 %** of statutory planned preventative maintenance site visits completed within response timeframes.(100% not achieved due to Staff Annual Leave)
- Appraisals undertaken - **100% completed**

3. Quality of Service

- The third Estates Management Group meeting reported significant governance assurance and compliance, with good progress being made in all areas of Estates, towards meeting the objectives of the Annual Plan.
- The Upgrade of Ambulance Station Clinical Store Rooms scheme is progressing well, with completion scheduled by end August 2016.
- The new Micad Estates Computer Aided Facilities Management (CAFM) software training commenced in July and will enable rich data input for Estates management function and improved IPR reporting.

4. Staffing

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

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

Sickness in June 2016 for Estates was at 0.0%.

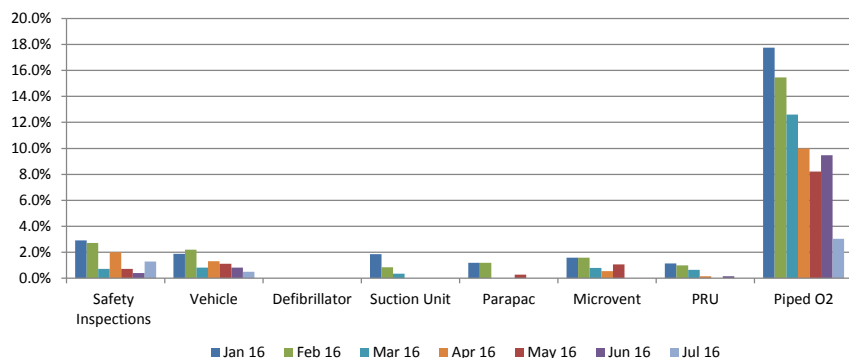
5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
Directorate Position	(1,950)	(2,054)	105
CIPs	119	49	(70)

The directorate is £105k adverse to plan mainly due to overspend related to rent and rates, Make Ready and compliance survey partially offset by underspend on the Hub and Spoke programme team.

Quality and Efficiency Savings (CIPs) are currently (£70k) behind plan from a non achievement of Rental cost savings, LED lighting upgrade, as well as unidentified schemes.

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



Key Points

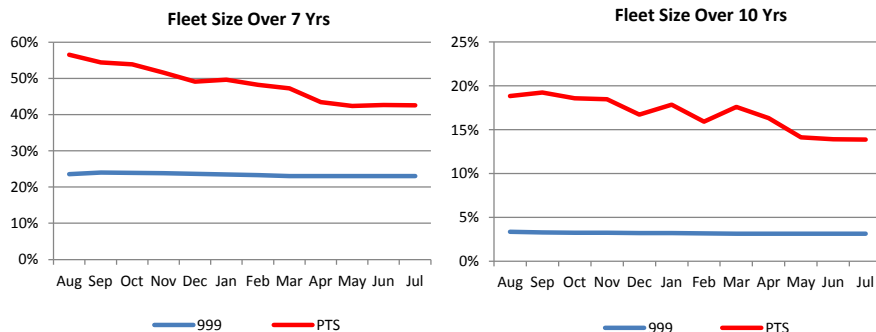
Routine vehicle maintenance remains within KPI although July has seen a increase in the North area due to high VOR, staffing resources has been moved to bring the VOR and Servicing back into line. Any vehicles outside the service window are captured through the Fleet Service Breach Standard Operating Procedure.

Piped oxygen servicing has improved in July due to the increased resources from the service provider,

Inspections/Services out of Window	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	%	DOT
Safety Inspections	15	4	11	4	2	7	1.3%	↑
Vehicle Services	8	3	5	4	3	2	0.5%	↓
Defibrillator servicing	0	0	0	0	0	0	0.0%	↔
Suction Unit servicing	5	2	0	0	0	0	0.0%	↔
Parapac servicing	4	0	0	1	0	0	0.0%	↔
Microvent servicing	2	1	1	2	0	0	0.0%	↔
Pain Relief Unit (PRU)	6	4	1	0	1	0	0.0%	↓
Piped O2	81	66	56	46	53	17	3.0%	↓

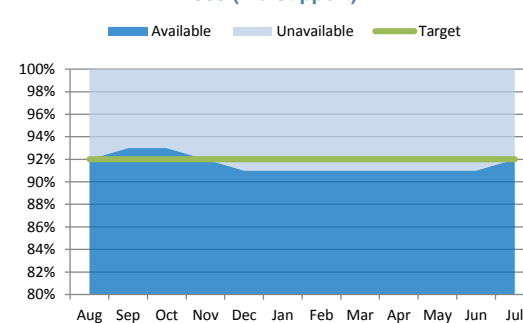
1.2 Vehicle Age

Vehicles >= 7 years	999 Fleet	125	23.0%	PTS Fleet	167	40.4%	Total	292
Vehicles >=10 years	999 Fleet	17	3.3%	PTS Fleet	40	9.7%	Total	57

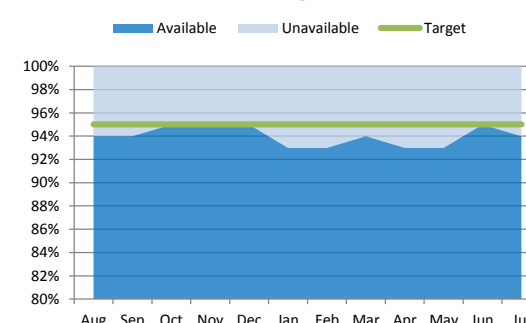


2. Performance

999 (Inc Support)



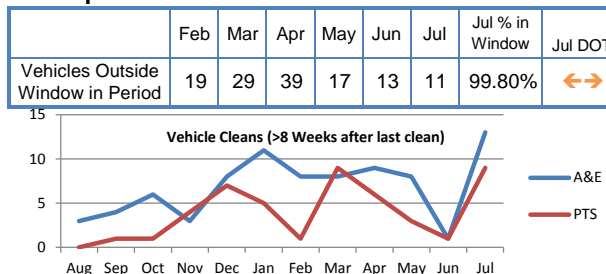
PTS



Key Points

A&E availability achieved target in July while there was a rise in short term VOR's in PTS meaning the vehicle availability dropped to 94% against the target of 95%, there were no reported vehicle shortages.

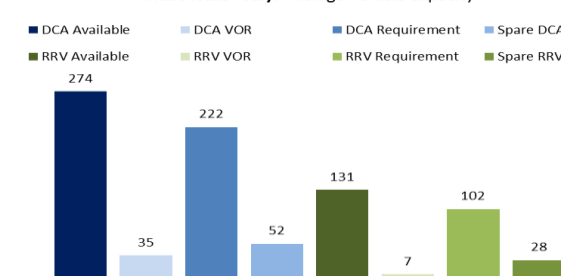
3. Deep Clean



Deep Clean Service level for July continued to maintain a high level of 99.8%. (excluding VOR's). Stat & Man compliance now close to 100% following Ancillary led training sessions and Station Cleaning refresher training carried out in July with more sessions scheduled throughout August. Absence figures continuing to reduce.

4. Vehicle Capacity

Trust Wide - July: Average Vehicle Capacity



5. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)				Available	
	FTE	Sickness	Total	%	
Budgeted	100	5.0	95	95%	
Actual	93	3.9	89	96%	
Variance	(6)	1.1	(5)	(5.6%)	
% Variance	-6%	-21%			

Sickness absence remains within budget in July although long term absence has increase slightly through the month, staff are being managed inline with the Trust attendance policy.

6. Finance (YTD)

£000	Plan	Actual	Variance
Directorate Position	(6,715)	(7,059)	343
CIPs	492	442	(50)

The directorate is £343k adverse YTD. This is mainly due to vehicle maintenance overspend relating to ageing fleet and delays in vehicle replacement.

A1.4 Resilience (Lead Associate Director of Operations Ian Walton)

Jul-16

Business Continuity

- Review of audit document and the legal review document to be presented to NARU by the NARU BC Working Group
- Delivery of Health JDM to Mid Yorkshire Trust at Dewsbury hospital
- Lessons identified report for the Bakery Fire at Junction 41 industrial estate
- BC Manager, Gold Commander, Silver Commander and 2 Resilience Managers attended LRF Exercise Black start
- Lessons identified report produced for regional LRF exercise black start
- ISO22301 training course delivered x 2 HART and Air Ambulance
- Paper and meeting with Dave Macklin re lessons identified
- BC Manager attended Diversity and Equality workshop
- BC Manager supported with JDM assessments on training course

Emergency Preparedness and Response

- Quarterly meeting with the Head of North East CTU, main topic was the continued development of education programmes for commanders.
- Supported the HR Recruitment Event at Life-wise, Rotherham.
- Attended the Winter Flooding workshop in Leeds, hosted by DCLG for all CCA cat 1s and 2s.
- Met with DMBC to discuss a local motocross park that is regularly requesting YAS responses, whilst we are committed to the public safety, we are working with the LA to ensure that they have sight of our safety concerns.

Training	Number of Courses	Number of Attendees
Resilience Awareness Course	1	12
1 Day AIT Refresher	2	N/A
1 Day SORT Refresher	1	8
5 Day SORT Course	1	11
Health JDM Course	1	7
Resilience Sessions	2	
5 Day Joint Decision Model Course	1	9
1 Day introduction to Joint Decision Model for Health	1	9
BCM and ISO22301 course	1	18
Strategic CBRN Course	1	2

Exercises

WY COMAH Exercise Sword (Nufarm) on 6th July 2016

Players: Tactical Commander, Tactical Advisor, Staff Officer, Loggist, Operational Commander, NILO, HAZMED

Exercise Blackout / Blackstart on 12th July 2016

Players: Strategic Commander, Strategic Advisor, Tactical Commander, Tactical Advisor, Business Continuity SME

Hart and Special Operations

HART staffing continues to be a challenge due to the following issues;

- 4 staff are on their Technician to Paramedic conversion course. However this improves in August as two return, with the remaining two in December
- 1 staff member is seconded to the NARU until March 2017
- 1 staff member is due to go on a career break in September
- 1 staff member is off following surgery and is not expected to return for approx. 3 weeks.

CQC preparations continue to be a key area of focus. North East Ambulance Service undertook a peer review and made some minor comments for improvement.

A review of the HART deployment criteria is underway, following the introduction of the Ambulance Response Programme changes.

The new HART Primary Response vehicles are on schedule for delivery at the end of August, with the Secondary Response vehicle and Welfare vehicle order having been placed. Expected delivery time is back end of quarter 3, with the Incident Ground Technology also due at the same time.

Air Ambulance: The new aircraft is on schedule for delivery in August, with an operational commencement date of 3rd September.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training
Plan FTE - Ambulance Intervention Team	63	64	3
Hart Operatives FTE	42	41	0
CBRN (SORT) - Volunteers	150	122	31
Air Ambulance FTE	13	13	0

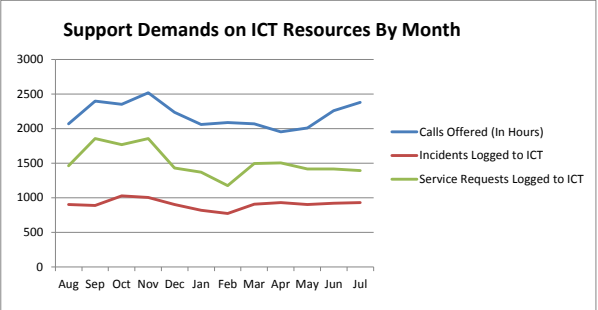
Community Resilience Team

Numbers	No. CFR	No.EFRs	No. Static	No. CPADS
ABL	210	10	300	138
CKW	134	22	235	56
HULL/EAST	84	80	117	120
SOUTH	195	18	449	46
NORTH	387	19	208	272

% Contribution to Performance	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.9%	1.2%	3.0%	4.7%
CKW	1.4%	1.8%	2.0%	3.3%
HULL/EAST	4.2%	5.2%	3.4%	5.0%
SOUTH	2.1%	2.6%	4.2%	6.0%
NORTH	1.1%	1.4%	3.2%	4.7%

	Actual	Overall
EFRs	0.4%	0.5%
CRT Combined YTD	4.3%	6.1%

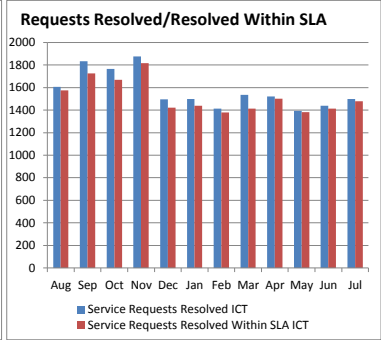
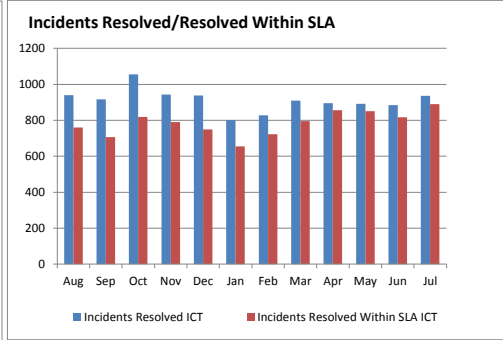
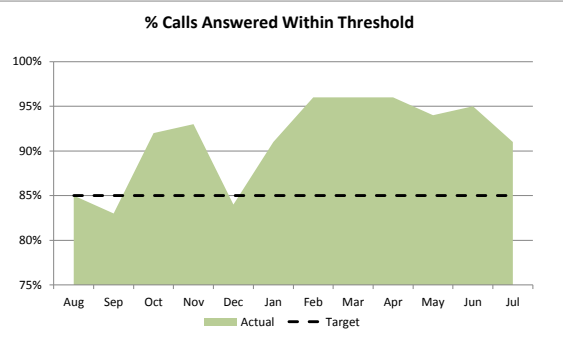
1. Demand



	Feb	Mar	Apr	May	Jun	Jul
Calls Offered (In Hours)	2086	2067	1953	2008	2260	2381
Incidents Logged to ICT	773	907	930	904	921	930
Service Requests Logged to ICT	1173	1496	1504	1418	1418	1391
Total number of active projects	17	11	17	13	14	15

Incident = Unplanned interruption or reduction in quality of and IT service.
Request = Requests for hardware, software, access to data and locations etc.
Calls offered for incidents and requests have increased for the third month in a row.

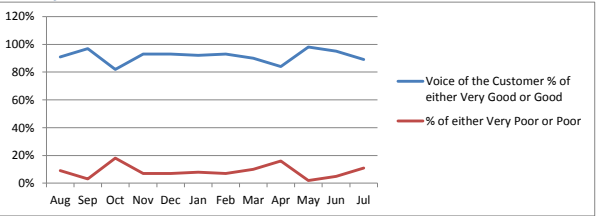
2. Performance



	Feb	Mar	Apr	May	Jun	Jul
% Calls Answered Within Threshold (10 seconds). Target 85%	96%	96%	96%	94%	95%	91%
Overall ICT Achievement on SLA for Incidents and Requests. Target 80%	93%	96%	97%	95%	96%	96%
Incidents Resolved ICT	828	910	895	891	884	936
Incidents Resolved Within SLA ICT	723	795	856	850	817	890
Service Requests Resolved ICT	1412	1535	1521	1393	1439	1499
Service Requests Resolved Within SLA ICT	1378	1412	1502	1382	1412	1478

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

3. Quality of Service



	Feb	Mar	Apr	May	Jun	Jul
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	100.00%	100.00%	99.79%	99.50%	100.00%	99.78%
Telecoms Availability (unplanned)	100.00%	99.99%	100.00%	100.00%	99.40%	100.00%
Radio Availability (unplanned)	100.00%	100.00%	100.00%	99.87%	100.00%	100.00%
% of either Very Good or Good	93.00%	90.00%	84.00%	98.00%	95.00%	89.00%
% of either Very Poor or Poor	7.00%	10.00%	16.00%	2.00%	5.00%	11.00%

Unplanned Systems downtime was for Adastra for 1 hour and PTS for 30 minutes.

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6339			4438
Actual	40	6339			4933
Variance	0	0			496
%Variance	100%	100%			0%
SICKNESS					
5% Sickness on Budgeted			317		
5% Sickness on Actual			317		
ABSENCE					
25% Absence on Budgeted			1585		
25% Absence on Actual			1585		
Recorded Monthly Absence				986	
Variance between Budget and Actual Targets				-599	

Sickness figures have been impacted due to 3 long term sickness absences.

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

5. Finance

£000
Directorate Position
CIPs

Commentary
TO BE
DEVELO
PED

Annex 2 Ambulance Quality Indicators - YAS

Indicator	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:04
Time to Answer (95%)	0:19	0:19	0:19	0:20	0:20	0:23	0:23	0:25	0:22	0:30	0:22	0:29	0:37	6	0:03	to	1:39
Time to Answer (99%)	1:05	0:55	0:57	1:01	0:55	1:06	1:12	1:15	1:09	1:22	1:04	1:25	1:31	7	0:37	to	2:55
Abandoned calls	0.90	0.80	0.70	0.85	1.01	1.22	0.90	1.10	0.79	1.10	0.81	0.88	0.87	5	0.21	to	2.32
Cat Red 8 minute response - RED 1 (75%)*	69.4	70.8	68.7	70.1	73.7	73.8	69.0	69.0	69.6	68.5	69.7				64.0	to	76.2
Cat Red 8 minute response - RED 2 (75%)*	70.4	70.1	70.0	70.4	72.5	73.3	71.0	71.9	71.3	69.5	74.2				56.1	to	73.9
95 Percentile Red 1 only Response Time*	13.9	13.7	15.4	14.7	13.5	13.3	14.5	14.4	14.3	14.3	14.5				12.8	to	16.7
Cat Red 19 minute response (95%)*	95.3	95.3	95.0	95.3	95.3	95.3	93.9	94.7	94.3	93.7	95.7				85.9	to	97.1
Cat Red 8 minute response**											73.1	71.1	68.0		N/A		
Cat Amber 19 minute response**											82.0	74.9	71.9				
Cat Green 60 minute response**											96.3	96.1	94.9				
Time to Treat (50%)	6.4	5.9	5.9	5.8	5.5	5.6	5.8	6.4	6.1	5.9	6.0				6.2	to	11.4
Time to Treat (95%)	16.7	15.1	15.5	15.1	14.2	14.3	15.4	15.9	15.3	15.5	13.3				16.1	to	24.4
Time to Treat (99%)	26.0	22.5	23.7	22.8	21.8	21.3	23.6	23.8	23.0	23.4	19.5				24.2	to	43.0
STEMI - Care	85.1	88.2	87.5	81.6	87.6	74.4	78.6	82.9	75.5	87.6	88.7	91.7	83.8	3	67.6	to	93.2
Stroke - Care	97.4	99.0	97.8	98.2	98.8	98.0	96.0	98.5	98.7	95.7	98.7	98.1	97.3	8	95.5	to	99.7
Frequent caller *	1.90	1.51	1.80	1.63	1.47	1.78	2.07	2.00	2.56	2.29	2.85	3.28	3.40	6	0.20	to	3.30
Resolved by telephone	8.8	8.1	8.2	7.5	7.2	7.8	9.4	8.2	7.9	9.1	8.3	6.7	7.1	7	5.1	to	14.9
Non A&E	31.6	32.5	32.9	31.2	31.7	30.3	31.1	30.7	29.8	29.4	30.2	29.9	29.7	10	29.9	to	49.6
STEMI - 150	84.8	86.4	87.7	80.0	89.3	79.3	91.3	79.0	84.9	86.4				6	75.6	to	98.3
Stroke - 60	53.6	55.8	57.0	54.0	53.6	51.1	55.2	49.3	51.5	48.7	54.4	52.0	43.2	5	41.2	to	63.4
ROSC	28.3	28.1	34.1	21.7	21.9	26.1	20.7	21.6	27.3	31.4	24.5			2	15.4	to	36.2
ROSC - Utstein	56.3	65.5	65.8	38.1	48.2	54.2	55.0	50.0	50.0	85.7	37.5			1	40.0	to	85.7
Cardiac - STD	12.7	11.0	11.3	4.9	8.9	7.5	9.7	9.7	8.4	8.4	7.1			3	3.5	to	10.4
Cardiac - STD Utstein	50.0	41.4	37.1	17.6	26.7	29.2	55.6	20.0	46.2	61.5	37.5			1	10.3	to	61.5
Recontact 24hrs Telephone	1.5	1.5	1.8	1.9	1.1	1.7	1.9	2.2	5.5	5.5	6.0	5.3	6.5	4	2.3	to	14.7
Recontact 24hrs on Scene	3.2	3.0	3.1	3.2	2.9	2.8	2.2	1.4	2.8	3.2	2.5	1..8	1.4	1	1.9	to	8.0

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

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

Jun-16

Ambulance Quality Indicator (A&E)	Target	Units	East Midlands	East of England	London	North East	North West	South Central	South East Coast	South Western	West Midlands	YAS	RANK (1 - 10)	YTD
Time to Answer - 50%		mm:ss	0:02	0:01	0:00	0:01	0:01	0:03	0:03	0:04	0:01	0:01	2	June
Time to Answer - 95%		mm:ss	0:22	0:05	0:03	0:35	0:15	0:48	1:39	0:53	0:09	0:29	6	June
Time to Answer - 99%		mm:ss	1:10	0:42	0:37	0:46	0:57	1:55	2:55	1:49	0:44	1:20	7	June
Abandoned calls		%	1.24	0.46	0.21	0.22	1.24	0.95	2.32	2.05	0.76	0.86	5	June
Cat Red 8 minute response - RED 1	75%	%	67.2	64.0	70.8	67.3	74.6	74.3	65.3		76.2			June
Cat Red 8 minute response - RED 2	75%	%	57.5	57.3	65.0	69.0	66.6	73.4	56.1		73.9			June
95 Percentile Red 1 only Response Time		Time	15.2	16.7	13.4	15.2	14.0	13.9	16.3		12.8			June
Cat Red 19 minute response	95%	%	85.9	88.9	94.2	92.2	91.7	95.1	90.6		97.1			June
Cat Red 8 minute response (ARP)	75%	%								N/A		68.0		June
Cat Amber 19 minute response (ARP)		%								N/A		71.9		June
Cat Green 60 minute response (ARP)		%								N/A		94.9		June
Time to Treat - 50%		mm:ss	11.4	8.1	6.7	7.0	7.0	6.2	7.4		6.2			June
Time to Treat - 95%		mm:ss	23.4	24.4	18.2	23.9	23.5	19.4	22.3		16.1			June
Time to Treat - 99%		mm:ss	38.6	35.8	34.3	39.9	43.0	36.0	37.6		24.2			June
STEMI - Care		%	85.4	93.2	72.2	87.7	84.1	69.6	67.6	83.6	70.2	87.6	3	March
Stroke - Care		%	98.3	99.4	96.4	98.5	99.7	98.2	95.5	95.7	99.5	95.7	8	March
Frequent caller *		%	0.2	0.3	0.5	0.5	1.0	3.3				3.2	6	June
Resolved by telephone		%	14.9	6.3	10.1	7.4	9.0	11.4	6.0	14.0	5.1	7.3	7	June
Non A&E		%	32.6	40.9	35.6	32.4	32.1	41.8	49.6	49.0	37.3	29.9	10	June
STEMI - 150		%	84.0	95.8	90.3	96.2	83.5	86.4	98.3	75.6	89.3	86.4	6	March
Stroke - 60		%	50.7	41.2	58.2	57.1	45.2	43.3	63.4	41.6	45.0	48.7	5	March
ROSC		%	28.0	26.4	30.3	15.4	26.6	36.2	28.9	26.1	30.9	31.4	2	March
ROSC - Utstein		%	40.6	56.3	60.0	50.0	50.0	40.0	54.8	59.5	67.9	85.7	1	March
Cardiac - STD		%	4.7	6.4	6.7	3.5	6.3	10.4	6.3	8.8	8.1	8.4	3	March
Cardiac - STD Utstein		%	10.3	21.4	24.3	20.0	25.0	16.7	21.4	32.4	28.6	61.5	1	March
Recontact 24hrs Telephone		%	2.3	8.7	3.0	14.0	4.2	9.2	7.5	10.2	14.7	5.9	4	June
Recontact 24hrs on Scene		%	4.4	5.3	8.0	5.1	2.9	4.8	5.5	4.6	6.8	1.9	1	June

