



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

June 2015



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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	3/3	RED 1 Performance	RED 1 performance was 69.41%. During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. Additional actions to get performance back on trajectory are being developed with the aim of increasing the deployable hours. Managers are being asked to respond to confirmed Red 1 emergencies.	Executive Director of Operations	Ongoing	RED
RED	2	3/3	RED 2 Performance	RED 2 performance was 70.4%. During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. Overtime is being focused on areas of high demand. Option for additional crews are being considered.	Executive Director of Operations	Ongoing	RED
RED	2	3/3	Green 2 Performance	Green 2 Performance was 75.69%, . 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.	Executive Director of Operations	Ongoing	RED
RED	2	1/3	Green 3 Performance	Green 3 Performance was 75.85%, During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. The Clinical Hub supporting in assessment of G3 calls to improve response time and give comfort calls to those who have a prolonged response time.	Executive Director of Operations	Ongoing	RED
RED	4	3/3	Sickness / Absence	Sickness absence remains above the Trust target of 5%, but there is an improving trajectory. The figure of 5.51% is a slight reduction on last months figure of 5.71% and it represents a 10.84% improvement on the same period last year. 2,318 less days have been lost to absence when compared to the same period last year.	All Directors & Managers	Ongoing	RED
RED	2.0	3/3	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 within resources available through the contract for the current year. Review of Clinical Adviser banding completed and recruitment currently under way for additional clinical staff.	AD NHS 111/Urgent Care	Ongoing	RED

Yorkshire Ambulance Service - Executive Summary June 2015

Care Quality commission priorities	Safe	Effective	Caring	Well-led	Responsive									
Yorkshire Ambulance Service - Aims	Continuously improving patient care		Setting high standards of performance			Always learning		Spending public money wisely						
2014-15 BUSINESS PLAN OBJECTIVES	Lead Director	Apr 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	GREEN									GREEN
1b	Reduce mortality from major trauma	Executive Medical Director	GREEN	GREEN	GREEN									GREEN
1c	Improve management of patients suffering from stroke and heart attack (Myocardial Infarction - MI)	Executive Medical Director	AMBER	AMBER	AMBER									AMBER
1d	Improve effectiveness and patient experience in relation to the assessment and management of pain.	Executive Medical Director	GREEN	GREEN	GREEN									GREEN
1e	Implement the priorities in our Sign up to Safety plan.	Executive Director of Standards & Compliance	GREEN	GREEN	GREEN									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	GREEN	GREEN									GREEN
2b	Telecare	Executive Director of Finance & Performance	GREEN	GREEN	GREEN									GREEN
2c	Support greater integration through the development of NHS 111.	Executive Director of Standards & Compliance	GREEN	GREEN	GREEN									GREEN
2d	Deliver Red 1 and Red 2 response time standards on a consistent basis by the end of 2015	Executive Director of Operations	AMBER	RED	RED									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	GREEN	GREEN									GREEN
3b	Ensure our fleet and estates meet the needs of a modern service.	Executive Director of Finance & Performance	AMBER	AMBER	AMBER									GREEN
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	GREEN	GREEN									GREEN
3d	Alignment to the CQC's five domains in the regulation framework.	Executive Director of Standards & Compliance	GREEN	GREEN	GREEN									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	AMBER									AMBER
4b	Improve patient involvement and experience.	Executive Director of Standards & Compliance	GREEN	GREEN	GREEN									GREEN
4c	Develop services in partnership with others.	Executive Director of Operations/Executive Medical Director	GREEN	GREEN	GREEN									GREEN
4d	Implementation of plans to improve patient experience and financial sustainability of PTS.	Chief Executive	AMBER	AMBER	AMBER									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	AMBER									AMBER
5b	Faster adoption of innovative technologies and techniques.	Executive Medical Director	GREEN	GREEN	GREEN									GREEN
5c	Improve access to continuing professional development (CPD) for frontline operational staff	Executive Medical Director/Executive Director of People & Engagement	GREEN	GREEN	GREEN									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	AMBER	AMBER									GREEN
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	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	AMBER									AMBER
6c	Develop and support staff.	Executive Director of People & Engagement	AMBER	AMBER	AMBER									AMBER
6d	Support the development of our nursing staff.	Executive Director of Standards & Compliance	GREEN	GREEN	GREEN									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	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	GREEN	GREEN									GREEN
7b	Raise the profile of Yorkshire Ambulance Service as the regional lead for healthcare resilience	Executive Director of Operations	GREEN	GREEN	GREEN									GREEN
7c	Make every contact count.	Executive Medical Director	GREEN	GREEN	GREEN									GREEN
7d	Improve public training in CPR.	Executive Medical Director/Executive Director of Operations	GREEN	GREEN	GREEN									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	AMBER	AMBER									AMBER
8b	Continue to deliver Monitor's continuity of services rating of 4 (lowest risk).	Executive Director of Finance & Performance	GREEN	GREEN	GREEN									GREEN
8c	Improve financial sustainability of service lines.	Executive Director of Finance & Performance	AMBER	AMBER	AMBER									GREEN

Early Warning Indicators	EWI	Key	Page	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
				Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
A&E	Red 1 Performance	>=75%	2.2	↓	↓	↓									
	Red 2 Performance	>=75%	2.2	↓	↓	↓									
	Red 19 Performance	>=85%	2.3	↑	↑	↓									
	Time to Treatment 50% (YTD) *	Ranked within the top 4 nationally	2.7	↑	↑	↑									
	Recontact 24 hours on scene (YTD) *		2.7	↑	↓	↑									
	Complaints (% Rate)	<0.125%	3.13	↑	↑	↑									
EOC	Time to answer 50% (YTD) *		2.7	↑	↑	↑									
	Time to answer 95% (YTD) *	Ranked within the top 4 nationally	2.7	↑	↑	↑									
	Abandoned calls (YTD) *		2.7	↑	↓	↑									
	Recontact 24 hours telephone (YTD) *		2.7	↑	↑	↓									
PTS	PTS Arriving on time for their appointment (KPI 2) Refer tab 2.10 for Red RAG Status	0 or 1 out of 4 Consortia with Red RAG Status	2.10	↑	↑	↑									
	PTS Collected within 90 minutes (Planned Journeys) (KPI 3) Refer tab 2.11 for Red RAG Status		2.11	↑	↓	↑									
	Complaints (% Rate)	<0.125%	3.14	↑	↓	↓									
	Complaints (% Rate)	<0.125%	3.14	↑	↓	↓									
ALL	Serious Incidents	0	3.9	↑	↑	↓									
	Incidents and near misses (% Rate)	<0.225%	3.4	↑	↑	↑									
	Sickness / Absence	<5%	4.6	↑	↓	↑									
	Statutory and Mandatory Training	>=85%	4.10	↑	↑	↑									
	PDR Compliance	>=75%	4.10	↑	↑	↑									

* The Ambulance Quality Indicators YTD figures are from the previous months due to the date of publication.
 **EWI Arrows: The arrow is based on the performance, up being improved monthly performance. The colour is based on how YAS performs against the target

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

A & E

National Specified Events

75% of RED Calls within 8 mins
 95% of RED Calls within 19 mins

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

Local Quality Requirements

Safeguarding Adults & Children

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

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

Comments

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

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

Monitor Risk Ratings (Quarterly)

Finance							
Quarter 1		Quarter 2		Quarter 3		Quarter 4	
1	2	3	4	5			
Highest Risk			Lowest Risk		Highest Risk		Lowest Risk

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

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

*Where the circles are filled this indicates YAS current position



Section 2

Performance





Section 2a

A&E Performance



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2/2	3/3	RED 1 Performance	RED 1 performance was 69.41%. During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. This has continued in to July. To try and improve the uptake in overtime, the amount of overtime plus shifts have been increased.	Executive Director of Operations	Ongoing	RED
RED	2/2	3/3	RED 2 Performance	RED 2 performance was 70.4%. During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. This has continued in to July. To try and improve the uptake in overtime, the amount of overtime plus shifts have been increased.	Executive Director of Operations	Ongoing	RED
RED	2/5	3/3	Green 2 Performance	Green 2 Performance was 75.69%, . Abstractions remain high lowering base line operational hours. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. This has continued in to July. To try and improve the uptake in overtime, the amount of overtime plus shifts have been increased. 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.	Executive Director of Operations	Ongoing	RED
RED	2/5	1/3	Green 3 Performance	Green 3 Performance was 75.85%, During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. This has continued in to July. To try and improve the uptake in overtime, the amount of overtime plus shifts have been increased. The Clinical Hub supporting in assessment of G3 calls to improve response time and give comfort calls to those who have a prolonged response time.	Executive Director of Operations	Ongoing	RED

Directors Comments on Actual Performance

During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. Additional actions to get performance back on trajectory are being developed with the aim of increasing the deployable hours. Managers are being asked to respond to confirmed Red 1 emergencies.

Business Continuity:

- preparation for and delivery of the BC leads meeting (attended by all departments except ICT, Corp Comms, and OEE)
- exercise Estrela completed for the majority of YAS departments
- exercise Estrela at Calderdale Hospital
- completed Risk assessments for Community Resilience department prioritised activities
- agreed new method for linking BC with Risk, new process agreed with Maxine Travis and rolled out to departments at BC leads meeting
- HR BC plan review completed, now awaiting sign off by Director
- evaluation of BAFO BC Plan submissions for the national ESMCP programme

Resilience:

The national review of JESIP tri service working has been taking place based on ambulance service geographical footprints throughout June and July. The tri service review in Yorkshire was YAS, South Yorkshire Police and South Yorkshire Fire Service. The outcome of the review will form one report to ministers and will assist in setting the strategy up to 2020 for JESIP. Commanders at all levels, JESIP leads and other relevant managers i.e. resilience managers were interviewed throughout the week and visits to YAS EOC and Gold Cell were made by review team members. We are not sure if there will be any formal feedback to the three services and the report for ministers will be a general report but highlight good practice where it has been identified.

Attended Multi-Agency De-Brief for Tour de Yorkshire (report awaited).

Operation Topography in Barnsley, South Yorkshire Casuals demonstration against child sexual abuse.

Planning commenced for Operation Decagon, national EDL March 4 July in Sheffield.

HART:

Resilience and Capability survey 14-15

Survey results have been received. YAS are "Average" in the scorecard approach (Exceptional, Good, Average, Below Average, Unsatisfactory). We are just below Good (see the e-mail from Tony Zarola below). Actions that need addressing are; Team Cohesion, Unit Cohesion, Poor Understanding, Unsupportive Leader Behaviour, Patient Care Confidence and Burnout. It's important to take each of these in context and not just rely on what it appears to be saying. Action plan being developed with Zeal and with Andy Pountney as clinical lead. Results have been shared with staff.

Operations

AMPDS Code review completed. Working with EOC to agree how HART are activated to the identified code sets.

Discussions continue with staff to agree a method of ensuring there are always 6 staff on duty as per service specification.

BI have been included and have an agreed monthly reporting template to be shared with the Commissioners, in line with e 15-16 Service Specification.

New recruits all operational now and settling in well

One member of staff has left and a new one has been appointed. However we can't get the staff member on a basic course until November.

DMA Cover: HART staff continue to volunteer to cover the DCA for ops on an overtime basis. The hours are 1000-2200 predominantly, seven days a week. However as its overtime, the cover is sporadic.

Air Ambulance:

New staff have finished their training and are now operational.

The Charity are considering purchasing a new aircraft and a couple of staff are working with the Charity to agree on the specification and type of aircraft required.

Enhanced Clinical Team: This is to enable a Doctor to be on one of the aircraft 7 days a week. The project is in its early stages, but is on track to have the team in place and operational by April 2016.

Training:

- 1 x 5 Day Bronze Commander Course
- 1 x 3 Day Bronze Commander Refresher 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

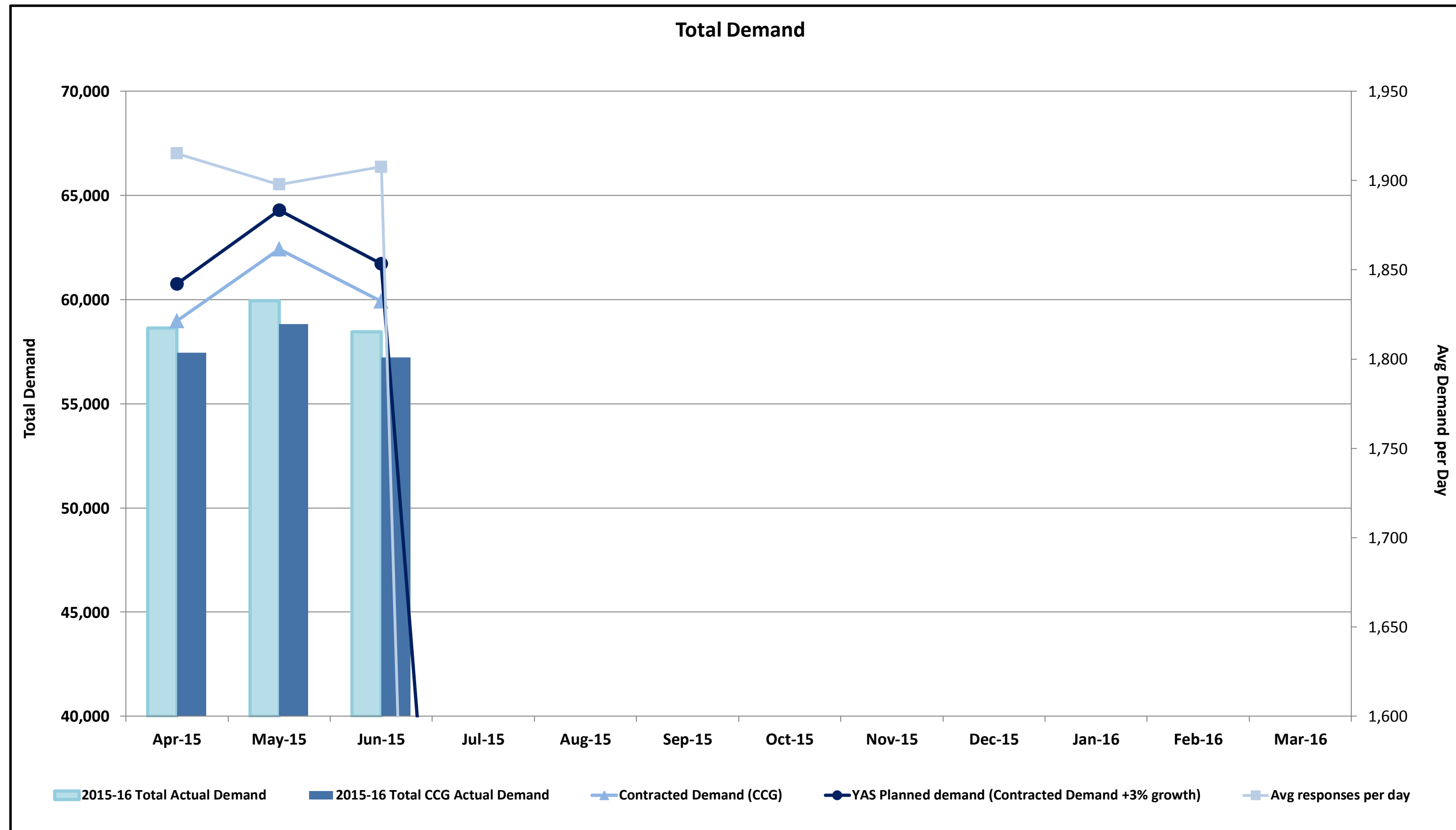
	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
1. (1.1) Paramedic Pathfinder - West Yorkshire CBU and Rotherham	TBC	TBC	GREEN	GREEN	AMBER										GREEN
1. (1.2) Paramedic Pathfinder - South Yorkshire and North/East Yorkshire CBUs	TBC	TBC	GREEN	GREEN	AMBER										GREEN
2. Sepsis	TBC	TBC	GREEN	GREEN	GREEN										GREEN
3. Pain Management	TBC	TBC	GREEN	GREEN	GREEN										GREEN
4. Mental Health Pathways	TBC	TBC	GREEN	GREEN	GREEN										GREEN
5. Improving safety in the Emergency Operations Centre (Human Factors)	TBC	TBC	GREEN	GREEN	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. A risk to the delivery of Paramedic Pathfinder has now emerged with regards to the usage of the tool in deployed areas due to the uptake of pathfinder amongst trained individuals.

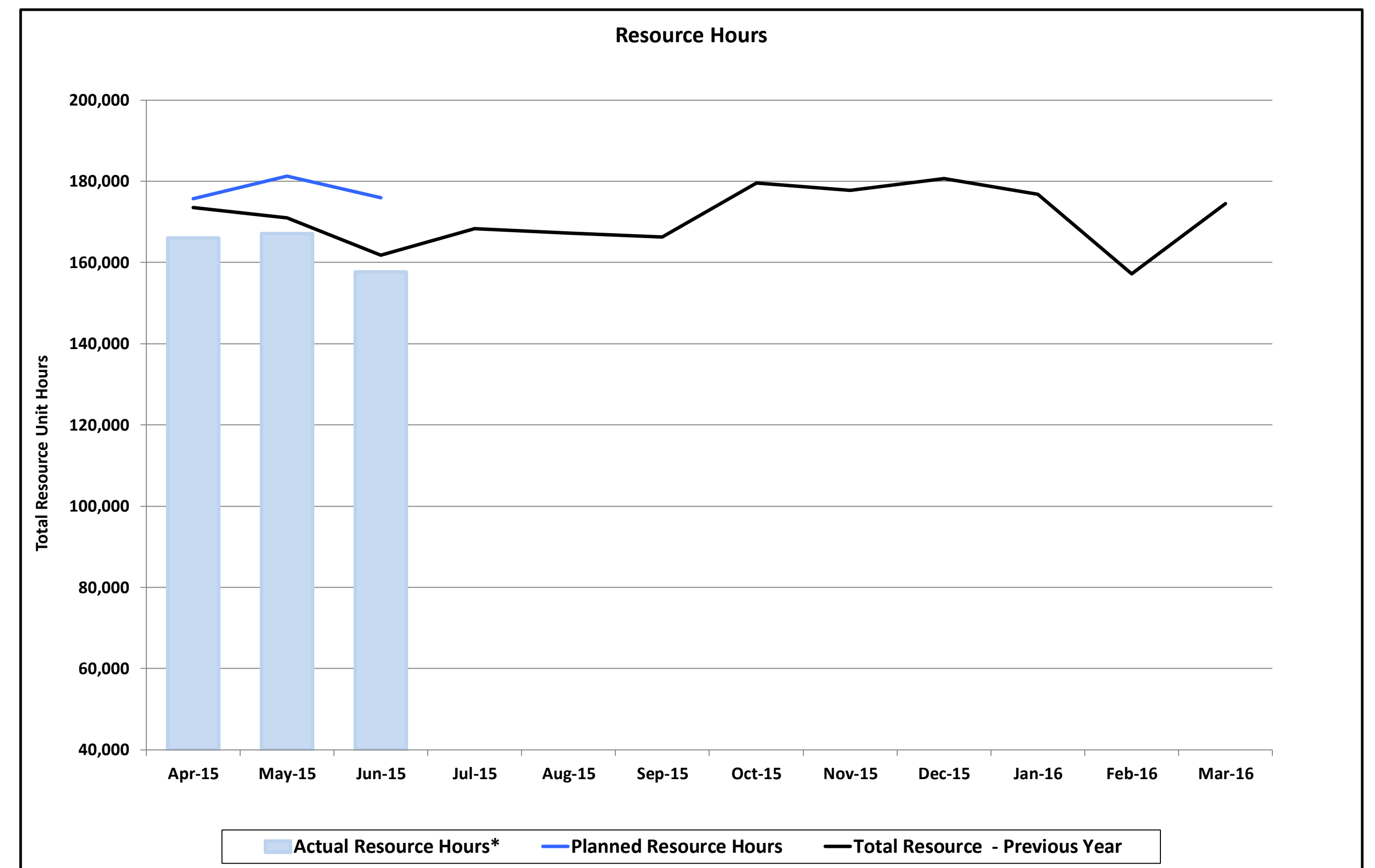
Total Demand

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	59,942	58,451										177,024	177,024
% Variance Current Year to Last Year	-0.1%	-3.5%	-2.0%										-75.8%	-75.8%
Contracted Demand (CCG)	58,981	62,426	59,926										181,333	181,333
YAS Planned demand (Contracted Demand +3% growth)	60,750	64,299	61,724										186,773	186,773
2015-16 Total CCG Actual Demand	57,453	58,830	57,229										173,512	173,512
Variance to Contracted Demand	-2.6%	-5.8%	-4.5%										-4.3%	-4.3%
Variance to YAS Planned Demand	-5.4%	-8.5%	-7.3%										-7.1%	-7.1%
Avg responses per day	1,915	1,898	1,908										475	475

		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	181,327	175,915										532,974
Actual Resource Hours*	TOTAL	166,082	167,171	157,671										490,924
	DCA	99,391	100,488	96,223										296,102
	RRV	59,589	61,344	56,331										177,263
Avg Total Resource Hours per day	ALL	5,536	5,393	5,256										
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

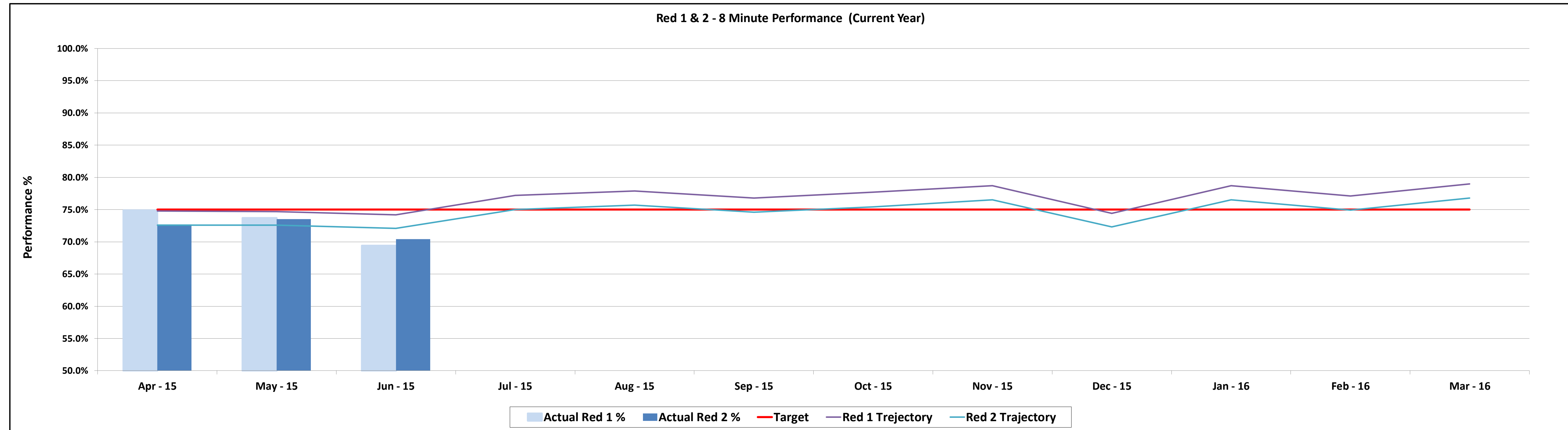
PLEASE NOTE: YAS Planned demand is based on Contracted Demand + 3% growth (a response is a distinct count of a resource arriving at scene, a resource is either a vehicle or a triaged call). Actual demand is a distinct count of a resource that has arrived scene, again this could be either a vehicle or 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%
Trajectory	74.8%	74.7%	74.2%	77.2%	77.9%	76.8%	77.7%	78.7%	74.4%	78.7%	77.1%	79.0%	76.8%
Actual Red 1 %	Current Year	74.9%	73.7%	69.4%									72.7%
	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%
% Variance Current Year to Last Year	5.1%	4.1%	1.4%										2.8%
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%
Trajectory	72.6%	72.6%	72.1%	75.0%	75.7%	74.6%	75.4%	76.5%	72.3%	76.5%	74.9%	76.8%	74.6%
Actual Red 2 %	Current Year	72.7%	73.5%	70.4%									72.2%
	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%
% Variance Current Year to Last Year	-5.3%	-5.2%	-8.2%										-2.9%
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%	72.1%	68.6%									73.0%	
	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%	-3.7%	-4.9%										0.4%
Airedale Bradford & Leeds	Current Year	71.5%	72.2%	65.7%									69.9%	
	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%	2.5%	-0.6%										1.6%
North Yorkshire	Current Year	78.2%	76.0%	71.5%									75.3%	
	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%	3.7%	3.4%										2.8%
The Humber	Current Year	76.2%	81.5%	72.7%									76.8%	
	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%	11.4%	0.3%										5.9%
South Yorkshire	Current Year	74.3%	72.4%	71.5%									72.8%	
	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%	8.6%	7.1%										4.4%

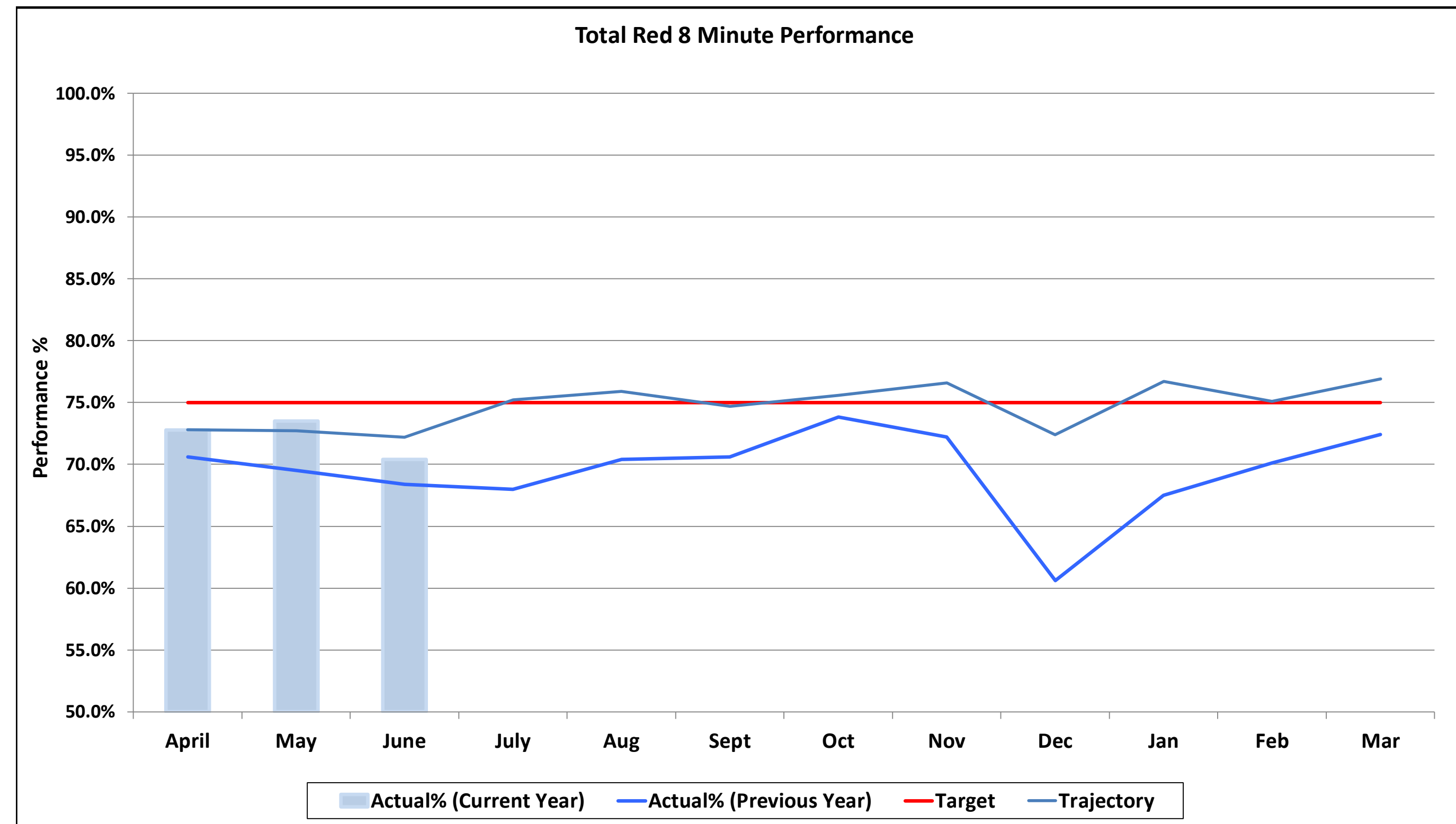
Please Note: National Average will always be 1 month in arrears

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%	72.9%	70.1%									72.1%	
	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%	2.6%	0.8%										3.2%
Airedale Bradford & Leeds	Current Year	72.8%	72.2%	68.4%									71.1%	
	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%	4.6%	2.6%										3.7%
North Yorkshire	Current Year	75.5%	74.0%	72.4%									73.9%	
	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%	1.2%	-2.4%										0.2%
The Humber	Current Year	75.1%	76.6%	70.3%									74.0%	
	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%	3.9%	-4.9%										-0.4%
South Yorkshire	Current Year	70.0%	73.7%	72.0%									71.9%	
	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%	5.9%	7.8%										4.7%

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

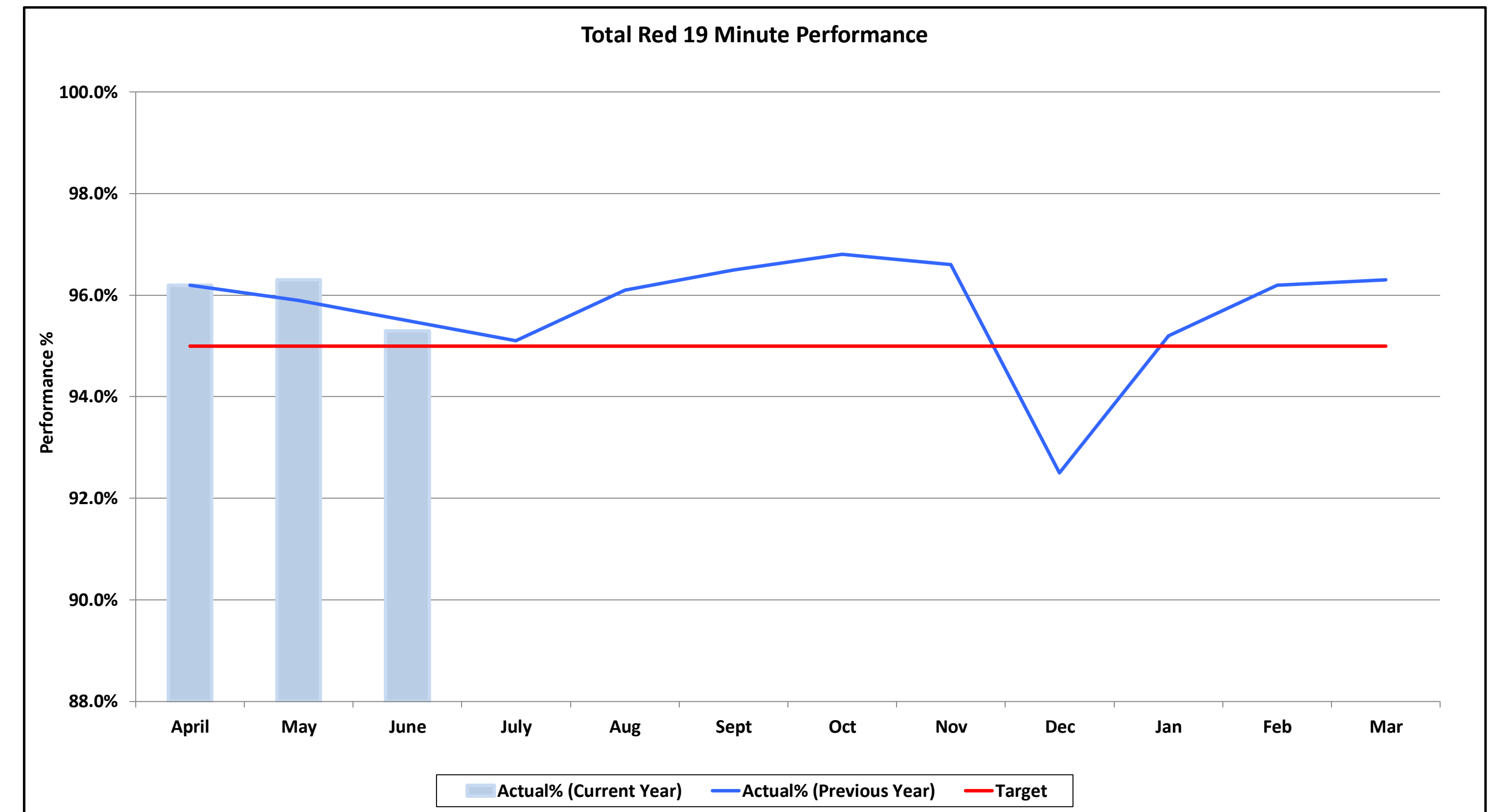
Category Red 1 & 2 8 Minute Performance HQU03_01

YTD RAG	RED
MTD RAG	RED



Category Red 1 & 2 19 Minute Performance HQU03_02

YTD RAG	GREEN
MTD RAG	GREEN



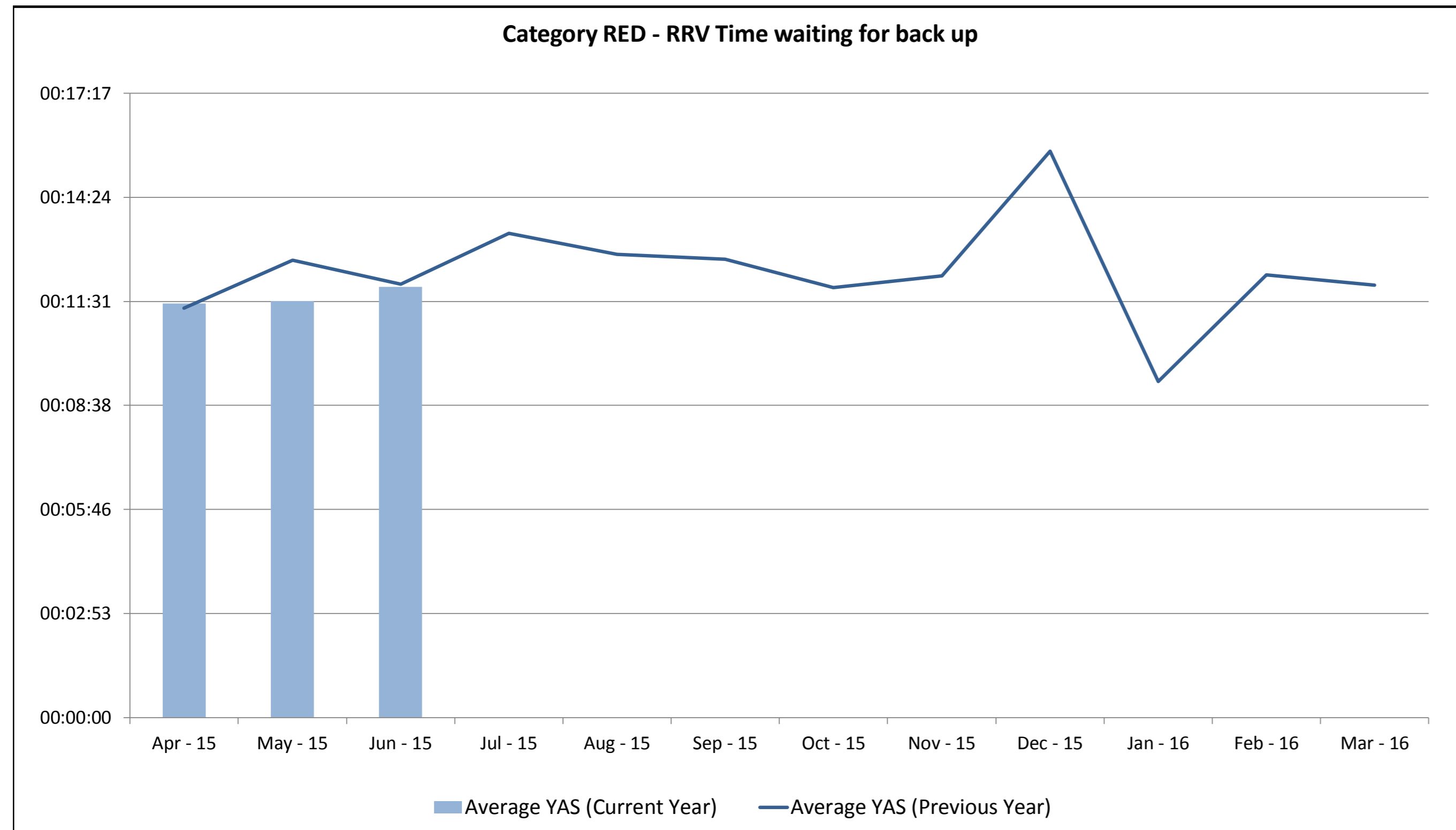
RED 8	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Trajectory	72.8%	72.7%	72.2%	75.2%	75.9%	74.7%	75.6%	76.6%	72.4%	76.7%	75.1%	76.9%	74.7%
Actual% (Current Year)	72.8%	73.5%	70.4%										72.2%
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%	4.0%	2.0%										3.1%

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%	96.3%	95.3%										95.9%
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%	0.4%	-0.2%										0.3%
National Average														

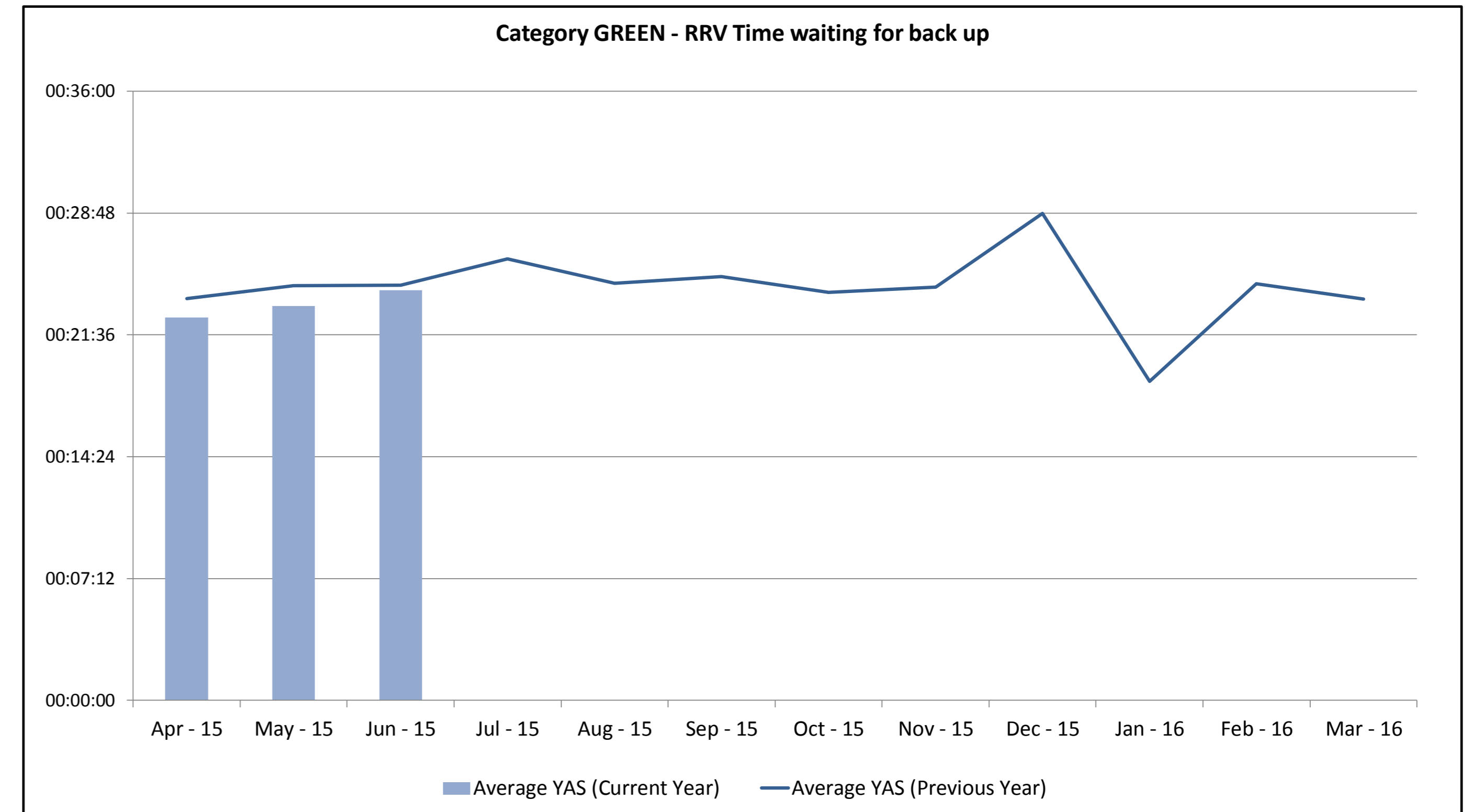
RED 8 by CBU		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
Calderdale, Kirklees & Wakefield	Current Year	73.5%	72.8%	70.0%										72.1%
	Previous Year	73.5%	70.7%	69.6%	67.1%	68.9%	69.0%	72.4%	74.4%	58.9%	66.4%	70.2%	71.1%	69.2%
	% Variance	0.0%	2.1%	0.4%										2.9%
Airedale Bradford & Leeds	Current Year	72.7%	72.2%	68.2%										71.0%
	Previous Year	68.1%	67.8%	65.8%	65.4%	68.8%	68.4%	72.8%	70.5%	59.2%	65.8%	67.6%	71.3%	67.5%
	% Variance	4.6%	4.4%	2.4%										3.5%
North Yorkshire	Current Year	75.7%	74.1%	72.3%										74.0%
	Previous Year	73.7%	72.8%	74.4%	74.2%	72.8%	75.7%	75.7%	75.1%	70.0%	73.0%	74.7%	72.6%	73.7%
	% Variance	2.0%	1.3%	-2.1%										0.3%
The Humber	Current Year	75.2%	76.8%	70.5%										74.1%
	Previous Year	74.1%	72.5%	75.0%	74.7%	78.2%	77.9%	76.4%	73.0%	67.8%	71.7%	74.2%	75.8%	74.1%
	% Variance	1.1%	4.3%	-4.5%										0.0%
South Yorkshire	Current Year	70.3%	73.6%	72.0%										72.0%
	Previous Year	68.5%	67.5%	64.2%	65.3%	68.4%	68.4%	73.5%	70.7%	56.1%	65.4%	68.6%	73.0%	67.3%
	% Variance	1.8%	6.1%	7.8%										4.7%

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%	97.1%	96.2%										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%	97.1%	96.4%
	% Variance	-0.7%	0.2%	-0.3%										0.2%
Airedale Bradford & Leeds	Current Year	97.2%	96.8%	96.3%										96.7%
	Previous Year	96.2%	96.9%	95.9%	95.6%	96.7%	97.0%	97.8%	97.6%	93.6%	96.7%	97.1%	97.2%	96.5%
	% Variance	1.0%	-0.1%	0.4%										0.2%
North Yorkshire	Current Year	93.5%	93.2%	90.7%										92.5%
	Previous Year	94.1%	93.0%	93.6%	92.8%	93.1%	93.8%	93.6%	93.3%	91.3%	92.3%	93.5%	93.0%	93.1%
	% Variance	-0.6%	0.2%	-2.9%										-0.6%
The Humber	Current Year	93.4%	94.2%	91.5%										93.0%
	Previous Year	95.0%	93.1%	94.5%	93.7%	95.6%	95.5%	94.9%	94.5%	90.8%	92.8%	94.1%	92.8%	93.9%
	% Variance	-1.6%	1.1%	-3.0%										-0.9%
South Yorkshire	Current Year	97.5%	97.5%	97.6%										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%	98.1%	96.7%
	% Variance	0.4%	0.4%	1.4%										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	00:11:32	00:11:55									
95th Percentile YAS (Current Year)	00:34:15	00:33:53	00:35:17									
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	00:23:19	00:24:15									
95th Percentile YAS (Current Year)	00:59:31	01:00:07	01:02:00									
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	00:12:05	00:13:15								
	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	00:12:15	00:11:57								
	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	00:09:48	00:09:56								
	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	00:09:27	00:10:28								
	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	00:11:53	00:12:12								
	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	00:24:16	00:24:39								
	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	00:24:26	00:24:29								
	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	00:18:15	00:19:52								
	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	00:21:28	00:24:55								
	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	00:24:41	00:25:06								
	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	62,426	55,584	59,926	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	64,299	57,252	61,724	61,910		59,366		57,717		60,893		59,614		64,123		60,732		55,685		61,427	
	CCG Demand (SLA Responses)	57,775	57,453	61,072	58,830	58,600	57,229	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	59,942	59,626	58,451	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%	94.6%	6.0%	91.5%	5.4%	-4.5%	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%	-6.8%	4.1%	-5.3%	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	01:03:39	01:00:21	01:04:14	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	01:07:36	01:04:14	01:08:23	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	167,171	161,849	157,671	168,391		167,250		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		2,164		2,164	
	Actual Staff FTE	2,068	2,078	2,070	2,065	2,092	2,063	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	27,511	26,528	23,854	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%		31.0%		31.0%	
	Actual Abstractions %	27.7%	24.0%	28.1%	25.3%	29.4%	27.2%	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	0.37	0.36	0.38	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%	73.5%	68.4%	70.4%	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	
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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	3,374	1,846	3,374	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	3,750	2,013	3,285	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%	6.5%	6.0%	6.5%	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%	9.9%	5.2%	8.8%	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)

June 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	105	82.9%	438	77.4%	22	72.7%	331	61	1
HARROGATE & RURAL CCG	93	73.1%	459	82.1%	20	90.0%	322	70	1
SCARBOROUGH & RYEDALE CCG	107	86.9%	386	80.1%	22	86.4%	257	54	2
VALE OF YORK CCG	205	84.6%	887	85.5%	38	93.0%	577	134	2
NORTH YORKSHIRE CBU	510	82.7%	2170	82.3%	102	86.9%	1487	319	6
ERY CCG	292	74.7%	914	71.2%	36	75.0%	711	141	1
HULL CCG	244	79.9%	890	70.0%	46	67.4%	594	193	20
EAST YORKSHIRE CBU	536	77.1%	1804	70.6%	82	70.7%	1305	334	21
CALDERDALE CCG	180	85.6%	652	75.2%	31	74.2%	474	153	14
GREATER HUDDERSFIELD CCG	183	88.0%	656	71.8%	24	58.3%	524	170	28
NORTH KIRKLEES CCG	136	83.1%	436	72.0%	15	73.3%	383	110	20
WAKEFIELD CCG	270	88.1%	1025	77.0%	44	78.3%	934	187	59
CALD / KIRK & WAKEFIELD CBU	769	86.6%	2769	74.6%	114	72.4%	2315	620	121
AIREDALE, WHARFEDAILE & CRAVEN CCG	108	79.6%	424	72.7%	15	73.3%	309	69	12
BRADFORD CITY CCG	139	73.4%	314	66.6%	21	75.0%	129	122	0
BRADFORD DISTRICTS CCG	290	79.4%	925	67.6%	26	61.3%	539	256	9
LEEDS NORTH CCG	151	82.1%	554	71.8%	29	79.3%	437	137	0
LEEDS SOUTH & EAST CCG	237	86.9%	922	74.6%	56	80.4%	651	220	4
LEEDS WEST CCG	255	80.4%	871	74.1%	38	68.4%	554	196	0
LEEDS, BRADFORD & AIREDALE CBU	1180	80.9%	4010	71.6%	185	73.6%	2619	1000	25
BARNLEY CCG	180	86.6%	715	79.2%	32	70.6%	477	120	3
DONCASTER CCG	286	87.1%	935	80.3%	60	73.3%	624	252	57
ROTHERHAM CCG	215	87.2%	771	78.9%	39	73.2%	399	165	1
SHEFFIELD CCG	435	87.4%	1684	77.6%	92	79.8%	1268	461	2
SOUTH YORKSHIRE CBU	1116	87.2%	4105	78.7%	223	75.6%	2768	998	63
OOA/UNKNOWN	13	100.0%	46	91.3%	5	100.0%	8	14	5
YORKSHIRE AMBULANCE SERVICE	4124	83.4%	14904	75.7%	711	75.8%	10502	3285	241

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	338	86.1%	1358	80.3%	53	83.0%	1012	214	4
HARROGATE & RURAL CCG	293	82.9%	1426	86.3%	67	86.6%	994	232	2
SCARBOROUGH & RYEDALE CCG	316	88.3%	1246	83.5%	62	85.5%	846	166	8
VALE OF YORK CCG	701	87.7%	2761	86.7%	154	86.5%	1797	450	13
NORTH YORKSHIRE CBU	1648	86.6%	6791	84.8%	336	85.8%	4649	1062	27
ERY CCG	858	79.4%	2795	76.6%	101	78.2%	2115	445	4
HULL CCG	770	83.8%	2766	76.2%	140	80.0%	1746	620	35
EAST YORKSHIRE CBU	1628	81.4%	5561	76.4%	241	79.3%	3861	1065	39
CALDERDALE CCG	556	84.7%	1983	75.3%	87	81.6%	1463	479	77
GREATER HUDDERSFIELD CCG	560	86.6%	1969	75.0%	73	61.6%	1451	474	63
NORTH KIRKLEES CCG	445	86.1%	1390	76.0%	49	73.5%	1161	349	62
WAKEFIELD CCG	817	88.9%	2974	79.6%	159	82.5%	2664	639	185
CALD / KIRK & WAKEFIELD CBU	2378	86.9%	8316	76.9%	368	77.1%	6739	1941	387
AIREDALE, WHARFEDAILE & CRAVEN CCG	350	82.6%	1289	73.5%	55	78.2%	1028	217	41
BRADFORD CITY CCG	359	77.3%	1089	69.7%	67	80.0%	361	422	0
BRADFORD DISTRICTS CCG	875	77.3%	2622	69.7%	101	80.0%	1439	788	30
LEEDS NORTH CCG	464	83.4%	1715	71.4%	70	74.3%	1270	481	0
LEEDS SOUTH & EAST CCG	763	87.5%	2740	75.9%	165	81.2%	1956	706	10
LEEDS WEST CCG	781	82.3%	2669	73.5%	100	76.0%	1561	657	1
LEEDS, BRADFORD & AIREDALE CBU	3592	82.8%	12124	72.3%	558	77.4%	7615	3271	82
BARNLEY CCG	594	86.2%	2306	78.2%	87	74.2%	1478	462	4
DONCASTER CCG	993	87.8%	2893	81.3%	168	81.0%	1849	813	162
ROTHERHAM CCG	698	85.6%	2428	76.3%	103	77.3%	1246	560	5
SHEFFIELD CCG	1401	85.3%	5176	75.6%	302	83.5%	3724	1406	15
SOUTH YORKSHIRE CBU	3686	86.2%	12803	77.5%	660	80.6%	8297	3241	186
OOA/UNKNOWN	37	94.6%	129	89.9%	9	100.0%	18	42	17
YORKSHIRE AMBULANCE SERVICE	12969	84.9%	45724	77.0%	2172	80.0%	31179	10622	738

*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										GREEN	GREEN
Emergency Plans	GREEN	GREEN	GREEN										GREEN	GREEN
Business Continuity Plans	AMBER	GREEN	GREEN										GREEN	GREEN
Information Provision	GREEN	GREEN	GREEN										GREEN	GREEN
Co-operation with other responders	GREEN	GREEN	GREEN										GREEN	GREEN
Training	GREEN	GREEN	GREEN										GREEN	GREEN

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	2/2	Time to Answer - 95%	There is a recruitment plan in place to ensure the EMD establishment is maintained. We currently have 9 staff in mentorship which will further improve this standard.	Executive Director of Operations	On-going
2.7	2/2	Abandoned calls	The abandonment figure includes the non urgent HCP calls. The Trust abandonment for 999 calls was 0.2% for the month. There is a recruitment plan in place to ensure the EMD establishment is maintained. We currently have 9 staff in mentorship which will further improve this standard.	Executive Director of Operations	On-going
2.7	2/2	STEMI - 150	YAS's contribution to the number of breaches of the STEMI 150 standard remain small, with all cases being reviewed by the regional cardiac network.	Head of Clinical Effectiveness	On-going
2.7	2/2	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.	Head of Clinical Effectiveness	On-going

Comments

Top Third

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

Middle Third

Time to Answer - 99%
 Cat Red 8 minute response - RED 2
 Frequent caller *
 Resolved by Telephone
 Non A&E
 Stroke - 60

Bottom Third

Cat Red 8 minute response - RED 1
 Time to Answer - 95%
 Abandoned calls
 STEMI - 150
 ROSC

Ambulance Quality Indicators - National Figures - Year to Date

Ambulance Quality Indicator	Units	East Midlands	East of England	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	RANK	YTD	
Time to Answer - 50%	EWI	mm:ss	0:02	0:01	0:01	0:00	0:01	0:01	0:03	0:03	0:02	0:01	0:01	2	May
Time to Answer - 95%	EWI	mm:ss	0:08	0:04	0:01	0:02	0:41	0:04	0:11	0:12	0:14	0:02	0:18	9	May
Time to Answer - 99%		mm:ss	0:36	0:08	0:09	0:25	1:10	0:30	1:20	0:45	0:53	0:23	0:33	5	May
Abandoned calls	EWI	%	0.20	0.31	1.37	0.38	0.61	0.41	0.78	0.36	0.61	0.33	0.76	9	May
Cat Red 8 minute response - RED 1		%	76.2	80.3	76.3	68.3	75.2	76.4	76.1	75.1	76.9	79.6	74.3	9	May
Cat Red 8 minute response - RED 2		%	74.4	70.6	75.0	65.6	77.6	75.8	76.3	76.7	67.2	76.8	73.1	7	May
95 Percentile Red 1 only Response Time		mm:ss	13:27	13:16	9:11	17:54	13:18	13:14	13:28	14:09	13:51	11:34	13:01	2	May
Cat Red 19 minute response		%	94.0	95.2	95.7	94.4	96.1	94.8	95.4	96.2	92.2	97.6	96.2	2	May
Time to Treat - 50%	EWI	mm:ss	8:09	6:26	5:12	6:48	6:06	6:14	5:48	5:45	7:12	5:51	6:06	4	May
Time to Treat - 95%		mm:ss	15:51	19:34	16:15	18:06	19:19	19:43	18:20	18:11	23:27	15:22	15:45	2	May
Time to Treat - 99%		mm:ss	24:37	30:16	20:20	31:39	32:26	37:04	30:03	27:00	38:18	23:24	24:21	2	May
STEMI - Care		%	80.4	80.6	85.9	73.4	88.8	88.4	66.7	75.1	89.1	72.9	83.5	4	February
Stroke - Care		%	98.3	96.4	96.1	96.9	98.1	99.5	98.2	94.3	97.5	93.8	98.1	4	February
Frequent caller *		%	0.32	0.31	0.97	1.40	0.29	0.56	2.27	0.00	0.00	0.00	1.55	6	May
Resolved by telephone		%	8.0	5.8	9.8	13.9	6.4	10.2	6.3	10.6	12.8	5.1	9.8	5	May
Non A&E		%	30.4	40.8	50.9	34.0	30.5	29.4	41.8	43.3	52.2	37.4	31.3	7	May
STEMI - 150		%	92.4	94.1	60.0	95.0	88.1	80.4	88.0	91.5	77.2	87.0	84.2	8	February
Stroke - 60		%	58.0	55.3	58.7	58.7	67.3	67.2	54.0	66.3	55.0	46.9	55.5	6	February
ROSC		%	19.2	23.6	23.6	31.5	26.9	29.1	38.9	29.9	24.9	28.5	22.9	9	February
ROSC - Utstein		%	36.1	47.6	40.0	55.2	58.9	47.7	49.2	57.5	45.4	44.9	51.5	4	February
Cardiac - STD		%	4.7	6.5	6.4	7.7	4.6	8.0	16.3	8.2	9.8	8.2	10.6	2	February
Cardiac - STD Utstein		%	15.3	19.4	24.0	28.2	24.8	21.3	29.5	28.0	27.9	21.4	40.2	1	February
Recontact 24hrs Telephone	EWI	%	7.2	11.3	5.6	2.8	14.2	3.4	11.8	8.3	14.1	11.4	1.7	1	May
Recontact 24hrs on Scene	EWI	%	4.7	5.8	3.3	8.0	4.9	3.3	5.2	4.2	5.8	5.5	3.4	2	May

*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	3/3	South	KPI 1 Patients Picked up within 120 minutes before Appointment	Achieved 94.1 % against target of 96.0% . This indicator has seen a positive increase in performance over the previous 3 months.	Locality Manager South Yorkshire	On-going	AMBER
RED	2.10	3/3	South	KPI 2 - Patients arriving on time for their appointment	Achieved 84.1% against target of 90.0% . This indicator has seen a positive increase in performance over the previous 3 months.	Locality Manager South Yorkshire	On-going	AMBER
RED	2.11	3/3	South	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Achieved 89.9% against target of 95% . This indicator has seen a positive increase in performance over the previous 3 months. Performance including all YAS inputted pick up times = 90.1%	Locality Manager South Yorkshire	On-going	AMBER
RED	2.11	2/2	North	KPI 3 - Patients collected within 90 mins (Planned Journeys)	Achieved 90.5% against target of 91.0%. Performance including all YAS inputted pick up times = 92%	Locality Manager North Yorkshire	On-going	GREEN
RED	2.12	3/3	West	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 94.7% . Performance including all YAS inputted pick up times = 95.8% against indicator of 96.0% - (- 0.2%)	Locality Manager West Yorkshire	On-going	GREEN
RED	2.12	3/3	South	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 85.8% against target of 98%. Doncaster affecting this performance , action to review discharge crews.	Locality Manager South Yorkshire	On-going	AMBER
RED	2.12	3/3	North	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 88.4% . Performance including all YAS inputted pick up times = 89.9% against indicator of 99.0%	Locality Manager North Yorkshire	On-going	AMBER
RED	2.12	3/3	East	KPI 4 - Patients collected within 120 mins (On the day & short notice journeys)	Achieved 58% . Actions by local management team to address in terms of discharge rota re-configuration.	Locality Manager East Yorkshire	On-going	AMBER

Directors Comments on Actual Performance**West Yorkshire**

West Yorkshire CCG has exceeded core KPI 2 & KPI 3 inward and outward targets showing strong performance for June and YTD.

North Yorkshire

North Yorkshire CCG has exceeded core KPI 2 & KPI 3 inward and outward targets showing strong performance for June and YTD.

East Yorkshire

East Yorkshire CCG has exceeded core KPI 2 & KPI 3 inward and outward targets showing strong performance for June and YTD.

South Yorkshire

South Yorkshire CCG has continued to improve their position for KPI 2 inward performance against a higher than average target of 90%. Sheffield Children's Hospital extension building works next to the Royal Hallamshire Hospital continues to affect patient arrival time targets due to restricted parking and traffic congestion.

Procurement of 47 new PTS vehicles are due into operational service during July & August , this will assist with reduction in sub-contractor cost and crew downtime due to high VOR rates.

YTD Q1 15/16 v YTD Q1 14/15

Net expenditure for the 1st quarter shows a -£143k improvement against the same period in 2014/15

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	GREEN	GREEN										GREEN
	South Consortia	1.25%	£68,211	GREEN	GREEN	GREEN										GREEN
	East Consortia	1.25%	£42,651	GREEN	GREEN	GREEN										GREEN
	West Consortia	0.50%	£61,093	GREEN	GREEN	GREEN										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	GREEN	GREEN										GREEN
	South Consortia	1.25%	£68,211	GREEN	GREEN	GREEN										GREEN
	East Consortia	1.25%	£42,651	GREEN	GREEN	GREEN										GREEN
3. UNDER NEGOTIATION - Investigate and quantify the potential improvements related to patients experience in relation to return from outpatient clinics	West Consortia	1.00%	£122,186	GREEN	GREEN	GREEN										GREEN
4. UNDER NEGOTIATION Improve renal performance	West Consortia	1.00%	£122,186	GREEN	GREEN	GREEN										GREEN
TOTAL		10.00%	£633,853													

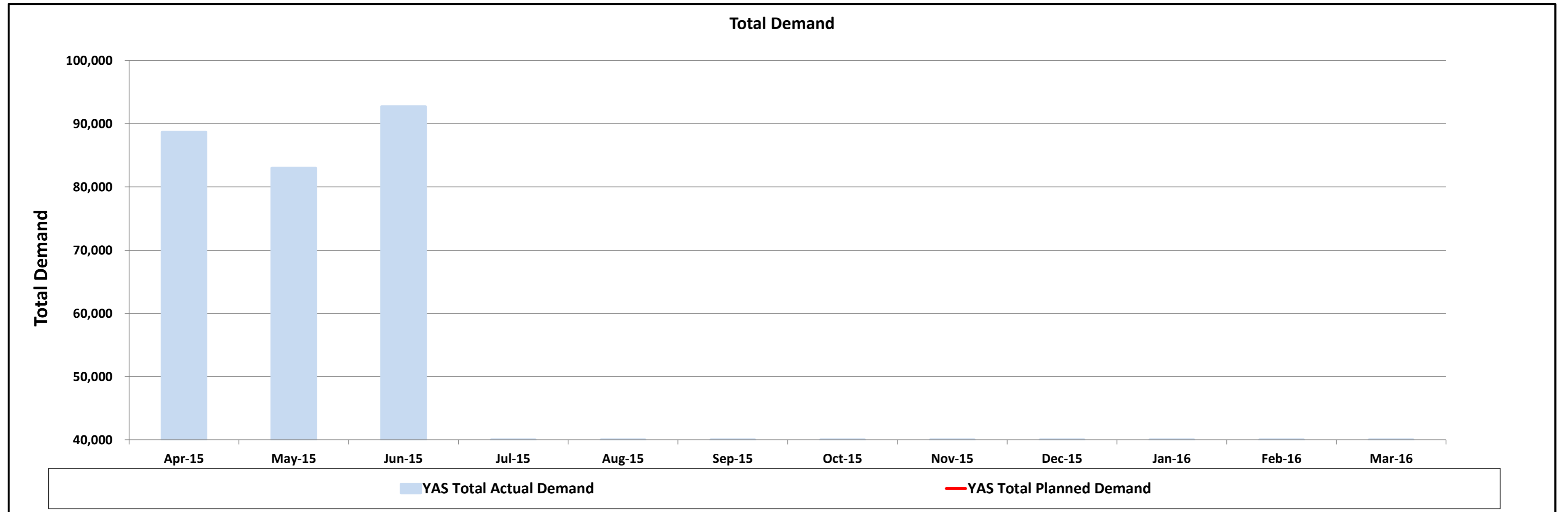
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments	West CQUINS have now been agreed. It should be noted that the milestones for delivery have been moved to allow YAS an opportunity to deliver within newly agreed timescales. Work has not yet commenced on the CQUIN's due to delay in agreement and holidays however, there are no anticipated issues at this stage.
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PTS Demand

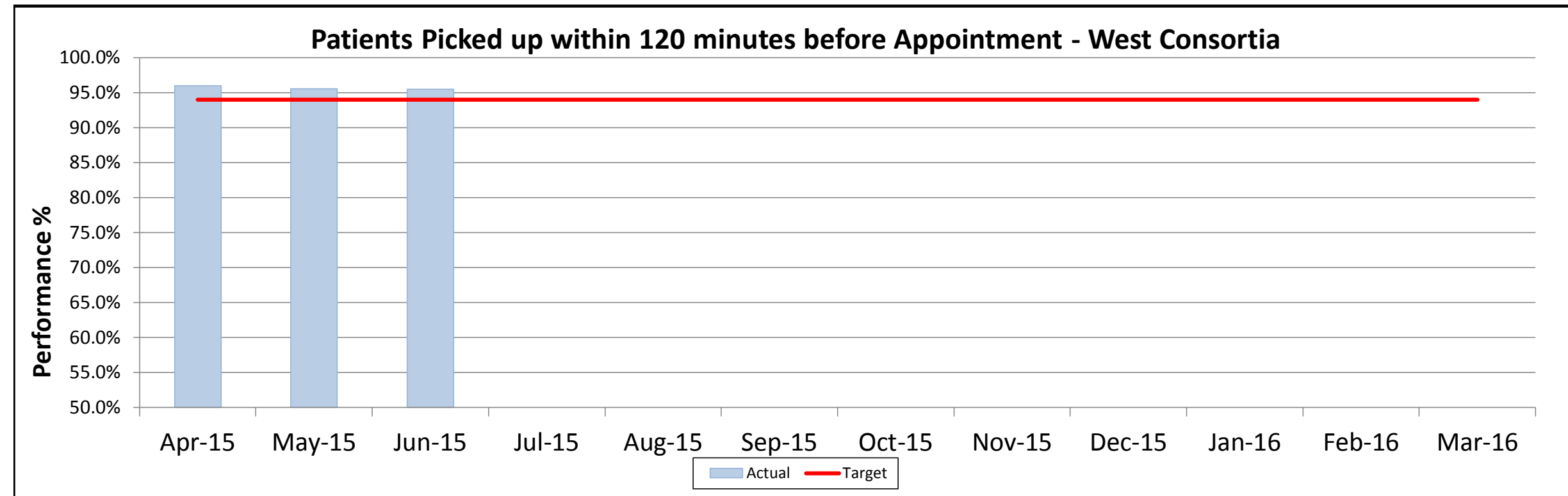
	YTD RAG	GREEN
↔	MTD RAG	GREEN

Total Demand

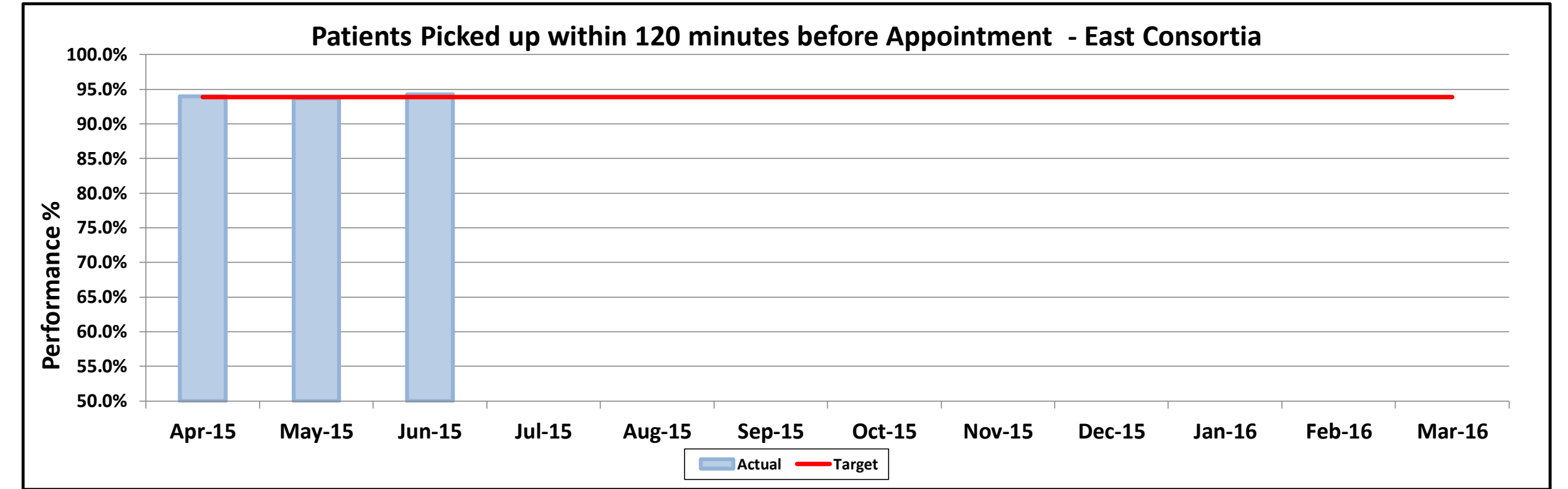


PTS Demand by Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
West Consortia Actual Demand	45,436	43,318	48,523										137,277
East Consortia Actual Demand	8,696	8,357	8,685										25,738
South Consortia Actual Demand	23,160	20,858	24,163										68,181
North Consortia Actual Demand	11,388	10,464	11,345										33,197
YAS Total Planned Demand	TBC	TBC	TBC										137,221
YAS Total Actual Demand	88,680	82,997	92,716										264,393

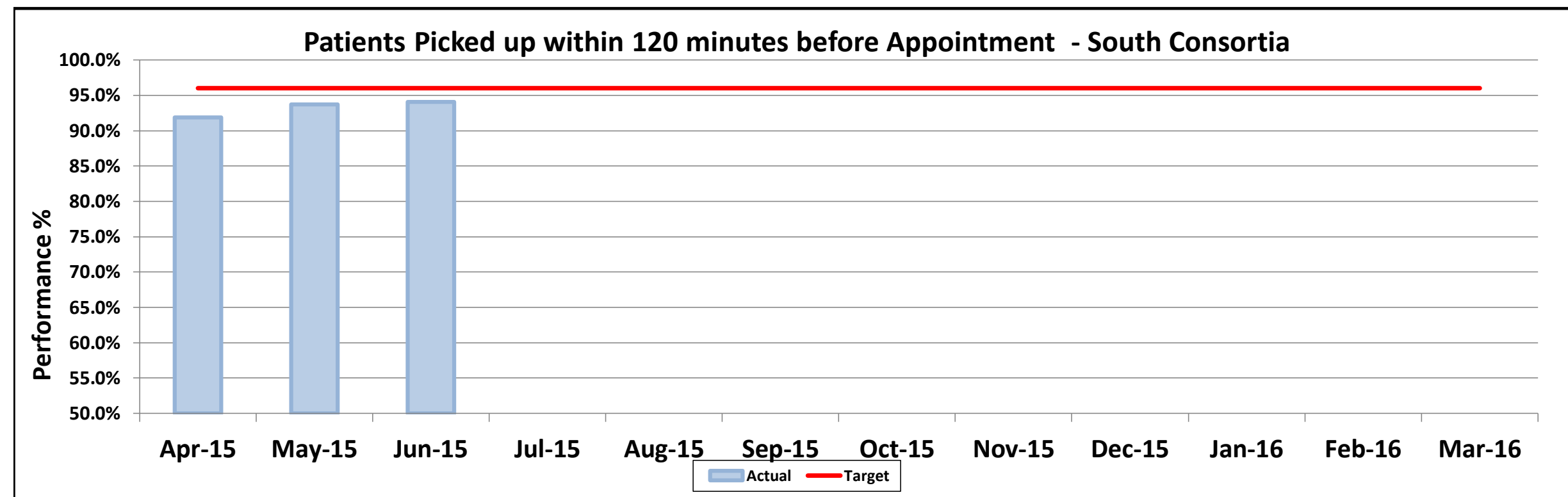
Arrival - KPI 1



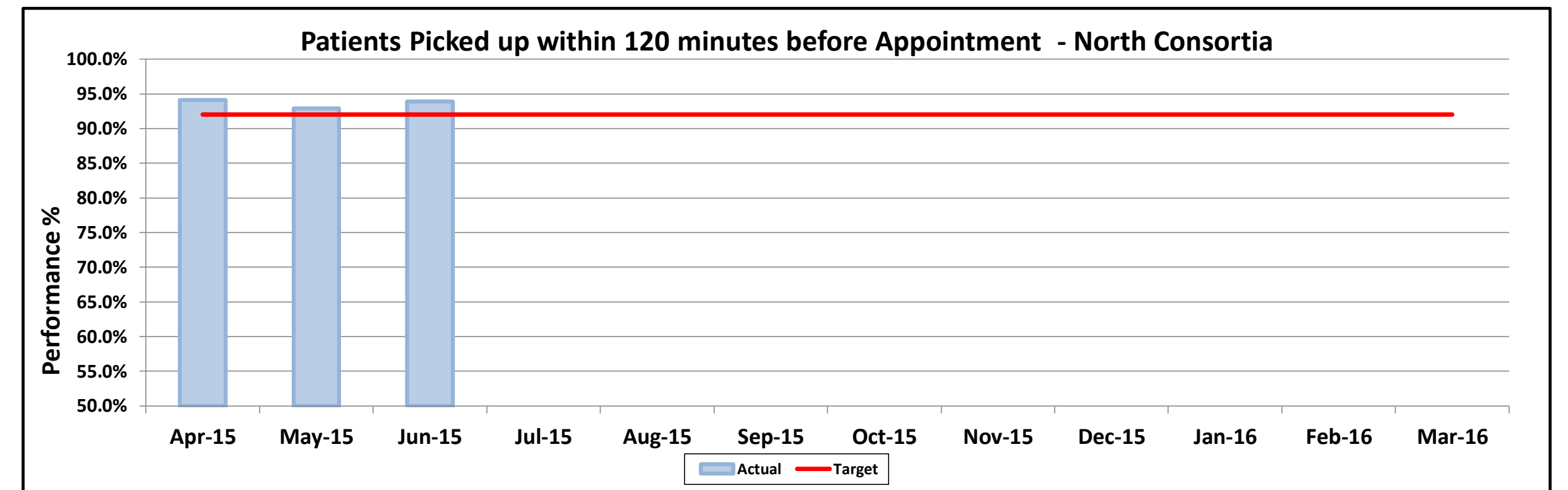
West Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
Actual	96.1%	95.6%	95.5%									



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%	93.7%	94.3%									



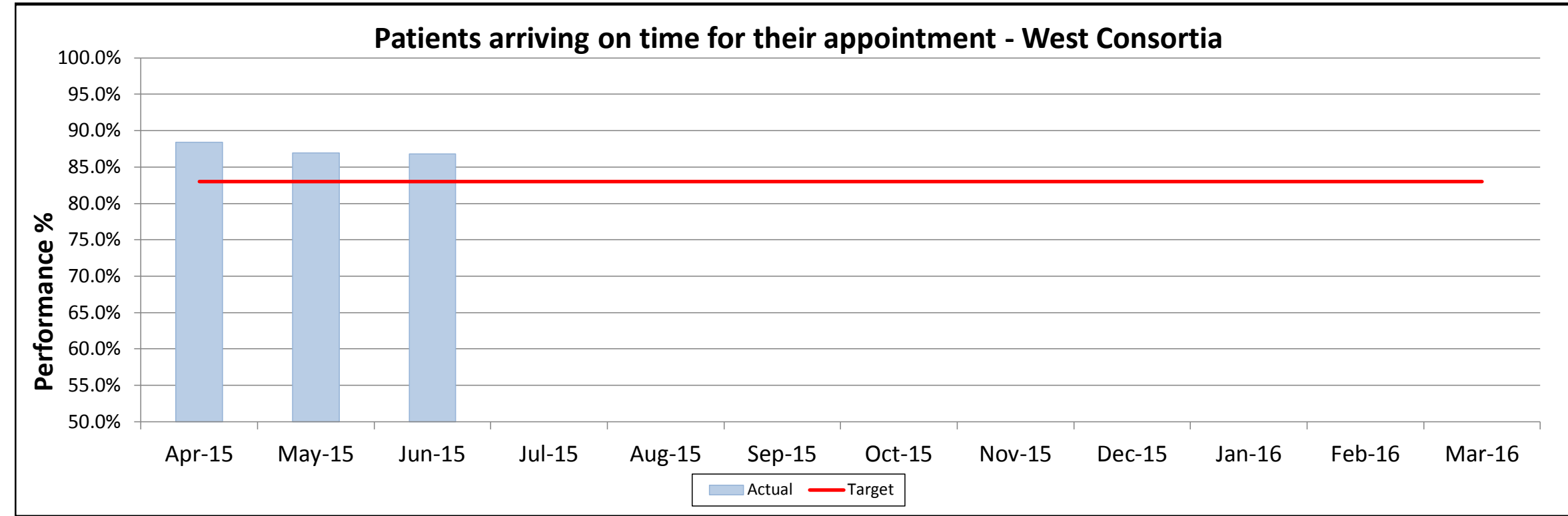
South Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Actual	91.9%	93.7%	94.1%									



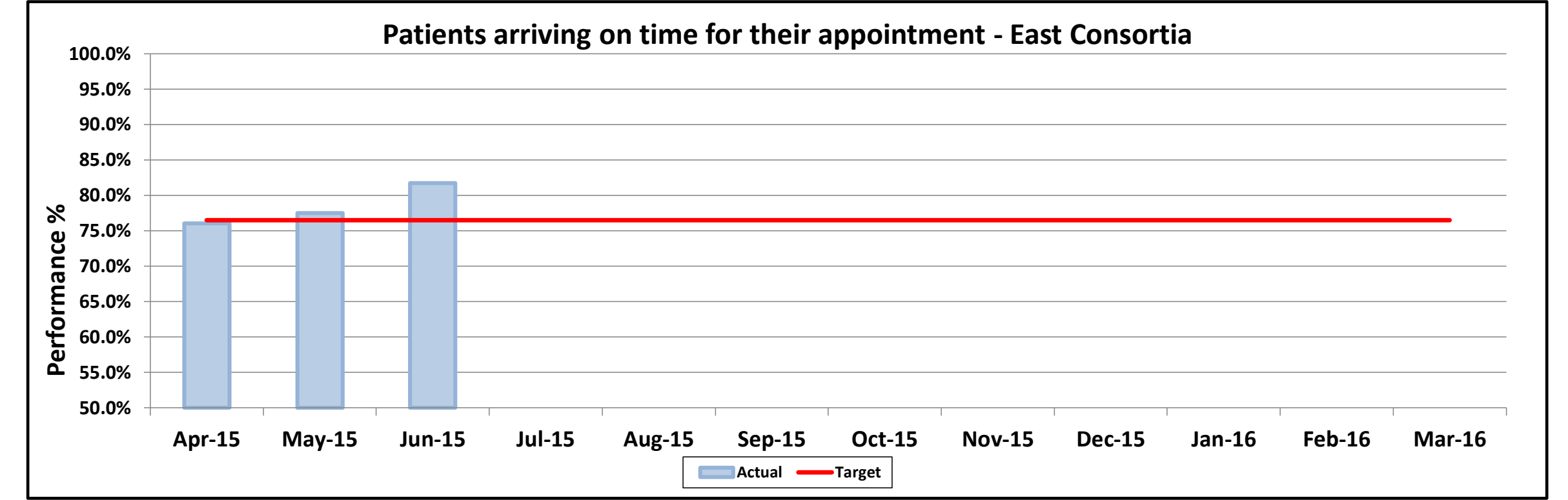
North Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Actual	94.1%	92.9%	93.9%									

Arrival - KPI 2

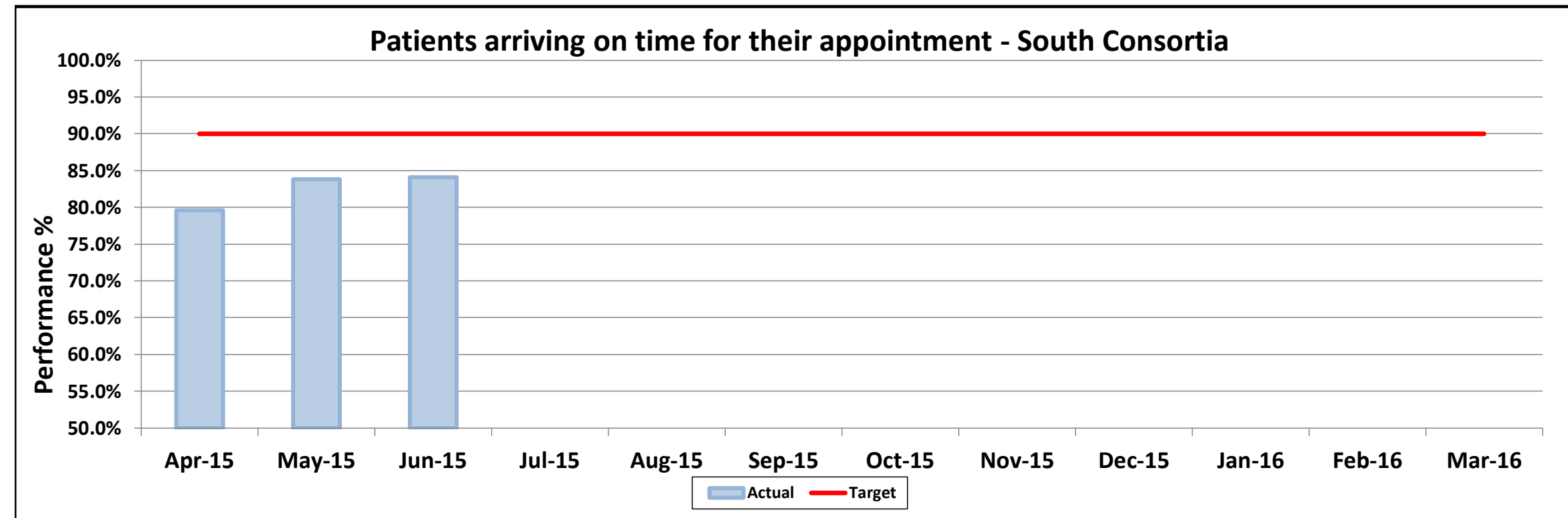
EWI



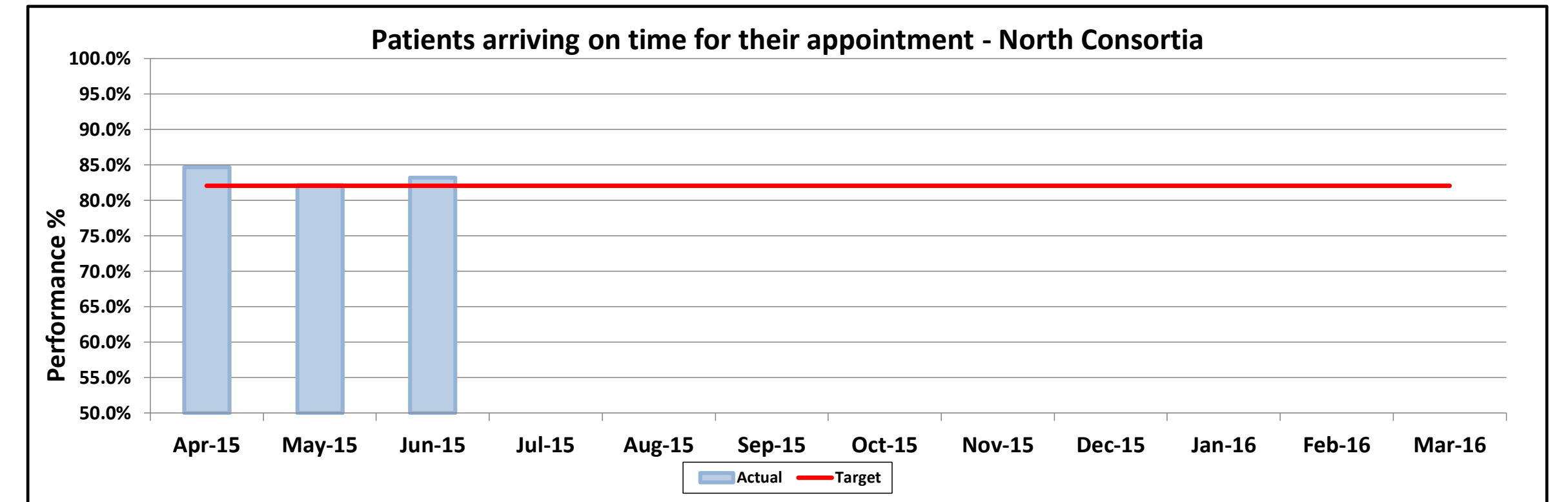
West Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%	83.0%
Actual	88.4%	86.9%	86.8%									



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%	77.5%	81.7%									



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%	83.8%	84.1%									

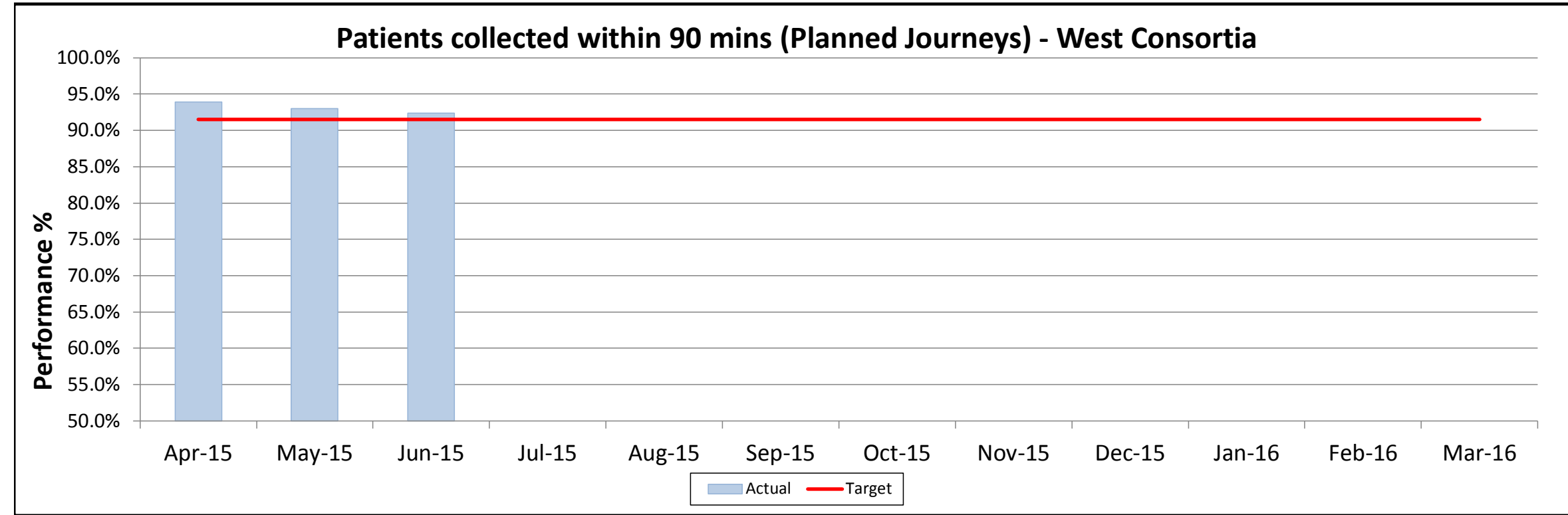


North Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Actual	84.7%	82.1%	83.2%									

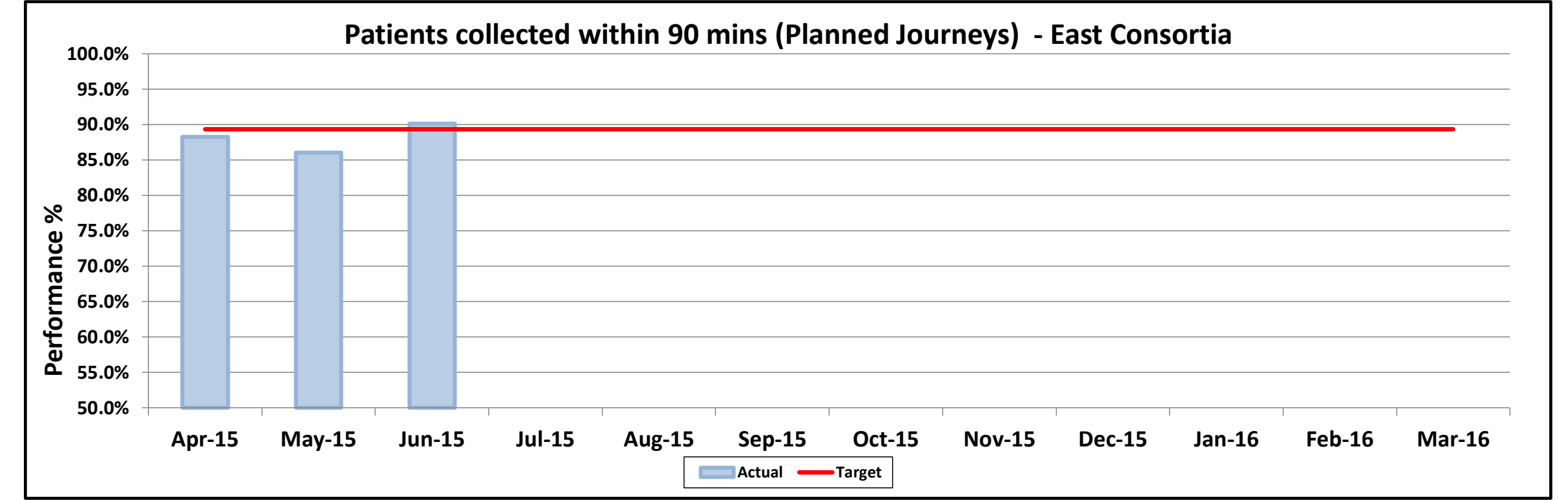
EWI Early Warning Indicator

Departure - KPI 3

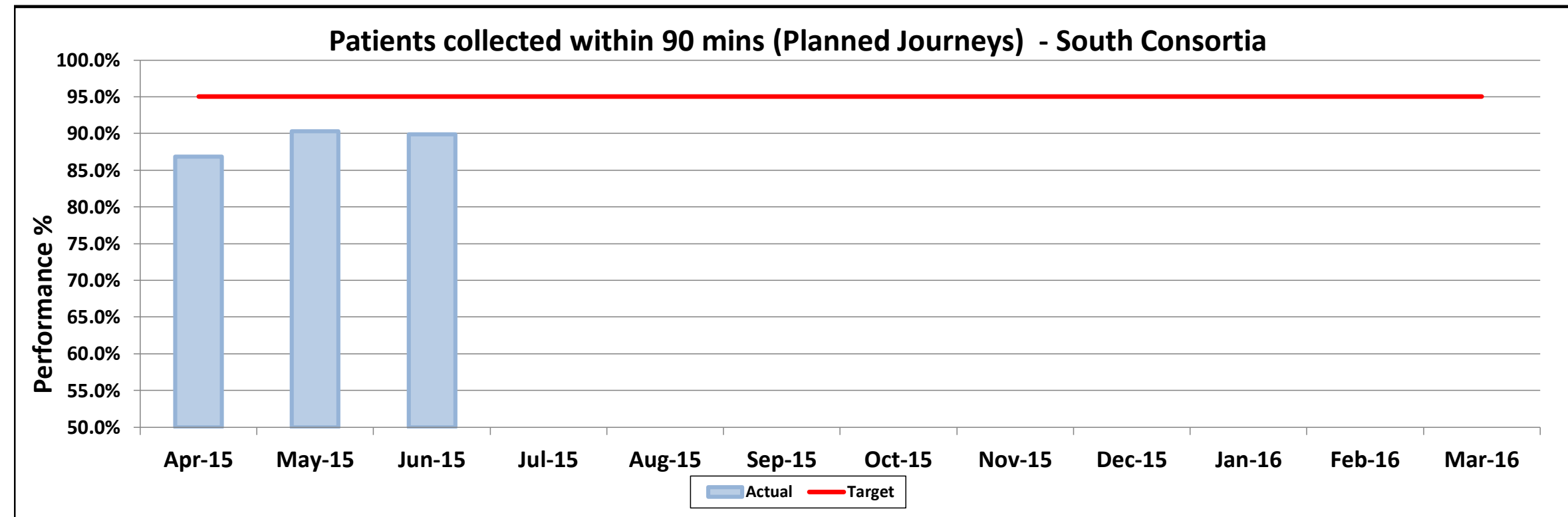
EWI



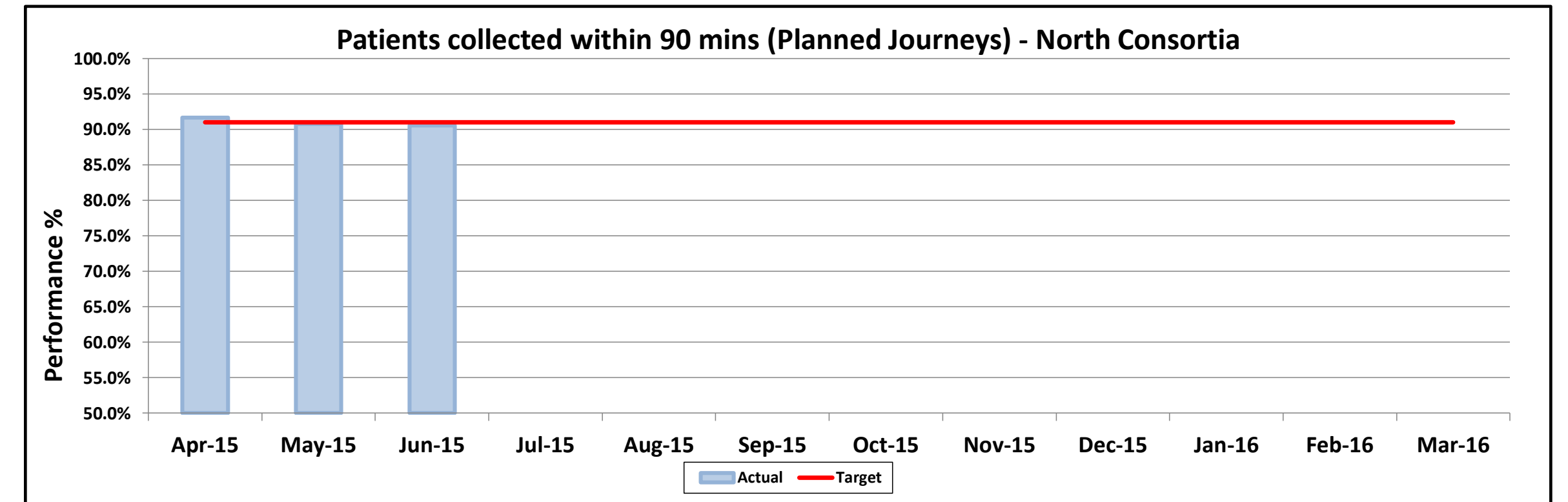
West Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%	91.5%
Actual	93.9%	93.0%	92.4%									



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	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%	86.0%	90.1%									



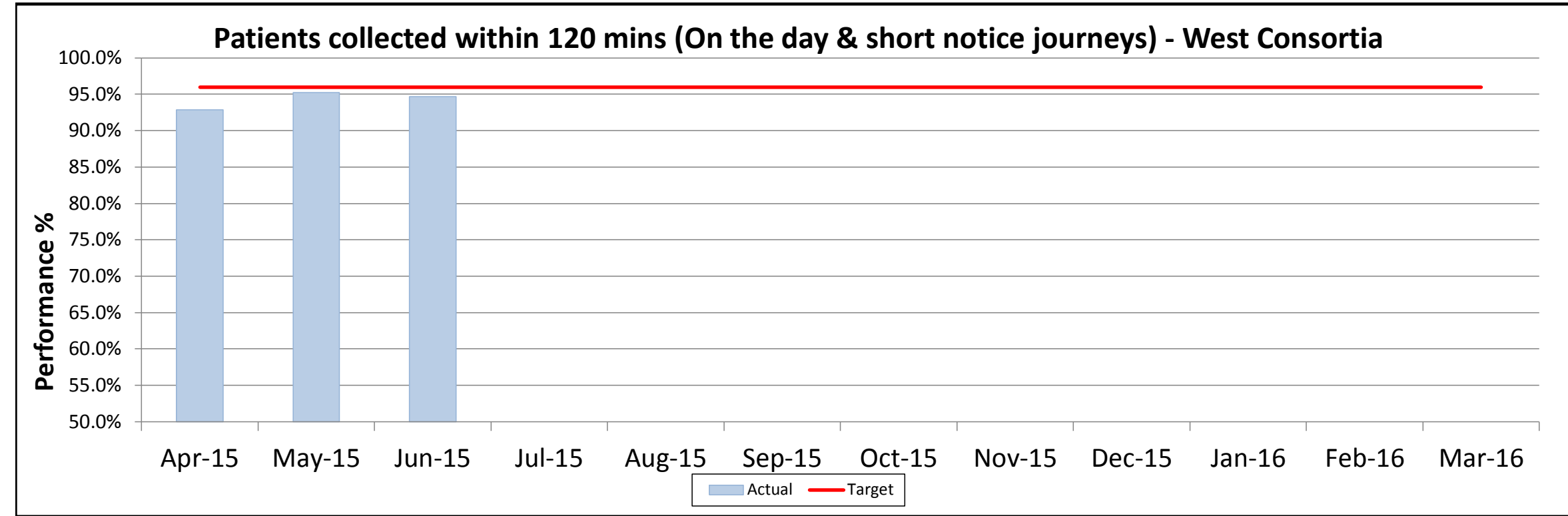
South Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	86.8%	90.3%	89.9%									



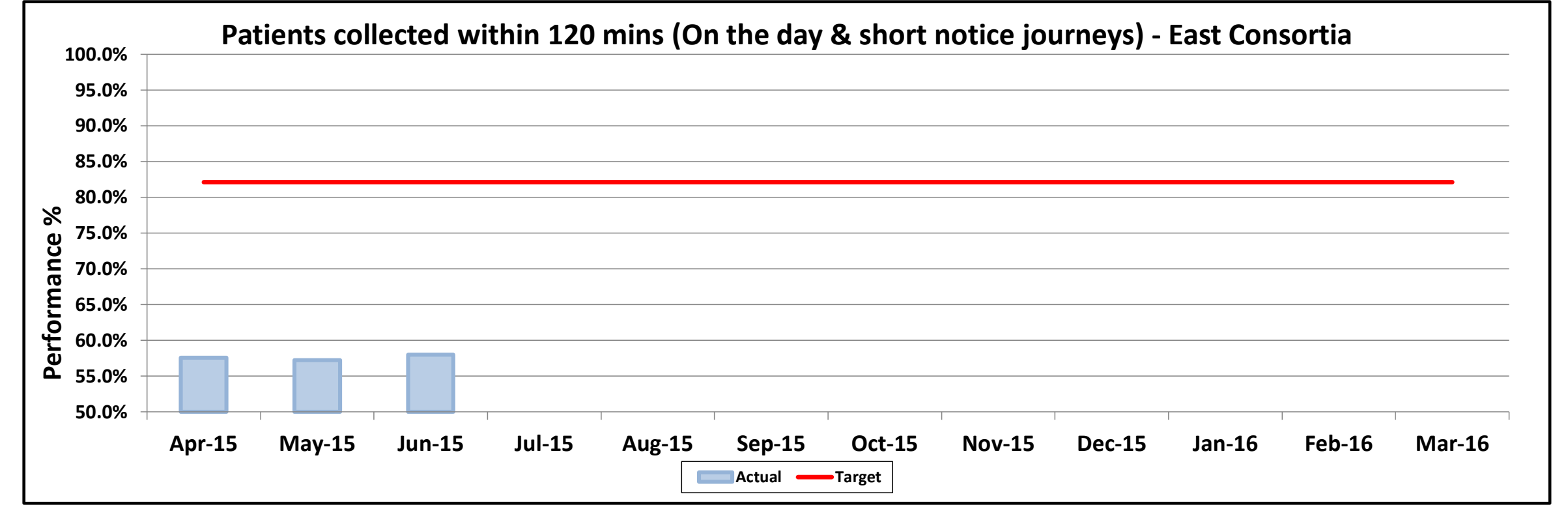
North Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%
Actual	91.7%	90.7%	90.5%									

EWI Early Warning Indicator

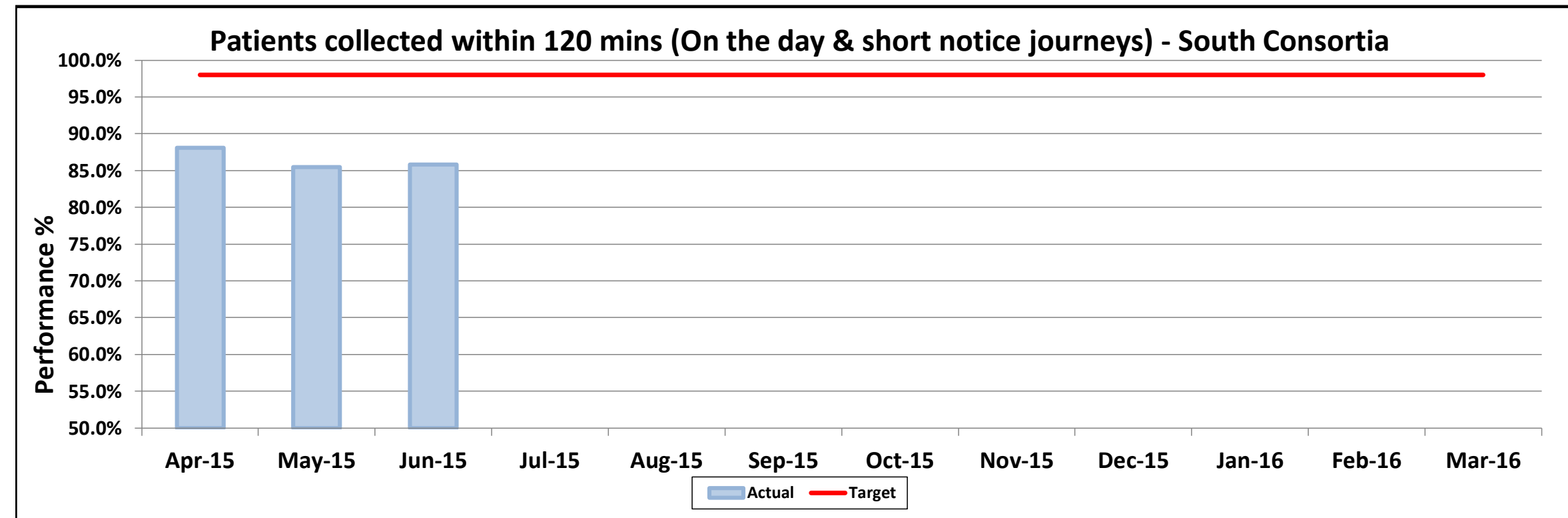
Departure - KPI 4



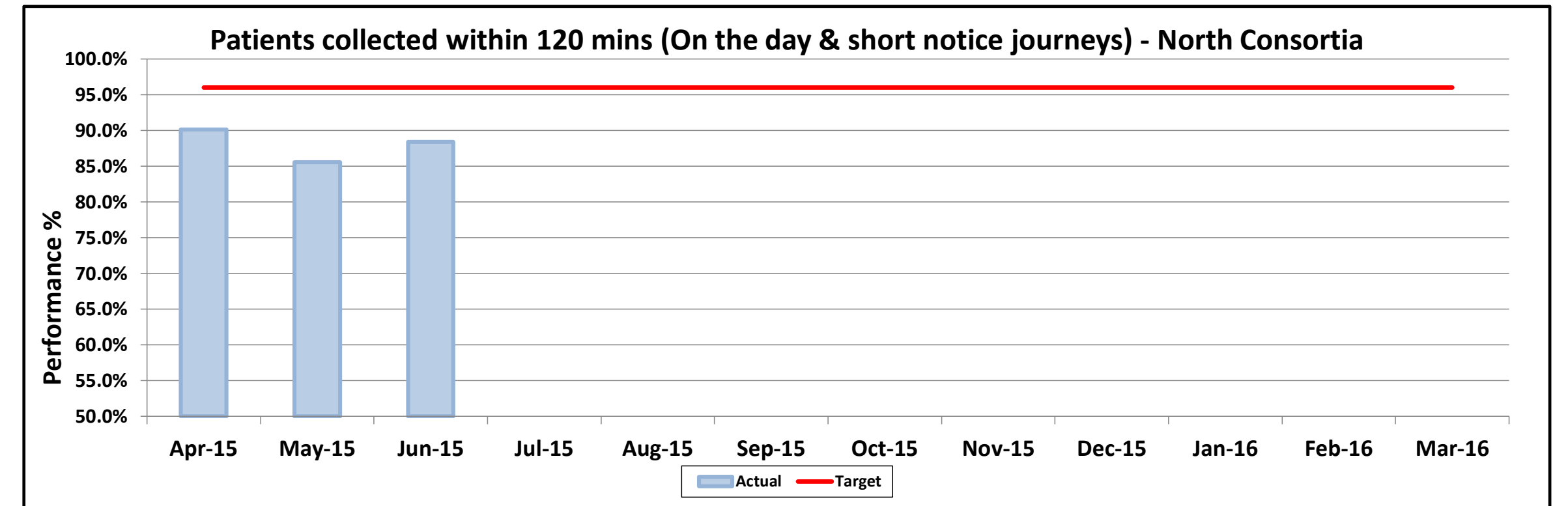
West Consortia	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
Actual	92.9%	95.2%	94.7%									



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%	57.3%	58.0%									



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	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%	85.4%	85.8%									



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	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%	85.5%	88.4%									

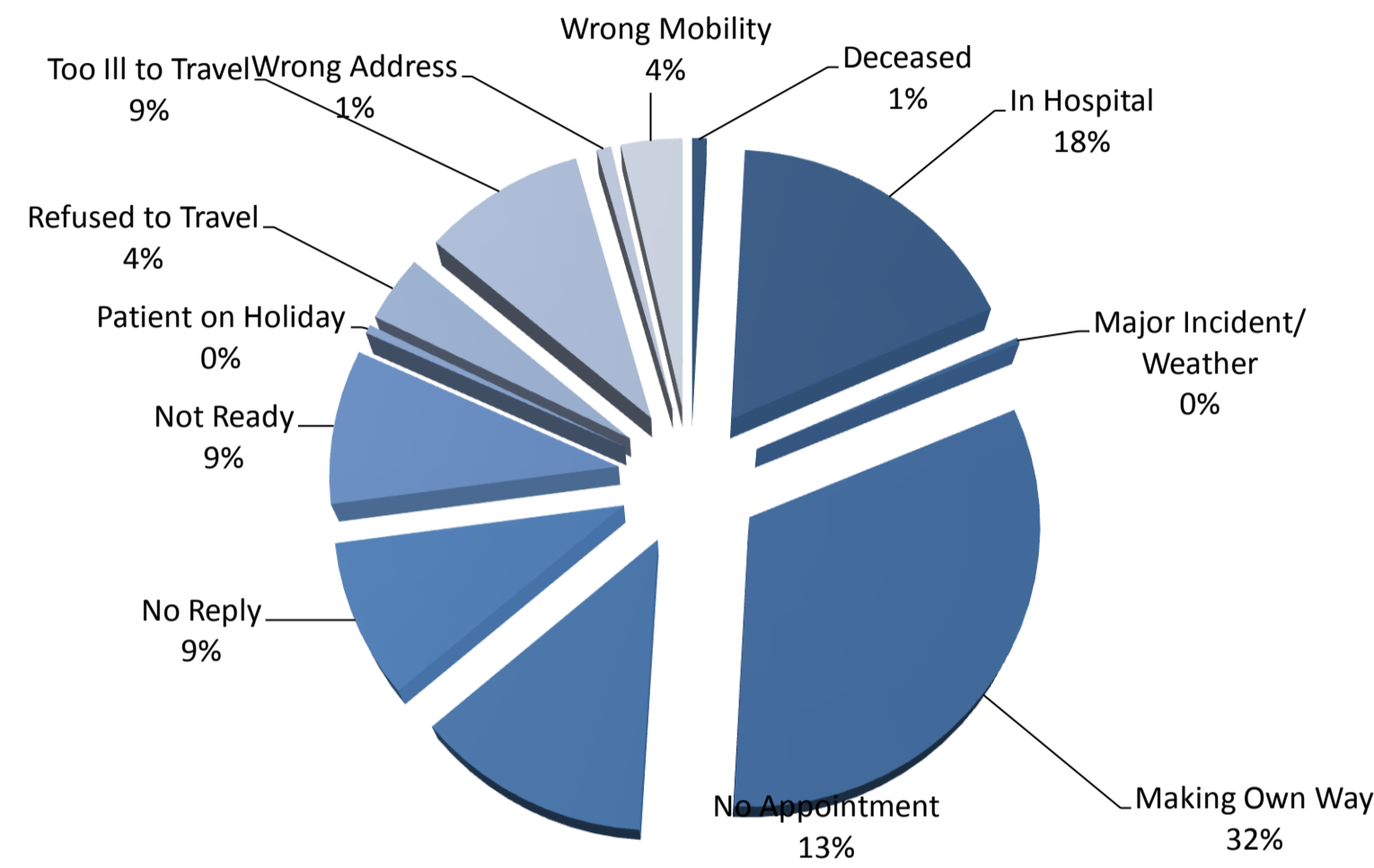
West Renal KPIs

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%	70.2%	72.2%									
	0-60 mins early	100%	89.7%	89.6%	89.0%									
	up to 30 mins late	0%	1.1%	1.3%	1.4%									
KPI 2 - Outward collections	Within 45 mins of ready time	90%	91.5%	89.8%	88.0%									
	Within 60 mins of ready time	100%	97.8%	96.9%	95.6%									
KPI 3 - Journey Time	10 miles and >45 mins	90%	97.2%	97.0%	96.8%									

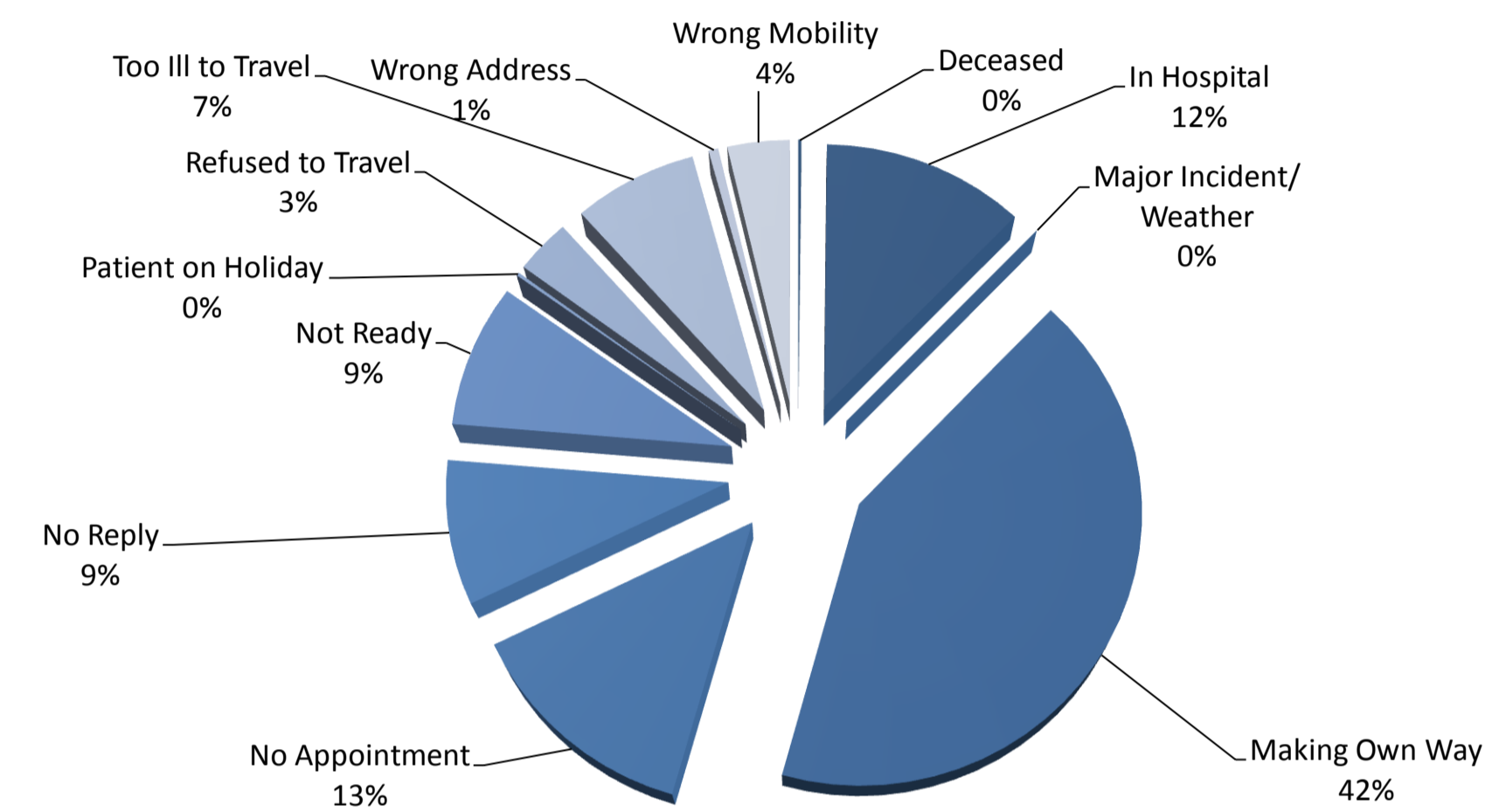
PTS Abortive journeys

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

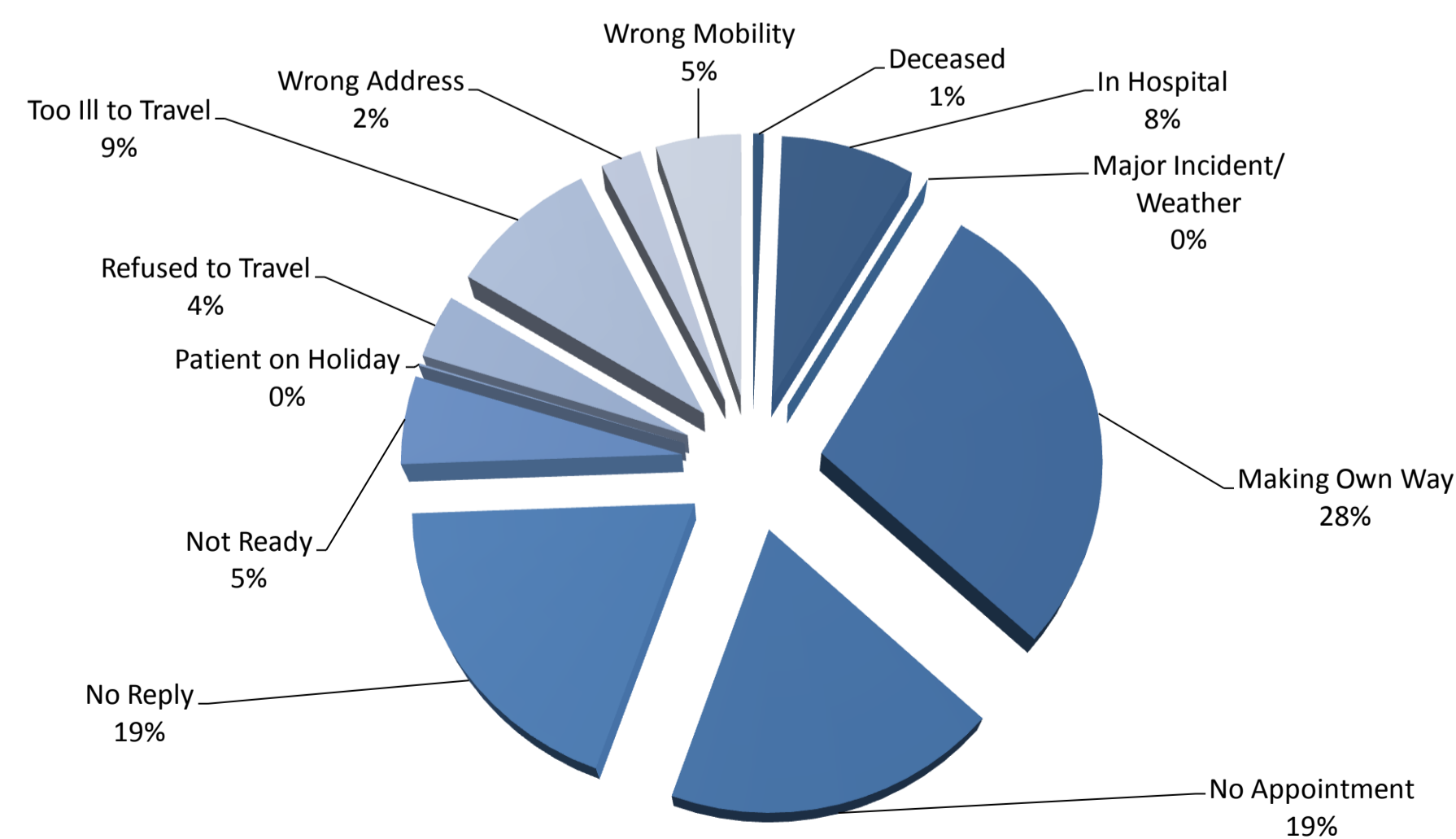
North Consortium													
Abort Reason	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Deceased	2	2	5										9
In Hospital	71	49	104										224
Major Incident/Weather	0	0	2										2
Making Own Way	168	177	191										536
No Appointment	80	68	76										224
No Reply	53	54	54										161
Not Ready	62	39	53										154
Patient on Holiday	0	0	3										3
Refused to Travel	14	15	23										52
Too Ill to Travel	52	62	56										170
Wrong Address	14	3	5										22
Wrong Mobility	12	15	21										48
Overall Totals	528	484	593	0	0	0	0	0	0	0	0	0	1605



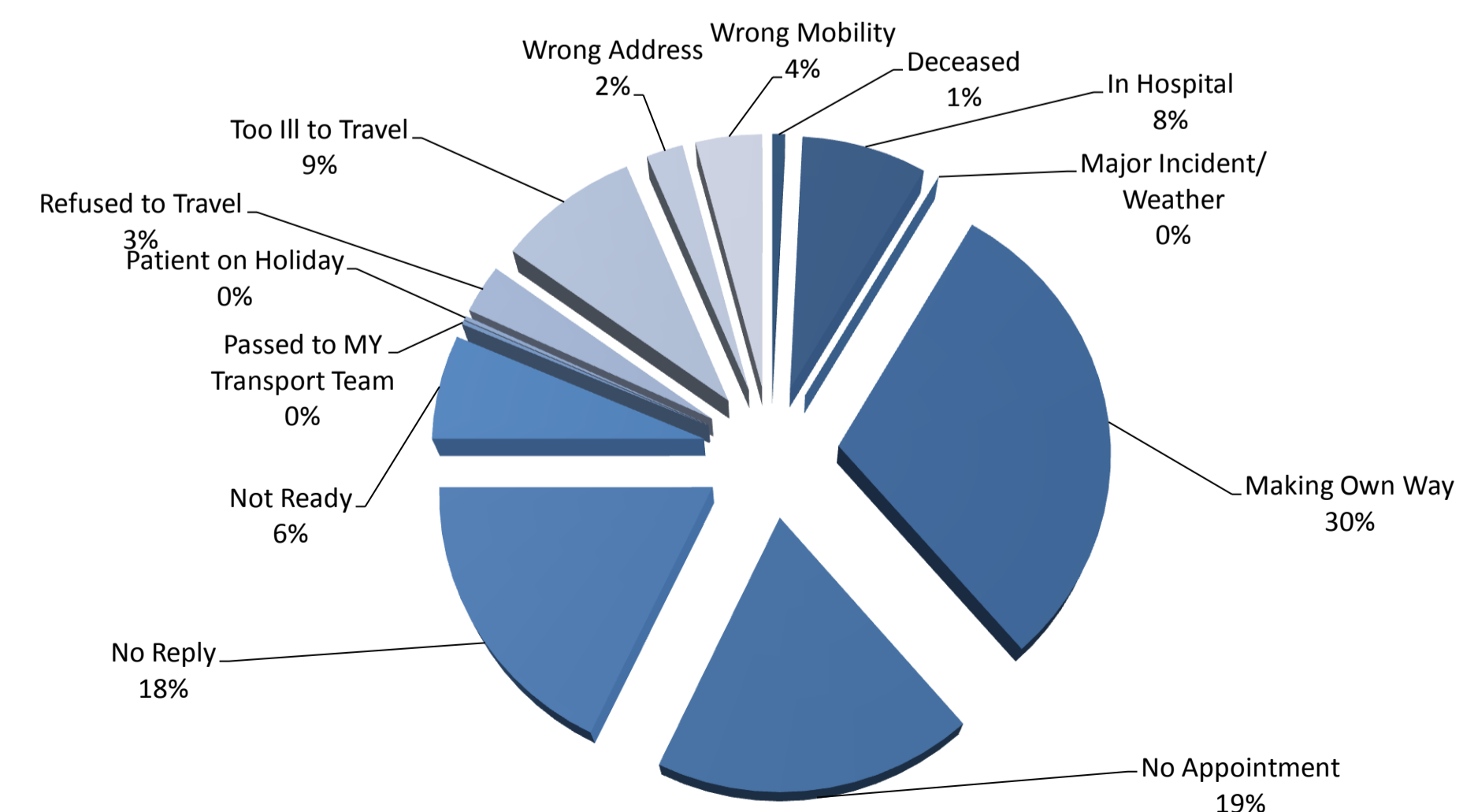
East Consortium													
Abort Reason	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Deceased	3	1	1										5
In Hospital	48	57	62										167
Major Incident/Weather	0	2	0										2
Making Own Way	230	225	217										672
No Appointment	48	72	69										189
No Reply	58	45	44										147
Not Ready	49	39	44										132
Patient on Holiday	0	1	1										2
Refused to Travel	17	14	17										48
Too Ill to Travel	38	45	38										121
Wrong Address	5	4	3										12
Wrong Mobility	19	25	19										63
Overall Totals	515	530	515	0	0	0	0	0	0	0	0	0	1560



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	7	10										30
In Hospital	138	118	128										384
Major Incident/Weather	0	0	0										0
Making Own Way	428	386	451										1265
No Appointment	340	295	300										935
No Reply	289	263	304										856
Not Ready	77	59	84										220
Patient on Holiday	0	2	2										4
Refused to Travel	63	62	61										186
Too Ill to Travel	152	152	143										447
Wrong Address	25	27	39										91
Wrong Mobility	81	49	81										211
Overall Totals	1606	1420	1603	0	0	0	0	0	0	0	0	0	4629

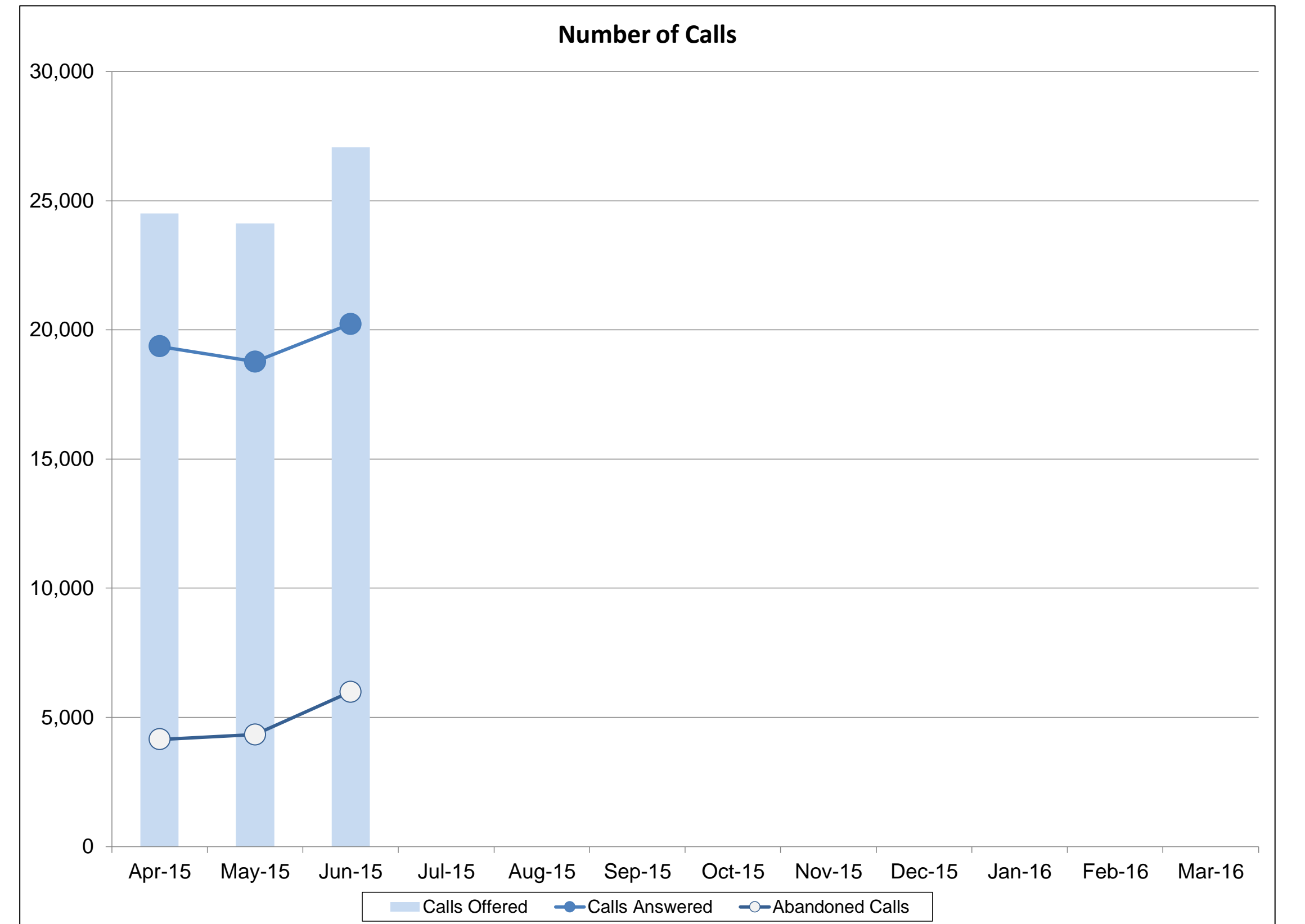
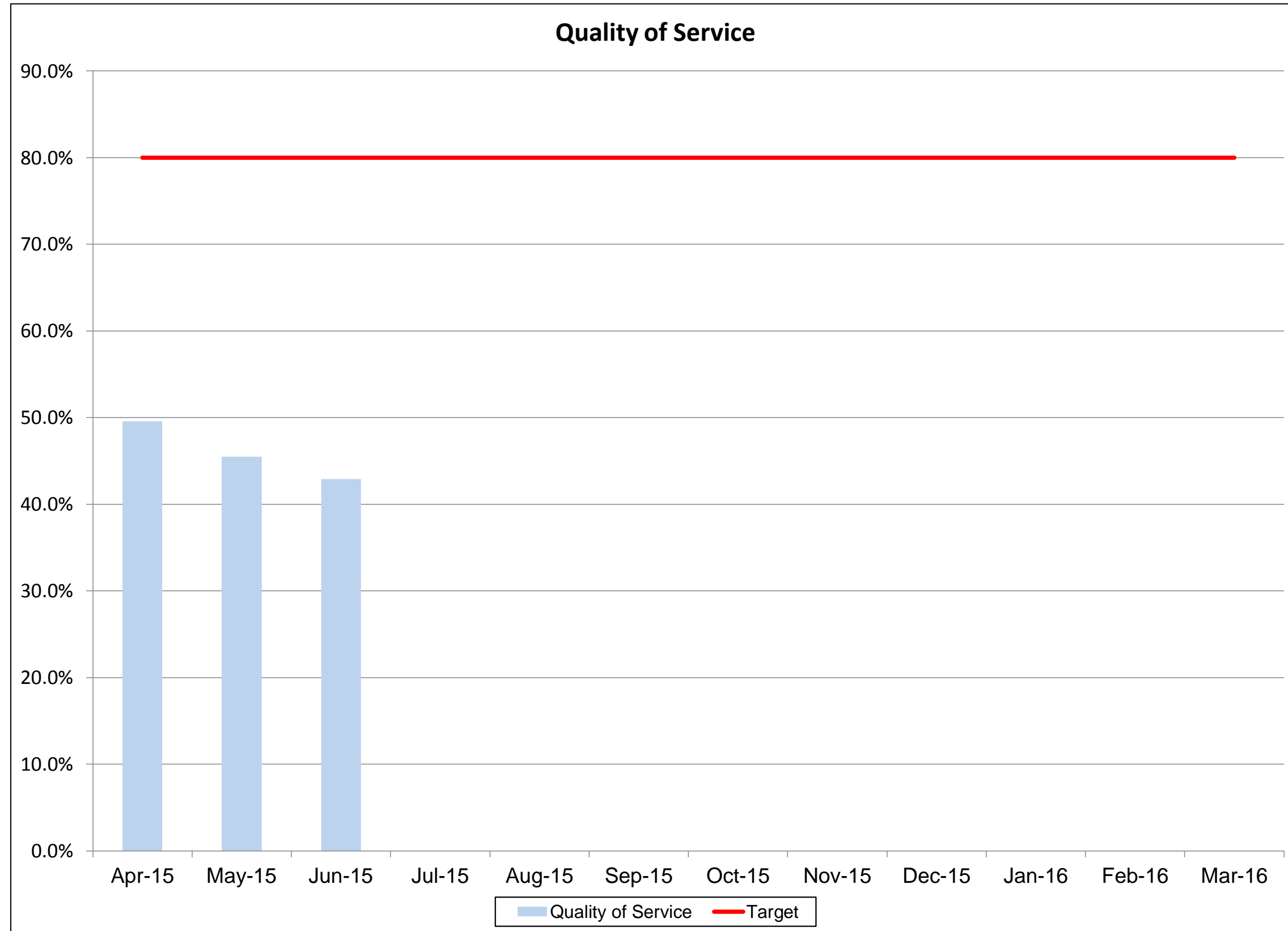


West Consortium													
Abort Reason	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Deceased	30	30	29										89
In Hospital	284	276	285										845
Major Incident/Weather	0	2	0										2
Making Own Way	968	1038	1117										3123
No Appointment	673	572	683										1928
No Reply	544	535	663										1742
Not Ready	212	191	238										641
Passed to MY Transport Team	18	13	9										40
Patient on Holiday	4	3	9										16
Refused to Travel	106	89	112										307
Too Ill to Travel	329	266	323										918
Wrong Address	78	79	84										241
Wrong Mobility	134	161	151										446
Overall Totals	3380	3255	3703	0	0	0	0	0	0	0	0	0	10338



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	24117	27061									
Calls Answered	19,360	18772	20224									
Average Answer Delay	00:01:22	00:01:43	00:02:12									
Max Answer Delay	00:59:31	00:53:35	01:00:18									
Abandoned Calls	4,149	4332	5983									
Quality of Service	49.6%	45.5%	42.9%									



Section 2c

NHS 111



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2.16	3/3	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 within resources available through the contract for the current year. Review of Clinical Adviser banding completed and recruitment currently under way for additional clinical staff.	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	127,309	110,243										
Total number of Calls Offered	132,344	141,779	115,893										
Total number of Calls answered	129,188	139,268	114,416										
Variation to Contract Flat Rate	4.3%	9.4%	3.8%										
Variation to Contract Flat Rate (Quarter)	5.9%												
Total number of Calls answered within 60 seconds	116,964	132,455	110,935										
Total % of calls answered within 60 seconds (Target >= 95%)	90.5%	95.1%	97.0%										
Total number of abandoned calls after 30 seconds	2,377	1,758	966										
Total % of calls abandoned after 30 seconds (Target <=5%)	1.8%	1.2%	1.2%										
Total number of calls triaged	110,004	119,066	98,561										
Total number of calls completed in 1 contact	108,402	116,242	94,832										
Total number of calls transferred to a clinical advisor (DX Calls)	23,703	25,218	21,988										
Total % of calls which were transferred to a clinical advisor (DX Calls)	18.3%	18.1%	19.2%										
Total number of calls which were warm transferred to a clinical advisor	5,054	4,225	4,150										
Total % of Warm transfers (Target 95%)	21.3%	16.8%	18.9%										
Total % of Call Backs (Target 95%) in 10 Mins (KPI)	23.2%	18.5%	19.6%										
Total % of Call Backs (Target 95%) in 120 Mins (Internal)	87.5%	86.6%	89.0%										
Total % of Call Backs (Target 65%) in 10 Mins and Warm Transferred	39.6%	32.1%	34.8%										
Longest wait for a call back by a clinical advisor	06:14:37	07:57:47	05:14:59										
Average call back time by a clinical advisor	00:56:45	01:02:31	00:56:31										
Total number of calls directed to 999 - RED	4,017	4,184	3,755										
Total number of calls directed to 999 - GREEN	5,757	5,914	5,383										
Total number of calls directed to 999	9,774	10,098	9,138										
Total number of calls recommended to attend an A&E	7,757	8,469	7,818										
Total number of calls directed to see GP	45,986	48,868	38,427										
Total number of calls directed to speak to GP	10,331	11,441	8,517										
Total number of calls directed to 999 - RED (%)	3.1%	3.0%	3.3%										
Total number of calls directed to 999 - GREEN (%)	4.5%	4.2%	4.7%										
Total number of calls directed to 999 (%)	7.6%	7.3%	8.0%										
Total number of calls recommended to attend an A&E (%)	6.0%	6.1%	6.8%										
Total number of calls directed to see GP (%)	35.6%	35.1%	33.6%										
Total number of calls directed to speak to GP (%)	8.0%	8.2%	7.4%										



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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Our Service	SLA	INCIDENTS														
		Priority 1. 4 Hour Resolution/Mitigation. Target 95%	N/A	N/A	N/A											
		Priority 2. 8 Hour Resolution. Target 90%	100.00%	100.00%	100.00%											
		Priority 3. 2 Day Resolution. Target 90%	51.97%	N/A	N/A											
		Priority 4 5 Day Resolution. Target 75%	75.64%	N/A	N/A											
		SERVICE REQUESTS														
		Priority 2. 5 Working Days. Target 75%	n/a	n/a	N/A											
		Priority 3 10 Working Days. Target 75%	N/A	N/A	N/A											
		Priority 4 15 Working Days. Target 75%	67.67%	50.00%	66.67%											
		Priority 5 30 Working Days. Target 75%	86.35%	84.97%	89.40%											
Infrastructure	Network Availability	Over 99.5%	100.00%	100.00%	100.00%											
		This Period Unplanned Downtime	0	0	0											
		Next Period Planned Downtime	0.3	0	0											
		Network Availability Notes	Switch upgrade in York	New UPS in York	N/A											
	System Availability	Over 99.5%	100%	100%	100%											
		This Period Unplanned Downtime	0	0	0											
		Next Period Planned Downtime	0	0	0											
		System Availability Notes														
	Telecoms Availability	Over 99.5%	100%	100%	100%											
		This Period Unplanned Downtime	0	0	0											
		Next Period Planned Downtime	3	0	0											
		Telecoms Availability Notes	Andy McInnes - downtime scheduled at York Fairfields due to UPS power upgrade work	Andy McInnes	N/A											
	Radio Availability	Over 99.5%	100%	100%	100%											
		This Period Unplanned Downtime	0	0	0											
Next Period Planned Downtime		N/A	N/A	N/A												
Radio Availability Notes		N/A	N/A	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%	70%	70%									
P30	ICT Asset Management	50%	50%	50%									
P4	Upgrade South Remote sites links	95%	100%										
P13	Implement ITIL	40%	40%	40%									
P27	New YAS Intranet	90%	90%	90%									
P19	Wireless Network	50%	50%	50%									
P17	Clinical Web Site (PathFinder)	95%	95%	100%									
P21	Mobile Data Refresh and VDO Replacement	70%	70%	55									
P22	Board Pad	90%	100%										
P28	New Build Reception SH2	50%	50%	50									
P34	ISO-22301- Standard - Business Continuity	100%											
P31	GRS to MIS Interface	60%	60%	80%									
P35	PTS Call Flex Moves (PTS Transformation)	90%	90%	100%									
P36	PTS PDA Replacement (PTS Transformation)	50%	50%	50%									
P37	SMS Enterprise	65%	65%	70%									
P40	Airwave Handset Replacement	65%	65%	70%									
P41	APN Upgrade - 100MB	60%	70%	80%									
P43	OHIO to GRS Interface	40%	40%	65%									
P44	Adastra OOH Cloud Hosting	80%	100%										
P45	Virtual Training Suite	60%	100%										
P46	Estates Project Management	65%	85%	85%									

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 works 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	GREEN	AMBER	GREEN								

Fleet

YTD RAG	GREEN
MTD RAG	GREEN

E1 Carbon Management		RAG Status	Baseline 2009	Oct-14	Forecast	Quarter 1 Actual	Notes
E1.1	Carbon Emissions (Fuel)	AMBER	11516 Tonnes CO2	8549 Tonnes CO2		10411 tonnes of CO2	Aim to reduce carbon emissions by 10% by 2015 from the 2009 figures. YAS has been awarded a £166k grant to install solar panels on 175 vehicles, and will be establishing a contractor and installation plan. The introduction of the panels is expected to reduce carbon dioxide emissions by 720kg per vehicle per year, and nitrogen oxide emissions by 17kg.
E1.2	Carbon Emissions (Estates)	GREEN	5,707 Tonnes CO2	5560 Tonnes (2013/2014)			Aim to reduce carbon emissions by 10% by 2015 from the 2009 figures. Emissions for 2010/2011: 5104 t, 2011/2012: 5058 t, 2012/2013: 5742 t, 2013/2014: 5560 t. Information can only be supplied on a quarterly basis due to bills being sent in and processed from all the stations (May 2014 figures are represented -ve of the figures obtained during 2013/2014). Carbon emissions are dependant on degree days (ie heating/energy requirements due to time of year) and can be weather dependant (ie winter vs summer)

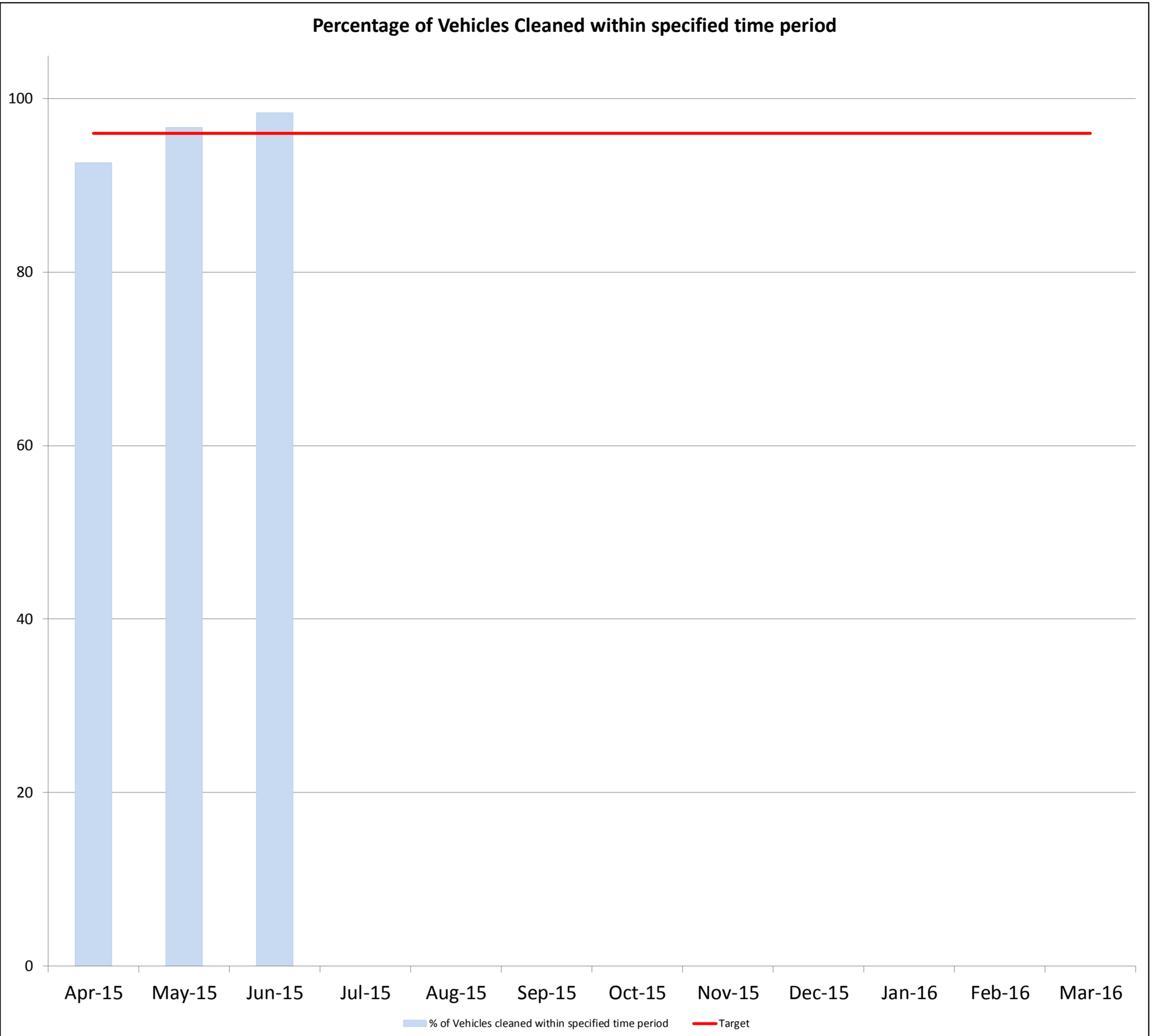
E3 Fleet		RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
Vehicle Availability %Plan vs. Actual *									
E3.1	A&E	GREEN	92%	94%	2%	92%	93%	1%	
E3.1	PTS	GREEN	94%	94%	0%	94%	95%	1%	

Vehicle Age		RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1	A&E - RRV	GREEN	19	19	0	20 vehicles have been ordered with the anticipated delivery in September 2015
E3.1	A&E - DMA	AMBER	37	77	40	The 1st batch of 40 vehicles are being delivered to Unit M, further development work is underway in respect of future DCA's. This has resulted in a slight delay in ordering the first next batch of 25 vehicles. An A&E Sub group is working on the specification changes and considering replacing the Mercedes with Fiat for future builds.
E3.1	A&E - Other	GREEN	5	5	0	
E3.1	PTS	RED	163	163	0	The first batch of 47 replacement PTS Vehicles will come into Service in July/August 2015. Further papers have been submitted to Trust Board for an additional 64 vehicles (46 revenue and 18 from the 2015/16 Capital Plan) for consideration which will significantly reduce the overage vehicle figure for PTS.
E3.1	Other	GREEN	7	6		

Vehicle Replacement Plan		RAG Status	Plan Annual	Forecast Annual	Notes
E3.1	A&E - RRV	GREEN	115	115	20 vehicles are currently on order, expected delivery September 2015, a further 95 are currently on hold awaiting decision following the ORH report
E3.1	A&E - DMA	GREEN	74	74	The 1st batch of 40 vehicles are being delivered to Unit M, they are undergoing the commissioning process and will start to go into service week commencing 13/06/2015. Further development work is underway in respect of future DCA's. Fleet are currently holding Vehicle Design Review Groups with key staff members to evaluate and discuss the migration from Mercedes to Fiat. The order for a further 25 and 46 Mercedes Van conversions is currently on hold following the outcome of the initial Vehicle Design Review Group.
E3.1	A&E - Other	GREEN	20	20	20 ex West Midland Vehicles have been purchased and are currently going through the commissioning process. They will start to go into service week commencing 13/07/2015
E3.1	PTS	GREEN	115	115	The first batch of the 47 new vehicles will start to arrive at Unit M week commencing 13/07/05
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	19	3.44%	
E3.2	Vehicle Services Outside "Window" at end of period	GREEN	13	3.50%	
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	58	1.60%	
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	25	4.10%	
E3.6	Parapac servicing Outside "Window" at end of period	GREEN	14	4.53%	
E3.7	Microvent servicing Outside "Window" at end of period	RED	36	19.05%	Note 28 devices have been removed from their audited location, had these devices been present there would have been 8 overdue (at 4.37% Green) Microvents continue to be used in South Yorkshire whilst the training on the parapac device is rolled out.

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



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	96.7	98.4									

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	22	19										74
Variance	-13	-2	1										



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**

Incident reporting has increased 13% from May to June 2015. Incidents with a severity of Moderate and above represent 2.3% of all incidents reported in June, compared with 2.8% the previous month. Incidents in the category of no harm represent 60% of the total number of incidents in June.

A&E Ops remains the highest reporting area reporting 66.5% of all incidents. The top 4 coded categories in A&E Ops this month are Vehicle-related, Response-related, Violence and aggression and Medicines; Controlled Drugs. Controlled drugs moves into the top 4 due to reporting of vial breakages and the Medicines Management Group is examining these incidents to understand the root cause.

Patient Related Incidents

Patient related incidents, both clinical and non-clinical, make up 33% of all reported incidents.

The top two categories of patient-related incidents remain as Response-related and Care pathway. In June these make up 40% of patient-related incidents. Incidents graded no harm or minor harm represent 94.3% of patient related incidents which remains consistent with previous months.

Increases in patient-related incidents in June are in the categories of Care pathway and Medical equipment related incidents.

There are two factors that have led to the increase in Care pathway incidents reported this month.

Firstly, calls highlighted to NHS111 from Local Care Direct where GPs identify calls which they consider to have been given an inappropriate disposition. These are reviewed through LCDs Quality meeting and reported on Datix where further investigation is required in 111 or where there is opportunity for learning. And secondly, an audit of documentation on Practitioner PRFs identified inadequate recording of intended management plan; these were logged as care pathway incidents.

Medical equipment related incidents have increased in response to service change with replacement of Lifepak 15 machines in RRVs. Work is ongoing to raise awareness of benefits and functionality and to ensure the rationale for change is understood.

Staff Related Incidents

Staff-related incidents represent 25% of all incidents reported in June.

Violence and aggression and Moving and handling represent the highest two categories of staff-related incidents reported, making up 54% of all staff-related incidents.

Moderate graded incidents account for 1.7% of incidents in this category, down from 3.7% the previous month.

Never Events

There were No Never Events reported during June 2015

Serious Incidents

Two incidents declared as SI in June relate to delayed response

RIDDOR

2 incident reported this month, relating to manual handling injuries

Medication related incidents

There has been a total of 38 controlled drug incidents for the month of June

Breakages – there has been a total of 21 breakages : 16 dropped, 1 shattered and 4 damaged, there have been an unusual amount of vials dropped this month. Further investigation into where and when they have been dropped is being undertaken by the trust pharmacist.

Losses - there has been a total of 8 losses : 4 key losses, 2 controlled book losses, and 2 losses of Diazepam and codeine. The investigation into the diazepam and codeine loss is ongoing but at the moment it is thought to actually be a documentation error. The second loss is a loss of diazemuls, which is under investigation.

Documentation error – there has been a total of 3 documentation errors which have all been rectified.

Other – there have been a total of 6 : 2 occasions where vehicles were on duty without morphine on board, 2 occasions where staff members took morphine home by accident, both incidents were highlighted immediately and the staff brought the stock back, the wording within the CD SOP has been changed to make it obvious that vials of morphine should only be kept on a person when they are attending an incident, on investigation it would seem that staff have not understood the SOP. 1 incident where the staff were unable to open the vehicle safe. There has been 1 incident with a bulk safe where a delivery of morphine was accepted by an unauthorised member of staff, this is currently under Investigation.

There have been 58 medicines incidents for the month of June

Complaints and concerns

There has been an increase in cases received for EOC, PTS, NHS111 and LCD services this month with only A&E cases remaining consistent with last month. The increase in cases received for EOC is 32% and 50% for LCD. Performance against timescales agreed with the complainant has been achieved in 66% of cases over all services. Performance to this target has improved for the EOC service from last month whilst there has been a slight decline in performance for other services.

Patient experience

Friends and Family Test results remain at over 95% for the month

IPC Audit

Premises have variation in compliance but are generally improving overall. Exceptions in the 5 premises inspected this month were: storage of linen and consumables, general station cleanliness in 2 areas and lack of display of Hand Hygiene/IPC results and COSHH poster

Clinical Audit Programme

CPIs and ACQIs are up to date and were submitted on time. PRFs awaiting processing remains at 2-3 weeks in arrears. NANA data submitted, still awaiting national report, which was due May 2015. New versions of the PRF are progressing on schedule.

Safeguarding

Level 2 training compliance continues to rise.

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													

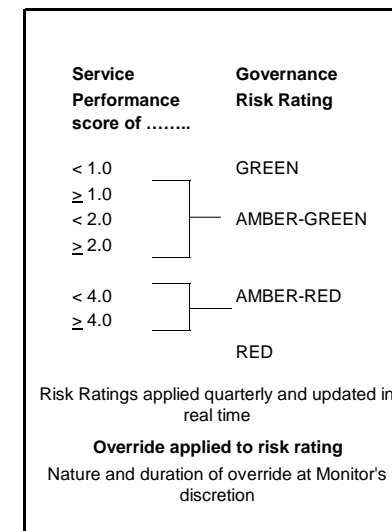
Deriving the governance risk rating

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
2. Third Parties	Care quality Commission *1 following non-compliance with essential standards -Major impacts on patients = +2.0 -Enforcement action = +4.0 NHS Litigation Authority *2 -Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements: +2.0
3. Mandatory Services	-Declared risk of, or actual, failure to deliver mandatory services: +4.0
4. Other board statement failures	-If not covered above, failure to either (i) provide or (ii) subsequently comply with annual or quarterly board statements
5. Other factors	-Failure to comply with material obligations in areas not directly monitored by Monitor -Includes exception or third party records -Represents a material risk to compliance



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

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

Service Transformation Programme 2014-2016

Service Transformation Programme															
Reference	Project	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Comments	
		Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
HSMRPB	Hub and Spoke/ Make Ready Programme Board														Commissioner support of the SOC has not been confirmed. South and West CBU meetings have been rearranged to take place in July. OBC Construction Consultancy negotiations have concluded and the paper has been submitted to the Trust Board for approval on 30.6.15. The ORH modelling approach was presented to the Programme Board on 16.6.15. A staff-side representative has been agreed to attend the Programme Board. Preliminary feedback of Comms & Engagement Strategy to Programme Board was received on 16.6.15.
EUCDPB	A&E Redesign Projects														Process to award consultancy contracts has progressed. Forum proposal and EOC proposals have been approved. ORH award is progressing. The process has been delayed due to the requirement to gain TDA approval for contract awards over £50,000. Internal Project Management Arrangements have been put in place and initial governance and outline planning commenced
	A&E Trajectory Support Projects														Work to set up monitoring the projects internally and assess the impact on Trajectory has been completed. Projects are progressing to plan and making a performance contribution at this stage
	Urgent Care														Agreement to review UCP schemes through the Gateway process has been agreed. Development of the U&E Care strategy has progressed to near completion. We have put together a small task and finish team to complete and submit the Vanguard bid on the 15th July. We are on track to do this.
ODLPB	Organisational Development and Leadership Programme Board														Focus on programme development, deliverables, timescales and associated risks. PID in development. Links to other pieces of work are being established e.g. career pathways elements of PTS and A&E schemes
PTSTPB	PTS Transformation Programme Board														Currently a risk to the project around senior leadership and momentum which is being addressed. Project Workstreams have been reframed. Project Manager workshop set for 01.06.2015.
CCPB	Call Centre Programme Board														Programme planning well underway with outline mandate, PID and project plan. Governance arrangements are in place. Initial scoping discussions re next stage of integration have been held with NHS Pathways.
IAPB	Intelligent Ambulance Programme Board														Communication with national team continuing; resource determined for 2015-16 with discussions underway for 2016 onwards. ICT strategy work in discussion to define YAS innovations as part of national programme.
SLMPB	Service Line Management Programme Board														Resource determined and recruitment options under consideration. Initial programme meeting set for 16.06.2015. An away day is planned for June to relaunch and reframe the project.
CPB	Corporate Programme Board														Director Portfolio Review process and timescales have been agreed and is underway. Process for associated senior management review is in train and discussion re Assessment Centre approach is planned with supplier in June.

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%	100%	96%									
	Premise	87%	90%	88%									
	Vehicle	100%	100%	99%									
North Yorkshire and York	Hand Hygiene	99%	96%	97%									
	Premise	90%	89%	88%									
	Vehicle	90%	96%	98%									
Humber	Hand Hygiene	96%	99%	95%									
	Premise	84%	88%	82%									
	Vehicle	96%	95%	99%									
Airedale, Bradford, Leeds	Hand Hygiene	99%	100%	100%									
	Premise	90%	99%	95%									
	Vehicle	95%	89%	97%									
South Yorkshire and Bassetlaw	Hand Hygiene	98%	100%	100%									
	Premise	98%	97%	98%									
	Vehicle	97%	99%	98%									
YAA	Hand Hygiene	100%	100%	100%									
	Premise	100%	100%	100%									
	Vehicle	100%	100%	100%									
Resilience and Special Operations	Hand Hygiene	100%	100%	100%									
	Premise	100%	100%	100%									
	Vehicle	100%	100%	100%									
Private & Events	Hand Hygiene	100%	100%	100%									
	Vehicle	100%	100%	100%									
PTS Leeds	Hand Hygiene	95%	100%	100%									
	Vehicle	94%	100%	100%									
PTS Mid Yorkshire	Hand Hygiene	98%	100%	98%									
	Vehicle	98%	94%	99%									
PTS Bradford / Airedale	Hand Hygiene	99%	95%	99%									
	Vehicle	93%	99%	96%									
PTS Calderdale / Huddersfield	Hand Hygiene	100%	99%	99%									
	Vehicle	100%	100%	99%									
PTS North Yorkshire	Hand Hygiene	100%	99%	98%									
	Vehicle	96%	87%	97%									
PTS Hull & East	Hand Hygiene	98%	98%	100%									
	Vehicle	98%	99%	98%									
PTS Sheffield / Barnsley	Hand Hygiene	100%	100%	100%									
	Vehicle	99%	100%	100%									
PTS Rotherham / Doncaster	Hand Hygiene	100%	100%	99%									
	Vehicle	100%	100%	100%									
Overall Compliance (Current Year)	Hand Hygiene	99%	99%	99%									
	Premise	93%	95%	99%									
	Vehicle	97%	97%	93%									
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%	97%	98%	96%	97%	97%	99%

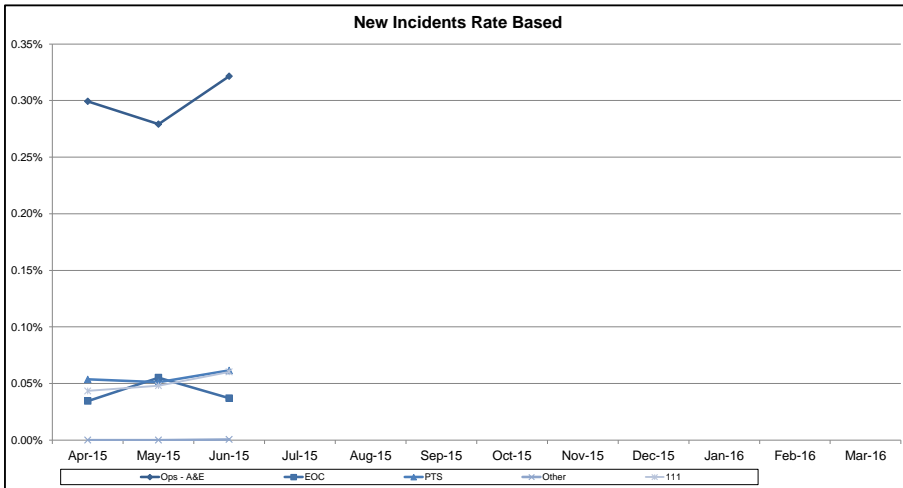
Key for IPC Audit: Pre April 2012

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
	Minimum audit requirements met with compliance 80% to 94%
	Minimum audit requirements met with compliance >94%

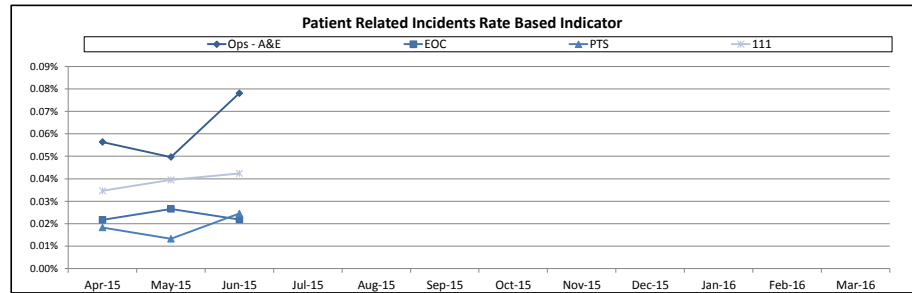
New Incidents Reported EWI



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%)	399 (0.28%)	486 (0.32%)									
EOC	51 (0.03%)	79 (0.06%)	56 (0.04%)									
PTS	79 (0.05%)	73 (0.05%)	93 (0.06%)									
111	64 (0.04%)	67 (0.05%)	69 (0.06%)									
Finance	0 (0%)	0 (0%)	1 (0%)									
Medical - Operations	3 (0%)	2 (0%)	0 (0%)									
Quality & Patient Experience	0 (0%)	0 (0%)	2 (0%)									
Resilience & Specialist Services	7 (0%)	13 (0.01%)	13 (0.01%)									
Support Services	2 (0%)	0 (0%)	1 (0%)									
Foundation Trust	0 (0%)	0 (0%)	0 (0%)									
Human Resources	4 (0%)	1 (0%)	1 (0%)									
Organisational Effectiveness and Education	1 (0%)	2 (0%)	1 (0%)									
Risk & Safety	3 (0%)	0 (0%)	2 (0%)									
ICT	2 (0%)	3 (0%)	1 (0%)									
Business Intelligence	0 (0%)	0 (0%)	1 (0%)									
Fleet	7 (0%)	7 (0%)	3 (0%)									
Legal	1 (0%)	0 (0%)	0 (0%)									
Transformation	1 (0%)	0 (0%)	0 (0%)									
Procurement	0 (0%)	0 (0%)	1 (0%)									
Corporate Communications	1 (0%)	0 (0%)	1 (0%)									
TOTALS	667	646	732									
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%)	71 (0.05%)	118 (0.08%)									
EOC	32 (0.02%)	38 (0.03%)	25 (0.02%)									
PTS	27 (0.02%)	19 (0.01%)	37 (0.02%)									
111	51 (0.03%)	55 (0.04%)	59 (0.04%)									
Medical Operations	1 (0%)	1 (0%)	0 (0%)									
OTHER	3 (0%)	4 (0%)	6 (0%)									
TOTALS (Current Year)	197	188	245									
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	41	58									
Previous Year	39	40	48	75	59	37	41	37	65	53	49	47

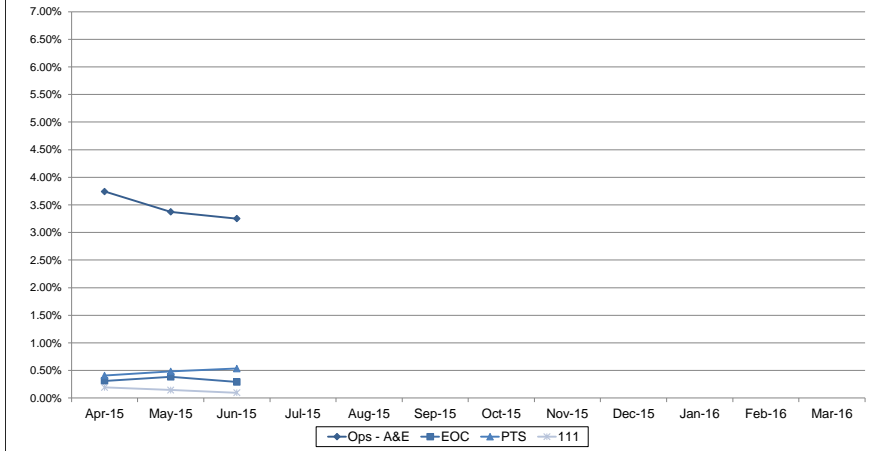
Morphine Related Incidents

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	12	21									
Administrative errors	2	1	3									
Loss	5	3	8									
Clinical	0	2	0									
Other	4	4	6									
TOTAL (Current Year)	28	22	38	0	0	0	0	0	0	0	0	0
TOTAL (Previous Year)	19	20	25	35	18	10	12	14	24	26	20	20

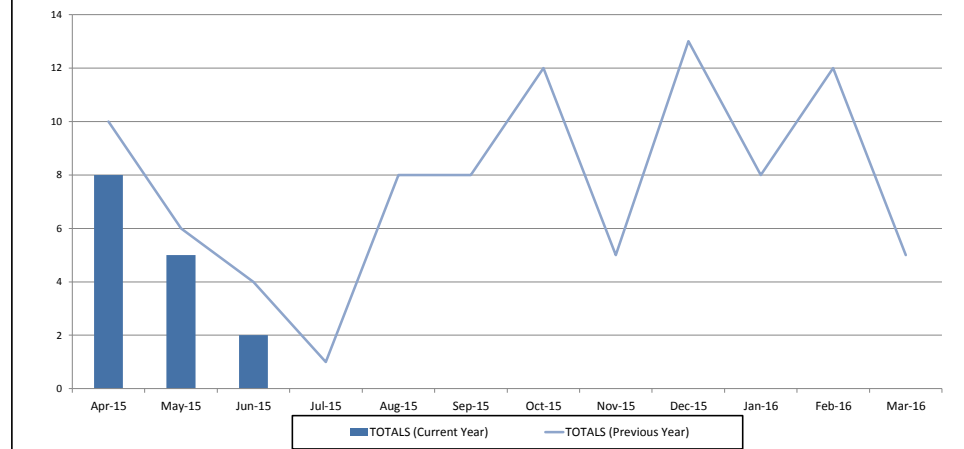
Staff Related Incidents

Staff Related Incidents Rate Base Indicator



Riddor Incidents

RIDDOR Reportable 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%)	140 (3.38%)	134 (3.25%)									
EOC	13 (0.31%)	16 (0.39%)	12 (0.29%)									
PTS	17 (0.41%)	20 (0.48%)	22 (0.53%)									
111	8 (0.19%)	6 (0.14%)	4 (0.1%)									
Finance	0 (0%)	0 (0%)	1 (0.02%)									
Medical - Operations	2 (0.05%)	0 (0%)	0 (0%)									
Quality & Patient Experience	0 (0%)	0 (0%)	0 (0%)									
Resilience & Specialist Services	2 (0.05%)	2 (0.05%)	2 (0.05%)									
Support Services	0 (0%)	0 (0%)	0 (0.02%)									
Foundation Trust	0 (0%)	0 (0%)	0 (0%)									
Human Resources	3 (0.07%)	0 (0%)	1 (0.02%)									
Organisational Effectiveness and Education	1 (0.02%)	0 (0%)	0 (0%)									
Risk & Safety	0 (0%)	0 (0%)	1 (0.02%)									
ICT	2 (0.05%)	2 (0.05%)	2 (0%)									
Procurement	0 (0%)	0 (0%)	1 (0.02%)									
FLEET	1 (0.02%)	1 (0.02%)	1 (0.02%)									
TOTALS (Current Year)	205	187	180									
TOTALS (Previous Year)	174	174	316	269	257	236	238	237	216	219	187	205

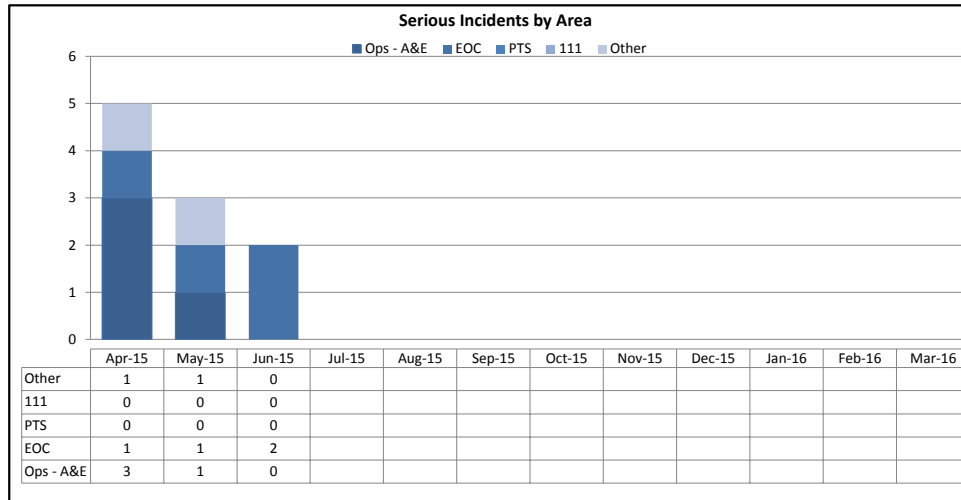
Staff Related Incidents Percentage is the number of staff related incidents divided by the total WTE per month

RIDDOR 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	1	0									
East Riding of Yorkshire CBU	1	0	2									
Leeds & Wakefield CBU	1	1	0									
Bradford, Calderdale and Kirklees CBU	1	2	0									
South Yorkshire CBU	2	1	0									
Operations PTS	1	0	0									
Other Directorates	0	0	0									
TOTALS (Current Year)	8	5	2	0	0	0	0	0	0	0	0	0
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	0	0									
Hit by a moving, flying or falling object	0	2	0									
Hit by a moving vehicle	0	0	0									
Hit by something fixed or stationary	0	0	0									
Injured while handling, lifting or carrying	5	2	2									
Slip, trip or fall on the same level	1	1	0									
Fall from a height	0	0	0									
Trapped by something collapsing	0	0	0									
Drowned or asphyxiated	0	0	0									
Exposed to or in contact with a harmful substance	0	0	0									
Exposed to fire	0	0	0									
Exposed to an explosion	0	0	0									
Contact with electricity or an electrical discharge	1	0	0									
Injured by an animal	1	0	0									
Physically assaulted by a person	0	0	0									
Another kind of accident	0	0	0									
Total	8	5	2	0	0	0	0	0	0	0	0	0

SUI Incidents by Area

EWI



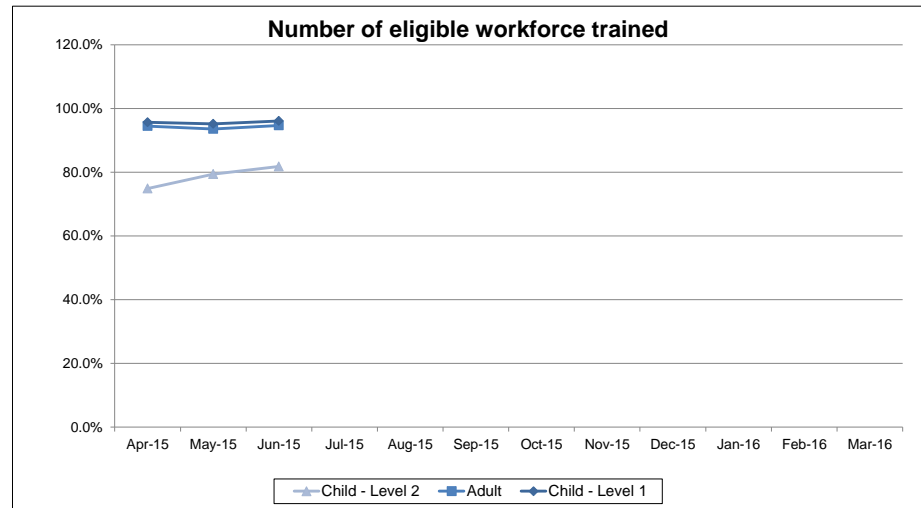
SUI Incidents	EWI	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
TOTAL (Current Year)		5	3	2									
TOTAL (Previous Year)		3	1	2	4	2	0	2	3	4	5	6	5

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
Delayed dispatch/response	3	1	2									
Road Traffic Collision	0	0	0									
Clinical care	0	0	0									
Inadequate clinical assessment	1	1	0									
Violence & aggression	0	0	0									
Data protection breach	0	0	0									
Adverse media attention	0	0	0									
Medication related	0	0	0									
Patient Fall	0	0	0									
Maternity issue	0	0	0									
Other	1	1	0									
Total	5	3	2	0	0	0	0	0	0	8	0	0

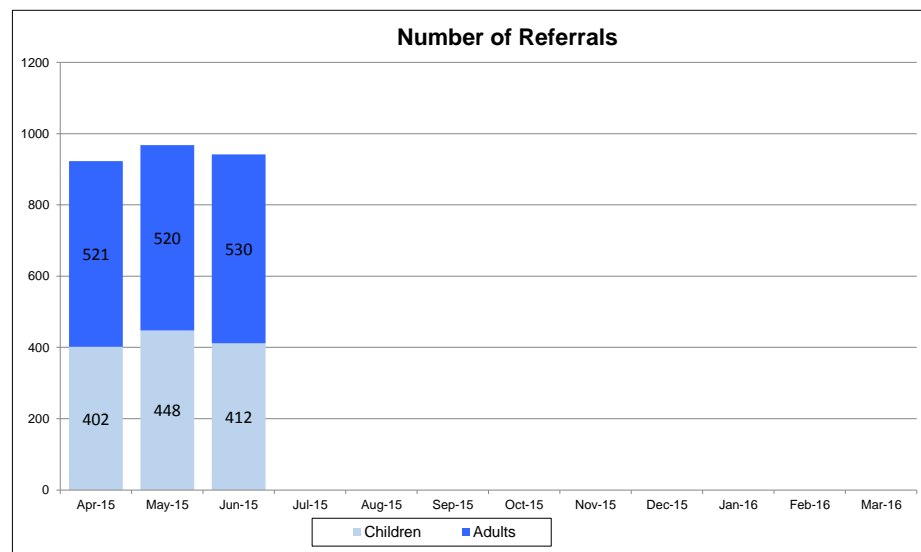
Training Position

YTD RAG GREEN

MTD RAG GREEN



Number of Child and Adult Referrals



Clinical Performance Indicators - National

OBJ REF

1.2 : 3

Falls older People (cycle 14) - This is the last CPI to be reported in the current cycle

NOTE: The national technical manual guidance was not issued until after cycle 13 which resulted in some elements being incorrectly reported by all Trusts in the original pilot cycle 13.

Falls in Older People (Pilot first cycle)	CYCLE 13 % Results		CYCLE 14 % Results	
	Sep-14	National Average	Mar-15	National Average
E1- Primary Obs recorded	91.7	88.7	89.7	90.5
E2- Recorded assessment of cause of fall	99.7	92.8	96.3	95.5
E3- Recent history of falls documented	100.0	N/A	42.3	45.5
E4-12 lead ECG assessment	93.7	84.8	94.0	86.5
E5- Recorded assessment of mobility	69.3	73.4	81.0	77.4
E6- Direct referral to appropriate health professional	52.0	49.6	62.7	57.9
EC- Care bundle = (E1+E2+E3+E4+E5+E6)	N/A	N/A	25.0	24.7

Clinical Audit Programme

National Audit Programme

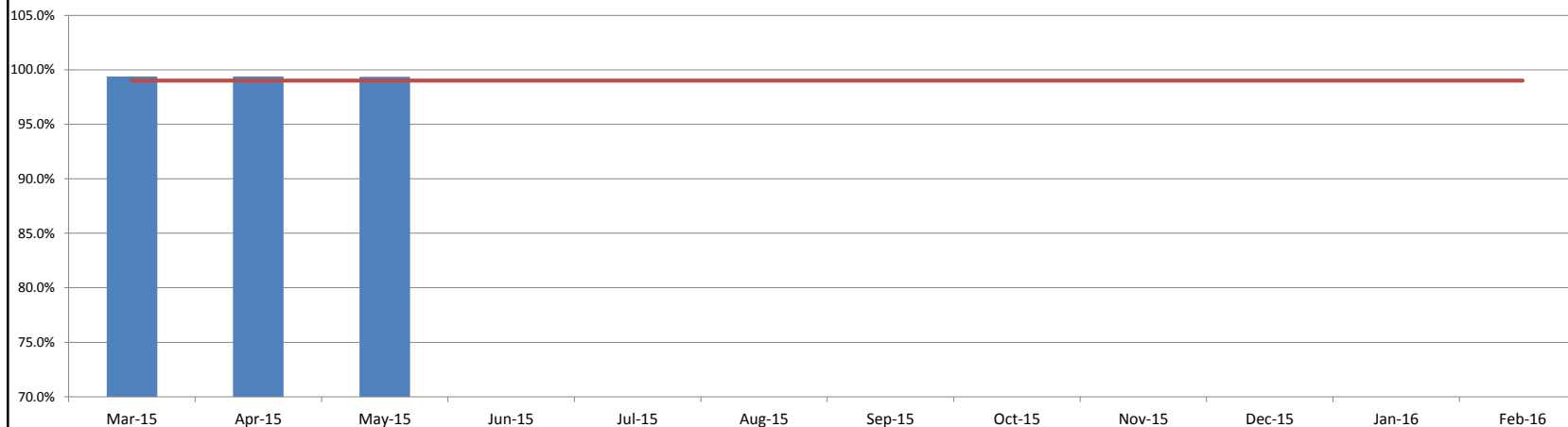
National Ambulance CPis: National clinical ACQIs	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Febrile convulsions Cardiac arrest outcomes	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Below the knee # Stroke	GREEN	GREEN	GREEN									
Hypoglycaemia STeMI					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

Internal Clinical Audit Plan

Monthly Local CPis Other See 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
Cardiac Arrest outcomes	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
National Requirements	GREEN	GREEN	GREEN									

Patient Report Form Audit

Percentage of Records Fully Completed for all Key Data fields for Retrieval



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	45,369	46,550									
Total of forms with key data incomplete	295	275	307									
% of Completed Forms	99.4%	99.4%	99.3%									

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	0										0
	Telephone Manner		1	0	1										2
EOC Call Handling	Red AMPDS		0	0	0										0
	Green AMPDS		3	1	2										6
	Green Clinical Hub		2	4	5										11
	Green 111 triage		2	5	2										9
	HCP Request		0	1	3										4
EOC Delayed Response	Red		3	2	3										8
	Green 1, 2, 3, 4		16	10	24										50
	IHT		2	0	7										9
	Admission		1	0	2										3
	Take Home		0	0	1										1
	Other		0	0	0										0
EOC TOTAL			30	23	50										103
Demand Activity (Based on Number of Calls)			67400	69419	68732										205551
% Rate			0.04%	0.03%	0.07%										0.05%
A&E Attitude	Lack of Care		4	7	7										18
	Communication Skills		8	8	8										24
A&E Clinical	Assessment		2	3	6										11
	Clinical Handover		1	0	1										2
	Treatment		2	1	2										5
	Moving & Handling		0	0	2										2
A&E Operations	Pathways		5	2	2										9
	Operational Procedures		21	19	5										45
	Vehicles & Stretchers		1	0	3										4
	Driving		7	9	10										26
	Other		0	0	0										0
A&E TOTAL			51	49	46										146
Demand Activity (Based on Number of Responses)			58631	59942	58451										177024
% Rate			0.09%	0.08%	0.08%										0.08%

Grade Profile		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Complaints, Concerns & Comments (including Service to Service)	Red	North	0	0	0									0	
		South	0	0	1										1
		Hull & East	0	0	0										0
		ABL	0	1	0										1
		CKW	2	0	0										2
		EOC	1	1	1										3
	Total	3	2	2											7
	Amber	North	1	2	0										3
		South	1	2	1										4
		Hull & East	0	0	0										0
		ABL	0	1	2										3
		CKW	1	1	3										5
		EOC	0	0	0										0
	Total	3	6	6											15
	Yellow	North	0	0	0										0
		South	0	0	0										0
		Hull & East	0	0	0										0
		ABL	1	0	0										1
		CKW	0	0	0										0
		EOC	0	0	0										0
Total	1	0	0											1	
Green	North	7	4	12										23	
	South	14	9	6										29	
	Hull & East	3	4	6										13	
	ABL	9	14	10										33	
	CKW	12	11	11										34	
	EOC	29	22	45										96	
Total	74	64	90											228	

Compliments		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E/EOC TOTAL		78	41	35										154

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	3										5
	Administration Error		A	3	1	2										6
	Call Handling		J	2	0	3										5
PTS Operations	Attitude		B	4	6	6										16
	Driving		I	4	4	3										11
	Vehicle Condition/Comfort		E	0	1	2										3
	Non-Attendance/Late to Collect Patient from Home		F H U	8	11	11										30
	Patient Early/Late for Appointment		T S	6	3	3										12
	Non-Attendance/Late to Collect Patient from Clinic/Hospital		D G V	14	15	19										48
	Patient Injury		M N	1	1	2										4
	Patient Care		O	2	5	5										12
Vehicle Unsuitable		W	0	4	1										5	
Time on Vehicle		P	1	0	1										2	
PTS Other				0	0	2										2
SUB TOTAL 4Cs				46	52	63										161
PTS Service-to-Service				31	29	44										104
TOTAL				77	81	107										265
Demand Activity				88860	82997	92716										264573
% Rate				0.09%	0.10%	0.12%	-	-	-	-	-	-	-	-	-	0.1%

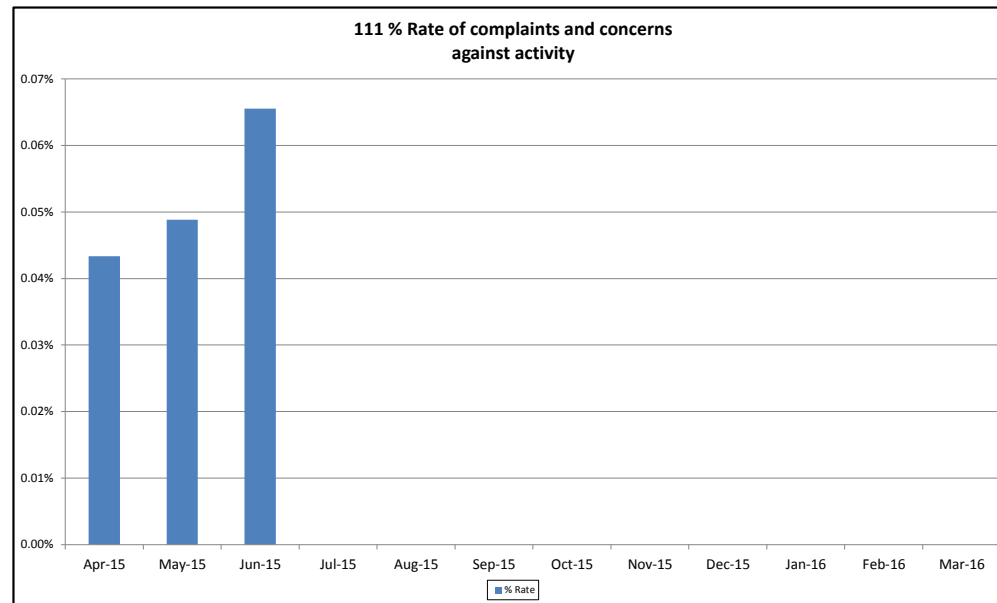
Grade Profile			Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Complaints, Concerns & Comments (Not Service to Service)	Red	North	0	0	0										0
		South	0	0	0										0
		East	0	0	0										0
		West	0	0	0										0
		Total	0	0	0										
	Amber	North	0	0	0										0
		South	0	0	1										1
		East	0	1	0										1
		West	1	1	0										2
		Total	1	2	1										
	Yellow	North	0	0	0										0
		South	0	0	0										0
		East	0	0	0										0
		West	0	0	0										0
		Total	0	0	0										
	Green	North	8	6	8										22
South		13	7	10										30	
East		7	9	15										31	
West		17	28	29										74	
Total		45	50	62											157

Compliments				Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS TOTAL				3	0	6										9

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	5	3										12
Clinical	9	18	12										39
Operations	12	11	7										30
Sub Total	25	34	22										81
HCP Complaints & Concerns	31	34	53										118
GRAND TOTAL	56	68	75										199
Call Activity	129,188	139,268	114,416										382,872
% RATE	0.04%	0.05%	0.07%										0.05%

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	2	1										4
Clinical	12	6	14										32
Operations	11	10	10										31
Sub Total	24	18	25										67
HCP Complaints & Concerns	3	2	5										10
GRAND TOTAL	27	20	30										77
Call Activity	23628	26374	18919										68921
% RATE	0.11%	0.08%	0.16%										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	9	10										25
LCD	3	0	3										6

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	0	3										4
	2 - 24 Working Days	4	2	1										7
	>25 Working Days	1	1	1										3
South	Within 1 Working Day	2	1	4										7
	2 - 24 Working Days	8	4	5										17
	>25 Working Days	2	5	2										9
Hull & East	Within 1 Working Day	0	0	3										3
	2 - 24 Working Days	1	1	0										2
	>25 Working Days	5	1	1										7
ABL	Within 1 Working Day	0	0	4										4
	2 - 24 Working Days	2	4	8										14
	>25 Working Days	3	2	4										9
CKW	Within 1 Working Day	1	2	4										7
	2 - 24 Working Days	3	3	6										12
	>25 Working Days	6	3	2										11
EOC	Within 1 Working Day	0	0	9										9
	2 - 24 Working Days	2	9	8										19
	>25 Working Days	16	34	5										55

PTS by Consortia		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
North	Within 1 Working Day	1	2	2										5
	2 - 24 Working Days	3	4	4										11
	>25 Working Days	1	1	0										2
South	Within 1 Working Day	2	1	4										7
	2 - 24 Working Days	10	2	6										18
	>25 Working Days	3	0	4										7
East	Within 1 Working Day	1	3	11										15
	2 - 24 Working Days	4	5	3										12
	>25 Working Days	2	0	1										3
West	Within 1 Working Day	3	6	20										29
	2 - 24 Working Days	14	8	20										42
	>25 Working Days	11	3	6										20

Reopened Complaints & Concerns													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E	4	7	9										20
EOC	3	3	2										8
PTS	1	0	0										1
111	1	2	1										4

Ombudsman Referrals - A&E													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	2	1	1										4
Referral accepted	1	1	1										3
Referral rejected	0	0	0										0
Case upheld	0	1	0										1
Case not upheld	0	0	1										1
Outstanding	2	1	1										4

Ombudsman Referrals - EOC													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	1	0	1										2
Referral accepted	1	0	1										2
Referral rejected	0	0	0										0
Case upheld	0	0	0										0
Case not upheld	0	0	1										1
Outstanding	1	1	1										3

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

Ombudsman Referrals - 111													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Outstanding	0	0	0										0

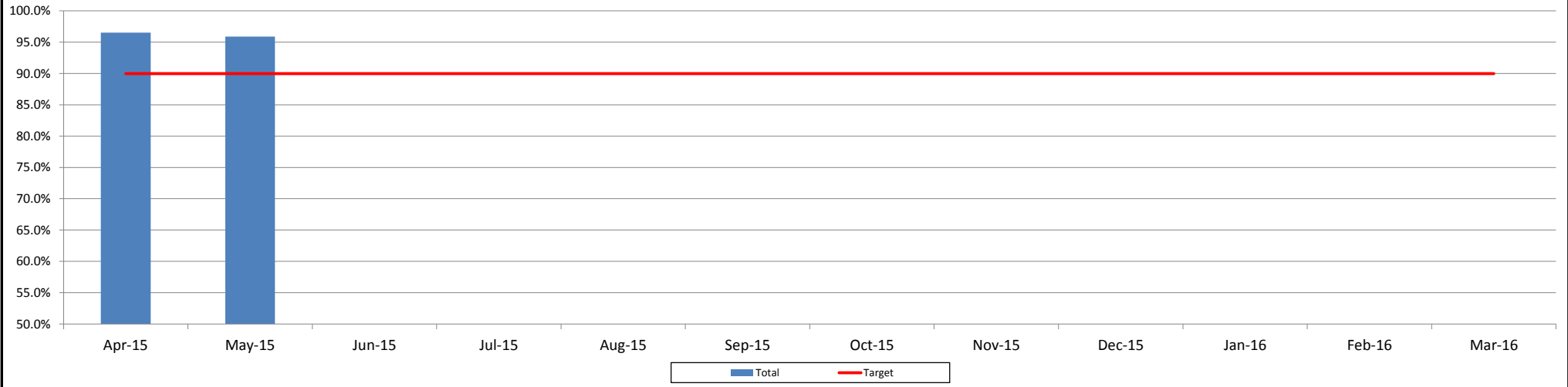
Complaints and Concerns Responded to Within Due Date													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
TOTAL	65%	72%	66%										65%

Please Note: This data is 1 month in arrears

A&E Patient Experience Survey

	YTD RAG	GREEN
↑	MTD RAG	GREEN

How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment? (Number of Detractors - Number of Promoters = Net Promoter Score)



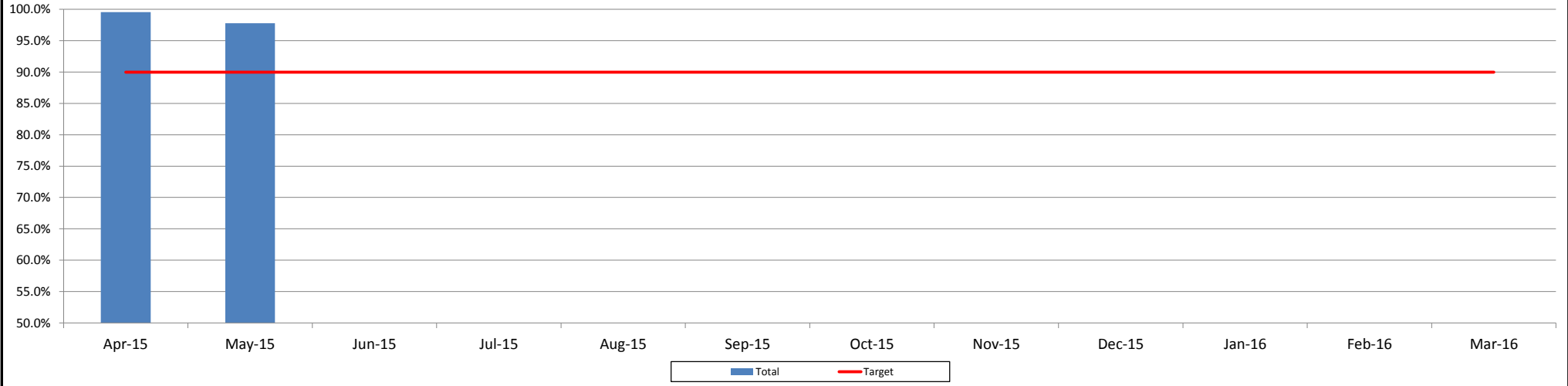
Overall Service	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Calderdale, Kirkless, Wakefield	97.5%	90.0%										
Humber, East Riding, Hull	95.5%	100.0%										
Leeds, Bradford, Airedale	95.0%	88.9%										
North Yorkshire and York	100.0%	89.5%										
OOA	100.0%	100.0%										
South Yorkshire	95.6%	100.0%										
Unknown	100.0%	100.0%										
Total	96.5%	95.9%										
YAS variance to previous Month	2.5%	-0.6%										

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

PTS Patient Experience Survey

	YTD RAG	GREEN
▲	MTD RAG	GREEN

How likely are you to recommend the Yorkshire Ambulance Service to friends and family if they needed similar care or Treatment? (Number of Detractors - Number of Promoters = Net Promoter Score)



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	100.0%	100.0%										
Humber, East Riding, Hull	100.0%	100.0%										
Leeds, Bradford, Airedale	100.0%	100.0%										
North Yorkshire and York	100.0%	100.0%										
South Yorkshire	100.0%	94.5%										
Unknown	92.3%	77.8%										
Total	99.6%	97.8%										
YAS variance to previous Month	6.2%	-1.8%										

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	
Notifications to CQC	Yorkshire Ambulance Service had a formal CQC assessment process carried out in January 2015. YAS are currently awaiting for the formal publication of the CQC report

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	34	23									
Number of cases due this month and responded to in time	20	24	18									
Number of cases due this month and responded to out of time	0	7	3									
Number of out of time (prior to this month) cases responded to this month	1	1	3									
Number of out of time cases still open	0	3	2									
Number of internal reviews open	1	0	0									
Number of internal reviews closed this month	0	2	2									
Information Commissioner (IC) Referrals	0	0	0									
Outcome of IC referral - Upheld	0	0	0									
Outcome of IC referral - not upheld	0	0	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	62	165	96%	100%
Police requests	124	355		
Witness Statements / Police Interviews	38	100		
	This Month	Year to Date		
Coroner Requests	32	95		

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	GREEN	GREEN									

Comments

Legal Services

Freedom of Information (FOI) Requests
 In June there were 23 requests due to be responded to.

Some of the reoccurring themes this month were:

- Annual leave which has not been taken
- Supervisors and Managers pay bandings
- Executive pay
- Requests regarding ICT.



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	4.6	3/3	Sickness / Absence	<p>Sickness absence remains above the Trust target of 5%, but there is an improving trajectory. The figure of 5.51% is a slight reduction on last months figure of 5.71% and it represents a 10.84% improvement on the same period last year.</p> <p>Continued adherence to the policy is required.</p>	All Directors & Managers	Ongoing	RED

Comments on Workforce

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





Sickness Absence

Sickness absence remains above the Trust target of 5%, but there is an improving trajectory. The figure of 5.51% is a slight reduction on last months figure of 5.71% and it represents a 10.84% improvement on the same period last year. 2,318 less days have been lost to absence when compared to the same period last year.

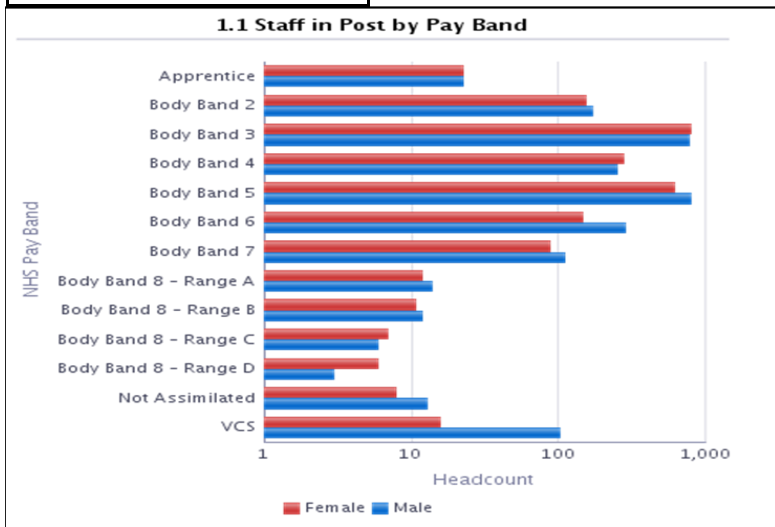
PDRs

PDRs overall are above the Trust target, although the Chief Executive, Clinical and Operations Directorates are below target. There has been significant improvement in compliance in Operations.

Jun 2015 - YORKSHIRE AMBULANCE SERVICE SCORECARD - DATA UP TO 30 Jun 2015

Indicator	Current Data - Jun-15		Current Data - May-15		Target	Performance vs target	Trend from Previous Month	Yearly Comparison	
	Measure	Period	Measure	Period				Measure	Period
Total FTE in Post	4119.28	Jun-15	4147.96	May-15	4306			4126	Jun-14
Equality & Diversity	5.08% fte	Jun-15	5.12% fte	May-15	14.20% fte			4.92% fte	Jun-14
	5.39% hcount		5.40% hcount					5.16% hcount	
Sickness Absence	5.51%	Jun-15	5.71%	May-15	5.00% fte			6.18%	Jun-14
	6.13%	Jul-14	6.26%	Jun-14				6.09%	Jul-13
		Jun-15		May-15					Jun-14
Turnover	11.20% fte	Jun-15	11.13% fte	May-15	7.76% Amb Trust Aver			9.58% fte	Jun-14
	12.85% hcount		12.68% hcount					10.85% hcount	
Stability	89.68% fte	Jun-15	89.74% fte	May-15	92.22 Amb Trust Aver			91.01% fte	Jun-14
	90.45% hcount		90.56% hcount					92.21% Hcount	
Current PDRs	76.12%	Jun-15	75.05%	May-15	75.00%			70.28%	Jun-14
Stat & Mand Workbook	92.03% (combined)	Jun-15	91.58% (combined)	May-15	85.00% (combined)			93.01% (combined)	Jun-14
	91.77%	Jun-15	91.20%	May-15				77.60%	Jun-14
Overtime	£891,724.19	Jun-15	£921,818.31	May-15				£898,074.85	Jun-14
	£11,897,987.07	Jul-14	£11,904,334.73	Jun-14				£9,648,139.52	Jul-13
		Jun-15		May-15					Jun-14

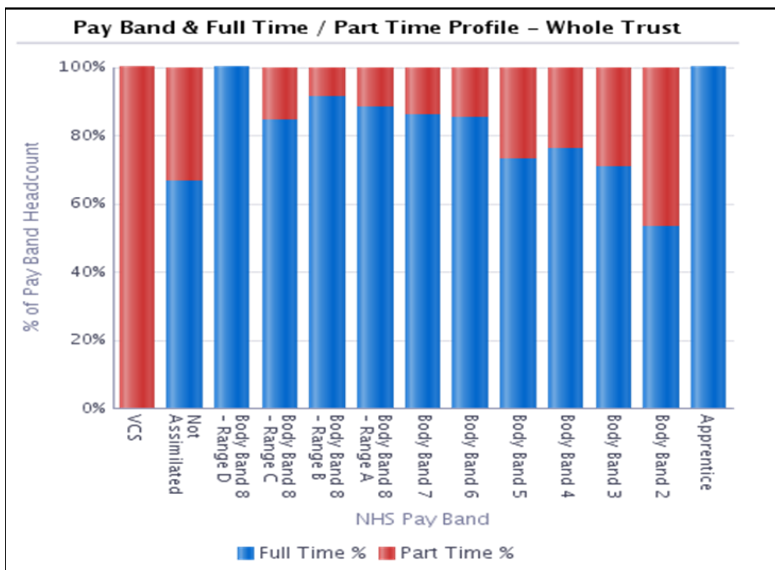
Staff in Post by Pay Band



The graph opposite and the table and graph below shows all staff on 30 June 2015.

AFC Pay Band	HC	F.T.E	HC%	FTE%
Apprentice	46	46.00	0.95%	1.12%
Band 2	332	251.63	6.88%	6.11%
Band 3	1,609	1391.34	33.34%	33.78%
Band 4	546	494.59	11.31%	12.01%
Band 5	1,439	1246.43	29.82%	30.26%
Band 6	440	415.53	9.12%	10.09%
Band 7	202	187.20	4.19%	4.54%
Band 8 - Range A	26	25.27	0.54%	0.61%
Band 8 - Range B	23	22.70	0.48%	0.55%
Band 8 - Range C	13	12.20	0.27%	0.30%
Band 8 - Range D	9	9.00	0.19%	0.22%
Not Assimilated	21	17.39	0.44%	0.42%
VCS	120	0.00	2.49%	0.00%
Grand Total	4826	4119.28	100.0%	100.0%

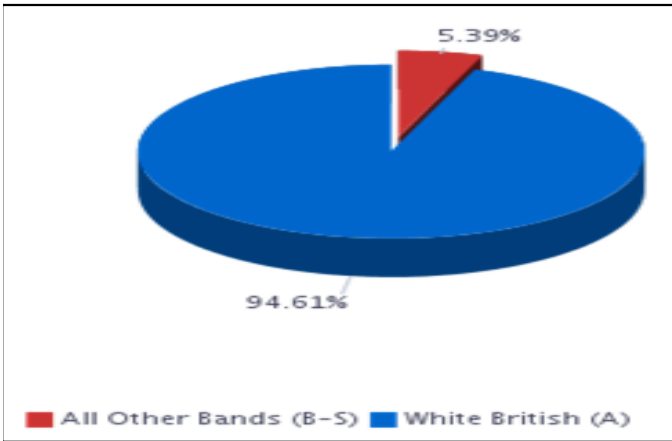
Payband by FT/PT



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

NHS Pay Band	Full Time HC	Part Time HC	Headcount
Apprentice	46		46
Band 2	177	155	332
Band 3	1,139	470	1609
Band 4	416	130	546
Band 5	1053	386	1439
Band 6	376	64	440
Band 7	174	28	202
Band 8 - Range A	23	3	26
Band 8 - Range B	21	2	23
Band 8 - Range C	11	2	13
Band 8 - Range D	9		9
Not Assimilated	14	7	21
VCS		120	120
Grand Total	3459	1367	4826

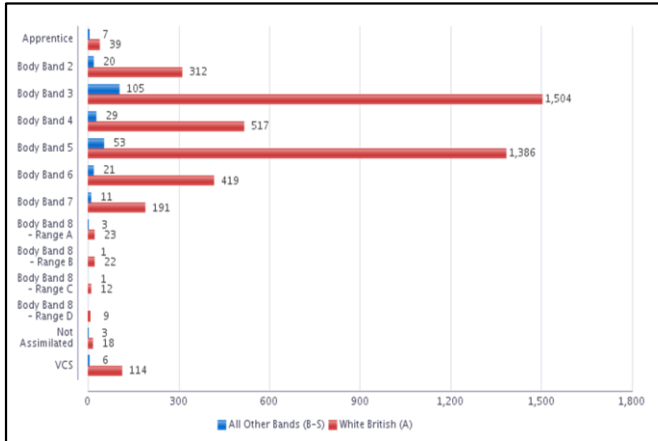
Ethnicity Profile



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	4566	3910.03	94.61%	94.92%
B White - Irish	18	15.15	0.37%	0.37%
C White - Any other White Background	33	30.26	0.68%	0.73%
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	0.21%	0.23%
E Mixed - White & Black African	1	1.00	0.02%	0.02%
F Mixed - White & Asian	3	0.48	0.06%	0.01%
G Mixed - Any other mixed background	6	5.78	0.12%	0.14%
GC Mixed - Black & White	1	1.00	0.02%	0.02%
H Asian or Asian British - Indian	26	21.46	0.54%	0.52%
J Asian or Asian British - Pakistani	94	68.52	1.95%	1.66%
K Asian or Asian British Bangladeshi	5	1.83	0.10%	0.04%
L Asian or Asian British	5	4.00	0.10%	0.10%
LH Asian British	4	2.76	0.08%	0.07%
M Black or Black British - Caribbean	12	9.76	0.25%	0.24%
N Black or Black British - African	9	7.92	0.19%	0.19%
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	14.22	0.33%	0.35%
Grand Total	4826	4119.28	100%	100%

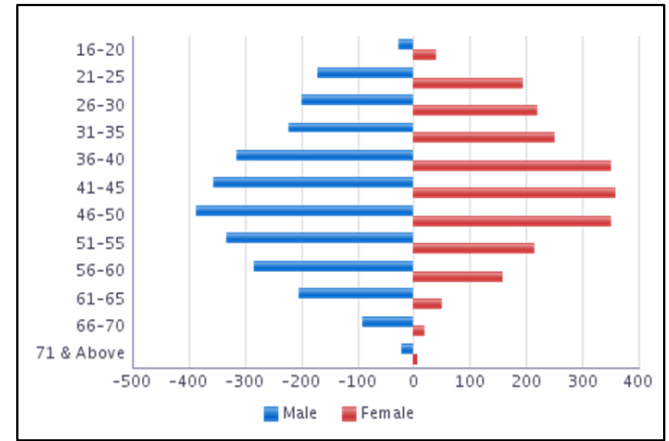
Ethnicity Profile by Pay Band



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	39	46	15.22%
Band 2	20	312	332	6.02%
Band 3	105	1504	1609	6.53%
Band 4	29	517	546	5.31%
Band 5	53	1386	1439	3.68%
Band 6	21	419	440	4.77%
Band 7	11	191	202	5.45%
Band 8 - Range A	3	23	26	11.54%
Band 8 - Range B	1	22	23	4.35%
Band 8 - Range C	1	12	13	7.69%
Band 8 - Range D		9	9	0.00%
Not Assimilated	3	18	21	14.29%
VCS	6	114	120	5.00%
Grand Total	260	4566	4826	5.39%

Age & Gender Profile

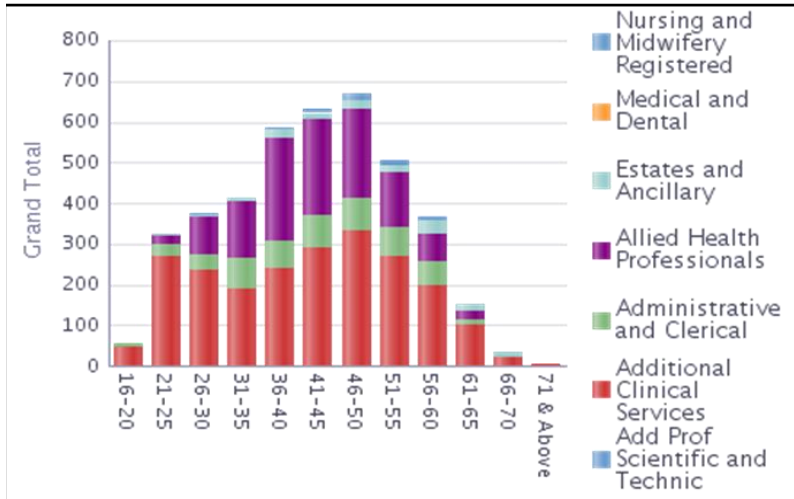


The chart above and table below show the age and gender breakdown throughout the Trust

Age Group	HC	FTE	HC %	FTE %
16 - 20	67	55.92	1.39%	1.36%
21 - 25	366	323.66	7.58%	7.86%
26 - 30	421	375.78	8.72%	9.12%
31 - 35	474	414.85	9.82%	10.07%
36 - 40	666	584.87	13.80%	14.20%
41 - 45	714	629.73	14.79%	15.29%
46 - 50	736	670.25	15.25%	16.27%
51 - 55	547	503.61	11.33%	12.23%
56 - 60	441	367.73	9.14%	8.93%
61 - 65	256	154.19	5.30%	3.74%
66 - 70	110	33.79	2.28%	0.82%
71 & above	28	4.9	0.58%	0.12%
Grand Total	4826	4119.28	100%	100%

Age & Gender Profile

Age Profile by Staff Group



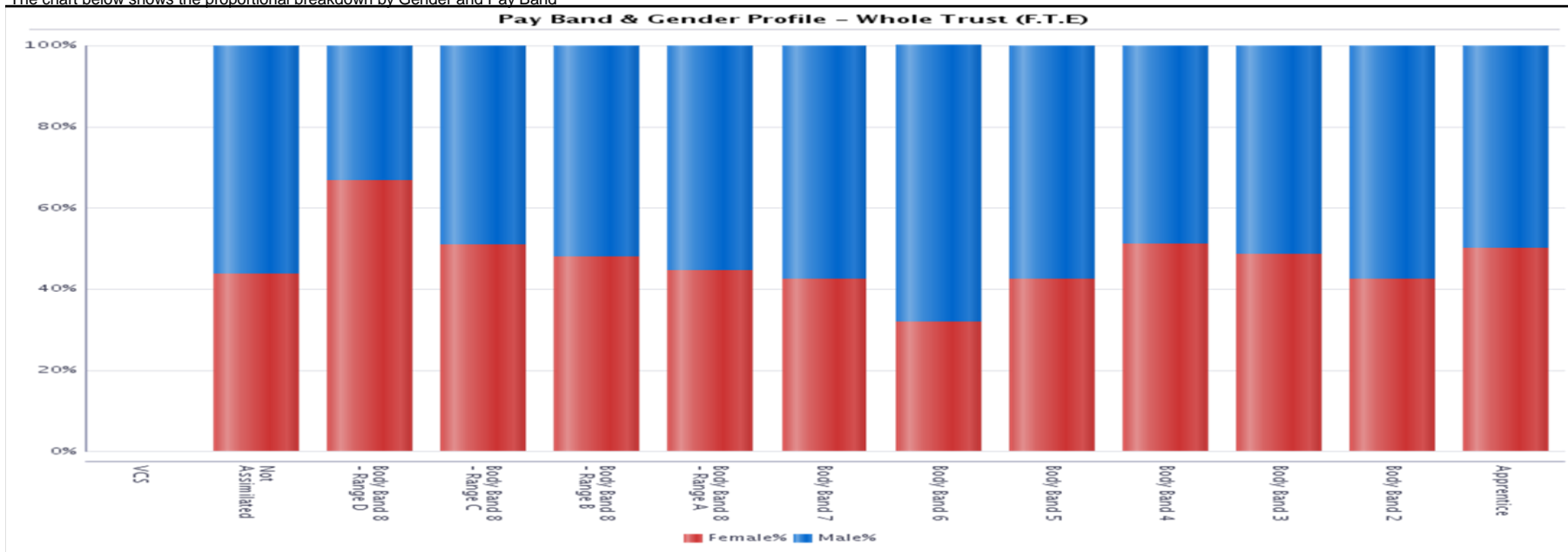
The graph opposite shows the staff group breakdown within a 5 year age bracket using FTE. This data is tabulated below in 20 year banding per staff group.

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	0.53		1.53
Additional Clinical Services	254.84	958.23	944.26	31.25	2188.57
Administrative and Clerical	35.50	258.81	236.28	4.37	534.96
Allied Health Professionals	13.00	695.10	472.97	2.10	1183.17
Estates and Ancillary	3.00	44.71	92.54	9.64	149.89
Medical and Dental		1.00	1.00	0.80	2.80
Nursing and Midwifery Registered		15.89	41.47	1.00	58.36
Grand Total	306.34	1974.74	1789.05	49.16	4119.28

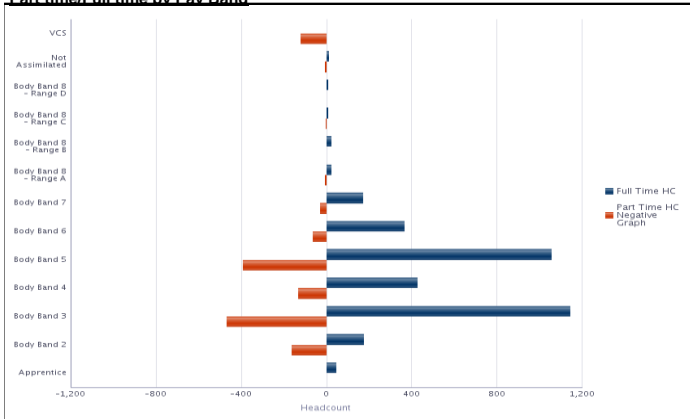
Gender 100% Profile by Pay Band

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

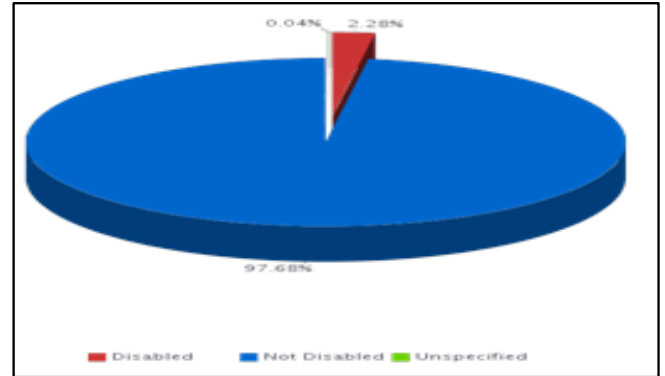
Gender	Employee Category	HC	FTE	FTE %
Female	Full time	1349.00	1350.00	73%
	Part Time	868.00	492.31	26.72%
	Total	2217.00	1842.31	100%
Male	Full Time	2110.00	2110.80	92.7%
	Part time	499.00	166.17	7.30%
	Total	2609.00	2276.97	100%

The table below shows the headcount by Gender by Pay Band and by Employee Category and Pay Band

AFC Pay Band	Female	Male	Grand Total
Apprentice	23	23	46
Band 2	157	175	332
Band 3	819	790	1609
Band 4	287	259	546
Band 5	634	805	1439
Band 6	148	292	440
Band 7	89	113	202
Band 8 - Range A	12	14	26
Band 8 - Range B	11	12	23
Band 8 - Range C	7	6	13
Band 8 - Range D	6	3	9
Not Assimilated	8	13	21
VCS	16	104	120
Grand Total	2217	2609	4826

AFC Pay Band	Full Time	Part Time	Grand Total
Apprentice	46		46
Band 2	177	155	332
Band 3	1139	470	1609
Band 4	416	130	546
Band 5	1053	386	1439
Band 6	376	64	440
Band 7	174	28	202
Band 8 - Range A	23	3	26
Band 8 - Range B	21	2	23
Band 8 - Range C	11	2	13
Band 8 - Range D	9		9
Not Assimilated	14	7	21
VCS		120	120
Grand Total	3459	1367	4826

Disability Profile



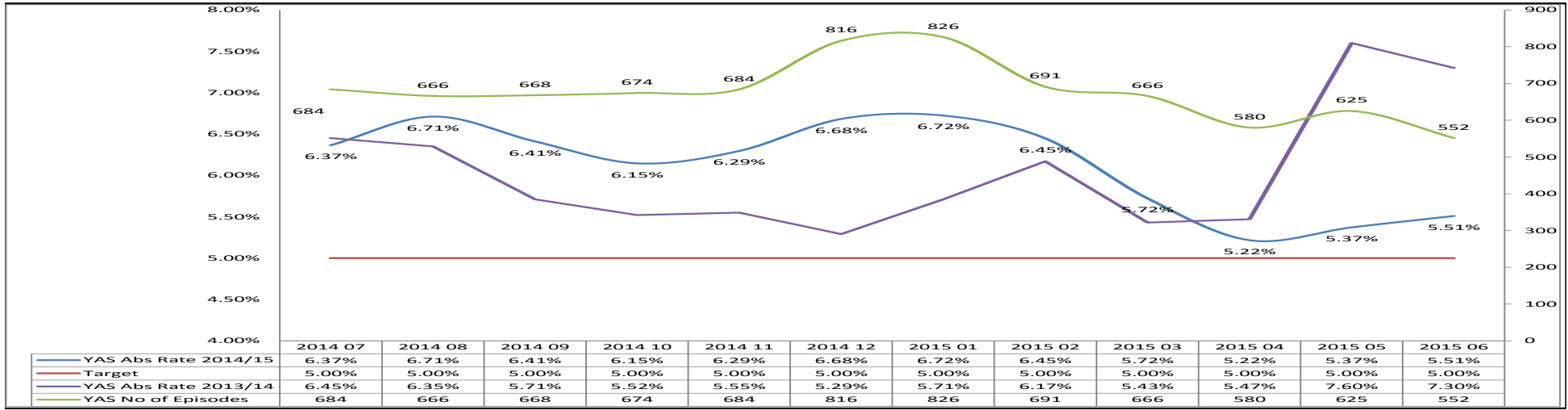
The pie chart above shows the disability profile by headcount of all staff, while the table below shows disability profile by headcount and FTE.

Disability	Head Count	FTE	Headcount %	FTE %
Disabled	110	101.12	2.28%	2.45%
Not Disabled	4714	4016.51	97.68%	97.51%
Unspecified	2	1.64	0.04%	0.04%
Grand Total	4826	4119.27	100.00%	100.00%

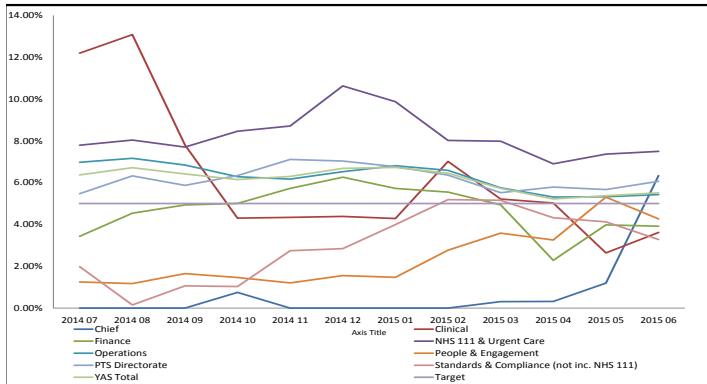
Sickness Absence

EWI

Sickness Absence Rates – 12 month trend analysis



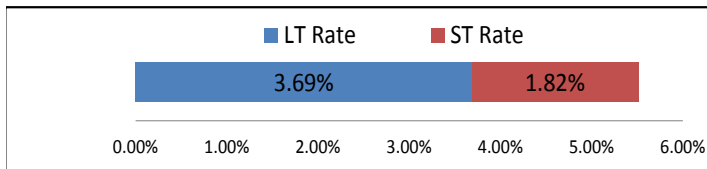
Sickness Absence Rates – Directorate 12 month trend



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 07	0.00%	12.19%	3.43%	7.79%	6.97%	1.25%	5.47%	1.98%	6.37%	5.00%
2014 08	0.00%	13.07%	4.54%	8.04%	7.17%	1.17%	6.32%	0.15%	6.71%	5.00%
2014 09	0.00%	7.80%	4.95%	7.70%	6.84%	1.65%	5.87%	1.06%	6.41%	5.00%
2014 10	0.75%	4.30%	5.02%	8.46%	6.28%	1.46%	6.33%	1.03%	6.15%	5.00%
2014 11	0.00%	4.34%	5.74%	8.70%	6.17%	1.46%	7.11%	2.74%	6.30%	5.00%
2014 12	0.00%	4.43%	6.28%	10.62%	6.52%	2.39%	7.03%	2.84%	6.70%	5.00%
2015 01	0.00%	4.33%	5.84%	9.88%	6.88%	2.73%	6.76%	3.99%	6.81%	5.00%
2015 02	0.00%	7.09%	5.79%	8.03%	6.68%	4.59%	6.36%	3.33%	6.55%	5.00%
2015 03	0.31%	5.28%	5.44%	8.03%	5.90%	5.40%	5.56%	3.06%	5.89%	5.00%
2015 04	0.32%	5.08%	3.44%	7.29%	5.47%	5.06%	5.94%	2.16%	5.47%	5.00%
2015 05	1.19%	2.25%	5.16%	8.27%	5.47%	7.04%	6.10%	3.54%	5.71%	5.00%
2015 06	6.33%	3.62%	3.91%	7.49%	5.43%	4.26%	6.06%	3.28%	5.51%	5.00%

LT / ST Sickness Absence Trust Total



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

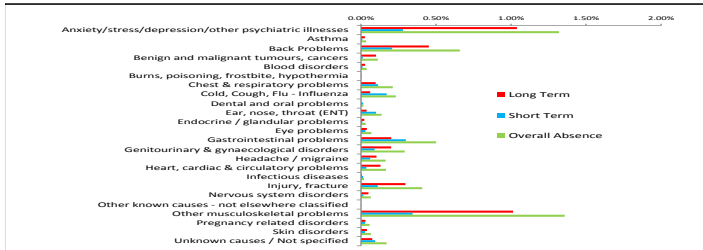
The trust sickness rate for June 2015 is 5.51% which consists of 3.69% long term (28 days or more) and 1.82% short term

Sickness Absence EWI

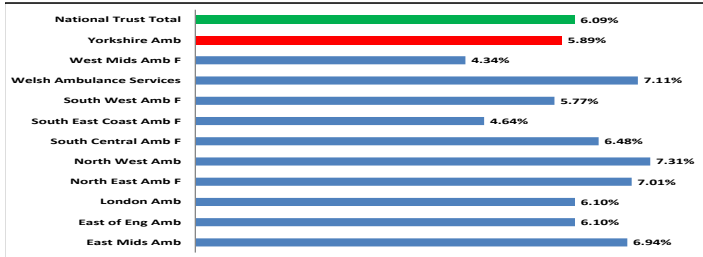
2015 02	Absence (FTE)	Available (FTE)	% Absence rate (FTE)	Calendar Days Absent	No of Episodes
174 Chief Executive Directorate	30.00	474.00	6.33%	30.00	1
174 Clinical Directorate	56.00	1548.65	3.62%	68.00	3
174 Finance and Performance Directorate	328.03	8,384.78	3.91%	349.00	21
174 Operations Directorate	4,291.44	79,065.10	5.43%	4710.00	342
174 PTS Directorate	1,321.19	21,798.21	6.06%	1541.00	99
174 People & Engagement Directorate	125.17	2,936.00	4.26%	138.00	7
174 Standards & Compliance Directorate	43.00	1,312.40	3.28%	43.00	3
174 NHS111 and Urgent Care	639.07	8,529.62	7.49%	851.00	76
174 Yorkshire Ambulance Service Trust	6,833.90	124,048.76	5.51%	7,730.00	552.00

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

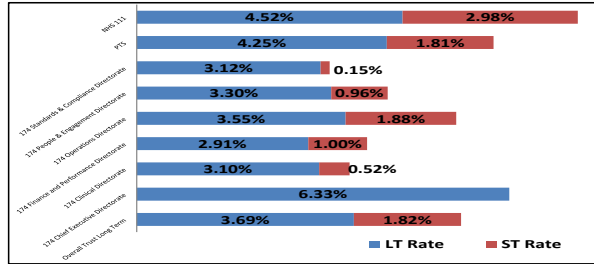
The graph below shows the split of Long and Short Term sickness absence rates for all Directorates for the period July 14 – Jun 15 by absence reason.



Benchmarking Information – December 2014

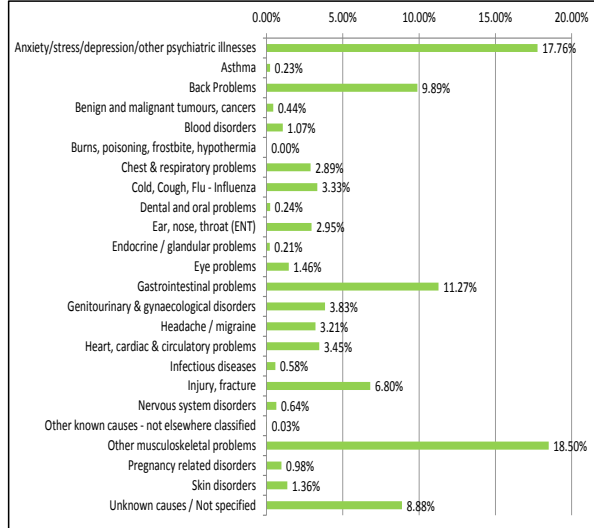


LT/ST Sickness Absence Analysis by Directorate

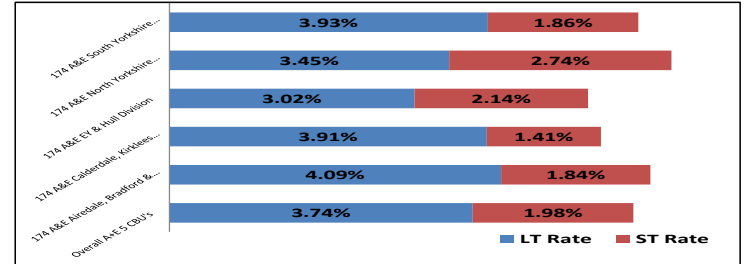


The graph above shows the sickness absence breakdown for each directorate within YAS for both Long Term and Short Term. As you will see above the Standards & Compliance directorate is now excluding NHS 111 which is now represented as its own area. This is the same for Finance and Performance as the chart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

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



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

Absence Type

2015 02	Absence (FTE)	% Abs Rate of Trust Total	No of Episodes
Sickness	6833.9	5.51%	552
Adoption	30	0.02%	1
Maternity	899.59	0.73%	43
Ordinary Paternity Birth	45.00	0.04%	4
Paid Leave	5.00	0.00%	4
Special Leave	20.8	0.02%	19
Trust Grand Total	7,834.29	6.32%	665

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

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 March 2015 is 6.09% 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 March 2015 within I View is reported as 5.89%.

Occupational Health - Key Performance Indicators (KPI)

Please note the information for this section is for May 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 May 2015.

This indicates where we currently sit for the following; Employment Health Screenings (100%), Management Referral Appointment Lead Time (67%) and Report Return Lead Time (91%).

Month	Employment Health Screens				Management Referrals Appointment Lead Time				Report Return Lead Time		
	No Of Screens	<5 days	>5 days	% < 5 Days	No of Referrals	Appointments < 5 days	Appointments > 5 days	% Appointments < 5 Days	Reports to Client < 1 day	Reports to Client > 1 day	% Reports to Client < 1 day
December	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	0	100%
March	112	112	0	100%	206	150	56	73%	175	31	85%
April	98	98	0	100%	112	43	69	38%	108	4	96%
May	105	105	0	100%	92	15	77	16%	78	14	85%
Total	595	595	0	100%	668	449	219	67%	606	62	91%

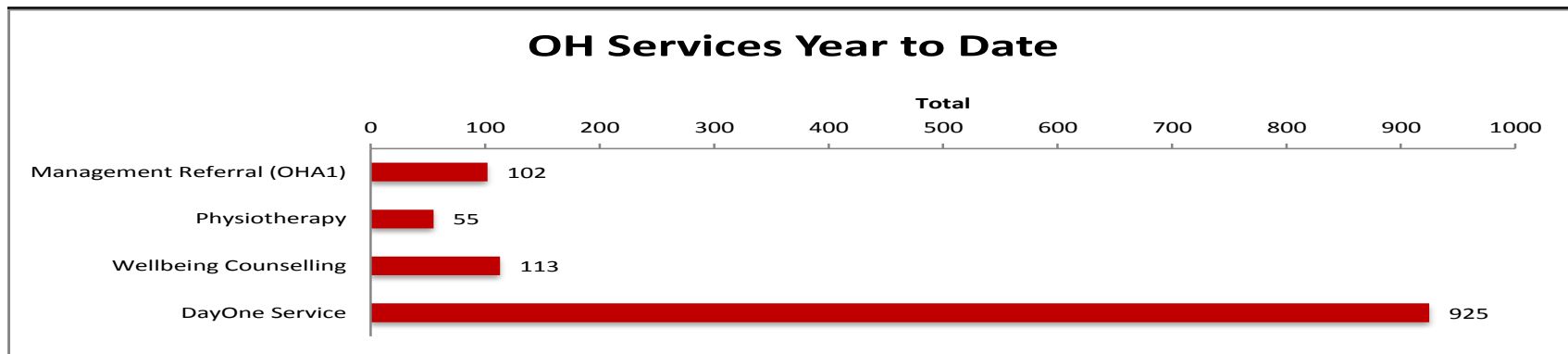
Occupational Health - DNA and Cancelled OH Service Appts

May-15	Cancelled With Charge	Did Not Attend (DNA)	Grand Total	Month
No Of Staff	0	18	18	May
No Of Staff	1	24	25	April
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

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

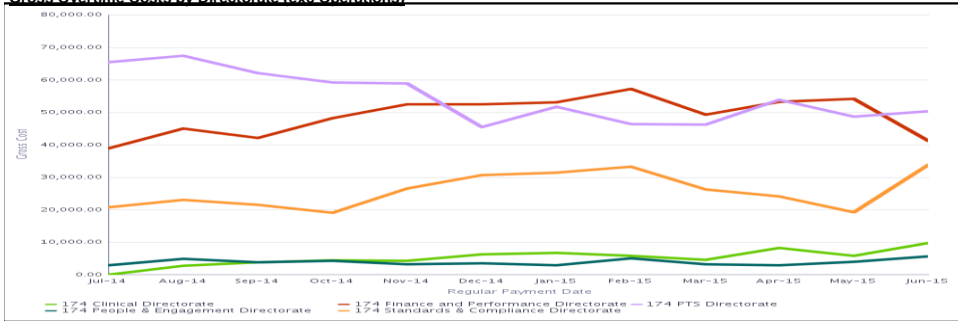
The table below indicates the core OH services used by YAS staff members for the year to date. As you can see below we had 925 staff members who used the day one service within the financial year to date (2015/2016).

Occupational Health - Core Service Usage



Overtime, Vacancies & Turnover

Gross Overtime Costs by Directorate (exc Operations)



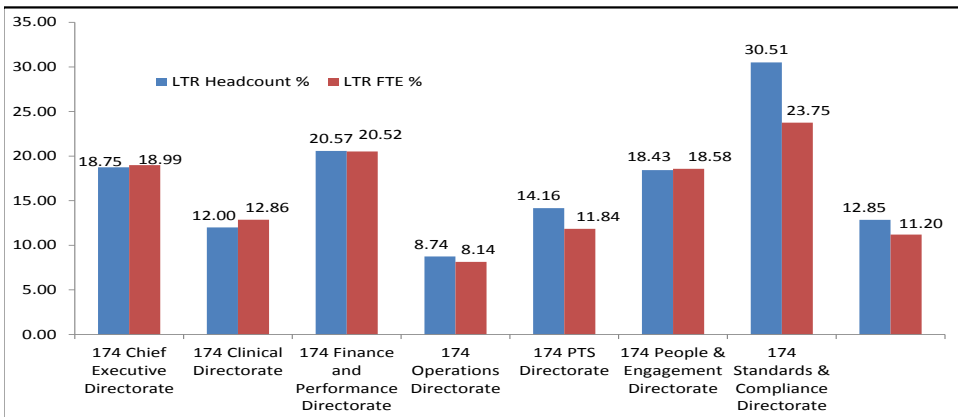
This chart above show the YAS gross overtime costs across a 12 month period from July 14 – June 15 for all directorate excluding Operations.

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

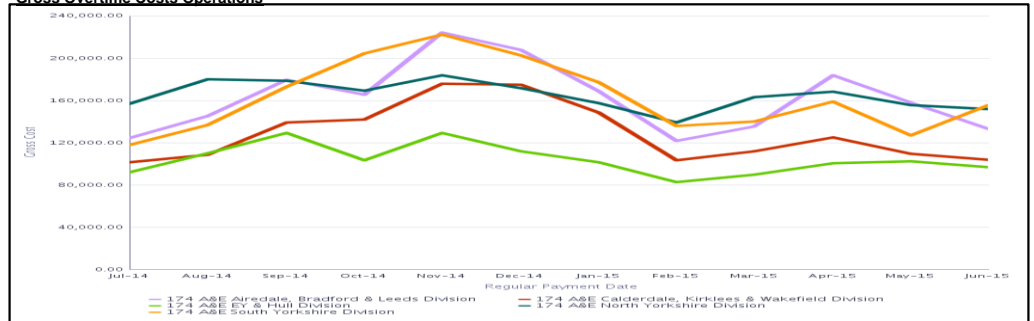
As you June see below there is a current discrepancy with the directorate figures for Budget vs Worked which is currently being investigated by Finance and MI.

Directorate	Budget	Staff in Post	Staff in Post	Worked	Worked
	WTE	WTE	Headcount	WTE	Hours
Chief Executive	23.80	15.80	16.00	23.80	1,790.23
Clinical	52.59	49.78	57.00	57.02	4,986.31
Finance & Performance	332.71	278.25	322.00	276.22	52,913.19
Operations	2,942.09	2,627.20	2,911.00	2,771.20	458,509.91
People and Engagement	119.74	97.71	114.00	101.41	12,927.37
PTS	627.46	724.65	966.00	580.65	121,798.51
Standards and Compliance	375.10	325.90	440.00	321.42	52,691.21
Total	4,473.49	4,119.29	4,826	4,131.72	705,616.73

Turnover by Directorate



Gross Overtime Costs Operations



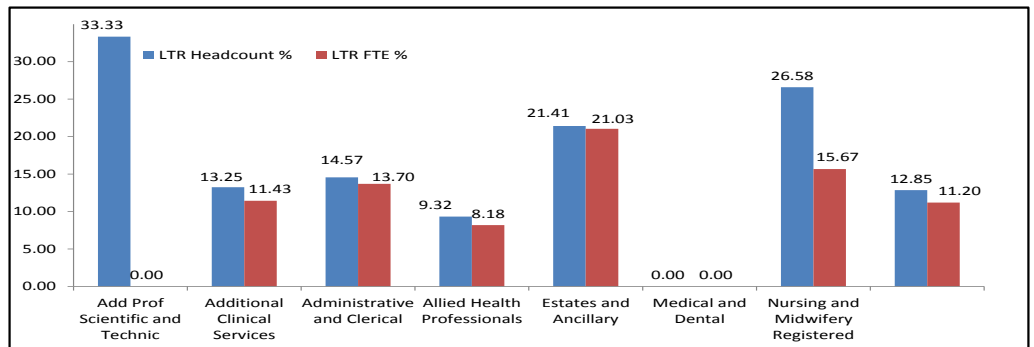
The table below shows the gross cost for overtime from ESR for the month of June 2015 across all directorates.

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

Directorate	Jun-15
174 Clinical Directorate	£9,734.06
174 Finance and Performance (Not inc. PTS)	£41,199.88
174 Operations Directorate	£750,810.49
174 People & Engagement Directorate	£5,659.21
174 Standards & Compliance (Not inc. NHS 111)	£33,882.40
174 PTS Directorate	£50,438.15
Grand Total	£891,724.19

Turnover by Staff Group

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



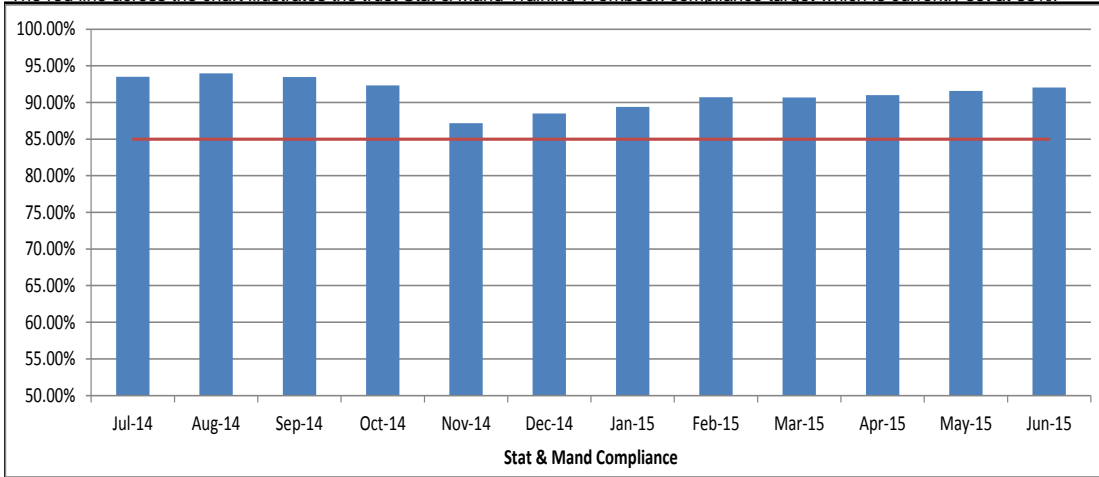
Paramedics and ECPs sit within our Allied Health Professionals. ECAs and Technicians are shown under the staff group Additional Clinical Services

Learning and Development

EWI

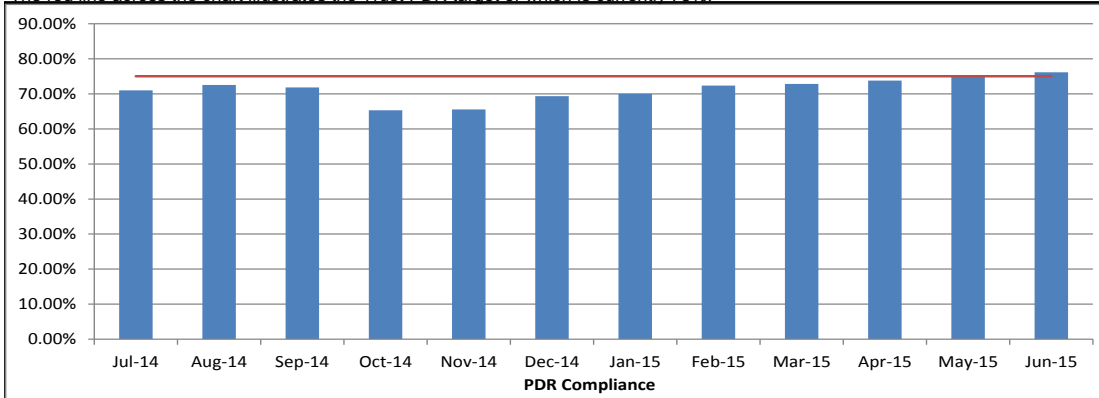
Statutory & Mandatory Training Workbook Combined

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



PDR Compliance from Jun 2014 to May 2015

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

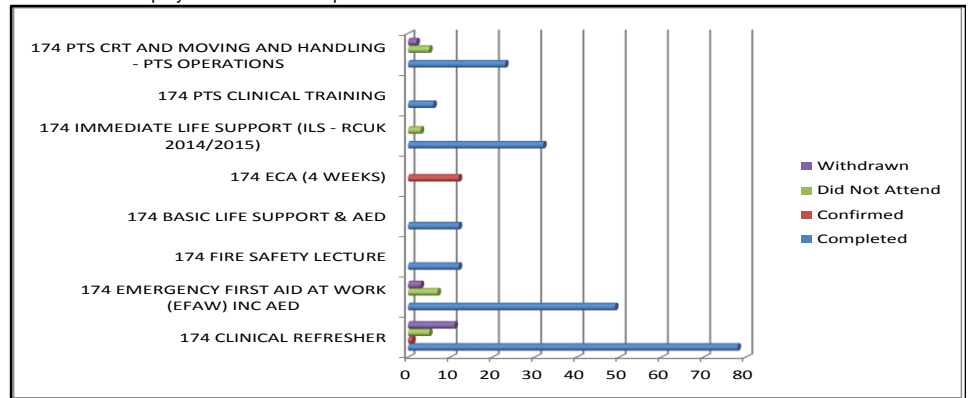


Staff Appraisals

Directorates	Compliant	Overdue	No PDR Recorded
174 Chief Executive Directorate	25.00%	62.50%	12.50%
174 Clinical Directorate	72.55%	25.49%	1.96%
174 Finance and Performance Directorate	74.92%	20.07%	5.02%
174 Operations Directorate	73.43%	21.90%	4.67%
174 People & Engagement Directorate	76.29%	20.62%	3.09%
174 PTS Directorate	82.20%	11.65%	6.15%
174 Standards & Compliance Directorate	84.81%	9.11%	6.08%
Grand Total	76.12%	18.85%	5.03%

This month 3296 assignments of the possible 4330 (76.12 %) have an in- date PDR recorded in ESR for the current appraisal period.

The table opposite show the PDR compliance per directorate and the following staff have been removed: long term sick, maternity, external secondment, inactive assignment, honorary contracts and all new starters who commenced employment between 1 April 2015 and 30 June 2015.





Section 5

Finance



EBITDA	<i>reference</i>
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA), for the year to date is £4.550m (7.7%). 	5.4
<ul style="list-style-type: none"> This is £0.551m ahead of the YTD plan of £3.999m (6.7%). 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has reported a surplus as at the end of June 2015 of £1.897m against a budgeted surplus of £0.921m, a positive variance of £0.976m. 	5.4
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £23.246m at 30 June 2015 against a plan of £17.703m. 	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
<p>94% delivery of the CIP target was achieved in June and 97% of this was achieved through recurrent schemes.</p> <ul style="list-style-type: none"> This creates an adverse variance against plan of (£59k). Reserve schemes have achieved £209k of the savings made for the year to date. 	

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 very slightly they are not sufficient to reduce the overall rating. The Trust will look to recover the position going forward.

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	921	1,897	976	GREEN
Financial Efficiency				
2a) Actual Efficiency for Year to Date compared to Plan	1,722	1,663	(59)	AMBER
- Recurrent Efficiencies Year to Date compared to Plan	1,722	1,627	(95)	
2b) Forecast Outturn Efficiency compared to Plan	8,786	8,786	0	AMBER
- Recurrent Efficiencies for Forecast Outturn compared to Plan	8,786	8,731	(55)	
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	0	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	7.6	Achieving a rating of 4	Cash for liquidity purposes divided by Operating expenses
	Capital Servicing capacity (times)	Actual year to date	4	50%	2	17.48	Achieving a rating of 4	Revenue available for debt service divided by capital service costs
	Continuity of Service				4			

EXECUTIVE SUMMARY**Month Three - June**

At the end of month three we are reporting a year to date positive variance of £976k against a planned surplus of £921k.

We are presenting an EBITDA of £4.550m (7.7%) which is ahead of the plan of £3.999m (6.7%).

The positive variance of £976k regarding the surplus position is due to lower depreciation charges as a result of slippage within the capital programme, savings on vacancies across the Trust and under utilisation of reserves. This is offset by adverse performance within A&E and Fleet. A&E are £270k adverse to plan driven by provisions being made for the failure to meet one of the CQUIN targets. The Fleet position is adverse to plan by £112k predominantly due to higher maintenance costs incurred to support operations.

Provision for A&E penalties of £816k have been charged against reserves in respect of non-achievement of the May Red 1 target and the June Red 1 and Red 2 targets.

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

Current YTD activity against the CCG Block Contract is below plan. If the Trust were on a cost and volume contract rather than block, the YTD position would be an under trade on income of £2.066m against the plan.

The Trust is forecasting a year end surplus of £2.404m (£1.250m ahead of the planned surplus of £1.154m). This forecast surplus reflects the underspend on depreciation due to slippage on the capital programme.

DIRECTORATE COMMENTARY**A&E - YTD £270k adverse to budget****Income :**

• A&E income is below contract by £378k mainly due to £358k of provisions in respect of CQUINs, under delivery of ECP activity and handover penalties. A charge of £816k for the Red 1 and Red 2 performance penalty in Q1 has been charged against reserves.

Pay :

• Pay is £270k favourable to budget. The underspend which is derived from vacancies is off set in part by overtime and incentive payments made year to date.

Non-Pay :

• Non-Pay is £161k adverse to budget as a result of still paying £10 per meal break rather than £5 due to no change in the subsistence policy at this point in the year.

A&E Urgent Care - YTD £115k favourable to budget.**Income :**

• The Trust provided in full for an outstanding disputed invoice totalling £272k relating to 2014/15 UCP scheme. Commissioners have since agreed to pay 50% of the invoice therefore, £136k of the provision has been released.

PTS - YTD £27k adverse to budget.**Income :**

• PTS income is £302k favourable to budget. The Trust provided for contract risk of £259k in 2014/15 which has subsequently been released following agreement from Commissioners to pay and therefore leading to the favourable variance.

Non-Pay :

• Non-Pay is £335k adverse to budget due to continued dependency on taxis and private providers.

111 - YTD £127k favourable to budget**Income :**

• 111 income is favourable to budget by £75k. The York SPA service contributes £62k to the variance and is anticipated to continue to the end of September 2015.

Pay :

• The directorate has received additional investment in Clinical Advisors in the NHS 111 service via the A&E contract however, slippage on the appointment of these posts has resulted in a favourable variance to budget YTD of £96k.

EOC - YTD £97k favourable to budget.**Pay :**

• Pay is £69k favourable to budget due to savings on vacancies.

Fleet: YTD £112k adverse to budget.**Income :**

• Fleet income is adverse to budget by £58k due to lower than anticipated activity in private sector income.

Non-Pay :

• Non-Pay is £63k YTD adverse to budget predominantly due to maintenance costs to support operations which is off set in part by lower than budgeted fuel costs.

Other material movements:

Capital Charges - £427k favourable to budget due to lower depreciation charges as a result of slippage on capital schemes. This trend is anticipated to continue to the end of the year.

Reserves - Under utilisation of reserves is contributing favourably to the position by £293k YTD. A provision of £816k for the May A&E Red 1 penalty and the June A&E Red 1 and Red 2 contract penalties has been charged to reserves.

	Current Month			Year to Date		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Accident & Emergency	14,195	13,914	281	43,361	43,000	361
Patient Transport Service	2,245	2,339	-95	6,536	6,838	-302
111	2,389	2,412	-23	7,545	7,621	-75
Other Income	818	450	369	2,514	1,892	623
Operating Income	19,647	19,115	532	59,957	59,350	606
Pay Expenditure & reserves	-13,633	-12,865	-767	-40,570	-39,115	-1,455
Non-Pay expenditure & reserves	-5,093	-5,021	-72	-15,388	-15,684	297
Operating Expenditure	-18,726	-17,887	-839	-55,958	-54,800	-1,158
EBITDA	921	1,228	-307	3,999	4,550	-551
EBITDA %	4.7%	6.4%		6.7%	7.7%	
Depreciation	-818	-675	-143	-2,450	-2,029	-421
Interest payable & finance costs	0	0	0	-112	-111	0
Interest receivable	6	4	1	17	14	3
Profit on fixed asset disposal	12	16	-4	35	41	-6
Dividends, interest and other	-189	-189	0	-567	-567	0
Retained Surplus	-69	384	-454	921	1,897	-976
I&E Surplus %	-0.4%	2.0%		1.5%	3.2%	

	Budget manpower current month WTE	Actual manpower current month WTE	Current month over/ (under) WTE	Budget current month £	Actual current month £	Variance month Over/ (under) spend £	Budget YTD £	Actual Income / Expenditure YTD £	Variance YTD Over/(under) spend £
Income				19,646,973	19,115,103	531,869	59,956,770	59,350,341	606,429
Pay									
A&E Operations	-2,276.55	-2,347.00	70.45	-7,547,383	-7,333,194	-214,189	-22,652,020	-22,382,192	-269,828
A&E - Urgent Care	-16.00	-30.82	14.82	-96,938	-85,836	-11,102	-261,218	-278,103	16,885
PTS Operations	-788.24	-754.33	-33.91	-1,433,957	-1,419,921	-14,036	-4,301,871	-4,296,471	-5,400
Resilience	-119.77	-120.05	0.28	-424,025	-423,107	-918	-1,272,075	-1,332,836	60,761
EOC	-384.99	-380.85	-4.14	-1,106,602	-1,082,003	-24,599	-3,319,806	-3,251,072	-68,734
Finance	-70.47	-60.09	-10.38	-226,696	-178,225	-48,471	-680,087	-529,011	-151,076
Estates	-15.83	-17.24	1.41	-79,825	-62,589	-17,236	-239,475	-194,449	-45,026
Fleet	-186.93	-169.39	-17.54	-442,026	-427,980	-14,046	-1,326,078	-1,317,056	-9,022
IM&T	-39.98	-39.43	-0.55	-125,479	-113,579	-11,900	-376,434	-362,579	-13,855
Procurement	-19.50	-18.57	-0.93	-49,069	-62,524	13,455	-147,207	-143,614	-3,593
Standards & Compliance	-48.00	-43.44	-4.56	-148,914	-144,118	-4,796	-446,742	-449,503	2,761
111	-334.10	-337.03	2.93	-1,005,080	-979,739	-25,341	-3,028,599	-2,932,926	-95,673
People & Engagement	-119.74	-108.24	-11.50	-381,389	-348,533	-32,856	-1,144,167	-1,008,913	-135,254
Clinical Directorate	-36.59	-30.29	-6.30	-141,900	-114,151	-27,749	-425,700	-347,538	-78,162
Chief Executive	-16.80	-12.30	-4.50	-93,963	-89,921	-4,042	-281,889	-289,176	7,287
Reserves	0.00	0.00	0.00	-329,289	0	-329,289	-666,666	1	-666,667
Total Pay	-4,473.49	-4,469.07	-4.42	-13,632,535	-12,865,419	-767,116	-40,570,034	-39,115,437	-1,454,596
Non Pay									
A&E Operations				-392,434	-373,037	-19,397	-1,177,302	-1,338,768	161,466
A&E - Urgent Care				-1,668	256	-1,924	-3,832	-8,669	4,837
PTS Operations				-145,922	-222,153	76,231	-409,424	-743,927	334,503
Resilience				-137,389	-130,937	-6,452	-377,331	-342,868	-34,463
EOC				-15,971	-14,583	-1,388	-47,913	-36,714	-11,199
Finance				-1,083,551	-998,093	-85,457	-3,422,550	-3,002,344	-420,206
Estates				-394,081	-320,355	-73,726	-1,182,243	-1,174,509	-7,734
Fleet				-1,462,031	-1,416,234	-45,797	-4,452,931	-4,516,182	63,251
IM&T				-348,247	-336,425	-11,822	-1,026,563	-1,032,111	5,548
Procurement				-279,332	-307,046	27,714	-838,438	-877,881	39,443
Standards & Compliance				-157,612	-167,120	9,508	-472,836	-459,919	-12,917
111				-1,298,062	-1,324,346	26,284	-4,114,200	-4,158,554	44,354
Other				0	0	0	0	0	0
People & Engagement				-130,830	-202,897	72,067	-392,490	-533,874	141,384
Clinical Directorate				-3,960	-10,253	6,293	-11,880	-19,131	7,251
Chief Executive				-19,526	-42,183	22,657	-58,578	-92,190	33,612
Reserves				-213,111	0	-213,111	-476,867	0	-476,867
Total Non Pay				-6,083,727	-5,865,405	-218,322	-18,465,378	-18,337,641	-127,737
Total Expenditure	-4,473.49	-4,469.07	-4.42	-19,716,262	-18,730,823	-985,438	-59,035,412	-57,453,078	-1,582,334
Surplus/(Deficit)				-69,289	384,280	-453,569	921,358	1,897,263	-975,905

NB total non-pay includes depreciation, dividends and impairments

CIP DELIVERY

- 94% delivery of the CIP target was achieved in June and 97% of this was achieved through recurrent schemes. This creates an adverse variance against plan of (£59k). Reserve schemes have achieved £209k of the savings made for the year to date.
- In A&E, the operational efficiency and subsistence payment schemes have slipped against plan by £488k. The EOC restructure CIP is over achieving against plan by £97k and the Clinical Hub CIP is overachieving against plan by £260k.
- The underperformance against plan in PTS is explained by the failure to reduce subcontractor spend by (£18k) in the West, slippage on the Autoscheduler CIP of (£6k) and the Optimise patient collection schemes of (£6k). This slippage has been mitigated by the decision made by Commissioners to waive the tariff deflator on the contract in lieu of productivity improvement which has provided a favourable variance of £159k to date.
- Achievement against plan is monitored by the CIP Management Group which is chaired by the Chief Executive.

CIP Tracker 2015/16

	TDA Plan	YTD Plan	YTD Actual	YTD Variance	Forecast Outturn
Planned Savings	£000	£000	£000	£000	£000
Accident & Emergency	4,598	1,117	987	(130)	4,799
Patient Transport Service	1,500	183	153	(30)	907
Special Operations	171	44	38	(6)	137
Standards and Compliance	243	60	60	0	243
Finance	263	51	43	(8)	236
Clinical Directorate	50	12	12	0	50
Trust wide	1,961	255	161	(94)	1,668
<i>Recurrent Planned Savings</i>	8,786	1,722	1,454	(268)	8,040
<i>Non-recurrent Planned Savings</i>					
Sub Total	8,786	1,722	1,454	(268)	8,040
Reserve Schemes	£000	£000	£000	£000	£000
PTS productivity improvement			159	159	635
VFM Quality and Risk - recurrent			14	14	55
VFM Quality and Risk - non-recurrent			36	36	56
<i>Recurrent Reserve Schemes</i>			173	173	691
<i>Non-recurrent Reserve Schemes</i>			36	36	56
Sub Total			209	209	746
Total	8,786	1,722	1,663	(59)	8,786

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	708	231	(477)
Increase use of clinical hub (triage)	B Holdaway	1,222	276	536	260
PTS productivity improvement	A Baranowski	635		159	
Autoscheduler	A Baranowski	463	6	-	(6)
PTS vehicle replacement	M Squires	437	13	9	(4)
Total Value		5,600	1,003	935	(227)

SUMMARY

Land, Buildings and Intangible Fixed Assets are lower than Plan due to some delays on completing several capital projects (see table opposite) however this has been partially offset by depreciation to date being lower than anticipated.

Cash balances are higher than Plan primarily due to the receipt of WY Urgent Care NHS 111 income (£3.7m) during June 15 and capital and pay related expenditure being less than anticipated in the Plan for the month of June.

Stocks, Trade & Other Receivables are lower than Plan largely as a result of a decrease in NHS debtors, in particular receipt of WY Urgent Care NHS 111 income as detailed above.

The increase in creditors reflects the slight deterioration in the BPPC figures; this is currently being reviewed along with options to restore the BPPC to 95% or above.

Provisions & Deferred Income has increased due to an additional provision made at the end of 2014/15 relating to Hillsborough Legal Costs; this was not anticipated at the time the Plan was submitted.

CAPITAL SUMMARY

The Electronic Patient Reporting Form (EPRF) project commenced in 14/15, the order has been placed for the next phase of the project roll out.

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 Co-location moves to Manor Mill and Unit 1B will be progressed during 15/16.

The Programme figures for Estates, IT, Fleet, Plant & Machinery and Medical Equipment have been taken from the individual strategies agreed by the Board. The spend on Estates, ICT is for schemes that started in 14/15 but didn't complete by the end 14/15 financial year. Estates Springhill schemes invoices are still outstanding for work that has been completed.

PTS ex lease vehicles purchase has completed in June 2015 and we now have ownership of those vehicles.

The 20 Urgent Tier Vehicles, including equipment orders have been placed and delivery of the vehicles was taken during May 2015.

The HART replacement vehicle programme for 2015/16 is for 2 USAR vehicles, Reconnaissance vehicle and heavy equipment carrier vehicle. It is expected that replacement will be completed in quarters 2 & 3.

Statement of Financial Position			
	Plan at 30/06/2015 £000	Actual at 30/06/2015 £000	Variance £000
Land, Buildings, equipment & intangible fixed assets	84,721	83,855	-866
Trade and other receivables (>1 yr)	669	669	0
Non-Current assets	85,390	84,524	-866
Stocks, Trade and other receivables (<1 yr)	13,484	11,918	-1,566
Cash and cash equivalents	17,703	23,246	5,543
Current assets	31,187	35,164	3,977
Creditors (< 1yr)	-17,589	-18,280	-691
Provisions & Deferred Income(<1 yr)	-2,396	-3,207	-811
Current Liabilities	-19,985	-21,487	-1,502
Provisions (>1 yr)	-8,186	-8,816	-630
Borrowings	-6,747	-6,747	0
Non-Current Liabilities	-14,933	-15,563	-630
Net Assets	81,659	82,638	979
Public Dividend Capital	78,594	78,594	0
Revaluation Reserve	7,217	7,207	-10
Income & Expenditure Reserve	-4,152	-3,163	989
Total Taxpayer's Equity	81,659	82,638	979

Capital Programme					
	15/16 Programme £000	Year to date Plan £000	Spend to 31/06/2015 £000	(Under)/ Over plan 31/06/2015 £000	Committed at 31/06/2015 £000
Major Schemes					
Resource Centre - Car Park	150				
EPRF	1,500	334	359	25	3
Hub & Spoke / Co Location	750	262	113	(149)	55
Make Ready	90			0	
Minor Schemes					
Estates	944	526	163	(363)	369
IM&T	1,502	530	181	(349)	152
Vehicles A&E	4,689			0	
Vehicles Urgent Tier	1,000	625	236	(389)	296
Vehicles PTS	834	90	66	(24)	0
Vehicles HART	406			0	
Medical equipment	1,398	379	354	(25)	45
Plant & Machinery	14	14		(14)	
Contingency	968			0	
Total planned expenditure	14,245	2,760	1,472	(1,288)	920
NBV of Disposals	204	26	0	(26)	0
CRL (Including External Funds)	14,041	2,734	1,472	(1,262)	920

DEBT SUMMARY

NHS Debt has decreased considerably this month due to the payment of contract invoices that were raised last month. Although NHS debt over 90 days has increased slightly this month, £136k of this has been paid early July. Non NHS Debt has decreased slightly, Non NHS debt over 90 days has also decreased due to a £29k invoice relating to training being credited. Work is continuing to ensure debt over 90 days is kept to a minimum.

£000	Mar-15	Apr-15	May-15	Jun-15
Non NHS debt	476	459	360	354
Of which >90 days overdue	117	117	126	96
NHS debt	2,129	4,410	6,688	2,668
Of which >90 days overdue	128	137	364	368
Total debt	2,605	4,869	7,048	3,022
Of which >90 days overdue	245	254	490	464
Provision to cover this debt	245	254	490	464

PAYMENTS

The Trust has paid 2,478 invoices in June 2015 of which 2,286 were paid within 30 days of receipt; achieving a Better Payment practice Code (BPPC) position of 92.25%. This is below the Trusts target to pay 95% of invoices within 30 days. The Accounts Payable team are currently looking at ways to restore the year to date position in line with the target.

	Jun-15		Year to Date	
	Number	£000	Number	£000
Non NHS payables				
Total non NHS invoices paid in period	2,427	6,001	6,695	15,860
Total non NHS invoices paid within target	2,246	5,467	6,264	14,905
	92.54%	91.10%	93.56%	93.98%
NHS Payables				
Total NHS invoices paid in period	51	136	142	612
Total NHS invoices paid within target	40	126	129	600
	78.43%	92.65%	90.85%	98.04%
Total Payables				
Total invoices paid in period	2,478	6,137	6,837	16,472
Total invoices paid within target	2,286	5,593	6,393	15,505
	92.25%	91.14%	93.51%	94.13%

QUALITY, INFORMATION REPORTING, AND CQUIN

- Year to date CQUINs for A&E paramedic pathfinder is at risk due to under utilisation of the pathfinder tool. PTS are currently anticipated to be achieving all of the targets relating to CQUINS set at this point.

RISK SUMMARY

Description	Total Value of Risk	YTD Expected Value of Risk	In YTD Position	Explanatory notes / Mitigation
	£000	£000	£000	
CIP non-delivery by 30%	2,636	659	59	CIP achievement at Month 3 with the use of reserve schemes is 97% achievement against plan.
A & E workforce modelling	5,000	0	0	Review of reserves and other funding sources are under consideration to offset this risk
A&E contractual penalties - RED 1 & 2	4,079	816	816	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 on a quarterly basis. The Trust missed the trajectory agreed with commissioners in Q1 resulting in a penalty value of £816k which is included in the month 3 position.
111 SRG's central NHS funding - income still to be confirmed	350	88	88	Anticipated income for 111 SRG's. Funding has been agreed but final value to be confirmed.
Non delivery of CQUINS - A&E 25%	965	241	154	There is a risk to the Paramedic Pathfinder CQUIN as a result of under utilisation of the pathfinder tool. The annual value of this CQUIN is £772k. This risk has been reflected in the YTD position.
Non delivery of CQUINS - PTS 25%	158	40	0	YAS anticipate to achieve all of the goals set at this point.
A&E Meal breaks	880	220	138	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 ytd.
Hillsborough Costs	600	62	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	18,868	2,126	1,255	

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Q4	Actual Q1	Actual Q2	Actual Q3	Actual Q4	Actual Apr-15	Actual May-15	Actual 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	16,500	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	19,709	26,350	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	4	4	6	6	6	6	6	6	6	6	6
Capital Receipts	0	44	64	101	71	3	22	16	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	19,735	26,370	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	13,137	12,949	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	5,265	5,992	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	899	683	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	19,301	19,624	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	434	6,746	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	16,500	23,246									
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

Cash balances are higher than Plan primarily due to the receipt of WY Urgent Care NHS 111 income (£3.7m) during June 15 and capital (0.5m) and pay (£0.6m) related expenditure being less than anticipated .

