



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

April 2014



Yorkshire Ambulance Service **NHS**
NHS Trust

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Section 1

Executive Summary



Overall Trust wide Top Exceptions

RAG	Section	No of months Exception	Exceptions for month	Comments	Who	When	Year end Risk Level
RED	2.2	1/1	RED 1 Performance	April saw periods of increased red demand with 12 days of over 800 red calls each day. Significant spikes in activity were experienced. Red 1 performance was 69.8%. Red 2 performance was 70.6%	Executive Director of Operations		GREEN
RED	2.2	1/1	RED 2 Performance	A recovery plan has been developed with actions identified to improve performance.	Executive Director of Operations		GREEN
RED	2.15	1/1	Total % of Warm transfers as a percentage of clinical advisor calls (Target 95%)	Continued implementation of NHS 111 service optimisation plan. Ongoing discussion with commissioners about relevant KPIs and improvement targets	AD NHS 111/Urgent Care	Jun-14	AMBER
AMBER	3.12	1/1	Internal Clinical Audit Plan	In Q1 remains amber as we are still not performing monthly local CPI audits. However all national CPI audits have been completed along with numerous medicine administration audits. ReadSoft remains stable with no new systems issues.	Executive Medical Director		GREEN
AMBER	3.8	1/1	RIDDOR reports relating to moving and handling	Continued roll out of new carry chair and final stage completion of new response bag roll out. On-going focus on additional training for the new carry chair. Plan for roll out of AEDs and portable ECG monitors in Rapid Response Vehicles over coming quarter.	Executive Director of Standards and Compliance	Jun-14	GREEN
AMBER	3.16	1/1	The number of complaint responses exceeding the internal Trust standard of 25 days	Highlight in Senior Management Group and ensure focused attention and support with managers over the coming quarter to streamline the process and reduce unnecessary delays.	Executive Director of Standards and Compliance	Jul-14	GREEN
RED	2.9	01-Jan	KPI 1 - Patients Picked up within 120 minutes before Appointment - SOUTH	48 patients breached target out of total 9619 equates to 2.4 patients per working day , action to actively monitor via performance dashboard to prevent breaches	Locality Manager South Yorkshire	On-going	GREEN
RED	2.1	01-Jan	KPI 2 - Patients arriving on time for their appointment - SOUTH	154 patients breached target out of a total 9626 equates to 30 patients per working day. Action to actively monitor via performance dashboard to prevent breaches,	Locality Manager South Yorkshire	On-going	GREEN
RED	2.1	01-Jan	KPI 2 - Patients arriving on time for their appointment - NORTH	30 patients breached target out of a total 3953 equates to 8 patients per day , Action to actively monitor via performance dashboard to prevent breaches.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.11	01-Jan	KPI 3 - Patients collected within 90 mins (Planned Journeys) - SOUTH	138 patients breached target out of a total of 9200 equates to 7 patients per day, Action to actively monitor via performance dashboard to prevent breaches.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.11	01-Jan	KPI 3 - Patients collected within 90 mins (Planned Journeys) - NORTH	Missed target by 0.3% equates to 9 patients in total for month April 14.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.12	01-Jan	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys) - SOUTH	304 patients on day short notice , 6 patients breached for the month April 14	Locality Manager South Yorkshire	On-going	GREEN

2014-15 BUSINESS PLAN OBJECTIVES	Lead Director	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast

The 2014/15 Business Plan objectives will be available from the May Report

NHS Performance Framework - Current Assessment		RAG Rating
Service Performance		GREEN
Finance		GREEN
CQC		GREEN

Early Warning Indicators	EWI	Key			Page	Apr **	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
		Green	Amber	Red															
A&E	Red 1 Performance	>=75%	-	<75%	2.2	↓													
	Red 2 Performance				2.2	↓													
	Red 19 Performance	>=95%	-	<95%	2.3	↓													
	Time to Treatment 50% (YTD) *	Ranked within the top 4 nationally	Ranked between 5 and 7 nationally	Ranked 8 and above nationally	2.7	↔													
	Recontact 24 hours on scene (YTD) *				2.7	↑													
	Complaints (% Rate)	<0.125%	Between 0.125% & 0.174%	>0.175%	3.13	↓													
EOC	Time to answer 50% (YTD) *	Ranked within the top 4 nationally	Ranked between 5 and 7 nationally	Ranked 8 and above nationally	2.7	↔													
	Time to answer 95% (YTD) *				2.7	↓													
	Abandoned calls (YTD) *				2.7	↑													
	Recontact 24 hours telephone (YTD) *				2.7	↑													
PTS	PTS Arriving on time for their appointment (KPI 2) <i>Refer tab 2.10 for Red RAG Status</i>	0 or 1 out of 4 Consortia with Red RAG Status	2 out of 4 Consortia with Red RAG Status	3 or more Consortia with Red RAG Status	2.10	↔													
	PTS Collected within 90 minutes (Planned Journeys) (KPI 3) <i>Refer tab 2.10 for Red RAG Status</i>				2.11	↔													
	Complaints (% Rate)	<0.125%	Between 0.125% & 0.174%	>0.175%	3.14	↓													
ALL	Serious Incidents	0	-	1	3.9	↔													
	Incidents and near misses (% Rate)	<0.275%	Between 0.225% & 0.274%	>0.225%	3.4	↑													
	Sickness / Absence	<5%	-	>=5%	4.6	↑													
	Statutory and Mandatory Training	>=90%	-	<90%	4.10	↑													
	PDR Compliance	>=75%	-	>75%	4.10	↓													

* The Ambulance Quality Indicators YTD figures are from the previous months due to the date of publication.

**EWI Arrows: The arrow is based on the performance, up being improved monthly performance. The colour is based on how YAS performs against the target

CONTRACTUAL COMPLIANCE 2013 - 14 - Definitions: Contractual Indicators presented are those to which non compliance would result in the issuing of a formal contractual performance notice

A & E

National Specified Events

75% of RED Calls within 8 mins

95% of RED Calls within 19 mins

April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
RED												GREEN
RED												GREEN

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
GREEN												GREEN
GREEN												GREEN

Exception Report - Never Events
 Never events are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'.

Comments

GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Monitor Risk Ratings (Quarterly)

Finance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Highest Risk	Lowest Risk	Highest Risk	Lowest Risk

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

Likely or actual significant breach of terms of authorisation	Breach of terms of authorisation	Limited concerns surrounding terms of authorisation	No Material concern

*Where the circles are filled this indicates YAS current position



Section 2

Performance





Section 2a

A&E Performance



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2.2	1/1	RED 1 Performance	April saw periods of increased red demand with 12 days of over 800 red calls each day. Significant spikes in activity were experienced. Red 1 performance was 69.8%. Red 2 performance was 70.6%	Executive Director of Operations		GREEN
RED	2.2	1/1	RED 2 Performance	A recovery plan has been developed with actions identified to improve performance.	Executive Director of Operations		GREEN

Directors Comments on Actual Performance**A&E Performance**

April saw periods of increased red demand with 12 days of over 800 red calls each day, which was around 45 red incidents higher than an average day. Significant spikes in activity were experienced. Red 1 performance was 69.8%. Red 2 performance was 70.6%

Business Continuity:

BC Plans reviewed & issued in April: Procurement, Clinical

Risk Assessments completed in April: EOC, PTS, Procurement, Clinical, Private & Events, BI/MI, Finance

YAS have been commissioned to provide Business Continuity Training and Consultancy to Calderdale and Huddersfield Foundation NHS Foundation Trust.

SMG approved PTS, EOC, NHS111 and ICT to progress to achieving ISO22301 in 2015/6.

2 x EOC away days at York, focus being on organisational and individual learning and improvement

BC Manager and EOC BC Lead attended Lead Auditors Course with the Business Continuity Institute (awaiting results of exam)

Resilience:

Resilience Department achieved ISO22301 for Business Continuity following a Stage Two Assessment on 25th March 2014.

Risk assessment and plans completed for Fire and Rescue Service Strikes over the May Day Bank Holiday weekend.

Planning and risk assessment commenced for EDL event in Rotherham on 10th May 2014.

Tour de France planning progressing well. Workshops and exercises attained this month by commanders; Exercise Velo Gear, Exercise Operation Garin, NHS Workshop TDF.

Training:

Humberside JESIP Operational = 4

South Yorkshire JESIP Operational = 4

North Yorkshire JESIP Operational = 3

3 Day ECA Resilience Awareness Course = 1

5 Day Bronze Commander Course = 1

CONTRACTUAL COMPLIANCE 2014 - 15 - Definitions: Contractual Indicators presented are those to which non compliance would result in the issuing of a formal contractual performance notice

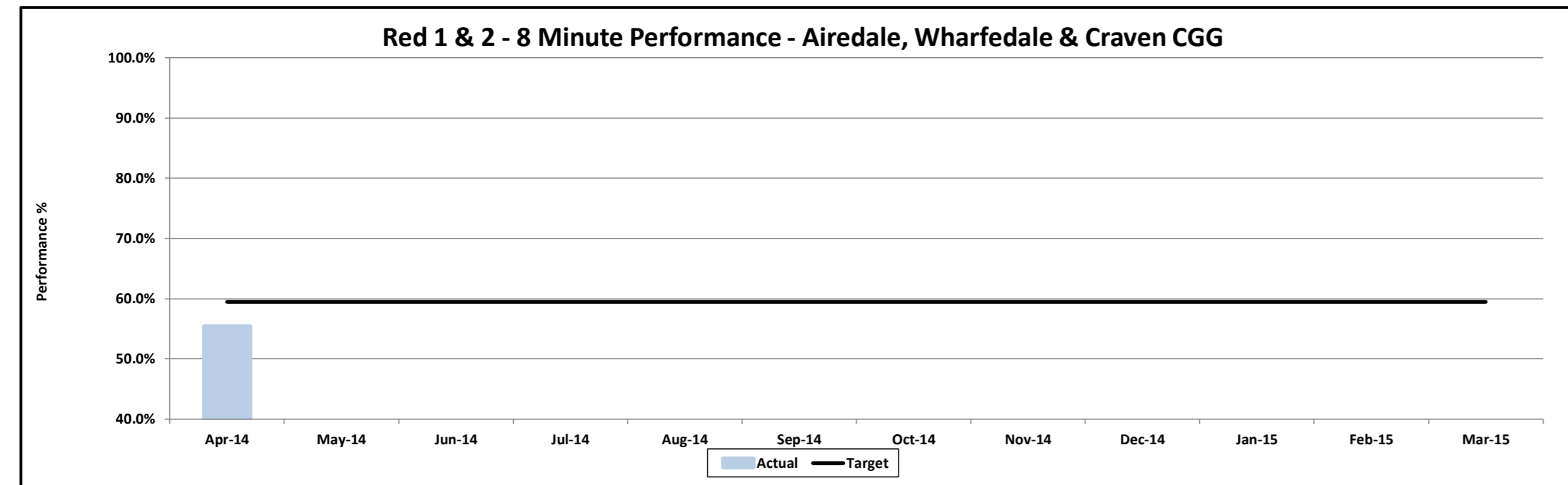
A & E CQUINS

	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
1. (1.1) Right Care, Right Place - Frequent Callers	10.00%	£395,164	Green												Green
1. (1.2) Right Care Right Place - North & East Yorkshire ECP Scheme	10.00%	£395,164	Green												Green
1. (1.3) Right Care Right Place - South Yorkshire Re-contact Rates	10.00%	£395,164	Green												Green
1. (1.4) Right Care Right Place - West Yorkshire Paramedic Pathfinder	10.00%	£395,164	Green												Green
2. Underperforming CCG's - Red Performance	43.00%	£1,699,206	Amber												Green
3. Improving Patient Safety & Reducing Harm	7.00%	£276,615	Green												Green
4. (4.1) Friends & Family Implementation of Staff FFT - NHS Trusts only	3.00%	£118,549	Green												Green
4. (4.2) Friends & Family Early Implementation	4.00%	£158,066	Green												Green
4. (4.3) Friends & Family Phased Expansion	3.00%	£118,549	Green												Green
TOTAL	100.00%	£3,951,641													

GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

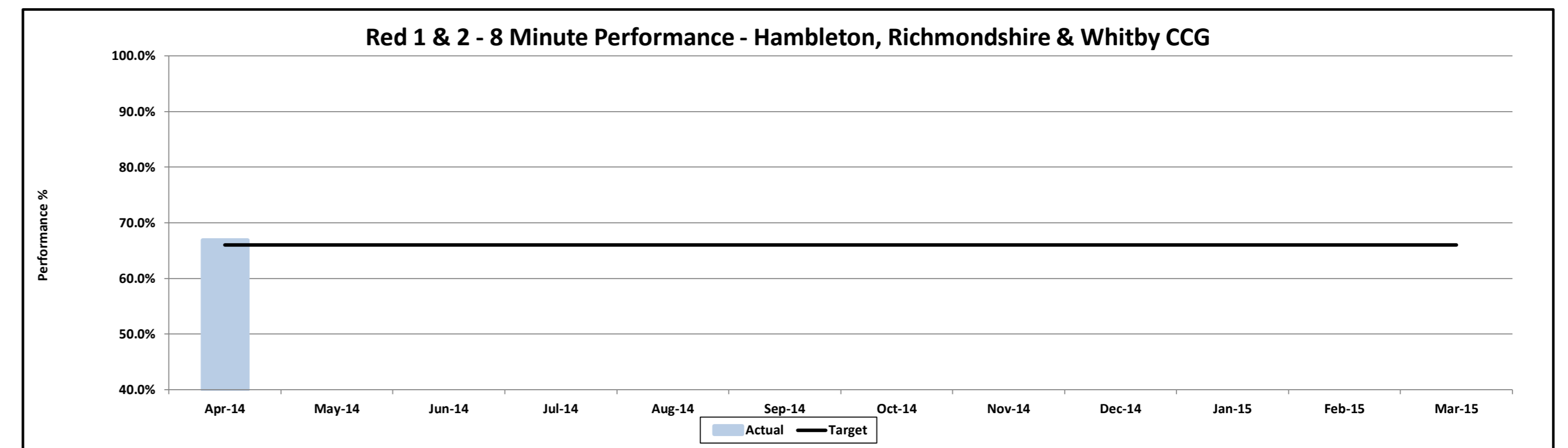
Comments

CQUIN 2 - Red Performance by CCG

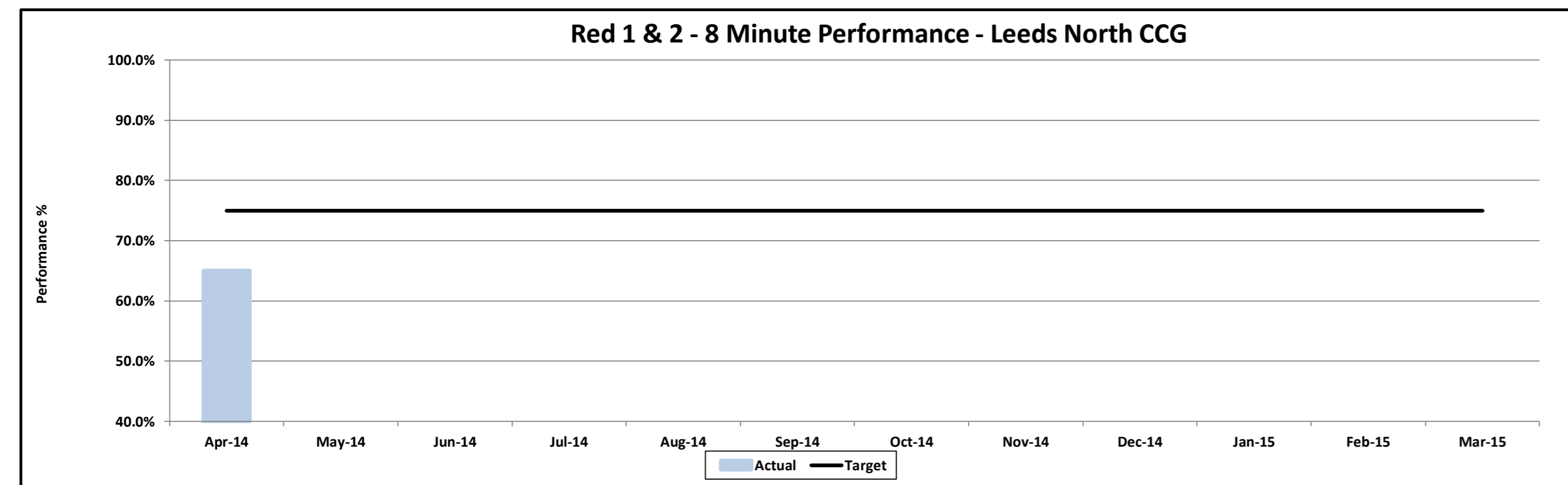


Airedale, Wharfedale & Craven CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%
Actual	55.4%												

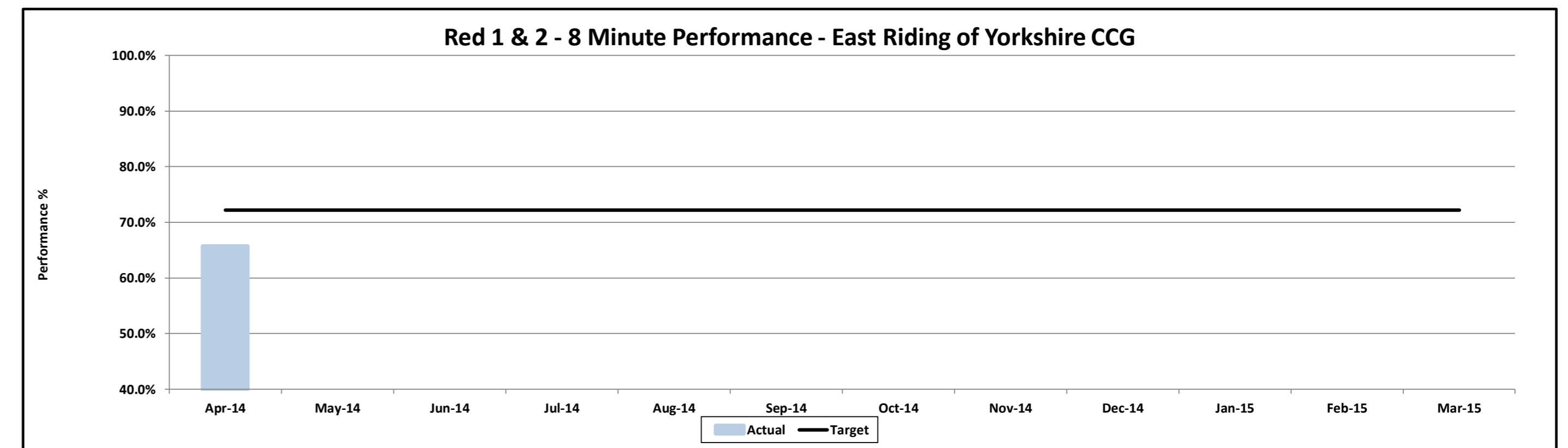
* Trajectory includes Cumbria CCG



Hambleton, Richmondshire & Whitby CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%
Actual	66.9%												

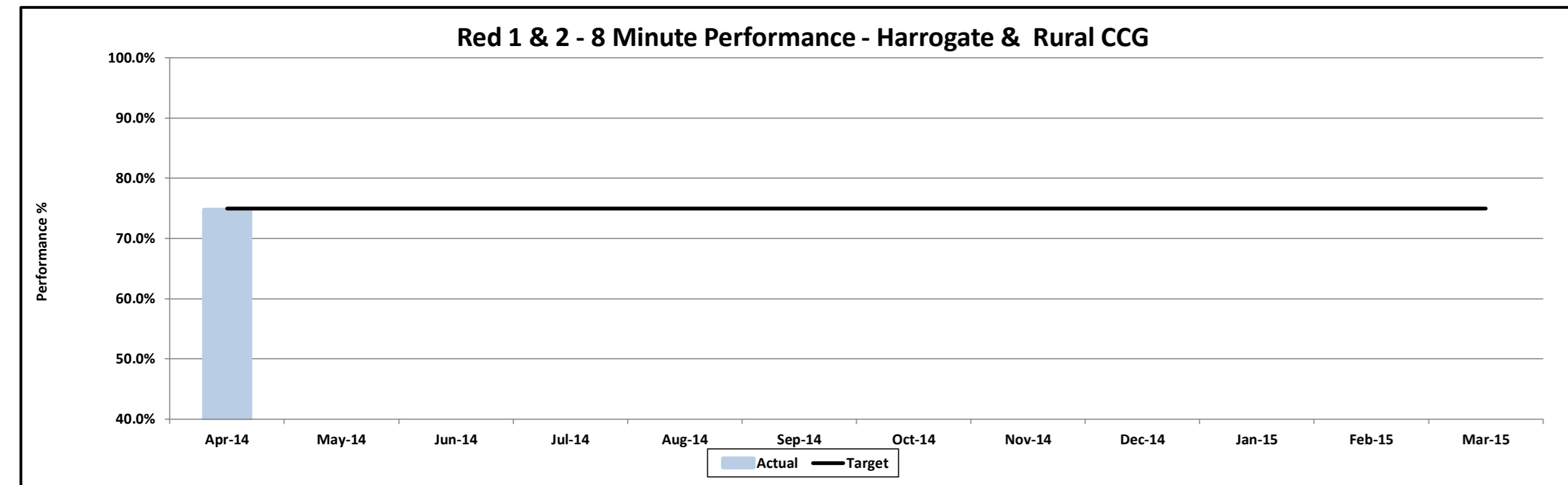


Leeds North CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual	65.0%												



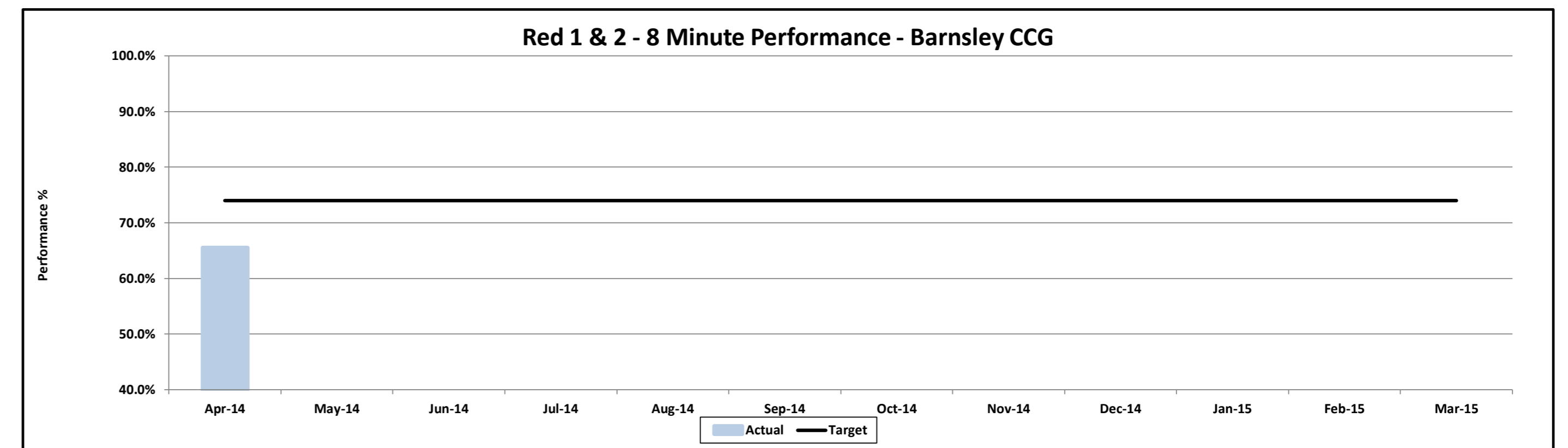
East Riding of Yorkshire CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Actual	65.7%												

CQUIN 2 - Red Performance by CCG

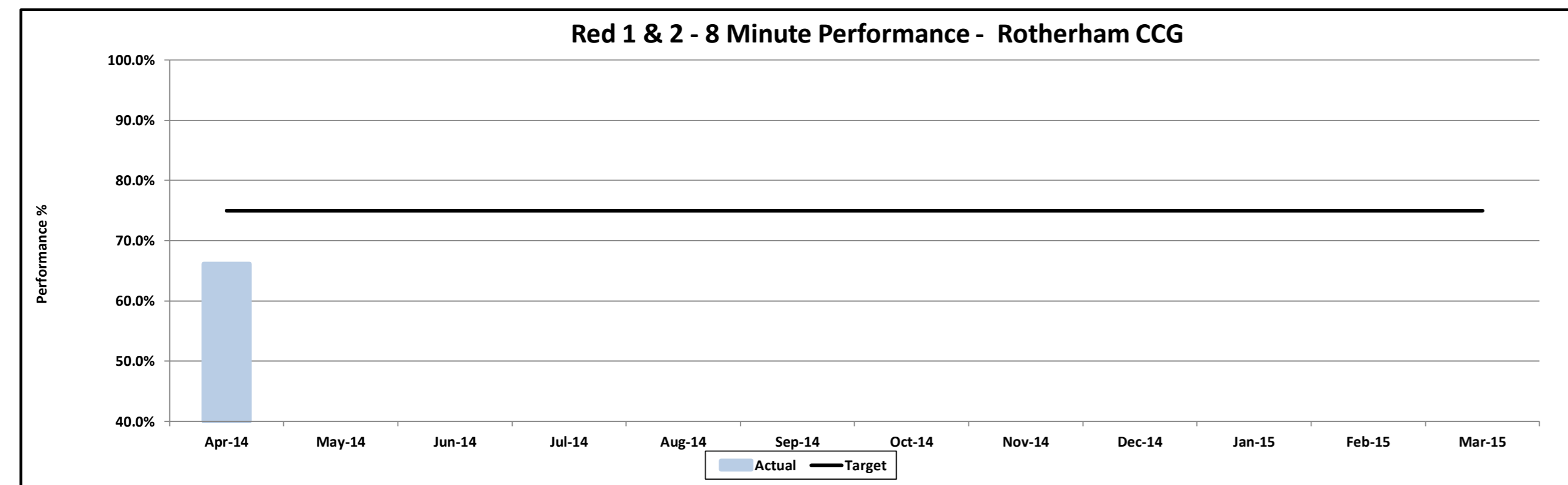


Harrogate & Rural CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual	74.7%												

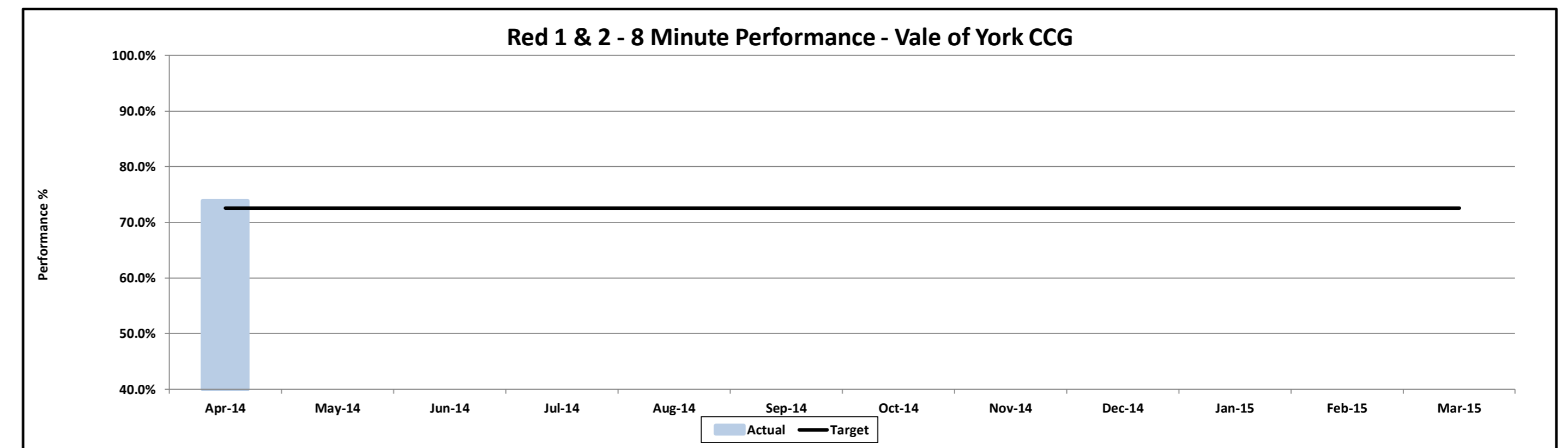
* Trajectory includes Cumbria CCG



Barnsley CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	74.0%	74.0%	74.0%	74.0%	74.0%	74.0%	74.0%	74.0%	74.0%	74.0%	74.0%	74.0%	74.0%
Actual	65.5%												



Rotherham CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual	66.1%												



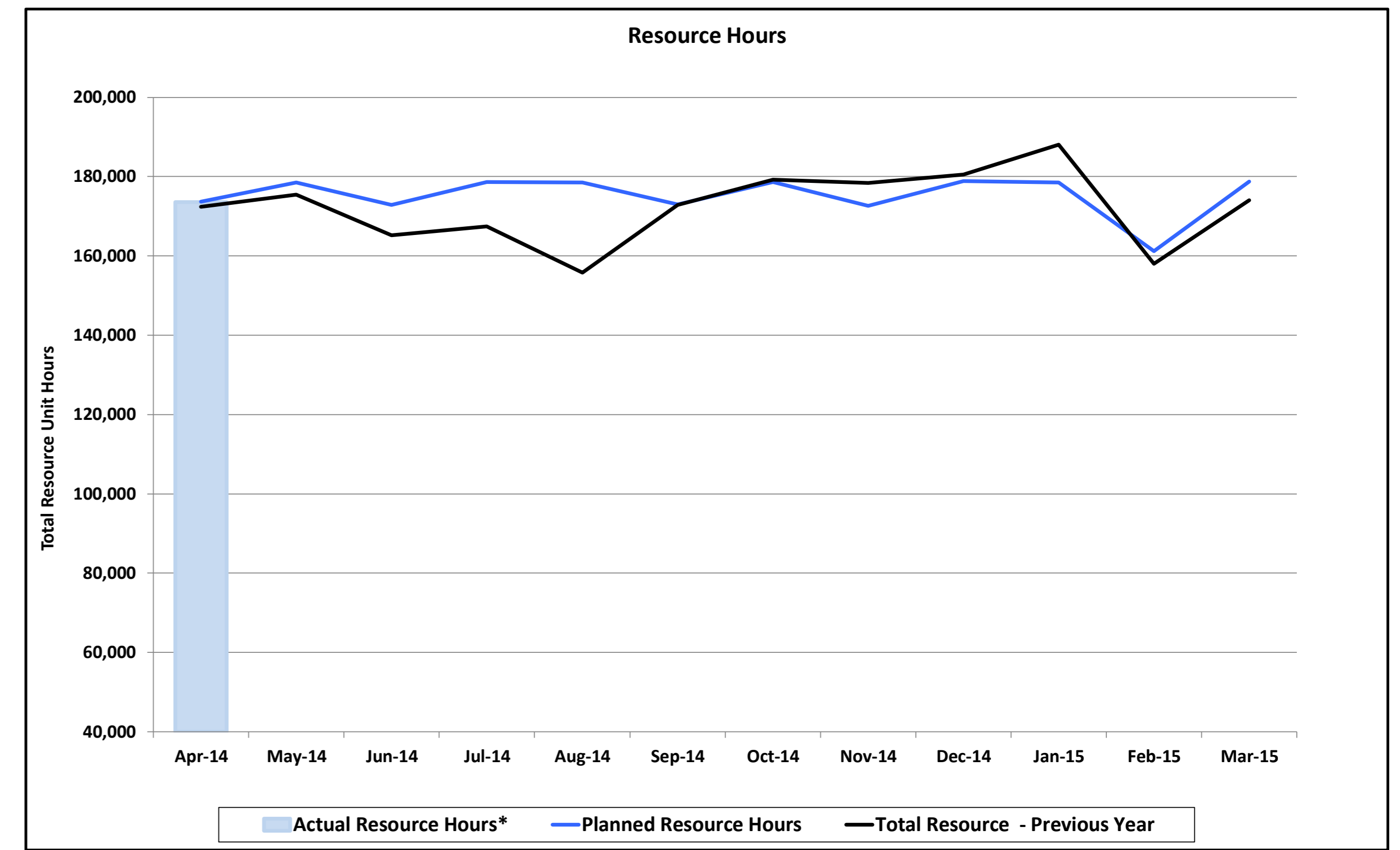
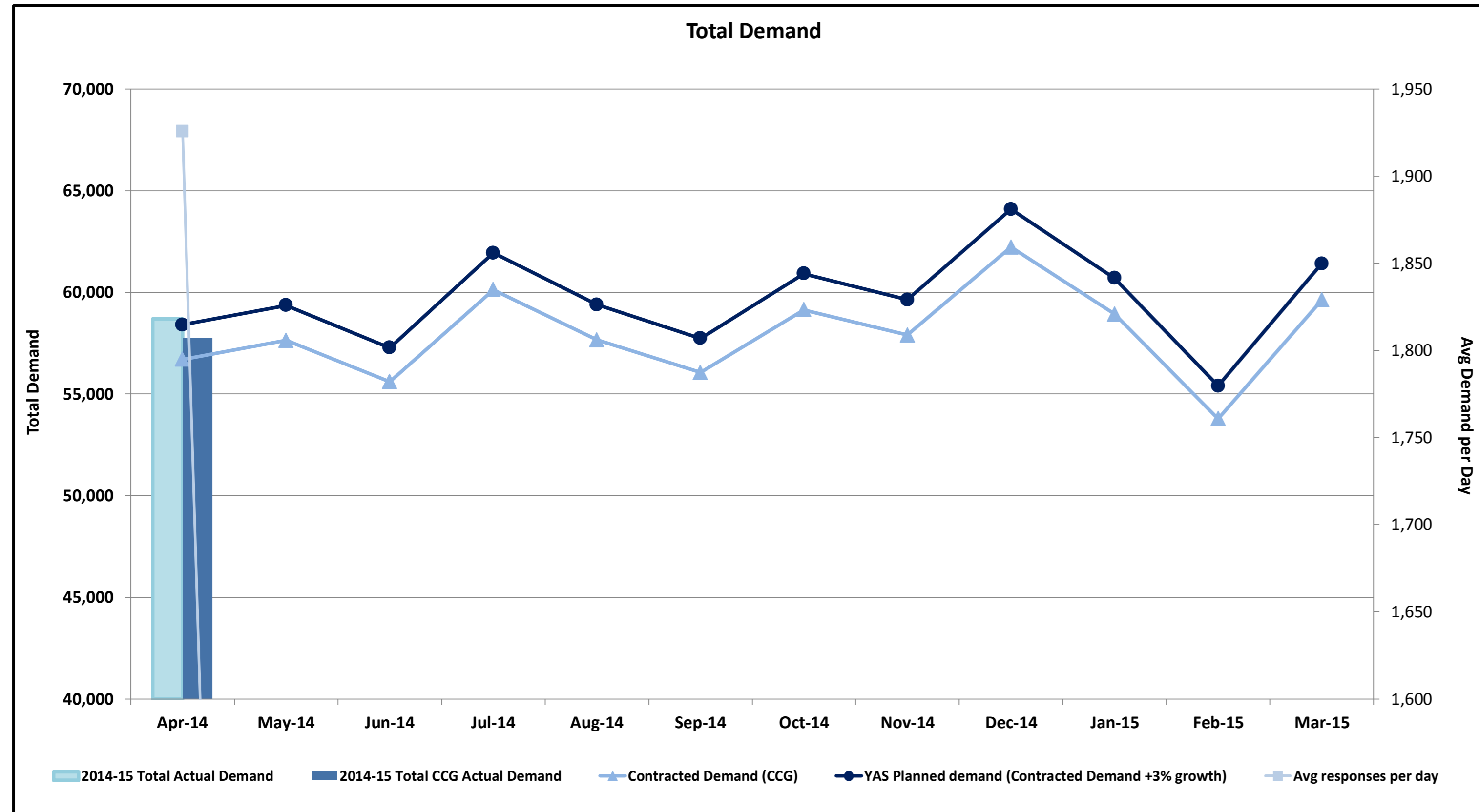
Vale of York CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	72.5%	72.5%	72.5%	72.5%	72.5%	72.5%	72.5%	72.5%	72.5%	72.5%	72.5%	72.5%	72.5%
Actual	73.8%												

Total Demand

YTD RAG	GREEN
MTD RAG	GREEN

Resource Hours

YTD RAG	GREEN
MTD RAG	GREEN



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Year end
2013-14 Total Actual Demand	57,697	58,749	56,616	61,386	58,511	56,876	60,026	58,760	63,072	59,853	54,804	60,316	706,666	706,666
2014-15 Total Actual Demand	58,695												58,695	
% Variance Current Year to Last Year	1.7%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-91.7%	
Contracted Demand (CCG)	56,706	57,630	55,604	60,128	57,657	56,057	59,139	57,899	62,225	58,933	53,786	59,621	695,385	695,385
YAS Planned demand (Contracted Demand +3% growth)	58,407	59,359	57,272	61,932	59,387	57,739	60,913	59,636	64,092	60,701	55,400	61,410	716,247	716,247
2014-15 Total CCG Actual Demand	57,775												57,775	
Variance to Contracted Demand	1.9%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-91.7%	
Variance to YAS Planned Demand	-1.1%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-91.9%	
Avg responses per day	1,926													

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Planned Resource Hours	TOTAL	173,709	178,510	172,864	178,690	178,553	173,000	178,659	172,678	178,849	178,533	161,252	178,732	2,104,029
	Actual Resource Hours*	TOTAL	173,597											173,597
Actual Resource Hours*	DCA	99,706												99,706
	RRV	70,854												70,854
Avg Total Resource Hours per day	ALL	5,787												
Total Resource - Previous Year	TOTAL	172,362	175,407	165,255	167,459	155,817	172,854	179,240	178,421	180,534	188,022	158,079	173,986	2,067,435

* Actual Total Resource Hours include DCA, RRV and other types of vehicle hours (A&E support, Cycle responders etc.), which is why the Total is greater than DCA + RRV hours

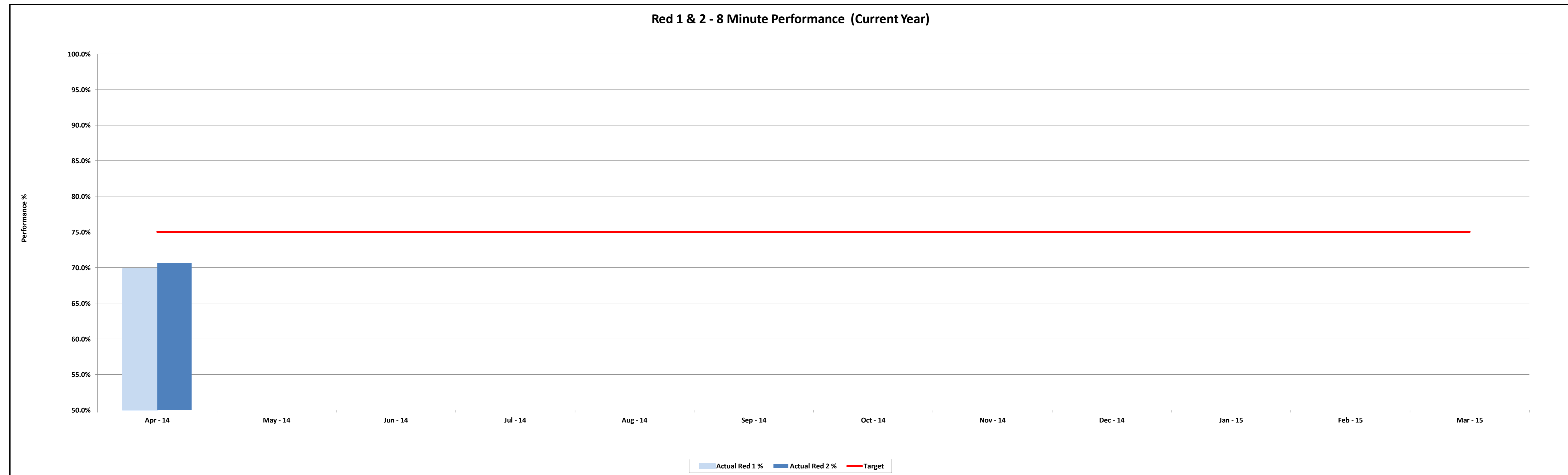
PLEASE NOTE: YAS Planned demand is based on Contracted Demand + 3% growth (a response is a distinct count of a resource arriving at scene, a resource is either a vehicle or a triaged call). Actual demand is a distinct count of a resource that has arrived scene, again this could be either a vehicle or a triaged call. Total Actual Demand includes ECP's and Out of Areas but excludes Embrace (this differs from page 5.5 which does not). Contracted demand excludes ECP, OOA and Embrace.

Category Red 1 - 8 Minute Performance HQU03_01

YTD RAG	RED
MTD RAG	RED

Category Red 2 - 8 Minute Performance HQU03_01

YTD RAG	RED
MTD RAG	RED



RED 1 EWI		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Target		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 1 %	Current Year	69.8%												69.8%
	Previous Year	75.3%	76.8%	75.6%	80.7%	83.1%	81.6%	79.3%	76.2%	72.7%	76.4%	73.3%	71.8%	77.4%
% Variance Current Year to Last Year		-5.5%	-76.8%	-75.6%	-80.7%	-83.1%	-81.6%	-79.3%	-76.2%	-72.7%	-76.4%	-73.3%	-71.8%	-7.6%
National Average														

RED 2 EWI		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Target		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 2 %	Current Year	70.6%												70.6%
	Previous Year	78.0%	78.7%	78.6%	75.0%	74.8%	74.4%	74.0%	74.0%	71.8%	76.1%	72.5%	73.7%	75.1%
% Variance Current Year to Last Year		-7.4%	-78.7%	-78.6%	-75.0%	-74.8%	-74.4%	-74.0%	-74.0%	-71.8%	-76.1%	-72.5%	-73.7%	-4.5%
National Average														

RED 1 by CBU		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Calderdale, Kirklees & Wakefield	Current Year	72.4%												72.4%
	Previous Year	76.9%	81.1%	76.3%	84.9%	86.4%	84.9%	79.8%	82.7%	76.7%	82.6%	77.8%	76.4%	81.1%
	% Variance	-4.5%	-81.1%	-76.3%	-84.9%	-86.4%	-84.9%	-79.8%	-82.7%	-76.7%	-82.6%	-77.8%	-76.4%	-8.7%
Airedale Bradford & Leeds	Current Year	67.2%												67.2%
	Previous Year	73.8%	76.4%	74.2%	79.5%	83.5%	79.6%	78.9%	74.4%	72.4%	75.0%	72.1%	73.6%	76.5%
	% Variance	-6.6%	-76.4%	-74.2%	-79.5%	-83.5%	-79.6%	-78.9%	-74.4%	-72.4%	-75.0%	-72.1%	-73.6%	-9.3%
North Yorkshire	Current Year	75.5%												75.5%
	Previous Year	66.1%	74.3%	71.3%	77.6%	78.6%	82.1%	77.5%	71.9%	73.9%	74.3%	69.1%	72.7%	74.8%
	% Variance	9.4%	-74.3%	-71.3%	-77.6%	-78.6%	-82.1%	-77.5%	-71.9%	-73.9%	-74.3%	-69.1%	-72.7%	0.7%
The Humber	Current Year	72.2%												72.2%
	Previous Year	82.1%	79.0%	78.4%	85.2%	85.2%	85.0%	84.6%	74.6%	69.2%	74.2%	72.5%	66.9%	79.1%
	% Variance	-9.9%	-79.0%	-78.4%	-85.2%	-85.2%	-85.0%	-84.6%	-74.6%	-69.2%	-74.2%	-72.5%	-66.9%	-6.9%
South Yorkshire	Current Year	66.8%												66.8%
	Previous Year	77.4%	75.5%	77.7%	78.8%	82.3%	79.6%	77.9%	76.1%	71.6%	75.3%	74.7%	68.8%	76.6%
	% Variance	-10.6%	-75.5%	-77.7%	-78.8%	-82.3%	-79.6%	-77.9%	-76.1%	-71.6%	-75.3%	-74.7%	-68.8%	-9.8%

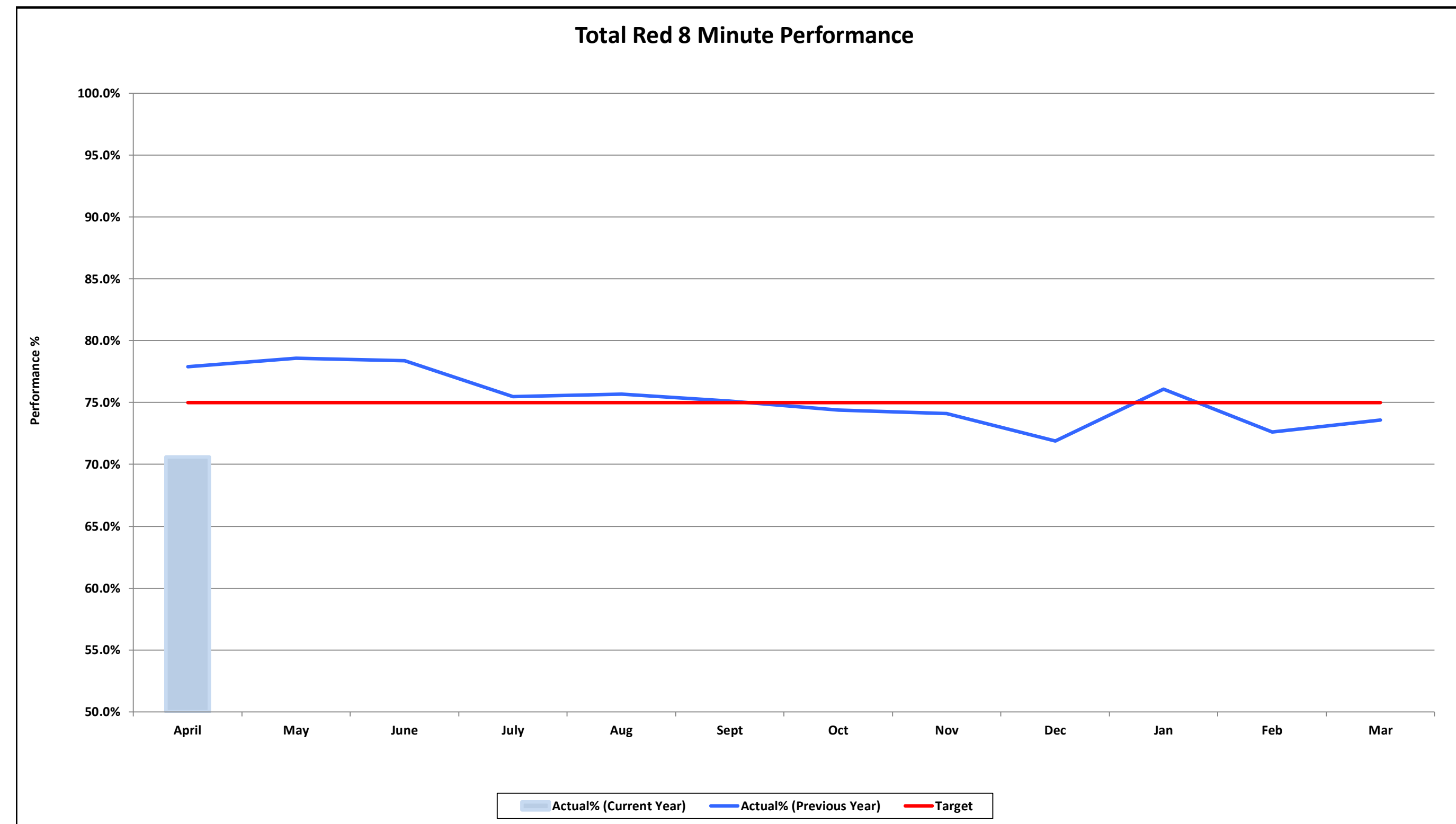
Please Note: National Average will always be 1 month in arrears

RED 2 by CBU		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Calderdale, Kirklees & Wakefield	Current Year	73.6%												73.6%
	Previous Year	79.9%	81.2%	80.7%	76.3%	75.8%	76.5%	75.8%	76.2%	73.4%	78.9%	74.3%	76.9%	77.2%
	% Variance	-6.3%	-81.2%	-80.7%	-76.3%	-75.8%	-76.5%	-75.8%	-76.2%	-73.4%	-78.9%	-74.3%	-76.9%	-3.6%
Airedale Bradford & Leeds	Current Year	68.1%												68.1%
	Previous Year	77.3%	78.6%	78.5%	75.2%	76.5%	74.9%	74.6%	73.8%	73.2%	75.9%	73.2%	74.5%	75.5%
	% Variance	-9.2%	-78.6%	-78.5%	-75.2%	-76.5%	-74.9%	-74.6%	-73.8%	-73.2%	-75.9%	-73.2%	-74.5%	-7.4%
North Yorkshire	Current Year	73.6%												73.6%
	Previous Year	73.1%	76.2%	73.3%	72.1%	68.1%	71.3%	68.2%	71.8%	70.0%	72.4%	74.0%	73.2%	71.9%
	% Variance	0.5%	-76.2%	-73.3%	-72.1%	-68.1%	-71.3%	-68.2%	-71.8%	-70.0%	-72.4%	-74.0%	-73.2%	1.7%
The Humber	Current Year	74.2%												74.2%
	Previous Year	82.9%	82.2%	81.3%	79.5%	77.5%	76.1%	77.4%	78.8%	71.4%	78.4%	76.3%	72.6%	77.7%
	% Variance	-8.7%	-82.2%	-81.3%	-79.5%	-77.5%	-76.1%	-77.4%	-78.8%	-71.4%	-78.4%	-76.3%	-72.6%	-3.5%
South Yorkshire	Current Year	68.6%												68.6%
	Previous Year	78.0%	77.2%	79.1%	73.9%	75.0%	73.8%	74.0%	72.1%	71.0%	75.9%	68.7%	71.7%	74.1%
	% Variance	-9.4%	-77.2%	-79.1%	-73.9%	-75.0%	-73.8%	-74.0%	-72.1%	-71.0%	-75.9%	-68.7%	-71.7%	-5.5%

Please Note: National Average will always be 1 month in arrears

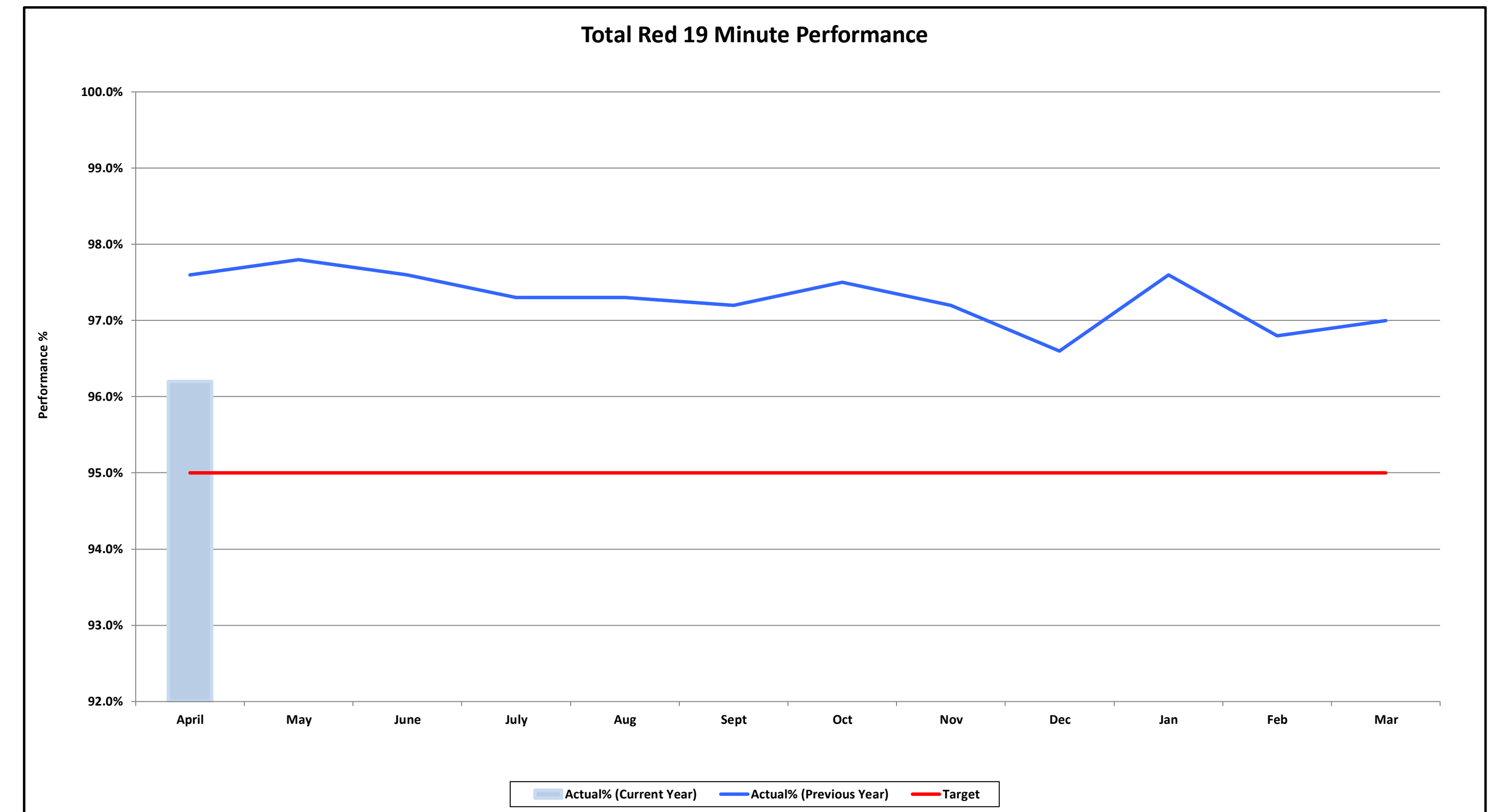
Category Red 1 & 2 8 Minute Performance HQU03_01

YTD RAG	RED
MTD RAG	RED



Category Red 1 & 2 19 Minute Performance HQU03_02

YTD RAG	GREEN
MTD RAG	GREEN



RED 8	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual% (Current Year)	70.6%												70.6%
Actual% (Previous Year)	77.9%	78.6%	78.4%	75.5%	75.7%	75.1%	74.4%	74.1%	71.9%	76.1%	72.6%	73.6%	75.3%
% Variance Current Year to Last Year	-7.3%	-78.6%	-78.4%	-75.5%	-75.7%	-75.1%	-74.4%	-74.1%	-71.9%	-76.1%	-72.6%	-73.6%	-4.7%

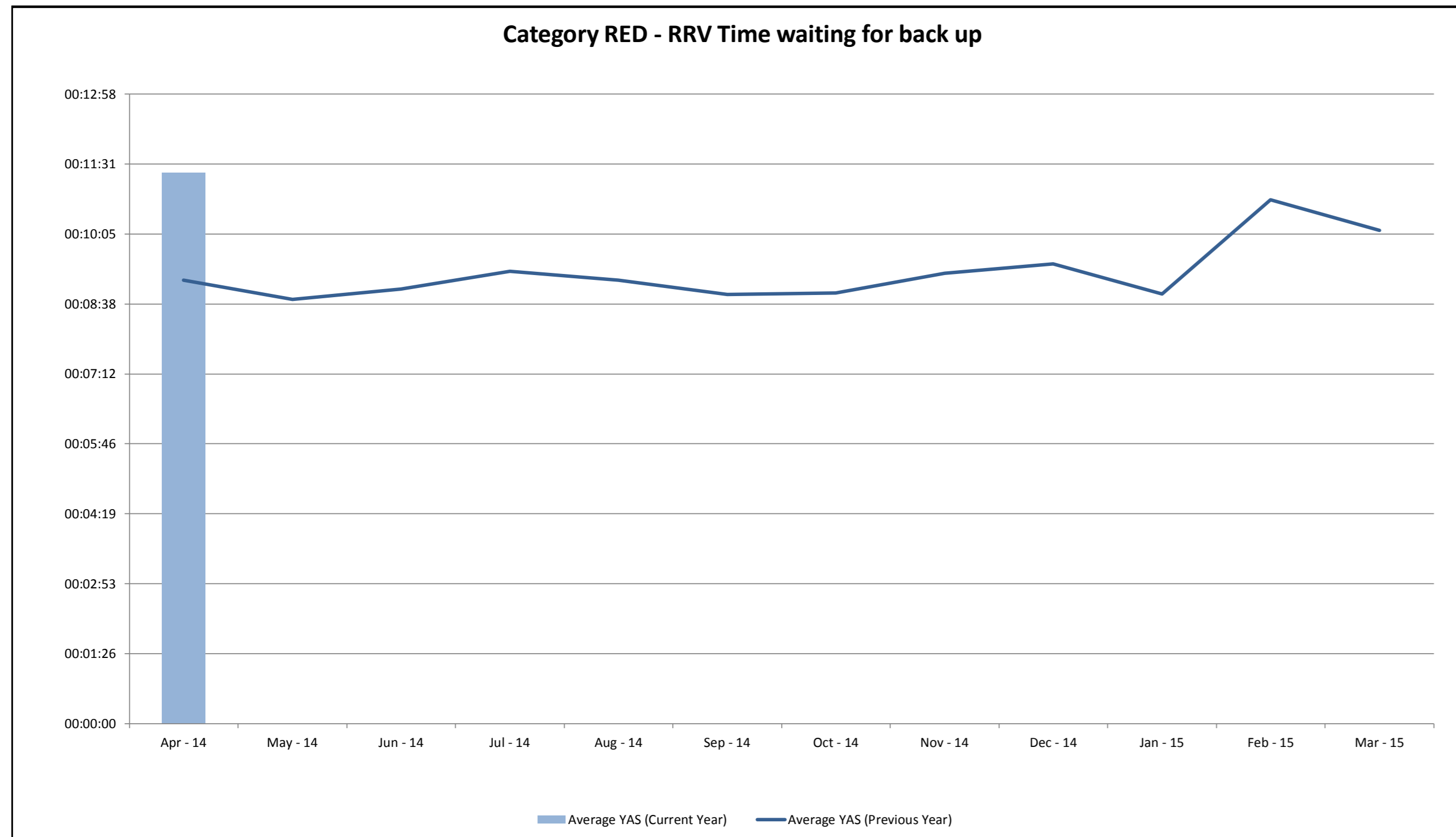
RED 19	EWI	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual% (Current Year)		96.2%												96.2%
Actual% (Previous Year)		97.6%	97.8%	97.6%	97.3%	97.3%	97.2%	97.5%	97.2%	96.6%	97.6%	96.8%	97.0%	97.3%
% Variance Current Year to Last Year		-1.4%	-97.8%	-97.6%	-97.3%	-97.3%	-97.2%	-97.5%	-97.2%	-96.6%	-97.6%	-96.8%	-97.0%	-1.1%
National Average														

RED 8 by CBU	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Calderdale, Kirklees & Wakefield	Current Year	73.5%											73.5%
	Previous Year	79.8%	81.2%	80.5%	77.0%	77.0%	77.4%	76.2%	76.8%	73.6%	79.2%	74.5%	77.5%
	% Variance	-6.3%	-81.2%	-80.5%	-77.0%	-77.0%	-77.4%	-76.2%	-76.8%	-73.6%	-79.2%	-74.5%	-76.9%
Airedale Bradford & Leeds	Current Year	68.1%											68.1%
	Previous Year	77.1%	78.5%	78.3%	75.5%	77.1%	75.3%	74.9%	73.8%	73.1%	75.9%	73.1%	75.6%
	% Variance	-9.0%	-78.5%	-78.3%	-75.5%	-77.1%	-75.3%	-74.9%	-73.8%	-73.1%	-75.9%	-73.1%	-74.4%
North Yorkshire	Current Year	73.7%											73.7%
	Previous Year	72.6%	76.0%	73.2%	72.5%	69.2%	72.4%	68.9%	71.8%	70.3%	72.5%	73.7%	72.2%
	% Variance	1.1%	-76.0%	-73.2%	-72.5%	-69.2%	-72.4%	-68.9%	-71.8%	-70.3%	-72.5%	-73.7%	-73.2%
The Humber	Current Year	74.1%											74.1%
	Previous Year	82.8%	82.0%	81.1%	80.0%	78.4%	77.0%	78.1%	78.6%	71.2%	78.1%	76.1%	77.8%
	% Variance	-8.7%	-82.0%	-81.1%	-80.0%	-78.4%	-77.0%	-78.1%	-78.6%	-71.2%	-78.1%	-76.1%	-72.3%
South Yorkshire	Current Year	68.5%											68.5%
	Previous Year	78.0%	77.0%	79.1%	74.3%	75.7%	74.4%	74.3%	72.4%	71.0%	75.8%	69.0%	74.3%
	% Variance	-9.5%	-77.0%	-79.1%	-74.3%	-75.7%	-74.4%	-74.3%	-72.4%	-71.0%	-75.8%	-69.0%	-71.5%

RED 19 by CBU	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Calderdale, Kirklees & Wakefield	Current Year	97.3%											97.3%
	Previous Year	98.5%	98.5%	98.6%	97.9%	98.3%	98.3%	98.2%	97.9%	97.7%	98.5%	97.4%	98.2%
	% Variance	-1.2%	-98.5%	-98.6%	-97.9%	-98.3%	-98.3%	-98.2%	-97.9%	-97.7%	-98.5%	-97.4%	-98.2%
Airedale Bradford & Leeds	Current Year	96.2%											96.2%
	Previous Year	98.2%	98.5%	98.0%	98.4%	98.4%	98.0%	98.2%	98.1%	97.5%	98.5%	97.7%	98.1%
	% Variance	-2.0%	-98.5%	-98.0%	-98.4%	-98.4%	-98.0%	-98.2%	-98.1%	-97.5%	-98.5%	-97.7%	-97.9%
North Yorkshire	Current Year	94.1%											94.1%
	Previous Year	94.8%	95.0%	94.3%	93.2%	92.6%	93.9%	94.0%	93.9%	93.3%	94.6%	94.3%	93.6%
	% Variance	-0.7%	-95.0%	-94.3%	-93.2%	-92.6%	-93.9%	-94.0%	-93.9%	-93.3%	-94.6%	-94.3%	-93.6%
The Humber	Current Year	95.0%											95.0%
	Previous Year	96.4%	96.7%	96.4%	95.9%	95.7%	95.2%	95.9%	96.1%	94.0%	96.4%	95.3%	95.7%
	% Variance	-1.4%	-96.7%	-96.4%	-95.9%	-95.7%	-95.2%	-95.9%	-96.1%	-94.0%	-96.4%	-95.3%	-95.3%
South Yorkshire	Current Year	97.1%											97.1%
	Previous Year	98.4%	98.6%	98.8%	98.3%	98.5%	98.5%	98.8%	98.0%	97.5%	98.2%	97.6%	98.3%
	% Variance	-1.3%	-98.6%	-98.8%	-98.3%	-98.5%	-98.5%	-98.8%	-98.0%	-97.5%	-98.2%	-97.6%	-97.9%

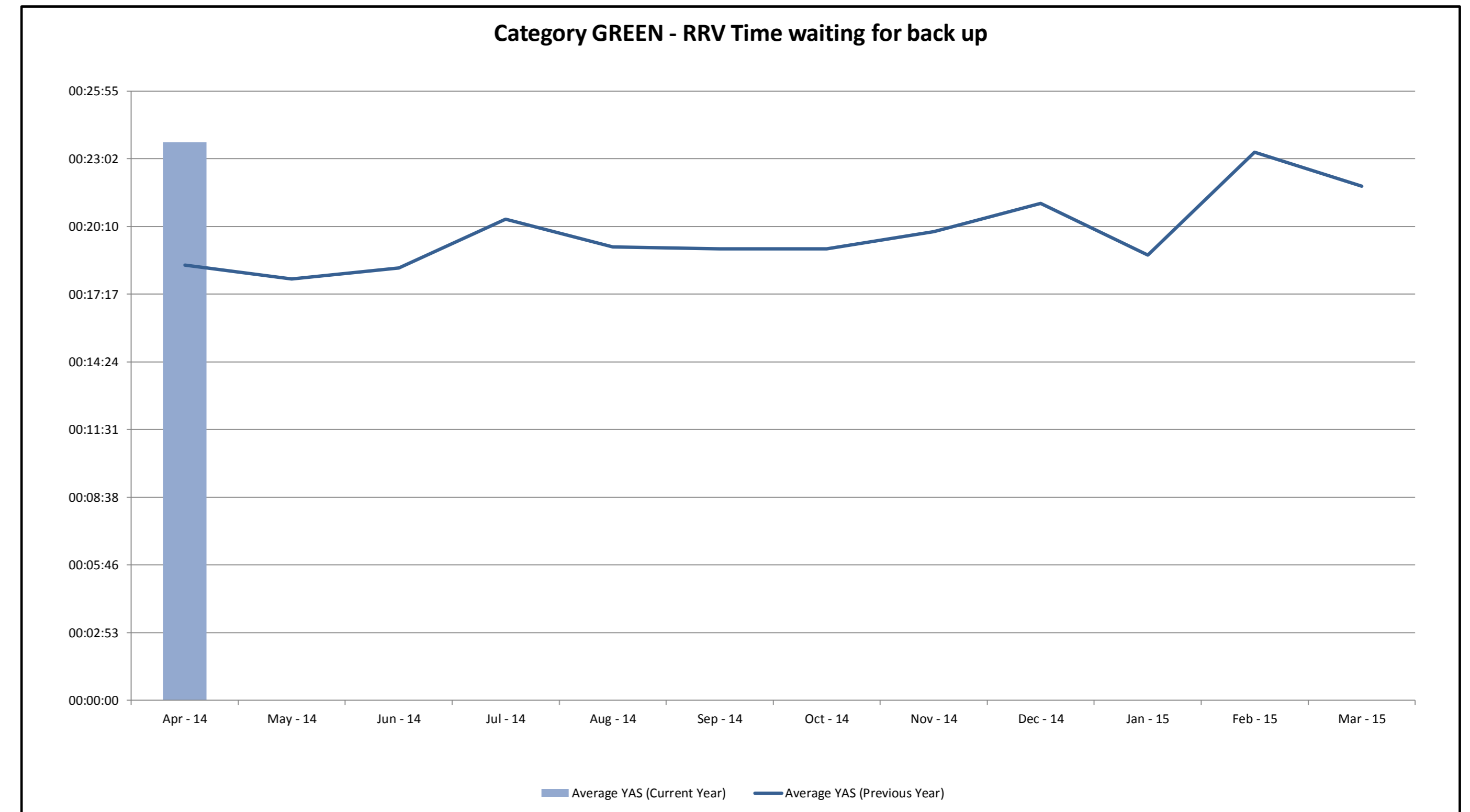
Category RED - RRV Time waiting for back up

	YTD RAG	N/A
▲	MTD RAG	N/A



Category GREEN - RRV Time waiting for back up

	YTD RAG	N/A
▲	MTD RAG	N/A



RED - YAS	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target (Average)	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Average YAS (Current Year)	00:11:20											
95th Percentile YAS (Current Year)	00:34:00											
Average YAS (Previous Year)	00:09:08	00:08:44	00:08:57	00:09:19	00:09:08	00:08:50	00:08:52	00:09:16	00:09:28	00:08:51	00:10:47	00:10:09
95th Percentile YAS (Previous Year)	00:28:07	00:25:30	00:26:21	00:28:06	00:27:25	00:26:26	00:26:13	00:27:25	00:28:13	00:27:25	00:32:07	00:29:47

GREEN - YAS	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target (Average)	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Average YAS (Current Year)	00:23:44											
95th Percentile YAS (Current Year)	01:02:41											
Average YAS (Previous Year)	00:18:31	00:17:56	00:18:24	00:20:28	00:19:18	00:19:13	00:19:13	00:19:57	00:21:09	00:18:57	00:23:19	00:21:52
95th Percentile YAS (Previous Year)	00:49:32	00:49:00	00:50:23	00:56:39	00:51:58	00:52:41	00:53:10	00:56:24	00:58:15	00:53:53	01:02:54	00:59:21

Average RED by CBU	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Calderdale, Kirklees & Wakefield	Current Year	00:09:39										
	Previous Year	00:09:11	00:08:36	00:09:10	00:09:17	00:08:57	00:08:52	00:08:48	00:08:59	00:08:49	00:08:07	00:10:11
Leeds & Bradford	Current Year	00:11:47										
	Previous Year	00:09:33	00:09:10	00:09:39	00:08:55	00:08:45	00:08:53	00:08:41	00:09:19	00:09:15	00:09:10	00:10:13
North Yorkshire	Current Year	00:09:50										
	Previous Year	00:07:28	00:06:37	00:06:51	00:07:38	00:07:59	00:07:30	00:07:34	00:08:00	00:07:39	00:06:53	00:09:23
The Humber	Current Year	00:08:57										
	Previous Year	00:06:38	00:06:48	00:07:02	00:07:36	00:07:29	00:07:00	00:07:29	00:07:38	00:08:49	00:07:53	00:08:58
South Yorkshire	Current Year	00:13:40										
	Previous Year	00:10:09	00:09:46	00:09:25	00:11:04	00:10:54	00:10:04	00:10:08	00:10:39	00:11:21	00:10:09	00:13:35

Average GREEN by CBU	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Calderdale, Kirklees & Wakefield	Current Year	00:21:34										
	Previous Year	00:19:22	00:18:31	00:18:38	00:20:39	00:19:59	00:18:28	00:18:15	00:19:21	00:18:54	00:16:34	00:21:29
Leeds & Bradford	Current Year	00:25:14										
	Previous Year	00:19:45	00:18:41	00:19:51	00:19:33	00:18:37	00:19:25	00:19:57	00:20:43	00:20:55	00:20:22	00:23:25
North Yorkshire	Current Year	00:17:32										
	Previous Year	00:12:38	00:11:51	00:12:21	00:15:27	00:15:25	00:14:02	00:15:38	00:14:25	00:15:49	00:13:12	00:18:07
The Humber	Current Year	00:19:28										
	Previous Year	00:13:18	00:11:57	00:15:26	00:15:58	00:15:34	00:15:57	00:16:37	00:17:37	00:22:47	00:17:04	00:23:03
South Yorkshire	Current Year	00:28:09										
	Previous Year	00:20:50	00:20:46	00:19:57	00:24:31	00:22:35	00:22:23	00:21:18	00:23:01	00:22:47	00:21:37	00:26:49

A&E Operational Delivery Model

Item	Apr-13	Apr-14	May-13	May-14	Jun-13	Jun-14	Jul-13	Jul-14	Aug-13	Aug-14	Sep-13	Sep-14	Oct-13	Oct-14	Nov-13	Nov-14	Dec-13	Dec-14	Jan-14	Jan-15	Feb-14	Feb-15	Mar-14	Mar-15	
Demand	CCG Contracted Demand (SLA Responses)	54,307	56,706	57,163	57,630	54,818	55,604	56,852	60,128	54,582	57,657	53,555	56,057	56,311	59,139	55,295	57,899	62,117	6,222	58,245	58,933	52,275	53,786	61,302	59,621
	YAS Planned Demand (SLA Previous YAS Total +3% Growth)	57,293	59,428	60,437	60,511	57,871	58,314	60,124	63,228	57,505	60,266	57,705	58,582	60,642	61,827	59,156	60,523	66,244	64,964	62,020	61,649	55,905	56,448	65,130	62,125
	CCG Demand (SLA Responses)	56,712	57,775	57,677		55,627		60,172		57,289		55,735		58,785		57,583		61,881		58,600		53,646		59,277	
	YAS Actual Total Demand (SLA Responses)	57,697	58,695	58,749		56,616		61,386		58,511		56,876		60,026		58,760		63,072		59,853		54,804		60,316	
	% Variance from CCG Demand to CCG Contracted (see Finance Section 5.5)	4.4%	1.9%	0.9%		1.5%		5.8%		5.0%		4.1%		4.4%		4.1%		-0.4%		0.6%		2.6%		-3.3%	
	% Variance from YAS Actual to YAS Planned Demand	0.7%	-1.2%	-2.8%		-2.2%		2.1%		1.7%		-1.4%		-1.0%		-0.7%		-4.8%		-3.5%		-2.0%		-7.4%	
	Contract Value over performance attributed to A&E	£416,363	£171,975	£90,667		£142,591		£593,186		£466,597		£378,892		£452,471		£411,405		-£39,982		£53,823		£276,570		-£345,846	
Job Cycle	Target Job Cycle (in seconds)(RED only)	00:58:50	01:01:09	00:59:11	01:00:05	00:59:08	01:00:21	01:00:15	00:59:57	00:59:52	00:01:22	01:01:00	01:00:38	01:00:53	01:00:26	01:00:40	01:01:29	01:03:41	01:02:12	01:02:19	01:01:05	01:02:39	01:02:55	01:02:49	01:02:23
	Actual Job Cycle (in seconds)(RED only)	01:01:09	01:02:58	01:00:05		01:00:21		00:59:57		00:01:22	00:01:22	01:00:38		01:00:26		01:01:29		01:02:12		01:01:05		01:02:55		01:02:23	
Performance	Actual Resource (Vehicle hours)	172,362	173,597	175,407		165,255		167,459		155,817		172,854		179,240		178,421		180,534		188,022		158,079		173,986	
	Planned Staff (Establishment) FTE	2,106	2,164	2,106	2,164	2,106	2,164	2,106	2,164	2,106	2,164	2,106	2,164	2,106	2,164	2,107	2,164	2,107	2,164	2,107	2,164	2,107	2,164	2,107	2,164
	Actual Staff FTE	2,048	2,645	2,056		2,058		2,075		2,087		2,105		2,120		2,087		2,069		2,092		2,085		2,621	
	Actual Overtime (Staff Hours)	24,674	23,438	29,150		29,147		23,055		21,497		25,375		26,069		22,860		21,996		24,022		20,453		26,466	
	Front line staff overspend / (underspend) after overtrade has been applied	(£24,538)	(£88,975)	(£501,978)		£853,508		(£624,849)		(£394,544)		(£786,079)		£715,637		£515,311		£361,908		(£1,005,838)		£658,141		(£259,773)	
	Planned Abstractions %	30.0%	31.0%	31.0%	31.0%	32.0%	31.0%	32.0%	31.0%	32.0%	31.0%	30.0%	31.0%	31.0%	31.0%	30.0%	31.0%	29.0%	31.0%	29.0%	31.0%	31.0%	31.0%	31.0%	31.0%
	Actual Abstractions %	28.5%	27.7%	29.2%		29.2%		30.6%		33.7%		31.5%		30.4%		28.5%		29.5%		27.1%		30.3%		27.9%	
	UHU (Unit Hour Utilisation)	0.35	0.35	0.35		0.35		0.37		0.36		0.36		0.33		0.34		0.36		0.32		0.33		0.34	
	*Planned Performance %	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Performance %	77.9%	70.6%	78.6%		78.4%		75.5%		75.7%		75.1%		74.4%		74.1%		71.9%		76.1%		72.6%		73.6%		

Please Note: Planned demand and actual demand is based on the SLA and is reported at response level.

Comments
<p>Performance was RED 1 69.8% (YTD 69.8%) Performance was RED 2 70.6% (YTD 70.6%) Demand for CCGs was 1069 more than the contract total for April.</p>

A&E Operational Delivery Model

Item		Apr-13	Apr-14	May-13	May-15	Jun-13	Jun-13	Jul-13	Jul-14	Aug-13	Aug-14	Sep-13	Sep-14	Oct-13	Oct-14	Nov-13	Nov-14	Dec-13	Dec-14	Jan-13	Jan-15	Feb-13	Feb-15	Mar-13	Mar-15	
Resource	Clinical Hub/ NHSD Calls																									
	Total Planned number of calls (Clinical Hub)	2,965	1,369	2,965	1,820	2,965	1,846	2,965	1,851	2,965	1,818	2,965	1,884	2,965	1,901	2,965	1,823	2,965	1,941	2,965	1,880	2,965	1,904	2,965	1,974	
	Total Actual number of calls (Clinical Hub/NHSD)	2,376	1,794	2,410		2,194		2,503		2,164		1,952		1,898		1,922		2,183		1,761		1,735		1,952		
	Total Planned %	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
	Total Actual %	5.4%	4.1%	5.4%	0.0%	5.0%	0.0%	5.2%	0.0%	4.7%	0.0%	4.4%	0.0%	4.0%	0.0%	4.1%	0.0%	4.4%	0.0%	3.7%	0.0%	4.0%	0.0%	4.1%	0.0%	
	Total Number of calls closed by Clinical Hub	904	1,794	962		1,505		1,680		1,416		1,274		1,223		1,212		1,423		1,452		1,735		1,952		
Total Number of calls closed by NHS Direct	1,472	0	1,448	0	689	0	823	0	748	0	678	0	675	0	710	0	760	0	309	0	0	0	0	0		

Comments

Clinical Hub project on going. New Clinical Duty Manager role recruited to and will go live June 2014. Recruitment of new clinical Advisors underway and will be completed July.


Incident Green & Routine Demand and Performance by CCG and CBU (Responses)

April 2014	Category G1 Responses		Category G2 Responses		Category G3 Responses		Category G4 Responses	TRIAGE	Routine
	No. Of Responses	% in 20 Mins*	No. Of Responses	% in 30 Mins*	No. Of Responses	% in 30 Mins*	No. Of Responses	No. Of Responses	No. Of Responses
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	98	80.6%	433	90.3%	23	87.0%	374	33	1
HARROGATE & RURAL CCG	75	77.3%	467	88.7%	38	86.8%	373	23	1
SCARBOROUGH & RYEDALE CCG	96	76.0%	370	90.3%	33	93.9%	313	31	2
VALE OF YORK CCG	195	71.3%	931	90.2%	61	83.6%	618	109	13
NORTH YORKSHIRE CBU	464	75.2%	2201	89.9%	155	87.1%	1678	196	17
ERY CCG	194	72.7%	913	85.4%	46	69.6%	727	76	0
HULL CCG	214	72.4%	924	83.4%	57	86.0%	644	116	5
EAST YORKSHIRE CBU	408	72.5%	1837	84.4%	103	78.6%	1371	192	5
CALDERDALE CCG	160	71.3%	657	80.1%	39	87.2%	602	75	27
GREATER HUDDERSFIELD CCG	142	64.1%	655	81.5%	45	75.6%	452	107	28
NORTH KIRKLEES CCG	114	66.7%	500	75.4%	17	64.7%	402	67	28
WAKEFIELD CCG	252	68.3%	1092	84.0%	67	76.1%	934	124	78
CALD / KIRK & WAKEFIELD CBU	668	67.8%	2904	81.1%	168	77.4%	2390	373	161
AIREDALE, WHARFEDAILE & CRAVEN CCG	126	60.3%	443	77.0%	18	72.2%	363	48	11
BRADFORD CITY CCG	104	72.1%	367	71.7%	37	64.9%	141	110	0
BRADFORD DISTRICTS CCG	251	64.9%	1070	66.4%	52	69.2%	513	211	8
LEEDS NORTH CCG	133	73.7%	565	74.0%	27	85.2%	420	104	0
LEEDS SOUTH & EAST CCG	247	70.9%	1026	75.9%	61	85.2%	744	187	7
LEEDS WEST CCG	233	69.1%	987	71.0%	51	80.4%	594	142	0
LEEDS, BRADFORD & AIREDALE CBU	1094	68.4%	4458	72.1%	246	76.8%	2775	802	26
BARNLEY CCG	207	73.9%	740	80.0%	37	83.8%	552	99	3
DONCASTER CCG	314	64.6%	978	81.8%	90	77.8%	717	160	66
ROTHERHAM CCG	204	68.1%	768	77.0%	45	77.8%	460	127	2
SHEFFIELD CCG	424	65.4%	1785	70.4%	123	76.3%	1107	294	6
SOUTH YORKSHIRE CBU	1149	67.2%	4271	75.7%	295	77.9%	2836	680	77
ECP	15		119		12		408		
OOA/UNKNOWN	14	57.1%	31	90.3%	3	100.0%	17	22	5
YORKSHIRE AMBULANCE SERVICE	3812	69.2%	15821	78.7%	982	79.1%	11475	2265	291

Year to Date	Category G1 Responses		Category G2 Responses		Category G3 Responses		Category G4 Responses	TRIAGE	Routine
	No. Of Responses	% in 20 Mins*	No. Of Responses	% in 30 Mins*	No. Of Responses	% in 30 Mins*	No. Of Responses	No. Of Responses	No. Of Responses
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SOUTH YORKSHIRE CBU	1149	67.2%	4271	75.7%	295	77.9%	2836	680	77
ECPs	15		119		12		408		
OOA/UNKNOWN	14	57.1%	31	90.3%	3	100.0%	17	22	5
YORKSHIRE AMBULANCE SERVICE	3812	69.2%	15821	78.7%	982	79.1%	11475	2265	291

*Targets are 80% for Green 1, 85% for Green 2 and 80% Green 3

Resilience

	YTD RAG	GREEN
	MTD RAG	GREEN

Strategic Aim - High Performing														
KPI 4 Fulfilment of requirements as a Category 1 responder as detailed in the Civil Contingency Act (CCA) 2004														
Description	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Year End Forecast 14/15	Q1 Forecast
Risk Assessments linked to Civil Contingency Act	GREEN												GREEN	GREEN
Emergency Plans	GREEN												GREEN	GREEN
Business Continuity Plans	AMBER												GREEN	GREEN
Information Provision	GREEN												GREEN	GREEN
Co-operation with other responders	GREEN												GREEN	GREEN
Training	GREEN												GREEN	GREEN

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	12/12	Time to Answer - 95%	Recruitment on going to get the required establishment to consistently deliver all telephony standards. Head of Service Delivery within the EOCis commencing a telephony performance framework project, an element of which will work towards improving individuals' efficiencies with regard to telephony performance. Review of current rotas and relief pool underway. Review of AQI definition	Emergency Operation Centre Locality	On-going
2.7	12/12	Time to Answer - 99%	Recruitment on going to get the required establishment to consistently deliver all telephony standards. Head of Service Delivery within the EOCis commencing a telephony performance framework project, an element of which will work towards improving individuals' efficiencies with regard to telephony performance. Review of current rotas and relief pool underway. Review of AQI definition	Emergency Operation Centre Locality	On-going
2.7	12/12	Non A&E		Designated Project Team from all directorates	On-going
2.7	8/8	STEMI - 150	In December 2013 there were 13 breaches, 3 of these were due to YAS on scene times. One of which was a difficulty with address verification.. These breaches are being investigated and feedback will be provided.	Head of Clinical Effectiveness	On-going
2.7	12/12	Resolved by telephone	There continues to be an upward trend of incidents closed by the hub however further work is underway through the clinical hub project group.	Emergency Operation Centre Locality	On-going
2.7	7/8	ROSC			

Comments

Top Third

Time to Answer - 50%
 Cat Red 8 minute response - RED 1
 95 Percentile Red 1 only Response Time
 Cat Red 19 minute response
 Time to Treat - 50%
 Time to Treat - 95%
 Time to Treat - 99%
 Frequent caller *
 Cardiac - STD
 Cardiac - STD Utstein
 Recontact 24hrs Telephone
 Recontact 24hrs on Scene

Middle Third

ROSC - Utstein
 Abandoned calls
 Cat Red 8 minute response - RED 2
 Stroke - Care
 Stroke - 60
 STEMI - Care

Bottom Third

Time to Answer - 95%
 Time to Answer - 99%
 Non A&E
 STEMI - 150
 Resolved by telephone
 ROSC

Ambulance Quality Indicators - National Figures - Year to Date

Ambulance Quality Indicator	Units	East Midlands	East of England	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	RANK	YTD
Time to Answer - 50% EWI	mm:ss	0:02	0:01	0:01	0:00	0:01	0:01	0:02	0:03	0:02	0:01	0:01	2	March
Time to Answer - 95% EWI	mm:ss	0:10	0:09	0:02	0:01	0:42	0:07	0:09	0:22	0:12	0:07	0:24	9	March
Time to Answer - 99%	mm:ss	0:48	1:03	0:11	0:10	0:55	0:39	1:02	1:01	0:49	0:52	1:09	10	March
Abandoned calls EWI	%	1.11	0.66	1.24	0.04	2.52	2.03	0.63	3.63	0.63	0.94	1.08	6	March
Cat Red 8 minute response - RED 1	%	71.3	73.6	80.2	77.4	76.9	75.9	79.2	76.8	73.1	80.0	77.4	3	March
Cat Red 8 minute response - RED 2	%	71.4	69.4	76.1	75.3	78.4	77.4	75.7	73.9	77.2	73.6	75.1	6	March
95 Percentile Red 1 only Response Time	mm:ss	14:47	14:59	9:06	16:06	12:50	13:59	13:51	14:09	14:47	11:54	13:12	3	March
Cat Red 19 minute response	%	93.8	92.9	96.6	97.9	96.9	95.8	95.4	97.0	95.8	97.0	97.3	2	March
Time to Treat - 50% EWI	mm:ss	6:31	6:32	5:26	5:58	5:58	5:52	5:54	5:47	5:30	6:10	5:32	2	March
Time to Treat - 95%	mm:ss	20:03	21:09	17:28	14:35	17:27	18:00	18:25	17:57	17:59	16:14	13:54	1	March
Time to Treat - 99%	mm:ss	32:04	33:33	28:38	23:13	27:57	38:56	33:13	27:19	29:13	24:56	20:49	1	March
STEMI - Care	%	76.5	85.1	75.8	76.1	84.4	86.3	67.4	77.8	89.6	75.3	84.1	5	December
Stroke - Care	%	97.4	95.8	97.4	94.7	98.2	99.4	98.4	92.1	97.2	94.2	96.4	6	December
Frequent caller *	%	0.09	0.07	0.95	2.09	0.00	0.00	4.24	0.00	0.00	0.00	2.09	3	March
Resolved by telephone	%	4.3	7.7	7.8	6.0	4.5	2.3	4.5	11.8	6.8	6.5	4.4	8	March
Non A&E	%	33.1	43.6	46.5	31.8	30.6	25.2	41.4	42.5	51.6	38.1	29.7	9	March
STEMI - 150	%	93.8	88.3	78.9	92.3	90.5	90.0	89.2	92.8	82.6	89.8	87.9	9	December
Stroke - 60	%	61.6	52.1	62.9	65.7	75.2	76.1	43.1	64.9	55.0	59.2	64.5	5	December
ROSC	%	16.4	21.8	21.5	31.0	24.9	28.2	39.9	31.2	24.2	23.6	23.2	8	December
ROSC - Utstein	%	35.1	42.4	55.0	58.7	57.9	44.9	46.0	51.7	43.5	38.9	45.2	5	December
Cardiac - STD	%	5.6	6.4	7.5	9.4	7.3	8.7	21.4	8.1	9.9	8.3	10.5	2	December
Cardiac - STD Utstein	%	20.8	20.5	20.0	30.5	31.6	23.2	34.0	20.6	26.8	23.5	31.1	3	December
Recontact 24hrs Telephone EWI	%	6.8	9.9	3.5	2.4	14.5	13.3	19.2	10.7	12.3	13.0	6.4	2	March
Recontact 24hrs on Scene EWI	%	6.0	5.4	2.2	6.8	4.6	6.0	6.7	4.3	5.5	5.6	4.6	2	March

*Only 6 Trusts manage Frequent Callers

Please note: The rankings exclude Isle of Wight



Section 2b

PTS Performance



Directors Exceptions on PTS

RAG	Page Ref No	No of months Exception	Consortia	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2.9	1/1	South	KPI 1 - Patients Picked up within 120 minutes before Appointment	48 patients breached target out of total 9619 equates to 2.4 patients per working day , action to actively monitor via performance dashboard to prevent breaches	Locality Manager South Yorkshire	On-going	GREEN
RED	2.10	1/1	South	KPI 2 - Patients arriving on time for their appointment	154 patients breached target out of a total 9626 equates to 30 patients per working day. Action to actively monitor via performance dashboard to prevent breaches,	Locality Manager South Yorkshire	On-going	GREEN
RED	2.10	1/1	North	KPI 2 - Patients arriving on time for their appointment	30 patients breached target out of a total 3953 equates to 8 patients per day , Action to actively monitor via performance dashboard to prevent breaches.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.11	1/1	South	KPI 3 - Patients collected within 90 mins (Planned Journeys)	138 patients breached target out of a total of 9200 equates to 7 patients per day, Action to actively monitor via performance dashboard to prevent breaches.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.11	1/1	North	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Missed target by 0.3% equates to 9 patients in total for month April 14.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.12	1/1	South	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	304 patients on day short notice , 6 patients breached for the month April 14	Locality Manager South Yorkshire	On-going	GREEN

Directors Comments on Actual Performance

Commencing April 2014 new KPI measures have been agreed with all Commissioning Boards across Yorkshire & Humber. The new April 2014/15 reports indicate a much improved position from the 2013/14 measures with East CCG achieving all KPI targets - West CCG achieved all core KPIs targets with the exception of 18% of renal patient's who arrived slightly earlier than their appointment .time - North CCG reported minor breaches of KPI target but good performance overall, South CCG has a higher KPI target threshold which negatively affected arrive on time appointments by 3.1%. Overall the PTS management team reports a positive outlook for this current year based on initiatives and plans that have been put in place or are in process. The securing of PTS contracts for 1- 2 and 3 year terms are positive news ,the re-alignment of PTS Comms , delivery and commissioning of 33 new PTS vehicles, work on staff rosters , recruitment of new staff and training enables the team to be more aggressive in terms of seeking new business opportunities

CONTRACTUAL COMPLIANCE 2014 - 15 - Definitions: Contractual Indicators presented are those to which non compliance would result in the issuing of a formal contractual performance notice

PTS CQUINS

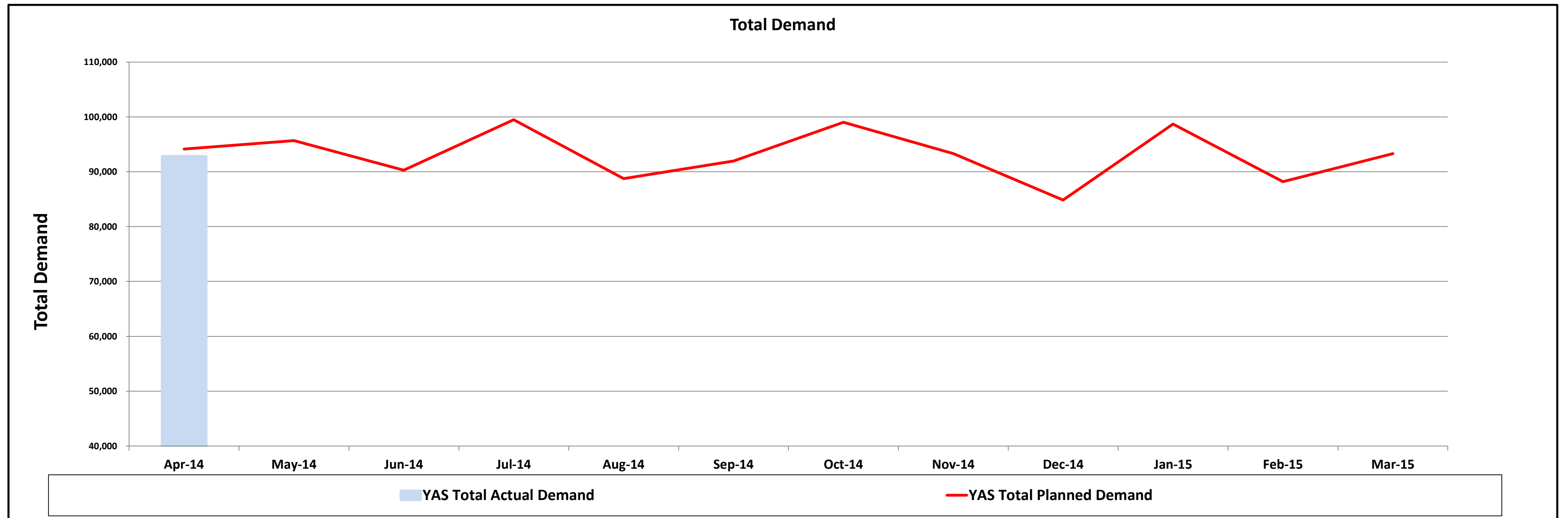
		Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
1. Friends and Family - Implementation of Staff FFT	North Consortia	20.00%	£27,284	GREEN												GREEN
	South Consortia		£27,284	GREEN												GREEN
	East Consortia		£17,061	GREEN												GREEN
	West Consortia		£61,993	GREEN												GREEN
2. Improving the experience of Patients with complex needs	North Consortia	40.00%	£41,029	GREEN												GREEN
	South Consortia		£54,568	GREEN											GREEN	
	East Consortia		£34,121	GREEN											GREEN	
	West Consortia		£122,186	GREEN											GREEN	
3. Patient Experience - Investigate and quantify the potential improvements related to patients experience in relation to transport to outpatients clinics	North Consortia	40.00%	£41,029	GREEN												GREEN
	South Consortia		£54,568	GREEN											GREEN	
	East Consortia		£34,121	GREEN											GREEN	
	West Consortia		£122,186	GREEN											GREEN	
TOTAL		100.00%	£637,430													

GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments	
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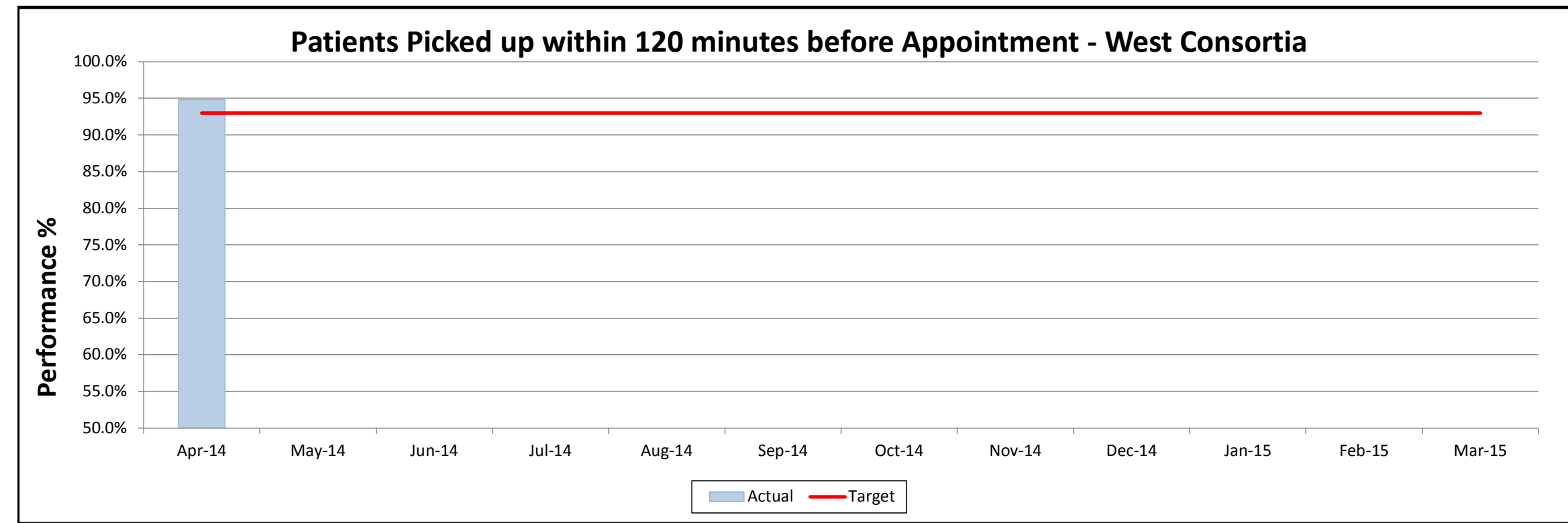
PTS Demand

	YTD RAG	GREEN
↔	MTD RAG	GREEN

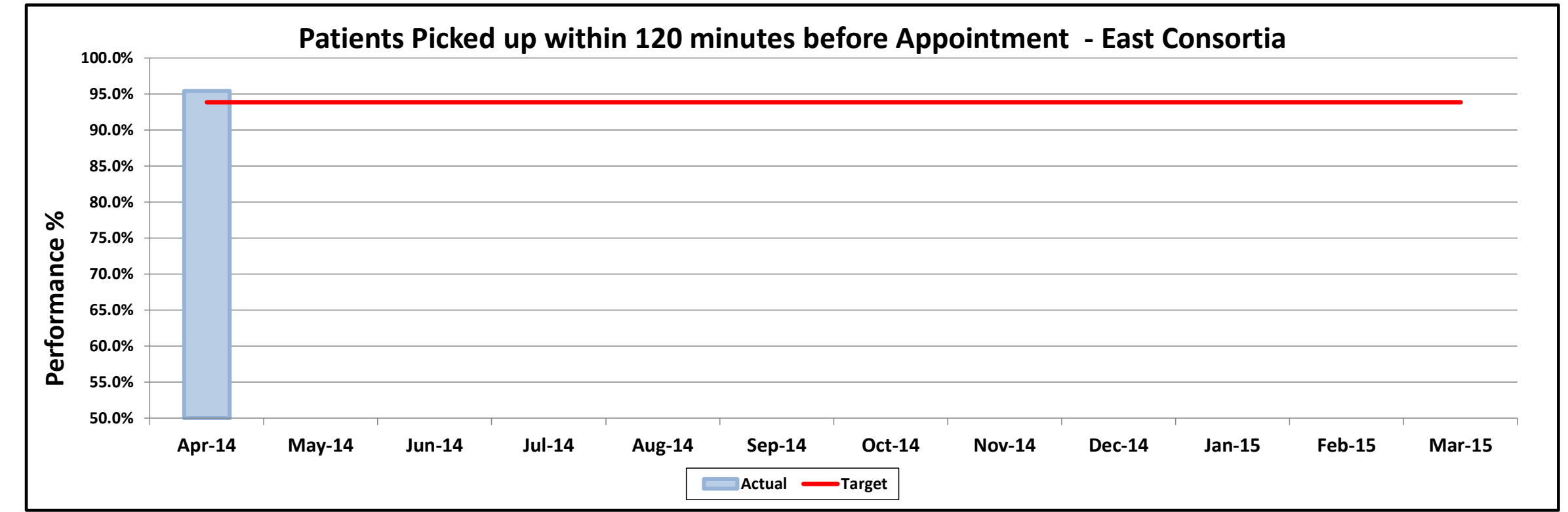


PTS Demand by Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
West Consortia Planned Demand	48,305	48,921	45,898	50,466	45,469	46,375	50,265	47,301	43,657	50,924	45,529	48,214	571,324
West Consortia Actual Demand	48,069												48,069
East Consortia Planned Demand	9,276	9,372	8,715	9,645	8,559	9,224	9,748	9,201	8,504	9,562	8,542	9,088	109,436
East Consortia Actual Demand	9,223												9,223
South Consortia Planned Demand	25,060	25,397	24,132	26,762	23,149	24,661	26,559	24,925	21,859	25,643	23,089	24,398	295,634
South Consortia Actual Demand	24,071												24,071
North Consortia Planned Demand	11,492	11,973	11,555	12,616	11,550	11,679	12,460	11,876	10,830	12,554	11,033	11,596	141,214
North Consortia Actual Demand	11,425												11,425
YAS Total Planned Demand	94,133	95,663	90,300	99,489	88,727	91,939	99,032	93,303	84,850	98,683	88,193	93,296	1,117,608
YAS Total Actual Demand	92,788												92,788
% Variance Planned V Actual	-1.4%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-91.7%

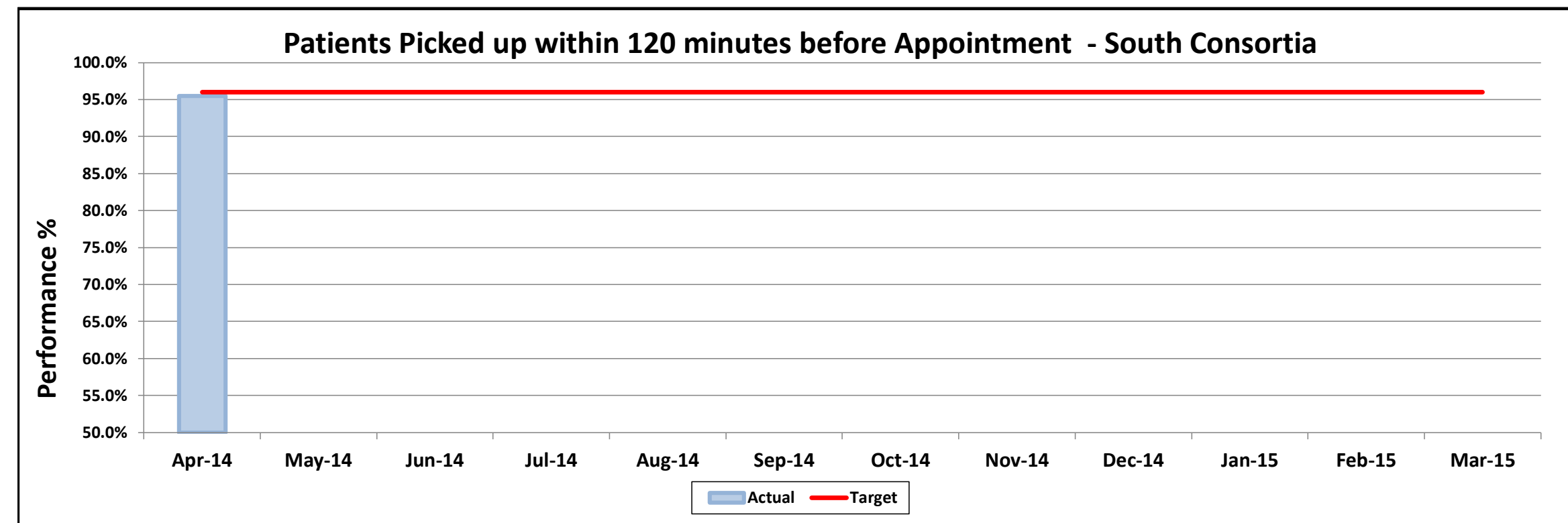
Arrival - KPI 1



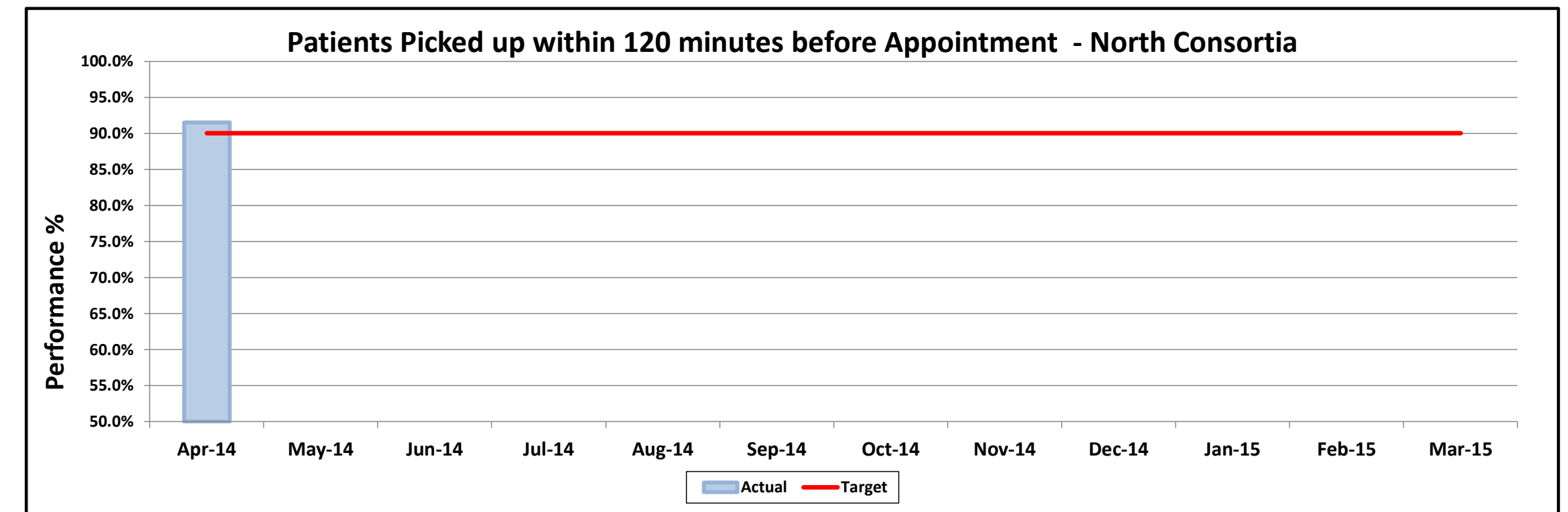
West Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
Actual	94.8%											



East Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	93.85%	93.85%	93.85%	93.85%	93.85%	93.85%	93.85%	93.85%	93.85%	93.85%	93.85%	93.85%
Actual	95.4%											



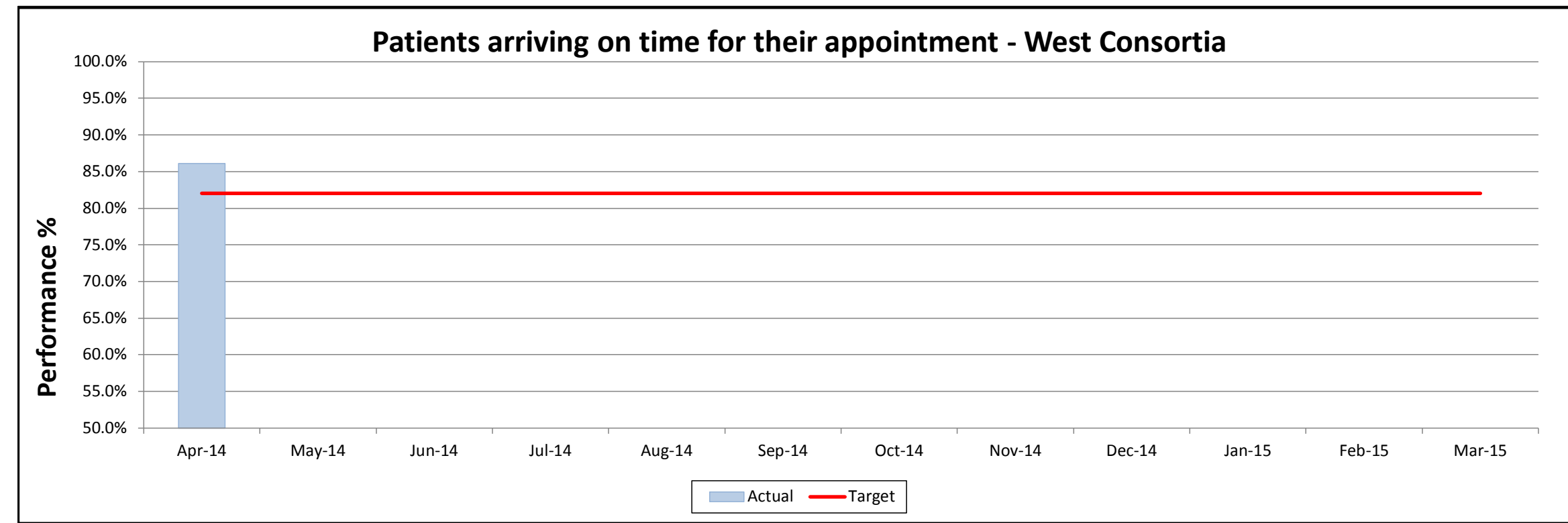
South Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Actual	95.5%											



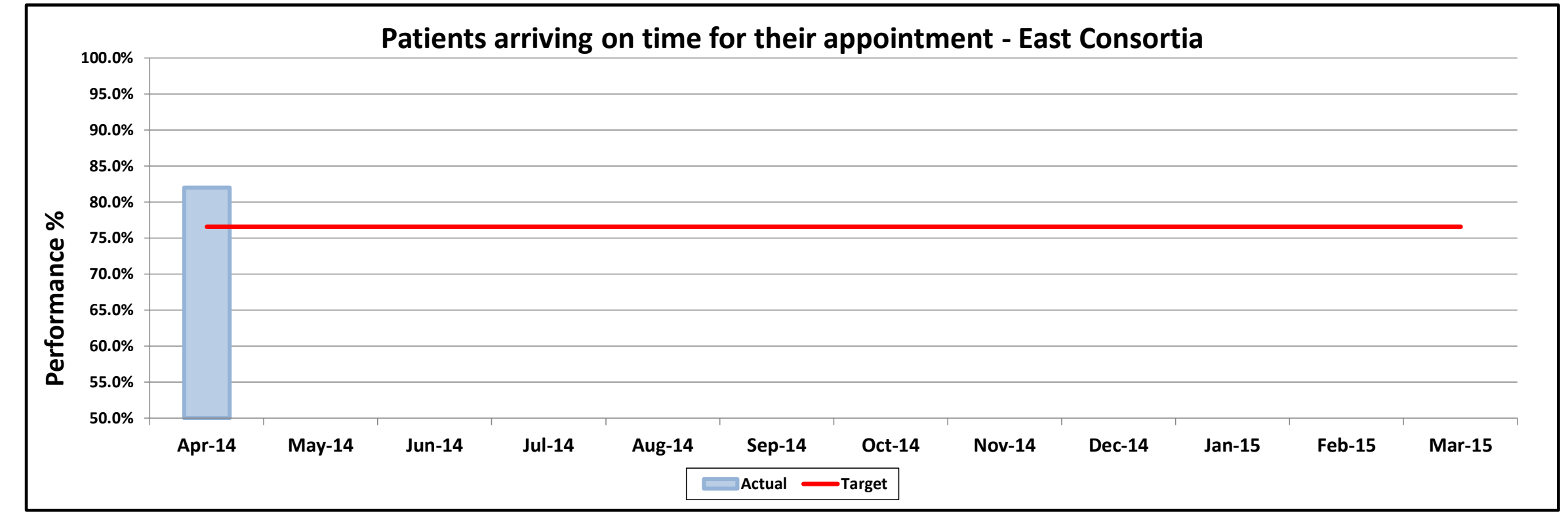
North Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Actual	91.5%											

Arrival - KPI 2

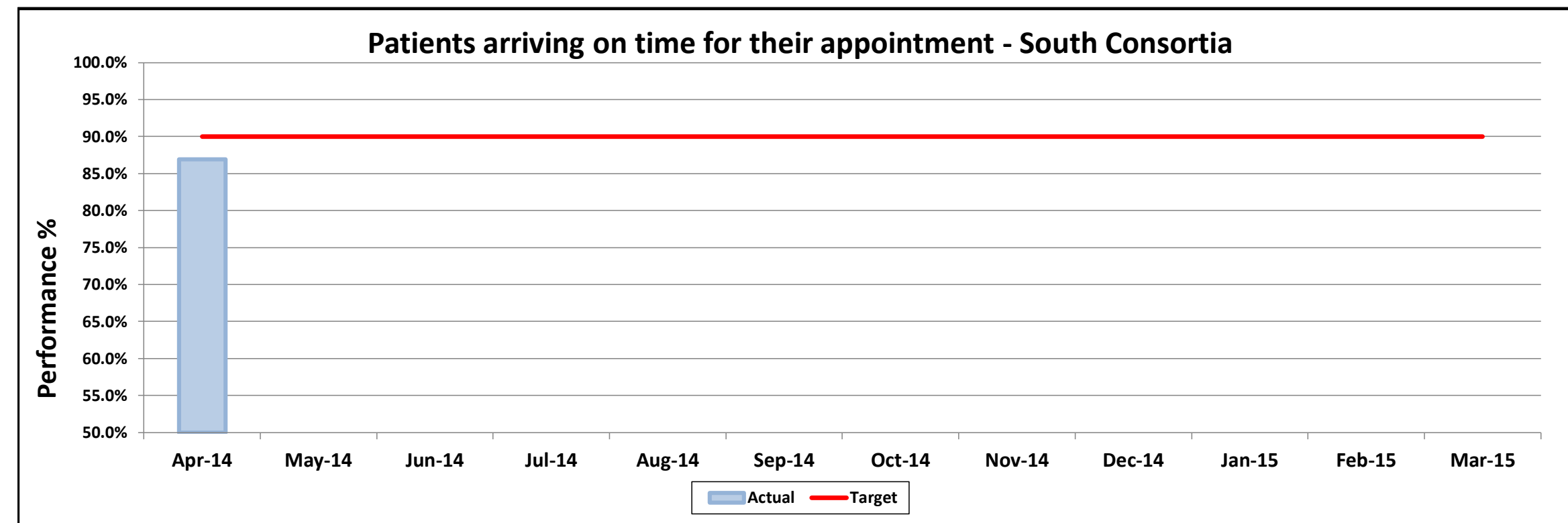
EWI



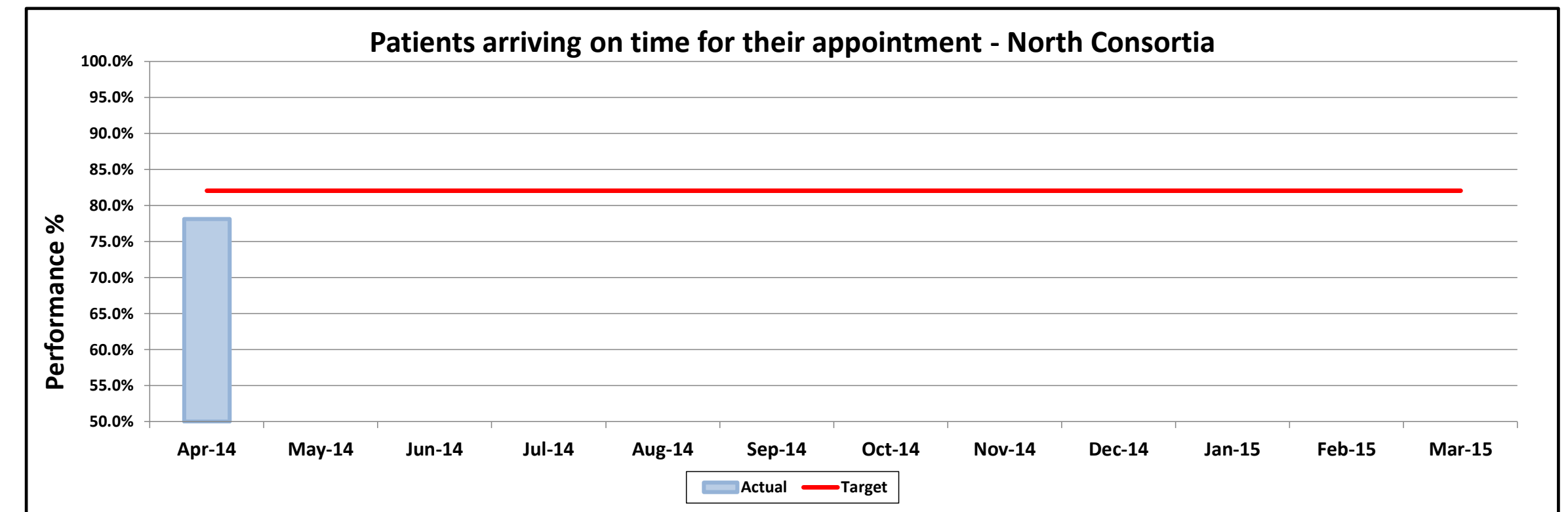
West Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Actual	86.1%											



East Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	76.53%	76.53%	76.53%	76.53%	76.53%	76.53%	76.53%	76.53%	76.53%	76.53%	76.53%	76.53%
Actual	82.0%											



South Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Actual	86.9%											

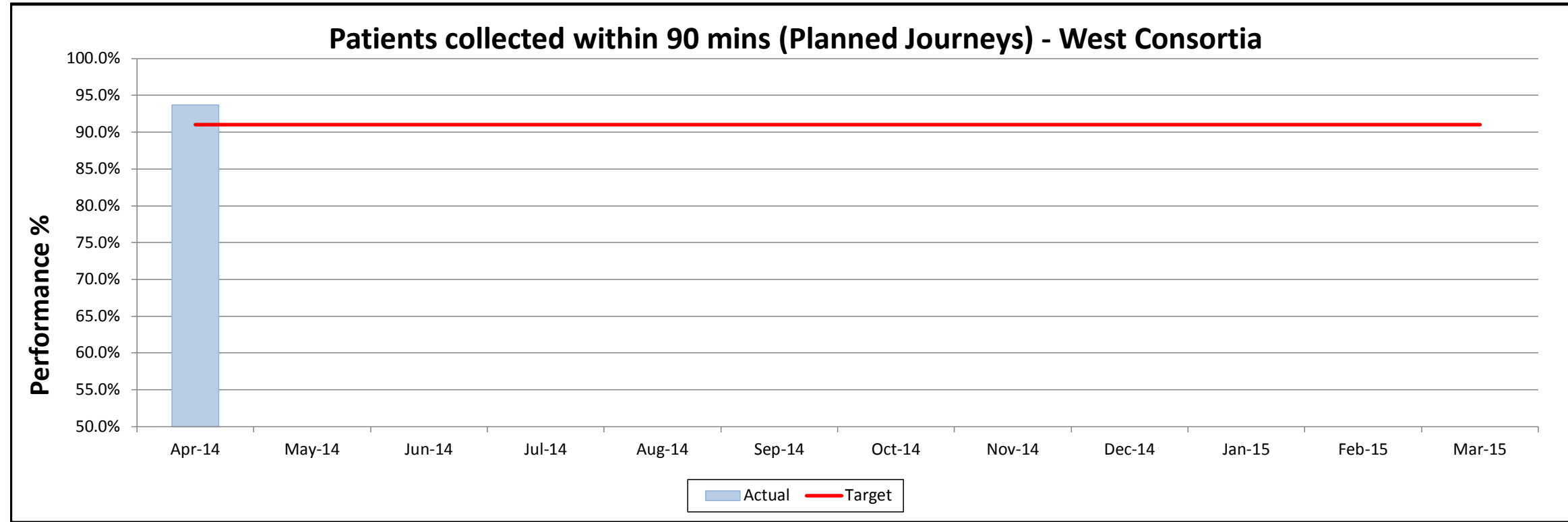


North Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Actual	78.1%											

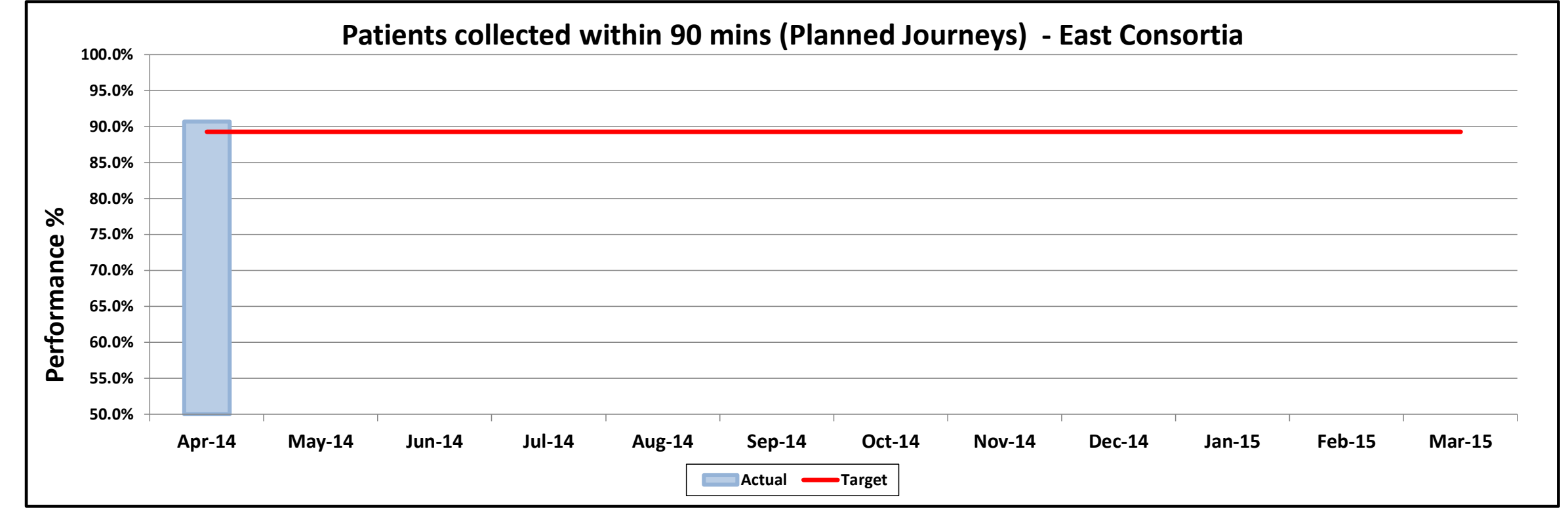
EWI Early Warning Indicator

Departure - KPI 3

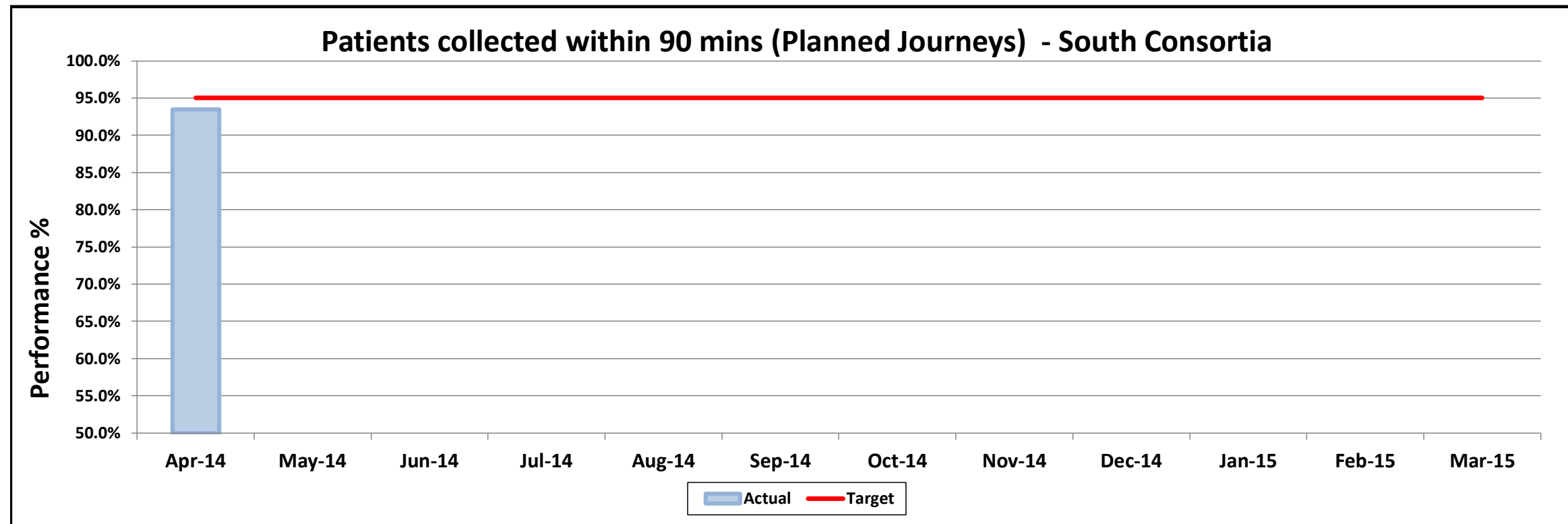
EWI



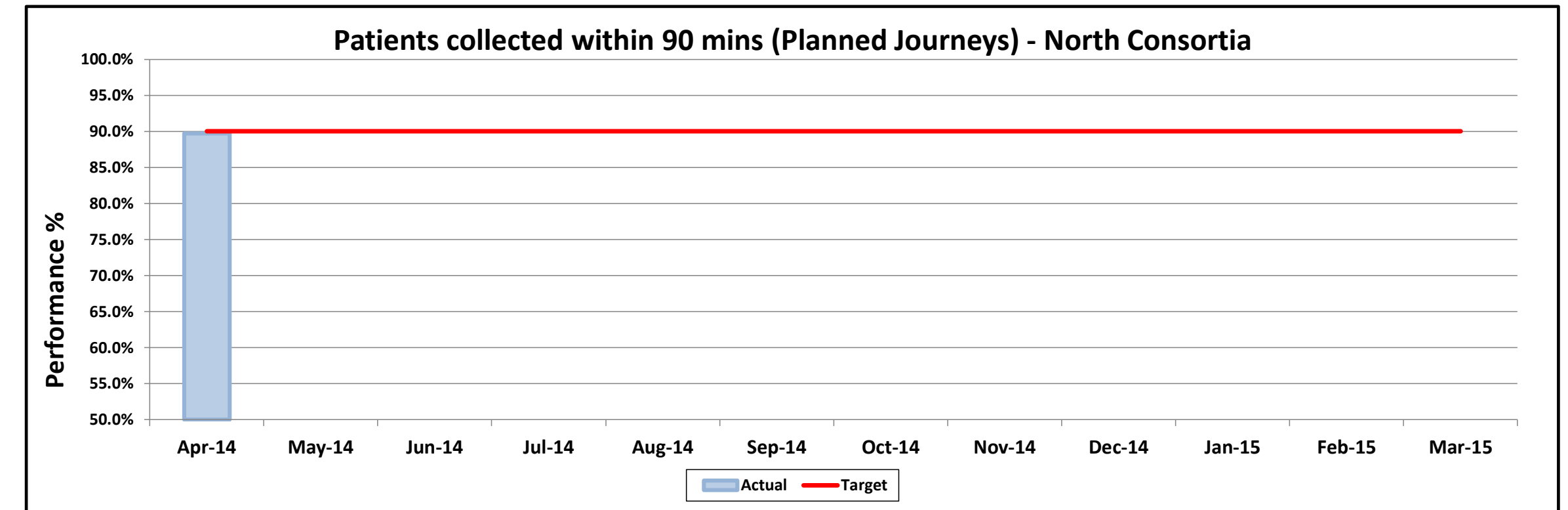
West Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%
Actual	93.7%											



East Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	89.26%	89.26%	89.26%	89.26%	89.26%	89.26%	89.26%	89.26%	89.26%	89.26%	89.26%	89.26%
Actual	90.7%											



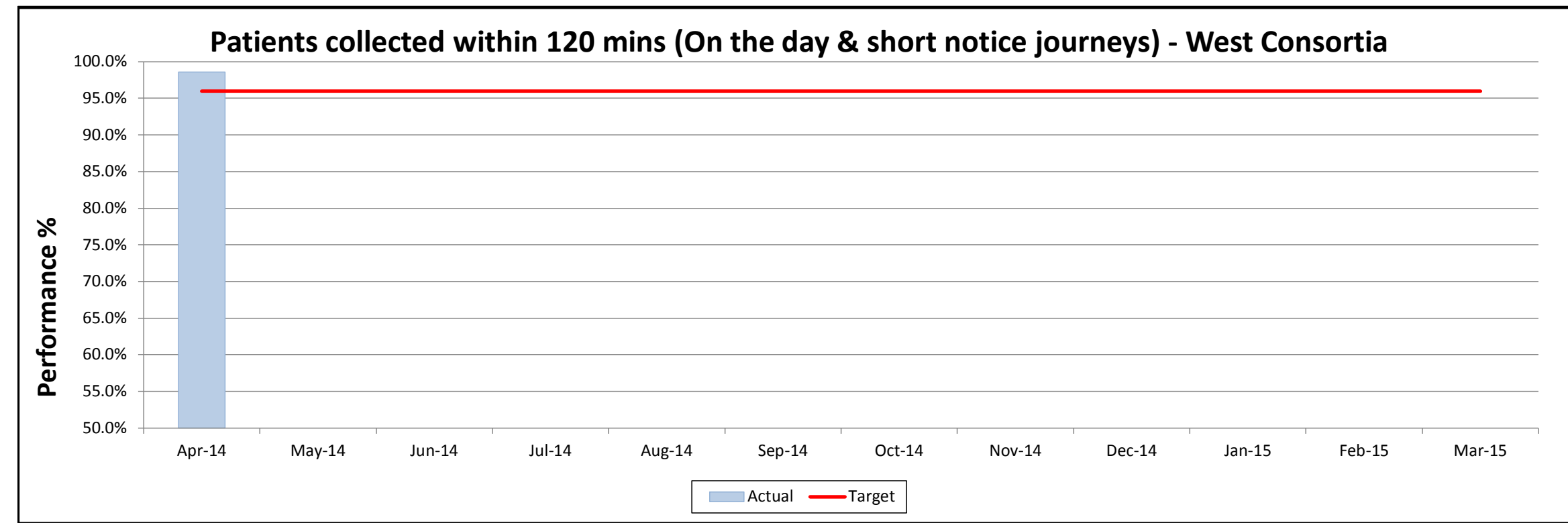
South Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	93.5%											



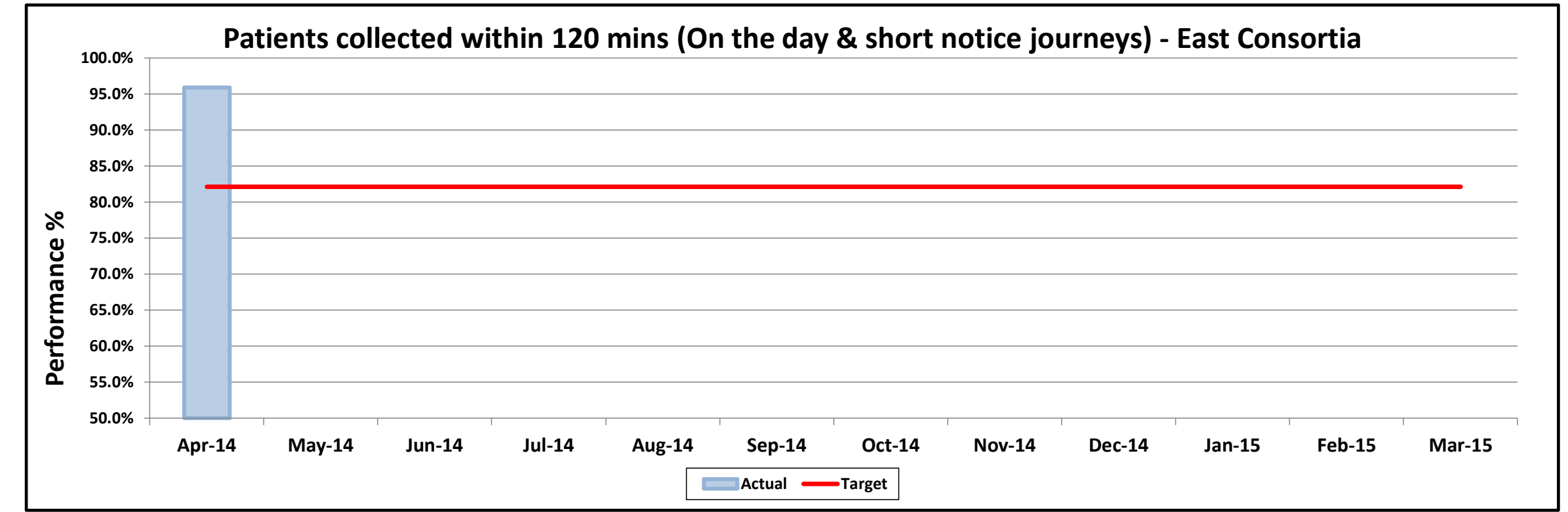
North Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Actual	89.7%											

EWI Early Warning Indicator

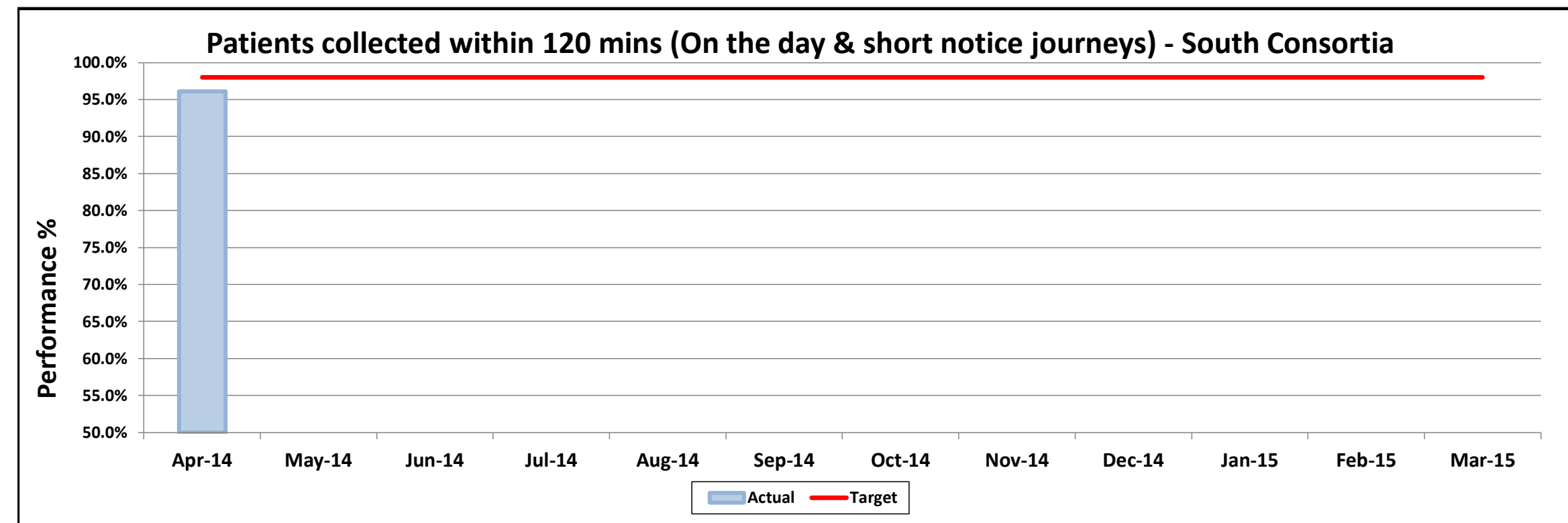
Departure - KPI 4



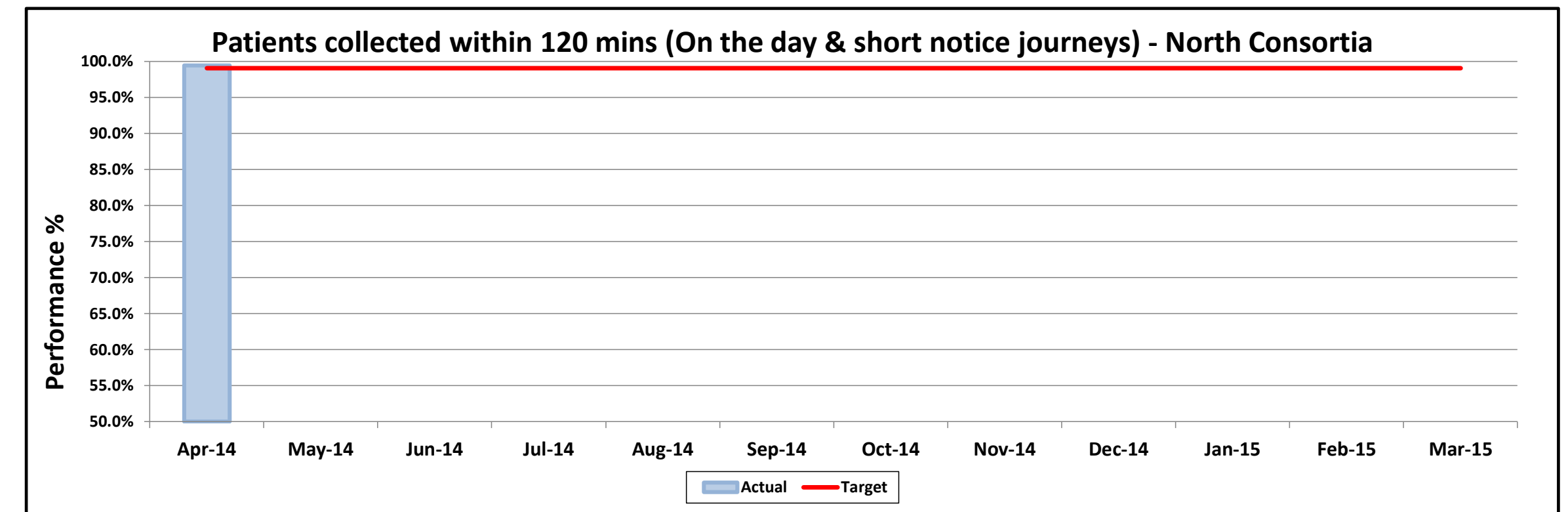
West Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Actual	98.6%											



East Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	82.14%	82.14%	82.14%	82.14%	82.14%	82.14%	82.14%	82.14%	82.14%	82.14%	82.14%	82.14%
Actual	95.9%											



South Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
Actual	96.1%											



North Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
Actual	99.4%											

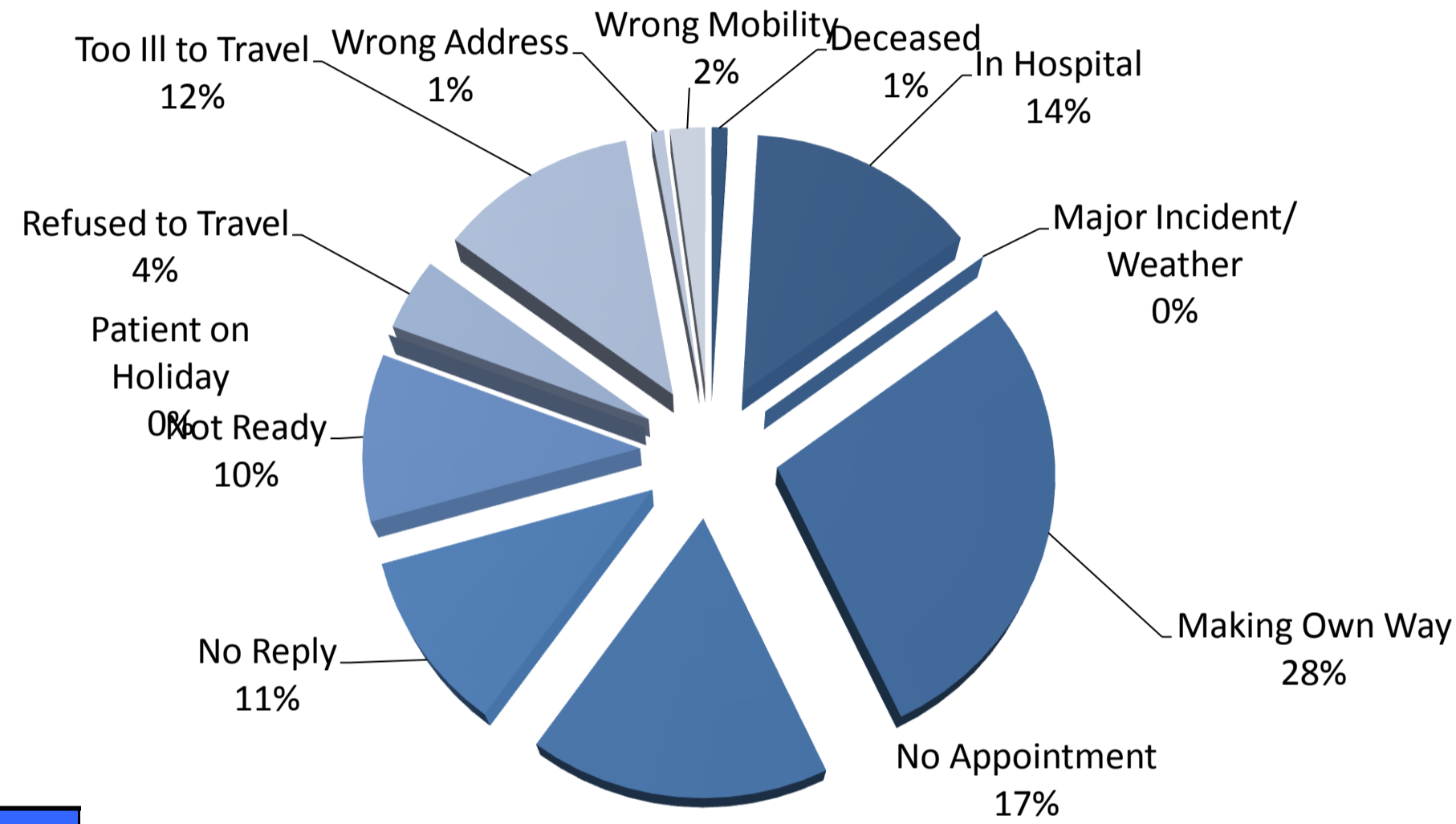
West Renal KPI's

West Consortia - RENAL		TARGET	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
KPI 1 - Inward arrivals	<-30	5%	18.0%											
	< -60	0%	0.6%											
	> +30	0%	0.6%											
KPI 2 - Outward collections	>45	10%	7.1%											
	>60	0%	2.1%											
KPI 3 - Journey Time	10 miles and >45 mins	10%	3.4%											

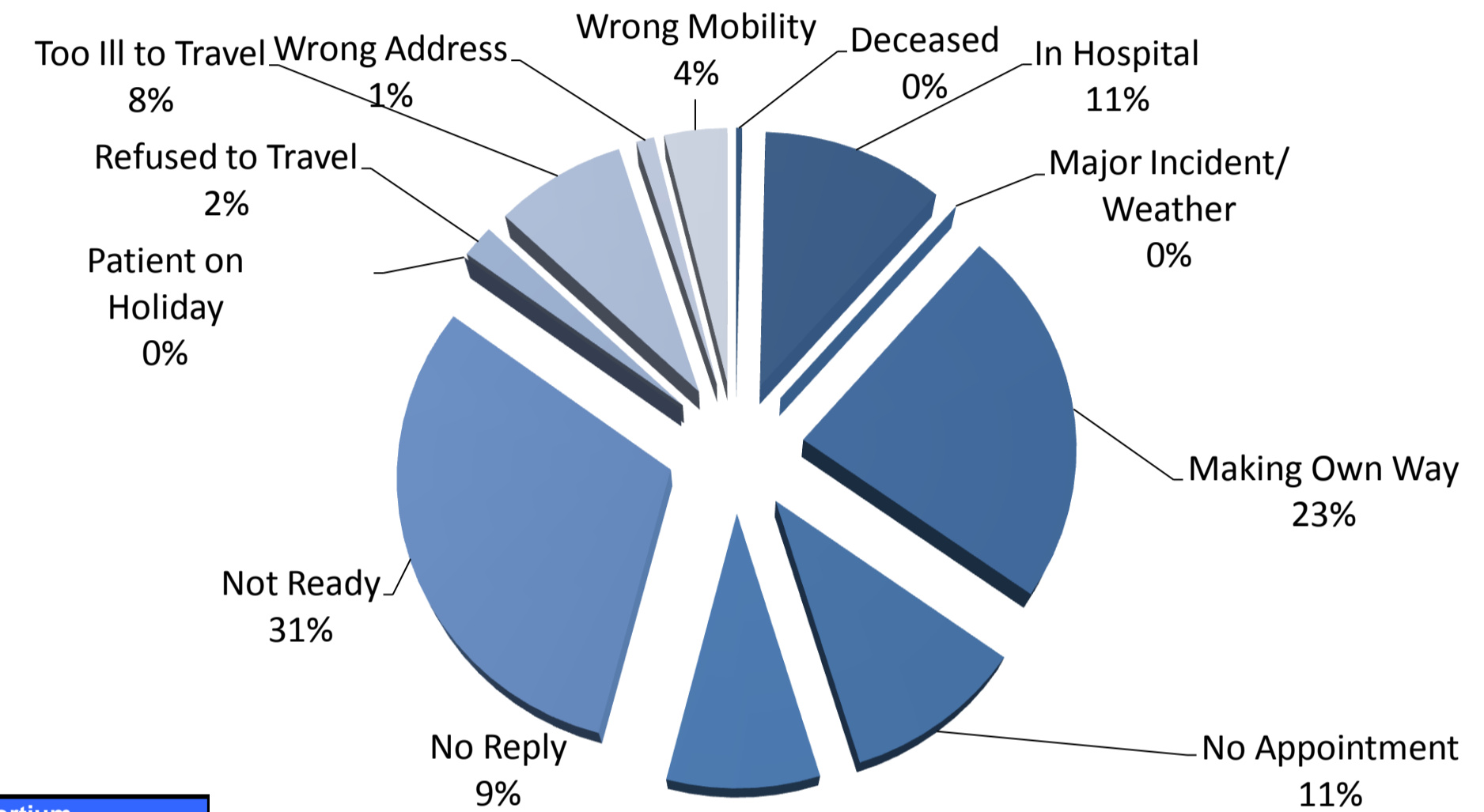
PTS Abortive journeys

Abortive journeys are those where YAS is informed with less than 2 hours' notice that the journey is not required

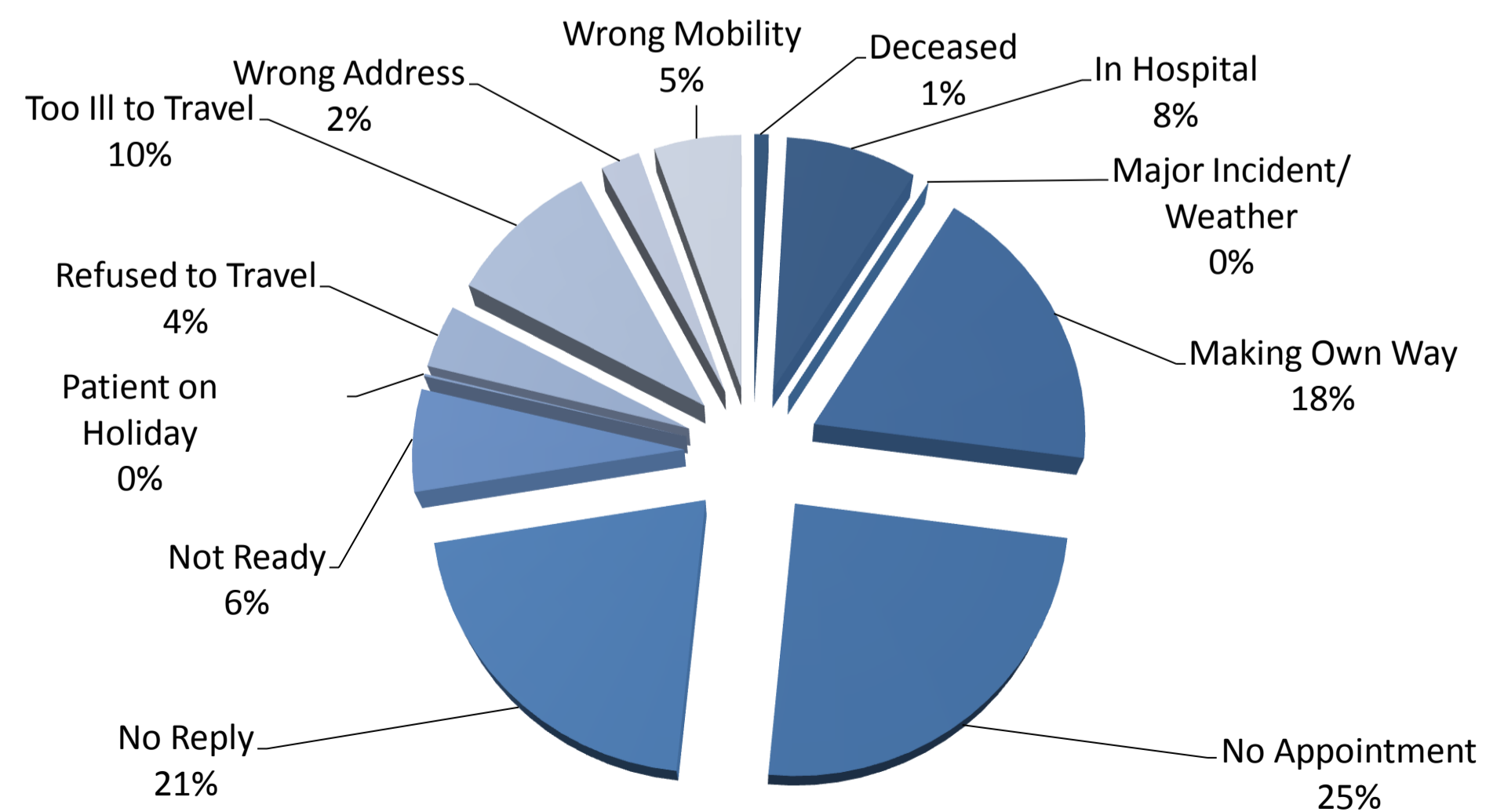
North Consortium													
Abort Reason	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Deceased	5												5
In Hospital	73												73
Major Incident/Weather	0												0
Making Own Way	147												147
No Appointment	89												89
No Reply	56												56
Not Ready	53												53
Patient on Holiday	0												0
Refused to Travel	23												23
Too Ill to Travel	63												63
Wrong Address	4												4
Wrong Mobility	11												11
Overall Totals	524												524



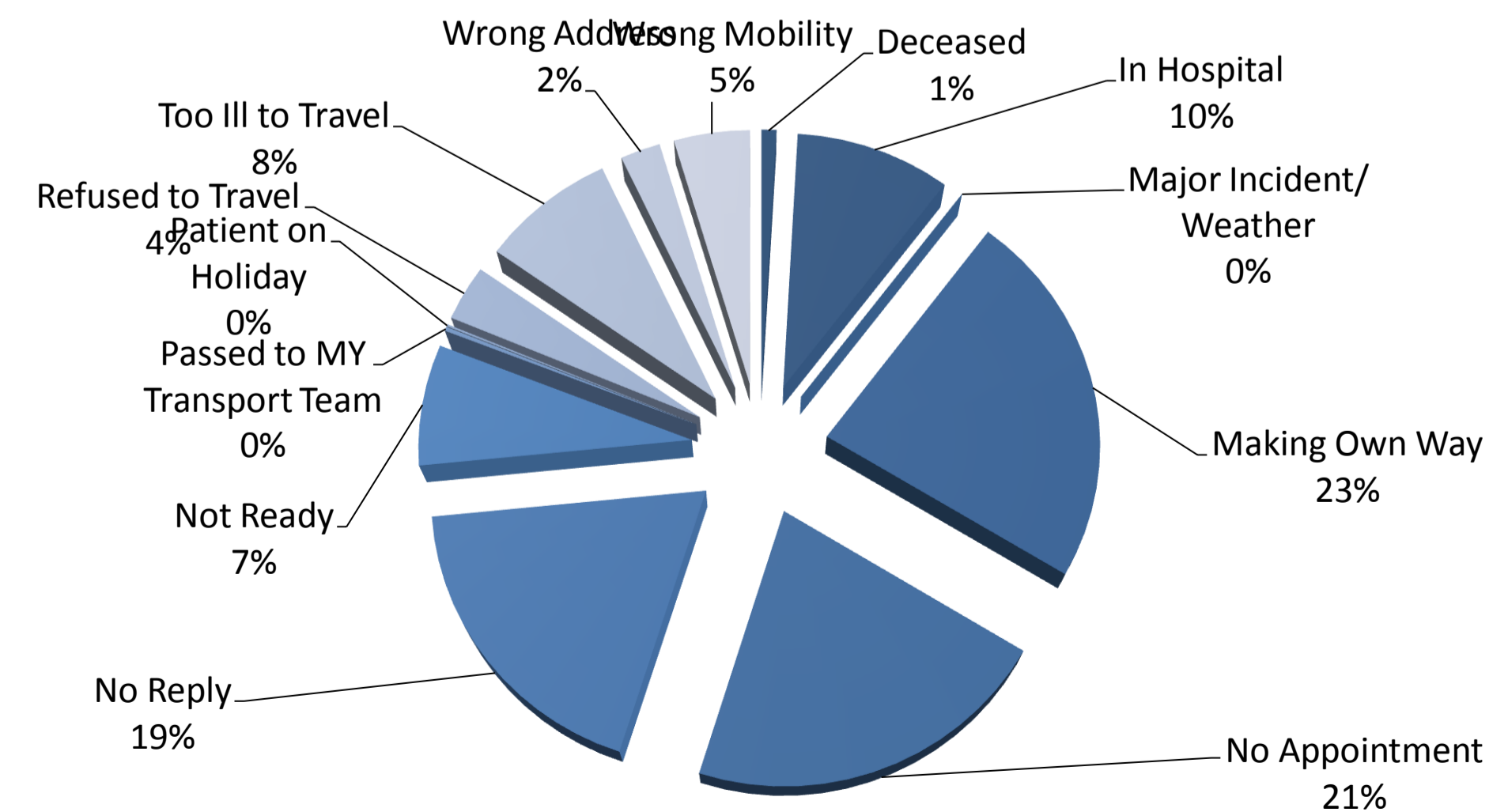
East Consortium													
Abort Reason	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Deceased	2												2
In Hospital	61												61
Major Incident/Weather	0												0
Making Own Way	127												127
No Appointment	57												57
No Reply	48												48
Not Ready	169												169
Patient on Holiday	0												0
Refused to Travel	11												11
Too Ill to Travel	44												44
Wrong Address	6												6
Wrong Mobility	21												21
Overall Totals	546												546



South Consortium													
Abort Reason	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Deceased	12												12
In Hospital	110												110
Major Incident/Weather	0												0
Making Own Way	247												247
No Appointment	334												334
No Reply	284												284
Not Ready	86												86
Patient on Holiday	2												2
Refused to Travel	53												53
Too Ill to Travel	129												129
Wrong Address	33												33
Wrong Mobility	73												73
Overall Totals	1363												1363

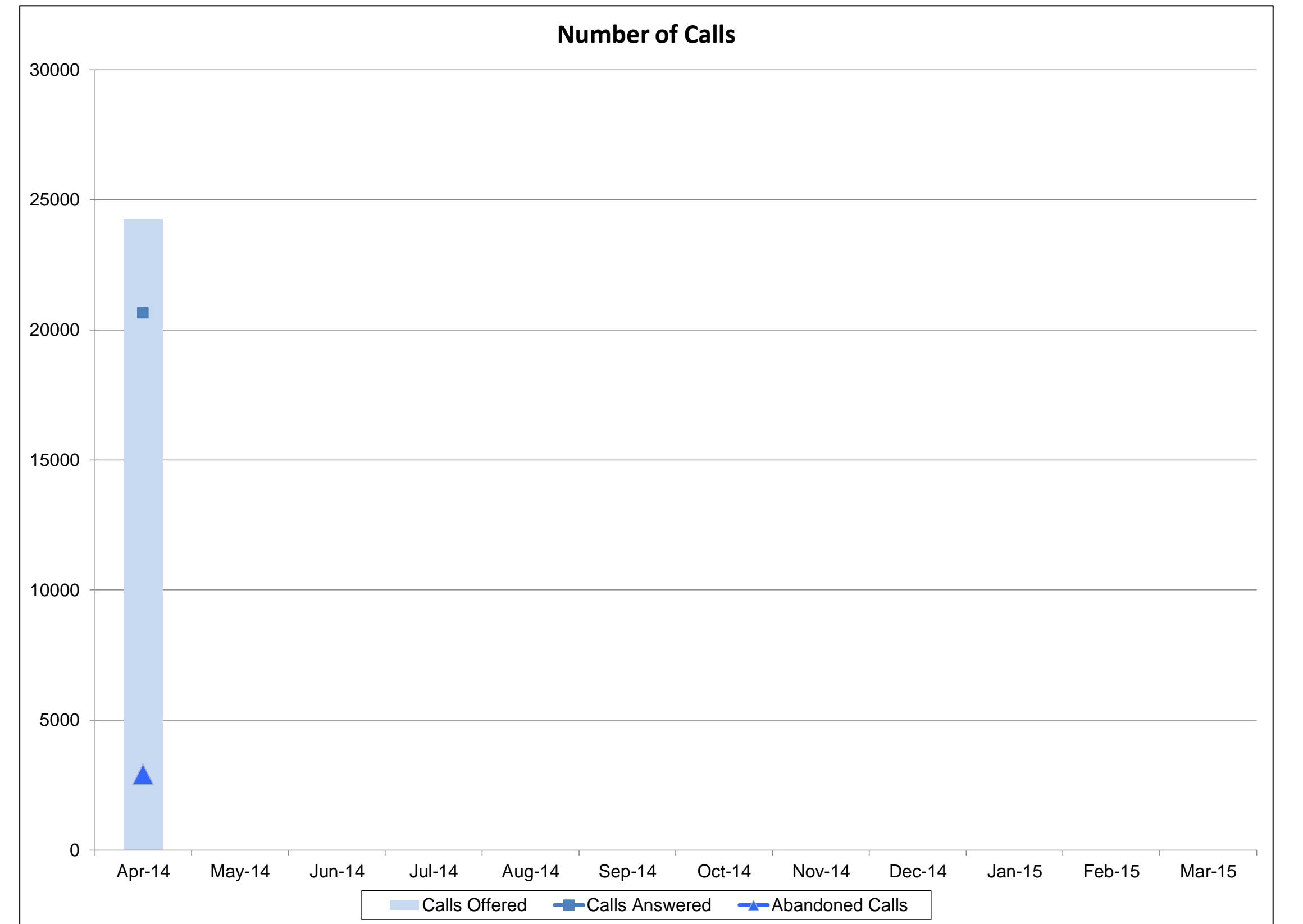
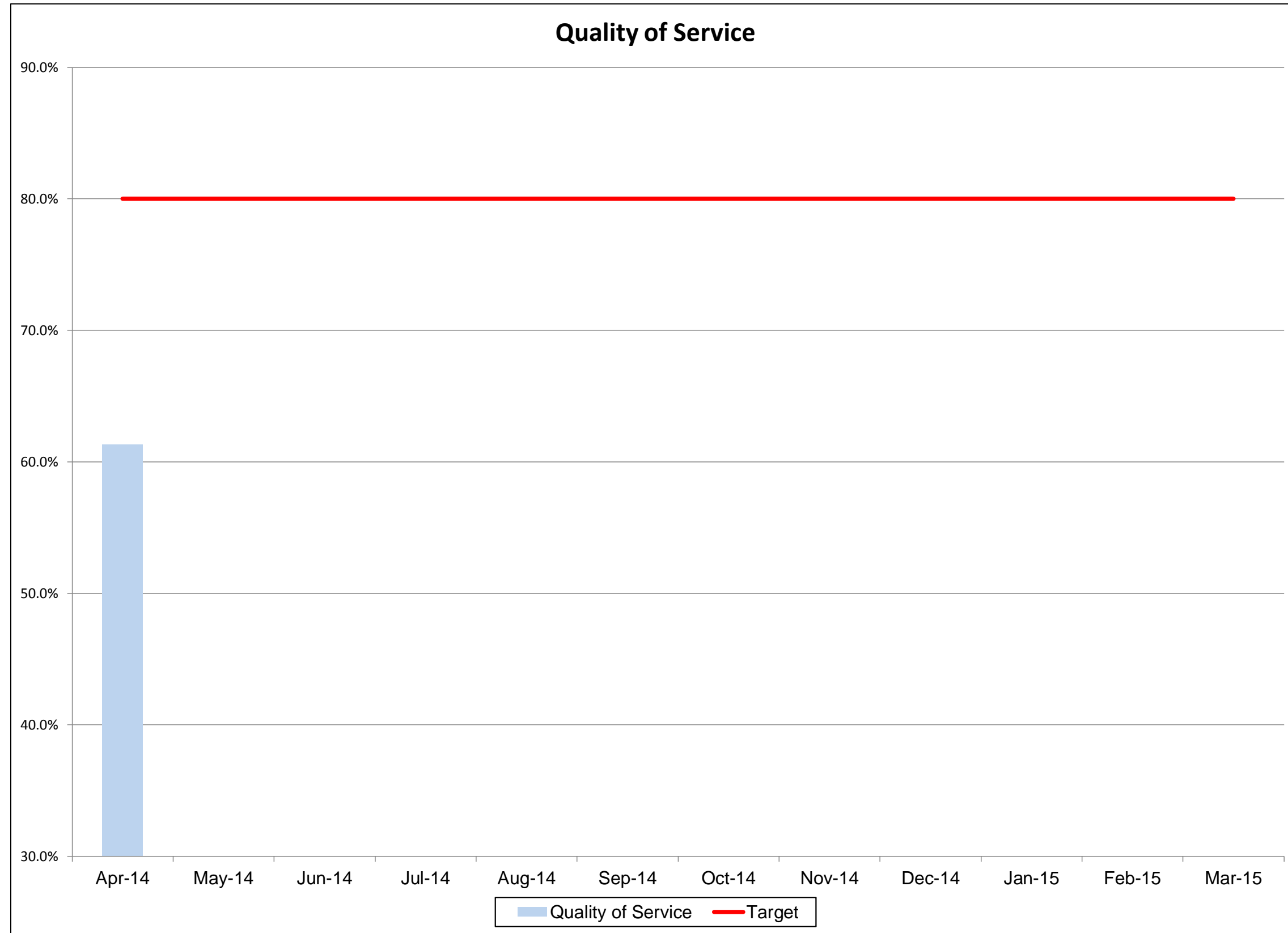


West Consortium													
Abort Reason	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Deceased	29												29
In Hospital	303												303
Major Incident/Weather	0												0
Making Own Way	740												740
No Appointment	679												679
No Reply	592												592
Not Ready	237												237
Passed to MY Transport Team	8												8
Patient on Holiday	4												4
Refused to Travel	110												110
Too Ill to Travel	262												262
Wrong Address	78												78
Wrong Mobility	148												148
Overall Totals	3190												3190



PTS Call Answering - 80% of Calls to be answered within 30 seconds

↔	YTD RAG	RED
	MTD RAG	RED



Week Commencing	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Calls Offered	24264											
Calls Answered	20652											
Average Answer Delay	00:01:00											
Max Answer Delay	00:58:24											
Abandoned Calls	2908											
Quality of Service	61.3%											



Section 2c

NHS 111



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2.15	1/1	Total % of Warm transfers as a percentage of clinical advisor calls (Target 95%)	Continued implementation of NHS 111 service optimisation plan. Ongoing discussion with commissioners about relevant KPIs and improvement targets	AD NHS 111/Urgent Care	Jun-14	AMBER

NHS 111

Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Total number of Calls Offered	116,583												
Total number of Calls answered	114,451												
Total number of Calls answered within 60 seconds	108,872												
Total % of calls answered within 60 seconds (Target >= 95%)	95.1%												Call answer performance remains above target level
Total number of abandoned calls after 30 seconds	1,203												
Total % of calls abandoned after 30 seconds (Target <=5%)	1.0%												
<hr/>													
Total number of calls triaged	97,629												
Total number of calls completed in 1 contact	83,913												
Total number of calls transferred to a clinical advisor	21,634												
Total % of calls which were transferred to a clinical advisor	18.9%												
Total number of calls which were warm transferred to a clinical advisor	7,895												
Total % of Warm transfers as a percentage of clinical advisor calls (Target 95%)	36.5%												Discuss
<hr/>													
Average episode length of call (mins)	16:24												
Average episode length of call (mins) with a call handler	09:05												
Average episode length of call (mins) with a clinical advisor	12:11												
Average call back time by a clinical advisor	05:29												
Longest wait for a call to be answered	07:11												
Longest wait for a call to be abandoned	06:14												
Longest wait for a call back by a clinical advisor	05:26:34												
<hr/>													
Total number of calls directed to 999 - RED	4,181												
Total number of calls directed to 999 - GREEN	5,350												
Total number of calls recommended to attend an A&E	6,538												
Total number of calls directed to see GP	39,627												
Total number of calls directed to speak to GP	10,176												



Section 2d

Support Services Performance



ICT Summary

	YTD RAG	GREEN
←	MTD RAG	GREEN

NB - the information on this summary dashboard is made up of the more detailed information contained in the ICT Departmental Performance Dashboard.

Key Areas	Performance / Activity	Criteria	Target	Green	Amber	Red	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End Forecast 14/15	
Our Service	SLA	% of Items resolved within SLA	>=90%	>=90%	< 90% >=85%	<85%	80.5%													
		Incidents (Logged)					766													
		Service Requests (Logged)					1612													
		Total Activity (Logged)					2378													
	Customer Feedback	% of either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	94.5%													
		Number of Surveys Returned					310													
		Positive Score					293													
	Negative Score					17														
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	6													
Project Management	Current Project Managed Projects		Due Date	ICT Status		Achievement														
	South CBU Network Upgrade		June 2014			Power requirements have been installed at Middlewood; Batemoor; Rotherham and Wath														
	Windows 7 Migration		May 2014			All the devices which were on Windows XP have already upgraded to Windows 7.0/IGEL terminals (07-04-14). Audit of the existing retired devices and secure disposal has been completed														
	Call Flex EOC DR Site		June 2014			Delivery Plan communicated by Airwave and Agreed. The delivery date has been brought forward from July to May. Call Flex floor plans issued, IP Clear Solution ordered, Hardware Racking Delivered to Call Flex, Voice recording card installed at York														
	ICT and HR Service Desk - Assure		March 2014			Service Level Agreement missed the target 90% in March. This is attributal to the upgrading of Windows XP to Windows 7 which was resource hungry in March. Service Level Agreements should return to within target in April/May 2014														
	ITIL Delivery into ICT		March 2017			Initial meeting taken place to discuss requirements														
	Migration to Thin Client Terminals on Remote Sites		May 2014			The ICT department has managed to complete the roll out IGELs terminals on 23 March 2014. Secure disposal and audit of obsolete PC is planned for May														
	VC Upgrade		May 2014			The supplier upgraded all the recorders on 12, 13 and 14 March 2014 as planned. Overall there are no major issues in the upgrade. Most of the testing for the upgrade has been completed. Disposal of obsolete servers is planned in April-May. Virtualisation of the old core server is planned in April-May														
	Dataware house - Management Information		March 2015																	
	Patient Report Forms Scanning		November 2014			Initial feasibility has been completed. TEG paper has been presented based on this feasibility. Requirement specifications has been drafted. Decision on procurement will be made by the end of May														
	Wireless Networking		November 2014			Initial business case has been drafted. Initial discussions with the suppliers for the proposed solution. Waiting for response from supplier to provide an estimated cost.														
	Terrafix map updates and VDO Replacement		March 2015																	
Clinical Website (PathFinder)		March 2015																		
YAS HART Project		July 2014			Project Plan developed to highlight delivery of products. All invoices in for delivered products. Accommodation is being managed for ICT Products currently, larger items held with supplier until time of installation. Specification agreed with HART Group. Orders for equipment have been raised. ICT Products within allocated ICT Budget. HART Products starting to arrive															

ICT Summary (cont'd)

NB - the information on this summary dashboard is made up of the more detailed information contained in the ICT Departmental Performance Dashboard. TBR = To Be Reviewed

Key Areas	Performance / Activity	Criteria	Target	Green	Amber	Red	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End Forecast 14/15	
Infrastructure	Network Availability	Over 99.5%		>99.5%		<99.5	100												GREEN	
		This Period Unplanned Downtime					0													
		Next Period Planned Downtime					N/A													
	Systems Availability	Over 99.5%		>99.5%		<99.5	99.9												GREEN	
		This Period Unplanned Downtime					0.5													
		Next Period Planned Downtime					N/A													
	Telecoms Availability	Over 99.5%		>99.5%		<99.5	99.8												GREEN	
		This Period Unplanned Downtime					0.2													
		Next Period Planned Downtime					N/A													
	Radio Availability	Over 99.5%		>99.5%		<99.5	100												GREEN	
	This Period Unplanned Downtime					0														
	Next Period Planned Downtime					N/A														
Budget Management	Under Budget Net of CIP		Under		Over	£4,339													£4,339	

Commentary

Our Service :

Project Management:

Infrastructure:

Budget:

Estates and Procurement

↔	YTD RAG	GREEN
	MTD RAG	GREEN

E2.1 Estates		RAG Status	Empty	Underused		Fully used	Overcrowded	Notes
E2.1	Space Utilisation	GREEN	0%	2%		86%	12%	
		RAG Status	As New	Acceptable	Acceptable but will req Upgrade within 10 yrs	Upgrade Req'd	Unacceptable	
E2.1	Physical Condition (External)	GREEN	7%	21%	53%	19%	0%	
	Physical Condition (Office)	GREEN	9%	22%	62%	7%	0%	
	Physical Condition (Garage)	GREEN	3%	23%	74%	0%	0%	
E2.1	Fire, Health & Safety Compliance	GREEN	21%	49%		30%	0%	The Fire, Health and Safety six facet figures have been reviewed and updated following work completed during the last financial year.
E2.1	Energy Performance	GREEN	17%	65%		13%	5%	The 5% is based on Bentley, Bramley, Malton and Menston which all require replacement heating systems due to their age and inefficiency. These will be replaced in line with the Estates Capital program. The condition classification D was given by E.C. Harris on the 6 Facet Survey.
E2.1	Functional Suitability	GREEN	7%	75%		17%	0%	
E2.1	Quality	GREEN	9%	79%		12%	0%	
		RAG Status						
E2.1	Capital Project Delivery	GREEN						2014 Capital program is progressing. The works to replace the roof at Middlewood station is due to start at the end of May and the tarmac repair to Castleford in line with the Capital Plan. An additional capital bid had been submitted for various electrical resilience works at Springhill and York Fairfields which has now been approved.
E2.1	Station Egress Status	GREEN						
E2.1	Supported Standby Points	GREEN						

RAG Status history	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG
	GREEN											

Comments

Fleet

YTD RAG	GREEN
MTD RAG	GREEN

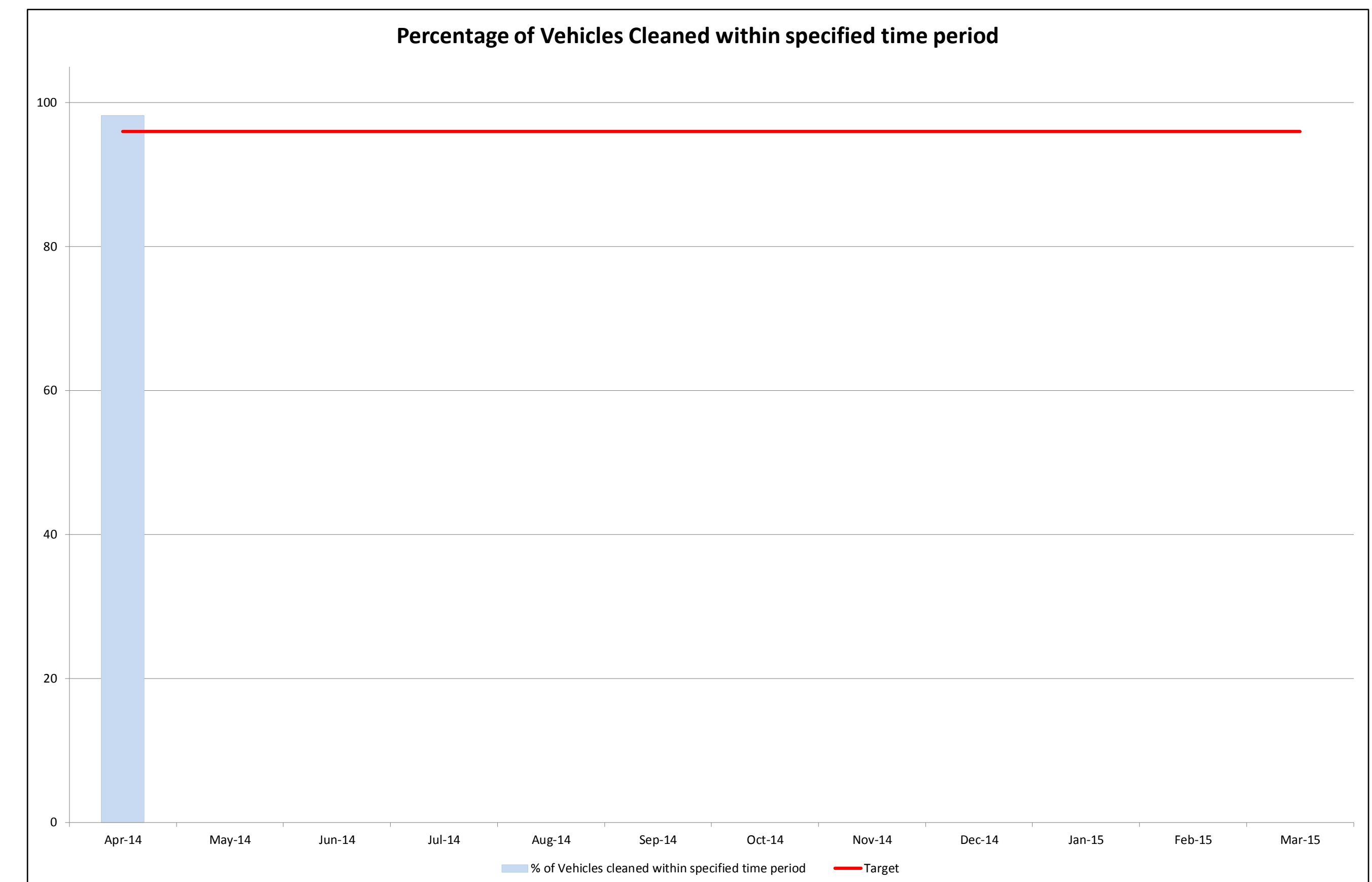
E1 Carbon Management	RAG Status	Baseline 2009	Mar-14	Forecast	Quarter 1 Actual	Notes
E1.1 Carbon Emissions (Fuel)	GREEN	11516 Tonnes CO2	297 Tonnes CO2			
E1.2 Carbon Emissions (Estates)		Waiting for information from Estates to complete year end figure (utility bills, etc)				

E3 Fleet		RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
E3.1	A&E	GREEN	92%	93%	1%	92%	93%	1%	
E3.1	PTS	AMBER	94%	93%	-1%	94%	92%	-2%	VOR's have been high this month due to the number of engine, gearbox and larger corrosion repairs. Overtime has been sanctioned to complete these jobs and bring the KPI into line. VOR's are being monitored and challenged to increase vehicle availability.

Vehicle Age		RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1	A&E - RRV	GREEN	4	3		
E3.1	A&E - DMA	GREEN	5	5		
E3.1	A&E - Other	GREEN	7	2		
E3.1	PTS	RED	7	164		Plan to reduce PTS overage vehicles as part of 2014/15 Capital Plan
E3.1	Other	AMBER	7	4		16 support vehicles have been delivered

Vehicle Replacement Plan		RAG Status	Plan Annual	Forecast Annual	Notes
E3.1	A&E - RRV	GREEN	33	33	
E3.1	A&E - DMA	GREEN	43	43	
E3.1	A&E - Other	GREEN	2	2	
E3.1	PTS	GREEN	100	100	
E3.1	Other	GREEN	3	3	

E3.2 Compliance / Safety		RAG Status	Number	% Total	Notes
E3.2	Safety Checks Outside "Window" at end of period	GREEN	26	4.71%	
E3.2	Vehicle Services Outside "Window" at end of period	GREEN	10	2.69%	
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	54	1.80%	
E3.4	Defibrillator servicing Outside "Window" at end of period	GREEN	0	0.00%	
E3.5	Suction Unit servicing Outside "Window" at end of period	GREEN	27	4.29%	
E3.6	Parapac servicing Outside "Window" at end of period	GREEN	13	3.83%	
E3.7	Microvent servicing Outside "Window" at end of period	RED	114	25.39%	From end of May all Microvents will be carried out in house, as the team are attending training courses. Reliance on Oxylite should no longer be required from the end of May and Microvents will not be sent away. Mid Yorks Hospital NHS Trust Medical Physics department have been contracted to manage YAS equipment function and are aligning equipment servicing to vehicle safety checks. Physio control are assisting with maintenance until skillset within the Equipment Team have been improved.



Vehicle Cleaning	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
% of Vehicles cleaned within specified time period	98.2											

Vehicles repaired by Vehicle Body Care

Number of Vehicles Repaired 2013-2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Actual 2013 / 2014	16	19	26	29	23	18	26	25	26	18	23	23	272
Target	20	20	20	20	20	20	20	30	30	30	30	30	290
Actual Vehicle Repairs	25												25
Variance	-5	20	20	20	20	20	20	30	30	30	30	30	



Section 3

Quality Analysis



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
AMBER	3.12	1/1	Internal Clinical Audit Plan	In Q1 remains amber as we are still not performing monthly local CPI audits. However all national CPI audits have been completed along with numerous medicine administration audits. ReadSoft remains stable with no new systems issues.	Executive Medical Director		GREEN
AMBER	3.8	1/1	RIDDOR reports relating to moving and handling	Continued roll out of new carry chair and final stage completion of new response bag roll out. On-going focus on additional training for the new carry chair. Plan for roll out of AEDs and portable ECG monitors in Rapid Response Vehicles over coming quarter.	Executive Director of Standards and Compliance	Jun-14	GREEN
AMBER	3.16	1/1	The number of complaint responses exceeding the internal Trust standard of 25 days	Highlight in Senior Management Group and ensure focused attention and support with managers over the coming quarter to streamline the process and reduce unnecessary delays.	Executive Director of Standards and Compliance	Jul-14	GREEN

Comments on Quality**New Incidents Reported**

There has been a slight reduction in new incidents reported from March 2014 (380) to April 2014 (338). There are decreases across all areas with A&E reducing by approximately 7%, 25% in PTS, 50% in 111 and very little change in EOC. Within the support services numbers are fairly consistent with previously reported. Over 50% of all incidents reported incurred no harm to patients and the Risk & Safety Team continue to work with the other directorates to promote incident reporting whilst seeing a reduction in harm caused.

Patient Related Incidents

There has been little change in the number of patient related incidents from March 2014 (69) to April 2014 (65). As expected, over half of these incidents are within A&E Operations. The two biggest categories within patient related incidents are care pathway and EOC response related. Both of these have some impact on them from the NHS111 service and joint working is underway to resolve any persistent issues. EOC are also looking at developing some guidance for staff around EOC responses as a number of incidents reported are queries from operational staff around the coding of calls or the response initiated, many of which are accurate based on the presenting information.

Staff Related Incidents

There is very little difference in the overall number of staff related incidents from March 2014 (130) to April 2014 (128). Again similar to patient related incidents, many of these are within the A&E operations directorate. A recurring trend relates to moving and handling injuries often associated with the carry chair or the response bag. Weekly tracking of carry chair training provision is underway with developments being made across all areas to train Clinical Supervisors and then cascade training to frontline staff.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Of which there are none.

Serious Incidents

Five SIs were reported in April, across the 3 operational service lines.

RIDDOR

There has been an increase in the number of RIDDOR incidents reported in April in comparison to March. The categories remain consistent with previous months however, with moving and handling injuries remaining the concerning area.

Medication related incidents

There were 19 Controlled drug incidents in April, 9 breakages, there were 3 key losses. A notice has gone out to remind people about the use of karabinas and the seriousness of losing keys, an audit is currently being undertaken to identify areas without them. Once identified replacement karabinas will be issued, by the end of the month there should be no vehicle that doesn't have one. There were 2 incidents that didn't fit the regular categories, the first was a vial that did not contain any morphine, the second incident reported 2 vials without batch or expiry number.

The hospitals have been contacted and the issues taken further. Emails were sent to the staff in the area to be vigilant and report any further vials found to be without the batch and expiry numbers.

There were 2 clinical errors, one where glucose was given instead of saline, and another where only half the recommended dose of tranexamic acid was given, although the remaining dose was given within the recommended time frame for administration.

Complaints and concerns

There is no significant change in the profile of complaints and concerns in April. The number of complaint responses exceeding the internal Trust standard of 25 days remains higher than desired and this will be highlighted through Senior management group and be a key area of attention and support with managers over the next quarter.

Patient experience

No significant issues highlighted in April results. Work is continuing as part of the 14/15 CQUINs to develop use of the Friends and Family test in line with national guidance when issued.

IPC Audit

No significant issues highlighted in April audits. Feedback provided to individual managers to enable them to address any detailed findings.

Clinical Audit Programme

Overtime was discontinued during April due to a significant reduction in the backlog of forms. This has resulted in a slight increase in the verification backlog from 2 to 3 weeks by month end. The need for OT will be monitored on a weekly basis and reinstated if necessary. No system failures were reported during the month. Local CPIs are still suspended to support the audit of medicines use. Good progress has been made, with the production of several local audits. National CPIs and ACQIs are up to date and have been submitted on time. The NASCQG report for the cycle 12 Hypo CPI has been received and this month's chart has been updated to reflect this.

KPI	Description	Measure	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End 14/15 Forecast	Q1 Forecast 2014/15	
3	Safety	<ul style="list-style-type: none"> Infection, Prevention and Control Patients Incidents Medication Incidents Staff Incidents RIDDOR Serious Incidents 	GREEN													GREEN	
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	AMBER														AMBER
1.2	Patient Involvement and Experience	<ul style="list-style-type: none"> Concerns, Complaints and Compliments Patient Experience Local Involvement Networks/Overview & Scrutiny Committees 	GREEN														GREEN
3	CQC and Other Registration / Legislation Standards	<ul style="list-style-type: none"> Registration Regulations & Outcomes NHS Litigation Authority 	AMBER														AMBER

Description	Apr RAG	May RAG	June RAG	July RAG	Aug RAG	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End 13/14 Forecast
Governance Risk Rating	GREEN												

Deriving the governance risk rating

Monitoring	Service performance score	Governance Risk Rating
1 Performance against national measures -National Indicators set out -Applicable to all foundation trusts commissioned to provide services -Declared risk of, or actual, failure to meet any indicator = +0.5-1.0 -Three successive quarters' failure of a 1.0-weighted measure, red rating and potential escalation for significant breach		<p>Service Performance score of</p> <p>< 1.0 GREEN</p> <p>≥ 1.0 } AMBER-GREEN</p> <p>< 2.0 } AMBER-RED</p> <p>≥ 2.0 } RED</p> <p>< 4.0 } AMBER-RED</p> <p>≥ 4.0 } RED</p> <p>Risk Ratings applied quarterly and updated in real time</p> <p>Override applied to risk rating Nature and duration of override at Monitor's discretion</p>
2. Third Parties Care quality Commission *1 following non-compliance with essential standards -Major impacts on patients = +2.0 -Enforcement action = +4.0 NHS Litigation Authority *2 -Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements: +2.0		
3. Mandatory Services -Declared risk of, or actual, failure to deliver mandatory services: +4.0		
4. Other board statement failures -If not covered above, failure to either (i) provide or (ii) subsequently comply with annual or quarterly board statements		
5. Other factors -Failure to comply with material obligations in areas not directly monitored by Monitor -Includes exception or third party records -Represents a material risk to compliance		

*1 Consideration for escalation can occur as soon as the full year breach is recorded.

*2 As the indicator must be met in each month during the quarter, trusts are required to report, by exception, any month in which they have breached the RTT measure. Where trusts consequently report failures in the first or second months of a quarter and have failed the measure in each of the previous two quarters, Monitor may consider whether to escalate the trust in advance of the end of the third quarter. This also applies where a trust fails the relevant measure in each year spanning any three quarters from 2011/12 into 2012/13

Service Transformation Programme

Service Transformation Programme															
Reference	Project		Quarter 1			Quarter 2			Quarter 3			Quarter 4			Comments
			Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Hub and Spoke - Executive Director of Operations															
HS1	Estates	ED Ops													Leads development on track, plan for rollout in development
HS2	Make Ready	ED Ops													Leads development on track, plan for rollout in development
HS3	Operational Delivery Model	ED Ops													Leads development on track, plan for rollout in development
OD and Leadership - Executive Director of People and Engagement															
ODL1	Management & Leadership	ED PR & E													Implementation of Senior Leadership Proposals in progress
ODL2	Service Line Development	ED PR & E													Key dates to be confirmed; information on areas currently using SLM to inform work going forward
ODL3	Developing Clinical Leadership	ED PR & E													Q1 milestones as below:
ODL3a	Empowering Professional Teams	ED PR & E													Concept in development
ODL36	Clinical Supervision	ED PR & E													Clinical Supervision Model being defined
ODL3c	Clinical Professional Leadership	ED PR & E													Work ongoing to mirror with YAS Clinical Career Framework
ODL4	Staff Engagement and Communications	ED PR & E													Development of Employee Engagement Strategy in progress
Urgent Care - Executive Director of Standards and Compliance															
UC1	Paramedic Pathfinder/ePRF	ED S&C													Project plan developed
UC2	NHS 111+/Care Coordination	ED S&C													Q1 focused on development of concepts
UC3	Technology Enabled Services	ED S&C													Business case in draft form
UC3a	Telehealth	ED S&C													Concept paper developed for consideration by Project Steering Group
UC3b	Telecare	ED S&C													Concept paper in development
OE5A	Community ECPs and Advanced Paramedics	ED S&C													Draft business case currently in development. Positive commissioner discussions.
OE5B	Urgent Care Transport	ED S&C													Demand analysis complete. Business case to be developed
OE5C	Managed Services Portfolio	ED S&C													To be developed as extension of frequent callers business case

RAG key	
	Project actions and benefits delivery on track
	Project actions and benefits delivery slippage - mitigations in place
	Project actions and benefits delivery slippage - further action required
	Project complete and benefits realised

IPC Audit - Percentage compliant

YTD RAG **GREEN**



MTD RAG **GREEN**

Area	Audit	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Calderdale, Kirklees, Wakefield	Hand Hygiene	97%											
	Premise	99%											
	Vehicle	97%											
North Yorkshire and York	Hand Hygiene	97%											
	Premise	100%											
	Vehicle	96%											
Humber	Hand Hygiene	98%											
	Premise	99%											
	Vehicle	98%											
Airedale, Bradford, Leeds	Hand Hygiene	98%											
	Premise	94%											
	Vehicle	99%											
South Yorkshire and Bassetlaw	Hand Hygiene	99%											
	Premise	96%											
	Vehicle	99%											
YAA	Hand Hygiene	100%											
	Premise	100%											
	Vehicle	100%											
Resilience and Special Operations	Hand Hygiene	99%											
	Premise	90%											
	Vehicle	100%											
Private & Events	Hand Hygiene	100%											
	Vehicle	100%											
PTS Leeds	Hand Hygiene	100%											
	Vehicle	98%											
PTS Mid Yorkshire	Hand Hygiene	99%											
	Vehicle	95%											
PTS Bradford / Airedale	Hand Hygiene	100%											
	Vehicle	99%											
PTS Calderdale / Huddersfield	Hand Hygiene	99%											
	Vehicle	98%											
PTS North Yorkshire	Hand Hygiene	100%											
	Vehicle	98%											
PTS Hull & East	Hand Hygiene	100%											
	Vehicle	92%											
PTS Sheffield / Barnsley	Hand Hygiene	99%											
	Vehicle	100%											
PTS Rotherham / Doncaster	Hand Hygiene	100%											
	Vehicle	99%											
Overall Compliance (Current Year)	Hand Hygiene	99%											
	Premise	97%											
	Vehicle	98%											
Overall Compliance (Previous Year)	Hand Hygiene	99%											
	Premise	97%											
	Vehicle	96%											

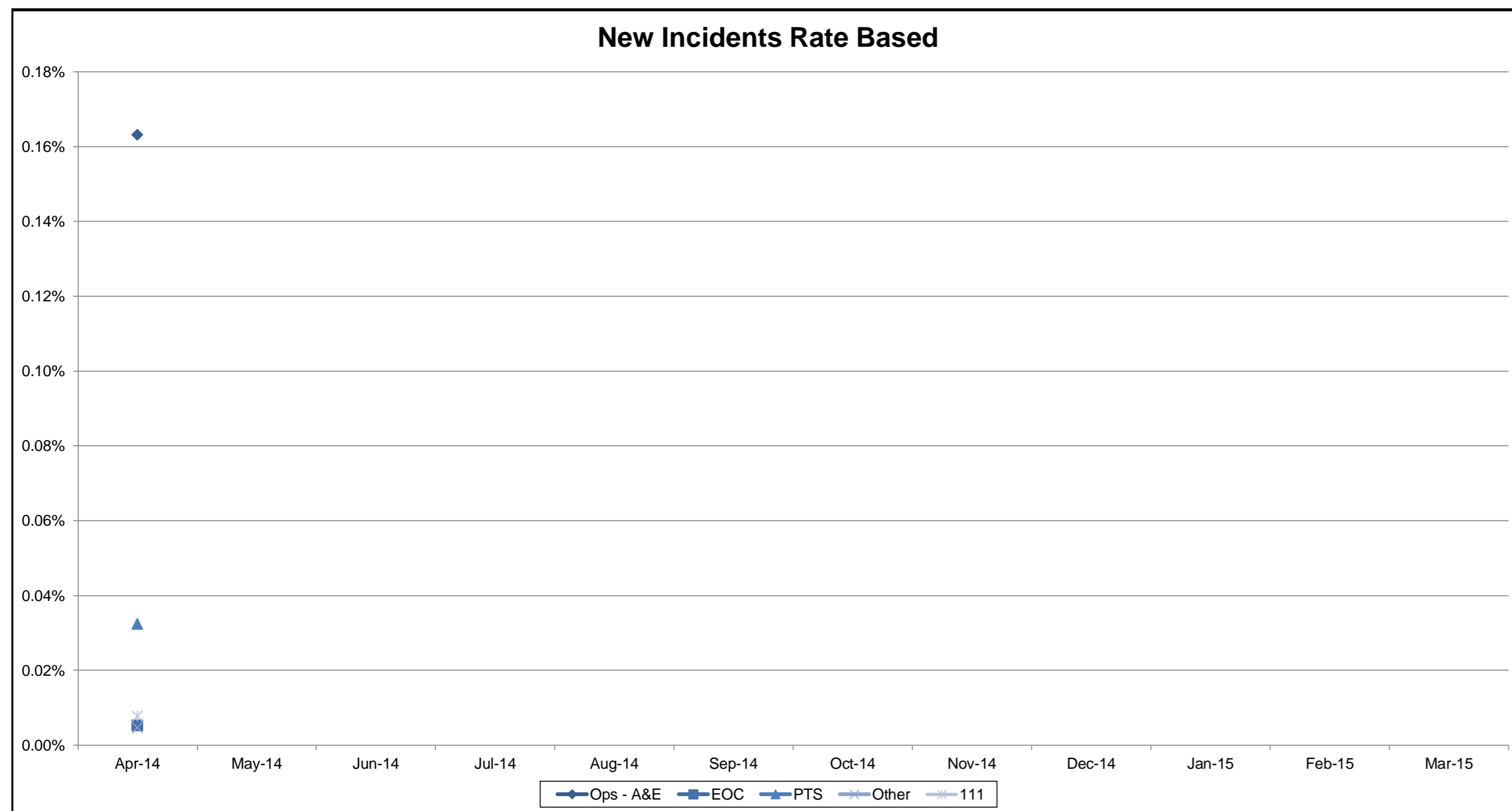
Key for IPC Audit: Pre April 2012

I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

Key for IPC Audit: April 2012 onwards

I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <80%
	Minimum audit requirements met with compliance 80% to 94%
	Minimum audit requirements met with compliance >94%

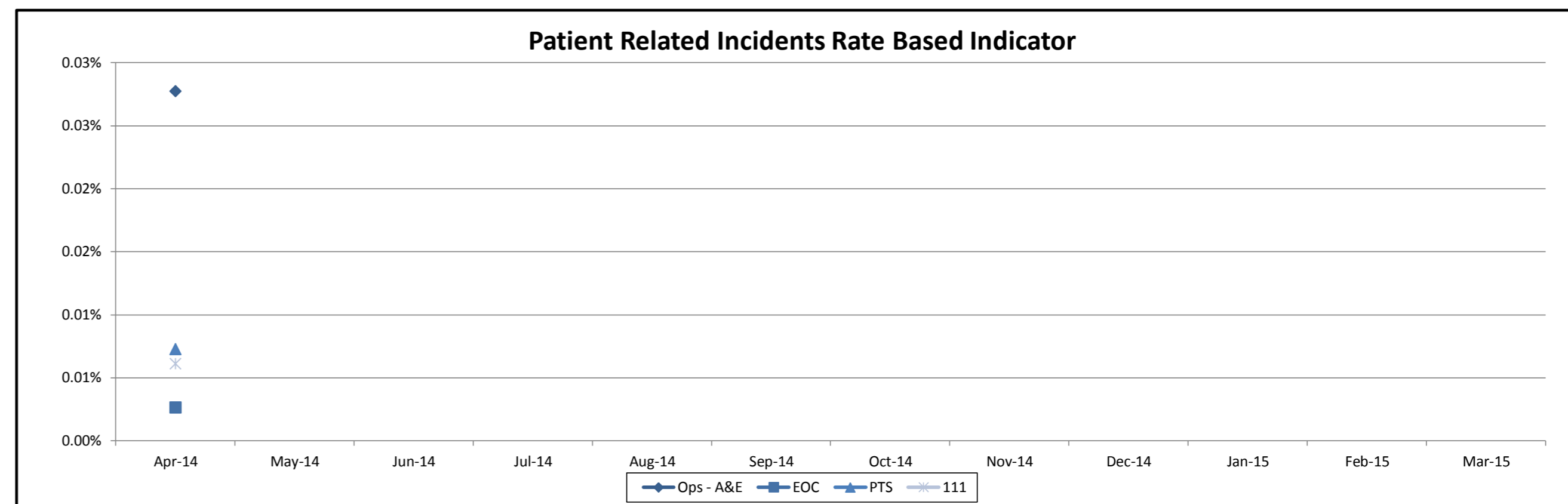
New Incidents Reported EWI



New Incidents Reported	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ops - A&E	247 (0.16%)											
EOC	8 (0.01%)											
PTS	49 (0.03%)											
111	9 (0.01%)											
Finance	7 (0%)											
Medical - Operations	6 (0%)											
Quality & Patient Experience	2 (0%)											
Resilience & Specialist Services	6 (0%)											
Support Services	1 (0%)											
Foundation Trust	0 (0%)											
Human Resources	1 (0%)											
Organisational Effectiveness and Education	0 (0%)											
Risk & Safety	1 (0%)											
ICT	1 (0%)											
TOTALS	338	0	0	0	0	0	0	0	0	0	0	0
TOTALS (Prev Year)	395	491	468	518	484	434	497	456	482	465	444	445

New Incidents Reported Percentage is the number of new reported incidents divided by the total demand for A&E and PTS per month. 111 is the number of new reported incidents divided by the total number of 111 calls received

Patient Related Incidents Rate Based Indicator EWI



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ops - A&E	42 (0.03%)											
EOC	4 (0%)											
PTS	11 (0.01%)											
111	7 (0.01%)											
Medical Operations	0 (0%)											
OTHER	1 (0%)											
TOTALS	65	0	0	0	0	0	0	0	0	0	0	0
TOTALS	105	90	72	82	91	60	91	100	72	101	73	69

Patient Related Incidents Percentage is the number of patient related incidents divided by the total demand for A&E and PTS per month. 111 is the number of new reported incidents divided by the total number of 111 calls received

Medication Related Incidents

OBJ REF 3

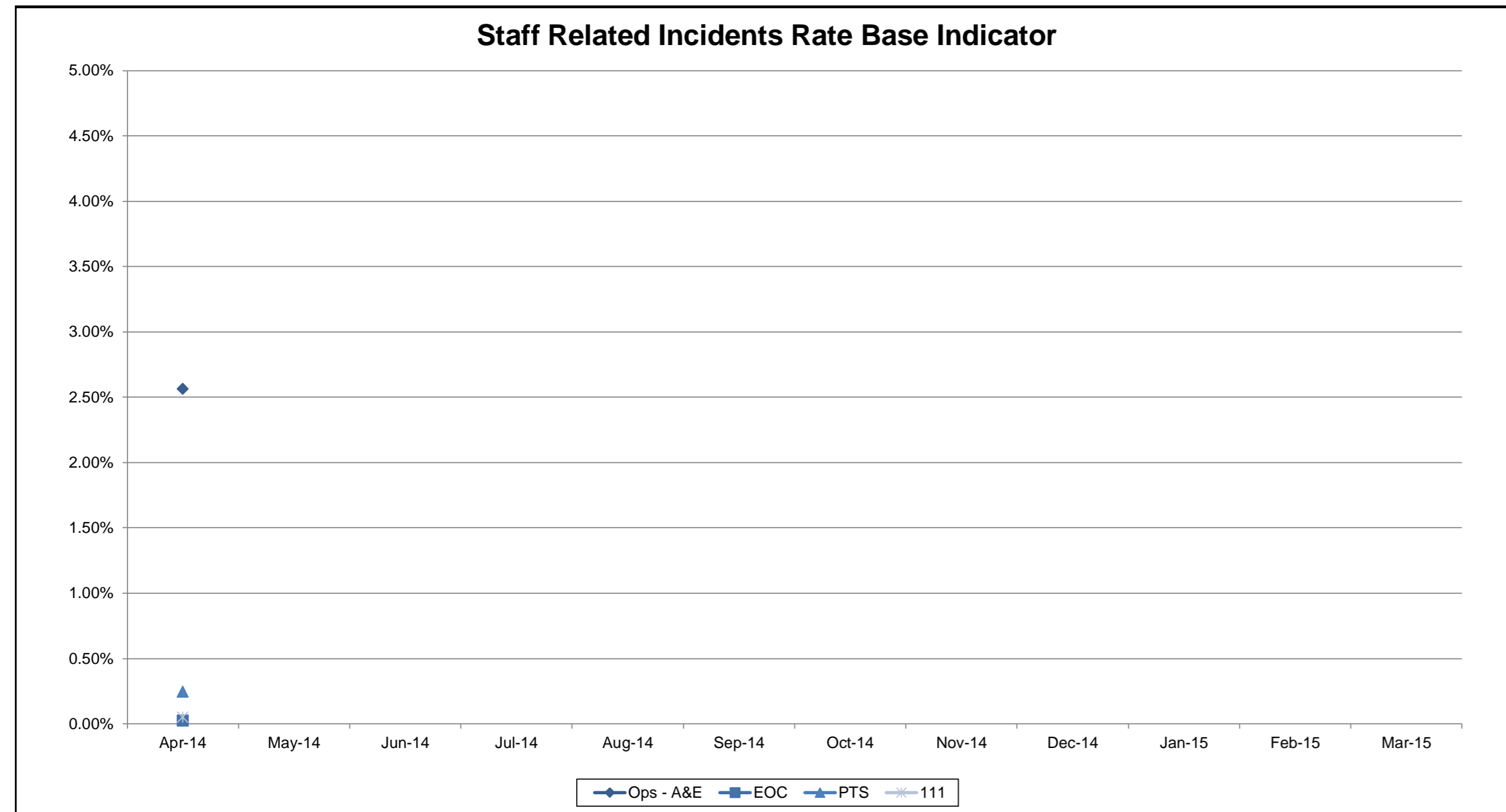
Number of Medication Incidents	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Current Year	39											
Previous Year	23	26	30	34	29	23	30	27	50	29	30	37

Morphine Related Incidents

OBJ REF 3

Number of Morphine Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Breakage	9											
Administrative errors	6											
Loss	2											
Clinical	0											
TOTAL (Current Year)	19	0	0	0	0	0	0	0	0	0	0	0
TOTAL (Previous Year)	14	18	7	16	10	10	12	11	23	11	19	14

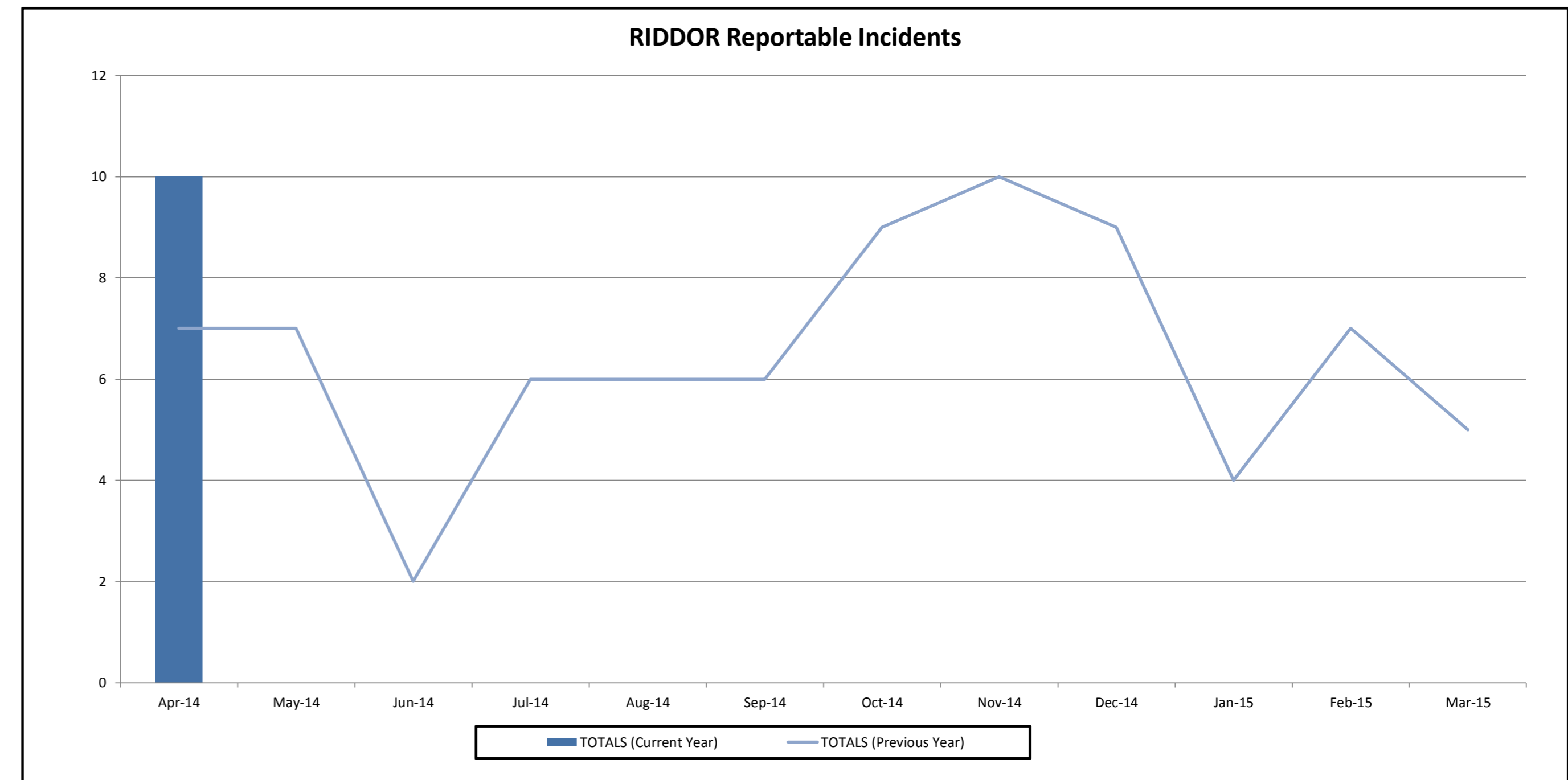
Staff Related Incidents



Staff Related Incidents	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ops - A&E	105 (2.56%)											
EOC	1 (0.02%)											
PTS	10 (0.24%)											
111	2 (0.05%)											
Finance	3 (0.07%)											
Medical - Operations	3 (0.07%)											
Quality & Patient Experience	0 (0%)											
Resilience & Specialist Services	3 (0.07%)											
Support Services	0 (0%)											
Foundation Trust	0 (0%)											
Human Resources	0 (0%)											
Organisational Effectiveness and Education	0 (0%)											
Risk & Safety	1 (0.02%)											
ICT	0 (0%)											
TOTALS (Current Year)	128	0	0	0	0	0	0	0	0	0	0	0
TOTALS (Previous Year)	108	106	101	101	129	109	171	142	170	153	181	130

Staff Related Incidents Percentage is the number of staff related incidents divided by the total WTE per month

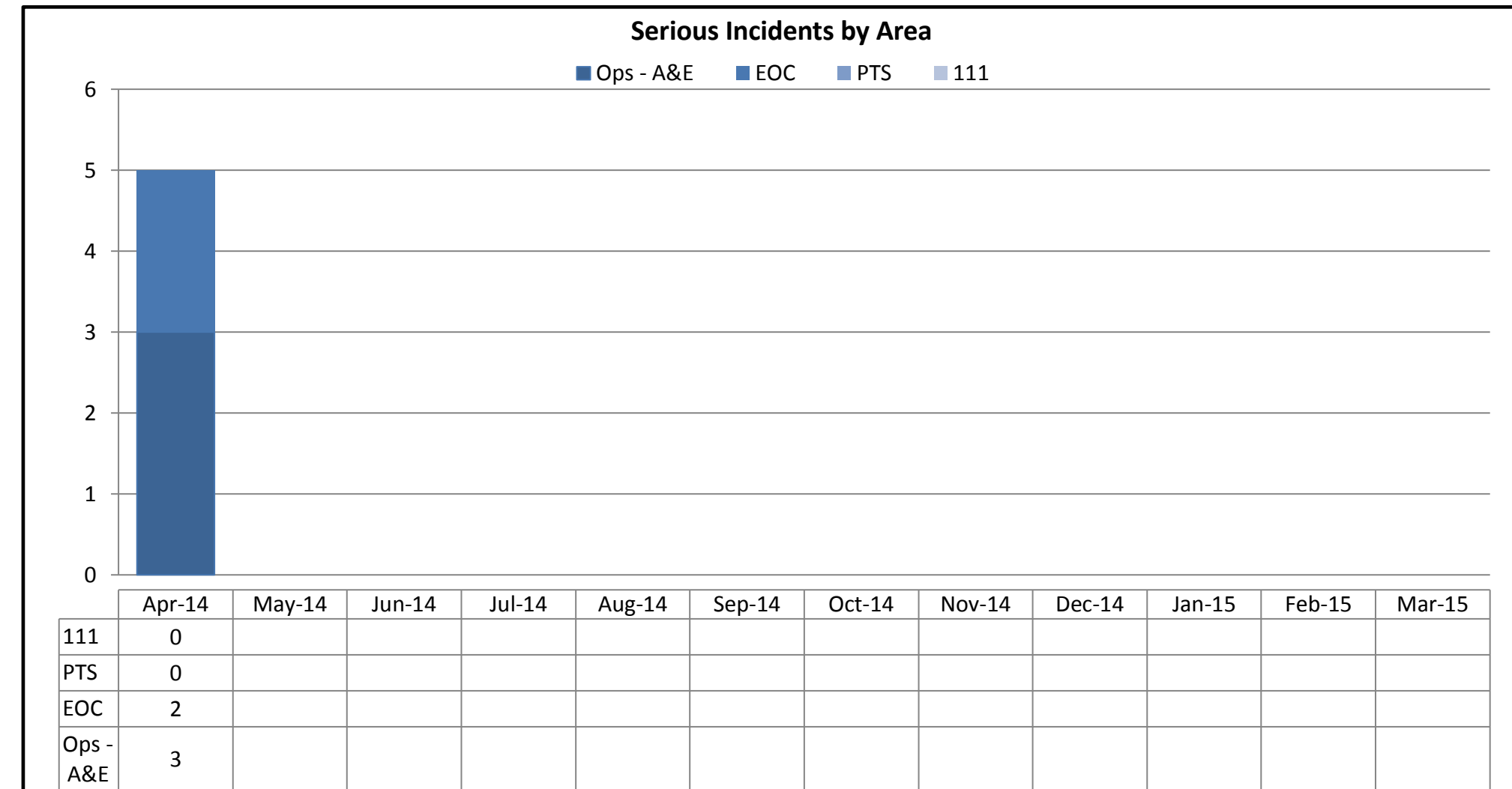
Riddor Incidents



RIDDOR reportable	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
North Yorkshire CBU	0											
East Riding of Yorkshire CBU	1											
Leeds & Wakefield CBU	6											
Bradford, Calderdale and Kirklees CBU	1											
South Yorkshire CBU	1											
Operations PTS	1											
Other Directorates	0											
TOTALS (Current Year)	10	0	0	0	0	0	0	0	0	0	0	0
TOTALS (Previous Year)	7	7	2	6	6	6	9	10	9	4	7	5

Incident Type	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Contact with moving machinery or materials	0											
Hit by a moving, flying or falling object	0											
Hit by a moving vehicle	0											
Hit by something fixed or stationary	0											
Injured while handling, lifting or carrying	7											
Slip, trip or fall on the same level	2											
Fall from a height	0											
Trapped by something collapsing	0											
Drowned or asphyxiated	0											
Exposed to or in contact with a harmful substance	0											
Exposed to fire	0											
Exposed to an explosion	0											
Contact with electricity or an electrical discharge	0											
Injured by an animal	0											
Physically assaulted by a person	0											
Another kind of accident	1											
Total	10	0	0	0	0	0	0	0	0	0	0	0

SUI Incidents by Area

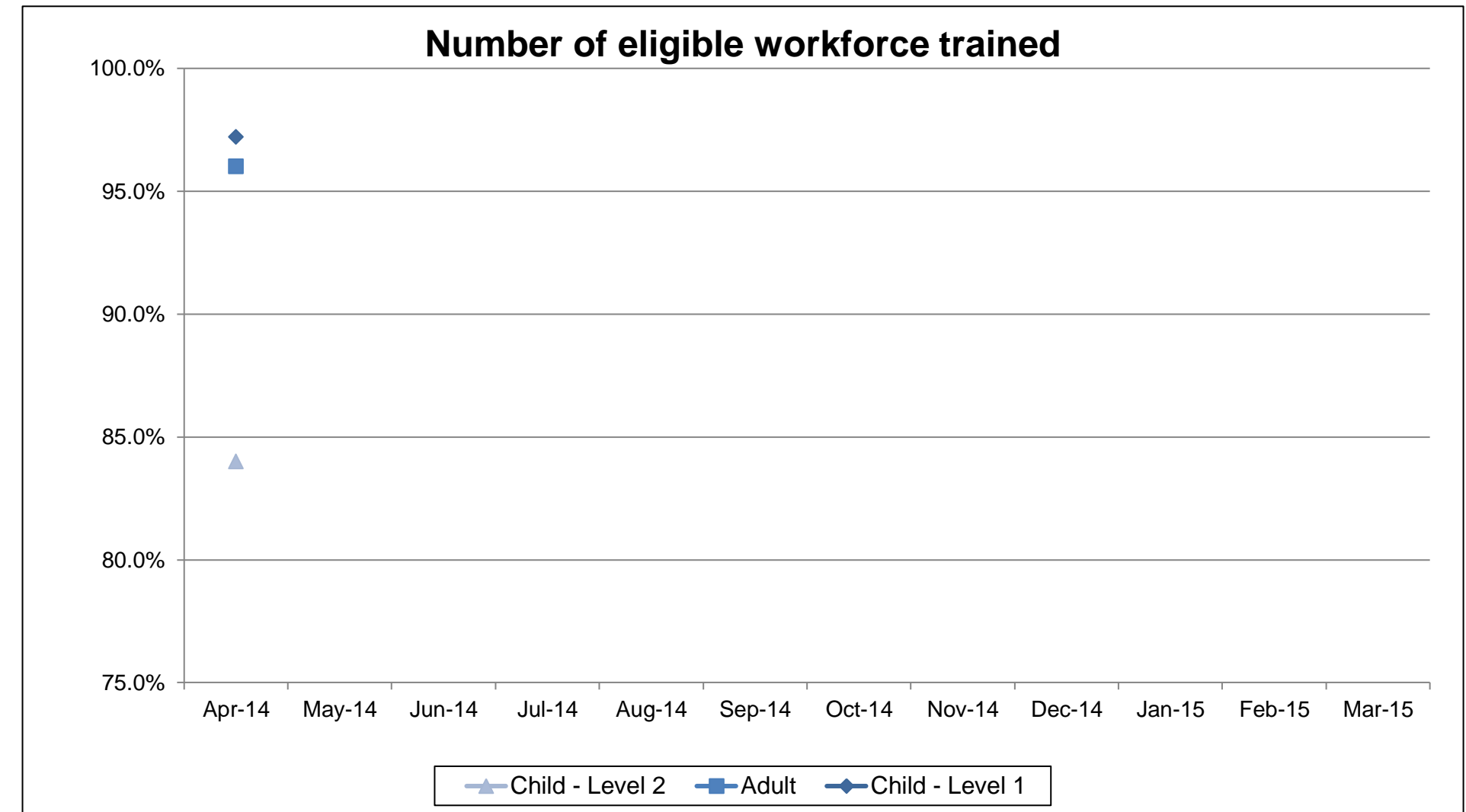


SUI Incidents	EWI	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
TOTAL (Current Year)		5	0	0	0	0	0	0	0	0	0	0	0
TOTAL (Previous Year)		3	1	2	4	2	0	2	3	4	5	6	5

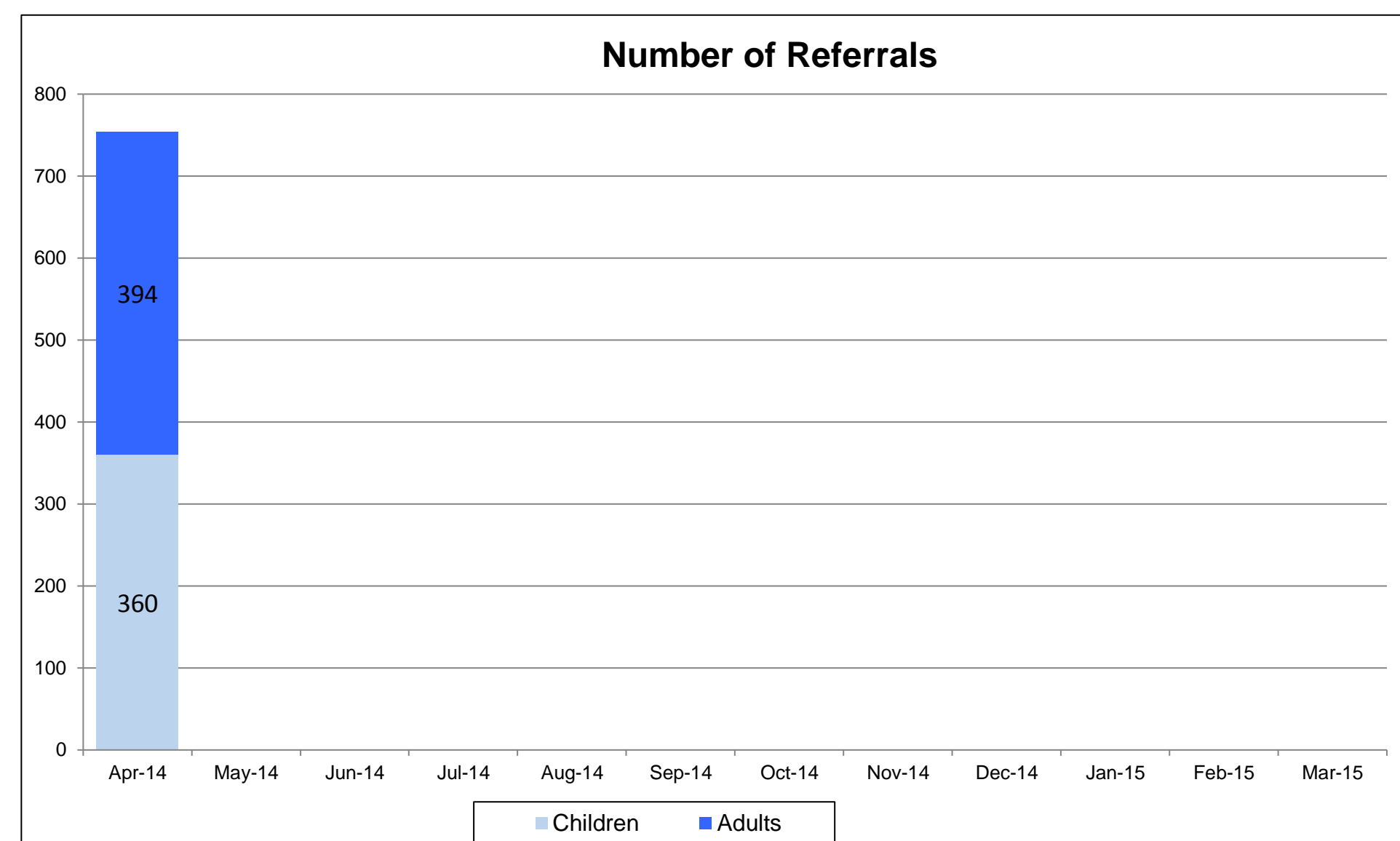
Incident Type	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Delayed dispatch/response	3											
Road Traffic Collision	0											
Clinical care	1											
Inadequate clinical assessment	1											
Violence & aggression	0											
Data protection breach	0											
Adverse media attention	0											
Medication related	0											
Patient Fall	0											
Maternity issue	0											
Other	0											
Total	5	0	0	0	0	0	0	0	0	0	0	0

Training Position

YTD RAG	GREEN
MTD RAG	GREEN



Number of Child and Adult Referrals



Clinical Audit Programme

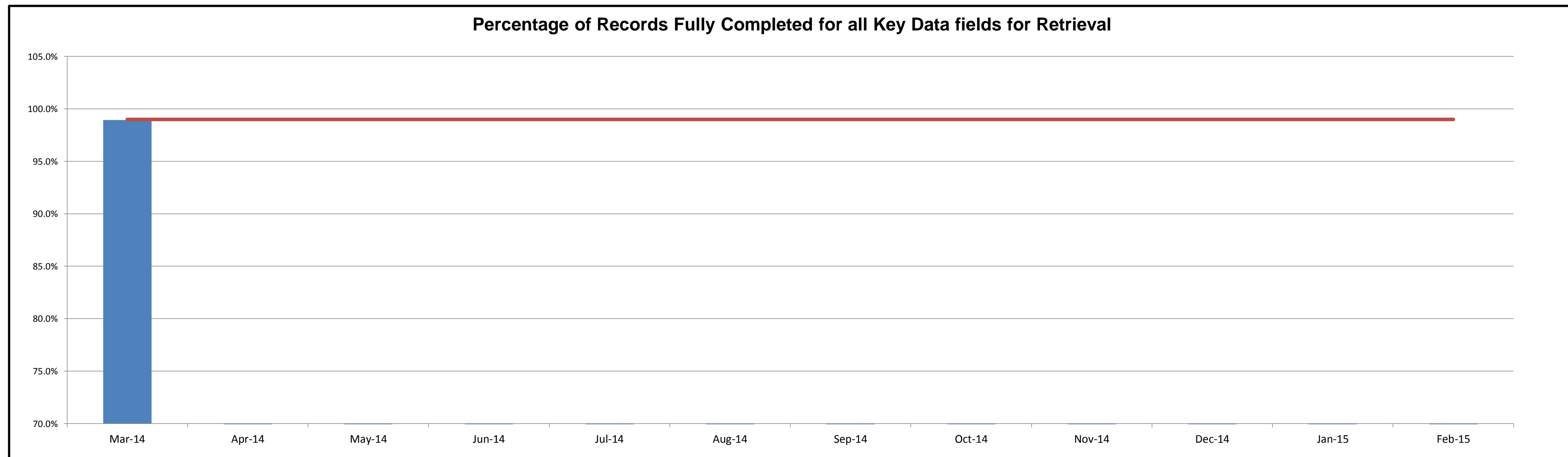
National Audit Programme

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
National Ambulance CPis:	National clinical ACQIs	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Febrile convulsions	Cardiac arrest outcomes												
Below the knee #	Stroke												
Hypoglycaemia	STeMI												
Asthma	MINAP												

Internal Clinical Audit Plan

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Monthly Local CPis	Other See Audit Plan	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Cardiac Arrest outcomes													
National Requirements													

Patient Report Form Audit



Percentage of Records Fully Completed For All Key Data Fields Used For Retrieval	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Total Forms Scanned	61,873											
Total of forms with key data incomplete	658											
% of Completed Forms	98.9%											

This measure will always be 1 month in arrears

*New criteria from March 2012 - A PRF must include an incident number together with the pin number of at least one attending clinician otherwise it will be captured in the missing report and counted in the 'Total of forms with key data incomplete'

Concerns, Complaints, Comments and Compliments - A&E & EOC

Complaints, Concerns and Comments		EWI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
EOC Attitude	Communications skills		0												0
	Telephone Manner		0												0
EOC Call Handling	Red AMPDS		0												0
	Green AMPDS		0												0
	Green Clinical Hub		1												1
	Green 111 triage		0												0
	HCP Request		3												3
EOC Delayed Response	Red		2												2
	Green 1, 2, 3, 4		24												24
	IHT		0												0
	Admission		6												6
	Take Home		1												1
	Other		7												7
EOC TOTAL			44	0	0	29	25	36	0	0	0	0	0	0	134
Demand Activity (Based on Number of Calls)			67571												67571
% Rate			0.07%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.20%
A&E Attitude	Lack of Care		4												4
	Communication Skills		8												8
A&E Clinical	Assessment		1												1
	Clinical Handover		1												1
	Treatment		9												9
	Moving & Handling		1												1
A&E Operations	Pathways		9												9
	Operational Procedures		14												14
	Vehicles & Stretchers		0												0
	Driving		9												9
	Other		0												0
A&E TOTAL			56	0	0	0	0	0	0	0	0	0	0	0	56
Demand Activity (Based on Number of Responses)			58695												58695
% Rate			0.10%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.10%

Grade Profile			Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Complaints, Concerns & Comments (including Service to Service)	Red	North	0												0	
		South	0												0	
		Hull & East	0												0	
		ABL	0												0	
		CKW	0												0	
		EOC	0												0	
		Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Amber	North	3													3
		South	4													4
		Hull & East	2													2
		ABL	0													0
		CKW	2													2
		EOC	1													1
		Total	12	0	0	0	0	0	0	0	0	0	0	0	12	
	Yellow	North	4													4
		South	4													4
		Hull & East	5													5
		ABL	7													7
		CKW	8													8
		EOC	27													27
	Total	55	0	0	0	0	0	0	0	0	0	0	0	55		
Green	North	5													5	
	South	3													3	
	Hull & East	2													2	
	ABL	0													0	
	CKW	7													7	
	EOC	16													16	
	Total	33	0	0	0	0	0	0	0	0	0	0	0	33		

Compliments			Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E/EOC TOTAL			64												64

Concerns, Complaints, Comments and Compliments - PTS

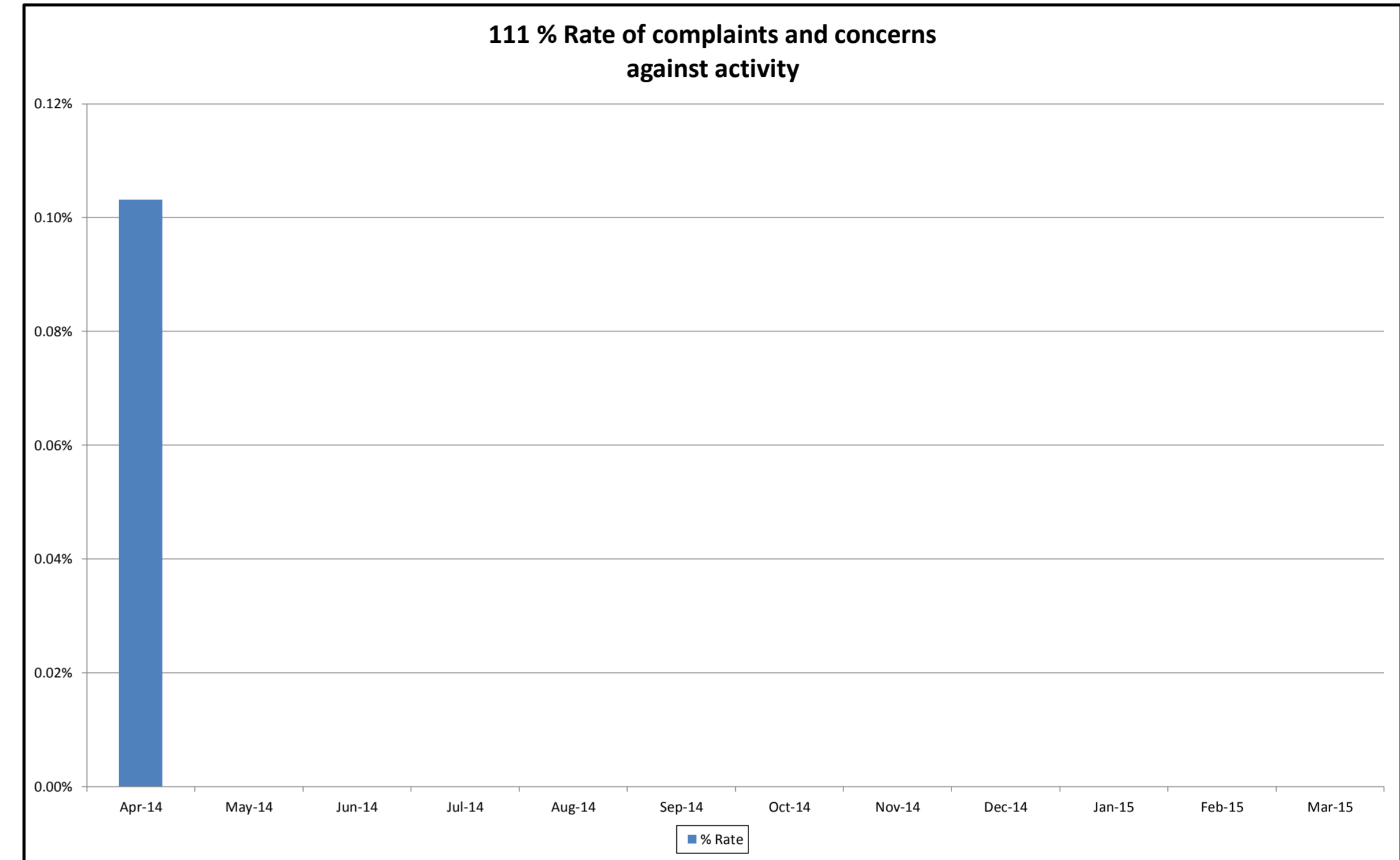
Complaints, Concerns and Comments		EWI	Codes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS Communications	Attitude		C	2												2
	Administration Error		A	4												4
	Call Handling		J	1												1
PTS Operations	Attitude		B	6												6
	Driving		I	5												5
	Vehicle Condition/Comfort		E	1												1
	Non-Attendance/Late to Collect Patient from Home		F H U	4												4
	Patient Early/Late for Appointment		T S	5												5
	Non-Attendance/Late to Collect Patient from Clinic/Hospital		D G V	11												11
	Patient Injury		M N	0												0
	Patient Care		O	9												9
	Vehicle Unsuitable		W	5												5
Time on Vehicle		P	1												1	
PTS Other				1												1
SUB TOTAL 4Cs				55	0	0	0	0	0	0	0	0	0	0	0	55
PTS Service-to-Service				35												35
TOTAL				90	0	0	0	0	0	0	0	0	0	0	0	90
Demand Activity				92788												92788
% Rate				0.10%	-	-	-	-	-	-	-	-	-	-	-	0.1%

Grade Profile		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Complaints, Concerns & Comments (Not Service to Service)	Red	North	0											0	
		South	0											0	
		East	0											0	
		West	0											0	
		Total	0	0	0	0	0	0	0	0	0	0	0	0	0
	Amber	North	1												1
		South	1												1
		East	0												0
		West	0												0
		Total	2	0	0	0	0	0	0	0	0	0	0	0	2
	Yellow	North	0												0
		South	2												2
		East	2												2
		West	8												8
		Total	12	0	0	0	0	0	0	0	0	0	0	0	12
	Green	North	9												9
South		3												3	
East		10												10	
West		20												20	
Total		42	0	0	0	0	0	0	0	0	0	0	0	42	

Compliments		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS TOTAL		7												7

Concerns, Complaints, Comments and Compliments - 111 & LCD

Complaints & Concerns													
111	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Attitude / Conduct	0												0
Clinical	8												8
Operations	8												8
Sub Total	16												16
HCP Complaints & Concerns	102												102
GRAND TOTAL	118												118
Call Activity	114451												114451
% RATE	0.10%												0.10%



Complaints & Concerns													
Local Care Direct	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Attitude / Conduct	1												1
Clinical	6												6
Operations	2												2
Sub Total	9												9
HCP Complaints & Concerns	1												1
GRAND TOTAL	10												10
Call Activity	24337												24337
% RATE	0.04%												0.04%

Compliments													
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
111	10												10
LCD	1												1

Concerns, Complaints, Comments - Response Times

A&E by CBU		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
North	Within 1 Working Day	4												4
	2 - 24 Working Days	3												3
	>25 Working Days	17												17
South	Within 1 Working Day	1												1
	2 - 24 Working Days	6												6
	>25 Working Days	22												22
Hull & East	Within 1 Working Day	0												0
	2 - 24 Working Days	3												3
	>25 Working Days	10												10
ABL	Within 1 Working Day	0												0
	2 - 24 Working Days	9												9
	>25 Working Days	11												11
CKW	Within 1 Working Day	5												5
	2 - 24 Working Days	10												10
	>25 Working Days	19												19
EOC	Within 1 Working Day	6												6
	2 - 24 Working Days	3												3
	>25 Working Days	35												35

PTS by Consortia		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
North	Within 1 Working Day	0												0
	2 - 24 Working Days	1												1
	>25 Working Days	4												4
South	Within 1 Working Day	7												7
	2 - 24 Working Days	3												3
	>25 Working Days	8												8
East	Within 1 Working Day	1												1
	2 - 24 Working Days	3												3
	>25 Working Days	3												3
West	Within 1 Working Day	3												3
	2 - 24 Working Days	18												18
	>25 Working Days	29												29

Please Note: This data is 1 month in arrears

Reopened Complaints & Concerns													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E	0												0
EOC	1												1
PTS	0												0
111	0												0

Ombudsman Referrals - A&E													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	1												1
Referral accepted	0												0
Referral rejected	0												0
Case upheld	0												0
Case not upheld	0												0
Outstanding	0												0

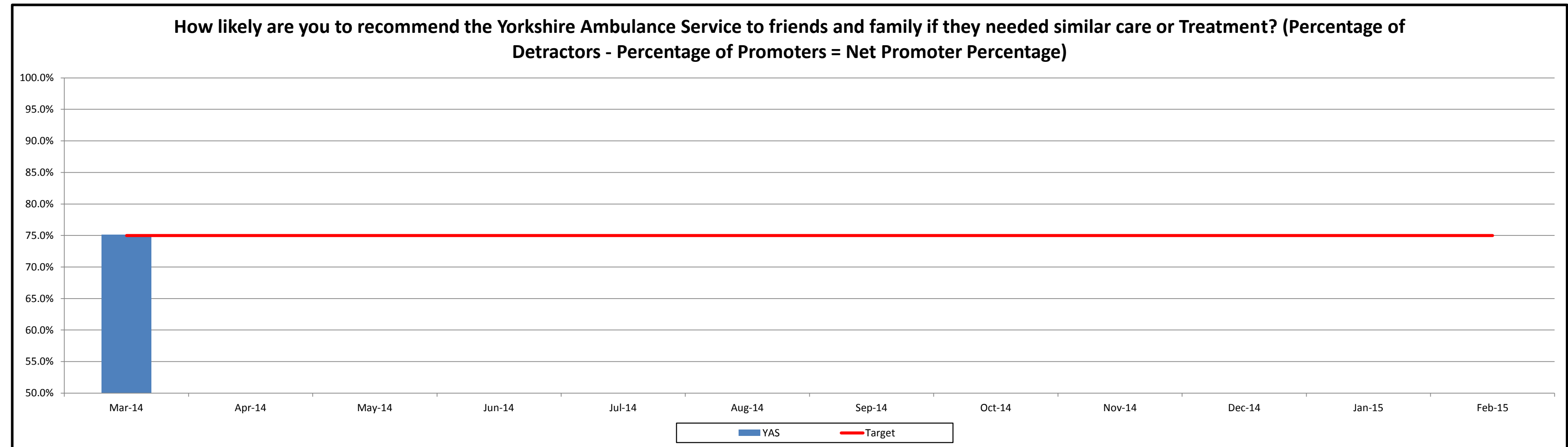
Ombudsman Referrals - EOC													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	0												0
Referral accepted	0												0
Referral rejected	0												0
Case upheld	0												0
Case not upheld	0												0
Outstanding	0												0

Ombudsman Referrals - PTS													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	0												0
Referral accepted	0												0
Referral rejected	0												0
Case upheld	0												0
Case not upheld	0												0
Outstanding	0												0

Ombudsman Referrals - 111													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	0												0
Referral accepted	0												0
Referral rejected	0												0
Case upheld	0												0
Case not upheld	0												0
Outstanding	0												0

A&E Patient Experience Survey

	YTD RAG	AMBER
↓	MTD RAG	GREEN

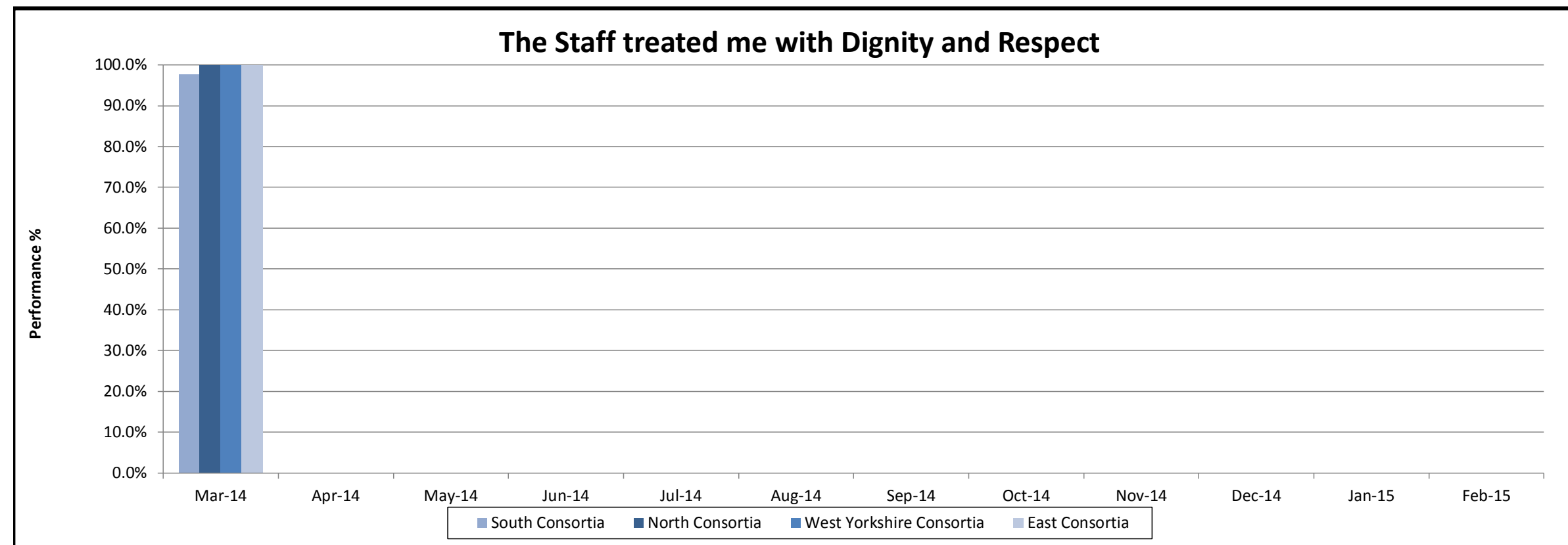


Overall Service	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
North Yorkshire CBU	72.7%											
East Yorkshire CBU	89.5%											
Calderdale, Kirklees & Wakefield CBU	82.1%											
Leeds, Bradford & Airedale CBU	70.0%											
South Yorkshire CBU	65.4%											
Unknown Area	82.1%											
YAS	75.1%											
YAS variance to previous Month	5.6%											

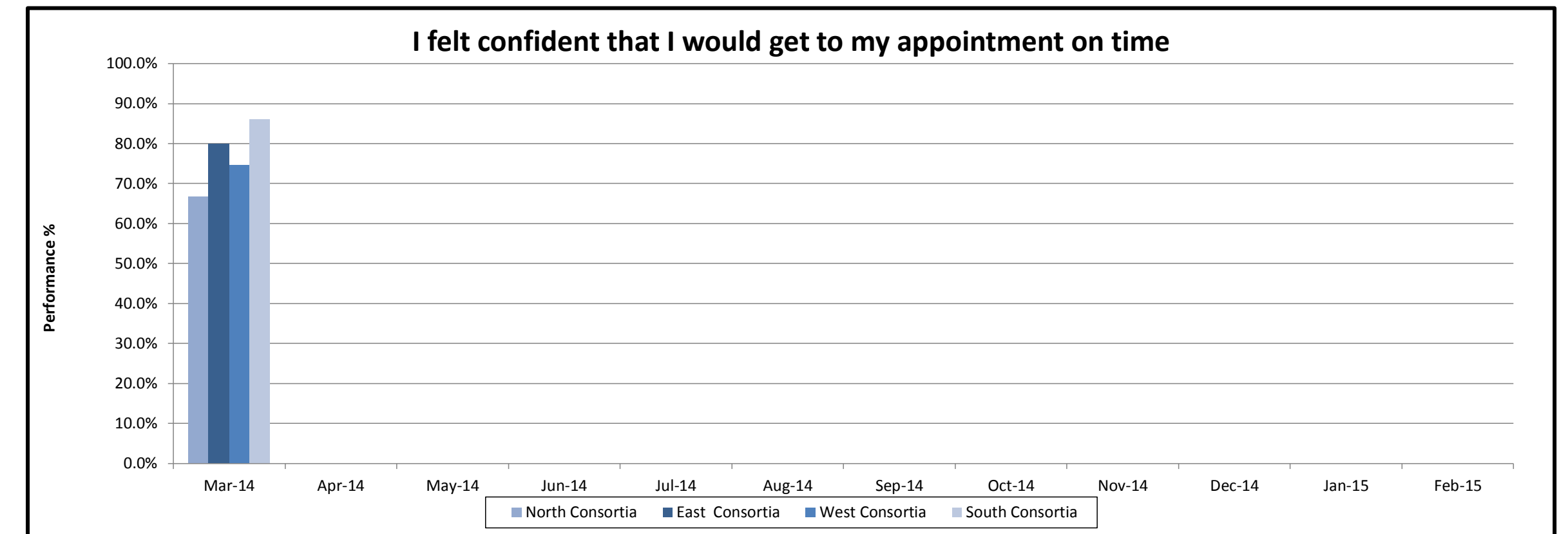
Please note: This will be 1 month in arrears
 In November 2012 the rating scale used for this question was changed from 1 to 10 to a descriptive scale (extremely likely, likely, neither likely nor unlikely, unlikely, not at all, don't know)

PTS Patient Experience Survey

	YTD RAG	N/A
←	MTD RAG	N/A



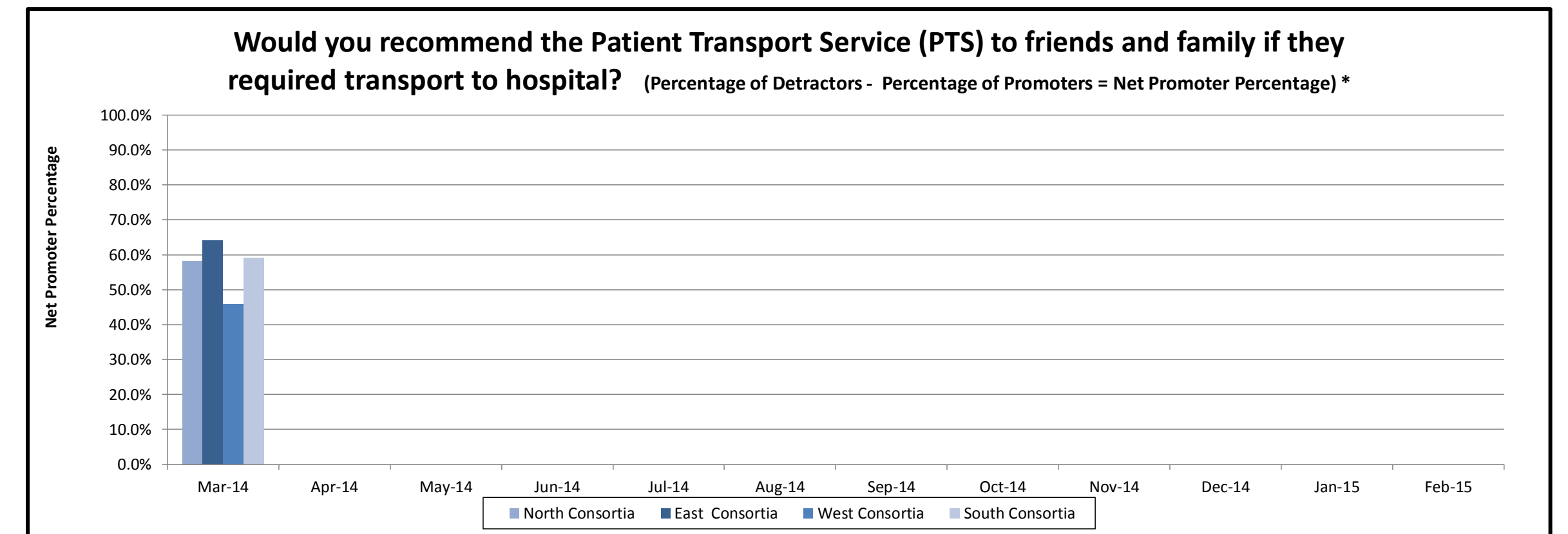
	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
North Consortia	100.0%											
East Consortia	100.0%											
West Yorkshire Consortia	100.0%											
South Consortia	97.7%											



	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
North Consortia	66.7%											
East Consortia	80.0%											
West Consortia	74.6%											
South Consortia	86.0%											



	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
North Consortia	100.0%											
East Consortia	100.0%											
West Consortia	98.3%											
South Consortia	97.7%											



* Promoters response 'Extremely Likely' & Detractors responses 'Neither Likely nor Unlikely', 'Unlikely', 'Extremely Unlikely' or 'Don't know'

	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
North Consortia	58.3%											
East Consortia	64.0%											
West Consortia	45.8%											
South Consortia	59.1%											

Please note: This will be 1 month in arrears and from June 2013 an updated survey was introduced.

Registration Regulations & Outcomes

NHS Litigation Authority

	YTD RAG	GREEN
↔	MTD RAG	GREEN

Comments	
A new Intelligence model which has been completed for acute Trusts by the CQC is currently under development for the ambulance service. Compliance against the new model will be reported once this is in place.	
Developments since last report	The CQC inspected the Trust in July 13 as part of the TDA process. There were 2 minor concerns identified in relation to the management of medicines and supporting workers standards. An action plan to address these issues was submitted to the CQC on 1st October 2013. The actions are monitored as part of the Trust's Quality Governance Development Plan. On 29th April 2014, Yorkshire Ambulance Service were reinspected by the CQC for management of medicines and currently awaiting formal feedback.
Notifications to CQC	None

Quality Governance Rating			
	Criteria	Overall rating	
		Jul-12	Feb-13
Strategy	Does Quality drive the Trusts strategy	0.5	0.5
	Is the Board aware of potential risks to quality?	0.5	0.5
Capabilities & Culture	Does the Board have the necessary leadership, skills and knowledge to ensure the delivery of the quality agenda?	0.5	0.5
	Does the Board promote a quality focused culture throughout the Trust?	0.5	0.0
Processes & structures	Are there clear roles and responsibilities in relationship to quality governance?	0.5	0.5
	Are there clear well defined, well understood processes for escalating and resolving issues and managing quality?	0.5	0.5
	Does the Board actively engage patients, staff, and other key stakeholders on quality?	0.0	0.0
Processes & structures (measurement)	Is appropriate quality information being analysed and challenged?	0.0	0.0
	Is the Board assured of the robustness of the quality information?	0.5	0.5
	Is quality information used effectively?	0.0	0.0
Final overall score		3.5	3.0

A final external review of the Board Quality Governance memorandum and Quality Governance arrangements has been completed by Deloitte and reported a compliant position with a score of 3.0. A further review by Internal Audit is currently underway and will be reported in the next update.

Information Governance

Freedom of Information (FOI) Requests	March	April
Number of cases due for response this month	34	25
Number of cases due this month and responded to in time	23	22
Number of cases due this month and responded to out of time	9	2
Number of out of time (prior to this month) cases responded to this month	10	3
Number of out of time cases still open	3	1
Number of internal reviews open	2	4
Number of internal reviews closed this month	2	0

Data Protection Act (DPA) Requests	Workload		Compliance	
	Cases Awaiting	Year to Date	Compliance with 21 day DoH guidance (%)	Compliance with 40 day DPA legislative requirement (%)
Subject Access Requests				
Solicitor Requests	79	79	88%	96%
Police requests	128	128		
Witness Statements / Police Interviews	47	47		
	This Month	Year to Date		
Coroner Requests	27	27		

Description	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG
Information Governance Toolkit	81%											

Comments

Legal Services

Workload within the legal services department remains high. Subject Access Requests are increasing and becoming more complex in nature. KPIs continue to be monitored closely.



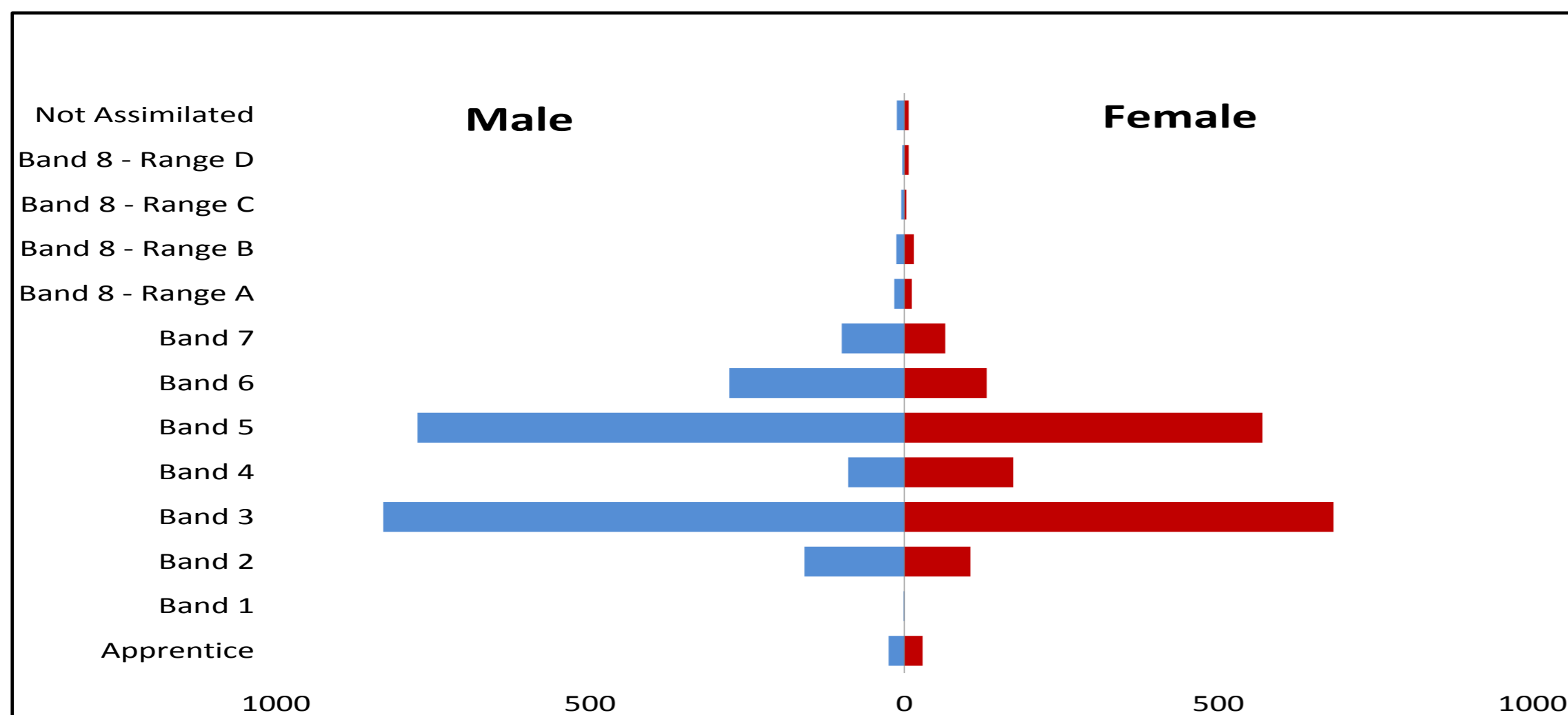
Section 4

Workforce



APRIL 2014 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 30 APRIL 2014									
Indicator	Current Data - Apr-14		Previous Data - Mar-14		Target	Performance vs target	Trend	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post	4107.01	Apr-14	4106.83	Mar-14	4306		↗	4103	Apr-13
Equality & Diversity	4.91% fte	Apr-14	5.14% fte	Mar-14	14.20%		↗	4.89% fte	Apr -13
	5.10% hcount		5.19% hcount					5.09% hcount	
Sickness Absence	6.69%	Apr-14	6.84%	Mar-14	5.00%		↗	6.06%	Apr -13
	5.97%	May 13 Apr 14	5.95%	Apr 13 Mar 14				↘	6.43%
Turnover	9.49% fte	Apr-14	9.52% fte	Mar-14	7.76% Amb Trust Aver		↗	6.64% fte	Apr -13
	11.09% hcount		11.29% hcount					8.25% hcount	
Stability	91.27% fte	Apr-14	91.79% fte	Mar-14	92.22 Amb Trust Aver		↘	93.6% fte	Apr -13
	92.33% hcount		92.46% hcount					94.65% hcount	
Current PDRs	72.81%	Apr-14	76.33%	Mar-14	75%		↗	61%	Apr -13
Stat & Mand Workbook	92% (combined)	Apr-14	87% (combined)	Mar-14	85%		↗	89%	Apr -13
	68.99% (2013-2015)	Apr-14	62.05% (2013-2015)	Mar-14					
Overtime	£865,117.85	Apr-14	£741,167.70	Mar-14			↘	£940,626.53	Apr -13
	£9,619,925.09	May 13 Apr 14	£9,654,433.77	Apr 13 Mar 14				n/a	May 12 Apr 13

Staff in Post by Pay Band

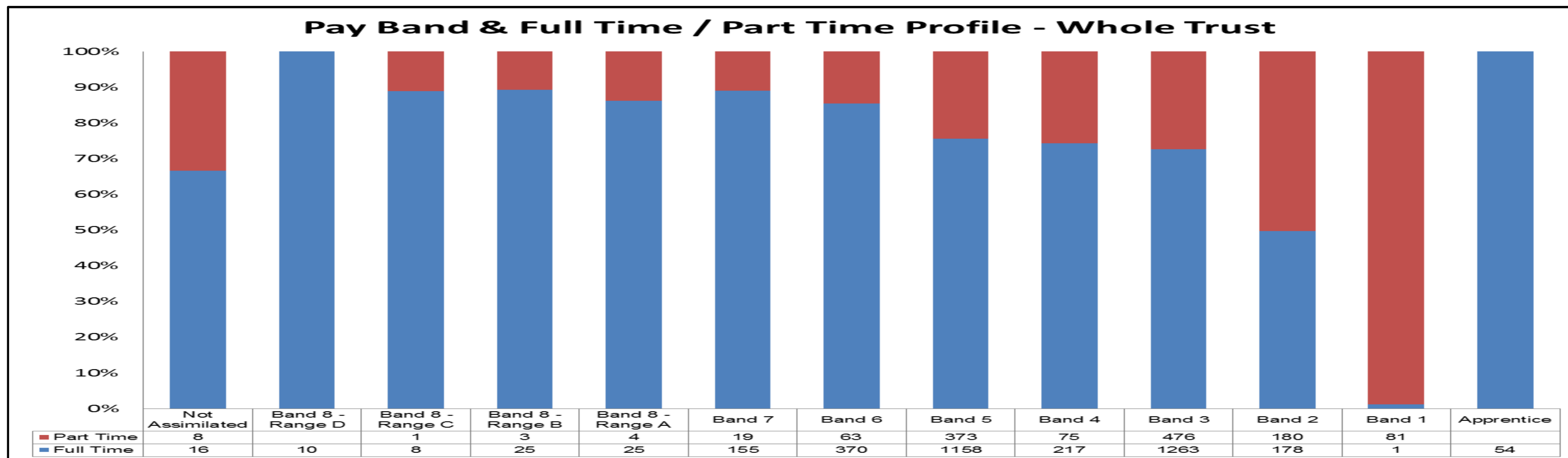


The graph opposite and the table and graph below shows all staff on 30 April 2014.

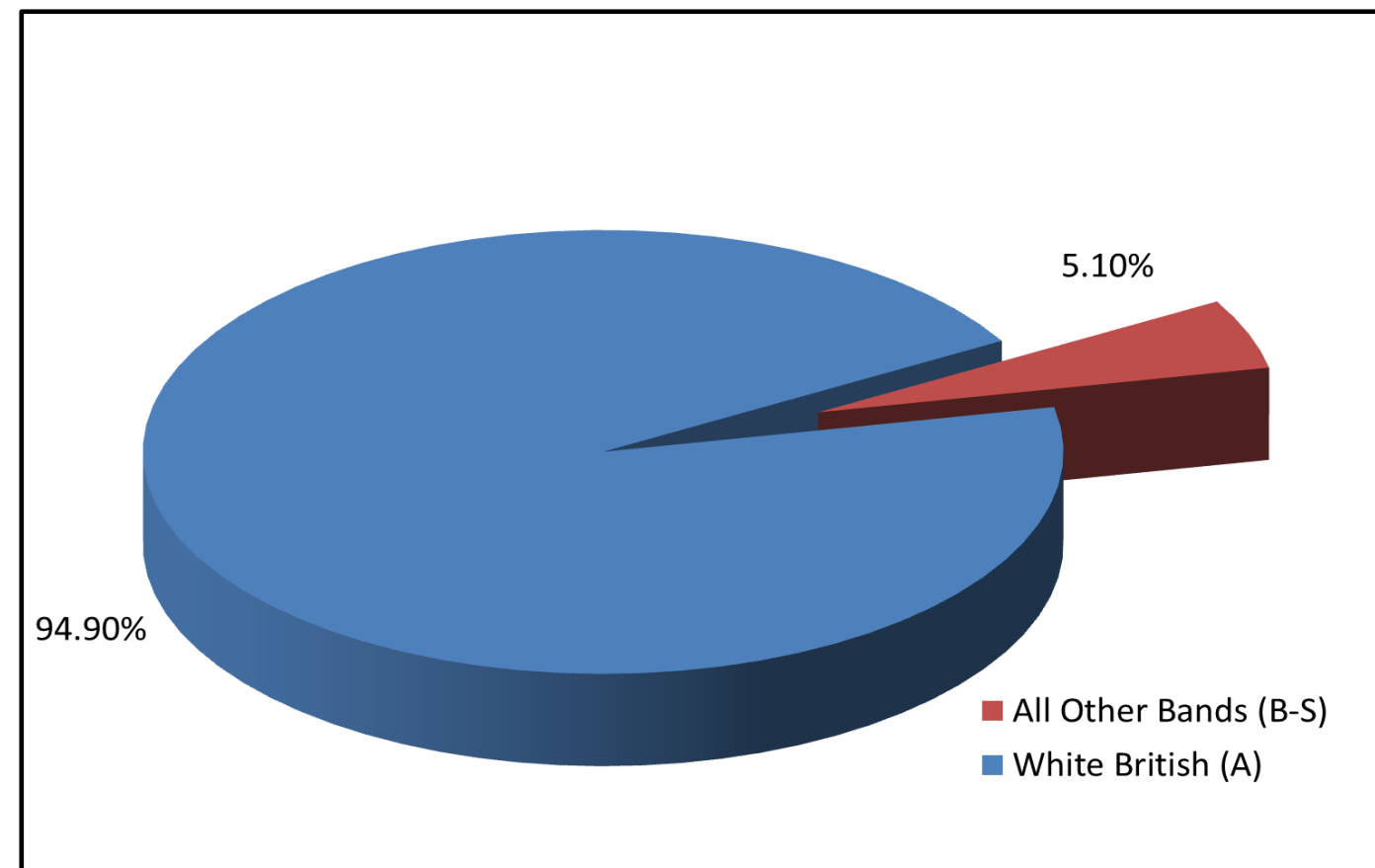
AFC Pay Band	HC	F.T.E	HC%	FTE%
Apprentice	54	54.00	1.13%	1.31%
Band 1	83	1.00	1.74%	0.02%
Band 2	358	264.40	7.51%	6.44%
Band 3	1739	1512.47	36.50%	36.83%
Band 4	292	262.63	6.13%	6.39%
Band 5	1531	1344.74	32.14%	32.74%
Band 6	433	409.85	9.09%	9.98%
Band 7	174	164.70	3.65%	4.01%
Band 8 - Range A	29	28.12	0.61%	0.68%
Band 8 - Range B	28	27.80	0.59%	0.68%
Band 8 - Range C	9	8.40	0.19%	0.20%
Band 8 - Range D	10	10.01	0.21%	0.24%
Not Assimilated	24	18.89	0.50%	0.46%
Grand Total	4764	4107.02	100.00%	100.00%

Payband by FT/PT

Those identified as not assimilated are our doctors, exec directors, non execs and we still employ 2 individuals who have not accepted AFC terms and conditions.



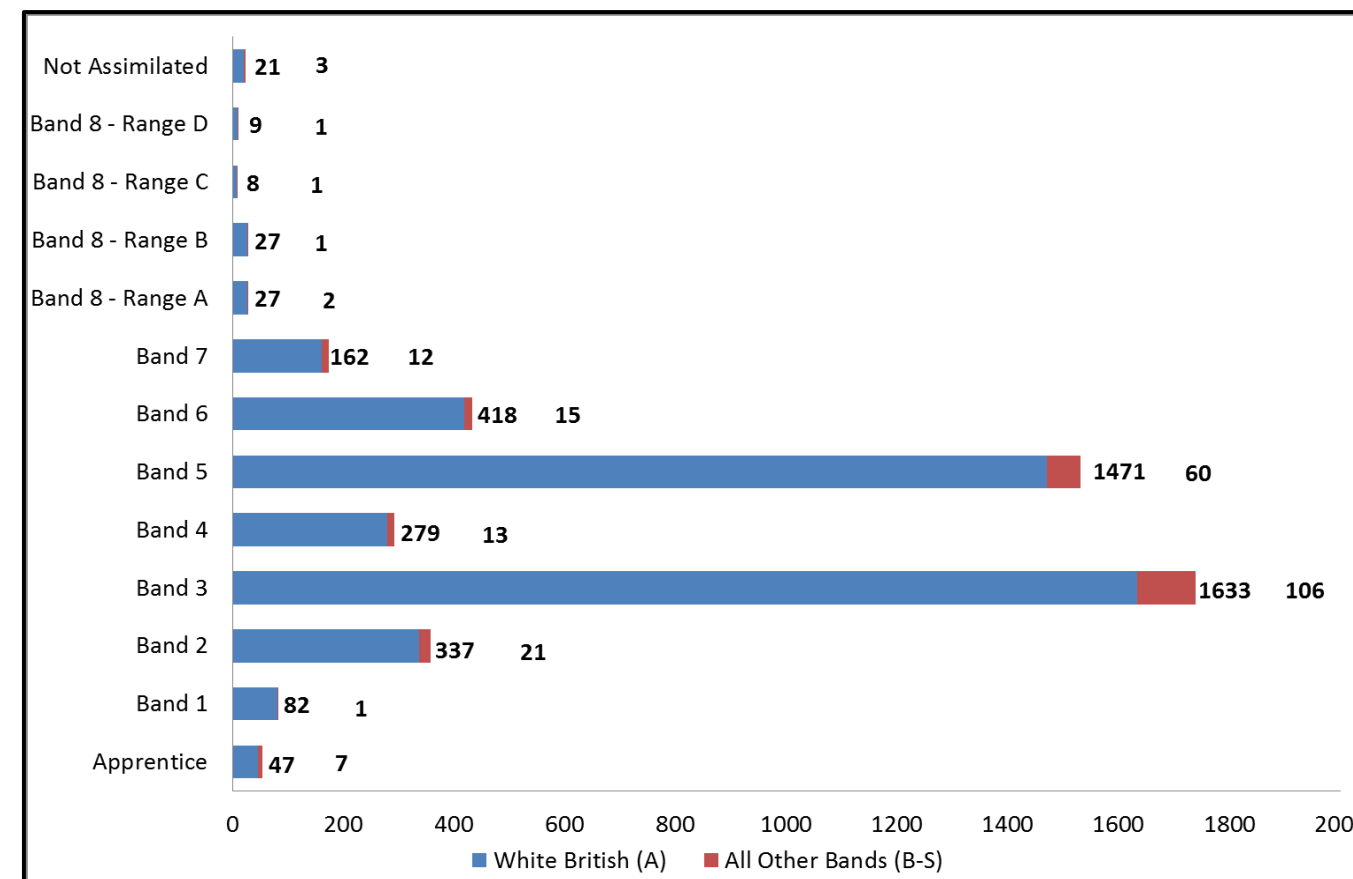
Ethnicity Profile



This pie chart shows the ethnicity build of the workforce split as White British (band A) and All Other bands (B-Z)

Ethnic Origin	HC	FTE	HC%	FTE%
A White - British	4519	3903.82	94.86%	95.05%
B White - Irish	16	13.95	0.34%	0.34%
C White - Any other White Background	34	30.99	0.71%	0.75%
CK White Italian	1	1.00	0.02%	0.02%
CP White Polish	3	3.00	0.06%	0.07%
CX White Mixed	4	4.00	0.08%	0.10%
CY White Other European	1	1.00	0.02%	0.02%
D Mixed - White & Black Caribbean	10	9.30	0.21%	0.23%
E Mixed - White & Black African	1	1.00	0.02%	0.02%
F Mixed - White & Asian	3	1.48	0.06%	0.04%
G Mixed - Any other mixed background	6	3.58	0.13%	0.09%
H Asian or Asian British - Indian	23	19.78	0.48%	0.48%
J Asian or Asian British - Pakistani	84	65.55	1.76%	1.60%
K Asian or Asian British Bangladeshi	4	2.88	0.08%	0.07%
L Asian or Asian British	3	3.00	0.06%	0.07%
LH Asian British	4	2.80	0.08%	0.07%
M Black or Black British - Caribbean	11	9.43	0.23%	0.23%
N Black or Black British - African	9	6.07	0.19%	0.15%
P Black or Black British	4	3.33	0.08%	0.08%
R Chinese	4	3.43	0.08%	0.08%
S Any Other Ethnic Group	18	16.22	0.38%	0.40%
Z Not Stated	2	1.40	0.04%	0.03%
Grand Total	4764	4107.02	100%	100%

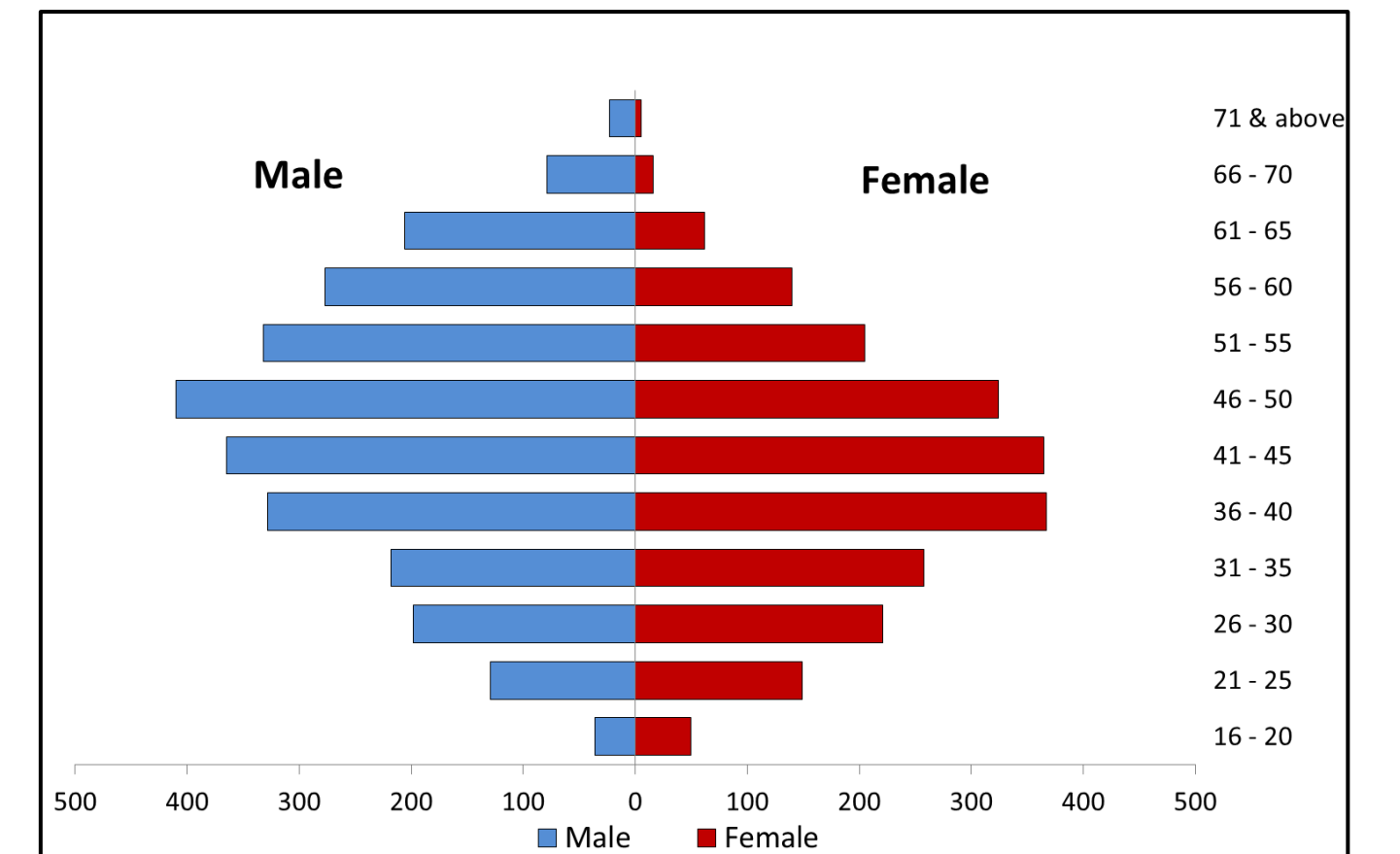
Ethnicity Profile by Pay Band



This graph and table show the Headcount Ethnicity Profile by categories and by Pay band for all staff

AFC Pay Band	White British (A)	All Other Bands (B-S)	Grand Total	% of Ethnic in AFC Band
Apprentice	47	7	54	12.96%
Band 1	82	1	83	1.20%
Band 2	337	21	358	5.87%
Band 3	1633	106	1739	6.10%
Band 4	279	13	292	4.45%
Band 5	1471	60	1531	3.92%
Band 6	418	15	433	3.46%
Band 7	162	12	174	6.90%
Band 8 - Range A	27	2	29	6.90%
Band 8 - Range B	27	1	28	3.57%
Band 8 - Range C	8	1	9	11.11%
Band 8 - Range D	9	1	10	10.00%
Not Assimilated	21	3	24	12.50%
Grand Total	4521	243	4764	5.10%

Age & Gender Profile

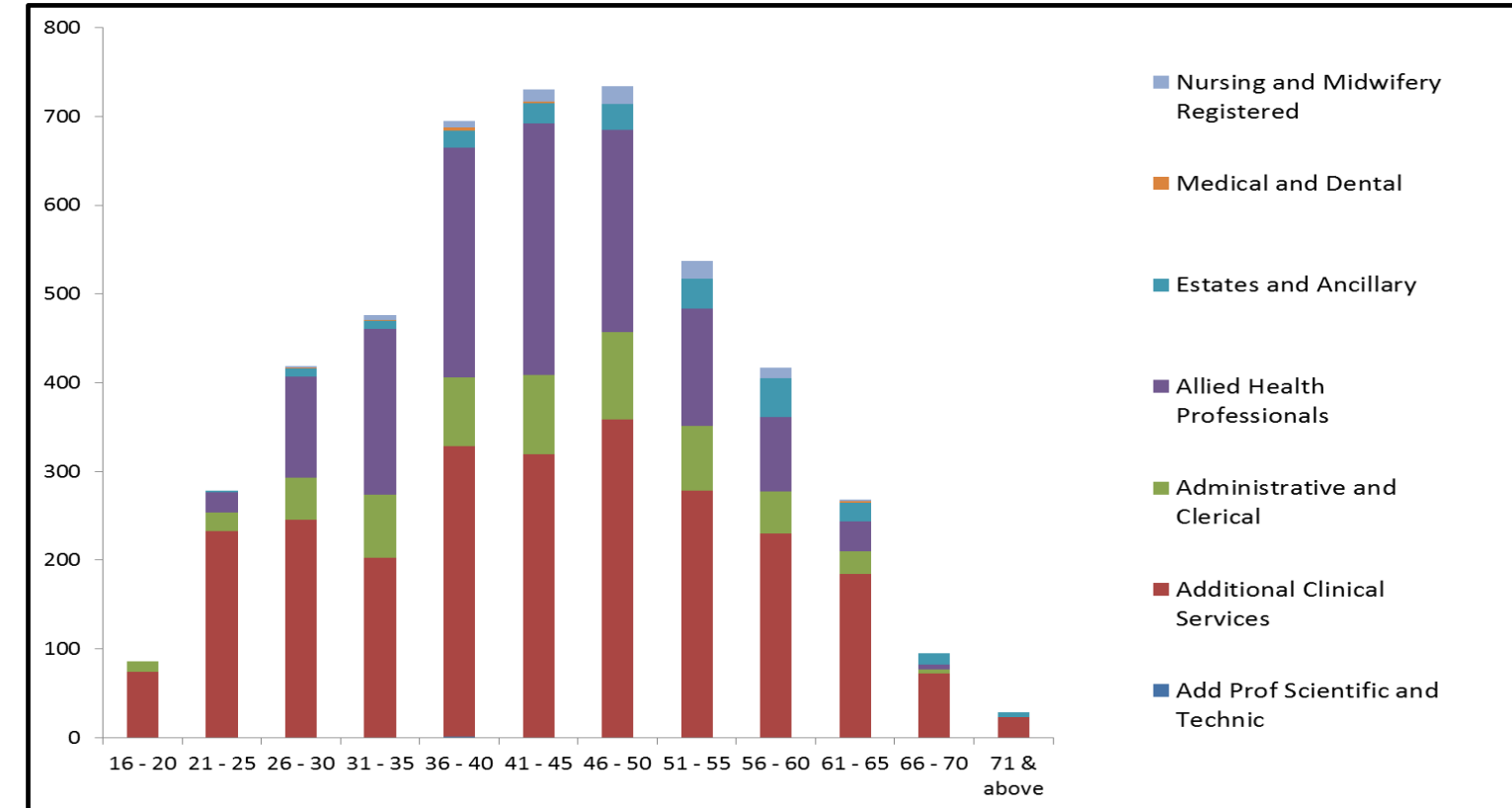


The chart above and table below show the age and gender breakdown throughout the Trust

Age Group	HC	FTE	HC %	FTE %
16 - 20	86	70.89	1.81%	1.73%
21 - 25	278	240.42	5.84%	5.85%
26 - 30	419	379.86	8.80%	9.25%
31 - 35	476	420.56	9.99%	10.24%
36 - 60	695	616.49	14.59%	15.01%
41 - 45	730	648.71	15.32%	15.80%
46 - 50	734	673.46	15.41%	16.40%
51 - 55	537	489.18	11.27%	11.91%
56 - 60	417	356.22	8.75%	8.67%
61 - 65	269	173.21	5.65%	4.22%
66 - 70	95	34.24	1.99%	0.83%
71 & above	28	3.77	0.59%	0.09%
Grand Total	4764	4107.02	100.00%	100.00%

Age & Gender Profile

Age Profile by Staff Group



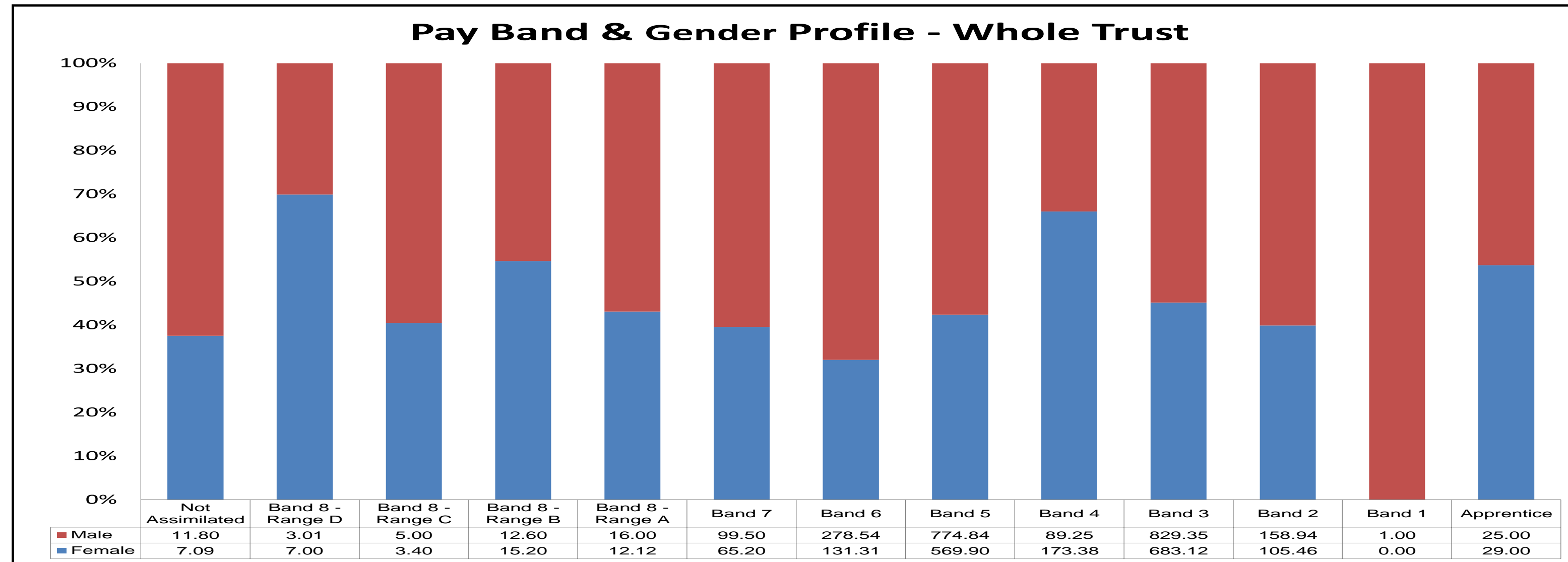
The graph opposite shows the staff group breakdown within a 5 year age bracket using FTE
This data is tabulated below in 20 year banding per staff group

Paramedic qualified staff are represented below within the staff group Allied Health professionals, ECA's and Technicians are shown under the staff group Additional Clinical Services.

Staff Group	16-24	25-44	45-64	65+	Grand total - FTE
Add Prof Scientific and Technic		0.60			0.60
Additional Clinical Services	225.55	925.14	935.95	35.68	2122.31
Administrative and Clerical	28.50	250.24	249.02	4.45	532.22
Allied Health Professionals	14.00	724.32	479.84	2.53	1220.69
Estates and Ancillary	2.00	47.32	107.92	12.44	169.68
Medical and Dental		3.40	0.80		4.20
Nursing and Midwifery Registered		16.60	40.72		57.32
Grand Total	270.05	1967.61	1814.25	55.11	4107.02

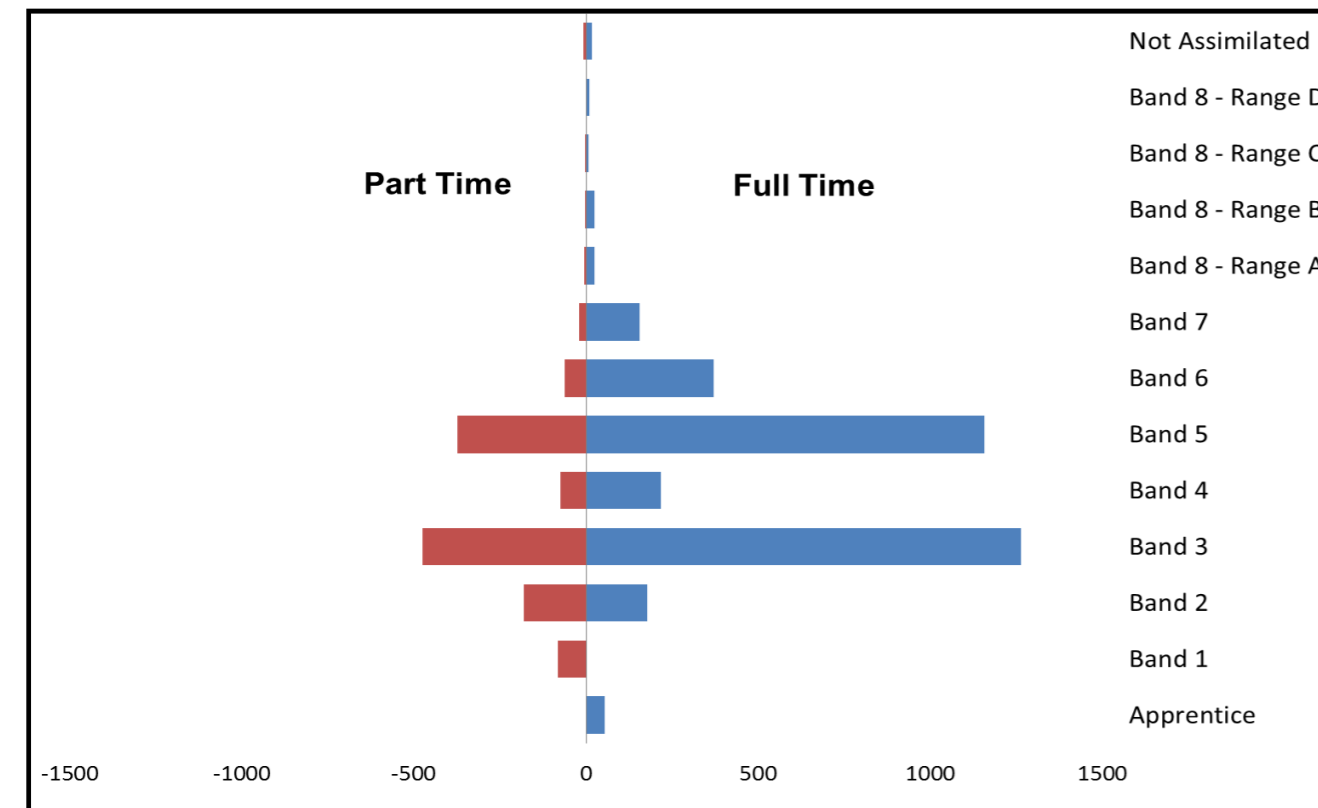
Gender 100% Profile by Pay Band

The chart below shows the proportional breakdown by Gender and Pay Band



Age & Gender Profile

Part time/Full time by Pay Band



The table below shows the actual Gender breakdown by Full time and Part time profiles

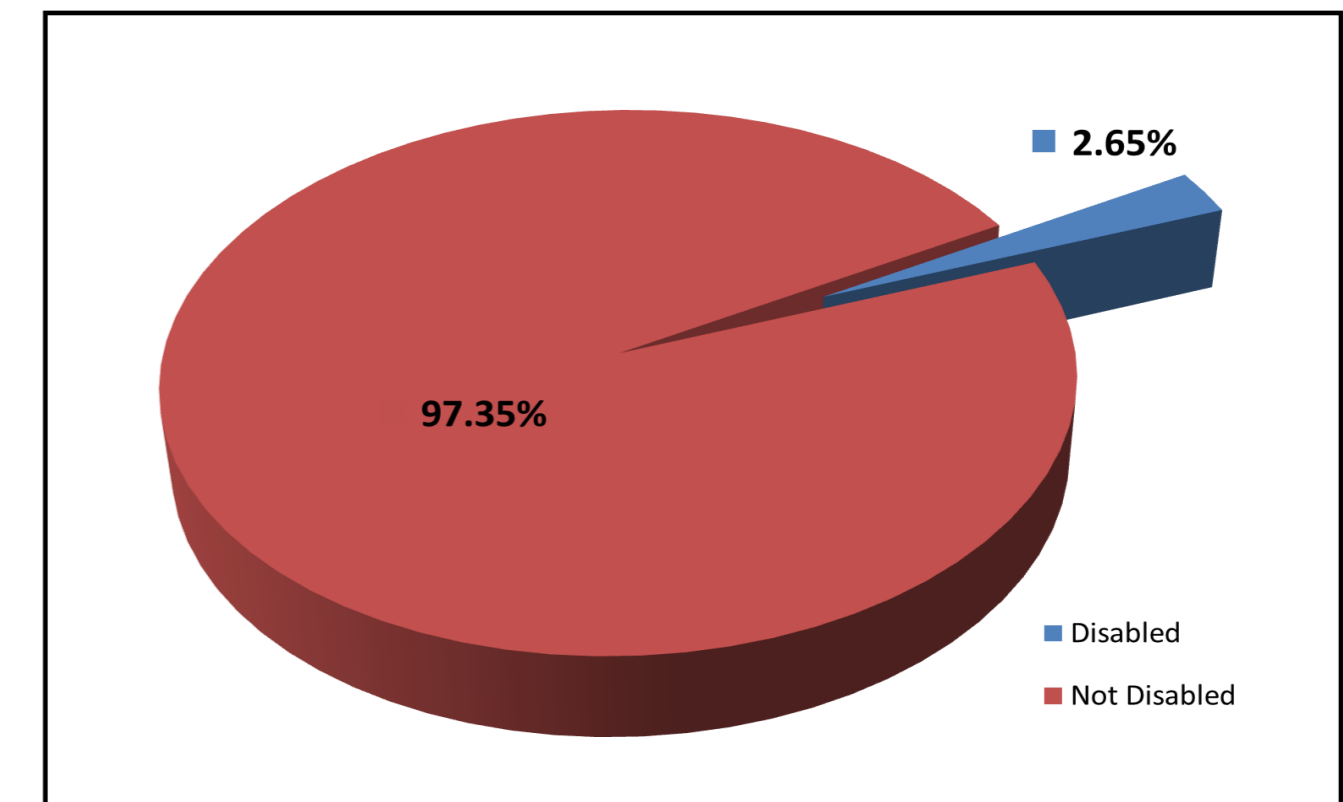
Gender	Employee Category	HC	FTE	FTE %
Female		2162	1802.19	100%
	Full time	1331	1331	73.85%
	Part Time	831	471.19	26.15%
Male		2602	2304.83	100.00%
	Full Time	2149	2149.01	93.24%
	Part time	452	155.81	6.76%

AFC Pay Band	Female	Male	Grand Total
Apprentice	29	25	54
Band 1	9	74	83
Band 2	160	198	358
Band 3	825	914	1739
Band 4	195	97	292
Band 5	677	854	1531
Band 6	149	284	433
Band 7	69	105	174
Band 8 - Range A	13	16	29
Band 8 - Range B	16	12	28
Band 8 - Range C	4	5	9
Band 8 - Range D	7	3	10
Not Assimilated	9	15	24
Grand Total	2162	2602	4764

The tables below show the headcount by Gender by Pay Band and by Employee Category and Pay Band

AFC Pay Band	Full Time	Part Time	Grand Total
Apprentice	54		54
Band 1	1	81	83
Band 2	178	180	358
Band 3	1263	476	1739
Band 4	217	75	292
Band 5	1158	373	1531
Band 6	370	63	433
Band 7	155	19	174
Band 8 - Range A	25	4	29
Band 8 - Range B	25	3	28
Band 8 - Range C	8	1	9
Band 8 - Range D	10		10
Not Assimilated	16	8	24
Grand Total	3480	1283	4764

Disability Profile

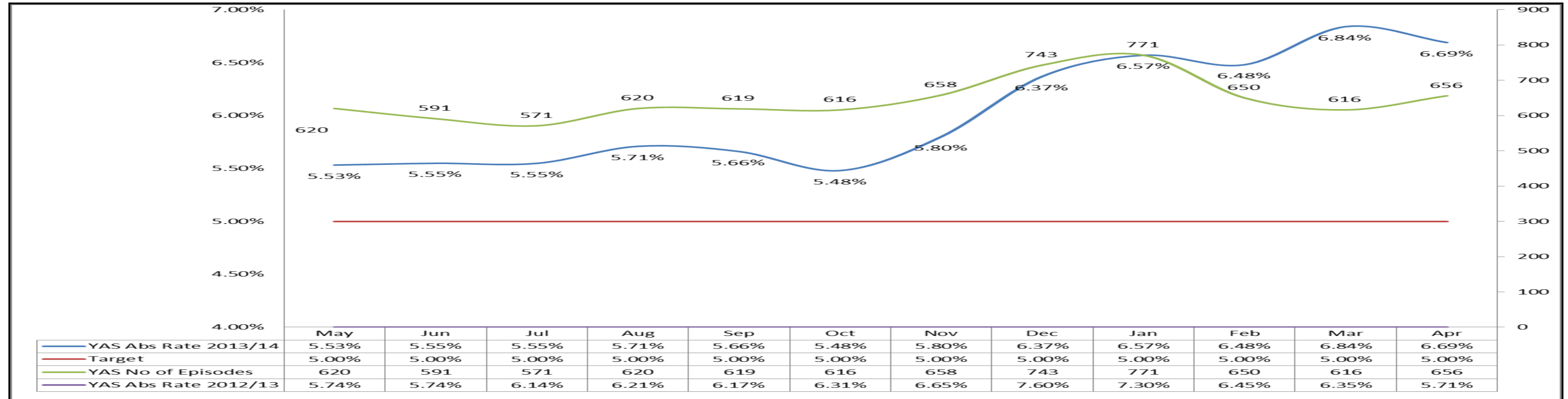


The pie chart above shows the disability profile by headcount of all staff, while the table below shows disability profile by headcount and FTE.

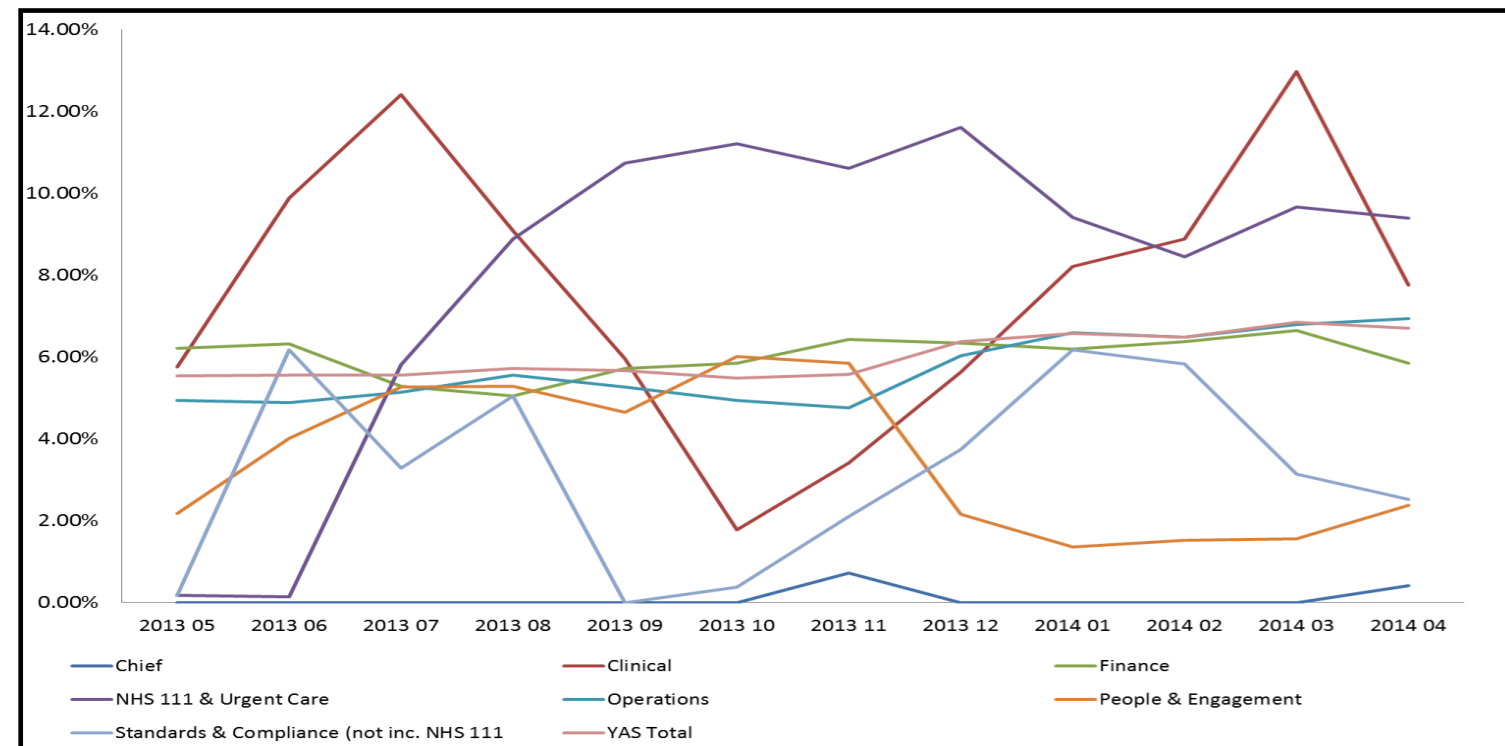
Disability	Head Count	FTE	Headcount %	FTE %
Disabled	126	117.1	2.64%	2.85%
Not Disabled	4638	3989.92	97.36%	97.15%
Grand Total	4764	4107.02	100%	100%

Sickness Absence

Sickness Absence Rates – 12 month trend analysis



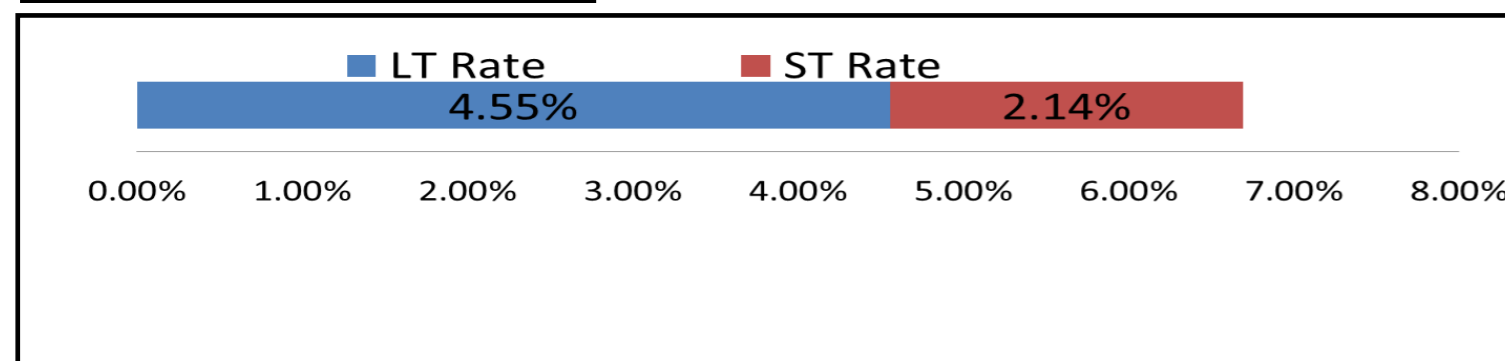
Sickness Absence Rates – Directorate 12 month trend



The line graph opposite shows the last 12 months absence for each Directorate within YAS using the data below;

Directorate	Chief	Clinical	Finance	NHS 111	Operations	People	Stan	Total	Target
2013 05	0.00%	5.74%	6.20%	0.18%	4.94%	2.42%	0.18%	5.53%	5.00%
2013 06	0.00%	9.87%	6.32%	0.13%	4.87%	4.00%	6.17%	5.55%	5.00%
2013 07	0.00%	12.41%	5.28%	5.80%	5.14%	5.27%	3.28%	5.55%	5.00%
2013 08	0.00%	9.08%	5.05%	8.88%	5.55%	5.29%	5.05%	5.71%	5.00%
2013 09	0.00%	5.96%	5.71%	10.73%	5.27%	4.64%	0.00%	5.66%	5.00%
2013 10	0.00%	1.78%	5.85%	11.21%	4.93%	6.01%	0.37%	5.48%	5.00%
2013 11	0.72%	3.41%	6.42%	10.61%	4.75%	5.84%	2.10%	5.58%	5.00%
2013 12	0.00%	5.63%	6.34%	11.61%	6.02%	2.26%	3.73%	6.37%	5.00%
2014 01	0.00%	8.21%	6.19%	9.41%	6.58%	1.36%	6.17%	6.57%	5.00%
2014 02	0.00%	8.87%	6.38%	8.44%	6.48%	1.52%	5.83%	6.48%	5.00%
2014 03	0.00%	12.96%	6.65%	9.66%	6.79%	1.56%	3.14%	6.84%	5.00%
2014 04	0.42%	7.76%	5.84%	9.39%	6.94%	2.37%	2.52%	6.69%	5.00%

LT / ST Sickness Absence Trust Total



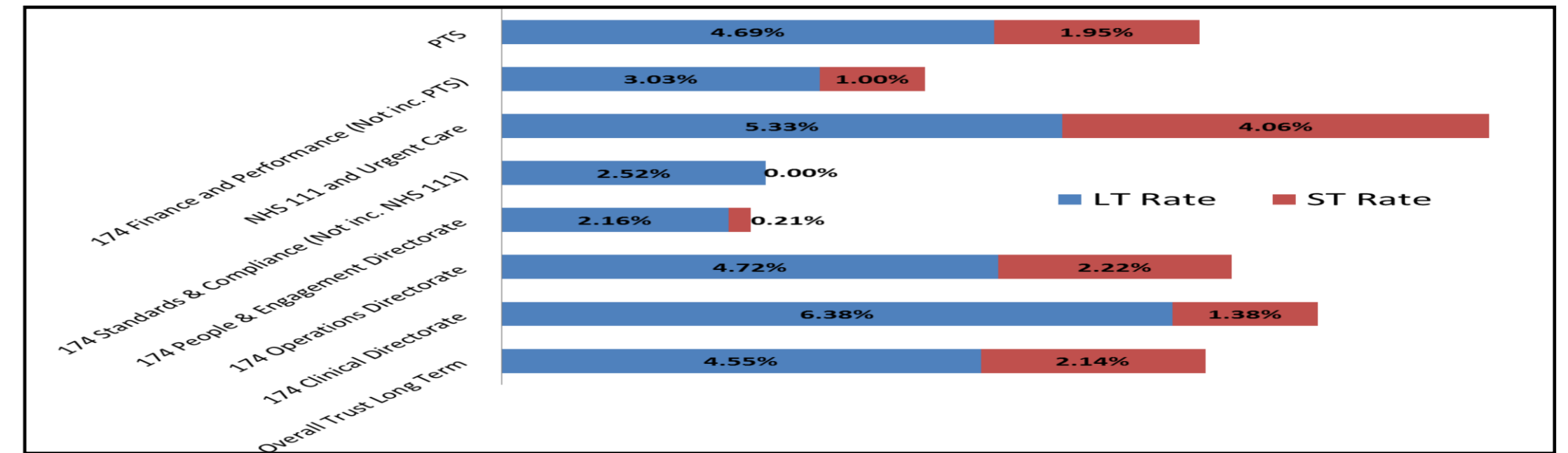
The graph opposite shows April 2014 Long Term & Short Term sickness absence rate for the whole Trust.

The Trust Sickness rate for March is **6.69%** which consists of 4.55% long term (28 days or more) and 2.14% short term.

Sickness Absence

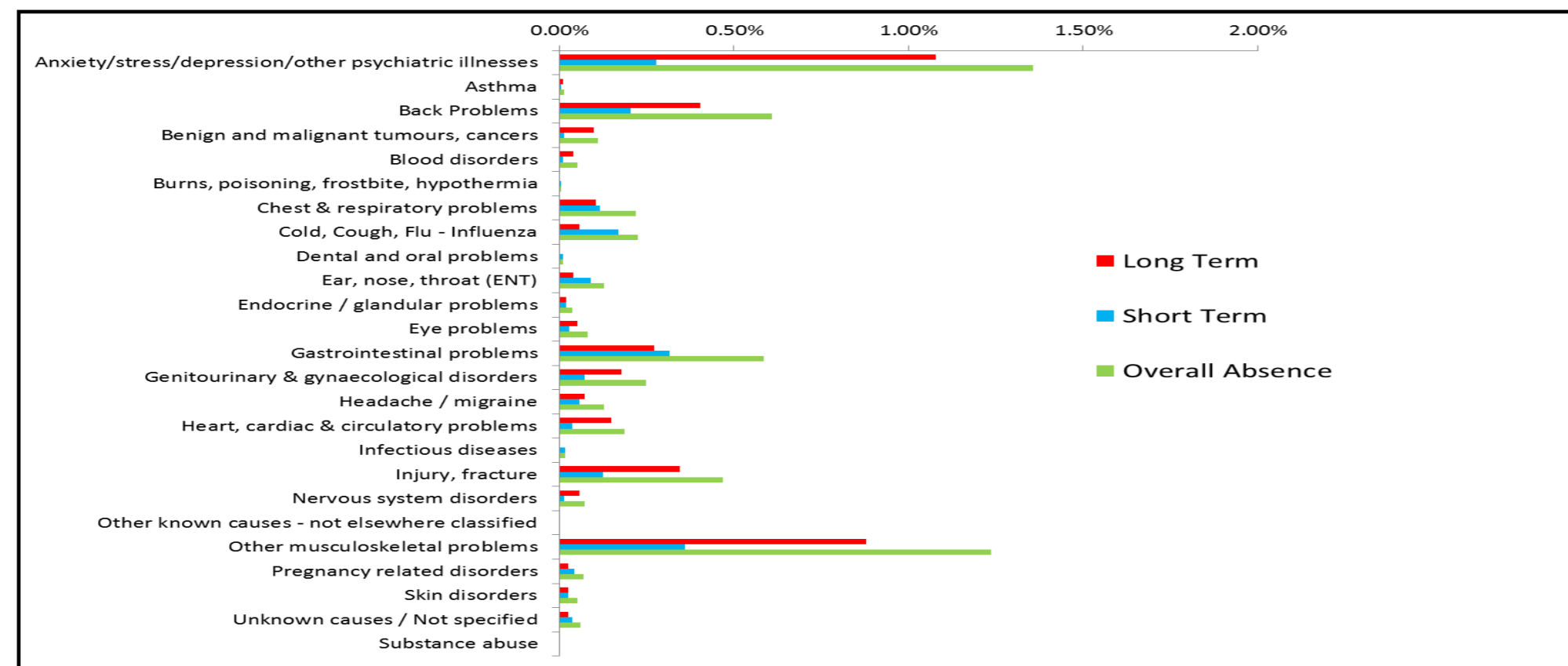
2014 04	Absence (FTE)	Available (FTE)	% Absence rate (FTE)	Calendar Days Absent	No of Episodes
174 Chief Executive Directorate	2	480	0.42%	2	1
174 Clinical Directorate	73	941.15	7.76%	79	4
174 Finance and Performance Directorate	1776.58	30245.52	5.87%	1948	132
174 Operations Directorate	5473.94	78861.12	6.94%	5898	399
174 People & Engagement Directorate	55.8	2351.4	2.37%	73	6
174 Standards & Compliance Directorate	836.88	9783.59	8.55%	1049	114
174 Yorkshire Ambulance Service Trust	8218.1971	122662.78	0.0669	9049	655

LT/ST Sickness Absence Analysis by Directorate



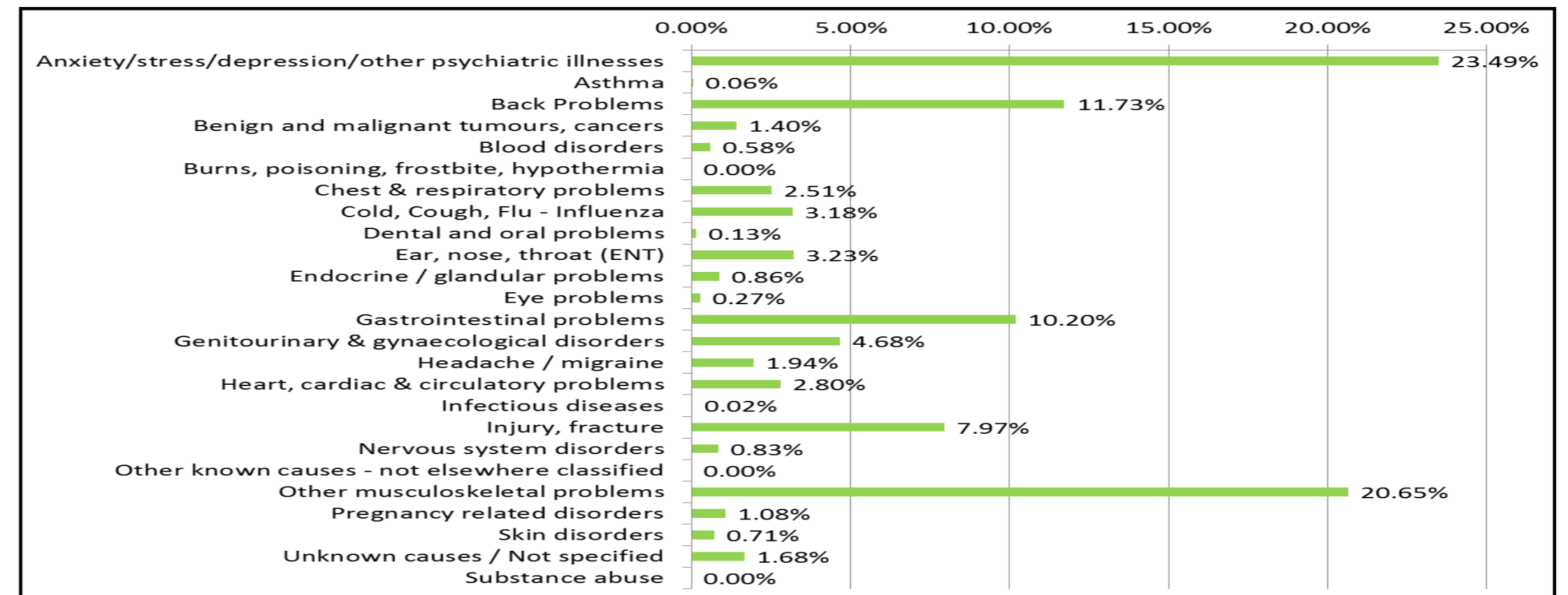
Last 12 Mth Cumulative Rates of Absence as a % of Available Hours by Reason

This graph shows the split of Long and Short Term sickness absence rates for all Directorates for March 2014 by absence reason.

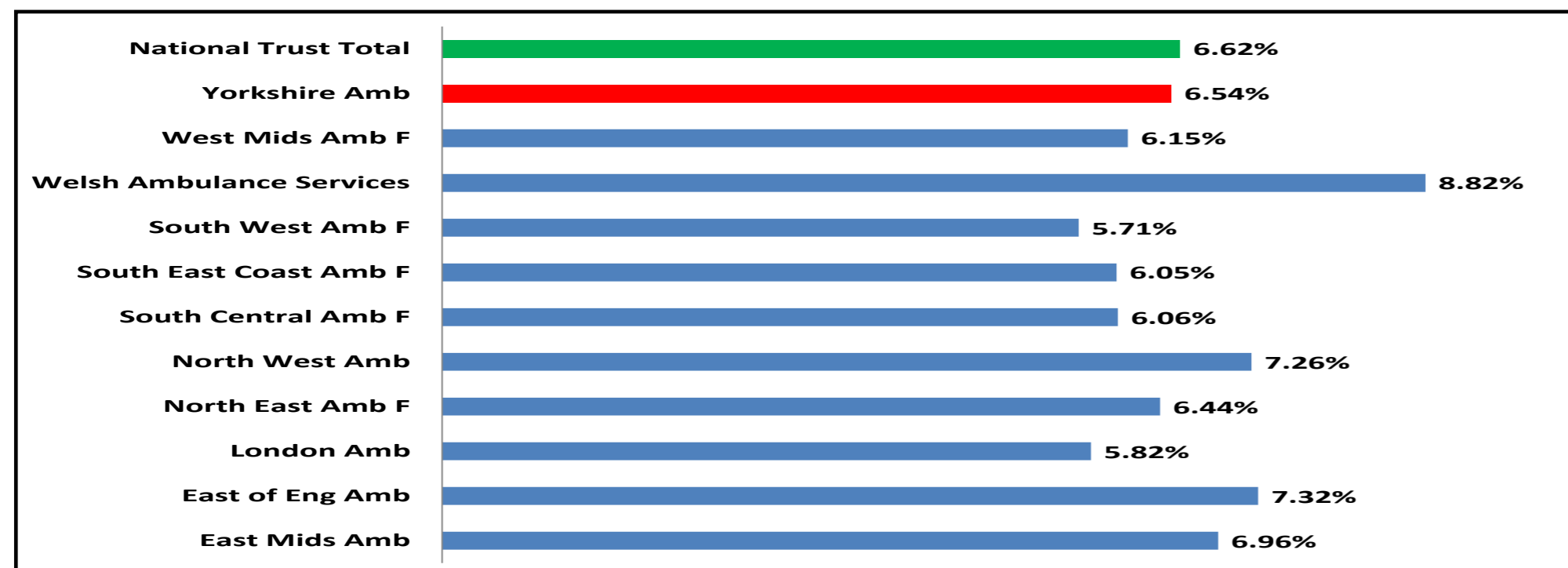


The graph above shows the sickness absence breakdown for each Directorate within YAS for both Long Term and Short Term.

The table below shows the absence reason as a percentage of 100 for April 2014. We can see that the bulk of absence is in the areas of Stress, Musculo skeletal, back and gastro.



Benchmarking Information – January 2014



In order to measure Yorkshire Ambulance Service against the other UK Ambulance Services, we are using IView which is the national benchmarking tool developed by Health and Social Care Information Centre.

The National Ambulance Service average for the month of January 2014 is 6.62% and the chart opposite shows all UK Ambulance Services and there combined LT and ST Sickness Absence for this period.

The Sickness Absence for the Yorkshire Ambulance Service for the month of January within I View is reported as 6.54%

The currently available data from IView is January 2014 and the information for February 2014 will be released to us at the end of May 2014.

Occupational Health - Key Performance Indicators (KPI)

Please note the information for this section is for **March 2014** as the release of OH information is one month behind the rest of the report.

The table below indicates our KPI Report for the last 6 months along with our current information for March 2014.

This indicates where we currently sit for March 2014 for the following; Employment Health Screenings (100%), Management Referral Appointment Lead time (93%) and Report Return Lead Time (98%).

Month	Employment Health Screens				Management Referrals Appointment Lead Time				Report Return Lead Time		
	No Of Screens	<5 days	>5 days	% < 5 Days	No of Referrals	Appointments < 5 days	Appointments , 5 days	% Appointments < 5 Days	Reports to Client < 1 day	Reports to Client > 1 day	% Reports to Client < 1 day
October	74	74	0	100%	66	57	9	86%	53	13	80%
November	64	64	0	100%	123	110	13	89%	106	17	86%
December	55	55	0	100%	106	95	90	90%	100	6	94%
January	52	52	0	100%	116	100	16	86%	113	3	97%
February	76	76	0	100%	103	93	10	90%	96	7	93%
March	112	112	0	100%	115	107	8	93%	113	2	98%

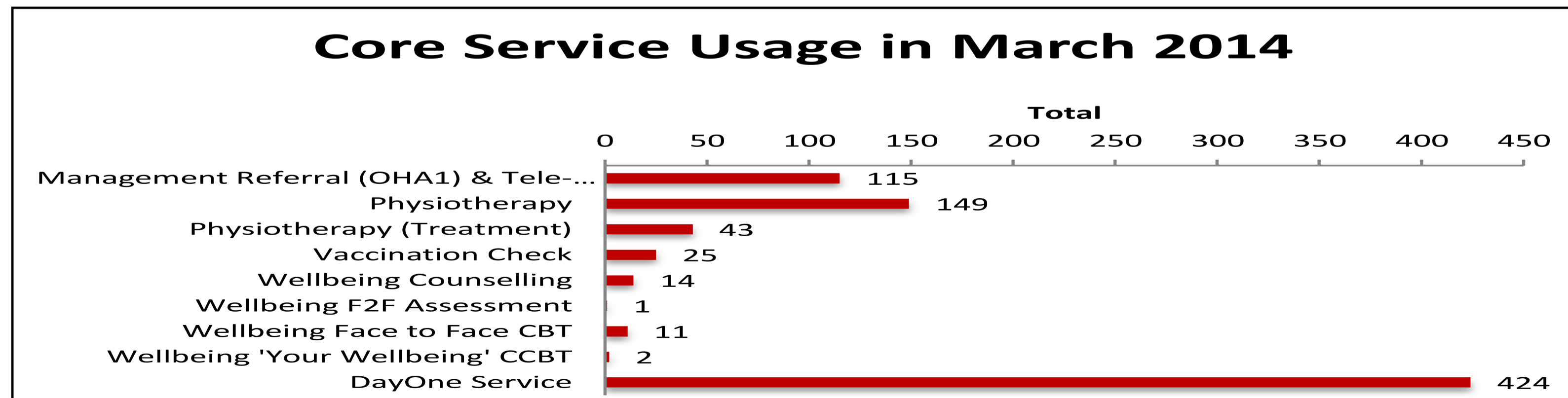
Occupational Health - DNA and Cancelled OH Service Appts

	Cancelled With Charge	Did Not Attend (DNA)	Grand Total
No Of Staff	1	22	23

The table opposite indicates the volume of staff that has either 'Cancelled 'or 'Did Not Attend' their OH Appointment date.

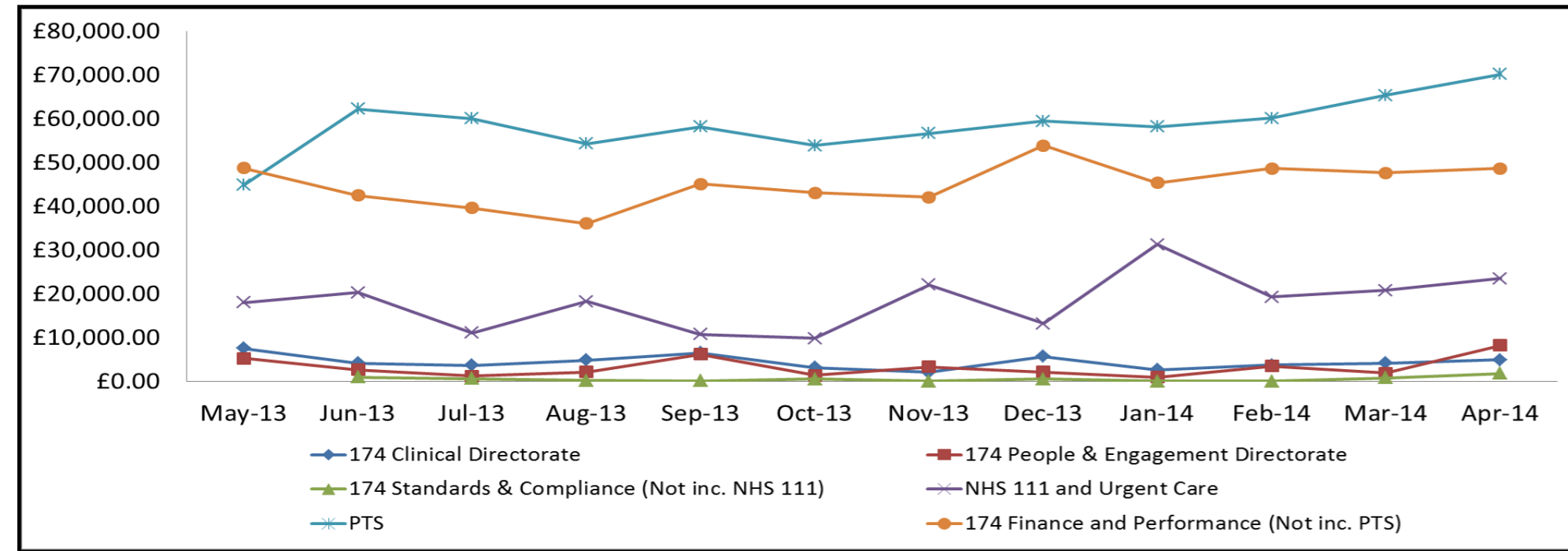
Occupational Health - Core Service Usage

The table below indicates the core OH services used by YAS staff members for the month of March 2014. As you can see below we had 424 staff members who used the day one service within March 2014.



Overtime, Vacancies & Turnover

Gross Overtime Costs by Directorate (exc Operations)



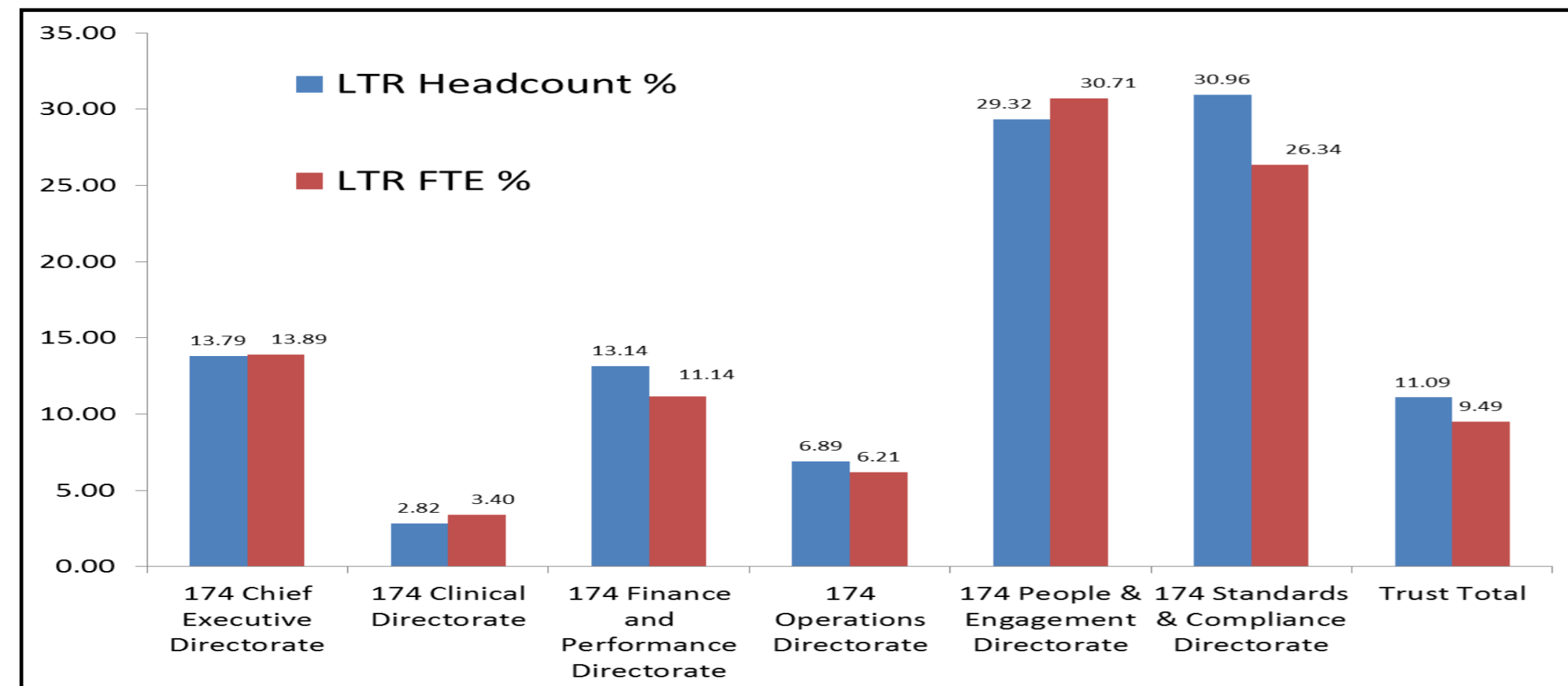
This chart above shows the YAS gross overtime costs across a 12 month period from May 13 – Apr14 for all directorate excluding Operations.

The table below indicates the budgeted establishment and actual staff in post for the end of April 2014. The worked column indicates staff hours actually worked vs the budget.

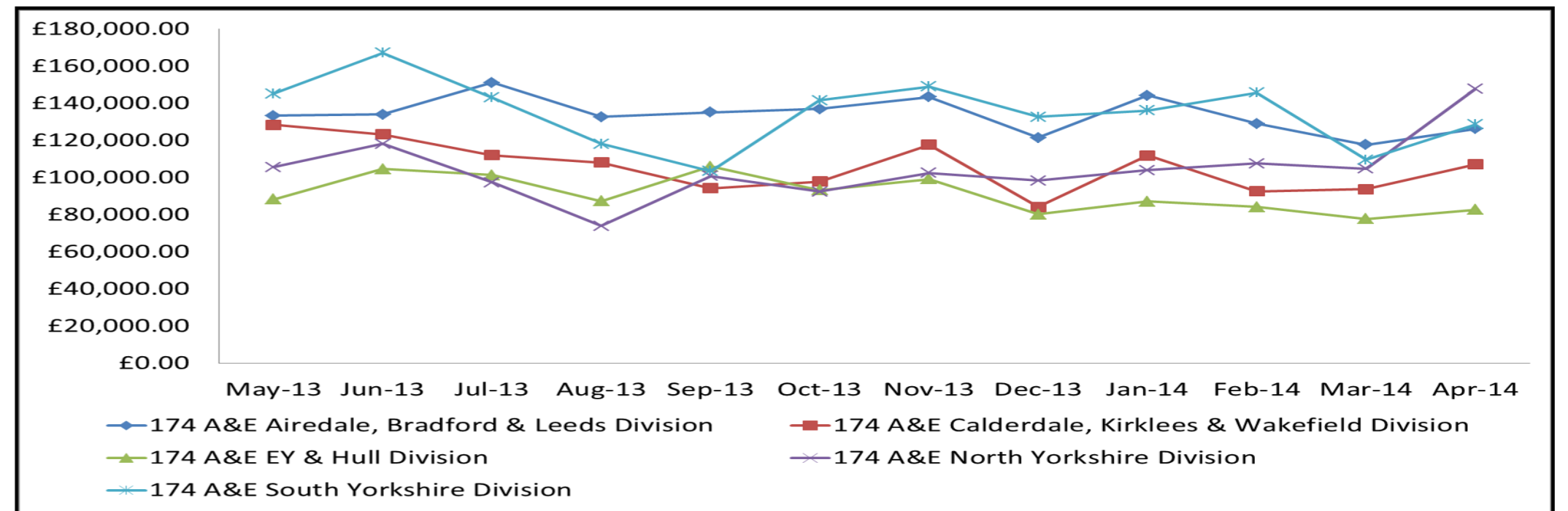
As you may see below there is a current discrepancy with the directorate figures for Budget vs Worked which is currently being investigated by Finance and MI.

Directorate	Budget	Staff in Post	Staff in Post	Worked
	WTE	WTE	Headcount	WTE
Chief Executive	14.80	16.00	16	11.00
Clinical	31.59	32.17	39	32.42
Finance & Performance	1116.69	1009.56	1265	1065.93
Operations	2788.52	2645.07	2912	2801.54
Standards and Compliance	366.60	320.84	431	363.02
Workforce & Strategy	92.59	76.66	92	85.68
Total	4410.79	4100.30	4755	4359.59

Turnover by Directorate



Gross Overtime Costs Operations



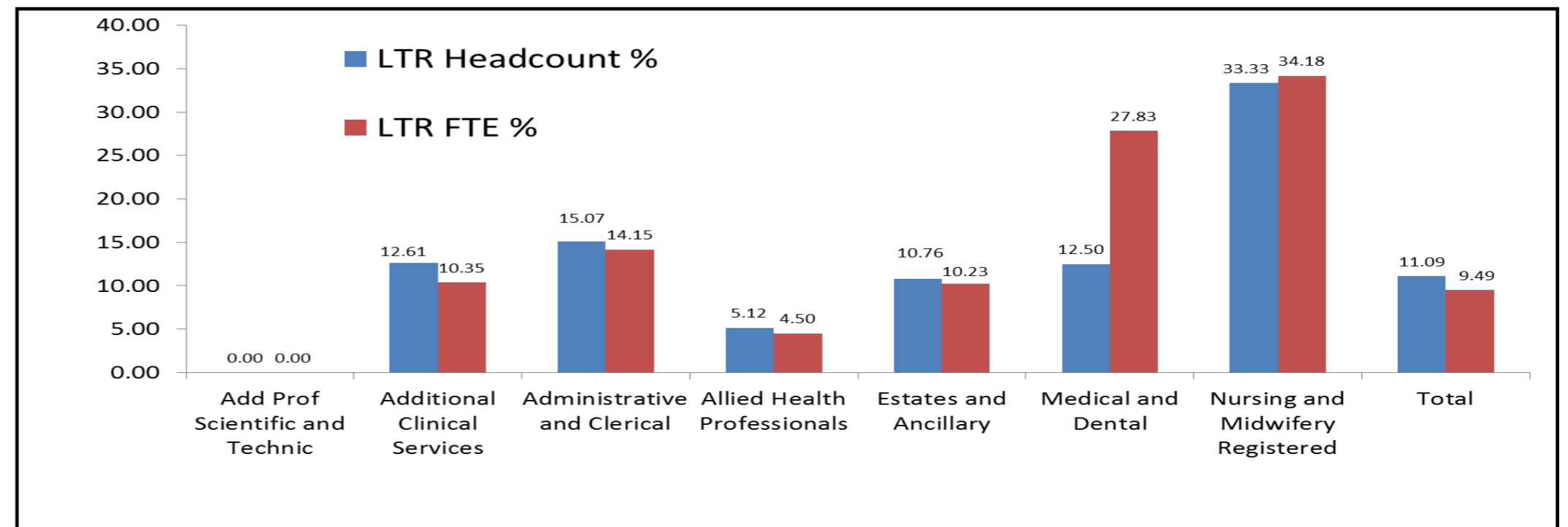
The chart above shows the YAS gross overtime costs across a 12 month period from May 13 – Apr14 for all the major operations divisions.

The table below shows the gross cost for overtime from ESR for the month of April across all directorates,

Directorate	Apr-14
174 Clinical Directorate	£4,986.67
174 Operations Directorate	£707,503.64
174 People & Engagement Directorate	£8,268.34
174 Standards & Compliance (Not inc. NHS 111)	£1,882.04
NHS 111 and Urgent Care	£23,574.86
PTS	£70,183.24
174 Finance and Performance (Not inc. PTS)	£48,719.06
Grand Total	£865,117.85

Turnover by Staff Group

This charts opposite and below shows the turnover rate for the period May13 to Apr14 by both Directorate and Staff Group.

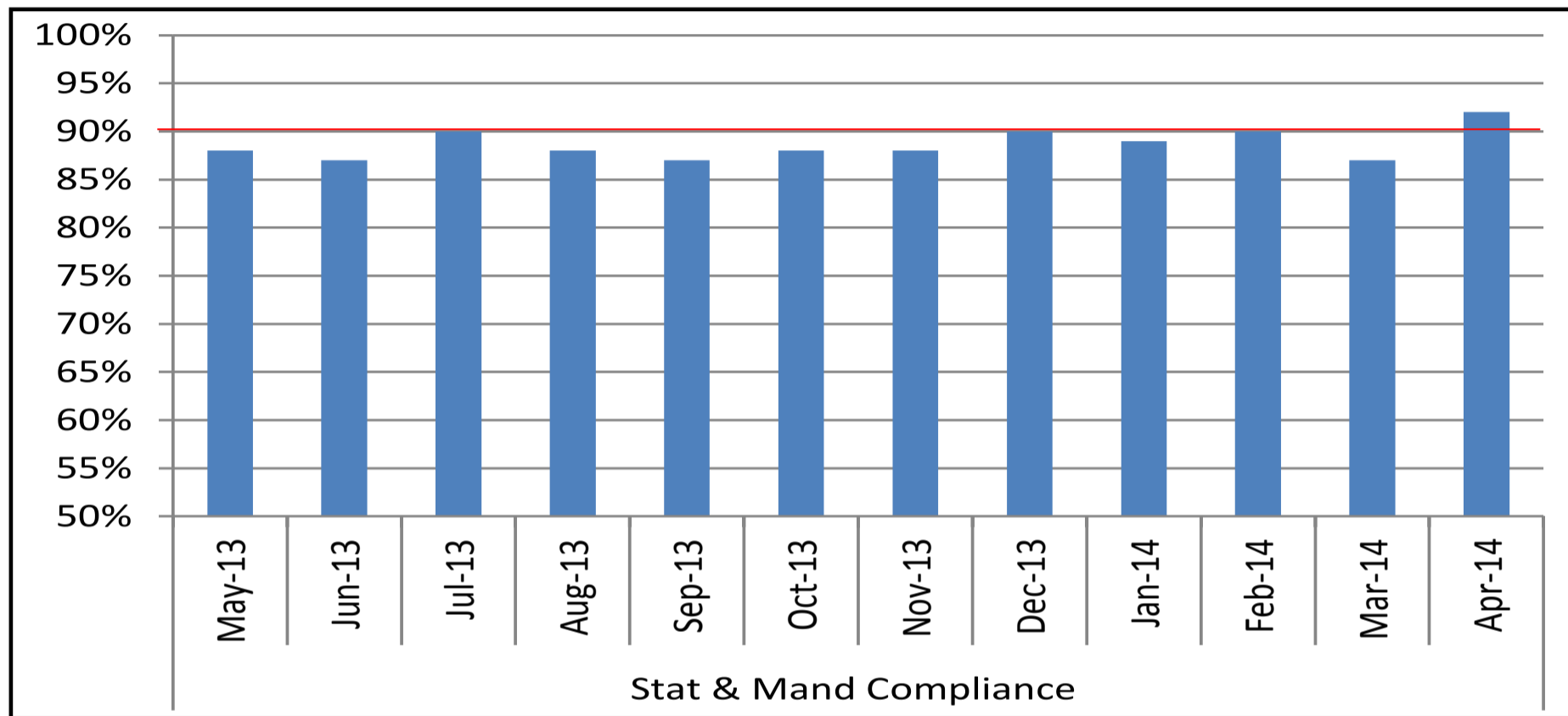


Paramedics and ECPs sit within our Allied Health Professionals. ECAs and Technicians are shown under the staff group Additional Clinical Services

Learning and Development

Statutory & Mandatory Training Workbook Combined

The red line across the chart illustrates the trust Stat & Mand Training Workbook compliance target which is currently set at 90%.

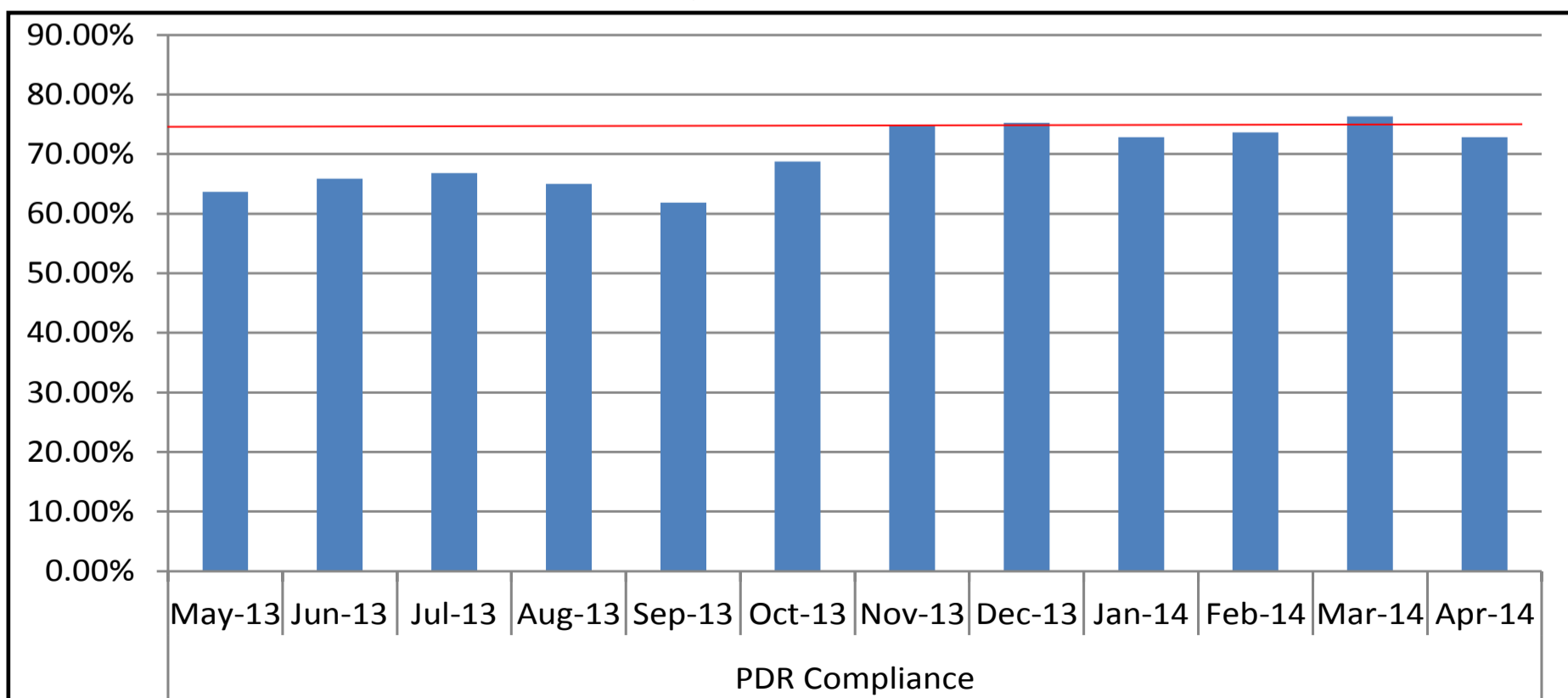


Staff Appraisals

Directorates	Compliant	Overdue	No PDR Recorded
174 Chiref Executive Directorate	75.00%	12.50%	12.50%
174 Clinical Directorate	87.50%	12.50%	0.00%
174 Finance and Performance Directorate	74.06%	19.46%	6.49%
174 Operations Directorate	71.59%	26.00%	2.41%
174 People & Engagement Directorate	67.61%	29.58%	2.82%
174 Standards & Compliance Directorate	77.36%	5.93%	16.71%
Grand Total	72.81%	22.41%	4.77%

PDR Compliance from May 2013 to Apr 2014

The red line across the chart illustrates the Trust PDR target of which is currently 75%.



This month 2943 assignments of the possible 4042 (72.81 %) have an in- date PDR recorded in ESR for the current appraisal period.

The table above shows the PDR compliance per Directorate and the following staff have been removed: long term sick, maternity, external secondment, inactive assignment, honorary contracts and all new starters who commenced employment between 1 February 2014 and 30 April 2014.



Section 5

Finance



	Reference
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date, is £1.274m (6.6%). This is slightly above the first months plan of £1.257m (6.5%). 	5.4 5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has reported a surplus as at the end of April 2014 of £0.300m against a planned surplus of £0.325m. 	5.4
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £13.112m at 30th April 2014 against a plan of £12.992m. The Monitor Risk Rating for liquidity is 38.2 days against a plan of 38.4 days, giving a rating of 4. 	5.8 / 5.11 5.2
MONITOR RISK RATING	
<ul style="list-style-type: none"> Overall the Trust has achieved a rating of 4. The I&E surplus margin net of dividend and impairment was 1.6%, against a plan of 1.7% achieving a rating of 3. 	5.2
MONITOR CONTINUITY OF SERVICE	
<ul style="list-style-type: none"> Overall the Trust has achieved a rating of 4. 	5.2
CIP DELIVERY	
<ul style="list-style-type: none"> The Trust has a savings target of £10.351m for 2014/15 and identified schemes totalling £10.351m. 70% delivery of the CIP target was achieved in Month 1 against the original plan. This creates a shortfall against plan of £287k. However reserve schemes have achieved £319k of savings in month which means that overall delivery against plan is 103%. 	5.7

	Actual vs Plan
EBITDA	★
Surplus	★
Cash	★
Monitor rating	★
CIP delivery	★

Key:-

- ★ ★ ★ > 5% favourable variance
- ★ ★ Up to 5% favourable variance
- ★ On target
- ⊗ Up to 5% adverse variance
- ⊗ ⊗ > 5% adverse variance

Overall the Trust has achieved a risk rating of 4.
 The Financial Triggers are all green at the end of
 Monitor has implemented a 'Continuity of Service' rating designed to identify the level of risk to the on-going availability of key NHS services. Under this regime the Trust has achieved a rating of 4 which is the maximum i.e. the lowest level of risk.

Financial Criteria	Metric	Year to Date	Rating	Weight	Weighted Score	Actual Statistic	Comments	Calculation
Underlying Performance	EBITDA Margin (%)	Annual Target	3	25%	0.75	6.6%	Slightly ahead of target. Achieves a rating of 3.	Measures income before interest, taxes, depreciation and amortisation as a percentage of total income
		YTD Target	3	25%	0.75	6.5%		
		Actual YTD	3	25%	0.75	6.6%		
Achievement of Plan	EBITDA Achieved (% of plan)	Annual Target	5	10%	0.5	100.0%	Slightly ahead of target. Achieves a rating of 5.	Compares the value of EBITDA achieved in comparison to planned EBITDA.
		Annual Forecast	5	10%	0.5	100.0%		
		Actual YTD	5	10%	0.5	101.4%		
Financial Efficiency	Net Return after Financing (%)	Annual Target	5	20%	1	3.8%	Slightly behind target. Achieves a rating of 5.	I&E Surplus less PDC Dividend, Interest, PFI Financial, other Finance Lease costs, divided by Total Debt + balance sheet PFI and Finance Leases +Taxpayers Equity.
		YTD Target	5	20%	1	5.1%		
		Actual YTD	5	20%	1	4.7%		
	I&E Surplus Margin net of dividend (%)	Annual Target	3	20%	0.6	1.3%	Slightly behind target. Achieves a rating of 3	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income
		YTD Target	3	20%	0.6	1.7%		
		Actual YTD	3	20%	0.6	1.6%		
Liquidity Ratio	Liquidity Ratio (Days)	Annual Target	4	25%	1	41.2	Slightly behind target. Rating achieved.	Expressed as the number of days cash that is available for expenditure i.e. cash plus trade debtors plus unused working capital facility less the sum of trade creditors, other creditors and accruals
		YTD Target	4	25%	1	38.4		
		Actual YTD	4	25%	1	38.2		
Risk Rating	Risk Rating Year to Date	Annual Target			3.85			
		YTD Target			3.85			
		Actual YTD			3.85			

Financial Criteria	Metric	Year to Oct 13	Rating	Weight	Weighted score	Actual statistic	Comments	Calculation
Continuity of Service	Liquidity Ratio (days)	Actual year to date	4	50%	2	17.3	Achieving a rating of 4	Cash for liquidity purposes divided by Operating expense
	Capital Servicing capacity (times)	Actual year to date	4	50%	2	5.35	Achieving a rating of 4	Revenue available for debt service divided by capital service costs
	Continuity of Service				4			

INCOME**Income is £78k above plan (see 5.4) due to:-**

- A&E activity is 1.9% cumulatively above contract for the month ending 30th April 2014 with a value of £221k. This has been reflected in both income and expenditure budgets.
- CQUIN 2 relates to improving performance in 8 CCGs. Activity in six of the CCGs is above the threshold at which the performance targets will be re-evaluated but performance for two of the CCGs is below target. The penalty attached to this is £25k.
- PTS income is currently in line with initial plans and all CQUINs targets are anticipated to be achieved at this stage.
- Other income includes under achievement of £43k on NHS learning account (due to a lower than anticipated number of staff being trained). This is partly offset by an £11k audit rebate.

EXPENDITURE (see 5.6)

- A&E operations are underspent by £87k; with a £139k under spend on pay due to 111 vacancies across the directorate and a lower uptake of overtime than required to cover the vacancies and an over spend of £52k on non pay due to spend on meal breaks.
- A&E operations management is under spent by £28k due to vacancies.
- 111 pay is over spent against budget by £35k in April. The over spend is due to use of agency staff (Hays) where there are 10 WTE Clinical Advisors vacancies. This is costing us significantly higher than the cost of substantive posts. This cost reflects additional activity above contracted activity.
- Emergency Operations Centre is under spent by £110k overall, £82k of which is an under spend on pay due to delayed recruitment to the new EOC structure.
- PTS operations (Pay & Non Pay) is overspent by £245k as at end of April. Pay is underspent by £18k mainly due to 9% (68.0WTE) vacancy savings off-set by Non-Pay overspend of £263k. The bulk of this overspend pertains to April PTS CIP slippage and the remainder being external providers overspend.
- The Finance Directorate as a whole (including Finance, Fleet, Estates, IM&T and Procurement) is £208k overspent.
 - Fleet over spend of £232k mostly relates to non pay overspend on vehicle maintenance costs.
 - Procurement has a £18k underspend due to useage of medical gases being less than the monthly budget, and underspends on drugs, medical equipment printing.
 - Estates is overspent against budget by £19k mostly due to agency spend on Head of Estates and a project consultant for Hub & Spoke.
 - The Finance department cost centre is underspent by £28k. Pay is overspent by £1k whilst non-pay is underspent due to external consultancy fees of £18k plus an Audit fees rebate of £11k.
 - Claims & Other Payments are in line with the budget at at this stage.

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date, of £1.274m, which is above plan of £1.257m.
- The Trust's EBITDA return of 6.6% is above plan of 6.5% for the year to date. The full year plan for EBITDA is 6.6%

	Current Month			Year to Date			Full Year		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Accident & Emergency	13,864	13,839	25	13,864	13,839	25	165,913	165,913	0
Patient Transport Service	2,231	2,212	19	2,231	2,212	19	26,801	26,801	0
Other Income	3,199	3,165	34	3,199	3,165	34	38,111	38,111	0
Operating Income	19,294	19,216	78	19,294	19,216	78	230,825	230,825	0
Pay Expenditure & reserves	-13,282	-12,963	-320	-13,282	-12,963	-320	-157,921	-157,921	0
Non-Pay expenditure & reserves	-4,755	-4,979	224	-4,755	-4,979	224	-57,699	-57,699	0
Operating Expenditure	-18,037	-17,942	-96	-18,037	-17,942	-96	-215,620	-215,620	0
EBITDA	1,257	1,274	-17	1,257	1,274	-17	15,206	15,206	0
EBITDA %	6.5%	6.6%		6.5%	6.6%		6.6%	6.6%	
Depreciation	-745	-801	56	-745	-801	56	-9,918	-9,918	0
Interest payable & finance costs	0	0	0	0	0	0	-280	-280	0
Interest receivable	3	3	-1	3	3	-1	32	32	0
Profit on fixed asset disposal	0	12	-12	0	12	-12	138	138	0
Dividends, interest and other	-189	-189	0	-189	-189	0	-2,269	-2,269	0
Retained Surplus	325	300	26	325	300	26	2,908	2,908	0
I&E Surplus %	1.7%	1.6%		1.7%	1.6%		1.3%	1.3%	

Yorkshire Ambulance Service - Operational Performance

April 2014

2014/2015 Contracting Reporting (A&E - KA34 Definition vehicle arrive at scene)

A&E CONTRACT - Responses	April 2014					YTD				
Clinical Commissioning Groups (CCGs)	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000
NHS Airedale, Wharfedale and Craven CCG	1,596	1,666	70	4.4%	13	1,596	1,666	70	4.4%	13
NHS Barnsley CCG	2,776	2,793	17	0.6%	3	2,776	2,793	17	0.6%	3
NHS Bradford City CCG	1,376	1,395	19	1.4%	3	1,376	1,395	19	1.4%	3
NHS Bradford Districts CCG	3,647	3,857	210	5.8%	37	3,647	3,857	210	5.8%	37
NHS Calderdale CCG	2,598	2,497	-101	-3.9%	-18	2,598	2,497	-101	-3.9%	-18
NHS Doncaster CCG	3,724	3,887	163	4.4%	22	3,724	3,887	163	4.4%	22
NHS East Riding of Yorkshire CCG	3,255	3,337	82	2.5%	16	3,255	3,337	82	2.5%	16
NHS Greater Huddersfield CCG	2,574	2,365	-209	-8.1%	-39	2,574	2,365	-209	-8.1%	-39
NHS Hambleton, Richmondshire and Whitby CCG	1,317	1,560	243	18.5%	54	1,317	1,560	243	18.5%	54
NHS Harrogate and Rural District CCG	1,361	1,531	170	12.5%	39	1,361	1,531	170	12.5%	39
NHS Hull CCG	3,671	3,536	-135	-3.7%	-21	3,671	3,536	-135	-3.7%	-21
NHS Leeds North CCG	2,111	2,135	24	1.1%	4	2,111	2,135	24	1.1%	4
NHS Leeds South and East CCG	3,811	3,894	83	2.2%	15	3,811	3,894	83	2.2%	15
NHS Leeds West CCG	3,609	3,391	-218	-6.0%	-33	3,609	3,391	-218	-6.0%	-33
NHS North Kirklees CCG	1,913	1,877	-36	-1.9%	-7	1,913	1,877	-36	-1.9%	-7
NHS Rotherham CCG	2,984	2,842	-142	-4.8%	-19	2,984	2,842	-142	-4.8%	-19
NHS Scarborough and Ryedale CCG	1,365	1,415	50	3.7%	10	1,365	1,415	50	3.7%	10
NHS Sheffield CCG	5,861	6,263	402	6.9%	61	5,861	6,263	402	6.9%	61
NHS Vale of York CCG	3,069	3,379	310	10.1%	65	3,069	3,379	310	10.1%	65
NHS Wakefield CCG	4,068	4,155	87	2.1%	17	4,068	4,155	87	2.1%	17
SUB TOTAL (CONTRACTED)	56,686	57,775	1,089	1.9%	221	56,686	57,775	1,089	1.9%	221
ECP		766					766			
NHS Cumbria CCG		60					60			
OOA/UNKNOWN		94					94			
GRAND TOTAL*		58,695					58,695			

Yorkshire Ambulance Service - Income and Expenditure Forecast
April 2014

Budget Name	Budget manpower current month WTE	Actual manpower current month WTE	Current month over/ (under) WTE	Budget current month £	Actual current month £	Variance month Over/ (under) spend £	Budget YTD £	Actual Income / Expenditure YTD £	Variance YTD Over/ (under) spend £	Annual Budget £	Forecast Year-end Income / Expenditure £
Income				19,294,185	19,215,859	78,326	19,294,185	19,215,859	78,326	230,825,351	230,825,351
Pay											
A&E Operations	2,272.77	2,319.72	46.95	-7,788,659	-7,649,633	-139,026	-7,788,659	-7,649,633	-139,026	-92,344,154	-92,344,154
PTS Operations	772.01	755.77	-16.24	-1,424,300	-1,406,085	-18,215	-1,424,300	-1,406,085	-18,215	-17,091,632	-17,091,632
Resilience	127.16	127.71	0.55	-434,884	-435,934	1,050	-434,884	-435,934	1,050	-5,218,602	-5,218,602
EOC	388.59	355.18	-33.41	-1,109,730	-1,027,538	-82,192	-1,109,730	-1,027,538	-82,192	-13,316,761	-13,316,761
Finance	67.32	61.53	-5.79	-206,119	-211,148	5,029	-206,119	-211,148	5,029	-2,452,418	-2,452,418
Estates	42.87	39.97	-2.90	-98,888	-107,713	8,825	-98,888	-107,713	8,825	-1,186,661	-1,186,661
Fleet	188.93	165.92	-23.01	-434,533	-410,241	-24,292	-434,533	-410,241	-24,292	-5,146,802	-5,146,802
IM&T	39.98	38.97	-1.01	-125,260	-127,642	2,382	-125,260	-127,642	2,382	-1,503,133	-1,503,133
Procurement	19.53	15.30	-4.23	-39,681	-41,422	1,741	-39,681	-41,422	1,741	-476,175	-476,175
Standards & Compliance	37.55	36.16	-1.39	-140,653	-139,928	-725	-140,653	-139,928	-725	-1,423,505	-1,423,505
111	308.10	311.95	3.85	-855,369	-890,581	35,212	-855,369	-890,581	35,212	-10,164,061	-10,164,061
People & Engagement	92.59	85.68	-6.91	-283,824	-273,914	-9,910	-283,824	-273,914	-9,910	-3,405,905	-3,405,905
Clinical Directorate	31.59	32.42	0.83	-123,902	-124,551	649	-123,902	-124,551	649	-1,486,836	-1,486,836
Chief Executive	21.80	18.28	-3.52	-107,156	-105,040	-2,116	-107,156	-105,040	-2,116	-1,290,532	-1,290,532
Reserves	0.00	0.00	0.00	-109,456	-11,500	-97,956	-109,456	-11,500	-97,956	1,494,254	1,494,254
Total Pay	4,410.79	4,364.56	-46.23	-13,282,414	-12,962,870	-319,544	-13,282,414	-12,962,870	-319,544	-155,012,923	-155,012,923
Non Pay											
A&E Operations				-130,441	-182,362	51,921	-130,441	-182,362	51,921	-1,602,436	-1,602,436
PTS Operations				16,897	-246,495	263,392	16,897	-246,495	263,392	592,142	592,142
Resilience				-76,372	-98,132	21,760	-76,372	-98,132	21,760	-916,504	-916,504
EOC				-15,971	11,393	-27,364	-15,971	11,393	-27,364	-191,642	-191,642
Finance				-1,040,773	-1,023,632	-17,141	-1,040,773	-1,023,632	-17,141	-13,424,841	-13,424,841
Estates				-417,848	-414,819	-3,029	-417,848	-414,819	-3,029	-5,014,213	-5,014,213
Fleet				-1,575,563	-1,832,134	256,571	-1,575,563	-1,832,134	256,571	-18,861,225	-18,861,225
IM&T				-343,325	-341,059	-2,266	-343,325	-341,059	-2,266	-4,119,895	-4,119,895
Procurement				-230,016	-209,815	-20,201	-230,016	-209,815	-20,201	-2,859,357	-2,859,357
Standards & Compliance				-101,182	-98,610	-2,572	-101,182	-98,610	-2,572	-1,164,852	-1,164,852
111				-1,409,712	-1,381,302	-28,410	-1,409,712	-1,381,302	-28,410	-16,916,537	-16,916,537
People & Engagement				-136,638	-112,737	-23,901	-136,638	-112,737	-23,901	-1,639,620	-1,639,620
Clinical Directorate				-4,578	-5,604	1,026	-4,578	-5,604	1,026	-54,940	-54,940
Chief Executive				-31,182	-29,532	-1,650	-31,182	-29,532	-1,650	-374,203	-374,203
Reserves				-189,777	11,500	-201,277	-189,777	11,500	-201,277	-6,356,305	-6,356,305
Total Non Pay				-5,686,481	-5,953,340	266,859	-5,686,481	-5,953,340	266,859	-72,904,428	-72,904,428
Total Expenditure	4,410.79	4,364.56	-46.23	-18,968,895	-18,916,210	-52,685	-18,968,895	-18,916,210	-52,685	-227,917,351	-227,917,351
Surplus/(Deficit)				325,290	299,649	25,641	325,290	299,649	25,641	2,908,000	2,908,000

NB total non-pay includes depreciation, dividends and impairments

CIP DELIVERY

- 70% delivery of the CIP target was achieved in Month 1 against the original plan. This creates a shortfall against plan of £287k. However reserve schemes have achieved £319k of savings in month which means that overall delivery against plan is 103%.
- In A&E £57k of slippage is attributable to the missed meal breaks CIP being put on hold. £137k of slippage is explained by the A&E skill mix CIP having to be revised based on the new workforce skill mix and from the overtrade being lower than expected (1.9% instead of 3%). However, this performance has been mitigated by the overachievement of the clinical hub CIP, by £93k, and the utilisation of a reserve scheme of £277k, which aims to reduce spend on private providers.
- The underperformance against plan in PTS is explained by no savings being recorded against both the Voluntary Car Scheme CIP and an unidentified CIP of £600k for the year against total PTS planned savings of £2,279k.
- Achievement against plan is monitored by the CIP Management Group which is chaired by the Chief Executive.

CIP Tracker 2014/15

	TDA Plan	YTD Plan	YTD Actual	YTD Variance
	£000	£000	£000	£000
Planned savings				
Accident & Emergency	5,611	460.00	329	(131)
Patient Transport Service	2,279	146.00	28	(118)
Special Operations	131	9.00	5	(4)
Finance	79	5.00	5	0
Standards & Compliance	173	14.00	6	(9)
Trust wide	2,080	313.00	287	(26)
Total	10,351	947.00	660	(287)
Reserve Schemes				
Private Providers			277	277
Other			43	43
Sub total			319	319
Total	10,351	947	979	32

Summary of Top 5 Schemes 2014 / 15

CIP Scheme	Lead	2014/15	14/15 YTD Plan	14/15 YTD Actual	Variance
		£000	£000	£000	£000
A&E Skill mix	R Hobbs	3,292	302	165	(137)
Increase use of clinical hub (triage)	R Hobbs	1,257	71	164	93
Voluntary Car Scheme	J Halliwell	874	74	-	(74)
Remove missed meal break payments and AVP	R Hobbs	689	57	-	(57)
PTS Pay	J Halliwell	610	32	-	(32)
Total		6,722	536	329	(207)

SUMMARY

- Land, buildings and equipment is slightly underspent by £42k as highlighted in the Capital summary opposite.
- Stocks, trade and other receivables are higher than plan due to residual 13/14 CCG invoices and a higher than anticipated level of accrued income pending resolution of CCG billing for 111.
- Creditors are higher than anticipated largely due to a residual high value of capital creditors brought forward from last financial year.
- Cash reflects the minor slippage in the capital plan.

CAPITAL SUMMARY

- The purchase of land for the additional HART Car Park is due to be finalised by the end of May.
- The Electronic Care Solution (ECS) project is anticipated to commence shortly, with expenditure due to be incurred from mid year onwards.
- The Programme figures for Estates, IT, Fleet, Plant & Machinery and Medical Equipment have been taken from the individual strategies agreed by the Board.
- The Hub & Spoke project is due to commence this financial year, subject to Board approval. The Strategic Outline Business Case is currently being developed.

Statement of Financial Position			
	Plan at 30/04/2014	Actual at 30/04/2014	Variance
	£000	£000	£000
Land, Buildings and equipment	79,805	79,763	-42
Trade and other receivables (>1 yr)	866	786	-80
Non-Current assets	80,671	80,549	-122
Stocks, Trade and other receivables (<1 yr)	11,247	16,409	5,162
Cash and cash equivalents	12,922	13,112	190
Current assets	24,169	29,521	5,352
Creditors (< 1yr)	-11,165	-16,825	-5,660
Provisions & Deferred Income(<1 yr)	-2,668	-2,526	142
Current Liabilities	-13,833	-19,351	-5,518
Provisions (>1 yr)	-8,959	-8,507	452
Borrowings	-5,837	-5,837	0
Non-Current Liabilities	-14,796	-14,344	452
Net Assets	76,211	76,375	164
Public Dividend Capital	78,594	78,594	0
Revaluation Reserve	5,238	5,236	-2
Donation Reserve	0	0	0
Income & Expenditure Reserve	-7,621	-7,455	166
Total Taxpayer's Equity	76,211	76,375	164

Capital Programme					
	Baseline Programme	Full Year Plan	Spend to 30/04/2014	Committed at 30/04/2014	(Under)/ Over plan
	£000	£000	£000	£000	£000
<u>Major Schemes</u>					
HART	100	88	6	82	0
ECS	2,200	0	0	0	0
Hub & spoke	2,400	0	0	0	0
<u>Minor Schemes</u>					
Estates	735	105	5	100	0
IM&T	1,600	11	2	9	0
Vehicles A&E	4,658	0	0	0	0
Vehicles PTS	1,290	0	0	0	0
Vehicles HART	167	0	0	0	0
Medical equipment	1,134	0	1	0	1
Total	14,284	204	14	191	1
NBV of Disposals	1,737	9	9	0	0
CRL (Including External Funds)	12,547				
Total planned resources	14,284				
Rating					★

Yorkshire Ambulance Service - Debtors and Payments

April 2014

DEBT SUMMARY

• Non NHS Debt at the end of April has increased due to a high number of invoice requests from Private & Events and Commercial Training teams. Non NHS debt over 90 days has decreased slightly due to two customer accounts being cleared by payment. NHS Debt has decreased significantly due to most of the CCG's paying 2013/14 quarter 4 CQUINs invoices.

£000	Jan-14	Feb-14	Mar-14	Apr-14
Non NHS debt	401	332	343	539
Of which >90 days overdue	180	160	162	157
NHS debt	660	4,968	3,353	1,483
Of which >90 days overdue	36	52	22	50
Total debt	1,061	5,300	3,696	2,022
Of which >90 days overdue	216	212	184	207
Provision to cover this debt	216	212	184	207

PAYMENTS

• The Trust has paid 2,141 invoices in April 2014 of which 2,029 were paid within 30 days of receipt giving an overall Better Payment Practice Code (BPPC) position of 94.77% . This is in line with the Trust's target to pay 95% of invoices within 30 days.

	Apr-14		Year to Date	
	Number	£000	Number	£000
Non NHS payables				
Total non NHS invoices paid in period	2,075	5,611	2,075	5,611
Total non NHS invoices paid within target	1,967	5,401	1,967	5,401
	94.80%	96.26%	94.80%	96.26%
NHS Payables				
Total NHS invoices paid in period	66	443	66	443
Total NHS invoices paid within target	62	435	62	435
	93.94%	98.19%	93.94%	98.19%
Total Payables				
Total invoices paid in period	2,141	6,054	2,141	6,054
Total invoices paid within target	2,029	5,836	2,029	5,836
	94.77%	96.40%	94.77%	96.40%

QUALITY, INFORMATION REPORTING, AND CQUIN

- A&E CQUIN targets - an outstanding risk remains regarding A & CQUIN target 6 (Underperforming CCGs) for Q4 for which a value of £454k has been reflected in the year end financial position for 2013/14. The exact value is yet to be determined.
- In April the targets set in CQUINs goal 2 (underperforming CCGs) has not been achieved in 2 CCGs (Airedale, Wharfedale & Craven, and Leeds North) so the position has been adjusted by £25k to reflect this.

RISK SUMMARY

Description	Total Value of Risk	In Financial Position YTD	In Forecast Position	Mitigation
In the Financial Position	£000	£000	£000	
CIP non-delivery by 10%	1,035	0	0	CIP over achievement at month 1 through the use of reserve schemes, 70% achievement against original plan.
A&E contractual penalties - RED 1	3,109	0	0	Red 1 and Red 2 targets were not achieved for April, a penalty of £259k per target per month being applicable if cumulative performance for the year is not achieved.
A&E contractual penalties - RED 2	3,109	0		
111 income risk (based 50% of call volume)	140	12	140	KPI non delivery assumed in current finance position.
25% Non delivery of CQUINS - A&E	988	25	25	A&E CQUIN goal 2 not achieved in 2 CCG areas
25% Non delivery of CQUINS - PTS	158	0	0	As the CQUINs are investigatory in nature YAS anticipate to achieve all of the goals set at this point.
GRAND TOTAL	8,539	37	165	

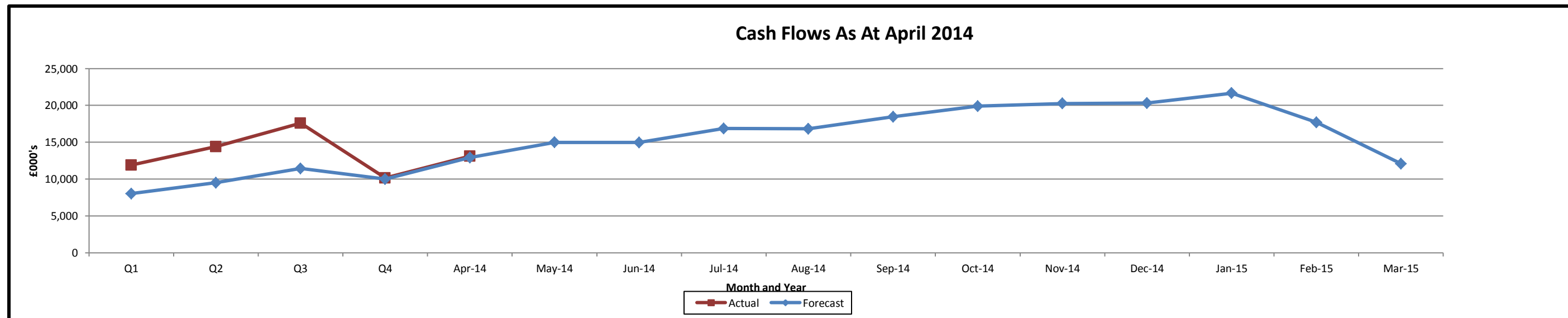
Yorkshire Ambulance Service - Cash Flow

April 2014

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Q1	Actual Q2	Actual Q3	Actual Q4	Actual Apr-14	Forecast May-14	Forecast Jun-14	Forecast Jul-14	Forecast Aug-14	Forecast Sep-14	Forecast Oct-14	Forecast Nov-14	Forecast Dec-14	Forecast Jan-15	Forecast Feb-15	Forecast Mar-15
Actual/Forecast Opening Cash Balance	6,845	11,904	14,384	17,588	10,142	12,992	14,990	14,962	16,881	16,841	18,445	19,905	20,262	20,309	21,667	17,710
Cash Inflows																
Income from Activities	58,360	57,586	57,173	64,250	17,719	20,107	19,415	20,193	18,672	18,931	19,561	18,880	19,521	20,158	19,134	17,043
Interest Receivable	9	10	12	9	3	3	2	3	3	2	3	3	2	3	3	2
Capital Receipts	15	32	18	0	12	0	0	0	0	0	0	0	0	711	1,062	101
Loans	0	0	0	0	0	0	0	0	0	2,200	0	0	0	0	0	0
PDC Capital *	0	1,615	0	2,885	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Inflows	58,384	59,243	57,203	67,144	17,734	20,110	19,417	20,196	18,675	21,133	19,564	18,883	19,523	20,872	20,199	17,146
Cash Outflows																
Pay	37,263	38,395	38,456	41,097	9,730	12,940	12,877	12,873	12,832	12,905	12,880	12,856	12,855	12,858	12,842	12,869
Non-pay	15,551	15,400	14,783	22,334	4,832	5,077	5,806	5,234	5,456	5,206	4,489	5,345	5,949	5,664	4,902	6,043
Interest Payable	0	61	0	58	0	0	0	0	0	57	0	0	0	0	0	78
PDC Dividends	0	1,024	0	997	0	0	0	0	0	1,134	0	0	0	0	0	1,135
Capital Expenditure	511	1,716	760	9,937	202	25	762	170	427	60	735	325	672	992	6,412	2,269
Loans	0	167	0	167	0	0	0	0	0	167	0	0	0	0	0	387
PDC Capital *	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	53,325	56,763	53,999	74,590	14,764	18,042	19,445	18,277	18,715	19,529	18,104	18,526	19,476	19,514	24,156	22,781
Net Cash Inflow/(Outflow)	5,059	2,480	3,204	-7,446	2,970	2,068	-28	1,919	-40	1,604	1,460	357	47	1,358	-3,957	-5,635
Actual Closing Cash Balance	11,904	14,384	17,588	10,142	13,112											
Forecast Closing Cash Balance (per TDL Plan)	8,015	9,503	11,437	9,987	12,922	14,990	14,962	16,881	16,841	18,445	19,905	20,262	20,309	21,667	17,710	12,075

The cash position is in line with the plan and reflects current months slippage in the capital programme.



Hospital	Apr-14				YTD			
	Post Handover Greater than 30 Less Than 60 Minutes Breaches	Post Handover Greater than 60 Minutes Breaches	Total Breaches	Total handover	Post Handover Greater than 30 Less Than 60 Minutes Breaches	Post Handover Greater than 60 Minutes Breaches	Total Breaches	Total Arrivals At Destination
AIREDALE GENERAL HOSPITAL	6 £120	1 £100	7 £220	1163	6 £120	1 £100	7 £220	1163
BARNSELY DISTRICT GENERAL	8 £160	0 £0	8 £160	1818	8 £160	0 £0	8 £160	1818
BRADFORD ROYAL INFIRMARY	22 £440	4 £400	26 £840	3234	22 £440	4 £400	26 £840	3234
CALDERDALE ROYAL HOSPITAL	7 £140	1 £100	8 £240	1539	7 £140	1 £100	8 £240	1539
HUDDERSFIELD ROYAL INFIRMARY	11 £220	2 £200	13 £420	1496	11 £220	2 £200	13 £420	1496
HULL ROYAL INFIRMARY	86 £1,720	1 £100	87 £1,820	3566	86 £1,720	1 £100	87 £1,820	3566
DEWSBURY DISTRICT HOSPITAL	5 £100	3 £300	8 £400	1166	5 £100	3 £300	8 £400	1166
PINDERFIELDS GENERAL HOSPITAL	12 £240	3 £300	15 £540	2850	12 £240	3 £300	15 £540	2850
PONTEFRACT GENERAL INFIRMARY	0 £0	0 £0	0 £0	105	0 £0	0 £0	0 £0	105
DONCASTER ROYAL INFIRMARY	16 £320	4 £400	20 £720	2513	16 £320	4 £400	20 £720	2513
FRIARAGE HOSPITAL	4 £80	0 £0	4 £80	494	4 £80	0 £0	4 £80	494
HARROGATE DISTRICT HOSPITAL	8 £160	0 £0	8 £160	964	8 £160	0 £0	8 £160	964
LEEDS GENERAL INFIRMARY	23 £460	3 £300	26 £760	2337	23 £460	3 £300	26 £760	2337
ST JAMES UNIVERSITY HOSPITAL	21 £420	1 £100	22 £520	3316	21 £420	1 £100	22 £520	3316
NORTHERN GENERAL HOSPITAL	13 £260	4 £400	17 £660	3396	13 £260	4 £400	17 £660	3396
ROTHERHAM DISTRICT GENERAL HOSPITAL	5 £100	1 £100	6 £200	1677	5 £100	1 £100	6 £200	1677
SCARBOROUGH DISTRICT GENERAL HOSPITAL	15 £300	3 £300	18 £600	1516	15 £300	3 £300	18 £600	1516
YORK DISTRICT HOSPITAL	35 £700	3 £300	38 £1,000	1924	35 £700	3 £300	38 £1,000	1924
SHEFFIELD CHILDRENS HOSPITAL	0 £0	1 £100	1 £100	347	0 £0	1 £100	1 £100	347
Grand Total Handover				35421				35421
Grand Total Breaches	297	35	332		297	35	332	
Grand Total Cost	£5,940	£3,500	£9,440		£5,940	£3,500	£9,440	

Number of Post Handover is the Total Arrivals with a Handover Time

Number of Post Handover Breaches is 'Post Handover (Handover to Clear) Greater than 30 Less Than 60 Minutes' + 'Post Handover (Handover to Clear) Greater than 60 Minutes'