



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

April 2013



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Section 1

Executive Summary



Overall Trustwide Top Exceptions

RAG	Section	No of months Exception	Exceptions for month	Comments	Who	When	Year end Risk Level
RED	1.1	1/1	KPI 1 - To reduce mortality from major trauma	Loss of funding agreement from the Specialist Commissioning Board has halted the progression of the Enhanced Care Team pilot. CEO and Executive Medical Director to approach YAA Board for full funding of the pilot.	CEO and Executive Medical Director	May-13	RED
RED	2.11	1/1	% of patients to depart within 60 mins of their booked ready time	This indicator was missed by 0.91%. This represented 117 journeys out of a total of over 9900. This is a considerable improvement on the March position where this represented 643 patients and is one of the bests months performance of the year.	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.11	1/1	% of patients to depart within 120 mins of their ready time	This is a 100% indicator. Although April breached, this was an improvement of the previous months position by 79 patients. The breaches appear to be occurring consistently across all the PCTs within the consortia therefore this leads to a planning / resourcing issue which is being looked at in area.	Associate Director of Operations (PTS)	Q2	AMBER
RED	2.11	1/1	% of patients to depart within 60 mins of ready time RENAL	Although 42 patients breached this standard in April this was a considerable improvement on previous months. Actions required are in line with those identified in relation to delay post appointment.	Associate Director of Operations (PTS)	Q3	AMBER
RED	2.11	1/1	% of patients arriving more than 60 mins early	These are related to core patient journeys. Again performance is better compared to previous months but is still breaching the standard.	Associate Director of Operations (PTS)	Q2	GREEN
RED	2.11	1/1	% of patients to arriving more than 90 minutes early				GREEN
RED	2.11	1/1	% of patients to arrive more than 30 mins early RENAL	This is an area of focus for the West Yorkshire team. We have seen a marked increase in renal activity across the year whilst a generic decrease in activity has occurred. This was a feature of the contracting discussions for 2013-14	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.11	1/1	0% of patients to arrive more than 60 mins late RENAL	This is a 100% indicator and was breached by 9 patients in April. Validation work is ongoing in relation to this but again this is a considerably better performance than in previous months.	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.12	1/1	% of patients to arrive between 31 and 60 mins late	The position has deteriorated on this indicator across the last two months, although the quarterly numbers have been consistent across the last two quarters.	Associate Director of Operations (PTS)	Q2	GREEN
RED	2.12	1/1	0% of patients to arrive more than 60 mins late				GREEN
RED	2.12	1/1	% of patients to arrive between 31 and 90 mins early	Early arrival is particularly complex within Hull and East Riding due to some of the geography and location of patients in relation to their destination, particularly in the coastal areas.	Associate Director of Operations (PTS)	Q3	AMBER
RED	2.12	1/1	0% of patients to arrive more than 60 mins late (Priority Patients)	15 patients breached this standard in April and we are currently reviewing these.	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.12	1/1	% of patients to depart between 61 and 120 mins after ready time				AMBER
RED	2.12	1/1	% of patients to depart more than 120 mins after ready time	In line with other areas, delays post appointment are the greatest area of concern and require specific changes to improve. These are captured within the PTS transformation programme for 2013-14. Rises in the number of 'same day' bookings which we are receiving, particularly through Hull Royal are being investigated and discussions with the commissioners regarding expansion of the existing dedicated discharge service are ongoing.	Associate Director of Operations (PTS)	Q3	
RED	2.12	1/1	% of patients to depart between 31 and 60 mins after ready time				
RED	2.12	1/1	% of patients to depart more than 60 mins after ready time (Priority Patients)				GREEN
RED	2.12	1/1	% of patients to depart between 3 and 4 hours after ready time	19 patients fell into this category during April 13. Part of the on-going validation is review of the patient pathway and assurance of booked ready times on the system.	Associate Director of Operations (PTS)	Q1	
RED	2.12	1/1	% of patients to depart between 4 and 5 hours after ready time				GREEN
RED	2.12	1/1	0% of patients to depart more than 5 hours after ready time	This represents 13 patients and is being validated.	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.12	1/1	Percentage of journeys where the time the journey was aborted was 15 minutes or less before the patient was due at their destination	This indicator has remained fairly consistent throughout the year. Multiple reasons as to why this occurs have been identified and these are being reviewed in locality to establish ways of reducing the incidence, including working with nursing homes etc to ensure accurate address information is provided, linking appointment and clinic cancellations to YAS to inform when cancellations occur which have transport booked and improving patient information.	Associate Director of Operations (PTS)	Q3	GREEN
RED	2.13	1/1	% of patients arriving up to 60 mins prior to their appointment	This relates to 20 patients which occurred in Barnsley (see below)	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.13	1/1	% of patients arriving up to 90 mins prior to their appointment	All breaches occurred in Barnsley, therefore we are reviewing the planning and scheduling / availability of resources within Barnsley to understand why this is occurring	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.13	1/1	% of patients departing within 60 mins of their booked ready time	All breaches of this standard occurred in Sheffield with the other three PCTs / acute trusts maintaining a positive position. Work is ongoing with the commissioners and Sheffield acute trust to understand and improve on the discharge processes.	Associate Director of Operations (PTS)	Q2	AMBER
RED	2.13	1/1	% of patients departing within 90 mins of their booked ready time	Although this indicator has been breached, performance was improved on the previous position by 123 patients.	Associate Director of Operations (PTS)	Q2	AMBER
RED	2.13	1/1	% of patients collected within 5 hours of booking	This breach relates to a single patient and is currently being validated	Associate Director of Operations (PTS)	Q1	GREEN

RED	2.14	1/1	Patients collected within 60 mins of their booked ready time	Timely collection following appointment remains one of the key areas of development within PTS. Changes to rota ops rotas and planning / scheduling remain the key items to addressing improvements in this area	Associate Director of Operations (PTS)	Q2
RED	2.14	1/1	Patients collected more than 121 mins after their booked ready time			
RED	3.12	9/12	Internal Clinical Audit Plan	Reduced departmental efficiency due to functionality issues with the Readsoft scanning and verification software have removed any capacity to perform anything other than nationally mandated audits. Implementation of the ECS and reconfiguration of the Clinical Audit department in 13-14 will address the capacity issues.	Executive Medical Director	2013 - 2014
RED	4.4	12/12	Lost working time due to sickness absence %	Lost working time showed a further reduction in March 2013, in line with seasonal trend norms. HR Business Partners remain actively focussed upon working with Senior Managers to identify patterns of short-term action, enabling formal management intervention. The Board Absence Turnaround Group, established in December, has continued to review the management of attendance in the Operations Directorate with challenge having been applied to the proposed action plans from Operational Localities and Divisions. Progress reviews in respect of these plans are being undertaken by the members of the Group on 18.4.2013 and individual senior managers and HR Business Partners will be held to account appropriately.	Senior Management Group	ASAP
RED	4.3	12/12	Performance Development Review (PDR) completion compliance %	PDR compliance levels have shown a further and disappointing reduction during March as a number of additional staff have moved out of compliance, following significant PDRs undertaken at this point in 2012. The Senior Management Group (SMG) members are aware of the requirement to improve compliance and individual Executive Directors are responsible for holding their SMG members to account for this improvement requirements. In particular, the recent decision to move A&E Locality Managers and Clinical Supervisors back from purely response roles should enable improvements to be made in this area. The significant reduction in the Standards & Compliance PDR levels is as a consequence of the large increase in new staff and staff transferring into the Trust from NHS Direct as part of the new NHS 111 & Urgent Care Department. The recording systems for PDR compliance levels are being reviewed to enable an adjustment to these figures for the future.	Senior Management Group	ASAP
AMBER	2.1	1/1	A&E Demand	April experienced a 6.8% increase in total demand against planned, a 4.8% increase compared to April 2012.	Paul Birkett-Wendes	2013/14
AMBER	3.12	7/12	National Audit Programme	Functionality issues remain with the Readsoft scanning and verification software which impacts adversely on departmental efficiency. Implementation of ECS will reduce the demand on the software and thus reduce the risk that nationally mandated audit is performed and reported in a timely manner. In the interim work is ongoing to stabilise the current functionality of the software.	Executive Medical Director	2013 - 2014
AMBER	3.16	4/5	A&E Patient Experience Survey	Further analysis of new indicator and correlation with qualitative survey information to identify potential areas for improvement.	Associate Director of Quality	2013 - 2014
AMBER	3.14	02/12	PTS complaints and concerns	Focus on specific areas highlighted, through the PTS transformation programme.	Associate Director - PTS	2013 - 2014

GREEN
RED
RED
RED
AMBER
AMBER
AMBER
RED

Comments

2013-14 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
KPI	Description														
Strategic Goal - Continuously Improving Patient Care															
1	Improve consistency in delivery of Red performance every day of the week, throughout the year, across the Yorkshire and the Humber region, including rural areas underpinned by developing a new rota model for the A&E service.	Paul Birkett-Wendes	GREEN												GREEN
2	Development of Clinical Hub – increase the rate of non-conveyance through increasing the numbers of patients treated in their own homes and not conveyed to an Emergency Department.	Paul Birkett-Wendes	GREEN												GREEN
3	To reduce mortality from major trauma and improve survival to discharge for pre-hospital Cardiac Arrest.	Julian Mark	RED												RED
4	Deliver all CQUIN targets across both our PTS and A&E service.	Julian Mark / Paul BirkettWendes	GREEN												GREEN
Strategic Goal - High Performing															
5	Deliver Red 1 mandatory target through the implementation of the Red 1 action plan.	Paul Birkett-Wendes	GREEN												GREEN
6	To provide clinically effective care with improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures.	Julian Mark / Paul BirkettWendes	GREEN												GREEN
7	Improve the quality of our PTS performance – continue to improve PTS performance against contractual Key Performance Indicators through delivering the PTS transformation project.	Paul Birkett-Wendes	RED												GREEN
8	Embed the new NHS 111 service across Yorkshire and the Humber, Bassettlaw, North Lincolnshire and North East Lincolnshire and deliver against the required contractual call response times.	Steve Page	RED												GREEN
Strategic Goal - Always Learning															
9	Achieve FT status by the end of 2013-14.	David Whiting	GREEN												GREEN
10	Reduce the number of patient complaints through improving and investing in the quality of services	Julian Mark / Rod Barnes	GREEN												GREEN
11	Improve utilisation and support the development of the DoS to enable clinicians and staff in our EOC to guide them to the most appropriate service or advice.	Julian Mark	GREEN												GREEN
12	Phased roll-out of Service Line Management and service transformation skills across the Trust.	Rod Barnes / Steve Page	AMBER												GREEN
Strategic Goal - Provider of choice in a competitive environment and deliver value for money															
13	Deliver cost improvement plans which will also lead to a reduction in our national reference cost position and an improved financial surplus.	Rod Barnes	AMBER												GREEN
14	Reduce rates of staff sickness including procurement of Occupational Health services to deliver improvement in sickness rates.	Stephen Moir	RED												GREEN
15	Delivery of emergency and urgent care developments and solutions including areas for development such as telehealth and telecare.	Julian Mark / Rod Barnes	GREEN												GREEN
16	Develop and commence roll-out of ECS.	Rod Barnes / Paul Birkett-Wendes	AMBER												GREEN

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

Early Warning Indicators	EWI	Page	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
A&E	Red 1 Performance	2.2	↑											
	Red 2 Performance	2.2	↑											
	Red 19 Performance	2.3	↑											
	Time to Treatment 50% (YTD) *	2.7	↑											
	Recontact 24 hours on scene (YTD) *	2.7	↑											
	Complaints	3.13	↑											
EOC	Time to answer 50% (YTD) *	2.7	↑											
	Time to answer 95% (YTD) *	2.7	↑											
	Abandoned calls (YTD) *	2.7	↑											
	Recontact 24 hours telephone (YTD) *	2.7	↑											
PTS	PTS Arriving on time for their appointment	2.9	TBC											
	Pts Departing within 60mins of ready time	2.10	TBC											
	Complaints	3.14	↓											
ALL	Serious Incidents	3.9	↓											
	Incidents and near misses	3.4	↑											
	Sickness / Absence	4.4	↑											
	Statutory and Mandatory Training	4.3	↑											
	PDR Compliance	4.3	↑											

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

Comments		
KPI	RAG	Page
3	RED	Comments E1
7	RED	Comments E3
8	RED	Comments E4
12	AMBER	Comments
13	AMBER	Comments
14	RED	Comments E5
16	AMBER	Comments

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
GREEN												
GREEN												

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

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

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

Monitor Risk Ratings (Quarterly)

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

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

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



Section 2

Performance





Section 2a

A&E Performance



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
AMBER	2.1	1/1	Demand	April experienced a 6.8% increase in total demand against planned, a 4.8% increase compared to April 2012.	Paul Birkett-Wendes	2013/14	AMBER

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

Both Red1 (75.3%) and Red2 (78%) targets were achieved.

A19 (97.6%) also achieved.

All but one CBU delivered above 75% target combined, North Yorkshire delivered 72.6% compared to April 2012 72.1%.

Resilience

Risk Assessments:- A review is being carried out of all LRF community risks registers as the LRFs complete their reviews. This enables us to determine the our current plans are meeting key risks identified.

Business Continuity:- A revised BC exercise programme and BC plan review has been developed being populated by departments. To increase Executive team visibility of BC issues the BC Manager will now take part in the quarterly performance dashboard meetings so assurance can be given by department leads on BC resilience.

This years TEG approved training plan is underway for Commanders and some frontline staff. The programme is being supplemented by e-learning packages which include continuation of the e-learning triage course, incidents at Airports (online 2nd quarter), and working on railway network (on-line 3rd quarter).

The Associate Director and Head of Resilience have been asked to assist the HPA in developing a national NDM e-learning package for all NHS commanders.

YAS activated its Major Incident Plan for a RTC on the M62 Normanton. 25 casualties were reported some critical with one fatality. Patients were transported to hospitals in the Northern Region. Mutual aid was received from EMAS and NWAS in the form of air ambulances.

CONTRACTUAL COMPLIANCE 2012 - 13 - 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. Improving the experience and outcomes for patients residing in rural locations	30.00%	£1,168,785	GREEN												
2. Development of alternatives to reduce conveyance to A&E departments	15.00%	£584,393	GREEN												
3. Improving the quality of care and support for people with dementia	12.50%	£486,994	GREEN												
4. Self Care - Improving patient safety	17.50%	£681,791	GREEN												
5. Raising awareness to support ambulance demand management	25.00%	£116,879	GREEN												
TOTAL	100.00%	£3,038,842													

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

Comments
Amber due to not receiving the quarter one payment.

Total Demand

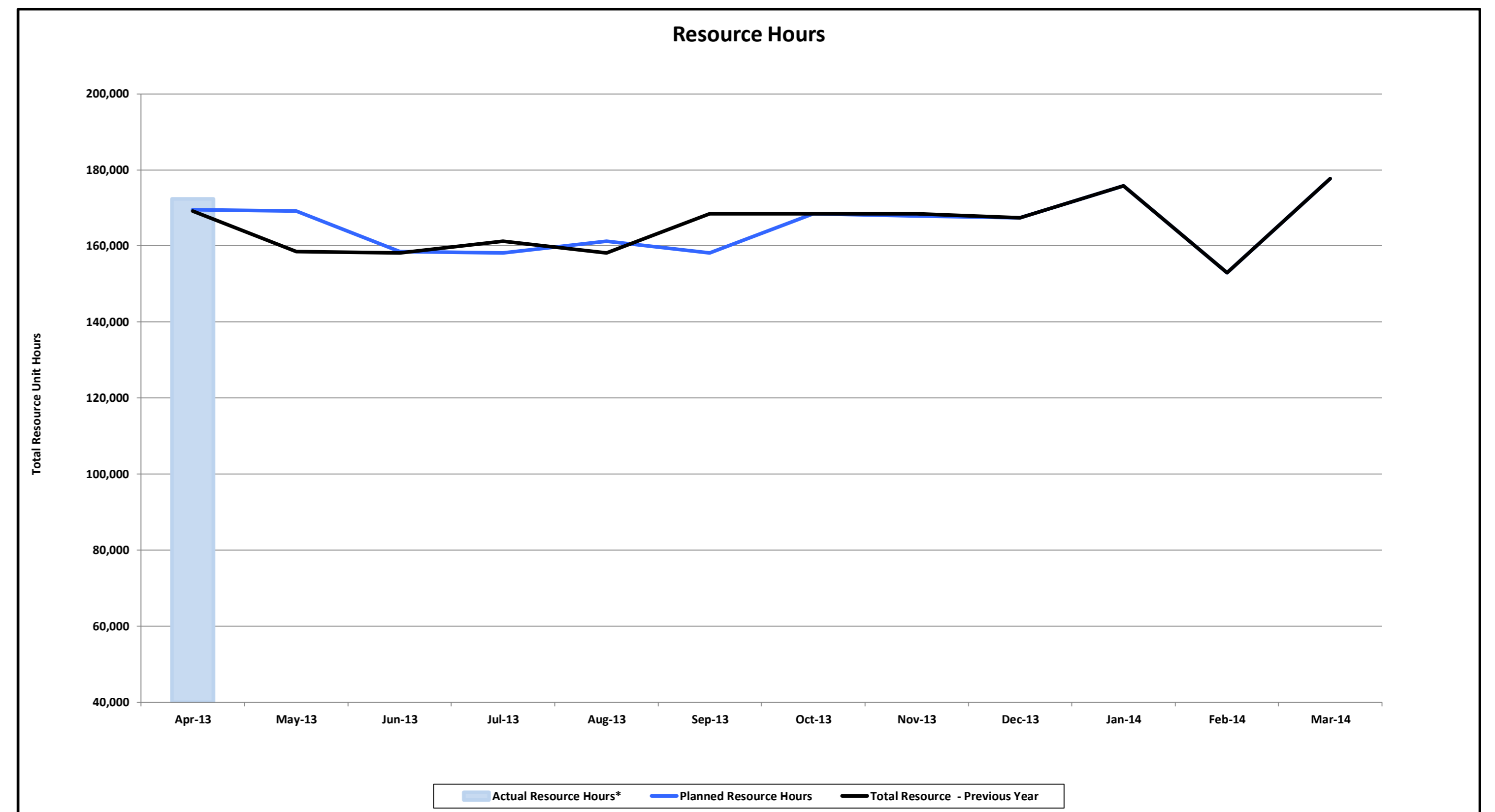
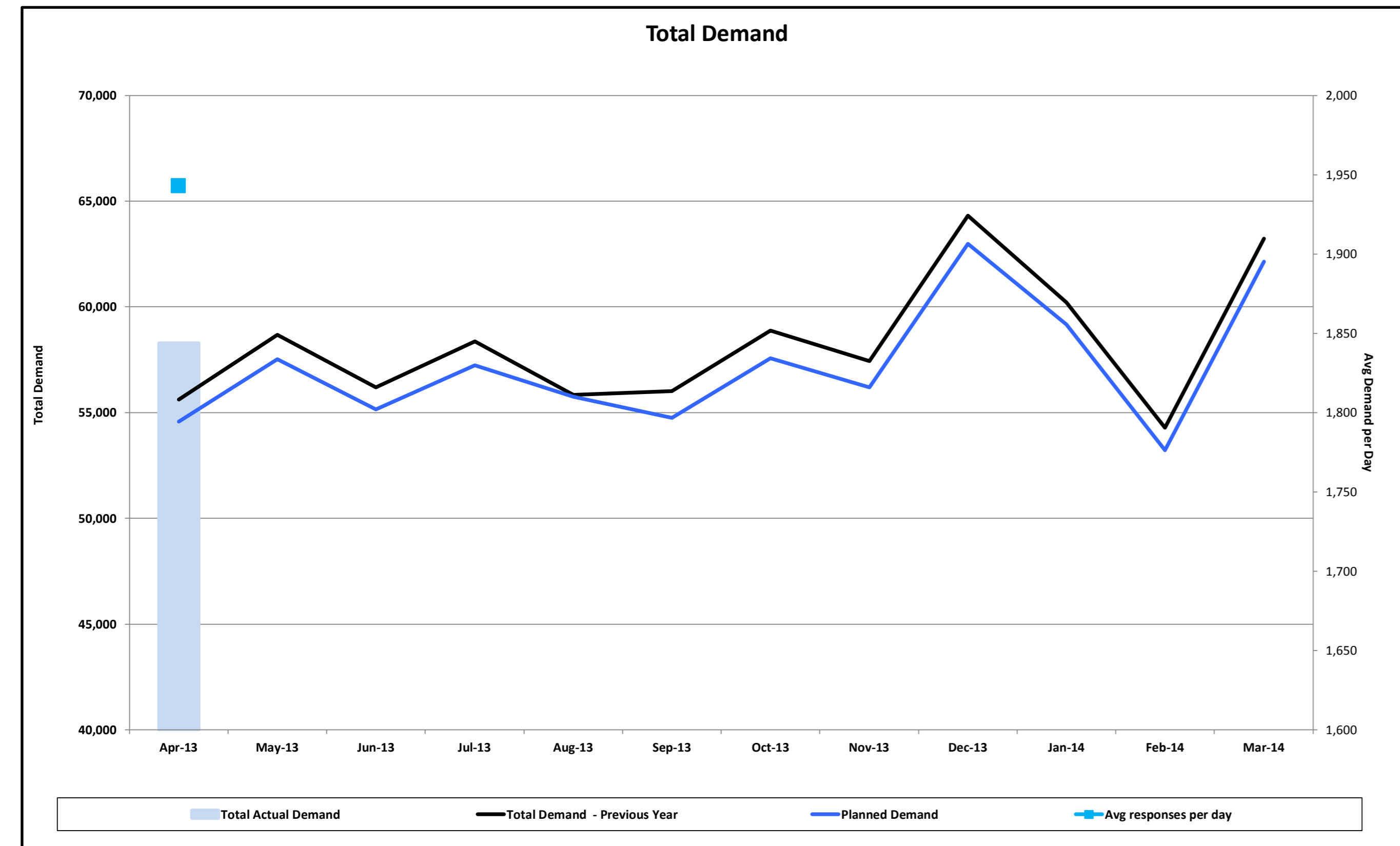
OBJ REF 3

YTD RAG	AMBER
MTD RAG	AMBER

Resource Hours

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Planned Demand	54,570	57,520	55,155	57,239	55,752	54,744	57,578	56,188	62,987	59,157	53,223	62,133
Total Actual Demand	58,291											
% Variance to Planned (Current Year)	6.8%											
Avg responses per day	1,943											
Total Demand - Previous Year	55,624	58,677	56,185	58,373	55,830	56,024	58,876	57,433	64,315	60,214	54,277	63,233
% Variance Current Year to Last Year	4.8%											

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Planned Resource Hours	TOTAL	169,500	169,225	158,567	158,133	161,251	158,156	168,429	167,878	167,423	175,807	152,959	177,679
Actual Resource Hours*	TOTAL	172,362											
	DCA	96,078											
	RRV	63,289											
Avg Total Resource Hours per day	ALL	5,745											
Total Resource - Previous Year	TOTAL	169,225	158,567	158,133	161,251	158,156	168,429	168,474	168,474	167,423	175,807	152,959	177,679

PLEASE NOTE: Planned demand is based on last years outturn at response level (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. This includes ECP's, Out of Areas and NHSD passbacks but excludes Embrace. Total demand is not all emergency calls.

* 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

Category Red 1 - 8 Minute Performance HQU03_01

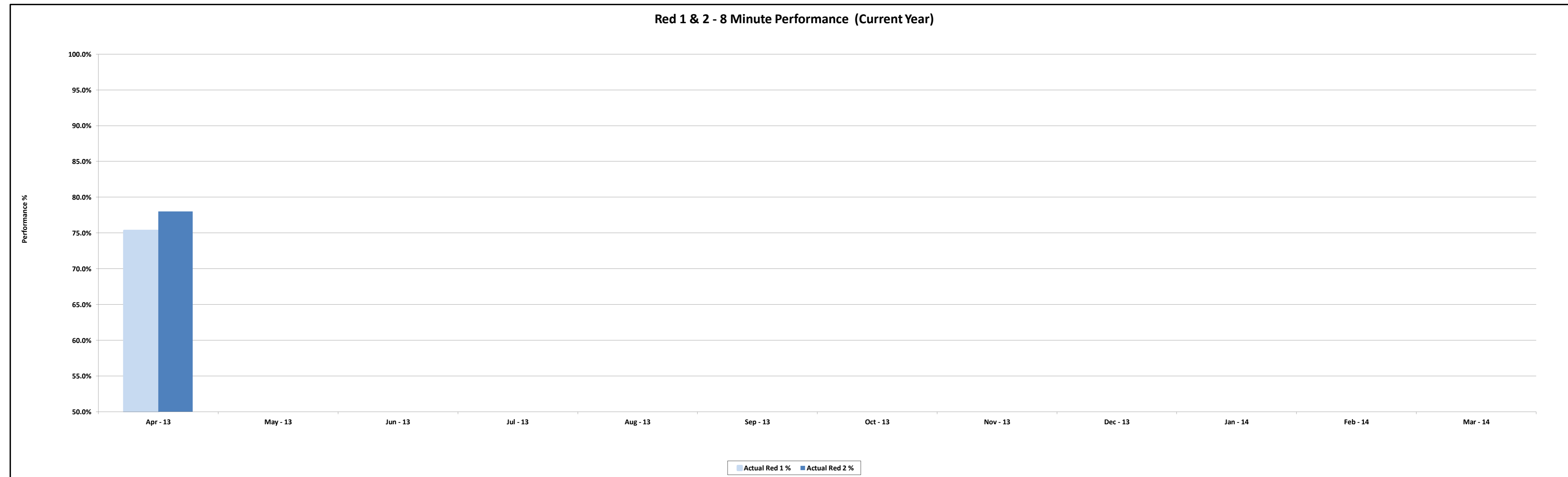
OBJ REF 3

YTD RAG GREEN
MTD RAG GREEN

Category Red 2 - 8 Minute Performance HQU03_01

OBJ REF 3

YTD RAG GREEN
MTD RAG GREEN



RED 1 EWI		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 1 %	Current Year	75.3%												75.3%
	Previous Year	77.3%	77.1%	74.6%	73.4%	73.1%	73.1%	72.1%	72.4%	64.9%	70.2%	70.9%	73.9%	72.5%
% Variance Current Year to Last Year		-2.6%												3.9%
National Average														

RED 2 EWI		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 2 %	Current Year	78.0%												78.0%
	Previous Year	77.5%	77.2%	80.5%	76.3%	76.5%	75.8%	75.6%	76.4%	68.8%	73.8%	74.1%	75.5%	75.5%
% Variance Current Year to Last Year		0.6%												3.3%
National Average														

RED 1 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	76.9%												76.9%
	Previous Year	81.2%	76.4%	77.5%	76.5%	72.1%	77.8%	73.6%	77.0%	64.4%	72.4%	69.7%	72.4%	73.9%
	% Variance	-5.3%												4.1%
Leeds & Bradford	Current Year	73.9%												73.9%
	Previous Year	78.6%	80.5%	73.6%	73.7%	71.8%	76.2%	71.0%	71.3%	62.7%	69.7%	75.8%	74.1%	72.9%
	% Variance	-6.0%												1.4%
North Yorkshire	Current Year	66.1%												66.1%
	Previous Year	74.4%	66.7%	64.8%	72.1%	71.9%	63.4%	69.4%	71.9%	67.5%	66.0%	64.6%	65.6%	68.1%
	% Variance	-11.1%												-2.9%
The Humber	Current Year	82.1%												82.1%
	Previous Year	81.4%	81.7%	75.1%	75.8%	74.8%	69.3%	75.0%	73.8%	68.4%	73.9%	77.6%	81.7%	75.5%
	% Variance	0.9%												8.7%
South Yorkshire	Current Year	77.4%												77.4%
	Previous Year	73.4%	77.8%	79.3%	71.1%	75.0%	74.7%	72.4%	70.6%	66.0%	70.7%	67.8%	76.1%	72.8%
	% Variance	5.5%												6.3%

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

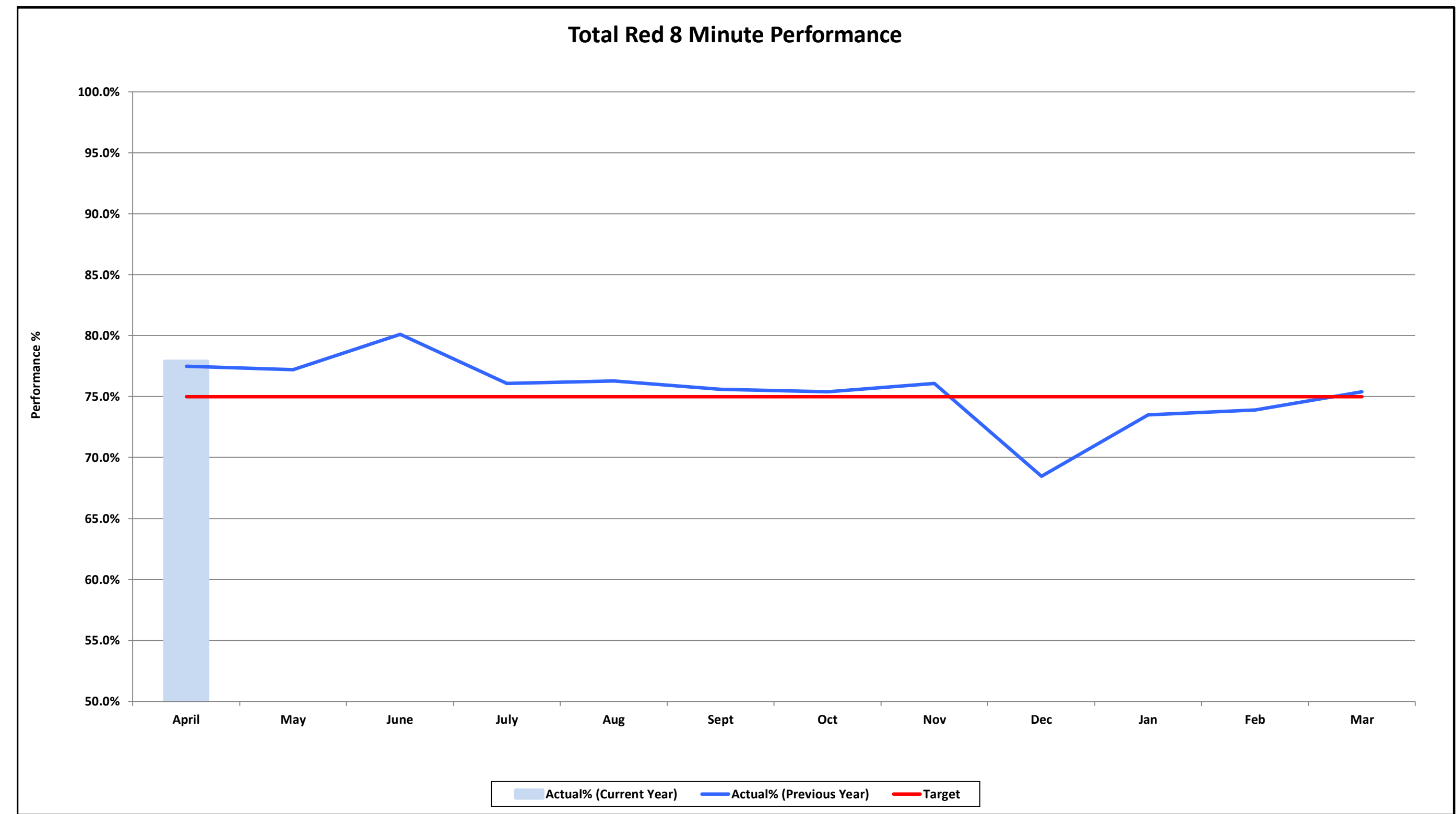
RED 2 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.9%												79.9%
	Previous Year	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	76.8%	67.5%	75.2%	77.0%	76.1%	76.0%
	% Variance	2.9%												5.1%
Leeds & Bradford	Current Year	77.3%												77.3%
	Previous Year	77.2%	77.0%	79.4%	77.2%	77.6%	75.3%	75.0%	75.9%	67.3%	74.4%	72.0%	75.4%	75.2%
	% Variance	0.1%												2.8%
North Yorkshire	Current Year	73.1%												73.1%
	Previous Year	74.0%	71.7%	74.9%	71.1%	71.8%	69.6%	73.6%	73.7%	68.0%	70.3%	71.8%	71.9%	71.8%
	% Variance	-1.2%												1.8%
The Humber	Current Year	82.9%												82.9%
	Previous Year	79.8%	80.9%	83.8%	81.5%	79.1%	79.5%	79.7%	81.2%	79.2%	77.9%	79.8%	79.8%	80.1%
	% Variance	3.8%												3.5%
South Yorkshire	Current Year	78.0%												78.0%
	Previous Year	78.7%	78.3%	81.9%	76.2%	76.7%	77.2%	76.1%	76.2%	67.7%	72.2%	73.2%	75.4%	75.7%
	% Variance	-0.8%												3.0%

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

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

YTD RAG GREEN
MTD RAG GREEN



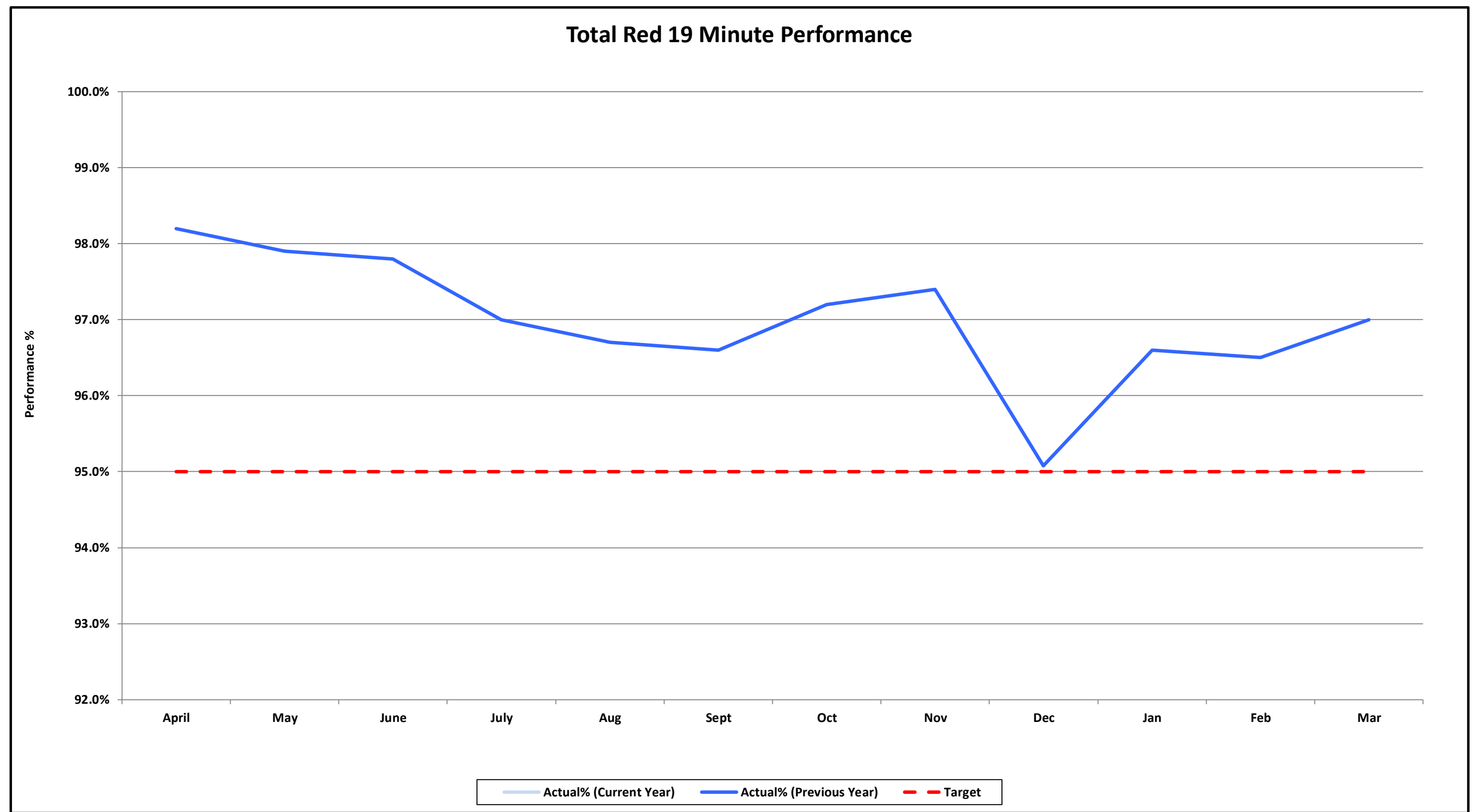
RED 8	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual% (Current Year)	77.9%												77.9%
Actual% (Previous Year)	77.5%	77.2%	80.1%	76.1%	76.3%	75.6%	75.4%	76.1%	68.5%	73.5%	73.9%	75.4%	75.3%
% Variance Current Year to Last Year	0.5%												3.5%

RED 8 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.8%												79.8%
	Previous Year	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	76.8%	67.2%	75.0%	76.4%	75.8%	75.9%
	% Variance	2.3%												5.1%
Leeds & Bradford	Current Year	77.1%												77.1%
	Previous Year	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	75.5%	67.0%	74.1%	72.2%	75.3%	75.0%
	% Variance	-0.3%												2.8%
North Yorkshire	Current Year	72.6%												72.6%
	Previous Year	72.1%	74.1%	74.2%	71.1%	71.8%	69.2%	73.3%	73.6%	68.0%	70.0%	71.2%	71.5%	71.5%
	% Variance	0.7%												1.5%
The Humber	Current Year	82.8%												82.8%
	Previous Year	79.9%	81.0%	83.2%	81.1%	78.8%	78.7%	79.5%	80.6%	78.4%	77.7%	79.6%	79.9%	79.8%
	% Variance	3.6%												3.8%
South Yorkshire	Current Year	78.0%												78.0%
	Previous Year	78.4%	78.2%	81.7%	75.8%	76.5%	77.0%	75.9%	75.8%	67.6%	72.1%	72.9%	75.5%	75.5%
	% Variance	-0.5%												3.3%

Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

YTD RAG GREEN
MTD RAG GREEN



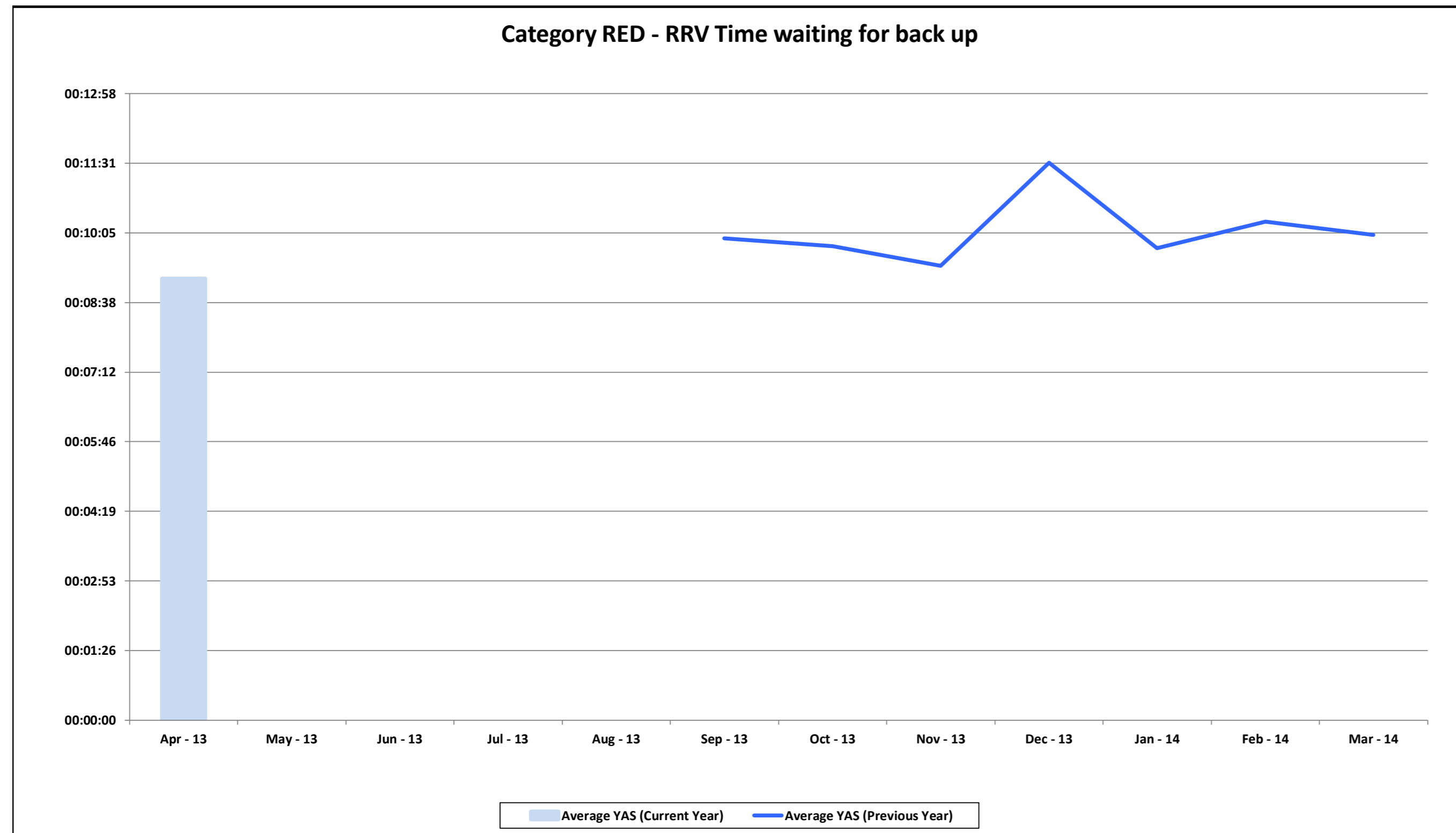
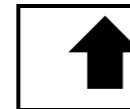
RED 19	EWI	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual% (Current Year)		97.6%												97.6%
Actual% (Previous Year)		98.2%	97.9%	97.8%	97.0%	96.7%	96.6%	97.2%	97.4%	95.1%	96.6%	96.5%	97.0%	97.0%
% Variance Current Year to Last Year		-0.6%												0.6%
National Average														

RED 19 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	98.5%												98.5%
	Previous Year	98.9%	98.4%	98.7%	98.2%	97.8%	97.7%	97.4%	97.6%	95.0%	97.3%	97.6%	97.6%	97.6%
	% Variance	-0.5%												0.9%
Leeds & Bradford	Current Year	98.1%												98.1%
	Previous Year	98.7%	98.5%	98.5%	97.9%	98.1%	97.7%	98.2%	97.9%	96.1%	97.8%	97.4%	98.0%	97.9%
	% Variance	-0.6%												0.2%
North Yorkshire	Current Year	94.8%												94.8%
	Previous Year	95.2%	94.5%	93.9%	93.7%	92.4%	91.8%	94.0%	94.3%	91.1%	92.7%	92.7%	92.4%	93.2%
	% Variance	-0.5%												1.7%
The Humber	Current Year	96.4%												96.4%
	Previous Year	97.5%	97.6%	97.1%	95.7%	95.4%	95.6%	96.4%	96.8%	94.5%	95.0%	95.1%	95.4%	96.0%
	% Variance	-1.2%												0.4%
South Yorkshire	Current Year	98.4%												98.4%
	Previous Year	99.0%	98.9%	98.5%	97.6%	97.5%	97.7%	98.1%	98.4%	96.2%	97.5%	97.3%	98.4%	97.9%
	% Variance	-0.6%												0.5%

Category RED - RRV Time waiting for back up

OBJ REF 3

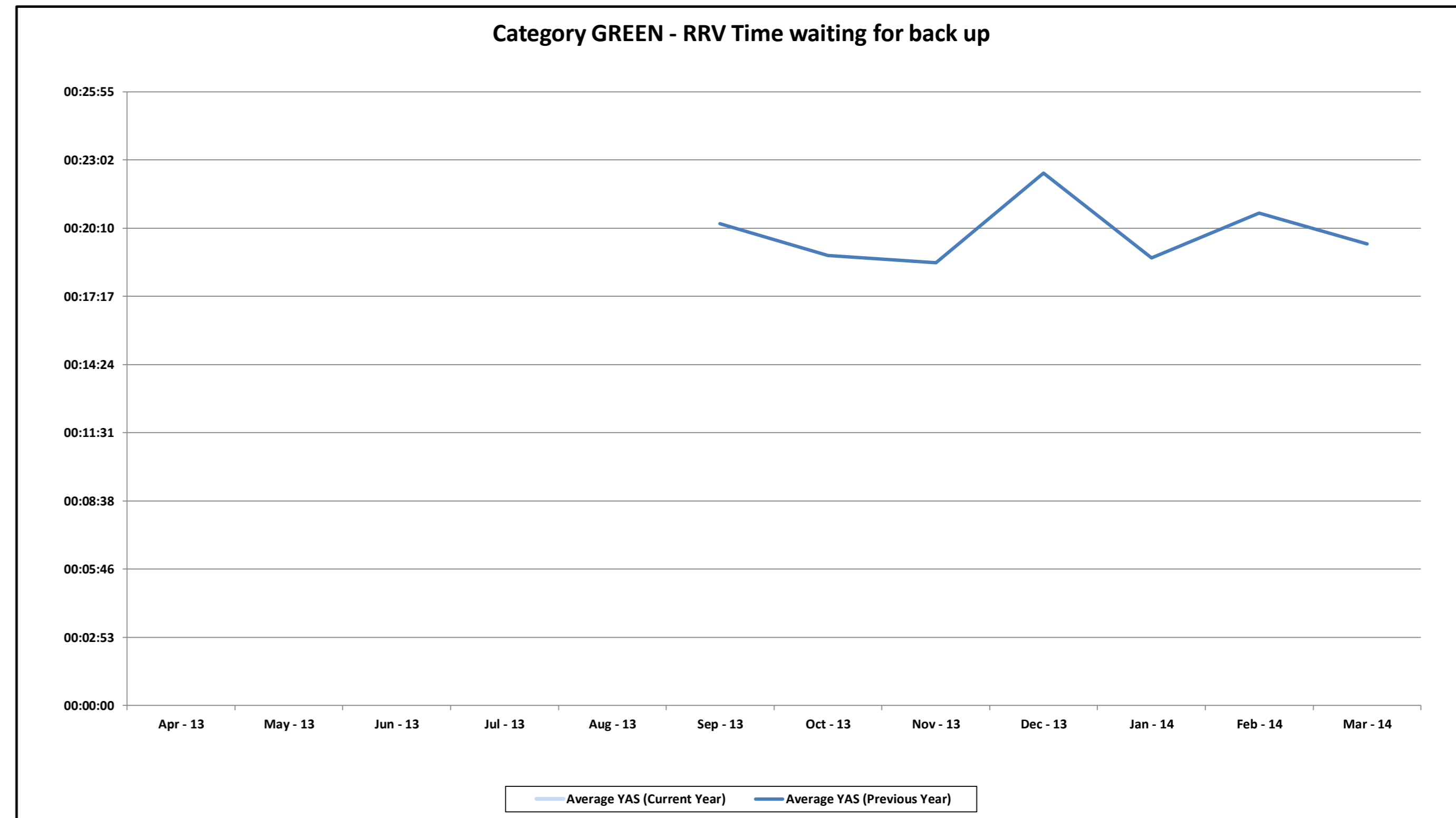
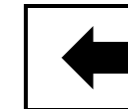
YTD RAG	N/A
MTD RAG	N/A



Category GREEN - RRV Time waiting for back up

OBJ REF 3

YTD RAG	N/A
MTD RAG	N/A



RED - YAS	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Target (Average)	TBC											
Average YAS (Current Year)	00:09:08											
95th Percentile YAS (Current Year)	00:28:07											
Average YAS (Previous Year)						00:09:58	00:09:48	00:09:24	00:11:32	00:09:46	00:10:19	00:10:02
95th Percentile YAS (Previous Year)						00:28:48	00:28:15	00:27:05	00:33:47	00:28:47	00:30:57	00:30:09

GREEN - YAS	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	
Target (Average)	TBC												
Average YAS (Current Year)	00:18:31												
95th Percentile YAS (Current Year)	00:49:32												
Average YAS (Previous Year)							00:20:21	00:19:01	00:18:42	00:22:29	00:18:54	00:20:48	00:19:30
95th Percentile YAS (Previous Year)							00:55:53	00:51:16	00:51:57	01:00:07	00:51:43	00:55:06	00:52:52

Average RED by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Calderdale, Kirklees & Wakefield	Current Year	00:09:11											
	Previous Year						00:10:09	00:10:14	00:09:34	00:11:47	00:09:30	00:10:09	00:10:42
Leeds & Bradford	Current Year	00:09:33											
	Previous Year						00:09:47	00:10:09	00:09:30	00:11:54	00:09:24	00:10:43	00:10:30
North Yorkshire	Current Year	00:07:28											
	Previous Year						00:08:03	00:07:36	00:07:40	00:08:42	00:08:03	00:08:08	00:08:01
The Humber	Current Year	00:06:38											
	Previous Year						00:07:17	00:07:07	00:08:00	00:07:34	00:08:07	00:07:31	00:06:53
South Yorkshire	Current Year	00:10:09											
	Previous Year						00:11:27	00:10:41	00:10:40	00:13:23	00:11:39	00:11:54	00:10:54

Average GREEN by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Calderdale, Kirklees & Wakefield	Current Year	00:19:22											
	Previous Year							00:20:21	00:19:22	00:18:31	00:22:31	00:18:55	00:20:22
Leeds & Bradford	Current Year	00:19:45											
	Previous Year							00:20:52	00:20:25	00:20:03	00:23:26	00:18:12	00:22:07
North Yorkshire	Current Year	00:12:38											
	Previous Year							00:13:05	00:12:36	00:11:36	00:15:16	00:13:09	00:14:21
The Humber	Current Year	00:13:18											
	Previous Year							00:15:13	00:12:54	00:11:46	00:13:42	00:15:18	00:14:59
South Yorkshire	Current Year	00:20:50											
	Previous Year							01:03:29	00:54:26	00:57:09	01:07:43	01:00:05	01:03:40

A&E Operational Delivery Model

OBJ REF

3

	Item	Apr-12	Apr-13	May-12	May-13	Jun-12	Jun-13	Jul-12	Jul-13	Aug-12	Aug-13	Sep-12	Sep-13	Oct-12	Oct-13	Nov-12	Nov-13	Dec-12	Dec-13	Jan-13	Jan-14	Feb-13	Feb-14	Mar-13	Mar-14
Demand	Plan Demand (SLA Responses)	51,222	54,570	54,782		52,867		54,188		52,745		52,065		55,598		53,840		62,592		57,650		49,973		55,638	
	Actual Demand (SLA Responses)	54,604	58,291	57,580		55,222		57,312		55,830		54,794		57,607		56,239		63,034		59,224		53,266		62,221	
	% Variance	6.6%	6.8%	5.1%		4.5%		5.8%		5.8%		5.2%		3.6%		4.5%		0.7%		2.7%		6.6%		11.8%	
	Contract Value over performance attributed to A&E	£477,898	£442,207	£374,563		£298,687		£429,923		£453,190		£372,547		£214,168		£351,130		£21,784		£166,634		£447,292		£1,031,308	
Job Cycle	Target Job Cycle (in seconds)(RED only)		00:58:50																						
	Actual Job Cycle (in seconds)(RED only)	00:58:50	01:01:09	00:59:11		00:59:08		01:00:15		00:59:52		01:01:00		01:00:53		01:00:40		01:03:41		01:02:19		01:02:39		01:02:49	
Performance	Actual Resource (Vehicle hours)	166,046	172,362	169,225		158,567		158,133		161,251		158,156		168,429		167,878		167,423		175,807		152,959		177,679	
	Planned Staff (Establishment) FTE	2,108	2,106	2,103	2,106	2,102	2,106	2,102	2,106	2,102	2,106	2,102	2,106	2,102	2,106	2,102	2,106	2,102	2,106	2,102	2,106	2,102	2,106	2,102	2,106
	Actual StaffFTE	2,031	2,048	2,022		2,025		2,015		2,012		2,010		2,014		2,019		2,026		2,042		2,050		2,053	
	Actual Overtime (Staff Hours)	35,987	24,674	33,023		34,163		23,281		24,706		25,101		28,415		26,833		24,694		25,426		24,590		31,511	
	Front line staff overspend / (underspend) after overtrade has been applied	(£69,102)	(£24,538)	(£53,068)		£140,949		(£222,746)		(£146,737)		(£70,059)		£20,078		£118,808		£589,953		£669,317		£344,053		(£61,963)	
	Planned Abstractions %	30.0%	30.0%	31.0%		32.0%		32.0%		32.0%		30.0%		31.0%		30.0%		29.0%		29.0%		31.0%		31.0%	
	Actual Abstractions %	29.5%	28.5%	32.3%		32.5%		31.3%		32.4%		32.0%		29.3%		27.4%		29.8%		26.2%		30.1%		28.6%	
	UHU (Unit Hour Utilisation)	0.34	0.35	0.36		0.36		0.38		0.36		0.36		0.36		0.32		0.39		0.37		0.36		0.36	
Performance	*Planned Performance %	77.0%	75.0%	77.0%		77.5%		76.5%		75.3%		77.0%		76.5%		76.0%		75.2%		75.3%		75.3%		76.0%	
	Actual Performance %	78.3%	77.9%	77.2%		80.1%		76.1%		76.3%		75.6%		75.4%		76.1%		68.5%		73.5%		73.9%		75.4%	

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

Comments

Despite an increase in demand all national targets were achieved. This included RED1 which was achieved for the first time in YAS since the clock start changes introduced in June 2012.

A&E Operational Delivery Model

OBJ REF 3

	Item	Apr-12	Apr-13	May-12	May-13	Jun-12	Jun-13	Jul-12	Jul-13	Aug-12	Aug-13	Sep-12	Sep-13	Oct-12	Oct-13	Nov-12	Nov-13	Dec-12	Dec-13	Jan-13	Jan-14	Feb-13	Feb-14	Mar-13	Mar-14	
Resource	Clinical Hub/ NHSD Calls	Total Planned number of calls (Clinical Hub/NHSD)	1911	2965	2,093		2,113		2,262		2,249		2,312		2,568		2,535		3,058		2,919		2,575		2,965	
		Total Actual number of calls (Clinical Hub/NHSD)	2,367	2,376	1,871		2,479		2,504		2,271		2,080		2,467		2,035		2,951		2,817		2,620		2,872	
		Total Planned %	4.2%	6.0%	4.3%		4.5%		4.7%		4.8%		5.0%		5.2%		5.3%		5.5%		5.7%		5.8%		6.0%	
		Total Actual %	4.9%	4.9%	4.0%		5.0%		5.1%		4.7%		4.3%		5.0%		4.1%		5.3%		5.6%		6.1%		5.6%	
		Total Number of calls closed by Clinical Hub	479	904	553		489		520		413		475		653		1,077		1,670		1,118		1,007		1,079	
		Total Number of calls closed by NHS Direct	1,888	1,472	2,029		1,990		1,984		1,858		1,605		1,814		958		1,281		1,699		1,613		1,793	

Comments

In April 4.9% of incidents were closed without an ambulance, which is the same amount that was closed in April 2012. The Clinical Hub closed over 904 incidents in April, which is a slight reduction from March. This can be attributed to the hub not being able to refer patients in the West CBU to the OOH service since the introduction of 111. The hub saw 60% reduction in the amount of calls sent to the OOH provider. The hub closed double the amount of incidents in April 13 compared to April 12, which otherwise may have resulted in ambulance attendance and there has been an increase in over 50% of calls resolved within the Clinical Hub from this time last year.


Incident Green & Routine Demand and Performance by PCT and CLUSTER (Vehicle Allocation)

April 2013	Category G1 Responses		Category G2 Responses		Category G3 Responses		Category G4 Responses	Routine
	No. Of Incs	% in 20 Mins	No. Of Incs	% in 30 Mins	No. Of Incs	% in 30 Mins	No. Of Incs	No. Of Incs
VALE OF YORK CCG	205	82.9%	776	94.6%	83	94.0%	847	20
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	87	82.8%	323	94.7%	41	80.5%	404	2
HARROGATE & RURAL CCG	92	81.5%	335	95.5%	30	93.3%	403	2
SCARBOROUGH & RYEDALE CCG	76	86.8%	343	94.8%	35	94.3%	404	1
NORTH YORKSHIRE CBU	460	83.3%	1777	94.6%	189	94.0%	2058	25
ERY CCG	187	81.3%	787	94.0%	73	79.5%	998	2
HULL CCG	199	86.9%	879	95.7%	134	91.0%	997	59
EAST YORKSHIRE CBU	386	84.2%	1666	94.9%	207	87.0%	1995	61
WAKEFIELD CCG	239	80.8%	997	94.9%	90	80.0%	1193	55
CALDERDALE CCG	174	82.2%	678	89.8%	57	82.5%	757	68
GREATER HUDDERSFIELD CCG	169	79.3%	693	90.6%	56	83.9%	685	61
NORTH KIRKLEES CCG	126	82.5%	488	94.1%	34	85.3%	510	34
CALD / KIRK & WAKEFIELD CBU	708	81.1%	2856	92.5%	237	82.3%	3145	218
LEEDS NORTH CCG	131	78.6%	548	89.6%	29	86.2%	535	2
LEEDS SOUTH & EAST CCG	222	86.5%	995	93.3%	111	82.0%	1024	13
LEEDS WEST CCG	193	83.9%	1113	91.3%	85	88.2%	862	4
BRADFORD CITY CCG	85	94.1%	402	90.0%	49	83.7%	271	0
BRADFORD DISTRICTS CCG	234	78.6%	954	86.5%	78	82.1%	853	16
AIREDALE, WHARFEDAILE & CRAVEN CCG	115	81.7%	452	86.9%	36	77.8%	432	14
LEEDS, BRADFORD & AIREDALE CBU	980	83.2%	4464	89.9%	388	83.5%	3977	49
BARNSELY CCG	199	78.9%	688	93.9%	64	82.8%	772	7
DONCASTER CCG	260	83.5%	912	94.7%	100	78.0%	942	95
ROTHERHAM CCG	164	79.9%	735	92.1%	86	77.9%	853	11
SHEFFIELD CCG	366	80.3%	1614	91.4%	182	78.1%	1979	19
SOUTH YORKSHIRE CBU	989	80.7%	3949	92.7%	432	78.7%	4546	132
PCT TOTAL	3523	82.2%	14712	92.3%	1453	83.3%	15721	485
ECP	34		145		19		381	0
OOA/UNKNOWN	23	87.0%	71	85.9%	11	72.7%	35	3
YORKSHIRE AMBULANCE SERVICE	3580	82.2%	14928	92.3%	1483	83.2%	16137	488

Year to Date	Category G1 Responses		Category G2 Responses		Category G3 Responses		Category G4 Responses	Routine
	No. Of Incs	% in 20 Mins	No. Of Incs	% in 30 Mins	No. Of Incs	% in 30 Mins	No. Of Incs	No. Of Incs
VALE OF YORK CCG	205	82.9%	776	94.6%	83	94.0%	847	20
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	87	82.8%	323	94.7%	41	80.5%	404	2
HARROGATE & RURAL CCG	92	81.5%	335	95.5%	30	93.3%	403	2
SCARBOROUGH & RYEDALE CCG	76	86.8%	343	94.8%	35	94.3%	404	1
NORTH YORKSHIRE CBU	460	83.3%	1777	94.6%	189	362.1%	2058	25
ERY CCG	187	81.3%	787	94.0%	73	79.5%	998	2
HULL CCG	199	86.9%	879	95.7%	134	91.0%	997	59
EAST YORKSHIRE CBU	386	84.2%	1666	94.9%	207	87.0%	1995	61
WAKEFIELD CCG	239	80.8%	997	94.9%	90	80.0%	1193	55
CALDERDALE CCG	174	82.2%	678	89.8%	57	82.5%	757	68
GREATER HUDDERSFIELD CCG	169	79.3%	693	90.6%	56	83.9%	685	61
NORTH KIRKLEES CCG	126	82.5%	488	94.1%	34	85.3%	510	34
CALD / KIRK & WAKEFIELD CBU	708	81.1%	2856	92.5%	237	82.3%	3145	218
LEEDS NORTH CCG	131	78.6%	548	89.6%	29	86.2%	535	2
LEEDS SOUTH & EAST CCG	222	86.5%	995	93.3%	111	82.0%	1024	13
LEEDS WEST CCG	193	83.9%	1113	91.3%	85	88.2%	862	4
BRADFORD CITY CCG	85	94.1%	402	90.0%	49	83.7%	271	0
BRADFORD DISTRICTS CCG	234	78.6%	954	86.5%	78	82.1%	853	16
AIREDALE, WHARFEDAILE & CRAVEN CCG	115	81.7%	452	86.9%	36	77.8%	432	14
LEEDS, BRADFORD & AIREDALE CBU	980	83.2%	4464	89.9%	388	83.5%	3977	49
BARNSELY CCG	199	78.9%	688	93.9%	64	82.8%	772	7
DONCASTER CCG	260	83.5%	912	94.7%	100	78.0%	942	95
ROTHERHAM CCG	164	79.9%	735	92.1%	86	77.9%	853	11
SHEFFIELD CCG	366	80.3%	1614	91.4%	182	78.1%	1979	19
SOUTH YORKSHIRE CBU	989	80.7%	3949	92.7%	432	78.7%	4546	132
PCT TOTAL	3523	82.2%	14712	92.3%	1453	83.3%	15721	485
ECPs	34		145		19		381	0
OOA/UNKNOWN	23	87.0%	71	85.9%	11	72.7%	35	3
YORKSHIRE AMBULANCE SERVICE	3580	82.2%	14928	92.3%	1483	83.2%	16137	488

Resilience

OBJ REF 4

	YTD RAG	AMBER
	MTD RAG	AMBER

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-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Year End Forecast 12/13	Q4 Forecast
Risk Assessments linked to Civil Contingency Act	AMBER												GREEN	AMBER
Emergency Plans	GREEN												GREEN	GREEN
Business Continuity Plans	AMBER												GREEN	AMBER
Information Provision	GREEN												GREEN	GREEN
Co-operation with other responders	GREEN												GREEN	GREEN
Training	AMBER												GREEN	AMBER

Directors Exceptions on AQL's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	9/12	Time to Answer - 95%	Whilst we remain in the middle third ranking for this target, at an average of 25 seconds, we continue to include all calls within this where other trusts only include emergencies. The new team structure is now in place and work continues to apply accountability and improve communication around performance targets to deliver the required standard. The true benefit of the team structure will be seen once the EMD pool is up to full establishment to meet the 95% in 5 second standard.	Emergency Operation Centre Locality	13/14
2.7	11/12	Time to Answer - 99%	Whilst we remain in the middle third ranking for this target, at an average of 25 seconds, we continue to include all calls within this where other trusts only include emergencies. The new team structure is now in place and work continues to apply accountability and improve communication around performance targets to deliver the required standard. The true benefit of the team structure will be seen once the EMD pool is up to full establishment to meet the 95% in 5 second standard.	Emergency Operation Centre Locality	13/14
2.7	11/12	Abandoned calls	We also remain in the bottom third ranking for abandoned calls, at an average of 2.46%, we continue to include all calls within his where other trusts only include emergencies. If we only included emergency calls our performance for March would have been 0.7%, 4th in the ranking. The new team structure is now in place and work continues to apply accountability and improve communication around performance targets. The true benefit of the team structure will be seen once the EMD pool is up to full establishment.	Emergency Operation Centre Locality	13/14
2.7	9/9	Cat Red 8 minute response - RED 1	Ongoing Plans in place for both RED 1 & 2 to improve performance, against a rising demand profile. RED 1 Plan implemented - improvement noted - 75.2% in April	Deputy Director of Operations	13/14
2.7	5/9	Cat Red 8 minute response - RED 2	Ongoing plans in place for both Red 1 & 2 to improve performance, against a rising demand profile.	Deputy Director of Operations	13/14
2.7	12/12	Resolved by telephone	The clinical hub closed over 1000 incidents in March, for the 5th consecutive month, which otherwise may have resulted in ambulance attendance and there has been an increase in over 50% of calls resolved within the Clinical Hub from this time last year.	Emergency Operation Centre Locality	13/14
2.7	11/12	Non A&E		Designated Project Team from all directorates	13/14
2.7	11/12	Recontact 24hrs Telephone	YAS recontact rates have reduced significantly in March due to implementation of the Health Care Professional Module on the CAD. Our position in 2013/14 will be much improved.	Deputy Director of Operations	13/14
2.7	11/12	Recontact 24hrs on Scene	This is being assessed as part of the Right Care Group	Deputy Director of Operations	13/14
2.7	9/9	Stroke - Care	Ranked 8th with performance of 94.6% but very little inter-trust variability. Improvement in Stroke care ACQI is a Trust key objective for 13/14.	Head of Clinical Effectiveness / Lead Paramedic for Clinical Development	13/14
2.7	1/9	STEMI - 60	This needs to be removed from the exception report as the result is not applicable to YAS practice.	Executive Medical Director	13/14
2.7	8/9	STEMI - 150	Continued issues with inaccurate and incomplete MINAP data submitted by acute trusts but being addressed by monthly attendance at regional cardiac network meetings providing two way feedback on performance.	Head of Clinical Effectiveness	13/14
2.7	8/9	ROSC	Small numbers of patients will produce inter-month variability that is not significant. The Trust is concentrating on improving resuscitation outcomes which is best measured by Survival to Discharge data.	Executive Medical Director	13/14

Comments

Top Third

Time to Answer - 50%
 95 Percentile Red 1 only Response Time
 Cat Red 19 minute response
 Time to Treat - 50%
 Time to Treat - 95%
 Time to Treat - 99%
 Frequent caller **
 Stroke - 60
 Cardiac - STD Utstein
 Cardiac - STD

Middle Third

Time to Answer - 95%
 STEMI - Care
 Stroke - Care
 STEMI - 60
 ROSC - Utstein
 Time to Answer - 99%
 Resolved by telephone
 Cat Red 8 minute response - RED 2

Bottom Third

STEMI - 150
 Abandoned calls
 Cat Red 8 minute response - RED 1
 ROSC
 Non A&E
 Recontact 24hrs Telephone
 Recontact 24hrs on Scene

Ambulance Quality Indicators - National Figures - Year to Date

OBJ REF

1.2

Ambulance Quality Indicator	Units	East Midlands	East of England	Great Western	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	00:02	00:01	00:02	00:01	00:00	00:01	00:01	00:03	00:03	00:02	00:01	00:01	3rd	March
Time to Answer - 95% EWI	mm:ss	00:28	00:10	00:07	00:04	00:07	00:20	00:09	00:45	00:46	00:22	00:07	00:25	8th	March
Time to Answer - 99%	mm:ss	01:16	01:59	00:43	00:13	00:51	00:58	00:38	01:48	01:27	01:07	00:49	01:31	8th	March
Abandoned calls EWI	%	0.88	0.65	0.61	1.56	0.11	2.19	2.88	2.20	3.27	1.17	0.94	2.35	9th	March
Cat Red 8 minute response - RED 1	%	70.0	74.2	75.3	78.7	77.7	76.6	73.5	78.2	75.1	73.0	78.9	71.7	10th	March
Cat Red 8 minute response - RED 2	%	75.5	72.8	76.9	76.6	76.3	76.5	76.6	75.2	75.1	75.9	75.5	75.2	8th	March
95 Percentile Red 1 only Response Time	%	16:08	14:49	13:55	11:02	16:13	12:28	14:57	14:44	14:40	15:15	12:30	14:09	4th	March
Cat Red 19 minute response	%	91.9	93.5	95.7	97.4	98.2	97.0	95.1	95.0	97.3	95.4	97.3	97.0	4th	March
Time to Treat - 50% EWI	mm:ss	06:23	04:59	05:38	06:08	05:49	05:56	05:25	06:05	05:40	05:35	05:57	05:25	2nd	March
Time to Treat - 95%	mm:ss	21:51	18:42	14:44	17:44	14:10	16:57	16:16	18:48	17:41	19:11	15:43	13:50	1st	March
Time to Treat - 99%	mm:ss	37:30	29:06	22:07	24:33	22:23	26:52	34:59	32:29	27:30	30:34	24:21	20:56	1st	March
STEMI - Care	%	75.3	83.2	94.1	88.2	67.3	84.7	83.1	68.5	77.4	82.9	72.4	78.8	6th	December
Stroke - Care	%	96.0	95.7	100.0	93.7	94.1	97.2	99.0	97.0	90.7	95.5	94.6	94.6	8th	December
Frequent caller *	%	0.18	0.02	0.0	0.57	2.48	0.0	0.0	7.87	0.0	0.0	0.0	1.97	3rd	March
Resolved by telephone	%	7.0	6.7	7.2	8.2	5.9	4.0	3.5	4.9	9.7	6.4	6.6	4.9	8th	March
Non A&E	%	33.0	45.9	47.8	44.9	31.3	30.7	22.6	41.2	41.3	51.2	35.9	25.5	10th	March
STEMI - 60**	%	53.3	-	-	57.1	0.0	-	50.9	-	-	44.0	30.0	6.7	7th	December
STEMI - 150	%	93.8	91.9	89.9	57.1	91.7	90.2	87.1	89.9	88.0	82.4	84.0	82.5	10th	December
Stroke - 60	%	48.2	47.6	61.9	68.1	67.8	78.5	79.9	49.0	61.6	53.9	64.2	64.8	4th	December
ROSC	%	17.5	21.7	26.4	23.6	30.9	24.6	26.7	35.8	25.1	25.0	27.6	21.4	10th	December
ROSC - Utstein	%	40.2	52.6	55.3	37.5	54.9	49.4	45.3	49.5	45.9	40.1	40.6	46.0	6th	December
Cardiac - STD	%	7.8	6.0	10.8	4.2	8.0	6.1	7.5	15.0	6.1	8.8	7.0	8.0	4th	December
Cardiac - STD Utstein	%	11.6	24.3	31.9	42.9	27.3	25.1	19.9	20.7	16.7	22.4	13.7	28.1	2nd	December
Recontact 24hrs Telephone EWI	%	3.4	15.4	10.9	2.6	2.9	15.8	31.2	18.7	13.0	15.6	14.8	19.7	10th	March
Recontact 24hrs on Scene EWI	%	6.3	7.7	4.0	2.4	5.4	5.0	6.4	7.0	4.7	6.6	5.2	8.5	11th	March

*Only 6 Trusts manage Frequent Callers

** Only 7 Trusts measure Stemi in 60 minutes



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	2.11	1/1	West	% of patients to depart within 60 mins of their booked ready time	This indicator was missed by 0.91%. This represented 117 journeys out of a total of over 9900. This is a considerable improvement on the March position where this represented 643 patients and is one of the bests months performance of the year.	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.11	1/1	West	% of patients to depart within 120 mins of their ready time	This is a 100% indicator. Although April breached, this was an improvement of the previous months position by 79 patients. The breaches appear to be occurring consistently across all the PCTs within the consortia therefore this leads to a planning / resourcing issue which is being looked at in area.	Associate Director of Operations (PTS)	Q2	AMBER
RED	2.11	1/1	West	% of patients to depart within 60 mins of ready time RENAL	Although 42 patients breached this standard in April this was a considerable improvement on previous months. Actions required are in line with those identified in relation to delay post appointment.	Associate Director of Operations (PTS)	Q3	AMBER
RED	2.11	1/1	West	% of patients arriving more than 60 mins early	These are related to core patient journeys. Again performance is better compared to previous months but is still breaching the standard.	Associate Director of Operations (PTS)	Q2	GREEN
RED	2.11	1/1	West	% of patients to arriving more than 90 minutes early				GREEN
RED	2.11	1/1	West	% of patients to arrive more than 30 mins early RENAL	This is an area of focus for the West Yorkshire team. We have seen a marked increase in renal activity across the year whilst a generic decrease in activity has occurred. This was a feature of the contracting discussions for 2013-14	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.11	1/1	West	0% of patients to arrive more than 60 mins late RENAL	This is a 100% indicator and was breached by 9 patients in April. Validation work is ongoing in relation to this but again this is a considerably better performance than in previous months.	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.12	1/1	East	% of patients to arrive between 31 and 60 mins late	The position has deteriorated on this indicator across the last two months, although the quarterly numbers have been consistent across the last two quarters.	Associate Director of Operations (PTS)	Q2	GREEN
RED	2.12	1/1	East	0% of patients to arrive more than 60 mins late				GREEN
RED	2.12	1/1	East	% of patients to arrive between 31 and 90 mins early	Early arrival is particularly complex within Hull and East Riding due to some of the geography and location of patients in relation to their destination, particularly in the coastal areas.	Associate Director of Operations (PTS)	Q3	AMBER
RED	2.12	1/1	East	0% of patients to arrive more than 60 mins late (Priority Patients)	15 patients breached this standard in April and we are currently reviewing these.	Associate Director of Operations (PTS)	Q1	GREEN
RED	2.12	1/1	East	% of patients to depart between 61 and 120 mins after ready time	In line with other areas, delays post appointment are the greatest area of concern and require specific changes to improve. These are captured within the PTS transformation programme for 2013-14. Rises in the number of 'same day' bookings which we are receiving, particularly through Hull Royal are being investigated and discussions with the commissioners regarding expansion of the existing dedicated discharge service are on-going.	Associate Director of Operations (PTS)	Q3	AMBER
RED	2.12	1/1	East	% of patients to depart more than 120 mins after ready time				
RED	2.12	1/1	East	% of patients to depart between 31 and 60 mins after ready time				
RED	2.12	1/1	East	% of patients to depart more than 60 mins after ready time (Priority Patients)				

Directors Comments on Actual Performance

The key performance indicators in this report are a continuation of those agreed for 2012-13. Although new key performance indicators have been agreed as part of the 2013-14 new contracts, the changes required to convert the reporting systems from PCT to CCG have taken considerably longer than predicted. This was due to the complexity of mapping individual GP practice codes through to CCG configurations, testing and validation of the CLERIC system, changes of alignment of some practices which has resulted in patients moving from one consortia to another and timing of the March close down which meant that this work could not be completed prior to year end. The May report will be reformatted to include the new KPIs and April / May performance will be included from that point onwards.

The CQUIN schemes for 2013-14 have been agreed, however the South Yorkshire contract remains unsigned hence the Red rating.

The call handling performance has been disappointing and has declined over the past quarter. This is primarily due to the level of vacancies within the department and delays in recruitment. We have also seen an increase in calls following the removal of the fax booking facility in March, with individuals not maximising the on line booking service and choosing to call instead. An on-going programme of work with the acute trusts and commissioners to ensure that this is the default mechanism for booking is in place alongside a recruitment programme which includes a number of apprentice posts.

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

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
SOUTH Consortia	120 minute wait response			RED												
	Rationale for Long waits			RED												
EAST Consortia	Timely communication of transport			GREEN												
	Reduction in abortive journeys			GREEN												
WEST Consortia	Patient experience			GREEN												
	Education for healthcare professionals			GREEN												
NORTH Consortia	Timely communication of transport			GREEN												
	Reduction in abortive journeys			GREEN												
TOTAL																

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

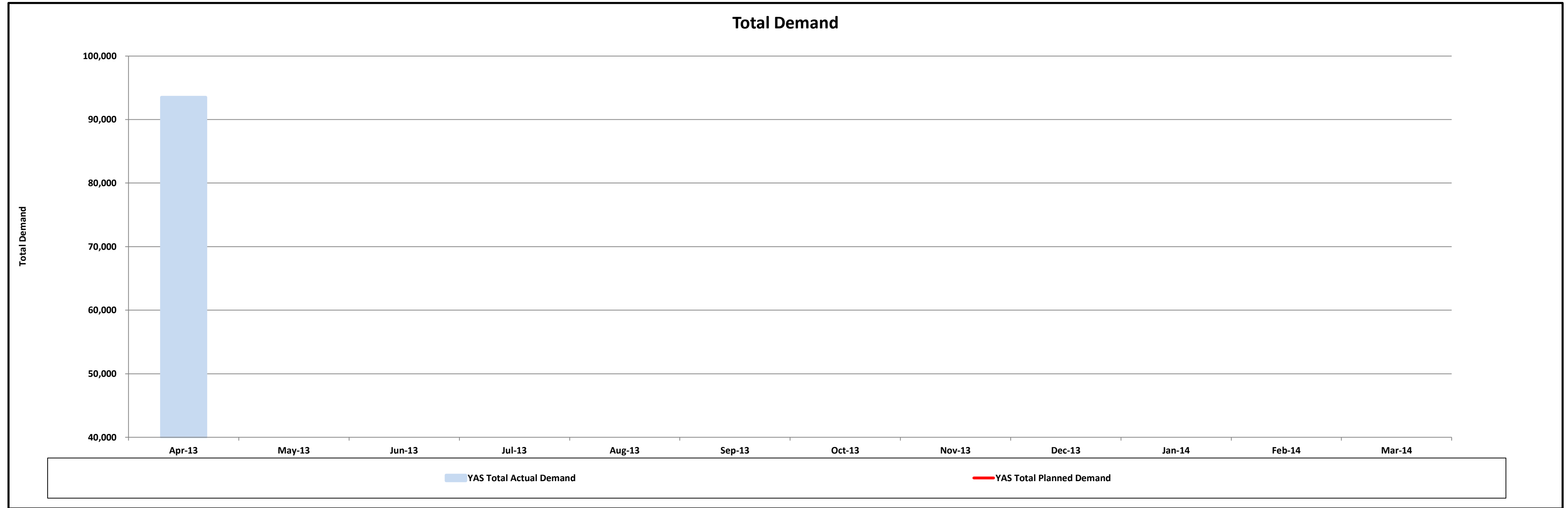
Comments

The CQUIN schemes have been agreed for all four of the consortia and for this year we have attempted to standardise these across the four areas where possible. This will provide a stronger framework for delivery and also ensure that we are able to effectively benchmark progress and outcomes outside of a single area. The South Yorkshire CQUINS, although agreed in principle, are part of the contractual sign off which has not yet occurred therefore red rated.

PTS Demand

OBJ REF 3

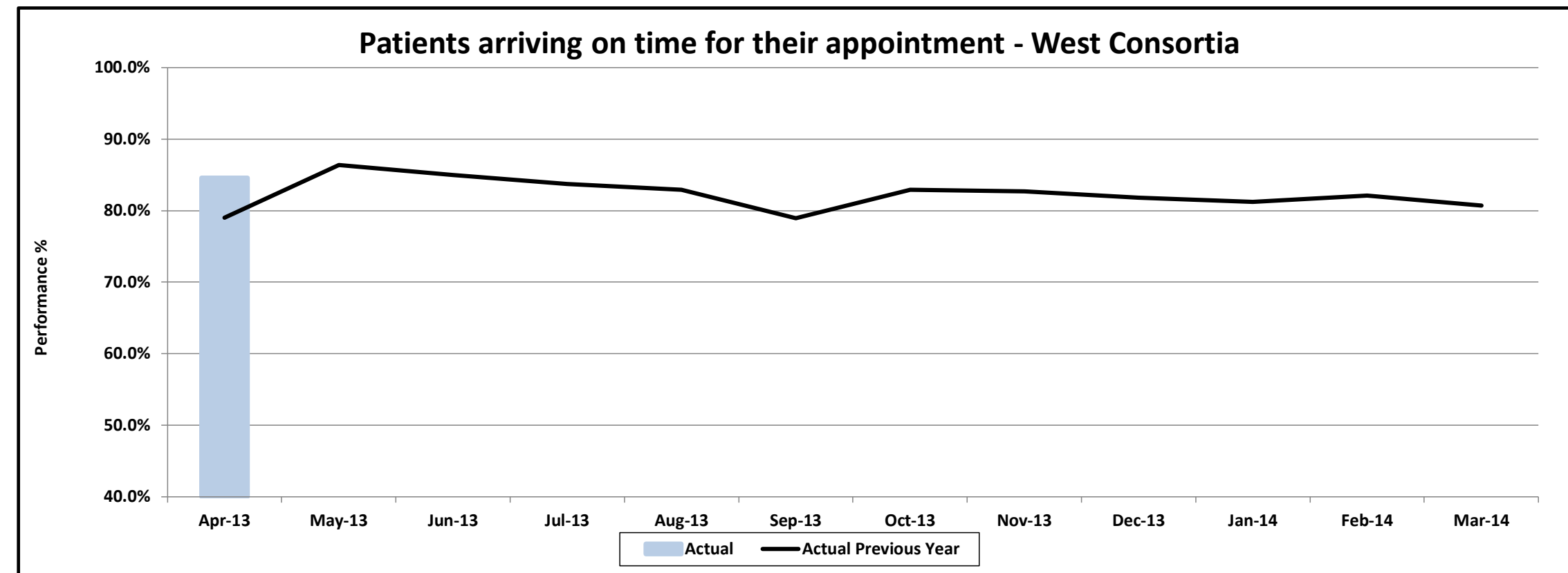
	YTD RAG	AMBER
↔	MTD RAG	AMBER



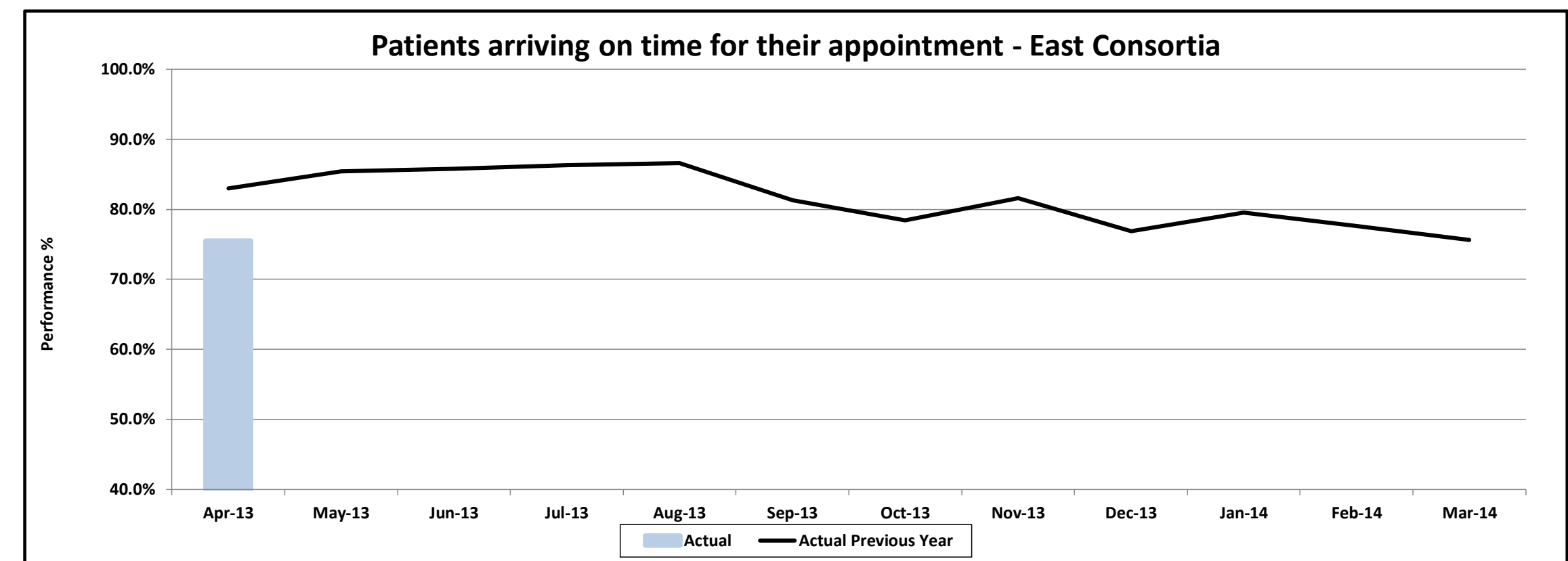
PTS Demand by Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
West Consortia Planned Demand	43,482												43,482
West Consortia Actual Demand	46,742												46,742
East Consortia Planned Demand	8,586												8,586
East Consortia Actual Demand	9,580												9,580
South Consortia Planned Demand	23,888												23,888
South Consortia Actual Demand	25,036												25,036
North Consortia Planned Demand	11,700												11,700
North Consortia Actual Demand	12,146												12,146
YAS Total Planned Demand	87,656												87,656
YAS Total Actual Demand	93,504												93,504
% Variance Planned V Actual	6.7%												6.7%

Arrival - Quality Target by Consortia

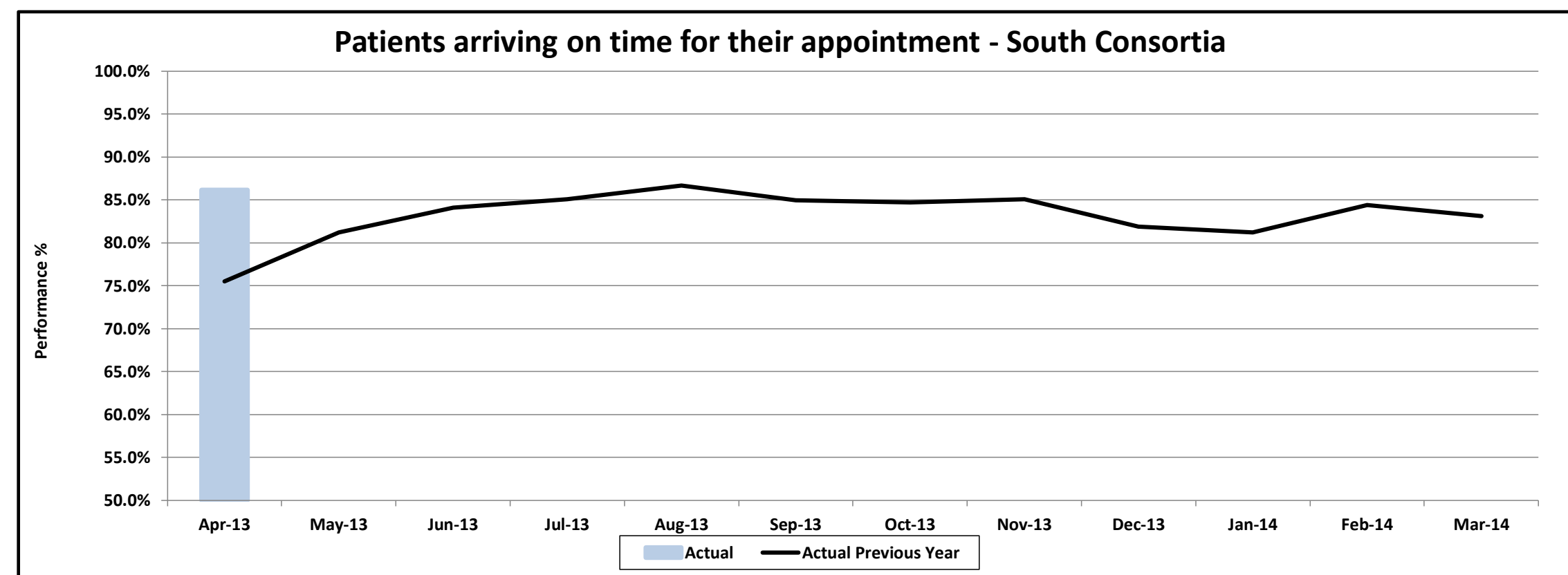
EWI



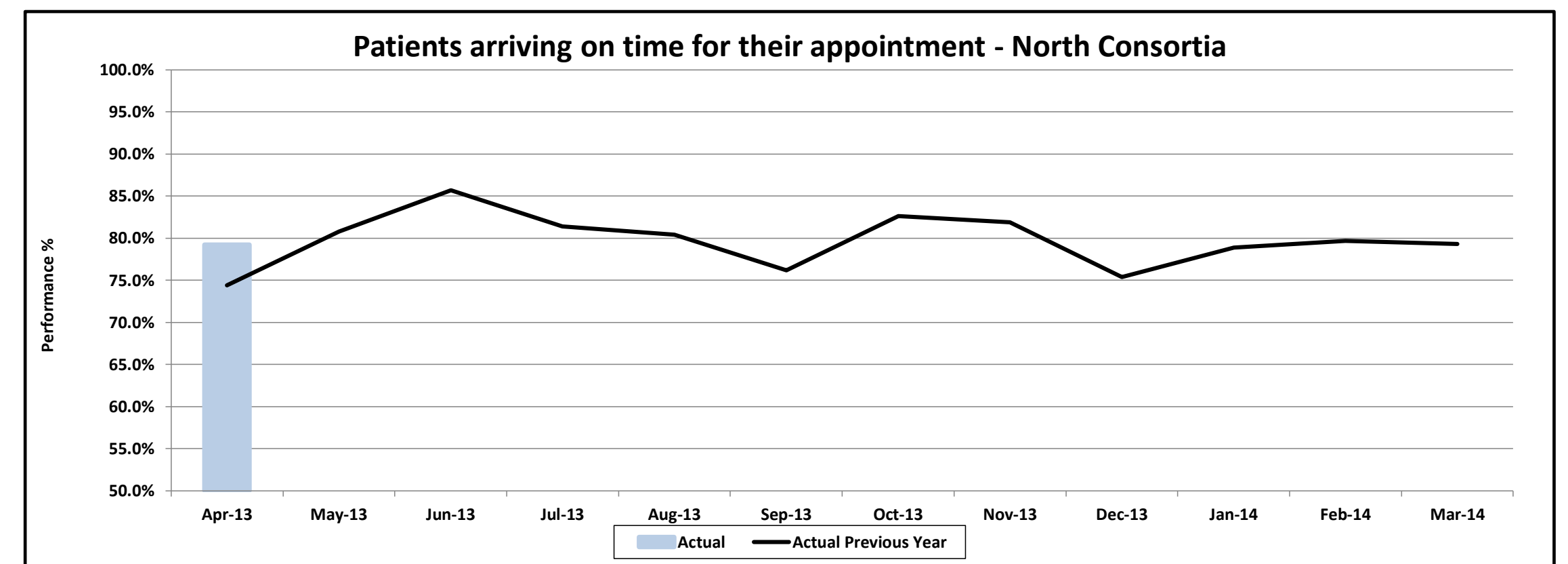
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	84.6%											
Actual Previous Year	79.0%	86.4%	85.0%	83.7%	82.9%	78.9%	82.9%	82.7%	81.8%	81.2%	82.1%	80.7%



East Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	75.5%											
Actual Previous Year	83.0%	85.4%	85.8%	86.3%	86.6%	81.3%	78.4%	81.6%	76.9%	79.5%	77.6%	75.6%



South Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	86.2%											
Actual Previous Year	75.5%	81.2%	84.1%	85.1%	86.7%	85.0%	84.7%	85.1%	81.9%	81.2%	84.4%	83.1%

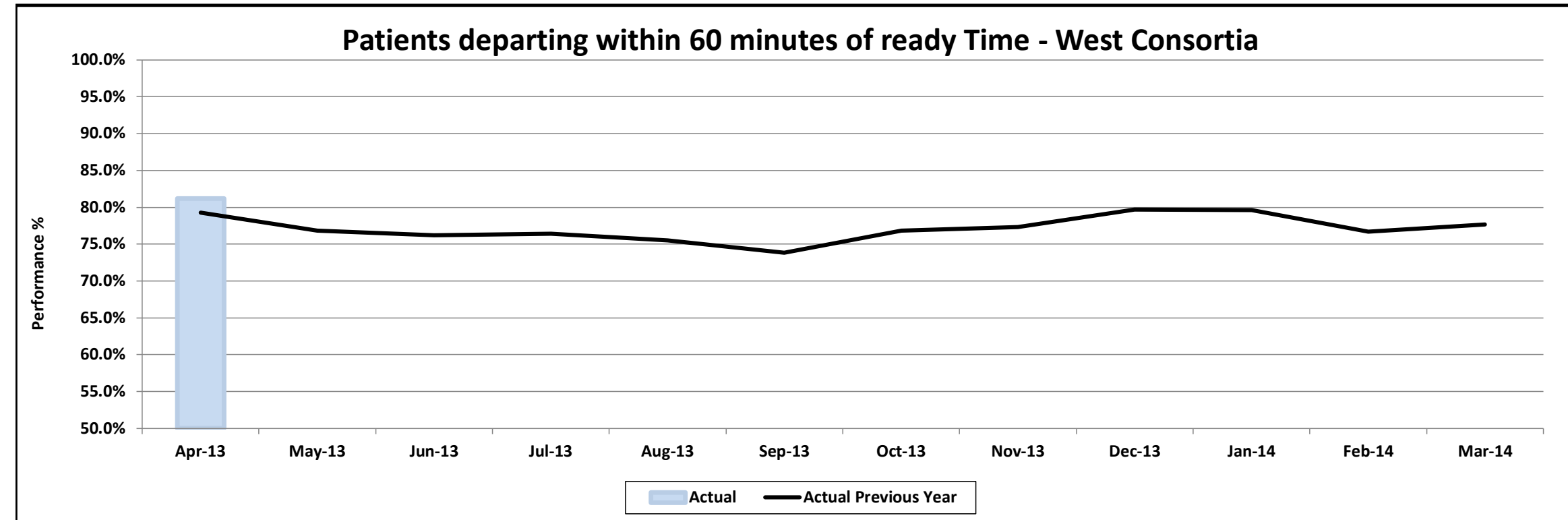


North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	79.2%											
Actual Previous Year	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%	81.9%	75.4%	78.9%	79.7%	79.3%

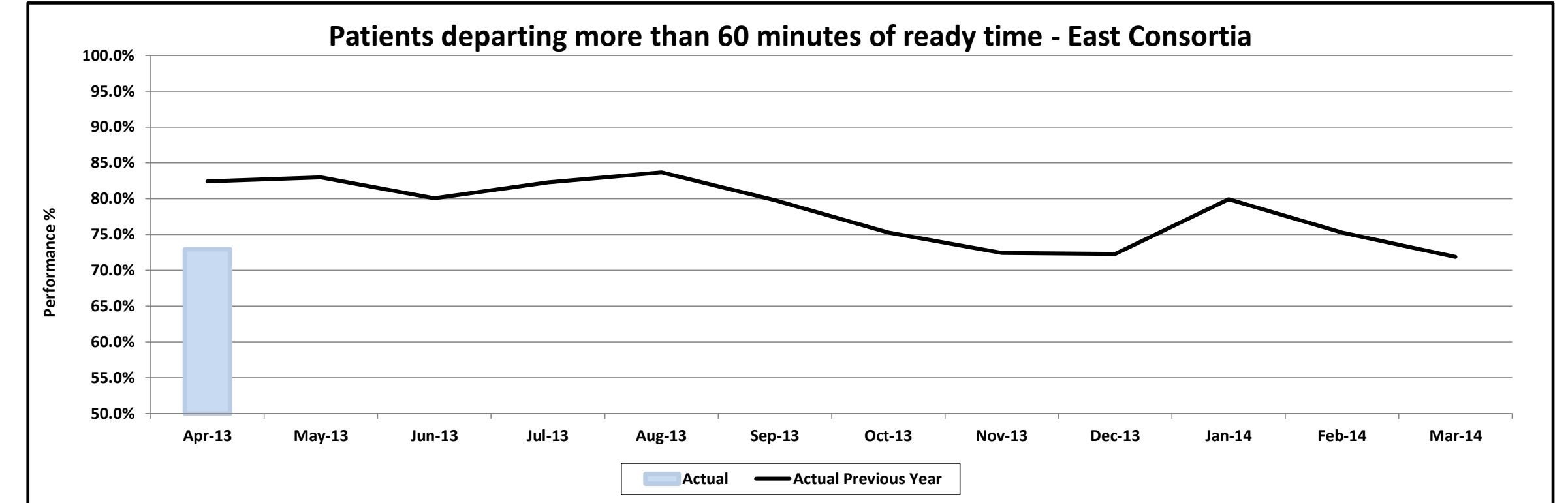
▲ * Early Warning Indicator

Departure - Quality Target by Consortia

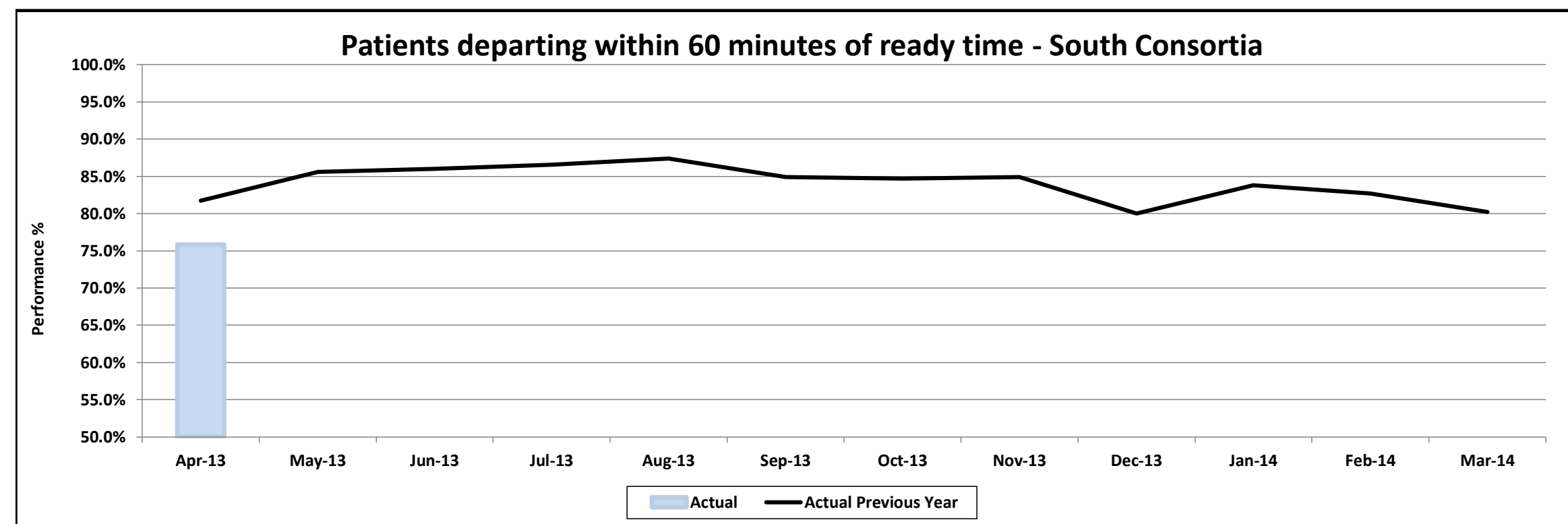
EWI



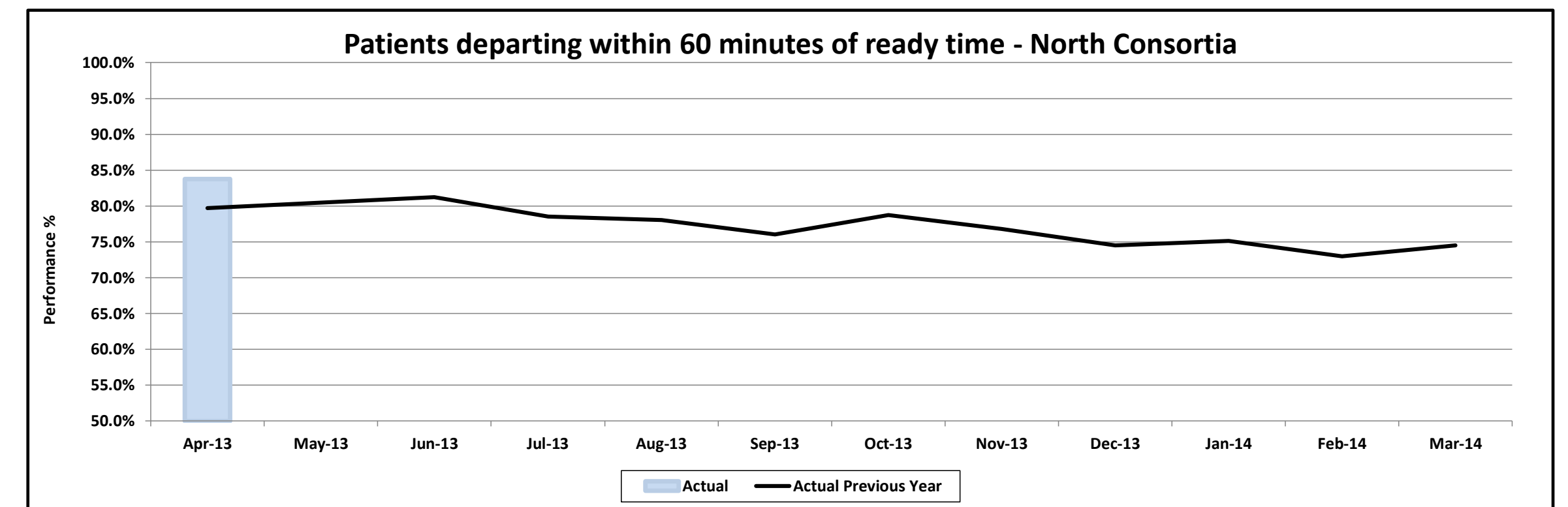
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	81.2%											
Actual Previous Year	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%	77.3%	79.7%	79.6%	76.7%	77.7%



East Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	73.0%											
Actual Previous Year	82.4%	83.0%	80.1%	82.3%	83.7%	79.8%	75.3%	72.4%	72.3%	79.9%	75.3%	71.9%



South Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	75.8%											
Actual Previous Year	81.7%	85.6%	86.0%	86.6%	87.4%	84.9%	84.7%	84.9%	80.0%	83.8%	82.7%	80.2%



North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	83.7%											
Actual Previous Year	79.7%	80.5%	81.2%	78.5%	78.0%	76.1%	78.7%	76.8%	74.5%	75.1%	73.0%	74.5%

▲ * Early Warning Indicator

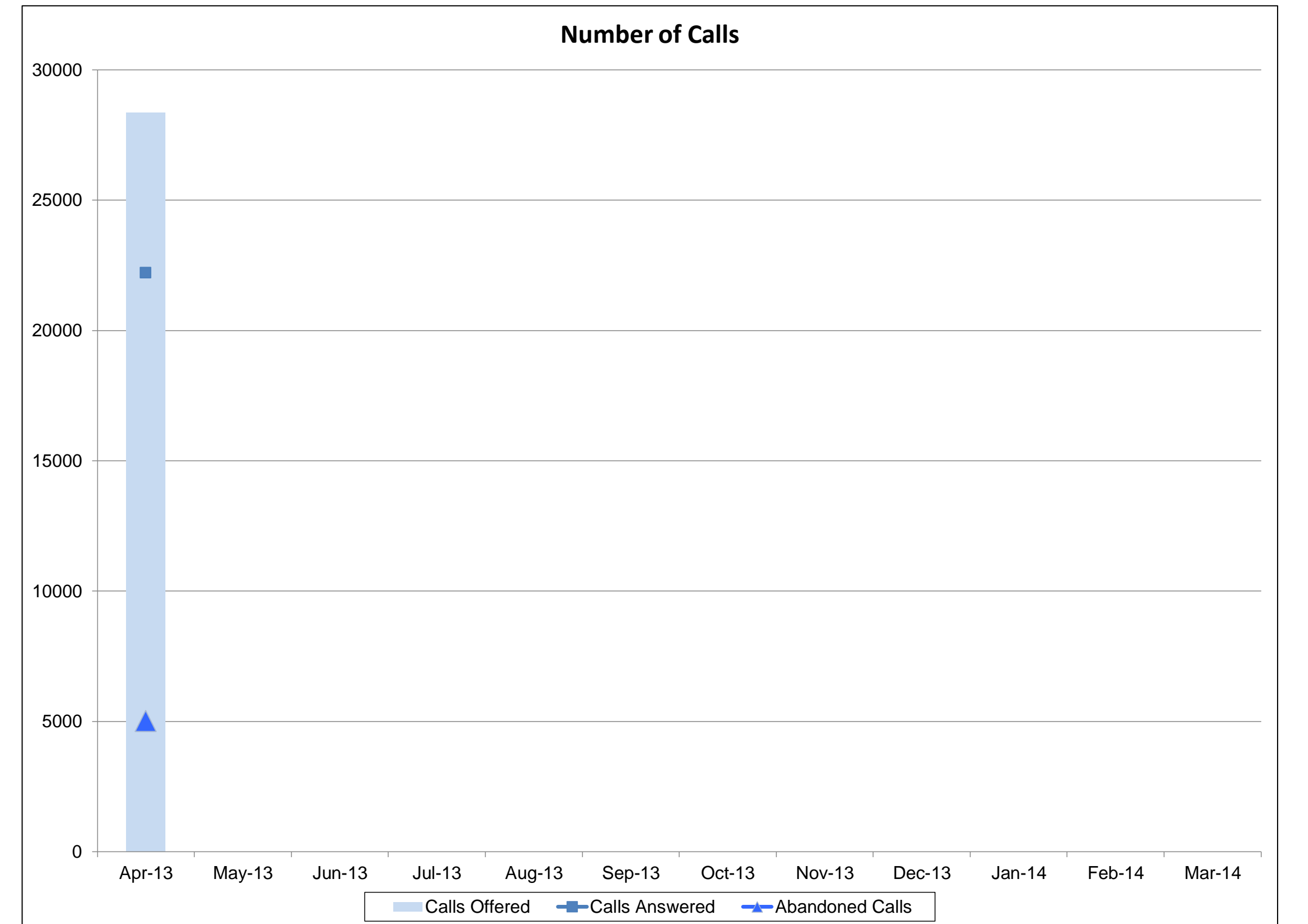
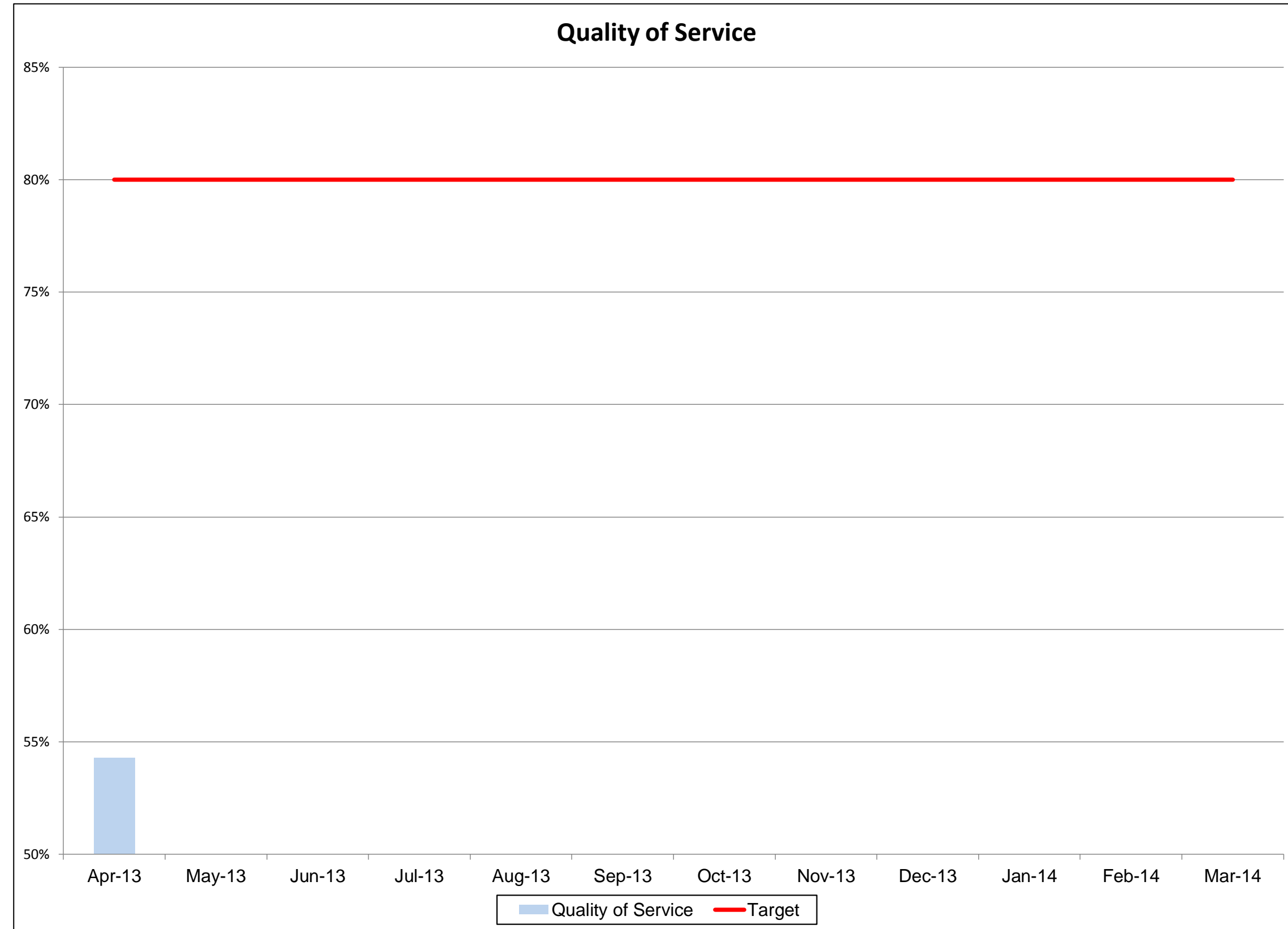
PTS KPI's - South Yorkshire Consortium

KPI No.	Measure	PCT	Apr		May		June		July		August		September		October		November		December		January		February		March		
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
KPI 1- Patients should arrive in a timely manner for their appointment	a) % of patients arriving up to 60 mins prior to their appointment	Barn	77.07%	75.91%																							
		Donc	73.67%	90.88%																							
		Roth	74.09%	87.12%																							
		Sheff	65.60%	72.53%																							
	b) % of patients arriving up to 90 mins prior to their appointment	Barn	84.07%	80.38%																							
		Donc	86.96%	92.93%																							
		Roth	89.36%	89.77%																							
		Sheff	79.61%	81.54%																							
KPI 2- Patients should be collected in a timely manner following completion of their appointments	a) % of patients departing within 60 mins of their booked ready time	Barn	77.46%	84.41%																							
		Donc	76.74%	92.44%																							
		Roth	82.98%	89.07%																							
		Sheff	83.69%	75.55%																							
	b) % of patients departing within 90 mins of their booked ready time	Barn	99.00%	94.59%																							
		Donc	99.00%	98.19%																							
		Roth	99.00%	96.97%																							
		Sheff	99.00%	88.57%																							
KPI 3- Patients should be collected within 4 hours of booking for Same Day Discharges	a) % of patients collected within 3 hours of booking	Barn	90.00%	98.22%																							
		Donc	90.00%	98.80%																							
		Roth	90.00%	100.00%																							
		Sheff	90.00%	89.74%																							
	b) % of patients collected within 4 hours of booking	Barn	99.00%	100.00%																							
		Donc	99.00%	99.20%																							
		Roth	99.00%	100.00%																							
		Sheff	99.00%	100.00%																							
	c) % of patients collected within 5 hours of booking	Barn	100.00%	100.00%																							
		Donc	100.00%	99.60%																							
		Roth	100.00%	100.00%																							
		Sheff	100.00%	100.00%																							
KPI 4- Patients journey time should be of an acceptable duration	a) % of patients travelling up to 10 miles for less than 60 mins	Barn	90.00%	98.05%																							
		Donc	90.00%	96.07%																							
		Roth	90.00%	95.79%																							
		Sheff	90.00%	95.90%																							
	b) % of patients travelling up to 10 miles for less than 90 mins	Barn	99.00%	99.67%																							
		Donc	99.00%	99.60%																							
		Roth	99.00%	99.47%																							
		Sheff	99.00%	99.54%																							
	c) % of patients travelling up to 25 miles for up to 120 mins	Barn	90.00%	99.58%																							
		Donc	90.00%	99.24%																							
		Roth	90.00%	99.66%																							
		Sheff	90.00%	99.76%																							
KPI 8- minimum data sets provided to be complete and robust	b) % of incomplete data fields used to complete KPI's	Barn	5.00%	0.10%																							
		Donc	5.00%	0.05%																							
		Roth	5.00%	0.42%																							
		Sheff	5.00%	0.42%																							

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

OBJ REF 3

	YTD RAG	RED
↔	MTD RAG	RED



Week Commencing	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Calls Offered	28365											
Calls Answered	22205											
Average Answer Delay	00:01:21											
Max Answer Delay	00:59:12											
Abandoned Calls	4999											
Quality of Service	54%											




Section 2c

NHS 111 / GPOOH Performance



NHS 111

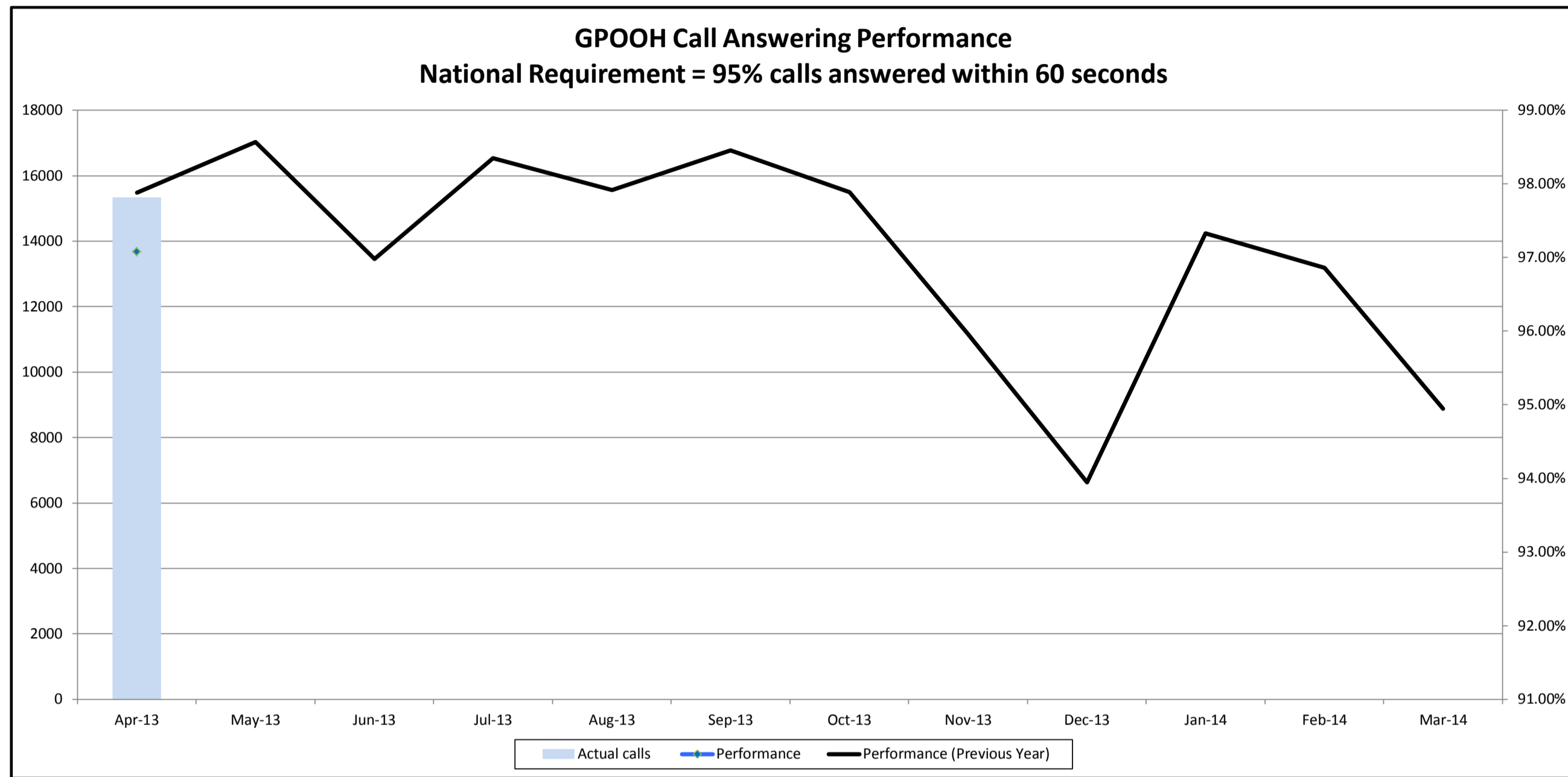
	YTD RAG	AMBER
	MTD RAG	AMBER

Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Total number of calls answered over a 24 hour period	71653												N Lincs Out of Hours service went live on Tuesday 23 April making the OOH services now three managed directly through NHS 111
Total number of out of area calls answered over a 24 hour period	66												
Total number of phantom calls received over a 24 hour period	0												
Total number of calls answered not requiring 111	3996												
Total number of calls triaged over a 24 hour period	61886												
Total number of calls answered within 60 seconds (national quality standard 95%)	62602												
<i>Target % calls answered within 60 seconds</i>	95%												
<i>Total answered calls within 60 seconds as a percentage of total</i>	87.4%												Call Answer performance improving through out the month. Weekend call profiles are showing an increase in evening calls than initially anticipated. Staff schedules are been reviewed to manage this peak more effectively.
Total number of abandoned calls (after 30 seconds)	2153												the 5% target has been achieved
<i>Target % calls abandoned after 30 seconds</i>	5.0%												
<i>Abandoned calls as a percentage of total</i>	2.9%												Performance on a couple of Sundays outside the target and this is due to evening peak previously not anticipated. Changes were made in the latter part of the month to improve this position.
Average episode length of call (mins)	17:33												
Average episode length of call (mins) with a call handler	08:01												Call length has continued to drop since the initial go live in March as staff gather experience in the new systems.
Longest wait for a call to be answered	17:58												
Average episode length of call (mins) with a clinical 111 advisor	13:51												
Total number of calls directed to speak to a Clinical 111 advisor (outcome)	15767												
<i>% of calls directed to speak to a clinical 111 advisor</i>	22.0%												Percent of call requiring a clinical is as expected
Longest wait for a call back by a clinician	09:12:25												
Total number of calls where a person was offered a call back	8484												
<i>Call backs as a percentage of clinical advisor calls</i>	53.8%												
Total number of calls that were warm transferred to a clinical advisor	7283												
<i>Warm transfers as a percentage of clinical advisor calls</i>	46.2%												Warm transfers to clinician are being managed for all emergency cases (refused ambulance otr A&E disposition) and the level of other warm transfer is improving since March. Further work on optimising the service to enable more patients to be managed in the first call is underway.
Total number of calls directed to 999 for ambulance dispatch	6049												
<i>Ambulance dispatch as a percentage of total</i>	8.4%												999 sorting continues to be under 10% and based on national benchmark information within the best practice range. This reflects the clinical support within the room being provided by YAS
Total number of Non conveyed 999 dispatches	1097												
Total number of calls recommended to attend an A&E	4883												
<i>A&E as a percentage of total</i>	6.8%												
Total number of callers referred into GP Out of Hours service	21340												Work has started with Local Care Direct to understand the referral pattern further to GP out of hours service. From benchmark data nationally this referral rate is within normal range.
<i>Callers booked into GP Out of Hours service as a percentage of Total</i>	29.8%												
Total count of feedback received	296												
Complaints	236												
Compliments	1												
Incidents	58												
Serious Incidents	0												
Healthcare Professional Feedback form	1												

GPOOH Call Answering Performance

OBJ REF 3

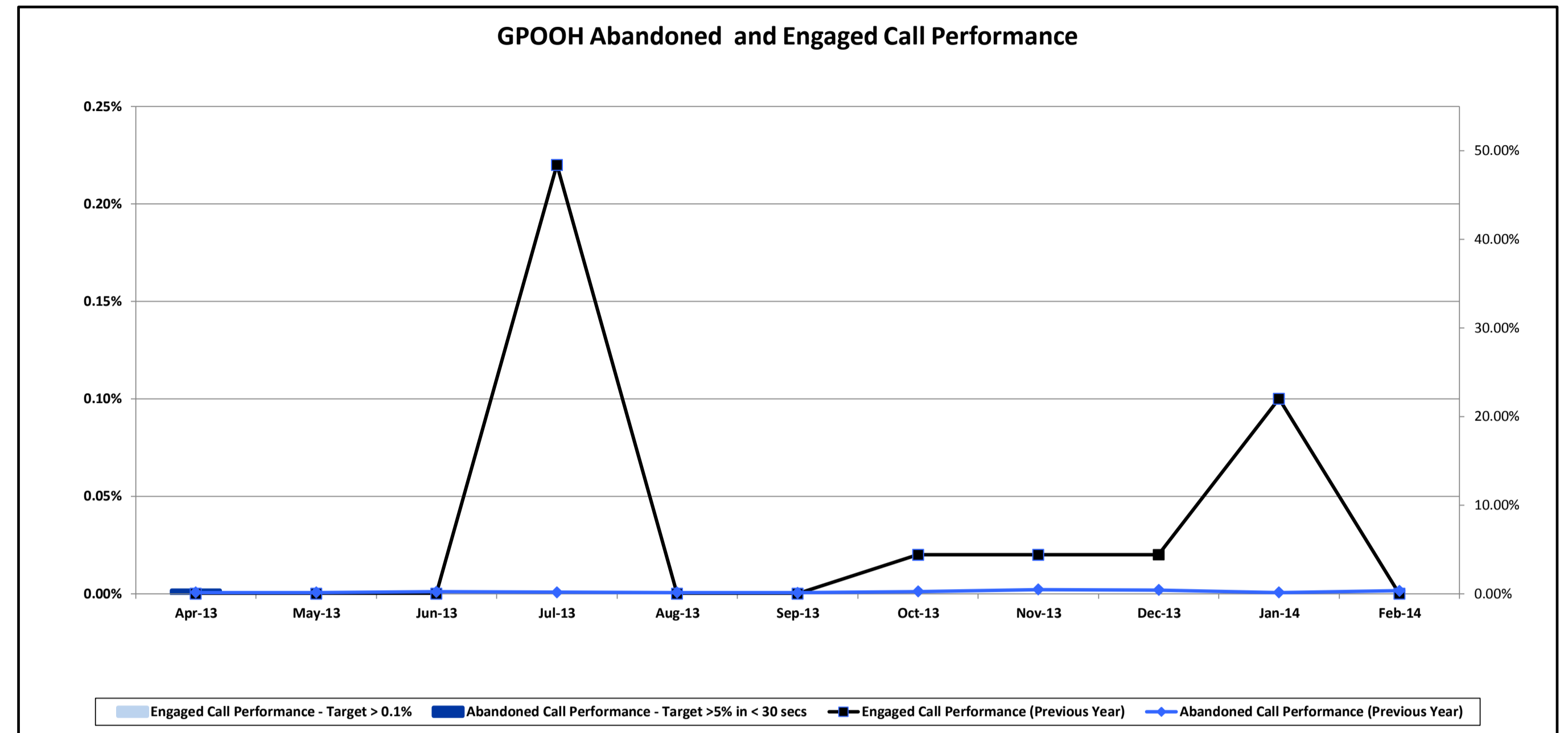
YTD RAG	GREEN
MTD RAG	GREEN



GPOOH Abandoned & Engaged Call Performance

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual calls	15329											
Actual calls (Previous Year)	21412	19133	22575	19105	18100	18413	17576	18231	26390	18561	16397	20798
Performance	97.08%											
Performance (Previous Year)	97.88%	98.57%	96.98%	98.35%	97.92%	98.46%	97.89%	95.96%	93.95%	97.33%	96.86%	94.95%

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Engaged Call Performance - Target > 0.1%	0.00%											
Engaged Call Performance (Previous Year)	0.00%	0.00%	0.00%	0.22%	0.00%	0.00%	0.02%	0.02%	0.02%	0.10%	0.00%	0.00%
Abandoned Call Performance - Target >5% in < 30 secs	0.40%											
Abandoned Call Performance (Previous Year)	0.14%	0.13%	0.23%	0.16%	0.13%	0.12%	0.26%	0.46%	0.41%	0.15%	0.33%	0.99%

Comments

Engaged Call Performance percentage unavailable due to a telecom error, this has been reported.



Section 2d

Support Services Performance



ICT Summary

OBJ REF 3

	YTD RAG	GREEN
	MTD RAG	GREEN

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

Key Areas	Activity	Criteria	Target	Green	Amber	Red	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End Forecast 12/13
Our Service	SLA	% of Items resolved within SLA	>=90%	>=90%	< 90% >=85%	<85%	Green												Green
	4C's	% of Customer Feedback either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	Green												Green
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	Green												Green
	Requests and Incidents	First Contact Resolution	>=75%	>=75%	<75% >=70%	<70%	Green												Green
Project Management	Governance	Required Documentation Complete	>=75%	>=75%	<75% >=50%	<50%	Green												Green
	Time frames	Projects completed or due to complete within completion date		On Time	Within One Month	Over One Month	Green												Green
	Quality	Business Benefits Reviewed / Delivered		All	Over 75%	Less than 75%	Green												Green
	Budget	On Budget		+/- 5%	+/- 10%	> 10%	Green												Green
Infrastructure	Network Availability	Over 99.5%		>99.5%		<99.5	Green												Green
	Systems Availability	Over 99.5%		>99.5%		<99.5	Green												Green
	Telecoms Availability	Over 99.5%		>99.5%		<99.5	Green												Green
	Radio Availability	Over 99.5%		>99.5%		<99.5	Green												Green
	Budget Management	Under Budget Net of CIP		Under		Over	Green												Green

Commentary

Our Service :

Project Management:

Infrastructure:

Estates and Procurement	OBJ REF	3	↔	YTD RAG	GREEN
				MTD RAG	GREEN

E2.1 Estates		RAG Status	Empty	Underused		Fully used	Overcrowded	Notes
E2.1	Space Utilisation	GREEN	0%	2%		86%	12%	
		RAG Status	As New	Acceptable	Acceptable but will req Upgrade within 10 yrs	Upgrade Req'd	Unacceptable	
E2.1	Physical Condition (External)	GREEN	7%	21%	53%	19%	0%	
	Physical Condition (Office)	GREEN	9%	22%	62%	7%	0%	
	Physical Condition (Garage)	GREEN	3%	23%	74%	0%	0%	
E2.1	Fire, Health & Safety Compliance	GREEN	21%	49%		30%	0%	
E2.1	Energy Performance	GREEN	17%	35%		42%	6%	
E2.1	Functional Suitability	GREEN	7%	75%		17%	1%	
E2.1	Quality	GREEN	9%	79%		12%	0%	
		RAG Status						
E2.1	Capital Project Delivery	GREEN						All capital projects for 2012/13 are complete other than Phase 2 of the 111 works in Springhill 1 which is due for completion on 10th May 2013. Capital bids are in the process of being submitted for 2013/14 Capital works.
E2.1	Station Egress Status	GREEN						
E2.1	Supported Standby Points	GREEN						

F2.1 Procurement		RAG Status	
F2.1	Auditors Local Evaluation (ALE)	GREEN	
F2.1	Procurement Savings	GREEN	YTD- £65,319 Monthly Saving - £65,319
F2.1	Contracts awarded in period above £25K	GREEN	Contracts awarded over £25k (see below)
F2.1	Single Tender Waivers in period	GREEN	Single Tender Waiver issued this month (see below)

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

Comments
Contracts awarded above £25k Oils & Lubricants, Replacement Tyres
Single Tender Waiver

Fleet

OBJ REF 3

YTD RAG AMBER
 MTD RAG AMBER

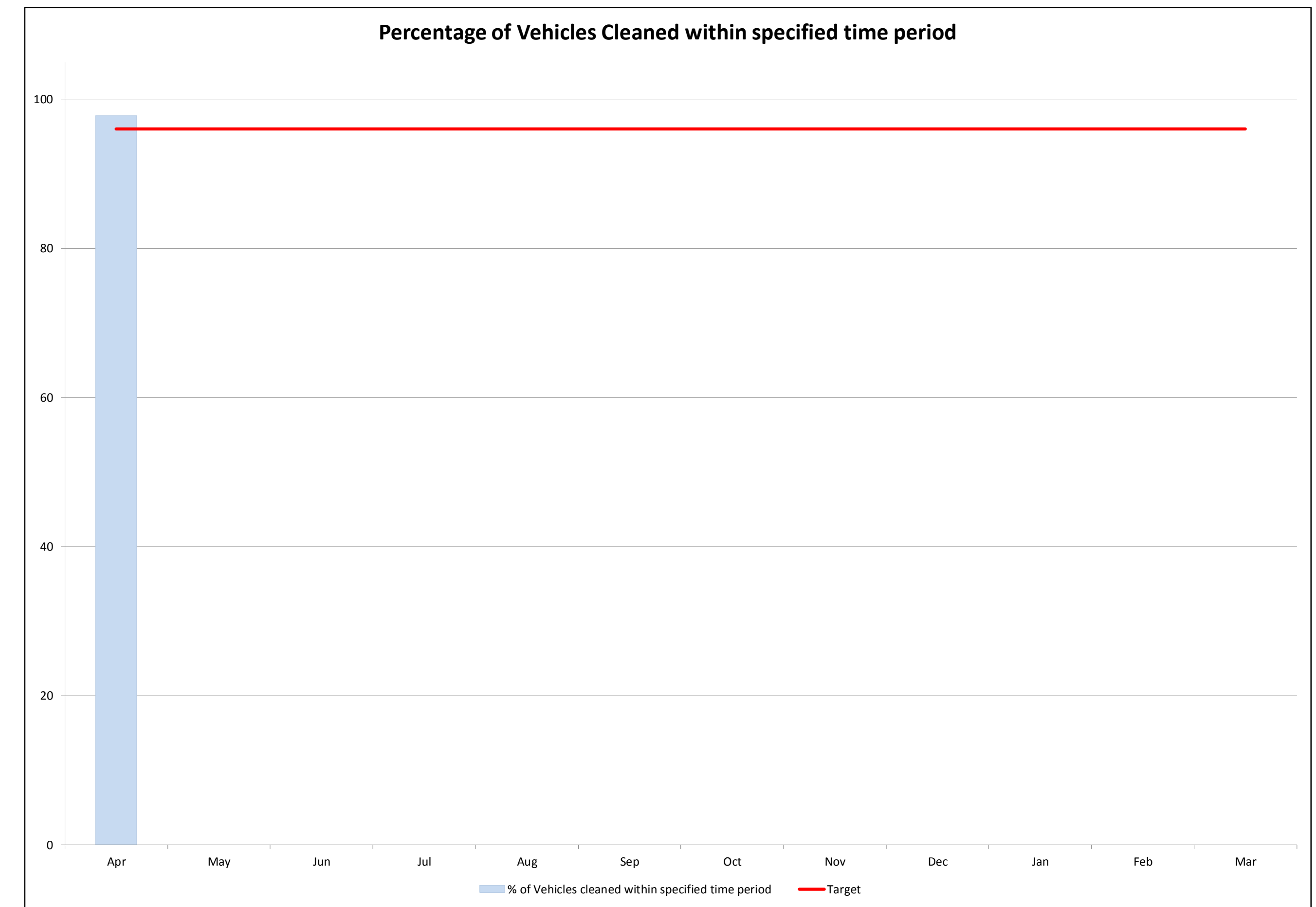
E1 Carbon Management	RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast 2012/13	Quarter 2 Actual	Notes
E1.1 Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2 Corporate Citizen Rating (monitored quarterly)	59%					

E3 Fleet		RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
E3.1	A&E	AMBER	95%	92%	-3%	95%	91%	-4%	This KPI has not been met due to high levels of breakdowns within the North and East area combined with low staffing levels. Resources have been moved from other area's of the department to cover absences, overtime and use of external resources has been sanctioned to bring vehicle availability back into line. Recruitment is progressing to replace staff leaving the trust, positions expect to be filled early May. VOR's have been affected by the high level of servicing underway to bring the levels back into line.
E3.1	PTS	RED	96%	91%	-5%	96%	91%	-4%	This KPI has not been met due to high levels of breakdowns within the North and East area combined with low staffing levels. Resources have been moved from other area's of the department to cover absences, overtime and use of external resources has been sanctioned to bring vehicle availability back into line. Recruitment is progressing to replace staff leaving the trust, positions expect to be filled early May. VOR's have been affected by the high level of servicing underway to bring the levels back into line.

Vehicle Age		RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1	A&E - RRV	GREEN	4	3		
E3.1	A&E - DMA	GREEN	5	26		21 van conversions being delivered to YAS, currently at the main dealer for pre delivery and registration.
E3.1	A&E - Other	GREEN	7	2		
E3.1	PTS	RED	7	178		Final vehicle preparations being completed on the 14 new and 9 used PTS vehicles prior to being delivered to YAS, first vehicle was on the road in April 2013.
E3.1	Other	AMBER	7	20		Orders have been placed for 16 support vehicles.

Vehicle Replacement Plan		RAG Status	Plan Annual	Forecast Annual	Notes
E3.1	A&E - RRV	GREEN	0	0	
E3.1	A&E - DMA	GREEN	43	43	
E3.1	A&E - Other	GREEN	0	0	
E3.1	PTS	RED	31	31	Mixture of new and second hand vehicles due to affordability
E3.1	Other	GREEN	5	5	Two HART, Two Hart Merit and One potential Embrace replacement vehicle

E3.2 Compliance / Safety		RAG Status	Number	% Total	Notes
E3.2	Safety Checks Outside "Window" at end of period	AMBER	38	6.88%	Great improvements have been made since the implementation of the North Area Team Leader, additional resources, overtime and use of external resources has been sanctioned to bring the servicing back into line.
E3.2	Vehicle Services Outside "Window" at end of period	GREEN	12	3.23%	
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	72	2.20%	
E3.4	Defibrillator servicing Outside "Window" at end of period	AMBER	23	3.32%	Note 4 devices had been moved from their audited location, had these devices been present there would only have been 19 overdue (at 2.74% Amber). Serious staff issues has impacted the department's ability to maintain devices, Oxylitre have been contracted to address the overdue equipment within the next 4 weeks.
E3.5	Suction Unit servicing Outside "Window" at end of period	AMBER	74	7.72%	Note 19 devices had been moved from their audited location, had these devices been present there would only have been 55 overdue (at 5.74% Amber) Serious staff issues has impacted the department's ability to maintain devices, Oxylitre have been contracted to address the overdue equipment within the next 4 weeks.
E3.6	Parapac servicing Outside "Window" at end of period	RED	54	16.17%	Note 8 devices had been moved from their audited location, had these devices been present there would only have been 46 overdue (at 13.77% Red) Serious staff issues has impacted the department's ability to maintain devices, Oxylitre have been contracted to address the overdue equipment within the next 4 weeks.
E3.7	Microvent servicing Outside "Window" at end of period	RED	84	11.08%	Note 38 devices had been moved from their audited location, had these devices been present there would only have been 46overdue (at 6.07% Red) Serious staff issues has impacted the department's ability to maintain devices, Oxylitre have been contracted to address the overdue equipment within the next 4 weeks.



Vehicle Cleaning	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of Vehicles cleaned within specified time period	97.8											

Vehicles repaired by Vehicle Body Care

Number of Vehicles Repaired 2012-2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Actual 2012 / 2013	35	34	28	27	19	16	36	15	27	29	23	26	315
Target	35	34	28	27	19	16	36	15	27	29	23	26	315
Actual Vehicle Repairs	16												16
Variance	-19												

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											



Section 3

Quality Analysis



Comments on Quality**New Incidents Reported**

The total number of incidents reported in April 2013 was 508. This is an increase in previous months however this was expected with the launch of Datix and the awareness that has been raised across the Trust ahead of the launch. In the 'Other' incidents these include 111 (94 incidents), Finance & ICT (2 incidents), resilience (6 incidents), Risk & Safety (8 incidents) and support services (6 incidents)

Patient Related Incidents

With the launch of Datix, changes were made to the incident reporting categories therefore no meaningful comparisons can be made to previous months. The numbers will be analysed over the coming months to identify any themes/trends. The main incident sub-category within staff related incidents is moving and handling injuries sustained primarily through use of the blue equipment bag and the carry chair.

RIDDOR related Incidents

A higher than average number of RIDDOR reportable incidents was reported in April, although with no discernable pattern in relation to type. The number reported remains within the range seen in 2012/13

Medication related incidents

There were 14 Controlled drug incidents, the one loss was a loss of tramadol vials from a hospital cabinet. Currently only bicycle paramedics along with ECPs can use tramadol. It was decided by the Medicines Management Group to remove tramadol from general hospital cabinets, except for those where a cycle paramedic is active. It was decided that cycle paramedics should be using morphine instead of tramadol so once this has been implemented the tramadol will be withdrawn from all cabinets except the ECP cabinets.

There were two serious non controlled drugs medication incidents, aspirin given instead of paracetamol and hydrocortisone given instead of benzylpenicillin for a query meningitis. A communication has been put in ops update detailing the checks that must be done for all medication before it can be administered.

Clinical Audit Programme

The backlog of unprocessed forms continues to be an issue. Overtime continued to be authorised throughout April for clinical audit assistants on both sites in order to try and control this. To date deadlines have been met for the submission of ACQIs and CPIs.

IPC Audit - Percentage compliant

Amber areas for vehicle audit are solely due to damaged upholstery on PTS vehicles, this remains an on-going issue with several PTS vehicles.

Amber areas for Premises audit relate mainly to dirty mop heads and mops stored incorrectly, this issue has also been picked up through the inspections for improvement process, however we have found a marked improvement on stations we have visited recently.

Compliments / Complaints

The rate of complaints and concerns is slightly higher than the Trust average for the NHS 111. This is largely accounted for by the service to service complaints received from health care professionals - a process which has been set up as part of the 111 service specification to facilitate direct feedback from clinicians in local areas across the region. All feedback is being used by the internal 111 team and in collaboration with local clinical leads in CCGs, to support the embedding and continuous improvement of the new service.

KPI	Description	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End 13/14	Q1 Forecast
			RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast
3	Safety	<ul style="list-style-type: none"> Infection, Prevention and Control Patients Incidents Medication Incidents Staff Incidents RIDDOR Serious Incidents 	GREEN												GREEN	GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	RED												GREEN	RED
1.2	Patient Involvement and Experience	<ul style="list-style-type: none"> Concerns, Complaints and Compliments Patient Experience Local Involvement Networks/Overview & Scrutiny Committees 	GREEN												GREEN	GREEN
3	CQC and Other Registration / Legislation Standards	<ul style="list-style-type: none"> Registration Regulations & Outcomes NHS Litigation Authority 	GREEN												GREEN	GREEN

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

Deriving the governance risk rating

Monitoring	Service performance score	Governance Risk Rating
<p>1 Performance against national measures</p> <ul style="list-style-type: none"> National Indicators set out Applicable to all foundation trusts commissioned to provide services Declared risk of, or actual, failure to meet any indicator = +0.5-1.0 Three successive quarters' failure of a 1.0-weighted measure, red rating and potential escalation for significant breach 		<p>Service Performance score of</p> <p>< 1.0 GREEN</p> <p>≥ 1.0 } AMBER-GREEN</p> <p>< 2.0 } AMBER-RED</p> <p>≥ 2.0 } RED</p> <p>Risk Ratings applied quarterly and updated in real time</p> <p>Override applied to risk rating</p> <p>Nature and duration of override at Monitor's discretion</p>
<p>2. Third Parties</p> <p>Care quality Commission *1</p> <ul style="list-style-type: none"> following non-compliance with essential standards Major impacts on patients = +2.0 Enforcement action = +4.0 <p>NHS Litigation Authority *2</p> <ul style="list-style-type: none"> Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements: +2.0 		
<p>3. Mandatory Services</p> <ul style="list-style-type: none"> Declared risk of, or actual, failure to deliver mandatory services: +4.0 		
<p>4. Other board statement failures</p> <ul style="list-style-type: none"> If not covered above, failure to either (i) provide or (ii) subsequently comply with annual or quarterly board statements 		
<p>5. Other factors</p> <ul style="list-style-type: none"> 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

OBJ REF 3

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	
Quality Programme - Steve Page / Julian Mark															
Right Care Project Group - Steve Page															
RC1	111	SP												Mobilisation continuing to full go live in July and deliver KPIs	
RC2	Clinical Hub (CIP)	PBW												Updated project plan/ deliverables for 13/14 TBC	
RC3	External Partnership	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
RC4	Paramedic Pathfinder Model	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
RC5	Scope of Practice	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
RC6	Pathway Review	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
RC7	Care Homes CQUIN	JM												Plan for 13/14 to be agreed - initial scoping work has begun	
Clinical Development Project Group - Julian Mark															
CD1	JRCALC Rollout	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
CD2	Patient Safety CQUIN	SP												Plan for 13/14 has been agreed	
CD3	CPI (Stroke)	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
CD4	Public Health	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
CD4A	Public Awareness CQUIN	AA												Communications strategy developed for 13/14	
CD5	Quality Governance	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
CD6	ACQIs (ROSC and Survival to Discharge)	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
CD7	ECT for Major Trauma	JM												Plan for 13/14 in development - to be finalised by mid May 2013	
Delivery Programme - Paul Birkett-Wendes															
Operational Efficiency Project Group - Paul Birkett-Wendes															
OE1	Red 1 performance	PBW												A proposal and delivery plan for Red 1 has been agreed at the Trust Board.	
OE2	Workforce Model	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
OE3	Operational Redesign	PBW												Draft plan has been circulated for review- initial feedback to be received at the end of May 2013	
OE3a	Policy Review													Plan for 13/14 in development - to be finalised by mid May 2013	
OE4	Green Demand Review	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
OE5	Turnaround	PBW												Work continuing as planned	
OE6	A&E CQUINs	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
OE6A	Rural CQUIN	PBW												Plan developed for 13/14	
OE6B	Reduced Conveyance CQUIN at locality level	PBW												13/14 CQUIN to be finalised	
OE6C	Red Performance in underperforming CCG CQUIN	PBW												13/14 CQUIN to be finalised	
OE6D	Static Medical Unit CQUIN	PBW												13/14 CQUIN to be finalised	
Workforce Project Group - Stephen Moir															
WF1	Sickness (CIP)	SM												Tender to support occupational health completed. Report due to Trust Board in May. National changes to terms and conditions being clarified.	
PTS Project Group - Paul Birkett-Wendes															
PTS 1	Transformation (CIP13/14)	PBW												High level plan has been agreed by Trust Board. Detailed project plan and resourcing currently being finalised for 13/14.	
PTS 2	PTS CQUINs	PBW													
PTS2A	South PTS CQUIN 1 - (120 minute wait target)	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
PTS2B	South PTS CQUIN 2 - (Rationale for long waits)	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
PTS2C	West PTS CQUIN 1 - (Patient experience)	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
PTS2D	West PTS CQUIN 2 - (Education for healthcare professionals)	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
PTS2E	North PTS CQUIN 1 - (Timely communication of transport)	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
PTS2F	North PTS CQUIN 2 - (Reduction in abortive journeys)	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
PTS2G	(East PTS CQUIN 1) - Timely communication of transport	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
PTS2H	East PTS CQUIN 2 - (Reduction in abortive journeys)	PBW												Plan for 13/14 in development - to be finalised by mid May 2013	
Sustainability (People) Programme Stephen Moir/Steve Page															
Culture & Capability Project Group - Stephen Moir/Steve Page															
CC1	Leadership skills	SP/SM												Leadership development skills tender scheduled for Q3	
CC1A	Clinical Leadership	PBW												Director led review scheduled for April/May to inform further developments	
CC2	Service Improvement skills	SP/SM												Tender process for service improvement skills completed.	
CC3	Staff engagement & communication	SP/SM												Integrated launch planned for 3rd May to include the summary IBP/transformation programme and birght ideas scheme.	
Service Line Management Project Group - Rod Barnes															
SLM1	Service Line Management	RB												A number of issues in relation to project resource and data quality have been identified, plans have been put in plan to mitigate these.	
Sustainability (Systems) Programme - Rod Barnes															
Estates Project Group - Rod Barnes															
E1	Estates Strategy	RB												Work continuing as planned	
E2	HART	RB												Business case has been approved by Trust Board	
Emergency Care Solution Project Group - Rod Barnes															
ECS1	ECS Roll-out	RB												A project manager has been appointed to take the project forward. Awaiting confirmation of external funding.	
2012-13 Legacy Projects															
IPR1	Individual Performance Reports	PBW												Final review required to determine benefits if rolled out Trustwide.	
ESR1	Electronic Staff Record (ESR)	SM												Commenced as planned.	
DMS1	Risk-Data Management	SP												Datix went live April 2013 with all 3 modules (incidents, complaints and claims). Project currently focused on ensuring effective function and benefits realisation.	

RAG key	
	Project on track to deliver benefits (quality &/or financial)
	Concerns identified (quality &/or financial) and controls in place
	Concerns identified (quality&/or financial) and requires programme board/TPMG attention
	Project complete and benefits realised
	Key milestones

IPC Audit - Percentage compliant

OBJ REF 3

YTD RAG GREEN



MTD RAG GREEN

Area	Audit	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Calderdale, Kirklees, Wakefield	Hand Hygiene	96%											
	Premise	93%											
	Vehicle	96%											
North Yorkshire and York	Hand Hygiene	99%											
	Premise	98%											
	Vehicle	96%											
Humber	Hand Hygiene	98%											
	Premise	98%											
	Vehicle	97%											
Airedale, Bradford, Leeds	Hand Hygiene	99%											
	Premise	98%											
	Vehicle	96%											
South Yorkshire and Bassetlaw	Hand Hygiene	99%											
	Premise	100%											
	Vehicle	100%											
YAA	Hand Hygiene	99%											
	Premise	100%											
	Vehicle	100%											
Resilience and Special Operations	Hand Hygiene	98%											
	Premise	95%											
	Vehicle	100%											
Private & Events	Hand Hygiene	100%											
	Vehicle	96%											
PTS Leeds	Hand Hygiene	100%											
	Vehicle	99%											
PTS Mid Yorkshire	Hand Hygiene	99%											
	Vehicle	98%											
PTS Bradford / Airedale	Hand Hygiene	100%											
	Vehicle	93%											
PTS Calderdale / Huddersfield	Hand Hygiene	98%											
	Vehicle	100%											
PTS North Yorkshire	Hand Hygiene	100%											
	Vehicle	98%											
PTS Hull & East	Hand Hygiene	100%											
	Vehicle	98%											
PTS Sheffield / Barnsley	Hand Hygiene	99%											
	Vehicle	100%											
PTS Rotherham / Doncaster	Hand Hygiene	97%											
	Vehicle	100%											
Overall Compliance (Current Year)	Hand Hygiene	99%											
	Premise	97%											
	Vehicle	98%											
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	98%	N/A	99%	98%	98%	98%	99%	99%	99%	99%
	Premise	95%	98%	97%	N/A	96%	96%	95%	97%	97%	98%	99%	98%
	Vehicle	95%	94%	94%	N/A	95%	95%	96%	96%	96%	96%	96%	98%

Key for IPC Audit: Pre April 2012

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

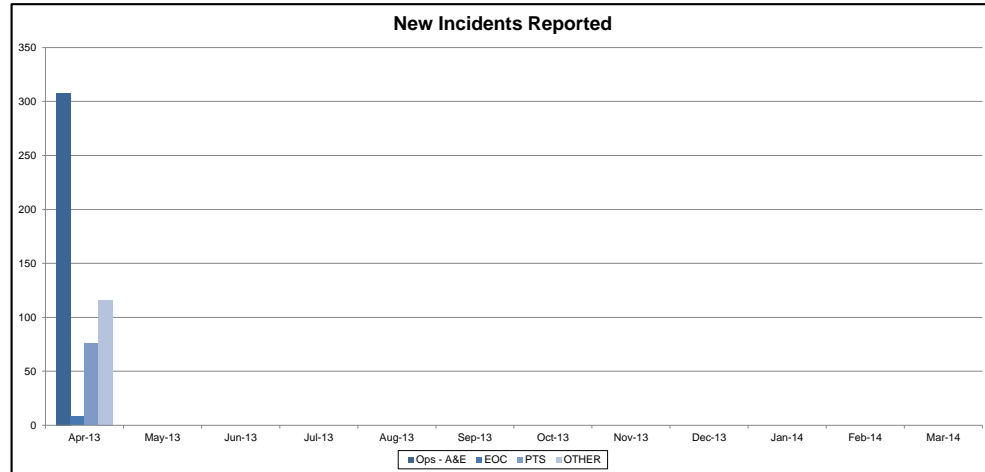
Key for IPC Audit: April 2012 onwards

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

New Incidents Reported

EWI

OBJ REF 3

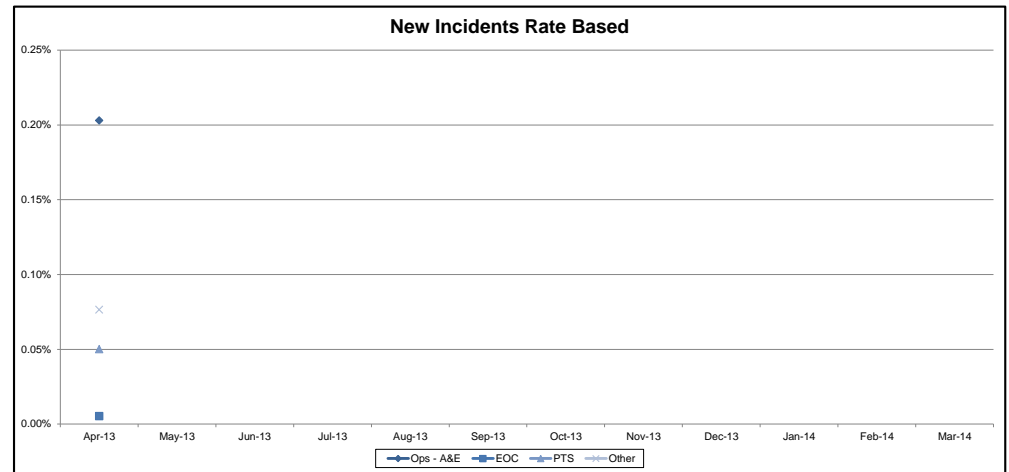


New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	308											
EOC	8											
PTS	76											
OTHER	116											
TOTALS	508											
TOTALS (Prev Year)	432	491	468	518	484	434	497	456	482	465	444	445

New Incidents Reported Rate Based

EWI

OBJ REF 3

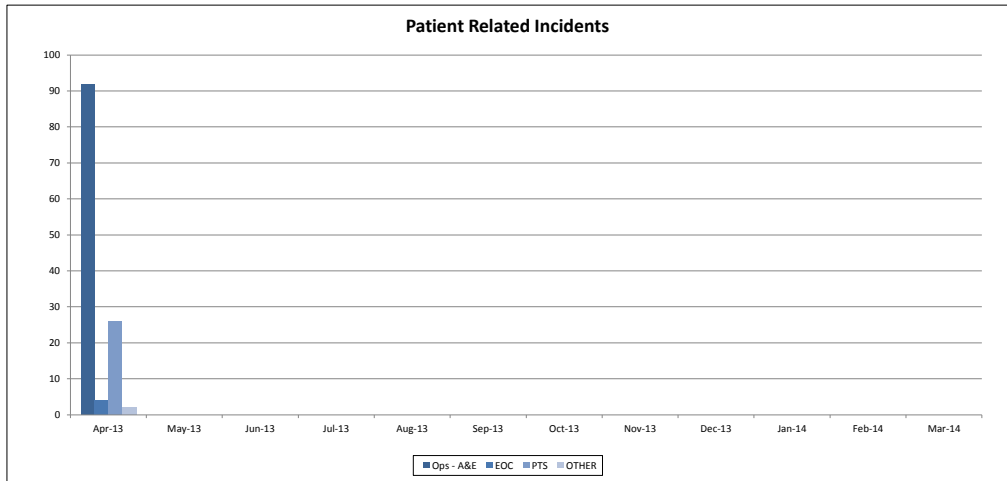


New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	0.20%											
EOC	0.01%											
PTS	0.05%											
OTHER	0.08%											
Overall	0.33%											

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

Patient related Incidents

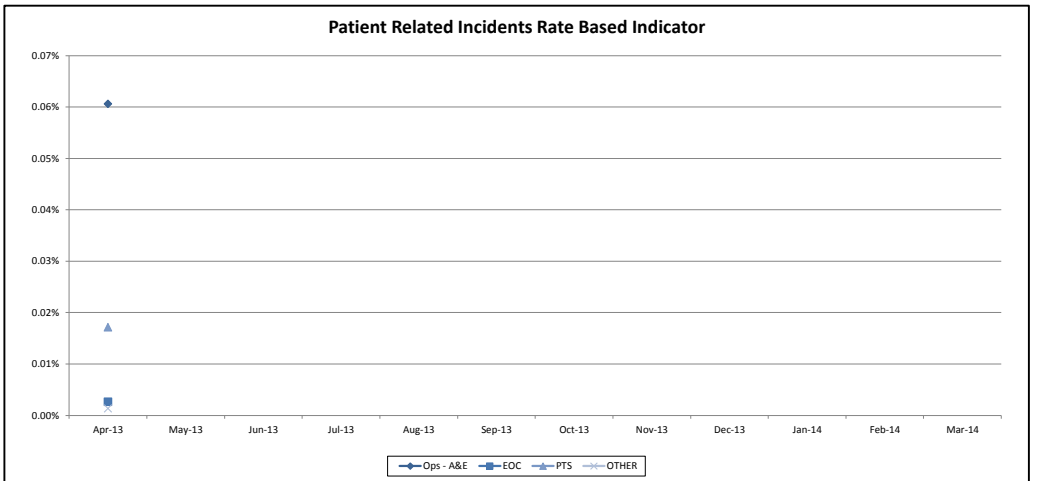
OBJ REF 3



Patient Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	92											
EOC	4											
PTS	26											
OTHER	2											
TOTALS	124											
TOTALS	52	78	68	63	55	74	62	63	68	79	59	84

Patient Related Incidents Rate Based Indicator

OBJ REF 3

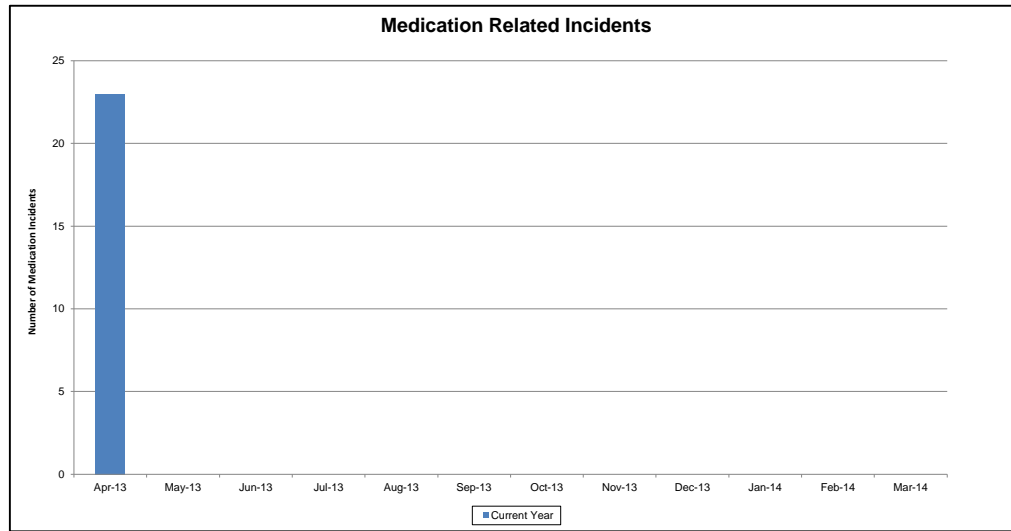


	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	0.06%											
EOC	0.00%											
PTS	0.02%											
OTHER	0.00%											

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

Medication Related Incidents

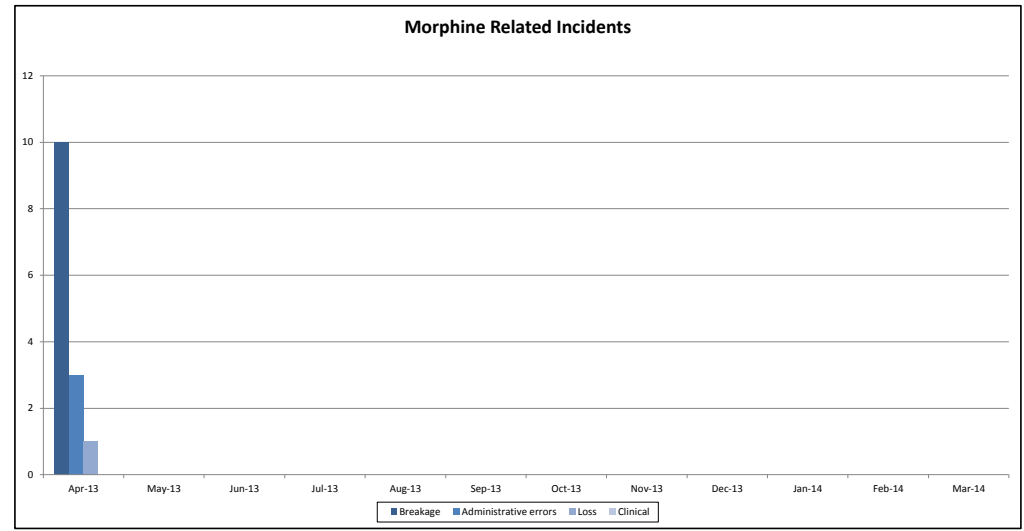
OBJ REF 3



Number of Medication Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Current Year	23											
Previous Year	31	43	42	23	42	33	30	40	35	23	14	31

Morphine Related Incidents

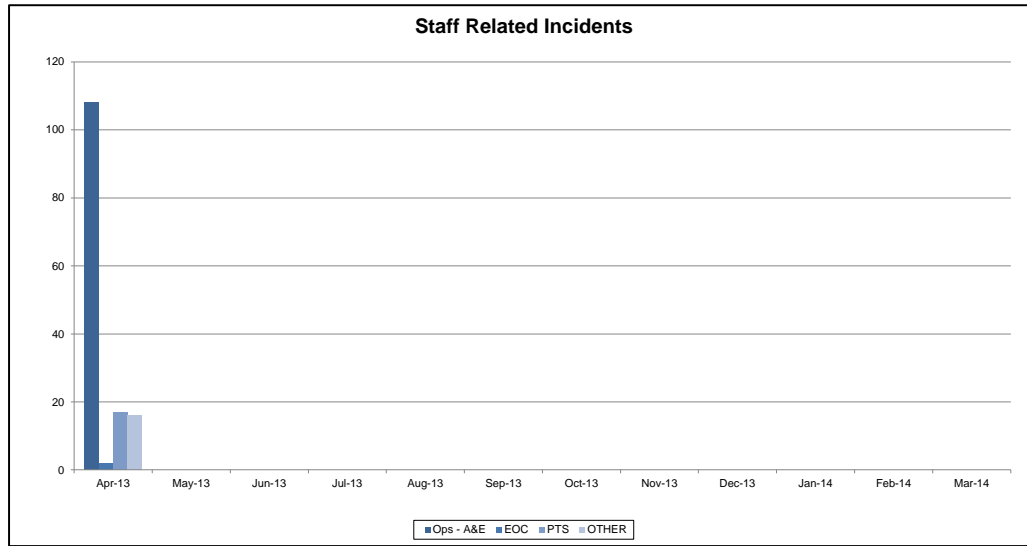
OBJ REF 3



Number of Morphine Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Breakage	10											
Administrative errors	3											
Loss	1											
Clinical	0											
TOTAL (Current Year)	14											
TOTAL (Previous Year)	12	20	20	11	18	13	14	20	14	12	4	12

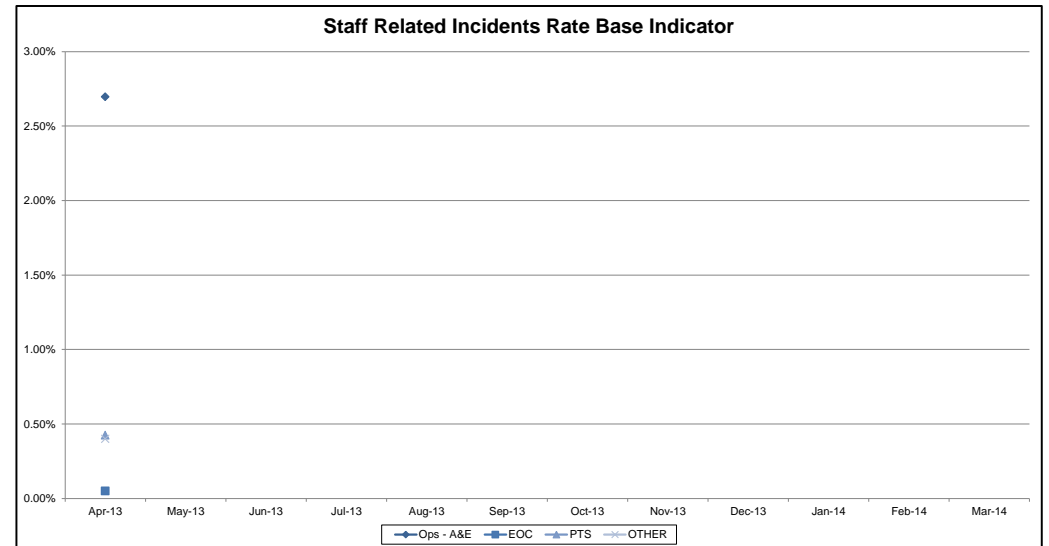
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



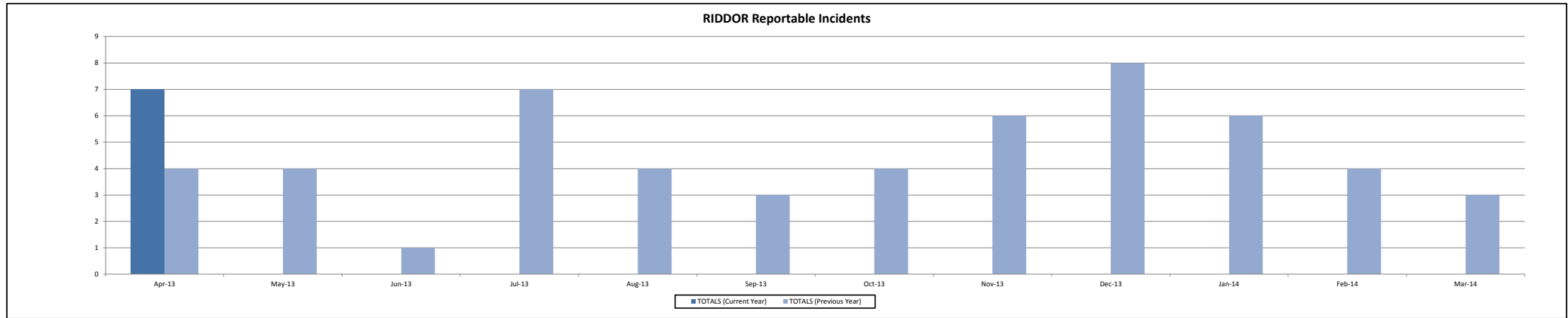
Staff Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	108											
EOC	2											
PTS	17											
OTHER	16											
TOTALS (Current Year)	143											
TOTALS (Previous Year)	86	80	99	97	106	79	120	132	119	105	112	116

Staff Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	2.70%											
EOC	0.05%											
PTS	0.42%											
OTHER	0.40%											

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

RIDDOR Reportable Incidents

OBJ REF 3

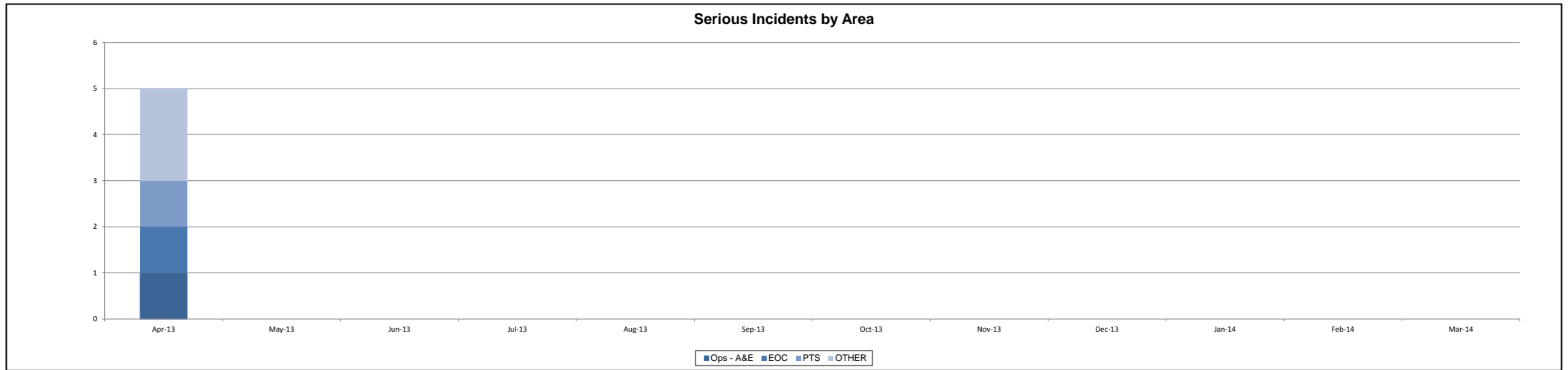


RIDDOR reportable	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
North Yorkshire CBU	0											
East Riding of Yorkshire CBU	4											
Leeds & Wakefield CBU	2											
Bradford, Calderdale and Kirklees	1											
South Yorkshire CBU	0											
Operations PTS	0											
Other Directorates	0											
TOTALS (Current Year)	7											
TOTALS (Previous Year)	4	4	1	7	4	3	4	6	8	6	4	3

Incident Type	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Contact with moving machinery or materials	0											
Hit by a moving, flying or falling object	1											
Hit by a moving vehicle	1											
Hit by something fixed or stationary	0											
Injured while handling, lifting or carrying	1											
Slip, trip or fall on the same level	1											
Fall from a height	0											
Trapped by something collapsing	0											
Drowned or asphyxiated	0											
Exposed to or in contact with a harmful substance	1											
Exposed to fire	0											
Exposed to an explosion	0											
Contact with electricity or an electrical discharge	0											
Injured by an animal	0											
Physically assaulted by a person	1											
Another kind of accident	1											
Total	7											

SUI Incidents by Area

OBJ REF 3



SUI Incidents	EWI	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E		1											
EOC		1											
PTS		1											
OTHER		2											
TOTAL (Current Year)		5											
TOTAL (Previous Year)		3	1	2	4	2	0	2	3	4	5	6	5

Incident Type	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Delayed dispatch/response	1											
Road Traffic Collision	0											
Clinical care	1											
Inadequate clinical assessment	0											
Violence & aggression	0											
Data protection breach	0											
Adverse media attention	0											
Medication related	0											
Other	3											
Total	5											

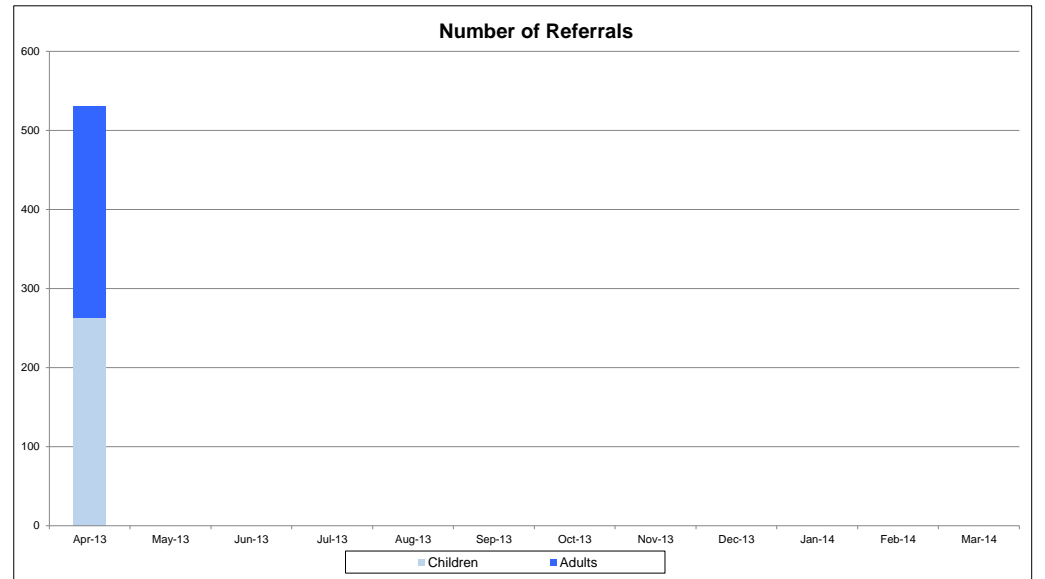
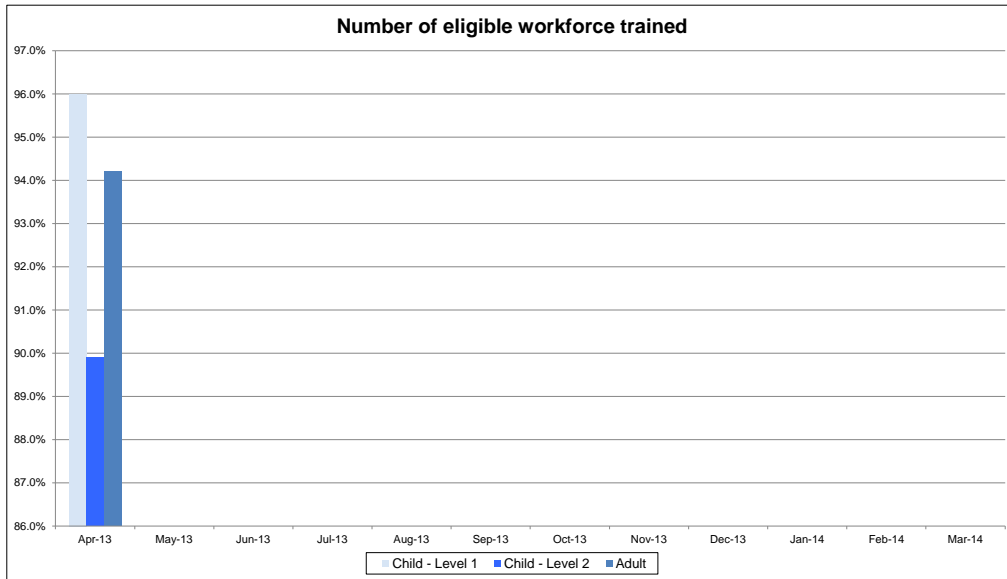
Training Position

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

Number of Child and Adult Referrals

OBJ REF 3



Training Position	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Child - Level 1	96.0%											
Child - Level 2	89.9%											
Adult	94.2%											

Referrals	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Children Referrals	263											
Adult Referrals	267											
TOTAL (Current Year)	530											
TOTAL (Previous Year)	457	469	477	492	470	529	510	461	471	506	375	504

Clinical Performance Indicators - National

OBJ REF

1.2 : 3

	CYCLE 8	CYCLE 9	CYCLE 10	
Hypoglycaemia	May 2012 Results %	June 2012 Results %	Dec 2012 Results %	National Average
H1 - Blood Glucose Recorded before treatment	93.2	92.6	98.0	99.5
H2 - Blood Glucose Recorded after treatment	98.6	98.2	92.0	96.0
H3 - Treatment for Hypoglycaemia Recorded	99.3	99.6	98.7	99.0
PILOT – Direct referral made to an appropriate health professional	85.0	81.3	88.7	65.8
HC – Care Bundle H1, H2 and H3	91.8	91.2	90.0	95.0

	CYCLE 7	CYCLE 8	CYCLE 9	
Asthma	Sept 2011 Results %	Feb 2012 Results %	July 2012 Results %	National Average
A1 - Respiratory rate recorded	99.7	99.6	98.5	99.0
A2 - PEFR (peak flow) recorded before treatment	84.3	79.6	83.4	80.6
A3 - SpO2 recorded before treatment	90.9	87.0	86.4	94.7
A4 - Beta 2 agonist recorded	93.4	96.1	99.2	97.3
A5 - Oxygen administered	95.8	96.8	100.0	96.5
PILOT – Care Bundle A1, A2, A3 and A4	76.7	70.4	77.4	76.7

			CYCLE 9	
Trauma Care - Below Knee Fracture Single Limb Pilot			August 2012 Results %	National Average
F1 - Two pain scores recorded (pre- and post-ambulance intervention)			56.6	79.6
F2 - Analgesia administered			82.9	89.3
F3 - SpO2 recorded (prior to oxygen administration)			92.1	82.3
F4 - Oxygen administered			96.1	86.4
F5 - Immobilisation of limb recorded			59.2	62.0
F6 - Assessment of circulation distal to the fracture recorded			93.4	76.5
FC - Care Bundle F1, F2, F5 and F6			34.2	40.3

			Cycle 9	
Paediatric Care - Febrile Convulsion (PILOT)			September 2012 Results %	National Average
V1 - Blood glucose recorded			89.2	70.1
V2 - Temperature recorded			91.6	98.0
V3 - SpO2 recorded (prior to oxygen administration)			86.7	81.2
V4 - Oxygen administered			90.4	79.5
V5 - Anticonvulsant administered			97.6	94.8
V6 - Temperature management recorded			90.4	86.6
V5 - Appropriate discharge pathway recorded			100.0	97.9
VC - Care Bundle V1, V2, V3, V4 and V6			69.9	50.0

Clinical Audit Programme

OBJ REF

1.2 : 2 : 3: 8.1

National Audit Programme

National Ambulance CPIs: National clinical ACQIs Febrile convulsions Cardiac arrest outcomes Below the knee # Stroke Hypoglycaemia STeMI Stroke MINAP Hypoglycaemia Asthma	SSNAP	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
	AMBER												

Internal Clinical Audit Plan

Monthly Local CPIs Other See Audit Plan Cardiac Arrest outcomes National Requirements		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
	RED												

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-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Total Forms Scanned	51552											
Total of forms with key data incomplete	621											
% of Completed Forms	98.8%											

This measure will always be 1 month in arrears

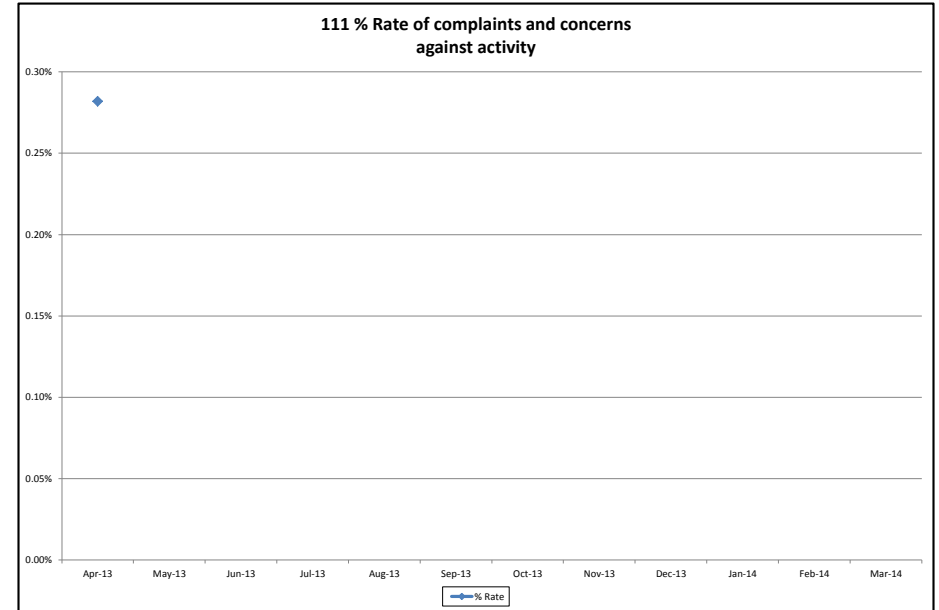
*New criteria from March 2012 - A PRF must include an incident number together with the pin number of at least one attending clinician otherwise it will be captured in the missing report and counted in the 'Total of forms with key data incomplete'

Concerns, Complaints, Comments and Compliments - 111

OBJ REF 1.2 : 3

Complaints & Concerns													
111	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Attitude / Conduct	7												7
Clinical	24												24
Operations	12												12
Sub Total	43												43
HCP Complaints & Concerns	159												159
GRAND TOTAL	202												202
Call Activity	71653												71653
% RATE	0.28%												0.28%

Compliments													
111	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
TOTAL	9												



A&E Patient Experience Survey

OBJ REF 1.2 : 3

YTD RAG

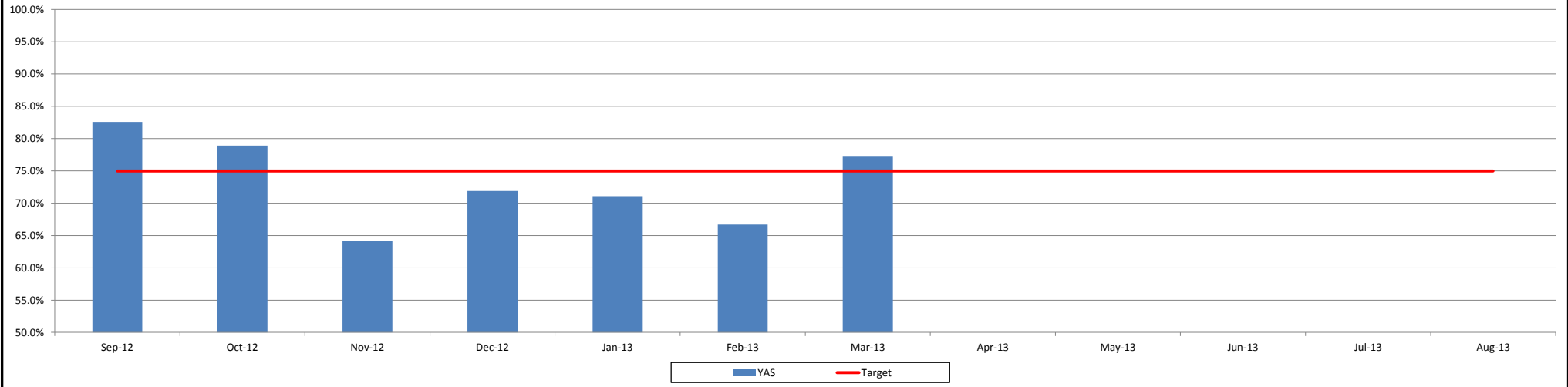
AMBER



MTD RAG

GREEN

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



Overall Service	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
North Yorkshire Cluster	93.5%	87.1%	55.8%	75.9%	85.7%	66.7%	77.3%					
East Yorkshire Cluster	82.8%	82.0%	60.0%	69.6%	61.5%	68.4%	77.4%					
Calderdale, Kirklees & Wakefield Cluster	68.2%	79.2%	66.7%	97.0%	86.7%	66.7%	53.6%					
Leeds, Bradford & Airedale Cluster	73.0%	84.2%	79.1%	82.6%	66.7%	56.3%	83.3%					
South Yorkshire cluster	89.7%	63.4%	65.7%	74.1%	65.0%	66.7%	83.8%					
Unknown Area	100.0%	79.4%	50.0%	31.4%	40.0%	90.9%	88.9%					
YAS	82.6%	78.9%	64.2%	71.9%	71.1%	66.7%	77.2%					
YAS variance to previous Month		-3.7%	-14.7%	7.7%	-0.9%	-4.4%	10.5%					

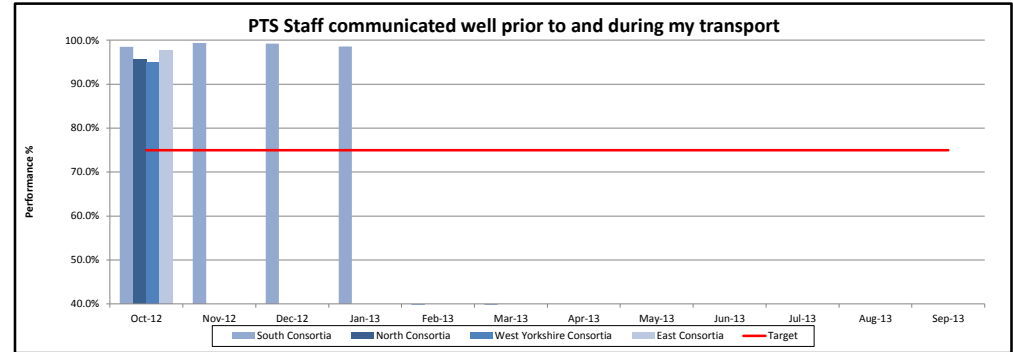
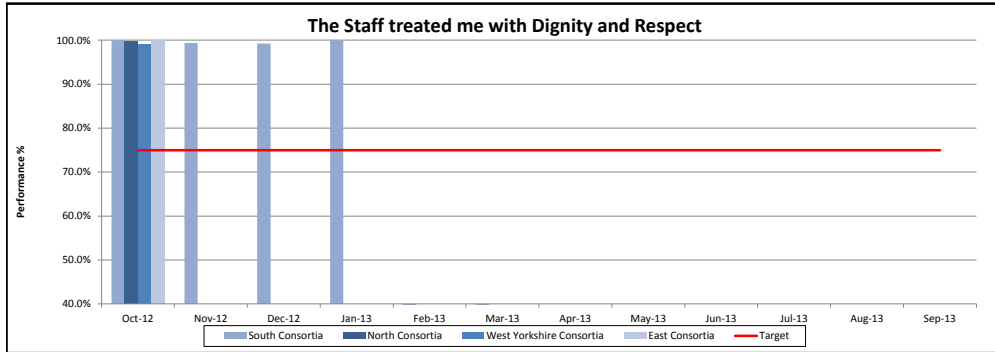
Please note: This will be 1 month in arrears

In November 2012 the rating scale used for this question was changed from 1 to 10 to a descriptive scale (extremely likely, likely, neither likely nor unlikely, unlikely, not at all, don't know)

PTS Patient Experience Survey

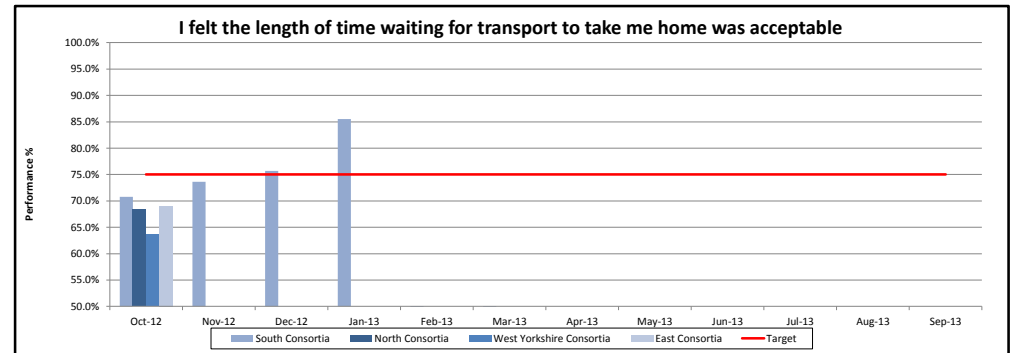
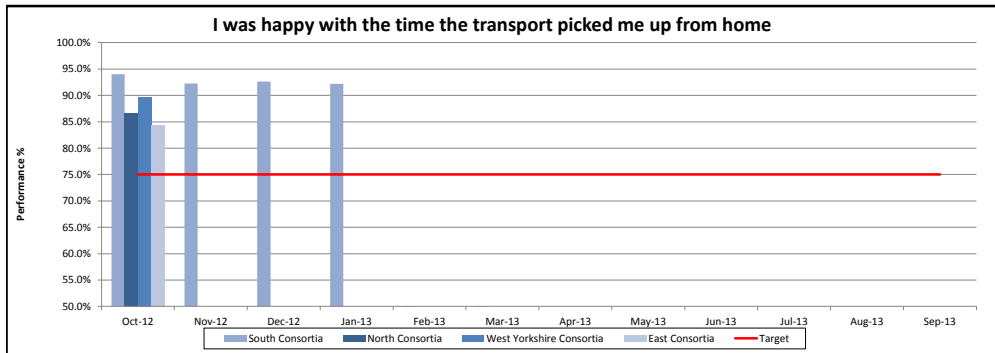
OBJ REF 1.2 : 3

YTD RAG	GREEN
MTD RAG	GREEN



	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
South Consortia	100.0%	99.4%	99.2%	100.0%	N/A	N/A						
North Consortia	99.7%	N/A	N/A	N/A	N/A	N/A						
West Yorkshire Consortia	99.1%	N/A	N/A	N/A	N/A	N/A						
East Consortia	100.0%	N/A	N/A	N/A	N/A	N/A						

	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
South Consortia	98.5%	99.4%	99.2%	98.6%	N/A	N/A						
North Consortia	95.7%	N/A	N/A	N/A	N/A	N/A						
West Yorkshire Consortia	95.1%	N/A	N/A	N/A	N/A	N/A						
East Consortia	97.7%	N/A	N/A	N/A	N/A	N/A						



	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
South Consortia	94.0%	92.3%	92.6%	92.2%	N/A	N/A						
North Consortia	86.6%	N/A	N/A	N/A	N/A	N/A						
West Yorkshire Consortia	89.7%	N/A	N/A	N/A	N/A	N/A						
East Consortia	84.4%	N/A	N/A	N/A	N/A	N/A						

	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
South Consortia	70.8%	73.7%	75.7%	85.5%	N/A	N/A						
North Consortia	68.4%	N/A	N/A	N/A	N/A	N/A						
West Yorkshire Consortia	63.6%	N/A	N/A	N/A	N/A	N/A						
East Consortia	69.0%	N/A	N/A	N/A	N/A	N/A						

Registration Regulations & Outcomes	OBJ REF	3
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NHS Litigation Authority

OBJ REF	3
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	YTD RAG	GREEN
↔	MTD RAG	GREEN

COMPLIANCE							Comments
Outcome	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	Actions Changes since last Report
1 Respecting and involving people who use services	Green	Green	Green	Green	Green	Green	
2 Consent to care and treatment	Grey	Grey	Green	Green	Green	Green	
4 Care and welfare of people who use services	Yellow	Yellow	Orange	Orange	Orange	Orange	
5 Meeting nutritional needs	Grey	Grey	Grey	Grey	Grey	Grey	
6 Cooperating with other providers	Yellow	Yellow	Orange	Orange	Yellow	Yellow	
7 Safeguarding people who use services from abuse	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
8 Cleanliness and infection control	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
9 Management of medicines	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
10 Safety and suitability of premises	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
11 Safety, availability and suitability of equipment	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
12 Requirements relating to staff	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
13 Staffing	Red	Red	Red	Red	Yellow	Yellow	
14 Supporting workers	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
16 Assessing/Monitoring quality	Green	Green	Green	Orange	Yellow	Yellow	
17 Complaints	Yellow	Yellow	Green	Green	Green	Green	
18 Records	Green	Green	Green	Green	Green	Green	

Current Level	level 1
Proposed Level	level 1 by Oct2012 and level 2 by Oct 2013
Advisory Visit	
Formal Assessments	Oct-12

CQC REGISTRATION	
Developments since last report	The CQC inspected YAS on the 22-24 January 2013. The Trust has achieved full compliance to all the Essential Standards of Quality & Safety. The final report has been shared with YAS and will be published on the CQC website in March.
Notifications to CQC	None

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

Compliance Assurance Group - Progress report

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.

Information Governance

OBJ REF	3
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	YTD RAG	GREEN
↔	MTD RAG	GREEN

Freedom of Information (FOI) Requests	This Month	Year to Date
New FOI requests received	26	26
Number acknowledged within 1 day	26	
Number of FOI requests due a response in month	22	
Number responded to within 20 days	20	
Number responded to outside 20 days	1	

Data Protection Act (DPA) Requests	Workload		Compliance	
Subject Access Requests	Cases Awaiting	Year to Date	Compliance with 21 day DoH guidance (%)	Compliance with 40 day DPA legislative requirement (%)
Solicitor Requests	67	67	78%	78%
Police requests	115	115		
Witness Statements / Police Interviews	34	34		
	This Month	Year to Date		
Coroner Requests	27	27		

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

Comments

Data Protection Act (DPA) Requests

Workload in all areas this month is in excess of any previous month's figures. As in previous months, KPIs are consistent with the legislative requirement of 40 days for provision of information being achieved with only minor exception. 21 day compliance is a little lower than expected, largely due to high workload.

FOI Requests

One FOI is outstanding for the month of April, the individual was contacted for further clarification around his FOI request and we have yet to receive a response back from him, which has pushed this response over its 20-working day deadline.



Section 4

Workforce



Comments on Workforce**The IPR for March 2013 identifies a number of key workforce performance issues for Board consideration:**

Lost working time due to sickness absence has continued to reduce however, absence is still above the Trust target at 5.71% for the end of April, which approximates 7249 lost working days for the month. The percentage absence within the Finance & Performance Directorate continues to be high and the Board Absence Turnaround Group has specifically identified the Support Services Department (Fleet, Ancillary, Logistics) for scrutiny and challenge. The second Board Absence Turn Around 'deep dive' into the Operations Directorate was held on 18th April 2013 and refreshed action plans for continuing to reduce sickness absence were produced by A&E, EOC and PTS Senior Managers, advised by their HR Business Partners. The completion of the tendering process for a new Occupational Health Provider for the Trust, subject to a separate report to the Board, is also deemed critical to further improvements in-year.

Performance Development Reviews (PDRs) compliance has increased slightly since the end of April, however improvement actions need to be continued by relevant managers. The critical role of Clinical Supervisors being given sufficient 'protected time' to complete PDRs is also being emphasised as part of the review of the Clinical Leadership Framework implementation.

Statutory and Mandatory Workbook completion achieved green RAG status for year end. Due to the number of new starters in April the figure is slightly lower than previous month. The new Statutory & Mandatory Workbook for 2013/15 is currently being finalised and will be issued to all staff soon.

KPI	Description	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End 12/13
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast
1.1	Sickness / Absence %	RED												GREEN
1.1	PDR %	RED												GREEN
6	Statutory and Mandatory Training	GREEN												GREEN

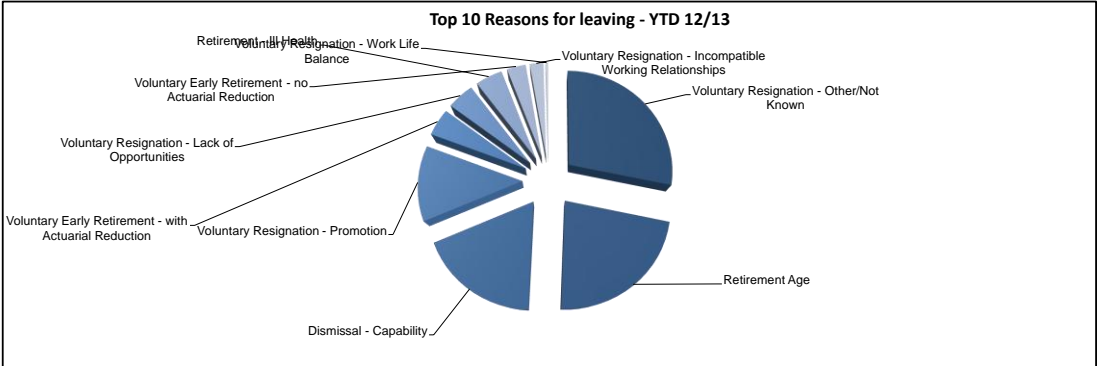
Recruits & Leavers

OBJ REF 1.1

Leavers

OBJ REF 1.1

Recruits	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Chief Executive FTE	0.0											
Chief Executive FTE (Previous Year)	0.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
Clinical FTE	1.0											
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Finance & Performance FTE	0.0											
Finance & Performance FTE (Previous Year)	0.0	0.0	2.0	0.0	3.0	1.0	1.1	0.4	3.0	1.0	2.0	1.8
Workforce & Strategy FTE	0.0											
Workforce & Strategy FTE (Previous Year)	0.0	1.4	0.0	1.0	1.0	0.0	0.0	0.0	2.0	2.0	2.0	1.0
Operations FTE	18.9											
Operations FTE (Previous Year)	7.3	12.0	12.4	21.3	9.6	14.5	9.0	30.5	5.9	93.6	97.3	76.4
Standards & Compliance FTE	2.8											
Standards & Compliance FTE (Previous Year)	0.0	1.0	0.0	2.0	0.0	1.0	1.0	1.0	0.0	1.0	0.0	0.0
Total FTE	22.7											
Total FTE (Previous Year)	7.3	16.4	16.4	24.2	13.6	16.5	11.1	31.9	8.6	97.6	102.3	79.2



Leavers	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Chief Executive FTE	0.0											
Chief Executive FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	1.0	0.5	1.0	0.0	0.0	0.0	0.0
Clinical FTE	1.0											
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	2.3	0.0	0.0	0.0	1.7	0.0	1.0
Finance & Performance FTE	3.0											
Finance & Performance FTE (Previous Year)	3.1	2.0	2.0	3.0	2.1	4.4	3.4	0.0	0.7	0.0	2.2	2.5
Workforce & Strategy FTE	0.0											
Workforce & Strategy FTE (Previous Year)	2.8	1.0	0.0	0.0	3.0	1.0	1.0	0.0	2.8	0.0	2.0	3.0
Operations FTE	13.3											
Operations FTE (Previous Year)	21.8	12.1	7.6	21.5	12.1	11.2	14.4	13.6	18.3	11.4	8.3	12.4
Standards & Compliance FTE	5.0											
Standards & Compliance FTE (Previous Year)	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0
Total FTE	22.3											
Total FTE (Previous Year)	27.7	15.1	9.6	25.5	17.2	19.9	19.3	14.6	21.8	13.1	12.4	22.9

Top Ten Reason	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Voluntary Resignation - Other/Not Known	6.3												6.3
Retirement Age	5.0												5.0
Dismissal - Capability	4.0												4.0
Voluntary Resignation - Promotion	2.7												2.7
Voluntary Early Retirement - with Actuarial Reduction	1.0												1.0
Voluntary Resignation - Lack of Opportunities	1.0												1.0
Retirement - Ill Health	1.0												1.0
Voluntary Early Retirement - no Actuarial Reduction	0.7												0.7
Voluntary Resignation - Incompatible Working Relationships	0.5												0.5
Voluntary Resignation - Work Life Balance	0.1												0.1
Voluntary Resignation - Relocation	0.0												0.0
Redundancy - Voluntary	0.0												0.0
Voluntary Resignation - Better Reward Package	0.0												0.0
Voluntary Resignation - Health	0.0												0.0
End of Fixed Term Contract - Other	0.0												0.0
Death in Service	0.0												0.0
Redundancy - Compulsory	0.0												0.0
Dismissal - Conduct	0.0												0.0
End of Fixed Term Contract - End of Work Requirement	0.0												0.0
Dismissal - Some Other Substantial Reason	0.0												0.0
Initial Pension Ended	0.0												0.0
Dismissal - Statutory Reason	0.0												0.0
End of Fixed Term Contract - External Rotation	0.0												0.0
Voluntary Resignation - Adult Dependents	0.0												0.0
Voluntary Resignation - Child Dependents	0.0												0.0
End of Fixed Term Contract - Completion of Training Scheme	0.0												0.0
Bank Staff not fulfilled minimum work requirement	0.0												0.0
Employee Transfer	0.0												0.0
Has Not Worked	0.0												0.0
Not Set in Legacy at Migration	0.0												0.0

PDR's EWI

OBJ REF 1.1

↓

YTD RAG	RED
MTD RAG	RED

Directorate	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Chief Executive	84%											
Clinical	83%											
Finance & Performance	75%											
Operations	65%											
Standards & Compliance	9%											
Workforce & Strategy	80%											
TRUST TOTAL (Current Year)	61%											
TRUST TOTAL (Previous Year)	79%	79%	77%	77%	76%	79%	78%	78%	72%	67%	63%	56%

Please Note: Chief Executive's Directorate includes 66.67% compliance for the Trust Executive Group, and also includes the Corporate Affairs Department at 84.62%

Statutory and Mandatory Training (Workbooks) EWI

OBJ REF 6

↔

YTD RAG	GREEN
MTD RAG	GREEN

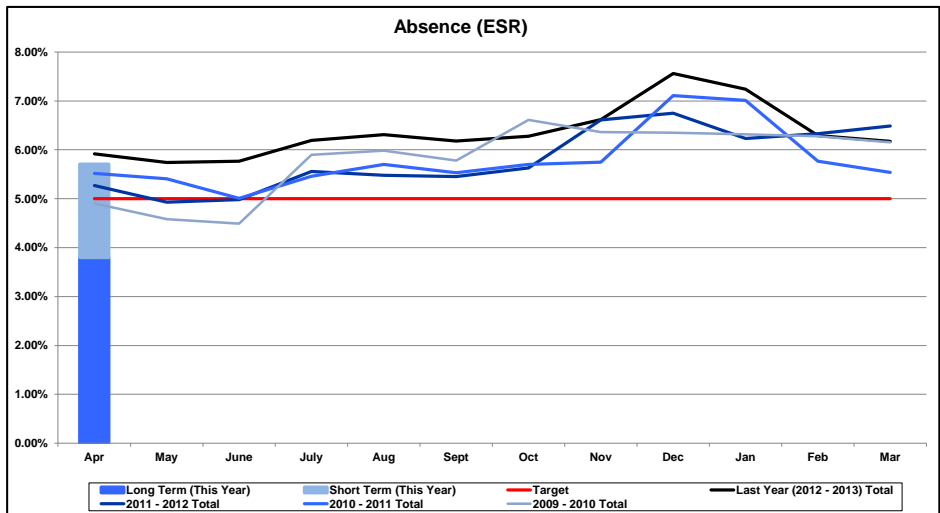
Directorate	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Chief Executive	79%											
Clinical	94%											
Finance & Performance	87%											
Operations	90%											
Standards & Compliance	79%											
Workforce & Strategy	96%											
TRUST TOTAL (Current Year)	89%											
TRUST TOTAL (Previous Year)	77%	77%	76%	77%	82%	85%	86%	89%	89%	88%	88%	89%

Please Note: These figures are for 2011 workbooks only

Short/Long Term Absence EWI

OBJ REF 1.1

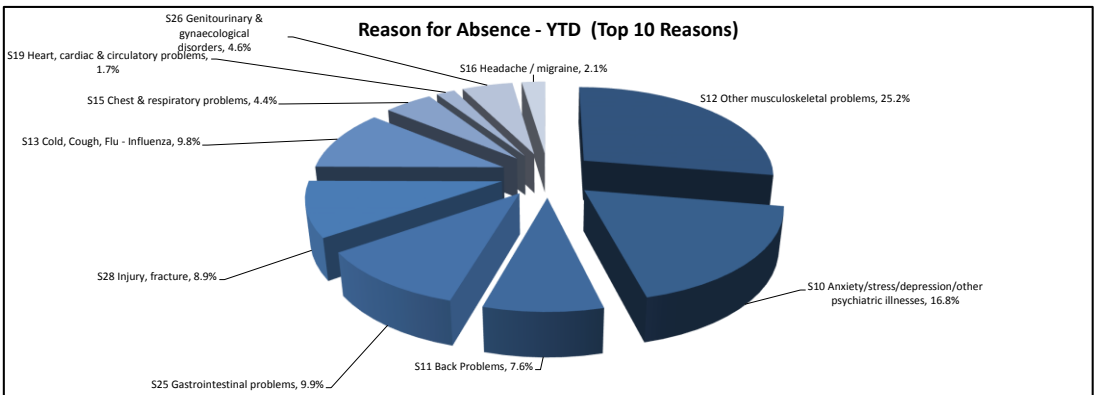
YTD RAG RED
 MTD RAG RED



	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Long Term (This Year)	3.80%											
Short Term (This Year)	1.91%											
This Year (2012 - 2013) Total	5.71%											
Last Year (2012 - 2013) Total	5.92%	5.74%	5.77%	6.19%	6.31%	6.18%	6.28%	6.62%	7.56%	7.24%	6.29%	6.17%
2011 - 2012 Total	5.27%	4.93%	4.98%	5.56%	5.48%	5.45%	5.63%	6.61%	6.75%	6.23%	6.33%	6.49%
2010 - 2011 Total	5.52%	5.41%	5.01%	5.46%	5.70%	5.53%	5.70%	5.75%	7.11%	7.01%	5.77%	5.54%
2009 - 2010 Total	4.90%	4.58%	4.49%	5.90%	5.98%	5.78%	6.61%	6.36%	6.35%	6.32%	6.28%	6.15%

Reason for Absence EWI

OBJ REF 1.1

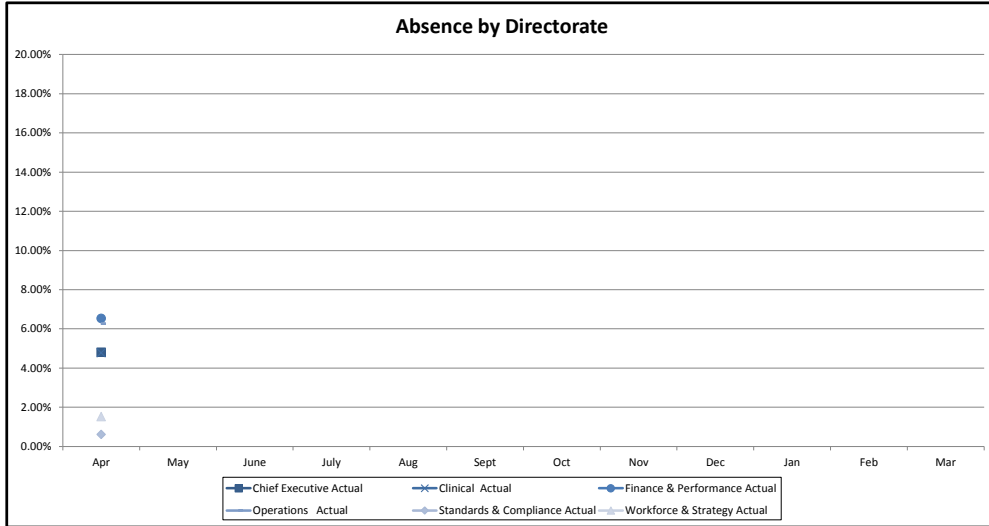


Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 13/14
S12 Other musculoskeletal problems	25.2%												25.2%
S10 Anxiety/stress/depression/other psychiatric illnesses	16.8%												16.8%
S11 Back Problems	7.6%												7.6%
S25 Gastrointestinal problems	9.9%												9.9%
S28 Injury, fracture	8.9%												8.9%
S13 Cold, Cough, Flu - Influenza	9.8%												9.8%
S15 Chest & respiratory problems	4.4%												4.4%
S19 Heart, cardiac & circulatory problems	1.7%												1.7%
S26 Genitourinary & gynaecological disorders	4.6%												4.6%
S16 Headache / migraine	2.1%												2.1%
S21 Ear, nose, throat (ENT)	1.7%												1.7%
S17 Benign and malignant tumours, cancers	1.3%												1.3%
S29 Nervous system disorders	0.9%												0.9%
S27 Infectious diseases	0.9%												0.9%
S31 Skin disorders	1.1%												1.1%
S30 Pregnancy related disorders	0.6%												0.6%
S23 Eye problems	0.6%												0.6%
S24 Endocrine / glandular problems	0.5%												0.5%
S22 Dental and oral problems	0.2%												0.2%
S18 Blood disorders	0.8%												0.8%
S98 Other known causes - not elsewhere classified	0.0%												0.0%
S99 Unknown causes / Not specified	0.0%												0.0%
S14 Asthma	0.0%												0.0%
S20 Burns, poisoning, frostbite, hypothermia	0.2%												0.2%
S32 Substance abuse	0.0%												0.0%

Short/Long Term Absence by Directorate EWI

OBJ REF 1.1

YTD RAG **RED**
 MTD RAG **RED**

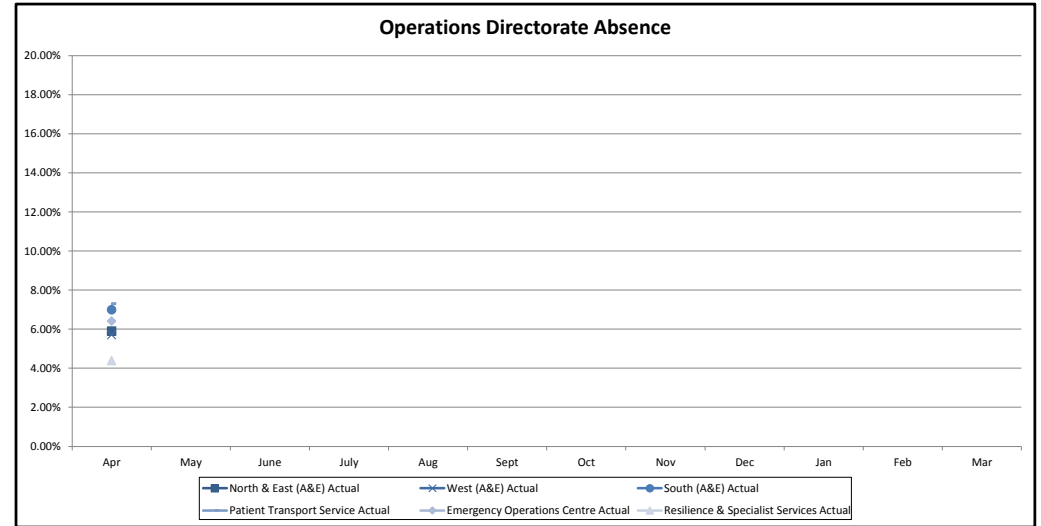


By Directorate 2012 - 2013		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.80%											
Clinical	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.77%											
Finance & Performance	Target	3.00%	3.00%	3.00%	3.00%	3.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
	Actual	6.53%											
Operations	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	6.27%											
Standards & Compliance	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	0.61%											
Workforce & Strategy	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	1.52%											

Short/Long Term Absence Operations Directorate split EWI

OBJ REF 1.1

YTD RAG **RED**
 MTD RAG **RED**

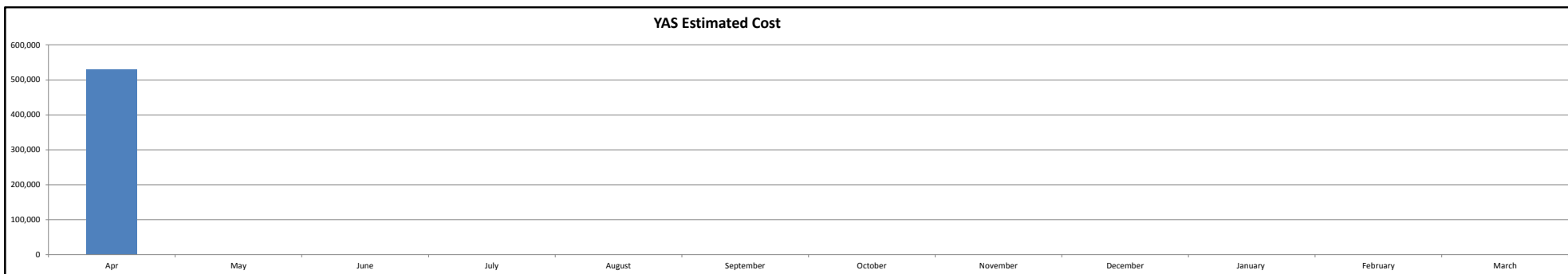


Operations Directorate Split		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
North & East (A&E)	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	5.90%											
West (A&E)	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	5.71%											
South (A&E)	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	6.99%											
Patient Transport Service	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	7.31%											
Emergency Operations Centre	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	6.41%											
Resilience & Specialist Services	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	4.39%											

Absence Costs by Directorate

OBJ REF 1.1

←→	YTD RAG	RED
	MTD RAG	RED



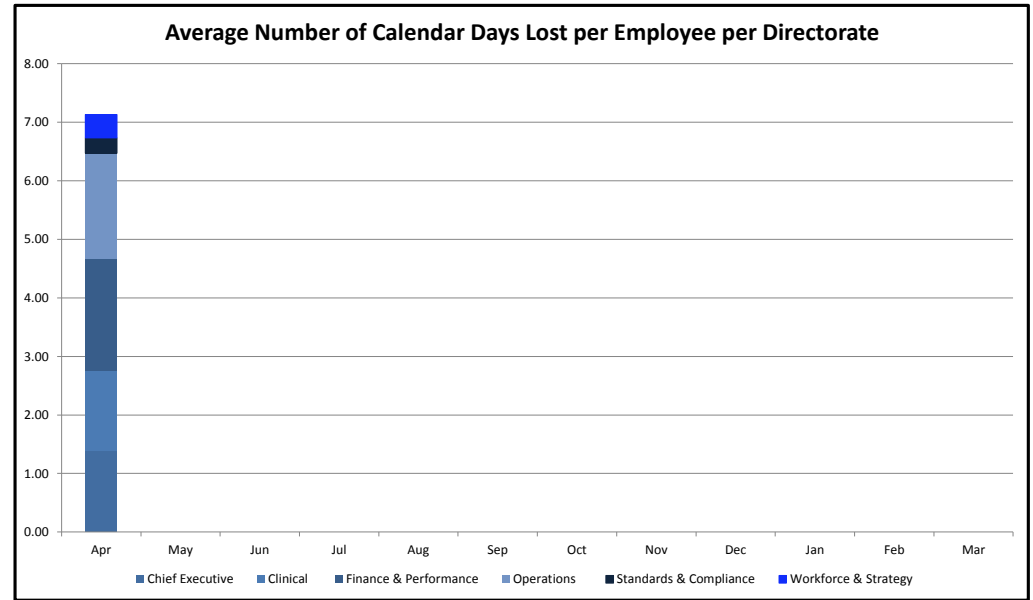
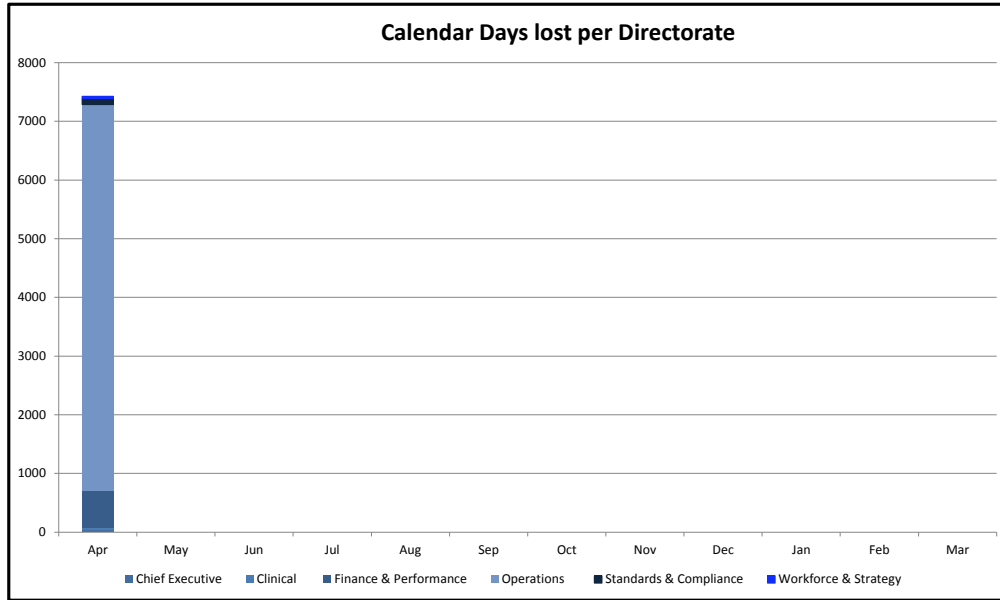
By Directorate 2012 - 2013		Apr	May	June	July	August	September	October	November	December	January	February	March	YTD	
Chief Executive	Total Cost Per Day	£57.19												£57.19	
	Employers Cost (NI & Pension)	£367.47												£367.47	
	Total Estimated Cost	£2,369.23												£2,369.23	
Clinical	Total Cost Per Day	£52.21												£52.21	
	Employers Cost (NI & Pension)	£548.17												£548.17	
	Total Estimated Cost	£2,740.85												£2,740.85	
Finance & Performance	Total Cost Per Day	£48.39												£48.39	
	Employers Cost (NI & Pension)	£5,749.92												£5,749.92	
	Total Estimated Cost	£29,678.40												£29,678.40	
Standards & Compliance	Total Cost Per Day	£32.56												£32.56	
	Employers Cost (NI & Pension)	£811.76												£811.76	
	Total Estimated Cost	£4,197.49												£4,197.49	
Workforce & Strategy	Total Cost Per Day	£91.03												£91.03	
	Employers Cost (NI & Pension)	£842.01												£842.01	
	Total Estimated Cost	£4,210.03												£4,210.03	
Operations	North & East (A&E)	Total Cost Per Day	£66.35											£66.35	
		Employers Cost (NI & Pension)	£21,106.41											£21,106.41	
		Total Estimated Cost	£107,768.72											£107,768.72	
	West (A&E)	Total Cost Per Day	£63.56												£63.56
		Employers Cost (NI & Pension)	£22,166.33												£22,166.33
		Total Estimated Cost	£113,038.14												£113,038.14
	South (A&E)	Total Cost Per Day	£71.57												£71.57
		Employers Cost (NI & Pension)	£17,856.41												£17,856.41
		Total Estimated Cost	£90,030.94												£90,030.94
	PTS	Total Cost Per Day	£45.00												£45.00
		Employers Cost (NI & Pension)	£12,692.64												£12,692.64
		Total Estimated Cost	£69,064.97												£69,064.97
	EOC	Total Cost Per Day	£60.51												£60.51
		Employers Cost (NI & Pension)	£8,760.71												£8,760.71
		Total Estimated Cost	£45,793.85												£45,793.85
	Resilience / Special Services	Total Cost Per Day	£59.88												£59.88
		Employers Cost (NI & Pension)	£2,081.41												£2,081.41
		Total Estimated Cost	£11,325.18												£11,325.18
Total	Total Cost Per Day	£281.38												£281.38	
	Employers Cost (NI & Pension)	£8,319.33												£8,319.33	
	Total Estimated Cost	£529,039.08												£529,039.08	

Calendar Days Lost

OBJ REF	1.1
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Average Number of Calendar Days Lost

OBJ REF	1.1
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2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	35											
Clinical	42											
Finance & Performance	634											
Operations	6577											
Standards & Compliance	104											
Workforce & Strategy	37											
Trust Total (Current year)	7429											
Trust Total (Previous Year)	7249	7170	6999	7807	7821	7405	7754	7984	9568	9275	7399	8187

Please Note: All calculations exclude volunteers.

2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	1.40											
Clinical	1.35											
Finance & Performance	1.91											
Operations	1.81											
Standards & Compliance	0.26											
Workforce & Strategy	0.40											
Trust Total (Current year)	1.65											
Trust Total (Previous Year)	1.73	1.71	1.67	1.85	1.86	1.76	1.85	1.89	2.27	2.15	1.68	1.81

Please Note: All calculations exclude volunteers.

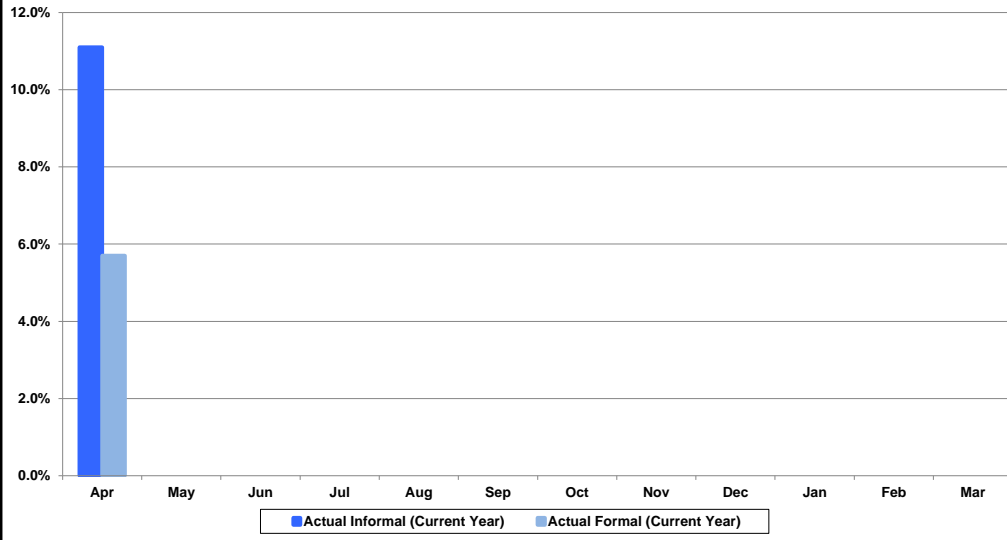
Absence Management Process

OBJ	1.1
REF	

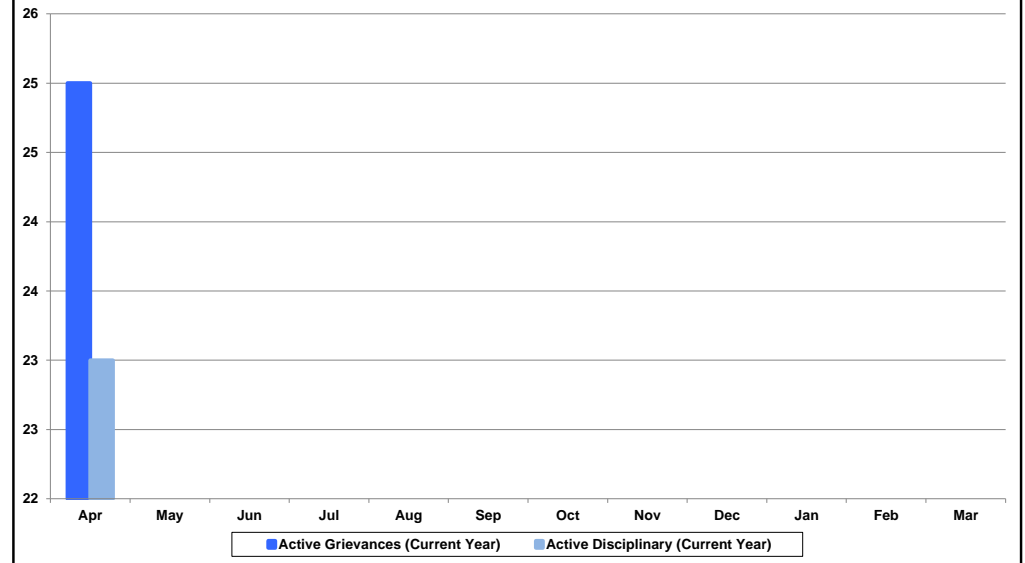
Grievances / Disciplinary

OBJ	1.1
REF	

Percentage of Operational workforce in Informal / Formal Absence Management Process



Number of Active Grievances / Disciplinary



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual Informal (Current Year)	11.1%											
Actual Formal (Current Year)	5.7%											
Actual Informal (Previous Year)	9.6%	10.2%	9.9%	9.3%	9.0%	7.6%	9.6%	9.0%	8.6%	11.0%	10.8%	10.7%
Actual Formal (Previous Year)	4.7%	4.4%	4.2%	4.3%	4.2%	3.9%	4.3%	4.5%	4.6%	5.4%	4.9%	5.9%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Active Grievances (Current Year)	25											
Active Disciplinary (Current Year)	23											
Active Grievances (Previous Year)	23	12	10	13	21	17	17	22	33	34	31	26
Active Disciplinary (Previous Year)	16	18	24	26	31	24	25	23	21	20	23	20

Disciplinary Reasons

OBJ REF 1.1

Actual number of New Cases Opened in Month by Reason													
2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Breach of health & safety requirements													0
Breach of confidentiality													0
Convicted of a criminal offence													0
Damage to property													0
Disregard of instructions													0
Failure to renew professional registration													0
Falsification of records													0
Fraud													0
Inappropriate behaviour													0
Inappropriate use of NHS resources													0
Maltreatment of patient/client													0
Maltreatment of other worker													0
Misconduct	3												3
Negligence													0
Other allegation													0
Theft of money or materials													0
Unsatisfactory attendance - timekeeping													0
TRUST TOTAL	3	0	0	0	0	0	0	0	0	0	0	0	3

Grievance Reasons

OBJ REF 1.1

Actual number of New Cases Opened in Month by Reason													
2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Age													0
Disability													0
Gender													0
Health & Safety													0
Organisational Change	1												1
Other	1												1
Other Working Conditions													0
Policy & Procedure	3												3
Racial													0
Religion													0
Sexual													0
Sexual Orientation													0
T&Cs: Assimilation													0
T&Cs: Job Evaluation													0
T&Cs: Other	1												1
T&Cs: Premium Payments													0
Trade Union Duties													0
TRUST TOTAL	6	0	0	0	0	0	0	0	0	0	0	0	6

Actual number of New Cases Opened in Month by Directorate

2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0
Clinical													0
Finance & Performance													0
Operations	3												3
Standards & Compliance													0
Workforce & Strategy													0
TRUST TOTAL	3	0	0	0	0	0	0	0	0	0	0	0	3

Actual number of New Cases Opened in Month by Directorate

2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0
Clinical													0
Finance & Performance													0
Operations	6												6
Standards & Compliance													0
Workforce & Strategy													0
TRUST TOTAL	6	0	0	0	0	0	0	0	0	0	0	0	6

Actual percentage of New Cases Opened in Month by Directorate

2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0.0%
Clinical													0.0%
Finance & Performance													0.0%
Operations	100.0%												100.0%
Standards & Compliance													0.0%
Workforce & Strategy													0.0%

Actual percentage of New Cases Opened in Month by Directorate

2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0.0%
Clinical													0.0%
Finance & Performance													0.0%
Operations	100.0%												100.0%
Standards & Compliance													0.0%
Workforce & Strategy													0.0%



Section 5

Finance



EBITDA	Reference
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the first month to 30 April 2013 was £1.431m (7.5%). 	5.4
<ul style="list-style-type: none"> This is slightly above the first month's plan of £1.425m (7.5%) due to a small benefit from the reversal of year end credit note provisions offset against lower RTA income and vacancies off-set against vehicle maintenance, subsistence and third party payments. 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has reported a surplus as at 30 April 2013 of £362k against a budgeted surplus of £347k. This assumes that no penalties are applied for 111 	5.4
<ul style="list-style-type: none"> The actual surplus included a small profit on the sale of several A&E vehicles (£15k). 	
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £10.697m at the end of April 2013 against a plan of £7.298m 	5.8 / 5.11
<ul style="list-style-type: none"> The Monitor Risk Rating for liquidity is 31.7 days against a plan of 26.6 days, giving a rating of 4. 	5.2
MONITOR RISK RATING	
<ul style="list-style-type: none"> Overall the Trust has achieved a rating of 4. The I&E surplus margin net of dividend and impairment was 1.9%, against a plan of 1.8% achieving a rating of 3. 	5.2
CIP DELIVERY	
<ul style="list-style-type: none"> The Trust had a savings target of £10.909m for 2013/14. Business cases for CIPs to the value of £10.909m were prepared and Quality Assessments prepared. 	5.7
<ul style="list-style-type: none"> April has seen a shortfall of £123k in CIP schemes against a plan of £705k. 	

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

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

Overall the Trust has achieved a risk rating of 4.
The Financial Triggers are all green and no risks are present.

Financial Criteria	Metric	Year to Date	Rating	Weight	Weighted Score	Actual Statistic	Comments	Calculation
Underlying Performance	EBITDA Margin	Annual Target	3	25%	0.75	6.3%	On target	Measures income before interest, taxes, depreciation and amortisation as a percentage of total income.
		YTD Target	3	25%	0.75	7.5%		
		Actual YTD	3	25%	0.75	7.5%		
Achievement of Plan	EBITDA Achieved	Annual Target	5	10%	0.5	100.0%	On target	Compares the value of EBITDA achieved in comparison to planned EBITDA.
		Annual Forecast	5	10%	0.5	100.0%		
		Actual YTD	5	10%	0.5	100.0%		
Financial Efficiency	Net Return after Financing	Annual Target	5	20%	1	3.6%	Above target. Rating achieved	I&E Surplus less PDC Dividend, Interest, PFI Financial, other Finance Lease costs, divided by Total Debt + balance sheet PFI and Finance Leases +Taxpayers Equity.
		YTD Target	5	20%	1	6.1%		
		Actual YTD	5	20%	1	6.4%		
	I&E Surplus Margin net of dividend	Annual Target	3	20%	0.6	1.1%	Above target. Rating achieved	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income.
		YTD Target	3	20%	0.6	1.8%		
		Actual YTD	3	20%	0.6	1.9%		
Liquidity Ratio	Liquidity Ratio (Days)	Annual Target	4	25%	1	29.8	Over achieved against target. Rating achieved.	Expressed as the number of days cash that is available for expenditure i.e. cash plus trade debtors plus unused working capital facility less the sum of trade creditors, other creditors and accruals.
		YTD Target	4	25%	1	26.6		
		Actual YTD	4	25%	1	31.7		
Risk Rating	Risk Rating Year to Date	Annual Target			3.85			
		YTD Target			3.85			
		Actual YTD			3.85			

Monitor Compliance Framework 2012/13							
Financial Criteria	Weight %	Metric to be scored	Rating Categories				
			5	4	3	2	1
Achievement of plan	10	EBITDA* Achieved (% of plan)	100	85	70	50	<50
Underlying performance	25	EBITDA* margin (%)	11	9	5	1	<1
Financial efficiency	20	Net Return after financing ** (%)	>3	2	-0.5	-5	<-5
	20	I&E surplus margin net of dividend	3	2	1	-2	<-2
Liquidity	25	Liquidity ratio *** (days)	60	25	15	10	<10

Financial risk rating is weighted average of financial criteria scores

	Plan	Actual
Number of operating days in year to date	30	30
Operating expenses per day (£000)	£588	£589

INCOME**Income is £15k above plan (see 5.4) due to:-**

- A&E activity is 0.2% above contract for the first month of the year, April.
- 111 income invoiced for April is based upon full contract activity; however by only achieving 60% of activity during the go-live stage, negotiations will continue to agree this income with Commissioners (see risks 5.10).
- Reversal of credit note provisions in A&E resulted in a modest increase against budget of £28k
- PTS income is ahead of plan at month 1, as a consequence of the Trust being awarded a dedicated discharge service in Harrogate. In the short term, this income will in part be off-set by an over-spend on private providers whilst the Trust establishes the resources to provide the service on an on-going basis. Income and expenditure budgets will be applied in month 2.
- Other income includes lower than expected activity in Injury Costs Recovery Scheme (RTA) by £41k, and fleet and commercial income off-set by higher income in relation to IM&T services supporting GPOOH.

EXPENDITURE (see 5.6)

- A&E operations are overspent by £271k; with a £50k under spend on pay and £321k over spend on non pay which is largely due to travel and subsistence payments and spend on Private Providers required to meet 77.87% overall performance (and 75.28% Red 1 performance) in April along with additional demand of 5.1% (2.1% higher than anticipated).
 - A&E CBUs are over spent by £44k. Overtime spend required to meet overall performance in April offset by vacancies.
 - Operations management is under spent by £68k - Demand overtrade has been allocated to Operational pay.
 - Vacancies exist on ECP, Resource Team, Air Ambulance, South and West Management resulting in under spends (£18k) which reduce the net over spend position for the directorate.
 - Other Operations areas such as HART (£2.5k) are under spending on pay
 - Private providers used to support deliver of A&E services in April totalling £272k.
- 111 pay is over spent against budget by £142k. This is due to additional nursing and medical staff to cover bank holiday period and initial go-live period. GPOOH is £35k over spent and included in the 111 overall cost
- Emergency Operations Centre is under spent by £112k overall of which £105k due to vacancies
- PTS operations is £232k overspent overall. A £102k over spend on pay is as a result of under achievement of CIP in month and a vacancy level of 12% covered by overtime. £129k over spend in non-pay is due to the continued high usage of sub-contractors.
- The Finance Directorate as a whole (including fleet, estates, IM&T and procurement) is £64k overspent:
 - Fleet is overspent by £15k overall which includes £81k over spend on non pay largely due to vehicle maintenance costs being higher than budget.
 - IM&T is overspent by £68k due to a £71k over spend in contracts for computer maintenance. £145k is held in reserves to cover a non-recurrent CIP from 2012/13 which was taken out of the 2013/14 budget recurrently

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £1.431m for the month of April, which is above plan (£1.425m).
- The Trust's EBITDA return of 7.5% is in line with plan for the first month of the year. The full year plan for EBITDA is 6.3%

Yorkshire Ambulance Service - Statement of Comprehensive Income

April 2013

	Current Month			Full Year		
	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Accident & Emergency	13,859	13,887	-28	164,940	164,940	0
Patient Transport Service	2,231	2,274	-43	26,769	26,769	0
Other Income	2,983	2,929	55	35,489	35,489	0
Operating Income	19,073	19,089	-16	227,197	227,197	0
Pay Expenditure & reserves	-12,893	-12,505	-388	-153,581	-153,581	0
Non-Pay expenditure & reserves	-4,755	-5,154	399	-59,275	-59,275	0
Operating Expenditure	-17,648	-17,659	11	-212,856	-212,856	0
EBITDA	1,425	1,431	-6	14,341	14,341	0
EBITDA %	7.5%	7.5%		6.3%	6.3%	
Depreciation	-735	-735	0	-9,506	-9,506	0
Interest payable & finance costs	0	0	0	-155	-155	0
Interest receivable	2	3	-1	27	27	0
Profit on fixed asset disposal	0	15	-15	138	138	0
Dividends, interest and other	-346	-352	6	-2,246	-2,246	0
Retained Surplus	347	362	-15	2,600	2,600	0
I&E Surplus %	1.8%	1.9%		1.1%	1.1%	

Yorkshire Ambulance Service - Operational Performance

April 2013

2012/2013 Contracting Reporting (A&E - KA34 Definition vehicle arrive at scene)

A&E CONTRACT - Responses	April 2013				
Clinical Commissioning Groups (CCGs)	Contract	Estimate	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000
NHS East Riding of Yorkshire CCG	3,114	3,266	152	4.9%	24.2
NHS Hull CCG	3,574	3,660	86	2.4%	13.7
NHS Vale of York CCG	3,001	3,105	104	3.5%	16.5
NHS Hambleton, Richmondshire and Whitby CCG	1,269	1,329	60	4.7%	9.5
NHS Harrogate and Rural District CCG	1,265	1,384	119	9.4%	18.9
NHS Scarborough and Ryedale CCG	1,373	1,380	7	0.5%	1.1
NHS Wakefield CCG	4,098	4,096	-2	0.0%	-0.3
NHS Leeds North CCG	1,977	2,124	147	7.4%	23.4
NHS Leeds South and East CCG	3,524	3,822	298	8.5%	47.4
NHS Leeds West CCG	3,233	3,585	352	10.9%	56.0
NHS Bradford City CCG	1,411	1,386	-25	-1.8%	-4.0
NHS Bradford Districts CCG	3,649	3,647	-2	-0.1%	-0.3
NHS North Kirklees CCG	1,831	1,916	85	4.6%	13.5
NHS Greater Huddersfield CCG	2,404	2,573	169	7.0%	26.9
NHS Airedale, Wharfedale and Craven CCG	1,525	1,643	118	7.7%	18.8
NHS Calderdale CCG	2,265	2,595	330	14.6%	52.5
NHS Barnsley CCG	2,454	2,760	306	12.5%	48.7
NHS Doncaster CCG	3,563	3,748	185	5.2%	29.4
NHS Rotherham CCG	2,750	2,999	249	9.1%	39.6
NHS Sheffield CCG	6,290	6,333	43	0.7%	6.8
TOTAL	54,570	57,351	2,781	5.1%	442.2

April 2013 estimates based upon 2012/13 actuals

Yorkshire Ambulance Service - Income and Expenditure Forecast

April 2013

Budget Name	Budget manpower current month	Actual manpower current month	Current month over/ (under)	Budget current month	Actual current month	Variance month Over/ (under) spend	Budget Full Year
	WTE	WTE	WTE	£	£	£	£
Income				19,073,322	19,089,410	-16,088	227,197,321
Pay							
A&E Operations	2,204.14	2,293.04	88.90	-7,472,783	-7,422,323	-50,460	-89,187,105
PTS Operations	772.01	731.15	-40.86	-1,350,881	-1,452,662	101,781	-15,240,386
Resilience	119.16	115.17	-3.99	-430,922	-429,747	-1,175	-4,974,819
EOC	385.54	355.75	-29.79	-1,080,035	-974,934	-105,101	-12,805,439
Finance	65.03	59.02	-6.01	-205,601	-178,144	-27,457	-2,455,449
Estates	46.69	46.89	0.20	-101,327	-101,428	101	-1,215,994
Fleet	177.74	166.40	-11.34	-458,684	-392,829	-65,855	-5,330,481
IM&T	39.10	37.07	-2.03	-121,331	-118,383	-2,948	-1,455,992
Procurement	18.61	16.93	-1.68	-36,868	-33,481	-3,387	-442,436
Standards & Compliance	34.55	30.03	-4.52	-120,202	-75,874	-44,328	-1,442,459
111	282.00	326.55	44.55	-698,491	-840,841	142,350	-8,569,006
Workforce & Strategy	94.51	86.70	-7.81	-286,308	-265,351	-20,957	-3,435,816
Clinical Directorate	31.09	28.17	-2.92	-123,662	-109,888	-13,774	-1,443,647
Chief Executive	26.02	20.88	-5.14	-115,569	-108,751	-6,818	-1,386,892
Reserves	0.00	0.00	0.00	-289,974	0	-289,974	-4,195,352
Total Pay	4,296.19	4,313.75	17.56	-12,892,638	-12,504,636	-388,002	-153,581,273
Non Pay							
A&E Operations				-120,482	-441,536	321,054	-1,504,776
PTS Operations				-134,845	-264,577	129,732	-1,651,741
Resilience				-82,692	-73,618	-9,074	-1,020,901
EOC				-15,642	-8,417	-7,225	-187,700
Finance				-1,176,446	-1,183,802	7,356	-13,737,389
Estates				-420,823	-433,433	12,610	-5,105,461
Fleet				-1,628,107	-1,708,902	80,795	-18,907,158
IM&T				-338,324	-409,556	71,232	-4,059,894
Procurement				-248,863	-239,776	-9,087	-2,922,599
Standards & Compliance				-74,790	-77,908	3,118	-897,467
111				-1,262,929	-1,263,719	790	-15,115,144
Workforce & Strategy				-117,933	-100,628	-17,305	-1,415,158
Clinical Directorate				-4,558	-3,219	-1,339	-54,700
Chief Executive				-18,289	-13,537	-4,752	-219,456
Reserves				-189,017	0	-189,017	-4,216,504
Total Non Pay				-5,833,740	-6,222,628	388,888	-71,016,048
Total Expenditure	4,296.19	4,313.75	17.56	-18,726,378	-18,727,264	886	-224,597,321
Surplus/(Deficit)				346,944	362,146	-15,202	2,600,000

NB total non-pay includes depreciation, dividends and impairments

CIP DELIVERY

- The Trust has a savings target of £10.909m for 2013/14 and identified schemes totalling £10.909m.
- The position at the end of April is achievement of £582k which is shortfall against plan of £123k.
 - Mitigating actions and reserve schemes are being identified to close the CIP shortfall against plan
 - Achievement against plan is monitored by the Transformational Programme Management Group and the CIP Management Group, the former has Executive Director representation. The CIP Management Group is chaired by the Chief Executive.

CIP Tracker

	Identified Schemes	YTD Plan	Ytd Actual	Ytd Varaince
	£000	£000	£000	£000
Planned savings				
Accident & Emergency	6,073	463	423	(39)
Patient Transport Service	3,042	136	110	(26)
Special Operations	383	28	18	(10)
Finance	46	3	3	0
Standards & Compliance	220	18	18	0
Clinical	224	19	10	(8)
Trust wide	922	38	0	(38)
Total	10,909	705	582	(123)

Summary of Top 6 Schemes 2012 / 13

Lead Exec	CIP Scheme	Lead Mgr	2012/13	2013/14	2014/15	13/14 YTD Plan	13/14 YTD Actual
PBW	Reduce overtime	DW	£2.51m	£932k		£50k	£50k
PBW	PTS Transformational work	JH		£2.93m	£2.28m	£127k	£100k
PBW	Clinical leadership	PM	£1.24m	£619k		£52k	£52k
PBW	Increase in clinical hub triage	DW	£505k	£1.41m	£1.26m	£83k	£75k
SM	Effective sickness management	GJ	£606k	£202k		£29k	£0k
PBW	A&E skill mix	DW		£2.13m		£241k	£241k
	Total Value		£4.861m	£8.223m	£3.54m		

SUMMARY

- The Land, Buildings & Equipment position is behind plan with no spend being incurred in month. Refer to comments opposite. The Trade and other receivables over one year have reduced as PCTs have continued to pay off debtors as part of their close down processes.
- The increase in cash reflects the delayed capital expenditure, a further decrease in debtors as PCTs continue to settle their debts, and a greater than planned increase in creditors arising from the 2012/13 year end cash management action.
- The provisions & deferred income is above plan as the Trust has made provision for restructuring costs of £2.1m, and new and increased Injury Benefit claims of £0.4m

CAPITAL SUMMARY

- The HART project has now been deferred in full into 2013/14. It is anticipated the purchase of the building and the subsequent works scheme will commence in July 2013.
- April capital spend was accrued at the end of March.
- The Programme figures for Estates; IT; Fleet; Plant & Machinery; and Medical Equipment have been taken from the individual strategies agreed by the Board. The bids against Service Development monies are currently being worked up for presentation to the Capital Monitoring Group. The Director of Finance and Performance has requested further scrutiny of capital allocations, the outcome is due to be presented to the May Capital Monitoring Group. Expenditure against individual schemes will commence once scheme approval has been given.

Statement of Financial Position

	Plan at 30/04/2013 £000	Actual at 31/03/2013 £000	Variance £000
Land, Buildings and equipment	75,647	74,006	-1,641
Trade and other receivables (>1 yr)	1,065	967	-98
Non-Current assets	76,712	74,973	-1,739
Stocks, Trade and other receivables (<1 yr)	12,782	12,505	-277
Cash and cash equivalents	7,298	10,697	3,399
Current assets	20,080	23,202	3,122
Creditors (< 1yr)	-14,369	-13,329	1,040
Provisions & Deferred Income(<1 yr)	-2,201	-3,556	-1,355
Current Liabilities	-16,570	-16,885	-315
Provisions (>1 yr)	-5,761	-6,947	-1,186
Borrowings	-6,171	-6,171	0
Non-Current Liabilities	-11,932	-13,118	-1,186
Net Assets	68,290	68,172	-118
Public Dividend Capital	74,094	74,094	0
Revaluation Reserve	4,348	4,339	-9
Donation Reserve			0
Income & Expenditure Reserve	-10,152	-10,261	-109
Total Taxpayer's Equity	68,290	68,172	-118

Capital Programme

	Baseline Programme £000	Year to date Plan £000	Spend to 30/04/2013 £000	Committed at 30/04/2013 £000	(Under)/ Over plan year to date £000
<u>Major Schemes</u>					
HART	4,600	783	0	0	-783
ECS*	3,583	0	0	0	0
Service Development **	2,300	0	0	0	0
<u>Minor Schemes</u>					
Estates	500	193	0	0	-193
IM&T	1,098	470	0	0	-470
Vehicles A&E	3,870	0	0	0	0
Vehicles PTS	750	0	0	0	0
Plant and Machinery	50	0	0	0	0
Medical equipment	934	76	0	0	-76
Total	17,685	1,522	0	0	-1,522
External funding	8,083	783	0	0	-783
NBV of Disposals	96	0	0	0	0
CRL	17,589	1,522	0	0	-1,522
Rating					⊗ ⊗

* Subject to Board approval

** The Service Development figure includes £0.5m for the Local delivery of ECS, which was originally included in the IM&T schemes.

Yorkshire Ambulance Service - Debtors and Payments

April 2013

DEBT SUMMARY

• NHS Debt has reduced significantly as PCT's have cleared up most of their outstanding debt. Over 90 days debt is predominantly disputes with four NHS bodies relating to CQUINS, A&E ECR's and a Sunday renal service.

£000	Jan-13	Feb-13	Mar-13	Apr-13
Non NHS debt	191	207	401	454
Of which >90 days overdue	25	26	32	28
NHS debt	1,086	3,099	3,680	1,363
Of which >90 days overdue	219	257	124	99
Total debt	1,277	3,306	4,081	1,817
Of which >90 days overdue	244	283	156	127
Provision to cover this debt	244	283	156	127

PAYMENTS

• The Trust has paid 1,926 invoices in April 2013 of which 1,834 were paid within 30 days of receipt giving a Better Payment Practice Code (BPPC) position of 95.22% . This represents an improvement on 2012/13 (88.69% for the year) and is in line with the Trust aim of 95% for the financial year 2013/14.

	Number	£000
Non NHS payables		
Total non NHS invoices paid in period	1,837	5,365
Total non NHS invoices paid within target	1,754	5,003
	95.48%	93.25%
NHS Payables		
Total NHS invoices paid in period	89	256
Total NHS invoices paid within target	80	244
	89.89%	95.31%
Total Payables		
Total invoices paid in period	1,926	5,621
Total invoices paid within target	1,834	5,247
	95.22%	93.35%

COST IMPROVEMENT PROGRAMME 12/13

- 82% delivery of the Cost Improvement Plan target was achieved for the first month of the year. April has a shortfall of £127k.

QUALITY, INFORMATION REPORTING, AND CQUIN

- PTS contract penalties - the first meeting to review targets for 2013/14 has not yet taken place
- A&E CQUIN targets - the first meeting to review CQUIN targets for 2013/14 has not yet taken place

RISK SUMMARY

Description	Total Value of Risk	Probability	Probable value of Risk	YTD	Actual	Mitigation
In the Financial Position	£000		£000	£000	£000	
CIP non-delivery	10,909	0.1	1,090	123	0	Plans to mitigate the risk are being identified
A&E contractual penalties - RED 1	3,200	0.5	1,600	0	0	Overall performance on red calls was achieved and the Trust avoided penalties.
A&E contractual penalties - 75%	3,200	0.5	1,600	0	0	Overall performance on red calls was achieved and the Trust avoided penalties.
PTS Contractual Penalties	458	0.25	115	0	0	Plans to mitigate the risk are being identified
111 additional staffing cost to provide service	1,787	0.1	179	0	0	Plans to manage staffing costs are being identified
111 contractual penalties - if not rolled out to all areas	4,981	0.1	498	0	0	Plans to mitigate the risk are being identified
Non delivery of CQUINS - A&E	3,900	0.1	390	0	0	A contingency within reserves would be identified
Non delivery of CQUINS - PTS	631	0.1	63	0	0	A contingency within reserves would be identified
GRAND TOTAL	29,066		5,535	123	0	

Yorkshire Ambulance Service - Cash Flow

April 2013

Analysis Of Actual/Plan Cash Flows

	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Cash Name (£000's)	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
Actual/Forecast Opening Cash Balance	11,907	6,845	7,298	7,742	8,015	7,958	8,224	9,503	10,627	10,282	11,437	11,854	12,576	9,987
Cash Inflows														
Income from Activities	23,796	21,005	18,777	19,081	18,959	18,146	18,033	19,220	18,422	20,183	19,518	19,008	18,252	18,075
Interest Receivable	3	3	2	2	3	2	2	2	3	2	2	2	3	3
Capital Receipts	5	15	0	0	0	0	0	160	0	0	0	0	0	0
Loans	0	0	0	0	0	0	3,583	0	0	0	0	0	0	0
PDC Capital *	0	0	0	2,300	0	0	2,200	0	0	0	0	0	0	0
Total Cash Inflows	23,804	21,023	18,779	21,383	18,962	18,148	23,818	19,382	18,425	20,185	19,520	19,010	18,255	18,078
Cash Outflows														
Pay	14,158	11,538	12,736	12,608	12,610	12,673	12,418	12,780	12,603	13,925	12,982	12,211	12,765	12,798
Non-pay	12,194	5,376	6,562	5,376	5,542	4,449	4,091	4,846	5,558	4,433	4,510	4,989	5,818	4,077
Interest Payable	61	0	0	0	0	0	61	0	0	0	0	0	91	0
PDC Dividends	1,111	0	0	0	0	0	1,103	0	0	0	0	0	1,103	0
Capital Expenditure	1,175	257	2,436	3,126	867	760	4,729	632	609	672	1,611	1,088	542	542
Loans	167	0	0	0	0	0	137	0	0	0	0	0	525	0
PDC Capital *	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	28,866	17,171	21,734	21,110	19,019	17,882	22,539	18,258	18,770	19,030	19,103	18,288	20,844	17,417
Net Cash Inflow/(Outflow)	-5,062	3,852	-2,955	273	-57	266	1,279	1,124	-345	1,155	417	722	-2,589	661
Actual Closing Cash Balance	6,845	10,697												
Forecast Closing Cash Balance (per TDL Plan)	6,842	7,298	7,742	8,015	7,958	8,224	9,503	10,627	10,282	11,437	11,854	12,576	9,987	10,648

The increase in cash reflects the delayed capital expenditure, a further decrease in debtors as PCTs continue to settle their debts, and a greater than planned increase in creditors arising from the 2102/13 year end cash management action.

