

Integrated Performance Report

Integrated Performance Report Report Period: April 2013

Overall Scorecard Red > 30% Red scores, Green > 70% Green and <10% Reds (but no key indicators), Amber - rest
(Key indicators are: national standards, financial risk rating, overall FRR, SIRI's and Never Events).

	RAG	Vs. last month	National Standards			Lead Director	Assessment of Risk
			R	A	G		
Monitor - financial rating	G	→	n/a	n/a	n/a	Will Hancock	G
Monitor - governance rating	G	→	n/a	n/a	n/a	Will Hancock	G
Clinical Performance	A	→	20%	30%	50%	John Black	A
National Standards	G	↑	0%	0%	100%	Will Hancock	G
Operational performance	A	↑	15%	15%	69%	Will Hancock	A
Safety and risk management	A	→	21%	0%	79%	Debbie Marrs	A
Patient Experience	R	↓	33%	0%	67%	Debbie Marrs	R
111	A	→	22%	11%	67%	John Nichols	A
Finance	G	→	0%	0%	100%	Charles Porter	G
QIPP's (cost improvements)	R	↓	33%	0%	67%	Charles Porter	R
QIPP's (quality impact)	A	→	4%	77%	19%	Debbie Marrs	A
Human Resources	R	↓	43%	17%	39%	Will Hancock	R

Overall Commentary:

The first month of the year has been challenging in a number of respects: activity remains high (10% up on the same period last year for the 999 service) and hospital delays are 40% higher than last year. In response to this SCAS has increased its operational resources and has exceeded its response time targets for the month for Red 1, Red 2 and Red 19 whilst delivering its financial targets. There have been a number of unfavourable consequences of operating in this high pressure environment - long waits, complaints and sickness are higher than plan and require continued management action to bring back on track.

The 111 service has continued to improve operationally and the Berks area went live on a limited basis in the month.

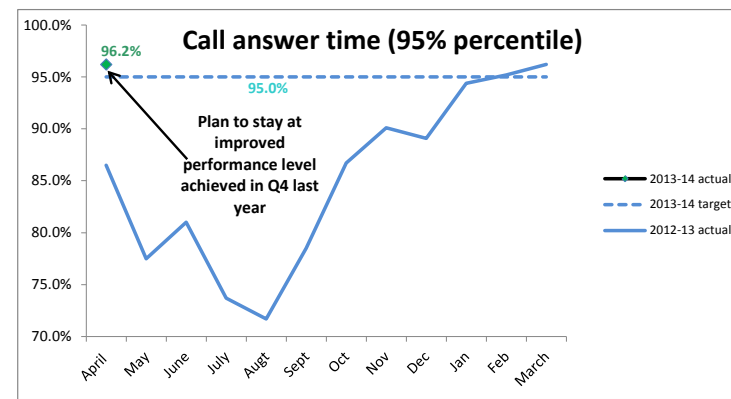
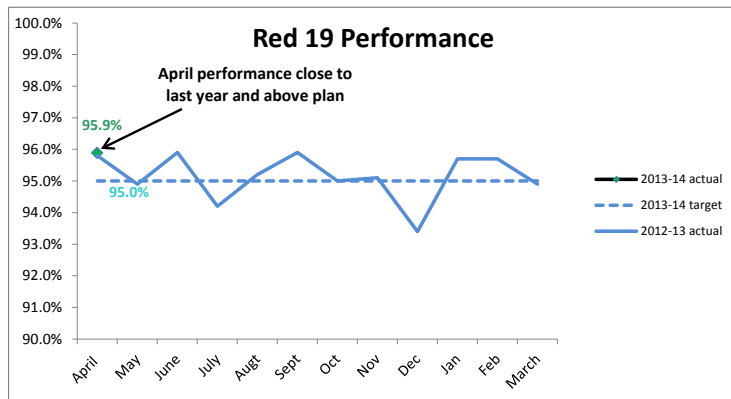
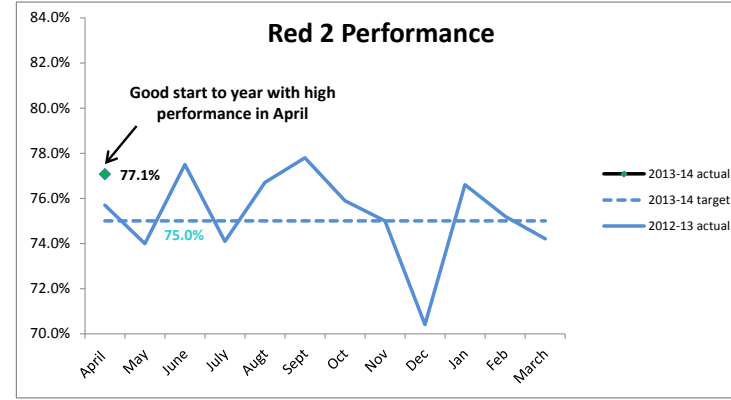
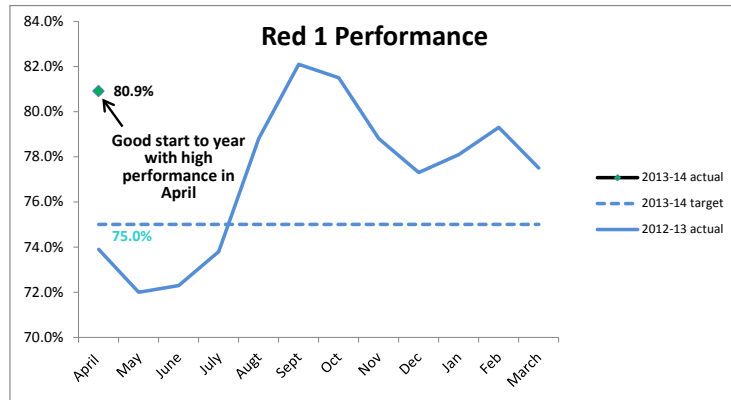
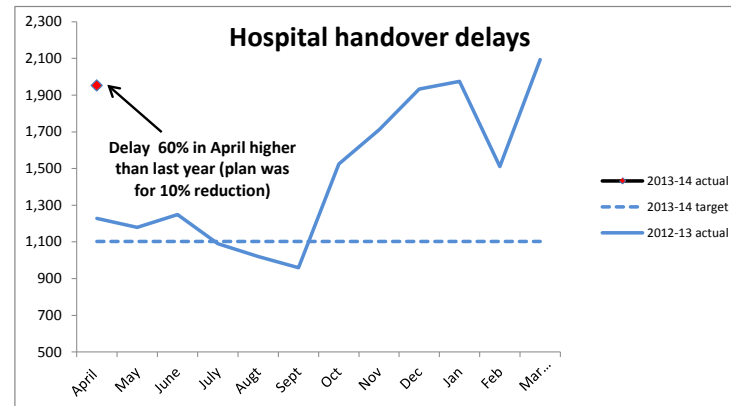
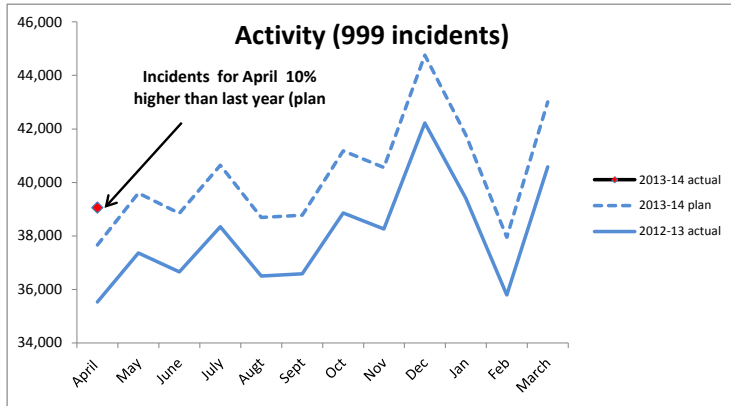
The following areas are rated Red in this month's report and they are commented on as follows:

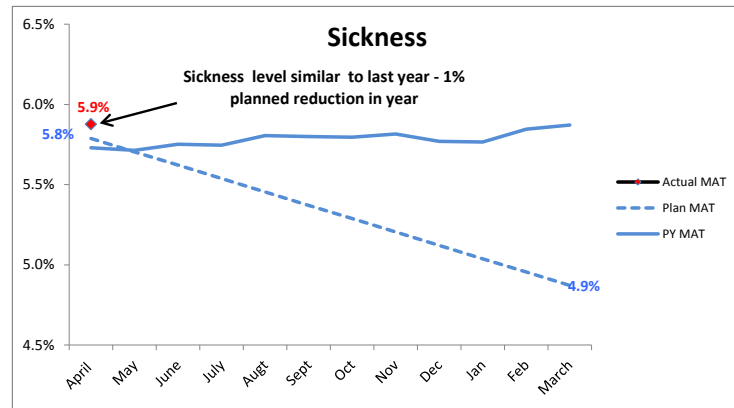
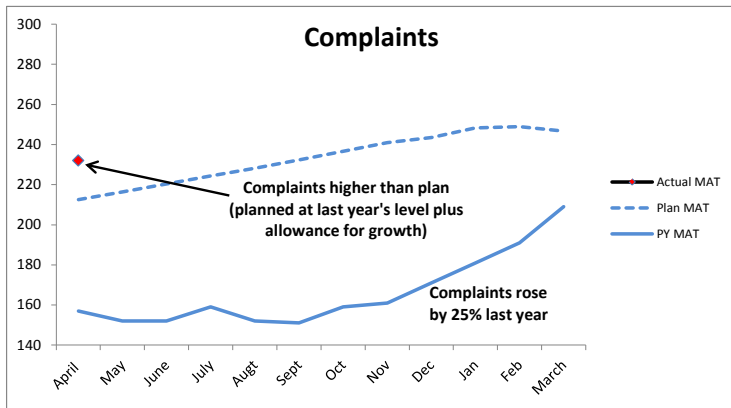
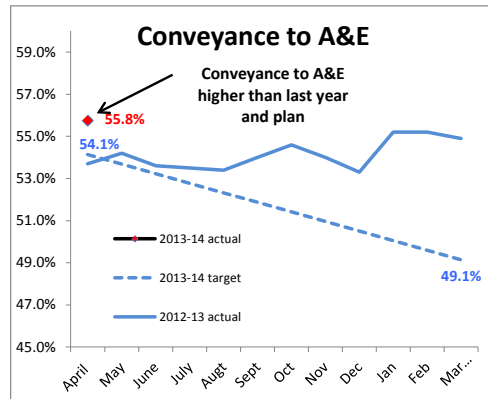
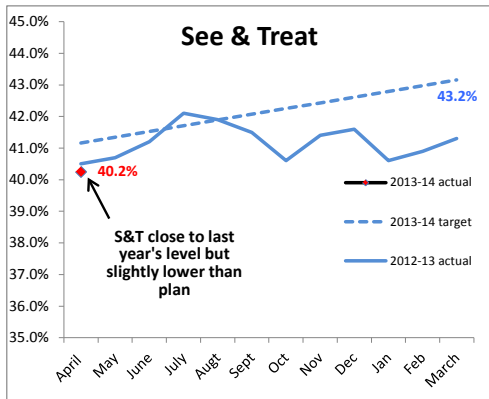
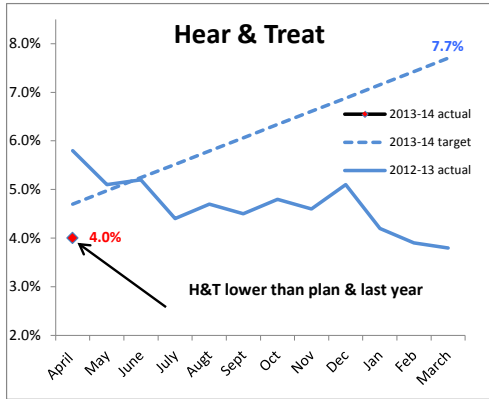
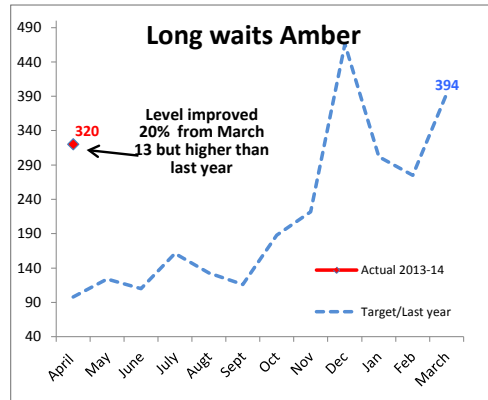
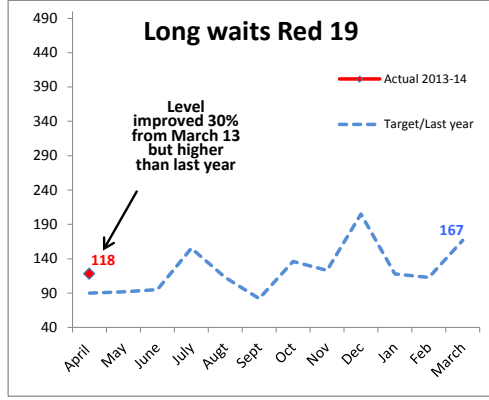
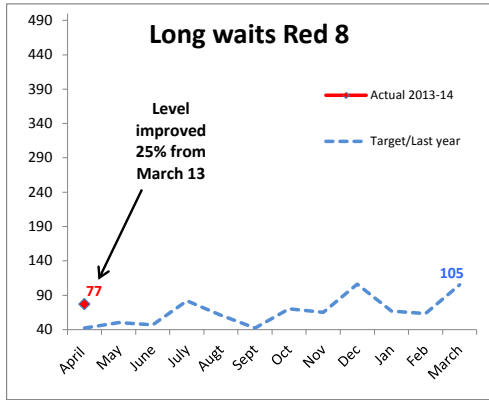
Patient experience – rated red due to the level of complaints. Complaints began to rise in Dec 12 and have remained at a higher level than last year since. Increased incidents/activity may result in increased complaints and thematic analysis shows that patients complain mostly about attitude and delays. Detailed work is being instigated to audit delays and a review of all other complaints to extract real learning and by area. Two further Patient Experience Officers were

QIPP's - the cost improvement programme is behind plan due to a number of delays in the A&E and 111 areas (savings are £84k behind the budget of £289k). The principal issues are as follows:

- Nationally, the ambulance unions have challenged the elimination of unsocial payments during periods of sickness. This has caused a delay in the implementation of this policy;
- Sickness remained close to last year's level - although some areas did improve, this was offset by deterioration in other areas;
- The mix of Hear & Treat and See & Treat has not improved as targeted despite using GP's in the EOC.

Human Resources – sickness is higher than plan and appraisals are also behind. A numbers of the plans in this area are still being finalised in order to get this area back on track.





Monitor rating

Lead Director: Will Hancock

Financial indicators

Measure	2012-13 - reported				2013-14			
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	Forecast Q1	Forecast Q2	Forecast Q3	Forecast Q4
Financial risk rating	3	3	3	4	4	4	4	4
Forward Financial Risk Indicators (non-compliance out of 10 indicators)	3	1	1	0	0	0	0	0

Commentary:

Financial ratings met target last year with only minimal adverse risk indicators during year (aged debtors higher than target and capital expenditure behind plan). All target should be met in 2013-14.

Governance indicators

Measure	2012-13 - reported				2013-14			
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	Forecast Q1	Forecast Q2	Forecast Q3	Forecast Q4
Red 1	75.6%	78.5%	79.2%	78.3%	75.5%	75.5%	75.0%	75.5%
Red 2	75.6%	76.2%	73.9%	75.3%	75.5%	75.5%	75.0%	75.5%
Red 19	95.2%	95.1%	94.5%	95.5%	95.5%	95.5%	95.0%	95.5%
Failure to comply with requirements regarding access to healthcare for people with a learning disability	Yes	No	No	No	No	No	No	No
Risk of, or actual, failure to deliver mandatory services	No	No	No	No	No	No	No	No
CQC compliance action outstanding (as at 31 Mar 2013)	No	No	Yes	Yes	No	No	No	No
CQC enforcement action within last 12 months (up to 31 Mar 2013)	No	No	No	No	No	No	No	No
CQC enforcement notice currently in effect (as at 31 Mar 2013)	No	No	No	No	No	No	No	No
Minor CQC concerns or impacts regarding the safety of healthcare provision (as at 31 Mar 2013)	No	No	Yes	Yes	No	No	No	No
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31 Mar 2013)	No	No	No	No	No	No	No	No
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 31 Mar 2013)	No	No	No	No	No	No	No	No
Unable to maintain, or certify, a minimum published CNST level of Trust unable to declare ongoing compliance with minimum standards of CQC registration	No	No	No	No	No	No	No	No
Has the Trust has been inspected by CQC	No	No	Yes	No	Yes	No	No	No
If so, did the CQC inspection find non compliance with 1 or more essential standards	Not relevant	Not relevant	Yes	No	No	No	No	No
Overall governance rating	Green	Green	Amber-Green	Green	Green	Green	Green	Green

Commentary:

Green ratings met throughout 2012-13 with the exception Q3 (Oct to Dec) due to performance issues arising from high winter demand and items raised in CQC visit. Q4 is expected / provisional. All CQC items are planned to be resolved during 2013-14. We would expect a further CQC visit in this first quarter (although these are unannounced and can not be planned for) which would close any outstanding items.

Integrated Performance Report

Clinical performance

Overall rating

A

*Red > 30% Red scores, Green > 70%
Green and <10% Reds (but no key indicators), Amber - rest*

National Clinical Indicators

Lead Director: John Black

Measure (nationally submitted data to December 2012, year to date is 9 months to Dec 12)	Apr-13			Year to date			Full year			SCAS ranking Out of 12 English ambulance services	National average	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG			
STEMI care bundle	67.9%	69.3%	A	68.5%	69.3%	A	77.5%	77.5%	G	11th	77.6%	The administration of analgesia is being reviewed and the new pain ladder is due to be released advising that Entonox and/or Morphine is administered for STEMI patients.
Stroke care bundle	97.9%	95.0%	G	97.0%	95.0%	G	97.0%	95.0%	G	3rd	95.6%	No Comment Required
% STEMI with PPCI to treatment in 150 min	90.5%	88.0%	G	89.9%	88.0%	G	90.0%	88.0%	G	4th	88.1%	No Comment Required
% FAST patients to centre in 60 min	45.4%	49.5%	A	49.0%	49.5%	A	55.0%	55.0%	A	10th	63.6%	A multi team review and root cause analyses is being undertaken involving the Executive team to identify the pinch points to achieving the target.
% patients with return of spont's circul'n by hospital arrive (ROSC)-(nationally submitted data for period Dec 2012)	33.00%	25.0%	G	35.80%	25.0%	G	36.0%	25.0%	G	1st	25.3%	No Comment Required
% patients with return of spont's circul'n by hospital arrive (ROSC) - witnessed cardiac arrest (nationally submitted data for period Dec 2012)	38.5%	47.0%	R	49.5%	47.0%	G	49.5%	47.0%	G	4th	46.9%	No Comment Required
Cardiac Arrest: % discharged alive following ambulance resus'n (nationally submitted data for period Dec 2012)	13.0%	7.5%	G	15.0%	7.5%	G	15%	7.5%	G	1st	7.8%	No Comment Required
Cardiac Arrest: % discharged alive following ambulance resus'n - witnessed cardiac arrest (nationally submitted data for period Dec 2012)	22.2%	22.0%	G	20.7%	22.0%	A	22%	22.0%	G	7th	21.8%	The year to date performance has been affected by November's poor performance (10%). This indicator is quite variable due to small sample size (10-15 each month) so a variation in outcome of one case can move the stats by 50%.

Other clinical indicators

Measure (care bundles are part of National Clinical Performance Indicators data gathering)	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Hypoglycaemia care bundle	94.0%	95.8%	A	94.0%	95.8%	A	95.8%	95.8%	G	The recording of a second blood glucose dropped to 96%
Asthma care bundle	74.0%	76.7%	A	74.0%	76.7%	A	76.7%	76.7%	G	Peak expiratory flow rate has reduced to 86% in April
Limb fractures care bundle	64.0%	40.4%	G	64.0%	40.4%	G	40.4%	40.4%	G	No comment required
Febrile convulsion care bundle	n/a	50.0%	n/a	n/a	50.0%	n/a	50.0%	50.0%	G	No febrile convulsant patient were treated in April
% FAST patients call to leave scene 39 min	48.1%	56.5%	R	48.1%	56.5%	R	48.1%	56.5%	R	A multi team review and root cause analyses is being undertaken involving the Executive team to identify the pinch points to achieving the target.
% STEMI with PPCI to centre in 80 min	91.0%	75.0%	G	91.0%	75.0%	G	75.0%	75.0%	G	No Comment Required

Integrated Performance Report

Safeguarding

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Number of adult referrals - this relates to vulnerable adults who may be at risk from abuse or neglect	142	158	G	142	158	G		1,900	n/a	No comment required
Number of child referrals - this relates to children who may be at risk of abuse or neglect	29	35	G	29	35	G		420	n/a	No comment required

Hygiene & infection prevention & control

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Vehicle deep cleans: average frequency per ambulance <i>in weeks</i>	8	6	R	8	6	R	6	6	G	Access to vehicles continues to be an issue and the interval between cleans is longer than planned. Work with our suppliers and operational continues to resolve this issue.
Vehicle routine cleans: average frequency per ambulance <i>in days</i>	2	1	R	2	1	R	1	1	G	
Number of cleanliness compliance audits*	51	54	A	51	54	A	648	648	G	Failure to complete required amount of audits reported to interim Director of Ops and Heads of Ops (John Nichols, Mark Ainsworth and Paul Jefferies). Action plan for compliance requested from Area Managers.

Medicines management

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Number of adverse events due to administration errors*	2	1	R	2	1	R	12	12	G	In both cases the patient and or family was aware of the error. In one case the patient was kept in overnight for observation following an overdose of adrenaline for anaphylaxis.
Number of controlled drug incidents*	3	3	G	3	3	G	36	36	G	No comment required

* These items are also reported in the quality accounts

Integrated Performance Report

Operational performance

Overall rating (national - Red8 & Red19)

G

Overall rating (other)

A

Red > 30% Red scores, Green > 70% Green and <10% Reds (but no key indicators), Amber - rest

Performance Pressures

Lead Director: Will Hancock

Demand Measures	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Incidents	9.6%	6.0%	n/a	9.6%	6.0%	n/a	9.6%	6.0%	n/a	Large increase in first half of month due to 111 (11.5%), moving back close to plan levels in second half (7%).
Calls	7.6%	6.0%	n/a	7.6%	6.0%	n/a	?	6.0%	n/a	As above

Hospital delays

- Total handover delays over 15 minutes (hours)	1,952	1,103	R	1,952	1,103	R	13,235	13,235	G	Delays 60% higher than April last year. The acute penalties have resulted in greater focus on data quality and actions to reduce waits.
- Total clear-up delays (hours)	453	363	R	453	363	R	4,355	4,355	G	This is subject to further investigation.

National indicators

Performance Measure	Apr-13			Year to date			Full year			SCAS ranking (March - April not yet available for)	National average	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG			
Call connect to call answer (min:sec) - 50th percentile	00:01	00:02	G	00:01	00:02	G	00:02	00:02	G	=2nd	00:01	Ranking based on last month as
Call connect to call answer (min:sec) - 95th percentile	00:05	00:05	G	00:05	00:05	G	00:05	00:05	G	4th	00:19	No Comment Required
Call connect to call answer (min:sec) - 99th percentile	00:39	00:42	G	00:39	00:42	G	00:42	00:42	G	4th	01:02	No Comment Required
% calls abandoned	0.2%	1.5%	G	0.2%	1.5%	G	1.5%	1.5%	G	=2nd	1.45%	No Comment Required
Red 1 A8: % on scene within 8 minutes	80.9%	75.0%	G	80.9%	75.0%	G	75.0%	75.0%	G	4th	74%	No Comment Required
Red 2 A8: % on scene within 8 minutes	77.1%	75.0%	G	77.1%	75.0%	G	75.0%	75.0%	G	6th	75.60%	No Comment Required
Red A19: % conveying response within 19 minutes	95.9%	95.0%	G	95.9%	95.0%	G	95.0%	95.0%	G	6th	96%	No Comment Required
Red 1 A8 on scene within 8 minutes : 95th percentile (mm: ss)	13:06	14:44	G	13:06	14:44	G	14:44	14:44	G	7th	14:14	No Comment Required
Time to Treat - 50th percentile (min:sec)	05:53	06:05	G	05:53	06:05	G	05:53	06:05	G	8th	05:45	No Comment Required
Time to Treat - 95th percentile (min:sec)	17:48	18:48	G	17:48	18:48	G	17:48	18:48	G	7th	17:06	No Comment Required
Time to Treat - 99th percentile (min:sec)	30:38	32:29	G	30:38	32:29	G	30:38	32:29	G	9th	27:53	No Comment Required
% calls from frequent callers	11.66%	n/a	n/a	11.66%	n/a	n/a	n/a	n/a	n/a	12th	1.10%	Ranking looks poor for this indicator which may be use to consistency of definition used between ambulance services
% calls with telephone advice only (Hear & Treat)	4.0%	4.7%	R	4.0%	4.7%	R	7.4%	7.7%	A	=11th	6.00%	Hear & Treat lower than plan - further review to improve this through productivity focus is underway
% resolved without convey to Type 1/2 A&E	41.3%	41.2%	G	41.3%	41.2%	G	43.0%	43.2%	A	5th	35.10%	No Comment Required
% Hear & Treat re-contacts in 24 hours	20.4%	18.2%	A	20.4%	18.2%	A	13.5%	13.0%	A	10th	13.00%	This area is being reviewed to determine the root cause and take action to address
% See & Treat re-contacts in 24 hours	6.9%	6.9%	A	6.9%	6.9%	R	6.3%	6.2%	A	10th	6.20%	

Integrated Performance Report

Other indicators	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Amber 20: % response within 20 minutes	83.6%	90.0%	A	83.6%	90.0%	A	83.6%	90.0%	A	Based upon clinical risk, deployment focus has been on Red calls. Delays at hospital impact upon ability to respond to Amber 20 calls.
Green 60: response within 60 minutes	93.3%	n/a	n/a	93.3%	n/a	n/a	93.3%	n/a	n/a	No comment required
% conveyed to Type 1/2 A&E	56.2%	54.1%	n/a	56.2%	54.1%	n/a	56.2%	49.1%	G	No comment required

Efficiency indicators

Frontline resources (rota hours per week)	40,821	38,810	A	40,821	38,810	A	41,466	39,491	A	5% more hours for 10% higher activity
VOR - scheduled maintenance	2.0%	4.0%	G	2.0%	4.0%	G	3.0%	4.0%	G	No Comment Required
VOR - unscheduled	22.0%	20.0%	A	22.0%	20.0%	A	18.0%	18.0%	G	No Comment Required

A&E Performance by CCG Cluster (CCG performance in Appendix 1)

Performance Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	

Red 1

Thames Valley Cluster	81.1%	75.0%	G	81.1%	75.0%	G	75.0%	75.0%	G	No Comment Required
Hampshire & MK Cluster	81.7%	75.0%	G	81.7%	75.0%	G	75.0%	75.0%	G	No Comment Required

Red 2

Thames Valley Cluster	77.8%	75.0%	G	77.8%	75.0%	G	75.0%	75.0%	G	No Comment Required
Hampshire & MK Cluster	77.6%	75.0%	G	77.6%	75.0%	G	75.0%	75.0%	G	No Comment Required

Red A19

Thames Valley Cluster	96.9%	95.0%	G	96.9%	95.0%	G	95.0%	95.0%	G	No Comment Required
Hampshire & MK Cluster	95.3%	95.0%	G	95.3%	95.0%	G	95.0%	95.0%	G	No Comment Required

Integrated Performance Report

Safety and Risk Management

Overall rating

A

Red > 30% Red scores, Green > 70% Green and <10% Reds (but no key indicators), Amber - rest

Patient Safety

Lead director: Debbie Marrs

Patient Safety Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Number of IR1s (this is the internal form to report incidents in SCAS - this covers all types of incident - accidents, injuries, missing equipment etc)	253	220	n/a	253	220	n/a	3036	2644	n/a	Increased reporting viewed as positive feedback from staff. Emerging themes monitored through H&S committee
Number of incidents reported to the NPSA (CQC/NPSA reportable)	20	20	G	20	20	G	240	240	G	No Comment Required
% of incidents reported to the NPSA within 30 days	100%	100%	G	100%	100%	G	100%	100%	G	No Comment Required
Number of Serious Incidents Requiring Investigation (SIRI) reported	2	2	G	2	2	G	20	20	G	No Comment Required
Number of SIRI investigations outstanding after 60 days (excluding events that are officially suspended)	14%	25%	G	14%	25%	G	25%	25%	G	Outstanding information required to close 2 investigations. Monitored through SIRI group
Number of Never Events (CQC/NPSA reportable)	0	0	G	0	0	G	0	0	G	No Comment Required
Clinical negligent claims (CNST)	0	1	G	0	0	G	0	6	G	No Comment Required
Public liability claims	1	1	G	1	1	G	1	12	G	No Comment Required
Long waits (Red 8)* - over 30 minutes	77	42	R	77	42	R	800	800	G	The root cause of this is being investigated to understand why waits are so high despite the good performance. The plan numbers are last year's out-turn which showed rising long waits during the year.
Long waits (Red 19)* - over 30 minutes	118	90	R	118	90	R	1489	1489	G	
Long waits (Amber)* - over one hour	320	98	R	320	98	R	2589	2589	G	

Staff Safety

Staff Safety Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Number of RIDDOR reports (HSE reportable)	2	5	G	2	5	G	56	56	G	No Comment Required
Number of Physical Assaults (NHS Protect reportable)	5	6	G	5	6	G	68	68	G	No Comment Required
Number of Non-Physical Assaults (NHS Protect reportable)	9	14	G	2	14	G	162	162	G	No Comment Required
Number of Security Incidents (NHS Protect reportable)	5	5	G	5	5	G	64	64	G	No Comment Required

* These items are reported in the quality accounts as well

Integrated Performance Report

Patient Experience

Overall rating R Red > 30% Red scores, Green > 70% Green and <10% Reds (but no key indicators), Amber - re

Complaints

Lead Director: Debbie Marrs

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
- A&E frontline	17	9	R	17	9	R	204	111	R	Complaints have risen on last year's figures. Analysis underway to identify themes/areas.
- A&E EOC and CSD	6	5	R	6	5	R	72	61	R	Complaints have risen on last year's figures. Analysis underway to identify themes/areas.
- PTS	1	3	G	1	3	G	12	31	G	No comment required
- 111 Service	5	3	R	5	3	R	39	39	G	Plan based on last year uplifted for higher volume. Complaints levels for this service still being understood for this new service.
- Other	0	0	G	0	0	G	4	4	G	No comment required
Total	29	21	R	29	21	R	331	247	R	Complaints have risen on last year's figures. Analysis underway to identify themes/areas.
Complaints responded to within 25 days target (Data relates to March 13)	37%	95%	R	37%	95%	R	95%	95%	G	Although March significantly lower than expected; overall position for last year was 73%; delay in return of investigations and shortage of staff in PE Team having a considerable negative impact. 2 new PSOs appointed and in post on 13 May will improve position and work will continue with relevant managers to encourage return of investigations in a timely manner

Compliments

Measure	Apr-13			Year to date			Full year			
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Compliments	No.	No.		No.	No.		No.	No.		
Total	95	61	G	95	61	G	1,140	726	G	No comment required

Integrated Performance Report

Surveys

	Apr-13			Year to date			Full Year			
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Outcome of surveys										
A&E frontline - no. of surveys	1	0	G	1	0	G	1	1	G	Survey Plan to be agreed at PERG in June 2013. Front line survey completed.
- satisfaction level	tba	75%	n/a	tba	75%	n/a	tba	75%	n/a	Results still being analysed.
A&E EOC - no. of surveys	0	0	G	0	0	G	1	1	G	No comment required
- satisfaction level	n/a	n/a	n/a	n/a	n/a	n/a	tba	75%	n/a	No comment required
PTS - no. of surveys	0	0	G	0	0	G	5	5	G	No comment required
- satisfaction level	n/a	n/a	n/a	n/a	n/a	n/a	tba	75%	n/a	No comment required
Other - no. of surveys	0	0	G	0	0	G	3	3	G	No comment required
- satisfaction level	n/a	n/a	n/a	n/a	n/a	n/a	tba	75%	n/a	No comment required
Total SCAS - no. of surveys	1	0	G	1	0	G	10	10	G	No comment required
- satisfaction level	n/a	n/a	n/a	n/a	n/a	n/a	tba	75%	n/a	No comment required

Requests for Information

	Apr-13			Year to date			Forecast			
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast (last month)	Plan	RAG	
Measure										
Requests responses within timescales										
FOI (Freedom of Information Act)	100%	100%	G	100%	100%	G	100%	100%	G	No comment required
Data protection Act (DPA) - police, solicitor/medical, subject access	100%	100%	G	100%	100%	G	100%	100%	G	No comment required

111

111 rating

A

Red > 30% Red scores, Green > 70% Green and <10% Reds (but no key indicators), Amber - rest

111 Measures

Lead Director: John Nichols

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast (last month)	Plan	RAG	
Oxford :										
Calls (no. answered)	17,417	16,188	G	17,661	16,188	G	175,000	175,000	G	No Comment Required
Call Answering (% within 60 seconds)	90.7%	95%	A	90.8%	95%	A	95.0%	95%	G	Improvement plan in place
999 referrals (%)	6.6%	10%	G	8.7%	10%	G	9.0%	10%	G	No Comment Required
Calls Abandoned (target <5%)	2.5%	5%	G	2.9%	5%	G	3.0%	5%	G	No Comment Required
Warm transfers (clinician %)	19.0%	20%	G	19.0%	20%	G	19.0%	20%	G	No Comment Required
Time taken for call back (% < 10 mins - target 95%)	98.5%	95%	G	98.5%	95%	G	98.5%	95%	G	No Comment Required

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast (last month)	Plan	RAG	
Hampshire :										
Calls (no.)	38,066	39,000	A	38,066	39,000	A	508,000	508,000	G	Slow pick up of 111 across SHP - Call profiles continually under review.
Call Answering (% within 60 seconds)	84.6%	95%	R	84.6%	95%	R	95.0%	95%	G	Improvement plan in place and agreed with commissioners
999 referrals (%)	5.7%	10%	G	5.7%	10%	G	6.0%	10%	G	No Comment Required
Calls Abandoned (target <5%)	4.1%	5%	G	4.1%	5%	G	5.0%	5%	G	No Comment Required
Warm transfers (clinician %)	24.3%	20%	R	24.3%	20%	R	20.0%	20%	G	Action plan in place to reduce - linked with increasing experience of call takers
Time taken for call back (% < 10 mins - target 95%)	98.8%	95%	G	98.8%	95%	G	95.0%	95%	G	No Comment Required

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast (last month)	Plan	RAG	
Berkshire:										
Calls (no.)	1,438	17,776	R	1,438	17,776	R	256,904	256,904	G	Delayed and phased introduction of 111 across Berkshire - Commissioner decision
Call Answering (% within 60 seconds)	95.1%	95%	G	95.1%	95%	G	95.0%	95%	G	No Comment Required
999 referrals (%)	7.2%	10%	G	7.2%	10%	G	10.0%	10%	G	No Comment Required
Calls Abandoned (target <5%)	1.0%	5%	G	1.0%	5%	G	5.0%	5%	G	No Comment Required
Warm transfers (clinician %)	30.8%	20%	R	30.8%	20%	R	20.0%	20%	G	Action plan in place to reduce - linked with increasing experience of call takers
Time taken for call back (% < 10 mins - target 95%)	97.4%	95%	G	97.4%	95%	G	95.0%	95%	G	No Comment Required

Integrated Performance Report

Finance

Finance rating

G

QIPP rating

R

Lead Director: Charles Porter

Monitor Financial Risk Rating

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
EBITDA margin rating	3	3	G	3	3	G	3	3	G	No Comment Required
EBITDA % of plan achieved rating	3	3	G	3	3	G	3	3	G	No Comment Required
Financial efficiency rating	3	3	G	3	3	G	3	3	G	No Comment Required
Liquidity rating	4	4	G	4	4	G	4	4	G	No Comment Required
Weighted average rating	4	4	G	4	4	G	4	4	G	No Comment Required

Monitor Continuity of Service Risk Rating (in shadow)

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Debt service cover rating	4	4	G	4	4	G	4	4	G	No Comment Required
Liquidity Rating	4	4	G	4	4	G	4	4	G	No Comment Required
Continuity of Service Risk Rating	4	4	G	4	4	G	4	4	G	No Comment Required

Monitor Forward Financial Risk Ratings

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Unplanned EBITDA variance for 2 Q's	No	No	G	No	No	G	No	No	G	No Comment Required
FRR forecast variance < 3	No	No	G	No	No	G	No	No	G	No Comment Required
FRR 2 in any quarter	No	No	G	No	No	G	No	No	G	No Comment Required
Overdraft used last quarter	No	No	G	No	No	G	No	No	G	No Comment Required
Debtors > 90 days > 5% total balance	No	No	G	No	No	G	No	No	G	No Comment Required
Creditors > 90 days > 5% total balance	No	No	G	No	No	G	No	No	G	No Comment Required
2 or more change FD in last 12m	No	No	G	No	No	G	No	No	G	No Comment Required
Interim FD > one quarter	No	No	G	No	No	G	No	No	G	No Comment Required
Q end cash < 10 days of op expenses or < £4m	No	No	G	No	No	G	No	No	G	No Comment Required
Capex < 85% or > 115% of ytd plan	No	No	G	No	No	G	No	No	G	No Comment Required

Integrated Performance Report

Cost Improvement Plans (QIPP's)

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast (last month)	Plan	RAG	
	£k	£k		£k	£k		£k	£k		
Total CIP's										
PTS Hampshire	34	31	G	34	31	G	369	371	A	No Comment Required
PTS Berkshire	-39	12	R	(39)	12	R	147	145	G	High use of private provider in the month - being investigated
PTS Ox	24	20	G	24	20	G	169	236	R	No Comment Required
PTS Bucks	12	10	G	12	10	G	273	204	G	No Comment Required
Commercial Training	6	0	G	6	0	G	57	58	A	No Comment Required
Logistic Services	18	5	G	18	5	G	64	64	G	No Comment Required
Management costs	23	0	G	23	0	G	0	0	G	No Comment Required
Subtotal Commercial Division	78	78	G	78	78	G	1,079	1,077	G	No Comment Required
Unsocial Payments	0	44	R	0	44	R	502	591	A	Behind due to union challenge but the national agreement will be implemented once union issues resolved
Sickness Saving	0	41	R	0	41	R	538	579	A	Behind in month overall although good progress in some areas
Increase Utilisation	45	9	G	45	9	G	380	343	G	No Comment Required
Reduce Private Provider rates	0	0	G	0	0	G	0	0	G	No Comment Required
PP Mix of Vehicles/Suppliers	0	9	R	0	9	R	161	170	A	Negotiation with suppliers not yet completed
Implementation of agency workers	0	0	G	0	0	G	110	121	A	Not use to start until May
Increase Hear & Treat	(11)	17	R	(11)	17	R	265	360	R	Hear & Treat has reduced despite GP's being used in EOC.
Increase See & Treat	7	20	R	7	20	R	232	245	A	Small improvement but behind plan - will be driven by increasing GP Triage
Reduce Meal Break payments	0	0	G	0	0	G	152	152	G	Project underway and should give benefit in May
EOC - Reduce Not Ready Time	0	0	G	0	0	G	41	41	G	Project underway and should give benefit in May
EOC - Profile Usage & adjust shift pattern	0	(37)	G	0	(37)	G	45	45	G	Project commenced - spend has not occurred - will be May - thus giving a benefit
OSD payroll savings	0	10	R	0	10	R	111	121	A	Resources above budget in the month due to high demand
111 savings	0	14	R	0	14	R	1,452	1,426	G	No financial savings achieved due to additional resources used to support improved operational performance
Subtotal A&E	42	127	R	42	127	R	3,989	4,193	A	A&E management are reviewing other projects to make up the shortfall
Education and HR	16	16	G	16	16	G	278	278	G	No Comment Required
Finance, Estates and Information	12	12	G	12	12	G	112	112	G	No Comment Required
ICT savings	0	0	G	0	0	G	149	149	G	No Comment Required
Properties rationalisation	41	41	G	41	41	G	895	895	G	No Comment Required
Other overheads	15	15	G	15	15	G	99	99	G	No Comment Required
Subtotal Corporate	84	84	G	84	84	G	1,533	1,533	G	No Comment Required
Contingency							-401	-604		
Total CIP's	205	289	R	205	289	R	6,200	6,200	G	See individual commentaries on A&E projects



Quality Impact Assessment of the Cost Improvement Programmes 2013-14

Action to Mitigate Downside Scenario	Potential Impact to Quality/Delivery	Risk Rating	Mitigating Actions	Mitigated Risk Level
Unsocial - Reduction in payments (Incl. EOC)	Potential issues with staff morale if not communicated and consulted / attendance when not well/ spread of infection.	9	Consultation with staff side / local management by team leaders of staff returning from sick leave to ensure well enough and no infection risk	6
Sickness reduction of 1%	Potential issues with staff morale sickness not managed appropriately / attendance when not well/ spread of infection. Resource levels have been planned on the basis of the reduced level of sickness - if this is not achieved then there is a risk around not having sufficient resources to deliver quality and safety to appropriate standards.	12	Consultation with staff side / local management by team leaders of staff returning from sick leave to ensure well enough and no infection risk. Sickness to be monitored weekly and resource levels adjusted through other variable resource if sick levels are higher than plan.	9
Matching supply & demand (UHU)	Possible risks to care if resources are too low	12	Weekly review of the effect of UHU model implementation on performance and quality to ensure that this does not result in an adverse effect on response times and all misses are reviewed in detail.	8
Private Provider cost reduction	Lower cost suppliers may have lower quality of staff, vehicles and reliability.	15	Incident reporting system for adverse events relating to reduced privates or availability to attend. Quality assessment of private providers suppliers by SCAS - surprise visits, review of systems etc. Qlikview monitoring of performance of private providers.	12
Implementation of agency workers	Utilisation of agency may result in inconsistent standards of care to patients.	15	Training programme. Work alongside SCAS staff. Quality assurance processes with agency supplying the staff.	12
Increase Hear & Treat	Potential patient safety issue if CSD undertake high levels of hear and treat / Incorrect balance of front line vehicles for see and treat and transporting patients / Potential rise in complaints due to increased hear and treat and patient perceptions of wanting an ambulance / Potential negative media coverage from poor patient experiences	20	Monitoring of complaints, feedback and concerns through PERG and IPR. Monitoring of CSD activity and performance through level 2 meetings and through IPR. CSD patient satisfaction survey. Peer review audit in CSD. Refresher training CSD from May 13. GP's in EOC should enhance the level of clinical decision-making.	12
Increase non-conveyance through more see and treat	Potential patient safety issue with leaving patients at home that need urgent care and treatment. Failure to align to health community QUIP. Patients not going to most appropriate place for their needs. Staff not confident and not had training applicable to assessment and leaving at home or onward referral to another care pathway. No care pathways available for onward referral. Potential increase in complaints and poor media coverage if patient left at home then deteriorates.	20	GP triage schemes – working with GP commissioners - tracked through meeting minutes and stakeholder calls <ul style="list-style-type: none"> • Locality care plans • Non conveyance work streams outlined in programme – monitored through Executive team • Locality unscheduled care boards – monitored through meeting minutes • Matching of QUIP plans through BPB programme and Re-contact rates measured through IPR • Use of the Clinical Support Desk to undertake complex clinical assessment / increase ECP use 	15
Meal breaks	Planned savings from 1 May 2013. Inability to reach patients as per need and target affecting outcome and/or experience if staff unavailable. Timing of meal breaks must not impact on availability of staff to respond; potential to increase delays and long waits.	12	This has been modelled on the Optima software and there is no estimated impact on performance (any misses as a result only move to a different time - no overall impact). Monitor long waits and incident reports.	6
EOC Savings - Reduce not ready time	May reduce wrap up time risking poor documentation and communication	6	Shift mangers monitoring	6
EOC Savings - shifts	Potential to not have sufficient staff across shifts.	8	Modelling against demand rather than flat shift pattern.	6
OSD Payroll savings	Staff may not be able to access OSD for vehicle repair/maintenance/ moving vehicles as readily resulting in vehicle availability reduction and ability to respond.	12	If there is a quality impact more resources will be taken on which would jeopardise the financial savings in the interest of maintaining quality.	8
111 savings	Risk to delivery if budgeted resources are not sufficient to meet demand for vehicle movements/management.		Recruit staff as soon as possible to replace agency staff. Archipelago review of fleet/OSD should recommend efficiencies.	
111 savings	Risk to delivering performance in 111 services if staff not in post/trained. Patients may not receive timely response resulting in adverse outcome/poor experience.	15	Demand profile rostering using ErlangC model. Monitored daily. Performance monitored - call abandonment/call answering. Incident calls and Datix. Clinical Governance group and reporting SIRI's.	12
Total Commercial CIPs	Potential risk to care from reduction of driver training and reduced level of resource for private providers.	12	PTS patient satisfaction survey results. Monitor any incidents. Monitor complaints and performance. Reduced length driver course has been comprehensively piloted and is subject to ongoing review.	8
Education direct savings	Potential for students not attending in a timely way if having to travel long distances to course venue or being too tired to engage optimally in the training.	6	Monitoring uptake of training: DNA figures and actions. Instructors can authorise accommodation if travelling time deemed excessive - budget reduced not eliminated entirely.	4
Reduce induction to 1 day	Potential for staff not to meet essential training requirements through local induction or Elearning. Impact could adversely affect patients through poor staff understanding of procedures.	12	Strengthen Elearning for staff and access. Monitor uptake through WFDB. Local induction in workplace. Monitor incidents relating to lack of training/info.	8
Reduce length of training for paramedics (post University)	Reducing local induction time may result in poor understanding of local procedures. Impact on Team Leader and Clinical Mentor time	15	Measure quality of student feedback. Monitor patient safety incidents. Monitored through WFDB. Clinical Supervision policy.	12
Reduce length of training for ECA's	Reducing training time may increase demands on TL's and CM's	15	Measure quality of student feedback. Monitor patient safety incidents. Monitored through WFDB. ECA supervision plans.	12
Income from TV series	Reputational risk if SCAS portrayed in unfavourable light.	3	Oversee all TV programmes before release.	2
Payroll negotiation	Risk minimal (ensure staff paid correctly - otherwise could adversely affect morale)	1	New payroll provider - monitoring of performance.	2
Stop paying removal expenses	Ability to attract right senior managers to the organisation.	2	Monitor any requests and negotiate individually if required.	2

Reduce CRB costs	Should be no risk as budget should be sufficient to cover all new joiners requiring DBS checks	6	New staff DBS checked as per recruitment process. Action if positive DBS check.	4
Agency savings in PIT	Ability to extract timely, accurate clinical data. Adversely affecting audit and analysis for contract and service improvements.	12	Recruitment plan for employing substantive staff to replace more expensive agency staff.	9
Wokingham Closure	No Quality risk identified as Wokingham EOC already closed.	1	No further mitigation required	1
MIS contract (IT)	Request for operational information not able to be accessed. Inability to meet FOI requests.	6	Ad hoc requests still possible . PRFs accessible.	4
ICT agency cost reduction	IT reduction in staff may adversely affect resilience in IT systems affecting dispatch, 111.	8	Recruitment plan in place and most staff are transferring from agency to permanent rather than being new to SCAS .	6
Domestic cleaning costs	Reduced cleaning may result in CQC non compliance. Affect working environments in NH and SH.	15	Leadership walkarounds. Station cleanliness audits. CQC action plan. Use of facilities. Consultant/adviser used to nesuer quality not compromised..	12
Reduce mileage to Northern House	Minimal risk to staff retention if staff can no longer afford to pay travel costs once the reimbursement for this ceases.	3	Low risk so no further mitigation required.	2
Average		10		8

Overall rating - Red 1-3, Amber (3-12), Red 13+

A

Reds	1	4%
Amber	20	77%
Greens	5	19%
Total	26	100%

Overall

A

Integrated Performance Report

Human Resources

Overall rating

R

Red > 30% Red scores, Green > 70% Green and <10% Reds (but no key indicators), Amber - rest

Sickness absence

Lead Director: Will Hancock

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual %	Plan %	RAG	Actual %	Plan %	RAG	Forecast %	Plan %	RAG	
- Data refers to previous month (March 2013)										
Trust	5.6%	5.0%	R	5.6%	5.0%	R	4.9%	4.9%	G	We continue to actively manage sickness but this remains high as a result of operational pressures
- A&E Operations	6.1%	5.2%	R	6.1%	5.2%	R	5.5%	5.5%	G	
- A&E EOC	5.0%	5.3%	G	5.0%	5.3%	G	5.9%	5.9%	G	
- PTS	6.9%	4.4%	R	6.9%	4.4%	R	4.5%	4.5%	G	
- Other Commercial Division	3.0%	3.7%	G	3.0%	3.7%	G	4.4%	4.4%	G	
- 111 service	6.0%	5.0%	R	6.0%	5.0%	R	5.0%	5.0%	G	
- Other	2.6%	2.3%	R	2.6%	2.3%	R	2.5%	2.5%	G	

Appraisals (% completed of those due)

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual %	Plan %	RAG	Actual %	Plan %	RAG	Forecast (last month) %	Plan %	RAG	
Trust	85.5%	95.0%	A	85.5%	95.0%	A	85.5%	95.0%	A	On April 1st 2013, 142 appraisals became overdue, joining the year-end overdue total of 160. This left a total of 304 not yet completed, in April 2013 only 28 appraisals were reported as complete.
- A&E Operations	94.7%	95.0%	A	94.7%	95.0%	A	94.7%	95.0%	A	
- A&E EOC	89.0%	95.0%	A	89.0%	95.0%	A	89.0%	95.0%	A	
- PTS	89.9%	95.0%	A	89.9%	95.0%	A	89.9%	95.0%	A	
- Other Commercial Division	14.5%	95.0%	R	14.5%	95.0%	R	14.5%	95.0%	R	The majority of CLS was made overdue in April 2013. Awaiting confirmation of appraisal completions from management team
- 111 Service	33.3%	95.0%	R	33.3%	95.0%	R	33.3%	95.0%	R	Action plan in place to improve
- Other	60.0%	95.0%	R	60.0%	95.0%	R	60.0%	95.0%	R	In RED mainly due to Operational Support Services who have 54/104 appraisals overdue.

Attrition (12 MONTH ROLLING STAFF TURNOVER)

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual %	Plan %	RAG	Actual %	Plan %	RAG	Forecast %	Plan %	RAG	
Trust	0.8%	TBA	n/a	9.8%	TBA	n/a	TBA	TBA	n/a	Based on a 12 Month rolling period, with 20 leavers in April 2013
- A&E Operations	TBA	TBA	n/a	TBA	TBA	n/a	TBA	TBA	n/a	ESR does not currently break down the turnover results using the categories in the IPR. The Workforce Team are currently building reports that will meet the categories shown in the IPR.
- A&E EOC	TBA	TBA	n/a	TBA	TBA	n/a	TBA	TBA	n/a	
- PTS	TBA	TBA	n/a	TBA	TBA	n/a	TBA	TBA	n/a	
- Other Commercial Division	TBA	TBA	n/a	TBA	TBA	n/a	TBA	TBA	n/a	
- 111 Service	TBA	TBA	n/a	TBA	TBA	n/a	TBA	TBA	n/a	
- Other	TBA	TBA	n/a	TBA	TBA	n/a	TBA	TBA	n/a	

Integrated Performance Report

Workforce

Measure	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Trust	2,530	2,530	G	2,530	2,530	G	2,769	2,769	G	The April 2013 Workforce figures are all green, as this reflects the start of the year and a baseline figure. The May IPR will have the Plan included and will measure the actual vs plan for April and May 2013.
New Starters	35			35			240			
Vacancy Factor	0.0%	5%		0.0%	5%		0.0%	5%		
A&E Ops	1,367	1,367	G	1,367	1,367	G	1,521	1,521	G	
New Starters	7			7			155			
Vacancy Factor	0.0%	25%		0.0%	25%		0.0%	25%		
EOC	239	239	G	239	239	G	281	281	G	
New Starters	4			4			42			
Vacancy Factor	0.0%	25%		0.0%	25%		0.0%	25%		
111 Service	232	232	G	232	232	G	236	236	G	
New Starters	19			19			4			
Vacancy Factor	0.0%	0.25		0.0%	25%		0.0%	25%		
PTS	310	310	G	310	310	G	335	335	G	
New Starters	5			5			24			
Vacancy Factor	0.0%	25%		0.0%	25%		0.0%	25%		
Other Commercial	74	74	G	74	74	G	78	78	G	
New Starters	0			0			5			
Vacancy Factor	0.0%	25%		0.0%	25%		0.0%	25%		
Other	308	308	G	308	308	G	318	318	G	
New Starters	0			0			10			
Vacancy Factor	0.0%	25%		0.0%	25%		0.0%	25%		

Measure (% completed of staff requiring the training)	Apr-13			Year to date			Full year			Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG	
Fire Awareness	61.0%	95.0%	R	61.0%	95.0%	R	95.0%	95.0%	G	Fire Awareness has been low. Commercial Services is the lowest return with 31% whilst A&E is currently at 77% compliance.
Information Governance	37.0%	95.0%	R	37.0%	95.0%	R	95.0%	95.0%	G	After initial push in 2012/13 the renewal rate for Information Governance has been low. Commercial Services is 18% and Corporate Services are on 21%. A&E is at 46% and EOC and 111 have reached 40%
Corporate Induction	23.0%	TBA	n/a	23.0%	TBA	n/a	23.0%	TBA	n/a	11 Corporate Inductions recorded in ESR against 48 Starters. Education Team are updating the records, so this result is expected to improve significantly.
Resuscitation	n/a	TBA	n/a	n/a	TBA	n/a	n/a	TBA	n/a	The Resuscitation face-to-face and e-learning training has started (May 2013). We are now waiting for the data to be loaded into OLM to report. Expected to start reporting results in next months IPR

National Ambulance Clinical Quality Indicators (CQI's)

Cat Red 8	The percentage of Category Red (immediately life-threatening) calls reached within 8 minutes – the target is 75%.
Cat Red 19	The percentage of Category Red (immediately life-threatening) calls where a vehicle able to transport the patient has arrived within 19 minutes – the target is 95%.
Cat Red 1	Red 1 call are the most time critical of Red call and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airways obstruction.
Cat Red 2	Red 2 calls are serious but less immediately time critical and cover conditiona such as stroke and fits.
Abandoned calls	The percentage of 999 callers who have hung up before their call was answered in an emergency control room.
Recontact 24hrs Telephone	The number of patients who have re-contacted the ambulance trust within 24 hours of them having called 999 and been offered clinical advice over the phone.
Recontact 24hrs On Scene	The number of patients who have re-contacted the ambulance trust within 24 hours of them having called 999 and then were discharged on scene following face to face ambulance assessment.
Frequent caller	The number of patients who have re-contacted the ambulance trust within 24 hours for whom a locally agreed frequent caller procedure is in place. These patients are referred to as "patients at risk" in SCAS.
Resolved by telephone	The proportion of 999 calls that have been resolved by providing telephone advice and no ambulance response.
Non A&E	The number of patients who have been cared for and treated at the scene of the 999 call or taken to somewhere other than an A&E department for treatment (for example, an NHS Walk-in Centre).
ROSC	The total number of patients who having had suffered a cardiac arrest and stopped breathing have then been recorded as having had a return of spontaneous circulation (a pulse/heartbeat) at the time of their arrival at hospital.
ROSC - Utstein	The number of patients who have been witnessed suffering a cardiac arrest and stopped breathing, whose heart was then in a rhythm which allowed it to be shocked with a defibrillator and have then been recorded as having had a return of spontaneous circulation (ROSC) at the time of their arrival at hospital.
STEMI - 60	The percentage of patients who have suffered an ST-elevation myocardial infarction (STEMI) – a type of heart attack – and who have received thrombolysis (treatment with a clot-busting drug) within 60 minutes of the original 999 call to attend them.
STEMI - 150	The percentage of patients who have suffered an ST-elevation myocardial infarction (STEMI) - a type of heart attack - and who then been directly transferred to a centre capable of delivering primary percutaneous coronary intervention (PPCI) and received angioplasty treatment within 150 minutes of the original 999 call to attend them.
STEMI - Care	The percentage of patients who have suffered an ST-elevation myocardial infarction (STEMI) - a type of heart attack - and who have received the correct treatment (appropriate care bundle) in line with ambulance guidelines.
Stroke - 60	The percentage of patients who have suffered a stroke, as confirmed by the face to face carrying out of a Face Arm Speech Test (FAST) and who were potentially eligible for stroke thrombolysis (treatment with a clot-busting drug) and who arrived at a hyperacute stroke centre within 60 minutes of the original 999 call to treat them.

Stroke - Care	The percentage of suspected stroke patients who were assessed face to face and who received the correct treatment (appropriate care bundle) in line with ambulance guidelines.
Cardiac - STD	The overall percentage of patients who having suffered a cardiac arrest and stopped breathing were successfully resuscitated and survived to be discharged from hospital.
Cardiac - STD Utstein	The percentage of patients who have been witnessed suffering a cardiac arrest and stopped breathing, whose heart was then in a rhythm which allowed it to be shocked with a defibrillator and were successfully resuscitated and survived to be discharged from hospital.
Time to Answer - 50%	The time taken to answer 999 calls in an emergency control room measured by the time below which 50% of calls were answered.
Time to Answer - 95%	The time taken to answer 999 calls in an emergency control room measured by the time below which 95% of calls were answered.
Time to Answer - 99%	The time taken to answer 999 calls in an emergency control room measured by the time below which 99% of calls were answered.
Time to Treat - 50%	The time taken for a health professional working for the ambulance trust to arrive at the scene of a Category A (immediately life-threatening) call, measured by the time below which 50% of patients were reached.
Time to Treat - 95%	The time taken for a health professional working for the ambulance trust to arrive at the scene of a Category A (immediately life-threatening) call, measured by the time below which 95% of patients were reached.
Time to Treat - 99%	The time taken for a health professional working for the ambulance trust to arrive at the scene of a Category A (immediately life-threatening) call, measured by the time below which 99% of patients were reached.

Other terms and abbreviations

Handover improvement	Hospital handover time is the time from hospital arrival by ambulance personnel to clinical handover to hospital clinical staff. This had a target of 15 minutes. Handover improvement is where the total handover time for all hospital arrivals has improved compared to the same period last year.
Clear-up improvement	Clear-up time is the time from clinical handover above to the time that the ambulance vehicle departs hospital. This had a target of 15 minutes. Clear-up improvement is where the total clear-up time for all hospital visits has improved compared to the same period last year.
Turnaround improvement	Turnaround time is the total of handover and clear-up time. This had a target of 30 minutes. Turnaround improvement is where the total turnaround time for all hospital visits has improved compared to the same period last year.
CQC	Care Quality Commission
NPSA	National Patient Safety Agency
SHA	Strategic Health Authority
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
HSE	The Health and Safety Executive
NHS Protect	NHS Protect leads on work to identify and tackle crime across the health service.