



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

April 2015



Yorkshire Ambulance Service 
NHS Trust

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Section 1

Executive Summary



Overall Trust wide Top Exceptions

RAG	Section	No of months Exception	Exceptions for month	Comments	Who	When	Year end Risk Level
RED	2.2	1/1	RED 1 Performance	RED 1 performance was 74.77% an increase of 1.2% on March. The target of 75% was missed by 4 details. RED activity was down by 3% on April 2014 however performnce was significantly improved in April 15 compared to 2014. Actions being developed as part of the Spring in to Action Group focusing on Demand, Resources and Efficiency	Interim Executive Director of Operations	Ongoing	AMBER
RED	2.2	1/1	RED 2 Performance	RED 2 performance was 72.64% an increase of 0.5% on March . There was a decrease RED demand of 3% on April 14. Actions being developed as part of the Spring in to Action Group focusing on Demand, Resources and Efficiency. Abstractions remain high and removal of the incentive schemes has lowerd the base line operational hours .	Interim Executive Director of Operations	Ongoing	AMBER
RED	2.5	1/1	Green 2 Performance	Green 2 Performance was 77.38% Improvements will form part of work of the Spring in to Action. Abstractions remain high lowering base line operational hours . The Clinical Hub supporting in assessment of G2 calls to improve response time and give comfort calls to those who have a prolonged response time.	Interim Executive Director of Operations	Ongoing	AMBER
RED	4.1	1/1	PDR's	PDR completion rates rose slightly to 73.73% from 72.83% last month. 4 Directorates, Chief Executives, People and Engagement, Operations and the Clinical Directorate remain below the Trust's 75% target. This may be due to appraisals expiring at financial year end and a slight delay in new appraisals being undertaken. Directors need to hold managers to account for the delivery of the target.	All Directors & Managers	Ongoing	AMBER
RED	4.6	1/1	Sickness / Absence	Whilst sickness absence remains above the Trust target of 5%, the reduction to 5.57% represents the lowest level of absence since October 2013 and is 1.01% lower than for the same period last year. Operations and NHS 111 both show significant improvement. Continued adherence to the policy is required.	All Directors & Managers	Ongoing	AMBER
RED	2.16	1/1	% of calls answered in 60 seconds	Call answer performance slightly below target for the month, reflecting increased demand for the service, including significant demand over bank holiday period. Staffing numbers and profiles reviewed for next quarter to ensure alignment to demand. Discussions with commissioners about demand increases are ongoing as part of the annual contract round.	AD NHS 111/Urgent Care	Ongoing	GREEN
RED	2.16	1/1	Warm Transfer & Call Back Targets	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 for the current year and further discussions on resourcing of the clinical service are ongoing through established contract processes.	AD NHS 111/Urgent Care	Ongoing	RED

Care Quality commission priorities	Safe	Effective	Caring	Well-led	Responsive
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Yorkshire Ambulance Service - Aims	Continuously improving patient care	Setting high standards of performance	Always learning	Spending public money wisely
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2014-15 BUSINESS PLAN OBJECTIVES		Lead Director	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End Forecast
Strategic Objectives															
1. Improve clinical outcomes for key conditions															
1a	Improve survival to discharge (STD) rates for cardiac arrest.	Executive Medical Director	GREEN												GREEN
1b	Reduce mortality from major trauma	Executive Medical Director	GREEN												GREEN
1c	Improve management of patients suffering from stroke and heart attack (Myocardial Infarction - MI).	Executive Medical Director	AMBER												
1d	Improve effectiveness and patient experience in relation to the assessment and management of pain.	Executive Medical Director	GREEN												
1e	Implement the priorities in our Sign up to Safety plan.	Executive Director of Standards & Compliance	GREEN												
2. Deliver timely emergency and urgent care in the most appropriate setting															
2a	Support health economy plans for delivering care closer to home.	Executive Director of Operations	GREEN												
2b	Telecare	Executive Director of Finance & Performance	GREEN												
2c	Support greater integration through the development of NHS 111.	Executive Director of Standards & Compliance	GREEN												
2d	Deliver Red 1 and Red 2 response time standards on a consistent basis by the end of quarter 1 and for the rest of the financial year.	Executive Director of Operations	AMBER												
3. Provide clinically-effective services which exceed regulatory and legislative standards															
3a	Implement recommendations from national reports including "Hard Truths" and other quality and safety publications.	Executive Director of Standards & Compliance	GREEN												
3b	Ensure our fleet and estates meet the needs of a modern service.	Executive Director of Finance & Performance	AMBER												
3c	Through the Clinical Quality Strategy 2015/18, implement improvements in patient safety, clinical effectiveness, and patient experience.	Executive Medical Director/Executive Director of Standards & Compliance	GREEN												
3d	Alignment to the CQCs five domains in the regulation framework.	Executive Director of Standards & Compliance	GREEN												
4. Provide services which exceed patient and Commissioners' expectations															
4a	Improve engagement with patients, the public, clinical commissioning groups and other key stakeholders.	Executive Director of People & Engagement	AMBER												AMBER
4b	Improve patient involvement and experience.	Executive Director of Standards & Compliance	GREEN												
4c	Develop services in partnership with others.	Executive Director of Operations/Executive Medical Director	GREEN												
4d	Implementation of plans to improve patient experience and financial sustainability of PTS.	Chief Executive	AMBER												
5. Develop culture, systems and processes to support continuous improvement and innovation															
5a	Support cultural change among existing service leaders and managers to improve healthcare delivery.	Executive Director of People & Engagement	AMBER												AMBER
5b	Faster adoption of innovative technologies and techniques.	Executive Medical Director	GREEN												
5c	Improve access to continuing professional development (CPD) for frontline operational staff.	Executive Medical Director/Executive Director of People & Engagement	GREEN												
5d	Work in partnership with commissioners and other providers to use YAS information and data to improve service design and commissioning.	Executive Director of Finance & Performance	AMBER												
6. Create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future															
6a	Further improve staff engagement	Executive Director of People & Engagement	AMBER												AMBER
6b	Develop a vibrant career framework which will create a pipeline of future talent, ensuring we are better able to manage the impact of increasing demand.	Executive Director of People & Engagement	AMBER												AMBER
6c	Develop and support staff.	Executive Director of People & Engagement	AMBER												AMBER
6d	Support the development of our nursing staff.	Executive Director of Standards & Compliance	GREEN												
6e	Implement and bring to life the new Workforce Race Equality Standard, ensuring that we grow into an organisation that is truly representative of the communities that we serve.	Executive Director of People & Engagement	AMBER												AMBER
7. Be at the forefront of healthcare resilience and public health improvement															
7a	Improve business continuity management systems across the Trust.	Executive Director of Operations	GREEN												
7b	Raise the profile of Yorkshire Ambulance Service as the regional lead for healthcare resilience.	Executive Director of Operations	GREEN												
7c	Make every contact count.	Executive Medical Director	GREEN												
7d	Improve public training in CPR.	Executive Medical Director/Executive Director of Operations	GREEN												
8. Provide cost-effective services that contribute to the objectives of the wider health economy															
8a	Agree a 3-5 year service strategy with commissioners for A&E and PTS.	Chief Executive	AMBER												
8b	Continue to deliver Monitor's continuity of services rating of 4 (lowest risk).	Executive Director of Finance & Performance	GREEN												
8c	Improve financial sustainability of service lines.	Executive Director of Finance & Performance	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	>=75%	-	<75%	2.2	↑											
	Red 2 Performance				2.2	↓											
	Red 19 Performance	>=95%	-	<95%	2.3	↑											
	Time to Treatment 50% (YTD) *	Ranked within the top 4 nationally	Ranked between 5 and 7 nationally	Ranked 8 and above nationally	2.7	↑											
	Recontact 24 hours on scene (YTD) *				2.7	↔											
Complaints (% Rate)	<0.125%	Between 0.125% & 0.174%	>0.175%	3.13	↔												
EOC	Time to answer 50% (YTD) *				2.7	↔											
	Time to answer 95% (YTD) *				2.7	↔											
	Abandoned calls (YTD) *				2.7	↔											
	Recontact 24 hours telephone (YTD) *				2.7	↔											
PTS	PTS Arriving on time for their appointment (KPI 2) <i>Refer tab 2.10 for Red RAG Status</i>	0 or 1 out of 4 Consortia with Red RAG Status	2 out of 4 Consortia with Red RAG Status	3 or more Consortia with Red RAG Status	2.10	↓											
	PTS Collected within 90 minutes (Planned Journeys) (KPI 3) <i>Refer tab 2.11 for Red RAG Status</i>				2.11	↔											
	Complaints (% Rate)	<0.125%	Between 0.125% & 0.174%	>0.175%	3.14	↓											
ALL	Serious Incidents	0	-	1	3.9	↔											
	Incidents and near misses (% Rate)	<0.225%	Between 0.125% & 0.174%	>0.275%	3.4	↓											
	Sickness / Absence	<5%	-	>=5%	4.6	↑											
	Statutory and Mandatory Training	>=85%	-	<85%	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												

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												

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

Comments

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

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

Monitor Risk Ratings (Quarterly)

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

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

Likely or actual significant breach of terms of authorisation	Breach of terms of authorisation	Limited concerns surrounding terms of authorisation	No Material concern
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*Where the circles are filled this indicates YAS current position



Section 2

Performance





Section 2a

A&E Performance



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2/2	1/1	RED 1 Performance	RED 1 performance was 74.77% an increase of 1.2% on March. The target of 75% was missed by 4 details. RED activity was down by 3% on April 2014 however performance was significantly April 15 compared to 2014. Actions being developed as part of the Spring in to Action Group focusing on Demand, Resources and Efficiency. A trajectory has been submitted to commissioners and will be tracked in subsequent reports	Interim Executive Director of Operations	Ongoing	AMBER
RED	2/2	1/1	RED 2 Performance	RED 2 performance was 72.64% an increase of 0.5% on March. There was a decrease RED demand of 3% on April 14. Actions being developed as part of the Spring in to Action Group focusing on Demand, Resources and Efficiency. Abstractions remain high and removal of the incentive schemes has lowered the base line operational hours.	Interim Executive Director of Operations	Ongoing	AMBER
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Directors Comments on Actual Performance**Business Continuity:**

Much of April has been spent on final preparations for all departments working towards certification to ISO22310 The ISO auditors have spent five days at YAS visiting EOC, PTS, NHS111 and ICT. Premises visited were:

- Wakefield – PTS, NHS111 and the EOC
- York – EOC
- Callflex - NHS111 and Fallback for EOC

EOC included in Certification to ISO 22301 standard as have PTS.

AV chaired Regional BC partner meeting at the HART premises. Attendees were given a guided tour of the facilities

Debrief for Huddersfield Hospital

Publish of first BC plan and Huddersfield and Calderdale Hospital.

Published revision of NHS111 BC Plan.

Published new ICT BC Plan.

BC eLearning module has now had 451 participants !!

Compiled ICT BC Dependency table.

Produced first Datix BC Incidents report.

Resilience:

Bright ideas workshop held for exploring staff responder scheme on behalf of Director of Operations.

Continued to work with NHSE on a revised regional mass casualty plan to be agreed by all four LRFs later in the year.

During performance inspections carried out in April at Hillsborough Football stadia, Scarborough Cricket Club and York City Football Club

Members of Staff attended 'Ambition' national conference related to ambulance service held in London.

6 resilience managers attended national CBRN CPD day in West Yorkshire

Planning continued for Tour de Yorkshire

Various plan developed for for VIP visits linked to National Elections during the month (often at short notice)

Plans developed for Queens visit to Sheffield for Maundy Service

Planning underway for an English Defence League EDL visit in May to Halifax.

1 x Control of Major Accident Hazards (Comah Site) exercise Guardian Industries East Yorkshire.

HART:

New recruits continued and completed their training, with the exception of the water course which will be completed in August.

AIT: new recruits to the AIT cohort have been going through their training with a multi-agency exercise at the end of the week. This brings the trained staff numbers back up to the 62 required by DH.

The replacement HART fleet tender has now been awarded and enables us to look at a new operating model. This entails smaller vehicles and more of them, which provides greater flexibility of response and resilience in the fleet. A revised operating model is being developed to be tabled for the Director of Ops to consider later in May.

The new HART service specification came into force as of April 1st. The AMPDS code set is being reviewed to identify the incident types HART would be activated to on a Pre-Determined Attendance (PDA) basis.

This ties in with the recent changes in EOC around command and control.

Learning from the CQC inspection, monthly monitoring and auditing of vehicles and equipment continues, with no notice inspections planned on a quarterly basis throughout the year. This is being underpinned by objective setting for HART CS's in 15-16.

We have had early discussions with the BBC regarding an episode focusing on the HART capabilities for later in the year.

Training:

2 AIT / MTFA 3 day courses

1 x 4 day Multi Agency Gold Incident Command (MAGIC) course attended by Mike Shanahan, Dave Howell & Julian Mark

1 x Operational JESIP Course

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

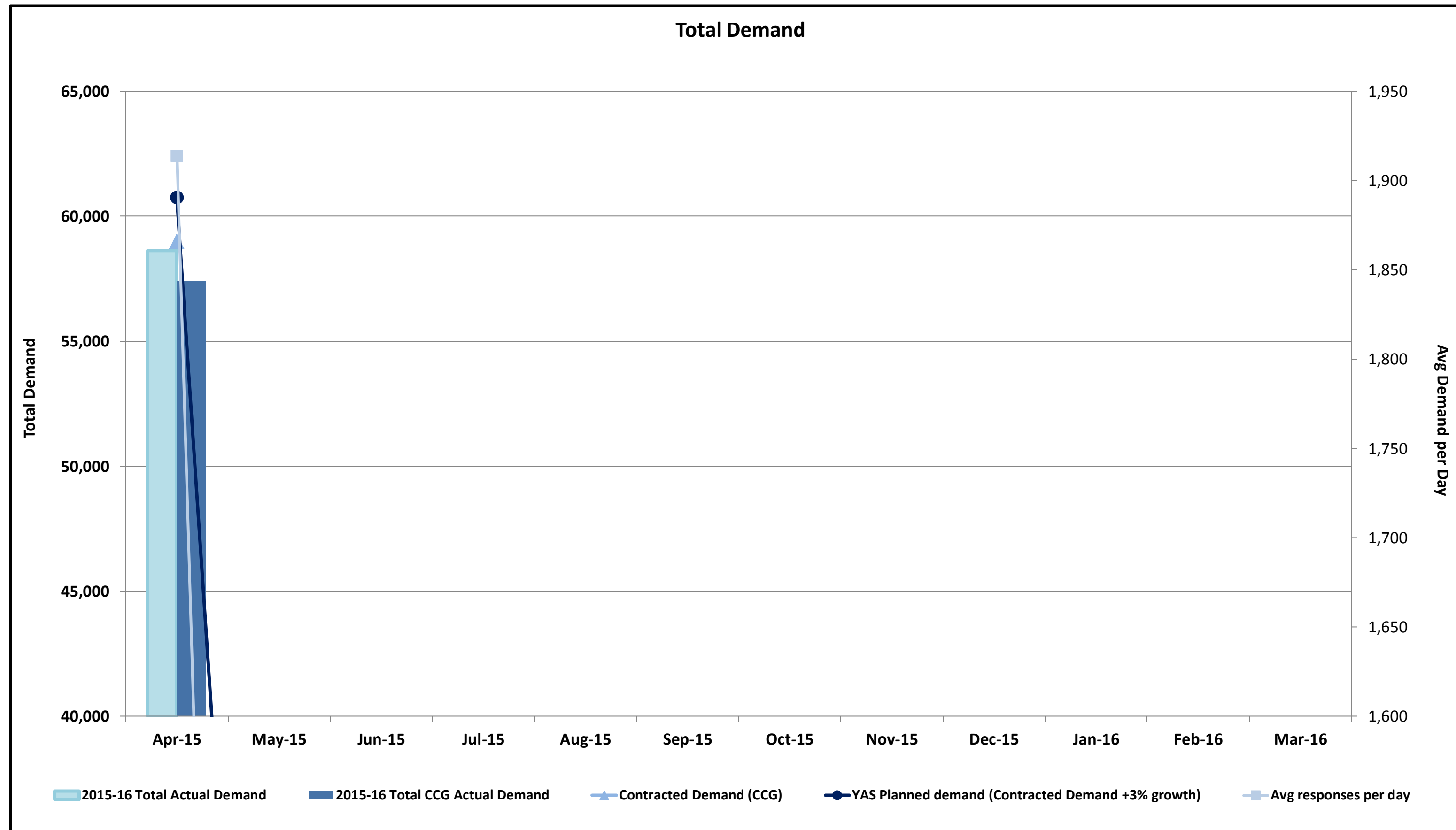
	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
1. (1.1) Paramedic Pathfinder - West Yorkshire CBU and Rotherham	TBC	TBC	GREEN												GREEN
1. (1.2) Paramedic Pathfinder - South Yorkshire and North/East Yorkshire CBUs	TBC	TBC	GREEN												GREEN
2. Sepsis	TBC	TBC	GREEN												GREEN
3. Pain Management	TBC	TBC	GREEN												GREEN
4. Mental Health Pathways	TBC	TBC	GREEN												GREEN
5. Improving safety in the Emergency Operations Centre (Human Factors)	TBC	TBC	GREEN												GREEN
TOTAL	0.00%	£0													

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

Comments
A programme management plan has now been agreed and all actions on track to deliver the required schedule in Q1.

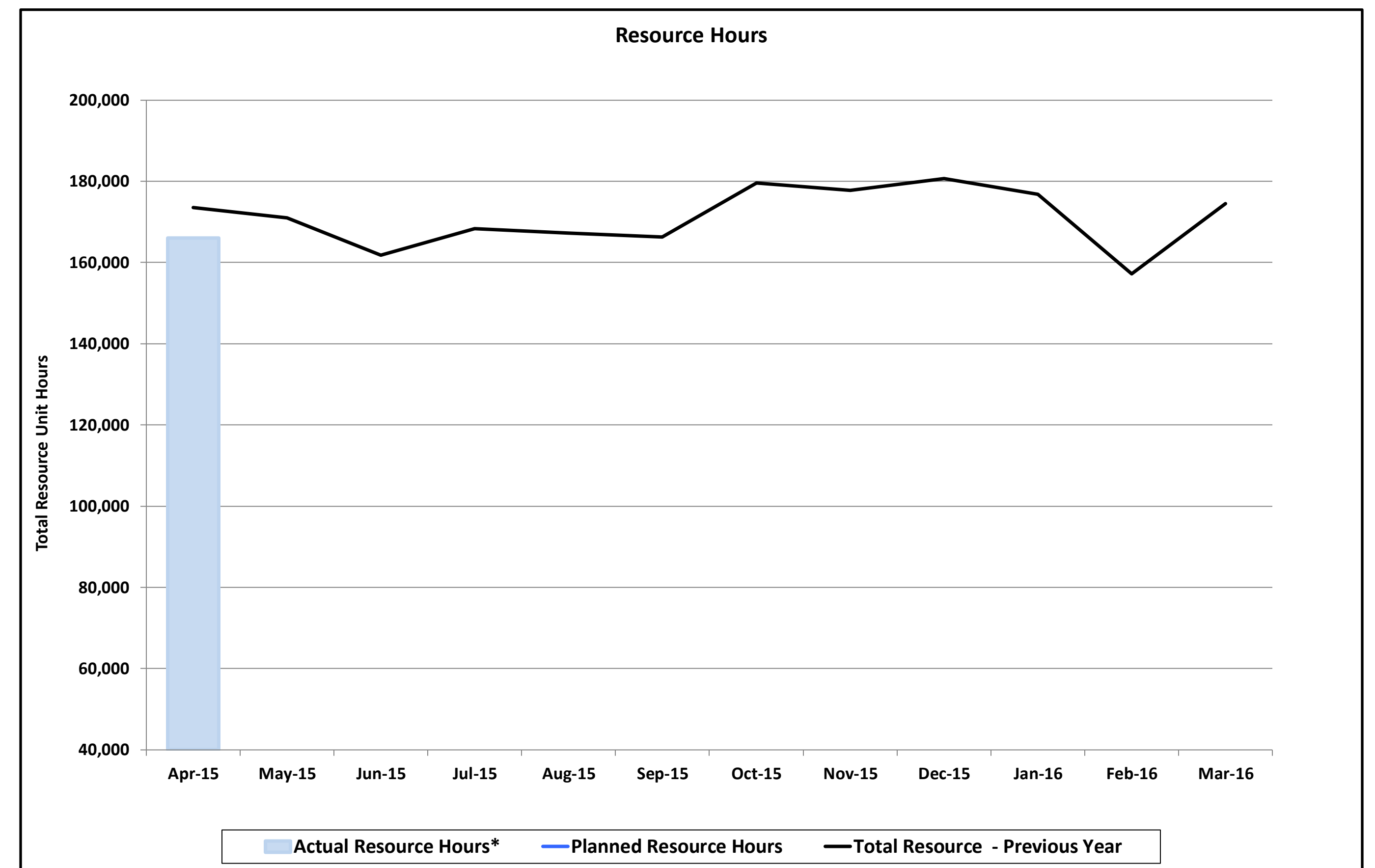
Total Demand

	YTD RAG	GREEN
↑	MTD RAG	GREEN



Resource Hours

	YTD RAG	GREEN
↑	MTD RAG	GREEN



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Year end
2014-15 Total Actual Demand	58,695	62,128	59,626	61,987	58,869	58,443	61,827	62,830	68,124	61,728	54,980	61,180	730,417	730,417
2015-16 Total Actual Demand	58,631												58,631	58,631
% Variance Current Year to Last Year	-0.1%												-92.0%	-92.0%
Contracted Demand (CCG)	58,981												58,981	58,981
YAS Planned demand (Contracted Demand +3% growth)	60,750	0	0	0	0	0	0	0	0	0	0	0	60,750	60,750
2015-16 Total CCG Actual Demand	57,409												57,409	57,409
Variance to Contracted Demand	-2.7%												-2.7%	-2.7%
Variance to YAS Planned Demand	-5.5%												-5.5%	-5.5%
Avg responses per day	1,914	0	0	0	0	0	0	0	0	0	0	0	157	157

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Planned Resource Hours	TOTAL	175,732												175,732
Actual Resource Hours*	TOTAL	166,082												166,082
	DCA	99,391												99,391
	RRV	59,589												59,589
Avg Total Resource Hours per day	ALL	5,536												
Total Resource - Previous Year	TOTAL	173,597	171,019	161,849	168,391	167,250	166,330	179,568	177,737	180,706	176,793	157,202	174,557	2,054,999

* 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

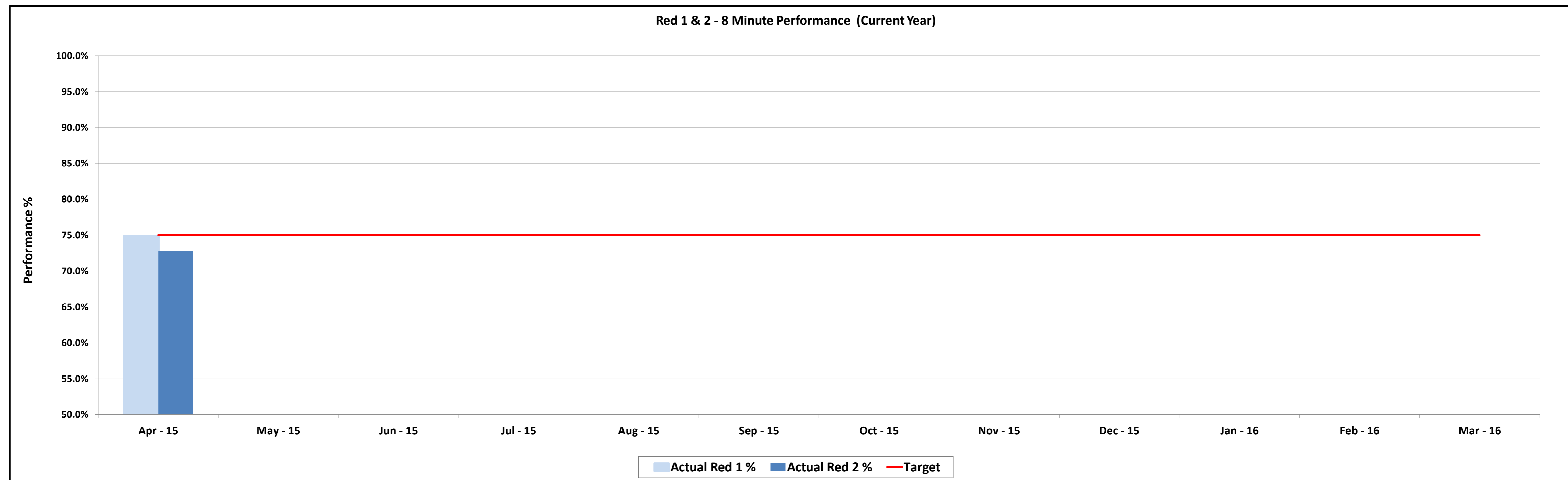
PLEASE NOTE: YAS Planned demand is based on Contracted Demand + 3% growth (a response is a distinct count of a resource arriving at scene, a resource is either a vehicle or a triaged call). Actual demand is a distinct count of a resource that has arrived scene, again this could be either a vehicle or 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	GREEN
▲	MTD RAG	GREEN

Category Red 2 - 8 Minute Performance HQU03_01

	YTD RAG	RED
▲	MTD RAG	RED



RED 1 EWI		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
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	74.9%												74.9%
	Previous Year	69.8%	69.6%	68.0%	69.2%	71.3%	68.7%	73.1%	71.5%	63.4%	70.6%	71.6%	73.5%	69.9%
% Variance Current Year to Last Year		5.1%												5.0%
National Average														

RED 2 EWI		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
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	72.7%												72.7%
	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		-5.3%												-2.4%
National Average														

RED 1 by CBU		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
Calderdale, Kirklees & Wakefield	Current Year	78.1%												78.1%
	Previous Year	72.4%	75.8%	73.5%	69.8%	76.5%	69.3%	70.9%	77.1%	66.4%	73.0%	73.5%	74.4%	72.6%
	% Variance	5.7%												5.5%
Airedale Bradford & Leeds	Current Year	71.5%												71.5%
	Previous Year	67.2%	69.7%	66.4%	69.3%	72.1%	66.7%	70.0%	69.4%	61.8%	70.9%	65.7%	70.6%	68.3%
	% Variance	4.3%												3.2%
North Yorkshire	Current Year	78.2%												78.2%
	Previous Year	75.5%	72.3%	68.1%	71.3%	70.2%	74.7%	75.9%	71.4%	68.3%	70.5%	80.9%	73.7%	72.5%
	% Variance	2.7%												5.7%
The Humber	Current Year	76.2%												76.2%
	Previous Year	72.2%	70.1%	72.4%	72.6%	73.6%	66.1%	71.6%	73.6%	63.1%	70.9%	72.4%	72.3%	70.9%
	% Variance	4.0%												5.3%
South Yorkshire	Current Year	74.3%												74.3%
	Previous Year	66.8%	63.8%	64.4%	67.1%	66.8%	69.3%	77.2%	69.2%	61.1%	68.8%	71.4%	76.5%	68.4%
	% Variance	7.5%												5.9%

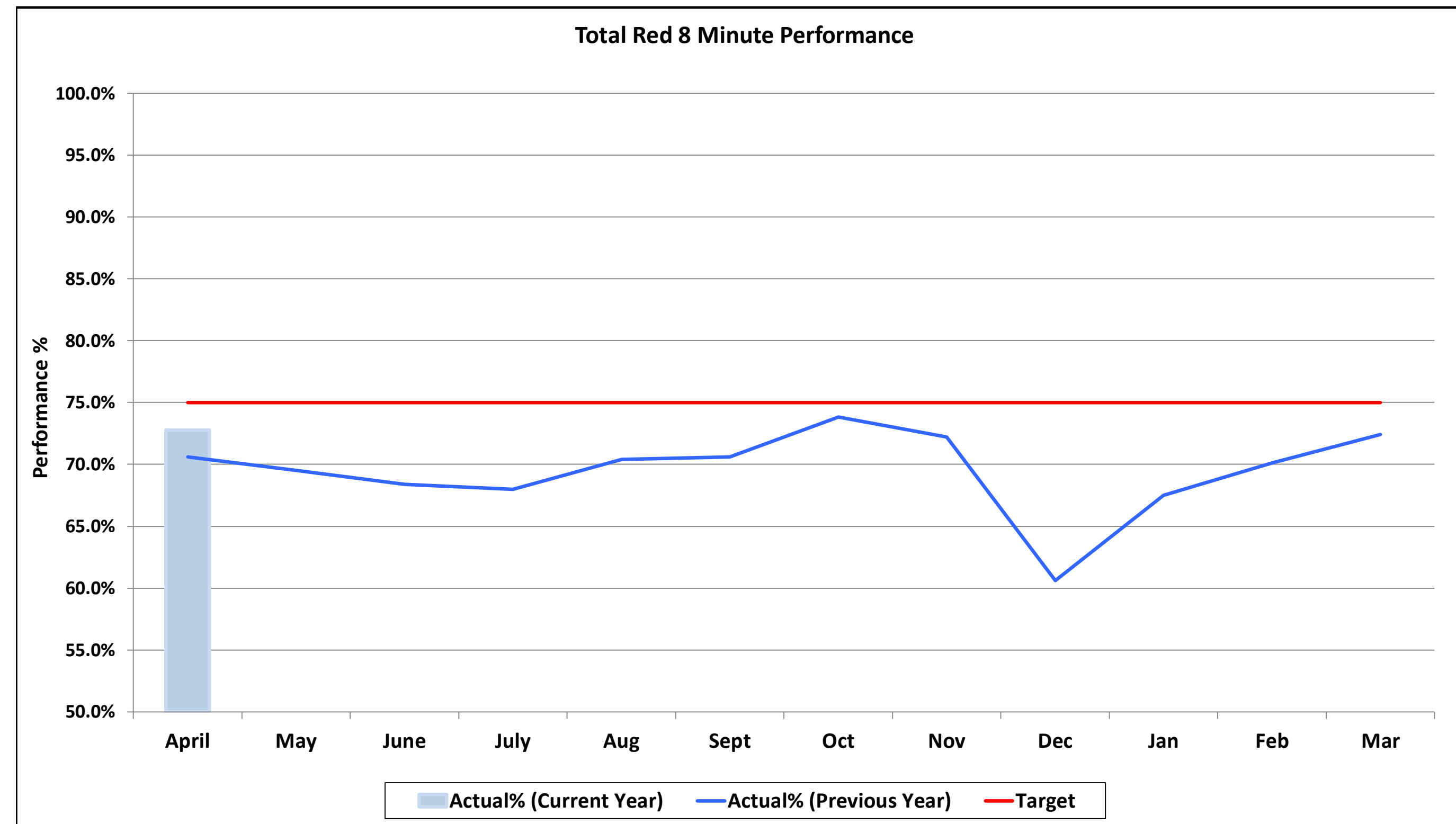
Please Note: National Average will always be 1 month in arrears

RED 2 by CBU		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
Calderdale, Kirklees & Wakefield	Current Year	73.2%												73.2%
	Previous Year	73.6%	70.3%	69.3%	66.9%	68.3%	69.0%	72.5%	74.2%	58.3%	65.8%	69.9%	70.9%	68.9%
	% Variance	-0.4%												4.3%
Airedale Bradford & Leeds	Current Year	72.8%												72.8%
	Previous Year	68.1%	67.6%	65.8%	65.1%	68.6%	68.5%	72.9%	70.6%	59.0%	65.4%	67.7%	71.3%	67.4%
	% Variance	4.7%												5.4%
North Yorkshire	Current Year	75.5%												75.5%
	Previous Year	73.6%	72.8%	74.8%	74.4%	73.0%	75.8%	75.7%	75.4%	70.2%	73.2%	74.3%	72.5%	73.7%
	% Variance	1.9%												1.8%
The Humber	Current Year	75.1%												75.1%
	Previous Year	74.2%	72.7%	75.2%	74.9%	78.6%	78.7%	76.7%	73.0%	68.1%	71.8%	74.3%	76.1%	74.4%
	% Variance	0.9%												0.7%
South Yorkshire	Current Year	70.0%												70.0%
	Previous Year	68.6%	67.8%	64.2%	65.2%	68.5%	68.4%	73.2%	70.8%	55.7%	65.2%	68.4%	72.7%	67.2%
	% Variance	1.4%												2.8%

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

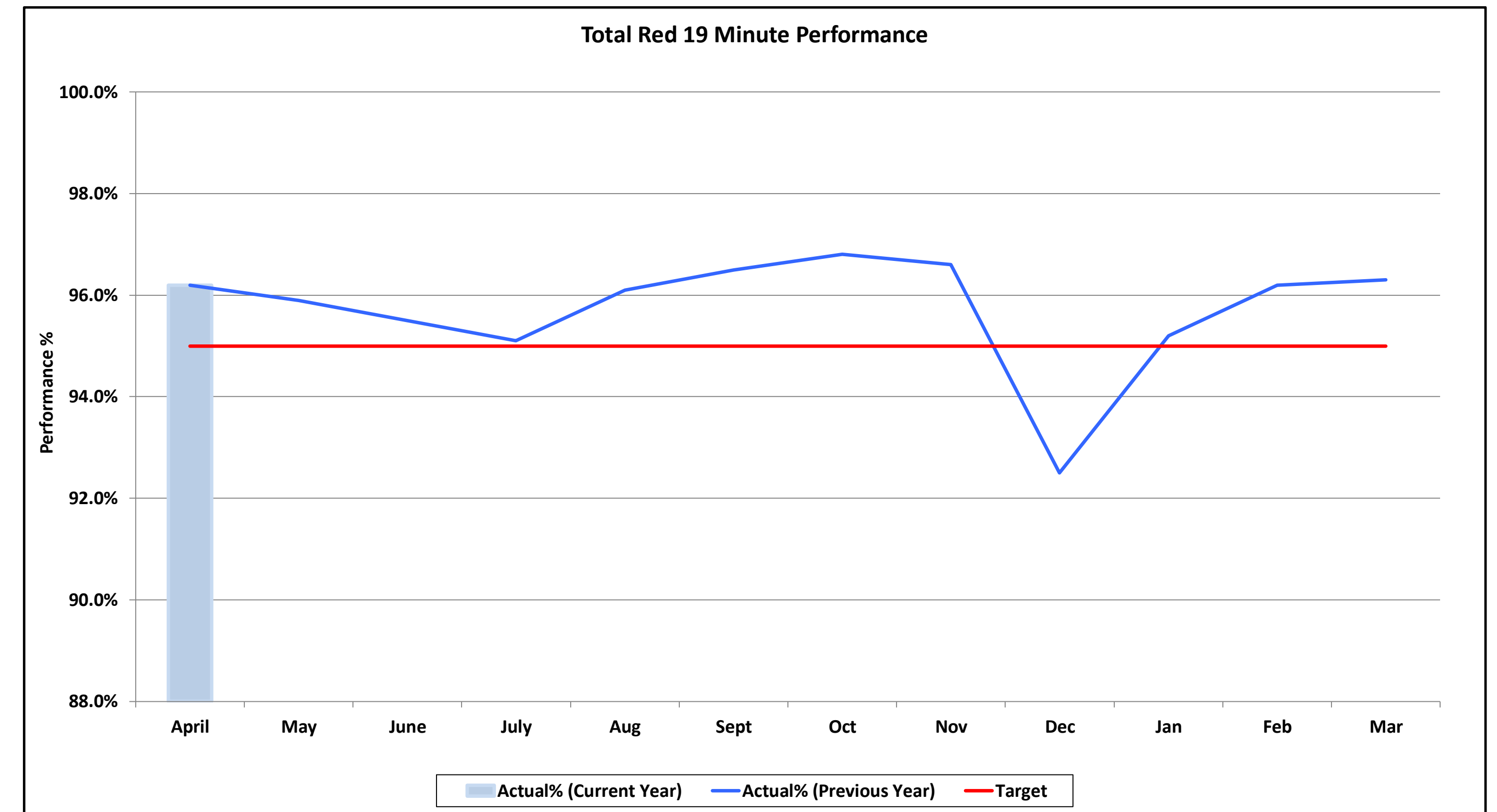
Category Red 1 & 2 8 Minute Performance HQU03_01

YTD RAG	RED
MTD RAG	RED



Category Red 1 & 2 19 Minute Performance HQU03_02

YTD RAG	GREEN
MTD RAG	GREEN



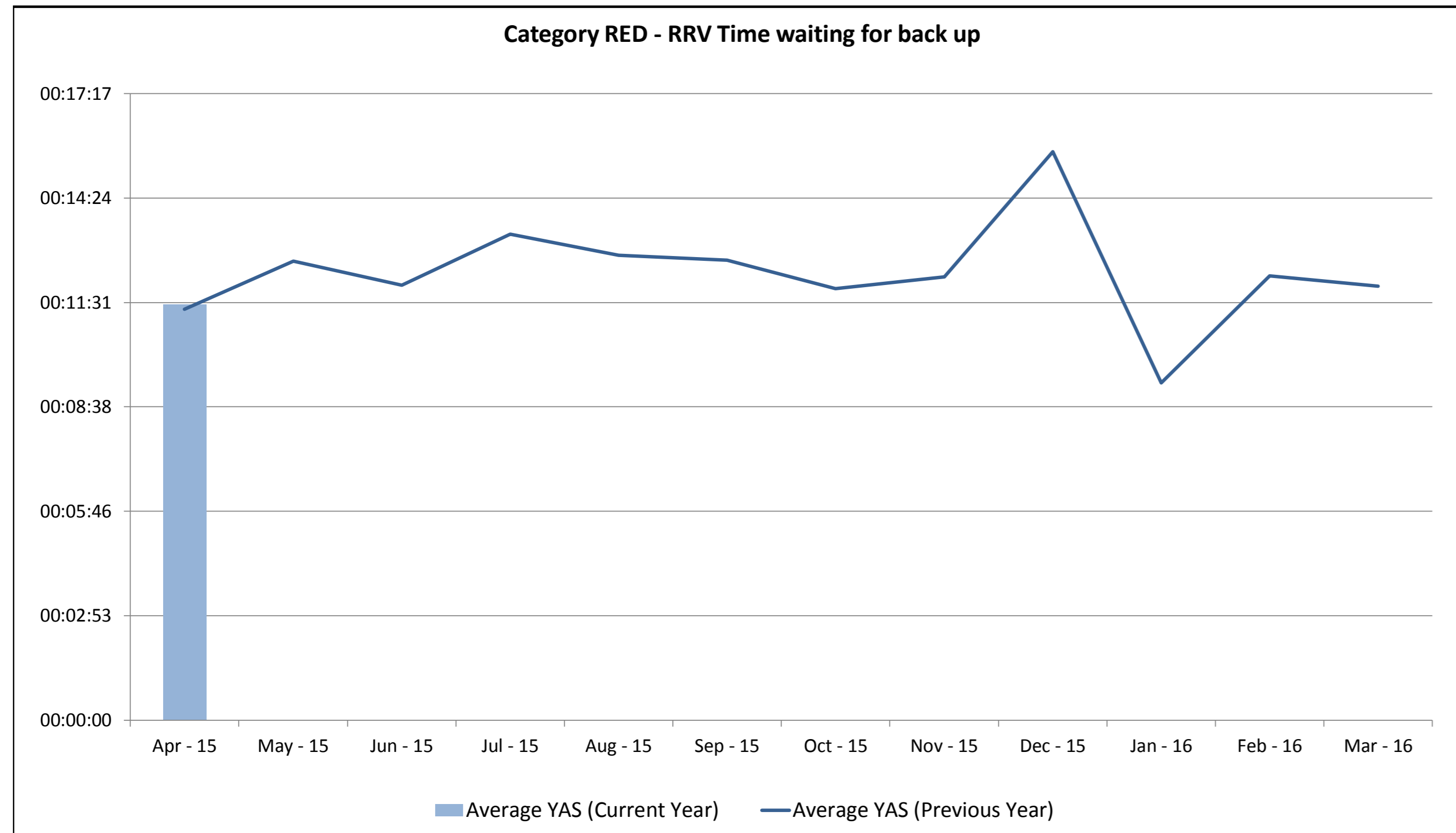
RED 8	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual% (Current Year)	72.8%												72.8%
Actual% (Previous Year)	70.6%	69.5%	68.4%	68.0%	70.4%	70.6%	73.8%	72.2%	60.6%	67.5%	70.1%	72.4%	69.1%
% Variance Current Year to Last Year	2.2%												3.7%

RED 19	EWI	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual% (Current Year)		96.2%												96.2%
Actual% (Previous Year)		96.2%	95.9%	95.5%	95.1%	96.1%	96.5%	96.8%	96.6%	92.5%	95.2%	96.2%	96.3%	95.6%
% Variance Current Year to Last Year		0.0%												0.6%
National Average														

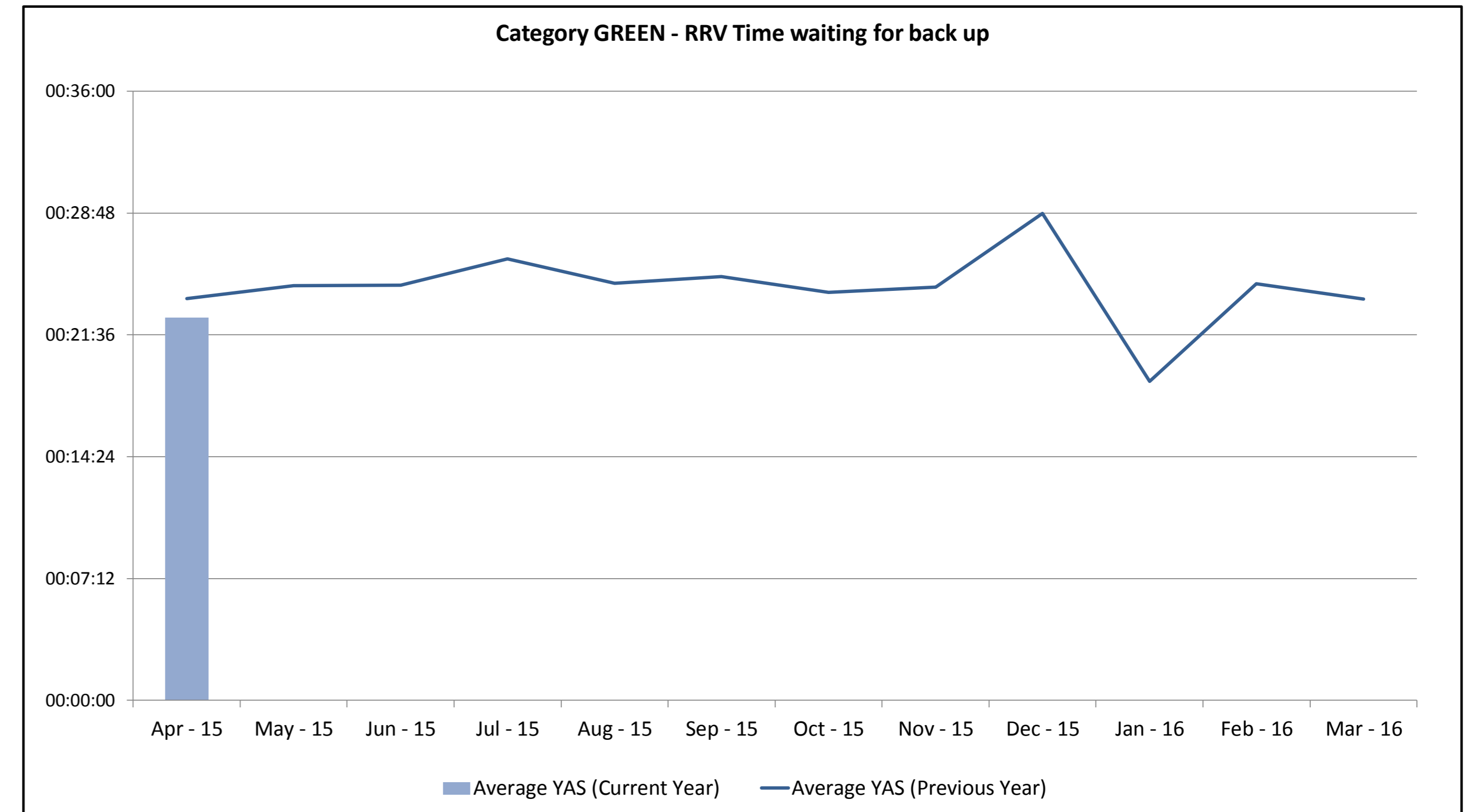
RED 8 by CBU	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
Calderdale, Kirklees & Wakefield	Current Year	73.5%											73.5%
	Previous Year	73.5%	70.7%	69.6%	67.1%	68.9%	69.0%	72.4%	74.4%	58.9%	66.4%	70.2%	69.2%
	% Variance	0.0%											4.3%
Airedale Bradford & Leeds	Current Year	72.7%											72.7%
	Previous Year	68.1%	67.8%	65.8%	65.4%	68.8%	68.4%	72.8%	70.5%	59.2%	65.8%	67.6%	67.5%
	% Variance	4.6%											5.2%
North Yorkshire	Current Year	75.7%											75.7%
	Previous Year	73.7%	72.8%	74.4%	74.2%	72.8%	75.7%	75.7%	75.1%	70.0%	73.0%	74.7%	73.7%
	% Variance	2.0%											2.0%
The Humber	Current Year	75.2%											75.2%
	Previous Year	74.1%	72.5%	75.0%	74.7%	78.2%	77.9%	76.4%	73.0%	67.8%	71.7%	74.2%	74.1%
	% Variance	1.1%											1.1%
South Yorkshire	Current Year	70.3%											70.3%
	Previous Year	68.5%	67.5%	64.2%	65.3%	68.4%	68.4%	73.5%	70.7%	56.1%	65.4%	68.6%	67.3%
	% Variance	1.8%											3.0%

RED 19 by CBU	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
Calderdale, Kirklees & Wakefield	Current Year	96.6%											96.6%
	Previous Year	97.3%	96.9%	96.5%	95.2%	96.6%	97.1%	97.2%	97.6%	92.8%	95.9%	97.0%	96.4%
	% Variance	-0.7%											0.2%
Airedale Bradford & Leeds	Current Year	97.2%											97.2%
	Previous Year	96.2%	96.9%	95.9%	95.6%	96.7%	97.0%	97.8%	97.6%	93.6%	96.7%	97.1%	96.5%
	% Variance	1.0%											0.7%
North Yorkshire	Current Year	93.5%											93.5%
	Previous Year	94.1%	93.0%	93.6%	92.8%	93.1%	93.8%	93.6%	93.3%	91.3%	92.3%	93.5%	93.1%
	% Variance	-0.6%											0.4%
The Humber	Current Year	93.4%											93.4%
	Previous Year	95.0%	93.1%	94.5%	93.7%	95.6%	95.5%	94.9%	94.5%	90.8%	92.8%	94.1%	93.9%
	% Variance	-1.6%											-0.5%
South Yorkshire	Current Year	97.5%											97.5%
	Previous Year	97.1%	97.1%	96.2%	96.4%	97.3%	97.4%	98.2%	97.6%	92.5%	95.8%	97.1%	96.7%
	% Variance	0.4%											0.8%

Category RED - RRV Time waiting for back up



Category GREEN - RRV Time waiting for back up



RED - YAS	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Average YAS (Current Year)	00:11:28											
95th Percentile YAS (Current Year)	00:34:15											
Average YAS (Previous Year)	00:11:20	00:12:40	00:12:00	00:13:24	00:12:49	00:12:41	00:11:54	00:12:14	00:15:41	00:09:18	00:12:15	00:11:58
95th Percentile YAS (Previous Year)	00:34:00	00:39:14	00:50:51	00:40:24	00:39:00	00:39:07	00:35:40	00:35:45	00:46:51	00:28:20	00:36:12	00:35:26

GREEN - YAS	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Average YAS (Current Year)	00:22:38											
95th Percentile YAS (Current Year)	00:59:31											
Average YAS (Previous Year)	00:23:44	00:24:31	00:24:32	00:26:05	00:24:39	00:25:03	00:24:06	00:24:25	00:28:46	00:18:51	00:24:36	00:23:42
95th Percentile YAS (Previous Year)	01:02:41	01:04:23	01:04:59	01:08:01	01:05:22	01:06:59	01:05:03	01:04:45	01:15:02	00:52:32	01:03:37	01:01:55

Average RED by CBU	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Calderdale, Kirklees & Wakefield	Current Year	00:11:54										
	Previous Year	00:09:39	00:10:47	00:11:16	00:13:47	00:12:13	00:12:59	00:12:00	00:12:14	00:16:14	00:08:30	00:13:09
Leeds & Bradford	Current Year	00:11:13										
	Previous Year	00:11:47	00:11:48	00:12:05	00:13:52	00:13:17	00:13:18	00:12:44	00:12:42	00:16:38	00:09:27	00:12:47
North Yorkshire	Current Year	00:09:38										
	Previous Year	00:09:50	00:10:32	00:10:38	00:10:26	00:10:18	00:09:18	00:09:42	00:10:17	00:11:37	00:07:44	00:09:52
The Humber	Current Year	00:09:43										
	Previous Year	00:08:57	00:09:51	00:09:34	00:10:29	00:09:25	00:09:48	00:10:01	00:10:56	00:12:36	00:08:13	00:09:13
South Yorkshire	Current Year	00:12:50										
	Previous Year	00:13:40	00:17:41	00:17:01	00:15:27	00:15:31	00:14:26	00:12:29	00:13:08	00:17:27	00:10:38	00:13:28

Average GREEN by CBU	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Calderdale, Kirklees & Wakefield	Current Year	00:23:11										
	Previous Year	00:21:34	00:23:12	00:22:29	00:27:39	00:25:10	00:25:56	00:24:23	00:23:46	00:29:09	00:16:30	00:26:30
Leeds & Bradford	Current Year	00:23:12										
	Previous Year	00:25:14	00:24:35	00:24:54	00:28:08	00:27:30	00:28:14	00:25:45	00:25:06	00:29:33	00:20:06	00:25:25
North Yorkshire	Current Year	00:17:22										
	Previous Year	00:17:32	00:19:24	00:18:24	00:18:29	00:17:40	00:18:06	00:19:58	00:18:41	00:20:44	00:13:03	00:18:04
The Humber	Current Year	00:19:07										
	Previous Year	00:19:28	00:19:13	00:19:29	00:20:14	00:17:25	00:19:40	00:22:19	00:24:26	00:29:25	00:17:59	00:21:25
South Yorkshire	Current Year	00:25:11										
	Previous Year	00:28:09	00:29:54	00:31:15	00:29:46	00:27:23	00:26:42	00:24:40	00:26:38	00:31:42	00:21:05	00:26:28

A&E Operational Delivery Model

	Item	Apr-14	Apr-15	May-14	May-15	Jun-14	Jun-15	Jul-14	Jul-15	Aug-14	Aug-15	Sep-14	Sep-15	Oct-14	Oct-15	Nov-14	Nov-15	Dec-14	Dec-15	Jan-15	Jan-16	Feb-15	Feb-16	Mar-15	Mar-16
Demand	CCG Contracted Demand (SLA Responses)	56,686	58,981	57,609		55,584		60,107		57,637		56,036		59,119		57,878		62,255		58,963		54,063		59,638	
	YAS Planned Demand (SLA Previous YAS Total +3% Growth)	58,387	60,750	59,337		57,252		61,910		59,366		57,717		60,893		59,614		64,123		60,732		55,685		61,427	
	CCG Demand (SLA Responses)	57,775	57,409	61,072		58,600		60,983		57,799		57,406		60,761		61,816		66,972		60,595		53,935		60,099	
	YAS Actual Total Demand (SLA Responses)	58,695	58,631	62,128		59,626		61,987		58,869		58,443		61,827		62,830		68,124		61,728		54,980		61,180	
	% Variance from CCG Demand to CCG Contracted (see Finance Section 5.5)	1.9%	94.5%	6.0%		5.4%		1.5%		0.3%		2.4%		2.8%		6.8%		7.6%		2.8%		-0.2%		0.8%	
	% Variance from YAS Actual to YAS Planned Demand	0.5%	-3.5%	4.7%		4.1%		0.1%		-0.8%		1.3%		1.5%		5.4%		6.2%		1.6%		-1.3%		-0.4%	
Job Cycle	Target Job Cycle (in seconds)(RED only)	01:01:09	01:02:58	01:00:05		01:00:21		00:59:57		00:01:22		01:00:38		01:00:26		01:01:29		01:02:12		01:01:05		01:02:55		01:02:23	
	Actual Job Cycle (in seconds)(RED only)	01:02:58	01:08:40	01:03:39		01:04:14		01:04:58		01:05:43		01:05:02		01:04:42		01:05:59		01:12:20		01:10:05		01:08:43		01:09:02	
	Actual Resource (Vehicle hours)	173,597	166,082	171,019		0		0		0		166,330		179,568		177,737		180,706		0		0		0	
	Planned Staff (Establishment) FTE	2,164	2,164	2,164		2,164		2,164		2,164		2,164		2,164		2,164		2,164		2,164		2,164		2,164	
	Actual Staff FTE	2,068	2,078	2,070		2,092		2,088		2,095		2,112		2,118		2,130		2,118		2,118		2,113		2,101	
	Actual Overtime (Staff Hours)	23,438	27,418	26,240		26,528		26,984		31,152		31,007		37,673		40,832		29,983		23,876		27,360		32,102	
	Planned Abstractions %	31.0%	31.0%	31.0%		31.0%		31.0%		31.0%		31.0%		31.0%		31.0%		31.0%		31.0%		31.0%		31.0%	
	Actual Abstractions %	27.7%	24.0%	28.1%		29.4%		29.4%		29.9%		29.7%		27.9%		25.3%		25.4%		23.1%		25.0%		24.5%	
	UHU (Unit Hour Utilisation)	0.35	0.35	0.36		0.36		0.36		0.35		0.34		0.32		0.32		0.38		0.34		0.34		0.35	
Performance	*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 %	70.6%	72.8%	69.5%		68.4%		68.0%		70.4%		70.6%		73.8%		72.2%		60.6%		67.5%	0.0%	70.1%	0.0%	72.4%	0.0%

Please Note: Planned demand and actual demand is based on the SLA and is reported at response level.
 * Finance information is shown in Section 5 of the IPR

Comments

A&E Operational Delivery Model

Item		Apr-14	Apr-15	May-14	May-15	Jun-14	Jun-15	Jul-14	Jul-15	Aug-14	Aug-15	Sep-14	Sep-15	Oct-14	Oct-15	Nov-14	Nov-15	Dec-14	Dec-15	Jan-15	Jan-16	Feb-15	Feb-16	Mar-15	Mar-16
Resource	Total Planned number of calls (Clinical Hub)	1,369	3,374	1,820		1,846		1,851		1,818		1,884		1,901		1,823		1,941		1,880		1,904		1,974	
	Total Actual number of calls (Clinical Hub)	1,794	3,592	2,173		2,013		1,812		1,564		1,416		2,422		3,478		5,267		3,666		3,239		3,795	
	Total Planned %	6.0%	6.5%	6.0%		6.0%		6.0%		6.0%		6.0%		6.0%		6.0%		6.0%		6.0%		6.0%		6.0%	
	Total Actual %	4.1%	9.7%	4.8%		5.2%		4.4%		4.0%		3.7%		6.2%		9.6%		13.7%		10.4%		10.6%		11.0%	

Comments

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

April 2015	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	120	85.8%	467	80.3%	14	85.7%	348	80	1
HARROGATE & RURAL CCG	94	85.1%	479	88.5%	29	86.2%	341	84	0
SCARBOROUGH & RYEDALE CCG	106	88.7%	436	86.0%	22	86.4%	285	44	4
VALE OF YORK CCG	279	89.3%	917	86.9%	53	83.3%	570	137	9
NORTH YORKSHIRE CBU	599	87.9%	2299	85.8%	118	84.8%	1544	345	14
ERY CCG	277	84.1%	941	78.2%	35	82.9%	707	159	1
HULL CCG	270	87.4%	902	80.7%	47	89.4%	565	214	12
EAST YORKSHIRE CBU	547	85.7%	1843	79.4%	82	86.6%	1272	373	13
CALDERDALE CCG	187	83.4%	673	75.8%	29	89.7%	487	150	34
GREATER HUDDERSFIELD CCG	187	86.1%	619	78.7%	21	61.9%	453	131	22
NORTH KIRKLEES CCG	150	86.0%	497	77.9%	22	63.6%	364	112	21
WAKEFIELD CCG	282	90.9%	969	79.6%	55	83.1%	869	230	59
CALD / KIRK & WAKEFIELD CBU	806	87.1%	2758	78.2%	127	77.9%	2173	623	136
AIREDALE, WHARFEDAILE & CRAVEN CCG	116	81.9%	441	75.5%	17	94.1%	345	72	9
BRADFORD CITY CCG	127	79.8%	379	70.4%	26	86.7%	113	130	0
BRADFORD DISTRICTS CCG	277	81.6%	845	69.6%	39	78.0%	436	247	9
LEEDS NORTH CCG	149	86.6%	567	71.6%	18	61.1%	408	166	0
LEEDS SOUTH & EAST CCG	249	89.2%	881	77.1%	50	80.0%	656	223	2
LEEDS WEST CCG	278	79.9%	875	74.7%	28	85.7%	498	205	1
LEEDS, BRADFORD & AIREDALE CBU	1196	83.2%	3988	73.4%	178	81.0%	2456	1043	21
BARNLEY CCG	221	86.2%	796	75.2%	25	78.6%	513	196	0
DONCASTER CCG	340	86.5%	980	80.7%	49	83.7%	580	300	54
ROTHERHAM CCG	257	85.2%	849	73.4%	31	77.1%	450	236	1
SHEFFIELD CCG	522	84.9%	1714	72.8%	111	87.1%	1176	457	7
SOUTH YORKSHIRE CBU	1340	85.6%	4339	75.1%	216	83.8%	2719	1189	62
OOA/UNKNOWN	17	94.1%	48	91.7%	3	100.0%	9	19	2
YORKSHIRE AMBULANCE SERVICE	4505	85.6%	15275	77.4%	724	82.6%	10173	3592	248

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	120	85.8%	467	80.3%	14	85.7%	348	80	1
HARROGATE & RURAL CCG	94	85.1%	479	88.5%	29	86.2%	341	84	0
SCARBOROUGH & RYEDALE CCG	106	88.7%	436	86.0%	22	86.4%	285	44	4
VALE OF YORK CCG	279	89.3%	917	86.9%	53	83.3%	570	137	9
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ERY CCG	277	84.1%	941	78.2%	35	82.9%	707	159	1
HULL CCG	270	87.4%	902	80.7%	47	89.4%	565	214	12
EAST YORKSHIRE CBU	547	85.7%	1843	79.4%	82	86.6%	1272	373	13
CALDERDALE CCG	187	83.4%	673	75.8%	29	89.7%	487	150	34
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WAKEFIELD CCG	282	90.9%	969	79.6%	55	83.1%	869	230	59
CALD / KIRK & WAKEFIELD CBU	806	87.1%	2758	78.2%	127	77.9%	2173	623	136
AIREDALE, WHARFEDAILE & CRAVEN CCG	116	81.9%	441	75.5%	17	94.1%	345	72	9
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LEEDS NORTH CCG	149	86.6%	567	71.6%	18	61.1%	408	166	0
LEEDS SOUTH & EAST CCG	249	89.2%	881	77.1%	50	80.0%	656	223	2
LEEDS WEST CCG	278	79.9%	875	74.7%	28	85.7%	498	205	1
LEEDS, BRADFORD & AIREDALE CBU	1196	83.2%	3988	73.4%	178	81.0%	2456	1043	21
BARNLEY CCG	221	86.2%	796	75.2%	25	78.6%	513	196	0
DONCASTER CCG	340	86.5%	980	80.7%	49	83.7%	580	300	54
ROTHERHAM CCG	257	85.2%	849	73.4%	31	77.1%	450	236	1
SHEFFIELD CCG	522	84.9%	1714	72.8%	111	87.1%	1176	457	7
SOUTH YORKSHIRE CBU	1340	94.1%	4339	75.1%	216	83.8%	2719	1189	62
OOA/UNKNOWN	17	94.1%	48	91.7%	3	100.0%	9	19	2
YORKSHIRE AMBULANCE SERVICE	4505	85.6%	15275	77.4%	724	86.2%	10173	3592	248

*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-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Year End Forecast 15/16	Q1 Forecast
Risk Assessments linked to Civil Contingency Act	GREEN												GREEN	GREEN
Emergency Plans	GREEN												GREEN	GREEN
Business Continuity Plans	AMBER												GREEN	GREEN
Information Provision	GREEN												GREEN	GREEN
Co-operation with other responders	GREEN												GREEN	GREEN
Training	GREEN												GREEN	GREEN

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	1/1	ROSC	The Trust's resuscitation strategy concentrates on improving survival to discharge from out of hospital cardiac arrest rather than the measure of Return Of Spontaneous Circulation (ROSC) at hospital which is not an effective patient-centric measure of good practice. This is demonstrated by the Trust's survival to discharge rate for the Utstein Comparator group of 38.7% YTD which remains the highest in England for the eighth consecutive month.	Head of Clinical Effectiveness	On-going
2.7	1/1	Stroke - 60	No change from previous reports.	Head of Clinical Effectiveness	On-going
2.7	1/1	STEMI - 150	YAS achieved 81.8% in December 2014 for STEMI 150 with 2 of the 19 breaches due to YAS operational delays.	Head of Clinical Effectiveness	On-going

Comments

Top Third

Time to Answer - 50%
 95 Percentile Red 1 only Response Time
 Cat Red 19 minute response
 Time to Treat - 95%
 Time to Treat - 99%
 STEMI - Care
 Resolved by Telephone
 Cardiac - STD
 Cardiac - STD Utstein
 Recontact 24hrs Telephone
 Recontact 24hrs on Scene

Middle Third

Time to Answer - 95%
 Time to Answer - 99%
 Abandoned calls
 Time to Treat - 50%
 Stroke - Care
 Frequent caller *
 Non A&E
 ROSC - Utstein

Bottom Third

Cat Red 8 minute response - RED 1
 Cat Red 8 minute response - RED 2
 STEMI - 150
 ROSC
 Stroke - 60

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	March
Time to Answer - 95% EWI	mm:ss	0:13	0:13	0:01	0:11	0:51	0:27	0:27	0:24	0:19	0:05	0:22	6	March
Time to Answer - 99%	mm:ss	0:48	0:54	0:09	0:53	1:36	1:14	1:35	1:03	0:57	0:41	1:07	7	March
Abandoned calls EWI	%	0.43	0.80	1.17	0.36	2.91	3.68	2.06	0.70	0.86	0.63	1.24	7	March
Cat Red 8 minute response - RED 1	%	71.6	71.0	80.9	67.2	70.0	69.2	74.8	75.3	75.2	77.5	69.9	8	March
Cat Red 8 minute response - RED 2	%	70.2	62.8	75.4	59.7	73.9	69.5	74.5	73.3	72.3	74.3	69.3	8	March
95 Percentile Red 1 only Response Time	mm:ss	14:41	15:26	9:12	18:30	14:03	14:50	15:07	14:09	14:37	11:54	14:08	3	March
Cat Red 19 minute response	%	92.8	91.2	96.2	92.0	94.6	93.1	95.5	95.2	93.8	96.8	95.7	2	March
Time to Treat - 50% EWI	mm:ss	8:53	7:15	5:58	7:30	6:19	6:42	5:59	6:00	6:09	6:06	6:19	5	March
Time to Treat - 95%	mm:ss	17:14	22:40	16:55	20:51	20:51	21:17	18:10	19:04	20:44	16:28	16:22	1	March
Time to Treat - 99%	mm:ss	26:48	35:34	21:16	37:54	34:35	39:25	30:26	28:43	34:04	25:07	25:16	2	March
STEMI - Care	%	79.9	80.3	86.4	72.4	87.7	88.0	68.5	76.5	89.2	75.1	82.5	4	December
Stroke - Care	%	98.4	96.7	95.6	96.7	98.0	99.4	98.2	94.0	97.5	93.7	97.9	5	December
Frequent caller *	%	0.19	0.21	1.24	1.64	1.20	0.78	1.93	0.00	0.00	0.00	2.48	7	March
Resolved by telephone	%	7.2	6.6	8.6	13.4	6.6	3.5	5.9	11.3	8.3	5.3	7.9	4	March
Non A&E	%	31.2	42.4	47.6	34.3	31.0	26.7	42.2	43.1	52.3	37.8	32.7	7	March
STEMI - 150	%	92.1	94.0	58.8	95.0	87.8	79.5	87.5	91.9	78.0	86.2	85.2	8	December
Stroke - 60	%	58.8	56.1	55.0	59.2	68.7	67.8	54.9	67.3	56.5	46.9	54.9	8	December
ROSC	%	19.0	23.5	26.4	31.5	27.0	29.2	39.5	30.5	24.6	28.5	23.0	9	December
ROSC - Utstein	%	35.4	45.9	45.5	56.3	58.5	47.2	52.3	60.1	44.8	46.4	49.8	5	December
Cardiac - STD	%	5.1	7.1	8.0	7.8	4.0	8.2	16.8	8.7	10.2	8.4	10.8	2	December
Cardiac - STD Utstein	%	14.9	18.1	27.3	28.2	22.3	20.9	30.2	29.2	28.4	23.0	38.7	1	December
Recontact 24hrs Telephone EWI	%	7.2	11.6	5.3	2.1	14.0	11.0	11.6	9.7	13.6	11.4	5.7	2	March
Recontact 24hrs on Scene EWI	%	4.9	5.9	3.5	7.7	5.5	5.5	5.0	4.5	6.0	5.7	3.7	1	March

*Only 7 Trusts manage Frequent Callers

Please note: The rankings exclude Isle of Wight



Section 2b

PTS Performance



Directors Exceptions on PTS

RAG	Page Ref No	No of months Exception	Consortia	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2.9	1/1	South	KPI 1 Patients Picked up within 120 minutes before Appointment	There have been issues with access to the Hallamshire site which has reduced KPI compliance. This is a significant programme and is scheduled to run for another approximately 20 weeks. VOR rates have remained high and access to vehicles has proved problematic. Work with fleet to deploy the new vehicles is ongoing and changes to fleet maintenance access have been implemented which should improve this position.	Locality Manager South Yorkshire	On-going	AMBER
RED	2.10	1/1	South	KPI 2 - Patients arriving on time for their appointment		Locality Manager South Yorkshire	On-going	AMBER
RED	2.11	1/1	South	KPI 3 - Patients collected within 90 mins (Planned Journeys)		Locality Manager South Yorkshire	On-going	AMBER
RED	2.12	1/1	South	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)		Locality Manager South Yorkshire	On-going	AMBER
RED	2.12	1/1	North	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Data quality remains an issue with this KPI. Actions to address include moving to on line data capture as much as possible, reinforcing compliance and clearly defining data points.	Locality Manager North Yorkshire	On-going	AMBER
RED	2.12	1/1	West	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Data quality remains an issue with this KPI. Actions to address include moving to on line data capture as much as possible, reinforcing compliance and clearly defining data points.	Locality Manager West Yorkshire	On-going	AMBER
RED	2.10	1/1	East	KPI 2 - Patients arriving on time for their appointment	This continues to be difficult to achieve due to the geography of the area and compromise with patient pick up times.	Locality Manager East Yorkshire	On-going	AMBER
RED	2.11	1/1	East	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Work is ongoing with the Locality Teams to improve on this indicator. Collaborative discussions with the acute trusts and commissioners are on-going.	Locality Manager East Yorkshire	On-going	AMBER
RED	2.12	1/1	East	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	The locality manager is currently reviewing the hours of operation of the dedicated discharge services which feed this indicator.	Locality Manager East Yorkshire	On-going	AMBER

Directors Comments on Actual Performance**West Yorkshire**

Issues remain with the data capture for on day journeys which is being actioned. Efforts to improve renal performance continue with specific initiatives including expanding the co-ordination function on-going.

South Yorkshire

Underperformed against all KPI's throughout the last two quarters of 2014/16 and this has continued into April; the monthly downward trend reflects South Yorkshire's higher than the Yorkshire average threshold for KPI compliance. Discussions with South Yorkshire CCGs regarding more complex mobility patients and higher volumes of Stretcher & T2 continue.

North Yorkshire

North Yorkshire performed well in April and hit 3 out of the 4 key KPI's, only missing the fourth by 0.1%

East Yorkshire

There is considerable work ongoing in area to determine and define the hours of operation for the dedicated discharge crews. The team are collaborating with the acute trust and commissioners to review the hours of operation, data points and rotas to improve performance.

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. Improving the experience of Patients with complex needs	North Consortia	1.25%	£53,332	GREEN												
	South Consortia	1.25%	£68,211	GREEN												
	East Consortia	1.25%	£42,651	GREEN												
	West Consortia	0.50%	£61,093	GREEN												
2. Patient Experience - Investigate and quantify the potential improvements related to patients experience in relation to discharge	North Consortia	1.25%	£53,332	GREEN												
	South Consortia	1.25%	£68,211	GREEN												
	East Consortia	1.25%	£42,651	GREEN												
3. UNDER NEGOTIATION - Investigate and quantify the potential improvements related to patients experience in relation to return from outpatient clinics	West Consortia	1.00%	£122,186	GREEN												
4. UNDER NEGOTIATION Improve renal performance	West Consortia	1.00%	£122,186	GREEN												
TOTAL		10.00%	£633,853													

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

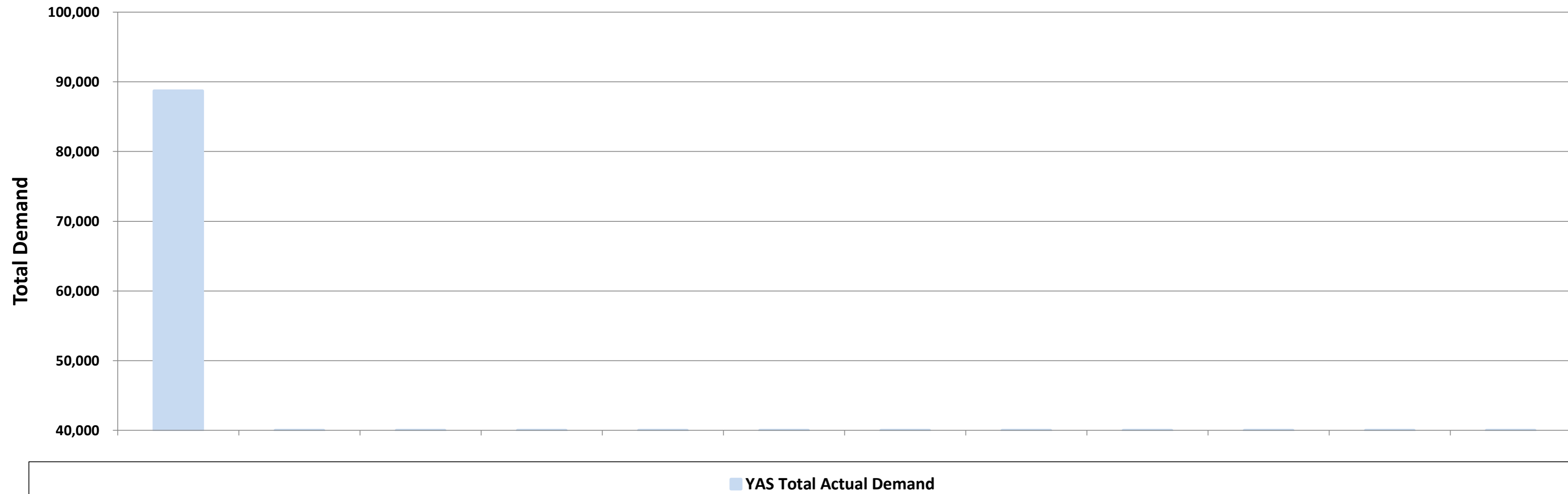
Comments

The CQUIN programme for 2015/16 has been agreed with 3 out of the 4 commissioning consortia. Despite collaborative negotiation between YAS and the 4 commissioning consortia, YAS were informed on the 27 March 2015 that West Yorkshire wished to commission alternative schemes to those agreed. These negotiations are still ongoing. However, they have agreed to support CQUIN 1 regarding improving the experience of patients with complex needs, as the system changes required to successfully implement this have to be actioned region wide. The outstanding West schemes have been rated Green for April as the commissioners have agreed to fund month 1 and 2 fully due to the late notice of the request, thereby mitigating the financial impact for YAS.

PTS Demand

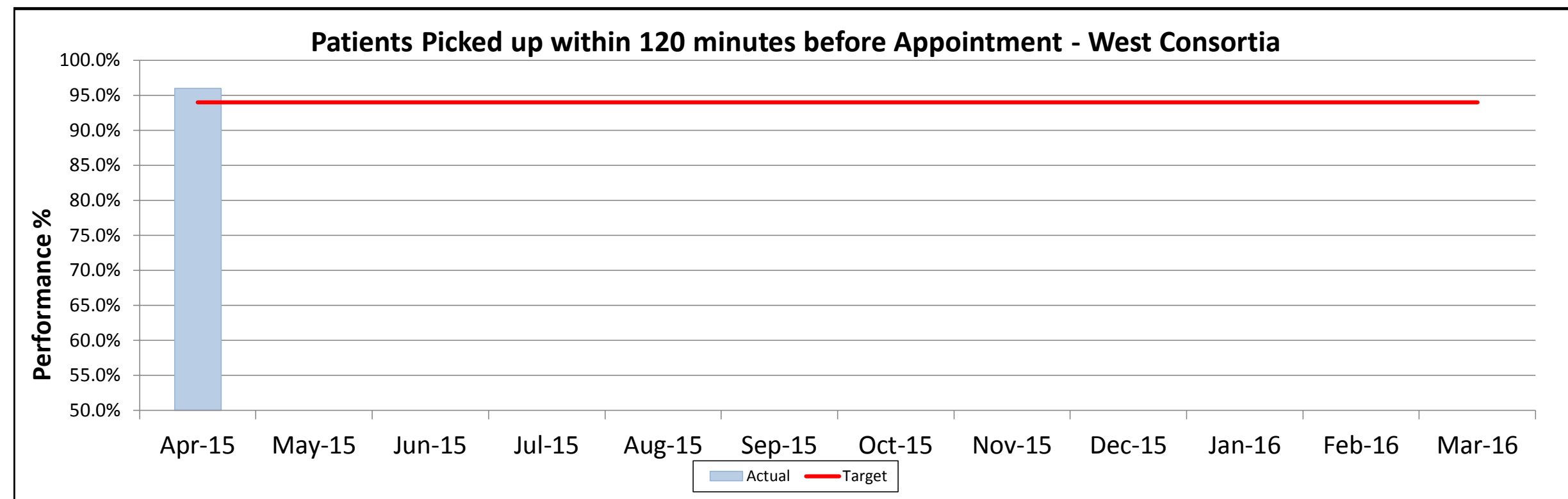
	YTD RAG	GREEN
↔	MTD RAG	GREEN

Total Demand

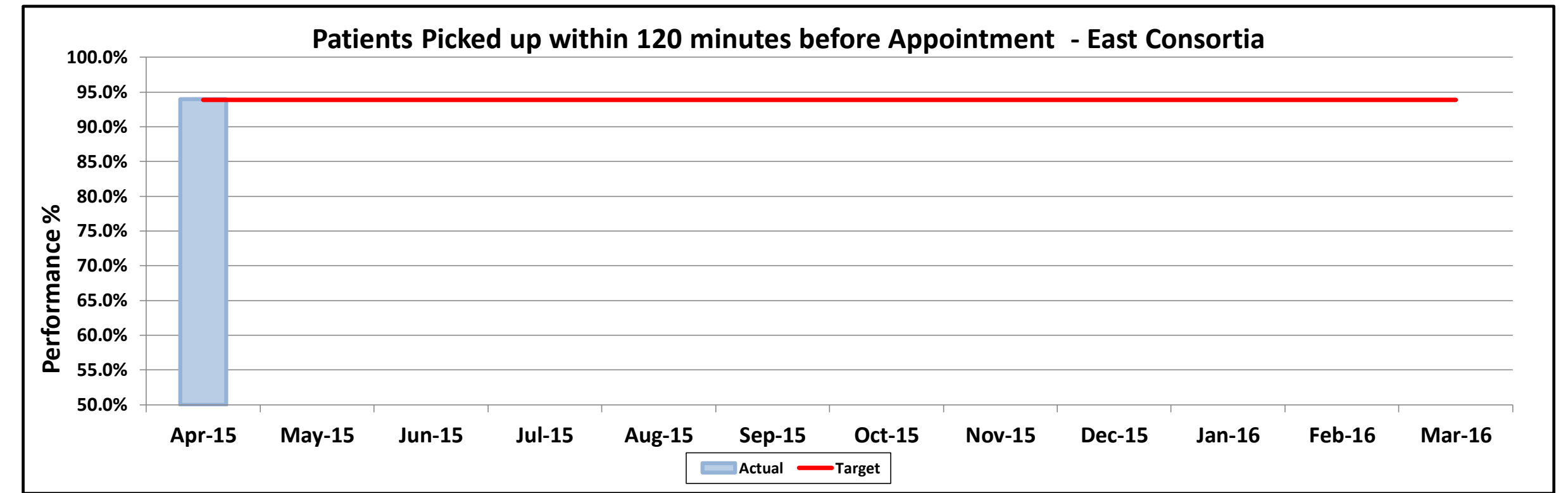


PTS Demand by Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
West Consortia Actual Demand	45,436												45,436
East Consortia Actual Demand	8,696												8,696
South Consortia Actual Demand	23,160												23,160
North Consortia Actual Demand	11,388												11,388
YAS Total Actual Demand	88,680	0	0	0	0	0	0	0	0	0	0	0	88,680

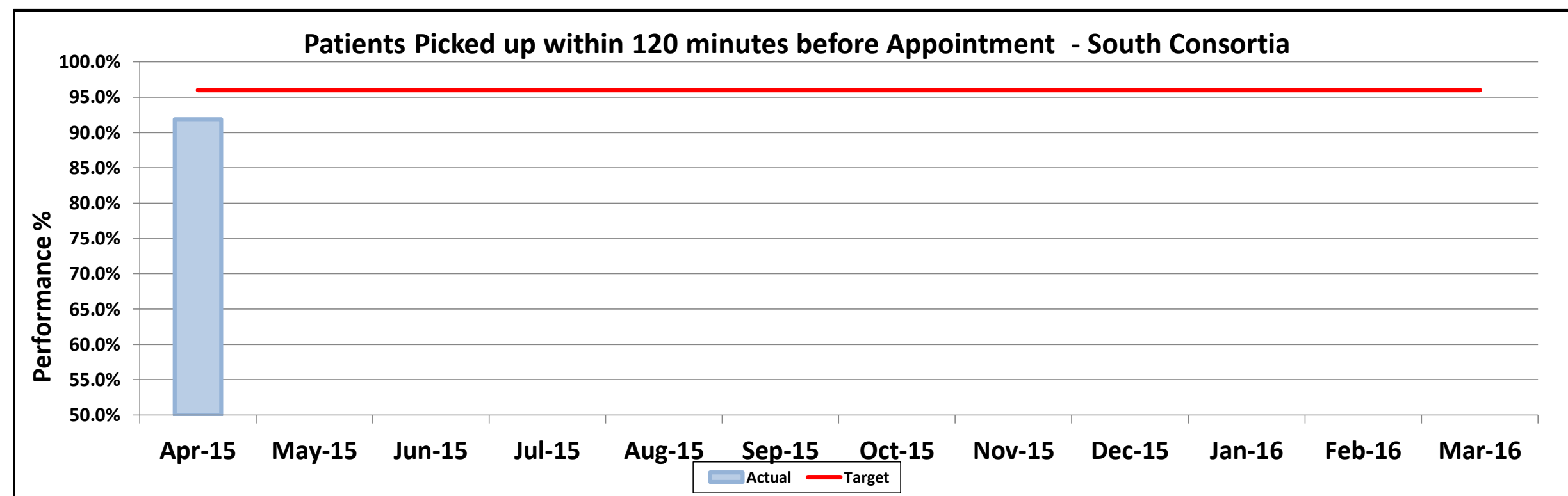
Arrival - KPI 1



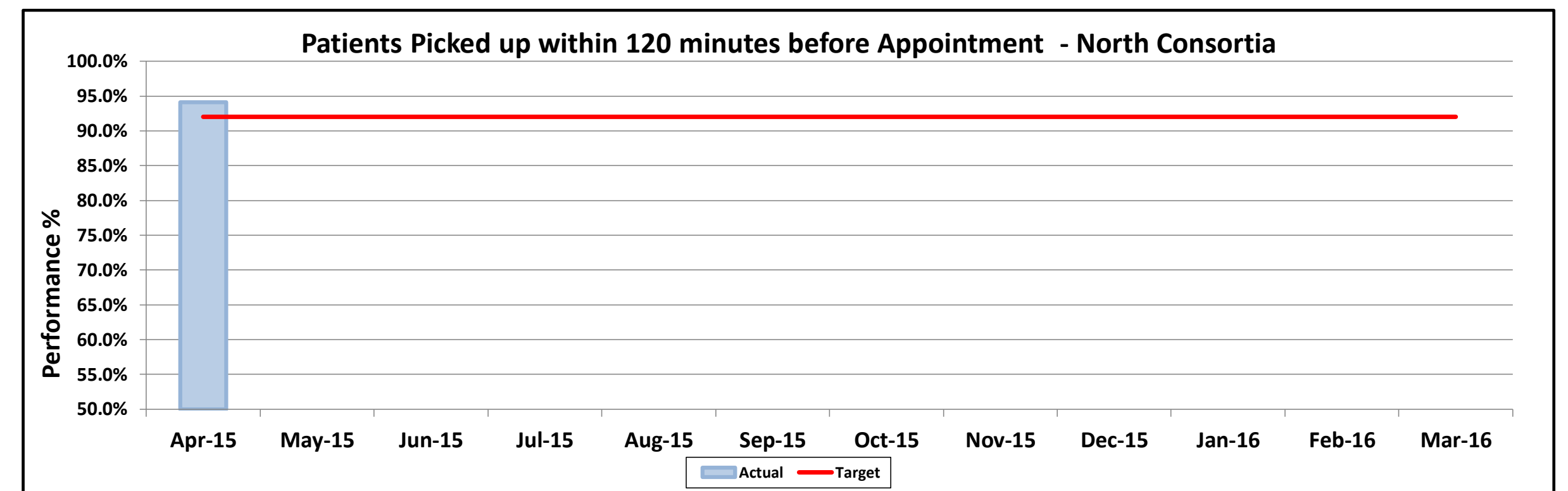
West Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
Actual	96.1%											



East Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	93.9%	93.9%	93.9%	93.9%	93.9%	93.9%	93.9%	93.9%	93.9%	93.9%	93.9%	93.9%
Actual	94.0%											



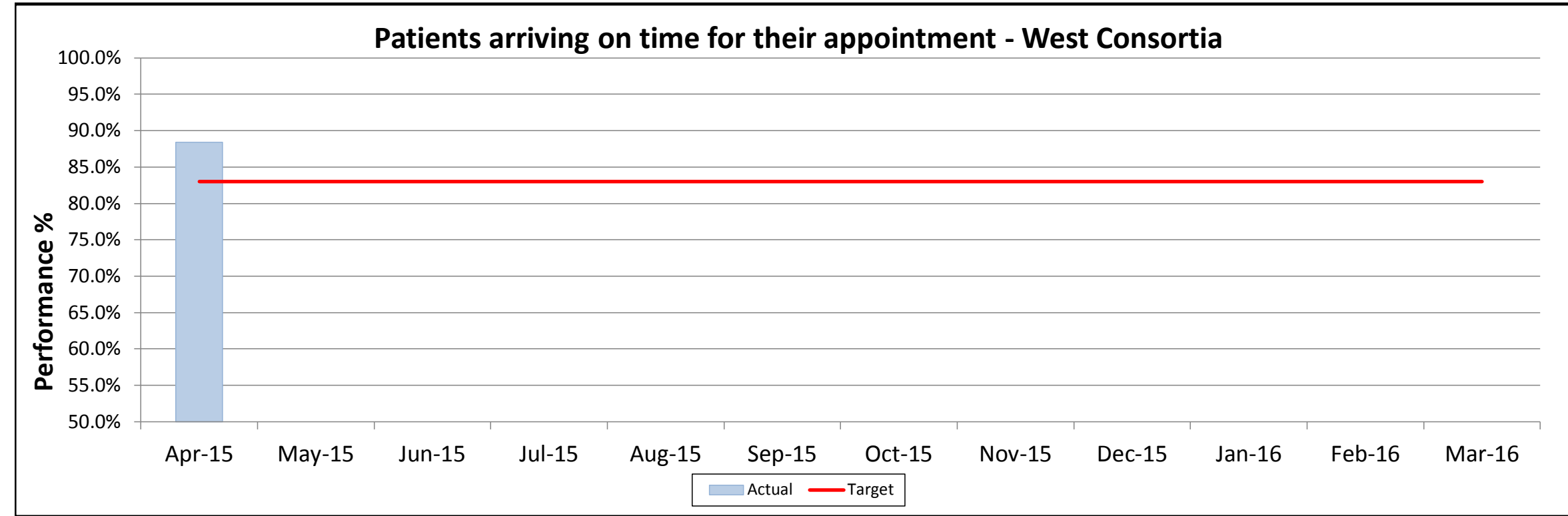
South Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Actual	91.9%											



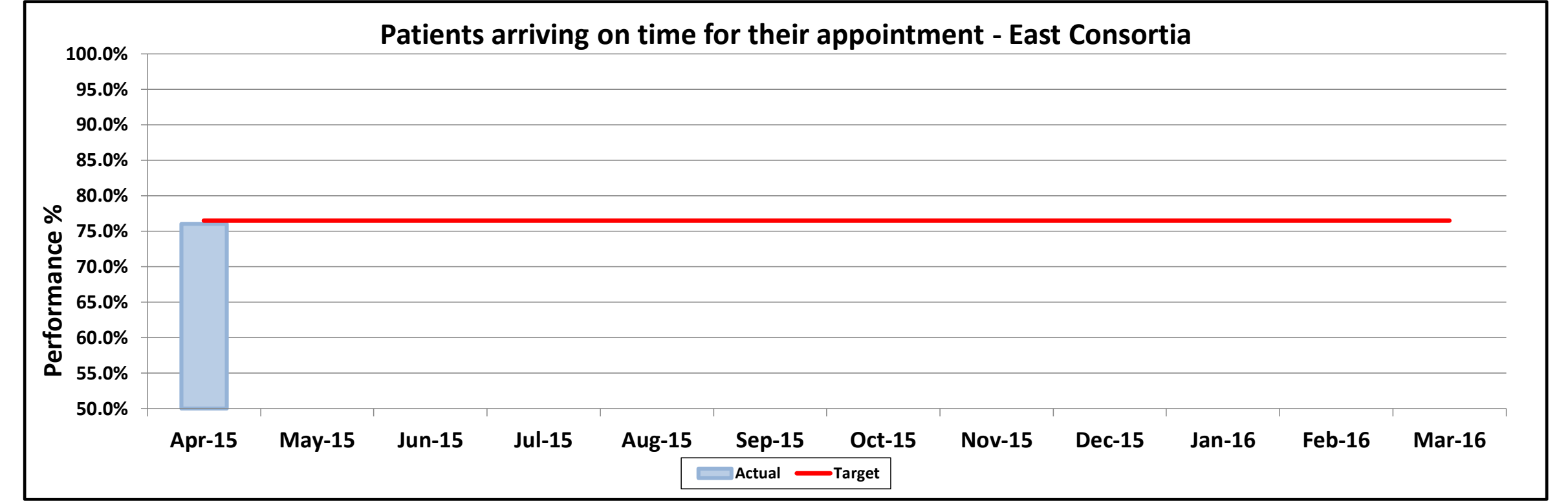
North Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Actual	94.1%											

Arrival - KPI 2

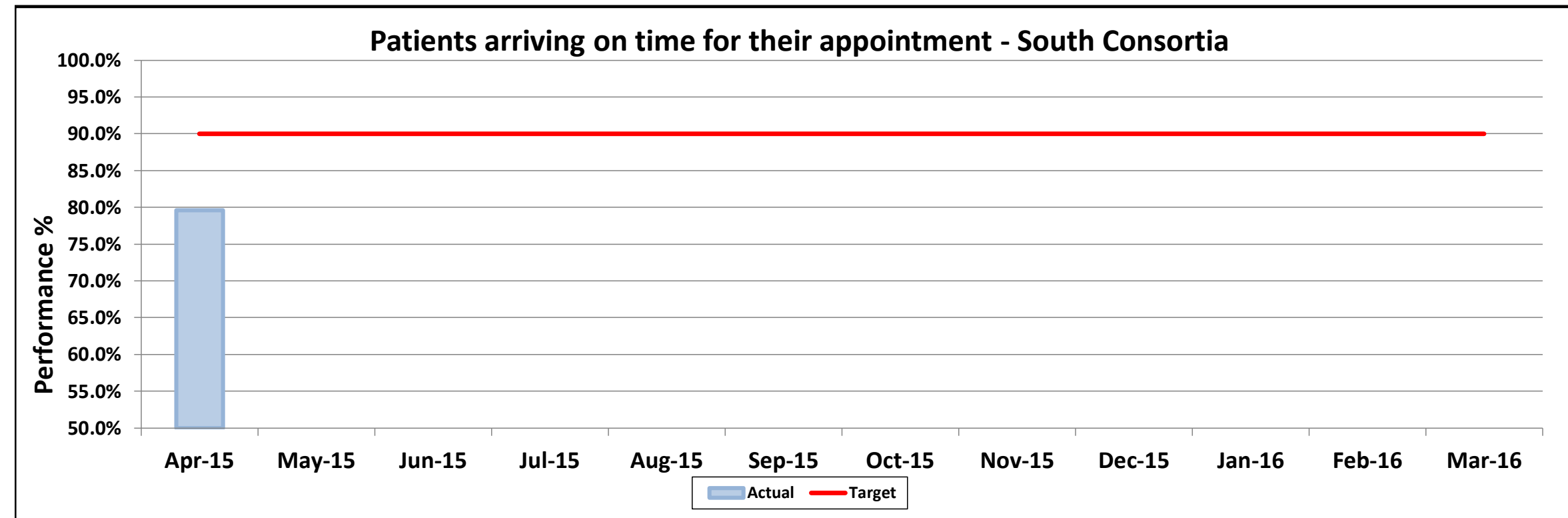
EWI



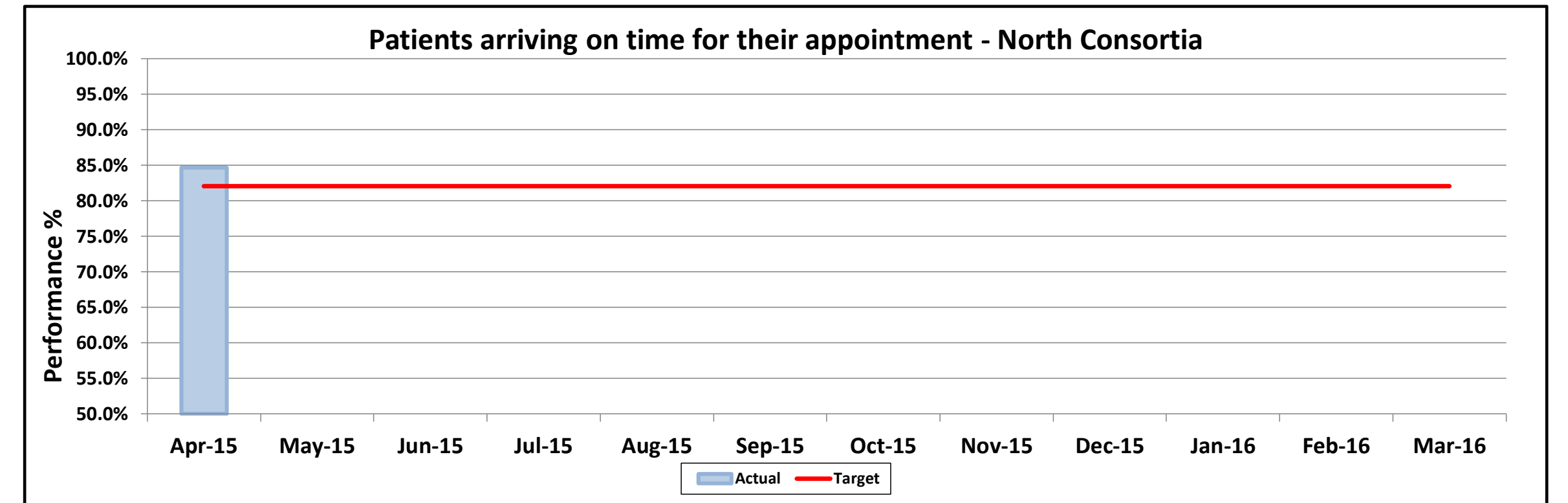
West Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%
Actual	88.4%											



East Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%
Actual	76.0%											



South Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
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	79.6%											

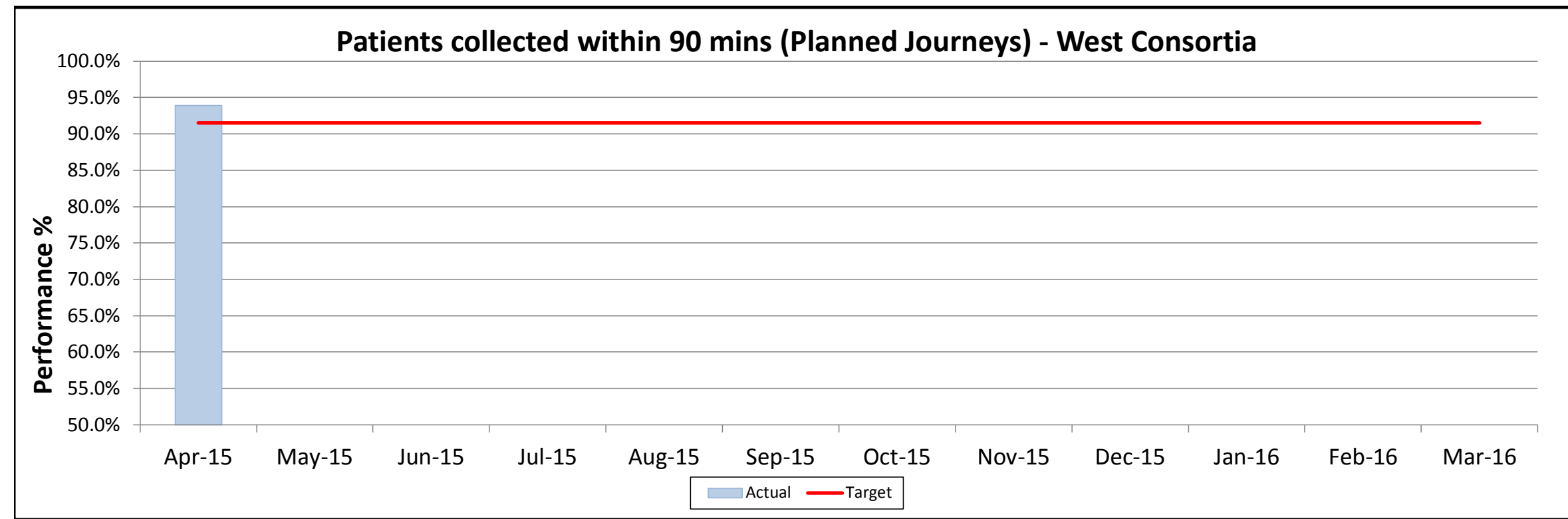


North Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Actual	84.7%											

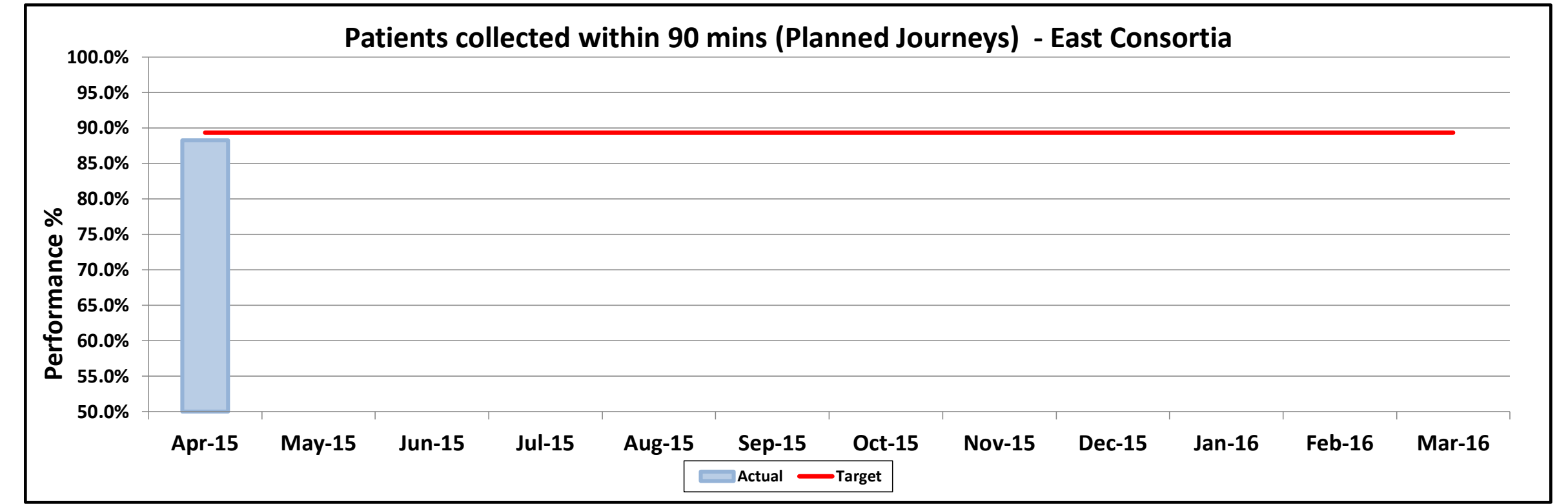
EWI Early Warning Indicator

Departure - KPI 3

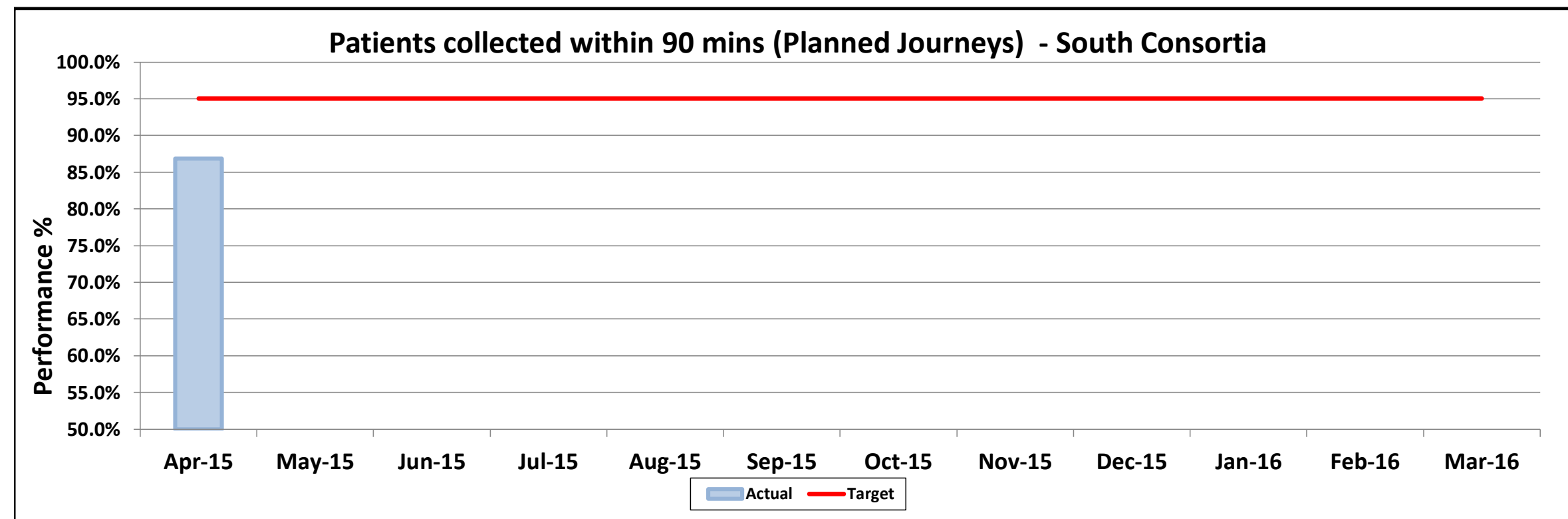
EWI



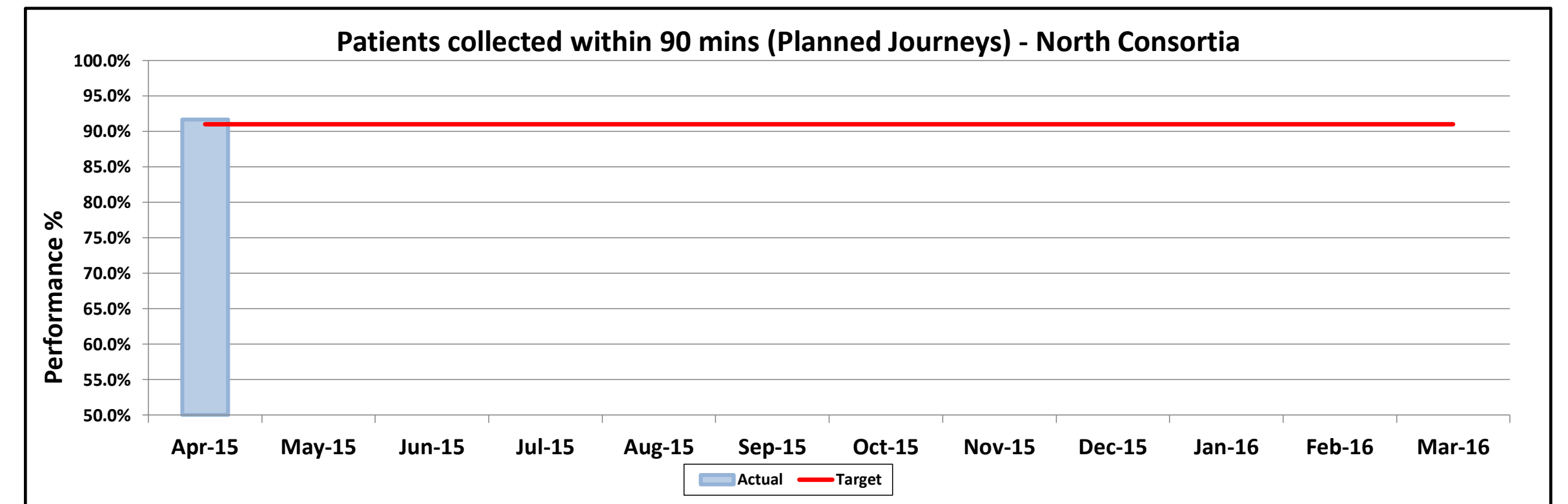
West Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%
Actual	93.9%											



East Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%	89.3%
Actual	88.3%											



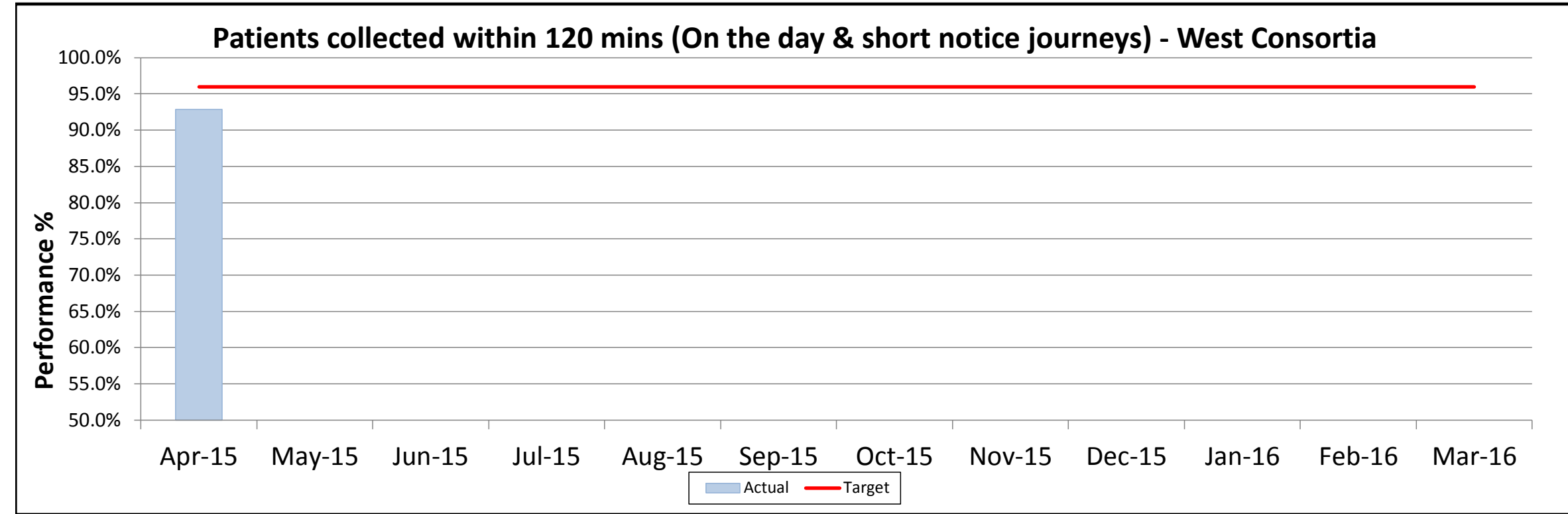
South Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	86.8%											



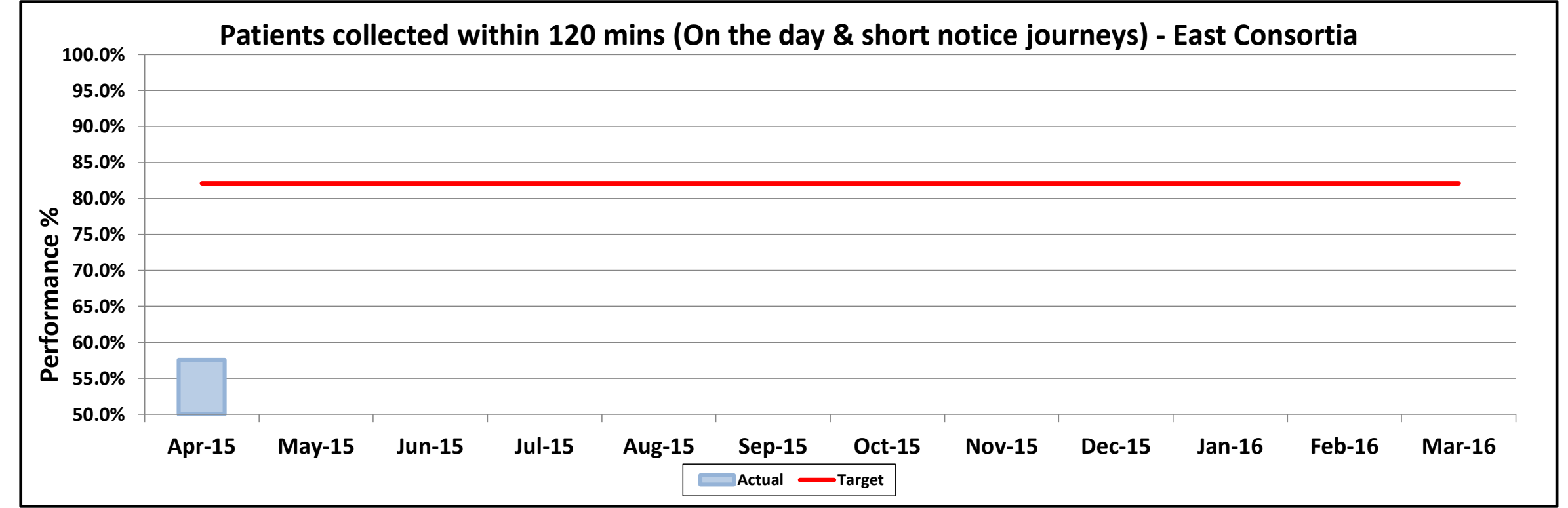
North Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%
Actual	91.7%											

EWI Early Warning Indicator

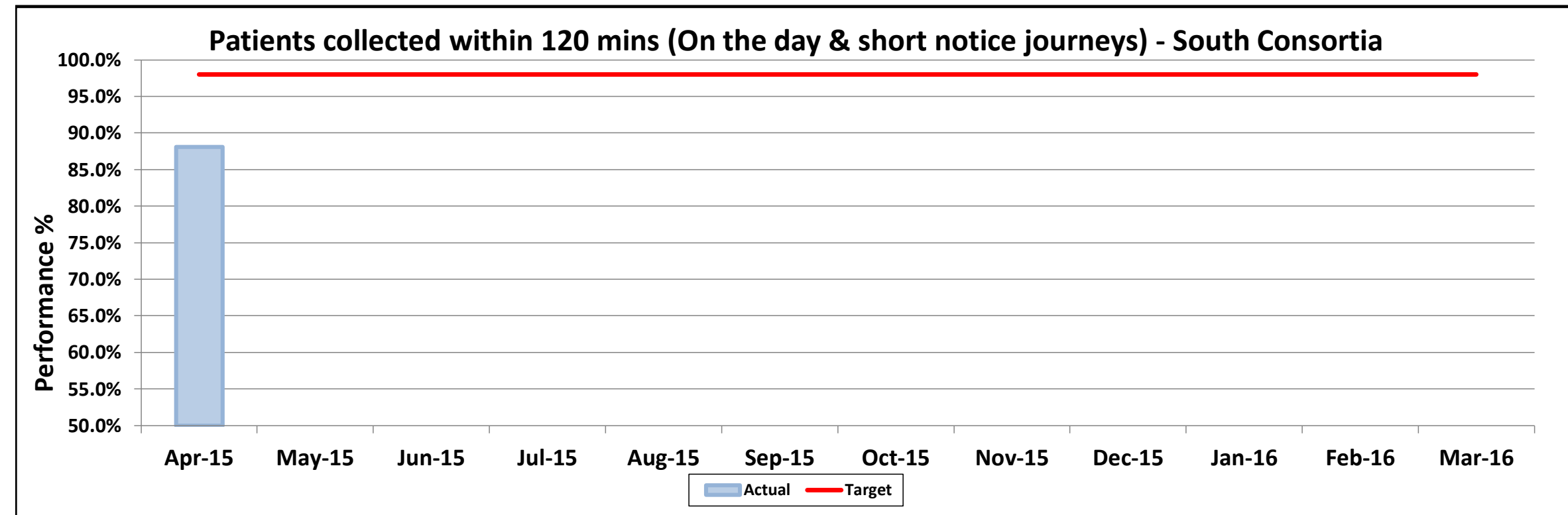
Departure - KPI 4



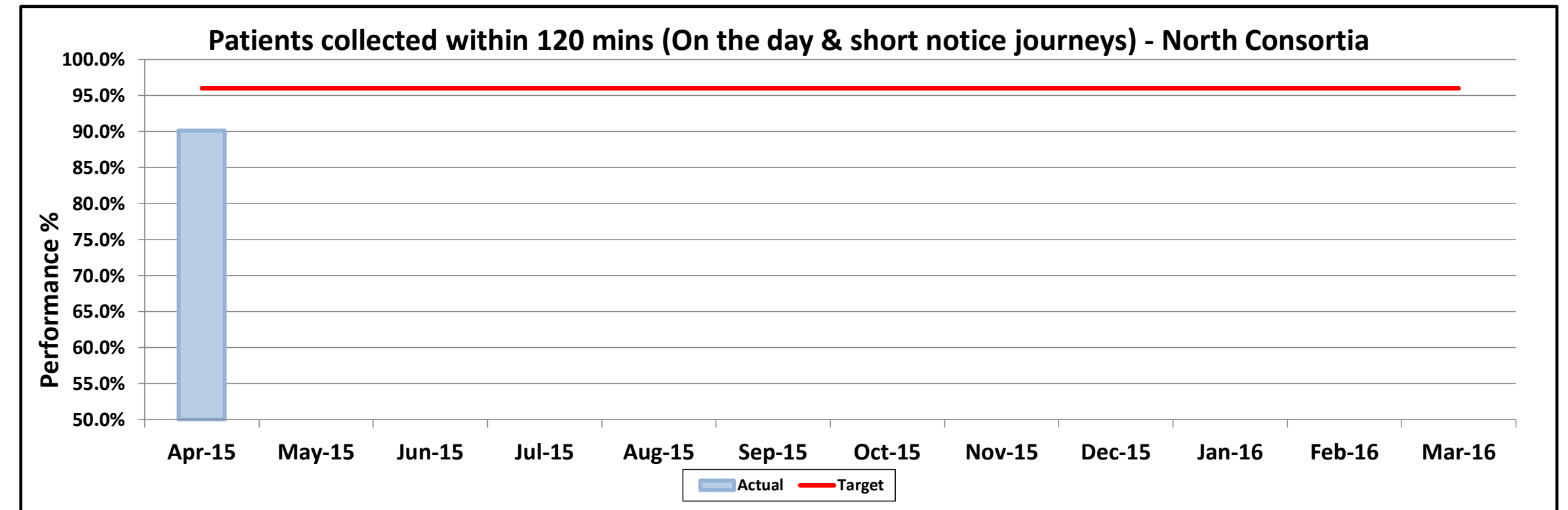
West Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Actual	92.9%											



East Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	82.1%	82.1%	82.1%	82.1%	82.1%	82.1%	82.1%	82.1%	82.1%	82.1%	82.1%	82.1%
Actual	57.6%											



South Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
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	88.1%											



North Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
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	90.1%											

West Renal KPIs

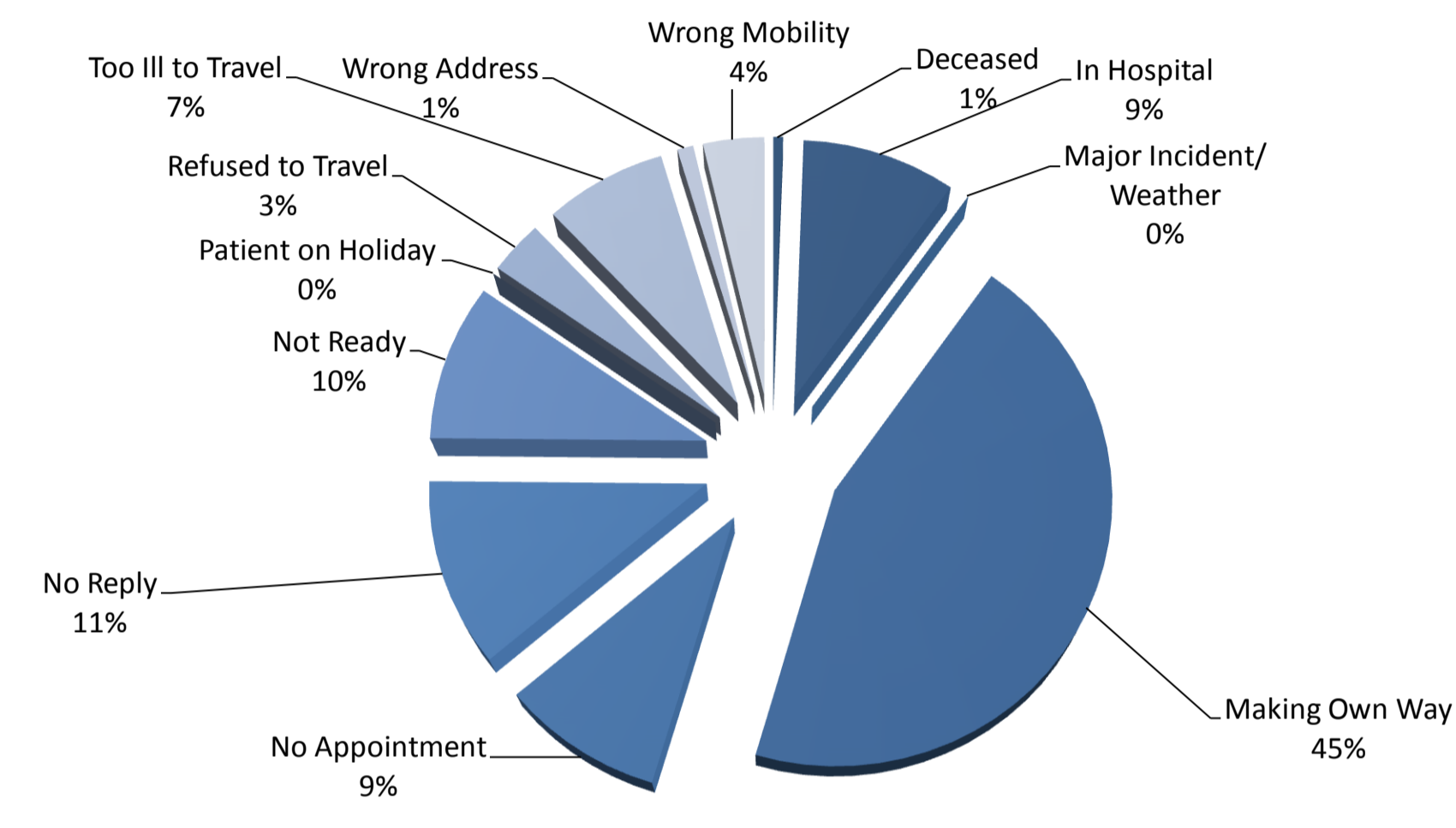
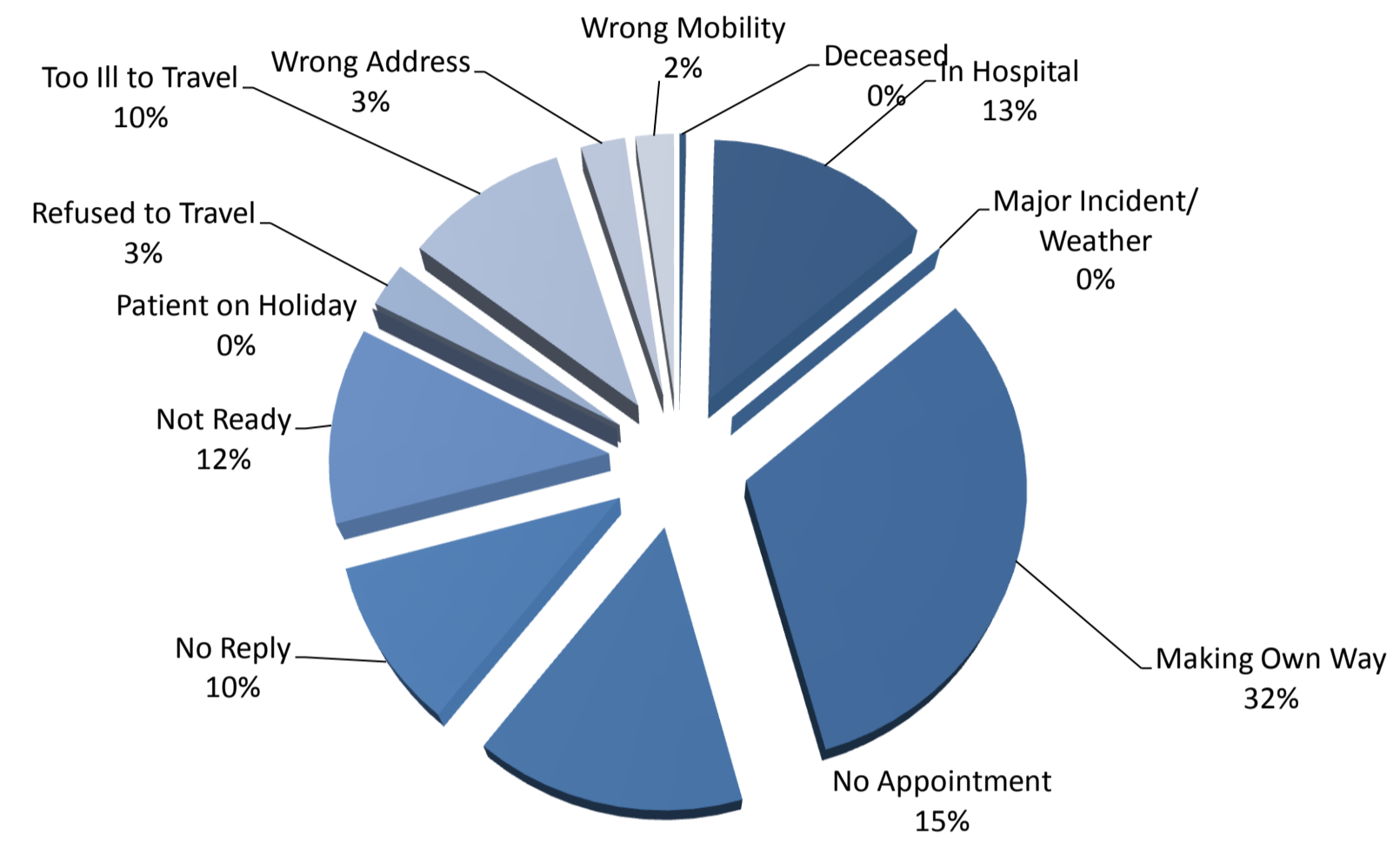
West Consortia - RENAL		TARGET	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
KPI 1 - Inward arrivals	0-30 mins early	95%	71.3%											
	0-60 mins early	100%	89.7%											
	up to 30 mins late	0%	1.1%											
KPI 2 - Outward collections	Within 45 mins of ready time	90%	91.5%											
	Within 60 mins of ready time	100%	97.8%											
KPI 3 - Journey Time	10 miles and >45 mins	90%	97.2%											

PTS Abortive journeys

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

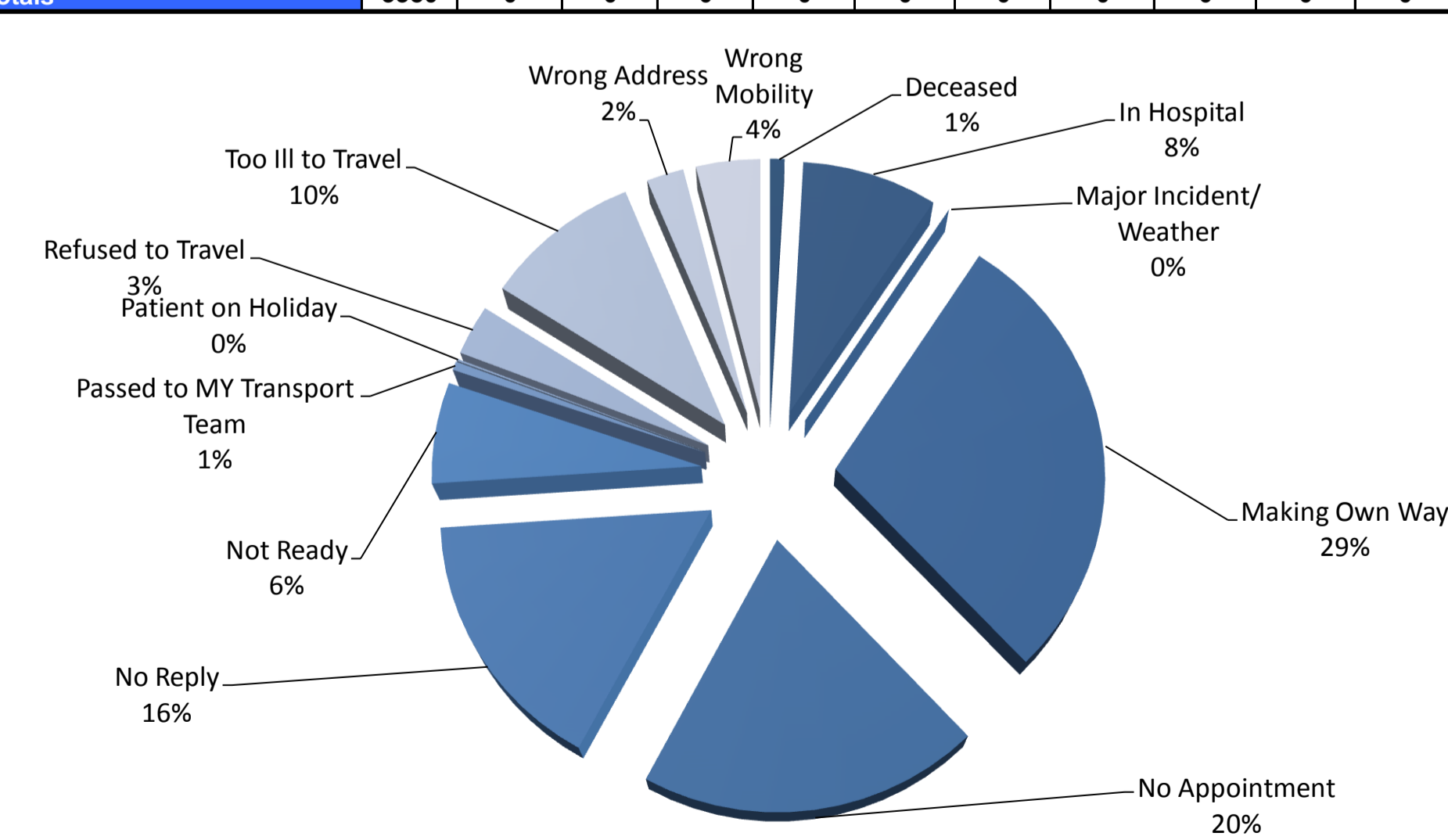
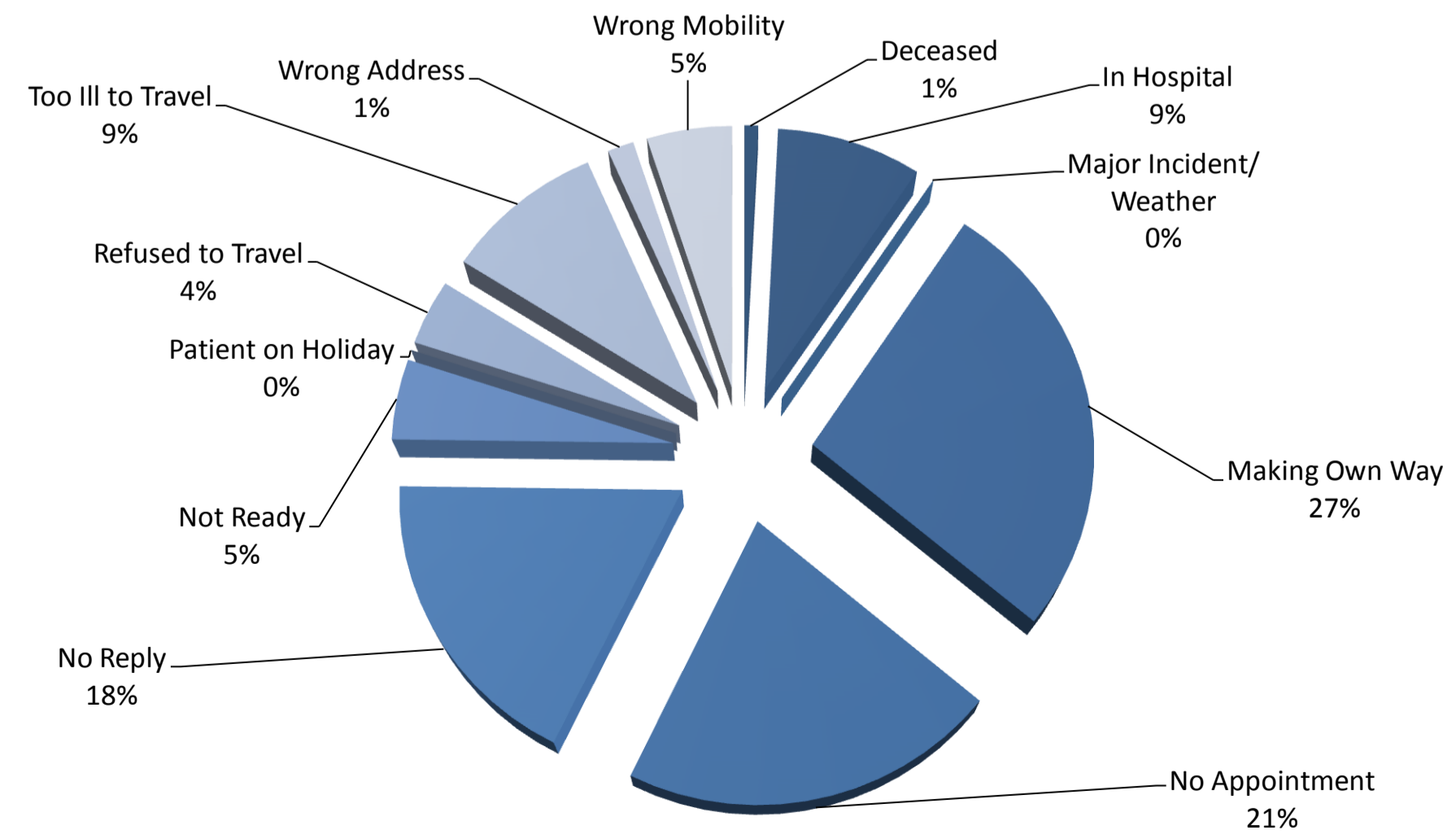
North Consortium													
Abort Reason	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Deceased	2												2
In Hospital	71												71
Major Incident/Weather	0												0
Making Own Way	168												168
No Appointment	80												80
No Reply	53												53
Not Ready	62												62
Patient on Holiday	0												0
Refused to Travel	14												14
Too Ill to Travel	52												52
Wrong Address	14												14
Wrong Mobility	12												12
Overall Totals	528	0	0	0	0	0	0	0	0	0	0	0	528

East Consortium													
Abort Reason	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Deceased	3												3
In Hospital	48												48
Major Incident/Weather	0												0
Making Own Way	230												230
No Appointment	48												48
No Reply	58												58
Not Ready	49												49
Patient on Holiday	0												0
Refused to Travel	17												17
Too Ill to Travel	38												38
Wrong Address	5												5
Wrong Mobility	19												19
Overall Totals	515	0	0	0	0	0	0	0	0	0	0	0	515



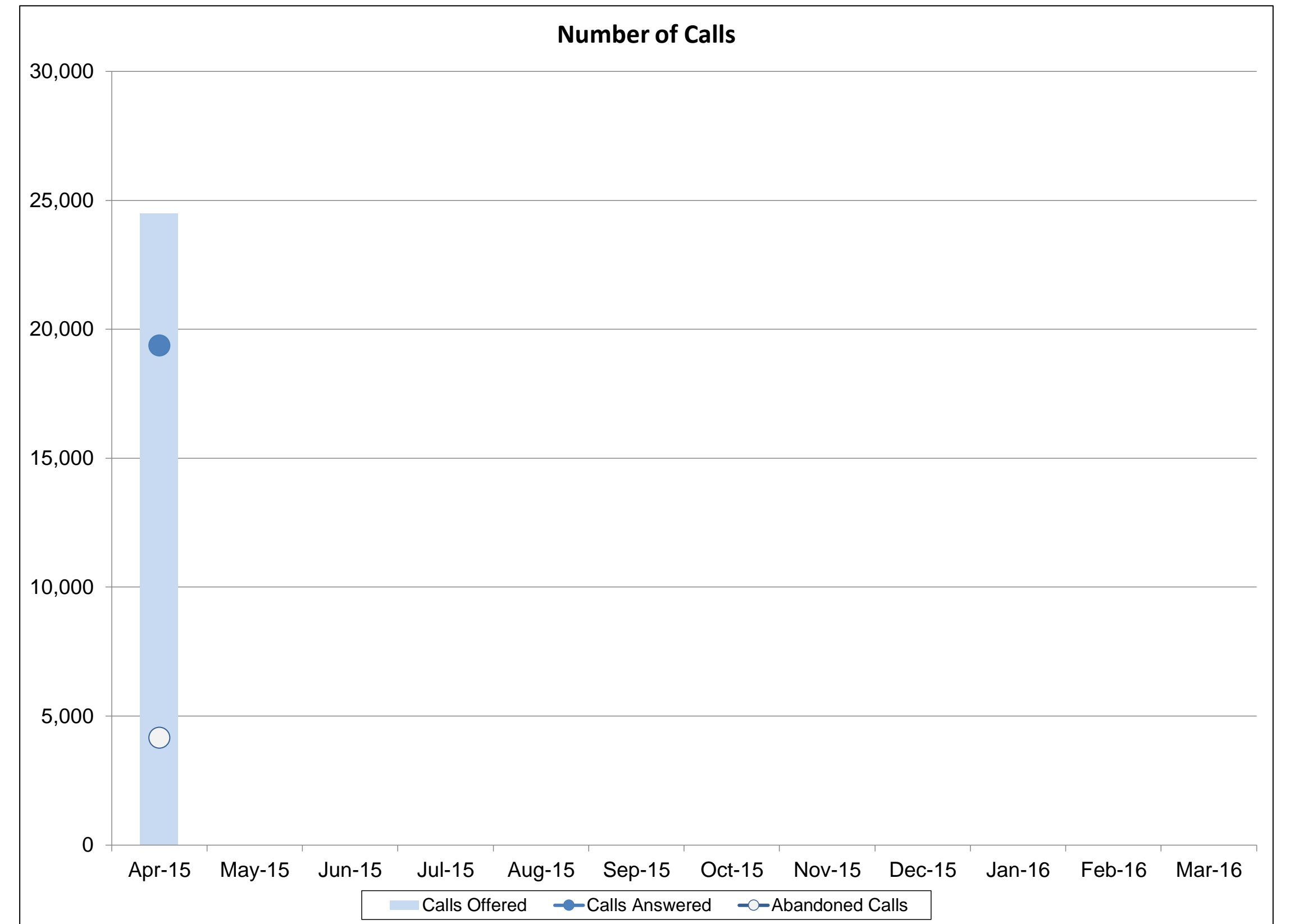
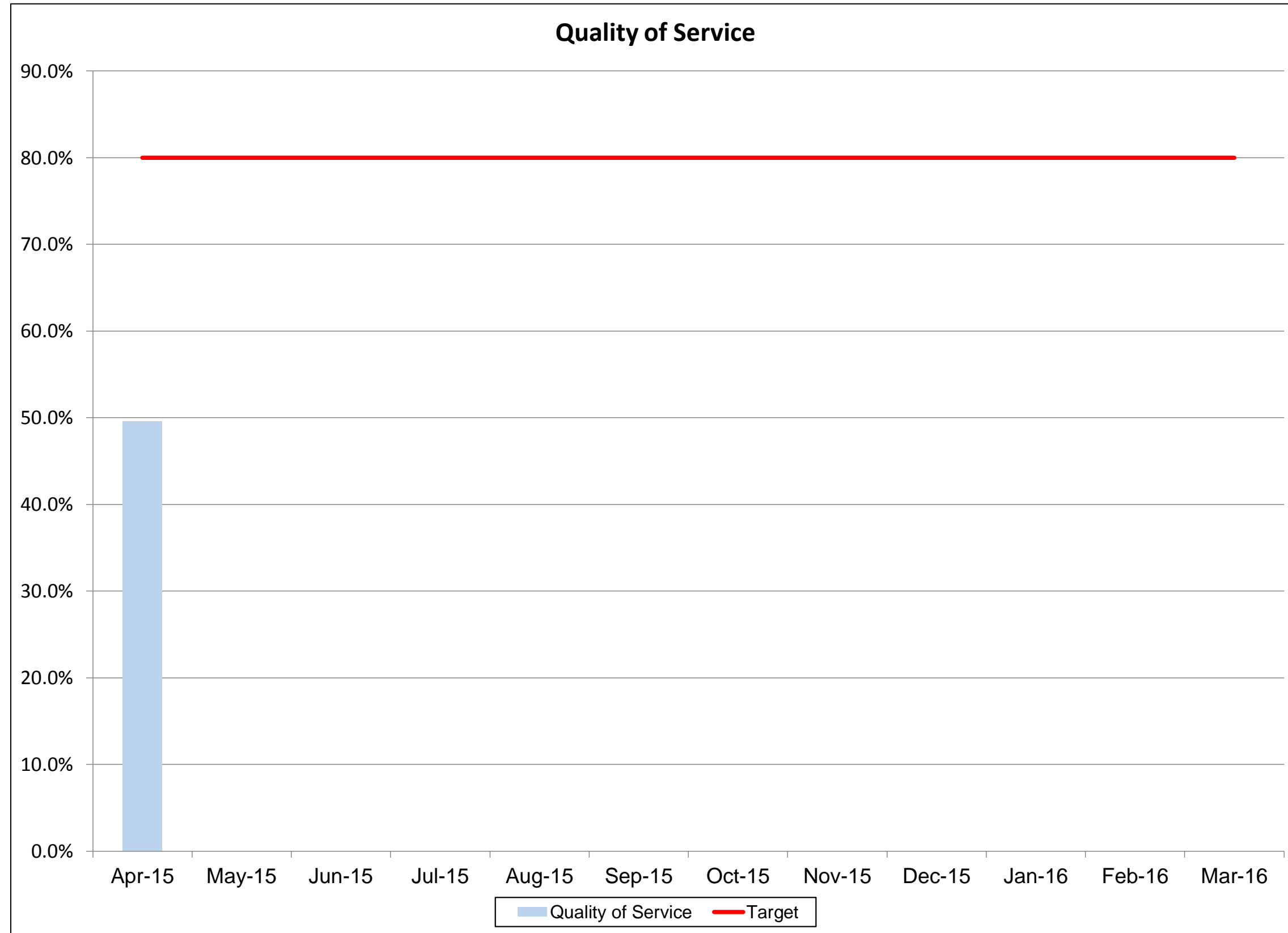
South Consortium													
Abort Reason	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Deceased	13												13
In Hospital	138												138
Major Incident/Weather	0												0
Making Own Way	428												428
No Appointment	340												340
No Reply	289												289
Not Ready	77												77
Patient on Holiday	0												0
Refused to Travel	63												63
Too Ill to Travel	152												152
Wrong Address	25												25
Wrong Mobility	81												81
Overall Totals	1606	0	0	0	0	0	0	0	0	0	0	0	1606

West Consortium													
Abort Reason	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Deceased	30												30
In Hospital	284												284
Major Incident/Weather	0												0
Making Own Way	968												968
No Appointment	673												673
No Reply	544												544
Not Ready	212												212
Passed to MY Transport Team	18												18
Patient on Holiday	4												4
Refused to Travel	106												106
Too Ill to Travel	329												329
Wrong Address	78												78
Wrong Mobility	134												134
Overall Totals	3380	0	0	0	0	0	0	0	0	0	0	0	3380



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

↔	YTD RAG	RED
	MTD RAG	RED



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Calls Offered	24,499											
Calls Answered	19,360											
Average Answer Delay	00:01:22											
Max Answer Delay	00:59:31											
Abandoned Calls	4,149											
Quality of Service	49.6%											



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	1/1	% of calls answered in 60 seconds	Call answer performance slightly below target for the month, reflecting increased demand for the service, including significant demand over bank holiday period. Staffing numbers and profiles reviewed for next quarter to ensure alignment to demand. Discussions with commissioners about demand increases are ongoing as part of the annual contract round.	AD NHS 111/Urgent Care	Ongoing	GREEN
RED	2.16	1/1	Warm Transfer & Call Back Targets	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 for the current year and further discussions on resourcing of the clinical service are ongoing through established contract processes.	AD NHS 111/Urgent Care	Ongoing	RED

NHS 111

Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Contracted Call volumes * (flat 1/12th of the annual volumes)	123,881												
Total number of Calls Offered	132,444												
Total number of Calls answered	129,188												
Variation to Contract Flat Rate	4.3%												
Variation to Contract Flat Rate (Quarter)	4.3%												
Total number of Calls answered within 60 seconds	116,964												
Total % of calls answered within 60 seconds (Target >= 95%)	90.5%												
Total number of abandoned calls after 30 seconds	2,377												
Total % of calls abandoned after 30 seconds (Target <=5%)	1.8%												
Total number of calls triaged	110,004												
Total number of calls completed in 1 contact	108,402												
Total number of calls transferred to a clinical advisor (DX Calls)	23,703												
Total % of calls which were transferred to a clinical advisor (DX Calls)	18.3%												
Total number of calls which were warm transferred to a clinical advisor	5,054												
Total % of Warm transfers (Target 95%)	21.3%												
Total % of Call Backs (Target 95%) in 10 Mins (KPI)	23.2%												
Total % of Call Backs (Target 95%) in 120 Mins (Internal)	87.5%												
Total % of Call Backs (Target 65%) in 10 Mins and Warm Transferred	39.6%												
Longest wait for a call back by a clinical advisor	06:14:37												
Average call back time by a clinical advisor	00:56:45												
Total number of calls directed to 999 - RED	4,017												
Total number of calls directed to 999 - GREEN	5,757												
Total number of calls directed to 999	9,774												
Total number of calls recommended to attend an A&E	7,757												
Total number of calls directed to see GP	45,986												
Total number of calls directed to speak to GP	10,331												
Total number of calls directed to 999 - RED (%)	3.1%												
Total number of calls directed to 999 - GREEN (%)	4.5%												
Total number of calls directed to 999 (%)	7.6%												
Total number of calls recommended to attend an A&E (%)	6.0%												
Total number of calls directed to see GP (%)	35.6%												
Total number of calls directed to speak to GP (%)	8.0%												



Section 2d

Support Services Performance



ICT Summary

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

			2015 - 2016 ICT Summary with Rag Indicators															
Key Areas	Performance Activity	Service Delivery Activity																
Our Service	SLA	INCIDENTS																
		Priority 1. 4 Hour Resolution/Mitigation. Target 95%	N/A															
		Priority 2. 8 Hour Resolution. Target 90%	100.00%															
		Priority 3. 2 Day Resolution. Target 90%	51.97%															
		Priority 4 5 Day Resolution. Target 75%	75.64%															
		SERVICE REQUESTS																
		Priority 2. 5 Working Days. Target 75%	n/a															
		Priority 3 10 Working Days. Target 75%	N/A															
		Priority 4 15 Working Days. Target 75%	67.67%															
		Priority 5 30 Working Days. Target 75%	86.35%															
		Infrastructure	Network Availability	Over 99.5%	100.00%													
This Period Unplanned Downtime	0																	
Next Period Planned Downtime	0.3																	
Network Availability Notes	Switch upgrade in York																	
System Availability	Over 99.5%		100%															
	This Period Unplanned Downtime		0															
	Next Period Planned Downtime		0															
	System Availability Notes																	
Telecoms Availability	Over 99.5%		100%															
	This Period Unplanned Downtime		0															
	Next Period Planned Downtime		3															
	Telecoms Availability Notes		Andy McInnes - downtime scheduled at York Fairfields due to UPS power upgrade work															
Radio Availability	Over 99.5%		100%															
	This Period Unplanned Downtime	0																
	Next Period Planned Downtime	N/A																
	Radio Availability Notes	N/A																
Budget Management		Current Budget Position Net of CIP																

		2015 - 2016 Active Projects											
Task ID	Projects	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
P14	Roll-out of ECS (West Yorkshire)	70%											
P30	ICT Asset Management	50%											
P4	Upgrade South Remote sites links	95%											
P13	Implement ITIL	40%											
P27	New YAS Intranet	90%											
P19	Wireless Network	50%											
P17	Clinical Web Site (PathFinder)	95%											
P21	Mobile Data Refresh and VDO Replacement	70%											
P22	Board Pad	90%											
P28	New Build Reception SH2	50%											
P34	ISO-22301- Standard - Business Continuity	100%											
P31	GRS to MIS Interface	60%											
P35	PTS Call Flex Moves (PTS Transformation)	90%											
P36	PTS PDA Replacement (PTS Transformation)	50%											
P37	SMS Enterprise	65%											
P40	Airwave Handset Replacement	65%											
P41	APN Upgrade - 100MB	60%											
P43	OHIO to GRS Interface	40%											
P44	Adastra OOH Cloud Hosting	80%											
P45	Virtual Training Suite	60%											
P46	Estates Project Management	65%											

Estates and Procurement	YTD RAG	GREEN
	MTD RAG	GREEN

E2.1 Estates		RAG Status	Empty	Underused		Fully used	Overcrowded	Notes
E2.1	Space Utilisation	GREEN	0%	3%		96%	1%	1% overcrowded relates to Scarborough station
		RAG Status	As New	Acceptable	Acceptable but will req Upgrade within 10 yrs	Upgrade Req'd	Unacceptable	
E2.1	Physical Condition (External)	GREEN	7%	21%	53%	19%	0%	
	Physical Condition (Office)	GREEN	9%	22%	62%	7%	0%	
	Physical Condition (Garage)	GREEN	3%	23%	74%	0%	0%	
E2.1	Fire, Health & Safety Compliance	GREEN	21%	49%		30%	0%	The Fire, Health and Safety six facet figures have been reviewed and updated following work completed during the last financial year.
E2.1	Energy Performance	GREEN	17%	67%		12%	4%	The 4% is based on Bentley, 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. GP OOH/111 location has been removed from the figures as GP OOH/111 is only a small part of the main building and due not have control over maintenance of the building. 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 was completed other than various electrical resilience works at Springhill and York Fairfields. The electrical resilience works (UPS battery replacement in Springhill 2) and Phase 2 (Generator control panels) are completed, Phase 3 (DSE change over panels replacement) has started, with one of the three panels replaced but further workes have been delayed due to issues in getting authorisation to continue. Due to problems with the roofing at Bainbridge station the solar panel installation at this site has now been cancelled and moved to Kirkbymoorside (KMS) station but unfortunately a problem has been encountered at KMS and therefore an alternative site has now been agreed of York station. The construction of a new reception to Springhill 2 is progressing. The refurbishment of Selby, Bramley, Menston and Rotherham is due for completion on Friday 8th May 2015.
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											

Fleet

YTD RAG	AMBER
MTD RAG	AMBER

E1 Carbon Management		RAG Status	Baseline 2009	Oct-14	Forecast	Quarter 1 Actual	Notes
E1.1	Carbon Emissions (Fuel)	GREEN	11516 Tonnes CO2	8549 Tonnes CO2		10411 tonnes of CO2	Target of 10% reduction achieved by 30/03/2015 (10411 Tonnes) . New target for 2015/16 of further 10% reduction set (9464.5)
E1.2	Carbon Emissions (Estates)	GREEN	5,707 Tonnes CO2	5560 Tonnes (2013/2014)			

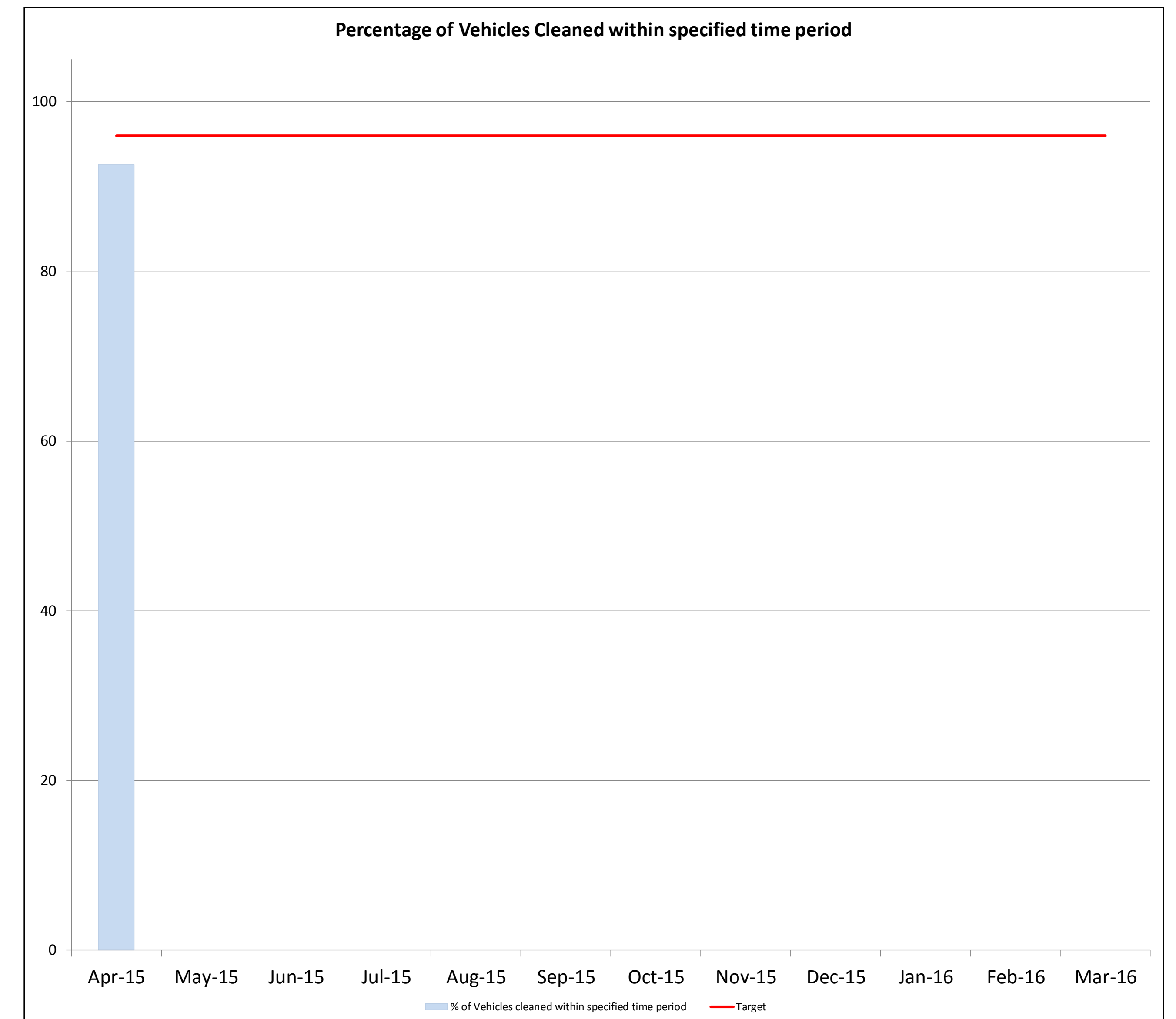
E3 Fleet		RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
Vehicle Availability % Plan vs. Actual *									
E3.1	A&E	GREEN	92%	95%	3%	92%	95%	3%	
E3.1	PTS	GREEN	94%	94%	0%	94%	94%	0%	

Vehicle Age		RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1	A&E - RRV	GREEN	4	20		20 vehicles have been ordered with the anticipated delivery in July 2015
E3.1	A&E - DMA	AMBER	17	57		There are currently 40 Ambulance vehicles in build at Wietmarscher Ambulance in Germany . Vehicles are currently undergoing type approval for registration and are on track for delivery May 2015 .
E3.1	A&E - Other	GREEN	7	8		The first of the 9 ECP cars has arrived and is now on the road the 8 further cars are due to be delivered 2 cars a week until the order is complete, the final cars will arrive with the trust before the end of May.
E3.1	PTS	AMBER	17	121		Vehicle specifications are now complete orders for 31 Single NMI wheelchair seat, 10 Double Wheelchair seat and 6 stretcher vehicles. Orders are complete and vehicles are currently in build . On target for delivery July 2015 This will leave 74 PTS vehicles over age in July 2015. Progression is being made on further renewals.
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	2.35%	
E3.2	Vehicle Services Outside "Window" at end of period	GREEN	12	3.23%	
E3.1	Vehicle Cleans Outside "Window" at end of period	AMBER	144	92.60%	Our below KPI delivery remained in early and mid-April which continued to be attributable to the unavailability of vehicles due to operational requirements and staffing. However our Service Level has increased week on week during April starting the period at 90.77% and ending the period at 96.26% which is a very promising result from the focus given to the issue. Our staffing vacancies have reduced by 50% over the April period with the introduction of the Manpower agreement and this is expected to limit our vacancies to minimal levels by the end of May. Our Long Term Absence figures are also reducing as we continue to effectively manage these issues within the Attendance Management Policy.
E3.4	Defibrillator servicing Outside "Window" at end of period	GREEN	0	0.00%	
E3.5	Suction Unit servicing Outside "Window" at end of period	GREEN	27	4.31%	
E3.6	Parapac servicing Outside "Window" at end of period	RED	23	7.19%	Not 148 devices had been moved from their audited location, had these devices been present there would have been 9 devices overdue (at 2.81% Green)
E3.7	Microvent servicing Outside "Window" at end of period	RED	78	30.23%	Note. 90 devices have been removed from their audited location, had these devices been present there would have been 0 overdue (at 0% Green) It has been proposed and agreed by the medical directorate and ratified at the Vehicle and Equipment Committee, that the Microvent is surplus where a vehicle has a Parapac ventilator. All microvents will be removed from RRV's and a program has been started to remove Microvents from DMA's which have a Parapac fitted. This is to happen along with the rollout of GEMAC 600/AED programme. Microvents will continue to be used in South Yorkshire until training on the Parapac device has been completed.

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											



Vehicle Cleaning	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
% of Vehicles cleaned within specified time period	92.6											

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	25	21	22	15	19	20	23	21	20	37	14	18	255
Target	20	20	20	20	20	20	20	30	30	30	30	30	290
Actual Vehicle Repairs	33												33
Variance	-13												



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

Comments on Quality**New Incidents Reported**

From April 2014 incident reporting has increased by 98.7% which is evidence of the positive reporting culture of the organisation. This reflects the work of the Risk and Safety Team to raise the awareness of staff to the importance of reporting both incidents and near-misses. Alongside this, implementation of the 24 hour incident reporting phone line in June 2014 has contributed to this improvement, and allows us to monitor and report on themes and trends in greater detail providing the Trust with more opportunity to learn lessons, manage risks and improve safety.

Incident reporting remains consistent from March to April 2015. A&E Ops is the highest reporting area having 66% of all reported incidents, which is proportionally the same as the previous month. The top 4 coded categories in A&E Ops remain Vehicle-related, Response-related, Violence and aggression and Moving and handling; these make up just over half of all reported incidents in this area. Incidents with a severity of Moderate and above remain consistent at 4% of all incidents in April 2015.

Patient Related Incidents

Patient related incidents, both clinical and non-clinical, make up 29% of all reported incidents.

The top two categories of patient-related incidents are Response-related and Carepathway. These make up over two-thirds of patient-related incidents.

Incidents graded no harm or minor harm represent 94% of patient related incidents which remains consistent across previous months.

Staff Related Incidents

Staff-related incidents reported are consistent with the previous month.

Month on month Moving and handling and Violence and aggression represent the highest two categories of staff-related incidents reported, making up 48% of all staff-related incidents.

Moderate graded incidents account for 3% of incidents in this category

Never Events

No Never Events have been reported during April 2015.

Serious Incidents

Delayed dispatch/response is a theme that is continuing to be monitored and SI investigation examines the patient journey, determines if closest response was dispatched and where possible addresses the effect of delay on patient outcome.

RIDDOR

The rate of RIDDOR reportable incidents is within the range previously seen, with the number reported in April slightly lower than that in the same month last year.

Medication related incidents

There were 28 controlled drug incidents reported in April including 17 breakages of which six were due to vials shattering whilst being opened. This has been reported to the MHRA. Inappropriate access rights on a Student Paramedic's smart card were identified, corrected and access rights for all Student Paramedics checked. It has been noted that the expiry dates on diazemuls vials can be rubbed off; this has also been reported to the MHRA.

There were a total of 47 medicines management incidents reported in April, no clinical errors.

Complaints and concerns

There has been a decrease in cases received for all services this month with the exception of LCD which has increased by 145%. This includes a significant increase in the numbers of complaints about clinical treatment. This month response times performance is reported against timescales agreed with the complainant. This has been achieved in 65% of cases over all services. The Trust is aiming to achieve 80% by the end of the year. Performance to this target is lowest for EOC cases following an increase of cases during the latter half of last year which has created a backlog of cases for Patient Relations. It is anticipated that these older cases will be completed during May and therefore performance should improve significantly from June onwards

Patient experience

Overall Friends and Family Test results remain positive this month. There has been a decrease in complaints and concerns received for all services this month with the exception of the WYUC service which has increased by 145%. This includes an increase in the numbers of complaints about clinical treatment. This month response times performance is reported against timescales agreed with the complainant. This has been achieved in 65% of cases over all services. The Trust is aiming to achieve 80% by the end of the year. Performance to this target is lowest for EOC cases following an increase of cases during the latter half of last year which has created a backlog of cases for Patient Relations. It is anticipated that these older cases will be completed during May and therefore performance should improve significantly from June onwards

IPC Audit

IPC audits completed in all areas, with compliance remaining high overall and no new significant themes emerging.

Clinical Audit Programme

CPIs and ACQIs are up to date and were submitted on time. PRFs awaiting processing remains at 4-5 weeks. NANA data submitted still awaiting report, due May 2015. New version 11 of the PRF is progressing to the proofing stage with printers. EPRF data is no longer appearing in the sharepoint reports used for some CPI/ad hoc audits. This has been reported on the datix system and steps are currently being taken to rectify this by the BI team. There has also been some data quality issues identified with some STEMI ACQI incidents being checked and not processed correctly.

Safeguarding

Level 2 compliance dropped from 85.5% to 62% between October and December 2014 - see previous reports.

Action taken to address the same and compliance now rising.

Adult referrals from December 2013 include Community Care Assessment (CCA) referrals, which are requests for an assessment of a patient's care / support needs.

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	Q3 Forecast 2014/15
3	Safety	<ul style="list-style-type: none"> • Infection, Prevention and Control • Patients Incidents • Medication Incidents • Staff Incidents • RIDDOR • Serious Incidents 														
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> • Clinical Performance Indicators (National) • Clinical Audit Programme 														
1.2	Patient Involvement and Experience	<ul style="list-style-type: none"> • Concerns, Complaints and Compliments • Patient Experience • Local Involvement Networks/Overview & Scrutiny Committees 														
3	CQC and Other Registration / Legislation Standards	<ul style="list-style-type: none"> • Registration Regulations & Outcomes • NHS Litigation Authority 														

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													

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		<table border="0"> <tr> <td style="vertical-align: top;"> Service Performance score of < 1.0 ≥ 1.0 < 2.0 ≥ 2.0 < 4.0 ≥ 4.0 </td> <td style="vertical-align: middle; padding: 0 10px;"> } } } } } } } </td> <td style="vertical-align: top;"> GREEN AMBER-GREEN AMBER-RED RED </td> </tr> <tr> <td> 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 </td> <td></td> </tr> <tr> <td> 3. Mandatory Services -Declared risk of, or actual, failure to deliver mandatory services: +4.0 </td> <td></td> </tr> <tr> <td> 4. Other board statement failures -If not covered above, failure to either (i) provide or (ii) subsequently comply with annual or quarterly board statements </td> <td></td> </tr> <tr> <td> 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 </td> <td></td> </tr> </table>	Service Performance score of < 1.0 ≥ 1.0 < 2.0 ≥ 2.0 < 4.0 ≥ 4.0	} } } } } } }	GREEN AMBER-GREEN AMBER-RED RED	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	
Service Performance score of < 1.0 ≥ 1.0 < 2.0 ≥ 2.0 < 4.0 ≥ 4.0	} } } } } } }		GREEN AMBER-GREEN AMBER-RED RED										
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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													

Risk Ratings applied quarterly and updated in real time

Override applied to risk rating
Nature and duration of override at Monitor's discretion

*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	
HSMRPB	Hub and Spoke/ Make Ready Programme Board													1. Unaffordable and unachievable financial backing 2. Uneffective and untimely staff communication and engagement 3. Lack of robust interface with operational services"
EUCDPB	Emergency and Urgent Care Development Programme Board													1. Delivery takes longer than expected 2. Insufficient capacity and capability to deliver step change 3. Trade union relations stall/ prevent change
ODLPB	Organisational Development and Leadership Programme Board													1. Lack of interface between people and engagement, clinical and operational services
PTSTPB	PTS Transformation Programme Board													1. Lack of clarification of roles and responsibilities between service delivery and projects 2. Lack of a defined leadership and management structure
CCPB	Call Centre Programme Board													1. Adverse effect on income flows - cost/ income 2. Long term benefits not realised quickly enough
IAPB	Intelligent Ambulance Programme Board													1. Possible misalignment with the national programme 2. Lack of clarification of roles and responsibilities between service delivery and projects
SLMPB	Service Line Management Programme Board													1. Lack of ownership of the project
CPB	Corporate Programme Board													1. Director portfolio changes may create uncertainty within the organisation and distract from delivery of key objectives
CEBPB	Customer Engagement Programme Board													1. Lack of leadership of the project 2. Misidentification of the interdependencies across the programme

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-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Calderdale, Kirklees, Wakefield	Hand Hygiene	99%											
	Premise	87%											
	Vehicle	100%											
North Yorkshire and York	Hand Hygiene	99%											
	Premise	90%											
	Vehicle	90%											
Humber	Hand Hygiene	96%											
	Premise	84%											
	Vehicle	96%											
Airedale, Bradford, Leeds	Hand Hygiene	99%											
	Premise	90%											
	Vehicle	95%											
South Yorkshire and Bassetlaw	Hand Hygiene	98%											
	Premise	98%											
	Vehicle	97%											
YAA	Hand Hygiene	100%											
	Premise	100%											
	Vehicle	100%											
Resilience and Special Operations	Hand Hygiene	100%											
	Premise	100%											
	Vehicle	100%											
Private & Events	Hand Hygiene	100%											
	Vehicle	100%											
PTS Leeds	Hand Hygiene	95%											
	Vehicle	94%											
PTS Mid Yorkshire	Hand Hygiene	98%											
	Vehicle	98%											
PTS Bradford / Airedale	Hand Hygiene	99%											
	Vehicle	93%											
PTS Calderdale / Huddersfield	Hand Hygiene	100%											
	Vehicle	100%											
PTS North Yorkshire	Hand Hygiene	100%											
	Vehicle	96%											
PTS Hull & East	Hand Hygiene	98%											
	Vehicle	98%											
PTS Sheffield / Barnsley	Hand Hygiene	100%											
	Vehicle	99%											
PTS Rotherham / Doncaster	Hand Hygiene	100%											
	Vehicle	100%											
Overall Compliance (Current Year)	Hand Hygiene	99%											
	Premise	93%											
	Vehicle	97%											
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%	99%	99%
	Premise	97%	96%	97%	99%	98%	97%	99%	98%	98%	99%	99%	98%
	Vehicle	98%	98%	99%	98%	98%	98%	98%	97%	98%	96%	97%	99%

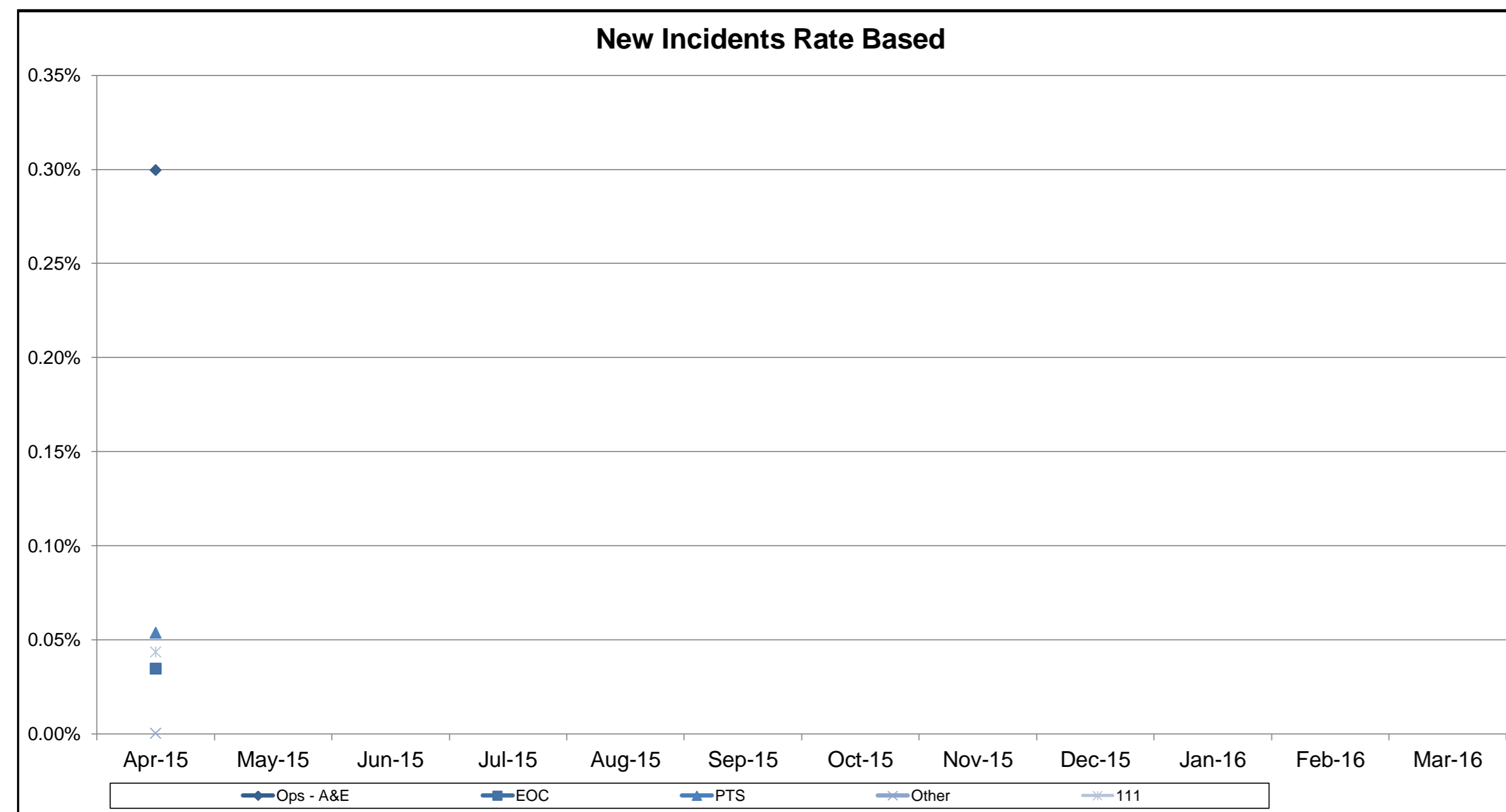
Key for IPC Audit: Pre April 2012

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%

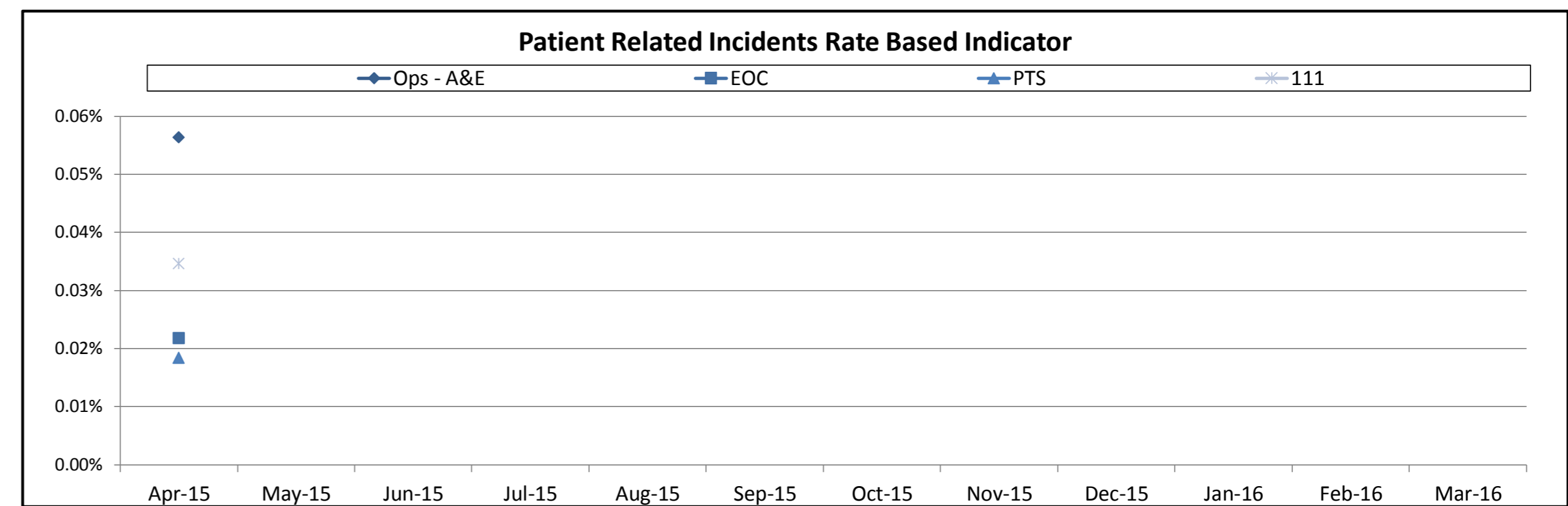
New Incidents Reported EWI



New Incidents Reported	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Ops - A&E	441 (0.3%)											
EOC	51 (0.03%)											
PTS	79 (0.05%)											
111	64 (0.04%)											
Finance	0 (0%)											
Medical - Operations	3 (0%)											
Quality & Patient Experience	0 (0%)											
Resilience & Specialist Services	7 (0%)											
Support Services	2 (0%)											
Foundation Trust	0 (0%)											
Human Resources	4 (0%)											
Organisational Effectiveness and Education	1 (0%)											
Risk & Safety	3 (0%)											
ICT	2 (0%)											
Business Intelligence	0 (0%)											
Fleet	7 (0%)											
Legal	1 (0%)											
Transformation	1 (0%)											
Procurement	0 (0%)											
Corporate Communications	1 (0%)											
TOTALS	667											
TOTALS (Prev Year)	512	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-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Ops - A&E	83 (0.06%)											
EOC	32 (0.02%)											
PTS	27 (0.02%)											
111	51 (0.03%)											
Medical Operations	1 (0%)											
OTHER	3 (0%)											
TOTALS (Current Year)	197											
TOTALS (Previous Year)	150	145	189	230	252	206	194	213	221	248	251	231

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

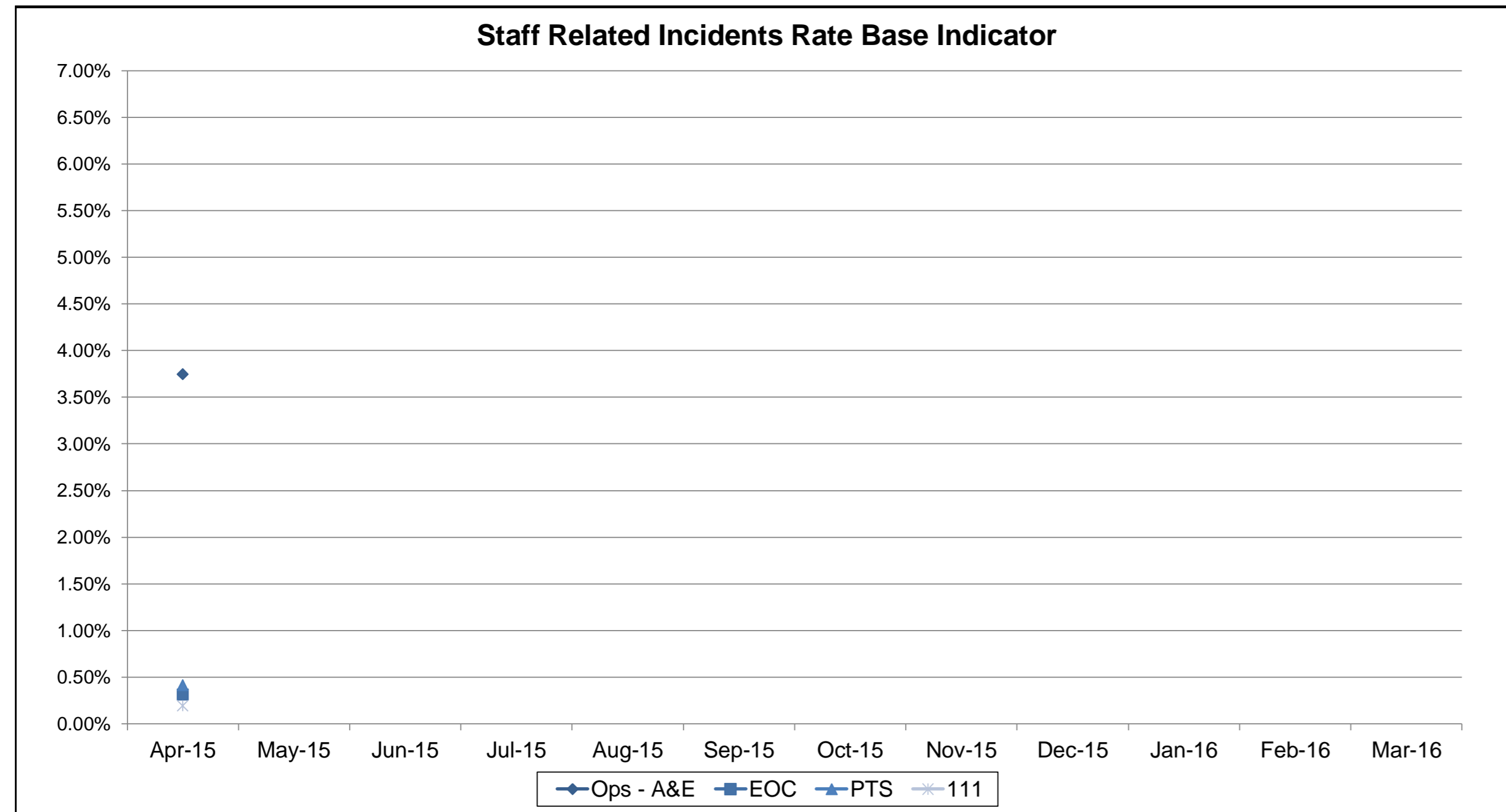
Number of Medication Incidents	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Current Year	47											
Previous Year	39	40	48	75	59	37	41	37	65	53	49	47

Morphine Related Incidents

OBJ REF 3

Number of Morphine Incidents	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Breakage	17											
Administrative errors	2											
Loss	5											
Clinical	0											
Other	4											
TOTAL (Current Year)	28											
TOTAL (Previous Year)	19	20	25	35	18	10	12	14	24	26	20	20

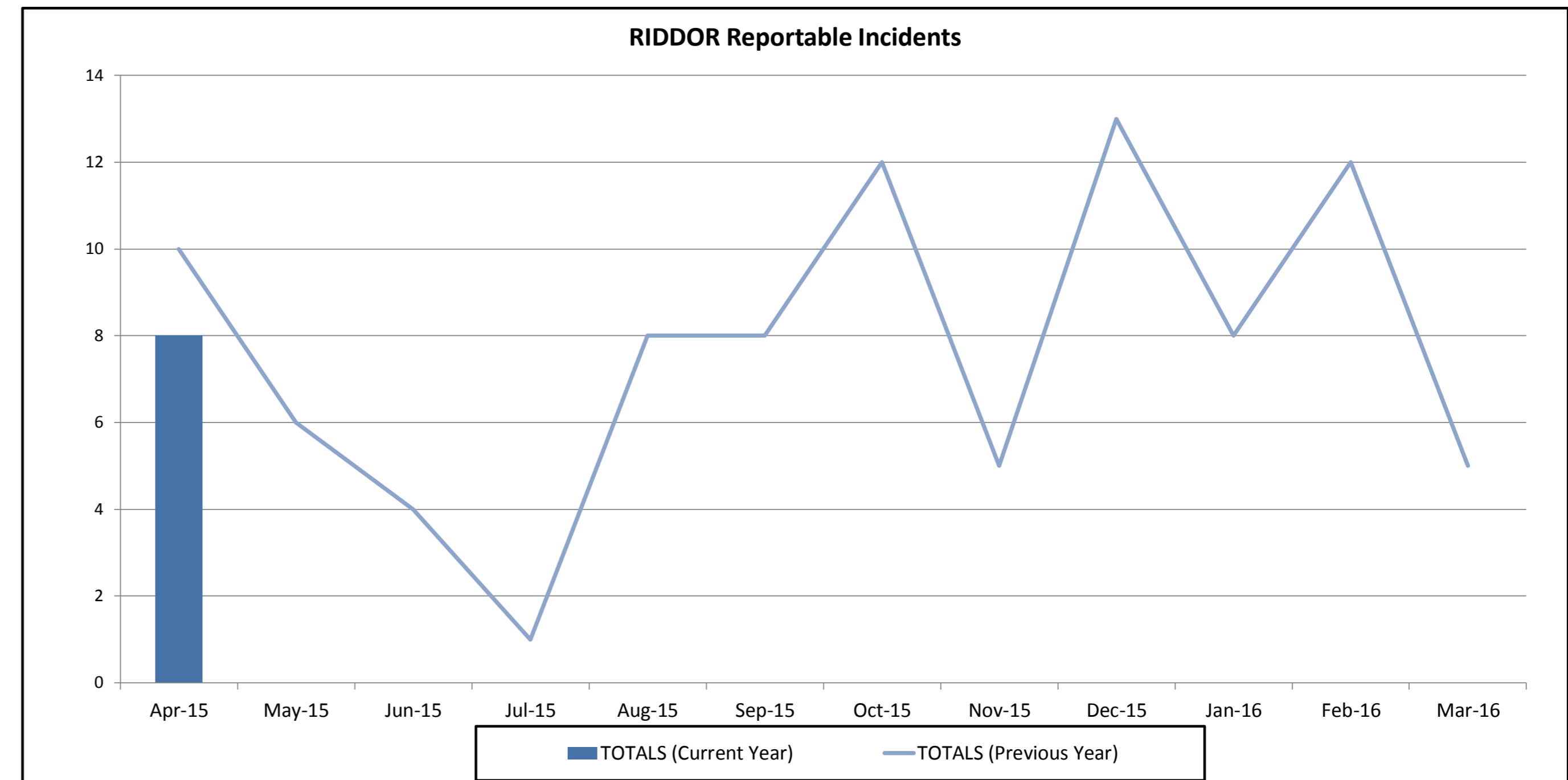
Staff Related Incidents



Staff Related Incidents	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Ops - A&E	156 (3.74%)											
EOC	13 (0.31%)											
PTS	17 (0.41%)											
111	8 (0.19%)											
Finance	0 (0%)											
Medical - Operations	2 (0.05%)											
Quality & Patient Experience	0 (0%)											
Resilience & Specialist Services	2 (0.05%)											
Support Services	0 (0%)											
Foundation Trust	0 (0%)											
Human Resources	3 (0.07%)											
Organisational Effectiveness and Education	1 (0.02%)											
Risk & Safety	0 (0%)											
ICT	2 (0.05%)											
Procurement	0 (0%)											
FLEET	1 (0.02%)											
TOTALS (Current Year)	205											
TOTALS (Previous Year)	174	174	316	269	257	236	238	237	216	219	187	205

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

Riddor Incidents

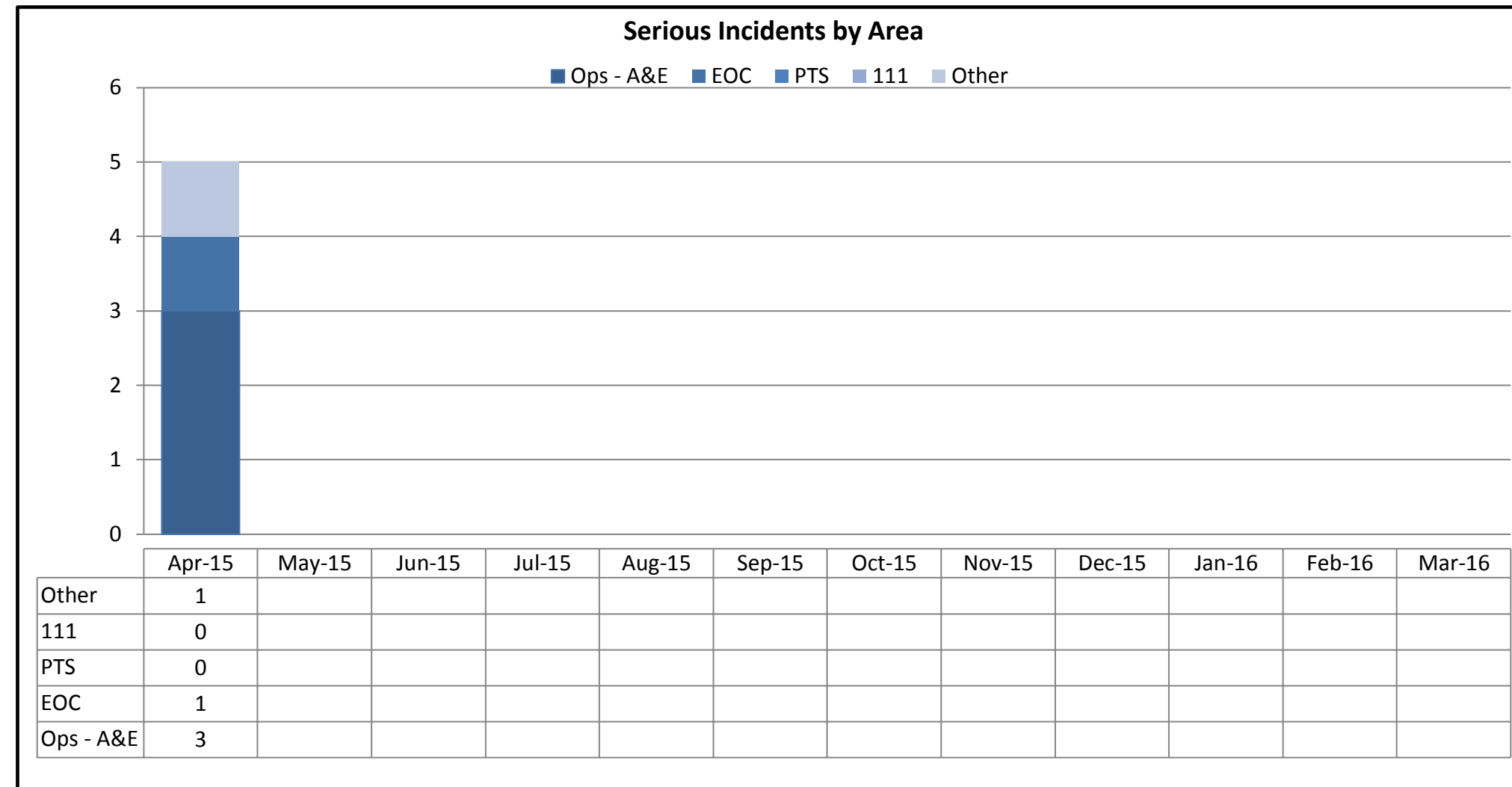


RIDDOR reportable	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
North Yorkshire CBU	2											
East Riding of Yorkshire CBU	1											
Leeds & Wakefield CBU	1											
Bradford, Calderdale and Kirklees CBU	1											
South Yorkshire CBU	2											
Operations PTS	1											
Other Directorates	0											
TOTALS (Current Year)	8											
TOTALS (Previous Year)	10	6	4	1	8	8	12	5	13	8	12	5

Incident Type	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Contact with moving machinery or materials	0											
Hit by a moving, flying or falling object	0											
Hit by a moving vehicle	0											
Hit by something fixed or stationary	0											
Injured while handling, lifting or carrying	5											
Slip, trip or fall on the same level	1											
Fall from a height	0											
Trapped by something collapsing	0											
Drowned or asphyxiated	0											
Exposed to or in contact with a harmful substance	0											
Exposed to fire	0											
Exposed to an explosion	0											
Contact with electricity or an electrical discharge	1											
Injured by an animal	1											
Physically assaulted by a person	0											
Another kind of accident	0											
Total	8											

SUI Incidents by Area

EWI



Training Position

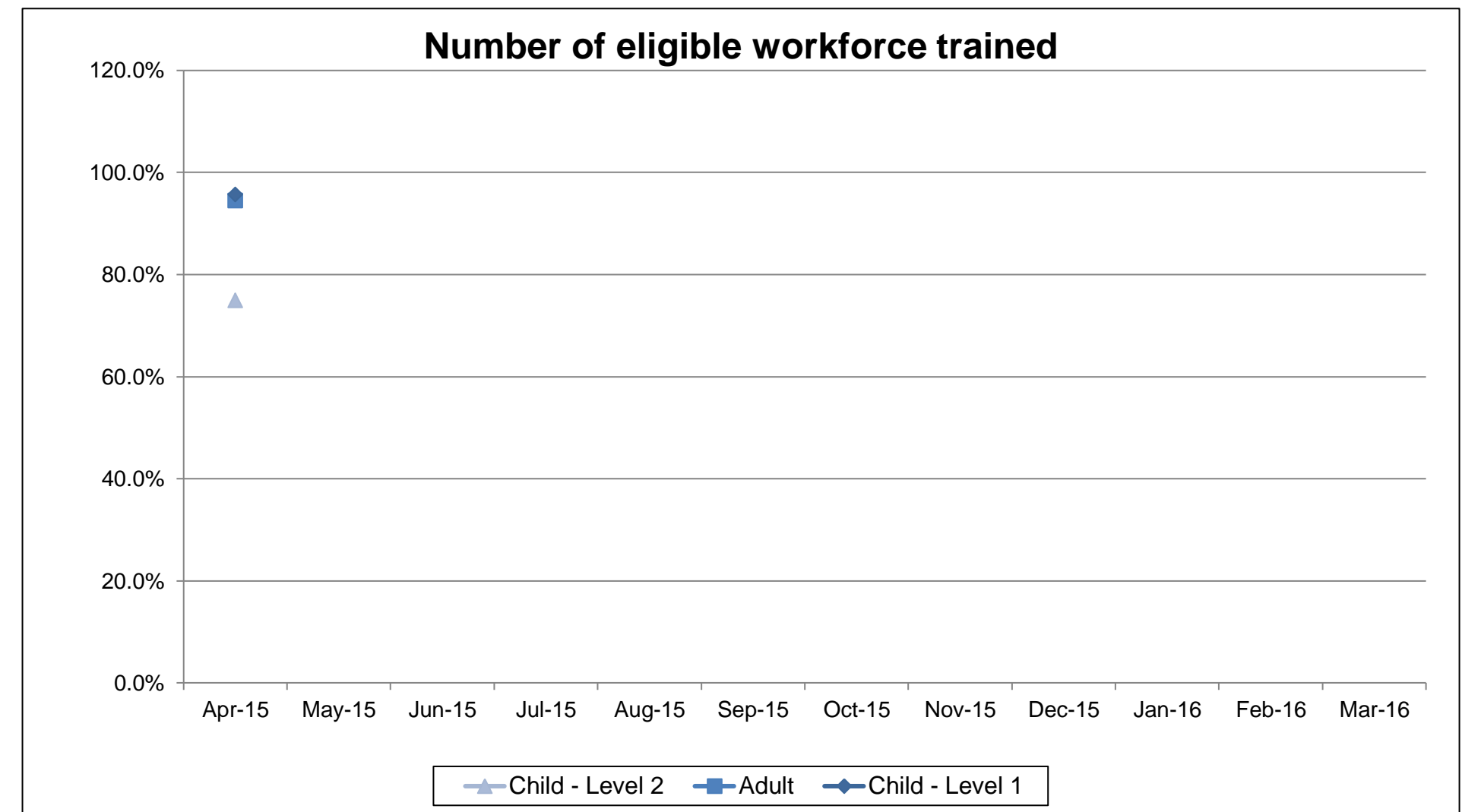
YTD RAG

GREEN



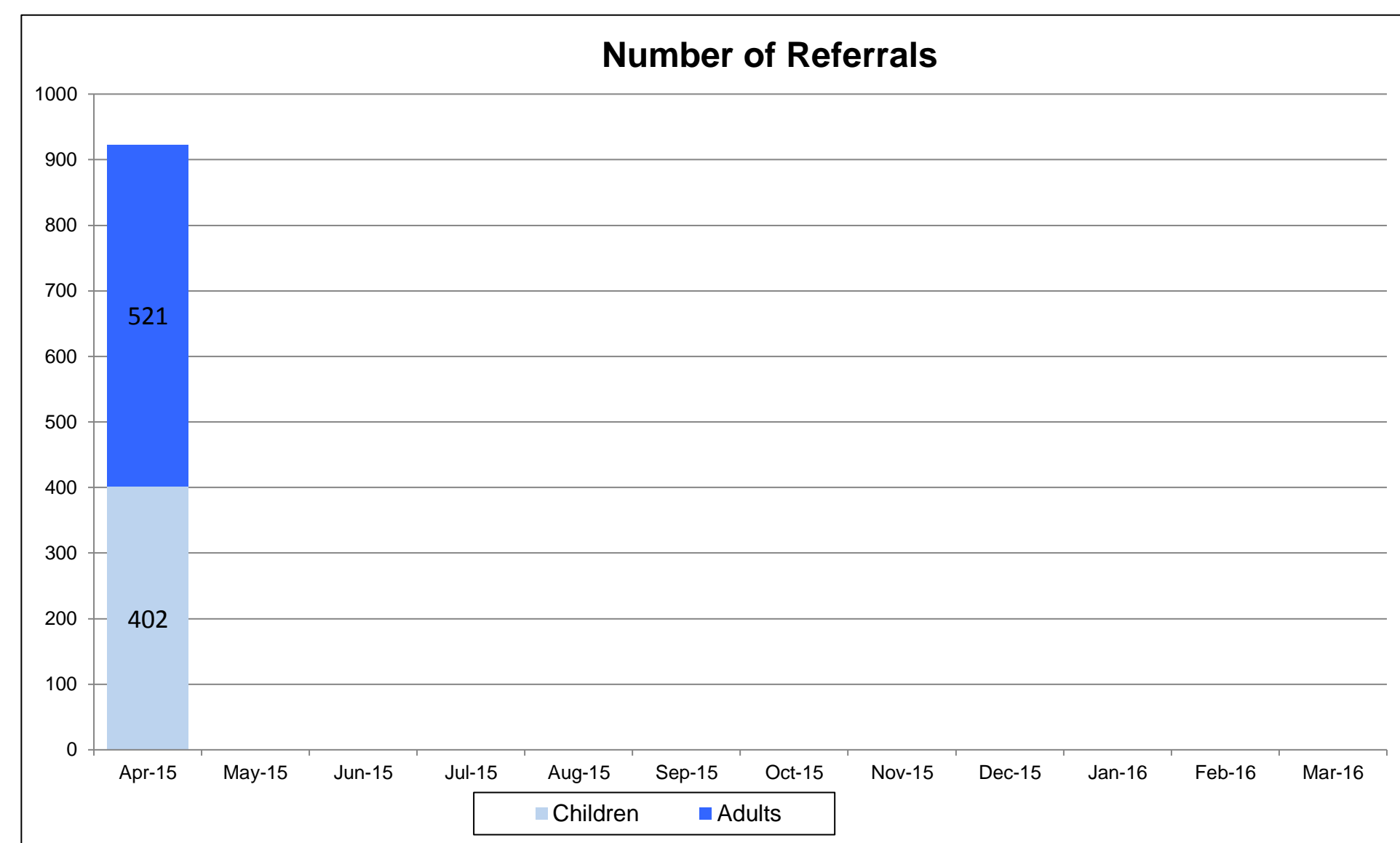
MTD RAG

GREEN



SUI Incidents	EWI	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
TOTAL (Current Year)		5	0	0	0	0	0	0	0	0	0	0	0
TOTAL (Previous Year)		3	1	2	4	2	0	2	3	4	5	6	5

Number of Child and Adult Referrals



Incident Type	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Delayed dispatch/response	3											
Road Traffic Collision	0											
Clinical care	0											
Inadequate clinical assessment	1											
Violence & aggression	0											
Data protection breach	0											
Adverse media attention	0											
Medication related	0											
Patient Fall	0											
Maternity issue	0											
Other	1											
Total	5	0	0	0	0	0	0	0	0	8	0	0

Clinical Performance Indicators - National

OBJ REF

1.2 : 3

Single Limb # (cycle 14) - This is the secondt CPI to be reported in the current cycle

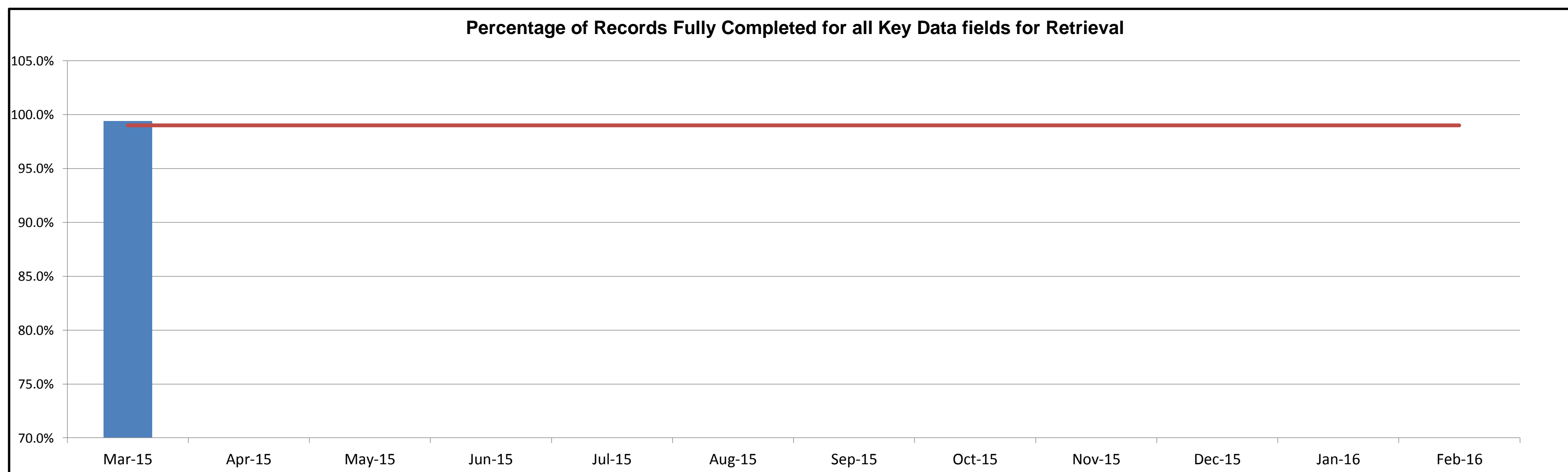
Trauma Care- Suspected limb fracture	CYCLE 13 % Results		CYCLE 14 % Results	
	Jul-14	Nat avg %	Jan 15	Nat avg %
F1- Two pain scores recorded	67.6	78.7	60.9	77.3
F2- Analgesia administered	91.7	89.1	89.9	87.4
F3- Immobilisation of limb recorded	64.8	63.1	72.5	60.6
F4- Assessment of circulation distal to fracture recorded	90.7	80.1	94.2	76.9
FC- Care Bundle F1, F2, F3 and F4	40.7	45.9	39.1	46.5

Clinical Audit Programme

National Audit Programme		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
National Ambulance CPis: National clinical ACQIs	Febrile convulsions	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Below the knee #	Cardiac arrest outcomes												
Hypoglycaemia	Stroke												
Asthma	STeMI												
	MINAP	GREEN											

Internal Clinical Audit Plan		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Monthly Local CPis	Other See Audit Plan	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Cardiac Arrest outcomes													
National Requirements		GREEN											

Patient Report Form Audit



Percentage of Records Fully Completed For All Key Data Fields Used For Retrieval	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Total Forms Scanned	48,371											
Total of forms with key data incomplete	295											
% of Completed Forms	99.4%											

This measure will always be 1 month in arrears

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

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

Complaints, Concerns and Comments		EWI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
EOC Attitude	Communications skills		0												0
	Telephone Manner		1												1
EOC Call Handling	Red AMPDS		0												0
	Green AMPDS		3												3
	Green Clinical Hub		2												2
	Green 111 triage		2												2
	HCP Request		0												0
EOC Delayed Response	Red		3												3
	Green 1, 2, 3, 4		16												16
	IHT		2												2
	Admission		1												1
	Take Home		0												0
	Other		0												0
EOC TOTAL			30												30
Demand Activity (Based on Number of Calls)			67400												67400
% Rate			0.04%												0.04%
A&E Attitude	Lack of Care		4												4
	Communication Skills		8												8
A&E Clinical	Assessment		2												2
	Clinical Handover		1												1
	Treatment		2												2
	Moving & Handling		0												0
A&E Operations	Pathways		5												5
	Operational Procedures		21												21
	Vehicles & Stretchers		1												1
	Driving		7												7
	Other		0												0
A&E TOTAL			51												51
Demand Activity (Based on Number of Responses)			58631												58631
% Rate			0.09%												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	
		South	0												0	
		Hull & East	0												0	
		ABL	0												0	
		CKW	2												2	
		EOC	1												1	
	Total	3													3	
	Amber	North	1													1
		South	1													1
		Hull & East	0												0	
		ABL	0												0	
		CKW	1												1	
		EOC	0												0	
	Total	3													3	
	Yellow	North	0													0
		South	0													0
		Hull & East	0												0	
		ABL	1												1	
		CKW	0												0	
		EOC	0												0	
	Total	1													1	
Green	North	7													7	
	South	14													14	
	Hull & East	3													3	
	ABL	9													9	
	CKW	12													12	
	EOC	29													29	
Total	74													74		

Compliments			Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E/EOC TOTAL			78												78

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	1												1
	Administration Error		A	3												3
	Call Handling		J	2												2
PTS Operations	Attitude		B	4												4
	Driving		I	4												4
	Vehicle Condition/Comfort		E	0												0
	Non-Attendance/Late to Collect Patient from Home		F H U	8												8
	Patient Early/Late for Appointment		T S	6												6
	Non-Attendance/Late to Collect Patient from Clinic/Hospital		D G V	14												14
	Patient Injury		M N	1												1
	Patient Care		O	2												2
	Vehicle Unsuitable		W	0												0
Time on Vehicle		P	1												1	
PTS Other				0												0
SUB TOTAL 4Cs				46												46
PTS Service-to-Service				31												31
TOTAL				77												77
Demand Activity				88860												88860
% Rate				0.09%												0.1%

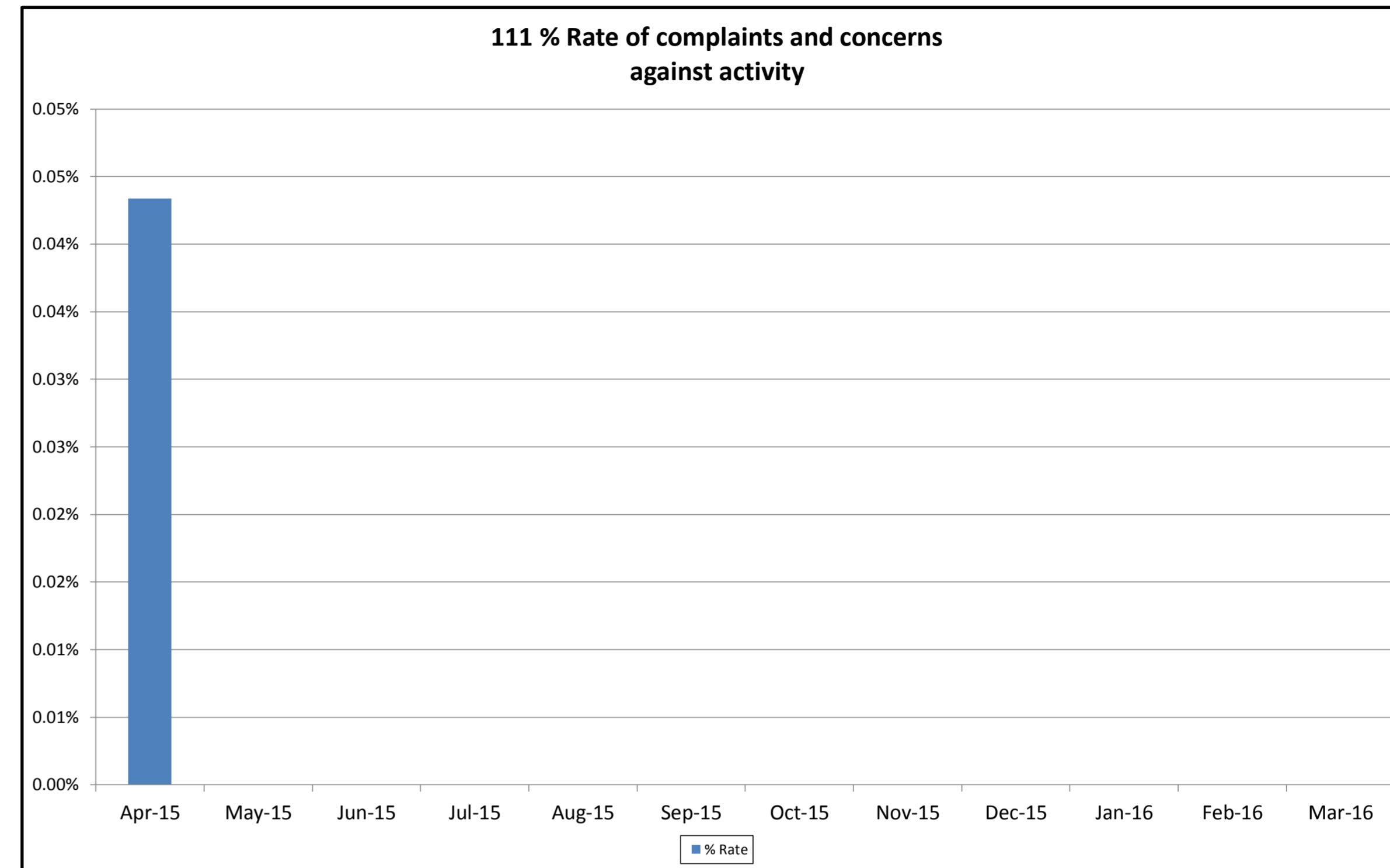
Grade Profile		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Complaints, Concerns & Comments (Not Service to Service)	Red	North	0											0	
		South	0											0	
		East	0											0	
		West	0											0	
		Total	0												0
	Amber	North	0												0
		South	0												0
		East	0												0
		West	1												1
		Total	1												1
	Yellow	North	0												0
		South	0												0
		East	0												0
		West	0												0
		Total	0												0
	Green	North	8												8
		South	13												13
		East	7												7
		West	17												17
		Total	45												45

Compliments		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS TOTAL		3												3

Concerns, Complaints, Comments and Compliments - 111 & LCD

Complaints & Concerns													
111	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Attitude / Conduct	4												4
Clinical	9												9
Operations	12												12
Sub Total	25												25
HCP Complaints & Concerns	31												31
GRAND TOTAL	56												56
Call Activity	129,188												129,188
% RATE	0.04%												0.04%

Complaints & Concerns													
Local Care Direct	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
Attitude / Conduct	1												1
Clinical	12												12
Operations	11												11
Sub Total	24												24
HCP Complaints & Concerns	3												3
GRAND TOTAL	27												27
Call Activity	23628												23628
% RATE	0.11%												0.11%



Compliments													
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
111	6												6
LCD	3												3

Concerns, Complaints, Comments - Response Times

A&E by CBU		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
North	Within 1 Working Day	1												1
	2 - 24 Working Days	4												4
	>25 Working Days	1												1
South	Within 1 Working Day	2												2
	2 - 24 Working Days	8												8
	>25 Working Days	2												2
Hull & East	Within 1 Working Day	0												0
	2 - 24 Working Days	1												1
	>25 Working Days	5												5
ABL	Within 1 Working Day	0												0
	2 - 24 Working Days	2												2
	>25 Working Days	3												3
CKW	Within 1 Working Day	1												1
	2 - 24 Working Days	3												3
	>25 Working Days	6												6
EOC	Within 1 Working Day	0												0
	2 - 24 Working Days	2												2
	>25 Working Days	16												16

PTS by Consortia		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
North	Within 1 Working Day	1												1
	2 - 24 Working Days	3												3
	>25 Working Days	1												1
South	Within 1 Working Day	2												2
	2 - 24 Working Days	10												10
	>25 Working Days	3												3
East	Within 1 Working Day	1												1
	2 - 24 Working Days	4												4
	>25 Working Days	2												2
West	Within 1 Working Day	3												3
	2 - 24 Working Days	14												14
	>25 Working Days	11												11

Complaints and Concerns Responded to Within Due Date		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E		75%												1
EOC		22%												0
A&E/EOC Combined		59%												1
PTS		75%												1
111/LCD		63%												1
TOTAL		65%												1

Reopened Complaints & Concerns		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E		4												4
EOC		3												3
PTS		1												1
111		1												1

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

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

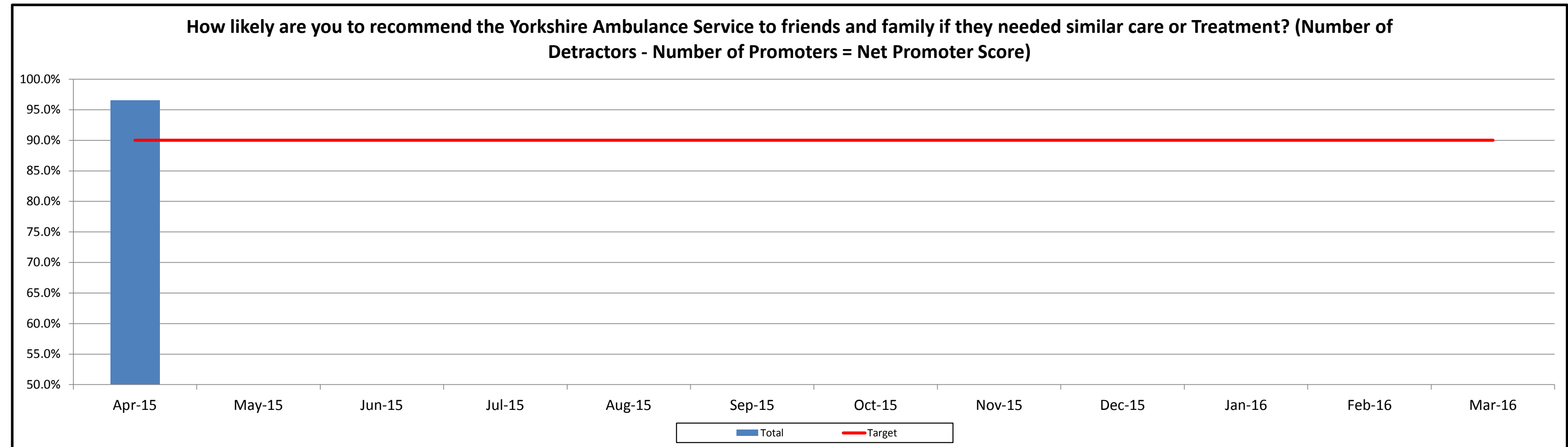
Ombudsman Referrals - PTS		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified		1												1
Referral accepted		0												0
Referral rejected		0												0
Case upheld		0												0
Case not upheld		0												0
Outstanding		1												1

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

Please Note: This data is 1 month in arrears

A&E Patient Experience Survey

	YTD RAG	GREEN
↑	MTD RAG	GREEN

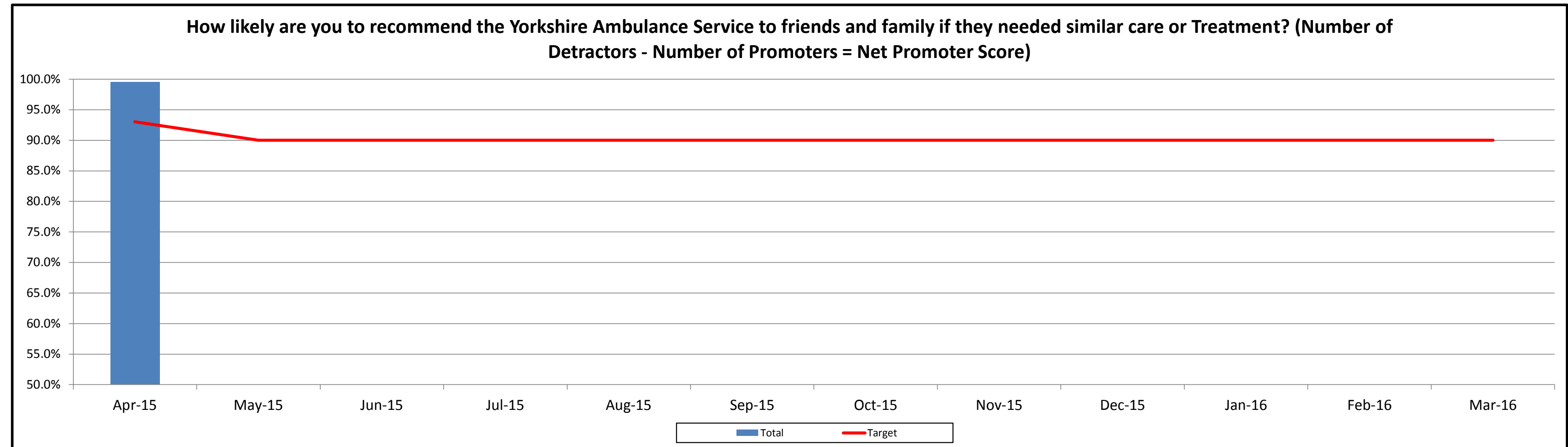


Overall Service	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Calderdale, Kirkless, Wakefield	98%											
Humber, East Riding, Hull	95.5%											
Leeds, Bradford, Airedale	95.0%											
North Yorkshire and York	100.0%											
OOA	100.0%											
South Yorkshire	95.6%											
Unknown	100.0%											
Total	96.5%											
YAS variance to previous Month	2.5%											

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	GREEN
↑	MTD RAG	GREEN



Overall Service	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Calderdale, Kirkless, Wakefield	100%											
Humber, East Riding, Hull	100.0%											
Leeds, Bradford, Airedale	100.0%											
North Yorkshire and York	100.0%											
South Yorkshire	100.0%											
Unknown	92.3%											
Total	99.6%											
YAS variance to previous Month	6.2%											

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)

Registration Regulations & Outcomes

YTD RAG	GREEN
← MTD RAG	GREEN

Comments	
Developments since last report	Changes from previous report As part of the Yorkshire Ambulance Service Quality Governance Framework assurance plan, an internal audit has been carried out and reported. This audit covered planned year 2013/14 and the report issued to Yorkshire Ambulance Service: August 2014. In accordance with the Clinical Governance structure, this Internal Audit Report was presented to the Quality Committee in September 2014, outlining the Internal Audit report and the summary of the QGF Assessment Scores, as outlined below (audit carried out using May 14 data sets).
Notifications to CQC	None

Quality Governance Rating				
	Criteria	Overall rating		
		Jul-12	Feb-13	May-14
Strategy	Does Quality drive the Trusts strategy	0.5	0.5	0.5
	Is the Board aware of potential risks to quality?	0.5	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	0.5
	Does the Board promote a quality focused culture throughout the Trust?	0.5	0.0	0.5
Processes & structures	Are there clear roles and responsibilities in relationship to quality governance?	0.5	0.5	0.0
	Are there clear well defined, well understood processes for escalating and resolving issues and managing quality?	0.5	0.5	0.5
	Does the Board actively engage patients, staff, and other key stakeholders on quality?	0.0	0.0	0.0
Processes & structures (measurement)	Is appropriate quality information being analysed and challenged?	0.0	0.0	0.0
	Is the Board assured of the robustness of the quality information?	0.5	0.5	0.5
	Is quality information used effectively?	0.0	0.0	0.0
Final overall score		3.5	3.0	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 has been carried out and the findings are outlined as above (May 2014 data set).

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	21											
Number of cases due this month and responded to in time	20											
Number of cases due this month and responded to out of time	0											
Number of out of time (prior to this month) cases responded to this month	1											
Number of out of time cases still open	0											
Number of internal reviews open	1											
Number of internal reviews closed this month	0											
Information Commissioner (IC) Referrals	0											
Outcome of IC referral - Upheld	0											
Outcome of IC referral - not upheld	0											

Data Protection Act (DPA) Requests	Workload		Compliance	
Subject Access Requests	Cases Arising	Year to Date	Compliance with 21 day DoH guidance (%)	Compliance with 40 day DPA legislative requirement (%)
Solicitor Requests	71	71	93%	100%
Police requests	136	136		
Witness Statements / Police Interviews	34	34		
	This Month	Year to Date		
Coroner Requests	34	34		

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	GREEN											

Comments

Legal Services

Freedom of Information (FOI) Requests

In April there were 21 request due to be responded to. This meant that there was a reduction in the number of requests received for the third consecutive month.

The main themes included

- Various requests regarding Red 1 and Red 2 categories.
- Requests for various departmental structures
- Requests regarding ethnic breakdown of YAS staff.



Section 4

Workforce













Directors Exceptions

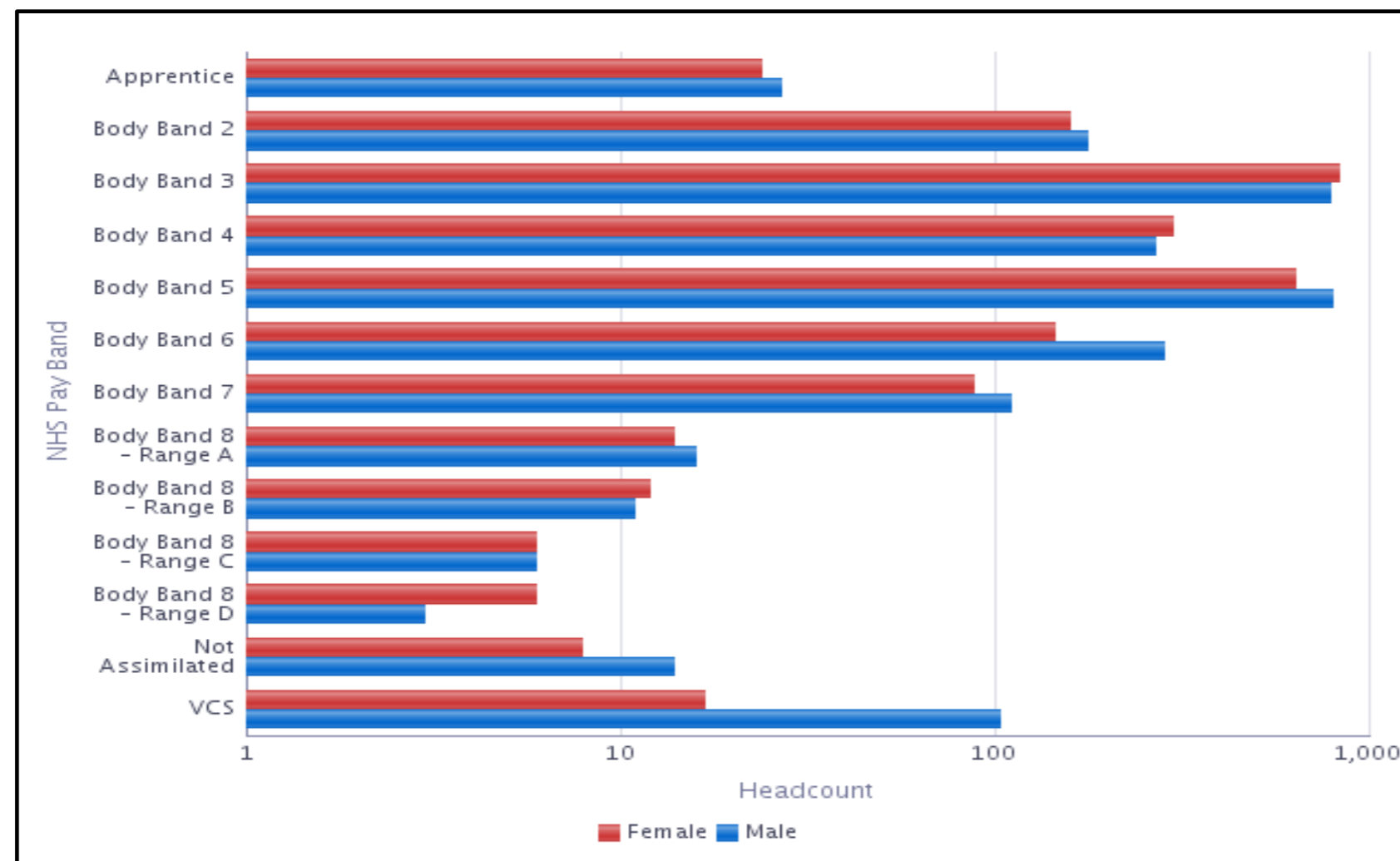
RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	4.1	1/1	PDR's	<p>PDR completion rates rose slightly to 73.73% from 72.83% last month. 4 Directorates, Chief Executives, People and Engagement, Operations and the Clinical Directorate remain below the Trust's 75% target. This may be due to appraisals expiring at financial year end and a slight delay in new appraisals being undertaken.</p> <p>Directors need to hold managers to account for the delivery of the target.</p>	All Directors & Managers	Ongoing	AMBER
RED	4.6	1/1	Sickness / Absence	<p>Whilst sickness absence remains above the Trust target of 5%, the reduction to 5.57% represents the lowest level of absence since October 2013 and is 1.01% lower than for the same period last year.</p> <p>Operations and NHS 111 both show significant improvement.</p> <p>Continued adherence to the policy is required.</p>	All Directors & Managers	Ongoing	AMBER

Comments on Workforce

The IPR identifies a number of key workforce performance issues for Board consideration:

April 2015 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 30 April 2015									
Indicator	Current Data - Mar-15		Previous Data – Feb-15		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post	4168.91	Apr-15	4214.79	Mar-15	4306			4107.01	Apr-14
Equality & Diversity	5.16% fte	Apr-15	5.20% fte	Mar-15	14.20%			4.91% fte	Apr-14
	5.47% hcount		5.48% hcount					5.10% hcount	
Sickness Absence	5.57%	Apr-15	6.08%	Mar-15	5.00%			6.69%	Apr-14
	6.29%	May 14 Apr-15	6.41%	Apr 14 Mar-15					5.97%
Turnover	10.86% fte	Apr-15	10.69% fte	Mar-15	7.76% Amb Trust Aver			9.49% fte	Apr-14
	12.39% hcount		12.11% hcount					11.09% hcount	
Stability	89.78% fte	Apr -15	90.43% fte	Mar-15	92.22 Amb Trust Aver			91.27% fte	Apr-14
	90.71% hcount		91.48% hcount					92.33% hcount	
Current PDRs	73.73%	Apr -15	72.83%	Mar-15	75%			72.81%	Apr-14
Stat & Mand Workbook	91.00% (combined)	Apr -15	90.68% (combined)	Mar-15	85%			92% (combined)	Apr-14 Apr-14
	90.60%	Apr -15	90.16%	Mar-15				68.99% (2013-2015)	
Overtime	£1,006,462.49	Apr -15	£902,563.52	Mar-15				£865,117.85	Apr-14
	£11,811,545.59	May 14 Apr-15	£11,670,200.95	Apr 14 Mar-15				£9,619,925.09	May 13 Apr 14

Staff in Post by Pay Band

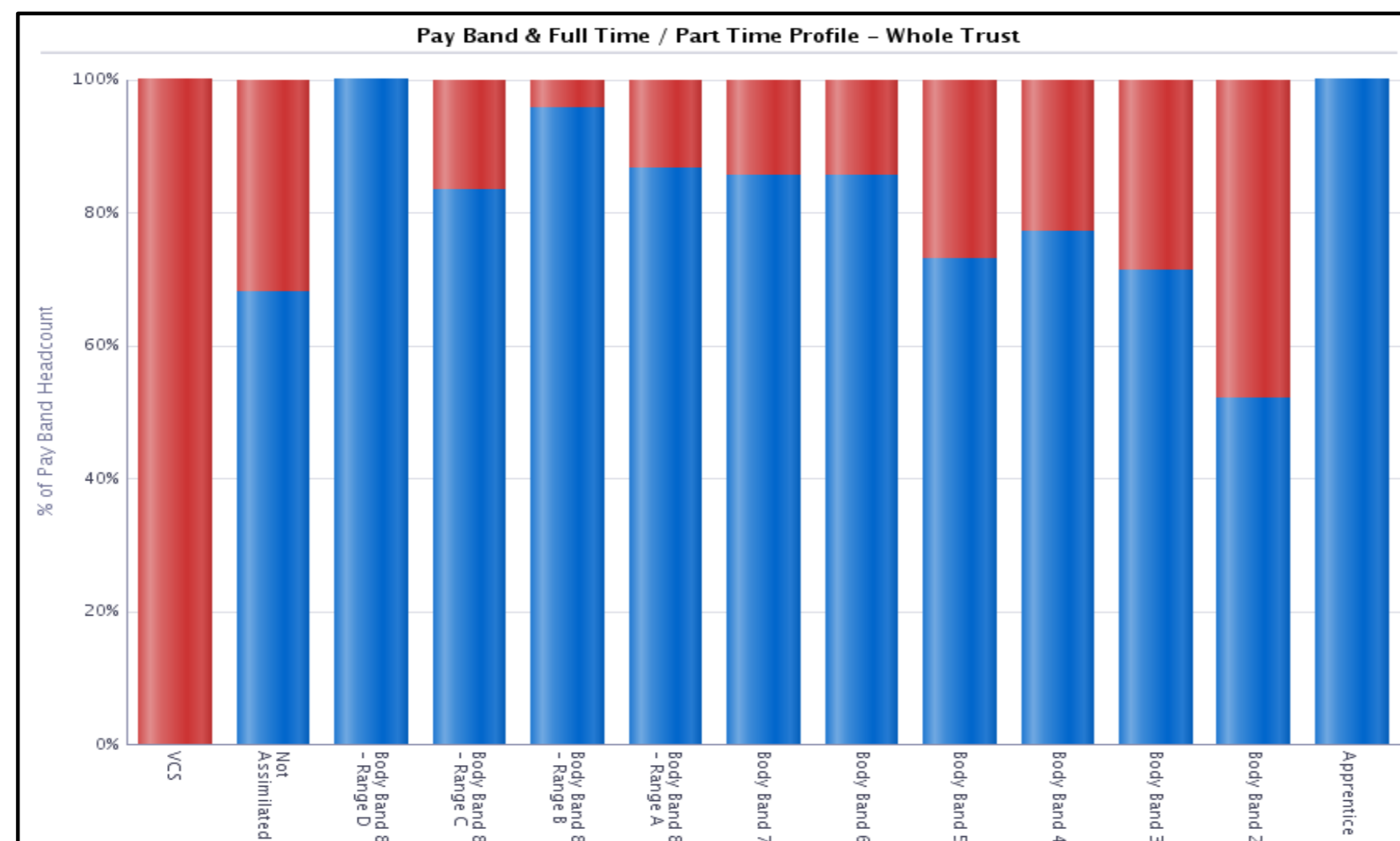


The graph opposite and the table and graph below shows all staff on 31 March 2015.

AFC Pay Band	HC	F.T.E	HC%	FTE%
Apprentice	51	51.00	1.04%	1.22%
Band 2	339	253.98	6.94%	6.09%
Band 3	1630	1414.12	33.39%	33.92%
Band 4	571	519.56	11.70%	12.46%
Band 5	1442	1245.26	29.54%	29.87%
Band 6	432	409.26	8.85%	9.82%
Band 7	200	185.47	4.10%	4.45%
Band 8 - Range A	30	29.08	0.61%	0.70%
Band 8 - Range B	23	22.60	0.47%	0.54%
Band 8 - Range C	12	11.20	0.25%	0.27%
Band 8 - Range D	9	9.00	0.18%	0.22%
Not Assimilated	22	18.39	0.45%	0.44%
VCS	121	0.00	2.48%	0.00%
Grand Total	4882	4168.92	100.0%	100.0%

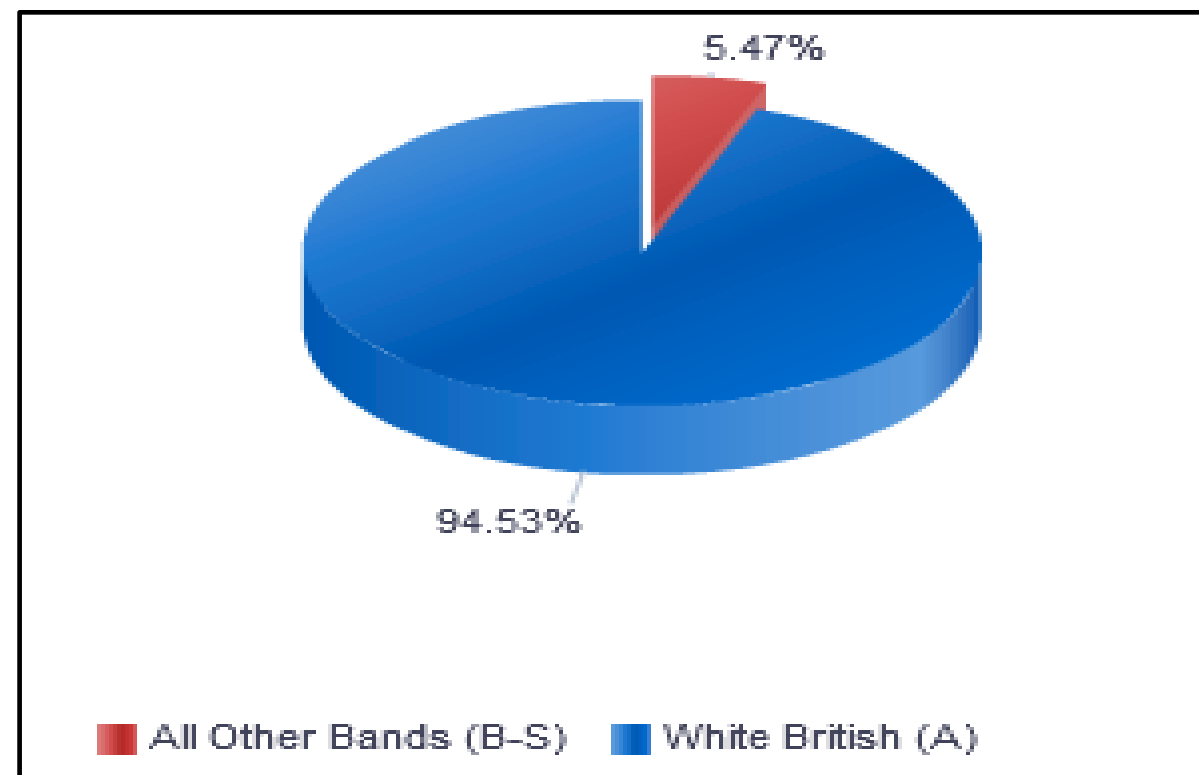
Those identified as not assimilated are our doctors, exec directors, non execs and we still employ 2 individuals who have not accepted AFC terms and conditions.

Payband by FT/PT



NHS Pay Band	Full Time HC	Part Time HC	Headcount
VCS		121	121
Not Assimilated	15	7	22
Body Band 8 - Range D	9		9
Body Band 8 - Range C	10	2	12
Body Band 8 - Range B	22	1	23
Body Band 8 - Range A	26	4	30
Band 7	171	29	200
Band 6	369	62	431
Band 5	1054	389	1443
Band 4	441	131	572
Band 3	1160	470	1630
Band 2	176	162	338
Apprentice	51		51

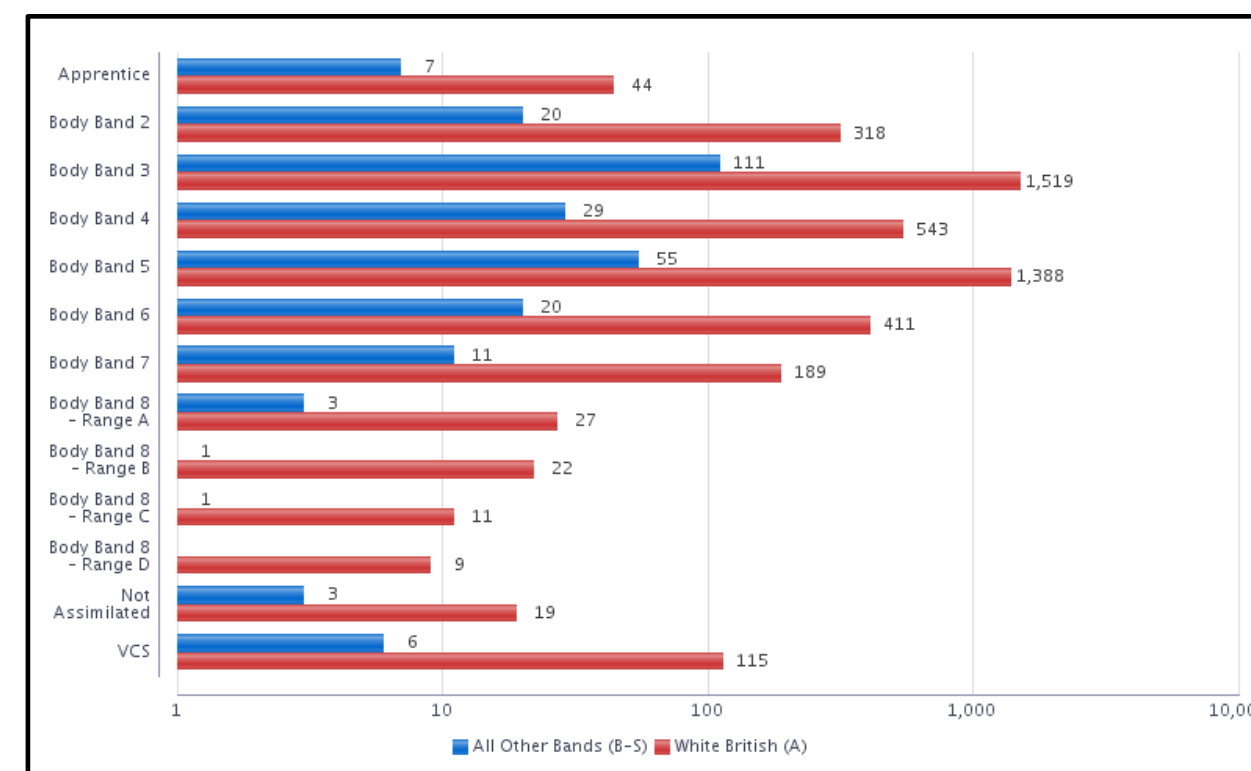
Ethnicity Profile



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	4615	3953.69	94.53%	94.84%
B White - Irish	18	15.15	0.37%	0.36%
C White - Any other White Background	36	32.74	0.74%	0.79%
CK White Italian	1	1.00	0.02%	0.02%
CP White Polish	2	2.00	0.04%	0.05%
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	9.31	0.20%	0.22%
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	6	5.78	0.12%	0.14%
H Asian or Asian British - Indian	26	21.59	0.53%	0.52%
J Asian or Asian British - Pakistani	95	69.51	1.95%	1.67%
K Asian or Asian British Bangladeshi	5	2.43	0.10%	0.06%
L Asian or Asian British	5	3.53	0.10%	0.08%
LH Asian British	4	2.80	0.08%	0.07%
M Black or Black British - Caribbean	12	9.76	0.25%	0.23%
N Black or Black British - African	10	8.72	0.20%	0.21%
P Black or Black British	4	3.40	0.08%	0.08%
PD Black British	1	0.80	0.02%	0.02%
R Chinese	4	3.60	0.08%	0.09%
S Any Other Ethnic Group	16	14.23	0.33%	0.34%
Z Not Stated	3	2.40	0.06%	0.06%
Grand Total	4882	4168.92	100%	100%

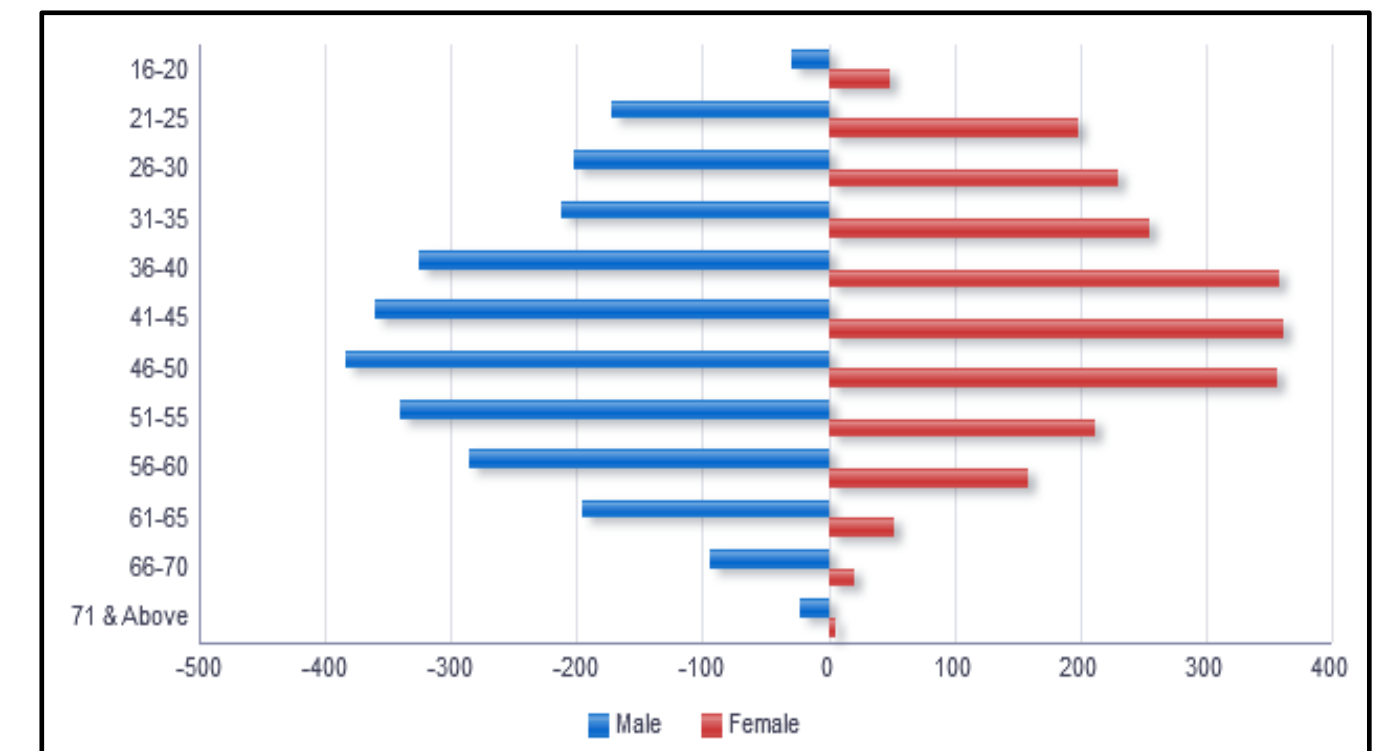
Ethnicity Profile by Pay Band



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

AFC Pay Band	All Other Bands (B-S)	White British (A)	Grand Total	% of Ethnic in AFC Band
Apprentice	7	44	51	13.73%
Band 2	20	318	338	5.92%
Band 3	111	1519	1630	6.81%
Band 4	29	543	572	5.07%
Band 5	55	1387	1442	3.81%
Band 6	20	412	432	4.63%
Band 7	11	189	200	5.50%
Band 8 - Range A	3	27	30	10.00%
Band 8 - Range B	1	22	23	4.35%
Band 8 - Range C	1	11	12	8.33%
Band 8 - Range D	0	9	9	0.00%
Not Assimilated	3	19	22	13.64%
VCS	6	115	121	4.96%
Grand Total	267	4615	4882	5.47%

Age & Gender Profile

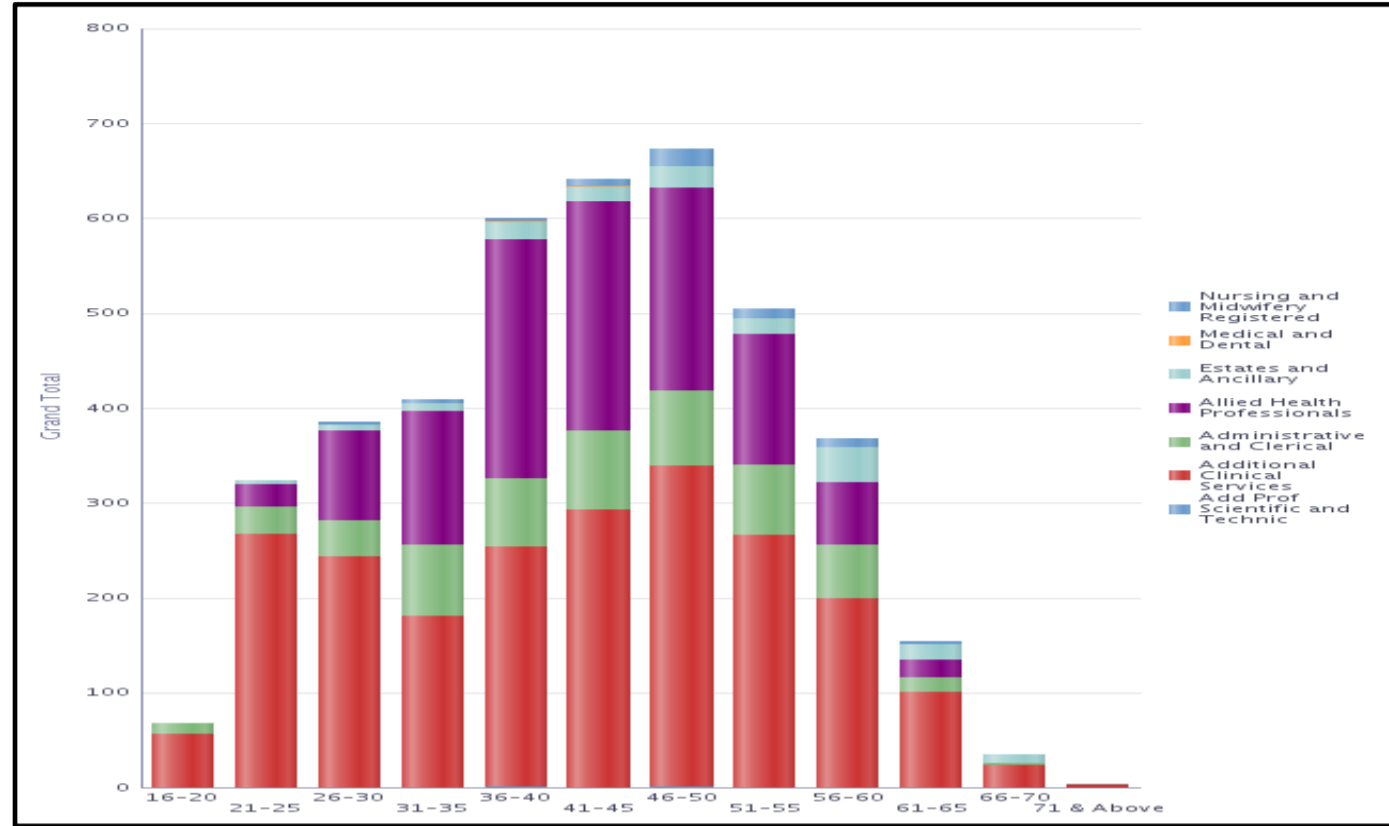


The chart above and table below show the age and gender breakdown throughout the Trust

Age Group	HC	FTE	HC %	FTE %
16 - 20	79	67.82	1.62%	1.63%
21 - 25	371	324.34	7.60%	7.78%
26 - 30	433	385.29	8.87%	9.24%
31 - 35	468	409.65	9.59%	9.83%
36 - 40	684	600.3	14.01%	14.40%
41 - 45	721	641.74	14.77%	15.39%
46 - 50	739	673.11	15.14%	16.15%
51 - 55	552	505.2	11.31%	12.12%
56 - 60	443	368.46	9.07%	8.84%
61 - 65	249	153.67	5.10%	3.69%
66 - 70	115	35.05	2.36%	0.84%
71 & above	28	4.3	0.57%	0.10%
Grand Total	4882	4168.93	100%	100%

Age & Gender Profile

Age Profile by Staff Group



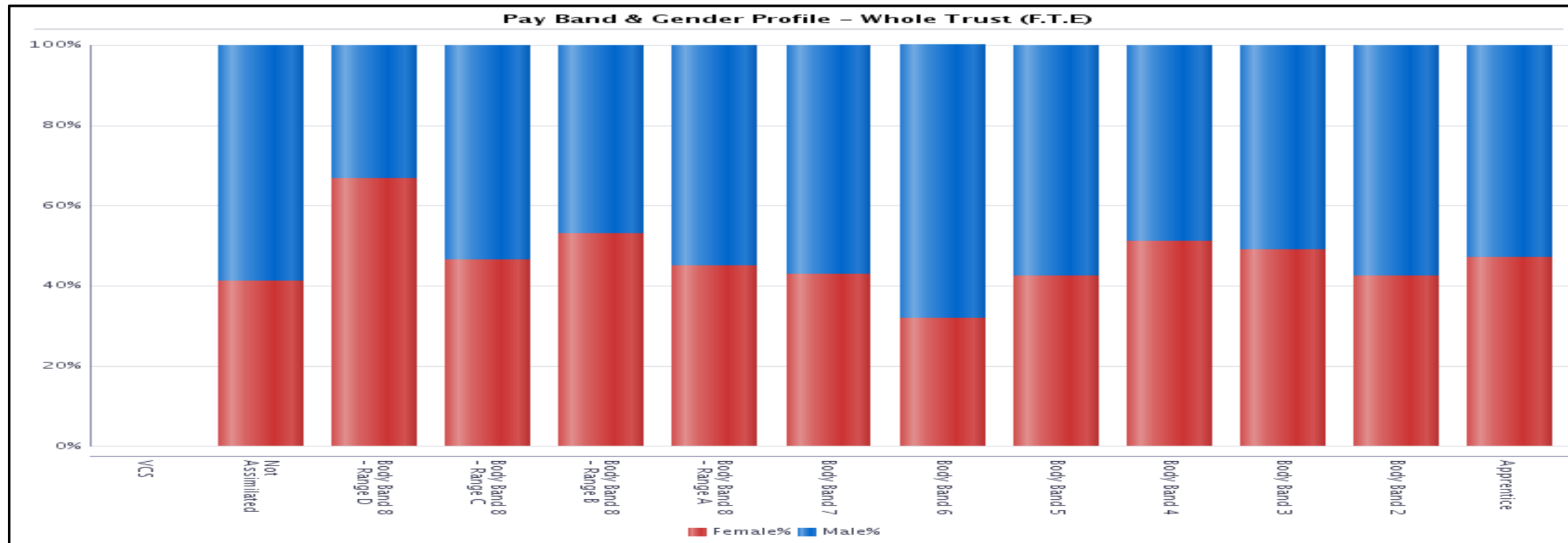
The graph opposite shows the staff group breakdown within a 5 year age bracket using FTE. This data is tabulated below in 20 year banding per staff group.

Paramedic qualified staff are represented below within the staff group Allied Health Professionals, ECAs and Technicians are shown under the staff group Additional Clinical Services.

Staff Group	16 - 24	25 - 44	45 - 64	65 +	Grand Total
Add Prof Scientific and Technic		1.00	0.67		1.67
Additional Clinical Services	268.29	964.70	956.67	33.14	2222.80
Administrative and Clerical	33.90	264.17	235.67	4.37	538.11
Allied Health Professionals	14.00	697.02	477.47	1.43	1189.92
Estates and Ancillary	3.00	46.44	93.99	10.71	154.14
Medical and Dental		1.00	1.00	0.80	2.80
Nursing and Midwifery Registered		17.02	41.51	1.00	59.53
Grand Total	319.19	1991.35	1806.98	51.45	4168.97

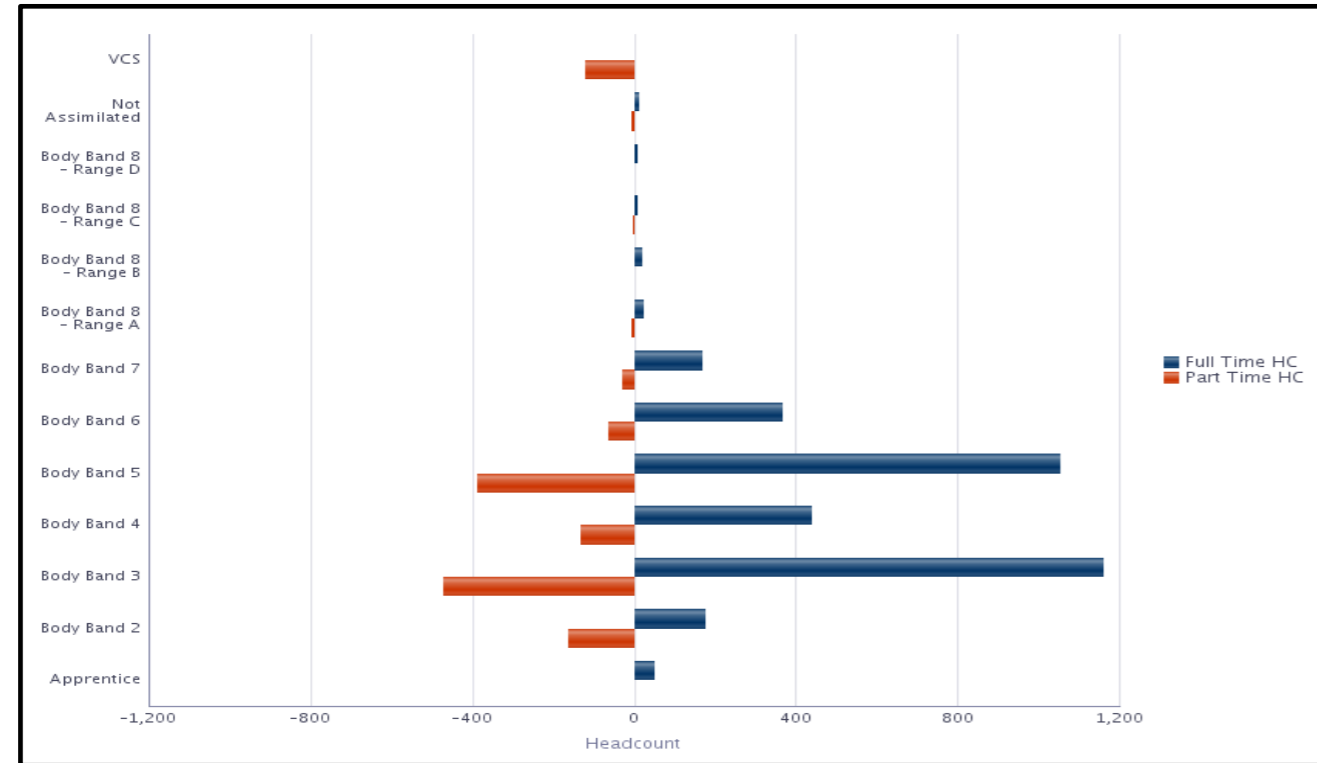
Gender 100% Profile by Pay Band

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

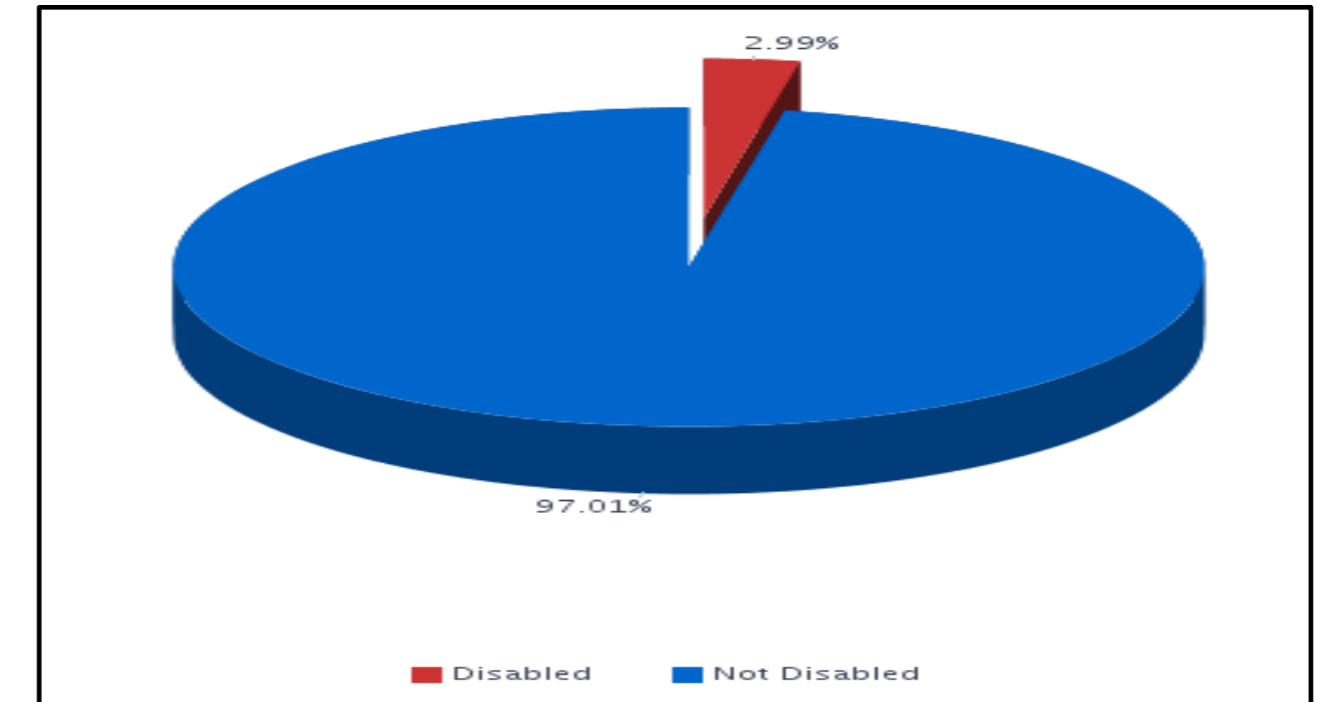
Gender	Employee Category	HC	FTE	FTE %
Female	Full time	1373.00	1373.17	73%
	Part Time	887.00	498.42	26.63%
	Total	2260.00	1871.59	100%
Male	Full Time	2132.00	2132.00	93%
	Part time	490.00	165.33	7.20%
	Total	2622.00	2297.33	100%

AFC Pay Band	Female	Male	Grand Total
Apprentice	24	27	51
Band 2	161	178	339
Band 3	839	791	1630
Band 4	299	272	571
Band 5	639	803	1442
Band 6	146	286	432
Band 7	89	111	200
Band 8 - Range A	14	16	30
Band 8 - Range B	12	11	23
Band 8 - Range C	6	6	12
Band 8 - Range D	6	3	9
Not Assimilated	8	14	22
VCS	17	104	121
Grand Total	2260	2622	4761

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	51		51
Band 2	177	162	339
Band 3	1161	469	1630
Band 4	440	131	571
Band 5	1053	389	1442
Band 6	370	62	432
Band 7	171	29	200
Band 8 - Range A	26	4	30
Band 8 - Range B	22	1	23
Band 8 - Range C	10	2	12
Band 8 - Range D	9		9
Not Assimilated	15	7	22
VCS		121	121
Grand Total	3505	1377	4882

Disability Profile



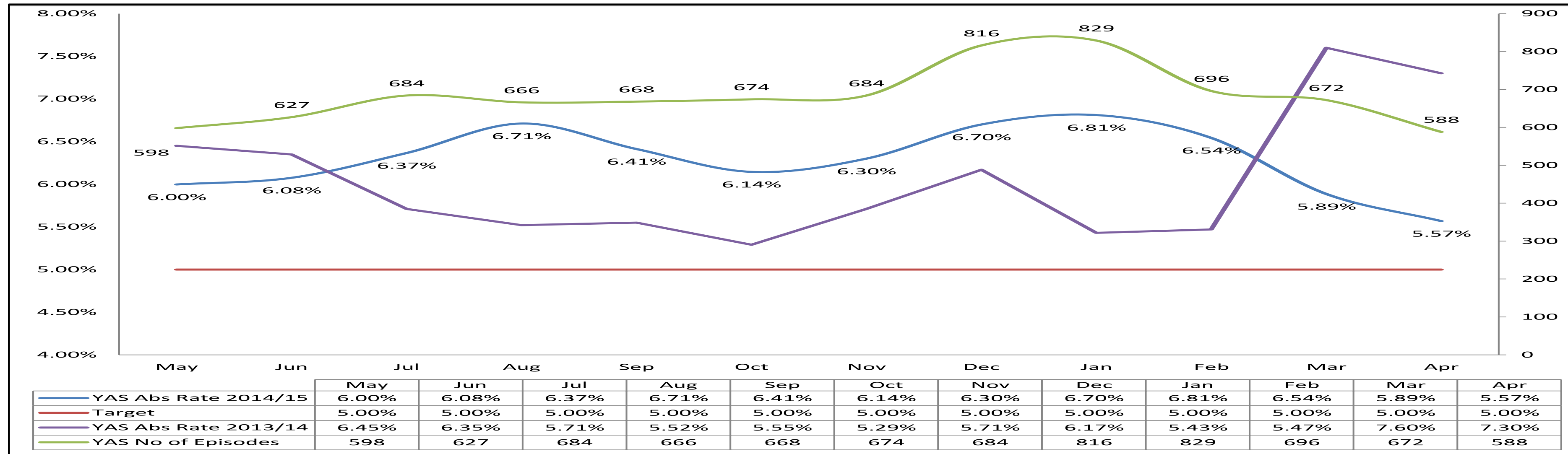
The pie chart above shows the disability profile by headcount of all staff, while the table below shows disability profile by headcount and FTE.

Disability	Head Count	FTE	Headcount %	FTE %
Disabled	150	136.69	2.99%	3.19%
Not Disabled	4852	4141.01	96.87%	96.69%
Unspecified	7	50.03	0.14%	0.12%
Grand Total	4882	4168.91	97.46%	97.32%

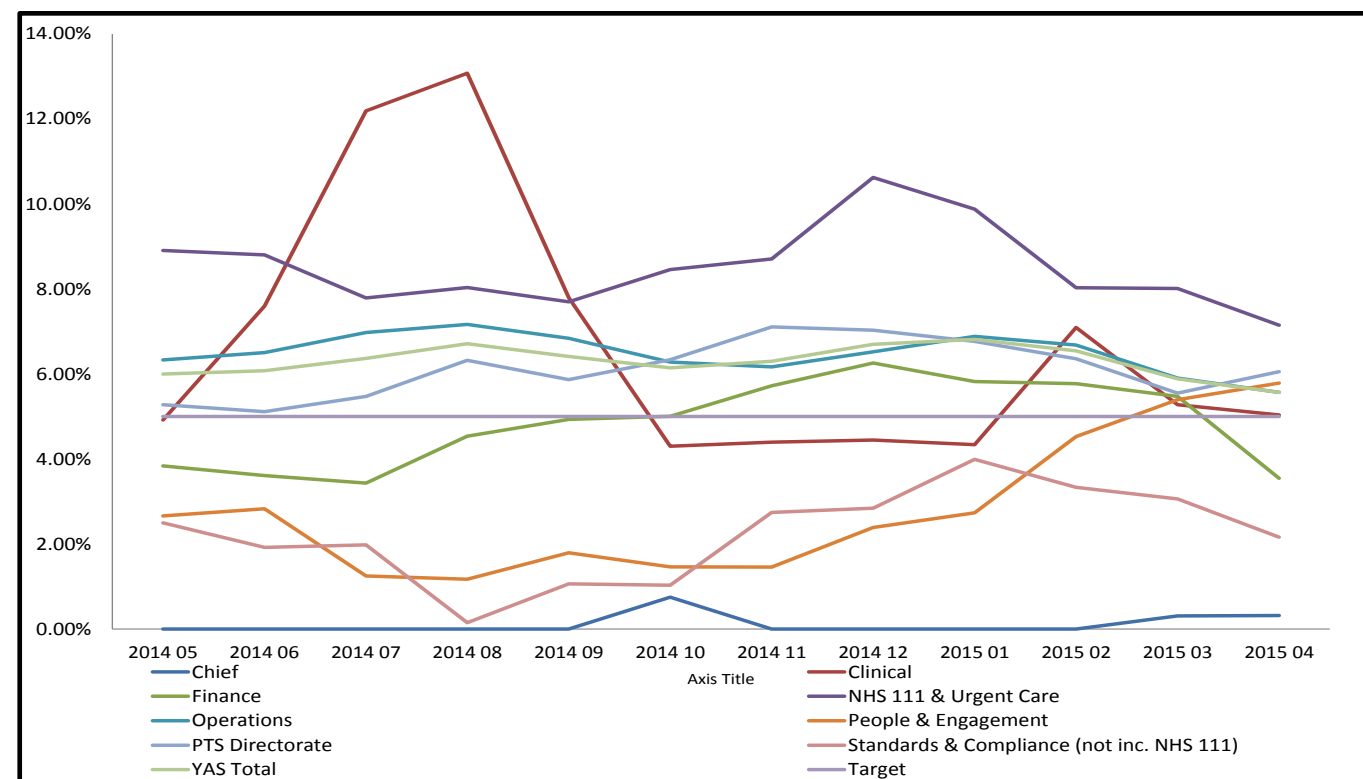
Sickness Absence

EWI

Sickness Absence Rates – 12 month trend analysis



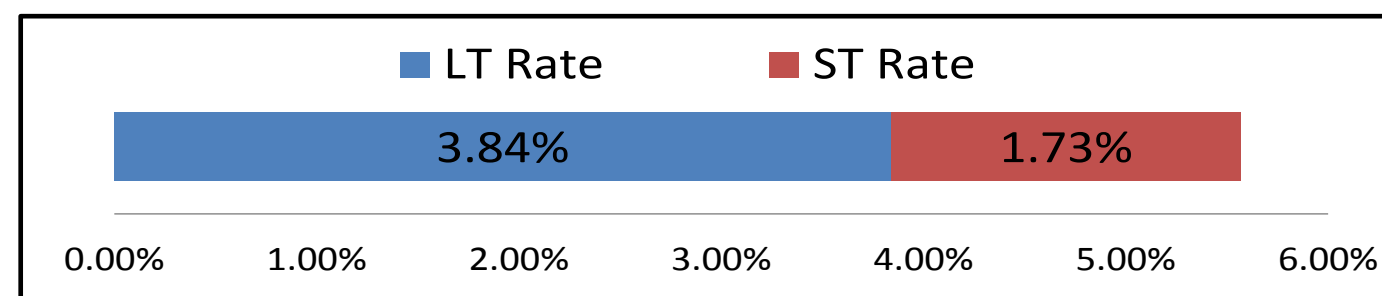
Sickness Absence Rates – Directorate 12 month trend



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	PTS	Stan	Total	Target
2014 05	0.00%	4.92%	3.83%	8.90%	6.33%	2.66%	5.27%	2.49%	6.00%	5.00%
2014 06	0.00%	7.60%	3.61%	8.79%	6.50%	2.83%	5.11%	1.92%	6.07%	5.00%
2014 07	0.00%	12.19%	3.43%	7.79%	6.97%	1.25%	5.47%	1.98%	6.36%	5.00%
2014 08	0.00%	13.07%	4.54%	8.03%	7.16%	1.17%	6.32%	0.15%	6.71%	5.00%
2014 09	0.00%	7.80%	4.93%	7.70%	6.84%	1.79%	5.87%	1.06%	6.41%	5.00%
2014 10	0.75%	4.30%	5.01%	8.44%	6.28%	1.46%	6.33%	1.03%	6.14%	5.00%
2014 11	0.00%	4.39%	5.72%	8.70%	6.16%	1.43%	7.11%	2.74%	6.30%	5.00%
2014 12	0.00%	4.34%	6.28%	10.57%	6.55%	2.39%	7.03%	2.84%	6.72%	5.00%
2015 01	0.00%	4.25%	5.84%	9.86%	7.00%	2.75%	6.76%	3.99%	6.89%	5.00%
2015 02	0.00%	6.96%	5.79%	7.98%	6.80%	4.57%	6.36%	3.33%	6.68%	5.00%
2015 03	0.31%	5.27%	5.51%	8.32%	6.04%	5.44%	555.00%	3.06%	6.08%	5.00%
2015 04	0.32%	5.03%	3.54%	7.15%	5.57%	5.79%	6.05%	2.16%	5.57%	5.00%

LT / ST Sickness Absence Trust Total



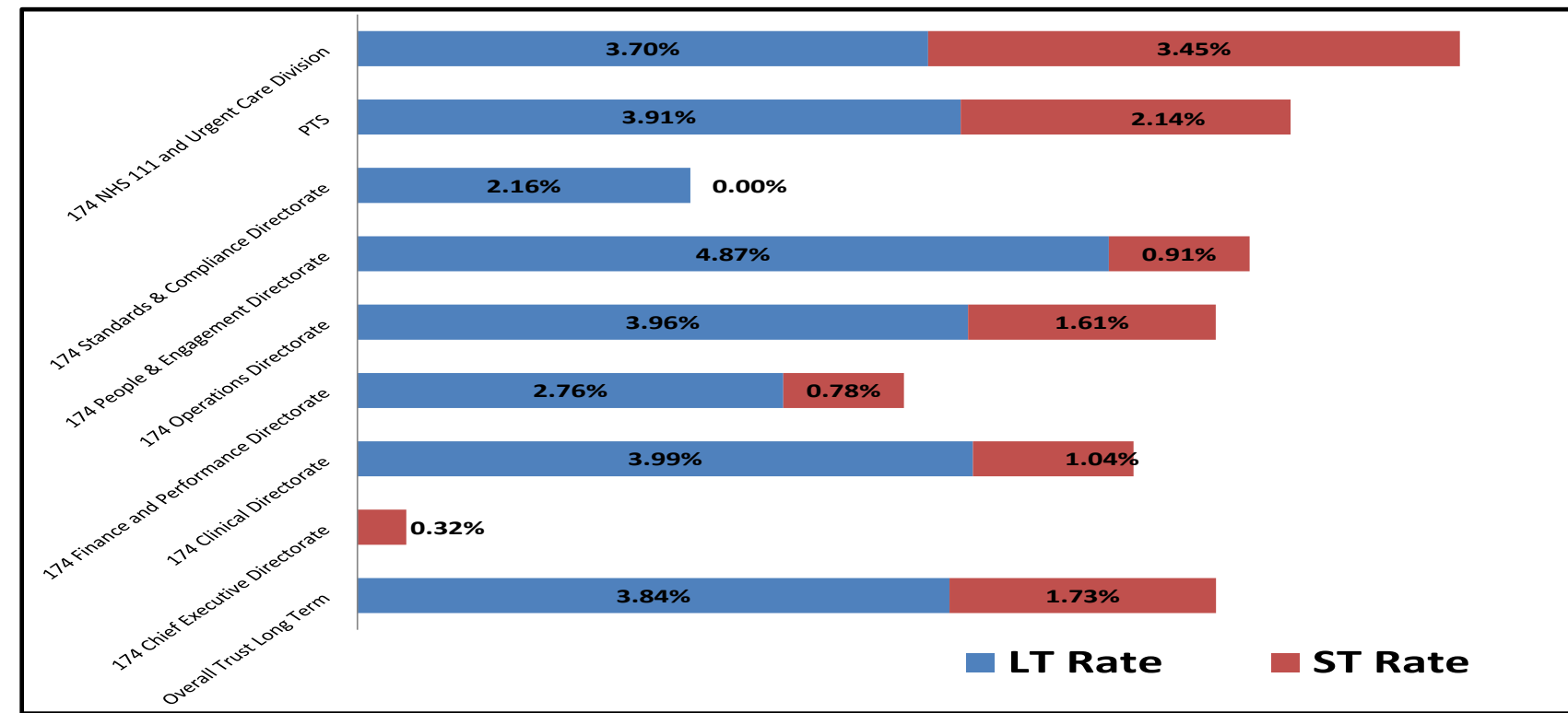
The graph opposite shows aPRIL 2015 Long Term & Short Term sickness absence rate for the whole trust.

The trust sickness rate for April 2015 is 5.57% which consists of 3.84% long term (28 days or more) and 1.73% short term

Sickness Absence EWI

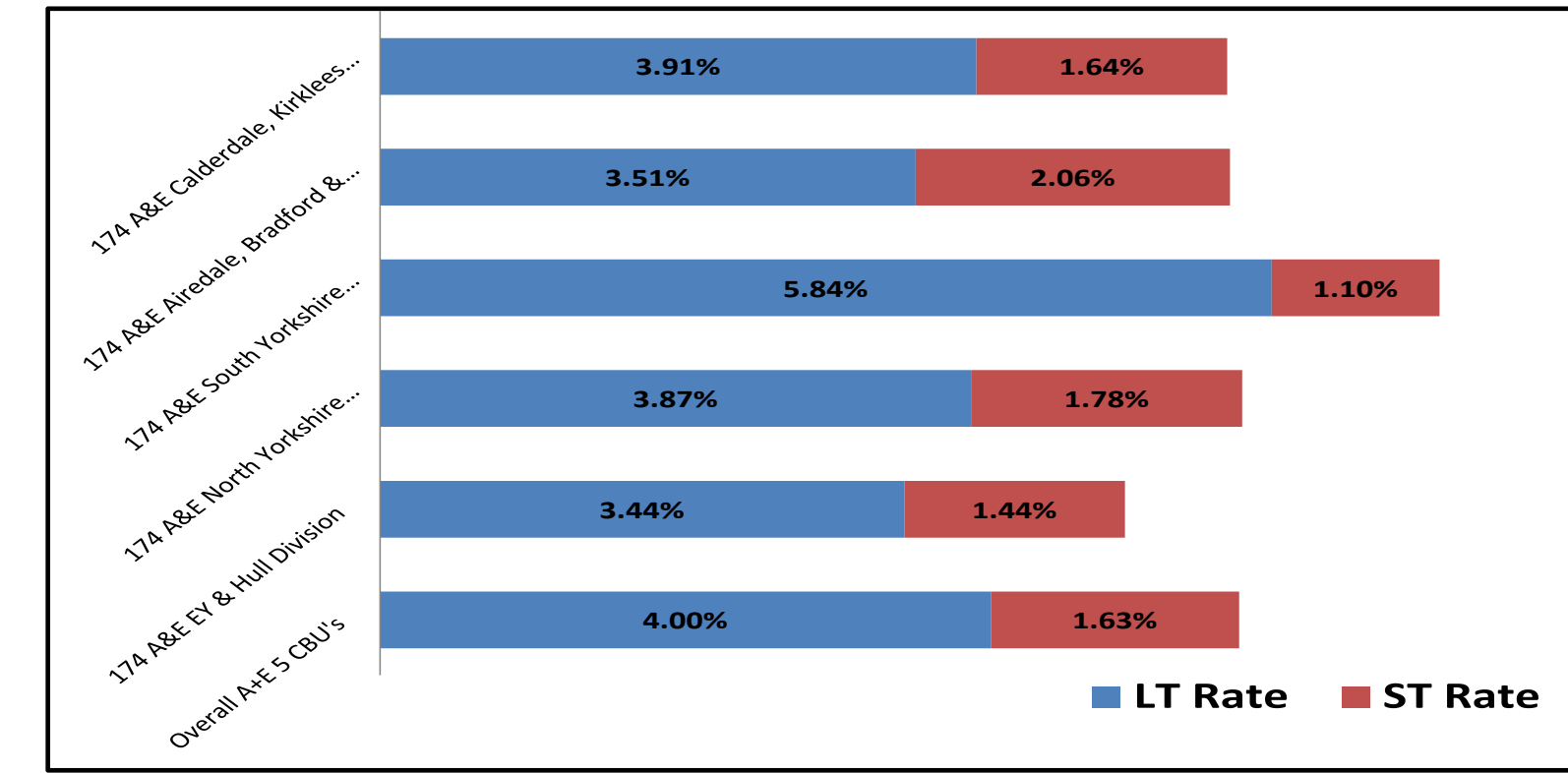
2015 02	Absence (FTE)	Available (FTE)	% Absence rate (FTE)	Calendar Days Absent	No of Episodes
174 Chief Executive Directorate	1.6	504	0.32%	2	1
174 Clinical Directorate	75.65	1502.68	4.03%	77	6
174 Finance and Performance Directorate	296.49	8,364.46	3.54%	320	24
174 Operations Directorate	4,425.25	79,536.07	5.57%	4900	363
174 PTS Directorate	1,323.62	21,869.58	6.05%	1464	100
174 People & Engagement Directorate	171.01	2,954.96	5.79%	178	11
174 Standards & Compliance Directorate	30	1,389.20	2.16%	30	1
174 NHS111 and Urgent Care	628.97	8,796.88	7.15%	854	82
174 Yorkshire Ambulance Service Trust	6,955.59	124,917.83	5.57%	7825	588

LT/ST Sickness Absence Analysis by Directorate



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 separates PTS.

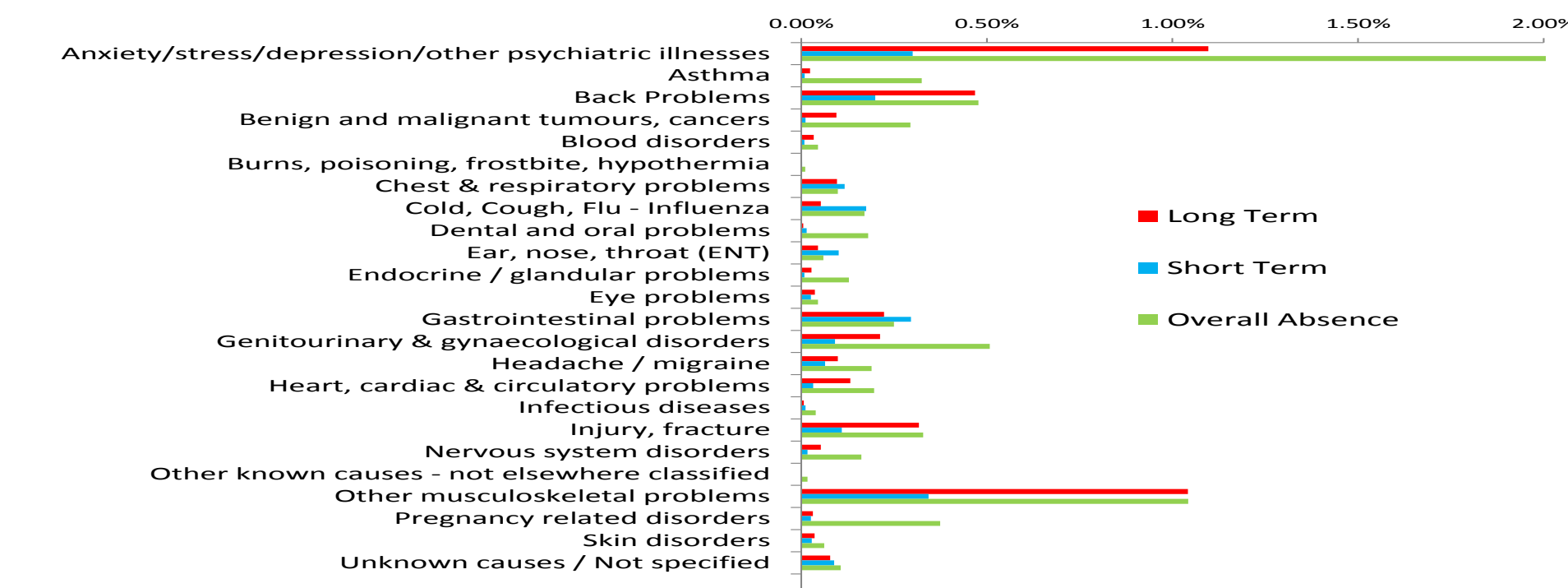
LT/ST Sickness Absence Analysis by Operations CBU



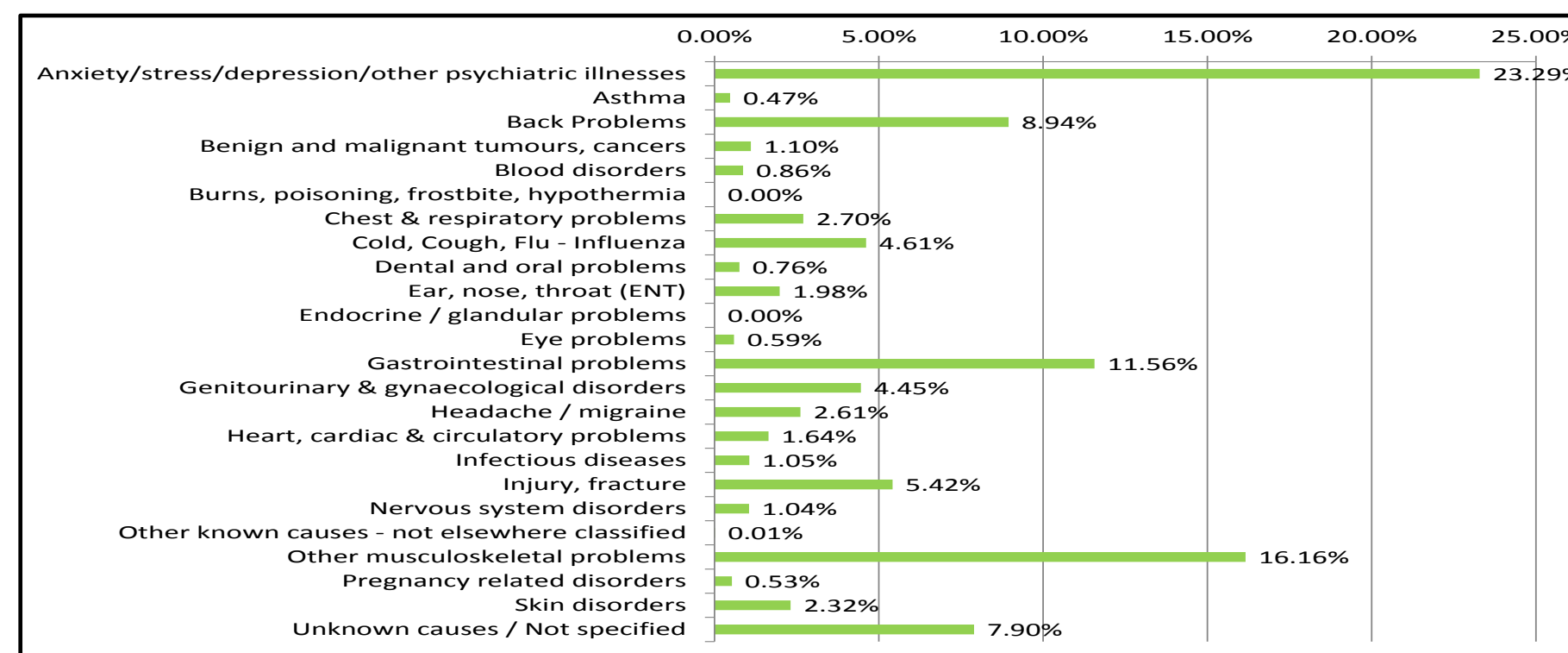
The graph above shows our LT/ST Sickness Absence Analysis for our 5 A+E CBU areas

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

The graph below shows the split of Long and Short Term sickness absence rates for all Directorates for the period May14 – Apr15 by absence reason.



The table below shows the absence reason as a percentage of 100 for April 2015. We can see that the bulk of absence is in the areas of Stress, Musculo skeletal, Back and Gastro.

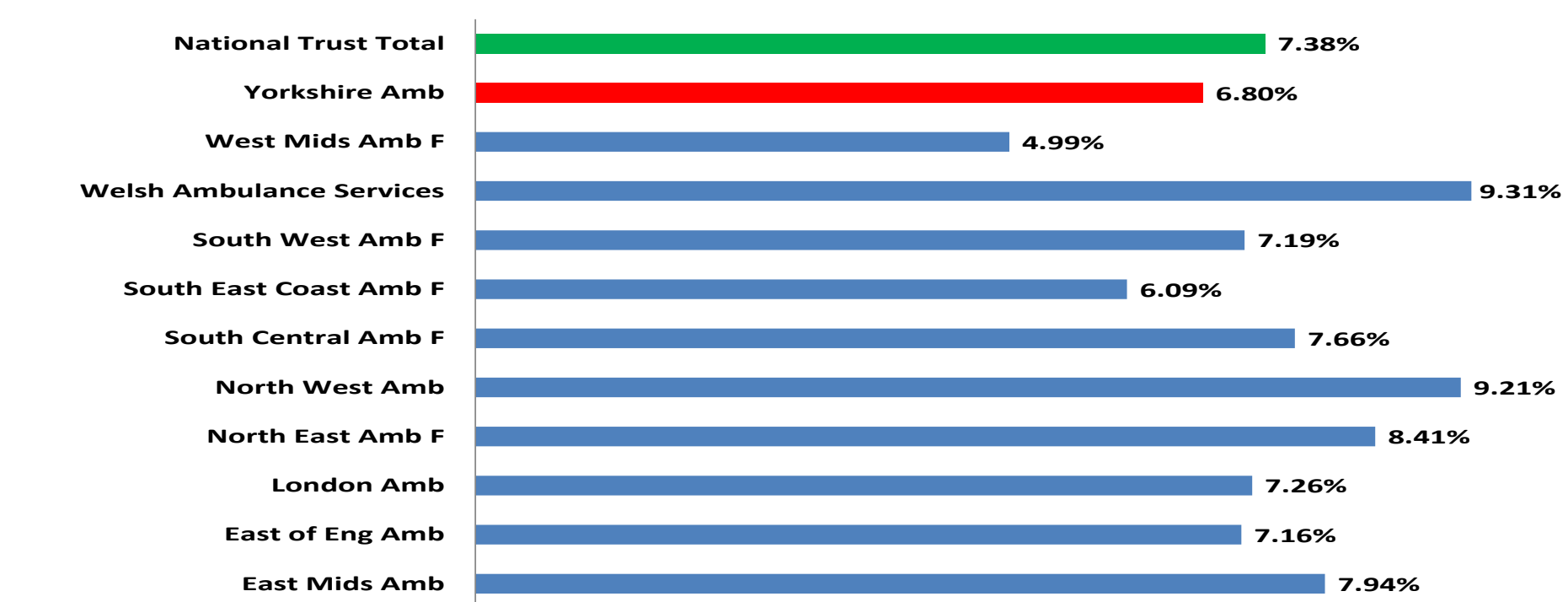


Absence Type

2015 02	Absence (FTE)	% Abs Rate of Trust Total	No of Episodes
Sickness	6955.59	5.57%	588
Adoption	30	0.02%	1
Maternity	911.87	0.73%	40
Ordinary Paternity Birth	53.00	0.04%	6
Paid Leave	13.65	0.01%	14
Special Leave	35	0.03%	4
Trust Grand Total	6,955.59	6.40%	653

The absence table above indicates the absence rates according to each of the absence types currently recorded in ESR for April 2015

Benchmarking Information – December 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 the Health and Social Care Information Centre.

The National Ambulance Service average for the month of December 2014 is 7.38% and the chart opposite shows all UK Ambulance Services and there combined LT and ST Sickness Absence for this period.

The Sickness Absence for the Yorkshire Ambulance Service for December 2014 within I View is reported as 6.80%.

Occupational Health - Key Performance Indicators (KPI)

Please note the information for this section is for March 2015 as the release of OH information is two months behind the rest of the report.

The table below indicates our KPI Report for the last 6 months along with our current information for March 2015.

This indicates where we currently sit for the following; Employment Health Screenings (100%), Management Referral Appointment Lead Time (89%) and Report Return Lead Time (93%).

Month	Employment Health Screens				Management Referrals Appointment Lead Time				Report Return Lead Time		
	No Of Screens	<5 days	>5 days	% < 5 Days	No of Referrals	Appointments < 5 days	Appointments > 5 days	% Appointments < 5 Days	Reports to Client < 1 day	Reports to Client > 1 day	% Reports to Client < 1 day
October	199	199	0	100%	113	98	15	87%	112	1	99%
November	176	176	0	100%	112	104	8	93%	111	1	99%
December	61	61	0	100%	77	73	4	95%	75	2	97%
January	119	119	0	100%	116	113	3	97%	105	11	91%
February	100	100	0	100%	65	55	10	85%	65	31	85%
March	112	112	0	100%	206	150	56	73%	175	100	93%

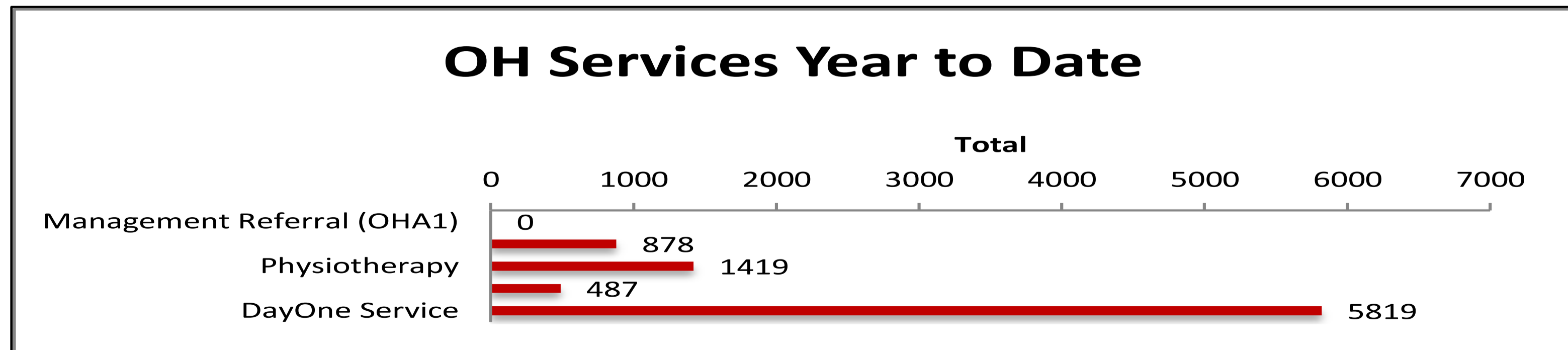
Occupational Health - DNA and Cancelled OH Service Appts

Jan-15	Cancelled With Charge	Did Not Attend (DNA)	Grand Total	Month
No Of Staff	5	45	50	March
No Of Staff	2	28	30	February
No Of Staff	9	31	40	January
No Of Staff	7	30	37	December
No Of Staff	6	29	35	November
No Of Staff	6	22	28	October

The table opposite indicates the volume of staff that has either 'Cancelled' or 'Did Not Attend' their OH appointment date in March 2015. We have also included previous months to compare this months data.

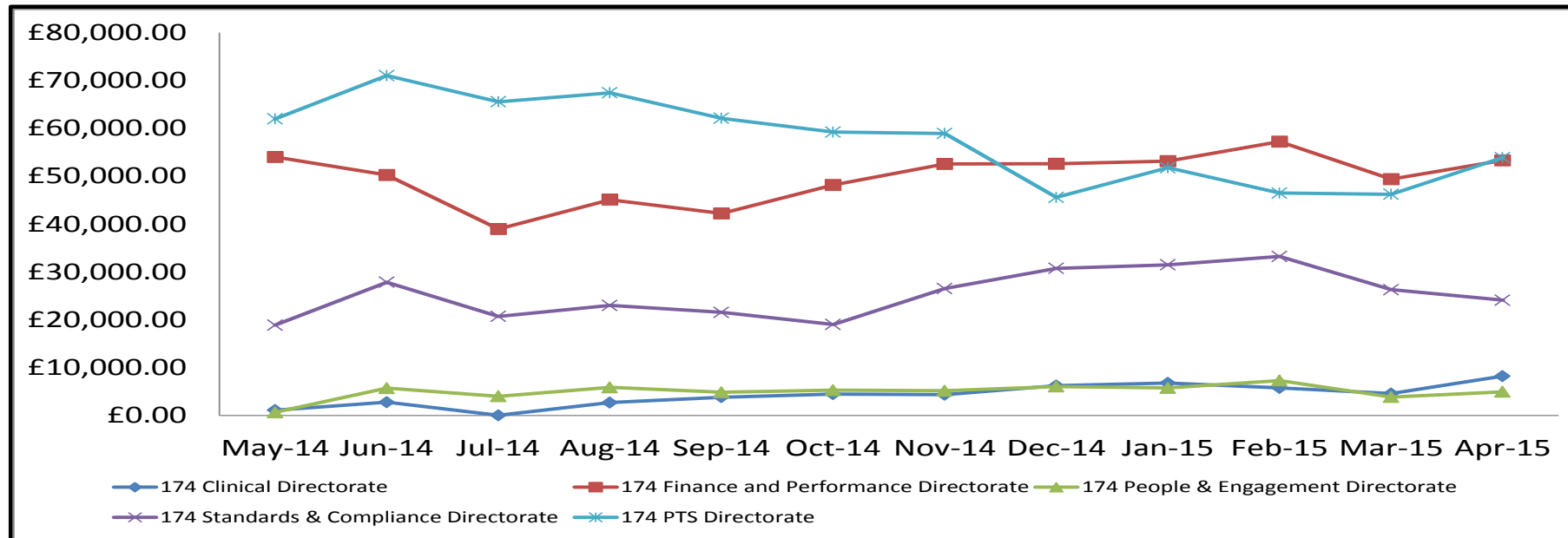
The table below indicates the core OH services used by YAS staff members for the year to date. As you can see below we had 5819 staff members who used the day one service within the financial year to date (2014/2015).

Occupational Health - Core Service Usage



Overtime, Vacancies & Turnover

Gross Overtime Costs by Directorate (exc Operations)



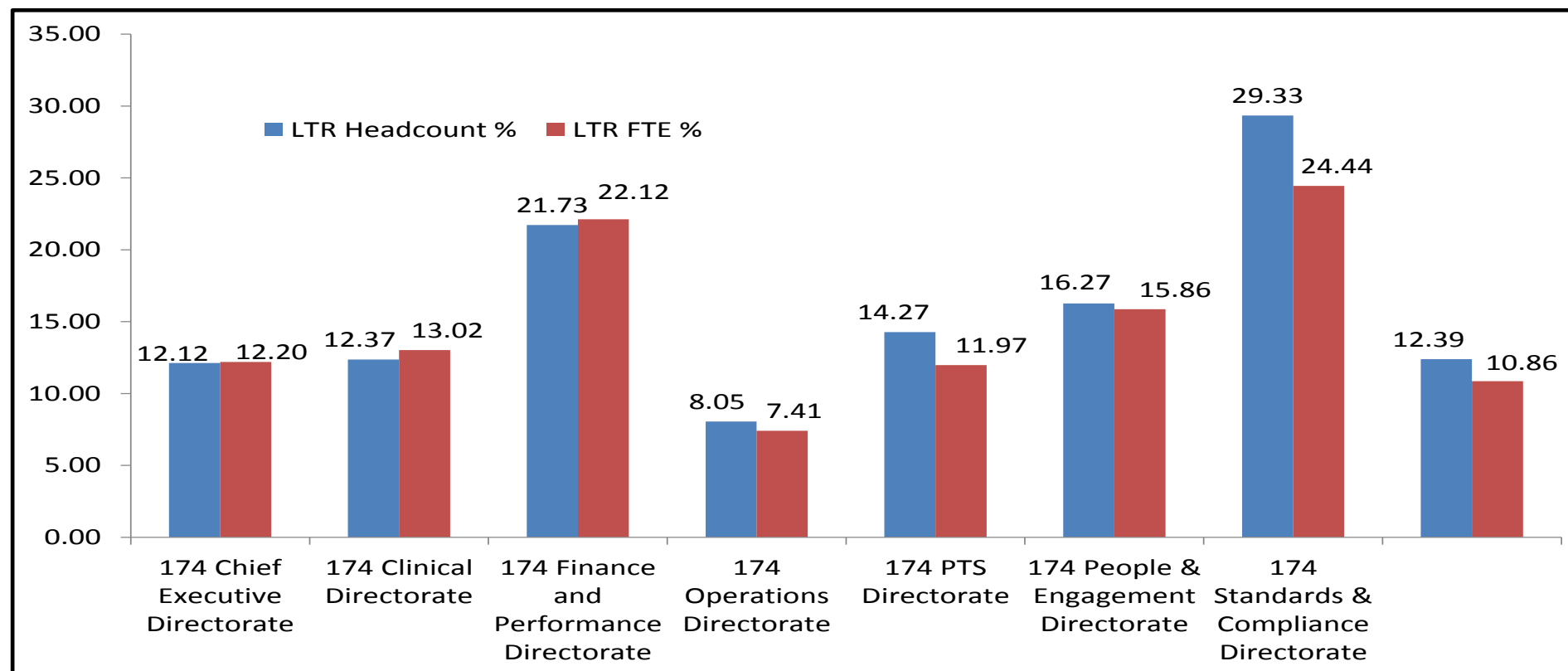
This chart above shows the YAS gross overtime costs across a 12 month period from May14 – Apr15 for all directorate excluding Operations.

The table below indicates the budgeted establishment and actual staff in post for the end of March 2015. The worked column indicates staff hours actually worked vs the budget.

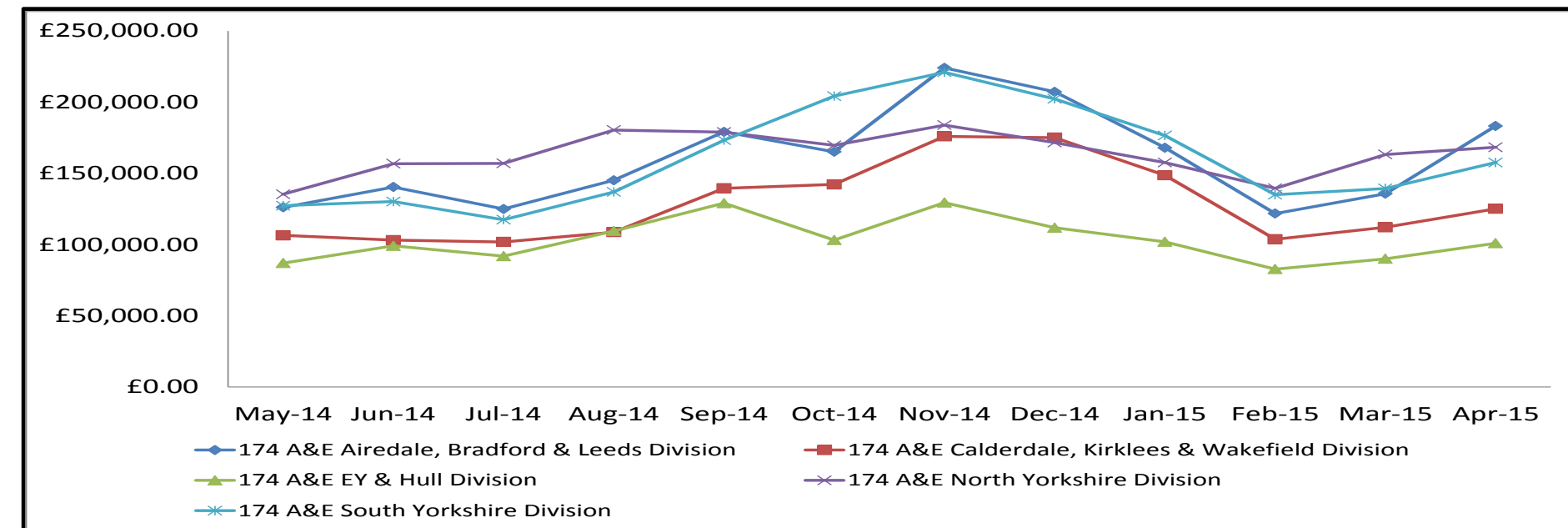
As you may see below there is a current discrepancy with the directorate figures for Budget vs Worked which is currently being investigated by Finance and MI.

Directorate	Budget	Staff in Post	Staff in Post	Worked	Worked
	WTE	WTE	Headcount	WTE	Hours
Chief Executive	23.80	16.80	17.00	24.80	1,918.40
Clinical	60.59	50.38	56.00	59.82	8,153.42
Finance & Performance	364.09	278.27	323.00	278.92	51,225.19
Operations	2,942.09	2,657.79	2,934.00	2,794.66	472,797.28
People and Engagement	118.74	729.61	975.00	102.14	17,069.17
PTS	624.86	99.15	115.00	581.07	57,155.78
Standards and Compliance	350.10	336.92	462.00	332.64	123,061.16
Total	4,453.11	4,168.92	4,882	4,215.40	731,380.40

Turnover by Directorate



Gross Overtime Costs Operations



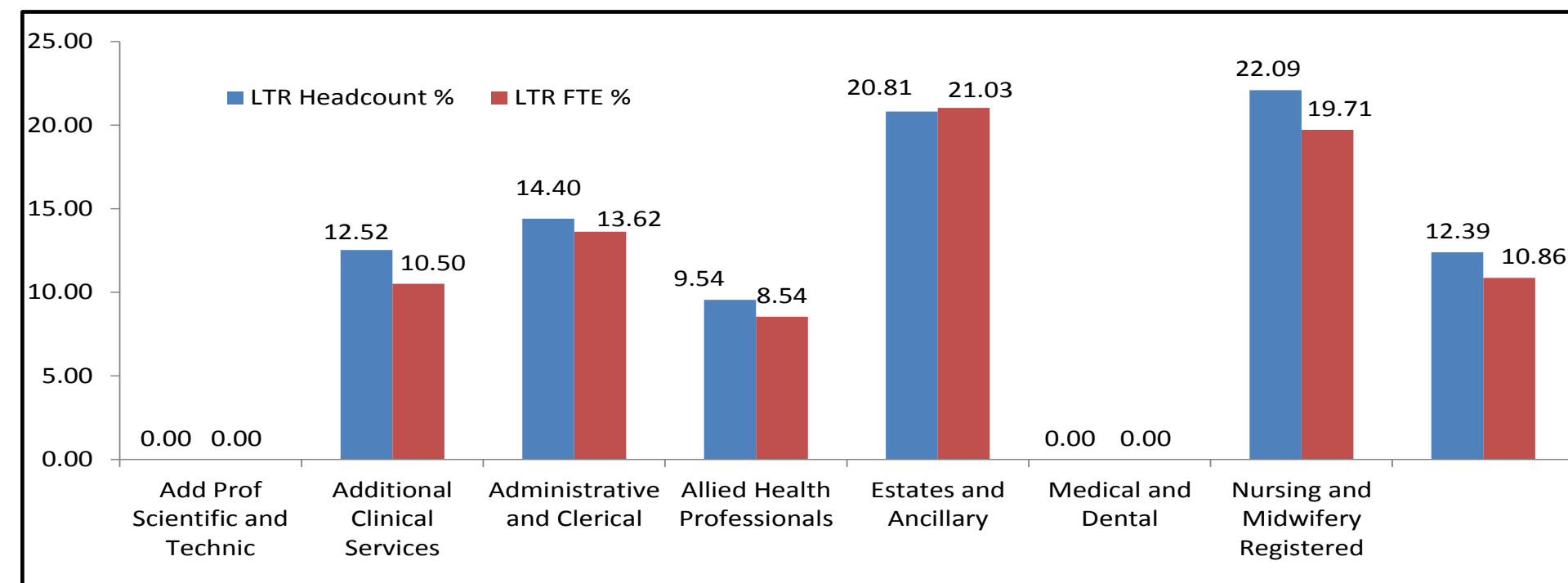
The table below shows the gross cost for overtime from ESR for the month of April 2015 across all directorates.

The chart opposite show the YAS gross overtime costs across a 12 month period from May 14 – Apr 15 for all the major operations divisions.

Directorate	Apr-15
174 Clinical Directorate	£8,226.95
174 Finance and Performance (Not inc. PTS)	£53,305.60
174 Operations Directorate	£861,973.02
174 People & Engagement Directorate	£4,968.53
174 Standards & Compliance (Not inc. NHS 111)	£24,104.90
174 PTS Directorate	£53,883.49
Grand Total	£1,006,462.49

Turnover by Staff Group

This charts opposite and below shows the turnover rate for the period May 14 – Apr 15 by both Directorate and Staff Group.



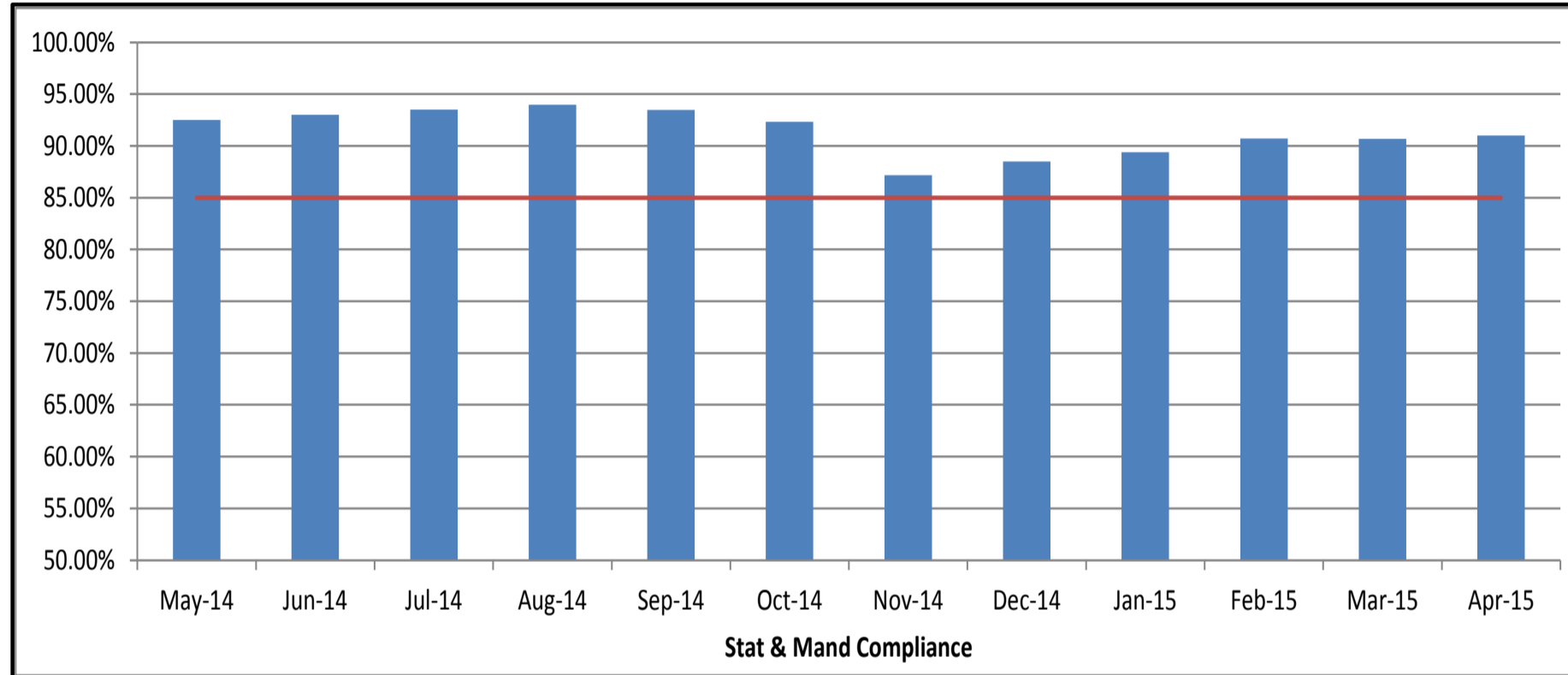
Paramedics and ECPs sit within our Allied Health Professionals. ECAs and Technicians are shown under the staff group Additional Clinical Services

Learning and Development

EWI

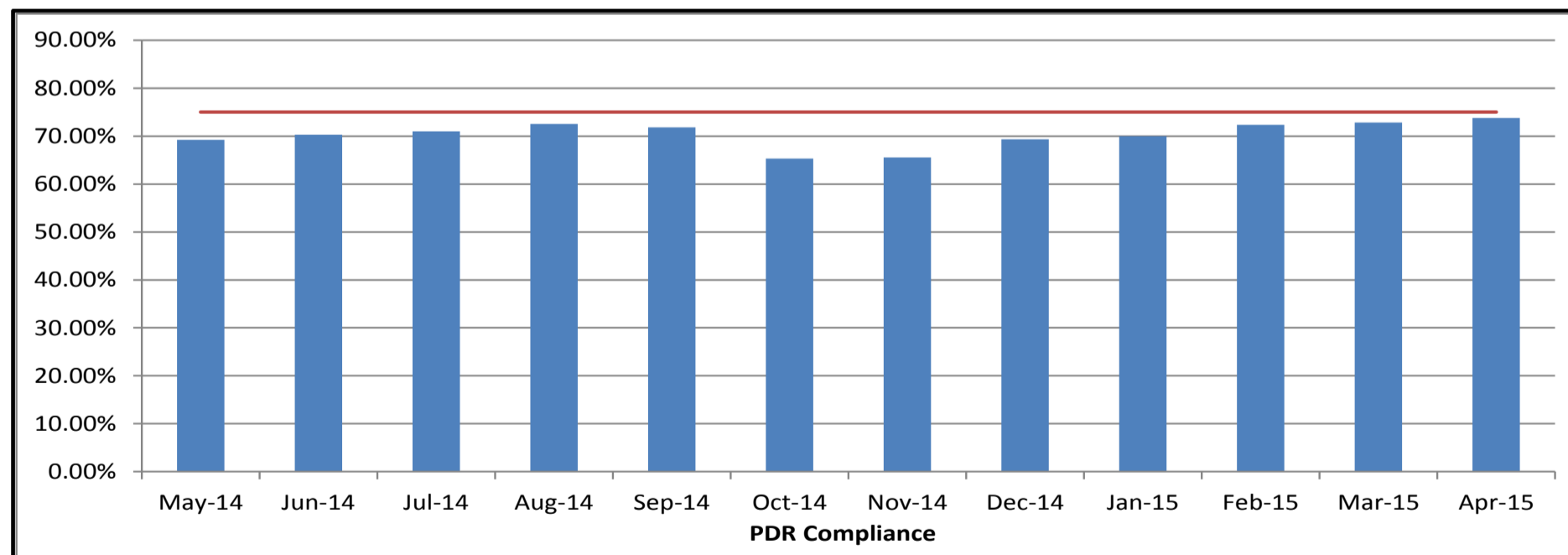
Statutory & Mandatory Training Workbook Combined

The red line across the chart illustrates the trust Stat & Mand Training Workbook compliance target which is currently set at 85%.



PDR Compliance from Feb 2014 to Jan 2015

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

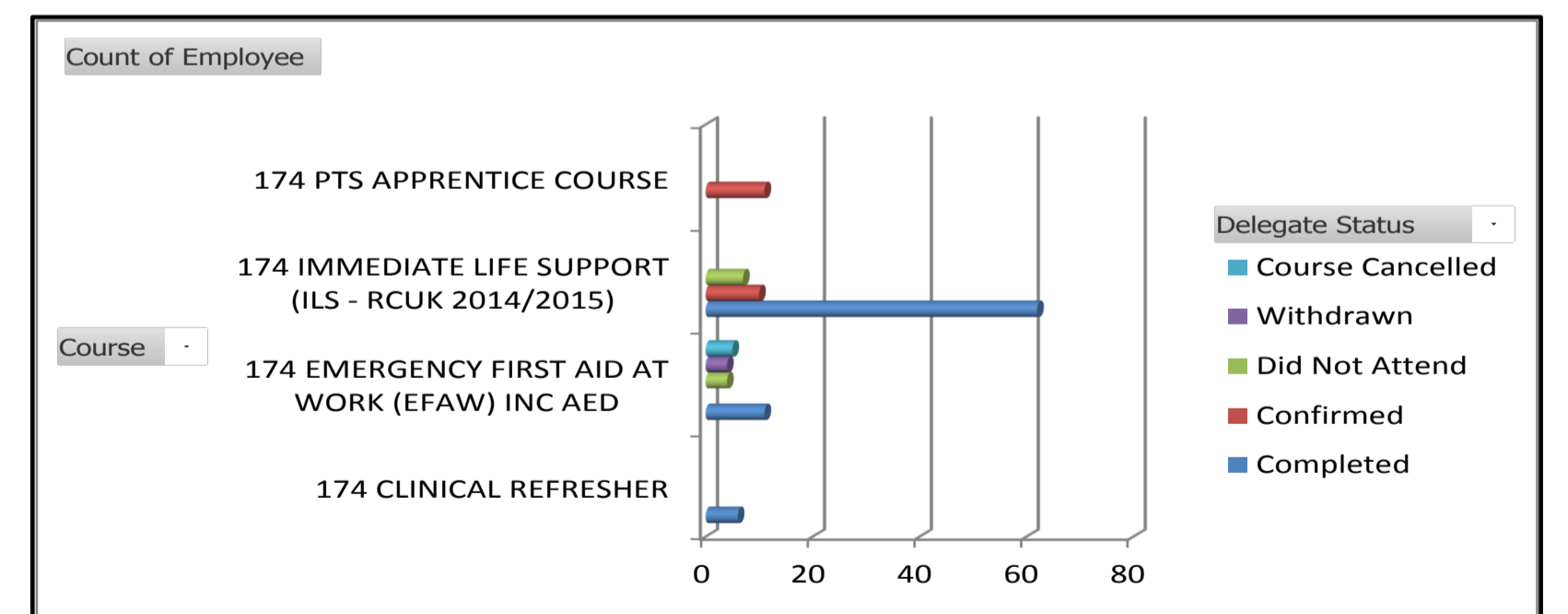


Staff Appraisals

Directorates	Compliant	Overdue	No PDR Recorded
174 Chief Executive Directorate	20.00%	70.00%	10.00%
174 Clinical Directorate	68.63%	29.41%	1.96%
174 Finance and Performance Directorate	77.70%	18.24%	4.05%
174 Operations Directorate	69.67%	24.07%	6.26%
174 People & Engagement Directorate	72.00%	23.00%	5.00%
174 PTS Directorate	82.03%	12.89%	5.08%
174 Standards & Compliance Directorate	85.53%	9.30%	5.17%
Grand Total	73.73%	20.54%	5.73%

This month 3126 assignments of the possible 4240 (73.73 %) have an in- date PDR recorded in ESR for the current appraisal period.

The table below 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 February 2015 and 30 April 2015.





Section 5

Finance



	<i>reference</i>
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £1.502m (7.5%). 	5.4
<ul style="list-style-type: none"> This is £0.018m behind the YTD plan of £1.519m (7.6%). 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has reported a surplus as at the end of March 2015 of £0.469m against a budgeted surplus of £0.423m, a positive variance of £0.046m. 	5.4
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £16.066m at 30th April 2015 against a plan of £16.019m. 	5.8/ 5.11
NHS TDA 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 £8.786m for 2015/16 and identified schemes totalling £9.509m. 	5.7
<ul style="list-style-type: none"> 100% delivery of the CIP target was achieved in Month 1 against plan and 99% of this was achieved through recurrent schemes. This creates a favourable variance against plan of £1k. Reserve schemes have achieved £61k of the savings made for the year. 	

	Actual vs Plan
EBITDA	⊗
Surplus	★ ★
Cash	★ ★
Monitor rating	★
Recurrent 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. Whilst recurrent CIPs are under achieving, non-recurrent reserve schemes generate an overall 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	Current Month Year to Date Metrics			
	Plan £000s	Actual / Forecast £000s	Variance £000s	RAG Rating
Accountability Framework				
NHS Financial Performance				
1b) Year to Date, Actual compared to Plan	423	469	46	GREEN
Financial Efficiency				
2a) Actual Efficiency for Year to Date compared to Plan	545	546	1	AMBER
- Recurrent Efficiencies Year to Date compared to Plan	545	543	(2)	
Underlying Revenue Position				
3) Forecast Outturn Underlying Revenue Position compared to Plan	0	0	0	GREEN
Cash and Capital				
4) Forecast Year End Charge to Capital Resource Limit	14,041	14,041	0	GREEN
5) Temporary PDC for Liquidity Purposes (cumulative sum)		0		GREEN
Trust Overall RAG Rating				GREEN

Financial Criteria	Metric	Year to Jan 15	Rating	Weight	Weighted score	Actual statistic	Comments	Calculation
Continuity of Service	Liquidity Ratio (days)	Actual year to date	4	50%	2	20.0	Achieving a rating of 4	Cash for liquidity purposes divided by Operating expenses
	Capital Servicing capacity (times)	Actual year to date	4	50%	2	5.77	Achieving a rating of 4	Revenue available for debt service divided by capital service costs
	Continuity of Service				4			

EXECUTIVE SUMMARY**Month One**

At the end of Month one we are reporting a positive variance of £46k against a planned surplus of £423k.

We are presenting an EBITDA of £1.502m (7.5%) which is behind the plan of £1.519m (7.6%).

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. The profile for month 1 is consistent with the trajectory agreed with commissioners, and therefore no Red performance penalties apply for month 1.

This surplus position includes adverse performance within A&E of £185k, mainly driven by overtime and subsistence payments. Fleet are showing an adverse position of £106k predominantly due to maintenance costs and 111 are showing an adverse position of £46k due to overtime and consultancy fees. This is offset by depreciation as a result of slippage within the capital programme, savings on vacancies across the Trust and under utilisation of reserves.

It has been assumed that all costs associated with Hillsborough inquest will be reimbursed.

DIRECTORATE COMMENTARY**A&E - £237k adverse to budget****Income :**

- A&E income is below contract by £84k. Slippage on the start date of North Allerton Maternity activity contributes £35k to the adverse variance. This is offset with secondment income of £4k.
- The A&E contract included penalties of 2% of the base contract value if Red 1, Red 2 or Green performance targets are not met. The maximum penalty overall is capped at 2.5% of the contract value. The month 1 performance is in line with the trajectory agreed with commissioners, and therefore no Red performance penalties apply for month 1

Pay :

- Pay is £120k adverse to budget. This is due to overtime required to deliver rota lines and performance.

Non-Pay :

- Non-Pay is £34k adverse to budget as a result of a change in the subsistence policy from plan.

PTS - £86k adverse to budget.**Income :**

- PTS income is £88k favourable to budget due to the CQUIN risk accrual being released in month as commissioners now confirmed the value of the CQUIN payment. It has been assumed that there is no risk in month to achieving the 2015/16 Q1 CQUIN targets.

Pay :

- Pay expenditure is adverse to budget by £27k due to overtime costs associated with vacant posts.

Non-Pay :

- Non-Pay is largely in line with previous monthly run rate and is therefore adverse to budget by £148k which is attributable to high dependency on taxis and private providers in month.

111 - £21k adverse to budget**Income :**

- 111 income is favourable to budget by £12k. The York SPA contributes £8k to the variance, the remainder is attributable to secondment income.

Pay :

- Pay is £26k adverse to budget due to overtime associated with bank holidays in month.

Non-Pay :

- Non-Pay is £8k adverse to budget due to consultancy expenditure.

EOC - £49k favourable to budget.**Pay :**

- Pay is £43k favourable to budget in the month due to savings on vacancies.

Fleet: Outturn £110k adverse to budget.**Income :**

- Fleet income is adverse to budget by £27k due to lower than anticipated activity in servicing for private customers.

Pay :

- Pay is underspent by £23k due to vacancies within the Cleaning team.

Non-Pay :

- Non-Pay is in line with previous monthly run rate and is £106k adverse to budget predominantly due to maintenance costs, to support operations.

Other movements:

Capital Charges - £63k favourable to budget due to slippage of capital schemes against profile.

Finance Directorate - £62k favourable to budget due to vacancies within Finance and Business Development, £19k and £24k respectively. Claims and Other Payments are favourable to budget by £15k due to a reduction in salary sacrifice payments.

Chief Executive - £15k adverse to budget due to advertising costs associated with recruiting to post.

IM&T : £10k favourable to budget due to salary recharges.

	Current Month			Year to Date		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Accident & Emergency	14,500	14,416	83	14,500	14,416	83
Patient Transport Service	2,220	2,309	-88	2,220	2,309	-88
111	2,422	2,434	-12	2,422	2,434	-12
Other Income	859	839	20	859	839	20
Operating Income	20,001	19,998	2	20,001	19,998	2
Pay Expenditure & reserves	-13,383	-13,242	-140	-13,383	-13,242	-140
Non-Pay expenditure & reserves	-5,099	-5,254	155	-5,099	-5,254	155
Operating Expenditure	-18,481	-18,496	15	-18,481	-18,496	15
EBITDA	1,519	1,502	18	1,519	1,502	18
EBITDA %	7.6%	7.5%		7.6%	7.5%	
Depreciation	-812	-741	-71	-812	-741	-71
Interest payable & finance costs	-112	-111	0	-112	-111	0
Interest receivable	6	6	0	6	6	0
Profit on fixed asset disposal	12	3	8	12	3	8
Dividends, interest and other	-189	-189	0	-189	-189	0
Retained Surplus	423	469	-46	423	469	-46
I&E Surplus %	2.1%	2.3%		2.1%	2.3%	

Income				20,000,579	19,998,295	2,283	20,000,579	19,998,295	2,283
Pay									
A&E Operations	-2,276.55	-2,401.96	125.41	-7,553,964	-7,673,579	119,615	-7,553,964	-7,673,579	119,615
A&E - Urgent Care	-24.00	-33.77	9.77	-82,140	-87,842	5,702	-82,140	-87,842	5,702
PTS Operations	-785.64	-772.08	-13.56	-1,433,957	-1,460,950	26,993	-1,433,957	-1,460,950	26,993
Resilience	-119.77	-120.85	1.08	-424,025	-453,035	29,010	-424,025	-453,035	29,010
EOC	-384.99	-380.15	-4.84	-1,106,602	-1,063,616	-42,986	-1,106,602	-1,063,616	-42,986
Finance	-72.85	-62.27	-10.58	-226,698	-179,788	-46,910	-226,698	-179,788	-46,910
Estates	-15.83	-23.32	7.49	-79,825	-74,119	-5,706	-79,825	-74,119	-5,706
Fleet	-186.93	-174.77	-12.16	-442,026	-419,029	-22,997	-442,026	-419,029	-22,997
IM&T	-39.98	-38.43	-1.55	-125,476	-123,216	-2,260	-125,476	-123,216	-2,260
Procurement	-19.50	-19.05	-0.45	-49,069	-42,164	-6,905	-49,069	-42,164	-6,905
Standards & Compliance	-49.00	-49.53	0.53	-152,310	-158,371	6,061	-152,310	-158,371	6,061
111	-308.10	-293.85	-14.25	-927,985	-954,370	26,385	-927,985	-954,370	26,385
People & Engagement	-118.74	-107.79	-10.95	-378,908	-328,953	-49,955	-378,908	-328,953	-49,955
Clinical Directorate	-36.59	-30.25	-6.34	-141,900	-120,244	-21,656	-141,900	-120,244	-21,656
Chief Executive	-16.80	-12.80	-4.00	-93,963	-103,120	9,157	-93,963	-103,120	9,157
Reserves				-163,656	0	-163,656	-163,656	0	-163,656
Total Pay	-4,455.27	-4,520.87	65.60	-13,382,504	-13,242,395	-140,109	-13,382,504	-13,242,395	-140,109
Non Pay									
A&E Operations				-392,434	-426,421	33,987	-392,434	-426,421	33,987
A&E - Urgent Care				-1,082	-3,347	2,265	-1,082	-3,347	2,265
PTS Operations				-132,929	-280,949	148,020	-132,929	-280,949	148,020
Resilience				-153,386	-97,949	-55,437	-153,386	-97,949	-55,437
EOC				-15,971	-10,638	-5,333	-15,971	-10,638	-5,333
Finance				-1,189,237	-1,112,361	-76,875	-1,189,237	-1,112,361	-76,875
Estates				-394,081	-408,762	14,681	-394,081	-408,762	14,681
Fleet				-1,485,709	-1,591,630	105,922	-1,485,709	-1,591,630	105,922
IM&T				-339,158	-339,360	202	-339,158	-339,360	202
Procurement				-279,553	-285,746	6,193	-279,553	-285,746	6,193
Standards & Compliance				-157,612	-160,762	3,150	-157,612	-160,762	3,150
111				-1,378,480	-1,385,328	6,848	-1,378,480	-1,385,328	6,848
Other				0	0	0	0	0	0
People & Engagement				-130,830	-159,581	28,751	-130,830	-159,581	28,751
Clinical Directorate				-3,960	1,205	-5,165	-3,960	1,205	-5,165
Chief Executive				-19,526	-24,881	5,355	-19,526	-24,881	5,355
Reserves				-120,725	0	-120,725	-120,725	0	-120,725
Total Non Pay				-6,194,672	-6,286,511	91,839	-6,194,672	-6,286,511	91,839
Total Expenditure	-4,485.27	-4,520.87	35.60	-19,577,176	-19,528,906	-48,270	-19,577,176	-19,528,906	-48,270
Surplus/(Deficit)				423,403	469,390	-45,987	423,403	469,390	-45,987

CIP DELIVERY

- 100% delivery of the CIP target was achieved in Month 1 against plan and 99% of this was achieved through recurrent schemes. This creates a favourable variance against plan of £1k. Reserve schemes have achieved £61k of the savings made for the year.
- In A&E the A&E operational efficiency, EOC restructure and Clinical Hub CIPs are achieving against plan. The CIP to remove subsistence payments slipped against plan which has created an adverse variance of (£23k).
- The underperformance against plan in PTS is mainly explained by the failure to reduce subcontractor spend by (£3k) in the East and (£9k) in the West. In addition, the CIP to optimise patient collection has also slipped against plan by (£1k) as it has not been implemented yet.
- 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
Planned Savings	£000	£000	£000	£000
Accident & Emergency	4,598	357	334	(23)
Patient Transport Service	1,500	58	45	(13)
Special Operations	157	14	13	(1)
Standards and Compliance	243	20	20	0
Finance	105	3	1	(2)
Clinical Directorate	50	4	4	0
Trust wide	2,133	89	68	(21)
<i>Recurrent Planned Savings</i>	<i>8,786</i>	<i>545</i>	<i>485</i>	<i>(60)</i>
<i>Non-recurrent Planned Savings</i>				
Sub Total	8,786	545	485	(60)
Reserve Schemes	£000	£000	£000	£000
PTS productivity improvement			53	
VFM Quality and Risk - recurrent			5	
VFM Quality and Risk - non-recurrent			3	
<i>Recurrent Reserve Schemes</i>			58	
<i>Non-recurrent Reserve Schemes</i>			3	
Sub Total			61	
Total	8,786	545	546	1

Summary of Top 5 Schemes 2015/16

CIP Scheme	Lead Mgr	2015/16 £000	15/16 YTD Plan £000	15/16 YTD Actual £000	Variance £000
A&E operational efficiency	H Hugill	2,843	231	231	0
Increase use of clinical hub (triage)	B Holdaway	1,222	82	82	0
PTS productivity improvement	J Halliwell	635		53	
Autoscheduler	J Halliwell	463	-	-	0
PTS vehicle replacement	M Squires	437	4	-	(4)
Total Value		5,600	317	366	(4)

SUMMARY

- Land, Buildings and Intangible Fixed Assets are lower than Plan due to slippage on Capital however this has been partially offset by depreciation for April 15 being lower than anticipated.
- Stocks, Trade and other receivables is higher than Plan as £2m NHS Debt due April was not received until 1st May
- The variance in creditors is due mainly to a higher than expected level of non-NHS accruals which is expected to reduce in the first quarter.

CAPITAL SUMMARY

- The Electronic Patient Reporting Form (EPRF) project commenced in 14/15 and is to complete this financial year, the order has been placed for the next phase.
- The Hub & Spoke project will be progressed to Outline Business Case in 15/16 which will require approval by F&I and the Trust Board. The project team costs for 15/16 have been incorporated into the 2015/16 Capital Plan.
- The Programme figures for Estates, IT, Fleet, Plant & Machinery and Medical Equipment have been taken from the individual strategies agreed by the Board. The April spend in Estates, ICT is on schemes that started in 14/15 but didn't complete by the end 14/15 financial year.
- PTS ex lease vehicles will be purchased by the end of May 2015.
- The 20 Urgent Tier Vehicles, ICT and vehicle orders have been placed and deliver of the vehicles is expected early May 2015.
- The HART replacement vehicle programme for 2015/16 is for 2 USAR vehicles, Reconnaissance vehicle, heavy equipment carrier vehicle.
- The contingency reserve will be allocated as required.

Statement of Financial Position			
	Plan at 30/04/2015 £000	Actual at 30/04/2015 £000	Variance £000
Land, Buildings, equipment & intangible fixed assets	84,420	83,992	-428
Trade and other receivables (>1 yr)	669	669	0
Non-Current assets	85,089	84,661	-428
Stocks, Trade and other receivables (<1 yr)	16,551	18,030	1,479
Cash and cash equivalents	15,974	16,066	92
Current assets	32,525	34,096	1,571
Creditors (< 1yr)	-18,206	-19,388	-1,182
Provisions & Deferred Income(<1 yr)	-2,654	-2,557	97
Current Liabilities	-20,860	-21,945	-1,085
Provisions (>1 yr)	-8,844	-8,854	-10
Borrowings	-6,747	-6,748	-1
Non-Current Liabilities	-15,591	-15,602	-11
Net Assets	81,163	81,210	47
Public Dividend Capital	78,594	78,594	0
Revaluation Reserve	7,217	7,208	-9
Income & Expenditure Reserve	-4,648	-4,592	56

Capital Programme							
	Baseline Programme £000	Revised 15/16 Programme £000	Year to date Plan £000	Spend to 30/04/2015 £000	(Under)/ Over plan 30/04/2015 £000	Committed at 30/04/2015 £000	Actual Outturn 15/16 £000
Major Schemes							
Resource Centre - Car Park	150	150					150
EPRF	1,500	1,500	334	10	(324)	334	1,500
Hub & Spoke / Co Location	750	750	40	24	(16)	47	750
Make Ready	90	90			0		90
Minor Schemes							
Estates	653	944	65	65	0	464	944
IM&T	1,625	1,502	216	153	(63)	160	1,502
Vehicles A&E	4,690	4,689			0		4,689
Vehicles Urgent Tier	1,000	1,000			0	497	1,000
Vehicles PTS	834	834	90		(90)		834
Vehicles HART	406	406			0		406
Medical equipment	1,398	1,398	322		(322)	354	1,398
Plant & Machinery	25	14	14		(14)		14
Contingency	558	968			0		968
Total planned expenditure	13,679	14,245	1,067	252	(815)	1,856	14,245

DEBT SUMMARY

NHS debt has increased this month due to the reversal of several A&E contract credit notes in relation to penalty charges for 2014/15. Over £2 million of NHS debt has been paid in early May. Non NHS Debt has decreased slightly due to the write offs that were done at year end. Work is continuing to ensure debt over 90 days is kept to a minimum.

£000	Jan-15	Feb-15	Mar-15	Apr-15
Non NHS debt	265	332	476	459
Of which >90 days overdue	149	152	117	117
NHS debt	658	3,107	2,129	4,410
Of which >90 days overdue	204	191	128	137
Total debt	923	3,439	2,605	4,869
Of which >90 days overdue	353	343	245	254
Provision to cover this debt	353	343	245	254

PAYMENTS

The Trust has paid 1,737 invoices in April 2015 of which 1,605 were paid within 30 days of receipt; in value terms, the Trust has achieved a Better Payment practice Code (BPPC) position of 95.98%. This is in line with the Trusts target to pay 95% of invoices are paid within 30 days. The Accounts Payable team will continue to work with all departments in order to maintain delivery in future months.

	Apr-15	
	Number	£000
Non NHS payables		
Total non NHS invoices paid in period	1,700	4,067
Total non NHS invoices paid within target	1,569	3,902
	92.29%	95.93%
NHS Payables		
Total NHS invoices paid in period	37	56
Total NHS invoices paid within target	36	56
	97.30%	99.54%
Total Payables		
Total invoices paid in period	1,737	4,123
Total invoices paid within target	1,605	3,958
	92.40%	95.98%

QUALITY, INFORMATION REPORTING, AND CQUIN

- CQUINs for both A & E and PTS are currently anticipated to be achieving the all of the goals set at this point.

RISK SUMMARY

	Total Value of Risk	YTD Expected Value of Risk	In YTD Position	
Description	£000	£000	£000	Explanatory notes / Mitigation
CIP non-delivery by 30%	2,636	164	0	CIP achievement at Month one with the use of reserve schemes is 100% achievement against plan.
A&E contractual penalties - RED 1 & 2	4,079	340	0	A penalty of 2% per target per month is applicable if cumulative performance for the year is not achieved, how is capped at a maximum of 2.5% across all targets. The Trust met the trajectory agreed with commissioners in 1
111 SRG's central NHS funding - income still to be confirmed	350	0	0	Anticipated income for 111 SRG's. Funding has been agreed but final value to be confirmed.
Non delivery of CQUINS - A&E 25%	965	79	0	YAS anticipate to achieve all of the goals set at this point.
Non delivery of CQUINS - PTS 25%	167	14	0	YAS anticipate to achieve all of the goals set at this point.
A & E Meal breaks	880	73	34	Impact of meal break payments not being reduced from £10 to £5.
Paramedics Regrading	2,500	0	0	Risk associated with national initiative to regrade paramedics.
National pay award pension impact	1,700	0	0	This is subject to national negotiation. No risk has been assumed in month one.
Hillsborough Costs	600	14	0	The risk related to the potential that income may not be forthcoming to offset the costs associated with the Hillsborough inquest. Current assumption in ytd position is that income will be received to offset costs incurred
Grand Total	13,877	683	34	

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Q4	Actual Q1	Actual Q2	Actual Q3	Actual Q4	Forecast Apr-15	Forecast May-15	Forecast Jun-15	Forecast Jul-15	Forecast Aug-15	Forecast Sep-15	Forecast Oct-15	Forecast Nov-15	Forecast Dec-15	Forecast Jan-16	Forecast Feb-16	Forecast Mar-16
Actual/Forecast Opening Cash Balance	17,588	10,142	18,839	17,924	20,970	13,426	16,066	15,856	17,703	19,203	15,834	17,653	16,965	17,148	18,108	17,611	19,167
Cash Inflows																	
Income from Activities	64,250	59,539	57,066	60,288	66,922	16,616	20,569	22,526	20,775	20,190	21,807	20,718	21,158	20,073	22,269	20,082	18,925
Interest Receivable	9	11	12	21	15	6	6	6	6	6	6	6	6	6	6	6	6
Capital Receipts	0	44	64	101	71	3	0	0	26	0	0	0	0	0	0	0	178
Loans	0	0	0	0	700	700	0	0	0	800	0	0	0	0	0	0	0
PDC Capital *	2,885	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Inflows	67,144	59,594	57,142	60,410	67,708	17,325	20,575	22,532	20,807	20,996	21,813	20,724	21,164	20,079	22,275	20,088	19,109
Cash Outflows																	
Pay	41,097	35,282	38,585	40,192	42,688	10,237	13,361	13,575	13,581	13,848	13,802	13,838	14,033	14,133	14,007	13,836	13,852
Non-pay	22,334	14,707	15,994	15,941	23,862	4,046	6,201	5,934	5,572	6,611	4,657	5,726	5,874	4,195	5,594	3,944	8,252
Interest Payable	58	0	58	0	55	0	0	0	0	5	54	0	0	0	0	10	52
PDC Dividends	997	0	876	0	1,002	0	0	0	0	0	1,134	0	0	0	0	0	1,134
Capital Expenditure	9,937	908	2,377	1,231	7,478	402	1,131	1,176	154	3,901	180	1,848	1,074	791	3,171	498	170
Loans	167	0	167	0	167	0	0	0	0	0	167	0	0	0	0	244	167
PDC Capital *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	74,590	50,897	58,057	57,364	75,252	14,685	20,693	20,685	19,307	24,365	19,994	21,412	20,981	19,119	22,772	18,532	23,627
Net Cash Inflow/(Outflow)	-7,446	8,697	-915	3,046	-7,544	2,640	-118	1,847	1,500	-3,369	1,819	-688	183	960	-497	1,556	-4,518
Actual Closing Cash Balance	10,142	18,839	17,924	20,970	13,426	16,066											
Forecast Closing Cash Balance (per TDA Plan)	9,987	14,962	18,445	20,309	13,427	15,974	15,856	17,703	19,203	15,834	17,653	16,965	17,148	18,108	17,611	19,167	14,649

The closing cash balance is substantially as Plan with only a £92k variance.

