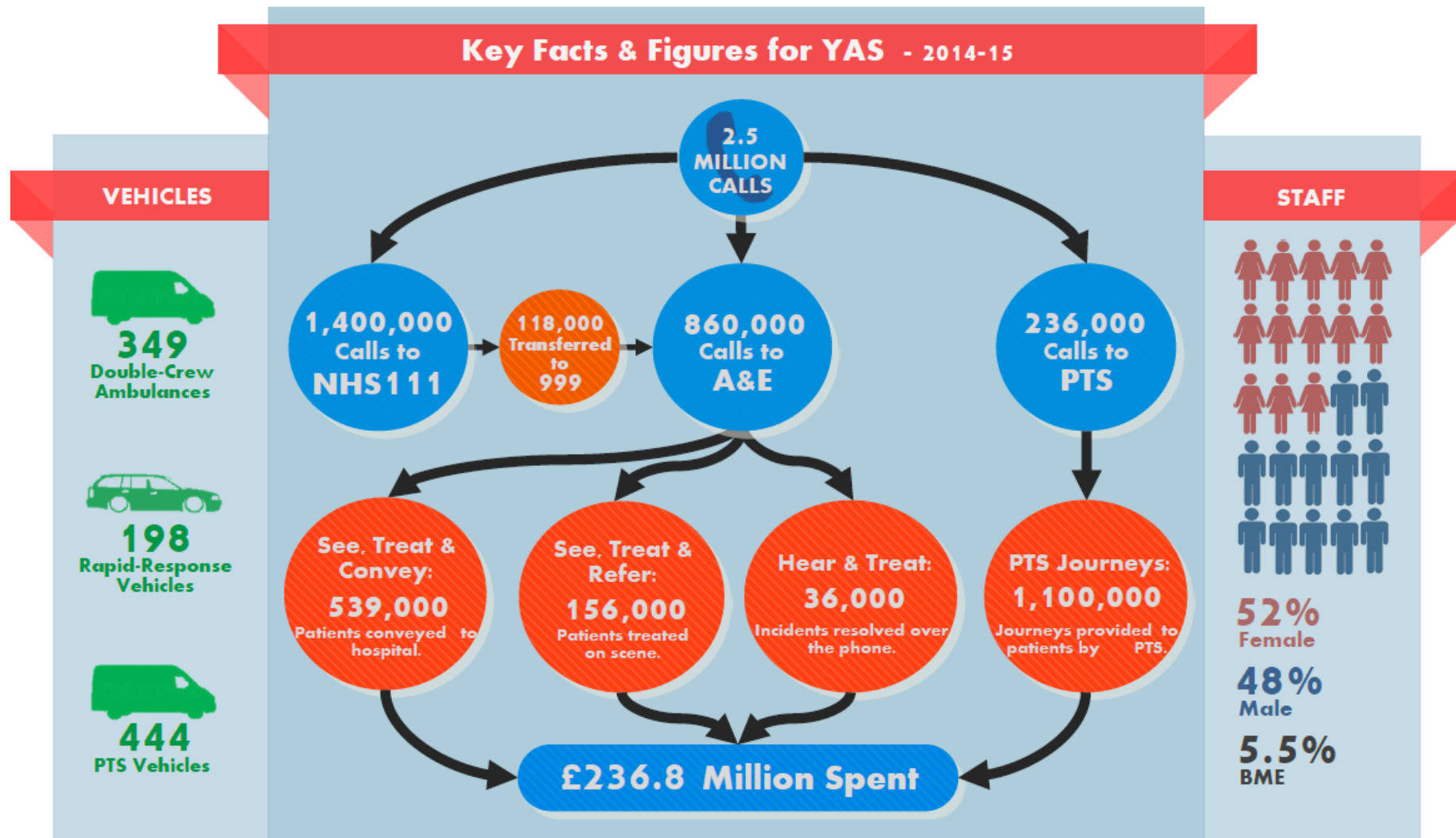




## Integrated Performance Report – October 2015

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# 1. IPR Compendium (2014-15 Key Facts)



## 2. IPR Exec Summary – October 2015

The following summary highlights exceptions with further detail provided in an information pack attached. Main Service Lines:

- **111 calls** remain above contracted for October (4.5% - 5,181 calls). For calls answered in 60 seconds given increased demand the performance is below 90% for the second month in succession. Cumulative YTD is now 92.9% (95% target).  
111 referral rate to 999 is performing well (below 10%) and indeed has further improved reducing 0.6% to 7.7%
- **A&E Contracted Activity/Responses**
- **999 Calls** have remained stable in October at 3%, slightly lower (2,187) than planned (Note supporting 111 service calls are up +5,181).
- **Hear & Treat (H&T)** is below plan in the month however YAS are effectively managing significantly more calls YTD (33.7% up on plan). This has positively reduced ambulance responses. This helps to make more resource available to other and particularly critical Red calls.
- **The STR activity** is lower than planned mainly due to the increased use of UCPs and the success of the investment schemes (111, Mental Health and Frequent Callers) aimed at reducing ambulance responses.
- **A&E Responses at scene** (At least 1 vehicle arriving at scene) were significantly up on plan by 4.5%. In spite of this and with lower than expected Unit hours available Red 1 & 2 required ambulance response performance continued to improve in October. This demonstrates continued A&E service efficiency. Red responses for Oct 2015 make up 45.2% (40.9% Oct 2014) of all responses, increasing the pressure on the 8 minute response due to extended job cycle times.
- **999 Performance** for responses arrived within 8 minutes continues to be below both 75% targets. Both targets for Red 1 (achieved 8m 12s) and Red 2 (achieved 8m 24s) categories have improved this month compared to Sept.
- **PTS –Performance** - October has increased across all CCG contract areas, the highest increase in Core KPIs is across South Yorkshire - KPI 2 inward + 3.7% and KPI 3 outward +5.6% .Journey's delivered Yorkshire & Humber wide is negative to 14/15 plan by (7.7%). Call taking has seen significant improvement at 86.5% calls answered within 3 mins due to increased staffing levels.

111 Headline Metric	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
<b>Call Answered</b>	<b>116,410</b>	<b>121,591</b>	<b>5,181</b>	<b>4.5%</b>	<b>810,103</b>	<b>849,503</b>	<b>39,400</b>	<b>4.9%</b>
Calls Answered (60 Secs)	110,590	107,765	(2,825)	(2.6%)	769,598	789,079	19,481	2.5%
999 Referral Numbers		9,367				66,317		
999 Referral Rate		7.7%				7.8%		

A&E Contract (CCG R&G Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
<b>Calls (Demand)</b>	<b>71,983</b>	<b>69,796</b>	<b>(2,187)</b>	<b>(3.0%)</b>	<b>494,255</b>	<b>478,599</b>	<b>(15,656)</b>	<b>(3.2%)</b>
<b>Hear and Treat (H&amp;T)</b>	<b>3,030</b>	<b>2,816</b>	<b>(214)</b>	<b>(7.1%)</b>	<b>16,884</b>	<b>22,566</b>	<b>5,682</b>	<b>33.7%</b>
See, Treat and Refer (STR)	13,457	12,218	(1,239)	(9.2%)	93,062	84,292	(8,770)	(9.4%)
UCP Demand (STR)		1,108	1,108			7,442	7,442	
<b>All STR inc UCP</b>	<b>13,457</b>	<b>13,326</b>	<b>(131)</b>	<b>(1.0%)</b>	<b>93,062</b>	<b>91,734</b>	<b>(1,328)</b>	<b>(1.4%)</b>
<b>See, Treat and Convey (STC)</b>	<b>45,605</b>	<b>44,228</b>	<b>(1,377)</b>	<b>(3.0%)</b>	<b>313,668</b>	<b>299,283</b>	<b>(14,385)</b>	<b>(4.6%)</b>

A&E Ambulance Response Metric	Contract	Oct	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Red Responses (STR+STC) Ex OOA	24,943	26,072	1,129	4.5%	171,176	170,136	(1,040)	(0.6%)
Red 1 Performance	75%	73.7%			75%	71.6%		
Red 2 Performance	75%	72.5%			75%	71.6%		
Green Responses	34,119	30,351	(3768)	(11%)	23,585	213,358	(22227)	(9%)
Red to Green Ratio	42.1%	45.8%		3.7%	42.2%	44.4%		2.2%

PTS Headline Metric	Contract	Oct	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
<b>PTS Demand</b>	<b>75867</b>	<b>68,263</b>	<b>(7604 )</b>	<b>(10.0%)</b>	<b>518,617</b>	<b>478,622</b>	<b>(39995)</b>	<b>(7.7%)</b>
Inbound Journeys	82.9%	83.3%			82.9%	84.10%		
Outbound Journeys	91.7%	90.2%			92.7%	90.50%		

## Support Services

- **Finance:** The Trust submitted a revised financial plan to the NHS TDA in September in line with other Trusts nationally. Against this revised plan the Trust has a cumulative surplus as at the end of (M7) October of £2.4m vs. Plan £1.9m, a positive variance of £0.56m.
- **Workforce:** Sickness absence remains above the Trust target of 5%. The figure of 5.69% is a slight improvement from September and is an improvement on the same period last year.
- **Complaints, concerns and comments** decreased in October 2015, 246 (0.08% of incidents) compared to September 2015 342 (0.11%). Acknowledgement times were marginally lower in October at 98.1% (acknowledged within 3 days) compared to September 98.2%.
- **Safeguarding compliance** has increased in October compared to September and all measures remain above 80%.
- **Incident reporting** overall has increased slightly in September with 40 more incidents in October compared to September, although the proportion of incidents with moderate and above harm at 5% is lower than the September figure which is positive news.
- **Clinical:** YAS rank second out of Ten Ambulance Trusts in 3 out of the 4 Cardiac Arrests measures Year to date.
- **EOC:** Work is ongoing to review call answer times within 5 seconds in the early hours with a view to improving performance. October was above the 95% target at 95.6%

## **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 71.8% [8m 12s] and Red 2 [8m 24s] is 72.3%)

**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 clarified. Further progress has been made with revisions to current schemes and development of a number of mitigating schemes.

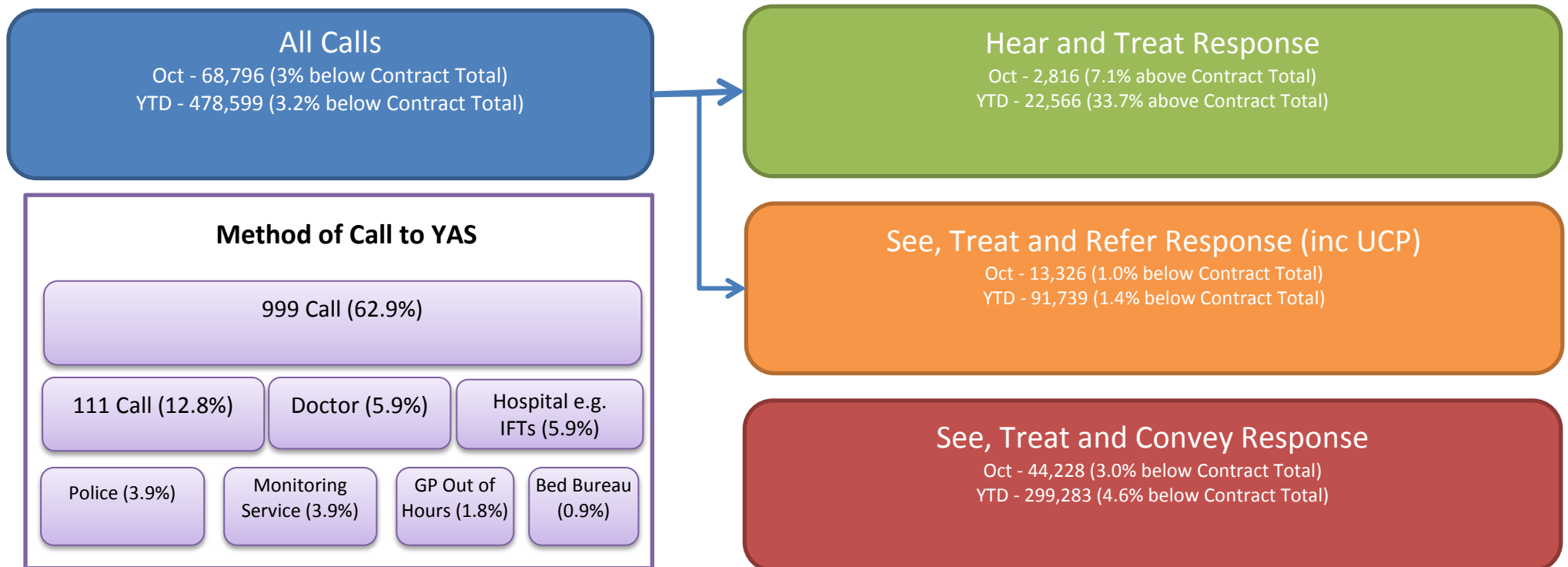
**CQUINS:** Majority of CQUINS are on track to deliver. A Red risk on paramedic pathfinder is due to data capture challenges on the paramedic pathfinder tool. In recognition that Clinical Quality is being enhanced a request for a contract variation is currently in draft following discussion with commissioners.

## Demand and Performance – A&E

**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 (999 Calls) overall in October was below plan however the gap between the planned YAS activity has reduced YTD (plan predicted based on Feb 2015 forecast with 3.8% growth). Calls remain 3.2% less than contracted YTD compared to September YTD. The contract has 3 key categories of response with varying prices across these categories. Hear & Treat - YAS are triaging more calls (33.7% YTD) than contracted whereas the other categories are all under contract levels at this point for 2015-16. Activity involving ambulances that have arrived at scene (responses) has not grown as much as previous years due to various internal factors including a reduced referral rate from 111, and increased use of the clinical hub for triaged calls. Fewer calls are being conveyed to hospital by either being resolved over the phone or dealt with on scene. Other factors also affect demand such as weather patterns and take-up of out of hours services. Note Red Demand as a % of Calls remains above plan (see below).



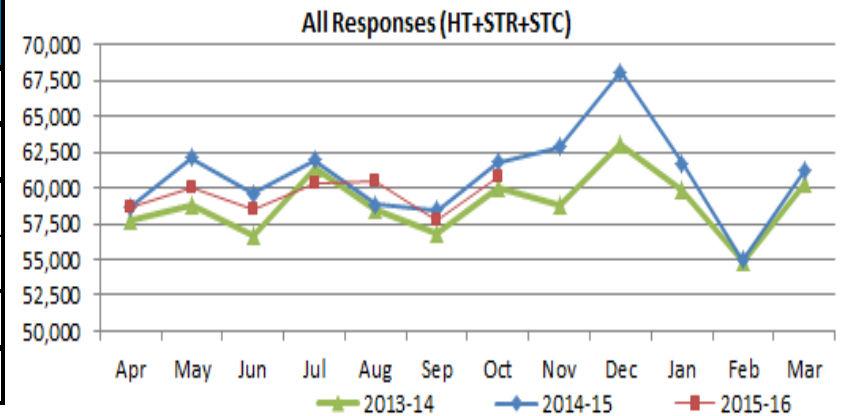
- Note: 111 referral rate has reduced to 7.7% in October from 8.5% 2015-16 baseline; however call volumes have increased leading to more referrals than last year. So far this year 111 have transferred 66,436 calls for an ambulance response, an increase of 2,065 comparing April to October 2014.

## Demand and Performance – A&E

### Contract by PBR categories

	Actual Oct	Plan Oct	Var Oct	Var % Oct	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls (CCGs only, excludes out of area)	69,796 ↓	71,983	(2187)	(3.0%)	478,599 ↓	494,298	(15699)	(3.2%)
Hear and Treat (Triage)	2,816 ↓	3,030	(214)	(7.1%)	22,566 ↑	16,879	5687	33.7%
See, Treat & Refer	12,218 ↓	13,457	(1239)	(9.2%)	84,297 ↓	93,047	(8750)	(9.4%)
See, Treat & Refer (UCP)	1,108	0	1047	N/A	7,442	0	7442	N/A
See, Treat & Refer Total	13,326 ↓	13,457	(131)	(1.0%)	91,739 ↓	93,047	(1308)	(1.4%)
See, Treat and Convey Total	44,228 ↓	45,605	(1377)	(3.0%)	299,283 ↓	313,714	(14431)	(4.6%)

\* 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 than planned performance for responses categorised as the most life threatening (Red 1&2) did not reach the target of 75% in October. However, performance in October 2015 was higher than September 2015 and higher than October 2014 for Red1 with average resource hours available up compared to September.

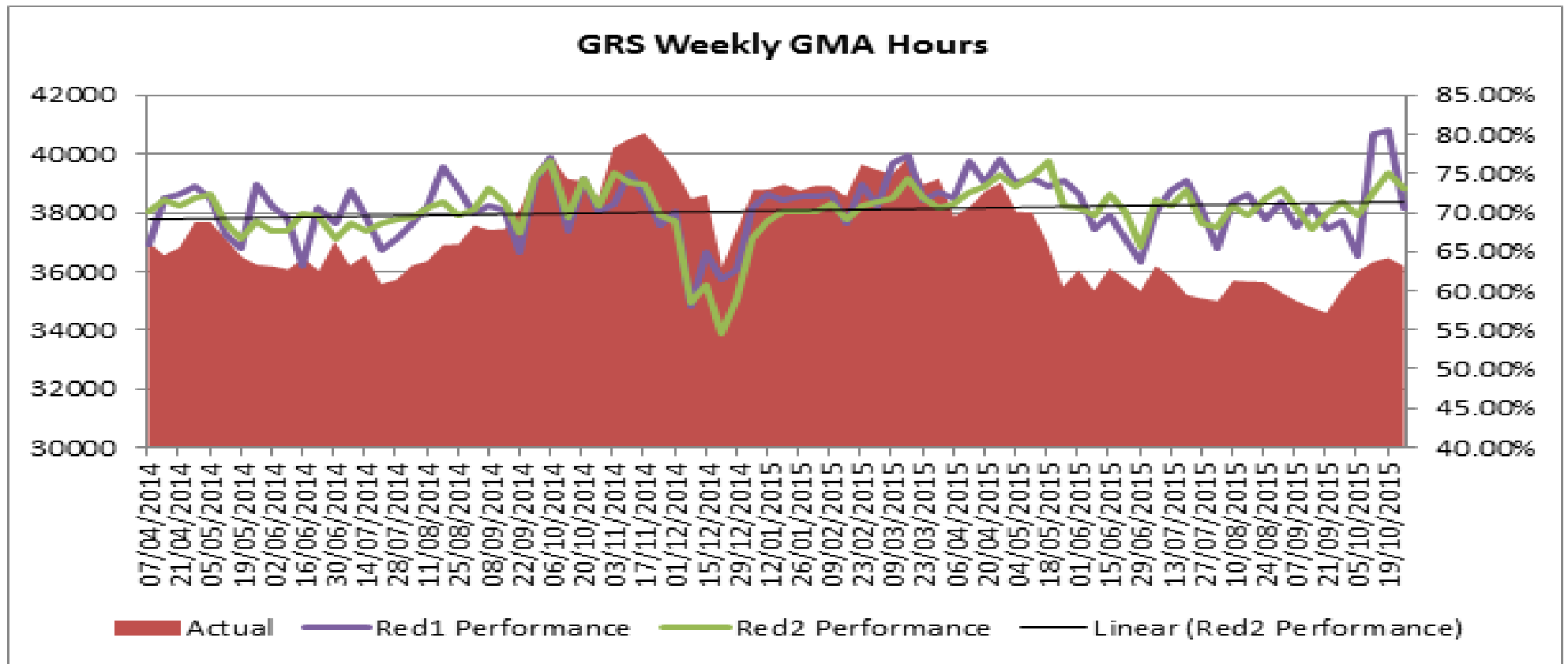
Red responses for October 2015 now make up 45.2% of all responses, increasing the pressure on the 8 minute response times due to extended job cycle times. YAS is the highest nationally in terms of red demand ratio.

October	Month Actual	Previous Month	Same Month Last Year	Target
Red 1 Performance	73.7%	↑ 70.1%	↑ 73.1%	↓ 75.0%
Red 2 Performance	72.5%	↑ 70.4%	↓ 73.9%	↓ 75.0%
Red 1 Responses (Arrived Scene)	1,807	↑ 1,567	↑ 1,704	
Red 2 Responses (Arrived Scene)	24,769	↑ 23,290	↑ 22,984	
Total Responses (Arrived Scene)	57,974	↓ 57,255	↓ 56,664	
Red Ratio	45.8%	↑ 44.4%	↑ 40.9%	
Daily Average Resource Vehicle (GMA) Hours	5,162	↑ 4,995	↓ 5,612	

## Demand and Performance – A&E

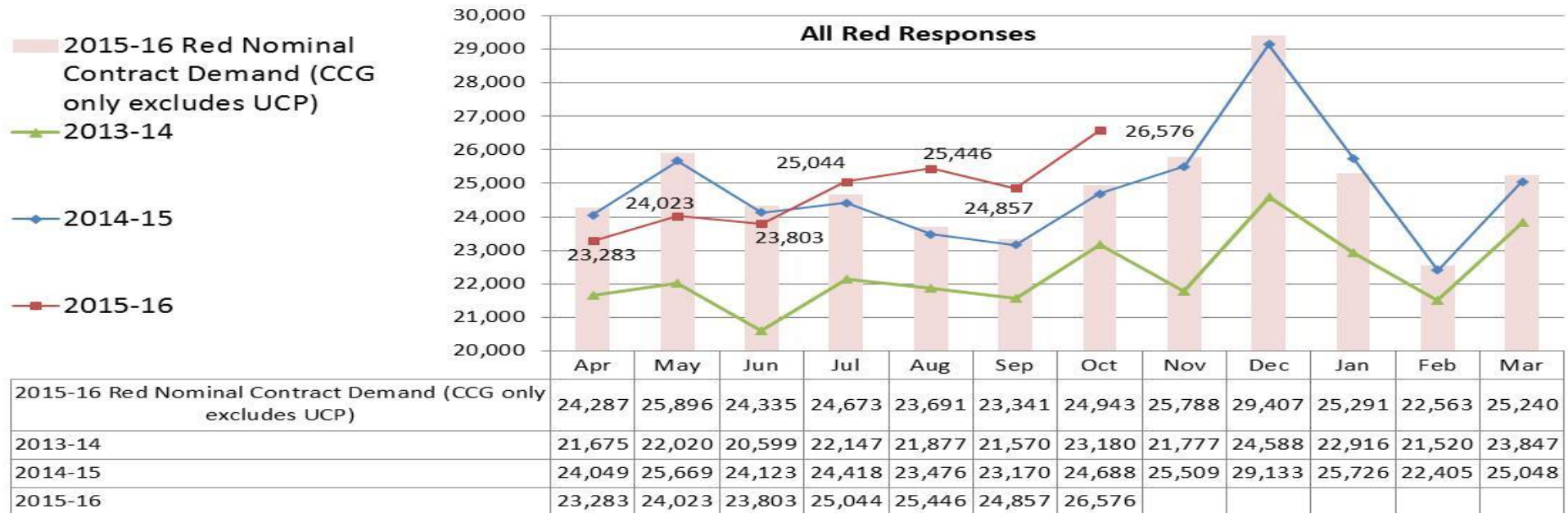
The drop in resource hours available was due to increasing vacancies and a reduction in the amount of hours taken up through overtime. Other abstractions in particular training also increased.

Current Abstraction rates are around 34% increasing the pressure on the service as anticipated levels should be around 31%. To make up the gap more overtime was used than planned (9.5% compared to 7.5%). Due to some of these factors YAS put out 235 fewer unit hours per day than originally planned impacting on our ability to hit targets.

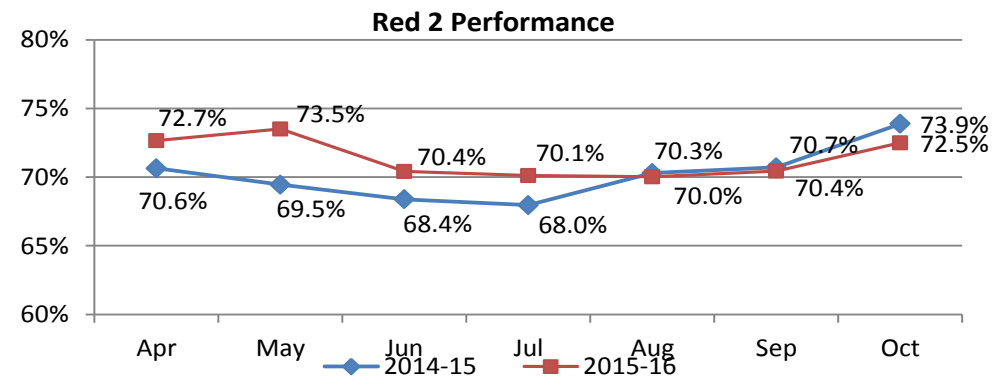
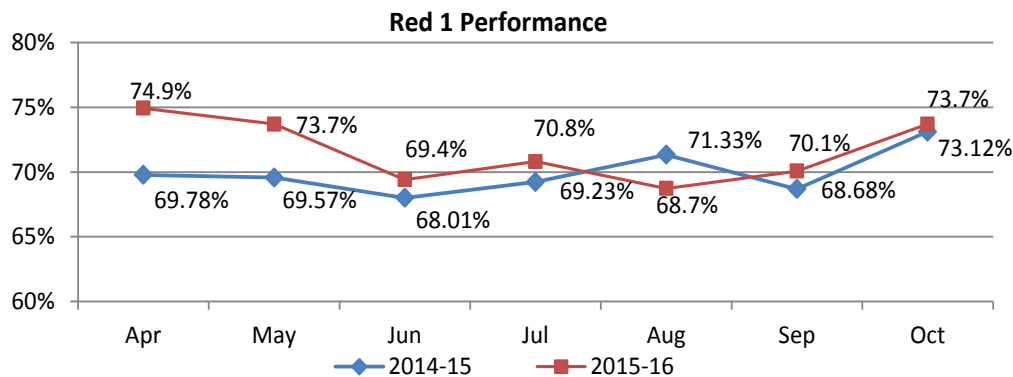




## Demand and Performance – A&E



- Red1 - 23 Jobs (0.75 per day) above updated trajectory target at 73.6%. Red 1 responses were up by 6% compared to October 2014.
  - 75% of patients were seen within 8 minutes and 12 seconds, this was 17 seconds quicker than in September. 95% of patients were seen within 13 minutes and 34 seconds, this was an improvement of 1 minute and 29 seconds.
- Red2 – 619 jobs (20 per day) short of updated trajectory target at 70.4%. Red 2 responses were up by 7.8% compared to October 2014.
  - 75% of patients were seen within 8 minutes and 24 seconds, this was 17 seconds quicker than in September. 95% of patients were seen within 14 minutes and 22 seconds, this was an improvement of 48 Seconds.



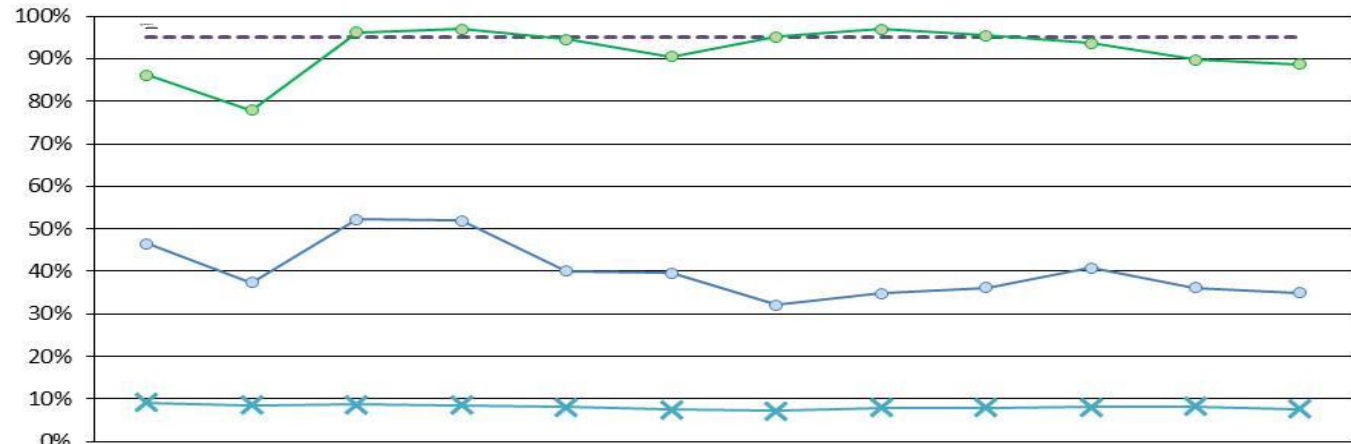


## Demand and Performance – NHS 111

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

### NHS 111 Key Indicators for Performance

YTD Answered calls are 10.1% (77,976) up on last year volumes versus a contracted growth of 5%. Year on Year there's been a 7.6% (55,808) increase in calls answered in 60 seconds.



	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
--- Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
● Ans in 60 secs %	86.1%	77.9%	96.2%	97.0%	94.5%	90.5%	95.1%	97.0%	95.5%	93.6%	89.8%	88.6%
✕ Referred to 999 %	9.1%	8.5%	8.6%	8.6%	8.1%	7.6%	7.3%	8.0%	7.9%	8.1%	8.3%	7.7%
● Warm Transferred Or Called back in 10mins (%)	46.6%	37.3%	52.2%	52.0%	40.0%	39.6%	32.1%	34.8%	36.2%	40.9%	36.2%	35.0%

With calls answered demand running at 5.2% (42,411 calls) above the level funded within the contract key KPI's have fallen and a capacity review has been requested with commissioners in order to ensure patient care can be maintained. A reminder notice may be issued in November.

Notwithstanding 111 referrals to 999 increasing in absolute terms by 288 on previous month, the referral rate % has dropped 0.6% to 7.7%. Year to date the referral rate stands at 7.8% versus the 2014/15 outturn of 8.5%. Data gathered during October outlines that 687 patients who may otherwise have had a G2/G4 ambulance outcome were managed to another more appropriate clinical outcome as a result of clinical intervention.

Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 6% below budgeted for October. Available time was 9.2% under planned, largely due to 20 FTE in induction training throughout the month.

# Demand and Performance - PTS

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

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

All CCG areas have seen an improvement in both inward and outward journey performance for October with South Yorkshire seeing the highest gains.

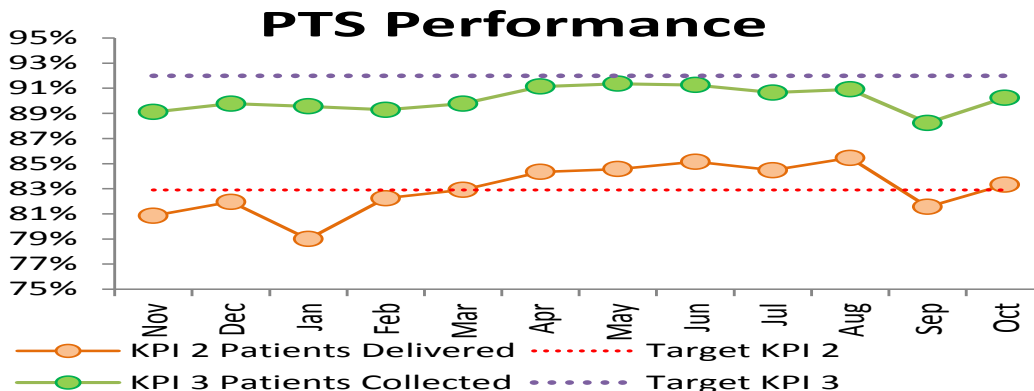
West Yorkshire KPI 2 (Inward) achieved target, KPI 3 (Outward) narrowly missed target by 0.8% both KPIs remain on target for YTD.

East Yorkshire KPI 2 (Inward) and KPI 3 (Outward) achieved target, both targets remains in strong YTD position.

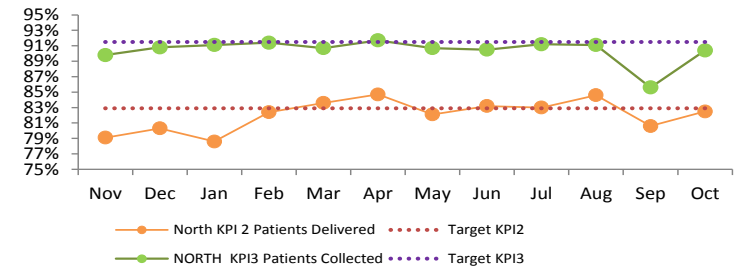
North Yorkshire KPI 2 (Inward) achieved target, KPI 3 (Outward) narrowly missed target by 0.6%, and both targets remain in strong YTD position.

South Yorkshire KPI 2 (Inward) improved by +6% and KPI 3 (Outward) +3.7% from September. A performance action plan to bring performance back on track has been approved by South CCG.

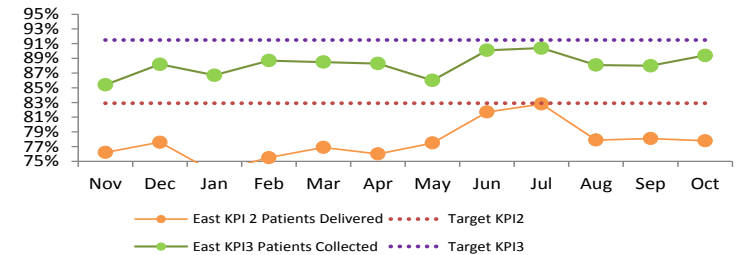
Sickness absence = 5.4% - Quality – Booking Line - calls answered has seen a significant improvement (86.5% Oct) since August.



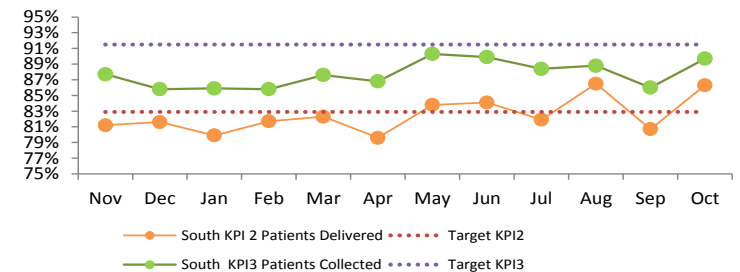
## PTS Performance North



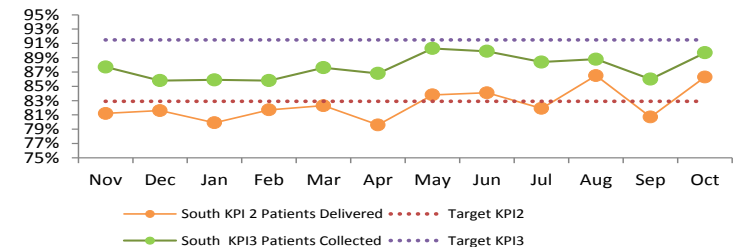
## PTS Performance East



## PTS Performance South



## PTS Performance West



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

There has been a decrease 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 an increase in October (84%) compared to September (75%), the average response time has increased from 23 to 26 days.

**Incident reporting** with a severity of Moderate and above represent 5% of incidents reported in October, a reduction since September. Incidents in the category of no harm represent 61.3% of the total number of incidents in October, which remains consistent with previous reports.

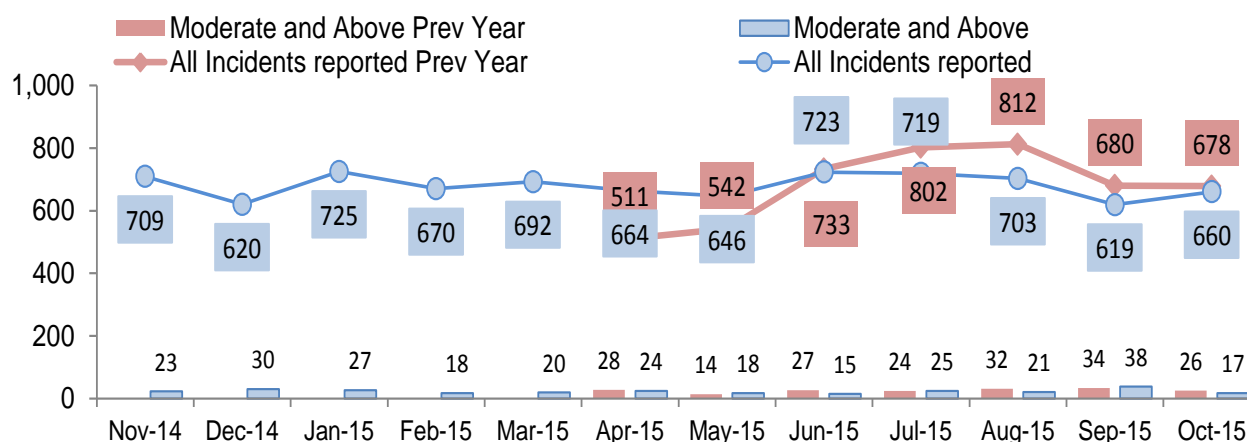
Incidents Reported and Level of Harm

A&E Ops remains the highest reporting area reporting 67.3% of all incidents, again reflective of previous months. The top 5 coded categories in A&E Ops consistent with previous months are Vehicle-Related, Response-Related, Violence and Aggression, Medical Devices and Moving and Handling.

**Patient related incidents**, both clinical and non-clinical, make up 31% of all reported incidents which is consistent with previous months.

The top three categories of patient-related incidents are response-related, Care-pathway and medical equipment related.

Patient-related Incidents graded no harm or minor harm represents 94% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.



**Friends and family Test** – results for July (latest reporting) 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.

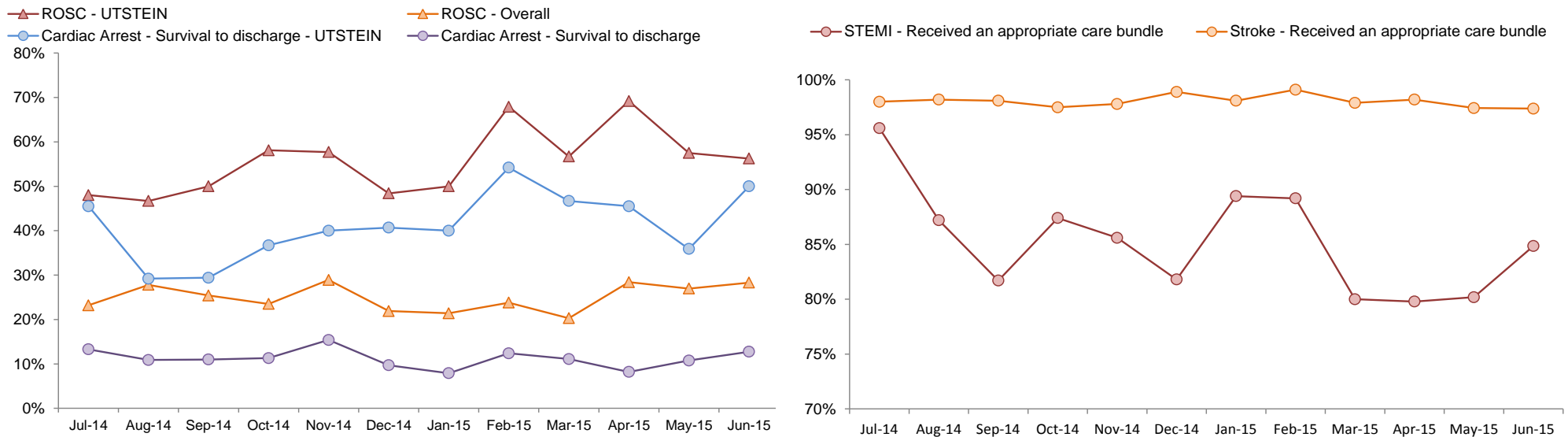
**Safeguarding training** compliance is consistent with last month. All 3 measures remain above 80%.

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

**IPC Audits** – Compliance in October was above 96% for Hand Hygiene, Premises and Vehicle audit completion.

## 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 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. However, the general trend of improvement in Return Of Spontaneous Circulation (ROSC) has been maintained with a middle third trust performance. The overall Survival to Discharge is improving however, the trend of the survival to discharge in the UTSTEIN group requires note in that the numbers of cases are small resulting in variability.

**ACQIs:** YAS is now in the top third in 12 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 regrettably is adversely affected by clinicians not recording a second pain score following administration of analgesia.

## Workforce (Lead Director: Executive Director of People and Engagement – Vacant: Nominated lead Associate Director of Human Resources – David Smithson)

### Sickness Absence

The sickness absence rate for October 2015 stands at 5.69% a slight improvement from the previous month. This compares favourably to the same period last year when it stood at 6.62%. The 12 month figure stands at 5.86% compared to the 6.49% for previous 12 months.

### Statutory & Mandatory Training & PDR Compliance

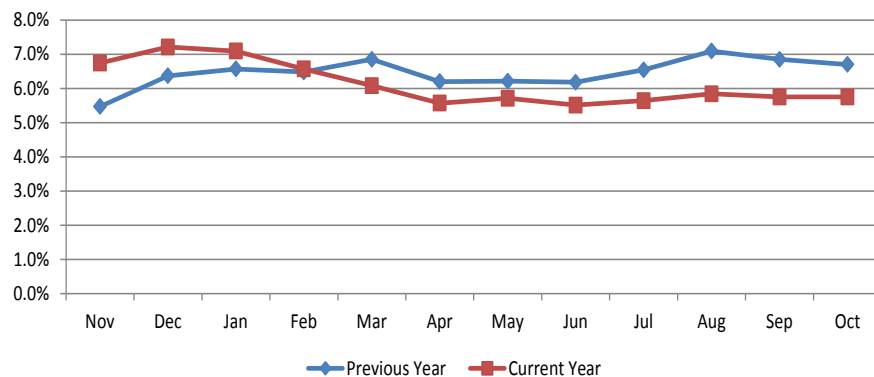
Current PDR performance stands at 76.84% against a target of 80% which is a slight deterioration since last month. However compliance has improved by 12% over the last 12 months.

Mandatory Training Workbook compliance remains at 88.1%. New updated workbooks will be issued imminently.

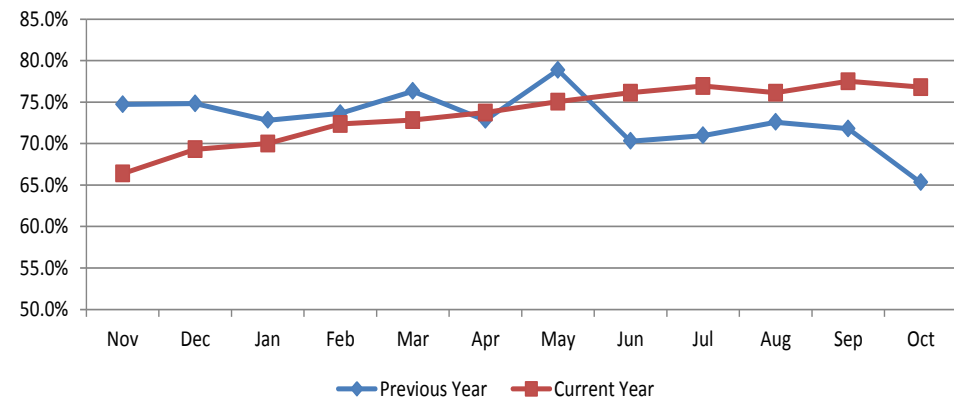
### Recruitment – A&E Workforce Plan

Recruitment activity has been stepped up and is being supported by a local radio campaign. We are running a continuous recruitment campaign for Paramedics as well as monthly large scale recruitment events to attract ECAS. External recruitment and internal conversion courses continue to provide the supply of EMT2s. As a result a healthy pipeline is developing with 48 paramedics, 164 ECAS and 25 EMTs currently in progression.

Sickness Absence



PDR Compliance



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

The Trust as part of a national requirement submitted a revised financial plan to the NHS TDA in September. Against this revised plan the Trust has a cumulative surplus as at the end of (M7) October of £2.444m, a positive variance of £0.560m. The positive variance is principally due timing of a non-recurrent insurance pool rebate with a future offset by adverse performance delivery and therefore contract penalties.

A&E are £(1.984)m adverse to plan driven by the failure to meet one of the CQUIN targets (Paramedic Pathfinder), ongoing subsistence payments and the use of external providers to support internal capacity shortfalls in order to maintain patient care delivery. Provision for A&E penalties of £(2.4)m have been accrued in respect of non-achievement of Red 1 and Red 2 performance targets. The PTS position is adverse to plan by £ (0.213) m due to continued reliance on taxis and subcontractors.

	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	140,471	139,382	(1,089)
Expenditure	(138,587)	(136,938)	1,649
EBITDA	8,435	8,632	197
Surplus	1,884	2,444	560
CIPs	(4,473)	(4,340)	133
Cash	16,965	30,432	13,467
Capital Investment	(9,138)	(3,152)	5,986

Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date are £8.6m against a plan of £8.4m favourable by £0.2m.

Quality & Efficiency (CIP) unaudited schemes delivered 97% against the year to date target resulting in an adverse variance of 139k.

The Trust had cash and cash equivalents of £30.4m at 30 October 2015 against a plan of £17.0m resulting in a favourable variance of c. £13.5m. This is due to delays in the capital programme and a favourable working capital position against plan. Capital spend for 2015-16 at the end of October 2015 at £3.2m is £6.0m behind 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 and chassis availability.

### Monitor Risk Ratings (Quarterly)

Finance			
Quarter 1		Quarter 2	
Highest Risk		Highest Risk	Lowest Risk
Governance			
Quarter 1			
Monitor Governance Rating Key			
Likely or actual significant breach of terms of authorisation	Breach of terms of authorisation	Limited concerns surrounding terms of authorisation	No Material concern

\*Where the circles are filled this indicates YAS current position

## 2.2 Business Plan Objectives (Lead Directors: See below)

		Lead Director	A	M	J	J	A	S	O	N	D	J	F	M	Year End
<b>1. Improve clinical outcomes for key conditions</b>															
1a	Improve survival to discharge (STD) rates for cardiac arrest.	Executive Medical Director	G	G	G	G	G	G	G						
1b	Reduce mortality from major trauma	Executive Medical Director	G	G	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	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	G	G						
1e	Implement the priorities in our Sign up to Safety plan.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G						
<b>2. Deliver timely emergency and urgent care in the most appropriate setting</b>															
2a	Support health economy plans for delivering care closer to home.	Executive Director of Operations	G	G	G	G	G	G	G						
2b	Telecare	Executive Director of Finance & Performance	G	G	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	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	R	R						
<b>3. Provide clinically-effective services which exceed regulatory and legislative standards</b>															
3a	Implement recommendations from national reports including "Hard Truths" and other quality and safety publications.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G						
3b	Ensure our fleet and estates meet the needs of a modern service.	Executive Director of Finance & Performance	A	A	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	G	G						
3d	Alignment to the CQCs five domains in the regulation framework.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G						
<b>4. Provide services which exceed patient and Commissioners' expectations</b>															
4a	Improve engagement with patients, the public, clinical commissioning groups and other key stakeholders.	Executive Director of People & Engagement	A	A	A	A	A	A	A						
4b	Improve patient involvement and experience.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G						
4c	Develop services in partnership with others.	Executive Director of Operations/Executive Medical Director	G	G	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	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	A	A				
5b	Faster adoption of innovative technologies and techniques.	Executive Medical Director	G	G	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	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	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	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	A	A				
6c	Develop and support staff.	Executive Director of People & Engagement	A	A	A	A	A	A	A				
6d	Support the development of our nursing staff.	Executive Director of Standards & Compliance	G	G	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	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	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	G	G				
7c	Make every contact count.	Executive Medical Director	G	G	G	G	G	G	G				
7d	Improve public training in CPR.	Executive Medical Director/Executive Director of Operations	G	G	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	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	G	G				
8c	Improve financial sustainability of service lines.	Executive Director of Finance & Performance	A	A	A	A	A	A	A				

## 2.3 Service Transformation (Lead Directors: See below)

Programme	Senior Resp Officer	Workstream	QTR 1		QTR 2			QTR 3			QTR 4			Latest Update	
			A	M	J	J	A	S	O	N	D	J	F		M
A&E Transformation	Executive Director for Operations	Overall Programme												The programme plan was reviewed and updated in October 2015 and the first meeting of the newly constituted Programme Board was held on 21st October 2015	21/10/2015
		Right People, Right Skills												The PID was approved with minor amendments A Business Case is in production and will be taken to the December Board for approval	
		Right Place, Right Time												All of the workstreams have been set up and PIDs/plans are being drafted for each in line with programme PID and plan An overarching plan and resource plan has been constructed for the Programme - an output from the initial planning workshop	
		Safe & Effective												Project Managers have been appointed to 3 of the workstreams and project team meetings established A data workshop has been held and all of the data requirements for the Programme have been mapped - a dynamic workforce model for implementation options has been developed and will feed in to the business case(work is ongoing with Fleet to ensure vehicle replacement plans and procurement align to programme delivery and workforce plan)	
		Creating a Sustainable Service												A communication has been sent out on behalf of the programme and a separate joint communication with Trades Unions has also been circulated	
		Supporting Initiatives												A Communications Plan and associated resource requirement is being developed On-going engagement is taking place with Ops teams, with consistent communications being used to introduce the programme Highlight reports are currently being constructed to monitor progress at a milestone level	
Hub and Spoke/Make Ready	Executive Director for Operations	Overall Programme												21/10/2015	
		Hub & Spoke OBC											PTS lead for the Project team not yet confirmed. C&E Action Plan developed and implementation commenced. Internal costs for the OBC developed. Generic hub and spoke designs developed. BREEAM/Sustainability/DQI approach papers and spec for Logistics hub received from the Design Team. Meeting held with ICT, DoF and Lead to determine the approach to capture the IT requirements.		
		Make Ready Co-Location											The car park issues previously highlighted have been resolved, contracts in place for additional car parking.		
		VPP											Make Ready staff recruited, workshops & induction packs completed for people transferring into Manor Mill and the Make Ready site is now live.		
Emergency and Urgent Care Development	Executive Medical Director	Overall Programme												22/10/2015	
		Urgent & Emergency Care Strategy											Strategy work now assigned to Clare Gelder		
		Vanguard Bid											Papers for Site visit completed and submitted (Logic Model, Evidence Logic Model and Narrative). YHAHSN Event attended to discuss Vanguard workstreams; outputs will be disseminated when they arrive		
		UCP Schemes											New operational management arrangements are in place. Schemes continue to be governed through Emergency & Urgent Care Development Board while schemes are moved in to BAU		

		Telecare														Contract signed June 15, mobilisation of project underway, live date anticipated to be late October. Project Lead leaving at the end of December; risk raised at EUCPB.		
		Falls														Falls model to be developed, but the working group is in place. Leeds have agreed to fund a pilot over winter. Funding to be agreed. Delayed until December 1 <sup>st</sup> .		
Organisational and Corporate Development	Executive Director for People and Engagement	<b>Overall Programme</b>														Revised programme management arrangements are now in place and a revised PID and Programme Plan are being developed	23/10/2015	
		Talent Management and Succession Planning																Meetings with directors are being scheduled. Range of examples and models of talent management systems have been identified.
		Effective Corporate Structure																The outcome of the review has been completed. There has been some slippage due to waiting for TDA approval, which has now been secured.
		YAS Career Webs																Draft Career Pathways paper to be presented to Strategic Workforce group October 2015.
		Leadership & Management Development																Senior leadership training review will be delivered following the Portfolio review of Directors.
		Transforming Education & Training																A TNA is near completion and will form the basis of the future training strategy.
		New Starter Process																Original PID delivered; new PID now required for next stage. Procurement of software (TRAC) approved and order processed.
		Corporate Engagement																Additional management support in place to support development of new communications and engagement strategy for Board approval. An update on progress and proposed next steps will be presented to Trust Board in December 2015.
		Business Planning & Decision Making																Neil Cook is leading on the Business Planning Process linked to the strategy work and this has commenced
PTS Transformation	Chief Executive Officer	<b>Overall Programme</b>														Overarching programme management is currently being handled by the Transformation Team. The overall requirements will be reviewed following the appointment of the new MD for PTS. Recent developments include the production of plans and charters at both the workstream and programme level. These are awaiting sign-off by the programme board. Weekly meetings are taking place among workstream leads and Transformation Team to ensure progress is maintained. Risks, issues and benefits are to be scoped and modelled by mid-November to inform programme PID/business case development.	21/10/2015	
		Implement Auto-Scheduling																Milestone date of 01/11/2015 is dependent on whether or not INRX software works. New servers may need to be procured to provide sufficient capacity for Autoplanning and Scheduling software to work. Testing to commence when staff member in post (slated for early November). Delays as a result of software testing and staffing will potentially push Interim Resource Department set up to April 2016.
		Create Resource and Logistics Functions																Interim resource department dependant on auto scheduling being in place. Testing for auto scheduling currently on hold due to required database not in place and staff member required to test data cannot be released from current role.
		Develop Reporting and Forecasting																Three of four 'user' engagement workshops held. Senior management 'user' workshop to take place in December 2015 after arrival of the new managing director. Work has commenced on a new capacity planning model that will provide the required information to the new 'Resource' function. Feedback from workshops has been corralled and a new reporting 'framework' will be written after the final workshop has taken place.
		Streamline Reservations																Project still being impacted on by BAU requirements of project lead, no expected impact on November dates.
		Develop Voluntary																On track with milestones completed. Next stage is to agree SOPs and KPIs and link target

		Car Service																recruitment trajectory to workforce plan (see 'Organisational Effectiveness' workstream)	
		Effective Sub-Contractor Management																On track. Work is also underway alongside 'Organisation Effectiveness' to identify the key options for effectively managing sub-contractors and volunteers to ensure appropriate utilisation is achieved.	
		Telematics																Existing project complete	
		Fleet Availability																Still in initiation phase. Initial meetings have taken place between Transformation and Fleet to identify the scope and objectives of the project and how it links back to other workstreams (e.g. Fleet changes relative to workforce model)	
		Organisational Effectiveness																On track. A new workforce model has been drafted to understand the impact of reducing staff numbers through natural attrition on financial performance and alternative resource requirements (e.g. VCS recruitment). This will inform the timescales required to deliver the new operating model and allow dynamic modelling of alternative delivery options. These options will be presented to TEG by mid-December 2015.	
Service Line Management	Interim Executive Director for Finance & Performance	Overall Programme																PID and Project Plan drafted but tender for PLICS software not yet awarded so vendor timetable for their actions not yet known; may affect project timelines	21/10/2015
		Project Governance																PID and Project Pan drafted. Programme Board established.	
Call Centre Integration	Executive Director for Standards & Compliance	Overall Programme																Change of Senior Accountable Manager from Keeley Townend to Mark Leese. A workshop has been held in Novembber with key stakeholders to review progress and to consider the next phase of the project, which will need to be aligned fully to the emerging vanguard programme. A change control request will be presented to the next TEGT meeting.	21/10/2015
Intelligent Ambulance	Interim Executive Director for Finance & Performance	Overall Programme																Discussion and agreement required-to determine governance route for Data Warehouse Project - This will be a key enabler for other programmes including Vanguard. Steering group meeting between BI, ICT and Transformation planned for November 2015.	21/10/2015
		Paramedic Pathfinder																Project rollout continues according to plan. Data collection in line with the CQUIN has not been realised and the Trust is currently not achieving CQUIN target. Consideration is currently being given to the feasibility of gareeing a revised set of indicators.	
		ePRF																Plan agreed with fleet to complete the outstanding RRVs in West & North by 27/11/15. ePRF training cancelled for North CBU 12-31 October, scheduled completion date 02/12/15 may not be met. Possible effect on training for South CBU.	
		Airwaves Replacement Programme																Initial awareness raising workshops held with Business Areas and workshop scheduled for November	

	Tolerances							
	Project actions and benefits delivery on track		Project actions and benefits delivery slippage - further action required	Time	±2 months on target plans	Scope	Any significant change in the scope of the project must be approved by the Trusts change control system	
	Actions and benefits delivery slippage - mitigations in place		Project complete and benefits realised	Cost	±5% an amount on any agreed business case amount	Savings	minus 2.5% or above in expected cost saving will require and exception report to Project Group	

## 2.4 Quality and Efficiency Savings (CIP)

CIP Tracker 2015/16	2015/16 Plan	YTD Plan	YTD Variance	Forecast Outturn	Commentary YTD
Directorate	£000	£000	£000	£000	
Accident & Emergency (including EOC)	4,598	2,579	(809)	2,924	The A&E Operational efficiency scheme is underperforming by (£1.428m) against planned savings as the Trust has failed to meet the Red performance targets, resulting in financial penalties. This was offset partially by the increased utilisation of the clinical hub (over achievement against plan by £0.451m).
Patient Transport Service	1,500	623	(235)	819	Auto scheduler, optimise patient collection, voluntary car and streamline reservations schemes are underperforming by (£0.315m) against plan. Partially offsetting this is increased income from Calderdale and Huddersfield services and reduced East Yorkshire subcontractor costs of £0.101m.
Special Operations	171	101	0	171	
Standards and Compliance	243	140	0	243	
Finance	263	143	13	295	The over delivery against plan is mainly caused by continued vacancies in the Directorate and the increasing take up by staff of the salary sacrifice car scheme, across the Trust.
Clinical Directorate	50	28	80	155	The over delivery against plan is mainly due to pay cost savings in the clinical Directorate due to continued vacancies.
Trust wide	1,961	859	75	1,842	The over delivery against plan is mainly due to savings on PTS Fleet replacement vehicle scheme due to delay in delivery of vehicles.
<b>Total Planned Scheme Savings</b>	<b>8,786</b>	<b>4,473</b>	<b>(878)</b>	<b>6,450</b>	
Reserve Schemes	0	0	617	1,330	Main reserves schemes are various PTS improvement schemes of £922k, Quality & Risk VFM scheme of £152k & Procurement improvement schemes of £100k.
<i>Recurrent Reserve Schemes</i>	<i>0</i>	<i>0</i>	<i>617</i>	<i>1,330</i>	
<i>Non-recurrent Reserve Schemes</i>	<i>0</i>	<i>0</i>	<i>122</i>	<i>124</i>	
<b>Total Savings</b>		<b>4,473</b>	<b>(139)</b>	<b>7,903</b>	

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

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

**Comments:-** Q2 report not yet reconciled, alternative metrics for Paramedic Pathfinder are being developed for proposal to commissioners.

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

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

**Comments:-** Q2 report has been reconciled and full payment agreed with the commissioners

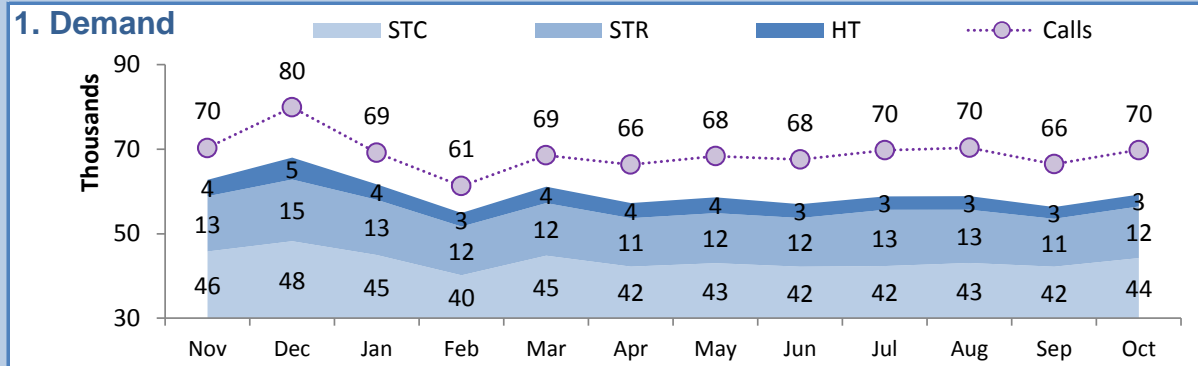
Green	Fully Completed / Appropriate actions taken
Amber	Delivery at Risk
Red	Milestone not achieved



# 3.1 A&E Operations

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

Oct-15



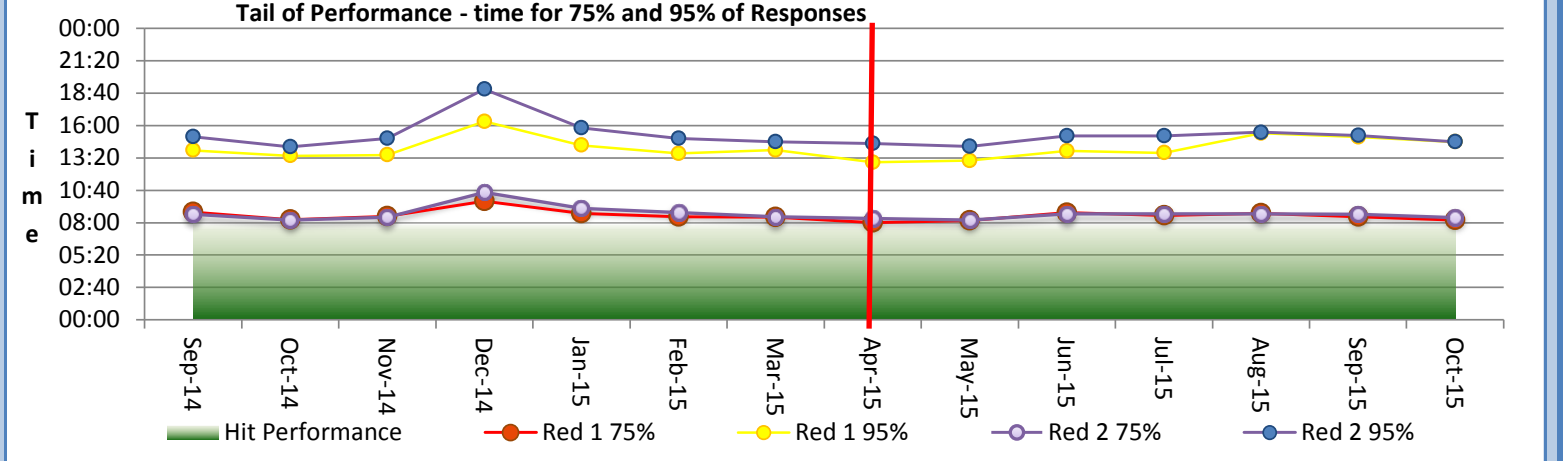
Compared to last year April to October Hear & Treat calls have increased by 33.8%, See Treat & Refer responses have increased by 1.7% and See Treat & Convey have decreased by 4.0%. Overall responses (incidents arrived at scene) are below contracted, this is in part due to an increase in Hear and Treat and increased UCP use.

April to October	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2015-16	486,778	22,664	92,074	301,613
YTD YAS (inc OOA&UCP) 2014-15	490,085	16,943	90,518	314,114
<b>Variance (Between Years)</b>	<b>(0.7%)</b>	<b>33.8%</b>	<b>1.7%</b>	<b>(4.0%)</b>
YTD (Contract CCGs only) Actuals 2015-16*	478,599	22,566	84,292	299,283
YTD (Contract CCGs only) Contracted 2015-16	494,255	16,884	93,062	313,668
<b>Variance (to Contract)</b>	<b>(3.2%)</b>	<b>33.7%</b>	<b>(9.4%)</b>	<b>(4.6%)</b>

\* excludes UCP and Out of Area

3. Quality	October	YTD
<b>Serious Incidents (Rate Per 1000 Responses)</b>	0 (0.00) ↓	6 (0.02)
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.		
<b>Total Incidents (Rate Per 1000 Responses)</b>	444 (7.3) ↓	3079 (7.4)
Total Incidents per 1000 responses was lower in October than the current year to date average. There were 57 more incidents than September		
<b>Feedback</b>		
Complaints	9 ↓	81
Concerns	15 ↓	132
Comments	6 ↓	61
Service to Service	9 ↓	70
Compliments	73 ↑	360
<b>Response within target time for Complaints and Concerns</b>	88%	79%
<b>Ombudsman Cases</b>		
Upheld	0	0
Not Upheld	1	4
The average response time for Complaints and Concerns in Oct was 23 days and YTD is 26 days		
<b>Vehicle Deep Clean (&gt;8 weeks after last clean)</b>	6 ↑	159

2. Red Performance	Red 1	Red 2
October 2015	73.7%	72.5%
Current YTD	71.6%	71.6%



	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
<b>Red 1</b>	75% 08:53	08:14	08:31	09:47	08:46	08:29	08:27	08:01	08:11	08:49	08:35	08:46	08:29	08:12
	95% 13:57	13:30	13:34	16:19	14:22	13:41	13:58	12:58	13:06	13:54	13:45	15:21	15:03	14:39
<b>Red 2</b>	75% 08:41	08:12	08:27	10:29	09:10	08:48	08:28	08:20	08:13	08:42	08:42	08:42	08:41	08:24
	95% 15:05	14:14	14:56	18:59	15:47	14:56	14:40	14:30	14:17	15:09	15:09	15:26	15:10	14:39
<b>TARGET</b>	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

Performance for Red1 and Red2 increased in October from September, although both measures remain below the 75% target. Red1 was higher this month than October 2014 but Red 2 was below. YAS responded to 1888 more Red jobs in October 2015 compared to October 2014 and responded to 916 more jobs within 8 minutes. Steps have been taken to suspend non clinical training and overtime plus shifts have been offered enabling continued resource to improve performance.

4. Workforce	FTE	Sickness (5%)	Absence (25%)	Available
October 2015 (FT Equivalent)				Total %
Budget FTE	2164	108	541	1515 70%
Contracted FTE (before overtime)	2069	128	604	1336 65%
Variance	(95)	20	63	(11.8%)
% Variance	(4.4%)	18.6%	11.7%	
FTE (worked inc overtime)*	2258	128	604	1526 68%
Variance	94	20	63	0.7%
% Variance	4.4%	18.6%	11.7%	
* 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 (1336 compared to 1314). Both sickness and other absences combined were above planned for October (30.3%). Therefore more overtime has been worked in October to make up the difference of planned FTE. Although FTE is close to planned we are now allocating more staff to DCAs therefore our staff requirement is higher which also creates pressure on availability and 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)	£000	Plan	Actual	Variance
Directorate Position		46,170	44,187	(1,984)
CIPs		1,823	362	(1,461)
A&E are £(1,984)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 £(2.4m).				
Quality & Efficiency Savings (CIP)s are under achieving with management focus on seeking to deliver improved A&E operational performance.				

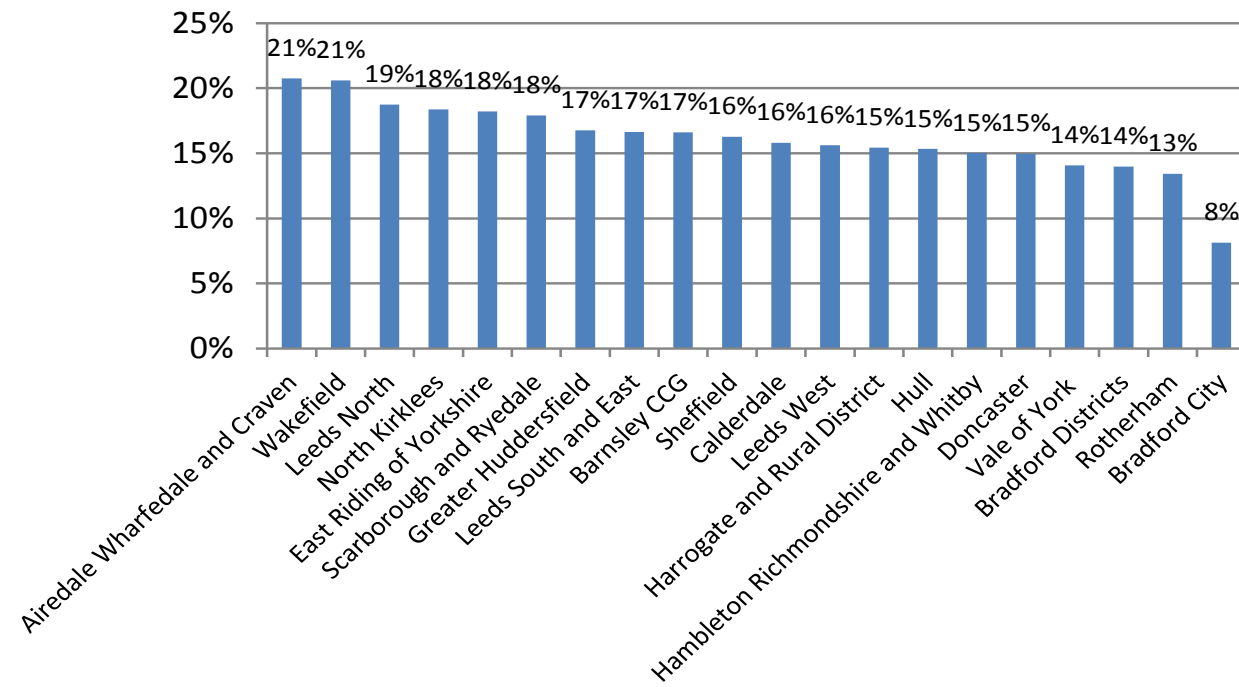


# 3.1 A&E Operations

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

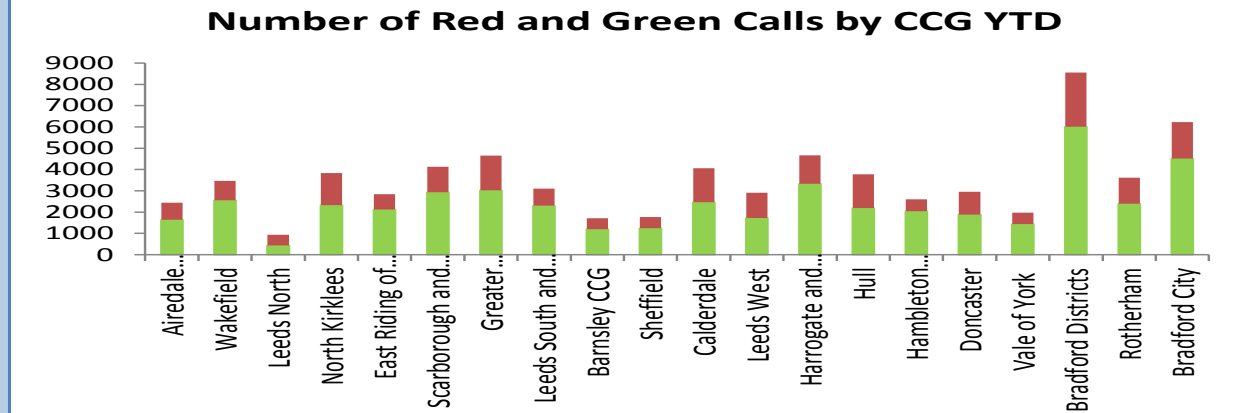
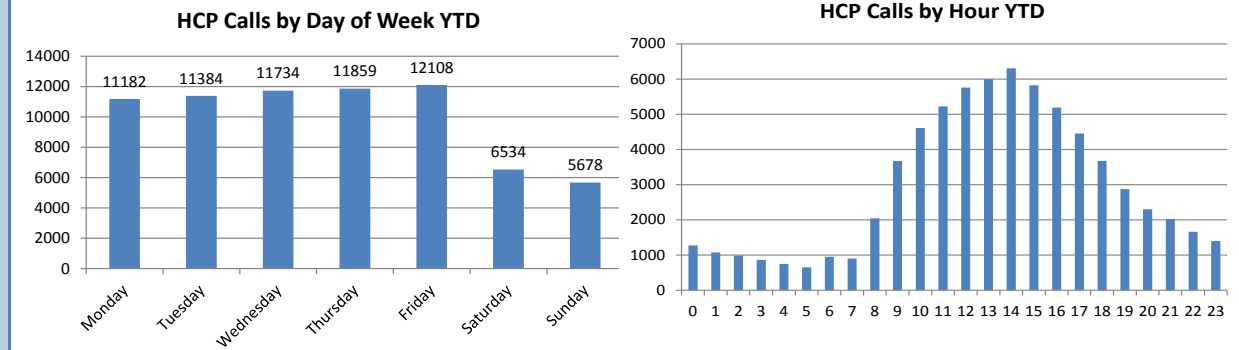
Oct-15

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



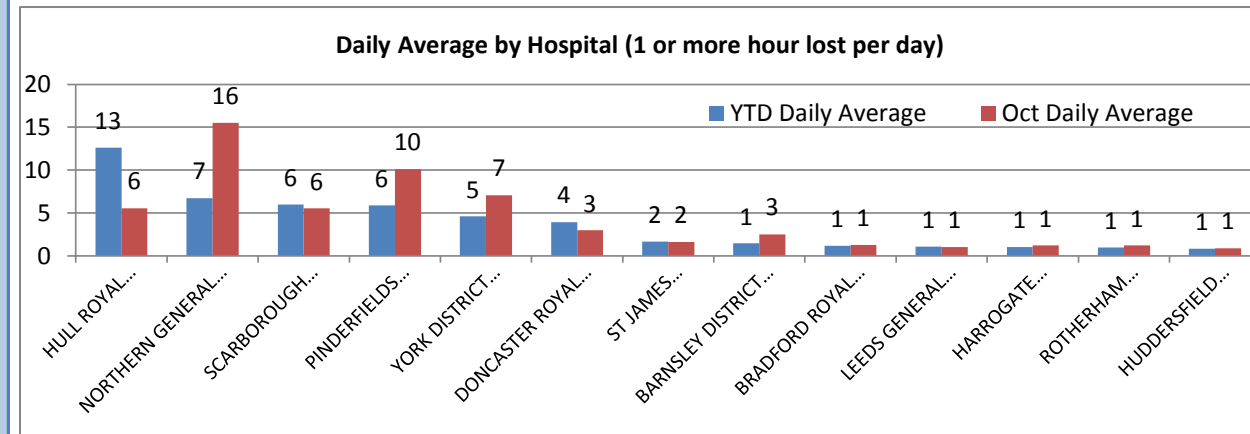
Red 1 & 2 Calls as a proportion account for 32% of all HCP calls. NHS Airedale Wharfedale and Craven CCG has the highest proportion of HCP demand of all the CCGs. The time of day with the highest (55%) of all calls are between 10 and 4pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

## 2. HCP by Time of Day



## 3. Hospital Turnaround - Excessive Response

		Apr	May	Jun	Jul	Aug	Sep	Oct
2015/16	Excessive Handovers Over 15mins (hours)	1860	1548	1629	1193	1433	1153	1825
	Excessive Hours per Day	62	49	54	38	46	38	59
2014/15	Excessive Handovers Over 15mins (hours)	575	748	700	830	760	857	1326
	Excessive Hours per Day	19	24	23	26	24	27	43



In general excessive time lost at hospitals has reduced from winter high points between Jan and April 2015. Lost time for October was much worse than previous months and higher than same point last year. Whilst Hull Royal has seen significant improvement in October, Sheffield - Northern General and Mid-Yorks - Pinderfields have been impacting on performance.

## 4. National Benchmark - Latest Reportable Week (up to WC 26th Oct)

WC 26/10/2015	R1 YTD	R2 YTD	R19 YTD	Call Pickup in 5 Secs YTD
West Mids	79.5%	76.2%	97.4%	97.0%
North West	77.6%	75.3%	94.8%	96.3%
South East	73.6%	74.1%	96.7%	86.1%
South Central	72.0%	73.4%	94.5%	94.4%
North East	72.5%	73.3%	93.4%	92.3%
YAS	71.7%	71.3%	95.5%	96.1%
East Mids	72.7%	68.5%	91.0%	93.5%
South West	75.8%	67.6%	91.5%	91.9%
London	66.9%	64.9%	93.4%	96.0%
East of Eng	75.3%	64.2%	91.8%	95.9%

\* Above table is in order of Red 2 performance

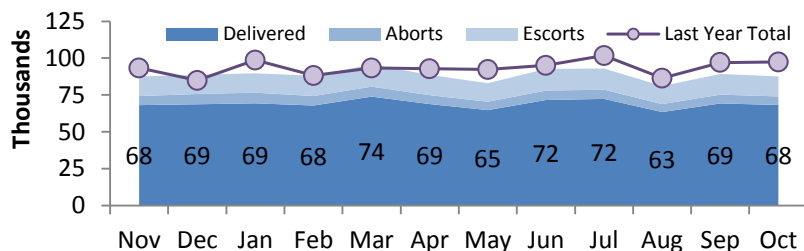
### Key Points

Nationally YAS are maintaining their previous position of 6/10 for Red 2 performance. YAS has one of the highest Red response ratios which impacts directly on job cycle times. A19 performance is above the 95% target. Call pickup within 5 seconds is also performing well against others

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

Oct-15

## 1. Demand



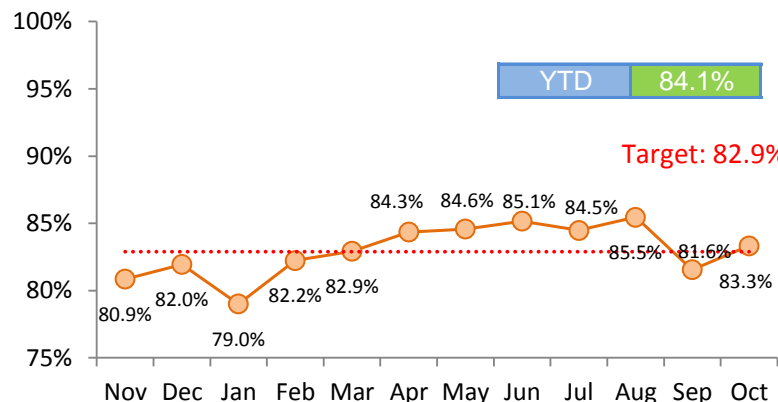
### Comparison to Plan

April to September	Delivered	Aborts	Escorts	Total
YTD 2015-16	478,622	41,603	95,090	615,315
Contract 2015-16 (2014-15 Demand)	518,617	42,831	101,438	662,886
% Variance	(7.7%)	(2.9%)	(6.3%)	(7.2%)

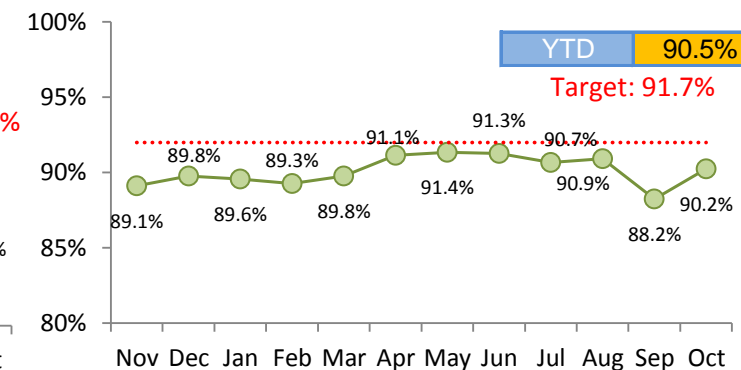
**Key Points** - Total YTD demand is under plan; aborted journeys are also trending under plan.

## 2. Performance

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



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



**Key Points** - West Yorkshire KPI 2 (inward) achieved target KPI 3 (outward) narrowly missed target by 0.8% both KPIs remain on target for YTD. East Yorkshire KPIs achieved target, both targets remain in strong YTD position. North Yorkshire KPI 2 (inward) achieved target, KPI 3 (outward) narrowly missed target by 0.6%, both targets remain in strong YTD position. South Yorkshire KPI 2 (inward) improved by +6% and KPI 3 (outward) +3.7% from September. A performance action plan to bring performance back on track has been approved by South CCG.

## 3. Quality, Safety and Patient Experience

	October	YTD
Calls Answered in 3 mins	86.5% ↑	69.3%
Serious Incidents (YTD)	0 ↔	0
Total Incidents (per 1000 activities)	76 (1.11) ↓	576 (0.97)
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)		
Feedback	Complaints	6 ↔ 46
	Concerns	32 ↓ 264
	Comments	3 ↓ 42
	Service to Service	49 ↓ 276
	Compliments	10 ↑ 30
Response within target time for Complaints and Concerns	87%	83%
Ombudsman Cases	Upheld	0 0
	Not Upheld	1 1
Patient Experience Survey - Qtrly	92.4%	92.4%
Vehicle Deep Clean (>8 weeks since last clean)	1 ↔	36

## 4. Workforce

FT Equivalents	Oct-15	FTE	Sickness (5%)	Absence (20%)	Available	
					Total	%
Budget FTE		788	39.4	158	591	75%
Contracted FTE (before overtime)		709	41.2	103	565	80%
Variance		(79)	1.8	(55)		(4.4%)
Actual Shrinkage %			5.48%	14.50%		
% Variance		(10.0%)	4.5%	(34.8%)		
FTE worked inc overtime		730	41.2	103	586	80%
Variance		(59)	1.8	(55)		(0.9%)
% Variance		(7.4%)	4.5%	(34.8%)		

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

### Key Points

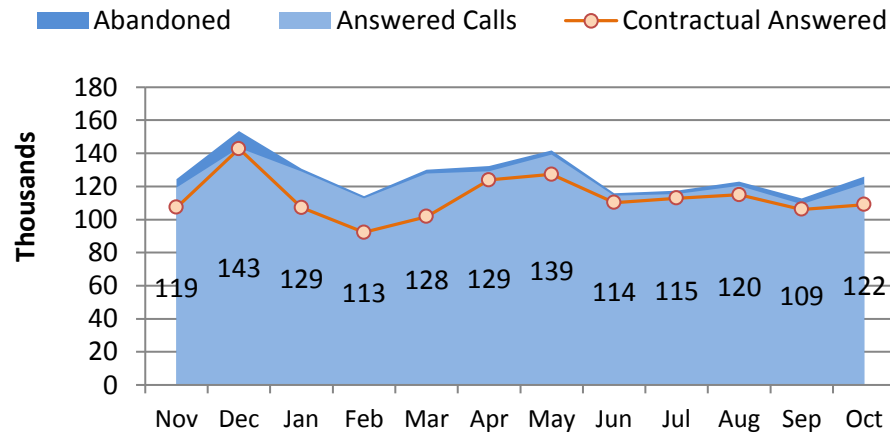
PTS used an equivalent of an additional 21 FTE with the use of overtime against vacancies of 79. Sickness absence for October is 5.48%. YAS combined (all CCG areas). The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

## 5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	4,865	4,652	(213)
CIPs	623	793	170

The directorate is £(213)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 utilisation of external PTS providers and taxis. At present, there are initiatives in place to manage the sub contractor spend.

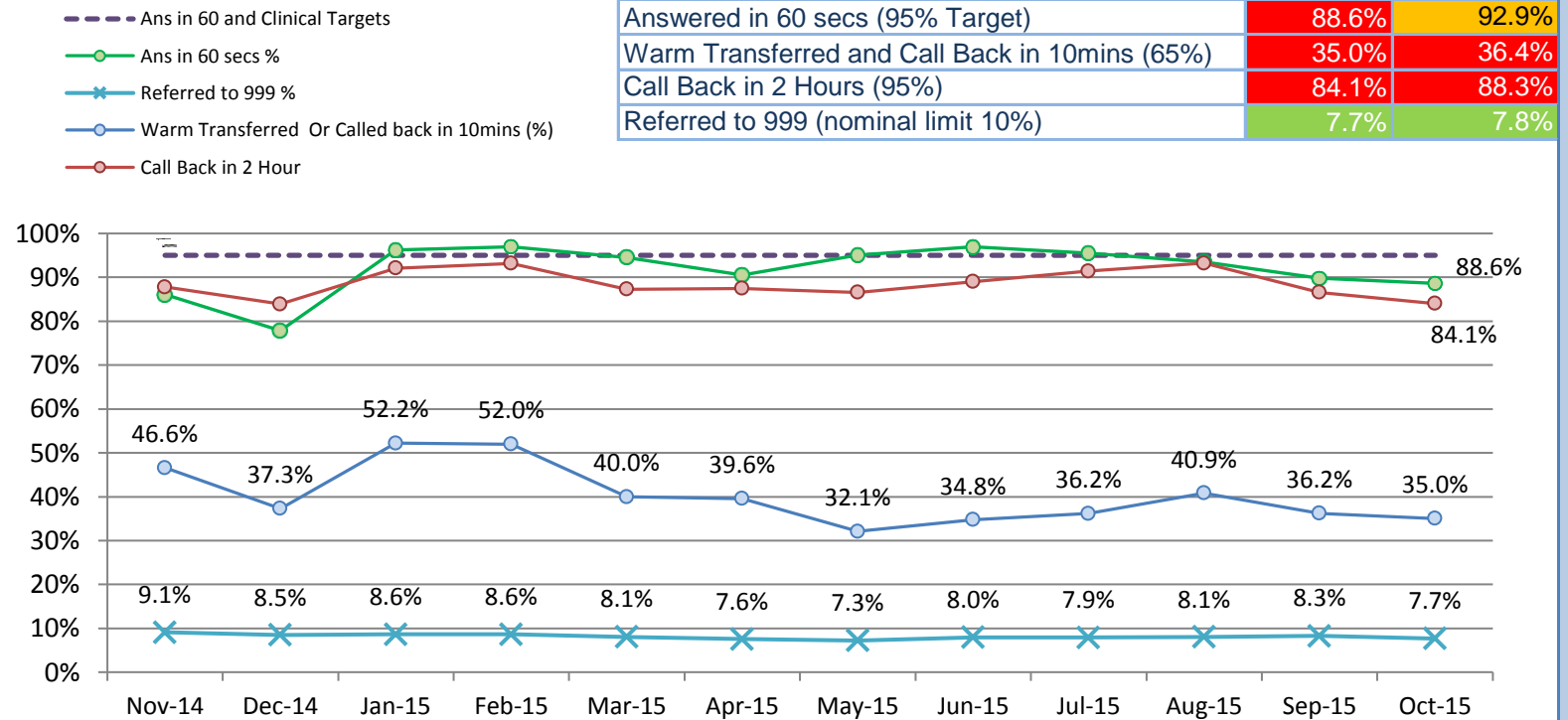
1. Demand



Calls remain above contracted for October (4.5% - 5,181 calls) and up on previous month (11.3% - 12,352).

April to October	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2015-16	869,097	849,503	789,079	92.9%
YTD Contracted 2015-16	810,103	810,103	769,598	95.0%
Variance	7.3%	4.9%	2.5%	(2.2%)
YTD 2014-15	786,515	771,527	733,271	95.0%
Variance	10.5%	10.1%	7.6%	(2.3%)

2. Performance



For calls answered in 60 seconds the performance is below 90% for the second month in succession however an additional 3,929 calls were answered within threshold when compared to the same month last year. Cumulative YTD is now 92.9% (95% target). 111 referrals to 999 have increased in absolute terms (288) on previous month, whilst notably and positively the referral rate % has dropped 0.6% to 7.7% .

3. Quality

	October	YTD
Serious Incidents (per 1000 answered)	1 (0.01) ↔	9 (0.01)
Total Incidents (per 1000)	55 (0.45) ↓	495 (0.58)
Feedback	Complaints	40 ↓ 278
	Concerns	4 ↑ 26
	Comments	1 ↔ 12
	Service to Service	50 ↓ 362
	Compliments	7 ↑ 53
Response within target time for Complaints and Concerns	71%	54%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 1

4. Workforce

October 2015 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence (23%)	Available	
				Total	%
Budget FTE	310	28	71	211	68%
Contracted FTE (before Overtime)	287	16	84	187	65%
Variance	-23	-11.7	13		(11.4%)
% Variance	(7%)	(41.9%)	18.0%		
FTE (Worked inc Overtime)	292	16	84	191	66%
Variance	-18	-11.7	13		(9.2%)
% Variance	(6%)	(41.9%)	18.0%		

Contracted FTE, including overtime, 6% below budgeted for October. FTE deficit due to higher than forecast attrition rates as well as a higher than planned agency to substantive ratio.

Available time 9.2% under planned, largely due to 20 FTE in induction training throughout the month.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	299	757	457
CIPs	140	140	-

The directorate is £457k favourable to plan year to date. This is primarily due to savings on vacancies.

# 4.1 Finance Overview

		Oct-15																								
	Month	Trend 2015-16																								
<p><b>RISK RATING:</b> Overall the Trust has achieved a rating of 4 for continuity of services (lowest risk) and an amber rating against the NHS TDA accountability framework.</p>		<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> <tr><td>M7</td><td>4</td><td>4</td></tr> </tbody> </table>	Month	Actual	Plan	M1	4	4	M2	4	4	M3	4	4	M4	4	4	M5	4	4	M6	4	4	M7	4	4
Month	Actual	Plan																								
M1	4	4																								
M2	4	4																								
M3	4	4																								
M4	4	4																								
M5	4	4																								
M6	4	4																								
M7	4	4																								
<p><b>EBITDA:</b> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £8.632m against a plan of £8.435m, a favourable variance of £0.197m.</p>		<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>1400</td><td>1400</td></tr> <tr><td>M2</td><td>1800</td><td>1500</td></tr> <tr><td>M3</td><td>1200</td><td>900</td></tr> <tr><td>M4</td><td>900</td><td>1700</td></tr> <tr><td>M5</td><td>500</td><td>700</td></tr> <tr><td>M6</td><td>1700</td><td>1200</td></tr> <tr><td>M7</td><td>800</td><td>700</td></tr> </tbody> </table>	Month	Actual	Plan	M1	1400	1400	M2	1800	1500	M3	1200	900	M4	900	1700	M5	500	700	M6	1700	1200	M7	800	700
Month	Actual	Plan																								
M1	1400	1400																								
M2	1800	1500																								
M3	1200	900																								
M4	900	1700																								
M5	500	700																								
M6	1700	1200																								
M7	800	700																								
<p><b>SURPLUS:</b> The Trust has reported a year to date surplus as at the end of October (Month 7) of £2.444m against a revised planned surplus of £1.884m, a positive variance of £0.560m. This has been aided by the timing of a non-recurrent fleet insurance pool rebate with a future offset of increased performance penalties and no foreseeable re-investment..</p>		<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>400</td><td>400</td></tr> <tr><td>M2</td><td>1000</td><td>500</td></tr> <tr><td>M3</td><td>400</td><td>-100</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>800</td><td>900</td></tr> <tr><td>M7</td><td>0</td><td>-200</td></tr> </tbody> </table>	Month	Actual	Plan	M1	400	400	M2	1000	500	M3	400	-100	M4	100	600	M5	-200	-200	M6	800	900	M7	0	-200
Month	Actual	Plan																								
M1	400	400																								
M2	1000	500																								
M3	400	-100																								
M4	100	600																								
M5	-200	-200																								
M6	800	900																								
M7	0	-200																								
<p><b>CAPITAL:</b> Capital spend for 2015-16 at the end of October 2015 is £5.986m behind plan for the year to date and £1.035m behind plan for the month. This is due to a number of factors including a delay in the investment in A&amp;E vehicles due to reassessment of base van type and chassis availability.</p>		<table border="1"> <caption>Capital Spend Trend 2015-16</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>400</td><td>1300</td></tr> <tr><td>M2</td><td>600</td><td>700</td></tr> <tr><td>M3</td><td>700</td><td>900</td></tr> <tr><td>M4</td><td>500</td><td>3000</td></tr> <tr><td>M5</td><td>600</td><td>700</td></tr> <tr><td>M6</td><td>700</td><td>1200</td></tr> <tr><td>M7</td><td>700</td><td>1500</td></tr> </tbody> </table>	Month	Actual	Plan	M1	400	1300	M2	600	700	M3	700	900	M4	500	3000	M5	600	700	M6	700	1200	M7	700	1500
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M4	500	3000																								
M5	600	700																								
M6	700	1200																								
M7	700	1500																								
<p><b>CASH:</b> The Trust had cash and cash equivalents of £30.4m at 30 October 2015 against a plan of £17.0m resulting in a favourable variance of c.£13.5m. This is due to delays in the capital programme (as detailed above), a refund of insurance pool costs, and a favourable working capital position against plan.</p>		<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>16</td><td>16</td></tr> <tr><td>M3</td><td>23</td><td>18</td></tr> <tr><td>M4</td><td>26</td><td>20</td></tr> <tr><td>M5</td><td>28</td><td>16</td></tr> <tr><td>M6</td><td>28</td><td>18</td></tr> <tr><td>M7</td><td>30</td><td>17</td></tr> </tbody> </table>	Month	Actual	Plan	M1	16	16	M2	16	16	M3	23	18	M4	26	20	M5	28	16	M6	28	18	M7	30	17
Month	Actual	Plan																								
M1	16	16																								
M2	16	16																								
M3	23	18																								
M4	26	20																								
M5	28	16																								
M6	28	18																								
M7	30	17																								
<p><b>CIP:</b> The Trust has target of £8.8m for 2015/16 and identified schemes totalling £10.1m. 97% delivery of the CIP target was achieved in October and 94% of this was achieved through recurrent schemes. This is an adverse variance against plan of £139k. Reserve schemes have achieved £739k of the year to date savings. However the Trust is forecasting a £0.9m adverse variance against the yearly target of £8.8m. This is due mainly to non-achievement of A&amp;E efficiency schemes which in turn is due to non-delivery of the Red performance targets.</p>		<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>700</td><td>500</td></tr> <tr><td>M2</td><td>350</td><td>550</td></tr> <tr><td>M3</td><td>550</td><td>550</td></tr> <tr><td>M4</td><td>850</td><td>600</td></tr> <tr><td>M5</td><td>650</td><td>600</td></tr> <tr><td>M6</td><td>750</td><td>650</td></tr> <tr><td>M7</td><td>300</td><td>750</td></tr> </tbody> </table>	Month	Actual	Plan	M1	700	500	M2	350	550	M3	550	550	M4	850	600	M5	650	600	M6	750	650	M7	300	750
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M1	700	500																								
M2	350	550																								
M3	550	550																								
M4	850	600																								
M5	650	600																								
M6	750	650																								
M7	300	750																								

## 4.2 Finance Detail

Oct-15

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	14,968	14,933	(35)
Patient Transport Service	2,267	2,292	25
111	2,507	2,612	104
Other Income	400	328	(73)
<b>Operating Income</b>	<b>20,143</b>	<b>20,164</b>	<b>21</b>
Pay Expenditure & reserves	(13,659)	(13,782)	(123)
Non-Pay expenditure & reserves	(5,736)	(5,502)	235
<b>Operating Expenditure</b>	<b>(19,396)</b>	<b>(19,283)</b>	<b>112</b>
EBITDA	747	881	134
EBITDA %	3.7%	4.4%	
Depreciation	(810)	(769)	41
Interest payable & finance costs	0	0	0
Interest receivable	6	7	1
Profit on fixed asset disposal	12	25	14
Dividends, interest and other	(189)	(189)	0
<b>Retained Surplus</b>	<b>(235)</b>	<b>(45)</b>	<b>190</b>
I&E Surplus %	-1.2%	-0.2%	

Year to Date		
Budget	Actual	Variance
£000	£000	£000
102,398	101,822	(576)
15,806	16,227	421
17,176	17,673	497
5,091	3,660	(1,431)
<b>140,471</b>	<b>139,382</b>	<b>(1,089)</b>
(92,956)	(92,886)	70
(39,080)	(37,864)	1,216
<b>(132,036)</b>	<b>(130,750)</b>	<b>1,286</b>
8,435	8,632	197
6.0%	6.2%	
(5,137)	(4,832)	305
(207)	(173)	34
37	38	2
81	102	21
(1,324)	(1,323)	1
<b>1,884</b>	<b>2,444</b>	<b>560</b>
1.3%	1.8%	

	Annual Budget	Current Month Variance	YTD Variance
Capital Plan		£000	£000
Estates	(1,094)	283	324
H&S	(1,403)	(84)	114
EPRF	(1,500)	459	1,083
ICT	(1,502)	(171)	461
Fleet	(6,929)	537	2,767
Medical Equipment	(1,498)	0	937
Plant & Machinery	(14)	0	14
Contingency	(305)	11	286
<b>Total Schemes</b>	<b>(14,245)</b>	<b>1,035</b>	<b>5,986</b>

Plan	CATEGORY	Plan	October	YTD
%age of bills paid within terms	NHS	95%	53%	84%
%age of bills paid within terms	NON NHS	95%	87%	91%

CASH	Plan	Actual	Forecast End of Year
	£000	£000	£000
End of month cash balance	16,965	30,432	14,649

# 5 Workforce Scorecard

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

Oct-15

## Oct 2015 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 31 Oct 2015

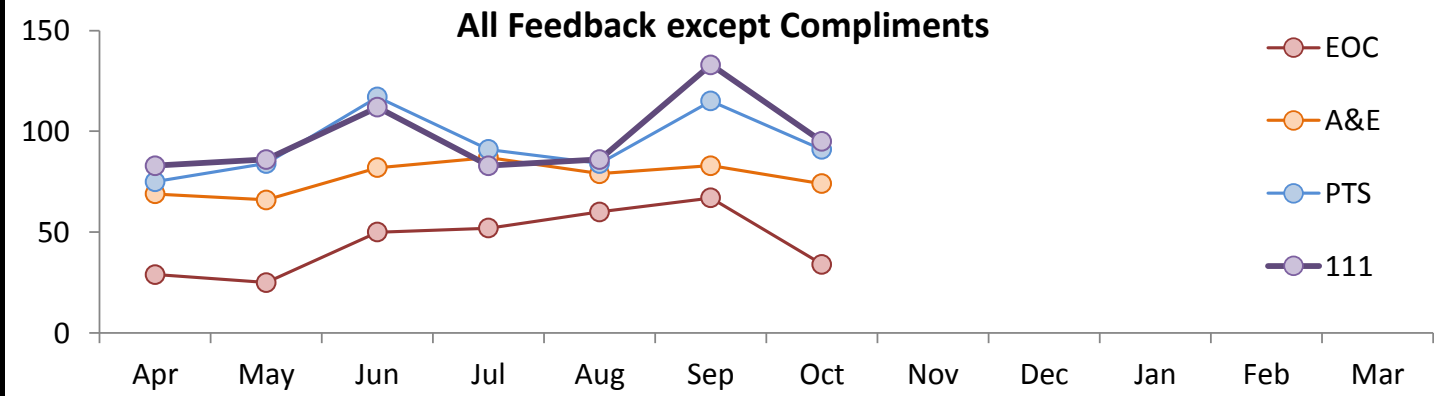
Indicator	Current Data - Oct-15		Current Data - Sep-15		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4162	Oct-15	4116	Sep-15	4306		↑	4149	Oct-14
Equality & Diversity	5.24% fte	Oct-15	5.27% fte	Sep-15	14.20% fte		↓	5.10% fte	Oct-14
	5.24% hcount		5.55% hcount					5.27% hcount	
Sickness Absence	5.69%	Oct-15	5.75%	Sep-15	5.00% fte		↔	6.62%	Oct-14
	5.79%	Nov-14 Oct-15	5.86%	Oct-14 Sep-15				6.49%	Nov-14 Oct-14
Turnover	11.74% fte	Oct-15	12.17% fte	Sep-15	7.76% Amb Trust Aver		↑	9.75% fte	Oct-14
	13.48% hcount		13.97% hcount					11.14% hcount	
Current PDRs	76.84%	Oct-15	77.55%	Sep-15	80.00%		↓	65.30%	Oct-14
Stat & Mand Workbook	88.11% (combined)	Oct-15	88.11% (combined)	Sep-15	85.00% (combined)		↔	92.33% (Combined)	Oct-14
	88.11%	Oct-15	88.11%	Sep-15				84.83%	Oct-14
Overtime	£857K	Oct-15	£895k	Sep-15			↔	£1,051k	Oct-14
	£11,374K	Nov-14 Oct-15	£11,765k	Oct-14 Sep-15			↔	£10,494k	Nov-14 Oct-14

**Sickness absence** remains above the Trust target of 5%. The figure of 5.69% a slight improvement on last months figure and is 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.)**

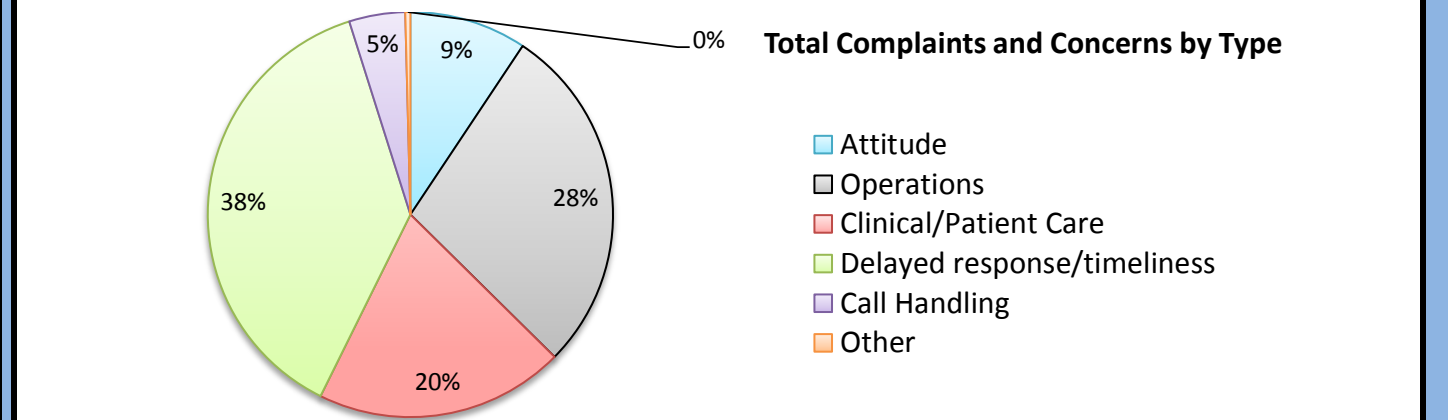
	EOC		A&E		PTS		111		Total	
	Oct-15	YTD	Oct-15	YTD	Oct-15	YTD	Oct-15	YTD	Oct-15	YTD
Complaints	16	134	9	81	6	46	40	278	71	539
Concerns	3	71	15	132	32	264	4	26	54	493
Comments	1	8	6	61	3	42	1	12	11	123
S to S	13	95	9	70	49	276	50	362	121	803
Compliments	1	2	73	360	10	30	7	53	91	445
Lost Property	0	0	28	161	0	8	0	0	28	169
PALs Enquiries	1	9	15	69	1	21	0	1	17	100
<b>Total</b>	<b>35</b>	<b>319</b>	<b>155</b>	<b>934</b>	<b>101</b>	<b>687</b>	<b>102</b>	<b>732</b>	<b>393</b>	<b>2672</b>
Demand	71,137	486,816	60,804	416,351	68,263	595,980	121,591	849,503	321,795	2,348,650
Proportion	0.05%	0.07%	0.25%	0.22%	0.15%	0.12%	0.08%	0.09%	0.12%	0.11%



Numbers of cases received reduced in all areas in October with the largest decreases in EOC and PTS

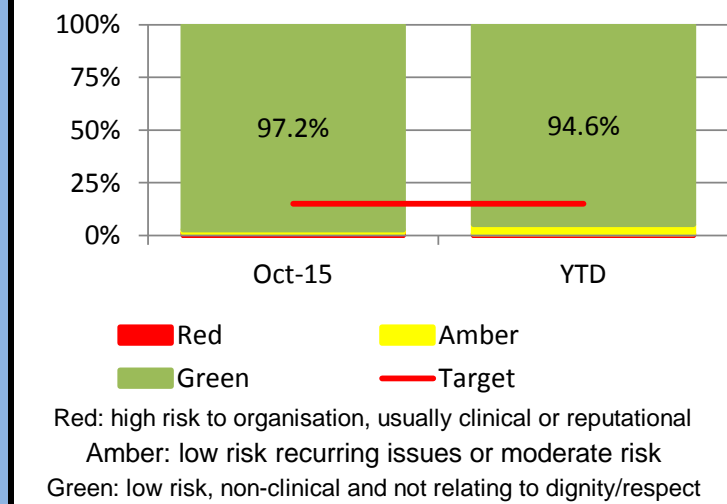
**2. Complaints and Concerns (including issues raised by healthcare professionals) received by subject**

	EOC		A&E		PTS		111		Total	
	Oct-15	YTD	Oct-15	YTD	Oct-15	YTD	Oct-15	YTD	Oct-15	YTD
Attitude	0	0	10	103	5	48	8	50	23	201
Operations	0	0	11	111	2	32	56	333	69	476
Clinical/Patient Care	0	0	11	66	8	71	30	282	49	419
Delayed response	26	225	1	2	66	380	0	0	93	607
Call Handling	5	71	0	0	6	53	0	0	11	124
Other	1	4	0	1	0	1	0	1	1	7
<b>Total</b>	<b>32</b>	<b>300</b>	<b>33</b>	<b>283</b>	<b>87</b>	<b>585</b>	<b>94</b>	<b>666</b>	<b>246</b>	<b>1834</b>
Demand	71,137	486,816	60,804	416,351	68,263	595,980	121,591	849,503	321,795	2,348,650
Proportion	0.04%	0.06%	0.05%	0.07%	0.13%	0.10%	0.08%	0.08%	0.08%	0.08%



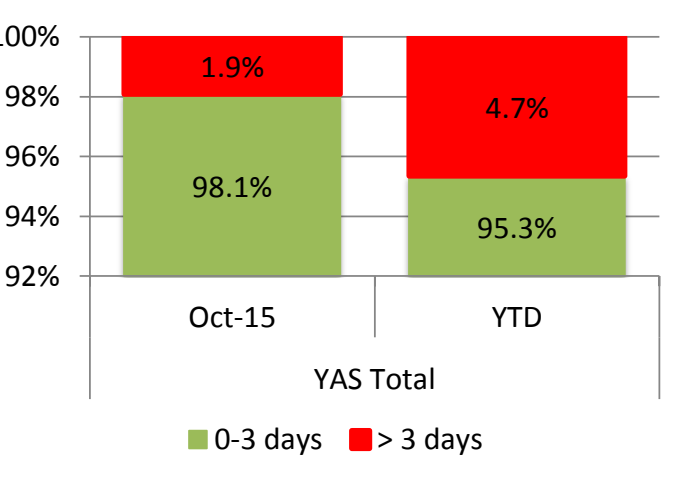
Delayed response remains the largest area of concern for YAS complainants - Emergency Operations and Patient Transport. 111 Ops attracted the largest number of complaints in October.

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



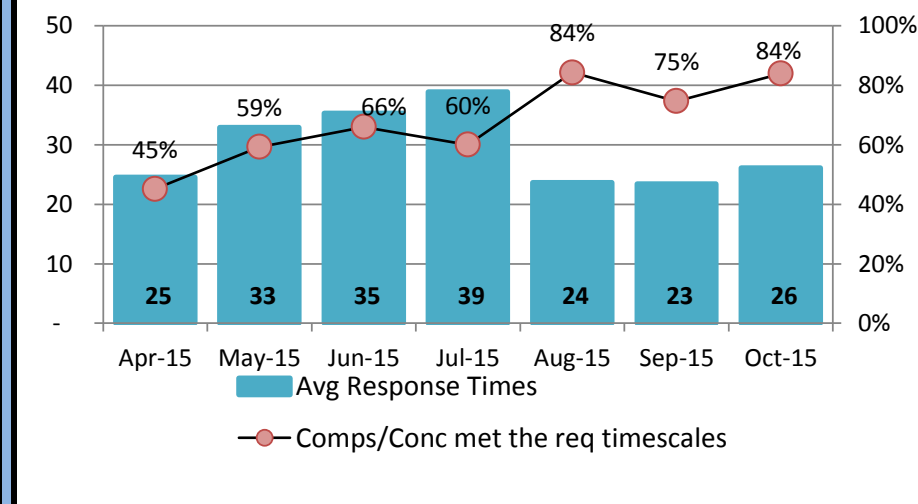
Complaints & Concerns for Red & Amber remain below target for all areas.

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



Acknowledgements to complaints have improved slightly in October and remain on target for YAS as a whole YTD

**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 26 days is being achieved

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

(YAS total inc HCP)	Total	
	Oct-15	YTD
Upheld	152	814
Not Upheld	85	598
Partly Upheld	48	409
<b>Total</b>	<b>285</b>	<b>1821</b>

A significant proportion of the cases closed this month have Upheld outcomes. Further analysis is to be undertaken to explore.

Total YAS	No. reopened	
	Oct-15	YTD
	4	31
<b>% of C&amp;C</b>	<b>3.2%</b>	<b>3.0%</b>

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

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

Total YAS	No. reopened	
	Oct-15	YTD
	4	31
<b>% of C&amp;C</b>	<b>3.2%</b>	<b>3.0%</b>



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

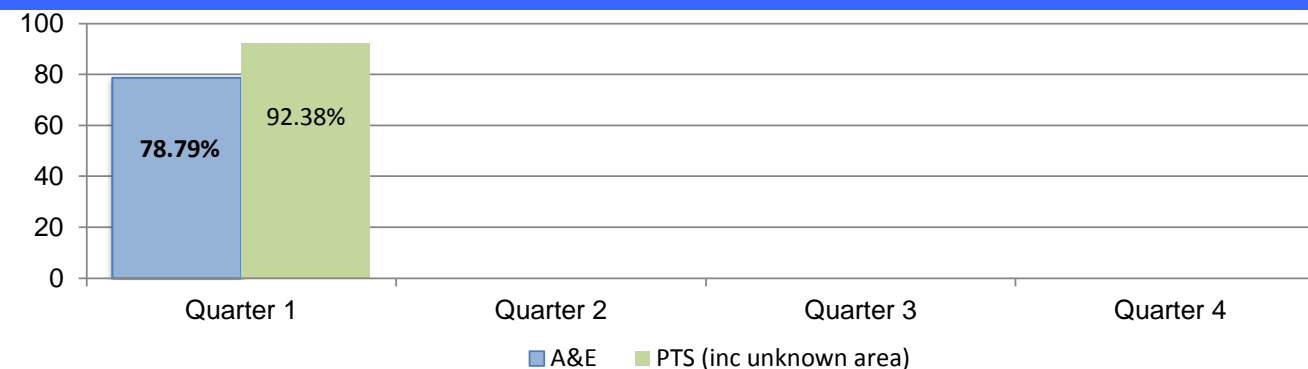
#### 8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes					
	Oct-15	YTD	Oct-15	YTD	Upheld		Partially Upheld		Not Upheld	
					Oct-15	YTD	Oct-15	YTD	Oct-15	YTD
EOC	0	3	0	3	0	0	0	0	0	3
A&E	1	6	0	3	0	0	0	1	1	4
PTS	0	1	0	1	0	0	0	0	1	1
111	0	1	0	1	0	0	0	0	0	1
<b>Total</b>	<b>1</b>	<b>11</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>9</b>

Only 1 referral was received in October, 2 outcomes have been received during the month with both being Not Upheld

### Patient Survey Results (Friends and Family Test)

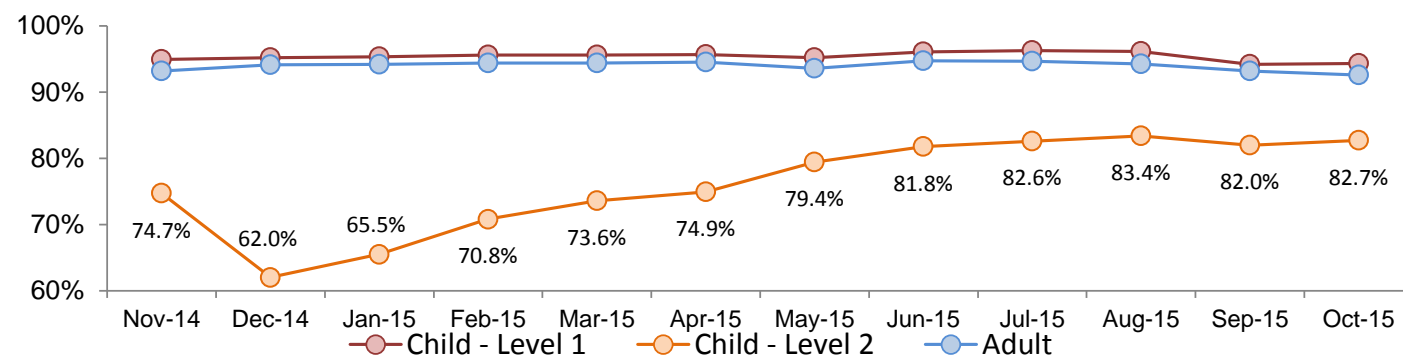
#### 9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



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

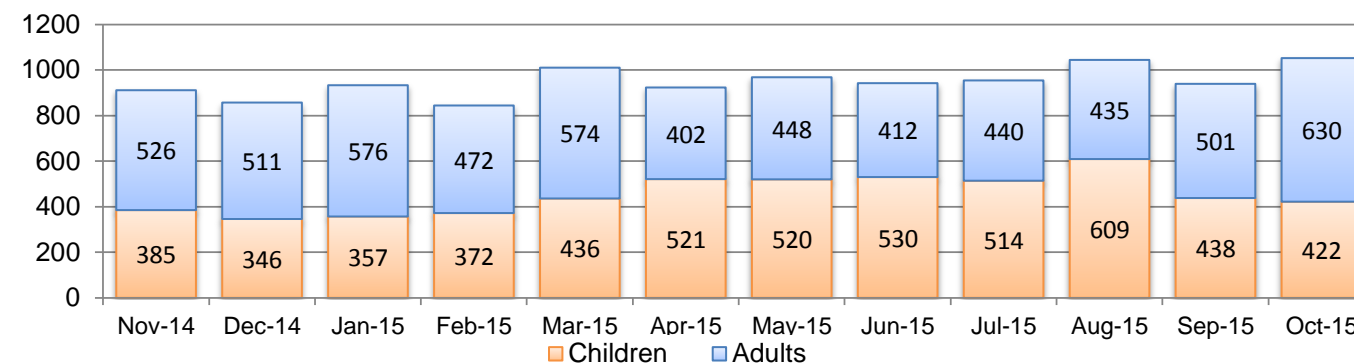
### Safeguarding

#### 10. Number of eligible workforce trained



Safeguarding compliance has slightly increased in October For Child Level 2, and has decreased slightly for Adult & Child Level 1 but all measures remain above 80%

#### 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

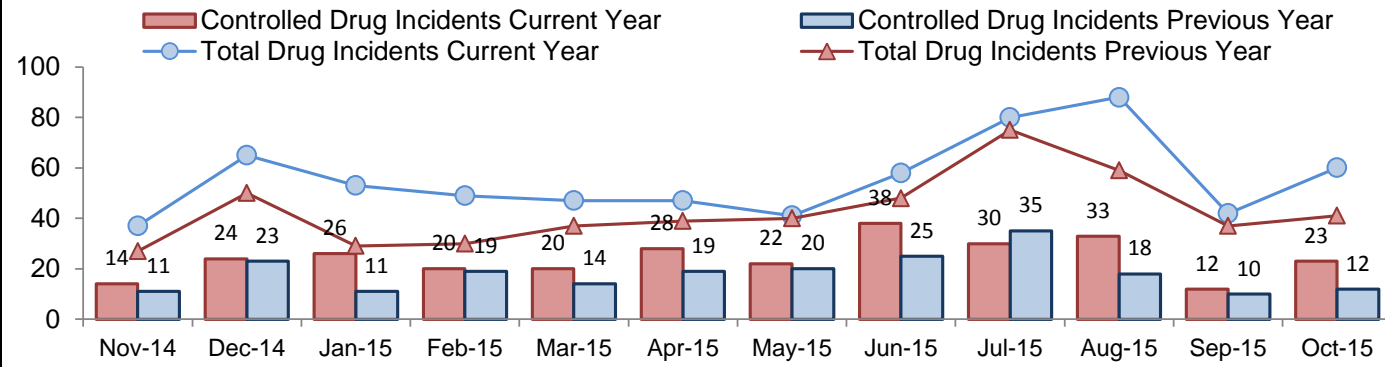
#### 12. Infection, Prevention and Control

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

IPC nurse validation audits undertaken at Emergency Departments illustrate a lower compliance of hand hygiene than provided by local staff reporting. Review of the audit process is underway. Bare below the elbows remains an issue in South A&E area and this is reflected in their audit cycle where hand hygiene compliance has dropped to 92%. Premise issues related to failure to dispose of clinical waste and untidy sluices.

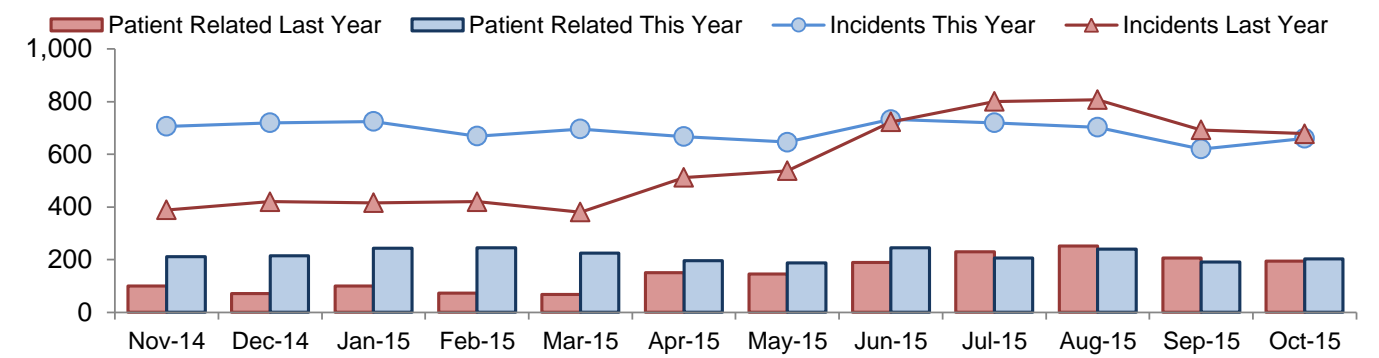
# Incident Reporting, FOIs and Legal Requests

## 13. Medicines Incidents



There were 23 Controlled Drugs incidents reported in October including 14 morphine ampoules broken/damaged and 3 lost CD keys, all processes have been followed and there have been no Controlled Drug losses reported. There has been 1 report of a paediatric Paracetamol dosing error in an Inter Facility Transfer, which resulted in no harm.

## 14. Incidents Reported

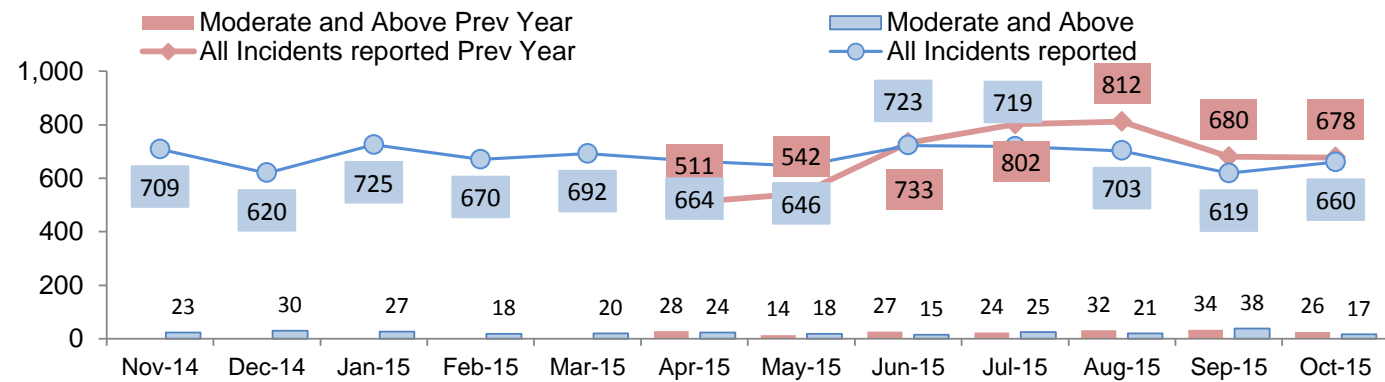


Patient related incidents, both clinical and non-clinical, make up 31% of all reported incidents which is consistent with previous months.

The top three categories of patient-related incidents are response-related, Care pathway and medical equipment related.

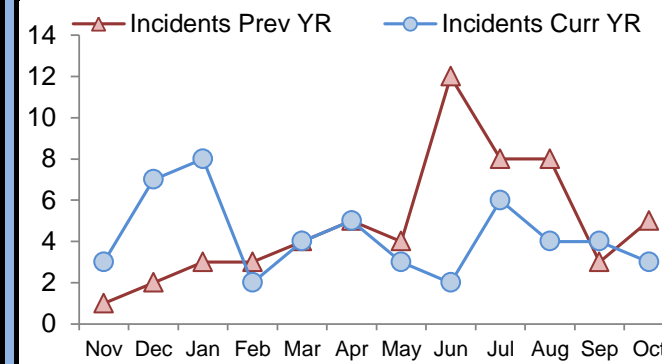
Patient-related Incidents graded no harm or minor harm represent 94% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.

## 15. Incidents, Moderate Harm and Near misses



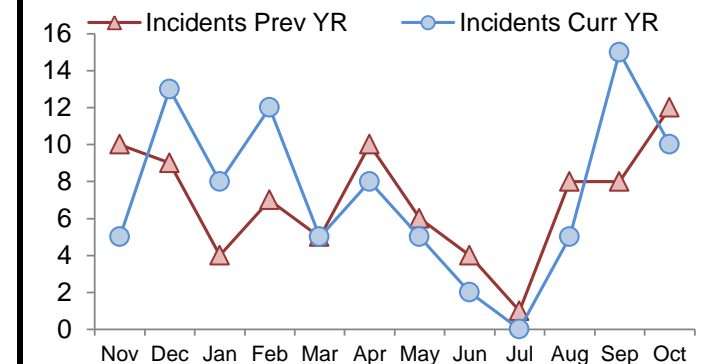
Incidents with a severity of Moderate and above represent 5% of incidents reported in October, 95% of incidents reported as no harm or minor harm. Incidents in the category of no harm represent 61.3% of the total number of incidents in October, which remains consistent with previous months. A&E Ops remains the highest reporting area reporting 67.3% 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, Medical equipment related and Moving and handling which is consistent with previous months.

## 16. Serious Incidents



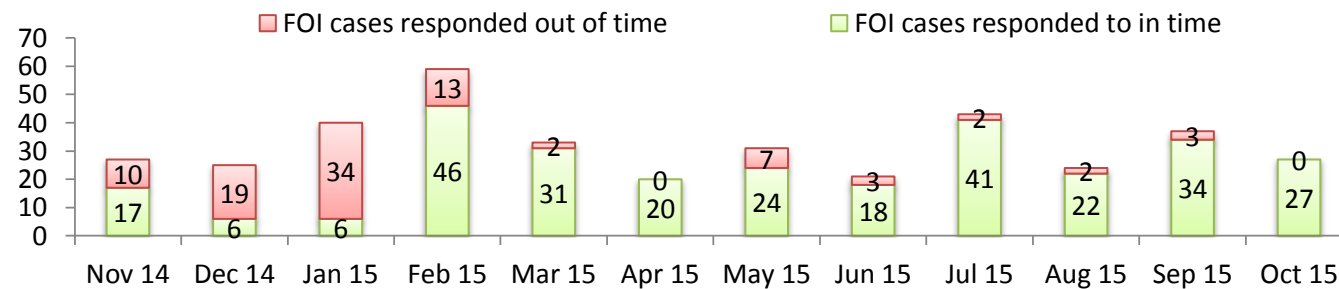
There were 3 Serious Incidents in October, 1 related to Inadequate clinical assessment and 2 due to Delayed dispatch.

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



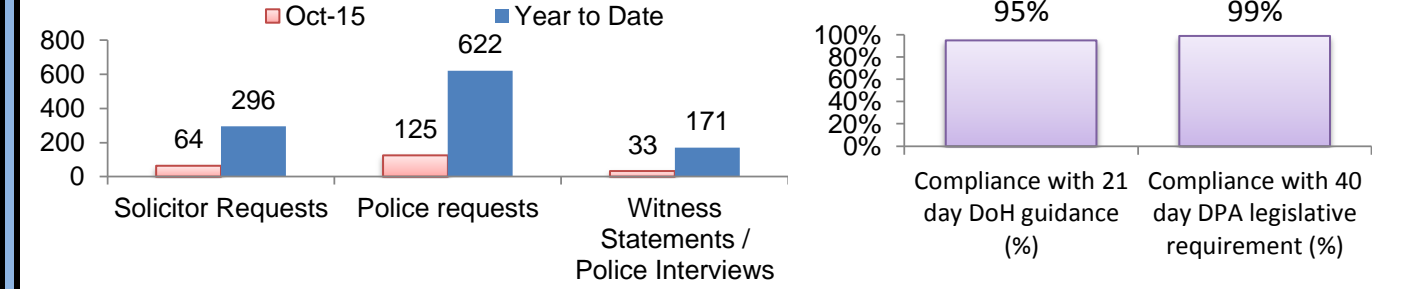
There were 10 Riddor Incidents in October (7 Manual Handling and 3 Slip/Trip/Fall)

## 18. FOI Requests



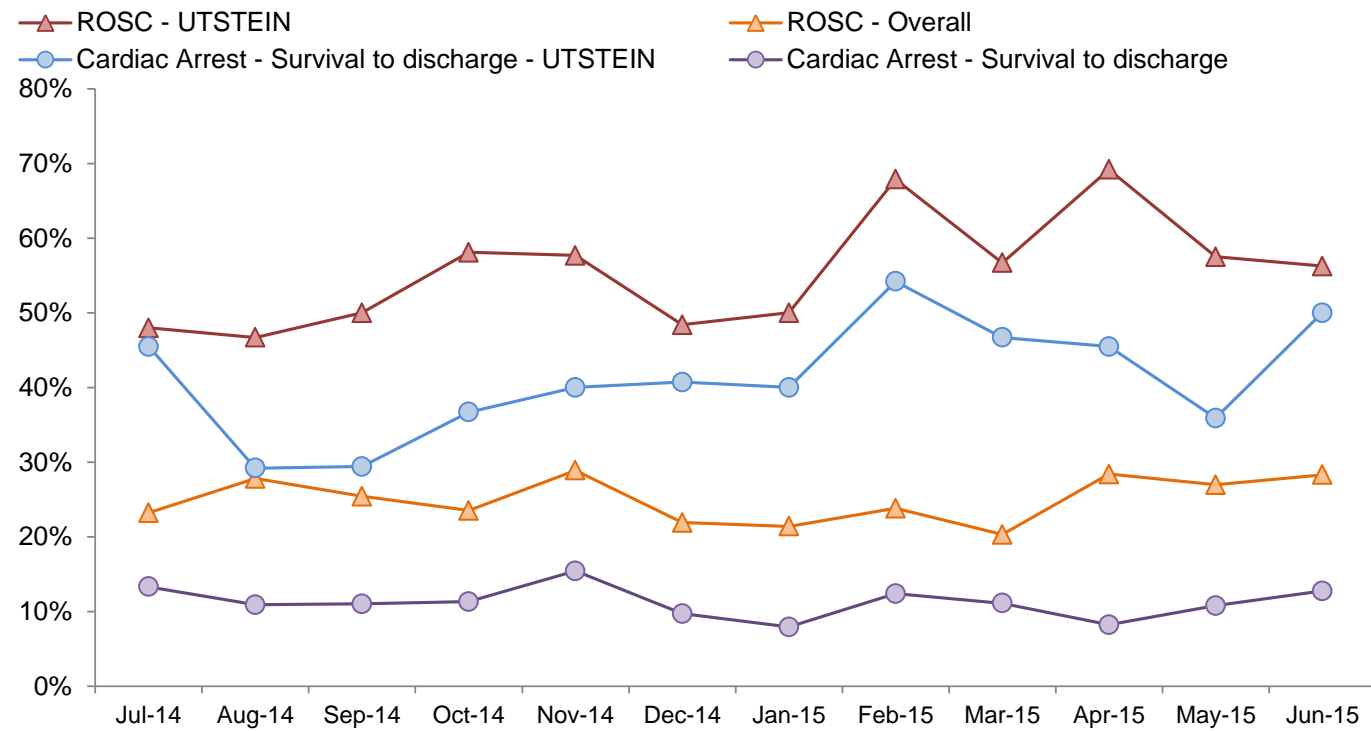
FOI Requests have decreased in October, with 100% of responses being completed in time.

## 19. Legal Requests



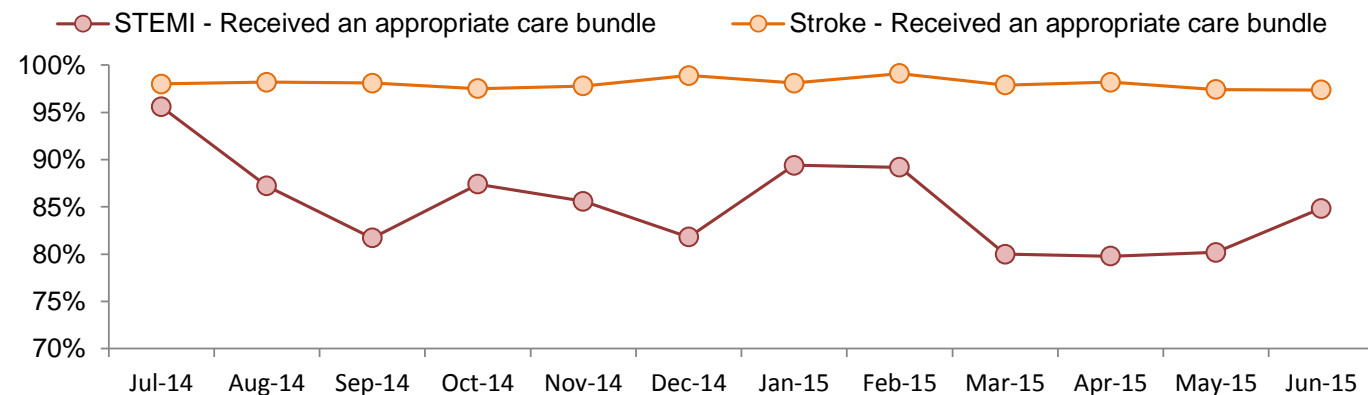
Compliance with requests remain high

20. Outcome from Cardiac Arrests



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. However, the general trend of improvement in Return Of Spontaneous Circulation (ROSC) has been maintained with a middle third trust performance. The overall Survival to Discharge is maintained however, the downward trend of the survival to discharge in the UTSTEIN group requires note in that the numbers of cases are small resulting in variability. June saw an increase in the STD figures.

21. AQI Care Bundle



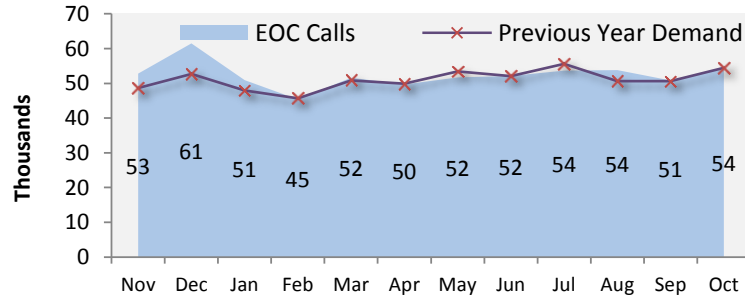
Care Bundle performance for stroke remains consistent in the high 90%. We are currently ranked in the top third of all Ambulance Trusts for these measures. A focus on recording two pain scores for STEMI has improved the care bundle performance overall

22. Clinical Performance Indicators

Trauma Care- Suspected limb fracture	CYCLE 14 % Results		CYCLE 15 % Results	
	Jan-14	Nat avg %	Jul-15	Nat avg %
F1- Two pain scores recorded	60.9	77.3	64.9	76.2
F2- Analgesia administered	89.9	87.4	93.0	90.2
F3- Immobilisation of limb recorded	72.5	60.6	63.0	64.6
F4- Assessment of circulation distal to fracture recorded	94.2	76.9	96.5	80.1
FC- Care Bundle F1, F2, F3 and F4	39.1	46.5	42.1	46.2

Issues around two pain scores and recording immobilisation are being addressed through the launch of a new Patient Care Record with improved fields for recording pain scores and immobilisation. Good compliance with administering analgesia and assessing distal pulses.

**1. Demand**



Service level is currently 1.7% higher YTD than 2014/15. Demand is 0.2% lower.

**Year to date comparison**

YTD	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95%)
2015/16	365971	364583	350066	96.0%
2014/15	366525	364240	343421	94.3%
Variance	-0.2%	0.09%	1.9%	1.7%

**3. Quality**

	Oct	YTD
<b>Serious Incidents</b> (Rate Per 1000 Responses))	2(0.03) ↓	12(0.02)

There was two serious incidents for October, year to date this now stands at 12.

<b>Total Incidents</b> (per 1000 calls)	49(0.69) ↑	384(0.81)
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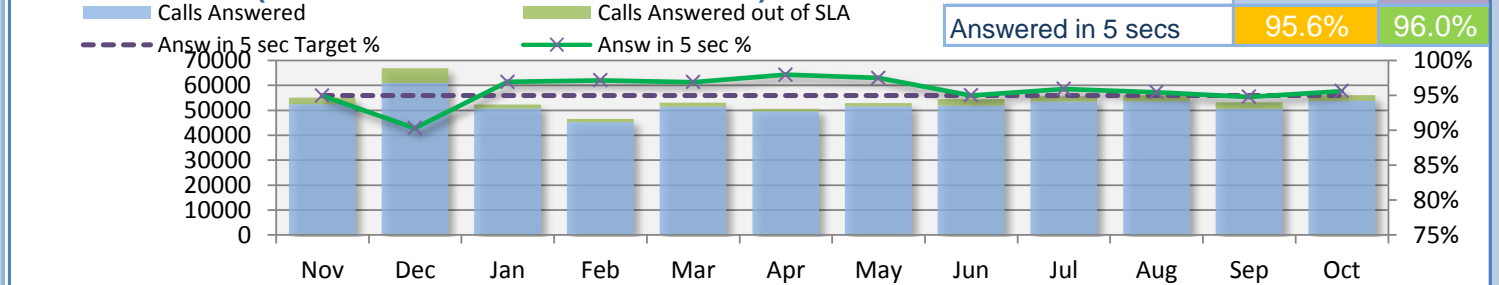
60% of new incidents are patient related and 20% are staff related

Feedback	Oct	YTD
Complaints	16 ↓	134
Concerns	3 ↓	71
Comments	1 ↑	8
Service to Service	13 ↓	95
Compliments	1 ↑	2

<b>Response within target time for Complaints and Concerns</b>	88%	47%
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Outcome of Ombudsman Cases	Oct	YTD
Upheld	0	0
Not Upheld	0	3

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



	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Calls Answered out of SLA	2658	5913	1556	1288	1597	1011	1294	2597	2175	2441	2635	2364
Calls Answered	52464	60951	50750	45252	51513	49596	51562	51907	53453	53677	50612	53776
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	94.9%	90.3%	96.9%	97.2%	96.9%	98.0%	97.5%	95.0%	95.9%	95.5%	94.8%	95.6%

EOC and Patient Relations are working closely together to improve response time to complaints and concerns. Continuous improvements and new initiatives with the EOC management team to improve performance. Work is ongoing to review call answer times within 5 seconds in the early hours with a view to improving this. Changes which will see improvements with Red 1 call connect to allocation. Continuous review of the Ambulance Response Programme (ARP).

**4. Workforce**

Oct-15	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	385	19.3	96	270	70%
Contracted FTE (before overtime)	364	18.2	91	254	70%
Variance	(22)	(1.1)	(5)		(5.6%)
% Variance	(5.6%)	(5.6%)	(5.6%)		
FTE worked inc overtime	388	26.4	83	279	72%
Variance	3	7.2	(13)		3.5%
% Variance	0.8%	37.1%	(14.0%)		

\*\* 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 for October was 5.6% under budget. With the addition of overtime, FTE worked was 0.8% over.

Both sickness and other absences for came below budget by 6.1 FTE.

**5. Finance (YTD Summary)**

	£000	Plan	Actual	Variance
Directorate Position		(7,887)	(7,647)	240
CIPs		756	1,407	651

The directorate is £240k favourable to plan year to date due to staffing shortfall / savings on vacancies.

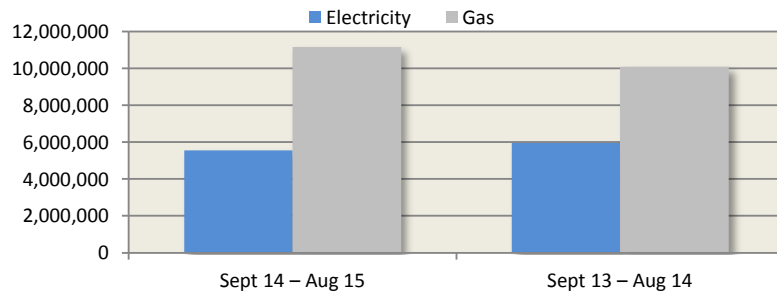
## 1. Demand

Number of Jobs Received - 392 of which 251 logged for YAS Estates Direct Labour.

Out of Hour Call's received - 8

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

kWh	Electricity (kWh)	Gas (kWh)
Sept 14 – Aug 15	5,558,442	11,166,443
Sept 13 – Aug 14	5,969,268	10,097,044
	-6.88%	10.60%



## 3. Quality of Service

- Five key risk management policies ratified by the board
- A further two Estates policies under development
- Estates are redefining the Estates structure to service the now acknowledged Estates Governance Assurance risks. We have established an Estates Management Group (ToR's agreed)
- Commenced standby generator testing

## 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:

- % of reactive maintenance requests completed within response timeframes - **236 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(Need Plant FM system Report Training)**
- **75 %** of statutory planned preventative maintenance site visits completed within response timeframes. **(Due to Dept Sickness we have not managed to achieve the 100% for October).**
- Training undertaken - **Basic Electrics Course completed by two Estates Maintenance workers**
- Appraisals undertaken - **100% completed**

## 4. Staffing

October 2015 (FT Equivalents)	FTE	Sickness (5%)
Budget FTE	16.0	0.8
Contracted FTE (before overtime)	14	2.2
Variance	(3)	1.4
% Variance	(15.6%)	
FTE (worked inc overtime)*	17.6	2.2
Variance	1.6	1.4
% Variance	10.1%	

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

Sickness in October for Estates was at 14%, an increase from Sept at 3.8%.

## 5. Finance

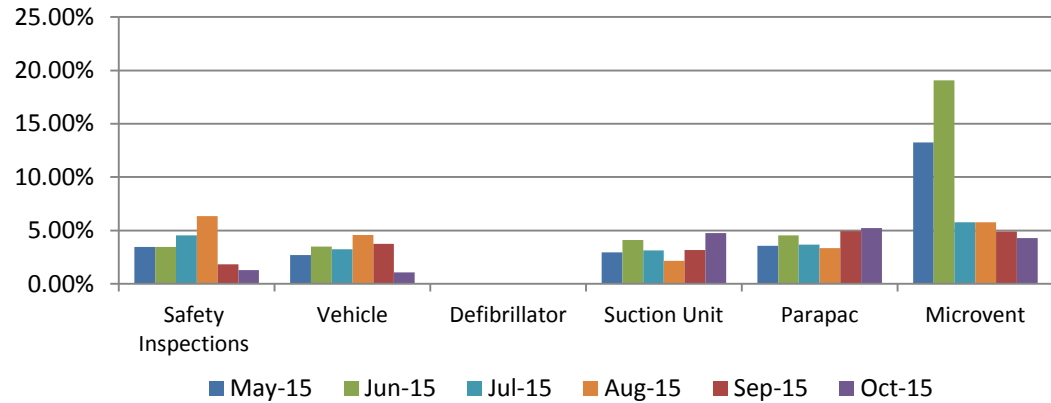
	YTD Plan	YTD Actual	YTD Variance
£000			
Directorate Position	(3,308)	(3,195)	113
CIPs	118	58	(60)

### Commentary

The directorate is £113k favourable to plan year to date due to staffing shortfall / savings on vacancies.



**1.1 Servicing - % of vehicles and equipment outside window**

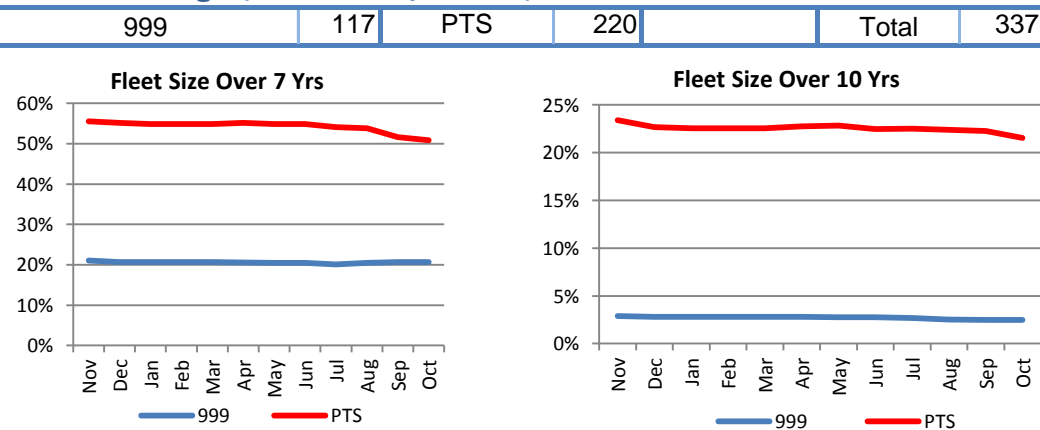


**Key Points**

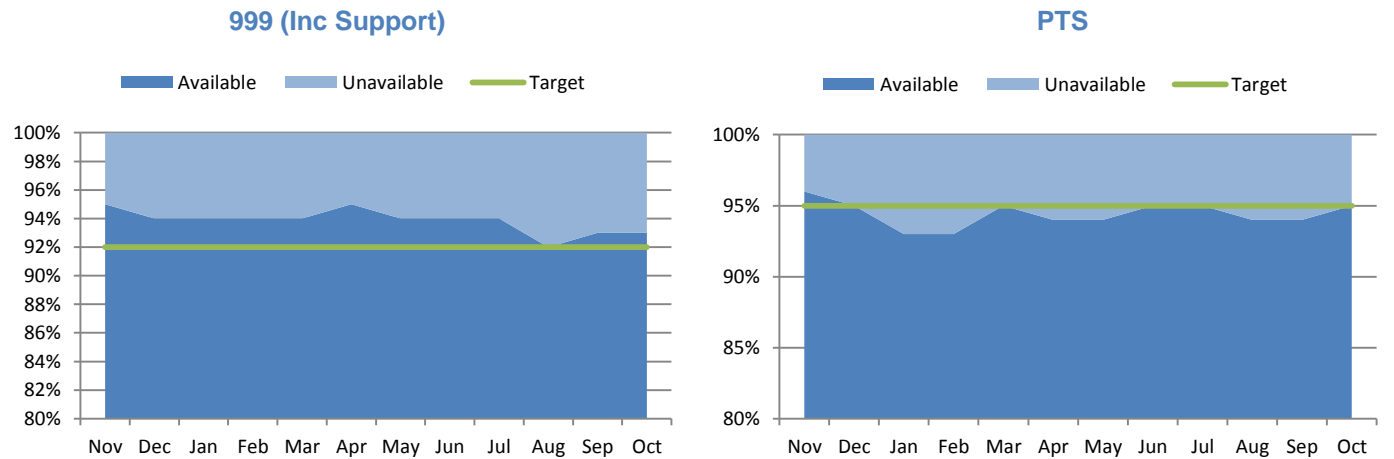
Number of vehicles serviced within target window has continued to improve in October to 1.1% Servicing and 1.3% Safety Check from September, This reflects the recent introduction of the Fleet service Breach Standard Operating Procedure. There is a slight increase in the medical devices servicing in October as the team has been targeting older service date equipment including Oxygen pipeline servicing. Vehicle deep cleaning has improved from 77 outside window in September to 61 in October.

Inspections/Services out of Window	May	Jun	Jul	Aug	Sep	Oct	%	DOT
Safety Inspections	19	19	25	35	10	7	1.3%	↓
Vehicle Services	10	13	12	17	14	4	1.1%	↓
Defibrillator servicing	0	0	0	0	0	0	0.0%	
Suction Unit servicing	18	25	19	13	20	30	4.7%	↑
Parapac servicing	11	14	12	11	17	18	5.2%	↑
Microvent servicing	25	36	10	10	8	7	4.3%	↓

**1.2 Vehicle Age (Vehicle >= 7 years old)**



**2. Performance**

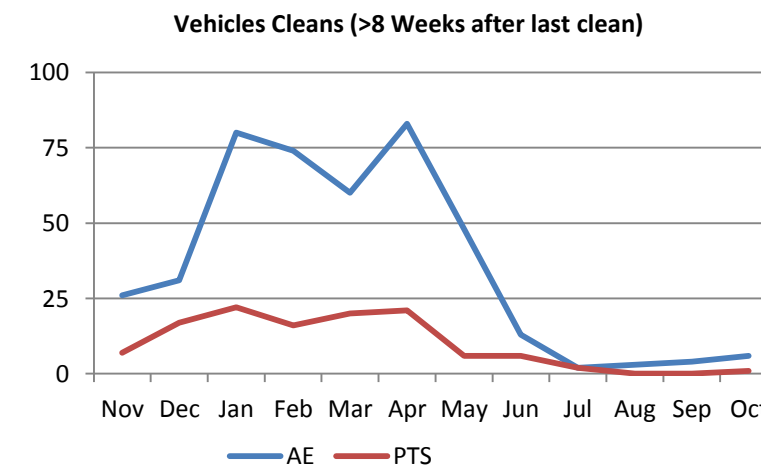


**Key Points**

999 vehicle availability has been maintained at 93% in October against the 92% target. The gradual introduction of new PTS vehicles into service is starting to have an impact as the VOR figures have improved again this month to 95% against the 95% target.

**3 Deep Clean**

	May	Jun	Jul	Aug	Sep	Oct	Oct % in Window	DOT
Vehicles Outside Window in Period	91	58	36	27	77	61	98.50%	↑



Increased staffing level and VOR ability of vehicles has enabled deep clean improvement, this is seeing a stability over the last 4 months. However, introduction of vehicle consumable checks at the same time as deep cleaning is having an impact on A&E Vehicle

**4. Staffing (Fleet Maintenance Only)**

YTD Summary (FT Equivalents)				Available	
	FTE	Sickness	Total	%	
Budgeted	100	5.0	95	95%	
Actual	93	6.1	87	93%	
Variance	(6)	1		-8%	
% Variance	-6%	+23%			

**Key Points**

Sickness in Fleet has reduced from 6.2% in September to 6.1% in October which is above the Trust 5% target .

**5. Finance (YTD)**

£000	Plan	Actual	Variance
Directorate Position	(13,422)	(12,369)	1,053
CIPs	545	707	162

The directorate is £1,053k favourable to plan year to date. This is mainly due to an insurance rebate of £994k and lower external to NHS / private income than planned, and lower than anticipated fuel and lease costs offset by higher maintenance costs to support operations.

## Annex 2 Ambulance Quality Indicators - YAS

Indicator	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-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%)	0:21	0:26	0:20	0:35	0:19	0:19	0:19	0:18	0:18	0:19	0:19	0:19	0:20	8	0:02	to	0:43
Time to Answer (99%)	1:12	1:28	1:04	1:38	0:48	0:43	0:47	0:30	0:33	1:05	0:55	0:57	1:01	6	0:28	to	1:30
Abandoned calls	1.09	0.78	0.82	2.56	1.79	1.52	1.45	0.91	0.63	0.90	0.80	0.70	0.85	7	0.25	to	1.05
Cat Red 8 minute response - RED 1 (75%)	68.7	73.1	71.5	63.4	70.6	71.6	73.5	74.9	73.7	69.4	70.8	68.7	70.1	9	66.4	to	79.6
Cat Red 8 minute response - RED 2 (75%)	70.7	73.9	72.2	60.4	67.2	70.0	72.3	72.7	73.5	70.4	70.1	70.0	70.4	6	64.9	to	76.0
95 Percentile Red 1 only Response Time	13:51	13:26	13:29	16:09	13:47	13:21	13:29	12:56	13:05	13:53	13:44	15:39	14:44	4	11:49	to	18:13
Cat Red 19 minute response (95%)	96.5	96.8	96.6	92.5	95.2	96.2	96.3	96.2	96.3	95.3	95.3	95.0	95.3	2	91.5	to	97.4
Time to Treat (50%)	5:51	5:36	6:07	7:15	6:56	6:19	6:07	5:44	5:38	5:54	5:51	5:53	5:48	3	5:57	to	8:52
Time to Treat (95%)	15:05	14:09	15:48	19:57	17:17	15:57	15:49	14:24	14:12	15:03	15:04	15:28	15:07	1	15:39	to	24:06
Time to Treat (99%)	22:49	21:59	24:34	32:35	26:35	24:26	24:13	21:26	21:34	22:40	22:30	23:38	22:48	2	23:49	to	47:45
STEMI - Care	80.7	85.5	80.2	80.7	89.4	89.2	75.8	86.0	84.5	85.1				4	57.7	to	91.8
Stroke - Care	98.1	97.5	97.8	98.9	98.1	99.1	97.9	98.2	97.4	97.4				5	96.2	to	99.7
Frequent caller *	2.09	2.38	2.33	2.79	3.03	2.10	2.50	1.63	1.49	1.90	1.51	1.80	1.63	6	0.24	to	2.20
Resolved by telephone	4.4	7.2	9.8	12.1	9.4	9.6	10.2	9.7	9.9	8.8	8.1	8.2	7.5	6	5.0	to	13.7
Non A&E	32.6	32.8	31.8	32.8	32.0	31.7	30.9	31.2	31.3	31.6	32.5	32.9	31.2	7	30.3	to	52.7
STEMI - 150	81.7	87.4	85.6	81.8	79.3	79.8	80.0	79.8	80.2	84.8				9	74.4	to	92.8
Stroke - 60	53.9	54.0	54.7	44.8	58.6	57.7	57.3	57.0	59.8	53.6				5	50.1	to	73.9
ROSC	25.4	23.5	28.9	21.9	21.4	23.8	20.3	28.4	27.0	28.3				5	24.3	to	34.0
ROSC - Utstein	50.0	58.1	57.7	48.4	50.0	67.9	56.7	69.2	57.5	56.3				2	44.9	to	66.7
Cardiac - STD	11.0	11.3	15.4	9.7	7.9	12.4	11.1	8.2	10.8	12.7				2	6.0	to	14.1
Cardiac - STD Utstein	29.4	36.7	40.0	40.7	40.0	54.2	46.7	45.5	35.9	50.0				2	21.2	to	44.2
Recontact 24hrs Telephone	8.2	8.5	8.4	8.2	3.1	3.2	4.0	1.7	1.8	1.5	1.5	1.8	1.9	1	1.7	to	14.7
Recontact 24hrs on Scene	3.7	3.4	3.5	3.6	3.9	3.4	3.5	3.3	3.5	3.2	3.0	3.1	3.2	1	3.2	to	8.2

Comments:- Clinical AQIs are performing well against other Ambulance Services. 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

Sep-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	September
Time to Answer - 95%		mm:ss	0:09	0:05	0:02	0:43	0:03	0:09	0:32	0:15	0:03	0:19	8	September
Time to Answer - 99%		mm:ss	0:42	0:28	0:41	1:30	0:28	1:14	1:20	0:58	0:31	0:51	6	September
Abandoned calls		%	0.30	0.49	0.25	1.05	0.36	0.81	0.79	0.64	0.57	0.79	7	September
Cat Red 8 minute response - RED 1	75%	%	73.8	75.8	66.4	74.5	78.0	72.3	73.5	76.0	79.6	71.2	9	September
Cat Red 8 minute response - RED 2	75%	%	70.5	64.9	65.0	74.5	76.0	73.4	74.3	67.4	76.0	71.2	6	September
95 Percentile Red 1 only Response Time		mm:ss	14:01	14:34	18:13	13:26	13:08	14:23	14:39	14:08	11:49	13:58	4	September
Cat Red 19 minute response	95%	%	91.9	92.1	93.5	94.8	95.0	94.4	95.1	91.5	97.4	95.5	2	September
Time to Treat - 50%		mm:ss	8:52	7:06	6:54	6:25	6:16	6:07	5:59	7:12	5:57	6:01	3	September
Time to Treat - 95%		mm:ss	17:40	21:51	18:56	20:52	22:10	19:41	19:21	24:06	15:40	15:39	1	September
Time to Treat - 99%		mm:ss	28:04	33:34	34:21	34:36	47:45	32:59	29:00	39:25	23:49	23:57	2	September
STEMI - Care		%	73.0	80.7	70.2	91.8	88.3	57.7	66.7	85.9	73.8	85.3	4	June
Stroke - Care		%	98.6	97.6	97.0	98.0	99.7	99.0	96.5	97.5	96.2	97.6	5	June
Frequent caller *		%	0.25	0.31	1.21	0.24	0.77	2.20				1.66	6	September
Resolved by telephone		%	9.7	6.2	13.7	6.3	10.5	7.9	11.2	11.8	5.0	8.7	6	September
Non A&E		%	30.3	40.9	34.1	31.3	30.7	42.1	43.9	52.7	37.6	31.8	7	September
STEMI - 150		%	92.8	91.0	86.4	82.5	88.0	85.6	91.4	74.4	86.2	81.6	9	June
Stroke - 60		%	55.4	55.0	62.3	68.2	73.9	53.6	65.2	50.7	50.1	56.7	5	June
ROSC		%	24.7	26.5	30.6	24.3	34.0	32.2	26.0	25.3	31.3	27.8	5	June
ROSC - Utstein		%	48.7	44.9	51.9	66.7	58.6	55.2	47.3	50.0	50.4	60.2	2	June
Cardiac - STD		%	6.0	6.1	7.2	7.8	9.0	14.1	8.2	10.4	10.1	10.6	2	June
Cardiac - STD Utstein		%	21.2	23.6	24.6	44.2	23.7	33.0	22.9	30.4	28.2	42.9	2	June
Recontact 24hrs Telephone		%	5.7	11.4	2.6	14.7	4.5	10.7	8.3	13.5	12.6	1.7	1	September
Recontact 24hrs on Scene		%	4.9	5.9	8.2	5.0	4.2	5.1	4.2	5.8	6.0	3.2	1	September

