



Integrated Performance Report – June 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

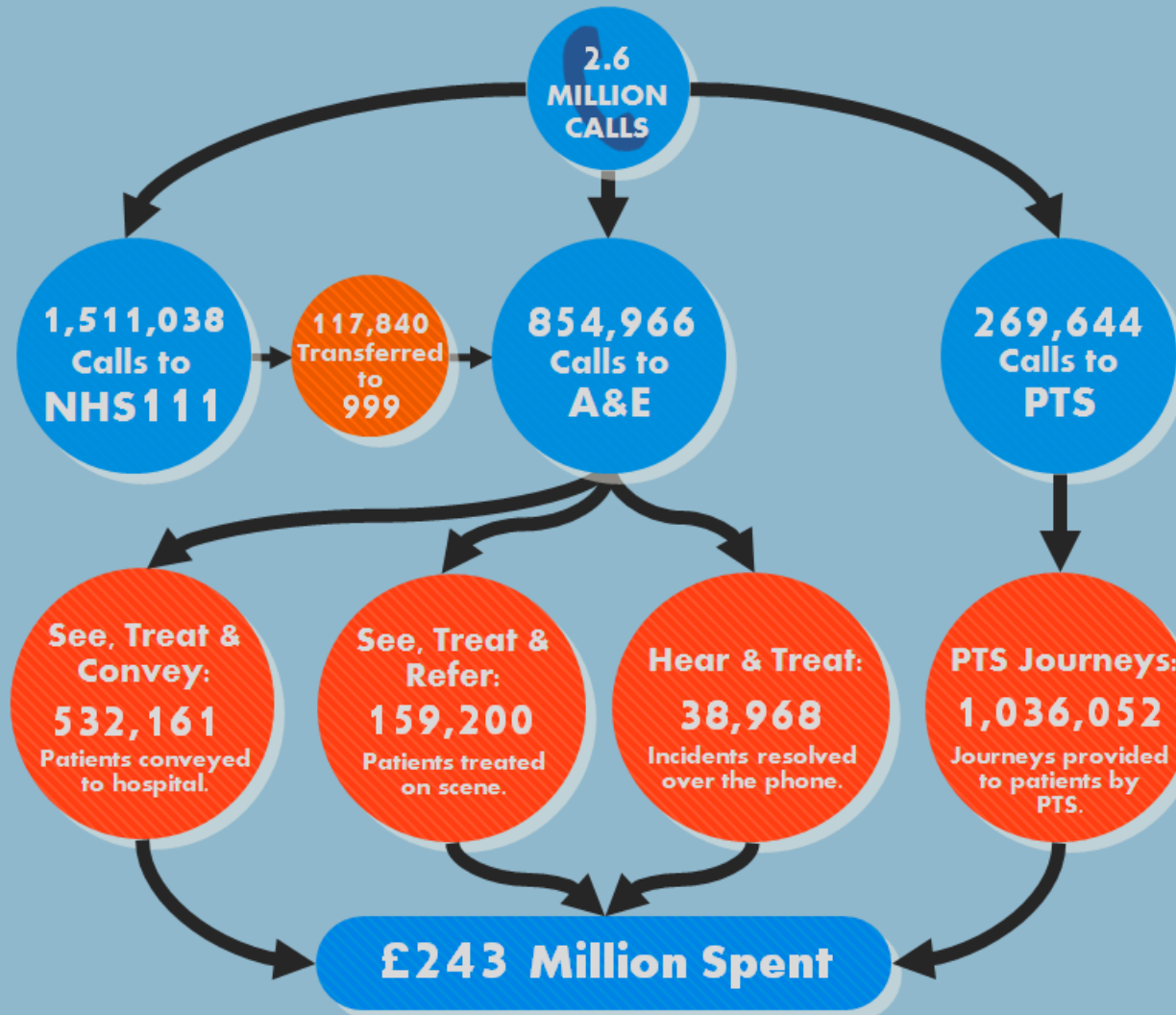
STAFF



53.6%
Female

46.4%
Male

5.4%
BME



IPR Exec Summary – June 2016

The following summary highlights exceptions with further detail provided within the report appendices.

Main Service Lines:

111

- **111 calls** are above plan for June (1.3%, up by 1,580 calls), although the 16/17 contract position has not been finalised, and running at 4.5% above last year answered volume for June. 111 referral rate to 999 is still performing well (<10%) at 9.1% for the month, although up on previous outturns. In June, 2,010 ambulances were checked by a clinician before being sent, out of a total of 5,248 (38.3%) green ambulance calls. This is a decrease of 2.4% from the proportions validated in May (40.7%).

A&E

- **Calls** for A&E are above plan for June and YTD and are higher than the same period last year. 4.6% higher in month and 3.5% YTD.
- **Hear & Treat (H&T)** is 13.5% 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 June last year.
- **Overall responses** where at least 1 vehicle attended scene for June 2016 were 7.7% higher than June 2015. This reflects the reduced H&T demand.
- **See Treat & Refer (STR) activity** is above planned for June (20.6%), this is due to the reduction in Hear and Treat and the use of UCP's
- **See, Treat & Convey (STC) activity** is above plan for June (7%).
- **999 Performance** against 8 mins was below the 75% target for Red at 68.0% (achieved 75% in 8m 52s). 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 7.7% above contract for June (4155 more responses) YTD Activity is 6.4% above contracted (10369 more responses) Red ambulance responses have now reduced with the new coding for Red (ARP Trial). Prior to the trial YAS maintained our second place ranking for Red2 nationally.

PTS

- **KPI 2** – arrival prior to appointment – June saw an overall PTS reduction in performance although remains above target of 82.9% and well ahead YTD.
- **KPI 3** – departure after appointment – June's performance as a whole for PTS was poor 3% below target of 91.7% of patients getting collected within 90 minutes.
- 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 and a reduction in performance, specifically renal patient transport performance in West Yorkshire.
- The PTS management team has been actively engaged with renal stakeholders during this time, with a focus on action to return standards to an acceptable level. Further action plans will be implemented from 18th June, and further reviewed and reassessed on 1st August.

111 Headline Metric	Month Planned	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Call Answered	118,038	119,618	1,580	1.3%	385,880	386,759	879	0.2%
Calls Answered (60 Secs)	112,136	112,946	810	0.7%	366,586	365,507	(1,079)	(0.3%)
999 Referral Numbers		10,874				32,848		
999 Referral Rate		9.1%				8.5%		
Ambulances Stopped		2,153				6,950		

A&E Contract (CCG Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Calls (Demand)	67,591	70,709	3,118	4.6%	202,247	209,390	7,143	3.5%
Hear and Treat (H&T)	3,271	2,830	(441)	(13.5%)	10,585	8,670	(1,915)	(18.1%)
See, Treat and Refer (STR)	11,520	12,718	1,198	10.4%	34,830	38,031	3,201	9.2%
UCP Demand (STR)		1,172	1,172			3,675	3,675	
All STR inc UCP	11,520	13,890	2,370	20.6%	34,830	41,706	6,876	19.7%
See, Treat and Convey (STC)	42,197	45,154	2,957	7.0%	127,435	134,603	7,168	5.6%

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)		4,988				11,709		
Red Performance (Pre ARP Trial)					75%	73.9%		
Red Performance (ARP Trial)	75%	68.0%			75%	70.0%		

PTS Headline Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
PTS Demand	71,613	68,642	(2,971)	(4.15%)	205,250	200,130	(5,120)	(2.49%)
Inbound Journeys	82.9%	83.7%			82.9%	85.7%		
Outbound Journeys	92.0%	88.9%			92.0%	90.8%		

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 3 the plan was a deficit position of (£586k) with expected surpluses generated later in the year (mainly due to the profiling of income). In month the Trust ended in a deficit financial position of (£567k) which is broadly in line with plan (small favourable variance of £19k). The YTD position is in line with plan and shows a deficit of (£1,496k) against a plan of (£1,500k) deficit.
- **Workforce:** The sickness absence rate for June16 was at 5.0% which is a decrease of 0.1% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.5%. The 12 month figure stands at 5.4% compared to the 6.1% for previous 12 months. Turnover remains at 11.3% for the last 12 months compared to 11.1% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles.
- **Complaints, concerns and comments** increased in June 2016, 341 (0.11% of incidents) compared to May 2016, 235 (0.07% of incidents), Response times for complaints and concerns against timescales agreed with the complainant remains high at 96% and the average is response time has improved to 21 days. There has been a rise in PTS complaints in June associated with recent service changes in renal services in West Yorkshire. Action is under way to address the service issues and to engage users of the service in the improvement process.
- **Safeguarding compliance** has increased in June overall and all measures remain above the 85% target.
- **Incident reporting** overall has decreased slightly in June compared to May. The proportion of incidents with moderate and above harm is 3.3% which is lower than the May figure (3.7%) 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.
- **Reduction in drug errors:** There were no reported drug errors in the month of May. Work by the clinical managers over the last six months to repackage and separate similar items with change in fluid presentations have all worked to improve the safety and drug management. Tablet presentations have also been reviewed with Aspirin and paracetamol remaining in original packaging reducing the clinical risk of inappropriate administration. A revised audit process by the clinical manager team has supported the monitoring and feedback to staff and operational teams, this and the YAS wide POMs audit process monitors the risks and identifies areas for improvement this is reported to medicines management for review and actioned.

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.

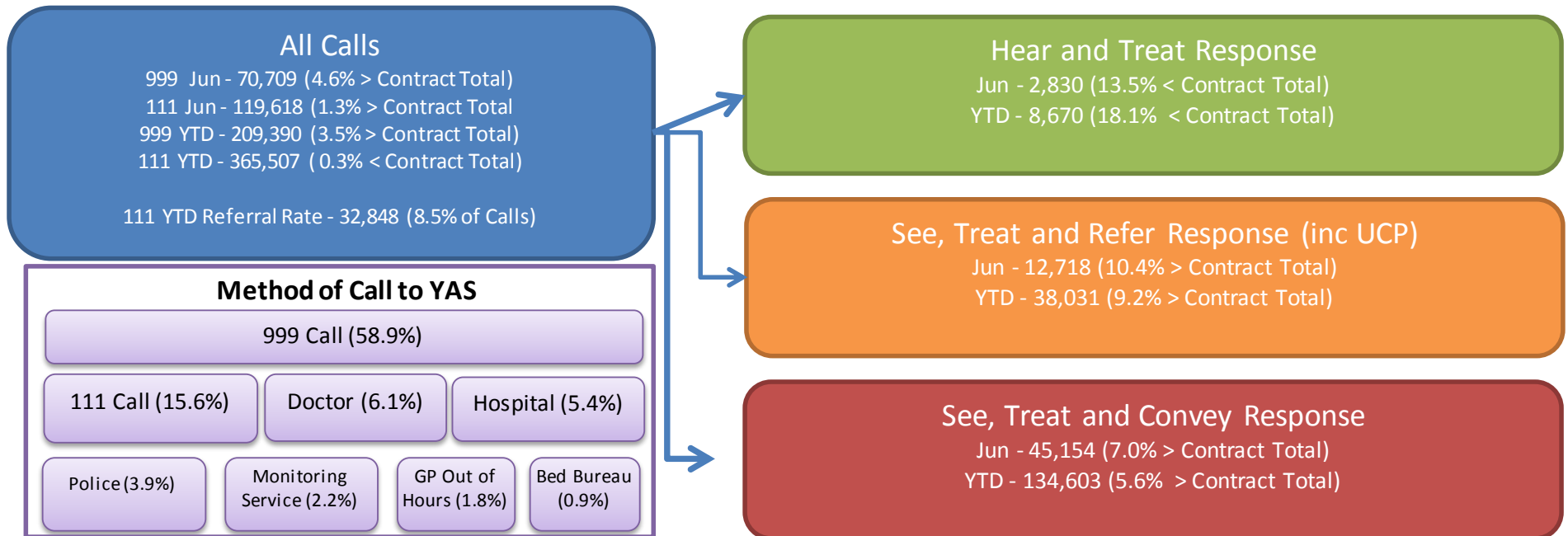
CQUINS: CQUINS have been agreed for 2016/17. The progress of CQUINS is reported section 2.3. All schemes are currently on track although risks are highlighted in relation to the complexity of delivery of the staff flu vaccination CQUIN and patient outcome data scheme.

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 June was above plan by 4.6% (Plan based on May 2015 Actual Demand). The contract has 3 key categories of response. Hear & Treat - YAS are triaging fewer calls (2,830 in June) than contracted whereas the other categories are all above contract levels at this point for 2016-17. Activity involving ambulances that have arrived at scene (responses) has increased by nearly 7.7% from 2015, calls referred from 111 has reduced in June compared to May (1201 less calls). Fewer calls are being conveyed to hospital by either being resolved over the phone or dealt with on scene. Other factors also affect demand such as weather patterns and take-up of out of hours services.



- *Note: 111 referral rate has increased to 9.1% in June from May 2016 and is higher than the 2015-16 year end average of 7.8%, call volumes have decreased from May 2016 creating less referrals (numbers).*

Demand and Performance – A&E

Contract by PBR categories

	Actual June	Plan June	Var June	Var % June	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls	70,709	↓ 67,591	3,118	4.6%	209,390	↓ 202,247	7,143	3.5%
Hear and Treat (Triage)	2,830	↓ 3,271	(0,441)	(13.5%)	8,670	↓ 10,585	(1,915)	(18.1%)
See, Treat & Refer	12,718	↓ 11,520	1,198	10.4%	38,031	↓ 34,830	3,201	9.2%
See, Treat & Refer (UCP)	1,000	0	1,047	N/A	3,019	0	3,019	N/A
See, Treat & Refer Total	13,718	↓ 11,520	2,198	19.1%	41,050	↓ 34,830	6,220	17.9%
See, Treat and Convey Total	45,154	↓ 42,197	2,957	7.0%	134,603	↓ 127,435	7,168	5.6%

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

Ambulance Response Programme

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

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

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

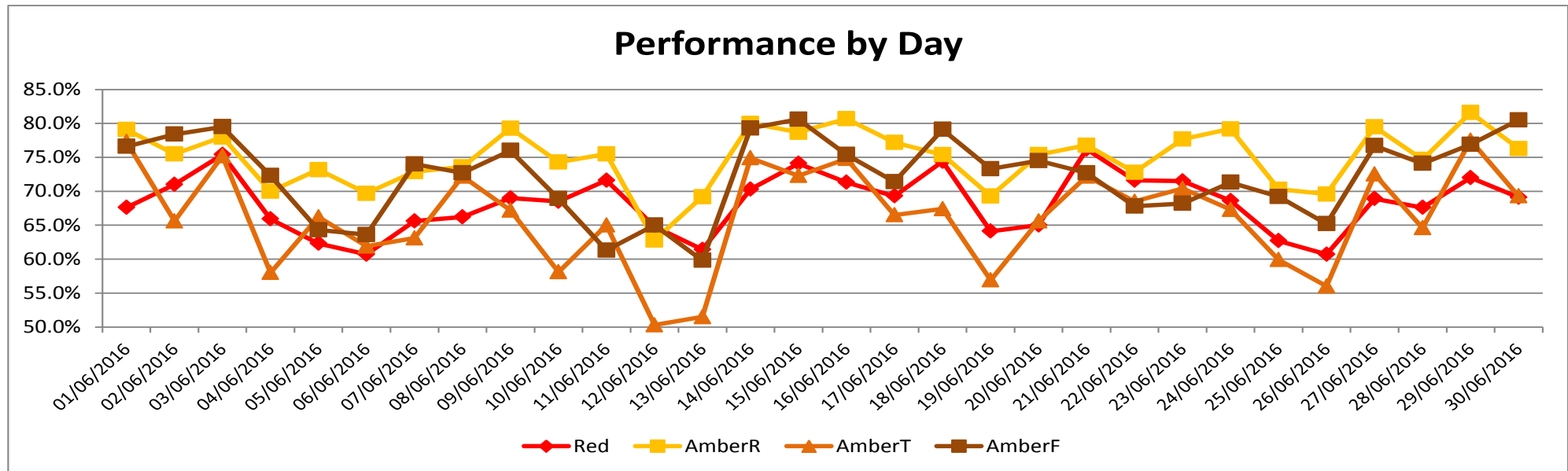
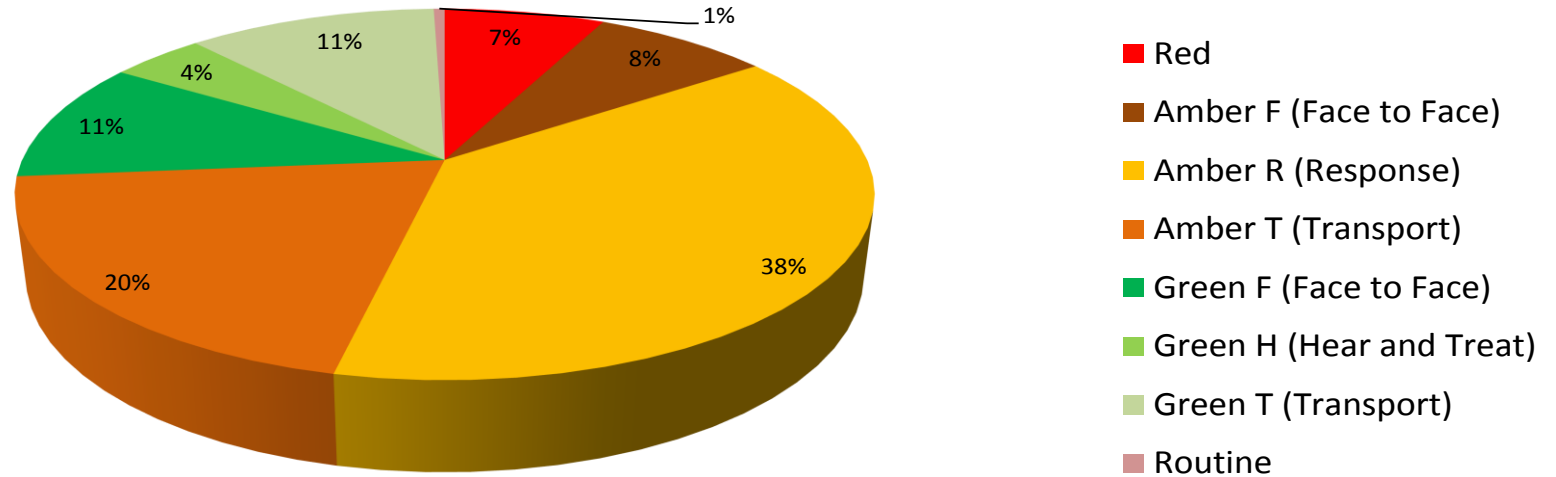
Amber – Emergency: Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport.

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

Demand and Performance – A&E – ARP Trial

The new codes are listed in the below pie chart. 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).

Pie Chart showing Proportion of Calls for June

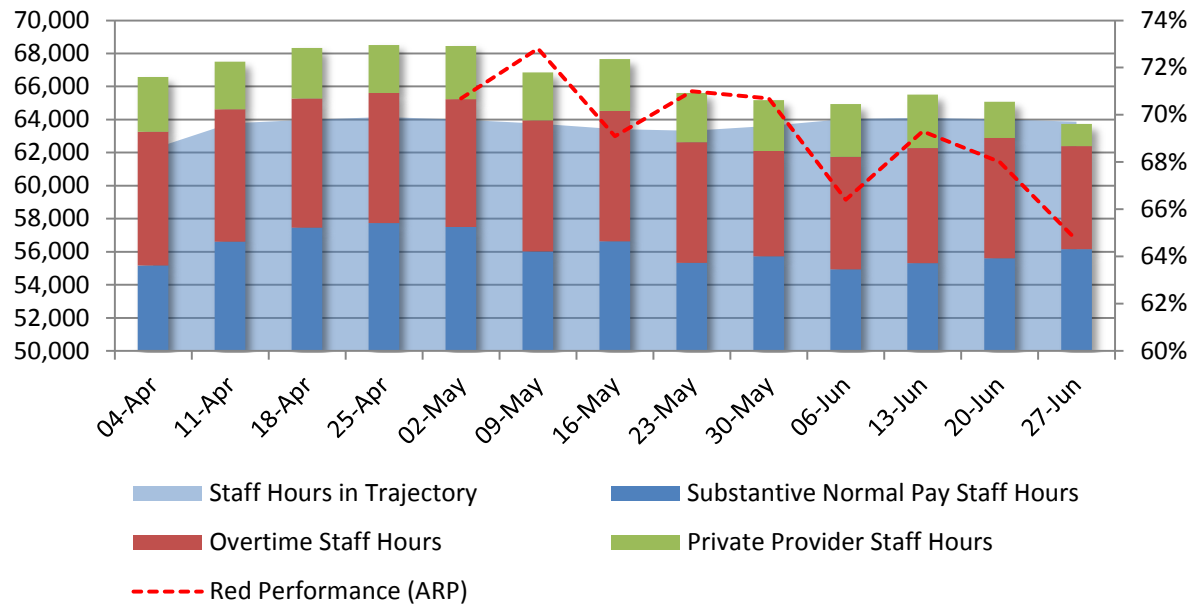


Demand and Performance – A&E – Resource Hours

Reduction in Private Providers utilised and a reduction in the uptake in overtime has led to a drop in staff hours though we're still delivering on road staff hours in line with expectations used to model the 2016/17 trajectory.

Overall Responses were planned flat year on year as per the contract settlement agreed with commissioners however they were 6.2% up in in Q1 and 7.3% up in June, which has impacted slightly on performance. The period of increased demand has also co-incided 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



Total Responses	Apr	May	Jun	Year to Date
2015-16	55,039	56,192	55,166	166,397
2016-17	56,014	61,569	59,197	176,780
Variance	1.8%	9.6%	7.3%	6.2%

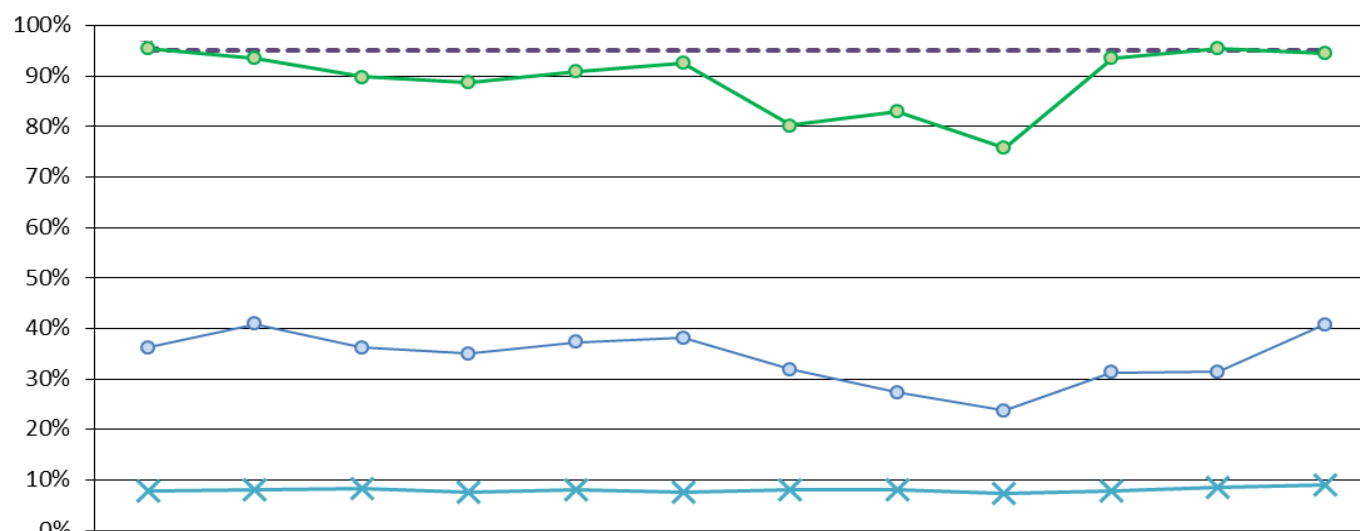
This is Year on Year comparison and not Contracted Activity

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 for June are 4.5% (5,202) above last year volumes versus a provisional contracted annual growth of 6.22% (based on current contract offer 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 94.5% overall and 1.4% (5,153) above the same position last year.



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Ans in 60 secs %	95.5%	93.6%	89.8%	88.6%	90.9%	92.5%	80.2%	82.9%	75.9%	93.5%	95.5%	94.4%
Referred to 999 %	7.9%	8.1%	8.3%	7.7%	8.1%	7.5%	8.1%	8.0%	7.3%	7.8%	8.6%	9.1%
Warm Transferred Or Called back in 10mins (%)	36.2%	40.9%	36.2%	35.0%	37.3%	38.2%	31.9%	27.3%	23.7%	31.3%	31.4%	40.8%

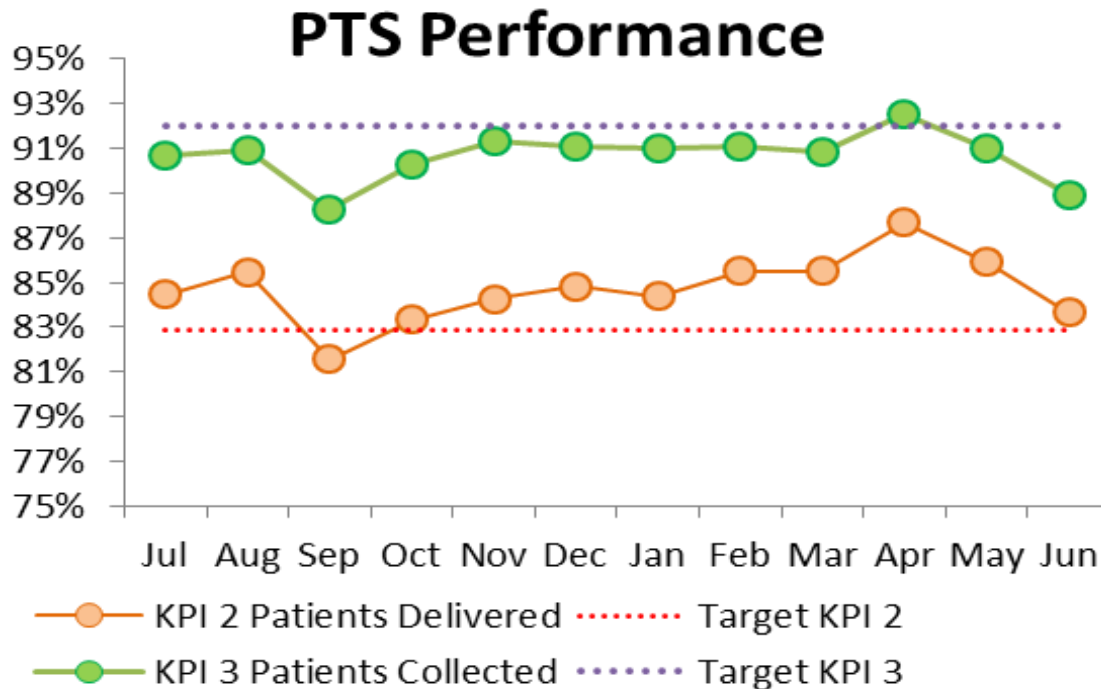
Calls answered demand running at 1.3% (1,580 calls) above the proposed plan. Referrals to 999 moved from 8.6% to 9.1% from May to June and have increased by 1.1% year on year. In June, 2,153 ambulances were managed to a different clinical outcome as a result of intervention, with a further 2010 ambulances were checked by a clinician before being sent (representing 38.3% of all Green ambulance outcomes, and a fall from the 40.7% that were reviewed and validated in May). Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 4.5% below budgeted for June. Available time was 8% below budgeted.

Demand and Performance - PTS

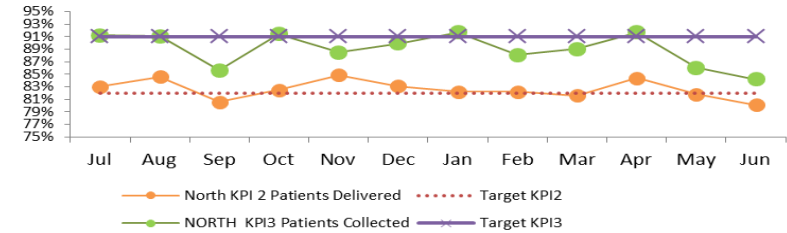
PTS (Lead Director: Director of Planned and Urgent Care - Philip Foster, Nominated Lead: Managing Director PTS – Chris Dexter)

PTS –Performance - Total YTD demand is under plan, aborted journeys and escorts also remain under plan.

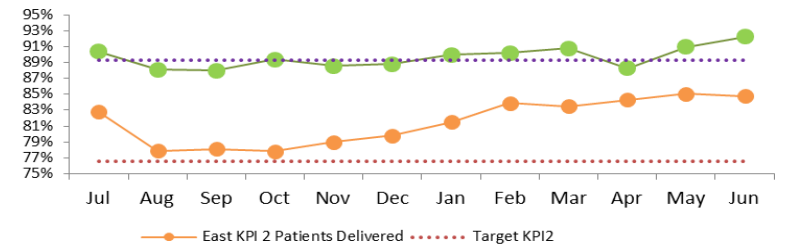
- West Consortia – as highlighted on page 3, a number of performance issues have been highlighted and actioned for improvement
 - KPI 3 outward is 6% below target for June,
 - renal outward is 3.5% negative and
 - journey time above 45 minutes is 3% negative
- South Consortia & North Consortia both remain positive for patient's inwards journeys; pre planned outward journey times saw a small reduction in performance but remains on track YTD



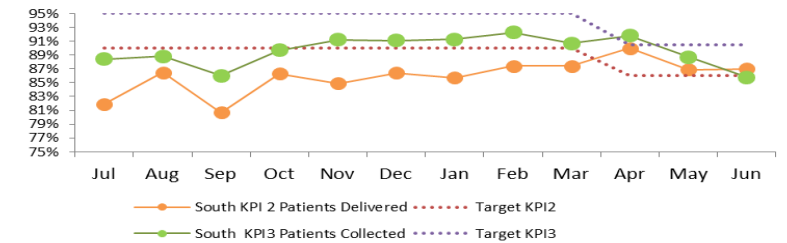
PTS Performance North



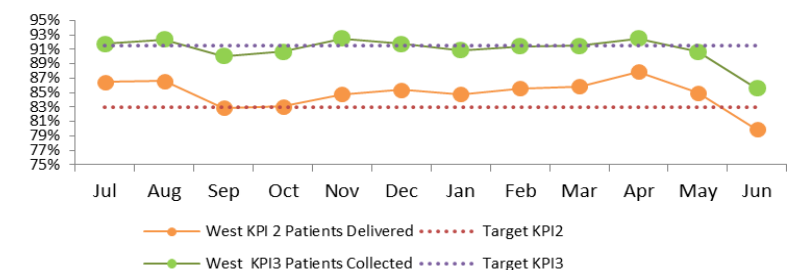
PTS Performance East



PTS Performance South



PTS Performance West



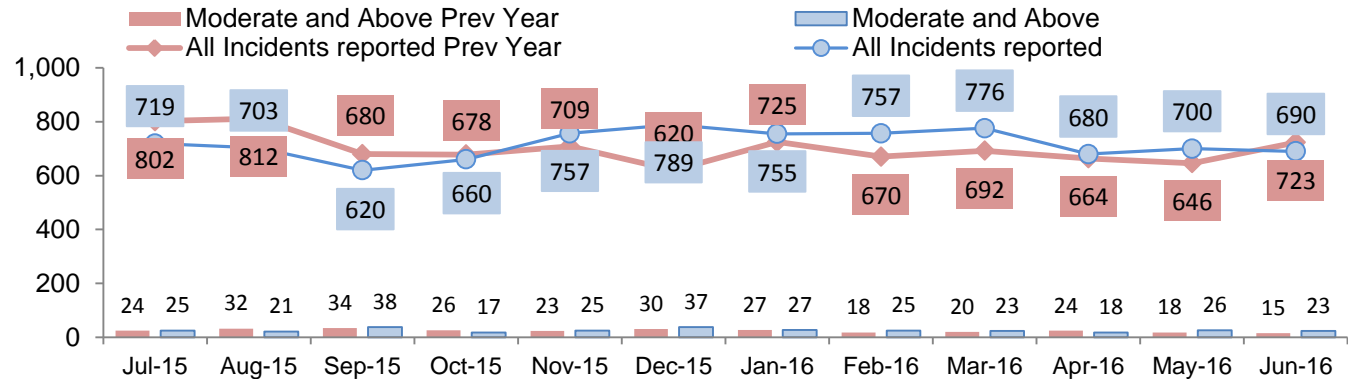
Quality (Lead Director: Executive Director of Quality, Governance and Performance Assurance – Steve Page, Supported by Executive Medical Director – Dr Julian Mark, Nominated Leads: Associate Director of Quality & Nursing – Karen Warner, Associate Medical Director – Dr Steven Dykes)

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. 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 Reported and Level of Harm

Incidents with a severity of moderate and above harm represent 3.3% of all incidents reported in June, with 96.7% of incidents reported as no or minor harm. No Harm Incidents remains consistent with previous months (70.7% of the total number of incidents in June).



A&E Ops remains the highest reporting area reporting 61.5% of all incidents, again reflective of previous months. The top 5 coded categories in A&E Ops this month are Vehicle-related, Response-related, Violence and aggression, Medication and Moving and handling which is consistent with previous months.

Patient related incidents remain consistent, the top three categories of patient incidents are response-related, slips, trips falls and carepathway in June 2016.

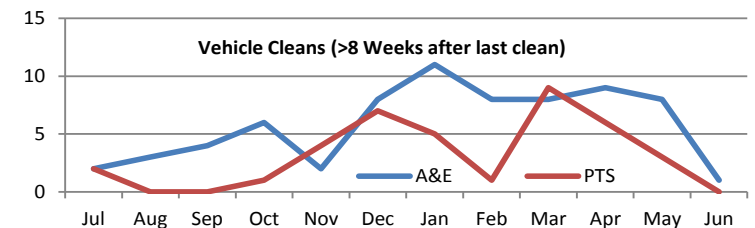
Patient-related Incidents graded no harm or minor harm represents 78.4% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.

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 June was positive - 99% for Hand Hygiene, 98% for Premises and 99% for vehicle audit completion.

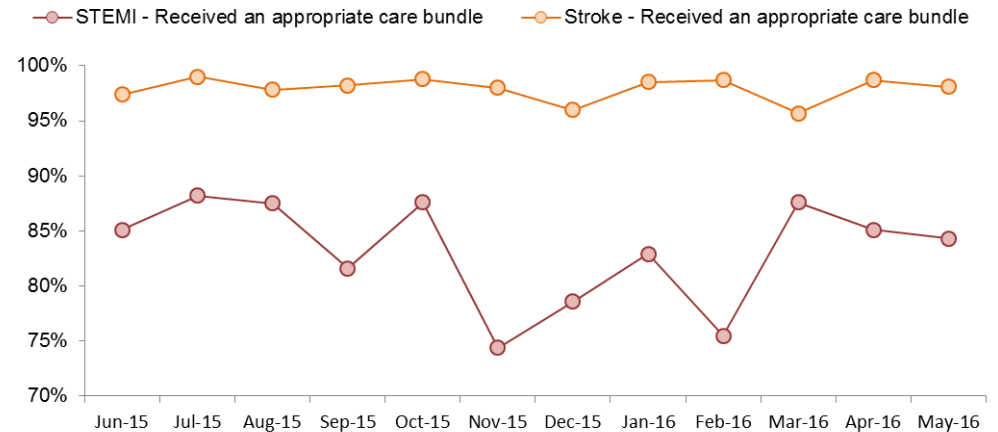
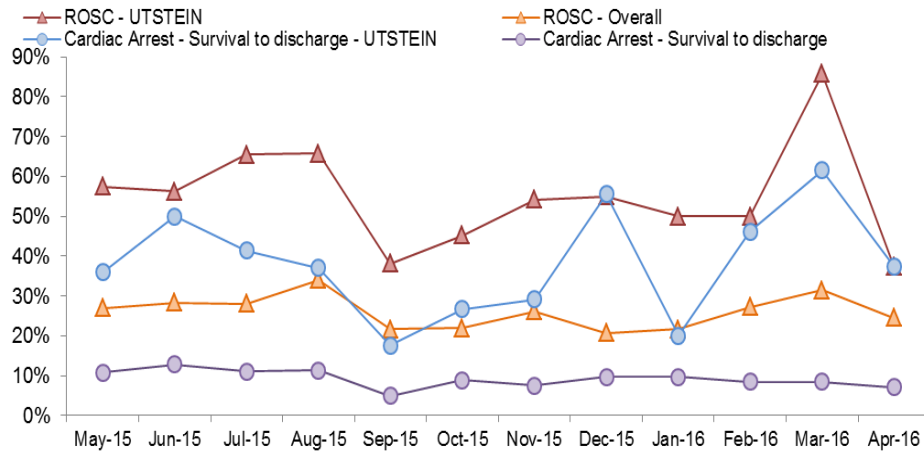
Safeguarding training compliance is consistent with last month. Positive compliance rates have been maintained across all 3 measures, and all 3 measures are above the 85% target level.

Infection prevention and control – The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has remained constantly low since June, under 10 breaches for both PTS and A&E. 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: Data for ROSC and survival to discharge has been collected and analysed for both March and April 2016, therefore providing information in a closer time period to the incident occurring than was previously available. 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: Data for March, April and May 2016 has now been analysed for both stroke and STEMI, meaning that the data for these measures is now available two months sooner than was previously possible. The data for stroke care bundle performance presented above indicates the consistent high standard of care being delivered to patients with suspected stroke, with performance greater than 95% for all months in 2016. For the STEMI care bundle, performance has increased from the drop seen in February, indicating that clinicians are responding appropriately to communications regarding STEMI care, and are delivering the appropriate care bundle on around 85% of occasions.

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

Sickness Absence: The sickness absence rate for June 2016 stands at 5% which is a decrease of 0.1% from the previous month. This continues to compare favourably to the same period last year when it stood at 5.5%. The 12 month figure stands at 5.4% compared to the 6.1% for the 12 month period of July 2014 to June 2015. The two biggest reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & well-being strategy, which focus on reducing absence in these areas. Most notably this will include mental health awareness training for managers commencing in March 2016.

PDR Compliance: The current PDR rate is 77.2% against a target of 80%. Action continues to be in place to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning process.

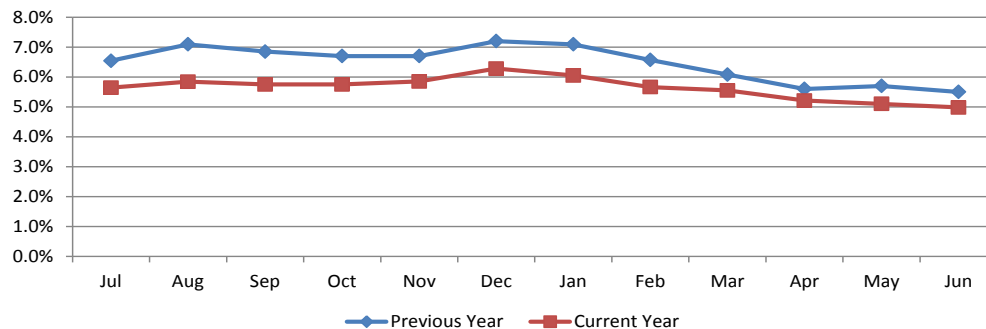
Statutory and Mandatory Training: The current combined compliance for the Statutory and Mandatory Workbook is 94.1%. The new workbook has been issued and 83.5% of staff have completed their required training.

Retention/ Attrition: Turnover has risen to 11.3% for the last 12 months compared to 11.1% for the previous 12 months. The Trust is currently undertaking a number of initiatives to try and improve the retention of staff particularly those in operational roles.

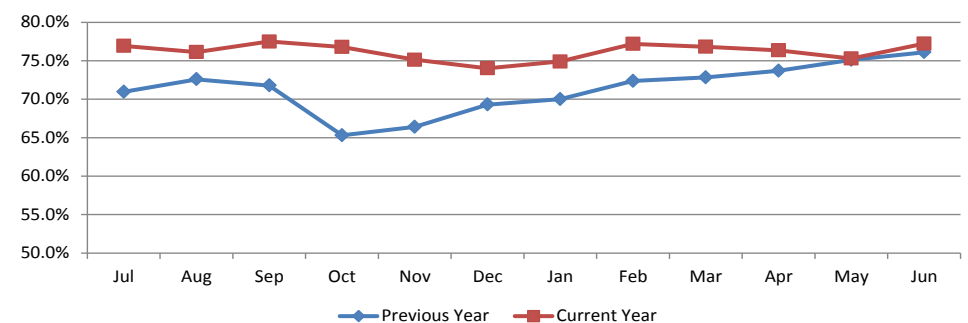
These include:-

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

Sickness Absence



PDR Compliance



Finance (Lead Director: Executive Director of Finance and Performance – Robert D Toole, Nominated Lead: 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	20,302	20,181	(121)	61,351	61,567	217
Expenditure	(20,888)	(20,748)	140	(62,851)	(63,063)	(213)
Retained (Deficit) / Surplus	(586)	(567)	19	(1,500)	(1,496)	4
EBITDA	328	377	49	1,355	1,385	30
CIPs	590	631	41	1,911	1,868	(43)
Cash	20,347	21,508	1,161	20,347	21,508	1,161
Capital Investment	(216)	(141)	75	(370)	(144)	226

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 3 the plan was a deficit position of (£586k) with expected surpluses generated later in the year (mainly due to the profiling of income). In month the Trust ended in a deficit financial position of (£567k) which is broadly in line with plan (small favourable variance of £19k). The YTD position is in line with plan and shows a deficit of (£1,496k) against a plan of (£1,500k) deficit.

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

In terms of key variances YTD: The A&E service line is (£375k) adverse to plan, (before release of A&E specific reserves), which is mainly due to additional use of external providers to increase resource availability. This is offset by an underspend on A&E management reserves of £375k resulting in an overall breakeven A&E position. Currently in June front line Operations are 57 FTE behind plan and it is this shortfall that is mainly being covered by external providers. The Fleet position is adverse to plan by (£305k) due to overspend within fleet maintenance. The Procurement position is (£215k) behind plan due to overspend within pay on agency as well as CIP underachievement. The People and Engagement Directorate position is adverse to plan by (£330k), mainly due to expenditure on training (e.g. driver training).

The Trust has a savings target of £9.619m for 2016/17. 98% delivery of the CIP target was achieved in June 16 and 72% of this was achieved through recurrent schemes. Reserve schemes have achieved £492k of the year to date savings. This creates an adverse variance against plan of (£43k).

Capital spend for 2016/17 at the end of June 2016 is £0.144m against the re-phased plan of £0.370m. 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. The capital plan is still subject to NHS Improvement approval.

At the end of June 2016, the Trust's cash position was £21.5m against a planned figure of £20.3m. The slightly improved cash position is a result of favourable working capital and underspend on capital as highlighted above.

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	JUNE RAG	JUNE 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	EDOps	Mar-17
					NA	ii	Expand provision of Community First Responder		EDOps	Mar-17
					NS	iii	Implement new vehicle mix in line with modelling recommendations		DEF	Mar-17
					A	iv	Implement new capacity planning process in A&E		EDOps	Mar-17
					G	v	Implement Ambulance Response Programme (ARP) II		EDOps	Jun-16
					A	vi	Review call answer profile for 999 calls and address shortfalls in call handler numbers		EDOps	Mar-17
	1b Improve clinical performance in ACQIs and CPIs	1b i: Improvement in Stroke 60 and STEMI 150 ACQIs are dependent on external factors beyond YAS' influence. The current configuration of acute stroke services, and planned reconfiguration, will exacerbate the fall in Stroke 60 ACQI performance. The majority of excessive responses in the STEMI 150 ACQI data set are due to delays outside YAS' control. The dissolution of the Cardiac SCN in March 2016 will further exacerbate the situation as feedback and scrutiny are compromised. 1b ii: Continuing roll out of automated devices as Business as usual, restart a heart in planning stage.	A	A	A	i	Deliver CPD programme to address under-performing aspects of ACQIs and CPIs	EMD	EMD	Mar-17
					G	ii	Further improve rates of cardiac arrest survival across Yorkshire: • Continue roll out of automated CPR devices • Establish a mobile community CPR training facility • Restart A Heart 3 • Expand Fire Co-responder Schemes in North and South Yorkshire • Implement enhanced CPR feedback CQUIN • Trial external pacing and electrical cardioversion to regulate heart rhythms in cases of ROSC		EMD	1. Sep-17 2. Mar-17 3. Oct-16 4. Mar-17 5. Mar-17 6. Sep-17
	1c Ensure patients are provided with the most appropriate response to meet their needs (Urgent Care Transformation)	1c iii: Project not yet started 1c iv: Contract not finalised yet, ongoing discussions. 1c vi: DP&UC and DBD working jointly to actively review and pursue opportunities	G	A	G	i	Establish clinical advice and care navigation specialist clinical advisors	DP&UC	DP&UC	Mar-17
					G	ii	Implement and evaluate 3 Vanguard falls response pilots		DP&UC	Dec-16
NS					iii	Develop a model for urgent / intermediate care transport	DP&UC		Dec-16	
R					iv	Work with Local Care Direct and Commissioners to review and develop the West Yorkshire urgent care model	DP&UC		Mar-17	
G					v	Develop closer integration between NHS 111 and 999 clinical triage services	DP&UC		Mar-17	
A					vi	Assess and pursue new NHS 111 and urgent care service tenders and opportunities	DBD		Mar-17	
NS					vii	Begin roll out of locally managed DOS to support frontline clinicians	DP&UC		Mar-17	
G					viii	Develop shared patient care record	DP&UC		Dec-16	
NS					ix	Introduce PTS enhanced patient discharge services supported by telecare connected home technology	DP&UC		Dec-16	
2. Ensure continuous service improvement and innovation	2a Improve processes for management of performance delivery	2a ii: 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	DBD	Sep-16
					A	ii	Implement new performance management framework		EDQ&P	Jun-16
					A	iii	Ensure robust programme and project management arrangements via new PMO work streams for major change programmes		EDQ&P	Jun-16
					A	iv	Develop suite of Management Information dashboards to support managers in driving forward business change aligned to a Service Line Management culture		EDQ&P	Sep-16
	2b Improve efficiency and effectiveness of support service functions	2 b (ii) Procurement team in place (Carter). NA Alliance to agree programme activities. 2 b (iii) Activities remain to be fully identified with associated resources to be secured	G	A	NA	i	Develop a cadre of leaders equipped to support lean improvement programme	EDoF	DWF	Sep-16
					A	ii	Improve efficiency through Northern Ambulance Alliance and implementing Carter recommendations		EDoF	Mar-17
					NS	iii	Undertake lean reviews of key support functions, focused on 1. Recruitment 2. Fleet 3. Internal logistics		EDoF DWF	1. Sep-16 2. Dec-16 3. Dec-16
	2c Implementation of Hub & Spoke/ Make Ready operational infrastructure (Hub and Spoke Transformation Programme)	i: Paper to F&IC 12th May, agreeing next stage.	G	G	G	i	Secure approval for Doncaster Estate Business Case	DEF	DEF	Jun-16
					G	ii	Evaluate Make Ready and Vehicle Preparation System (VPS) Pilots		DEF	Sep-17
					G	iii	Roll out Make Ready/VPS to 2 further stations		DEF	Mar-17

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	JUNE RAG	JUNE 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)	2d vi: Currently auditing all PTS vehicles over 9 years old and reviewing requirements for overall numbers of PTS vehicles. 30 new vehicles in 2016-17 planned as yet uncommitted.	A	A	G	i	Introduce auto planning	DP&UC	DP&UC	Sep-16	
					G	ii	Complete auto scheduling pilot		DP&UC	Jun-16	
					A	iii	Introduce on-line booking app		DP&UC	Jun-16	
					G	iv	Implement workforce plan for Resourcing and Logistics, Voluntary Car Services and apprentice numbers		DP&UC	Sep-16	
					G	v	Implement a new subcontractor framework aligned to partnership working & the Total Transport initiative		DP&UC	Jun-16	
					A	vi	Continue fleet modernisation programme		EDoF	Mar-17	
					A	vii	Assess and pursue new service tenders and opportunities		DBD	Mar-17	
	2e	Embed initiatives to support an open learning culture and quality improvement	2e iv: Development of Nursing internship continuing. 2e v: Freedom to Speak guardian requirement scheduled for May	G	A	G	i	Implement 16/17 CQUIN programme, Clinical Quality Strategy, Sign up to Safety programme.	EDQ&P	EDQ&P	Dec-16
						G	ii	Implement learning from complaints and serious incidents to support improvement in services.		EDQ&P	Sep-16
						A	iii	Embed quality, risk and safety processes in operational service lines.		EDQ&P	Oct-16
A						iv	Further develop nursing professional leadership structure and implement internship pilot	DP&UC		Dec-16	
C						v	Implement Freedom to Speak Up arrangements	EDQ&P		Sep-16	
3. Develop and retain a highly skilled, engaged and motivated workforce	3a 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	DWF	Sep-16	
					A	ii	Produce and publish new behavioural framework		DWF	Sep-16	
					A	iii	Align recruitment, induction, training and other Trust communications to the new framework		DWF	Sep-16	
	3b 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	DWF	Dec-16	
					A	ii	Increase Personal Development Review (PDR) compliance		DWF	Sep-16	
	3c Introduce new models for workforce development	3C ii: assessing the new ways of working with clinical supervisors to fulfil clinical leadership model, supervisor and manager workshops to engage in how new delivery model should look.	A	A	A	i	Introduce career framework for specialist, advanced and consultant paramedic roles	DWF	EMD	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	3e i: Some technology is in place but reliant on a more robust home working solution (and support) to have this implemented more fully. Therefore scored as amber for the time being.	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	JUNE RAG	JUNE 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	G	G	G	i	CEO	CEO	Jun-16			
						ii			A	Agree priority areas for action and develop work plan	CEO	Jun-16
	4b	Improve organisational resilience through ISO 22301 accreditation		NA	NA	NA	i	EDoF	DEF	Mar-17		
						NA	ii			ISO 22301 accreditation in Fleet	Mar-17	
						NA	iii			ISO 22301 accreditation in Corporate Communications	Mar-17	
						NA	iv			ISO 22301 accreditation in Air ambulance	Mar-17	
						NA	v			ISO 22301 accreditation in HART	Mar-17	
	4c	Complete site security developments for core infrastructure assets		G	G	NS	i	EDQ&P	EDQ&P	Sep-16		
						NS	ii			Agree site security improvement priorities for inclusion in estates and other Trust plans	Dec-16	
						G	iii			Implement additional staff guidance and support relating to incidents involving violence and aggression	Dec-16	
						G	iv			Implement agreed 16/17 priorities	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	DBD	CEO			
						G	ii			Implement Communications and Engagement Strategy action plan	Sep-16	
						NS	iii			Establish patient panels		
G						iv	Co-development of locality Sustainability and Transformation Plans			Jun-16		
G						v	Embed roles and processes to engage in local reconfiguration and community activity			Sep-16		
G						vi	Develop governance policy and checklist for partnership arrangements.			Jun-16		
G						vii	Implement new corporate oversight of partnerships with other organisations			Sep-16		
5. Provide a safe and caring service which demonstrates an efficient use of resources	5a	Address issues arising from CQC inspection	A	A	C	i	EDQ&P	EDQ&P	Jun-16			
					C	ii			Undertake mock inspection	Jun-16		
					A	iii			Complete re-inspection with preparations informed by audit and mock inspection	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	A	G	i	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	Mar-17
							A	iii			Undertake estate backlog maintenance programme	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	CEO	CEO	Jun-16		
						A	ii			Embed new director portfolio structure and complete recruitment to key Board and TMG roles	Jun-16	
						G	iii			Embed new Estates Governance Assurance Framework covering supplier frameworks, regulatory compliance, sustainability and property management	Sep-16	
						NS	iv			Complete Well-led Review	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	G	i	EDoF	EDoF	Sep-16	
							NS	ii			Implement SLAs between key support functions and operational service lines	Dec-16
	5e	Achievement of planned surplus	5e i - See section 2.4 of IPR	A	A	A	G	i	EDoF supported by Exec Dirs	EDoF	Mar-17	
							G	ii			Deliver agreed CQUIN schemes	Mar-17
NA							iii	Secure new income through service tenders and other service development opportunities			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

2.2 Quality and Efficiency Savings (CIP)

Jun-16

CIP Tracker 2016/17	2016/17 Plan	YTD Plan	YTD Variance	Commentary YTD
Directorate	£000	£000	£000	
Accident & Emergency	2,463	322	(207)	The A&E Operational efficiency schemes are underperforming by (£207k) against planned savings, this includes Private Providers and other unidentified recurrent A&E schemes.
Clinical Directorate	43	11	0	Monthly achievement in line with planned savings.
Special Operations	256	64	0	Monthly achievement in line with planned savings.
Patient Transport Service	2,401	600	(81)	Areas of underperformance against plan include: aborted calls scheme (£16k), non pay elements of the workforce plan (£14k) and non-delivery of the rolled forward CIP target from 15/16 for PTS (£204k).
Finance	455	114	0	Monthly achievement in line with planned savings.
Standards and Compliance	98	25	0	Monthly achievement in line with planned savings
111	595	149	(99)	The NHS 111 schemes are currently being reviewed as part of the contract negotiation process.
EOC	308	77	0	Monthly achievement in line with planned savings but due to non recurrent savings from vacancies.
Trust wide	3,000	550	(148)	Areas of underperformance against plan include: Fleet schemes (£37k), Estates (£53k) and People and Engagement (£48k), resulting in an adverse variance of (£148k). Delivery of a number of smaller schemes is delayed and should commence later this year.
Total Planned Scheme Savings	9,619	1,912	(535)	
Reserve Schemes	0	0	492	This relates to the non-recurrent A & E Clinical Supervisor scheme, utilising their time as part of the front line rota.
Recurrent Reserve Schemes	0	0		
Non-recurrent Reserve Schemes	0	0	0	
Total Savings	9,619	1,912	(43)	

2.2 Cost Improvement Programme

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										
Healthy food for NHS staff, visitors	33.3%	£379,270	Green	Green	Green										
Improving the uptake of flu vaccinations for frontline clinical staff	33.3%	£379,270	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										
Ambulance Mortality Review	21.43%	£568,905	Green	Green	Green										
Assessing the quality of CPR	21.43%	£568,905	Green	Green	Green										
End to end reviews	21.43%	£568,905	Green	Green	Green										
Health Care Professional calls	14.29%	£379,270	Green	Green	Green										
Patient outcome data	7.14%	£189,635	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										
Courtesy Calling	TBC	TBC	Green	Green	Green										
Total	TBC	TBC													

Comments: -

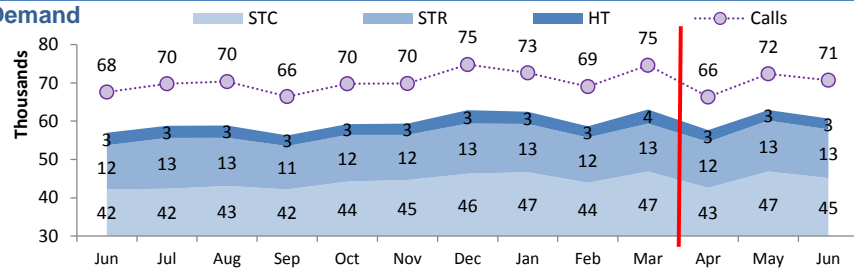
- Patient portal – all initial actions and project plans written and shared with commissioners. Additional staffing requested to assist with development and delivery of the project.
- Courtesy Calling – all initial actions and project plans written and shared with commissioners. Additional staff being 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)

Jun-16

1. Demand



Compared to last year Hear & Treat calls have reduced by 18.1%. See Treat & Refer responses have increased by 9.2% and See Treat & Convey have increased by 5.6%. Overall responses (incidents arrived at scene) are above contracted.

June	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2016-17	213,653	8,700	41,188	135,593
YTD YAS (inc OOA&UCP) 2015-16	205,516	10,627	38,050	128,347
Variance (Between Years)	8,137	(1,927)	3,138	7,246
	4.0%	(18.1%)	8.2%	5.6%
YTD (Contract CCGs only) Actuals 2016-17*	209,390	8,670	38,031	134,603
YTD (Contract CCGs only) Contracted 2016-17	202,247	10,585	34,830	127,435
Variance (to Contract)	7,143	(1,915)	3,201	7,168
	3.5%	(18.1%)	9.2%	5.6%

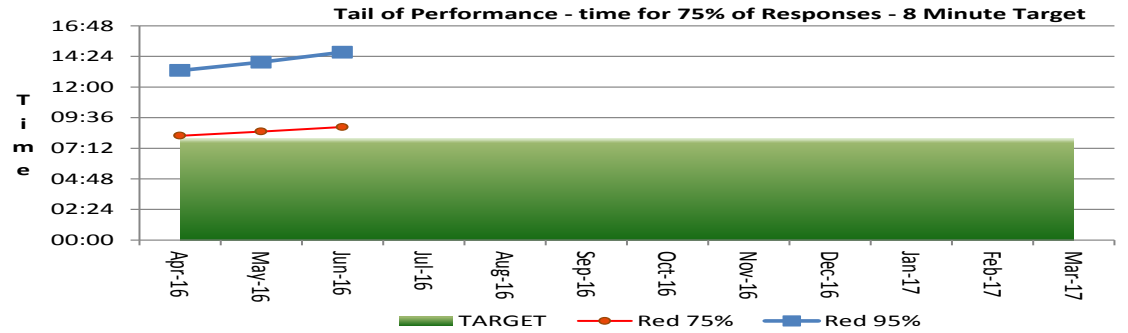
* excludes UCP and Out of Area

3. Quality

	June	YTD
Serious Incidents (Rate Per 1000 Responses)	0 (0) ↓	3 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
Total Incidents (Rate Per 1000 Responses)	425 (7.2) ↓	1278 (7.2)
Total Incidents per 1000 responses was the same in June as the year to date average. There were 23 less incidents than May		
Feedback	Complaints	11 ↓ 42
	Concerns	9 ↓ 44
	Comments	3 ↓ 22
	Service to Service	13 ↑ 39
	Compliments	48 ↓ 178
Response within target time for Complaints and Concerns	93%	92%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 1
The average response time for Complaints and Concerns in April was 31 days and YTD is 27 days		
Vehicle Deep Clean (>8 weeks after last clean)	1 ↓	18

2. Red Performance

	RED 1 Pre ARP	RED 2 Pre ARP	Red ARP Pilot
June 2016	69.70%	74.20%	68.0%
Current YTD	69.70%	74.20%	70.0%



Red	75%	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
75%	08:11	08:31	08:52										
95%	13:18	13:57	14:44										
TARGET	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

ARP Pilot: Performance for Red is below the 75% target at 68% for June (70% 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	%
May 2016 (FT Equivalents)					
Budget FTE	2,164	108	541	1,515	70%
Contracted FTE (before overtime)	2,170	74	704	1,392	64%
Variance	6	35	(163)	(123)	(8.1%)
% Variance	0.3%	32.1%	(30.2%)		
FTE (worked inc overtime)*	2,363	74	704	1,585	67%
Variance	199	35	(163)	70	4.6%
% Variance	9.2%	32.1%	(30.2%)		

* 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 (1392 compared to 1308) and is now above planned Gross FTE (0.3%) Absence is higher than planned.

The number of Operational Paramedics is 866 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		16,577	16,202	375
CIPs		322	404	82

A&E are (£375k) adverse to plan YTD, before the release of reserves, which relates to additional use of external providers to increase resource availability. This is offset by an underspend on A&E Management reserves of £375k resulting in a breakeven position against budget.

Currently in June front line Operations are 57 FTE behind plan and it is this shortfall that is being covered by external providers. Overall resource hours per week is in line with the plan.

Charges in relation to overtime, 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)

Jun-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

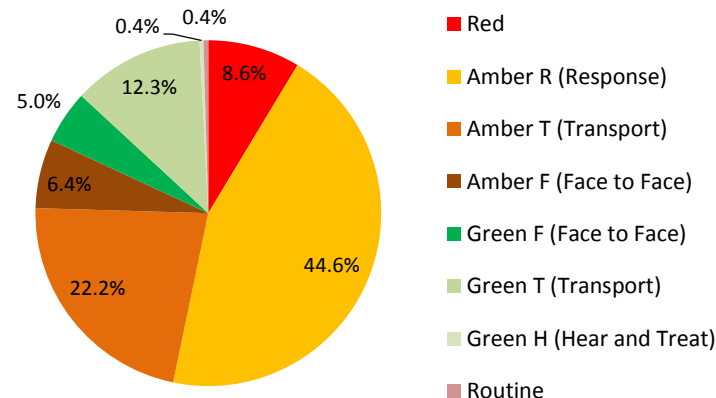
Urgent problem (not immediately life-threatening) that needs transport within a clinically appropriate timeframe or a further face-to-face or telephone assessment and management.

2. Demand and Performance

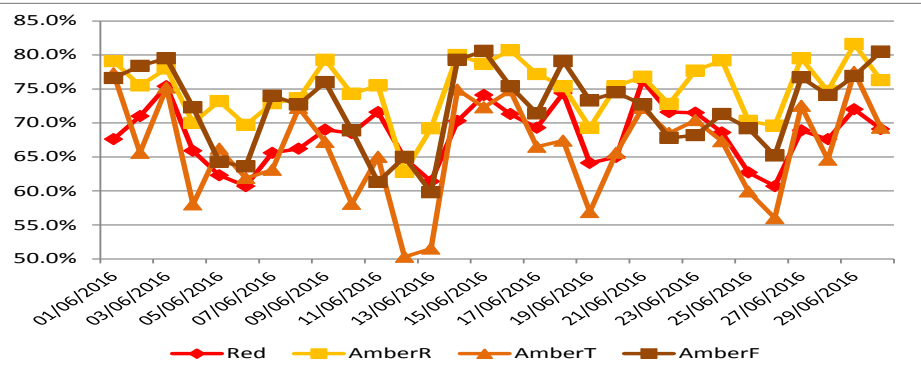
	Calls	HT	STR	STC	Responses	Target Time	Perf	Prop of Responses
Red	5201	4	1180	3864	5044	8 Mins (75% Target)	68.0%	8.6%
Amber R (Response)	27580	109	5626	20449	26075	19 Mins (No Target)	74.7%	44.6%
Amber T (Transport)	14497	112	2428	10541	12969		66.4%	22.2%
Amber F (Face to Face)	5254	170	1690	2078	3768		72.2%	6.4%
Green F (Face to Face)	6941	107	1335	1564	2899	60 Mins (No Target)	94.9%	5.0%
Green T (Transport)	8094	48	715	6481	7196		80.3%*	12.3%
Green H (Hear and Treat)	3062	2285	89	122	211		98.1%	0.4%
Routine	338	0	20	240	260	Hear & Treat	98.8%	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	22%
Inter-facility 1	17%
Cardiac/Respiratory Arrest	12%
Haemorrhage/Lacerations	12%
Breathing Problems	6%
Allergies/Rash/Med Reaction/Stings	5%
Unknown Problem - Collapse-3rd Pty	4%
Falls/Back Injuries - Traumatic	3%
HCP Red Defib	3%
HCP Red	2%



3. Performance by day

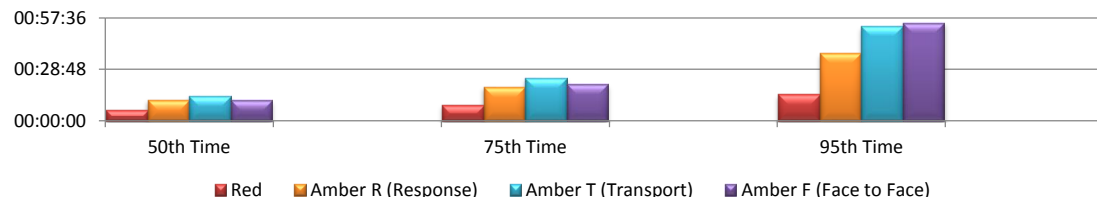


Key Points:

- Hear and Treat rates increased slightly from last month to 4.6% compared to 4.3% 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, 17% are Intra-facility 1 transfers.

4. Tail of Performance

	50th Time	75th Time	95th Time	99th Time
Red	00:06:14	00:08:50	00:14:41	00:20:41
Amber R (Response)	00:11:42	00:18:55	00:37:58	01:00:32
Amber T (Transport)	00:14:04	00:24:05	00:52:55	01:32:34
Amber F (Face to Face)	00:11:31	00:20:28	00:54:50	01:43:09



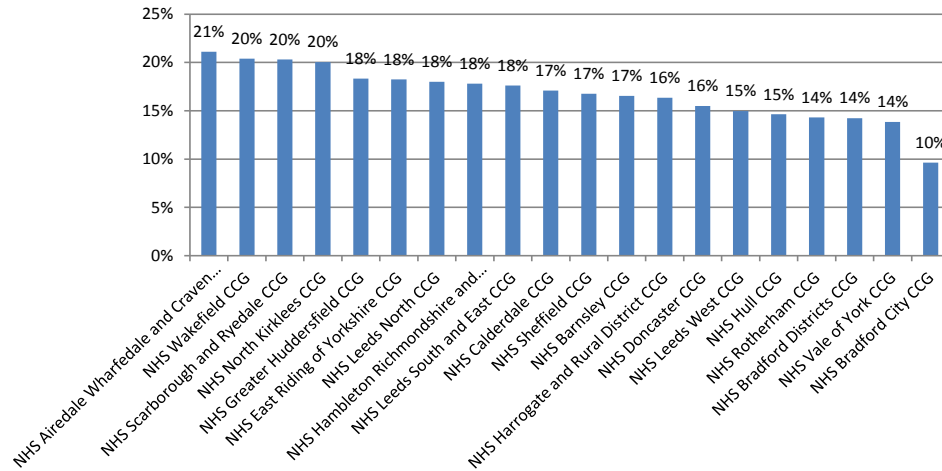
Key Points:

- Tail of performance for Red - 50% of people received a response in 6 mins 14 seconds. 95% of patient were seen in 14 mins and 41 seconds.
- Tail of Performance for Amber (within 19 minutes) ranges from 11:31 to 14:04 for 50th Percentile

3.1 A&E Operations

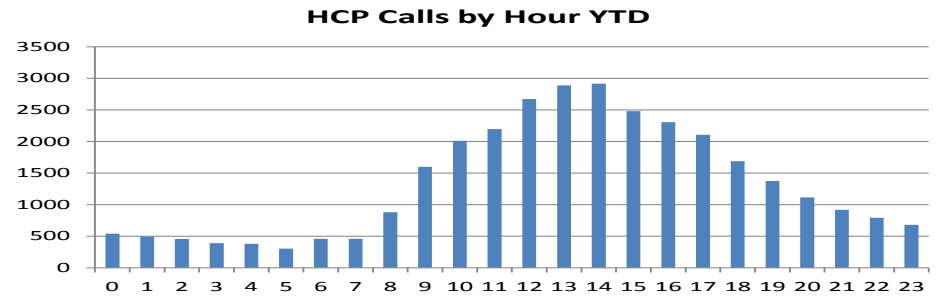
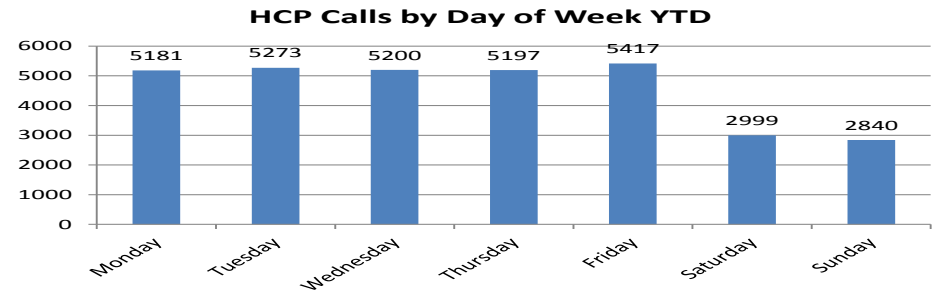
(Lead Director: Executive Director of Operations - David Macklin, Nominated Lead: Associate Director of Operations - Ian Walton)

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



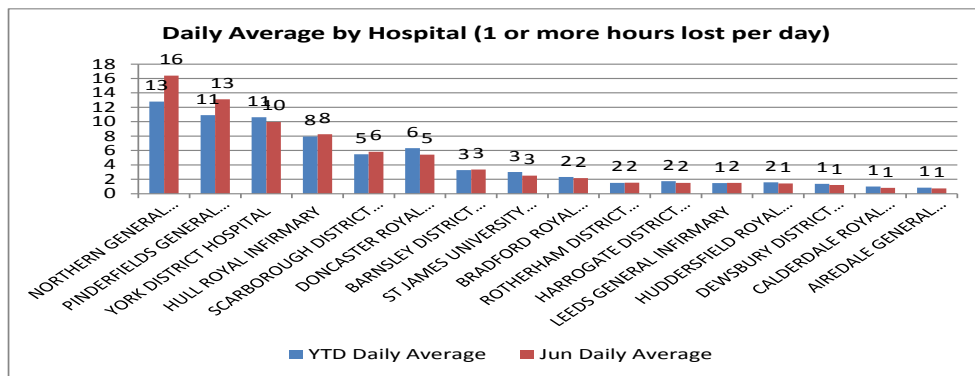
Red Calls as a proportion account for 17.5% of all HCP calls.
 NHS Sheffield CCG has the highest volume of HCP demand of all the CCGs.
 The time of day with the highest (61.0%) of all calls are between 10 and 5pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

2. HCP by Time of Day



3. Hospital Turnaround - Excessive Response

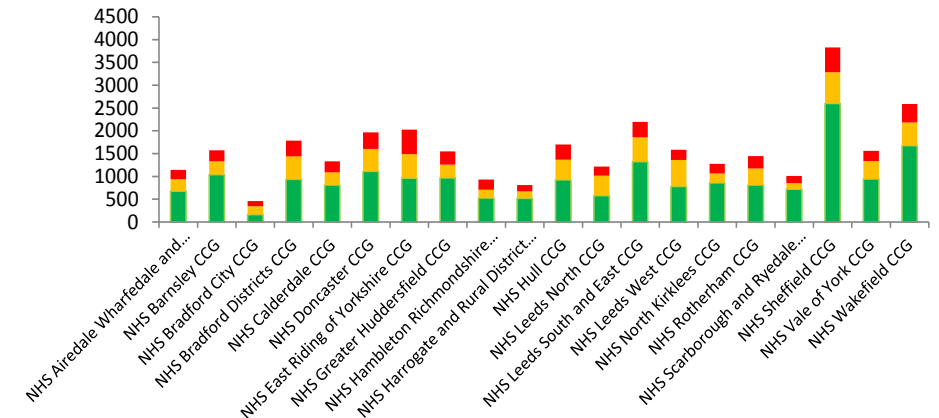
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	last 12 mths
Excessive Handovers Over 15mins (hours)	1193	1433	1153	1825	1852	1591	2250	2734	3300	1981	2323	2283	23918
Excessive Hours per Day	38	46	38	59	62	51	73	94	106	66	75	76	785



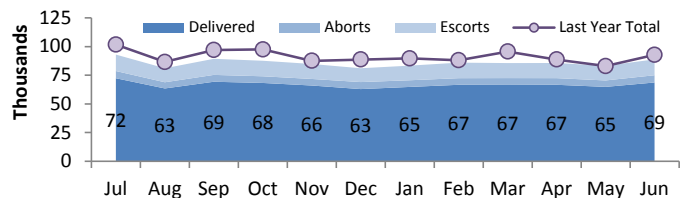
Excessive time lost at hospitals was lower in June than May. It continues to be higher than for the same period last year. Northern General, Mid-Yorks - Pinderfields, York District, Hull Royal and Scarborough have been impacting on performance.

4. HCP by Grade of Call

Number of Red, Amber and Green Calls by CCG YTD



1. Demand



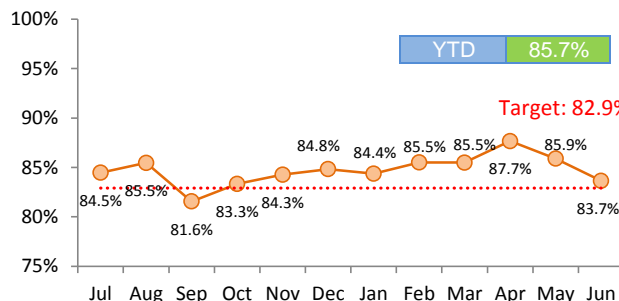
Comparison to Plan

April to March	Delivered	Aborts	Escorts	Total
YTD 2016-17	200,130	17,723	39,827	257,680
Contract 2016-17 (2015-16 Demand)	205,250	18,132	41,010	264,392
% Variance	(2.5%)	(2.3%)	(2.9%)	(2.5%)

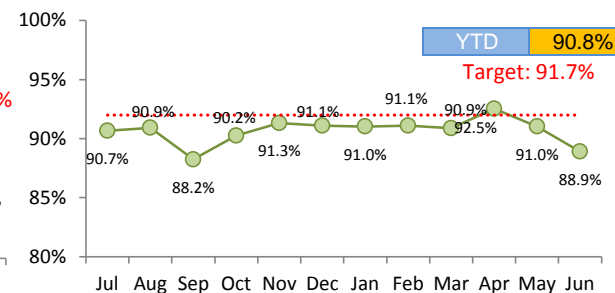
Key Points - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

2. Performance

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



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



Key Points - West Yorkshire KPI 1, KPI 2 (inward) missed target by 3.1% (79.9%) target and KPI 3 (outward) missed target by 5.9%. East Yorkshire KPI 2 (inward) achieved 84.% against target of 76.5% + 8.3% and KPI 3 (outward) achieving 92.3% against target of 89.3% + 3.0%. North Yorkshire KPI 2 (inward) narrowly missed target by 1.9% due to an increase in unmeasured journeys. KPI 3 under achieved by 6.8% due to incurring additional breaches. South Yorkshire KPI 2 (inward) achieved target by 1.0% due to the changes within 2016/2017 contract KPI 3 (outward) missed target by 4.7%.

3. Quality, Safety and Patient Experience

	Jun	YTD	
Calls Answered in 3 mins (All PTS calls)	58.9% ↓	69.4%	
Serious Incidents (YTD)	1 ↔	1	
Total Incidents (per 1000 activities)	131 (1.91) ↑	322 (1.61)	
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)			
Feedback	Complaints	10 ↑	30
	Concerns	69 ↑	118
	Comments	5 ↓	20
	Service to Service	63 ↑	111
	Compliments	1 ↔	4
Response within target time for Complaints and Concerns	98%	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)	0 ↓	9	

4. Workforce

Jun-16	FTE	Sickness (5%)	Absence (20%)	Available	
				Total	%
Budget FTE	727	36	145	545	75%
Contracted FTE (before overtime)	717	54	123	540	75%
Variance	(10)	(17)	23		
Actual Shrinkage %		7.0%	16.4%	(5)	(0.9%)
% Variance	(1.4%)	(47.8%)	15.6%		
FTE worked inc overtime	748	54	123	572	76%
Variance	21	(17)	23		
% Variance	2.9%	(47.8%)	15.6%	27	4.9%

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

Key Points
PTS used an equivalent of an additional 27 FTE with the use of overtime against vacancies of 10. Sickness absence for April 2016 is 6.98% . 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	2,348	2,285	63
CIPs	600	519	(81)

The YTD position of the directorate is £63k adverse to plan. The current overspend of (£63k) mainly relates to pay (£59k).

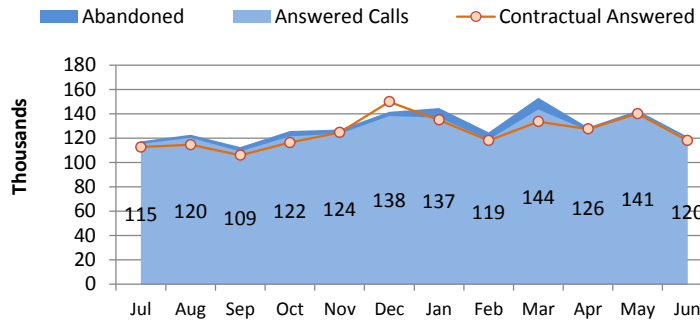
Quality and Efficiency Savings (CIPs) are currently (£81k) behind plan due to a delay in workforce savings, lower than expected savings on reduced number of aborted calls, as well as the non-delivery of the 15/16 CIP target.

3.3 NHS 111

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

Jun-16

1. Demand



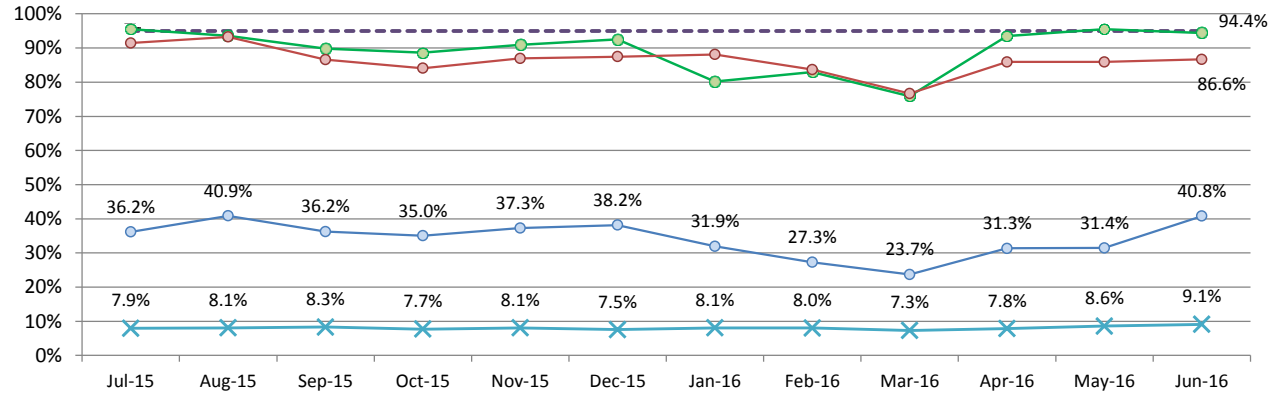
Calls answered up by 4.5% year on year and above plan (1.3% up - 1,580)

April to June	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95%)
YTD 2016-17	393,171	386,759	365,507	94.5%
YTD Plan 2016-17	385,880	385,880	366,586	95.0%
Variance	7,291	879	(1,079)	
	1.9%	0.2%	(0.3)%	(0.5)%
YTD 2015-16	390,016	382,872	360,354	94.1%
Variance	3,155	3,887	5,153	
	0.8%	1.0%	1.4%	0.4%

2. Performance

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

	Jun	YTD
Answered in 60 secs (95% Target)	94.4%	94.5%
Warm Transferred and Call Back in 10mins (65%)	40.8%	34.3%
Call Back in 2 Hours (95%)	86.6%	86.1%
Referred to 999 (nominal limit 10%)	9.1%	8.5%



Calls Offered have increased by 4.7% year on year. Answered in 60 performance is down by 2.5% when compared to June 2015. Month, on month performance went from 95.5% in May to 94.4% in June (down by 1.1%). Warm Transferred and Call Back in 10 minutes is up by 9.3% month on month and 6% up compared to June 2015. 111 referrals to 999 up by 1.1% year on year but remain within target. In June, 2,153 ambulances were managed to a more appropriate clinical outcome as a result of being clinically reviewed

3. Quality

	June	YTD	
Serious Incidents (per 1000 answered)	1 (0.01) ↓	6 (0.02)	
Total Incidents (per 1000)	0 (0) ↔	0 (0)	
Feedback	Complaints	55 ↑	138
	Concerns	3 ↓	12
	Comments	6 ↑	14
	Service to Service	70 ↑	178
	Compliments	13 ↔	37
Response within target time for Complaints and Concerns	92%	92%	
Ombudsman Cases	Upheld	1	1
	Not Upheld	0	0

4. Workforce

June 2016 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence (23%)	Available	
				Total	%
Budget FTE	296	27	68	201	68.0%
Contracted FTE (before Overtime)	275	20	77	177	64.6%
Variance	(21)	6	(9)	(24)	-12%
% Variance	(7.2)%	23.4%	(13.0)%		
FTE (Worked inc Overtime)	283	20	77	185	66%
Variance	(13)	6	(9)	(16)	-8%
% Variance	(4.5)%	23.4%	(13.0)%		
Contracted FTE (before Overtime) 4.5% below budgeted					
Paid Sickness at 7.3% (1.7% below threshold) and absence at 28% (5% above threshold)					

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	628	655	(27)
CIPs	149	50	(99)

The directorate is favourable to plan by £27k YTD due to vacancies.

Quality and Efficiency Savings (CIPs) are currently behind plan by (£99k). The NHS 111 schemes are currently being reviewed as part of the contract negotiation process.

4.1 Finance Overview

			Jun-16																																							
	Month	YTD	Trend 2016-17																																							
<p>RISK RATING: The Trust is broadly on plan at Month 3 against key financial metrics including I&E, CIPs and Cash. The Amber risk rating for Month 3 reflects the Trust's financial performance against the continuity of service metrics (a 2 risk rating due to the current deficit financial position), capital plan slippage and risks to the achievement of the control total.</p>			<table border="1"> <caption>Risk Rating Trend 2016-17</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>2</td><td>2</td></tr> <tr><td>M2</td><td>2</td><td>2</td></tr> <tr><td>M3</td><td>2</td><td>2</td></tr> <tr><td>M4</td><td>3</td><td>3</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	3	3	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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<p>EBITDA: The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), at the end of month 3 is £1.4m against a plan of £1.4m, thus being line with plan.</p>			<table border="1"> <caption>EBITDA Trend 2016-17</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>400</td><td>400</td></tr> <tr><td>M2</td><td>600</td><td>600</td></tr> <tr><td>M3</td><td>400</td><td>400</td></tr> <tr><td>M4</td><td>900</td><td>900</td></tr> <tr><td>M5</td><td>1000</td><td>1000</td></tr> <tr><td>M6</td><td>400</td><td>400</td></tr> <tr><td>M7</td><td>2500</td><td>2500</td></tr> <tr><td>M8</td><td>2100</td><td>2100</td></tr> <tr><td>M9</td><td>2800</td><td>2800</td></tr> <tr><td>M10</td><td>2200</td><td>2200</td></tr> <tr><td>M11</td><td>800</td><td>800</td></tr> <tr><td>M12</td><td>2200</td><td>2200</td></tr> </tbody> </table>	Month	Actual	Plan	M1	400	400	M2	600	600	M3	400	400	M4	900	900	M5	1000	1000	M6	400	400	M7	2500	2500	M8	2100	2100	M9	2800	2800	M10	2200	2200	M11	800	800	M12	2200	2200
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<p>SURPLUS: The Trust has reported a YTD deficit as at the end of June (Month 3) of £1.5m against a planned deficit of £1.5m, thus being in line with plan.</p>			<table border="1"> <caption>Surplus Trend 2016-17</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>-700</td><td>-700</td></tr> <tr><td>M2</td><td>-300</td><td>-300</td></tr> <tr><td>M3</td><td>-600</td><td>-600</td></tr> <tr><td>M4</td><td>100</td><td>100</td></tr> <tr><td>M5</td><td>100</td><td>100</td></tr> <tr><td>M6</td><td>-500</td><td>-500</td></tr> <tr><td>M7</td><td>1500</td><td>1500</td></tr> <tr><td>M8</td><td>1100</td><td>1100</td></tr> <tr><td>M9</td><td>1600</td><td>1600</td></tr> <tr><td>M10</td><td>1200</td><td>1200</td></tr> <tr><td>M11</td><td>-200</td><td>-200</td></tr> <tr><td>M12</td><td>1200</td><td>1200</td></tr> </tbody> </table>	Month	Actual	Plan	M1	-700	-700	M2	-300	-300	M3	-600	-600	M4	100	100	M5	100	100	M6	-500	-500	M7	1500	1500	M8	1100	1100	M9	1600	1600	M10	1200	1200	M11	-200	-200	M12	1200	1200
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<p>CAPITAL: Capital spend for 2016/17 at the end of June 2016 is £0.144m against a plan of £0.370m. 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. The capital plan is still subject to NHS Improvement approval.</p>			<table border="1"> <caption>Capital Spend Trend 2016-17</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>200</td><td>200</td></tr> <tr><td>M2</td><td>200</td><td>200</td></tr> <tr><td>M3</td><td>300</td><td>300</td></tr> <tr><td>M4</td><td>500</td><td>500</td></tr> <tr><td>M5</td><td>1500</td><td>1500</td></tr> <tr><td>M6</td><td>3200</td><td>3200</td></tr> <tr><td>M7</td><td>2200</td><td>2200</td></tr> <tr><td>M8</td><td>2000</td><td>2000</td></tr> <tr><td>M9</td><td>700</td><td>700</td></tr> <tr><td>M10</td><td>2100</td><td>2100</td></tr> <tr><td>M11</td><td>1500</td><td>1500</td></tr> <tr><td>M12</td><td>300</td><td>300</td></tr> </tbody> </table>	Month	Actual	Plan	M1	200	200	M2	200	200	M3	300	300	M4	500	500	M5	1500	1500	M6	3200	3200	M7	2200	2200	M8	2000	2000	M9	700	700	M10	2100	2100	M11	1500	1500	M12	300	300
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<p>CASH: At the end of June 2016, the Trust's cash position was £21.5m against a planned figure of £20.3m. The slightly favourable cash position is a result of favourable working capital and an underspend on the capital programme as highlighted above.</p>			<table border="1"> <caption>Cash Position Trend 2016-17</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>19</td><td>19</td></tr> <tr><td>M2</td><td>22</td><td>18</td></tr> <tr><td>M3</td><td>21</td><td>20</td></tr> <tr><td>M4</td><td>21</td><td>21</td></tr> <tr><td>M5</td><td>20</td><td>20</td></tr> <tr><td>M6</td><td>17</td><td>17</td></tr> <tr><td>M7</td><td>17</td><td>17</td></tr> <tr><td>M8</td><td>17</td><td>17</td></tr> <tr><td>M9</td><td>19</td><td>19</td></tr> <tr><td>M10</td><td>19</td><td>19</td></tr> <tr><td>M11</td><td>18</td><td>18</td></tr> <tr><td>M12</td><td>17</td><td>17</td></tr> </tbody> </table>	Month	Actual	Plan	M1	19	19	M2	22	18	M3	21	20	M4	21	21	M5	20	20	M6	17	17	M7	17	17	M8	17	17	M9	19	19	M10	19	19	M11	18	18	M12	17	17
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<p>CIP: The Trust has a savings target of £9.619 m for 2016/17. 98% delivery of the CIP target was achieved in June and 72% of this was achieved through recurrent schemes. Reserve schemes have contributed £492k of the year to date savings. This creates an overall adverse variance against plan of (£43k).</p>			<table border="1"> <caption>CIP Savings Trend 2016-17</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>500</td><td>500</td></tr> <tr><td>M2</td><td>600</td><td>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>1400</td><td>1400</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>1000</td><td>1000</td></tr> </tbody> </table>	Month	Actual	Plan	M1	500	500	M2	600	600	M3	600	600	M4	600	600	M5	600	600	M6	600	600	M7	1400	1400	M8	800	800	M9	800	800	M10	800	800	M11	800	800	M12	1000	1000
Month	Actual	Plan																																								
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M12	1000	1000																																								

4.2 Finance Detail

Jun-16

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	14,646	14,707	61
Patient Transport Service	2,463	2,407	(56)
111	2,546	2,530	(16)
Other Income	648	538	(110)
Operating Income	20,302	20,181	(121)
Pay Expenditure & reserves	(14,448)	(13,909)	539
Non-Pay expenditure & reserves	(5,526)	(5,895)	(369)
Operating Expenditure	(19,974)	(19,804)	170
EBITDA	328	377	49
EBITDA %	-1.6%	-1.9%	-0.3%
Depreciation	(738)	(737)	1
Interest payable & finance costs	(15)	(24)	(9)
Interest receivable	7	6	(1)
Profit on fixed asset disposal	11	(9)	(20)
Dividends, interest and other	(180)	(180)	0
Retained (Deficit) / Surplus	(586)	(567)	19
I&E (Deficit) / Surplus %	2.9%	2.8%	

	Year to Date		
	Budget	Actual	Variance
	£000	£000	£000
	44,128	44,373	246
	7,218	7,225	6
	8,028	8,023	(4)
	1,977	1,946	(31)
	61,351	61,567	217
	(43,240)	(42,227)	1,013
	(16,755)	(17,955)	(1,200)
	(59,996)	(60,182)	(187)
	1,355	1,385	30
	-2.2%	-2.2%	0.0%
	(2,214)	(2,213)	1
	(156)	(156)	0
	21	18	(3)
	33	18	(15)
	(539)	(548)	(9)
	(1,500)	(1,496)	4
	2.4%	2.4%	

Capital Plan	Annual Budget	Current Month	YTD
	£000	Variance £000	Variance £000
Estates	(2,541)	43	126
H&S	(1,232)	-	1
ICT	(1,111)	13	81
Fleet	(7,444)	38	38
Hart Vehicles and Equipment	(1,378)	(27)	(27)
Medical Equipment	(1,629)	0	0
Contingency	0	7	7
Total Schemes	(15,335)	74	226
Total CRL	(14,755)	-	-
Over committed against CRL	(580)	-	-

Plan	CATEGORY	Plan	Jun-16	YTD
%age of bills paid within terms	NHS	95%	64%	61%
%age of bills paid within terms	NON NHS	95%	87%	89%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	20,347	21,508	1,161

5 Workforce Scorecard

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

Associate Director of Human Resources – Kate Simms)

Jun-16

YORKSHIRE AMBULANCE SERVICE SCORECARD									
Indicator	Current Data - June-16		Current Data - May-16		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4239	Jun-16	4221	May-16	4495		↑	4119	Jun-15
Equality & Diversity	5.50% fte	Jun-16	5.55% fte	May-16	11.1% fte		↓	5.08% fte	Jun-15
	5.65% hcount		5.70% hcount					5.39% hcount	
Monthly Sickness Absence	4.98%	Jun-16	5.11%	May-16	5% fte		↓	5.51%	Jun-15
Yearly Sickness Absence	5.44%	Jul-15	5.47%	Jun-15			↓	6.13%	Jul-14
Turnover	11.08% fte	Jun-16	11.30% fte	May-16	10.13% Amb Trust Average from iView		↓	11.20% fte	Jun-15
	12.56% hcount		12.65% hcount					12.85% hcount	
Current PDRs	77.23%	Jun-16	75.26%	May-16	80%		↑	76.12%	Jun-15
Stat & Mand Workbook	94.12% (combined)	Jun-16	93.25% (combined)	May-16	85% (combined)		↑	92.03% (Combined)	Jun-15
	83.45%	Jun-16	79.43%	May-16				91.77%	Jun-15
Overtime	£967k	Jun-16	£953k	May-16			↑	£892k	Jun-15
	£11,262k	Jul-15	£11,187k	Jun-15			↑	£11,898k	Jul-14
		Jun-16		May-16					Jun-15

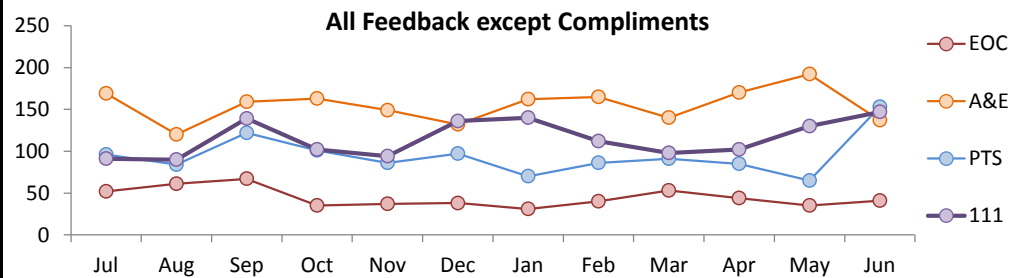
Sickness absence remains above the Trust target of 5%.

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.)

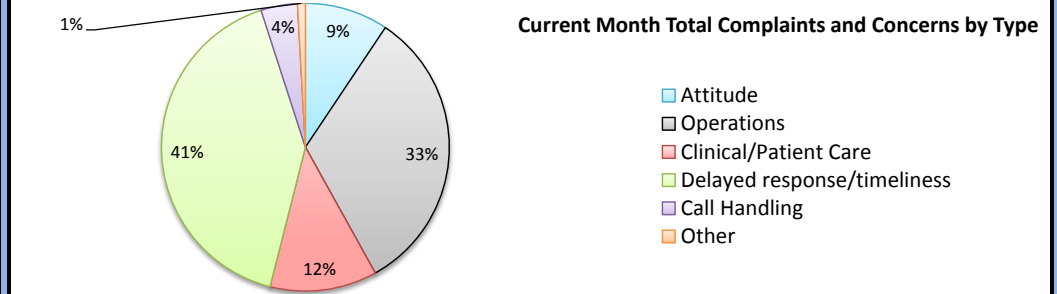
	EOC		A&E		PTS		111		Total	
	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD
Complaint	13	45	11	42	10	30	55	138	89	255
Concern	11	35	9	44	69	118	3	12	92	209
Service to Service	14	33	13	39	63	111	70	178	160	361
Comment	0	1	3	22	5	20	6	14	14	57
Compliment	0	3	48	178	1	4	13	37	62	222
Lost/Found Proper	1	1	30	95	1	4	0	0	32	100
PALS request	2	2	23	79	4	16	0	0	29	97
Total	41	120	137	499	153	303	147	379	478	1301
Demand	72,045	214,079	62,035	185,641	68,642	200,130	119,618	386,759	322,340	986,609
Proportion	0.06%	0.06%	0.22%	0.27%	0.22%	0.15%	0.12%	0.10%	0.15%	0.13%

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

	EOC		A&E		PTS		111		Total	
	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD	Jun-16	YTD
Attitude	0	0	14	49	8	21	10	28	32	98
Operations	0	2	9	38	8	20	94	228	111	288
Clinical/Patient Care	0	0	10	31	7	23	24	71	41	125
Delayed response	27	75	0	2	113	182	0	0	140	259
Call Handling	8	25	0	2	6	13	0	0	14	40
Other	3	11	0	3	0	0	0	1	3	15
Total	38	113	33	125	142	259	128	328	341	825
Demand	72,045	214,079	62,035	185,641	68,642	200,130	119,618	386,759	322,340	986,609
Proportion	0.05%	0.05%	0.05%	0.07%	0.21%	0.13%	0.11%	0.08%	0.11%	0.08%

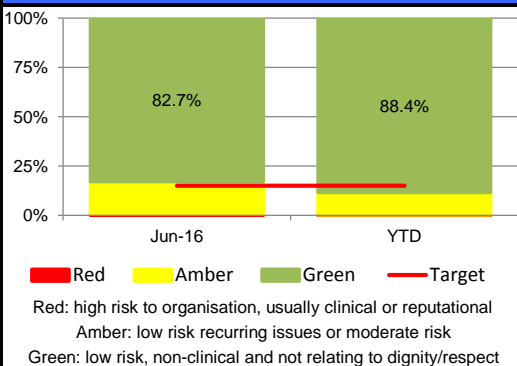


The Number of cases in June has seen an increase for PTS with a specific focus on renal services in West Yorkshire following some recent service changes. Action is under way to address the service issues and to engage users of the service in the improvement process.



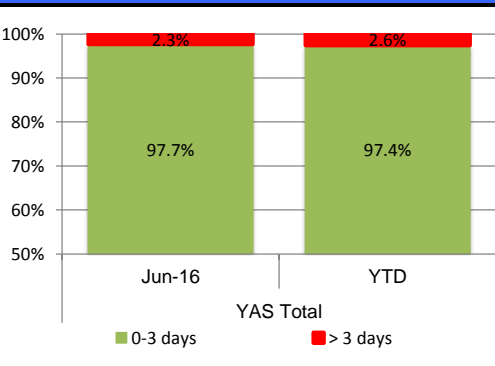
Delayed response is the largest area of concern for YAS complainants for Emergency Operations and Patient Transport. Operations are the largest for 111, whilst Attitude of staff is the most frequently reported issues for A&E.

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



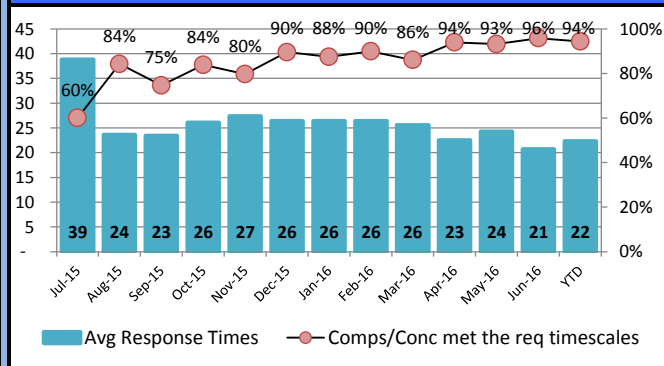
Overall Complaints & Concerns for Red remain low. Amber stands at 16.72% for June slightly above Target.

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



Acknowledgements to complaints has reduced slightly in June

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 96% of cases in June, with an average response time of 21 days. YTD compliance is 94% and average response time is 22 days

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

	Total	
	Jun-16	YTD
(YAS total inc HCP)		
Upheld	171	382
Not Upheld	0	301
Partly Upheld	0	141
Total	171	824

All cases closed this month have Upheld outcomes.

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

	Jun-16	YTD
Total YAS		
No. reopened	2	7
% of C&C	1.1%	1.5%

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

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

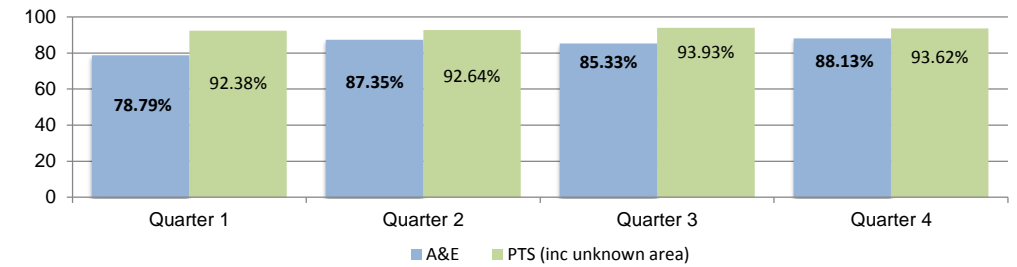
8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
	Jun-16	YTD	Jun-16	YTD	Upheld		Partially Upheld		Not Upheld	
					Jun-16	YTD	Jun-16	YTD	Jun-16	YTD
EOC	1	4	1	3	0	0	0	0	1	1
A&E	0	0	0	0	0	0	0	0	0	1
PTS	0	0	0	0	0	0	0	0	0	0
111	1	1	1	1	1	1	0	0	0	0
Total	2	5	2	4	1	1	0	0	1	2

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

Patient Survey Results (Friends and Family Test)

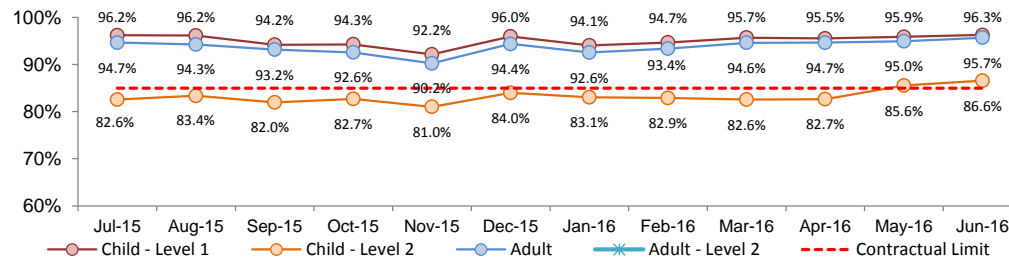
9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



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

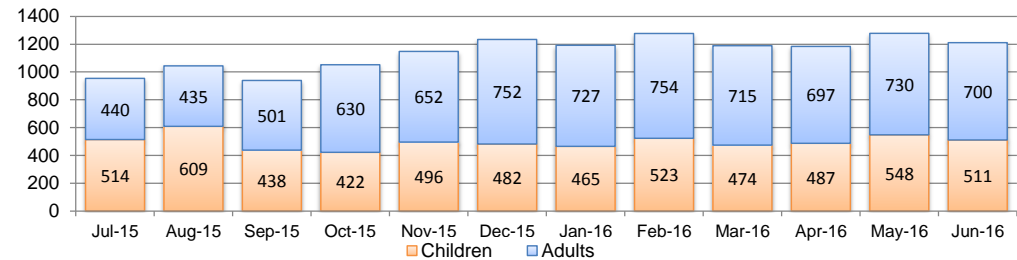
Safeguarding

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	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Overall Compliance (Current Year)	Hand Hygiene	99%	97%	97%	97%	98%	98%	99%
	Premise	97%	98%	97%	99%	97%	98%	98%
	Vehicle	99%	97%	98%	99%	98%	98%	99%
Overall Compliance (Previous Year)	Hand Hygiene	99%	98%	99%	99%	99%	99%	99%
	Premise	98%	99%	99%	98%	88%	95%	99%
	Vehicle	96%	97%	97%	99%	97%	97%	93%
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 & PTS - Issues included:-

Not all staff wearing personal issue hand gel, some staff still wearing watches, nail varnish & rings with stones. Actions: enforce bare below the elbows and ensure staff are aware of the hand hygiene procedure.

Premises - Issues included:-

Missing COSHH assessments in some areas, some clinical waste bins overfilled, general housekeeping and tidiness in some areas, cleaning logs not all up to date date.

Actions: COSHH assessments and cleaning logs reported to Facilities team. Increased focus on keeping all areas of stations clean and tidy. Waste collection reviewed.

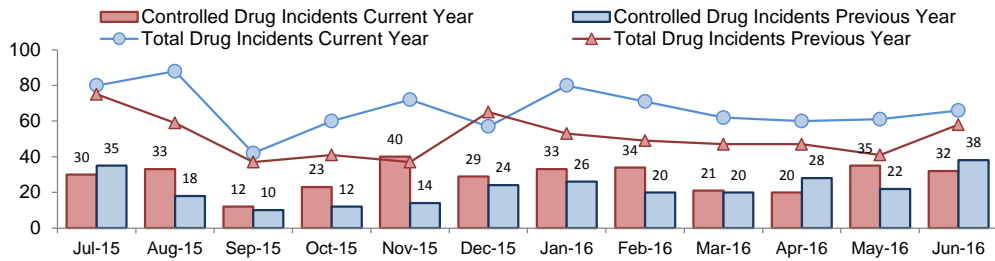
Vehicles A&E and PTS - Issues included:-

Rubbish on floor/in doors of a small number of vehicles, some ripped seats, deep clean logs missing in small number of cases.

Actions: reminders to all staff to maintain vehicle cleanliness. Interior furnishings to be reported to Fleet. Deep cleaning schedules reported to Facilities.

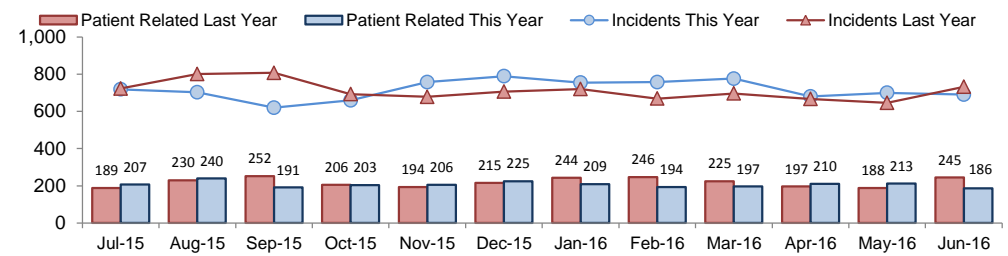
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



There were a total of 66 medication-related incidents for the month of June, of which 32 were controlled drug incidents: the majority involved dropped vials of Morphine or damaged vials/shattering on opening.

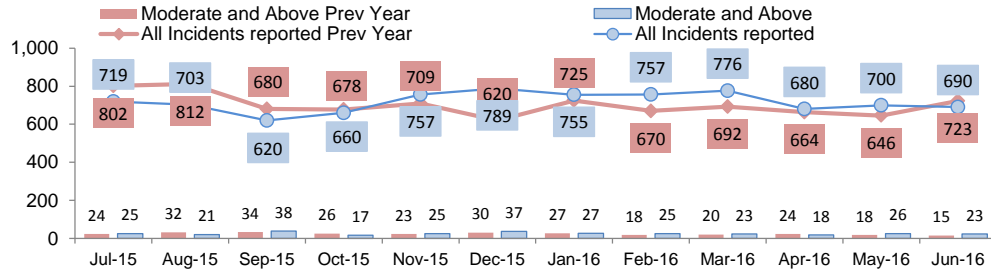
14. Incidents Reported



Patient related incidents, both clinical and non-clinical, make up 26.9% of all reported incidents which is a decrease from May (30.4%)

The top three categories of patient-related incidents are response-related, slips trips and falls and care pathway. Patient-related Incidents graded no harm or minor harm represent 78.4% of patient-related incidents. Incidents graded initially as potentially moderate and above are reviewed at Incident Review Group to determine actual harm and may be regraded following investigation

15. Incidents, Moderate Harm and Near misses



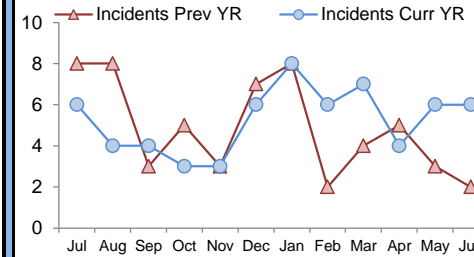
Incidents with a severity of Moderate and above represent 3.3% of incidents reported in June 2016, an decrease from 3.7% in May. 96.7% of incidents reported as no harm or minor harm.

Incidents in the category of no harm represent 70.7% of the total number of incidents in June.

A&E Ops remains the highest reporting area reporting 61.5% of all incidents. The top 5 coded categories in A&E Ops this month are vehicle-related, response-related, Violence and aggression, medication and moving and handling, consistent with previous months.

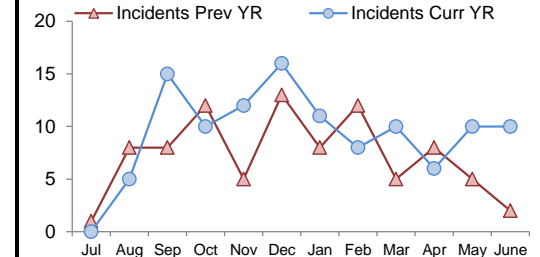
There is a sharp increase in the Planned and Urgent Care directorate and a decrease within the Finance directorate. This is due to PTS moving directorates.

16. Serious Incidents



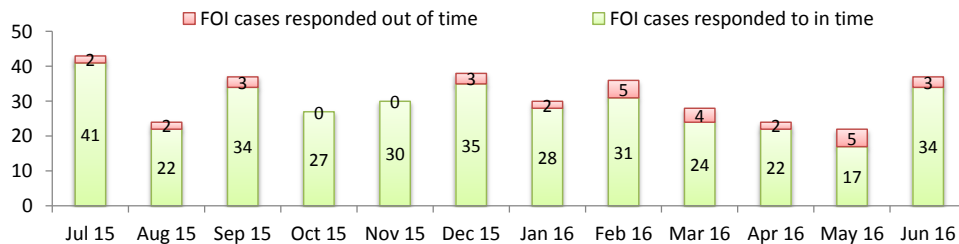
There were 6 Serious Incidents in June, 4 related to Delayed despatch/response, 1 Inadequate clinical assessment & 1 Patient Fall.

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



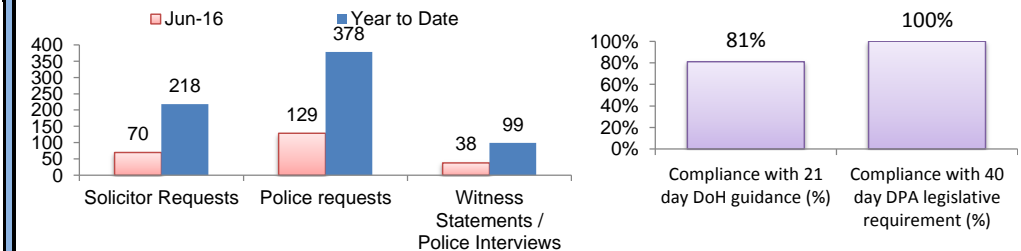
Of the 10 RIDDOR reportable incidents in June, 5 were recorded as Handling injuries, 3 Slip/Trip/Falls, 1 Hit by moving/flying/falling object & 1 Other

18. FOI Requests



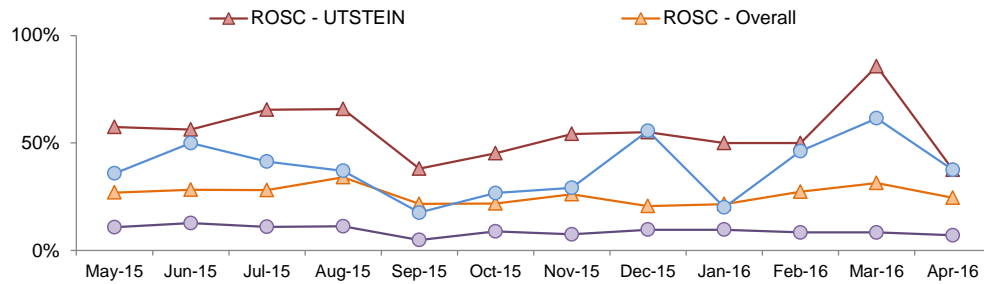
FOI Requests increased in June, with 91.9% of responses being completed in time.

19. Legal Requests



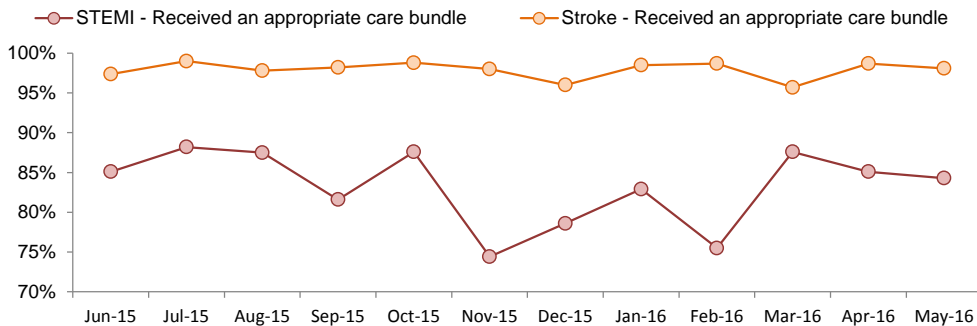
Compliance with requests remain high

20. Outcome from Cardiac Arrests



Data for ROSC and survival to discharge has been collected and analysed for both March and April 2016, therefore providing information in a closer time period to the incident occurring than was previously available. 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



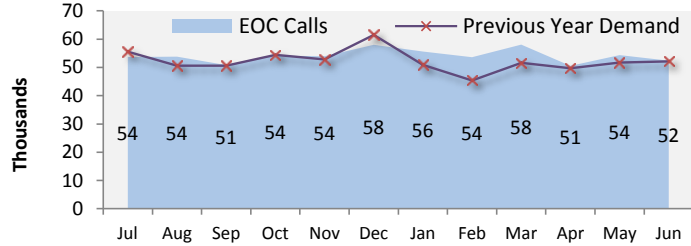
Data for March, April and May 2016 has now been analysed for both stroke and STEMI, meaning that the data for these measures is now available two months sooner than was previously possible. The data for stroke care bundle performance presented above indicates the consistent high standard of care being delivered to patients with suspected stroke, with performance greater than 95% for all months in 2016. For the STEMI care bundle, performance has increased from the drop seen in February, indicating that clinicians are responding appropriately to communications regarding STEMI care, and are delivering the appropriate care bundle on around 85% of occasions.

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: Self Harm CPI care bundle is much higher than the national average. There have been slight improvements on some of elements of this cycle, with Assessment of Mental Capacity needing the most improvement. Work continues to improve this.

1. Demand



Service level YTD is currently 0.5% above target.

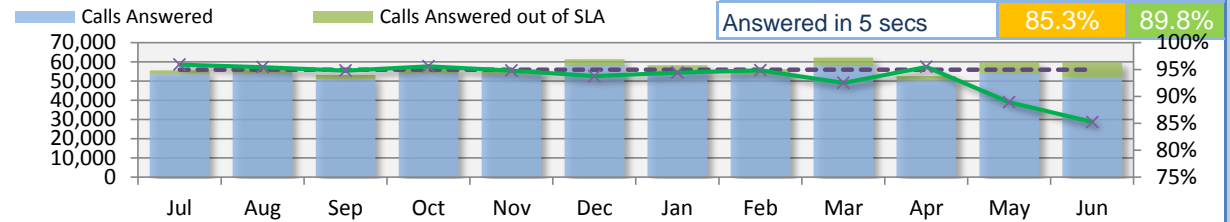
Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95%)
2016/17	157,291	156,169	140,274	89.8%
2015/16	153,509	153,065	148,163	96.8%
Variance	3,782	3,104	(7889)	
Variance	2.5%	2.03%	(5.3%)	(7.0%)

3. Quality

	Jun	YTD
Serious Incidents (Rate Per 1000 Responses)	4(0.06) ↑	6(0.03)
Total Incidents (per 1000 calls)	83(1.15) ↓	263(1.23)
There was 4 Serious Incident(s) in June year to date this now stands at 6		
Feedback	Complaints	13 ↓ 45
	Concerns	11 ↑ 35
	Comments	0 ↔ 1
	Service to Service	14 ↑ 33
	Compliments	0 ↓ 3
Response within target time for Complaints and Concerns	100%	96%
Outcome of Ombudsman Cases	Upheld	0 0
	Not Upheld	1 1

2. Performance (calls answered within 5 seconds)



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Calls Answered out of SLA	2,175	2,441	2,635	2,364	2,778	3,593	3,079	2,746	4,327	2,266	5,950	7,679
Calls Answered	53,453	53,677	50,612	53,776	53,525	57,802	55,209	53,462	57,851	50,356	53,739	52,074
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	95.9%	95.5%	94.8%	95.6%	94.8%	93.8%	94.4%	94.9%	92.5%	95.5%	88.9%	85.3%

Call volumes continue to be significantly higher than this time last year by 3,783 (2.5%) 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

Jun-16	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	388	19.4	97	271	70%
Contracted FTE (before overtime)	354	17.7	89	248	70%
Variance	(34)	(2)	(8)	(23)	(8.6%)
% Variance	(8.6%)	(8.6%)	(8.6%)		
FTE worked inc overtime	361	26.0	100	235	65%
Variance	(27)	7	3	(37)	(13.5%)
% Variance	(6.9%)	34.2%	3.3%		

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

** Sickness and Absence (Abstractions) is from GRS

Key Points

Contracted FTE was 34 FTE under budget with a variance of (8.6)%.

5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
Directorate Position		(3756)	(3582)	(174)
CIPs		77	77	0

The directorate is £174k 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 not continue in future months as vacancies are appointed into.

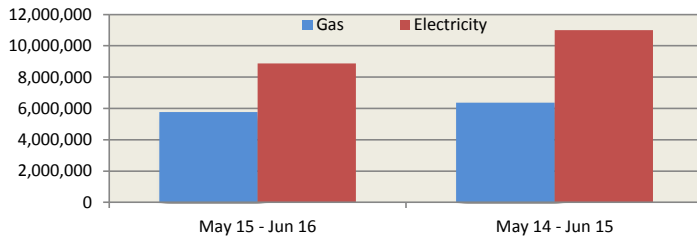
1. Demand

Number of Jobs Received - 404 of which 347 logged for YAS Estates Direct Labour.

Out of Hour Call's received - 2

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

kWh	Electricity (kWh)	Gas (kWh)
May 14 - Jun 15	5,773,021	8,875,409
May 15 - Jun 16	6,374,364	11,012,200
	-9.43%	-19.40%



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. **(160)**
- 95 % 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 following Estates staff changes are intended to improve the departments responsiveness and quality of service: The recently appointed Estates Project Manager commenced with the Trust 11/07/16 and will be leading on Capital and Minor Works developments. The vacant and funded post of Energy and Waste Manager is shortlisted for interview in August. Formal consultation with staff side regarding a proposed trades staff restructure is to commence in July.
- The Upgrade of Ambulance Station Clinical Store Rooms has been let in three lots to two contractors and work has commenced on Lot 2, with Lot 1 and 3 scheduled to commence w/c 18/07/16.
- The new Micad Estates Computer Aider Facilities Management (CAFM) software is procured and is to be implemented during August. Staff are receiving training on the new system in July and will commence data input thereafter. The new system will ultimately provide rich data and will enable significantly improved reporting to IPR.

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

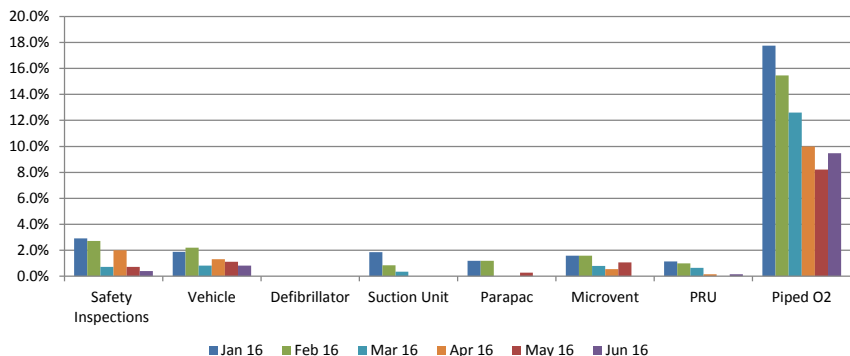
Sickness in June 2016 for Estates was at 0.0%.

5. Finance

£000	YTD	YTD	YTD
	Plan	Actual	Variance
Directorate Position	(1,418)	(1,453)	36
CIPs	89	36	(53)

The directorate is £36k 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.

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



Key Points

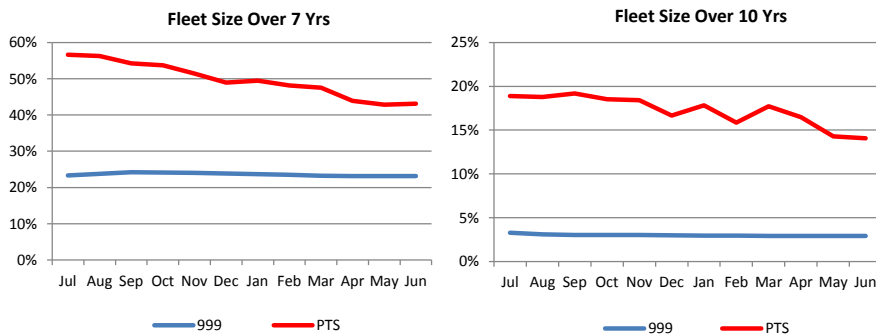
Routine vehicle maintenance remains within KPI with any vehicles outside the service window being captured through the Fleet Service Breach Standard Operating Procedure.

Piped oxygen servicing has increased in June due to scheduled service intervals and availability of engineers.

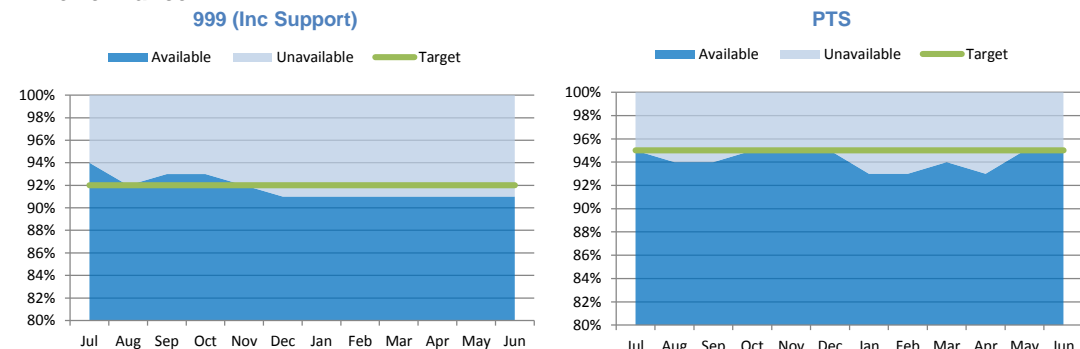
Inspections/Services out of Window	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	%	DOT
Safety Inspections	16	15	4	11	4	2	0.4%	↓
Vehicle Services	7	8	3	5	4	3	0.8%	↓
Defibrillator servicing	0	0	0	0	0	0	0.0%	↔
Suction Unit servicing	11	5	2	0	0	0	0.0%	↔
Parapac servicing	4	4	0	0	1	0	0.0%	↓
Microvent servicing	2	2	1	1	2	0	0.0%	↓
Pain Relief Unit (PRU)	7	6	4	1	0	1	0.2%	↑
Piped O2	92	81	66	56	46	53	9.5%	↑

1.2 Vehicle Age

Vehicles >= 7 years	999 Fleet	127	23.2%	PTS Fleet	167	40.5%	Total	294
Vehicles >=10 years	Fleet	16	3.3%	Fleet	40	9.7%	Total	56



2. Performance

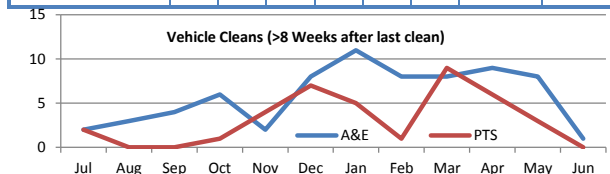


Key Points

A&E availability failed to achieved target in June with contributing factors being; a high number of RTC and also the delay in the replacement of older vehicles is having an impact on the number of larger unit failures (engines / gearboxes / axles). The new Fiat vehicles will start to go into service in September. Although targets have not been reached spare vehicle capacity remains robust at 53 DCA's 53 and 34 RRV's. PTS has achieve KPI's in June with the new vehicles making a positive impact on vehicle downtime.

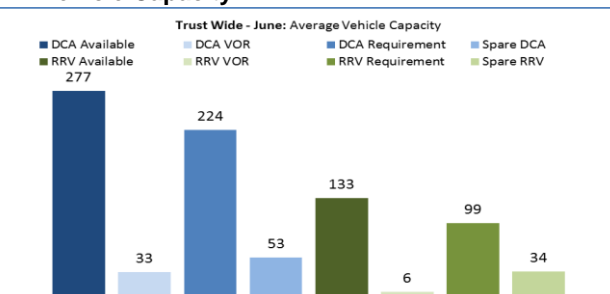
3. Deep Clean

	Jan	Feb	Mar	Apr	May	Jun	Jun % in Window	Jun DOT
Vehicles Outside Window in Period	62	19	29	39	17	13	99.80%	↔



Deep Clean Service level for June 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 scheduled throughout July & August. Recruitment still ongoing with significant progress on the introduction of agency online timesheets. Absence figures continuing to reduce.

4. Vehicle Capacity



5. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)				Available	
	FTE	Sickness	Total	%	
Budgeted	100	5.0	95	95%	
Actual	93	4.6	89	95%	
Variance	(6)	0.4	(6)	(6.3%)	
% Variance	-6%	-7%			

Sickness absence is lower in June due to the RTW of 2 staff off on long term sickness. Remaining staff on long term sick are being managed inline with the Trust attendance policy.

6. Finance (YTD)

£000	Plan	Actual	Variance
Directorate Position	(4,945)	(5,251)	306
CIPs	369	331	(38)

The directorate is £306k adverse YTD. This is mainly due to vehicle maintenance overspend.

Quality and Efficiency Savings (CIPs) are currently (£38k) behind plan from a delay in retendering the parts contract.

Business Continuity

- ICT Floods Debrief completed, final report submitted to Robert Toole
- Annual BC leads awareness Day and Trust wide Exercise 20 out of 24 departments participated in the exercise
- BC Manager chaired Regional LRF BC Meeting
- ISO22301 certification meeting with Air Ambulance
- Meeting with Estates on improvements to BC and next years ISO22301 certification
- Meeting with PTS to discuss lessons from ISO22301 certification
- 1 x ISO22301 training course with HART Team
- Review of Corporate Comms BC plan with Elaine Gibson
- Review of Community Resilience BC plan with Paul Stevens
- Published new BC Plan for Finance dept
- Published updated BC Plan for ICT dept
- Exercise planned in for Community Resilience dept for September
- Started work on design of BC 'z-card' for staff

Emergency Preparedness and Response

- YAS internal TdY Debrief took place and was hosted by WYP, the report will be with us shortly
- Engaged in the development of the auto-dialler programme with EOC and ICT to improve our communication capability in a crisis
- JTAC (counter terrorism) briefing held at Manor Mill for commanders and senior team, delivered by JTAC member from HM Gov't and YAS Dir. Ops.
- Attended a Wakefield SAG to look specifically at the lessons learned from a SAG point of view in relation to Hillsborough. YAS contributed to the discussions and it was widely agreed that the findings have been addressed/incorporated within their processes as for as that group are concerned.
- One day staff awareness courses launched and well received, staff will be informed of their existence via Ops update
- YAS delivered 1 of 3 planned JDM awareness session with Mid-Yorks senior on-call teams, sharing learning and creating income generation

Traing and Exercising	Number of Courses	Number of Attendees
JDM Course	1	9
Resilience Awareness Course	2	21
1 Day AIT Refresher	2	18
1 Day SORT Refresher	1	11
Health JDM Course	1	7
Resilience Sessions	2	
MERIT Exercise – STH lead, YAS supported		
Gold level Exercise in SY LRF (ex Wendy) - relating to flooding		
Gold Symposium in NY LRF covering the function of an SCG and learning from Cumbria Floods		

Hart and Special Operations

CQC preparations continue to be a key area of focus.

In June the HART team attended the West Yorkshire MP Joe Cox. A debrief of the incident is planned for later in July.

A new system for recording the training and exercising evidence has been introduced, which provides each staff member with their own individual CPD file, incorporating all the HART specific competences, as well as the YAS clinical ones.

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

Air Ambulance: The new aircraft is on schedule for delivery in August. Three new staff have been approved to increase the operational flying hours from April 2017. Training programmes are in development for the new aircraft and night flying operations.

Hart and Special Operations	FTE Req	FTE Actual	Awaiting Training	Comments
Plan FTE - Ambulance Intervention Team	63	64	0	9 awaiting the issue of Ballistic PPE
Hart Operatives FTE	42	41	0	Recruitment programme in place for July
CBRN (SORT) - Volunteers	150	85	35	30 Staff to be recruited
Air Ambulance FTE	13	13	0	

Community Resilience Team

	No. CFR	No.EFRs	No. Static	No. CPADS
ABL	207	10	297	128
CKW	129	22	231	52
HULL/EAST	82	76	116	118
SOUTH	192	18	426	42
NORTH	396	19	203	261

	Actual CFR	Overall CFR	Actual Static	Overall Static
ABL	0.9%	1.2%	3.1%	4.7%
CKW	1.5%	1.9%	2.2%	3.6%
HULL/EAST	4.7%	5.9%	3.7%	5.4%
SOUTH	2.2%	2.7%	4.2%	6.0%
NORTH	1.2%	1.6%	3.5%	5.0%

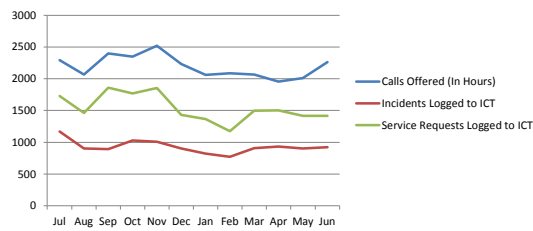
EFRs	0.5%	0.5%
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A1.5 IM&T (Nominated Lead: Associate Director of IM&T - Ola Zahran)

Jun-16

1. Demand

Support Demands on ICT Resources By Month

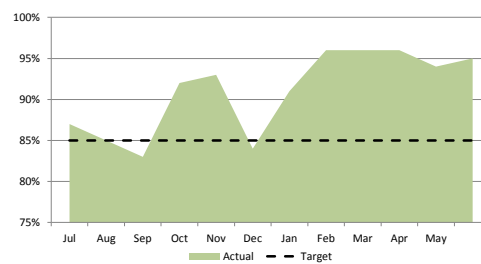


	Jan	Feb	Mar	Apr	May	Jun
Calls Offered (In Hours)	2059	2086	2067	1953	2008	2260
Incidents Logged to ICT	819	773	907	930	904	921
Service Requests Logged to ICT	1368	1173	1496	1504	1418	1418
Total number of active projects	20	17	11	17	13	14

Incident = Unplanned interruption or reduction in quality of and IT service.
 Request = Requests for hardware, software, access to data and locations etc.
 Demand from incidents have increased whilst requests have remained the same.

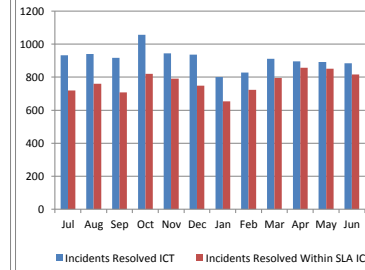
2. Performance

% Calls Answered Within Threshold

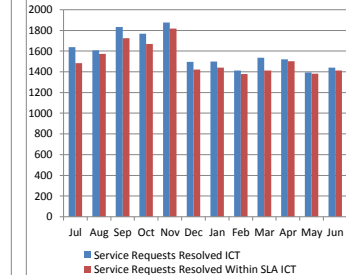


	Jan	Feb	Mar	Apr	May	Jun
% Calls Answered Within Threshold (10 seconds). Target 85%	91%	96%	96%	96%	94%	95%
Overall ICT Achievement on SLA for Incidents and Requests. Target 80%	88%	93%	96%	97%	95%	96%
Incidents Resolved ICT	801	828	910	895	891	884
Incidents Resolved Within SLA ICT	654	723	795	856	850	817
Service Requests Resolved ICT	1500	1412	1535	1521	1393	1439
Service Requests Resolved Within SLA ICT	1439	1378	1412	1502	1382	1412

Incidents Resolved/Resolved Within SLA

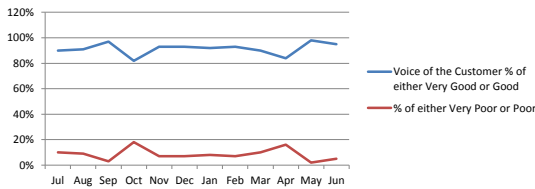


Requests Resolved/Resolved Within SLA



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



	Jan	Feb	Mar	Apr	May	Jun
Network Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
System Availability (unplanned)	100.00%	100.00%	100.00%	99.79%	99.50%	100.00%
Telecoms Availability (unplanned)	100.00%	100.00%	99.99%	100.00%	100.00%	99.40%
Radio Availability (unplanned)	100.00%	100.00%	100.00%	100.00%	99.87%	100.00%
% of either Very Good or Good	92.00%	93.00%	90.00%	84.00%	98.00%	95.00%
% of either Very Poor or Poor	8.00%	7.00%	10.00%	16.00%	2.00%	5.00%

Unplanned Telecoms downtime was for Pilot (EOC System) in Wakefield and York for 4 hours.
 8 hours planned downtime was recorded on the network for for the LAN upgrade

4. Staffing

	FTE	Hours	Target Hours	Actual Hours	Availability in Hours
Budgeted	40	6339			4438
Actual	40	6339			4872
Variance	0	0			435
%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					1429
Variance between Budget and Actual Targets					-156

Sickness and absence is below plan and therefore this is helping support an improvement in the availability of staff.

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

5. Finance

Commentary

TO BE DEVELOPED

Annex 2 Ambulance Quality Indicators - YAS

Indicator	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-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	0:06
Time to Answer (95%)	0:18	0:19	0:19	0:19	0:20	0:20	0:23	0:23	0:25	0:22	0:30	0:22	0:29	6	0:02	to	1:27
Time to Answer (99%)	0:33	1:05	0:55	0:57	1:01	0:55	1:06	1:12	1:15	1:09	1:22	1:04	1:25	7	0:32	to	2:41
Abandoned calls	0.63	0.90	0.80	0.70	0.85	1.01	1.22	0.90	1.10	0.79	1.10	0.81	0.88	5	0.10	to	1.93
Cat Red 8 minute response - RED 1 (75%)*	73.7	69.4	70.8	68.7	70.1	73.7	73.8	69.0	69.0	69.6	68.5	69.7			62.1	to	76.2
Cat Red 8 minute response - RED 2 (75%)*	73.5	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	74.4
95 Percentile Red 1 only Response Time*	13.1	13.9	13.7	15.4	14.7	13.5	13.3	14.5	14.4	14.3	14.3	14.5			12.9	to	17.4
Cat Red 19 minute response (95%)*	96.3	95.3	95.3	95.0	95.3	95.3	95.3	93.9	94.7	94.3	93.7	95.7			86.9	to	97.1
Cat Red 8 minute response**												73.1	71.1		N/A		
Cat Amber 19 minute response**												82.0	74.9				
Cat Green 60 minute response**												96.3	96.1				
Time to Treat (50%)	6.0	6.4	5.9	5.9	5.8	5.5	5.6	5.8	6.4	6.1	5.9	6.0			6.0	to	11.2
Time to Treat (95%)	15.6	16.7	15.1	15.5	15.1	14.2	14.3	15.4	15.9	15.3	15.5	13.3			16.0	to	24.4
Time to Treat (99%)	24.3	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	42.5
STEMI - Care	84.5	85.1	88.2	87.5	81.6	87.6	74.4	78.6	82.9	75.5	87.6	85.1	84.3	4	67.9	to	86.1
Stroke - Care	97.4	97.4	99.0	97.8	98.2	98.8	98.0	96.0	98.5	98.7	95.7	98.7	98.1	3	96.4	to	99.6
Frequent caller *	1.49	1.90	1.51	1.80	1.63	1.47	1.78	2.07	2.00	2.56	2.29	2.85	3.28	6	0.10	to	3.10
Resolved by telephone	9.9	8.8	8.1	8.2	7.5	7.2	7.8	9.4	8.2	7.9	9.1	8.3	6.7	6	5.1	to	14.2
Non A&E	31.3	31.6	32.5	32.9	31.2	31.7	30.3	31.1	30.7	29.8	29.4	30.2	29.9	10	30.0	to	49.6
STEMI - 150	80.2	84.8	86.4	87.7	80.0	89.3	79.3	91.3	79.0					9	76.1	to	92.4
Stroke - 60	59.8	53.6	55.8	57.0	54.0	53.6	51.1	55.2	49.3	51.5	48.7	54.4	52.0	5	44.9	to	64.9
ROSC	27.0	28.3	28.1	34.1	21.7	21.9	26.1	20.7	21.6	27.3	31.4	24.5		7	23.8	to	33.4
ROSC - Utstein	57.5	56.3	65.5	65.8	38.1	48.2	54.2	55.0	50.0	50.0	85.7	37.5		1	41.5	to	56.0
Cardiac - STD	10.8	12.7	11.0	11.3	4.9	8.9	7.5	9.7	9.7	8.4	8.4	7.1		2	6.2	to	13.8
Cardiac - STD Utstein	35.9	50.0	41.4	37.1	17.6	26.7	29.2	55.6	20.0	46.2	61.5	37.5		1	20.2	to	36.5
Recontact 24hrs Telephone	1.8	1.5	1.5	1.8	1.9	1.1	1.7	1.9	2.2	5.5	5.5	6.0	5.3	4	2.6	to	14.8
Recontact 24hrs on Scene	3.5	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	2.2	to	8.1

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

Annex 3 National Benchmarking - Year to Date (@ May 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	0:06	0:01	0:01	2	May
Time to Answer - 95%		mm:ss	0:21	0:05	0:02	0:41	0:16	0:46	1:27	0:47	0:06	0:26	6	May
Time to Answer - 99%		mm:ss	1:08	0:42	0:32	0:43	1:00	1:50	2:41	1:29	0:39	1:15	7	May
Abandoned calls		%	1.14	0.47	0.10	0.20	1.33	0.91	1.93	1.90	0.69	0.85	5	May
Cat Red 8 minute response - RED 1	75%	%	66.8	62.1	70.1	68.1	75.4	74.4	68.3		76.2			May
Cat Red 8 minute response - RED 2	75%	%	58.6	56.1	64.9	70.2	66.8	73.0	58.4		74.4			May
95 Percentile Red 1 only Response Time		Time	15.5	17.4	13.4	15.0	13.7	13.7	15.6		12.9			May
Cat Red 19 minute response	95%	%	86.9	88.6	94.1	92.7	91.7	94.8	91.5		97.1			May
Cat Red 8 minute response (ARP)	75%	%								N/A		71.1		May
Cat Amber 19 minute response (ARP)		%								N/A		74.9		May
Cat Green 60 minute response (ARP)		%								N/A		96.1		May
Time to Treat - 50%		mm:ss	11.2	8.2	6.7	6.8	7.0	6.2	7.1		6.0			May
Time to Treat - 95%		mm:ss	22.4	24.4	18.3	23.6	23.3	19.3	22.4		16.0			May
Time to Treat - 99%		mm:ss	36.4	35.8	34.7	39.8	42.5	37.7	36.1		24.2			May
STEMI - Care		%	77.7	82.4	70.3	86.1	86.0	67.9	68.1	84.7	78.3	82.4	4	February
Stroke - Care		%	97.7	97.8	97.3	97.8	99.6	98.3	96.5	96.7	96.4	98.0	3	February
Frequent caller *		%	0.1	0.3	0.7	0.4	0.9	3.1				3.1	6	May
Resolved by telephone		%	14.2	6.2	10.3	7.1	8.6	11.3	6.2	13.9	5.1	7.5	6	May
Non A&E		%	32.8	40.8	35.3	32.1	31.5	41.8	49.6	49.1	37.3	30.0	10	May
STEMI - 150		%	90.8	92.4	90.7	92.2	85.8	87.7	92.1	76.1	86.4	83.8	9	February
Stroke - 60		%	53.5	49.4	62.6	58.9	61.5	50.3	64.9	44.9	53.9	54.5	5	February
ROSC		%	24.2	26.1	29.6	23.8	33.4	26.9	26.2	24.9	30.2	25.8	7	February
ROSC - Utstein		%	44.0	48.8	53.1	55.1	55.5	41.5	46.8	49.5	49.7	56.0	1	February
Cardiac - STD		%	6.2	6.3	8.5	6.2	8.7	13.8	7.7	8.8	8.4	9.4	2	February
Cardiac - STD Utstein		%	20.2	23.9	30.3	34.4	23.2	27.7	23.3	27.3	23.4	36.5	1	February
Recontact 24hrs Telephone		%	2.6	8.6	3.0	14.8	4.3	9.0	7.7	10.5	14.4	5.7	4	May
Recontact 24hrs on Scene		%	4.6	5.1	8.1	5.2	3.0	4.8	5.5	4.7	6.9	2.2	1	May

