



Integrated Board Report – August 2015

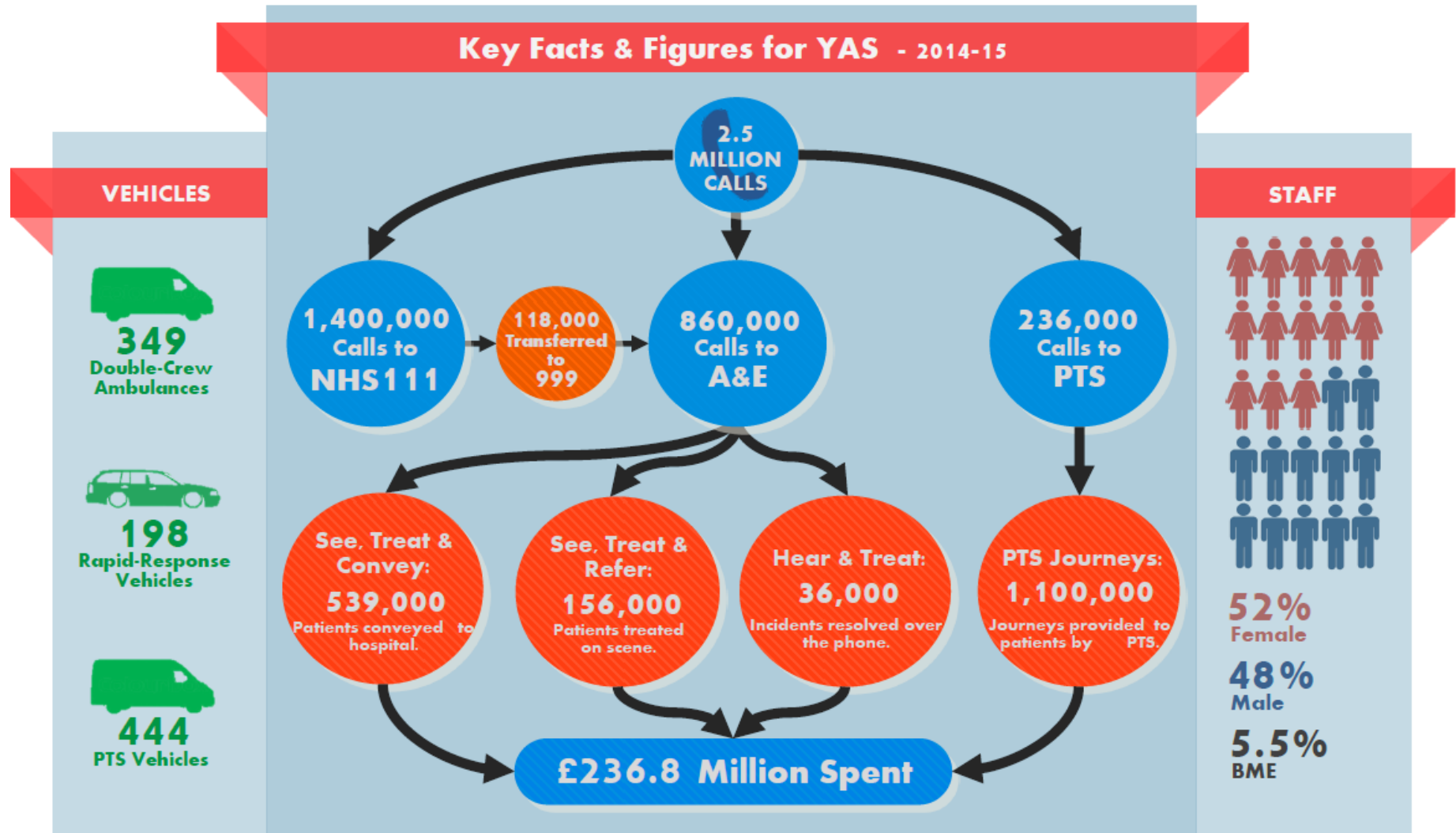
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1. IPR Compendium (2014-15 Key Facts)



2. IPR Exec Summary – August 2015

The following summary highlights exceptions based on August data. Further detail is provided in an information pack attached with details on trend and areas. The key headlines for include:

- **111** has once again seen an increase in calls answered above contracted (+5.4%). For calls answered in 60 seconds the performance has decreased and stands at 93.6% for August. Cumulative YTD is now 94.3% vs. the 95% target. 111 Referrals to 999 have increased marginally in August but remain consistent YTD at 7.7% and remain below nominal limit of 10%.
- **A&E demand** increased in August against contract and is now 3.4% down YTD (Vs 4.8% July YTD) on expected contract levels. August 2015 responses (jobs with at least 1 vehicle arriving at scene) have increased compared to August 2014. Red responses for August 2015 make up 42.1% of all responses, increasing the pressure on the 8 minute response times due to extended job cycle times. In August 2014 the proportion was 39.9%, and in August 2013 it was 38.2%.
- **999 performance** for responses arrived within 8 minutes continue below both 75% targets. Both targets for Red 1 and Red 2 categories have (as previous August 2014) decreased this month.

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

Business objectives: The delivery of consistent Red 1 and Red 2 8 minute 999 response times has not been delivered as planned (75% target) and therefore has a RED RAG status. (YTD for Red 1 is 71.5% and Red 2 is 71.3%)

Transformation programme: The PTS Transformation Programme Board has coded the PTS Change Programme as amber RAG status. Work has commenced with project leads identified and work streams reframed and in place. Further progress has been made with revisions to current schemes and development of a number of mitigating schemes.

CQUINS: Majority of CQUINS are on track to deliver. An amber risk on paramedic pathfinder is due to data capture challenges on the paramedic pathfinder tool. A request for a contract variation is currently in draft following discussion with commissioners.

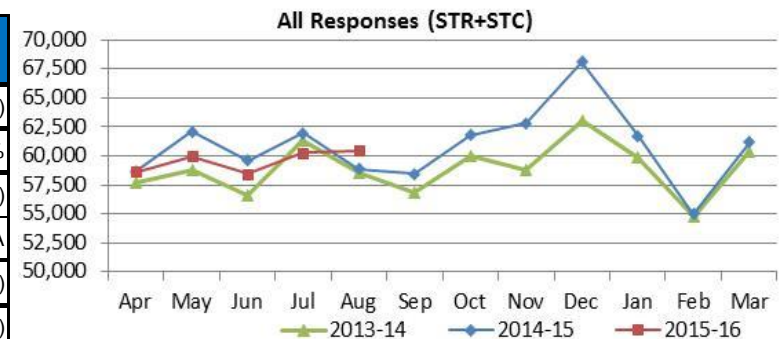
Demand and Performance

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

Contracted Demand (Payment By Results Categories)

Demand in August was above plan decreasing the gap between the planned YAS activity (predicted based on Feb 2015 forecast with 3.8% growth); i.e.3.4% less calls than contracted YTD compared to 4.8% in July YTD. The contract is based on 4 key categories with varying prices across these categories. YAS are triaging more calls than contracted whereas the other PBR categories are all under contract levels at this point for 2015-16. Activity involving ambulances that have arrived at scene (responses) has not grown as much as previous years due to various internal factors including a reduced referral rate from 111, increased use of UCPs, and increased use of the clinical hub for triaged calls. Other factors also affect demand such as weather patterns and take-up of out of hours services.

	Actual August	Plan August	Var August	Var % August	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls	70,356 ↑	68,434	1922	2.8%	342,383 ↓	354,302	(11919)	(3.4%)
Hear and Treat (Triage)	3,209 ↑	1,985	1224	61.7%	16,964 ↑	12,072	4892	40.5%
See, Treat & Refer	12,604 ↓	13,268	(664)	(5.0%)	60,743 ↓	66,763	(6020)	(9.0%)
See, Treat & Refer (UCP)	1,168	0	1047	N/A	5,311	0	5311	N/A
See, Treat & Refer Total	13,772 ↑	13,268	504	3.8%	66,054 ↓	66,763	(709)	(1.1%)
See, Treat and Convey Total	43,315 ↓	43,840	(525)	(1.2%)	214,008 ↓	224,025	(10017)	(4.5%)

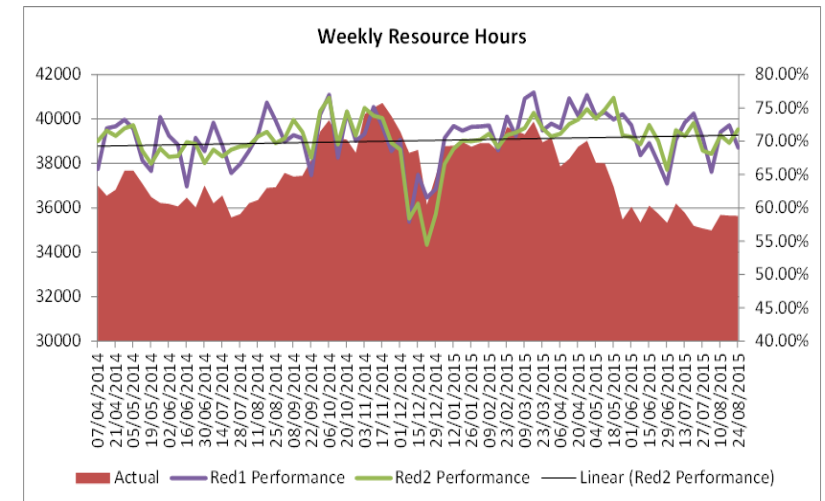


* the above table does not include out of area demand.

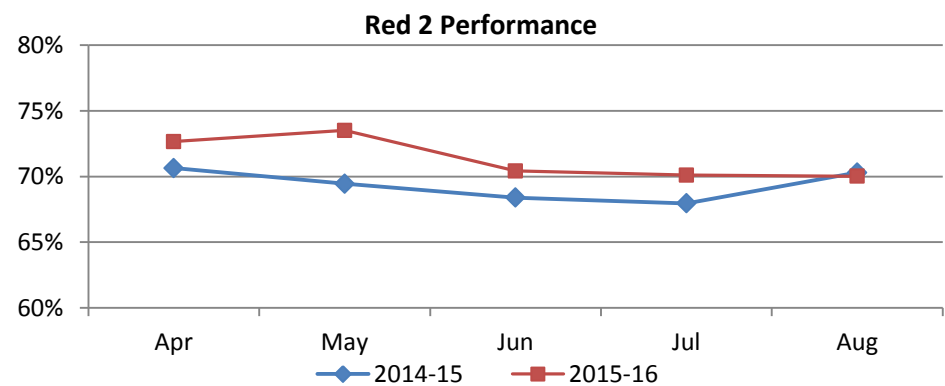
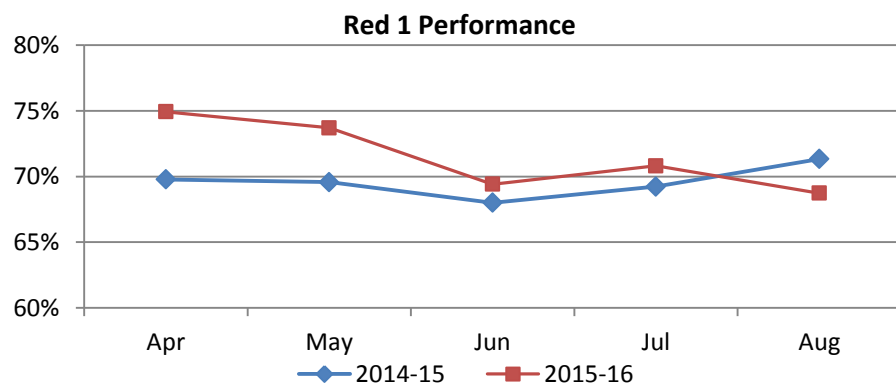
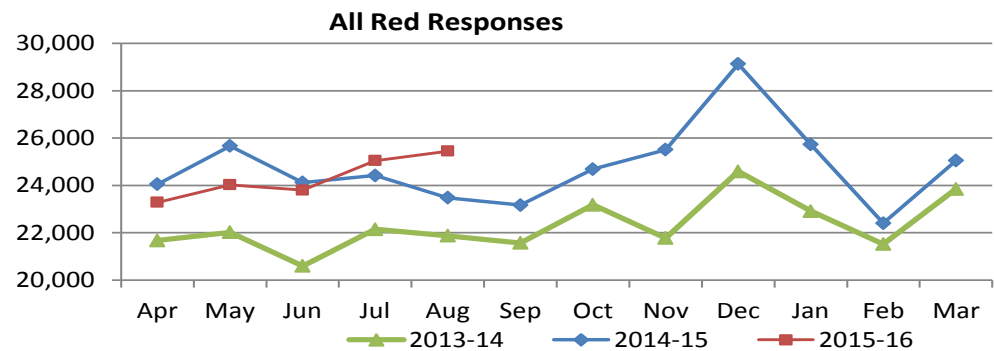
Performance (based on at least 1 vehicle arriving at scene within 8 minutes for the most life threatening incidents, 1 response counted per incident)

Due to a higher number of responses overall and less resources hours available (see graph across) than planned performance for incidents categorised as the most life threatening (Red 1&2) did not reach the required target of 75% in August. Whilst performance in August 2015 did fall in comparison to July 2015 performance for both indicators has improved compared to August 2014. Red responses for August 2015 now take up 42% of all responses, increasing the pressure on the 8 minute response times due to extended job cycle times. In August 2014 the proportion was 39%, and in August 2013 it was 38%.

The drop in resource hours available was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. Other abstractions (absence other than sickness) also increased. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. This has continued in to July and August to try and improve the uptake in overtime; however this has seen a decrease in August.



August	Month Actual	Previous Month	Same Month Last Year	Target
Red 1 Performance	68.7%	↓ 70.8%	↓ 71.3%	↓ 75.0%
Red 2 Performance	70.0%	↓ 70.1%	↓ 70.3%	↓ 75.0%
Red 1 Responses	1,647	↓ 1,655	↑ 1,622	
Red 2 Responses	23,799	↑ 23,389	↑ 21,854	

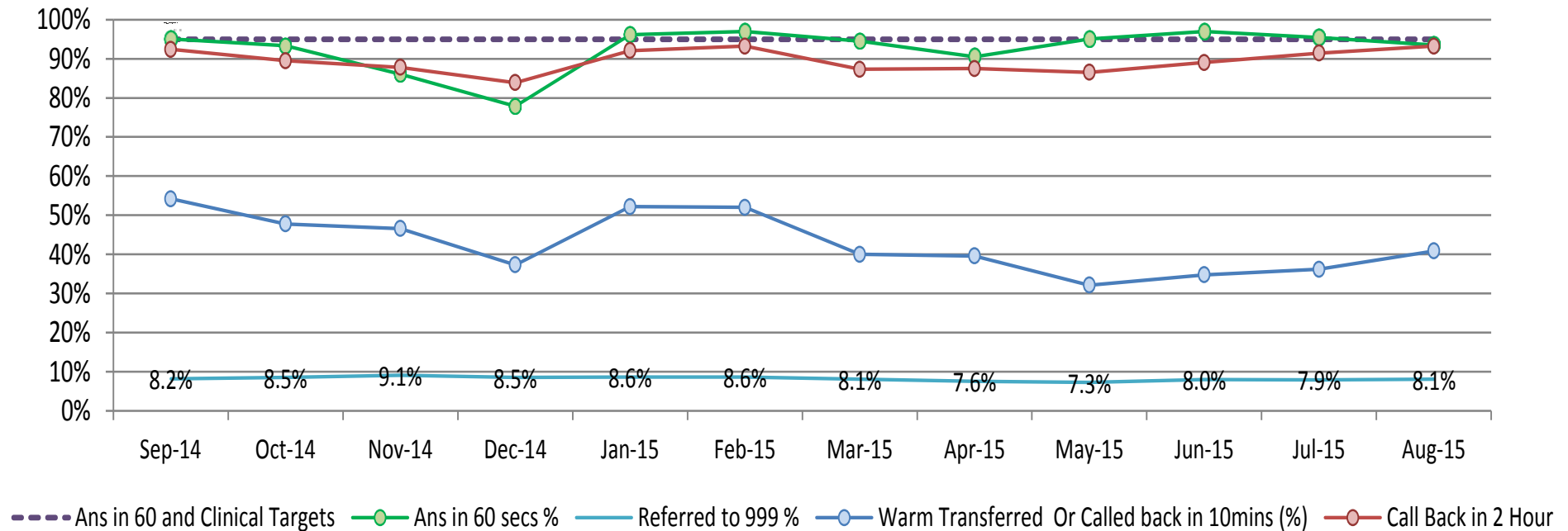


- Red1 - 104 Jobs (3.4 per day) short of target at 68.7%. Red 1 responses were up by 1.5% compared to August 2014.
 - 7 days in the month hit performance compared with 9 in July and 7 in June.
 - 75% of patients were seen within 8 minutes and 45 seconds, this was 10 seconds less than in July. 95% of patients were seen within 15 minutes and 28 seconds, this was an improvement of 1 minute 45 seconds
- Red2 – 1186 (38.3 per day) jobs short of target at 70.0%. Red 2 responses were up 8.9% compared to August 2014.
 - Only 2 days in the month hit performance compared with 3 in July and June.
 - 75% of patients were seen within 9 minutes and 30 seconds, this was 48 seconds less than in July. 95% of patients were seen within 16 minutes and 22 seconds, this was an improvement of 2 minutes 20 Seconds.

111 (Lead Director: Executive Director of Standards and Compliance – Steve Page, Nominated Lead: Associate Director of NHS 111 & Urgent Care – Keeley Townend)

NHS 111 Key Indicators for Performance

Front end call demand was 4.2% up month on month, 9.9% up year on year and 4.7% above contracted levels. The contract included for 5% growth. The expected year end outturn at this point forecast to be up 9%.



Calls answered in 60 seconds at 93.6% dipped under the 95% target for the first time since April and now stands at 94.3% year to date. Although call answering is below target, clinical performance continues to improve with all national and local KPI's being at their highest levels since February and 94.4% of patients who required a clinician being contacted within 2 hours.

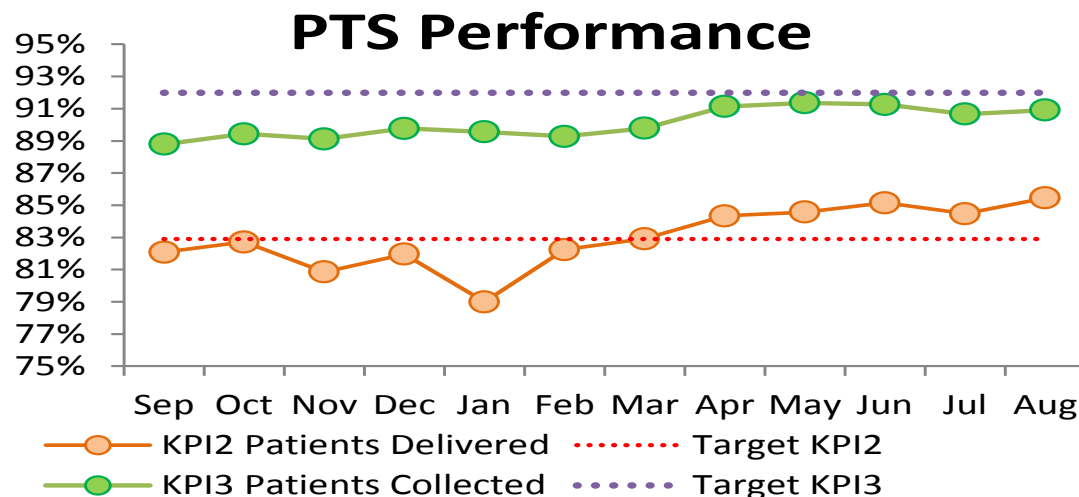
Operational FTE is in line with plan, 260 in post versus 262 budgeted. High absence rates were seen in August at 10.1% (Vs. 9% plan). Overall capacity was reduced due to increased training allowances for a new version of NHS Pathways and induction time for new Call Handlers.

PTS (Lead Director: Chief Executive – Rod Barnes, Nominated Lead: Associate Director PTS – Alan Baranowski)

North East and West Yorkshire consortia all achieved Core KPI 2 (inward) and Core KPI 3 (outward) targets for August with positive YTD results. By exception South Yorkshire did not meet its core KPI targets for August; however KPI 2 (inward) improved on month by 2%.

Total YTD demand is 7.1% under plan across all consortia. An increase in the more complex patient mobility's requires additional resource and lowers vehicle utilisation performance. Aborted journeys are trending slightly above plan.

Sickness absence is at 4.7%. High VOR rates for August affected performance in rural areas. 47 new PTS vehicles are currently being deployed into operations areas with a completion date end September 2015.

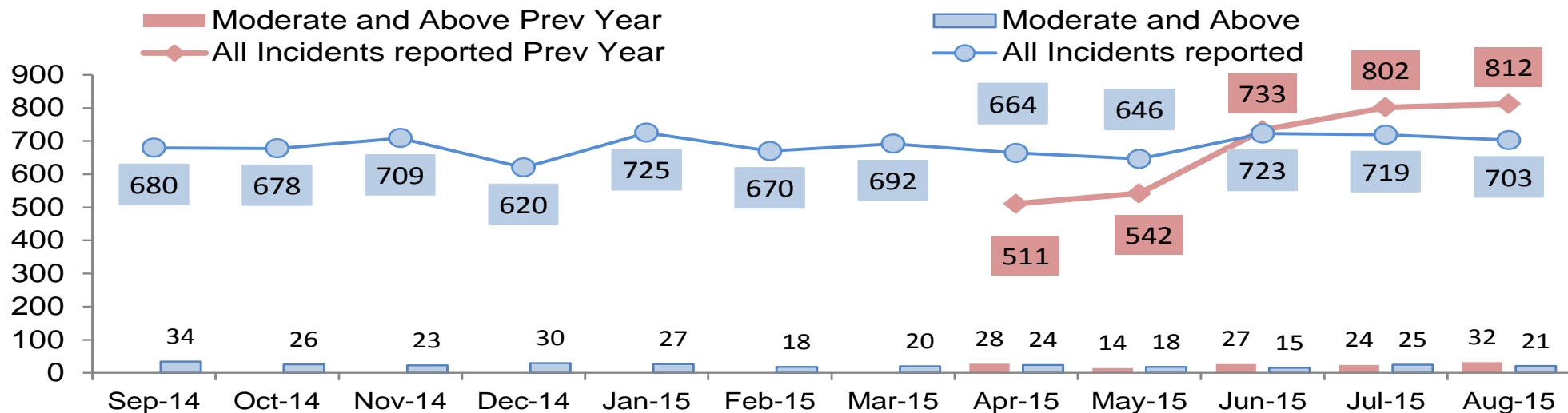


Quality (Lead Director: Executive Director of Standards and Compliance – Steve Page, Supported by Executive Medical Director – Dr Julian Mark, Nominated Leads: Associate Director of Quality & Nursing – Karen Warner, Associate Medical Director – Dr Steven Dykes)

There has been a reduction in complaints and concerns from patients and other services received for all service lines.

Response times for complaints and concerns against timescales agreed with the complainant shows a significant improvement from 60% in July to 84% in August an increase of 24 basis points, the average response time has decreased from 39 to 24 days.

Incident reporting decreased in August by 2.2% compared to July. Those with a severity of Moderate and above represent 3% of all incidents reported in August, compared with 3.5% for July. Incidents in the category of no harm or minor harm represent 95.4% of the total number of incidents.



A&E Ops remains the highest reporting area with 62.3% of all incidents, consistent with previous months. The top 4 coded categories remain consistent with previous months Vehicle-related, Response-related, Violence and aggression and Moving and handling. Medical devices and medicines, controlled drugs are in 5th and 6th place respectively. .

Patient related incidents, both clinical and non-clinical, make up 34% of all reported incidents. The top two categories of patient-related incidents remain as in previous months; Response-related EOC and Carepathway. In August these make up 60% of patient-related incidents.

Patient-related Incidents graded no harm or minor harm represents 95.4% of patient related incidents which remains consistent with previous months. Staff-related incidents represent 28% of all incidents reported in August which is consistent with previous months. Violence and aggression and Moving and handling are the highest two categories of staff-related incidents reported, representing 49% of all staff-related incidents.

Moderate graded incidents account for 3.7% (7) incidents in this category.

Friends and family Test – results for July remain positive with 96.5% of people surveyed likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

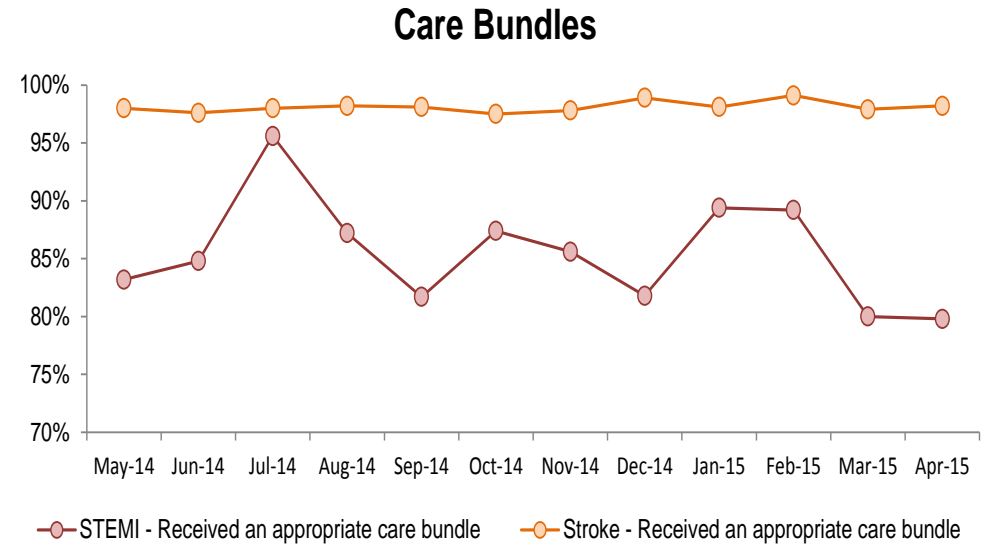
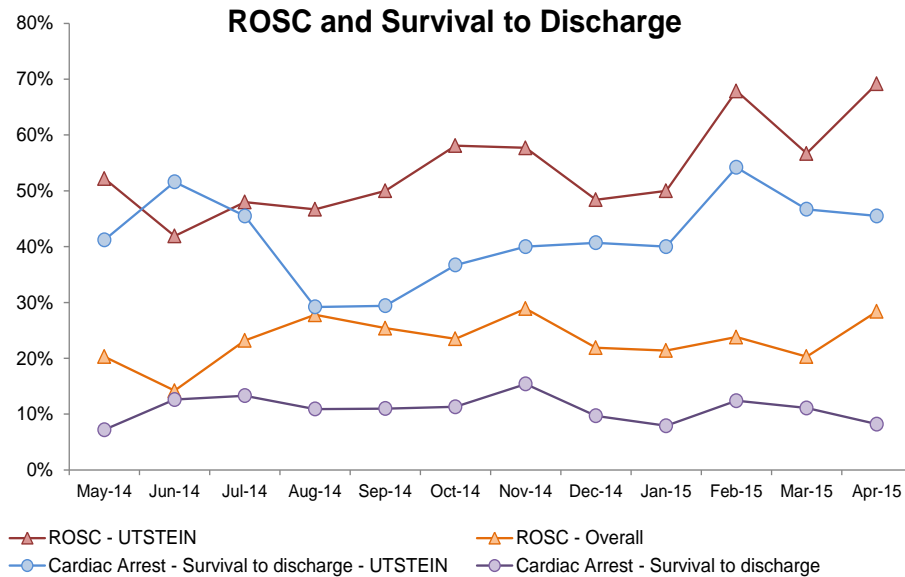
Safeguarding training compliance is consistent with last month.

Infection prevention and control – The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has significantly reduced in August in both A&E and PTS from the start of 2015-16.

IPC Audits – Compliance in July was above 98% for Hand Hygiene, Premise and Vehicle audit completion.

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

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



The general trend of improvement in Return Of Spontaneous Circulation (ROSC) and Survival to Discharge for patients who suffer a witnessed out of hospital cardiac arrest (Utstein group) continues. We are ranked in the top third of all ambulance trusts for 3 out of the 4 measures with only ROSC overall remaining in the bottom third. The Trust's resuscitation strategy concentrates on improving survival to discharge from out of hospital cardiac arrest which is of more significance to the patient than the measure of Return Of Spontaneous Circulation (ROSC) at arrival at hospital.

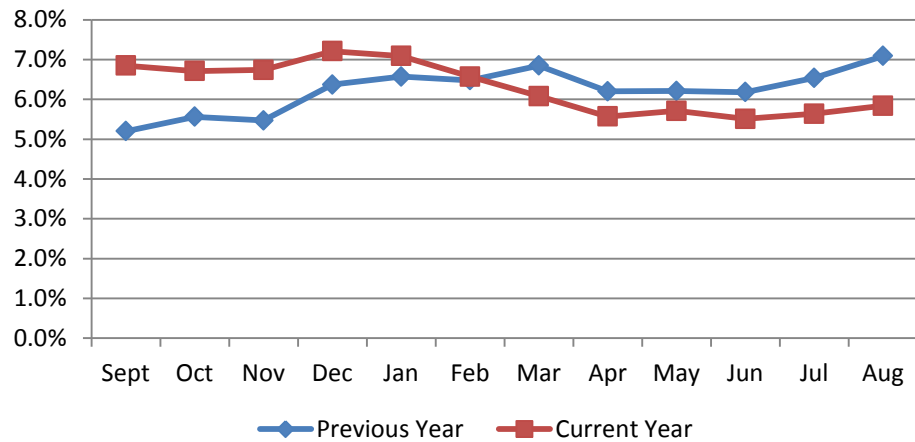
ACQIs: YAS is now in the top third in 10 out of the 24 measures which is an improvement compared to last month. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. Work continues on improving the STEMI care bundle which is adversely affected by clinicians not recording a second pain score following administration of analgesia.

Workforce (Lead Director: Executive Director of People and Engagement, Nominated lead – Ian Brandwood: Associate Director of Human Resources – David Smithson)

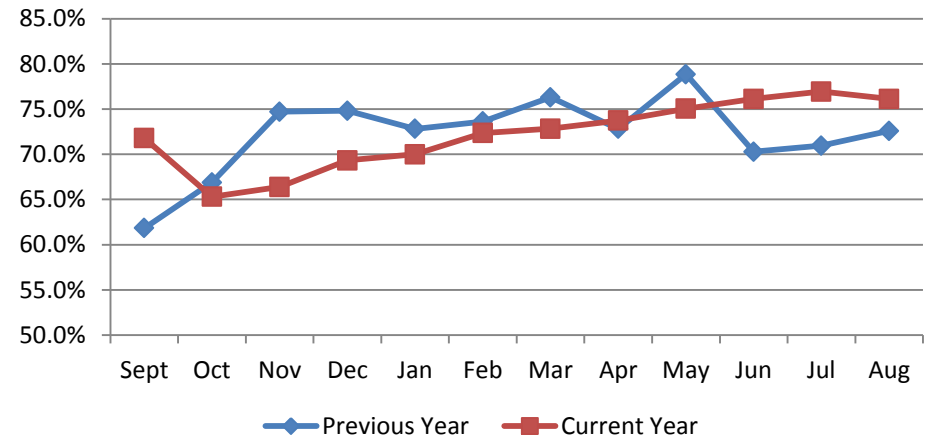
Sickness absence remains above the Trust target of 5%. The figure of 5.84% is a slight increase on last month's figure of 5.64% but represents an improvement on the same period last year. PTS recorded 4.73% for August against the PTS target of 4.0%.

PDR: The compliance rate remains consistent with only a very slight reduction from last month; this is still significantly improved than the same period last year.

Sickness Absence



PDR Compliance



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

	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	101,157	98,956	(2,201)
Expenditure	(99,923)	(97,290)	2,633
Surplus	1,234	1,666	432
EBITDA	6,434	6,018	(416)
CIPs	(3,005)	(3,375)	(370)
Cash	15,834	28,662	12,828
Capital Investment	(6,342)	(2,076)	4,266

The Trust has a cumulative surplus as at the end of (M5) August of £1.666m, a positive variance of £0.432m above plan. The positive variance of £0.432m is principally due to vacancies (reduced staff costs to plan) combined with a lower depreciation charges as a result of capital programme slippage. This is offset by adverse performance delivery and therefore contract penalties.

A&E are £(1,036)k adverse to plan driven by the failure to meet one of the CQUIN targets (Paramedic Pathfinder), subsistence payments and the use of external providers to meet internal capacity shortfalls. The PTS position is adverse to plan by £ (226)k due to continued reliance on taxis and subcontractors. Provision for A&E penalties of £(1.9)m have been accrued in respect of non-achievement of the May Red 1 target (8 minute) and the June, July , and August Red 1 and Red 2 targets.

Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is adverse by £ (0.416m) at £6.018m against a plan of £6.434m.

Quality & Efficiency (CIP) schemes delivered 112% against the year to date target resulting in a favourable variance of £370k.

The Trust has reported a year to date surplus as at the end of August of £1.666m against a budgeted surplus of £1.234m, a positive variance of £0.432m. This has been aided by a beneficial savings plan (CIP) performance and lower depreciation due to slippage against the capital plan.

The Capital Plan for 15-16 at the end of August 2015 is £4.266m behind the original plan. This is due to a number of factors including a delay in the investment in A&E vehicles due to reassessment of base van type.

2.2 Business Plan Objectives (Lead Directors: See below)

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

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

2.3 Service Transformation (Lead Directors: See below)

Project		Exec Sponsor	QTR 1			QTR 2			QTR 3			QTR 4			Comments
			A	M	J	J	A	S	O	N	D	J	F	M	
Hub and Spoke/ Make Ready Programme Board		Executive Director for Operations	G	G	G	G	G								SOC has been discussed with the TDA and updates will be completed by the end of August for review in September and resubmission to TDA in October. Work to develop PIDs and project plan on Make Ready and VPP project is being progressed and will be submitted.
A&E Operations Programme Board	A&E Redesign Projects	Executive Director of Operations	A	A	A	A	A								The TDA have now approved the Consultancy support contracts and dates for starting are being agreed. Work on the Workforce Plan and work to assess the impact of the ORH model by CBU and by station is progressing. A project team has been established and is developing a narrative, a plan and establishing programme controls. PIDs and outline plans are being developed for each work stream and formal project launch has been agreed for end September. The appointment of a Programme Director is imminent
	A&E Trajectory Support Projects	Executive Director of Operations	A	A	A	A	A								These projects are all progressing and will be managed and monitored through the A&E Redesign Programme. There have been some risks around long recruitment times but these have been mitigated through the use of temporary staff where appropriate.
Organisational Development and Leadership Programme Board		Executive Director for People and Engagement	A	A	A	A	G								Project teams established PIDs and project plans almost complete. Interdependencies with other work streams identified therefore a change request has been made to amalgamate ODL with Corporate and Customer Engagement. Additional HR support has been appointed to support delivery of the programme
PTS Transformation Programme Board		Chief Executive Officer	A	R	R	A	A								Additional programme and project management resource now dedicated to the programme working alongside the work stream leads. Work on defining the detailed plans for each work stream has progressed and PIDs and outline plans are currently being developed and will be completed imminently. Work to review the CIPs associated with the programme has taken place, with revisions to current schemes and the development of a number of mitigating schemes including milestone plans and PIDlites
Call Centre Programme Board		Executive Director for Standards & Compliance	A	G	G	G	G								Data Analysis is delayed as additional work has been requested by KT Soft Pilot of Link between EOC & HNS is delayed due to a CAD update and key personnel annual leave. The slippages are being managed and the overall delivery of the project is on track
Intelligent Ambulance Programme Board		Interim Executive Director for Finance & Performance	A	A	A	A	A								Approach to Airways Programme agreed with meetings and workshop planned in for September and October. Options appraisal around ECS exit strategy presented to TEG - discussions required around usage of ePRF and paramedic pathfinder.
Service Line Management Programme Board		Interim Executive Director for Finance & Performance	A	A	A	A	A								The procurement of the SLR software is progressing. A number of products have been reviewed and preferred supplier has been selected. A revised timeline for SLM has been developed with a roll-out plan. This needs to be further tested and some work done to ensure it is achievable and that it aligns with the business planning cycle and budget setting process
RAG key															
Project actions and benefits delivery on track			Project actions and benefits delivery slippage - further action required												
Actions and benefits delivery slippage - mitigations in place			Project complete and benefits realised												

2.4 Quality and Efficiency Savings (CIP)

CIP Tracker 2015/16	2015/16 Plan	YTD Plan	YTD Variance	Forecast Outturn
	£000	£000	£000	£000
Directorate				
Accident & Emergency	4,598	1,843	(389)	2,978
Patient Transport Service	1,500	362	(19)	1,112
Special Operations	171	73	(1)	171
Standards and Compliance	243	100	0	243
Finance	263	97	91	368
Clinical Directorate	50	20	80	155
Trust wide	1,961	510	127	1,888
Total Planned Scheme Savings	8,786	3,005	(111)	6,915
Reserve Schemes	0	0	480	1,121
<i>Recurrent Reserve Schemes</i>	<i>0</i>	<i>0</i>	<i>415</i>	<i>1,045</i>
<i>Non-recurrent Reserve Schemes</i>	<i>0</i>	<i>0</i>	<i>66</i>	<i>76</i>
Total Savings	8,786	3,005	370	8,036

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

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

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

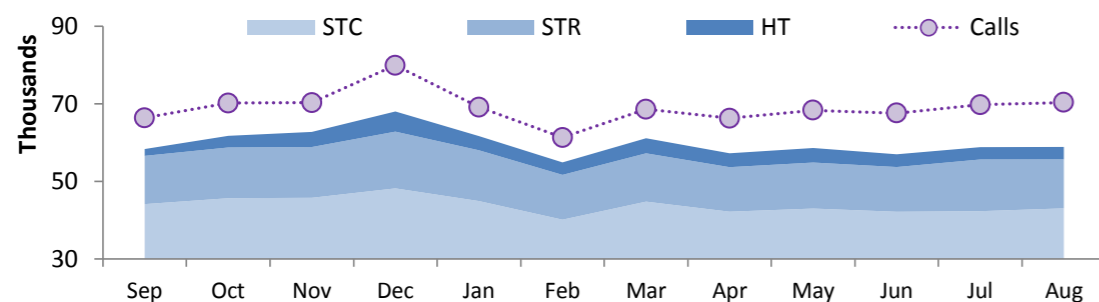
PTS CQUINS	Consortia	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
1. Improving the experience of Patients with complex needs	North	1.25%	£53,332	Green	Green	Green	Green	Green					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

Comments:- CQUIN 1 complex patient is progressing well and the second stage roll out is in the planning stages for early October or late September. This is now purely down to the Systems team capacity. CQUIN 2 – North/South & East only – Review of Discharge delays – studies currently being undertaken by area teams, with Dave Gossip overseeing. This is all on track and we are actually ahead of the milestones. The two additional west schemes that have now been agreed are on track. Currently awaiting sign off of the renal survey with governance and information from BI for the outpatient CQUIN. All ahead of milestones. CQUINS signed off for Q1 at the regional meeting by North/South/ West. East not present but don't anticipate any issues as all milestones are green.	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 - David Macklin, Nominated Lead: Associate Director of Operations - Ian Walton)

Aug-15

1. Demand



Compared to last year April to August Hear & Treat calls have increased by 40.6%, See Treat & Refer responses have increased by 2.1% and See Treat & Convey have decreased by 4.4%. Overall responses (incidents arrived at scene) are below contracted, this is in part due to an increase in Hear and Treat and increased UCP use.

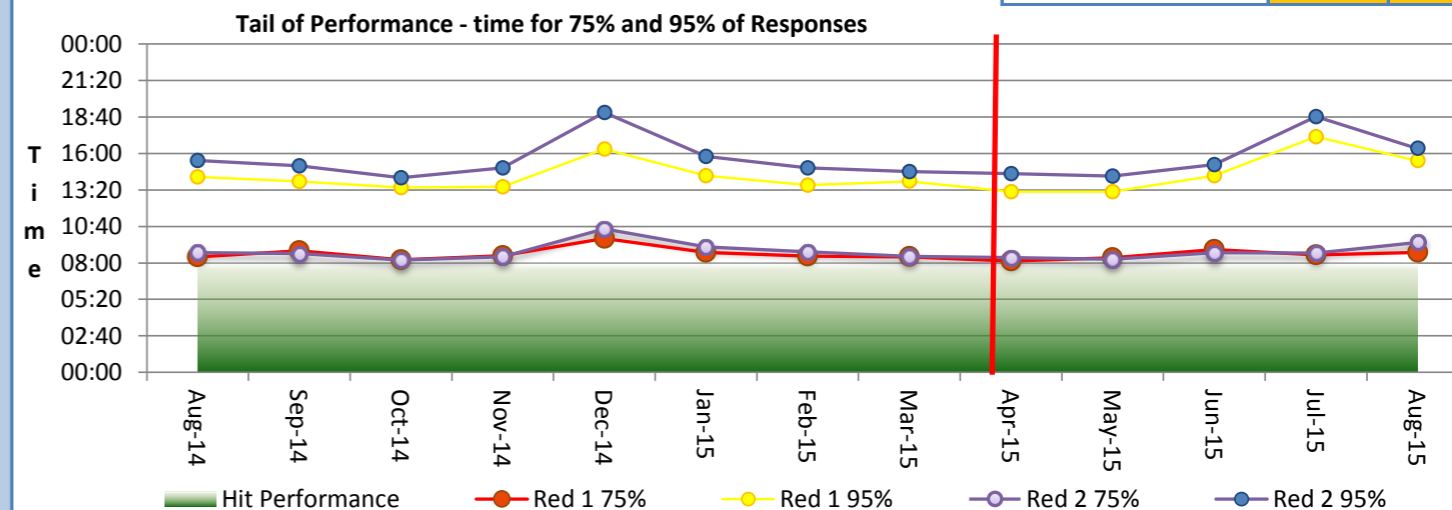
April to August	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2015-16	347,977	17,034	66,284	214,476
YTD YAS (inc OOA&UCP) 2014-15	351,022	12,117	64,935	224,253
Variance (Between Years)	-0.9%	40.6%	2.1%	-4.4%
YTD (Contract CCGs only) Actuals 2015-16*	342,383	16,964	60,743	212,861
YTD (Contract CCGs only) Contracted 2015-16	354,259	12,077	66,778	223,979
Variance (to Contract)	-3.4%	40.5%	-9.0%	-5.0%

* excludes UCP and Out of Area

3. Quality

	August	YTD
Serious Incidents (Rate Per 1000 Responses)	1 (0.01) ↔	6 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
Total Incidents (Rate Per 1000 Responses)	438 (7.2) ↑	2248 (7.6)
Total Incidents per 1000 responses was lower in August than the current year to date average. There were 46 less incidents than July		
Feedback	Complaints	10 ↓ 60
	Concerns	27 ↑ 101
	Comments	10 ↑ 47
	Service to Service	7 ↓ 51
	Compliments	27 ↓ 226
Response within target time for Complaints and Concerns	95%	78%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 2
The average response time for Complaints and Concerns in August was 25 days and YTD is 26 days		
Vehicle Deep Clean (>8 weeks after last clean)	3 ↓	149

2. Red Performance



	Red 1	Red 2
August 2015	68.7%	70.0%
Current YTD	71.5%	71.3%

Performance for Red1 and Red2 decreased in August from July, both were short of the 75% target and are below the same month last year. YAS responded to 1309 more Red jobs within 8 minutes in August 2015 compared to August 2014. Steps have been taken to cancel non clinical training and overtime plus shifts have been offered in an attempt to improve performance.

4. Workforce

August 2015 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2164	108	541	1515	70%
Contracted FTE (before overtime)	2062.4	136	563	1364	66%
Variance	(102)	28	22	(10.0%)	
% Variance	(4.7%)	25.5%	4.1%		
FTE (worked inc overtime)*	2234	136	563	1535	69%
Variance	70	28	22	1.4%	
% Variance	3.2%	25.5%	4.1%		

* 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 improved slightly from last month. Both sickness and other absences were above planned for August. Take up of over time has also slightly improved this month in comparison to July, however this did not improve performance.

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)

	Plan	Actual	Variance
£000			
Directorate Position	33,461	32,425	(1,036)
CIPs	1,302	305	(997)

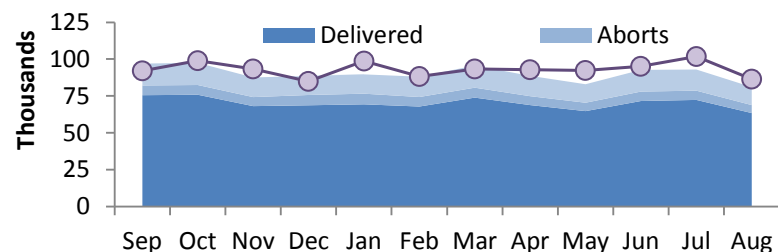
A&E are £(1,036)k adverse to plan year to date due to CQUINs (Paramedic Pathfinder), ongoing subsistence payments, and additional use of external providers to increase resource availability. N.B. this position excludes A & E performance penalties of £(1.9m).

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

3.2 Patient Transport Service (Lead Director: Chief Exec - Rod Barnes, Nominated Lead: Associate Director PTS - Alan Baranowski)

Aug-15

1. Demand



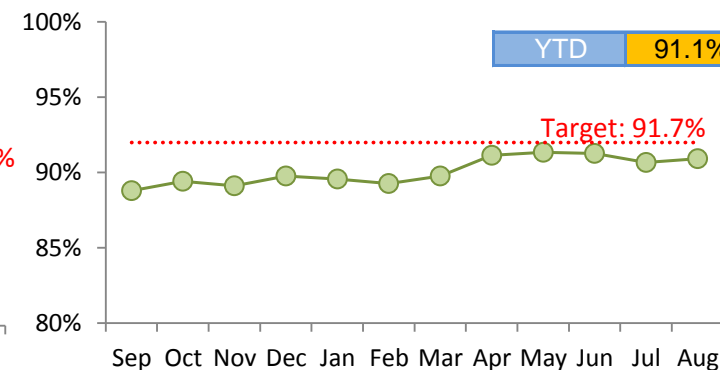
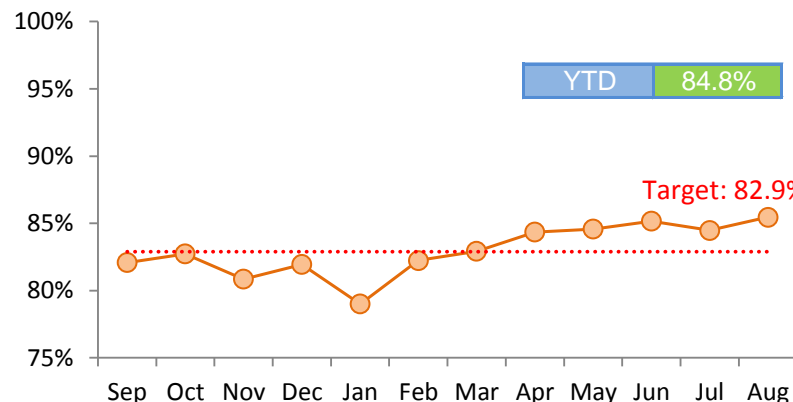
Comparison to Plan

April to July	Delivered	Aborts	Escorts	Total
YTD 2015-16	341,064	29,818	67,536	438,418
Contract 2015-16 (2014-15 Demand)	367,195	29,621	71,588	468,404
% Variance	-7.1%	0.7%	-5.7%	-6.4%

Key Points - Total YTD demand is under plan; aborted journeys are trending above plan.

2. Performance

INWARD - % of patients delivered between 0 and 120 mins before appt
OUTWARD - % of patients collected within 90 mins after appt



Key Points - Core - KPI 2 Inward Journeys- patients delivered to appointment on time- exceeded target by 2.6% . KPI 3 improved on month by 0.2% with YTD tracking positive. North & West Yorkshire all achieved KPI 2 (inward) & KPI 3 (outward) journeys for August 2015 with a positive YTD results. South Yorkshire by exception has not met any of the KPI's this month.

3. Quality, Safety and Patient Experience

	August	YTD
Calls Answered in 3 mins	84.1% ↑	81.1%
Serious Incidents (YTD)	0 ↔	0
Total Incidents (per 1000 activities)	90 (1.11) ↓	417 (0.95)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
Feedback	Complaints	9 ↑ 34
	Concerns	28 ↓ 184
	Comments	6 ↓ 34
	Service to Service	38 ↑ 175
	Compliments	0 ↓ 13
Response within target time for Complaints and Concerns	93%	81%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 0
Patient Experience Survey (not updated as new survey in pipeline - these are July figures)	97%	98%
Vehicle Deep Clean (>8 weeks since last clean)	0 ↓	35

4. Workforce

FT Equivalents

Aug-15	FTE	Sickness (4%)	Absence (25%)	Total	Available
Budget FTE	788	31.5	197	560	71%
Contracted FTE (before overtime)	723	33.1	143	547	76%
Variance	(66)	1.6	(54)		(2.3%)
% Variance	(8.3%)	5.0%	(27.6%)		
FTE worked inc overtime	762	33.1	143	586	77%
Variance	(26)	1.6	(54)		4.8%
% Variance	(3.3%)	5.0%	(27.6%)		

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

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

Key Points

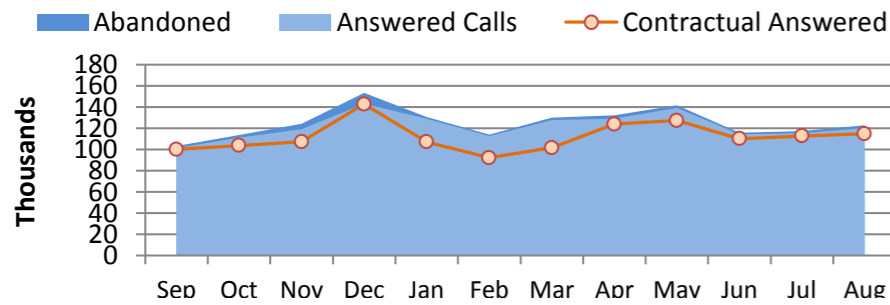
FTE worked was below Budgeted FTE by 26. Sickness absence for August = 4.7% . YAS combined (all CCG areas). The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	3,109	2,883	(226)
CIPs	362	607	245

The directorate is £(226)k adverse to plan year to date including a non-recurrent benefit ytd. The underlying position year on year is improved. There is continued higher than budgeted expenditure due to ongoing dependency on external PTS providers and taxis.

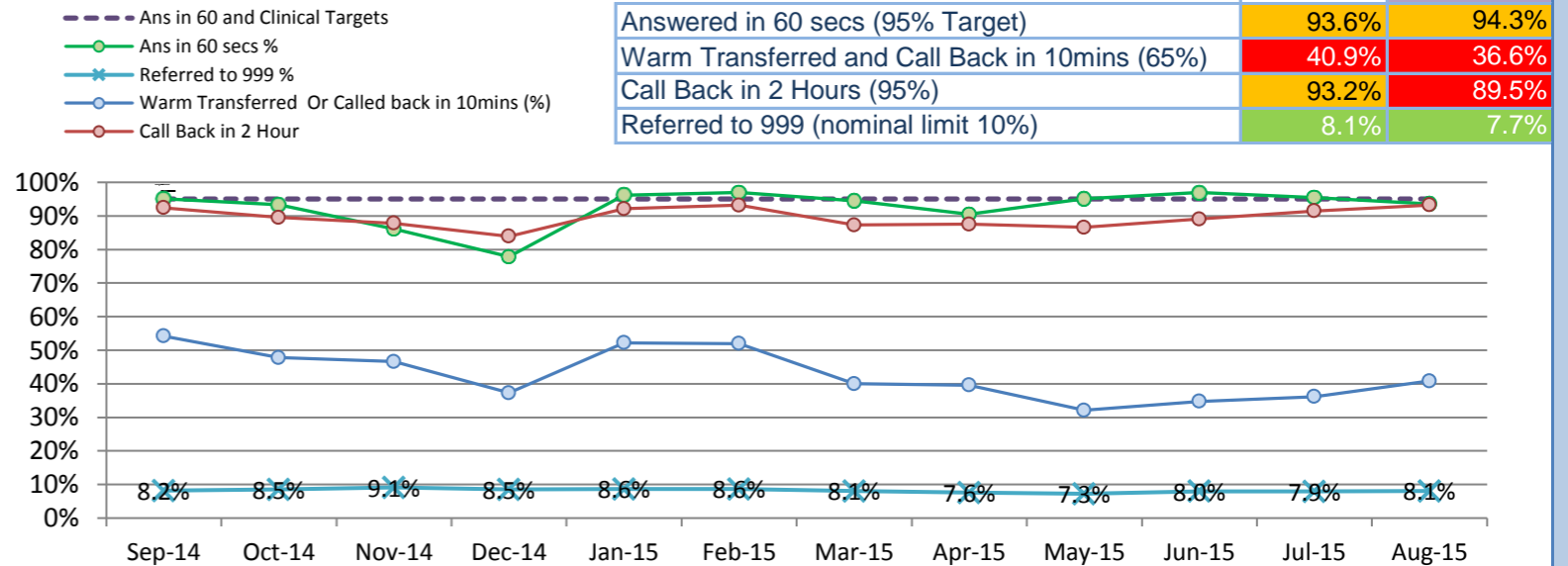
1. Demand



August calls were up 9.9% year on year, up from July (6.7%) leaving Q2 to date up 8.7% versus 12.2% in Q1.

April to August	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2015-16	630,391	618,673	583,204	94.3%
YTD Contracted 2015-16	586,801	586,801	557,461	95.0%
Variance	7.4%	5.4%	4.6%	-0.8%
YTD 2014-15	569,364	558,858	533,026	95.4%
Variance	10.7%	10.7%	9.4%	-1.2%

2. Performance



Answered in 60 seconds over the Bank holiday weekend (Saturday to Monday) came in at 96.8% ensuring August's SLA ended only 1.4% below target. All local and national clinical KPIs achieved their highest performance since February 2015 with 94.4% who required a clinician being contacted within 2 hours.

V10 NHS Pathways training is being undertaken during August and September (National Mandatory Framework which requires each member of staff to have 1 full days training).

3. Quality

	August	YTD
Serious Incidents (per 1000 answered)	1 (0.01) ↓	7 (0.01)
Serious incidents down month on month, 1 versus 4 in July.		
Total Incidents (per 1000)	91 (0.76) ↑	369 (0.6)
Incidents per 1000 up 12% month on month.		
Feedback	Complaints	35 ↑ 197
	Concerns	6 ↑ 20
	Comments	2 ↑ 10
	Service to Service	43 ↓ 223
	Compliments	4 ↓ 40
Response within target time for Complaints and Concerns	60%	51%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 0
Complaints, Concerns and Comments all up month on month (34%). Service to service feedback at lowest levels since May, 30% down on the highpoint of 61 in June.		

4. Workforce

August 2015 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence (23%)	Available	
				Total	%
Budget FTE	262	24	60	178	68%
Contracted FTE (before Overtime)	260	21	71	168	64%
Variance	-2	-2.4	11	(6.0%)	
% Variance	(0.8%)	(10.1%)	18.2%		
FTE (Worked inc Overtime)	263	21	71	171	65%
Variance	1	-2.4	11	(4.2%)	
% Variance	0.4%	(10.1%)	18.2%		
Overall FTE is in line with planned at -0.8% or +0.4% including overtime. Despite sickness running under planned levels (-10.1% v plan) productive FTE is 10 (7 including overtime) lower than budgeted due to higher than planned levels of training caused by a new version of Pathways as well as the inductions of new call handlers. Although under planned levels sickness continues to cause concern at 8.1% in August.					

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	433	626	193
CIPs	100	100	0
The directorate is £193k favourable to plan year to date.			

4.1 Finance Overview August 2015

		Aug-15																						
	Month	Year	Trend 2015-16																					
RISK RATING: Overall the Trust has achieved a rating of 4 for continuity of services and a green rating against the NHS TDA accountability framework.			<table border="1"> <caption>Risk Rating Trend 2015-16</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>4</td><td>4</td></tr> <tr><td>M2</td><td>4</td><td>4</td></tr> <tr><td>M3</td><td>4</td><td>4</td></tr> <tr><td>M4</td><td>4</td><td>4</td></tr> <tr><td>M5</td><td>4</td><td>4</td></tr> <tr><td>M6</td><td>4</td><td>4</td></tr> </tbody> </table>	Month	Actual	Plan	M1	4	4	M2	4	4	M3	4	4	M4	4	4	M5	4	4	M6	4	4
Month	Actual	Plan																						
M1	4	4																						
M2	4	4																						
M3	4	4																						
M4	4	4																						
M5	4	4																						
M6	4	4																						
EBITDA: The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £6.018m against a plan of £6.434m causing an adverse variance of (£0.416m).			<table border="1"> <caption>EBITDA Trend 2015-16</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>1500</td><td>1500</td></tr> <tr><td>M2</td><td>1800</td><td>1600</td></tr> <tr><td>M3</td><td>1200</td><td>1000</td></tr> <tr><td>M4</td><td>1000</td><td>1700</td></tr> <tr><td>M5</td><td>500</td><td>800</td></tr> <tr><td>M6</td><td>600</td><td>700</td></tr> </tbody> </table>	Month	Actual	Plan	M1	1500	1500	M2	1800	1600	M3	1200	1000	M4	1000	1700	M5	500	800	M6	600	700
Month	Actual	Plan																						
M1	1500	1500																						
M2	1800	1600																						
M3	1200	1000																						
M4	1000	1700																						
M5	500	800																						
M6	600	700																						
SURPLUS: The Trust has reported a year to date surplus as at the end of August of £1.666m against a budgeted surplus of £1.234m, a positive variance of £0.432m. This has been aided by a beneficial savings plan (CIP) performance and lower depreciation due to slippage against the capital plan.			<table border="1"> <caption>Surplus Trend 2015-16</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>500</td><td>500</td></tr> <tr><td>M2</td><td>1000</td><td>600</td></tr> <tr><td>M3</td><td>400</td><td>0</td></tr> <tr><td>M4</td><td>100</td><td>600</td></tr> <tr><td>M5</td><td>-200</td><td>-200</td></tr> <tr><td>M6</td><td>-500</td><td>-500</td></tr> </tbody> </table>	Month	Actual	Plan	M1	500	500	M2	1000	600	M3	400	0	M4	100	600	M5	-200	-200	M6	-500	-500
Month	Actual	Plan																						
M1	500	500																						
M2	1000	600																						
M3	400	0																						
M4	100	600																						
M5	-200	-200																						
M6	-500	-500																						
CAPITAL: The Capital Plan for 15-16 at the end of August 2015 is £4.266m behind the original plan. This is due to a number of factors including a delay in the investment in A&E vehicles due to reassessment of base van type.			<table border="1"> <caption>Capital Trend 2015-16</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>500</td><td>1200</td></tr> <tr><td>M2</td><td>700</td><td>800</td></tr> <tr><td>M3</td><td>800</td><td>1000</td></tr> <tr><td>M4</td><td>500</td><td>2800</td></tr> <tr><td>M5</td><td>600</td><td>700</td></tr> <tr><td>M6</td><td>1000</td><td>1200</td></tr> </tbody> </table>	Month	Actual	Plan	M1	500	1200	M2	700	800	M3	800	1000	M4	500	2800	M5	600	700	M6	1000	1200
Month	Actual	Plan																						
M1	500	1200																						
M2	700	800																						
M3	800	1000																						
M4	500	2800																						
M5	600	700																						
M6	1000	1200																						
CASH: The Trust had cash and cash equivalents of £28.662m at 31 August 2015 against a plan of £15.834m resulting in a favourable variance of £12.828m. This is due to delays in the capital programme (as detailed above) and a favourable working capital position against Plan.			<table border="1"> <caption>Cash Trend 2015-16</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>16</td><td>16</td></tr> <tr><td>M2</td><td>17</td><td>16</td></tr> <tr><td>M3</td><td>24</td><td>18</td></tr> <tr><td>M4</td><td>26</td><td>19</td></tr> <tr><td>M5</td><td>28</td><td>16</td></tr> <tr><td>M6</td><td>28</td><td>18</td></tr> </tbody> </table>	Month	Actual	Plan	M1	16	16	M2	17	16	M3	24	18	M4	26	19	M5	28	16	M6	28	18
Month	Actual	Plan																						
M1	16	16																						
M2	17	16																						
M3	24	18																						
M4	26	19																						
M5	28	16																						
M6	28	18																						
CIP: The Trust has a savings target of £8.786m for 2015/16 and identified schemes totalling £9.907m. 112% delivery of the CIP target was achieved in August and 110% of this was achieved through recurrent schemes. This creates a favourable variance against plan of £370k. Reserve schemes have achieved £480k of the year to date savings.			<table border="1"> <caption>CIP Trend 2015-16</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>750</td><td>550</td></tr> <tr><td>M2</td><td>400</td><td>550</td></tr> <tr><td>M3</td><td>550</td><td>550</td></tr> <tr><td>M4</td><td>1000</td><td>600</td></tr> <tr><td>M5</td><td>1000</td><td>600</td></tr> <tr><td>M6</td><td>650</td><td>650</td></tr> </tbody> </table>	Month	Actual	Plan	M1	750	550	M2	400	550	M3	550	550	M4	1000	600	M5	1000	600	M6	650	650
Month	Actual	Plan																						
M1	750	550																						
M2	400	550																						
M3	550	550																						
M4	1000	600																						
M5	1000	600																						
M6	650	650																						

4.2 Finance Detail August 2015

Aug-15

	Current Month			Year to Date			Full Year
	Budget	Actual	Variance	Budget	Actual	Variance	Plan
	£000	£000	£000	£000	£000	£000	£000
Accident & Emergency	14,618	14,533	(85)	73,209	72,742	(467)	176,937
Patient Transport Service	2,243	2,238	(5)	11,025	11,330	305	26,933
111	2,470	2,729	259	12,366	12,729	363	31,375
Other Income	887	(66)	(953)	4,257	2,066	(2,191)	11,733
Operating Income	20,218	19,434	(784)	100,858	98,867	(1,991)	246,979
Pay Expenditure & reserves	(14,061)	(13,501)	560	(68,186)	(65,906)	2,280	(166,679)
Non-Pay expenditure & reserves	(5,393)	(5,408)	(15)	(26,211)	(26,942)	(731)	(66,378)
Operating Expenditure	(19,454)	(18,908)	545	(94,397)	(92,848)	1,549	(233,056)
EBITDA	764	526	(238)	6,434	6,018	(416)	13,918
EBITDA %	3.8%	2.7%		6.4%	6.1%		5.6%
Depreciation	(887)	(678)	209	(4,222)	(3,385)	837	(10,418)
Interest payable & finance costs	(35)	0	35	(146)	(111)	35	(287)
Interest receivable	6	6	1	30	25	(5)	66
Profit on fixed asset disposal	12	5	(6)	58	64	7	138
Dividends, interest and other	(189)	(189)	(0)	(945)	(945)	0	(2,268)
Retained Surplus	(330)	(330)	0	1,234	1,666	432	1,154
I&E Surplus %	-1.6%	-1.7%		1.2%	1.7%		0.5%

Capital Plan	Annual Budget	Current Month Variance £000	YTD Variance £000
Estates	(1,094)	222	152
H&S	(1,403)	0	121
EPRF	(1,500)	(13)	636
ICT	(1,502)	59	491
Fleet	(6,929)	0	2,495
Medical Equipment	(1,498)	(97)	(18)
Plant & Machinery	(14)	0	14
Contingency	(305)	0	375
Total Schemes	(14,245)	171	4,266

Plan	CATEGORY	Plan	August	YTD
%age of bills paid within terms	NHS	95%	86%	89%
%age of bills paid within terms	NON NHS	95%	93%	93%

CASH	Plan £000	Actual £000	Forecast End of Year £000
End of month cash balance	15,834	28,662	14,649

5. Risk Monitor

Aug-15

Monitor Risk Ratings (Quarterly)

Finance			
Quarter 1			

Governance			
Quarter 1			

Monitor Governance Rating Key			
Likely or actual significant breach of terms of authorisation	Breach of terms of authorisation	Breach of terms of authorisation	No Material concern

*Where the circles are filled this indicates YAS current position

6 Workforce Scorecard

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

Brandwood: Associate Director of Human Resources – David Smithson)

Aug-15

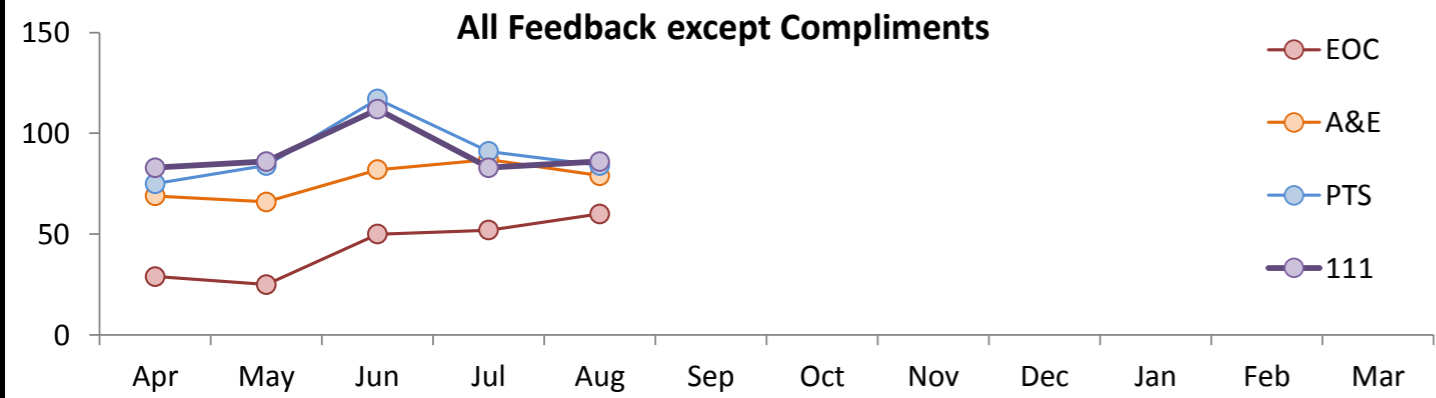
Aug 2015 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 31 Aug 2015

Indicator	Current Data - Aug-15		Current Data - Aug-15		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post	4120.12	Aug-15	4116.79	Jul-15	4306			4126.78	Aug-14
Equality & Diversity	5.31% fte	Aug-15	5.16% fte	Jul-15	14.20% fte			5.13% fte	Aug-14
	5.57% hcount		5.50% hcount					5.26% hcount	
Sickness Absence	5.84%	Aug-15	5.64%	Jul-15	5.00% fte			7.09%	Aug-14
	5.91%	Sep-14 Aug-15	6.04%	Aug-14 Jul-15					6.29%
Turnover	11.78% fte	Aug-15	11.34% fte	Jul-15	7.76% Amb Trust Aver			9.78% fte	Aug-14
	13.54% hcount		12.99% hcount					10.90% hcount	
Current PDRs	76.13%	Aug-15	76.91%	Jul-15	80.00%			72.54%	Aug-14
Stat & Mand Workbook	91.01% (combined)	Aug-15	91.38% (combined)	Jul-15	85.00% (combined)			93.97% (Combined)	Aug-14
	91.01%	Aug-15	91.38%	Jul-15				83.81%	Aug-14
Overtime	£903,438.80	Aug-15	£764,471.67	Jul-15				£975,973.96	Aug-14
	£11,765,174.14	Sep-14 Aug-15	£11,837,709.30	Aug-14 Jul-15				£9,889,718.84	Sep-13 Aug-14

Sickness absence remains above the Trust target of 5%. The figure of 5.84% is a slight increase on last months figure of 5.64% but represents an improvement on the same period last year.

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.)

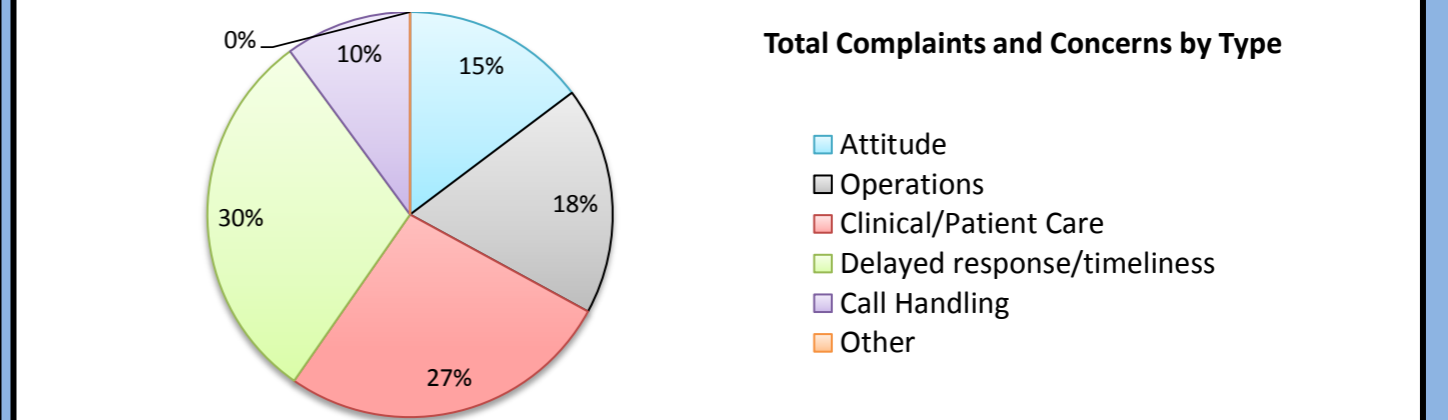
	EOC		A&E		PTS		111		Total	
	Aug-15	YTD	Aug-15	YTD	Aug-15	YTD	Aug-15	YTD	Aug-15	YTD
Complaints	24	100	10	60	9	34	35	197	78	391
Concerns	13	50	27	101	28	184	6	20	74	355
Comments	1	7	10	47	6	34	2	10	19	98
S to S	18	51	7	51	38	175	43	223	106	500
Compliments	1	1	27	226	0	13	4	40	32	280
Lost Property	0	0	26	103	0	7	0	0	26	110
PALs Enquiries	4	8	6	40	3	17	0	1	13	66
Total	61	217	113	628	84	464	90	491	348	1800
Demand	71,615	348,013	60,479	297,794	81,061	438,419	120,372	618,673	333,527	1,702,899
Proportion	0.09%	0.06%	0.19%	0.21%	0.10%	0.11%	0.07%	0.08%	0.10%	0.11%



Numbers of cases received for EOC continues to increase. August saw an increase in cases for 111 also whilst there was a slight decrease for A&E Operations and PTS

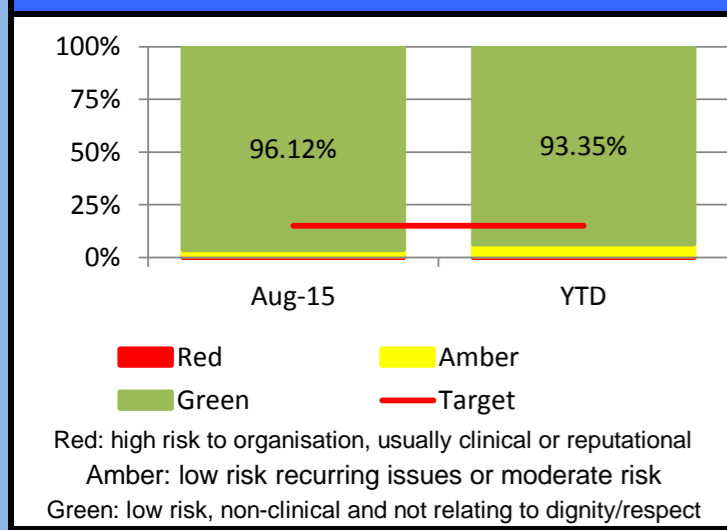
2. Complaints and Concerns (including issues raised by healthcare professionals) received by subject

	EOC		A&E		PTS		111		Total	
	Aug-15	YTD	Aug-15	YTD	Aug-15	YTD	Aug-15	YTD	Aug-15	YTD
Attitude	0	0	24	81	7	35	7	32	38	148
Operations	0	0	10	85	6	24	31	205	47	314
Clinical/Patient Care	0	0	10	44	13	52	46	202	69	298
Delayed response	39	140	0	1	39	242	0	0	78	383
Call Handling	16	60	0	0	10	39	0	0	26	99
Other	0	1	0	1	0	1	0	1	0	4
Total	55	201	44	212	75	393	84	440	258	1246
Demand	71,615	348,013	60,479	297,794	81,061	438,419	120,372	618,673	333,527	1,702,899
Proportion	0.08%	0.06%	0.07%	0.07%	0.09%	0.09%	0.07%	0.07%	0.08%	0.07%



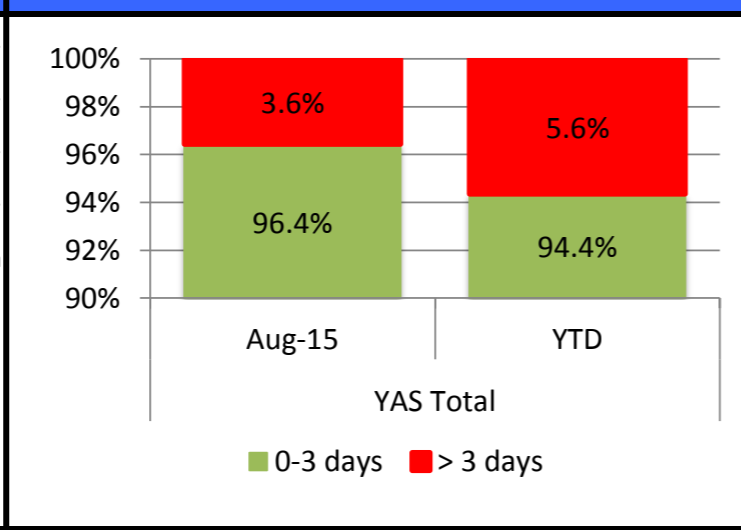
Delayed response is the largest area of concern for YAS complainants - Emergency Operations and Patient Transport. A&E Ops attract the largest proportion of Attitude complaints

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



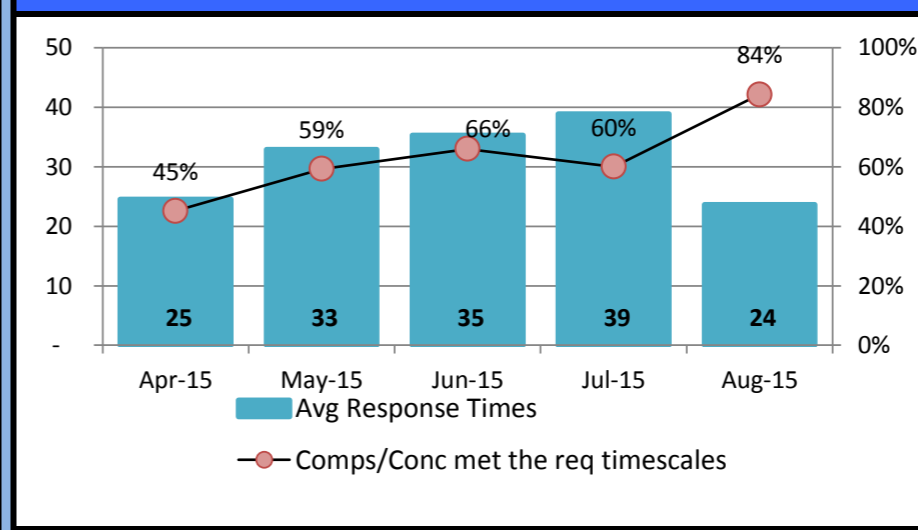
Complaints & Concerns for Red & Amber remain below target for all areas.

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



Acknowledgement Times remain on target for August for YAS as a whole

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



Responses to complaints are being made in time with the date agreed with the complainant in 84% of cases. An overall average response time of 24 days is being achieved

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

(YAS total inc HCP)	Total	
	Aug-15	YTD
Upheld	78	554
Not Upheld	80	434
Partly Upheld	50	309
Total	208	1297

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

Total YAS	Aug-15	YTD
No. reopened	3	21
% of C&C	2.0%	2.8%

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

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

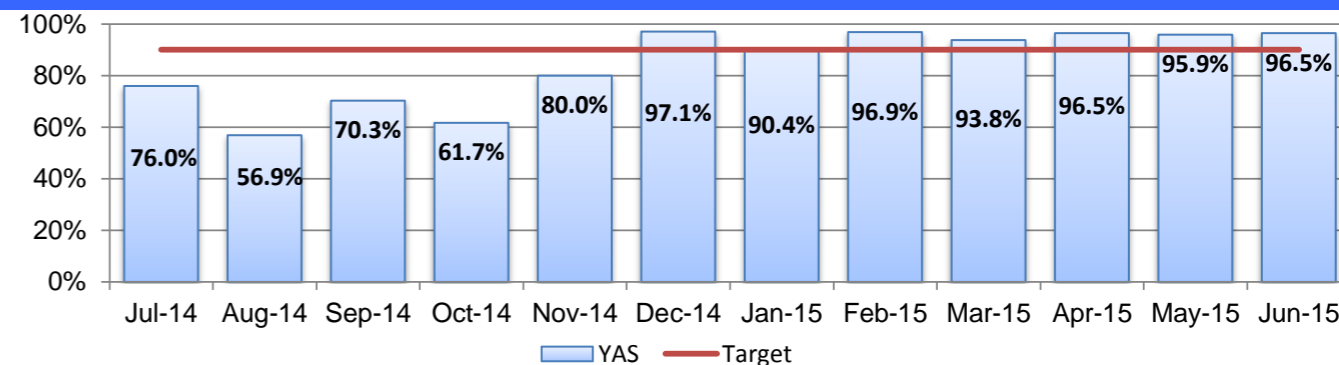
8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes						
	Aug-15	YTD	Aug-15	YTD	Upheld		Partially Upheld		Not Upheld		
					Aug-15	YTD	Aug-15	YTD	Aug-15	YTD	
EOC	0	3	0	3	0	0	0	0	0	0	1
A&E	0	5	0	3	0	0	0	0	1	0	2
PTS	0	1	0	1	0	0	0	0	0	0	0
111	1	1	0	1	0	0	0	0	0	0	0
Total	1	10	0	8	0	0	0	1	0	0	3

One referral has been received in August, no further outcomes have been received during the month

Patient Survey Results (Friends and Family Test)

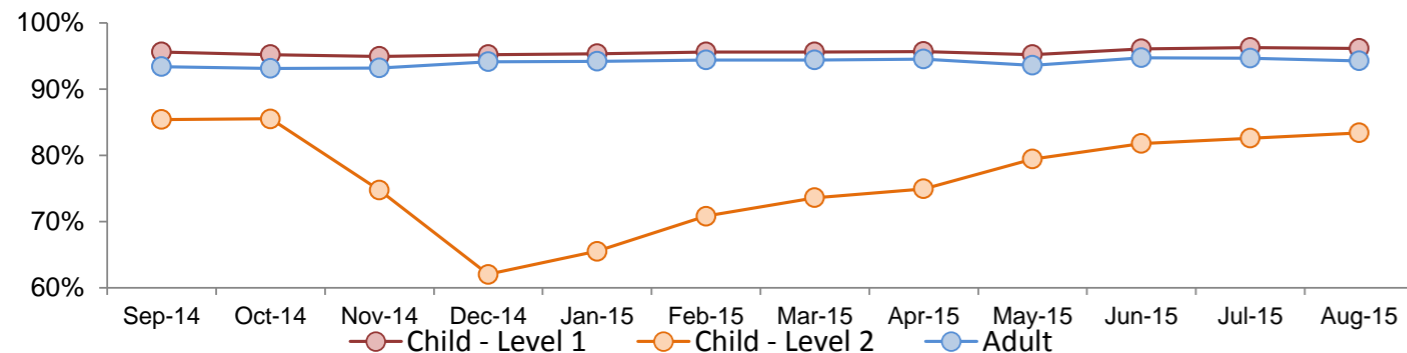
9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



Friends and Family Test results have not been updated as a new Survey has been implemented and results are pending

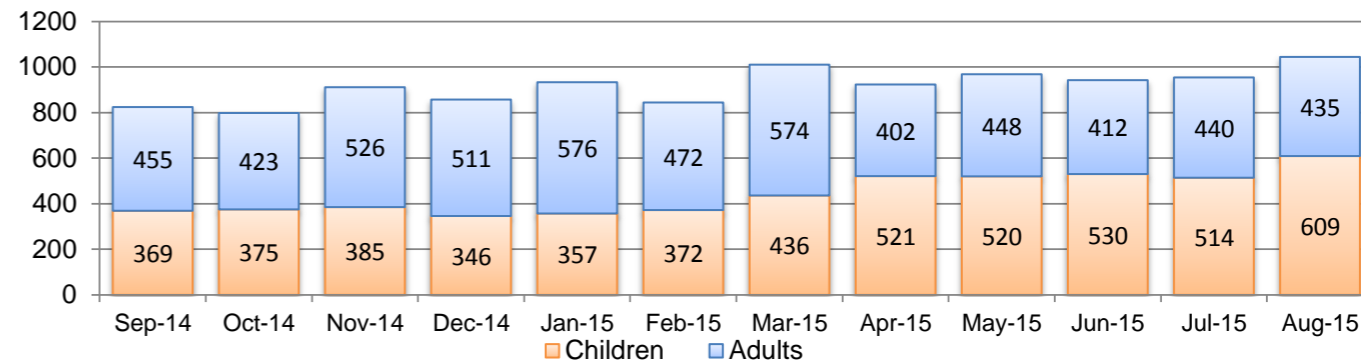
Safeguarding

10. Number of eligible workforce trained



Level 2 training compliance continues to rise.

11. Number of Child and Adult Referrals



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

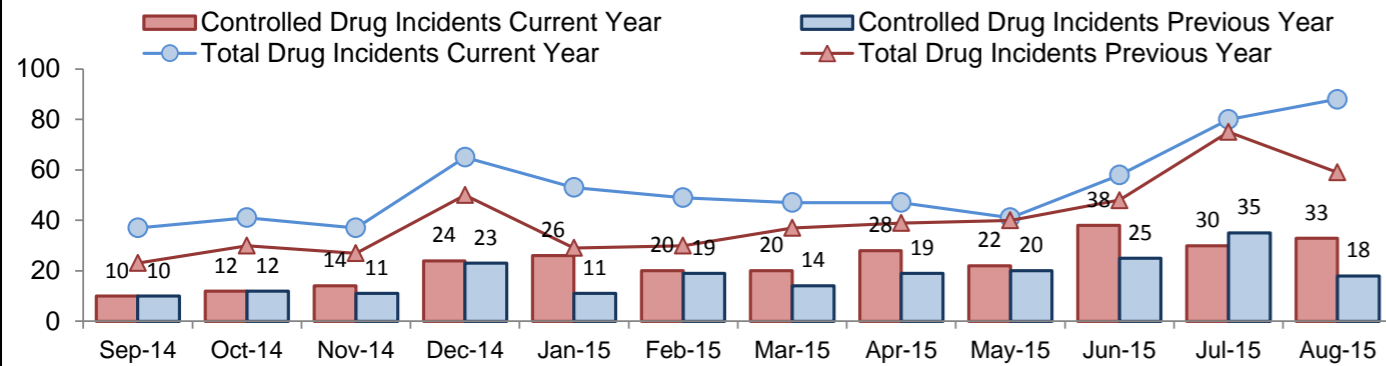
Results of IPC Audit

12. Infection, Prevention and Control

Area	Audit	Apr-15	May-15	Jun-15	Jul-15	Aug-15	
Overall Compliance (Current Year)	Hand Hygiene	99%	99%	99%	97%	98%	
	Premise	88%	95%	99%	98%	99%	
	Vehicle	97%	97%	93%	97%	98%	
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	99%	99%	99%	
	Premise	97%	96%	97%	99%	98%	
	Vehicle	98%	98%	99%	98%	98%	
Red Key	No Audits Completed or minimum audit requirements met with compliance <80%	Amber Key	Minimum audit requirements met with compliance 80% to 94%			Green Key	Requirements met with compliance >94%

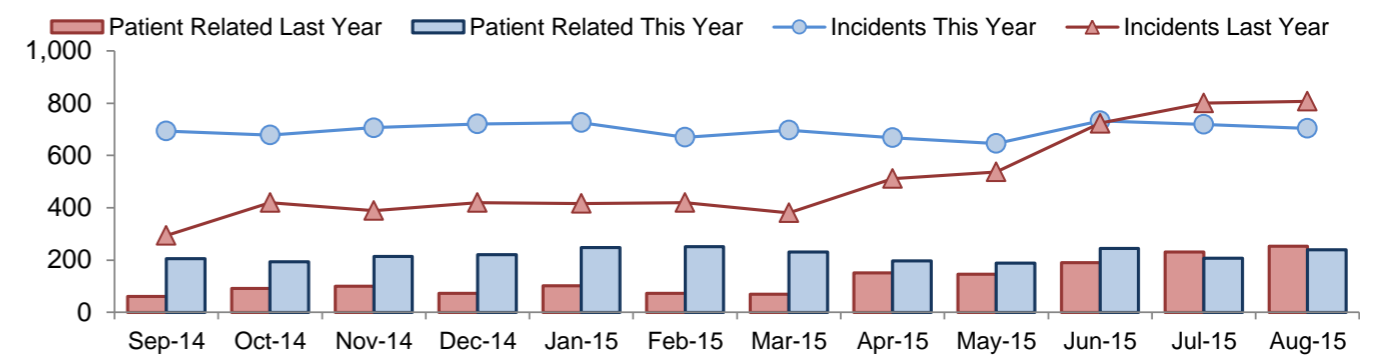
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



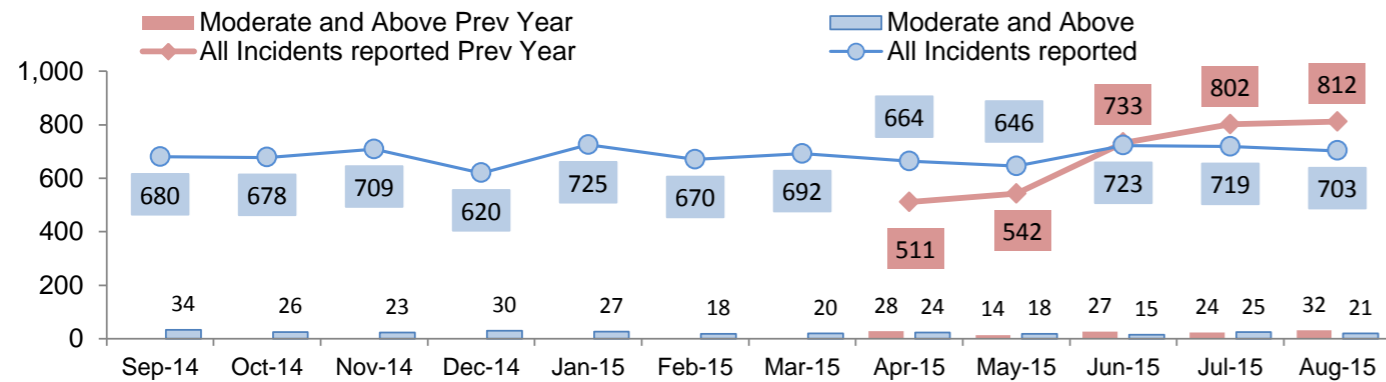
There were 33 Controlled Drugs incidents reported in August including 15 morphine vials dropped/shattered, 3 morphine vials damaged, 3 keys losses (under investigation), 2 controlled stationary book losses (under investigation), 1 diazepam tablet loss (not treated as suspicious but being investigated)
6 non-Controlled Drugs medication incidents were reported, none of which caused patient harm. All have been investigated and contribute to emerging themes monitored by Medicines Management Group.

14. Incidents Reported



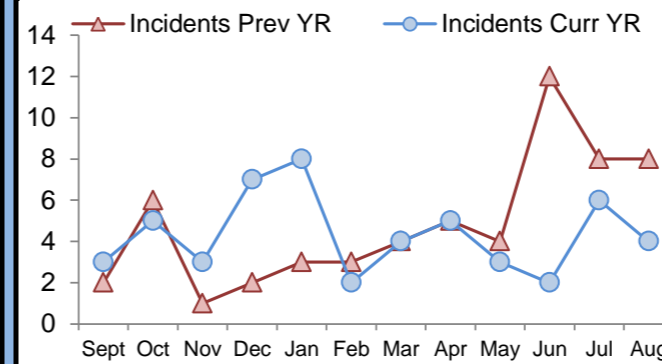
Patient related incidents, both clinical and non-clinical, make up 34% of all reported incidents. The top two categories of patient-related incidents remain as in previous months; Response-related EOC and Carepathway. In August these make up 60% of patient-related incidents. Patient-related Incidents graded no harm or minor harm represent 95.4% of patient related incidents which remains consistent with previous months.

15. Incidents, Moderate Harm and Near misses



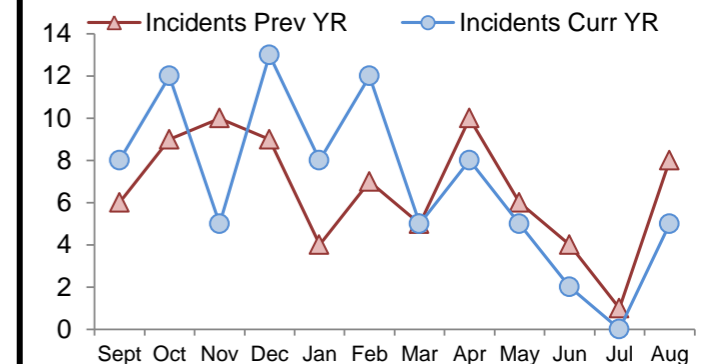
Incidents with a severity of Moderate and above represent 2.7% of incidents reported in August, down from 3.4% in July. Incidents in the category of no harm represent 65% of the total number of incidents in August, which is comparable with the previous month. A&E Ops remains the highest reporting area reporting 62.3% of all incidents, consistent with previous months. The top 4 coded categories in A&E Ops this month are Vehicle-related, Response-related, Violence and aggression and Moving and handling. Medical devices and medicines, controlled drugs are in 5th and 6th place respectively and these themes remain consistent with previous months.

16. Serious Incidents



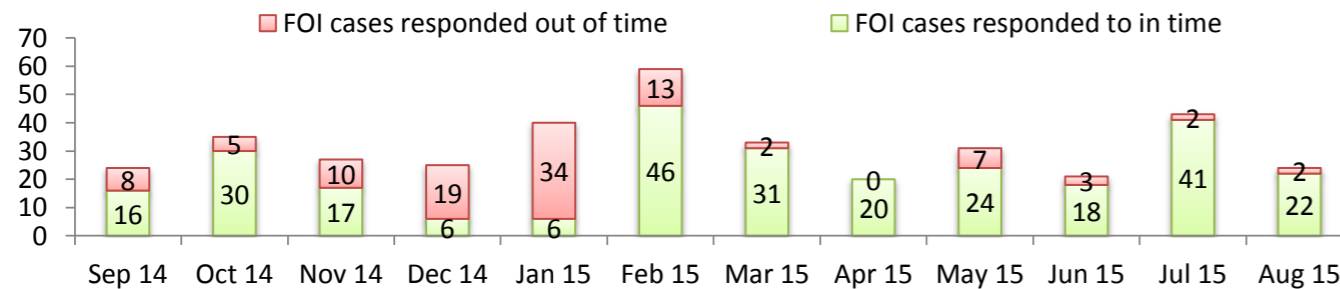
There were 4 Serious Incidents in August, 1 related to Inadequate clinical assessment, 1 Clinical Care and 2 due to Delayed dispatch.

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



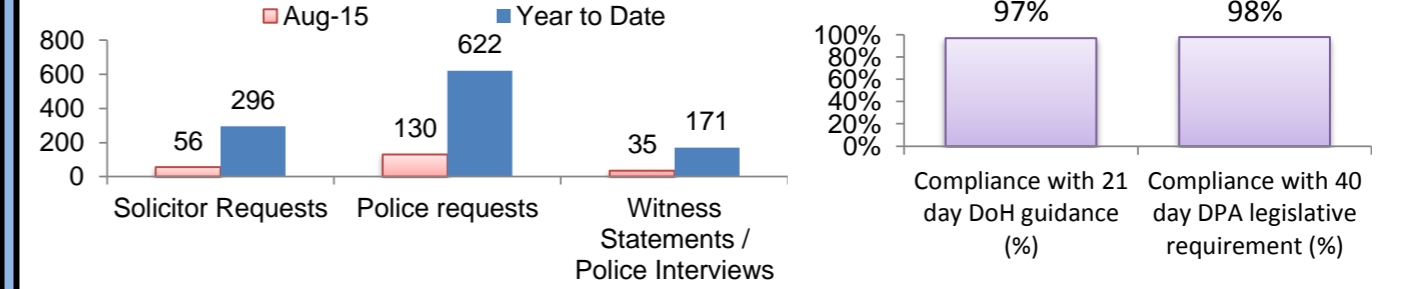
There were 4 Riddor Incidents in August (3 Manual Handling and 1 Assault)

18. FOI Requests



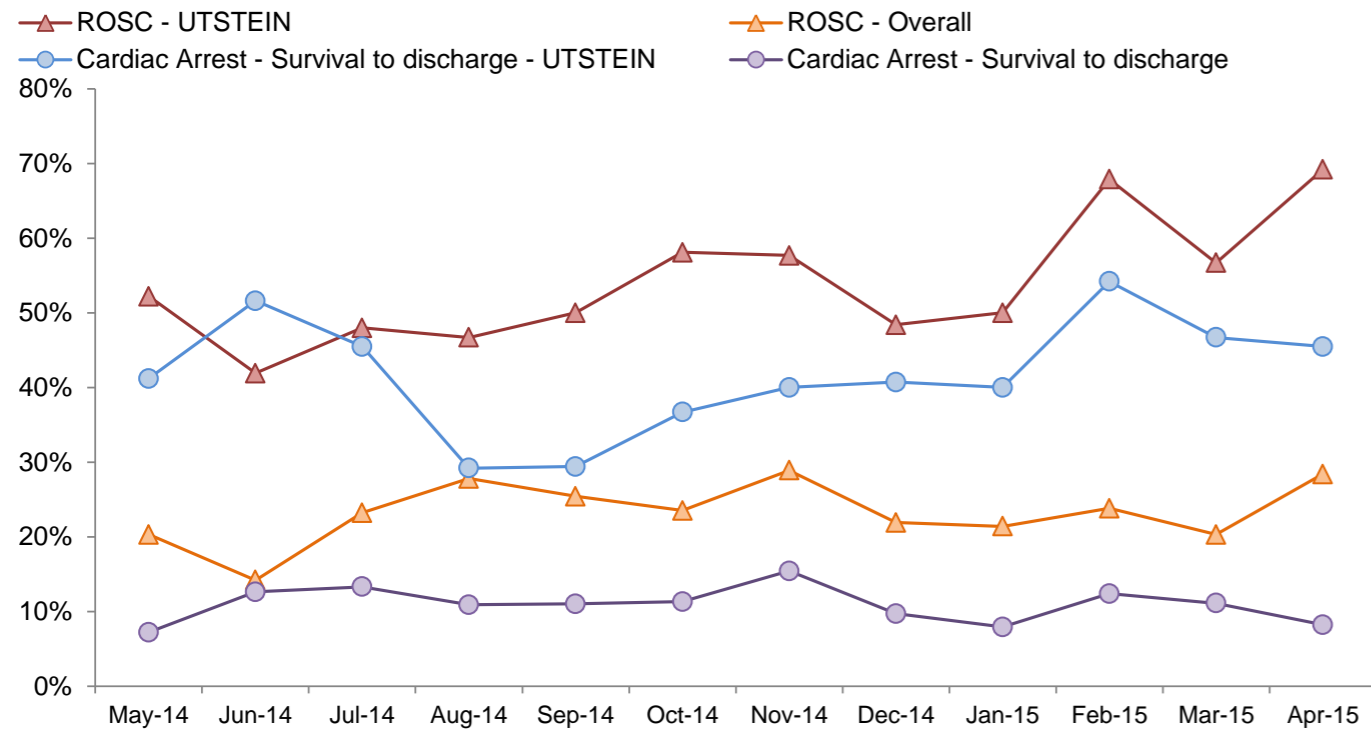
FOI Requests have reduced to a more consistent level in August, with responses not completed in time remaining low.

19. Legal Requests



Compliance with requests remain high

20. Outcome from Cardiac Arrests

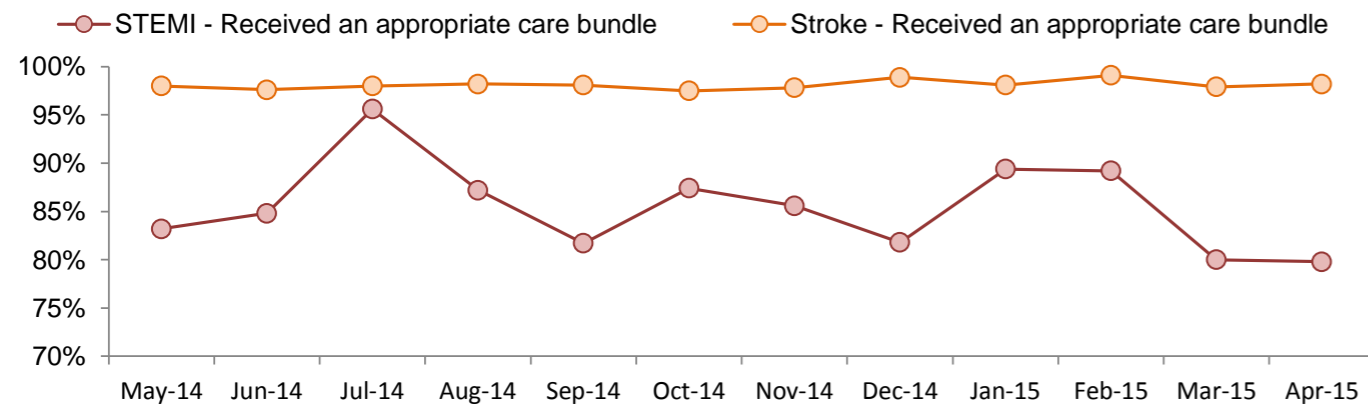


The general trend of improvement in Return Of Spontaneous Circulation (ROSC) and Survival to Discharge for patients who suffer a witnessed out of hospital cardiac arrest (Utstein group) continues. We are ranked in the top third of all ambulance trusts for 3 out of the 4 measures with only ROSC overall remaining in the bottom third. The Trust's resuscitation strategy 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.

22. Clinical Performance Indicators

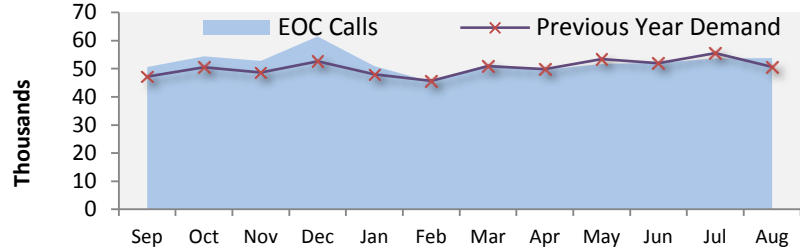
No National CPIs are reportable in August

21. AQI Care Bundle



Care Bundle performance remains consistent with recent trend. We are currently ranked in the top third of all Ambulance Trusts for these measures. Drop in STEMI is due to the fall in 2 pain scores recorded.

1. Demand

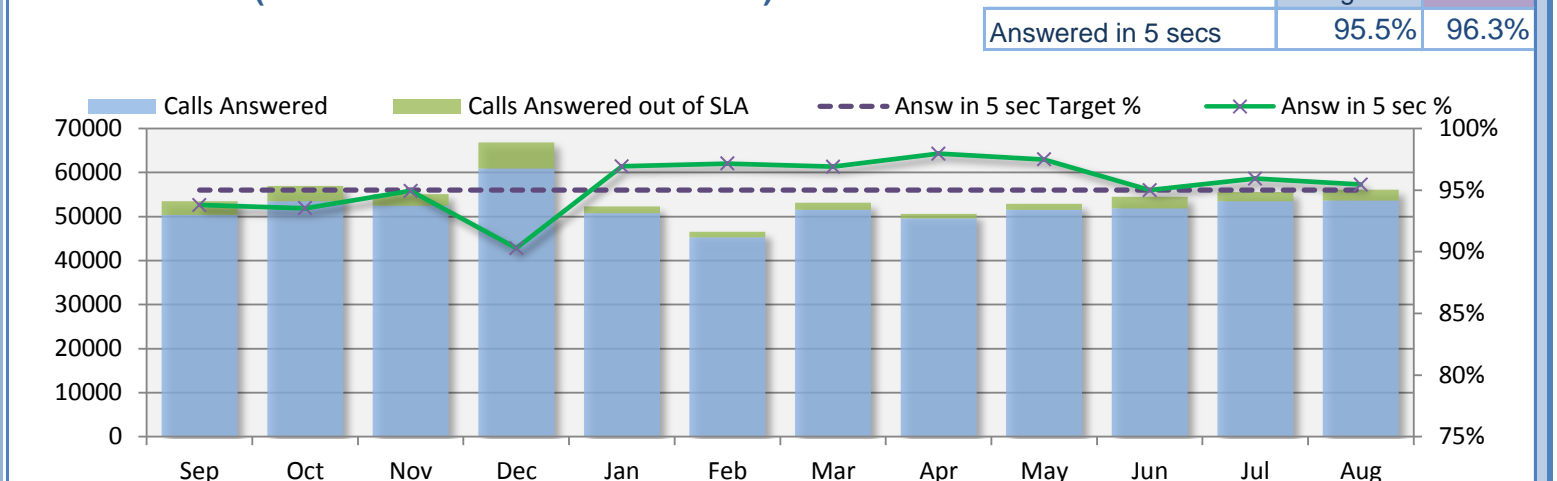


Service level is currently 1.8% higher YTD than 2014/15. Demand is 0.2% lower contributing to better service level results

Year to date comparison

YTD	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2015/16	260976	260195	250677	96.3%
2014/15	261498	260433	246192	94.5%
Variance	-0.2%	-0.1%	1.8%	1.8%

2. Performance (calls answered within 5 seconds)



Activity increased for the 5th month running. Answered in 5 seconds has now met target each month since the winter peak in December.

	Aug-15	YTD
Answered in 5 secs	95.5%	96.3%

3. Quality

	Aug	YTD
Serious Incidents (Rate Per 1000 Responses))	1 (0.01) ↓	5 (0.02)

There was one serious incident for August, year to date this now stands at 5.

Total Incidents (per 1000 calls)	Aug	YTD
	41 (0.6) ↓	227 (0.8)

60% of new incidents are patient related and 20% are staff related

Feedback	Aug	YTD
Complaints	27 ↑	76
Concerns	10 ↓	37
Comments	3 ↑	6
Service to Service	12 ↓	33
Compliments	0 ↔	0

Response within target time for Complaints and Concerns	Aug	YTD
	31%	31%

Outcome of Ombudsman Cases	Aug	YTD
Upheld	0	0
Not Upheld	0	1

4. Workforce

Aug-15	FT Equivalents			Available	
	FTE	Sickness (5%)	Absence (25%)	Total	%
Budget FTE	385	19.3	96	270	70%
Contracted FTE (before overtime)	355	17.7	89	248	70%
Variance	(30)	(1.5)	(8)		(7.8%)
% Variance	(7.8%)	(7.8%)	(7.8%)		
FTE worked inc overtime	380	21.5	93	265	70%
Variance	(5)	2.3	(3)		(1.6%)
% Variance	(1.3%)	11.7%	(3.2%)		

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

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

Key Points

Both actual FTE and absences were under budget for the month of August.

Sickness was 11.7% over budget which equates to 2.3 FTE.

5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
Directorate Position		(5,599)	(5,421)	178
CIPs		541	1,149	608

The directorate is £178k favourable to plan year to date due to staffing shortfall / savings on vacancies.

A1.2 Estates

Aug-15

1. Demand

2. Performance

To Be Developed

Key Points

Key Points

3. Quality

4. Staffing

Av. YTD Summary (FT Equivalents)

	FTE	Sickness	Absence	Available	
				Total	%
Budgeted					
Actual					
Variance					
% Variance					

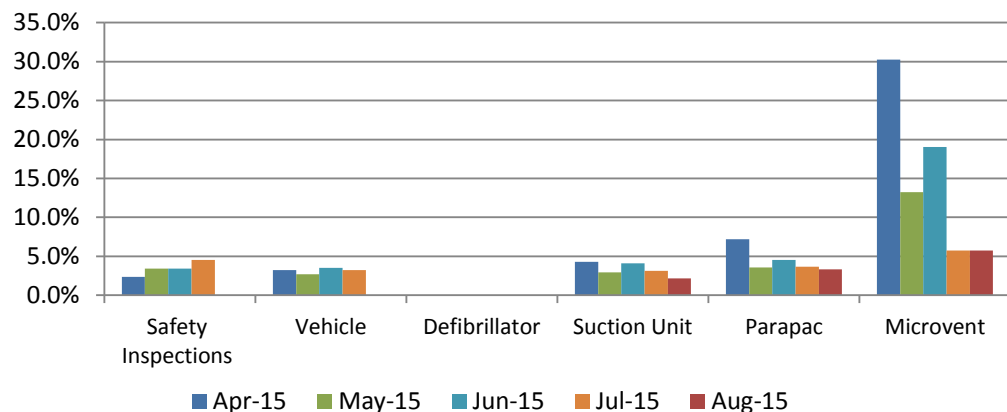
5. Finance

£000	YTD	YTD	YTD
	Plan	Actual	Variance
Directorate Position	(2,370)	(2,199)	171
CIPs	63	26	(37)

Commentary

The directorate is £171k favourable to plan year to date mainly due to vacancy levels.

1.1 Servicing - % of vehicles and equipment outside window



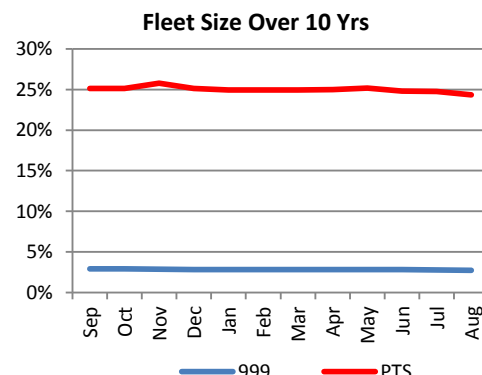
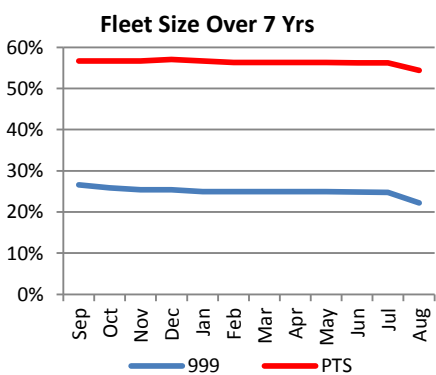
Key Points

Since Jan 2015 there has been an improvement in the number of vehicles serviced within the target window from a high of 5.9% in Jan to July 2014 at 3.2%. Microvent service breaches have reduced from 30.2% in April to 5.75% in July 2015.

	April	May	June	July	August	%	DOT
Safety Inspections	12	19	19	25		4.52%	↑
Vehicle Services	12	10	13	12		3.23%	↓
Defibrillator servicing	0	0	0	0	0	0.00%	
Suction Unit servicing	27	18	25	19	13	3.14%	↔
Parapac servicing	23	11	14	12	11	3.66%	↓
Microvent servicing	78	25	36	10	10	5.75%	↓

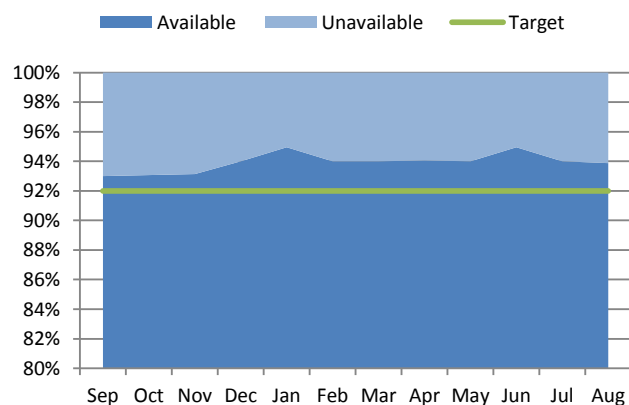
1.2 Vehicle Age (Vehicle >= 7 years old)

999	123	PTS	248	Total	371
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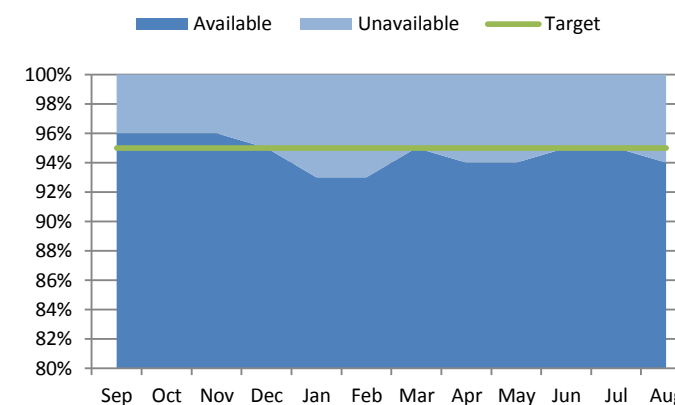


2. Performance

999 (Inc Support)



PTS



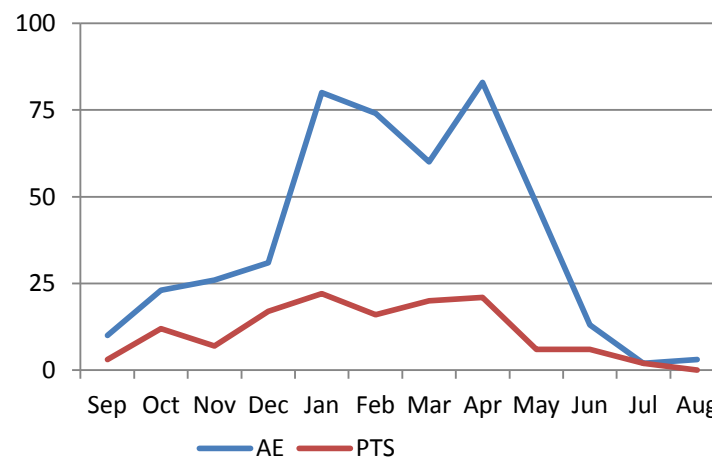
Key Points

Available vehicles continue to be above the target of 92%. Towards the end of 2014 there was an improvement in the number of vehicles that were available; this trend has continued through 2015. Further improvements in PTS should now be seen as new vehicles enter service.

3 Deep Clean

	April	May	June	July	July %	DOT
Vehicle Cleans within window	144	91	58	36	99.30%	↑

Vehicles Cleans (>8 Weeks after last clean)



Increased staffing level and VOR ability of vehicles has enabled deep clean improvement.

4. Staffing (Fleet Maintained Only)

YTD Summary (FT Equivalents)				Available	
	FTE	Sickness	Total	%	
Budgeted	100	5.0	95	95%	
Actual	93	6.7	86	93%	
Variance	(6)	2		-9%	
% Variance	-6%	+35%			

Key Points

Sickness levels within fleet Maintenance dropped to 7.2% in August from 8.6% in July.

5. Finance (YTD)

£000	Plan	Actual	Variance
Directorate Position	(9,563)	(9,578)	(15)
CIPs	309	462	153

The directorate is £(15)k adverse to plan year to date. This is mainly due to lower external to NHS / private income than planned and higher than anticipated maintenance costs to support operations.

Annex 2 Ambulance Quality Indicators - YAS

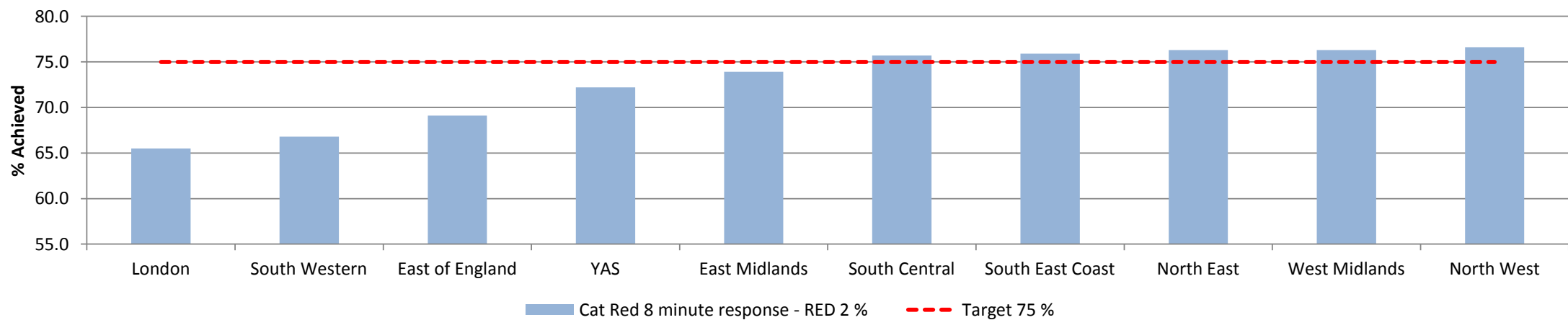
Indicator	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	YTD RANK (1 - 10)	YTD National Range (last month shown)		
Time to Answer (50%)	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	0:01	2	0:00	to	0:03
Time to Answer (95%)	0:22	0:19	0:21	0:26	0:20	0:35	0:19	0:19	0:19	0:18	0:18	0:19	0:19	8	0:02	to	0:42
Time to Answer (99%)	1:09	1:00	1:12	1:28	1:04	1:38	0:48	0:43	0:47	0:30	0:33	1:05	0:55	6	0:16	to	1:26
Abandoned calls	0.77	1.00	1.09	0.78	0.82	2.56	1.79	1.52	1.45	0.91	0.63	0.90	0.80	8	0.18	to	0.96
Cat Red 8 minute response - RED 1 (75%)	69.2	71.3	68.7	73.1	71.5	63.4	70.6	71.6	73.5	74.9	73.7	69.4	70.8	9	67.6	to	79.6
Cat Red 8 minute response - RED 2 (75%)	68.0	70.3	70.7	73.9	72.2	60.4	67.2	70.0	72.3	72.7	73.5	70.4	70.1	7	65.7	to	76.4
95 Percentile Red 1 only Response Time	14:35	14:15	13:51	13:26	13:29	16:09	13:47	13:21	13:29	12:56	13:05	13:53	13:44	4	11:43	to	17:42
Cat Red 19 minute response (95%)	95.1	96.1	96.5	96.8	96.6	92.5	95.2	96.2	96.3	96.2	96.3	95.3	95.3	2	91.5	to	97.5
Time to Treat (50%)	6:02	5:56	5:51	5:36	6:07	7:15	6:56	6:19	6:07	5:44	5:38	5:54	5:51	4	5:54	to	8:23
Time to Treat (95%)	16:15	15:32	15:05	14:09	15:48	19:57	17:17	15:57	15:49	14:24	14:12	15:03	15:04	2	15:29	to	24:06
Time to Treat (99%)	25:50	23:22	22:49	21:59	24:34	32:35	26:35	24:26	24:13	21:26	21:34	22:40	22:30	2	23:40	to	44:16
STEMI - Care	85.0	82.3	80.7	85.5	80.2	80.7	89.4	89.2	75.8	86.0				2	47.6	to	90.1
Stroke - Care	98.0	98.2	98.1	97.5	97.8	98.9	98.1	99.1	97.9	98.2				2	94.3	to	98.8
Frequent caller *	2.71	2.19	2.09	2.38	2.33	2.79	3.03	2.10	2.50	1.63	1.49	1.90	1.51	9	0.25	to	2.24
Resolved by telephone	5.7	4.9	4.4	7.2	9.8	12.1	9.4	9.6	10.2	9.7	9.9	8.8	8.1	5	5.0	to	13.9
Non A&E	34.1	34.2	32.6	32.8	31.8	32.8	32.0	31.7	30.9	31.2	31.3	31.6	32.5	7	30.4	to	52.6
STEMI - 150	95.6	87.2	81.7	87.4	85.6	81.8	79.3	79.8	80.0	79.8				8	75.8	to	92.9
Stroke - 60	59.7	57.3	53.9	54.0	54.7	44.8	58.6	57.7	57.3	57.0				6	31.7	to	69.6
ROSC	23.2	27.8	25.4	23.5	28.9	21.9	21.4	23.8	20.3	28.4				4	20.8	to	35.7
ROSC - Utstein	48.0	46.7	50.0	58.1	57.7	48.4	50.0	67.9	56.7	69.2				1	38.9	to	69.2
Cardiac - STD	13.3	10.9	11.0	11.3	15.4	9.7	7.9	12.4	11.1	8.2				6	4.4	to	11.1
Cardiac - STD Utstein	45.5	29.2	29.4	36.7	40.0	40.7	40.0	54.2	46.7	45.5				1	16.7	to	45.5
Recontact 24hrs Telephone	10.2	8.5	8.2	8.5	8.4	8.2	3.1	3.2	4.0	1.7	1.8	1.5	1.5	1	1.6	to	14.8
Recontact 24hrs on Scene	3.9	3.7	3.7	3.4	3.5	3.6	3.9	3.4	3.5	3.3	3.5	3.2	3.0	1	3.3	to	8.1

Comments:- AQI's remain constant with the bottom third remaining consistent with the exception of ROSC which is now in the top third. A recruitment plan is in place to improve staffing levels within the EOC to improve the time taken to answer calls and to reduce the number of calls abandoned. The Trust continues to concentrate on improving the Survival to Discharge.

Annex 3 National Benchmarking - Year to Date

Aug-15

Ambulance Quality Indicator (A&E)	Target	Units	East Midlands	East of England	London	North East	North West	South Central	South East Coast	South Western	West Midlands	YAS	RANK (1-10)	YTD
Time to Answer - 50%		mm:ss	0:02	0:01	0:00	0:01	0:01	0:03	0:03	0:02	0:01	0:01	2	July
Time to Answer - 95%		mm:ss	0:06	0:04	0:02	0:42	0:03	0:10	0:23	0:16	0:03	0:19	8	July
Time to Answer - 99%		mm:ss	0:35	0:16	0:37	1:26	0:30	1:18	1:04	1:00	0:27	0:46	6	July
Abandoned calls		%	0.18	0.37	0.30	0.96	0.39	0.93	0.62	0.70	0.44	0.80	8	July
Cat Red 8 minute response - RED 1	75%	%	75.3	77.6	67.6	75.5	77.9	73.3	74.0	76.1	79.6	72.2	9	July
Cat Red 8 minute response - RED 2	75%	%	73.0	67.4	65.7	76.0	76.4	74.5	75.2	66.7	76.2	71.7	7	July
95 Percentile Red 1 only Response Time		mm:ss	13:31	14:06	17:42	13:15	13:07	14:15	14:22	14:03	11:43	13:26	4	July
Cat Red 19 minute response	95%	%	93.3	93.4	93.9	95.4	95.0	94.7	95.4	91.5	97.5	95.8	2	July
Time to Treat - 50%		mm:ss	8:23	6:47	6:49	6:18	6:13	6:01	5:54	7:15	5:55	6:06	4	July
Time to Treat - 95%		mm:ss	16:27	20:56	18:33	20:15	21:12	19:17	18:54	24:06	15:29	15:50	2	July
Time to Treat - 99%		mm:ss	25:56	32:01	33:15	33:38	44:16	31:48	28:20	39:20	23:40	24:19	2	July
STEMI - Care		%	70.5	84.5	66.8	90.1	82.0	47.6	68.0	85.5	62.7	86.0	2	April
Stroke - Care		%	98.0	96.5	97.4	97.9	-	98.8	98.1	98.0	94.3	98.2	2	April
Frequent caller *		%	0.27	0.31	1.26	0.25	0.78	2.24				1.63	9	July
Resolved by telephone		%	8.4	6.1	13.9	6.3	10.4	6.6	11.1	12.3	5.0	9.1	5	July
Non A&E		%	30.4	41.0	34.2	31.0	30.4	42.1	43.7	52.6	37.5	31.7	7	July
STEMI - 150		%	92.9	87.5	87.4	81.5	88.0	91.7	91.3	75.8	77.4	79.8	8	April
Stroke - 60		%	63.0	62.4	61.1	69.6	-	56.3	64.1	50.9	31.7	57.0	6	April
ROSC		%	24.4	24.4	32.7	20.8	35.7	27.8	22.0	27.0	29.8	28.4	4	April
ROSC - Utstein		%	63.0	38.9	63.8	54.5	63.6	41.9	39.4	47.5	54.3	69.2	1	April
Cardiac - STD		%	4.4	6.8	8.9	5.1	9.4	11.1	6.7	9.0	9.0	8.2	6	April
Cardiac - STD Utstein		%	22.7	23.5	37.7	37.5	21.1	17.9	16.7	27.5	37.1	45.5	1	April
Recontact 24hrs Telephone		%	6.9	11.2	2.7	14.8	4.6	11.8	8.4	13.6	11.8	1.6	1	July
Recontact 24hrs on Scene		%	4.8	5.9	8.1	5.0	4.1	5.0	4.2	5.8	5.7	3.3	1	July



Annex 4 Local Benchmarking

Aug-15

	Accident and Emergency								111		PTS	
	Total Responses	%	Red 1		Red 2		Green 1	Green 2	Referred to 999	% v Adastra Records	% of patients delivered 0 to 120 mins before appt.	% of patients collected within 90 mins of being declared ready after appt.
			No. Of Responses	% in 8 Mins	No. Of Responses	% in 8 Mins	G1 20 Minute Response	G2 30 Minute Response				
YAS	60479	100.0%	1647	68.7%	23799	70.0%	82.1%	74.0%	9700	9.4%	84.9%	91.0%
NHS Airedale Wharfedale and Craven CCG	1646	2.7%	52	61.5%	585	55.8%	82.1%	69.6%	225	8.2%	88.6%	91.8%
NHS Barnsley CCG	2686	4.4%	74	67.5%	1054	69.6%	86.5%	79.0%	459	9.9%	88.6%	88.7%
NHS Bradford City CCG	1516	2.5%	50	82.0%	705	75.1%	79.4%	71.2%	236	6.9%	88.6%	90.5%
NHS Bradford Districts CCG	3640	6.0%	100	65.3%	1652	64.3%	77.8%	63.8%	713	8.4%	89.5%	90.0%
NHS Calderdale CCG	2360	3.9%	81	74.1%	897	72.0%	80.8%	71.6%	388	9.8%	88.0%	91.7%
NHS Doncaster CCG	3862	6.4%	113	67.3%	1480	64.6%	83.9%	78.1%	283	8.2%	86.8%	87.5%
NHS East Riding of Yorkshire CCG	3678	6.1%	93	54.8%	1510	62.7%	72.7%	66.2%	558	13.1%	74.3%	86.8%
NHS Greater Huddersfield CCG	2542	4.2%	84	71.4%	1006	67.5%	83.8%	72.4%	406	9.1%	85.8%	94.1%
NHS Hambleton Richmondshire and Wharfedale CCG	1648	2.7%	53	58.5%	576	65.1%	78.6%	80.3%	258	11.1%	87.2%	91.6%
NHS Harrogate and Rural District CCG	1603	2.7%	34	73.5%	581	70.1%	87.7%	83.0%	224	8.2%	81.0%	94.1%
NHS Hull CCG	3765	6.2%	115	68.7%	1650	74.8%	77.2%	64.7%	588	11.3%	83.6%	90.1%
NHS Leeds North CCG	2056	3.4%	38	57.9%	824	67.6%	79.7%	71.6%	283	7.6%	81.5%	91.2%
NHS Leeds South and East CCG	3862	6.4%	129	77.5%	1592	78.1%	84.4%	75.5%	521	9.0%	82.4%	88.1%
NHS Leeds West CCG	3236	5.4%	70	72.9%	1256	65.8%	84.0%	74.5%	536	8.7%	83.2%	89.3%
NHS North Kirklees CCG	1977	3.3%	56	71.4%	777	69.5%	82.5%	73.3%	310	9.1%	89.2%	94.9%
NHS Rotherham CCG	3034	5.0%	68	60.3%	1296	67.7%	82.9%	74.8%	451	10.1%	90.0%	93.3%
NHS Scarborough and Ryedale CCG	1685	2.8%	57	75.4%	621	76.3%	75.9%	77.1%	230	10.4%	75.9%	88.6%
NHS Sheffield CCG	6481	10.7%	156	71.8%	2436	76.7%	85.4%	74.5%	852	10.1%	83.1%	87.3%
NHS Vale of York CCG	3337	5.5%	74	66.7%	1309	73.5%	82.5%	81.6%	595	10.4%	89.0%	90.8%
NHS Wakefield CCG	4228	7.0%	128	71.3%	1559	71.8%	91.1%	77.5%	651	10.2%	90.5%	97.8%