



Integrated Performance Report – December 2015

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

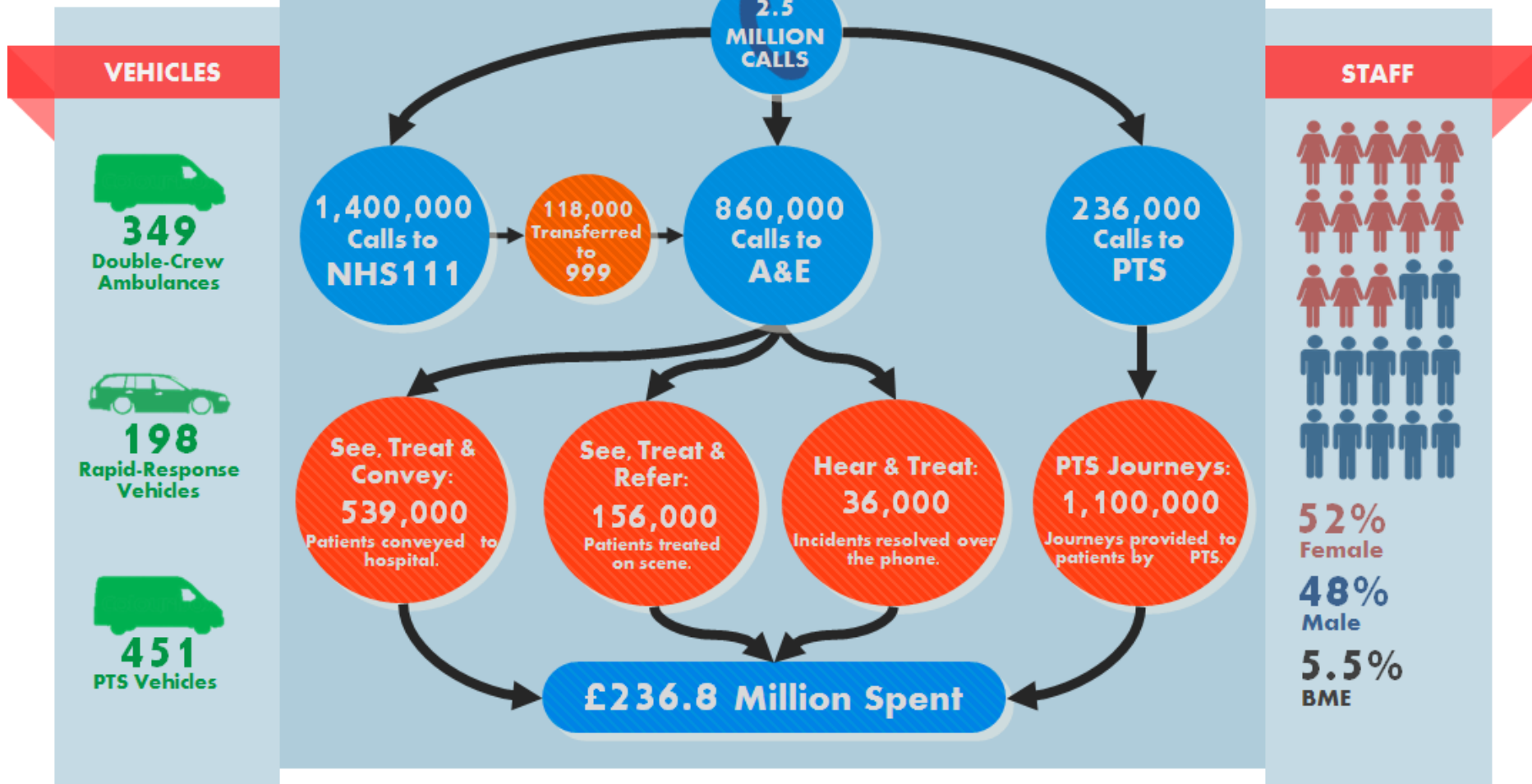
In December, 95% of Patients received a response at scene quicker in Dec 2015 than in Dec 2014 by 2 minutes and 22 seconds. YAS is the highest ranked trust for this target as well as for survival for patients suffering a cardiac arrest. YAS also ranks highly for the other quality indicators relating to care. These are shown via the Ambulance Quality Indicators in Annex 2.

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IPR Compendium (2014-15 Key Facts)

Key Facts & Figures for YAS



IPR Exec Summary – December 2015

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

- **111** calls are below contracted for December (7.8% - (11,702) calls), although year to date they remain 2.7% above plan (7.4% above last year). The Plan included a contracted growth level of 5%. 111 referral rate to 999 is performing well (<10%) and has decreased from last month to 7.5% compared to 8.1% in November.
- **999 Call demand** significantly below plan in December (8.7%), (<7,128) n.b. significant support to flood affected areas.
- **Hear & Treat (H&T)** is c.33% below the profiled plan in the month however YAS are effectively managing significantly more calls YTD (11.4% up on plan). This has positively reduced ambulance responses. This helps to make more resource available to other and particularly critical Red calls.
- **The See Treat & Refer (STR) activity** is lower than planned mainly due to the increased use of Urgent Care Practitioners and the success of the investment schemes (111, Mental Health and Frequent Callers) which are targeted at reducing ambulance responses.
- **A&E Responses at scene** (At least 1 vehicle arriving at scene). Red responses were below plan by 2% for December, however they were still 10% above the demand in November (2,554 more Red responses in December compared to November). Red 1&2 ambulance response performance met the revised trajectory for December and both remain above 71% YTD. This achievement demonstrates continued A&E service efficiency (higher performance vs resource hours available). Red demand responses for Dec 2015 make up 48.1% (46.4% Dec 2014) of all responses, increasing the pressure on the 8 minute response as more resources are required.
- **999 Performance** against 8 min75% target Red 1 (achieved 8m 43s) and Red 2 (achieved 8m 39s) Both were above those achieved in Dec14.
- **PTS –Performance** - Overall PTS performance (all areas combined across Yorkshire & Humber) continues to report a good positive position - KPI 2 getting patients to their appointment on time achieving 84.2% (target 82.9%) and KPI 3 collected after appointment - 90.7% (target 91.7%).- Vehicle availability across all areas has significantly improved performance due to new fleet arriving during October / November. Patient Bookings: Journeys delivered across the region continues the monthly trend on reduction in activity across all consortia. Call taking performance: Calls answered within 3 minutes for December 82.9% with a YTD total of 82.7%.

111 Headline Metric	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Call Answered	149,968	138,266	(11,702)	(7.8%)	1,082,076	1,111,462	29,386	2.7%
Calls Answered (60 Secs)	142,470	127,879	(14,591)	(10.2%)	1,027,972	1,029,412	1,440	0.1%
999 Referral Numbers		10,437				86,732		
999 Referral Rate		7.5%				7.8%		

A&E Contract (CCG R&G Jobs only)	Month Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Calls (Demand)	81,933	74,805	(7,128)	(8.7%)	648,280	623,261	(25,019)	(3.9%)
Hear and Treat (H&T)	5,234	3,489	(1,745)	(33.3%)	26,042	29,008	2,966	11.4%
See, Treat and Refer (STR)	15,108	13,109	(1,999)	(13.2%)	121,676	109,101	(12,575)	(10.3%)
UCP Demand (STR)		1,085	1,085			9,583	9,583	
All STR inc UCP	15,108	14,194	(914)	(6.0%)	121,676	118,684	(2,992)	(2.5%)
See, Treat and Convey (STC)	48,112	46,287	(1,825)	(3.8%)	407,523	390,214	(17,309)	(4.2%)

A&E Ambulance Response Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
Red Responses (STR+STC) Ex OOA	29,407	28,819	588	2.0%	226,371	225,260	(1,111)	(0.5%)
Red 1 Performance	75%	69.0%			75%	71.7%		
Red 2 Performance	75%	71.0%			75%	71.5%		
Green Responses	33,493	30,339	(3,154)	(9.4%)	300,156	271,848	(28,308)	(9.4%)
Red to Green Ratio	46.8%	48.1%		1.9%	43.0%	45.3%		2.3%

PTS Headline Metric	Contract	Month Actual	Var	Var %	YTD Contract	YTD	YTD Var	YTD %
PTS Demand	68,727	62,918	(5,809)	(8.5%)	655,500	607,566	(47,934)	(7.3%)
Inbound Journeys	82.9%	84.8%			82.9%	84.2%		
Outbound Journeys	91.7%	91.1%			91.7%	90.7%		

Support Services

- **Finance:** The Trust submitted a revised financial plan to the NHS TDA in September in line with other Trusts nationally. Against this revised plan the Trust has a cumulative surplus as at the end of (M9) December of £2.12m, a positive variance of £0.3m above plan. This positive variance of is principally due to vacancies (reduced staff costs to plan). This is offset by adverse performance delivery and therefore contract penalties
- **Workforce:** The sickness absence rate for December 2015 stands at 6.3% which is an increase of 0.4% from the previous month. This continues to compare favourably to the same period last year when it stood at 7.2%. The 12 month figure stands at 5.7% compared to the 6.5% for previous 12 months. Turnover has risen to 11.7% for the last 12 months compared to 10.1% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles.
- **Complaints, concerns and comments** increased in December 2015, 280 (0.1% of incidents) compared to November 2015, 216 (0.1%). Acknowledgement times were marginally improved in December at 98.3% (acknowledged within 3 days) compared to November 97.8%.
- **Safeguarding compliance** has increase in December compared to November, and all measures remain above 83%.
- **Incident reporting** overall has increased in December with 32 more incidents in December compared to November. The proportion of incidents with moderate and above harm is 4.7% which is higher than the November figure although within the range previously seen.
- **Clinical:** YAS has improved and is now in the top third in 13 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. Work continues on improving the STEMI care bundle which regrettably is adversely affected by clinicians not recording a second pain score following administration of analgesia.

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

Business objectives: The delivery of consistent Red 1 and Red 2 8 minute 999 response times has not been delivered as planned (75% target) and therefore has a RED RAG status. (YTD for Red 1 is 71.7% [8m 25s] and Red 2 [8m 31s] is 71.5%)

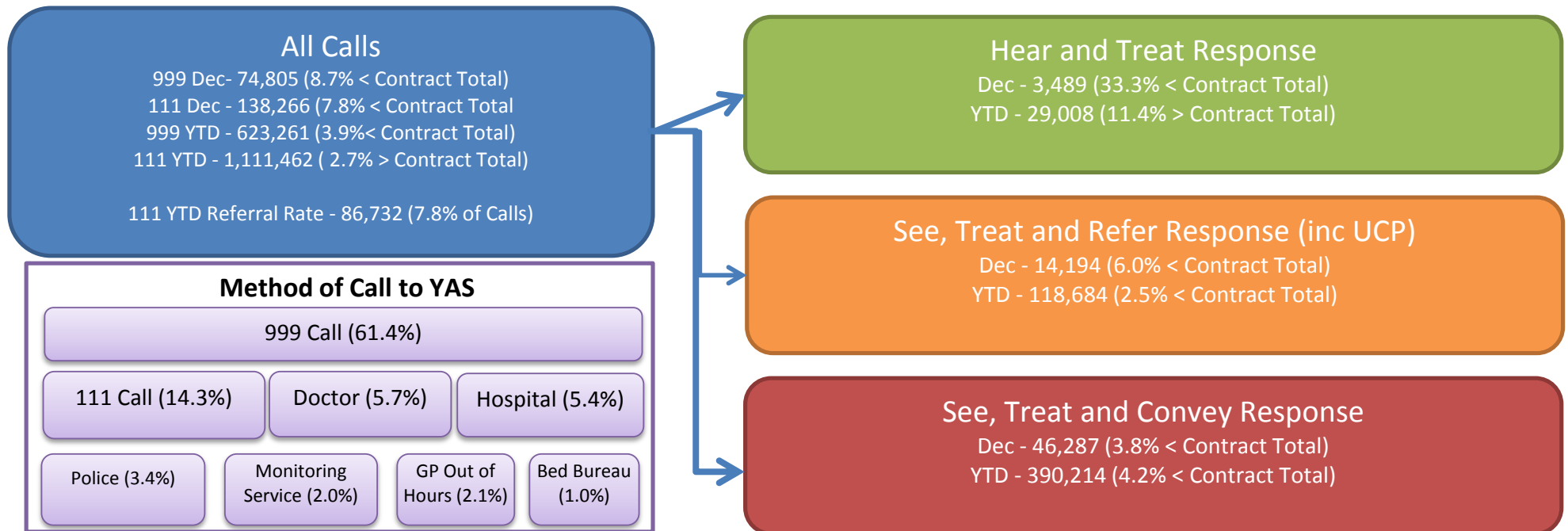
CQUINS: Majority of CQUINS are on track to deliver. A Red risk on paramedic pathfinder is due to data capture challenges on the paramedic pathfinder tool. In recognition that Clinical Quality is being enhanced a request for a contract variation remains currently in draft following discussion with commissioners. A Red risk has also been flagged on the Mental Health pathways. The Mental Health report for Q3 did not meet requirements. Additional focus is being applied to key areas of commissioner feedback for Q4.

Demand and Performance – A&E

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

Contracted Demand (Payment By Results Categories)

Demand (999 Calls) overall in December was below plan, and the gap between the planned YAS activity has increased YTD (plan predicted based on Feb 2015 forecast with 3.8% growth). Calls are 3.9% less than contracted YTD compared to November YTD which was 3.2%. The contract has 3 key categories of response . Hear & Treat - YAS are triaging more calls (11.4% YTD) than contracted whereas the other categories are all under contract levels at this point for 2015-16. Activity involving ambulances that have arrived at scene (responses) has not grown as much as previous years due to various internal factors including a reduced referral rate from 111, and increased use of the clinical hub for triaged calls. Fewer calls are being conveyed to hospital by either being resolved over the phone or dealt with on scene. Other factors also affect demand such as weather patterns and take-up of out of hours services. Note Red Demand as a % of Calls remains level with plan (see below).



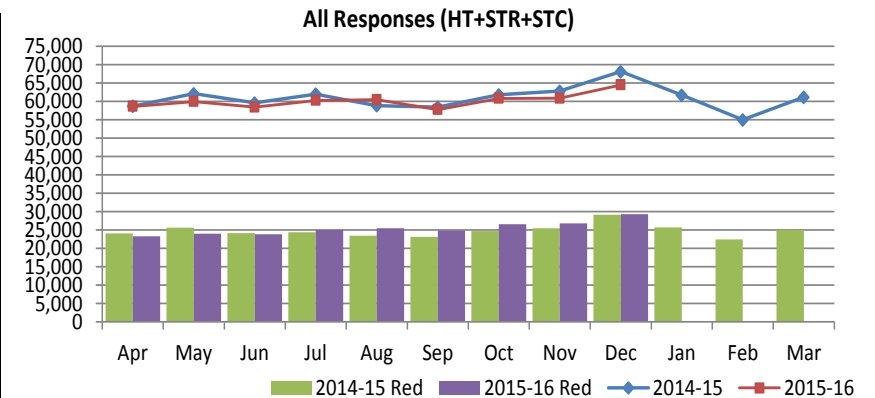
- *Note: 111 referral rate has decreased to 7.5% in December from 8.5% 2015-16 baseline, and call volumes have increased leading to less referrals than last year. So far this year 111 have transferred 86,732 calls for an ambulance response, a decrease of 0.9% compared to April to Dec 2014.*

Demand and Performance – A&E

Contract by PBR categories

	Actual Dec	Plan Dec	Var Dec	Var % Dec	Actual YTD	Plan YTD	Var YTD	Var % YTD
Calls	74,805 ↓	81,933	(7128)	(8.7%)	623,261 ↓	648,280	(25019)	(3.9%)
Hear and Treat (Triage)	3,489 ↓	5,234	(1745)	(33.3%)	29,008 ↓	26,042	2966	11.4%
See, Treat & Refer	13,109 ↓	15,108	(1999)	(13.2%)	109,101 ↓	121,676	(12575)	(10.3%)
See, Treat & Refer (UCP)	1,085	0	1047	N/A	9,583	0	9583	N/A
See, Treat & Refer Total	14,194 ↓	15,108	(914)	(6.0%)	118,684 ↓	121,676	(2992)	(2.5%)
See, Treat and Convey Total	46,287 ↓	48,112	(1825)	(3.8%)	390,214 ↓	407,523	(17309)	(4.2%)

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



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

Due to a higher number of red responses and less resources hours available than planned, performance for responses categorised as the most life threatening (Red 1&2) did not reach the target of 75% in Dec. Performance in December 2015 was lower than November 2015 however, this was substantially higher than December 2014.

Red responses for December 2015 made up 48.7% of all responses, increasing the pressure on the 8 minute response times due to both resources despatched and extended job cycle times. YAS is the highest nationally in terms of red demand ratio.

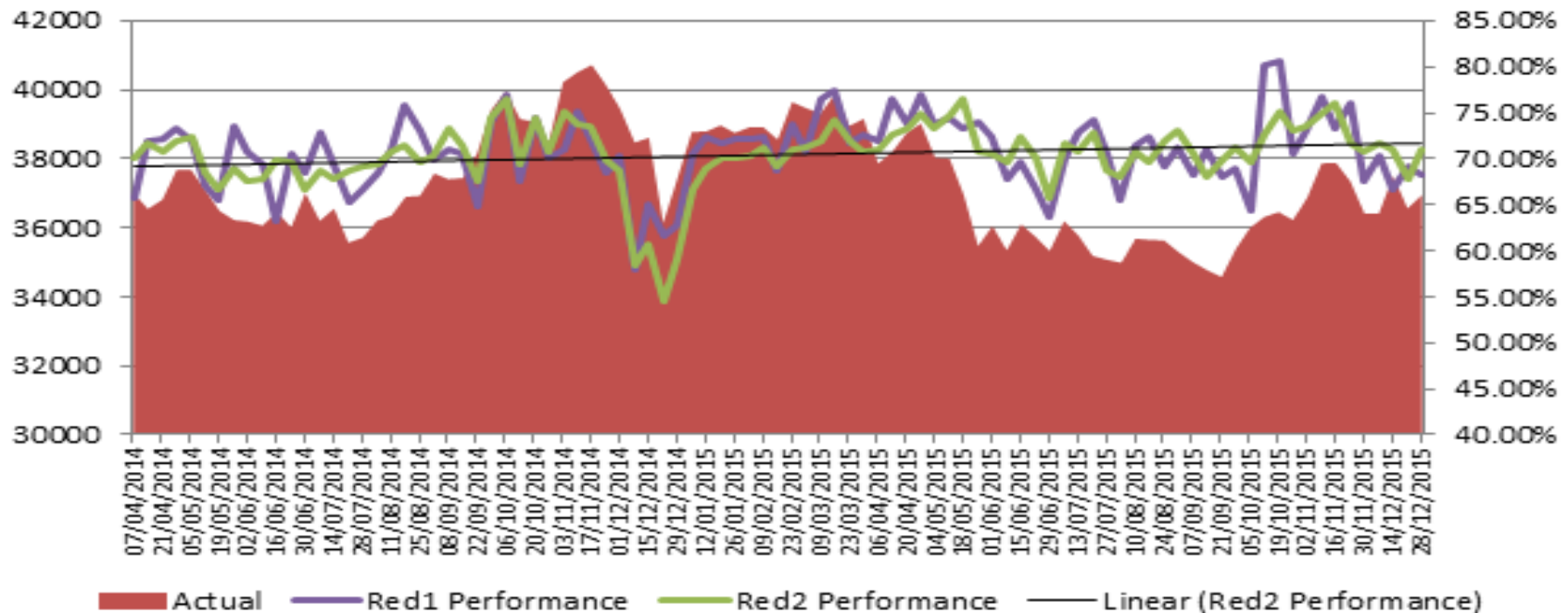
December	Month Actual	Previous Month	Same Month Last Year	Target
Red 1 Performance	69.0% ↓	73.8% ↑	63.4% ↓	75.0%
Red 2 Performance	71.0% ↓	73.3% ↑	60.4% ↓	75.0%
Red 1 Responses (Arrived Scene)	1,852 ↑	1,655 ↓	2,033	
Red 2 Responses (Arrived Scene)	27,490 ↑	25,133 ↑	27,100	
Total Responses (Arrived Scene)	60,998 ↓	57,878 ↓	62,857	
Red Ratio	48.1% ↑	46.3% ↑	46.3%	
Daily Average Resource Vehicle (GMA) Hours	5,254 ↓	5,339 ↓	5,455	

Demand and Performance – A&E

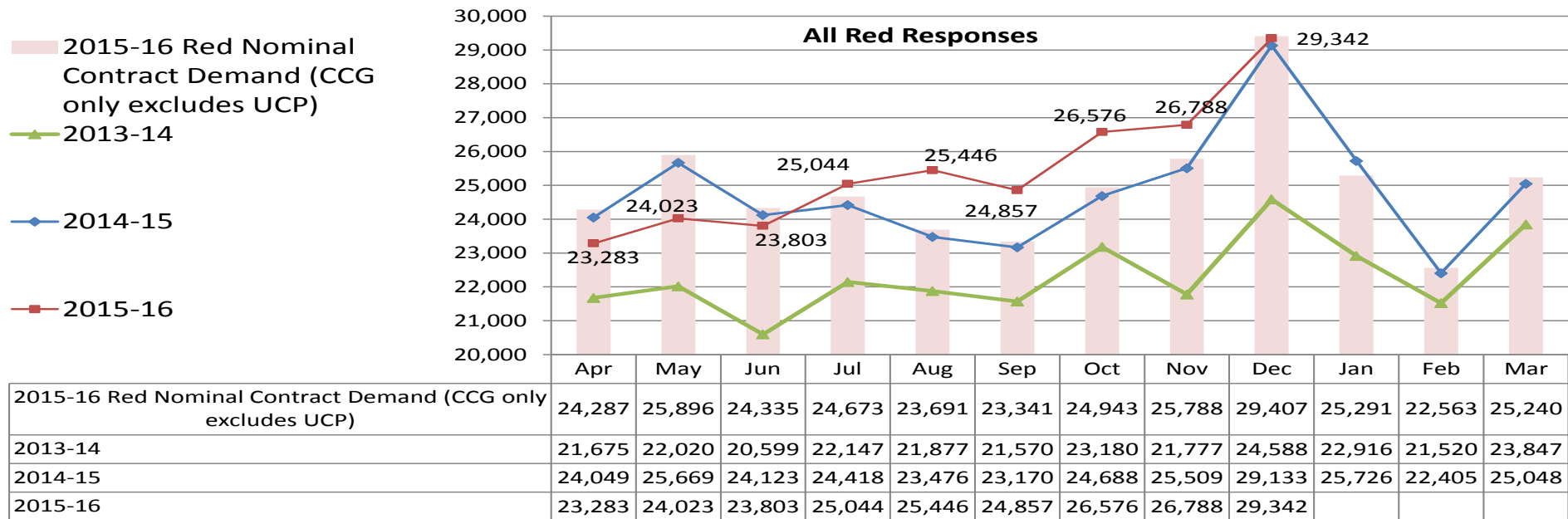
The drop in resource hours available this year is due to continuing vacancies and a reduction in the amount of hours taken up through overtime. Other abstractions in particular training also increased. In December there was a decrease in the number of daily hours available due to seasonal annual leave.

Current Abstraction rates are around 34% increasing the pressure on the service as anticipated levels should be around 31%. Overtime was slightly above plan at 8.5% (Plan 8.4%). YAS put out 235 fewer unit hours per day than originally planned impacting on our ability to hit targets.

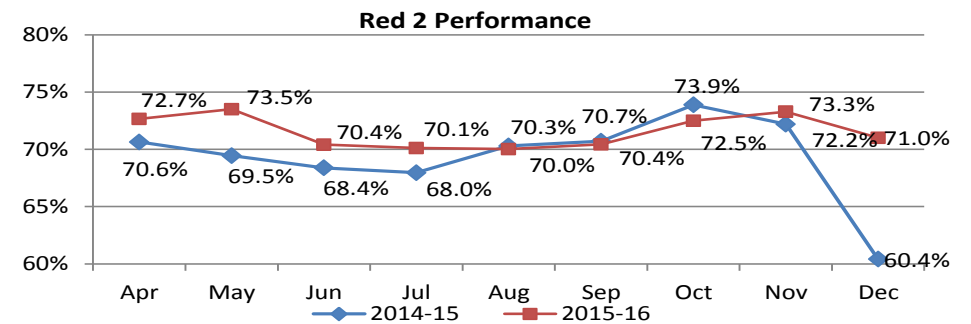
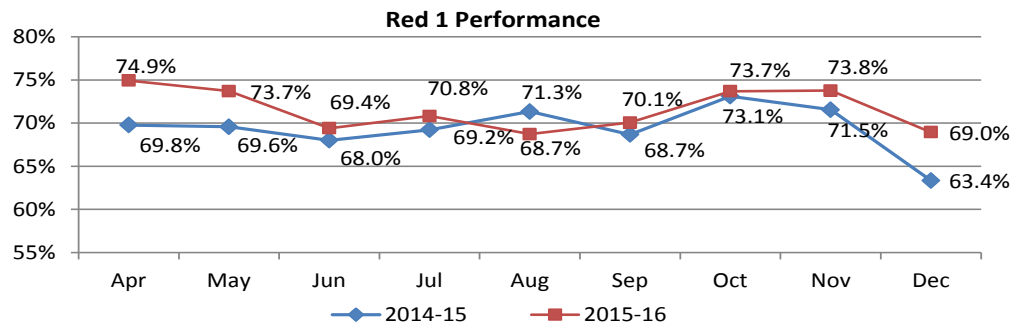
Hours Vs Performance Graph by Week



Demand and Performance – A&E



- Red1 - 112 Jobs (3.6 per day) short of updated trajectory target at 75%. Red 1 responses were down by 8.9% compared to December 2014.
 - 75% of patients were seen within 8 minutes and 43 seconds, this was 34 seconds slower than November.
 - 95% of patients were seen within 14 minutes and 35 seconds, this was a decrease of 76 seconds.
- Red2 – 1,099 jobs (36 per day) short of updated trajectory target at 75%. Red 2 responses were up by 1.4% compared to December 2014.
 - 75% of patients were seen within 8 minutes and 39 seconds, this was 23 seconds slower than in November.
 - 95% of patients were seen within 15 minutes and 32 seconds, this was a decrease of 63 Seconds.

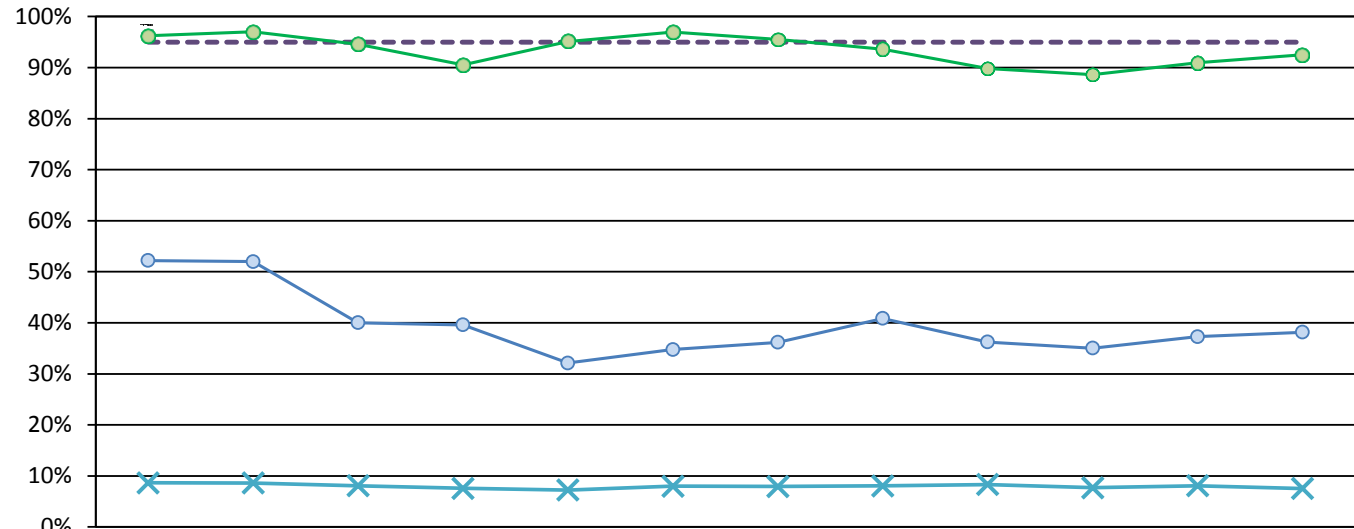


Demand and Performance – NHS 111

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

NHS 111 Key Indicators for Performance

YTD Answered calls are 7.5% (77,325) up on last year volumes versus a contracted growth of 3%. Year on Year there's been a 8.6% (81,854) increase in calls answered in 60 seconds.



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
--- Ans in 60 and Clinical Targets	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
—●— Ans in 60 secs %	96.2%	97.0%	94.5%	90.5%	95.1%	97.0%	95.5%	93.6%	89.8%	88.6%	90.9%	92.5%
—x— Referred to 999 %	8.6%	8.6%	8.1%	7.6%	7.3%	8.0%	7.9%	8.1%	8.3%	7.7%	8.1%	7.5%
—○— Warm Transferred Or Called back in 10mins (%)	52.2%	52.0%	40.0%	39.6%	32.1%	34.8%	36.2%	40.9%	36.2%	35.0%	37.3%	38.2%

With calls answered demand running at 2.7% (29,386 calls) above the level funded within the contract, key KPI's have fallen and a capacity review has been requested with commissioners in order to ensure patient care can be maintained.

Referrals to 999 went from 8.1% to 7.5% from November to December and have dropped by 1% year on year (a reduction of 14.4%).

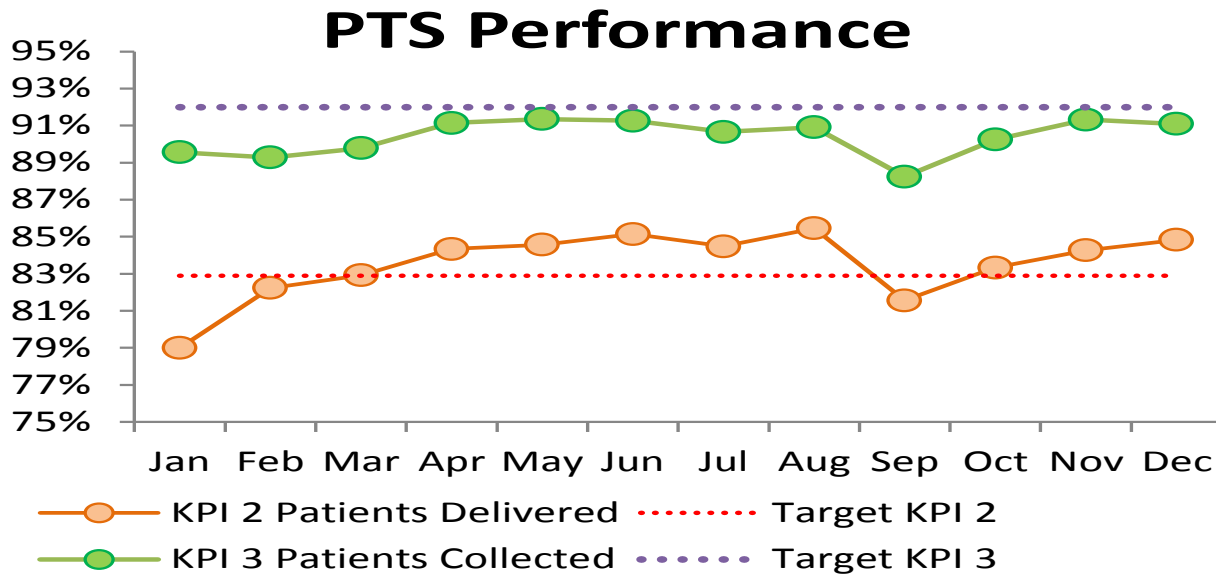
Staff Resource Contracted Full Time Equivalent (FTE), including overtime, was 18% below budgeted for December. Available time was 24.9% under planned due to increase in Budget FTE. A cohort of new staff is currently in training with a further additional intake due to commence in February.

Demand and Performance - PTS

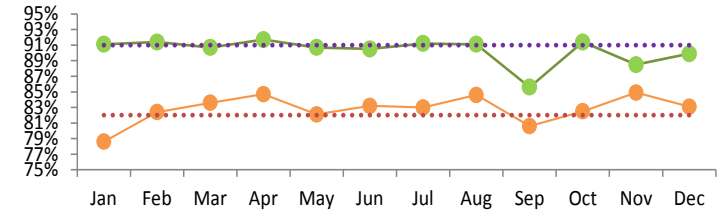
PTS (Lead Director: Chief Executive – Rod Barnes, Nominated Lead: Associate Director PTS – Chris Dexter)

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

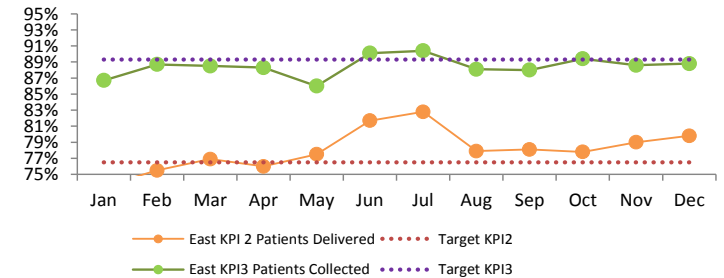
West Yorkshire KPI 2 (inward) and KPI 3 (outward) achieved target with both KPI's remaining on target YTD. East Yorkshire KPI 2 (inward) achieved with KPI 3 (outward) narrowly missing target by 0.7%, both KPIs remain strong YTD. North Yorkshire KPI 2 (inward) achieved with KPI 3 missing target by 1.0%, both KPIs remain strong YTD. South Yorkshire KPI 2 (inward) missed target by 6.3%, KPI 3 (outward) achieved 89.1% against a higher CCG threshold target of 95.0% which although not met, continues to be a positive improvement. Overall PTS performance (all areas combined across Yorkshire & Humber) continues to report a good positive position - KPI 2 getting patients to their appointment on time achieving 84.2% (target 82.9%) +1.3% and KPI 3 collected after appointment - 90.7% (target) 91.7% - 1%.



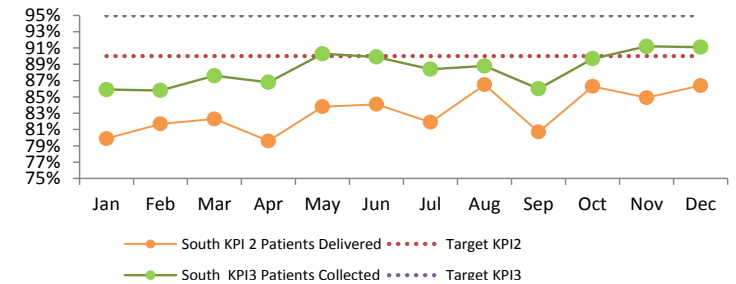
PTS Performance North



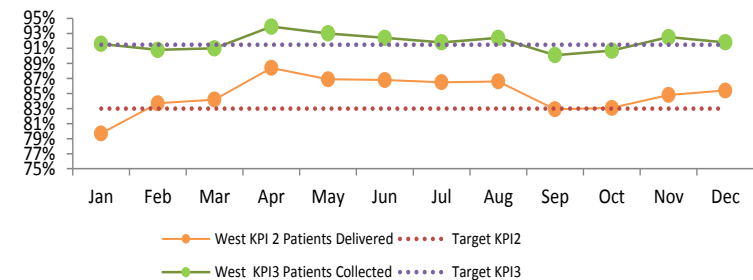
PTS Performance East



PTS Performance 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 an increase in complaints and concerns from patients for all service lines in line with the increase in activity. Response times for complaints and concerns against timescales agreed with the complainant shows an improvement in December (90%) compared to November (80%), the average response time has decreased from 27 to 26 days.

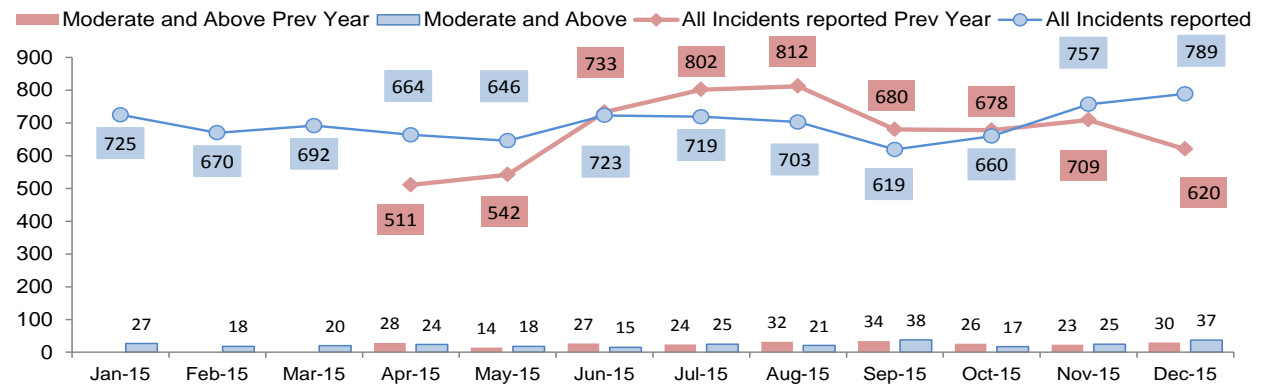
Incidents Reported and Level of Harm

Incidents with a severity of moderate and above harm represent 4.8% of all incidents reported in December, with 95.2% of incidents reported as no or minor harm. No Harm Incidents remains consistent with previous months (63.8% of the total number of incidents in December).

A&E Ops remains the highest reporting area reporting 69% of all incidents, again reflective of previous months. The top 5 coded categories in A&E Ops this month are Vehicle-related, Response-related, Violence and aggression, Medication related and Moving and handling which is consistent with previous months.

Patient related incidents remain consistent, both clinical and non-clinical, make up 28.5% of all reported incidents. 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 90.5% of patient-related incidents. Incidents graded initially as moderate and above are reviewed at Incident Review Group.

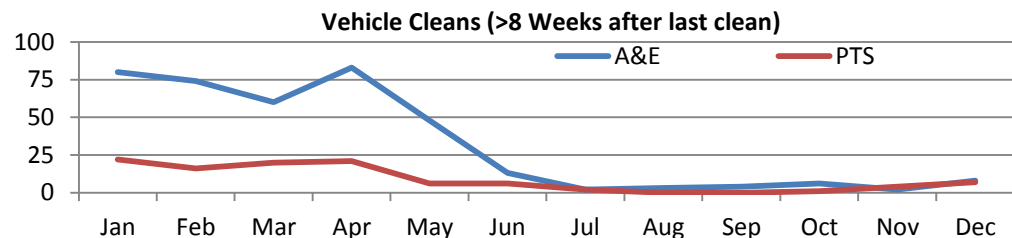


Friends and family Test – results for Quarter2 (latest reporting) remain positive with 92.64% (PTS) and 87.35% (A&E) of people surveyed are likely to recommend the Yorkshire Ambulance Service to friends and family. This will now be reviewed each quarter and a new survey has been circulated.

IPC Audits – Compliance in December was 97% for Premises and 99% for Hand Hygiene and Vehicle audit completion.

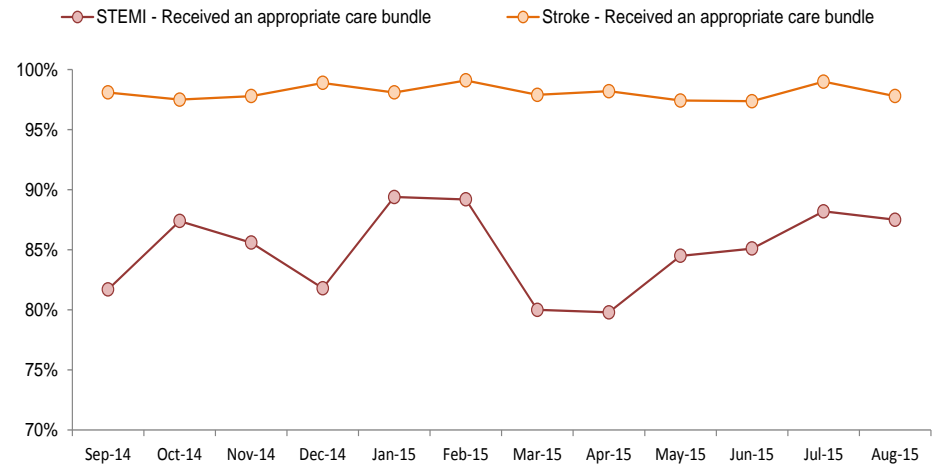
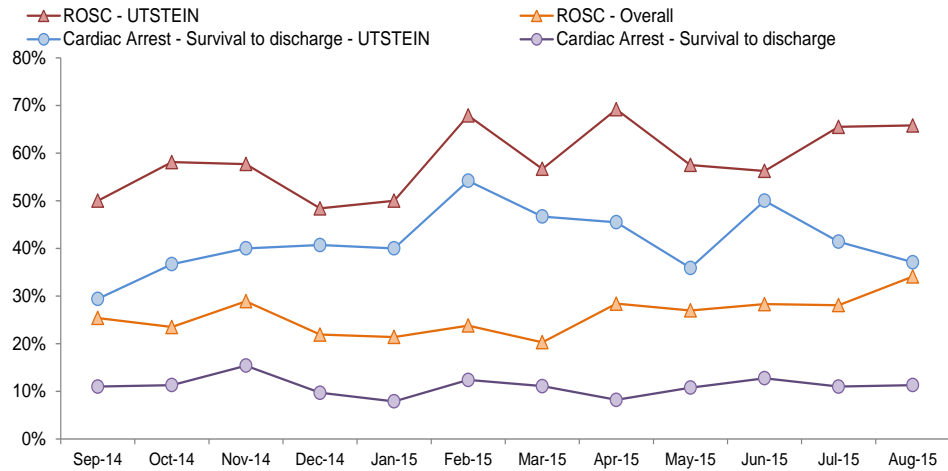
Safeguarding training compliance is consistent with last month. All 3 measures remain above 83%.

Infection prevention and control – The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has remained constantly low since June, under 8 breaches for both PTS and A&E.



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

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



The Trust's resuscitation 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 rate is maintained 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 has improved and is now in the top third in 13 out of the 24 measures. YAS's contribution to the number of breaches in the STEMI 150 standard remains small, with all cases being reviewed by the regional cardiac network. Work continues on improving the STEMI care bundle which regrettably is adversely affected by clinicians not recording a second pain score following administration of analgesia.

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

Sickness Absence

The sickness absence rate for December 2015 stands at 6.3% which is an increase of 0.4% from the previous month. This continues to compare favourably to the same period last year when it stood at 7.2%. The 12 month figure stands at 5.7% compared to the 6.5% for previous 12 months. The two biggest reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & well-being strategy, which focus on reducing absence in these areas. Most notably this will include mental health awareness training for managers commencing in March 2016.

Statutory & Mandatory Training & PDR Compliance

The current PDR rate is 74.0% against a target of 80%. Action continues to be in place to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning process.

Statutory and Mandatory Training

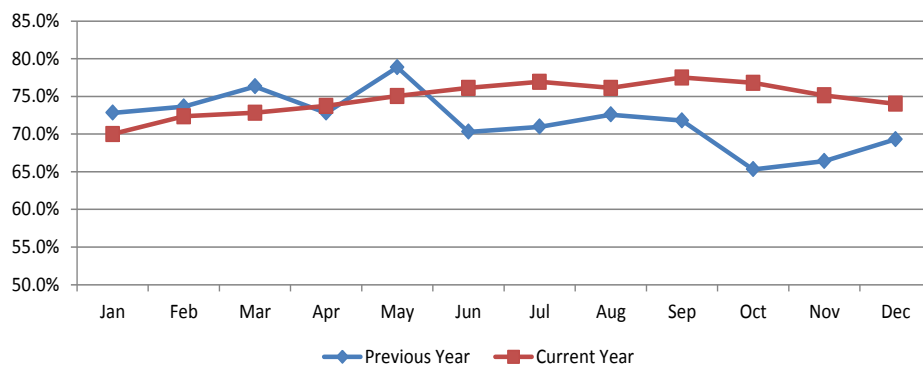
The current combined compliance for the Statutory and Mandatory Workbook is 90.6%. The new workbook has been issued and 23.2% of staff have completed their required training.

Retention/ Attrition

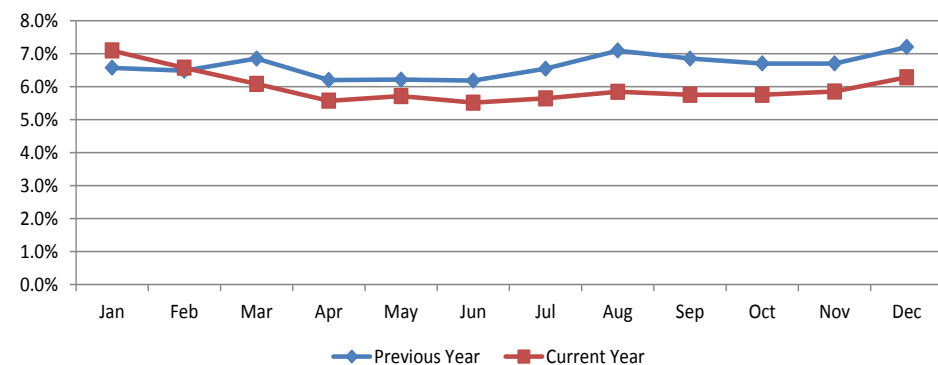
Turnover has risen to 11.7% for the last 12 months compared to 10.1% for the previous 12 months. A number of initiatives are being taken forward to try and improve the retention of staff particularly those in operational roles. These include:-

- The ongoing development of a clear career framework for A&E staff as part of the A&E transformation programme
- Review of the design of operational rotas
- Proactive recruitment to operational vacancies to reduce pressure on existing staff
- Actions to address the results of the Cultural Audit e.g. development of leadership behaviours framework and development of staff engagement framework

PDR Compliance



Sickness Absence



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

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 (M9) December of £2.1m, a positive variance of £0.3m above plan. This positive variance of is principally due to vacancies (reduced staff costs to plan). This is offset by adverse performance delivery and therefore contract penalties.

A&E are £(4.2)m adverse to plan driven by the failure to meet one of the CQUIN targets (Paramedic Pathfinder), subsistence payments and the use of external providers to meet internal capacity shortfalls. The PTS position is adverse to plan by £(0.3)m due to continued reliance on taxis and subcontractors.

Provision for A&E penalties of £(2.9)m have been accrued in respect of non-achievement of Red 1 and Red 2 performance targets.

Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is adverse by £(0.1m) at £10.2m against a plan of £10.3m.

Quality & Efficiency (CIP) schemes delivered 94% against the year to date target resulting in an adverse variance of £233k.

The Trust had cash and cash equivalents of £31.8m at the end of December 2015 against a plan of £18.1m resulting in a favourable variance of £13.7m. This is due to delays in the capital programme as detailed above and a favourable working capital

Capital spend for 2015-16 at the end of December 2015 is £7.4m 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.

	MTD Plan £'000	MTD Actual £'000	MTD Variance £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Income	20,628	21,455	827	181,786	180,922	(864)
Expenditure	(20,834)	(21,449)	(615)	(180,000)	(178,802)	1,198
Surplus	(206)	6	212	1,786	2,120	334
EBITDA	776	942	166	10,301	10,179	(121)
CIPs	(732)	(660)	(72)	(6,173)	(5,940)	(233)
Cash	960	136	(824)	18,108	31,788	13,680
Capital Investment	(3,088)	(723)	2,365	(12,588)	(5,250)	7,338

Monitor Risk Ratings (Quarterly)

Finance			
Quarter 1		Quarter 2	
1	2	3	4
1	2	3	4
5	5	5	5
Highest Risk	Lowest 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
<small>*Where the circles are filled this indicates YAS current position</small>			

2.2 Business Plan Objectives (Lead Directors: See below)

			Lead Director	A	M	J	J	A	S	O	N	D	J	F	M	Year End
1. Improve clinical outcomes for key conditions																
1a	Improve survival to discharge (STD) rates for cardiac arrest.	Executive Medical Director	G	G	G	G	G	G	G	G	G					
1b	Reduce mortality from major trauma	Executive Medical Director	G	G	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	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	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	G	G					
2. Deliver timely emergency and urgent care in the most appropriate setting																
2a	Support health economy plans for delivering care closer to home.	Executive Director of Operations	G	G	G	G	G	G	G	G	G					
2b	Telecare	Chief Executive	G	G	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	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	R	R					
3. Provide clinically-effective services which exceed regulatory and legislative standards																
3a	Implement recommendations from national reports including "Hard Truths" and other quality and safety publications.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G					
3b	Ensure our fleet and estates meet the needs of a modern service.	Executive Director of Finance & Performance / Chief Executive	A	A	A	A	A	A	A	A	A					
3c	Through the Clinical Quality Strategy 2015/18, implement improvements in patient safety, clinical effectiveness, and patient experience.	Executive Medical Director/Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G					
3d	Alignment to the CQCs five domains in the regulation framework.	Executive Director of Standards & Compliance	G	G	G	G	G	G	G	G	G					
4. Provide services which exceed patient and Commissioners' expectations																
4a	Improve engagement with patients, the public, clinical commissioning groups and other key stakeholders.	Executive Director of People & Engagement	A	A	A	A	A	A	A	A	A					
4b	Improve patient involvement and experience.	Executive Director of Standards & Compliance	G	G	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	G	G					
4d	Implementation of plans to improve patient experience and financial sustainability of PTS.	Chief Executive	A	A	A	A	A	A	A	A	A					

			A	M	J	J	A	S	O	N	D	J	F	M	Year End
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	A	A				
5b	Faster adoption of innovative technologies and techniques.	Executive Medical Director	G	G	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	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	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	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	A	A				
6c	Develop and support staff.	Executive Director of People & Engagement	A	A	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	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	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	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	G	G				
7c	Make every contact count.	Executive Medical Director	G	G	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	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	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	G	G				
8c	Improve financial sustainability of service lines.	Executive Director of Finance & Performance	A	A	A	A	A	A	A	A	A				

2.3 Service Transformation Dashboard December 2015



Project Objectives On Track

Project Objectives At Risk Of Not being delivered Without Intervention

Project Objectives Will Not Be Delivered Without Intervention

Project Objectives Delivered

Programme/Project	Executive Sponsor	Senior Responsible Officer	Programme/Project Manager	Programme/Project	QTR 1	QTR 2	QTR 3	QTR 4	Latest Update									
					A	M	J	J		A	S	O	N	D	J	F	M	
A&E Transformation	David Macklin	Keely Townend	Bob Sunley	Overall Programme														
				Right People, Right Skills														The focus is now on producing Programme trackers for the Recruitment and Training Work stream to improve the rate of recruitment which is currently behind plan.
				Right Place, Right Time														We are currently confirming the vehicle requirements and procurement timeline.
				Safe & Effective														The next deliverable is the completed analysis of policies and procedures.
				Creating a Sustainable Service														We are currently identifying sites suitable for Rota development.
				Supporting Initiatives														Work is on-going to confirm the final scope and tracking of deliverables for this work stream.
Hub and Spoke	Rod Barnes	Robert Toole	Deborah Ridley	Overall Programme														
				Hub & Spoke OBC													The draft first stage report has been completed for review at the January Hub & Spoke Programme Board. Feedback from TDA has identified no external capital monies are available. This requires YAS to review its current plans and adopt an internal programme delivery plan. Planning sessions have been arranged throughout January. This will replace the expected OBC completion due end of April	
				Make Ready Co-Location													Co-location of Gildersome Station to Manor is completed. The Make Ready Pilot continues for vehicles sited at Manor Mill Resource Centre (PTS/A&E/HART/P&E). Additional capacity has been identified, discussions have taken place with CEO, Dops and H&S team to apply a stretch target for extra vehicles Jan/Feb/Mar. The car park at the rear of the site has been delayed due to the weather conditions and the inability to lay the tarmac on sodden ground	
				Vehicle Preparation System													The VPS specification, training plan and training start dates established. VPS operatives recruited and to commence 18 Jan 16. Communications and engagement in place for all staff, Ops Mgt and Trust. KPIs Established. The estates requirements to refurbish Wakefield Station are delayed due to : inability or delays to secure quotes for the itemised components of work. This has resulted in increased cost (41k), funding has been sought and approved. A delay to the overall go live by 4 weeks.	
Emergency and Urgent Care Development	Julian Mark	Dr Philip Foster	Mark Marshall	Overall Programme														
				Urgent and Emergency Care Strategy													This work will be part of the output from Clare Gelders strategy development team which continues to progress. Consultation has been completed and relevant recruitment adverts will be placed during January.	
				Vanguard Bid													The programme remains in its development stage, which is focusing on engagement and scoping of the work streams within it. For YAS, this primarily focuses on Hear, See and Treat, but also includes significant input into the Mental Health Workstream.	
				UCP Schemes													All recently commissioned schemes are green, next milestone negotiations for 16/17 will begin in the new year. Wakefield service terminated at the end of October. Risk projects related to contract negotiations	
				Telecare													Contract signed June 15. New project leadership being defined as part of the wider Trust portfolio review	
				Falls													Leeds Alternative Response Team (ART) YAS working in partnership with LCC and LCH. Service live, currently running with 2x YAS band 3 staff. LCH unable to recruit Physio therefore alternative options are being reviewed. Meeting between CCG/LCC and YAS to be arranged to discuss the best options. . Milestones - review of initial data and contract negotiations for 16/17. Hull Alternative Response Service live. YAS working in partnership with Hull Fire Service. Milestones - 11 January Dave Bristow to be seconded into YAS from Hull Fire Service to lead on Hull falls non clinical delivery. Risk - medium due to capacity in EOC and recruitment issues for Leeds ART. Additional discussion are being held with North Yorkshire Council around potentially working together on an alternative falls response service.	

Programme/Project	Executive Sponsor	Senior Responsible Officer	Programme/Project Manager	Programme/Project	QTR 1				QTR 2				QTR 3				QTR 4				Latest Update							
					A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	O	N	D	J	F
Organisational and Corporate Development	Rod Barnes	Kate Sims	Kate Sims	Overall Programme																								
				Talent Management and Succession Planning																							Meetings with Executive Directors on going but delayed due to portfolio review.	
				Effective Corporate Structure																							This requires a change control to revise the delivery date as is dependent upon the completion of the portfolio review which is continuing to progress. Consultation has been completed and relevant job adverts will be posted during the month of January.	
				YAS Career Pathways																							This requires a change control to revise the delivery date until March 2016.	
				Leadership & Management Development																							Programme is in initial scoping and should support a link between the Trusts PDR process and identification of Talent.	
				Transforming Education & Training																								PTS basic training has been reviewed and the next stage is to complete the relevant vision and strategy.
				New Starter Process																								Review has been completed but recommendations progress needs to be reviewed.
				Corporate Engagement																								Requires a change control to revise the delivery date until March 2016 and the question of ownership for this work stream needs to be co
				Business Planning & Decision Making																								Workshops and follow up meetings are currently underway with all Directorates led by Neil Cook and supported by the Transformation Team.
PTS Transformation	Rod Barnes	Chris Dexter	Keiran Baker	Overall Programme																								
				Implement Auto-Scheduling																							Testing was planned to be completed by February 2016 but is now likely to be the end of April 2016 due to a lack of access to the database.	
				Create Resource and Logistics Functions																							Implementation is due for completion by December 2016 but the timescales need to be formally agreed.	
				Develop Reporting and Forecasting																							Stakeholder engagement workshops due to be completed in December and work stream on track for delivery by March 2016.	
				Streamline Reservations																							Risk to completion date of March 2016 due to current lack of BI resource allocated to benchmark reports.	
				Develop Voluntary Car Service																							VCS strategy agreed and other VCS logistical enablers on track for pilot roll out in April 2016	
				Effective Sub-Contractor Management																							Risk of delay to finalising preferred management option and engaging with sub contractors.	
				Telematics																							Work stream completed.	
				Fleet Availability																								Scope and deliverables still to be agreed.
				Organisational Effectiveness																								Process design and management performance/reporting requirements have been completed.
Service Line Management	Robert Toole	Neil Cook	Mike Smith	Overall Programme																								
				PLICS software																							PLICS implementation is behind schedule by 3 weeks due to the volume of apportionments that are required to ensure greater accuracy of costing. However draft Service Line reports are still expected to be in operation by the end of the month to support shadow reporting with formal SL Reports being in place for month 1 of 2016/17 to support revised Performance management arrangements.	
Clinical Integration	Steve Page	Mark Leese	Mike Smith	Overall Programme																								
				Technical Development																						Further development has been delayed due to technical issues with software. Review of deliverable alignment with Vanguard completed and CC notice will go to next TEG T.		

Programme/Project	Executive Sponsor	Senior Responsible Officer	Programme/Project Manager	Programme/Project	QTR 1	QTR 2	QTR 3	QTR 4	Latest Update												
					A	M	J	J		A	S	O	N	D	J	F	M				
Intelligent Ambulance	Robert Toole	Mark Millins	Mark Millins	Overall Programme																	
			Mark Millins/Simon Butterworth	Paramedic Pathfinder																Pathfinder roll out continues despite the training having been cancelled. Despite this alternative plans have been put in place and the training figures for East are 87.8% Barnsley are in excess of 80%, Sheffield in excess of 43% and the project is being extended to Doncaster to account for crew drift. The training within North is in excess of 47% and the training model employed by Barnsley (utilising an ECP based at the station) is being extended to Sheffield and North. This will enable the training to be maximised and whilst it may not meet the CQUIN target due to the official days being cancelled it is being delivered at a local level. In terms of meeting the required CQUIN targets for usage it is acknowledged by all sides that they are unachievable and there is on going dialogue with the commissioners to determine a revised set of metrics. Work has been undertaken with BI to exclude cardiac arrests and hoax calls from the denominator figures and these will be applied retrospectively which will show an increased and more accurate usage rate. Usage rates are being assisted by informing the CS teams of the usage rates for their candidates and this will form part of the PDR as the use of pathfinder is a core objective in the PDR process. Contact has been made with EDs across the region and they are asking crews for their pathfinder outcome on handover. At the end of December two further high level users will be awarded with a place on a short clinical course e.g. ALS/PHTLS. Further pathways are being developed with commissioners in West Yorks to increase their availability for crew referral and an analysis of failed referrals will be undertaken in January to identify those areas where pathfinder could be used but external factors are preventing it. The use of pathfinder is also on the agenda for the local CAT meetings and all clinicians with the clinical hub are being trained so that they can assist crews remotely with the use of pathfinder. An extensive amount of work has gone in to the app with all urgent care pathways now populated and aligned to pathfinder outcomes and a number of discriminators have been updated following crew feedback.	
			Patrick Buck	ePRF																The rollout of equipment (vehicle docking stations and Toughbooks) continues. Docking station fitment will be completed by Jan 29 2016 and the Toughbooks in February. The training in ePRF was suspended in October due to winter pressures on Operations and has not yet recommenced. Training was completed for West and Hull and East Yorkshire CBU's. Training was partially complete(46%) in the North and was not commenced in the South. Trained ambulance crews are being encouraged to continue using ePRF, information regarding usage is being extracted and sent to Locality Managers by collating information from BI reports and Webview	
			TBC	Airwaves Replacement Programme (ESN)																	Initial awareness raising workshops held with Business Areas and the first planning workshop has been completed.
			TBC	Airwave Replacement Programme (ESN)																	Initial awareness and initial planning workshops held. Overview to be taken to next available TEGT.

2.4 Quality and Efficiency Savings (CIP)

CIP Tracker 2015/16	2015/16 Plan	YTD Plan	YTD Variance	Forecast	Commentary YTD
	£000	£000	£000	Outturn	
Directorate	£000	£000	£000	£000	
Accident & Emergency (including EOC)	4,598	3,428	(1,702)	2,147	The A&E Operational efficiency scheme is underperforming by (£1.927m) 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 (£0.237m).
Patient Transport Service	1,500	944	(431)	658	Auto scheduler, optimise patient collection, voluntary car and streamline reservations schemes are underperforming by (£0.522m) against plan. Partially offsetting this is increased income from Calderdale and Huddersfield services (£53k) and reduced East Yorkshire subcontractor costs of £0.102m.
Special Operations	171	129	0	171	
Standards and Compliance	243	180	0	243	
Finance	263	191	(50)	206	The under delivery against plan is mainly caused by Business Development and Business Intelligence scheme underperforming against plan by (£47k) due to agency spend to backfill resources.
Clinical Directorate	50	36	80	155	The over delivery against plan is mainly due to pay cost savings in the clinical Directorate due to continued vacancies.
Trust wide	1,961	1,265	(97)	1,704	PTS vehicle replacement scheme is over performing by £0.243m because of delay in delivery of vehicles. This was offset by under performance on Fleet Income Generation, Retender Fleet Fuel Card contract, Rental Savings - Willerby, Retender Fleet Factor contract by (£0.243m).
Total Planned Scheme Savings	8,786	6,173	(2,200)	5,284	
Reserve Schemes	0	0	1,967	2,464	Main reserves schemes are various PTS improvement schemes of £922k, Fleet Insurance rebate of £944k and Quality & Risk VFM scheme of £165k, & Procurement savings of £100k.
<i>Recurrent Reserve Schemes</i>	<i>0</i>	<i>0</i>	<i>900</i>	<i>1,397</i>	
<i>Non-recurrent Reserve Schemes</i>	<i>0</i>	<i>0</i>	<i>1,067</i>	<i>1,067</i>	
Total Savings		6,173	(233)	7,748	

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

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

Comments:- The milestones as set out in the CQUIN schedule were not met to the commissioners' satisfaction for both the Paramedic Pathfinder and Mental Health CQUIN. Paramedic Pathfinder is being rolled out on plan, but there are challenges around data capture in line with the defined CQUIN requirements. A meeting is being arranged with commissioners to discuss the Paramedic Pathfinder CQUIN reporting criteria. The Mental Health report for Q3 did not meet commissioner requirements. There is an additional focus on the key areas of commissioner feedback for Q4 and the Trust expects to achieve the milestone for Q4.

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

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

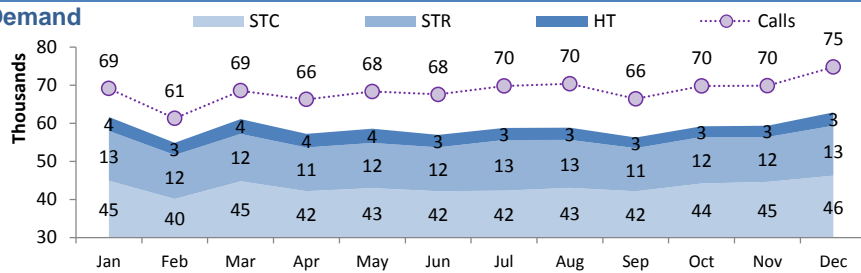
Comments:- West Consortia CQUIN's agreed at Qtr2

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

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

Dec-15

1. Demand



Compared to last year April to December Hear & Treat calls have increased by 11.4%, See Treat & Refer responses have increased by 0.7% and See Treat & Convey have decreased by 3.6%. 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.

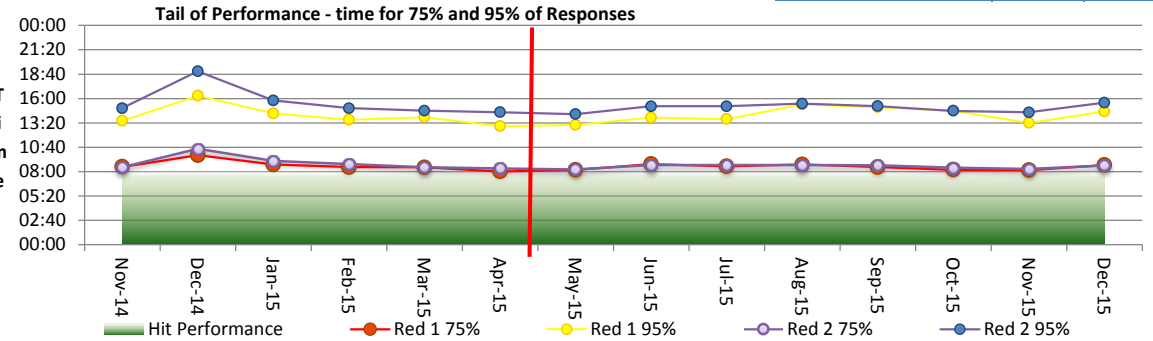
April to December	Calls (incident)	Hear & Treat	See, Treat & Refer	See, Treat & Convey
YTD YAS (inc OOA&UCP) 2015-16	634,286	29,135	119,117	393,446
YTD YAS (inc OOA&UCP) 2014-15	642,647	26,143	118,287	408,099
Variance (Between Years)	(8,361)	2,992	830	(14,653)
	(1.3%)	11.4%	0.7%	(3.6%)
YTD (Contract CCGs only) Actuals 2015-16*	623,261	29,008	109,101	390,214
YTD (Contract CCGs only) Contracted 2015-16	648,280	26,042	121,676	407,523
Variance (to Contract)	(25,019)	2,966	(12,575)	(17,309)
	(3.9%)	11.4%	(10.3%)	(4.2%)

* excludes UCP and Out of Area

3. Quality

	December	YTD	
Serious Incidents (Rate Per 1000 Responses)	5 (0.08) ↓	14 (0.03)	
SI themes are around Delayed Response/backup, frequency of resource allocation checks and demand management.			
Total Incidents (Rate Per 1000 Responses)	543 (8.4) ↓	4126 (7.6)	
Total Incidents per 1000 responses was higher in December than the current year to date average. There were 39 more incidents than November			
Feedback	Complaints	11 ↓	106
	Concerns	15 ↑	159
	Comments	2 ↓	69
	Service to Service	18 ↑	96
	Compliments	50 ↓	487
Response within target time for Complaints and Concerns	95%	82%	
Ombudsman Cases	Upheld	0	0
	Not Upheld	1	8
The average response time for Complaints and Concerns in November was 35 days and YTD is 27 days			
Vehicle Deep Clean (>8 weeks after last clean)	8 ↑	169	

2. Red Performance



	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	
Red 1	75%	08:31	09:47	08:46	08:29	08:27	08:01	08:11	08:49	08:35	08:46	08:29	08:12	08:09	08:43
	95%	13:34	16:19	14:22	13:41	13:58	12:58	13:06	13:54	13:45	15:21	15:03	14:39	13:19	14:35
Red 2	75%	08:27	10:29	09:10	08:48	08:28	08:20	08:13	08:42	08:42	08:41	08:24	08:16	08:39	
	95%	14:56	18:59	15:47	14:56	14:40	14:30	14:17	15:09	15:09	15:26	15:10	14:39	14:29	15:32
TARGET	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	

Performance for Red1 and Red2 decreased in December from November and both measures remain below the 75% target. Red1 & Red2 were considerably higher this month than December 2014. YAS responded to 181 more Red jobs in December 2015 compared to December 2014 and responded to 3,121 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

December 2015 (FT Equivalents)	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2255	113	564	1578	70%
Contracted FTE (before overtime)	2104	148	611	1345	64%
Variance	(151)	(35)	(47)	(233)	(14.8%)
% Variance	(6.7%)	(30.9%)	(8.4%)		
FTE (worked inc overtime)*	2323	148	611	1564	67%
Variance	68	(35)	(47)	(14)	(0.9%)
% Variance	3.0%	(30.9%)	(8.4%)		

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

Available FTE has decreased from last month (1345 compared to 1425). Both sickness and other absences combined were above planned for December (36.1%). Therefore more overtime has been worked in December 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	59,118	54,920	(4,198)
CIPs	2,371	349	(2,022)

A&E are £(3,103)k adverse to plan year to date due to CQUINs (Paramedic Pathfinder), ongoing subsistence payments, and additional use of external providers to increase resource availability. Charges in relation to preceptorships of £538k has also contributed to this position. N.B. this position excludes A&E performance penalties of £(2.9m) YTD.

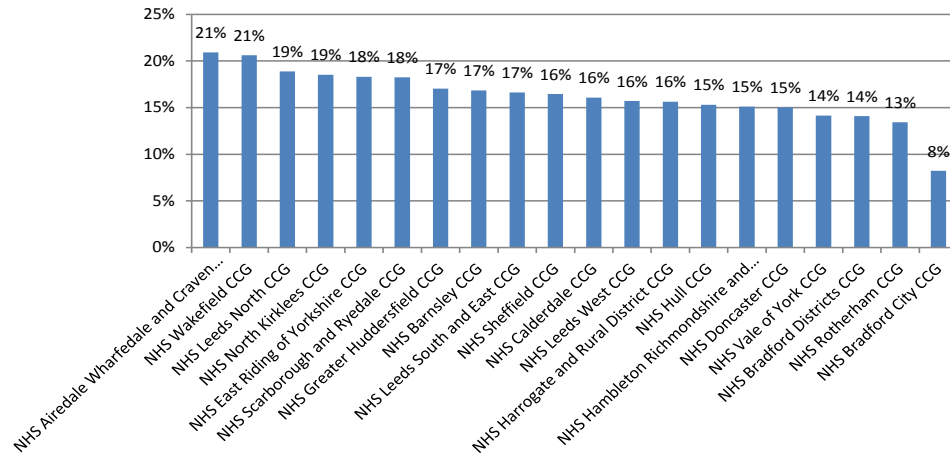
Quality & Efficiency Savings (CIP)s are under achieving with management focus on seeking to deliver improved A&E operational performance.

3.1 A&E Operations

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

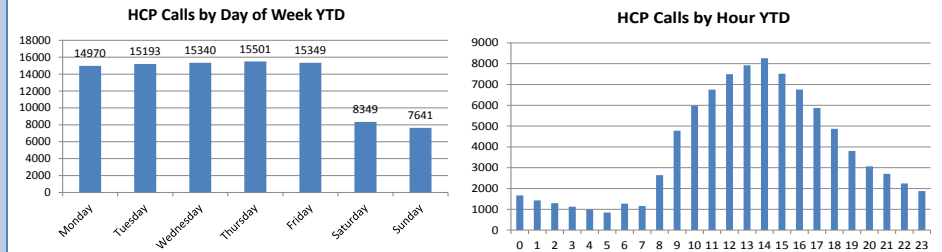
Dec-15

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

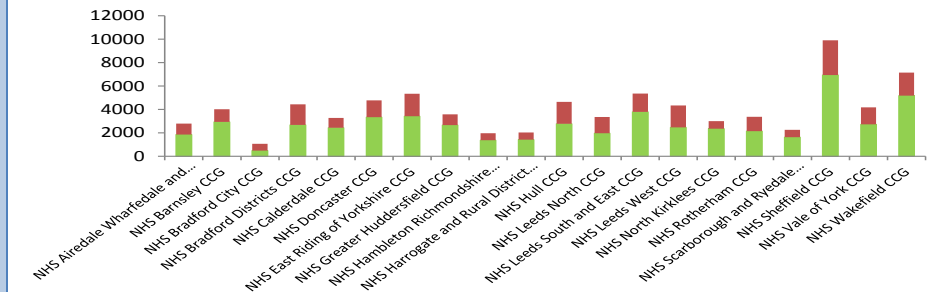


Red 1 & 2 Calls as a proportion account for 32.5% of all HCP calls. NHS Sheffield CCG has the highest proportion of HCP demand of all the CCGs. The time of day with the highest (55%) of all calls are between 10 and 4pm. These are peak hours of requirement and cause demand spikes not met by available resource and this impacts on ability to perform.

2. HCP by Time of Day

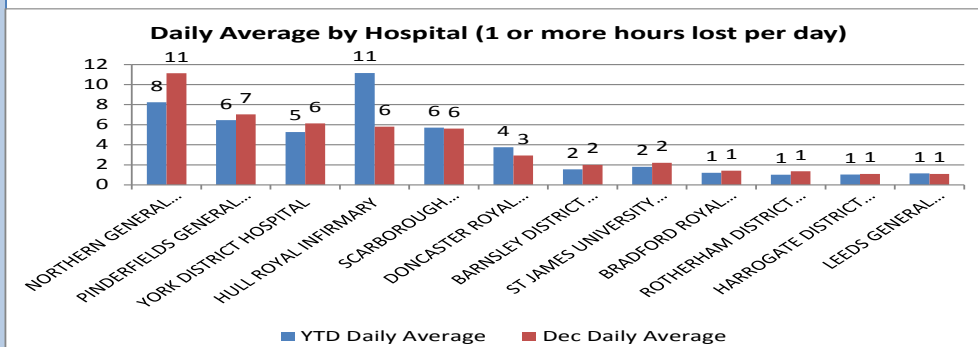


Number of Red and Green Calls by CCG YTD



3. Hospital Turnaround - Excessive Response

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
2015/16	Excessive Handovers Over 15mins (hours)	1860	1548	1629	1193	1433	1153	1825	1852	1691	14084
	Excessive Hours per Day	62	49	54	38	46	38	59	62	51	51
2014/15	Excessive Handovers Over 15mins (hours)	575	748	700	830	760	857	1326	1108	2453	9357
	Excessive Hours per Day	19	24	23	26	24	27	43	37	79	34



Excessive time lost at hospitals has started to increase again after lower numbers reported in July to September. Lost time for December has increased from November and is higher than for the same period last year. Whilst Hull Royal has once again shown an improvement in December, Sheffield - Northern General and Mid-Yorks - Pinderfields have been impacting on performance.

4. National Benchmark - Latest Reportable Week (up to WC 28th Dec)

WC 28/12/2015	R1 YTD	R2 YTD	R19 YTD	Call Pickup in 5 Secs YTD
West	79.3%	76.1%	97.3%	96.8%
South Central	72.5%	74.0%	94.7%	94.4%
North West	76.7%	73.7%	94.1%	96.1%
South East	73.9%	73.4%	96.7%	87.3%
Yorkshire	71.5%	71.5%	95.3%	95.7%
North East	70.0%	70.8%	92.2%	93.1%
South West	75.3%	66.8%	91.3%	91.8%
London	68.9%	65.6%	93.9%	96.3%
East Midlands	71.1%	65.3%	89.6%	93.7%
East of	74.2%	63.1%	91.4%	95.5%

* Above table is in order of Red 2 performance

Key Points

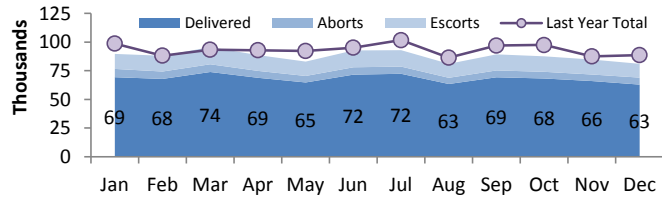
Nationally YAS has improved its position this month from 6/10 to 5/10 for Red 2 performance. YAS has one of the highest Red response ratios which impacts directly on job cycle times. A19 performance is above the 95% target. Call pickup within 5 seconds is also performing well against others

3.2 Patient Transport Service

(Lead Director: Chief Exec - Rod Barnes, Nominated Lead: Managing Director PTS - Chris Dexter)

Dec-15

1. Demand



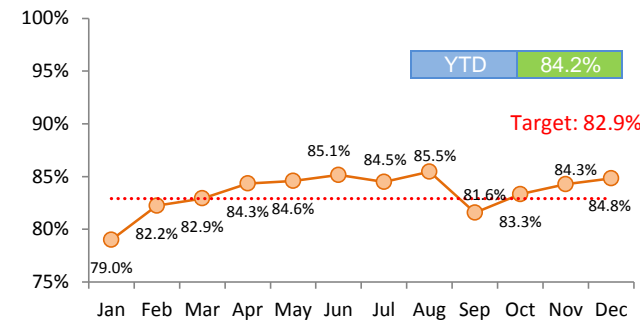
Comparison to Plan

April to November	Delivered	Aborts	Escorts	Total
YTD 2015-16	607,566	53,415	120,185	781,166
Contract 2015-16 (2014-15 Demand)	655,500	55,933	127,686	839,119
% Variance	(7.3%)	(4.5%)	(5.9%)	(6.9%)

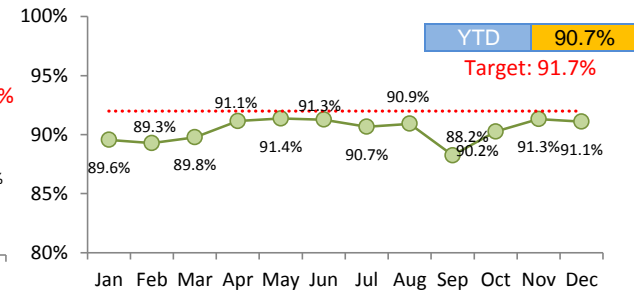
Key Points - Total YTD demand is under plan; aborted journeys and escorts are also trending under plan.

2. Performance

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



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



Key Points - West Yorkshire KPI 2 (inward) and KPI 3 (outward) achieved target with both KPI's remaining on target YTD. East Yorkshire KPI 2 (inward) achieved with KPI 3 (outward) narrowly missing target by 0.7%, both KPIs remain strong YTD. North Yorkshire KPI 2 (inward) achieved with KPI 3 missing target by 1.0%, both KPIs remain strong YTD. South Yorkshire KPI 2 (inward) missed target by 6.3%, KPI 3 (outward) achieved 89.1% against a higher CCG threshold target of 95.0% which although not met, continues to be a positive improvement. Overall PTS performance (all areas combined across Yorkshire & Humber) continues to report a good positive position - KPI 2 getting patients to their appointment on time achieving 84.2% (target 82.9%) +1.3% and KPI 3 collected after appointment - 90.7% (target) 91.7% - 1%.

3. Quality, Safety and Patient Experience

	Dec	YTD	
Calls Answered in 3 mins (All PTS calls)	82.9% ↓	82.7%	
Serious Incidents (YTD)	0 ↔	0	
Total Incidents (per 1000 activities)	53 (0.84) ↓	709 (0.98)	
All incidents considered under DoC relate to slips, trips and falls (3) and moving and handling (1)			
Feedback	Complaints	8 ↑	57
	Concerns	26 ↔	316
	Comments	3 ↓	49
	Service to Service	49 ↑	365
	Compliments	7 ↓	45
Response within target time for Complaints and Concerns	100%	85%	
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1
Patient Experience Survey - Qtrly	92.4%	92.4%	
Vehicle Deep Clean (>8 weeks since last clean)	7 ↓	132	

4. Workforce

Dec-15	FTE	Sickness (5%)	Absence (20%)	Available	
				Total	%
Budget FTE	788	39	158	591	75%
Contracted FTE (before overtime)	720	45	149	525	73%
Variance	(69)	(6)	9		
Actual Shrinkage %		6.0%	19.9%	(66)	(11.1%)
% Variance	(8.7%)	(15.2%)	5.6%		
FTE worked inc overtime	747	45	149	553	74%
Variance	(42)	(6)	9	(39)	(6.5%)
% Variance	(5.3%)	(15.2%)	5.6%		

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

Key Points

PTS used an equivalent of an additional 28 FTE with the use of overtime against vacancies of 69. Sickness absence for December is 6.01% . YAS combined (all CCG areas). The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

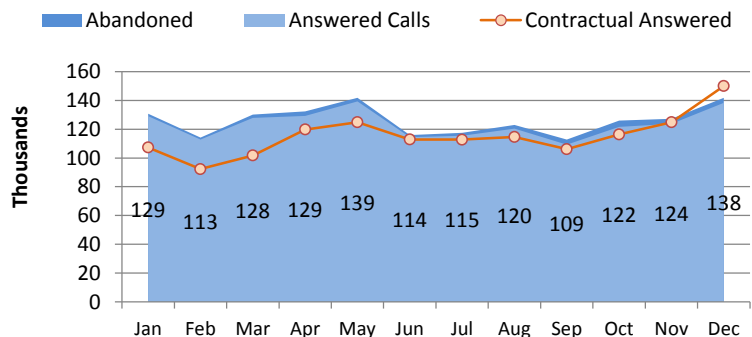
5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate Position	6,326	6,065	(261)
CIPs	944	1,119	175

The directorate is £(261)k adverse to plan year to date. There is continued higher than budgeted expenditure due to ongoing utilisation of external PTS providers and taxis. At present, there are initiatives in place to manage the sub contractor spend.

Quality and Efficiency Savings (CIPs) are currently 175k better than planned, along with year on year improvement of operational performance.

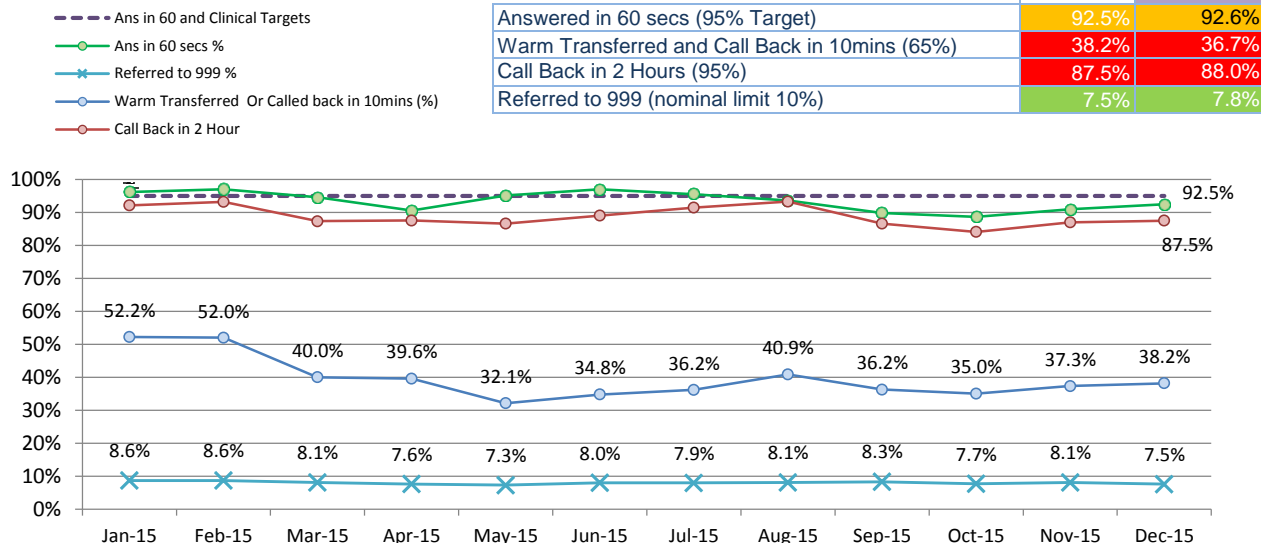
1. Demand



December calls answered were down by 3.5% year on year, but up by 2.6% quarter on quarter.

April to December	Offered	Calls Answered	Calls Answered SLA < 60S	Calls Answered SLA (95 %)
YTD 2015-16	1,138,055	1,111,462	1,029,412	92.6%
YTD Contracted 2015-16	1,085,844	1,085,844	1,031,552	95.0%
Variance	52,211 4.8%	25,618 2.4%	-2,140 -0.2%	(2.4%)
YTD 2014-15	1,064,406	1,034,137	947,558	91.6%
Variance	73,649 6.9%	77,325 7.5%	81,854 8.6%	1.0%

2. Performance



Answered in 60 seconds at 92.5% (below target) however above the same period last year by 14.6% and it is up by 1.6% month on month. Clinical KPIs improving since October. Warm Transferred or Call Back within 10 minutes has increased by 0.9% year on year and Call Back in 2 hours is up by 3.6% compared to December 2014. Hand off to Clinician is up by 1.1% year on year (went from 17.8% December 2014 to 18.8% December 2015). Referrals to 999 at 7.5% (lowest referral rate since May 2015) and down by 1% year on year.

3. Quality

	December	YTD
Serious Incidents (per 1000 answered)	2 (0.01) ↔	13 (0.01)
Total Incidents (per 1000)	64 (0.46) ↑	621 (0.56)
Feedback	Complaints	39 ↑ 347
	Concerns	3 ↑ 29
	Comments	6 ↑ 22
	Service to Service	75 ↑ 487
	Compliments	13 ↑ 76
Response within target time for Complaints and Concerns	78%	58%
Ombudsman Cases	Upheld	0 0
	Not Upheld	0 1

4. Workforce

December 2015 (FT Equivalents) - Call Handler and Clinician	FTE	Sickness (9%)	Absence (23%)	Available	
				Total	%
Budget FTE	338	30	78	230	68%
Contracted FTE (before Overtime)	264	19	85	159	60%
Variance	(74)	11	(7)	(71)	(30.7%)
% Variance	(22.0%)	36.2%	(9.5%)		
FTE (Worked inc Overtime)	277	19	85	173	62%
Variance	(61)	11	(7)	(57)	(24.9%)
% Variance	(18.0%)	36.2%	(9.5%)		

FTE contracted 22% below budgeted for December
 Paid sickness under business plan at 7.4%
 Absence 9.3% higher than budgeted leading to available time at 24.9% under planned.

5. Finance (YTD Summary)

£000	Plan	Actual	Variance
Directorate	1,101	1,733	632
Position			
CIPs	180	180	0

The directorate is £632k favourable to plan year to date. This is primarily due to savings on vacancies.

4.1 Finance Overview December 2015

Dec-15

	Month	Trend 2015-16																														
<p>RISK RATING: Overall the Trust has achieved a rating of 4 for continuity of services (lowest risk) and a green rating against the NHS TDA accountability framework.</p>		<table border="1"> <caption>Risk Rating Data</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> <tr><td>M8</td><td>4</td><td>4</td></tr> <tr><td>M9</td><td>4</td><td>4</td></tr> </tbody> </table>	Month	Actual	Plan	M1	4	4	M2	4	4	M3	4	4	M4	4	4	M5	4	4	M6	4	4	M7	4	4	M8	4	4	M9	4	4
Month	Actual	Plan																														
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M6	4	4																														
M7	4	4																														
M8	4	4																														
M9	4	4																														
<p>EBITDA: The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £10.2m against a plan of £10.3m, an adverse variance of £(0.1)m.</p>		<table border="1"> <caption>EBITDA Data (Estimated)</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>1500</td><td>1500</td></tr> <tr><td>M2</td><td>1800</td><td>1600</td></tr> <tr><td>M3</td><td>1200</td><td>1000</td></tr> <tr><td>M4</td><td>1000</td><td>1800</td></tr> <tr><td>M5</td><td>500</td><td>800</td></tr> <tr><td>M6</td><td>1800</td><td>1200</td></tr> <tr><td>M7</td><td>800</td><td>800</td></tr> <tr><td>M8</td><td>600</td><td>1100</td></tr> <tr><td>M9</td><td>900</td><td>800</td></tr> </tbody> </table>	Month	Actual	Plan	M1	1500	1500	M2	1800	1600	M3	1200	1000	M4	1000	1800	M5	500	800	M6	1800	1200	M7	800	800	M8	600	1100	M9	900	800
Month	Actual	Plan																														
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M6	1800	1200																														
M7	800	800																														
M8	600	1100																														
M9	900	800																														
<p>SURPLUS: The Trust has reported a year to date surplus as at the end of December (Month 9) of £2.1m against a revised planned surplus of £1.8m, a favorable variance of £0.3m. In month the Trust reported a favourable surplus of £6k which was £212k above a planned deficit of £(206)k</p>		<table border="1"> <caption>Surplus Data (Estimated)</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>500</td><td>500</td></tr> <tr><td>M2</td><td>1000</td><td>600</td></tr> <tr><td>M3</td><td>500</td><td>0</td></tr> <tr><td>M4</td><td>200</td><td>600</td></tr> <tr><td>M5</td><td>-200</td><td>-200</td></tr> <tr><td>M6</td><td>900</td><td>900</td></tr> <tr><td>M7</td><td>-200</td><td>-200</td></tr> <tr><td>M8</td><td>-300</td><td>200</td></tr> <tr><td>M9</td><td>200</td><td>-200</td></tr> </tbody> </table>	Month	Actual	Plan	M1	500	500	M2	1000	600	M3	500	0	M4	200	600	M5	-200	-200	M6	900	900	M7	-200	-200	M8	-300	200	M9	200	-200
Month	Actual	Plan																														
M1	500	500																														
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M5	-200	-200																														
M6	900	900																														
M7	-200	-200																														
M8	-300	200																														
M9	200	-200																														
<p>CAPITAL: Capital spend for 2015-16 at the end of December 2015 is £7,338m behind plan for the year to date and £2.365m behind plan for the month. This is due to a number of factors including a delay in the investment in A&E vehicles due to reassessment of base van type.</p>		<table border="1"> <caption>Capital Spend Data (Estimated)</caption> <thead> <tr><th>Month</th><th>Actual</th><th>Plan</th></tr> </thead> <tbody> <tr><td>M1</td><td>500</td><td>1200</td></tr> <tr><td>M2</td><td>700</td><td>1000</td></tr> <tr><td>M3</td><td>1000</td><td>1100</td></tr> <tr><td>M4</td><td>500</td><td>3200</td></tr> <tr><td>M5</td><td>600</td><td>800</td></tr> <tr><td>M6</td><td>700</td><td>1300</td></tr> <tr><td>M7</td><td>1000</td><td>1500</td></tr> <tr><td>M8</td><td>1400</td><td>700</td></tr> <tr><td>M9</td><td>800</td><td>3200</td></tr> </tbody> </table>	Month	Actual	Plan	M1	500	1200	M2	700	1000	M3	1000	1100	M4	500	3200	M5	600	800	M6	700	1300	M7	1000	1500	M8	1400	700	M9	800	3200
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M7	1000	1500																														
M8	1400	700																														
M9	800	3200																														
<p>CASH: The Trust had cash and cash equivalents of £31.8m at the end of December 2015 against a plan of £18.1m resulting in a favourable variance of £13.7m. This is due to delays in the capital programme as detailed above and a favourable working capital position against plan for both Debtors and Creditors.</p>		<table border="1"> <caption>Cash and Cash Equivalents Data (Estimated)</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>24</td><td>18</td></tr> <tr><td>M4</td><td>27</td><td>19</td></tr> <tr><td>M5</td><td>29</td><td>16</td></tr> <tr><td>M6</td><td>29</td><td>18</td></tr> <tr><td>M7</td><td>31</td><td>17</td></tr> <tr><td>M8</td><td>32</td><td>17</td></tr> <tr><td>M9</td><td>33</td><td>18</td></tr> </tbody> </table>	Month	Actual	Plan	M1	16	16	M2	16	16	M3	24	18	M4	27	19	M5	29	16	M6	29	18	M7	31	17	M8	32	17	M9	33	18
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M6	29	18																														
M7	31	17																														
M8	32	17																														
M9	33	18																														
<p>CIP: The Trust has a savings target of £8.786m for 2015/16 and identified schemes totalling £10.149m. 94% delivery of the CIP target was achieved in December and 77% of this was achieved through recurrent schemes. This creates a adverse variance against plan of £233k. Reserve schemes have achieved £1,967k of the year to date savings. However the Trust is forecasting a £1,038k adverse variance against the yearly target of £8.786m. This is due to non-achievement of A&E efficiency schemes which in turn is due to non-delivery of the Red performance targets.</p>		<table border="1"> <caption>CIP (Savings) Data (Estimated)</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>400</td><td>500</td></tr> <tr><td>M3</td><td>500</td><td>500</td></tr> <tr><td>M4</td><td>800</td><td>500</td></tr> <tr><td>M5</td><td>600</td><td>500</td></tr> <tr><td>M6</td><td>700</td><td>500</td></tr> <tr><td>M7</td><td>300</td><td>700</td></tr> <tr><td>M8</td><td>1200</td><td>800</td></tr> <tr><td>M9</td><td>300</td><td>800</td></tr> </tbody> </table>	Month	Actual	Plan	M1	700	500	M2	400	500	M3	500	500	M4	800	500	M5	600	500	M6	700	500	M7	300	700	M8	1200	800	M9	300	800
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M9	300	800																														

4.2 Finance Detail December 2015

Dec-15

	Current Month		
	Budget	Actual	Variance
	£000	£000	£000
Accident & Emergency	15,233	14,948	(285)
Patient Transport Service	2,206	2,268	62
111	3,167	3,353	186
Other Income	21	886	865
Operating Income	20,628	21,455	827
Pay Expenditure & reserves	(13,833)	(14,408)	(574)
Non-Pay expenditure & reserves	(6,018)	(6,105)	(87)
Operating Expenditure	(19,852)	(20,513)	(661)
EBITDA	776	942	166
EBITDA %	3.8%	4.4%	
Depreciation	(810)	(769)	41
Interest payable & finance costs	0	0	0
Interest receivable	6	7	1
Profit on fixed asset disposal	12	14	3
Dividends, interest and other	(189)	(189)	0
Retained Surplus	(206)	6	212
I&E Surplus %	-1.0%	0.0%	

Year to Date		
Budget	Actual	Variance
£000	£000	£000
132,291	131,411	(880)
20,222	20,823	601
23,013	23,770	756
6,259	4,918	(1,340)
181,786	180,922	(864)
(120,481)	(121,615)	(1,134)
(51,004)	(49,128)	1,877
(171,485)	(170,743)	742
10,301	10,179	(121)
5.7%	5.6%	
(6,757)	(6,369)	388
(207)	(173)	34
48	55	7
104	129	26
(1,702)	(1,701)	1
1,786	2,120	334
1.0%	1.2%	

	Annual Budget	Current Month Variance	YTD Variance
	£000	£000	£000
Capital Plan			
Estates	(1,094)	(39)	244
H&S	(1,403)	(77)	(56)
EPRF	(1,500)	(367)	716
ICT	(1,502)	181	609
Fleet	(6,929)	2,647	4,504
Medical Equipment	(1,498)	1	1,002
Plant & Machinery	(14)	0	14
Contingency	(305)	19	305
Total Schemes	(14,245)	2,365	7,338

Plan	CATEGORY	Plan	December	YTD
%age of bills paid within terms	NHS	95%	80%	80%
%age of bills paid within terms	NON NHS	95%	82%	89%

CASH	Plan	Actual	Variance
	£000	£000	£000
End of month cash balance	18,108	31,788	13,680

5 Workforce Scorecard

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

Director of Human Resources – Kate Simms)

Dec-15

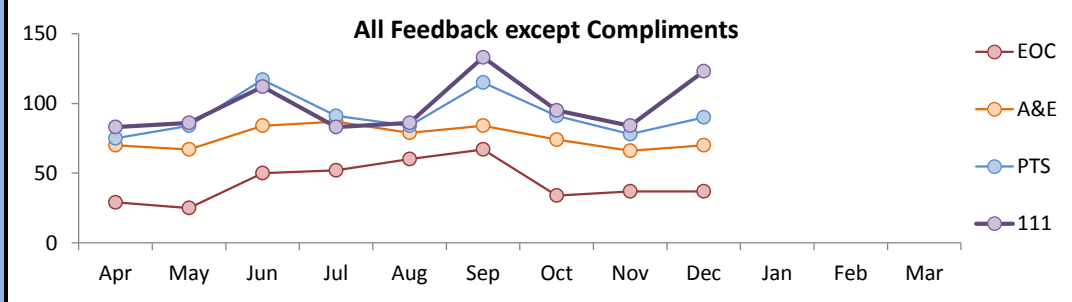
Dec 2015 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 31 Dec 2015

Indicator	Current Data - Dec-15		Current Data - Nov-15		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post (ESR)	4160	Dec-15	4174	Nov-15	4495		↓	4212	Dec-14
Equality & Diversity	5.30% fte	Dec-15	5.23% fte	Nov-15	11.1% fte		↑	5.13% fte	Dec-14
	5.53% hcount		5.51% hcount					5.38% hcount	
Monthly Sickness Absence	6.28%	Dec-15	5.85%	Nov-15	5% fte		↑	7.21%	Dec-14
Yearly Sickness Absence	5.65%	Jan-15 Dec-15	5.73%	Dec-14 Nov-15				↓	6.51%
Turnover	11.78% fte	Dec-15	11.82% fte	Nov-15	10.13% Amb Trust Average		↓	10.14% fte	Dec-14
	13.29% hcount		13.43% hcount					11.35% hcount	
Current PDRs	74.02%	Dec-15	75.14%	Nov-15	80%		↓	69.30%	Dec-14
Stat & Mand Workbook	90.64% (combined)	Dec-15	89.3% (combined)	Nov-15	85% (combined)		↑	88.51% (combined)	Dec-14
	90.64%	Dec-15	89.30%	Nov-15				87.28%	Dec-14
Overtime	£998k	Dec-15	£1,017k	Nov-15			↓	£1,131k	Dec-14
	£11,028k	Jan-15 Dec-15	£11,162k	Dec-14 Nov-15			↓	£11,264k	Jan-15 Dec-14

Sickness absence remains above the Trust target of 5%.

1. Feedback received by type (Includes complaints, concerns, comments made by patients and their families, issues raised by other healthcare professionals, and other general enquiries.)

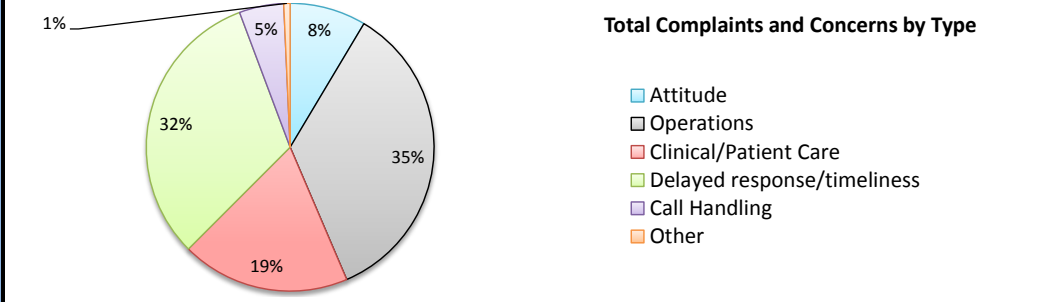
	EOC		A&E		PTS		111		Total	
	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD
Complaints	15	165	11	106	8	57	39	347	73	675
Concerns	12	88	15	159	26	316	3	29	56	592
Comments	1	10	2	69	3	49	6	22	12	150
S to S	9	117	18	96	49	365	75	487	151	1065
Compliments	1	3	50	487	7	45	13	76	71	611
Lost Property	0	0	24	207	2	12	0	0	26	219
PALs Enquiries	0	11	6	82	2	26	0	1	8	120
Total	38	394	126	1206	97	870	136	962	397	3432
Demand	76,401	636,913	64,505	541,698	62,918	724,924	138,266	1,111,462	342,090	3,014,997
Proportion	0.05%	0.06%	0.20%	0.22%	0.15%	0.12%	0.10%	0.09%	0.12%	0.11%



The Number of cases increased slightly in some areas in December with the largest increases in A&E and PTS

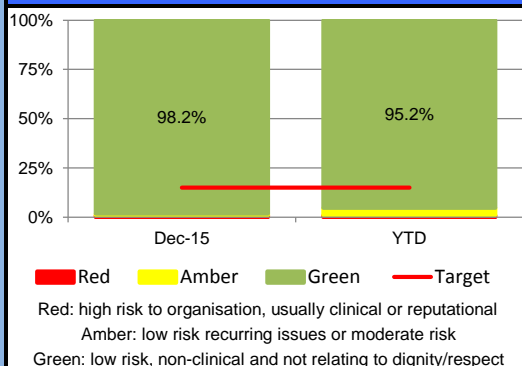
2. Complaints and Concerns (including issues raised by healthcare professionals) received by subject

	EOC		A&E		PTS		111		Total	
	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	Dec-15	YTD
Attitude	0	0	11	126	4	59	9	65	24	250
Operations	0	0	18	147	2	38	78	448	98	633
Clinical/Patient Care	0	0	14	84	9	83	30	349	53	516
Delayed response	29	273	0	2	60	489	0	0	89	764
Call Handling	6	89	0	0	8	66	0	0	14	155
Other	1	8	1	2	0	1	0	1	2	12
Total	36	370	44	361	83	736	117	863	280	2330
Demand	76,401	636,913	64,505	541,698	62,918	724,924	138,266	1,111,462	342,090	3,014,997
Proportion	0.05%	0.06%	0.07%	0.07%	0.13%	0.10%	0.08%	0.08%	0.08%	0.08%



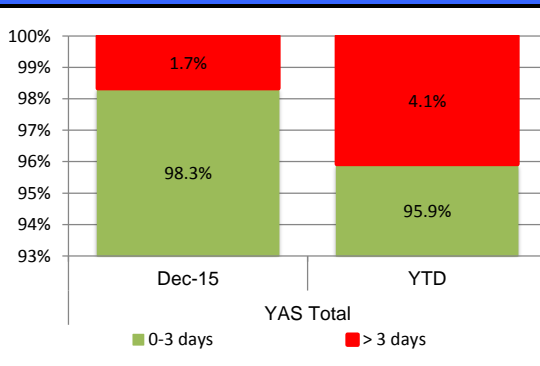
Delayed response remains the largest area of concern for YAS complainants - Emergency Operations and Patient Transport. 111 Ops attracted the largest number of complaints in December.

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



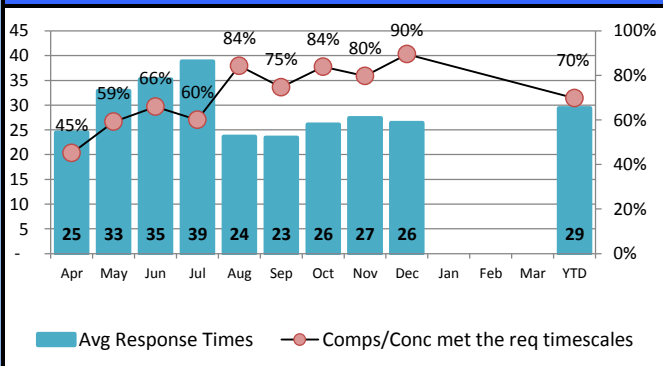
Complaints & Concerns for Red & Amber remain below target for all areas.

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



Acknowledgements to complaints have improved slightly in December

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 90% of cases in December, with an average response time of 26 days. YTD compliance is 70% and average response time is 29 days

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

(YAS total inc HCP)	Total	
	Dec-15	YTD
Upheld	135	1093
Not Upheld	70	751
Partly Upheld	46	505
Total	251	2349

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

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

	Total YAS	
	Dec-15	YTD
No. reopened	4	40
% of C&C	3.1%	3.2%

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

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

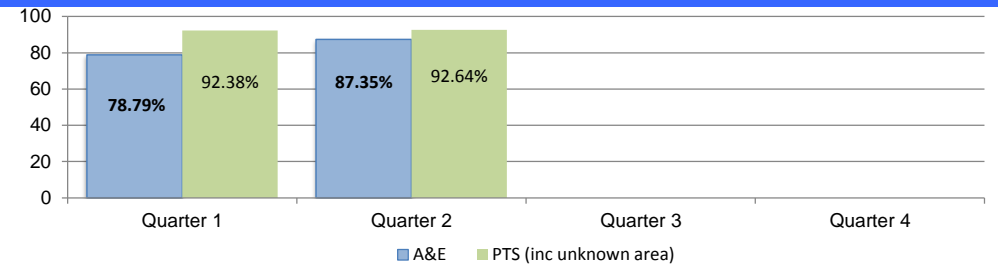
8. Includes cases where PHSO has made enquiries only

	PHSO referrals received		PHSO investigation		Investigation Outcomes						
	Dec-15	YTD	Dec-15	YTD	Upheld		Partially Upheld		Not Upheld		
					Dec-15	YTD	Dec-15	YTD	Dec-15	YTD	
EOC	1	5	0	4	0	0	0	0	0	0	5
A&E	0	6	0	3	0	0	1	2	1	1	8
PTS	0	1	0	1	0	0	0	0	0	0	1
111	0	1	0	1	0	0	0	0	0	0	1
Total	1	13	0	9	0	0	1	2	1	1	15

Only 1 referral was received in December, 2 outcomes were received during the month with 1 being Not Upheld and 1 Partially Upheld

Patient Survey Results (Friends and Family Test)

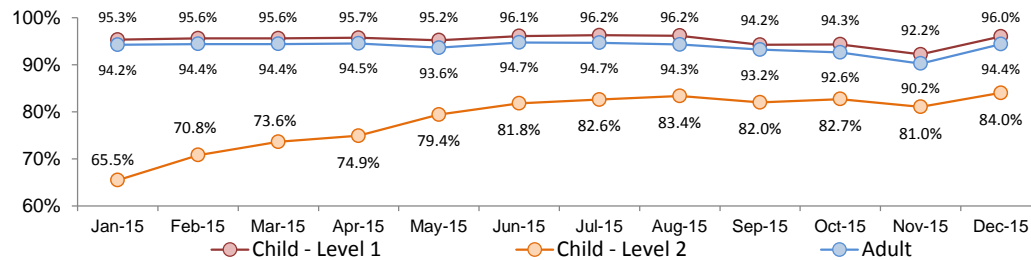
9. How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment?



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

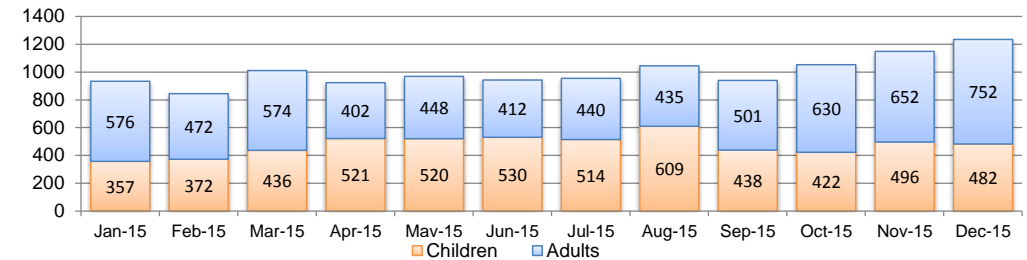
Safeguarding

10. Number of eligible workforce trained



Safeguarding compliance has increased in December across all measures, to the highest level of the year.

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

Hand hygiene issues include;

- No hand gel
- Not BBE – including the wearing of jewellery & watches

Premise issues include;

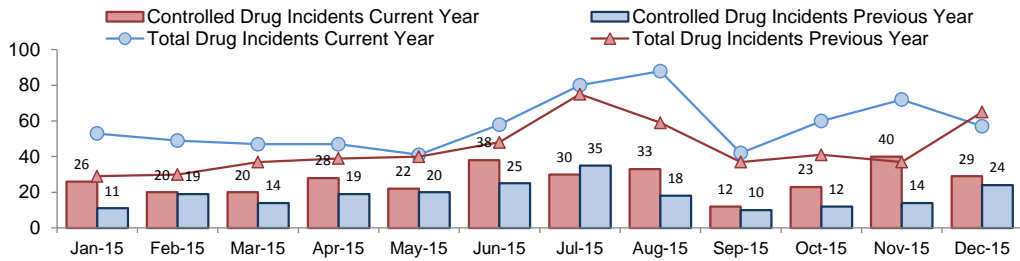
- Clinical waste overflowing
- Consumables and linen on floors/garages

Vehicle issues include;

- Vehicle deep cleaning record sheets missing
- Ripped interior on PTS vehicles – all reported but outstanding to be repaired

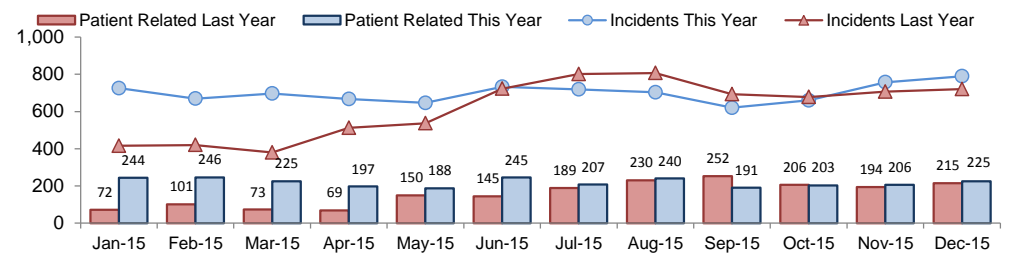
Incident Reporting, FOIs and Legal Requests

13. Medicines Incidents



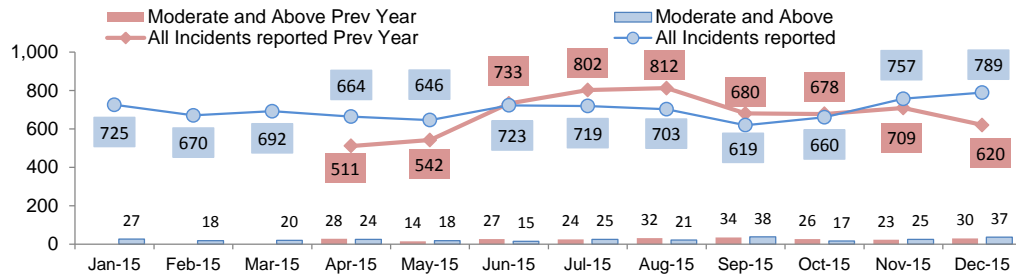
There were a total of 57 medication-related incidents for the month of December, of which 29 were controlled drug incidents in December: 14 morphine vials have been dropped, 4 morphine vials shattered while being opened, 2 morphine vials were found damaged, 5 morphine safe keys have been lost and 2 controlled drug vehicle registers were lost. There was one clinical error which didn't result in patient harm.

14. Incidents Reported



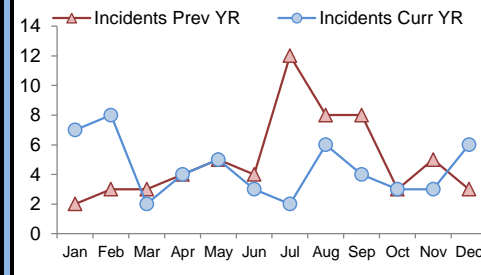
Patient related incidents, both clinical and non-clinical, make up 28.5% of all reported incidents which is consistent with previous months. The top three categories of patient-related incidents are response-related, Carepathway and medical equipment related. Patient-related Incidents graded no harm or minor harm represent 90.5% of patient-related incidents. Incidents graded initially as potentially moderate and above are reviewed at Incident Review Group to determine actual harm and regraded as per investigation findings.

15. Incidents, Moderate Harm and Near misses



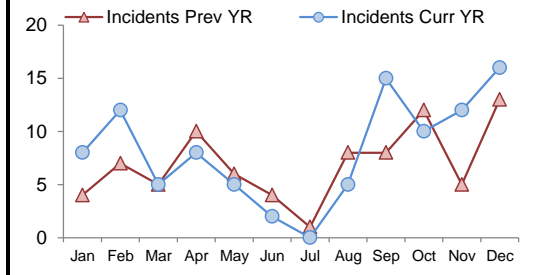
Incidents with a severity of Moderate and above represent 4.8% of incidents reported in Dec with 95.2% of incidents reported as no/minor harm. Data for the IPR is produced on the 5th of the following mth, and prior to completion of investigations to establish actual harm; those incidents graded moderate, major or catastrophic may be recategorised. Incidents in the category of no harm represent 63.8% of the total Dec incidents, which remains consistent with prev mths. A&E Ops remains the highest reporting area reporting 69% of all incidents, again reflective of prev mths. The top 5 coded categories in A&E Ops this month are Vehicle-related, Response-related, Violence & aggression, Medication, Moving & handling which is consistent with prev mths.

16. Serious Incidents



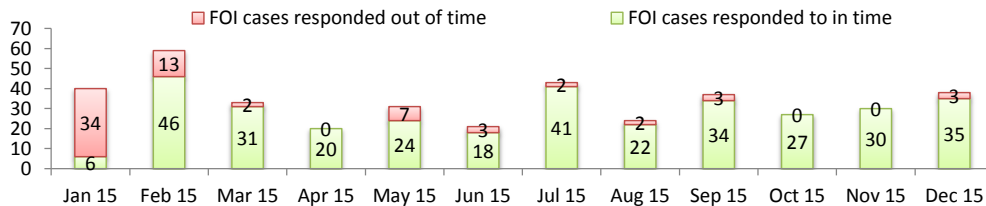
There were 6 Serious Incidents in December, 3 related to Inadequate clinical assessment, 2 due to Delayed dispatch and 1 Other.

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



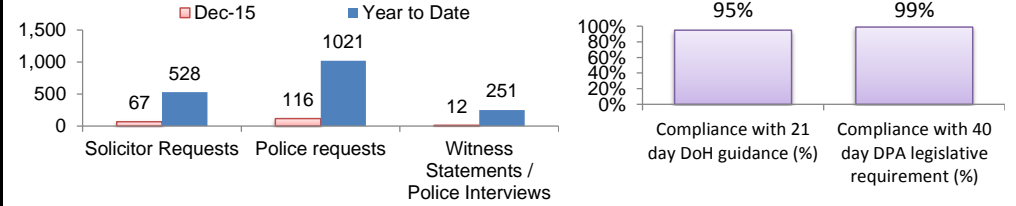
There were 16 Riddor Incidents in November (5 Manual Handling, 2 collisions with objects, 2 Other and 7 Slip/Trip/Fall)

18. FOI Requests



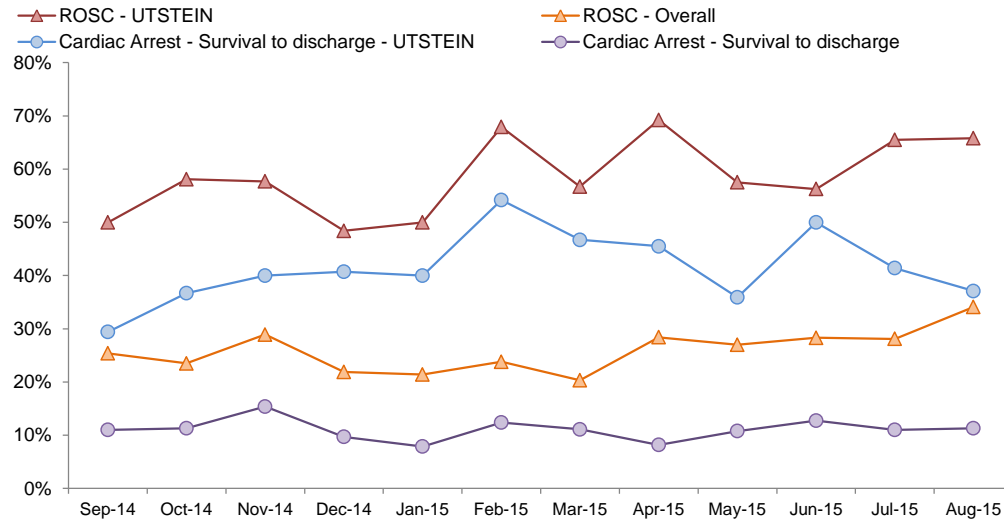
FOI Requests have increased slightly again in December, with 92% of responses being completed in time.

19. Legal Requests



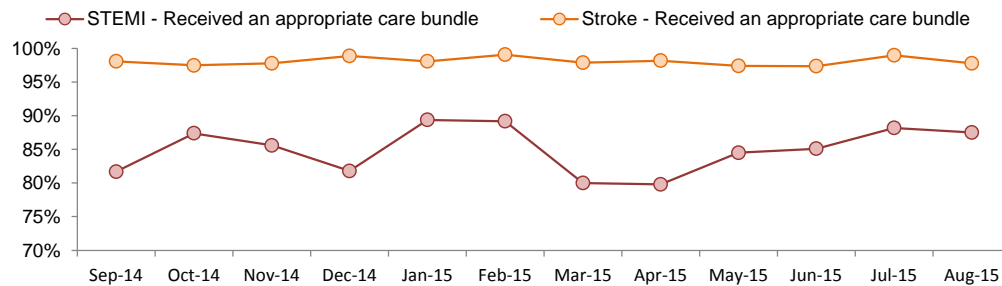
Compliance with requests remain high

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 Upstein figures.

21. AQI Care Bundle



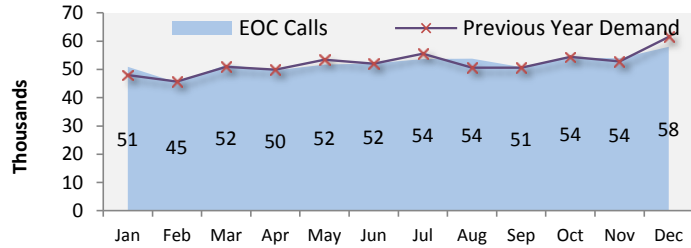
Care Bundle performance for stroke remains consistent in the high 90%. We are currently ranked in the top third of all Ambulance Trusts for these measures. A focus on recording two pain scores for STEMI has improved the care bundle performance overall

22. Clinical Performance Indicators

Indicator	Cycle 15		Cycle 14	
	Sep-15	Nat avg %	Mar-15	Nat avg %
Falls in Older People Pilot 2				
E1- Primary Obs recorded	91.7%	90.0	89.7%	90.5
E2- Recorded Assessment Cause of Fall	96.3%	93.7	96.3%	95.5
E3- History of Falls	46.3%	47.6	42.3%	45.5
E4- 12 Lead ECG Assessment	94.3%	88.0	94.0%	86.5
E5- Recorded Assessment of Mobility	72.3%	75.2	81.0%	77.4
E6- Direct Referral to an appropriate Healthcare professional	61.0%	51.9	62.7%	57.9
FC- Care Bundle For Elderly Falls (E1+E2+E3+E4+E5+E6)	22.3%	23.8	25.0%	24.7

A drop in the recorded assessment of mobility and referrals to a Healthcare professional along with lower than expected documented history of falls has resulted in poor performance. No one locality is highlighted therefore the actions required are: improvements in documenting previous falls history; the introduction of the V11 PCR hopes to facilitate this through more area to free text; revision of the information provided to clinical tutors to reinforce through training as well as via CS teams; re-issue of the falls referral pathways as they are expanded and a review of any barriers to staff making referrals to these teams; posters with the highlighted areas for improvement across the trust by the Clinical Managers.

1. Demand

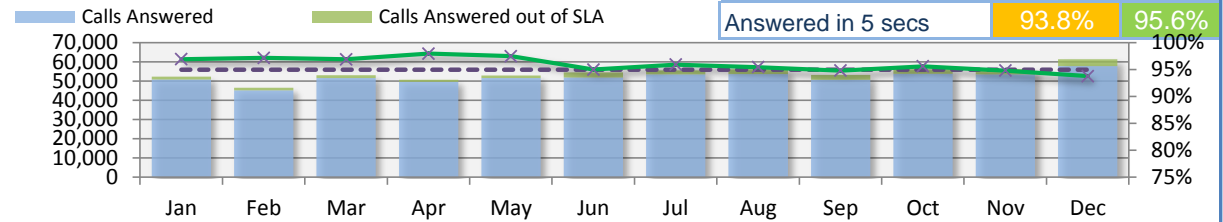


Service level YTD is currently 0.6% above target, and 1.5% higher than the same period last financial year.

Year to date comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered SLA	Calls Answered SLA (95 %)
2015/16	477,919	475,910	455,022	95.6%
2014/15	480,805	477,655	448,265	93.8%
Variance	-2,886	-1,745	6,757	
Variance	-0.6%	-0.37%	1.5%	1.8%

2. Performance (calls answered within 5 seconds)



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Calls Answered out of SLA	1,556	1,288	1,597	1,011	1,294	2,597	2,175	2,441	2,635	2,364	2,778	3,593
Calls Answered	50,750	45,252	51,513	49,596	51,562	51,907	53,453	53,677	50,612	53,776	53,525	57,802
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec %	96.9%	97.2%	96.9%	98.0%	97.5%	95.0%	95.9%	95.5%	94.8%	95.6%	94.8%	93.8%

Work will continue with the Head of Investigations and Learning to ensure a cyclical approach to continuous improvement in the EOC based on lessons learn from SIs and Coroners.

Work is ongoing to review call answer times include the tail end of call answer with a view to consistency in achievement. Recruitment work is ongoing and the management of sickness is ongoing. ARP will continue to be reviewed and improvements made where necessary.

3. Quality

	Dec	YTD
Serious Incidents (Rate Per 1000 Responses)	2(0.03) ↑	15(0.02)
There was one serious incident in November		
Total Incidents (per 1000 calls)	106(1.39) ↑	559(0.88)
There was Sickness (5%) Serious Incident(s) in Jan year to date this now stands at Total		
Feedback		
Complaints	15 ↔	165
Concerns	12 ↑	88
Comments	1 ↔	10
Service to Service	9 ↔	117
Compliments	1 ↑	3
Response within target time for Complaints and Concerns	100%	56%
Outcome of Ombudsman Cases		
Upheld	0	0
Not Upheld	0	5

4. Workforce

Dec-15	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	385	19.3	96	270	70%
Contracted FTE (before overtime)	359	18.0	90	252	70%
Variance	(26)	(1)	(6)	(18)	(6.7%)
% Variance	(6.7%)	(6.7%)	(6.7%)		
FTE worked inc overtime	385	33.1	89	263	68%
Variance	(0)	14	(8)	(7)	(2.5%)
% Variance	(0.1%)	71.9%	(7.8%)		

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

Key Points
Contracted FTE was 26 FTE under budget with a variance of 6.7%.
Both sickness and other absences were under planned for December.

5. Finance (YTD Summary)

	£000	Plan	Actual	Variance
Directorate Position	(10,211)	(10,106)		105
CIPs	1,057		1,376	319

The directorate is £105k favourable to plan year to date due to staffing shortfall / savings on vacancies.

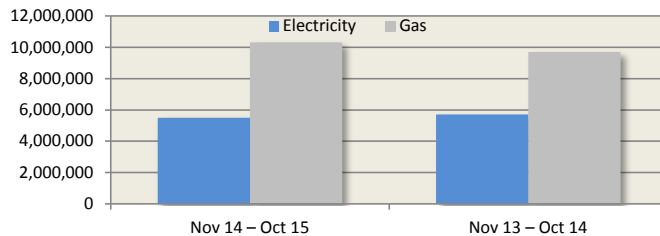
1. Demand

Number of Jobs Received - 395 of which 251 logged for YAS Estates Direct Labour.

Out of Hour Call's received - 5

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

kWh	Electricity (kWh)	Gas (kWh)
Nov 14 – Oct 15	5,501,807	10,317,181
Nov 13 – Oct 14	5,703,189	9,702,185
	-3.53%	6.34%



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 - **154 jobs completed**
- Number of statutory planned preventative maintenance jobs issued. **(160)**
- **86 %** of statutory planned preventative maintenance site visits completed within response timeframes. **(Due to staff training and holidays we have not managed to achieve the 100% for December).**
- Training undertaken - **Stat & Mand Training books ongoing**
- Appraisals undertaken - **100% completed**

3. Quality of Service

- Capital Investment Appraisal bids for 2016/17 submitted.
- A draft Environmental Policy is under development, in conjunction with the Trust Environment and Sustainability Manager.
- The proposed Estates Department staffing restructure has been presented and awaits approval from TMG.
- The inaugural Estates Management Group (EMG) held on 5th January 2016 and six subject specific Working Groups have been established to embed the proposed Estates Governance Assurance Framework.

4. Staffing

December 2015 (FT Equivalents)	FTE	Sickness (5%)
Budget FTE	16	0.8
Contracted FTE (before overtime)	14	0.0
Variance	(3)	0.8
% Variance	(15.6%)	
FTE (worked inc overtime)*	17.6	0.0
Variance	1.6	0.8
% Variance	10.1%	

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

Sickness in December for Estates was at 0.0%.

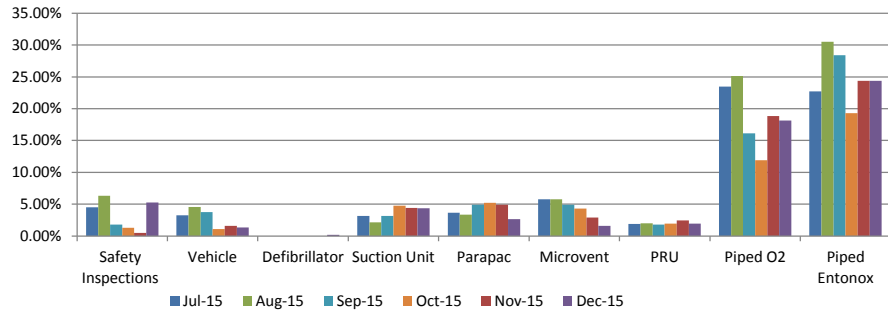
5. Finance

	YTD Plan	YTD Actual	YTD Variance
£000			
Directorate Position	(4,237)	(4,267)	(30)
CIPs	170	71	(99)

Commentary

The directorate is £(30)k adverse to plan year to date due to agency spend to cover staff vacancies.

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



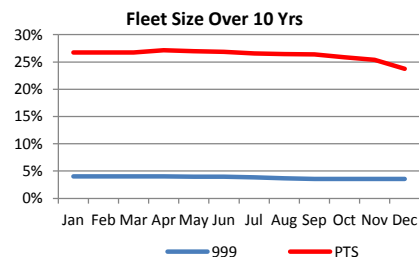
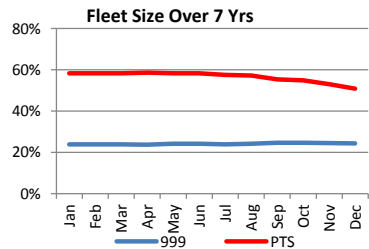
Key Points

Number of vehicles serviced within target window has been maintained at a low level and the vehicles outside the service window are now routinely captured through the Fleet Service Breach Standard Operating Procedure. A high number of Safety Inspections became due during December and these have been captured through the service breach process. Please Note: 2 new indicators, Piped O2 and Piped Entonox. Oxylitre Ltd have been engaged to assist with clearing the backlog of piped oxygen and entonox servicing due to significant numbers becoming due during December. One defibrillator could not be found during december and it therefore went overdue service, it has since been located at Magna and serviced. It was not in operational use.

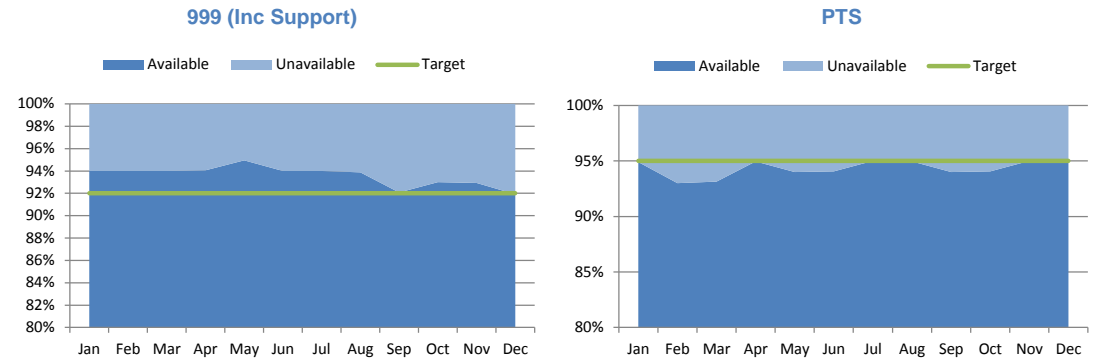
Inspections/Services out of Window	Jul	Aug	Sep	Oct	Nov	Dec	%	DOT
Safety Inspections	25	35	10	7	3	29	5.3%	↑
Vehicle Services	12	17	14	4	6	5	1.3%	↓
Defibrillator servicing	0	0	0	0	0	1	0.2%	↑
Suction Unit servicing	19	13	20	30	27	26	4.4%	↓
Parapac servicing	12	11	17	18	17	9	2.7%	↓
Microvent servicing	10	10	8	7	4	2	1.6%	↓
PRU	12	13	12	13	15	12	2.0%	↓
Piped O2	113	121	80	59	95	95	18.1%	↔
Piped Entonox	22	29	25	17	22	20	24.4%	↓

1.2 Vehicle Age (Vehicle >= 7 years old)

999	138	PTS	216	Total	354
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2. Performance

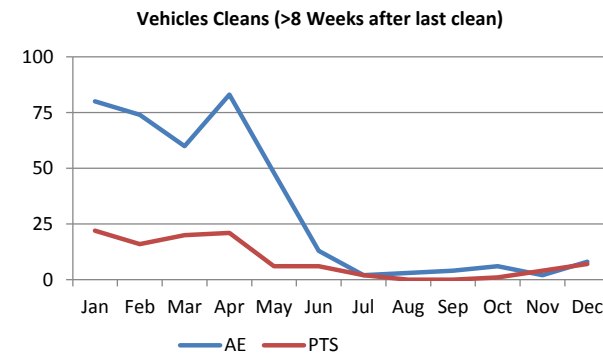


Key Points

Both A&E and PTS vehicle availability has been maintained against their 92% and 95% respectively. This was a significant achievement particularly for A&E who required additional vehicles for the very busy winter pressures period in the lead up to Christmas.

3 Deep Clean

	Jul	Aug	Sep	Oct	Nov	Dec	Dec % in Window	DOT
Vehicles Outside Window in Period	36	27	77	61	49	49	99.10%	↔



Increased staffing level and VOR ability of vehicles has enabled deep clean improvement, this is seeing a stability over the last 4 months. However, introduction of vehicle consumable checks at the same time as deep cleaning is having an impact on A&E Vehicle deep clean rates. Recruitment is underway for additional cleaners to mitigate any further slippage and short term interim external agency support has been established to clear the backlog.

4. Staffing (Fleet Maintenance Only)

YTD Summary (FT Equivalents)	Available	
	FTE	Sickness
Budgeted	100	5.0
Actual	93	5.5
Variance	(6)	(0.5)
% Variance	-6%	+10%

Sickness absence has been maintained across Fleet during December.

5. Finance (YTD)

£000	Plan	Actual	Variance
Directorate Position	(17,349)	(15,750)	1,599
CIPs	840	1,854	1,014

The directorate is £1,599k favourable to plan year to date. This is mainly due to an insurance rebate of £994k and lower than anticipated fuel and lease costs offset by higher maintenance costs to support operations.

Annex 2 Ambulance Quality Indicators - YAS

Indicator	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-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%)	0:20	0:35	0:19	0:19	0:19	0:18	0:18	0:19	0:19	0:19	0:20	0:20	0:23	8	0:02	to	0:43
Time to Answer (99%)	1:04	1:38	0:48	0:43	0:47	0:30	0:33	1:05	0:55	0:57	1:01	0:55	1:06	6	0:29	to	1:30
Abandoned calls	0.82	2.56	1.79	1.52	1.45	0.91	0.63	0.90	0.80	0.70	0.85	1.01	1.22	9	0.22	to	0.99
Cat Red 8 minute response - RED 1 (75%)	71.5	63.4	70.6	71.6	73.5	74.9	73.7	69.4	70.8	68.7	70.1	73.7	73.8	7	67.2	to	79.3
Cat Red 8 minute response - RED 2 (75%)	72.2	60.4	67.2	70.0	72.3	72.7	73.5	70.4	70.1	70.0	70.4	72.5	73.3	6	63.7	to	76.1
95 Percentile Red 1 only Response Time	13:29	16:09	13:47	13:21	13:29	12:56	13:05	13:53	13:44	15:39	14:44	13:28	13:18	3	11:55	to	17:11
Cat Red 19 minute response (95%)	96.6	92.5	95.2	96.2	96.3	96.2	96.3	95.3	95.3	95.0	95.3	95.3	95.3	2	90.2	to	97.3
Time to Treat (50%)	6:07	7:15	6:56	6:19	6:07	5:44	5:38	5:54	5:51	5:53	5:48	5:31	5:34	1	5:54	to	9:32
Time to Treat (95%)	15:48	19:57	17:17	15:57	15:49	14:24	14:12	15:03	15:04	15:28	15:07	14:14	14:20	1	15:19	to	24:01
Time to Treat (99%)	24:34	32:35	26:35	24:26	24:13	21:26	21:34	22:40	22:30	23:38	22:48	21:47	21:17	1	23:21	to	49:31
STEMI - Care	80.2	80.7	89.4	89.2	75.8	86.0	84.5	85.1	88.2	87.5				3	59.7	to	90.3
Stroke - Care	97.8	98.9	98.1	99.1	97.9	98.2	97.4	97.4	99.0	97.8				5	96.0	to	99.6
Frequent caller *	2.33	2.79	3.03	2.10	2.50	1.63	1.49	1.90	1.51	1.80	1.63	1.47	1.78	6	0.17	to	2.25
Resolved by telephone	9.8	12.1	9.4	9.6	10.2	9.7	9.9	8.8	8.1	8.2	7.5	7.2	7.8	7	5.0	to	13.4
Non A&E	31.8	32.8	32.0	31.7	30.9	31.2	31.3	31.6	32.5	32.9	31.2	31.7	30.3	7	30.1	to	52.5
STEMI - 150	85.6	81.8	79.3	79.8	80.0	79.8	80.2	84.8	86.4	87.7				8	74.3	to	94.1
Stroke - 60	54.7	44.8	58.6	57.7	57.3	57.0	59.8	53.6	55.8	57.0				5	47.2	to	72.0
ROSC	28.9	21.9	21.4	23.8	20.3	28.4	27.0	28.3	28.1	34.1				4	24.0	to	33.7
ROSC - Utstein	57.7	48.4	50.0	67.9	56.7	69.2	57.5	56.3	65.5	65.8				1	45.7	to	62.4
Cardiac - STD	15.4	9.7	7.9	12.4	11.1	8.2	10.8	12.7	11.0	11.3				2	5.8	to	14.5
Cardiac - STD Utstein	40.0	40.7	40.0	54.2	46.7	45.5	35.9	50.0	41.4	37.1				1	21.2	to	41.3
Recontact 24hrs Telephone	8.4	8.2	3.1	3.2	4.0	1.7	1.8	1.5	1.5	1.8	1.9	1.1	1.7	1	1.7	to	14.3
Recontact 24hrs on Scene	3.5	3.6	3.9	3.4	3.5	3.3	3.5	3.2	3.0	3.1	3.2	2.9	2.8	1	3.1	to	8.3

Comments:- Clinical AQIs are performing well against other Ambulance Services. Plans are in place to improve staffing levels within the EOC to improve the time taken to answer calls and to reduce the number of calls abandoned. The Trust continues to concentrate on improving the Survival to Discharge.

Annex 3 National Benchmarking - Year to Date

Dec-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	November
Time to Answer - 95%		mm:ss	0:11	0:05	0:02	0:43	0:03	0:09	0:32	0:14	0:04	0:20	8	November
Time to Answer - 99%		mm:ss	0:47	0:37	0:42	1:30	0:29	1:12	1:20	0:57	0:33	0:53	6	November
Abandoned calls		%	0.39	0.58	0.22	0.99	0.36	0.70	0.76	0.63	0.60	0.87	9	November
Cat Red 8 minute response - RED 1	75%	%	71.8	74.9	67.2	71.6	77.1	72.0	73.4	75.5	79.3	71.9	7	November
Cat Red 8 minute response - RED 2	75%	%	67.0	63.7	64.9	72.4	74.5	73.5	73.8	67.2	76.1	71.6	6	November
95 Percentile Red 1 only Response Time		mm:ss	14:33	14:44	17:11	14:05	13:16	14:20	14:28	14:11	11:55	13:49	3	November
Cat Red 19 minute response	95%	%	90.2	91.6	93.4	94.0	94.4	94.5	94.9	91.4	97.3	95.5	2	November
Time to Treat - 50%		mm:ss	9:32	7:15	6:55	6:40	6:24	6:04	6:02	7:10	5:57	5:54	1	November
Time to Treat - 95%		mm:ss	19:03	22:14	18:59	22:03	22:57	19:33	19:32	24:01	15:42	15:19	1	November
Time to Treat - 99%		mm:ss	30:35	33:46	34:22	36:30	49:31	33:08	29:17	38:57	23:58	23:21	1	November
STEMI - Care		%	74.7	81.0	70.5	90.3	87.0	59.7	66.8	83.9	74.2	86.1	3	August
Stroke - Care		%	98.7	97.7	97.1	98.1	99.6	98.5	96.3	97.4	96.0	97.9	5	August
Frequent caller *		%	0.20	0.31	1.19	0.17	0.85	2.25				1.65	6	November
Resolved by telephone		%	11.4	6.3	13.4	6.5	10.8	8.8	11.0	11.9	5.0	8.4	7	November
Non A&E		%	30.1	40.9	34.1	31.3	30.7	42.0	43.7	52.5	37.3	31.6	7	November
STEMI - 150		%	94.1	91.0	88.8	81.5	86.8	86.9	94.0	74.3	85.0	83.6	8	August
Stroke - 60		%	55.3	52.9	62.8	66.9	72.0	53.8	65.4	47.2	53.1	56.6	5	August
ROSC		%	24.0	26.4	31.2	24.7	33.7	26.4	27.0	24.2	31.4	29.1	4	August
ROSC - Utstein		%	48.1	46.9	57.1	57.5	58.6	46.5	45.7	47.3	54.1	62.4	1	August
Cardiac - STD		%	7.5	5.8	8.2	7.5	8.2	14.5	8.5	9.2	10.0	10.8	2	August
Cardiac - STD Utstein		%	21.2	21.7	29.7	35.3	21.7	33.1	22.5	26.6	27.8	41.3	1	August
Recontact 24hrs Telephone		%	4.4	11.1	2.7	14.3	4.2	10.0	8.1	13.3	13.0	1.7	1	November
Recontact 24hrs on Scene		%	4.8	5.9	8.3	5.0	3.8	5.1	4.2	5.7	6.1	3.1	1	November

