



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

October 2013



Yorkshire Ambulance Service **NHS**
NHS Trust

Contents

1	Executive Summary		
E1	Directors Exceptions - Overall	3.3	Safety - Infection Prevention and Control
1.1	2013-14 Business Plan Objectives	3.4	Safety - New Incidents Reported & Rate Based
1.2	Contractual Compliance	3.5	Safety - Patient Related Incidents & Rate Based
		3.6	Safety - Medication Related Incidents & Morphine Related Incidents
2	Performance	3.7	Safety - Staff related Incidents & Rate Based
2a	A&E Performance	3.8	Safety - RIDDOR reportable Incidents
E2	Directors Exceptions	3.9	Safety - SUI Incidents by area
C1	Directors Comments - A&E Performance	3.10	Safeguarding Children and Vulnerable Adults
CQ1	A&E CQUINS	3.11	Clinical Effectiveness - National
CQ2	CQUIN 6 - Red Performance by CCG	3.12	Clinical Audit
2.1	Total Demand & Resource Hours	3.13	Patient Experience & Involvement - Complaints, Concerns, Comments & Compliments A&E / EOC
2.2	Cat R1 8 Minute Performance & Cat R2 8 Minute Performance	3.14	Patient Experience & Involvement - Complaints, Concerns & Compliments PTS
2.3	Cat R1 & R2 - 8 Minute Performance & 19 Minute Performance	3.15	Patient Experience & Involvement - Complaints, Concerns & Compliments 111
2.3a	Category RED & GREEN - RRV Time waiting for back up	3.16	Patient Experience & Involvement - Complaints & Concerns response times
2.4	Operational Delivery Model	3.17	Patient Experience - A & E Survey
2.4a	Operational Delivery Model	3.18	Patient Experience - PTS Survey
2.5	Demand and Performance by CCG & CBU (Responses)	3.19	Care Quality Commission and Other Registration Legislation Standards
2.6	Resilience	3.20	Information Governance
E3	Directors Exceptions - AQI	4	Workforce
2.7	Ambulance Quality Indicators Summary	E7	Directors Exceptions
2b	PTS Performance	C4	Directors Comments - Workforce
E4	Directors Exceptions - PTS	4.1	Workforce Summary
C2	Directors Comments on Actual Performance	4.2	Recruits and Leavers
CQ3	PTS CQUINS	4.2	Leavers Reasons
2.8	PTS Demand	4.3	PDR's
2.9	PTS Performance - PTS Inward Journeys (Measured)	4.3	Statutory and Mandatory Training
2.10	PTS Performance - PTS Outward Journeys (Measured)	4.4	Short and Long Term Absence
2.11	KPIs - West Yorkshire Consortium	4.4	Reason for Absence
2.11a	Performance - West Yorkshire Consortium - Core	4.4a	Absence by Directorate
2.11b	Performance - West Yorkshire Consortium - Renal	4.4a	Absence by Operations directorate
2.12	KPIs - East Yorkshire Consortium	4.5	YAS Estimated Absence Costs
2.12a	Performance - East Yorkshire Consortium	4.6	Calendar Days lost
2.13	KPIs - South Yorkshire Consortium	4.6	Average Number of Calendar Days lost per Employee per Directorate
2.13a	Performance - South Yorkshire Consortium	4.7	Informal & Formal reviews
2.14	KPIs - North Yorkshire Consortium	4.7	Grievances / Disciplinary
2.14a	Performance - North Yorkshire Consortium Core	4.8	Disciplinary & Grievance Reasons
2.14b	Performance - North Yorkshire Consortium Renal	4.9	Gender / Disability
2.15	PTS Call Answering Performance	4.10	Ethnic Origin
2c	NHS 111 Performance	5	Finance
E5	Directors Exceptions - 111	5.1	Financial Performance Overview
2.16	NHS 111 Performance	5.2	Monitor Financial Risk Rating
2d	Support Services Performance	5.3	Director's Commentary
2.17	ICT Summary	5.4	Statement of Comprehensive Income
2.17a	ICT Summary (cont'd)	5.5	A&E Contracting
2.18	Estates and Procurement	5.6	Income & Expenditure Forecast
2.19	Fleet	5.7	CIP Delivery
3	Quality Analysis	5.8	Statement of Financial Position
E6	Directors Exceptions	5.9	Debtors and Payments
C3	Directors Comments - Quality	5.10	Financial Risks
3.1	Quality Summary	5.11	Cash Flow
3.2	Service Transformation Programme	5.12	Hospital Handover Cost



Section 1

Executive Summary



Overall Trustwide Top Exceptions

RAG	Section	No of months Exception	Exceptions for month	Comments	Who	When	Year end Risk Level
RED	2.2	4/7	Red 2 Performance	Focus on Red plan as presented to TEG.	Director of Operations	November/ongoing	Green
RED	2.3	1/7	Combined Red performance (8 minute target)	Focus on Red plan as presented to TEG.	Director of Operations	November/ongoing	Green
RED	2.11	4/7	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	The trajectory reduced again by 0.2% between September and October - this resulted in 189 breaches of the standard against over 14,000 journeys, performance has improved overall for West by 0.6%. A West Yorkshire Action plan has been initiated to focus specifically to address timeliness of service	Locality Manager - Calderdale and Huddersfield	Nov-13	AMBER
RED	2.11	1/7	Abortive journeys should not exceed 4.5% (by end of year)	The trajectory is a considerable challenge, ongoing work with the acute Trusts in relation to PAS downloads, cancelled appointments, patients admitted to hospital etc. System process issues in relation to the Acute Trusts have been raised with the Commissioners with regards to the complexity and influence YAS are able to have on Abortive journeys.	Locality Managers - West Yorkshire	ongoing	RED
RED	2.12	4/7	Number of patients arriving more than 60 mins early should not exceed 2%	Performance in Hull and East with a trajectory reduction of 1% Sept -Oct - 2.10% to 1.10% again negatively affected compliance against the new target of 1.10%. 48 patients waited longer than 60 minutes calculated over 1,811 journeys with 47 journeys waiting longer than 120 minutes calculated over the same number 1,811. Early rota work has shown a requirement to place additional resources in this area. Availability of vehicle resources within this area negatively affect performance.	Locality Manager - Hull and East Yorkshire	ongoing	AMBER
RED	2.12	3/7	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%				
RED	2.12	4/7	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%				
RED	2.12	3/7	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%				
RED	2.12	3/7	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%				
RED	2.12	4/7	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%				
RED	2.12	2/7	Number of patients waiting longer than 45 minutes for transport after their appointment should not exceed 10%				
RED	2.12	2/7	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%				
RED	2.12	6/7	Number of patients waiting longer than 120 minutes for transport after their ready time should not exceed 10%				
RED	2.13	7/7	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90%				
RED	2.13	7/7	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10% (Doncaster and Sheffield)				
RED	2.13	7/7	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%				
RED	2.14	6/7	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	87 patients out of a total of 3,622 did not achieve the 30 minute standard and arrived 30 mins after their appointment time.	Locality Manager - North Yorkshire	ongoing	AMBER
RED	2.14	7/7	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	Resource drag associated with the increased number of patients who chose to have their treatments outside the area and associated with the movement of clinical services out of Friarage is continuing. Some agreements have been reached with the units regarding late patient pick ups and contact cut off times which should reduce the late impact of patients requesting to return to area outside the contract operating times. The contact thresholds need to be reviewed as the small numbers in the most rural areas eg Cumbria are disproportionately affecting the compliance figures	Locality Manager - North Yorkshire	Q3	AMBER
RED	2.14	7/7	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%				
RED	2.14	4/7	Number of patients arriving more than 30 mins early should not exceed 5% (Renal)	32 renal patients arrived 30 minutes prior to their appointment time out of a total 379 in the Vale of York. This relates to a requirement to ensure that renal patients are delivered on time in rural areas in which they live. 8 patients out of a total 546 arrived more than 60 minutes early for their appointment.	Locality Manager - North Yorkshire	Q3	AMBER
RED	2.14	3/7	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0% (renal)				

RED	2.14	2/7	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0% (renal)	12 patients arrived more than 30 minutes after their appointment time out of a total of 546 of that group.		
RED	2.16	7/7	Warm transfer of NHS 111 calls to Clinical Adviser.	Service optimisation programme continuing. Ongoing discussions with commissioners about the clinical model within the commissioned NHS 111 service.	Executive Director of Standards and Compliance	
AMBER	2.16	5/7	Call answer within 60 seconds	Call volumes have risen during October, particularly at weekends. Call answer performance has been stable above target level for most of the month, with specific challenges at peak hours on a number of weekend days. These have been addressed by further adjustment to rostering to better align staff numbers to the peak weekend hours.	Executive Director of Standards and Compliance	
RED	3.12	6/7	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	
RED	3.12	5/7	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. Functionality issues with the Readsoft scanning and verification software has reduced efficiency and capacity to perform all but mandatory clinical audits.	Executive Medical Director	
AMBER	3.15		NHS 111 health care professional concerns	There has been a marked increase in HCP concerns received by the NHS 111 service in October, which is due to delayed reporting of a batch of issues from one area to NHS 111. It is not indicative of a rise in the level of concerns	Executive Director of Standards and Compliance	November
AMBER	3.20		Freedom of Information responses.	There has been an increase in FOI responses taking longer than 20 days to complete. The management process and support for this function are currently being reviewed	Executive Director of People and Engagement	December
RED	4.3	7/7	Reduce rates of staff sickness including procurement of Occupational Health services to deliver improvement in sickness rates.	Overall sickness absence continues to show a slight improvement and it is some 0.8% better than the same period last year. Revisions to the attendance management policy should be put in place in January which will require a more assertive approach. Absence levels in 111 remain a particular concern. This team has recently attended a deep dive meeting where assurances were given regarding future improvements. On-going national uncertainty regarding Unsocial Hours deductions and sick pay may detrimentally affect the ability to deliver the year end target.	All Directors	On-going
RED	4.4	7/7	PDR Compliance	Details of all non compliant PDRs have been sent to all Directors. Specific instruction has been given by the Chief Executive to Directors and Senior Managers to address the situation in the next month.	All Directors	Immediate

RED
GREEN
RED
RED
GREEN
GREEN
AMBER
GREEN

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	AMBER	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	AMBER	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	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	AMBER						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	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	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	AMBER	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	AMBER	AMBER						GREEN
Strategic Goal - Always Learning															
9	Achieve FT status by the end of 2013-14.	David Whiting	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER						RED
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	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	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	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	AMBER	AMBER						GREEN
14	Reduce rates of staff sickness including procurement of Occupational Health services to deliver improvement in sickness rates.	Ian Brandwood	RED	RED	RED	RED	RED	RED	RED						AMBER
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	GREEN						GREEN
16	Develop and commence roll-out of ECS.	Rod Barnes / Michael Fox-Davies	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER						GREEN

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

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

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

Comments		
KPI	RAG	Page
1	AMBER	Comments E1
2	AMBER	2.4a
3	AMBER	Comments E2
7	AMBER	Comments E3
8	AMBER	Comments 2.16
9	AMBER	
12	AMBER	Comments 3.2
13	AMBER	Section 5
14	AMBER	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	RED						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	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	Highest Risk Lowest Risk	

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

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

*Where the circles are filled this indicates YAS current position



Section 2

Performance





Section 2a

A&E Performance



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2.2	4/7	Red 2 Performance	Focus on Red plan as presented to TEG.	Director of Operations	November/ongoing	Green
RED	2.3	1/7	Combined Red performance (8 minute target)	Focus on Red plan as presented to TEG.	Director of Operations	November/ongoing	Green

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

- Red 1 performance was 79.8% for the month (with a YTD of 79.5%)
- Red 2 performance was 74.0% for the month (with a YTD of 76.2%)
- Combined performance was 74.4% (with a YTD of 76.5 %)

The main drivers for this Red 8 result were :-

- The demand 4.9 % higher than planned (including ECP and out of area activity).
- Private Providers were stopped from October (with the exception of possible back up during Christmas and the New Year).

As noted previously, Private Providers were stopped during October. However, the resource allocated for the whole month was as planned, taking the removal of the private providers into account. But the demand was lower than plan during the first 20 days, with a step up to above plan during the last 10 days, this meant that, although the total demand should have been addressed by the total resource, the stepped increase in the last 10 days meant a shortfall in resource on those days.

Resilience

Risk Assessments:- Fire Service Strikes, sporadic throughout the month.

Business Continuity:- HR BC test carried out this month, scenario was loss of IT system across HR directorate. National Ambulance Service Resilience Unit have requested all ambulance services undertake a Business Continuity Peer Review process. YAS BC Manager undertook a peer review for the Scottish Ambulance Service (SAS) on the 10th October, the report has been produced and submitted to SAS Director of Operations. YAS BC system was peer reviewed by representatives from North East Ambulance Service and East Midlands Ambulance Services on the 24th October. Their report has been received and along with the recommendations from the ISO gap analysis and the internal audit report a paper will be produced for TEG outlining key recommendations for the trust.

BC Leads Update course carried out this month.

All departments now have an exercise date booked in the diary for this year (2013/4), tests are now ongoing.

Training course completed this month - National Decision Making Model, 2xECA courses.

JESIP- Joint Interoperability Programme - 7 Resilience managers have received train the trainer courses for the delivery of the JESIP commander programme. Course will be delivered to joint courses with police and fire at Bronze and Silver command levels. All designated commanders have to have completed the training by September 2014. Courses in West Yorkshire have already been identified and dialogue with South Yorkshire, North Yorkshire and Humberside are ongoing. The course are not to train commanders in command training, they are designed to improve the interoperability of commanders working together at scene, including joint dynamic risk assessments and the use of the Joint Decision Model.

HART:- The National Ambulance Resilience Unit representatives carried out a HART Audit over three days (23,24,25 September) the final report has now been agreed and will go to SMG for consideration in November.

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

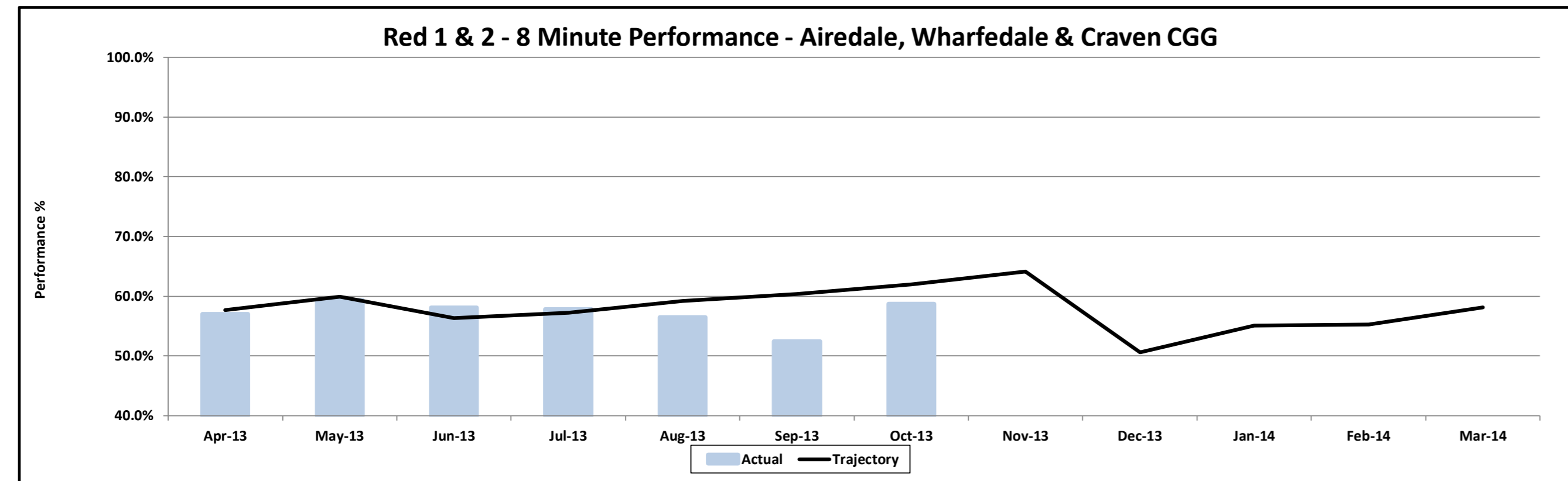
- 1. Improving the experience and outcomes for patients residing in rural locations
- 2. Development of alternatives to reduce conveyance to A&E departments
- 3. Collaborative working with specific care home providers to develop a reporting framework for the top 100 care homes
- 4. Self Care - Improving patient safety
- 5. Raising public awareness to support ambulance demand management
- 6. Red Performance
- 7. Static Medical Units Evaluation

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
25.00%	£1,028,820	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN
15.00%	£617,292	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN
20.00%	£823,056	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN
7.50%	£308,646	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN
7.50%	£308,646	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN
20.00%	£823,056	GREEN	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER						GREEN
5.00%	£205,764	GREEN	GREEN	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

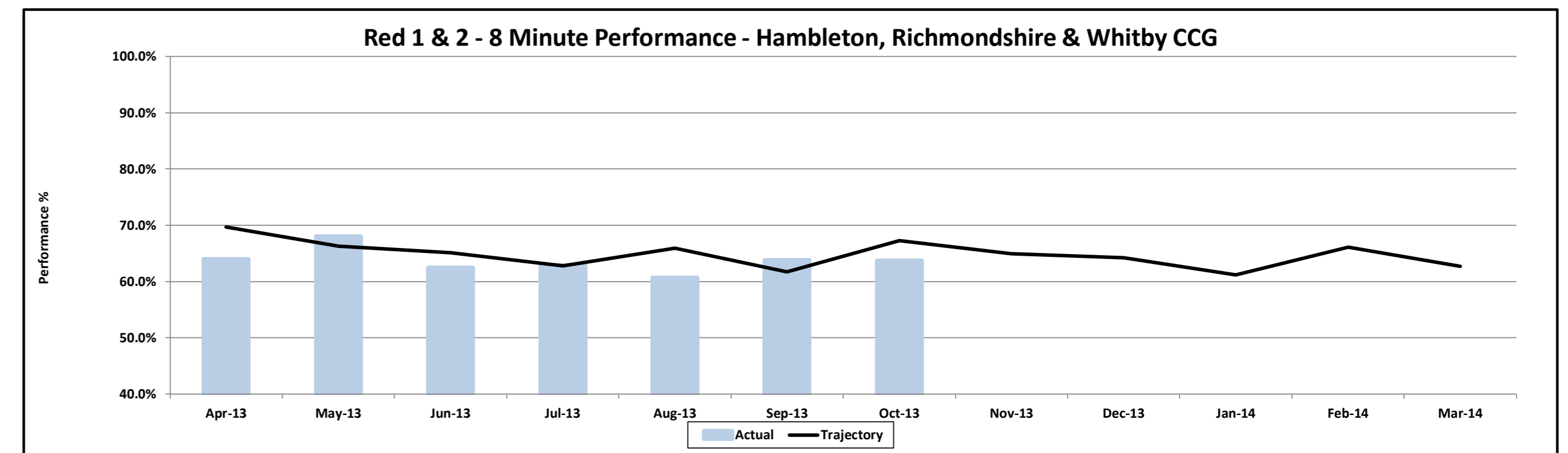
Comments
Q1 targets achieved. Q2 report submitted, awaiting feedback from commissioners CQUIN 6 - Action plan being closely monitored by lead manager. Trajectory for improvement agreed.

CQUIN 6 Red Performance by CCG

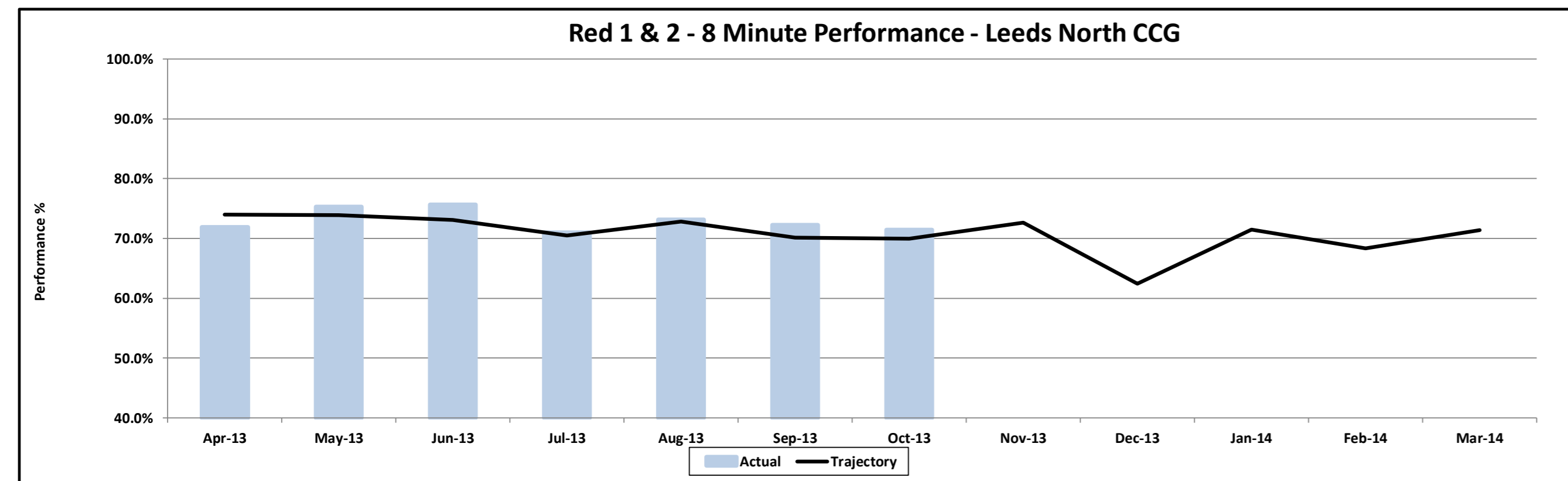


Airedale, Wharfedale & Craven CCG	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Trajectory	57.7%	59.9%	56.3%	57.2%	59.2%	60.4%	62.0%	64.1%	50.6%	55.1%	55.3%	58.1%	57.7%
Actual	57.0%	59.3%	58.1%	57.8%	56.5%	52.4%	58.7%						57.2%

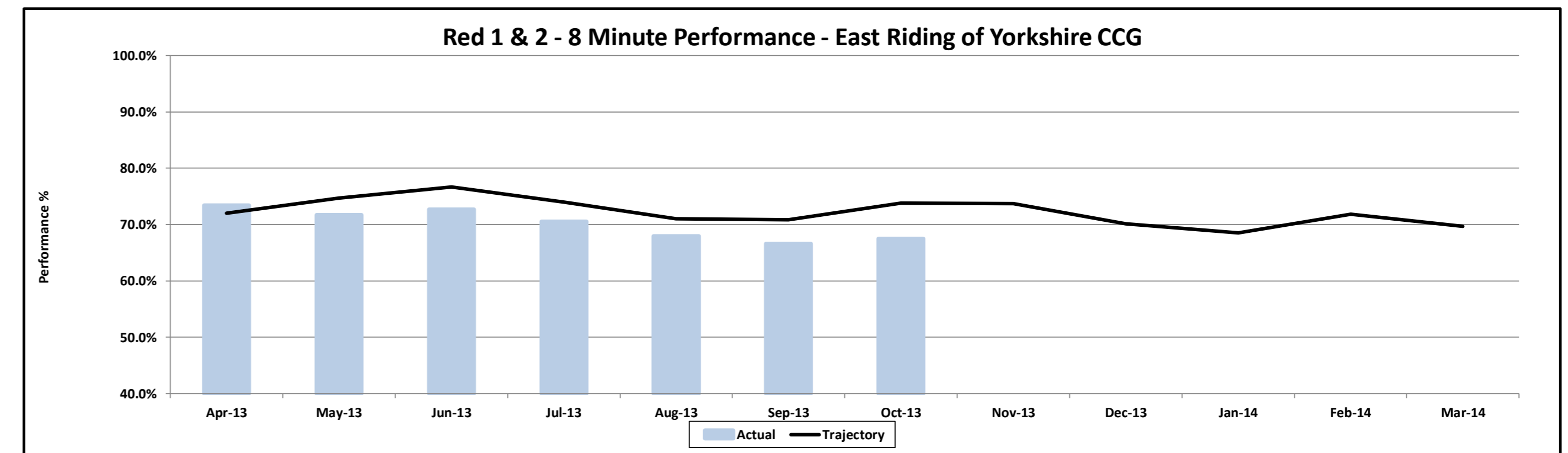
* Trajectory includes Cumbria CCG



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%	62.9%	60.7%	63.8%	63.7%						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%	73.1%	72.2%	71.4%						72.9%

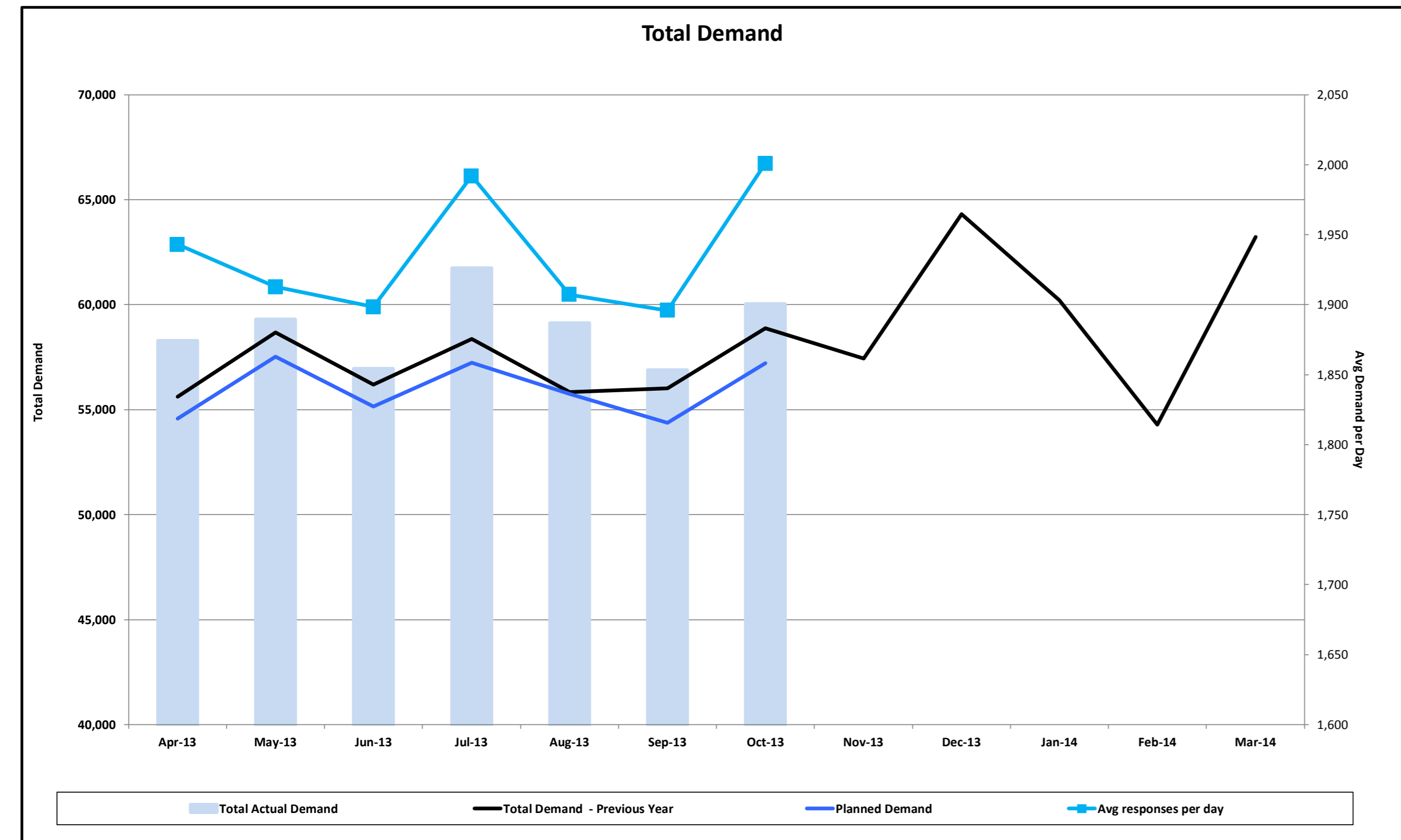


East Riding of Yorkshire CCG	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Trajectory	72.0%	74.7%	76.7%	74.0%	71.0%	70.8%	73.8%	73.7%	70.1%	68.5%	71.8%	69.7%	72.2%
Actual	73.4%	71.7%	72.7%	70.5%	67.9%	66.6%	67.5%						70.0%

Total Demand

OBJ REF 3

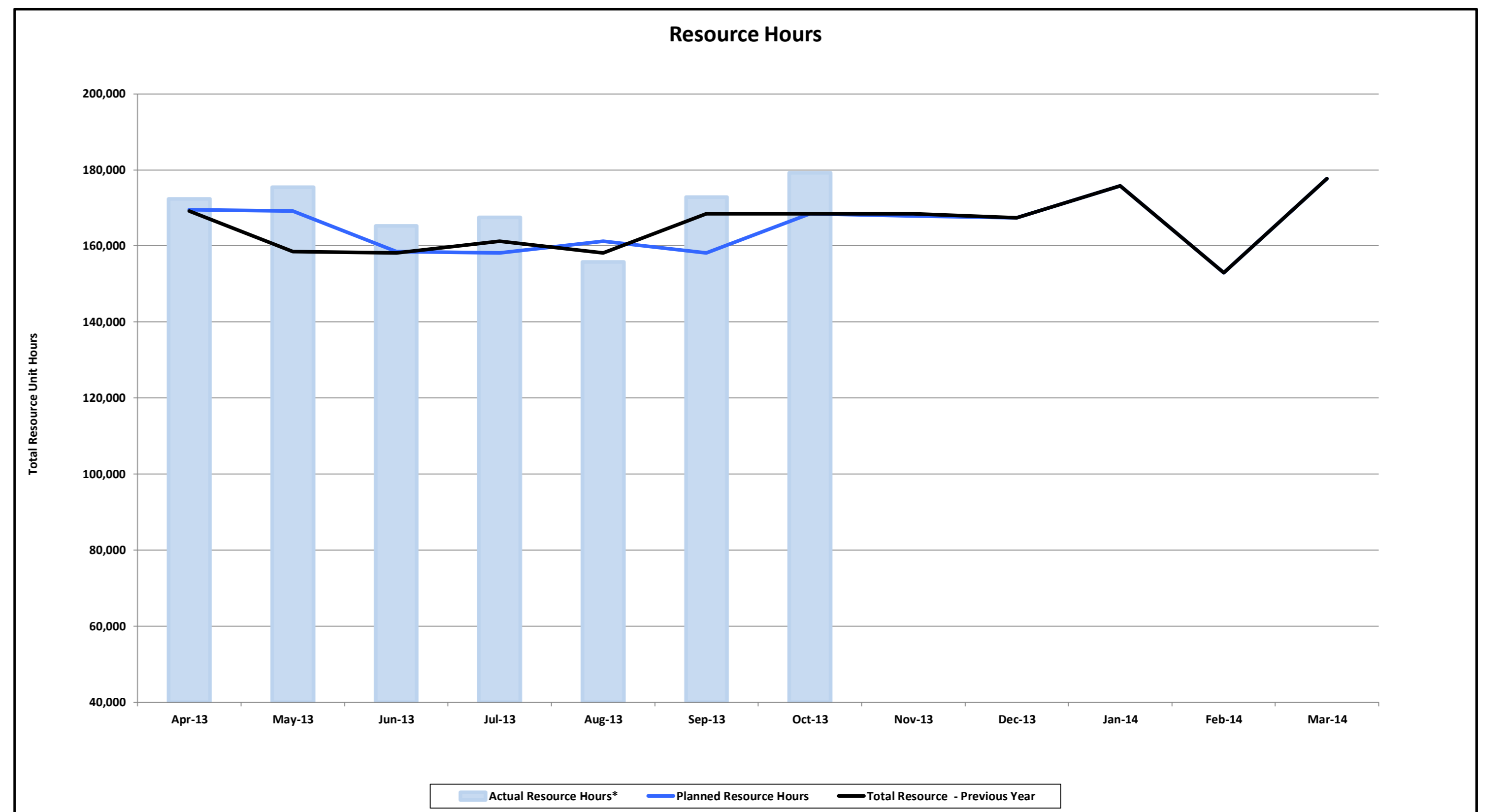
YTD RAG AMBER
MTD RAG GREEN



Resource Hours

OBJ REF 3

YTD RAG GREEN
MTD RAG AMBER



	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	54,376	57,210					
Total Actual Demand	58,291	59,294	56,954	61,749	59,123	56,876	60,026					
% Variance to Planned (Current Year)	6.8%	3.1%	3.3%	7.9%	6.0%	4.6%	4.9%					
Avg responses per day	1,943	1,913	1,898	1,992	1,907	1,896	2,001					
Total Contracted Demand	56,757	57,721	55,672	60,572	57,946	55,771	58,826					
% Variance Contracted to Planned	4.0%	0.3%	0.9%	5.8%	3.9%	2.6%	2.8%					
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%	1.5%	2.0%					

		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	172,854	179,240					
	DCA	96,078	96,259	92,965 *	96,138 *	93,270 *	95,561 *	106,713 *					
	RRV	63,289	60,931	62,745	65,127	56,715	60,496	70,129					
Avg Total Resource Hours per day	ALL	5,745	5,658	5,509	5,402	5,026	5,576	5,782					
Total Resource - Previous Year	TOTAL	169,225	158,567	158,133	161,251	158,156	168,429	168,474	168,474	167,423	175,807	152,959	177,679

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

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. Total Actual Demand includes ECP's, Out of Areas and NHSD passbacks but excludes Embrace. Total Actual Contracted demand excludes ECP, OOA, NHSD and Embrace. See page 5.5 for further breakdown.

Category Red 1 - 8 Minute Performance HQU03_01

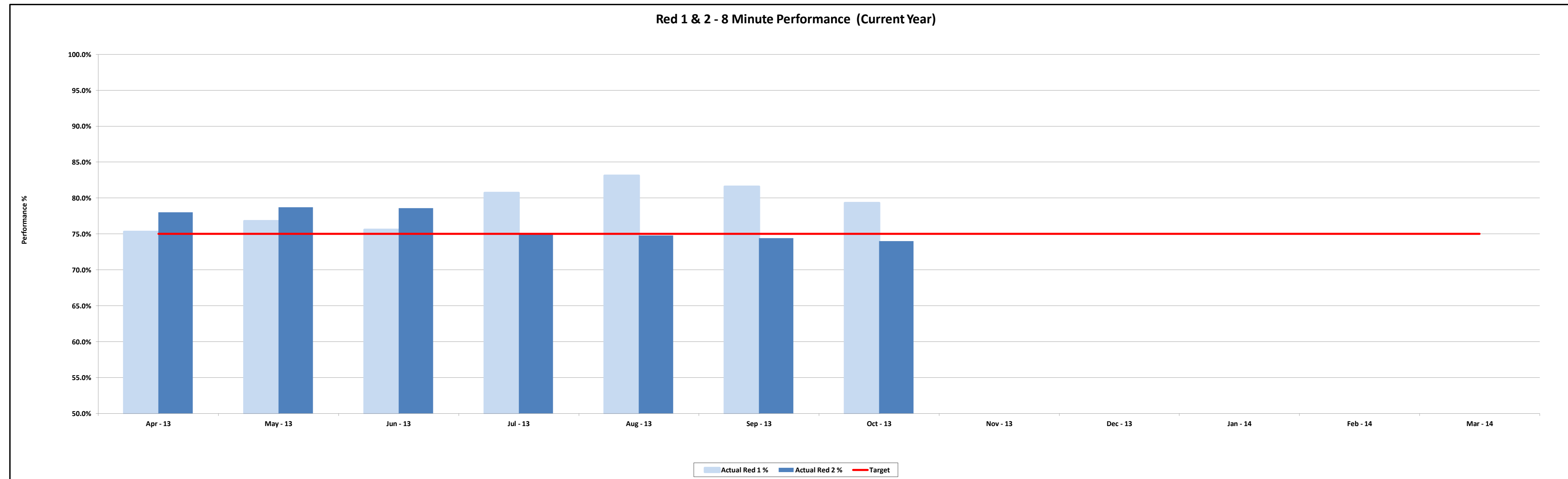
OBJ REF 3

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%	81.6%	79.3%						79.5%
	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%	11.6%	10.0%						9.7%
National Average		75.3%	74.0%	73.5%	75.4%	76.9%	75.2%							

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%	75.0%	74.8%	74.4%	74.0%						76.2%
	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%	-1.7%	-2.2%	-1.8%	-2.1%						0.9%
National Average		76.6%	75.6%	75.8%	73.5%	74.9%	73.4%							

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%	84.9%	79.8%						82.3%
	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%	9.1%	8.4%						11.4%
Airedale Bradford & Leeds	Current Year	73.9%	76.4%	74.0%	79.4%	83.3%	79.3%	79.0%						78.2%
	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%	4.0%	11.2%						7.3%
North Yorkshire	Current Year	66.1%	74.3%	71.3%	77.6%	78.6%	82.1%	77.5%						76.2%
	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%	29.5%	11.7%						11.9%
The Humber	Current Year	82.1%	79.0%	78.4%	85.2%	85.2%	85.0%	84.6%						83.4%
	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%	22.6%	12.8%						10.5%
South Yorkshire	Current Year	77.4%	75.5%	77.7%	78.8%	82.3%	79.6%	77.9%						78.7%
	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%	6.6%	7.7%						8.1%

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

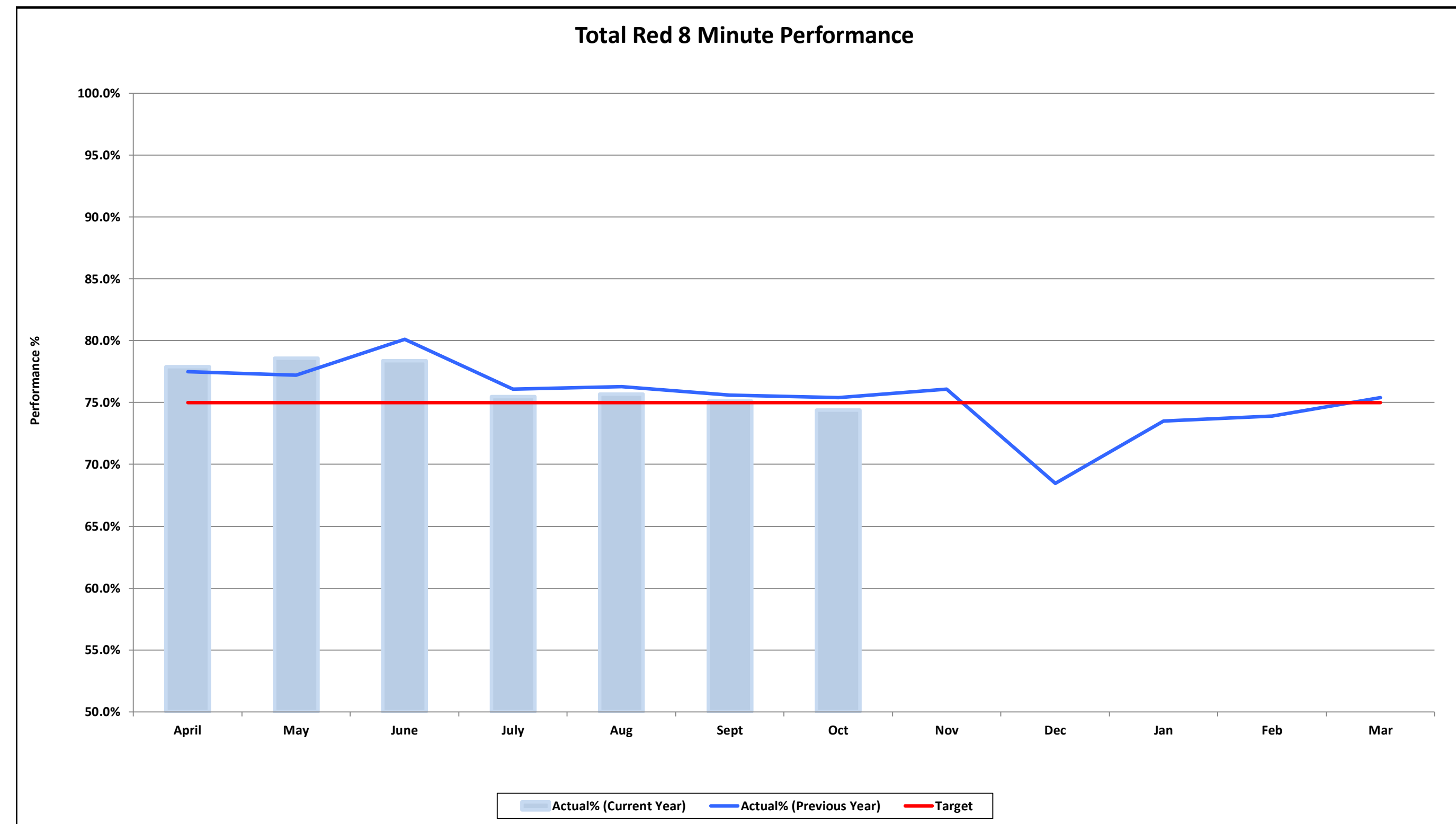
RED 2 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.9%	81.2%	80.7%	76.3%	75.8%	76.5%	75.8%						78.1%
	Previous Year	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	76.8%	67.5%	75.2%	77.0%	76.1%	76.0%
	% Variance	2.9%	4.1%	-0.7%	0.3%	-1.8%	-0.8%	0.8%						2.8%
Airedale Bradford & Leeds	Current Year	77.3%	78.6%	78.3%	75.2%	76.4%	74.8%	74.5%						76.5%
	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%	-2.6%	-1.5%	-0.6%	-0.7%						1.7%
North Yorkshire	Current Year	73.1%	76.2%	73.3%	72.1%	68.1%	71.3%	68.2%						71.7%
	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%	1.4%	-5.2%	2.4%	-7.3%						-0.1%
The Humber	Current Year	82.9%	82.2%	81.3%	79.5%	77.5%	76.1%	77.4%						79.5%
	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%	-2.5%	-2.0%	-4.3%	-2.9%						-0.7%
South Yorkshire	Current Year	78.0%	77.2%	79.1%	73.9%	75.0%	73.8%	74.0%						75.8%
	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%	-3.0%	-2.2%	-4.4%	-2.8%						0.1%

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	RED



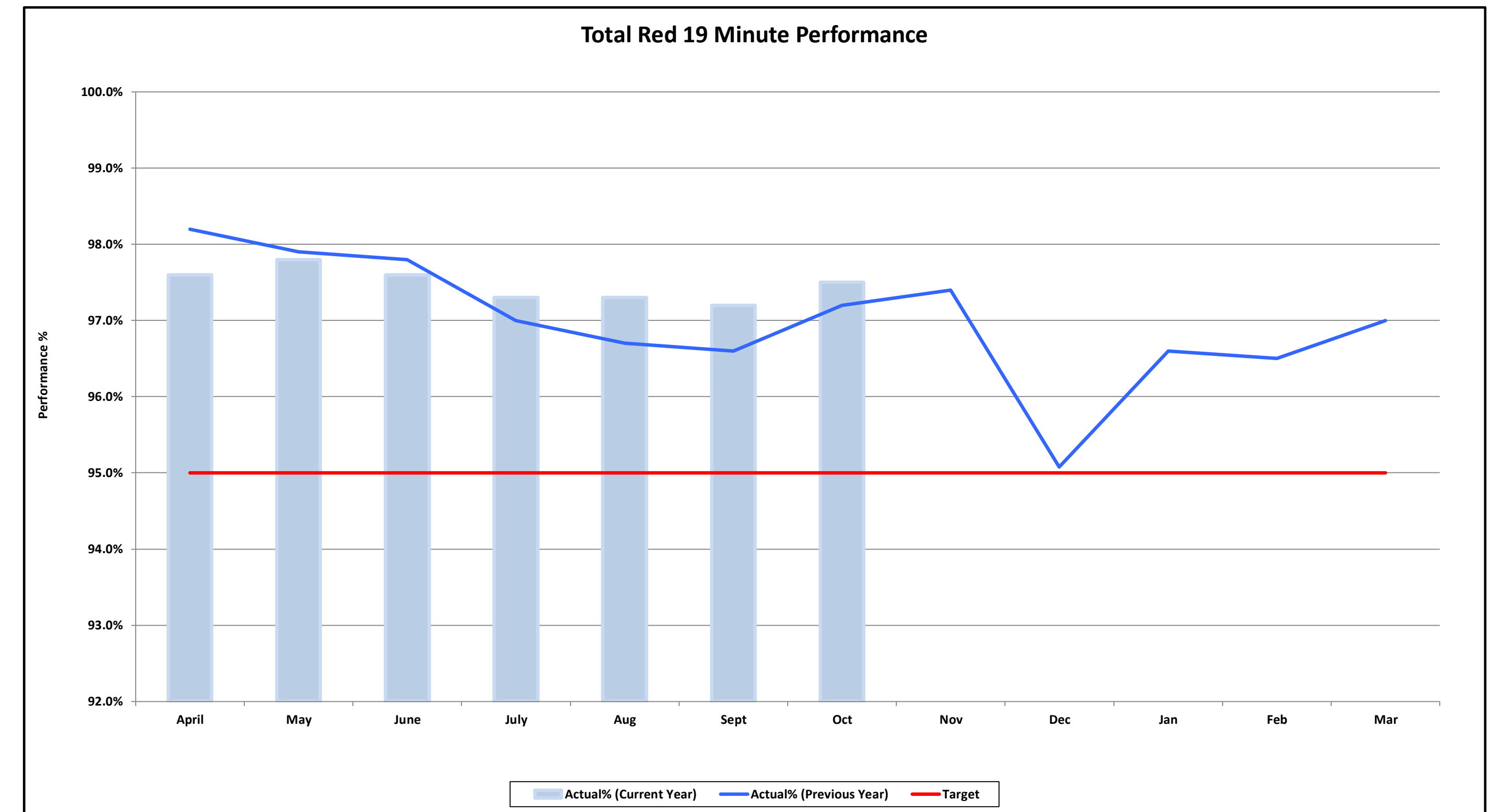
RED 8	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual% (Current Year)	77.9%	78.6%	78.4%	75.5%	75.7%	75.1%	74.4%						76.5%
Actual% (Previous Year)	77.5%	77.2%	80.1%	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%	-0.8%	-0.8%	-0.7%	-1.3%						1.6%

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%	77.0%	77.0%	77.4%	76.2%						78.4%
	Previous Year	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	76.8%	67.2%	75.0%	76.4%	75.8%	75.9%
	% Variance	2.3%	4.2%	-1.0%	1.2%	0.3%	0.3%	1.5%						3.2%
Airedale Bradford & Leeds	Current Year	77.1%	78.5%	78.1%	75.5%	77.0%	75.2%	74.9%						76.6%
	Previous Year	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	75.5%	67.0%	74.1%	72.2%	75.3%	75.0%
	% Variance	-0.3%	1.6%	-1.4%	-1.8%	-0.3%	-0.1%	0.1%						2.1%
North Yorkshire	Current Year	72.6%	76.0%	73.2%	72.5%	69.2%	72.4%	68.9%						72.1%
	Previous Year	72.1%	74.1%	74.2%	71.1%	71.8%	69.2%	73.3%	73.6%	68.0%	70.0%	71.2%	71.5%	71.5%
	% Variance	0.7%	2.6%	-1.3%	2.0%	-3.6%	4.6%	-6.0%						0.8%
The Humber	Current Year	82.8%	82.0%	81.1%	80.0%	78.4%	77.0%	78.1%						79.8%
	Previous Year	79.9%	81.0%	83.2%	81.1%	78.8%	78.7%	79.5%	80.6%	78.4%	77.7%	79.6%	79.9%	79.8%
	% Variance	3.6%	1.2%	-2.5%	-1.4%	-0.5%	-2.2%	-1.8%						0.0%
South Yorkshire	Current Year	78.0%	77.0%	79.1%	74.3%	75.7%	74.4%	74.3%						76.1%
	Previous Year	78.4%	78.2%	81.7%	75.8%	76.5%	77.0%	75.9%	75.8%	67.6%	72.1%	72.9%	75.5%	75.5%
	% Variance	-0.5%	-1.5%	-3.2%	-2.0%	-1.0%	-3.4%	-2.1%						0.8%

Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



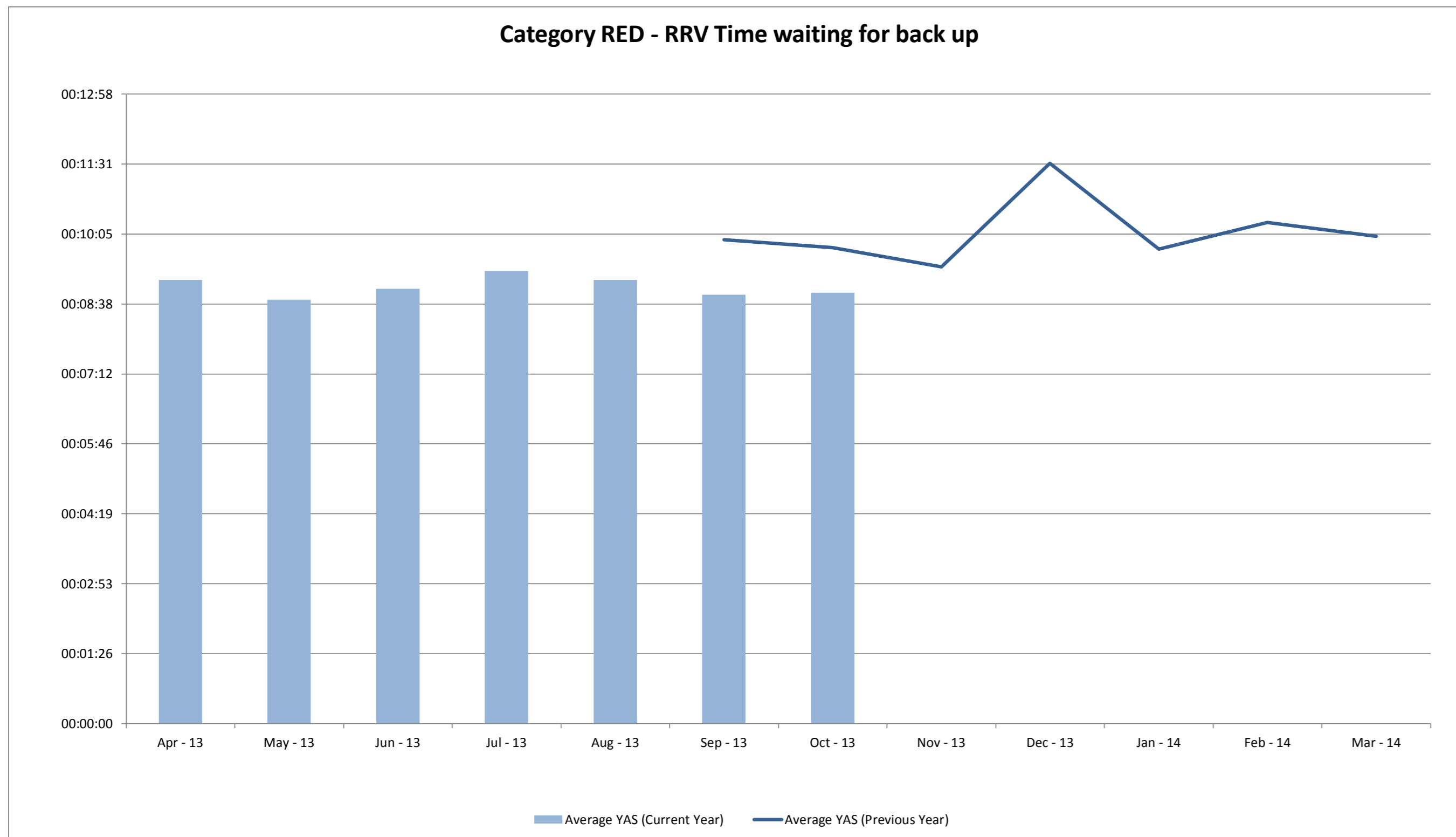
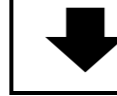
RED 19	EWI	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual% (Current Year)		97.6%	97.8%	97.6%	97.3%	97.3%	97.2%	97.5%						97.5%
Actual% (Previous Year)		98.2%	97.9%	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%	0.6%	0.3%						0.5%
National Average		96.3%	96.0%	95.8%	95.7%	96.1%	95.9%							

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%	98.3%	98.2%						98.2%
	Previous Year	98.9%	98.4%	98.7%	98.2%	97.8%	97.7%	97.4%	97.6%	95.0%	97.3%	97.6%	97.6%	97.6%
	% Variance	-0.5%	0.1%	-0.1%	-0.3%	0.5%	0.6%	0.8%						0.6%
Airedale Bradford & Leeds	Current Year	98.1%	98.4%	97.9%	98.4%	98.4%	98.0%	98.2%						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%	97.9%
	% Variance	-0.6%	-0.1%	-0.6%	0.5%	0.3%	0.3%	0.0%						0.3%
North Yorkshire	Current Year	94.8%	95.0%	94.3%	93.2%	92.6%	93.9%	94.0%						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%	92.4%	93.2%
	% Variance	-0.5%	0.5%	0.4%	-0.5%	0.2%	2.3%	0.0%						0.9%
The Humber	Current Year	96.4%	96.7%	96.4%	95.9%	95.7%	95.2%	95.9%						95.9%
	Previous Year	97.5%	97.6%	97.1%	95.7%	95.4%	95.6%	96.4%	96.8%	94.5%	95.0%	95.1%	95.4%	96.0%
	% Variance	-1.2%	-0.9%	-0.7%	0.2%	0.3%	-0.4%	-0.5%						-0.1%
South Yorkshire	Current Year	98.4%	98.6%	98.8%	98.3%	98.5%	98.5%	98.8%						98.8%
	Previous Year	99.0%	98.9%	98.5%	97.6%	97.5%	97.7%	98.1%	98.4%	96.2%	97.5%	97.3%	98.4%	97.9%
	% Variance	-0.6%	-0.3%	0.3%	0.7%	1.0%	0.8%	0.7%						0.9%

Category RED - RRV Time waiting for back up

OBJ REF 3

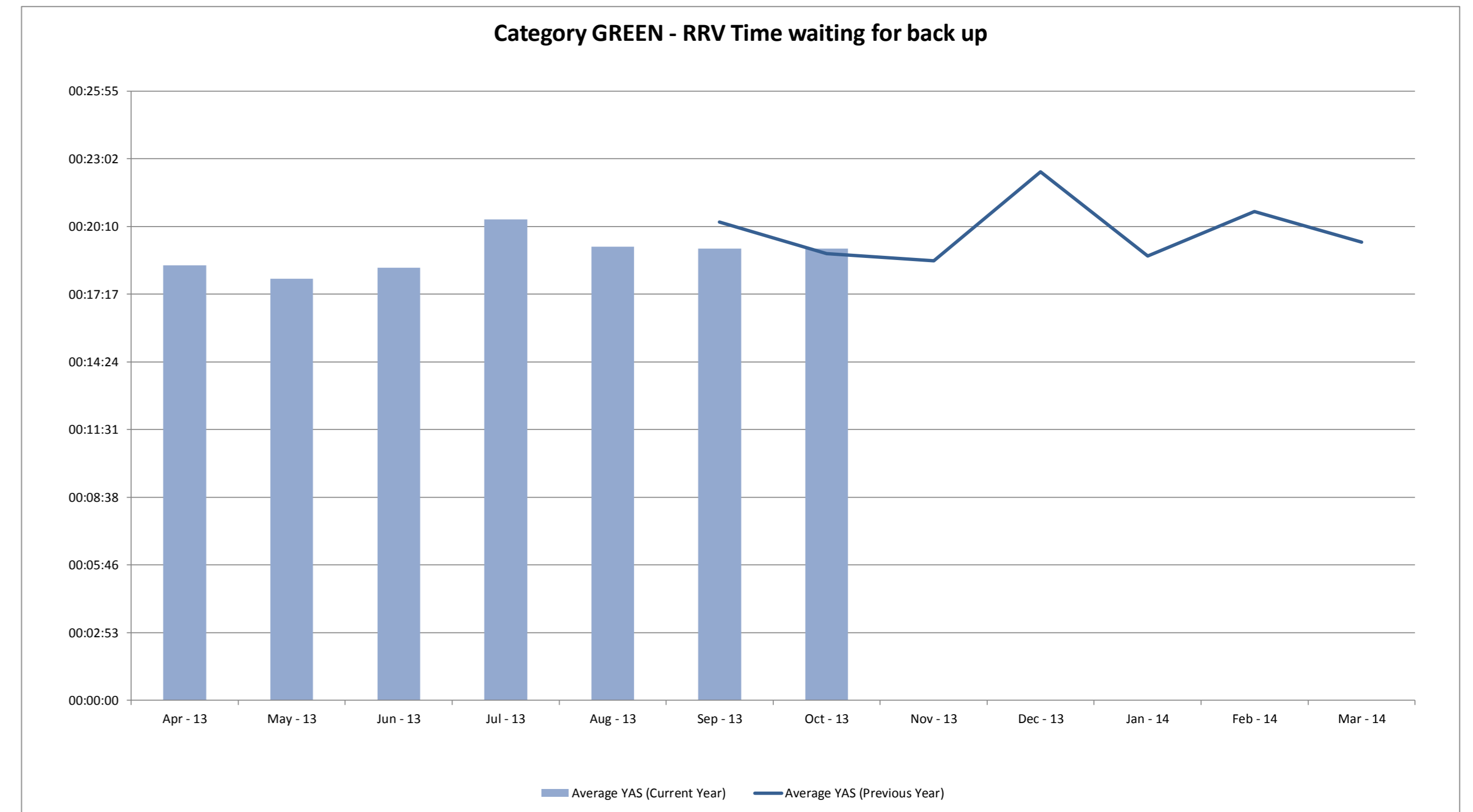
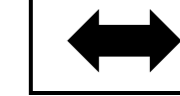
YTD RAG	N/A
MTD RAG	N/A



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	TBC	TBC					
Average YAS (Current Year)	00:09:08	00:08:44	00:08:57	00:09:19	00:09:08	00:08:50	00:08:52					
95th Percentile YAS (Current Year)	00:28:07	00:25:30	00:26:21	00:28:06	00:27:25	00:26:26	00:26:13					
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	TBC	TBC					
Average YAS (Current Year)	00:18:31	00:17:56	00:18:24	00:20:28	00:19:18	00:19:13	00:19:13					
95th Percentile YAS (Current Year)	00:49:32	00:49:00	00:50:23	00:56:39	00:51:58	00:52:41	00:53:10					
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	00:08:52	00:08:48					
	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	00:08:53	00:08:41					
	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	00:07:30	00:07:34					
	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	00:07:00	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	00:10:04	00:10:08					
	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	00:18:28	00:18:15					
	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	00:19:25	00:19:57					
	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	00:14:02	00:15:38					
	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	00:15:57	00:16:37					
	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	00:22:23	00:21:18					
	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	54,376	55,598	57,210	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	56,876	57,607	60,026	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%	4.6%	3.6%	4.9%	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	£312,664	£372,547	£242,912	£214,168	£298,203	£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		01:01:00		01:00:53										
	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	01:00:38	01:00:53	01:00:26	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	172,854	168,429	179,240	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	2,105	2,014	2,120	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	25,375	28,415	26,069	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)	£786,079	£20,078	£715,637	£118,808		£589,953		£669,317		£344,053		(£61,963)	
	Planned Abstractions %	30.0%	30.0%	31.0%	31.0%	32.0%	32.0%	32.0%	32.0%	32.0%	32.0%	30.0%	30.0%	31.0%	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%	31.5%	29.3%	30.4%	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	0.36	0.33	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%	75.0%	76.5%	75.0%	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%	75.5%	76.3%	75.7%	75.6%	75.1%	75.4%	74.4%	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

- Red 1 performance was 79.8% for the month (with a YTD of 79.5%)
- Red 2 performance was 74.0% for the month (with a YTD of 76.2%)
- Combined performance was 74.4% (with a YTD of 76.5%)

The main drivers for this Red 8 result were :-

- The demand 4.9 % higher than planned (including ECP and out of area activity).
- Private Providers were stopped from October (with the exception of possible back up during Christmas and the New Year).

As noted previously, Private Providers were stopped during October. However, the resource allocated for the whole month was as planned, taking the removal of the private providers into account. But the demand was lower than plan during the first 20 days, with a step up to above plan during the last 10 days, this meant that, although the total demand should have been addressed by the total resource, the stepped increase in the last 10 days meant a shortfall in resource on those days.

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	2965	2,568	2965	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	1,952	2,467	1,898	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%	6.0%	5.2%	6.0%	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%	4.4%	5.0%	4.0%	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	1,274	653	1,223	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	678	1,814	675	958		1,281		1,699		1,613		1,793	

Comments

Clinical Hub closed 1223 incidents in October, which is over 200% increase over the same month last year.

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

October 2013	Category G1 Responses		Category G2 Responses		Category G3 Responses		Category G4 Responses	TRIAGE	Routine
	No. Of Responses	% in 20 Mins	No. Of Responses	% in 30 Mins	No. Of Responses	% in 30 Mins	No. Of Responses	No. Of Responses	No. Of Responses
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	82	74.4%	449	93.3%	33	90.9%	419	51	1
HARROGATE & RURAL CCG	79	78.5%	433	93.3%	34	88.2%	377	32	2
SCARBOROUGH & RYEDALE CCG	70	80.0%	408	93.9%	32	93.8%	357	51	1
VALE OF YORK CCG	212	80.2%	1020	92.5%	90	85.6%	737	106	23
NORTH YORKSHIRE CBU	443	78.8%	2310	93.1%	189	88.4%	1890	240	27
ERY CCG	215	74.4%	884	91.7%	68	83.8%	837	98	2
HULL CCG	230	83.0%	1010	93.8%	120	87.5%	924	130	64
EAST YORKSHIRE CBU	445	78.9%	1894	92.8%	188	86.2%	1761	228	66
CALDERDALE CCG	134	82.8%	660	90.5%	61	80.3%	677	106	48
GREATER HUDDERSFIELD CCG	162	69.8%	605	90.7%	58	82.8%	583	120	49
NORTH KIRKLEES CCG	124	72.6%	468	91.7%	38	84.2%	459	88	27
WAKEFIELD CCG	234	70.5%	992	91.9%	107	79.4%	1044	148	65
CALD / KIRK & WAKEFIELD CBU	654	73.2%	2725	91.3%	264	81.1%	2763	462	189
AIREDALE, WHARFEDAILE & CRAVEN CCG	98	64.3%	423	86.8%	30	83.3%	405	53	13
BRADFORD CITY CCG	96	80.2%	389	92.0%	52	82.7%	167	111	1
BRADFORD DISTRICTS CCG	246	72.4%	964	88.9%	72	81.9%	693	171	12
CUMBRIA CCG	4	50.0%	8	87.5%	1	100.0%	18	1	0
LEEDS NORTH CCG	154	68.2%	540	87.6%	54	88.9%	523	87	0
LEEDS SOUTH & EAST CCG	215	74.9%	998	92.0%	123	81.3%	862	176	6
LEEDS WEST CCG	216	75.0%	1020	89.5%	85	78.8%	677	152	0
LEEDS, BRADFORD & AIREDALE CBU	1029	72.7%	4342	89.7%	417	82.3%	3345	751	32
BARNSELY CCG	182	75.3%	712	89.6%	69	79.7%	642	100	4
DONCASTER CCG	261	73.6%	1012	94.0%	115	75.7%	797	153	88
ROTHERHAM CCG	187	76.5%	768	92.1%	76	72.4%	575	128	6
SHEFFIELD CCG	362	71.8%	1704	86.6%	207	72.7%	1198	346	14
SOUTH YORKSHIRE CBU	992	73.7%	4196	89.7%	467	74.4%	3212	727	112
ECP	21		204		13		432		
OOA/UNKNOWN	22	81.8%	109	82.6%	22	63.6%	28	8	3
YORKSHIRE AMBULANCE SERVICE	3606	74.7%	15780	90.8%	1560	80.6%	13431	2416	429

Year to Date	Category G1 Responses		Category G2 Responses		Category G3 Responses		Category G4 Responses	TRIAGE	Routine
	No. Of Responses	% in 20 Mins	No. Of Responses	% in 30 Mins	No. Of Responses	% in 30 Mins	No. Of Responses	No. Of Responses	No. Of Responses
HAMBLETON,RICHMONDSHIRE & WHITBY CCG	644	76.2%	2783	92.4%	258	86.4%	2757	306	7
HARROGATE & RURAL CCG	612	80.6%	2783	94.6%	217	90.8%	2597	336	16
SCARBOROUGH & RYEDALE CCG	588	79.4%	2673	94.2%	274	88.3%	2430	327	18
VALE OF YORK CCG	1464	81.3%	6479	94.1%	619	89.3%	5013	853	158
NORTH YORKSHIRE CBU	3308	79.8%	14718	93.9%	1368	88.8%	12797	1822	199
ERY CCG	1479	76.5%	5874	92.0%	555	82.7%	5907	822	19
HULL CCG	1440	83.2%	6695	94.5%	923	88.5%	6038	1010	457
EAST YORKSHIRE CBU	2919	79.8%	12569	93.3%	1478	86.3%	11945	1832	476
CALDERDALE CCG	983	80.6%	4463	90.5%	431	76.8%	4480	746	365
GREATER HUDDERSFIELD CCG	1154	77.7%	4596	90.3%	360	76.4%	3970	1083	365
NORTH KIRKLEES CCG	844	79.9%	3385	91.3%	278	77.7%	3021	683	177
WAKEFIELD CCG	1641	80.0%	7273	93.0%	657	77.5%	7240	1151	469
CALD / KIRK & WAKEFIELD CBU	4622	79.5%	19717	91.5%	1726	77.1%	18711	3663	1376
AIREDALE, WHARFEDAILE & CRAVEN CCG	756	75.7%	3152	87.3%	242	79.8%	2607	403	86
BRADFORD CITY CCG	649	79.7%	2796	89.6%	386	82.1%	1167	701	3
BRADFORD DISTRICTS CCG	1635	77.8%	6955	87.6%	586	75.6%	4439	1376	91
CUMBRIA CCG	31	74.2%	63	87.3%	3	100.0%	95	8	0
LEEDS NORTH CCG	945	79.9%	3912	90.1%	315	75.6%	3365	698	8
LEEDS SOUTH & EAST CCG	1500	82.3%	6990	92.8%	818	82.9%	5724	1338	67
LEEDS WEST CCG	1482	80.5%	7061	90.6%	592	76.4%	4561	1313	25
LEEDS, BRADFORD & AIREDALE CBU	6998	79.6%	30929	89.9%	2942	79.0%	21958	5837	280
BARNSELY CCG	1288	77.3%	5186	92.3%	496	77.8%	4306	909	34
DONCASTER CCG	1901	79.8%	6714	93.6%	791	77.5%	5381	1331	648
ROTHERHAM CCG	1326	79.6%	5336	91.4%	602	73.4%	4580	1054	56
SHEFFIELD CCG	2703	77.1%	11580	88.7%	1298	74.3%	9848	2652	113
SOUTH YORKSHIRE CBU	7218	78.3%	28816	90.9%	3187	75.4%	24115	5946	851
ECPs	182		1166		141		2886		
OOA/UNKNOWN	162	75.3%	661	84.4%	106	79.2%	209	72	36
YORKSHIRE AMBULANCE SERVICE	25409	79.2%	108576	91.4%	10948	79.8%	92621	19172	3218

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	Q3 Forecast
Risk Assessments linked to Civil Contingency Act	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN						GREEN	GREEN
Emergency Plans	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN	GREEN
Business Continuity Plans	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN						GREEN	GREEN
Information Provision	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN	GREEN
Co-operation with other responders	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN	GREEN
Training	AMBER	GREEN	GREEN	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	6/6	Time to Answer - 95%	Recruitment on going to get the required establishment to consistently deliver all telephony standards. Head of Service Delivery within the EOC is commencing a telephony performance framework project, an element of which will work towards improving individuals' efficiencies with regard to telephony performance.	Emergency Operation Centre Locality	
2.7	6/6	Time to Answer - 99%	As above.	Emergency Operation Centre Locality	
2.7	1/6	Abandoned calls	As above.	Emergency Operation Centre Locality	
2.7	6/6	Non A&E		Designated Project Team from all directorates	
2.7	3/3	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 has improved STEMI 150 reporting by 10.6% over the past two months.	Head of Clinical Effectiveness	
2.7	3/3	ROSC	Small numbers of patients will produce inter-month variability that is not significant. The Trust is concentrating on improving resuscitation outcomes which is best measured by Survival to Discharge data.	Executive Medical Director	
2.7	2/3	Cardiac - STD Utstein	Small numbers of patients will produce inter-month variability that is not significant.	Executive Medical Director	

Comments

Top Third

Time to Answer - 50%
 Cat Red 8 minute response - RED 1
 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%
 STEMI - Care
 Stroke - Care
 Frequent caller *
 Cardiac - STD
 Recontact 24hrs Telephone
 Recontact 24hrs on Scene

Middle Third

Time to Answer - 95%
 Abandoned calls
 Resolved by telephone
 Stroke - 60
 ROSC
 ROSC - Utstein

Bottom Third

Time to Answer - 99%
 Non A&E
 STEMI - 150
 Cardiac - STD Utstein

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	2	September
Time to Answer - 95% EWI	mm:ss	00:06	00:12	00:03	00:01	00:42	00:08	00:08	00:30	00:16	00:11	00:26	8	September	
Time to Answer - 99%	mm:ss	00:41	01:06	00:13	00:10	00:49	00:42	00:58	01:14	00:56	00:58	01:20	10	September	
Abandoned calls EWI	%	1.47	0.72	1.30	0.01	2.34	2.17	0.42	3.10	0.75	1.19	1.22	6	September	
Cat Red 8 minute response - RED 1	%	72.5	74.9	83.0	76.7	78.5	76.5	79.1	76.0	72.6	81.2	79.5	2	September	
Cat Red 8 minute response - RED 2	%	73.0	72.1	76.2	74.7	79.9	78.9	76.3	73.4	74.8	74.7	76.6	3	September	
95 Percentile Red 1 only Response Time	mm:ss	14:44	14:55	8:58	16:37	13:14	13:52	13:51	13:50	15:03	11:41	12:44	2	September	
Cat Red 19 minute response	%	93.5	93.6	97.0	97.9	97.5	96.0	95.6	97.2	95.4	97.4	97.5	2	September	
Time to Treat - 50% EWI	mm:ss	06:30	06:17	05:30	06:00	05:47	05:17	05:53	05:50	05:53	06:03	05:25	2	September	
Time to Treat - 95%	mm:ss	20:10	20:34	17:34	14:34	16:32	15:17	18:09	18:06	18:30	15:48	13:33	1	September	
Time to Treat - 99%	mm:ss	32:06	32:35	29:45	22:56	26:11	34:33	31:23	27:41	29:10	24:12	20:12	1	September	
STEMI - Care	%	76.4	82.6	75.0	77.5	72.8	85.4	65.5	78.0	89.1	72.5	82.6	3	June	
Stroke - Care	%	98.0	95.3	97.9	94.6	94.1	99.2	97.9	91.2	97.0	93.5	98.0	3	June	
Frequent caller *	%	0.04	0.04	0.89	2.23	0.00	0.00	5.99	0.00	0.00	0.00	2.08	3	September	
Resolved by telephone	%	4.2	7.6	8.0	5.0	4.4	2.4	4.4	11.7	7.0	6.8	4.8	5	September	
Non A&E	%	33.3	44.1	46.1	31.7	30.3	25.3	41.4	42.5	51.9	38.4	29.3	9	September	
STEMI - 150	%	91.3	92.6	90.0	94.0	98.5	89.1	91.3	95.4	81.6	89.9	88.0	9	June	
Stroke - 60	%	67.2	51.0	47.6	67.3	78.7	78.8	45.0	65.7	56.7	61.8	66.1	5	June	
ROSC	%	19.1	20.2	18.9	28.9	29.7	28.6	40.0	32.6	25.4	24.6	21.2	8	June	
ROSC - Utstein	%	42.0	40.0	44.4	57.3	67.5	43.2	42.1	47.3	47.6	40.3	43.9	5	June	
Cardiac - STD	%	7.5	7.3	2.7	7.4	7.8	9.4	20.1	9.1	10.1	6.2	9.9	3	June	
Cardiac - STD Utstein	%	28.7	22.5	11.1	24.2	30.6	22.9	33.3	23.9	29.3	19.4	20.4	9	June	
Recontact 24hrs Telephone EWI	%	5.8	10.2	4.9	2.7	14.3	18.1	19.9	9.6	11.4	13.5	8.5	3	September	
Recontact 24hrs on Scene EWI	%	5.9	5.4	3.0	6.6	4.3	6.1	6.6	4.3	5.0	6.1	4.8	3	September	

*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	4/7	West	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	The trajectory reduced again by 0.2% between September and October - this resulted in 189 breaches of the standard against over 14,000 journeys, performance has improved overall for West by 0.6%. A West Yorkshire Action plan has been initiated to focus specifically to address timeliness of service	Locality Manager - Calderdale and Huddersfield	Nov-13	AMBER
RED	2.11	1/7	West	Abortive journeys should not exceed 4.5% (by end of year)	The trajectory is a considerable challenge, ongoing work with the acute Trusts in relation to PAS downloads, cancelled appointments, patients admitted to hospital etc. System process issues in relation to the Acute Trusts have been raised with the Commissioners with regards to the complexity and influence YAS are able to have on Abortive journeys.	Locality Managers - West Yorkshire	ongoing	RED
RED	2.12	4/7	East	Number of patients arriving more than 60 mins early should not exceed 2%	Performance in Hull and East with a trajectory reduction of 1% Sept -Oct - 2.10% to 1.10% again negatively affected compliance against the new target of 1.10%. 48 patients waited longer than 60 minutes calculated over 1,811 journeys with 47 journeys waiting longer than 120 minutes calculated over the same number 1,811. Early rota work has shown a requirement to place additional resources in this area. Availability of vehicle resources within this area negatively affect performance.	Locality Manager - Hull and East Yorkshire	ongoing	AMBER
RED	2.12	3/7	East	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%				
RED	2.12	4/7	East	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%				
RED	2.12	3/7	East	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%				
RED	2.12	3/7	East	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%				
RED	2.12	4/7	East	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%				
RED	2.12	2/7	East	Number of patients waiting longer than 45 minutes for transport after their appointment should not exceed 10%				
RED	2.12	2/7	East	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%				
RED	2.12	6/7	East	Number of patients waiting longer than 120 minutes for transport after their ready time should not exceed 10%				
RED	2.13	7/7	South	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90%				
RED	2.13	7/7	South	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10% (Doncaster and Sheffield)				
RED	2.13	7/7	South	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%				
RED	2.14	6/7	North	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	87 patients out of a total of 3,622 did not achieve the 30 minute standard and arrived 30 mins after their appointment time.	Locality Manager - North Yorkshire	ongoing	AMBER
RED	2.14	7/7	North	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	Resource drag associated with the increased number of patients who chose to have their treatments outside the area and associated with the movement of clinical services out of Friarage is continuing. Some agreements have been reached with the units regarding late patient pick ups and contact cut off times which should reduce the late impact of patients requesting to return to area outside the contract operating times. The contact thresholds need to be reviewed as the small numbers in the most rural areas eg Cumbria are disproportionately affecting the compliance figures	Locality Manager - North Yorkshire	Q3	AMBER
RED	2.14	7/7	North	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%				
RED	2.14	4/7	North	Number of patients arriving more than 30 mins early should not exceed 5% (Renal)	32 renal patients arrived 30 minutes prior to their appointment time out of a total 379 in the Vale of York. This relates to a requirement to ensure that renal patients are delivered on time in rural areas in which they live. 8 patients out of a total 546 arrived more than 60 minutes early for their appointment. 12 patients arrived more than 30 minutes after their appointment time out of a total of 546 of that group.	Locality Manager - North Yorkshire	Q3	AMBER
RED	2.14	3/7	North	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0% (renal)				
RED	2.14	2/7	North	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0% (renal)				

Directors Comments on Actual Performance

Work is continuing in relation to amending the contract specifications to ensure that all stakeholders are clear regarding the expectations and deliverables within the contract. This work will need to be completed before the start of the formal contracting round for 2014-15. Changes have been made to all the consortia reports so that these now include total number of journeys and number of patients who breach where relevant. It is hoped that this will drive more meaningful discussions with commissioners and focus efforts on where the biggest impacts can be made.

The urgent quarter two action plan put in place in South Yorkshire has seen improvements in terms of the 60 minute arrival prior to appointment target and similarly the post appointment targets however there still remains significant issues and the greatest challenge to achieve the trajectory for Sheffield which has the highest level of patients affected. Discussions with the commissioners with regards to specific actions to address Sheffield's performance are in progress and in particular the financial investment required to offset against potential contact penalties which may be incurred should the threshold targets not be met.

Discussions with the West Yorkshire Consortia Commissioners in terms of West Yorkshire performance are on-going in relation to the West Yorkshire performance improvement action plan.

Sickness absence has reduced further to 5.38% for end of October 2013.

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

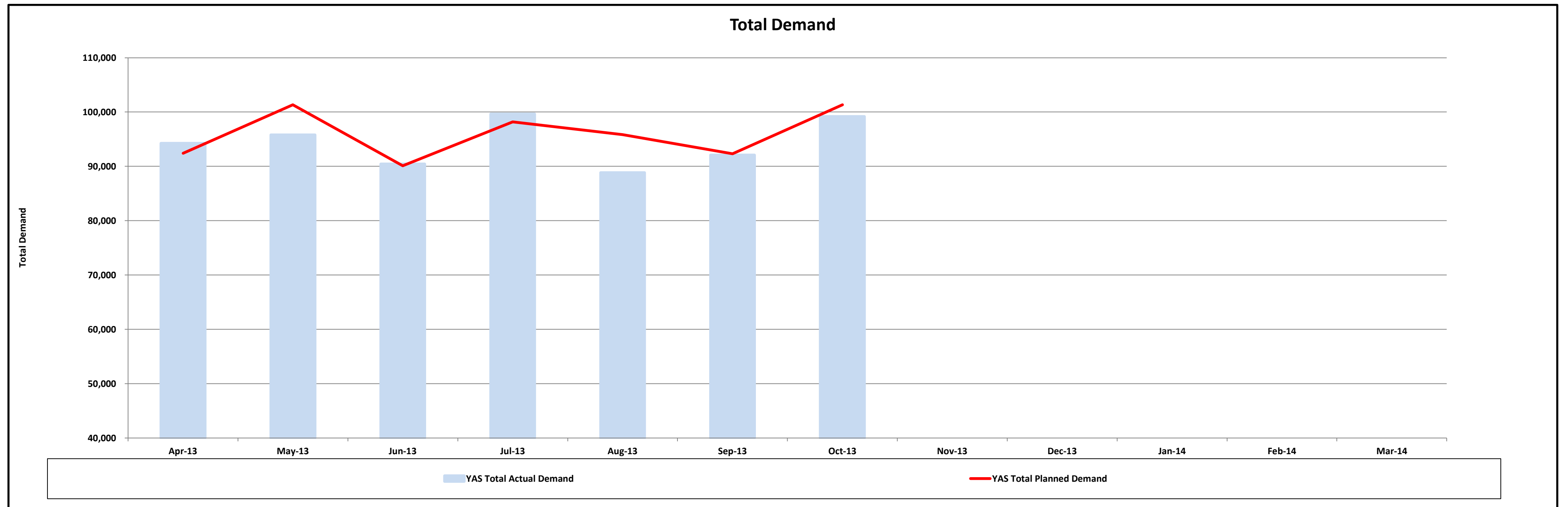
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments
The South Yorkshire CQUIN achievement remains an issue with strong performance improvements being evidenced but not achieving the trajectory. Work is ongoing with the commissioners regarding partial payments or amendment of the trajectories.

PTS Demand

OBJ REF 3

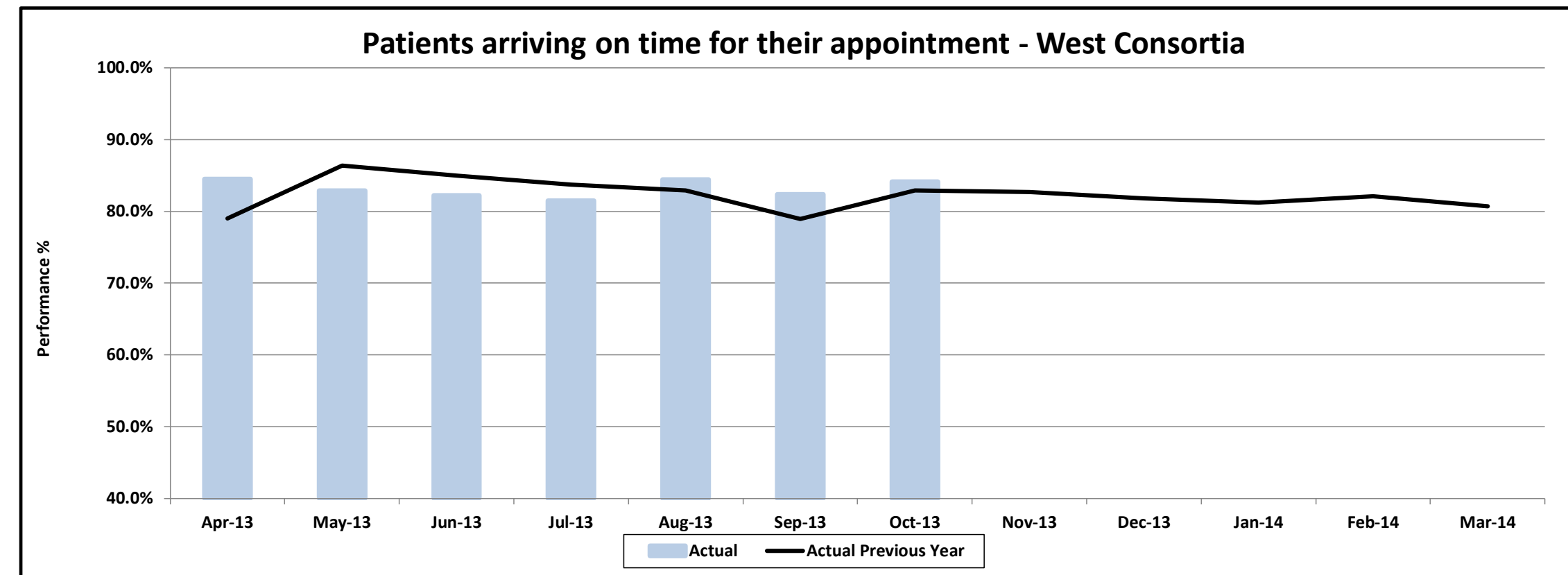
↔	YTD RAG	GREEN
	MTD RAG	GREEN



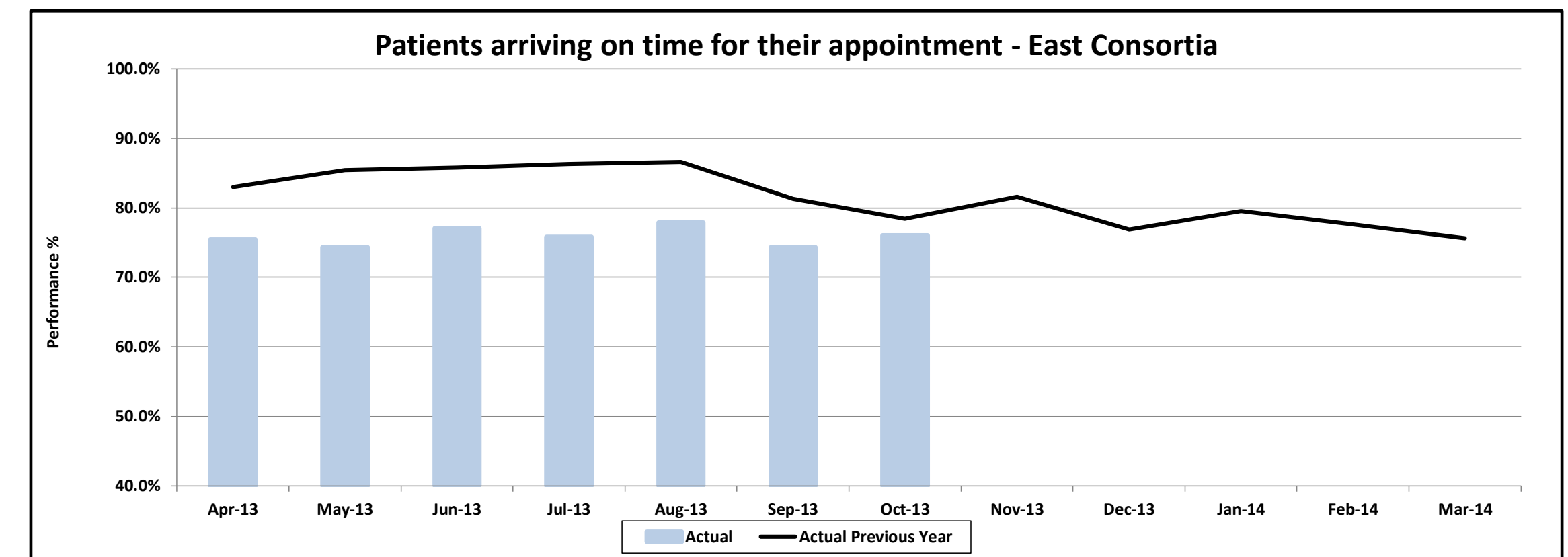
PTS Demand by Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
West Consortia Planned Demand	45,344	51,587	45,016	49,662	49,790	46,201	51,860						339,460
West Consortia Actual Demand	48,305	48,921	45,899	50,468	45,469	46,376	50,267						335,705
East Consortia Planned Demand	9,127	9,517	10,389	9,263	9,557	9,169	9,271						66,293
East Consortia Actual Demand	9,279	9,376	8,717	9,647	8,560	9,227	9,749						64,555
South Consortia Planned Demand	26,911	27,203	23,614	26,980	24,173	25,270	27,103						181,254
South Consortia Actual Demand	25,060	25,397	24,132	26,762	23,149	24,661	26,559						175,720
North Consortia Planned Demand	11,056	13,052	11,115	12,293	12,330	11,664	13,109						84,619
North Consortia Actual Demand	11,623	12,108	11,694	12,767	11,680	11,820	12,609						84,301
YAS Total Planned Demand	92,438	101,359	90,134	98,198	95,850	92,304	101,343						671,626
YAS Total Actual Demand	94,267	95,802	90,442	99,644	88,858	92,084	99,184						660,281
% Variance Planned V Actual	2.0%	-5.5%	0.3%	1.5%	-7.3%	-0.2%	-2.1%						-1.7%

Arrival - Quality Target by Consortia

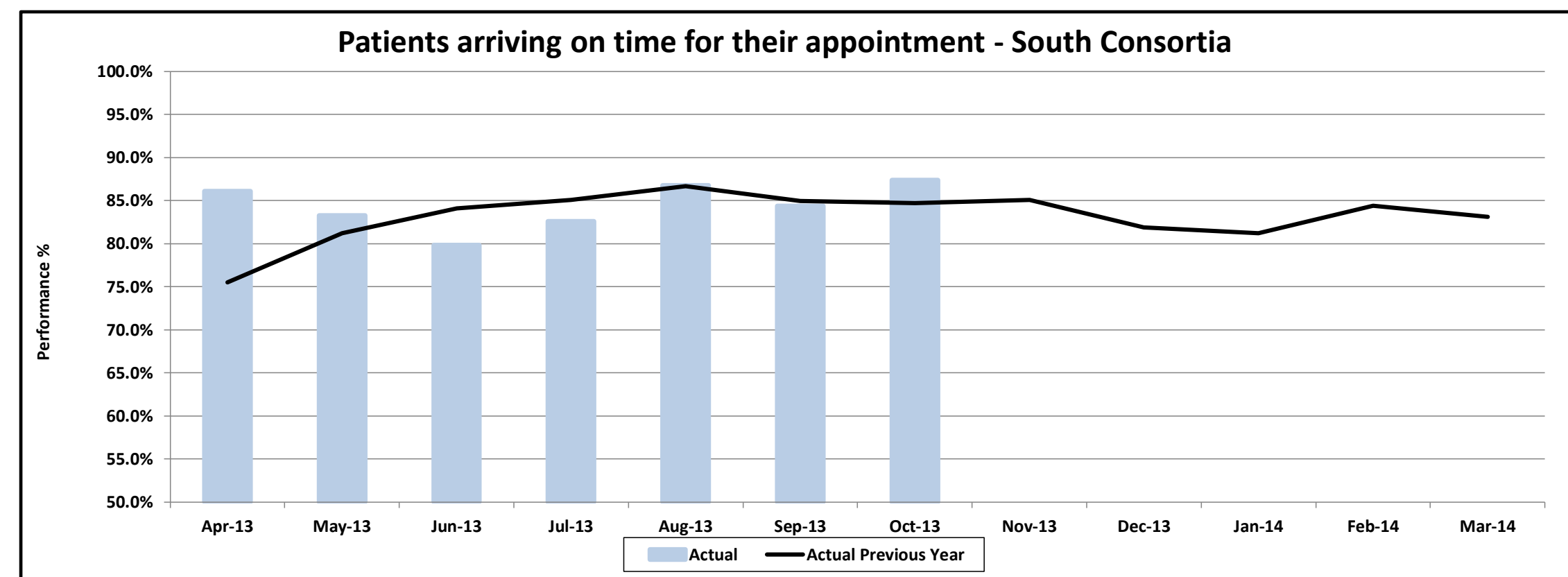
EWI



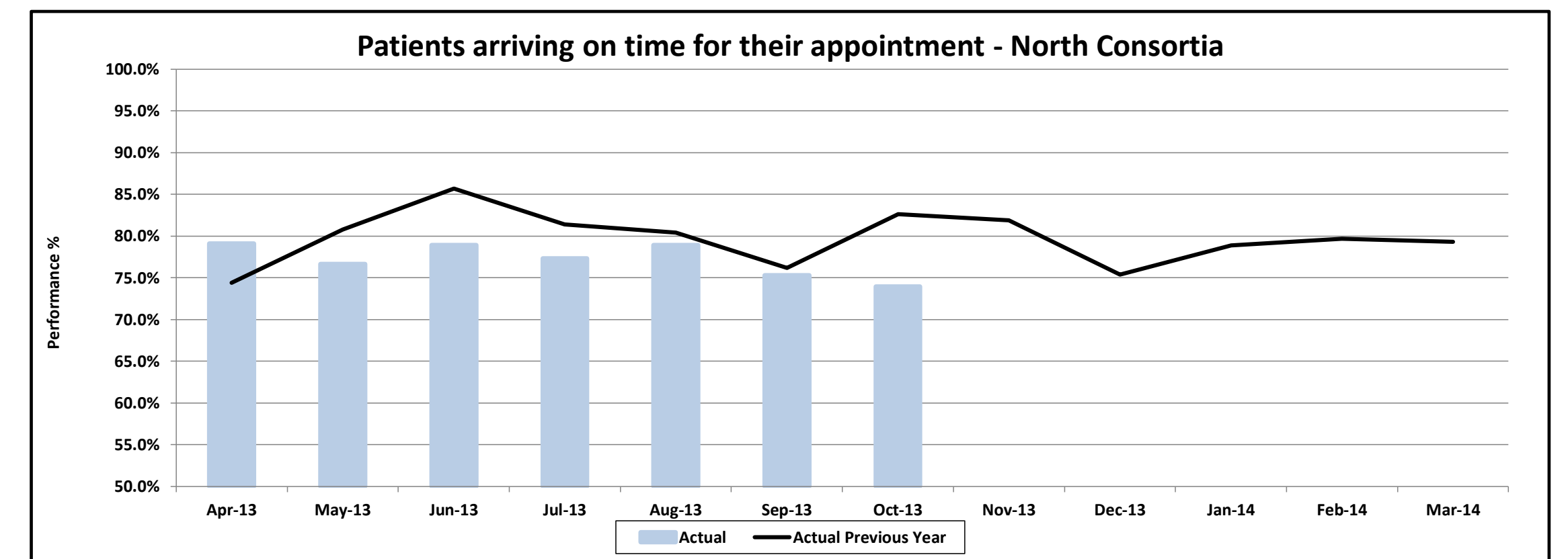
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	84.5%	82.9%	82.2%	81.5%	84.4%	82.4%	84.1%					
Actual Previous Year	79.0%	86.4%	85.0%	83.7%	82.9%	78.9%	82.9%	82.7%	81.8%	81.2%	82.1%	80.7%



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%	74.3%	76.0%					
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%	84.4%	87.4%					
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%

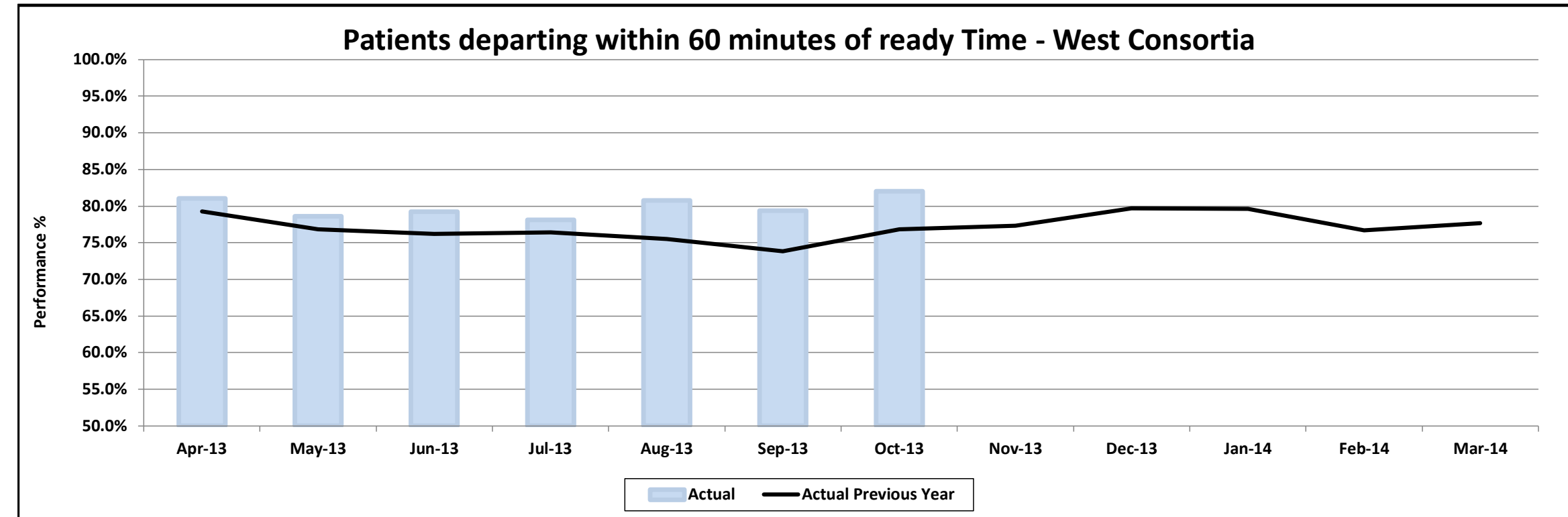


North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	79.1%	76.6%	78.9%	77.3%	78.9%	75.3%	73.9%					
Actual Previous Year	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%	81.9%	75.4%	78.9%	79.7%	79.3%

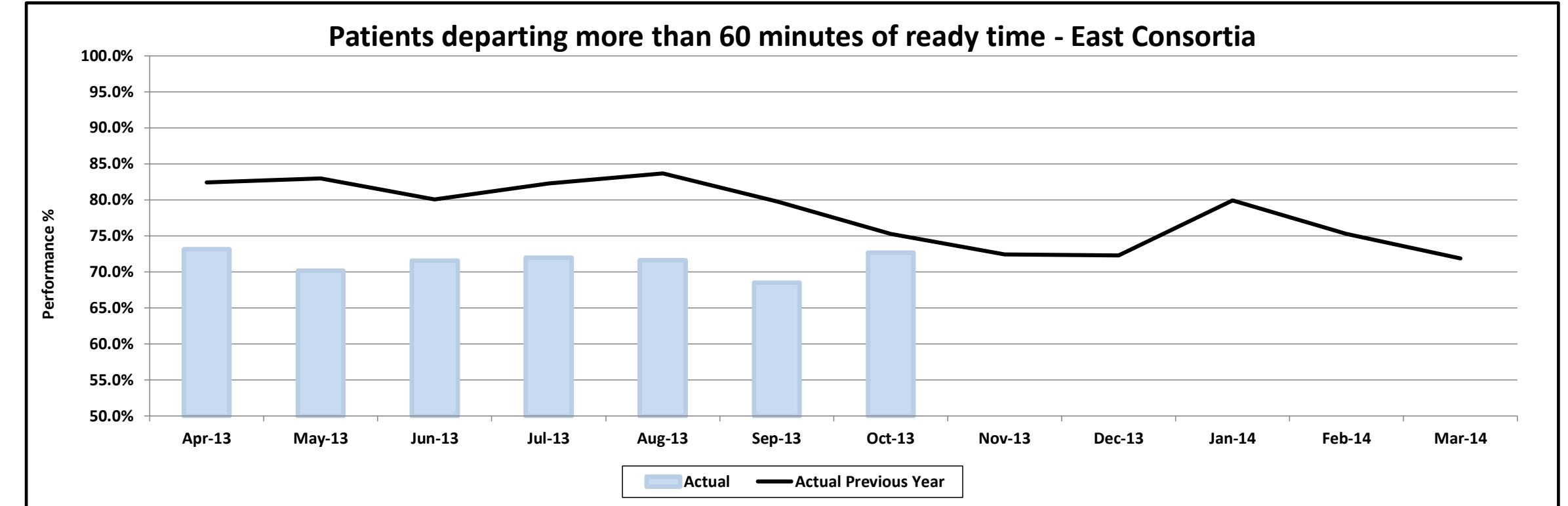
EWI Early Warning Indicator

Departure - Quality Target by Consortia

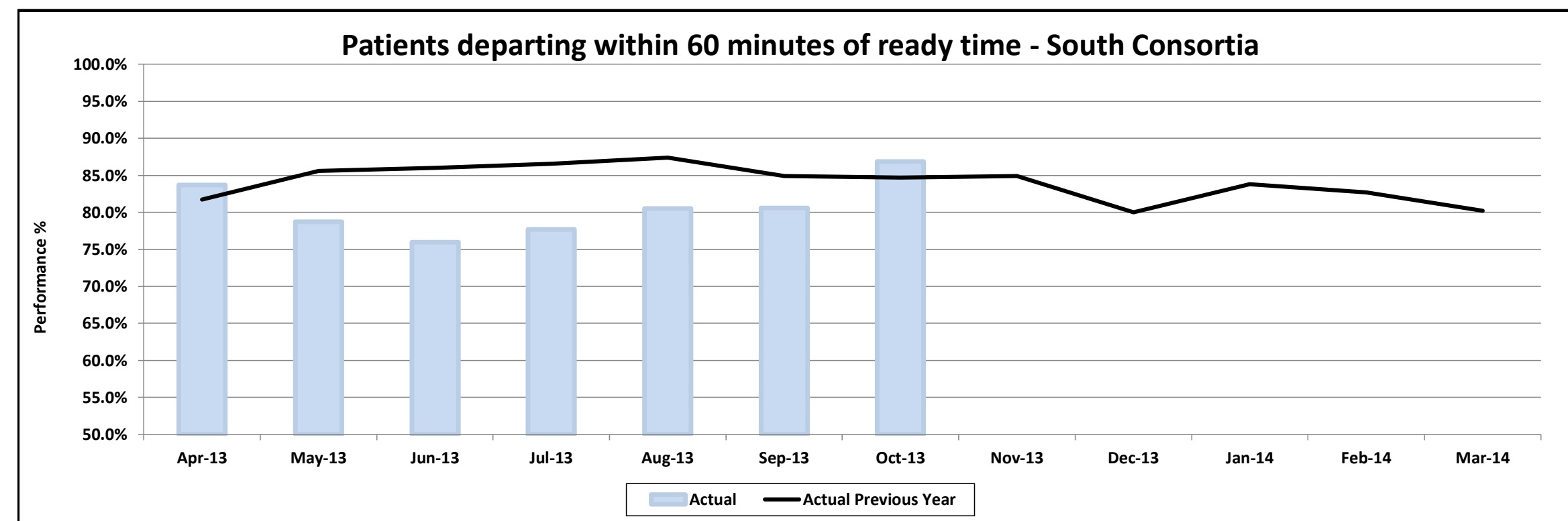
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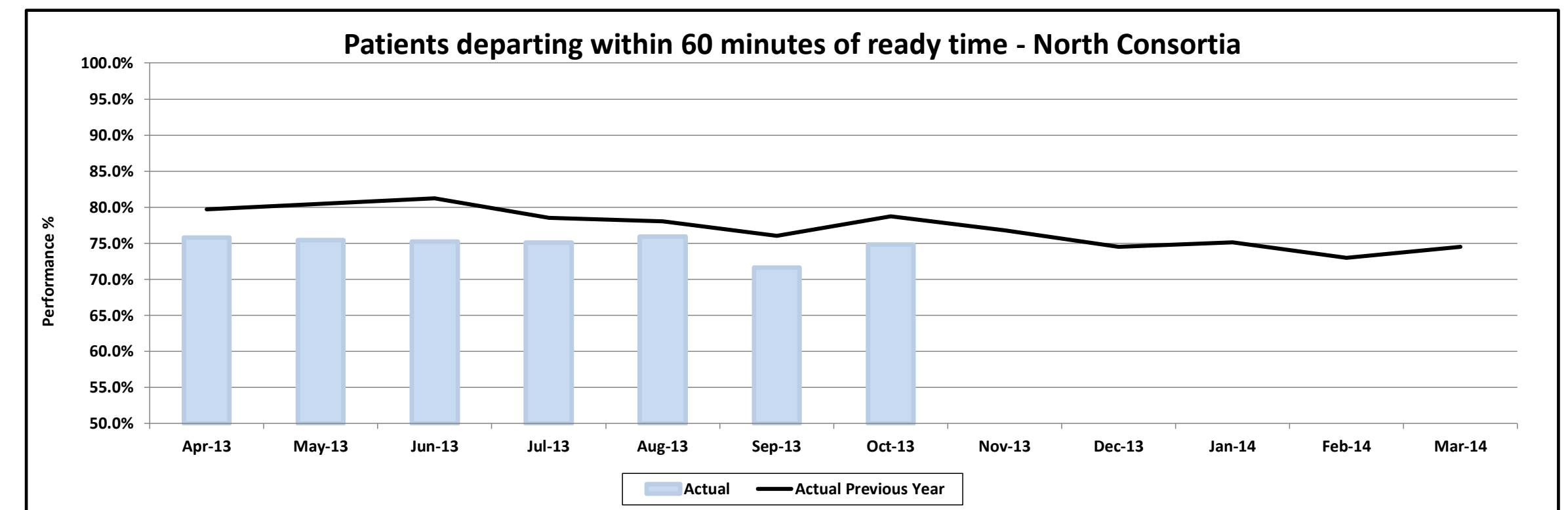
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	81.0%	78.6%	79.2%	78.1%	80.8%	79.4%	82.1%					
Actual Previous Year	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%	77.3%	79.7%	79.6%	76.7%	77.7%



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%	68.5%	72.7%					
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%	80.6%	86.9%					
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%	71.6%	74.8%					
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

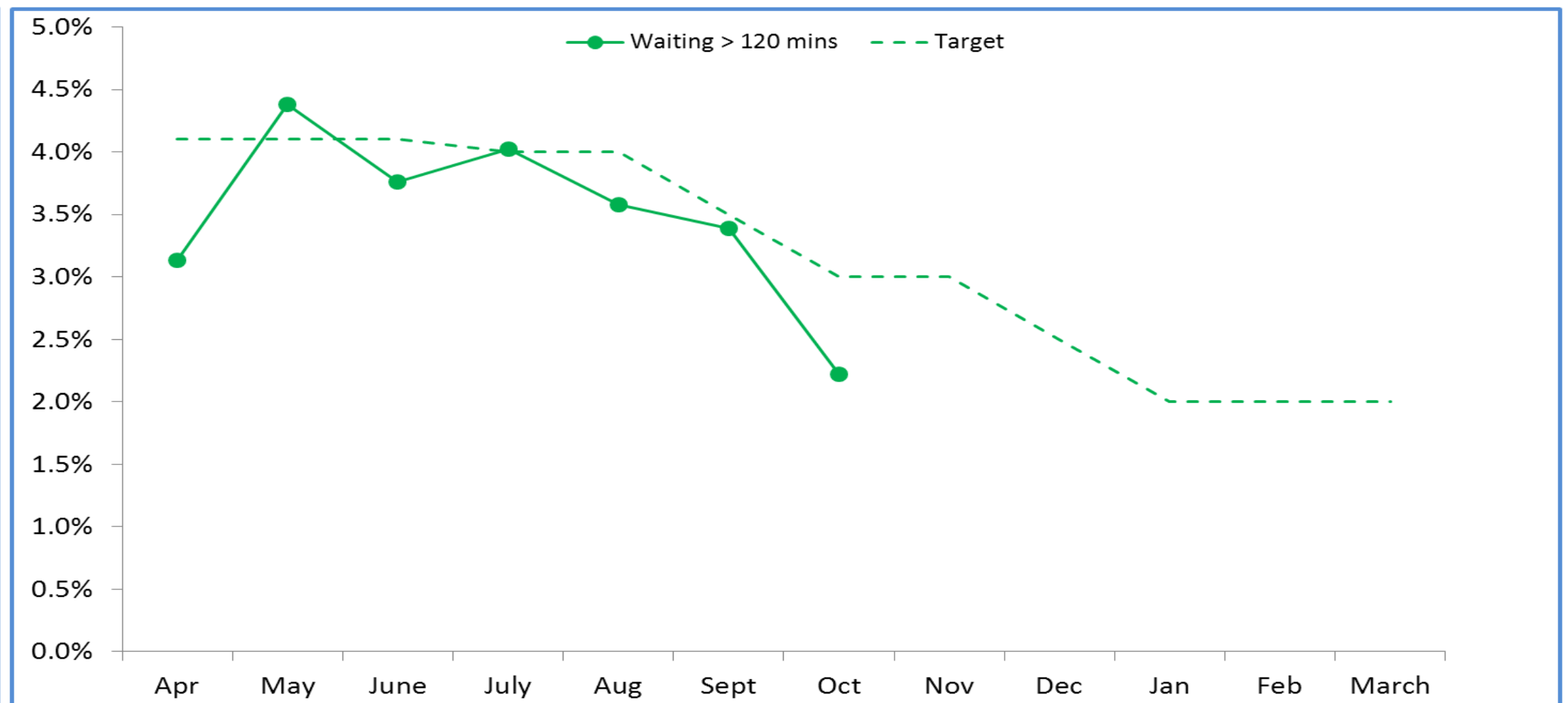
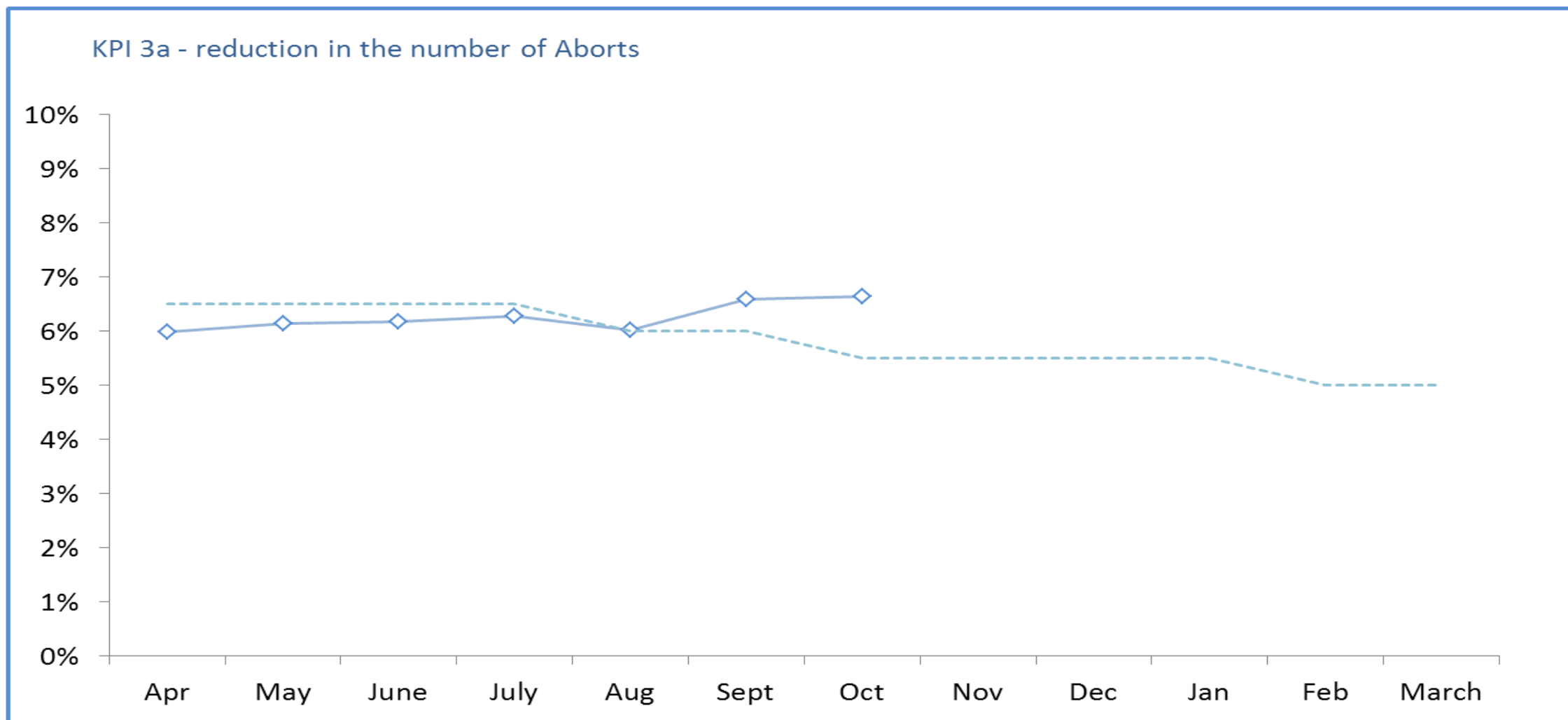
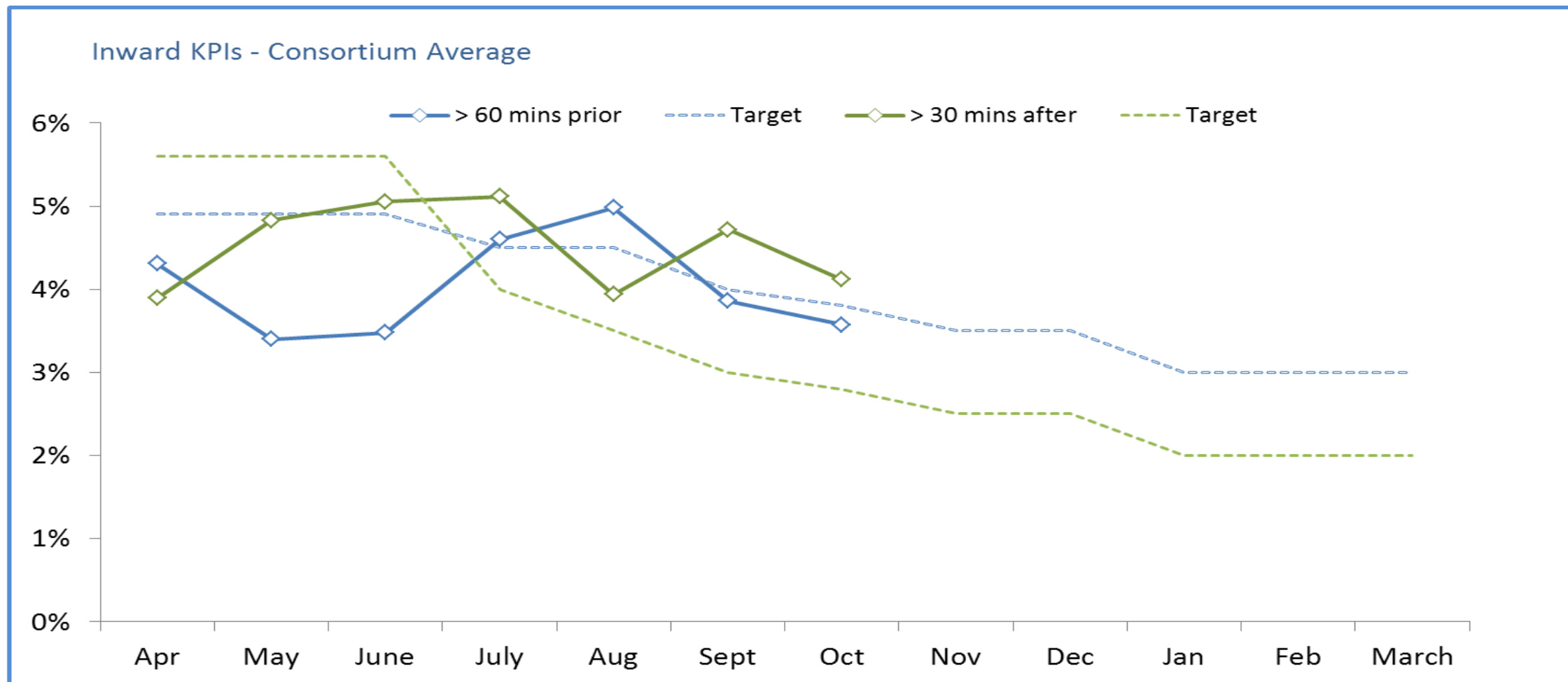
PTS KPI's - West Yorkshire Consortium

KPI 1: Core Patients should arrive in a timely manner for their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
a)	Number of patients arriving more than 60 mins early should not exceed 2%	4.90%	4.31%	4.90%	3.40%	4.90%	3.48%	4.50%	4.60%	4.50%	4.98%	4.00%	3.86%	3.80%	3.57%										
b)	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	5.60%	3.89%	5.60%	4.83%	5.60%	5.05%	4.00%	5.11%	3.50%	3.94%	3.00%	4.72%	2.80%	4.12%										
KPI 2- Core Patients should be collected in a timely manner following their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	25.00%	23.74%	25.00%	27.00%	25.00%	26.21%	25.00%	27.52%	25.00%	24.64%	25.00%	25.86%	25.00%	22.15%										
b)	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	4.10%	3.14%	4.10%	4.38%	4.10%	3.76%	4.00%	4.02%	4.00%	3.58%	3.50%	3.39%	3.00%	2.22%										
KPI 3: Reduction in the number of Aborted Journeys		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Abortive journeys should not exceed 4.5% (by end of year)	6.50%	5.05%	6.50%	5.15%	6.50%	5.22%	6.50%	5.30%	6.00%	5.11%	6.00%	5.59%	5.50%	5.61%										
KPI 4: Renal Patients should arrive in a timely manner for their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients arriving more than 30 mins early should not exceed 5%	19.20%	19.70%	19.20%	16.04%	19.20%	17.06%	18.50%	17.21%	18.00%	17.30%	18.00%	16.36%	17.00%	14.47%										
b)	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	0.40%	0.34%	0.40%	0.25%	0.40%	0.40%	0.35%	0.41%	0.35%	0.35%	0.35%	0.18%	0.30%	0.30%										
c)	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	2.40%	0.83%	2.40%	0.86%	2.40%	0.53%	2.40%	0.82%	2.20%	0.58%	2.20%	0.60%	2.00%	0.52%										
KPI 5: Renal Patients should be collected in a timely manner following their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients waiting longer than 45 minutes for transport after their appointment should not exceed 10%	10.00%	7.39%	10.00%	7.00%	10.00%	7.82%	10.00%	7.20%	10.00%	7.72%	10.00%	8.18%	10.00%	7.85%										
b)	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	3.00%	1.76%	3.00%	1.97%	3.00%	1.77%	2.50%	1.99%	2.50%	1.94%	2.50%	2.15%	2.00%	2.22%										
KPI 6: Priority Patient journey times should be of an acceptable duration		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients travelling up to 10 miles with journey times of longer than 45 mins should not exceed 10%	10.00%	3.66%	10.00%	3.55%	10.00%	2.91%	10.00%	3.03%	10.00%	3.00%	10.00%	4.07%	10.00%	4.35%										

PTS Consortia Performance - West Core

OBJ REF

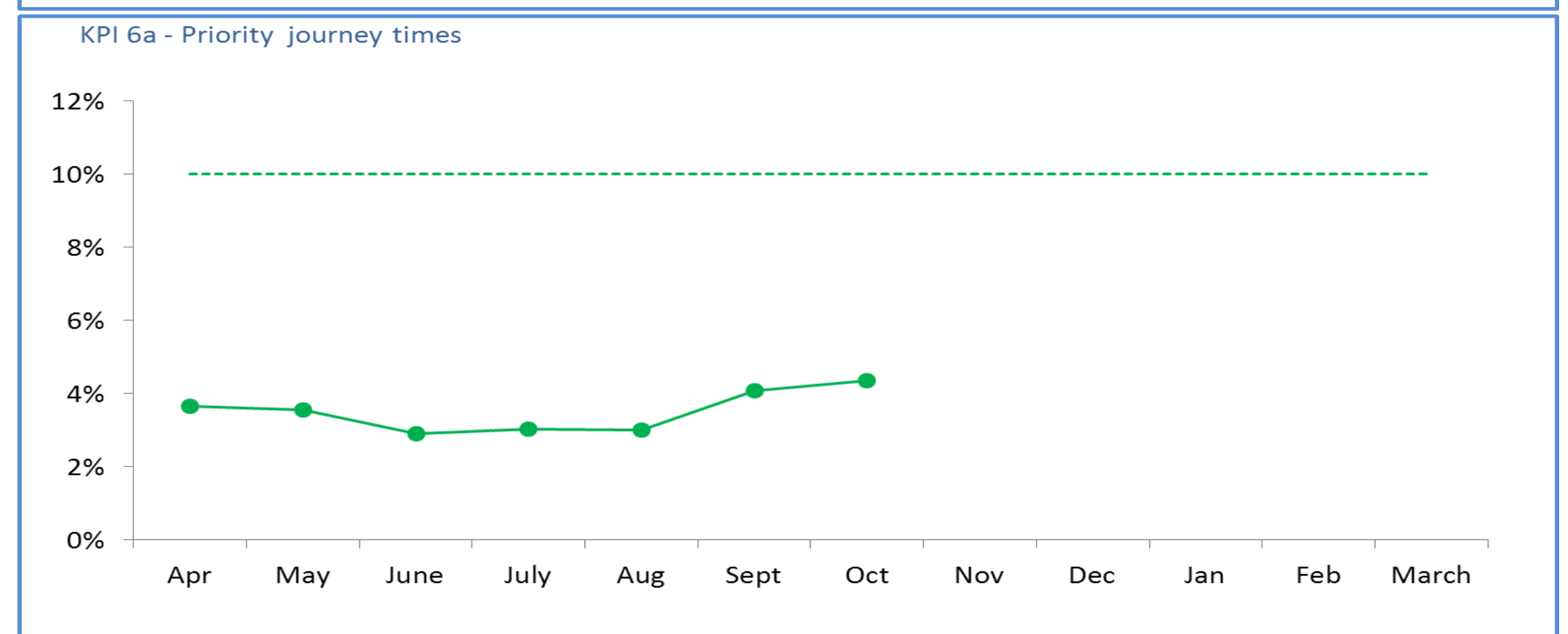
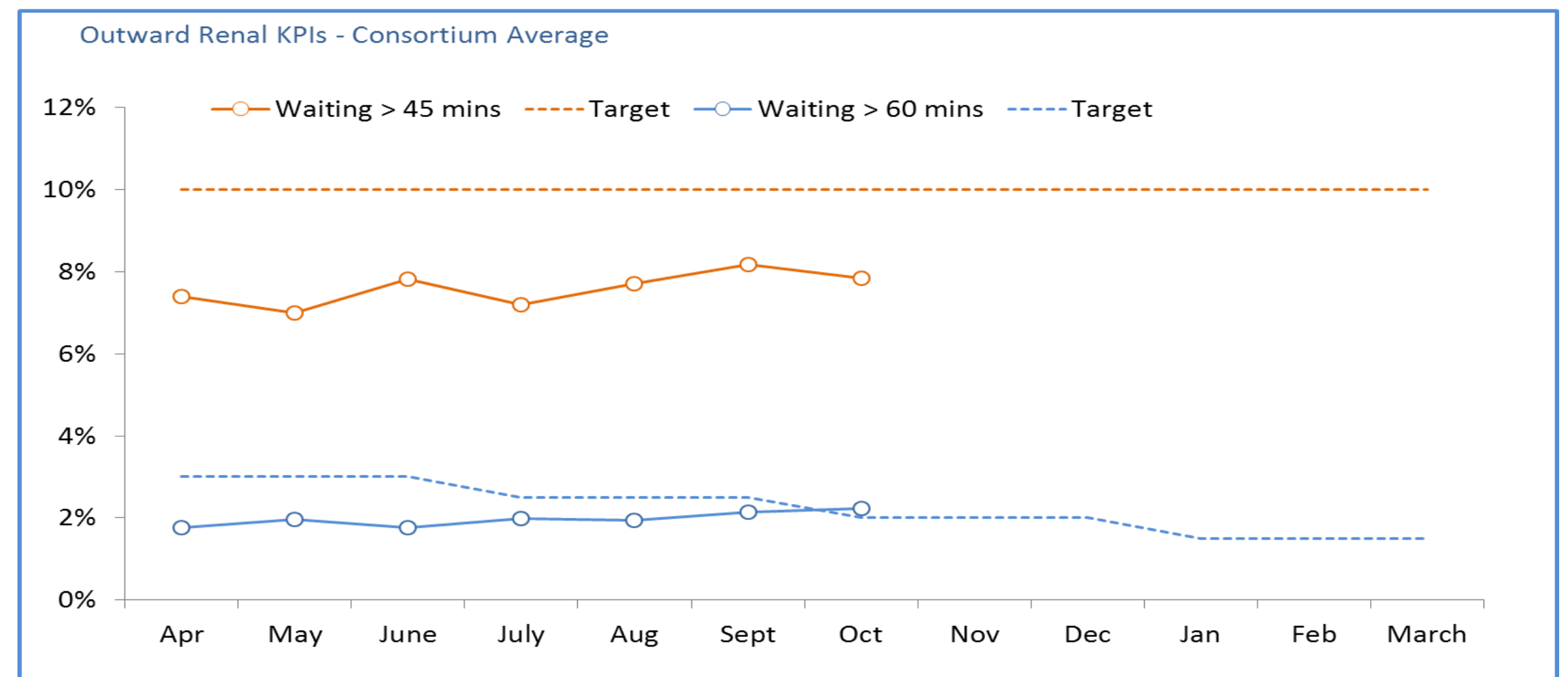
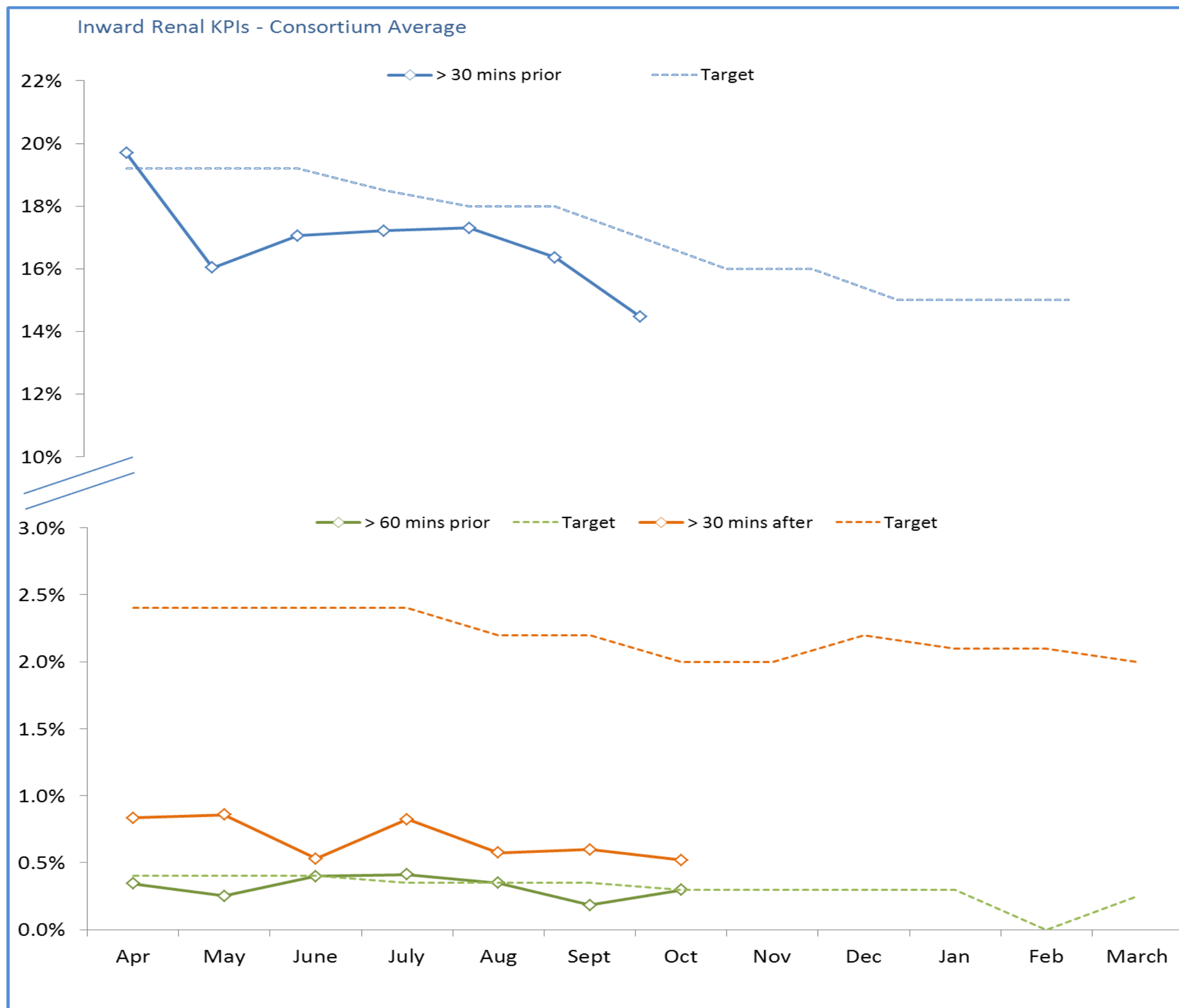
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PTS Consortia Performance - West Renal

OBJ REF

3



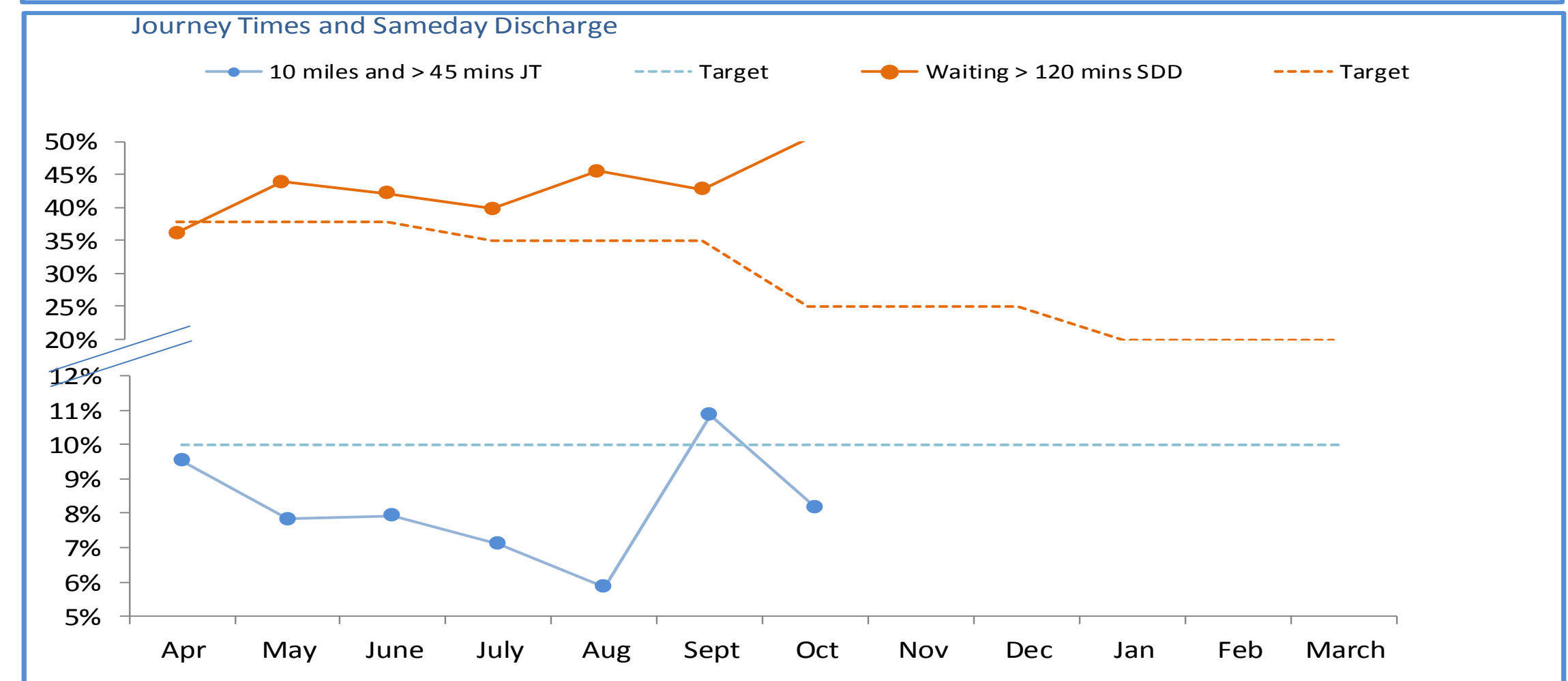
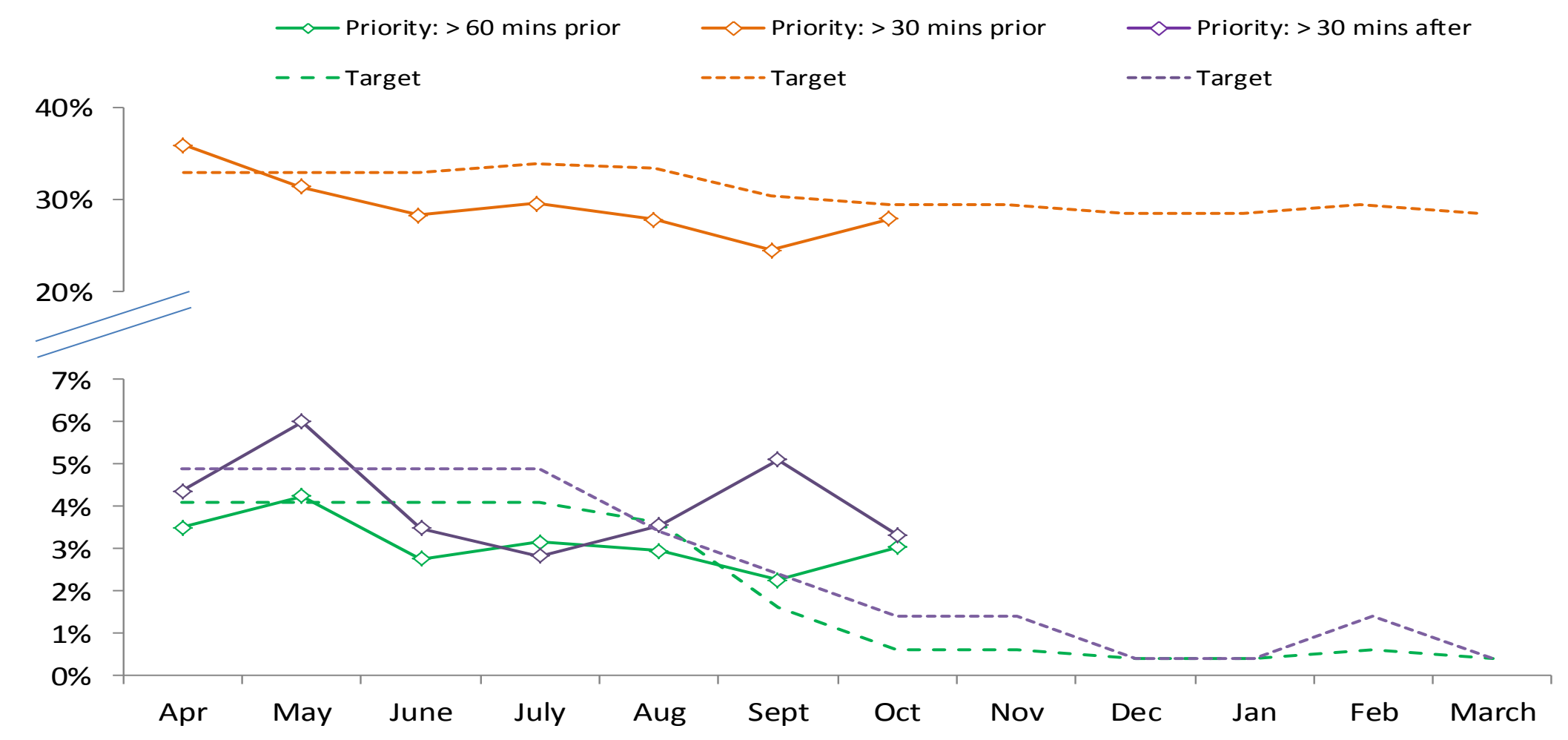
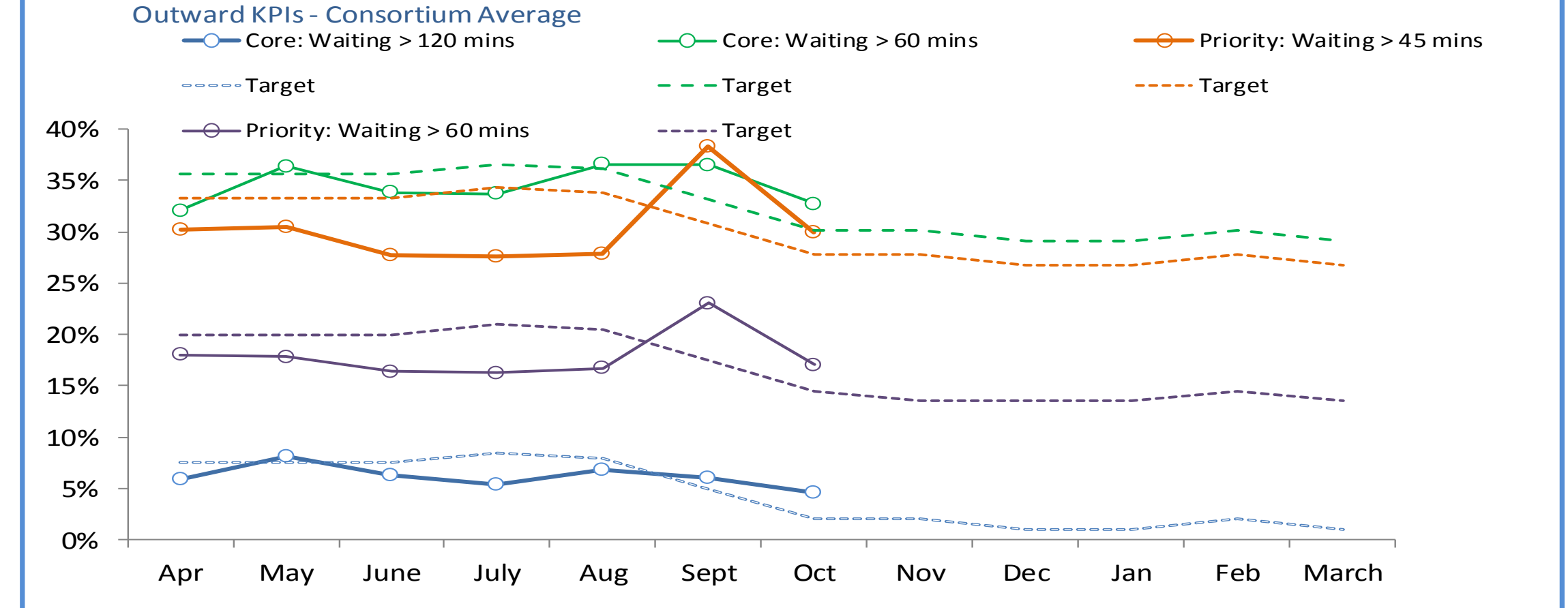
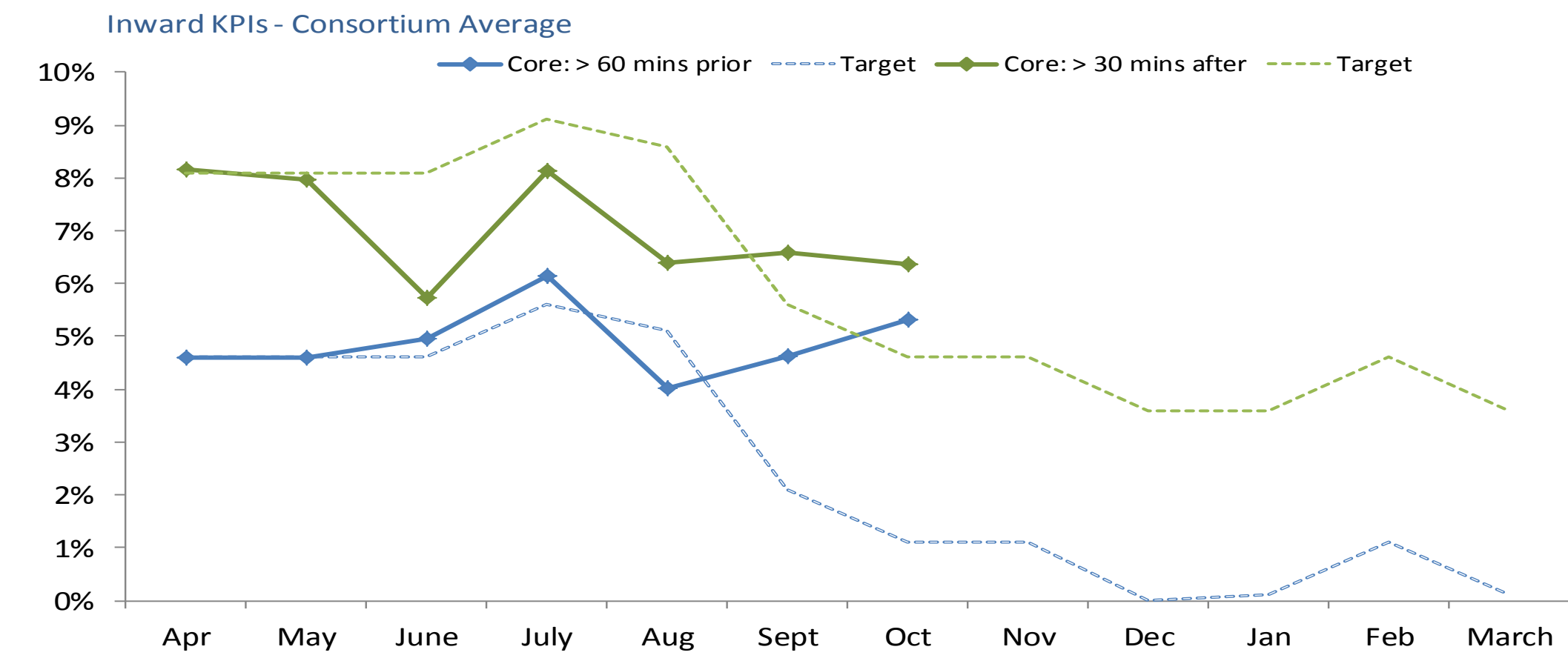
PTS KPI's - East Yorkshire Consortium

KPI 1: Core Patients should arrive in a timely manner for their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
a)	Number of patients arriving more than 60 mins early should not exceed 2%	4.60%	4.60%	4.60%	4.59%	4.60%	4.95%	5.60%	6.15%	5.10%	4.02%	2.10%	4.62%	1.10%	5.31%										
b)	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	8.10%	8.16%	8.10%	7.97%	8.10%	5.74%	9.10%	8.14%	8.60%	6.38%	5.60%	6.60%	4.60%	6.36%										
KPI 2: Core Patients should be collected in a timely manner following their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	35.60%	32.10%	35.60%	36.41%	35.60%	33.85%	36.60%	33.73%	36.10%	36.59%	33.10%	36.51%	30.10%	32.74%										
b)	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	7.50%	5.93%	7.50%	8.12%	7.50%	6.28%	8.50%	5.42%	8.00%	6.89%	5.00%	6.04%	2.00%	4.58%										
KPI 3: Priority Patients should arrive in a timely manner for their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients arriving more than 30 mins early should not exceed 5%	33.00%	35.99%	33.00%	31.48%	33.00%	28.37%	34.00%	29.64%	33.50%	27.92%	30.50%	24.53%	29.50%	27.99%										
b)	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	4.10%	3.49%	4.10%	4.24%	4.10%	2.76%	5.10%	3.15%	3.60%	2.94%	1.60%	2.25%	0.60%	3.02%										
c)	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	4.90%	4.32%	4.90%	5.99%	4.90%	3.48%	5.90%	2.82%	3.40%	3.55%	2.40%	5.10%	1.40%	3.33%										
KPI 4: Priority Patients should be collected in a timely manner following their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients waiting longer than 45 minutes for transport after their appointment should not exceed 10%	33.30%	30.23%	33.30%	30.48%	33.30%	27.71%	34.30%	27.65%	33.80%	27.83%	30.80%	38.28%	27.80%	29.98%										
b)	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	20.00%	18.03%	20.00%	17.78%	20.00%	16.42%	21.00%	16.29%	20.50%	16.75%	17.50%	23.06%	14.50%	17.06%										
KPI 5: Priority Patient journey times should be of an acceptable duration		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients travelling up to 10 miles with journey times of longer than 45 mins should not exceed 10%	10.00%	9.54%	10.00%	7.82%	10.00%	7.92%	10.00%	7.11%	10.00%	5.85%	10.00%	10.86%	10.00%	8.16%										
KPI 6: Same Day Discharged Patients should be collected in a timely manner		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients waiting longer than 120 minutes for transport after their ready time should not exceed 10%	37.90%	36.12%	37.90%	43.86%	37.90%	42.11%	35.00%	39.79%	35.00%	45.53%	35.00%	42.76%	25.00%	50.40%										

PTS Consortia Performance - East

OBJ REF

3



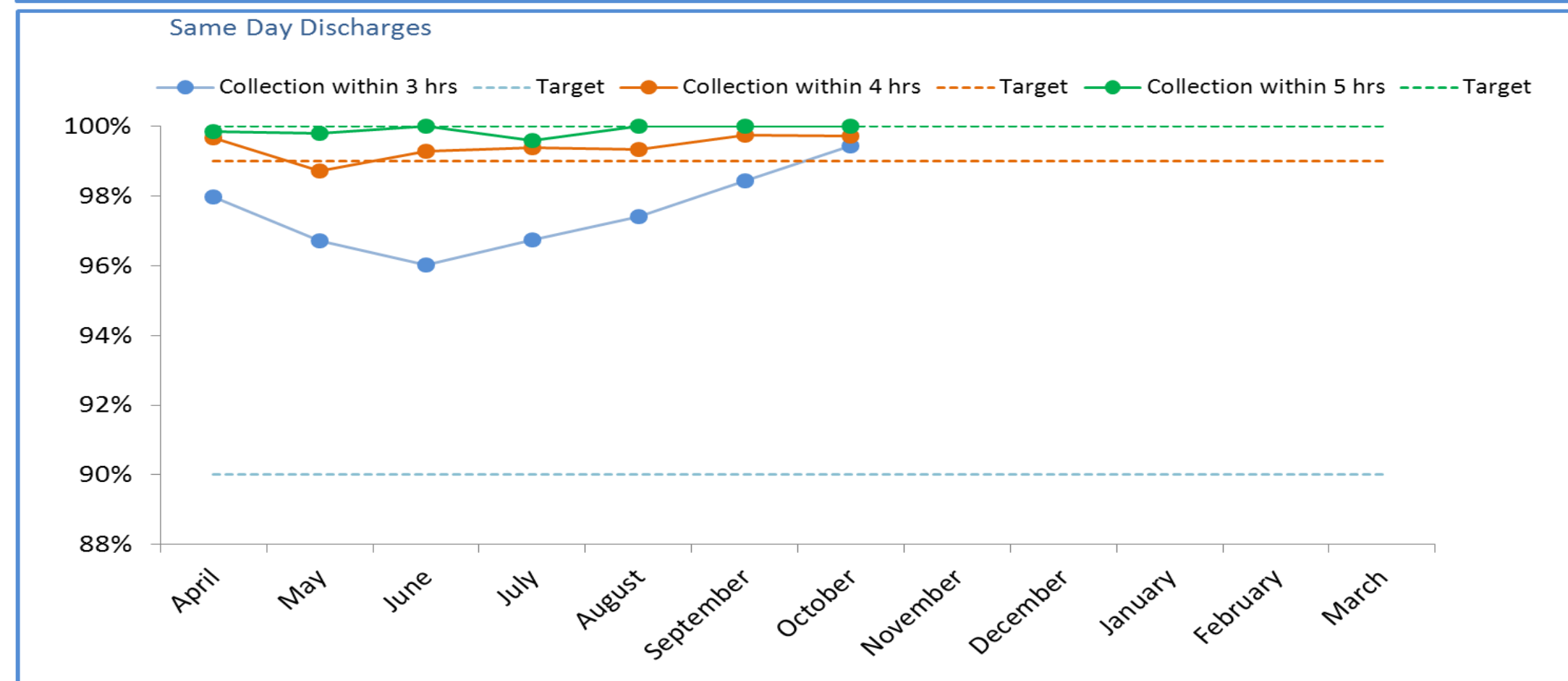
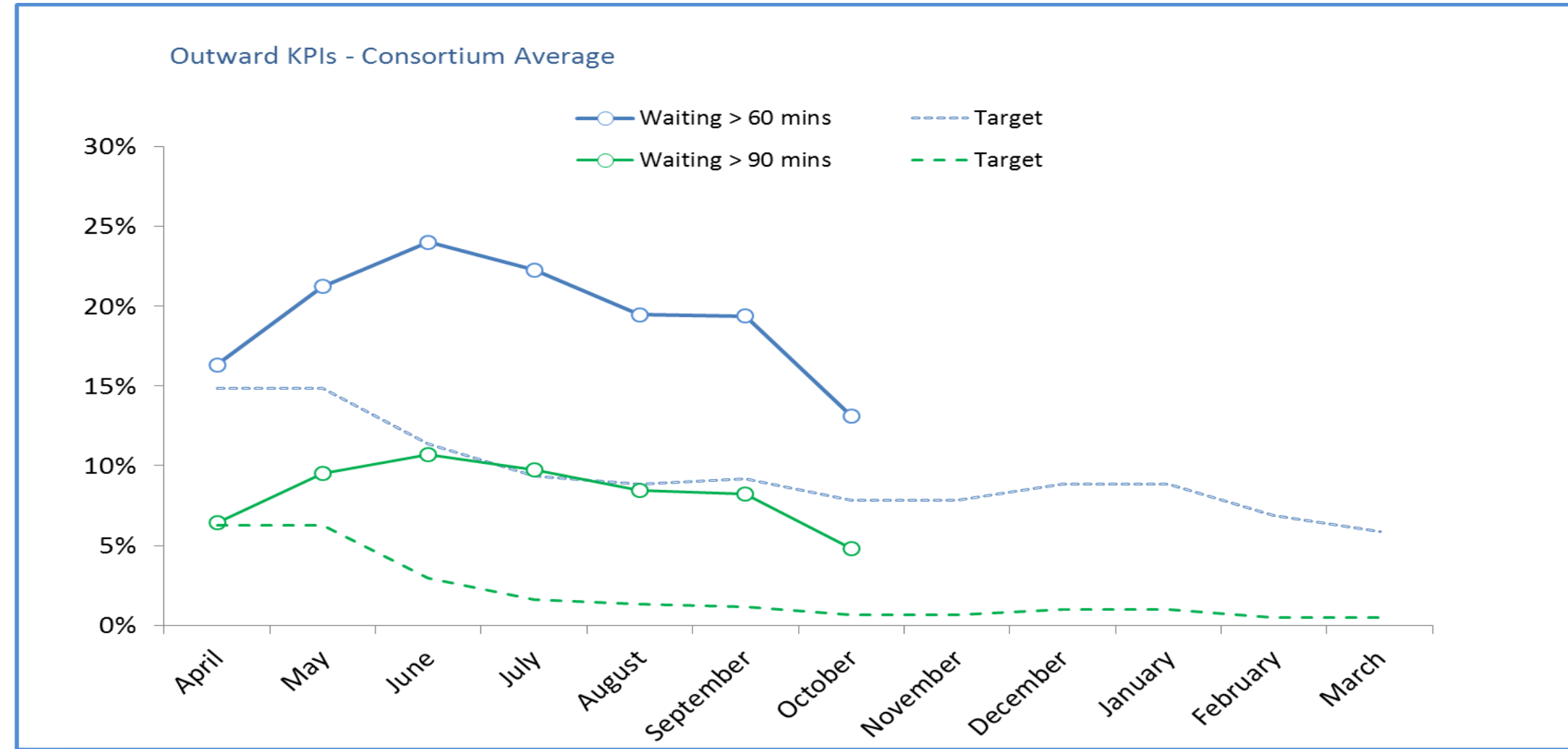
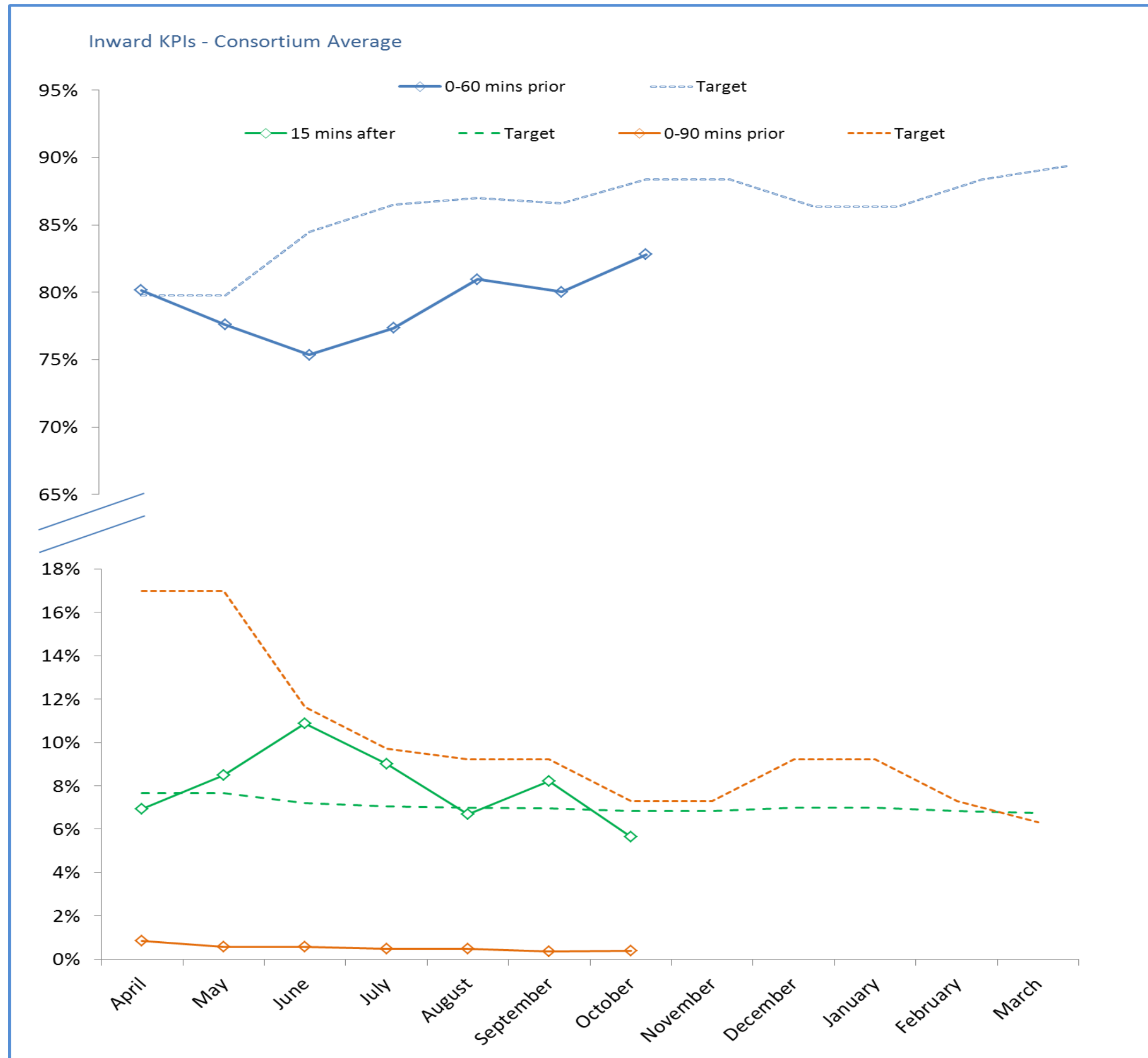
PTS KPI's - South Yorkshire Consortium

KPI 1: Patients should arrive in a timely manner for their appointments		CCG	Apr		May		June		July		August		September		October		November		December		January		February		March		
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
a)	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90%	Barnsley	75.52%	75.94%	75.52%	75.57%	81.02%	72.38%	83.02%	77.29%	83.52%	79.44%	82.52%	78.57%	84.52%	82.05%											
		Doncaster	89.07%	90.77%	89.07%	90.54%	91.57%	89.14%	93.57%	89.37%	94.07%	93.77%	92.57%	93.47%	93.57%	92.28%											
		Rotherham	80.89%	87.22%	80.89%	84.01%	86.39%	82.04%	88.39%	84.83%	88.89%	85.25%	87.89%	82.52%	89.89%	87.05%											
		Sheffield	73.51%	72.50%	73.51%	67.69%	79.01%	64.55%	81.01%	66.07%	81.51%	71.98%	83.51%	71.52%	85.51%	75.15%											
b)	Number of patients arriving more than 15 minutes after their appointment time should not exceed 0%	Barnsley	9.40%	9.68%	9.40%	10.41%	8.76%	12.38%	8.55%	7.76%	8.50%	5.87%	8.60%	7.58%	8.40%	5.55%											
		Doncaster	4.40%	2.65%	4.40%	3.10%	4.28%	3.57%	4.19%	3.92%	4.17%	2.48%	4.23%	2.91%	4.19%	2.75%											
		Rotherham	7.50%	4.38%	7.50%	5.10%	7.02%	6.85%	6.86%	5.57%	6.83%	5.24%	6.90%	6.46%	6.75%	4.26%											
		Sheffield	11.10%	9.07%	11.10%	12.31%	10.33%	17.01%	10.07%	14.73%	10.01%	10.53%	9.77%	12.92%	9.54%	8.26%											
KPI 2: Patients should arrive in a timely manner for their appointment/admission			Apr		May		June		July		August		September		October		November		December		January		February		March		
a)	Number of patients arriving more than 90 minutes early for their appointment should not exceed 0%	Barnsley	20.60%	0.39%	20.60%	0.26%	15.10%	0.37%	13.10%	0.29%	12.60%	0.38%	13.60%	0.48%	11.60%	0.21%											
		Doncaster	24.48%	0.20%	24.48%	0.05%	18.98%	0.32%	16.90%	0.15%	9.48%	0.00%	10.51%	0.05%	8.65%	0.00%											
		Rotherham	16.72%	0.14%	16.72%	0.36%	11.22%	0.28%	9.22%	0.21%	8.72%	0.10%	9.72%	0.15%	7.72%	0.33%											
		Sheffield	17.47%	1.98%	17.47%	1.22%	11.97%	1.05%	9.97%	0.94%	9.47%	1.03%	7.47%	0.61%	5.47%	0.75%											
KPI 3: Patients should be collected in a timely manner following completion of their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March		
a)	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10%	Barnsley	19.75%	15.51%	19.75%	14.94%	14.25%	17.80%	12.25%	16.24%	12.75%	12.67%	12.75%	11.54%	10.75%	7.96%											
		Doncaster	7.97%	7.63%	7.97%	11.24%	5.47%	10.40%	3.47%	10.98%	2.97%	6.36%	4.47%	5.75%	3.47%	8.00%											
		Rotherham	13.04%	10.92%	13.04%	13.13%	10.54%	20.55%	8.54%	15.13%	8.04%	10.88%	9.54%	12.90%	8.54%	7.97%											
		Sheffield	23.55%	24.59%	23.55%	35.44%	18.05%	38.09%	16.05%	36.91%	15.55%	35.97%	13.55%	35.17%	11.55%	22.12%											
b)	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%	Barnsley	8.04%	5.32%	8.04%	5.63%	2.54%	8.07%	0.54%	6.51%	1.04%	4.95%	1.04%	4.15%	0.00%	2.32%											
		Doncaster	2.38%	1.91%	2.38%	3.62%	0.50%	2.53%	0.50%	3.06%	0.50%	2.00%	0.50%	1.25%	0.50%	2.25%											
		Rotherham	5.48%	2.99%	5.48%	3.83%	2.98%	8.21%	0.98%	5.27%	1.98%	2.94%	1.98%	4.06%	0.98%	2.51%											
		Sheffield	10.91%	11.48%	10.91%	18.51%	5.41%	18.71%	3.41%	18.29%	0.91%	17.52%	0.91%	16.81%	0.50%	9.01%											
KPI 4: Patients should be collected within 4 hours of booking for Same Day discharges.			Apr		May		June		July		August		September		October		November		December		January		February		March		
a)	Number of patients collected within 3 hours of booking should be at least 90%	Barnsley	90.00%	98.22%	90.00%	97.74%	90.00%	96.17%	90.00%	97.97%	90.00%	98.08%	90.00%	97.73%	90.00%	99.07%											
		Doncaster	90.00%	98.80%	90.00%	96.05%	90.00%	96.53%	90.00%	95.78%	90.00%	97.65%	90.00%	100.00%	90.00%	100.00%											
		Rotherham	90.00%	100.00%	90.00%	100.00%	90.00%	100.00%	90.00%	80.00%	90.00%	100.00%	90.00%	100.00%	90.00%	100.00%											
		Sheffield	90.00%	89.74%	90.00%	91.67%	90.00%	89.47%	90.00%	92.31%	90.00%	86.36%	90.00%	96.30%	90.00%	100.00%											
b)	Number of patients collected within 4 hours of booking should be at least 99%	Barnsley	99.00%	100.00%	99.00%	99.25%	99.00%	99.23%	99.00%	99.66%	99.00%	99.62%	99.00%	99.55%	99.00%	99.53%											
		Doncaster	99.00%	99.20%	99.00%	98.25%	99.00%	100.00%	99.00%	98.80%	99.00%	99.41%	99.00%	100.00%	99.00%	100.00%											
		Rotherham	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%											
		Sheffield	99.00%	100.00%	99.00%	97.22%	99.00%	94.74%	99.00%	100.00%	99.00%	95.45%	99.00%	100.00%	99.00%	100.00%											
c)	Number of patients collected within 5 hours of booking should be 100%	Barnsley	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%											
		Doncaster	100.00%	99.60%	100.00%	99.56%	100.00%	100.00%	100.00%	98.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%											
		Rotherham	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%											
		Sheffield	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%											

PTS Consortia Performance - South

OBJ REF

3

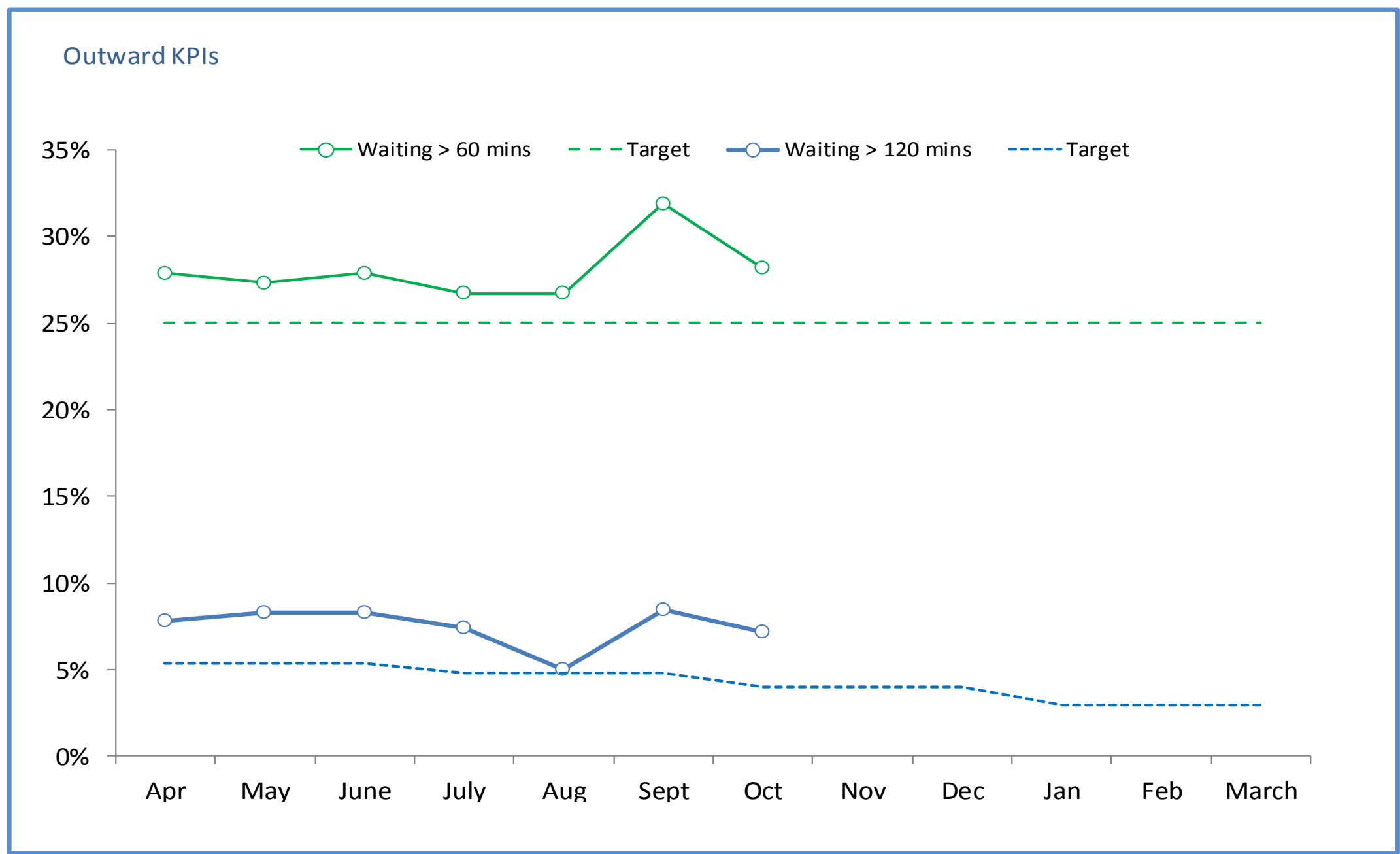
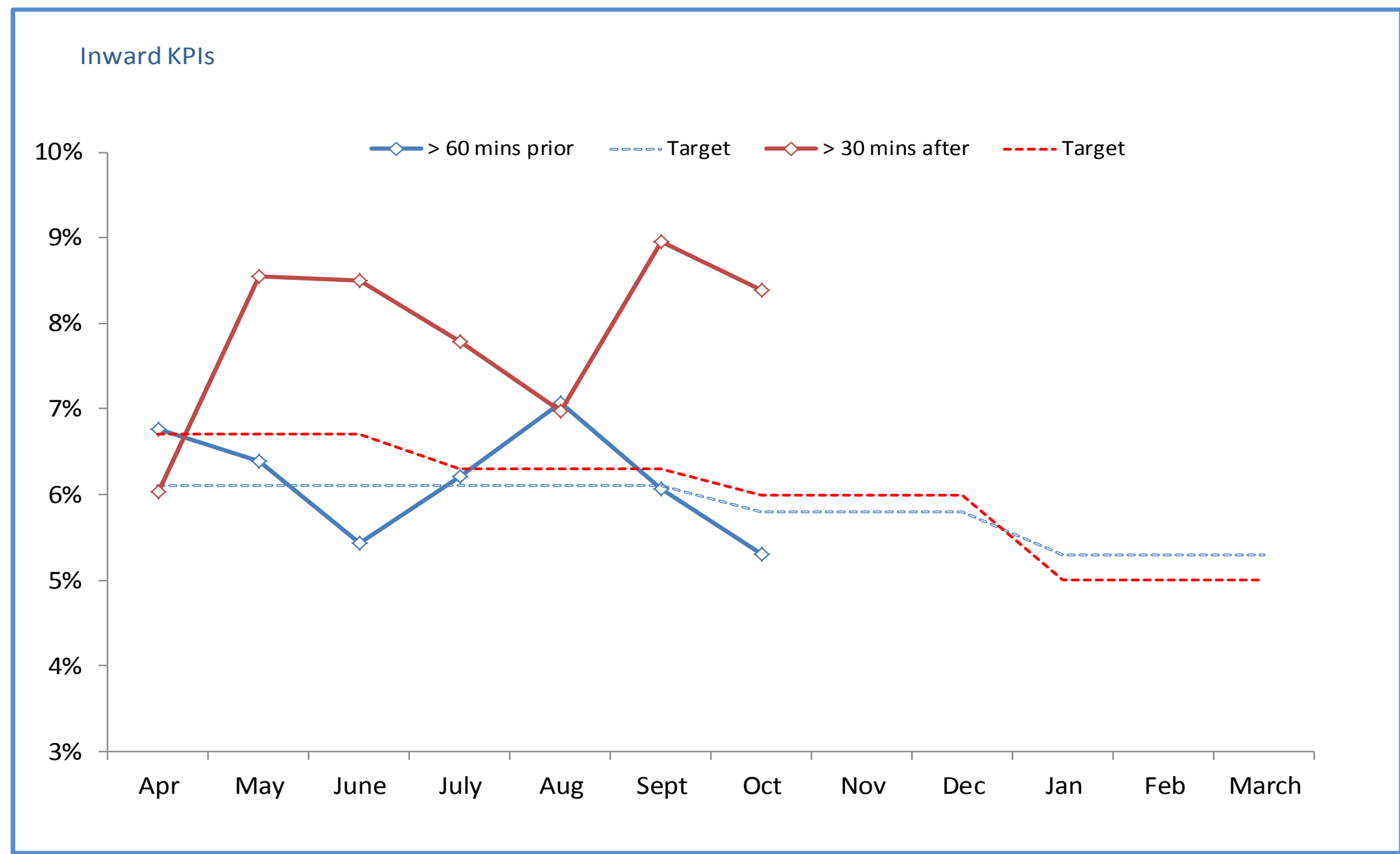


PTS KPI's - North Yorkshire Consortium

KPI 1: Core Patients should arrive in a timely manner for their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
a)	Number of patients arriving more than 60 mins early should not exceed 2%	6.10%	6.77%	6.10%	6.39%	6.10%	5.43%	6.10%	6.22%	6.10%	7.07%	6.10%	6.06%	5.80%	5.30%										
b)	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	6.70%	6.03%	6.70%	8.55%	6.70%	8.49%	6.30%	7.78%	6.30%	6.98%	6.30%	8.95%	6.00%	8.39%										
KPI 2: Core Patients should be collected in a timely manner following their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	25.00%	27.89%	25.00%	27.35%	25.00%	27.88%	25.00%	26.71%	25.00%	26.72%	25.00%	31.90%	25.00%	28.17%										
b)	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	5.40%	7.78%	5.40%	8.27%	5.40%	8.26%	4.80%	7.42%	4.80%	5.04%	4.80%	8.44%	4.00%	7.21%										
KPI 3: Renal Patients should arrive in a timely manner for their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients arriving more than 30 mins early should not exceed 5%	29.60%	22.09%	29.90%	26.24%	28.10%	23.88%	30.70%	35.98%	30.10%	36.81%	28.50%	31.93%	28.20%	32.78%										
b)	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	7.70%	4.22%	5.20%	5.18%	5.10%	3.49%	5.70%	9.50%	5.50%	9.16%	5.80%	4.54%	4.40%	5.86%										
c)	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	7.70%	5.44%	5.20%	3.13%	5.10%	1.96%	5.70%	6.07%	5.50%	3.63%	5.80%	3.87%	4.40%	6.59%										
KPI 4: Renal Patients should be collected in a timely manner following their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients waiting longer than 45 minutes for transport after their appointment should not exceed 10%	30.70%	16.05%	30.50%	20.55%	28.70%	16.09%	32.60%	23.87%	32.50%	19.71%	36.40%	19.23%	32.20%	17.41%										
b)	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	24.10%	9.58%	23.60%	13.43%	21.60%	9.48%	25.70%	14.80%	25.80%	12.78%	27.60%	12.86%	26.10%	10.20%										
KPI 5: Renal Patient journey times should be of an acceptable duration		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients travelling up to 10 miles with journey times of longer than 45 mins should not exceed 10%	6.00%	2.33%	5.30%	2.47%	6.40%	1.49%	4.30%	3.63%	5.30%	4.56%	5.80%	3.47%	4.90%	2.91%										

PTS Consortia Performance - North Core

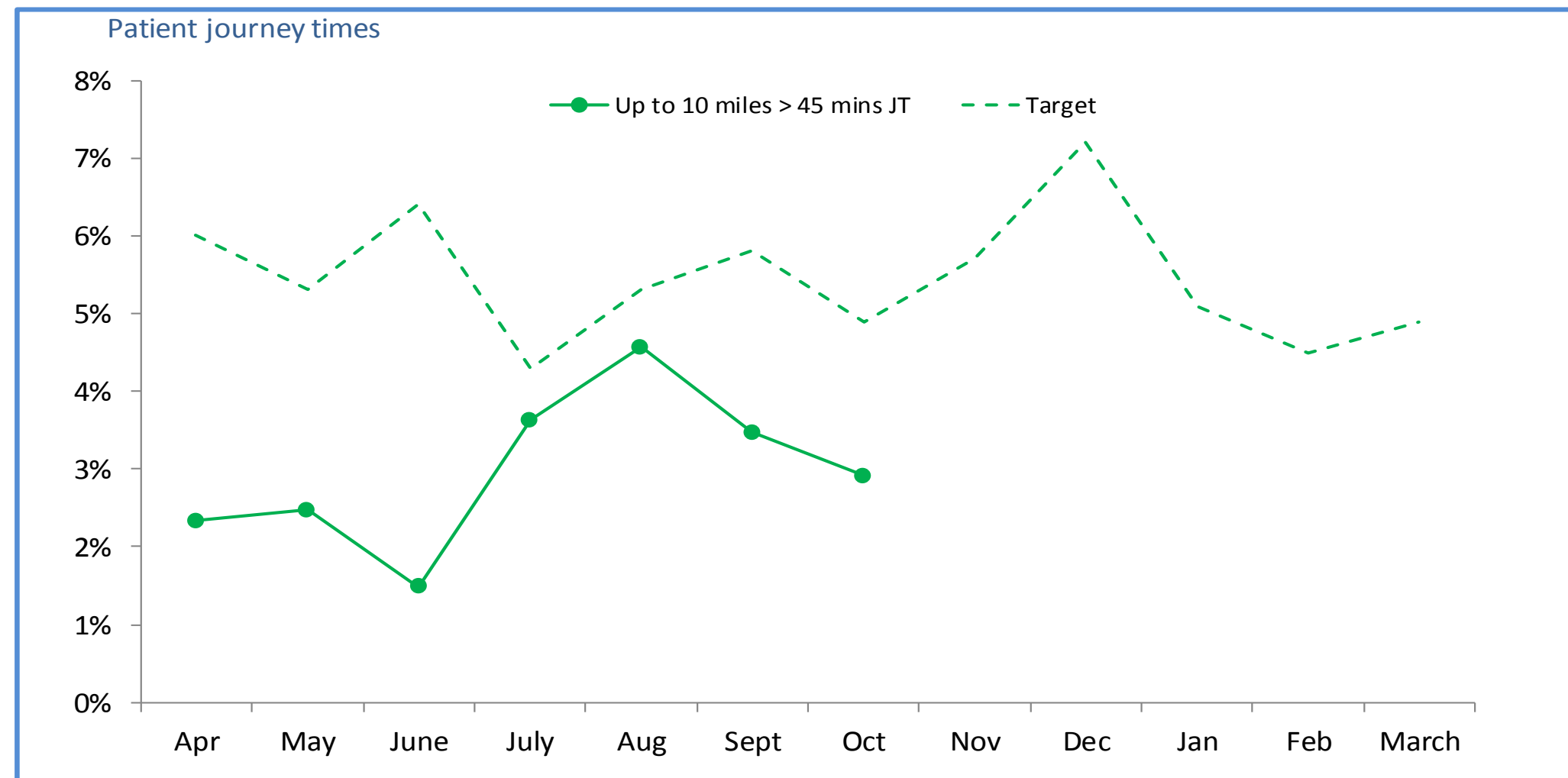
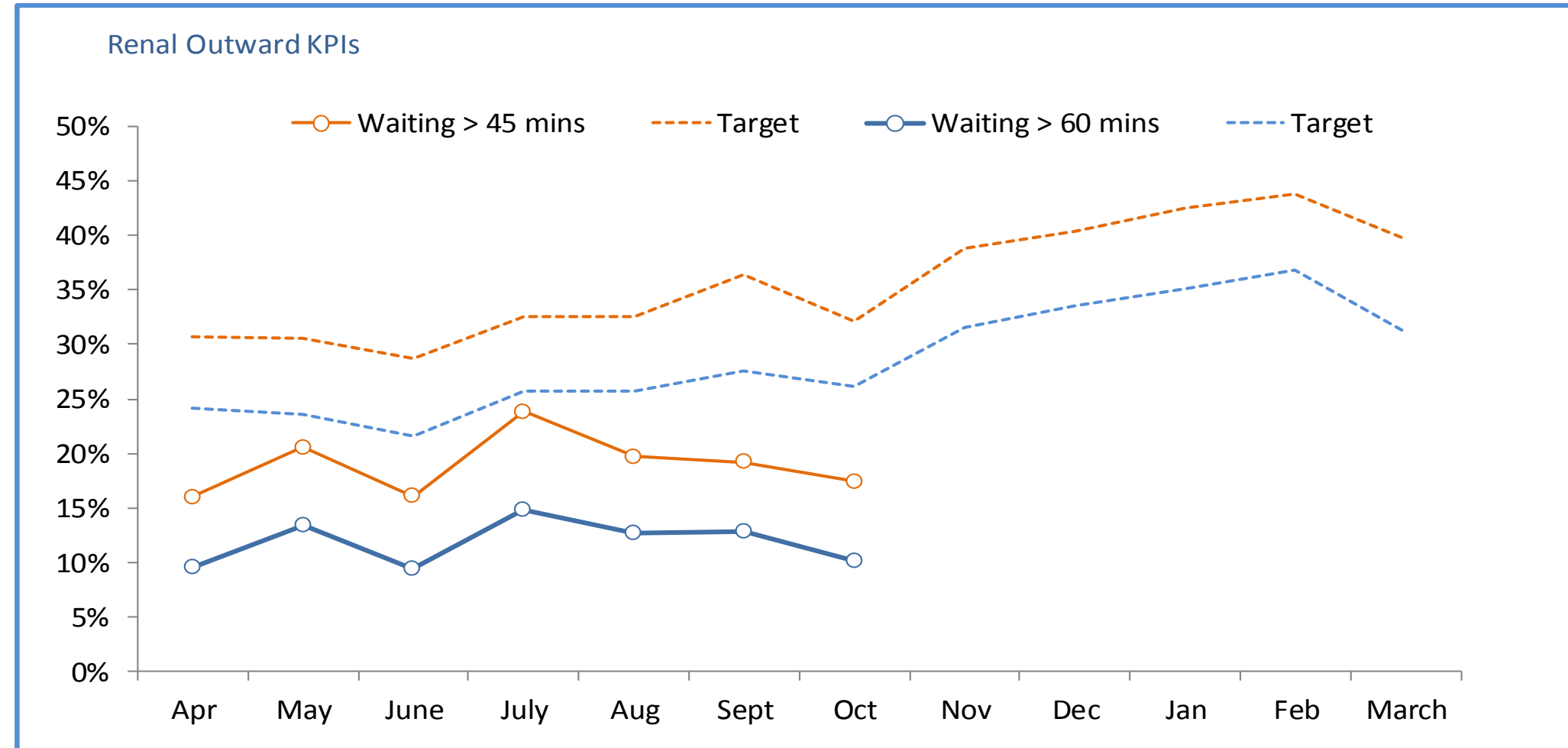
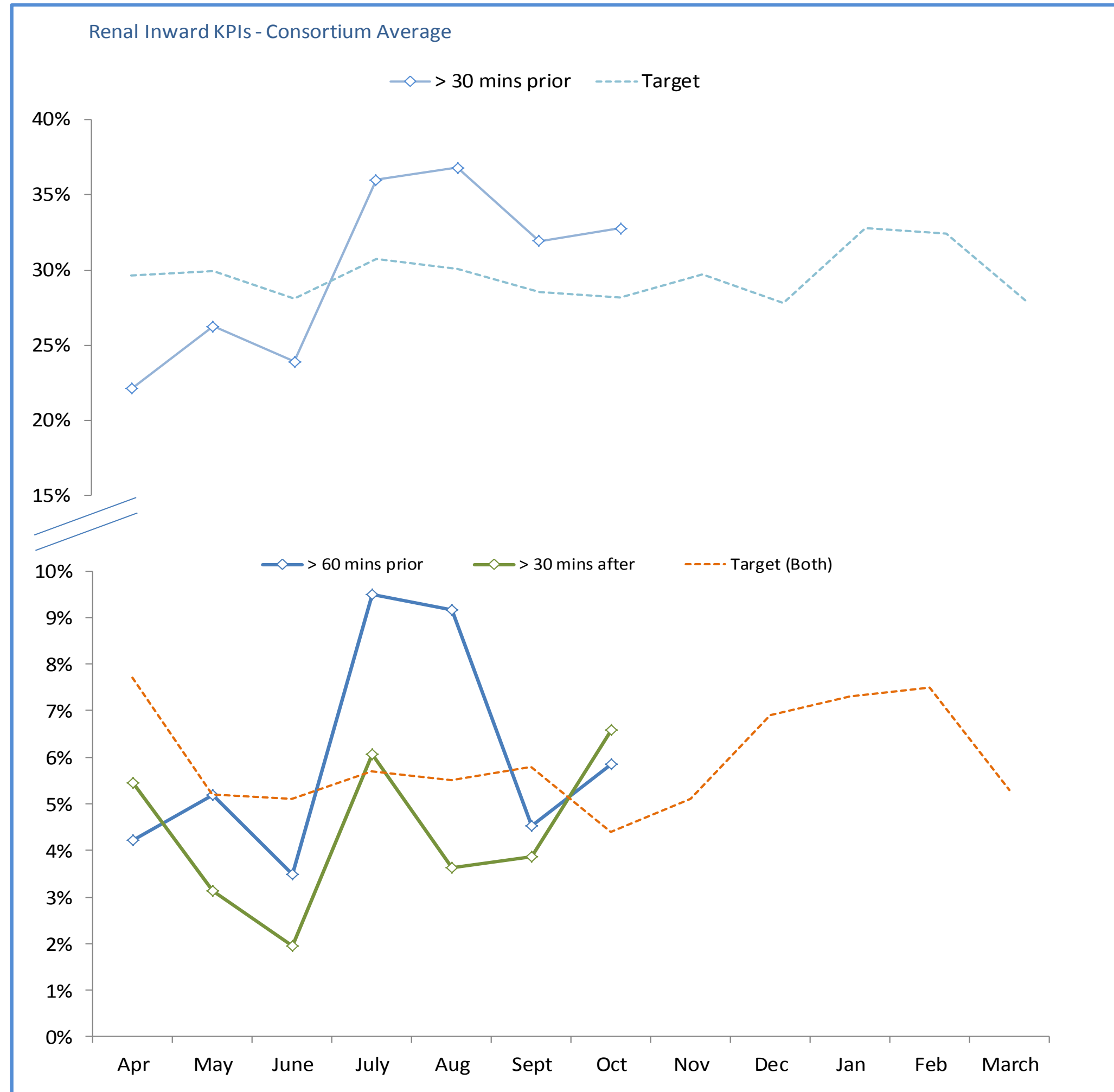
OBJ REF 3



PTS Consortia Performance - North Renal

OBJ REF

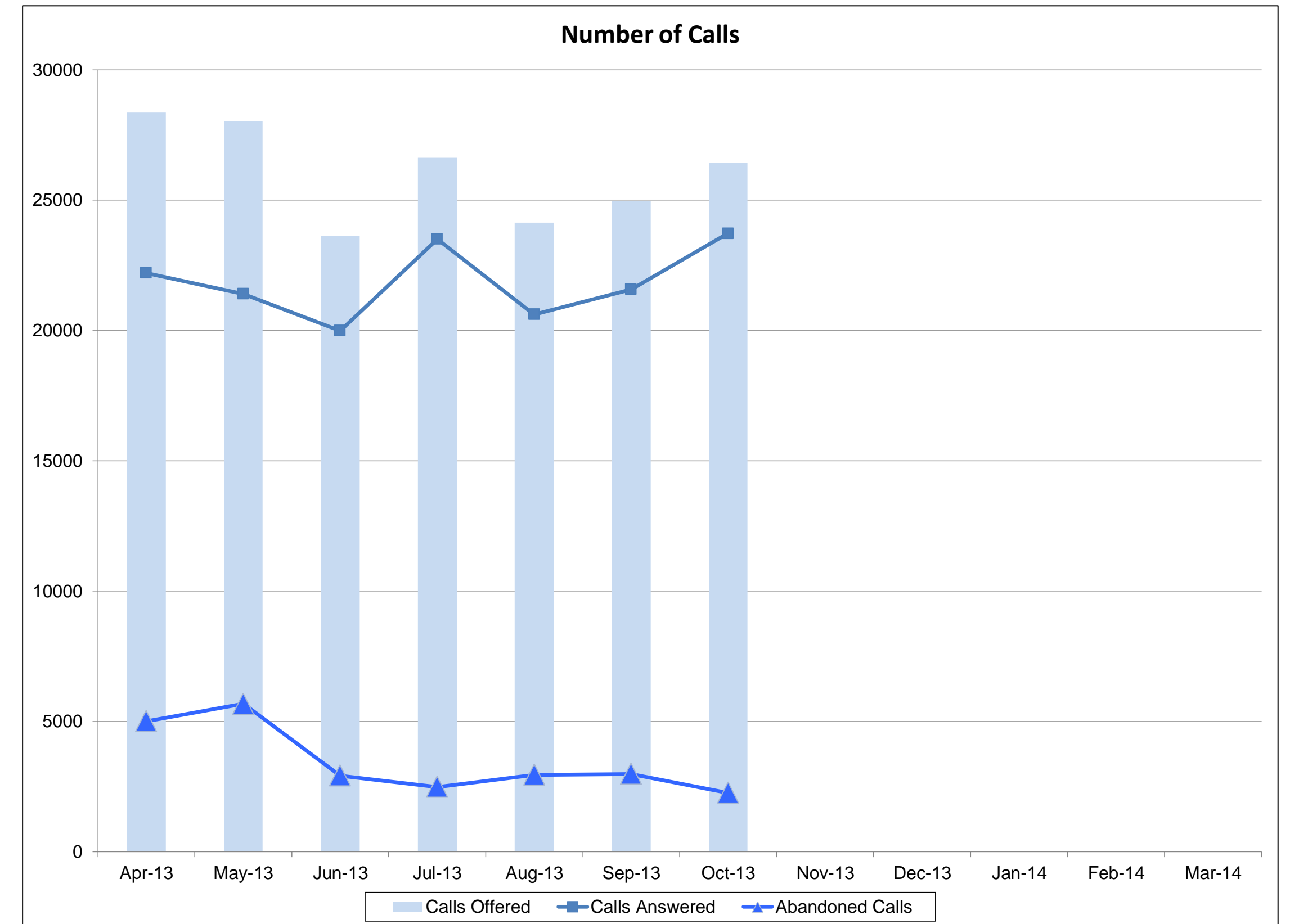
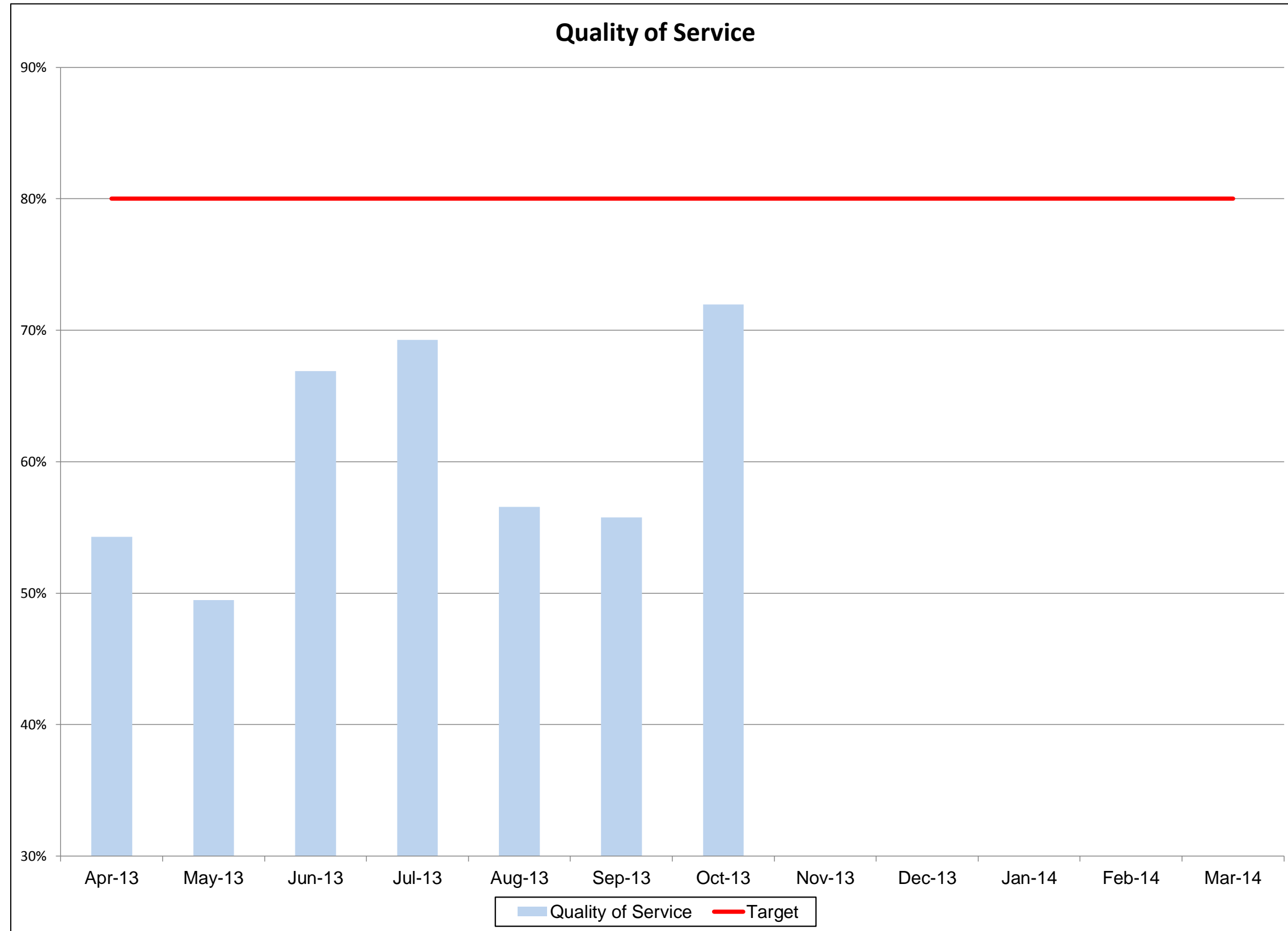
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PTS Call Answering - 80% of Calls to be answered within 30 seconds

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	24971	26435					
Calls Answered	22205	21400	19981	23508	20611	21574	23720					
Average Answer Delay	00:01:21	00:01:41	00:00:52	00:00:42	00:01:03	00:01:04	00:00:40					
Max Answer Delay	00:59:12	00:59:44	01:00:08	00:44:18	00:48:16	00:49:52	00:31:57					
Abandoned Calls	4999	5672	2921	2487	2954	2981	2259					
Quality of Service	54%	49%	67%	69%	57%	56%	72%					



Section 2c

NHS 111



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2.16	7/7	Warm transfer of NHS 111 calls to Clinical Adviser.	Service optimisation programme continuing. On-going discussions with commissioners about the clinical model within the commissioned NHS 111 service.	Executive Director of Standards and Compliance		RED
AMBER	2.16	5/7	Call answer within 60 seconds	Call volumes have risen during October, particularly at weekends. Call answer performance has been stable above target level for most of the month, with specific challenges at peak hours on a number of weekend days. These have been addressed by further adjustment to rostering to better align staff numbers to the peak weekend hours.	Executive Director of Standards and Compliance		GREEN

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	85410	92670						
Total number of out of area calls answered	66	1377	1199	995	813	733	932						
Total number of phantom calls received	0	0	0	0	0	0	0						
Total number of calls answered not requiring 111	3996	4580	4795	6063	5708	6429	6825						
Total number of calls triaged	61886	65174	63650	72451	73292	73167	77461						
Total number of calls answered within 60 seconds (national quality standard 95%)	62602	71204	69905	81268	83455	77455	85987						
Target % calls answered within 60 seconds	95%	95%	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%	90.7%	92.8%						In October affected by 2 days of national problems. We hit 96% when taking the 2 days out (12th & 13th October).
Total number of abandoned calls (after 30 seconds)	2159	1538	1410	1113	684	1811	1857						
Target % calls abandoned after 30 seconds	5%	5%	5%	5%	5%	5%	5%						
Abandoned calls as a percentage of total (Target <5%)	2.9%	1.9%	1.8%	1.3%	0.8%	2.1%	1.9%						In October affected by 2 days of national problems. We hit 1.0% when taking the 2 days out (12th & 13th October).
Average episode length of call (mins)	17:33	17:44	16:07	18:49	13:19	14:31	13:24						
Average episode length of call (mins) with a call handler	08:01	07:35	07:27	08:49	07:10	07:15	06:57						
Longest wait for a call to be answered	17:58	14:24	19:26	10:51	06:35	11:54	06:35						
Average episode length of call (mins) with a clinical 111 advisor	13:51	12:49	13:04	12:50	12:54	11:40	12:31						
Total number of calls directed to speak to a Clinical 111 advisor (outcome)	15767	17126	16450	17886	16398	15558	17227						
% of calls directed to speak to a clinical 111 advisor	22.0%	22.3%	22.0%	21.0%	19.1%	18.2%	18.6%						
Longest wait for a call back by a clinician	09:12:25	06:49:52	08:42:50	06:09:21	4:31:11	08:58:44	8:47:26						
Total number of calls where a person was offered a call back	8484	9602	9708	11541	9260	10309	10236						
Call backs as a percentage of clinical advisor calls	53.8%	56.1%	59.0%	64.5%	56.5%	66.3%	59.4%						
Total number of calls that were warm transferred to a clinical advisor	7283	7595	6742	6336	7130	5241	6985						
Warm transfers as a percentage of clinical advisor calls (Target 95%)	46.2%	44.3%	41.0%	35.4%	43.5%	33.7%	40.5%						
Total number of calls directed to 999 for ambulance dispatch	5988	6025	6247	7578	7427	7598	8009						
Ambulance dispatch as a percentage of total	9.7%	9.2%	9.8%	10.4%	10.1%	10.4%	10.3%						
Total number of Non conveyed 999 dispatches	1097	1138	1071	1584	1612	1519	1627						
Total number of calls recommended to attend an A&E	4879	5043	5033	5641	5311	4862	4986						
A&E as a percentage of total	7.9%	7.7%	7.9%	7.8%	7.2%	6.6%	6.4%						
Total number of callers referred into GP Out of Hours service	21340	23639	23600	25689	29981	29076	30295						
Callers booked into GP Out of Hours service as a percentage of Total	29.8%	30.7%	31.6%	30.2%	34.9%	34.0%	32.7%						

*Based on original contract of 1.4 million calls per year.

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%	90.0%	89.2%						90.3%	
		Incidents					932	865	796	1191	933	939	934						6,590	
		Service Requests					2309	2114	1914	2355	2103	1905	1681						14,381	
		Total Activity					3241	2979	2710	3546	3036	2844	2615						20,971	
		Customer Feedback	% of either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	95.5%	95.1%	93.8%	95.0%	96.1%	98.2%	95.0%						95.5%
			Number of Surveys Returned					308	286	243	380	305	283	358						2163
			Positive Score					294	272	228	361	293	278	340						2066
			Negative Score					14	14	15	19	12	5	18						97
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	10	7	10	9	8	9	9						9	

Project Management	Current Project Managed Projects		Due Date	ICT Status	Overall Status	Status Comment
		YAA to Thirsk	29/10/2013			Air Ambulance is operable but needs printing capability for local needs. Service Desk call logged to resolve
	Yorkshire Air Ambulance - Nostell Priory	01/12/2013			Need decision on continuity of Red care lines. Issue escalated: Data Link and analogue phone line commenced 5th November	
	Fleet PDA Deep Clean	18/11/2013			Operational staffing levels have delayed go live. Issue escalated	
	CIP - Fleet Accident reduction				ICT Projects Team providing support to the project not managing - Mark Squires to present Business Case.	
	YAS HART Project	01/04/2014			No knowledge of Digital Radio users when fully accommodated. Entered onto Project Risk Log	
	PTS Systems Project	31/03/2014			Need clarity on governance arrangements. Ola to Meet with Catherine Williams 5/11	
	PRF Document Scanning				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. Problems with form verification reported at the end of September.	
	Closed Projects - 2013-14		Delivered Date			
	ICT Service Continuity	Sep-13			Needs formal notification for closure. From project sponsor	
	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.	

ICT Summary (cont'd)

OBJ REF 3

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

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	
Infrastructure	Network Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	99.97%	100%	100%						Green	
		This Period Unplanned Downtime									CAD 2hrs	0	0							
		Next Period Planned Downtime																		
	Systems Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	99.92%	100%	100%						Green	
		This Period Unplanned Downtime									0	0	0							
		Next Period Planned Downtime												CAD 15 min						
	Telecoms Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	98.69%	100%	95.42%							Green
		This Period Unplanned Downtime									Voice Recording Core Server 48hrs		Voice Recording Core Server							
		Next Period Planned Downtime										Call Centre Manager 1hr	Call Pilot & Call Centre Manager							
	Radio Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	100%	100%	100%							Green
	This Period Unplanned Downtime									0	0	0								
	Next Period Planned Downtime																			
Budget Management	Under Budget Net of CIP			Under		Over	£59,869	-£9,524	£272.00	-£73,667	£48,983	£11,919	TBR							£37,852

Commentary

Our Service : New Service Desk Analysts and Apprentices are making an immediate contribution to the service which I expect to be fully reflected in November's data.

Project Management:

Infrastructure: Unplanned downtime for Onbase (October) (4 Days). Currently not featuring on ICT KPI's thus not impacting this report. Gap to be closed in future months

Budget: To be reviewed (TBR)

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

E2.1 Estates		RAG Status	Empty	Underused		Fully used	Overcrowded	Notes
E2.1	Space Utilisation	GREEN	0%	2%		86%	12%	
		RAG Status	As New	Acceptable	Acceptable but will req Upgrade within 10 yrs	Upgrade Req'd	Unacceptable	
E2.1	Physical Condition (External)	GREEN	7%	21%	53%	19%	0%	
	Physical Condition (Office)	GREEN	9%	22%	62%	7%	0%	
	Physical Condition (Garage)	GREEN	3%	23%	74%	0%	0%	
E2.1	Fire, Health & Safety Compliance	GREEN	21%	49%		30%	0%	
E2.1	Energy Performance	GREEN	17%	35%		42%	6%	The 6% identified relates to specific elements of the estate energy performance underperformance at Bentley (unable to replace due to asbestos issues), Bramley (holding back replacement due to potential hub and spoke in Leeds), Castleford and Malton (on capital bid list for 2014), Menston (exploring potential co-location opportunities with West Yorkshire Fire Service).
E2.1	Functional Suitability	GREEN	7%	75%		17%	0%	
E2.1	Quality	GREEN	9%	79%		12%	0%	
		RAG Status						
E2.1	Capital Project Delivery	GREEN						In relation to this years Capital program, Estates heating projects are well underway and the Huddersfield roof is now complete. The tender process for demolition of the Portacabins at Fairfields Rotherham has been evaluated and a contractor should be appointed shortly. Installation of the fuel tanks at Castleford and Barnsley are not going ahead due to Procurement timescales but the fuel containment works will be started shortly.
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- £ 226,948.52 Monthly Saving - £1,910.58
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	GREEN	GREEN					

Comments
Contracts awarded above £25k None
Single Tender Waiver None

Fleet

OBJ REF 3

YTD RAG **AMBER**
 MTD RAG **AMBER**

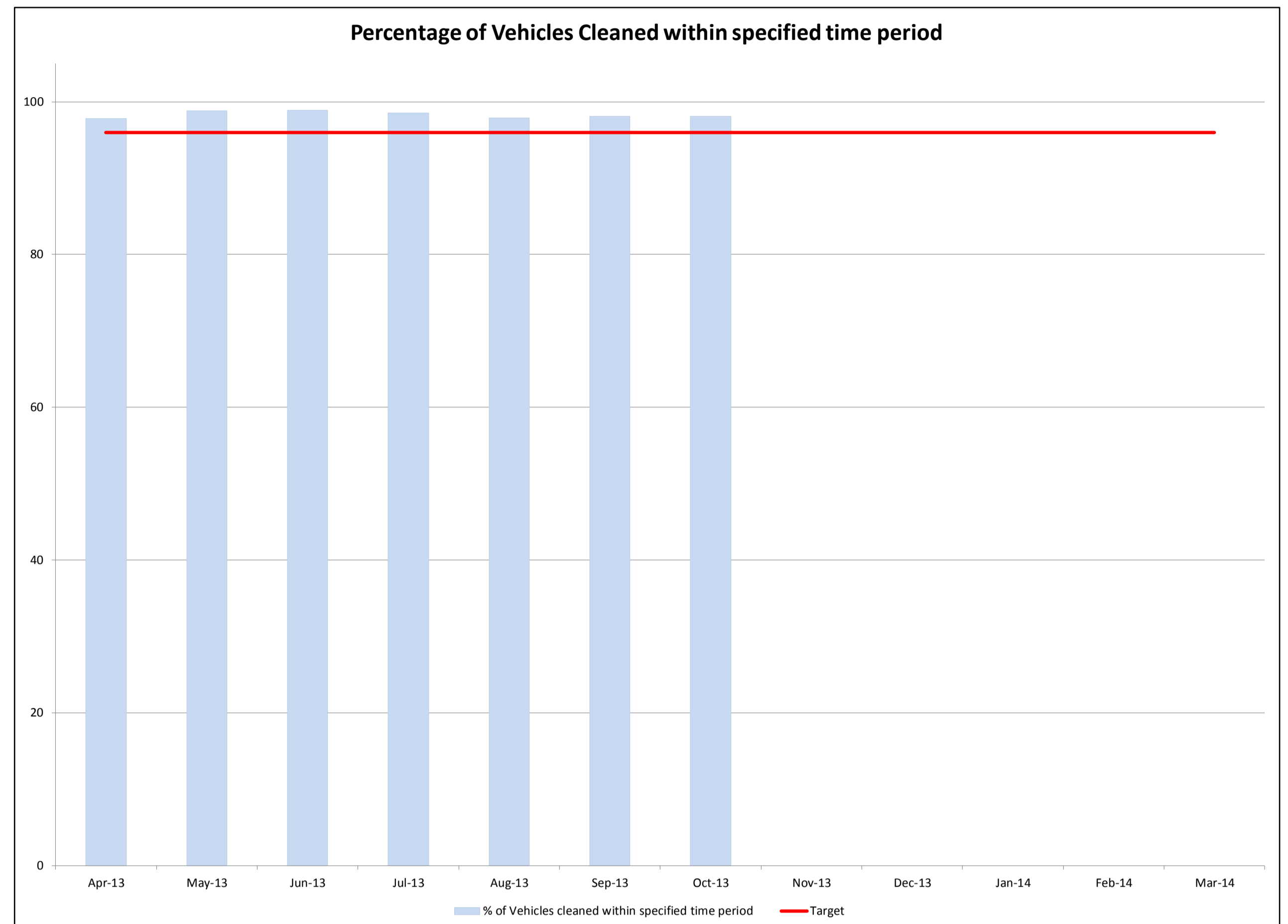
E1 Carbon Management	RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast	Quarter 1 Actual	Notes
E1.1 Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2 Corporate Citizen Rating (monitored quarterly)	59%					

E3 Fleet		Vehicle Availability % Plan vs. Actual *	RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
E3.1	A&E	GREEN	92%	93%	1%	92%	92%	0%		
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. Catch up of servicing has also contributed to higher VOR's this month.	

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	5		21 van conversions have been delivered to YAS, the final 6 are to be commissioned and on the road by the end of November.
E3.1 A&E - Other	GREEN	7	2		
E3.1 PTS	RED	7	164		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	4		16 support vehicles have been delivered

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

E3.2 Compliance / Safety	RAG Status	Number	% Total	Notes
E3.2 Safety Checks Outside "Window" at end of period	GREEN	25	4.52%	
E3.2 Vehicle Services Outside "Window" at end of period	GREEN	15	4.03%	
E3.1 Vehicle Cleans Outside "Window" at end of period	GREEN	64	1.90%	
E3.4 Defibrillator servicing Outside "Window" at end of period	GREEN	1	0.15%	Note 1 device had been moved from its audited location, had this device been present there would be no devices overdue service. This device has since been removed from service and therefore there is no risk to patient safety
E3.5 Suction Unit servicing Outside "Window" at end of period	RED	63	9.98%	Note 22 devices had been moved from their audited location, had these devices been present there would only have been 41 overdue (at 6.5% Green) Serious staff issues has impacted the department's ability to maintain devices, Oxylite are continuing to work with the Trust to help with backlog maintenance they have been with us since 8th Jul. We have also started to work with Mid Yorks Hospitals Trust (Pinderfields) using their medical equipment engineers. An interim Equipment Engineering Manager has commenced in post to support the department.
E3.6 Parapac servicing Outside "Window" at end of period	RED	65	24.30%	Note 16 devices had been moved from their audited location, had these devices been present there would only have been 49 overdue (at 18.33% 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.
E3.7 Microvent servicing Outside "Window" at end of period	RED	158	41.14%	Note 48 devices had been moved from their audited location, had these devices been present there would only have been 110 overdue (at 28.65% 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.



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	98.1	98.1					

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	18	26						157
Variance	-7	-4	3	6	0	-5	3						

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	GREEN	AMBER					



Section 3

Quality Analysis



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	3.12	6/7	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		RED
RED	3.12	5/7	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. Functionality issues with the Readsoft scanning and verification software has reduced efficiency and capacity to perform all but mandatory clinical audits.	Executive Medical Director		RED
AMBER	3.15	1/7	NHS 111 health care professional co	There has been a marked increase in HCP concerns received by the NHS 111 service in October, which is due to delayed reporting of a batch of issues from one area to NHS 111. It is not indicative of a rise in the level of concerns	Executive Director of Standards and Compliance	Nov-13	GREEN
AMBER	3.20	2/7	Freedom of Information responses.	There has been an increase in FOI responses taking longer than 20 days to complete.The management process and support for this function are currently being reviewed	Executive Director of People and Engagement	Dec-13	GREEN

Comments on Quality**New Incidents Reported**

There has been an increase in the total number of incidents reported from September to October. This is not associated with a significant rise in incidents causing harm. The above figures include incidents alone and additionally there is an increase in the number of near misses and issues/concerns being reported across the Trust, which is a positive indication of staff engagement with the process. The increase appears to be in the A&E area and these are across patient and staff related incidents. Further analysis can be found in sections 3.5 and 3.7.

Patient Related Incidents

The increase in patient related incidents has occurred over most business areas including A&E, PTS and NHS111. The patient related incidents within A&E are primarily linked to response related incidents and care pathways, equipment related incidents and medication incidents. The medication incidents are now being captured as part of the Safety Thermometer tool that is being developed across the Trust with analysis and monitoring taking place, particularly in regard to incorrect drug administered or incorrect dose. Care pathway review is undertaken with support from the Clinical Directorate. EOC are working with the Standards and Compliance directorate on processes to identify and monitor harm associated with response related incidents.

Staff Related Incidents

There has been an increase in reported staff related incidents across A&E and PTS. Within the A&E service the incidents remain similar to those previously reported with the vast majority being moving and handling incidents. These are primarily related to handling the response bag and other equipment on vehicles. The deployment of the new response bag across the A&E service is in progress and when complete should support a reduction in M&H incidents. The new carry chair is being introduced during November. A process for the deployment of bariatric support vehicles has been agreed and training in equipment provided is almost complete. A full review has been conducted of moving and handling training, with actions set around improvements in practical assessments. In PTS moving and handling is also appearing as the top incident category. Work is underway to ensure correct coding and booking of patient journeys by all our provider colleagues.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. The list of applicable events is mandated nationally. No Never Events have been reported in this period.

Serious Incidents

There have been 6 Serious Incidents reported for October. All are under investigation with associated actions being agreed once the report is complete.

RIDDOR

The majority of RIDDOR reportable incidents involve injuries sustained whilst handling, lifting or carrying. Two of these incidents involved moving and handling the response bag, three incidents related to the handling of a bariatric patient and the final two incidents were related to handling other equipment on the vehicle i.e. deploying the stretcher and using the ramp. See comments in Staff Related Incidents above.

Medication related incidents

There were 12 Controlled Drug incidents in October, 8 breakages and 4 administration errors. National benchmarking data demonstrates that YAS is not an outlier where breakages or loss are concerned. The breakages occur mostly at the point of removal/ return to the safe and the introduction of rubber matting should reduce this problem.

There were 5 non-CD drug administration errors and 3 dosing errors in the month of October. The Trust Pharmacist and Associate Medical Director are working with Standards and Compliance to include medication errors as a component of the Patient Safety Thermometer. A zero tolerance for medication errors is being introduced and medication-related serious incidents will be posted on the intranet home page to highlight to staff the seriousness of these errors.

Clinical Audit Programme

The backlog of unprocessed forms remains an issue (two months behind) and there was some impact on the due date and numbers found for the national CPI, for which YAS was granted an extension for the second consecutive month. There has been some system downtime which has had further impact on validation processes. Further measures were put in place to address the backlog: the number of fields for validation were significantly reduced in order to process PRFs faster, York staff were brought to the Rotherham office for two days to extract any forms containing CPI and ACQI information to enable timely analysis of the information for national submission dates, local CPI analysis has been suspended and overtime was authorised throughout October for both sites, legal team volunteers and other support service volunteers. However, system downtime had an impact on the efficacy of using overtime. To date, we have not missed national submissions for ACQIs and CPIs.

IPC Audit

The general condition of some vehicles continues to cause concern, resulting in low compliance figures, upholstery damage being the main contributor.

40% of PTS vehicles in Bradford/Airedale and 33% of PTS vehicles in Mid Yorks AND 40% of A&E vehicles in NY& Y and 21% in Humber have upholstery damage. The inspection findings are followed up with PTS and Fleet management teams for action.

Complaints and concerns

There has been a rise in health care professional concerns in the NHS 111 service in October. This has been caused by a batch submission of a backlog of concerns by local services in one area and is not indicative of an actual rise in concerns.

Freedom of Information requests

The proportion of FOI requests with a response time greater than 20 days has increased in October. The management process and support for this function are currently being reviewed.

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						GREEN	GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	RED	RED	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	AMBER	AMBER						GREEN	AMBER
3	CQC and Other Registration / Legislation Standards	<ul style="list-style-type: none"> Registration Regulations & Outcomes NHS Litigation Authority 	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER						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	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

Reference	Project	ED S&C	Service Transformation Programme												Comments
			Quarter 1			Quarter 2			Quarter 3			Quarter 4			
			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	Red	Yellow	Green	Green	Green	Green	Green				Call answer performance stable, service optimisation plan continuing. No external winter pressure funding identified through commissioner discussions. Winter contingency planning ongoing. Further discussion with commissioners about 14/15 funding to be arranged.
RC2	Clinical Hub (CIP)	ED Ops	Green	Green	Green	Green	Green	Green	Green				Education & training has been reviewed with recommendations made. Current practice and governance arrangements to be reviewed in Q3
RC3	External Partnership	EMD	Green	Green	Green	Green	Green	Green	Green				Participation continues in national & regional groups. Visits in month from Prof Willett & Sir David Nicholson. UCB Conference held and analysis of feedback being collated.
RC4	Paramedic Pathfinder Model	EMD	Green	Green	Green	Green	Green	Green	Green				Pilot commencing in Rotherham 2 December 2013. Monitoring and audit arrangements planned in conjunction with clinical audit dept.
RC5	Scope of Practice	EMD	Green	Green	Green	Green	Green	Green	Green				Scope of practice written for the advanced practice model
RC6	Pathway Review	EMD	Green	Green	Green	Green	Green	Green	Green				
RC7	Care Homes CQUIN	EMD	Green	Yellow	Green	Green	Green	Yellow	Green				On track for Q2 requirement and themes from feedback identified. Dashboard being analysed by NHS England. Meetings arranged with Heads of Operations to discuss progress of area action plans and implementation. Concerns raised regarding Q4 target to reduce inappropriate calls; definition of 'inappropriate'

Clinical Development Project Group - Executive Medical Director

CD1	JRCALC Rollout	EMD	Green	Green	Green	Green	Green	Green	Green				Guidelines rolled out 1 October 2013.
CD2	Patient Safety CQUIN	ED S&C	Green	Green	Green	Green	Green	Green	Green				Third area of harm has been identified (Medication errors)
CD3	ACQI Care Bundles	EMD	Green	Green	Green	Green	Green	Green	Green				Clinical Managers to present details of current performance to CGC this month with options to deliver improved results
CD4	Public Health	EMD	Green	Green	Green	Green	Green	Green	Green				All deliverables on track, D18, D21 & D22 fully achieved, Public Health included in new M&ST workbook with eLearning available
CD5	Public Awareness CQUIN	ED CA	Green	Green	Green	Green	Green	Green	Green				
CD6	Quality Governance	EMD	Green	Green	Green	Green	Green	Green	Green				Compliance with Quality Governance Framework being maintained. Further internal review against Monitor quality governance framework in planning for Q4.
CD7	Improving Outcomes from Cardiac Arrest (Hull)	EMD	Green	Green	Green	Yellow	Green	Green	Green				Immediate life support training undertaken by 75 Paramedics & PPs - target of 100% trained in 2013-14 will not be achieved
CD8	National CPR Policy	EMD	Green	Green	Green	Green	Green	Green	Green				YAS continues to contribute to this

Delivery Programme - Executive Director of Operations

Operational Efficiency Project Group - Executive Director of Operations													
OE1	Red Performance	ED Ops	Red	Red	Yellow	Green	Green	Green	Green				The red 1 plan has been revised and superceded by the combined red plan, which will be presented to TEG 8 October 2013
OE2	Workforce Model (CIP)	ED Ops	Yellow	Yellow	Green	Green	Green	Green	Green				Recruitment plan to 2106 target on track
OE3	Operational Redesign (CIP)	ED Ops	Yellow	Yellow	Green	Green	Green	Green	Green				Dedicated HR and Corporate Communications support required.
OE4	Turnaround	ED Ops	Green	Green	Green	Green	Green	Green	Green				Turnaround has been incorporated in the winter plan. Discussions ongoing with commissioners regarding penalties.
OE5	A&E CQUINs	ED Ops	Green	Green	Green	Green	Green	Green	Green				
OE5A	Rural CQUIN	ED Ops	Green	Green	Green	Green	Green	Green	Green				Discussion to be held with commissioners re impact of overtrade and reconfigured geographical borders.
OE5B	Reduced Conveyance CQUIN at locality level	ED Ops	N/A	Green	Green	Green	Green	Green	Green				Proposed trajectory to be included in the Q2 report and agreed with commissioners
OE5C	Red Performance in underperforming CCG CQUIN	ED Ops	N/A	Yellow	Green	Green	Green	Green	Green				Increased activity is evident in the underperforming CCGs. Consideration of this is to be discussed with the commissioners.
OE5D	Static Medical Unit CQUIN	ED Ops	N/A	Green	Green	Green	Green	Green	Green				

PTS Project Group - Executive Director of Finance & Performance

PTS 1	Transformation (CIP13/14)	ED F&P	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow				P1 Road Ops Workforce <ul style="list-style-type: none">Implementation of new rotas in the South has now been completed; impact will continue to be monitored.Implementation of new rotas in other areas has slipped from original work plan due to resourcing issues.Plan is being reviewed to alter phasing to bring West on line earlier than planned and review North Yorkshire where impact is marginal. The overall implementation timeline is not altered.
PTS 2	PTS CQUINs	ED F&P	N/A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow				P2 Communications staff workforce <ul style="list-style-type: none">Plan to go out to consultation with staff has slipped partially due to delays in TEG approval, partially linked to complex programme of work and need to secure sufficient resource to deliver as planned.
PTS2A	South PTS CQUIN 1 - (120 minute wait target)	ED F&P	N/A	Red	Yellow	Yellow	Yellow	Yellow	Yellow				<ul style="list-style-type: none">Plan has been put in place to provide additional resource.Revised project plan agreed and implemented.
PTS2B	South PTS CQUIN 2 - (Rationale for long waits)	ED F&P	N/A	Red	Yellow	Yellow	Yellow	Yellow	Yellow				P3 Management structure <ul style="list-style-type: none">Operational lead identified and start date agreed.Delivery of development programme underway.
PTS2C	West PTS CQUIN 1 - (Patient experience)	ED F&P	N/A	Green	Green	Green	Green	Green	Green				P4 Communications <ul style="list-style-type: none">Staff engagement under way and a number of external communications have been developed and are scheduled for release in October.
PTS2D	West PTS CQUIN 2 - (Education for healthcare professionals)	ED F&P	N/A	Green	Green	Green	Green	Green	Green				P5 Systems <ul style="list-style-type: none">Key deliverables around PDA fault management achieved.Work plan and priorities agreed through Systems group.PDA task and finish group implemented.
PTS2E	North PTS CQUIN 1 - (Timely communication of transport)	ED F&P	N/A	Green	Green	Green	Green	Green	Green				P6 Fleet <ul style="list-style-type: none">Task and finish group established to progress achievement of deliverables. The group has a focus on 2013-14 capital replacement, review of telemetry business case and agreement of reporting criteria.
PTS2F	North PTS CQUIN 2 - (Reduction in abortive journeys)	ED F&P	N/A	Green	Green	Green	Green	Green	Green				P7 Estates <ul style="list-style-type: none">Estates project meeting was held.
PTS2G	East PTS CQUIN 1 - (Timely communication of transport)	ED F&P	N/A	Green	Green	Green	Green	Green	Green				P8 Business Development <ul style="list-style-type: none">New group implemented to consolidate work on-going around the accounting structure, cost/price analysis, contract specifications and tender opportunities.
PTS2H	East PTS CQUIN 2 - (Reduction in abortive journeys)	ED F&P	N/A	Green	Green	Green	Green	Green	Green				

Sustainability (People) Programme - Executive Director of People and Engagement

CC1	Leadership and Service Improvement skills	ED S&C ED W&S	Green	Green	Green	Green	Green	Green	Green				Meeting held with Teesside University - content of Service Improvement Skills programme identified. Cohort agreed.
CC2	Staff Engagement and Communications	ED S&C ED W&S	Green	Green	Green	Green	Green	Green	Green				Mobile app in development - 'Latest News' trial with 25 staff. We Care Award review completed
CC3	Recruitment and Induction	ED S&C ED W&S	Green	Green	Green	Green	Green	Green	Green				Values based recruitment ongoing. Induction review undertaken.
CC4	Sickness (CIP)	ED W&S	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow				

Service Line Management Project Group - Executive Director of Finance & Performance

SLM1	Service Line Management	ED F&P	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow				
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Sustainability (Systems) Programme - Executive Director of Finance & Performance

Estates Project Group - Executive Director of Finance & Performance													
E1	Estates Strategy	ED F&P	Green	Green	Green	Green	Green	Green	Green				Benchmarking exercise undertaken with other ambulance trusts. Communication established with Leeds HOSC. Work with ORH continuing
E2	HART	ED F&P	Green	Green	Green	Green	Green	Green	Green				Tender out; 6 contractors shortlisted by 2 withdrawn. Planning app & building regs resubmitted. Site being used for storage thus eligible for rate relief. Current spend against DoH funding on track. Detailed IT requirements complete. Opportunity to purchase adjoining land for car parking being explored. Staff site visit planned for 08.11.13

Emergency Care Solution Project Group - Executive Director of Finance & Performance

ECS1	ECS Roll-out	ED F&P	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow				Funding not secured from commissioners, internal funding allocated
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2012-13 Legacy Projects

CLF1	Clinical Leadership (CIP)	ED Ops	Red	Red	Red	Yellow	Yellow	Yellow	Yellow				Action plan on-going, with introduction of new monitoring dashboard. Review of CIP completed
IPR1	Individual Performance Reports	ED Ops	Red	Red	Red	Red	Red	Red	Red				Final review required to determine feasibility at scale and benefits if rolled out Trust wide.
ESR1	Electronic Staff Record (ESR)	ED W&S	Green	Green	Green	Green	Green	Green	Green				Updated action plan focused on deliver of project benefits
DMS1	Risk-Data Management	ED S&C	Green	Green	Green	Green	Green	Green	Green				Project close down/high level benefits realisation report completed and discussed at the last TPMG meeting.

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

IPC Audit - Percentage compliant

OBJ REF 3

YTD RAG GREEN

MTD RAG GREEN



Area	Audit	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Calderdale, Kirklees, Wakefield	Hand Hygiene	96%	98%	98%	96%	96%	97%	94%					
	Premise	93%	98%	94%	97%	98%	97%	99%					
	Vehicle	96%	98%	97%	98%	97%	98%	99%					
North Yorkshire and York	Hand Hygiene	100%	99%	99%	99%	99%	99%	100%					
	Premise	98%	96%	100%	96%	99%	98%	96%					
	Vehicle	96%	100%	98%	I/Data	98%	95%	91%					
Humber	Hand Hygiene	100%	100%	100%	100%	97%	98%	98%					
	Premise	98%	93%	95%	97%	99%	98%	96%					
	Vehicle	97%	97%	I/Data	97%	99%	99%	94%					
Airedale, Bradford, Leeds	Hand Hygiene	99%	98%	98%	99%	96%	99%	98%					
	Premise	98%	98%	98%	99%	100%	99%	99%					
	Vehicle	96%	98%	100%	100%	96%	98%	96%					
South Yorkshire and Bassetlaw	Hand Hygiene	99%	100%	100%	100%	98%	96%	97%					
	Premise	100%	99%	100%	100%	100%	98%	93%					
	Vehicle	100%	100%	100%	99%	99%	96%	99%					
YAA	Hand Hygiene	99%	100%	100%	100%	100%	100%	100%					
	Premise	100%	90%	100%	100%	100%	100%	100%					
	Vehicle	100%	100%	100%	100%	100%	100%	100%					
Resilience and Special Operations	Hand Hygiene	98%	100%	100%	100%	100%	99%	99%					
	Premise	95%	95%	100%	100%	100%	100%	100%					
	Vehicle	100%	100%	I/Data	100%	100%	100%	100%					
Private & Events	Hand Hygiene	100%	100%	100%	100%	100%	100%	100%					
	Vehicle	96%	100%	100%	100%	100%	99%	100%					
PTS Leeds	Hand Hygiene	100%	100%	100%	99%	99%	98%	99%					
	Vehicle	99%	91%	92%	93%	91%	94%	96%					
PTS Mid Yorkshire	Hand Hygiene	99%	100%	100%	98%	100%	100%	99%					
	Vehicle	98%	98%	I/Data	95%	96%	97%	95%					
PTS Bradford / Airedale	Hand Hygiene	100%	100%	100%	99%	100%	100%	98%					
	Vehicle	93%	96%	I/Data	94%	97%	94%	94%					
PTS Calderdale / Huddersfield	Hand Hygiene	98%	99%	99%	99%	94%	99%	98%					
	Vehicle	100%	100%	99%	99%	I/data	95%	99%					
PTS North Yorkshire	Hand Hygiene	100%	100%	100%	95%	91%	95%	100%					
	Vehicle	98%	96%	97%	97%	98%	98%	99%					
PTS Hull & East	Hand Hygiene	100%	98%	98%	94%	98%	99%	99%					
	Vehicle	98%	99%	99%	99%	96%	95%	96%					
PTS Sheffield / Barnsley	Hand Hygiene	99%	100%	100%	100%	99%	99%	100%					
	Vehicle	100%	100%	100%	100%	100%	100%	99%					
PTS Rotherham / Doncaster	Hand Hygiene	97%	100%	100%	100%	96%	100%	100%					
	Vehicle	100%	100%	100%	100%	100%	100%	100%					
Overall Compliance (Current Year)	Hand Hygiene	99%	100%	99%	99%	98%	99%	99%					
	Premise	97%	98%	98%	98%	99%	99%	98%					
	Vehicle	98%	98%	98%	92%	92%	98%	97%					
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%

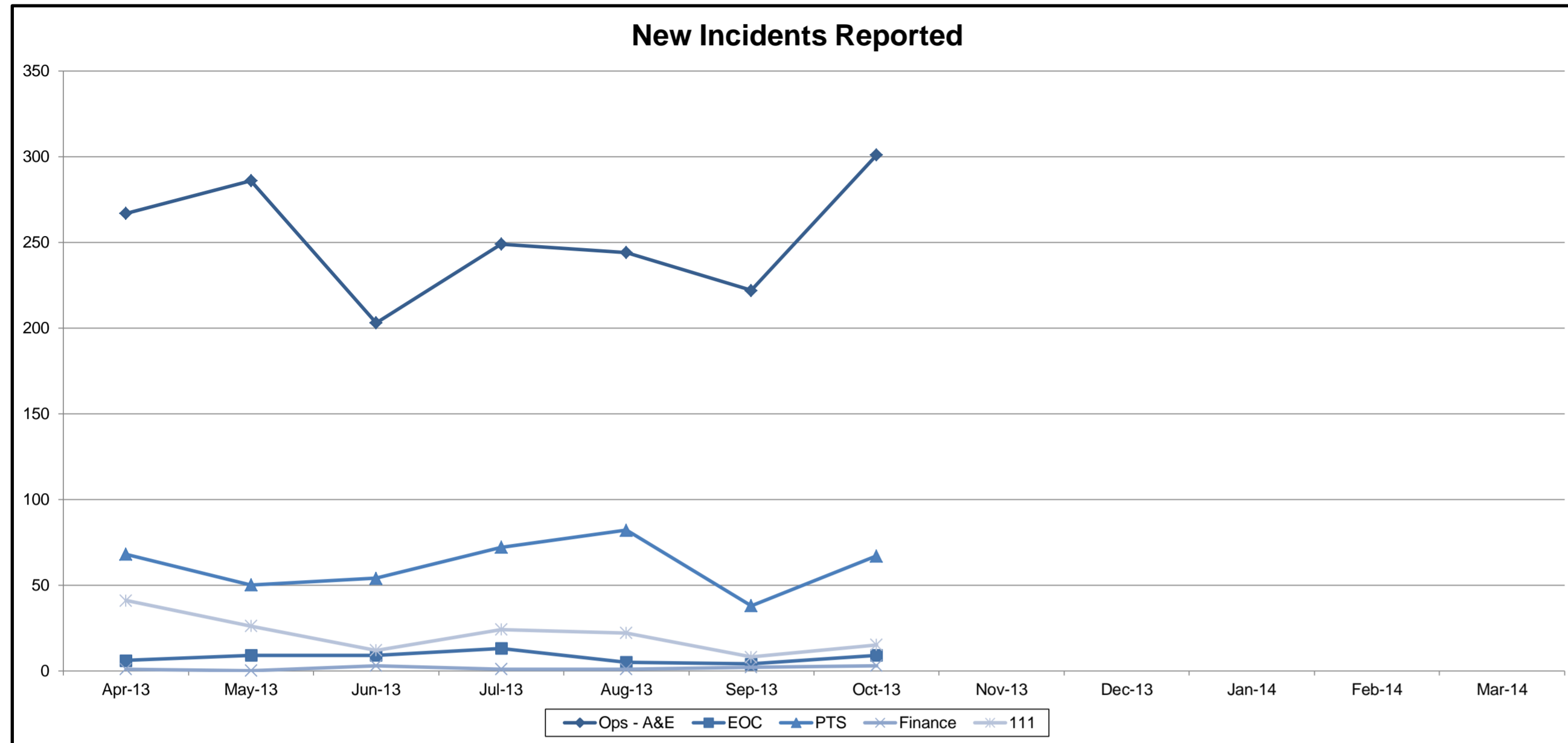
Key for IPC Audit: April 2012 onwards

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

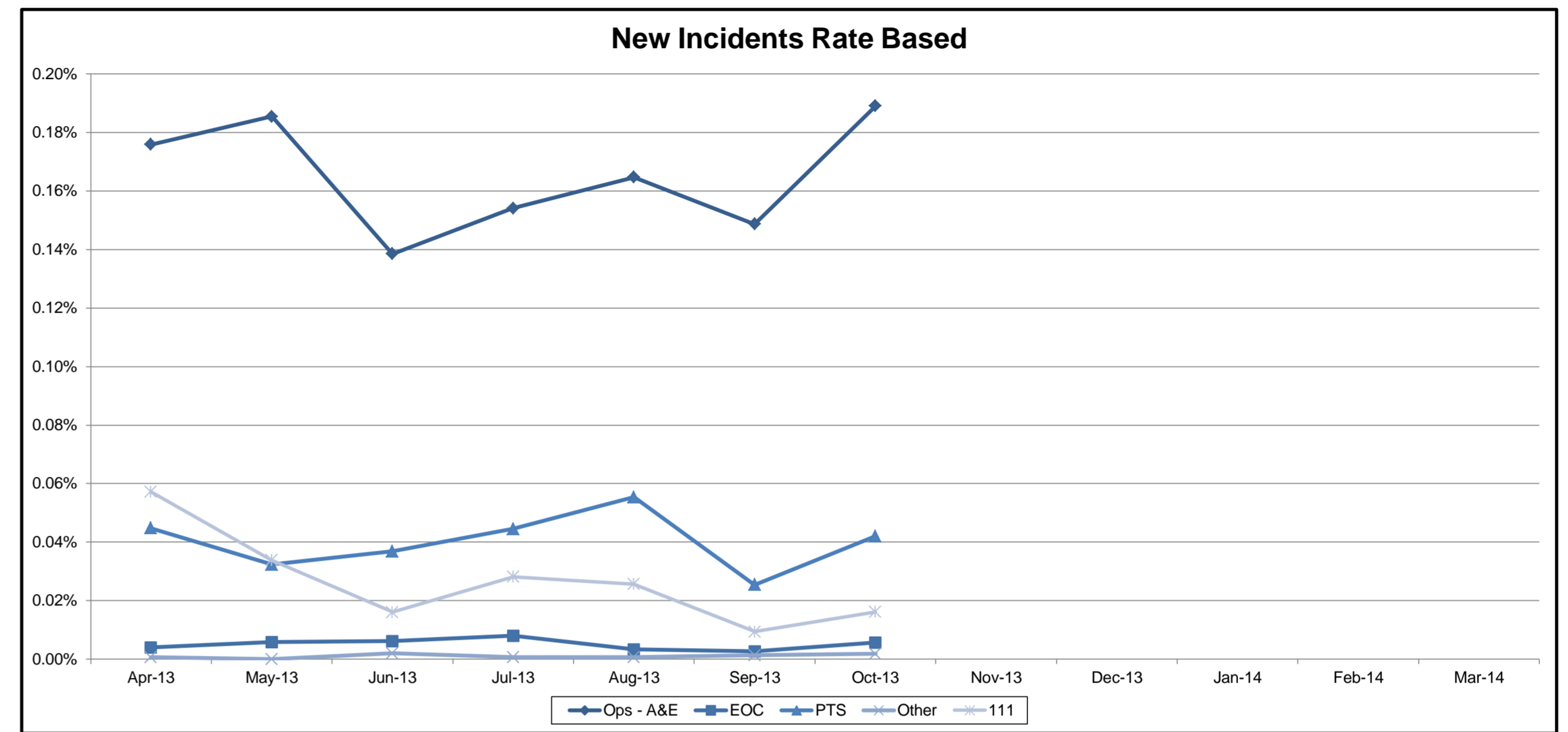
OBJ REF 3



New Incidents Reported Rate Based

EWI

OBJ REF 3



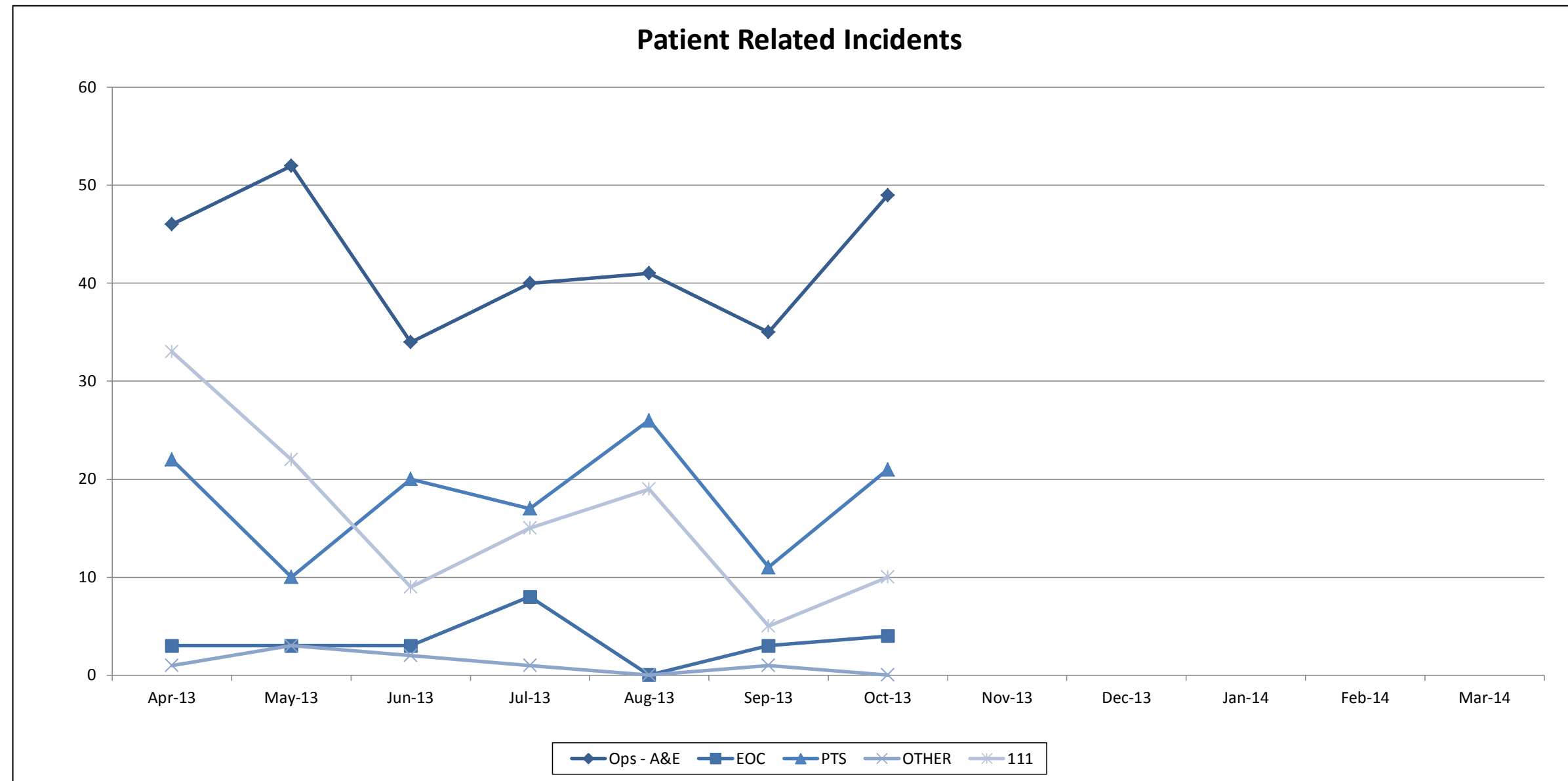
New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	267	286	203	249	244	222	301					
EOC	6	9	9	13	5	4	9					
PTS	68	50	54	72	82	38	67					
111	41	26	12	24	22	8	15					
Finance	1	0	3	1	1	2	3					
Medical - Operations	0	0	9	13	19	8	16					
Quality & Patient Experience	0	2	1	2	0	0	0					
Resilience & Specialist Services	4	5	5	8	1	5	6					
Support Services	6	6	2	3	8	2	2					
Foundation Trust	0	0	0	1	0	0	0					
Human Resources	0	0	0	1	0	2	1					
Organisational Effectiveness and Education	0	0	0	2	0	0	0					
Risk & Safety	1	2	0	1	3	2	0					
ICT	1	1	0	0	0	0	0					
TOTALS	395	387	298	390	385	293	420					
TOTALS (Prev Year)	432	491	468	518	484	434	497	456	482	465	444	445

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%	0.15%	0.19%					
EOC	0.00%	0.01%	0.01%	0.01%	0.00%	0.00%	0.01%					
PTS	0.04%	0.03%	0.04%	0.04%	0.06%	0.03%	0.04%					
111	0.06%	0.03%	0.02%	0.03%	0.03%	0.01%	0.02%					
Finance	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Medical - Operations	0.00%	0.00%	0.01%	0.01%	0.01%	0.01%	0.01%					
Quality & Patient Experience	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Resilience & Specialist Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Support Services	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%					
Foundation Trust	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Human Resources	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Organisational Effectiveness and Education	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Risk & Safety	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
ICT	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Overall	0.26%	0.27%	0.20%	0.24%	0.26%	0.20%	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

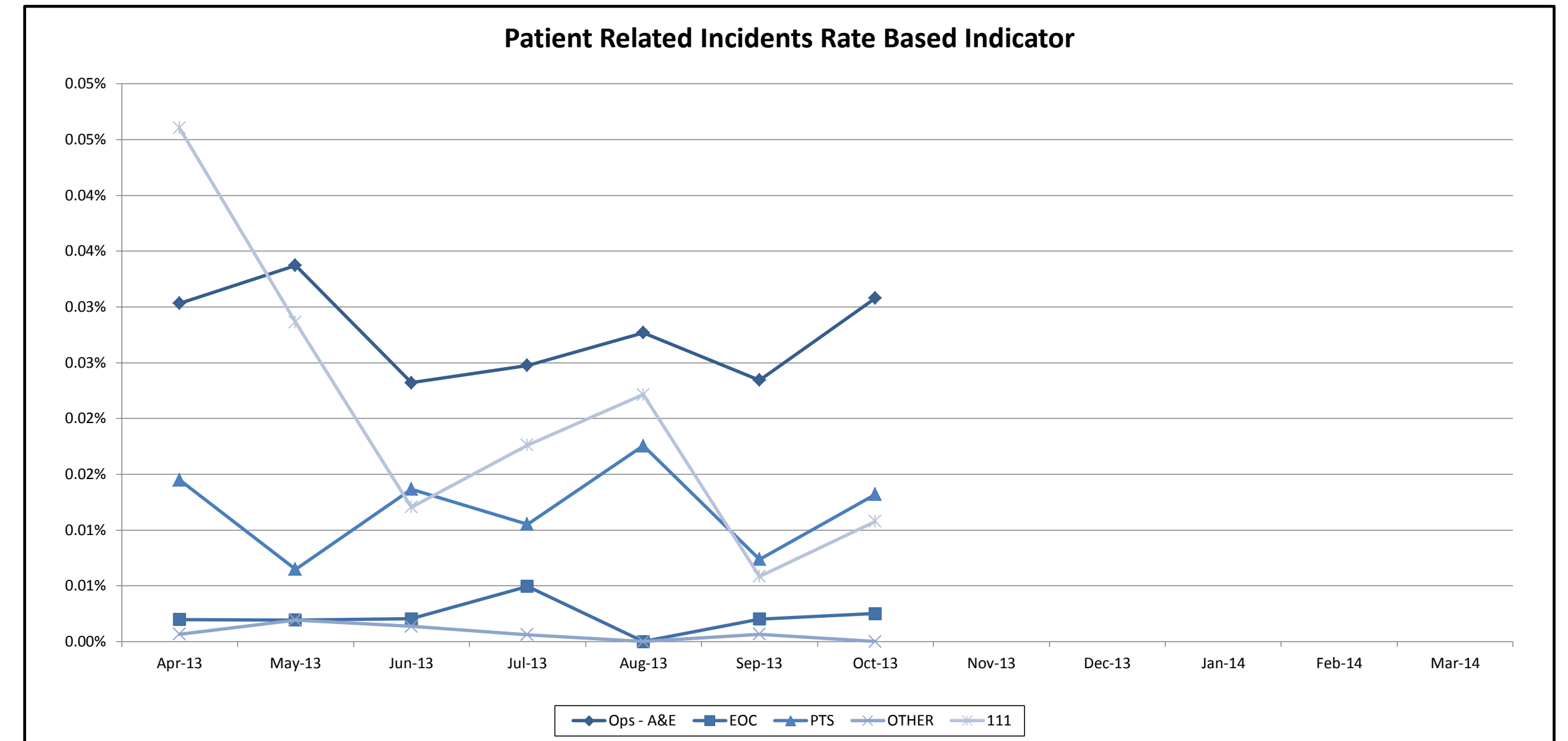
Patient related Incidents

OBJ REF 3



Patient Related Incidents Rate Based Indicator

OBJ REF 3



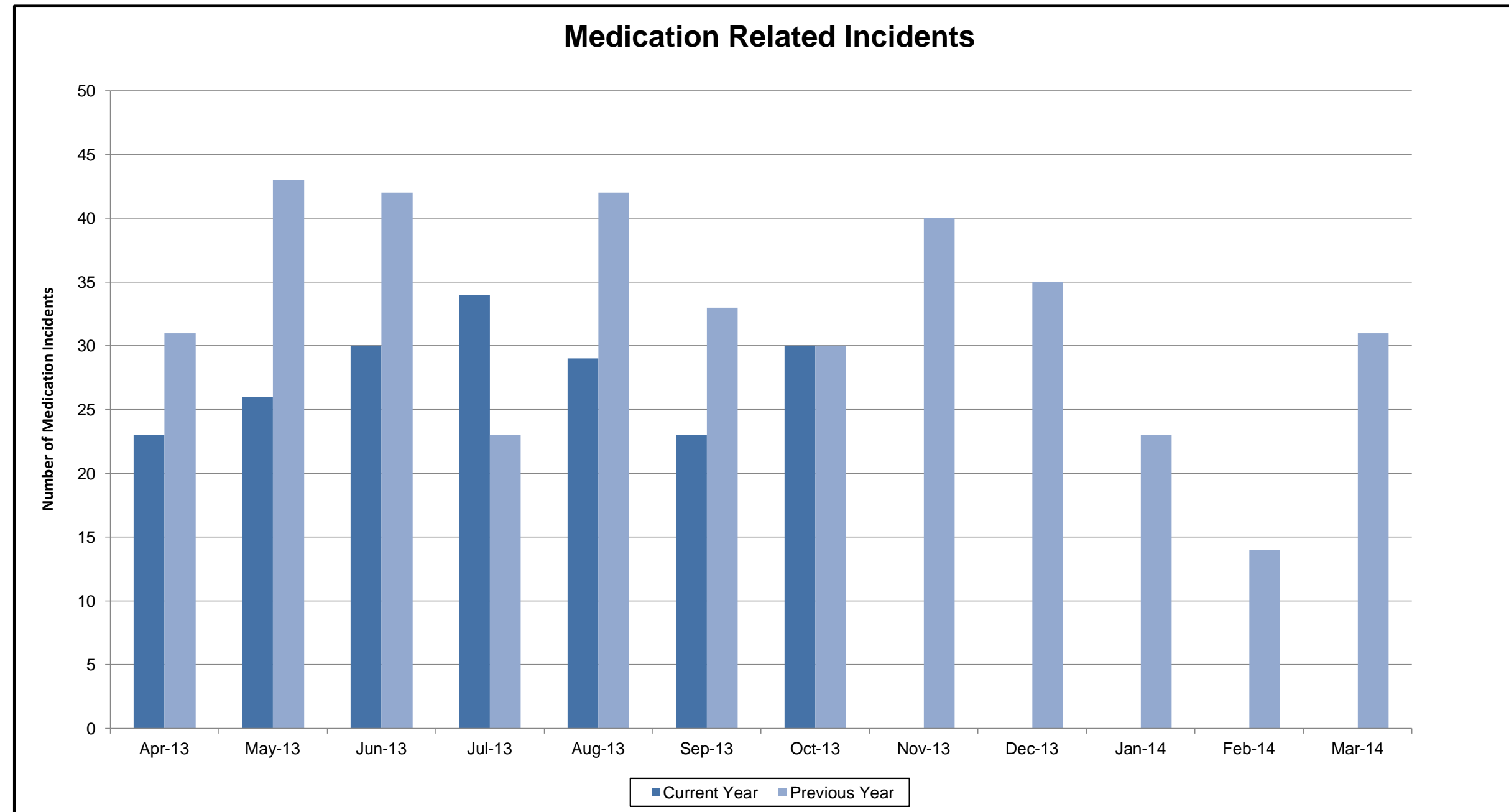
Patient Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	46	52	34	40	41	35	49					
EOC	3	3	3	8	0	3	4					
PTS	22	10	20	17	26	11	21					
111	33	22	9	15	19	5	10					
Medical Operations	0	0	4	1	5	5	7					
OTHER	1	3	2	1	0	1	0					
TOTALS	105	90	72	82	91	60	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%	0.02%	0.03%					
EOC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
PTS	0.01%	0.01%	0.01%	0.01%	0.02%	0.01%	0.01%					
111	0.05%	0.03%	0.01%	0.02%	0.02%	0.01%	0.01%					
Medical Operations	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
OTHER	0.00%	0.00%	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

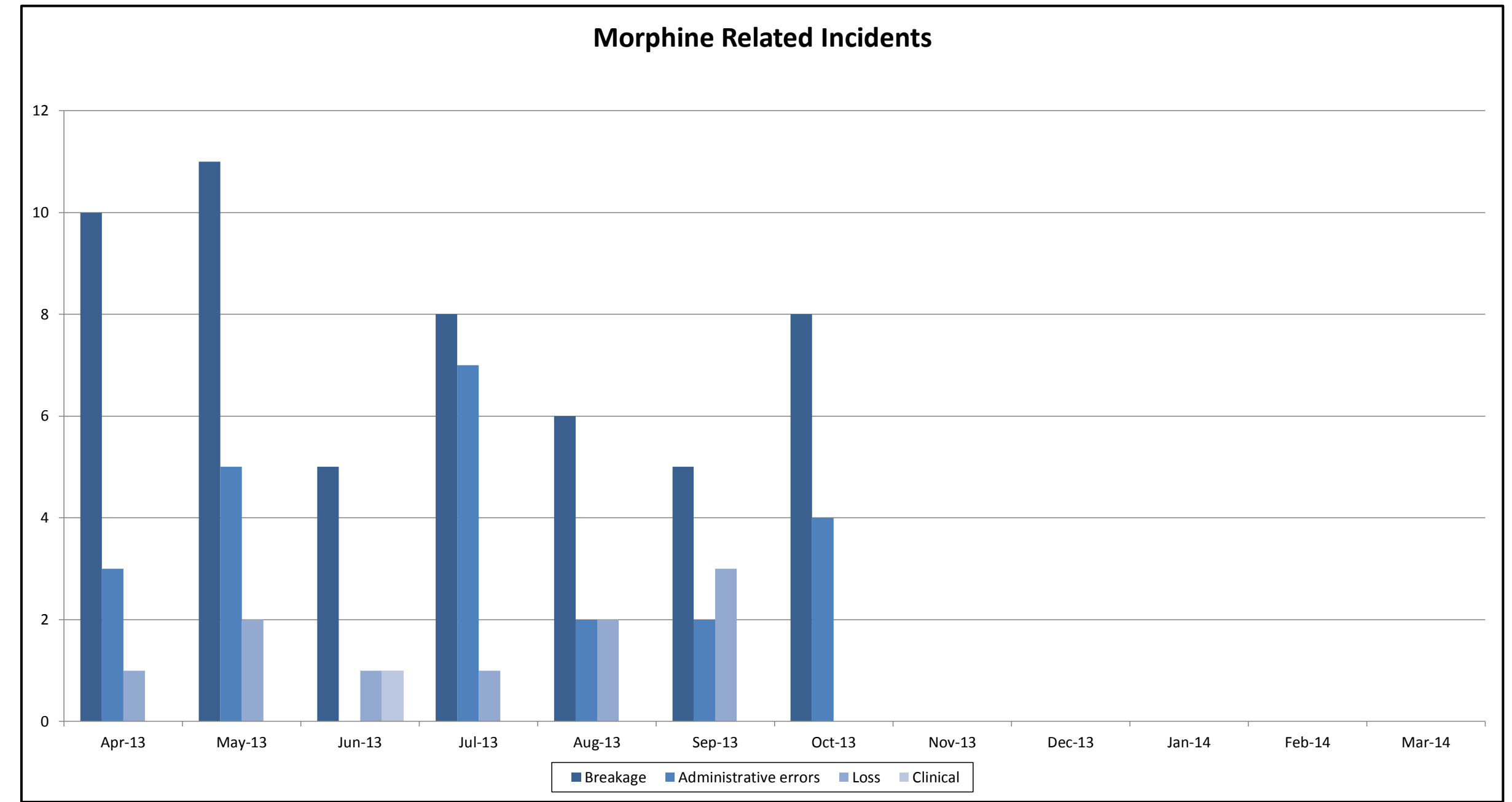
OBJ REF 3



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

Morphine Related Incidents

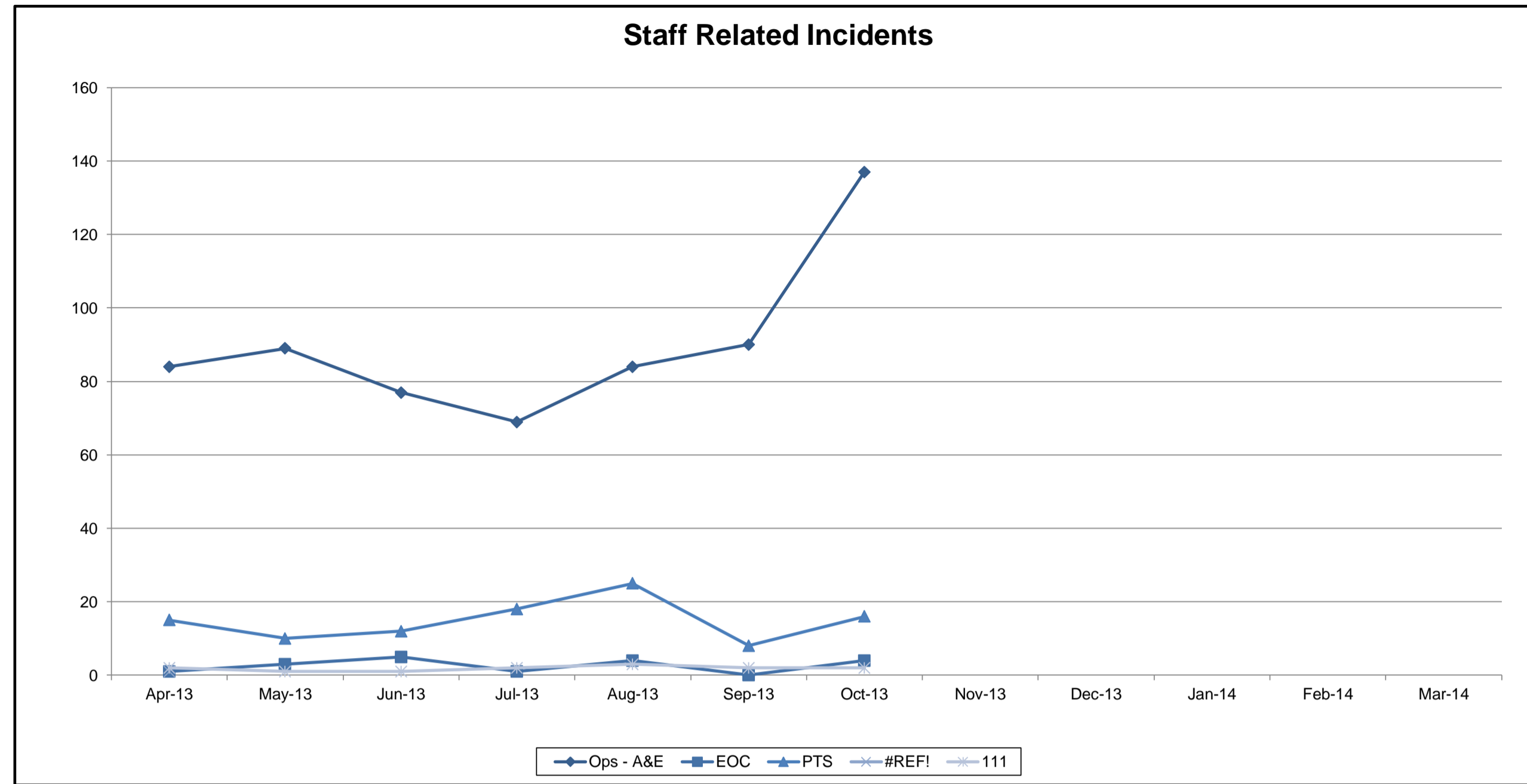
OBJ REF 3



Number of Morphine Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Breakage	10	11	5	8	6	5	8					
Administrative errors	3	5	0	7	2	2	4					
Loss	1	2	1	1	2	3	0					
Clinical	0	0	1	0	0	0	0					
TOTAL (Current Year)	14	18	7	16	10	10	12					
TOTAL (Previous Year)	12	20	20	11	18	13	14	20	14	12	4	12

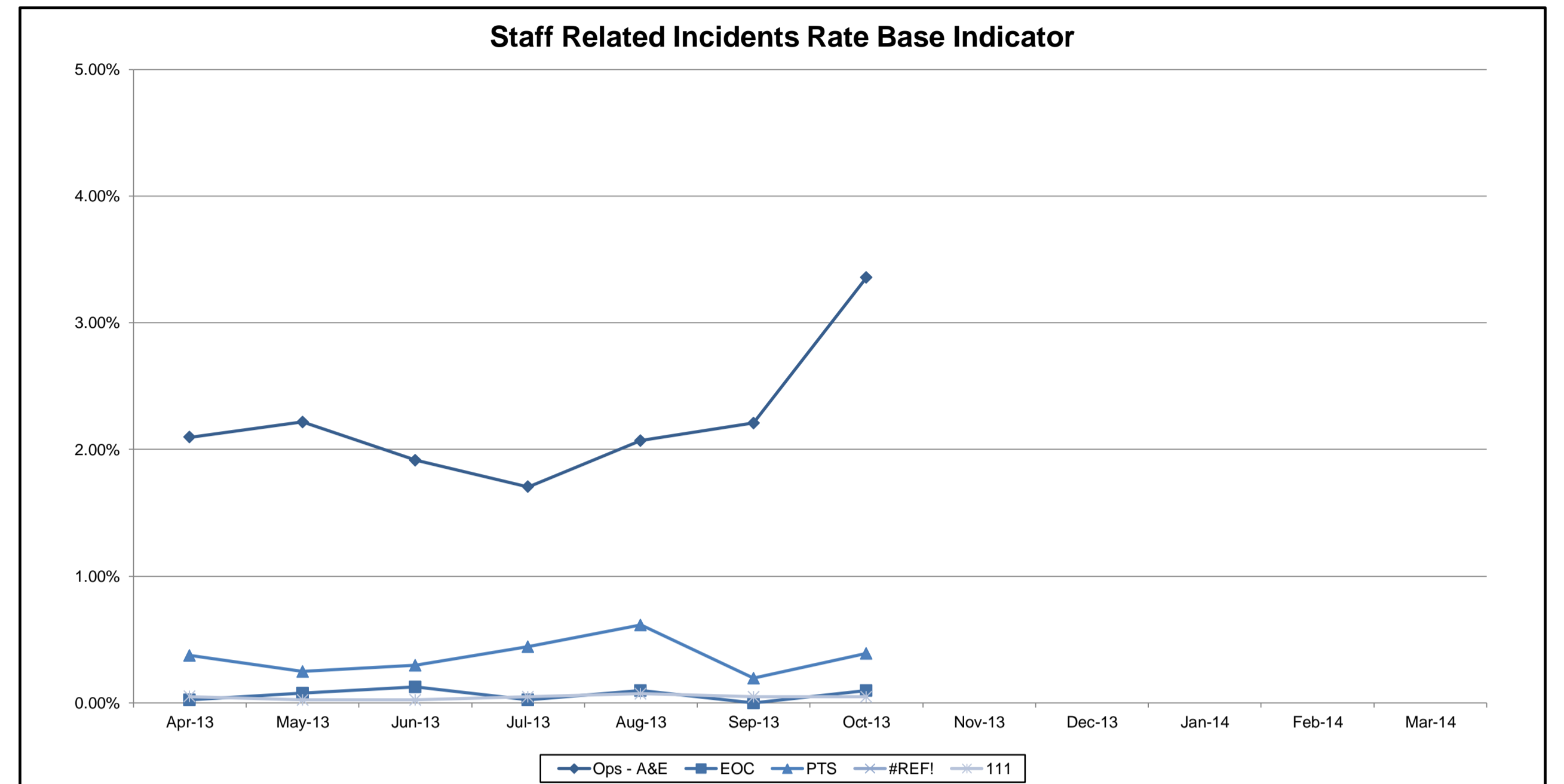
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



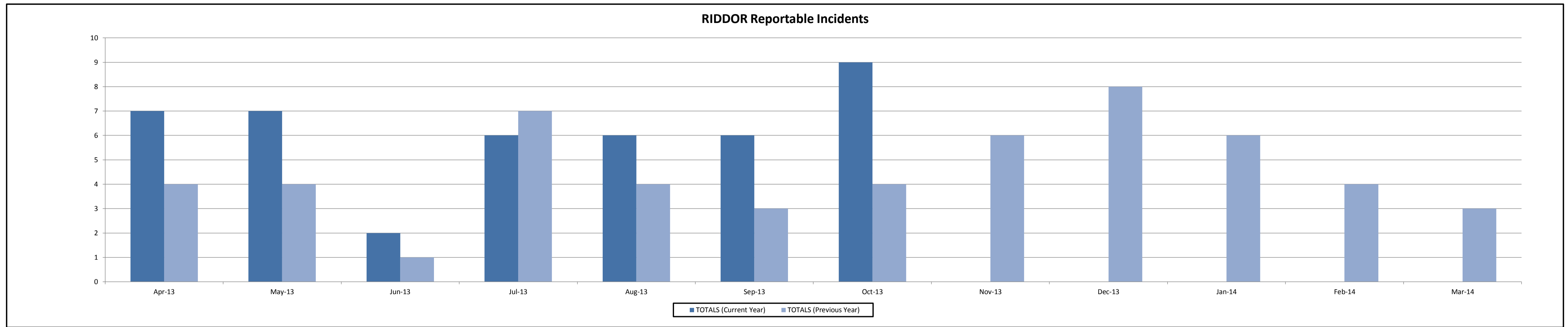
Staff Related Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	84	89	77	69	84	90	137					
EOC	1	3	5	1	4	0	4					
PTS	15	10	12	18	25	8	16					
111	2	1	1	2	3	2	2					
Finance	0	0	1	0	0	2	3					
Medical - Operations	0	0	1	4	11	3	6					
Quality & Patient Experience	0	0	1	2	0	0	0					
Resilience & Specialist Services	0	1	2	2	0	2	2					
Support Services	5	2	1	0	0	2	0					
Foundation Trust	0	0	0	1	0	0	0					
Human Resources	0	0	0	1	0	0	1					
Organisational Effectiveness and Education	0	0	0	1	0	0	0					
Risk & Safety	0	0	0	0	2	0	0					
ICT	1	0	0	0	0	0	0					
TOTALS (Current Year)	108	106	101	101	129	109	171					
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%	2.21%	3.36%					
EOC	0.02%	0.07%	0.12%	0.02%	0.10%	0.00%	0.10%					
PTS	0.37%	0.25%	0.30%	0.44%	0.62%	0.20%	0.39%					
111	0.05%	0.02%	0.02%	0.05%	0.07%	0.05%	0.05%					
Finance	0.00%	0.00%	0.02%	0.00%	0.00%	0.05%	0.07%					
Medical - Operations	0.00%	0.00%	0.02%	0.10%	0.27%	0.07%	0.15%					
Quality & Patient Experience	0.00%	0.00%	0.02%	0.05%	0.00%	0.00%	0.00%					
Resilience & Specialist Services	0.00%	0.02%	0.05%	0.05%	0.00%	0.05%	0.05%					
Support Services	0.12%	0.05%	0.02%	0.00%	0.00%	0.05%	0.00%					
Foundation Trust	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%					
Human Resources	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%					
Organisational Effectiveness and Education	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%					
Risk & Safety	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%					
ICT	0.02%	0.00%	0.00%	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

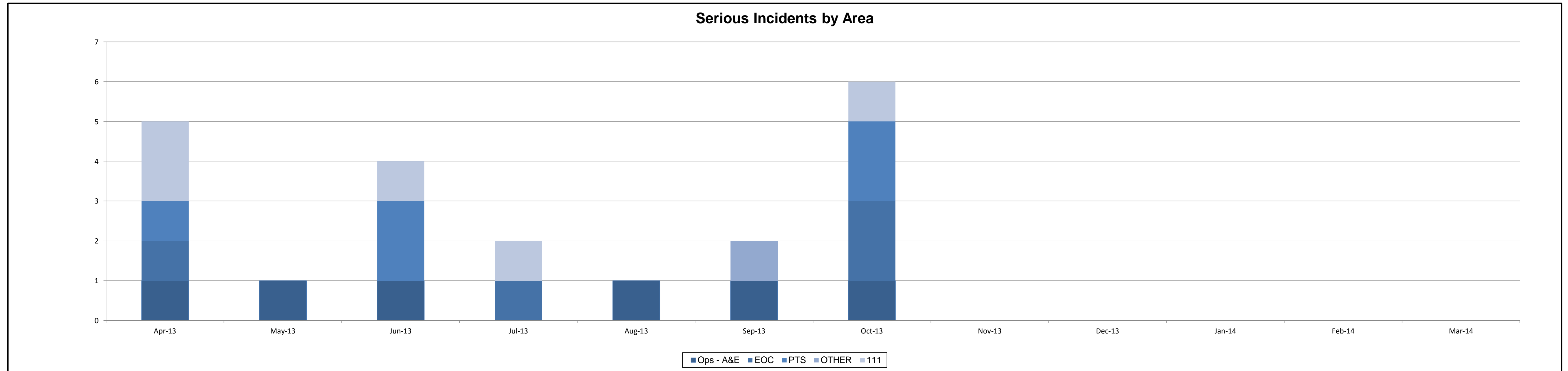


RIDDOR reportable	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
North Yorkshire CBU	0	2	2	0	1	2	2					
East Riding of Yorkshire CBU	4	1	0	2	1	1	1					
Leeds & Wakefield CBU	2	0	0	0	0	1	1					
Bradford, Calderdale and Kirklees CBU	1	3	0	2	2	2	4					
South Yorkshire CBU	0	0	0	2	1	0	0					
Operations PTS	0	1	0	0	0	0	1					
Other Directorates	0	0	0	0	1	0	0					
TOTALS (Current Year)	7	7	2	6	6	6	9					
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	0	0					
Hit by a moving, flying or falling object	1	2	0	0	0	0	0					
Hit by a moving vehicle	1	0	0	1	0	0	0					
Hit by something fixed or stationary	0	1	0	0	0	0	0					
Injured while handling, lifting or carrying	1	3	0	2	1	5	7					
Slip, trip or fall on the same level	1	1	0	0	1	1	2					
Fall from a height	0	0	0	0	0	0	0					
Trapped by something collapsing	0	0	0	0	0	0	0					
Drowned or asphyxiated	0	0	0	0	0	0	0					
Exposed to or in contact with a harmful substance	1	0	1	1	0	0	0					
Exposed to fire	0	0	0	0	0	0	0					
Exposed to an explosion	0	0	0	0	0	0	0					
Contact with electricity or an electrical discharge	0	0	0	0	0	0	0					
Injured by an animal	0	0	0	0	0	0	0					
Physically assaulted by a person	1	0	1	0	1	0	0					
Another kind of accident	1	0	0	2	3	0	0					
Total	7	7	2	6	6	6	9					

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	1	1					
EOC		1	0	0	1	0	0	2					
PTS		1	0	2	0	0	0	2					
111		2	0	1	1	0	0	1					
OTHER		0	0	0	0	0	1	0					
TOTAL (Current Year)		5	1	4	2	1	2	6					
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	2	0	1	0	0	1	2					
Road Traffic Collision	0	0	0	0	0	0	0					
Clinical care	1	1	0	0	0	0	1					
Inadequate clinical assessment	1	0	0	0	0	0	0					
Violence & aggression	0	0	0	0	0	0	0					
Data protection breach	0	0	0	0	0	1	0					
Adverse media attention	0	0	0	0	0	0	0					
Medication related	0	0	0	0	0	0	0					
Patient Fall	0	0	2	0	0	0	1					
Maternity issue	0	0	1	0	0	0	0					
Other	1	0	0	2	1	0	2					
Total	5	1	4	2	1	2	6					

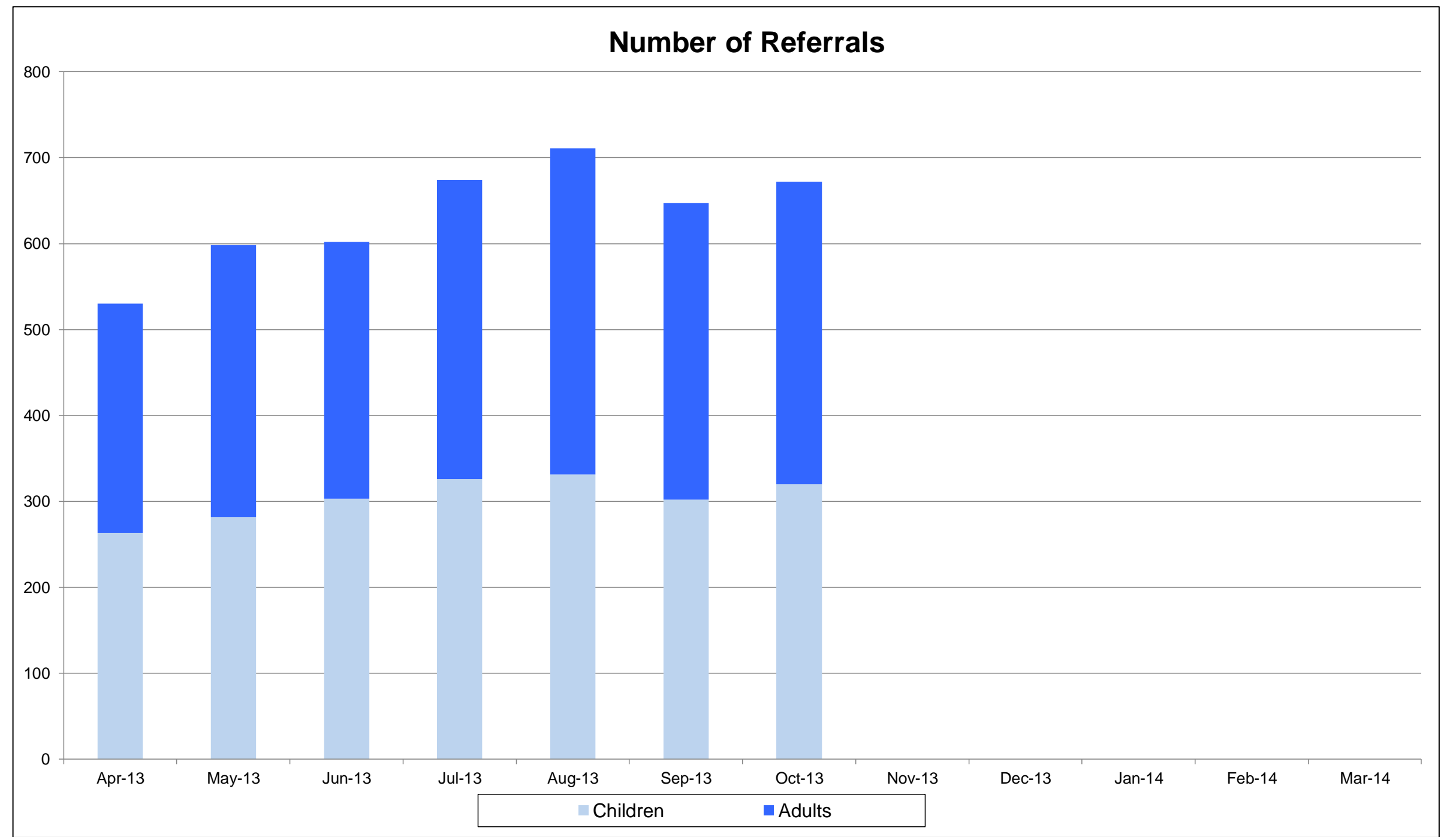
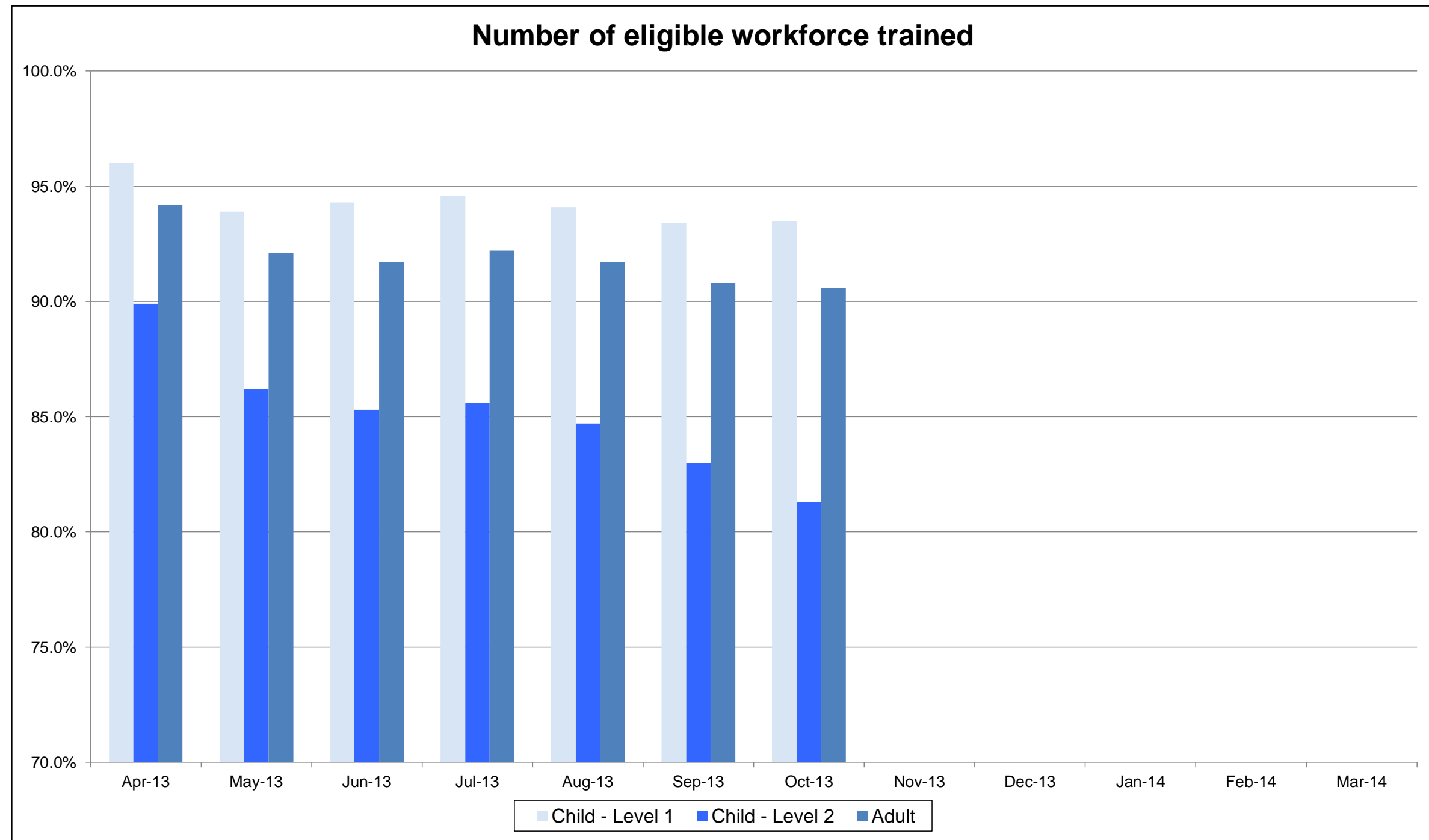
Training Position

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%	93.4%	93.5%					
Child - Level 2	89.9%	86.2%	85.3%	85.6%	84.7%	83.0%	81.3%					
Adult	94.2%	92.1%	91.7%	92.2%	91.7%	90.8%	90.6%					

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	302	320					
Adult Referrals	267	316	299	348	380	345	352					
TOTAL (Current Year)	530	598	602	674	711	647	672					
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 9	CYCLE 10	CYCLE 11	
	June 2012 Results %	Dec 2012 Results %	June 2013 Results %	National Average %
Hypoglycaemia				
H1 - Blood Glucose Recorded before treatment	92.6	98.0	95.2	99.1
H2 - Blood Glucose Recorded after treatment	98.2	92.0	99.6	97.4
H3 - Treatment for Hypoglycaemia Recorded	99.6	98.7	99.6	97.6
H4 – Direct referral made to an appropriate health professional	81.3	88.7	88.4	65.3
HC – Care Bundle H1, H2 and H3	91.2	90.0	95.6	91.3

	CYCLE 8	CYCLE 9	CYCLE 10	
	Feb 2012 Results %	July 2012 Results %	Jan 2013 Results %	National Average
Asthma				
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
Trauma Care - Below Knee Fracture Single Limb Pilot			
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
Paediatric Care - Febrile Convulsion (PILOT)			
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

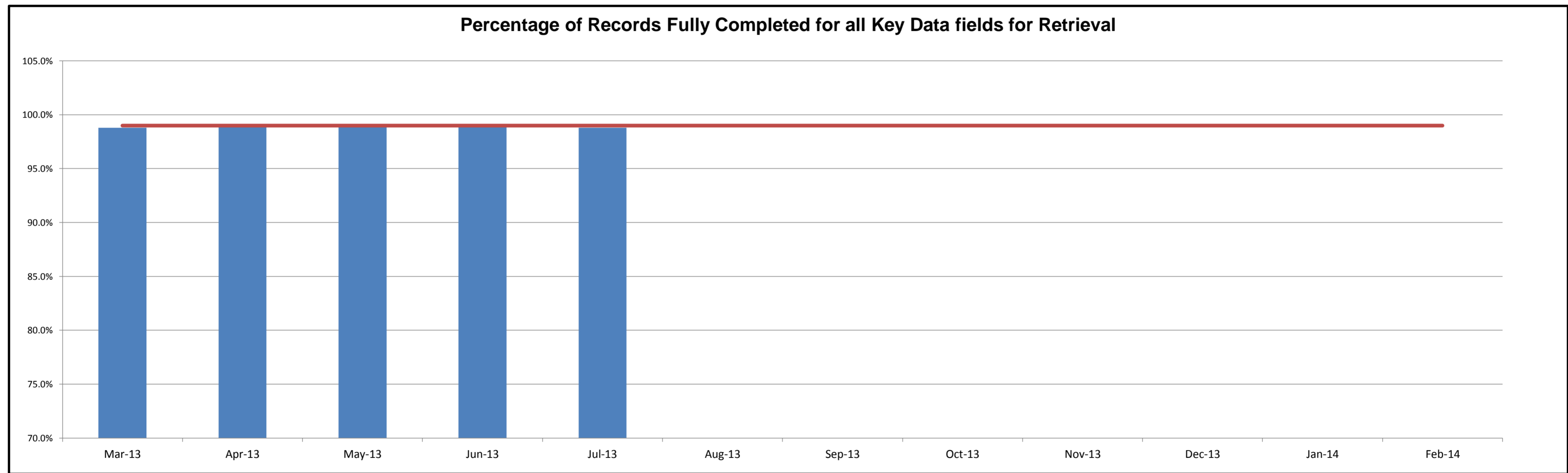
National Audit Programme

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	AMBER	RED	RED	RED	RED	RED	RED					
Hypoglycaemia STeMI												
Asthma MINAP SSNAP												

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	RED	RED					

Patient Report Form Audit



Percentage of Records Fully Completed For All Key Data Fields Used For Retrieval	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Total Forms Scanned	51552	58403	60230	27143	40078							
Total of forms with key data incomplete	621	634	630	290	464							
% of Completed Forms	98.8%	98.9%	99.0%	98.9%	98.8%							

This measure will always be 1 month in arrears
 *New criteria from March 2012 - A PRF must include an incident number together with the pin number of at least one attending clinician otherwise it will be captured in the missing report and counted in the 'Total of forms with key data incomplete'
 Please note at time of publication not all PRF forms have not been scanned/verified for June/July/August 2013 data.

Yorkshire Ambulance Service - Quality - Patient Experience and Involvement

October 2013

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

OBJ REF 1.2 : 3

Complaints, Concerns and Comments		EWI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
EOC Attitude	Communications skills		0	0	1	0	1	0	1						3
	Telephone Manner		0	1	2	1	1	2	0						7
EOC Call Handling	Red AMPDS		1	1	0	0	0	1	0						3
	Green AMPDS		0	0	0	0	0	2	1						3
	Green Clinical Hub		5	2	1	5	4	6	2						25
	Green 111 triage		10	6	3	4	2	5	3						33
	HCP Request		2	1	1	0	1	0	0						5
EOC Delayed Response	Red		3	1	1	0	5	5	6						21
	Green 1, 2, 3, 4		2	7	1	10	4	10	14						48
	IHT		2	4	1	2	3	4	5						21
	Admission		2	2	2	5	2	1	3						17
	Take Home		0	0	0	1	2	0	1						4
	Other		0	0	0	1	0	0	1						2
EOC TOTAL			27	25	13	29	25	36	37						192
Demand Activity (Based on Number of Calls)			64768	66207	64019	70404	66651	64147	68192						464388
% Rate			0.04%	0.04%	0.02%	0.04%	0.04%	0.06%	0.05%						0.04%
A&E Attitude	Lack of Care		5	4	8	9	3	9	4						42
	Communication Skills		4	10	10	6	9	10	10						59
A&E Clinical	Assessment		0	3	3	3	4	5	5						23
	Clinical Handover		0	1	1	0	5	4	5						16
	Treatment		0	3	0	11	0	2	1						17
	Moving & Handling		1	0	2	0	2	1	0						6
A&E Operations	Pathways		2	2	1	4	2	4	1						16
	Operational Procedures		11	7	6	13	8	9	17						71
	Vehicles & Stretchers		1	1	2	2	0	3	1						10
	Driving		4	6	8	8	4	7	9						46
	Other		1	0	1	0	0	0	0						2
A&E TOTAL			29	37	42	56	37	54	53						308
Demand Activity (Based on Number of Responses)			58299	59294	56942	61749	59123	56876	60026						412309
% Rate			0.05%	0.06%	0.07%	0.09%	0.06%	0.09%	0.09%						0.07%

Grade Profile		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Complaints, Concerns & Comments (including Service to Service)	Red	North	0	0	0	0	0	0	0						0
		South	0	0	0	0	0	0	0						0
		Hull & East	0	0	0	0	1	0	0						1
		ABL	0	0	0	0	0	1	0						1
		CKW	1	0	1	0	1	0	0						3
		EOC	0	0	0	0	0	0	1						1
	Total	1	0	1	0	2	1	1							6
	Amber	North	1	0	0	1	0	0	1						3
		South	1	1	0	0	1	2	3						8
		Hull & East	0	3	0	1	0	1	2						7
		ABL	2	1	2	1	4	1	3						14
		CKW	0	0	1	5	1	1	3						11
		EOC	7	4	1	3	4	5	4						28
	Total	11	9	4	11	10	10	16							71
	Yellow	North	4	5	6	10	2	7	4						38
		South	3	4	6	7	6	11	8						45
		Hull & East	1	3	2	3	3	4	3						19
		ABL	5	6	5	6	6	5	6						39
		CKW	5	3	4	7	1	8	2						30
		EOC	18	21	10	24	15	31	31						150
Total	36	42	33	57	33	66	54							321	
Green	North	0	3	2	2	2	5	3						17	
	South	2	3	7	4	3	2	7						28	
	Hull & East	0	2	1	2	0	0	3						8	
	ABL	1	1	2	5	3	5	3						20	
	CKW	4	2	3	1	3	1	2						16	
	EOC	2	0	2	3	6	0	1						14	
Total	9	11	17	17	17	13	19							103	

Compliments		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E/EOC TOTAL		76	51	39	38	17	16	11						248

Concerns, Complaints, Comments and Compliments - PTS

OBJ REF 1.2 : 3

Complaints, Concerns and Comments		EWI	Codes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS Communications	Attitude		C	0	4	2	5	0	2	0						13
	Administration Error		A	1	1	1	3	1	5	0						12
	Call Handling		J	0	0	1	1	0	1	0						3
PTS Operations	Attitude		B	7	7	1	8	4	6	5						38
	Driving		I	2	2	1	0	1	3	4						13
	Vehicle Condition/Comfort		E	0	0	0	1	1	0	1						3
	Non-Attendance/Late to Collect Patient from Home		F H U	6	13	6	14	9	6	6						60
	Patient Early/Late for Appointment		T S	4	3	0	3	5	4	1						20
	Non-Attendance/Late to Collect Patient from Clinic/Hospital		D G V	12	10	16	24	10	18	13						103
	Patient Injury		M N	1	2	1	1	2	0	2						9
	Patient Care		O	1	3	2	2	3	4	3						18
	Vehicle Unsuitable		W	6	4	2	1	6	3	2						24
Time on Vehicle		P	2	1	0	0	1	0	4						8	
PTS Other				9	5	7	5	1	2	2						31
SUB TOTAL 4Cs				51	55	40	68	44	54	43						355
PTS Service-to-Service				101	80	88	92	81	69	58						569
TOTAL				152	135	128	160	125	123	101						924
Demand Activity				93504	95108	89594	99849	89007	92428	99184						658674
% Rate				0.16%	0.14%	0.14%	0.16%	0.14%	0.13%	0.10%						0.1%

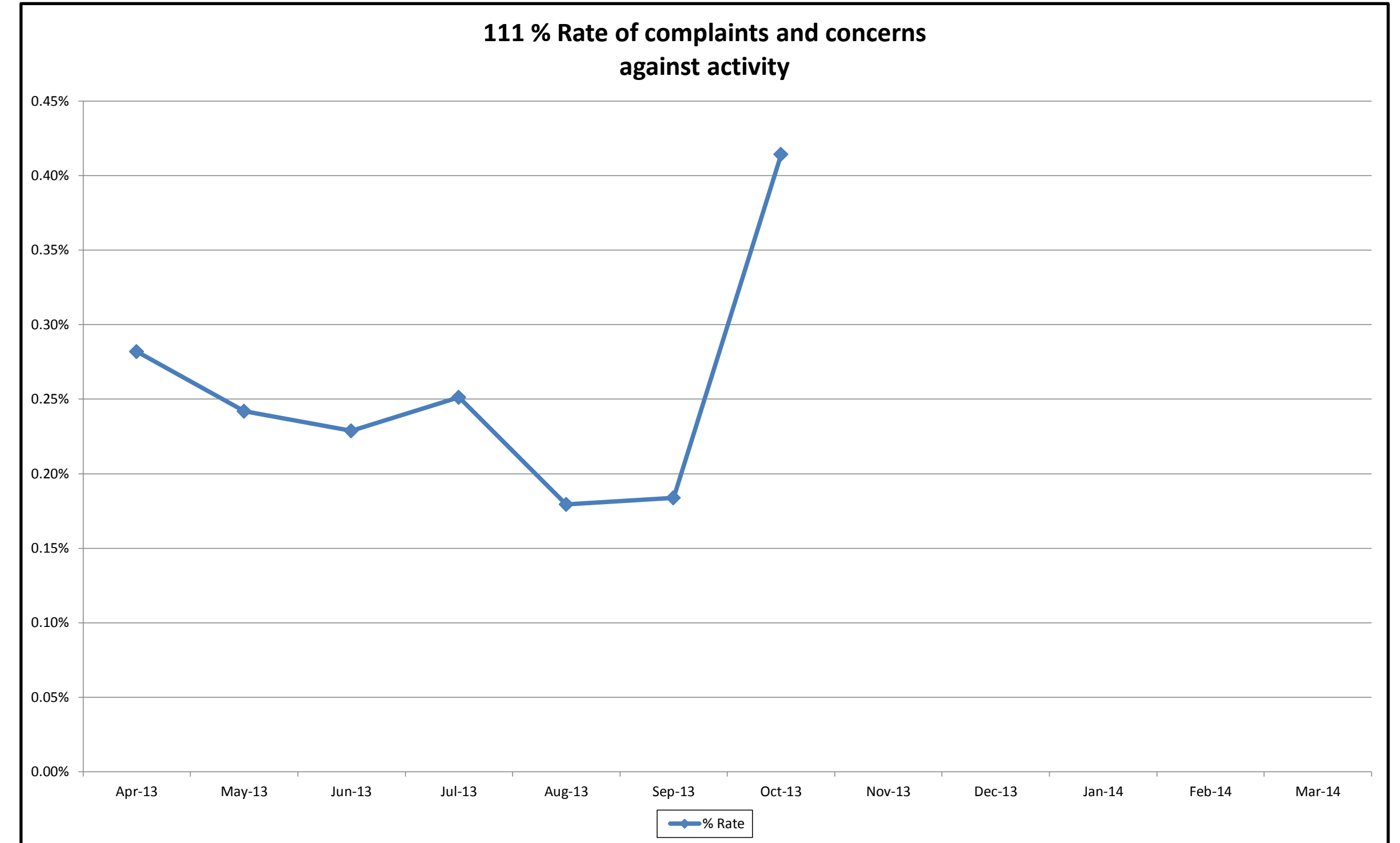
Grade Profile			Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Complaints, Concerns & Comments (Not Service to Service)	Red	North	0	0	0	0	0	0	0						0
		South	0	0	0	0	0	0	0						0
		East	0	0	0	0	0	0	0						0
		West	0	0	0	0	0	0	0						0
		Total	0	0	0	0	0	0	0	0					0
	Amber	North	0	1	1	1	0	0	1						4
		South	0	0	0	0	2	0	0						2
		East	2	2	0	0	0	0	0						4
		West	3	3	0	0	0	0	0						6
		Total	5	6	1	1	2	0	1						16
	Yellow	North	7	3	2	9	8	2	6						37
		South	2	6	4	7	3	3	2						27
		East	3	7	5	8	5	5	5						38
		West	16	5	8	8	6	9	7						59
		Total	28	21	19	32	22	19	20						161
	Green	North	2	2	3	3	6	6	3						25
		South	2	5	6	6	1	11	5						36
		East	3	6	5	4	4	7	10						39
		West	9	15	4	22	5	11	4						70
		Total	16	28	18	35	16	35	22						170

Compliments				Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS TOTAL				5	0	2	1	0	1	1						10

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	0	1						23
Clinical	24	23	8	15	14	9	17						110
Operations	12	4	5	16	5	8	11						61
Sub Total	43	31	20	33	21	17	29						194
HCP Complaints & Concerns	159	155	151	181	133	140	355						1274
GRAND TOTAL	202	186	171	214	154	157	384						1468
Call Activity	71653	76900	74727	85198	85819	85410	92670						572377
% RATE	0.28%	0.24%	0.23%	0.25%	0.18%	0.18%	0.41%						0.26%



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	2	2						4
Clinical					1	1	5						7
Operations					2	1	4						7
Sub Total					3	4	11						18
HCP Complaints & Concerns					1	3	1						5
GRAND TOTAL					4	7	12						23
Call Activity					17931	17237	18664						53832
% RATE					0.02%	0.04%	0.06%						0.04%

Compliments													
	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
111	9	26	13	14	13	6	8						89
LCD							2						2

Concerns, Complaints, Comments - Response Times

OBJ REF 1.2 : 3

A&E by CBU		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
North	Within 1 Working Day	0	1	0	2	0	0							3
	2 - 24 Working Days	5	5	12	10	5	6							43
	>25 Working Days	1	2	9	12	2	6							32
	Average Response Times	0	0	0	0	0	0							0
South	Within 1 Working Day	2	0	2	1	0	0							5
	2 - 24 Working Days	3	7	17	8	5	9							49
	>25 Working Days	4	1	10	7	6	6							34
	Average Response Times	0	0	0	0	0	0							0
Hull & East	Within 1 Working Day	0	0	0	0	1	0							1
	2 - 24 Working Days	3	4	3	4	3	1							18
	>25 Working Days	0	4	3	7	4	4							22
	Average Response Times	0	0	0	0	0	0							0
ABL	Within 1 Working Day	1	0	0	0	0	1							2
	2 - 24 Working Days	6	3	9	13	3	4							38
	>25 Working Days	1	5	12	11	11	7							47
	Average Response Times	0	0	0	0	0	0							0
CKW	Within 1 Working Day	5	0	0	0	1	1							7
	2 - 24 Working Days	5	3	13	6	7	4							38
	>25 Working Days	6	2	14	11	5	5							43
	Average Response Times	0	0	0	0	0	0							0
EOC	Within 1 Working Day	4	1	0	0	1	2							8
	2 - 24 Working Days	19	7	8	9	14	23							80
	>25 Working Days	5	17	7	23	10	11							73
	Average Response Times	0	0	0	0	0	0							0

PTS by Consortia		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
North	Within 1 Working Day	0	0	0	0	0	0							0
	2 - 24 Working Days	6	4	3	7	10	7							37
	>25 Working Days	2	1	4	6	7	14							34
	Average Response Times	0	0	0	0	0	0							0
South	Within 1 Working Day	0	0	0	2	0	0							2
	2 - 24 Working Days	3	6	10	8	3	11							41
	>25 Working Days	2	2	2	6	4	3							19
	Average Response Times	0	0	0	0	0	0							0
East	Within 1 Working Day	0	1	0	2	0	0							3
	2 - 24 Working Days	8	8	11	3	10	11							51
	>25 Working Days	4	4	5	8	0	1							22
	Average Response Times	0	0	0	0	0	0							0
West	Within 1 Working Day	0	0	0	1	1	1							3
	2 - 24 Working Days	26	18	16	15	7	14							96
	>25 Working Days	6	3	2	15	3	5							34
	Average Response Times	0	0	0	0	0	0							0

Please Note: This data is 1 month in arrears

Reopened Complaints & Concerns													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E	2	7	5	0	0	2							16
EOC	0	0	2	0	0	2							4
PTS	0	1	2	4	0	2							9
111	0	14	3	2	0	0							19

Ombudsman Referrals													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E	0	1	1	0	0	0							2
EOC	0	0	0	3	0	0							3
PTS	0	0	0	0	0	0							0
111	0	0	0	0	0	0							0

Referrals Accepted													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E	0	0	0	0	0	0							0
EOC	0	0	1	0	0	0							1
PTS	0	0	0	0	0	0							0
111	0	0	0	0	0	0							0

Cases Upheld													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E	0	0	0	0	0	0							0
EOC	0	0	0	0	0	0							0
PTS	0	0	0	0	0	0							0
111	0	0	0	0	0	0							0

A&E Patient Experience Survey

OBJ REF 1.2 : 3

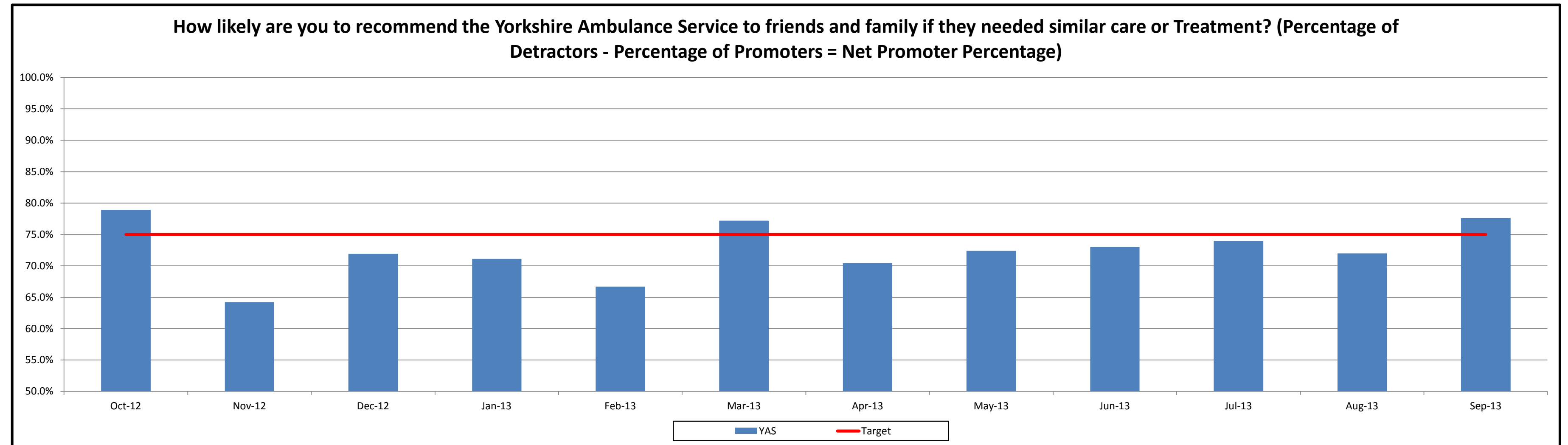
YTD RAG

AMBER



MTD RAG

GREEN



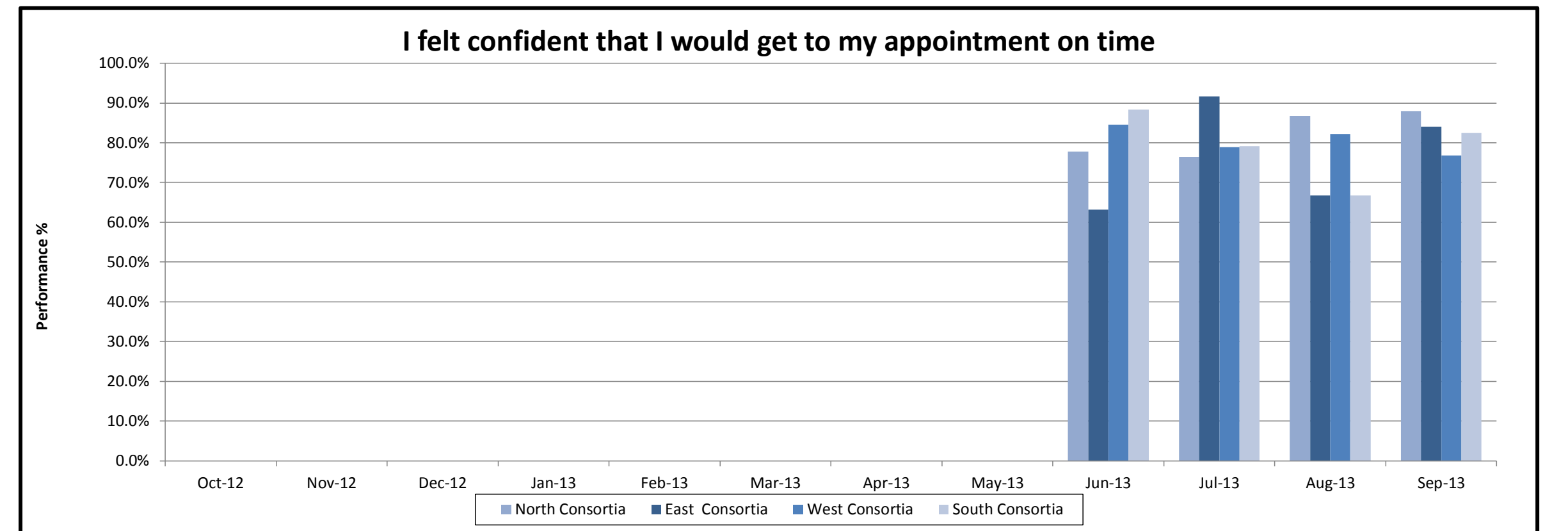
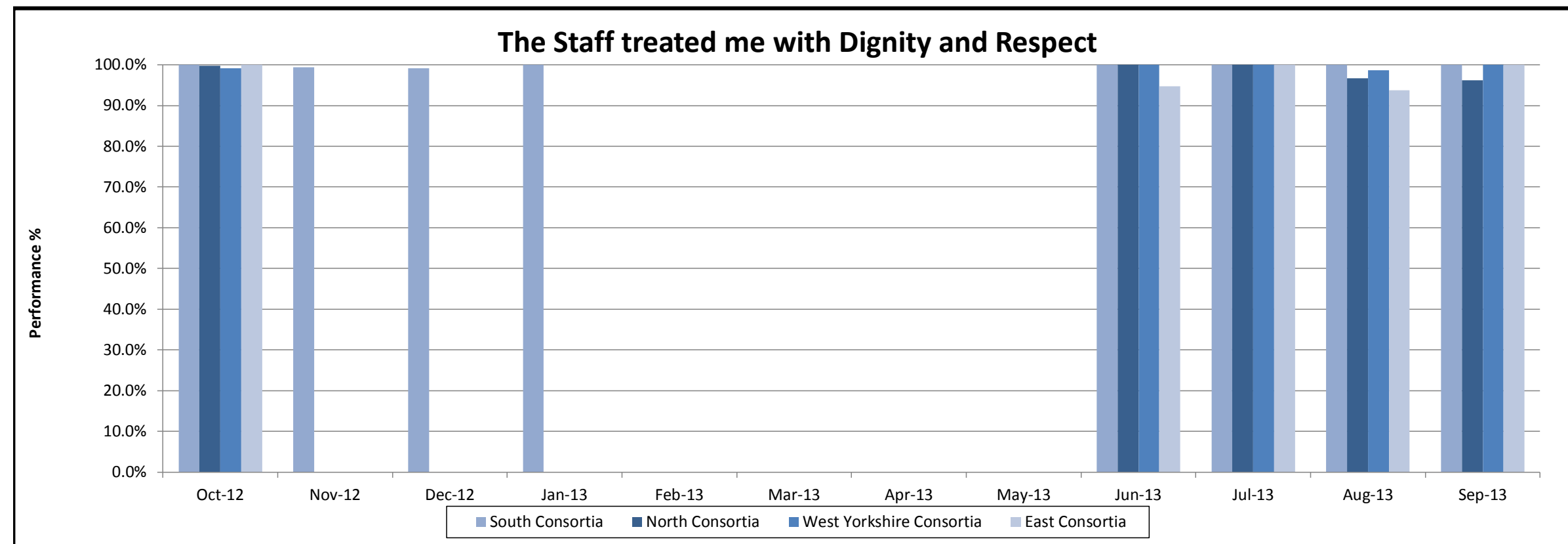
Overall Service	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
North Yorkshire CBU	87.1%	55.8%	75.9%	85.7%	66.7%	77.3%	69.2%	90.5%	87.0%	95.7%	82.8%	84.0%
East Yorkshire CBU	82.0%	60.0%	69.6%	61.5%	68.4%	77.4%	60.7%	48.3%	71.4%	59.1%	64.0%	75.0%
Calderdale, Kirklees & Wakefield CBU	79.2%	66.7%	97.0%	86.7%	66.7%	53.6%	72.7%	86.2%	81.8%	73.3%	82.5%	75.0%
Leeds, Bradford & Airedale CBU	84.2%	79.1%	82.6%	66.7%	56.3%	83.3%	83.9%	64.0%	56.3%	83.3%	76.9%	58.3%
South Yorkshire CBU	63.4%	65.7%	74.1%	65.0%	66.7%	83.8%	68.8%	74.5%	82.5%	76.1%	73.2%	83.3%
Unknown Area	79.4%	50.0%	31.4%	40.0%	90.9%	88.9%	65.5%	75.0%	35.3%	63.8%	29.4%	87.5%
YAS	78.9%	64.2%	71.9%	71.1%	66.7%	77.2%	70.4%	72.4%	73.0%	74.0%	72.0%	77.6%
YAS variance to previous Month		-14.7%	7.7%	-0.9%	-4.4%	10.5%	-6.8%	2.0%	0.6%	0.9%	-1.9%	5.6%

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

PTS Patient Experience Survey

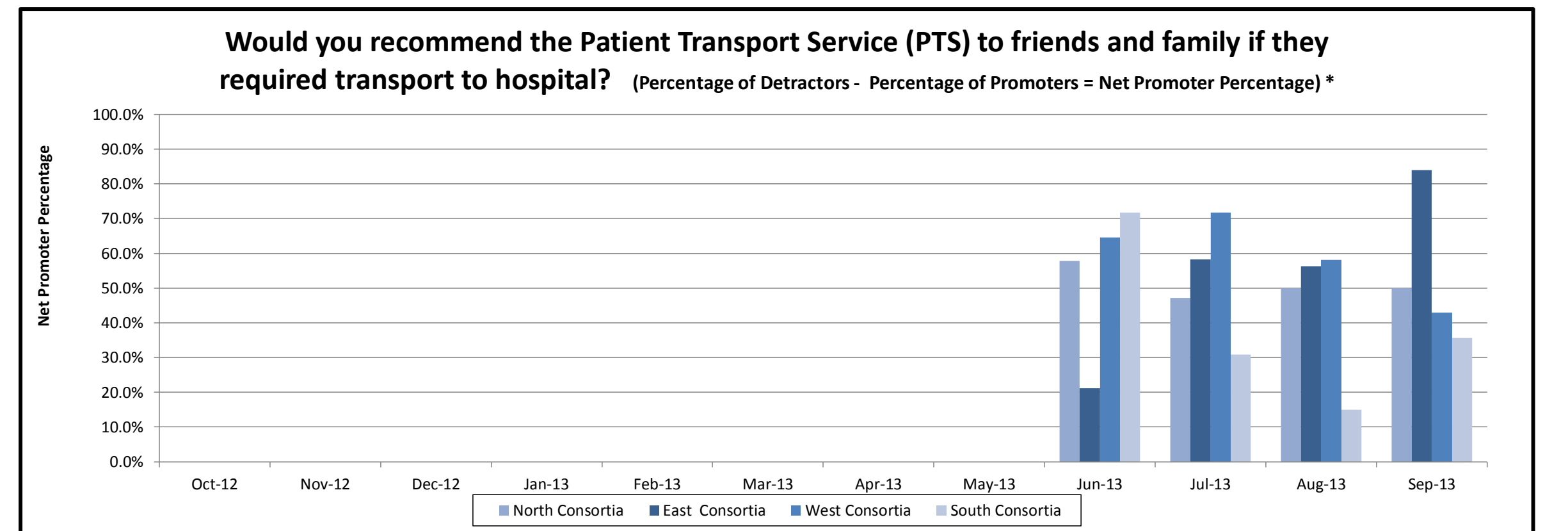
OBJ REF 1.2 : 3

←	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
North Consortia	99.7%								100.0%	100.0%	96.7%	96.2%
East Consortia	100.0%								94.7%	100.0%	93.8%	100.0%
West Yorkshire Consortia	99.1%								100.0%	100.0%	98.6%	100.0%
South Consortia	100.0%	99.4%	99.2%	100.0%					100.0%	100.0%	100.0%	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
North Consortia									77.8%	76.5%	86.7%	88.0%
East Consortia									63.2%	91.7%	66.7%	84.0%
West Consortia									84.6%	78.9%	82.2%	76.8%
South Consortia									88.4%	79.2%	66.7%	82.4%



	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
North Consortia									100.0%	100.0%	96.7%	92.3%
East Consortia									94.7%	100.0%	93.8%	100.0%
West Consortia									100.0%	100.0%	97.3%	100.0%
South Consortia									100.0%	97.5%	98.2%	98.9%

	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
North Consortia									57.9%	47.1%	50.0%	50.0%
East Consortia									21.1%	58.3%	56.3%	84.0%
West Consortia									64.6%	71.7%	58.1%	42.9%
South Consortia									71.8%	30.8%	15.0%	35.6%

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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YTD RAG	GREEN
MTD RAG	GREEN

COMPLIANCE									Comments
Outcome	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13		Actions Changes since last Report
1 Respecting and involving people who use services	Green	Green	Yellow	Yellow	Yellow	Yellow	Yellow		
2 Consent to care and treatment	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
4 Care and welfare of people who use services	Orange	Orange	Green	Yellow	Yellow	Yellow	Yellow		
5 Meeting nutritional needs	Grey	Grey	Grey	Grey	Grey	Grey	Grey		
6 Cooperating with other providers	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
7 Safeguarding people who use services from abuse	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
8 Cleanliness and infection control	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
9 Management of medicines	Yellow	Yellow	Orange	Orange	Orange	Yellow	Yellow		
10 Safety and suitability of premises	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
11 Safety, availability and suitability of equipment	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
12 Requirements relating to staff	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
13 Staffing	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
14 Supporting workers	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
16 Assessing/Monitoring quality	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		
17 Complaints	Green	Green	Green	Green	Green	Yellow	Yellow		
18 Records	Green	Green	Yellow	Yellow	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 the Trust in July 13 as part of the TDA process. There were 2 minor concerns identified in relation to the management of medicines and supporting workers standards. An action plan to address these issues was submitted to the CQC on 1st October 2013. The actions will be monitored as part of the Trust's Quality Governance Development Plan.
Notifications to CQC	None

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

Compliance Assurance Group - Progress report
Quality and Risk Profiles for all NHS Trusts are no longer used by the CQC. This will be replaced by a new Intelligence model which has been completed for acute Trusts and is currently under development for the ambulance service. Compliance against the new model will be reported once this is in place. The Quality and Risk profiles will be removed from future IPR submissions

A final external review of the Board Quality Governance memorandum and Quality Governance arrangements has been completed by Deloitte and reported a compliant position with a score of 3.0.

Information Governance

OBJ REF 3

Freedom of Information (FOI) Requests	This Month	Year to Date
New FOI requests received	32	174
Number acknowledged within 1 day	20	
Number of FOI requests due a response in month	19	
Number responded to within 20 days	16	
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	55	367	92%	99%
Police requests	136	815		
Witness Statements / Police Interviews	58	275		
	This Month	Year to Date		
Coroner Requests	34	172		

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	GREEN	GREEN					

Comments

Data Protection Act (DPA) Requests

Workload has risen dramatically this month, with an approximate 33% increase in SARs, police requests and interviews and a 100% uplift in Coroner requests for information from the previous month. Compliance with Data Protection timescales remains satisfactory but is likely to be compromised in the near future due to the increased workload in the department.



Section 4

Workforce



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	4.3	7/7	PDR %	Details of all non compliant PDRs have been sent to all Directors. Specific instruction has been given by the Chief Executive to Directors and Senior Managers to address the situation in the next month.	Directors and Managers	On-going	AMBER
RED	4.4	7/7	Sickness / Absence %	Overall sickness absence continues to show a slight improvement and it is some 0.8% better than the same period last year. Revisions to the attendance management policy should be put in place in January which will require a more assertive approach. Absence levels in 111 remain a particular concern. This team has recently attended a deep dive meeting where assurances were given regarding future improvements. On-going national uncertainty regarding Unsocial Hours deductions and sick pay may detrimentally affect the ability to deliver the year end target.	All Directors and Managers	Immediate	AMBER

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

Lost working time due to sickness absence: Overall Operations absence has decreased from previous months and is now below 5% for the second time this financial year. PTS has now moved to become part of the Financial Directorate and has seen a steady downward trend from the beginning of the financial year. EOC absence continues to be above the target 5% and this month is currently running at 6.20% - stress/anxiety being the highest factor. For the second month in a row Resilience & Special Services have the lowest level of absence (3.15% for October) Corporate areas are impacted disproportionately because of relatively low numbers. NHS 111 & Urgent Care is now showing a rate of 11.21% absence rate this month. It would appear that the under reporting has now been rectified.

Performance Development Reviews (PDRs) show a slight decrease on previous month and is now 67%. PDR compliance within Standards & Compliance Directorate is affected by NHS 111 & Urgent Care Division however, they have shown a large increase on last months PDR compliance of 13.64% to 51.6%. A action plan to improve the Quality of PDR's has been implemented, this includes the provision of new guidance notes and access to Training for all Appraising Managers/Supervisors.

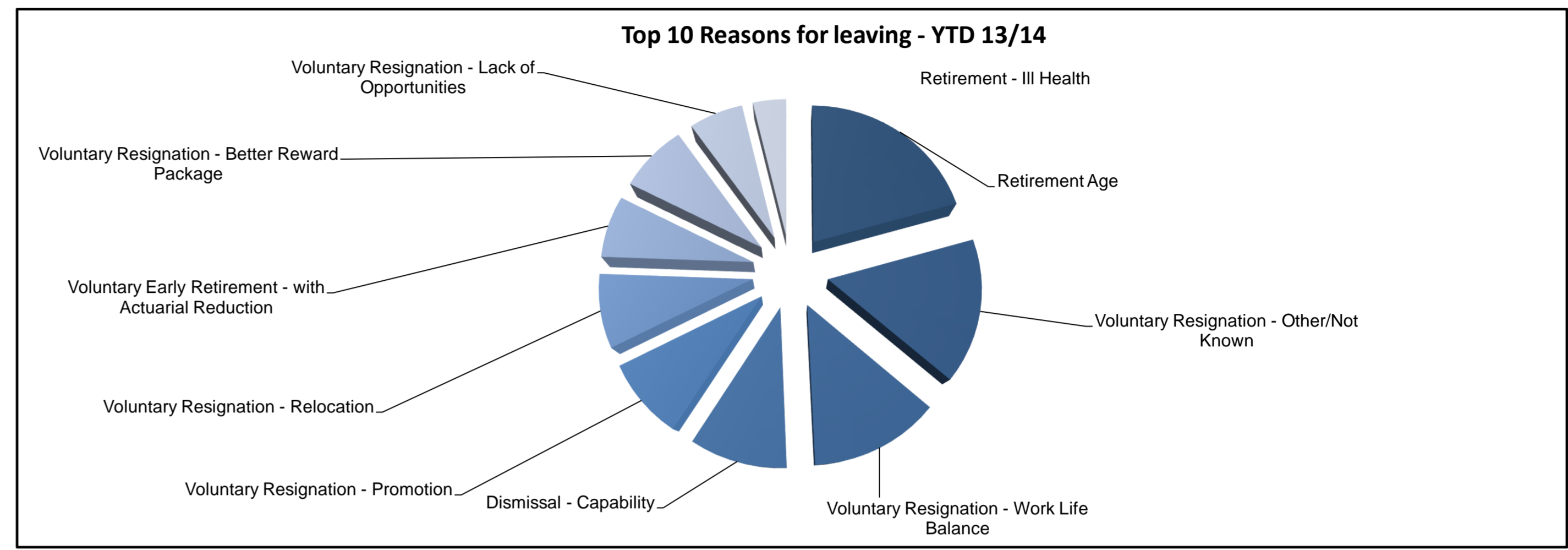
Statutory and Mandatory Workbook remains at Green RAG status. The new Statutory & Mandatory workbook for 2013-15 has now been distributed to all staff. Figures within the IPR represent the completion of the combined total of new and old workbooks. The next IPR figures will include the compliance figures for the completion of the Statutory and Mandatory Training Workbook 2013-15 as the compliance target for completion should be 90% by the end of the financial year.

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

Recruits & Leavers	OBJ REF	1.1
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Leavers	OBJ REF	1.1
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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	1.0	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	1.0	0.6					
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	2.7	18.8					
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	0.0	0.0					
Workforce & Strategy FTE (Previous Year)	0.0	1.4	0.0	1.0	1.0	0.0	0.0	0.0	2.0	2.0	2.0	1.0
Operations FTE	18.9	15.9	19.5	42.4	28.5	50.4	31.0					
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	9.3	1.3					
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	64.4	51.6					
Total FTE (Previous Year)	7.3	16.4	16.4	24.2	13.6	16.5	11.1	31.9	8.6	97.6	102.3	79.2



Leavers	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Chief Executive FTE	0.0	0.0	2.0	0.0	0.0	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	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	4.8	5.8					
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	4.0	0.0					
Workforce & Strategy FTE (Previous Year)	2.8	1.0	0.0	0.0	3.0	1.0	1.0	0.0	2.8	0.0	2.0	3.0
Operations FTE	14.3	10.2	22.2	21.7	23.1	26.5	6.3					
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	8.9	5.8					
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	44.2	19.7					
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	5.6	3.9						38.5
Voluntary Resignation - Other/Not Known	6.3	2.5	2.0	3.6	6.1	6.8	2.0						29.3
Voluntary Resignation - Work Life Balance	0.1	3.9	7.0	2.9	2.3	5.5	2.6						24.3
Dismissal - Capability	4.0	2.0	4.0	1.0	3.9	1.8	1.4						18.1
Voluntary Resignation - Promotion	2.7	1.0	4.0	0.0	5.6	2.6	0.0						15.9
Voluntary Resignation - Relocation	0.0	2.0	2.0	2.5	3.6	3.1	1.8						15.0
Voluntary Early Retirement - with Actuarial Reduction	1.0	0.0	5.0	0.8	2.0	3.0	1.0						12.8
Voluntary Resignation - Better Reward Package	0.0	1.0	0.0	3.0	2.8	4.8	2.8						14.4
Voluntary Resignation - Lack of Opportunities	1.0	0.0	1.0	1.0	3.4	4.0	1.0						11.4
Retirement - Ill Health	1.0	0.0	1.0	2.0	1.0	2.0	0.0						7.0
Redundancy - Compulsory	0.0	0.0	1.0	3.2	0.0	2.0	1.4						7.6
Voluntary Early Retirement - no Actuarial Reduction	0.7	1.0	2.0	0.0	0.0	1.0	0.0						4.7
Voluntary Resignation - Health	0.0	0.0	1.5	0.0	0.0	1.0	0.0						2.5
End of Fixed Term Contract - Other	0.0	0.4	0.0	1.0	0.0	1.0	0.9						3.3
Dismissal - Some Other Substantial Reason	0.0	1.0	0.0	1.0	0.0	0.0	1.0						3.0
Dismissal - Conduct	0.0	0.5	1.0	0.0	0.0	0.0	0.0						1.5
Voluntary Resignation - Adult Dependants	0.0	1.0	0.0	0.5	0.0	0.0	0.0						1.5
Voluntary Resignation - Child Dependants	0.0	0.0	1.0	0.0	0.0	0.0	0.0						1.0
Death in Service	0.0	0.0	0.0	1.0	0.0	0.0	0.0						1.0
Dismissal - Statutory Reason	0.0	0.0	0.0	1.0	0.0	0.0	0.0						1.0
Voluntary Resignation - Incompatible Working Relationships	0.5	0.0	0.0	0.0	0.0	0.0	0.0						0.5
Redundancy - Voluntary	0.0	0.0	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	0.0						0.0
Initial Pension Ended	0.0	0.0	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	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	0.0						0.0
Bank Staff not fulfilled minimum work requirement	0.0	0.0	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	0.0						0.0
Has Not Worked	0.0	0.0	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	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%	83%	100%					
Clinical	83%	83%	73%	90%	77%	76%	63%					
Finance & Performance	75%	67%	76%	76%	73%	74%	60%					
Operations	65%	69%	72%	73%	69%	67%	72%					
Standards & Compliance	79%	9%	6%	7%	7%	14%	48%					
Workforce & Strategy	80%	87%	86%	76%	70%	67%	79%					
TRUST TOTAL (Current Year)	61%	64%	66%	67%	64%	62%	67%					
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%	50%	83%					
Clinical	94%	94%	91%	88%	79%	78%	78%					
Finance & Performance	87%	87%	86%	87%	86%	87%	80%					
Operations	90%	90%	90%	91%	90%	89%	90%					
Standards & Compliance	79%	79%	76%	83%	80%	80%	78%					
Workforce & Strategy	96%	94%	95%	94%	92%	92%	96%					
TRUST TOTAL (Current Year)	89%	89%	88%	90%	89%	88%	86%					
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
New Workbooks were released October 2013

Short/Long Term Absence

EWI

OBJ REF

1.1

YTD RAG

RED

MTD RAG

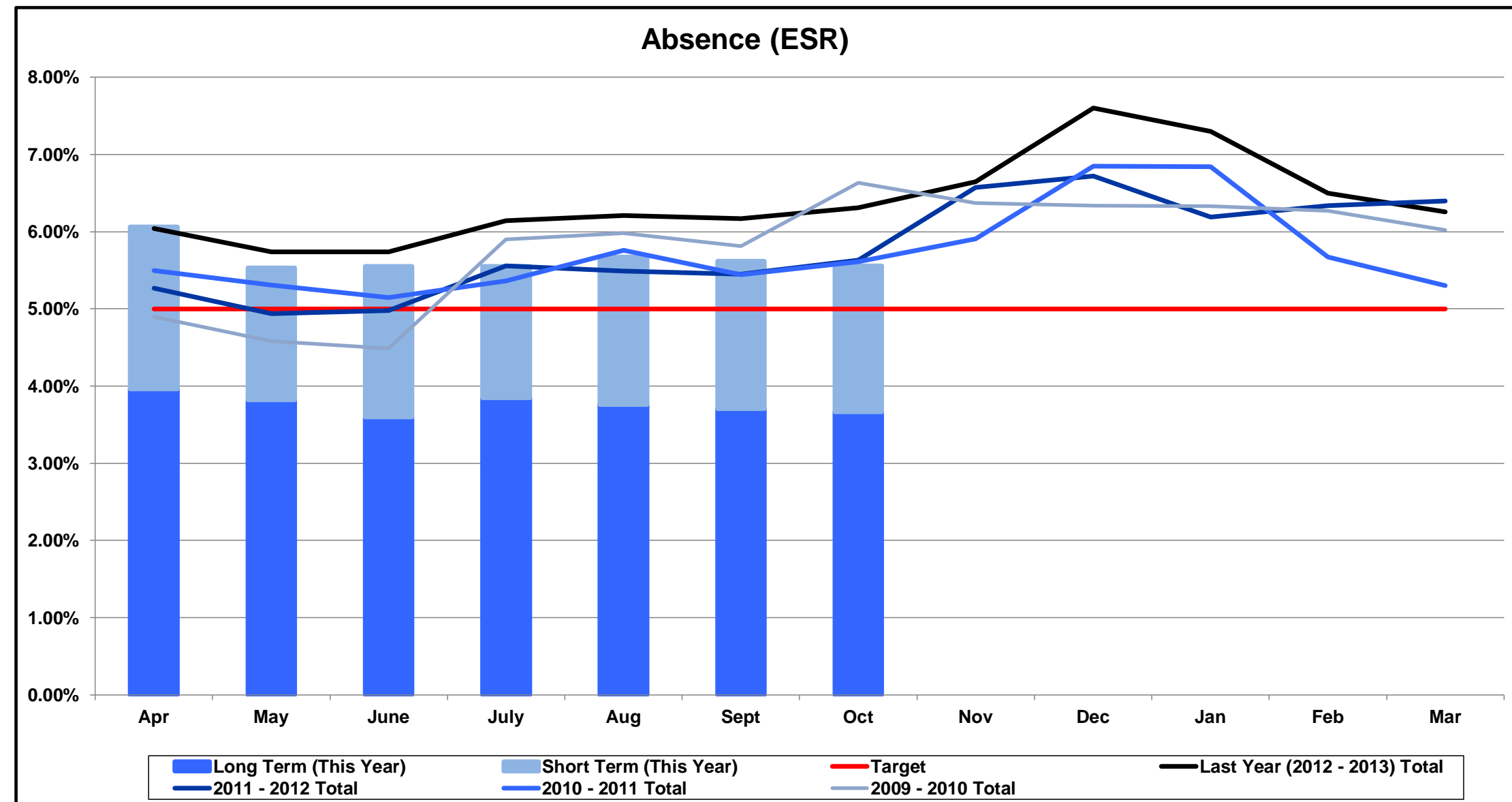
RED

Reason for Absence

EWI

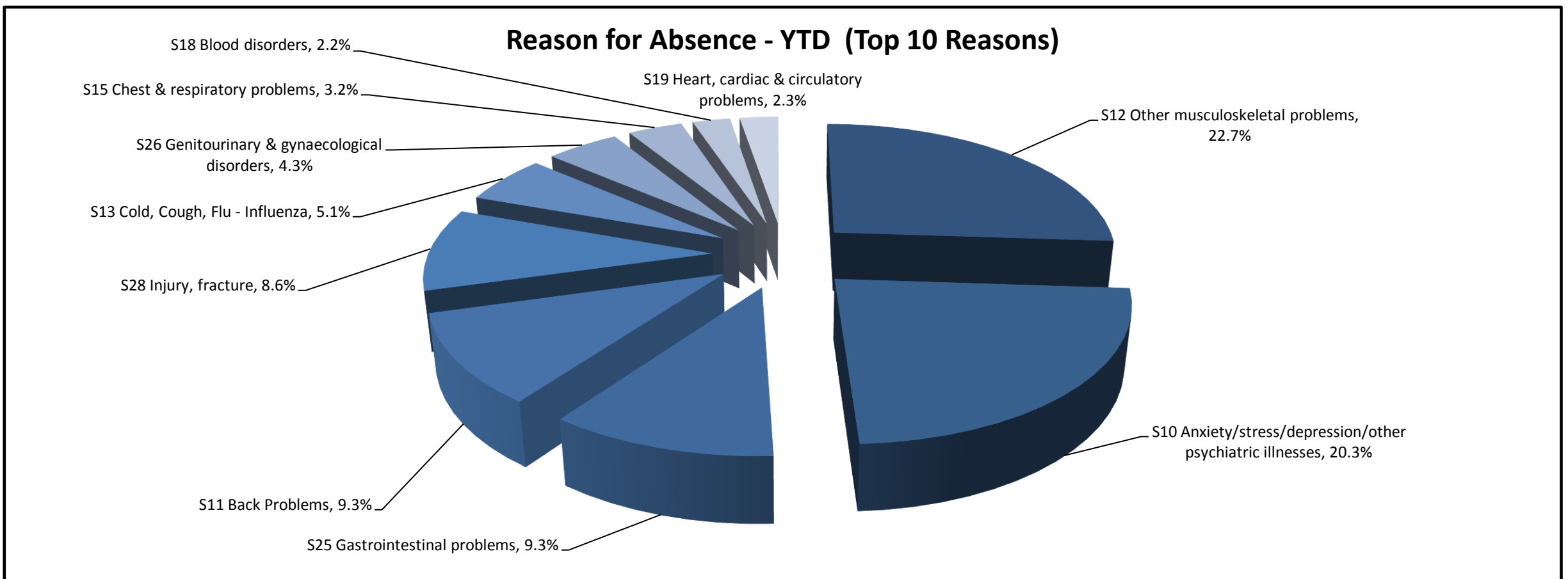
OBJ REF

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%	3.82%	3.60%	3.85%	3.76%	3.71%	3.67%						2.28%
Short Term (This Year)	2.10%	1.71%	1.95%	1.70%	1.91%	1.91%	1.89%						3.32%
This Year (2013 - 2014) Total	6.07%	5.53%	5.55%	5.55%	5.67%	5.63%	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 preceding 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.



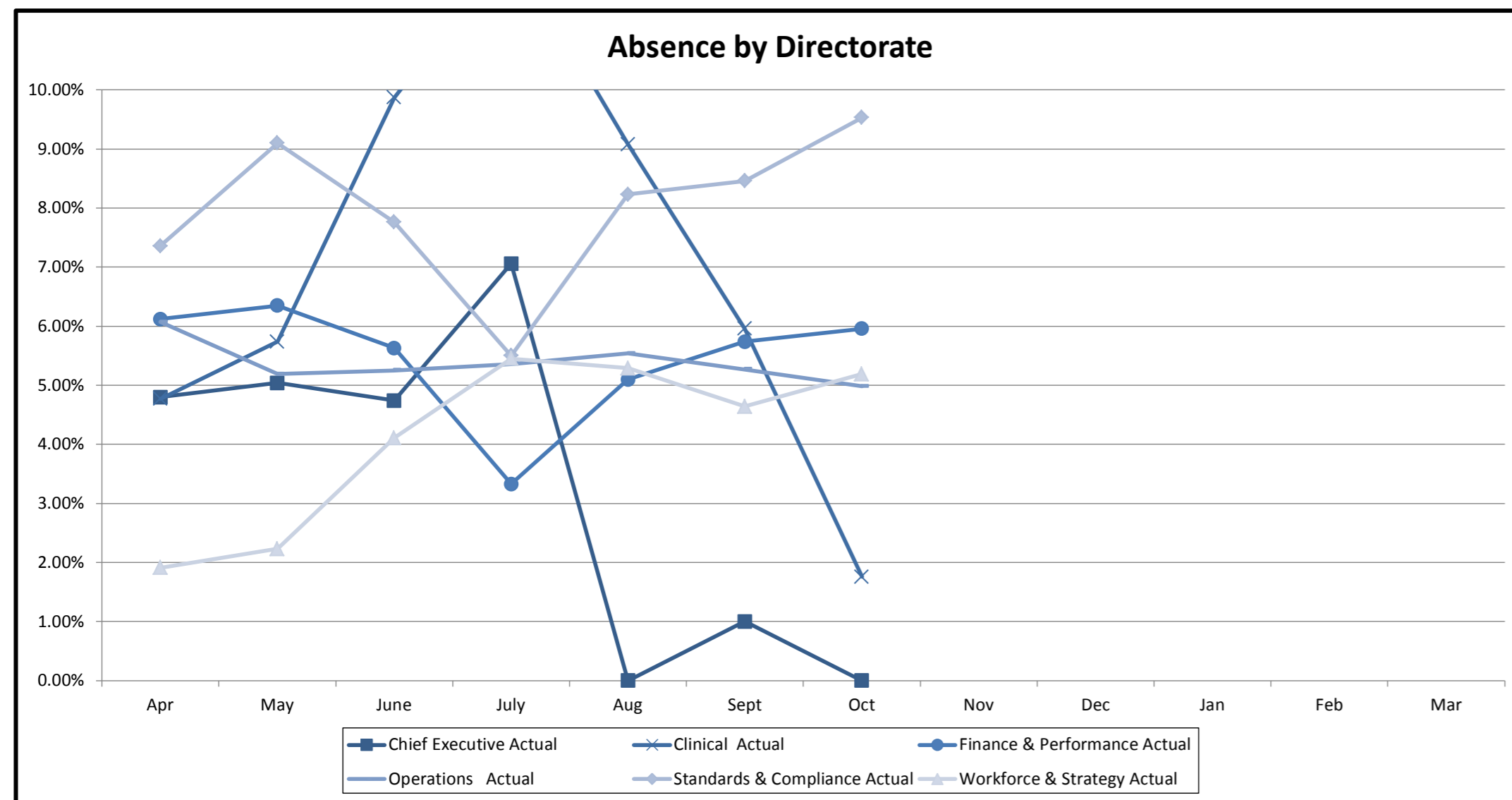
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 13/14
S12 Other musculoskeletal problems	25.2%	25.0%	24.7%	22.4%	22.6%	20.1%	19.1%						22.7%
S10 Anxiety/stress/depression/other psychiatric illnesses	16.8%	19.4%	17.0%	18.0%	21.9%	24.7%	24.2%						20.3%
S25 Gastrointestinal problems	9.9%	8.6%	9.5%	8.3%	10.0%	9.1%	9.9%						9.3%
S11 Back Problems	7.6%	8.5%	11.1%	9.2%	7.8%	10.9%	9.7%						9.3%
S28 Injury, fracture	8.9%	9.0%	9.9%	8.5%	7.3%	8.9%	7.9%						8.6%
S13 Cold, Cough, Flu - Influenza	9.8%	5.6%	5.4%	3.2%	5.3%	3.4%	2.9%						5.1%
S26 Genitourinary & gynaecological disorders	4.6%	4.1%	3.7%	4.5%	4.3%	4.2%	4.4%						4.3%
S15 Chest & respiratory problems	4.4%	2.0%	3.2%	2.6%	2.7%	2.0%	5.5%						3.2%
S18 Blood disorders	0.8%	2.0%	10.2%	0.5%	0.4%	0.5%	1.1%						2.2%
S19 Heart, cardiac & circulatory problems	1.7%	2.2%	2.2%	3.2%	2.5%	1.7%	2.4%						2.3%
S21 Ear, nose, throat (ENT)	1.7%	3.1%	2.2%	1.4%	2.2%	1.9%	1.6%						2.0%
S16 Headache / migraine	2.1%	2.7%	1.4%	2.4%	2.3%	1.5%	1.2%						1.9%
S17 Benign and malignant tumours, cancers	1.3%	1.8%	1.7%	1.9%	1.8%	1.9%	1.8%						1.7%
S99 Unknown causes / Not specified	0.0%	0.0%	0.0%	7.1%	1.6%	1.0%	1.9%						1.7%
S23 Eye problems	0.6%	1.3%	1.4%	1.9%	1.5%	2.2%	1.8%						1.5%
S31 Skin disorders	1.1%	1.8%	1.9%	1.5%	1.1%	1.1%	0.8%						1.3%
S29 Nervous system disorders	0.9%	1.3%	1.1%	1.1%	1.7%	1.6%	1.1%						1.3%
S24 Endocrine / glandular problems	0.5%	0.4%	1.1%	0.6%	1.1%	1.0%	0.6%						0.8%
S30 Pregnancy related disorders	0.6%	0.5%	0.7%	0.6%	0.8%	1.2%	1.1%						0.8%
S27 Infectious diseases	0.9%	0.5%	0.2%	0.6%	0.1%	0.7%	0.4%						0.5%
S14 Asthma	0.0%	0.0%	0.0%	0.0%	0.6%	0.6%	0.6%						0.3%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.3%	0.1%	0.2%	0.2%	0.0%	0.0%						0.1%
S22 Dental and oral problems	0.2%	0.1%	0.1%	0.0%	0.2%	0.0%	0.2%						0.1%
S32 Substance abuse	0.0%	0.1%	0.0%	0.0%	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%	0.0%						0.0%

Short/Long Term Absence by Directorate

EWI

OBJ REF 1.1

YTD RAG	RED
MTD RAG	AMBER



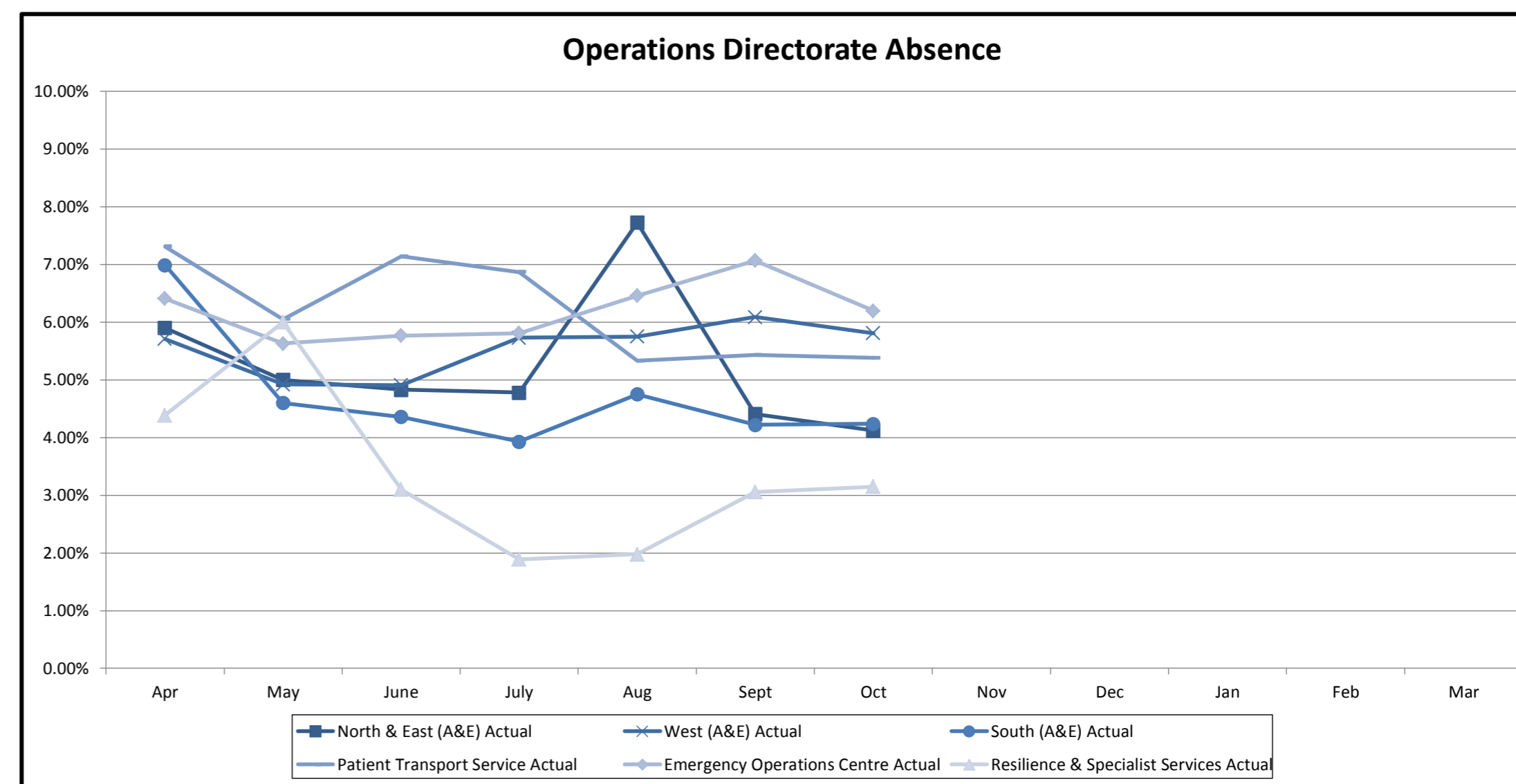
By Directorate 2013 - 2014		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.80%	5.04%	4.74%	7.06%	0.00%	1.00%	0.00%					
Clinical	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.77%	5.74%	9.87%	12.41%	9.08%	5.96%	1.76%					
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%	5.10%	5.74%	5.96%					
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%	5.54%	5.27%	4.98%					
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%	8.23%	8.46%	9.53%					
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%	5.29%	4.64%	5.19%					

Short/Long Term Absence Operations Directorate split

EWI

OBJ REF 1.1

YTD RAG	AMBER
MTD RAG	AMBER



Operations Directorate Split		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
North & East (A&E)	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	5.90%	5.00%	4.83%	4.78%	7.73%	4.41%	4.12%					
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%	5.75%	6.09%	5.81%					
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%	4.75%	4.22%	4.24%					
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%	5.33%	5.43%	5.38%					
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%	6.46%	7.07%	6.20%					
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%	1.98%	3.06%	3.15%					

Absence Costs by Directorate

OBJ REF 1.1

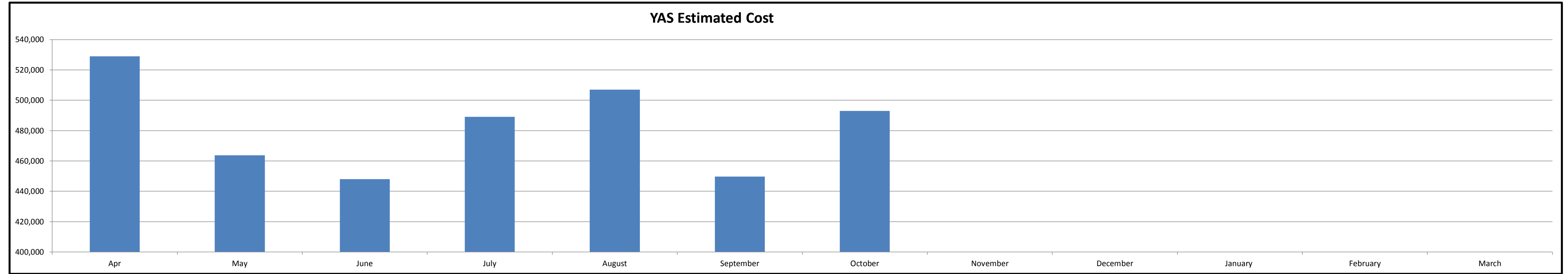
YTD RAG

RED



MTD RAG

AMBER



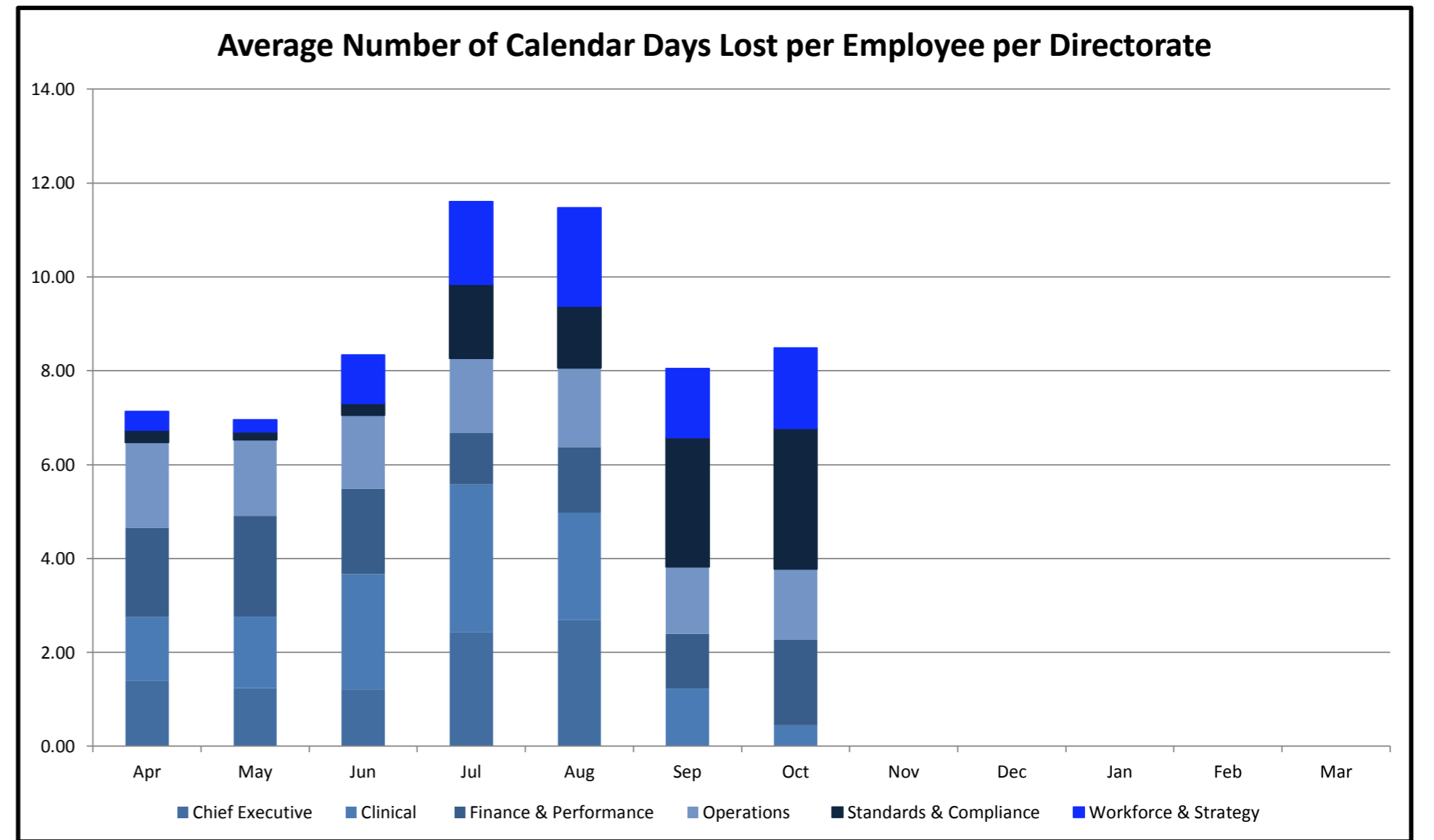
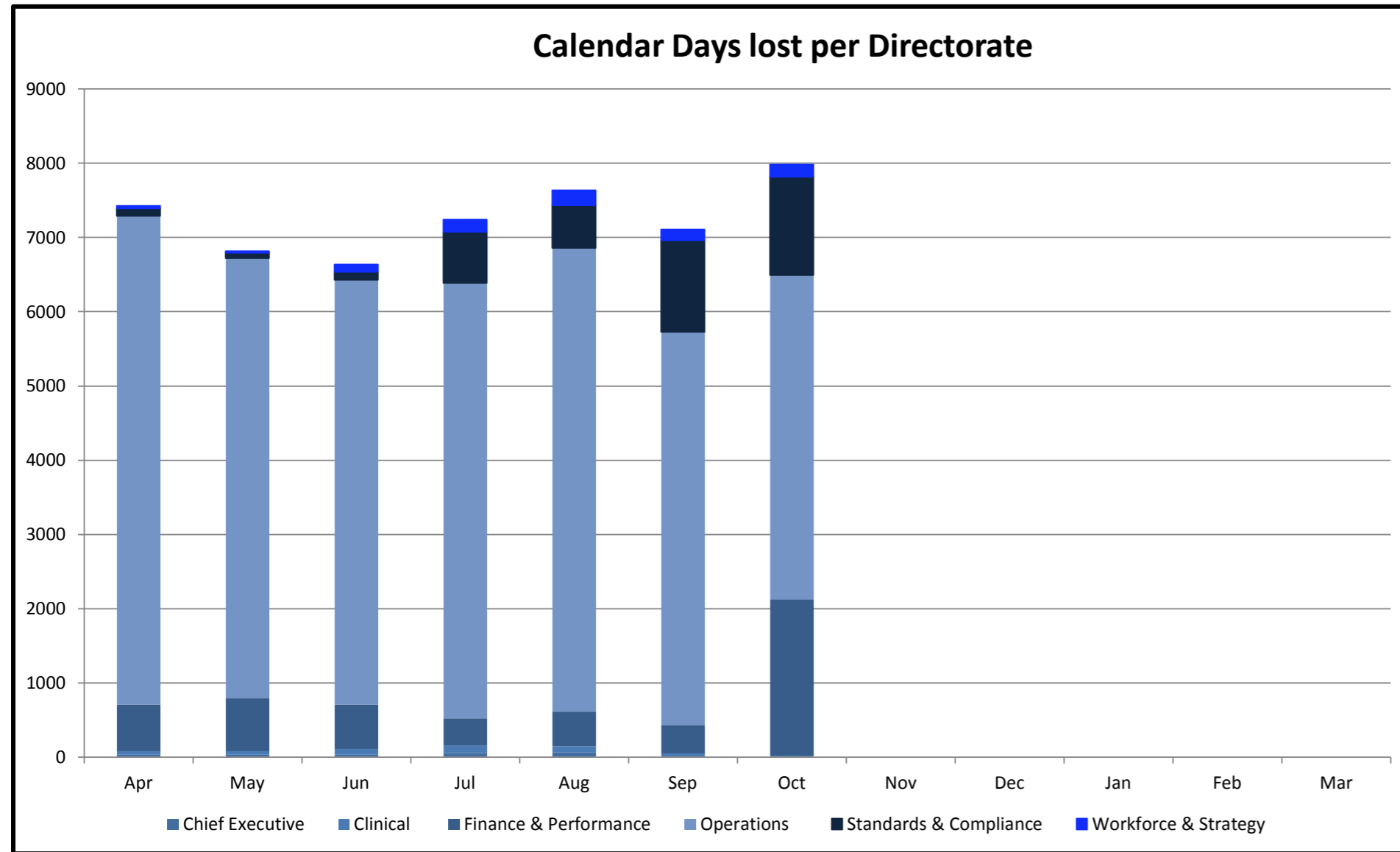
By Directorate 2013 - 2014		Apr	May	June	July	August	September	October	November	December	January	February	March	YTD
Chief Executive	Total Cost Per Day	£57.19	£69.31	£69.31	£86.77	£88.87	£0.00	£0.00						£371.45
	Employers Cost (NI & Pension)	£367.47	£236.34	£228.71	£914.05	£1,076.70	£0.00	£0.00						£2,823.27
	Total Estimated Cost	£2,369.23	£2,384.85	£2,307.92	£5,773.41	£6,586.67	£0.00	£0.00						£19,422.08
Clinical	Total Cost Per Day	£52.21	£67.78	£91.21	£78.74	£73.21	£87.67	£96.44						£547.26
	Employers Cost (NI & Pension)	£548.17	£796.46	£1,801.43	£2,047.37	£1,537.43	£1,052.00	£433.96						£8,216.82
	Total Estimated Cost	£2,740.85	£3,982.29	£9,007.15	£10,236.84	£7,687.14	£5,260.00	£2,169.79						£41,084.06
Finance & Performance	Total Cost Per Day	£48.39	£48.67	£51.69	£42.79	£44.87	£49.87	£46.54						£332.82
	Employers Cost (NI & Pension)	£5,749.92	£6,365.90	£5,101.76	£2,849.60	£3,866.15	£3,472.42	£20,098.26						£47,504.01
	Total Estimated Cost	£29,678.40	£34,034.31	£28,490.52	£15,751.65	£22,150.96	£19,180.78	£108,985.46						£258,272.08
PTS	Total Cost Per Day	£45.00	£43.29	£42.90	£43.55	£41.04	£41.24	£43.62						£300.64
	Employers Cost (NI & Pension)	£12,692.64	£11,482.17	£12,243.78	£12,470.10	£10,790.63	£8,228.43	£10,501.80						£78,409.55
	Total Estimated Cost	£69,064.97	£64,171.98	£67,849.46	£67,668.81	£57,285.23	£44,362.71	£55,336.57						£425,739.73
Standards & Compliance	Total Cost Per Day	£32.56	£47.89	£60.73	£49.87	£46.03	£41.89	£39.08						£318.05
	Employers Cost (NI & Pension)	£811.76	£826.02	£1,581.26	£7,446.31	£4,710.09	£9,604.64	£9,369.30						£34,349.38
	Total Estimated Cost	£4,197.49	£4,130.10	£8,139.70	£37,393.13	£23,603.92	£49,273.36	£48,622.14						£175,359.84
Workforce & Strategy	Total Cost Per Day	£91.03	£92.77	£77.97	£65.89	£60.41	£61.98	£70.81						£520.86
	Employers Cost (NI & Pension)	£842.01	£579.82	£1,838.31	£2,627.36	£2,791.41	£1,987.60	£2,555.04						£13,221.55
	Total Estimated Cost	£4,210.03	£2,899.10	£9,634.96	£13,631.53	£14,631.62	£10,292.73	£13,141.75						£68,441.72
Operations	North & East (A&E)	Total Cost Per Day	£66.35	£69.07	£70.55	£69.79	£69.38	£65.34	£64.53					£475.01
		Employers Cost (NI & Pension)	£21,106.41	£19,027.34	£17,393.48	£17,131.61	£21,123.11	£13,243.27	£14,646.98					£123,672.20
		Total Estimated Cost	£107,768.72	£95,800.51	£87,497.38	£86,150.92	£107,251.20	£68,059.21	£74,929.29					£627,457.23
	West (A&E)	Total Cost Per Day	£63.56	£61.96	£61.77	£64.30	£64.88	£66.15	£63.74					£446.36
		Employers Cost (NI & Pension)	£22,166.33	£20,603.27	£18,760.32	£24,391.51	£23,368.18	£23,616.29	£23,908.78					£156,814.68
		Total Estimated Cost	£113,038.14	£104,298.15	£96,706.50	£124,869.19	£118,934.92	£120,615.23	£123,860.07					£802,322.20
	South (A&E)	Total Cost Per Day	£71.57	£68.43	£66.97	£65.21	£65.81	£67.65	£62.52					£468.16
		Employers Cost (NI & Pension)	£17,856.41	£11,669.07	£10,706.39	£10,108.22	£12,167.39	£9,462.52	£10,245.06					£82,215.06
		Total Estimated Cost	£90,030.94	£58,541.48	£53,531.97	£50,541.12	£60,836.97	£47,312.61	£51,504.96					£412,300.05
	EOC	Total Cost Per Day	£60.51	£57.89	£55.09	£53.76	£55.04	£57.84	£58.16					£398.29
		Employers Cost (NI & Pension)	£8,760.71	£7,939.72	£7,841.83	£8,161.56	£9,886.58	£9,341.92	£9,472.71					£61,405.03
		Total Estimated Cost	£45,793.85	£41,865.37	£41,556.37	£43,238.05	£51,194.29	£48,410.49	£49,542.43					£321,600.85
	Resilience / Special Services	Total Cost Per Day	£59.88	£77.31	£72.60	£89.39	£92.22	£74.61	£72.21					£538.22
		Employers Cost (NI & Pension)	£2,081.41	£2,814.56	£1,817.22	£827.03	£1,303.47	£1,407.60	£1,556.48					£11,807.77
		Total Estimated Cost	£11,325.18	£14,287.04	£9,086.10	£4,223.85	£6,546.90	£7,038.02	£8,107.57					£60,614.66
Total	Total Cost Per Day	£281.38	£326.42	£350.91	£324.06	£313.39	£241.41	£252.87					£2,090.44	
	Employers Cost (NI & Pension)	£8,319.33	£8,804.54	£10,551.47	£15,884.69	£13,981.78	£16,116.66	£32,456.56					£106,115.03	
	Total Estimated Cost	£529,039.08	£463,747.80	£448,025.92	£489,161.03	£506,959.67	£449,632.51	£492,922.63					£3,379,488.64	

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	0	0					
Clinical	42	47	79	104	84	48	18					
Finance & Performance	634	714	597	365	466	386	2102					
Operations	6577	5929	5723	5858	6249	5292	4374					
Standards & Compliance	104	69	108	692	571	1236	1322					
Workforce & Strategy	37	25	100	167	204	149	165					
Trust Total (Current year)	7429	6815	6637	7242	7636	7111	7981					
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	0.00	0.00					
Clinical	1.35	1.52	2.47	3.15	2.27	1.23	0.45					
Finance & Performance	1.91	2.15	1.82	1.09	1.40	1.17	1.83					
Operations	1.81	1.62	1.56	1.59	1.69	1.42	1.49					
Standards & Compliance	0.26	0.17	0.25	1.58	1.31	2.75	3.00					
Workforce & Strategy	0.40	0.26	1.04	1.76	2.10	1.48	1.72					
Trust Total (Current year)	1.65	1.64	1.45	1.57	1.66	1.53	1.71					
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

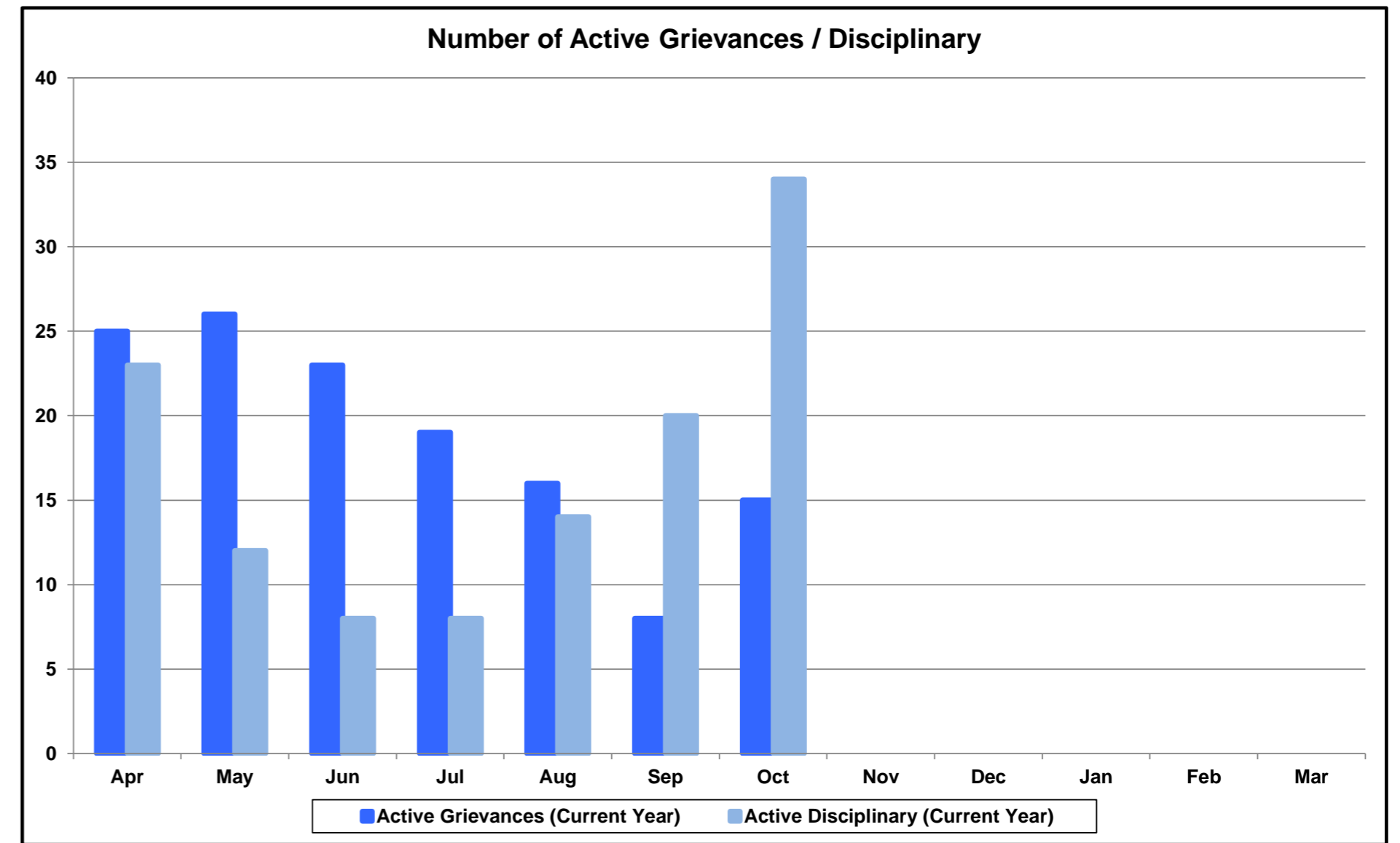
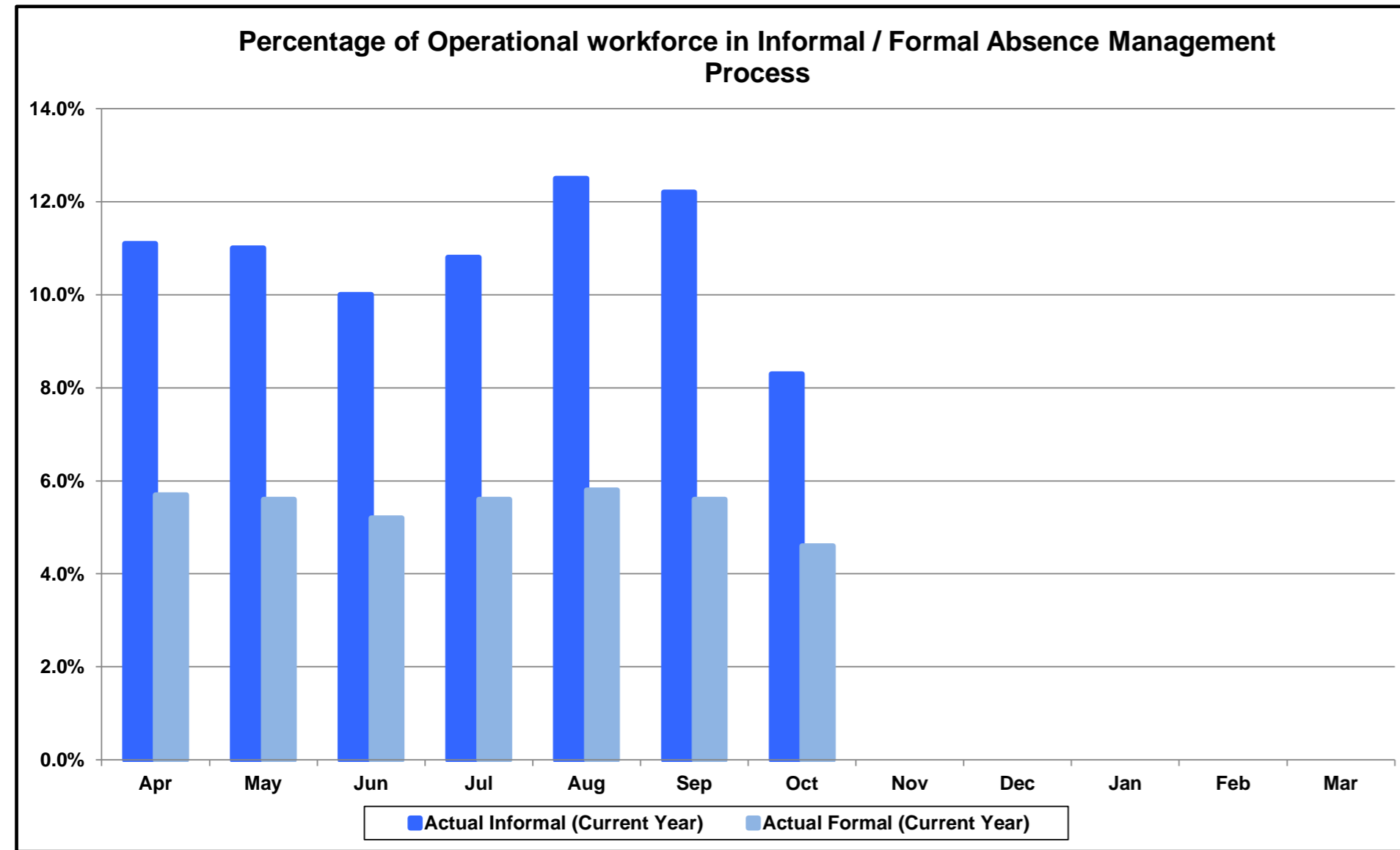
Please Note: All calculations exclude volunteers.

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%	12.2%	8.3%					
Actual Formal (Current Year)	5.7%	5.6%	5.2%	5.6%	5.8%	5.6%	4.6%					
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	8	15					
Active Disciplinary (Current Year)	23	12	8	8	14	20	34					
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							1						1
Damage to property													0
Disregard of instructions					1	3							4
Failure to renew professional registration													0
Falsification of records													0
Fraud							4						4
Inappropriate behaviour			2	3	3	3	2						13
Inappropriate use of NHS resources													0
Maltreatment of patient/client							1						1
Maltreatment of other worker													0
Misconduct	3	2	1	1		1	4						12
Negligence						1	2						3
Other allegation					4	3	3						10
Theft of money or materials													0
Unsatisfactory attendance - timekeeping				1		1							2
TRUST TOTAL	3	2	3	5	8	12	17	0	0	0	0	0	50

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							1						1
Other	1	1	1			2							5
Other Working Conditions				2			1						3
Policy & Procedure	3	6	1	2	2	5	3						22
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	7	5	0	0	0	0	0	37

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	1	6						10
Operations	3	2	3	3	6	10	10						37
Standards & Compliance				1		1	1						3
Workforce & Strategy													0
TRUST TOTAL	3	2	3	5	8	12	17	0	0	0	0	0	50

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	7	5						35
Standards & Compliance													0
Workforce & Strategy	1		1										2
TRUST TOTAL	5	7	5	4	4	7	5	0	0	0	0	0	37

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%	8.3%	35.3%						20.0%
Operations	100.0%	100.0%	100.0%	60.0%	75.0%	83.3%	58.8%						74.0%
Standards & Compliance				20.0%		8.3%	5.9%						6.0%
Workforce & Strategy													0.0%

Actual percentage of New Cases Opened in Month by Directorate

2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0.0%
Clinical													0.0%
Finance & Performance													0.0%
Operations	80.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%						94.6%
Standards & Compliance													0.0%
Workforce & Strategy	20.0%		20.0%										5.4%



Section 5

Finance



	Reference
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the seven months to 31 October 2013 was £8.284m (6.2%). This is below the year to date plan of £8.869m (6.7%) 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 October 2013 of £1.596m against a budgeted surplus of £2.057m. The actual surplus included a small profit on the sale of several A&E vehicles (£68k). 	5.4
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £16.310m at the end of October 2013 against a plan of £10.627m The Monitor Risk Rating for liquidity is 41.8 days against a plan of 31.7 days, giving a rating of 4 	5.8 / 5.11 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 1.2%, against a plan of 1.5% achieving a rating of 3. 	5.2
MONITOR CONTINUITY OF SERVICE	
<ul style="list-style-type: none"> Overall the Trust has achieved a rating of 4. 	5.2
CIP DELIVERY	
<ul style="list-style-type: none"> The Trust 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. October has seen a shortfall of £576k in CIP schemes against a plan of £5,871k 	5.7

	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.

The Financial Triggers remain green, except for the slippage on capital spending, indicating no risks presently exist.

Monitor is implementing a new 'Continuity of Service' rating from Quarter 3 designed to identify the level of risk to the on-going availability of key NHS services. Under this regime the Trust has achieved a rating of 4 which is the maximum.

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	6.7%		
		Actual YTD	3	25%	0.75	6.2%		
Achievement of Plan	EBITDA Achieved (% of plan)	Annual Target	5	10%	0.5	100.0%	Behind target but retains a rating of 4.	Compares the value of EBITDA achieved in comparison to planned EBITDA.
		Annual Forecast	4	10%	0.4	95.8%		
		Actual YTD	4	10%	0.4	93.4%		
Financial Efficiency	Net Return after Financing (%)	Annual Target	5	20%	1	3.6%	Below target but achieving a year to date rating of 5	I&E Surplus less PDC Dividend, Interest, PFI Financial, other Finance Lease costs, divided by Total Debt + balance sheet PFI and Finance Leases +Taxpayers Equity.
		YTD Target	5	20%	1	5.0%		
		Actual YTD	5	20%	1	3.9%		
	I&E Surplus Margin net of dividend (%)	Annual Target	3	20%	0.6	1.1%	Below target but achieving a year to date rating of 3	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income
		YTD Target	3	20%	0.6	1.5%		
		Actual YTD	3	20%	0.6	1.2%		
Liquidity Ratio	Liquidity Ratio (Days)	Annual Target	4	25%	1	29.8	Over achieved against target. Rating achieved.	Expressed as the number of days cash that is available for expenditure i.e. cash plus trade debtors plus unused working capital facility less the sum of trade creditors, other creditors and accruals
		YTD Target	4	25%	1	31.7		
		Actual YTD	4	25%	1	41.8		
Risk Rating	Risk Rating Year to Date	Annual Target			3.85			
		YTD Target			3.75			
		Actual YTD			3.75			

Financial Criteria	Metric	Year to Oct 13	Rating	Weight	Weighted score	Actual statistic	Comments	Calculation
Continuity of Service	Liquidity Ratio (days)	Actual year to date	4	50%	2	29.6	Achieving a rating of 4	Working capital balance x 360 divided by Annual Operating expenses
	Capital Servicing capacity (times)	Actual year to date	4	50%	2	4.26	Achieving a rating of 4	Revenue available for capital service divided by Annual debt service
	Continuity of Service				4			

FINANCIAL RISK TRIGGERS

Criteria	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	N/A	N/A	No	No	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	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	No	No	Currently 1%
Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No	No	No	
Two or more changes in Finance Director in a twelve month period	No	No	No	No	No	No	No	
Interim Finance Director in place over more than one quarter end	No	No	No	No	No	No	No	
Quarter end cash balance <10 days of operating expenses	No	No	No	No	No	No	No	
Capital expenditure < 75% of plan for the year to date	Yes	Yes	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
	20	Net Return after financing ** (%)	>3	2	-0.5	-5	<-5
Financial efficiency	20	I&E surplus margin net of dividend	3	2	1	-2	<-2
	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	214	214
Operating expenses per day (£000)	£579	£584

INCOME**Income is £495k above plan (see 5.4) due to:-**

- A&E activity (after the deduction of NHSD pass backs) is 2.7% cumulatively above contract for the 7 months ending October.
- PTS income is behind plan at month 7 by £64k, mainly attributable income shortfalls of £427k (South KPI penalties/under activity of £207k, below plan ECRs totalling £124k and Income transferred to Private & Events and other provisions amounting £96k) . However unscheduled income of £363k has substantially off-set the income shortfall resulting a net shortfall of £64k.
- Other income includes lower than expected income on NHS Learning Account due to salary replacement income for backfill for A&E training of £185k, P&E income over achievement against budget (£32k) and 111 (£788k) off-set by lower income in relation to IM&T services supporting GPOOH. Rental income for Willerby property less than anticipated for the seven months by £30k due to the departure of NHS Direct.

EXPENDITURE (see 5.6)

- A&E operations are overspent by £2.483m; with a £0.504m over spend on pay due to overtime payments offset by overtrade income and £1.979m on non pay which is largely due to spend on Private Providers required to meet the overall performance of 76.45% (and 79.43% Red 1 performance) to October.
 - A&E CBUs are over spent by £2.586m. Overtime and private provider spend required to meet overall performance to October.
 - Operations management is under spent by £123k
 - Vacancies exist on ECP and the Resource Team resulting in under spends (£117k) which reduce the net over spend position for the directorate.
 - Private providers used to support delivery of A&E services to October totalling £1.649m.
 - 111 pay is over spent against budget by £817k for the period April - Oct, plus an over spend of £151k on GPOOH. The over spend continues to be due to TUPE costs much higher than anticipated at bid stage, additional TEG approved additional support currently unfunded 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 £440k overall of which £389k under spend on pay due to delayed recruitment to the new EOC structure, and an under spend of £47k mainly due to savings against Travel expenses.
 - PTS operations is £1,225k overspent. £488k over spend on pay is as a result of under achievement of CIP (y-t-d CIP slippage £750k) and a vacancy level of 11% (86.60wte) covered by overtime. £737k over spend in non-pay of which £661k is attributable to high dependence on external providers for service delivery.
 - The Finance Directorate as a whole (including Finance, Fleet, Estates, IM&T and Procurement) is £338k underspent
 - Fleet is over spent by £45k overall which includes £461k over spend on non pay largely due to vehicle & medical equipment maintenance costs these are offset by mechanic vacancies (10.76wte).
 - Procurement is overspent £62k overall, which includes an overspend on staff uniforms £24k due to the A&E staff recruitment , printing of EPRF's forms due to the ECS rollout being delayed, and high spend on
 - Finance is overspent £155k. Non pay is overspent £300k, General Losses and Special payments overspend of £297k which is the NHSLA excess payment on non clinical negligence claims.
- Finance Pay is underspent £145k which is due to vacancies in the Business Intelligence and Business Development Departments £175k

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £8.284m for the seven months to October, which is below plan (£8.869m).
- The Trust's EBITDA return of 6.2% is behind plan for the seven months to October. The full year plan for EBITDA is 6.4%

	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	13,984	14,052	-68	96,341	96,919	-578	165,364	166,870	-1,506
Patient Transport Service	2,231	2,308	-77	15,615	15,551	64	26,769	26,554	215
Other Income	2,962	2,895	67	20,801	20,783	18	35,489	36,492	-1,003
Operating Income	19,177	19,254	-77	132,757	133,253	-495	227,622	229,916	-2,294
Pay Expenditure & reserves	-12,922	-12,782	-140	-89,836	-88,945	-891	-156,492	-152,897	-3,595
Non-Pay expenditure & reserves	-4,936	-5,108	172	-34,053	-36,024	1,971	-56,501	-63,011	6,510
Operating Expenditure	-17,858	-17,890	32	-123,889	-124,969	1,080	-212,993	-215,908	2,915
EBITDA	1,319	1,365	-45	8,869	8,284	585	14,629	14,007	621
EBITDA %	6.9%	7.1%		6.7%	6.2%		6.4%	6.1%	
Depreciation	-696	-749	53	-5,228	-5,281	53	-9,506	-9,047	-459
Interest payable & finance costs	0	0	0	-207	-214	6	-301	-291	-10
Interest receivable	3	4	-1	19	22	-4	32	36	-4
Profit on fixed asset disposal	0	18	-18	0	68	-68	138	96	42
Dividends, interest and other	-199	-198	-2	-1,395	-1,285	-111	-2,392	-2,202	-190
Retained Surplus	427	439	-12	2,057	1,596	462	2,600	2,600	0
I&E Surplus %	2.2%	2.3%		1.5%	1.2%		1.1%	1.1%	

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

A&E CONTRACT - Responses Clinical Commissioning Groups (CCGs)	October 2013					YTD				
	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000
NHS Airedale, Wharfedale and Craven CCG	1,554	1,637	83	5.3%	13	10,510	11,214	704	6.7%	115
NHS Barnsley CCG	2,640	2,836	196	7.4%	28	18,245	19,285	1,040	5.7%	154
NHS Bradford City CCG	1,489	1,405	-84	-5.6%	-13	10,048	9,801	-247	-2.5%	-40
NHS Bradford Districts CCG	3,586	3,752	166	4.6%	27	24,780	25,712	932	3.8%	152
NHS Calderdale CCG	2,361	2,532	171	7.2%	30	16,754	17,368	614	3.7%	108
NHS Cumbria CCG	37	41	4	10.8%	2	300	297	-3	-1.0%	-1
NHS Doncaster CCG	3,796	3,882	86	2.3%	11	25,689	26,495	806	3.1%	106
NHS East Riding of Yorkshire CCG	3,269	3,399	130	3.8%	25	22,911	23,495	584	2.5%	113
NHS Greater Huddersfield CCG	2,694	2,535	-159	-5.9%	-31	17,482	17,841	359	2.1%	72
NHS Hambleton, Richmondshire and Whitby CCG	1,350	1,523	173	12.8%	36	9,594	10,240	646	6.7%	138
NHS Harrogate and Rural District CCG	1,369	1,522	153	11.2%	32	9,746	10,232	486	5.0%	104
NHS Hull CCG	3,793	3,988	195	5.1%	28	25,738	26,500	762	3.0%	114
NHS Leeds North CCG	2,246	2,139	-107	-4.8%	-17	14,611	14,754	143	1.0%	24
NHS Leeds South and East CCG	3,891	3,905	14	0.4%	2	25,631	26,273	642	2.5%	107
NHS Leeds West CCG	3,508	3,466	-42	-1.2%	-7	23,081	23,759	678	2.9%	113
NHS North Kirklees CCG	1,881	2,012	131	7.0%	26	13,001	13,477	476	3.7%	96
NHS Rotherham CCG	2,910	2,883	-27	-0.9%	-4	19,953	20,535	582	2.9%	77
NHS Scarborough and Ryedale CCG	1,351	1,496	145	10.7%	30	9,923	10,042	119	1.2%	25
NHS Sheffield CCG	6,113	6,148	35	0.6%	5	43,501	43,354	-147	-0.3%	-22
NHS Vale of York CCG	3,186	3,574	388	12.2%	81	21,817	23,167	1,350	6.2%	288
NHS Wakefield CCG	4,186	4,151	-35	-0.8%	-5	28,507	28,715	208	0.7%	33
SUB TOTAL (CONTRACTED)	57,210	58,826	1,616	2.8%	299	391,822	402,556	10,734	2.7%	1,876
ECP		935					5,820			
OOA/UNKNOWN		265					1,747			
GRAND TOTAL*	57,210	60,026		4.9%		391,822	410,123			

* OOA No Charges made

April 2013 estimates based upon 2012/13 actuals

Yorkshire Ambulance Service - Income and Expenditure Forecast

October 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				19,176,865	19,254,352	-77,487	132,757,253	133,252,638	-495,385	227,621,628	229,916,064
Pay											
A&E Operations	2,213.46	2,309.85	96.39	-7,691,553	-7,623,065	-68,488	-52,384,237	-52,888,308	504,071	-90,156,884	-90,156,896
PTS Operations	772.01	727.78	-44.23	-1,216,847	-1,364,645	147,798	-9,102,976	-9,590,651	487,675	-15,187,180	-16,398,676
Resilience	120.16	121.34	1.18	-402,008	-403,691	1,683	-2,931,539	-2,947,612	16,073	-4,955,692	-5,154,666
EOC	385.54	356.55	-28.99	-1,065,940	-1,014,142	-51,798	-7,469,688	-7,080,347	-389,341	-12,799,452	-12,466,405
Finance	69.32	68.80	-0.52	-209,182	-225,704	16,522	-1,476,177	-1,331,561	-144,616	-2,522,235	-2,343,572
Estates	42.69	43.28	0.59	-95,762	-81,899	-13,863	-670,335	-682,949	12,614	-1,149,208	-1,207,207
Fleet	177.37	169.79	-7.58	-455,656	-394,221	-61,435	-3,162,364	-2,732,475	-429,889	-5,374,766	-4,768,450
IM&T	39.20	34.25	-4.95	-121,331	-107,169	-14,162	-849,317	-853,953	4,636	-1,455,992	-1,454,310
Procurement	18.53	19.61	1.08	-36,868	-40,297	3,429	-258,076	-269,597	11,521	-442,436	-476,288
Standards & Compliance	34.55	31.40	-3.15	-141,611	-96,692	-44,919	-909,475	-753,464	-156,011	-1,510,520	-1,478,041
111	282.40	299.00	16.60	-740,158	-899,247	159,089	-5,181,107	-6,150,406	969,299	-8,881,916	-10,642,999
Workforce & Strategy	93.51	92.16	-1.35	-280,461	-279,025	-1,436	-1,966,320	-1,995,055	28,735	-3,368,761	-3,416,774
Clinical Directorate	31.09	34.92	3.83	-116,940	-116,618	-322	-858,911	-778,423	-80,488	-1,443,647	-1,405,877
Chief Executive	26.02	18.58	-7.44	-121,007	-135,616	14,609	-847,058	-889,980	42,922	-1,452,157	-1,527,129
Reserves	0.00	0.00	0.00	-226,650	0	-226,650	-1,768,285	0	-1,768,285	-5,790,853	0
Total Pay	4,305.85	4,327.31	21.46	-12,921,974	-12,782,031	-139,943	-89,835,865	-88,944,781	-891,084	-156,491,699	-152,897,290
Non Pay											
A&E Operations				-127,044	-58,094	-68,950	-866,800	-2,846,273	1,979,473	-1,504,776	-3,646,834
PTS Operations				-137,648	-233,677	96,029	-963,535	-1,700,872	737,337	-1,651,741	-2,846,655
Resilience				-85,172	-83,817	-1,355	-537,939	-490,177	-47,762	-1,040,028	-982,555
EOC				-32,509	-29,033	-3,476	-282,145	-234,816	-47,329	-360,351	-332,706
Finance				-1,060,297	-1,352,004	291,707	-7,776,367	-8,076,538	300,171	-13,860,215	-14,080,672
Estates				-356,955	-299,578	-57,377	-2,934,085	-2,869,850	-64,235	-4,998,961	-4,954,295
Fleet				-1,713,617	-1,827,140	113,523	-11,458,578	-11,933,675	475,097	-19,301,968	-20,518,473
IM&T				-338,324	-346,561	8,237	-2,368,268	-2,492,055	123,787	-4,059,894	-4,155,208
Procurement				-203,816	-201,318	-2,498	-1,681,267	-1,731,053	49,786	-2,880,877	-3,023,334
Standards & Compliance				-127,946	-136,410	8,464	-635,214	-663,024	27,810	-1,019,276	-1,322,787
111				-1,256,262	-1,243,743	-12,519	-8,833,836	-8,727,031	-106,805	-15,115,144	-15,849,143
Workforce & Strategy				-117,933	-186,905	68,972	-825,531	-913,844	88,313	-1,415,158	-1,548,239
Clinical Directorate				-4,558	-6,770	2,212	-31,906	-28,122	-3,784	-54,700	-35,527
Chief Executive				-18,289	-27,988	9,699	-128,023	-124,501	-3,522	-219,456	-246,432
Reserves				-247,695	0	-247,695	-1,540,614	119,547	-1,660,161	-1,047,384	-875,914
Total Non Pay				-5,828,065	-6,033,038	204,973	-40,864,108	-42,712,284	1,848,176	-68,529,929	-74,418,774
Total Expenditure	4,305.85	4,327.31	21.46	-18,750,039	-18,815,069	65,030	-130,699,973	-131,657,065	957,092	-225,021,628	-227,316,064
Surplus/(Deficit)				426,826	439,283	-12,457	2,057,280	1,595,573	461,707	2,600,000	2,600,000

NB total non-pay includes depreciation, dividends and impairments

CIP DELIVERY

- The Trust has a savings target of £10.909m for 2013/14 and identified schemes totalling £10.909m.
- The position at the end of October has achieved £5,296k being 90.2% of plan, which is shortfall against plan of £576k. 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 Variance
Planned savings	£000	WTE	£000	£000	£000
Accident & Emergency	6,073	11.9	3,624	3,746	122
Patient Transport Service	3,042	137.6	1,399	726	(673)
Special Operations	383	15.0	216	145	(71)
Finance	46	0.0	22	22	0
Standards & Compliance	220	0.0	128	128	0
Clinical	224	0.0	130	155	24
Trust wide	922	20.2	351	374	23
Total	10,909	184.69	5,871	5,296	(576)

Summary of Top 6 Schemes 2013 / 14

Lead Exec	CIP Scheme	Lead Mgr	2012/13	2013/14	2014/15	13/14 YTD Plan	13/14 YTD Actual
PBW	Reduce overtime	DW	2.51	0.932		0.662	0.662
PBW	PTS Transformational work	JH		2.93	2.28	0.762	0.66
PBW	Clinical leadership	PM	1.24	0.619		0.361	0.746
PBW	Increase in clinical hub triage	DW	0.505	1.413	1.26	0.8	0.939
SM	Effective sickness management	GJ	0.606	0.202		0.202	0
PBW	A&E skill mix	DW		2.134		1.364	1.364
	Total Value		4.861	8.23	3.54	4.151	4.372

SUMMARY

- The planned year to date expenditure on HART and ECS has not materialised, accounting for £6.5m underspend, and the delay in the other schemes being implemented accounts for the remaining £3.9m of under spend on Land, Buildings and equipment.
- The excess cash reflects the delayed capital expenditure of £10.4m less the undrawn cash associated with HART and ECS. The plan to the end of September included £4.5m for HART and £3.6m for ECS against which the Trust has only drawn £1.6m in respect of HART.
- 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 December to March. All works are expected to be invoiced within the current financial year, the full HART programme totalling £4.6m. A bid to acquire a piece of land for car park space has been placed and awaiting response.
- 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. There is currently £325k contingency that has not been allocated in full with a number of Business Cases progressing through the bidding/approval process.
- 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 31/10/2013	Actual at 31/10/2013	Variance
	£000	£000	£000
Land, Buildings and equipment	81,956	71,540	-10,416
Trade and other receivables (>1 yr)	1,131	846	-285
Non-Current assets	83,087	72,386	-10,701
Stocks, Trade and other receivables (<1 yr)	12,973	14,521	1,548
Cash and cash equivalents	10,627	16,310	5,683
Current assets	23,600	30,831	7,231
Creditors (< 1yr)	-15,482	-16,225	-743
Provisions & Deferred Income(<1 yr)	-2,197	-2,706	-509
Current Liabilities	-17,679	-18,931	-1,252
Provisions (>1 yr)	-5,688	-7,261	-1,573
Borrowings	-8,870	-6,004	2,866
Non-Current Liabilities	-14,558	-13,265	1,293
Net Assets	74,450	71,021	-3,429
Public Dividend Capital	78,594	75,709	-2,885
Revaluation Reserve	4,348	4,307	-41
Donation Reserve	0	0	0
Income & Expenditure Reserve	-8,492	-8,995	-503
Total Taxpayer's Equity	74,450	71,021	-3,429

Capital Programme					
	Baseline Programme	Year to date Plan	Spend to 30/09/2013	Committed at 30/09/2013	(Under)/ Over plan year to date
	£000	£000	£000	£000	£000
<u>Major Schemes</u>					
HART	4,600	4,600	1,689	0	-2,911
ECS*	0	0	0	0	0
Service Development **	1,964	570	95	416	-59
<u>Minor Schemes</u>					
Estates	492	500	30	123	-347
IM&T	948	810	177	71	-562
Vehicles A&E	3,870	0	0	1,842	1,842
Vehicles PTS	750	750	47	0	-703
Plant and Machinery	50	50	0	0	-50
Medical equipment	1,094	934	40	64	-830
Total	13,768	8,214	2,078	2,516	-3,620
External funding					0
NBV of Disposals	96	0	0	0	0
CRL	13,672	8,214	2,078	2,516	-3,620
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

October 2013

DEBT SUMMARY

• Non NHS Debt has decreased as a result of credit control activities during October 2013. NHS Debt has increased over all due to block contract adjustment invoices being raised during the month. Actions are on going to resolve debt over 90 days.

£000	Jul-13	Aug-13	Sep-13	Oct-13
Non NHS debt	373	402	495	377
Of which >90 days overdue	161	152	159	144
NHS debt	1,208	483	819	898
Of which >90 days overdue	123	37	80	69
Total debt	1,581	885	1,314	1,275
Of which >90 days overdue	284	189	239	213
Provision to cover this debt	209	189	239	213

PAYMENTS

• The Trust has paid 2,140 invoices in October 2013 of which 1,942 were paid within 30 days of receipt giving a Better Payment Practice Code (BPPC) position of 90.75%. This position has been affected by a power outage at the Oracle data centre which resulted in no system access and therefore no payment run on one working day, invoices were paid late as a result. The manual receipting of the migrated R11i Purchase Orders (POs) is almost complete with 2 legacy invoices remaining at the end of October. The Trust's aim remains 95% for the financial year 2013/14.

	Oct-13		Year to Date	
	Number	£000	Number	£000
Non NHS payables				
Total non NHS invoices paid in period	2,067	4,456	14,363	33,640
Total non NHS invoices paid within target	1,878	4,012	13,140	31,112
	90.86%	90.04%	91.49%	92.49%
NHS Payables				
Total NHS invoices paid in period	73	300	445	2,061
Total NHS invoices paid within target	64	290	402	1,982
	87.67%	96.67%	90.34%	96.17%
Total Payables				
Total invoices paid in period	2,140	4,756	14,808	35,701
Total invoices paid within target	1,942	4,302	13,542	33,094
	90.75%	90.45%	91.45%	92.70%

COST IMPROVEMENT PROGRAMME 13/14

• 90.2% delivery of the Cost Improvement Plan target was achieved for the seven months ending October 2013. To date, the six months to October have a shortfall of £576k.

QUALITY, INFORMATION REPORTING, AND CQUIN

• PTS contractual penalties – meetings have been held with Commissioners, risks have been identified and mitigating actions developed. The main risk relates to PTS South where contract penalties have been incurred for Q1 and Q2, discussions are on-going re the potential to reinvest the value of the penalties

• 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	576	697	shortfall included within overall YAS forecast surplus for 2013/14
A&E contractual penalties - RED 1	3,200	0	0	Risk not mitigated - Red 1 performance to date 79.3% and Red 2 performance 76.1%, overall 76.4%
A&E contractual penalties - RED 2	3,200	0		
PTS Contractual penalties	458	208	393	shortfall included within overall YAS forecast surplus for 2013/14
111 additional staffing cost to provide service	1,609	817	1,609	cost included within overall YAS forecast surplus for 2013/14
111 income risk (based 50% of call volume)	5,714	513	513	Income shortfall re under trade penalty for Q1 included within the YAS forecast surplus for 2013/14, offset by extra sustainability income of £1.12m also included within YAS forecast
A & E overtrade	2,435	1,880	2,370	Income assumed within overall YAS forecast surplus for 2013/14
25% Non delivery of CQUINS - A&E	975	0	47	mitigated via reserves and included within the overall YAS forecast surplus for 2013/14
Non delivery of CQUINS - 100% PTS South, 50% other PTS areas	386	0	141	PTS South CQUINS income shortfall assumed in overall YAS forecast surplus for 2013/14re South
GRAND TOTAL	19,067	3,994	5,770	

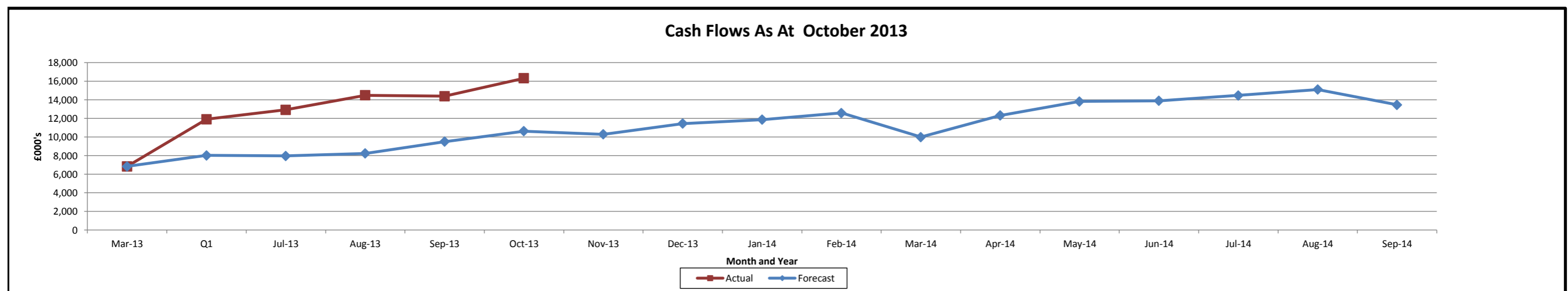
Yorkshire Ambulance Service - Cash Flow

October 2013

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	Mar-13	Q1	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Actual/Forecast Opening Cash Balance	11,907	6,845	11,904	12,919	14,472	14,384	10,627	10,282	11,437	11,854	12,576	9,987	12,312	13,818	13,894	14,467	15,097	13,455
Cash Inflows																		
Income from Activities	23,796	58,360	19,304	19,567	18,715	19,424	18,722	19,415	19,518	19,008	18,252	19,788	19,451	19,359	19,339	19,456	19,456	19,355
Interest Receivable	3	9	3	3	4	4	3	2	2	2	3	3	3	3	4	4	4	4
Capital Receipts	5	15	11	16	5	18	0	0	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	0
PDC Capital *	0	0	1,615	0	0	0	0	710	710	710	755	0	0	0	0	0	0	0
Total Cash Inflows	23,804	58,384	20,933	19,586	18,724	19,446	18,725	20,127	20,230	19,720	19,010	19,791	19,454	19,362	19,343	19,460	19,460	19,359
Cash Outflows																		
Pay	14,158	37,263	12,981	12,688	12,726	12,709	12,603	13,925	12,982	12,211	12,765	12,472	12,570	13,182	13,182	13,259	13,259	13,182
Non-pay	12,194	15,551	5,318	5,353	4,729	4,708	4,848	4,633	4,420	4,899	6,161	4,230	4,912	5,097	5,036	5,092	5,230	4,969
Interest Payable	61	0	0	0	61	0	0	0	0	0	61	0	0	0	0	0	58	0
PDC Dividends	1,111	0	0	0	1,024	0	0	0	0	0	1,103	0	0	0	0	0	1,214	0
Capital Expenditure	1,175	511	1,619	-8	105	103	1,619	414	2,411	1,888	1,342	764	466	1,007	552	479	1,174	763
Loans	167	0	0	0	167	0	0	0	0	0	167	0	0	0	0	0	167	0
PDC Capital *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	28,866	53,325	19,918	18,033	18,812	17,520	19,070	18,972	19,813	18,998	21,599	17,466	17,948	19,286	18,770	18,830	21,102	18,914
Net Cash Inflow/(Outflow)	-5,062	5,059	1,015	1,553	-88	1,926	-345	1,155	417	722	-2,589	2,325	1,506	76	573	630	-1,642	445
Actual Closing Cash Balance	6,845	11,904	12,919	14,472	14,384	16,310												
Forecast Closing Cash Balance (per TDL Plan)	6,842	8,015	7,958	8,224	9,503	10,627	10,282	11,437	11,854	12,576	9,987	12,312	13,818	13,894	14,467	15,097	13,455	13,900

The increase in cash reflects the delays in planned capital expenditure.



Hospital	Qtr1				Qtr2				Oct-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	39	1	40	2254	66	6	72	3173	25	3	28	1135	130	10	140	6562
	£780	£100	£880		£1,320	£600	£1,920		£500	£300	£800		£2,600	£1,000	£3,600	
BARNSELY DISTRICT GENERAL	28	4	32	4770	31	8	39	5406	18	1	19	2052	77	13	90	12228
	£560	£400	£960		£620	£800	£1,420		£360	£100	£460		£1,540	£1,300	£2,840	
BRADFORD ROYAL INFIRMARY	162	11	173	6407	220	15	235	8960	72	4	76	3514	454	30	484	18881
	£3,240	£1,100	£4,340		£4,400	£1,500	£5,900		£1,440	£400	£1,840		£9,080	£3,000	£12,080	
CALDERDALE ROYAL HOSPITAL	258	7	265	3770	125	9	134	4079	30	2	32	1603	413	18	431	9452
	£5,160	£700	£5,860		£2,500	£900	£3,400		£600	£200	£800		£8,260	£1,800	£10,060	
HUDDERSFIELD ROYAL INFIRMARY	227	8	235	3657	98	6	104	4026	37	2	39	1564	362	16	378	9247
	£4,540	£800	£5,340		£1,960	£600	£2,560		£740	£200	£940		£7,240	£1,600	£8,840	
HULL ROYAL INFIRMARY	73	3	76	6626	66	3	69	6574	85	11	96	3403	224	17	241	16603
	£1,460	£300	£1,760		£1,320	£300	£1,620		£1,700	£1,100	£2,800		£4,480	£1,700	£6,180	
DEWSBURY DISTRICT HOSPITAL	97	1	98	2805	60	5	65	3614	15	5	20	1361	172	11	183	7780
	£1,940	£100	£2,040		£1,200	£500	£1,700		£300	£500	£800		£3,440	£1,100	£4,540	
PINDERFIELDS GENERAL HOSPITAL	277	12	289	6887	119	9	128	7811	34	2	36	2798	430	23	453	17496
	£5,540	£1,200	£6,740		£2,380	£900	£3,280		£680	£200	£880		£8,600	£2,300	£10,900	
PONTEFRACT GENERAL INFIRMARY	11	0	11	321	5	0	5	372	0	0	0	136	16	0	16	829
	£220	£0	£220		£100	£0	£100		£0	£0	£0		£320	£0	£320	
SCUNTHORPE GENERAL HOSPITAL	0	0	0	128	0	0	0	103	4	0	4	90	4	0	4	321
	£0	£0	£0		£0	£0	£0		£80	£0	£80		£80	£0	£80	
DONCASTER ROYAL INFIRMARY	36	4	40	5628	36	5	41	6782	24	7	31	2528	96	16	112	14938
	£720	£400	£1,120		£720	£500	£1,220		£480	£700	£1,180		£1,920	£1,600	£3,520	
FRIARAGE HOSPITAL	13	1	14	1260	15	4	19	1367	9	0	9	535	37	5	42	3162
	£260	£100	£360		£300	£400	£700		£180	£0	£180		£740	£500	£1,240	
HARROGATE DISTRICT HOSPITAL	19	0	19	1819	27	2	29	2481	8	3	11	985	54	5	59	5285
	£380	£0	£380		£540	£200	£740		£160	£300	£460		£1,080	£500	£1,580	
LEEDS GENERAL INFIRMARY	255	10	265	4148	227	4	231	5665	61	10	71	2463	543	24	567	12276
	£5,100	£1,000	£6,100		£4,540	£400	£4,940		£1,220	£1,000	£2,220		£10,860	£2,400	£13,260	
ST JAMES UNIVERSITY HOSPITAL	234	4	238	7631	187	6	193	8761	60	4	64	3493	481	14	495	19885
	£4,680	£400	£5,080		£3,740	£600	£4,340		£1,200	£400	£1,600		£9,620	£1,400	£11,020	
NORTHERN GENERAL HOSPITAL	61	6	67	8544	67	13	80	9558	33	6	39	3634	161	25	186	21736
	£1,220	£600	£1,820		£1,340	£1,300	£2,640		£660	£600	£1,260		£3,220	£2,500	£5,720	
ROTHERHAM DISTRICT GENERAL HOSPITAL	22	2	24	4483	28	2	30	5214	13	3	16	1965	63	7	70	11662
	£440	£200	£640		£560	£200	£760		£260	£300	£560		£1,260	£700	£1,960	
SCARBOROUGH DISTRICT GENERAL HOSPITAL	23	2	25	3650	25	2	27	4058	28	3	31	1606	76	7	83	9314
	£460	£200	£660		£500	£200	£700		£560	£300	£860		£1,520	£700	£2,220	
YORK DISTRICT HOSPITAL	78	3	81	4863	72	1	73	5417	32	1	33	2095	182	5	187	12375
	£1,560	£300	£1,860		£1,440	£100	£1,540		£640	£100	£740		£3,640	£500	£4,140	
SHEFFIELD CHILDRENS HOSPITAL	16	0	16	636	7	0	7	780	3	0	3	392	26	0	26	1808
	£320	£0	£320		£140	£0	£140		£60	£0	£60		£520	£0	£520	
Grand Total Handover				80287				94201				37352				211840
Grand Total Breaches	1929	79	2008		1481	100	1581		591	67	658		4001	246	4247	
Grand Total Cost	£38,580	£7,900	£46,480		£29,620	£10,000	£39,620		£11,820	£6,700	£18,520		£80,020	£24,600	£104,620	

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'