



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

June 2014



Contents

1	Executive Summary		
E1	Directors Exceptions - Overall	3.3	Safety - Infection Prevention and Control
1.1	2014-15 Business Plan Objectives	3.4	Safety - New Incidents Reported & Rate Based
1.2	Contractual Compliance	3.5	Safety - Patient Related Incidents & Rate Based
		3.6	Safety - Medication Related Incidents & Morphine Related Incidents
2	Performance	3.7	Safety - Staff related Incidents & Rate Based
2a	A&E Performance	3.8	Safety - RIDDOR reportable Incidents
E2	Directors Exceptions	3.9	Safety - SUI Incidents by area
C1	Directors Comments - A&E Performance	3.10	Safeguarding Children and Vulnerable Adults
CQ1	A&E CQUINS	3.12	Clinical Audit
CQ2	CQUIN 6 - Red Performance by CCG	3.13	Patient Experience & Involvement - Complaints, Concerns, Comments & Compliments A&E / EOC
2.1	Total Demand & Resource Hours	3.14	Patient Experience & Involvement - Complaints, Concerns & Compliments PTS
2.2	Cat R1 8 Minute Performance & Cat R2 8 Minute Performance	3.15	Patient Experience & Involvement - Complaints, Concerns & Compliments 111
2.3	Cat R1 & R2 - 8 Minute Performance & 19 Minute Performance	3.16	Patient Experience & Involvement - Complaints & Concerns response times
2.3a	Category RED & GREEN - RRV Time waiting for back up	3.17	Patient Experience - A & E Survey
2.4	Operational Delivery Model	3.18	Patient Experience - PTS Survey
2.4a	Operational Delivery Model	3.19	Care Quality Commission and Other Registration Legislation Standards
2.5	Demand and Performance by CCG & CBU (Responses)	3.20	Information Governance
2.6	Resilience	4	Workforce
E3	Directors Exceptions - AQI	4.1	Workforce Scorecard
2.7	Ambulance Quality Indicators Summary	4.2	Staff in Post by Band
2b	PTS Performance	4.3	Ethnicity & Age/Gender Profile
E4	Directors Exceptions - PTS	4.4	Age & Gender Profile
C2	Directors Comments on Actual Performance	4.5	Age & Gender Profile
CQ3	PTS CQUINS	4.6	Sickness Absence
2.8	PTS Demand	4.7	Sickness Absence
2.9	PTS Performance - Arrival KPI 1	4.8	Occupational Health
2.10	PTS Performance - Arrival KPI 2	4.5	Overtime, Vacancies & Turnover
2.11	PTS Performance - Departure KPI 3	4.10	Learning & Development
2.12	PTS Performance - Departure KPI 4	5	Finance
2.13	PTS Performance - West Renal KPI's	5.1	Financial Performance Overview
2.14	Abortive Journeys	5.2	Monitor Financial Risk Rating
2.15	PTS Call Answering Performance	5.3	Director's Commentary
2c	NHS 111 Performance	5.4	Statement of Comprehensive Income
E5	Directors Exceptions - 111	5.5	A&E Contracting
2.16	NHS 111 Performance	5.6	Income & Expenditure Forecast
2d	Support Services Performance	5.7	CIP Delivery
2.17	ICT Summary	5.8	Statement of Financial Position
2.18	ICT Summary (cont'd)	5.9	Debtors and Payments
2.19	Estates and Procurement	5.10	Financial Risks
2.20	Fleet	5.11	Cash Flow
3	Quality Analysis	5.12	Hospital Handover Cost
E6	Directors Exceptions		
C3	Directors Comments - Quality		
3.1	Quality Summary		
3.2	Service Transformation Programme		



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	3/3	RED 1 Performance	June saw an increased in total demand of 5.4%, an additional 3000 responses. RED demand was up by over 16%, which was an increase of 3,500 incidents. Red 1 performance was 68.01%. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.	Executive Director of Operations		GREEN
RED	2.2	3/3	RED 2 Performance	June saw an increased in total demand of 5.4%, an additional 3000 responses. RED demand was up by over 16%, which was an increase of 3,500 incidents. Red 2 performance was 68.4%. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.	Executive Director of Operations		GREEN
RED	2.5	3/3	Green 1 Performance	June saw an increased in total demand. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.	Executive Director of Operations		GREEN
RED	2.9	2/3	Patients Picked up within 120 minutes before Appointment - South Consortia	Achieved 95.5 Target 96.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.10	3/3	KPI 2 - Patients arriving on time for their appointment	Achieved 89.2 Target 90.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.10	3/3	KPI 2 - Patients arriving on time for their appointment	Achieved 80.8 Target 82.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.11	2/3	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Achieved 88.7 Target 89.26 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager East Yorkshire	On-going	GREEN
RED	2.11	3/3	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Achieved 93.2 Target 95.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.11	3/3	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Achieved 88.3 Target 90.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.12	1/3	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 95.8 Target 96.0 Exceptional demand for ON DAY SHORT NOTICE difficulty in managing against reduction in sub contract and taxi spend.	Locality Manager West Yorkshire	On-going	GREEN
RED	2.12	3/3	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 94.7 Target 98.0 Exceptional demand for ON DAY SHORT NOTICE difficulty in managing against reduction in sub contract and taxi spend.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.12	2/3	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 95.7 Target 99.0 Exceptional demand for ON DAY SHORT NOTICE difficulty in managing against reduction in sub contract and taxi spend.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.16	3/3	Total % of Warm transfers as a percentage of clinical advisor calls (Target 95%)	Continued implementation of NHS 111 service optimisation plan. Safe patient care delivered with prioritised Clinical Adviser follow up. Discussion has been held with commissioners to agree relevant KPIs and improvement targets.	AD NHS 111/Urgent Care	Mar-15	RED
RED	3.2	1/3	Estates	Hub and Spoke - ORH model awaiting operational management sign off in the South.	Executive Director of Finance	On-going	RED
RED	3.2	1/3	Make Ready	Due to delays in recruiting to project management post.	Executive Director of Finance	On-going	RED
RED	3.9	1/3	Increase in Serious Incidents	Further work to analyse the underlying causes and initiation of a proactive case review process in relation to delayed responses. Information from incident and near miss reports is being used to inform the Operational Improvement Plan.	Executive Director of Standards and Compliance	Aug-14	GREEN
RED	4.1	3/3	PDR's	Update reports are sent to Directors with a request to ensure that the overall completion rate is maintained at >75%	Directors and Managers	Aug-14	GREEN
RED	4.6	3/3	Sickness / Absence %	Continue to work with managers to ensure absence policy properly applied and appropriate action taken. Still hampered by the national negotiations on deduction of unsocial hours payments. Policy enforcement together with staff engagement work continues	All Directors and Managers	Aug-14	AMBER

Care Quality commission priorities		Safe	Effective	Caring	Well-led	Responsive									
Yorkshire Ambulance Service - Aims		Continuously improving patient care		Setting high standards of performance		Always learning	Spending public money wisely								
2014-15 BUSINESS PLAN OBJECTIVES		Lead Director	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Strategic Objectives			RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast
1. Improve clinical outcomes for key conditions															
1a	Improve survival to discharge for cardiac arrest	Julian Mark	GREEN	GREEN	GREEN										GREEN
1b	Reduce mortality from major trauma	Julian Mark	AMBER	AMBER	AMBER										AMBER
1c	Training and supporting our staff	Ian Brandwood/ Steve Page	AMBER	GREEN	GREEN										GREEN
2. To deliver timely emergency and urgent care in the most appropriate setting															
2a	Reduce variability and deliver Red 1 and Red 2 targets on a consistent basis through implementation of new rotas	Russell Hobbs	AMBER	AMBER	AMBER										AMBER
2b	Increase non-conveyance rates	Russell Hobbs	AMBER	AMBER	AMBER										AMBER
2c	Building and maintaining successful partnerships including NHS 111	Rod Barnes	AMBER	AMBER	AMBER										AMBER
2d	Develop care pathways for specialist groups	Julian Mark	GREEN	GREEN	GREEN										GREEN
2e	Develop urgent care transport and inter-facility transport solutions	Russell Hobbs	AMBER	AMBER	AMBER										AMBER
2f	Expansion of community-based Emergency Care Practitioners and Advanced Paramedics	Julian Mark	GREEN	GREEN	GREEN										GREEN
2g	Continue the development and roll-out of ePRF and Paramedic Pathfinder	Rod Barnes	GREEN	GREEN	GREEN										GREEN
3. To provide clinically-effective services which exceed regulatory and legislative standards															
3a	Implement recommendations from the Francis Report, Keogh Review, Winterbourne View Review and Berwick Report.	Steve Page	GREEN	GREEN	GREEN										GREEN
3b	Improve performance in Ambulance Clinical Quality Indicators (ACQIs)	Julian Mark/Russell Hobbs	GREEN	GREEN	GREEN										GREEN
3c	Continued expansion of the Clinical Hub	Russell Hobbs	GREEN	GREEN	GREEN										GREEN
3d	Deliver Red 1 and Red 2 targets on a consistent basis through implementation of new rotas	Russell Hobbs	AMBER	AMBER	AMBER										GREEN
4. To provide services which exceed patient and Commissioners' expectations															
4a	Improve patient involvement and experience	Steve Page	GREEN	GREEN	GREEN										GREEN
4b	Develop services in partnership with others	Steve Page	GREEN	GREEN	GREEN										GREEN
5. To develop culture, systems and processes to support continuous improvement and innovation															
5a	Ensure our fleet and estates meet the needs of a modern service through development of a Hub and Spoke and Make Ready business model	Rod Barnes	GREEN	GREEN	RED										GREEN
5b	Implementation of Service Line Management	Rod Barnes	AMBER	AMBER	RED										AMBER
6. To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future															
6a	Staff engagement including listening to staff with a focus on embedding our values and objectives and incorporating feedback received	Ian Brandwood	AMBER	AMBER	AMBER										AMBER
6b	Support clinical staff development through the introduction of a new clinical leadership and supervision model	Ian Brandwood	AMBER	AMBER	AMBER										AMBER
7. To be at the forefront of healthcare resilience and public health improvement															
7a	Improving engagement with patients, the public, clinical commissioning groups and other key stakeholders	Steve Page	GREEN	GREEN	GREEN										GREEN
7b	Finalisation of new HART facility	Rod Barnes	GREEN	GREEN	GREEN										GREEN
7c	Introduction of YAS Forum	David Whiting/ Anne Allen	GREEN	GREEN	GREEN										GREEN
8. To provide cost-effective services that contribute to the objectives of the wider health economy															
8a	Deliver cost improvement programmes	Rod Barnes	GREEN	GREEN	GREEN										GREEN
8b	Improve financial performance	Rod Barnes	GREEN	GREEN	GREEN										GREEN
8c	Monitor sustainability of service lines	Rod Barnes	AMBER	AMBER	AMBER										AMBER
8d	Drive forward whole-system efficiencies	Rod Barnes	AMBER	AMBER	AMBER										AMBER

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				2.2	↓	↓	↓									
	Red 2 Performance	>=75%	-	<75%	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	↑	↔	↑									
EOC	Complaints (% Rate)	<0.125%	Between 0.125% & 0.174%	>0.175%	3.13	↓	↓	↑									
	Time to answer 50% (YTD) *				2.7	↔	↔	↔									
	Time to answer 95% (YTD) *				2.7	↓	↔	↔									
	Abandoned calls (YTD) *				2.7	↑	↓	↔									
PTS	Recontact 24 hours telephone (YTD) *				2.7	↑	↑	↔									
	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 2.11 for Red RAG Status</i>				2.11	↔	↓	↔									
ALL	Complaints (% Rate)	<0.125%	Between 0.125% & 0.174%	>0.175%	3.14	↓	↓	↑									
	Serious Incidents	0	-	1	3.9	↔	↓	↑									
	Incidents and near misses (% Rate)	<0.225%	Between 0.225% & 0.274%	>0.275%	3.4	↑	↑	↑									
	Sickness / Absence	<5%	-	>=5%	4.6	↓	↓	↓									
PDR Compliance	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	RED	RED										GREEN
GREEN	GREEN	GREEN										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
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
Nothing to Report

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

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

Monitor Risk Ratings (Quarterly)

Finance							
Quarter 1		Quarter 2		Quarter 3		Quarter 4	
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	3/3	RED 1 Performance	June saw an increased in total demand of 5.4%, an additional 3000 responses. RED demand was up by over 16%, which was an increase of 3,500 incidents. Red 1 performance was 68.01%. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.	Executive Director of Operations		GREEN
RED	2.2	3/3	RED 2 Performance	June saw an increased in total demand of 5.4%, an additional 3000 responses. RED demand was up by over 16%, which was an increase of 3,500 incidents. Red 2 performance was 68.4%. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.	Executive Director of Operations		GREEN
RED	2.5	3/3	Green 1 Performance	June saw an increased in total demand. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.	Executive Director of Operations		GREEN

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

June saw an increased in total demand of 5.4%, an additional 3000 responses. RED demand was up by over 16%, which was an increase of 3,500 responses. Red 1 performance was 68.01%. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.

Business Continuity:

YAS BC Department has been asked to support Huddersfield and Calderdale FT with their Business Continuity Management System, this takes the form of consultancy and training and is a commercial relationship. They have procured 20 days of support and that commenced this month.

Plans have been developed with ICT,PTS,EOC and ICT to progress them to ISO22301 certification in 2015. The process has been reduced due to the documentation review and top management evidence provided by the Resilience team certification. The target day for assessment is May 2015 for these departments

BC Plans Issued:

- Business Intelligence

BC Plans Completed (now sat with AD for sign-off):

- Estates
- Corporate Comms
- HR
- Standards & Compliance
- Finance

Exercises Completed:

- Standards & Compliance, tested loss of staff.

Other:

- Debrief Guidance document reviewed and put into new YAS template format
- Debrief Policy document reviewed

Resilience:

Tour de France continues remain the priority.

Resilience Manager lectured on the Health Service Commander Award programme and the UK Military Operations level two commander course

YAS, EMAS and WMAS are developing and delivery a NARU sponsored national workshop for Smart and Managed Motorways (to be delivered late autumn)

Attend Exercise Black Swan- a multi agency Counter Terrorism exercise for SYLRF testing the command resilience for Tour De France

Training:

- Humberside Tactical JESIP Courses – 2
- South Yorkshire Operational JESIP Course – 1
- West Yorkshire Tactical JESIP Courses – 2
- North Yorkshire Tactical JESIP Courses – 4
- 3 Day ECA Resilience Awareness Course – 1
- Bronze Commander Course- 1
- TDF Decon Provider Refresher Course – 1
- RST Training Day – 1
- JESIP Validation Exercise – 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

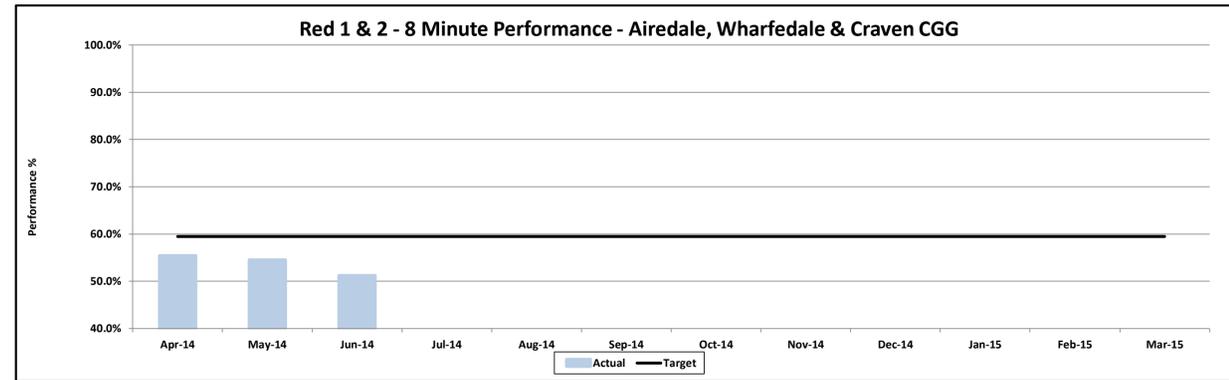
A & E CQUINS

	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	GREEN										GREEN
1. (1.2) Right Care Right Place - North & East Yorkshire ECP Scheme	10.00%	£395,164	GREEN	GREEN	GREEN										GREEN
1. (1.3) Right Care Right Place - South Yorkshire Re-contact Rates	10.00%	£395,164	GREEN	GREEN	GREEN										GREEN
1. (1.4) Right Care Right Place - West Yorkshire Paramedic Pathfinder	10.00%	£395,164	GREEN	GREEN	GREEN										GREEN
2. Underperforming CCG's - Red Performance	43.00%	£1,699,206	AMBER	AMBER	AMBER										GREEN
3. Improving Patient Safety & Reducing Harm	7.00%	£276,615	GREEN	GREEN	GREEN										GREEN
4. (4.1) Friends & Family Implementation of Staff FFT - NHS Trusts only	3.00%	£118,549	GREEN	GREEN	GREEN										GREEN
4. (4.2) Friends & Family Early Implementation	4.00%	£158,066	GREEN	GREEN	GREEN										GREEN
4. (4.3) Friends & Family Phased Expansion	3.00%	£118,549	GREEN	GREEN	GREEN										GREEN
TOTAL	100.00%	£3,951,641													

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

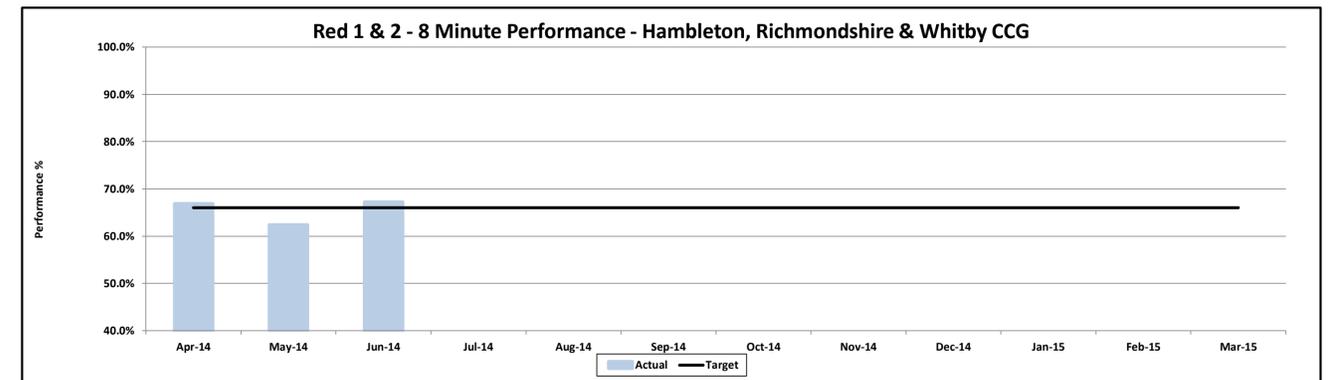
Comments

CQUIN 2 - Red Performance by CCG

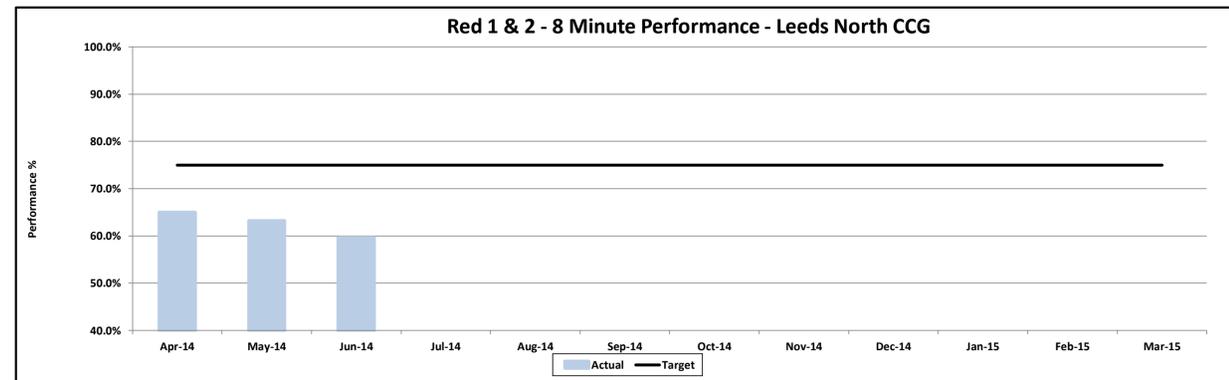


Airedale, Wharfedale & Craven CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%	59.5%
Actual	55.4%	54.5%	51.2%										53.7%

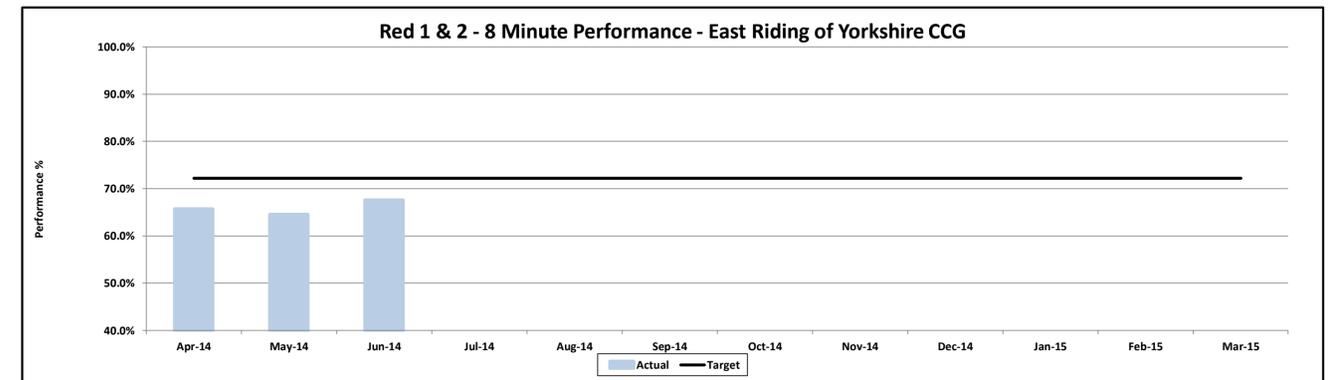
* Trajectory includes Cumbria CCG



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%	62.4%	67.2%										65.4%

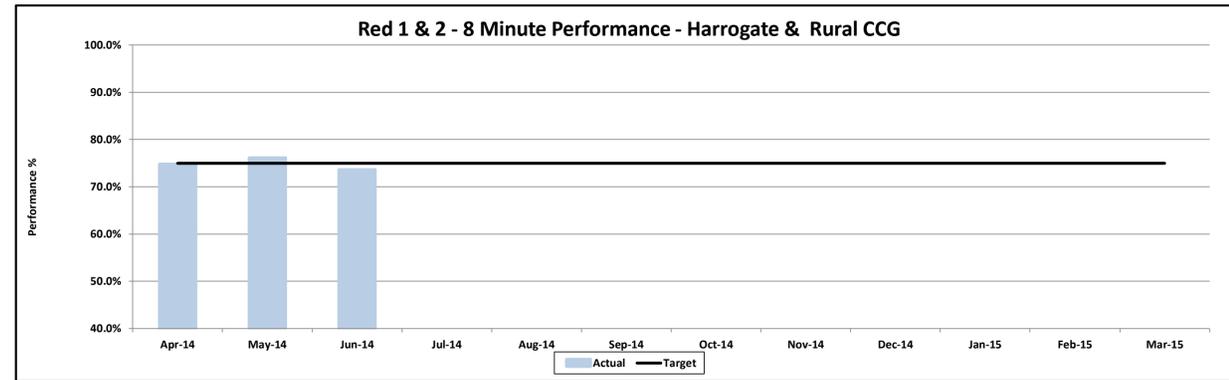


Leeds North CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual	65.0%	63.2%	59.6%										62.7%



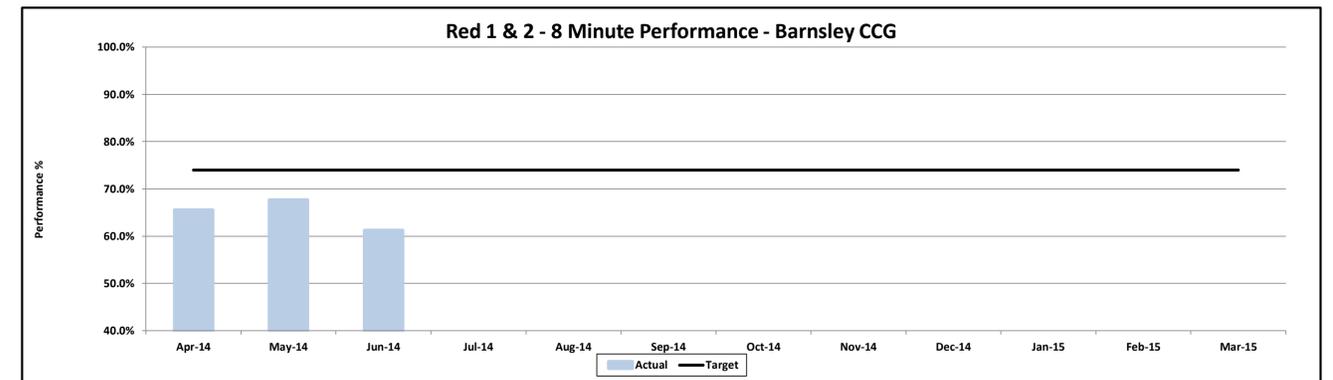
East Riding of Yorkshire CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%
Actual	65.7%	64.5%	67.6%										65.9%

CQUIN 2 - Red Performance by CCG

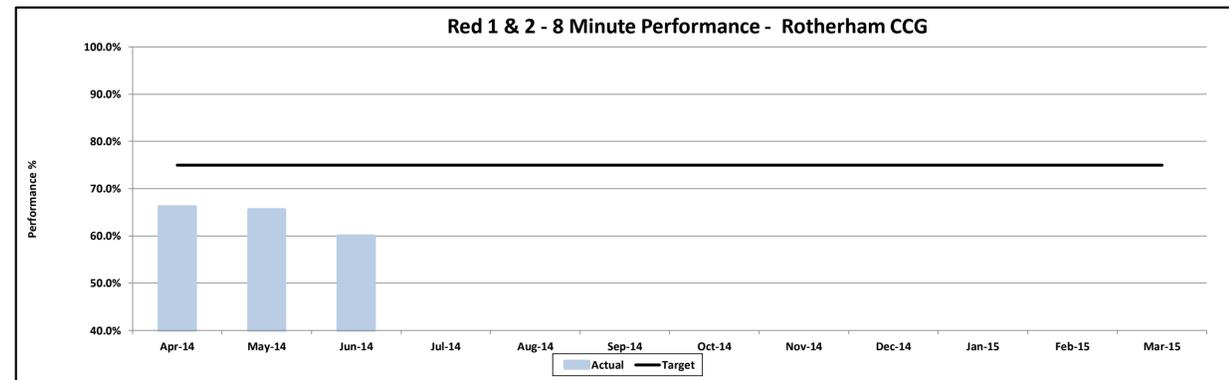


Harrogate & Rural CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual	74.7%	76.1%	73.6%										74.8%

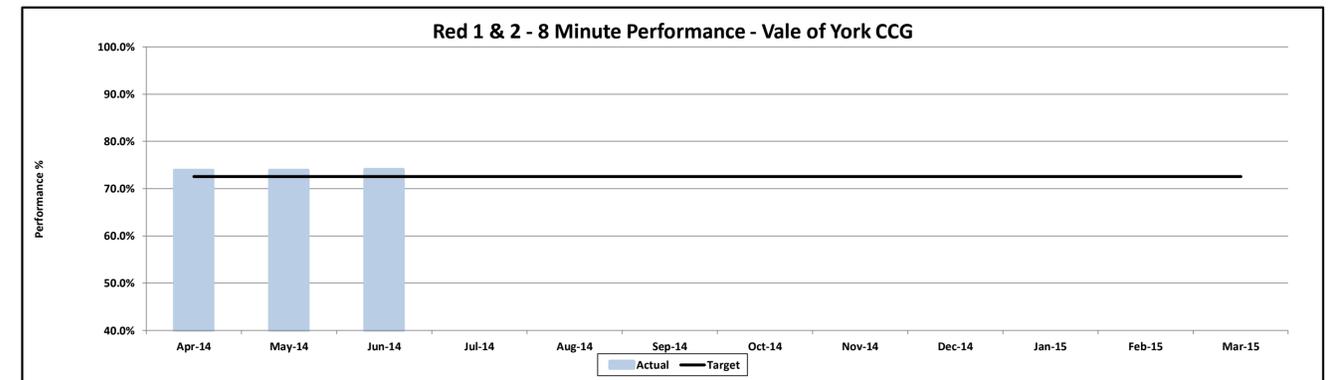
* Trajectory includes Cumbria CCG



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%	67.7%	61.2%										64.8%



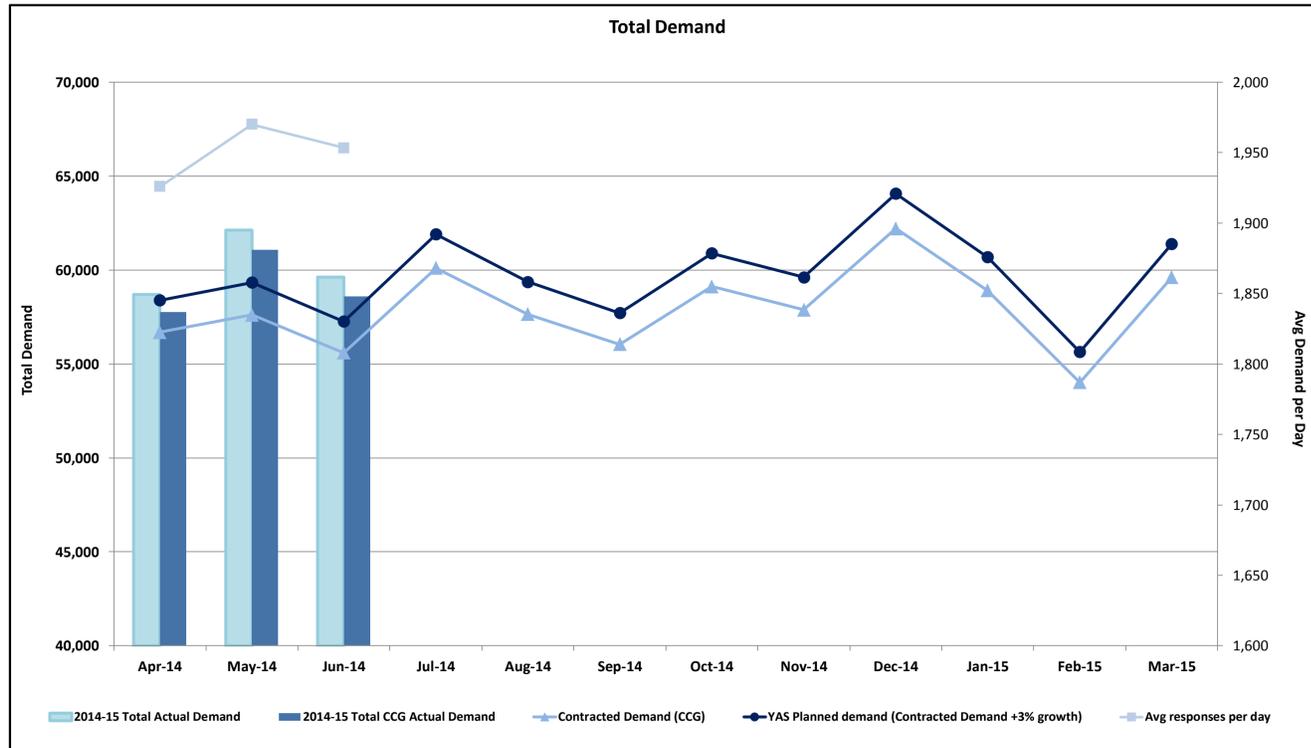
Rotherham CCG	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual	66.1%	65.5%	60.0%										63.9%



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%	73.8%	74.0%										73.9%

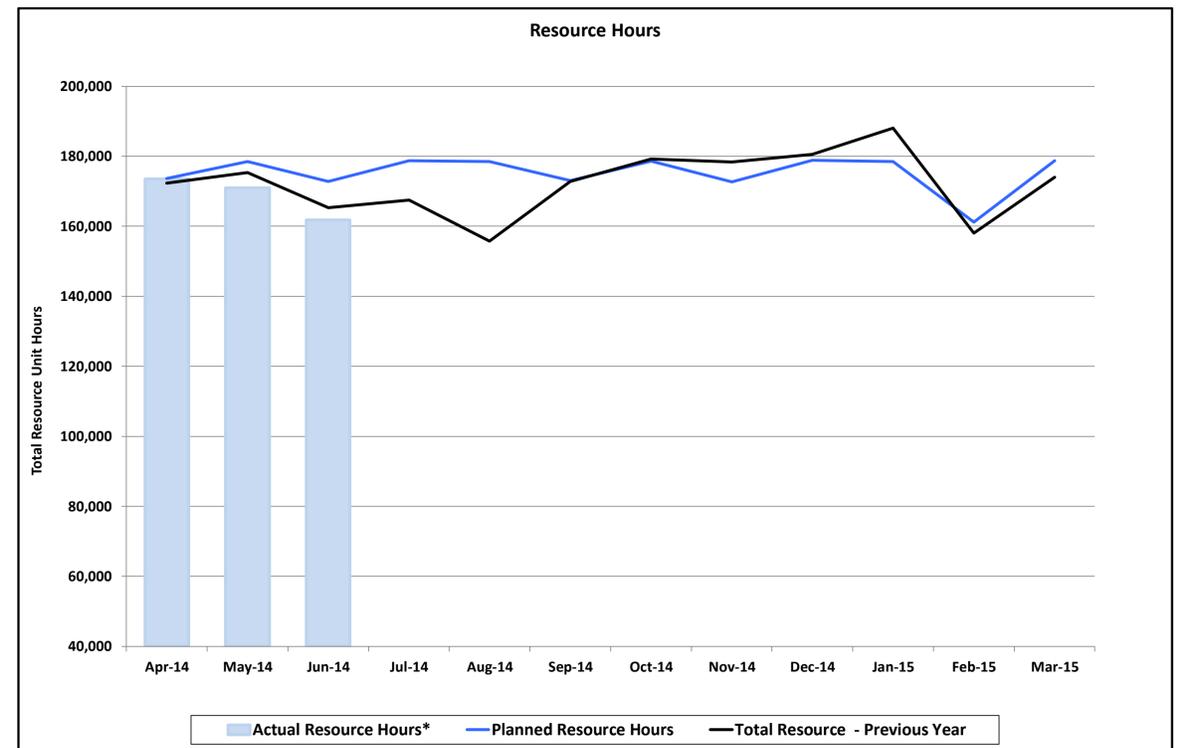
Total Demand

YTD RAG	GREEN
MTD RAG	GREEN



Resource Hours

YTD RAG	GREEN
MTD RAG	AMBER



	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	173,062	706,666
2014-15 Total Actual Demand	58,695	62,128	59,626										180,449	
% Variance Current Year to Last Year	1.7%	5.8%	5.3%										4.3%	
Contracted Demand (CCG)	56,686	57,609	55,584	60,107	57,637	56,036	59,119	57,878	62,204	58,912	54,013	59,600	169,879	695,385
YAS Planned demand (Contracted Demand +3% growth)	58,387	59,337	57,252	61,910	59,366	57,717	60,893	59,614	64,070	60,679	55,633	61,388	174,975	716,247
2014-15 Total CCG Actual Demand	57,775	61,072	58,600										177,447	
Variance to Contracted Demand	1.9%	6.0%	5.4%										4.5%	
Variance to YAS Planned Demand	-1.0%	2.9%	2.4%										1.4%	
Avg responses per day	1,926	1,970	1,953											

		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	171,019	161,849										506,465
	DCA	99,706	102,595	97,070 *										299,371
	RRV	70,854	65,655	62,397										198,906
Avg Total Resource Hours per day	ALL	5,787	5,517	5,395										
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

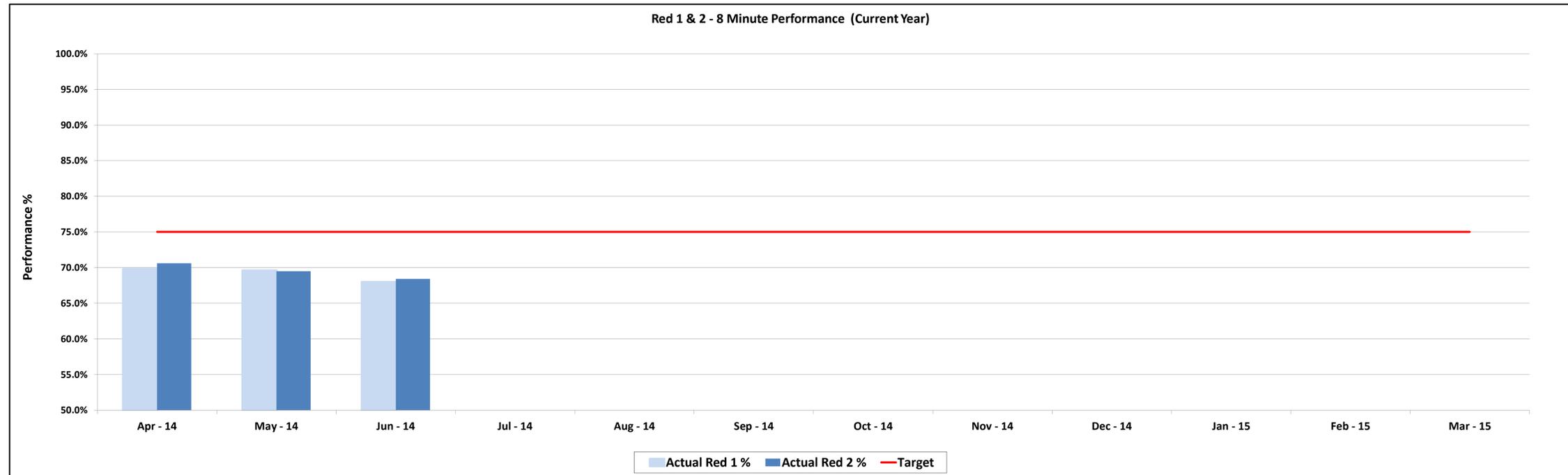
PLEASE NOTE: YAS Planned demand is based on Contracted Demand + 3% growth (a response is a distinct count of a resource arriving at scene, a resource is either a vehicle or a triaged call). Actual demand is a distinct count of a resource that has arrived scene, again this could be either a vehicle or 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%	69.6%	68.0%										69.1%
	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%	-7.2%	-7.6%										-8.3%
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%	69.5%	68.4%										69.5%
	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%	-9.2%	-10.2%										-5.6%
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%	75.8%	73.5%										73.9%
	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%	-5.3%	-2.8%										
Airedale Bradford & Leeds	Current Year	67.2%	69.7%	66.4%										67.8%
	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%	-6.7%	-7.9%										
North Yorkshire	Current Year	75.5%	72.3%	68.1%										71.8%
	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%	-2.0%	-3.2%										
The Humber	Current Year	72.2%	70.1%	72.4%										71.5%
	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%	-8.9%	-6.0%										
South Yorkshire	Current Year	66.8%	63.8%	64.4%										64.9%
	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%	-11.7%	-13.3%										

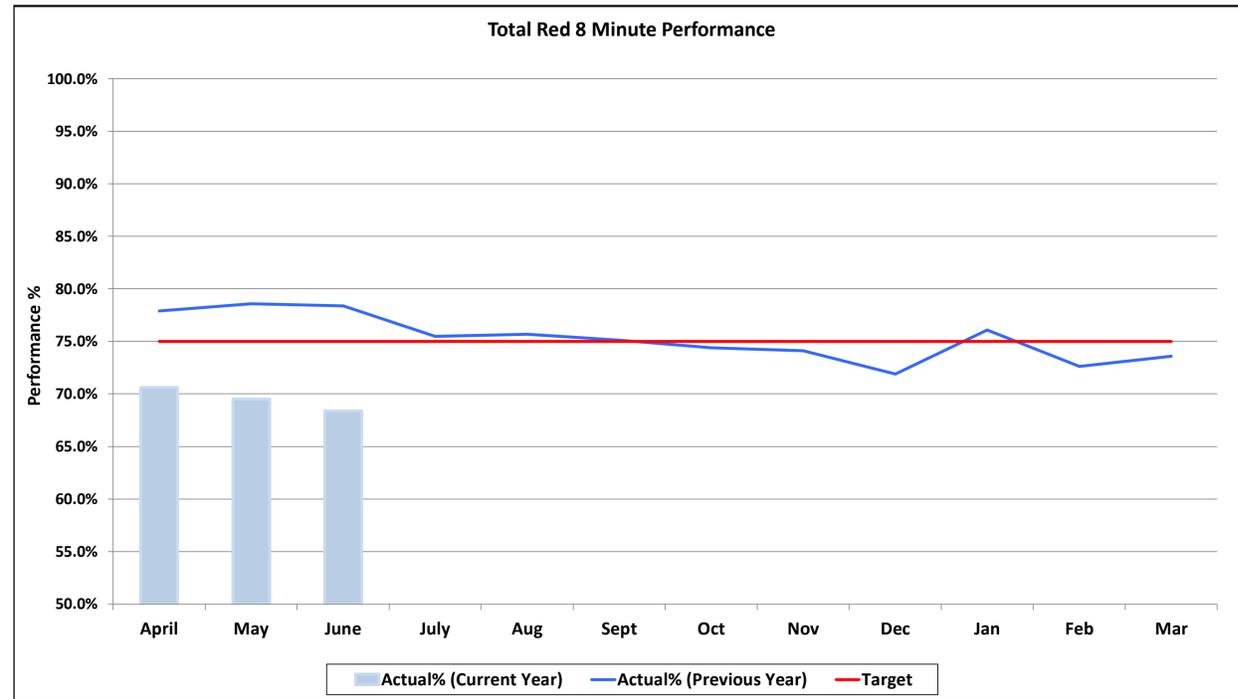
Please Note: National Average will always be 1 month in arrears

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%	70.3%	69.3%										71.0%
	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%	-10.9%	-11.4%										
Airedale Bradford & Leeds	Current Year	68.1%	67.6%	65.8%										67.2%
	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%	-11.0%	-12.7%										
North Yorkshire	Current Year	73.6%	72.8%	74.8%										73.7%
	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%	-3.4%	1.5%										
The Humber	Current Year	74.2%	72.7%	75.2%										74.0%
	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%	-9.5%	-6.1%										
South Yorkshire	Current Year	68.6%	67.8%	64.2%										66.9%
	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%	-9.4%	-14.9%										

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

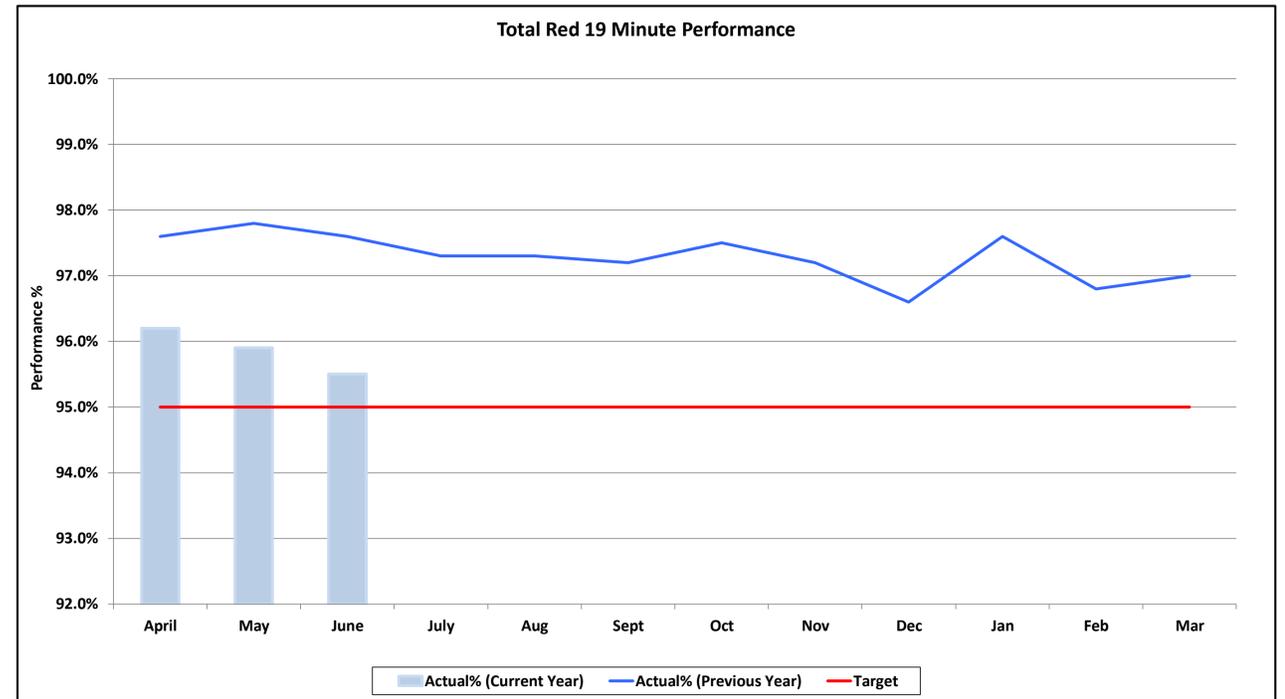


RED 8	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual% (Current Year)	70.6%	69.5%	68.4%										69.5%
Actual% (Previous Year)	77.9%	78.6%	78.4%	75.5%	75.7%	75.1%	74.4%	74.1%	71.9%	76.1%	72.6%	73.6%	75.3%
% Variance Current Year to Last Year	-7.3%	-9.1%	-10.0%										-5.8%

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%	70.7%	69.6%									71.3%
	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%	-10.5%	-10.9%									
Airedale Bradford & Leeds	Current Year	68.1%	67.8%	65.8%									67.2%
	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%	-10.7%	-12.5%									
North Yorkshire	Current Year	73.7%	72.8%	74.4%									73.6%
	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%	-3.2%	1.2%									
The Humber	Current Year	74.1%	72.5%	75.0%									73.8%
	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%	-9.5%	-6.1%									
South Yorkshire	Current Year	68.5%	67.5%	64.2%									66.8%
	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%	-9.5%	-14.9%									

Category Red 1 & 2 19 Minute Performance HQU03_02

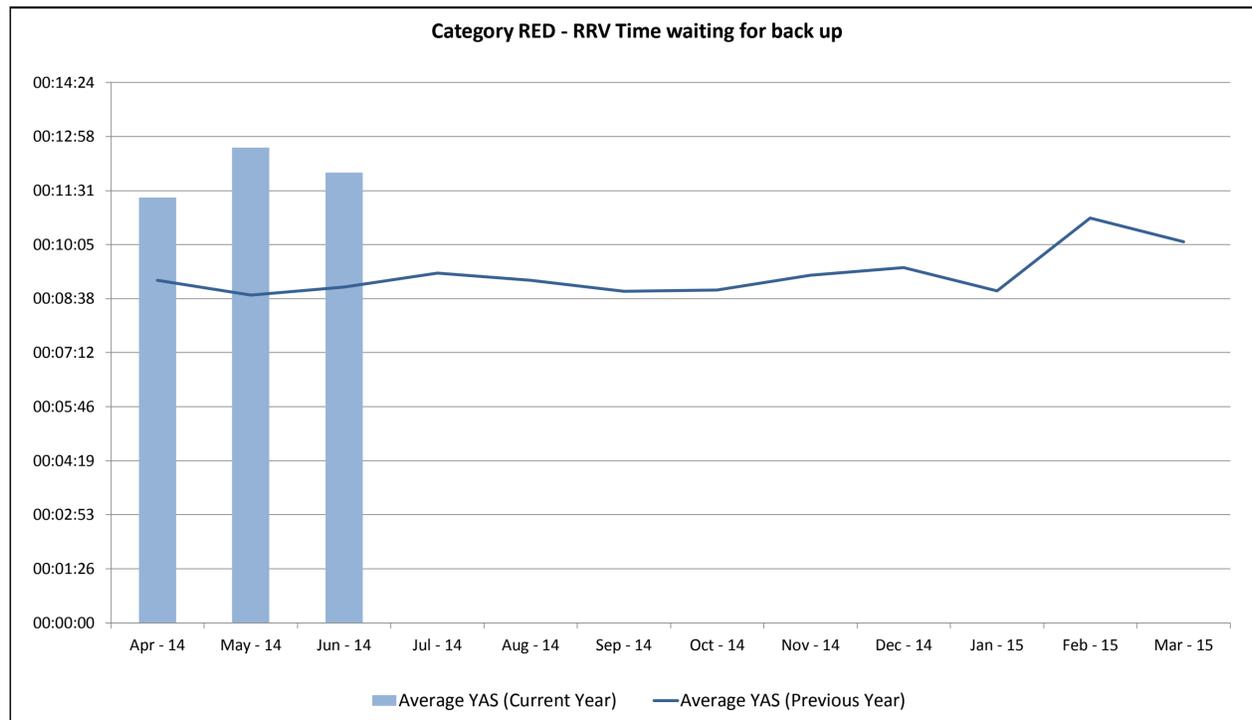
YTD RAG	GREEN
MTD RAG	GREEN



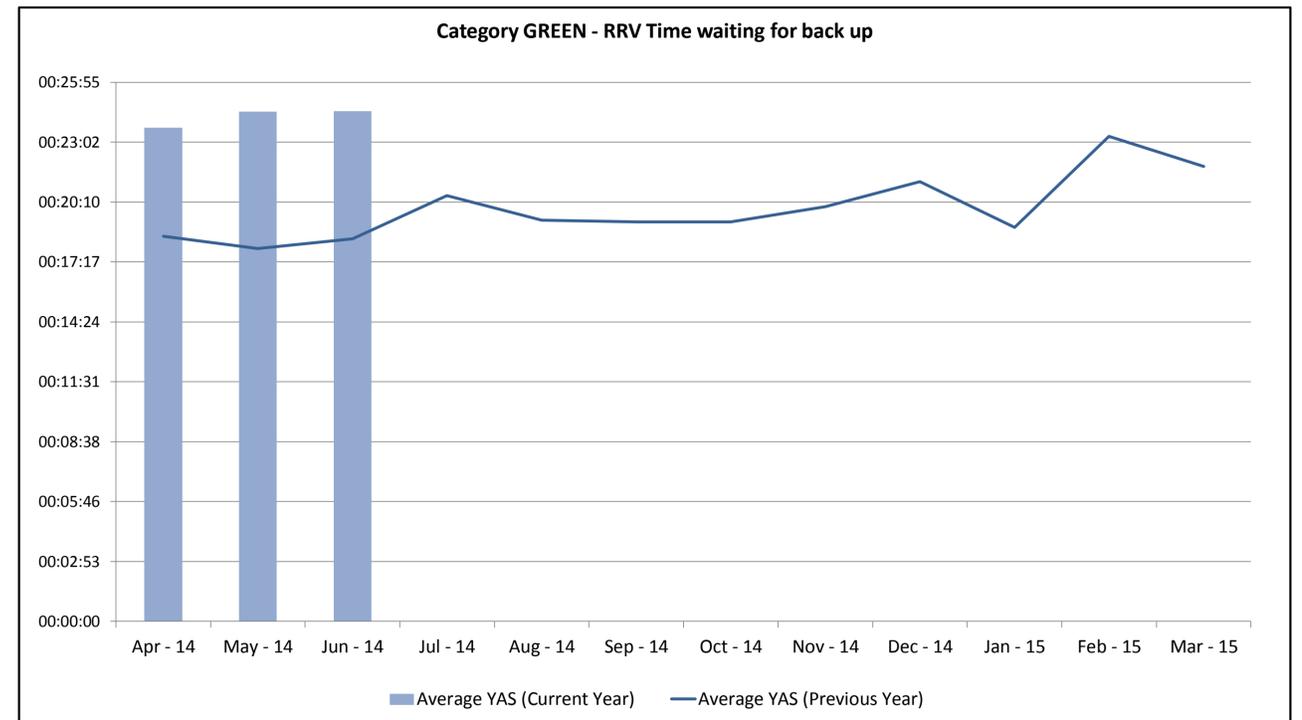
RED 19	EWI	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD 14/15
Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual% (Current Year)		96.2%	95.9%	95.5%										95.9%
Actual% (Previous Year)		97.6%	97.8%	97.6%	97.3%	97.3%	97.2%	97.5%	97.2%	96.6%	97.6%	96.8%	97.0%	97.3%
% Variance Current Year to Last Year		-1.4%	-1.9%	-2.1%										-1.4%
National Average														

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%	96.9%	96.5%									96.6%
	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%	-1.6%	-2.1%									
Airedale Bradford & Leeds	Current Year	96.2%	96.9%	95.9%									96.4%
	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%	-1.6%	-2.1%									
North Yorkshire	Current Year	94.1%	93.0%	93.6%									93.5%
	Previous Year	94.8%	95.0%	94.3%	93.2%	92.6%	93.9%	94.0%	93.9%	93.3%	94.6%	94.3%	93.9%
	% Variance	-0.7%	-2.0%	-0.7%									
The Humber	Current Year	95.0%	93.1%	94.5%									94.2%
	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%	-3.6%	-1.9%									
South Yorkshire	Current Year	97.1%	97.1%	96.2%									96.8%
	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%	-1.5%	-2.6%									

Category RED - RRV Time waiting for back up



Category GREEN - RRV Time waiting for back up



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
Average YAS (Current Year)	00:11:20	00:12:40	00:12:00									
95th Percentile YAS (Current Year)	00:34:00	00:39:14	00:50:51									
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
Average YAS (Current Year)	00:23:44	00:24:31	00:24:32									
95th Percentile YAS (Current Year)	01:02:41	01:04:23	01:04:59									
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	00:10:47	00:11:16								
	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	00:11:48	00:12:05								
	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	00:10:32	00:10:38								
	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	00:09:51	00:09:34								
	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	00:17:41	00:17:01								
	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	00:23:12	00:22:29								
	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	00:24:35	00:24:54								
	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	00:19:24	00:18:24								
	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	00:19:13	00:19:29								
	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	00:29:54	00:31:15								
	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	56,686	57,163	57,609	54,818	55,584	56,852	60,107	54,582	57,637	53,555	56,036	56,311	59,119	55,295	57,878	62,117	62,204	58,245	58,912	52,275	54,013	61,302	59,600
	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	61,072	55,627	58,600	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	62,128	56,616	59,626	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 <small>(see Finance Section 5.9)</small>	4.4%	1.9%	0.9%	6.0%	1.5%	5.4%	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%	2.7%	-2.2%	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	£221,036	£90,667	£644,755	£142,591	£437,366	£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	01:03:39	01:00:21	01:04:14	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	171,019	165,255	161,849	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	2,068	2,056	2,070	2,058	2,092	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	26,240	29,147	26,528	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)	(£72,893)	£853,508	(£536,007)	(£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%	28.1%	29.2%	29.4%	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	0.36	0.35	0.36	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%	69.5%	78.4%	68.4%	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

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	
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	2,173	2,194	2,013	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%	4.8%	5.0%	4.6%	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	2,173	1,505	2,013	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		

Please Note: NHSD calls are included in 2013-14 calculations only

Comments

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

June 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	77	72.7%	475	88.6%	33	87.9%	410	36	3
HARROGATE & RURAL CCG	82	79.3%	462	88.7%	30	90.0%	371	49	4
SCARBOROUGH & RYEDALE CCG	90	78.9%	419	89.7%	40	90.0%	325	33	3
VALE OF YORK CCG	218	79.4%	970	89.3%	54	88.9%	651	118	22
NORTH YORKSHIRE CBU	467	75.5%	2326	89.9%	157	87.1%	1757	236	32
ERY CCG	221	70.1%	931	85.3%	58	81.0%	682	101	3
HULL CCG	231	75.3%	1059	82.8%	71	71.8%	709	157	4
EAST YORKSHIRE CBU	452	72.5%	1990	84.4%	129	78.6%	1391	258	7
CALDERDALE CCG	162	75.9%	651	79.0%	53	86.8%	556	95	15
GREATER HUDDERSFIELD CCG	156	69.2%	686	81.5%	40	77.5%	486	126	30
NORTH KIRKLEES CCG	136	70.6%	497	77.3%	31	67.7%	370	99	24
WAKEFIELD CCG	306	72.2%	1058	80.2%	69	81.2%	872	234	65
CALD / KIRK & WAKEFIELD CBU	760	67.8%	2892	81.1%	193	77.4%	2284	554	134
AIREDALE, WHARFEDAILE & CRAVEN CCG	103	63.1%	488	70.7%	13	69.2%	347	66	7
BRADFORD CITY CCG	111	69.4%	415	69.9%	30	80.0%	125	90	0
BRADFORD DISTRICTS CCG	278	72.3%	1020	69.5%	52	75.0%	476	169	13
LEEDS NORTH CCG	134	68.7%	662	70.5%	32	75.0%	395	105	2
LEEDS SOUTH & EAST CCG	254	73.2%	983	74.4%	75	81.3%	665	248	10
LEEDS WEST CCG	215	67.9%	963	71.1%	59	66.1%	557	183	2
LEEDS, BRADFORD & AIREDALE CBU	1095	68.4%	4531	72.1%	261	76.8%	2565	861	34
BARNSELY CCG	184	69.0%	860	80.6%	48	72.9%	501	97	3
DONCASTER CCG	295	64.4%	1045	78.1%	78	76.9%	654	142	64
ROTHERHAM CCG	237	70.0%	858	73.9%	47	68.1%	458	137	2
SHEFFIELD CCG	444	66.5%	1786	70.8%	114	77.4%	1075	294	6
SOUTH YORKSHIRE CBU	1160	67.2%	4549	75.7%	287	77.9%	2688	670	75
ECP	27		145		10		378		
OOA/UNKNOWN	15	53.3%	71	81.7%	2	50.0%	21	30	9
YORKSHIRE AMBULANCE SERVICE	3976	69.2%	16504	78.7%	1039	79.1%	11084	2609	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
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	252	75.8%	1398	88.3%	94	88.3%	1177	163	5
HARROGATE & RURAL CCG	271	78.6%	1357	89.1%	92	87.0%	1144	112	5
SCARBOROUGH & RYEDALE CCG	281	75.1%	1198	89.7%	110	87.3%	980	106	7
VALE OF YORK CCG	624	74.0%	2902	89.8%	186	87.1%	1901	364	47
NORTH YORKSHIRE CBU	1428	75.4%	6855	89.3%	482	87.3%	5202	745	64
ERY CCG	622	72.7%	2792	85.2%	159	79.2%	2142	284	3
HULL CCG	676	73.7%	3054	83.8%	217	80.6%	2051	418	12
EAST YORKSHIRE CBU	1298	73.2%	5846	84.5%	376	80.1%	4193	702	15
CALDERDALE CCG	466	70.8%	1971	78.6%	126	84.1%	1761	278	73
GREATER HUDDERSFIELD CCG	460	67.2%	2042	80.5%	133	75.2%	1467	357	89
NORTH KIRKLEES CCG	359	69.4%	1532	77.2%	76	67.1%	1159	265	87
WAKEFIELD CCG	801	71.9%	3325	81.9%	223	77.6%	2737	561	243
CALD / KIRK & WAKEFIELD CBU	2086	70.2%	8870	80.0%	558	77.1%	7124	1461	492
AIREDALE, WHARFEDAILE & CRAVEN CCG	336	63.4%	1443	73.5%	53	75.5%	1056	168	27
BRADFORD CITY CCG	347	69.7%	1183	70.5%	103	68.9%	400	306	0
BRADFORD DISTRICTS CCG	798	69.7%	3211	70.5%	155	68.9%	1467	570	29
LEEDS NORTH CCG	422	69.4%	1886	72.2%	88	76.1%	1240	334	2
LEEDS SOUTH & EAST CCG	768	71.5%	3008	75.9%	227	81.9%	2112	695	26
LEEDS WEST CCG	691	69.9%	2986	72.3%	159	74.2%	1660	464	3
LEEDS, BRADFORD & AIREDALE CBU	3362	69.4%	13717	71.9%	785	75.3%	7935	2537	87
BARNSELY CCG	578	72.3%	2359	81.1%	122	76.2%	1572	299	9
DONCASTER CCG	914	64.7%	3014	81.6%	259	78.4%	2074	459	202
ROTHERHAM CCG	663	68.5%	2441	76.1%	149	69.8%	1374	419	7
SHEFFIELD CCG	1336	66.1%	5436	70.9%	346	72.9%	3319	944	20
SOUTH YORKSHIRE CBU	3491	67.2%	13250	76.0%	876	74.4%	8339	2121	238
ECPs	65		419		30		1208		
OOA/UNKNOWN	39	61.5%	143	81.8%	8	87.5%	50	83	28
YORKSHIRE AMBULANCE SERVICE	11769	77.1%	49100	89.0%	3115	78.6%	34051	7649	924

*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										GREEN	GREEN
Emergency Plans	GREEN	GREEN	GREEN										GREEN	GREEN
Business Continuity Plans	AMBER	AMBER	AMBER										GREEN	GREEN
Information Provision	GREEN	GREEN	GREEN										GREEN	GREEN
Co-operation with other responders	GREEN	GREEN	GREEN										GREEN	GREEN
Training	GREEN	GREEN	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	2/2	Cat Red 8 minute response - RED 1	June saw an increase in total demand of 5.4%, an additional 3000 responses. RED demand was up by over 16%, which was an increase of 3,500 incidents. Red 1 performance was 68.01%. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.		On-going
2.7	2/2	Cat Red 8 minute response - RED 2	June saw an increase in total demand of 5.4%, an additional 3000 responses. RED demand was up by over 16%, which was an increase of 3,500 incidents. Red 2 performance was 68.38%. A recovery plan has been developed with actions identified to improve performance on a regional and local basis.		On-going
2.7	2/2	Time to Answer - 95%	Recruitment on going to get the required establishment to consistently deliver all telephony standards. Head of Service Delivery within the EOC is 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	2/2	Time to Answer - 99%	Recruitment on going to get the required establishment to consistently deliver all telephony standards. Head of Service Delivery within the EOC is 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	1/1	Time to Treat - 50%			
2.7	2/2	STEMI - 150	In February 2014 there were 28 breaches, only 5 of which were due to YAS delay. Four of the YAS delays were due to long on-scene times indicating long waits for a conveying resource.	Head of Clinical Effectiveness	On-going

Comments
<p>Top Third Time to Answer - 50% ROSC - Utstein Cardiac - STD Cardiac - STD Utstein Recontact 24hrs Telephone Recontact 24hrs on Scene Cat Red 19 minute response Time to Treat - 95% Time to Treat - 99%</p> <p>Middle Third 95 Percentile Red 1 only Response Time Frequent caller * Abandoned calls Stroke - Care Stroke - 60 STEMI - Care Non A&E Resolved by telephone ROSC</p> <p>Bottom Third Cat Red 8 minute response - RED 1 Cat Red 8 minute response - RED 2 Time to Answer - 95% Time to Answer - 99% STEMI - 150 Time to Treat - 50%</p>

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	0:03	0:03	0:02	0:01	0:01	2	May
Time to Answer - 95% EWI	mm:ss	0:14	0:08	0:01	0:04	0:42	0:17	0:07	0:20	0:18	0:01	0:22	9	May
Time to Answer - 99%	mm:ss	0:53	1:02	0:08	0:44	1:24	0:54	1:06	0:56	0:51	0:36	1:10	9	May
Abandoned calls EWI	%	2.02	0.64	1.43	0.15	2.43	2.84	0.44	0.44	0.79	0.53	0.83	7	May
Cat Red 8 minute response - RED 1	%	75.1	67.7	85.1	74.7	74.4	74.5	79.7	74.1	75.5	81.3	69.7	9	May
Cat Red 8 minute response - RED 2	%	75.8	61.2	75.1	69.8	75.9	75.0	75.4	76.2	76.1	77.3	70.0	8	May
95 Percentile Red 1 only Response Time	mm:ss	13:46	16:06	8:30	17:03	13:33	13:16	13:03	13:37	14:39	11:17	14:32	7	May
Cat Red 19 minute response	%	95.5	90.5	96.0	96.1	95.9	95.9	96.1	95.7	95.3	97.2	96.0	4	May
Time to Treat - 50% EWI	mm:ss	7:58	7:25	6:02	6:27	6:10	6:06	5:54	5:43	5:45	5:48	6:39	8	May
Time to Treat - 95%	mm:ss	14:59	23:04	16:43	16:09	19:00	17:36	17:33	18:02	19:03	15:40	16:50	4	May
Time to Treat - 99%	mm:ss	22:28	36:43	20:00	26:39	29:50	31:16	28:02	26:52	31:12	24:38	25:56	3	May
STEMI - Care	%	76.5	85.4	77.8	75.1	85.2	86.1	68.3	77.6	89.6	75.1	83.3	5	February
Stroke - Care	%	97.4	96.0	97.4	94.8	98.4	99.4	98.4	92.4	97.3	94.1	96.5	6	February
Frequent caller *	%	0.16	0.14	1.38	2.03	0.39	0.50	1.09	0.00	0.00	0.00	2.54	5	May
Resolved by telephone	%	6.4	7.0	8.7	9.6	5.5	3.6	3.9	10.5	6.5	5.5	6.3	6	May
Non A&E	%	30.9	42.8	45.5	33.1	31.0	26.9	43.2	42.1	51.1	37.2	32.4	7	May
STEMI - 150	%	94.0	88.7	75.0	92.8	89.4	89.6	89.9	92.4	81.8	89.1	86.6	9	February
Stroke - 60	%	61.9	52.7	65.1	65.9	74.8	75.5	42.4	65.2	55.6	58.3	64.2	5	February
ROSC	%	16.5	21.6	21.0	30.9	24.8	28.3	37.2	30.9	24.5	23.2	23.6	7	February
ROSC - Utstein	%	34.0	43.6	53.8	57.7	60.0	45.7	44.6	51.0	44.9	37.5	48.5	4	February
Cardiac - STD	%	5.7	6.6	7.6	9.2	6.7	8.7	18.7	7.5	10.0	7.8	10.4	2	February
Cardiac - STD Utstein	%	19.9	20.7	23.1	29.9	29.8	22.5	32.1	20.4	28.2	22.6	33.1	1	February
Recontact 24hrs Telephone EWI	%	8.1	10.2	5.3	2.1	15.8	11.1	10.4	11.7	13.3	11.7	1.5	1	May
Recontact 24hrs on Scene EWI	%	10.2	5.2	3.2	6.8	5.0	5.9	4.5	4.4	5.7	3.8	3.8	1	May

*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	2/3	South	Patients Picked up within 120 minutes before Appointment - South Consortia	Achieved 95.5 Target 96.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.10	3/3	South	KPI 2 - Patients arriving on time for their appointment	Achieved 89.2 Target 90.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.10	3/3	North	KPI 2 - Patients arriving on time for their appointment	Achieved 80.8 Target 82.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.11	2/3	East	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Achieved 88.7 Target 89.26 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager East Yorkshire	On-going	GREEN
RED	2.11	3/3	South	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Achieved 93.2 Target 95.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.11	3/3	North	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Achieved 88.3 Target 90.0 Locality Managers working closely with planning team to identify exceptions and monitor breaches against daily dashboard. Scaling back taxi and subcontractor spend in all areas to meet budgeted plan.	Locality Manager North Yorkshire	On-going	GREEN
RED	2.12	1/3	West	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 95.8 Target 96.0 Exceptional demand for ON DAY SHORT NOTICE difficulty in managing against reduction in sub contract and taxi spend.	Locality Manager West Yorkshire	On-going	GREEN
RED	2.12	3/3	South	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 94.7 Target 98.0 Exceptional demand for ON DAY SHORT NOTICE difficulty in managing against reduction in sub contract and taxi spend.	Locality Manager South Yorkshire	On-going	GREEN
RED	2.12	2/3	North	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 95.7 Target 99.0 Exceptional demand for ON DAY SHORT NOTICE difficulty in managing against reduction in sub contract and taxi spend.	Locality Manager North Yorkshire	On-going	GREEN

Directors Comments on Actual Performance

Performance across all CCG areas is strong or improved for KPI -1 & 2 with KPI - 3 strong for West CCG with East - South - North fractionally below target. KPI - 4 remains challenging due to the nature of On day and Short notice request in terms of fluctuating demand although showing strong for West & East and minus 3% off target for North & South. Overall PTS YAS demand is 6.3% higher than planned activity for June the most significant increase in West followed by South and East CCGs. New Hull & East Yorkshire staff roster patterns commenced 7th July 2014 with no significant issues. PTS managers and staff worked the weekend prior sorting logistics with regard to vehicle / staff movements from four ambulance base stations (Withernsea - Hornsea - Driffield - Brough which staff have been re-located from and no longer form part of the Hull & East PTS deployment plan. West Yorkshire rotas have been developed and commenced in staff consultation process with an implementation date 6 October 2014. Scrutiny of PTS finance in relation to efficiencies and CIP programmes is active across all work areas with resources directed to drive gains. Renal patients in relation to TdF were positively planned and executed with no patient or external concerns reported.

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

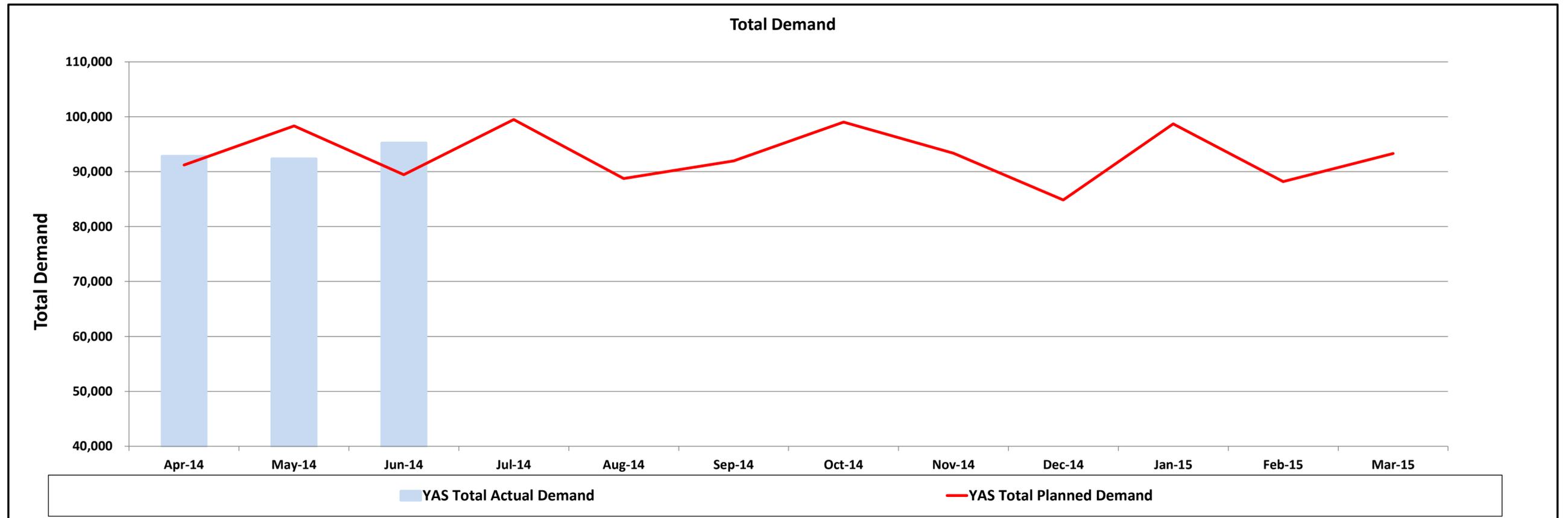
		Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
1. Friends and Family - Implementation of Staff FFT	North Consortia	20.00%	£27,284	GREEN	GREEN	GREEN										GREEN
	South Consortia		£27,284	GREEN	GREEN	GREEN	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

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

Comments	Work has continued with commissioners on the CQUIN delivery. Positive progress has been made against the two key schemes with interim reports being delivered. All actions to complete the formal Q1 reports on time are on track.
-----------------	--

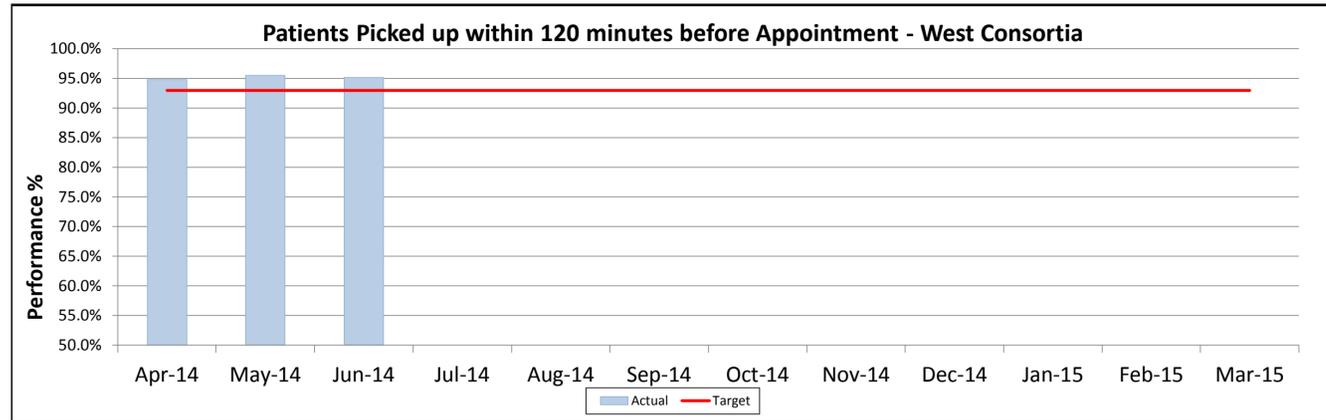
PTS Demand

	YTD RAG	GREEN
↔	MTD RAG	AMBER

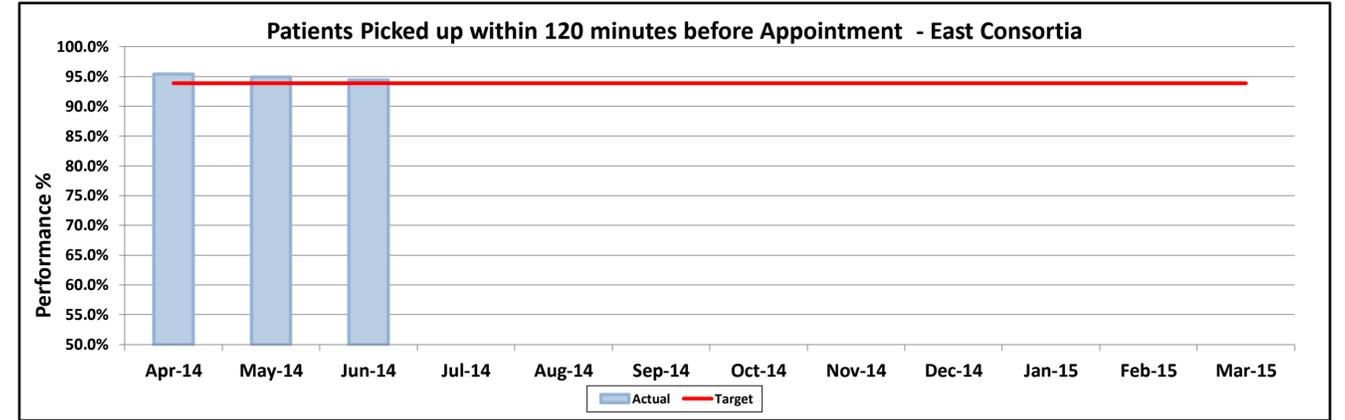


PTS Demand by Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
West Consortia Planned Demand	45,344	51,587	45,016	50,466	45,469	46,375	50,265	47,301	43,657	50,924	45,529	48,214	570,147
West Consortia Actual Demand	48,069	48,150	49,793										146,012
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	9,253	9,153										27,629
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	23,829	24,636										72,536
North Consortia Planned Demand	11,510	11,985	11,575	12,626	11,568	11,697	12,468	11,900	10,846	12,563	11,054	11,598	141,390
North Consortia Actual Demand	11,432	11,094	11,617										34,143
YAS Total Planned Demand	91,190	98,341	89,438	99,499	88,745	91,957	99,040	93,327	84,866	98,692	88,214	93,298	278,969
YAS Total Actual Demand	92,795	92,326	95,199										280,320
% Variance Planned V Actual	1.8%	-6.1%	6.4%										0.5%

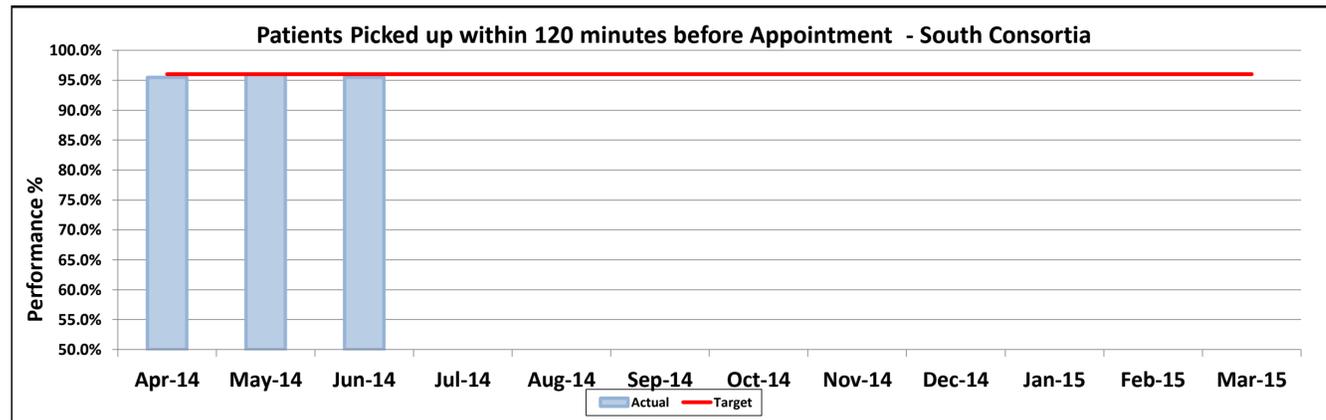
Arrival - KPI 1



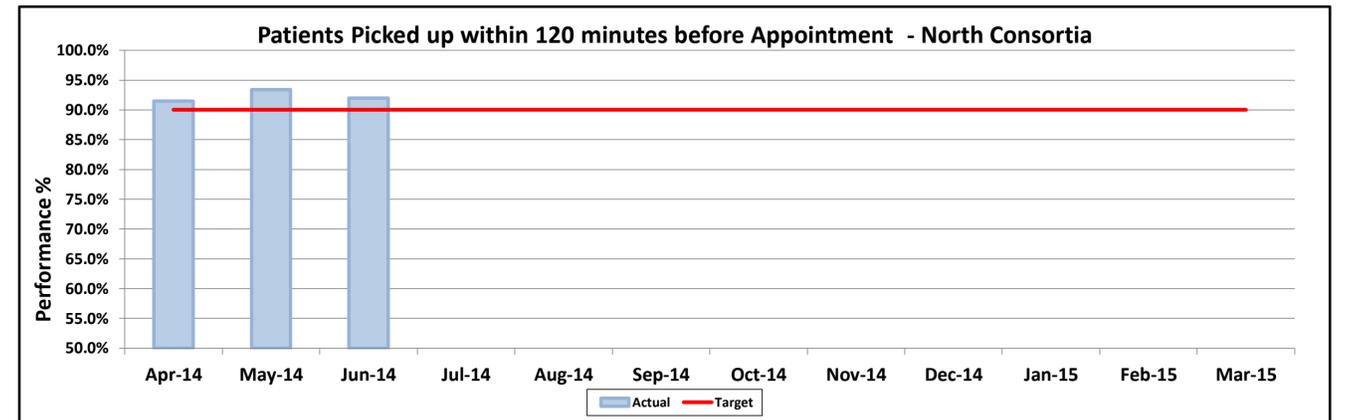
West Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
Actual	94.8%	95.5%	95.1%									



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	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%	94.9%	94.4%									



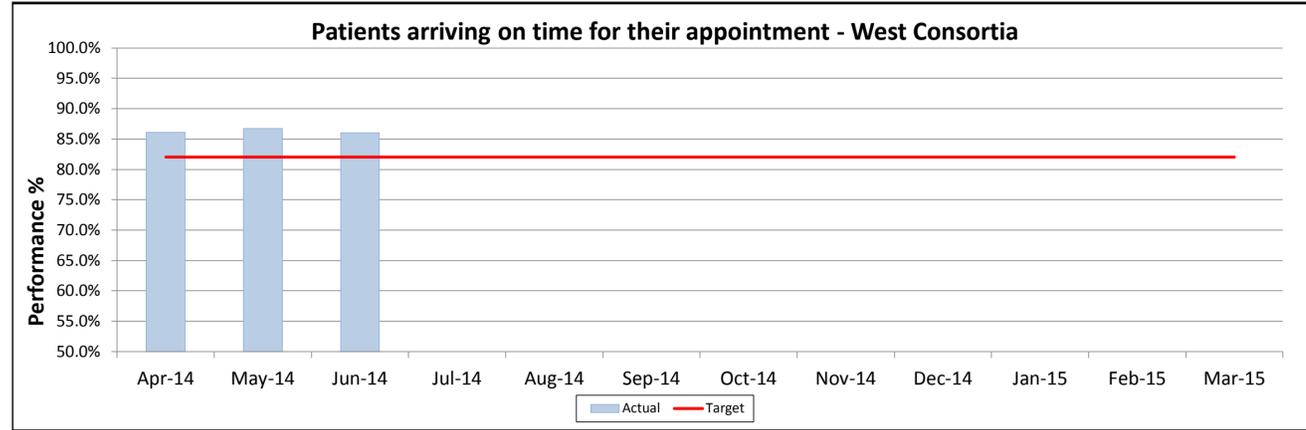
South Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Actual	95.5%	96.0%	95.5%									



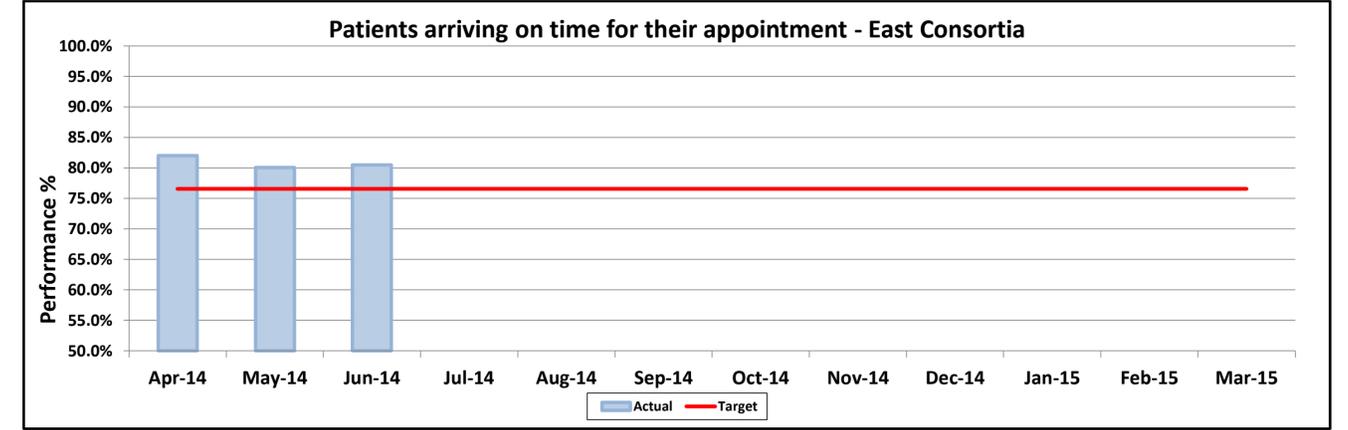
North Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Actual	91.5%	93.4%	92.0%									

Arrival - KPI 2

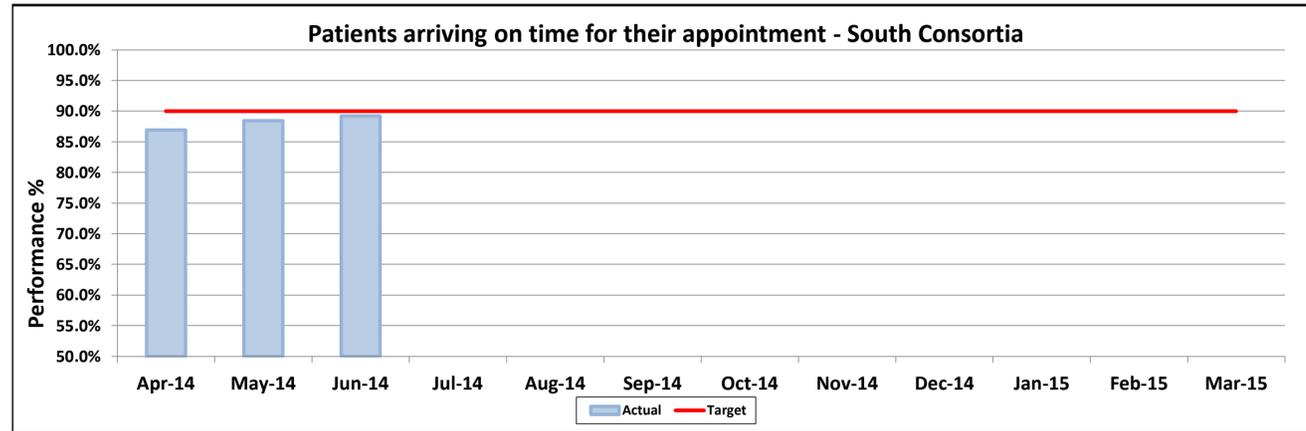
EWI



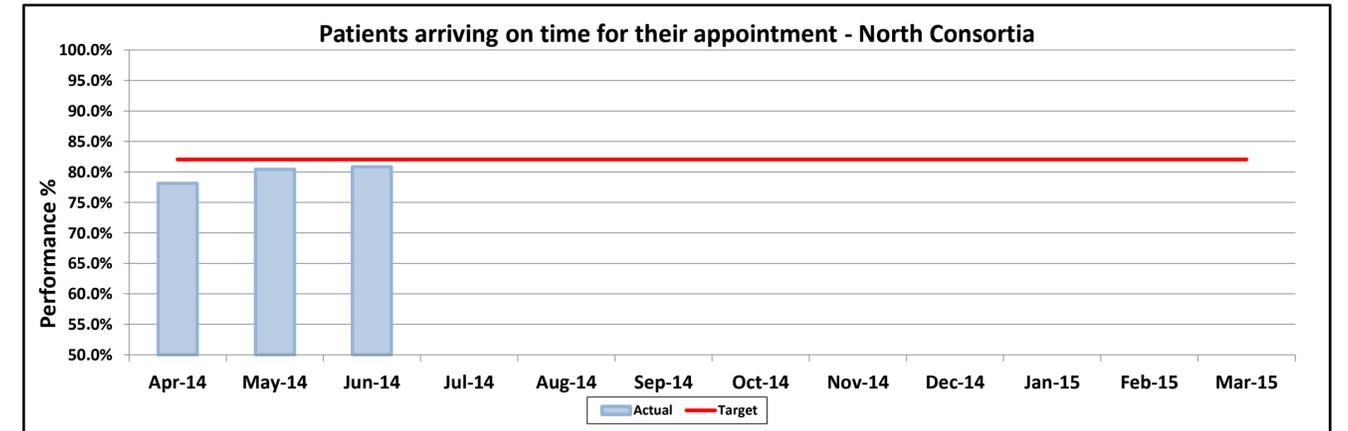
West Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Actual	86.1%	86.7%	86.1%									



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%	80.0%	80.5%									



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%	88.4%	89.2%									

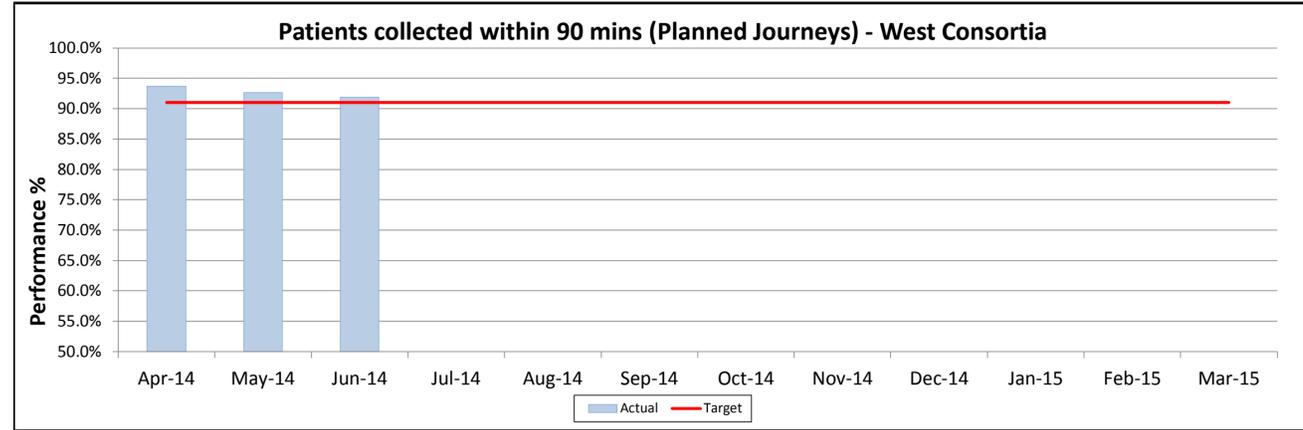


North Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Actual	78.1%	80.4%	80.8%									

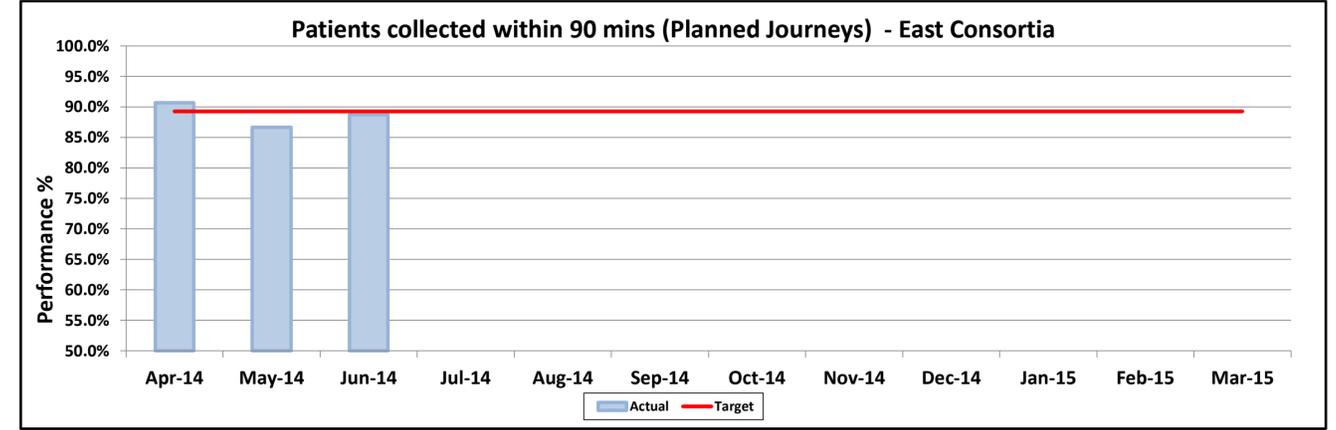
EWI Early Warning Indicator

Departure - KPI 3

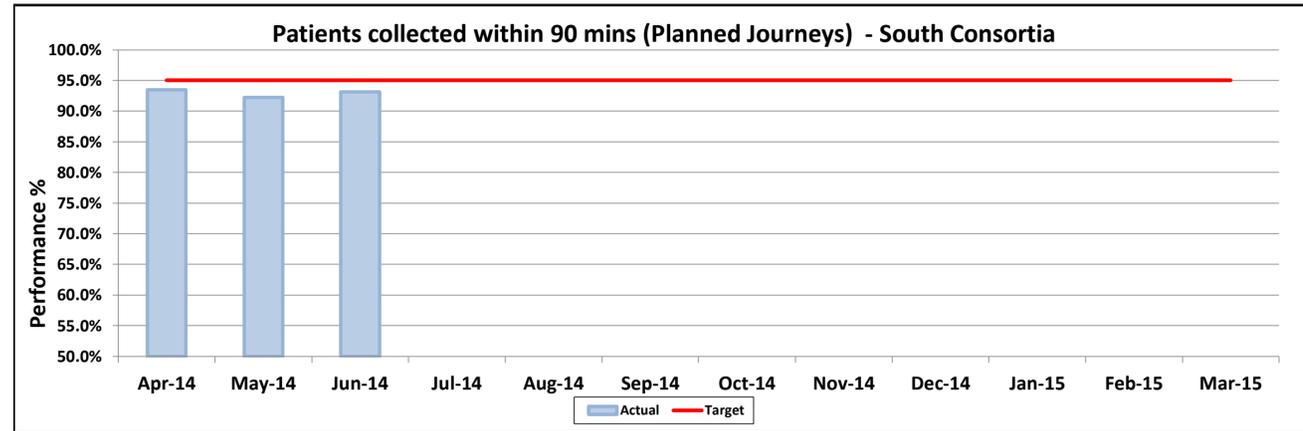
EWI



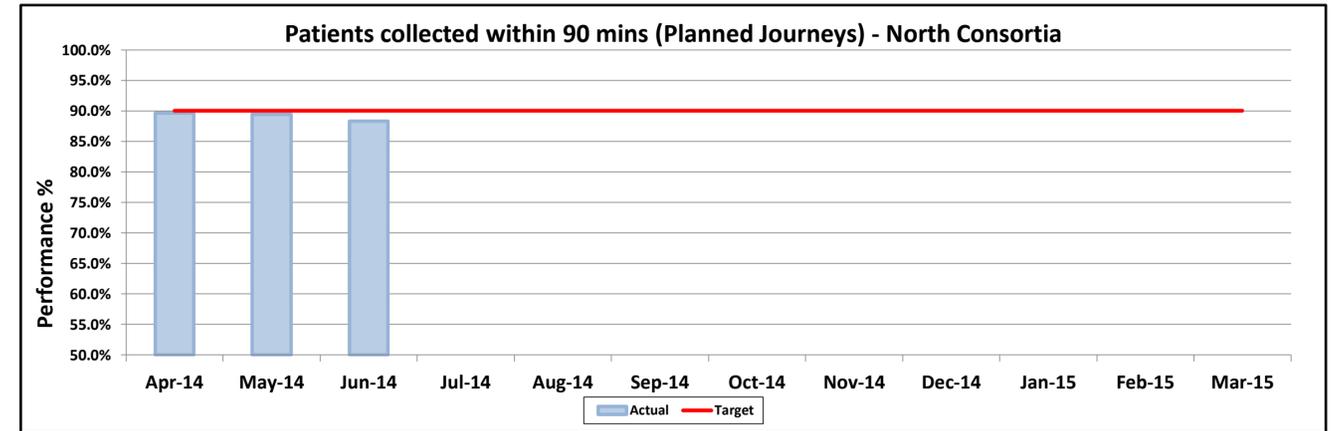
West Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%
Actual	93.7%	92.6%	91.9%									



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%	86.7%	88.7%									



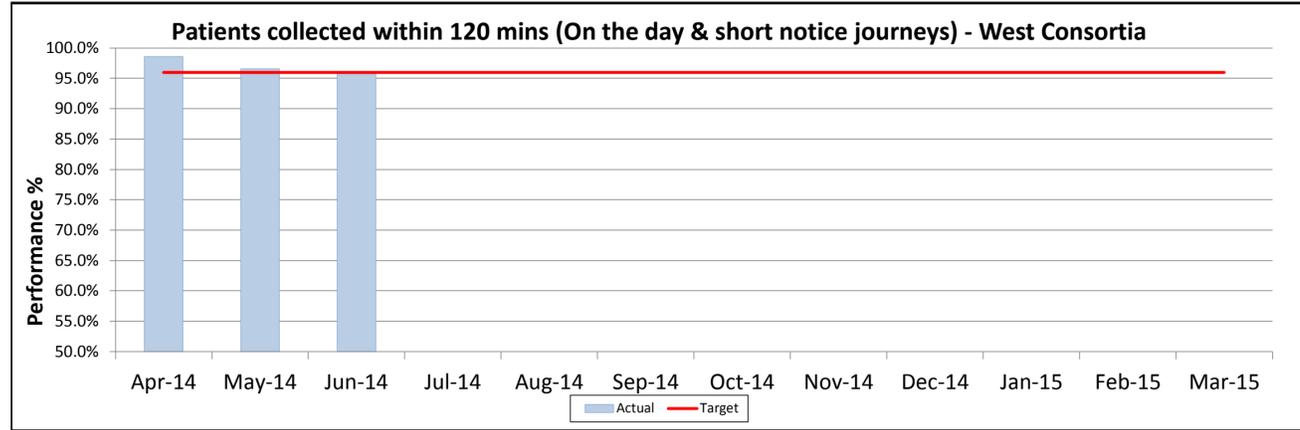
South Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	93.5%	92.2%	93.1%									



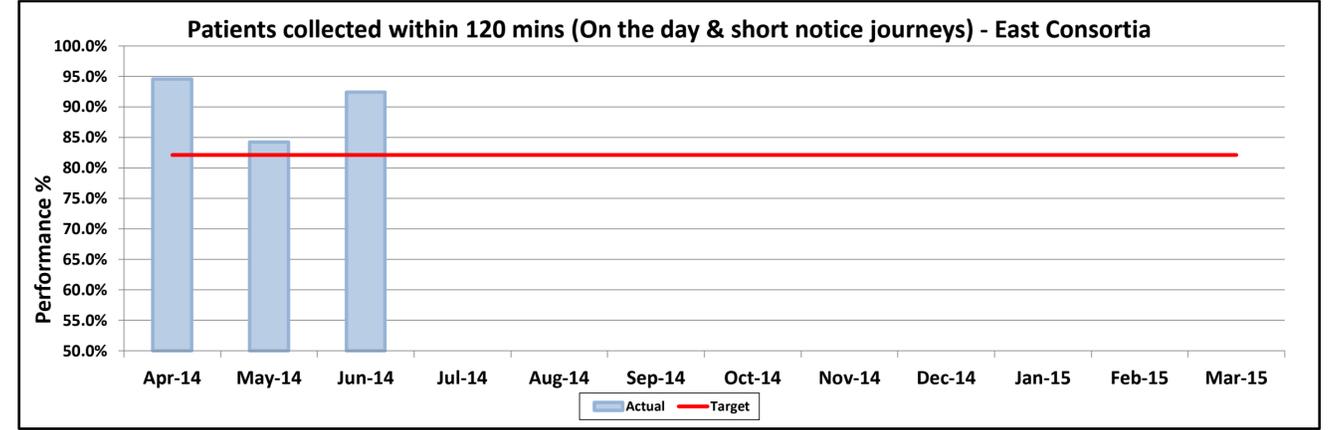
North Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Actual	89.6%	89.4%	88.3%									

EWI Early Warning Indicator

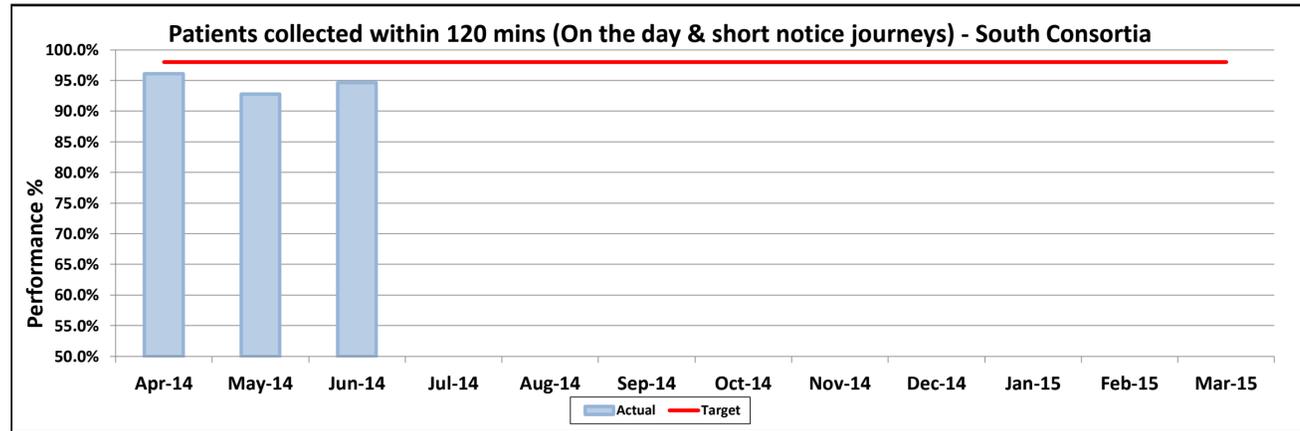
Departure - KPI 4



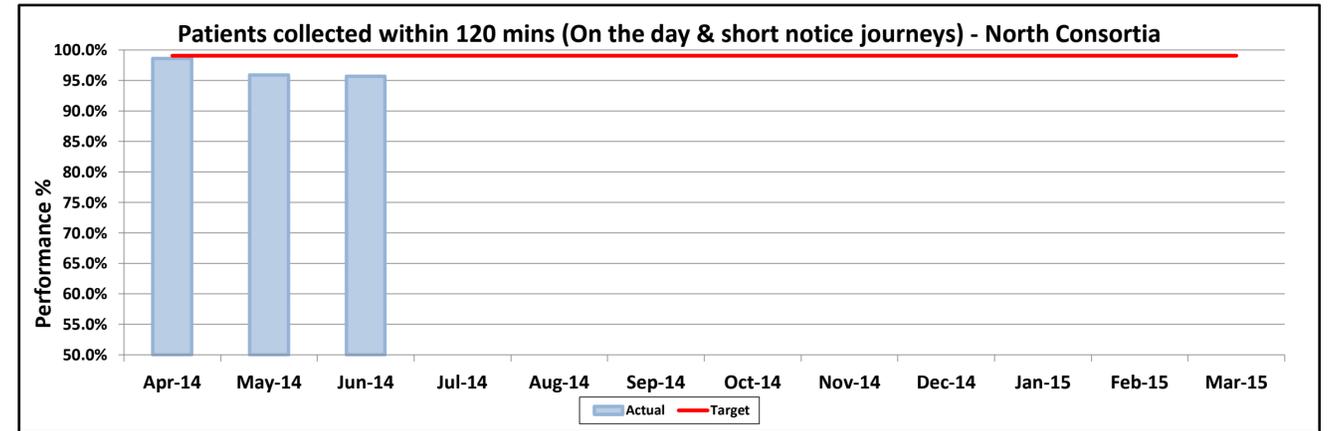
West Consortia	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Actual	98.6%	96.6%	95.8%									



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	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	94.6%	84.2%	92.5%									



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%	92.8%	94.7%									



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	98.6%	95.9%	95.7%									

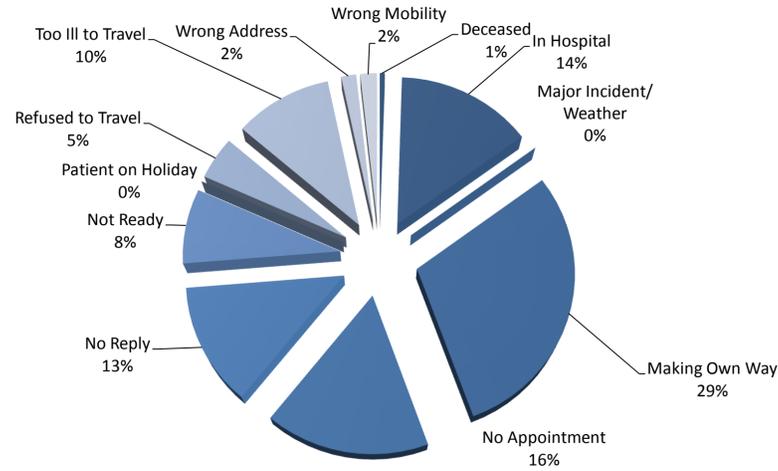
West Renal KPIs

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%	15.3%	16.4%									
	< -60	0%	0.6%	0.6%	0.6%									
	> +30	0%	0.6%	0.9%	1.0%									
KPI 2 - Outward collections	>45	10%	7.1%	8.4%	9.8%									
	>60	0%	2.1%	2.3%	3.1%									
KPI 3 - Journey Time	10 miles and >45 mins	10%	2.2%	2.0%	2.4%									

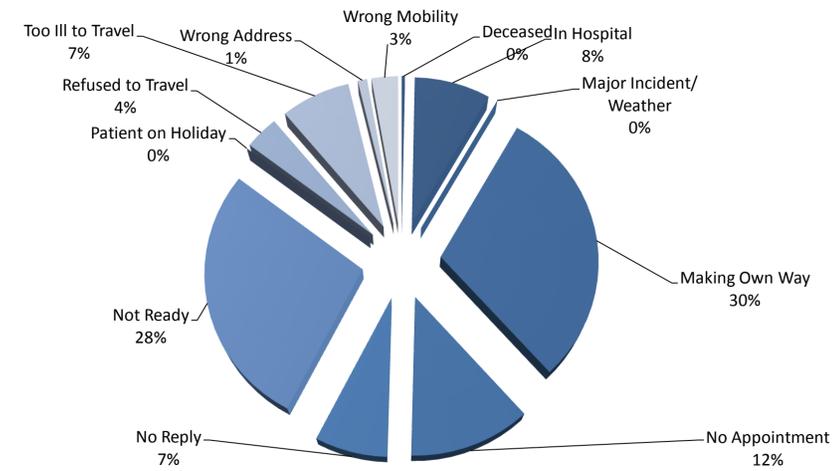
PTS Abortive journeys

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

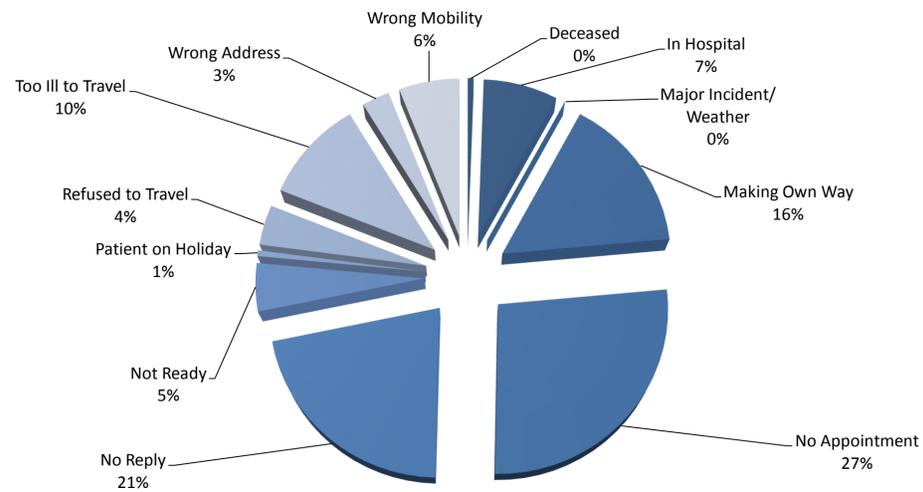
North Consortium													
Abort Reason	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Deceased	5	2	3										10
In Hospital	73	67	82										222
Major Incident/Weather	0	0	0										0
Making Own Way	147	140	167										454
No Appointment	89	65	93										247
No Reply	56	50	73										179
Not Ready	53	48	45										146
Patient on Holiday	0	0	0										0
Refused to Travel	23	25	26										74
Too Ill to Travel	63	65	59										187
Wrong Address	4	7	9										20
Wrong Mobility	11	15	10										36
Overall Totals	524	484	567										1575



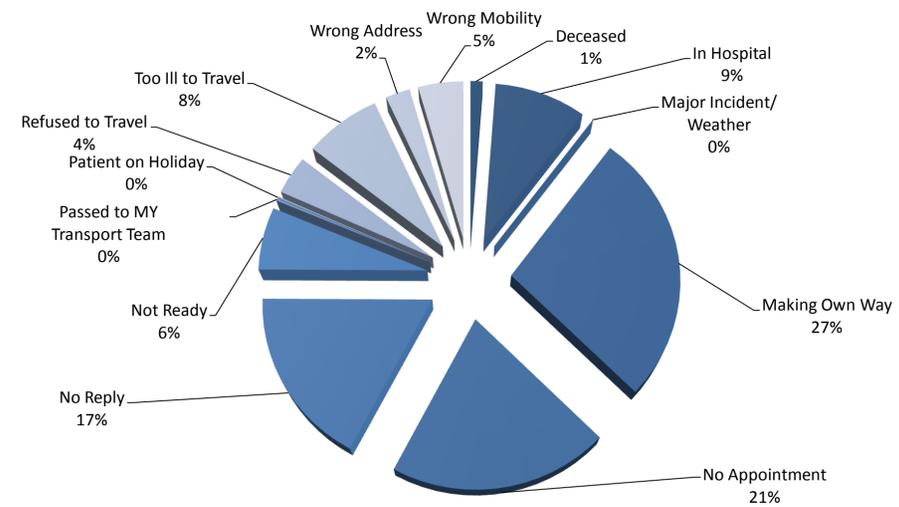
East Consortium													
Abort Reason	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Deceased	2	4	2										8
In Hospital	61	58	49										168
Major Incident/Weather	0	1	0										1
Making Own Way	127	176	183										486
No Appointment	57	54	74										185
No Reply	48	61	44										153
Not Ready	169	163	169										501
Patient on Holiday	0	1	0										1
Refused to Travel	11	27	22										60
Too Ill to Travel	44	45	45										134
Wrong Address	6	5	6										17
Wrong Mobility	21	16	17										54
Overall Totals	546	611	611										1768



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	9	8										29
In Hospital	110	121	102										333
Major Incident/Weather	0	1	0										1
Making Own Way	247	225	217										689
No Appointment	334	313	372										1019
No Reply	284	293	297										874
Not Ready	86	81	66										233
Patient on Holiday	2	4	8										14
Refused to Travel	53	39	55										147
Too Ill to Travel	129	134	142										405
Wrong Address	33	27	38										98
Wrong Mobility	73	72	83										228
Overall Totals	1363	1319	1388										4070

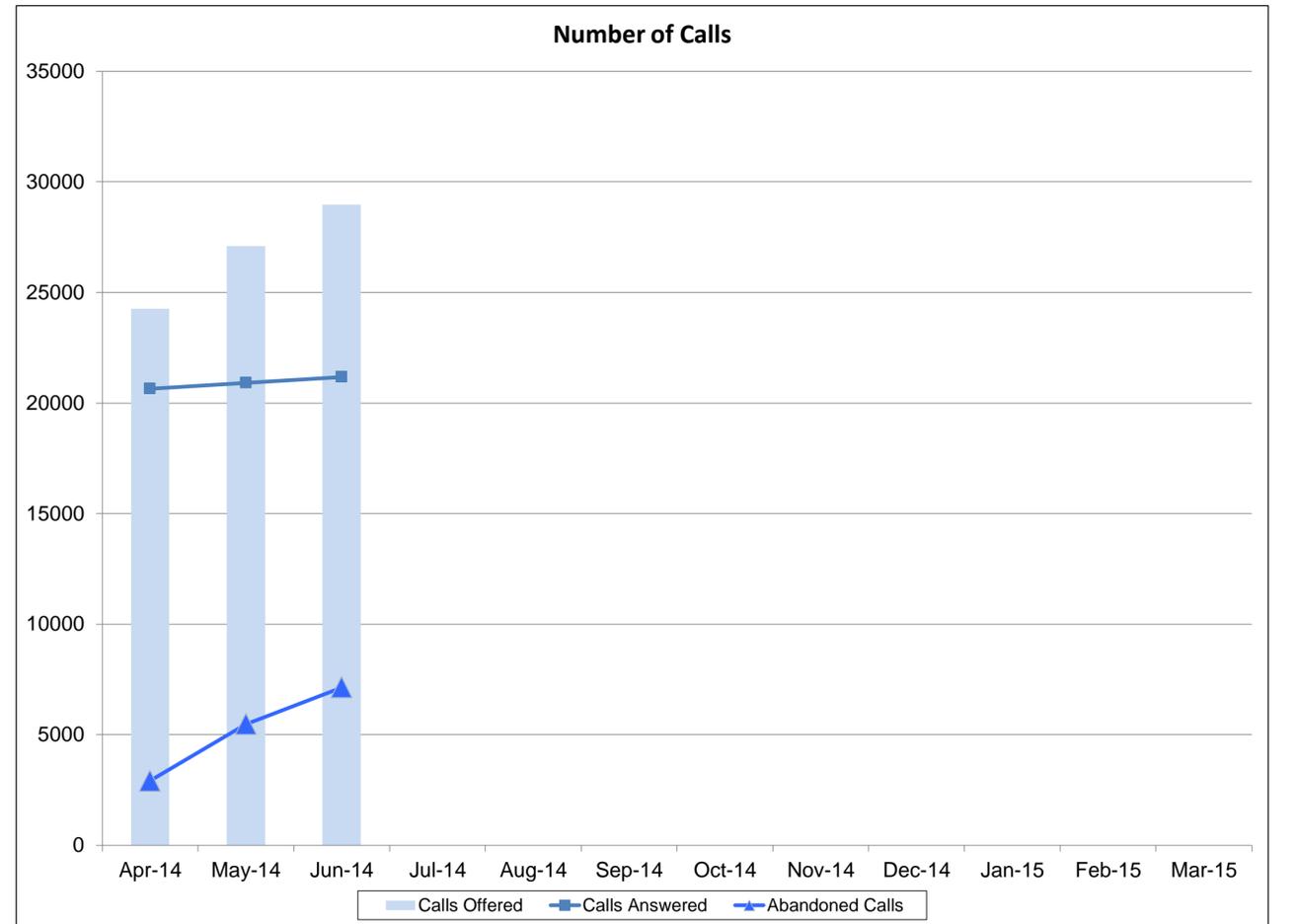
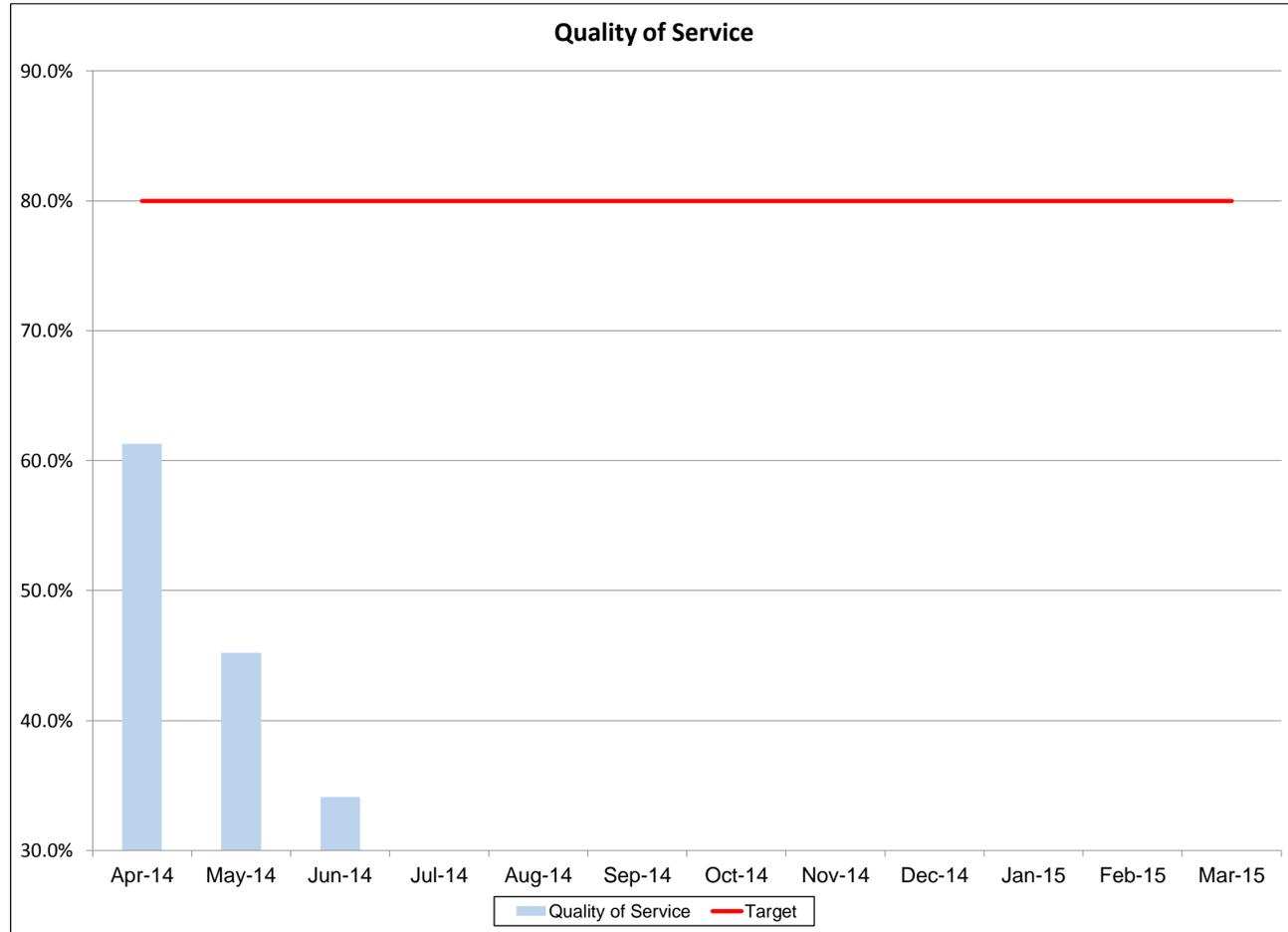


West Consortium													
Abort Reason	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Deceased	29	33	41										103
In Hospital	303	293	311										907
Major Incident/Weather	0	0	1										1
Making Own Way	740	772	926										2438
No Appointment	679	710	701										2090
No Reply	592	637	593										1822
Not Ready	237	266	213										716
Passed to MY Transport Team	8	9	8										25
Patient on Holiday	4	11	6										21
Refused to Travel	110	109	132										351
Too Ill to Travel	262	279	260										801
Wrong Address	78	79	83										240
Wrong Mobility	148	145	152										445
Overall Totals	3190	3343	3427										9960



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	27097	28970									
Calls Answered	20652	20907	21168									
Average Answer Delay	00:01:00	00:01:55	00:02:33									
Max Answer Delay	00:58:24	00:58:55	00:59:56									
Abandoned Calls	2908	5471	7132									
Quality of Service	61.3%	45.2%	34.1%									



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	2.16	3/3	Total % of Warm transfers as a percentage of clinical advisor calls (Target 95%)	Continued implementation of NHS 111 service optimisation plan. Safe patient care delivered with prioritised Clinical Adviser follow up. Discussion has been held with commissioners to agree relevant KPIs and improvement targets.	AD NHS 111/Urgent Care	Mar-15	RED

NHS 111

Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Total number of Calls Offered	116,583	122,083	109,737										
Total number of Calls answered	114,451	119,321	107,833										
Total number of Calls answered within 60 seconds	108,872	112,218	104,093										
Total % of calls answered within 60 seconds (Target >= 95%)	95.1%	94.0%	96.5%										
Total number of abandoned calls after 30 seconds	1,203	1,528	871										
Total % of calls abandoned after 30 seconds (Target <=5%)	1.0%	1.3%	0.8%										
Total number of calls triaged	97,629	101,065	91,068										
Total number of calls completed in 1 contact	98,272	101,041	91,308										
Total number of calls transferred to a clinical advisor	21,634	20,771	19,757										
Total % of calls which were transferred to a clinical advisor	18.9%	17.4%	18.3%										
Total number of calls which were warm transferred to a clinical advisor	7,895	5,104	5,257										
Total % of Warm transfers as a percentage of clinical advisor calls (Target 95%)	36.5%	24.6%	26.6%										
Maximum Time to Answer a call	00:07:11	00:05:13	00:04:59										
Maximum Time to Abandon a call	00:06:14	00:05:15	00:03:44										
Longest wait for a call back by a clinical advisor	05:26:34	06:44:28	05:41:22										
Average call back time by a clinical advisor	00:05:29	00:06:29	00:06:26										
Total number of calls directed to 999 - RED %	4,181	4,468	4,003										
Total number of calls directed to 999 - GREEN %	5,350	5,481	5,055										
Total number of calls recommended to attend an A&E	6,538	6,665	6,556										
Total number of calls directed to see GP	39,627	40,708	35,491										
Total number of calls directed to speak to GP	10,176	10,034	8,627										



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%	88.0%	78.0%										84.3%
		Incidents (Logged)					766	962	1252										1,728
		Service Requests (Logged)					1612	1697	1394										3,309
		Total Activity (Logged)					2378	2469	2646										5,037
	Customer Feedback	% of either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	94.5%	96.1%	90.0%										94.7%
		Number of Surveys Returned					310	164	19										474
		Positive Score					293	156	15										449
		Negative Score					17	8	4										25
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	6	4	6										5
	Project Management	Current Project Managed Projects		Due Date	ICT Status		Achievement												
South CBU Network Upgrade		July 2014			Data Links now Live at Barnsley, Wath, Longley, Hoyland and Batemoor														
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 TV		2015			Project brief completed, requirement specifications for the hardware completed, pilot sites identified														
EOC Wallboard System		October 2014			Initial draft of the project brief has been completed, Initial requirements specification has been completed, Quality impact assessment is required on completed project brief														
ACCS		March 2015			Initial discussions have taken place including one with potential supplier and email exchanges with 2 others														
YAS HART Project		July 2014			ICT Products apart from new PC's now delivered to new site on 28th May														

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	100	100										GREEN
		This Period Unplanned Downtime					0	0	0										
		Next Period Planned Downtime					N/A	N/A											
	Systems Availability	Over 99.5%		>99.5%		<99.5	99.9	99.9	99.9										GREEN
		This Period Unplanned Downtime					0.5	0	0										
		Next Period Planned Downtime					N/A												
	Telecoms Availability	Over 99.5%		>99.5%		<99.5	99.8	100	100										GREEN
		This Period Unplanned Downtime					0.2		0										
		Next Period Planned Downtime					N/A	N/A											
	Radio Availability	Over 99.5%		>99.5%		<99.5	100	100	100										GREEN
	This Period Unplanned Downtime					0		0											
	Next Period Planned Downtime					N/A	N/A												
Budget Management	Under Budget Net of CIP			Under		Over	£4,339	£23,653	-£17,882										

Commentary

Our Service :

Project Management:

Infrastructure:

Budget: IM&T overspent £17k at Month 3. This overspend mostly relates to overspend on non pay costs like computer maintenance, tele rentals and call charges.

Estates and Procurement

↔	YTD RAG	GREEN
	MTD RAG	AMBER

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	AMBER	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. The change to Amber rating reflects the Asbestos issues at Bentley, backlog maintenance issues at a number of sites which require refurbishment/upgrade (eg Todmorden) and Statutory and Compliance work required.
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 now complete and the tarmac repair to Castleford will start shortly following a site meeting with all parties arranged for next week. An additional capital bid had been submitted for various electrical resilience works at Springhill and York Fairfields which has now been approved and timescales for work is being agreed.
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	GREEN	AMBER									

Fleet

YTD RAG	GREEN
MTD RAG	GREEN

E1 Carbon Management		RAG Status	Baseline 2009	Jun-14	Forecast	Quarter 1 Actual	Notes
E1.1	Carbon Emissions (Fuel)	AMBER	11516 Tonnes CO2	3972 Tonnes CO2			Aim to reduce carbon emissions by 10% by 2015 from the 2009 figures. Emissions for 2010/2011: 14423 t, 2011/2012: 16401 t, 2012/2013: 13831 t. Data is limited for 2009/2010/2011 and have had to be based on mileage rather than actual fuel use. Figures for 2012/2013/2014 are accurate and are collated from the fuel used rather than mileage and data sent through from Carlton Fuels (from bunkered fuels) and data sent through from Allstar Fuel (from fuel stations). Fuel use data is more accurate than mileage data as the CO2 emissions will decrease over time as we introduce more efficient vehicles and low to zero emission vehicles into the fleet
E1.2	Carbon Emissions (Estates)	GREEN	5,707 Tonnes CO2	5560 Tonnes (2013/2014)			Aim to reduce carbon emissions by 10% by 2015 from the 2009 figures. Emissions for 2010/2011: 5104 t, 2011/2012: 5058 t, 2012/2013: 5742 t, 2013/2014: 5560 t. Information can only be supplied on a quarterly basis due to bills being sent in and processed from all the stations (May 2014 figures are representative of the figures obtained during 2013/2014). Carbon emissions are dependant on degree days (ie heating/energy requirements due to time of year) and can be weather dependant (ie winter vs summer)

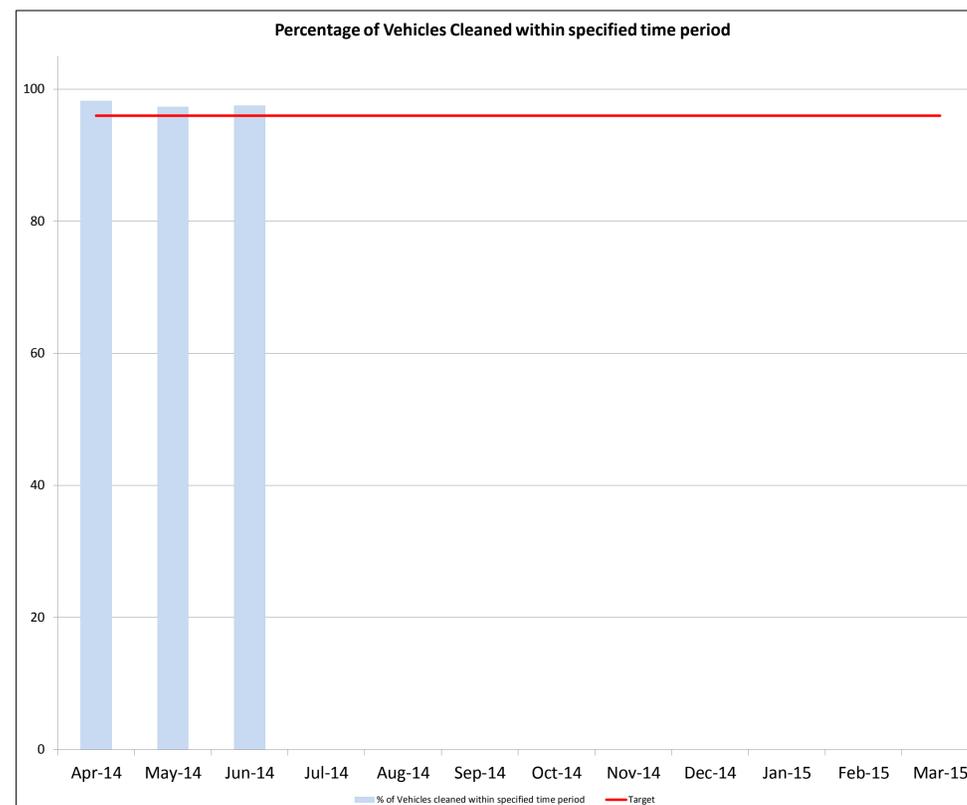
E3 Fleet		RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
Vehicle Availability % Plan vs. Actual *									
E3.1	A&E	GREEN	92%	93%	1%	92%	91%	-1%	This KPI has not been met due to a high volume of accidents, resulting in vehicle write off's. Additionally there were a number of high cost mechanical repairs deemed uneconomical. It was agreed by Senior Management that best practice would be to replace some of these vehicles in line with the vehicle replacement programme rather than undertaking the repairs. The first batch of new vehicles arrived week commencing 23/6/14 and the rollout programme is underway.
E3.1	PTS	GREEN	94%	94%	0%	94%	95%	1%	

Vehicle Age		RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1	A&E - RRV	GREEN	4	0		
E3.1	A&E - DMA	AMBER	5	15		43 DMA Vehicles currently in build from 2013/14 procurement. These vehicles are being delivered and put into service throughout June and July 2014.
E3.1	A&E - Other	AMBER	7	9		9 ECP cars - Proposal to lease their replacements is to be considered at the June F&I. Subject to approval replacements will be delivered Oct/Nov 14
E3.1	PTS	RED	7	125		There are 124, 6 year old vehicles currently leased by the Trust that are on contracts that expire during 2014/15. It is proposed that these vehicles could be purchased and then retained on fleet for a further 3 years releasing revenue budget to lease further new vehicles suitably specified by PTS. There are a 125 vehicles in excess of 9 years old on the PTS fleet and the aim is to remove all of these vehicles by means of leasing 100 replacement vehicles and a vehicle reduction provided by improved reliability, by the end of 2014/15 FY.
E3.1	Other	GREEN	7	6		

Vehicle Replacement Plan		RAG Status	Plan Annual	Forecast Annual	Notes
E3.1	A&E - RRV	GREEN	40	40	
E3.1	A&E - DMA	GREEN	43	43	
E3.1	A&E - Other	GREEN	20	20	
E3.1	PTS	GREEN	31	31	
E3.1	Other	GREEN	14	14	

E3.2 Compliance / Safety		RAG Status	Number	% Total	Notes
E3.2	Safety Checks Outside "Window" at end of period	GREEN	12	2.17%	
E3.2	Vehicle Services Outside "Window" at end of period	GREEN	8	2.15%	
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	63	2.50%	
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	26	4.13%	
E3.6	Parapac servicing Outside "Window" at end of period	GREEN	11	3.36%	
E3.7	Microvent servicing Outside "Window" at end of period	RED	104	23.16%	Mid Yorks Hospital NHS Trust Medical Physics department have been contracted to manage YAS equipment function. An action to align equipment servicing to vehicle safety checks has been partially implemented. The authorisation has been given and the process has started to recruit a permanent Equipment Engineering Manager to head up the department. Interviews were to be held early July however the advert has been re-run due to the low level and quality of applications received. All microvents are being maintained in house, which has sped up the process and increased the ability to attend to these. Physio control and Oxylite are assisting with maintenance whilst the skillset within the Equipment Team are improved. The assistance of Oxylite would have no longer been required however their assistance has had to be extended due to staff absence. Note 72 devices had been moved from their audited location, had these devices been present there would have been 32 overdue (at 7.13% Red)

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
	AMBER	GREEN	AMBER									



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	97.3	97.5									

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	21	22										68
Variance	-5	-1	-2	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	2/2	Internal Clinical Audit Plan	Local CPI audits remain suspended. However, capacity has been produced to allow audits to demonstrate compliance with NICE guidance along with all national mandatory audits. ReadSoft remains stable with no new systems issues.	Executive Medical Director	Ongoing	GREEN
AMBER	3.16	2/2	The number of complaint responses exceeding the internal Trust standard of 25 days	Work is under way to re-organise the management of EOC related compliants, together with an increased focus on performance management of complaint responses.	Executive Director of Standards and Compliance	Aug-14	GREEN
AMBER	3.17	1/1	Decrease in Friends and Family recommendation question in the A&E patient survey	Further analysis to understand the causes of wide month on month variations in results.	Executive Director of Standards and Compliance	Aug-14	GREEN
RED	3.9	1/3	Increase in Serious Incidents	Further work to analyse the underlying causes and initiation of a proactive case review process in relation to delayed responses. Information from incident and near miss reports is being used to inform the Operational Improvement Plan.	Executive Director of Standards and Compliance	Aug-14	GREEN
AMBER	3.13	1/3	Increase in complaints in A&E service	Key issues relate to response times and information from complaint analysis is being used to inform the Operational Improvement Plan.	Executive Director of Standards and Compliance	Aug-14	GREEN

Comments on Quality**New Incidents Reported**

The overall number of incidents, near misses and other issues of concern reported in June has increased significantly in comparison to April & May. A&E Operations incidents have doubled, most of these are in relation to staff welfare reports but there has also been an increase in reported patient related incidents. The Datix reporting line went 24/7 from 2nd June and monitoring of the number of calls taken between 5 pm and 8 am by the 111 team in York indicates this service is being well utilised and is supporting a general increase in uptake of the reporting system by staff. The proportion of incidents resulting in actual harm to patients has risen slightly in the same period. The proportion of incidents resulting in harm to staff, including RIDDOR incidents has fallen in June. Whilst there has been a small increase in reporting within the PTS service levels remain a concern as they are not as high as might be expected given the patient contact rate. Benchmarking with other PTS services reporting levels is underway. Communications have been issued to all staff to actively encourage reporting and a Trust wide campaign to encourage all reporting of incidents, near misses, issues and concerns is planned for Q2.

Patient Related Incidents

The number of patient related incidents reporting in June has increased significantly, with the greatest increase being in coded as i) Response Related - EOC and ii) Care pathway. Within the Response Related incidents the largest proportion of incidents relate to delayed response, delayed dispatch and delayed back up. A process has been established by the Medical Directorate and Standards and Compliance Directorate to review all delayed response/back up incidents that are over a defined time frame dependent on the call coding and to review cases for patient harm. Work is on-going to improve performance via the recovery plan. The second highest reported patient related incident is categorised as Care Pathways - issues range from inappropriate referral to lack of access. This detailed information will be sent to the Clinical Directorate Care

Staff Related Incidents

Staff related incidents have increased significantly from normal baseline levels. Most of these are reported as Staff Welfare which when broken down further relate to meal breaks - with 84 of the 120 staff welfare issues reported being categorised as "Meal Break taken too early/late". Other reported issues related to M&H, Violence and aggression and Response related EOC. Incidents related to Infection Prevention and Control have increased in June. YAS IPC lead is reviewing these and an IPC awareness campaign is planned for Q2.

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

The increase in Si reporting in June is, in the main part, in relation to delayed dispatch/response, with a number of different underlying issues. An additional process has been put in place to undertake proactive review of delayed response incidents. A further three incidents related to clinical assessment and clinical care delivery. All SI reports are presented to the CCG within the defined time frames and required actions are tracked by the Risk and Safety team.

RIDDOR

There have been 4 RIDDOR reportable incidents, 2 involved injury whilst moving and handling, 2 following a slip trip or fall. This is a slight reduction on previous months reporting.

Medication related incidents

There were 19 Controlled drug incidents in June, 18 breakages, many of which are due to vials shattering. There has been 1 loss : Four vials of morphine were left on the roof of a car and the remnants of the vials were found. There were 3 clinical issues, 2 administrations of sodium chloride instead of glucose and also a delay of treatment due to out of date stock.

Complaints and concerns

The rate of complaints and concerns in the A&E service has risen slightly in June. The principal issues highlighted in the increase are related to delayed response to Green call and staff communication. The rate of complaints from patients and other NHS services in PTS has also risen in June. The main issues underlying the increase relate to late collection of patients from home and from clinic/hospital. The rate of complaints in the NHS 111 service has fallen in June.

Patient experience

There has been a reduction in June in the overall friends and family test score for the A&E service. This masks considerable variation month on month and between different CBUs and further analysis is required over the coming month to understand the underlying causes of this variation.

IPC Audit

Overall compliance rates are good, although 44% of premises audited in South Yorkshire and Bassetlaw had no previous results of monthly IP&C audits displayed on noticeboards. This has been brought to the attention of local managers for immediate action.

Clinical Audit Programme

Currently, Prfs are running 3-4 weeks in arrears. No system failures were reported during the month. An increase in the number of data fields for validation in the Readsoft system was implemented on the 27th June. Local CPIs are still suspended to support the audit of medicines use. Good progress continues to be made, with 1 local audits. National CPIs and ACQIs are up to date and have been submitted on time. National reports have now been completed for cycle 12.

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	AMBER											GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	AMBER	AMBER	AMBER											GREEN
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	GREEN											GREEN
3	CQC and Other Registration / Legislation Standards	<ul style="list-style-type: none"> Registration Regulations & Outcomes NHS Litigation Authority 	AMBER	AMBER	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	GREEN	GREEN/AMBER										

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 2014-2016

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 - Deputy Chief Executive, Executive Director of Finance and Performance															
HS1	Estates	ED Ops													The ORH modelling outputs delay has impacted on timescales for delivery of the SOC.
HS2	Make Ready	ED Ops													Project delayed due to resignation of project manager - recruitment for replacement underway
HS3	Operational Delivery Model	ED Ops													Actions on track
OD and Leadership - Executive Director of People and Engagement															
ODL1	Management & Leadership	ED PR & E													First stage of Senior Leadership Programme completed
ODL2	Service Line Development	ED PR & E													Awaiting confirmation of project timeline and project management resource
ODL3	Developing Clinical Leadership	EMD													Progress update as below:
ODL3a	Support Development of Independent Clinical Practice	EMD													A b clinical supervision model has been finalised and will be consulted on during July
ODL3b	Development of Clinical Career Framework for Frontline Clinicians	EMD													Due to ongoing national work there has been a delay in determining the scope of the Lead Paramedic role
ODL3c	Support Development and Implementation of evidence based best practice by frontline clinicians	EMD													The Urgent Care Forum is now established with an initial focus on ECPs
ODL 3d	Support the Development of Clinical Appraisal and Professional Portfolio Development	EMD													Work is ongoing to link with the OD team on PDR and portfolio development
ODL4	Staff Engagement and Communications	ED PR & E													Draft engagement strategy developed and work to further develop the document is underway.
Urgent Care - Executive Director of Standards and Compliance															
UC1	Paramedic Pathfinder/ePRF	ED S&C													Training plan for ILS and Paramedic Pathfinder produced and allocation of training underway
UC2	NHS 111+/Care Coordination	ED S&C													GP Early Intervention Pilot went live 20th June
UC3	Technology Enabled Services	ED S&C													Progress update as below
UC3a	Telehealth	ED S&C													No further developments reported
UC3b	Telecare	ED S&C													Draft Telecare paper shared for comment - Gate 1 review scheduled for July
UC4	Community ECPs and Advanced Paramedics	ED S&C													A draft proposal for Wakefield and York UCP schemes is continuing to be co-developed with commissioners for approval in July 2014
UC5	Urgent Care Transport	ED S&C													Data analysis is underway and progressing as planned with a TEG paper due to Directors by Friday 4th July
UC6	Managed Services Portfolio	ED S&C													A successful bid to provide a managed service has been provisionally approved by Barnsley for £60k

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%	96%	99%									
	Premise	99%	96%	96%									
	Vehicle	97%	98%	99%									
North Yorkshire and York	Hand Hygiene	97%	97%	99%									
	Premise	100%	97%	97%									
	Vehicle	96%	94%	96%									
Humber	Hand Hygiene	98%	99%	100%									
	Premise	99%	97%	100%									
	Vehicle	98%	98%	100%									
Airedale, Bradford, Leeds	Hand Hygiene	98%	99%	95%									
	Premise	94%	98%	98%									
	Vehicle	99%	98%	96%									
South Yorkshire and Bassetlaw	Hand Hygiene	99%	99%	100%									
	Premise	96%	96%	94%									
	Vehicle	99%	97%	99%									
YAA	Hand Hygiene	100%	100%	100%									
	Premise	100%	100%	100%									
	Vehicle	100%	100%	100%									
Resilience and Special Operations	Hand Hygiene	99%	99%	99%									
	Premise	90%	90%	95%									
	Vehicle	100%	100%	100%									
Private & Events	Hand Hygiene	100%	100%	100%									
	Vehicle	100%	100%	100%									
PTS Leeds	Hand Hygiene	100%	100%	100%									
	Vehicle	98%	96%	100%									
PTS Mid Yorkshire	Hand Hygiene	99%	100%	100%									
	Vehicle	95%	93%	96%									
PTS Bradford / Airedale	Hand Hygiene	100%	99%	99%									
	Vehicle	99%	99%	100%									
PTS Calderdale / Huddersfield	Hand Hygiene	99%	100%	99%									
	Vehicle	98%	100%	100%									
PTS North Yorkshire	Hand Hygiene	100%	99%	98%									
	Vehicle	98%	98%	100%									
PTS Hull & East	Hand Hygiene	100%	98%	100%									
	Vehicle	92%	93%	96%									
PTS Sheffield / Barnsley	Hand Hygiene	99%	100%	99%									
	Vehicle	100%	100%	98%									
PTS Rotherham / Doncaster	Hand Hygiene	100%	100%	100%									
	Vehicle	99%	100%	100%									
Overall Compliance (Current Year)	Hand Hygiene	99%	99%	99%									
	Premise	97%	96%	97%									
	Vehicle	98%	98%	99%									
Overall Compliance (Previous Year)	Hand Hygiene	99%	100%	98%									
	Premise	97%	96%	98%									
	Vehicle	96%	98%	98%									

Key for IPC Audit: Pre April 2012

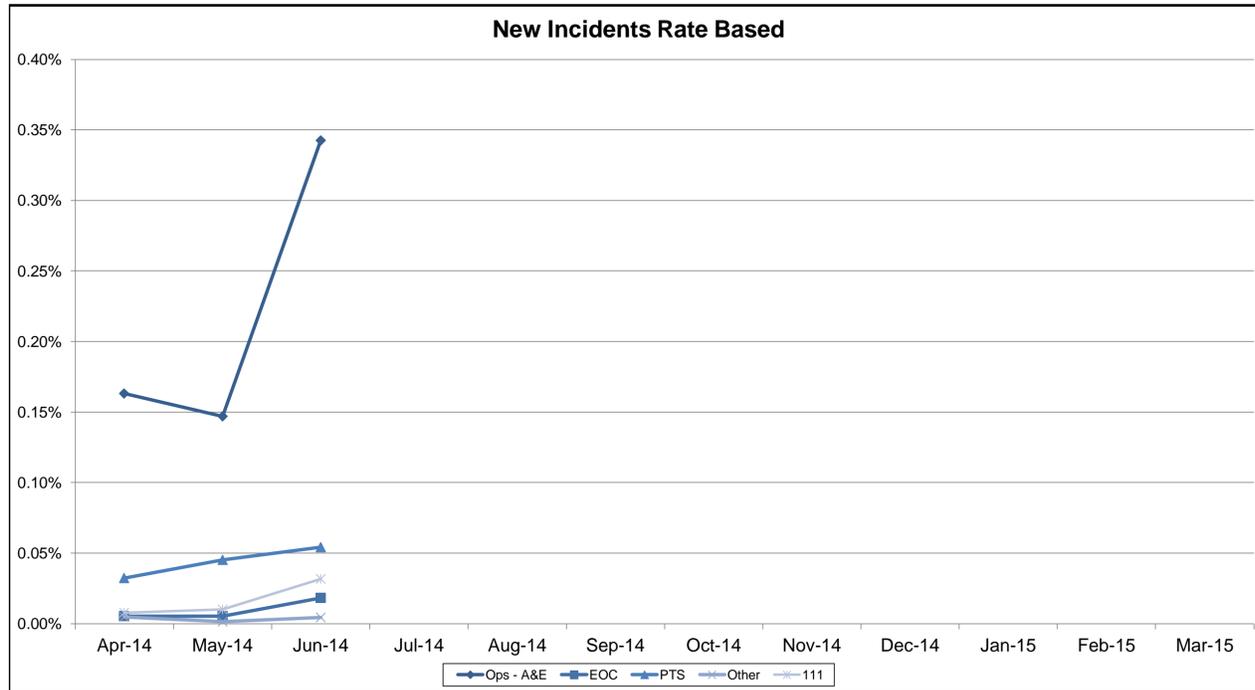
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

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

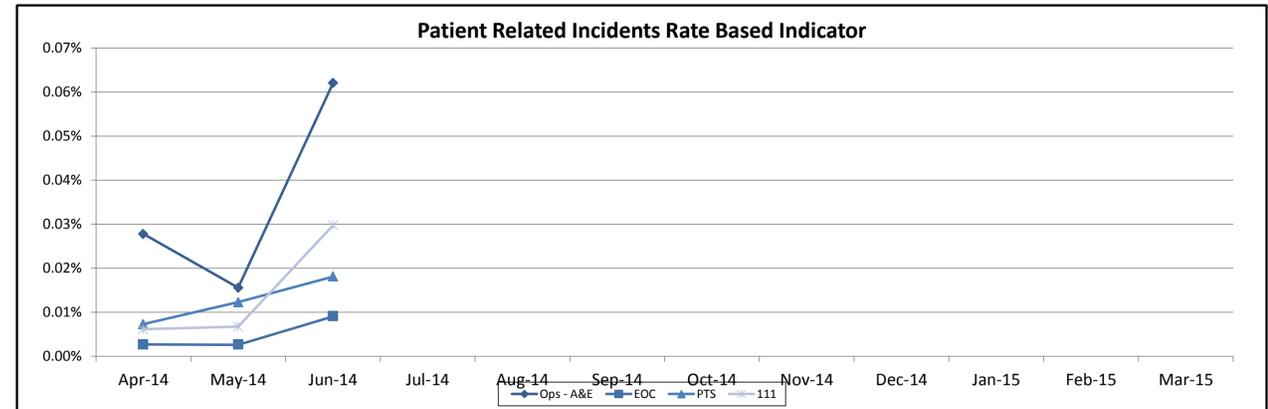


New Incidents Reported	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ops - A&E	247 (0.16%)	227 (0.15%)	530 (0.34%)									
EOC	8 (0.01%)	8 (0.01%)	28 (0.02%)									
PTS	49 (0.03%)	70 (0.05%)	84 (0.05%)									
111	9 (0.01%)	12 (0.01%)	49 (0.03%)									
Finance	7 (0%)	2 (0%)	7 (0%)									
Medical - Operations	6 (0%)	5 (0%)	9 (0.01%)									
Quality & Patient Experience	2 (0%)	0 (0%)	4 (0%)									
Resilience & Specialist Services	6 (0%)	2 (0%)	5 (0%)									
Support Services	1 (0%)	0 (0%)	2 (0%)									
Foundation Trust	0 (0%)	0 (0%)	0 (0%)									
Human Resources	1 (0%)	0 (0%)	0 (0%)									
Organisational Effectiveness and Education	0 (0%)	1 (0%)	3 (0%)									
Risk & Safety	1 (0%)	0 (0%)	1 (0%)									
ICT	1 (0%)	0 (0%)	1 (0%)									
TOTALS	338	327	723									
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%)	24 (0.02%)	96 (0.06%)									
EOC	4 (0%)	4 (0%)	14 (0.01%)									
PTS	11 (0.01%)	19 (0.01%)	28 (0.02%)									
111	7 (0.01%)	8 (0.01%)	46 (0.03%)									
Medical Operations	0 (0%)	1 (0%)	4 (0%)									
OTHER	1 (0%)	0 (0%)	1 (0%)									
TOTALS	65	56	189									
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

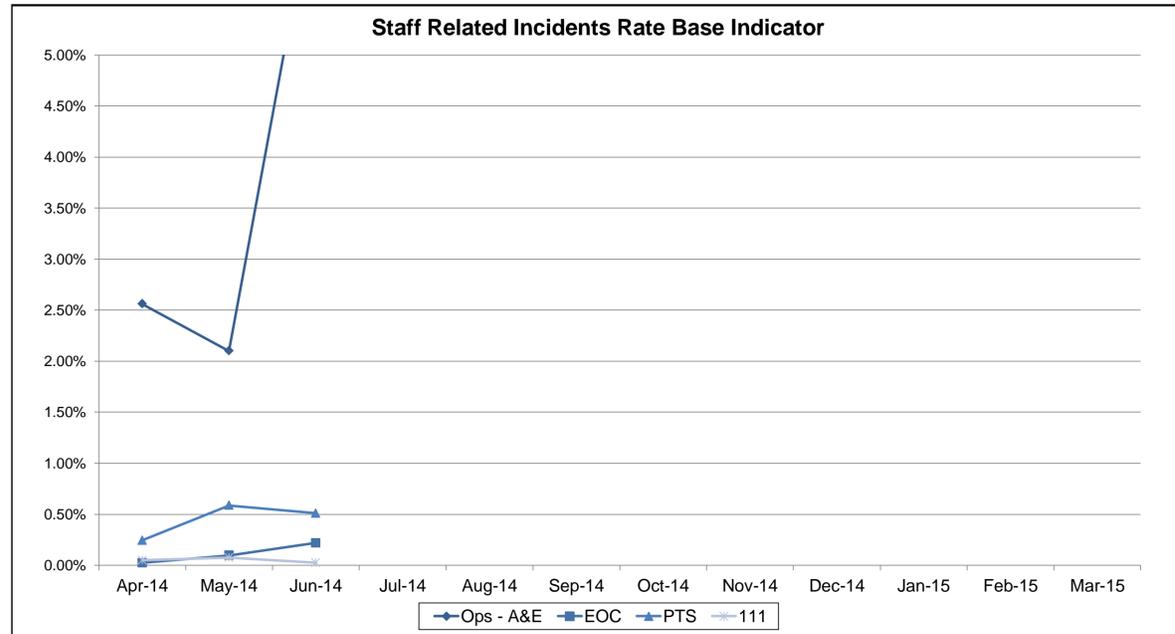
Number of Medication Incidents	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Current Year	39	40	48									
Previous Year	23	26	30	34	29	23	30	27	50	29	30	37

Morphine Related Incidents

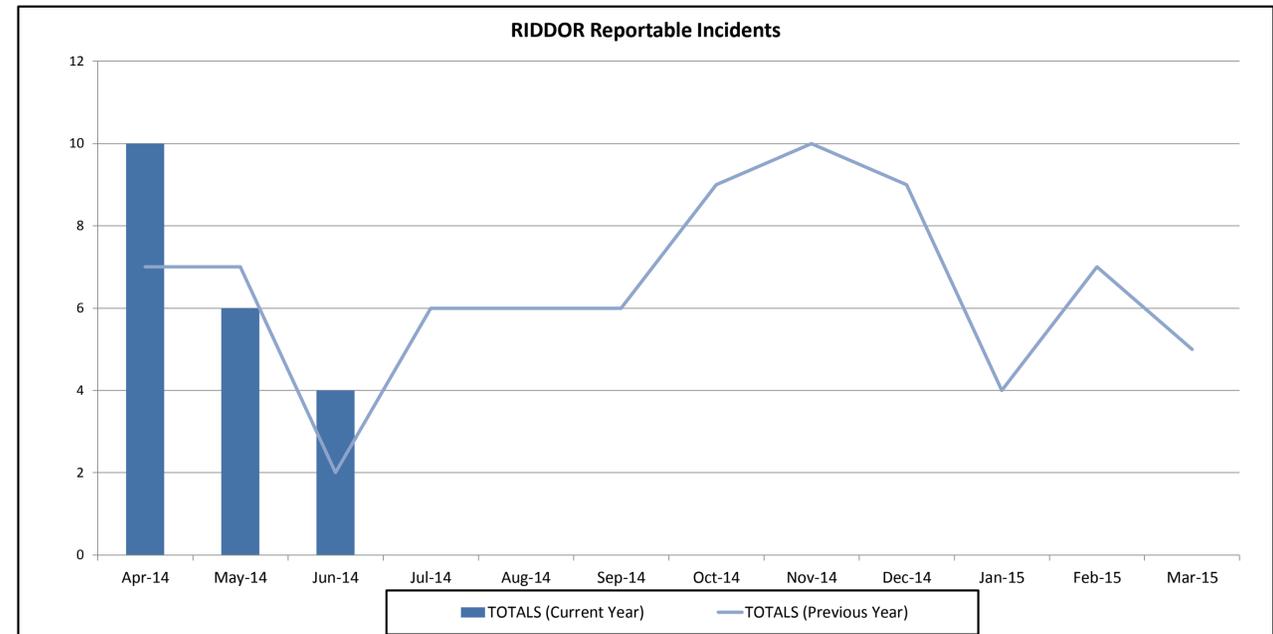
OBJ REF 3

Number of Morphine Incidents	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Breakage	9	15	18									
Administrative errors	6	3	3									
Loss	2	1	1									
Clinical	0	0	3									
Other	2	1	0									
TOTAL (Current Year)	19	20	25									
TOTAL (Previous Year)	14	18	7	16	10	10	12	11	23	11	19	14

Staff Related Incidents



Riddor 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%)	86 (2.1%)	277 (6.73%)									
EOC	1 (0.02%)	4 (0.1%)	9 (0.22%)									
PTS	10 (0.24%)	24 (0.59%)	21 (0.51%)									
111	2 (0.05%)	3 (0.07%)	1 (0.02%)									
Finance	3 (0.07%)	1 (0.02%)	1 (0.02%)									
Medical - Operations	3 (0.07%)	0 (0%)	2 (0.05%)									
Quality & Patient Experience	0 (0%)	0 (0%)	2 (0.05%)									
Resilience & Specialist Services	3 (0.07%)	1 (0.02%)	1 (0.02%)									
Support Services	0 (0%)	0 (0%)	0 (0%)									
Foundation Trust	0 (0%)	0 (0%)	0 (0%)									
Human Resources	0 (0%)	0 (0%)	0 (0%)									
Organisational Effectiveness and Education	0 (0%)	1 (0.02%)	1 (0.02%)									
Risk & Safety	1 (0.02%)	0 (0%)	0 (0%)									
ICT	0 (0%)	0 (0%)	1 (0.02%)									
TOTALS (Current Year)	128	120	316	0								
TOTALS (Previous Year)	108	106	101	101	129	109	171	142	170	153	181	130

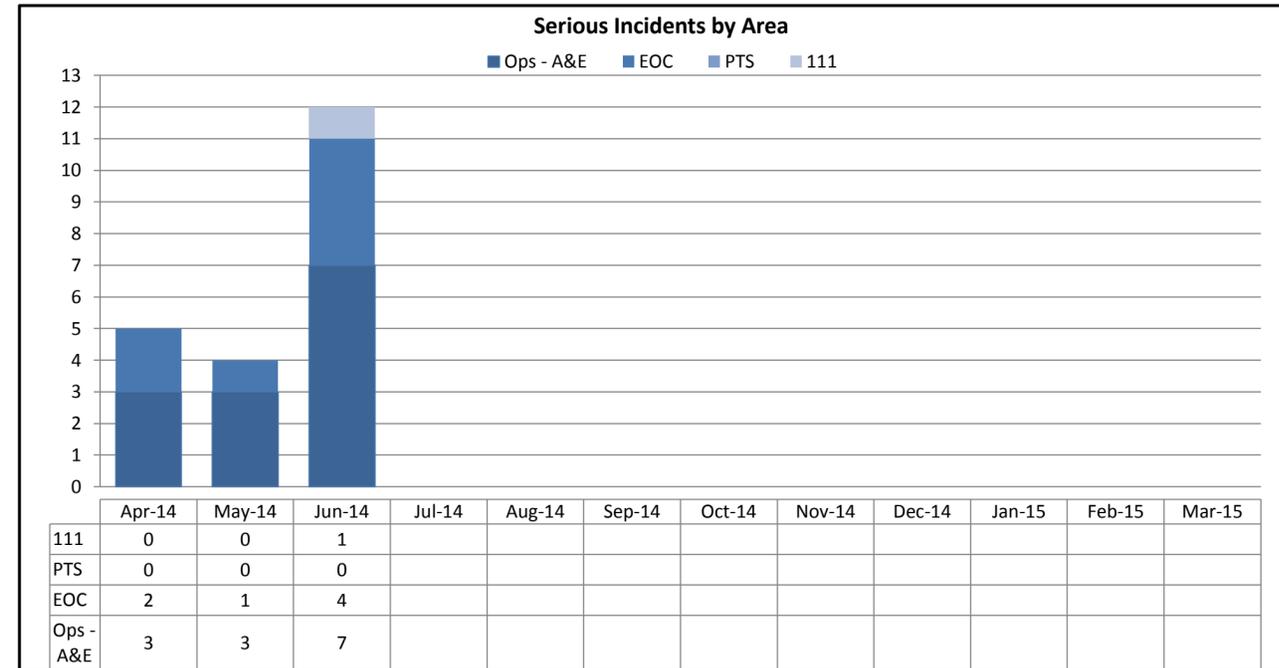
Staff Related Incidents Percentage is the number of staff related incidents divided by the total WTE per month

RIDDOR 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	1	1									
East Riding of Yorkshire CBU	1	0	1									
Leeds & Wakefield CBU	6	1	1									
Bradford, Calderdale and Kirklees CBU	1	2	0									
South Yorkshire CBU	1	1	1									
Operations PTS	1	0	0									
Other Directorates	0	1	0									
TOTALS (Current Year)	10	6	4									
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	0	0									
Hit by a moving, flying or falling object	0	1	0									
Hit by a moving vehicle	0	0	0									
Hit by something fixed or stationary	0	0	0									
Injured while handling, lifting or carrying	7	2	2									
Slip, trip or fall on the same level	2	1	2									
Fall from a height	0	1	0									
Trapped by something collapsing	0	0	0									
Drowned or asphyxiated	0	0	0									
Exposed to or in contact with a harmful substance	0	0	0									
Exposed to fire	0	0	0									
Exposed to an explosion	0	0	0									
Contact with electricity or an electrical discharge	0	0	0									
Injured by an animal	0	0	0									
Physically assaulted by a person	0	0	0									
Another kind of accident	1	1	0									
Total	10	6	4									

SUI Incidents by Area

EWI



Training Position

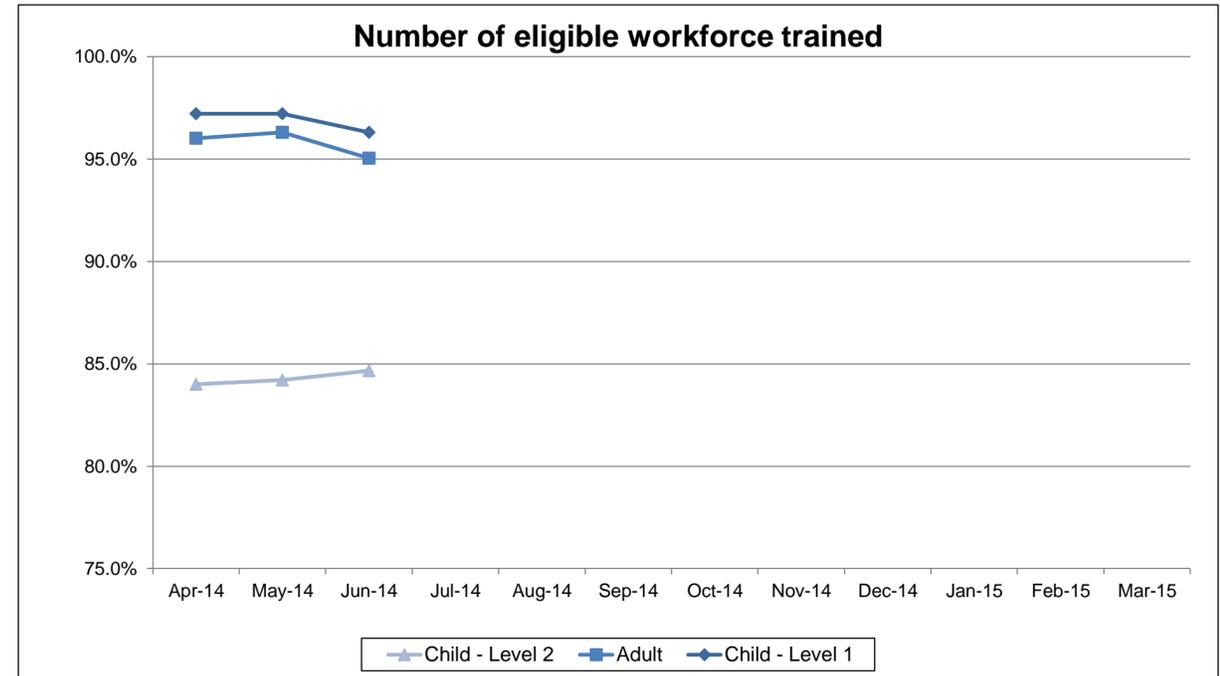
YTD RAG

GREEN



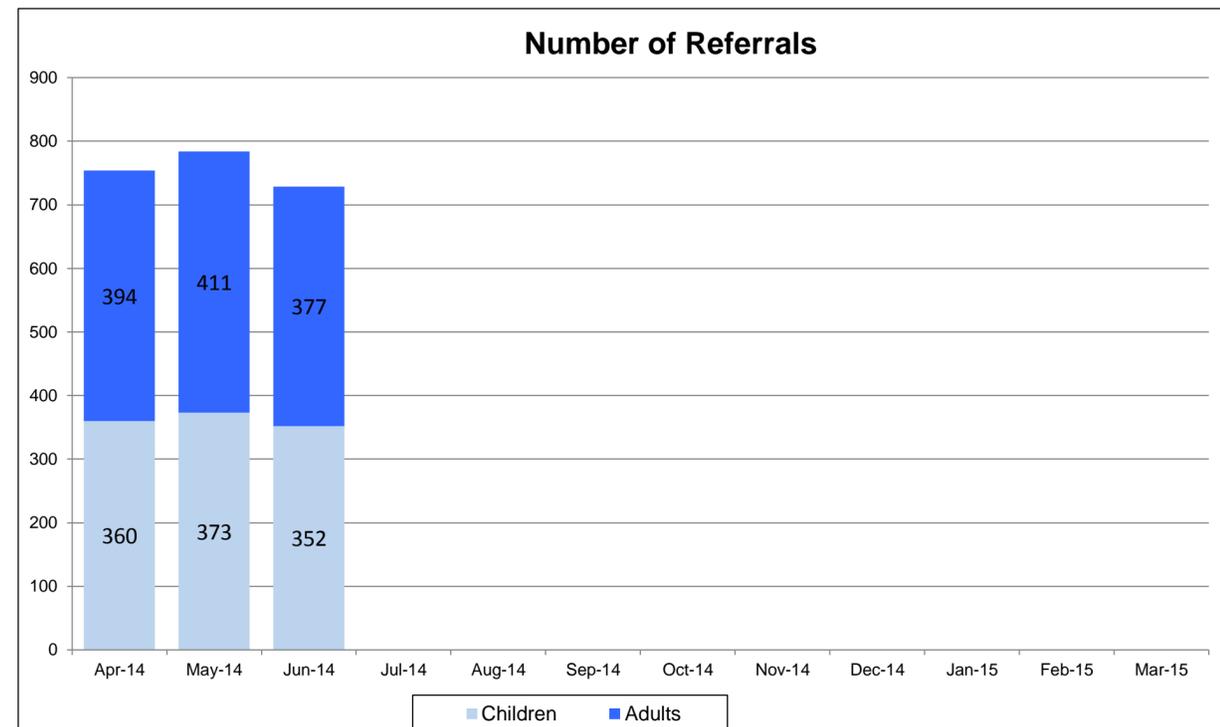
MTD RAG

GREEN



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	4	12									
TOTAL (Previous Year)		3	1	2	4	2	0	2	3	4	5	6	5

Number of Child and Adult Referrals



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	3	9									
Road Traffic Collision	0	1	0									
Clinical care	1	0	1									
Inadequate clinical assessment	1	0	2									
Violence & aggression	0	0	0									
Data protection breach	0	0	0									
Adverse media attention	0	0	0									
Medication related	0	0	0									
Patient Fall	0	0	0									
Maternity issue	0	0	0									
Other	0	0	0									
Total	5	4	12									

Clinical Audit Programme

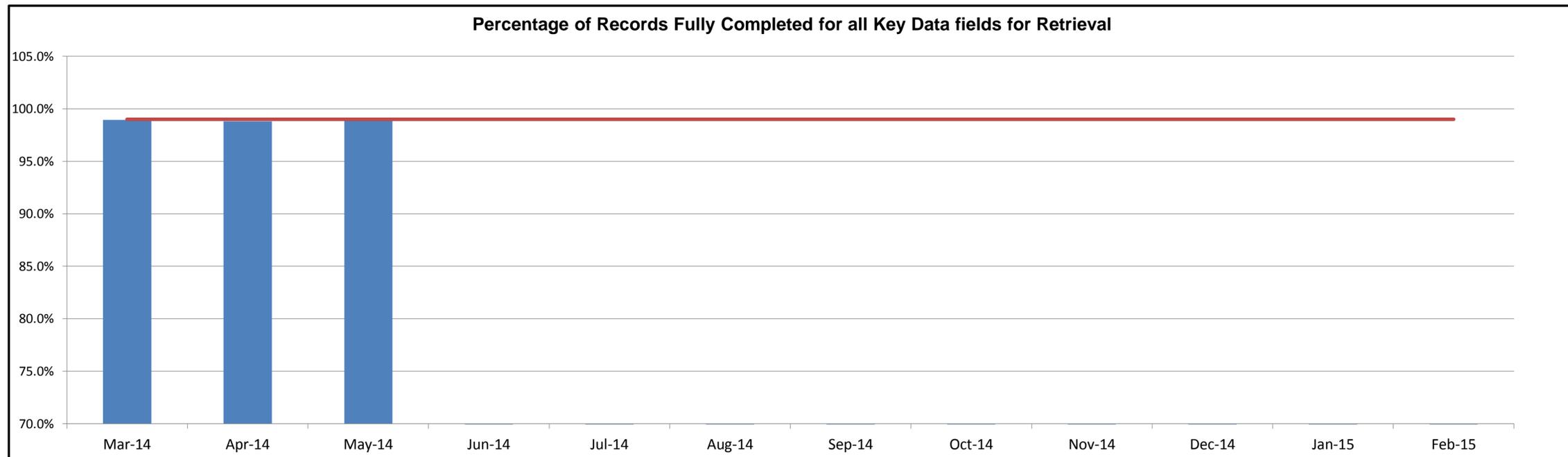
National Audit Programme

		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											
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											
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	61,280	63,395									
Total of forms with key data incomplete	658	738	602									
% of Completed Forms	98.9%	98.8%	99.1%									

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	2	1										3
	Telephone Manner		0	2	1										3
EOC Call Handling	Red AMPDS		0	0	0										0
	Green AMPDS		0	1	1										2
	Green Clinical Hub		1	1	2										4
	Green 111 triage		0	0	0										0
	HCP Request		3	1	4										8
EOC Delayed Response	Red		2	5	5										12
	Green 1, 2, 3, 4		24	24	31										79
	IHT		0	7	5										12
	Admission		6	4	8										18
	Take Home		1	1	0										2
	Other		7	0	3										10
EOC TOTAL			44	48	61										153
Demand Activity (Based on Number of Calls)			67571	71947	69623										209141
% Rate			0.07%	0.07%	0.09%										0.07%
A&E Attitude	Lack of Care		4	6	2										12
	Communication Skills		8	8	16										32
A&E Clinical	Assessment		1	6	7										14
	Clinical Handover		1	0	0										1
	Treatment		9	3	3										15
	Moving & Handling		1	0	3										4
A&E Operations	Pathways		9	6	8										23
	Operational Procedures		14	11	13										38
	Vehicles & Stretchers		0	1	2										3
	Driving		9	7	8										24
	Other		0	1	0										1
A&E TOTAL			56	49	62										167
Demand Activity (Based on Number of Responses)			58695	62128	59626										180449
% Rate			0.10%	0.08%	0.10%										0.09%

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	0											0
		South	0	2	0											2
		Hull & East	0	0	1											1
		ABL	0	0	0											0
		CKW	0	0	0											0
		EOC	0	0	1											1
		Total	0	2	2											4
	Amber	North	3	0	1											4
		South	4	0	3											7
		Hull & East	2	1	2											5
		ABL	0	1	2											3
		CKW	2	0	0											2
		EOC	1	3	5											9
		Total	12	5	13											30
	Yellow	North	4	6	9											19
		South	4	4	7											15
		Hull & East	5	2	1											8
		ABL	7	3	7											17
		CKW	8	8	8											24
		EOC	27	21	36											84
	Total	55	44	68											167	
Green	North	5	4	4											13	
	South	3	6	6											15	
	Hull & East	2	4	1											7	
	ABL	0	4	4											8	
	CKW	7	4	6											17	
	EOC	16	23	19											58	
	Total	33	45	40											118	

Compliments			Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E/EOC TOTAL			64	50	64										178

Concerns, Complaints, Comments and Compliments - PTS

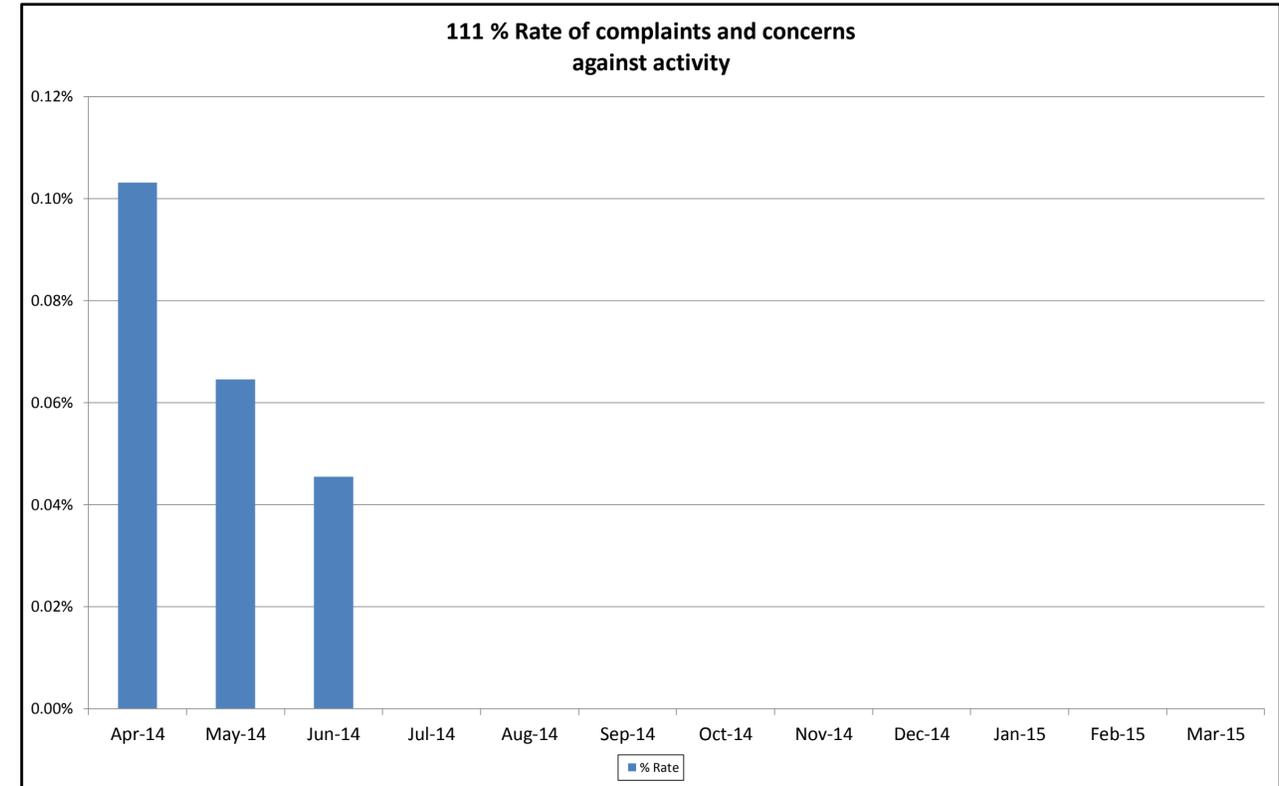
Complaints, Concerns and Comments		EWI	Codes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS Communications	Attitude		C	2	0	3										5
	Administration Error		A	4	4	5										13
	Call Handling		J	1	0	1										2
PTS Operations	Attitude		B	6	3	8										17
	Driving		I	5	2	2										9
	Vehicle Condition/Comfort		E	1	0	0										1
	Non-Attendance/Late to Collect Patient from Home		F H U	4	6	11										21
	Patient Early/Late for Appointment		T S	5	4	5										14
	Non-Attendance/Late to Collect Patient from Clinic/Hospital		D G V	11	7	21										39
	Patient Injury		M N	0	1	2										3
	Patient Care		O	9	1	4										14
	Vehicle Unsuitable		W	5	3	3										11
Time on Vehicle		P	1	2	2										5	
PTS Other				1	1	0										2
SUB TOTAL 4Cs				55	34	67										156
PTS Service-to-Service				35	16	48										99
TOTAL				90	50	115										255
Demand Activity				92788	92316	95094										280198
% Rate				0.10%	0.05%	0.12%										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	0										0
		South	0	0	0										0
		East	0	0	0										0
		West	0	0	0										0
		Total	0	0	0										0
	Amber	North	1	0	0										1
		South	1	0	0										1
		East	0	0	0										0
		West	0	2	1										3
		Total	2	2	1										5
	Yellow	North	0	1	1										2
		South	2	1	3										6
		East	2	0	2										4
		West	8	6	11										25
		Total	12	8	17										37
	Green	North	9	3	6										18
		South	3	4	7										14
		East	10	8	13										31
		West	20	9	23										52
		Total	42	24	49										115

Compliments		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS TOTAL		7	1	5										13

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	1	3										4
Clinical	8	5	7										20
Operations	8	6	2										16
Sub Total	16	12	12										40
HCP Complaints & Concerns	102	65	37										204
GRAND TOTAL	118	77	49										244
Call Activity	114,451	119,321	107,833										341,605
% RATE	0.10%	0.06%	0.05%										0.07%



Complaints & Concerns													
Local Care Direct	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	1	0	3										4
Clinical	6	5	5										16
Operations	2	7	5										14
Sub Total	9	12	13										34
HCP Complaints & Concerns	1	4	5										10
GRAND TOTAL	10	16	18										44
Call Activity	24337	25058	21072										70467
% RATE	0.04%	0.06%	0.09%										0.06%

Compliments													
	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
111	10	12	12										34
LCD	1	1	0										2

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	1	0										5
	2 - 24 Working Days	3	1	2										6
	>25 Working Days	17	10	9										36
South	Within 1 Working Day	1	1	0										2
	2 - 24 Working Days	6	2	2										10
	>25 Working Days	22	8	9										39
Hull & East	Within 1 Working Day	0	0	1										1
	2 - 24 Working Days	3	2	2										7
	>25 Working Days	10	7	4										21
ABL	Within 1 Working Day	0	0	0										0
	2 - 24 Working Days	9	2	4										15
	>25 Working Days	11	6	4										21
CKW	Within 1 Working Day	5	1	0										6
	2 - 24 Working Days	10	6	9										25
	>25 Working Days	19	9	3										31
EOC	Within 1 Working Day	6	4	3										13
	2 - 24 Working Days	3	6	3										12
	>25 Working Days	35	34	42										111

PTS by Consortia		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
North	Within 1 Working Day	0	1	0										1
	2 - 24 Working Days	1	6	1										8
	>25 Working Days	4	3	3										10
South	Within 1 Working Day	7	0	0										7
	2 - 24 Working Days	3	4	3										10
	>25 Working Days	8	1	3										12
East	Within 1 Working Day	1	0	0										1
	2 - 24 Working Days	3	5	3										11
	>25 Working Days	3	7	4										14
West	Within 1 Working Day	3	2	0										5
	2 - 24 Working Days	18	16	7										41
	>25 Working Days	29	10	10										49

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	3	3										6
EOC	1	2	0										3
PTS	0	3	1										4
111	0	3	1										4

Ombudsman Referrals - A&E													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	1	1	0										2
Referral accepted	0	0	0										0
Referral rejected	0	0	0										0
Case upheld	0	0	0										0
Case not upheld	0	0	0										0
Outstanding	0	0	0										0

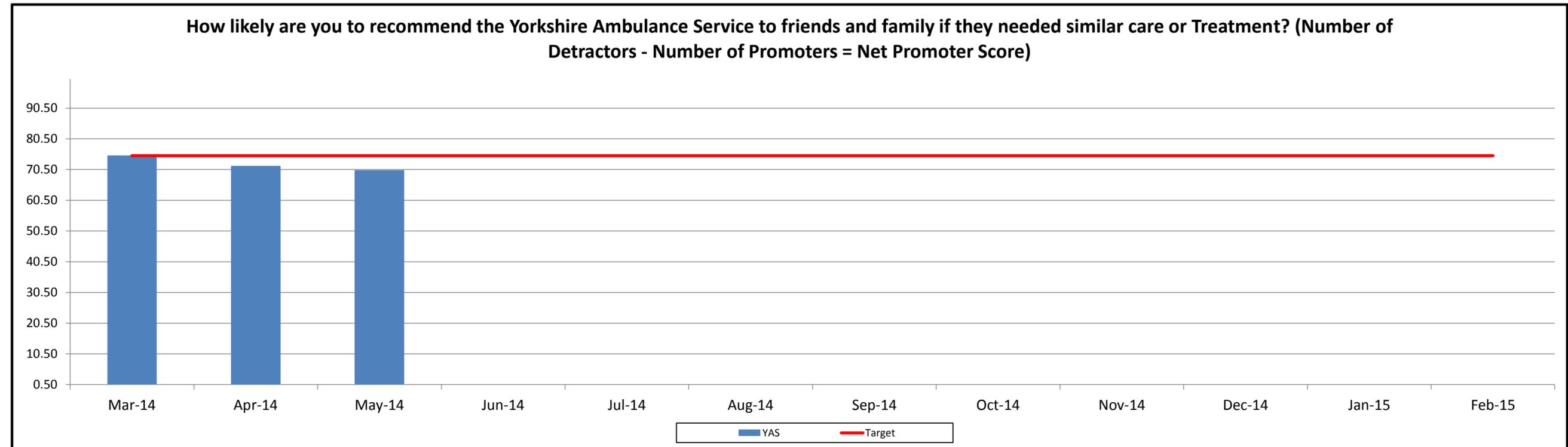
Ombudsman Referrals - EOC													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	0	0	0										0
Referral accepted	0	0	0										0
Referral rejected	0	0	0										0
Case upheld	0	0	0										0
Case not upheld	0	0	0										0
Outstanding	0	0	0										0

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

Ombudsman Referrals - 111													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	0	1	0										1
Referral accepted	0	0	0										0
Referral rejected	0	0	0										0
Case upheld	0	0	0										0
Case not upheld	0	0	0										0
Outstanding	0	0	0										0

A&E Patient Experience Survey

	YTD RAG	AMBER
↓	MTD RAG	AMBER

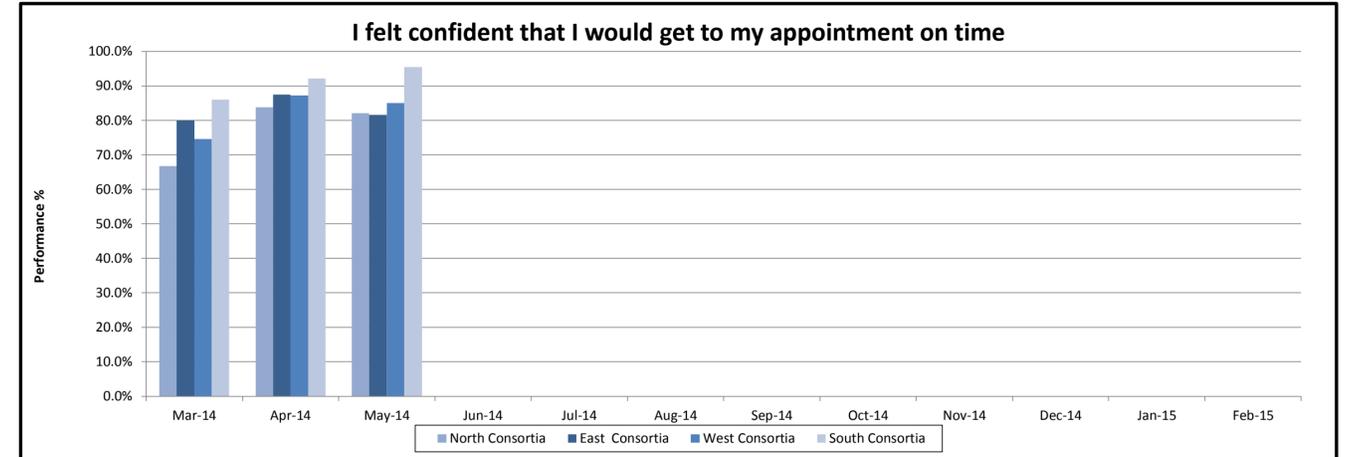
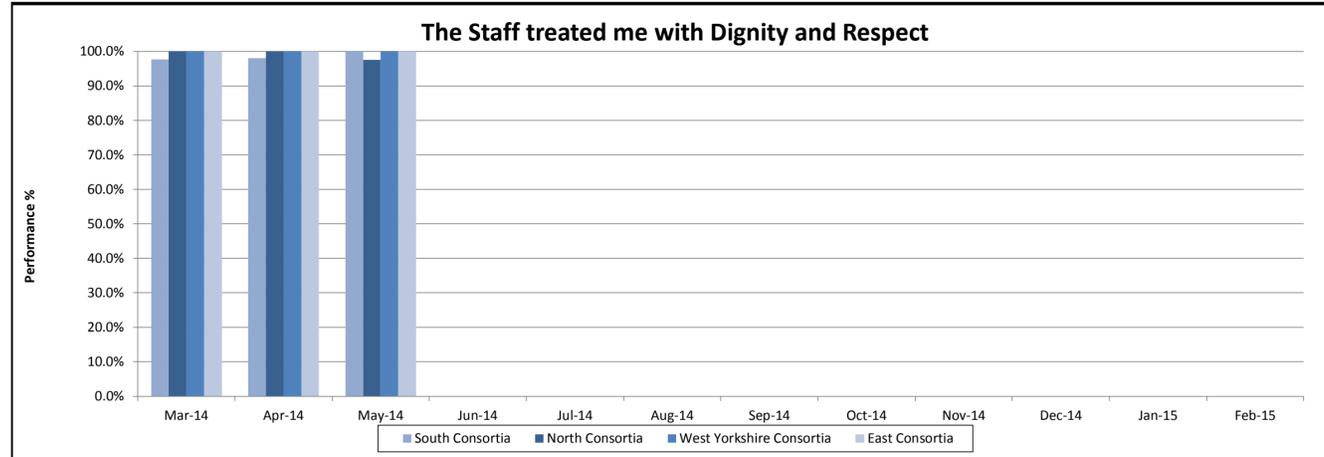


Overall Service	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
North Yorkshire CBU	72.70	61.30	83.33									
East Yorkshire CBU	89.50	78.60	60.00									
Calderdale, Kirklees & Wakefield CBU	82.10	82.10	84.62									
Leeds, Bradford & Airedale CBU	70.00	67.60	35.71									
South Yorkshire CBU	65.40	83.30	69.70									
Unknown Area	82.10	41.20	70.97									
YAS	75.10	71.70	70.29									
YAS variance to previous Month	5.60	-3.40	-1.44									

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)

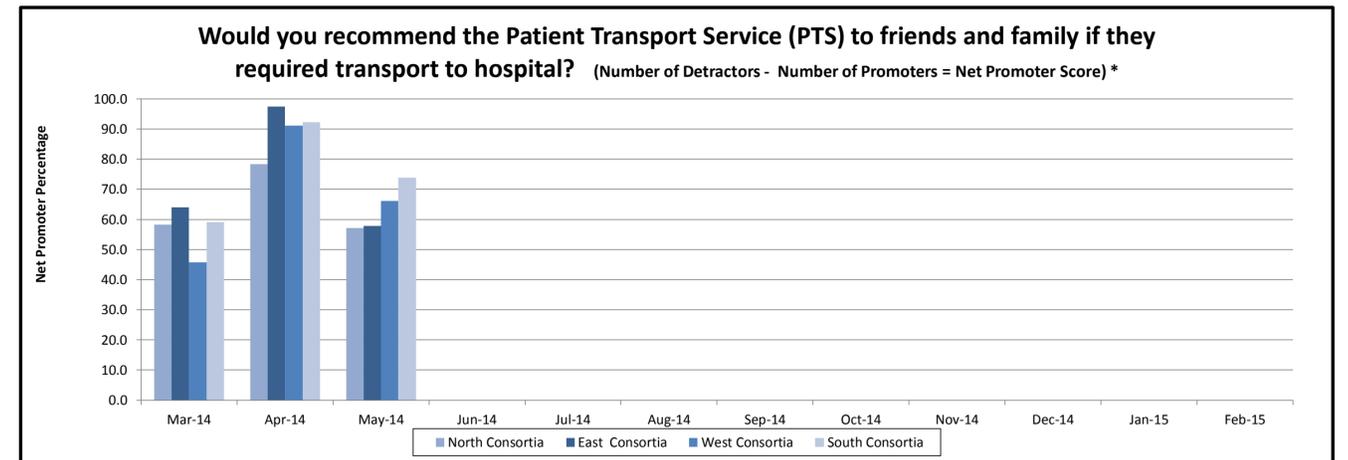
PTS Patient Experience Survey

	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%	100.0%	97.6%									
East Consortia	100.0%	100.0%	100.0%									
West Yorkshire Consortia	100.0%	100.0%	100.0%									
South Consortia	97.7%	98.0%	100.0%									

	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	66.7%	83.8%	82.1%									
East Consortia	80.0%	87.5%	81.6%									
West Consortia	74.6%	87.3%	85.0%									
South Consortia	86.0%	92.2%	95.5%									



	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%	97.3%	97.6%									
East Consortia	100.0%	100.0%	97.2%									
West Consortia	98.3%	100.0%	100.0%									
South Consortia	97.7%	98.0%	100.0%									

* 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	78.4	57.1									
East Consortia	64.0	97.5	57.9									
West Consortia	45.8	91.1	66.1									
South Consortia	59.1	92.2	73.9									

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. YAS has received email confirmation that YAS is now compliant with this standard, and is now awaiting formal written confirmation.
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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of cases due for response this month	25	28	30									
Number of cases due this month and responded to in time	22	21	25									
Number of cases due this month and responded to out of time	2	7	5									
Number of out of time (prior to this month) cases responded to this month	3	1	0									
Number of out of time cases still open	1	0	0									
Number of internal reviews open	4	9	6									
Number of internal reviews closed this month	0	2	7									

Data Protection Act (DPA) Requests	Workload		Compliance	
Subject Access Requests	Cases Awaiting	Year to Date	Compliance with 21 day DoH guidance (%)	Compliance with 40 day DPA legislative requirement (%)
Solicitor Requests	66	212	91%	98%
Police requests	128	360		
Witness Statements / Police Interviews	34	105		
	This Month	Year to Date		
Coroner Requests	32	99		

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%	81%	81%									

Comments

Legal Services
 Workload within the legal services department remains high, with requests under the Data Protection Act continuing to increase. KPIs are being maintained due to short term resource support from other departments across the Trust.

Freedom of Information (FOI) Requests
 The majority of the requests for internal reviews are stemming from three regular requestors



Section 4

Workforce



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	4.10	3/3	PDR's	Update reports are sent to Directors with a request to ensure that the overall completion rate is maintained at >75%	Directors and Managers	August	GREEN
RED	4.6	3/3	Sickness / Absence %	Continue to work with managers to ensure absence policy properly applied and appropriate action taken. Still hampered by the national negotiations on deduction of unsocial hours payments. Policy enforcement together with staff engagement work continues	All Directors and Managers	August	Amber

Comments on Workforce**The IPR identifies a number of key workforce performance issues for Board consideration:****Lost working time due to sickness absence**

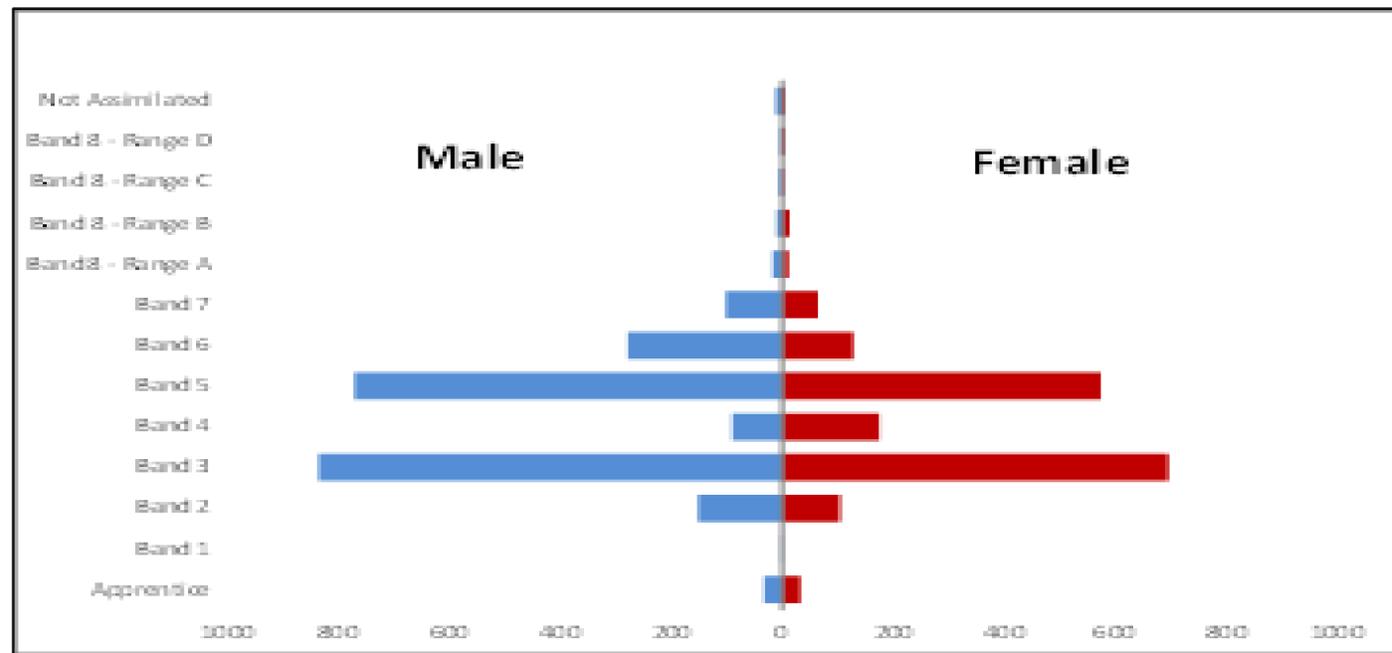
This month the sickness absence level across the trust has decreased slightly from the May figure and is now 6.18% however it remains significantly above the 5% target.. Key reasons for sickness absence remain as previously with the top two being Musculoskeletal and anxiety/depression related illnesses. Whilst showing some improvement NHS 111 & Urgent Care remains a significant outlier. Absence in PTS fell from 7.48% last month to 5.55% in June.

Performance Development Reviews (PDRs)

Managers are continuing to monitor the completion of PDR's locally to ensure compliance. Overall compliance stand at 70.28%, a slight improvement on the previous month.

June 2014 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 30 June 2014									
Indicator	Current Data - Jun-14		Previous Data - May-14		Target	Performance vs target	Trend	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post	4126	Jun-14	4096.58	May-14	4306		↗	4014	Jun-13
Equality & Diversity	4.92% fte	Jun-14	4.89% fte	May-14	14.20%		↘	5.20% fte	Jun -13
	5.16% hcount		5.10% hcount					5.07% hcount	
Sickness Absence	6.18%	Jun-14	6.20%	May-14	5.00%		↗	5.55%	Jun -13
	6.09%	Jul 13 Jun 14	6.01%	Jun 13 May 14				6.04%	Jul 12 Jun 13
Turnover	9.58% fte	Jun-14	9.86% fte	May-14	7.76% Amb Trust Aver		↗	7.53% fte	Jun -13
	10.85% hcount		11.34% hcount					9.26% hcount	
Stability	91.01% fte	Jun-14	90.92% fte	May-14	92.22 Amb Trust Aver		↘	92.96% fte	Jun -13
	92.21% Hcount		92.22% hcount					94.43% hcount	
Current PDRs	70.28%	Jun-14	78.39%	May-14	75%		↗	65.86%	Jun -13
Stat & Mand Workbook	93.01% (combined)	Jun-14	92.50% (Combined)	May-14	85%		↗	88.42%	Jun -13
	77.60%	Jun-14	72.93%	May-14					
Overtime	£898,074.85	Jun-14	£829,029.17	May-14			↗	£871,440.81	Jun -13
	£9,648,139.52	Jul 13 Jun 14	£9,621,505.48	Jun 13 May 14				n/a	Jul 12 Jun 13

Staff in Post by Pay Band

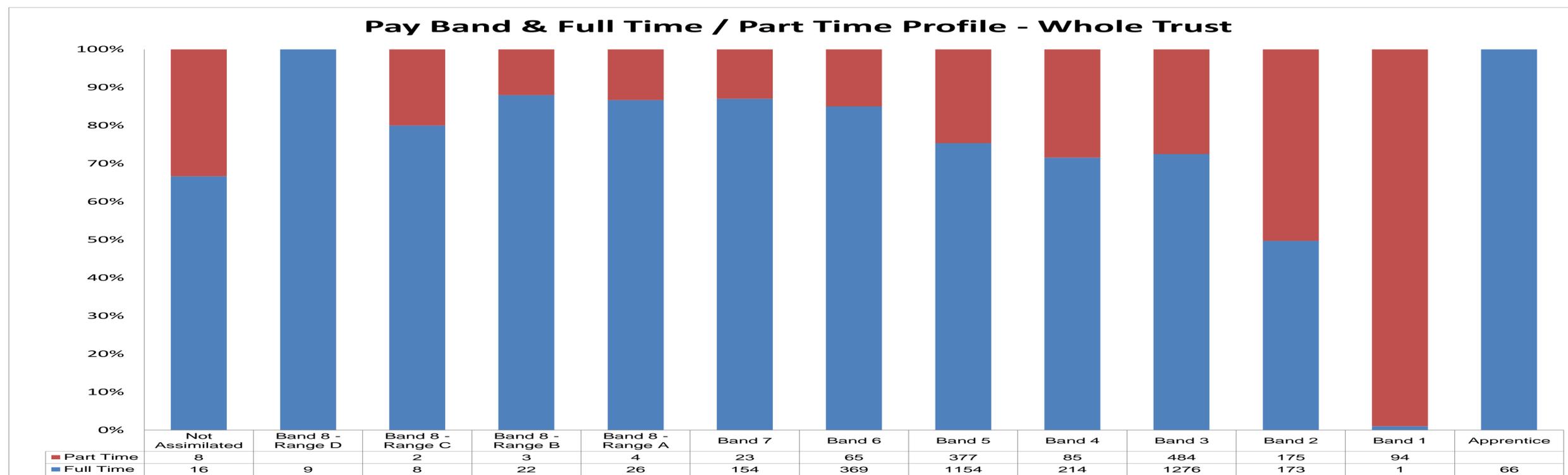


The graph opposite and the table and graph below shows all staff on 31 June 2014.

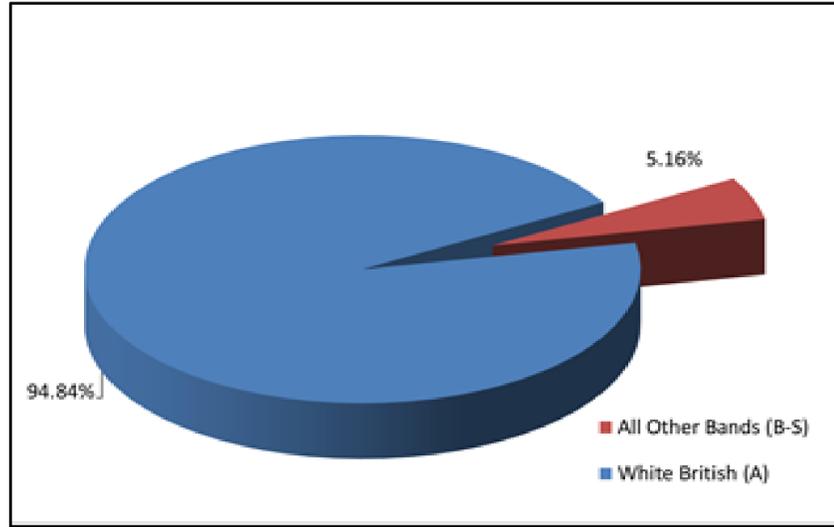
AFC Pay Band	HC	F.T.E	HC%	FTE%
Apprentice	66	66.00	1.37%	1.50%
Band 1	95	1.00	1.98%	0.02%
Band 2	348	257.16	7.24%	6.23%
Band 3	1760	1530.97	36.61%	37.10%
Band 4	299	264.45	6.22%	6.41%
Band 5	1531	1344.73	31.84%	32.59%
Band 6	434	406.60	9.03%	9.85%
Band 7	177	165.35	3.68%	4.01%
Band 8 - Range A	30	29.12	0.62%	0.71%
Band 8 - Range B	25	24.00	0.52%	0.58%
Band 8 - Range C	10	9.20	0.21%	0.22%
Band 8 - Range D	9	9.00	0.19%	0.22%
Not Assimilated	24	18.89	0.50%	0.46%
Grand Total	4808			

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.



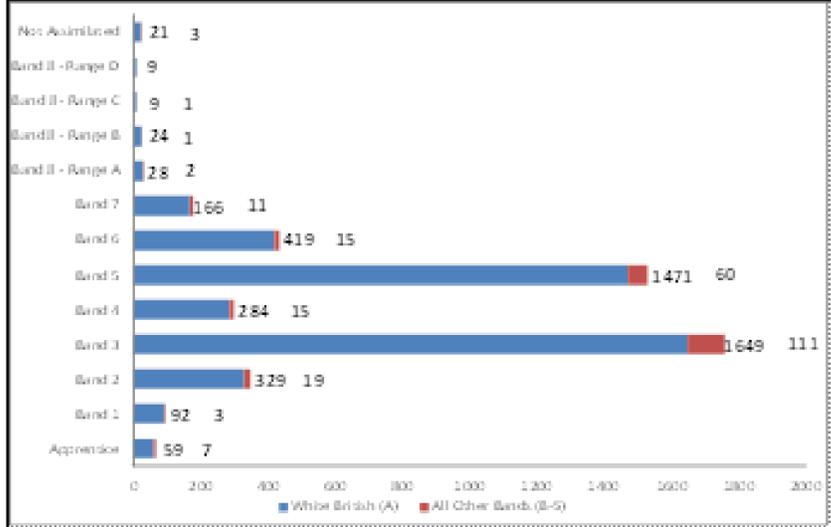
Ethnicity Profile



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	4557	3291.56	94.78%	95.03%
B White - Irish	15	12.95	0.31%	0.31%
C White - Any other White Background	35	31.99	0.73%	0.78%
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	0.48	0.06%	0.01%
G Mixed - Any other mixed background	7	4.58	0.15%	0.11%
H Asian or Asian British - Indian	23	20.00	0.48%	0.48%
J Asian or Asian British - Pakistani	87	67.90	1.81%	1.65%
K Asian or Asian British Bangladeshi	4	2.88	0.08%	0.07%
L Asian or Asian British	3	2.00	0.06%	0.05%
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	10	6.67	0.21%	0.16%
P Black or Black British	4	3.13	0.08%	0.08%
R Chinese	5	3.84	0.10%	0.09%
S Any Other Ethnic Group	17	15.22	0.35%	0.37%
Z Not Stated	2	1.40	0.04%	0.03%
Undefined	1	0.32	0.02%	0.01%
Grand Total	4808	4128.45	100%	100%

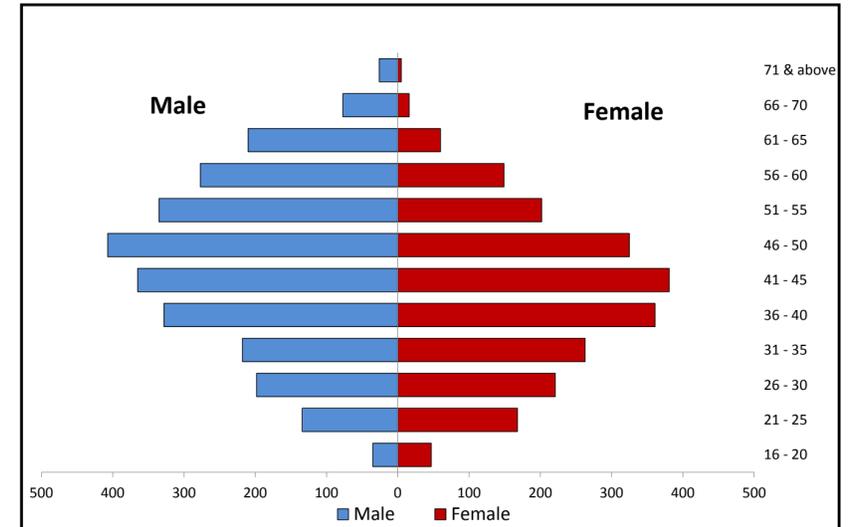
Ethnicity Profile by Pay Band



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-Z)	Grand Total	% of Ethnic in AFC Band
Apprentice	7	59	66	10.61%
Band 1	3	92	95	3.16%
Band 2	19	329	348	5.46%
Band 3	111	1649	1760	6.31%
Band 4	15	284	299	5.02%
Band 5	60	1471	1531	3.92%
Band 6	15	419	434	3.46%
Band 7	11	166	177	6.21%
Band 8 - Range A	2	28	30	6.67%
Band 8 - Range B	1	24	25	4.00%
Band 8 - Range C	1	9	10	10.00%
Band 8 - Range D	0	9	9	0.00%
Not Assimilated	3	21	24	12.50%
Grand Total	248	4560	4808	5.16%

Age & Gender Profile

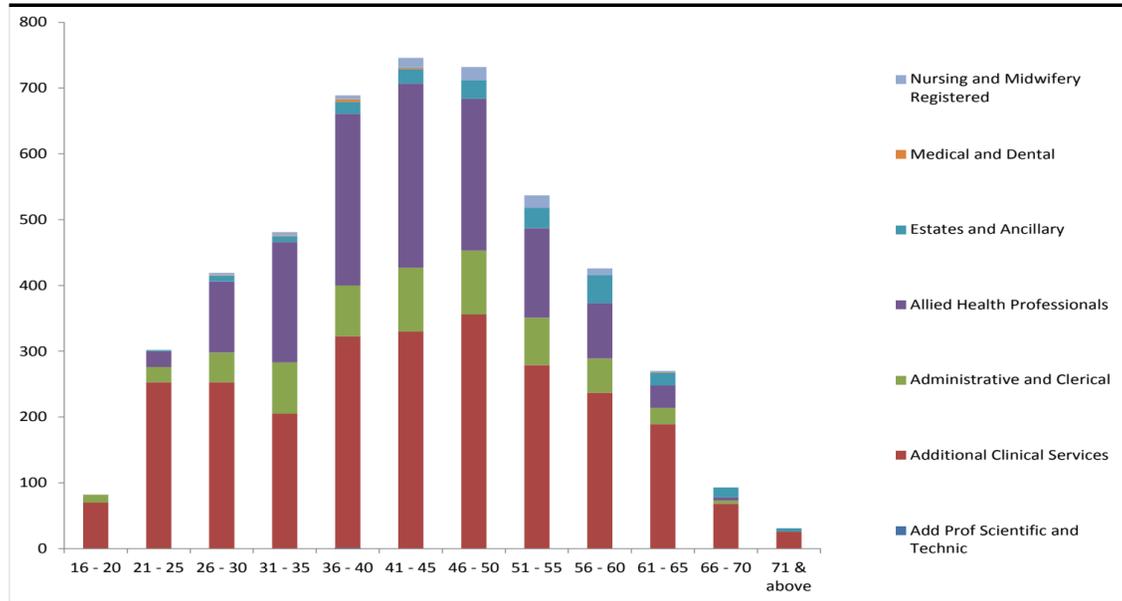


The chart above and table below show the age and gender breakdown throughout the Trust

Age Group	HC	FTE	HC %	FTE %
16 - 20	66	66	1.37%	1.60%
21 - 25	95	1	1.98%	0.02%
26 - 30	348	257.16	7.24%	6.23%
31 - 35	1760	1530.97	36.61%	37.10%
36 - 40	299	264.45	6.22%	6.41%
41 - 45	1531	1344.73	31.84%	32.59%
46 - 50	434	406.6	9.03%	9.85%
51 - 55	177	165.34	3.68%	4.01%
56 - 60	30	29.12	0.62%	0.71%
61 - 65	25	24	0.52%	0.58%
66 - 70	10	9.2	0.21%	0.22%
71 & above	9	9	0.19%	0.22%
Not Assimilated	24	18.89	0.50%	0.46%
Grand Total	4808	4126.46	100.00%	100.00%

Age & Gender Profile

Age Profile by Staff Group



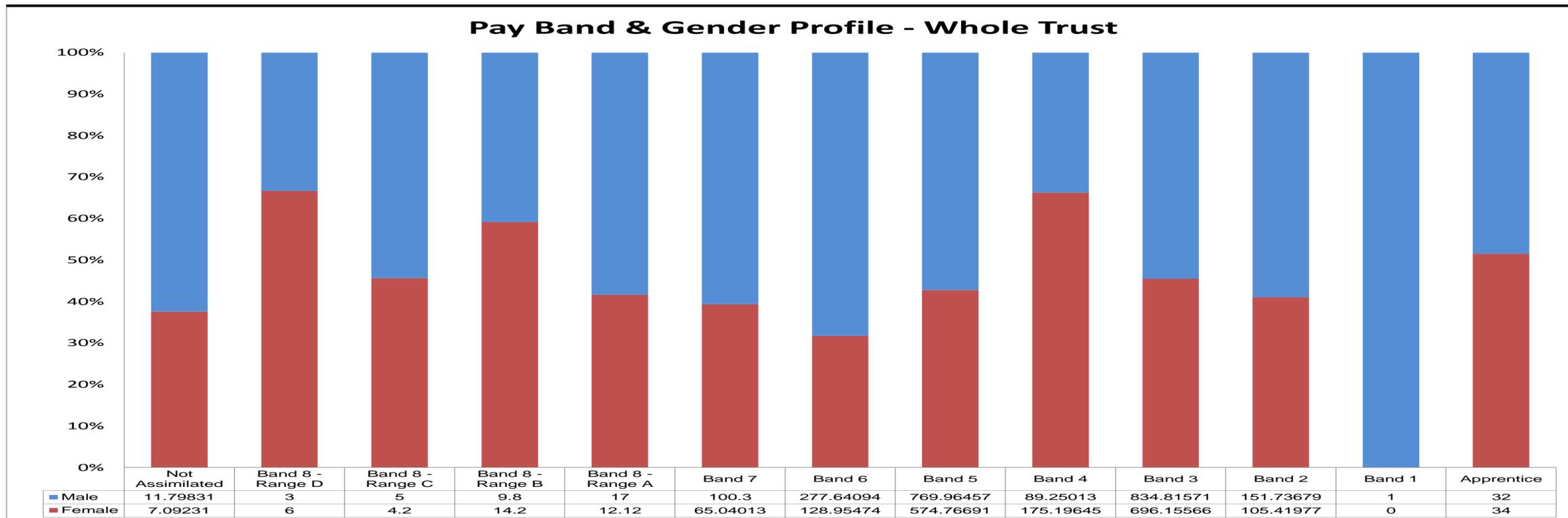
The graph opposite shows the staff group breakdown within a 5 year age bracket using FTE
This data is tabulated below in 20 year banding per staff group

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	240.06	929.93	942.67	32.68	2145.33
Administrative and Clerical	29.50	257.03	250.48	3.05	540.06
Allied Health Professionals	15.00	715.85	482.05	2.53	1215.44
Estates and Ancillary	2.00	46.32	103.00	13.44	164.76
Medical and Dental		3.40	0.80		4.20
Nursing and Midwifery Registered		16.30	39.76		56.06
Grand Total	286.56	1969.42	1818.77	51.71	4126.45

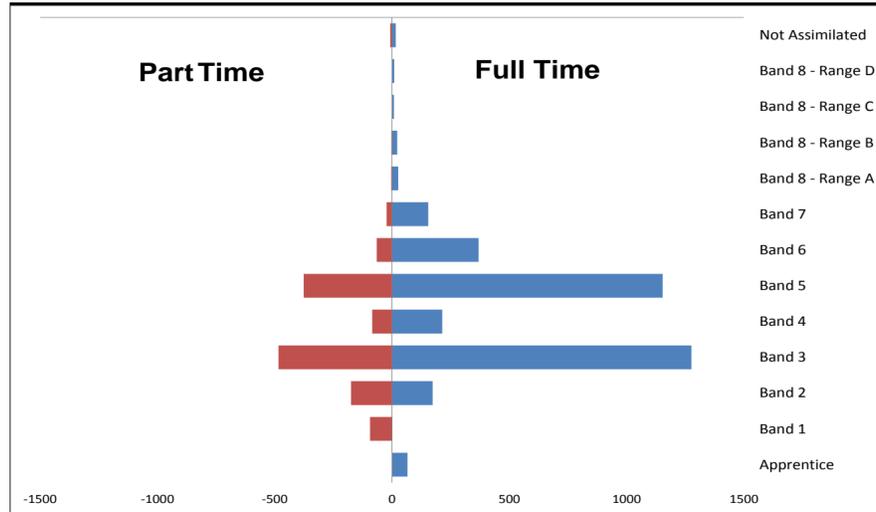
Gender 100% Profile by Pay Band

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

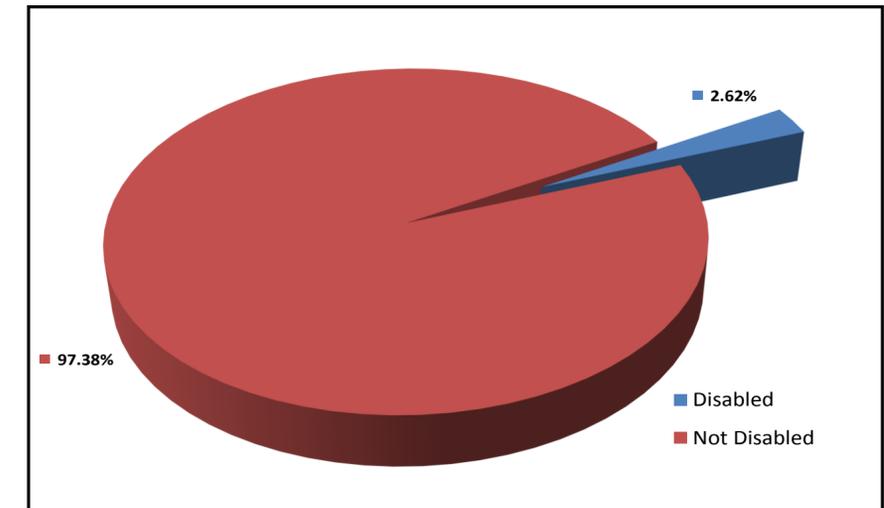
Gender	Employee Category	HC	FTE	FTE %
Female		2198.00	1823.15	100%
	Full time	1340.00	1339.00	73.44%
	Part Time	858.00	484.15	26.56%
Male		2610.00	2303.31	100.00%
	Full Time	2148.00	2148.00	93.26%
	Part time	462.00	155.31	6.74%

AFC Pay Band	Female	Male	Grand Total
Apprentice	34	32	66
Band 1	10	85	95
Band 2	160	188	348
Band 3	843	917	1760
Band 4	202	97	299
Band 5	682	849	1531
Band 6	148	286	434
Band 7	71	106	177
Band 8 - Range A	13	17	30
Band 8 - Range B	15	10	25
Band 8 - Range C	5	5	10
Band 8 - Range D	6	3	9
Not Assimilated	9	15	24
Grand Total	2198	2610	4808

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	66		66
Band 1	1	94	95
Band 2	173	175	348
Band 3	1276	484	1760
Band 4	214	85	299
Band 5	1154	377	1531
Band 6	369	65	434
Band 7	154	23	177
Band 8 - Range A	26	4	30
Band 8 - Range B	22	3	25
Band 8 - Range C	8	2	10
Band 8 - Range D	9	0	9
Not Assimilated	16	8	24
Grand Total	3488	1320	4808

Disability Profile



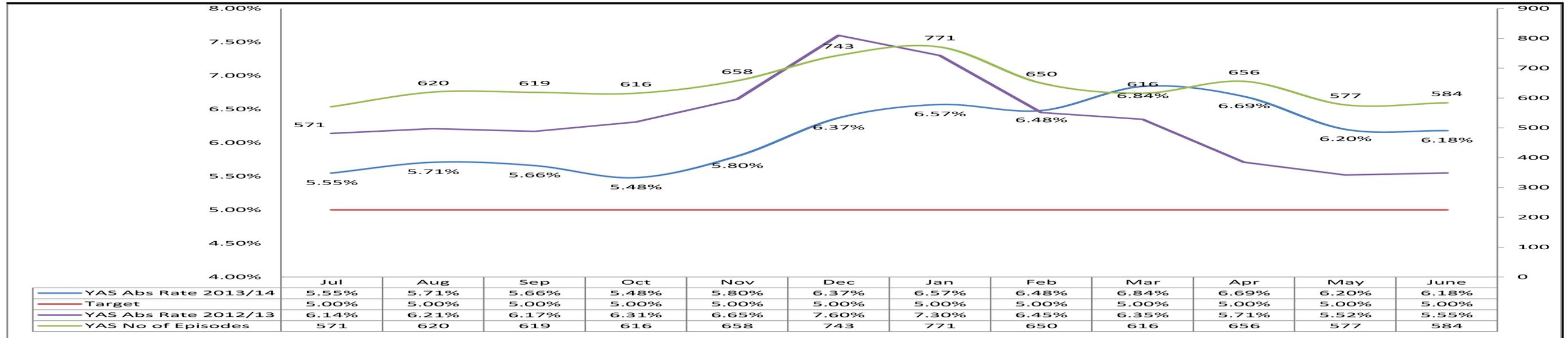
The pie chart above shows the disability profile by headcount of all staff, while the table below shows disability profile by headcount and FTE.

Disability	Head Count	FTE	Headcount %	FTE %
Disabled	128	116.16	2.62%	2.82%
Not Disabled	4628	4010.29	97.38%	97.18%
Grand Total	4756	4096.58	100%	100%

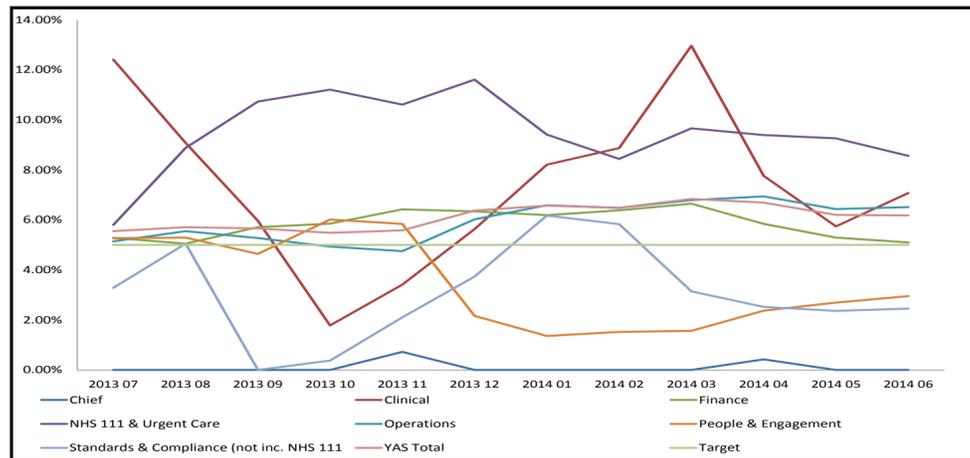
Sickness Absence

EWI

Sickness Absence Rates – 12 month trend analysis



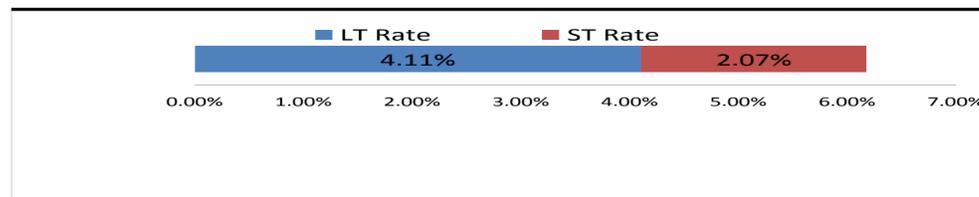
Sickness Absence Rates – Directorate 12 month trend



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 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%	2.16%	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%
2014 05	0.00%	5.74%	5.29%	9.26%	6.43%	2.69%	2.36%	6.20%	5.00%
2014 06	0.00%	7.07%	5.10%	8.56%	6.51%	2.95%	7.78%	6.18%	5.00%

LT / ST Sickness Absence Trust Total



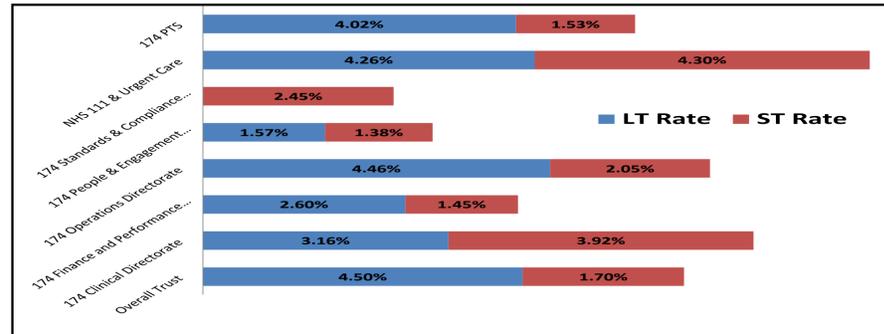
The graph opposite shows June 2014 Long Term & Short Term sickness absence rate for the whole Trust.

The Trust Sickness rate for June is **6.18%** which consists of 4.11% long term (28 days or more) and 2.07% short term.

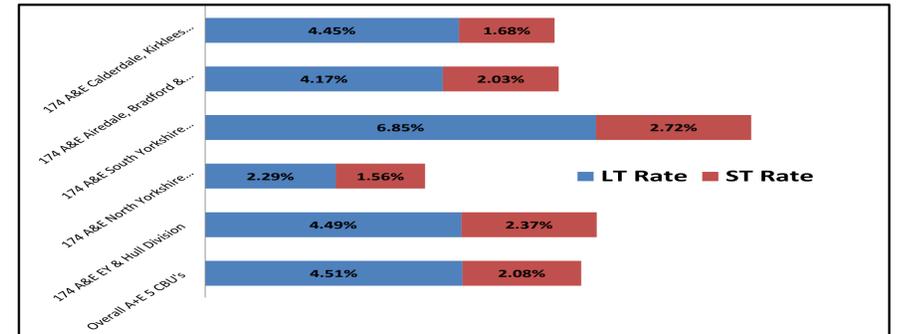
Sickness Absence EWI

2014 04	Absence (FTE)	Available (FTE)	% Absence rate (FTE)	Calendar Days Absent	No of Episodes
174 Chief Executive Directorate	0	479.8	0.00%	0	0
174 Clinical Directorate	67.24	950.75	7.07%	69	4
174 Finance and Performance Directorate	1531.02	30037.67	5.10%	1741	110
174 Operations Directorate	5183.97	79588.53	6.51%	5535	359
174 People & Engagement Directorate	68.4	2317.72	2.95%	77	5
174 Standards & Compliance Directorate	30.28	1234.32	2.45%	31	5
174 NHS111 and Urgent Care	725.55	8475.18	8.56%	997	101
174 Yorkshire Ambulance Service Trust	7606.46	123083.97	6.18%	8450	584

LT/ST Sickness Absence Analysis by Directorate



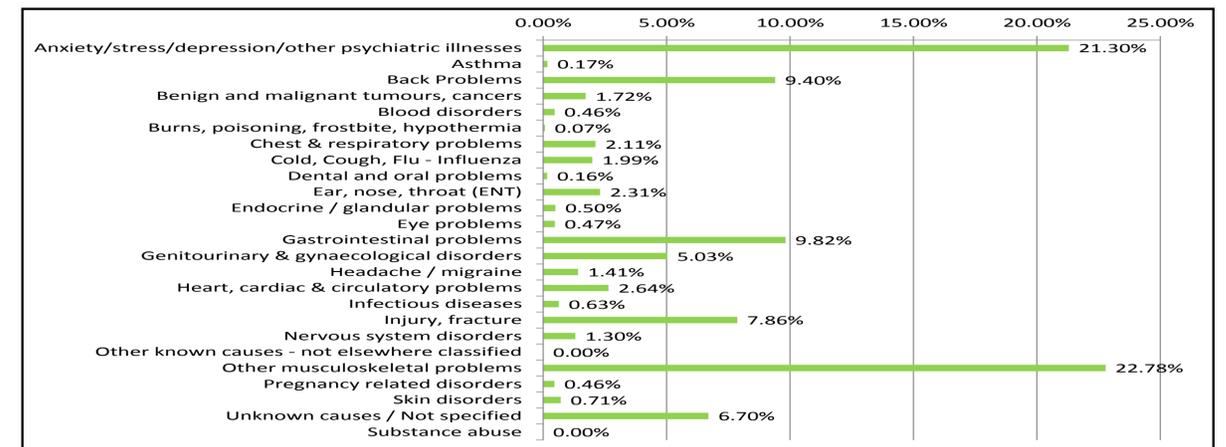
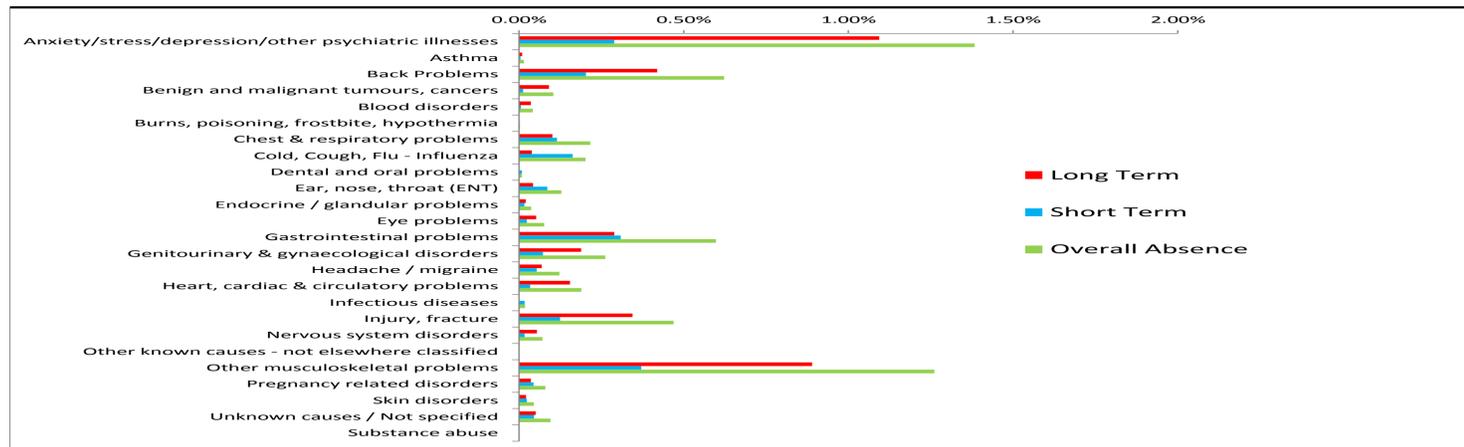
LT/ST Sickness Absence Analysis by Operations CBU



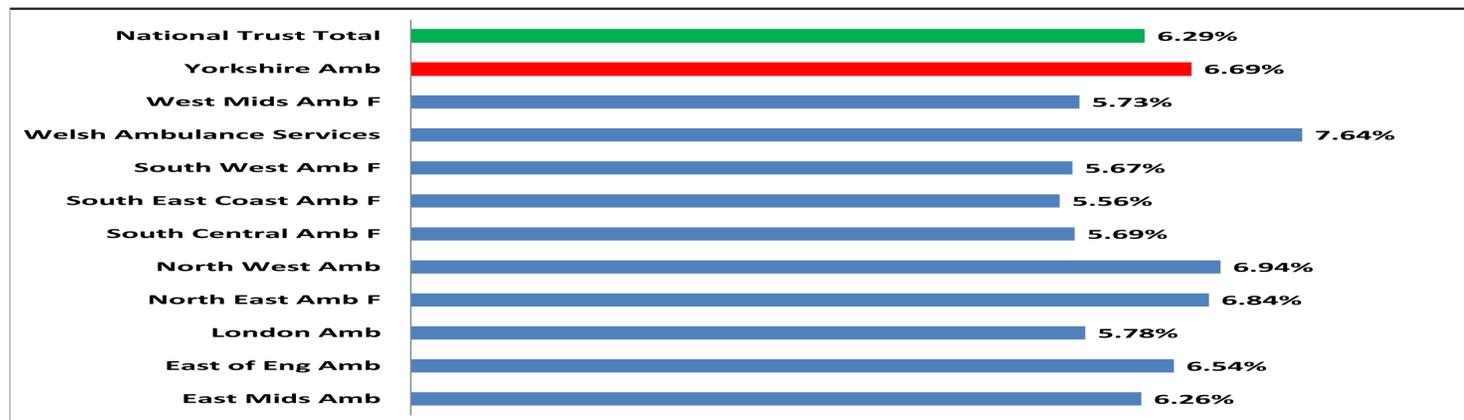
The graph above shows the sickness absence breakdown for each Directorate within YAS for both Long Term and Short Term. As you will see above the Standards & Compliance Directorate is now excluding NHS 111 which is now represented as its own area. This is the same for Finance and Performance as the chart above excludes PTS.

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



Benchmarking Information - March 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

The National Ambulance Service average for the month of March 2014 is 6.29% and the chart opposite shows all UK Ambulance Services and their 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 6.69%

Occupational Health - Key Performance Indicators (KPI)

Please note the information for this section is for May 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 April 2014.

This indicates where we currently sit for May 2014 for the following; Employment Health Screenings (100%), Management Referral Appointment Lead time (93%) and Report Return Lead Time (74%).

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
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%
April	110	110	0	100%	105	97	8	92%	95	10	90%
May	157	157	0	100%	94	87	7	93%	70	24	74%

Occupational Health - DNA and Cancelled OH Service Appts

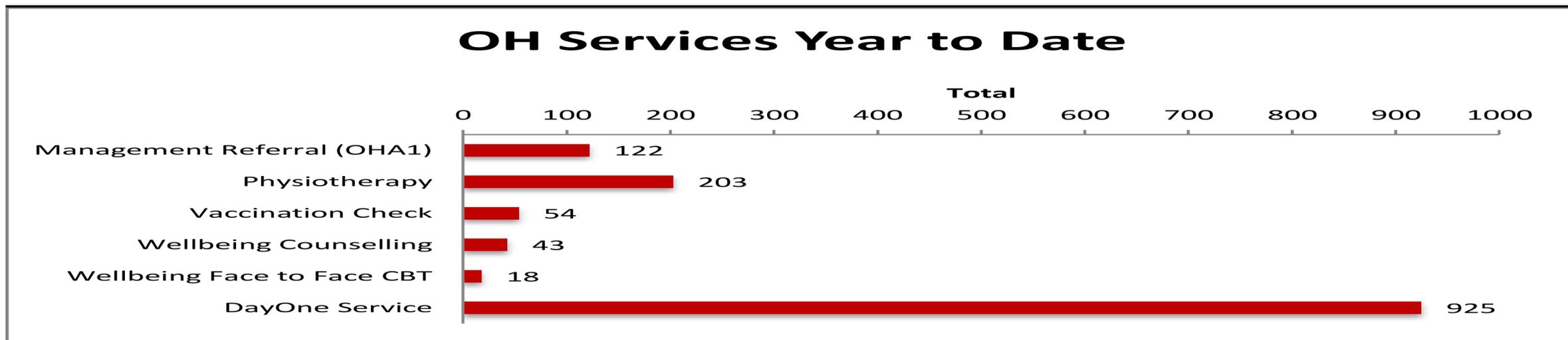
	Cancelled With Charge	Did Not Attend (DNA)	Grand Total
No Of Staff	4	27	31

The table opposite indicates the volume of staff that has either 'Cancelled' or 'Did Not Attend' their OH Appointment date in May 2014.

The table below indicates the core OH services used by YAS staff members for the month of May 2014. As you can see below we

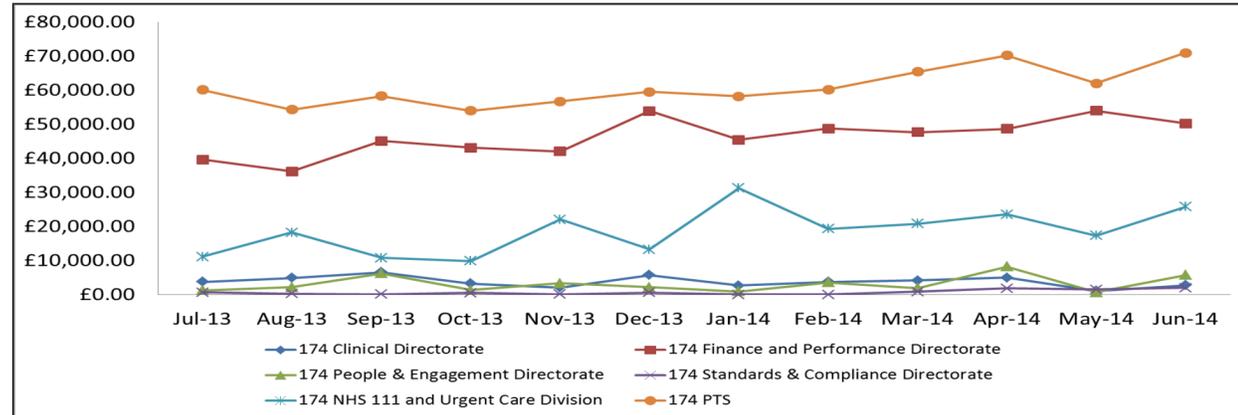
Occupational Health - Core Service Usage

The table below indicates the core OH services used by YAS staff members for the month of May 2014. As you can see below we had 925 staff members who used the day one service within May 2014.



Overtime, Vacancies & Turnover

Gross Overtime Costs by Directorate (exc Operations)



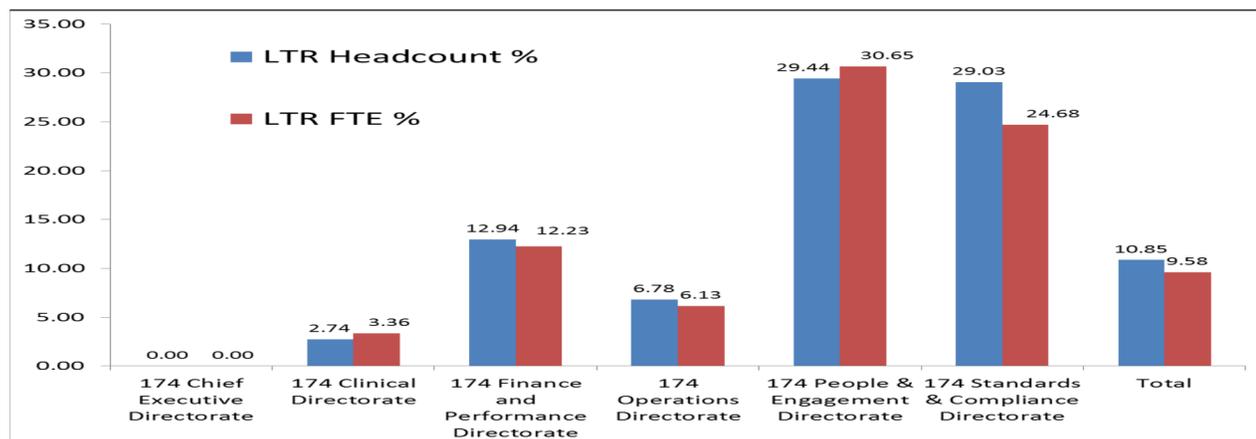
This chart above show the YAS gross overtime costs across a 12 month period from Jul 13 – Jun14 for all directorate excluding Operations.

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

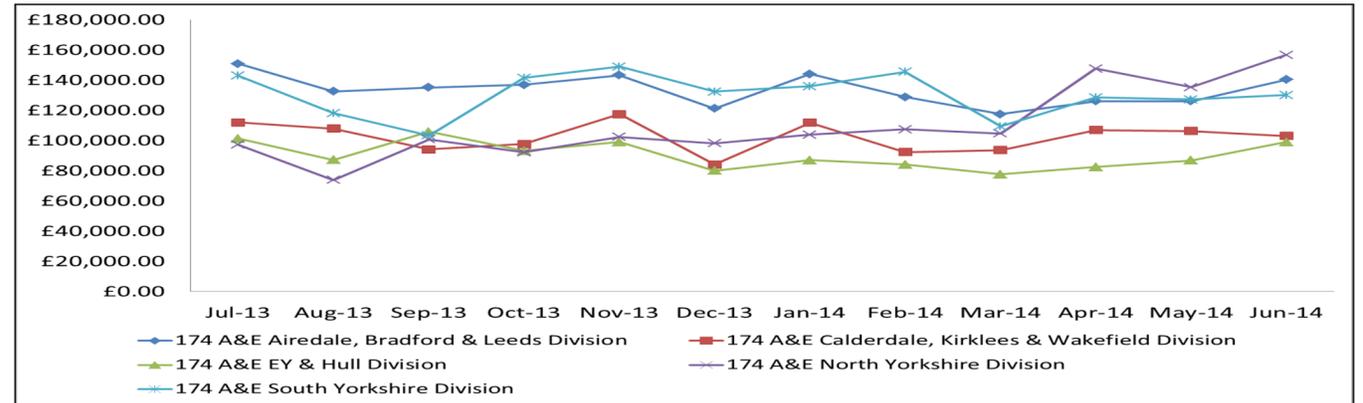
As you may see below there is a current discrepancy with the directorate figures for Budget vs Worked which is currently being investigated by Finance and MI.

Directorate	Budget WTE	Staff in Post WTE	Staff in Post Headcount	Worked WTE	Worked Hours
Chief Executive	15.80	15.80	16.00	10.99	1,790.23
Clinical	31.59	33.00	41.00	33.42	4,986.31
Finance & Performance	1,129.64	996.90	1,266.00	1,093.46	174,711.70
Operations	2,790.52	2,666.44	2,963.00	2,848.02	458,509.91
Standards and Compliance	351.65	326.73	446.00	345.77	52,821.57
Workforce & Strategy	92.59	79.38	97.00	89.39	12,927.37
Total	4,411.79	4,118.25	4,829.00	4,421.05	705,747.09

Turnover by Directorate



Gross Overtime Costs Operations



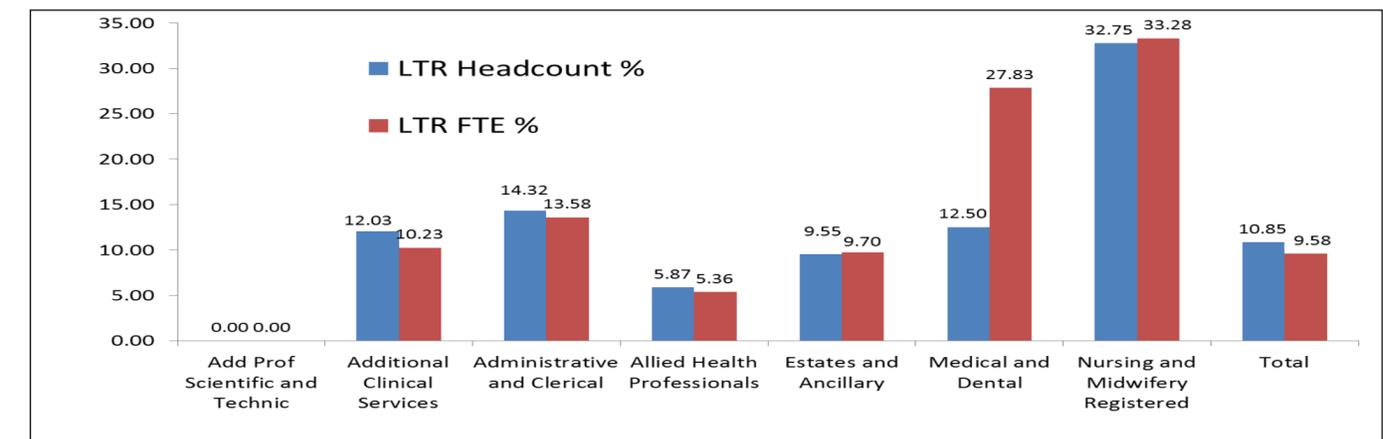
The table below shows the gross cost for overtime from ESR for the month of June 2014 across all directorates.

The chart opposite show the YAS gross overtime costs across a 12 month period from Jul 13 – Jun14 for all the major operations divisions.

Directorate	Jun-14
174 Clinical Directorate	£2,777.52
174 Operations Directorate	£50,243.37
174 People & Engagement Directorate	£740,467.02
174 Standards & Compliance (Not inc. NHS 111)	£5,733.84
NHS 111 and Urgent Care	£2,049.52
PTS	£25,792.76
174 Finance and Performance (Not inc. PTS)	£71,010.82
Grand Total	£898,074.85

Turnover by Staff Group

This charts opposite and below shows the turnover rate for the period Jul13 to Jun14 by both Directorate and Staff Group.



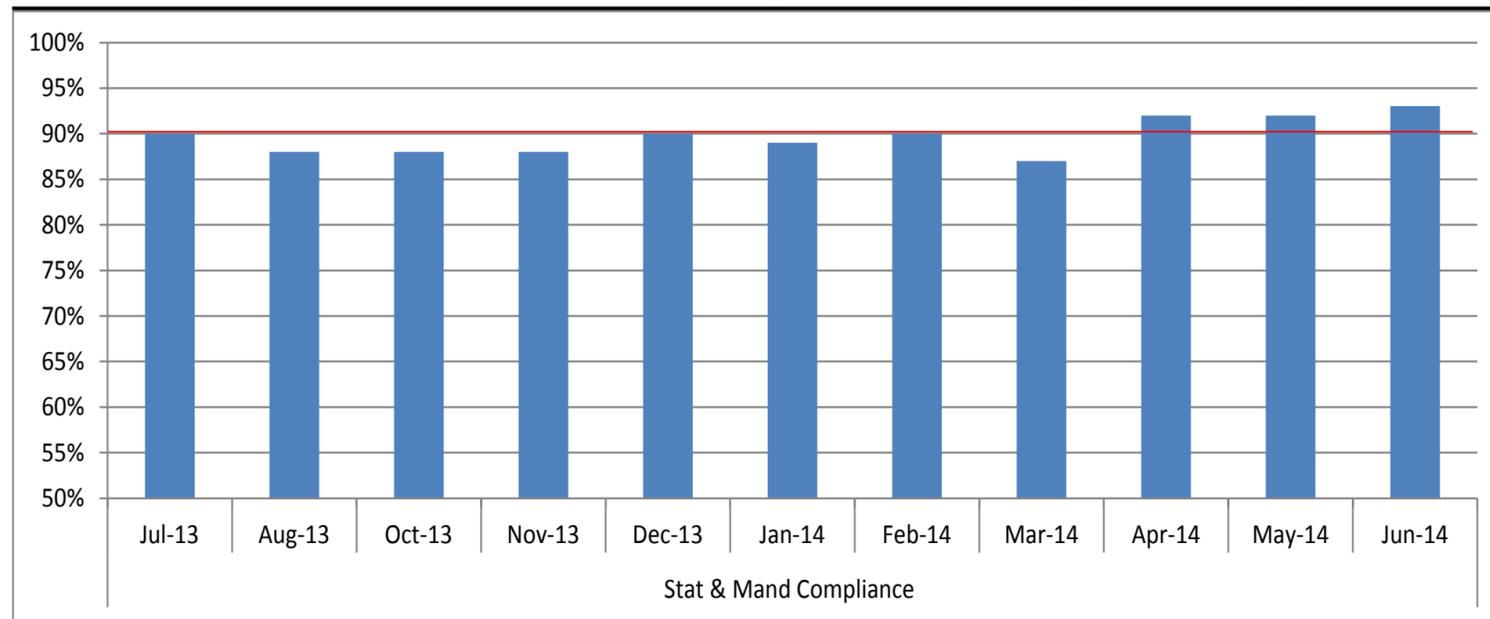
Paramedics and ECPs sit within our Allied Health Professionals. ECAs and Technicians are shown under the staff group Additional Clinical Services

Learning and Development

EWI

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%.

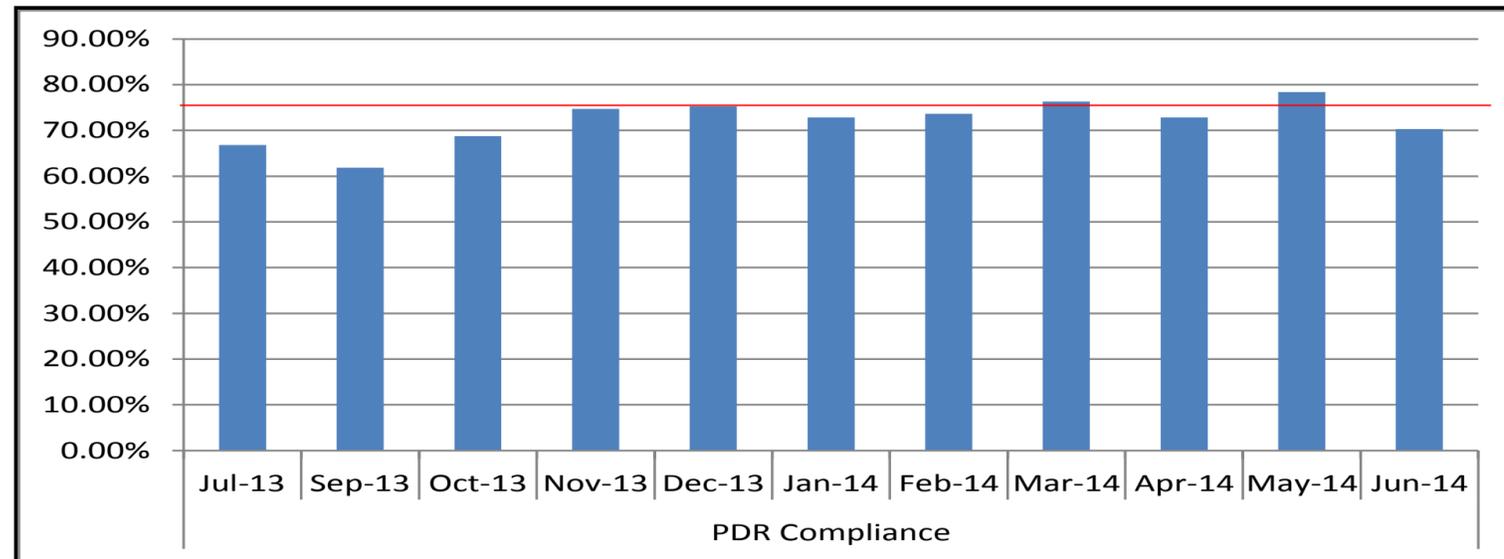


Staff Appraisals

Directorates	Compliant	Overdue	No PDR Recorded
174 Chiref Executive Directorate	88.89%	0.00%	11.11%
174 Clinical Directorate	81.82%	18.18%	0.00%
174 Finance and Performance Directorate	73.60%	18.61%	7.79%
174 Operations Directorate	68.50%	28.87%	2.62%
174 People & Engagement Directorate	71.43%	25.97%	2.60%
174 Standards & Compliance Directorate	71.50%	8.55%	19.95%
Grand Total	70.28%	24.18%	5.54%

PDR Compliance from July 2013 to June 2014

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



This month 2918 assignments of the possible 4152 (70.28 %) have an in- date PDR recorded in ESR for the current appraisal period.

The table opposite show 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 April 2014 and 30 June 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 £3.525m (6.1%). This is slightly below the YTD plan of £3.557m (6.1%). 	5.4
SURPLUS	
<p>The Trust has reported a surplus as at the end of June 2014 of £0.817m against a planned surplus of £0.667m. This is, however, prior to the application of penalties of associated with A & E under performance against Red 1 and 2 targets.</p> <ul style="list-style-type: none"> Penalties to date total £0.972m and if applied would amend the position to a deficit of £0.155m, an adverse variance against plan of £0.822m. The penalties for the year total £3.887m, if applied to the forecast surplus of £2.908m, would amend the forecast position to a deficit of £0.979m. 	5.4
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £18.839m at 30th June 2014 against a plan of £14.962m. 	5.8 / 5.11
MONITOR ACCOUNTABILITY FRAMEWORK	
<ul style="list-style-type: none"> Overall the Trust has achieved a Green rating. 	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. 88% delivery of the CIP target was achieved in Month 3 against the original plan. This creates a negative variance against plan of £280k. Reserve schemes have achieved an additional £493k of savings year to date which means that overall delivery against plan is 109%. Forecast CIP delivery is £10.001m which is 97% of plan. 	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

The Trust Development Authority (TDA) has introduced an Accountability Framework on which it measures Trust performance. Under this regime the Trust has achieved an overall Green rating with all metrics being green with the exception of forecast achievement of CIPs.

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.

Key Performance Metrics Accountability Framework	Current Month Year to Date Metrics			
	Plan	Actual / Forecast	Variance	RAG Rating
	£000s	£000s	£000s	
NHS Financial Performance				
1a) Forecast Outturn, Compared to Plan	2,908	2,908	0	GREEN
1b) Year to Date, Actual compared to Plan	667	817	150	GREEN
Financial Efficiency				
2a) Actual Efficiency for Year to Date compared to Plan	2,244	2,457	213	GREEN
2b) Forecast Outturn Efficiency compared to Plan	10,351	10,001	(350)	AMBER
Underlying Revenue Position				
3) Forecast Outturn Underlying Revenue Position compared to Plan	2,908	2,908	0	GREEN
Cash and Capital				
4) Forecast Year End Charge to Capital Resource Limit	12,547	12,547	0	GREEN
5) Temporary PDC for Liquidity Purposes (cumulative sum)		0		
Trust Overall RAG Rating				GREEN

Financial Criteria	Metric	Year to June 14	Rating	Weight	Weighted score	Actual statistic	Comments	Calculation
Continuity of Service	Liquidity Ratio (days)	Actual year to date	4	50%	2	19.8	Achieving a rating of 4	Cash for liquidity purposes divided by Operating expense
	Capital Servicing capacity (times)	Actual year to date	4	50%	2	4.93	Achieving a rating of 4	Revenue available for debt service divided by capital service costs
	Continuity of Service				4			

EXECUTIVE SUMMARY

Overall at the end of Month 3 we are reporting a surplus of £0.817m against a planned surplus of £0.667m.

This position includes adverse performance against budget to date in PTS (£0.780m) offset by underspends in Fleet, Estates, capital charges and contingency reserves

The year to date position also includes penalties related to non-performance against CQUINs targets of £0.262m (7 of the 8 identified under-performing CCGs failing to achieve target) and £0.124m (all other CCGs not achieving the 75% target)

This is however prior to the application of penalties associated with A & E under performance against Red 1 and 2 targets. Penalties to date total £0.972m, and if applied would amend the position to a deficit of £0.156m, an adverse variance against plan of £0.822m. Penalties for the total year amount to £3.887m and if applied would also amend Financial Year position to a deficit of £0.979m.

The Trust is currently forecasting the achievement of the budgeted forecast of £2.9m surplus by year end. The most significant risk associated with the delivery of the £2.9m surplus is A & E performance penalties which, if neither Red 1 or 2 are achieved, would adversely affect this position to the value of £3.887m. The current forecast also assumes a continued overtrade on A & E contractual activity at an assumed average level of 3.0% for the financial year.

Actions to ensure the £2.9m is achieved include:

- A & E: the development and implementation of Performance Improvement Plan to address the poor performance to date and aim to deliver Red 1 and 2 targets by the end of the year, thus avoiding penalties.
- PTS: operational rota redesign is being implemented and working practices are being challenged in order to drive efficiency and identify savings, particularly reducing expenditure on private provider usage, to ensure costs are kept to a minimum for the remainder of the financial year.

INCOME

Income is £283k below plan (see 5.4) due to:-

- A&E activity is 4.45% cumulatively above contract for year to date with a value of £1,426k. The current forecast assumes 3% overtrade for the year in line with historical trends.
- The A&E contract includes penalties of 2% of the base contract value if Red 1, Red 2 or Green performance targets are not met. The maximum penalty is 2.5%. At Q1 neither Red 1 or Red 2 targets have been achieved overall, therefore the full penalty value is £971k. Although this is a significant risk it is not yet included in the current year to date position.
- A key risk to A&E income relates to A&E CQUIN 2 which includes two parts. Part 1 - relating to the 8 underperforming CCGs Red performance has not been achieved by 7 of the 8 CCGs concerned. The year to date position has been adjusted by £263k to reflect this. Part 2 - relates to the remaining CCGs to achieve 75% Red performance targets is also also unachieved at month 3 resulting in a further risk of £124k which has also been adjusted for in the year to date position.
- PTS income is under-achieved by £60k at month 3 due to the following: £82k credit notes raised to PTS South CCGs in respect of 2013/14 Q4 under activity and under achievement of CQUINs/QIF; ECR income is £28K below budget; additional income of £47k for the Calderdale & Huddersfield 24/7 discharge service (of which £26k relates to the payment of an old invoice previously provided for in the credit note provision now released).
- 111/Urgent Care income is over achieving by £136k which consists of £174k additional income relating to increased call volumes in Q1 for 111; £22k income relating to staff secondments and £135k under achievement of KPI at Q1 for 111 & LCD. There is also additional £75k income year to date relating to the 111 York SPA Pilot.
- Other income includes: under-achievement on Injury Cost Recovery Scheme income of £130k; Community Resilience and P&E activities are over achieving by £22k and 45k respectively. IM&T services to other NHS bodies is over budget by £24k and Fleet is under achieving by £30k on sales of goods and services.

EXPENDITURE (see 5.6)

- A&E operations are underspent by £383k; with a £611k under spend on pay due to 85 WTE vacancies across the directorate, a lower uptake of overtime than required to cover the vacancies and an over spend of £227k on non pay due to higher expenditure than budget on private providers of £74k and meal break payments of £420k. A&E operations management is under spent by £78k due to 6.75 WTE vacancies.
- Emergency Operations Centre is under spent by £186k overall year to date, £161k of which is an under spend on pay due to delayed recruitment to the new EOC structure.
- 111/Urgent care expenditure is over spent against budget by £12k year to date. Pay overspent by £104k out of which £69k overspend is on 111 because of the use of agency staff where there are 10 WTE Clinical Advisors vacancies, which is costing significantly more per WTE than the cost of substantive staff, £35k overspend is on York SPA pilot because this was not included in the original budget. Non Pay is underspent by £92k because LCD is not achieving KPI's.
- PTS operations (Pay & Non Pay) is overspent by £721k as at the end of June. Pay is underspent by £62k mainly due to 9% (69.45 WTE) vacancy savings and the Non-Pay overspend is mainly due to Q1 £320K CIP slippage, c£350K overspend on external providers support, £10k over on travel spend and £10k additional expenditure on HR support to cope with workload pressures.
- The Finance Directorate as a whole (including Finance, Fleet, Estates, IM&T and Procurement) is £204k underspent.
 - Fleet over spend of £113k mostly relates to non pay overspend on vehicle maintenance costs of £641k. This is partly off-set by underspends on fuel, vehicle leases and medical equipment budget of £440k and pay underspend of £88k due to vacancies.
 - Procurement is currently underspent by £33k. Drugs is overspent by £13k, which is offset by a £28k underspend on medical gases.
 - The Finance department cost centre is currently £96k underspent year to date, mainly due to underspends in consultancy (£15k) and an adjustment for unclaimed VAT (£67k).
 - Claims & Other Payments are currently in line with budgeted expenditure.

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date, of £3.525m, which is slightly below plan of £3.557m.
- The Trust's EBITDA return of 6.1% is on plan YTD, however the forecasted full year EBITDA is year 6.1%, which is below plan of 6.6%

• Overall at the end of Month 4 a surplus of £0.375m has been achieved, being an adverse variance of £0.843m against plan.

• This a combination of Income being £0.454m below plan due mainly to NHS 111 activity being slightly below contracted values and expenditure being over plan by £0.413m due largely to additional resources employed to achieve

	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	13,811	13,749	63	41,971	41,645	327	167,045	168,197	-1,152
Patient Transport Service	2,231	2,185	47	6,693	6,633	60	26,801	26,889	-88
111 / Urgent Care	2,411	2,564	-153	7,233	7,369	-136	28,932	28,963	-31
Other Income	771	724	47	2,325	2,292	33	9,340	9,309	31
Operating Income	19,225	19,221	4	58,222	57,939	283	232,118	233,358	-1,240
Pay Expenditure & reserves	-13,676	-13,349	-327	-40,806	-39,725	-1,081	-158,896	-155,852	-3,044
Non-Pay expenditure & reserves	-4,241	-4,744	503	-13,859	-14,689	830	-58,161	-63,348	5,187
Operating Expenditure	-17,917	-18,093	176	-54,665	-54,414	-251	-217,057	-219,200	2,143
EBITDA	1,308	1,128	180	3,557	3,525	32	15,061	14,158	903
EBITDA %	6.8%	5.9%		6.1%	6.1%		6.5%	6.1%	
Depreciation	-781	-605	-176	-2,331	-2,156	-175	-9,918	-9,168	-750
Interest payable & finance costs	0	0	0	0	0	0	-280	-134	-146
Interest receivable	3	4	-1	8	11	-3	32	34	-2
Profit on fixed asset disposal	0	4	-4	0	4	-4	138	142	-4
Dividends, interest and other	-189	-189	0	-567	-567	0	-2,124	-2,124	0
Retained Surplus	340	342	-2	667	817	-150	2,908	2,908	0
I&E Surplus %	1.8%	1.8%		1.1%	1.4%		1.3%	1.2%	

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

A&E CONTRACT - Responses	April 2014					May 2014					June 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	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	1,674	1,767	93	5.6%	17	1,533	1,717	184	12.0%	34	4,803	5,150	347	7.2%	64
NHS Barnsley CCG	2,776	2,793	17	0.6%	3	2,788	2,808	20	0.7%	3	2,751	2,845	94	3.4%	14	8,315	8,446	131	1.6%	20
NHS Bradford City CCG	1,376	1,395	19	1.4%	3	1,432	1,513	81	5.7%	11	1,435	1,403	-32	-2.2%	-4	4,243	4,311	68	1.6%	10
NHS Bradford Districts CCG	3,647	3,857	210	5.8%	37	3,843	3,888	45	1.2%	8	3,655	3,694	39	1.1%	7	11,145	11,439	294	2.6%	52
NHS Calderdale CCG	2,598	2,497	-101	-3.9%	-18	2,554	2,580	26	1.0%	5	2,454	2,464	10	0.4%	2	7,606	7,541	-65	-0.9%	-11
NHS Doncaster CCG	3,724	3,887	163	4.4%	22	3,769	3,891	122	3.2%	16	3,780	3,856	76	2.0%	10	11,273	11,634	361	3.2%	48
NHS East Riding of Yorkshire CCG	3,255	3,337	82	2.5%	16	3,351	3,580	229	6.8%	44	3,303	3,399	96	2.9%	18	9,909	10,316	407	4.1%	78
NHS Greater Huddersfield CCG	2,574	2,365	-209	-8.1%	-39	2,650	2,688	38	1.4%	7	2,571	2,513	-58	-2.3%	-11	7,795	7,566	-229	-2.9%	-43
NHS Hambleton, Richmondshire and Whitby CCG	1,317	1,560	243	18.5%	54	1,408	1,732	324	23.0%	72	1,337	1,619	282	21.1%	62	4,062	4,911	849	20.9%	188
NHS Harrogate and Rural District CCG	1,361	1,531	170	12.5%	39	1,373	1,625	252	18.4%	57	1,332	1,619	287	21.5%	65	4,066	4,775	709	17.4%	161
NHS Hull CCG	3,671	3,536	-135	-3.7%	-21	3,789	3,947	158	4.2%	24	3,797	3,870	73	1.9%	11	11,257	11,353	96	0.9%	14
NHS Leeds North CCG	2,111	2,135	24	1.1%	4	2,066	2,307	241	11.7%	41	2,073	2,179	106	5.1%	18	6,250	6,621	371	5.9%	63
NHS Leeds South and East CCG	3,811	3,894	83	2.2%	15	3,767	4,095	328	8.7%	60	3,590	3,774	184	5.1%	34	11,168	11,763	595	5.3%	109
NHS Leeds West CCG	3,609	3,391	-218	-6.0%	-33	3,505	3,437	-68	-1.9%	-10	3,241	3,312	71	2.2%	11	10,355	10,140	-215	-2.1%	-32
NHS North Kirklees CCG	1,913	1,877	-36	-1.9%	-7	2,008	1,988	-20	-1.0%	-4	1,873	1,968	95	5.1%	18	5,794	5,833	39	0.7%	7
NHS Rotherham CCG	2,984	2,842	-142	-4.8%	-19	3,000	3,050	50	1.7%	7	2,822	3,014	192	6.8%	26	8,806	8,906	100	1.1%	14
NHS Scarborough and Ryedale CCG	1,365	1,415	50	3.7%	10	1,381	1,593	212	15.4%	42	1,293	1,549	256	19.8%	50	4,039	4,557	518	12.8%	102
NHS Sheffield CCG	5,861	6,263	402	6.9%	61	5,949	6,484	535	9.0%	81	5,626	6,054	428	7.6%	64	17,436	18,801	1,365	7.8%	206
NHS Vale of York CCG	3,069	3,379	310	10.1%	65	3,189	3,737	548	17.2%	115	3,099	3,570	471	15.2%	99	9,357	10,686	1,329	14.2%	279
NHS Wakefield CCG	4,068	4,155	87	2.1%	17	4,113	4,362	249	6.1%	49	4,019	4,181	162	4.0%	32	12,200	12,698	498	4.1%	98
SUB TOTAL (CONTRACTED)	56,686	57,775	1,089	1.9%	221	57,609	61,072	3,463	6.0%	645	55,584	58,600	3,016	5.4%	560	169,879	177,447	7,568	4.5%	1,427
ECP		766					869					815					2,450			
NHS Cumbria CCG	45	60				44	61				45	60				134	181			
OOA/UNKNOWN		94					126					151					371			
GRAND TOTAL*	56,731	58,695				57,653	62,128				55,629	59,626				170,013	180,449			

At the end of Month 3 there are significant levels of over trade (demand higher than contract) in Hambleton, Richmond and Whitby CCG (20.9%), Harrogate and Rural CCG (17.4%), Scarborough and Ryedale CCG (12.8%), and Vale of York CCG (14.2%).

Yorkshire Ambulance Service - Income and Expenditure Forecast
June 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				19,224,901	19,221,002	3,899	58,222,037	57,938,882	283,155	232,117,944	233,358,166
Pay											
A&E Operations	2,272.77	2,357.14	84.37	-7,898,944	-7,488,334	-410,610	-23,097,721	-22,486,305	-611,416	-92,835,084	-90,621,122
PTS Operations	772.01	752.26	-19.75	-1,424,300	-1,404,098	-20,202	-4,272,900	-4,210,899	-62,001	-17,091,632	-16,574,032
Resilience	129.16	119.35	-9.81	-434,884	-401,823	-33,061	-1,304,652	-1,251,686	-52,966	-5,218,602	-5,190,262
EOC	388.59	371.53	-17.06	-1,109,730	-1,076,437	-33,293	-3,329,190	-3,168,297	-160,893	-13,316,761	-13,239,942
Finance	68.32	64.79	-3.53	-248,378	-197,905	-50,473	-660,611	-609,293	-51,318	-2,624,515	-2,461,257
Estates	42.87	47.24	4.37	-98,888	-102,969	4,081	-296,664	-314,608	17,944	-1,186,661	-1,255,600
Fleet	186.93	172.61	-14.32	-404,194	-402,527	-1,667	-1,278,472	-1,189,244	-89,228	-5,033,531	-4,879,847
IM&T	39.98	37.84	-2.14	-125,260	-124,291	-969	-375,780	-376,863	1,083	-1,503,133	-1,509,000
Procurement	18.53	17.72	-0.81	-39,681	-37,469	-2,212	-119,043	-116,504	-2,539	-476,175	-486,643
Standards & Compliance	37.55	38.37	0.82	-116,622	-154,314	37,692	-411,642	-436,606	24,964	-1,632,501	-1,652,570
111	308.10	305.23	-2.87	-842,787	-893,550	50,763	-2,553,525	-2,658,515	104,990	-10,164,061	-10,583,014
People & Engagement	92.59	89.39	-3.20	-300,695	-280,655	-20,040	-902,085	-840,521	-61,564	-3,456,518	-3,381,495
Clinical Directorate	31.99	33.42	1.43	-133,236	-131,383	-1,853	-381,040	-381,400	360	-1,532,818	-1,547,465
Chief Executive	22.80	17.90	-4.90	-107,157	-105,295	-1,862	-321,469	-315,806	-5,663	-1,119,281	-1,100,929
Reserves	0.00	0.00	0.00	-391,363	-547,935	156,572	-1,501,168	-1,368,500	-132,668	-1,704,991	-1,368,500
Total Pay	4,412.19	4,424.79	12.60	-13,676,119	-13,348,985	-327,134	-40,805,962	-39,725,047	-1,080,915	-158,896,264	-155,851,678
Non Pay											
A&E Operations				-130,212	-290,145	159,933	-390,618	-618,273	227,655	-1,602,436	-3,113,732
PTS Operations				12,611	-236,802	249,413	45,212	-737,417	782,629	592,142	-1,933,232
Resilience				-76,368	-90,388	14,020	-229,112	-272,587	43,475	-916,504	-1,133,957
EOC				-15,971	-21,901	5,930	-47,913	-23,022	-24,891	-191,642	-123,000
Finance				-1,043,123	-796,025	-247,098	-3,156,528	-2,897,873	-258,655	-13,367,125	-12,573,810
Estates				-417,848	-396,953	-20,895	-1,253,544	-1,215,920	-37,624	-4,859,713	-4,770,861
Fleet				-1,509,520	-1,431,882	-77,638	-4,687,274	-4,890,470	203,196	-19,178,578	-19,915,549
IM&T				-343,325	-402,977	59,652	-1,029,975	-1,076,708	46,733	-4,119,895	-4,316,633
Procurement				-231,166	-201,554	-29,612	-724,096	-695,218	-28,878	-3,021,422	-2,946,451
Standards & Compliance				-96,697	-95,912	-785	-309,526	-318,212	8,686	-1,285,241	-1,317,094
111				-1,409,712	-1,368,425	-41,287	-4,229,136	-4,137,076	-92,060	-16,916,537	-16,560,292
People & Engagement				-136,638	-147,297	10,659	-409,914	-393,497	-16,417	-1,639,620	-1,546,284
Clinical Directorate				-5,028	-4,480	-548	-14,184	-14,152	-32	-56,740	-56,715
Chief Executive				-36,569	-25,290	-11,279	-98,932	-95,535	-3,397	-290,310	-277,093
Reserves				231,302	-20,591	251,893	-213,993	-11,331	-202,662	-3,460,059	-4,013,785
Total Non Pay				-5,208,264	-5,530,622	322,358	-16,749,533	-17,397,291	647,758	-70,313,680	-74,598,488
Total Expenditure	4,412.19	4,424.79	12.60	-18,884,383	-18,879,607	-4,776	-57,555,495	-57,122,338	-433,157	-229,209,944	-230,450,166
Surplus/(Deficit)				340,518	341,395	-877	666,542	816,544	-150,002	2,908,000	2,908,000

NB total non-pay includes depreciation, dividends and impairments

CIP DELIVERY

- 88% delivery of the CIP target was achieved in Month 3 against the original plan. This creates a negative variance against plan of £280k. Reserve schemes have achieved an additional £493k of savings year to date which means that overall delivery against plan is 109%.
- In A&E there is a £526k favourable variance on the A&E skill mix CIP, through gains from the overtrade of 4.45% year to date and around 100 paramedic vacancies. The CIP to remove missed meal break payments and AVPs has slipped against plan which has created an adverse variance of £64k. Other A&E CIPs which are under achieving against plan include value for money and clinical hub (£281k).
- The underperformance against plan in PTS is mainly explained by an unidentified CIP of £610k for the year. The CIPs concerned with reducing subcontractor spend and on winning new contracts have also slipped against the plan by £98k. These movements have been marginally offset by the £5k over performance of the CIP to reduce subcontractor spend in the South region.
- 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	Forecast Outturn
	£000	£000	£000	£000	£000
Planned savings	£000	£000	£000	£000	£000
Accident & Emergency	4,951	1,142.00	1,229	87	5,222
Patient Transport Service	2,279	432.00	217	(216)	1,549
Special Operations	131	74.00	30	(43)	131
Finance	89	17.00	17	0	89
Standards & Compliance	173	43.00	17	(26)	142
Trust wide	2,730	536.00	454	(82)	1,592
Total	10,351	2,244	1,964	(280)	8,724
Reserve Schemes	£000	£000	£000	£000	£000
Private Providers			386	386	848
Other			107	107	429
Sub total			493	493	1,277
Total	10,351	2,244	2,457	213	10,001

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	594	1,120	526
Increase use of clinical hub (triage)	R Hobbs	1,257	281	-	-281
Voluntary Car Scheme	J Halliwell	874	213	99	-115
Remove missed meal break payments and AVP	R Hobbs	689	173	109	-64
PTS Pay	J Halliwell	610	96	-	-96
Total		6,721	1,357	1,327	-30

SUMMARY

- Land, Buildings, Equipment and Intangibles is £801k underspent compared to the plan, however this only represents a 1% variance. Of this, £589k is due to delays in the supply of the remaining 13/14 A&E replacement vehicles, completion is expected in July 2014.
- Stock, Trade & Other Receivables includes accrued income and prepayments which are higher than anticipated at plan. Accrued Income relates to accounting for budgeted but unbilled sums, provision against penalty credit notes, A&E overtrade and 13/14 over payment of PDC dividend (which will be refunded in September). Prepayments reflects a higher incidence of new leases and contracts.
- Cash is higher than anticipated as a result of slippage on the capital programme (£1.2m); residual 2013/14 capital accruals (£1.6m) and a duplicate contract payment from East Riding CCG (£0.9m) (this is expected to be corrected by the CCG in July).
- Creditors are higher than anticipated as a result of capital creditors brought forward from 13/14 (£1.6m); reprovision of 13/14 resource for training; ECS; and TDF in current year (£1.1m) and credit notes raised against NHS invoices which are reported as creditors (£2.3m).

CAPITAL SUMMARY

- The purchase of land for the additional HART Car Park is due to be finalised by the end of June. Payment will be made early July 2014.
- The Electronic Patient Reporting Form (EPRF) project has commenced, with expenditure due to be incurred from July 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 slippage of £144k is due to a delayed finalisation of scheme specifics. The Estates schemes are underway and ahead of the original plan.
- The A&E Vehicle 14/15 contract is out to tender and is expected to be concluded by July. The supply of the remaining 13/14 vehicles has been delayed resulting in slippage of £600k however delivery is expected during July.
- 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 30/06/2014 £000	Actual at 30/06/2014 £000	Variance £000
Land, Buildings and equipment	79,550	78,749	-801
Trade and other receivables (>1 yr)	871	784	-87
Non-Current assets	80,421	79,533	-888
Stocks, Trade and other receivables (<1 yr)	9,746	15,062	5,316
Cash and cash equivalents	14,962	18,839	3,877
Current assets	24,708	33,901	9,193
Creditors (< 1yr)	-11,256	-19,728	-8,472
Provisions & Deferred Income(<1 yr)	-2,468	-2,506	-38
Current Liabilities	-13,724	-22,234	-8,510
Provisions (>1 yr)	-8,999	-8,471	528
Borrowings	-5,837	-5,837	0
Non-Current Liabilities	-14,836	-14,308	528
Net Assets	76,569	76,892	323
Public Dividend Capital	78,594	78,594	0
Revaluation Reserve	5,238	5,189	-49
Donation Reserve			0
Income & Expenditure Reserve	-7,263	-6,891	372
Total Taxpayer's Equity	76,569	76,892	323

Capital Programme							
	Baseline Programme £000	Revised 14/15 Programme £000	Year to Date Plan £000	Spend to 30/06/2014 £000	Committed at 30/06/2014 £000	(Under)/ Over plan 30/06/2014 £000	Forecast Outturn 14/15 £000
<u>Major Schemes</u>							
HART	100	100		2	0	2	100
ECS	2,200	2,190		0	400	400	2,190
Hub & spoke	2,400	2,274		19	18	37	2,274
<u>Minor Schemes</u>							
Estates	735	740	142	136	231	225	740
IM&T	1,600	1,624	400	23	233	-144	1,624
Vehicles A&E	4,658	4,765	600	11	0	-589	4,765
Vehicles PTS	1,290	1,290		0	0	0	1,290
Vehicles HART	167	167		0	0	0	167
Medical equipment	1,134	1,134	240	0	0	-240	1,134
Total planned expenditure	14,284	14,284	1,382	191	882	-309	14,284
NBV of Disposals	1,737	1,737	0	55	0		1,737
CRL (Including External Funds)	12,547	12,547					12,547
Total planned resources	14,284	14,284					14,284
Rating						⊗ ⊗	

Yorkshire Ambulance Service - Debtors and Payments

June 2014

DEBT SUMMARY

• Total NHS Debt has decreased considerably due to: £647k credit notes raised in June for A&E contract penalties not yet taken by CCGs; £882k payment from East Riding of Yorkshire CCG for provisional April contract invoices which were subsequently credited (i.e. double payment). NHS Debt over 90 days has seen a sizeable increase largely due to North Yorkshire CCG's querying 2013/14 Quarter 4 CQUIN charges, these invoices are being progressed with Business Development colleagues. Non-NHS has increased slightly with debt over 90 days showing no movement.

£000	Mar-14	Apr-14	May-14	Jun-14
Non NHS debt	343	539	467	511
Of which >90 days overdue	162	157	147	147
NHS debt	3,353	1,483	4,663	353
Of which >90 days overdue	22	50	55	919
Total debt	3,696	2,022	5,130	864
Of which >90 days overdue	184	207	202	1,066
Provision to cover this debt	184	207	202	1,066

PAYMENTS

• The Trust has paid 2,103 invoices in June 2014 of which 1,961 were paid within 30 days of receipt giving a Better Payment Practice Code (BPPC) position of 93.25% for the month and 94.90% year to date. In value terms, the Trust has achieved 95.79% year to date. This is in line with the Trust's target to pay 95% of invoices within 30 days.

	Jun-14		Year to Date	
	Number	£000	Number	£000
Non NHS payables				
Total non NHS invoices paid in period	2,056	4,953	6,561	16,475
Total non NHS invoices paid within target	1,918	4,699	6,230	15,763
	93.29%	94.87%	94.96%	95.68%
NHS Payables				
Total NHS invoices paid in period	47	257	169	1,018
Total NHS invoices paid within target	43	252	157	993
	91.49%	98.05%	92.90%	97.54%
Total Payables				
Total invoices paid in period	2,103	5,210	6,730	17,493
Total invoices paid within target	1,961	4,951	6,387	16,756
	93.25%	95.03%	94.90%	95.79%

QUALITY, INFORMATION REPORTING, AND CQUIN

• A&E CQUIN 2 which includes two parts. Part 1 - relating to the 8 underperforming CCGs Red performance has not been achieved by 7 of the 8 CCGs concerned. The year to date position has been adjusted by £263k to reflect this. Part 2 - relates to the remaining CCGs to achieve 75% Red performance targets is also also unachieved at month 3 resulting in a further risk of £124k which has also been adjusted for in the year to date position.

RISK SUMMARY

Description	Total Value of Risk	In Financial Position YTD	Mitigation
In the Financial Position	£000	£000	
CIP non-delivery by 10%	1,035	0	CIP over achievement at Month 3 with the use of reserve schemes, 109% achievement against revised plan.
A&E contractual penalties - RED 1	1,943	0	Red 1 and Red 2 targets were not achieved for Quarter 1. A penalty of 2% per target per month is applicable if cumulative performance for the year is not achieved, however this is capped at a maximum of 2.5% across all targets. At Q1 the total penalty charge is £971k, and the forecast full year penalty is £3.9m. These have not been included in the YTD position or the current forecast. However the impact of these penalties is included in the commentary of sections 5.1. and 5.3 of this report.
A&E contractual penalties - RED 2	1,943	0	
111 income risk (based 50% of call volume)	140	35	KPI non delivery assumed in current finance position.
Non delivery of CQUINS - A&E	1,700	387	A&E CQUIN goal part 1 - 7 out of 8 identified under-performing CCGs not achieving and part 2 100% not achieved.
25% Non delivery of CQUINS - PTS	158	0	As the CQUINs are investigatory in nature YAS anticipate to achieve all of the goals set at this point.
Introduction of Payment by Results	1,658	0	
Unsocial Hours Payments - NHS 111	268	0	Unsocial hours risk for NHS 111 to reflect the expected cost should Ambulance Trusts decide to move to schedule 2 of Agenda for Change. This is still subject to national negotiation.
GRAND TOTAL	8,845	422	

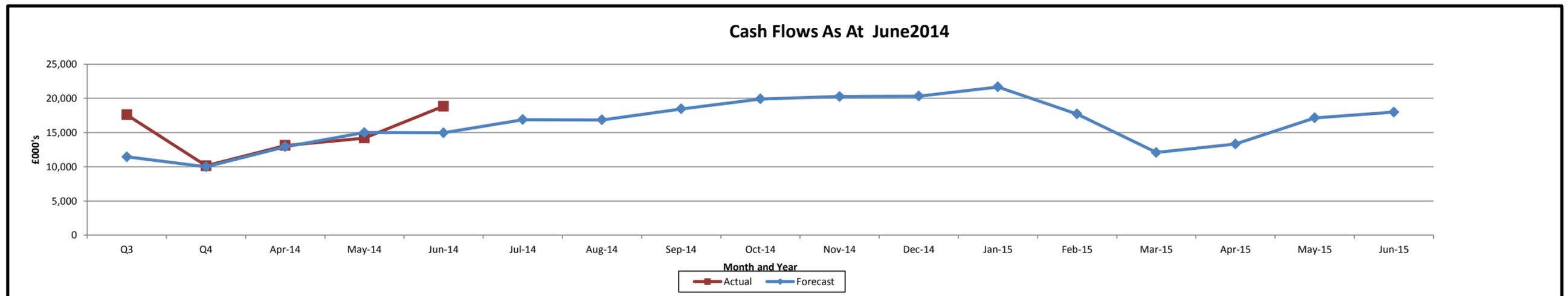
Yorkshire Ambulance Service - Cash Flow

June 2014

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Q3	Actual Q4	Actual Apr-14	Actual May-14	Actual 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	Forecast Apr-15	Forecast May-15	Forecast Jun-15
Actual/Forecast Opening Cash Balance	14,384	17,588	10,142	13,112	15,058	14,962	16,881	16,841	18,445	19,905	20,262	20,309	21,667	17,710	12,075	14,765	17,142
Cash Inflows																	
Income from Activities	57,173	64,250	17,719	18,578	22,354	20,193	18,672	18,931	19,561	18,880	19,521	20,158	19,134	17,043	18,870	19,759	19,258
Interest Receivable	12	9	3	3	5	3	3	2	3	3	2	3	3	2	2	2	3
Capital Receipts	18	0	12	12	20	0	0	0	0	0	0	711	1,062	101	0	0	0
Loans	0	0	0	0	0	0	0	2,200	0	0	0	0	0	0	0	0	0
PDC Capital *	0	2,885	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Inflows	57,203	67,144	17,734	18,593	22,379	20,196	18,675	21,133	19,564	18,883	19,523	20,872	20,199	17,146	18,872	19,761	19,261
Cash Outflows																	
Pay	38,456	41,097	9,730	12,679	12,873	12,873	12,832	12,905	12,880	12,856	12,855	12,858	12,842	12,869	12,639	12,735	12,676
Non-pay	14,783	22,334	4,832	4,647	5,216	5,234	5,456	5,206	4,489	5,345	5,949	5,664	4,902	6,043	4,993	4,649	5,748
Interest Payable	0	58	0	0	0	0	0	57	0	0	0	0	0	78	0	0	0
PDC Dividends	0	997	0	0	0	0	0	1,134	0	0	0	0	0	1,135	0	0	0
Capital Expenditure	760	9,937	202	197	509	170	427	60	735	325	672	992	6,412	2,269	0	0	0
Loans	0	167	0	0	0	0	0	167	0	0	0	0	0	387	0	0	0
PDC Capital *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	53,999	74,590	14,764	17,523	18,598	18,277	18,715	19,529	18,104	18,526	19,476	19,514	24,156	22,781	17,632	17,384	18,424
Net Cash Inflow/(Outflow)	3,204	-7,446	2,970	1,070	3,781	1,919	-40	1,604	1,460	357	47	1,358	-3,957	-5,635	1,240	2,377	837
Actual Closing Cash Balance	17,588	10,142	13,112	14,182	18,839												
Forecast Closing Cash Balance (per TDL Plan)	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	13,315	17,142	17,979

The cash position reflects year to date capital slippage; residual 13/14 capital accruals which were expected to have been paid in the quarter and the contract over payment by East Riding CCG.



Hospital	Apr-14				May-14				Jun-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 handover	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	9 £180	0 £0	9 £180	1238	6 £120	2 £200	8 £320	1115	21 £420	3 £300	24 £720	3516
BARNESLEY DISTRICT GENERAL	8 £160	0 £0	8 £160	1818	6 £120	1 £100	7 £220	1840	4 £80	2 £200	6 £280	1852	18 £360	3 £300	21 £660	5510
BRADFORD ROYAL INFIRMARY	22 £440	4 £400	26 £840	3234	21 £420	7 £700	28 £1,120	3368	17 £340	3 £300	20 £640	3295	60 £1,200	14 £1,400	74 £2,600	9897
CALDERDALE ROYAL HOSPITAL	7 £140	1 £100	8 £240	1539	8 £160	1 £100	9 £260	1607	11 £220	1 £100	12 £320	1516	26 £520	3 £300	29 £820	4662
HUDDERSFIELD ROYAL INFIRMARY	11 £220	2 £200	13 £420	1496	17 £340	1 £100	18 £440	1619	6 £120	0 £0	6 £120	1487	34 £680	3 £300	37 £980	4602
HULL ROYAL INFIRMARY	86 £1,720	1 £100	87 £1,820	3566	85 £1,700	1 £100	86 £1,800	3840	76 £1,520	2 £200	78 £1,720	3512	247 £4,940	4 £400	251 £5,340	10918
DEWSBURY DISTRICT HOSPITAL	5 £100	3 £300	8 £400	1166	6 £120	0 £0	6 £120	1248	4 £80	2 £200	6 £280	1209	15 £300	5 £500	20 £800	3623
PINDERFIELDS GENERAL HOSPITAL	12 £240	3 £300	15 £540	2850	17 £340	4 £400	21 £740	2814	12 £240	3 £300	15 £540	2714	41 £820	10 £1,000	51 £1,820	8378
PONTEFRACT GENERAL INFIRMARY	0 £0	0 £0	0 £0	105	0 £0	0 £0	0 £0	107	1 £20	0 £0	1 £20	102	1 £20	0 £0	1 £20	314
DONCASTER ROYAL INFIRMARY	16 £320	4 £400	20 £720	2513	14 £280	3 £300	17 £580	2498	13 £260	0 £0	13 £260	2438	43 £860	7 £700	50 £1,560	7449
FRIARAGE HOSPITAL	4 £80	0 £0	4 £80	494	10 £200	1 £100	11 £300	539	4 £80	1 £100	5 £180	529	18 £360	2 £200	20 £560	1562
HARROGATE DISTRICT HOSPITAL	8 £160	0 £0	8 £160	964	4 £80	0 £0	4 £80	1035	9 £180	1 £100	10 £280	1010	21 £420	1 £100	22 £520	3009
LEEDS GENERAL INFIRMARY	23 £460	3 £300	26 £760	2337	21 £420	6 £600	27 £1,020	2456	24 £480	3 £300	27 £780	2205	68 £1,360	12 £1,200	80 £2,560	6998
ST JAMES UNIVERSITY HOSPITAL	21 £420	1 £100	22 £520	3316	19 £380	3 £300	22 £680	3372	21 £420	4 £400	25 £820	3099	61 £1,220	8 £800	69 £2,020	9787
NORTHERN GENERAL HOSPITAL	13 £260	4 £400	17 £660	3396	20 £400	8 £800	28 £1,200	3497	14 £280	3 £300	17 £580	3192	47 £940	15 £1,500	62 £2,440	10085
ROTHERHAM DISTRICT GENERAL HOSPITAL	5 £100	1 £100	6 £200	1677	6 £120	1 £100	7 £220	1850	8 £160	3 £300	11 £460	1781	19 £380	5 £500	24 £880	5308
SCARBOROUGH DISTRICT GENERAL HOSPITAL	15 £300	3 £300	18 £600	1516	20 £400	0 £0	20 £400	1626	23 £460	0 £0	23 £460	1646	58 £1,160	3 £300	61 £1,460	4788
YORK DISTRICT HOSPITAL	35 £700	3 £300	38 £1,000	1924	40 £800	2 £200	42 £1,000	2123	36 £720	1 £100	37 £820	2046	111 £2,220	6 £600	117 £2,820	6093
SHEFFIELD CHILDRENS HOSPITAL	0 £0	1 £100	1 £100	347	2 £40	0 £0	2 £40	324	0 £0	0 £0	0 £0	332	2 £40	1 £100	3 £140	1003
Grand Total Handover				35421				37001				35080				107502
Grand Total Breaches	297	35	332		325	39	364		289	31	320		911	105	1016	
Grand Total Cost	£5,940	£3,500	£9,440		£6,500	£3,900	£10,400		£5,780	£3,100	£8,880		£18,220	£10,500	£28,720	

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'