



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

June 2013



Contents			
1	Executive Summary	3.4	Safety - New Incidents Reported & Rate Based
		3.5	Safety - Patient Related Incidents & Rate Based
E1	Directors Exceptions - Overall	3.6	Safety - Medication Related Incidents & Morphine Related Incidents
C3	PTS Comments	3.7	Safety - Staff related Incidents & Rate Based
1.1	2013-14 Business Plan Objectives	3.8	Safety - RIDDOR reportable Incidents
1.2	Contractual Compliance	3.9	Safety - SUI Incidents by area
		3.10	Safeguarding Children and Vulnerable Adults
2	Performance	3.11	Clinical Effectiveness - National
2a	A&E Performance	3.12	Clinical Audit
E1	Directors Exceptions	3.13	Patient Experience & Involvement - Complaints,Concerns, Comments & Compliments A&E / EOC
C1	Directors Comments - A&E Performance	3.14	Patient Experience & Involvement - Complaints,Concerns & Compliments PTS
CQ1	A&E CQUINS	3.15	Patient Experience & Involvement - Complaints,Concerns & Compliments 111
2.1	Total Demand & Resource Hours	3.16	Patient Experience & Involvement - Complaints & Concerns response times
2.2	Cat R1 8 Minute Performance & Cat R2 8 Minute Performance	3.17	Patient Experience - A & E Survey
2.3	Cat R1 & R2 - 8 Minute Performance & 19 Minute Performance	3.18	Patient Experience - PTS Survey
2.3a	Category RED & GREEN - RRV Time waiting for back up	3.19	Care Quality Commission and Other Registration Legislation Standards
2.4	Operational Delivery Model	3.20	Information Governance
2.5	Demand and Performance by CCG & CBU (Responses)	4	Workforce
2.6	Resilience	E5	Directors Exceptions
E2	Directors Exceptions - AQI	C5	Directors Comments - Workforce
C2	Comments - AQI Performance	4.1	Workforce Summary
2.7	Ambulance Quality Indicators Summary	4.2	Recruits and Leavers
2b	PTS Performance	4.2	Leavers Reasons
E3	Directors Exceptions - PTS	4.3	PDR's
CQ3	PTS CQUINS	4.3	Statutory and Mandatory Training
2.8	PTS Demand	4.4	Short and Long Term Absence
2.9	PTS Performance - PTS Inward Journeys (Measured)	4.4	Reason for Absence
2.10	PTS Performance - PTS Outward Journeys (Measured)	4.5	Absence by Directorate
2.11	KPI's - West Yorkshire Consortium	4.5	Absence by Operations directorate
2.12	KPI's - East Yorkshire Consortium	4.6	YAS Estimated Absence Costs
2.13	KPI's - South Yorkshire Consortium	4.7	Calendar Days lost
2.14	KPI's - North Yorkshire Consortium	4.7	Average Number of Calendar Days lost per Employee per Directorate
2.15	PTS Call Answering Performance	4.8	Informal & Formal reviews
2c	NHS 111 & GPOOH Performance	4.8	Grievances / Disciplinary
2.16	NHS 111 Performance	4.8	Disciplinary & Grievance Reasons
2.17	GPOOH Call Answering Performance	4.9	Gender
	GPOOH Abandoned Call Performance	4.10	Ethnic Origin
	GPOOH Telephone Engaged Call Performance	5	Finance
2d	Support Services Performance	5.1	Financial Performance Overview
2.18	ICT Summary	5.2	Monitor Financial Risk Rating
2.19	Estates and Procurement	5.3	Director's Commentary
2.20	Fleet	5.4	Statement of Comprehensive Income
3	Quality Analysis	5.5	A&E Contracting
E4	Directors Exceptions	5.6	Income & Expenditure Forecast
C4	Directors Comments - Quality	5.7	CIP Delivery
3.1	Quality Summary	5.8	Statement of Financial Position
3.2	Service Transformation Programme	5.9	Debtors and Payments
3.3	Safety - Infection Prevention and Control	5.10	Financial Risks
3.4	Safety - New Incidents Reported & Rate Based	5.11	Cash Flow



Section 1

Executive Summary



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.	David Williams	GREEN	GREEN	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.	David Williams	GREEN	GREEN	GREEN										GREEN
3	To reduce mortality from major trauma and improve survival to discharge for pre-hospital Cardiac Arrest.	Julian Mark	RED	RED	AMBER										AMBER
4	Deliver all CQUIN targets across both our PTS and A&E service.	Julian Mark / David Williams	GREEN	GREEN	GREEN										GREEN
Strategic Goal - High Performing															
5	Deliver Red 1 mandatory target through the implementation of the Red 1 action plan.	David Williams	GREEN	GREEN	GREEN										GREEN
6	To provide clinically effective care with improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures.	Julian Mark / David Williams	GREEN	GREEN	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.	David Williams	RED	RED	RED										GREEN
8	Embed the new NHS 111 service across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire and deliver against the required contractual call response times.	Steve Page	RED	RED	AMBER										GREEN
Strategic Goal - Always Learning															
9	Achieve FT status by the end of 2013-14.	David Whiting	GREEN	GREEN	GREEN										GREEN
10	Reduce the number of patient complaints through improving and investing in the quality of services	Julian Mark / Rod Barnes	GREEN	GREEN	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	GREEN										GREEN
12	Phased roll-out of Service Line Management and service transformation skills across the Trust.	Rod Barnes / Steve Page	AMBER	AMBER	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	AMBER	AMBER										GREEN
14	Reduce rates of staff sickness including procurement of Occupational Health services to deliver improvement in sickness rates.	Nick Cook	RED	GREEN	GREEN										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	GREEN										GREEN
16	Develop and commence roll-out of ECS.	Rod Barnes / David Williams	AMBER	AMBER	AMBER										GREEN

NHS Performance Framework - Current Assessment		RAG Rating
Service Performance		GREEN
Finance		GREEN
CQC		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	↔	↔	↔									
EOC	Complaints		3.13	↔	↔	↔									
	Time to answer 50% (YTD) *		2.7	↔	↔	↔									
	Time to answer 95% (YTD) *		2.7	↔	↓	↔									
	Abandoned calls (YTD) *		2.7	↔	↑	↔									
PTS	Recontact 24 hours telephone (YTD) *		2.7	↔	↑	↔									
	PTS Arriving on time for their appointment		2.9	TBC	TBC	TBC									
	PTS Departing within 60mins of ready time		2.10	TBC	TBC	TBC									
ALL	Complaints		3.14	↓	↔	↑									
	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	AMBER	Comments E4
12	AMBER	Comments
13	AMBER	Comments
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	GREEN										GREEN
GREEN	GREEN	GREEN										GREEN

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

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

Exception Report - Never Events

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

Comments

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
<p>Highest Risk Lowest Risk</p>			
	Highest Risk Lowest Risk	Highest Risk Lowest Risk	

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

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

*Where the circles are filled this indicates YAS current position



Section 2

Performance





Section 2a

A&E Performance



Directors Comments on Actual Performance

A&E Performance

Both RED 1 (75.6%) and RED 2 (78.6%) targets were achieved
RED 19 (98.6%) performed higher than target.

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:- BC Leads meeting took place on 21st May 2013 to brief on ISO22301, Internal audit recommendations and an agreement reached on reporting of BC incidents to BC team.
Operational Debrief Training for YAS staff and partners planned for June 2013. Two day training plan for new BC leads planned for September 2013, 1 day update training for existing BC leads planned for October 2013. National BC meeting planned for the 24th/25th/June 2013.

Consultation on Exercise Policy completed 30 May (4 weeks), responses now being reviewed before final version submitted for approval.

Bronze Commander course completed in May 2013. ECA new starters Major Incident overview and CBRN awareness course completed. Two presentations at EOC awareness days on resilience, four planned still to complete.

Planning commenced for the next round of UNITE industrial Action days.

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 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	25.00%	£1,028,820	GREEN	GREEN	GREEN										GREEN
2. Development of alternatives to reduce conveyance to A&E departments	15.00%	£617,292	GREEN	AMBER	GREEN										GREEN
3. Collaborative working with specific care home providers to develop a reporting framework for the top 100 care homes	20.00%	£823,056	GREEN	AMBER	GREEN										GREEN
4. Self Care - Improving patient safety	7.50%	£308,646	GREEN	AMBER	GREEN										GREEN
5. Raising public awareness to support ambulance demand management	7.50%	£308,646	GREEN	GREEN	GREEN										GREEN
6. Red Performance	20.00%	£823,056	GREEN	AMBER	AMBER										GREEN
7. Static Medical Units Evaluation	5.00%	£205,764	GREEN	GREEN	GREEN										GREEN
TOTAL	100.00%	£4,115,280													

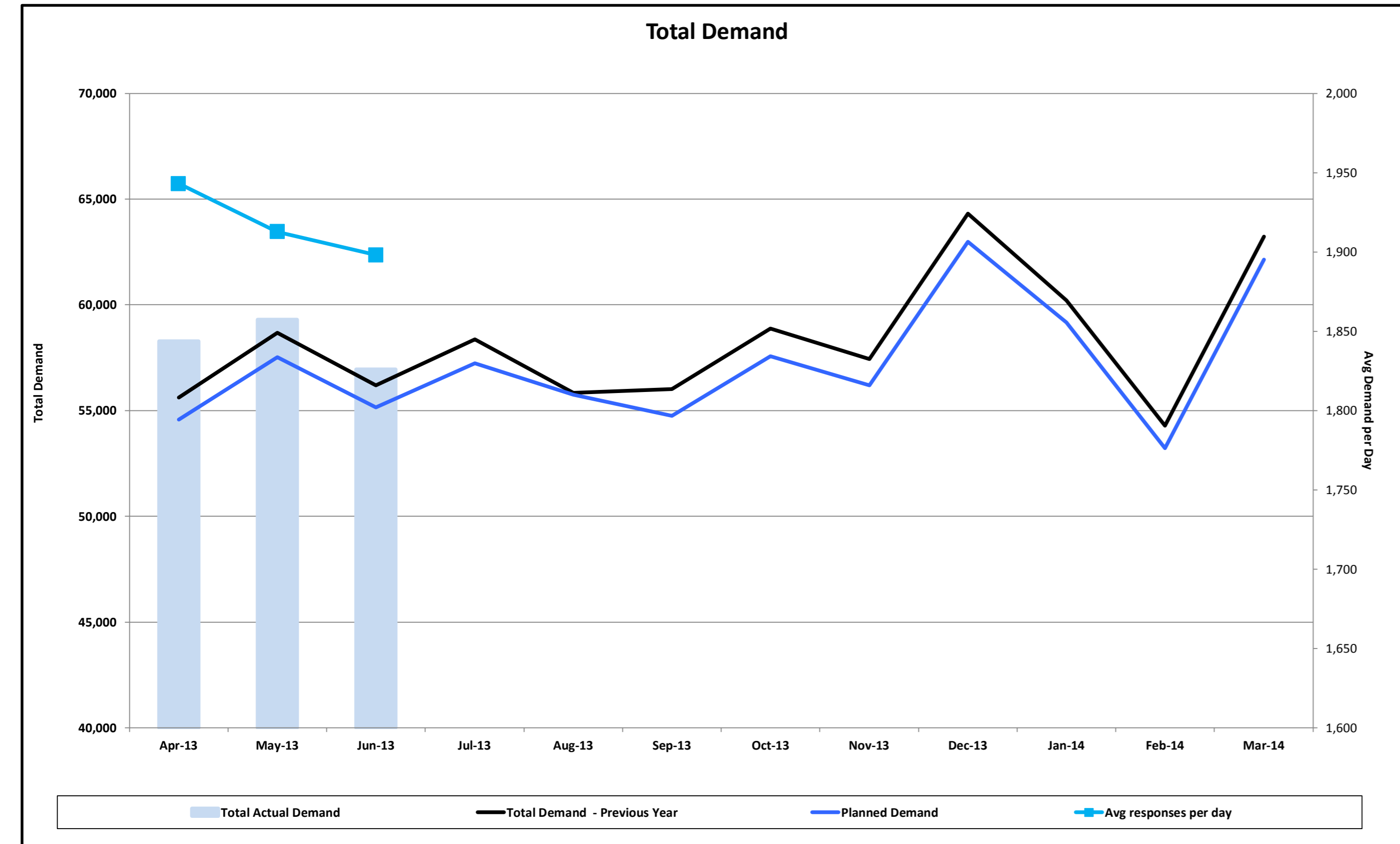
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments
CQUIN 6 - Project plan in development

Total Demand

OBJ REF 3

YTD RAG GREEN
MTD RAG GREEN



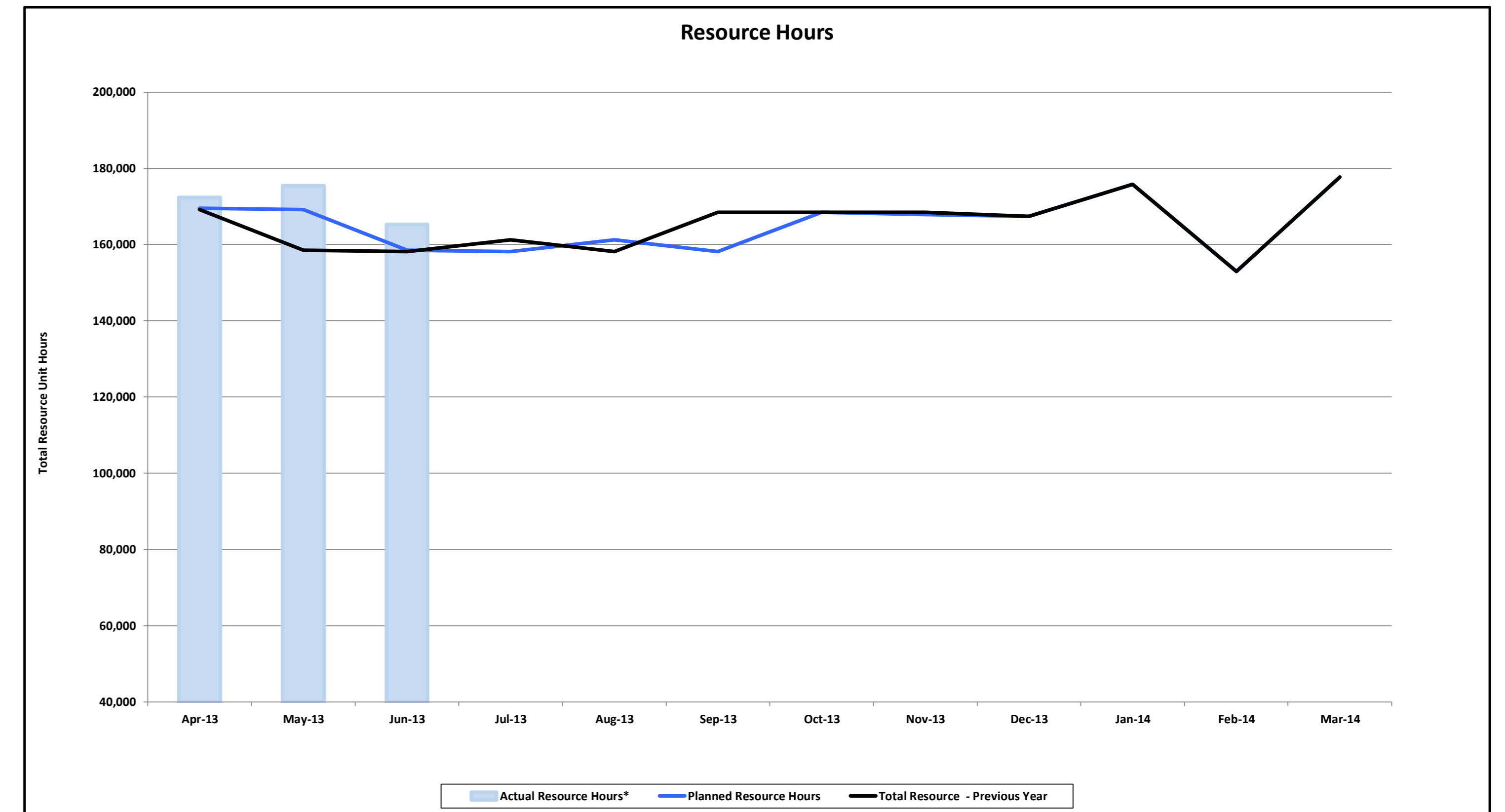
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Planned Demand	54,570	57,520	55,155	57,239	55,752	54,744	57,578	56,188	62,987	59,157	53,223	62,133
Total Actual Demand	58,291	59,294	56,942									
% Variance to Planned (Current Year)	6.8%	3.1%	3.2%									
Avg responses per day	1,943	1,913	1,898									
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%	1.1%	1.3%									

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.

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 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	175,407	165,255									
	DCA	96,078	96,259	92,965 *									
	RRV	63,289	60,931	62,745									
Avg Total Resource Hours per day	ALL	5,745	5,658	5,509									
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

* 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

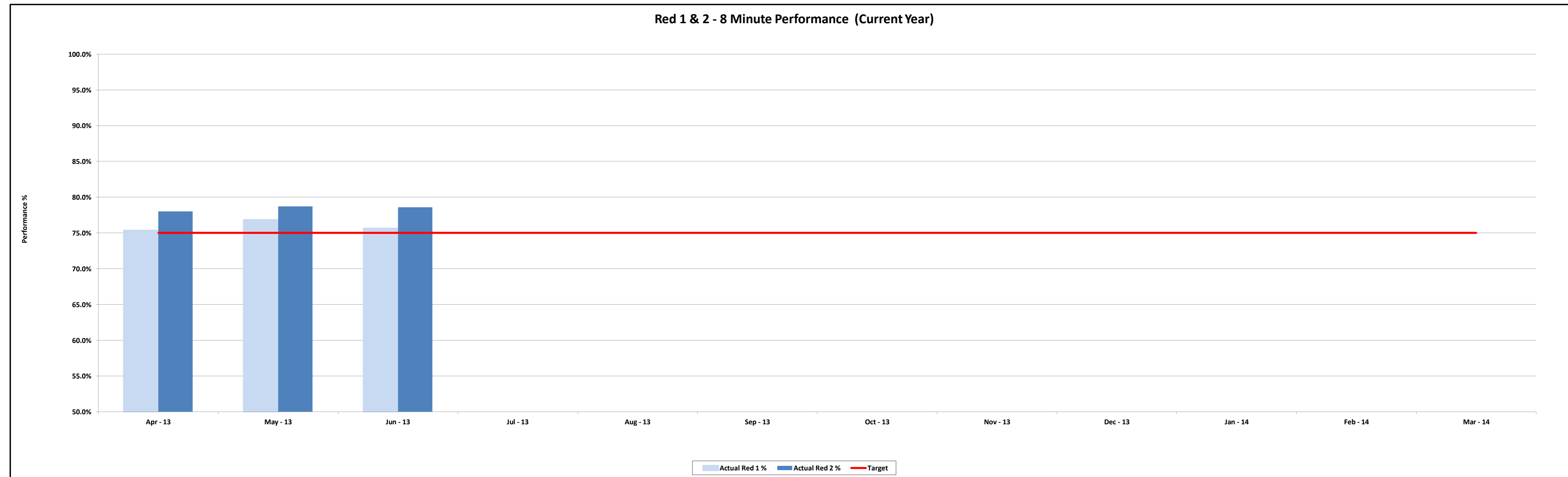
OBJ REF 3

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%	76.8%	75.6%										75.9%
	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%	-0.4%	1.3%										4.7%
National Average		75.3%	74.0%											

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%	78.7%	78.6%										78.5%
	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%	1.9%	-2.4%										4.0%
National Average		76.6%	75.6%											

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%	81.1%	76.3%										78.0%
	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%	6.1%	-1.5%										
Leeds & Bradford	Current Year	73.9%	76.4%	74.0%										74.8%
	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%	-5.1%	0.5%										
North Yorkshire	Current Year	66.1%	74.3%	71.3%										70.6%
	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%	11.4%	10.0%										
The Humber	Current Year	82.1%	79.0%	78.4%										80.0%
	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%	-3.3%	4.4%										
South Yorkshire	Current Year	77.4%	75.5%	77.7%										76.9%
	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%	-3.0%	-2.0%										

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

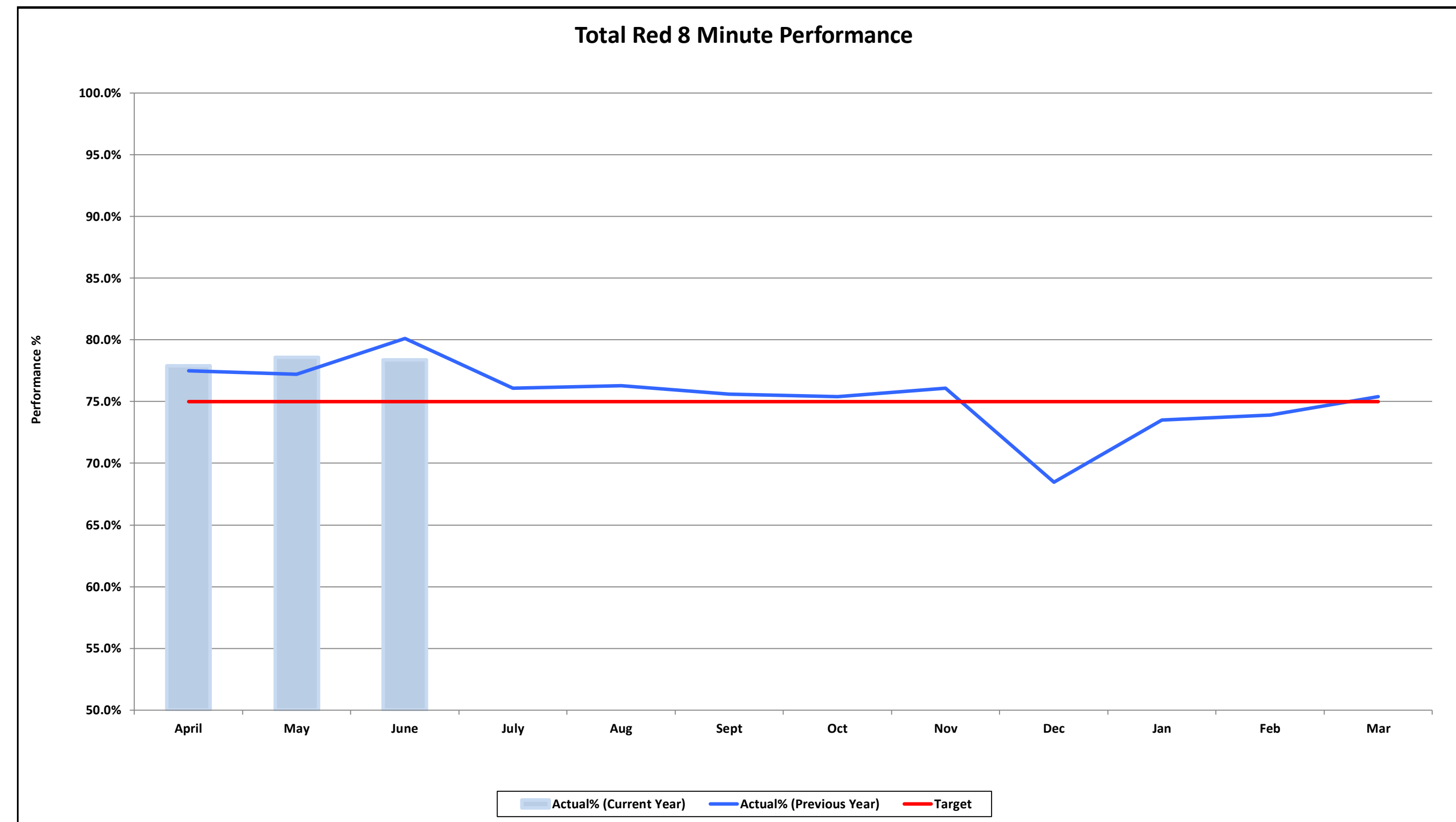
RED 2 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.9%	81.2%	80.7%										80.6%
	Previous Year	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	76.8%	67.5%	75.2%	77.0%	76.1%	76.0%
	% Variance	2.9%	4.1%	-0.7%										
Leeds & Bradford	Current Year	77.3%	78.6%	78.3%										78.1%
	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%	2.1%	-1.4%										
North Yorkshire	Current Year	73.1%	76.2%	73.3%										74.2%
	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%	6.3%	-2.1%										
The Humber	Current Year	82.9%	82.2%	81.3%										82.1%
	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%	1.6%	-3.0%										
South Yorkshire	Current Year	78.0%	77.2%	79.1%										78.1%
	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%	-1.5%	-3.4%										

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

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

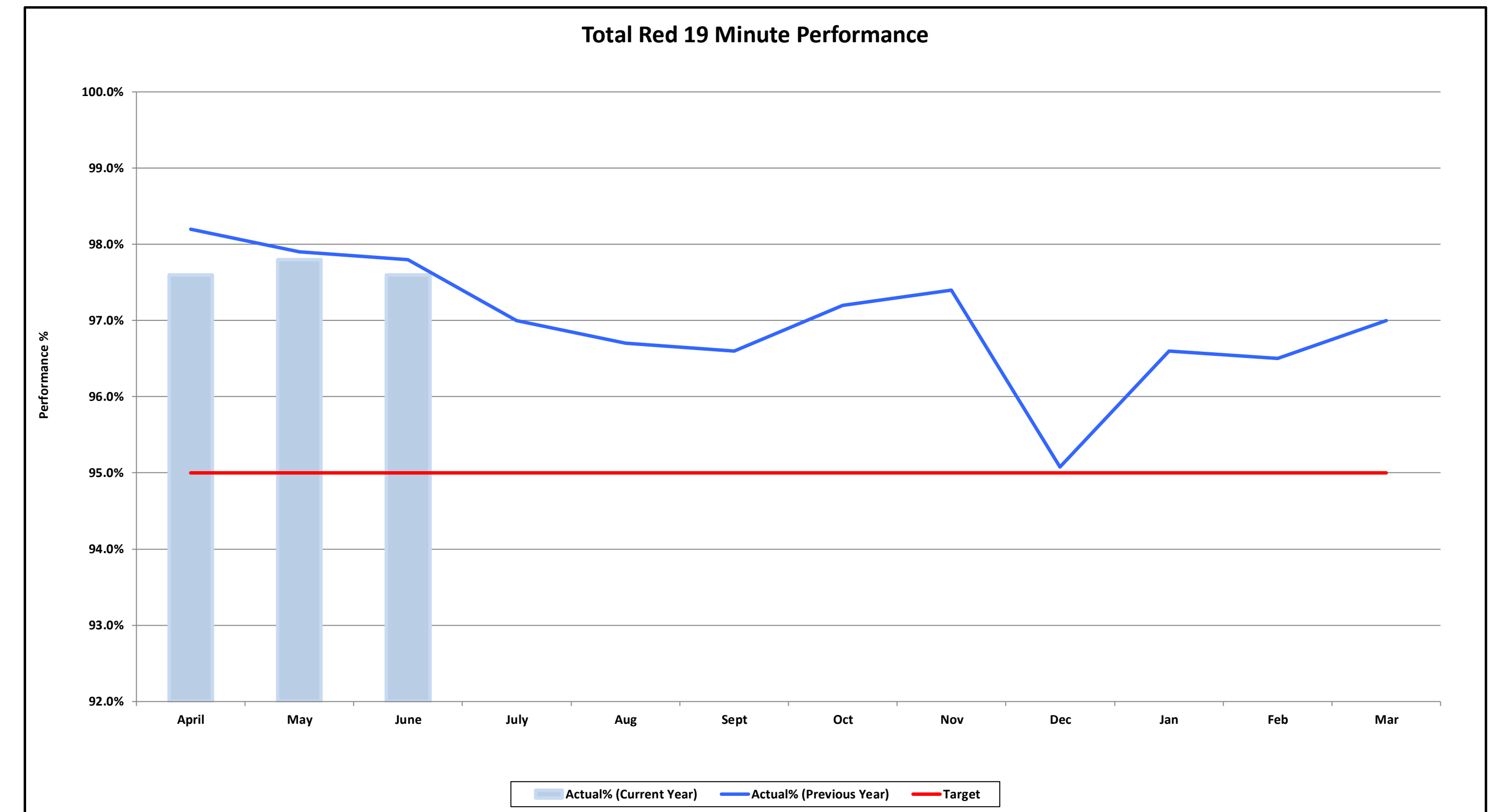
YTD RAG GREEN
MTD RAG GREEN



Category Red 1 & 2 19 Minute Performance HQU03_02

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%	78.6%	78.4%										78.3%
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%	1.8%	-2.1%										4.0%

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%	97.8%	97.6%										97.7%
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%	-0.1%	-0.2%										0.7%
National Average		96.3%	96.0%											

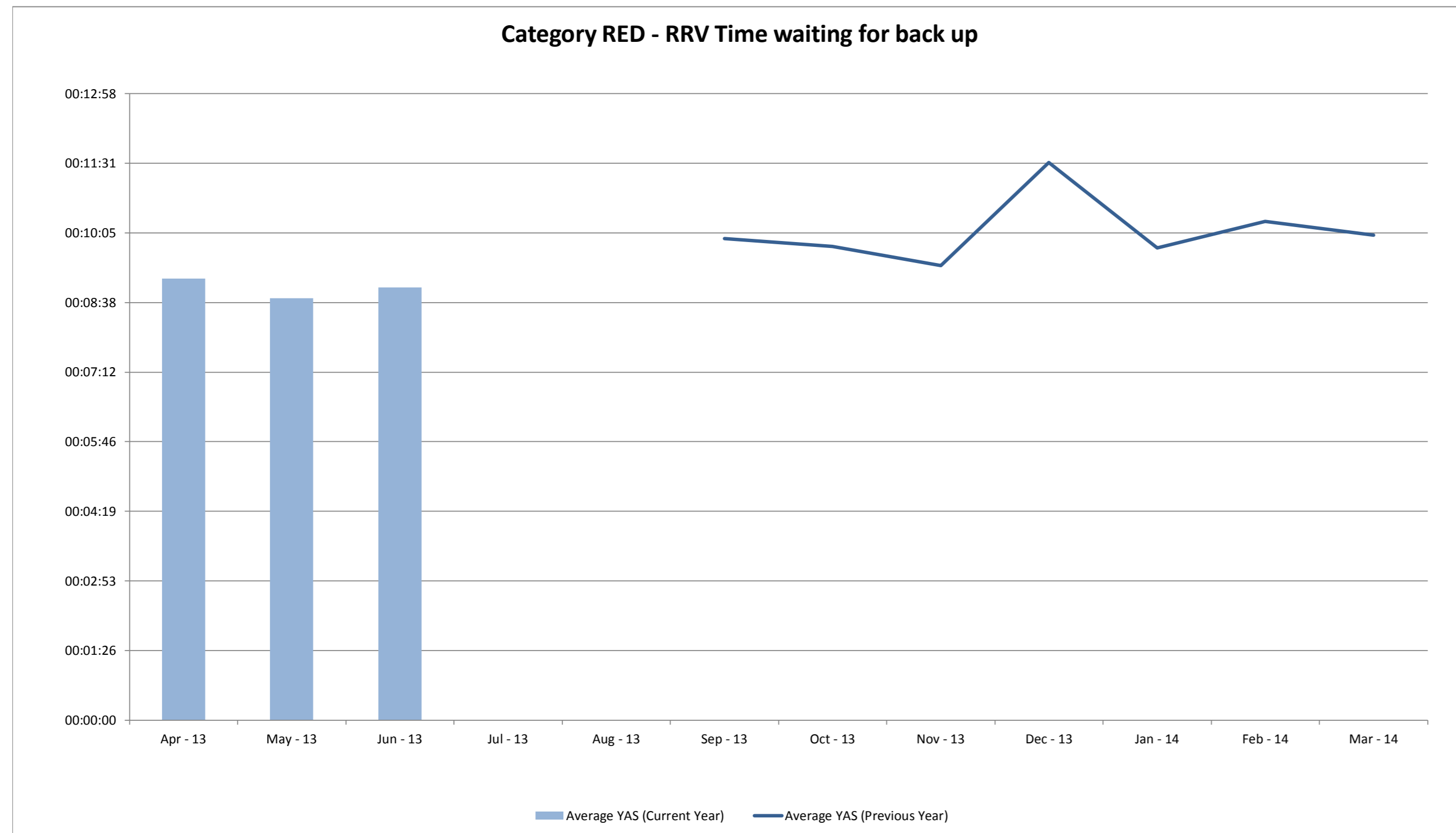
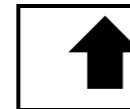
RED 8 by CBU	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.8%	81.2%	80.5%									80.5%
	Previous Year	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	76.8%	67.2%	75.0%	76.4%	75.9%
	% Variance	2.3%	4.2%	-1.0%									
Leeds & Bradford	Current Year	77.1%	78.5%	78.1%									77.9%
	Previous Year	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	75.5%	67.0%	74.1%	72.2%	75.0%
	% Variance	-0.3%	1.6%	-1.4%									
North Yorkshire	Current Year	72.6%	76.0%	73.2%									74.0%
	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%
	% Variance	0.7%	2.6%	-1.3%									
The Humber	Current Year	82.8%	82.0%	81.1%									82.0%
	Previous Year	79.9%	81.0%	83.2%	81.1%	78.8%	78.7%	79.5%	80.6%	78.4%	77.7%	79.6%	79.8%
	% Variance	3.6%	1.2%	-2.5%									
South Yorkshire	Current Year	78.0%	77.0%	79.1%									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%
	% Variance	-0.5%	-1.5%	-3.2%									

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%	98.6%									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%
	% Variance	-0.5%	0.1%	-0.1%									
Leeds & Bradford	Current Year	98.1%	98.4%	97.9%									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%
	% Variance	-0.6%	-0.1%	-0.6%									
North Yorkshire	Current Year	94.8%	95.0%	94.3%									94.7%
	Previous Year	95.2%	94.5%	93.9%	93.7%	92.4%	91.8%	94.0%	94.3%	91.1%	92.7%	92.7%	93.2%
	% Variance	-0.5%	0.5%	0.4%									
The Humber	Current Year	96.4%	96.7%	96.4%									96.5%
	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%
	% Variance	-1.2%	-0.9%	-0.7%									
South Yorkshire	Current Year	98.4%	98.6%	98.8%									98.6%
	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%
	% Variance	-0.6%	-0.3%	0.3%									

Category RED - RRV Time waiting for back up

OBJ REF 3

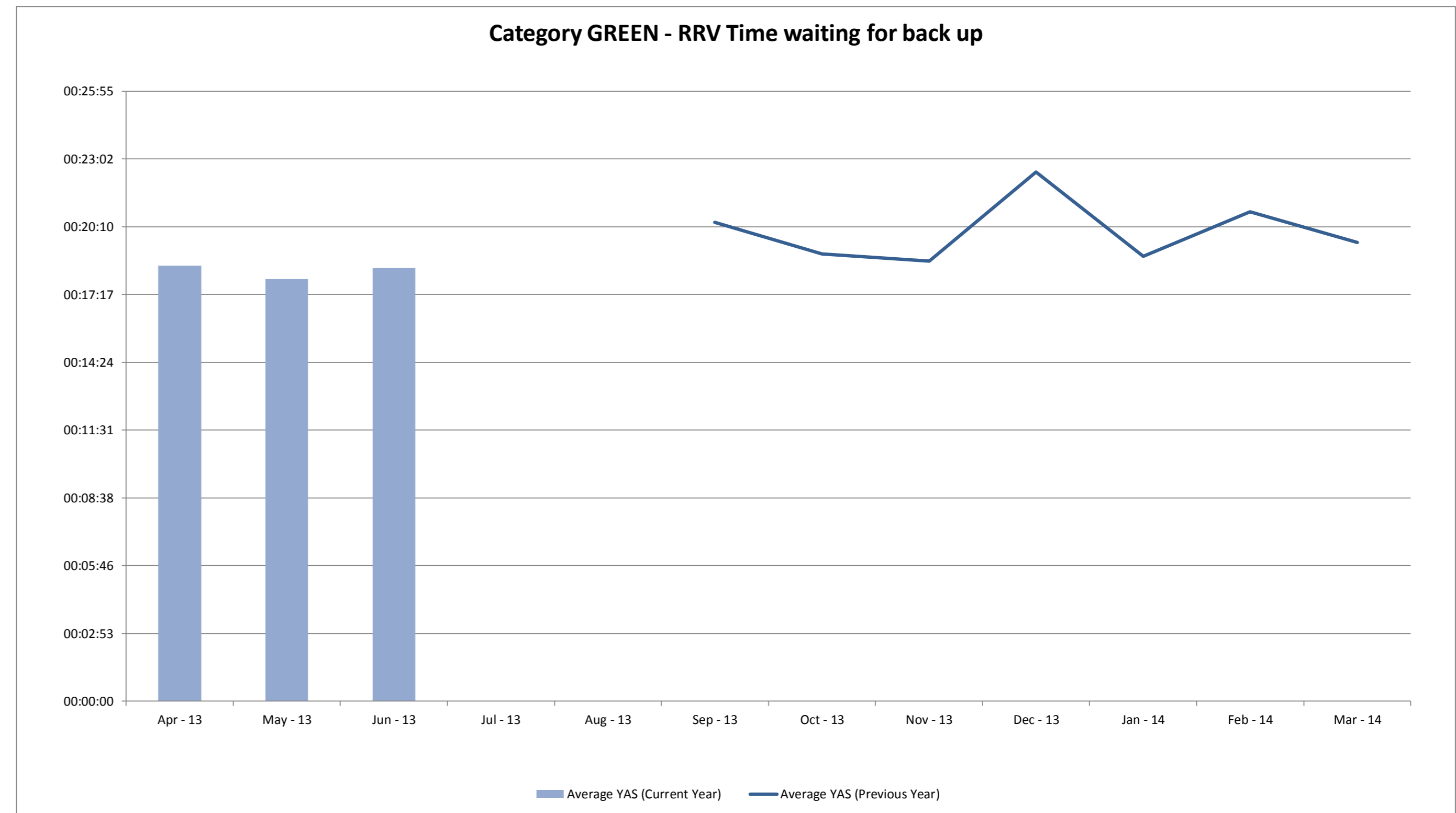
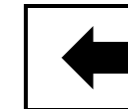
YTD RAG	N/A
MTD RAG	N/A



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	TBC	TBC									
Average YAS (Current Year)	00:09:08	00:08:44	00:08:57									
95th Percentile YAS (Current Year)	00:28:07	00:25:30	00:26:21									
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	TBC	TBC										
Average YAS (Current Year)	00:18:31	00:17:56	00:18:24										
95th Percentile YAS (Current Year)	00:49:32	00:49:00	00:50:23										
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	00:08:36	00:09:10									
	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	00:09:10	00:09:39									
	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	00:06:37	00:06:51									
	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	00:06:48	00:07:02									
	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	00:09:46	00:09:25									
	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	00:18:31	00:18:38									
	Previous Year						00:20:21	00:19:22	00:18:31	00:22:31	00:18:55	00:20:05	00:20:22
Leeds & Bradford	Current Year	00:19:45	00:18:41	00:19:51									
	Previous Year						00:20:52	00:20:25	00:20:03	00:23:26	00:18:12	00:22:07	00:20:42
North Yorkshire	Current Year	00:12:38	00:11:51	00:12:21									
	Previous Year						00:13:05	00:12:36	00:11:36	00:15:16	00:13:09	00:14:21	00:12:44
The Humber	Current Year	00:13:18	00:11:57	00:15:26									
	Previous Year						00:15:13	00:12:54	00:11:46	00:13:42	00:15:18	00:14:59	00:15:47
South Yorkshire	Current Year	00:20:50	00:20:46	00:19:57									
	Previous Year						01:03:29	00:54:26	00:57:09	01:07:43	01:00:05	01:03:40	00:21:19

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	57,520	52,867	55,155	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	59,294	55,222	56,942	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%	3.1%	4.5%	3.2%	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	£371,766	£374,563	£37,671	£298,687	£23,732	£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		00:59:11		00:59:08																		
	Actual Job Cycle (in seconds)(RED only)	00:58:50	01:01:09	00:59:11	01:00:05	00:59:08	01:00:21	01:00:15		00:59:52		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	175,407	158,567	165,255	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 Staff FTE	2,031	2,048	2,022	2,056	2,025	2,058	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	29,150	34,163	29,147	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)	£501,978	£140,949	£853,508	(£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%	31.0%	32.0%	31.0%	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%	29.2%	32.5%	29.2%	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	0.35	0.36	0.35	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%	75.0%	77.5%	75.0%	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%	78.6%	80.1%	78.4%	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 a slight increase in both RED 1 & 2 targets were achieved above contracted level.
A19 continues to be robust

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)	1,911	2,965	2,093	2,965	2,113	2,965	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	2,410	2,479	2,194	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%	6.0%	4.5%	6.0%	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%	4.7%	5.0%	4.4%	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	962	489	1,505	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	1,448	1,990	689	1,984		1,858		1,605		1,814		958		1,281		1,699		1,613		1,793	

Comments

The Clinical Hub closed 1505 incidents through hear and treat in June which is a 300% increase on the same mont last year and 56% more than May. This was above the required trajectory for 2013/14. The total amount of incidents closed is down from the previous month and below planned. This is due to the number of calls we are now sending to NHSD. However what we could never measure was if NHS D actually closed the call or if the call was represented to 999 by NHSD, if NHSD advised the caller to call 999 or the patient called back themselves while waiting for NHS D to call back. This would be support by the fact that our recontact rates have fallen sinec we brought the calls back from NHS D.

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

June 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	207	84.5%	811	95.7%	102	89.2%	820	19
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	93	77.4%	317	94.6%	42	85.7%	417	0
HARROGATE & RURAL CCG	82	85.4%	379	96.0%	37	97.3%	387	2
SCARBOROUGH & RYEDALE CCG	87	81.6%	320	96.6%	46	89.1%	381	2
NORTH YORKSHIRE CBU	469	82.7%	1827	95.7%	227	89.9%	2005	23
ERY CCG	205	84.9%	843	93.4%	92	84.8%	944	3
HULL CCG	204	82.4%	972	95.8%	148	91.2%	1019	82
EAST YORKSHIRE CBU	409	83.6%	1815	94.7%	240	88.8%	1963	85
WAKEFIELD CCG	250	84.8%	1049	94.9%	78	73.1%	1160	68
CALDERDALE CCG	120	85.0%	634	90.7%	69	71.4%	734	54
GREATER HUDDERSFIELD CCG	156	82.1%	660	92.4%	43	79.0%	767	55
NORTH KIRKLEES CCG	122	80.3%	478	92.9%	30	67.5%	547	22
CALD / KIRK & WAKEFIELD CBU	648	83.3%	2821	93.1%	220	75.5%	3208	199
LEEDS NORTH CCG	143	79.7%	560	93.4%	49	71.4%	557	1
LEEDS SOUTH & EAST CCG	217	81.6%	907	93.6%	124	79.0%	996	9
LEEDS WEST CCG	214	84.1%	932	91.8%	77	67.5%	801	6
BRADFORD CITY CCG	109	75.2%	396	88.4%	62	74.2%	291	0
BRADFORD DISTRICTS CCG	207	81.6%	981	88.6%	96	78.1%	818	15
AIREDALE, WHARFEDAILE & CRAVEN CCG	106	80.3%	443	88.5%	27	83.3%	419	14
LEEDS, BRADFORD & AIREDALE CBU	996	80.1%	4219	91.0%	435	74.9%	3882	45
BARNSELY CCG	189	82.5%	759	93.5%	71	78.9%	747	6
DONCASTER CCG	259	81.1%	949	94.1%	112	83.0%	944	111
ROTHERHAM CCG	185	85.4%	753	92.6%	87	72.4%	761	6
SHEFFIELD CCG	394	80.9%	1575	91.3%	173	71.9%	1788	13
SOUTH YORKSHIRE CBU	1027	82.1%	4036	92.6%	443	75.8%	4240	136
ECP	15		141		23		390	0
OOA/UNKNOWN	19	78.9%	93	88.2%	11	90.9%	32	1
YORKSHIRE AMBULANCE SERVICE	3583	82.0%	14952	92.8%	1599	79.5%	15720	489

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	595	83.7%	2447	95.7%	275	91.6%	2490	63
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	279	81.7%	996	95.2%	107	86.9%	1256	2
HARROGATE & RURAL CCG	265	83.0%	1033	96.2%	97	95.9%	1252	4
SCARBOROUGH & RYEDALE CCG	244	82.0%	985	96.0%	123	90.2%	1169	9
NORTH YORKSHIRE CBU	1383	82.9%	5461	95.8%	602	91.2%	6167	78
ERY CCG	605	81.3%	2396	93.7%	251	85.7%	2948	7
HULL CCG	598	84.9%	2766	95.8%	431	91.0%	3051	218
EAST YORKSHIRE CBU	1203	83.1%	5162	94.8%	682	89.0%	5999	225
WAKEFIELD CCG	709	83.5%	3082	94.9%	247	79.8%	3597	195
CALDERDALE CCG	442	80.8%	1977	90.9%	188	78.2%	2230	168
GREATER HUDDERSFIELD CCG	496	82.5%	2023	91.9%	152	73.0%	2151	162
NORTH KIRKLEES CCG	375	82.7%	1467	93.6%	101	85.1%	1577	80
CALD / KIRK & WAKEFIELD CBU	2022	82.5%	8549	93.1%	688	78.6%	9555	605
LEEDS NORTH CCG	387	81.7%	1648	92.1%	122	77.9%	1675	5
LEEDS SOUTH & EAST CCG	628	84.6%	2944	93.7%	335	82.7%	3044	35
LEEDS WEST CCG	609	83.4%	3092	91.9%	229	79.5%	2525	15
BRADFORD CITY CCG	276	84.1%	1233	89.6%	164	81.1%	824	2
BRADFORD DISTRICTS CCG	653	79.3%	2948	88.4%	247	78.9%	2595	47
AIREDALE, WHARFEDAILE & CRAVEN CCG	346	78.0%	1333	88.7%	104	76.9%	1309	41
LEEDS, BRADFORD & AIREDALE CBU	2899	81.9%	13198	91.0%	1201	80.1%	11972	145
BARNSELY CCG	572	78.3%	2187	94.0%	207	79.2%	2278	19
DONCASTER CCG	810	83.1%	2824	94.8%	310	82.3%	2897	315
ROTHERHAM CCG	541	82.4%	2239	93.1%	257	78.2%	2496	33
SHEFFIELD CCG	1169	79.8%	4852	91.6%	545	75.9%	5601	53
SOUTH YORKSHIRE CBU	3092	80.8%	12102	93.0%	1319	78.3%	13272	420
ECPs	71		461		62		1169	0
OOA/UNKNOWN	61	83.6%	250	85.6%	40	80.0%	104	14
YORKSHIRE AMBULANCE SERVICE	10731	82.0%	45183	92.9%	4594	82.1%	48238	1487

Resilience

OBJ REF 4

YTD RAG GREEN
 MTD RAG GREEN

Strategic Aim - High Performing
 KPI 4 Fulfilment of requirements as a Category 1 responder as detailed in the Civil Contingency Act (CCA) 2004

Description	Apr-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 13/14	Q1 Forecast
Risk Assessments linked to Civil Contingency Act	AMBER	AMBER	AMBER										GREEN	AMBER
Emergency Plans	GREEN	GREEN	GREEN										GREEN	GREEN
Business Continuity Plans	AMBER	AMBER	AMBER										GREEN	AMBER
Information Provision	GREEN	GREEN	GREEN										GREEN	GREEN
Co-operation with other responders	GREEN	GREEN	GREEN										GREEN	GREEN
Training	AMBER	GREEN	GREEN										GREEN	GREEN

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	2/2	Time to Answer - 95%	Whilst we remain in the middle third ranking for this target, at an average of 21 seconds, we continue to include all calls within this where other trusts only include emergencies. For emergency calls our median is 1 second. The EOC continue to recruit additional call takers to get us up to the funded establishment which will improve this AQI	Emergency Operation Centre Locality	
2.7	2/2	Time to Answer - 99%	Whilst we remain in the middle third ranking for this target, at an average of 21 seconds, we continue to include all calls within this where other trusts only include emergencies. For emergency calls our median is 1 second. The EOC continue to recruit additional call takers to get us up to the funded establishment which will improve this AQI	Emergency Operation Centre Locality	
2.7	2/2	Cat Red 8 minute response - RED 1	Plan in place to improve RED 1 performance target - currently 76% YTD. A revised RED 1 plan was presented to TEG on 10th July with further recommendations made to improve performance.	Deputy Director of Operations	
2.7	11/11	Stroke - Care	Ranked 8th with performance of 95% 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	
2.7	2/2	Non A&E	Work on-going	Designated Project Team from all directorates	
2.7	10/11	STEMI - 150	Unchanged from previous month, although analysis work with the regional cardiac network to address out of performance issues has been recognised nationally as best practice.	Head of Clinical Effectiveness	
2.7	10/11	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	
2.7	5/11	ROSC - Utstein	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	
2.7	2/2	Recontact 24hrs on Scene	This is being answered as part of the Right Care Project Group	Deputy Director of Operations	

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

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	-	00:01	00:00	00:01	00:01	00:01	00:03	00:02	00:01	00:01	2nd	May
Time to Answer - 95% EWI	mm:ss	00:05	00:05	-	00:06	00:01	00:41	00:06	00:05	00:33	00:14	00:05	00:21	8th	May
Time to Answer - 99%	mm:ss	00:47	00:51	-	00:14	00:08	00:48	00:38	00:36	01:15	00:53	00:51	01:11	9th	May
Abandoned calls EWI	%	2.61	0.55	-	1.36	0.01	2.21	1.59	0.23	1.97	0.72	0.86	0.81	5th	May
Cat Red 8 minute response - RED 1	%	73.1	77.8	-	71.1	77.8	77.1	76.6	81.8	77.4	73.2	82.1	76.1	8th	May
Cat Red 8 minute response - RED 2	%	76.1	73.4	-	76.7	79.8	79.5	79.7	77.8	73.4	76.1	75.0	78.4	4th	May
95 Percentile Red 1 only Response Time	%	15:04	14:01	-	09:43	15:45	13:25	13:44	12:30	13:54	14:57	11:29	12:57	3rd	May
Cat Red 19 minute response	%	93.8	94.2	-	97.3	98.2	97.3	96.5	96.3	96.9	95.7	97.6	97.7	2nd	May
Time to Treat - 50% EWI	mm:ss	06:21	06:10	-	05:30	05:47	05:47	05:15	05:47	05:47	05:45	06:01	05:16	2nd	May
Time to Treat - 95%	mm:ss	20:01	20:02	-	17:15	13:58	16:38	14:35	17:12	17:55	17:51	15:32	13:06	1st	May
Time to Treat - 99%	mm:ss	32:36	31:55	-	28:29	21:24	27:05	31:34	29:20	27:55	27:57	23:35	19:20	1st	May
STEMI - Care	%	74.4	84.2	94.7	85.4	67.1	85.5	82.9	68.6	77.6	84.1	74.3	78.1	6th	February
Stroke - Care	%	96.2	95.6	100.0	94.2	93.8	97.6	99.1	97.3	90.8	95.6	94.8	95.0	8th	February
Frequent caller *	%	0.09	0.02	-	0.97	2.42	0.0	0.0	14.55	0.0	0.0	0.0	2.36	3rd	May
Resolved by telephone	%	3.9	7.2	-	8.7	5.7	4.6	3.5	4.1	12.0	6.9	6.7	5.1	6th	May
Non A&E	%	32.8	44.3	-	46.1	30.6	29.7	25.1	41.4	42.0	51.6	38.3	27.6	9th	May
STEMI - 60**	%	51.9	-	-	57.1	0.0	-	58.1	-	-	42.3	28.6	5.9	6th	February
STEMI - 150	%	93.6	92.2	89.8	62.5	92.5	90.8	87.5	90.6	88.9	81.8	84.4	82.5	10th	February
Stroke - 60	%	49.1	48.0	61.3	68.5	68.2	78.1	79.4	47.4	61.5	53.3	63.1	64.2	4th	February
ROSC	%	17.6	22.2	25.8	30.4	30.8	24.0	27.2	35.9	25.5	25.2	28.2	21.0	10th	February
ROSC - Utstein	%	39.4	51.9	54.5	45.5	54.9	50.5	44.8	45.8	46.0	42.6	40.6	43.8	8th	February
Cardiac - STD	%	7.7	6.1	10.4	9.2	8.1	5.5	7.4	15.3	6.2	8.4	7.2	7.5	6th	February
Cardiac - STD Utstein	%	14.4	24.1	32.7	50.0	27.5	24.2	20.8	22.1	16.6	23.0	13.2	26.3	3rd	February
Recontact 24hrs Telephone EWI	%	5.8	9.9	-	6.0	2.9	15.1	28.7	19.3	11.6	14.5	15.8	12.8	5th	May
Recontact 24hrs on Scene EWI	%	5.9	5.4	-	2.7	6.8	4.7	6.3	6.7	4.2	5.8	6.9	7.4	11th	May

*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	2/3	West	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	The main areas of concern within West Yorkshire relating to this indicator are Bradford / Airedale and Calderdale / Huddersfield, with Leeds performance, North Kirklees and Wakefield remaining strong. Review of resource allocation and the impact of patient choice on journey destination are being reviewed.	Locality Manager Huddersfield & Calderdale / Bradford & Airedale	Ongoing	AMBER
RED	2.11	3/3	West	Abortive journeys should not exceed 4.5% (by end of year)	This remains a development area. The reduction in abortive journeys has taken up considerable managerial and multi agency resource over the past two years with little improvement in the overall figures. Further options to address are being reviewed with a view to impact and affordability.	Locality Managers West Yorkshire	Ongoing	RED
RED	2.12	1/3	East	Number of patients arriving more than 60 mins early should not exceed 2%	This is the first month that this target has been breached and was 0.35% above trajectory. Management review is being undertaken	Locality Managers East Yorkshire	Jul-13	GREEN
RED	2.12	2/3	East	Number of patients waiting longer than 120 minutes for transport after their ready time should not exceed 10%	Following the preparation work linked to the rota changes in Hull and East Riding a number of deployment issues, particularly linked to Scarborough have been raised. This is being addressed as part of the rota changes.	Locality Managers East Yorkshire	Q3	AMBER
RED	2.13	3/3	South	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90%	This is a particular issue in Sheffield with only 64.55% compliance which is adversely affecting the compliance across the consortia. Review of the locally deployed planning and scheduling function, supervision, escalation and consistency of approach are all being reviewed, alongside vehicle availability and staff sickness absence levels which are all felt to contribute to a greater or larger extent.	Locality Managers South Yorkshire	Q2	AMBER
RED	2.13	3/3	South	Number of patients arriving more than 15 minutes after their appointment time should not exceed 0% - Barnsley & Sheffield only	Both Doncaster and Rotherham overachieved against their service improvement trajectory for this indicator, however, Sheffield and Barnsley failed to achieve by a significant margin. Areas for review include those as indicated above relating to planning, vehicle availability and staffing levels. New rotas which were implemented in Barnsley and Sheffield are not contributing factors based on initial analysis.	Locality Managers South Yorkshire	Q2	AMBER
RED	2.13	3/3	South	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10%	As previously indicated in performance reports for April and May, waits post appointment remain our greatest challenge. However, performance in Sheffield was particularly poor over the June period and ongoing management investigation into the causative factors is ongoing. Early indications are that this is linked to vehicle, staff availability, reduction in the use of sub contractors to deliver core service and quality of planning.	Locality Managers South Yorkshire	Q2	RED
RED	2.13	3/3	South	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%				
RED	2.13	2/3	South	Number of patients collected within 4 hours of booking should be at least 99% - Sheffield only	This indicator delivered 99.3% against an indicator value of 99.0%. Data validation is ongoing	Locality Managers South Yorkshire	Jul-13	GREEN
RED	2.14	2/3	North	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	Work within North Yorkshire is ongoing to establish the 'resource drag' associated with increasing numbers of patients choosing to have their treatments at units outside the area (James Cook in particular) and associated with the movement of services out of the Friarage unit. This is reducing the availability of resource within North Yorkshire and the impact is being quantified to inform discussions with the commissioners and acute units with a view to either amending the service specifications or agreeing an alternative resource deployment model for the area.	Locality Managers North Yorkshire	Q2	AMBER
RED	2.14	3/3	North	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%				
RED	2.14	3/3	North	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%				

Directors Comments on Actual Performance

Call handling has improved over the past quarter following a successful recruitment programme, bringing the contracted establishment back to agreed levels. These included both apprentice and substantive staff. Call volumes were reduced for June which may also have contributed to the positive movement, however, a drive to reduce the number of calls into the call centre through the use of on line booking remains a key deliverable within the improvement plan for 2013-14. The reconfiguration of the PTS communications department remains a high priority for PTS with the final sign off to proceed expected from the Trust Executive Group in July 13.

Performance in South Yorkshire remains a concern with a significant number of key performance indicators being missed for June, particularly in relation to timely collection post appointment. Additional performance meetings with the Associate Director of Operations (PTS) and senior management leads from HR and service improvement have commenced. Formal action plans to address the situation are being drafted.

A number of the CQUIN schemes have been redrafted in consultation with the commissioners during the first quarter (South Yorkshire and Hull and East Yorkshire) - this does not alter the detail of the schemes or the financial values, but clarifies the deliverables and the timescale within these.

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	23.18%	£142,380	RED	AMBER	AMBER										GREEN
	Rationale for Long waits			RED	AMBER	AMBER										
EAST Consortia	Timely communication of transport	12.57%	£77,226	GREEN	GREEN	AMBER										GREEN
	Reduction in abortive journeys			GREEN	GREEN	AMBER										
WEST Consortia	Patient experience	50.41%	£309,578	GREEN	GREEN	GREEN										GREEN
	Education for healthcare professionals			GREEN	GREEN	GREEN										
NORTH Consortia	Timely communication of transport	13.84%	£84,987	GREEN	GREEN	AMBER										GREEN
	Reduction in abortive journeys			GREEN	GREEN	AMBER										
TOTAL		100.00%	£614,171													

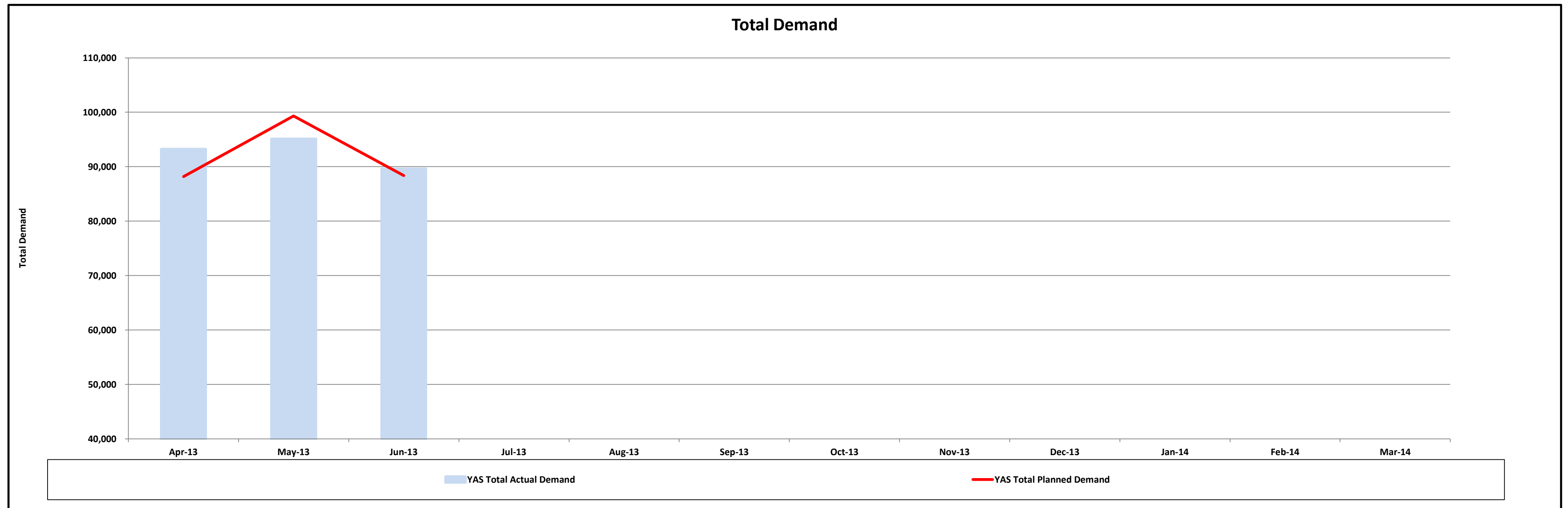
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments
South CQUIN - Q1 timescales have been extended due to amendments in the contract East CQUIN - Issues identified with resource to support delivery - AD for PTS currently looking at ways to resolve this. North CQUIN - Final schedule not agreed.

PTS Demand

OBJ REF 3

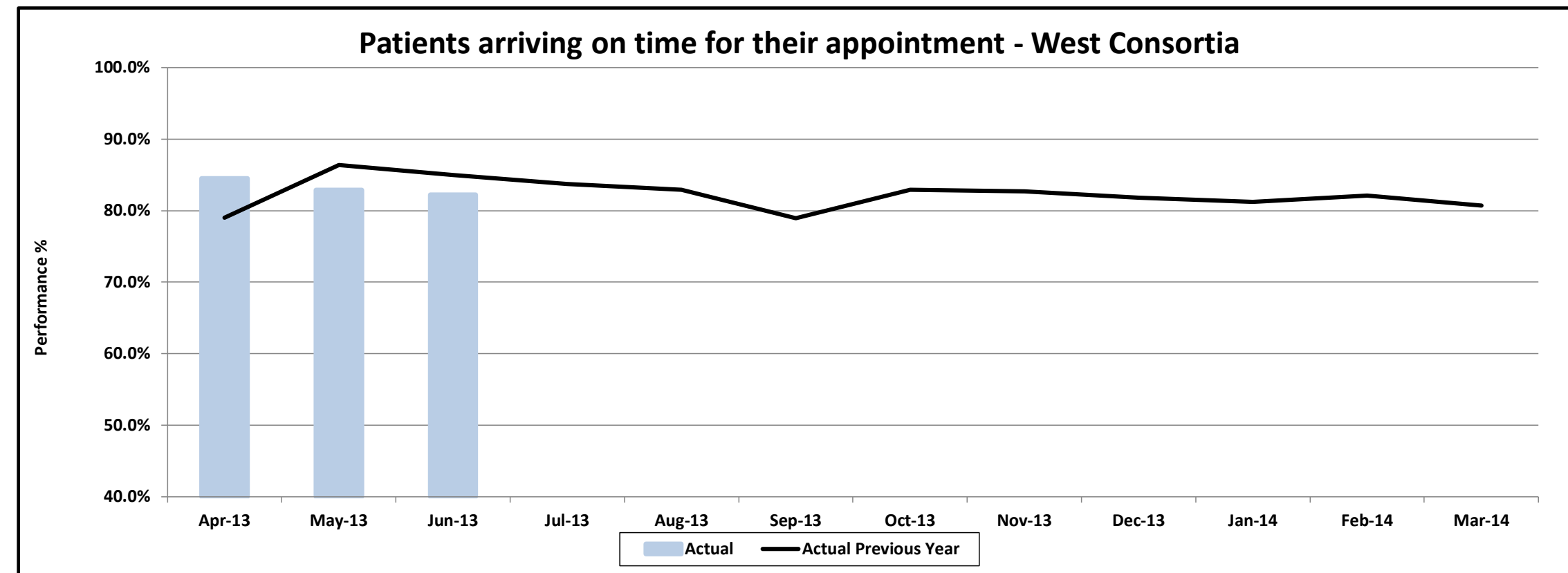
YTD RAG	GREEN
MTD RAG	GREEN



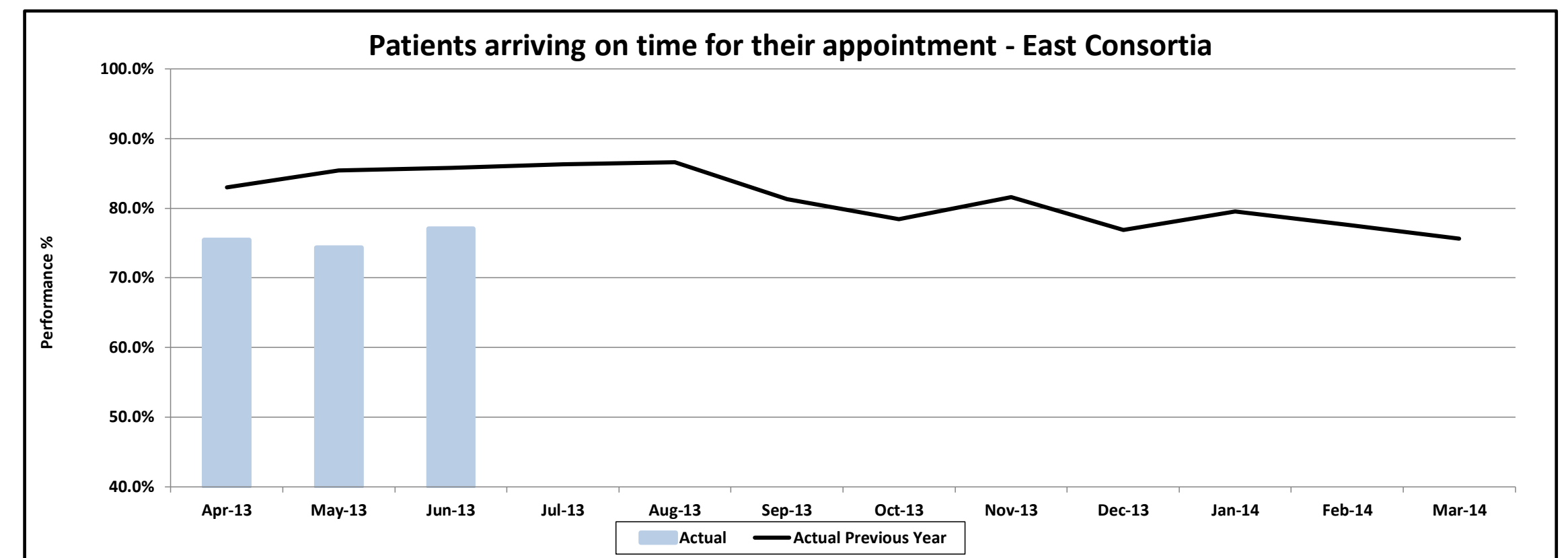
PTS Demand by Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
West Consortia Planned Demand	43,482	49,538	43,254										136,274
West Consortia Actual Demand	46,742	48,198	44,689										139,629
East Consortia Planned Demand	9,127	9,517	10,389										29,033
East Consortia Actual Demand	9,276	9,376	8,717										27,369
South Consortia Planned Demand	23,887	27,203	23,614										74,704
South Consortia Actual Demand	25,036	25,426	24,132										74,594
North Consortia Planned Demand	11,700	13,047	11,140										35,887
North Consortia Actual Demand	12,146	12,108	12,056										36,310
YAS Total Planned Demand	88,196	99,305	88,397										275,898
YAS Total Actual Demand	93,200	95,108	89,594										277,902
% Variance Planned V Actual	5.7%	-4.2%	1.4%										0.7%

Arrival - Quality Target by Consortia

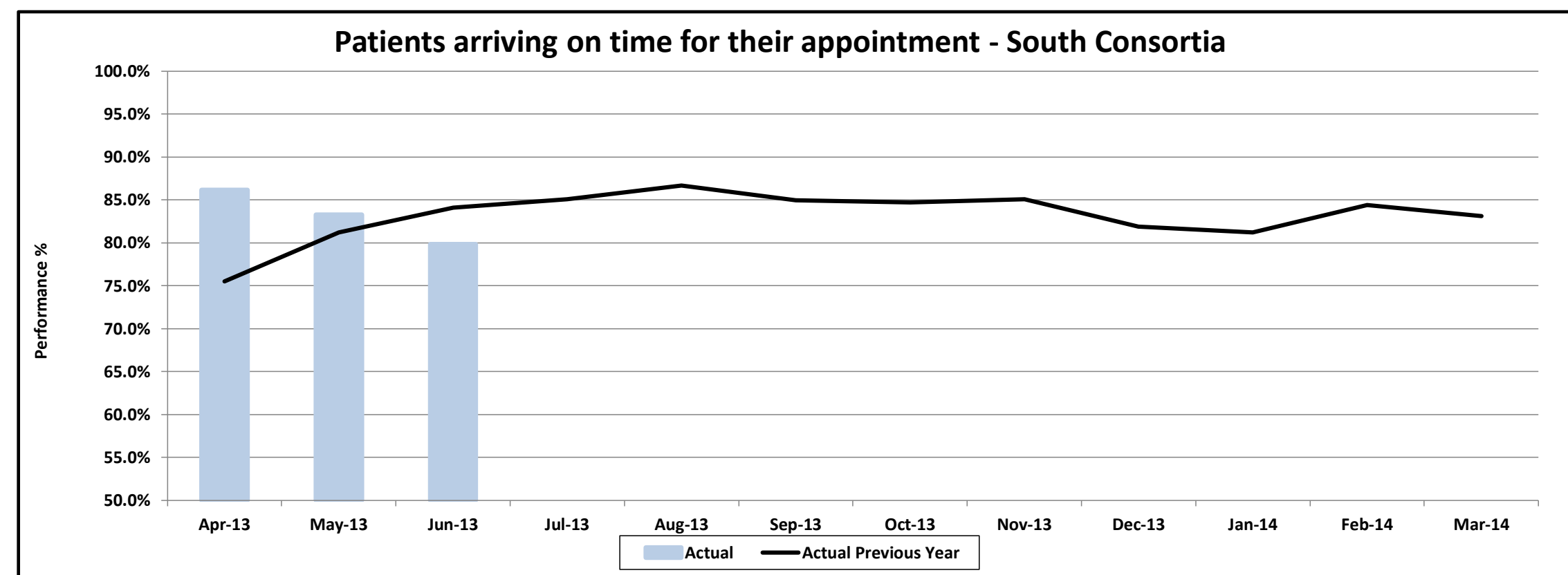
EWI



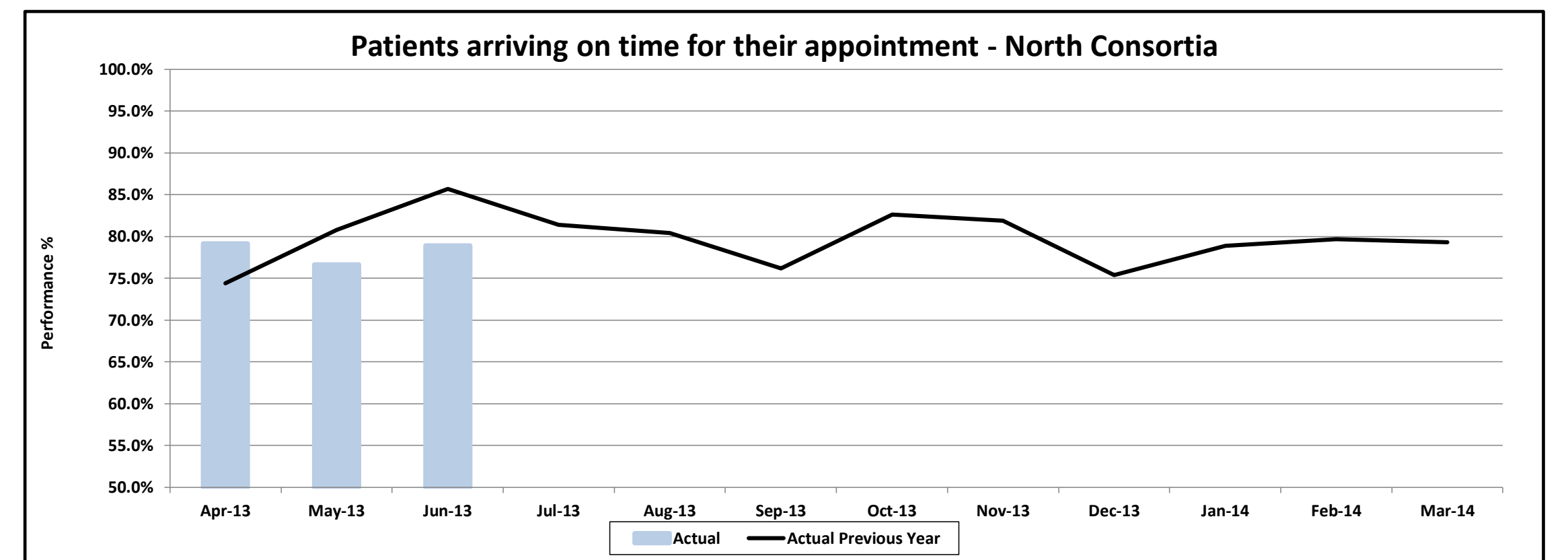
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	84.5%	82.9%	82.3%									
Actual Previous Year	79.0%	86.4%	85.0%	83.7%	82.9%	78.9%	82.9%	82.7%	81.8%	81.2%	82.1%	80.7%



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%	74.4%	77.1%									
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%	83.3%	79.8%									
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%

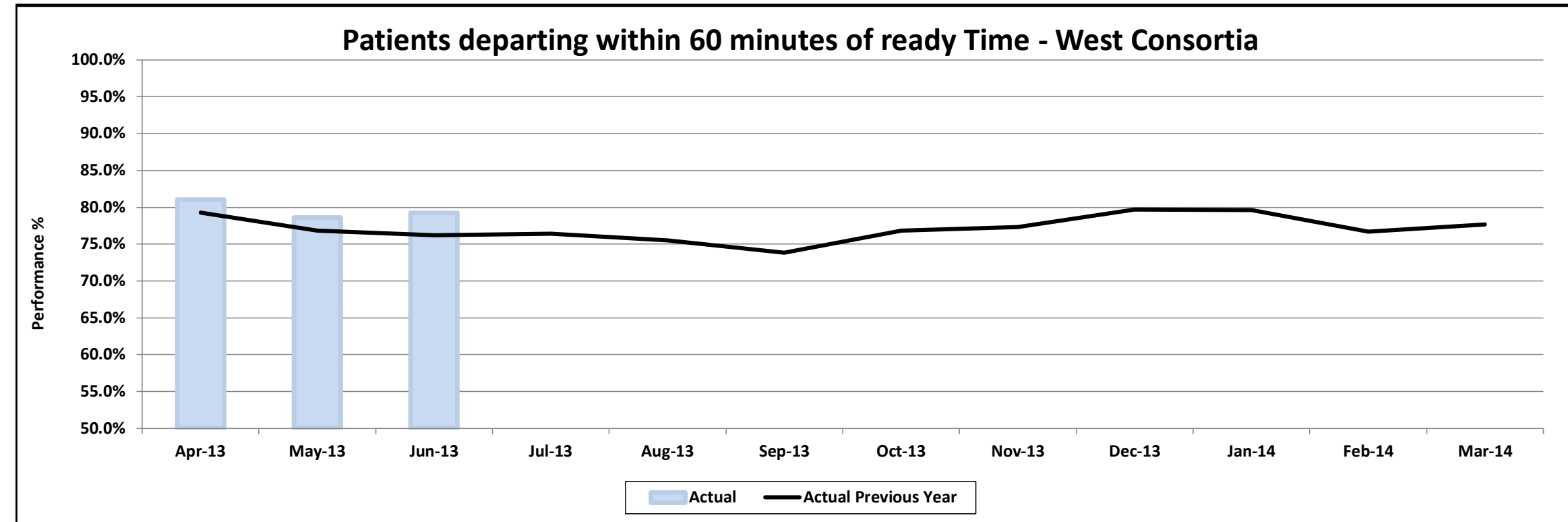


North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	79.2%	76.6%	78.9%									
Actual Previous Year	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%	81.9%	75.4%	78.9%	79.7%	79.3%

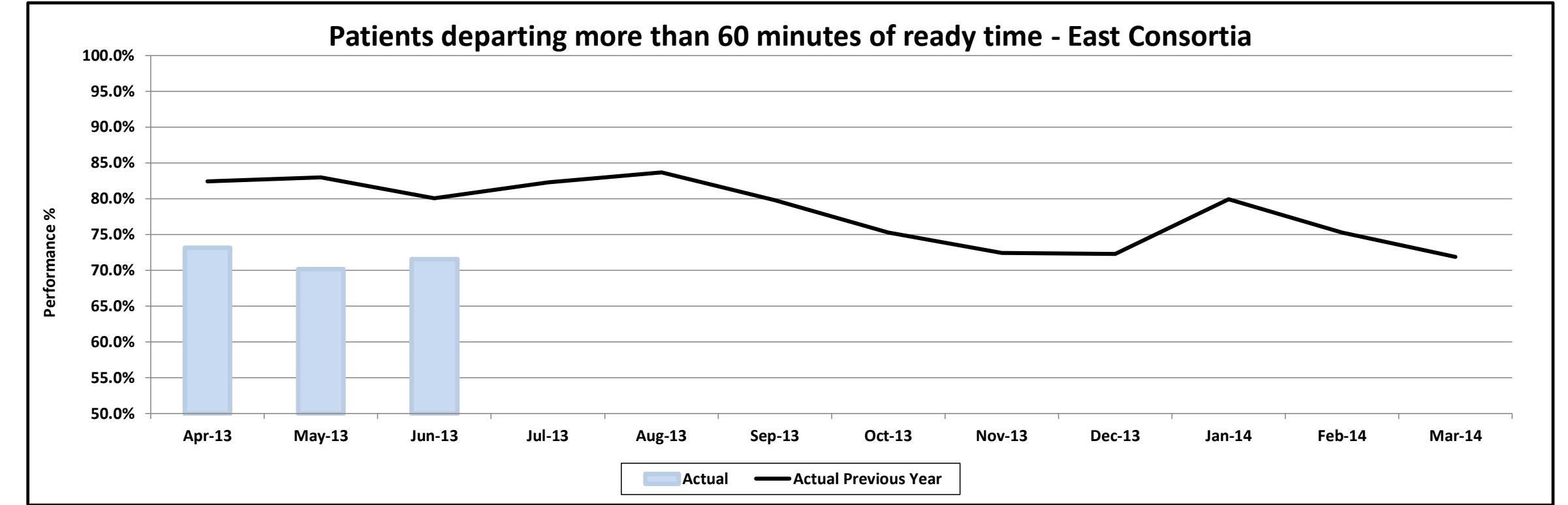
EWI Early Warning Indicator

Departure - Quality Target by Consortia

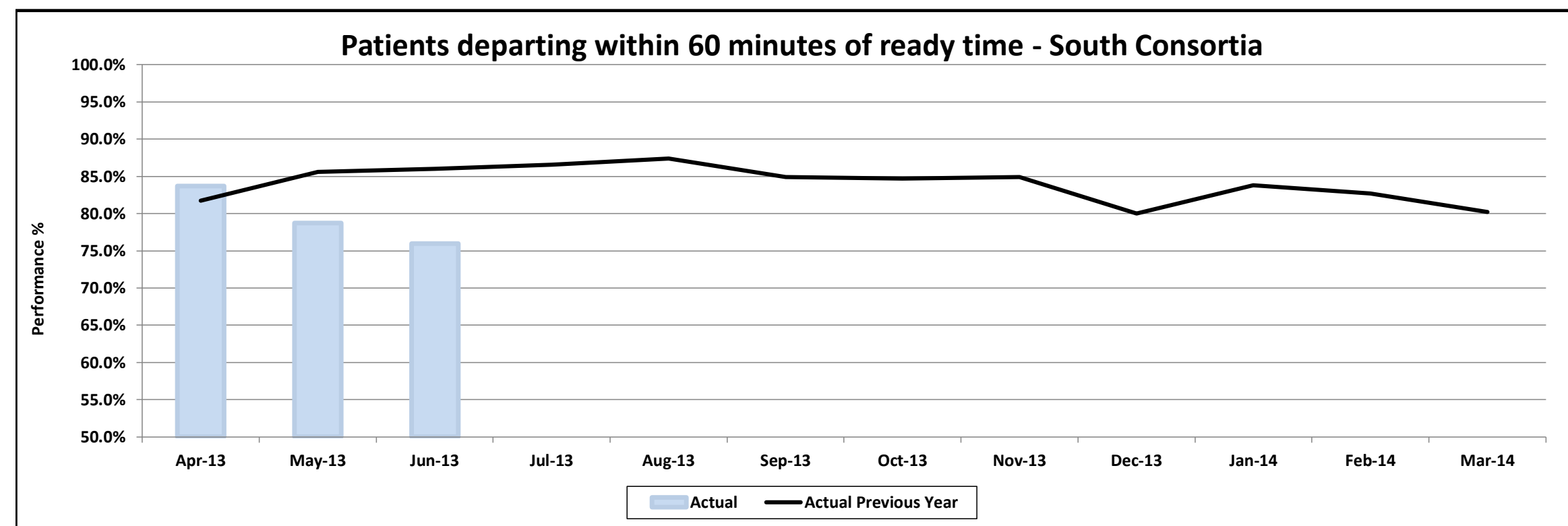
EWI



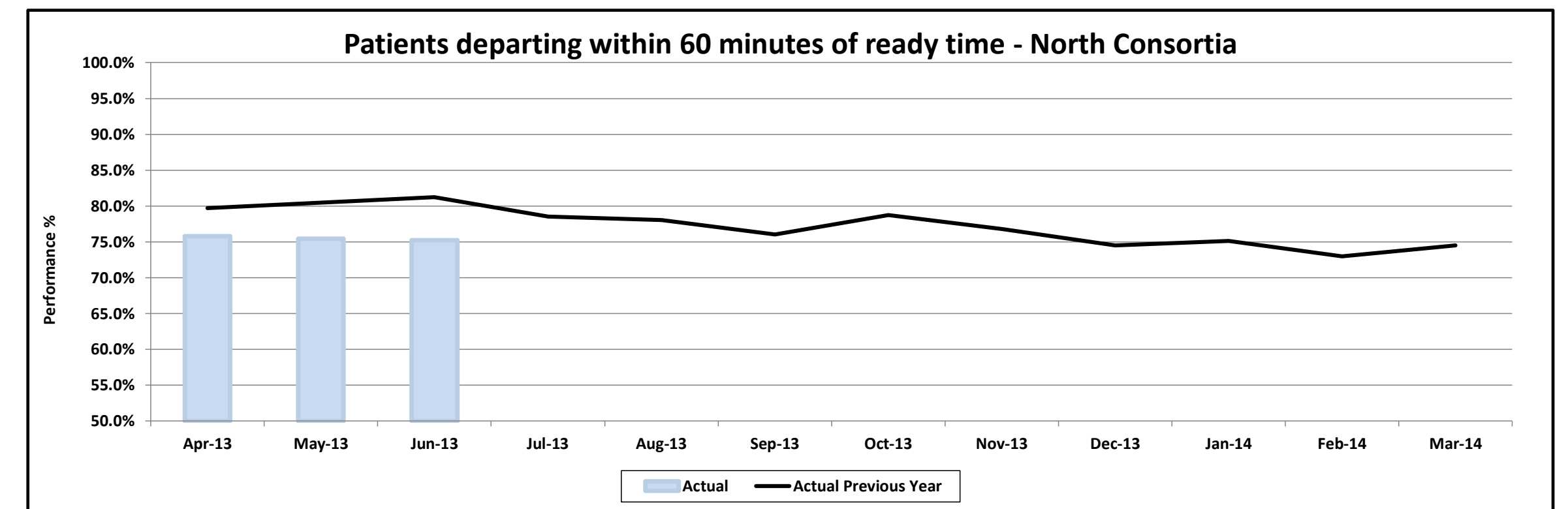
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	81.0%	78.6%	79.2%									
Actual Previous Year	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%	77.3%	79.7%	79.6%	76.7%	77.7%



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	73.2%	70.2%	71.6%									
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	83.7%	78.7%	76.0%									
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%




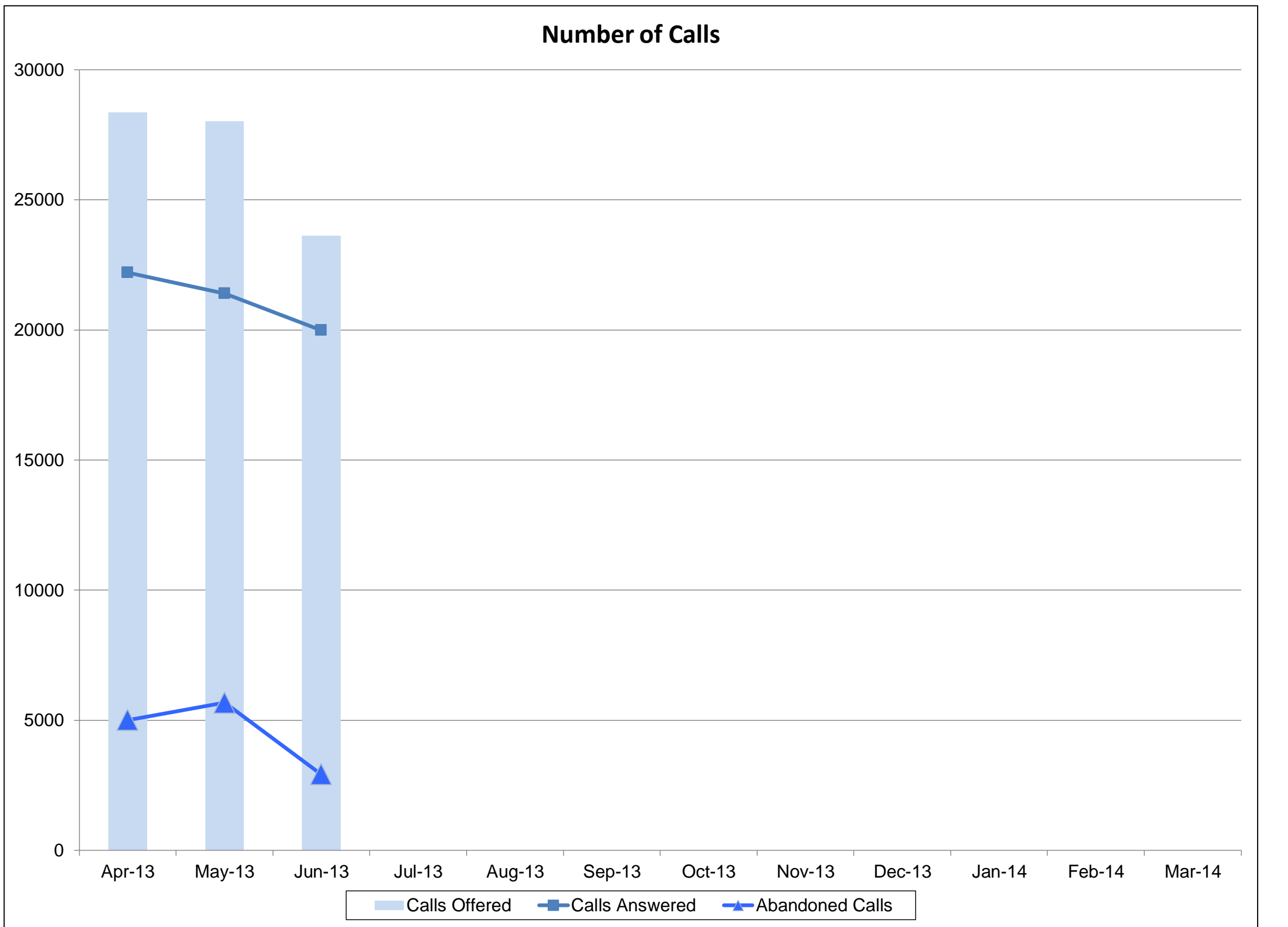
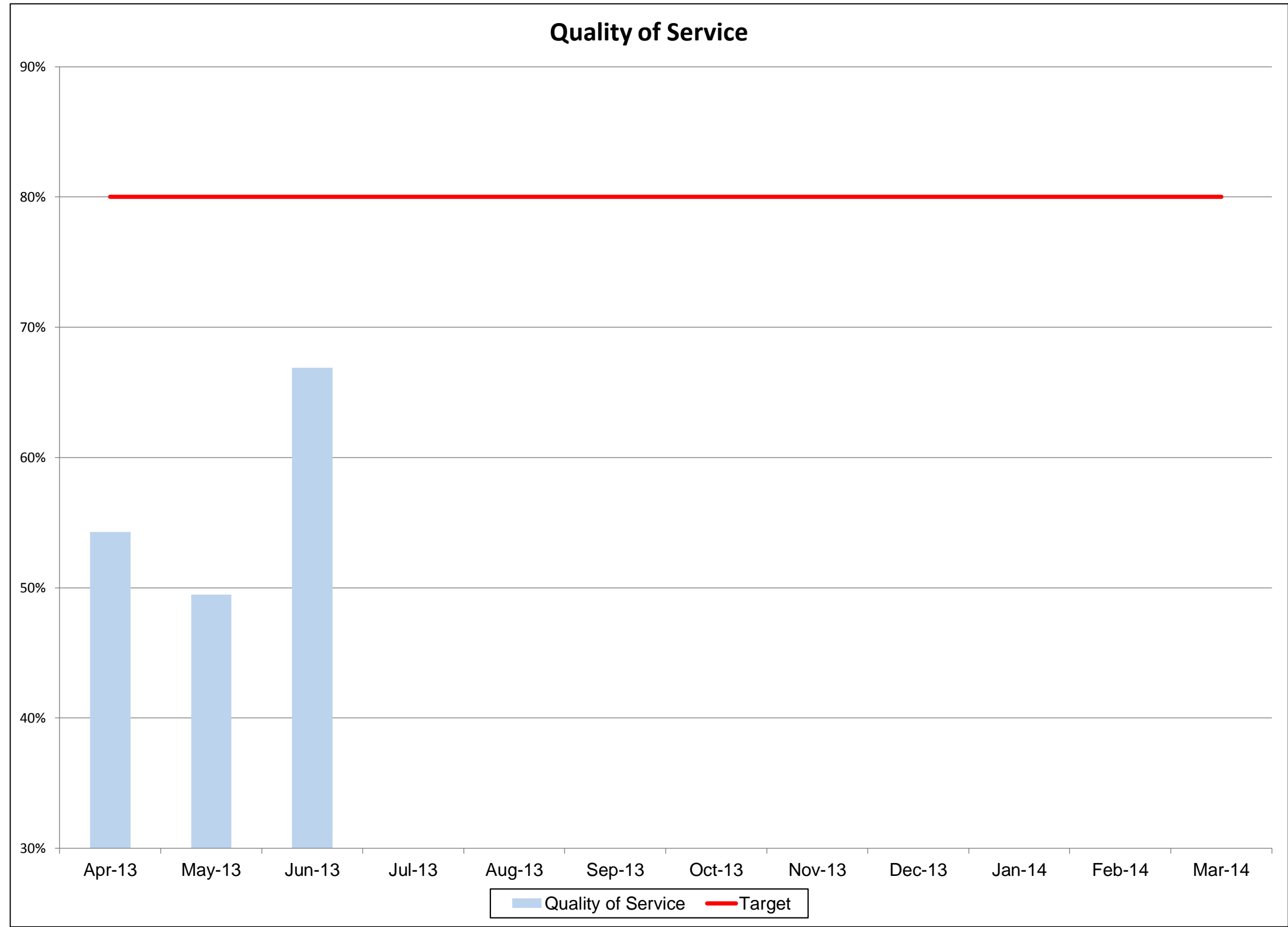
North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	75.8%	75.4%	75.2%									
Actual Previous Year	79.7%	80.5%	81.2%	78.5%	78.0%	76.1%	78.7%	76.8%	74.5%	75.1%	73.0%	74.5%

EWI Early Warning Indicator

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	28027	23616									
Calls Answered	22205	21400	19981									
Average Answer Delay	00:01:21	00:01:41	00:52									
Max Answer Delay	00:59:12	00:59:44	01:00:08									
Abandoned Calls	4999	5672	2921									
Quality of Service	54%	49%	67%									




Section 2c

NHS 111 / GPOOH Performance



NHS 111

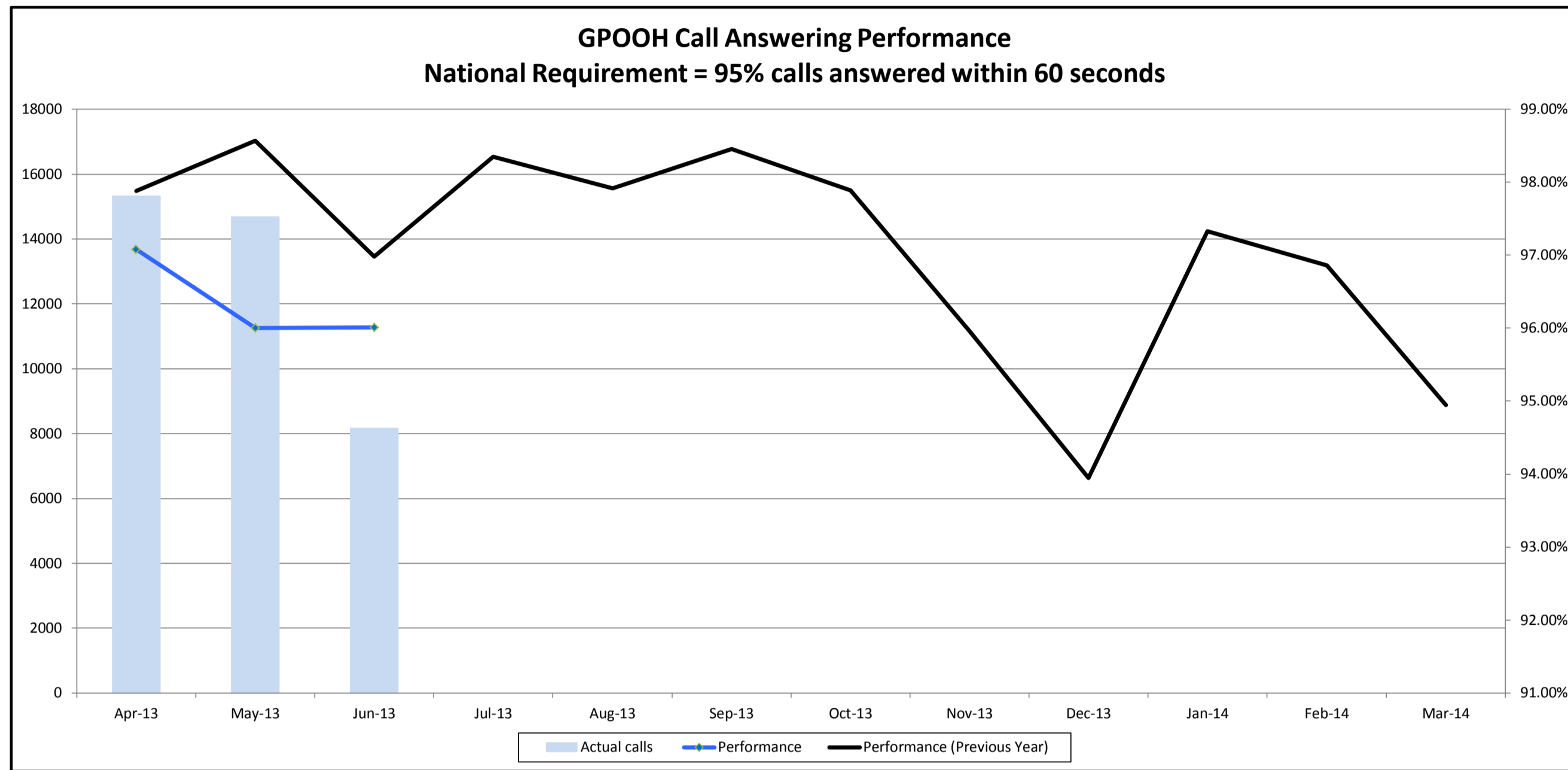
	YTD RAG	AMBER
	MTD RAG	AMBER

Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Total number of calls answered	71653	76900	74727										
Total number of out of area calls answered	66	1377	1199										
Total number of phantom calls received	0	0	0										
Total number of calls answered not requiring 111	3996	4580	4795										
Total number of calls triaged	61886	65174	63650										
Total number of calls answered within 60 seconds (national quality standard 95%)	62602	71204	69905										
<i>Target % calls answered within 60 seconds</i>	95%	95%	95%										
<i>Total answered calls within 60 seconds as a percentage of total</i>	87.4%	92.6%	93.5%										Call answer times slightly below target over the month but continuing to improve following the initial mobilisation period
Total number of abandoned calls (after 30 seconds)	2153	1538	1342										
<i>Target % calls abandoned after 30 seconds</i>	5.0%	5.0%	5%										
<i>Abandoned calls as a percentage of total</i>	2.9%	2.1%	1.7%										
Average episode length of call (mins)	17:33	17:44	07:00										
Average episode length of call (mins) with a call handler	08:01	07:35	07:27										
Longest wait for a call to be answered	17:58	14:24	19:26										
Average episode length of call (mins) with a clinical 111 advisor	13:51	12:49	13:04										
Total number of calls directed to speak to a Clinical 111 advisor (outcome)	15767	17126	16450										
<i>% of calls directed to speak to a clinical 111 advisor</i>	22.0%	22.3%	22.0%										
Longest wait for a call back by a clinician	09:12:25	06:49:52	8:42:50										
Total number of calls where a person was offered a call back	8484	9602	9708										
<i>Call backs as a percentage of clinical advisor calls</i>	53.8%	56.1%	59.0%										Call backs are clinically prioritised to ensure safe patient care.
Total number of calls that were warm transferred to a clinical advisor	7283	7595	6742										
<i>Warm transfers as a percentage of clinical advisor calls</i>	46.2%	44.3%	41.0%										
Total number of calls directed to 999 for ambulance dispatch	6049	6120	6020										
<i>Ambulance dispatch as a percentage of total</i>	8.4%	8.0%	8.1%										Ambulance dispatch within target range
Total number of Non conveyed 999 dispatches	1097	1138	1071										
Total number of calls recommended to attend an A&E	4883	5045	5033										A&E referrals within target range
<i>A&E as a percentage of total</i>	6.8%	6.6%	6.7%										
Total number of callers referred into GP Out of Hours service	21340	23639	23600										
<i>Callers booked into GP Out of Hours service as a percentage of Total</i>	29.8%	30.7%	31.6%										
Total count of feedback received	296	236	193										
Complaints	236	19	6										
Compliments	1	29	12										
Incidents	58	35	29										
Serious Incidents	0	0	1										
Healthcare Professional Feedback form	1	153	145										

GPOOH Call Answering Performance

OBJ REF 3

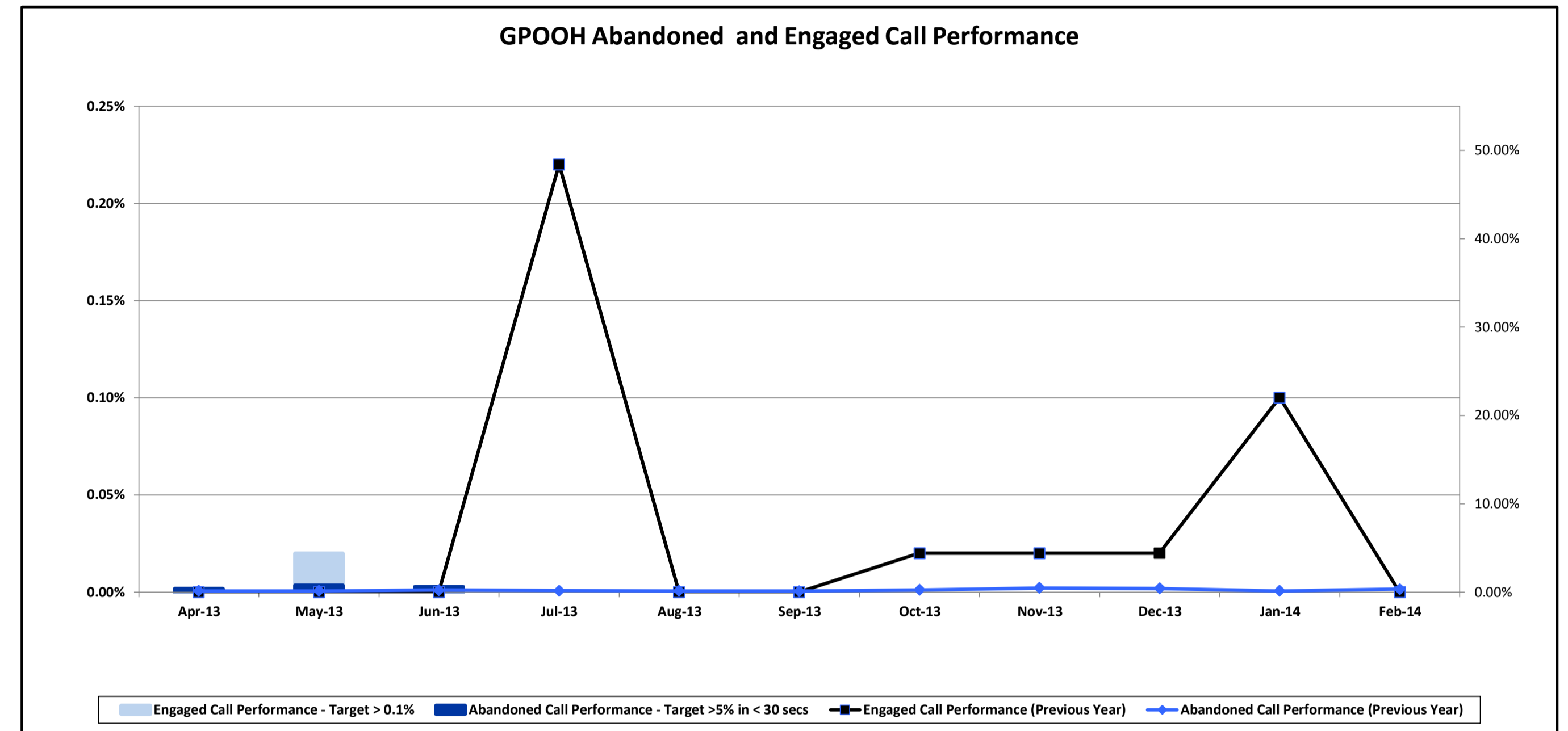
YTD RAG	GREEN
MTD RAG	GREEN



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	14687	8158									
Actual calls (Previous Year)	21412	19133	22575	19105	18100	18413	17576	18231	26390	18561	16397	20798
Performance	97.08%	96.00%	96.01%									
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%	0.02%	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%	0.76%	0.58%									
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



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	Green										Green
	4C's	% of Customer Feedback either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	Green	Green	Green										Green
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	Green	Green	Green										Green
	Requests and Incidents	First Contact Resolution	>=75%	>=75%	<75% >=70%	<70%	Green	Green	Green										Green
Project Management	Governance	Required Documentation Complete	>=75%	>=75%	<75% >=50%	<50%	Green	Green	Green										Green
	Time frames	Projects completed or due to complete within completion date		On Time	Within One Month	Over One Month	Green	Green	Green										Green
	Quality	Business Benefits Reviewed / Delivered		All	Over 75%	Less than 75%	Green	Green	Green										Green
	Budget	On Budget		+/- 5%	+/- 10%	> 10%	Green	Green	Green										Green
Infrastructure	Network Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green										Green
	Systems Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green										Green
	Telecoms Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green										Green
	Radio Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green										Green
	Budget Management	Under Budget Net of CIP		Under		Over	Green	Green	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 Estates capital projects bids and Service Development bids for 2013/14 have been submitted and Estates are now awaiting sign off of these. Following sign off the procurement process will follow.
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- £90,946.24 Monthly Saving - £21,176.44
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	GREEN	GREEN									

Comments
<u>Contracts awarded above £25k</u> None
<u>Single Tender Waiver</u> None

Fleet

OBJ REF 3

YTD RAG	AMBER
MTD RAG	AMBER

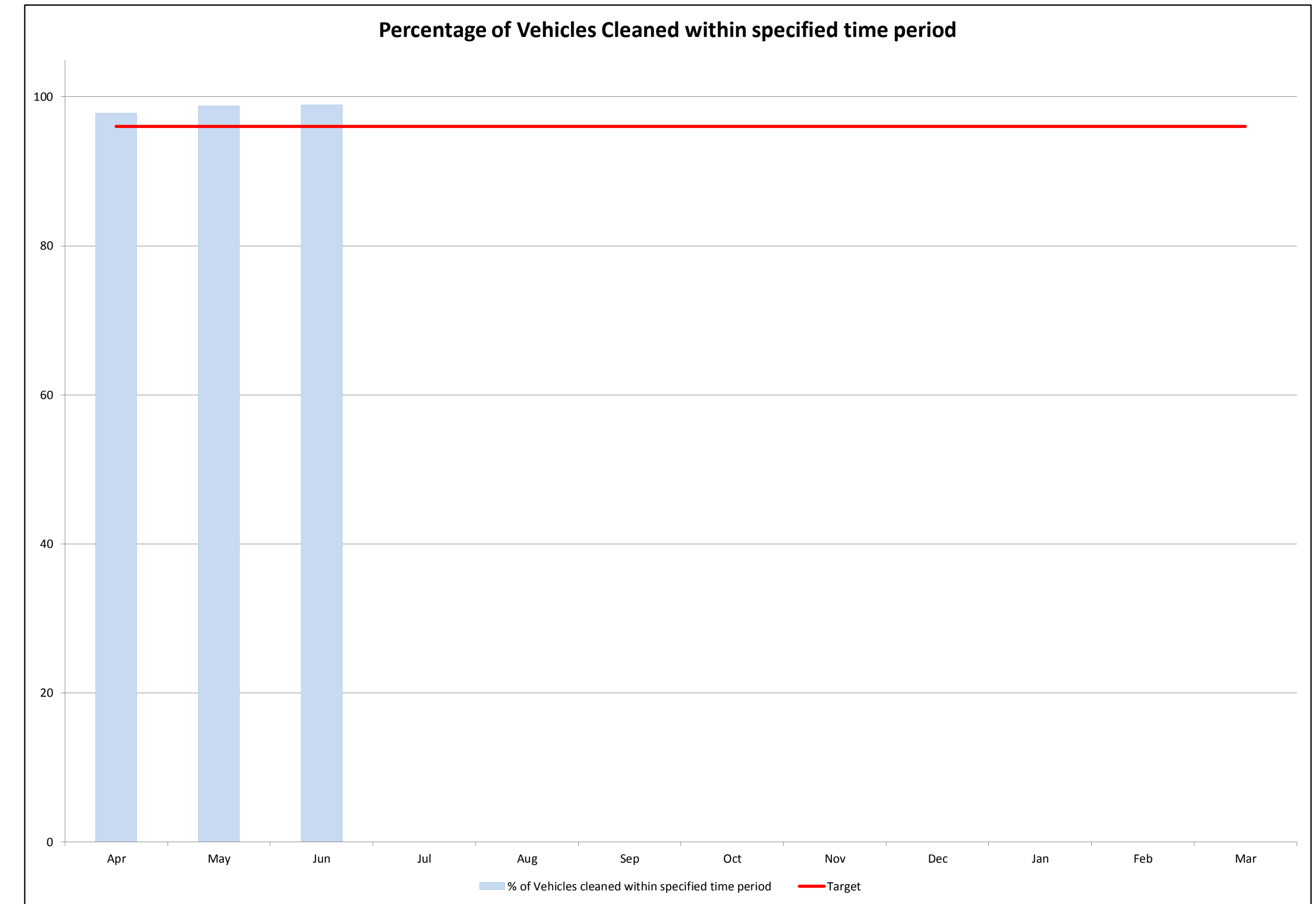
E1 Carbon Management	RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast	Quarter 1 Actual	Notes
E1.1 Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2 Corporate Citizen Rating (monitored quarterly)	59%					

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

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		14 new vehicles are now in service and final preparations are being completed on 9 used PTS vehicles prior to being put into service.
E3.1	Other	AMBER	7	20		Orders have been placed for 16 support vehicles delivery is due early August.

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

E3.2 Compliance / Safety		RAG Status	Number	% Total	Notes
E3.2	Safety Checks Outside "Window" at end of period	RED	52	9.41%	Servicing has slipped in North and South for the last period due to high VOR's and Staff Sickness, additional resources overtime and other external resources have been sanctioned to bring the servicing back into line while recruitment takes place to fill the mechanics vacancies. An additional mechanic has been recruited to start late July.
E3.2	Vehicle Services Outside "Window" at end of period	AMBER	23	6.18%	Servicing has slipped in North and South for the last period due to high VOR's and Staff Sickness, additional resources overtime and other external resources have been sanctioned to bring the servicing back into line while recruitment takes place to fill the mechanics vacancies. An additional mechanic has been recruited to start late July.
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	43	1.10%	
E3.4	Defibrillator servicing Outside "Window" at end of period	AMBER	23	3.17%	Note 5 devices had been moved from their audited location, had these devices been present there would only have been 18 overdue (at 2.48% Amber). Serious staff issues has impacted the department's ability to maintain devices, Oxyltre are starting work with the Trust week commencing 8th July. An interim Equipment Engineering Manager has commenced in post to support the department.
E3.5	Suction Unit servicing Outside "Window" at end of period	RED	114	11.90%	Note 25 devices had been moved from their audited location, had these devices been present there would only have been 89 overdue (at 9.30% Red) Serious staff issues has impacted the department's ability to maintain devices, Oxyltre are starting work with the Trust week commencing 8th July. An interim Equipment Engineering Manager has commenced in post to support the department.
E3.6	Parapac servicing Outside "Window" at end of period	RED	63	18.31%	Note 7 devices had been moved from their audited location, had these devices been present there would only have been 56 overdue (at 16.28% Red) Serious staff issues has impacted the department's ability to maintain devices, Oxyltre are starting work with the Trust week commencing 8th July. An interim Equipment Engineering Manager has commenced in post to support the department.
E3.7	Microvent servicing Outside "Window" at end of period	RED	99	20.70%	Note 45 devices had been moved from their audited location, had these devices been present there would only have been 54 overdue (at 11.29% Red) Serious staff issues has impacted the department's ability to maintain devices, Oxyltre are starting work with the Trust week commencing 8th July. An interim Equipment Engineering Manager has commenced in post to support the department.



Vehicle Cleaning	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of Vehicles cleaned within specified time period	97.8	98.8	98.9									

Vehicles repaired by Vehicle Body Care

Number of Vehicles Repaired 2013-2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Actual 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	19	26										61
Variance	-19	-15	-2										

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	AMBER	AMBER									



Section 3

Quality Analysis



Comments on Quality**New Incidents Reported**

There has been a reduction in the number of incidents following changes made to Datix which enable data to be captured by 'incident', 'issue' or 'near misses'. The data included within this report reflects 'incidents' only (not issues and near misses). In future reports figures for all categories will be included, to supplement the view of emerging themes and an indication of overall staff engagement with reporting processes. An initial checking process has commenced within the Risk & Safety team which has enabled improvement with incident data categorisation; the business area category 'Other' has been removed and replaced with further breakdowns e.g. Finance, Medical, Quality & Patient Experience, Resilience & Specialist Services.

Patient Related Incidents

An initial checking process has commenced within the Risk & Safety team which has enabled improvement with incident data categorisation; the business area category 'Other' has been removed and replaced with further breakdowns e.g. Finance, Medical, Quality & Patient Experience, Resilience & Specialist Services.

Staff Related Incidents

An initial checking process has commenced within the Risk & Safety team which has enabled improvement with incident data categorisation; the business area category 'Other' has been removed and replaced with further breakdowns e.g. Finance, Medical, Quality & Patient Experience, Resilience & Specialist Services.

Medication related incidents

There were 7 Controlled drug incidents, the one loss was a Vehicle safe key that was later found. The 1 clinical incident refers to an ECP who administered patient's own morphine and who subsequently deteriorated; this is currently under investigation. There have been 4 instances of the administration of the incorrect drug/fluid reported. These will be discussed at the Medicines Management Group meeting this month to devise action plans to reduce these types of errors..

The number of incidents per month may increase as medication related incidents are being reported by 111.

Clinical Audit Programme

The backlog of unprocessed forms continues to be an issue. Overtime was authorised throughout June for clinical audit assistants on both sites and legal team volunteers in order to try and control this. Some system issues also had some effect on increasing the backlog but were resolved. Local CPIs have been suspended for two months so that York CAA can help with verification. To date, deadlines have been met for the submission of ACQIs although at this time the backlog is starting to impact on allowed process times.

IPC Audit - Percentage compliant

Overall compliance levels in audits remains high, although small number of areas had insufficient audit data to complete the return this month. The new Head of Safety is now in post and she will be focusing on IPC audits across the Trust to provide support to local teams and to provide additional positive assurance on the robustness of the audit process. Additional assessment of hygiene standards is undertaken through the Trust Inspection for Improvement programme.

Compliments / Complaints

The rate of complaints and concerns in the NHS 111 service has reduced following the initial period after going live. The new monthly PTS patient survey process was introduced in June 2013 and will report from the August issues of the IPR.

KPI	Description	Measure	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End 13/14 Forecast	Q1 Forecast 2013/14
3	Safety	<ul style="list-style-type: none"> Infection, Prevention and Control Patients Incidents Medication Incidents Staff Incidents RIDDOR Serious Incidents 	GREEN	GREEN	GREEN										GREEN	GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	RED	RED	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										GREEN	GREEN
3	CQC and Other Registration / Legislation Standards	<ul style="list-style-type: none"> Registration Regulations & Outcomes NHS Litigation Authority 	GREEN	GREEN	GREEN										GREEN	GREEN

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

Deriving the governance risk rating

<u>Monitoring</u>	<u>Service performance score</u>	<u>Governance Risk Rating</u>																															
1 Performance against national measures	-National Indicators set out -Applicable to all foundation trusts commissioned to provide services -Declared risk of, or actual, failure to meet any indicator = +0.5-1.0 -Three successive quarters' failure of a 1.0-weighted measure, red rating and potential escalation for significant breach	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;">Service Performance score of</td> <td style="width: 10%;"></td> <td style="width: 15%;"></td> <td style="width: 60%;"></td> </tr> <tr> <td style="text-align: right;">< 1.0</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td></td> <td>GREEN</td> </tr> <tr> <td style="text-align: right;">≥ 1.0</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td rowspan="2" style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td>AMBER-GREEN</td> </tr> <tr> <td style="text-align: right;">< 2.0</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td></td> </tr> <tr> <td style="text-align: right;">≥ 2.0</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">< 4.0</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td rowspan="2" style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td>AMBER-RED</td> </tr> <tr> <td style="text-align: right;">≥ 4.0</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td></td> <td>RED</td> </tr> <tr> <td colspan="4" style="padding-top: 10px;"> Risk Ratings applied quarterly and updated in real time Override applied to risk rating Nature and duration of override at Monitor's discretion </td> </tr> </table>	Service Performance score of				< 1.0			GREEN	≥ 1.0			AMBER-GREEN	< 2.0			≥ 2.0				< 4.0			AMBER-RED	≥ 4.0			RED	Risk Ratings applied quarterly and updated in real time Override applied to risk rating Nature and duration of override at Monitor's discretion			
Service Performance score of																																	
< 1.0				GREEN																													
≥ 1.0				AMBER-GREEN																													
< 2.0																																	
≥ 2.0																																	
< 4.0			AMBER-RED																														
≥ 4.0				RED																													
Risk Ratings applied quarterly and updated in real time Override applied to risk rating Nature and duration of override at Monitor's discretion																																	
2. Third Parties	Care quality Commission *1 following non-compliance with essential standards -Major impacts on patients = +2.0 -Enforcement action = +4.0 NHS Litigation Authority *2 -Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements: +2.0																																
3. Mandatory Services	-Declared risk of, or actual, failure to deliver mandatory services: +4.0																																
4. Other board statement failures	-If not covered above, failure to either (i) provide or (ii) subsequently comply with annual or quarterly board statements																																
5. Other factors	-Failure to comply with material obligations in areas not directly monitored by Monitor -Includes exception or third party records -Represents a material risk to compliance																																

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

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

Service Transformation Programme

OBJ REF 3

Service Transformation Programme															
Reference	Project	Lead	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	Red	Yellow	Yellow										Focus on recruitment and training service optimisation. 2 July roll out date on track. Ongoing dialogue with commissioners on wider pathway issues, funding and WYUC capacity
RC2	Clinical Hub (CIP)	DW	Green	Green	Green										Risk associated with achieving CIP
RC3	External Partnership	JM	Green	Green	Green										Focus on Urgent Care Board attendance and coordinated YAS response.
RC4	Paramedic Pathfinder Model	JM	Green	Green	Green										South Yorks ECP in place 1st August 2013
RC5	Scope of Practice	JM	Green	Green	Green										
RC6	Pathway Review	JM	Green	Green	Green										
RC7	Care Homes CQUIN	JM	Green	Yellow	Yellow										Data provided by MI - to remain amber until Q1 information submitted to commissioners.
Clinical Development Project Group - Julian Mark															
CD1	JRCALC Rollout	JM	Green	Green	Yellow										Insufficient manuals have been ordered and distributed to allow a copy for all clinicians as the orders were based on last year's staff complement. Further copies are being sourced but will result in a YAS launch delay to September/October 2013.
CD2	Patient Safety CQUIN	SP	Green	Green	Green										Plan developed and on track
CD3	ACQI Care Bundles	JM	Green	Green	Green										
CD4	Public Health	JM	Green	Green	Green										
CD5	Public Awareness CQUIN	AA	Green	Green	Green										
CD6	Quality Governance	JM	Green	Green	Green										Plan submitted to NHS TDA
CD7	Improving Outcomes from Cardiac Arrest (Hull)	JM	Green	Green	Green										
CD7	National CPR Policy	JM	Green	Green	Green										
Delivery Programme - David Williams															
Operational Efficiency Project Group - David Williams															
OE1	Red 1 performance	DW	Red	Red	Yellow										Quarter 1 target hit - Plan to be refreshed
OE2	Workforce Model	DW	Green	Green	Green										
OE3	Operational Redesign	DW	Yellow	Yellow	Yellow										Overall strategy to be reviewed by TEG. Timelines developed and require a final agreement. A & E Programme Manager (interim) recruited.
OE4	Turnaround	DW	Green	Green	Green										On track - phase two fitting of paediatric screens and staff support
OE5	A&E CQUINs	DW	Green	Yellow	Yellow										Julie Frampton to prepare plans in readiness to submit to commissioners
OE6A	Rural CQUIN	DW	Green	Green	Green										Plan agreed with Vince Larvin - on track
OE6B	Reduced Conveyance CQUIN at locality level	DW	N/A	Green	Green										Plan developed and progressing with Ben Holdaway
OE6C	Red Performance in underperforming CCG CQUIN	DW	N/A	Red	Yellow										Plan developed - awaiting review
OE6D	Static Medical Unit CQUIN	DW	N/A	Green	Green										Plan developed and project on track - no issues identified
Workforce Project Group - Nick Cook															
WF1	Sickness (CIP)	NC	Red	Yellow	Green										Improved performance in lost working time due to sickness absence took place in May 2013, placing the Trust under 5%, achieving target. The Finance Department needs to undertake work to align CIP savings with the profiled sickness reduction targets
PTS Project Group - Rod Barnes															
PTS 1	Transformation (CIP13/14)	RB	Red	Yellow	Yellow										High level plan has been agreed by Trust Board. Detailed project plan and resourcing currently being finalised for 13/14. - Completing level 2 PDMs.
PTS 2	PTS CQUINs	RB	N/A	Yellow	Yellow										
PTS2A	South PTS CQUIN 1 - (120 minute wait target)	RB	N/A	Red	Yellow										Contract deadline extended
PTS2B	South PTS CQUIN 2 - (Rationale for long waits)	RB	N/A	Red	Yellow										Contract deadline extended
PTS2C	West PTS CQUIN 1 - (Patient experience)	RB	N/A	Green	Green										
PTS2D	West PTS CQUIN 2 - (Education for healthcare professionals)	RB	N/A	Green	Green										
PTS2E	North PTS CQUIN 1 - (Timely communication of transport)	RB	N/A	Yellow	Yellow										Final Schedule not agreed
PTS2F	North PTS CQUIN 2 - (Reduction in abortive journeys)	RB	N/A	Yellow	Yellow										Final Schedule not agreed
PTS2G	(East PTS CQUIN 1) - Timely communication of transport	RB	N/A	Yellow	Yellow										Issue with resources to support implementation required, discussions ongoing with JH and KW
PTS2H	East PTS CQUIN 2 - (Reduction in abortive journeys)	RB	N/A	Yellow	Yellow										Issue with resources to support implementation required, discussions ongoing with JH and KW
Sustainability (People) Programme Nick Cook/Steve Page															
Culture & Capability Project Group - Nick Cook/Steve Page															
CC1	Leadership and Service Improvement skills	SP/NC	Green	Green	Green										The Leadership Development Skills element of this project is not due to commence procurement until Q3 of the current financial year.
CC2	Staff Engagement and Communications	SP/NC	Green	Green	Green										Further work to be completed to support communications approach
CC3	Recruitment and Induction	SP/NC	Green	Green	Green										Further values based recruitment exercise completed in June 2013
Service Line Management Project Group - Rod Barnes															
SLM1	Service Line Management	RB	Yellow	Yellow	Yellow										SLM Working Group meeting schedules are being reviewed. Priorities continue to be re-assessed and plans revised to take account of resource availability, whilst not impacting on overall timescales for delivery of SLM. Limited HR representation impacting on progress
Sustainability (Systems) Programme - Rod Barnes															
Estates Project Group - Rod Barnes															
E1	Estates Strategy	RB	Green	Green	Green										Work continuing as planned - site visits to SECAMB and WMAS completed
E2	HART	RB	Green	Green	Green										Business case has been approved by Trust Board. Purchase scheduled for July
Emergency Care Solution Project Group - Rod Barnes															
ECS1	ECS Roll-out	RB	Yellow	Yellow	Yellow										Funding not secured from commissioners, internal funding allocated
2012-13 Legacy Projects															
CLF1	Clinical Leadership (CIP)	DW	Red	Red	Yellow										Action plan ongoing, director review in progress. Review of CIP completed
IPR1	Individual Performance Reports	DW	Red	Red	Yellow										Final review required to determine benefits if rolled out Trust wide.
ESR1	Electronic Staff Record (ESR)	NC	Green	Green	Green										More clarity required on project outcomes
DMS1	Risk-Data Management	SP	Green	Green	Green										Project close down/high level benefits realisation report completed and discussed at the last TPMG meeting.

RAG key	
Green	Project on track to deliver benefits (quality &/or financial)
Yellow	Concerns identified (quality &/or financial) and controls in place
Red	Concerns identified (quality&/or financial) and requires programme board/TPMG attention
Blue	Project complete and benefits realised
Light Blue	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%	98%	98%									
	Premise	93%	98%	94%									
	Vehicle	96%	98%	97%									
North Yorkshire and York	Hand Hygiene	100%	99%	99%									
	Premise	98%	96%	100%									
	Vehicle	96%	100%	98%									
Humber	Hand Hygiene	100%	100%	100%									
	Premise	98%	93%	95%									
	Vehicle	97%	97%	I/Data									
Airedale, Bradford, Leeds	Hand Hygiene	99%	98%	98%									
	Premise	98%	98%	98%									
	Vehicle	96%	98%	I/Data									
South Yorkshire and Bassetlaw	Hand Hygiene	99%	100%	100%									
	Premise	100%	99%	100%									
	Vehicle	100%	100%	100%									
YAA	Hand Hygiene	99%	100%	100%									
	Premise	100%	90%	100%									
	Vehicle	100%	100%	100%									
Resilience and Special Operations	Hand Hygiene	98%	100%	100%									
	Premise	95%	95%	100%									
	Vehicle	100%	100%	I/Data									
Private & Events	Hand Hygiene	100%	100%	100%									
	Vehicle	96%	100%	100%									
PTS Leeds	Hand Hygiene	100%	100%	100%									
	Vehicle	99%	100%	92%									
PTS Mid Yorkshire	Hand Hygiene	99%	100%	100%									
	Vehicle	98%	98%	I/Data									
PTS Bradford / Airedale	Hand Hygiene	100%	100%	100%									
	Vehicle	93%	96%	I/Data									
PTS Calderdale / Huddersfield	Hand Hygiene	98%	99%	99%									
	Vehicle	100%	100%	99%									
PTS North Yorkshire	Hand Hygiene	100%	100%	100%									
	Vehicle	98%	96%	97%									
PTS Hull & East	Hand Hygiene	100%	98%	98%									
	Vehicle	98%	99%	99%									
PTS Sheffield / Barnsley	Hand Hygiene	99%	100%	100%									
	Vehicle	100%	100%	I/Data									
PTS Rotherham / Doncaster	Hand Hygiene	97%	100%	100%									
	Vehicle	100%	100%	100%									
Overall Compliance (Current Year)	Hand Hygiene	99%	100%	99%									
	Premise	97%	98%	98%									
	Vehicle	98%	98%	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

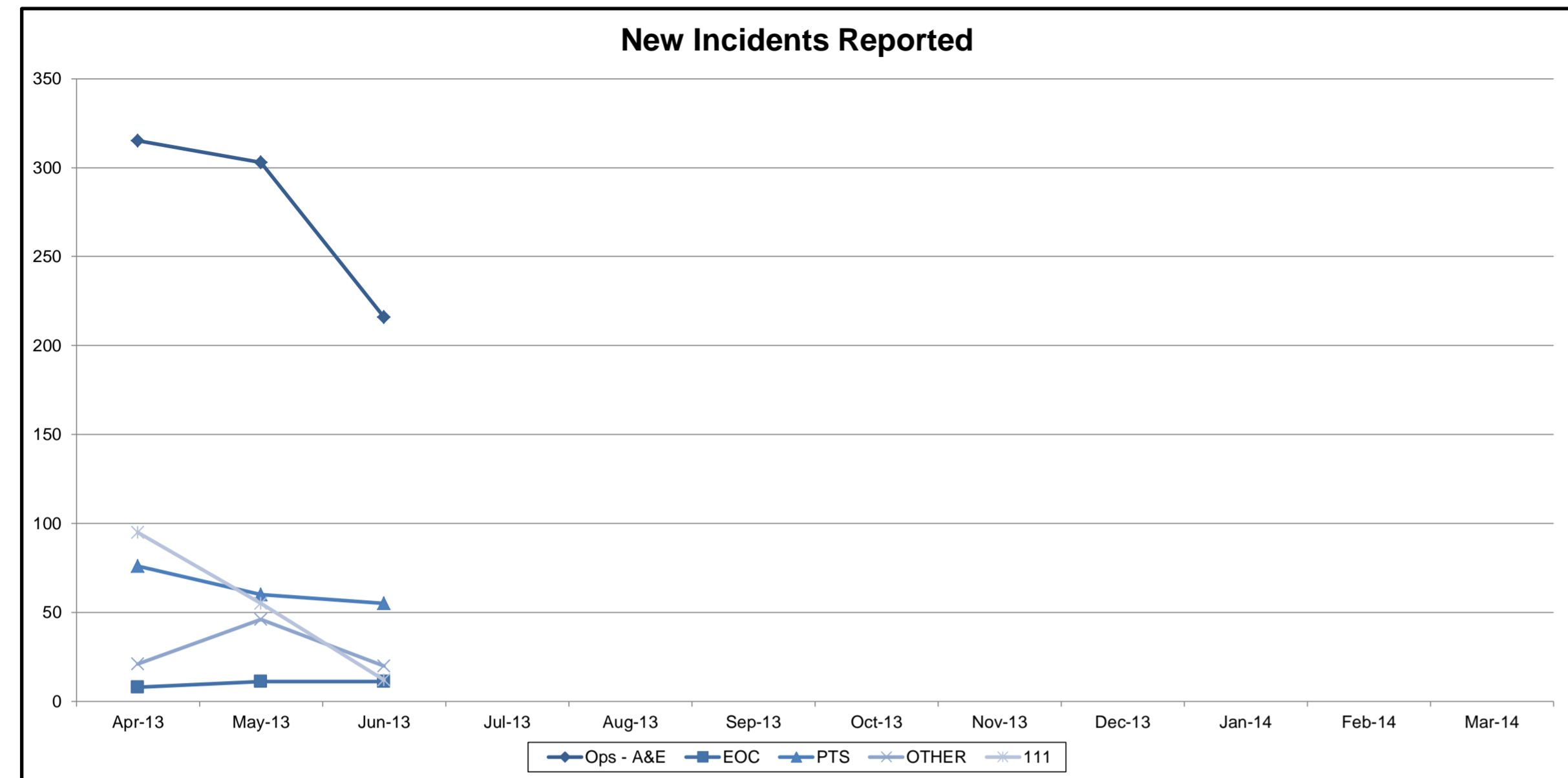
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

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

New Incidents Reported EWI

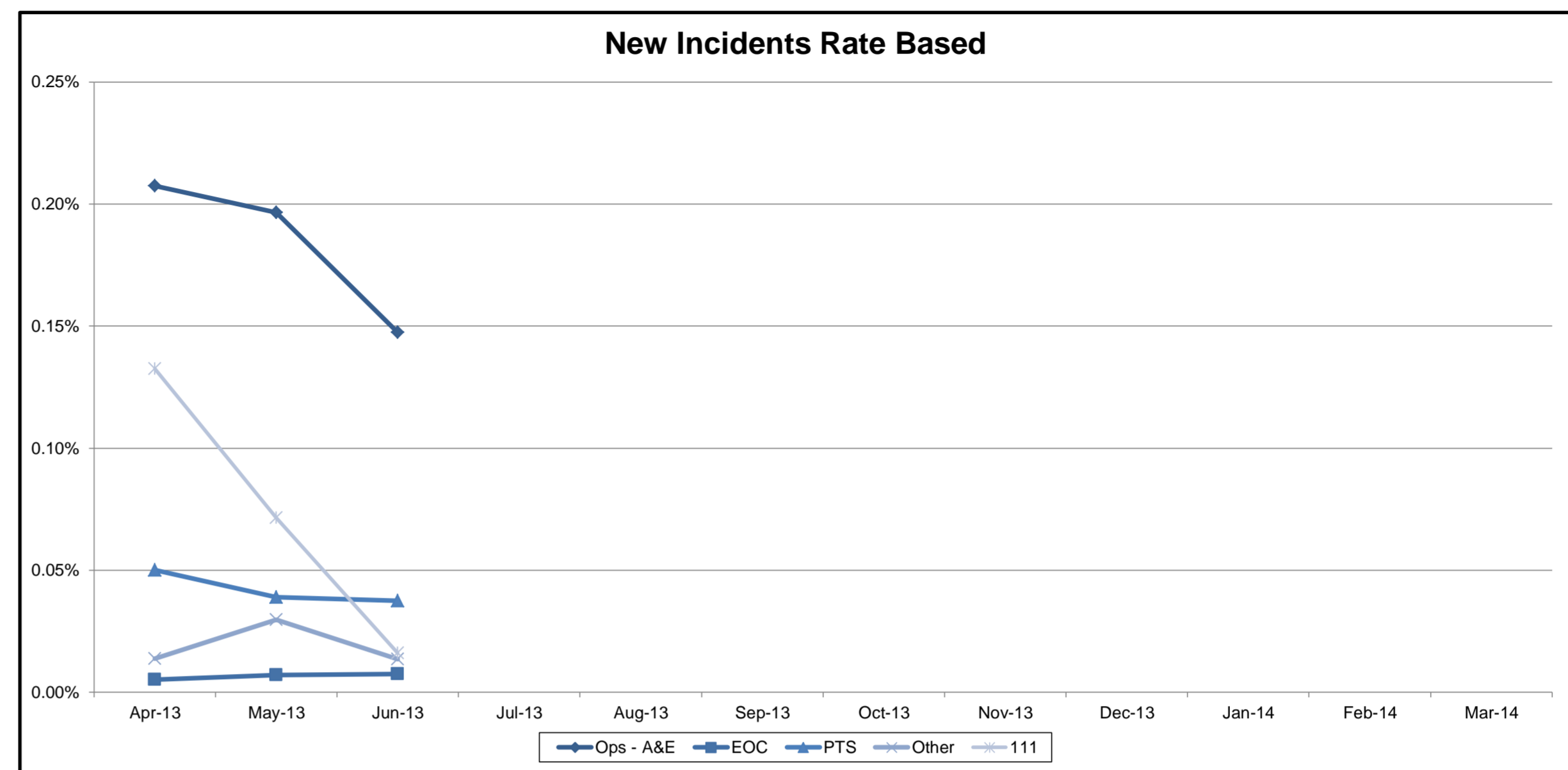
OBJ REF 3



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	315	303	216									
EOC	8	11	11									
PTS	76	60	55									
111	95	55	12									
OTHER	21	46	20									
TOTALS	515	475	314									
TOTALS (Prev Year)	432	491	468	518	484	434	497	456	482	465	444	445

New Incidents Reported Rate Based EWI

OBJ REF 3

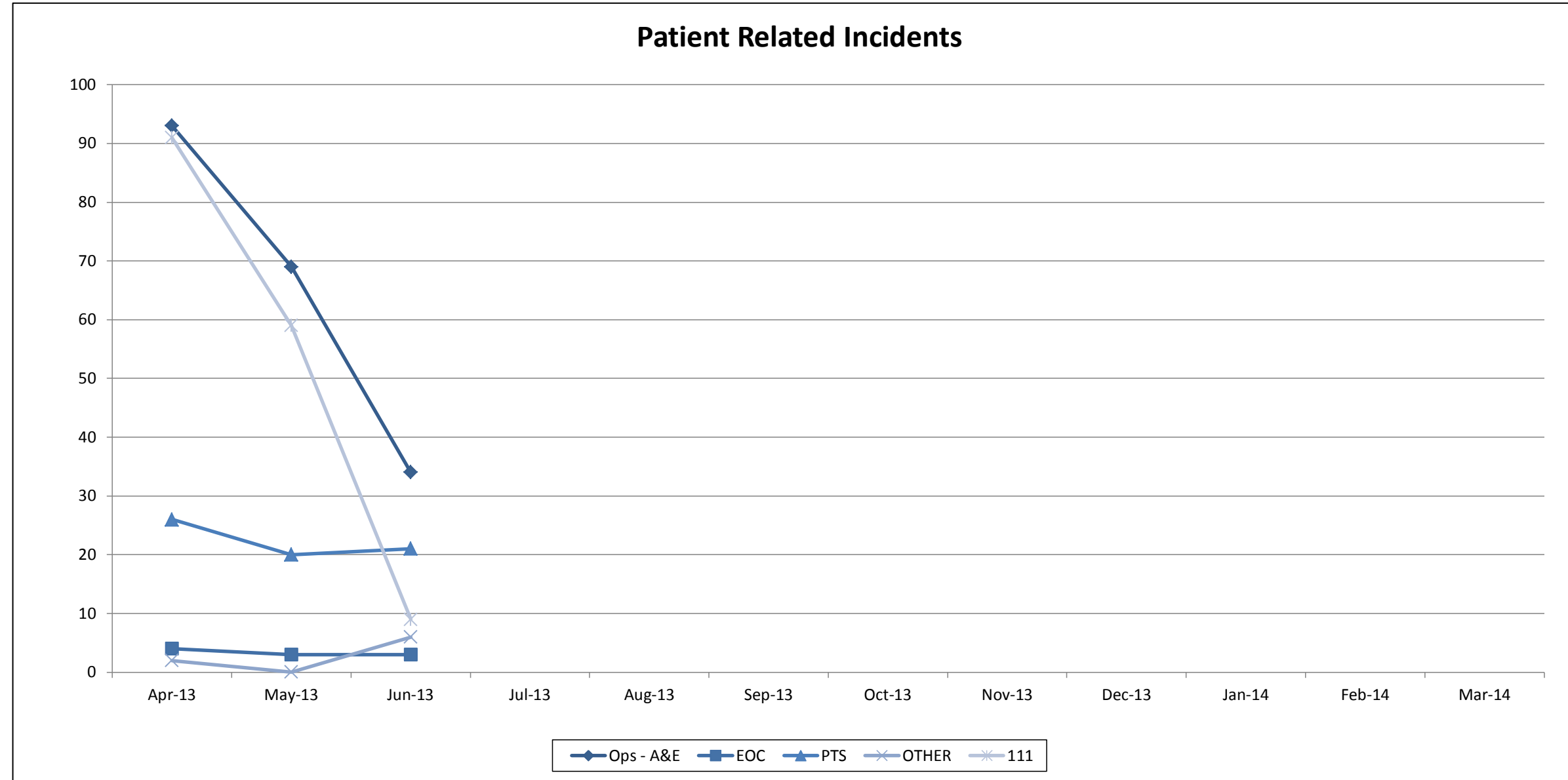


New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	0.21%	0.20%	0.15%									
EOC	0.01%	0.01%	0.01%									
PTS	0.05%	0.04%	0.04%									
111	0.13%	0.07%	0.02%									
OTHER	0.01%	0.03%	0.01%									
Overall	0.34%	0.27%	0.21%									

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

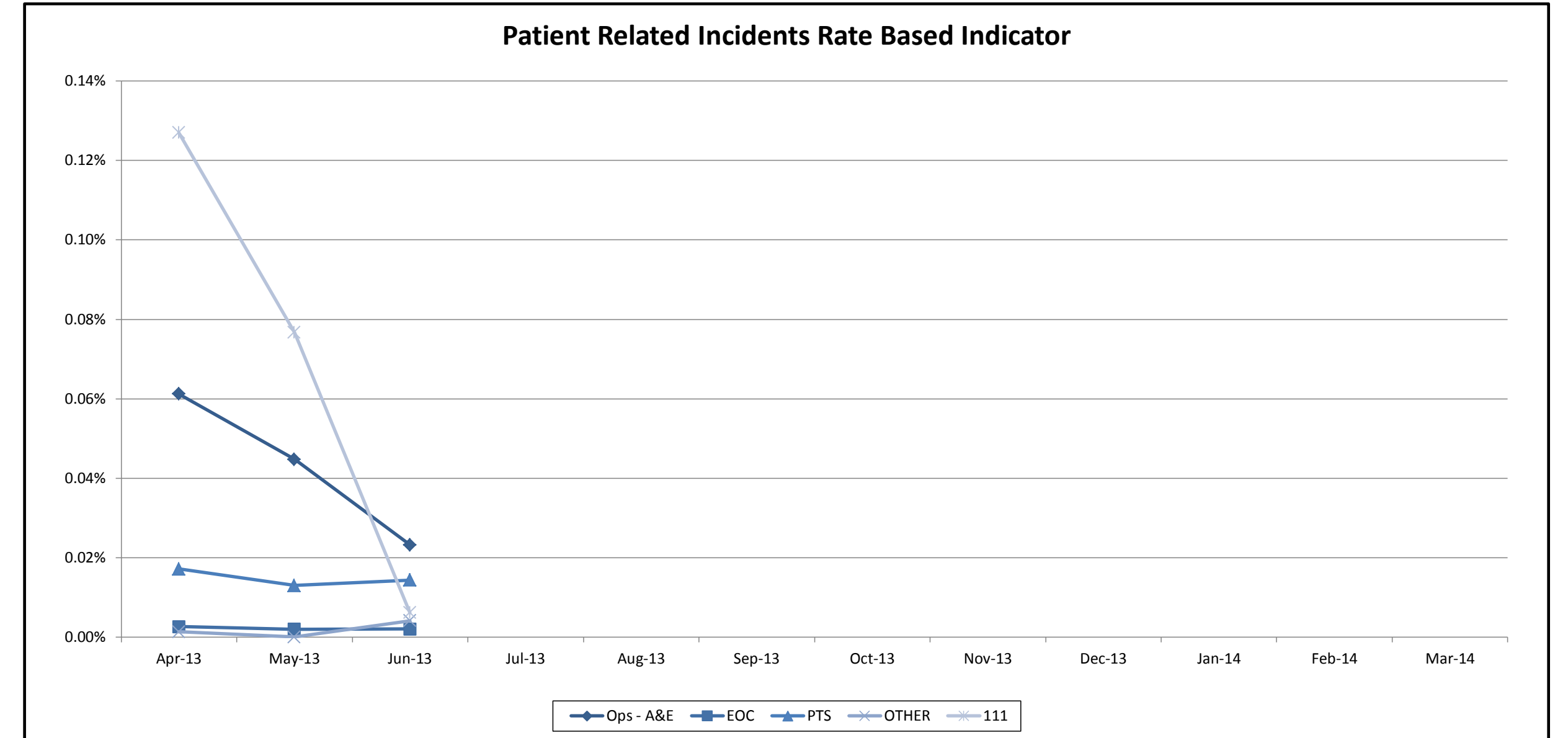
Patient related Incidents

OBJ REF 3



Patient Related Incidents Rate Based Indicator

OBJ REF 3



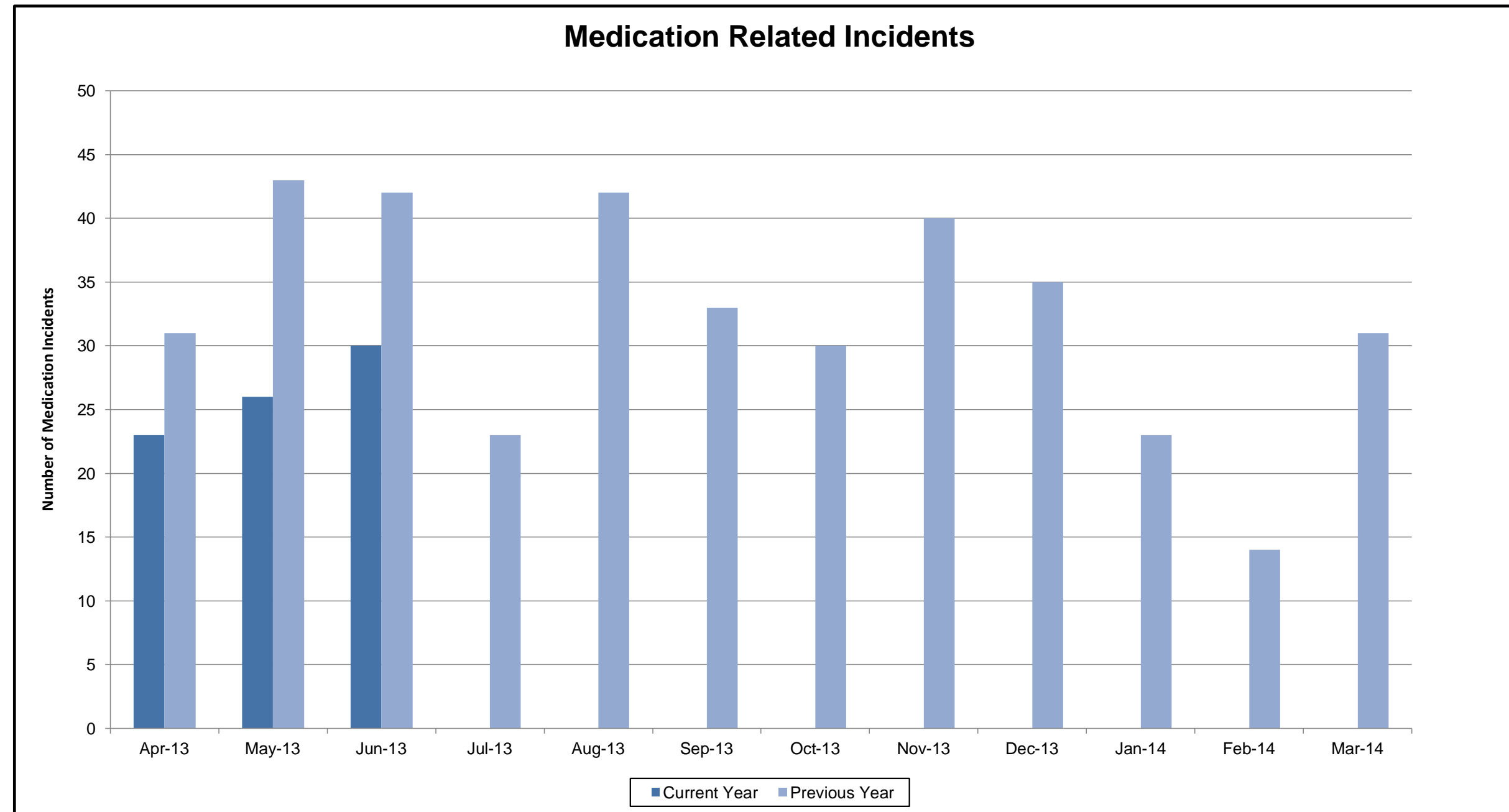
Patient Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	93	69	34									
EOC	4	3	3									
PTS	26	20	21									
111	91	59	9									
OTHER	2	0	6									
TOTALS	216	151	73									
TOTALS	52	78	68	63	55	74	62	63	68	79	59	84

	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%	0.04%	0.02%									
EOC	0.00%	0.00%	0.00%									
PTS	0.02%	0.01%	0.01%									
111	0.13%	0.08%	0.01%									
OTHER	0.00%	0.00%	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. 111 is the number of new reported incidents divided by the total number of 111 calls received

Medication Related Incidents

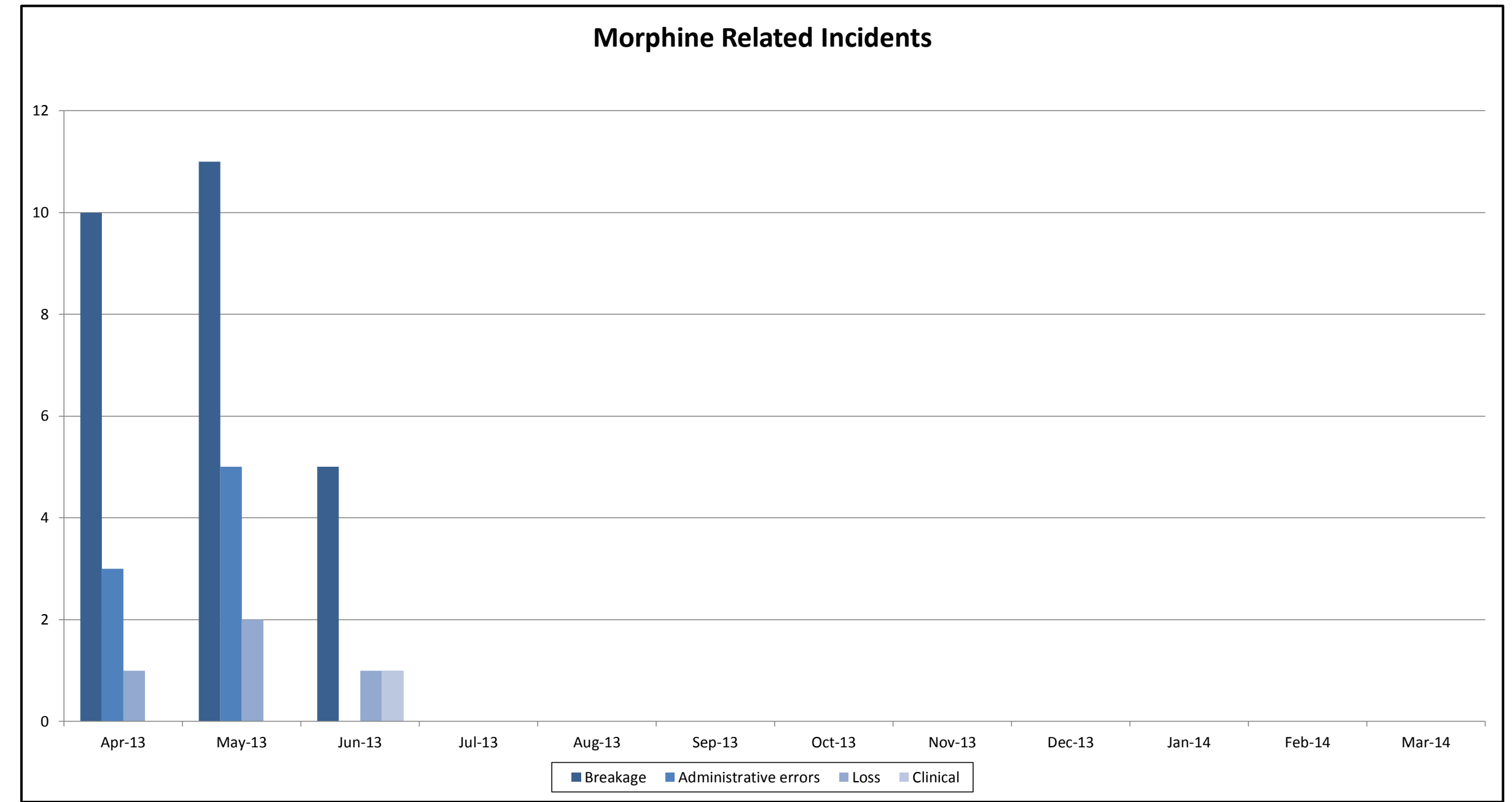
OBJ REF 3



Number of Medication Incidents	Apr-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	26	30									
Previous Year	31	43	42	23	42	33	30	40	35	23	14	31

Morphine Related Incidents

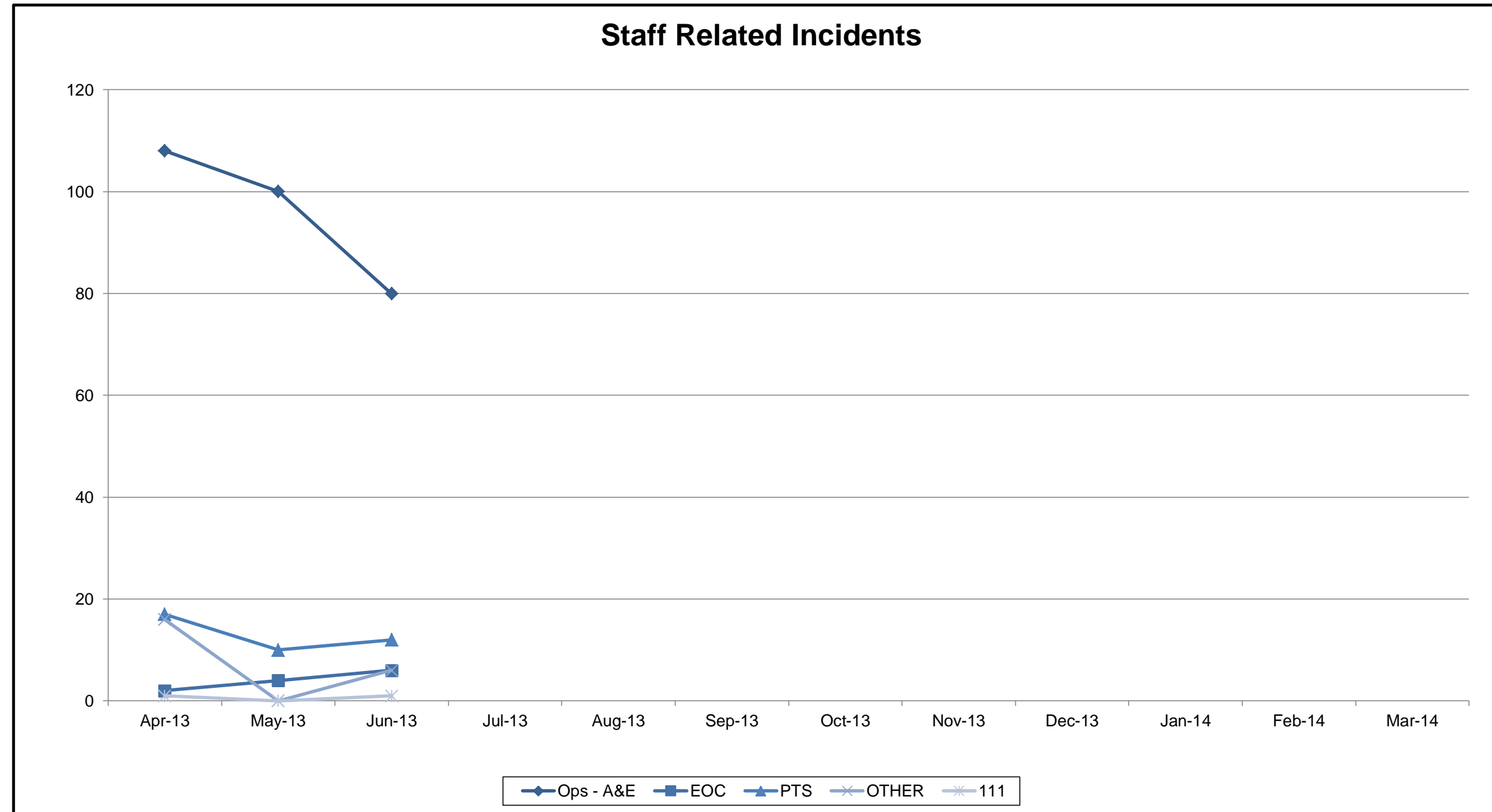
OBJ REF 3



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	11	5									
Administrative errors	3	5	0									
Loss	1	2	1									
Clinical	0	0	1									
TOTAL (Current Year)	14	18	7									
TOTAL (Previous Year)	12	20	20	11	18	13	14	20	14	12	4	12

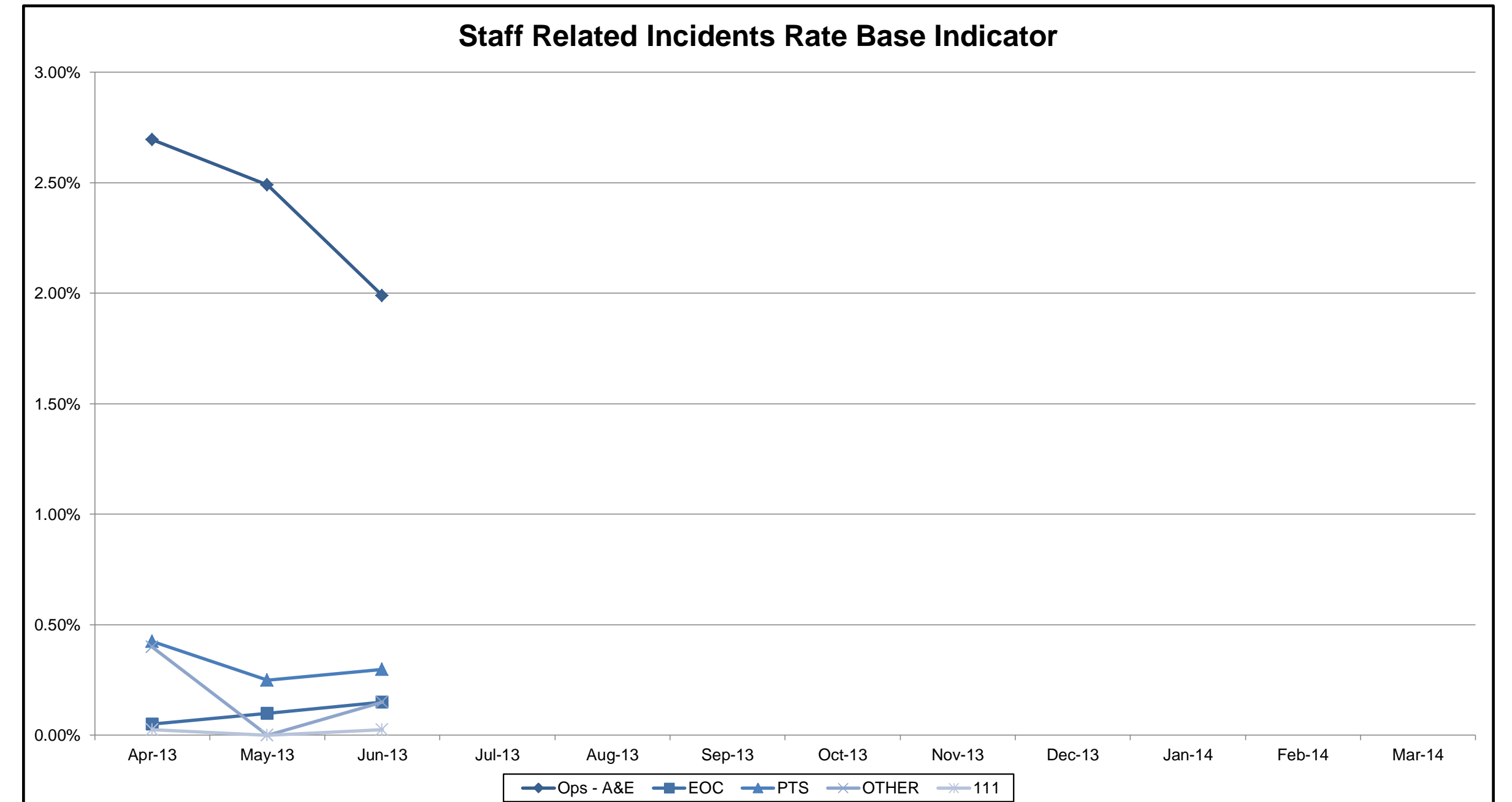
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



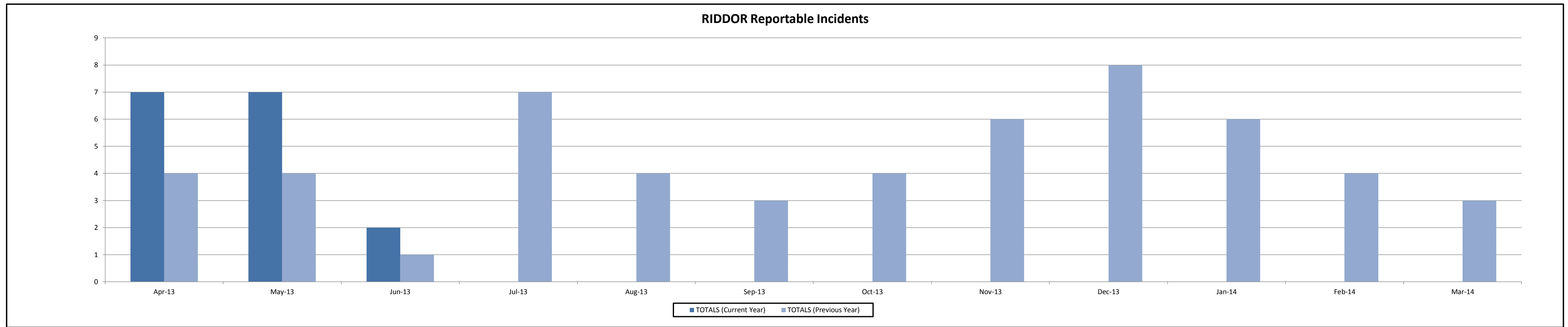
Staff Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	108	100	80									
EOC	2	4	6									
PTS	17	10	12									
111	1	0	1									
OTHER	16	0	6									
TOTALS (Current Year)	144	114	105									
TOTALS (Previous Year)	86	80	99	97	106	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%	2.49%	1.99%									
EOC	0.05%	0.10%	0.15%									
PTS	0.42%	0.25%	0.30%									
111	0.02%	0.00%	0.02%									
OTHER	0.40%	0.00%	0.15%									

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

RIDDOR Reportable Incidents

OBJ REF 3

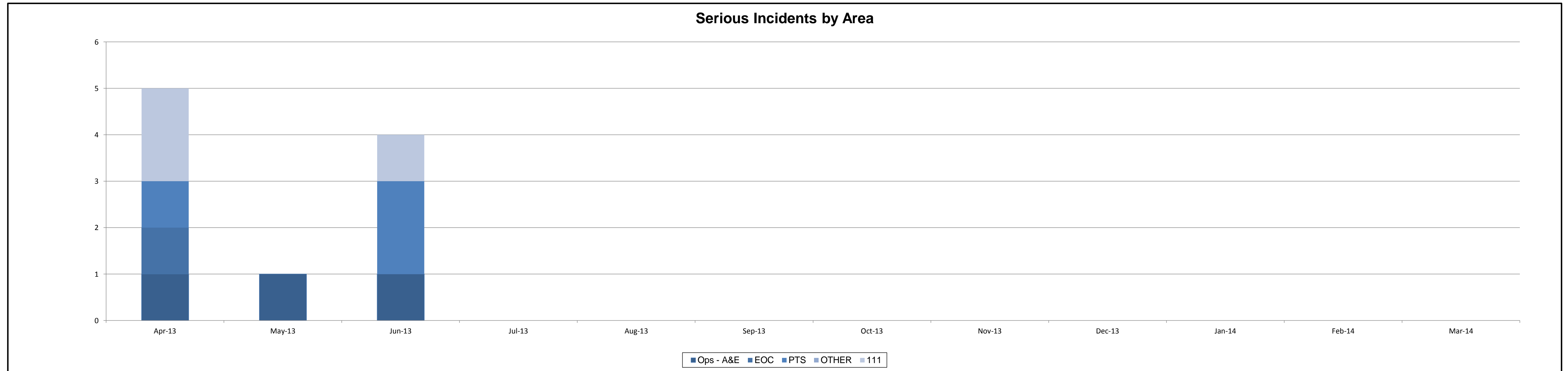


RIDDOR reportable	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
North Yorkshire CBU	0	2	2									
East Riding of Yorkshire CBU	4	1	0									
Leeds & Wakefield CBU	2	0	0									
Bradford, Calderdale and Kirklees CBU	1	3	0									
South Yorkshire CBU	0	0	0									
Operations PTS	0	1	0									
Other Directorates	0	0	0									
TOTALS (Current Year)	7	7	2									
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	0	0									
Hit by a moving, flying or falling object	1	2	0									
Hit by a moving vehicle	1	0	0									
Hit by something fixed or stationary	0	1	0									
Injured while handling, lifting or carrying	1	3	0									
Slip, trip or fall on the same level	1	1	0									
Fall from a height	0	0	0									
Trapped by something collapsing	0	0	0									
Drowned or asphyxiated	0	0	0									
Exposed to or in contact with a harmful substance	1	0	1									
Exposed to fire	0	0	0									
Exposed to an explosion	0	0	0									
Contact with electricity or an electrical discharge	0	0	0									
Injured by an animal	0	0	0									
Physically assaulted by a person	1	0	1									
Another kind of accident	1	0	0									
Total	7	7	2									

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	1	1									
EOC		1	0	0									
PTS		1	0	2									
111		2	0	1									
OTHER		0	0	0									
TOTAL (Current Year)		5	1	4									
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	0	0									
Road Traffic Collision	0	0	0									
Clinical care	1	1	0									
Inadequate clinical assessment	0	0	0									
Violence & aggression	0	0	0									
Data protection breach	0	0	0									
Adverse media attention	0	0	0									
Medication related	0	0	0									
Patient Fall	0	0	2									
Maternity Issue	0	0	1									
111	0	0	1									
Other	3	0	0									
Total	5	1	4									

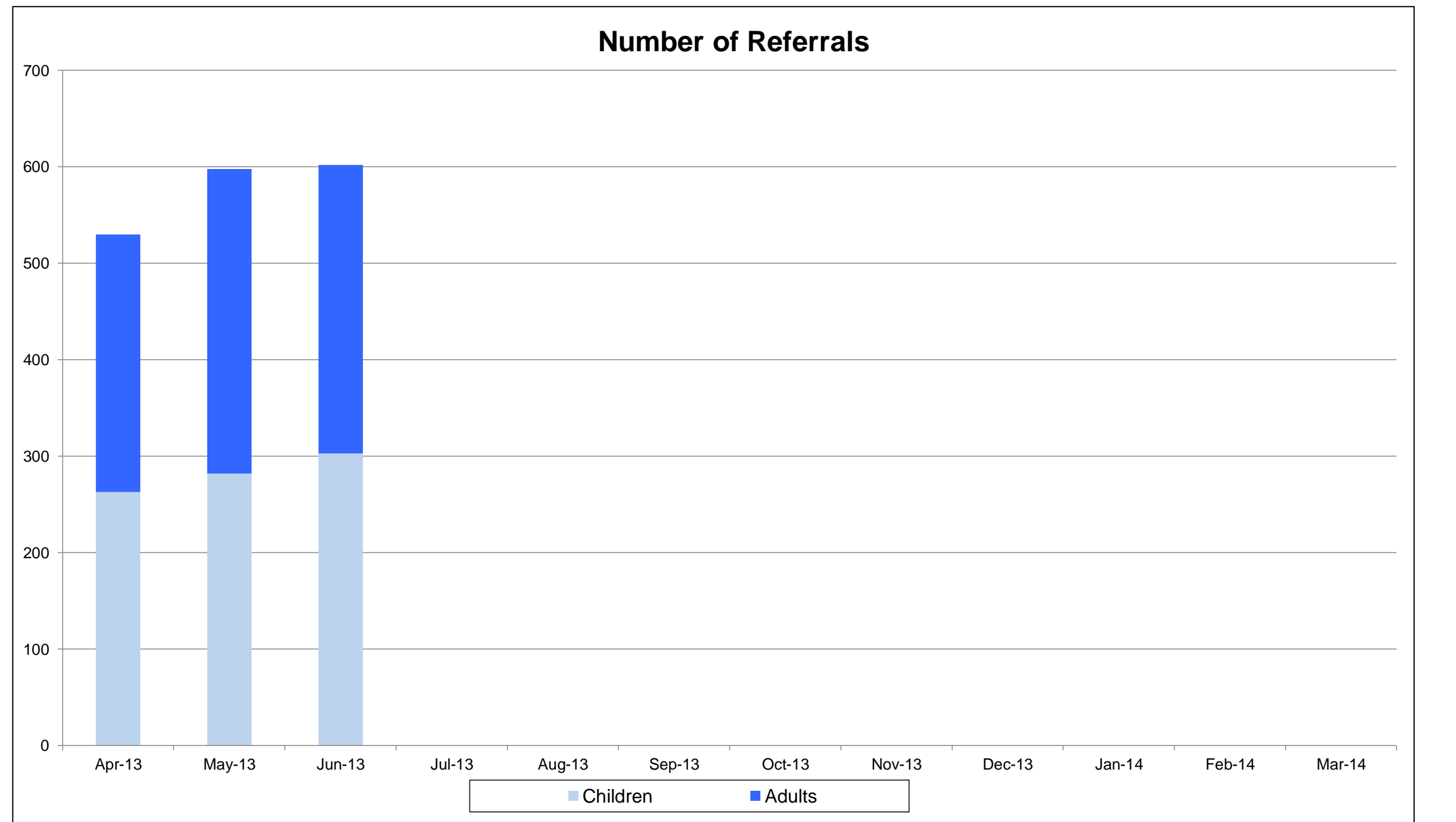
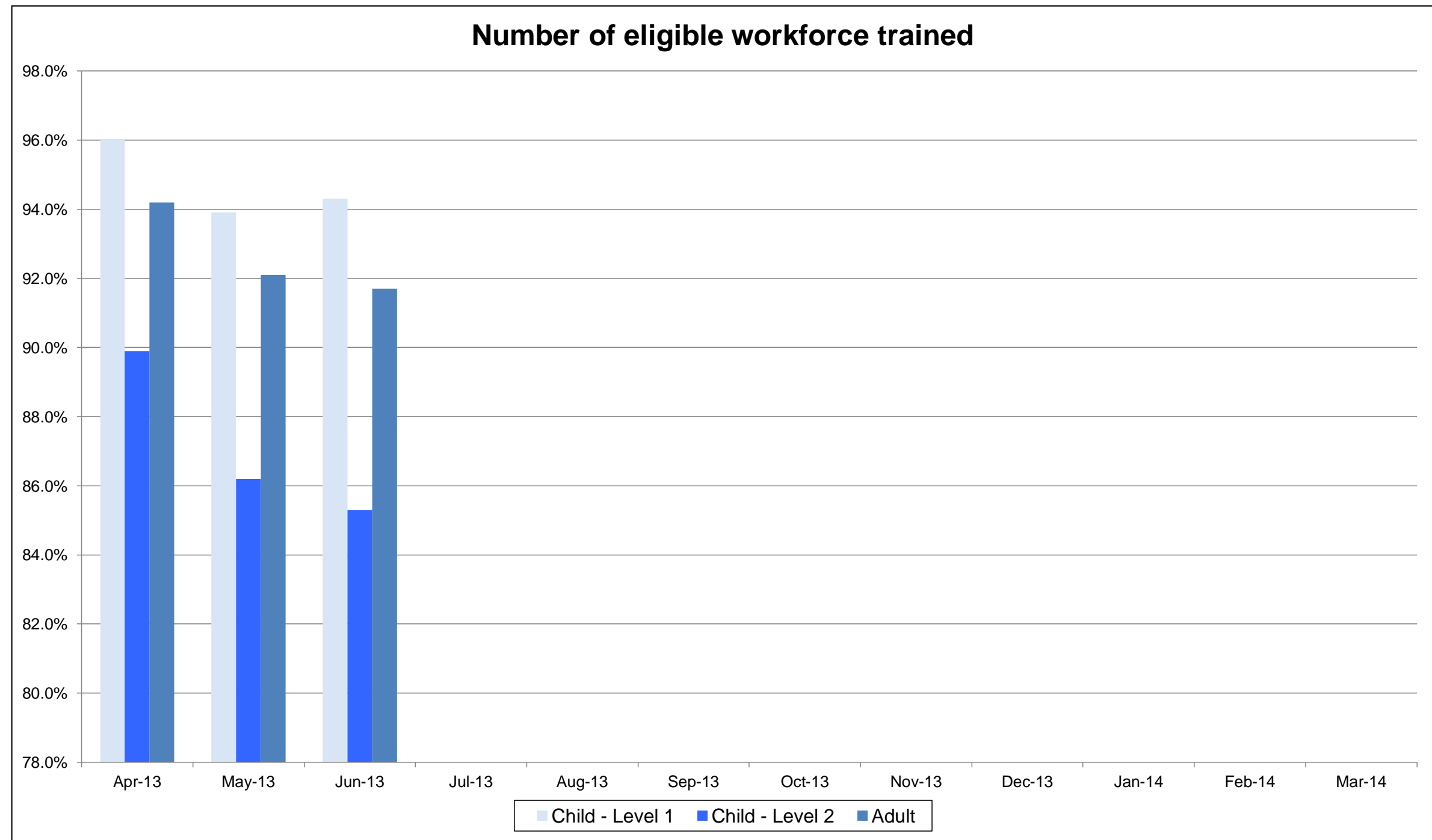
Training Position

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%	93.9%	94.3%									
Child - Level 2	89.9%	86.2%	85.3%									
Adult	94.2%	92.1%	91.7%									

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	282	303									
Adult Referrals	267	316	299									
TOTAL (Current Year)	530	598	602									
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	
	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 8	CYCLE 9	CYCLE 10	
	Feb 2012 Results %	July 2012 Results %	Jan 2013 Results %	National Average
A1 - Respiratory rate recorded	99.6	98.5	98.1	99.1
A2 - PEFR (peak flow) recorded before treatment	79.6	83.4	85.7	79.5
A3 - SpO2 recorded before treatment	87.0	86.4	98.7	95.5
A4 - Beta 2 agonist recorded	96.1	99.2	100.0	97.9
A5 - Oxygen administered	96.8	100.0	100.0	97.7
PILOT – Care Bundle A1, A2, A3 and A4	70.4	77.4	83.1	75.5

	CYCLE 9		
	August 2012 Results %	National Average	
Trauma Care - Below Knee Fracture Single Limb Pilot			
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		
	September 2012 Results %	National Average	
Paediatric Care - Febrile Convulsion (PILOT)			
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

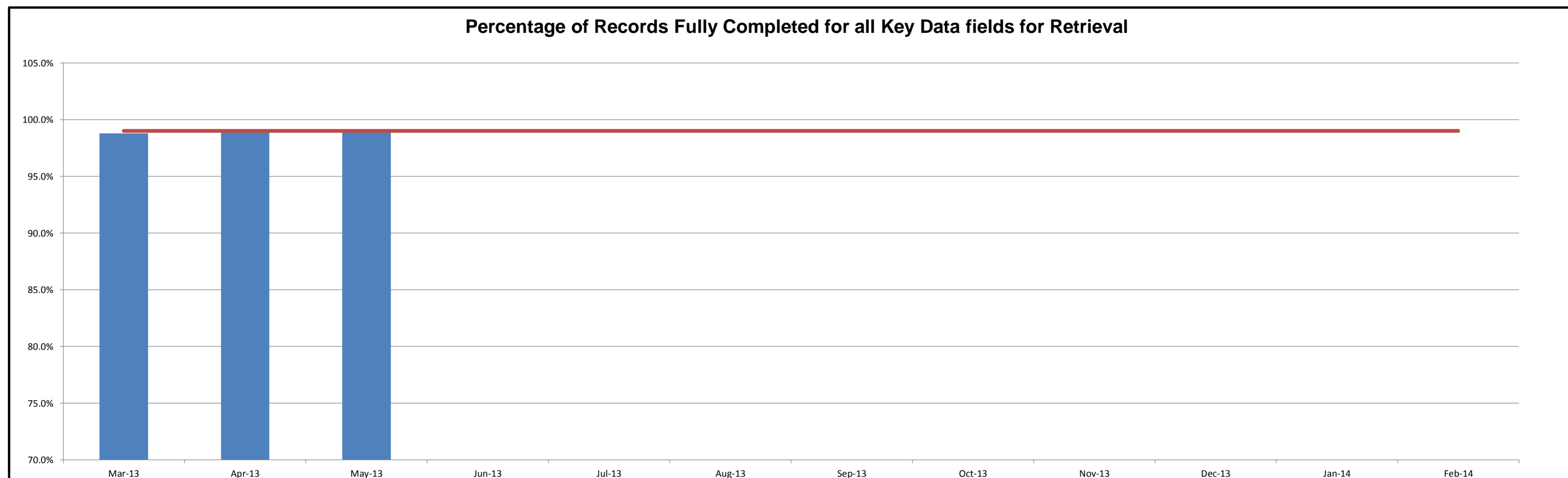
National Audit Programme

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

Internal Clinical Audit Plan

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

Patient Report Form Audit



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
	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Total Forms Scanned	51552	58403	31363									
Total of forms with key data incomplete	621	634	346									
% of Completed Forms	98.8%	98.9%	98.9%									

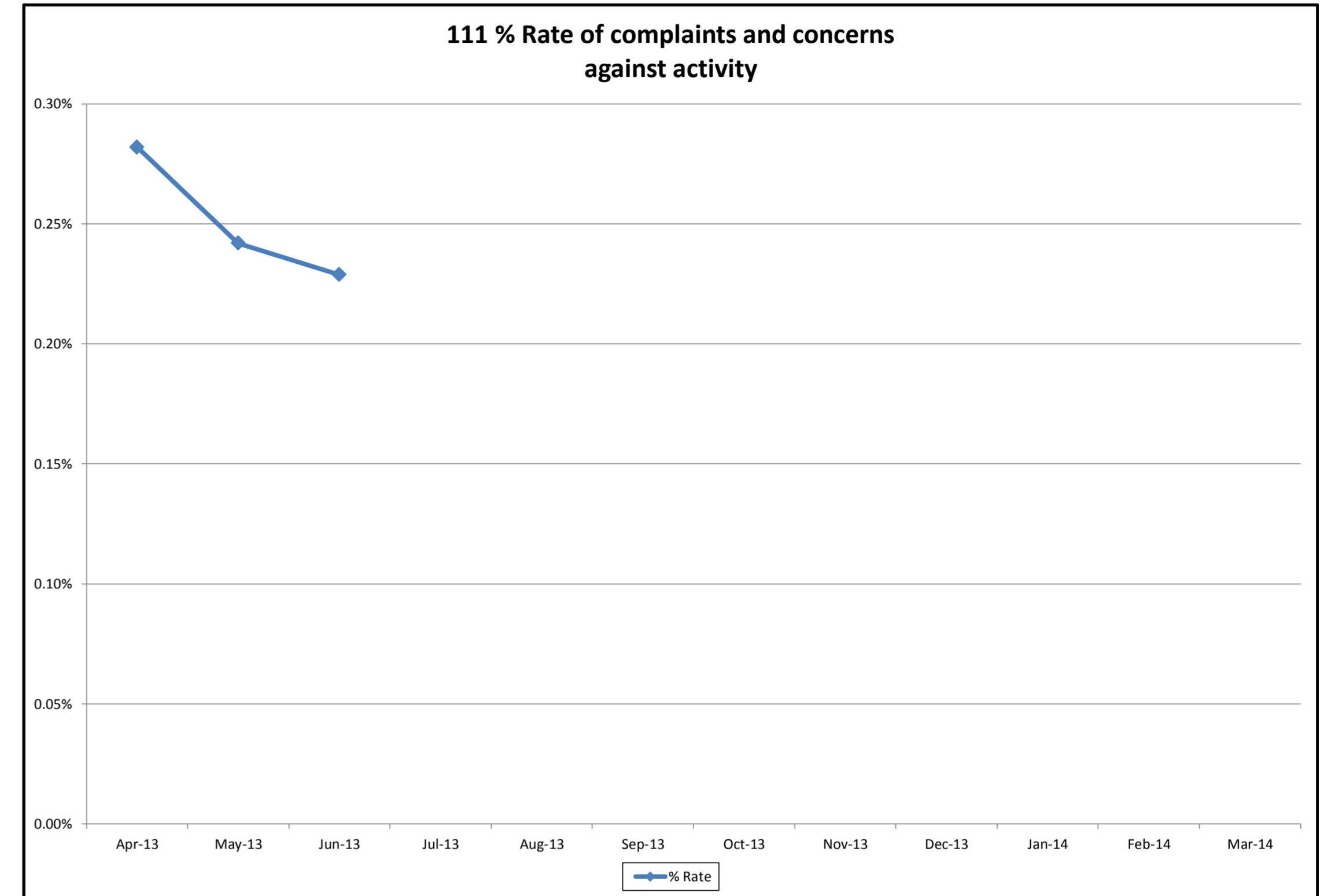
This measure will always be 1 month in arrears

*New criteria from March 2012 - A PRF must include an incident number together with the pin number of at least one attending clinician otherwise it will be captured in the missing report and counted in the 'Total of forms with key data incomplete' Please note at time of publication not all PRF forms have not been scanned/verified for May 2013 data.

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	4	7										18
Clinical	24	23	8										55
Operations	12	4	5										21
Sub Total	43	31	20										94
HCP Complaints & Concerns	159	155	151										465
GRAND TOTAL	202	186	171										559
Call Activity	71653	76900	74727										223280
% RATE	0.28%	0.24%	0.23%										0.25%



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	26	13										

A&E Patient Experience Survey

OBJ REF 1.2 : 3

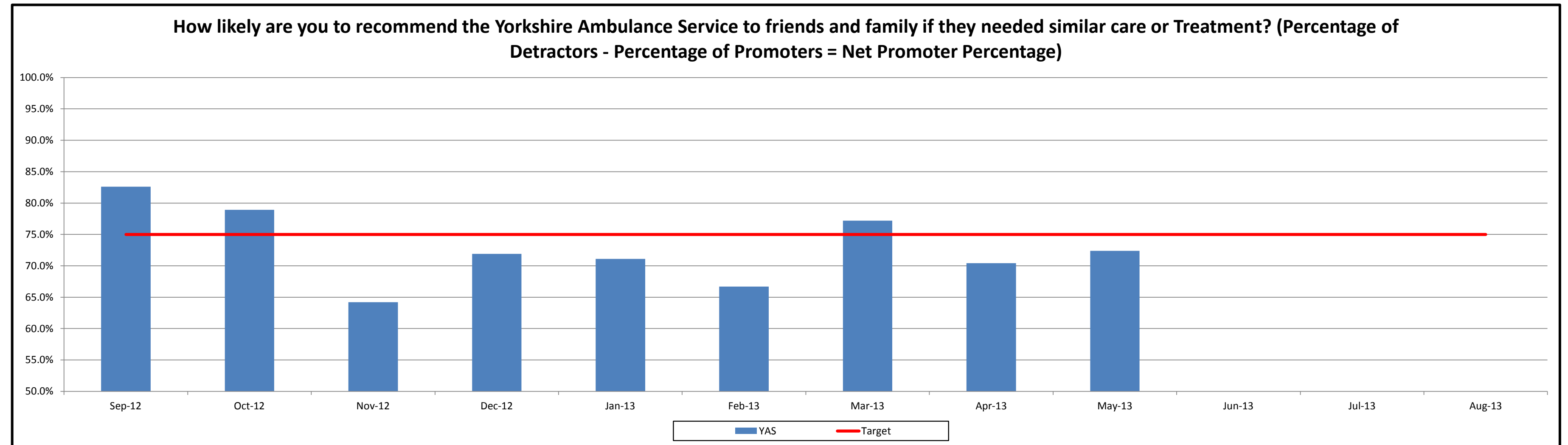
YTD RAG

AMBER



MTD RAG

AMBER



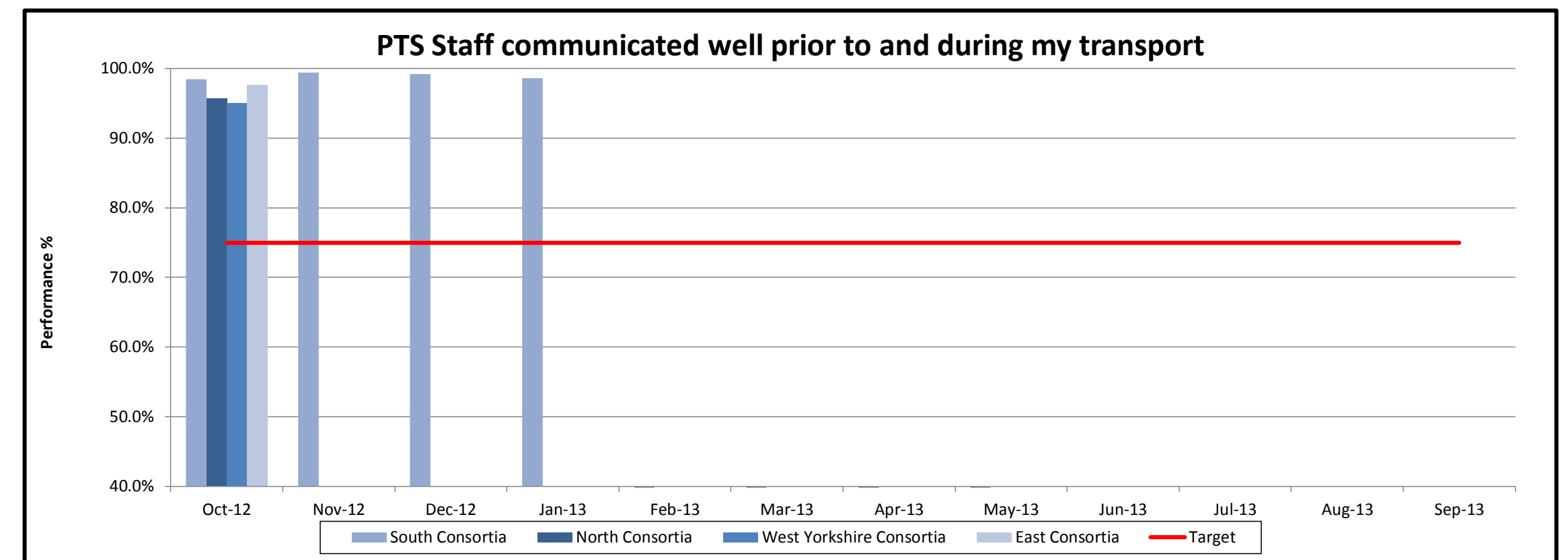
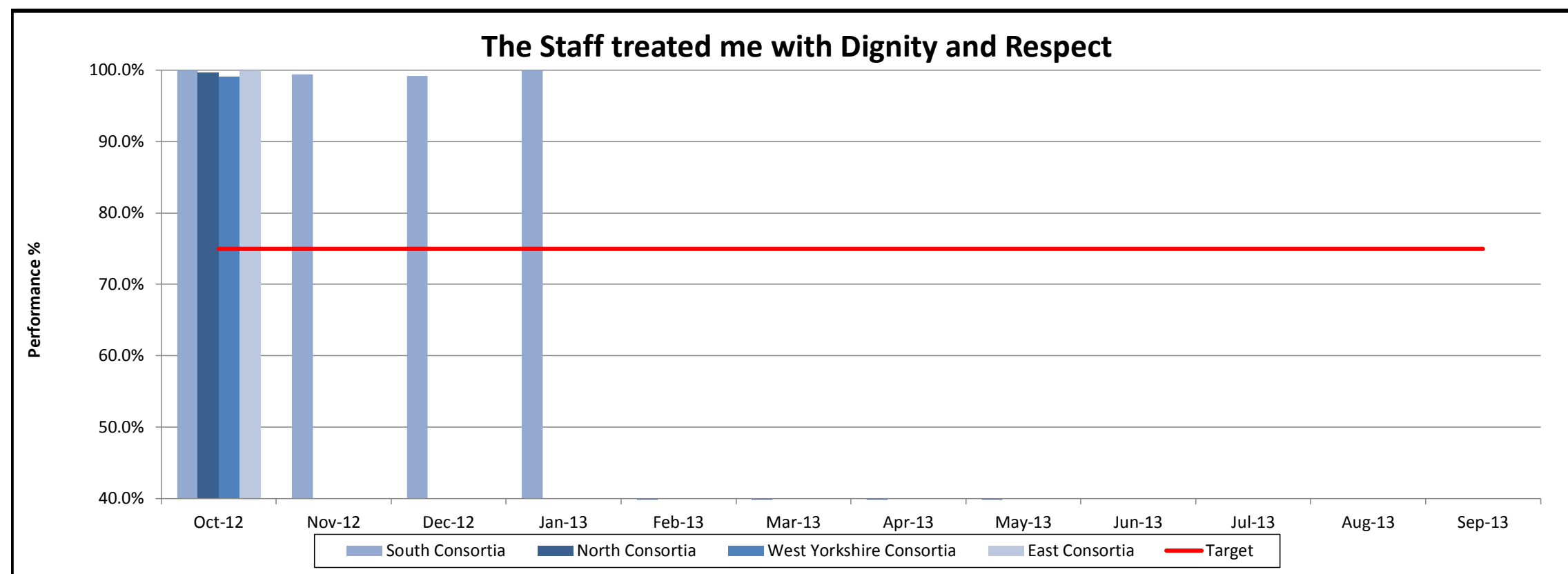
Overall Service	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
North Yorkshire Cluster	93.5%	87.1%	55.8%	75.9%	85.7%	66.7%	77.3%	69.2%	90.5%			
East Yorkshire Cluster	82.8%	82.0%	60.0%	69.6%	61.5%	68.4%	77.4%	60.7%	48.3%			
Calderdale, Kirklees & Wakefield Cluster	68.2%	79.2%	66.7%	97.0%	86.7%	66.7%	53.6%	72.7%	86.2%			
Leeds, Bradford & Airedale Cluster	73.0%	84.2%	79.1%	82.6%	66.7%	56.3%	83.3%	83.9%	64.0%			
South Yorkshire cluster	89.7%	63.4%	65.7%	74.1%	65.0%	66.7%	83.8%	68.8%	74.5%			
Unknown Area	100.0%	79.4%	50.0%	31.4%	40.0%	90.9%	88.9%	65.5%	75.0%			
YAS	82.6%	78.9%	64.2%	71.9%	71.1%	66.7%	77.2%	70.4%	72.4%			
YAS variance to previous Month		-3.7%	-14.7%	7.7%	-0.9%	-4.4%	10.5%	-6.8%	2.0%			

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

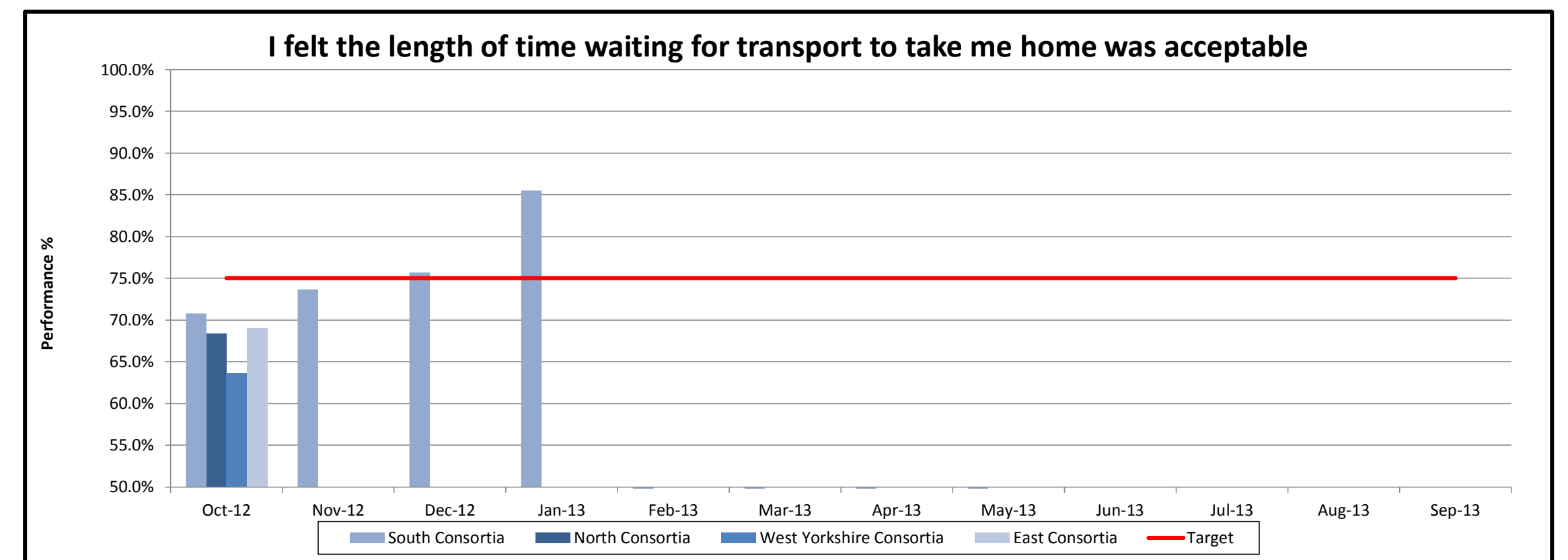
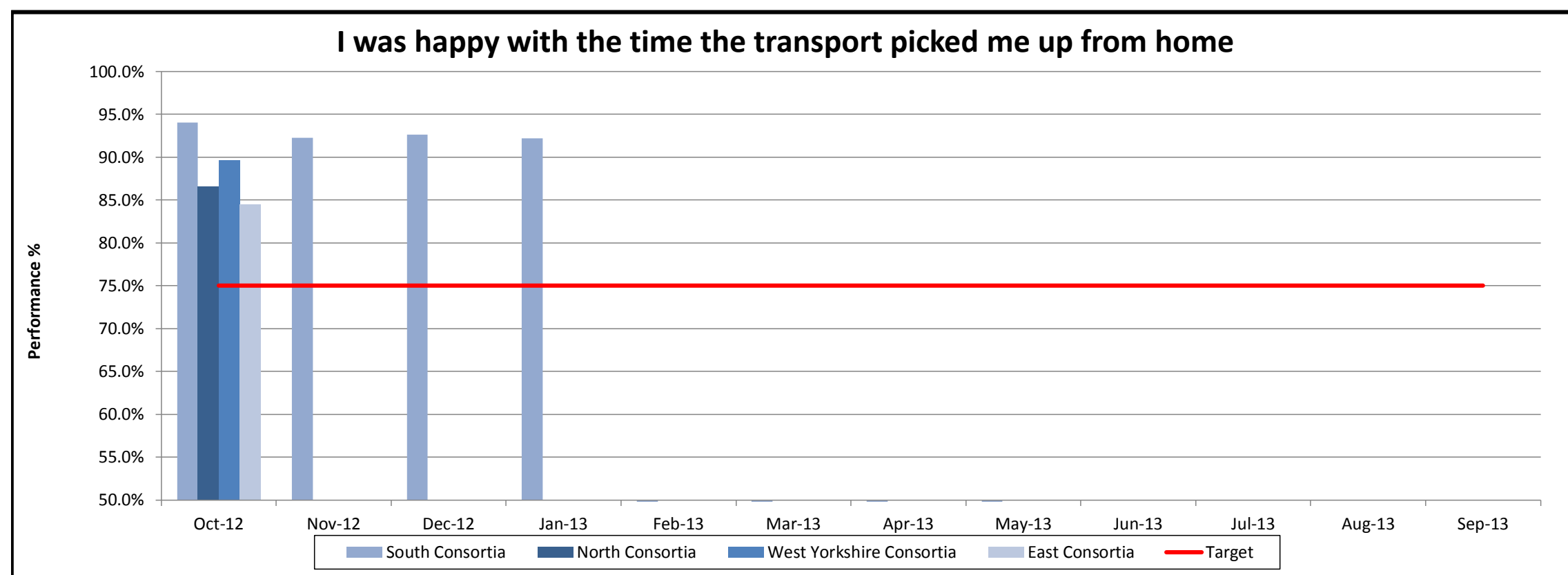
OBJ REF 1.2 : 3

	YTD RAG	N/A
←	MTD RAG	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	100.0%	99.4%	99.2%	100.0%	N/A	N/A	N/A	N/A				
North Consortia	99.7%	N/A	N/A	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	N/A	N/A				
East Consortia	100.0%	N/A	N/A	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	N/A	N/A				
North Consortia	95.7%	N/A	N/A	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	N/A	N/A				
East Consortia	97.7%	N/A	N/A	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	N/A	N/A				
North Consortia	86.6%	N/A	N/A	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	N/A	N/A				
East Consortia	84.4%	N/A	N/A	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	N/A	N/A				
North Consortia	68.4%	N/A	N/A	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	N/A	N/A				
East Consortia	69.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A				

Please note: This will be 1 month in arrears

Registration Regulations & Outcomes	OBJ REF	3
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NHS Litigation Authority

OBJ REF	3
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COMPLIANCE							Comments
Outcome	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Actions Changes since last Report
1 Respecting and involving people who use services							The change relates to submissions to the IG toolkit in relation to informing patients about the use of personal information/disclosure of information and procedures for patient requests to access their records. From the information provided by the CQC were unable to identify why this has caused a reduction in compliance. The Trust annual IG plan includes a number of workstreams around records management and policies and procedures are in place to ensure all personal information is dealt with correctly.
2 Consent to care and treatment							No change since last report
4 Care and welfare of people who use services							The improvement relates to evidence submitted to the IG toolkit demonstrating the Trust's business continuity plans are up to date and tested. ACQI data which shows a high proportion of patients with asthma had respiratory rate taken and PERF measured before treatment, and patients with hypoglycaemia who had their blood glucose level recorded prior to treatment.
5 Meeting nutritional needs							N/A
6 Cooperating with other providers							No change since last report
7 Safeguarding people who use services from abuse							No change since last report
8 Cleanliness and infection control							No change since last report
9 Management of medicines							The change relates to the LSMS attendance at regional Counter Fraud meetings. The Trust have ensured future representation at these meetings.
10 Safety and suitability of premises							No change since last report
11 Safety, availability and suitability of equipment							No change since last report
12 Requirements relating to staff							No change since last report
13 Staffing							No change since last report
14 Supporting workers							No change since last report
16 Assessing/Monitoring quality							No change since last report
17 Complaints							No change since last report
18 Records							The change relates to evidence submitted to the IG toolkit with regards to records management and the security of the Trust's systems. There is an annual IG workplan in place and the IG manager is involved in a number of workstreams to improve these areas.

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

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.

Compliance Assurance Group - Progress report

Information Governance

OBJ REF 3

Freedom of Information (FOI) Requests	This Month	Year to Date
New FOI requests received	23	69
Number acknowledged within 1 day	23	
Number of FOI requests due a response in month	22	
Number responded to within 20 days	21	
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	51	169	81%	96%
Police requests	103	343		
Witness Statements / Police Interviews	36	109		
	This Month	Year to Date		
Coroner Requests	24	82		

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

Comments
Data Protection Act (DPA) Requests
 Workload remains consistent across Legal Services. Compliance with disclosure is slightly lower than expected which is potentially linked to team sickness throughout the month.

FOI Requests

Information Governance Toolkit



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 A&E Operations continues to show improved attendance month on month however, PTS Operations has deteriorated and is now just over 7%. Clinical Directorate is showing a worrying trend month on month and is now over 9% although it is recognised that this is a small team. EOC has increased marginally on the previous month. Finance & Performance Directorate has shown a slight improvement to 6.18% but is still some way off its target of 3%. Long term absence is continuing to reduce steadily linked with our efforts on improved case management, however, the percentage of short term absence is steadily increasing. HR Business Partners are continuing to support local managers to address this and between April and June we have close to 800 less calendar days lost due to sickness absence.

Performance Development Reviews (PDRs) continues to increase and improvement actions are being taken by relevant managers particularly within the 3 areas previously identified.

Statutory and Mandatory Workbook is at a good level . The revised booklet will be issued in September and recalibrated at that point.

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

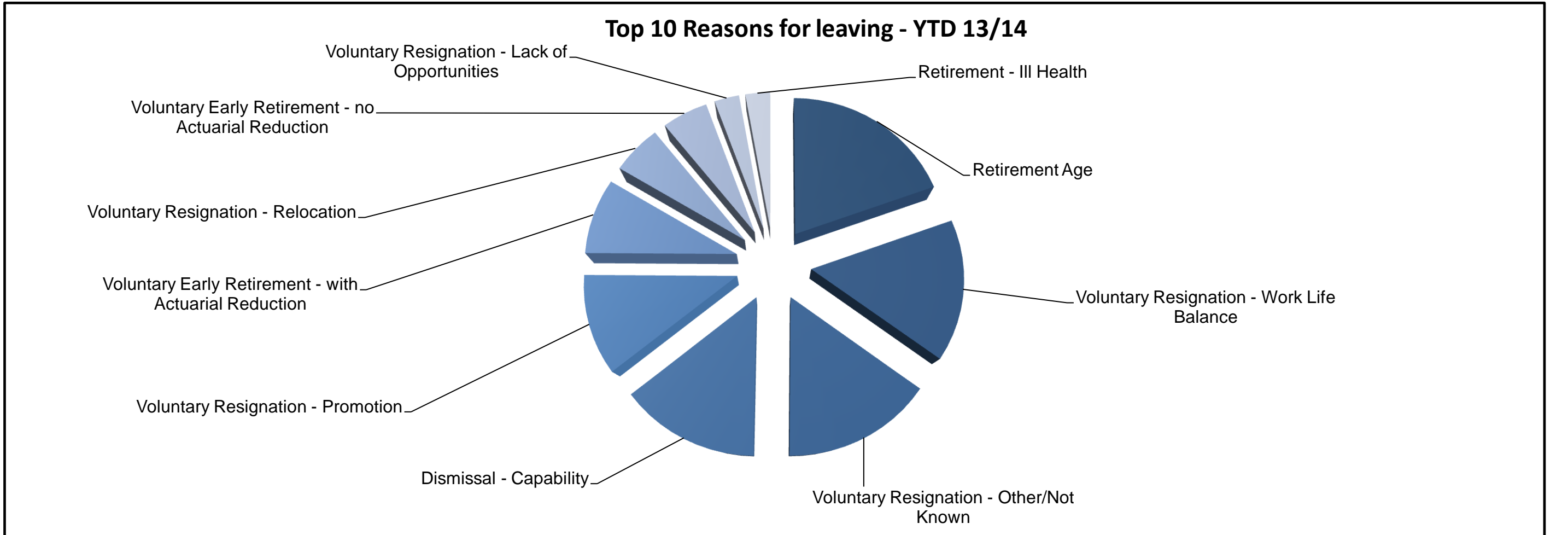
Recruits & Leavers

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	0.0	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	0.0	0.0									
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	2.4	2.0									
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	0.0	1.0									
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	15.9	19.5									
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	12.0	35.2									
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	30.3	57.7									
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

OBJ REF 1.1



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	0.0	2.0									
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	0.0	0.0									
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	1.4	5.3									
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	1.0	0.0	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	14.3	10.2	22.2									
Operations FTE (Previous Year)	21.8	12.1	10.9	21.5	12.1	11.2	14.4	13.6	18.3	11.4	8.3	12.4
Standards & Compliance FTE	6.8	5.9	10.9									
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	25.1	17.5	40.3									
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
Retirement Age	5.0	1.2	7.7										13.9
Voluntary Resignation - Work Life Balance	0.1	3.9	7.0										11.0
Voluntary Resignation - Other/Not Known	6.3	2.5	2.0										10.8
Dismissal - Capability	4.0	2.0	4.0										10.0
Voluntary Resignation - Promotion	2.7	1.0	4.0										7.7
Voluntary Early Retirement - with Actuarial Reduction	1.0	0.0	5.0										6.0
Voluntary Resignation - Relocation	0.0	2.0	2.0										4.0
Voluntary Early Retirement - no Actuarial Reduction	0.7	1.0	2.0										3.7
Voluntary Resignation - Lack of Opportunities	1.0	0.0	1.0										2.0
Retirement - Ill Health	1.0	0.0	1.0										2.0
Dismissal - Conduct	0.0	0.5	1.0										1.5
Voluntary Resignation - Health	0.0	0.0	1.5										1.5
Voluntary Resignation - Better Reward Package	0.0	1.0	0.0										1.0
Dismissal - Some Other Substantial Reason	0.0	1.0	0.0										1.0
Voluntary Resignation - Adult Dependents	0.0	1.0	0.0										1.0
Redundancy - Compulsory	0.0	0.0	1.0										1.0
Voluntary Resignation - Child Dependents	0.0	0.0	1.0										1.0
Voluntary Resignation - Incompatible Working Relationships	0.5	0.0	0.0										0.5
End of Fixed Term Contract - Other	0.0	0.4	0.0										0.4
Redundancy - Voluntary	0.0	0.0	0.0										0.0
Death in Service	0.0	0.0	0.0										0.0
End of Fixed Term Contract - End of Work Requirement	0.0	0.0	0.0										0.0
Initial Pension Ended	0.0	0.0	0.0										0.0
Dismissal - Statutory Reason	0.0	0.0	0.0										0.0
End of Fixed Term Contract - External Rotation	0.0	0.0	0.0										0.0
End of Fixed Term Contract - Completion of Training Scheme	0.0	0.0	0.0										0.0
Bank Staff not fulfilled minimum work requirement	0.0	0.0	0.0										0.0
Employee Transfer	0.0	0.0	0.0										0.0
Has Not Worked	0.0	0.0	0.0										0.0
Not Set in Legacy at Migration	0.0	0.0	0.0										0.0

PDR's EWI

OBJ REF 1.1

↓	YTD RAG	RED
	MTD RAG	RED

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	84%	84%	84%									
Clinical	83%	83%	73%									
Finance & Performance	75%	67%	76%									
Operations	65%	69%	72%									
Standards & Compliance	79%	9%	6%									
Workforce & Strategy	80%	87%	86%									
TRUST TOTAL (Current Year)	61%	64%	66%									
TRUST TOTAL (Previous Year)	79%	79%	77%	77%	76%	79%	78%	78%	72%	67%	63%	56%

Please Note: Chief Executive's Directorate includes 85.71% compliance for the Trust Executive Group, and also includes the Corporate Affairs Department at 83.33% & Legal Division at 83.33%

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%	79%	79%									
Clinical	94%	94%	91%									
Finance & Performance	87%	87%	86%									
Operations	90%	90%	90%									
Standards & Compliance	79%	79%	76%									
Workforce & Strategy	96%	94%	95%									
TRUST TOTAL (Current Year)	89%	89%	88%									
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

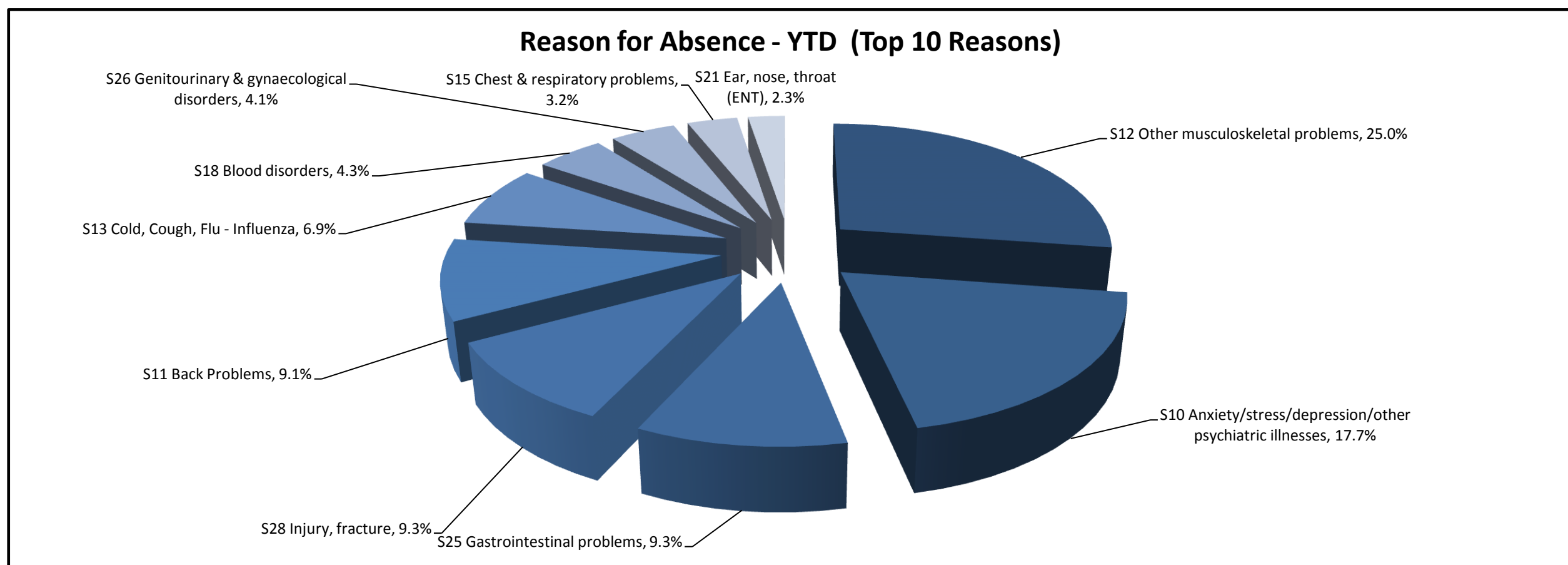
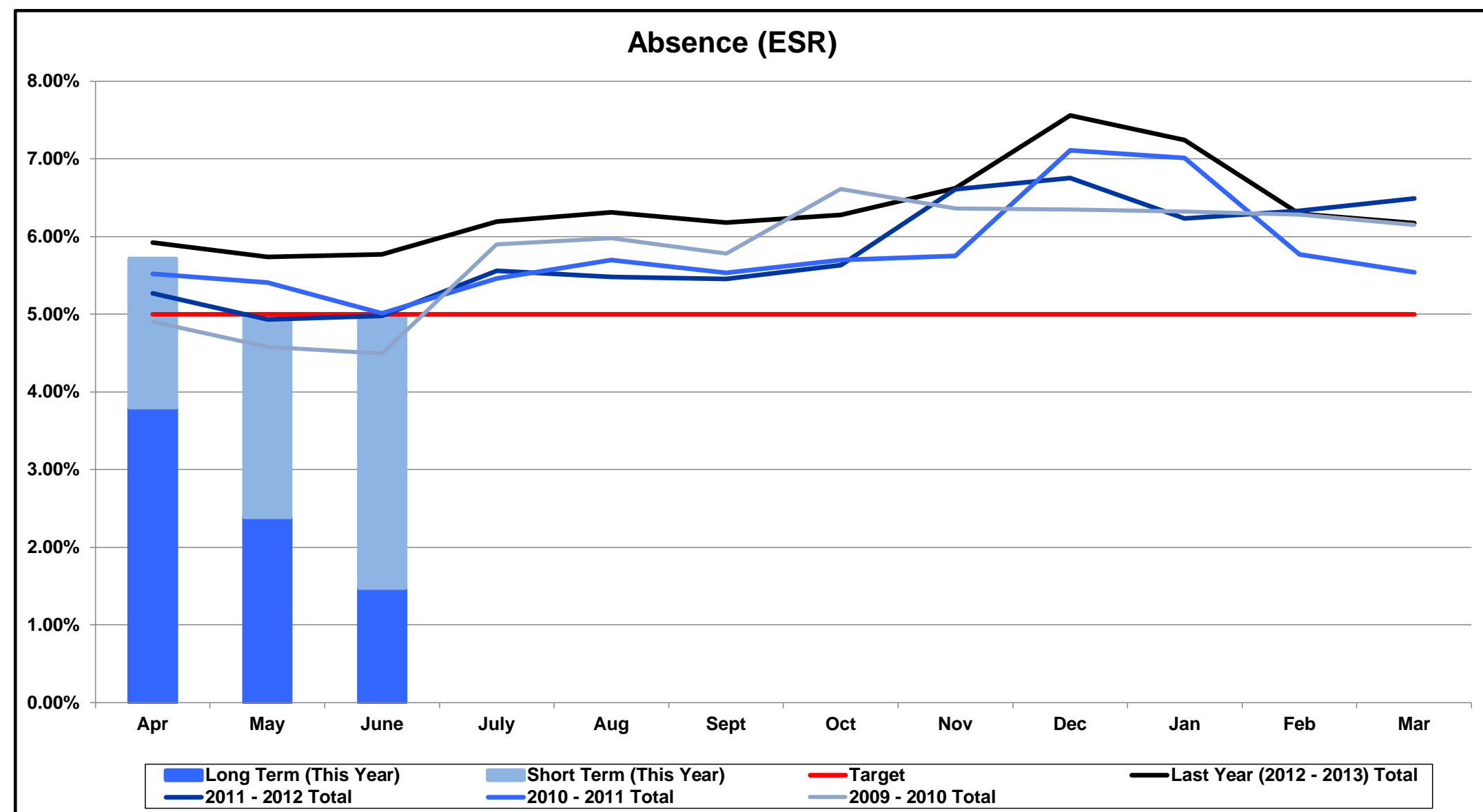
Short/Long Term Absence EWI

OBJ REF 1.1

YTD RAG	AMBER
MTD RAG	GREEN

Reason for Absence EWI

OBJ REF 1.1



	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%	2.39%	1.48%									
Short Term (This Year)	1.91%	2.60%	3.52%									
This Year (2012 - 2013) Total	5.71%	4.99%	5.00%									
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%

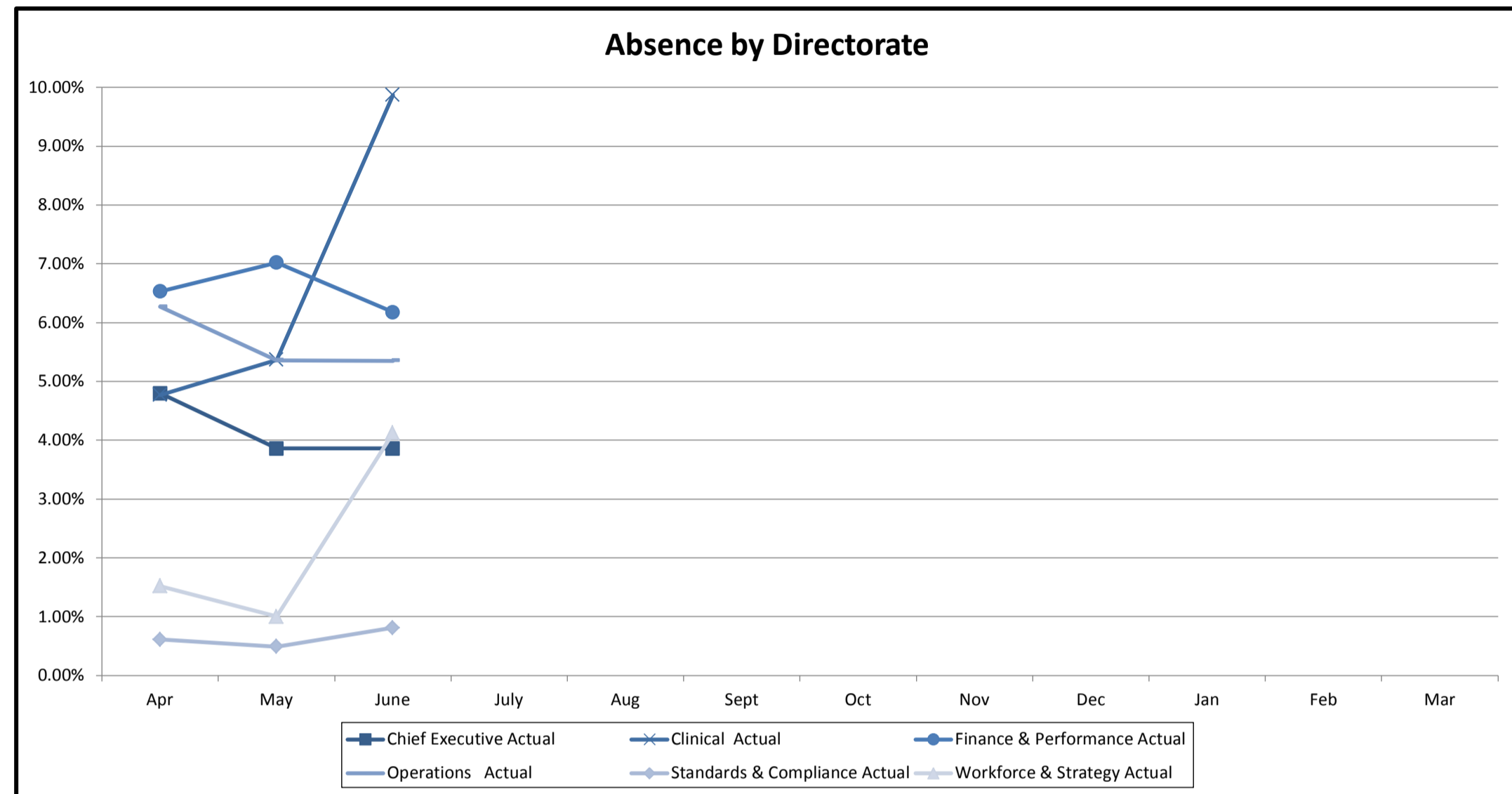
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 13/14
S12 Other musculoskeletal problems	25.2%	25.0%	24.7%										25.0%
S10 Anxiety/stress/depression/other psychiatric illnesses	16.8%	19.4%	17.0%										17.7%
S25 Gastrointestinal problems	9.9%	8.6%	9.5%										9.3%
S28 Injury, fracture	8.9%	9.0%	9.9%										9.3%
S11 Back Problems	7.6%	8.5%	11.1%										9.1%
S13 Cold, Cough, Flu - Influenza	9.8%	5.6%	5.4%										6.9%
S18 Blood disorders	0.8%	2.0%	10.2%										4.3%
S26 Genitourinary & gynaecological disorders	4.6%	4.1%	3.7%										4.1%
S15 Chest & respiratory problems	4.4%	2.0%	3.2%										3.2%
S21 Ear, nose, throat (ENT)	1.7%	3.1%	2.2%										2.3%
S16 Headache / migraine	2.1%	2.7%	1.4%										2.1%
S19 Heart, cardiac & circulatory problems	1.7%	2.2%	2.2%										2.0%
S31 Skin disorders	1.1%	1.8%	1.9%										1.6%
S17 Benign and malignant tumours, cancers	1.3%	1.8%	1.7%										1.6%
S23 Eye problems	0.6%	1.3%	1.4%										1.1%
S29 Nervous system disorders	0.9%	1.3%	1.1%										1.1%
S24 Endocrine / glandular problems	0.5%	0.4%	1.1%										0.7%
S30 Pregnancy related disorders	0.6%	0.5%	0.7%										0.6%
S27 Infectious diseases	0.9%	0.5%	0.2%										0.5%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.3%	0.1%										0.2%
S22 Dental and oral problems	0.2%	0.1%	0.1%										0.1%
S32 Substance abuse	0.0%	0.1%	0.0%										0.0%
S14 Asthma	0.0%	0.0%	0.0%										0.0%
S98 Other known causes - not elsewhere classified	0.0%	0.0%	0.0%										0.0%
S99 Unknown causes / Not specified	0.0%	0.0%	0.0%										0.0%

Short/Long Term Absence by Directorate

EWI

OBJ REF 1.1

YTD RAG AMBER
MTD RAG GREEN



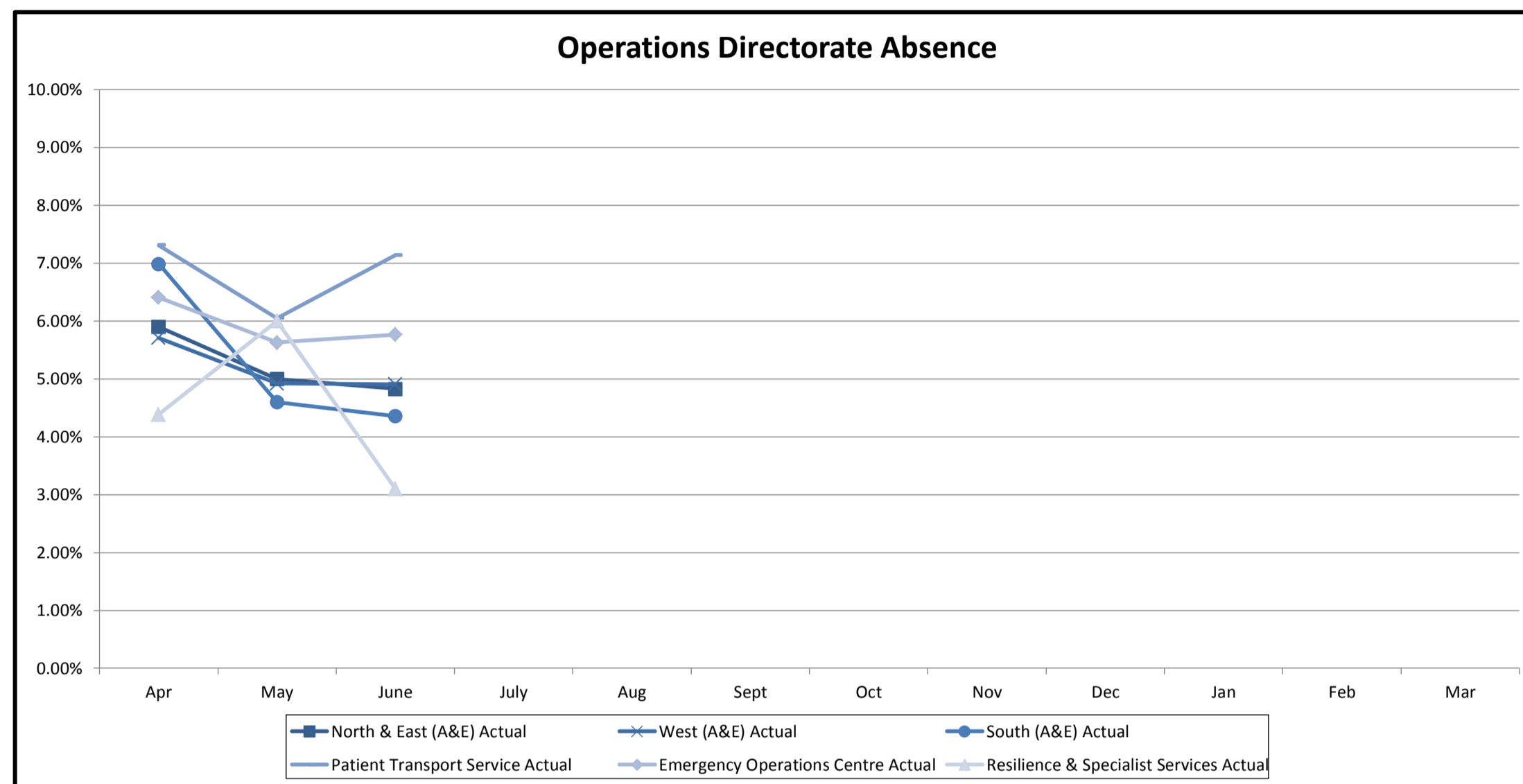
By Directorate 2012 - 2013		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.80%	3.86%	3.86%									
Clinical	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.77%	5.37%	9.87%									
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%	7.02%	6.18%									
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%	5.36%	5.35%									
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%	0.49%	0.81%									
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%	1.00%	4.12%									

Short/Long Term Absence Operations Directorate split

EWI

OBJ REF 1.1

YTD RAG AMBER
MTD RAG AMBER



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%	5.00%	4.83%									
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%	4.92%	4.91%									
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%	4.60%	4.36%									
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%	6.05%	7.14%									
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%	5.63%	5.77%									
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%	6.00%	3.10%									

Absence Costs by Directorate

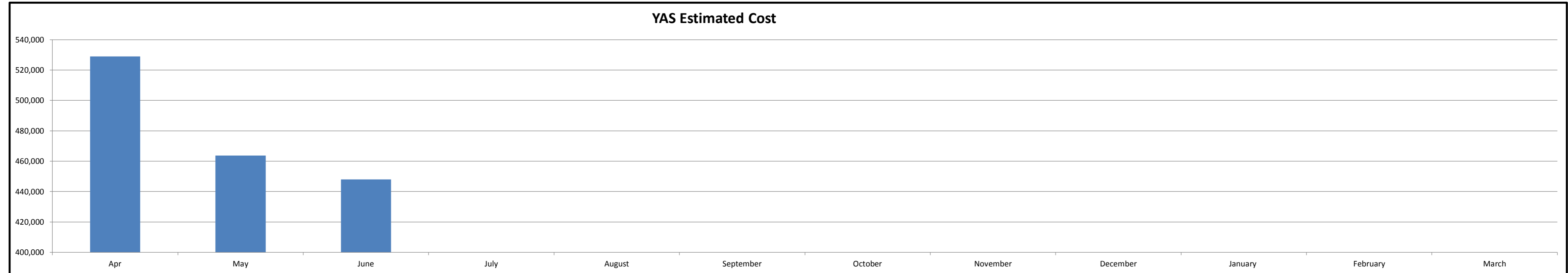
OBJ REF 1.1

YTD RAG

AMBER

MTD RAG

GREEN



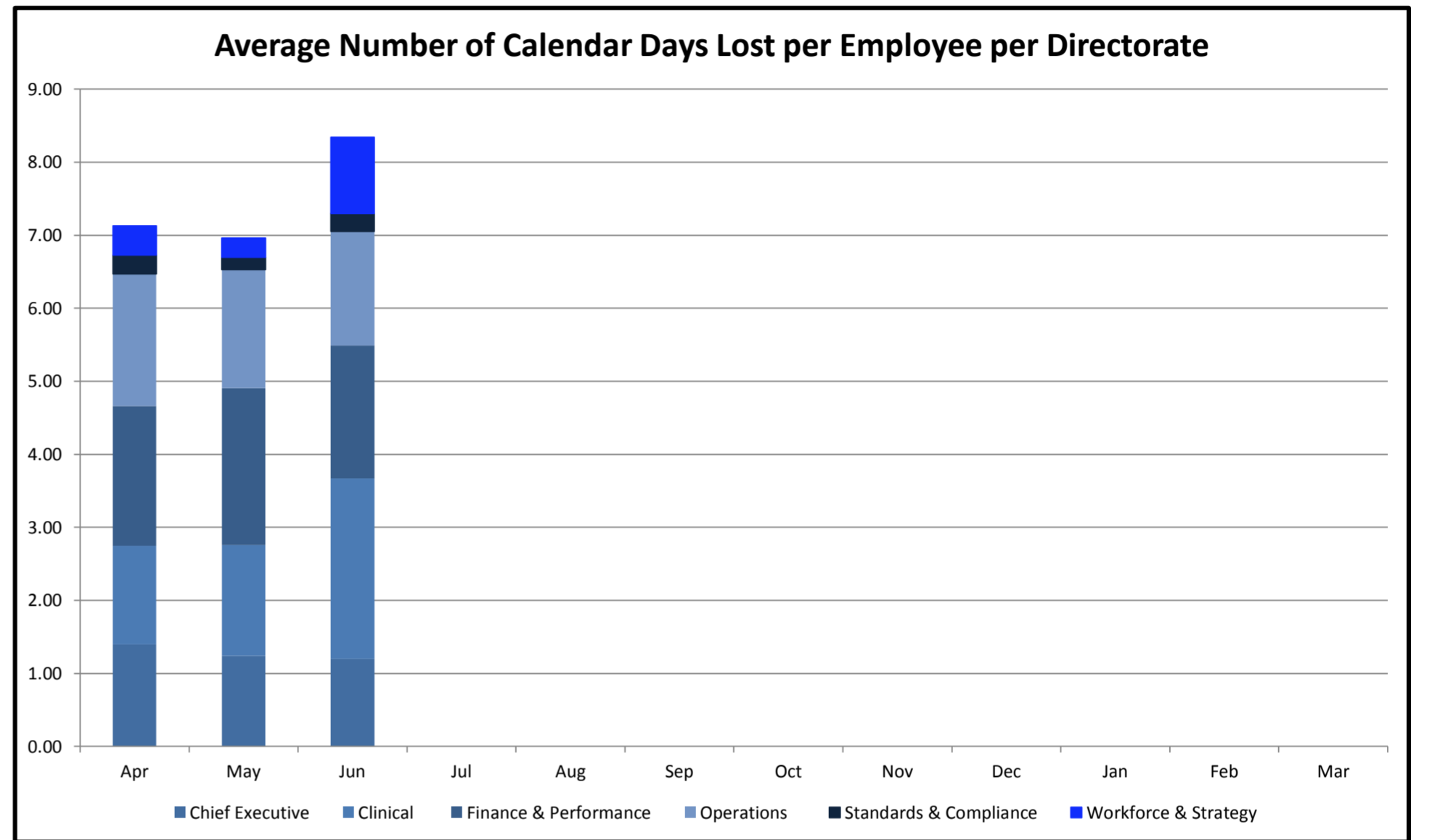
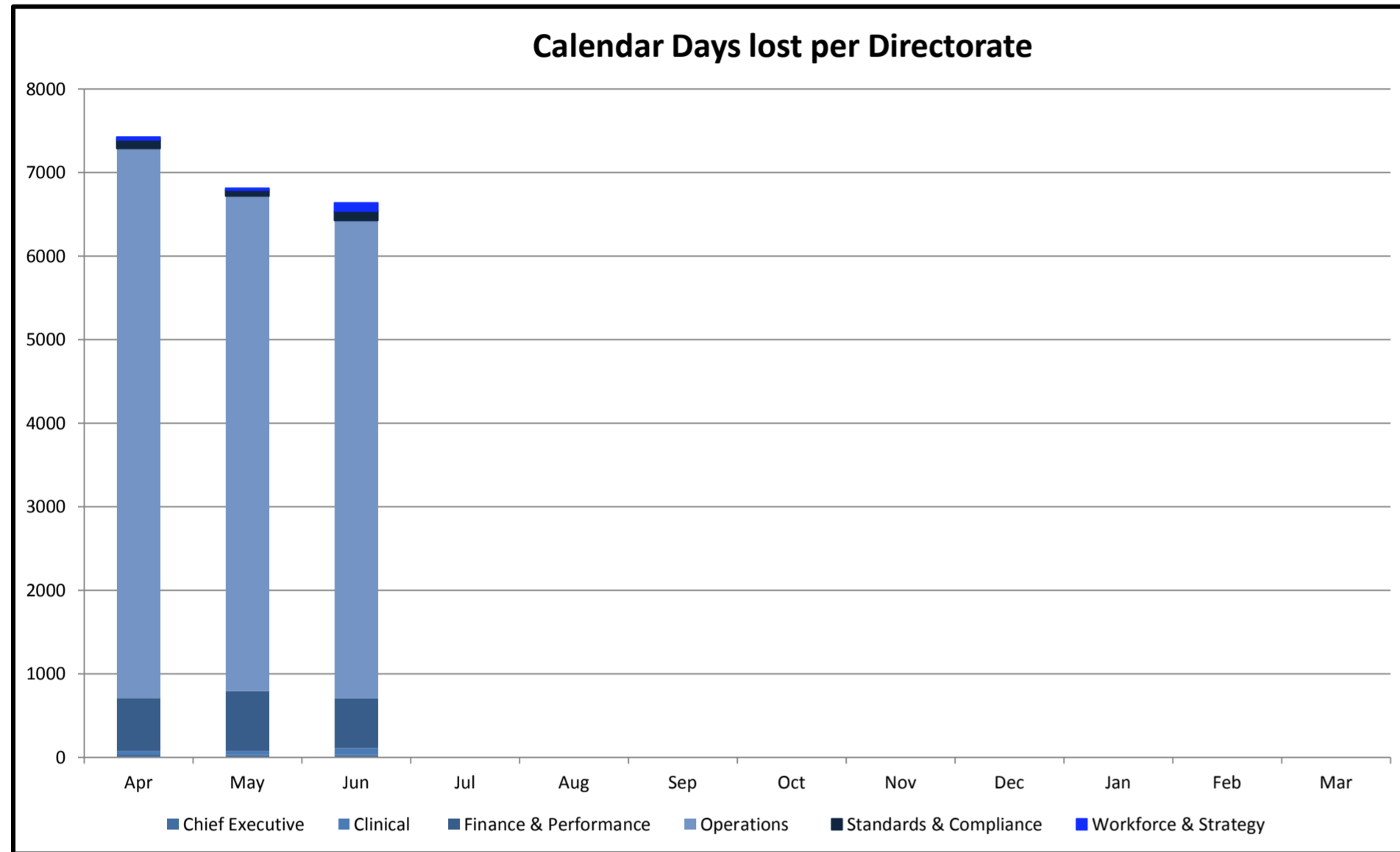
By Directorate 2012 - 2013		Apr	May	June	July	August	September	October	November	December	January	February	March	YTD	
Chief Executive	Total Cost Per Day	£57.19	£69.31	£69.31										£195.81	
	Employers Cost (NI & Pension)	£367.47	£236.34	£228.71										£832.52	
	Total Estimated Cost	£2,369.23	£2,384.85	£2,307.92										£7,062.00	
Clinical	Total Cost Per Day	£52.21	£67.78	£91.21										£211.20	
	Employers Cost (NI & Pension)	£548.17	£796.46	£1,801.43										£3,146.06	
	Total Estimated Cost	£2,740.85	£3,982.29	£9,007.15										£15,730.29	
Finance & Performance	Total Cost Per Day	£48.39	£48.67	£51.69										£148.75	
	Employers Cost (NI & Pension)	£5,749.92	£6,365.90	£5,101.76										£17,217.58	
	Total Estimated Cost	£29,678.40	£34,034.31	£28,490.52										£92,203.23	
Standards & Compliance	Total Cost Per Day	£32.56	£47.89	£60.73										£141.18	
	Employers Cost (NI & Pension)	£811.76	£826.02	£1,581.26										£3,219.04	
	Total Estimated Cost	£4,197.49	£4,130.10	£8,139.70										£16,467.29	
Workforce & Strategy	Total Cost Per Day	£91.03	£92.77	£77.97										£261.77	
	Employers Cost (NI & Pension)	£842.01	£579.82	£1,838.31										£3,260.14	
	Total Estimated Cost	£4,210.03	£2,899.10	£9,634.96										£16,744.09	
Operations	North & East (A&E)	Total Cost Per Day	£66.35	£69.07	£70.55									£205.97	
		Employers Cost (NI & Pension)	£21,106.41	£19,027.34	£17,393.48									£57,527.23	
		Total Estimated Cost	£107,768.72	£95,800.51	£87,497.38									£291,066.61	
	West (A&E)	Total Cost Per Day	£63.56	£61.96	£61.77										£187.29
		Employers Cost (NI & Pension)	£22,166.33	£20,603.27	£18,760.32										£61,529.92
		Total Estimated Cost	£113,038.14	£104,298.15	£96,706.50										£314,042.79
	South (A&E)	Total Cost Per Day	£71.57	£68.43	£66.97										£206.97
		Employers Cost (NI & Pension)	£17,856.41	£11,669.07	£10,706.39										£40,231.87
		Total Estimated Cost	£90,030.94	£58,541.48	£53,531.97										£202,104.39
	PTS	Total Cost Per Day	£45.00	£43.29	£42.90										£131.19
		Employers Cost (NI & Pension)	£12,692.64	£11,482.17	£12,243.78										£36,418.59
		Total Estimated Cost	£69,064.97	£64,171.98	£67,849.46										£201,086.41
	EOC	Total Cost Per Day	£60.51	£57.89	£55.09										£173.49
		Employers Cost (NI & Pension)	£8,760.71	£7,939.72	£7,841.83										£24,542.26
		Total Estimated Cost	£45,793.85	£41,865.37	£41,556.37										£129,215.59
	Resilience / Special Services	Total Cost Per Day	£59.88	£77.31	£72.60										£209.79
		Employers Cost (NI & Pension)	£2,081.41	£2,814.56	£1,817.22										£6,713.19
		Total Estimated Cost	£11,325.18	£14,287.04	£9,086.10										£34,698.32
Total	Total Cost Per Day	£281.38	£326.42	£350.91										£958.71	
	Employers Cost (NI & Pension)	£8,319.33	£8,804.54	£10,551.47										£27,675.34	
	Total Estimated Cost	£529,039.08	£463,747.80	£448,025.92										£1,440,812.80	

Calendar Days Lost

OBJ	1.1
REF	

Average Number of Calendar Days Lost

OBJ	1.1
REF	



2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	35	31	30									
Clinical	42	47	79									
Finance & Performance	634	714	597									
Operations	6577	5929	5723									
Standards & Compliance	104	69	108									
Workforce & Strategy	37	25	100									
Trust Total (Current year)	7429	6815	6637									
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	1.24	1.20									
Clinical	1.35	1.52	2.47									
Finance & Performance	1.91	2.15	1.82									
Operations	1.81	1.62	1.56									
Standards & Compliance	0.26	0.17	0.25									
Workforce & Strategy	0.40	0.26	1.04									
Trust Total (Current year)	1.65	1.64	1.45									
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

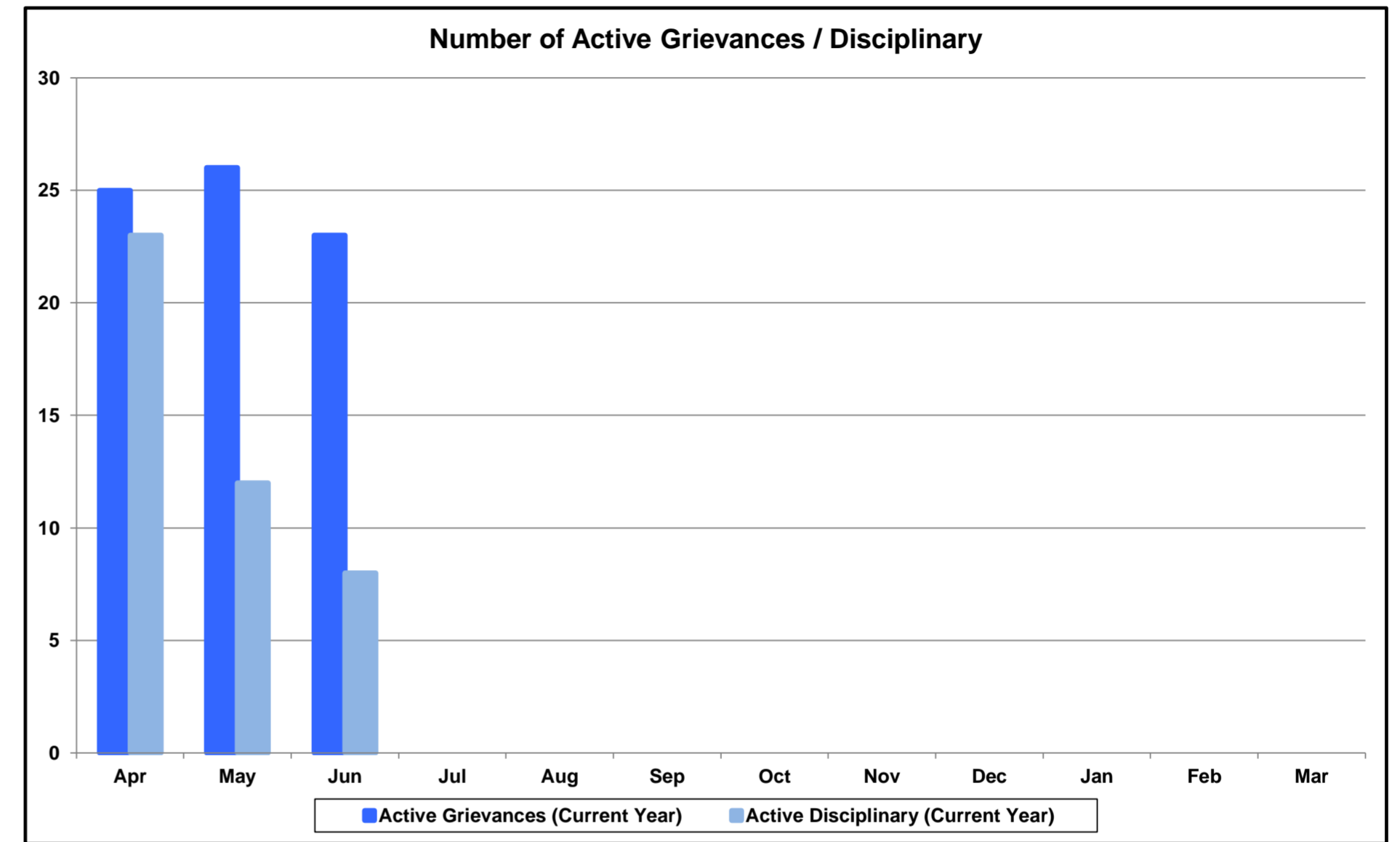
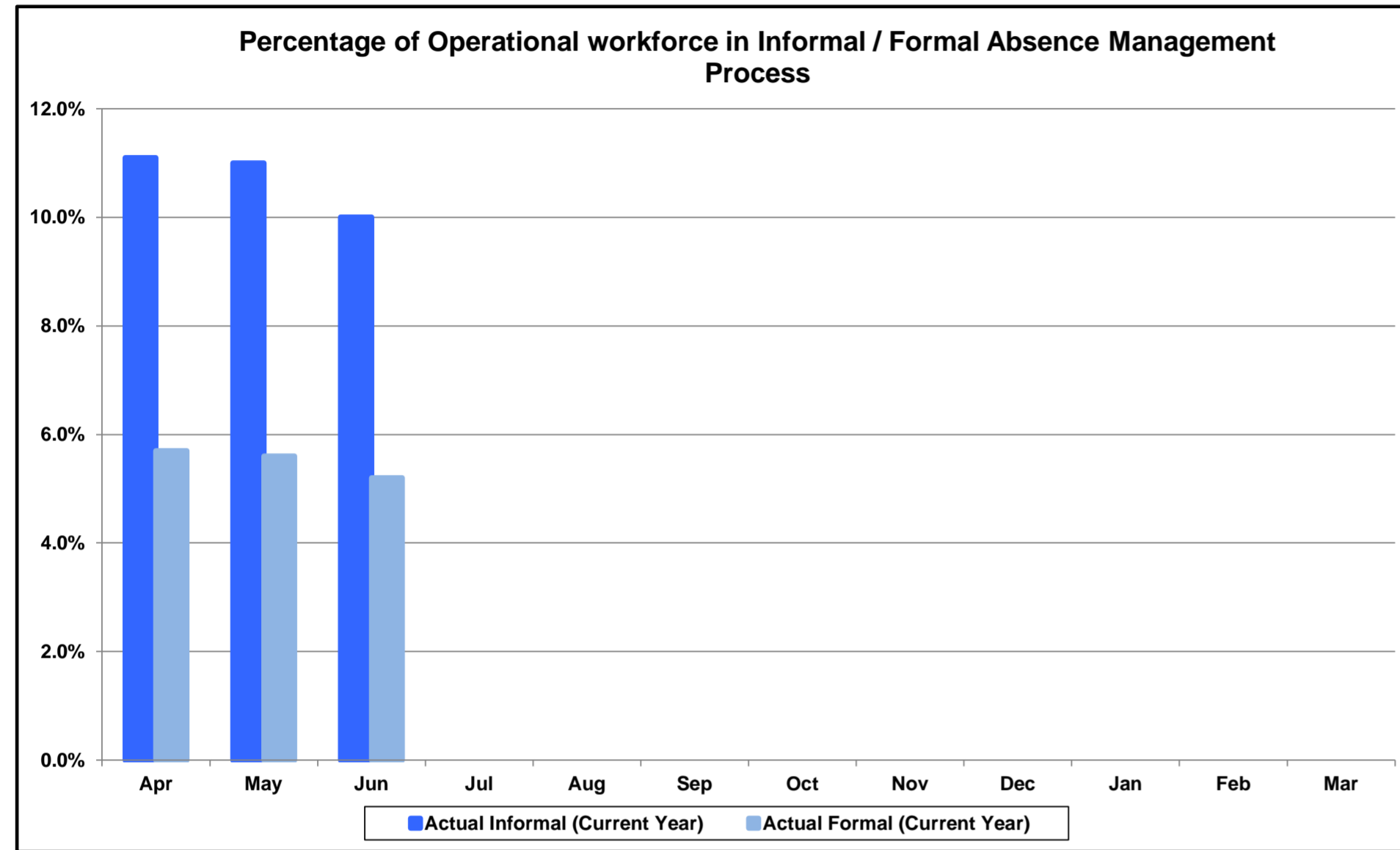
Please Note: All calculations exclude volunteers.

Absence Management Process

OBJ REF 1.1

Grievances / Disciplinary

OBJ REF 1.1



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual Informal (Current Year)	11.1%	11.0%	10.0%									
Actual Formal (Current Year)	5.7%	5.6%	5.2%									
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	26	23									
Active Disciplinary (Current Year)	23	12	8									
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			2										2
Inappropriate use of NHS resources													0
Maltreatment of patient/client													0
Maltreatment of other worker													0
Misconduct	3	2	1										6
Negligence													0
Other allegation													0
Theft of money or materials													0
Unsatisfactory attendance - timekeeping													0
TRUST TOTAL	3	2	3	0	0	0	0	0	0	0	0	0	8

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			2										2
Gender													0
Health & Safety													0
Organisational Change													0
Other	1	1	1										3
Other Working Conditions													0
Policy & Procedure	3	6	1										10
Racial													0
Religion													0
Sexual													0
Sexual Orientation													0
T&Cs: Assimilation													0
T&Cs: Job Evaluation													0
T&Cs: Other	1		1										2
T&Cs: Premium Payments													0
Trade Union Duties													0
TRUST TOTAL	5	7	5	0	0	0	0	0	0	0	0	0	17

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	2	3										8
Standards & Compliance													0
Workforce & Strategy													0
TRUST TOTAL	3	2	3	0	0	0	0	0	0	0	0	0	8

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	4	7	4										15
Standards & Compliance													0
Workforce & Strategy	1		1										2
TRUST TOTAL	5	7	5	0	0	0	0	0	0	0	0	0	17

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%	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	80.0%	100.0%	80.0%										88.2%
Standards & Compliance													0.0%
Workforce & Strategy	20.0%		20.0%										11.8%

Workforce Statistics - Gender

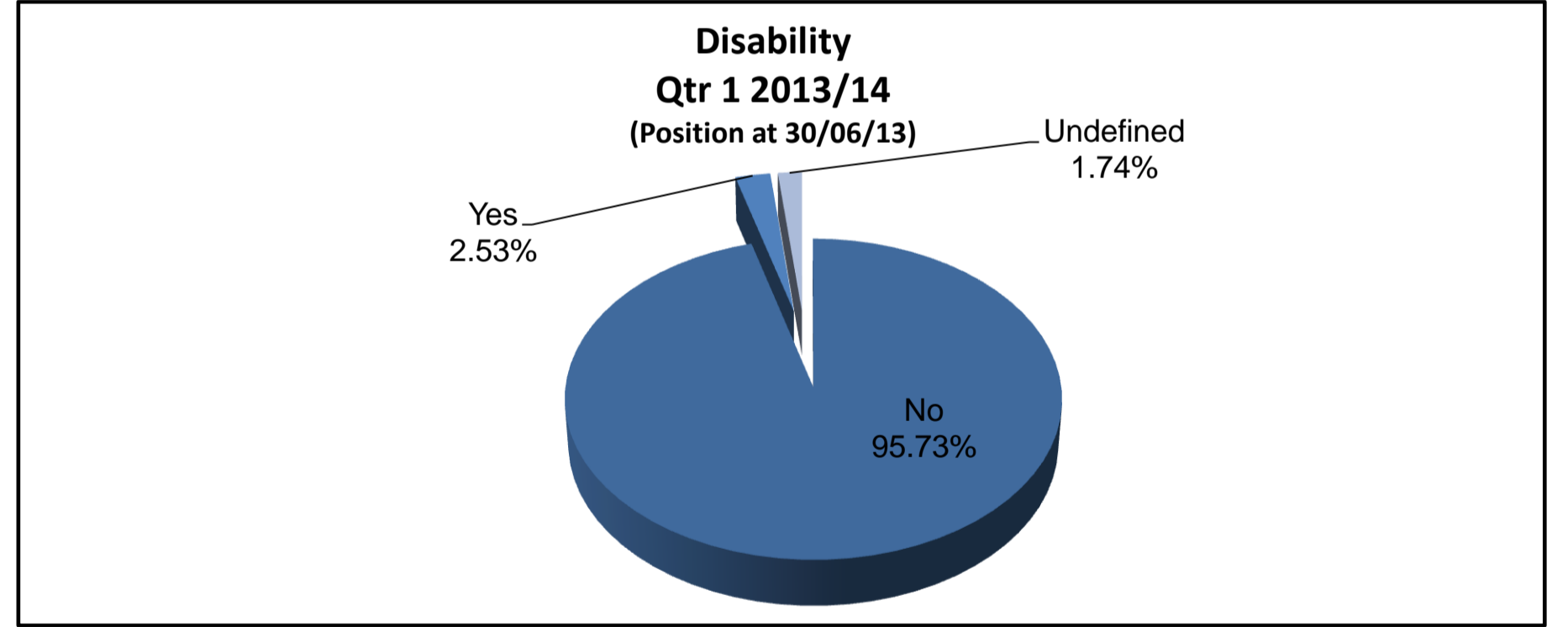
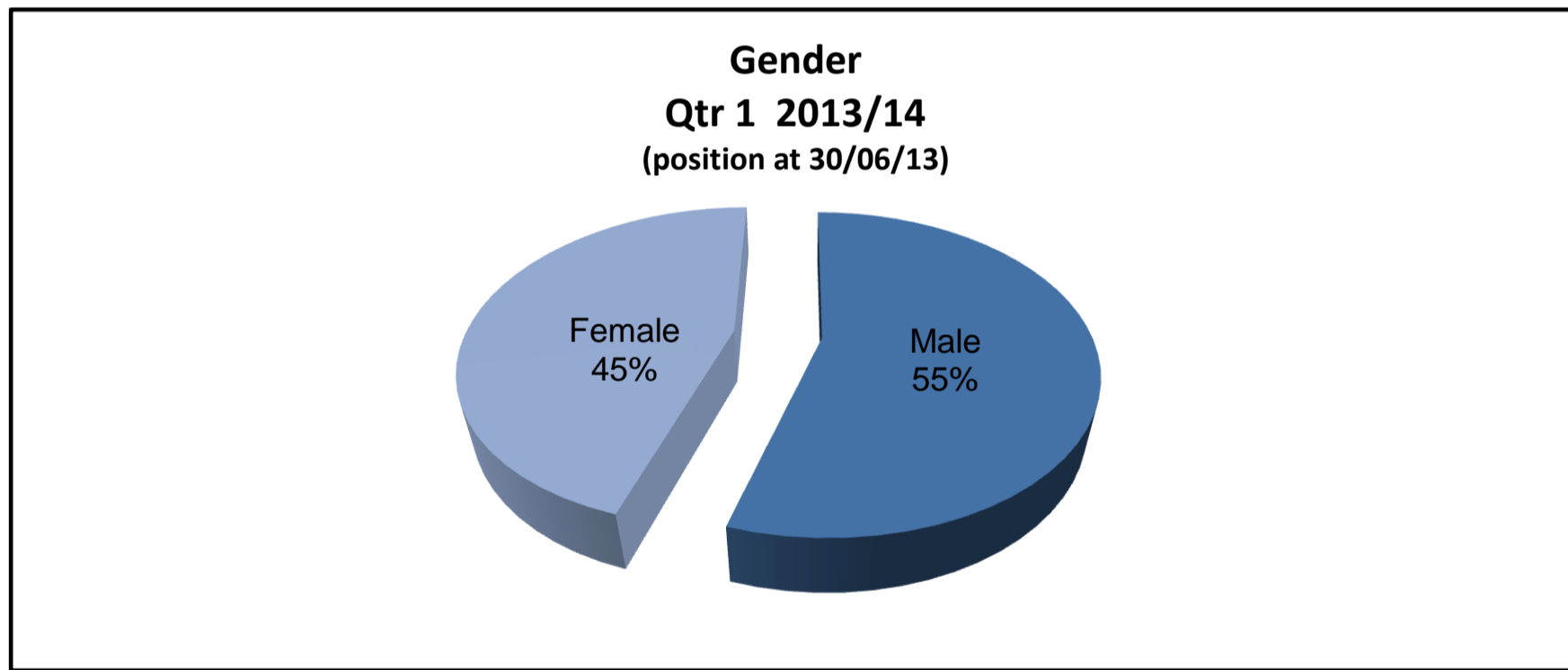
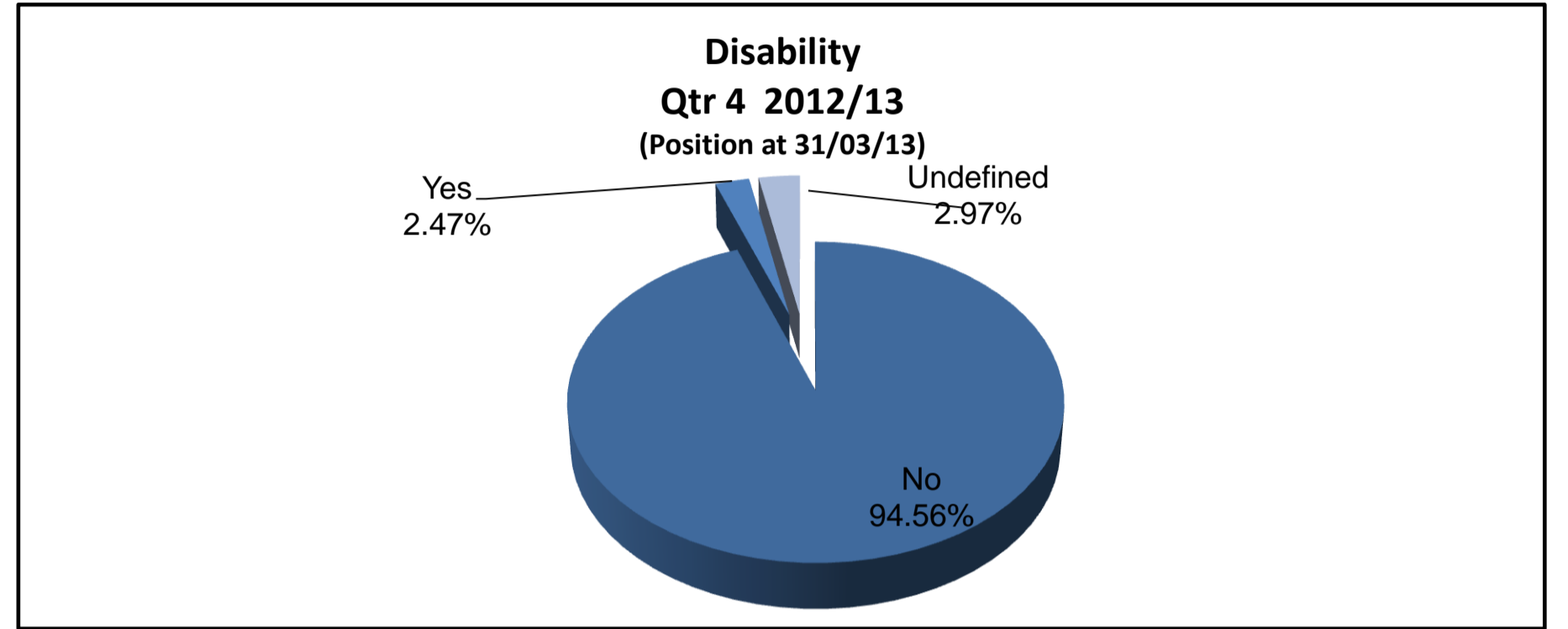
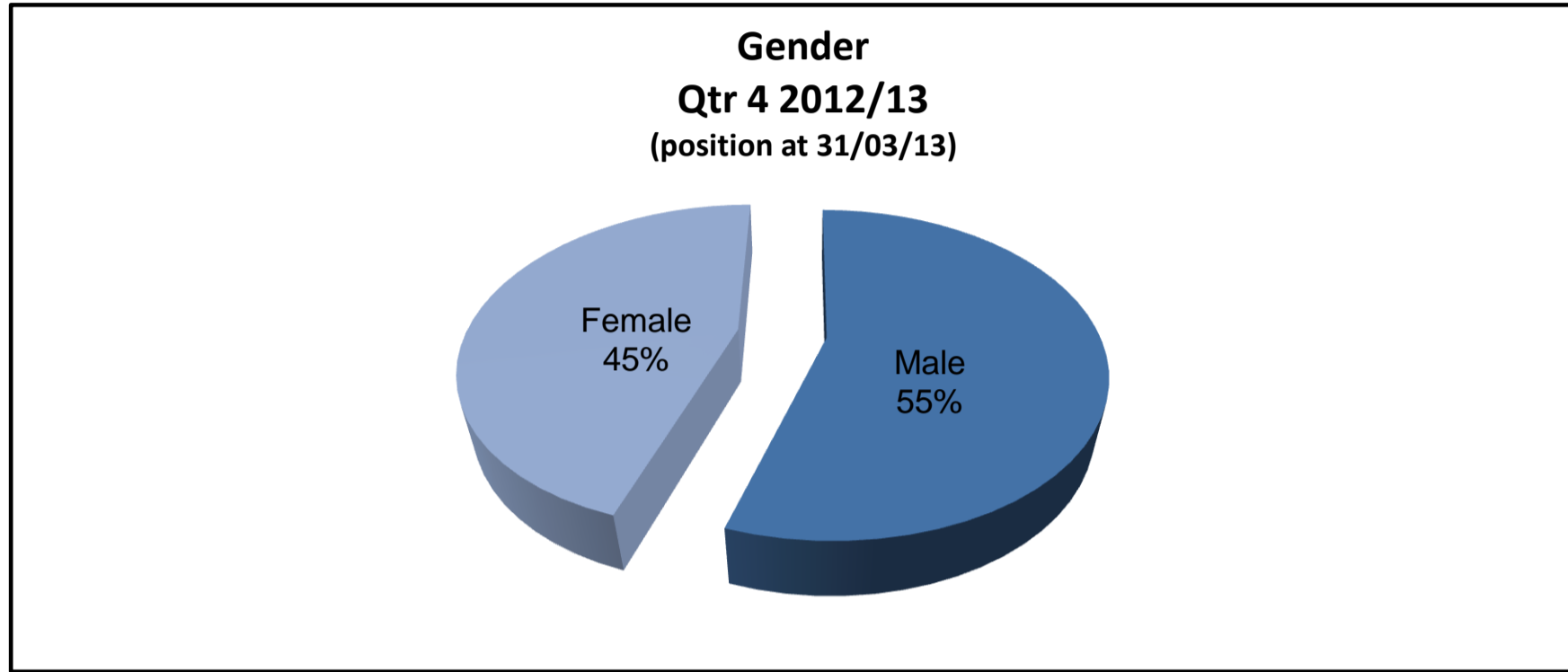
OBJ	N/A
REF	

RAG	N/A
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Workforce Statistics - Disability

OBJ	N/A
REF	

RAG	N/A
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Workforce Statistics - Ethnic Origin

Ethnic Origin	Quarter 1 2013/2014		Quarter 4 2012/2013	
	Count	Percentage	Count	Percentage
White - British	4389	94.10%	4318	93.63%
White - Irish	17	0.36%	17	0.37%
White - Other	33	0.71%	32	0.69%
White - Scottish	1	0.02%	1	0.02%
White - Italian	1	0.02%	1	0.02%
White - Polish	3	0.06%	3	0.07%
White - Mixed	4	0.09%	4	0.09%
White - Other European	1	0.02%	1	0.02%
Mixed - White and Black Carribean	12	0.26%	12	0.26%
Mixed - White and Black African	1	0.02%	2	0.04%
Mixed - White and Asian	2	0.04%	1	0.02%
Mixed - Any Other Mixed Background	6	0.13%	5	0.11%
Asian or Asian British - Indian	25	0.54%	23	0.50%
Asian or Asian British - Pakistani	73	1.57%	67	1.45%
Asian or Asian British - Bangladeshi	1	0.02%	1	0.02%
Asian or Asian British - Any Other Asian Background	5	0.11%	4	0.09%
Asian British	3	0.06%	3	0.07%
Black or Black British - Carribean	9	0.19%	10	0.22%
Black or Black British - African	9	0.19%	7	0.15%
Black or Black British - Any Other Black Background	5	0.11%	4	0.09%
Chinese	3	0.06%	3	0.07%
Any Other Ethnic Group	20	0.43%	20	0.43%
Undefined	36	0.77%	73	1.58%
Not Stated	5	0.11%	0	0.00%
Total	4664		4612	



Section 5

Finance



	Reference
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the three months to 30 June 2013 was £2.925m (5.2%). 	5.4
<ul style="list-style-type: none"> This is below the third month's plan of £3.911m (6.9%) due to increased overtime payments and private provider payments made in the A&E operations area to achieve the Red 1 target. 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has reported a surplus as at 30 June 2013 of £51k against a budgeted surplus of £1.022m. This assumes that no penalties are applied for 111 and this has been confirmed by commissioners. 	5.4
<ul style="list-style-type: none"> The actual surplus included a small profit on the sale of several A&E vehicles (£19k). 	
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £11.901m at the end of June 2013 against a plan of £8.015m 	5.8 / 5.11
<ul style="list-style-type: none"> The Monitor Risk Rating for liquidity is 34.0 days against a plan of 28.3 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 3. The I&E surplus margin net of dividend and impairment was (0.1%), against a plan of 1.8% achieving a rating of 2. 	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"> June has seen a shortfall of £607k in CIP schemes against a plan of £2.200m. 	

	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 3. The increased spending on A&E pay and non-pay in order to deliver performance has impacted the year to date metrics in all categories but liquidity.
The Financial Triggers are all green, except for the slippage on capital spending, indicating no risks presently exist.

Financial Criteria	Metric	Year to Date	Rating	Weight	Weighted Score	Actual Statistic	Comments	Calculation
Underlying Performance	EBITDA Margin	Annual Target	3	25%	0.75	6.4%	Below target but retains a rating of 3	Measures income before interest, taxes, depreciation and amortisation as a percentage of total income.
		YTD Target	3	25%	0.75	6.9%		
		Actual YTD	3	25%	0.75	5.2%		
Achievement of Plan	EBITDA Achieved	Annual Target	5	10%	0.5	100.0%	Behind target resulting in a rating reduction.	Compares the value of EBITDA achieved in comparison to planned EBITDA.
		Annual Forecast	5	10%	0.5	87.4%		
		Actual YTD	3	10%	0.3	74.8%		
Financial Efficiency	Net Return after Financing	Annual Target	5	20%	1	1.1%	Below target resulting in a rating reduction.	I&E Surplus less PDC Dividend, Interest, PFI Financial, other Finance Lease costs, divided by Total Debt + balance sheet PFI and Finance Leases +Taxpayers Equity.
		YTD Target	5	20%	1	5.9%		
		Actual YTD	3	20%	0.6	0.3%		
	I&E Surplus Margin net of dividend	Annual Target	3	20%	0.6	0.3%	Below target resulting in a rating reduction.	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income.
		YTD Target	3	20%	0.6	1.8%		
		Actual YTD	2	20%	0.4	0.1%		
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	28.3		
		Actual YTD	4	25%	1	33.8		
Risk Rating	Risk Rating Year to Date	Annual Target			3.85			
		YTD Target			3.85			
		Actual YTD			3.85			

FINANCIAL RISK TRIGGERS

Criteria	Apr-13	May-13	Jun-13					Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	N/A	N/A	No					
Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	N/A	N/A	N/A					
Working capital facility (WCF) used in previous quarter								Not Applicable until become an FT
Debtors > 90 days past due account for more than 5% of total debtor balances	No	No	No					Currently 2%
Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No					Currently 1%
Two or more changes in Finance Director in a twelve month period	No	No	No					
Interim Finance Director in place over more than one quarter end	No	No	No					
Quarter end cash balance <10 days of operating expenses	No	No	No					
Capital expenditure < 75% of plan for the year to date	Yes	Yes	Yes					

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	91	91
Operating expenses per day (£000)	£578	£587

INCOME**Income is £141k below plan (see 5.4) due to:-**

- A&E activity is estimated to be 1.5% cumulatively above contract for the 3 months ending June. This being an overtrade of 4% in April, 0.35% in May and 0.2% in June.
- 111 income invoiced to June is based upon full contract activity.
- PTS income is behind of plan at month 3 (£62k), as a consequence of the KPI penalties and under activity refunds in south Yorkshire.
- Other income includes lower than expected fleet and commercial income off-set by higher income in relation to IM&T services supporting GPOOH. Rental income for Willerby property less than anticipated for the three months by £32k, but this is offset by commercial training income for the two months £32k over budget.

EXPENDITURE (see 5.6)

- A&E operations are overspent by £1.822m; with a £0.753m over spend on pay due to overtime payments and £1.068m on non pay which is largely due to spend on Private Providers required to meet the overall performance target 78.29% (and 75.95% Red 1 performance) to June.
 - A&E CBUs are over spent by £1.933m. Overtime and private provider spend required to meet overall performance to June.
 - Operations management is under spent by £60k
 - Vacancies exist on ECP, Resource Team, Air Ambulance, South and West Management resulting in under spends (£52k) which reduce the net over spend position for the directorate.
 - Private providers used to support deliver of A&E services to June totalling £923k.
- 111 pay is over spent against budget by £531k for the three months to June. The over spend continues to be due to additional unfunded support, overtime and the GPOOH staff who should have finished at end of March but had to stay due to the phased go live.
- Emergency Operations Centre is under spent by £129k overall of which £201k under spend on pay, and an over spend of £73k on non-pay due to NHSD invoice for EOC pass backs (funding being identified from reserves)
- PTS operations is £451k overspent overall. A £135k over spend on pay is as a result of under achievement of CIP in month and a vacancy level of 13% (100wte) covered by overtime. £315k 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 £98k overspent:
- Fleet is over spent by £82k overall which includes £255k over spend on non pay largely due to vehicle maintenance costs being higher than budget offset by mechanic vacancies (15.0wte).
- We are currently reviewing future savings on bunkered fuel, the new tyre contract, shock boxes and vehicle leases past their term.
- IM&T is overspent by £76k due to a £134k over spend in contracts for computer maintenance, offset by an underspend on computer software of £62k. £145k is held in reserves to cover a non-recurrent CIP from 2012/13 which was taken out of the 2013/14 budget recurrently
- Procurement is £34k over spent with continued high spend on Medical Consumables (£48k)

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £2.925m for the three months to June, which is below plan (£3.911m).
- The Trust's EBITDA return of 5.2% is behind plan for the three months to June. The full year plan for EBITDA is 6.4%

Yorkshire Ambulance Service - Statement of Comprehensive Income

June 2013

	Current Month			Year to Date			Full Year		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Accident & Emergency	13,442	13,480	-38	40,849	40,868	-18	164,886	165,807	-922
Patient Transport Service	2,231	2,112	118	6,692	6,630	62	26,769	26,847	-78
Other Income	2,959	2,913	46	8,928	8,830	98	35,489	35,265	224
Operating Income	18,631	18,505	126	56,469	56,328	141	227,143	227,919	-776
Pay Expenditure & reserves	-12,658	-12,708	50	-38,261	-38,036	-226	-153,549	-153,772	223
Non-Pay expenditure & reserves	-4,810	-4,881	70	-14,296	-15,367	1,070	-58,960	-61,352	2,392
Operating Expenditure	-17,468	-17,589	121	-52,558	-53,402	845	-212,510	-215,124	2,615
EBITDA	1,164	916	247	3,911	2,925	986	14,634	12,795	1,839
EBITDA %	6.2%	5.0%		6.9%	5.2%		6.4%	5.6%	
Depreciation	-682	-682	0	-2,152	-2,152	0	-9,506	-9,506	0
Interest payable & finance costs	0	0	0	-146	-153	6	-301	-307	6
Interest receivable	2	3	-1	7	9	-2	27	34	-7
Profit on fixed asset disposal	0	0	0	0	19	-19	138	138	0
Dividends, interest and other	-199	-199	0	-598	-598	0	-2,392	-2,392	0
Retained Surplus	285	38	246	1,022	51	971	2,600	762	1,838
I&E Surplus %	1.5%	0.2%		1.8%	0.1%		1.1%	0.3%	

2013/2014 Contracting Reporting (A&E - KA34 Definition vehicle arrive at scene)

A&E CONTRACT - Responses	April 2013					May 2013					June 2013					YTD				
Clinical Commissioning Groups (CCGs)	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Estimate	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Estimate	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000
NHS East Riding of Yorkshire CCG	3,114	3,231	117	3.8%	22.8	3,270	3,330	60	1.8%	11.7	3,213	3,226	13	0.4%	2.5	9,597	9,787	190	2.0%	37.0
NHS Hull CCG	3,574	3,634	60	1.7%	9.0	3,623	3,755	132	3.6%	19.8	3,595	3,612	17	0.5%	2.6	10,792	11,001	209	1.9%	31.4
NHS Vale of York CCG	3,001	3,070	69	2.3%	14.7	3,165	3,197	32	1.0%	6.8	3,008	3,020	12	0.4%	2.6	9,174	9,287	113	1.2%	24.1
NHS Hambleton, Richmondshire and Whitby CCG	1,269	1,324	55	4.3%	11.8	1,402	1,416	14	1.0%	3.0	1,375	1,382	7	0.5%	1.5	4,046	4,122	76	1.9%	16.2
NHS Harrogate and Rural District CCG	1,265	1,373	108	8.5%	23.1	1,504	1,388	-116	-7.7%	-24.8	1,351	1,350	-1	-0.1%	-0.3	4,120	4,111	-9	-0.2%	-2.0
NHS Scarborough and Ryedale CCG	1,373	1,369	-4	-0.3%	-0.9	1,388	1,385	-3	-0.2%	-0.6	1,324	1,328	4	0.3%	0.9	4,085	4,082	-3	-0.1%	-0.5
NHS Wakefield CCG	4,098	4,048	-50	-1.2%	-8.0	4,161	4,097	-64	-1.5%	-10.2	3,963	3,987	24	0.6%	3.8	12,222	12,132	-90	-0.7%	-14.4
NHS Leeds North CCG	1,977	2,104	127	6.4%	21.2	2,160	2,060	-100	-4.6%	-16.7	2,065	2,067	2	0.1%	0.4	6,202	6,231	29	0.5%	4.9
NHS Leeds South and East CCG	3,524	3,777	253	7.2%	42.2	3,770	3,733	-37	-1.0%	-6.2	3,635	3,651	16	0.4%	2.6	10,929	11,161	232	2.1%	38.7
NHS Leeds West CCG	3,233	3,549	316	9.8%	52.7	3,508	3,446	-62	-1.8%	-10.3	3,137	3,141	4	0.1%	0.6	9,878	10,136	258	2.6%	43.0
NHS Bradford City CCG	1,411	1,373	-38	-2.7%	-6.2	1,432	1,430	-2	-0.1%	-0.3	1,424	1,426	2	0.1%	0.3	4,267	4,229	-38	-0.9%	-6.3
NHS Bradford Districts CCG	3,649	3,607	-42	-1.2%	-6.9	3,625	3,806	181	5.0%	29.7	3,453	3,453	0	0.0%	-0.1	10,727	10,866	139	1.3%	22.7
NHS North Kirklees CCG	1,831	1,891	60	3.3%	12.1	1,897	1,989	92	4.8%	18.6	1,847	1,853	6	0.3%	1.2	5,575	5,733	158	2.8%	31.9
NHS Greater Huddersfield CCG	2,404	2,544	140	5.8%	28.3	2,559	2,623	64	2.5%	13.0	2,438	2,444	6	0.2%	1.2	7,401	7,611	210	2.8%	42.6
NHS Airedale, Wharfedale and Craven CCG	1,525	1,631	106	7.0%	17.4	1,557	1,710	153	9.8%	25.1	1,504	1,503	-1	-0.1%	-0.2	4,586	4,844	258	5.6%	42.3
NHS Calderdale CCG	2,265	2,567	302	13.3%	53.6	2,455	2,524	69	2.8%	12.2	2,477	2,487	10	0.4%	1.7	7,197	7,578	381	5.3%	67.5
NHS Barnsley CCG	2,454	2,736	282	11.5%	42.0	2,717	2,751	34	1.3%	5.1	2,536	2,534	-2	-0.1%	-0.3	7,707	8,021	314	4.1%	46.8
NHS Doncaster CCG	3,563	3,700	137	3.8%	18.1	3,789	3,747	-42	-1.1%	-5.5	3,588	3,584	-4	-0.1%	-0.5	10,940	11,031	91	0.8%	12.1
NHS Rotherham CCG	2,750	2,968	218	7.9%	29.1	2,872	2,985	113	3.9%	15.1	2,803	2,807	4	0.1%	0.5	8,425	8,760	335	4.0%	44.6
NHS Sheffield CCG	6,290	6,261	-29	-0.5%	-4.4	6,666	6,349	-317	-4.8%	-47.7	6,419	6,437	18	0.3%	2.7	19,375	19,047	-328	-1.7%	-49.3
TOTAL	54,570	56,757	2,187	4.0%	371.8	57,520	57,721	201	0.3%	37.7	55,155	55,290	135	0.2%	23.7	167,245	169,768	2,523	1.5%	433.3

April 2013 estimates based upon 2012/13 actuals

Yorkshire Ambulance Service - Income and Expenditure Forecast

June 2013

Budget Name	Budget manpower current month WTE	Actual manpower current month WTE	Current month over/ (under) WTE	Budget current month £	Actual current month £	Variance month Over/ (under) spend £	Budget YTD £	Actual Income / Expenditure YTD £	Variance YTD Over/(under) spend £	Budget Full Year £	Forecast Year-end Income / Expenditure £
Income				18,631,363	18,406,768	224,595	56,469,136	56,327,876	141,260	227,188,282	227,919,414
Pay											
A&E Operations	2,204.14	2,299.85	95.71	-7,229,145	-7,544,356	315,211	-21,957,948	-22,711,207	753,259	-89,185,409	-107,332,594
PTS Operations	773.01	725.88	-47.13	-1,324,618	-1,374,426	49,808	-4,026,380	-4,161,544	135,164	-15,240,386	-16,861,237
Resilience	119.16	119.73	0.57	-430,922	-417,129	-13,793	-1,292,766	-1,257,219	-35,547	-4,974,819	-424,774
EOC	385.54	352.55	-32.99	-1,065,940	-1,006,042	-59,898	-3,205,928	-3,004,774	-201,154	-12,799,452	-826,904
Finance	65.03	59.45	-5.58	-205,601	-182,887	-22,714	-616,803	-537,429	-79,374	-2,455,449	-2,194,136
Estates	46.69	46.30	-0.39	-101,327	-103,651	2,324	-303,981	-311,012	7,031	-1,215,994	-1,300,862
Fleet	177.47	165.77	-11.70	-444,067	-381,879	-62,188	-1,342,863	-1,169,511	-173,352	-5,325,110	-4,802,167
IM&T	39.10	36.96	-2.14	-121,331	-132,420	11,089	-363,993	-380,092	16,099	-1,455,992	-1,541,543
Procurement	18.53	17.30	-1.23	-36,868	-35,102	-1,766	-110,604	-106,624	-3,980	-442,436	-434,139
Standards & Compliance	34.55	29.58	-4.97	-120,202	-88,658	-31,544	-381,506	-303,062	-78,444	-1,463,359	-1,584,793
111	282.40	350.85	68.45	-698,491	-946,551	248,060	-2,095,473	-2,626,236	530,763	-8,381,915	-10,460,705
Workforce & Strategy	93.51	86.92	-6.59	-280,461	-269,904	-10,557	-844,476	-801,135	-43,341	-3,368,761	-3,294,946
Clinical Directorate	31.09	27.63	-3.46	-123,662	-105,215	-18,447	-370,985	-327,961	-43,024	-1,443,647	-1,380,279
Chief Executive	26.02	20.86	-5.16	-115,569	-119,857	4,288	-346,707	-337,974	-8,733	-1,386,892	-1,333,387
Reserves	0.00	0.00	0.00	-359,412	0	-359,412	-1,001,082	0	-1,001,082	-4,449,498	0
Total Pay	4,296.24	4,339.63	43.39	-12,657,616	-12,708,077	50,461	-38,261,495	-38,035,780	-225,715	-153,589,119	-153,772,468
Non Pay											
A&E Operations				-121,837	-438,046	316,209	-369,305	-1,437,871	1,068,566	-1,504,776	-2,879,261
PTS Operations				-137,648	-225,414	87,766	-412,943	-728,519	315,576	-1,651,741	-2,944,059
Resilience				-74,015	-59,023	-14,992	-230,722	-159,236	-71,486	-1,020,901	-1,868,584
EOC				-15,642	-101,242	85,600	-46,926	-119,757	72,831	-187,700	-94,153
Finance				-983,171	-928,876	-54,295	-3,224,951	-3,119,857	-105,094	-13,826,115	-13,650,188
Estates				-434,720	-393,634	-41,086	-1,318,058	-1,303,109	-14,949	-5,105,461	-5,161,258
Fleet				-1,585,868	-1,520,107	-65,761	-4,790,253	-5,045,450	255,197	-18,911,292	-20,723,660
IM&T				-338,324	-368,019	29,695	-1,014,972	-1,073,515	58,543	-4,059,894	-4,145,190
Procurement				-243,657	-225,233	-18,424	-734,882	-772,368	37,486	-2,922,480	-3,467,681
Standards & Compliance				-86,670	-88,999	2,329	-237,350	-252,992	15,642	-910,447	-1,310,350
111				-1,262,929	-1,293,707	30,778	-3,788,787	-3,828,141	39,354	-15,115,144	-15,229,503
Workforce & Strategy				-117,933	-135,281	17,348	-353,799	-346,822	-6,977	-1,415,158	-1,619,049
Clinical Directorate				-4,558	-3,375	-1,183	-13,674	-9,295	-4,379	-54,700	-45,837
Chief Executive				-18,289	-12,023	-6,266	-54,867	-43,941	-10,926	-219,456	-246,328
Reserves				-263,666	0	-263,666	-593,839	0	-593,839	-4,093,898	0
Total Non Pay				-5,688,927	-5,792,979	104,052	-17,185,328	-18,240,873	1,055,545	-70,999,163	-73,385,103
Total Expenditure	4,296.24	4,339.63	43.39	-18,346,543	-18,501,056	154,513	-55,446,823	-56,276,653	829,830	-224,588,282	-227,157,571
Surplus/(Deficit)				284,820	-94,288	379,108	1,022,313	51,223	971,090	2,600,000	761,843

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 June has achieved £1,594k being 72% of plan, which is shortfall against plan of £607k. The majority of the shortfall is in A&E schemes
 - Mitigating actions and reserve schemes are being identified to close the CIP shortfall against plan in all areas.
 - A&E achievement of CIP was impeded by the lower than anticipated overtrade position this month, schedule 5.5
 - A&E CIP plans were based upon a workforce of 2,106 and 3% increase in activity. In June A&E did not achieve the expected activity levels and this prevented achievement of CIP for overtime and A&E skill mix.
 - 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	Plan	YTD Plan	Ytd Actual	Ytd Varaince
Planned savings	£000	WTE	£000	£000	£000
Accident & Emergency	6,073	11.9	1,447	1,051	(395)
Patient Transport Service	3,042	137.6	430	313	(117)
Special Operations	383	15.0	85	52	(33)
Finance	46	0.0	8	7	(1)
Standards & Compliance	220	0.0	55	55	0
Clinical	224	0.0	56	56	0
Trust wide	922	20.2	120	59	(60)
Total	10,909	184.7	2,200	1,594	(607)

Summary of Top 6 Schemes 2013 / 14

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		£250k	£907k
PBW	PTS Transformational work	JH		£2.93m	£2.28m	£402k	£1.176m
PBW	Clinical leadership	PM	£1.24m	£619k		£155k	£619k
PBW	Increase in clinical hub triage	DW	£505k	£1.41m	£1.26m	£320k	£1.462m
SM	Effective sickness management	GJ	£606k	£202k		£97k	£0k
PBW	A&E skill mix	DW		£2.13m		£602k	£1.332m
	Total Value		£4.861m	£8.223m	£3.54m	£1.826m	£5.496m

SUMMARY

- The planned year to date expenditure on HART and ECS has not materialised, accounting for £4.2m underspend, and the delay in the other schemes being implemented accounts for the other £1.2m
- The increase in cash reflects the delayed capital expenditure, £5.4m offset the non-take up of additional PDC associated with the HART scheme, £2.3m, and an overall net reduction in trade debtors and creditors
- 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 £0.5m, offset by a change in the treatment of Accrual Holiday Pay from Provisions to Accruals, £0.8m

CAPITAL SUMMARY

- The purchase of the new HART building is on track to be purchased in July 2013, with the subsequent works schemes to be completed within the current financial year.
- The ECS business case is presently being refreshed and will be presented to the Finance and Investment committee in July.
- Capital expenditure during the month is below the plan. The detail behind the 2013/14 main schemes has been worked up and will be presented to the Finance and Investment Committee in July.
- The bids against Service Development monies will be presented to the Finance and Investment Committee in July.

Statement of Financial Position			
	Plan at 30/06/2013	Actual at 30/06/2013	Variance
	£000	£000	£000
Land, Buildings and equipment	78,265	72,843	-5,422
Trade and other receivables (>1 yr)	1,087	931	-156
Non-Current assets	79,352	73,774	-5,578
Stocks, Trade and other receivables (<1 yr)	12,368	12,212	-156
Cash and cash equivalents	8,015	11,904	3,889
Current assets	20,383	24,116	3,733
Creditors (< 1yr)	-14,266	-14,077	189
Provisions & Deferred Income(<1 yr)	-2,201	-2,710	-509
Current Liabilities	-16,467	-16,787	-320
Provisions (>1 yr)	-5,737	-7,070	-1,333
Borrowings	-6,171	-6,171	0
Non-Current Liabilities	-11,908	-13,241	-1,333
Net Assets	71,360	67,862	-3,498
Public Dividend Capital	76,394	74,094	-2,300
Revaluation Reserve	4,348	4,339	-9
Donation Reserve			0
Income & Expenditure Reserve	-9,382	-10,571	-1,189
Total Taxpayer's Equity	71,360	67,862	-3,498

Capital Programme					
	Baseline Programme	Year to date Plan	Spend to 31/05/2013	Committed at 31/05/2013	(Under)/ Over plan year to date
	£000	£000	£000	£000	£000
<u>Major Schemes</u>					
HART	4,600	2,400	1	0	-2,399
ECS*	3,583	1,776	0	0	-1,776
Service Development **	2,300	0	0	0	0
<u>Minor Schemes</u>					
Estates	500	433	-20	10	-443
IM&T	1,098	718	153	2	-563
Vehicles A&E	3,870	0	0	0	0
Vehicles PTS	750	0	47	0	47
Plant and Machinery	50	50	0	0	-50
Medical equipment	934	160	71	0	-89
Total	17,685	5,537	252	12	-5,273
External funding	8,083	4,176	0	0	-4,176
NBV of Disposals	96	0	0	0	0
CRL	17,589	5,537	252	0	-5,285
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

June 2013

DEBT SUMMARY

• The total debt has reduced however debtors over 90 days has increased due to a number of outstanding PCT invoices for 111 mobilisation; ECRs and CQUINS. Non NHS debt over 90 days has increased as a result of the transfer of 3 unrecovered sums from Accounts Payable ledger which are to be pursued under Trust debt recovery policy.

£000	Mar-13	Apr-13	May-13	Jun-13
Non NHS debt	401	454	456	380
Of which >90 days overdue	32	28	29	84
NHS debt	3,680	1,363	1,977	1,092
Of which >90 days overdue	124	99	67	181
Total debt	4,081	1,817	2,433	1,472
Of which >90 days overdue	156	127	96	265
Provision to cover this debt	156	127	96	265

PAYMENTS

• The Trust has paid 1,708 invoices in June 2013 of which 1,551 were paid within 30 days of receipt giving a Better Payment Practice Code (BPPC) position of 90.81% . The ledger migration to R12 resulted in an unexpected loss of 6 working days in June impacting ability to pay invoices and therefore reducing BPPC statistics. The Trust aim remains 95% for the financial year 2013/14.

	Jun-13		Year to Date	
	Number	£000	Number	£000
Non NHS payables				
Total non NHS invoices paid in period	1,668	4,141	5,801	14,905
Total non NHS invoices paid within target	1,516	3,897	5,398	13,829
	90.89%	94.11%	93.05%	92.78%
NHS Payables				
Total NHS invoices paid in period	40	193	194	866
Total NHS invoices paid within target	35	182	174	841
	87.50%	94.30%	89.69%	97.11%
Total Payables				
Total invoices paid in period	1,708	4,334	5,995	15,771
Total invoices paid within target	1,551	4,079	5,572	14,670
	90.81%	94.12%	92.94%	93.02%

COST IMPROVEMENT PROGRAMME 12/13

• 72% delivery of the Cost Improvement Plan target was achieved for the three months ending June 2013. To date, the three months to June have a shortfall of £607k.

QUALITY, INFORMATION REPORTING, AND CQUIN

• PTS contract penalties - the first meeting has been held to review targets for 2013/14. Risks will be identified and mitigating actions developed.

• A&E CQUIN targets - the first meeting to review CQUIN targets for 2013/14 has taken place and are now awaiting the first quarter results

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	607	545	Plans to mitigate 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	0.5	229	113	229	Plans to mitigate the risk are being identified
111 additional staffing cost to provide service	2,078	0.5	1,040	531	1,040	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 have being identified with plans to roll out to all areas by the end of June have been achieved.
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	29,357		6,510	1,251	1,814	

Yorkshire Ambulance Service - Cash Flow

June 2013

Analysis Of Actual/Plan Cash Flows

	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Cash Name (£000's)	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	May-14	Jun-14
Actual/Forecast Opening Cash Balance	6,845	10,697	10,123	11,901	7,958	8,224	9,053	10,627	10,282	11,437	11,854	12,576	9,987	10,648	11,474
Cash Inflows															
Income from Activities	21,005	18,261	19,091	17,459	18,146	19,033	19,220	18,722	20,415	19,518	19,008	18,252	18,075	18,049	17,495
Interest Receivable	3	3	3	3	2	2	2	3	2	2	2	3	3	3	5
Capital Receipts	15	0	0	0	0	0	160	0	0	0	0	0	0	0	0
Loans	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Capital *	0	0	0	1,620	0	750	710	710	710	0	0	0	0	0	0
Total Cash Inflows	21,023	18,264	19,094	19,082	18,148	19,785	20,092	19,435	21,127	19,520	19,010	18,255	18,078	18,052	17,500
Cash Outflows															
Pay	11,538	12,847	12,878	12,916	12,673	12,418	12,780	12,603	13,925	12,982	12,211	12,765	12,798	12,798	12,798
Non-pay	5,376	5,763	4,412	6,042	4,449	4,091	4,846	5,558	4,433	4,510	4,989	5,818	4,077	4,102	3,990
Interest Payable	0	0	0	0	0	61	0	0	0	0	0	91	0	0	0
PDC Dividends	0	0	0	0	0	1,103	0	0	0	0	0	1,103	0	0	0
Capital Expenditure	257	228	26	4,067	760	1,146	892	1,619	1,614	1,611	1,088	542	542	326	404
Loans	0	0	0	0	0	137	0	0	0	0	0	525	0	0	0
PDC Capital *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	17,171	18,838	17,316	23,025	17,882	18,956	18,518	19,780	19,972	19,103	18,288	20,844	17,417	17,226	17,192
Net Cash Inflow/(Outflow)	3,852	-574	1,778	-3,943	266	829	1,574	-345	1,155	417	722	-2,589	661	826	308
Actual Closing Cash Balance	10,697	10,123	11,901												
Forecast Closing Cash Balance (per TDL Plan)	7,298	7,742	8,015	7,958	8,224	9,053	10,627	10,282	11,437	11,854	12,576	9,987	10,648	11,474	11,782

The increase in cash results from a decrease in debtors, reflecting last months increase in NHS debtors now paid, and an increase in creditors.

