



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

August 2013



Yorkshire Ambulance Service 
NHS Trust

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Section 1

Executive Summary



Overall Trustwide Top Exceptions

RAG	Section	No of months Exception	Exceptions for month	Comments	Who	When	Year end Risk Level
AMBER	2.1	3/5	Total Demand	Demand in August was 6% above plan, with resource at plan, so resource will be adjusted going forwards to match the demand 'run rate'.	Michael Fox-Davies	Sept	Green
RED	2.2	2/5	Red 2 Performance	Additional resource planned to achieve the Red 2 target for September and full year	Michael Fox-Davies	Qtr 2	Green
AMBER	2.6	5/5	Business Continuity Plans	Still awaiting a small number of departments (Level one -PTS, Level two-BI), to book their testing and exercising day before programme complete. A small number of departments are postponing their exercises due to competing priorities. BC attending the dashboard meetings along with Exec's in September where these departments will be challenged and asked to commit to setting dates.	BC Manager	Sep-13	Green
RED	2.11	2/5	Number of patients arriving more than 60 mins early should not exceed 2%	The main area of focus linked to non compliance is in Bradford with compliance percentages improving on last month but remaining above the trajectory standard with 8.49% (compared to 9.36% in July) and 6.63% (compared to 9.27% in July) against this indicator. Work continuing to understand the impact of resources being pulled into Leeds associated with the increase in renal workload	Locality Manager - Bradford and Airedale	Q2	Green
RED	2.11	2/5	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	The trajectory for this indicator reduced from 4% to 3.5% between July and August, unfortunately this masked a significant improvement in position with a compliance of 3.94% compared to an average of 5% across the year to date. Further focus on this and plans to reduce further are in place based on a further reduction in the trajectory of 0.5% in September.	Locality Managers - West Yorkshire	Q2	Amber
RED	2.11	4/5	Abortive journeys should not exceed 4.5% (by end of year)	This remains a considerable challenge to resolve based on the multitude of factors which contribute to abortive journeys. On going work with the acute trusts is related to the quality of information in PAS downloads, notification of appointment cancellations and formal links on acute trusts information systems to make it clear when patient transport has been booked and therefore would require cancellation.	Locality Managers - West Yorkshire	Ongoing	Red
RED	2.12	2/5	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	This standard was breached by 0.49% and was uniquely in the Hull area. Issues with vehicle availability contributed to this position. Work is continuing with fleet to resolve.	Locality Manager - Hull and East Yorkshire	Ongoing	Green
RED	2.12	2/5	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	This relates to priority patients only and was 0.15% above trajectory. The trajectory for this indicator reduces over the course of the year and plans are in place to ensure that effective escalation processes are in place for potential patient breaches.	Locality Manager - Hull and East Yorkshire	Ongoing	Green
RED	2.12	4/5	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 Manager East Yorkshire	Q3	Amber
RED	2.13	3/5	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90%	Performance in South Yorkshire has deteriorated against a number of key performance indicators over the last three months. This combined with an increase in service to service complaints and other quality indicators has resulted in a number of managerial interventions. An urgent quarter two service improvement plan has been implemented and shared with the commissioners. This focusses efforts on reinforcing the communications cells and automation of the daily performance information	Associate Director of Operations (PTS)	End Q2 Review Ongoing actions	Amber
RED	2.13	4/5	Number of patients arriving more than 15 minutes after their appointment time should not exceed 0% (Sheffield Only)	ensuring a visible management presence in each of the key sites on a daily basis to oversee performance in area implementation of a performance cell jointly overseen by representatives of road operations and communications to drive daily performance			
RED	2.13	4/5	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10%	early identification of long wait patients and agreed management plan in collaboration with the relevant acute trust.			
RED	2.13	4/5	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%	Early signs are positive and performance has improved across a number of areas although still not within trajectory requirements. Further interventions have been agreed and a review of the performance cell is due to take place week commencing 16 September 2013.			
RED	2.13	1/5	Number of patients collected within 3 hours of booking should be at least 90% (Sheffield Only)				
RED	2.13	1/5	Number of patients collected within 4 hours of booking should be at least 99% (Sheffield Only)				
RED	2.14	4/5	Number of patients arriving more than 60 mins early should not exceed 2%	The main areas of concern remain Scarborough / Ryedale and Cumbria. The rurality of these is directly linked to patient flows and this will continue to present an operational challenge.	Locality Manager - North Yorkshire	On-going	Amber
RED	2.14	4/5	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	Performance was above trajectory by 0.65% (compared to 1.48 in July, 1.79 in June and 1.85 in May) showing an improvement.	Locality Manager - North Yorkshire	Q2	Amber
RED	2.14	5/5	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	As reported in previous months work is continuing 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 Manager - North Yorkshire	Q3	Amber
RED	2.14	5/5	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%				
RED	2.14	2/5	Number of patients arriving more than 30 mins early should not exceed 5% (Renal)	Further data validation is ongoing into these standards as compliance appears to have deteriorated significantly in both July and August which is unusual within this area, and is not reflected in the daily operational management of the locality. All these standards relate to renal patients only - similarly, there has not been an increase in patient complaints and issues raised by the renal units which we would have expected to see if standards had only been achieved at the levels identified.	Locality Manager - North Yorkshire	Q3	Green
RED	2.14	2/5	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0% (Renal)				
RED	2.16	5/5	Warm transfer of NHS 111 calls to Clinical Adviser.	Service optimisation programme under way and this will include review of clinician rotas in Q3. Ongoing discussions with commissioners about the clinical model within the commissioned NHS 111 service.	Executive Director of Standards and Compliance	Mar-14	RED
RED	3.12	5/5	National Audit Programme	Functionality issues with the Readsoft scanning and verification software has reduced efficiency and capacity to perform all but mandatory clinical audits. Introduction of ePRF will address the issue. In the interim, mandatory reporting in a timely manner is dependent on ad hoc overtime for document processing.	Executive Medical Director		Amber
AMBER	3.12	5/5	Internal Clinical Audit Plan	Reconfiguration of the Clinical Audit department has improved the capacity to support local small clinical audits but the issue won't be addressed until ePRF is introduced .	Executive Medical Director		Amber
RED	4.3	5/5	PDR %	TEG has identified this as an issue that needs a push across the board by all Managers. Overall compliance is affected by NHS 111 & Urgent Care Division which remains at only 4.95% compliant. The quality of PDRs has also been identified by the last CQC inspection that an action is required and improved training will be implemented in quarter 3 throughout the Trust.	Directors and Managers	Immediate	RED
RED	4.4	3/2	Sickness / Absence %	Late adjustments to figures have tipped our performance just into red, although we remain close to target. A continuing push by HR and Managers, a new Occupational Health Service and the national removal of unsocial hours payments to sick pay should all help to put us back on target in the medium term.	All Directors and Managers	Ongoing	AMBER

2013-14 BUSINESS PLAN OBJECTIVES		Lead Director	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
			RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	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.	Michael Fox-Davies	GREEN	GREEN	GREEN	GREEN	AMBER								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.	Michael Fox-Davies	GREEN	GREEN	GREEN	GREEN	AMBER								GREEN
3	To reduce mortality from major trauma and improve survival to discharge for pre-hospital Cardiac Arrest.	Julian Mark	RED	RED	AMBER	AMBER	AMBER								AMBER
4	Deliver all CQUIN targets across both our PTS and A&E service.	Rod Barnes / Michael Fox-Davies	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
Strategic Goal - High Performing															
5	Deliver Red 1 mandatory target through the implementation of the Red 1 action plan.	Michael Fox-Davies	GREEN	GREEN	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	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.	Rod Barnes	RED	RED	RED	RED	AMBER								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	AMBER	AMBER								GREEN
Strategic Goal - Always Learning															
9	Achieve FT status by the end of 2013-14.	David Whiting	GREEN	GREEN	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	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	GREEN								GREEN
12	Phased roll-out of Service Line Management and service transformation skills across the Trust.	Rod Barnes / Steve Page	AMBER	AMBER	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	AMBER	AMBER								GREEN
14	Reduce rates of staff sickness including procurement of Occupational Health services to deliver improvement in sickness rates.	Nick Cook	RED	RED	AMBER	AMBER	RED								GREEN
15	Delivery of emergency and urgent care developments and solutions including areas for development such as telehealth and telecare.	Julian Mark / Rod Barnes	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
16	Develop and commence roll-out of ECS.	Rod Barnes / Michael Fox-Davies	AMBER	AMBER	AMBER	GREEN	AMBER								GREEN

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

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

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

Comments		
KPI	RAG	Page
1	AMBER	Comments E1
2	AMBER	2.4a
3	AMBER	Comments E2
7	AMBER	Comments E3
8	AMBER	Comments 2.16
12	AMBER	Comments 3.2
13	AMBER	Section 5
14	RED	Comments E5
16	AMBER	

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	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	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
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**

A & E Performance

- Red 1 performance was 83.1% for the month (with a YTD of 79.0%)
- Red 2 performance was 74.3% for the month (with a YTD of 76.8%)
- Combined performance was 75.1% (with a YTD of 77 %)

The main drivers for this Red 8 result were:-

- Demand was 6 % higher than planned (this includes ECP and out of area activity).
- Resource (average per day) was 5026, which had been reduced over the preceding months.

Following the previous quarter, where resource had been over provided, (planned to support the introduction of 111), resource has been reduced. However, although the resource has been closer to plan, the level of resource has run lower than demand, which has increased in July and August. This has meant a performance of Red 2 just under the 75 % target.

The plan during September is to increase the resource to match the demand run rate, with the intent of achieving the September targets for Red 1 and 2.

Resilience

Risk Assessments:- the risk assessments have been done for the Fire Service Dispute and tabulated within a National Decision Model Plan.

Business Continuity:- Preparations for the Trust wide BC Exercise Osprey (26th September) are well under way, invites have been sent out to senior players and a guest lecturer is planned for the event. In August YAS applied for certification to ISO 22301 for the Resilience department, this application was successful and the key dates for the assessment process have been agreed. Pre-certification assessment will take place on the 30th September and Stage 1, Jan '14, Stage 2 March '14.

A presentation on the Tour de France will be given to SMG at their meeting in September. .

National Interoperability training requirements, ACCE and their emergency service counterparts have committed to joint Bronze and Silver Commander training in a multi-agency setting from November 2013 through to September 2014. Please note that this is not training to command but training for existing commanders to work collaboratively and we still have to commit to our programme of Bronze and Silver Commander Training. We've attended and briefed the Trust's Training & Exercise Group and are committed to working with them in incorporating the training needs relating to Resilience, it will be challenging to meet all the education demands specifically for bronze commanders within the current allowed abstractions, we're collating the actual requirements with a view to presenting an update paper to TEG.

We conducted a during play event inspection of the Leeds Music Festival, between 55,000 and 75,000 people attend this weekend event and generates over 1000 requests for medical attention on site, 99% of these are attended to and remained on site as opposed to requiring YAS A&E support. the inspection demonstrated competency by the event organisers and medical providers and we were able to support/develop the YAS statutory medical commander.

We conducted a three hour for existing ECA's and a three day ECA course for new starters in August.

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

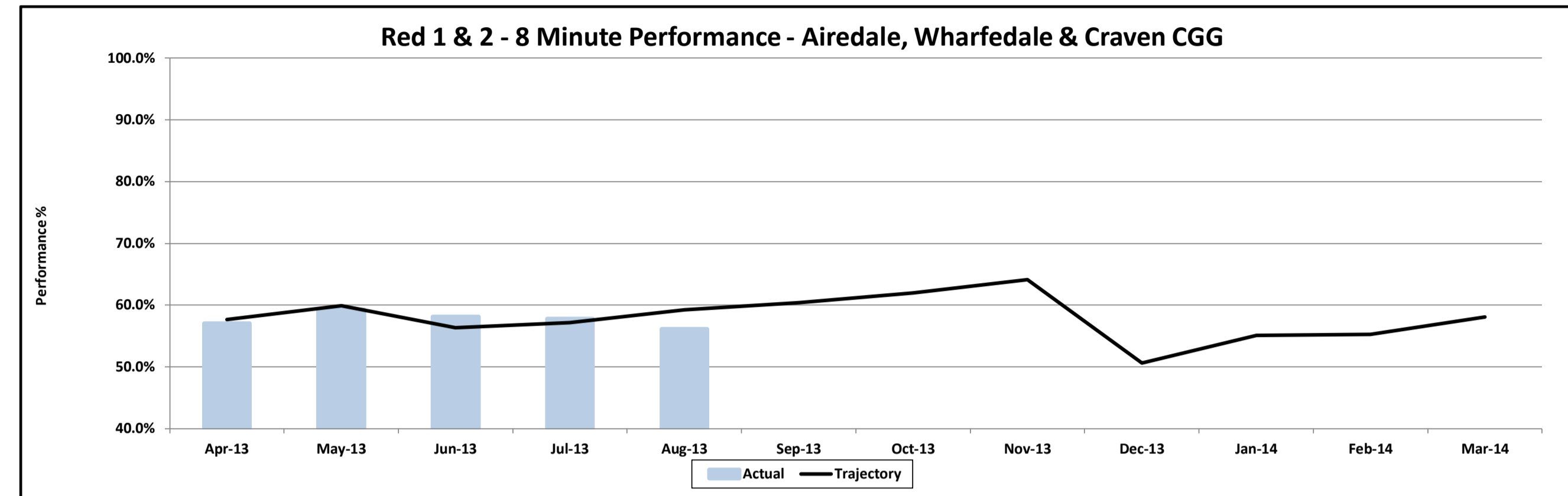
A & E CQUINS

	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	GREEN								GREEN
2. Development of alternatives to reduce conveyance to A&E departments	15.00%	£617,292	GREEN	AMBER	GREEN	GREEN	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	GREEN								GREEN
4. Self Care - Improving patient safety	7.50%	£308,646	GREEN	AMBER	GREEN	GREEN	GREEN								GREEN
5. Raising public awareness to support ambulance demand management	7.50%	£308,646	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
6. Red Performance	20.00%	£823,056	GREEN	AMBER	AMBER	GREEN	AMBER								GREEN
7. Static Medical Units Evaluation	5.00%	£205,764	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
TOTAL	100.00%	£4,115,280													

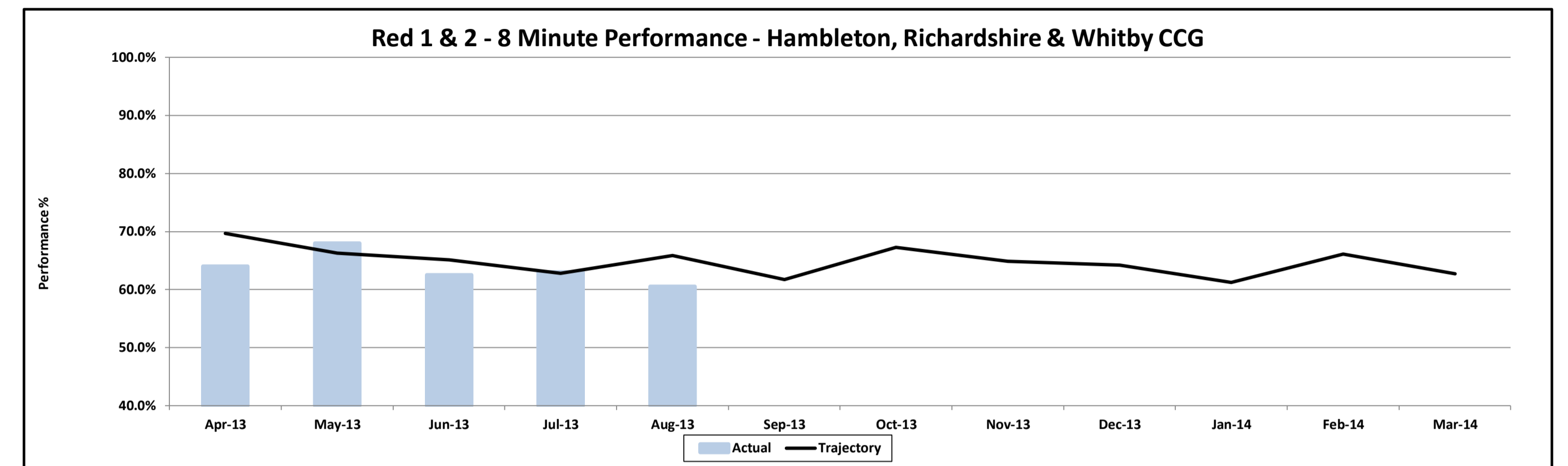
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments
Q1 targets achieved. CQUIN 6 - Action plan being closely managed by Lead Manager. Trajectory for improvement agreed.

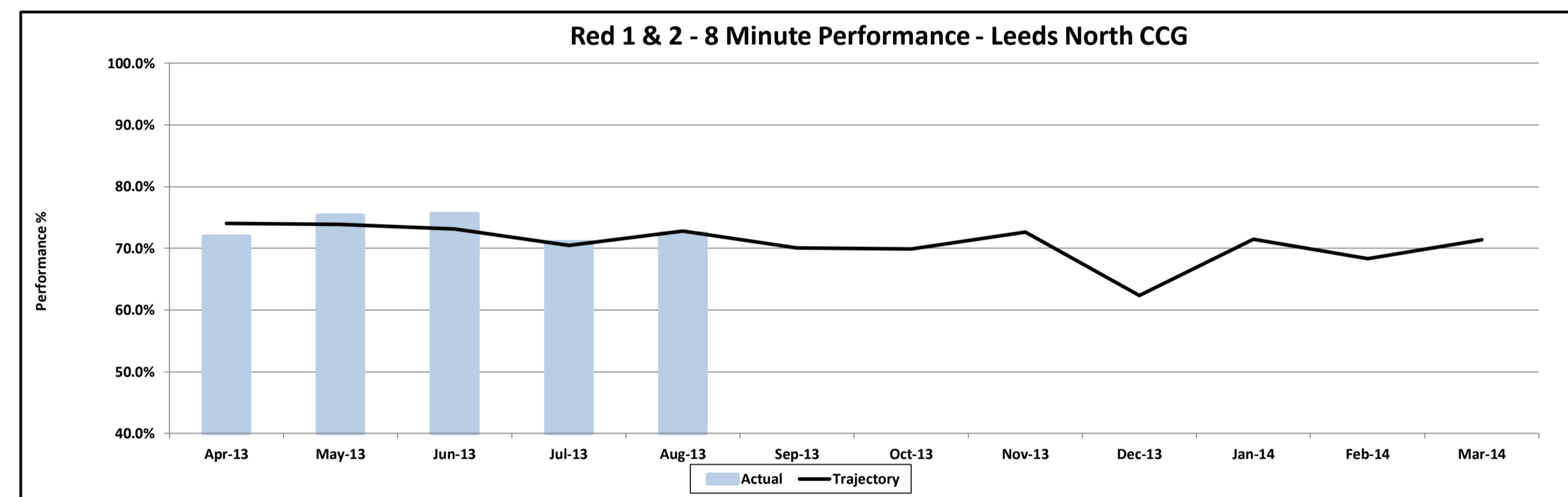
CQUIN 6 Red Performance by CCG



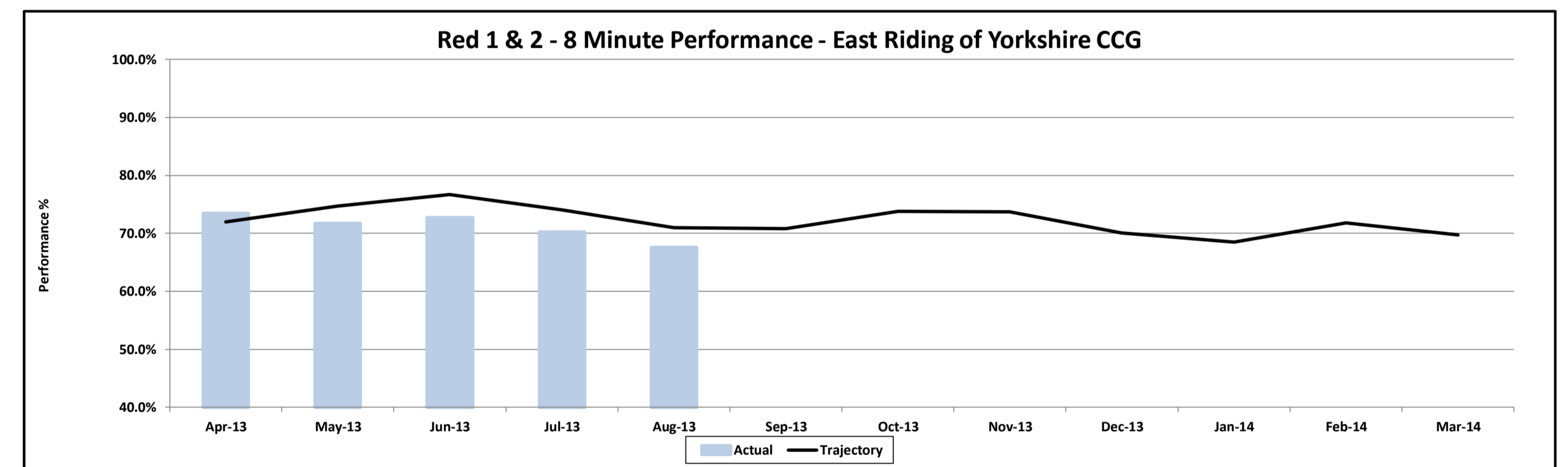
Airedale, Wharfedale & Craven CCG	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Trajectory	57.7%	59.9%	56.3%	57.2%	59.2%	60.4%	62.0%	64.1%	50.6%	55.1%	55.3%	58.1%	57.7%
Actual	57.0%	59.3%	58.1%	57.8%	56.1%								57.7%



Hambleton, Richmondshire & Whitby CCG	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
Trajectory	69.7%	66.3%	65.1%	62.8%	65.9%	61.7%	67.3%	64.9%	64.2%	61.2%	66.1%	62.7%	64.8%
Actual	64.0%	68.0%	62.5%	63.0%	60.5%								63.6%



Leeds North CCG	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
Trajectory	74.0%	73.9%	73.1%	70.5%	72.8%	70.1%	69.9%	72.6%	62.4%	71.5%	68.3%	71.4%	70.8%
Actual	71.9%	75.3%	75.6%	71.0%	72.4%								73.2%



East Riding of Yorkshire CCG	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
Trajectory	72.0%	74.7%	76.7%	74.0%	71.0%	70.8%	73.8%	73.7%	70.1%	68.5%	71.8%	69.7%	72.2%
Actual	73.4%	71.7%	72.7%	70.2%	67.5%								71.1%

Total Demand

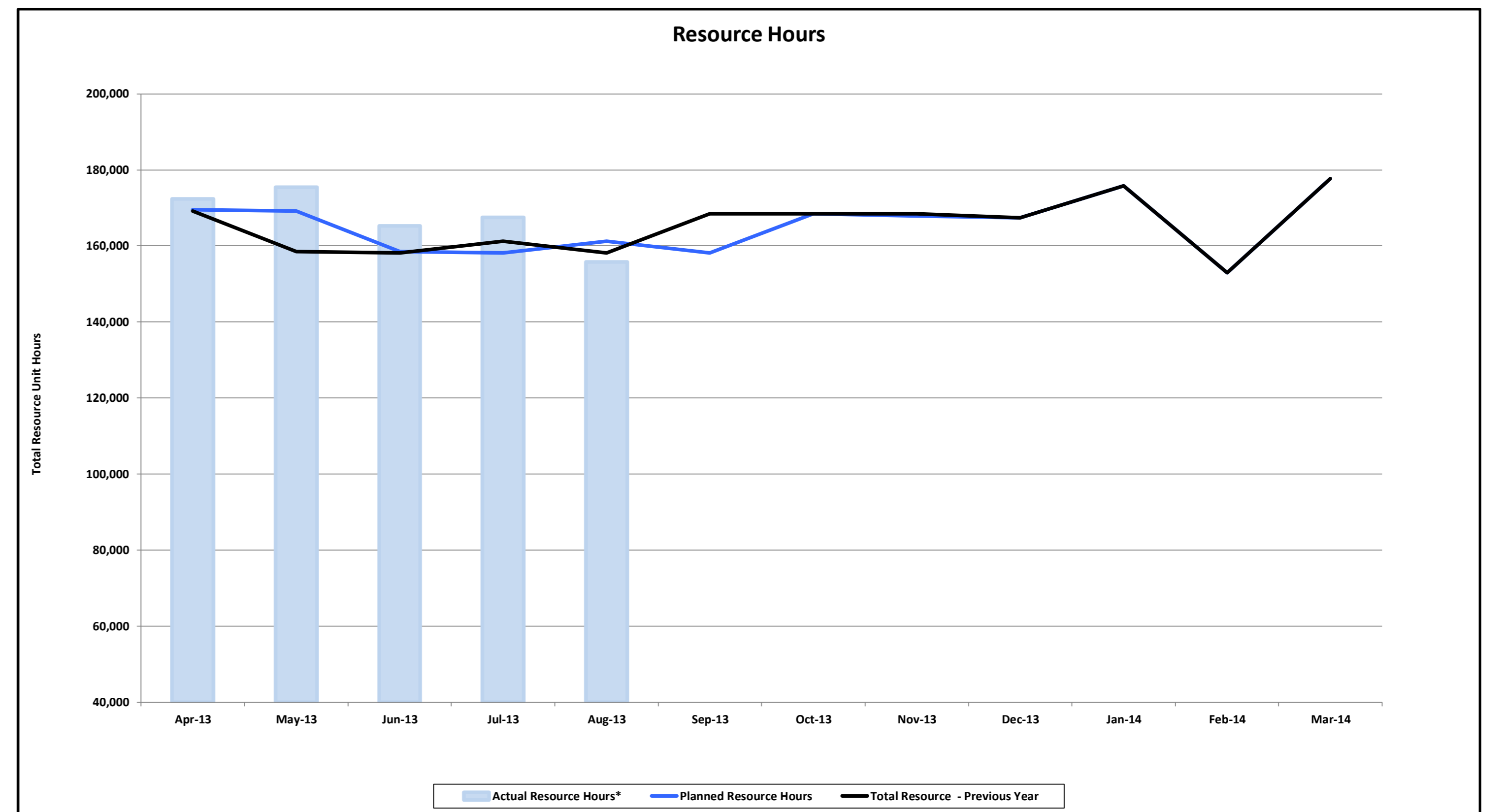
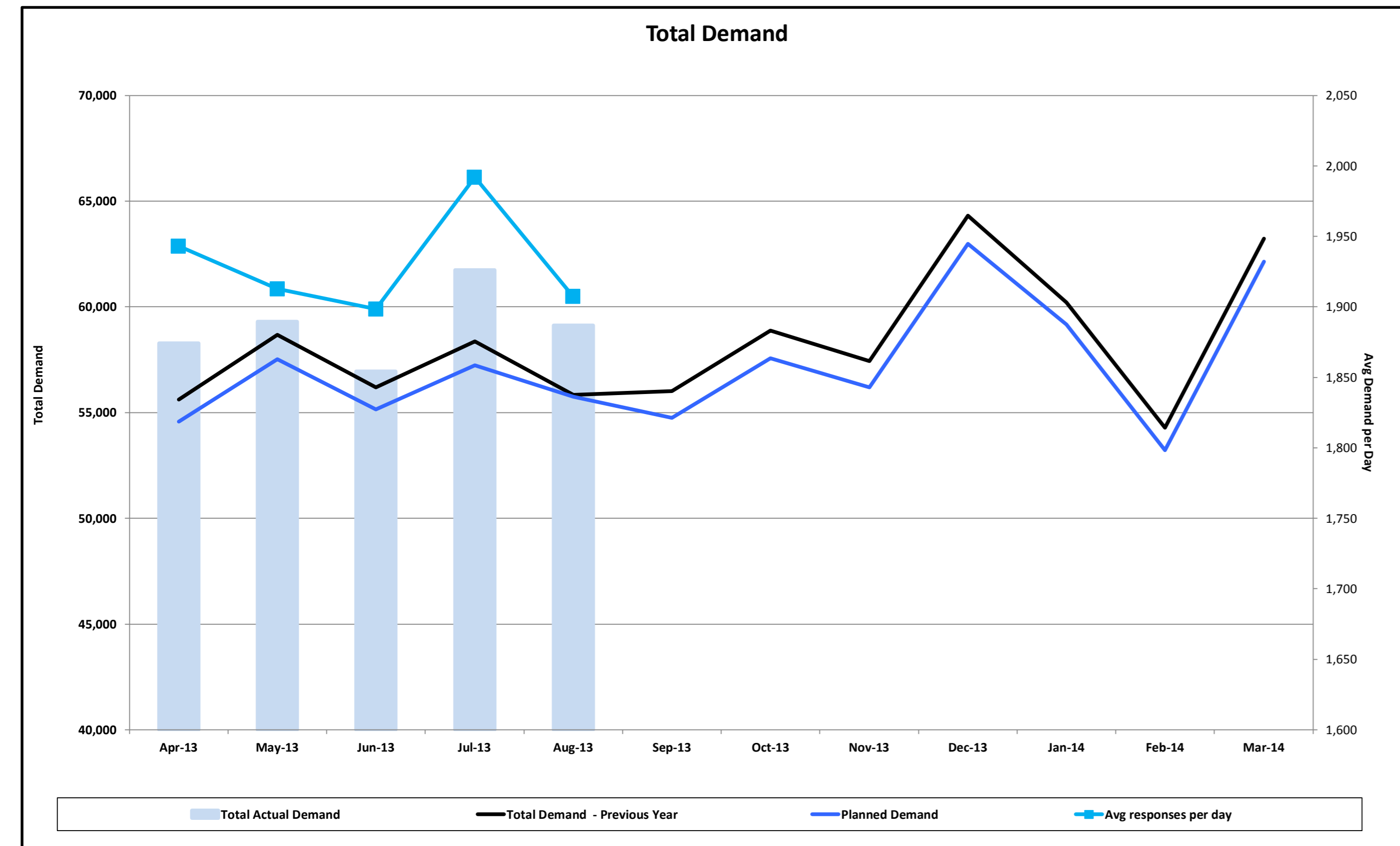
OBJ REF 3

YTD RAG	AMBER
MTD RAG	AMBER

Resource Hours

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Planned Demand	54,570	57,520	55,155	57,239	55,752	54,744	57,578	56,188	62,987	59,157	53,223	62,133
Total Actual Demand	58,291	59,294	56,954	61,749	59,123							
% Variance to Planned (Current Year)	6.8%	3.1%	3.3%	7.9%	6.0%							
Avg responses per day	1,943	1,913	1,898	1,992	1,907							
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%	1.4%	5.8%	5.9%							

		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	167,459	155,817							
	DCA	96,078	96,259	92,965 *	96,138 *	93,270 *							
	RRV	63,289	60,931	62,745	65,127	56,715							
Avg Total Resource Hours per day	ALL	5,745	5,658	5,509	5,402	5,026							
Total Resource - Previous Year	TOTAL	169,225	158,567	158,133	161,251	158,156	168,429	168,474	168,474	167,423	175,807	152,959	177,679

PLEASE NOTE: Planned demand is based on last years outturn at response level (a response is a distinct count of a resource arriving at scene, a resource is either a vehicle or a triaged call). Actual demand is a distinct count of a resource that has arrived scene, again this could be either a vehicle or a triaged call. This includes ECP's, Out of Areas and NHSD passbacks but excludes Embrace. Total demand is not all emergency calls.

* Actual Total Resource Hours include DCA, RRV and other types of vehicle hours (A&E support, Cycle responders etc.), which is why the Total is greater than DCA + RRV hours

Category Red 1 - 8 Minute Performance HQU03_01

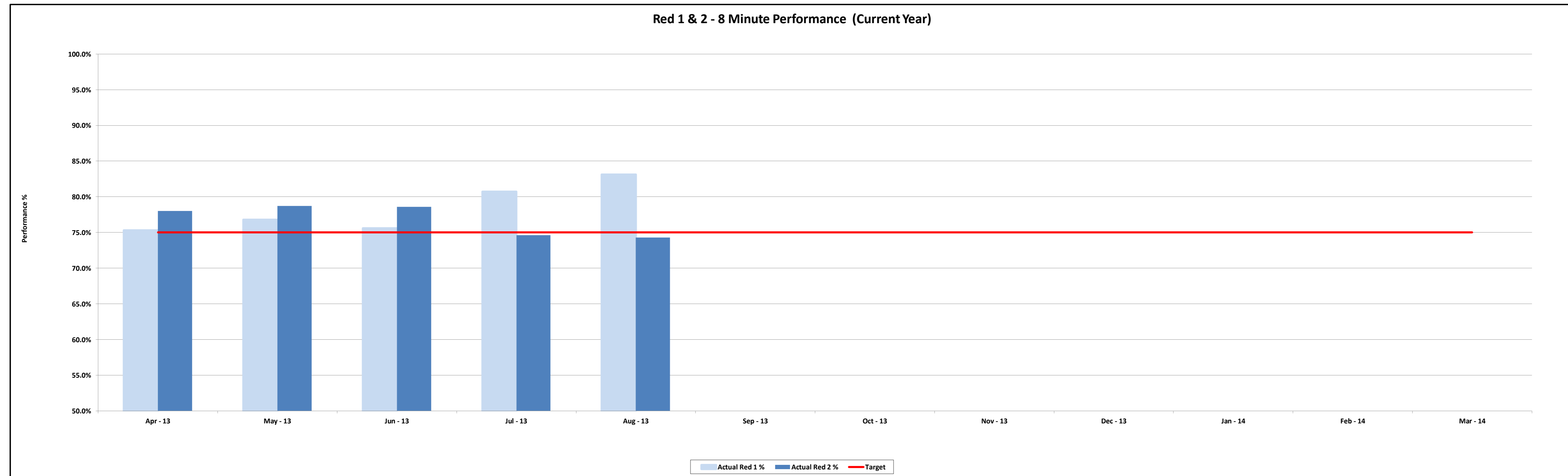
OBJ REF 3

YTD RAG GREEN
MTD RAG GREEN

Category Red 2 - 8 Minute Performance HQU03_01

OBJ REF 3

YTD RAG GREEN
MTD RAG RED



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%	80.7%	83.1%								79.0%
	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%	9.9%	13.7%								9.0%
National Average		75.3%	74.0%	73.5%	75.4%									

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%	74.6%	74.3%								76.8%
	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%	-2.2%	-2.9%								1.7%
National Average		76.6%	75.6%	75.8%	73.5%									

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%	84.9%	86.4%								82.2%
	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%	10.9%	19.8%								
Airedale Bradford & Leeds	Current Year	73.9%	76.4%	74.0%	79.4%	83.3%								77.8%
	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%	7.7%	16.0%								
North Yorkshire	Current Year	66.1%	74.3%	71.3%	77.6%	78.6%								74.4%
	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%	7.7%	9.3%								
The Humber	Current Year	82.1%	79.0%	78.4%	85.2%	85.2%								82.6%
	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%	12.4%	13.9%								
South Yorkshire	Current Year	77.4%	75.5%	77.7%	78.8%	82.3%								78.8%
	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%	10.8%	9.7%								

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

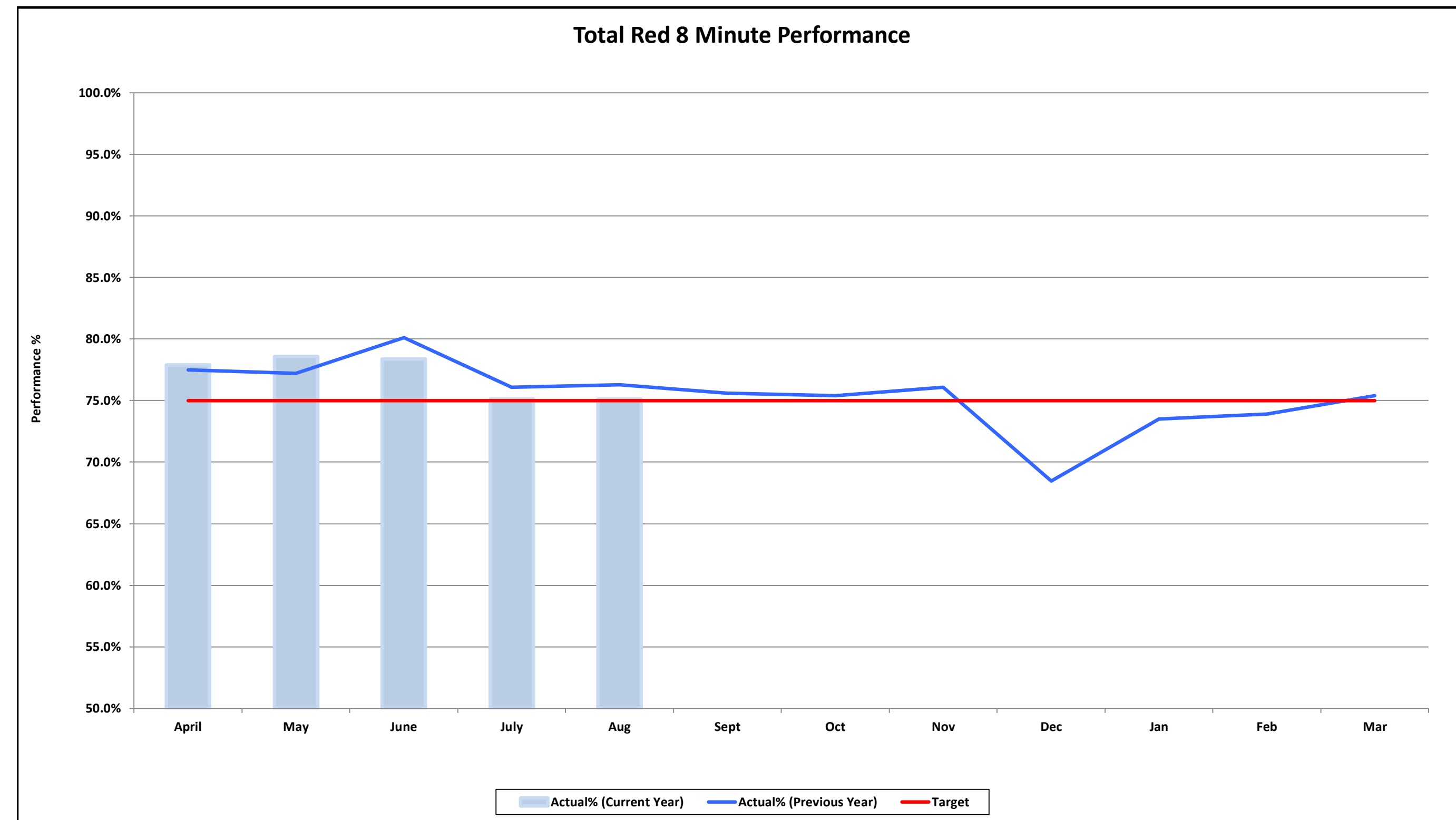
RED 2 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.9%	81.2%	80.7%	75.7%	75.3%								78.6%
	Previous Year	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	76.8%	67.5%	75.2%	77.0%	76.1%	76.0%
	% Variance	2.9%	4.1%	-0.7%	-0.5%	-2.5%								
Airedale Bradford & Leeds	Current Year	77.3%	78.6%	78.3%	74.7%	75.7%								76.9%
	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%	-3.3%	-2.4%								
North Yorkshire	Current Year	73.1%	76.2%	73.3%	71.9%	67.7%								72.4%
	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%	1.2%	-5.7%								
The Humber	Current Year	82.9%	82.2%	81.3%	79.2%	76.8%								80.5%
	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%	-2.8%	-2.9%								
South Yorkshire	Current Year	78.0%	77.2%	79.1%	73.5%	74.6%								76.5%
	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%	-3.5%	-2.7%								

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

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

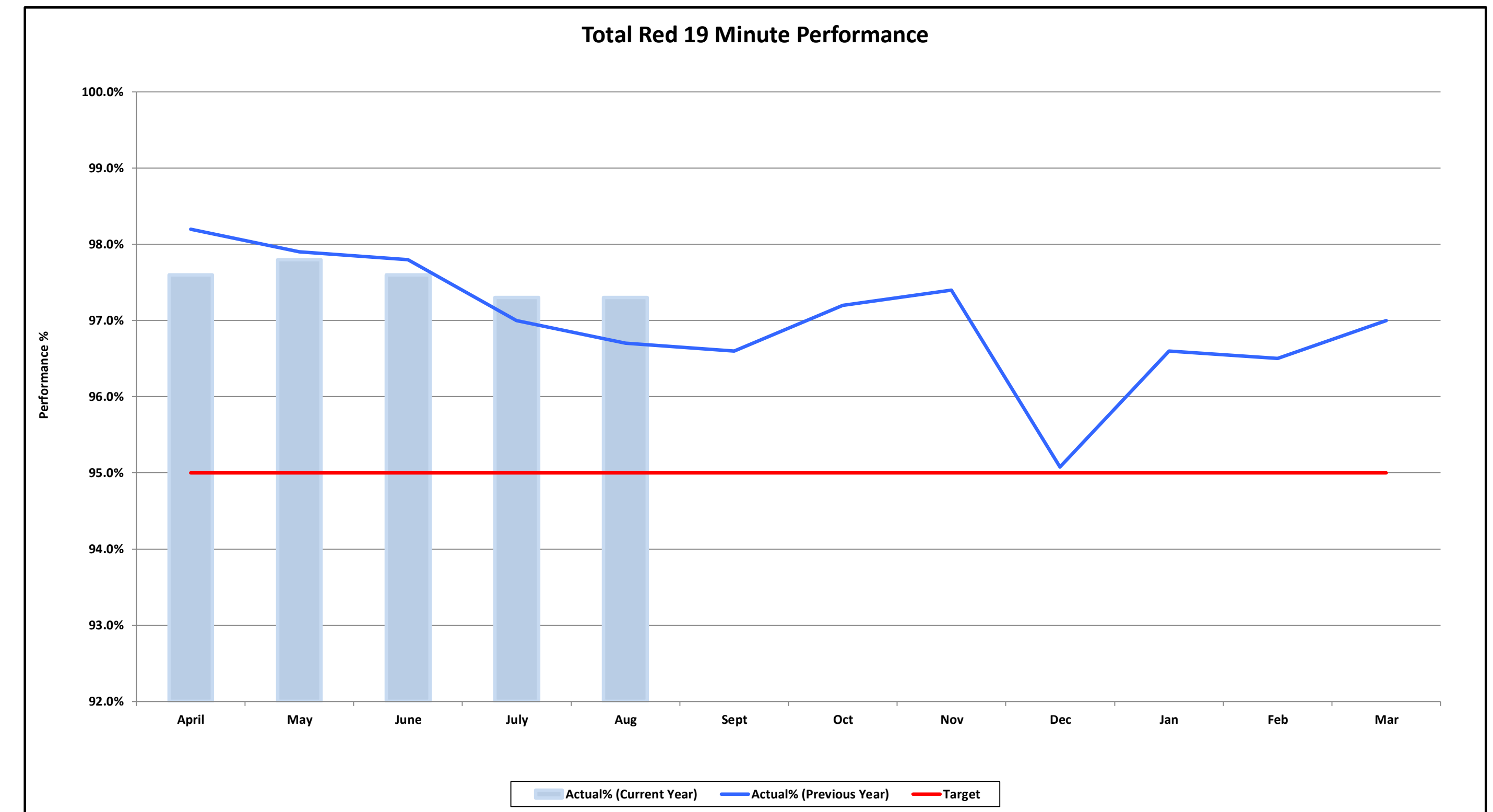
YTD RAG GREEN
MTD RAG GREEN



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%	75.1%	75.1%								77.0%
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%	-1.3%	-1.6%								2.3%

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%	97.3%	97.3%								97.5%
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%	0.3%	0.6%								0.5%
National Average		96.3%	96.0%	95.8%	95.7%									

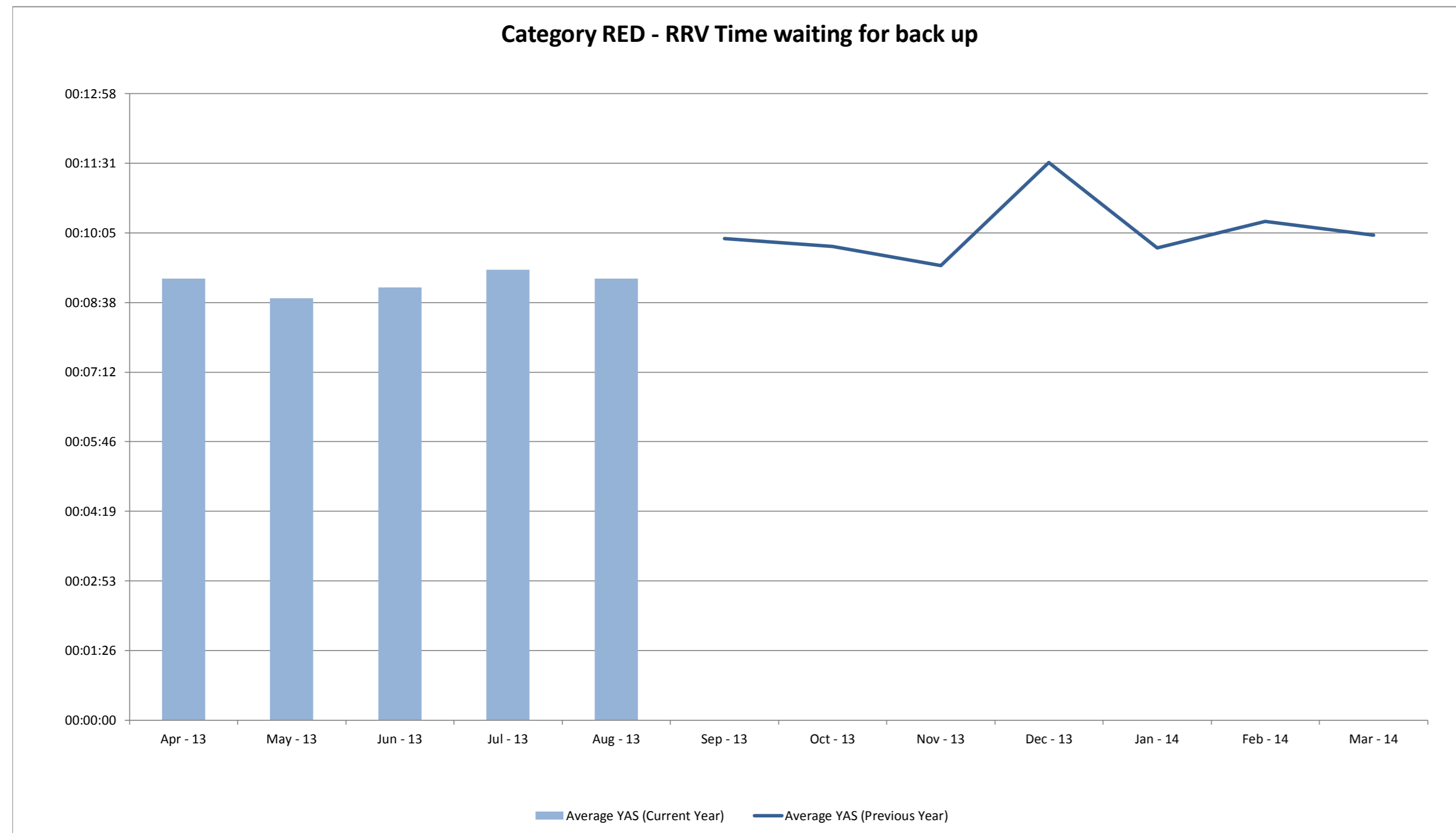
RED 8 by CBU	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.8%	81.2%	80.5%	76.5%	76.6%							78.9%
	Previous Year	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	76.8%	67.2%	75.0%	76.4%	75.9%
	% Variance	2.3%	4.2%	-1.0%	0.5%	-0.3%							
Airedale Bradford & Leeds	Current Year	77.1%	78.5%	78.1%	75.0%	76.3%							77.0%
	Previous Year	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	75.5%	67.0%	74.1%	72.2%	75.3%
	% Variance	-0.3%	1.6%	-1.4%	-2.5%	-1.2%							
North Yorkshire	Current Year	72.6%	76.0%	73.2%	72.4%	68.9%							72.6%
	Previous Year	72.1%	74.1%	74.2%	71.1%	71.8%	69.2%	73.3%	73.6%	68.0%	70.0%	71.2%	71.5%
	% Variance	0.7%	2.6%	-1.3%	1.8%	-4.0%							
The Humber	Current Year	82.8%	82.0%	81.1%	79.7%	77.8%							80.6%
	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%	-1.7%	-1.3%							
South Yorkshire	Current Year	78.0%	77.0%	79.1%	74.0%	75.3%							76.6%
	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%	-2.4%	-1.6%							

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%	97.9%	98.3%							98.4%
	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%	-0.3%	0.5%							
Airedale Bradford & Leeds	Current Year	98.1%	98.4%	97.9%	98.4%	98.4%							98.2%
	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%	0.5%	0.3%							
North Yorkshire	Current Year	94.8%	95.0%	94.3%	93.2%	92.6%							94.0%
	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%	-0.5%	0.2%							
The Humber	Current Year	96.4%	96.7%	96.4%	96.0%	95.7%							96.2%
	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%	0.3%	0.3%							
South Yorkshire	Current Year	98.4%	98.6%	98.8%	98.3%	98.5%							98.5%
	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%	0.7%	1.0%							

Category RED - RRV Time waiting for back up

OBJ REF 3

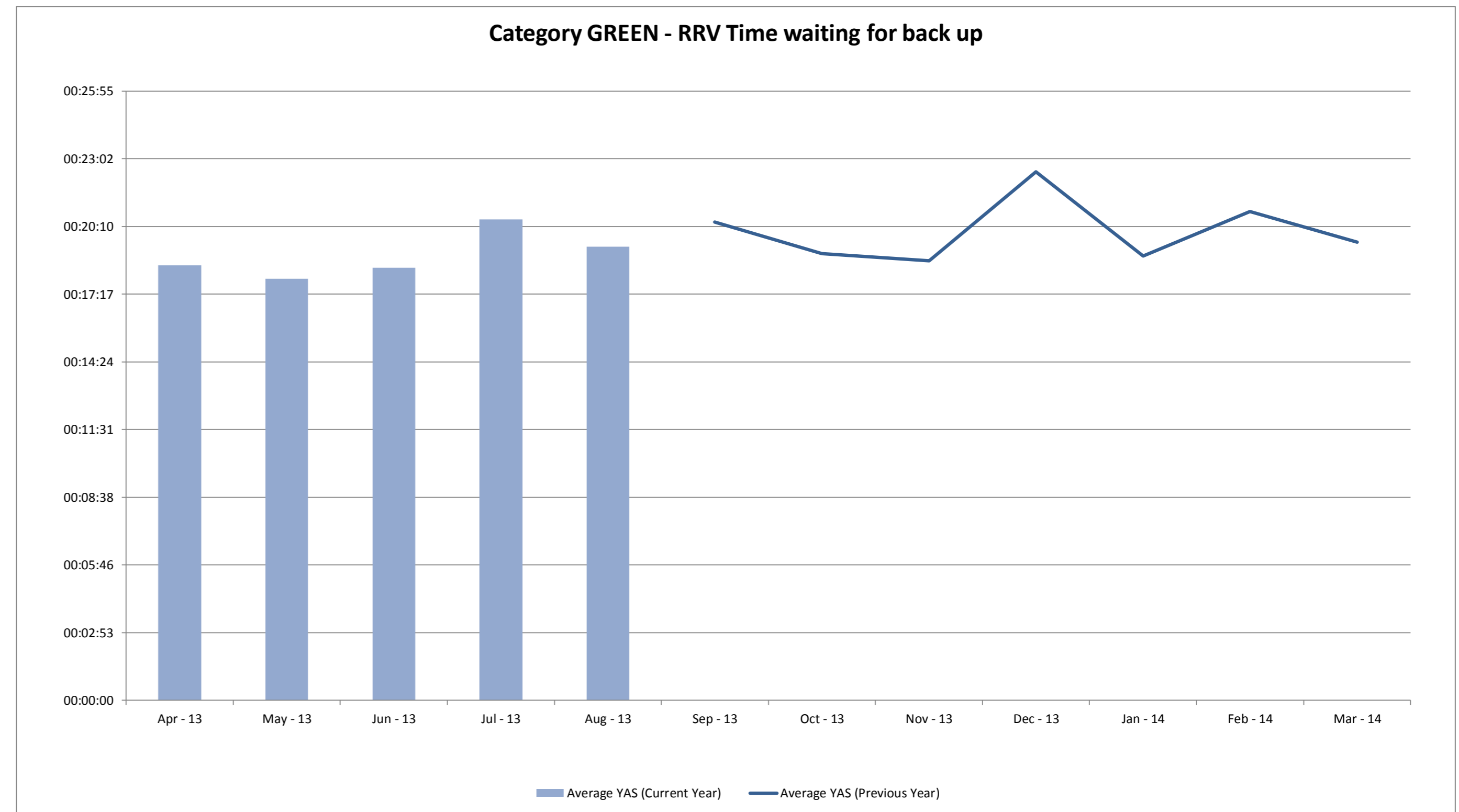
YTD RAG	N/A
MTD RAG	N/A



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	TBC	TBC							
Average YAS (Current Year)	00:09:08	00:08:44	00:08:57	00:09:19	00:09:08							
95th Percentile YAS (Current Year)	00:28:07	00:25:30	00:26:21	00:28:06	00:27:25							
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	TBC	TBC							
Average YAS (Current Year)	00:18:31	00:17:56	00:18:24	00:20:28	00:19:18							
95th Percentile YAS (Current Year)	00:49:32	00:49:00	00:50:23	00:56:39	00:51:58							
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	00:09:17	00:08:57							
	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	00:08:55	00:08:45							
	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	00:07:38	00:07:59							
	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	00:07:36	00:07:29							
	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	00:11:04	00:10:54							
	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	00:20:39	00:19:59							
	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	00:19:33	00:18:37							
	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	00:15:27	00:15:25							
	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	00:15:58	00:15:34							
	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	00:24:31	00:22:35							
	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	57,239	52,745	55,752	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	61,749	55,830	59,123	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%	7.9%	5.8%	6.0%	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	£87,195	£429,923	£525,759	£453,190	£250,749	£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		01:00:15		00:59:52														
	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	00:59:57	00:59:52	00:01:22	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	167,459	161,251	155,817	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	2,075	2,012	2,087	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	23,055	24,706	21,497	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)	£624,849	(£146,737)	(£394,544)	(£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%	31.0%	32.0%	31.0%	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%	30.6%	32.4%	33.7%	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	0.37	0.36	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%	75.0%	75.3%	75.0%	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%	75.1%	76.3%	75.1%	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
<ul style="list-style-type: none"> Red 1 performance was 83.1% for the month (with a YTD of 79.0%) Red 2 performance was 74.3% for the month (with a YTD of 76.8%) Combined performance was 75.1% (with a YTD of 77.0%) <p>The main drivers for this Red 8 result were:-</p> <ul style="list-style-type: none"> Demand was 6.0% higher than planned (this includes ECP and out of area activity) Resource (average per day) was 5026, which had been reduced over the preceding months

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	Total Planned number of calls (Clinical Hub/NHSD)	1,911	2,965	2,093	2,965	2,113	2,965	2,262	2965	2,249	2965	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	2,503	2,271	2,164	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%	6.0%	4.8%	6.0%	5.0%		5.2%		5.3%		5.5%		5.7%		5.8%		6.0%	
	Total Actual %	4.9%	5.4%	4.0%	5.4%	5.0%	5.0%	5.1%	5.2%	4.7%	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	1,680	413	1,416	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	823	1,858	748	1,605		1,814		958		1,281		1,699		1,613		1,793	

Comments


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

August 2013	Category G1 Responses		Category G2 Responses		Category G3 Responses		Category G4 Responses	TRIAGE	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	No. Of Incs
VALE OF YORK CCG	232	75.9%	969	91.3%	78	92.3%	705	152	16
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	95	70.5%	443	88.9%	40	85.0%	417	40	2
HARROGATE & RURAL CCG	100	82.0%	468	90.6%	27	92.6%	357	60	3
SCARBOROUGH & RYEDALE CCG	93	78.5%	438	92.0%	36	88.9%	345	41	4
NORTH YORKSHIRE CBU	520	76.5%	2318	90.9%	181	90.1%	1824	293	25
ERY CCG	226	68.6%	891	90.3%	81	77.8%	829	135	4
HULL CCG	196	81.6%	966	92.8%	113	84.1%	856	131	64
EAST YORKSHIRE CBU	422	74.6%	1857	91.6%	194	81.4%	1685	266	68
WAKEFIELD CCG	231	78.4%	1064	91.2%	110	73.6%	1015	180	85
CALDERDALE CCG	141	77.3%	597	91.1%	56	78.6%	623	85	49
GREATER HUDDERSFIELD CCG	148	75.7%	652	89.4%	53	79.2%	563	120	49
NORTH KIRKLEES CCG	94	83.0%	503	90.9%	54	68.5%	402	100	29
CALD / KIRK & WAKEFIELD CBU	614	78.2%	2816	90.7%	273	74.7%	2603	485	212
LEEDS NORTH CCG	133	87.2%	566	88.3%	49	75.5%	476	103	0
LEEDS SOUTH & EAST CCG	223	81.2%	996	92.3%	129	82.2%	805	167	5
LEEDS WEST CCG	210	82.9%	929	89.8%	100	75.0%	641	182	4
CUMBRIA CCG	5	80.0%	9	88.9%	2	100.0%	16	2	0
BRADFORD CITY CCG	97	82.5%	401	90.0%	58	82.8%	166	101	0
BRADFORD DISTRICTS CCG	250	78.8%	1028	88.8%	95	64.2%	596	198	12
AIREDALE, WHARFEDAILE & CRAVEN CCG	96	75.0%	485	85.6%	39	79.5%	381	62	10
LEEDS,BRADFORD & AIREDALE CBU	1014	81.3%	4414	89.5%	472	76.3%	3081	815	31
BARNESLEY CCG	177	78.0%	728	93.0%	78	73.1%	544	135	3
DONCASTER CCG	288	77.4%	915	91.4%	122	70.5%	770	167	75
ROTHERHAM CCG	199	79.4%	779	88.8%	90	72.2%	668	160	5
SHEFFIELD CCG	376	73.9%	1633	86.2%	184	73.5%	1484	339	11
SOUTH YORKSHIRE CBU	1040	76.5%	4055	89.0%	474	72.4%	3466	801	94
ECP	26		153		16		441		0
OOA/UNKNOWN	32	62.5%	99	86.9%	17	82.4%	38	4	7
YORKSHIRE AMBULANCE SERVICE	3668	77.8%	15712	90.0%	1627	77.1%	13138	2664	437

Year to Date	Category G1 Responses		Category G2 Responses		Category G3 Responses		Category G4 Responses	TRIAGE	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	No. Of Incs
VALE OF YORK CCG	1066	81.4%	4503	94.7%	441	90.2%	3616	614	105
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	472	78.0%	1907	92.7%	181	85.6%	1940	213	4
HARROGATE & RURAL CCG	458	81.2%	1948	94.4%	148	92.6%	1863	256	12
SCARBOROUGH & RYEDALE CCG	449	78.8%	1872	94.3%	200	88.5%	1744	234	16
NORTH YORKSHIRE CBU	2445	80.2%	10230	94.2%	970	89.4%	9163	1317	137
ERY CCG	1069	77.1%	4176	92.1%	425	83.8%	4262	617	14
HULL CCG	1021	83.3%	4721	95.0%	693	88.9%	4337	731	339
EAST YORKSHIRE CBU	2090	80.1%	8897	93.6%	1118	86.9%	8599	1348	353
WAKEFIELD CCG	1197	81.8%	5252	93.3%	463	76.7%	5190	857	350
CALDERDALE CCG	722	79.8%	3205	90.0%	301	75.1%	3178	555	272
GREATER HUDDERSFIELD CCG	848	80.0%	3336	90.3%	256	74.6%	2774	868	260
NORTH KIRKLEES CCG	607	82.0%	2470	92.1%	194	77.8%	2156	524	128
CALD / KIRK & WAKEFIELD CBU	3374	80.9%	14263	91.7%	1214	76.0%	13298	2804	1010
LEEDS NORTH CCG	660	81.5%	2803	90.7%	210	75.2%	2361	517	7
LEEDS SOUTH & EAST CCG	1092	83.8%	5004	93.0%	583	83.2%	4064	1004	51
LEEDS WEST CCG	1077	81.6%	5067	91.1%	428	76.2%	3263	984	21
CUMBRIA CCG	20	80.0%	47	85.1%	2	100.0%	70	6	0
BRADFORD CITY CCG	480	80.4%	2054	88.6%	277	81.9%	844	500	2
BRADFORD DISTRICTS CCG	1168	78.9%	5016	87.3%	428	75.0%	3156	1030	74
AIREDALE, WHARFEDAILE & CRAVEN CCG	561	78.3%	2302	87.3%	185	78.4%	1854	302	63
LEEDS,BRADFORD & AIREDALE CBU	5058	80.9%	22293	90.0%	2113	78.8%	15612	4343	218
BARNESLEY CCG	954	78.5%	3747	93.3%	360	76.9%	3063	687	26
DONCASTER CCG	1377	80.6%	4778	93.3%	548	78.3%	3823	989	478
ROTHERHAM CCG	955	81.3%	3845	91.2%	440	74.8%	3398	782	41
SHEFFIELD CCG	1956	78.1%	8229	89.3%	913	74.8%	7433	1977	80
SOUTH YORKSHIRE CBU	5242	79.4%	20599	91.2%	2261	75.9%	17717	4435	625
ECPs	133		786		104		2040		0
OOA/UNKNOWN	116	76.7%	465	85.2%	68	82.4%	150	55	24
YORKSHIRE AMBULANCE SERVICE	18458	80.3%	77533	91.6%	7848	80.0%	66579	14302	2367

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

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	4/4	Time to Answer - 95%	Ranked 7 across the Trusts with performance ending at 95.29% compared to 89.44% in July (+5.85%).	Emergency Operation Centre Locality	
2.7	4/4	Time to Answer - 99%	As Above	Emergency Operation Centre Locality	
2.7	1/1	Stroke - 60	Performance relates to the tight timescales and long distances that have to be travelled in order to convey some patients to hyper-acute stroke centres. Further reconfiguration of these centres is likely to make this performance measure worse without significant investment in A&E resource.	Head of Clinical Effectiveness / Lead Paramedic for Clinical Development	
2.7	3/4	Resolved by telephone		Emergency Operation Centre Locality	
2.7	4/4	Non A&E	Work on-going	Designated Project Team from all directorates	
2.7	1/1	STEMI - 150	Analysis work with the regional cardiac network to address out of performance issues has been recognised nationally as best practice. The effect of this work should be reflected from April 2013 data.	Head of Clinical Effectiveness	
2.7	1/1	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 which demonstrates a slow upward trend.	Executive Medical Director	
2.7	1/1	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 which demonstrates a slow upward trend.	Executive Medical Director	
2.7	4/4	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 Cardiac - STD Cardiac - STD Utstein Recontact 24hrs Telephone Stemi care</p>
<p>Middle Third Cat Red 8 minute response - RED 1 Abandoned calls Resolved by telephone Stroke - 60 Stroke Care</p>
<p>Bottom Third Time to Answer - 95% Time to Answer - 99% Non A&E STEMI - 150 ROSC ROSC - Utstein 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	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	00:01	00:03	00:02	00:01	00:01	2nd	July
Time to Answer - 95% EWI	mm:ss	00:05	00:10	00:04	00:01	00:42	00:08	00:05	00:33	00:15	00:16	00:25	7th	July	
Time to Answer - 99%	mm:ss	00:47	01:01	00:12	00:09	00:46	00:43	00:51	01:15	00:52	01:05	01:23	9th	July	
Abandoned calls EWI	%	2.06	0.69	1.27	0.01	2.32	2.30	0.37	2.35	0.72	1.25	1.33	5th	July	
Cat Red 8 minute response - RED 1	%	74.1	74.9	77.6	77.6	78.0	77.0	79.6	75.8	72.7	81.1	77.4	5th	July	
Cat Red 8 minute response - RED 2	%	74.7	72.1	76.2	77.2	79.7	79.6	76.1	73.1	75.1	74.8	77.5	3rd	July	
95 Percentile Red 1 only Response Time	%	14:47	14:55	09:00	16:24	13:30	13:29	13:38	13:40	15:08	11:39	12:53	2nd	July	
Cat Red 19 minute response	%	93.7	93.7	97.2	98.1	97.4	96.3	95.6	96.8	95.3	97.5	97.6	2nd	July	
Time to Treat - 50% EWI	mm:ss	06:24	06:18	05:30	05:54	05:47	05:14	05:55	05:50	05:51	06:02	05:21	2nd	July	
Time to Treat - 95%	mm:ss	19:53	20:31	17:12	14:15	16:37	14:49	18:05	18:13	18:22	15:39	13:22	1st	July	
Time to Treat - 99%	mm:ss	31:48	32:31	28:49	22:10	26:47	32:53	30:50	28:12	28:51	23:54	19:52	1st	July	
STEMI - Care	%	79.4	79.5	33.3	77.6	82.0	84.0	60.2	77.0	89.5	73.3	83.7	3rd	April	
Stroke - Care	%	98.3	96.2	100.0	94.8	94.6	98.5	98.6	93.2	97.7	91.6	97.1	5th	April	
Frequent caller *	%	0.06	0.03	0.99	2.23	0.00	0.00	8.05	0.00	0.00	0.00	2.16	3rd	July	
Resolved by telephone	%	4.0	7.5	8.0	5.3	4.5	2.6	4.3	12.0	7.0	6.9	5.0	6th	July	
Non A&E	%	33.2	44.2	46.2	31.5	30.1	25.3	41.6	42.5	51.8	38.5	28.8	9th	July	
STEMI - 150	%	89.8	88.5	66.7	91.1	100.0	87.9	92.3	97.4	84.2	88.4	77.4	10th	April	
Stroke - 60	%	73.5	43.3	33.3	64.7	83.5	74.5	42.9	64.1	58.1	59.3	63.2	6th	April	
ROSC	%	18.3	20.6	8.3	26.1	26.4	26.9	35.7	32.9	23.1	25.8	19.0	9th	April	
ROSC - Utstein	%	55.9	52.2	0.0	48.9	53.8	50.0	53.3	45.5	46.0	27.8	40.0	9th	April	
Cardiac - STD	%	8.6	7.5	0.0	6.7	7.4	8.1	23.2	8.4	8.3	6.8	11.7	2nd	April	
Cardiac - STD Utstein	%	38.7	31.8	0.0	23.1	27.3	22.2	33.3	22.7	28.6	16.7	33.3	2nd	April	
Recontact 24hrs Telephone EWI	%	5.8	10.4	4.5	2.8	14.2	21.5	19.5	10.9	14.9	13.8	10.3	2nd	July	
Recontact 24hrs on Scene EWI	%	5.9	5.4	3.2	6.6	4.3	6.1	6.6	4.2	5.9	6.0	7.3	10th	July	

*Only 6 Trusts manage Frequent Callers



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	2/5	West	Number of patients arriving more than 60 mins early should not exceed 2%	The main area of focus linked to non compliance is in Bradford with compliance percentages improving on last month but remaining above the trajectory standard with 8.49% (compared to 9.36% in July) and 6.63% (compared to 9.27% in July) against this indicator. Work continuing to understand the impact of resources being pulled into Leeds associated with the increase in renal workload	Locality Manager - Bradford and Airedale	Q2	Green
RED	2.11	2/5	West	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	The trajectory for this indicator reduced from 4% to 3.5% between July and August, unfortunately this masked a significant improvement in position with a compliance of 3.94% compared to an average of 5% across the year to date. Further focus on this and plans to reduce further are in place based on a further reduction in the trajectory of 0.5% in September.	Locality Managers - West Yorkshire	Q2	Amber
RED	2.11	4/5	West	Abortive journeys should not exceed 4.5% (by end of year)	This remains a considerable challenge to resolve based on the multitude of factors which contribute to abortive journeys. On going work with the acute trusts is related to the quality of information in PAS downloads, notification of appointment cancellations and formal links on acute trusts information systems to make it clear when patient transport has been booked and therefore would require cancellation.	Locality Managers - West Yorkshire	Ongoing	Red
RED	2.12	2/5	East	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	This standard was breached by 0.49% and was uniquely in the Hull area. Issues with vehicle availability contributed to this position. Work is continuing with fleet to resolve.	Locality Manager - Hull and East Yorkshire	Ongoing	Green
RED	2.12	2/5	East	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	This relates to priority patients only and was 0.15% above trajectory. The trajectory for this indicator reduces over the course of the year and plans are in place to ensure that effective escalation processes are in place for potential patient breaches.	Locality Manager - Hull and East Yorkshire	Ongoing	Green
RED	2.12	4/5	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 Manager East Yorkshire	Q3	Amber
RED	2.13	3/5	South	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90%	Performance in South Yorkshire has deteriorated against a number of key performance indicators over the last three months. This combined with an increase in service to service complaints and other quality indicators has resulted in a number of managerial interventions. An urgent quarter two service improvement plan has been implemented and shared with the commissioners. This focusses efforts on reinforcing the communications cells and automation of the daily performance information ensuring a visible management presence in each of the key sites on a daily basis to oversee performance in area implementation of a performance cell jointly overseen by representatives of road operations and communications to drive daily performance early identification of long wait patients and agreed management plan in collaboration with the relevant acute trust. Early signs are positive and performance has improved across a number of areas although still not within trajectory requirements. Further interventions have been agreed and a review of the performance cell is due to take place week commencing 16 September 2013.	Associate Director of Operations (PTS)	End Q2 Review Ongoing actions	Amber
RED	2.13	4/5	South	Number of patients arriving more than 15 minutes after their appointment time should not exceed 0% (Sheffield Only)				
RED	2.13	4/5	South	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10%				
RED	2.13	4/5	South	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%				
RED	2.13	1/5	South	Number of patients collected within 3 hours of booking should be at least 90% (Sheffield Only)				
RED	2.13	1/5	South	Number of patients collected within 4 hours of booking should be at least 99% (Sheffield Only)				

RED	2.14	4/5	North	Number of patients arriving more than 60 mins early should not exceed 2%	The main areas of concern remain Scarborough / Ryedale and Cumbria. The rurality of these is directly linked to patient flows and this will continue to present an operational challenge.	Locality Manager - North Yorkshire	On-going
RED	2.14	4/5	North	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	Performance was above trajectory by 0.65% (compared to 1.48 in July, 1.79 in June and 1.85 in May) showing an improvement.	Locality Manager - North Yorkshire	Q2
RED	2.14	5/5	North	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	As reported in previous months work is continuing 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.	Locality Manager - North Yorkshire	Q3
RED	2.14	5/5	North	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	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.		
RED	2.14	2/5	North	Number of patients arriving more than 30 mins early should not exceed 5% (Renal)	Further data validation is ongoing into these standards as compliance appears to have deteriorated significantly in both July and August which is unusual within this area, and is not reflected in the daily operational management of the locality. All these standards relate to renal patients only - similarly, there has not been an increase in patient complaints and issues raised by the renal units which we would have expected to see if standards had only been achieved at the levels identified.	Locality Manager - North Yorkshire	Q3
RED	2.14	2/5	North	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0% (Renal)			

Amber
Amber
Amber
Green

Directors Comments on Actual Performance

As outlined in the July report a number of questions and clarification concerns have been raised by both YAS and the CCGs pertaining to the detail of the service specification in each of the four consortia contracts. This has highlighted a number of issues, whereby areas of the contract spec are open to interpretation. Meetings are being arranged through the Head of Contracts with West, South and Hull / East Yorkshire to review and clarify the contents of the service specifications to ensure that all parties are clear regarding levels of service provision, hours of operation and management of Extra Contractual Referrals. Further discussion with North Yorkshire is ongoing and a draft specification which clearly identifies hours of service has been produced. Discussions regarding potential agreement of capacity volumes relating to on day demand are ongoing.

The urgent quarter two action plan to address performance degradation in South Yorkshire has been implemented. This has improved performance against a number of areas but is still not achieving contractual trajectories. Further refinement of the plan has taken place and meetings regarding the performance cell are planned for September.

Unfortunately PTS Call Handling performance reduced during August, this was primarily due to sickness absence which is being dealt with as per policy. Further apprentice posts are scheduled to come on line within the next two months which will increase call handling capacity and improve performance further. Actions to improve responsiveness and stream calls more appropriately and reduce call volumes linked to on line booking are being progressed.

Service developments to produce a formal service model for 'bespoke' or on day services is progressing.

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

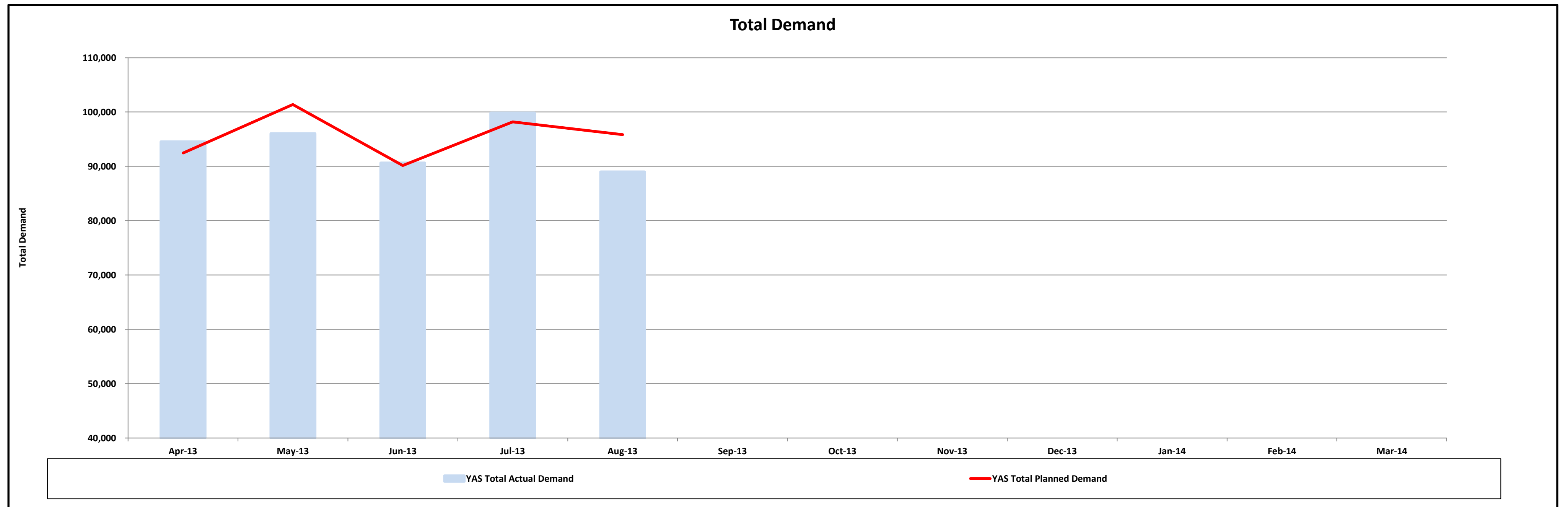
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments
South CQUIN - Plan in place for the completion of Q1 CQUIN milestone. Q1 timescales have been extended for CQUIN 2 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. Q1 report submitted. North CQUIN - Final schedule not agreed.

PTS Demand

OBJ REF 3

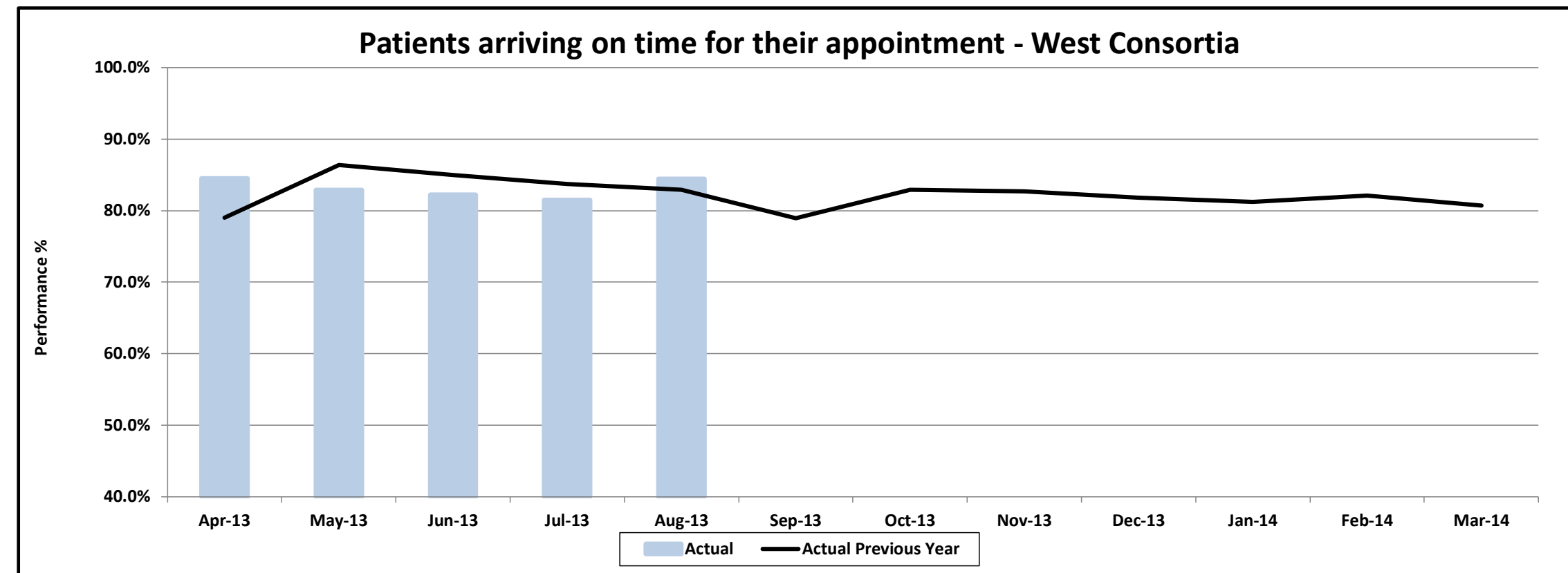
↔	YTD RAG	GREEN
	MTD RAG	AMBER



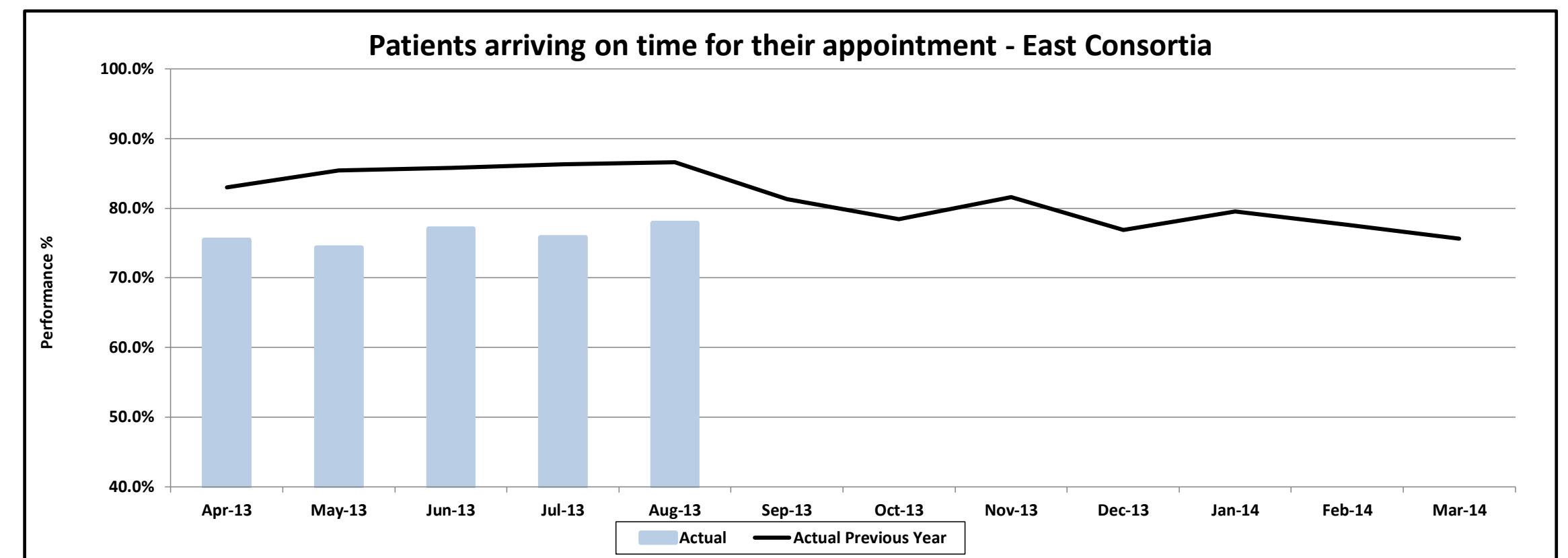
PTS Demand by Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
West Consortia Planned Demand	45,352	51,602	45,030	49,665	49,795								241,444
West Consortia Actual Demand	48,164	48,733	45,736	50,300	45,283								238,216
East Consortia Planned Demand	9,127	9,517	10,389	9,263	9,557								47,853
East Consortia Actual Demand	9,279	9,376	8,717	9,647	8,560								45,579
South Consortia Planned Demand	26,911	27,203	23,614	26,980	24,173								128,881
South Consortia Actual Demand	25,060	25,397	24,132	26,762	23,149								124,500
North Consortia Planned Demand	11,056	13,064	11,140	12,295	12,330								59,885
North Consortia Actual Demand	12,033	12,534	12,056	13,144	12,015								61,782
YAS Total Planned Demand	92,446	101,386	90,173	98,203	95,855								478,063
YAS Total Actual Demand	94,536	96,040	90,641	99,853	89,007								470,077
% Variance Planned V Actual	2.3%	-5.3%	0.5%	1.7%	-7.1%								-1.7%

Arrival - Quality Target by Consortia

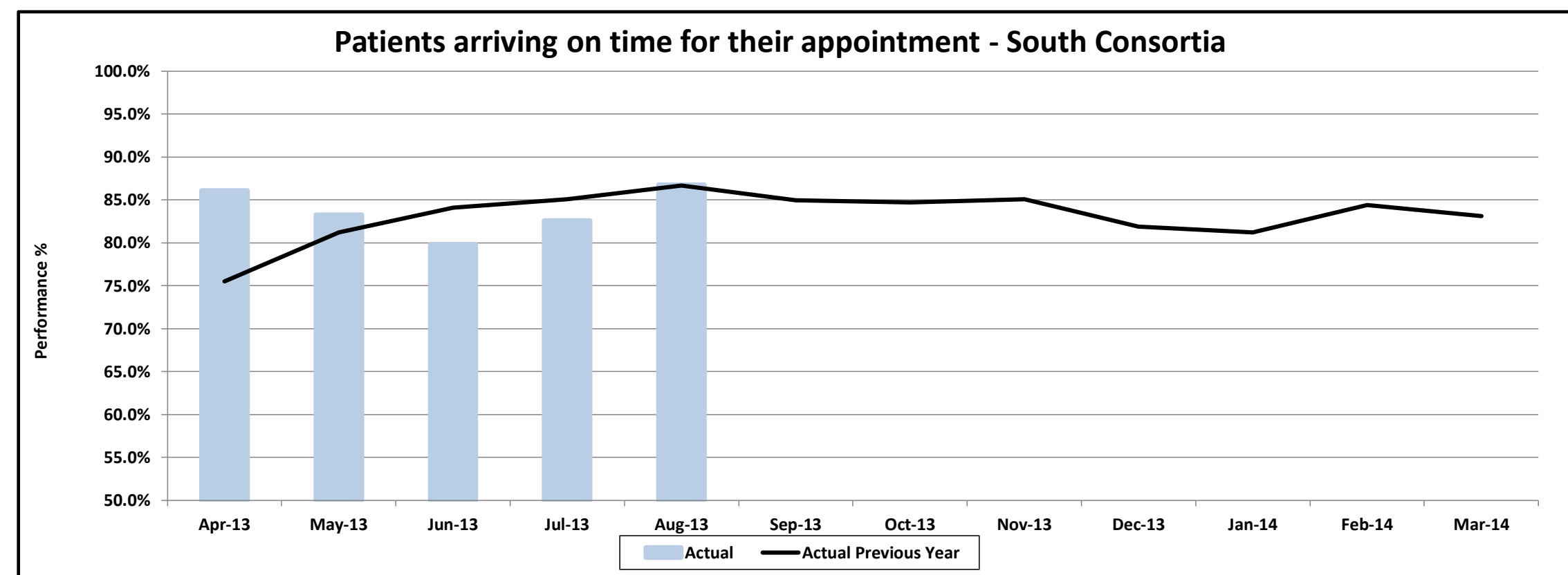
EWI



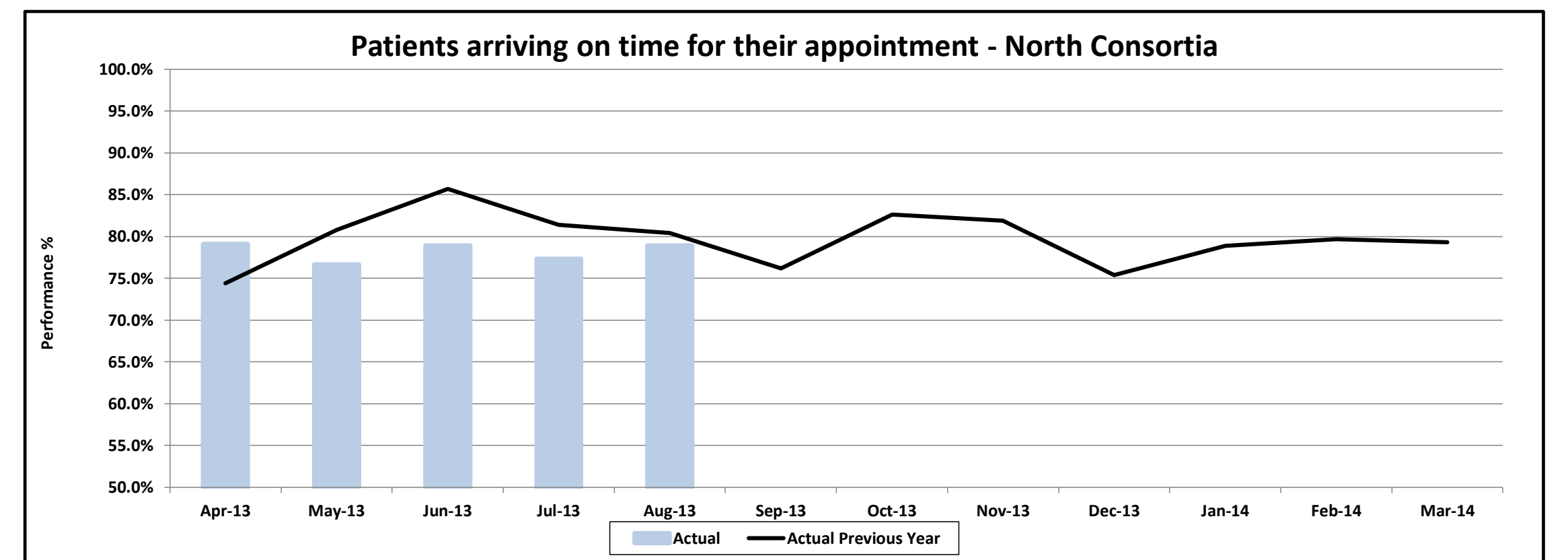
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	84.5%	82.9%	82.2%	81.5%	84.4%							
Actual Previous Year	79.0%	86.4%	85.0%	83.7%	82.9%	78.9%	82.9%	82.7%	81.8%	81.2%	82.1%	80.7%



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%	75.8%	77.8%							
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	86.1%	83.3%	79.8%	82.6%	86.7%							
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%

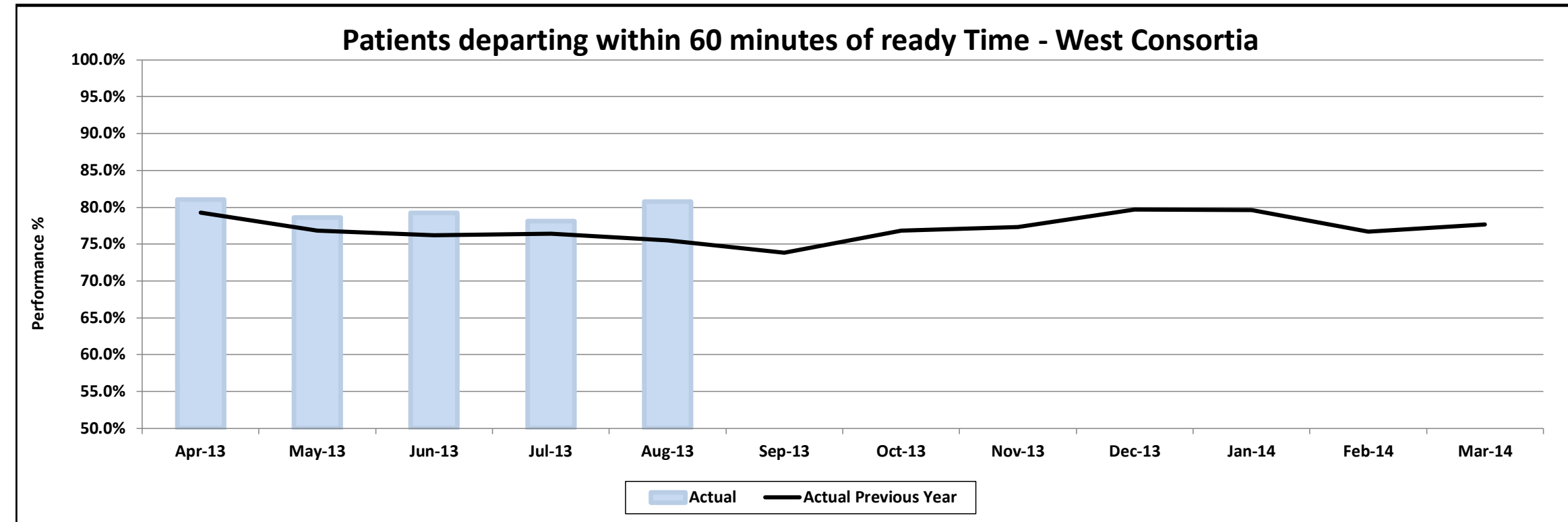


North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	79.1%	76.6%	78.9%	77.3%	78.9%							
Actual Previous Year	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%	81.9%	75.4%	78.9%	79.7%	79.3%

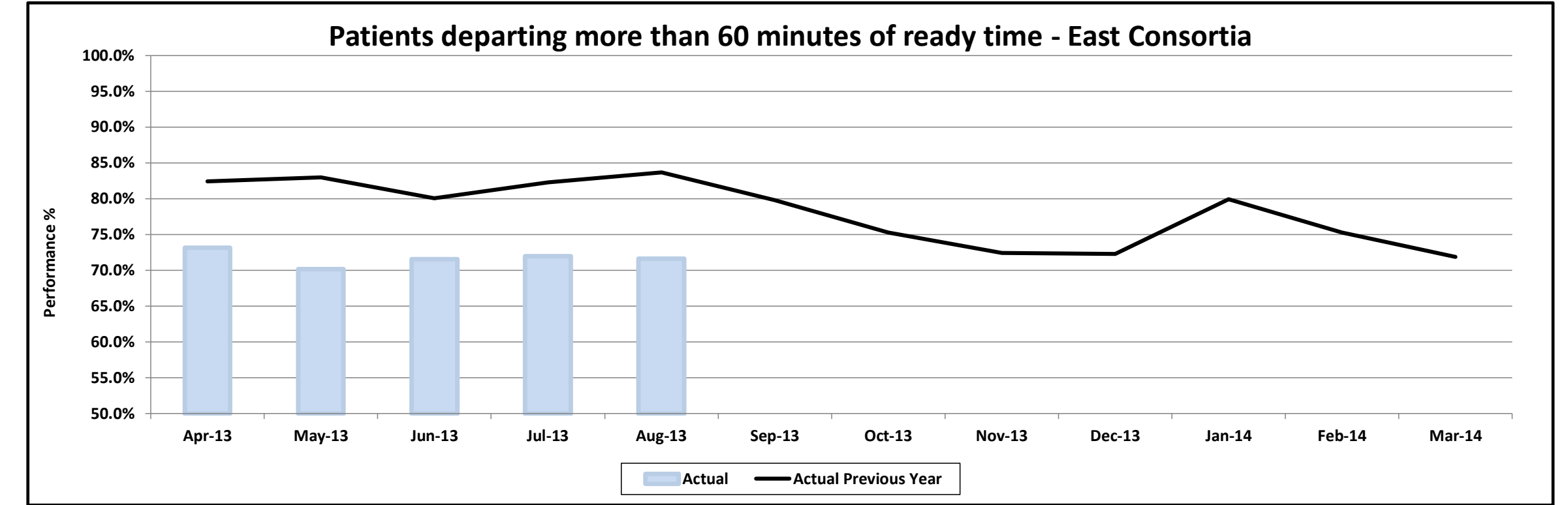
EWI Early Warning Indicator

Departure - Quality Target by Consortia

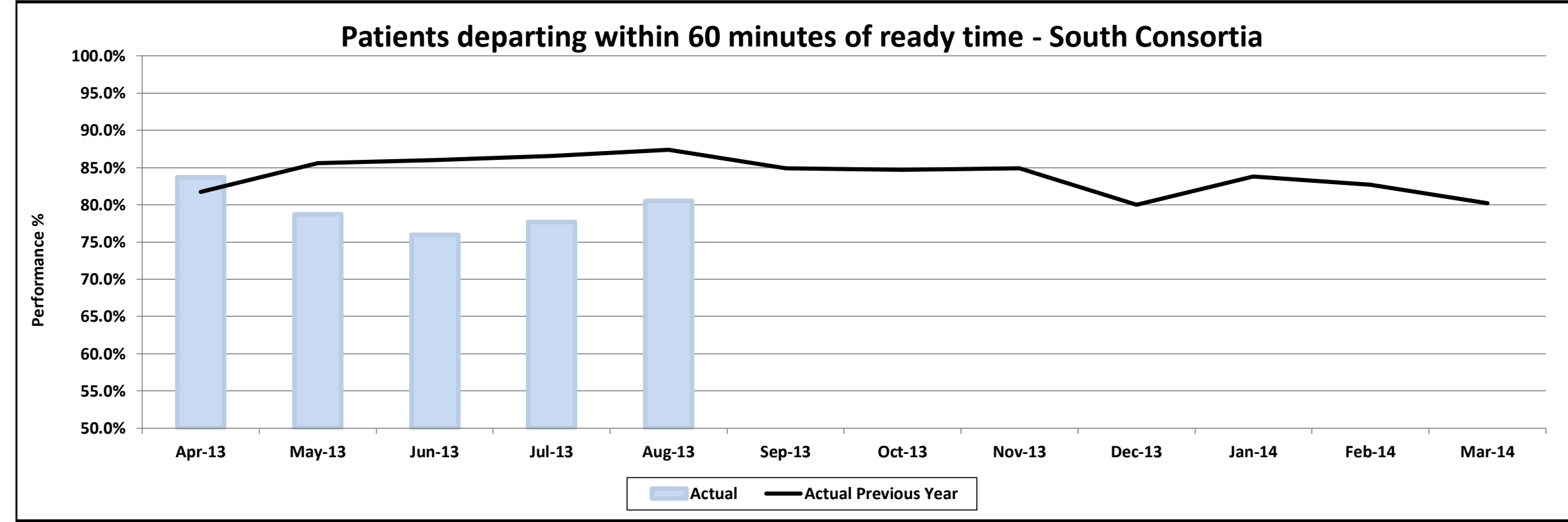
EWI



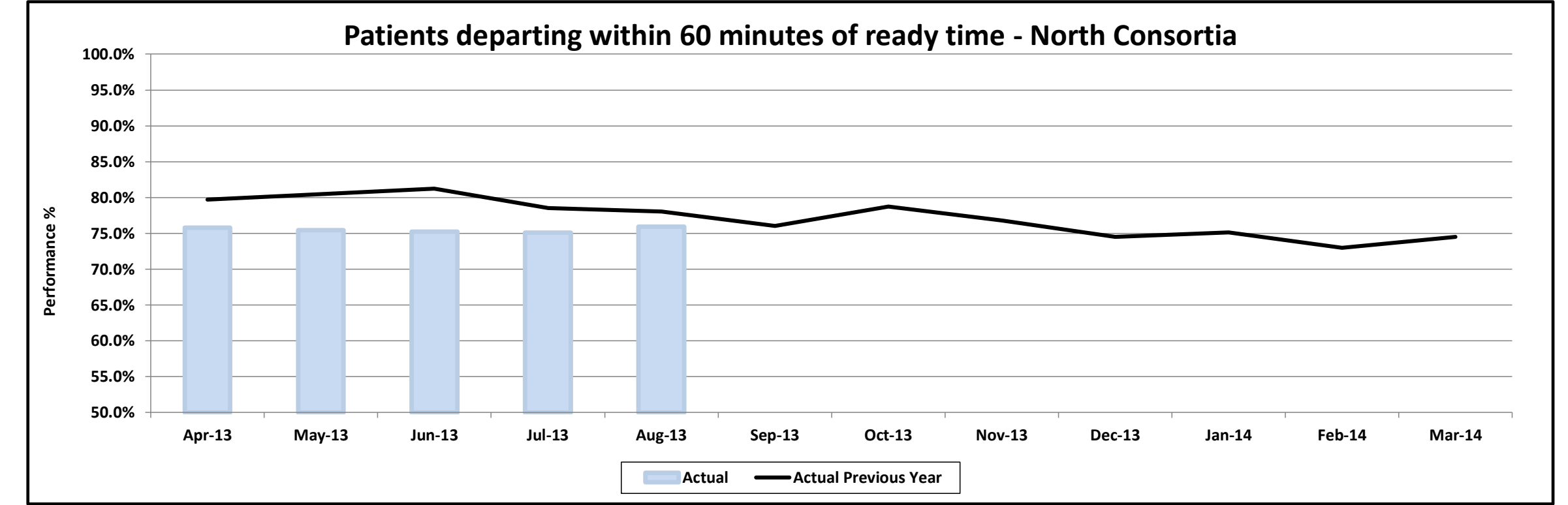
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	81.0%	78.6%	79.2%	78.1%	80.8%							
Actual Previous Year	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%	77.3%	79.7%	79.6%	76.7%	77.7%



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%	72.0%	71.7%							
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%	77.7%	80.5%							
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%



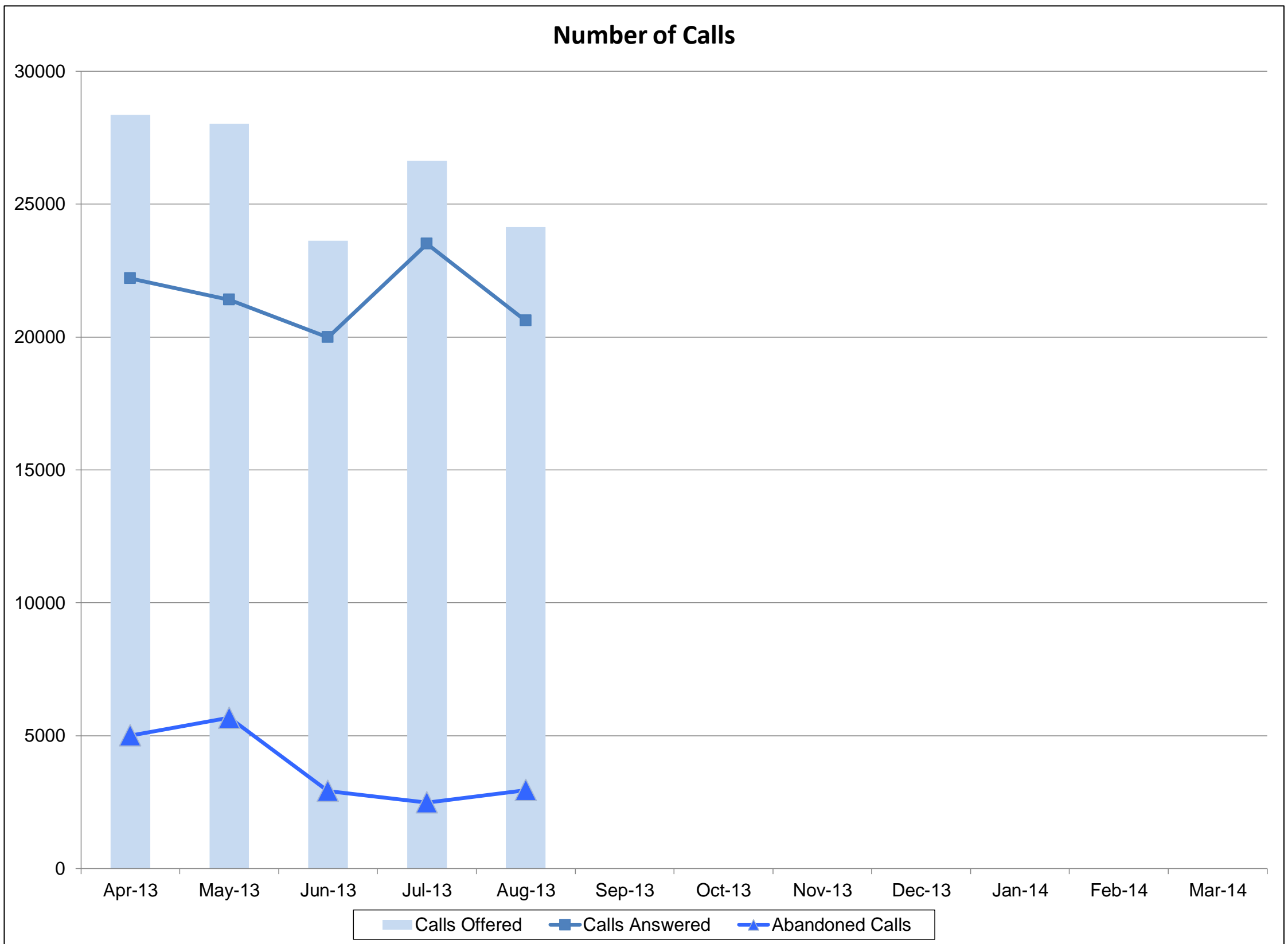
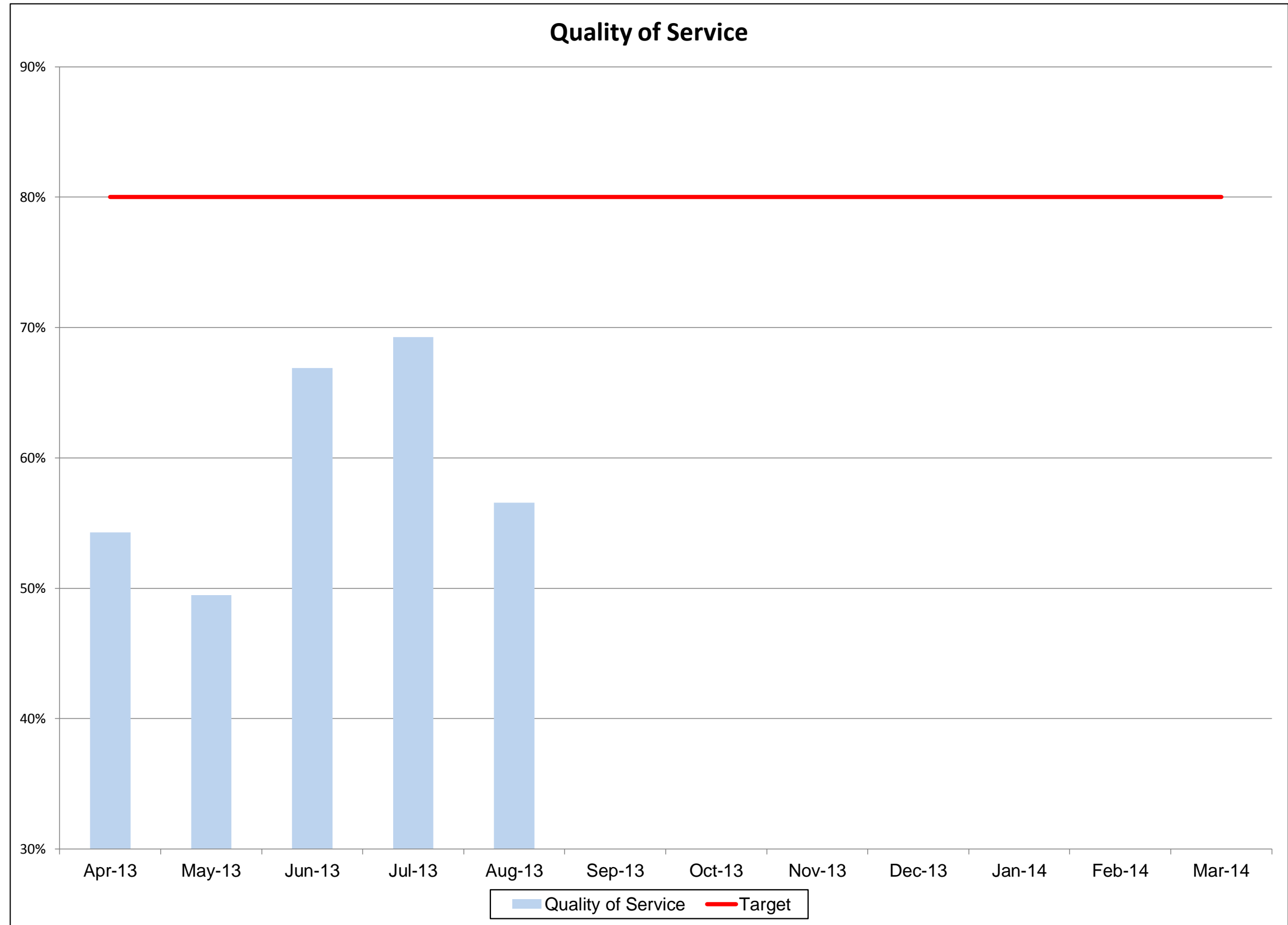
North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	75.8%	75.4%	75.2%	75.1%	76.0%							
Actual Previous Year	79.7%	80.5%	81.2%	78.5%	78.0%	76.1%	78.7%	76.8%	74.5%	75.1%	73.0%	74.5%

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	26630	24135							
Calls Answered	22205	21400	19981	23508	20611							
Average Answer Delay	00:01:21	00:01:41	00:00:52	00:00:42	00:01:03							
Max Answer Delay	00:59:12	00:59:44	01:00:08	00:44:18	00:48:16							
Abandoned Calls	4999	5672	2921	2487	2954							
Quality of Service	54%	49%	67%	69%	57%							



Section 2c

NHS 111



NHS 111

Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Total number of calls answered	71653	76900	74727	85198	85819								
Total number of out of area calls answered	66	1377	1199	995	813								
Total number of phantom calls received	0	0	0	0	0								
Total number of calls answered not requiring 111	3996	4580	4795	6063	5708								
Total number of calls triaged	61886	65174	63650	72451	73292								
Total number of calls answered within 60 seconds (national quality standard 95%)	62602	71204	69905	81268	83455								
Target % calls answered within 60 seconds	95%	95%	95%	95%	95%								
Total answered calls within 60 seconds as a percentage of total (Target 95%)	87.4%	92.6%	93.5%	95.3%	97.2%								
Total number of abandoned calls (after 30 seconds)	2153	1538	1342	1113	671								
Target % calls abandoned after 30 seconds	5%	5%	5%	5%	5%								
Abandoned calls as a percentage of total (Target <5%)	2.9%	2.1%	1.7%	1.3%	0.8%								
Average episode length of call (mins)	17:33	17:44	16:07	18:49	13:19								
Average episode length of call (mins) with a call handler	08:01	07:35	07:27	08:49	07:10								
Longest wait for a call to be answered	17:58	14:24	19:26	10:51	06:35								
Average episode length of call (mins) with a clinical 111 advisor	13:51	12:49	13:04	12:50	12:54								
Total number of calls directed to speak to a Clinical 111 advisor (outcome)	15767	17126	16450	17886	16398								
% of calls directed to speak to a clinical 111 advisor	22.0%	22.3%	22.0%	21.0%	19.1%								
Longest wait for a call back by a clinician	09:12:25	06:49:52	08:42:50	06:09:21	4:31:11								
Total number of calls where a person was offered a call back	8484	9602	9708	11541	9260								
Call backs as a percentage of clinical advisor calls	53.8%	56.1%	59.0%	64.5%	56.5%								
Total number of calls that were warm transferred to a clinical advisor	7283	7595	6742	6336	7130								
Warm transfers as a percentage of clinical advisor calls (Target 95%)	46.2%	44.3%	41.0%	35.4%	43.5%								
Total number of calls directed to 999 for ambulance dispatch	6049	6120	6020	7680	7335								
Ambulance dispatch as a percentage of total	8.4%	8.0%	8.1%	9.0%	8.5%								
Total number of Non conveyed 999 dispatches	1097	1138	1071	1584	1612								
Total number of calls recommended to attend an A&E	4883	5045	5033	5641	5311								
A&E as a percentage of total	6.8%	6.6%	6.7%	6.6%	6.2%								
Total number of callers referred into GP Out of Hours service	21340	23639	23600	25689	29981								
Callers booked into GP Out of Hours service as a percentage of Total	29.8%	30.7%	31.6%	30.2%	34.9%								

Please Note: Feedback is recorded in Section 3



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	Performance / Activity	Criteria	Target	Green	Amber	Red	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End Forecast 13/14	
Our Service	SLA	% of Items resolved within SLA	>=90%	>=90%	< 90% >=85%	<85%	90.0%	93.5%	89.4%	90.0%	90.0%								90.6%	
		Incidents					932	865	796	1191	933								4,717	
		Service Requests					2309	2114	1914	2355	2103								10,795	
		Total Activity					3241	2979	2710	3546	3036								15,512	
	Customer Feedback	% of either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	95.5%	95.1%	93.8%	95.0%	96.1%									95.1%
		Number of Surveys Returned					308	286	243	380	305									1522
		Positive Score					294	272	228	361	293									1448
	Negative Score					14	14	15	19	12									74	
Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	10	7	10	9	8									9	
Project Management	Current Project Managed Projects		Due Date	ICT Status	Overall Status	Status Comment														
	YAA to Thirsk		01/03/2012			Service is Live, however YAS is awaiting MOD approval to implement fibre and Digital Radio on the airbase														
	Yorkshire Air Ambulance - Nostell Priory		01/12/2013			ALL ICT Orders placed waiting for overall project build timeframes to align														
	Fleet PDA Deep Clean		01/10/2013			Wrong lockers delivered awaiting re-delivery timeframes from supplier														
	CIP - Fleet Accident reduction					ICT Projects Team providing support to the project not managing														
	YAS HART Project		01/04/2014			No awareness of continuity of OSU Morley to move data link or issue new for Manor Mill														
	PTS Systems Project		31/03/2014			Delays in agreeing deliverables having knock on to overall delivery														
	PRF Document Scanning		31/03/2014			ICT Projects Team providing support to the project. No issues with crashing since the fix was implemented. Tests are in progress with the reporting module with Process Flows. Once acceptance has been confirmed this will be implemented														
	Closed Projects - 2013-14		Delivered Date																	
	ICT Service Continuity		Sep-13																	
Document Scanning - Human Resources		Mar-13																		
Document Scanning - Occupational Health		Apr-13																		
A&E Handover Portal Rollout - Phase 2		May-13	ALL 19 Hospital sites have received 2 touchscreens as part of Phase 1 to accommodate Hospital arrival notifications and verbal handover of clinical information to hospital staff from crews. Phase 2 now complete involving the implementation of 10 further screens at 8 of the 19 sites to support the gaps where clinical handovers were required. Phase 3 to roll out to wards needs to be discussed and agreed amongst the collaborative team.																	
Infrastructure	Network Availability	Over 99.5%	>99.5%	<99.5	Green	Green	Green	Green	Green	99.97%									Green	
		This Period Unplanned Downtime									CAD 2hrs									
		Next Period Planned Downtime										CAD Upgrade 5hrs								
	Systems Availability	Over 99.5%	>99.5%	<99.5	Green	Green	Green	Green	Green	99.92%										Green
		This Period Unplanned Downtime									0									
		Next Period Planned Downtime										0								
	Telecoms Availability	Over 99.5%	>99.5%	<99.5	Green	Green	Green	Green	Green	98.69										Green
		This Period Unplanned Downtime										Voice Recording Core Server 48hrs								
		Next Period Planned Downtime											Call Centre Manager 1hr							
	Radio Availability	Over 99.5%	>99.5%	<99.5	Green	Green	Green	Green	Green	100%										Green
	This Period Unplanned Downtime										0									
	Next Period Planned Downtime											0								
Budget Management	Under Budget Net of CIP		Under	Over			£59,869	-£9,524	£272.00	-£73,667	£48,983								£25,933	

Commentary

Our Service : Current performance, SLA delivery and the SLA performance matrix is located at - <http://swksharepoint1.yas.nhs.uk/sites/ICT/ServiceDesk/Dashboards/default.aspx>
Recent staff churn is requiring extra effort to maintain performance and 2 apprentices have now started on the Service Desk.

Project Management: As noted.

Infrastructure: CAD issue in August led to 2 hours impact on EOC and a voice recording core server issue affected access to recordings but all calls continued to be recorded. CAD maintenance is planned for September (1hr downtime) and a CAD upgrade in October (4hrs downtime)

Budget: Current overspend is £26k YTD but expected to be on budget net of CIP.

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%	63%	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 have been agreed with some minor amendments and the Estates related Capital Service Development bids for 2013/14 have also been agreed. Tender processes are in progress.
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- £227,549 Monthly Saving - £124,304.65
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	GREEN	GREEN							

Comments
<u>Contracts awarded above £25k</u> Supply of Procedure Packs
<u>Single Tender Waiver</u> Sinclair Voicenet

Fleet

OBJ REF 3

YTD RAG AMBER
 MTD RAG AMBER

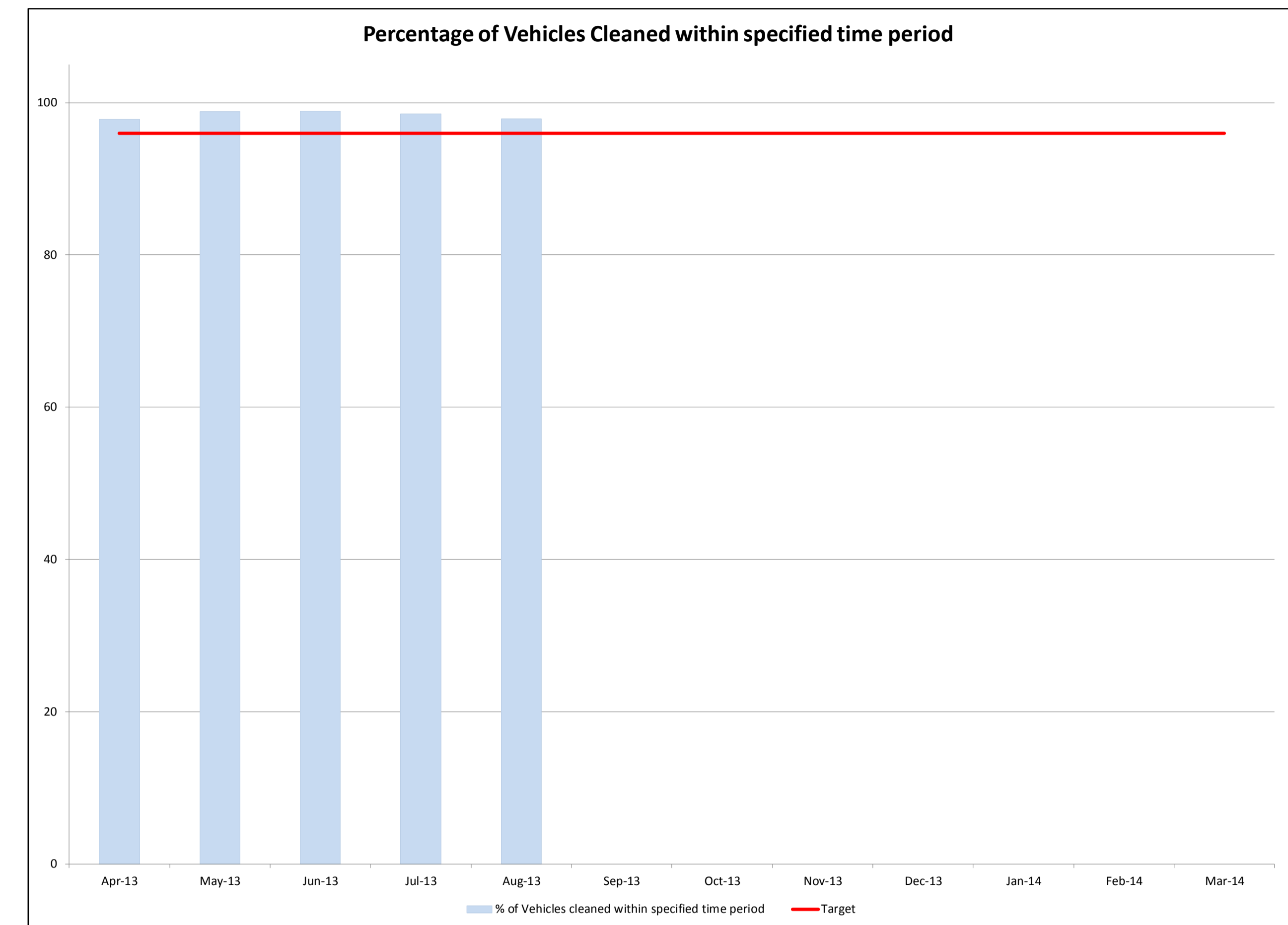
E1 Carbon Management	RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast	Quarter 1 Actual	Notes
E1.1 Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2 Corporate Citizen Rating (monitored quarterly)	59%					

E3 Fleet		Vehicle Availability % Plan vs. Actual *	RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
E3.1	A&E	AMBER	92%	93%	1%	92%	91%	-1%	KPI not met due to high number of larger engine jobs and tail lift faults. Overtime and use of external providers have been sanctioned to bring VOR's back into line.	
E3.1	PTS	AMBER	94%	93%	-1%	94%	93%	-1%	KPI not met due to high number of larger engine jobs and tail lift faults. Overtime and use of external providers have been sanctioned to bring VOR's back into line.	

Vehicle Age		RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1	A&E - RRV	GREEN	4	3		
E3.1	A&E - DMA	GREEN	5	26		21 van conversions being delivered to YAS, currently at the main dealer for pre delivery and registration. 7 have arrived at Unit M and are being commissioned.
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. 4 are due week commencing 16/9/13

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	44	7.96%	Servicing has slipped in North and South due to the high level of vehicle downtime this has been compounded by high levels of long term sickness. Additional resources, overtime and external sub-contractors have been sanctioned while staffs are in the process of phased return to work and the recruitment process to fill 3 vacancies takes place, one new mechanic has joined YAS recently and is currently undergoing induction, a second joining 5th September, leaving one vacancy to be advertised due to applicant giving back word.
E3.2	Vehicle Services Outside "Window" at end of period	AMBER	31	8.34%	Servicing has slipped in North and South due to the high level of vehicle downtime this has been compounded by high levels of long term sickness. Additional resources, overtime and external sub-contractors have been sanctioned while staffs are in the process of phased return to work and the recruitment process to fill 3 vacancies takes place, one new mechanic has joined YAS recently and is currently undergoing induction, a second joining 5th September, leaving one vacancy to be advertised due to applicant giving back word.
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	72	2.10%	
E3.4	Defibrillator servicing Outside "Window" at end of period	GREEN	3	0.46%	Note 2 devices had been moved from their audited location, had these devices been present there would only have been 1 overdue (at 0.15% Amber). These devices are now completed.
E3.5	Suction Unit servicing Outside "Window" at end of period	RED	113	18.46%	Note 26 devices had been moved from their audited location, had these devices been present there would only have been 87 overdue (at 14.2% Red) Serious staff issues has impacted the department's ability to maintain devices, Oxylite have been working with the Trust week commencing 8th July. An interim Equipment Engineering Manager has commenced in post to support the department. An action plan has been developed and is being performance managed to reduce the backlog and embed the productive maintenance regime into business as usual.
E3.6	Parapac servicing Outside "Window" at end of period	RED	66	24.12%	Note 10 devices had been moved from their audited location, had these devices been present there would only have been 56 overdue (at 20.5% Red) Serious staff issues has impacted the department's ability to maintain devices, Oxylite have been working with the Trust week commencing 8th July. An interim Equipment Engineering Manager has commenced in post to support the department. An action plan has been developed and is being performance managed to reduce the backlog and embed the productive maintenance regime into business as usual.
E3.7	Microvent servicing Outside "Window" at end of period	RED	111	30.32%	Note 49 devices had been moved from their audited location, had these devices been present there would only have been 625 overdue (at 16.9% Red) Serious staff issues has impacted the department's ability to maintain devices, Oxylite have been working with the Trust week commencing 8th July. An interim Equipment Engineering Manager has commenced in post to support the department. An action plan has been developed and is being performance managed to reduce the backlog and embed the productive maintenance regime into business as usual.



Vehicle Cleaning	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
% of Vehicles cleaned within specified time period	97.8	98.8	98.9	98.5	97.9							

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	23	23	23	23	23	23	23	32	32	32	32	26	315
Actual Vehicle Repairs	16	19	26	29	23								113
Variance	-7	-4	3	6	0								

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	RED	AMBER							



Section 3

Quality Analysis



Comments on Quality**New Incidents Reported**

The data above represents the actual number of incidents reported and does not include issues/concerns or near misses. The data remains consistent with July and consistent with volume in areas. There has been a reduction in EOC related incidents following significant work carried out in recent months. RTC incidents remain the largest incident category and continuous work is underway to reduce these numbers.

Patient Related Incidents

As expected A&E remains the highest area of patient related incidents. August has seen an emerging trend across A&E and PTS in relation to patient injuries sustained whilst in YAS care for example a patient suffering a skin tear whilst leaving the vehicle. This is being addressed through the implementation of the Safety Thermometer with this identified of one of the three harms to patients. The Head of Safety is leading a project designed to reduce harm across the Trust.

Staff Related Incidents

Staff related incidents primarily involve moving and handling issues as well as slips, trips and falls. Introduction of the new carry chair and equipment bag and trial of lighter weight defibrillator equipment on solo response cars will target some of the identified causative factors. Data will be monitored over the coming months to assess the impact of these measures.

Never Events

Never Events are nationally defined serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. No Never Events have been reported across the Trust this month.

RIDDOR

No new issues have been highlighted from RIDDOR reports in August. Numbers and categories remain consistent with previous months and the Risk & Safety team monitor these incidents closely to ensure appropriate action is taken where necessary.

Medication related incidents

There were 10 controlled drug incidents, the losses were a vehicle safe key that was later found, the other was morphine left on the roof of a RRV, this has been investigated. A small number of non-controlled drug incidents involving the administration of the wrong drug have been highlighted via Medicines Management Group and feedback is being provided to staff to highlight the specific issues. The current intention is to include drug administration errors as part of the safety thermometer initiative, which will help to increase the focus on underlying causes and actions to reduce future risk.

Clinical Audit Programme

The backlog of unprocessed forms remains steady Overtime was authorised throughout august for clinical audit assistants on both sites, legal team volunteers and other support service volunteers. This approach seems to be having some effect and a further small reduction in the backlog seems evident. To date, deadlines have been met for the submission of ACQIs.

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	Q2 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								GREEN	GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	RED	RED	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	AMBER	AMBER								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								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	GREEN	GREEN								

Deriving the governance risk rating

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

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

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

Service Transformation Programme

OBJ REF 3

Service Transformation Programme															
Reference	Project		Quarter 1			Quarter 2			Quarter 3			Quarter 4			Comments
			Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Quality Programme - Executive Director of Standards and Compliance/Executive Medical Director															
Right Care Project Group - Executive Director of Standards and Compliance															
RC1	111	ED S&C												Discussions are ongoing with commissioners regarding finances. A meeting has been arranged with commissioners to review.	
RC2	Clinical Hub (CIP)	ED Ops												Risk associated with achieving CIP	
RC3	External Partnership	EMD												Focus on Urgent Care Board attendance and coordinated YAS response. Urgent care offer being developed and initial planning for specific development funding bids under way.	
RC4	Paramedic Pathfinder Model	EMD												South Yorks ECP in place 1st August 2013 to lead the project	
RC5	Scope of Practice	EMD													
RC6	Pathway Review	EMD													
RC7	Care Homes CQUIN	EMD												Data provided by MI - to remain amber until Q1 information submitted to commissioners.	
Clinical Development Project Group - Executive Medical Director															
CD1	JRCALC Rollout	EMD												The shortfall in manuals has been located but YAS adoption of the guidelines remain 01.10.13	
CD2	Patient Safety CQUIN	ED S&C												Plan developed and on track	
CD3	ACQI Care Bundles	EMD													
CD4	Public Health	EMD													
CD5	Public Awareness CQUIN	ED CA													
CD6	Quality Governance	EMD												Plan submitted to NHS TDA.	
CD7	improving Outcomes from Cardiac Arrest (Hull)	EMD												Further work to be carried out to support ILS training of Hull paramedics.	
CD8	National CPR Policy	EMD													
Delivery Programme - Executive Director of Operations															
Operational Efficiency Project Group - Executive Director of Operations															
OE1	Red 1 performance	ED Ops												Quarter 1 target hit - Plan to be refreshed	
OE2	Workforce Model	ED Ops													
OE3	Operational Redesign	ED Ops												Overall strategy to be reviewed by TEG. Timelines developed and require a final agreement. A & E Programme Manager (interim) recruited.	
OE4	Turnaround	ED Ops													
OE5	A&E CQUINs	ED Ops													
OE5A	Rural CQUIN	ED Ops													
OE5B	Reduced Conveyance CQUIN at locality level	ED Ops	N/A												
OE5C	Red Performance in underperforming CCG CQUIN	ED Ops	N/A												
OE5D	Static Medical Unit CQUIN	ED Ops	N/A												
Workforce Project Group - Executive Director of Workforce and Strategy															
WF1	Sickness (CIP)	ED W&S												Additional NHS 111 data places trust slightly above tolerance of 5% target. sickness absence was less favourable in August and that a retrospective review of figures indicated that improvement may be less significant than previously reported, plan in place	
PTS Project Group - Executive Director of Finance & Performance															
PTS 1	Transformation (CIP13/14)	ED F&P												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	ED F&P	N/A												
PTS2A	South PTS CQUIN 1 - (120 minute wait target)	ED F&P	N/A											Contract deadline extended	
PTS2B	South PTS CQUIN 2 - (Rationale for long waits)	ED F&P	N/A											Contract deadline extended	
PTS2C	West PTS CQUIN 1 - (Patient experience)	ED F&P	N/A												
PTS2D	West PTS CQUIN 2 - (Education for healthcare professionals)	ED F&P	N/A												
PTS2E	North PTS CQUIN 1 - (Timely communication of transport)	ED F&P	N/A											Final Schedule not agreed	
PTS2F	North PTS CQUIN 2 - (Reduction in abortive journeys)	ED F&P	N/A											Final Schedule not agreed	
PTS2G	(East PTS CQUIN 1) - Timely communication of transport	ED F&P	N/A											Issue with resources to support implementation required, discussions on-going with JH and KW	
PTS2H	East PTS CQUIN 2 - (Reduction in abortive journeys)	ED F&P	N/A											Issue with resources to support implementation required, discussions on-going with JH and KW	
Sustainability (People) Programme - Executive Director of Standards and Compliance/Executive Director of Workforce and Strategy															
Culture & Capability Project Group - Executive Director of Standards and Compliance/Executive Director of Workforce and Strategy															
CC1	Leadership and Service Improvement skills	ED S&C ED W&S												The Leadership Development Skills element of this project is not due to commence procurement until Q3 of the current financial year. Meetings in place with Teesside University to progress service improvement skills programme	
CC2	Staff Engagement and Communications	ED S&C ED W&S												Further work being developed to support communications approach following initial launch	
CC3	Recruitment and Induction	ED S&C ED W&S												Further values based recruitment exercise completed in June 2013. review of Trust induction programme planned	
Service Line Management Project Group - Executive Director of Finance & Performance															
SLM1	Service Line Management	ED F&P												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.	
Sustainability (Systems) Programme - Executive Director of Finance & Performance															
Estates Project Group - Executive Director of Finance & Performance															
E1	Estates Strategy	ED F&P												Work continuing as planned - site visits to SECAMB and WMAS completed	
E2	HART	ED F&P												Business case has been approved by Trust Board. Purchase scheduled for July	
Emergency Care Solution Project Group - Executive Director of Finance & Performance															
ECS1	ECS Roll-out	ED F&P												Funding not secured from commissioners, internal funding allocated	
2012-13 Legacy Projects															
CLF1	Clinical Leadership (CIP)	ED Ops												Action plan on-going, director review in progress. Review of CIP completed	
IPR1	Individual Performance Reports	ED Ops												Final review required to determine benefits if rolled out Trust wide.	
ESR1	Electronic Staff Record (ESR)	ED W&S												More clarity required on project outcomes	
DMS1	Risk-Data Management	ED S&C												Project close down/high level benefits realisation report completed and discussed at the last TPMG meeting.	

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

IPC Audit - Percentage compliant

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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%	96%	96%							
	Premise	93%	98%	94%	97%	98%							
	Vehicle	96%	98%	97%	98%	97%							
North Yorkshire and York	Hand Hygiene	100%	99%	99%	99%	99%							
	Premise	98%	96%	100%	96%	99%							
	Vehicle	96%	100%	98%	I/Data	98%							
Humber	Hand Hygiene	100%	100%	100%	100%	97%							
	Premise	98%	93%	95%	97%	99%							
	Vehicle	97%	97%	I/Data	97%	99%							
Airedale, Bradford, Leeds	Hand Hygiene	99%	98%	98%	99%	96%							
	Premise	98%	98%	98%	99%	100%							
	Vehicle	96%	98%	I/Data	100%	96%							
South Yorkshire and Bassetlaw	Hand Hygiene	99%	100%	100%	100%	98%							
	Premise	100%	99%	100%	100%	100%							
	Vehicle	100%	100%	100%	99%	99%							
YAA	Hand Hygiene	99%	100%	100%	100%	100%							
	Premise	100%	90%	100%	100%	100%							
	Vehicle	100%	100%	100%	100%	100%							
Resilience and Special Operations	Hand Hygiene	98%	100%	100%	100%	100%							
	Premise	95%	95%	100%	100%	100%							
	Vehicle	100%	100%	I/Data	100%	100%							
Private & Events	Hand Hygiene	100%	100%	100%	100%	100%							
	Vehicle	96%	100%	100%	100%	100%							
PTS Leeds	Hand Hygiene	100%	100%	100%	99%	99%							
	Vehicle	99%	100%	92%	93%	91%							
PTS Mid Yorkshire	Hand Hygiene	99%	100%	100%	98%	100%							
	Vehicle	98%	98%	I/Data	95%	96%							
PTS Bradford / Airedale	Hand Hygiene	100%	100%	100%	99%	100%							
	Vehicle	93%	96%	I/Data	94%	97%							
PTS Calderdale / Huddersfield	Hand Hygiene	98%	99%	99%	99%	94%							
	Vehicle	100%	100%	99%	99%	I/data							
PTS North Yorkshire	Hand Hygiene	100%	100%	100%	95%	91%							
	Vehicle	98%	96%	97%	97%	98%							
PTS Hull & East	Hand Hygiene	100%	98%	98%	94%	98%							
	Vehicle	98%	99%	99%	99%	96%							
PTS Sheffield / Barnsley	Hand Hygiene	99%	100%	100%	100%	99%							
	Vehicle	100%	100%	I/Data	100%	100%							
PTS Rotherham / Doncaster	Hand Hygiene	97%	100%	100%	100%	96%							
	Vehicle	100%	100%	100%	100%	100%							
Overall Compliance (Current Year)	Hand Hygiene	99%	100%	99%	99%	98%							
	Premise	97%	98%	98%	98%	99%							
	Vehicle	98%	98%	98%	92%	92%							
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	98%	99%	99%	98%	98%	98%	99%	99%	99%	99%
	Premise	95%	98%	97%	96%	96%	96%	95%	97%	97%	98%	99%	98%
	Vehicle	95%	94%	94%	95%	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%

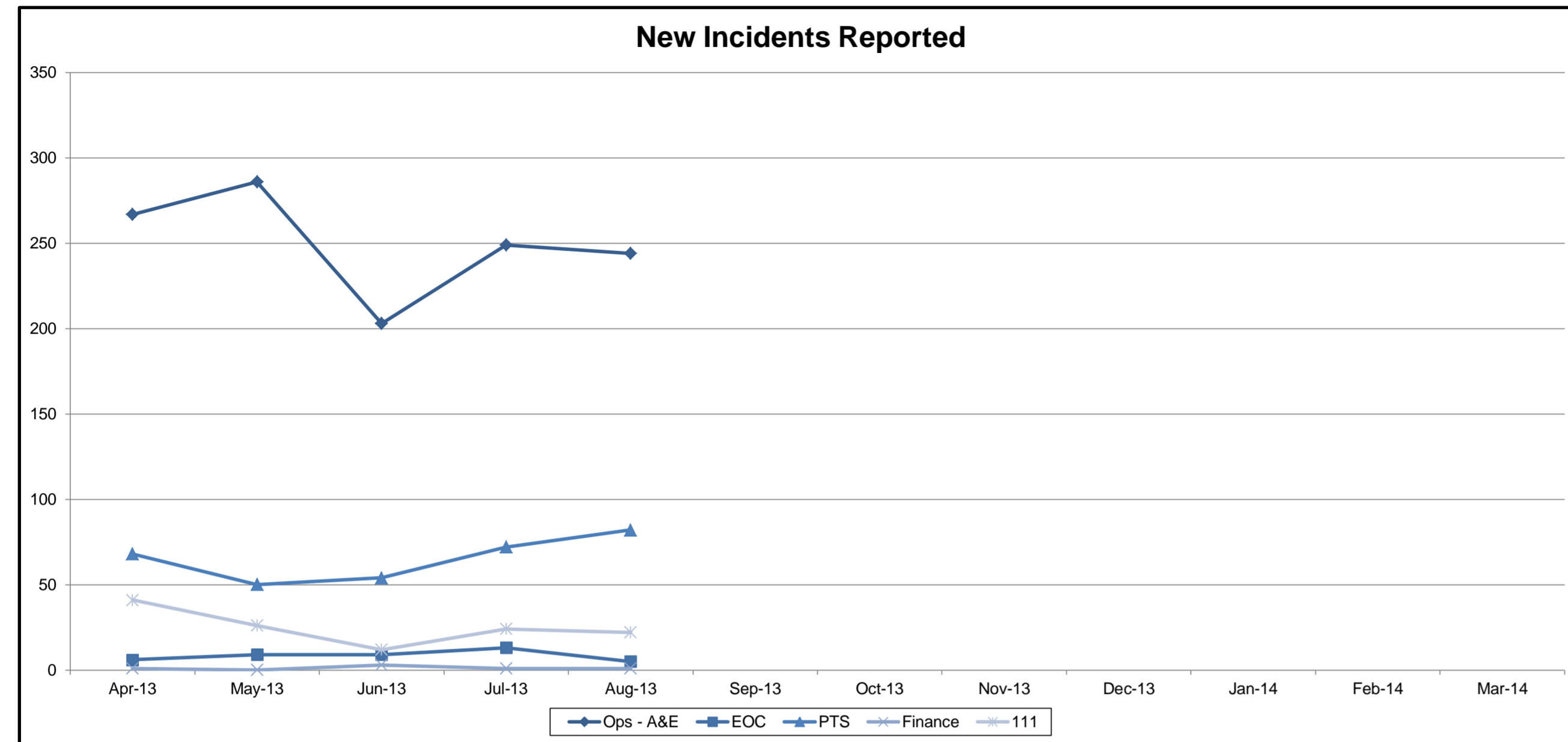
Key for IPC Audit: April 2012 onwards

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

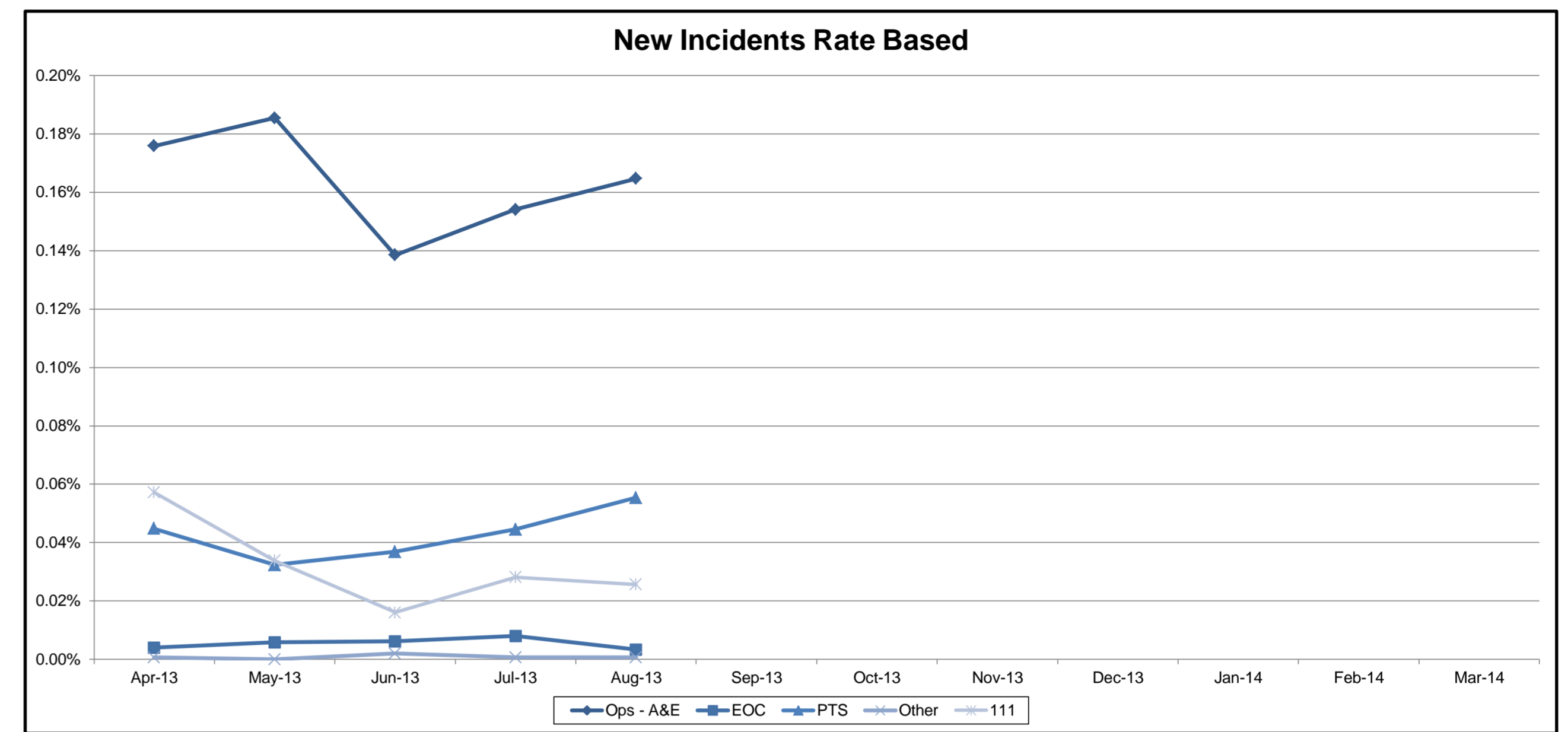


New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	267	286	203	249	244							
EOC	6	9	9	13	5							
PTS	68	50	54	72	82							
111	41	26	12	24	22							
Finance	1	0	3	1	1							
Medical - Operations	0	0	9	13	19							
Quality & Patient Experience	0	2	1	2	0							
Resilience & Specialist Services	4	5	5	8	1							
Support Services	6	6	2	3	8							
Foundation Trust	0	0	0	1	0							
Human Resourcec	0	0	0	1	0							
Organisational Effectiveness and Education	0	0	0	2	0							
Risk & Safety	1	2	0	1	3							
ICT	1	1	0	0	0							
TOTALS	395	387	298	390	385							
TOTALS (Prev Year)	432	491	468	518	484	434	497	456	482	465	444	445

New Incidents Reported Rate Based

EWI

OBJ REF 3

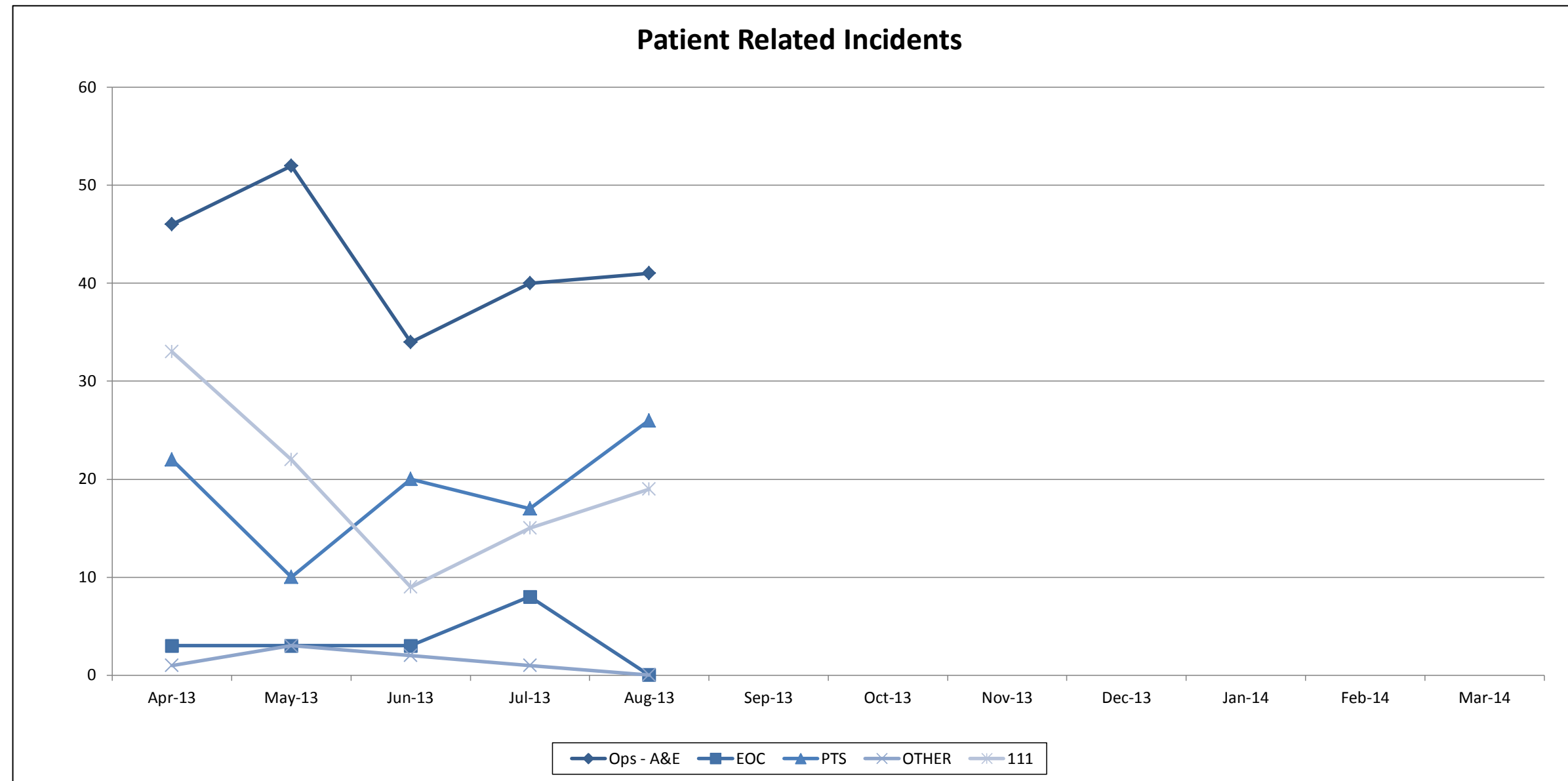


New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	0.18%	0.19%	0.14%	0.15%	0.16%							
EOC	0.00%	0.01%	0.01%	0.01%	0.00%							
PTS	0.04%	0.03%	0.04%	0.04%	0.06%							
111	0.06%	0.03%	0.02%	0.03%	0.03%							
Finance	0.00%	0.00%	0.00%	0.00%	0.00%							
Medical - Operations	0.00%	0.00%	0.01%	0.01%	0.01%							
Quality & Patient Experience	0.00%	0.00%	0.00%	0.00%	0.00%							
Resilience & Specialist Services	0.00%	0.00%	0.00%	0.00%	0.00%							
Support Services	0.00%	0.00%	0.00%	0.00%	0.01%							
Foundation Trust	0.00%	0.00%	0.00%	0.00%	0.00%							
Human Resourcec	0.00%	0.00%	0.00%	0.00%	0.00%							
Organisational Effectiveness and Education	0.00%	0.00%	0.00%	0.00%	0.00%							
Risk & Safety	0.00%	0.00%	0.00%	0.00%	0.00%							
ICT	0.00%	0.00%	0.00%	0.00%	0.00%							
Overall	0.26%	0.27%	0.20%	0.24%	0.26%							

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

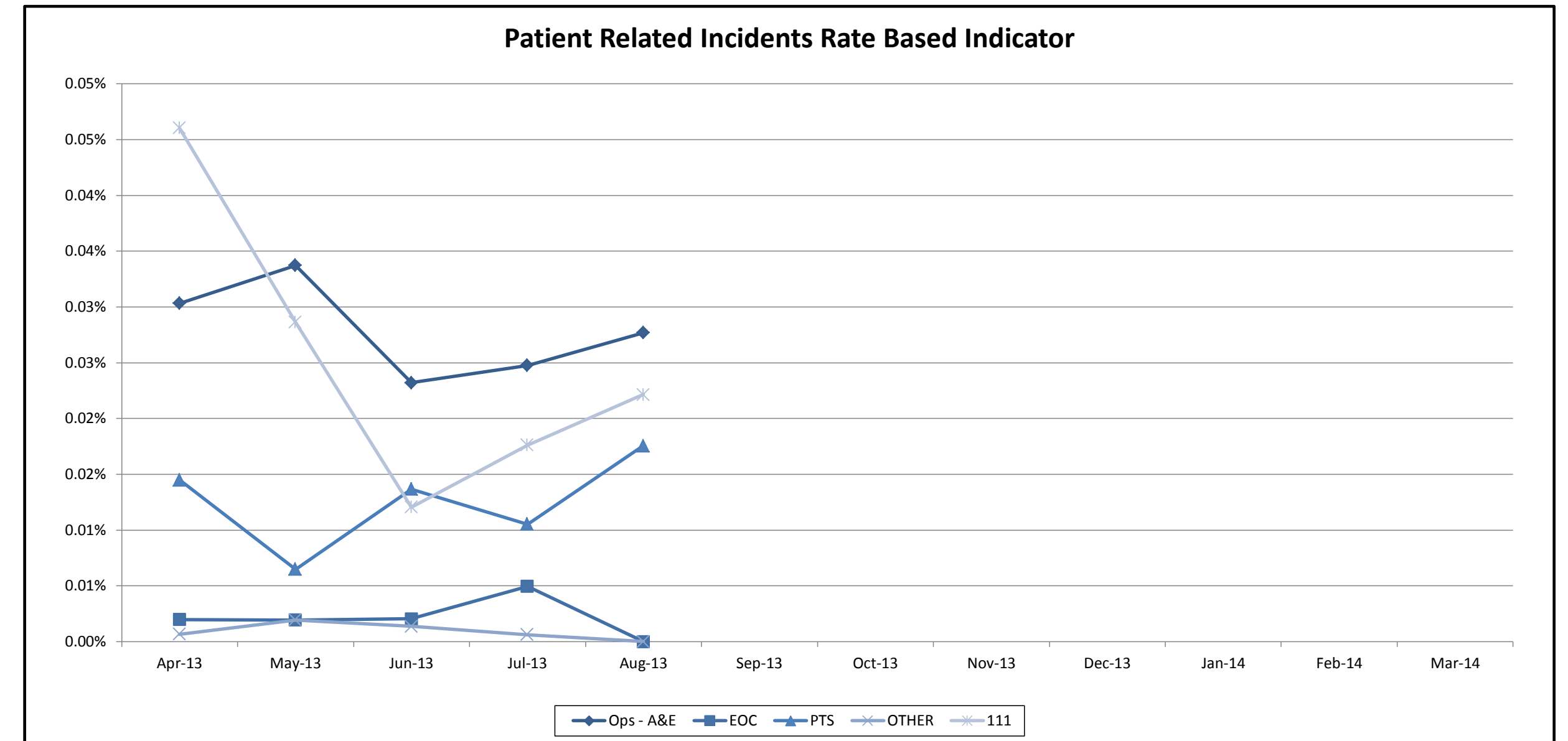
Patient related Incidents

OBJ REF 3



Patient Related Incidents Rate Based Indicator

OBJ REF 3



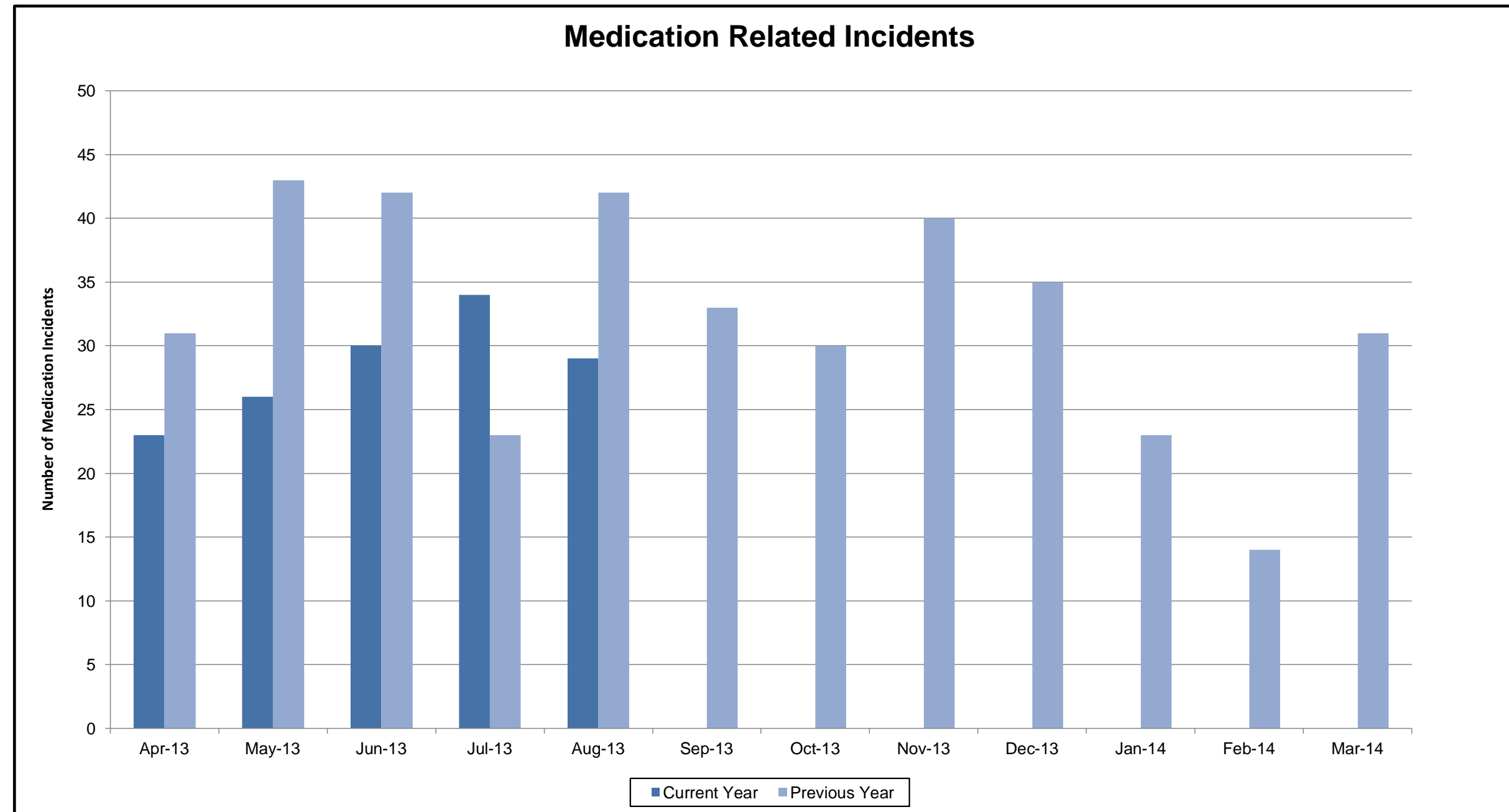
Patient Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	46	52	34	40	41							
EOC	3	3	3	8	0							
PTS	22	10	20	17	26							
111	33	22	9	15	19							
Medical Operations	0	0	4	1	5							
OTHER	1	3	2	1	0							
TOTALS	105	90	72	82	91							
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	0.03%	0.03%	0.02%	0.02%	0.03%							
EOC	0.00%	0.00%	0.00%	0.00%	0.00%							
PTS	0.01%	0.01%	0.01%	0.01%	0.02%							
111	0.05%	0.03%	0.01%	0.02%	0.02%							
Medical Operations	0.00%	0.00%	0.00%	0.00%	0.00%							
OTHER	0.00%	0.00%	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

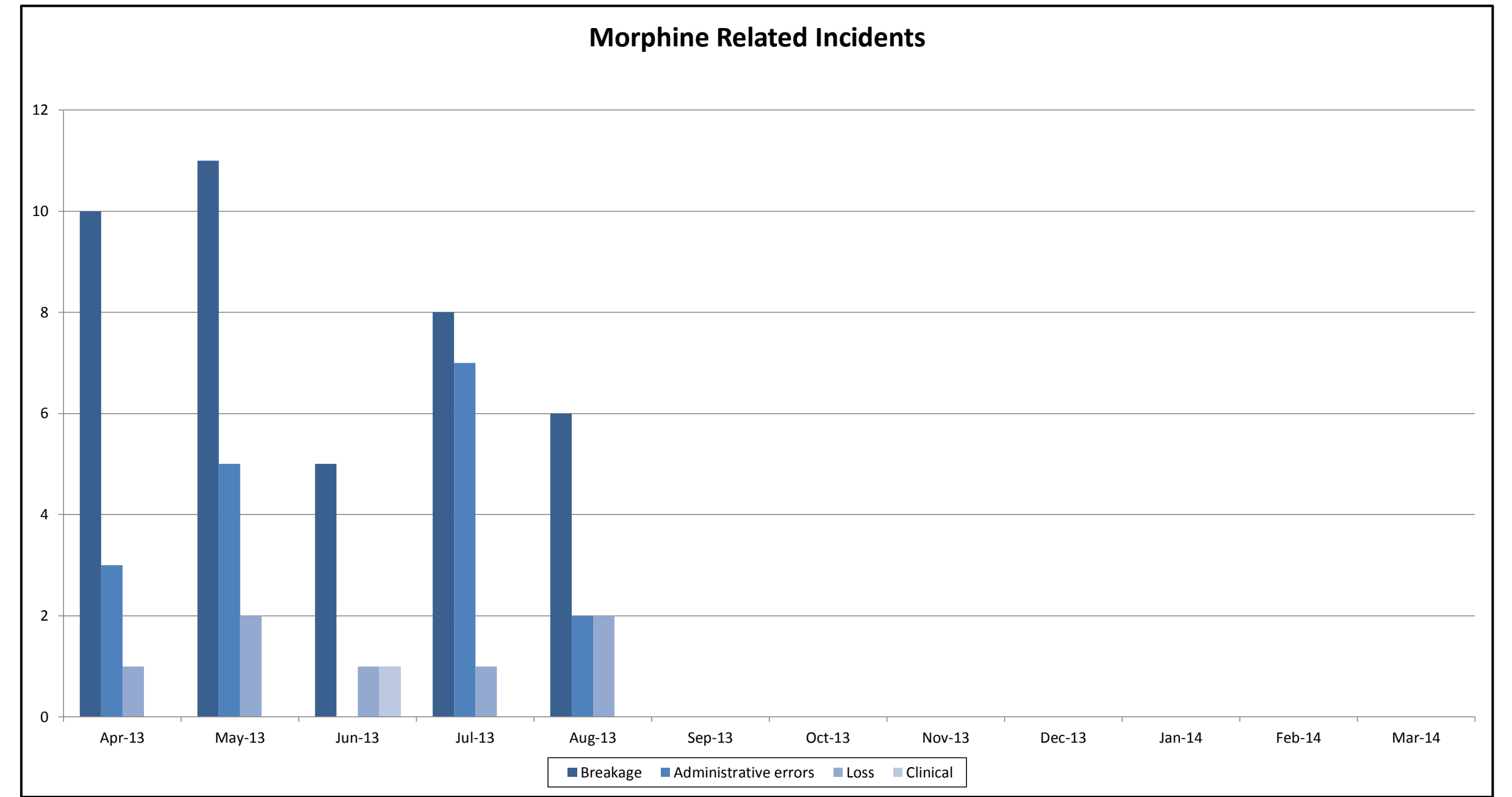
OBJ REF 3



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	34	29							
Previous Year	31	43	42	23	42	33	30	40	35	23	14	31

Morphine Related Incidents

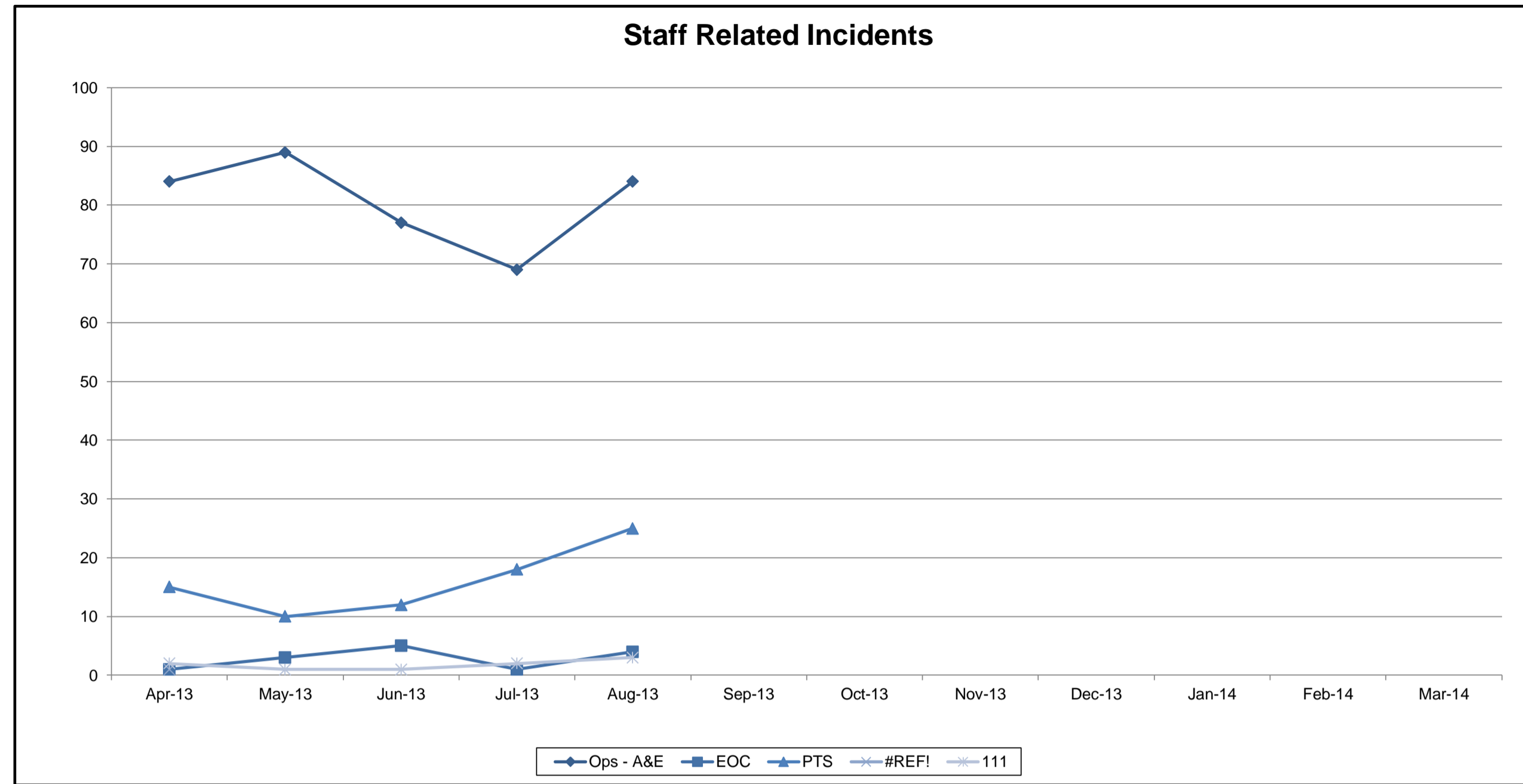
OBJ REF 3



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	8	6							
Administrative errors	3	5	0	7	2							
Loss	1	2	1	1	2							
Clinical	0	0	1	0	0							
TOTAL (Current Year)	14	18	7	16	10							
TOTAL (Previous Year)	12	20	20	11	18	13	14	20	14	12	4	12

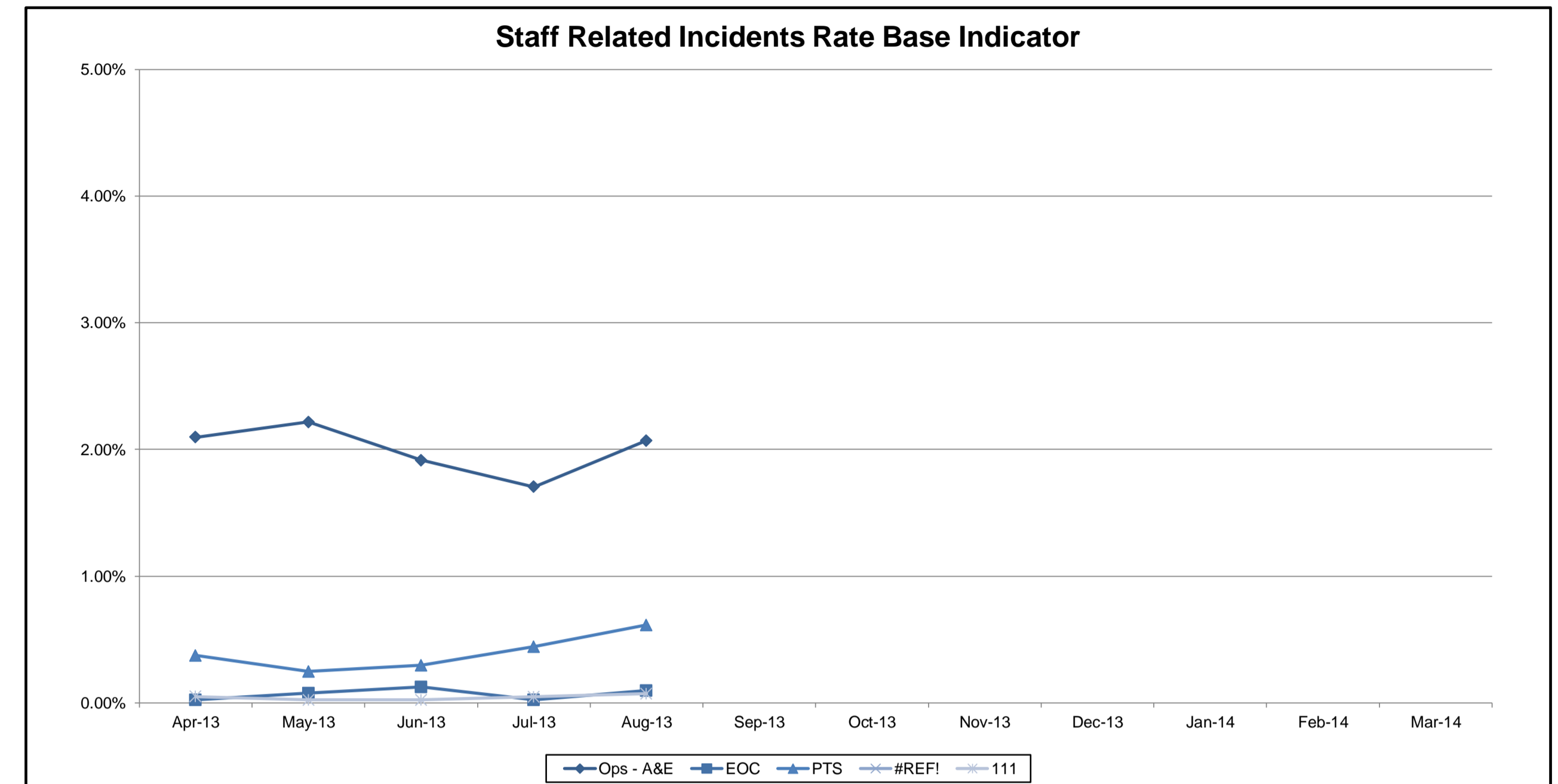
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



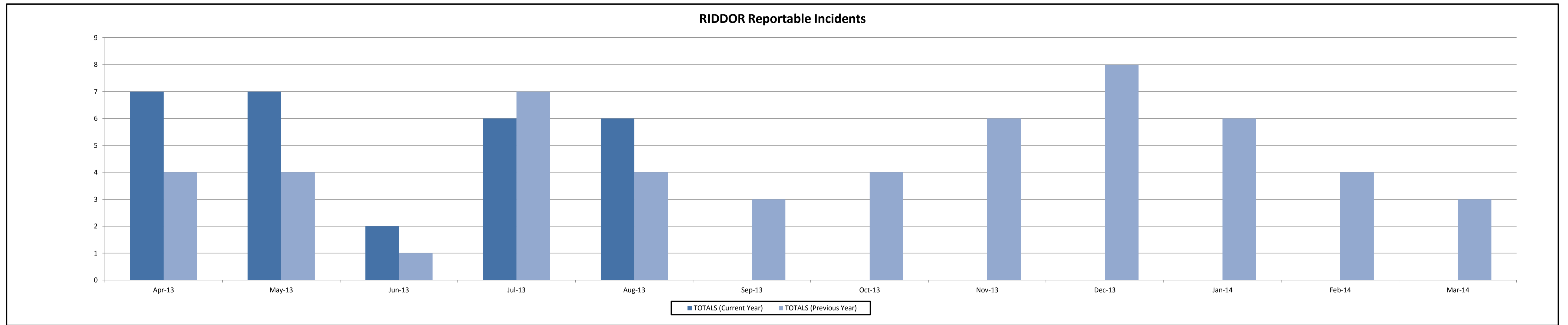
Staff Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	84	89	77	69	84							
EOC	1	3	5	1	4							
PTS	15	10	12	18	25							
111	2	1	1	2	3							
Finance	0	0	1	0	0							
Medical - Operations	0	0	1	4	11							
Quality & Patient Experience	0	0	1	2	0							
Resilience & Specialist Services	0	1	2	2	0							
Support Services	5	2	1	0	0							
Foundation Trust	0	0	0	1	0							
Human Resourcec	0	0	0	1	0							
Organisational Effectiveness and Education	0	0	0	1	0							
Risk & Safety	0	0	0	0	2							
ICT	1	0	0	0	0							
TOTALS (Current Year)	108	106	101	101	129							
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	2.10%	2.22%	1.91%	1.71%	2.07%							
EOC	0.02%	0.07%	0.12%	0.02%	0.10%							
PTS	0.37%	0.25%	0.30%	0.44%	0.62%							
111	0.05%	0.02%	0.02%	0.05%	0.07%							
Finance	0.00%	0.00%	0.02%	0.00%	0.00%							
Medical - Operations	0.00%	0.00%	0.02%	0.10%	0.27%							
Quality & Patient Experience	0.00%	0.00%	0.02%	0.05%	0.00%							
Resilience & Specialist Services	0.00%	0.02%	0.05%	0.05%	0.00%							
Support Services	0.12%	0.05%	0.02%	0.00%	0.00%							
Foundation Trust	0.00%	0.00%	0.00%	0.02%	0.00%							
Human Resourcec	0.00%	0.00%	0.00%	0.02%	0.00%							
Organisational Effectiveness and Education	0.00%	0.00%	0.00%	0.02%	0.00%							
Risk & Safety	0.00%	0.00%	0.00%	0.00%	0.05%							
ICT	0.02%	0.00%	0.00%	0.00%	0.00%							

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

RIDDOR Reportable Incidents

OBJ REF 3

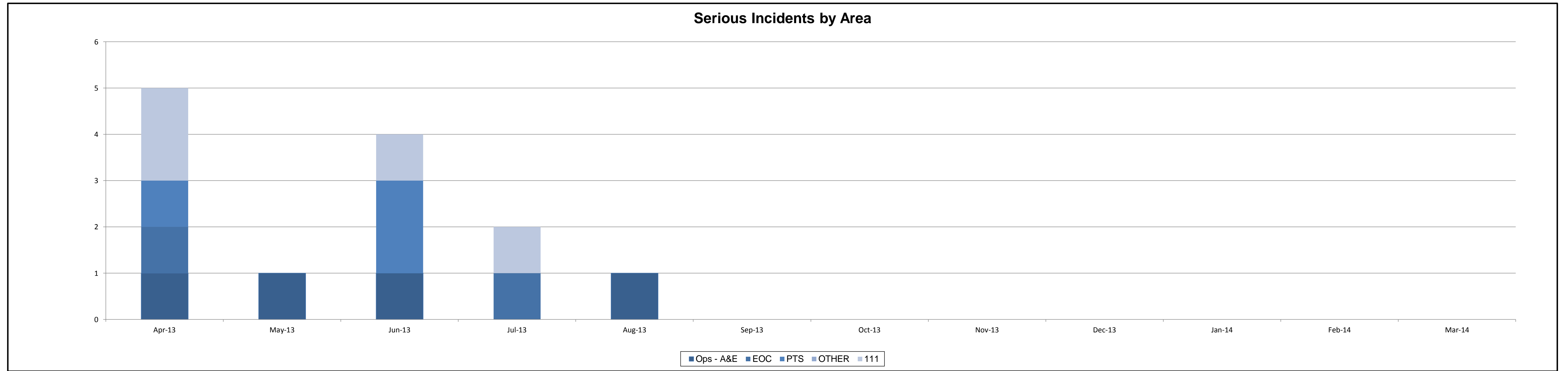


RIDDOR reportable	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
North Yorkshire CBU	0	2	2	0	1							
East Riding of Yorkshire CBU	4	1	0	2	1							
Leeds & Wakefield CBU	2	0	0	0	0							
Bradford, Calderdale and Kirklees CBU	1	3	0	2	2							
South Yorkshire CBU	0	0	0	2	1							
Operations PTS	0	1	0	0	0							
Other Directorates	0	0	0	0	1							
TOTALS (Current Year)	7	7	2	6	6							
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	0	0							
Hit by a moving, flying or falling object	1	2	0	0	0							
Hit by a moving vehicle	1	0	0	1	0							
Hit by something fixed or stationary	0	1	0	0	0							
Injured while handling, lifting or carrying	1	3	0	2	1							
Slip, trip or fall on the same level	1	1	0	0	1							
Fall from a height	0	0	0	0	0							
Trapped by something collapsing	0	0	0	0	0							
Drowned or asphyxiated	0	0	0	0	0							
Exposed to or in contact with a harmful substance	1	0	1	1	0							
Exposed to fire	0	0	0	0	0							
Exposed to an explosion	0	0	0	0	0							
Contact with electricity or an electrical discharge	0	0	0	0	0							
Injured by an animal	0	0	0	0	0							
Physically assaulted by a person	1	0	1	0	1							
Another kind of accident	1	0	0	2	3							
Total	7	7	2	6	6							

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

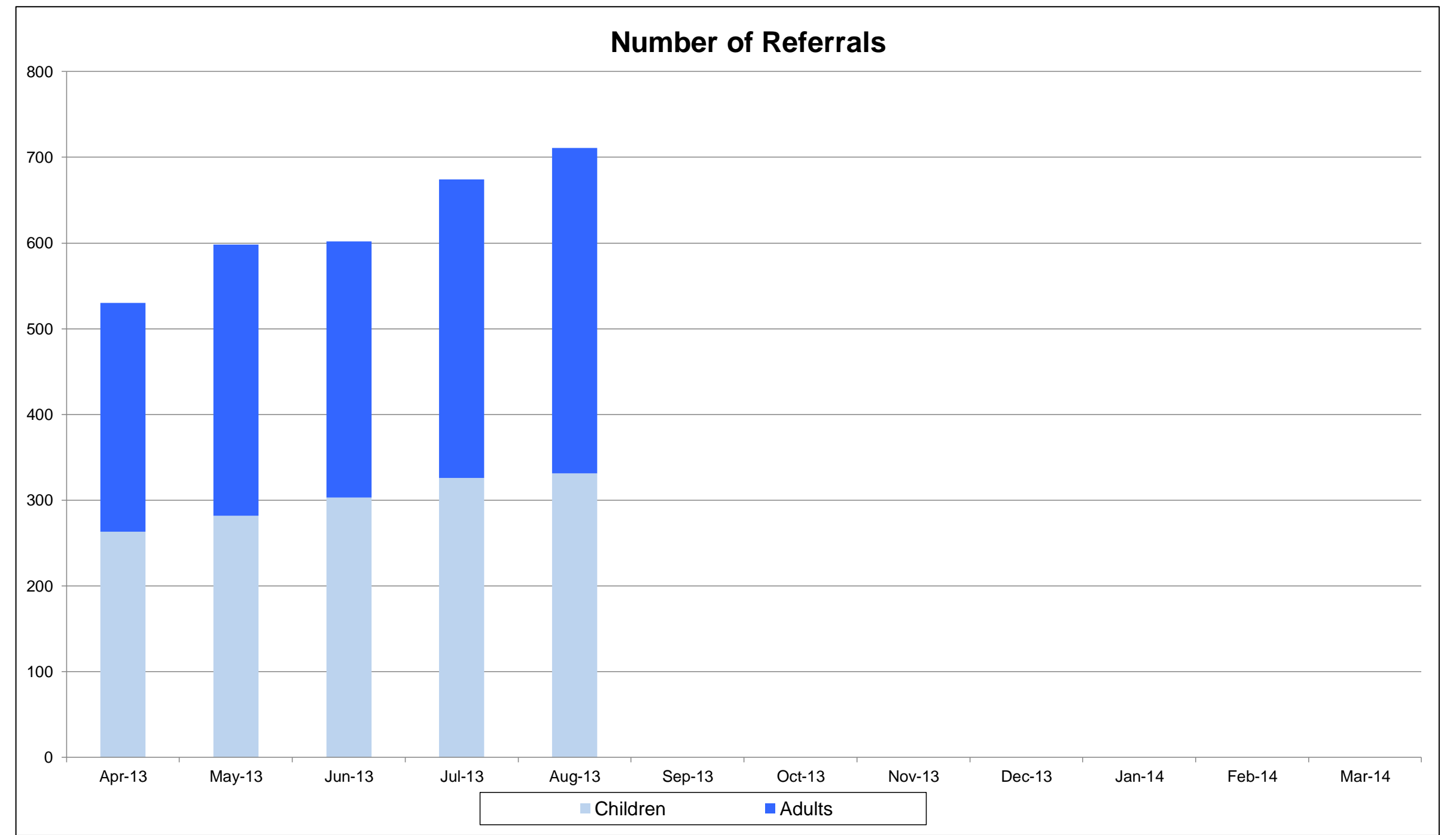
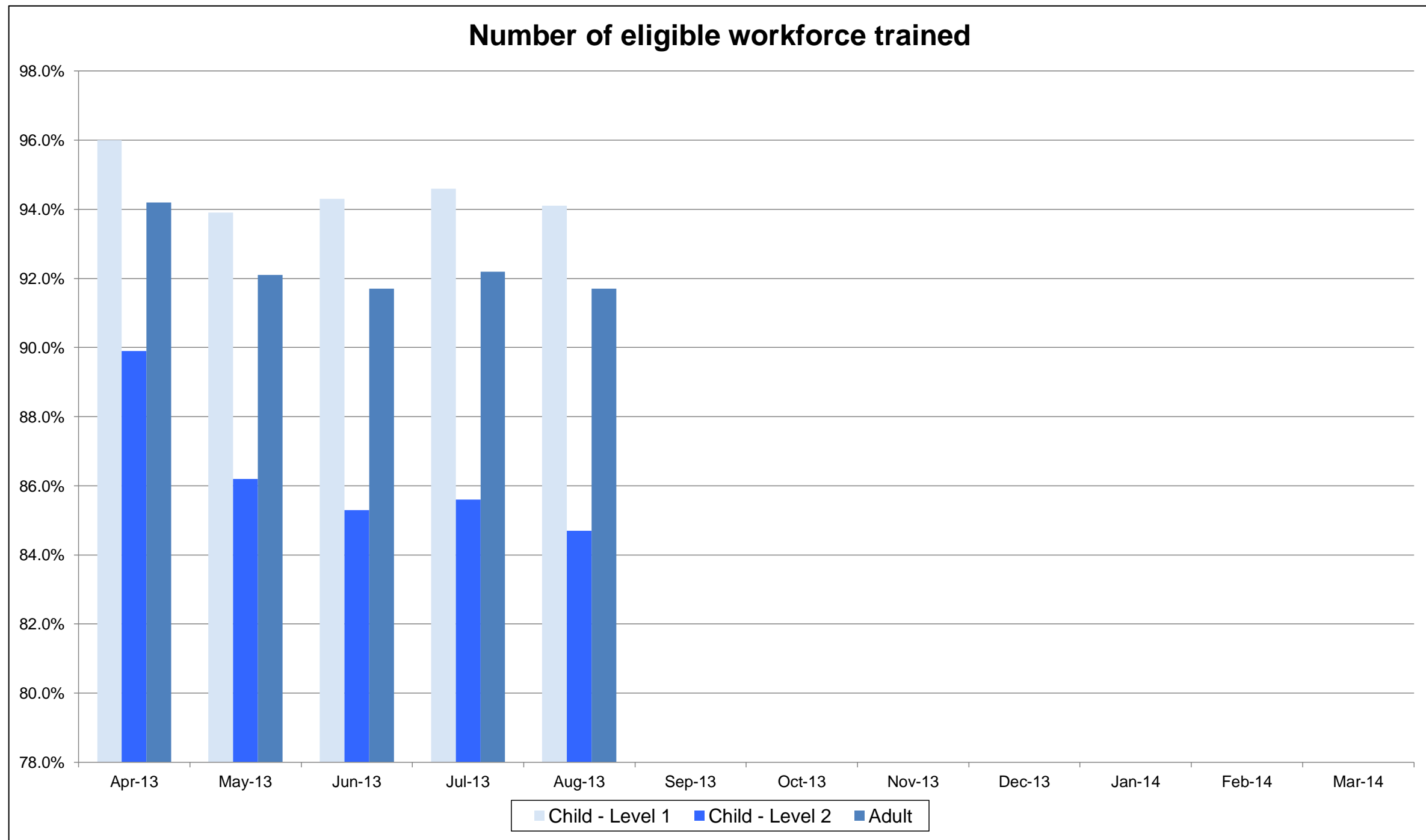
Training Position

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%	94.6%	94.1%							
Child - Level 2	89.9%	86.2%	85.3%	85.6%	84.7%							
Adult	94.2%	92.1%	91.7%	92.2%	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	326	331							
Adult Referrals	267	316	299	348	380							
TOTAL (Current Year)	530	598	602	674	711							
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	CYCLE 10	
	August 2012 Results %	February 2013 Results %	National Average
F1 - Two pain scores recorded (pre- and post-ambulance intervention)	56.6	57.1	72.2
F2 - Analgesia administered	82.9	91.4	87.9
F3 - SpO2 recorded (prior to oxygen administration)	92.1	84.3	93.3
F4 - Oxygen administered	96.1	84.3	91.8
F5 - Immobilisation of limb recorded	59.2	64.3	56.1
F6 - Assessment of circulation distal to the fracture recorded	93.4	91.4	74.9
FC - Care Bundle F1, F2, F5 and F6	34.2	91.4	43.0

	CYCLE 9	CYCLE 10	
	September 2012 Results %	March 2013	National Average
V1 - Blood glucose recorded	89.2	85.7	76.9
V2 - Temperature recorded	91.6	95.5	99.3
V3 - SpO2 recorded (prior to oxygen administration)	86.7	84.2	82.2
V4 - Oxygen administered	90.4	85.7	83.2
V5 - Anticonvulsant administered	97.6	98.5	96.5
V6 - Temperature management recorded	90.4	90.2	91.5
V5 - Appropriate discharge pathway recorded	100.0	100.0	97.9
VC - Care Bundle V1, V2, V3, V4 and V6	69.9	64.7	59.0

Clinical Audit Programme

OBJ REF	1.2 : 2 : 3: 8.1
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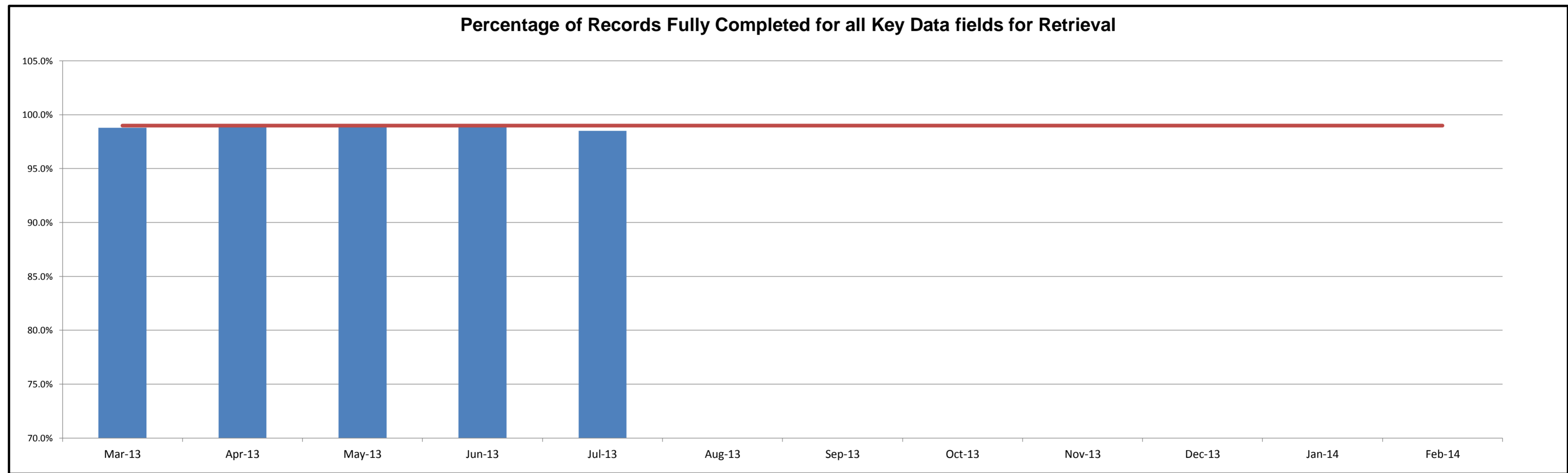
National Audit Programme

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	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	AMBER	AMBER							

Patient Report Form Audit



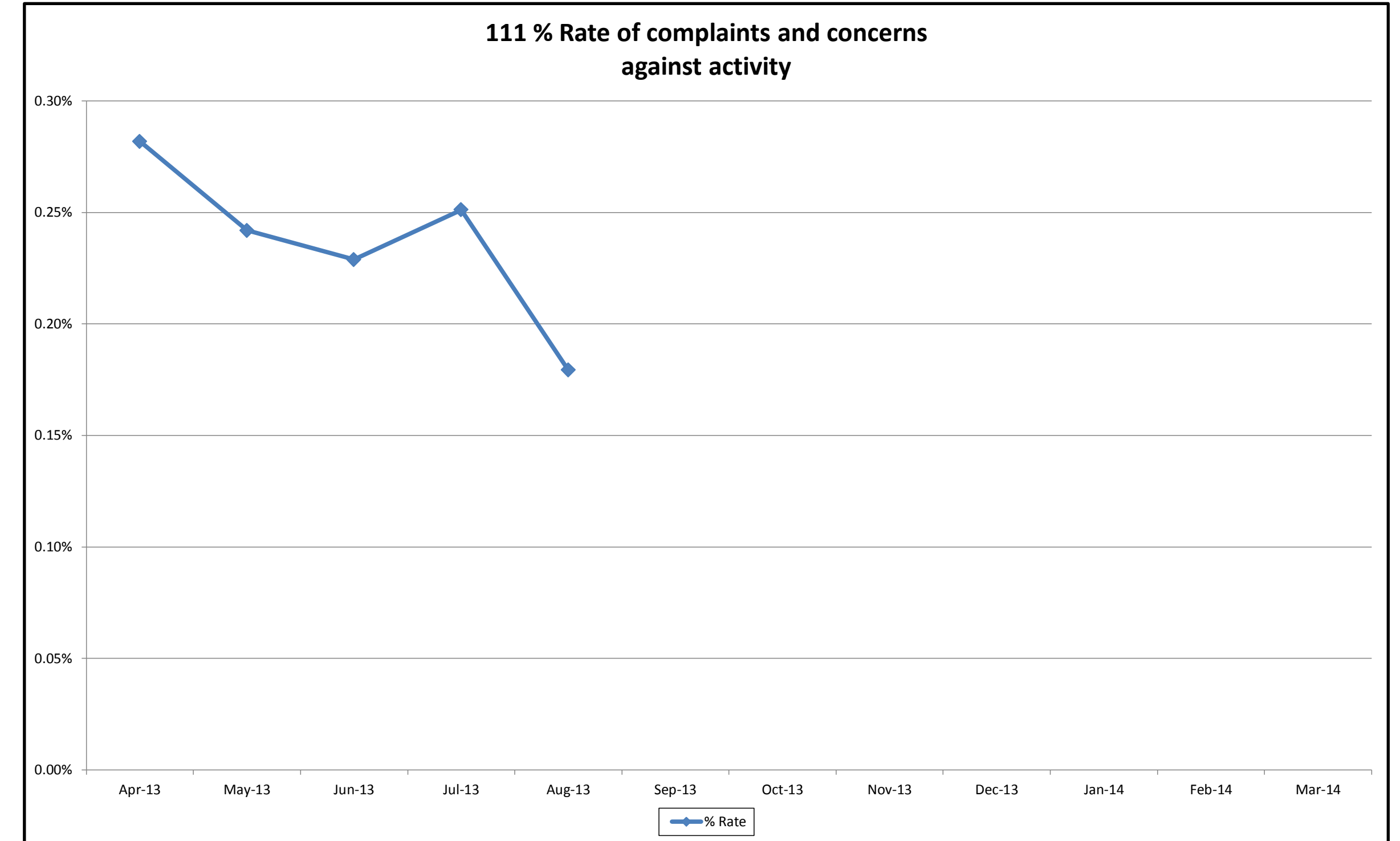
Percentage of Records Fully Completed For All Key Data Fields Used For Retrieval	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Total Forms Scanned	51552	58403	60230	27143	26054							
Total of forms with key data incomplete	621	634	630	290	402							
% of Completed Forms	98.8%	98.9%	99.0%	98.9%	98.5%							

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 July 2013 data.

Concerns, Complaints, Comments and Compliments - 111 & LCD

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	2	2								22
Clinical	24	23	8	15	14								84
Operations	12	4	5	16	5								42
Sub Total	43	31	20	33	21								148
HCP Complaints & Concerns	159	155	151	181	133								779
GRAND TOTAL	202	186	171	214	154								927
Call Activity	71653	76900	74727	85198	85819								394297
% RATE	0.28%	0.24%	0.23%	0.25%	0.18%								0.24%



Complaints & Concerns													
Local Care Direct	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					0								0
Clinical					1								1
Operations					2								2
Sub Total					3								3
HCP Complaints & Concerns					1								1
GRAND TOTAL					4								4
Call Activity					17931								17931
% RATE					0.02%								0.02%

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	14	13								75

A&E Patient Experience Survey

OBJ REF 1.2 : 3

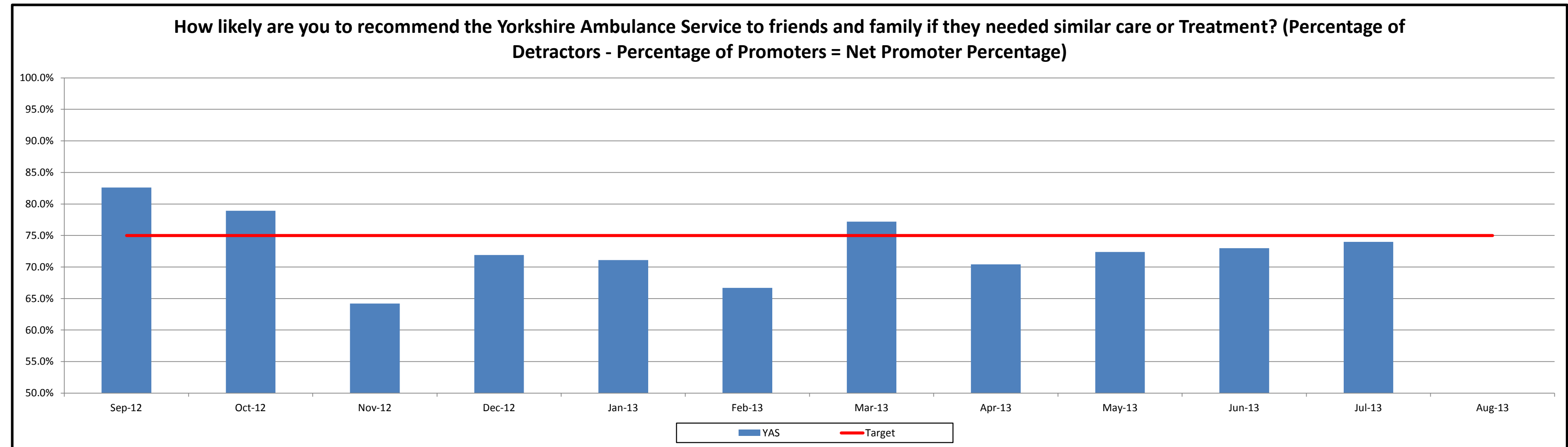
YTD RAG

AMBER



MTD RAG

AMBER



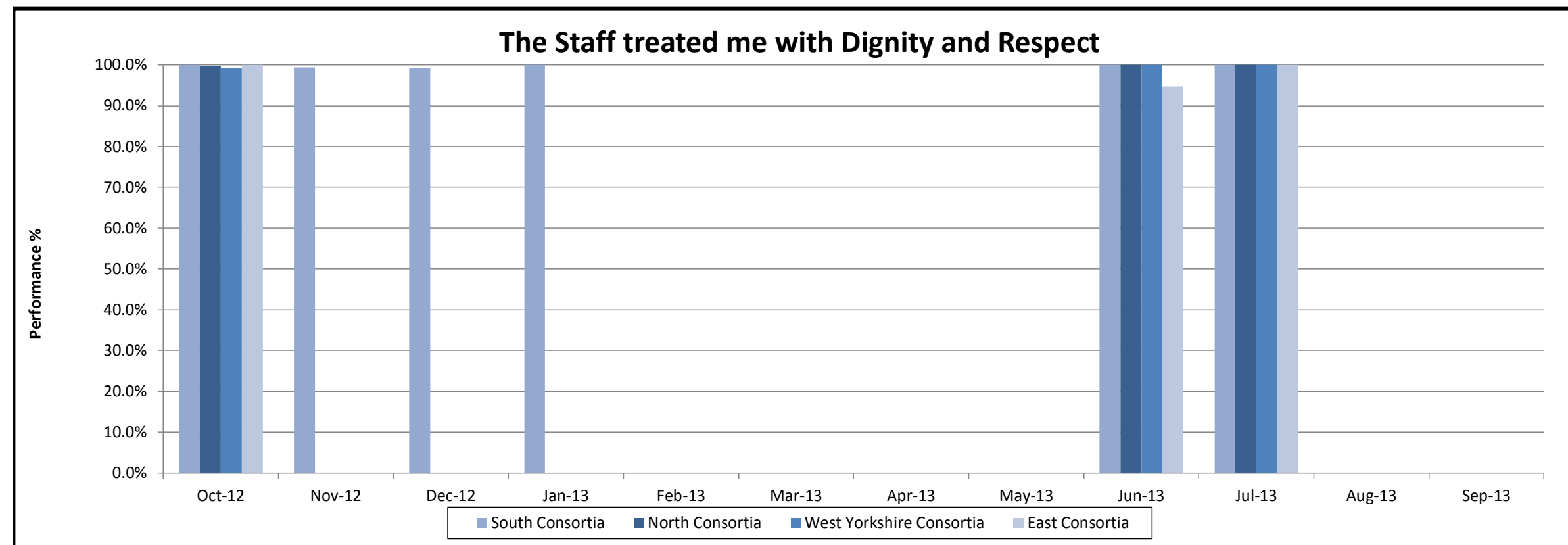
Overall Service	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
North Yorkshire Cluster	93.5%	87.1%	55.8%	75.9%	85.7%	66.7%	77.3%	69.2%	90.5%	87.0%	95.7%	
East Yorkshire Cluster	82.8%	82.0%	60.0%	69.6%	61.5%	68.4%	77.4%	60.7%	48.3%	71.4%	59.1%	
Calderdale, Kirklees & Wakefield Cluster	68.2%	79.2%	66.7%	97.0%	86.7%	66.7%	53.6%	72.7%	86.2%	81.8%	73.3%	
Leeds, Bradford & Airedale Cluster	73.0%	84.2%	79.1%	82.6%	66.7%	56.3%	83.3%	83.9%	64.0%	56.3%	83.3%	
South Yorkshire cluster	89.7%	63.4%	65.7%	74.1%	65.0%	66.7%	83.8%	68.8%	74.5%	82.5%	76.1%	
Unknown Area	100.0%	79.4%	50.0%	31.4%	40.0%	90.9%	88.9%	65.5%	75.0%	35.3%	63.8%	
YAS	82.6%	78.9%	64.2%	71.9%	71.1%	66.7%	77.2%	70.4%	72.4%	73.0%	74.0%	
YAS variance to previous Month		-3.7%	-14.7%	7.7%	-0.9%	-4.4%	10.5%	-6.8%	2.0%	0.6%	0.9%	

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

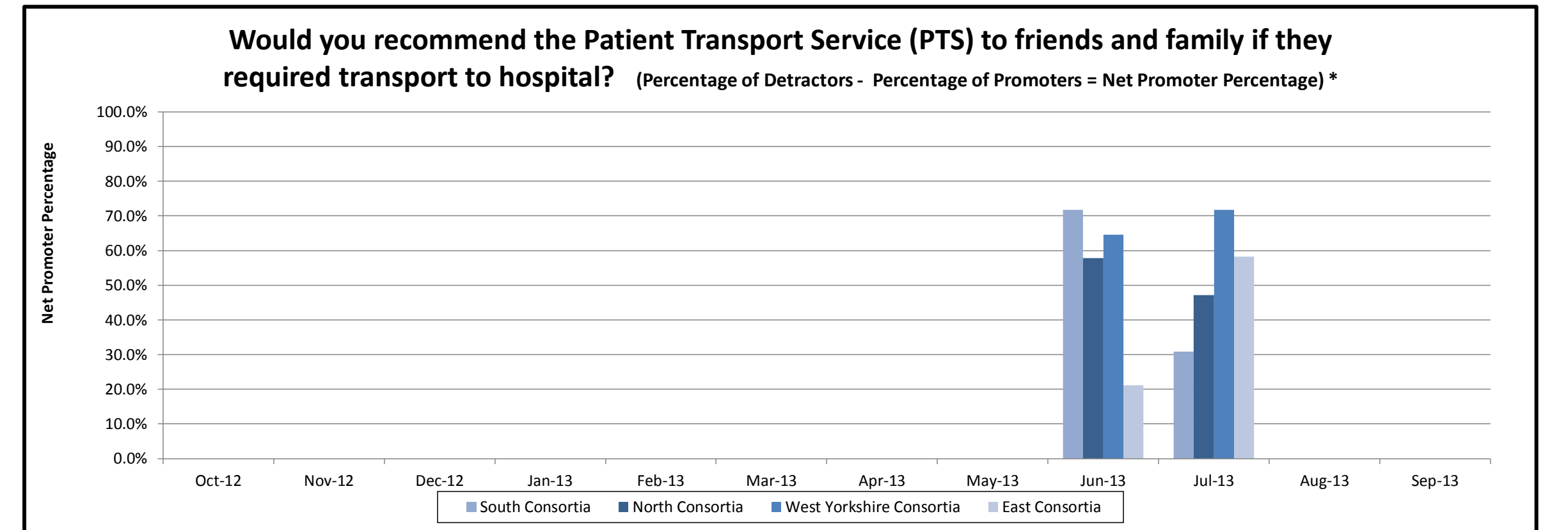
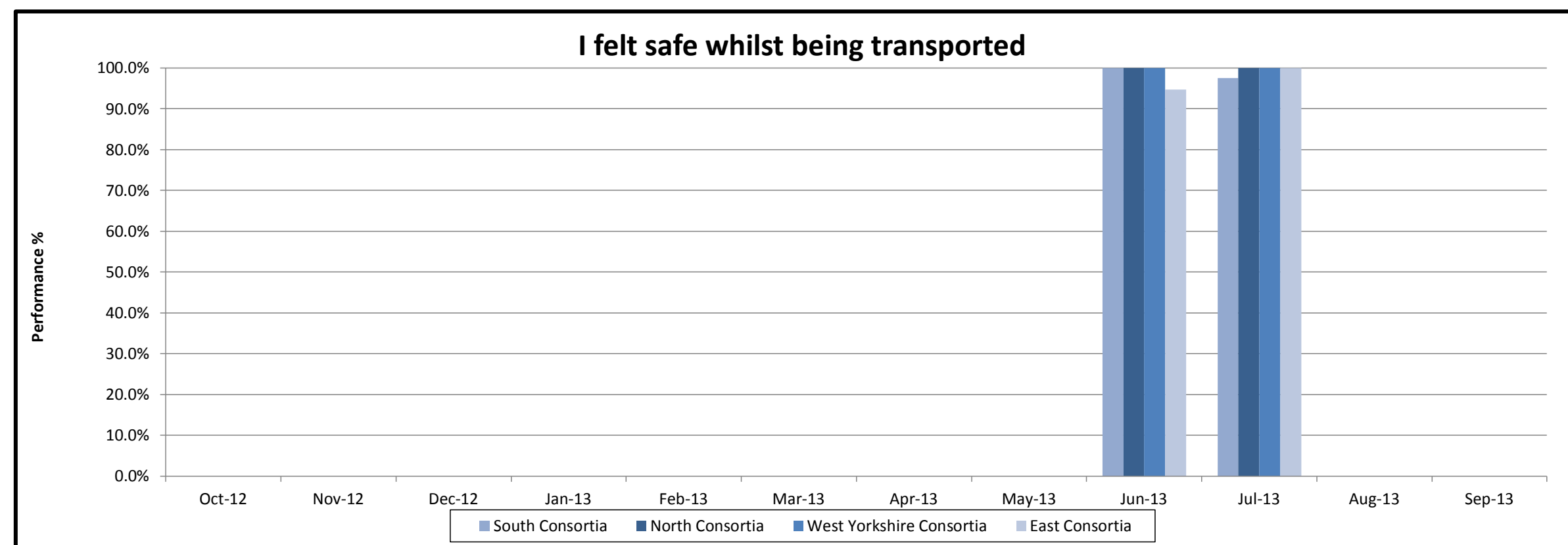
OBJ REF 1.2 : 3

←	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%					100.0%	100.0%		
North Consortia	99.7%								100.0%	100.0%		
West Yorkshire Consortia	99.1%								100.0%	100.0%		
East Consortia	100.0%								94.7%	100.0%		

	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									88.4%	79.2%		
North Consortia									77.8%	76.5%		
West Yorkshire Consortia									84.6%	78.9%		
East Consortia									63.2%	91.7%		



	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%	97.5%		
North Consortia									100.0%	100.0%		
West Yorkshire Consortia									100.0%	100.0%		
East Consortia									94.7%	100.0%		

	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									71.8%	30.8%		
North Consortia									57.9%	47.1%		
West Yorkshire Consortia									64.6%	71.7%		
East Consortia									21.1%	58.3%		

Please note: This will be 1 month in arrears and from June 2013 an updated survey was introduced.

Registration Regulations & Outcomes	OBJ REF	3
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NHS Litigation Authority

OBJ REF	3
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COMPLIANCE								Comments
Outcome	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Actions Changes since last Report	
1 Respecting and involving people who use services	Green	Green	Green	Yellow	Yellow	Yellow		
2 Consent to care and treatment	Green	Green	Green	Yellow	Yellow	Yellow		
4 Care and welfare of people who use services	Orange	Orange	Orange	Green	Yellow	Yellow		
5 Meeting nutritional needs	Grey	Grey	Grey	Grey	Grey	Grey		
6 Cooperating with other providers	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
7 Safeguarding people who use services from abuse	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
8 Cleanliness and infection control	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
9 Management of medicines	Yellow	Yellow	Yellow	Orange	Orange	Orange		
10 Safety and suitability of premises	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
11 Safety, availability and suitability of equipment	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
12 Requirements relating to staff	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
13 Staffing	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
14 Supporting workers	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
16 Assessing/Monitoring quality	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
17 Complaints	Green	Green	Green	Green	Green	Green		
18 Records	Green	Green	Green	Yellow	Yellow	Yellow		

Current Level	level 1
Proposed Level	Maintain level 1 during 2013/14
Advisory Visit	
Formal Assessments	Oct-12

CQC REGISTRATION	
Developments since last report	The CQC inspected YAS in July 2013. The final report is awaited.
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	33	120
Number acknowledged within 1 day	33	
Number of FOI requests due a response in month	18	
Number responded to within 20 days	15	
Number responded to outside 20 days	3	

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	45	262	95%	100%
Police requests	100	573		
Witness Statements / Police Interviews	31	179		
	This Month	Year to Date		
Coroner Requests	17	116		

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	GREEN	GREEN							

Comments

Data Protection Act (DPA) Requests

Workload has been slightly lower than average due to the holiday period. Compliance with Data Protection Act requirement KPIs has been strong.

FOI Requests

One FOI is late because we are waiting for the individual to respond with further clarification before we can progress their FOI request.



Section 4

Workforce



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

Lost working time due to sickness absence: Operations data reflects the original structure and includes PTS data. Overall Operations absence increased during August. A&E (West) and PTS are the only areas to show a continuing decrease albeit from a high base. EOC absence has increased to 6.58% with the biggest absence reason being Gastrointestinal problems. For the second month in a row Resilience & Special Services have the lowest level of absence (1.78% for August). Corporate areas are impacted disproportionately because of relatively low numbers however it is worth highlighting Ancillary within Finance Directorate is currently at 6.29% which is predominantly long term sickness. Workforce & Strategy is reporting a sickness figure of 6.54% however this is not correct as there is an error with the GRS sickness reporting into ESR. NHS 111 & Urgent Care is showing a worrying 5.16% absence rate however much of this is long term legacy from NHS Direct. It has been brought to our attention that there is still some under reporting from this area and this is currently being addressed.

Performance Development Reviews (PDRs) show a slight decrease on previous month however the number of PDRs overdue has increased to 22%. Overall compliance is affected by NHS 111 & Urgent Care Division which remains at only 4.95% compliant. The quality of PDRs has been identified by the last CQC inspection that an action is required and will be implemented in quarter 3 throughout the Trust.

Statutory and Mandatory Workbook The new Statutory & Mandatory workbook for 2013-15 has been circulated to TEG member on 9 September 2013 and is due to be released to all staff week commencing 30 September 2013.

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	RED	AMBER	AMBER	RED								
1.1	PDR %	RED	RED	RED	RED	RED								
6	Statutory and Mandatory Training	GREEN	GREEN	GREEN	GREEN	GREEN								

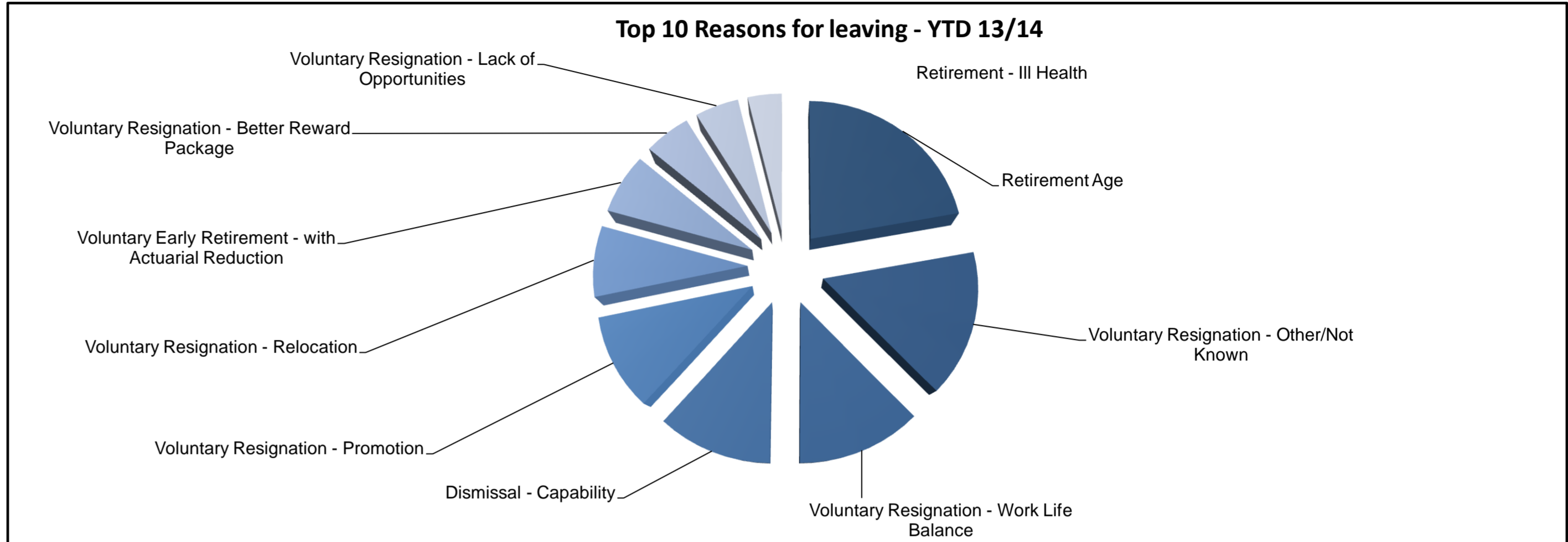
Recruits & Leavers

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	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	1.0	3.2							
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	6.9	1.0							
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	1.0	3.0							
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	42.4	28.5							
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	10.5	3.0							
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	61.8	37.5							
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	0.0	0.0							
Chief Executive FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	1.0	0.5	1.0	0.0	0.0	0.0	0.0
Clinical FTE	1.0	0.0	0.0	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	4.0	2.8							
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	1.0	3.0							
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	21.7	23.1							
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	6.0	8.6							
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	32.8	37.5							
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	8.3	6.8								29.0
Voluntary Resignation - Other/Not Known	6.3	2.5	2.0	3.6	6.1								20.5
Voluntary Resignation - Work Life Balance	0.1	3.9	7.0	2.9	2.3								16.2
Dismissal - Capability	4.0	2.0	4.0	1.0	3.9								14.9
Voluntary Resignation - Promotion	2.7	1.0	4.0	0.0	5.6								13.3
Voluntary Resignation - Relocation	0.0	2.0	2.0	2.5	3.6								10.1
Voluntary Early Retirement - with Actuarial Reduction	1.0	0.0	5.0	0.8	2.0								8.8
Voluntary Resignation - Better Reward Package	0.0	1.0	0.0	3.0	2.8								6.8
Voluntary Resignation - Lack of Opportunities	1.0	0.0	1.0	1.0	3.4								6.4
Retirement - Ill Health	1.0	0.0	1.0	2.0	1.0								5.0
Redundancy - Compulsory	0.0	0.0	1.0	3.2	0.0								4.2
Voluntary Early Retirement - no Actuarial Reduction	0.7	1.0	2.0	0.0	0.0								3.7
Dismissal - Some Other Substantial Reason	0.0	1.0	0.0	1.0	0.0								2.0
Dismissal - Conduct	0.0	0.5	1.0	0.0	0.0								1.5
Voluntary Resignation - Health	0.0	0.0	1.5	0.0	0.0								1.5
Voluntary Resignation - Adult Dependents	0.0	1.0	0.0	0.5	0.0								1.5
End of Fixed Term Contract - Other	0.0	0.4	0.0	1.0	0.0								1.4
Voluntary Resignation - Child Dependents	0.0	0.0	1.0	0.0	0.0								1.0
Death in Service	0.0	0.0	0.0	1.0	0.0								1.0
Dismissal - Statutory Reason	0.0	0.0	0.0	1.0	0.0								1.0
Voluntary Resignation - Incompatible Working Relationships	0.5	0.0	0.0	0.0	0.0								0.5
Redundancy - Voluntary	0.0	0.0	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	0.0								0.0
Initial Pension Ended	0.0	0.0	0.0	0.0	0.0								0.0
End of Fixed Term Contract - External Rotation	0.0	0.0	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	0.0								0.0
Bank Staff not fulfilled minimum work requirement	0.0	0.0	0.0	0.0	0.0								0.0
Employee Transfer	0.0	0.0	0.0	0.0	0.0								0.0
Has Not Worked	0.0	0.0	0.0	0.0	0.0								0.0
Not Set in Legacy at Migration	0.0	0.0	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%	88%	100%							
Clinical	83%	83%	73%	90%	77%							
Finance & Performance	75%	67%	76%	76%	73%							
Operations	65%	69%	72%	73%	69%							
Standards & Compliance	79%	9%	6%	7%	7%							
Workforce & Strategy	80%	87%	86%	76%	70%							
TRUST TOTAL (Current Year)	61%	64%	66%	67%	64%							
TRUST TOTAL (Previous Year)	79%	79%	77%	77%	76%	79%	78%	78%	72%	67%	63%	56%

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%	82%	82%							
Clinical	94%	94%	91%	88%	79%							
Finance & Performance	87%	87%	86%	87%	86%							
Operations	90%	90%	90%	91%	90%							
Standards & Compliance	79%	79%	76%	83%	80%							
Workforce & Strategy	96%	94%	95%	94%	92%							
TRUST TOTAL (Current Year)	89%	89%	88%	90%	89%							
TRUST TOTAL (Previous Year)	77%	77%	76%	77%	82%	85%	86%	89%	89%	88%	88%	89%

Please Note: These figures are for 2011 workbooks only

Short/Long Term Absence

EWI

OBJ REF 1.1

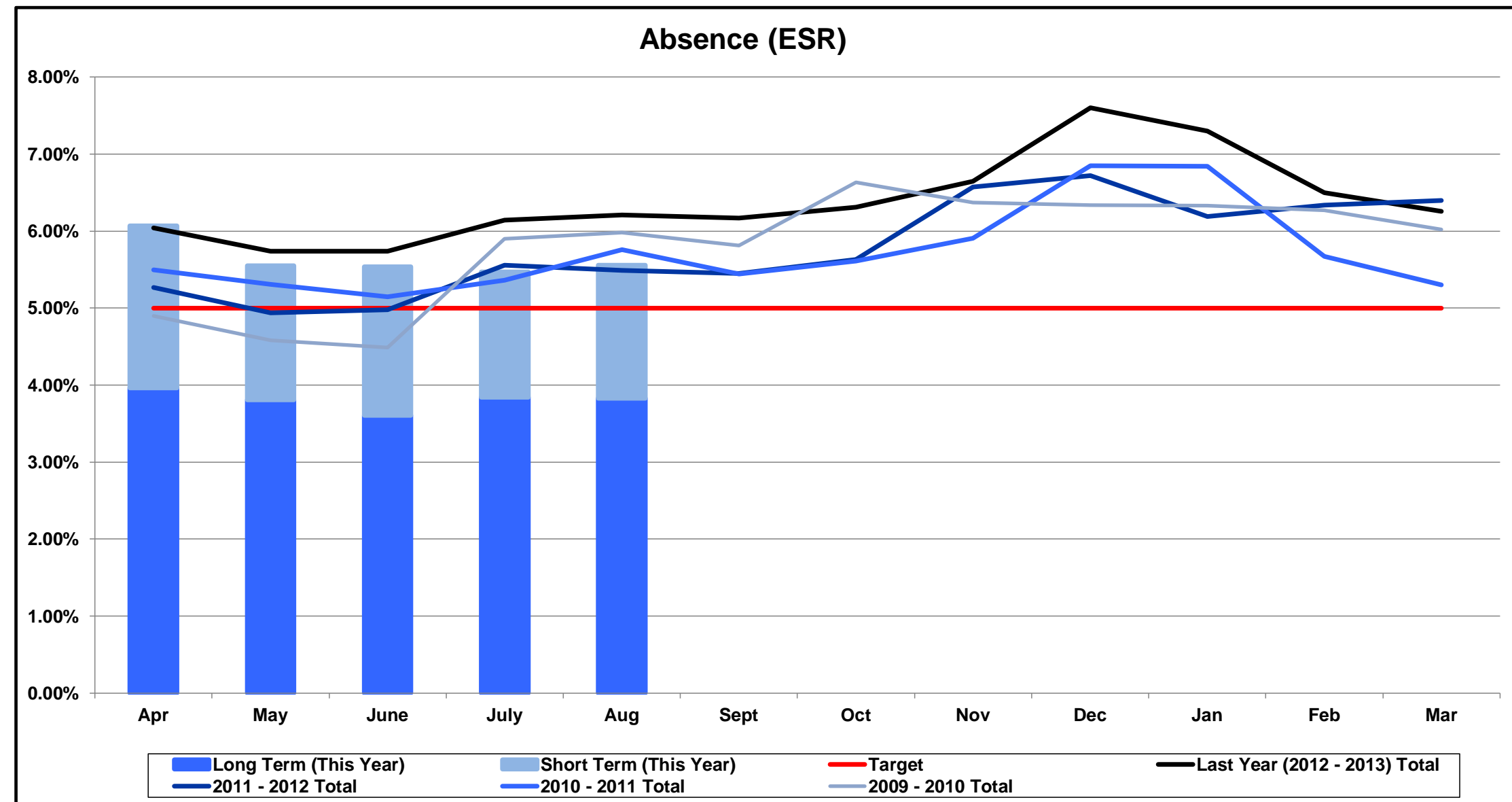
YTD RAG RED

MTD RAG RED

Reason for Absence

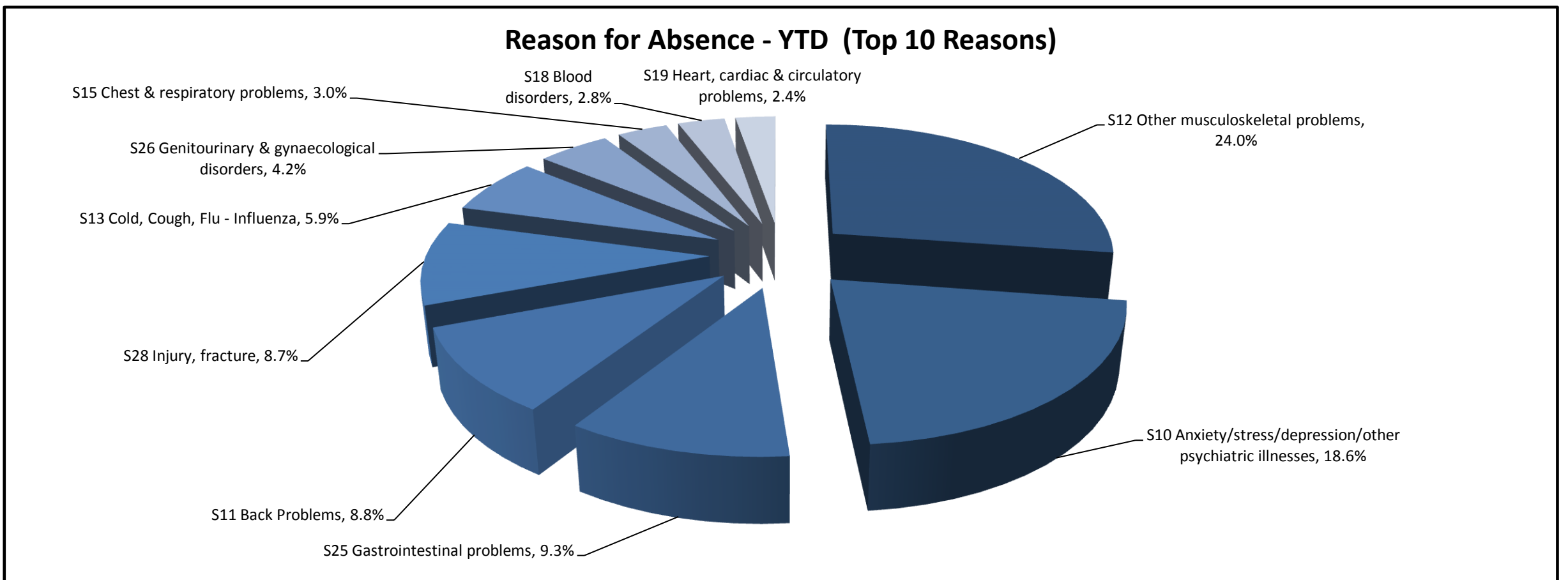
EWI

OBJ REF 1.1



	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
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%	5.00%
Long Term (This Year)	3.96%	3.81%	3.61%	3.84%	3.83%								2.28%
Short Term (This Year)	2.11%	1.74%	1.93%	1.63%	1.73%								3.32%
This Year (2013 - 2014) Total	5.71%	5.55%	5.54%	5.47%	5.56%								5.59%
Last Year (2012 - 2013) Total	6.04%	5.74%	5.74%	6.14%	6.21%	6.17%	6.31%	6.65%	7.60%	7.30%	6.50%	6.26%	6.39%
2011 - 2012 Total	5.27%	4.94%	4.98%	5.56%	5.49%	5.45%	5.63%	6.57%	6.72%	6.19%	6.34%	6.40%	5.79%
2010 - 2011 Total	5.50%	5.31%	5.15%	5.36%	5.76%	5.44%	5.61%	5.91%	6.85%	6.84%	5.67%	5.30%	5.73%
2009 - 2010 Total	4.90%	4.58%	4.49%	5.90%	5.98%	5.81%	6.63%	6.37%	6.34%	6.33%	6.27%	6.02%	5.82%

Sickness absence figures are rerun for the proceeding 12 months and amended within the IPR if fluctuations exist. The sickness absence figure reported in month tends to become more accurate the over time as amendments can be made to live records after reports have been run.



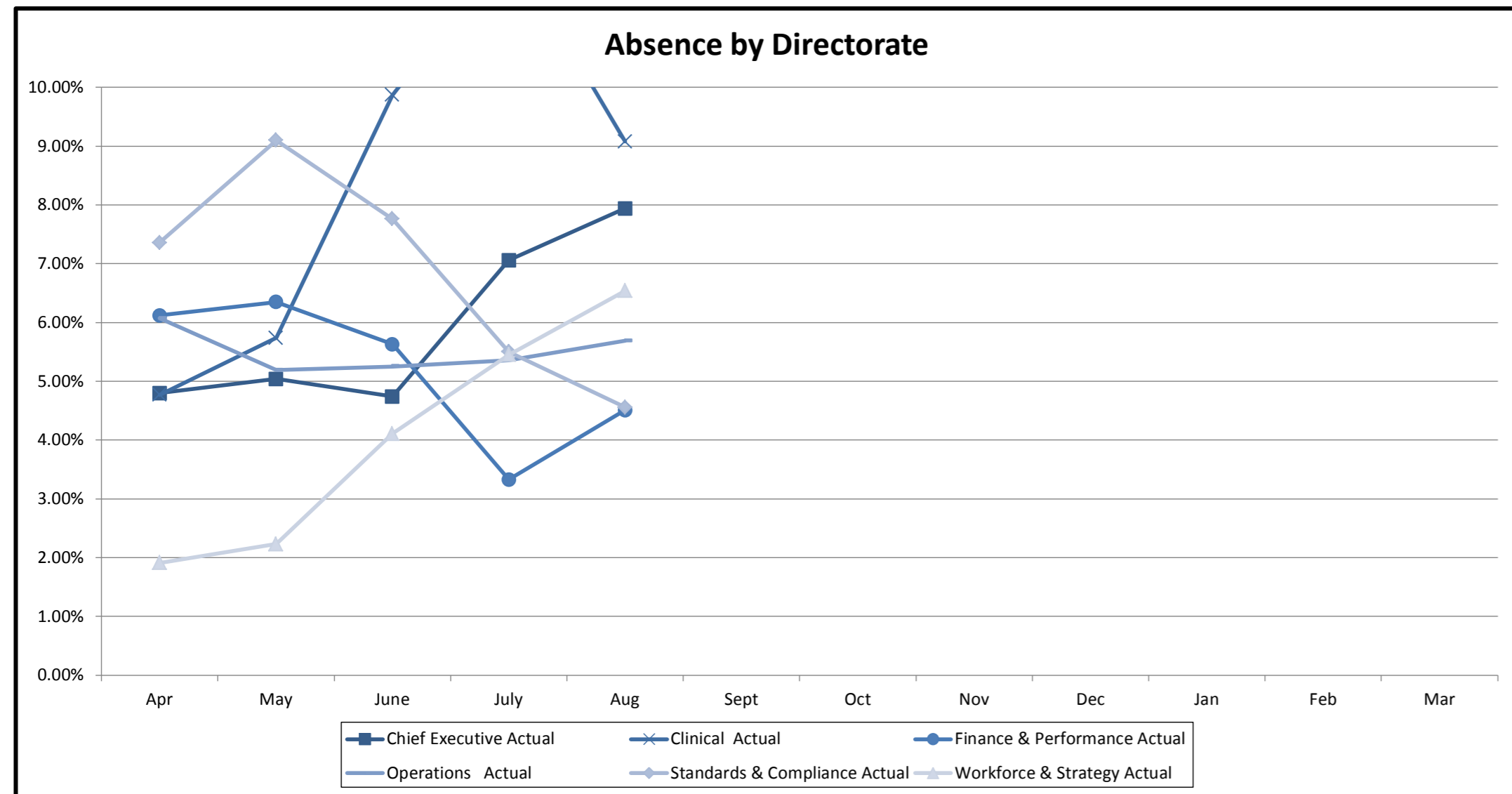
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 13/14
S12 Other musculoskeletal problems	25.2%	25.0%	24.7%	22.4%	22.6%								24.0%
S10 Anxiety/stress/depression/other psychiatric illnesses	16.8%	19.4%	17.0%	18.0%	21.9%								18.6%
S25 Gastrointestinal problems	9.9%	8.6%	9.5%	8.3%	10.0%								9.3%
S11 Back Problems	7.6%	8.5%	11.1%	9.2%	7.8%								8.8%
S28 Injury, fracture	8.9%	9.0%	9.9%	8.5%	7.3%								8.7%
S13 Cold, Cough, Flu - Influenza	9.8%	5.6%	5.4%	3.2%	5.3%								5.9%
S26 Genitourinary & gynaecological disorders	4.6%	4.1%	3.7%	4.5%	4.3%								4.2%
S15 Chest & respiratory problems	4.4%	2.0%	3.2%	2.6%	2.7%								3.0%
S18 Blood disorders	0.8%	2.0%	10.2%	0.5%	0.4%								2.8%
S19 Heart, cardiac & circulatory problems	1.7%	2.2%	2.2%	3.2%	2.5%								2.4%
S16 Headache / migraine	2.1%	2.7%	1.4%	2.4%	2.3%								2.2%
S21 Ear, nose, throat (ENT)	1.7%	3.1%	2.2%	1.4%	2.2%								2.1%
S99 Unknown causes / Not specified	0.0%	0.0%	0.0%	7.1%	1.6%								1.7%
S17 Benign and malignant tumours, cancers	1.3%	1.8%	1.7%	1.9%	1.8%								1.7%
S31 Skin disorders	1.1%	1.8%	1.9%	1.5%	1.1%								1.5%
S23 Eye problems	0.6%	1.3%	1.4%	1.9%	1.5%								1.3%
S29 Nervous system disorders	0.9%	1.3%	1.1%	1.1%	1.7%								1.2%
S24 Endocrine / glandular problems	0.5%	0.4%	1.1%	0.6%	1.1%								0.7%
S30 Pregnancy related disorders	0.6%	0.5%	0.7%	0.6%	0.8%								0.6%
S27 Infectious diseases	0.9%	0.5%	0.2%	0.6%	0.1%								0.5%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.3%	0.1%	0.2%	0.2%								0.2%
S14 Asthma	0.0%	0.0%	0.0%	0.0%	0.6%								0.1%
S22 Dental and oral problems	0.2%	0.1%	0.1%	0.0%	0.2%								0.1%
S32 Substance abuse	0.0%	0.1%	0.0%	0.0%	0.0%								0.0%
S98 Other known causes - not elsewhere classified	0.0%	0.0%	0.0%	0.0%	0.0%								0.0%

Short/Long Term Absence by Directorate

EWI

OBJ REF	1.1
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YTD RAG	RED
MTD RAG	RED



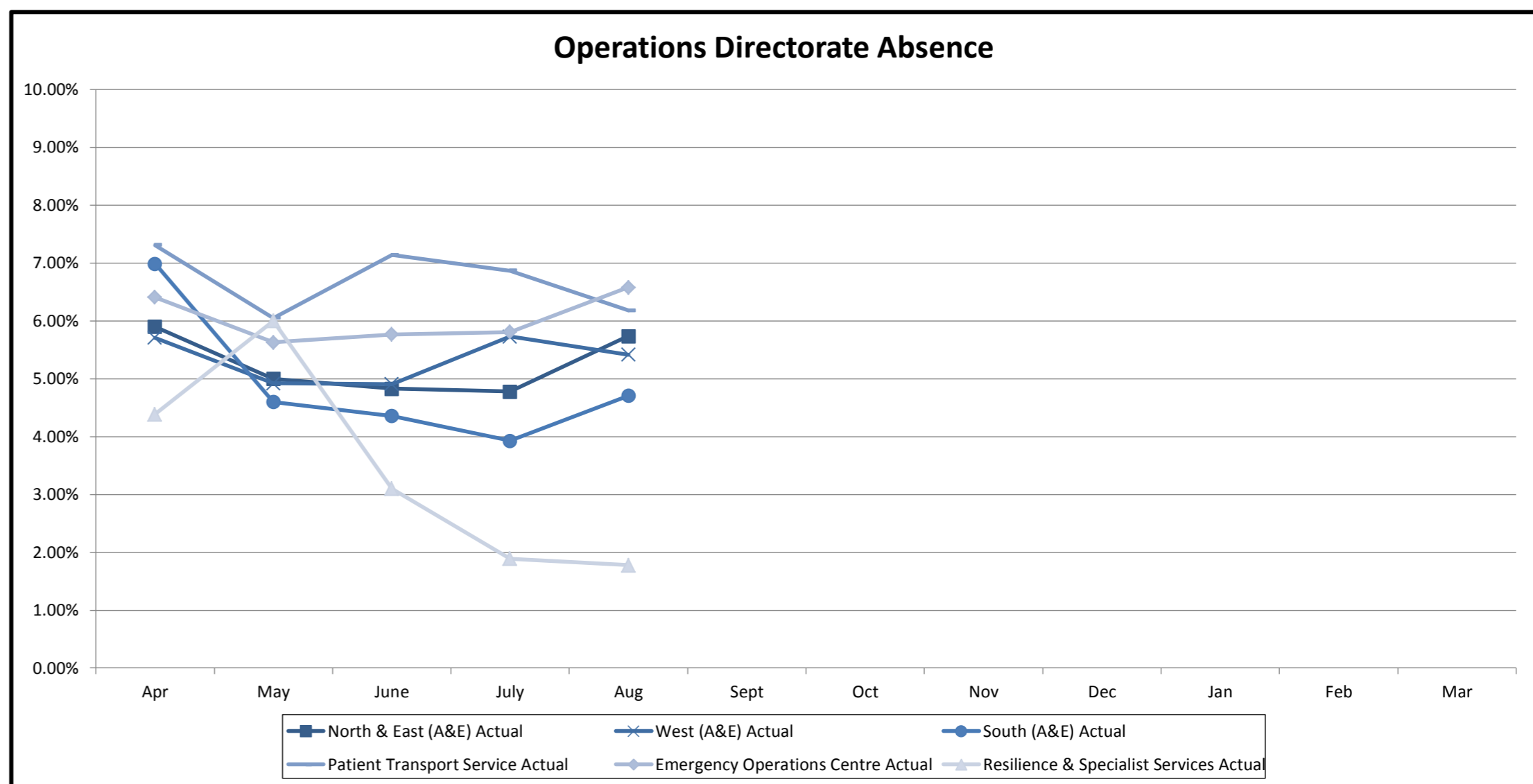
By Directorate 2013 - 2014		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.80%	5.04%	4.74%	7.06%	7.94%							
Clinical	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.77%	5.74%	9.87%	12.41%	9.08%							
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	6.12%	6.35%	5.63%	3.33%	4.51%							
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	6.07%	5.19%	5.25%	5.36%	5.69%							
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	7.36%	9.10%	7.76%	5.50%	4.56%							
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	1.91%	2.23%	4.11%	5.45%	6.54%							

Short/Long Term Absence Operatios Directorate split

EWI

OBJ REF	1.1
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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%	4.78%	5.74%							
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%	5.73%	5.42%							
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%	3.93%	4.71%							
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%	6.87%	6.18%							
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%	5.81%	6.58%							
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%	1.89%	1.78%							

Absence Costs by Directorate

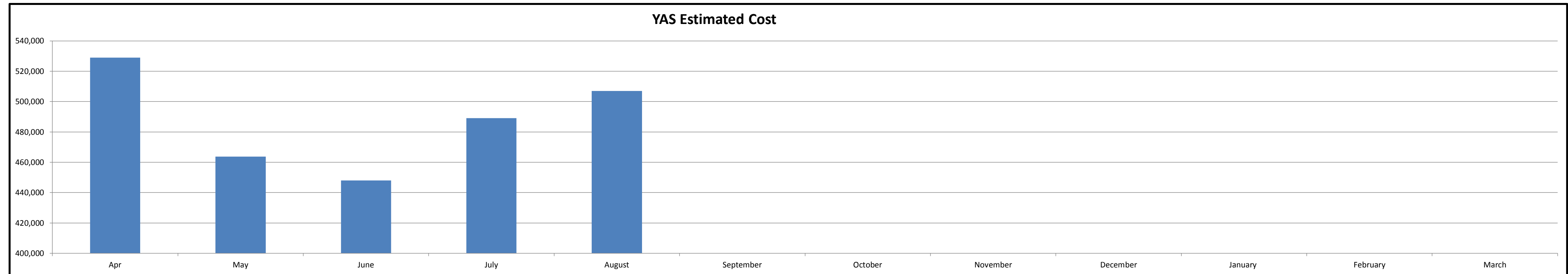
OBJ REF 1.1

YTD RAG

RED

MTD RAG

RED



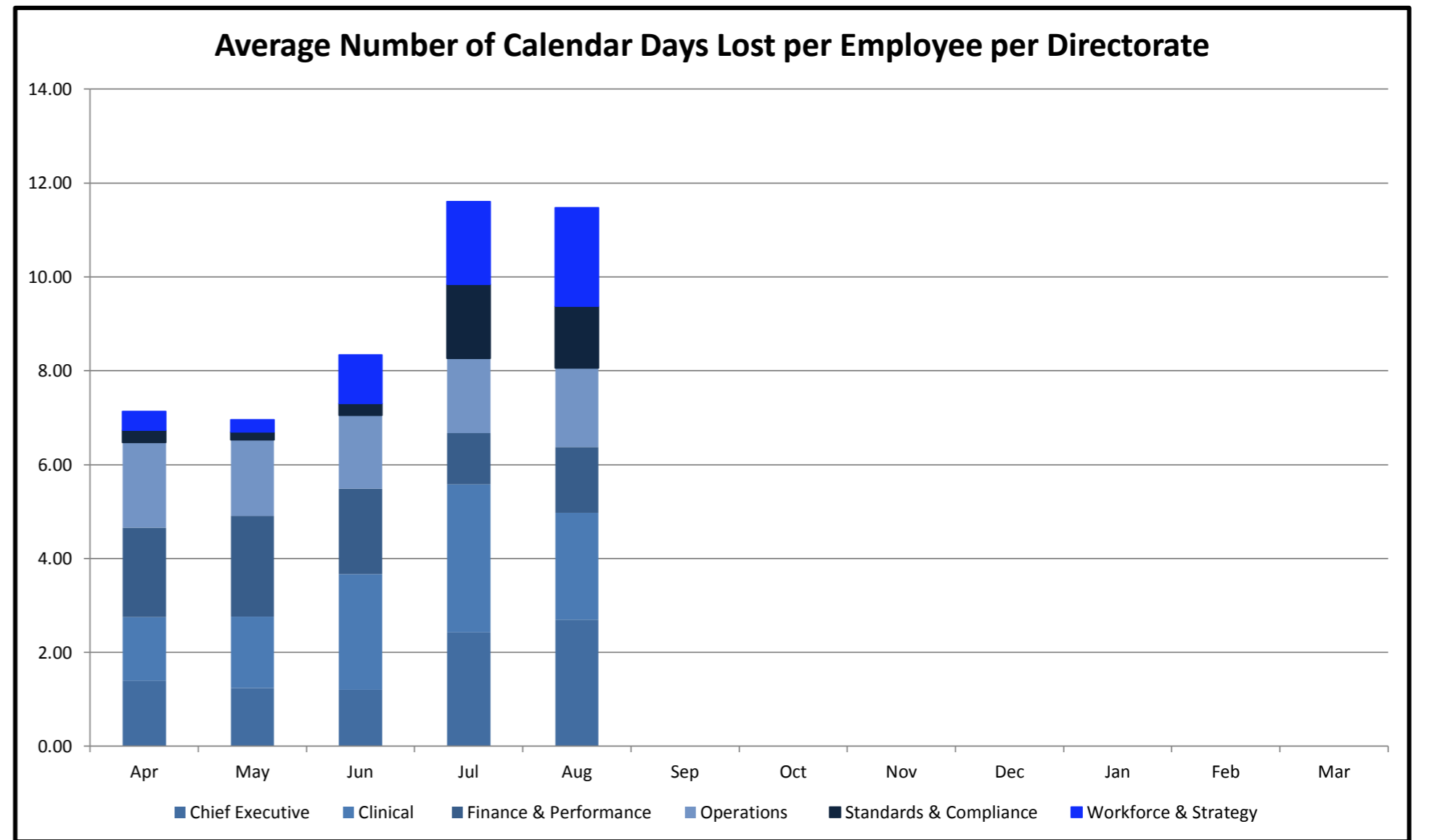
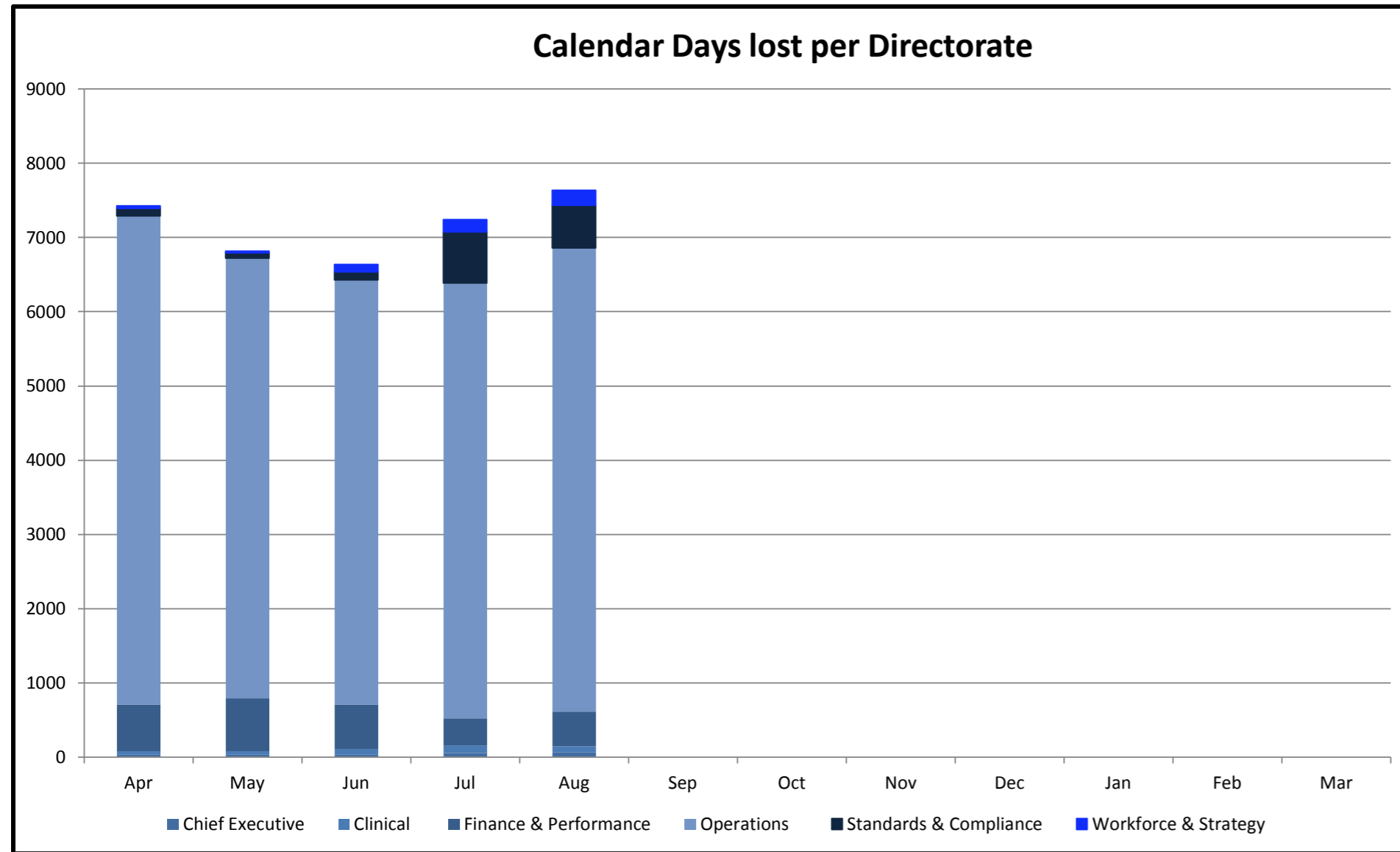
By Directorate 2012 - 2013		Apr	May	June	July	August	September	October	November	December	January	February	March	YTD
Chief Executive	Total Cost Per Day	£57.19	£69.31	£69.31	£86.77	£88.87								£371.45
	Employers Cost (NI & Pension)	£367.47	£236.34	£228.71	£914.05	£1,076.70								£2,823.27
	Total Estimated Cost	£2,369.23	£2,384.85	£2,307.92	£5,773.41	£6,586.67								£19,422.08
Clinical	Total Cost Per Day	£52.21	£67.78	£91.21	£78.74	£73.21								£363.15
	Employers Cost (NI & Pension)	£548.17	£796.46	£1,801.43	£2,047.37	£1,537.43								£6,730.86
	Total Estimated Cost	£2,740.85	£3,982.29	£9,007.15	£10,236.84	£7,687.14								£33,654.27
Finance & Performance	Total Cost Per Day	£48.39	£48.67	£51.69	£42.79	£44.87								£236.41
	Employers Cost (NI & Pension)	£5,749.92	£6,365.90	£5,101.76	£2,849.60	£3,866.15								£23,933.33
	Total Estimated Cost	£29,678.40	£34,034.31	£28,490.52	£15,751.65	£22,150.96								£130,105.84
Standards & Compliance	Total Cost Per Day	£32.56	£47.89	£60.73	£49.87	£46.03								£237.08
	Employers Cost (NI & Pension)	£811.76	£826.02	£1,581.26	£7,446.31	£4,710.09								£15,375.44
	Total Estimated Cost	£4,197.49	£4,130.10	£8,139.70	£37,393.13	£23,603.92								£77,464.34
Workforce & Strategy	Total Cost Per Day	£91.03	£92.77	£77.97	£65.89	£60.41								£388.07
	Employers Cost (NI & Pension)	£842.01	£579.82	£1,838.31	£2,627.36	£2,791.41								£8,678.91
	Total Estimated Cost	£4,210.03	£2,899.10	£9,634.96	£13,631.53	£14,631.62								£45,007.24
Operations	North & East (A&E)	Total Cost Per Day	£66.35	£69.07	£70.55	£69.79	£69.38							£345.14
		Employers Cost (NI & Pension)	£21,106.41	£19,027.34	£17,393.48	£17,131.61	£21,123.11							£95,781.95
		Total Estimated Cost	£107,768.72	£95,800.51	£87,497.38	£86,150.92	£107,251.20							£484,468.73
	West (A&E)	Total Cost Per Day	£63.56	£61.96	£61.77	£64.30	£64.88							£316.47
		Employers Cost (NI & Pension)	£22,166.33	£20,603.27	£18,760.32	£24,391.51	£23,368.18							£109,289.61
		Total Estimated Cost	£113,038.14	£104,298.15	£96,706.50	£124,869.19	£118,934.92							£557,846.90
	South (A&E)	Total Cost Per Day	£71.57	£68.43	£66.97	£65.21	£65.81							£337.99
		Employers Cost (NI & Pension)	£17,856.41	£11,669.07	£10,706.39	£10,108.22	£12,167.39							£62,507.48
		Total Estimated Cost	£90,030.94	£58,541.48	£53,531.97	£50,541.12	£60,836.97							£313,482.48
	PTS	Total Cost Per Day	£45.00	£43.29	£42.90	£43.55	£41.04							£215.78
		Employers Cost (NI & Pension)	£12,692.64	£11,482.17	£12,243.78	£12,470.10	£10,790.63							£59,679.32
		Total Estimated Cost	£69,064.97	£64,171.98	£67,849.46	£67,668.81	£57,285.23							£326,040.45
	EOC	Total Cost Per Day	£60.51	£57.89	£55.09	£53.76	£55.04							£282.29
		Employers Cost (NI & Pension)	£8,760.71	£7,939.72	£7,841.83	£8,161.56	£9,886.58							£42,590.40
		Total Estimated Cost	£45,793.85	£41,865.37	£41,556.37	£43,238.05	£51,194.29							£223,647.93
	Resilience / Special Services	Total Cost Per Day	£59.88	£77.31	£72.60	£89.39	£92.22							£391.40
		Employers Cost (NI & Pension)	£2,081.41	£2,814.56	£1,817.22	£827.03	£1,303.47							£8,843.69
		Total Estimated Cost	£11,325.18	£14,287.04	£9,086.10	£4,223.85	£6,546.90							£45,469.07
	Total	Total Cost Per Day	£281.38	£326.42	£350.91	£324.06	£313.39							£1,596.16
		Employers Cost (NI & Pension)	£8,319.33	£8,804.54	£10,551.47	£15,884.69	£13,981.78							£57,541.81
		Total Estimated Cost	£529,039.08	£463,747.80	£448,025.92	£489,161.03	£506,959.67							£2,436,933.50

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	56	62							
Clinical	42	47	79	104	84							
Finance & Performance	634	714	597	365	466							
Operations	6577	5929	5723	5858	6249							
Standards & Compliance	104	69	108	692	571							
Workforce & Strategy	37	25	100	167	204							
Trust Total (Current year)	7429	6815	6637	7242	7636							
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	2.43	2.70							
Clinical	1.35	1.52	2.47	3.15	2.27							
Finance & Performance	1.91	2.15	1.82	1.09	1.40							
Operations	1.81	1.62	1.56	1.59	1.69							
Standards & Compliance	0.26	0.17	0.25	1.58	1.31							
Workforce & Strategy	0.40	0.26	1.04	1.76	2.10							
Trust Total (Current year)	1.65	1.64	1.45	1.57	1.66							
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

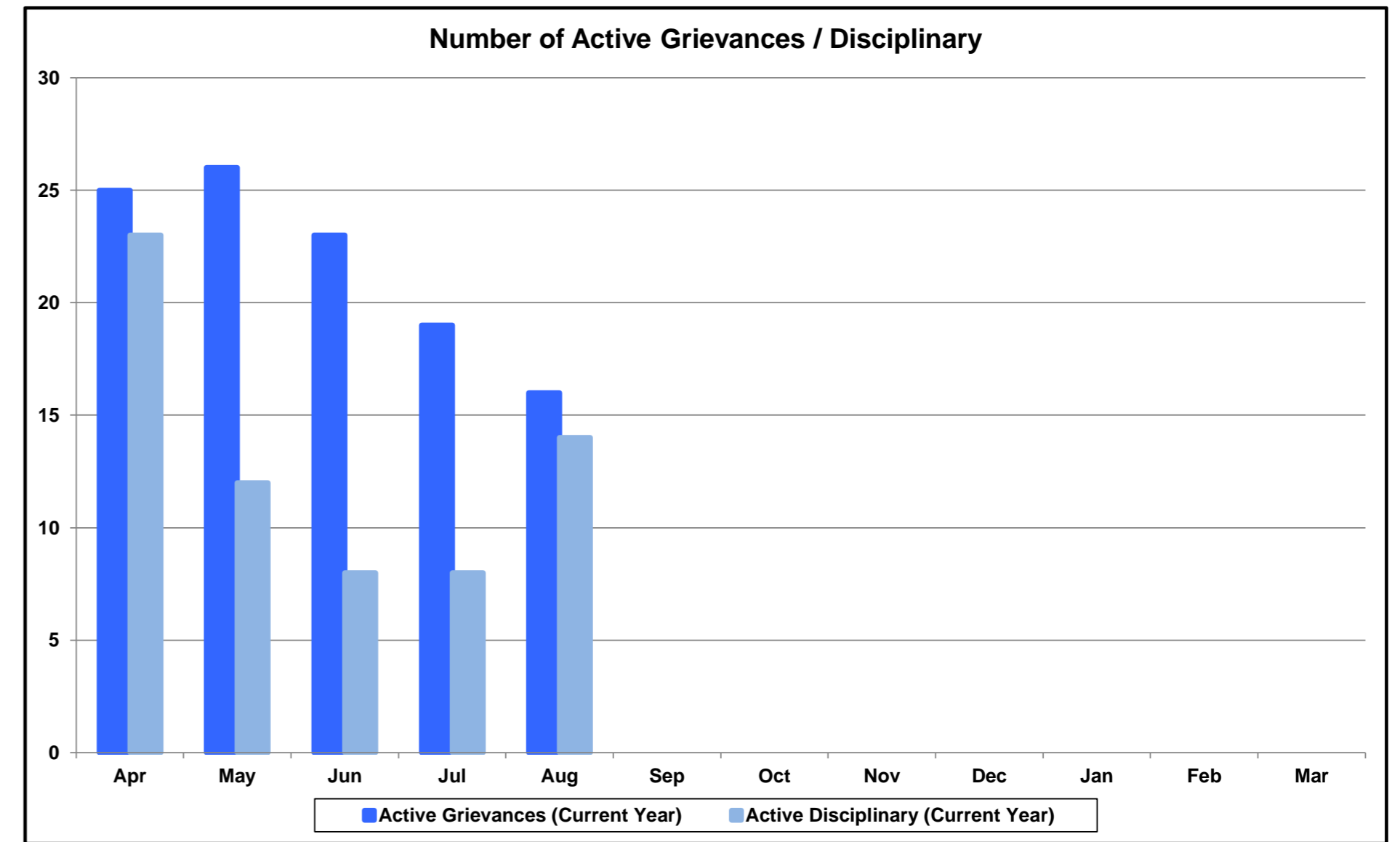
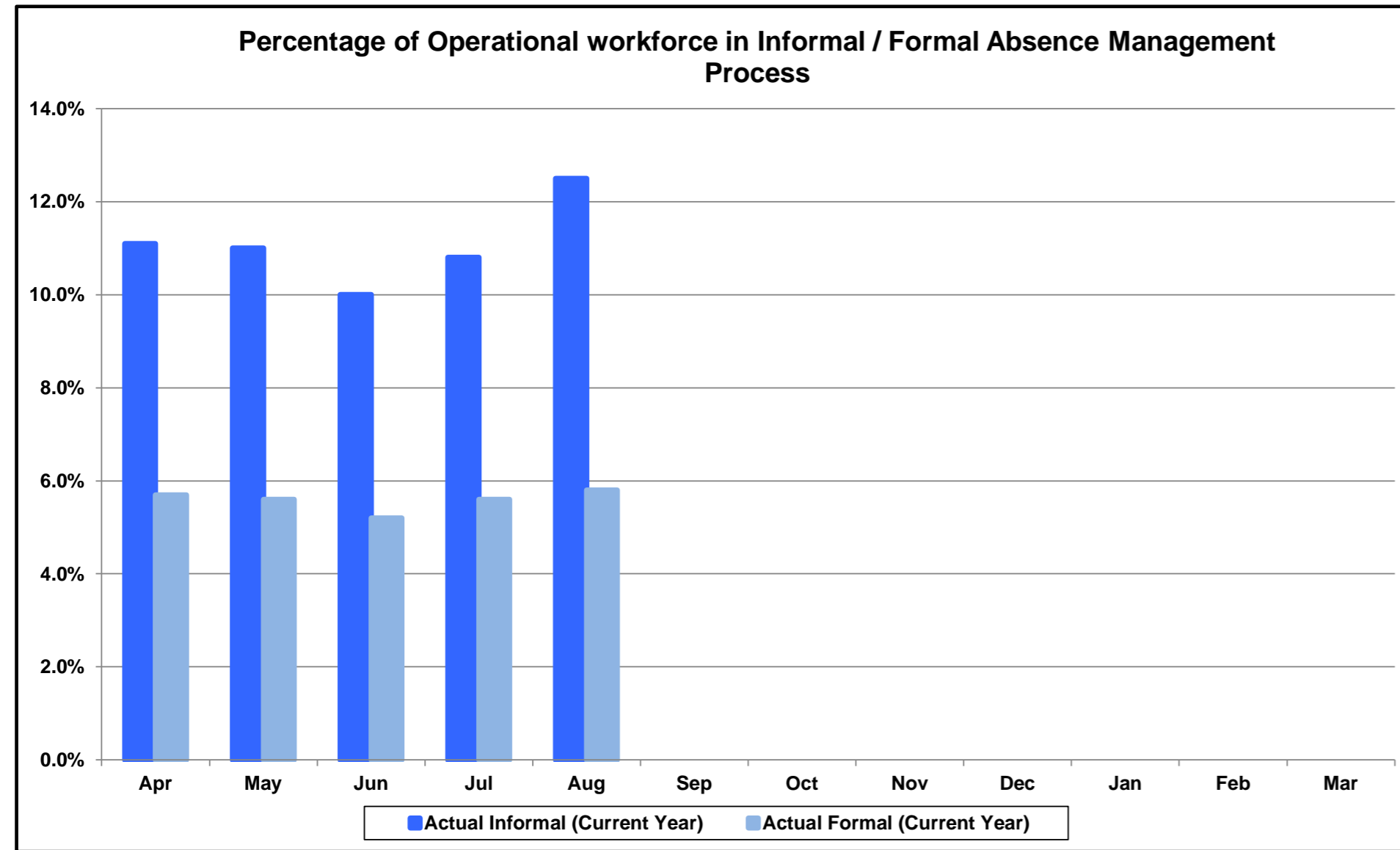
Please Note: All calculations exclude volunteers.

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%	10.8%	12.5%							
Actual Formal (Current Year)	5.7%	5.6%	5.2%	5.6%	5.8%							
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	19	16							
Active Disciplinary (Current Year)	23	12	8	8	14							
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					1								1
Failure to renew professional registration													0
Falsification of records													0
Fraud													0
Inappropriate behaviour			2	3	3								8
Inappropriate use of NHS resources													0
Maltreatment of patient/client													0
Maltreatment of other worker													0
Misconduct	3	2	1	1									7
Negligence													0
Other allegation					4								4
Theft of money or materials													0
Unsatisfactory attendance - timekeeping				1									1
TRUST TOTAL	3	2	3	5	8	0	0	0	0	0	0	0	21

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		1								3
Gender													0
Health & Safety													0
Organisational Change													0
Other	1	1	1										3
Other Working Conditions				2									2
Policy & Procedure	3	6	1	2	2								14
Racial													0
Religion													0
Sexual													0
Sexual Orientation													0
T&Cs: Assimilation													0
T&Cs: Job Evaluation													0
T&Cs: Other	1		1		1								3
T&Cs: Premium Payments													0
Trade Union Duties													0
TRUST TOTAL	5	7	5	4	4	0	0	0	0	0	0	0	25

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				1	2								3
Operations	3	2	3	3	6								17
Standards & Compliance				1									1
Workforce & Strategy													0
TRUST TOTAL	3	2	3	5	8	0	0	0	0	0	0	0	21

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	4	4								23
Standards & Compliance													0
Workforce & Strategy	1		1										2
TRUST TOTAL	5	7	5	4	4	0	0	0	0	0	0	0	25

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				20.0%	25.0%								14.3%
Operations	100.0%	100.0%	100.0%	60.0%	75.0%								81.0%
Standards & Compliance				20.0%									4.8%
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%	100.0%	100.0%								92.0%
Standards & Compliance													0.0%
Workforce & Strategy	20.0%		20.0%										8.0%



Section 5

Finance



	Reference
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the five months to 31 August 2013 was £5.414m (5.7%). 	5.4
<ul style="list-style-type: none"> This is below the year to date plan of £6.259m (6.6%) 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 31 August 2013 of £682k against a budgeted surplus of £1.395m. 	5.4
<ul style="list-style-type: none"> The actual surplus included a small profit on the sale of several A&E vehicles (£46k). 	
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £14.472m at the end of August 2013 against a plan of £8.224m 	5.8 / 5.11
<ul style="list-style-type: none"> The Monitor Risk Rating for liquidity is 37.9 days against a plan of 28.8 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 0.7%, against a plan of 1.5% 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 Assessed. 	5.7
<ul style="list-style-type: none"> August has seen a shortfall of £106k in CIP schemes against a plan of £3,853k 	

	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 continues to impact the year to date metrics in all categories but liquidity. Performance penalties in 111 as a result of under activity similarly impact the metrics.

The Financial Triggers remain 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	6.6%		
		Actual YTD	3	25%	0.75	5.7%		
Achievement of Plan	EBITDA Achieved	Annual Target	5	10%	0.5	100.0%	Behind target. Actual achieved results in rating improvement	Compares the value of EBITDA achieved in comparison to planned EBITDA.
		Annual Forecast	4	10%	0.4	98.8%		
		Actual YTD	4	10%	0.4	86.5%		
Financial Efficiency	Net Return after Financing	Annual Target	5	20%	1	3.6%	Below target but achieves a year to date rating of 4	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	4.8%		
		Actual YTD	4	20%	0.8	2.4%		
	I&E Surplus Margin net of dividend	Annual Target	3	20%	0.6	1.1%	Below target,. Retains rating achieved last month	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income.
		YTD Target	3	20%	0.6	1.5%		
		Actual YTD	2	20%	0.4	0.7%		
Liquidity Ratio	Liquidity Ratio (Days)	Annual Target	4	25%	1	29.6	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	28.8		
		Actual YTD	4	25%	1	37.9		
Risk Rating	Risk Rating Year to Date	Annual Target			3.85			
		YTD Target			3.75			
		Actual YTD			3.35			

FINANCIAL RISK TRIGGERS

Criteria	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	N/A	N/A	No	No	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	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	No	No	Currently 2%
Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No	Currently 2%
Two or more changes in Finance Director in a twelve month period	No	No	No	No	No	
Interim Finance Director in place over more than one quarter end	No	No	No	No	No	
Quarter end cash balance <10 days of operating expenses	No	No	No	No	No	
Capital expenditure < 75% of plan for the year to date	Yes	Yes	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	153	153
Operating expenses per day (£000)	£579	£581

INCOME**Income is £84k below plan (see 5.4) due to:-**

- A&E activity is estimated to be 3.5% cumulatively above contract for the 5 months ending August. This being an overtrade of 2.6% in Quarter 1, 5.8% in July and 3.9% in August.
- PTS income is behind plan at month 5 by £95k, as a consequence of the KPI penalties, under activity refunds in South Yorkshire and below plan ECRs totalling £265k. However, unscheduled income of £170k from Dedicated Discharge services is offsetting the contractual under recovery.
- Other income includes lower than expected income due to salary replacement income for backfill for A&E training (£72k), P&E under achievement against budget (£38k) and 111 (£376) off-set by higher income in relation to IM&T services supporting GPOOH. Rental income for Willerby property less than anticipated for the four months by £43k.

EXPENDITURE (see 5.6)

- A&E operations are overspent by £1.969m; with a £0.215m over spend on pay due to overtime payments offset by overtrade income and £1.754m on non pay which is largely due to spend on Private Providers required to meet the overall performance of 76.99% (and 78.97% Red 1 performance) to August.
 - A&E CBUs are over spent by £2.077m. Overtime and private provider spend required to meet overall performance to August.
 - Operations management is under spent by £108k
 - Vacancies exist on ECP and the Resource Team resulting in under spends (£89k) which reduce the net over spend position for the directorate.
 - Private providers used to support delivery of A&E services to August totalling £1.682m.
- 111 pay is over spent against budget by £570k for the period April - Aug, plus an over spend of £125k on GPOOH. The over spend continues to be due to TUPE costs much higher than anticipated at bid stage, additional unfunded support, 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 £350k overall of which £316k under spend on pay due to delayed recruitment to the new EOC structure, and an under spend of £34k mainly due to savings against Travel expenses.
- PTS operations is £753k overspent overall. A £210k over spend on pay is as a result of under achievement of CIP and a vacancy level of 12% (91wte) covered by overtime. £543k over spend in non-pay is due to the high dependence on sub-contractors for service delivery particularly in Q1 .
- The Finance Directorate as a whole (including fleet, estates, IM&T and procurement) is £92k underspent:
 - Fleet is under spent by £24k overall which includes £301k over spend on non pay largely due to vehicle maintenance costs offset by mechanic vacancies (10.1wte).
 - We are currently reviewing shock boxes to reduce the maintenance of medical equipment and vehicle leases past their contract term.
 - Procurement is inline with budget however the high spend on Medical Consumables is continuing (£49k)

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £5.414m for the five months to August, which is below plan (£6.259m).
- The Trust's EBITDA return of 5.7% is behind plan for the five months to August. The full year plan for EBITDA is 6.4%

Yorkshire Ambulance Service - Statement of Comprehensive Income

August 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	13,903	14,350	-447	68,752	69,260	-508	166,322	167,992	-1,669
Patient Transport Service	2,231	2,217	13	11,154	11,059	95	26,769	26,715	54
Other Income	3,007	2,941	66	14,882	14,384	498	35,489	36,533	-1,044
Operating Income	19,140	19,508	-368	94,788	94,703	84	228,580	231,240	-2,660
Pay Expenditure & reserves	-13,008	-12,492	-516	-64,346	-63,233	-1,113	-154,828	-152,743	-2,085
Non-Pay expenditure & reserves	-4,985	-5,756	771	-24,183	-26,056	1,873	-59,123	-64,045	4,921
Operating Expenditure	-17,993	-18,248	256	-88,529	-89,289	760	-213,951	-216,787	2,836
EBITDA	1,148	1,260	-112	6,259	5,414	845	14,629	14,453	176
EBITDA %	6.0%	6.5%		6.6%	5.7%		6.4%	6.3%	
Depreciation	-801	-791	-9	-3,734	-3,734	0	-9,506	-9,506	0
Interest payable & finance costs	0	0	0	-146	-153	6	-301	-307	6
Interest receivable	4	3	1	13	15	-1	32	35	-3
Profit on fixed asset disposal	0	16	-16	0	46	-46	138	99	39
Dividends, interest and other	-199	-181	-18	-997	-906	-91	-2,392	-2,173	-219
Retained Surplus	152	306	-154	1,395	682	713	2,600	2,600	0
I&E Surplus %	0.8%	1.6%		1.5%	0.7%		1.1%	1.1%	

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

A&E CONTRACT - Responses	Quarter 1					July 2013					August 2013					YTD				
	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000
NHS East Riding of Yorkshire CCG	9,597	9,919	322	3.4%	47	3,448	3,524	76	2.2%	12	3,382	3,488	106	3.0%	21	16,427	16,931	504	3.1%	80
NHS Hull CCG	10,792	11,223	431	4.0%	53	3,781	3,887	106	2.8%	12	3,717	3,825	108	2.9%	18	18,290	18,935	645	3.5%	84
NHS Vale of York CCG	9,174	9,469	295	3.2%	45	3,207	3,621	414	12.9%	83	3,108	3,431	323	10.4%	21	15,489	16,521	1,032	6.7%	150
NHS Hambleton, Richmondshire and Whitby CCG	4,046	4,107	61	1.5%	8	1,381	1,545	164	11.9%	32	1,433	1,581	148	10.3%	10	6,860	7,233	373	5.4%	50
NHS Harrogate and Rural District CCG	4,120	4,137	17	0.4%	-3	1,444	1,566	122	8.4%	26	1,462	1,580	118	8.1%	9	7,026	7,283	257	3.7%	31
NHS Scarborough and Ryedale CCG	4,085	4,081	-4	-0.1%	-7	1,481	1,602	121	8.2%	24	1,609	1,488	-121	-7.5%	11	7,175	7,171	-4	-0.1%	28
NHS Wakefield CCG	12,222	12,243	21	0.2%	-12	4,035	4,340	305	7.6%	45	3,970	4,217	247	6.2%	22	20,227	20,800	573	2.8%	54
NHS Leeds North CCG	6,202	6,284	82	1.3%	5	2,080	2,193	113	5.4%	16	2,085	2,131	46	2.2%	10	10,367	10,608	241	2.3%	31
NHS Leeds South and East CCG	10,929	11,162	233	2.1%	23	3,631	3,977	346	9.5%	54	3,656	3,704	48	1.3%	20	18,216	18,843	627	3.4%	97
NHS Leeds West CCG	9,878	10,263	385	3.9%	50	3,328	3,535	207	6.2%	31	3,125	3,282	157	5.0%	15	16,331	17,080	749	4.6%	96
NHS Bradford City CCG	4,267	4,272	5	0.1%	-5	1,436	1,470	34	2.4%	5	1,403	1,430	27	1.9%	7	7,106	7,172	66	0.9%	6
NHS Bradford Districts CCG	10,727	11,131	404	3.8%	49	3,580	3,674	94	2.6%	12	3,446	3,670	224	6.5%	16	17,753	18,475	722	4.1%	77
NHS North Kirklees CCG	5,575	5,788	213	3.8%	32	1,942	2,032	90	4.6%	16	1,830	1,911	81	4.4%	11	9,347	9,731	384	4.1%	59
NHS Greater Huddersfield CCG	7,401	7,769	368	5.0%	62	2,520	2,707	187	7.4%	34	2,431	2,448	17	0.7%	15	12,352	12,924	572	4.6%	111
NHS Airedale, Wharfedale and Craven CCG	4,450	4,820	370	8.3%	54	1,513	1,690	177	11.7%	28	1,555	1,606	51	3.3%	8	7,518	8,116	598	8.0%	90
NHS Cumbria CCG	136	134	-2	-1.5%	0	36	38	2	5.6%	0	52	48	-4	-7.7%	-1	88	220	132	150.0%	0
NHS Calderdale CCG	7,197	7,572	375	5.2%	56	2,503	2,601	98	3.9%	16	2,420	2,393	-27	-1.1%	14	12,120	12,566	446	3.7%	86
NHS Barnsley CCG	7,707	8,273	566	7.3%	73	2,719	2,932	213	7.8%	29	2,594	2,692	98	3.8%	11	13,020	13,897	877	6.7%	112
NHS Doncaster CCG	10,940	11,332	392	3.6%	35	3,729	3,885	156	4.2%	18	3,644	3,846	202	5.5%	13	18,313	19,063	750	4.1%	66
NHS Rotherham CCG	8,425	8,837	412	4.9%	45	3,007	3,159	152	5.1%	18	2,832	2,984	152	5.4%	11	14,264	14,980	716	5.0%	73
NHS Sheffield CCG	19,375	18,811	-564	-2.9%	-111	6,438	6,594	156	2.4%	16	5,998	6,191	193	3.2%	25	31,811	31,596	-215	-0.7%	-70
SUB TOTAL (CONTRACTED)	167,245	171,627	4,382	2.6%	497	57,239	60,572	3,333	5.8%	526	55,752	57,946	2,194	3.9%	288	280,100	290,145	10,045	3.6%	1,311
ECP		2,218					909					900					4,027			
OOA/UNKNOWN		694					268					277					1,239			
GRAND TOTAL*	167,245	174,539		4.4%		57,239	61,749		7.9%		55,752	59,123		6.0%		280,100	295,411			

* OOA No Charges made

April 2013 estimates based upon 2012/13 actuals

Yorkshire Ambulance Service - Income and Expenditure Forecast

August 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				19,140,350	19,507,866	-367,516	94,787,571	94,703,410	84,161	228,580,146	231,240,171
Pay											
A&E Operations	2,205.14	2,274.76	69.62	-7,645,391	-7,378,066	-267,325	-37,373,816	-37,588,761	214,945	-90,778,777	-90,088,793
PTS Operations	772.01	722.00	-50.01	-1,318,706	-1,359,355	40,649	-6,663,792	-6,873,701	209,909	-15,187,180	-16,449,430
Resilience	119.16	121.18	2.02	-412,255	-425,450	13,195	-2,117,276	-2,108,198	-9,078	-4,974,819	-4,963,866
EOC	385.54	357.78	-27.76	-1,065,940	-1,007,673	-58,267	-5,337,808	-5,021,958	-315,850	-12,799,452	-12,617,737
Finance	69.32	60.05	-9.27	-211,166	-176,680	-34,486	-1,055,829	-915,154	-140,675	-2,522,235	-2,259,459
Estates	42.69	45.45	2.76	-95,762	-109,856	14,094	-478,811	-499,166	20,355	-1,149,208	-1,224,652
Fleet	177.63	167.18	-10.45	-453,444	-377,284	-76,160	-2,257,203	-1,932,277	-324,926	-5,372,932	-4,753,620
IM&T	39.20	36.70	-2.50	-121,331	-125,144	3,813	-606,655	-632,720	26,065	-1,455,992	-1,513,043
Procurement	18.53	17.95	-0.58	-36,868	-37,536	668	-184,340	-180,403	-3,937	-442,436	-435,368
Standards & Compliance	34.55	34.21	-0.34	-120,202	-117,660	-2,542	-621,910	-525,859	-96,051	-1,463,359	-1,573,464
111	282.40	312.35	29.95	-740,159	-835,808	95,649	-3,700,791	-4,395,261	694,470	-8,590,251	-10,691,063
Workforce & Strategy	93.51	97.10	3.59	-280,461	-293,795	13,334	-1,405,398	-1,422,054	16,656	-3,368,761	-3,363,708
Clinical Directorate	31.09	30.91	-0.18	-123,662	-111,968	-11,694	-618,309	-547,713	-70,596	-1,443,647	-1,380,444
Chief Executive	26.02	20.58	-5.44	-115,569	-135,813	20,244	-577,845	-589,367	11,522	-1,386,892	-1,427,948
Reserves	0.00	0.00	0.00	-266,917	0	-266,917	-1,345,984	0	-1,345,984	-3,892,104	0
Total Pay	4,296.79	4,298.20	1.41	-13,007,833	-12,492,088	-515,745	-64,345,767	-63,232,592	-1,113,175	-154,828,045	-152,742,594
Non Pay											
A&E Operations				-123,161	-512,428	389,267	-618,867	-2,372,612	1,753,745	-1,504,976	-3,596,655
PTS Operations				-137,648	-213,194	75,546	-688,239	-1,231,700	543,461	-1,651,741	-2,862,930
Resilience				-74,015	-114,036	40,021	-378,752	-327,201	-51,551	-1,020,901	-999,973
EOC				-15,642	-9,220	-6,422	-189,284	-155,695	-33,589	-298,574	-391,885
Finance				-1,148,472	-1,304,079	155,607	-5,545,841	-5,499,813	-46,028	-13,826,115	-14,313,616
Estates				-405,176	-411,312	6,136	-2,158,057	-2,145,390	-12,667	-5,105,461	-5,178,747
Fleet				-1,611,751	-1,617,094	5,343	-8,034,856	-8,335,853	300,997	-19,046,706	-20,171,636
IM&T				-338,324	-421,957	83,633	-1,691,620	-1,771,845	80,225	-4,059,894	-4,077,832
Procurement				-247,094	-211,287	-35,807	-1,231,801	-1,240,627	8,826	-2,940,005	-3,272,813
Standards & Compliance				-74,790	-102,244	27,454	-386,930	-433,081	46,151	-910,447	-1,281,891
111				-1,262,929	-1,275,666	12,737	-6,314,645	-6,239,786	-74,859	-15,115,144	-15,265,968
Workforce & Strategy				-117,933	-167,820	49,887	-589,665	-599,159	9,494	-1,415,158	-1,620,661
Clinical Directorate				-4,558	-2,633	-1,925	-22,790	-16,505	-6,285	-54,700	-52,483
Chief Executive				-18,289	-12,356	-5,933	-91,445	-83,357	-8,088	-219,456	-258,957
Reserves				-400,528	-334,453	-66,075	-1,103,821	-335,953	-767,868	-3,982,824	-2,551,453
Total Non Pay				-5,980,310	-6,709,779	729,469	-29,046,613	-30,788,577	1,741,964	-71,152,102	-75,897,500
Total Expenditure	4,296.79	4,298.20	1.41	-18,988,143	-19,201,867	213,724	-93,392,380	-94,021,169	628,789	-225,980,147	-228,640,094
Surplus/(Deficit)				152,207	305,999	-153,792	1,395,191	682,241	712,950	2,600,000	2,600,076

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 August has achieved £3,747k being 97.2% of plan, which is shortfall against plan of £106k. The majority of the shortfall is in PTS schemes
 - Mitigating actions and reserve schemes are being identified to close the CIP shortfall against plan in all areas.
 - 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	2,528	2,641	113
Patient Transport Service	3,042	137.6	745	521	(224)
Special Operations	383	15.0	151	99	(52)
Finance	46	0.0	14	14	0
Standards & Compliance	220	0.0	92	92	0
Clinical	224	0.0	93	81	(12)
Trust wide	922	20.2	230	299	69
Total	10,909	184.7	3,853	3,747	(106)

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
MFD	Reduce overtime	DW	£2.51m	£932k		£470k	£445k
MFD	PTS Transformational work	JH		£2.93m	£2.28m	£544k	£474k
MFD	Clinical leadership	PM	£1.24m	£619k		£258k	£418k
MFD	Increase in clinical hub triage	DW	£505k	£1.413m	£1.26m	£556k	£715k
NC	Effective sickness management	GJ	£606k	£202k		£169k	£0k
MFD	A&E skill mix	DW		£2.134m		£1.038m	£1.038m
	Total Value		£4.861m	£8.223m	£3.54m	£3.035m	£3.090m

SUMMARY

- The planned year to date expenditure on HART and ECS has not materialised, accounting for £2.3m underspend, and the delay in the other schemes being implemented accounts for the remaining £2.6m of under spend on Land, Buildings and equipment.
- The increase in cash reflects the delayed capital expenditure, £4.9m and a net reduction in trade debtors and creditors.
- The provisions & deferred income is above plan reflecting the provisions the Trust made at the end of 2012/13 for restructuring costs of £2.1m. In year, new and increased Injury Benefit claims take the actual above plan.

CAPITAL SUMMARY

- The new HART building was purchased in July, the tender process for refurbishment is currently on going, with contractors expected on site November/December. All works are expected to be completed within the current financial year, the full HART programme totalling £4.6m.
- The ECS business case for local roll out was presented to the Finance and Investment committee in July and £450k approved. The purchase of hardware is currently progressing through the procurement process. The Business Case for the full roll out across the Trust is currently being finalised.
- Capital expenditure during the month is below the plan. An update of the detail behind the 2013/14 main schemes and service developments was presented Finance and Investment Committee in September. Orders are currently being progressed through the procurement process with expenditure anticipated in the months ahead. Expectations are that capital will deliver to plan despite the delay in commencement of schemes.
- £1.5m bids against Service Development monies have been approved with £494k contingency not allocated however Business Cases are currently being developed.
- All other schemes are presently expected to deliver to plan by the end of the financial year, despite the slippage arising from the development of the business case process, with progress being monitored by the Capital Monitoring Group.

Statement of Financial Position			
	Plan at 31/08/2013	Actual at 31/08/2013	Variance
	£000	£000	£000
Land, Buildings and equipment	78,204	72,884	-5,320
Trade and other receivables (>1 yr)	1,109	875	-234
Non-Current assets	79,313	73,759	-5,554
Stocks, Trade and other receivables (<1 yr)	12,658	11,969	-689
Cash and cash equivalents	8,224	14,472	6,248
Current assets	20,882	26,441	5,559
Creditors (< 1yr)	-14,442	-14,194	248
Provisions & Deferred Income(<1 yr)	-2,201	-2,761	-560
Current Liabilities	-16,643	-16,955	-312
Provisions (>1 yr)	-5,662	-6,968	-1,306
Borrowings	-6,171	-6,171	0
Non-Current Liabilities	-11,833	-13,139	-1,306
Net Assets	71,719	70,106	-1,613
Public Dividend Capital	76,394	75,709	-685
Revaluation Reserve	4,348	4,320	-28
Donation Reserve	0	0	0
Income & Expenditure Reserve	-8,863	-9,923	-1,060
Total Taxpayer's Equity	71,879	70,106	-1,773

Capital Programme					
	Baseline Programme	Year to date Plan	Spend to 31/08/2013	Committed at 31/08/2013	(Under)/ Over plan year to date
	£000	£000	£000	£000	£000
<u>Major Schemes</u>					
HART	4,600	3,950	1,620	0	-2,330
ECS*	0	0	0	0	0
Service Development **	1,964	1,786	43	333	-1,410
<u>Minor Schemes</u>					
Estates	492	500	0	39	-461
IM&T	948	718	107	19	-592
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	1,094	160	40	0	-120
Total	13,768	7,164	1,857	391	-4,916
External funding	4,500	3,950	1,620	0	-2,330
NBV of Disposals	96	0	0	0	-96
CRL	9,172	3,214	237	0	-2,977
Rating					⊗ ⊗

* Subject to Board approval / The ECS loan has been removed for 2013-14, it is expected that this will commence 14-15.

** 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

August 2013

DEBT SUMMARY

• Total debt has reduced significantly due to a number of CCG's settling their accounts. Remaining NHS disputed invoices are partially off-set by accounts in credit relating to PTS contract changes in the South. Non NHS Debt has increased slightly: this will be reduced through additional focus during September.

£000	May-13	Jun-13	Jul-13	Aug-13
Non NHS debt	456	380	373	402
Of which >90 days overdue	29	84	93	152
NHS debt	1,977	1,092	1,208	483
Of which >90 days overdue	67	181	116	37
Total debt	2,433	1,472	1,581	885
Of which >90 days overdue	96	265	209	189
Provision to cover this debt	96	265	209	189

PAYMENTS

• The Trust has paid 2,426 invoices in August 2013 of which 2,210 were paid within 30 days of receipt giving a Better Payment Practice Code (BPPC) position of 91.10%. The ledger migration in the first quarter resulted in the need to manually receipt remaining R11i Purchase Orders (POs) which created delays in the payment of invoices and therefore negatively impacted BPPC statistics. At the end of August there are 49 legacy invoices remaining. The Trust's aim remains 95% for the financial year 2013/14.

	Aug-13		Year to Date	
	Number	£000	Number	£000
Non NHS payables				
Total non NHS invoices paid in period	2,365	4,921	10,219	24,631
Total non NHS invoices paid within target	2,153	4,512	9,312	22,795
	91.04%	91.69%	91.12%	92.55%
NHS Payables				
Total NHS invoices paid in period	61	434	316	1,653
Total NHS invoices paid within target	57	408	285	1,591
	93.44%	94.01%	90.19%	96.25%
Total Payables				
Total invoices paid in period	2,426	5,355	10,535	26,284
Total invoices paid within target	2,210	4,920	9,597	24,386
	91.10%	91.88%	91.10%	92.78%

COST IMPROVEMENT PROGRAMME 12/13

- 97.2% delivery of the Cost Improvement Plan target was achieved for the five months ending August 2013. To date, the five months to August have a shortfall of £106k.

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 all Quarter 1 targets have been met

RISK SUMMARY

Description	Total Value of Risk	YTD	Actual	Mitigation
In the Financial Position	£000	£000	£000	
CIP non-delivery by 10%	1,090	106	545	Plans to mitigate risk are being identified
A&E contractual penalties - RED 1	3,200	0	750	Performance on red 1 calls was achieved and the Trust avoided penalties.
A&E contractual penalties - RED 2	3,200	0		An A&E contract penalty will be applied for July and August performance falling below 75% on red calls, however this is not shown in the Income & Expenditure position as any penalties will be refunded if 75% performance overall is achieved at the end of the year. The forecast risk of £750k relates the potential overspend on overtime and private provides to achieve RED targets
PTS Contractual penalties	458	138		Plans to mitigate the risk are being identified
111 additional staffing cost to provide service	1,867	570	934	Plans to manage staffing costs are being identified
111 income risk	4,981	1,031	2,040	Discussions with commissioners are ongoing
A & E overtrade	2,358	0	2,358	potential risk mitigated via contingent reserves
25% Non delivery of CQUINS - A&E	975	0	453	
50% Non delivery of CQUINS - PTS	316	0	0	
GRAND TOTAL	18,445	1,845	7,080	

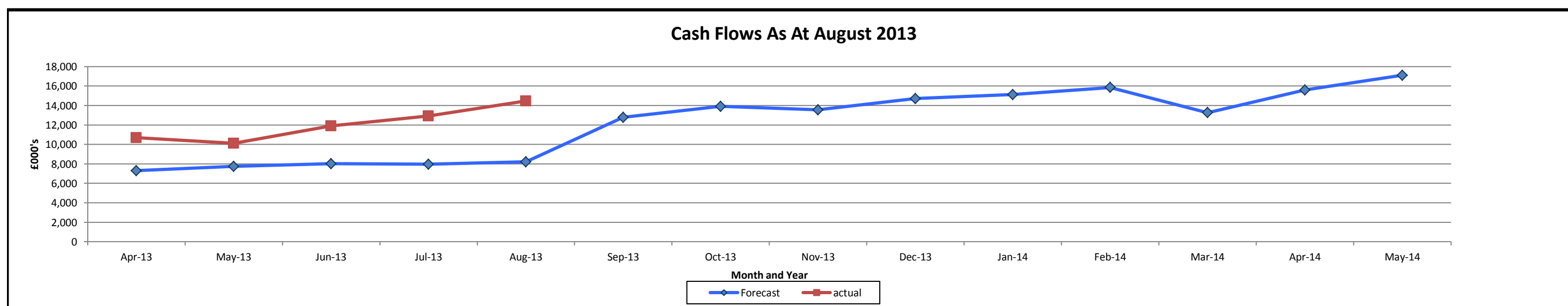
Yorkshire Ambulance Service - Cash Flow

August 2013

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Apr-13	Actual May-13	Actual Jun-13	Actual Jul-13	Actual Aug-13	Forecast Sep-13	Forecast Oct-13	Forecast Nov-13	Forecast Dec-13	Forecast Jan-14	Forecast Feb-14	Forecast Mar-14	Forecast Apr-14	Forecast May-14	Forecast Jun-14	Forecast Jul-14	Forecast Aug-14
Actual/Forecast Opening Cash Balance	6,845	10,697	10,123	11,904	12,919	8,224	12,785	13,919	13,564	14,719	15,136	15,858	13,269	15,594	17,100	17,176	17,749
Cash Inflows																	
Income from Activities	21,005	18,261	19,094	19,315	19,583	19,033	19,220	18,722	20,415	19,518	19,008	18,252	19,788	19,451	19,359	19,339	19,456
Interest Receivable	3	3	3	3	3	2	2	3	2	2	2	3	3	3	3	4	4
Capital Receipts	15	0	0	0	0	0	160	0	0	0	0	0	0	0	0	0	0
Loans	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Capital *	0	0	0	1,615	0	0	710	710	710	750	0	0	0	0	0	0	0
Total Cash Inflows	21,023	18,264	19,097	20,933	19,586	19,035	20,092	19,435	21,127	20,270	19,010	18,255	19,791	19,454	19,362	19,343	19,460
Cash Outflows																	
Pay	11,538	12,847	12,878	12,981	12,688	12,418	12,780	12,603	13,925	12,982	12,211	12,765	12,472	12,570	13,182	13,182	13,259
Non-pay	5,376	5,763	4,412	5,318	5,353	4,932	5,286	5,568	4,433	5,260	4,989	5,818	4,230	4,912	5,097	5,036	5,092
Interest Payable	0	0	0	0	0	61	0	0	0	0	0	91	0	0	0	0	0
PDC Dividends	0	0	0	0	0	1,103	0	0	0	0	0	1,103	0	0	0	0	0
Capital Expenditure	257	228	26	1,619	-8	2,071	892	1,619	1,614	1,611	1,088	542	764	466	1,007	552	479
Loans	0	0	0	0	0	137	0	0	0	0	0	525	0	0	0	0	0
PDC Capital *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	17,171	18,838	17,316	19,918	18,033	20,722	18,958	19,790	19,972	19,853	18,288	20,844	17,466	17,948	19,286	18,770	18,830
Net Cash Inflow/(Outflow)	3,852	-574	1,781	1,015	1,553	-1,687	1,134	-355	1,155	417	722	-2,589	2,325	1,506	76	573	630
Actual Closing Cash Balance	10,697	10,123	11,904	12,919	14,472												
Forecast Closing Cash Balance (per TDL Plan)	7,298	7,742	8,015	7,958	8,224	12,785	13,919	13,564	14,719	15,136	15,858	13,269	15,594	17,100	17,176	17,749	18,379

The decrease in cash results from a slight increase in debtors, and an decrease in creditors.



Hospital	Jun-13				Jul-13				Aug-13				YTD			
	Post Handover Greater than 30 Less Than 60 Minutes Breaches	Post Handover Greater than 60 Minutes Breaches	Total Breaches	Total handover	Post Handover Greater than 30 Less Than 60 Minutes Breaches	Post Handover Greater than 60 Minutes Breaches	Total Breaches	Total handover	Post Handover Greater than 30 Less Than 60 Minutes Breaches	Post Handover Greater than 60 Minutes Breaches	Total Breaches	Total handover	Post Handover Greater than 30 Less Than 60 Minutes Breaches	Post Handover Greater than 60 Minutes Breaches	Total Breaches	Total handover
AIREDALE GENERAL HOSPITAL	11 £220	0 £0	11 £220	796	26 £520	3 £300	29 £820	1079	23 £460	1 £100	24 £560	1068	88 £1,760	5 £500	93 £2,260	4401
BARNSELY DISTRICT GENERAL	8 £160	1 £100	9 £260	1774	6 £120	2 £200	8 £320	1862	12 £240	3 £300	15 £540	1768	46 £920	9 £900	55 £1,820	8400
BRADFORD ROYAL INFIRMARY	61 £1,220	2 £200	63 £1,420	2128	71 £1,420	3 £300	74 £1,720	2864	73 £1,460	7 £700	80 £1,960	3094	306 £6,120	21 £2,100	327 £8,220	12365
CALDERDALE ROYAL HOSPITAL	79 £1,580	4 £400	83 £1,980	1293	55 £1,100	3 £300	58 £1,400	1392	29 £580	3 £300	32 £680	1322	342 £6,840	13 £1,300	355 £8,140	6484
HUDDERSFIELD ROYAL INFIRMARY	67 £1,340	1 £100	68 £1,440	1274	35 £700	1 £100	36 £800	1359	34 £680	1 £100	35 £780	1297	296 £5,920	10 £1,000	306 £6,920	6313
HULL ROYAL INFIRMARY	29 £580	2 £200	31 £780	2259	14 £280	0 £0	14 £280	2210	28 £560	0 £0	28 £560	2232	115 £2,300	3 £300	118 £2,600	11068
DEWSBURY DISTRICT HOSPITAL	35 £700	0 £0	35 £700	1056	10 £200	0 £0	10 £200	1183	27 £540	1 £100	28 £640	1212	134 £2,680	2 £200	136 £2,880	5200
PINDERFIELDS GENERAL HOSPITAL	87 £1,740	3 £300	90 £2,040	2392	56 £1,120	1 £100	57 £1,220	2759	32 £640	2 £200	34 £840	2607	365 £7,300	15 £1,500	380 £8,800	12253
PONTEFRACT GENERAL INFIRMARY	2 £40	0 £0	2 £40	108	0 £0	0 £0	0 £0	102	4 £80	0 £0	4 £80	140	15 £300	0 £0	15 £300	563
SCUNTHORPE GENERAL HOSPITAL	0 £0	0 £0	0 £0	44	0 £0	0 £0	0 £0	32	0 £0	0 £0	0 £0	34	0 £0	0 £0	0 £0	194
DONCASTER ROYAL INFIRMARY	14 £280	3 £300	17 £580	2060	9 £180	3 £300	12 £480	2228	17 £340	2 £200	19 £440	2324	62 £1,240	9 £900	71 £2,140	10180
FRIARAGE HOSPITAL	2 £40	1 £100	3 £140	430	4 £80	0 £0	4 £80	463	6 £120	2 £200	8 £320	454	23 £460	3 £300	26 £760	2177
HARROGATE DISTRICT HOSPITAL	13 £260	0 £0	13 £260	708	8 £160	0 £0	8 £160	807	9 £180	2 £200	11 £380	847	36 £720	2 £200	38 £920	3473
LEEDS GENERAL INFIRMARY	96 £1,920	4 £400	100 £2,320	1385	84 £1,680	1 £100	85 £1,780	1768	68 £1,360	2 £200	70 £1,560	1865	407 £8,140	13 £1,300	420 £9,440	7781
ST JAMES UNIVERSITY HOSPITAL	104 £2,080	2 £200	106 £2,280	2560	70 £1,400	1 £100	71 £1,500	2908	52 £1,040	2 £200	54 £1,140	2941	356 £7,120	7 £700	363 £7,820	13480
NORTHERN GENERAL HOSPITAL	17 £340	2 £200	19 £540	3016	24 £480	5 £500	29 £980	3206	21 £420	5 £500	26 £720	3329	106 £2,120	16 £1,600	122 £3,720	15079
ROTHERHAM DISTRICT GENERAL HOSPITAL	10 £200	1 £100	11 £300	1634	8 £160	0 £0	8 £160	1794	10 £200	0 £0	10 £200	1733	40 £800	2 £200	42 £1,000	8010
SCARBOROUGH DISTRICT GENERAL HOSPITAL	7 £140	1 £100	8 £240	1241	8 £160	2 £200	10 £360	1439	7 £140	0 £0	7 £140	1332	38 £760	4 £400	42 £1,160	6421
YORK DISTRICT HOSPITAL	25 £500	1 £100	26 £600	1630	25 £500	0 £0	25 £500	1933	23 £460	1 £100	24 £560	1768	126 £2,520	4 £400	130 £2,920	8564
SHEFFIELD CHILDRENS HOSPITAL	5 £100	0 £0	5 £100	261	3 £60	0 £0	3 £60	308	1 £20	0 £0	1 £20	226	20 £400	0 £0	20 £400	1170
Grand Total Handover				28049				31696				31593				143576
Grand Total Breaches	672	28	700		516	25	541		476	34	510		2921	138	3059	
Grand Total Cost	£13,440	£2,800	£16,240		£10,320	£2,500	£12,820		£9,520	£3,400	£12,120		£58,420	£13,800	£72,220	

Number of Post Handover is the Total Arrivals with a Handover Time

Number of Post Handover Breaches is 'Post Handover (Handover to Clear) Greater than 30 Less Than 60 Minutes' + 'Post Handover (Handover to Clear) Greater than 60 Minutes'