



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

December 2013



Yorkshire Ambulance Service **NHS**
NHS Trust

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Section 1

Executive Summary



Overall Trust wide Top Exceptions

RAG	Section	No of months Exception	Exceptions for month	Comments	Who	When	Year end Risk Level
AMBER	2.1		Resource Hours				AMBER
RED	2.2	1/9	Red 1 8 Minute performance	Focus on Red plan as presented to TEG	Director of Operations		GREEN
RED	2.2	5/9	Red 2 8 Minute performance	Focus on Red plan as presented to TEG	Director of Operations		GREEN
RED	2.11	3/9	Number of patients arriving more than 60 mins early should not exceed 2%	The target was missed by 0.10% against trajectory with 102 breaches of the standard against 11747 journeys, noted that the area overall had 6% increase in activity during December with spikes in demand due to clinics increasing throughput on the lead up to the festive holiday period.	Locality Manager	Jan-14	AMBER
RED	2.11	6/9	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	The target was missed by 1.68% against trajectory with 197 breaches of the standard against 11747 journeys, noted that the area overall had 6% increase in activity during December with spikes in demand due to clinics increasing throughput on the lead up to the festive holiday period.	Locality Manager	Jan-14	AMBER
RED	2.11	5/9	Abortive journeys should not exceed 4.5% (by end of year)	In discussion and with West Yorkshire Commissioners - The abortive rates target which has significantly worsened 7.02% against trajectory of 5.5% will be a future monitoring target in recognition of acutes system / process failures.	Locality Manager	Jan-14	AMBER
RED	2.11	3/9	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	0.04%, negatively affected 3 patients on total of 3863	Locality Manager	Jan-14	AMBER
RED	2.11	3/9	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	0.09% negatively affected 18 patients on total of 3586	Locality Manager	Jan-14	AMBER
RED	2.12	6/9	Number of patients arriving more than 60 mins early should not exceed 2%	Performance improved slightly in December - 4.25% against target of 2% affecting 63 patients of a total 1529	Locality Manager	Jan-14	AMBER
RED	2.12	5/9	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	2.87% negative to target affecting 44 patients of a total 1529	Locality Manager	Jan-14	AMBER
RED	2.12	6/9	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	Performance significantly worsened over the quarter to 7.99% over trajectory	Locality Manager	Jan-14	AMBER
RED	2.12	5/9	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	Performance significantly worsened over the quarter to 7.93% over trajectory	Locality Manager	Jan-14	AMBER
RED	2.12	5/9	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	2.23% negatively affecting 41 patients of a total 1455	Locality Manager	Jan-14	AMBER
RED	2.12	6/9	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	2.9% negatively affecting 42 patients of a total 1455	Locality Manager	Jan-14	AMBER
RED	2.12	4/9	Number of patients waiting longer than 45 minutes for transport after their appointment should not exceed 10%	Priority Patients KPI 3b-3c -4a-4b- 6- all exceeded targets	Locality Manager	Jan-14	AMBER
RED	2.12	4/9	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	Action plan for East Yorkshire Consortia - design work on new staff rotas / journey schedules / deployment points.	Locality Manager	Jan-14	AMBER
RED	2.12	8/9	Number of patients waiting longer than 120 minutes for transport after their ready time should not exceed 10%		Locality Manager	Jan-14	AMBER
RED	2.13	9/9	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90%	Rotherham and Sheffield KPI 1a affecting 98 patients 17 Rotherham 81 Sheffield of a total 6815	Locality Manager	Jan-14	AMBER
RED	2.13	9/9	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10%	Sheffield and Doncaster area continues to exceed this KPI 3a target, Improvement plan in place.	Locality Manager	Jan-14	AMBER
RED	2.13	9/9	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%	Sheffield only. Negative to target of 5.66% affecting 157 patients from total of 3360. Improvement Plan for South Consortia to improve Sheffield performance is ongoing.	Locality Manager	Jan-14	AMBER
RED	2.14	7/9	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	0.92% negatively affecting 28 patients of a total 3051 conveyed	Locality Manager	Jan-14	AMBER
RED	2.14	9/9	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	KPI 2b - 59 patients exceeded target of a total 993 conveyed	Localiiy Manager	Jan-14	AMBER

RED	2.14	5/9	Number of patients arriving more than 30 mins early should not exceed 5%	KPI 3a - 35 patients exceeded target of a total 517 conveyed	Locality Manager	Jan-14	AMBER
RED	2.14	3/9	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	KPI 3c -Harrogate & Rural districts negatively affect overall North Yorkshire performance- 20 breaches of 21 total patients conveyed	Locality Manager	Jan-14	AMBER
RED	2.14	1/9	Number of patients travelling up to 10 miles with journey times of longer than 45 mins should not exceed 10%	Harrogate & Rural Districts negatively affect overall North Performance -12 breaches of a total 28 conveyed.	Locality Manager	Jan-14	AMBER
RED	2.16	9/9	Warm transfer of NHS 111 calls to Clinical Adviser.	Internal service optimisation programme continuing and discussions scheduled with commissioners for January 2014 relating to future clinical model.	Associate Director of NHS 111/Urgent Care	Mar-14	RED
RED	3.3	1/9	Premises audit Calderdale, Kirklees, Wakefield	Issues relating to tagging and securing of waste and clutter in station buildings. Feedback from audit provided to local manager for action.	Locality Director - West	Jan-14	GREEN
AMBER	3.12	6/9	National Audit Programme	Stable, if limited, functionality with the ReadSoft scanning and verification software has permitted the Clinical Audit team to plan for recovery over the remaining Quarter of the financial year.	Executive Medical Director		AMBER
AMBER	3.12	7/9	Internal Clinical Audit Plan	Stable, if limited, functionality with the ReadSoft scanning and verification software has permitted the Clinical Audit team to plan for recovery over the remaining Quarter of the financial year.	Executive Medical Director		AMBER
AMBER	3.20	4/9	Freedom of Information responses	Only 34% of FOI requests were responded to within time this month. This has been due, in the main to a delay in filling the Head of Engagement post where this responsibility now sits. This person is now in place and significant improvements are expected in compliance going forward.	Director of People & Engagement	End of Feb 2014	GREEN
AMBER	4.3	4/9	PDR %	Compliance rate is 75%. In total, 96% of staff have now received a PDR, although 21% remain overdue. PTS and A&E remain the most significant areas of non compliance.	Directors and Managers		AMBER
RED	4.4	9/9	Sickness / Absence %	On-going national uncertainty regarding Unsocial Hours deductions and sick pay may detrimentally affect the ability to deliver the year end target. Negotiations continue with a view to reaching agreement by February. A new absence management policy has been discussed at length with the Trade Unions. The meeting planned for January 8th was postponed due to Union commitment to the A&E Redesign. It is hoped that agreement will be reached in early February, but in the absence of that, consideration will be given to implementation in the absence of agreement.	Directors and Managers		AMBER

2013-14 BUSINESS PLAN OBJECTIVES		Lead Director	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
			RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast
KPI	Description														
Strategic Goal - Continuously Improving Patient Care															
1	Improve consistency in delivery of Red performance every day of the week, throughout the year, across the Yorkshire and the Humber region, including rural areas underpinned by developing a new rota model for the A&E service.	Russell Hobbs	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	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.	Russell Hobbs	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	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	AMBER				AMBER
4	Deliver all CQUIN targets across both our PTS and A&E service.	Rod Barnes / Russell Hobbs	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER				GREEN
Strategic Goal - High Performing															
5	Deliver Red 1 mandatory target through the implementation of the Red 1 action plan.	Russell Hobbs	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER				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	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	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	AMBER	GREEN				GREEN
Strategic Goal - Always Learning															
9	Achieve FT status by the end of 2013-14.	David Whiting	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	RED				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	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	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	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	AMBER	AMBER				AMBER
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	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	GREEN				GREEN
16	Develop and commence roll-out of ECS.	Rod Barnes / Russell Hobbs	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	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		Comments E1
2		2.4a
3		Comments E2
5		Comments E2
7		Comments E3
8		Comments 2.16
9		
12		Comments 3.2
13		Section 5
14		Comments E7
16		

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	RED	RED				GREEN
GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				GREEN

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

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

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
AMBER	2.1		Resource Hours				AMBER
RED	2.2	1/9	Red 1 8 Minute performance	On track for year	Director of Operations		GREEN
RED	2.2	5/9	Red 2 8 Minute performance	Focus on Red Plan as presented to TEG Implementation of A&E Redesign actions to support efficiency and performance	Director of Operations		GREEN

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

- Red 1 performance was 72.7% (64.9% previous year)
- Red 2 performance was 71.8% (68.8% previous year)
- Combined performance was 71.9% (68.5% previous year)

The main drivers for this Red 8 result were:

- Marginal increase overall in activity compared to last year, however, the largest increase was red demand.
- Additional emergency cover was provide by Private Providers from the second week of December through to the 2nd of January. This additional support was targeted at evenings and weekends.

Resilience

Risk Assessments:- Fire Service Strikes, Christmas Eve, New years Eve, and 3rd January 2014, contingency plans in place no impact on service delivery.

Business Continuity:- BC Plans issued in December were resilience, Private and events, HART and EOC. NHS 111 BC plan in final draft awaiting approval. Live activation of EOC BC plans for two CAD failures in December 2013.

Training courses completed this month (reduced training courses due to winter/xmas period)- Following scoping work and several workshops within EOC managers and staff through November and December (last two courses 5th and 12th December 2013) we have been carrying out 1 day training session for EOC staff jointly with their management team. All EOC staff and supervisors have been trained. Over 50 staff from the four Yorkshire Police services also attend/support the training which is scenario based and encourages working together and understanding each others services, roles and responsibilities. 1 x ECA course, 1 x MTFA training day.

JESIP- Joint Interoperability Programme - 2 x JESIP in West Yorkshire.

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

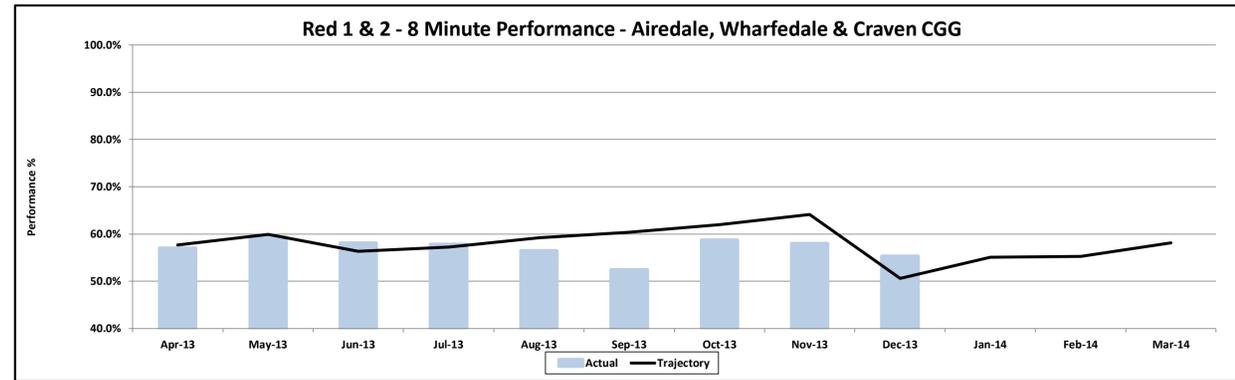
1. Improving the experience and outcomes for patients residing in rural locations
2. Development of alternatives to reduce conveyance to A&E departments
3. Collaborative working with specific care home providers to develop a reporting framework for the top 100 care homes
4. Self Care - Improving patient 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	AMBER	GREEN				GREEN
15.00%	£617,292	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN				GREEN
20.00%	£823,056	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				GREEN
7.50%	£308,646	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				GREEN
7.50%	£308,646	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				GREEN
20.00%	£823,056	GREEN	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER				GREEN
5.00%	£205,764	GREEN	GREEN	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

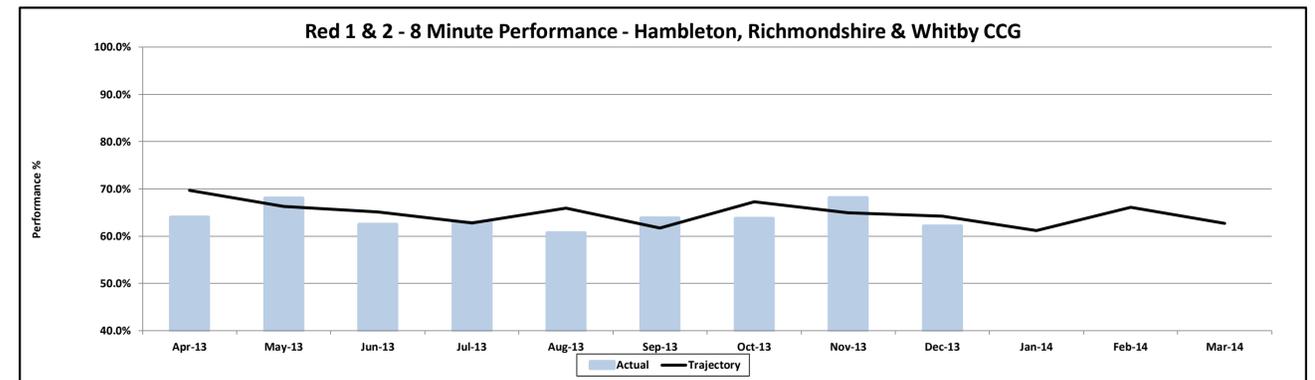
Comments
Q1 targets achieved. Q2 report submitted, all milestones achieved and proposed improvement targets agreed by commissioners with the exception of CQUIN 6. CQUIN 6 - 1.5% of the Q2 payment is being withheld pending submission of further requested detail at Q3.

CQUIN 6 Red Performance by CCG

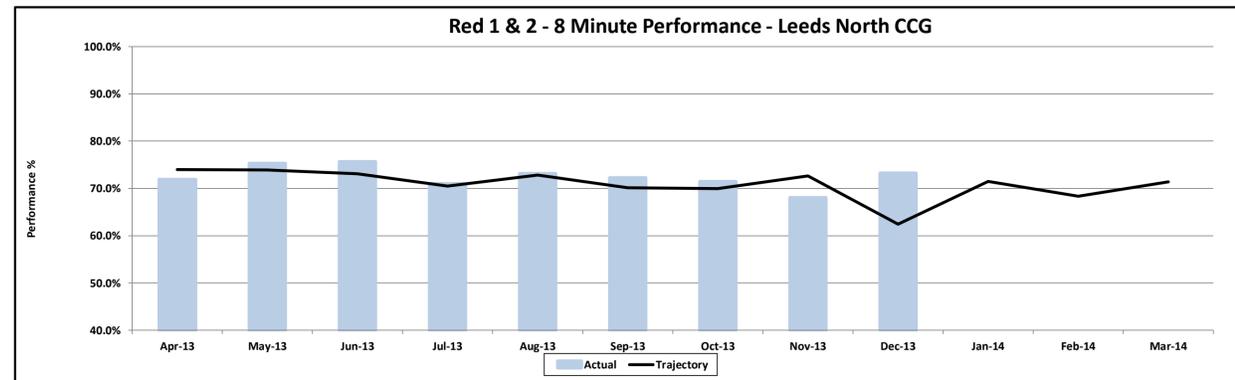


Airedale, Wharfedale & Craven CCG	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Trajectory	57.7%	59.9%	56.3%	57.2%	59.2%	60.4%	62.0%	64.1%	50.6%	55.1%	55.3%	58.1%	57.7%
Actual	57.0%	59.3%	58.1%	57.8%	56.5%	52.4%	58.7%	58.0%	55.3%				57.0%

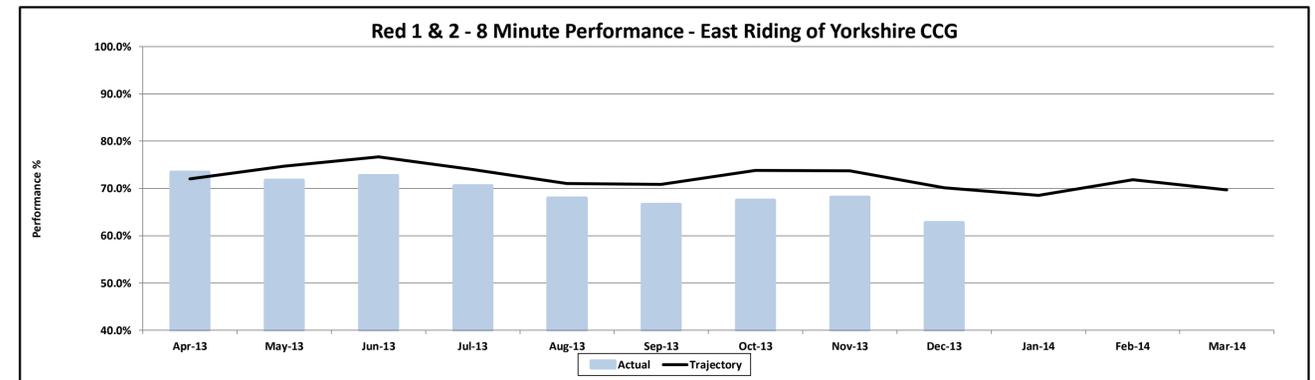
* Trajectory includes Cumbria CCG



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%	68.1%	62.1%				64.0%



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%	68.0%	73.2%				72.4%



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%	68.1%	62.7%				68.9%

Total Demand

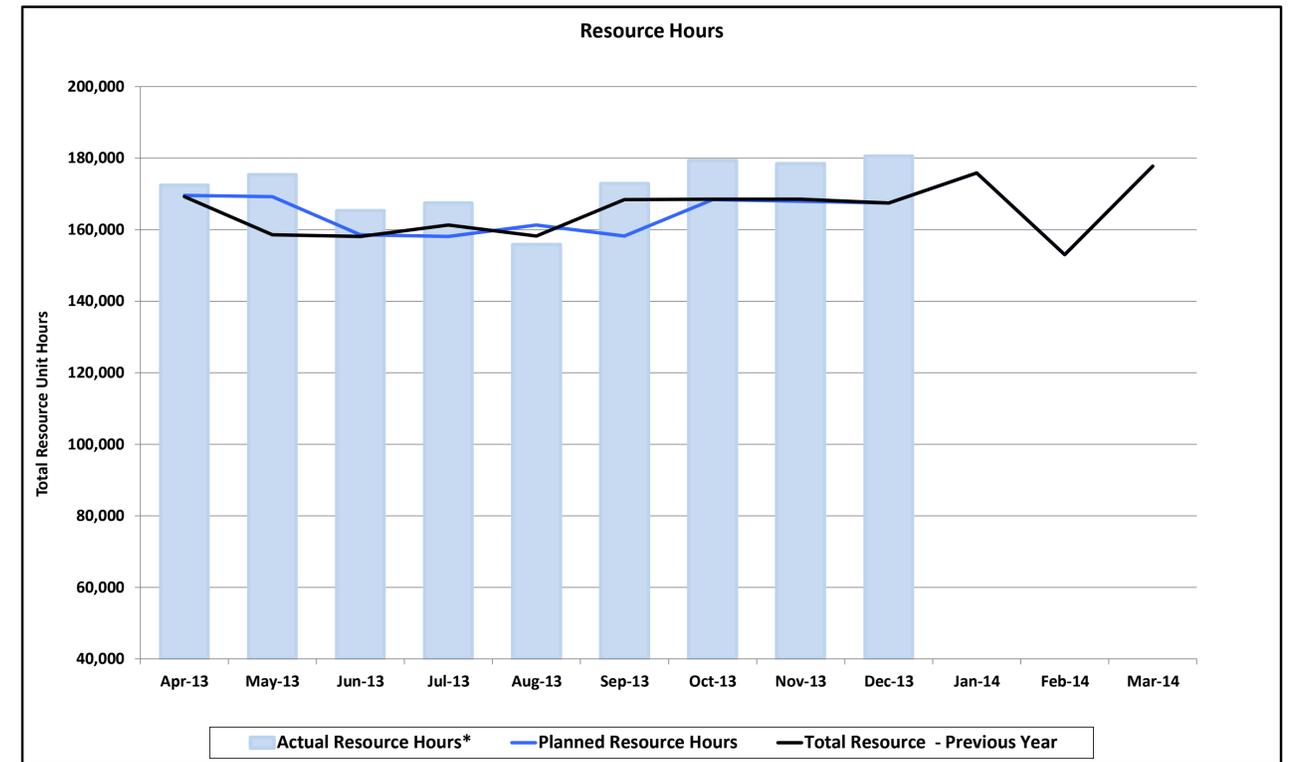
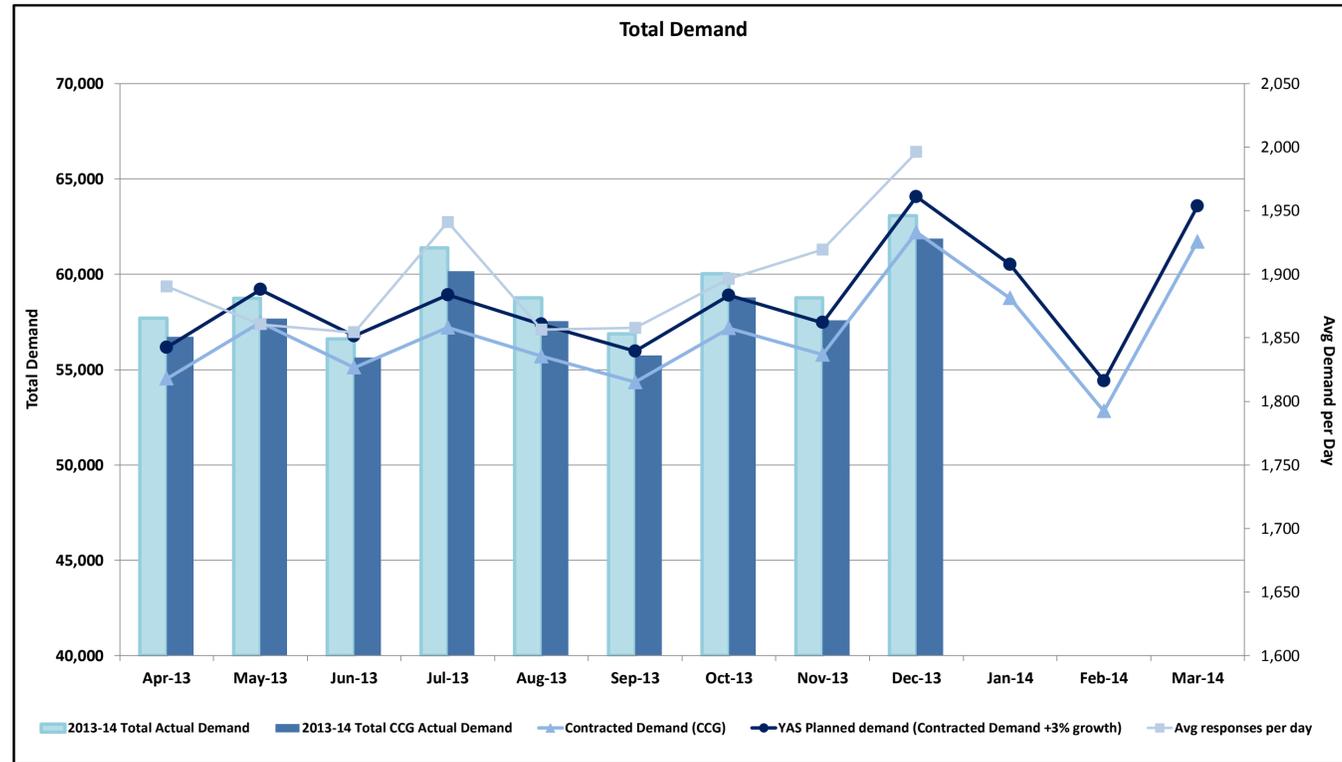
OBJ REF 3

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	YTD
2012-13 Total Actual Demand	55,624	58,677	56,185	58,373	55,830	56,024	58,876	57,433	64,315	60,214	54,277	63,233	521,337
2013-14 Total Actual Demand	57,697	58,749	56,616	61,386	58,773	56,876	60,026	58,760	63,072				531,955
% Variance Current Year to Last Year	3.7%	0.1%	0.8%	5.2%	5.3%	1.5%	2.0%	2.3%	-1.9%				2.0%
Contracted Demand (CCG)	54,531	57,471	55,107	57,203	55,700	54,337	57,173	55,790	62,203	58,746	52,821	61,717	509,515
YAS Planned demand (Contracted Demand +3% growth)	56,167	59,195	56,760	58,919	57,371	55,967	58,888	57,464	64,069	60,508	54,406	63,569	524,800
2013-14 Total CCG Actual Demand	56,712	57,677	55,627	60,172	57,551	55,735	58,785	57,583	61,881				521,723
Variance to Contracted Demand	4.0%	0.4%	0.9%	5.2%	3.3%	2.6%	2.8%	3.2%	-0.5%				2.4%
Variance to YAS Planned Demand	1.0%	-2.6%	-2.0%	2.1%	0.3%	-0.4%	-0.2%	0.2%	-3.4%				-0.6%
Avg responses per day	1,890	1,861	1,854	1,941	1,856	1,858	1,896	1,919	1,996				

		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
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	1,311,139
Actual Resource Hours*	TOTAL	172,362	175,407	165,255	167,459	155,817	172,854	179,240	178,421	180,534				
	DCA	96,078	96,259	92,965 *	96,138 *	93,270 *	95,561 *	106,713 *	103,545 *	107,338 *				
	RRV	63,289	60,931	62,745	65,127	56,715	60,496	70,129	67,643	73,196				
Avg Total Resource Hours per day	ALL	5,745	5,658	5,509	5,402	5,026	5,762	5,782	5,947	5,824				
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: YAS Planned demand is based on last years outturn at response level + 3% growth (a response is a distinct count of a resource arriving at scene, a resource is either a vehicle or a triaged call). Actual demand is a distinct count of a resource that has arrived scene, again this could be either a vehicle or a triaged call. Total Actual Demand includes ECP's, Out of Areas and NHSD passbacks but excludes Embrace (this differs from page 5.5 which does not). Contracted demand excludes ECP, OOA and Embrace.

Category Red 1 - 8 Minute Performance HQU03_01

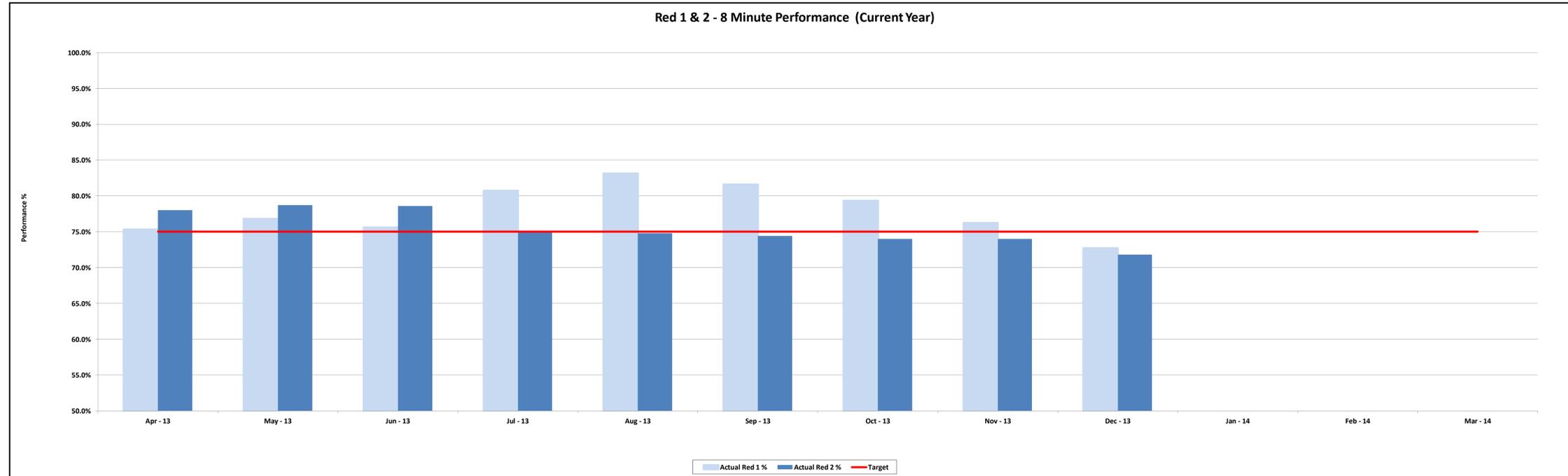
OBJ REF 3

YTD RAG GREEN
MTD RAG RED

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%	76.2%	72.7%				78.4%
	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		-2.0%	-0.3%	1.0%	7.3%	10.0%	8.5%	7.2%	3.8%	7.8%				5.9%
National Average		75.3%	74.0%	73.5%	75.4%	76.9%	75.2%	74.6%	74.2%					

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%	74.0%	71.8%				75.4%
	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		0.5%	1.5%	-1.9%	-1.3%	-1.7%	-1.4%	-1.6%	-2.4%	3.0%				-0.1%
National Average		76.6%	75.6%	75.8%	73.5%	74.9%	73.4%	73.3%	73.0%					

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%	82.7%	76.7%				81.7%
	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	-4.3%	4.7%	-1.2%	8.4%	14.3%	7.1%	6.2%	5.7%	12.3%				7.8%
Airedale Bradford & Leeds	Current Year	73.8%	76.4%	74.2%	79.5%	83.5%	79.6%	78.9%	74.4%	72.4%				77.3%
	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	-4.8%	-4.1%	0.6%	5.8%	11.7%	3.4%	7.9%	3.1%	9.7%				4.4%
North Yorkshire	Current Year	66.1%	74.3%	71.3%	77.6%	78.6%	82.1%	77.5%	71.9%	73.9%				75.6%
	Previous Year	74.4%	66.7%	64.8%	72.1%	71.9%	63.4%	69.4%	71.9%	67.5%	66.0%	64.6%	65.6%	68.1%
	% Variance	-8.3%	7.6%	6.5%	5.5%	6.7%	18.7%	8.1%	0.0%	6.4%				7.5%
The Humber	Current Year	82.1%	79.0%	78.4%	85.2%	85.2%	85.0%	84.6%	74.6%	69.2%				81.0%
	Previous Year	81.4%	81.7%	75.1%	75.8%	74.8%	69.3%	75.0%	73.8%	68.4%	73.9%	77.6%	81.7%	75.5%
	% Variance	0.7%	-2.7%	3.3%	9.4%	10.4%	15.7%	9.6%	0.8%	0.8%				5.5%
South Yorkshire	Current Year	77.4%	75.5%	77.7%	78.8%	82.3%	79.6%	77.9%	76.1%	71.6%				77.7%
	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	4.0%	-2.3%	-1.6%	7.7%	7.3%	4.9%	5.5%	5.5%	5.7%				4.9%

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

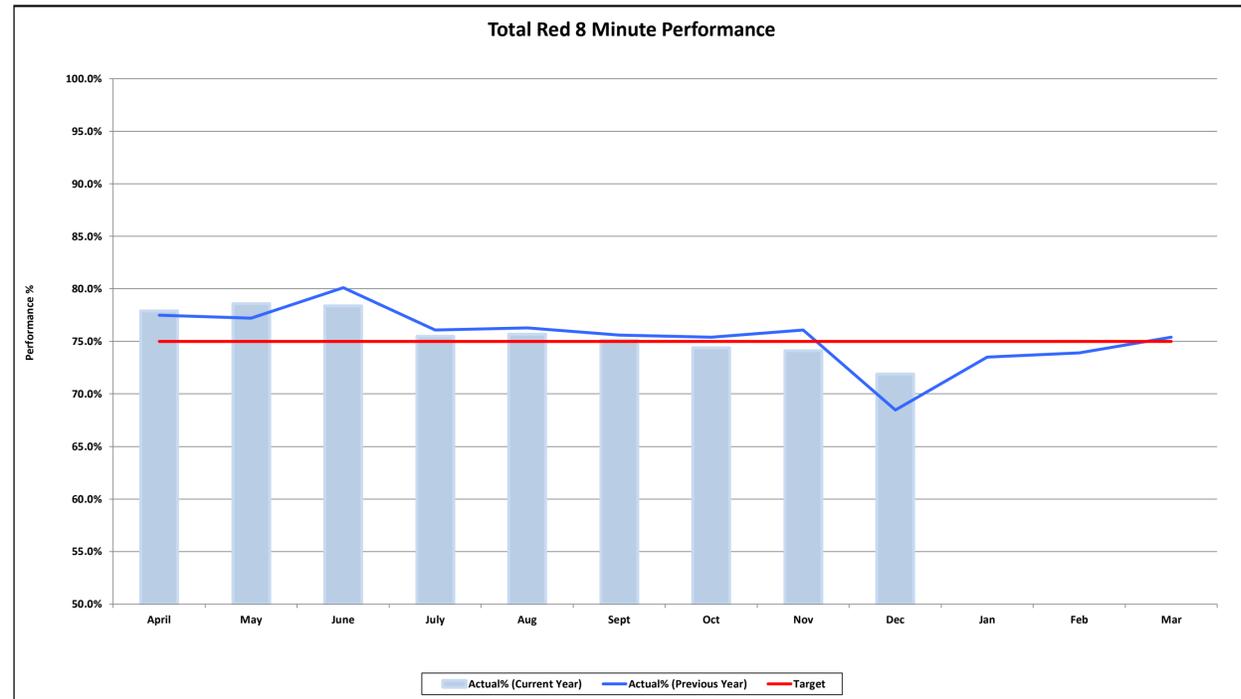
RED 2 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.9%	81.2%	80.7%	76.3%	75.8%	76.5%	75.8%	76.2%	73.4%				77.3%
	Previous Year	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	76.8%	67.5%	75.2%	77.0%	76.1%	76.0%
	% Variance	2.2%	3.2%	-0.6%	0.2%	-1.4%	-0.6%	0.6%	-0.6%	5.9%				1.3%
Airedale Bradford & Leeds	Current Year	77.3%	78.6%	78.5%	75.2%	76.5%	74.9%	74.6%	73.8%	73.2%				75.8%
	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%	1.6%	-0.9%	-2.0%	-1.1%	-0.4%	-0.4%	-2.1%	5.9%				0.6%
North Yorkshire	Current Year	73.1%	76.2%	73.3%	72.1%	68.1%	71.3%	68.2%	71.8%	70.0%				71.5%
	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	-0.9%	4.5%	-1.6%	1.0%	-3.7%	1.7%	-5.4%	-1.9%	2.0%				-0.3%
The Humber	Current Year	82.9%	82.2%	81.3%	79.5%	77.5%	76.1%	77.4%	78.8%	71.4%				78.4%
	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	3.1%	1.3%	-2.5%	-2.0%	-1.6%	-3.4%	-2.3%	-2.4%	-7.8%				-1.7%
South Yorkshire	Current Year	78.0%	77.2%	79.1%	73.9%	75.0%	73.8%	74.0%	72.1%	71.0%				74.8%
	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	-0.7%	-1.1%	-2.8%	-2.3%	-1.7%	-3.4%	-2.1%	-4.1%	3.3%				-0.9%

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

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

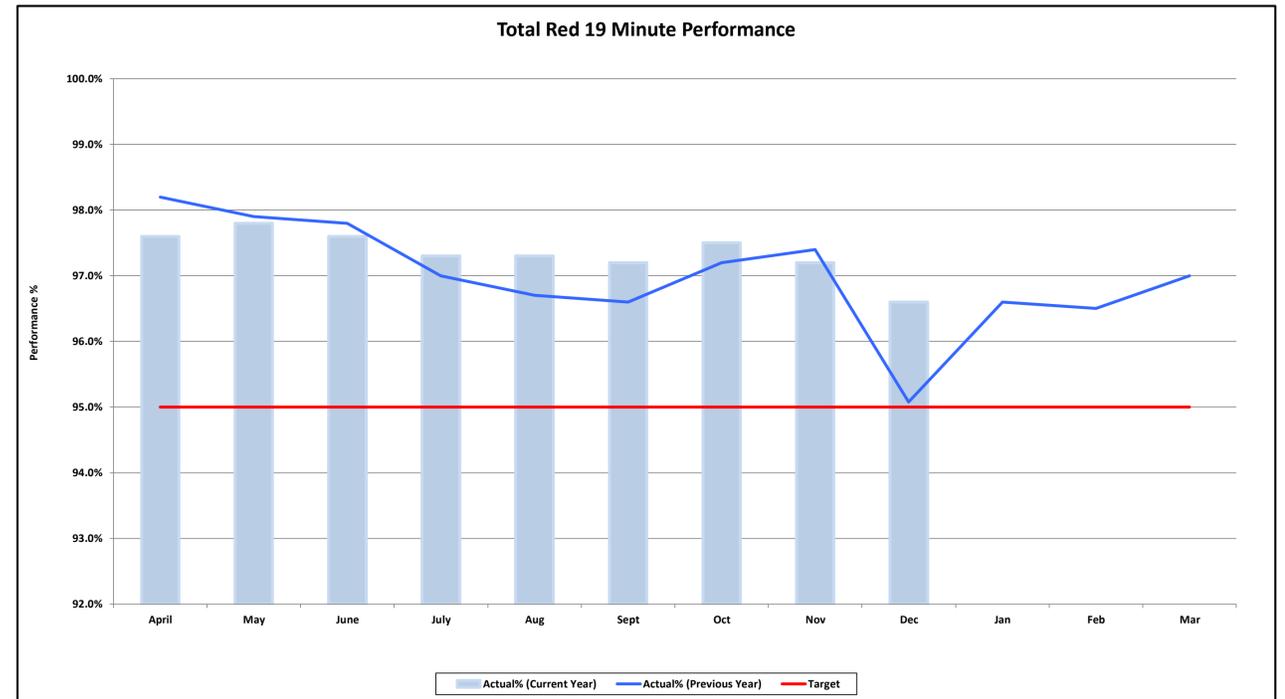
YTD RAG	GREEN
MTD RAG	RED



Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



RED 8	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual% (Current Year)	77.9%	78.6%	78.4%	75.5%	75.7%	75.1%	74.4%	74.1%	71.9%				75.7%
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	0.4%	1.4%	-1.7%	-0.6%	-0.6%	-0.5%	-1.0%	-2.0%	3.4%				0.4%

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%	97.2%	96.6%				97.3%
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%	-0.2%	1.5%				0.3%
National Average		96.3%	96.0%	95.8%	95.7%	96.1%	95.9%	96.1%	95.8%					

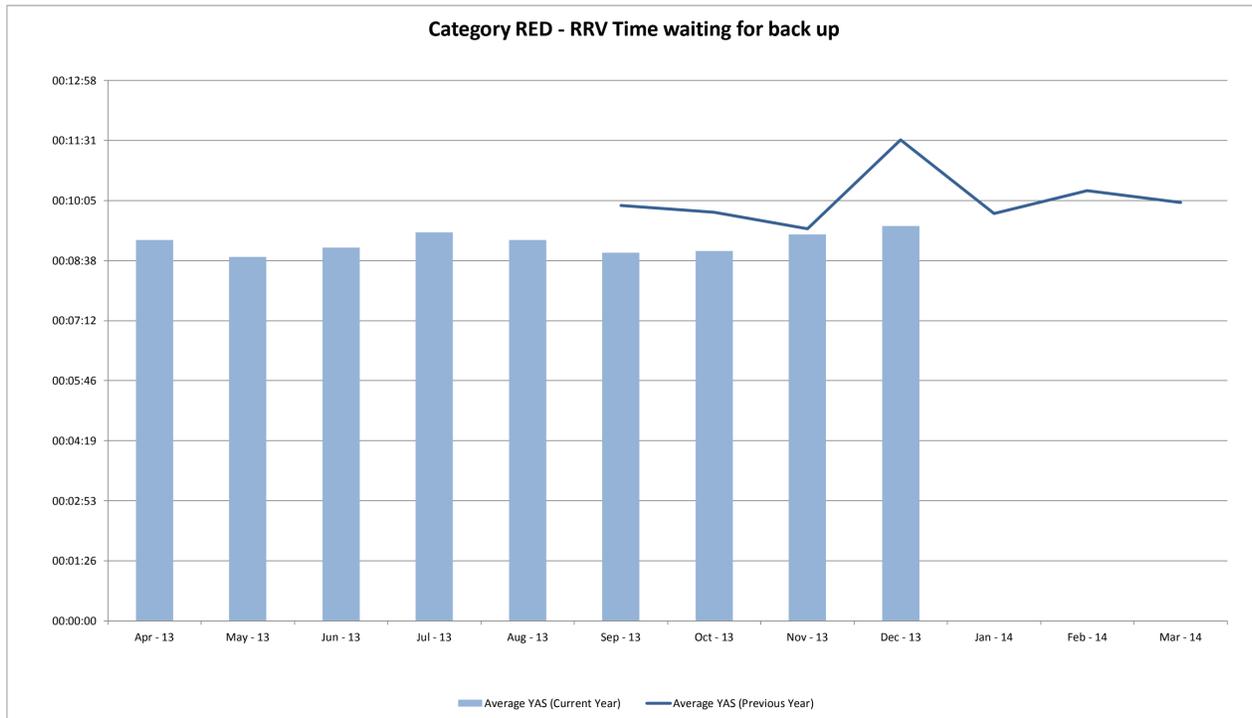
RED 8 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.8%	81.2%	80.5%	77.0%	77.0%	77.4%	76.2%	76.8%	73.6%				77.7%
	Previous Year	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	76.8%	67.2%	75.0%	76.4%	75.8%	75.9%
	% Variance	1.8%	3.3%	-0.8%	0.9%	0.2%	0.2%	1.1%	0.0%	6.4%				1.8%
Airedale Bradford & Leeds	Current Year	77.1%	78.5%	78.3%	75.5%	77.1%	75.3%	74.9%	73.8%	73.1%				75.9%
	Previous Year	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	75.5%	67.0%	74.1%	72.2%	75.3%	75.0%
	% Variance	-0.2%	1.2%	-0.9%	-1.4%	-0.1%	0.0%	0.1%	-1.7%	6.1%				0.9%
North Yorkshire	Current Year	72.6%	76.0%	73.2%	72.5%	69.2%	72.4%	68.9%	71.8%	70.3%				71.8%
	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	0.5%	1.9%	-1.0%	1.4%	-2.6%	3.2%	-4.4%	-1.8%	2.3%				0.3%
The Humber	Current Year	82.8%	82.0%	81.1%	80.0%	78.4%	77.0%	78.1%	78.6%	71.2%				78.6%
	Previous Year	79.9%	81.0%	83.2%	81.1%	78.8%	78.7%	79.5%	80.6%	78.4%	77.7%	79.6%	79.9%	79.8%
	% Variance	2.9%	1.0%	-2.1%	-1.1%	-0.4%	-1.7%	-1.4%	-2.0%	-7.2%				-1.2%
South Yorkshire	Current Year	78.0%	77.0%	79.1%	74.3%	75.7%	74.4%	74.3%	72.4%	71.0%				75.0%
	Previous Year	78.4%	78.2%	81.7%	75.8%	76.5%	77.0%	75.9%	75.8%	67.6%	72.1%	72.9%	75.5%	75.5%
	% Variance	-0.4%	-1.2%	-2.6%	-1.5%	-0.8%	-2.6%	-1.6%	-3.4%	3.4%				-0.5%

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%	97.9%	97.7%				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	-0.4%	0.1%	-0.1%	-0.3%	0.5%	0.6%	0.8%	0.3%	2.7%				0.6%
Airedale Bradford & Leeds	Current Year	98.2%	98.5%	98.0%	98.4%	98.4%	98.0%	98.2%	98.1%	97.5%				98.1%
	Previous Year	98.7%	98.5%	98.5%	97.9%	98.1%	97.7%	98.2%	97.9%	96.1%	97.8%	97.4%	98.0%	97.9%
	% Variance	-0.5%	0.0%	-0.5%	0.5%	0.3%	0.3%	0.0%	0.2%	1.4%				0.2%
North Yorkshire	Current Year	94.8%	95.0%	94.3%	93.2%	92.6%	93.9%	94.0%	93.9%	93.3%				93.9%
	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	-0.4%	0.5%	0.4%	-0.5%	0.2%	2.1%	0.0%	-0.4%	2.2%				0.7%
The Humber	Current Year	96.4%	96.7%	96.4%	95.9%	95.7%	95.2%	95.9%	96.1%	94.0%				95.8%
	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	-1.1%	-0.9%	-0.7%	0.2%	0.3%	-0.4%	-0.5%	-0.7%	-0.5%				-0.2%
South Yorkshire	Current Year	98.4%	98.6%	98.8%	98.3%	98.5%	98.5%	98.8%	98.0%	97.5%				98.4%
	Previous Year	99.0%	98.9%	98.5%	97.6%	97.5%	97.7%	98.1%	98.4%	96.2%	97.5%	97.3%	98.4%	97.9%
	% Variance	-0.6%	-0.3%	0.3%	0.7%	1.0%	0.8%	0.7%	-0.4%	1.3%				0.5%

Category RED - RRV Time waiting for back up

OBJ REF 3

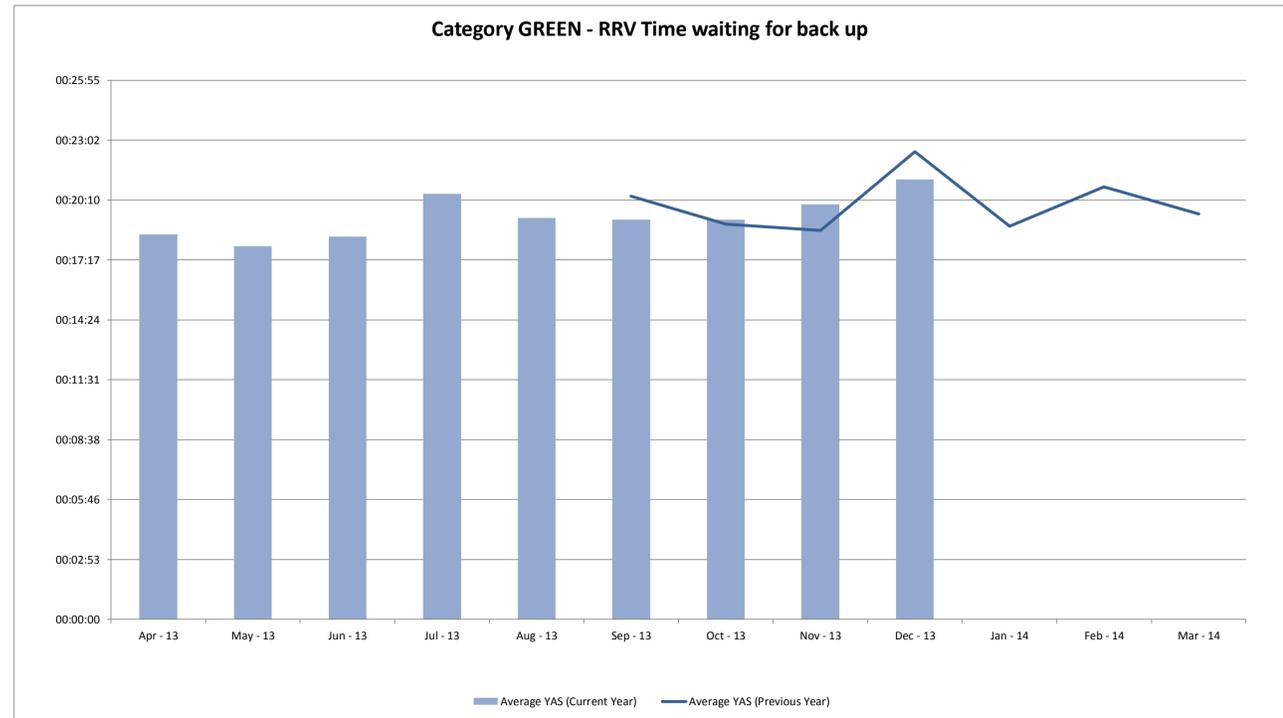
YTD RAG	N/A
MTD RAG	N/A



Category GREEN - RRV Time waiting for back up

OBJ REF 3

YTD RAG	N/A
MTD RAG	N/A



RED - YAS	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Target (Average)	TBC	TBC	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	00:09:16	00:09:28			
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	00:27:25	00:28:13			
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	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	00:19:57	00:21:09			
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	00:56:24	00:58:15			
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	00:08:59	00:08:49		
	Previous Year						00:10:09	00:10:14	00:09:34	00:11:47	00:09:30	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	00:09:19	00:09:15		
	Previous Year						00:09:47	00:10:09	00:09:30	00:11:54	00:09:24	00:10:43
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	00:08:00	00:07:39		
	Previous Year						00:08:03	00:07:36	00:07:40	00:08:42	00:08:03	00:08:08
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	00:07:38	00:08:49		
	Previous Year						00:07:17	00:07:07	00:08:00	00:07:34	00:08:07	00:07:31
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	00:10:39	00:11:21		
	Previous Year						00:11:27	00:10:41	00:10:40	00:13:23	00:11:39	00:11:54

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	00:19:21	00:18:54		
	Previous Year						00:20:21	00:19:22	00:18:31	00:22:31	00:18:55	00:20:05
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	00:20:43	00:20:55		
	Previous Year						00:20:52	00:20:25	00:20:03	00:23:26	00:18:12	00:22:07
North Yorkshire	Current Year	00:12:38	00:11:51	00:12:21	00:15:27	00:15:25	00:14:02	00:15:38	00:14:25	00:15:49		
	Previous Year						00:13:05	00:12:36	00:11:36	00:15:16	00:13:09	00:14:21
The Humber	Current Year	00:13:18	00:11:57	00:15:26	00:15:58	00:15:34	00:15:57	00:16:37	00:17:37	00:22:47		
	Previous Year						00:15:13	00:12:54	00:11:46	00:13:42	00:15:18	00:14:59
South Yorkshire	Current Year	00:20:50	00:20:46	00:19:57	00:24:31	00:22:35	00:22:23	00:21:18	00:23:01	00:22:47		
	Previous Year						01:03:29	00:54:26	00:57:09	01:07:43	01:00:05	01:03:40

A&E Operational Delivery Model

OBJ REF 3

	Item	Apr-12	Apr-13	May-12	May-13	Jun-12	Jun-13	Jul-12	Jul-13	Aug-12	Aug-13	Sep-12	Sep-13	Oct-12	Oct-13	Nov-12	Nov-13	Dec-12	Dec-13	Jan-13	Jan-14	Feb-13	Feb-14	Mar-13	Mar-14
Demand	Plan Demand (SLA Responses)	51,222	54,570	54,782	57,520	52,867	55,155	54,188	57,239	52,745	55,752	52,065	54,337	55,598	57,173	53,840	55,790	62,592	62,203	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	58,760	63,034	63,072	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%	4.7%	3.6%	5.0%	4.5%	5.3%	0.7%	1.4%	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	£305,799	£351,130	£337,529	£21,784	£-110,192	£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		01:00:40		01:03:41		01:02:19		01:02:39		01:02:49
	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	01:01:29	01:03:41	01:02:12	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	178,421	167,423	180,534	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	2,107	2,102	2,107	2,102	2,107	2,102	2,107	2,102	2,107
	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	2,087	2,026	2,069	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	22,860	24,694	21,996	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	£515,311	£589,953	(£361,908)	£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%	30.0%	29.0%	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%	28.5%	29.8%	29.5%	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	0.36	0.33	0.32	0.34	0.39	0.36	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%	75.0%	75.2%	75.0%	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%	74.1%	68.5%	71.9%	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 72.7% for the month (YTD of 78.27%)
 - Red 2 performance was 71.8% for the month (YTD of 75.40%)
 - Combined performance was 71.9% for the month (YTD of 75.62%)
- The main drivers for this Red 8 result were:
- Marginal increase overall in activity compared to last year, however, the largest increase was red demand.
 - Additional emergency cover was provide by Private Providers from the second week of December through to the 2nd of January. This additional support was targeted at evenings and weekends.

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	2,965	2,249	2,965	2,312	2,965	2,568	2,965	2,535	2,965	3,058	2,965	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	1,922	2,951	2,183	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%	6.0%	5.5%	6.0%	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%	4.1%	5.3%	4.4%	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	1,212	1,670	1,423	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	710	1,281	760	1,699		1,613		1,793	

Comments

Work is on-going through the Clinical Hub project team and the Right Care programme board to improve the number of calls closed through the hub. However the hub is showing an improvement on the same period last year. The reason for the fall in the amount of overall calls closed through telephony advice is due to the fall in the number we are now sending to NHS Direct. In the past there was an assumption that all the incidents sent to NHS Direct were closed and an ambulance wasn't sent however a good indicator that this wasn't the reality is the AQI telephony recontact rate within 24 hrs. This AQI has reduced to 8.2% in December 2013, which falls in line with the reduction in the calls sent to NHS D and then returning to YAS for an Ambulance response or asking the caller to ring back on 999.

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

December 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	107	74.8%	451	90.2%	39	89.7%	409	45	1
HARROGATE & RURAL CCG	92	79.3%	468	93.4%	38	68.4%	397	58	2
SCARBOROUGH & RYEDALE CCG	86	79.1%	390	93.1%	31	80.6%	358	49	0
VALE OF YORK CCG	240	72.1%	1075	89.4%	99	85.9%	707	111	26
NORTH YORKSHIRE CBU	525	75.0%	2384	90.9%	207	82.6%	1871	263	29
ERY CCG	264	70.1%	996	85.4%	51	76.5%	872	110	1
HULL CCG	255	71.8%	1120	82.9%	85	70.2%	860	194	41
EAST YORKSHIRE CBU	519	70.9%	2116	84.1%	136	72.6%	1732	304	42
CALDERDALE CCG	148	73.6%	662	87.3%	56	78.6%	661	124	28
GREATER HUDDERSFIELD CCG	193	76.2%	673	85.4%	48	68.8%	540	119	30
NORTH KIRKLEES CCG	133	78.2%	562	86.5%	39	76.9%	457	108	25
WAKEFIELD CCG	275	74.9%	1127	90.5%	100	64.0%	991	199	57
CALD / KIRK & WAKEFIELD CBU	749	75.6%	3024	87.9%	243	70.4%	2649	550	140
AIREDALE, WHARFEDAILE & CRAVEN CCG	129	69.8%	434	81.8%	25	80.0%	420	61	13
BRADFORD CITY CCG	119	71.4%	404	88.1%	39	78.9%	158	92	1
BRADFORD DISTRICTS CCG	284	68.0%	1116	79.3%	75	77.3%	647	225	15
LEEDS NORTH CCG	176	75.6%	655	86.7%	42	68.3%	481	87	0
LEEDS SOUTH & EAST CCG	238	80.3%	1079	88.8%	125	80.8%	823	216	3
LEEDS WEST CCG	237	72.2%	1019	83.2%	83	75.9%	662	195	1
LEEDS, BRADFORD & AIREDALE CBU	1183	73.0%	4707	84.3%	389	77.5%	3191	876	33
BARNSELY CCG	209	75.6%	841	88.5%	55	78.2%	629	116	6
DONCASTER CCG	309	76.7%	1000	90.6%	101	77.2%	838	187	70
ROTHERHAM CCG	236	73.7%	835	86.3%	73	72.6%	571	151	5
SHEFFIELD CCG	421	73.2%	1786	81.7%	166	72.9%	1230	343	11
SOUTH YORKSHIRE CBU	1175	74.6%	4462	85.7%	395	74.6%	3268	797	92
ECP	27		182		15		420		
OOA/UNKNOWN	24	75.0%	72	80.6%	15	86.7%	29	14	12
YORKSHIRE AMBULANCE SERVICE	4202	73.9%	16947	86.2%	1400	75.8%	13160	2804	348

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	854	75.9%	3648	92.2%	340	86.8%	3527	379	9
HARROGATE & RURAL CCG	807	79.9%	3683	94.8%	298	86.6%	3389	433	21
SCARBOROUGH & RYEDALE CCG	745	78.5%	3442	94.1%	355	87.6%	3133	416	19
VALE OF YORK CCG	1951	79.7%	8591	93.6%	811	89.1%	6464	1066	206
NORTH YORKSHIRE CBU	4357	78.8%	19364	93.6%	1804	88.0%	16513	2294	255
ERY CCG	1967	75.1%	7800	91.1%	679	81.7%	7601	1015	23
HULL CCG	1928	81.4%	8890	92.9%	1118	86.2%	7723	1322	579
EAST YORKSHIRE CBU	3895	78.2%	16690	92.1%	1797	84.5%	15324	2337	602
CALDERDALE CCG	1270	79.0%	5768	89.8%	543	77.2%	5760	957	425
GREATER HUDDERSFIELD CCG	1514	77.8%	5965	89.3%	473	75.1%	5086	1301	436
NORTH KIRKLEES CCG	1096	79.8%	4457	90.4%	359	76.9%	3971	894	229
WAKEFIELD CCG	2131	79.4%	9439	92.6%	842	76.5%	9248	1492	604
CALD / KIRK & WAKEFIELD CBU	6011	79.0%	25629	90.8%	2217	76.4%	24065	4644	1694
AIREDALE, WHARFEDAILE & CRAVEN CCG	985	74.8%	3999	86.3%	299	80.3%	3408	514	112
BRADFORD CITY CCG	861	78.2%	3624	89.3%	474	80.8%	1498	891	5
BRADFORD DISTRICTS CCG	2174	76.0%	9085	86.3%	727	75.1%	5728	1775	113
LEEDS NORTH CCG	1264	79.0%	5129	89.5%	399	75.6%	4376	865	9
LEEDS SOUTH & EAST CCG	1939	81.4%	9083	92.0%	1061	82.8%	7392	1738	81
LEEDS WEST CCG	1923	79.6%	9107	89.3%	767	76.5%	5914	1683	27
LEEDS, BRADFORD & AIREDALE CBU	9146	78.4%	40027	88.9%	3727	78.8%	28316	7466	347
BARNSELY CCG	1675	77.1%	6767	91.7%	619	76.9%	5572	1151	46
DONCASTER CCG	2477	79.0%	8740	92.9%	990	78.0%	6989	1706	800
ROTHERHAM CCG	1770	78.2%	6938	90.6%	776	73.6%	5693	1332	66
SHEFFIELD CCG	3560	76.5%	15078	87.2%	1636	74.2%	12255	3335	130
SOUTH YORKSHIRE CBU	9482	77.5%	37523	89.8%	4021	75.4%	30509	7524	1042
ECPs	239		1572		176		3722		
OOA/UNKNOWN	237	74.5%	889	84.6%	135	81.1%	365	108	55
YORKSHIRE AMBULANCE SERVICE	33367	78.3%	141694	90.5%	13877	79.3%	118814	24373	3995

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				GREEN	GREEN
Emergency Plans	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				GREEN	GREEN
Business Continuity Plans	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN				GREEN	GREEN
Information Provision	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				GREEN	GREEN
Co-operation with other responders	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				GREEN	GREEN
Training	AMBER	GREEN	GREEN	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	8/8	Time to Answer - 95%			
2.7	8/8	Time to Answer - 99%			
2.7	3/8	Abandoned calls			
2.7	8/8	Non A&E			
2.7	5/5	STEMI - 150	Analysis work with the regional cardiac network to address out of performance issues has been recognised nationally as best practice. No breaches of the 150 minutes target were due to YAS delays in August 2013.	Head of Clinical Effectiveness	
2.7	5/5	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	

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

Abandoned calls
 Resolved by telephone
 Stroke - 60
 ROSC - Utstein
 Cardiac - STD Utstein

Bottom Third

Time to Answer - 95%
 Time to Answer - 99%
 Non A&E
 STEMI - 150
 ROSC

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	0:02	0:01	0:01	0:00	0:01	0:01	0:01	0:03	0:02	0:01	0:01	2	November
Time to Answer - 95% EWI	mm:ss	0:06	0:11	0:03	0:01	0:42	0:07	0:08	0:26	0:14	0:09	0:24	8	November
Time to Answer - 99%	mm:ss	0:42	1:05	0:12	0:09	0:52	0:42	1:02	1:08	0:54	0:54	1:16	10	November
Abandoned calls EWI	%	1.16	0.70	1.31	0.02	2.36	2.10	0.70	3.38	0.71	1.05	1.13	6	November
Cat Red 8 minute response - RED 1	%	71.8	74.8	84.7	76.3	78.8	75.9	78.8	75.9	71.8	80.0	79.1	2	November
Cat Red 8 minute response - RED 2	%	71.9	71.1	76.0	73.6	79.7	78.1	75.9	74.0	75.0	74.1	75.9	3	November
95 Percentile Red 1 only Response Time	mm:ss	14:47	14:45	9:02	16:52	13:01	14:05	13:50	13:54	14:59	11:54	12:52	2	November
Cat Red 19 minute response	%	93.6	93.4	96.9	97.8	97.4	95.7	95.5	97.3	95.2	97.3	97.4	2	November
Time to Treat - 50% EWI	mm:ss	6:33	6:23	5:26	6:06	5:48	5:20	5:54	5:46	5:53	6:07	5:29	2	November
Time to Treat - 95%	mm:ss	20:09	20:47	17:49	14:53	16:34	15:41	18:14	17:49	18:22	15:58	13:41	1	November
Time to Treat - 99%	mm:ss	31:53	32:40	31:37	23:32	26:15	36:49	32:08	27:07	29:00	24:23	20:22	1	November
STEMI - Care	%	74.8	83.8	77.4	77.7	75.5	85.5	64.5	78.5	89.1	73.5	84.0	3	August
Stroke - Care	%	97.6	95.5	96.7	94.1	95.4	99.3	98.3	92.1	97.0	94.0	97.9	3	August
Frequent caller *	%	0.06	0.04	0.89	2.18	0.00	0.00	5.03	0.00	0.00	0.00	2.08	3	November
Resolved by telephone	%	4.2	7.6	7.8	4.8	4.3	2.3	4.5	11.5	6.9	6.8	4.5	5	November
Non A&E	%	33.3	44.0	45.9	31.5	30.3	25.3	41.2	42.3	51.7	38.2	29.4	9	November
STEMI - 150	%	90.8	91.8	90.0	92.6	94.1	89.1	91.5	94.0	81.7	88.5	86.7	9	August
Stroke - 60	%	64.9	52.5	57.9	68.3	76.1	79.6	43.1	65.5	54.9	76.3	65.9	5	August
ROSC	%	18.0	20.7	19.7	30.2	31.2	28.3	39.4	33.0	25.0	23.1	23.2	7	August
ROSC - Utstein	%	38.5	39.4	46.7	59.0	65.5	44.7	45.2	48.7	45.9	37.6	46.9	4	August
Cardiac - STD	%	6.9	7.2	6.6	8.8	8.9	8.6	21.5	8.6	10.6	7.1	10.2	3	August
Cardiac - STD Utstein	%	24.5	22.3	20.0	27.6	30.2	22.2	33.9	23.4	29.7	20.5	26.8	5	August
Recontact 24hrs Telephone EWI	%	5.9	10.2	4.2	2.6	14.8	15.6	19.7	10.3	11.4	13.4	8.2	3	November
Recontact 24hrs on Scene EWI	%	5.9	5.3	2.8	6.7	4.4	6.1	6.6	4.3	5.1	5.9	4.7	3	November

*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	3/9	West	Number of patients arriving more than 60 mins early should not exceed 2%	The target was missed by 0.10% against trajectory with 102 breaches of the standard against 11747 journeys, noted that the area overall had 6% increase in activity during December with spikes in demand due to clinics increasing throughput on the lead up to the festive holiday period.	Locality Manager	Jan-14	AMBER
RED	2.11	6/9	West	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	The target was missed by 1.68% against trajectory with 197 breaches of the standard against 11747 journeys, noted that the area overall had 6% increase in activity during December with spikes in demand due to clinics increasing throughput on the lead up to the festive holiday period.	Locality Manager	Jan-14	AMBER
RED	2.11	5/9	West	Abortive journeys should not exceed 4.5% (by end of year)	In discussion and with West Yorkshire Commissioners - The abortive rates target which has significantly worsened 7.02% against trajectory of 5.5% will be a future monitoring target in recognition of acutes system / process failures.	Locality Manager	Jan-14	AMBER
RED	2.11	3/9	West	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	0.04%, negatively affected 3 patients on total of 3863	Locality Manager	Jan-14	AMBER
RED	2.11	3/9	West	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	0.09% negatively affected 18 patients on total of 3586	Locality Manager	Jan-14	AMBER
RED	2.12	6/9	East	Number of patients arriving more than 60 mins early should not exceed 2%	Performance improved slightly in December - 4.25% against target of 2% affecting 63 patients of a total 1529	Locality Manager	Jan-14	AMBER
RED	2.12	5/9	East	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	2.87% negative to target affecting 44 patients of a total 1529	Locality Manager	Jan-14	AMBER
RED	2.12	6/9	East	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	Performance significantly worsened over the quarter to 7.99% over trajectory	Locality Manager	Jan-14	AMBER
RED	2.12	5/9	East	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	Performance significantly worsened over the quarter to 7.93% over trajectory	Locality Manager	Jan-14	AMBER
RED	2.12	5/9	East	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	2.23% negatively affecting 41 patients of a total 1455	Locality Manager	Jan-14	AMBER
RED	2.12	6/9	East	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	2.9% negatively affecting 42 patients of a total 1455	Locality Manager	Jan-14	AMBER
RED	2.12	4/9	East	Number of patients waiting longer than 45 minutes for transport after their appointment should not exceed 10%	Priority Patients KPI 3b-3c -4a-4b- 6- all exceeded targets	Locality Manager	Jan-14	AMBER
RED	2.12	4/9	East	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	Action plan for East Yorkshire Consortia - design work on new staff rotas / journey schedules / deployment points.	Locality Manager	Jan-14	AMBER
RED	2.12	8/9	East	Number of patients waiting longer than 120 minutes for transport after their ready time should not exceed 10%		Locality Manager	Jan-14	AMBER
RED	2.13	9/9	South (Rotherham, Sheffield)	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90%	Rotherham and Sheffield KPI 1a affecting 98 patients 17 Rotherham 81 Sheffield of a total 6815	Locality Manager	Jan-14	AMBER
RED	2.13	9/9	South (Doncaster, Sheffield)	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10%	Sheffield and Doncaster area continues to exceed this KPI 3a target, Improvement plan in place.	Locality Manager	Jan-14	AMBER
RED	2.13	9/9	South (Sheffield)	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%	Sheffield only. Negative to target of 5.66% affecting 157 patients from total of 3360. Improvement Plan for South Consortia to improve Sheffield performance is ongoing.	Locality Manager	Jan-14	AMBER
RED	2.14	7/9	North	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	0.92% negatively affecting 28 patients of a total 3051 conveyed	Locality Manager	Jan-14	AMBER
RED	2.14	9/9	North	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	KPI 2b - 59 patients exceeded target of a total 993 conveyed	Locality Manager	Jan-14	AMBER
RED	2.14	5/9	North	Number of patients arriving more than 30 mins early should not exceed 5%	KPI 3a - 35 patients exceeded target of a total 517 conveyed	Locality Manager	Jan-14	AMBER
RED	2.14	3/9	North	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	KPI 3c -Harrogate & Rural districts negatively affect overall North Yorkshire performance- 20 breaches of 21 total patients conveyed	Locality Manager	Jan-14	AMBER
RED	2.14	1/9	North	Number of patients travelling up to 10 miles with journey times of longer than 45 mins should not exceed 10%	Harrogate & Rural Districts negatively affect overall North Performance -12 breaches of a total 28 conveyed.	Locality Manager	Jan-14	AMBER

Directors Comments on Actual Performance

Overall performance has remained consistent across the region, with small numbers of patients affecting the overall compliance figures. Significant preparation for the Christmas period was evident with maintenance of service levels despite significant spikes in activity on key dates.

Contractual negotiations have been commenced with the four consortia who have all expressed a wish to continue contracting with Yorkshire Ambulance for Patient Transport Services. We have also expressed a concern with the number of and differential measures within the present key performance indicator suite.

It is likely that there will a consistent approach to performance measurement across the four consortia contracts for next year which will support the service in providing clarity for planning and operational teams, provide the ability to benchmark between areas of the service across the region more cohesively and provide a consistent reporting structure.

Although our sickness absence rates were higher than the 5% optimal level, we did not experience the spike over the festive period which has occurred in previous years.

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

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

Comments

Quarter Three CQUIN reports are due mid to the end of January. At present we are on track to deliver against the requirements in all areas with the exception of South Yorkshire as previously identified. Given the level of risk we have confirmed against compliance we have altered the year end RAG rating to Red for these schemes.

PTS Demand

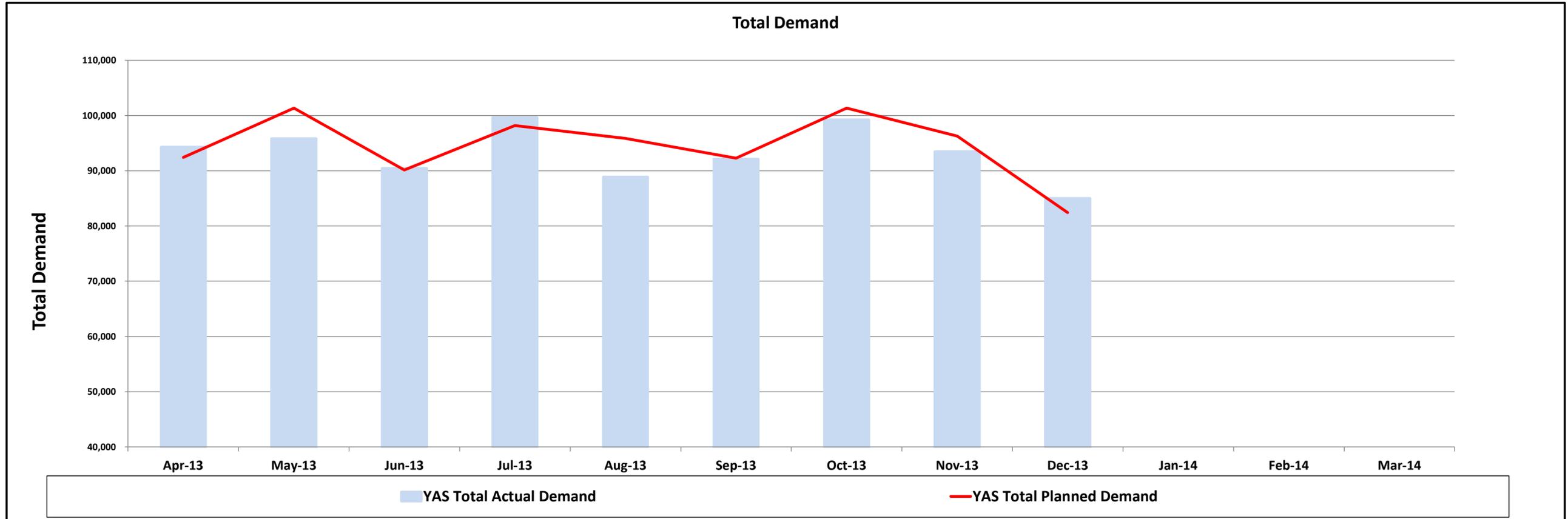
OBJ REF 3

YTD RAG

GREEN

MTD RAG

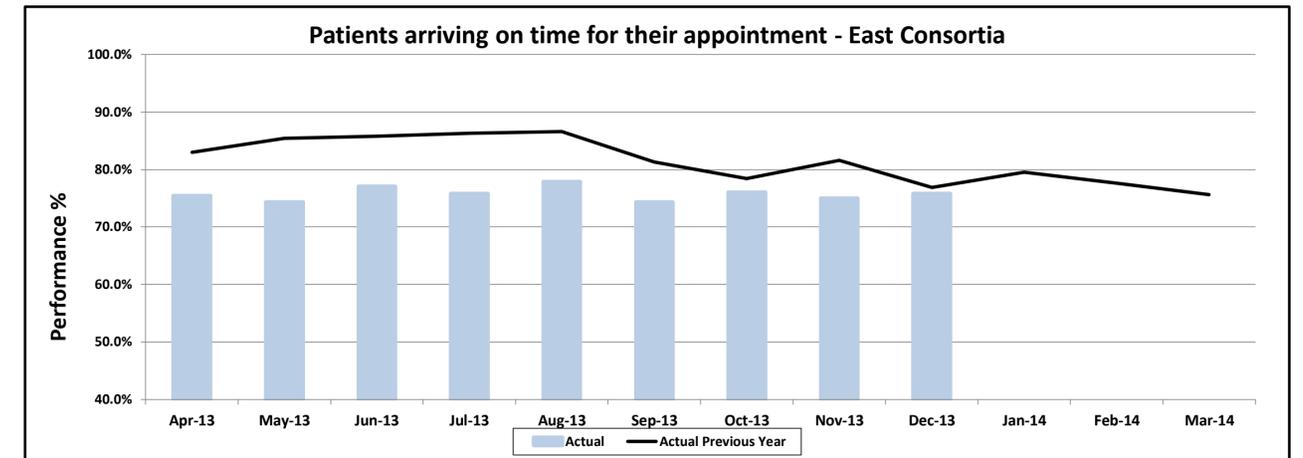
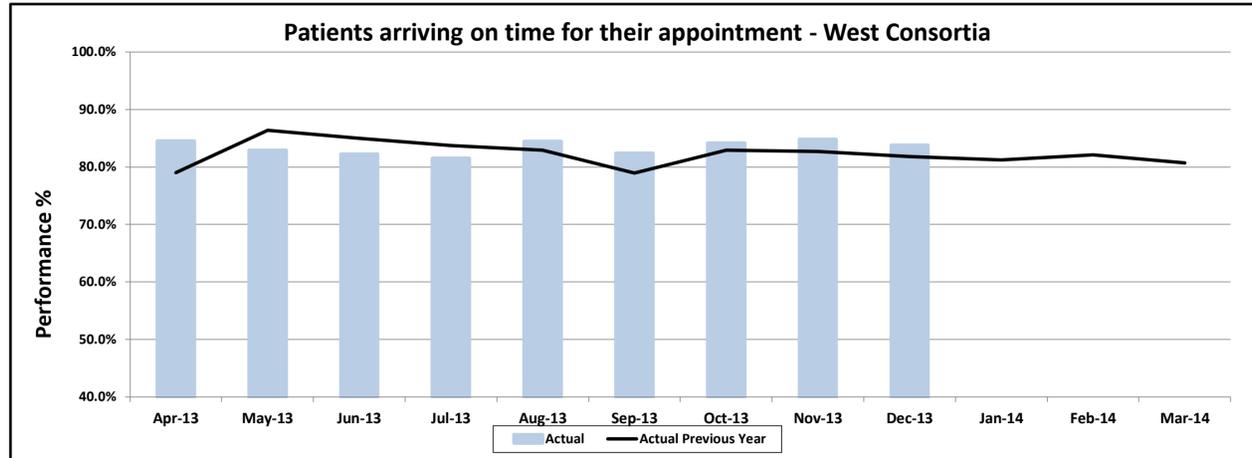
GREEN



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	49,486	41,189				430,135
West Consortia Actual Demand	48,305	48,921	45,899	50,468	45,469	46,376	50,267	47,316	43,680				426,701
East Consortia Planned Demand	9,127	9,517	10,389	9,263	9,557	9,169	9,271	9,404	8,639				84,336
East Consortia Actual Demand	9,279	9,376	8,717	9,647	8,560	9,227	9,749	9,204	8,508				82,267
South Consortia Planned Demand	26,911	27,203	23,614	26,980	24,173	25,270	27,103	24,791	22,035				228,080
South Consortia Actual Demand	25,060	25,397	24,132	26,762	23,149	24,661	26,559	24,925	21,859				222,504
North Consortia Planned Demand	11,056	13,052	11,115	12,293	12,330	11,664	13,109	12,592	10,571				107,782
North Consortia Actual Demand	11,623	12,108	11,694	12,767	11,680	11,820	12,609	12,011	10,952				107,264
YAS Total Planned Demand	92,438	101,359	90,134	98,198	95,850	92,304	101,343	96,273	82,434				850,333
YAS Total Actual Demand	94,267	95,802	90,442	99,644	88,858	92,084	99,184	93,456	84,999				838,736
% Variance Planned V Actual	2.0%	-5.5%	0.3%	1.5%	-7.3%	-0.2%	-2.1%	-2.9%	3.1%				-1.4%

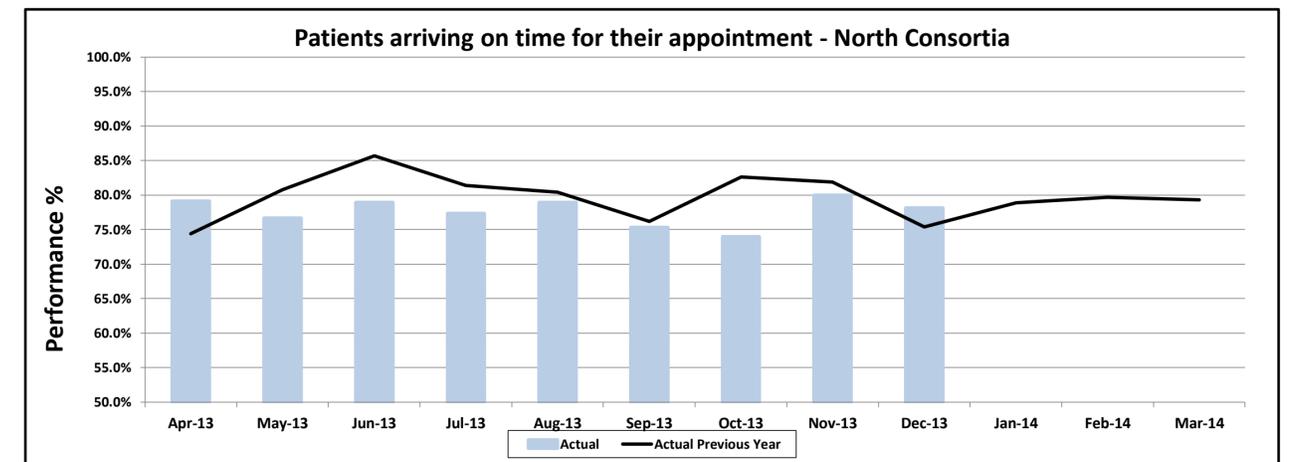
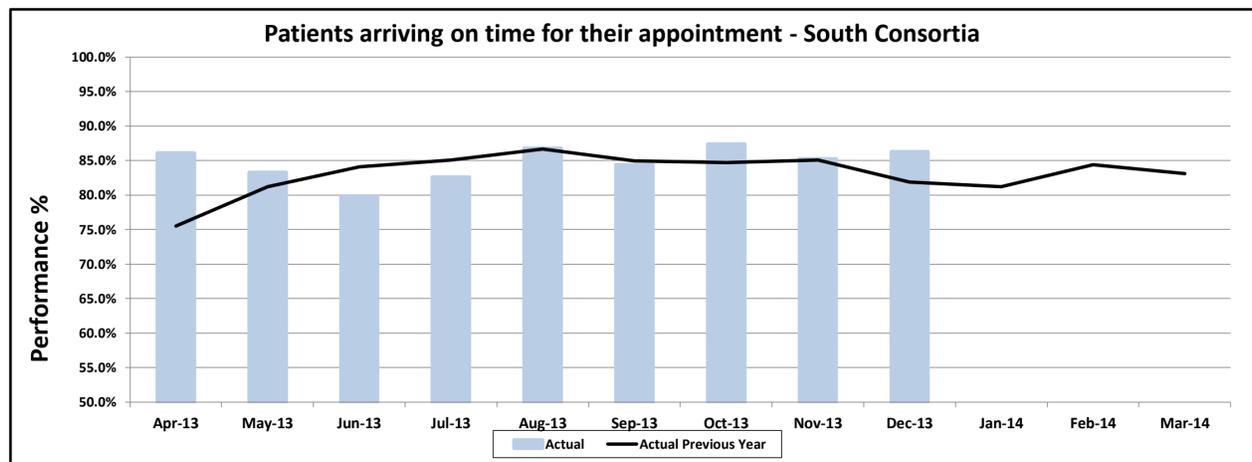
Arrival - Quality Target by Consortia

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%	84.8%	83.8%			
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%	75.0%	75.8%			
Actual Previous Year	83.0%	85.4%	85.8%	86.3%	86.6%	81.3%	78.4%	81.6%	76.9%	79.5%	77.6%	75.6%



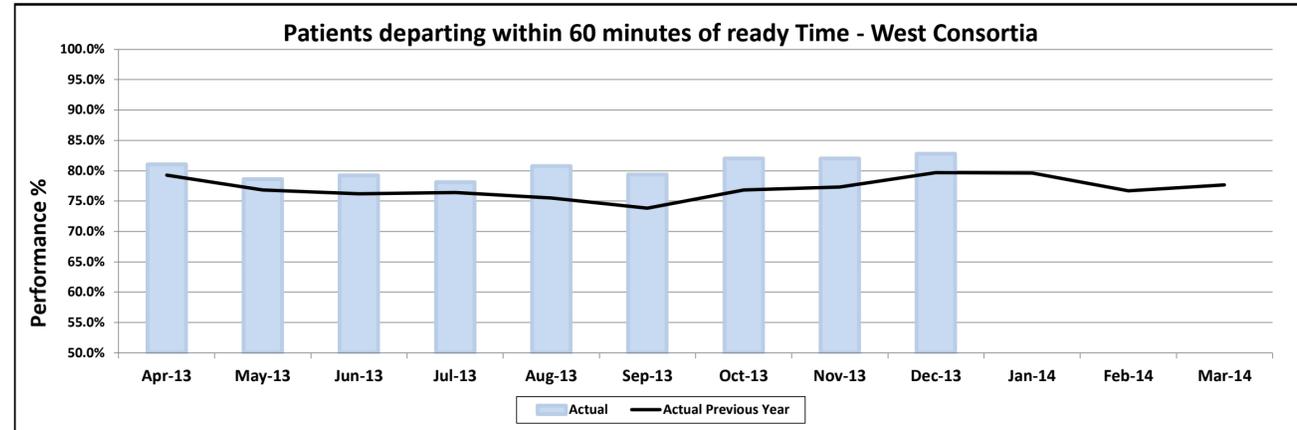
South Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	86.1%	83.3%	79.8%	82.6%	86.7%	84.4%	87.4%	85.2%	86.3%			
Actual Previous Year	75.5%	81.2%	84.1%	85.1%	86.7%	85.0%	84.7%	85.1%	81.9%	81.2%	84.4%	83.1%

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%	80.0%	78.1%			
Actual Previous Year	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%	81.9%	75.4%	78.9%	79.7%	79.3%

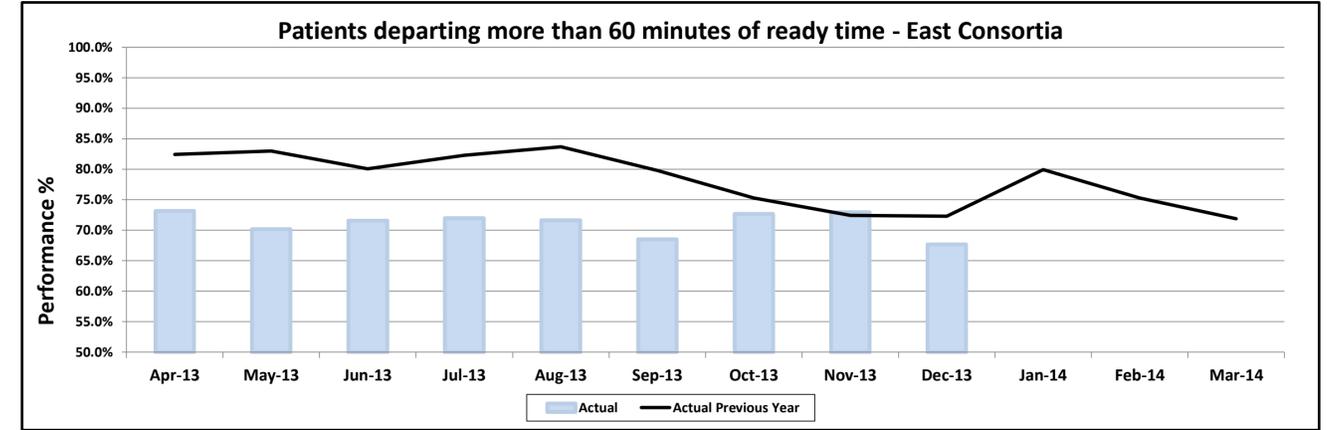
EWI Early Warning Indicator

Departure - Quality Target by Consortia

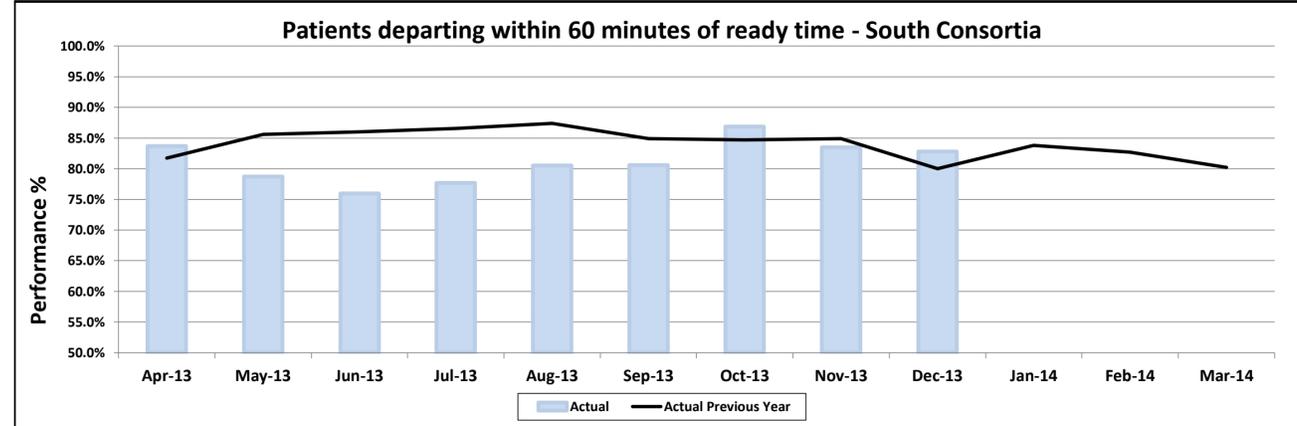
EWI



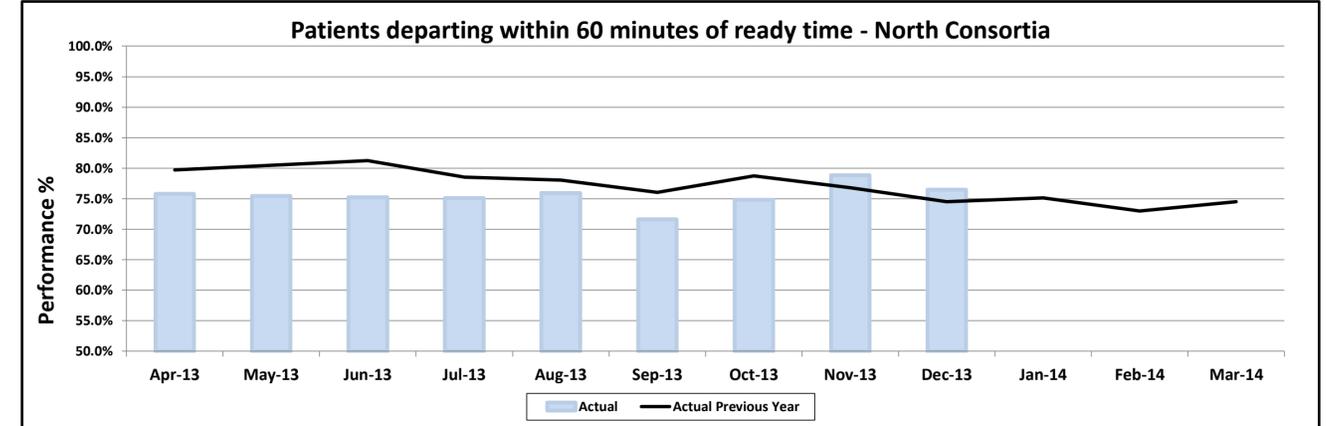
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	81.0%	78.6%	79.2%	78.1%	80.8%	79.4%	82.1%	82.0%	82.8%			
Actual Previous Year	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%	77.3%	79.7%	79.6%	76.7%	77.7%



East Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	73.2%	70.2%	71.6%	72.0%	71.7%	68.5%	72.7%	73.0%	67.7%			
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%	83.5%	82.8%			
Actual Previous Year	81.7%	85.6%	86.0%	86.6%	87.4%	84.9%	84.7%	84.9%	80.0%	83.8%	82.7%	80.2%

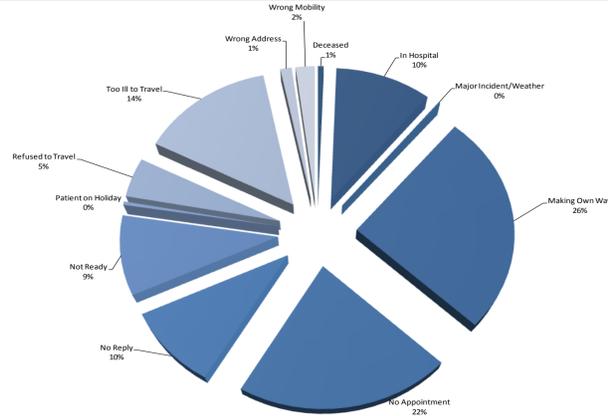


North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	75.8%	75.4%	75.2%	75.1%	76.0%	71.6%	74.8%	78.9%	76.5%			
Actual Previous Year	79.7%	80.5%	81.2%	78.5%	78.0%	76.1%	78.7%	76.8%	74.5%	75.1%	73.0%	74.5%

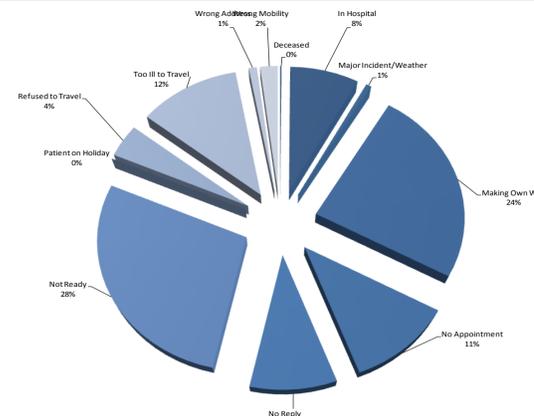
EWI Early Warning Indicator

PTS Abortive journeys

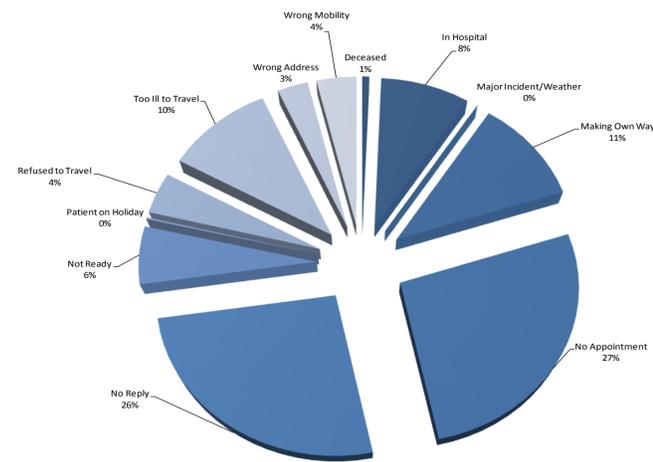
North Consortium													
Abort Reason	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total
Deceased	5	3	1	4	2	4	2	2	3				26
In Hospital	62	84	54	66	66	92	77	68	51				620
Major Incident/Weather													
Incident/Weather	0	0	0	0	0	0	0	3	1				4
Making Own Way	145	127	157	163	155	166	111	121	129				1274
No Appointment	106	86	89	99	73	103	110	87	107				860
No Reply	54	59	50	60	47	60	44	49	48				471
Not Ready	47	45	35	49	44	43	53	56	47				419
Patient on Holiday	1	1	0	0	0	0	1	0	2				5
Refused to Travel	15	16	21	18	13	16	20	21	23				163
Too Ill to Travel	94	63	44	72	58	59	73	84	71				618
Wrong Address	4	3	5	2	4	3	10	5	6				42
Wrong Mobility	20	13	18	19	16	16	21	15	10				148
Overall Totals	553	500	474	552	478	562	522	511	498	0	0	0	4650



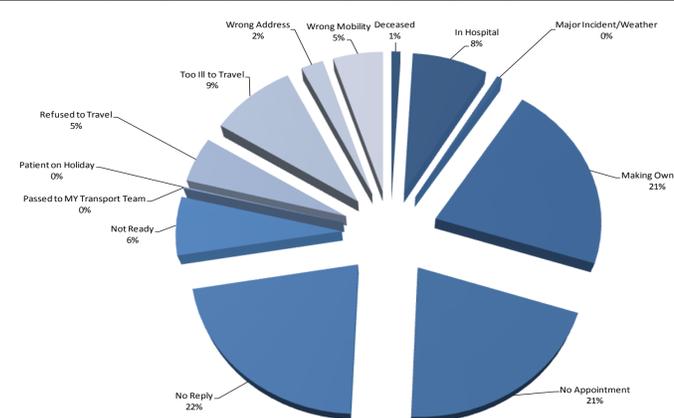
East Consortium													
Abort Reason	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total
Deceased	2	2	2	3	1	1	2	3	1				17
In Hospital	61	63	26	63	38	29	58	56	51				445
Major Incident/Weather													
Major Incident/Weather	0	0	0	0	0	0	0	0	4				4
Making Own Way	150	170	137	183	144	180	161	128	162				1415
No Appointment	75	82	65	59	53	54	47	75					564
No Reply	61	47	43	61	42	47	59	48	61				469
Not Ready	162	187	155	191	188	160	187	165	186				1581
Patient on Holiday	1	1	1	1	0	0	0	0	0				4
Refused to Travel	13	15	14	15	14	10	19	16	27				143
Too Ill to Travel	70	65	71	58	36	42	51	64	76				533
Wrong Address	15	5	12	3	4	5	7	7	6				42
Wrong Mobility	11	19	18	25	27	21	23	13	13				170
Overall Totals	621	656	544	662	547	549	621	547	662	0	0	0	5409



South Consortium													
Abort 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	Total
Deceased	10	6	6	6	6	7	10	5	7				63
In Hospital	84	88	73	88	77	70	83	81	90				734
Major Incident/Weather													
Incident/Weather	0	0	0	0	0	0	0	0	0				0
Making Own Way	131	127	131	144	117	130	106	95	117				1098
No Appointment	291	300	306	321	254	316	315	276	288				2667
No Reply	270	316	266	253	231	271	289	266	279				2441
Not Ready	57	71	52	62	71	73	68	73	65				592
Patient on Holiday	0	0	4	4	2	3	2	2	2				19
Refused to Travel	29	37	52	63	37	50	56	44	46				414
Too Ill to Travel	110	139	91	114	100	104	129	114	110				1011
Wrong Address	31	49	40	30	35	26	33	30	31				305
Wrong Mobility	73	76	58	81	65	60	65	63	40				581
Overall Totals	1086	1209	1079	1166	995	1110	1156	1049	1075	0	0	0	9925



West Consortium													
Abort 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	Total
Deceased	23	13	24	12	16	22	27	23	27				187
In Hospital	208	252	203	300	226	235	257	214	229				2124
Major Incident/Weather													
Major Incident/Weather	1	0	0	1	0	2	1	2	17				24
Making Own Way	530	619	631	691	520	659	656	572	632				5510
No Appointment	656	595	636	714	592	694	721	696	623				5927
No Reply	671	670	594	602	591	599	692	615	653				5687
Not Ready	190	165	163	177	206	201	225	204	197				1728
Passed to MY Transport Team	6	20	6	10	23	20	3	6	1				95
Patient on Holiday	6	9	2	6	8	3	5	2	4				45
Refused to Travel	106	122	102	129	94	101	108	111	151				1024
Too Ill to Travel	251	246	220	245	231	261	294	266	264				2278
Wrong Address	80	67	66	86	73	84	99	77	68				700
Wrong Mobility	125	163	140	158	124	148	177	168	150				1353
Overall Totals	2853	2941	2787	3131	2704	3029	3265	2956	3016	0	0	0	26682

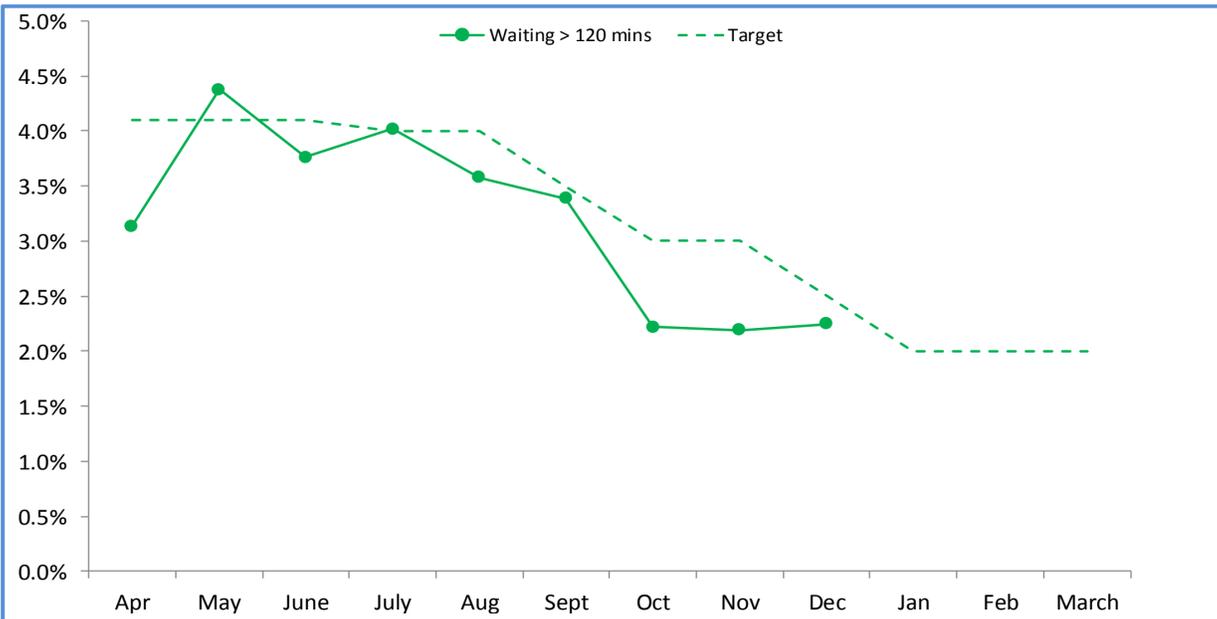
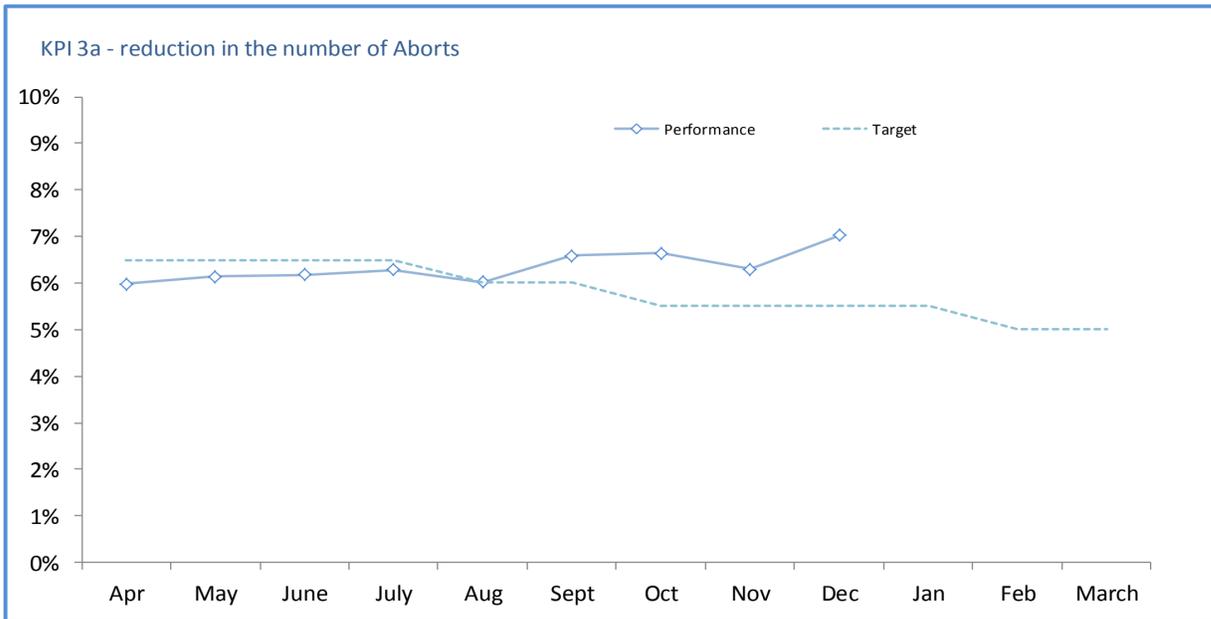
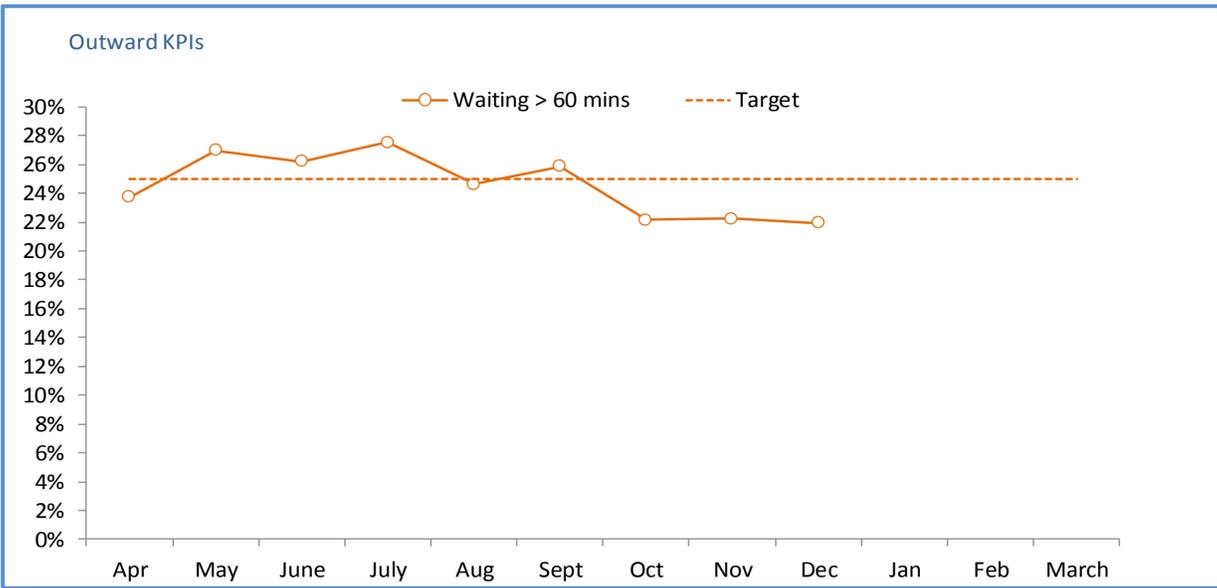
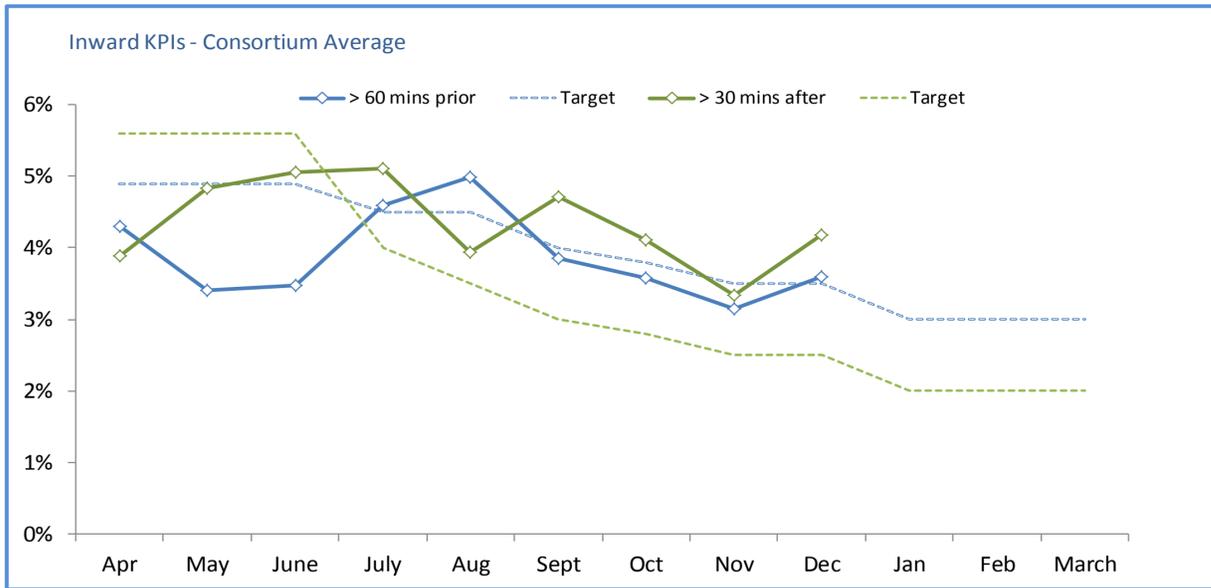


PTS KPIs - West Yorkshire Consortium

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%	3.50%	3.14%	3.50%	3.60%						
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%	2.50%	3.34%	2.50%	4.18%						
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%	25.00%	22.25%	25.00%	21.94%						
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%	3.00%	2.19%	2.50%	2.25%						
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%	5.98%	6.50%	6.14%	6.50%	6.17%	6.50%	6.28%	6.00%	6.01%	6.00%	6.59%	5.50%	6.63%	5.50%	6.29%	5.50%	7.02%						
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%	16.00%	15.35%	16.00%	14.63%						
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%	0.30%	0.31%	0.30%	0.34%						
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%	2.00%	1.30%	2.20%	1.42%						
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%	10.00%	9.05%	10.00%	8.09%						
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%	2.00%	2.93%	2.00%	2.29%						
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%	10.00%	4.47%	10.00%	4.62%						

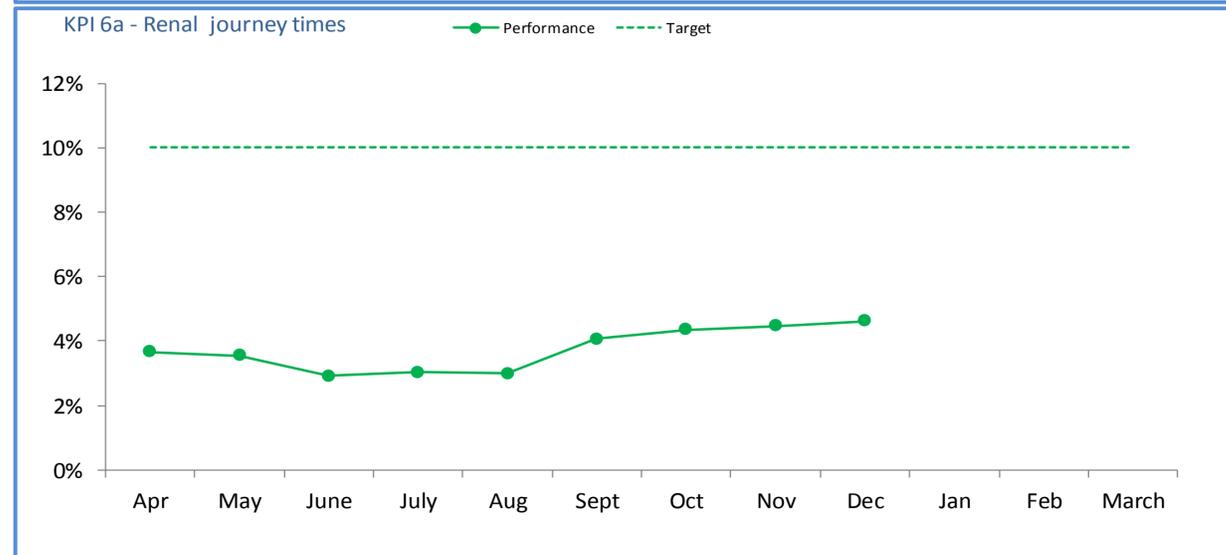
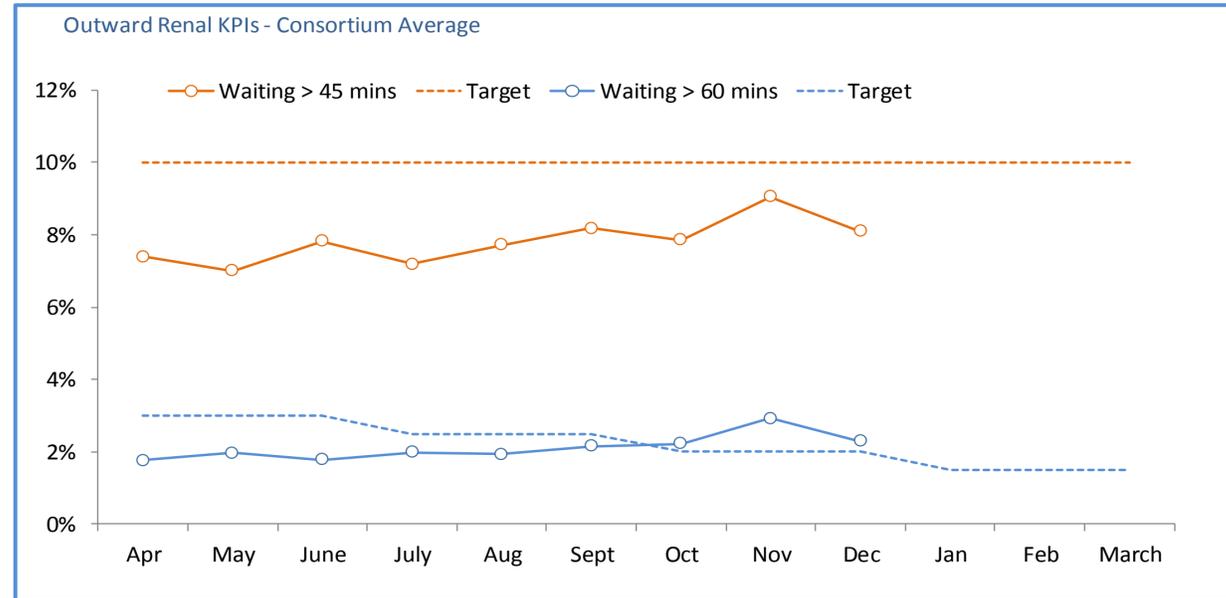
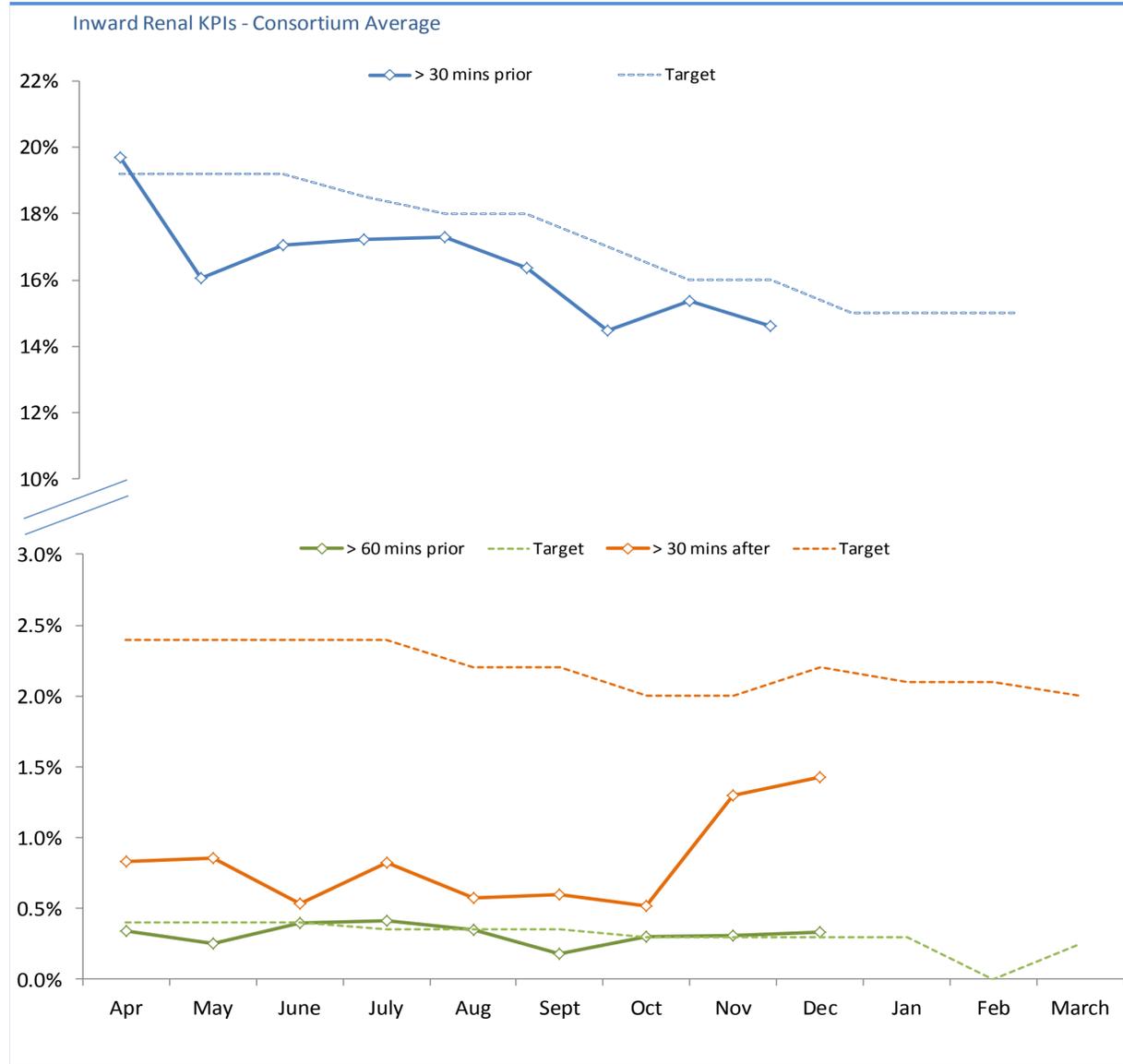
PTS Consortia Performance - West Core

OBJ REF 3



PTS Consortia Performance - West Renal

OBJ REF 3



PTS KPIs - East Yorkshire Consortium

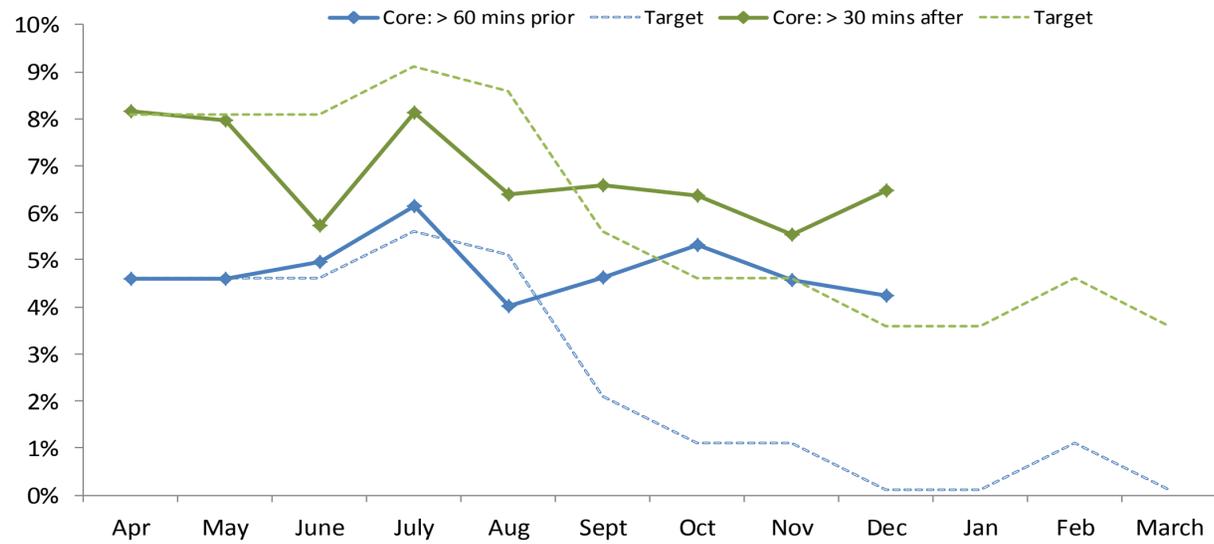
KPI 1: Core Patients should arrive in a timely manner for their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	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%	1.10%	4.56%	0.10%	4.25%						
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%	4.60%	5.53%	3.60%	6.47%						
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%	30.10%	32.96%	29.10%	37.09%						
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%	2.00%	5.66%	1.00%	8.93%						
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%	29.50%	26.97%	28.50%	26.87%						
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%	4.10%	3.15%	3.60%	2.94%	1.60%	2.25%	0.60%	3.02%	0.60%	3.87%	0.40%	3.23%						
c)	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0%	4.90%	4.35%	4.90%	5.99%	4.90%	3.48%	4.90%	2.82%	3.40%	3.55%	2.40%	5.10%	1.40%	3.33%	1.40%	3.47%	0.40%	3.30%						
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%	27.80%	29.32%	26.80%	33.59%						
b)	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	20.00%	18.03%	20.00%	17.84%	20.00%	16.42%	21.00%	16.29%	20.50%	16.75%	17.50%	23.06%	14.50%	17.06%	13.50%	18.21%	13.50%	22.45%						
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%	10.00%	11.61%	10.00%	8.99%						
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%	37.90%	37.90%	46.63%	37.90%	45.61%	35.00%	42.45%	35.00%	45.53%	35.00%	44.89%	25.00%	50.80%	25.00%	46.48%	25.00%	56.25%						

PTS Consortia Performance - East

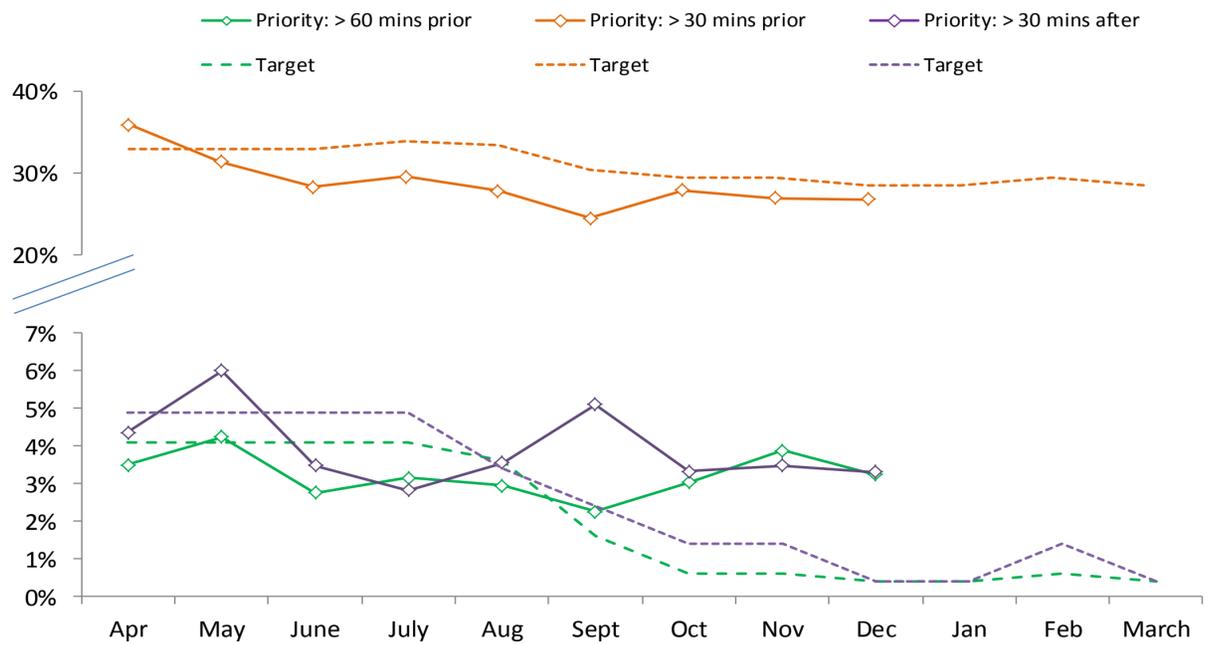
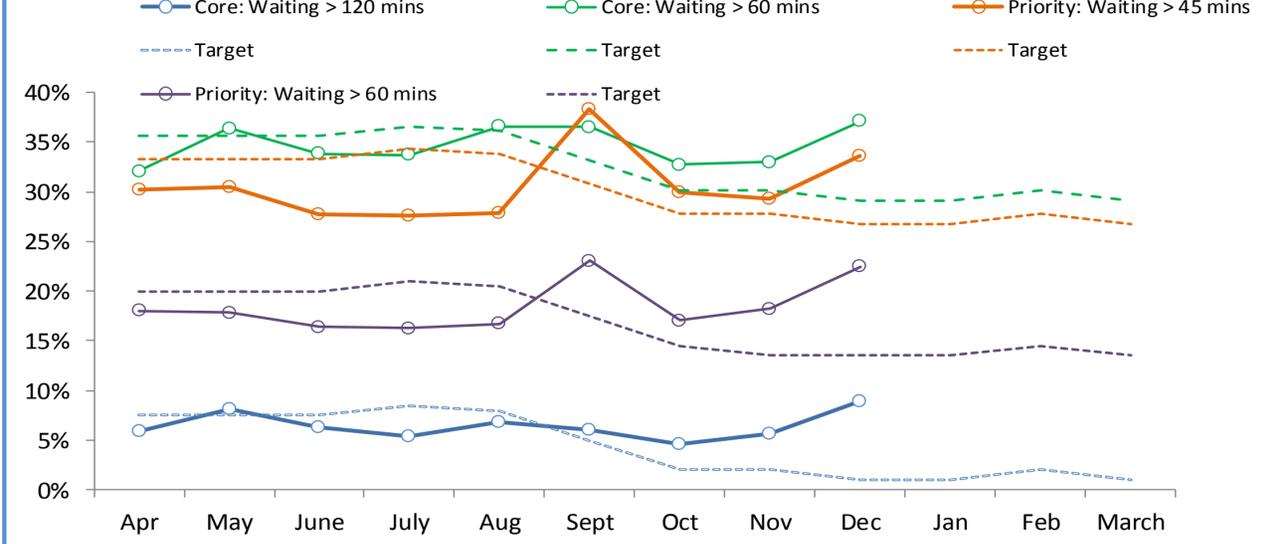
OBJ REF

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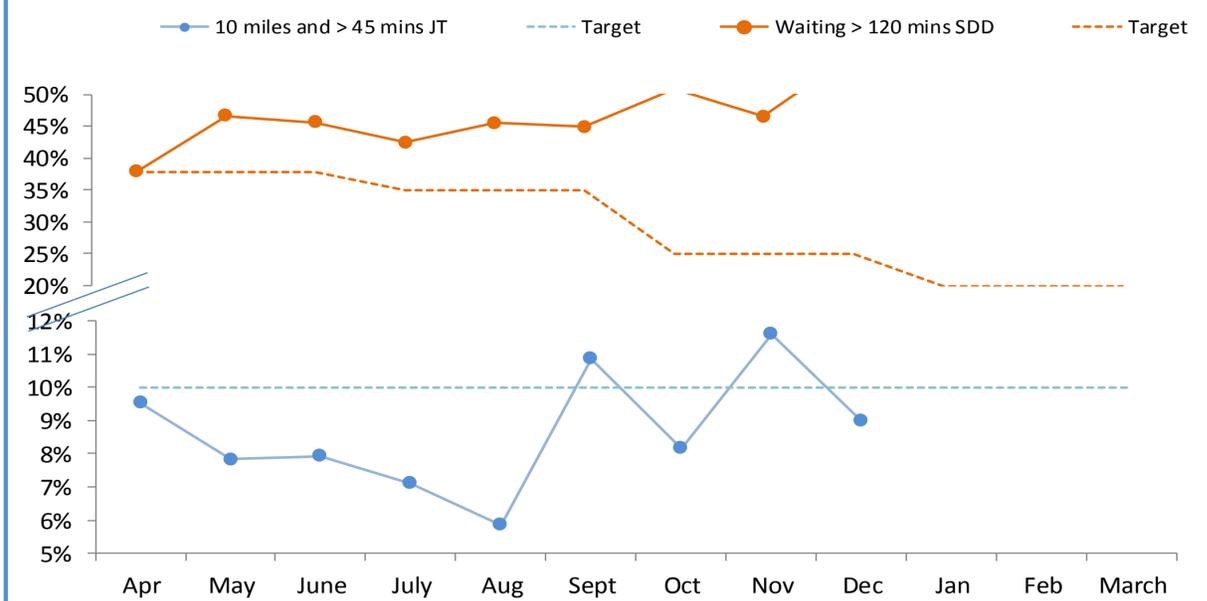
Inward KPIs - Consortium Average



Outward KPIs - Consortium Average



Journey Times and Sameday Discharge



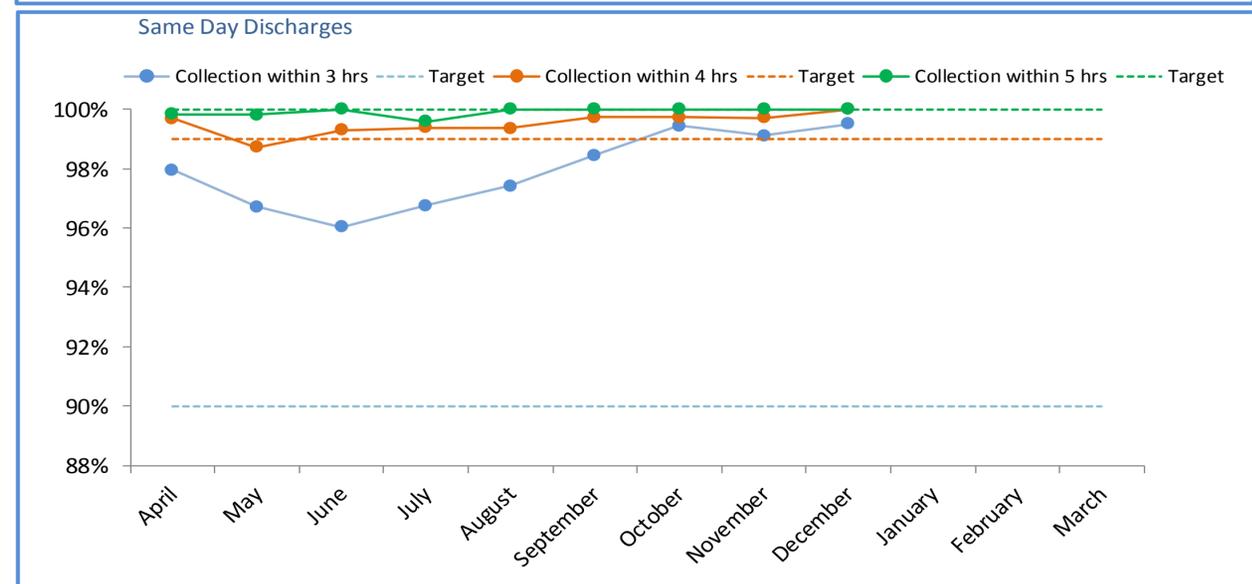
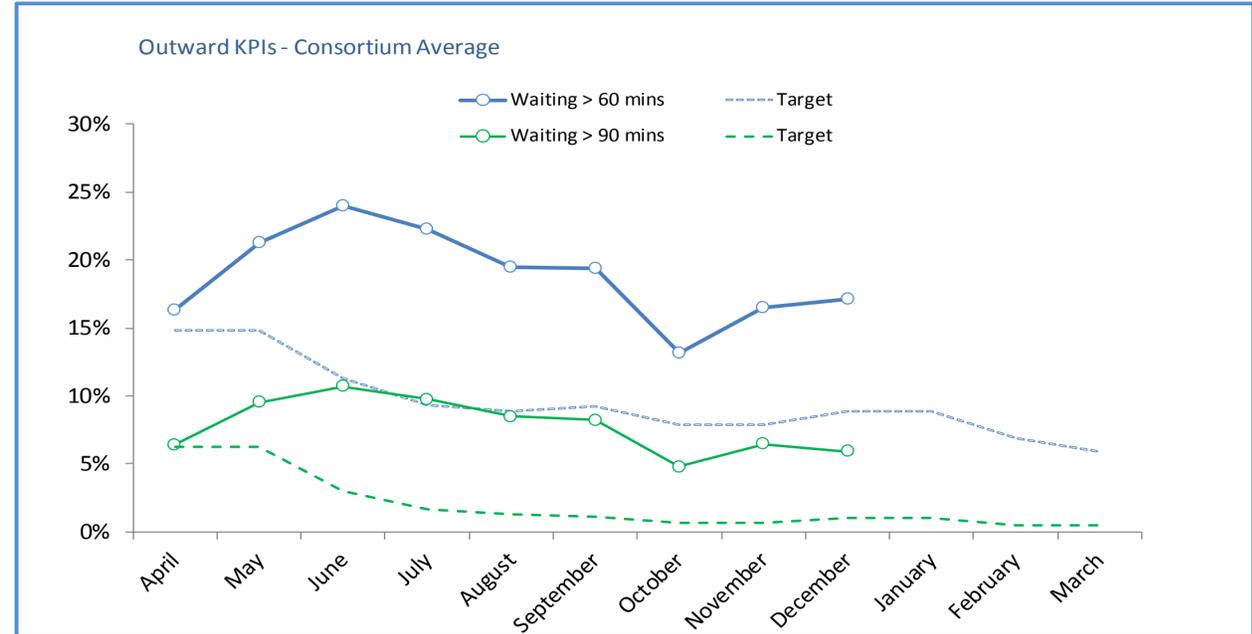
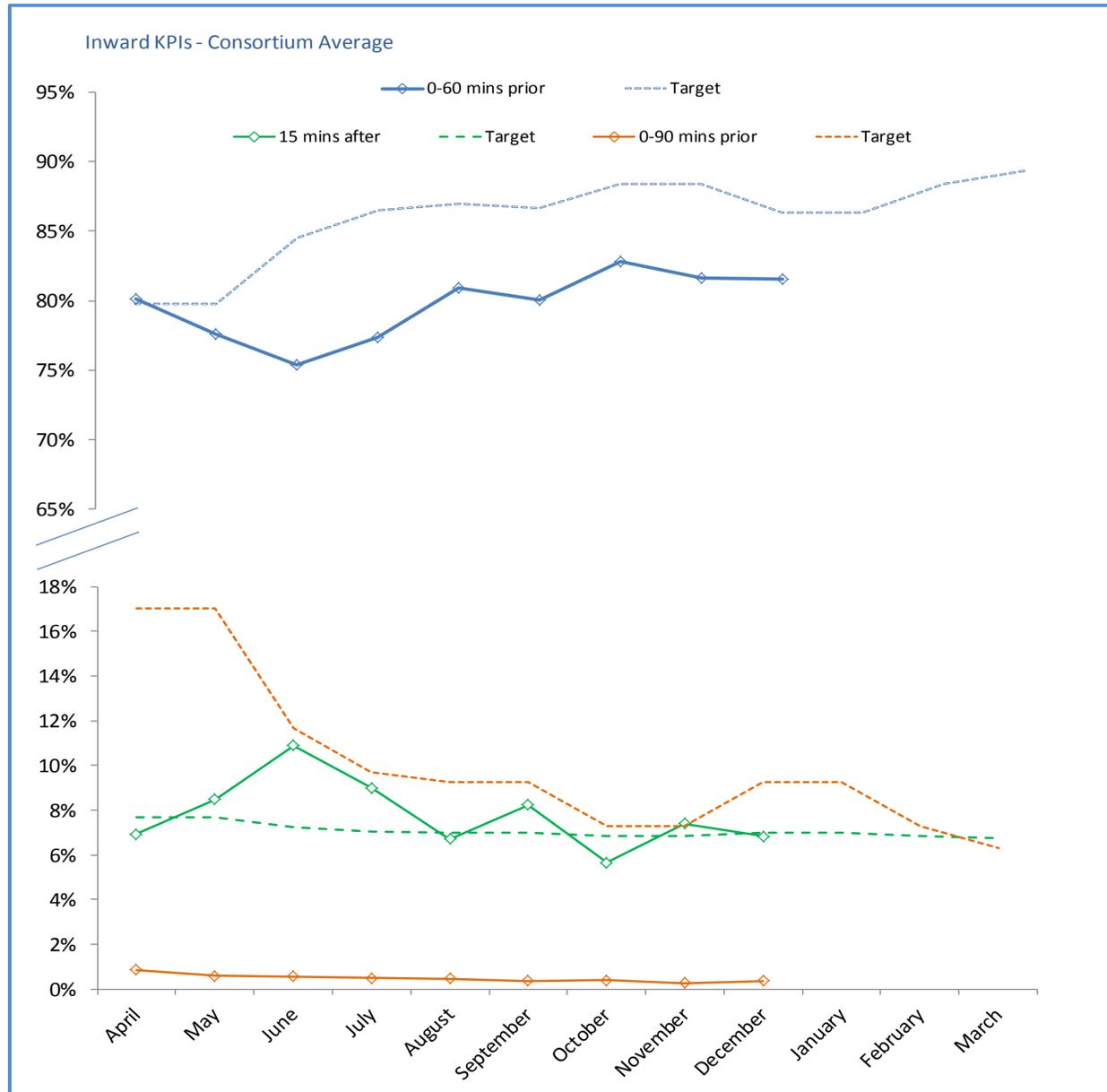
PTS KPIs - South Yorkshire Consortium

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%	79.12%	72.38%	81.12%	77.29%	81.62%	79.44%	80.37%	78.57%	81.37%	82.05%	81.37%	81.48%	79.37%	80.12%							
		Doncaster	89.07%	90.77%	89.07%	90.54%	90.37%	89.14%	92.37%	89.37%	92.37%	93.77%	90.37%	93.47%	90.37%	92.28%	90.37%	92.35%	88.37%	90.60%							
		Rotherham	80.89%	87.22%	80.89%	84.01%	84.49%	82.04%	86.49%	84.83%	86.99%	85.25%	85.74%	82.52%	86.74%	87.05%	86.74%	79.69%	84.74%	83.83%							
		Sheffield	73.51%	72.50%	73.51%	67.69%	76.51%	64.55%	78.51%	66.07%	79.01%	71.98%	79.76%	71.52%	80.76%	75.15%	80.76%	77.32%	78.76%	76.12%							
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%	8.40%	7.04%	8.60%	6.63%							
		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%	4.19%	2.48%	4.28%	3.07%							
		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%	6.75%	8.86%	6.90%	6.61%							
		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%	9.54%	9.24%	9.77%	9.06%							
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%	17.00%	0.37%	15.00%	0.29%	14.50%	0.38%	15.75%	0.48%	14.75%	0.21%	14.75%	0.23%	16.75%	0.33%							
		Doncaster	9.24%	0.20%	9.24%	0.05%	7.94%	0.32%	5.94%	0.15%	5.94%	0.00%	7.94%	0.05%	7.94%	0.00%	7.94%	0.00%	9.94%	0.06%							
		Rotherham	16.72%	0.14%	16.72%	0.36%	13.12%	0.28%	11.12%	0.21%	10.62%	0.10%	11.87%	0.15%	10.87%	0.33%	10.87%	0.13%	12.87%	0.21%							
		Sheffield	17.47%	1.98%	17.47%	1.22%	14.47%	1.05%	12.47%	0.94%	11.97%	1.03%	11.22%	0.61%	10.22%	0.75%	10.22%	0.47%	12.22%	0.65%							
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%	16.15%	17.80%	14.15%	16.24%	14.90%	12.67%	14.90%	11.54%	13.90%	7.96%	13.90%	11.17%	15.90%	10.12%							
		Doncaster	7.97%	7.63%	7.97%	11.24%	6.67%	10.40%	4.67%	10.98%	4.67%	6.36%	6.67%	5.75%	6.67%	8.00%	6.67%	6.54%	8.67%	10.86%							
		Rotherham	13.04%	10.92%	13.04%	13.13%	11.24%	20.55%	9.24%	15.13%	8.74%	10.88%	10.24%	12.90%	9.74%	7.97%	9.74%	11.28%	11.74%	11.56%							
		Sheffield	23.55%	24.59%	23.55%	35.44%	20.55%	38.09%	18.55%	36.91%	18.05%	35.97%	17.30%	35.17%	16.30%	22.12%	16.30%	26.98%	18.30%	26.88%							
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%	4.44%	8.07%	2.44%	6.51%	3.19%	4.95%	3.19%	4.15%	2.19%	2.32%	2.19%	3.94%	4.19%	2.83%							
		Doncaster	2.38%	1.91%	2.38%	3.62%	1.08%	2.53%	0.50%	3.06%	0.50%	2.00%	0.50%	1.25%	0.50%	2.25%	0.50%	1.55%	3.08%	2.96%							
		Rotherham	5.48%	2.99%	5.48%	3.83%	3.68%	8.21%	1.68%	5.27%	2.68%	2.94%	2.68%	4.06%	2.18%	2.51%	2.18%	3.78%	4.18%	3.38%							
		Sheffield	10.91%	11.48%	10.91%	18.51%	7.91%	18.71%	5.91%	18.29%	4.66%	17.52%	4.66%	16.81%	3.66%	9.01%	3.66%	11.69%	5.66%	10.33%							
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%	90.00%	99.47%	90.00%	99.44%							
		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%	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%	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%	90.00%	93.33%	90.00%	96.97%							
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%	99.00%	100.00%	99.00%	100.00%							
		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%	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%	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%	99.00%	96.67%	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%	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%	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%	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%	100.00%	100.00%	100.00%	100.00%							

PTS Consortia Performance - South

OBJ REF

3



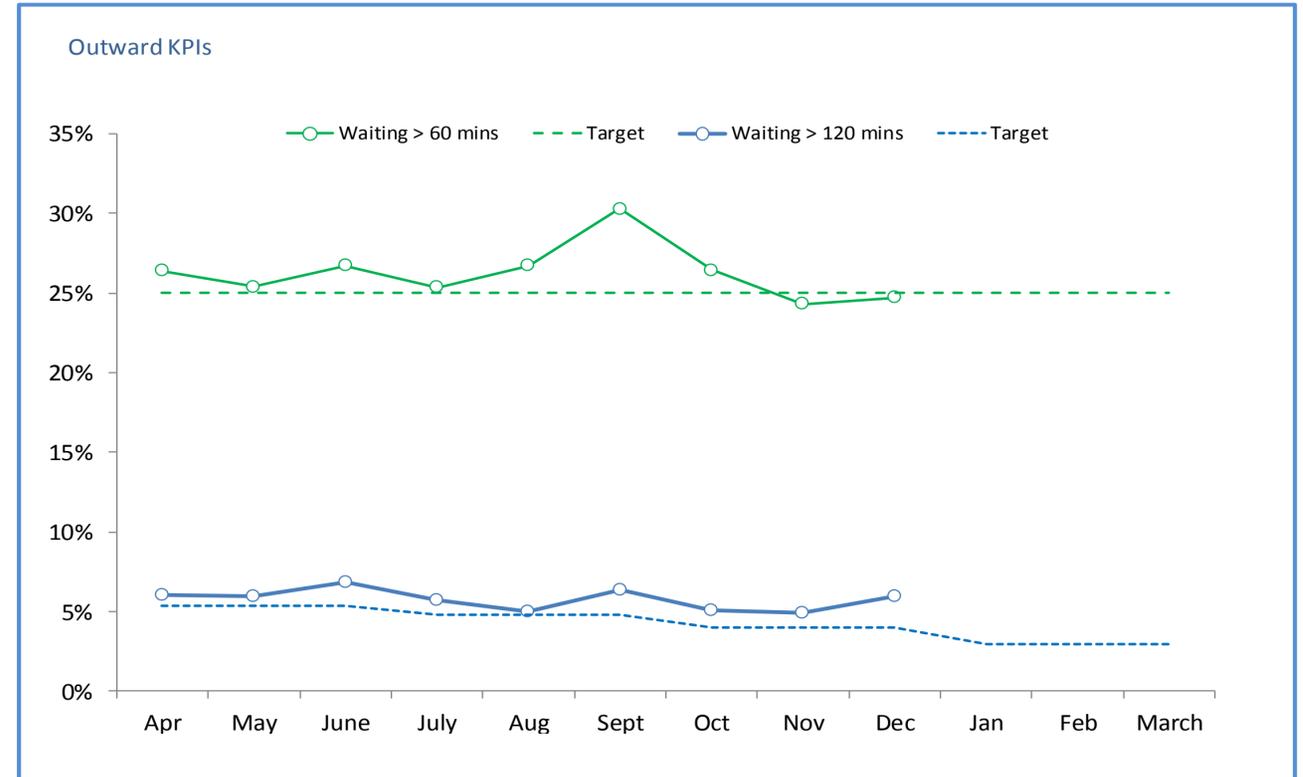
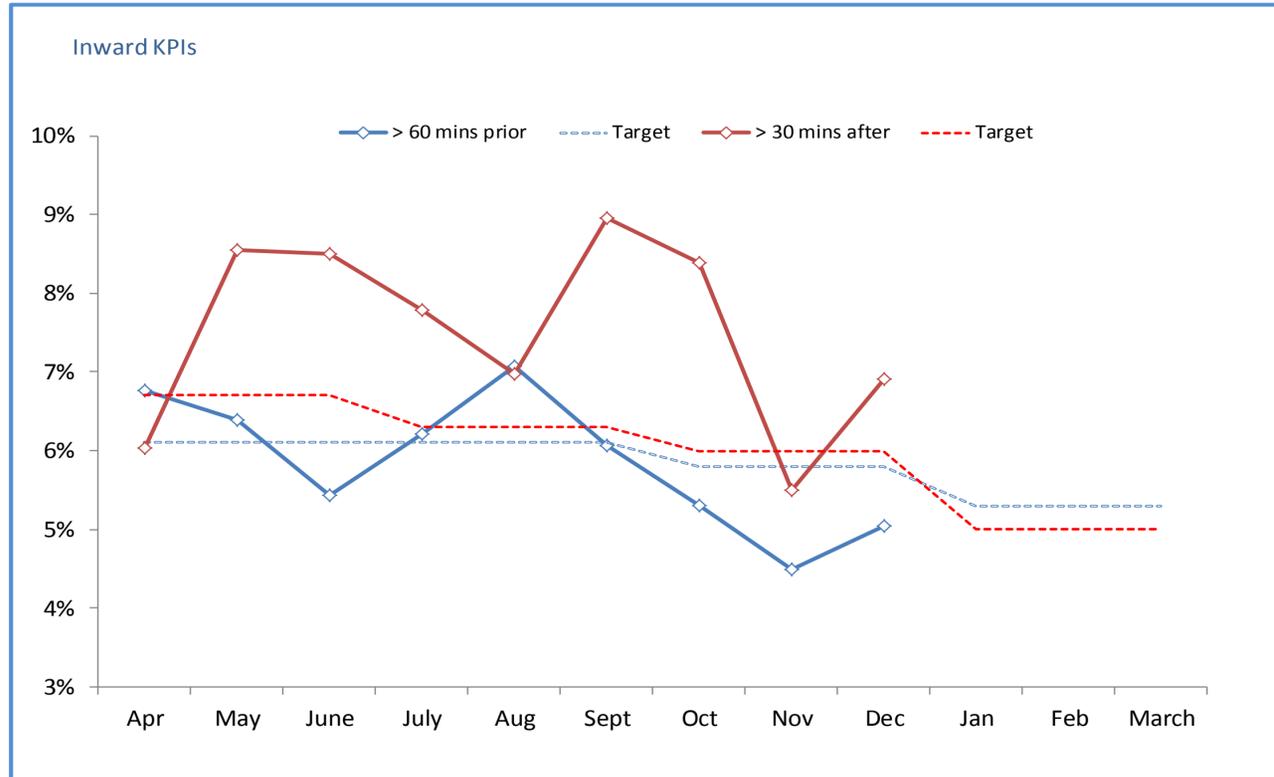
PTS KPIs - North Yorkshire Consortium

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%	5.80%	4.50%	5.80%	5.05%						
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%	6.00%	5.50%	6.00%	6.92%						
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%	26.39%	25.00%	25.42%	25.00%	26.74%	25.00%	25.35%	25.00%	26.72%	25.00%	30.30%	25.00%	26.44%	25.00%	24.30%	25.00%	24.72%						
b)	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	5.40%	6.05%	5.40%	6.00%	5.40%	6.88%	4.80%	5.73%	4.80%	5.04%	4.80%	6.38%	4.00%	5.11%	4.00%	4.94%	4.00%	5.96%						
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%	29.70%	29.17%	27.80%	34.62%						
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%	5.10%	4.34%	6.90%	3.87%						
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%	5.10%	2.85%	6.90%	7.16%						
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%	38.80%	13.23%	40.40%	15.07%						
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%	31.60%	8.62%	33.50%	8.90%						
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%	5.70%	3.52%	7.20%	9.71%						

PTS Consortia Performance - North Core

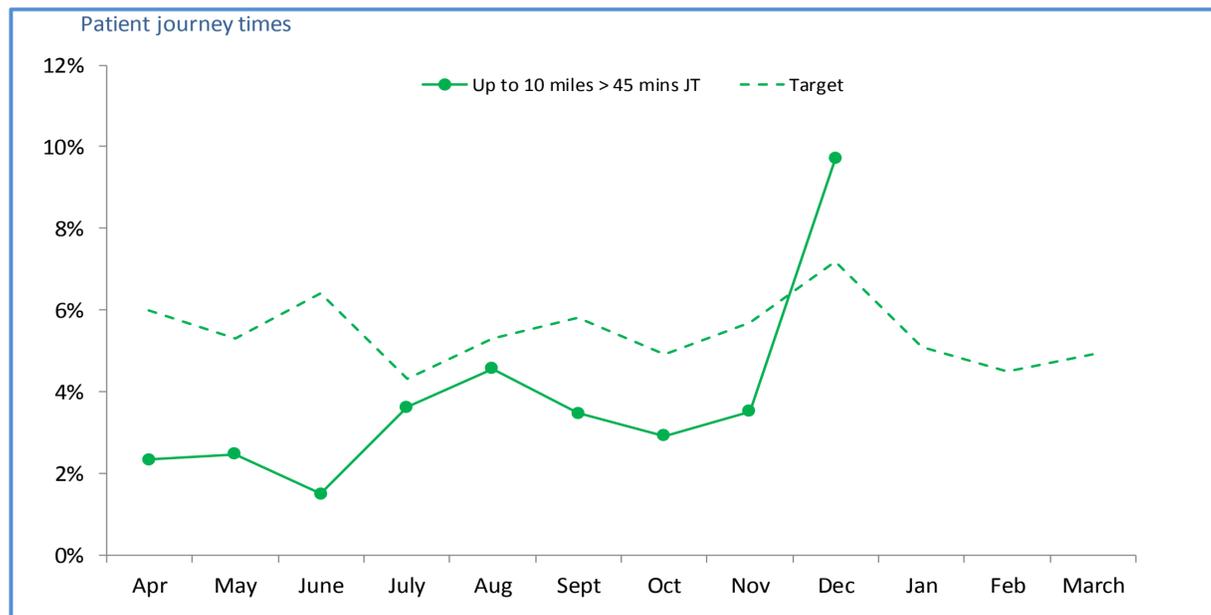
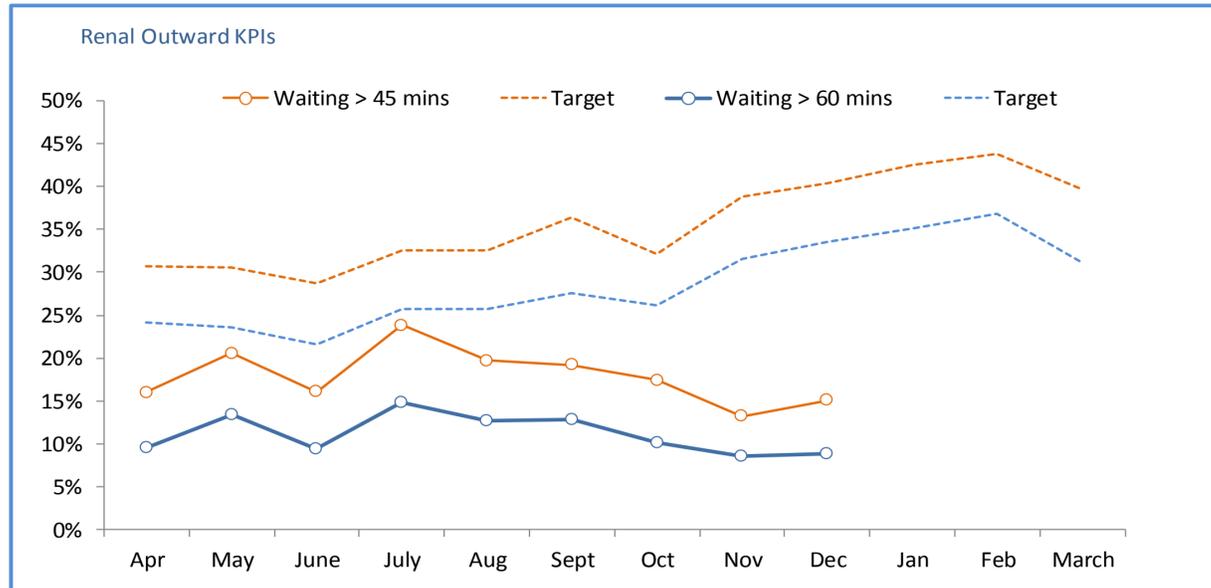
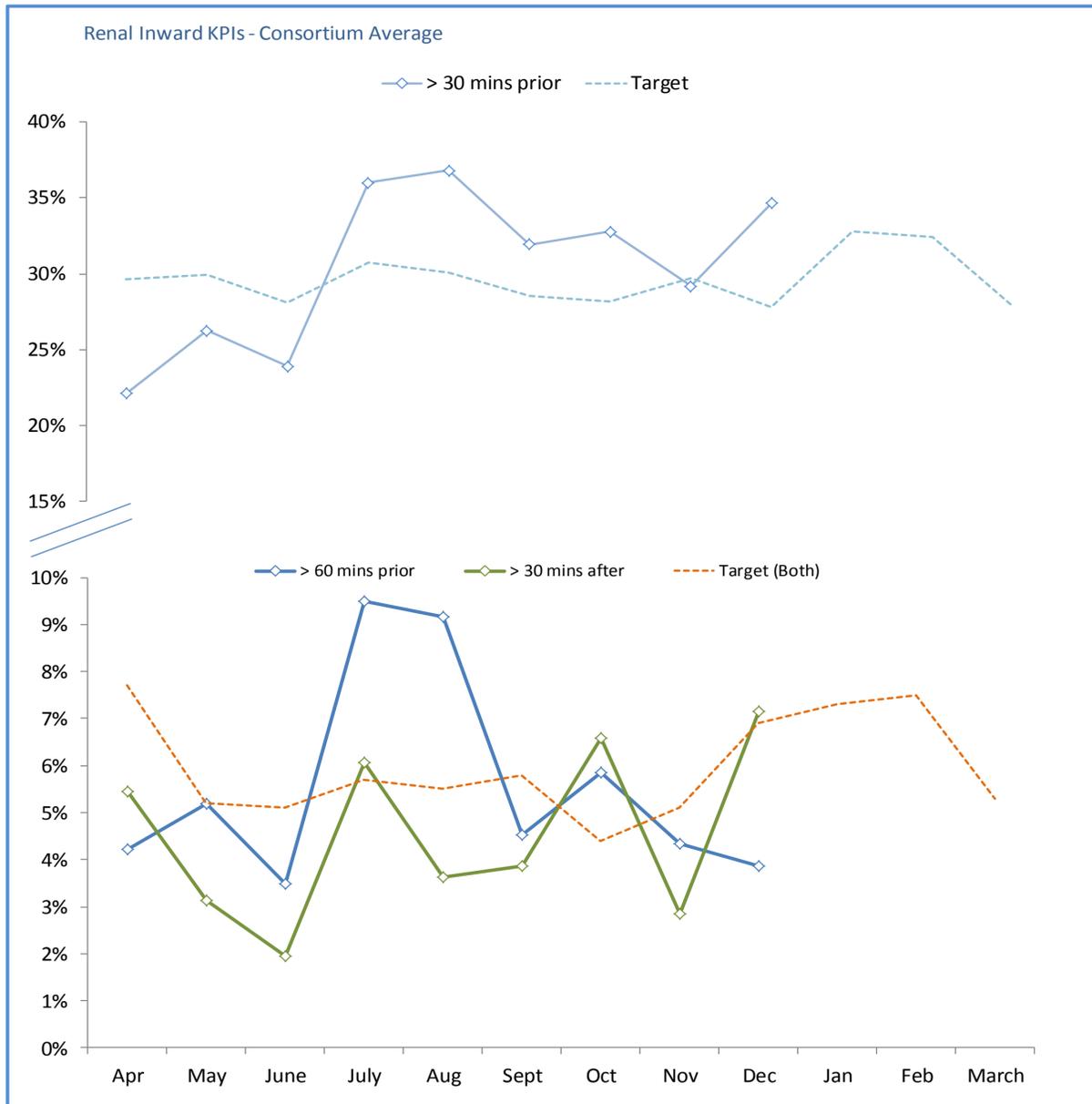
OBJ REF

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PTS Consortia Performance - North Renal

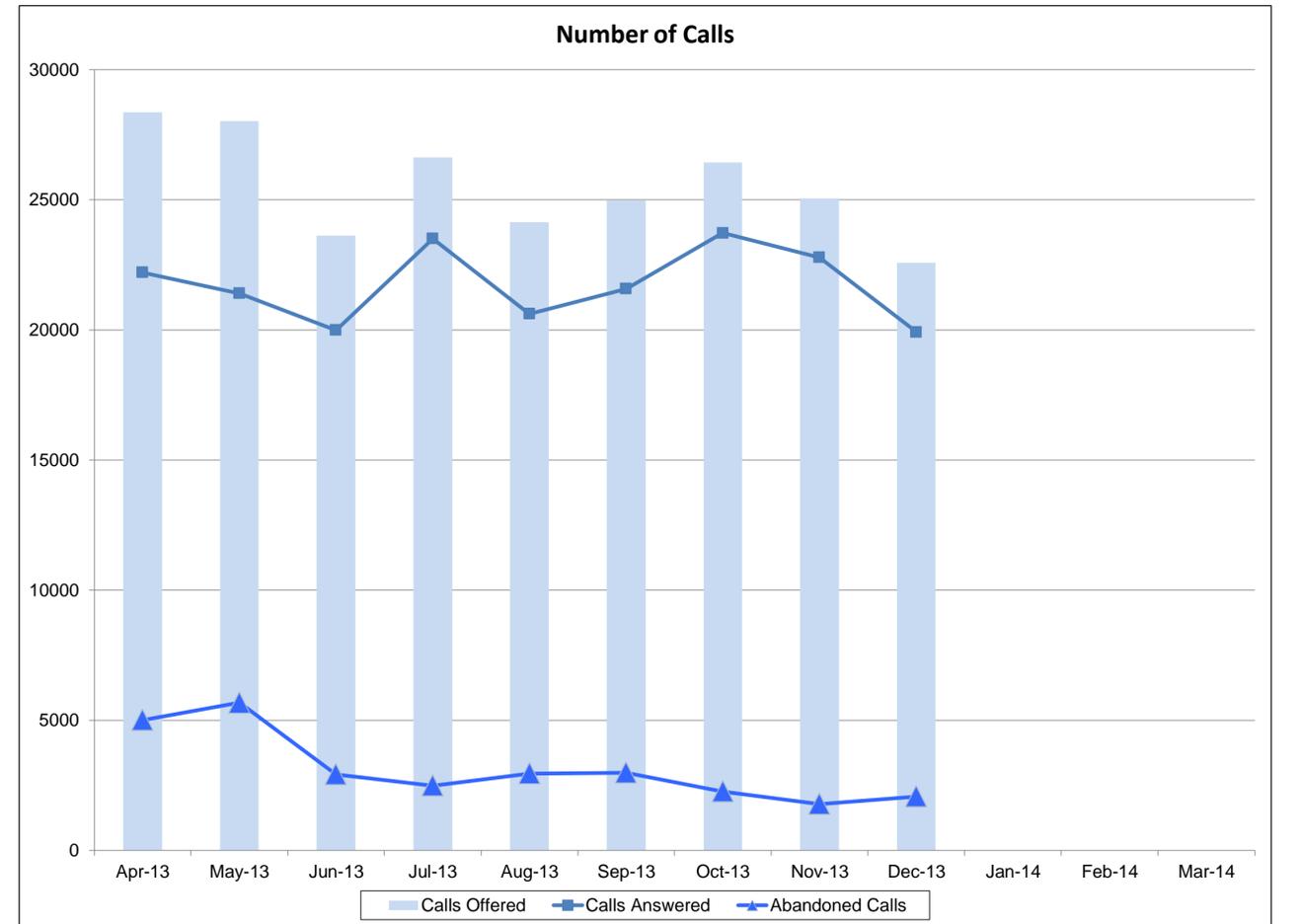
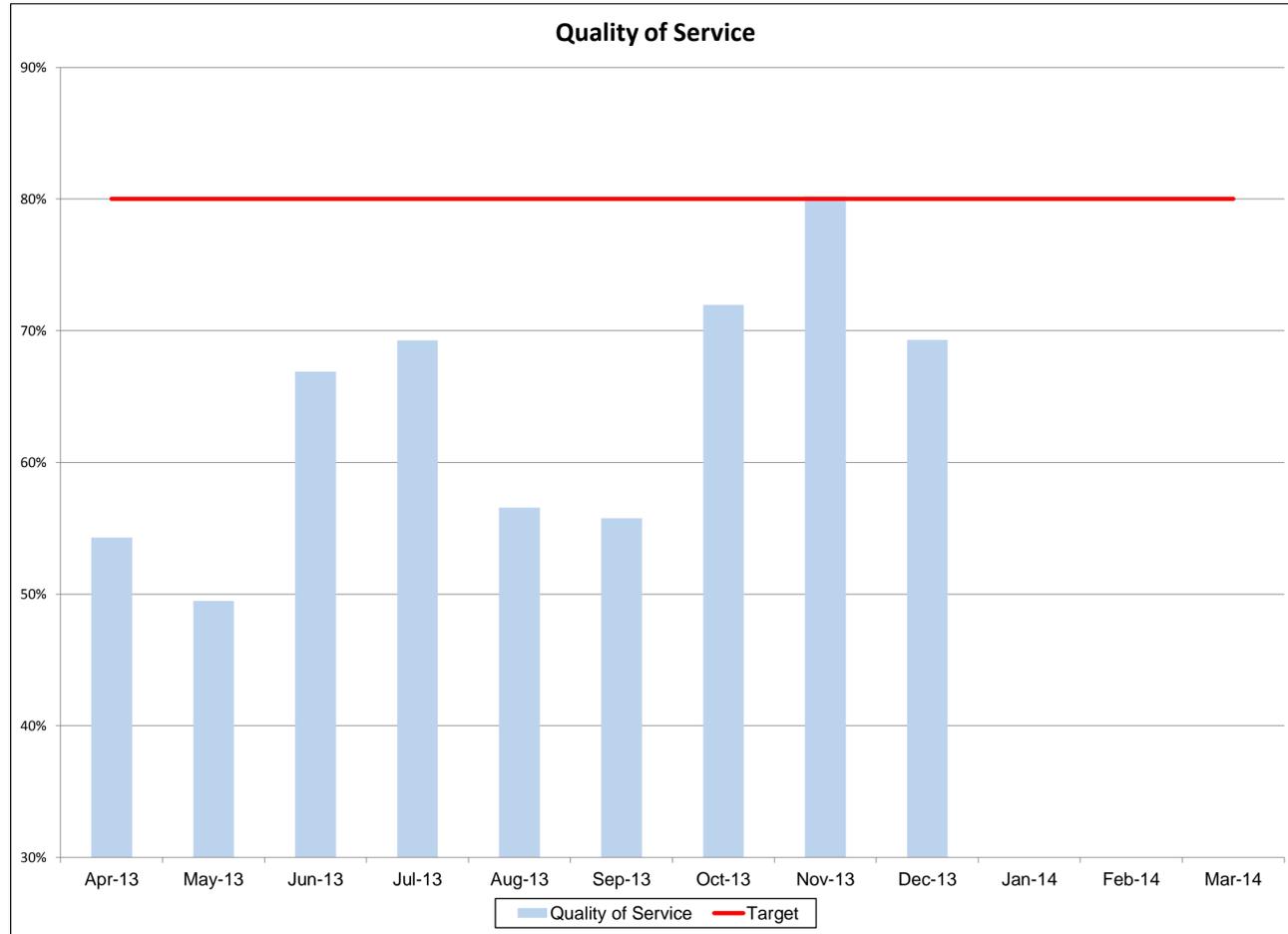
OBJ REF 3



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	25057	22578			
Calls Answered	22205	21400	19981	23508	20611	21574	23720	22775	19915			
Average Answer Delay	00:01:21	00:01:41	00:00:52	00:00:42	00:01:03	00:01:04	00:00:40	00:00:30	00:00:41			
Max Answer Delay	00:59:12	00:59:44	01:00:08	00:44:18	00:48:16	00:49:52	00:31:57	00:36:38	00:34:00			
Abandoned Calls	4999	5672	2921	2487	2954	2981	2259	1774	2069			
Quality of Service	54%	49%	67%	69%	57%	56%	72%	80%	69%			



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	9/9	Warm transfer of NHS 111 calls to Clinical Adviser.	Internal service optimisation programme continuing and discussions scheduled with commissioners for January 2014 relating to future clinical model.	Executive Director of Standards and Compliance		RED

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	96749	114475				
Total number of out of area calls answered	66	1377	1199	995	813	733	932	1148	7				
Total number of phantom calls received	0	0	0	0	0	0	0	0	0				
Total number of calls answered not requiring 111	3996	4580	4795	6063	5708	6429	6825	6715	7473				
Total number of calls triaged	61886	65174	63650	72451	73292	73167	77461	82715	96272				
Total number of calls answered within 60 seconds (national quality standard 95%)	62602	71204	69905	81268	83455	77455	85987	91420	110541				
Target % calls answered within 60 seconds	95%	95%	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%	94.5%	96.6%				
Total number of abandoned calls (after 30 seconds)	2159	1538	1410	1113	684	1811	1857	1293	840				
Target % calls abandoned after 30 seconds	5%	5%	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%	2.0%	1.3%	0.7%				
Average episode length of call (mins)	17:33	17:44	16:07	18:49	13:19	14:31	13:24	13:26	13:06				
Average episode length of call (mins) with a call handler	08:01	07:35	07:27	08:49	07:10	07:15	06:57	06:42	06:47				
Longest wait for a call to be answered	17:58	14:24	19:26	10:51	06:35	11:54	06:35	08:20	08:50				
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	12:42	13:14				
Total number of calls directed to speak to a Clinical 111 advisor (outcome)	15767	17126	16450	17886	16398	15558	17227	17595	21582				
% of calls directed to speak to a clinical 111 advisor	22.0%	22.3%	22.0%	21.0%	19.1%	18.2%	18.6%	18.2%	18.9%				
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	5:59:28	4:30:44				
Total number of calls where a person was offered a call back	8484	9602	9708	11541	9260	10309	10236	10629	11574				
Call backs as a percentage of clinical advisor calls	53.8%	56.1%	59.0%	64.5%	56.5%	66.3%	59.4%	60.4%	53.6%				
Total number of calls that were warm transferred to a clinical advisor	7283	7595	6742	6336	7130	5241	6985	6963	10005				
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%	39.6%	46.4%				
Total number of calls directed to 999 for ambulance dispatch	5988	6025	6247	7578	7427	7598	8009	8067	9681				
Ambulance dispatch as a percentage of total	9.7%	9.2%	9.8%	10.4%	10.1%	10.4%	10.3%	9.8%	10.1%				
Total number of Non conveyed 999 dispatches	1097	1138	1071	1584	1612	1519	1627	1722	2035				
Total number of calls recommended to attend an A&E	4879	5043	5033	5641	5311	4862	4986	5129	5716				
A&E as a percentage of total	7.9%	7.7%	7.9%	7.8%	7.2%	6.6%	6.4%	6.2%	5.9%				
Total number of callers referred into GP Out of Hours service	21340	23639	23600	25689	29981	29076	30295	35219	42079				
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%	36.4%	36.8%				

*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	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End Forecast 13/14	
			>=90%	>=90%	< 90% >=85%	<85%	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG		
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%	89.40%	90.4%				90.2%	
		Incidents (Logged)					932	865	796	1191	933	939	934	805	784				8,179	
		Service Requests (Logged)					2309	2114	1914	2355	2103	1905	1681	1942	1,983				18,306	
		Total Activity (Logged)					3241	2979	2710	3546	3036	2844	2615	2747	2767				26,485	
		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%	94.0%	97.5%				95.5%
			Number of Surveys Returned					308	286	243	380	305	283	358	379	239				2781
			Positive Score					294	272	228	361	293	278	340	356	233				2655
			Negative Score					14	14	15	19	12	5	18	23	6				126
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	10	7	10	9	8	9	9	4	3				8	

Project Management	Current Project Managed Projects	Due Date	ICT Status	Overall Status	Status Comment
		YAA to Thirsk	29/10/2013		
	Yorkshire Air Ambulance - Nostell Priory	01/12/2013			The service is fully operational. Need official notification that senior user is satisfied with deliverables and project can be closed.
	Fleet PDA Deep Clean	01/02/2014			Staffing levels now back to normal will full rollout expected Feb 2014.
	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			ICT equipment needed for the project will start to be ordered w/c 13/01 with space identified for deliverables .
	Upgrade of South CBU Infrastructure	01/04/2014			Board paper prepared for TEG. Expected to be presented 8th Jan 2014.
	Digital Radio at Call Flex	01/07/2014			Business case prepared; TEG form prepared; Single Tender Waiver Forms prepared; Orders needing to be signed. Ola to meet Rod on 8th Jan 2014 to discuss.

ICT Summary (cont'd)

OBJ REF	3
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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%	100%	100%				Green		
		This Period Unplanned Downtime									CAD 2hrs	0	0	0							
		Next Period Planned Downtime																			
	Systems Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	99.92%	100%	100%	99.95%	99.20%				Green		
		This Period Unplanned Downtime									0	0	CAD 15 min	CAD 30 min	CAD 2 hrs						
		Next Period Planned Downtime																			
	Telecoms Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	98.69%	100%	95.42%	98.42%	99.60%				Green		
		This Period Unplanned Downtime									Voice Recording Core Server 48hrs		Voice Recording Core Server	Voice Recording IP Recorder	Call Pilot (45 Mins)						
		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%	100%	100%				Green		
	This Period Unplanned Downtime									0	0	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	-£17,741	£9,709	-£25,909				£3,911		

Commentary
<u>Our Service :</u>
<u>Project Management:</u>
<u>Infrastructure:</u>
<u>Budget:</u>

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%	This relates to Bentley (asbestos issues), Bramley (potential hub and spoke in Leeds), Castleford and Malton (on capital bid list for 2014), Menston (potential co-location with 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						HART Building refurbishment is underway and on project plan for completion in April. Estates heating projects are complete and additional heating projects have been identified and will be completed in Q4, the Huddersfield roof is now complete. The tender process for demolition of the Portacabins at Farifields Rotherham has been evaluated and a contractor has been appointed, work to start in January 2014. 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. Springhill 1 restaurant refurbishment is progressing and is planned for completion in Q4. Replacement of the fire alarm at Gildersome is now not proceeding although replacement at South Kirkby is going ahead, planned completion in Q4.
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- £240,207 Monthly Saving - £3,805
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	GREEN	GREEN			

Comments

Contracts awarded above £25k
 Clinical Consumables, PTS Third Party Support (30 Individual contracts), Building Refurbishment for HART, Micogeneration Technologies - Lot 1 Solar PV

Single Tender Waiver
 Purchase of 3 Used P&E, PTS/HDU Ambulances

Fleet

OBJ REF 3

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

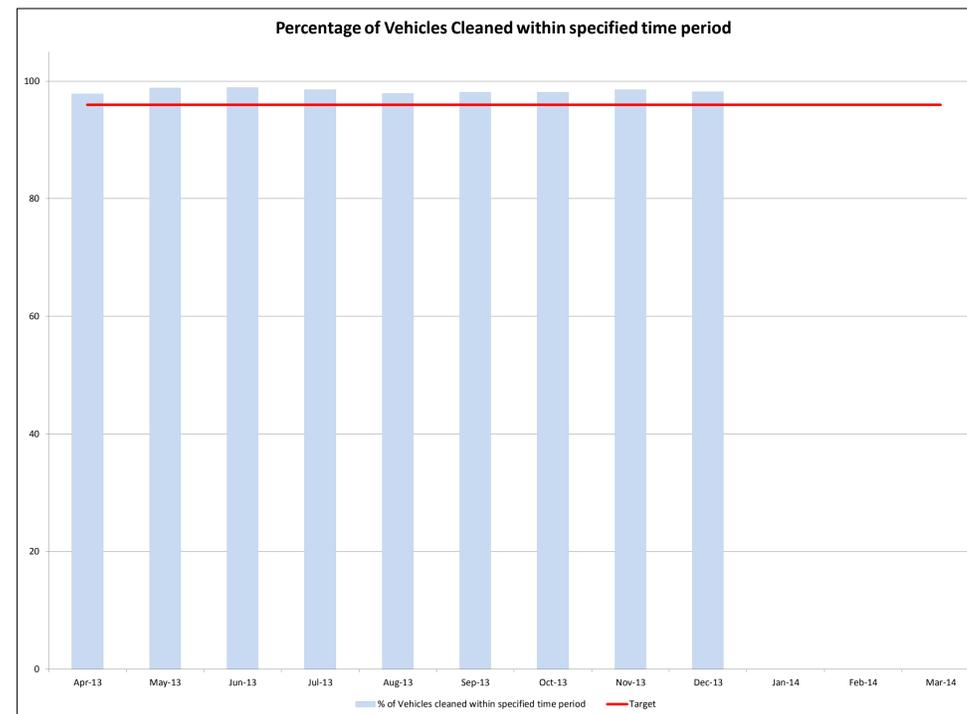
E1 Carbon Management	RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast	Quarter 1 Actual	Notes
E1.1 Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2 Corporate Citizen Rating (monitored quarterly)	59%					

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%	93%	1%	
E3.1	PTS		AMBER	94%	93%	-1%	94%	92%	-2%	KPI not met due to high number of larger engine jobs, bodywork and tail lift faults. Overtime and use of external providers have been sanctioned to bring VOR's back into line. The department is currently looking at the defect reporting process and VOR Reports.

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, 1 is to be commissioned.
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 3 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	RED	41	7.42%	KPI not met as servicing was suspended throughout December to concentrate on providing maximum vehicle availability throughout the Christmas Period. Overtime has been sanctioned to bring servicing back into line in January.
E3.2 Vehicle Services Outside "Window" at end of period	AMBER	32	8.61%	KPI not met as servicing was suspended throughout December to concentrate on providing maximum vehicle availability throughout the Christmas Period. Overtime has been sanctioned to bring servicing back into line in January.
E3.1 Vehicle Cleans Outside "Window" at end of period	GREEN	62	1.80%	
E3.4 Defibrillator servicing Outside "Window" at end of period	GREEN	0	0.00%	
E3.5 Suction Unit servicing Outside "Window" at end of period	RED	52	8.23%	Note 17 devices had been moved from their audited location, had these devices been present there would have been 35 overdue (at 7.91% Amber) 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	41	15.35%	Note 11 devices had been moved from their audited location, had these devices been present there would have been 30 overdue (at 11.23% 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	41.10%	Note 56 devices had been moved from their audited location, had these devices been present there would have been 102 overdue (at 29.7% 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	98.5	98.2			

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	25	26				208
Variance	7	4	-3	-6	0	5	-3	7	6				

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	AMBER	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	3.3	1/9	Premises audit Calderdale, Kirklees, Wakefield	Issues relating to tagging and securing of waste and clutter in station buildings. Feedback from audit provided to local manager for action.	Locality Director - West	Jan-14	GREEN
AMBER	3.12	6/9	National Audit Programme	Stable, if limited, functionality with the ReadSoft scanning and verification software has permitted the Clinical Audit team to plan for recovery over the remaining Quarter of the financial year.	Executive Medical Director		AMBER
AMBER	3.12	7/9	Internal Clinical Audit Plan	Stable, if limited, functionality with the ReadSoft scanning and verification software has permitted the Clinical Audit team to plan for recovery over the remaining Quarter of the financial year.	Executive Medical Director		AMBER
RED	3.20	4/9	Freedom of Information responses	Only 34% of FOI requests were responded to within time this month. This has been due, in the main to a delay in filling the Head of Engagement post where this responsibility now sits. This person is now in place and significant improvements are expected in compliance going forward.	Executive Director of People & Engagement	End of Feb 2014	GREEN

Comments on Quality**New Incidents Reported**

There has been a slight increase in the number of incidents reported in December. These have mainly been across A&E operations and this is in line with the seasonal norm. The increase has been across a range of staff and medication housekeeping incident types.

Patient Related Incidents

Patient related incidents have decreased in December with reductions primarily across A&E and EOC within normal variations during the year. Within A&E, the patient related incidents include care pathway related, lack of available resource to back up, slips, trips & falls and moving and handling related incidents. The Trust's safety thermometer is tracking patient falls, injuries and medication errors and will be reporting days between harm from January.

Staff Related Incidents

As detailed in section 3.3 there has been an increase in reporting of staff related incidents in A&E operations. These include violence and aggression, moving and handling and slips, trips & falls. A review has been completed with associated recommendations on the moving and handling training delivery across the Trust with amendments now being made to training delivery and assessment to include scenario based sections and provide better guidance to staff, amongst other recommendations.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Serious Incidents

There has been 1 SI reported in November and 2 within December.

RIDDOR

10 RIDDOR incidents were reported in November and 7 of these were as a result of handling, lifting and carrying. It is anticipated that roll out of the new carry chair and new equipment bag will support a reduction in injuries in the coming year. 9 RIDDOR reportable incidents were recorded for December. 2 of these were significant high risk needle stick exposure incidents that required post exposure prophylaxis treatment. The Head of Safety is reviewing the current needle-stick exposure policy with the new occupational health providers to ensure the correct procedures are clear for all staff.

Medication related incidents

There were 23 Controlled drug housekeeping incidents in December, 14 breakages, 6 administration errors, a key loss, and 2 'other' incidents - one was a broken lock that meant that there was an issue returning the morphine, the other where vials of morphine were withdrawn for an event beyond the scope of the current SOP. This will be addressed via a revised SOP when it is reviewed in April. There has been an increase in breakages this month, unusually there have also been a number of breakages of POM vials which has not been an issue previously. It may be a result of the new SOP which requires the staff to return the morphine back to the safe at the end of shift. Breakages will continue to be monitored closely. The increase in administration errors is also the result of the new SOP which requires staff to stock check the morphine every 24 hours which has more effectively highlighted administration errors.

Safeguarding - Referrals

Level 2 safeguarding training has shown a slight improvement in December following the introduction of the new workbook. Adult referrals in December include 42 Community Care Assessment (CCA) Referrals. CCA Referrals are requests for an assessment of a patient's care / support needs.

Clinical Audit Programme

The Backlog of forms to be scanned remains at 5 weeks by month end. Overtime has continued to be authorised but we have seen a reduction in the uptake of this by some staff. Staff sickness has become an issue once again with at least two people on long term sickness. Annual leave was also high during this period. System downtime has improved, with the majority of issues resolved or being addressed. Local CPIs are still suspended to aid recovery of the department. York staff have been collecting/entering data to aid in production of a Benzyl Penicillin audit.

IPC Audit

CKW have shown 2% improvement on the hand hygiene inspections in December however premises audits have highlighted issues relating to tagging and securing of waste and clutter in station buildings. Feedback from audit provided to local manager for action.

Airedale/Bradford/Leeds have improved in 2 categories whilst Humber has shown a marked improvement in all 3 categories this month.

Complaints and concerns

No significant variations in December.

Freedom of Information requests

Only 34% of FOI requests were responded to within time this month. This has been due, in the main to a delay in filling the Head of Engagement post where this responsibility now sits. This person is now in place and significant improvements are expected in compliance going forward. A review of current processes has been undertaken and management arrangements strengthened to ensure that responses are comprehensive and timely.

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				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	RED	AMBER	AMBER			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	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	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	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	<table border="0"> <tr> <td style="vertical-align: top;"> Service Performance score of < 1.0 ≥ 1.0 < 2.0 ≥ 2.0 < 4.0 ≥ 4.0 </td> <td style="vertical-align: middle; padding: 0 10px;"> } } } } } } } </td> <td style="vertical-align: top;"> GREEN AMBER-GREEN AMBER-RED RED </td> </tr> <tr> <td style="background-color: #0056b3; color: white;">2. Third Parties</td> <td> 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 </td> </tr> <tr> <td style="background-color: #0056b3; color: white;">3. Mandatory Services</td> <td>-Declared risk of, or actual, failure to deliver mandatory services: +4.0</td> </tr> <tr> <td style="background-color: #0056b3; color: white;">4. Other board statement failures</td> <td>-If not covered above, failure to either (i) provide or (ii) subsequently comply with annual or quarterly board statements</td> </tr> <tr> <td style="background-color: #0056b3; color: white;">5. Other factors</td> <td> -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 </td> </tr> </table>	Service Performance score of < 1.0 ≥ 1.0 < 2.0 ≥ 2.0 < 4.0 ≥ 4.0	} } } } } } }	GREEN AMBER-GREEN AMBER-RED RED	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
Service Performance score of < 1.0 ≥ 1.0 < 2.0 ≥ 2.0 < 4.0 ≥ 4.0	} } } } } } }		GREEN AMBER-GREEN AMBER-RED RED										
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												

Risk Ratings applied quarterly and updated in real time

Override applied to risk rating
Nature and duration of override at Monitor's discretion

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

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

Service Transformation Programme

OBJ REF 3

Service Transformation Programme														Comments	
Reference	Project	ED	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	Green	Green	Green	Green	Green	Discussions with UCBs continue with regard to winter monies allocation and with commissioners re funding for 2014-15. Pilot of single point of access in York has been agreed and planning has commenced for implementation.
RC2	Clinical Hub (CIP)	ED Ops	Green	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	The proposal submitted to TEG was not fully agreed, however, the short term actions to support staff will be taking place whilst further review of the long term actions takes place.
RC3	External Partnership	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Production of the urgent care plan to support the development of the urgent care offering for 2014-15 was presented at TEG on 08.01.2014.
RC4	Paramedic Pathfinder Model	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Project team to produce a proposal for further roll-out from Q1 2014/15. This is being discussed as a potential CQUIN for 2014-15.
RC5	Scope of Practice	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Discussion to take place at the Urgent Care Steering Group prior to requesting approval.
RC6	Pathway Review	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
RC7	Care Homes CQUIN	EMD	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Quarter 3 milestones have been achieved and results continue to show a reduction in calls from the top 100 care homes.
Clinical Development Project Group - Executive Medical Director															
CD1	JRCALC Rollout	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	JRCALC drug compliance audit is underway and on track.
CD2	Patient Safety CQUIN	ED S&C	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	A Comms plan is being developed for Trustwide launch in April 2014
CD3	ACQI Care Bundles	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Monthly random PRF audits are being reinstated on all stations. Inclusion of CIP/ACQI objectives in PDRs is part of the organisational review of the PDR process.
CD4	Public Health	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	The Alcohol Referral Pathway commenced 2 December.
CD5	Public Awareness CQUIN	ED CA	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Q2 submission has been approved.
CD6	Quality Governance	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Planning guidance recently published by TDA is being considered
CD7	Improving Outcomes from Cardiac Arrest (Hull)	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	ILS courses continue to be held and scheduled.
CD8	National CPR Policy	EMD	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	The YAS policy has been used as the basis for the national policy.
Delivery Programme - Executive Director of Operations															
Operational Efficiency Project Group - Executive Director of Operations															
OE1	Red Performance	ED Ops	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Ops Managers now available for Level 2 response. Revised plan signed off by TEG with all deliverables on track.
OE2	Workforce Model (CIP)	ED Ops	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Discussions with HR to revise recruitment plan complete.
OE3	Operational Redesign (CIP)	ED Ops	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Operational policies relating to redesign have now been agreed. New rotas have been shared with staff and the Locality Management teams are working alongside staff side to refine the final rota agreements. Agreed 20th Jan 2014 for meal break payment to cease and first phase of standby plan to be in place. Rota implementation will occur between 3rd to 17th Feb 2014.
OE4	Turnaround	ED Ops	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Heads of Operations are leading on actions to improve performance in key areas (West Yorks and York). Meetings are scheduled with Acute Trust leads to resolve Handover compliance. Turnaround facilitator supporting YAS/acute Trusts.
OE5	A&E CQUINs	ED Ops	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
OE5A	Rural CQUIN	ED Ops	N/A	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Q3 report being finalised for submission to commissioners which should include a progress report against targets agreed at Q2.
OE5B	Reduced Conveyance CQUIN at locality level	ED Ops	N/A	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Commissioners have now agreed an improvement trajectory of 0.5% to be achieved by Q4
OE5C	Red Performance in underperforming CCG CQUIN	ED Ops	N/A	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Additional work commenced in East Riding CCG area to mitigate non-achievement of 1% increase required by end Q4. Work is underway to highlight areas where CFR or defibs could be sited. Funding will be an issue however bids for funds are starting.
OE5D	Static Medical Unit CQUIN	ED Ops	N/A	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	On track and additional unit in operation
PTS Project Group - Executive Director of Finance & Performance															
PTS 1	Transformation (CIP13/14)	ED F&P	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
PTS 2	PTS CQUINs	ED F&P	N/A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	
PTS2A	South PTS CQUIN 1 - (120 minute wait target)	ED F&P	N/A	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Data to be included in Q3 report has been agreed and the Comms Plan will be revisited
PTS2B	South PTS CQUIN 2 - (Rationale for long waits)	ED F&P	N/A	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Improved performance was seen at the start of the quarter but this remains a challenging target; an action plan is in place and ongoing.
PTS2C	West PTS CQUIN 1 - (Patient experience)	ED F&P	N/A	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Actions in support of Q3 report on-going
PTS2D	West PTS CQUIN 2 - (Education for healthcare professionals)	ED F&P	N/A	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Training plan is ongoing with all training complete by the end of the quarter
PTS2E	North PTS CQUIN 1 - (Timely communication of transport)	ED F&P	N/A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Q3 report drafted however Dec 13 data not available therefore extension to deadline agreed
PTS2F	North PTS CQUIN 2 - (Reduction in abortive journeys)	ED F&P	N/A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Concerns around whether the actual rates of abortions have reduced however Dec data not yet available although this is within the context of low levels of abortions in this area
PTS2G	East PTS CQUIN 1 - (Timely communication of transport)	ED F&P	N/A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Actions in support of Q3 on-going; Dec 13 data not available therefore extension to deadline agreed
PTS2H	East PTS CQUIN 2 - (Reduction in abortive journeys)	ED F&P	N/A	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	The abortive journey reductions required against trajectory have been achieved.
Sustainability (People) Programme - Executive Director of People and Engagement															
Culture & Capability Project Group - 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	Green	Green	Green	Green	Green	Leadership and management development deliverables. PTS development programme partly delivered. Analysis for A&E ops complete. Development of programme required
CC2	Staff Engagement and Communications	ED S&C ED W&S	Green	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Communication Strategy underway
CC3	Recruitment and Induction	ED S&C ED W&S	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
CC4	Sickness (CIP)	ED W&S	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	No highlight report received
Service Line Management Project Group - Executive Director of Finance & Performance															
SLM1	Service Line Management	ED F&P	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	The key outputs for Service Line Reporting (financial processes within SLM) have continued in the background to ensure minimal delays occur. Meetings with P&E/PTS/111 have occurred to reinvigorate the adoption of SLM.
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	Green	Green	Green	Green	Green	Torpoint, the appointed contractor, commenced work onsite on 2nd December 2013 with a target completion date of 4th April 2014.
E2	HART	ED F&P	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Planning Permission for the external works has been granted by Leeds Council on 23 December 2013 and allowing the contractor to commence the external works.
Emergency Care Solution Project Group - Executive Director of Finance & Performance															
ECS1	ECS Roll-out	ED F&P	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	New Project Lead required and possible issues with order timescale from Panasonic
2012-13 Legacy Projects															
CLF1	Clinical Leadership (CIP)	ED Ops	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Director of Ops is reviewing current actions to address CQC Action Plan
IPR1	Individual Performance Reports	ED Ops	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Final review required to determine benefits if rolled out Trust wide.
ESR1	Electronic Staff Record (ESR)	ED W&S	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	More clarity required on project outcomes
DMS1	Risk-Data Management	ED S&C	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Project close down/high level benefits realisation report completed and discussed at previous TPMG meeting.

RAG key		Financial Tolerances Key	
Green	Project on track to deliver benefits (quality &/or financial)	Green	Above 0.0%
Yellow	Concerns identified (quality &/or financial) and controls in place	Yellow	Between -2.5% and 0.0%
Red	Concerns identified (quality&/or financial) and requires programme board/TPMG attention	Red	Below -2.5%
Blue	Project complete and benefits realised		
Grey	Key milestones		

IPC Audit - Percentage compliant

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YTD RAG GREEN



MTD RAG GREEN

Area	Audit	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Calderdale, Kirklees, Wakefield	Hand Hygiene	96%	98%	98%	96%	96%	97%	94%	92%	94%			
	Premise	93%	98%	94%	97%	98%	97%	99%	100%	79%			
	Vehicle	96%	98%	97%	98%	97%	98%	99%	97%	96%			
North Yorkshire and York	Hand Hygiene	100%	99%	99%	99%	99%	99%	100%	99%	99%			
	Premise	98%	96%	100%	96%	99%	98%	96%	97%	98%			
	Vehicle	96%	100%	98%	I/Data	98%	95%	91%	94%	94%			
Humber	Hand Hygiene	100%	100%	100%	100%	97%	98%	98%	91%	99%			
	Premise	98%	93%	95%	97%	99%	98%	96%	93%	98%			
	Vehicle	97%	97%	I/Data	97%	99%	99%	94%	86%	100%			
Airedale, Bradford, Leeds	Hand Hygiene	99%	98%	98%	99%	96%	99%	98%	99%	99%			
	Premise	98%	98%	98%	99%	100%	99%	99%	93%	98%			
	Vehicle	96%	98%	100%	100%	96%	98%	96%	91%	99%			
South Yorkshire and Bassetlaw	Hand Hygiene	99%	100%	100%	100%	98%	96%	97%	99%	100%			
	Premise	100%	99%	100%	100%	100%	98%	93%	94%	96%			
	Vehicle	100%	100%	100%	99%	99%	96%	99%	96%	99%			
YAA	Hand Hygiene	99%	100%	100%	100%	100%	100%	100%	100%	100%			
	Premise	100%	90%	100%	100%	100%	100%	100%	100%	100%			
	Vehicle	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Resilience and Special Operations	Hand Hygiene	98%	100%	100%	100%	100%	99%	99%	98%	100%			
	Premise	95%	95%	100%	100%	100%	100%	100%	100%	100%			
	Vehicle	100%	100%	I/Data	100%	100%	100%	100%	100%	100%			
Private & Events	Hand Hygiene	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	Vehicle	96%	100%	100%	100%	100%	99%	100%	100%	100%			
PTS Leeds	Hand Hygiene	100%	100%	100%	99%	99%	98%	99%	98%	99%			
	Vehicle	99%	91%	92%	93%	91%	94%	96%	96%	93%			
PTS Mid Yorkshire	Hand Hygiene	99%	100%	100%	98%	100%	100%	99%	100%	99%			
	Vehicle	98%	98%	I/Data	95%	96%	97%	95%	97%	96%			
PTS Bradford / Airedale	Hand Hygiene	100%	100%	100%	99%	100%	100%	98%	99%	99%			
	Vehicle	93%	96%	I/Data	94%	97%	94%	94%	96%	98%			
PTS Calderdale / Huddersfield	Hand Hygiene	98%	99%	99%	99%	94%	99%	98%	97%	100%			
	Vehicle	100%	100%	99%	99%	I/data	95%	99%	98%	99%			
PTS North Yorkshire	Hand Hygiene	100%	100%	100%	95%	91%	95%	100%	99%	99%			
	Vehicle	98%	96%	97%	97%	98%	98%	99%	96%	95%			
PTS Hull & East	Hand Hygiene	100%	98%	98%	94%	98%	99%	99%	100%	99%			
	Vehicle	98%	99%	99%	99%	96%	95%	96%	99%	100%			
PTS Sheffield / Barnsley	Hand Hygiene	99%	100%	100%	100%	99%	99%	100%	98%	99%			
	Vehicle	100%	100%	100%	100%	100%	100%	99%	96%	98%			
PTS Rotherham / Doncaster	Hand Hygiene	97%	100%	100%	100%	96%	100%	100%	98%	100%			
	Vehicle	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Overall Compliance (Current Year)	Hand Hygiene	99%	100%	99%	99%	98%	99%	99%	98%	99%			
	Premise	97%	98%	98%	98%	99%	99%	98%	97%	96%			
	Vehicle	98%	98%	98%	92%	92%	98%	97%	96%	98%			
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%	95%	96%	96%	96%	96%	98%

Key for IPC Audit: Pre April 2012

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

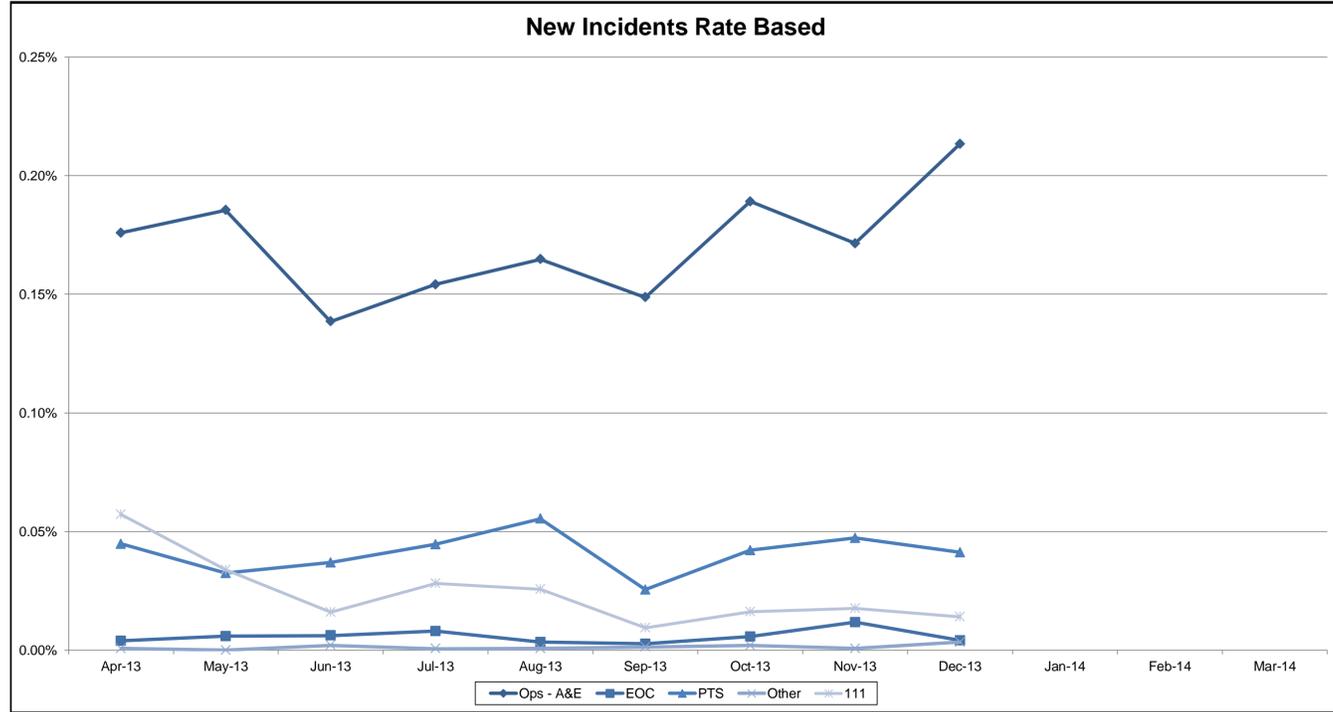
Key for IPC Audit: April 2012 onwards

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

New Incidents Reported

EWI

OBJ REF 3



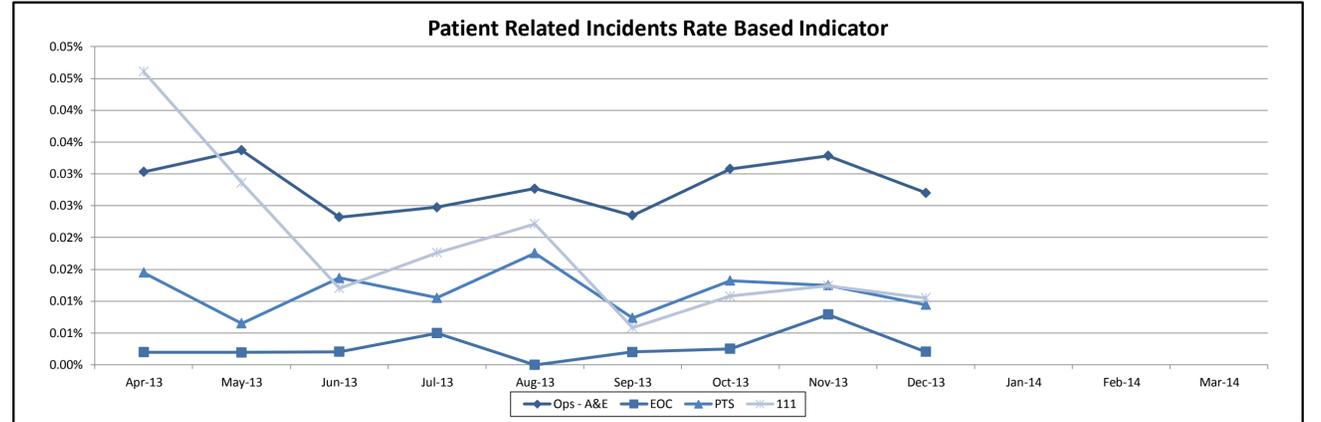
New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	267 (0.18%)	286 (0.19%)	203 (0.14%)	249 (0.15%)	244 (0.16%)	222 (0.15%)	301 (0.19%)	261 (0.17%)	316 (0.21%)			
EOC	6 (0%)	9 (0.01%)	9 (0.01%)	13 (0.01%)	5 (0%)	4 (0%)	9 (0.01%)	18 (0.01%)	6 (0%)			
PTS	68 (0.04%)	50 (0.03%)	54 (0.04%)	72 (0.04%)	82 (0.06%)	38 (0.03%)	67 (0.04%)	72 (0.05%)	61 (0.04%)			
111	41 (0.06%)	26 (0.03%)	12 (0.02%)	24 (0.03%)	22 (0.03%)	8 (0.01%)	15 (0.02%)	17 (0.02%)	16 (0.01%)			
Finance	1 (0%)	0 (0%)	3 (0%)	1 (0%)	1 (0%)	2 (0%)	3 (0%)	1 (0%)	5 (0%)			
Medical - Operations	0 (0%)	0 (0%)	9 (0.01%)	13 (0.01%)	19 (0.01%)	8 (0.01%)	16 (0.01%)	15 (0.01%)	10 (0.01%)			
Quality & Patient Experience	0 (0%)	2 (0%)	1 (0%)	2 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)			
Resilience & Specialist Services	4 (0%)	5 (0%)	5 (0%)	8 (0%)	1 (0%)	5 (0%)	6 (0%)	0 (0%)	2 (0%)			
Support Services	6 (0%)	6 (0%)	2 (0%)	3 (0%)	8 (0.01%)	2 (0%)	2 (0%)	0 (0%)	3 (0%)			
Foundation Trust	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)			
Human Resources	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)	2 (0%)	1 (0%)	1 (0%)	0 (0%)			
Organisational Effectiveness and Education	0 (0%)	0 (0%)	0 (0%)	2 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)			
Risk & Safety	1 (0%)	2 (0%)	0 (0%)	1 (0%)	3 (0%)	2 (0%)	0 (0%)	1 (0%)	0 (0%)			
ICT	1 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)			
TOTALS	395	387	298	390	385	293	420	389	420			
TOTALS (Prev Year)	432	491	468	518	484	434	497	456	482	465	444	445

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

Patient Related Incidents Rate Based Indicator

EWI

OBJ REF 3



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	46 (0.03%)	52 (0.03%)	34 (0.02%)	40 (0.02%)	41 (0.03%)	35 (0.02%)	49 (0.03%)	50 (0.03%)	40 (0.03%)			
EOC	3 (0%)	3 (0%)	3 (0%)	8 (0%)	0 (0%)	3 (0%)	4 (0%)	12 (0.01%)	3 (0%)			
PTS	22 (0.01%)	10 (0.01%)	20 (0.01%)	17 (0.01%)	26 (0.02%)	11 (0.01%)	21 (0.01%)	19 (0.01%)	14 (0.01%)			
111	33 (0.05%)	22 (0.03%)	9 (0.01%)	15 (0.02%)	19 (0.02%)	5 (0.01%)	10 (0.01%)	12 (0.01%)	12 (0.01%)			
Medical Operations	0 (0%)	0 (0%)	4 (0%)	1 (0%)	5 (0%)	5 (0%)	7 (0%)	6 (0%)	3 (0%)			
OTHER	1 (0%)	3 (0%)	2 (0%)	1 (0%)	0 (0%)	1 (0%)	0 (0%)	1 (0%)	0 (0%)			
TOTALS	105	90	72	82	91	60	91	100	72			
TOTALS	52	78	68	63	55	74	62	63	68	79	59	84

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	27	50			
Previous Year	31	43	42	23	42	33	30	40	35	23	14	31

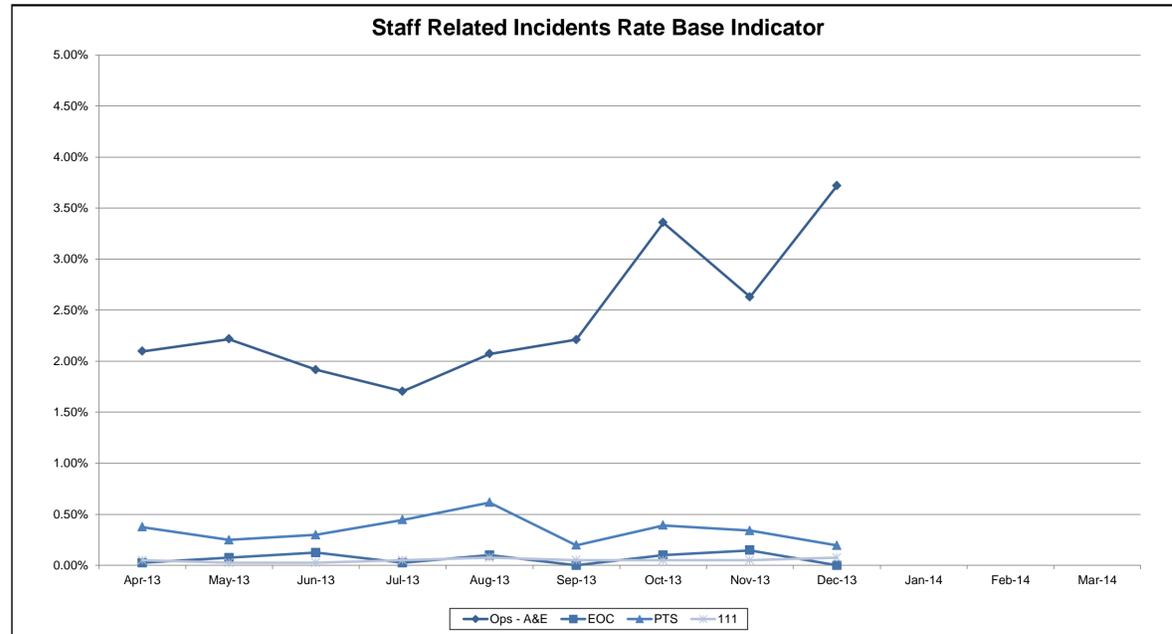
Morphine Related Incidents

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	7	14			
Administrative errors	3	5	0	7	2	2	4	2	6			
Loss	1	2	1	1	2	3	0	2	1			
Clinical	0	0	1	0	0	0	0	0	0			
TOTAL (Current Year)	14	18	7	16	10	10	12	11	22			
TOTAL (Previous Year)	12	20	20	11	18	13	14	20	14	12	4	12

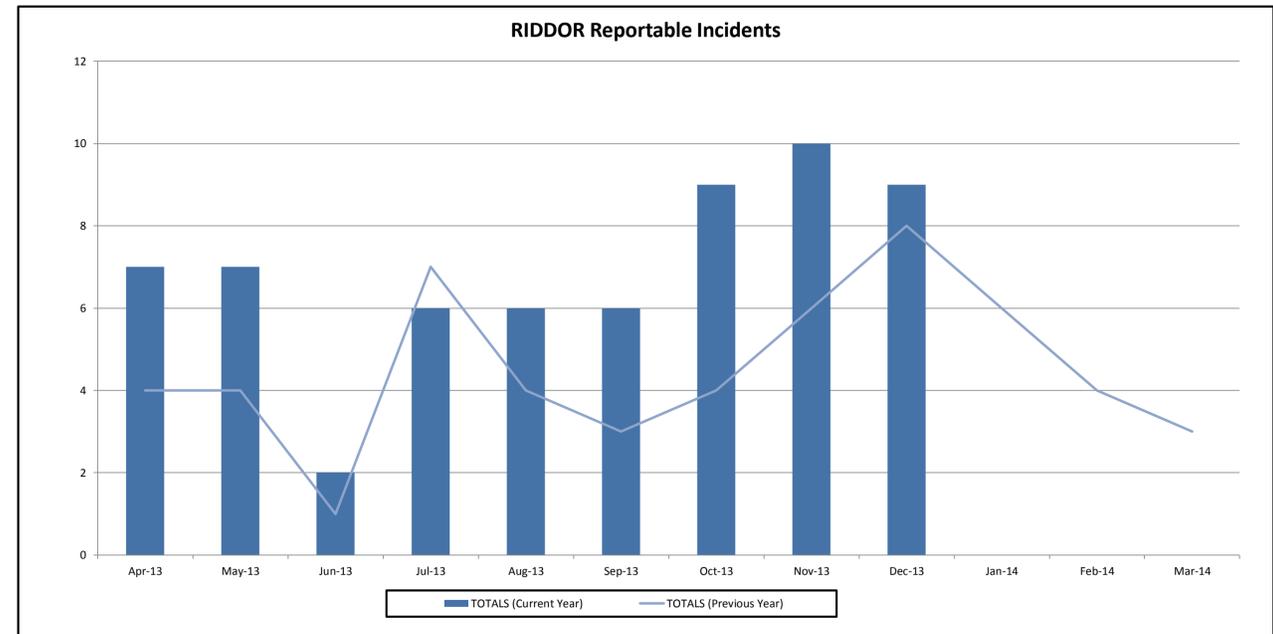
Staff Related Incidents

OBJ REF 3



Riddor Incidents

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 (2.1%)	89 (2.22%)	77 (1.91%)	69 (1.71%)	84 (2.07%)	90 (2.21%)	137 (3.36%)	108 (2.63%)	152 (3.72%)			
EOC	1 (0.02%)	3 (0.07%)	5 (0.12%)	1 (0.02%)	4 (0.1%)	0 (0%)	4 (0.1%)	6 (0.15%)	0 (0%)			
PTS	15 (0.37%)	10 (0.25%)	12 (0.3%)	18 (0.44%)	25 (0.62%)	8 (0.2%)	16 (0.39%)	14 (0.34%)	8 (0.2%)			
111	2 (0.05%)	1 (0.02%)	1 (0.02%)	2 (0.05%)	3 (0.07%)	2 (0.05%)	2 (0.05%)	3 (0.07%)	3 (0.07%)			
Finance	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)	0 (0%)	2 (0.05%)	3 (0.07%)	1 (0.02%)	0 (0%)			
Medical - Operations	0 (0%)	0 (0%)	1 (0.02%)	4 (0.1%)	11 (0.27%)	3 (0.07%)	6 (0.15%)	8 (0.19%)	5 (0.12%)			
Quality & Patient Experience	0 (0%)	0 (0%)	1 (0.02%)	2 (0.05%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)			
Resilience & Specialist Services	0 (0%)	1 (0.02%)	2 (0.05%)	2 (0.05%)	0 (0%)	2 (0.05%)	2 (0.05%)	0 (0%)	1 (0.02%)			
Support Services	5 (0.12%)	2 (0.05%)	1 (0.02%)	0 (0%)	0 (0%)	2 (0.05%)	0 (0%)	0 (0%)	1 (0.02%)			
Foundation Trust	0 (0%)	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)			
Human Resources	0 (0%)	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)	0 (0%)			
Organisational Effectiveness and Education	0 (0%)	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)			
Risk & Safety	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (0.05%)	0 (0%)	0 (0%)	2 (0.05%)	0 (0%)			
ICT	1 (0.02%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)			
TOTALS (Current Year)	108	106	101	101	129	109	171	142	170			
TOTALS (Previous Year)	86	80	99	97	106	79	120	132	119	105	112	116

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

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	1	1			
East Riding of Yorkshire CBU	4	1	0	2	1	1	1	4	1			
Leeds & Wakefield CBU	2	0	0	0	0	1	1	0	0			
Bradford, Calderdale and Kirklees CBU	1	3	0	2	2	2	4	2	2			
South Yorkshire CBU	0	0	0	2	1	0	0	3	3			
Operations PTS	0	1	0	0	0	0	1	0	1			
Other Directorates	0	0	0	0	1	0	0	0	1			
TOTALS (Current Year)	7	7	2	6	6	6	9	10	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	0	0			
Hit by a moving, flying or falling object	1	2	0	0	0	0	0	0	0			
Hit by a moving vehicle	1	0	0	1	0	0	0	0	1			
Hit by something fixed or stationary	0	1	0	0	0	0	0	0	0			
Injured while handling, lifting or carrying	1	3	0	2	1	5	7	7	2			
Slip, trip or fall on the same level	1	1	0	0	1	1	2	1	3			
Fall from a height	0	0	0	0	0	0	0	0	0			
Trapped by something collapsing	0	0	0	0	0	0	0	0	0			
Drowned or asphyxiated	0	0	0	0	0	0	0	0	0			
Exposed to or in contact with a harmful substance	1	0	1	1	0	0	0	0	0			
Exposed to fire	0	0	0	0	0	0	0	0	0			
Exposed to an explosion	0	0	0	0	0	0	0	0	0			
Contact with electricity or an electrical discharge	0	0	0	0	0	0	0	0	0			
Injured by an animal	0	0	0	0	0	0	0	1	0			
Physically assaulted by a person	1	0	1	0	1	0	0	1	0			
Another kind of accident	1	0	0	2	3	0	0	0	3			
Total	7	7	2	6	6	6	9	10	9			

Yorkshire Ambulance Service - Quality - Safety

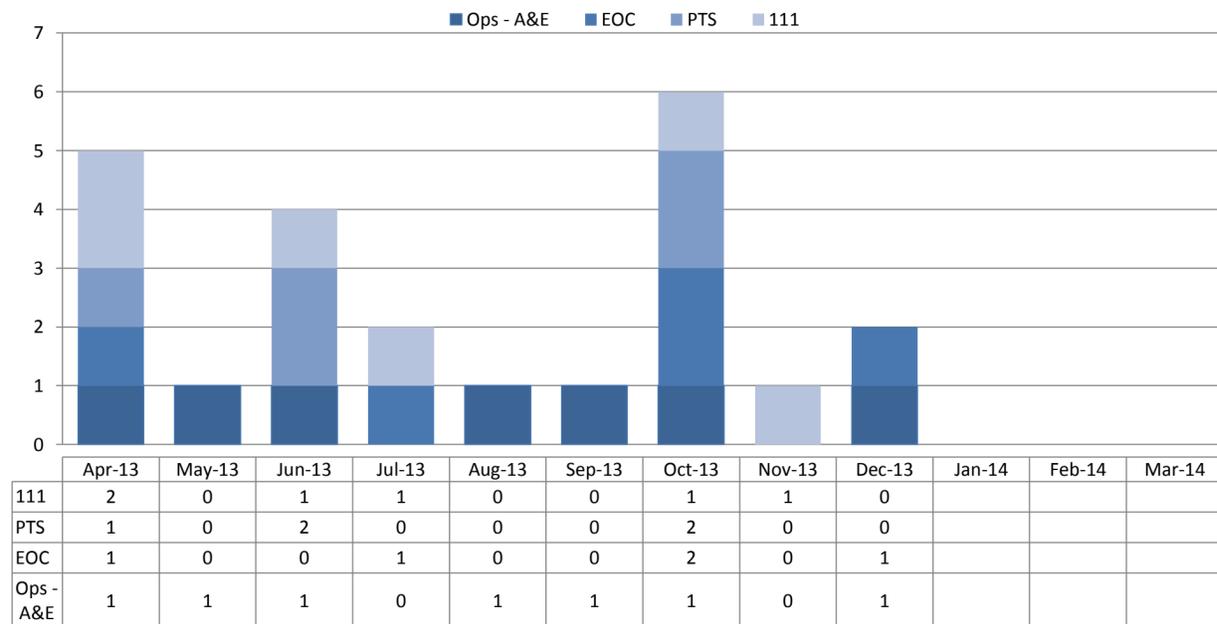
Yorkshire Ambulance Service - Quality - Safeguarding

December 2013

SUI Incidents by Area

OBJ REF 3

Serious Incidents by Area

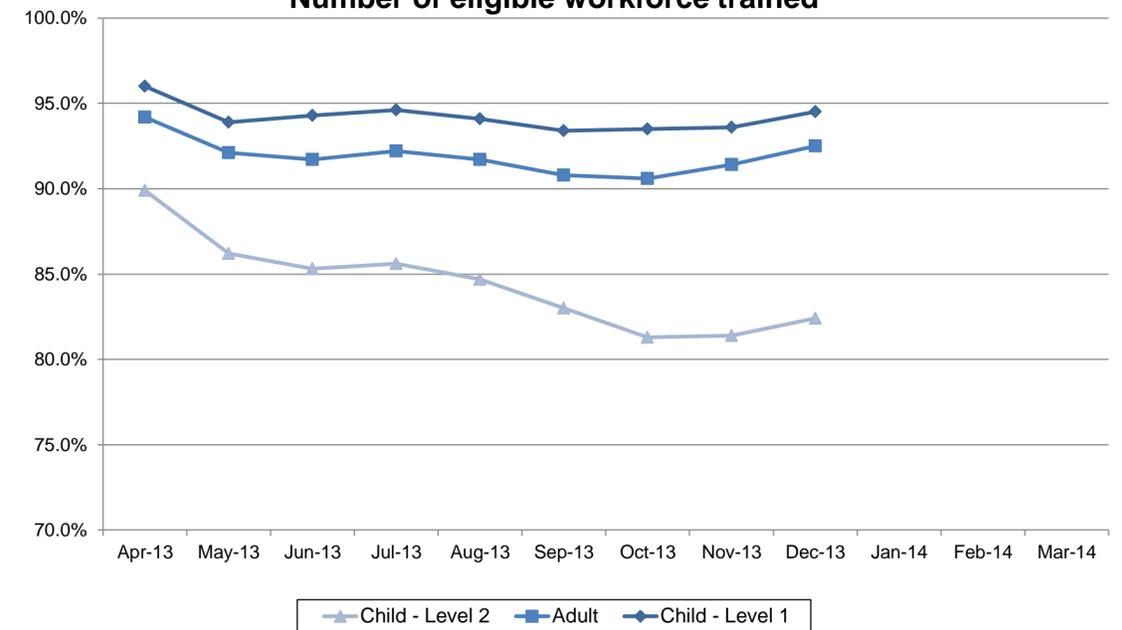


Training Position

YTD RAG GREEN

MTD RAG GREEN

Number of eligible workforce trained

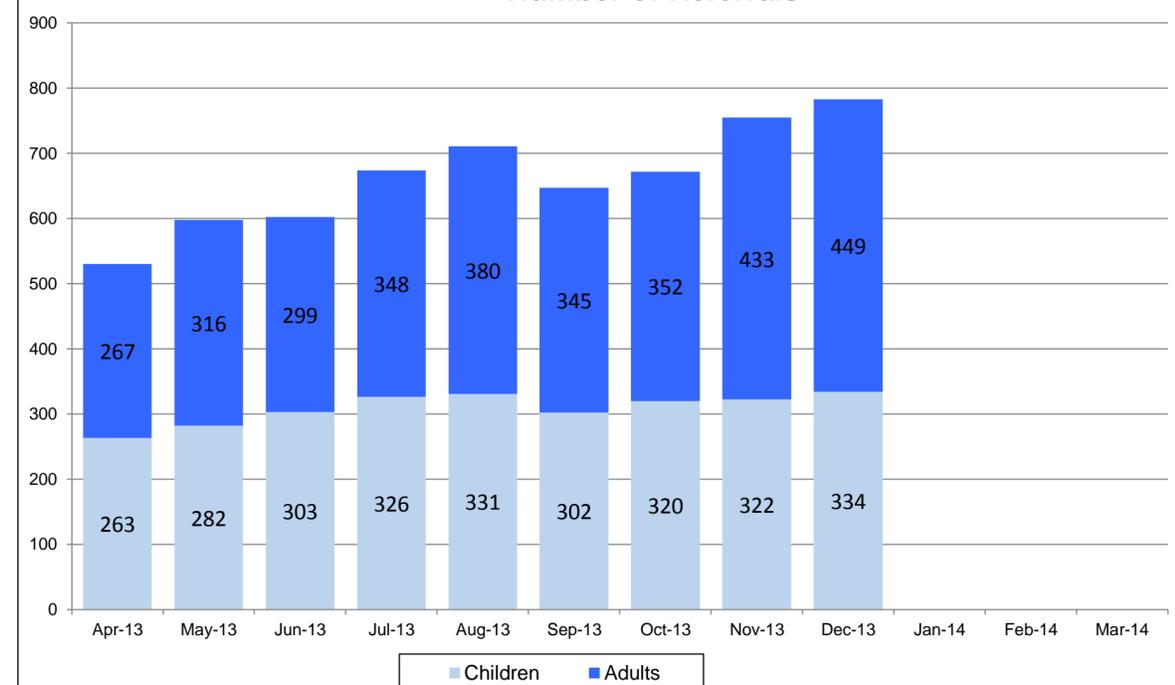


SUI Incidents	EWI	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
TOTAL (Current Year)		5	1	4	2	1	2	6	1	2			
TOTAL (Previous Year)		3	1	2	4	2	0	2	3	4	5	6	5

Number of Child and Adult Referrals

OBJ REF 3

Number of Referrals



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	1	1			
Road Traffic Collision	0	0	0	0	0	0	0	0	0			
Clinical care	1	1	0	0	0	0	1	0	1			
Inadequate clinical assessment	1	0	0	0	0	0	0	0	0			
Violence & aggression	0	0	0	0	0	0	0	0	0			
Data protection breach	0	0	0	0	0	1	0	0	0			
Adverse media attention	0	0	0	0	0	0	0	0	0			
Medication related	0	0	0	0	0	0	0	0	0			
Patient Fall	0	0	2	0	0	0	1	0	0			
Maternity issue	0	0	1	0	0	0	0	0	0			
Other	1	0	0	2	1	0	2	0	0			
Total	5	1	4	2	1	2	6	1	2			

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

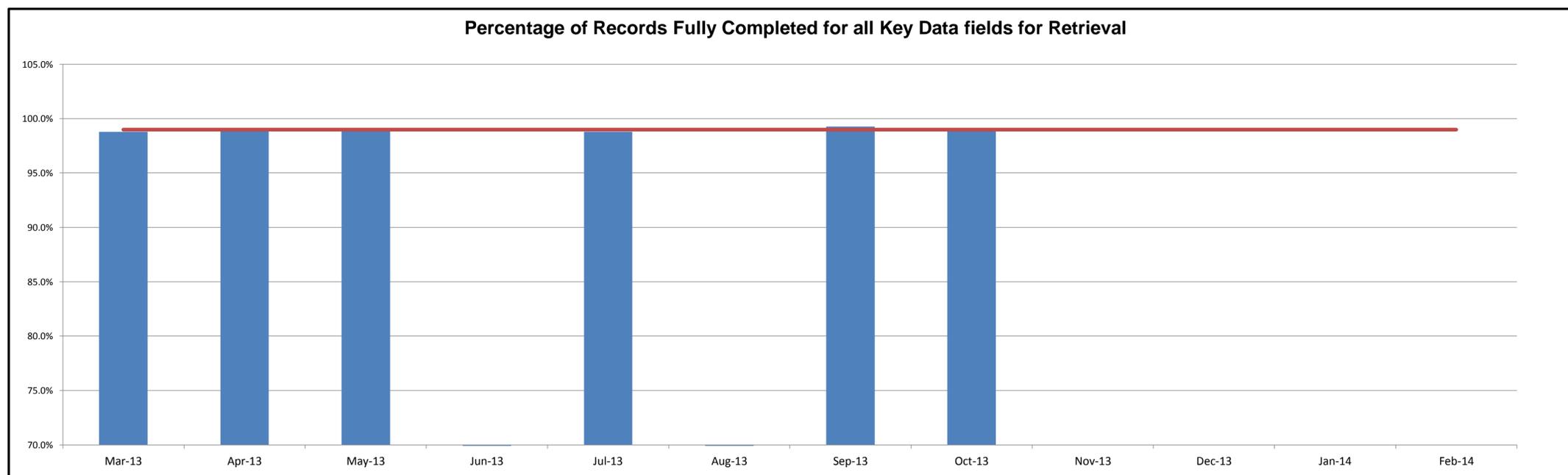
National Audit Programme

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	AMBER	AMBER			
Hypoglycaemia STeMI												
Asthma MINAP												

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	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	51,552	58,403	60,230	TBC	63,454	TBC	55,676	63547				
Total of forms with key data incomplete	621	634	630	542	742	612	401	559				
% of Completed Forms	98.8%	98.9%	99.0%	TBC	98.8%	TBC	99.3%	99.1%				

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, August and November 2013 data.

Yorkshire Ambulance Service - Quality - Patient Experience and Involvement

December 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	1	0				4
	Telephone Manner		0	1	2	1	1	2	0	2	0				9
EOC Call Handling	Red AMPDS		1	1	0	0	0	1	0	1	0				4
	Green AMPDS		0	0	0	0	0	2	1	0	1				4
	Green Clinical Hub		5	2	1	5	4	6	2	6	4				35
	Green 111 triage		10	6	3	4	2	5	3	6	6				45
	HCP Request		2	1	1	0	1	0	0	1	1				7
EOC Delayed Response	Red		3	1	1	0	5	5	6	4	2				27
	Green 1, 2, 3, 4		2	7	1	10	4	10	14	7	9				64
	IHT		2	4	1	2	3	4	5	0	0				21
	Admission		2	2	2	5	2	1	3	1	3				21
	Take Home		0	0	0	1	2	0	1	1	2				7
	Other		0	0	0	1	0	0	1	2	4				8
EOC TOTAL			27	25	13	29	25	36	37	32	32				256
Demand Activity (Based on Number of Calls)			64768	66207	64019	70404	66651	64147	68192	66784	71894				603066
% Rate			0.04%	0.04%	0.02%	0.04%	0.04%	0.06%	0.05%	0.05%	0.04%				0.04%
A&E Attitude	Lack of Care		5	4	8	9	3	4	4	5					51
	Communication Skills		4	10	10	6	9	10	10	10	16				85
A&E Clinical	Assessment		0	3	3	3	4	5	5	1	0				24
	Clinical Handover		0	1	1	0	5	4	5	1	3				20
	Treatment		0	3	0	11	0	2	1	0	1				18
	Moving & Handling		1	0	2	0	2	1	0	1	0				7
A&E Operations	Pathways		2	2	1	4	2	4	1	1	7				24
	Operational Procedures		11	7	6	13	8	9	17	8	11				90
	Vehicles & Stretchers		1	1	2	2	0	3	1	1	4				15
	Driving		4	6	8	8	4	7	9	6	7				59
	Other		1	0	1	0	0	0	0	0	0				2
A&E TOTAL			29	37	42	56	37	54	53	33	54				395
Demand Activity (Based on Number of Responses)			58299	59294	56942	61749	59123	56876	60026	58760	63072				534141
% Rate			0.05%	0.06%	0.07%	0.09%	0.06%	0.09%	0.09%	0.06%	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	1	0				1
		South	0	0	0	0	0	0	0	0	0				0
		Hull & East	0	0	0	0	1	0	0	0	0				1
		ABL	0	0	0	0	0	1	0	0	1				2
		CKW	1	0	1	0	1	0	0	0	0				3
		EOC	0	0	0	0	0	0	0	1	1	0			2
	Total	1	0	1	0	2	1	1	2	1	1				9
	Amber	North	1	0	0	1	0	0	1	2	1				6
		South	1	1	0	0	1	2	3	0	0				8
		Hull & East	0	3	0	1	0	1	2	0	1				8
		ABL	2	1	2	1	4	1	3	2	1				17
		CKW	0	0	1	5	1	1	3	2	2				15
		EOC	7	4	1	3	4	5	4	2	3				33
	Total	11	9	4	11	10	10	16	8	8	8				87
	Yellow	North	4	5	6	10	2	7	4	3	6				47
		South	3	4	6	7	6	11	8	2	3				50
		Hull & East	1	3	2	3	3	4	3	1	3				23
		ABL	5	6	5	6	6	5	6	1	5				45
		CKW	5	3	4	7	1	8	2	0	8				38
		EOC	18	21	10	24	15	31	31	28	25				203
Total	36	42	33	57	33	66	54	35	50	50				406	
Green	North	0	3	2	2	2	5	3	5	3				25	
	South	2	3	7	4	3	2	7	5	7				40	
	Hull & East	0	2	1	2	0	0	3	2	4				14	
	ABL	1	1	2	5	3	5	3	3	4				27	
	CKW	4	2	3	1	3	1	2	7	5				28	
	EOC	2	0	2	3	6	0	1	1	4				19	
Total	9	11	17	17	17	13	19	23	27	27				153	

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	27	49				324

Yorkshire Ambulance Service - Quality - Patient Experience and Involvement

December 2013

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	3	2				18
	Administration Error		A	1	1	1	3	1	5	0	4	2				18
	Call Handling		J	0	0	1	1	0	1	0	0	0				3
PTS Operations	Attitude		B	7	7	1	8	4	6	5	5	3				46
	Driving		I	2	2	1	0	1	3	4	3	4				20
	Vehicle Condition/Comfort		E	0	0	0	1	1	0	1	1	0				4
	Non-Attendance/Late to Collect Patient from Home		F H U	6	13	6	14	9	6	6	5	11				76
	Patient Early/Late for Appointment		T S	4	3	0	3	5	4	1	2	2				24
	Non-Attendance/Late to Collect Patient from Clinic/Hospital		D G V	12	10	16	24	10	18	13	11	18				132
	Patient Injury		M N	1	2	1	1	2	0	2	2	1				12
	Patient Care		O	1	3	2	2	3	4	3	7	3				28
	Vehicle Unsuitable		W	6	4	2	1	6	3	2	4	2				30
Time on Vehicle		P	2	1	0	0	1	0	4	2	3				13	
PTS Other				9	5	7	5	1	2	2	0	0				31
SUB TOTAL 4Cs				51	55	40	68	44	54	43	49	51				455
PTS Service-to-Service				101	80	88	92	81	69	58	36	33				638
TOTAL				152	135	128	160	125	123	101	85	84				1093
Demand Activity				93504	95108	89594	99849	89007	92428	99184	93456	84999				837129
% Rate				0.16%	0.14%	0.14%	0.16%	0.14%	0.13%	0.10%	0.09%	0.10%				0.1%

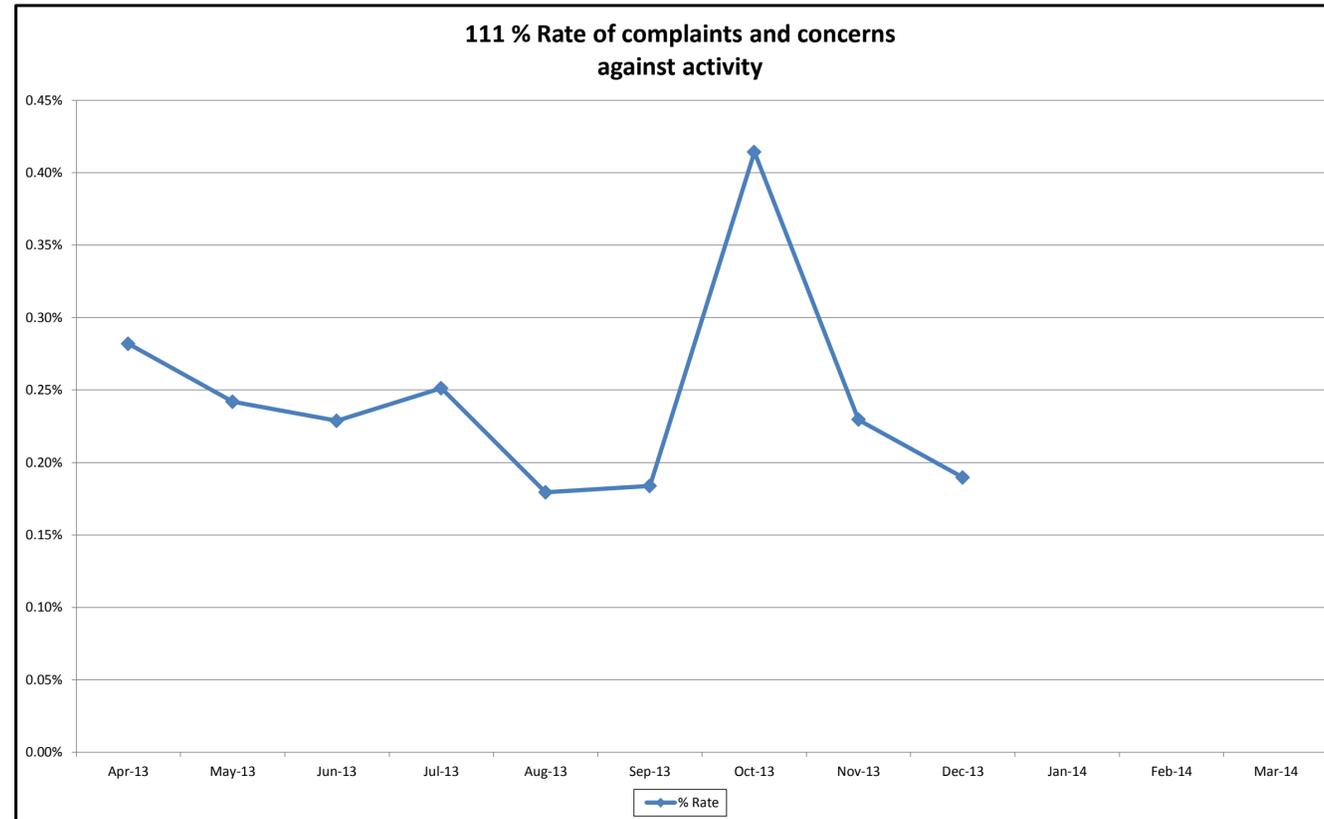
Grade Profile		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Complaints, Concerns & Comments (Not Service to Service)	Red	North	0	0	0	0	0	0	0	0	0				0
		South	0	0	0	0	0	0	0	0	0				0
		East	0	0	0	0	0	0	0	0	0				0
		West	0	0	0	0	0	0	0	0	0				0
		Total	0	0	0	0	0	0	0	0	0	0			0
	Amber	North	0	1	1	1	0	0	1	0	0				4
		South	0	0	0	0	2	0	0	1	0				3
		East	2	2	0	0	0	0	0	0	0				4
		West	3	3	0	0	0	0	0	0	0				6
		Total	5	6	1	1	2	0	1	1	0				17
	Yellow	North	7	3	2	9	8	2	6	1	0				38
		South	2	6	4	7	3	3	2	1	3				31
		East	3	7	5	8	5	5	5	7	8				53
		West	16	5	8	8	6	9	7	11	6				76
		Total	28	21	19	32	22	19	20	20	17				198
	Green	North	2	2	3	3	6	6	3	6	6				37
		South	2	5	6	6	1	11	5	3	5				44
		East	3	6	5	4	4	7	10	7	11				57
		West	9	15	4	22	5	11	4	12	12				94
		Total	16	28	18	35	16	35	22	28	34				232

Compliments		Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PTS TOTAL		5	0	2	1	0	1	1	1	3				14

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	2	0				25
Clinical	24	23	8	15	14	9	17	6	6				122
Operations	12	4	5	16	5	8	11	3	9				73
Sub Total	43	31	20	33	21	17	29	11	15				220
HCP Complaints & Concerns	159	155	151	181	133	140	355	211	202				1687
GRAND TOTAL	202	186	171	214	154	157	384	222	217				1907
Call Activity	71653	76900	74727	85198	85819	85410	92670	96749	114475				783601
% RATE	0.28%	0.24%	0.23%	0.25%	0.18%	0.18%	0.41%	0.23%	0.19%				0.24%



Complaints & Concerns													
Local Care Direct	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Attitude / Conduct					0	2	2	1	2				7
Clinical					1	1	5	5	5				17
Operations					2	1	4	3	2				12
Sub Total					3	4	11	9	9				36
HCP Complaints & Concerns					1	3	1	1	0				6
GRAND TOTAL					4	7	12	10	9				42
Call Activity					17931	17237	18664	20713	24176				98721
% RATE					0.02%	0.04%	0.06%	0.05%	0.04%				0.08%

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	9	12				110
LCD							2	1	2				5

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	1	0					4
	2 - 24 Working Days	5	5	12	10	5	6	5	8					56
	>25 Working Days	1	2	9	12	2	6	2	10					44
South	Within 1 Working Day	2	0	2	1	0	0	2	1					8
	2 - 24 Working Days	3	7	17	8	5	9	10	6					65
	>25 Working Days	4	1	10	7	6	6	6	6					46
Hull & East	Within 1 Working Day	0	0	0	0	1	0	0	1					2
	2 - 24 Working Days	3	4	3	4	3	1	3	1					22
	>25 Working Days	0	4	3	7	4	4	5	4					31
ABL	Within 1 Working Day	1	0	0	0	0	1	0	0					2
	2 - 24 Working Days	6	3	9	13	3	4	4	6					48
	>25 Working Days	1	5	12	11	11	7	8	6					61
CKW	Within 1 Working Day	5	0	0	0	1	1	0	0					7
	2 - 24 Working Days	5	3	13	6	7	4	4	7					49
	>25 Working Days	6	2	14	11	5	5	3	10					56
EOC	Within 1 Working Day	4	1	0	0	1	2	4	4					16
	2 - 24 Working Days	19	7	8	9	14	23	7	5					92
	>25 Working Days	5	17	7	23	10	11	26	23					122

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	3	1					4
	2 - 24 Working Days	6	4	3	7	10	7	6	7					50
	>25 Working Days	2	1	4	6	7	14	1	5					40
South	Within 1 Working Day	0	0	0	2	0	0	2	0					4
	2 - 24 Working Days	3	6	10	8	3	11	5	6					52
	>25 Working Days	2	2	2	6	4	3	0	6					25
East	Within 1 Working Day	0	1	0	2	0	0	2	2					7
	2 - 24 Working Days	8	8	11	3	10	11	11	21					83
	>25 Working Days	4	4	5	8	0	1	0	6					28
West	Within 1 Working Day	0	0	0	1	1	1	2	3					8
	2 - 24 Working Days	26	18	16	15	7	14	7	15					118
	>25 Working Days	6	3	2	15	3	5	4	14					52

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	5	4	1				26
EOC	0	0	2	0	0	2	1	0	0				5
PTS	0	1	2	4	0	2	3	1	0				13
111	0	14	3	2	0	0	2	0	3				24

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

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

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

Ombudsman Referrals - 111													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Referral notified	0	0	0	0	0	0	0	0	0				0
Referral accepted	0	0	0	0	0	0	0	0	0				0
Referral rejected	0	0	0	0	0	0	0	0	0				0
Case upheld	0	0	0	0	0	0	0	0	0				0
Case not upheld	0	0	0	0	0	0	0	0	0				0
Outstanding	0	0	0	0	0	0	0	0	0				0

A&E Patient Experience Survey

OBJ REF 1.2 : 3

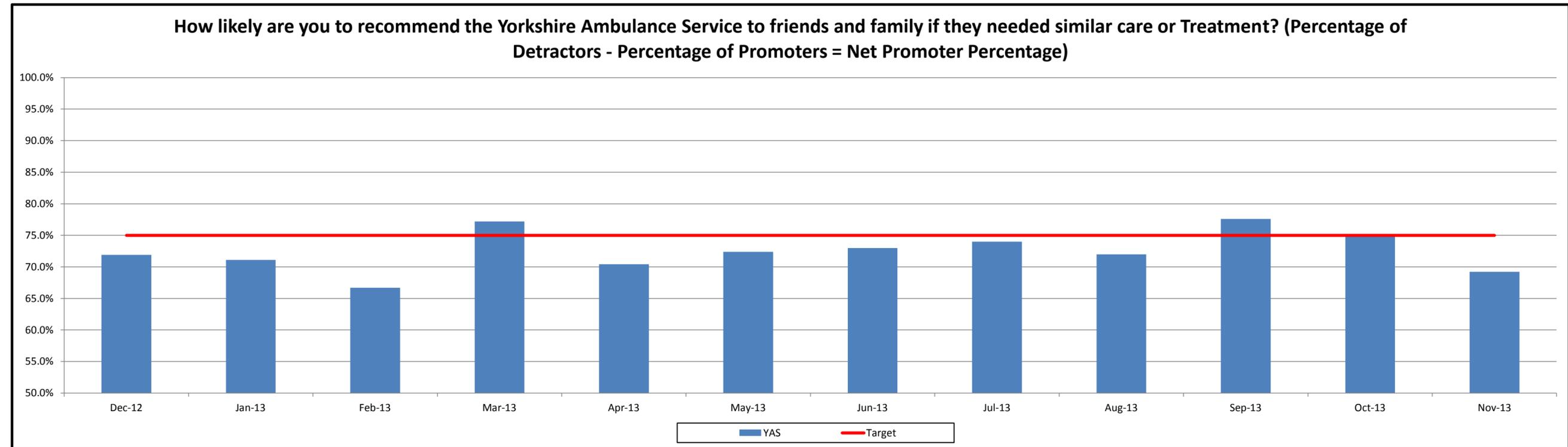
YTD RAG

AMBER



MTD RAG

GREEN



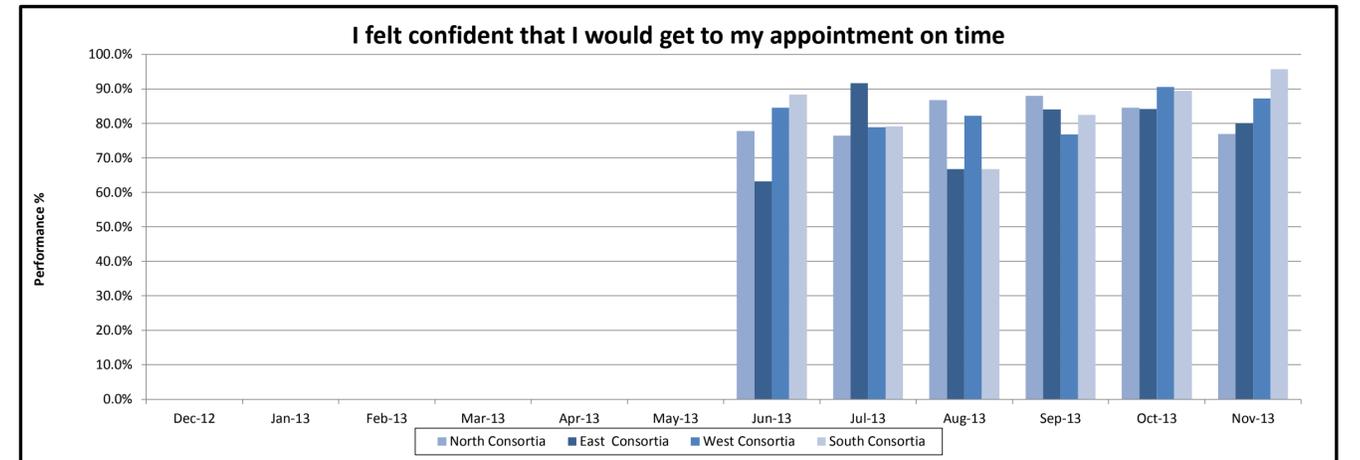
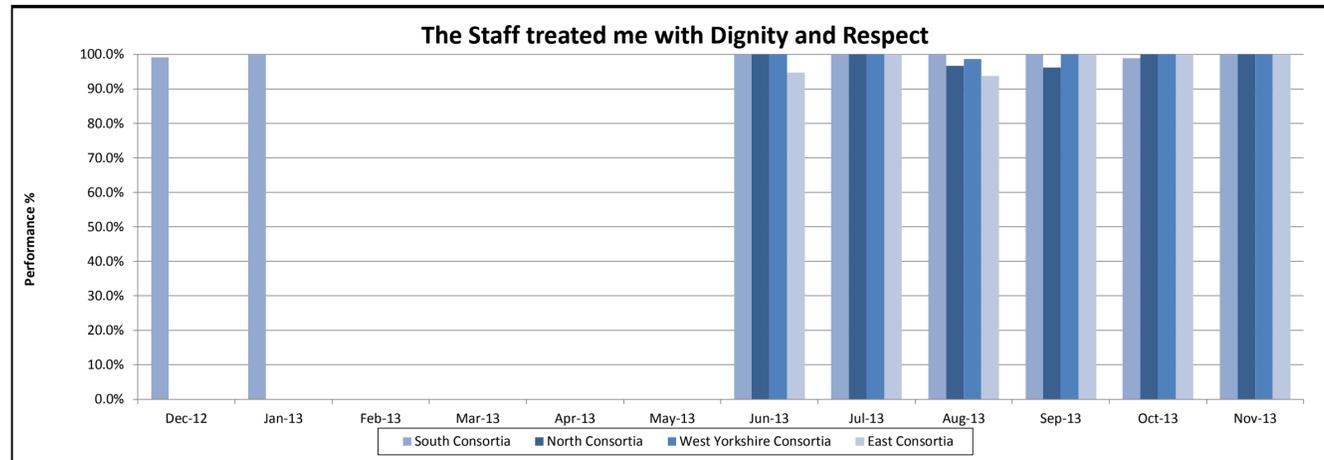
Overall Service	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
North Yorkshire CBU	75.9%	85.7%	66.7%	77.3%	69.2%	90.5%	87.0%	95.7%	82.8%	84.0%	82.8%	68.9%
East Yorkshire CBU	69.6%	61.5%	68.4%	77.4%	60.7%	48.3%	71.4%	59.1%	64.0%	75.0%	75.8%	71.9%
Calderdale, Kirklees & Wakefield CBU	97.0%	86.7%	66.7%	53.6%	72.7%	86.2%	81.8%	73.3%	82.5%	75.0%	86.2%	77.4%
Leeds, Bradford & Airedale CBU	82.6%	66.7%	56.3%	83.3%	83.9%	64.0%	56.3%	83.3%	76.9%	58.3%	76.5%	72.7%
South Yorkshire CBU	74.1%	65.0%	66.7%	83.8%	68.8%	74.5%	82.5%	76.1%	73.2%	83.3%	79.4%	67.6%
Unknown Area	31.4%	40.0%	90.9%	88.9%	65.5%	75.0%	35.3%	63.8%	29.4%	87.5%	50.0%	59.5%
YAS	71.9%	71.1%	66.7%	77.2%	70.4%	72.4%	73.0%	74.0%	72.0%	77.6%	75.0%	69.2%
YAS variance to previous Month		-0.8%	-4.4%	10.5%	-6.8%	2.0%	0.6%	1.0%	-2.0%	5.6%	-2.6%	-5.8%

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

PTS Patient Experience Survey

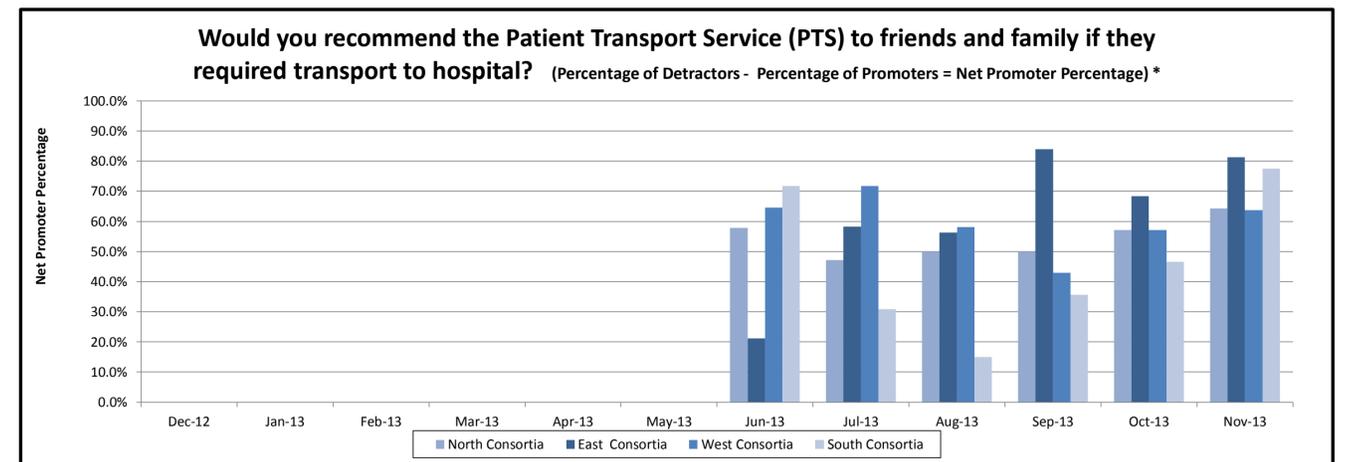
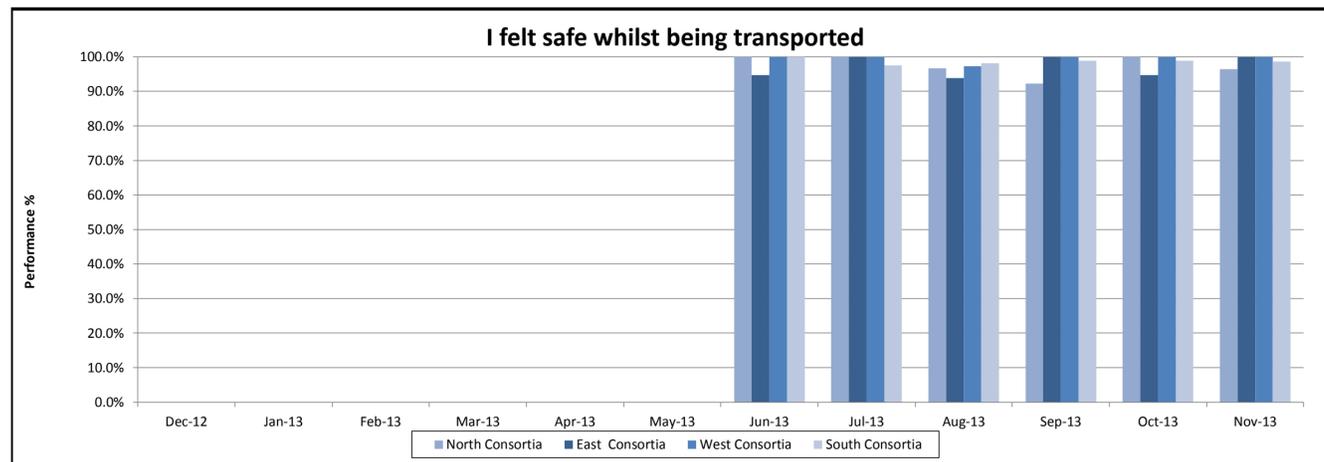
OBJ REF 1.2 : 3

	YTD RAG	N/A
←	MTD RAG	N/A



	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
North Consortia							100.0%	100.0%	96.7%	96.2%	100.0%	100.0%
East Consortia							94.7%	100.0%	93.8%	100.0%	100.0%	100.0%
West Yorkshire Consortia							100.0%	100.0%	98.6%	100.0%	100.0%	100.0%
South Consortia	99.2%	100.0%					100.0%	100.0%	100.0%	100.0%	98.9%	100.0%

	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
North Consortia							77.8%	76.5%	86.7%	88.0%	84.6%	76.9%
East Consortia							63.2%	91.7%	66.7%	84.0%	84.2%	80.0%
West Consortia							84.6%	78.9%	82.2%	76.8%	90.6%	87.3%
South Consortia							88.4%	79.2%	66.7%	82.4%	89.5%	95.7%



	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
North Consortia							100.0%	100.0%	96.7%	92.3%	100.0%	96.4%
East Consortia							94.7%	100.0%	93.8%	100.0%	94.7%	100.0%
West Consortia							100.0%	100.0%	97.3%	100.0%	100.0%	100.0%
South Consortia							100.0%	97.5%	98.2%	98.9%	98.9%	98.6%

	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
North Consortia							57.9%	47.1%	50.0%	50.0%	57.1%	64.3%
East Consortia							21.1%	58.3%	56.3%	84.0%	68.4%	81.3%
West Consortia							64.6%	71.7%	58.1%	42.9%	57.1%	63.8%
South Consortia							71.8%	30.8%	15.0%	35.6%	46.6%	77.5%

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

CQC Compliance	
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.	
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

A final external review of the Board Quality Governance memorandum and Quality Governance arrangements has been completed by Deloitte and reported a compliant position with a score of 3.0. A further review by Internal Audit is scheduled for February/March 2014.

Information Governance

OBJ REF 3

Freedom of Information (FOI) Requests	This Month	Year to Date
New FOI requests received	21	227
Number acknowledged within 1 day	10	
Number of FOI requests due a response in month	26	
Number responded to within 20 days	9	
Number responded to outside 20 days	17	

Data Protection Act (DPA) Requests	Workload		Compliance	
Subject Access Requests	Cases Awaiting	Year to Date	Compliance with 21 day DoH guidance (%)	Compliance with 40 day DPA legislative requirement (%)
Solicitor Requests	45	477	81%	91%
Police requests	119	1044		
Witness Statements / Police Interviews	29	336		
	This Month	Year to Date		
Coroner Requests	27	221		

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	GREEN	GREEN			

Comments

Data Protection Act (DPA) Requests



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
AMBER	4.3	4/9	PDR %	Compliance rate is 75%. In total, 96% of staff have now received a PDR, although 21% remain overdue. PTS and A&E remain the most significant areas of non compliance.	Directors and Managers		AMBER
RED	4.4	9/9	Sickness / Absence %	On-going national uncertainty regarding Unsocial Hours deductions and sick pay may detrimentally affect the ability to deliver the year end target. Negotiations continue with a view to reaching agreement by February. A new absence management policy has been discussed at length with the Trade Unions. The meeting planned for January 8th was postponed due to Union commitment to the A&E Redesign. It is hoped that agreement will be reached in early February, but in the absence of that, consideration will be given to implementation in the absence of agreement.	All Directors and Managers		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 absence levels increased during December to 6.37%. Although this compares favourably to the same period last year when absence was at 7.60%, it is still the highest level of monthly absence during this financial year. The most marked increases were in the Clinical and Operational Directorates. In respect of the latter Directorate, there were a number of questionable absences over the holiday period and these are being investigated.

Absence in 111 (11.63%) and PTS also continues to cause concern with absence running at circa 7%.

Performance Development Reviews (PDRs) compliance rate is 75%. In total, 96% of staff have now received a PDR, although 21% remain overdue. PTS and A&E remain the most significant areas of non compliance.

Statutory and Mandatory Workbook: The completion of the new Statutory and Mandatory workbook is being monitored, whilst overall compliance remains green.

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

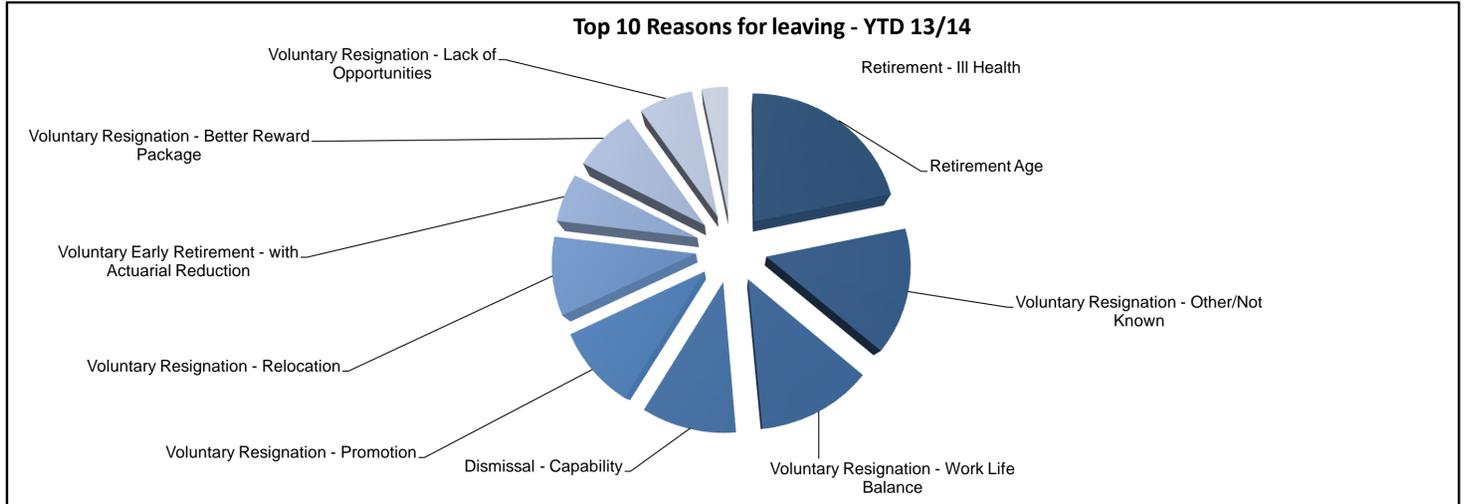
Recruits & Leavers

OBJ REF 1.1

Recruits	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Chief Executive FTE	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0			
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	0.0	0.0			
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Finance & Performance FTE	0.0	2.4	2.0	6.9	1.0	2.7	18.8	7.3	3.0			
Finance & Performance FTE (Previous Year)	0.0	0.0	2.0	0.0	3.0	1.0	1.1	0.4	3.0	1.0	2.0	1.8
Workforce & Strategy FTE	0.0	0.0	1.0	1.0	3.0	0.0	0.0	0.0	1.0			
Workforce & Strategy FTE (Previous Year)	0.0	1.4	0.0	1.0	1.0	0.0	0.0	0.0	2.0	2.0	2.0	1.0
Operations FTE	18.9	15.9	19.5	42.4	28.5	50.4	31.0	2.6	0.4			
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	19.0	1.9			
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	28.9	7.3			
Total FTE (Previous Year)	7.3	16.4	16.4	24.2	13.6	16.5	11.1	31.9	8.6	97.6	102.3	79.2

Leavers

OBJ REF 1.1



Leavers	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Chief Executive FTE	0.0	0.0	2.0	0.0	0.0	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	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	5.3	10.0			
Finance & Performance FTE (Previous Year)	3.1	2.0	2.0	3.0	2.1	4.4	3.4	0.0	0.7	0.0	2.2	2.5
Workforce & Strategy FTE	1.0	0.0	0.0	1.0	3.0	4.0	0.0	0.0	2.8			
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	5.4	13.2			
Operations FTE (Previous Year)	21.8	12.1	10.9	21.5	12.1	11.2	14.4	13.6	18.3	11.4	8.3	12.4
Standards & Compliance FTE	6.8	5.9	10.9	6.0	8.6	8.9	5.8	4.2	3.7			
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	14.9	29.7			
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	3.7	6.0				48.2
Voluntary Resignation - Other/Not Known	6.3	2.5	2.0	3.6	6.1	6.8	2.0	2.1	1.0				32.4
Voluntary Resignation - Work Life Balance	0.1	3.9	7.0	2.9	2.3	5.5	2.6	1.7	1.3				27.3
Dismissal - Capability	4.0	2.0	4.0	1.0	3.9	1.8	1.4	0.6	3.5				22.2
Voluntary Resignation - Promotion	2.7	1.0	4.0	0.0	5.6	2.6	0.0	3.0	1.5				20.4
Voluntary Resignation - Relocation	0.0	2.0	2.0	2.5	3.6	3.1	1.8	2.5	2.8				20.3
Voluntary Early Retirement - with Actuarial Reduction	1.0	0.0	5.0	0.8	2.0	3.0	1.0	0.0	0.0				12.8
Voluntary Resignation - Better Reward Package	0.0	1.0	0.0	3.0	2.8	4.8	2.8	0.0	2.5				16.9
Voluntary Resignation - Lack of Opportunities	1.0	0.0	1.0	1.0	3.4	4.0	1.0	0.0	3.0				14.4
Retirement - Ill Health	1.0	0.0	1.0	2.0	1.0	2.0	0.0	0.0	0.0				7.0
Redundancy - Compulsory	0.0	0.0	1.0	3.2	0.0	2.0	1.4	0.0	0.8				8.4
Voluntary Early Retirement - no Actuarial Reduction	0.7	1.0	2.0	0.0	0.0	1.0	0.0	0.0	2.0				6.7
Voluntary Resignation - Health	0.0	0.0	1.5	0.0	0.0	1.0	0.0	0.4	1.0				3.9
End of Fixed Term Contract - Other	0.0	0.4	0.0	1.0	0.0	1.0	0.9	0.0	0.0				3.3
Dismissal - Some Other Substantial Reason	0.0	1.0	0.0	1.0	0.0	0.0	1.0	0.5	2.0				5.5
Dismissal - Conduct	0.0	0.5	1.0	0.0	0.0	0.0	0.0	0.0	1.0				2.5
Voluntary Resignation - Adult Dependents	0.0	1.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0				1.5
Voluntary Resignation - Child Dependents	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.4				1.4
Death in Service	0.0	0.0	0.0	1.0	0.0	0.0	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	0.5	0.0				1.5
Voluntary Resignation - Incompatible Working Relationships	0.5	0.0	0.0	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	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	0.0				0.0
Initial Pension Ended	0.0	0.0	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	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	1.0				1.0
Bank Staff not fulfilled minimum work requirement	0.0	0.0	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	0.0				0.0
Has Not Worked	0.0	0.0	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	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%	83%	100%			
Clinical	83%	83%	73%	90%	77%	76%	63%	89%	97%			
Finance & Performance	75%	67%	76%	76%	73%	74%	60%	70%	75%			
Operations	65%	69%	72%	73%	69%	67%	72%	75%	74%			
Standards & Compliance	79%	9%	6%	7%	7%	14%	48%	78%	76%			
Workforce & Strategy	80%	87%	86%	76%	70%	67%	79%	82%	85%			
TRUST TOTAL (Current Year)	61%	64%	66%	67%	64%	62%	67%	74%	75%			
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%	71%	75%			
Clinical	94%	94%	91%	88%	79%	78%	78%	79%	82%			
Finance & Performance	87%	87%	86%	87%	86%	87%	80%	80%	81%			
Operations	90%	90%	90%	91%	90%	89%	90%	92%	94%			
Standards & Compliance	79%	79%	76%	83%	80%	80%	78%	67%	78%			
Workforce & Strategy	96%	94%	95%	94%	92%	92%	96%	97%	95%			
TRUST TOTAL (Current Year)	89%	89%	88%	90%	89%	88%	86%	86%	89%			
TRUST TOTAL (Previous Year)	77%	77%	76%	77%	82%	85%	86%	89%	89%	88%	88%	89%

Please Note: The Nov-13 figures onwards show the combined compliance figs for staff who have completed either the 2011-12 workbook and/or 2013-15 workbook. The 2013-15 workbook was released in Oct-13

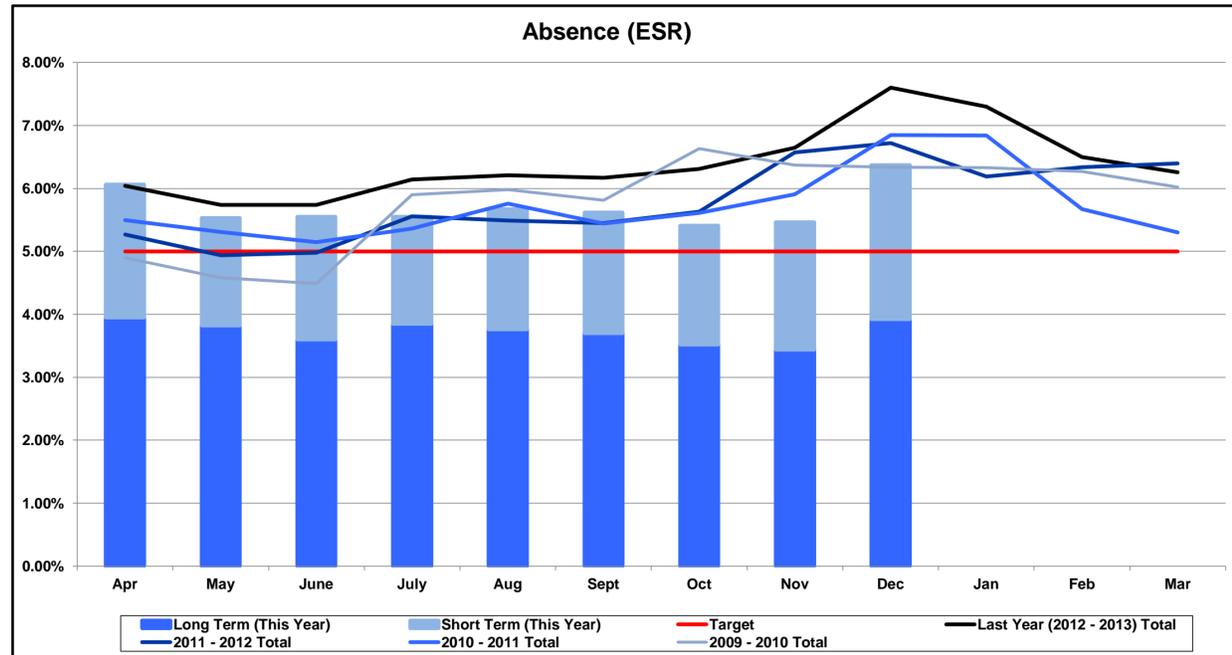
Short/Long Term Absence EWI

OBJ REF 1.1

YTD RAG	RED
MTD RAG	RED

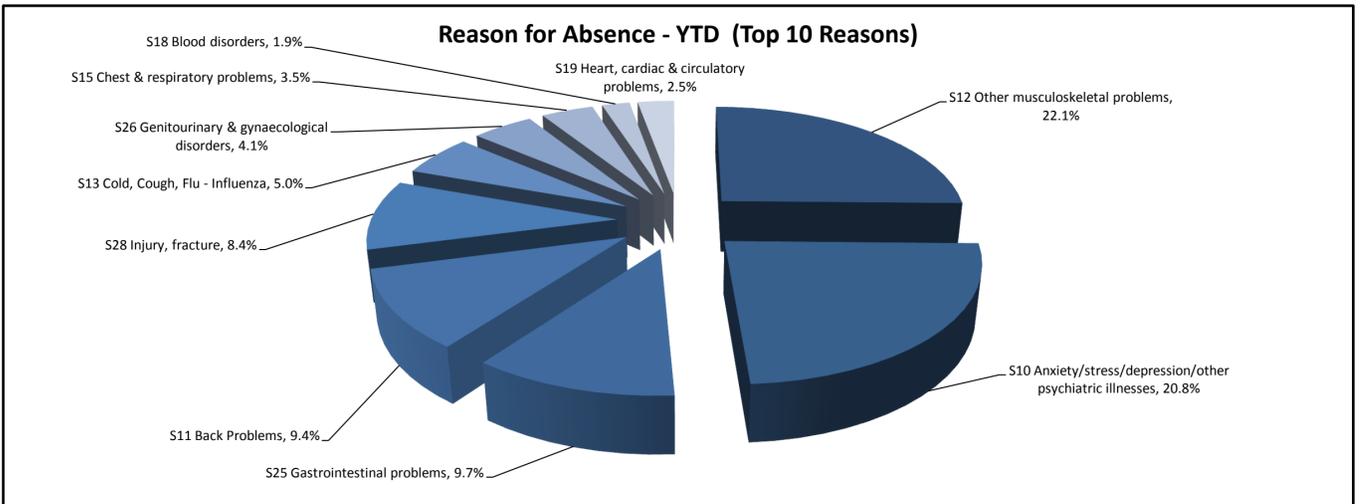
Reason for Absence EWI

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)	3.95%	3.82%	3.60%	3.85%	3.76%	3.70%	3.52%	3.44%	3.92%				2.28%
Short Term (This Year)	2.11%	1.71%	1.95%	1.70%	1.91%	1.92%	1.89%	2.02%	2.45%				3.32%
This Year (2013 - 2014) Total	6.06%	5.53%	5.55%	5.55%	5.67%	5.63%	5.41%	5.47%	6.37%				5.59%
Last Year (2012 - 2013) Total	6.04%	5.74%	5.74%	6.14%	6.21%	6.17%	6.31%	6.65%	7.60%	7.30%	6.50%	6.26%	6.39%
2011 - 2012 Total	5.27%	4.94%	4.98%	5.56%	5.49%	5.45%	5.63%	6.57%	6.72%	6.19%	6.34%	6.40%	5.79%
2010 - 2011 Total	5.50%	5.31%	5.15%	5.36%	5.76%	5.44%	5.61%	5.91%	6.85%	6.84%	5.67%	5.30%	5.73%
2009 - 2010 Total	4.90%	4.58%	4.49%	5.90%	5.98%	5.81%	6.63%	6.37%	6.34%	6.33%	6.27%	6.02%	5.82%

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



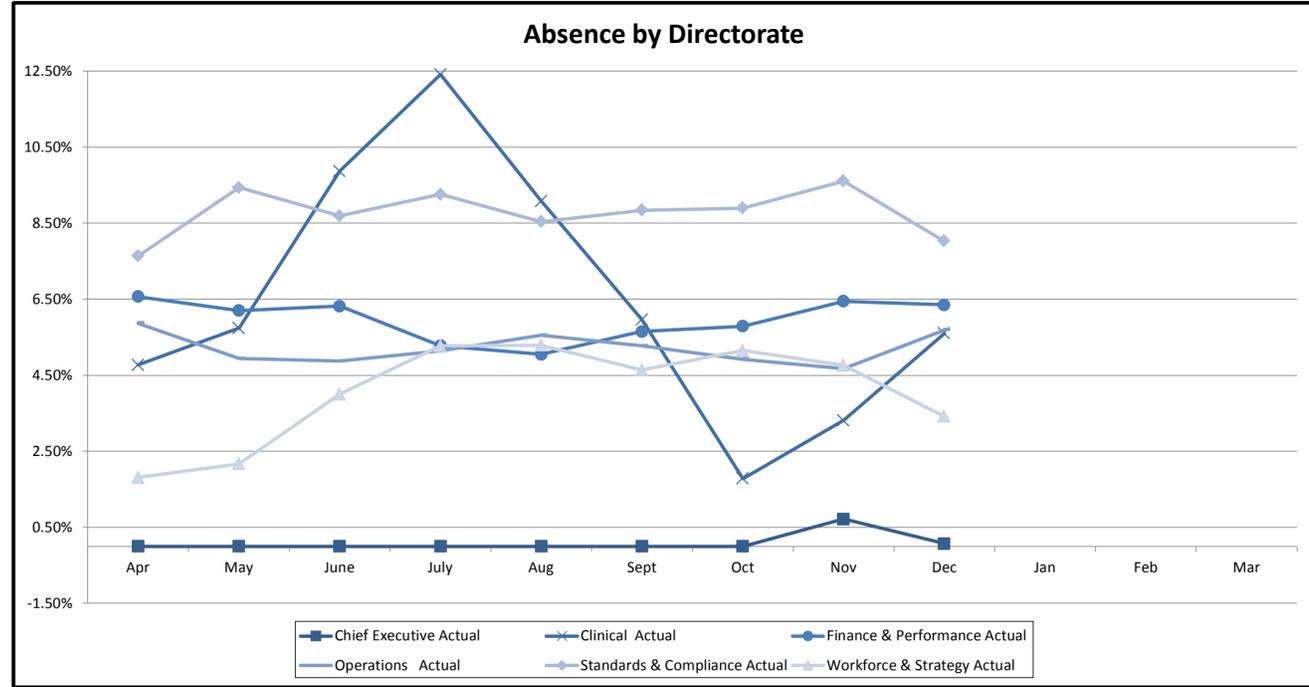
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 13/14
S12 Other musculoskeletal problems	25.2%	25.0%	24.7%	22.4%	22.6%	20.1%	19.1%	17.8%	22.0%				22.1%
S10 Anxiety/stress/depression/other psychiatric illnesses	16.8%	19.4%	17.0%	18.0%	21.9%	24.7%	24.2%	24.2%	20.8%				20.8%
S25 Gastrointestinal problems	9.9%	8.6%	9.5%	8.3%	10.0%	9.1%	9.9%	11.8%	10.0%				9.7%
S11 Back Problems	7.6%	8.5%	11.1%	9.2%	7.8%	10.9%	9.7%	10.6%	9.0%				9.4%
S28 Injury, fracture	8.9%	9.0%	9.9%	8.5%	7.3%	8.9%	7.9%	7.4%	7.9%				8.4%
S13 Cold, Cough, Flu - Influenza	9.8%	5.6%	5.4%	3.2%	5.3%	3.4%	2.9%	4.1%	5.4%				5.0%
S26 Genitourinary & gynaecological disorders	4.6%	4.1%	3.7%	4.5%	4.3%	4.2%	4.4%	3.5%	4.0%				4.1%
S15 Chest & respiratory problems	4.4%	2.0%	3.2%	2.6%	2.7%	2.0%	5.5%	5.2%	4.2%				3.5%
S18 Blood disorders	0.8%	2.0%	10.2%	0.5%	0.4%	0.5%	1.1%	0.7%	0.7%				1.9%
S19 Heart, cardiac & circulatory problems	1.7%	2.2%	2.2%	3.2%	2.5%	1.7%	2.4%	3.6%	2.7%				2.5%
S21 Ear, nose, throat (ENT)	1.7%	3.1%	2.2%	1.4%	2.2%	1.9%	1.6%	1.9%	1.6%				2.0%
S16 Headache / migraine	2.1%	2.7%	1.4%	2.4%	2.3%	1.5%	1.2%	1.7%	1.8%				1.9%
S17 Benign and malignant tumours, cancers	1.3%	1.8%	1.7%	1.9%	1.8%	1.9%	1.8%	2.0%	2.1%				1.8%
S99 Unknown causes / Not specified	0.0%	0.0%	0.0%	7.1%	1.6%	1.0%	1.9%	0.3%	1.1%				1.4%
S23 Eye problems	0.6%	1.3%	1.4%	1.9%	1.5%	2.2%	1.8%	2.0%	1.3%				1.6%
S31 Skin disorders	1.1%	1.8%	1.9%	1.5%	1.1%	1.1%	0.8%	0.3%	1.0%				1.2%
S29 Nervous system disorders	0.9%	1.3%	1.1%	1.1%	1.7%	1.6%	1.1%	1.6%	1.4%				1.3%
S24 Endocrine / glandular problems	0.5%	0.4%	1.1%	0.6%	1.1%	1.0%	0.6%	0.2%	0.6%				0.7%
S30 Pregnancy related disorders	0.6%	0.5%	0.7%	0.6%	0.8%	1.2%	1.1%	0.9%	1.1%				0.8%
S27 Infectious diseases	0.9%	0.5%	0.2%	0.6%	0.1%	0.7%	0.4%	0.0%	0.6%				0.4%
S14 Asthma	0.0%	0.0%	0.0%	0.0%	0.6%	0.6%	0.6%	0.2%	0.3%				0.3%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.3%	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	0.1%				0.1%
S22 Dental and oral problems	0.2%	0.1%	0.1%	0.0%	0.2%	0.0%	0.2%	0.2%	0.2%				0.1%
S32 Substance abuse	0.0%	0.1%	0.0%	0.0%	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%	0.0%				0.0%

Short/Long Term Absence by Directorate

EWI

OBJ REF 1.1

YTD RAG	RED
MTD RAG	RED

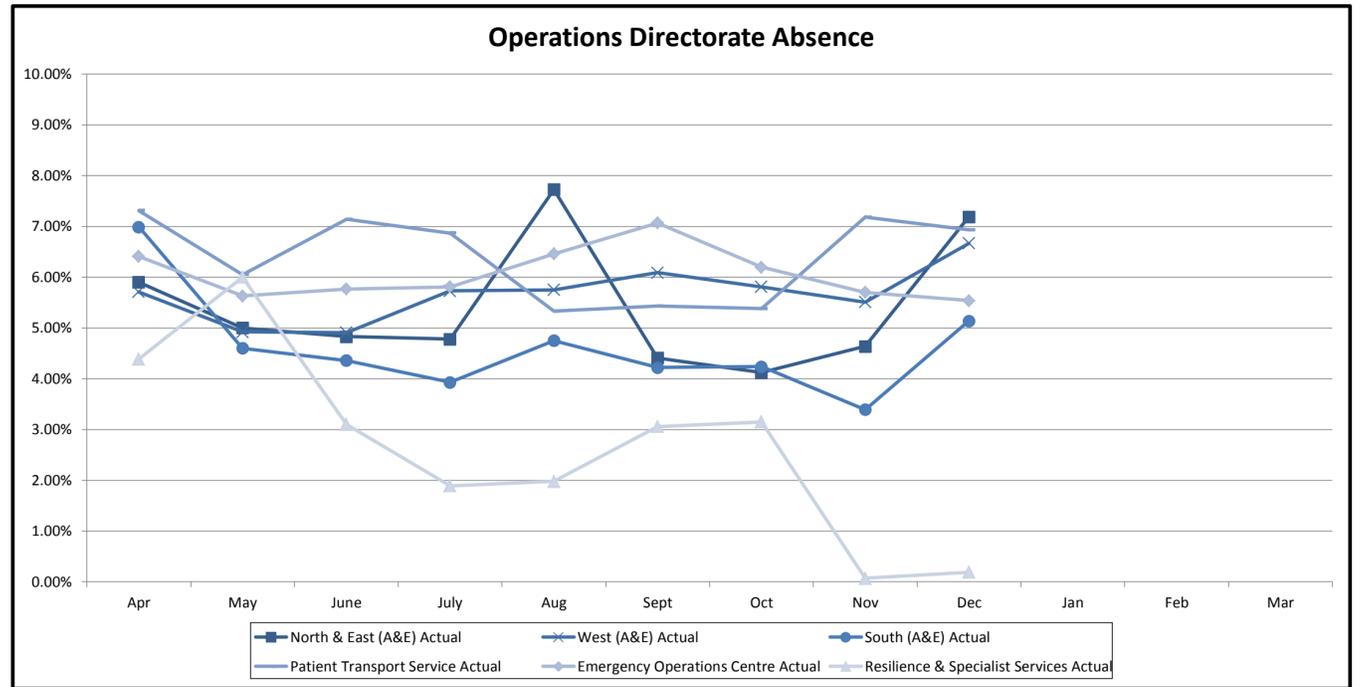


Short/Long Term Absence Operations Directorate split

EWI

OBJ REF 1.1

YTD RAG	AMBER
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	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.72%	0.07%			
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%	1.78%	3.31%	5.60%			
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	6.57%	6.20%	6.32%	5.28%	5.05%	5.65%	5.79%	6.45%	6.35%			
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	5.87%	4.94%	4.87%	5.14%	5.55%	5.27%	4.92%	4.67%	5.69%			
Standards & Compliance	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	7.64%	9.44%	8.69%	9.26%	8.54%	8.84%	8.90%	9.61%	8.03%			
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	1.81%	2.17%	4.00%	5.27%	5.29%	4.64%	5.15%	4.76%	3.42%			

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%	4.64%	7.19%			
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%	5.51%	6.67%			
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%	3.39%	5.14%			
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%	7.18%	6.93%			
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%	5.70%	5.54%			
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%	0.07%	0.19%			

Absence Costs by Directorate

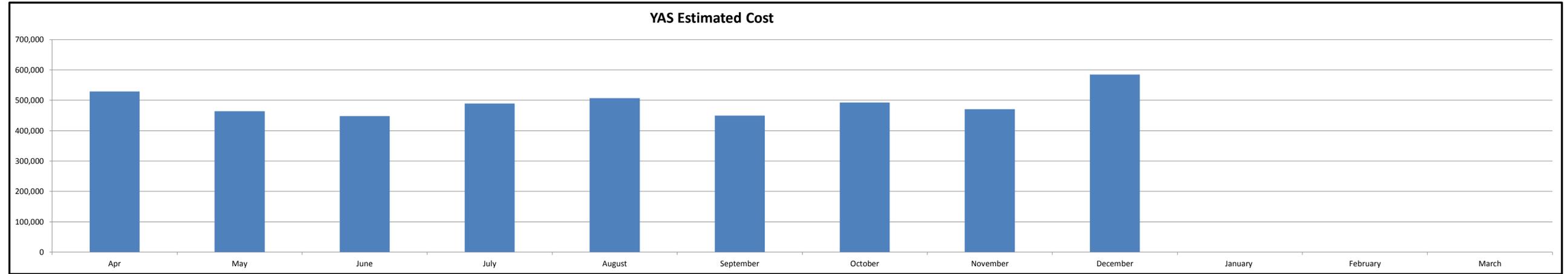
OBJ REF 1.1

YTD RAG

RED

MTD RAG

AMBER



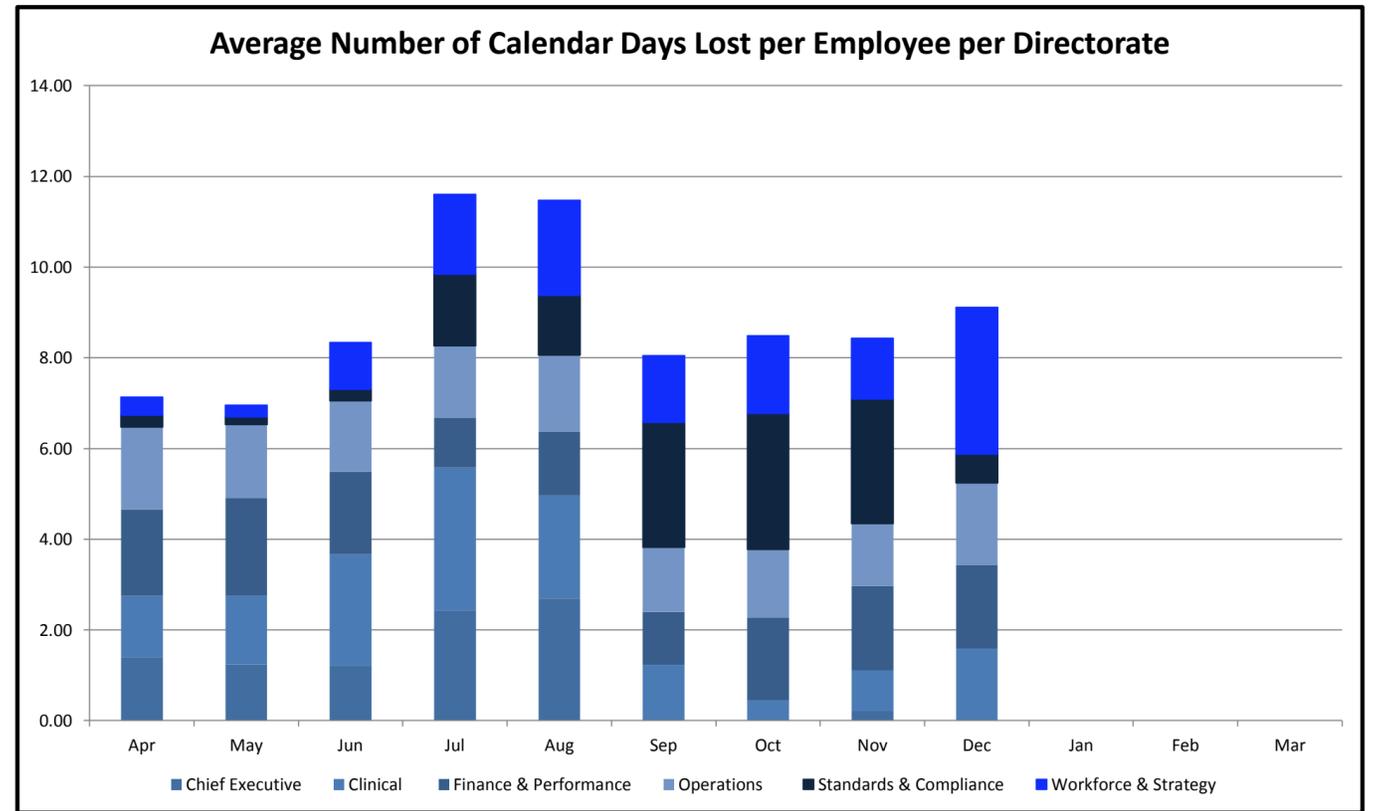
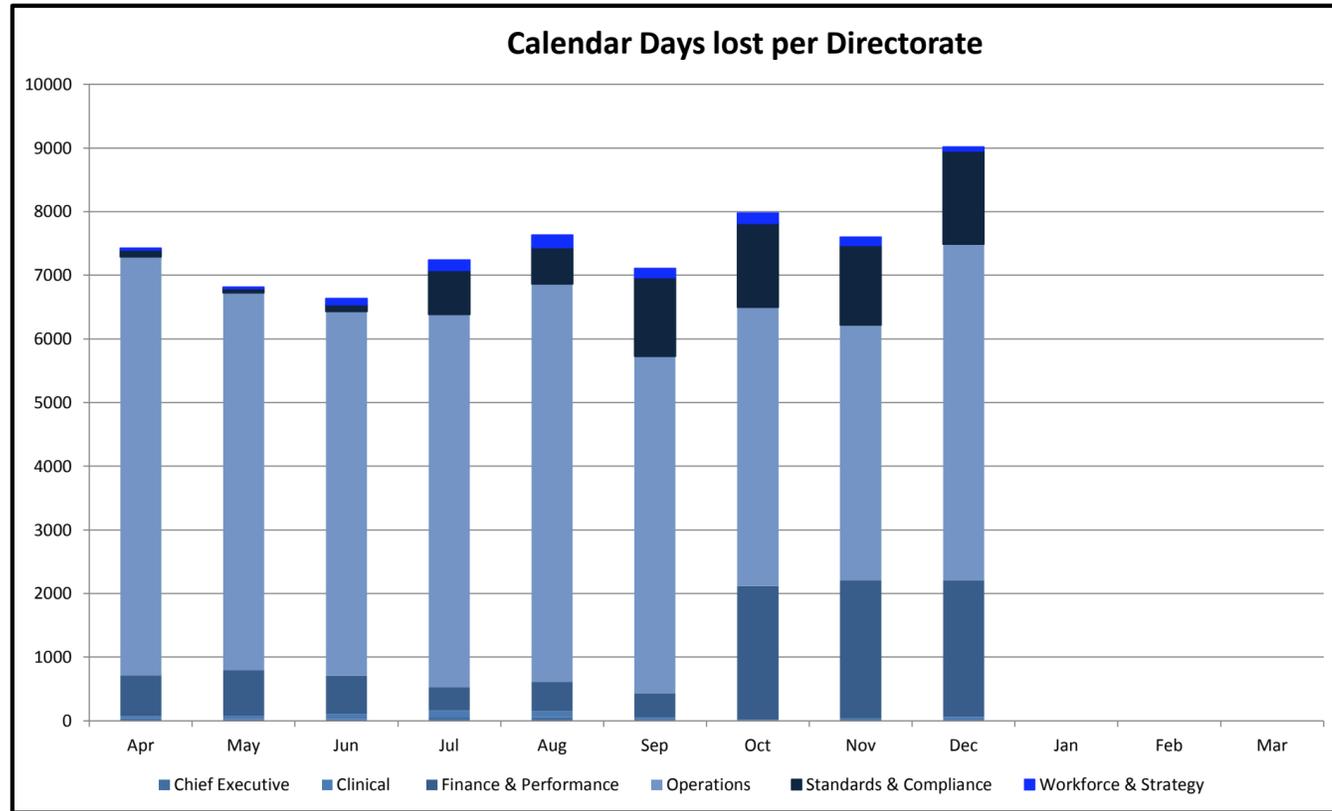
By Directorate 2013 - 2014		Apr	May	June	July	August	September	October	November	December	January	February	March	YTD	
Chief Executive	Total Cost Per Day	£57.19	£69.31	£69.31	£86.77	£88.87	£0.00	£0.00	£70.64	£0.00				£442.09	
	Employers Cost (NI & Pension)	£367.47	£236.34	£228.71	£914.05	£1,076.70	£0.00	£0.00	£52.98	£0.00				£2,876.25	
	Total Estimated Cost	£2,369.23	£2,384.85	£2,307.92	£5,773.41	£6,586.67	£0.00	£0.00	£264.89	£0.00				£19,686.97	
Clinical	Total Cost Per Day	£52.21	£67.78	£91.21	£78.74	£73.21	£87.67	£96.44	£42.94	£42.97				£633.17	
	Employers Cost (NI & Pension)	£548.17	£796.46	£1,801.43	£2,047.37	£1,537.43	£1,052.00	£433.96	£375.72	£665.97				£9,258.51	
	Total Estimated Cost	£2,740.85	£3,982.29	£9,007.15	£10,236.84	£7,687.14	£5,260.00	£2,169.79	£1,878.62	£3,329.85				£46,292.53	
Finance & Performance	Total Cost Per Day	£48.39	£48.67	£51.69	£42.79	£44.87	£49.87	£46.54	£48.53	£50.35				£431.70	
	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	£22,168.05	£22,056.74				£91,728.80	
	Total Estimated Cost	£29,678.40	£34,034.31	£28,490.52	£15,751.65	£22,150.96	£19,180.78	£108,985.46	£117,771.46	£118,377.50				£494,421.04	
PTS	Total Cost Per Day	£45.00	£43.29	£42.90	£43.55	£41.04	£41.24	£43.62	£44.55	£47.07				£392.26	
	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	£13,794.85	£15,045.03				£107,249.43	
	Total Estimated Cost	£69,064.97	£64,171.98	£67,849.46	£67,668.81	£57,285.23	£44,362.71	£55,336.57	£71,436.01	£78,433.33				£575,609.07	
Standards & Compliance	Total Cost Per Day	£32.56	£47.89	£60.73	£49.87	£46.03	£41.89	£39.08	£40.22	£42.67				£400.94	
	Employers Cost (NI & Pension)	£811.76	£826.02	£1,581.26	£7,446.31	£4,710.09	£9,604.64	£9,369.30	£9,160.47	£11,078.14				£54,587.99	
	Total Estimated Cost	£4,197.49	£4,130.10	£8,139.70	£37,393.13	£23,603.92	£49,273.36	£48,622.14	£47,492.95	£57,673.29				£280,526.08	
Workforce & Strategy	Total Cost Per Day	£91.03	£92.77	£77.97	£65.89	£60.41	£61.98	£70.81	£78.13	£60.25				£659.24	
	Employers Cost (NI & Pension)	£842.01	£579.82	£1,838.31	£2,627.36	£2,791.41	£1,987.60	£2,555.04	£2,172.68	£922.65				£16,316.88	
	Total Estimated Cost	£4,210.03	£2,899.10	£9,634.96	£13,631.53	£14,631.62	£10,292.73	£13,141.75	£10,962.73	£4,658.18				£84,062.63	
Operations	North & East (A&E)	Total Cost Per Day	£66.35	£69.07	£70.55	£69.79	£69.38	£65.34	£64.53	£64.06	£67.82				£606.89
		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	£15,973.93	£26,246.99				£165,893.12
		Total Estimated Cost	£107,768.72	£95,800.51	£87,497.38	£86,150.92	£107,251.20	£68,059.21	£74,929.29	£82,412.79	£134,705.65				£844,575.67
	West (A&E)	Total Cost Per Day	£63.56	£61.96	£61.77	£64.30	£64.88	£66.15	£63.74	£62.60	£62.46				£571.42
		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	£21,854.28	£27,589.43				£206,258.39
		Total Estimated Cost	£113,038.14	£104,298.15	£96,706.50	£124,869.19	£118,934.92	£120,615.23	£123,860.07	£112,823.57	£142,561.46				£1,057,707.23
	South (A&E)	Total Cost Per Day	£71.57	£68.43	£66.97	£65.21	£65.81	£67.65	£62.52	£62.98	£64.12				£595.26
		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	£8,305.91	£13,498.77				£104,019.74
		Total Estimated Cost	£90,030.94	£58,541.48	£53,531.97	£50,541.12	£60,836.97	£47,312.61	£51,504.96	£41,529.55	£67,582.56				£521,412.16
	EOC	Total Cost Per Day	£60.51	£57.89	£55.09	£53.76	£55.04	£57.84	£58.16	£62.49	£75.94				£536.72
		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	£8,354.26	£8,755.53				£78,514.82
		Total Estimated Cost	£45,793.85	£41,865.37	£41,556.37	£43,238.05	£51,194.29	£48,410.49	£49,542.43	£44,182.52	£45,575.47				£411,358.84
	Resilience / Special Services	Total Cost Per Day	£59.88	£77.31	£72.60	£89.39	£92.22	£74.61	£72.21	£62.75	£64.62				£665.59
		Employers Cost (NI & Pension)	£2,081.41	£2,814.56	£1,817.22	£827.03	£1,303.47	£1,407.60	£1,556.48	£188.26	£32.31				£12,028.34
		Total Estimated Cost	£11,325.18	£14,287.04	£9,086.10	£4,223.85	£6,546.90	£7,038.02	£8,107.57	£941.31	£161.54				£61,717.51
Total	Total Cost Per Day	£281.38	£326.42	£350.91	£324.06	£313.39	£241.41	£252.87	£280.46	£196.24				£2,567.14	
	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	£33,929.90	£34,723.50				£174,768.43	
	Total Estimated Cost	£529,039.08	£463,747.80	£448,025.92	£489,161.03	£506,959.67	£449,632.51	£492,922.63	£470,468.27	£584,792.40				£4,434,749.31	

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	3	0			
Clinical	42	47	79	104	84	48	18	35	62			
Finance & Performance	634	714	597	365	466	386	2102	2175	2143			
Operations	6577	5929	5723	5858	6249	5292	4374	4007	5284			
Standards & Compliance	104	69	108	692	571	1236	1322	1248	1465			
Workforce & Strategy	37	25	100	167	204	149	165	131	62			
Trust Total (Current year)	7429	6815	6637	7242	7636	7111	7981	7599	9016			
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	0.21	0.00			
Clinical	1.35	1.52	2.47	3.15	2.27	1.23	0.45	0.90	1.59			
Finance & Performance	1.91	2.15	1.82	1.09	1.40	1.17	1.83	1.86	1.84			
Operations	1.81	1.62	1.56	1.59	1.69	1.42	1.49	1.37	1.81			
Standards & Compliance	0.26	0.17	0.25	1.58	1.31	2.75	3.00	2.75	0.63			
Workforce & Strategy	0.40	0.26	1.04	1.76	2.10	1.48	1.72	1.34	3.24			
Trust Total (Current year)	1.65	1.64	1.45	1.57	1.66	1.53	1.71	1.62	1.92			
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

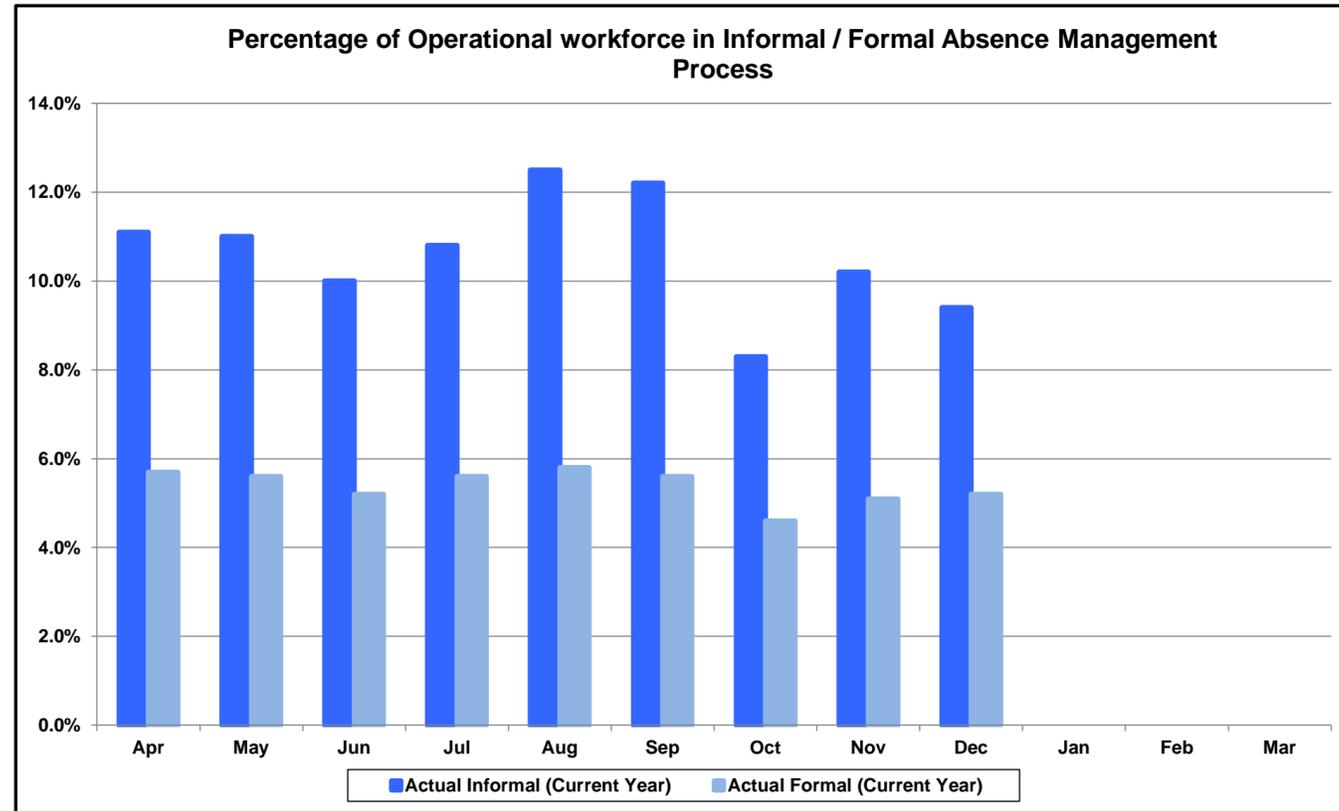
Please Note: All calculations exclude volunteers.

Absence Management Process

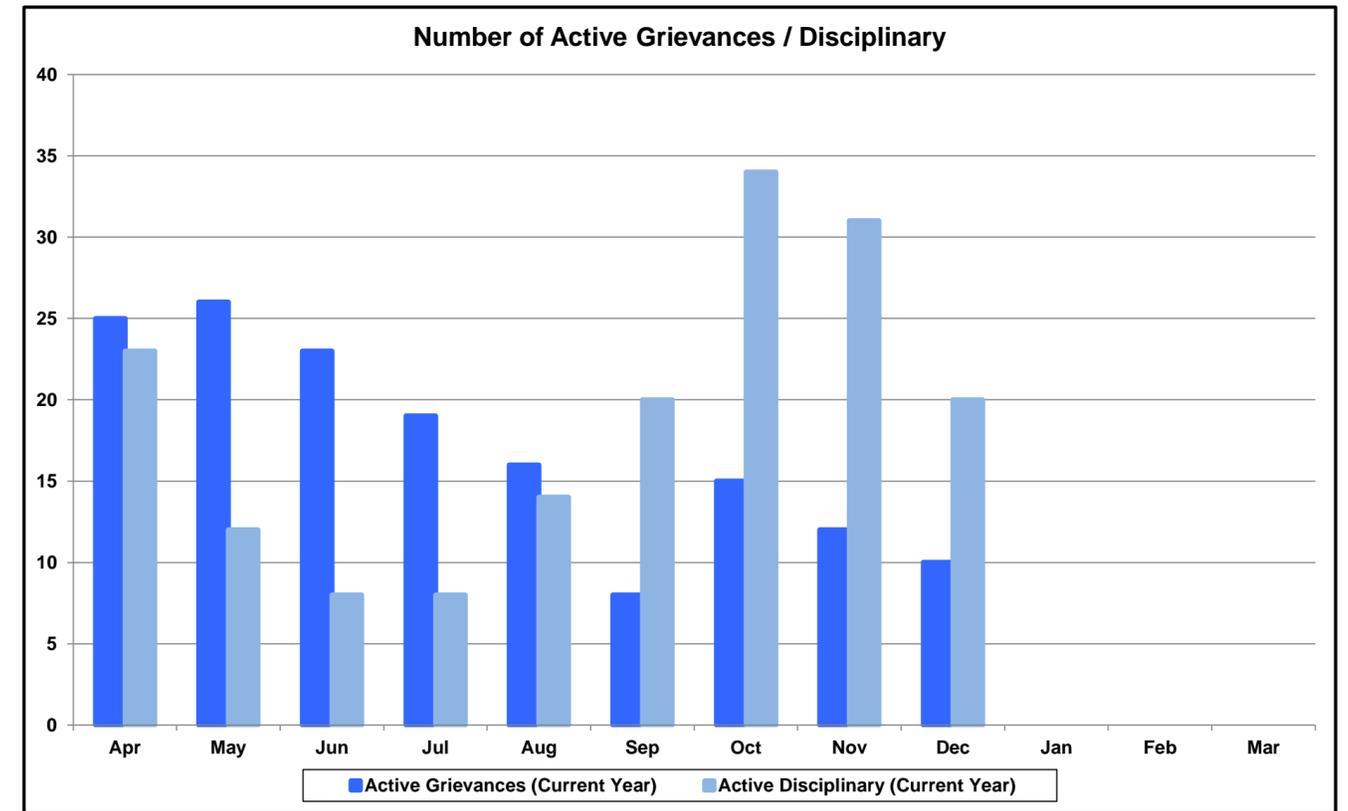
OBJ REF 1.1

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%	10.2%	9.4%			
Actual Formal (Current Year)	5.7%	5.6%	5.2%	5.6%	5.8%	5.6%	4.6%	5.1%	5.2%			
Actual Informal (Previous Year)	9.6%	10.2%	9.9%	9.3%	9.0%	7.6%	9.6%	9.0%	8.6%	11.0%	10.8%	10.7%
Actual Formal (Previous Year)	4.7%	4.4%	4.2%	4.3%	4.2%	3.9%	4.3%	4.5%	4.6%	5.4%	4.9%	5.9%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Active Grievances (Current Year)	25	26	23	19	16	8	15	12	10			
Active Disciplinary (Current Year)	23	12	8	8	14	20	34	31	20			
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		1				14
Inappropriate use of NHS resources													0
Maltreatment of patient/client							1						1
Maltreatment of other worker								2					2
Misconduct	3	2	1	1		1	4	1	3				16
Negligence						1	2						3
Other allegation					4	3	3	1					11
Theft of money or materials													0
Unsatisfactory attendance - timekeeping				1		1							2
TRUST TOTAL	3	2	3	5	8	12	17	4	4	0	0	0	58

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	1				3
Other	1	1	1				2						5
Other Working Conditions				2			1						3
Policy & Procedure	3	6	1	2	2	5	3	4	1				27
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	5	2	0	0	0	44

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	4	3				44
Standards & Compliance				1		1	1		1				4
Workforce & Strategy													0
TRUST TOTAL	3	2	3	5	8	12	17	4	4	0	0	0	58

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					1
Operations	4	7	4	4	4	7	5	4	2				41
Standards & Compliance													0
Workforce & Strategy	1		1										2
TRUST TOTAL	5	7	5	4	4	7	5	5	2	0	0	0	44

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%						17.2%
Operations	100.0%	100.0%	100.0%	60.0%	75.0%	83.3%	58.8%	100.0%	75.0%				75.9%
Standards & Compliance				20.0%		8.3%	5.9%		25.0%				6.9%
Workforce & Strategy													0.0%

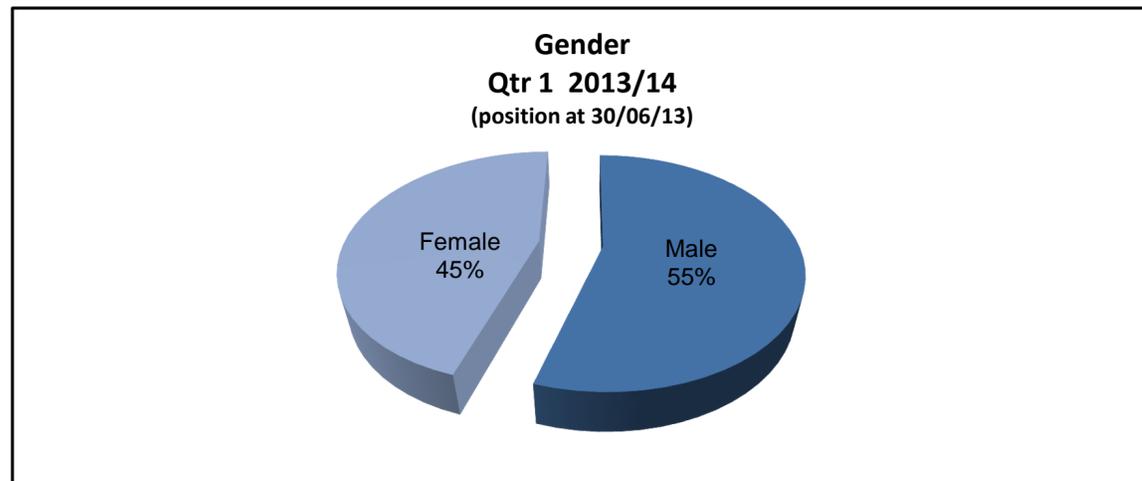
Actual percentage of New Cases Opened in Month by Directorate

2013 - 2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0.0%
Clinical													0.0%
Finance & Performance								20.0%					2.3%
Operations	80.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%				93.2%
Standards & Compliance													0.0%
Workforce & Strategy	20.0%		20.0%										4.5%

Workforce Statistics - Gender

OBJ	N/A
REF	

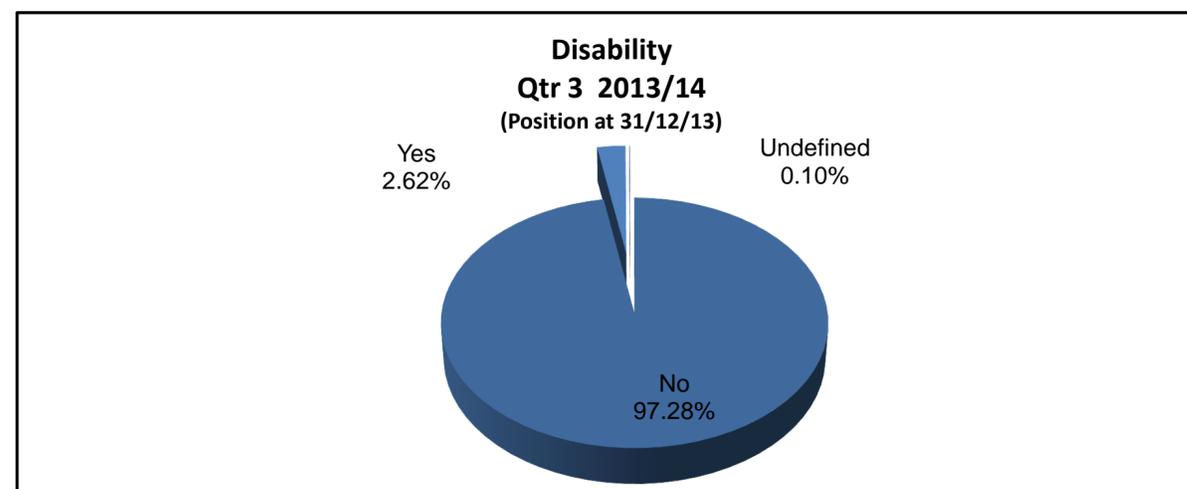
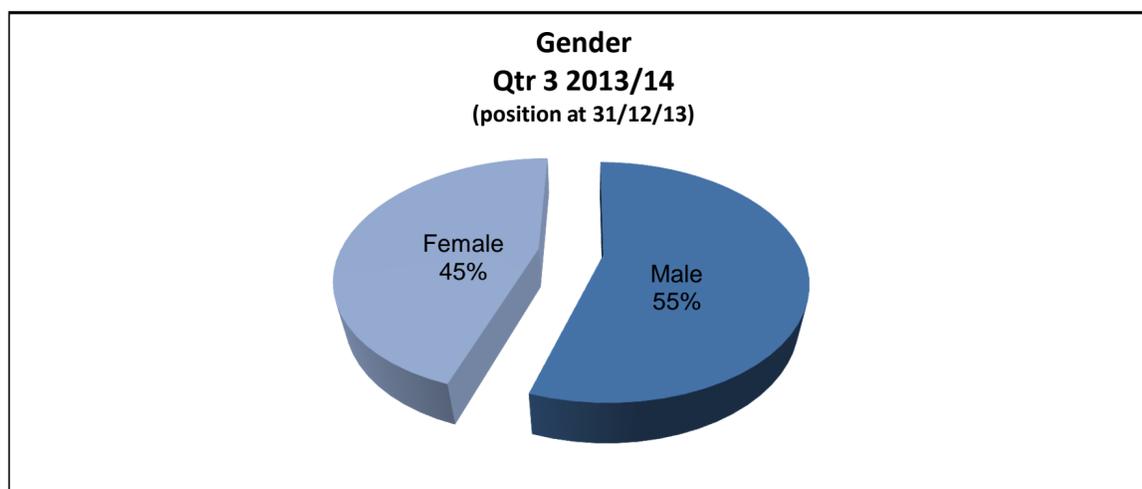
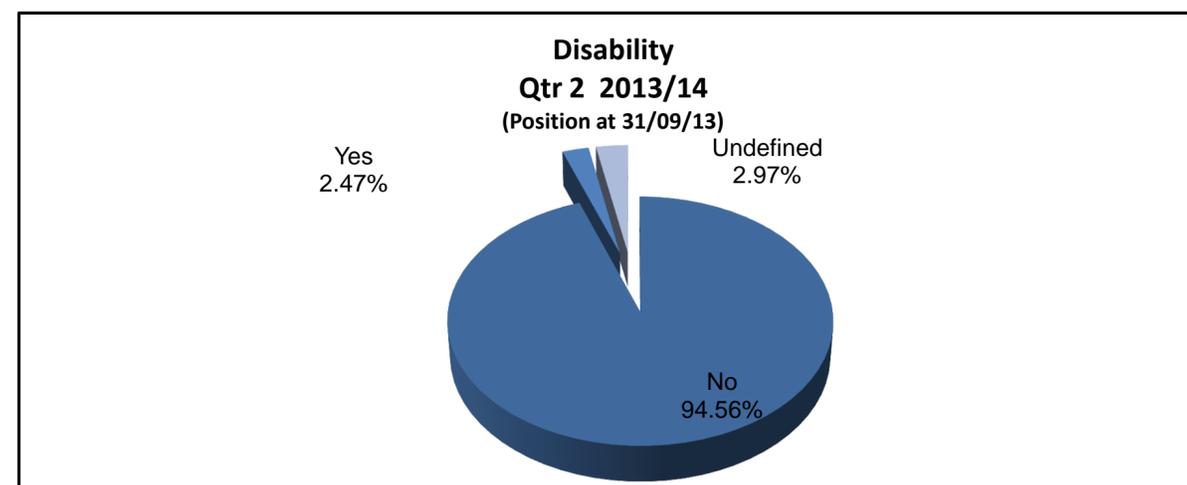
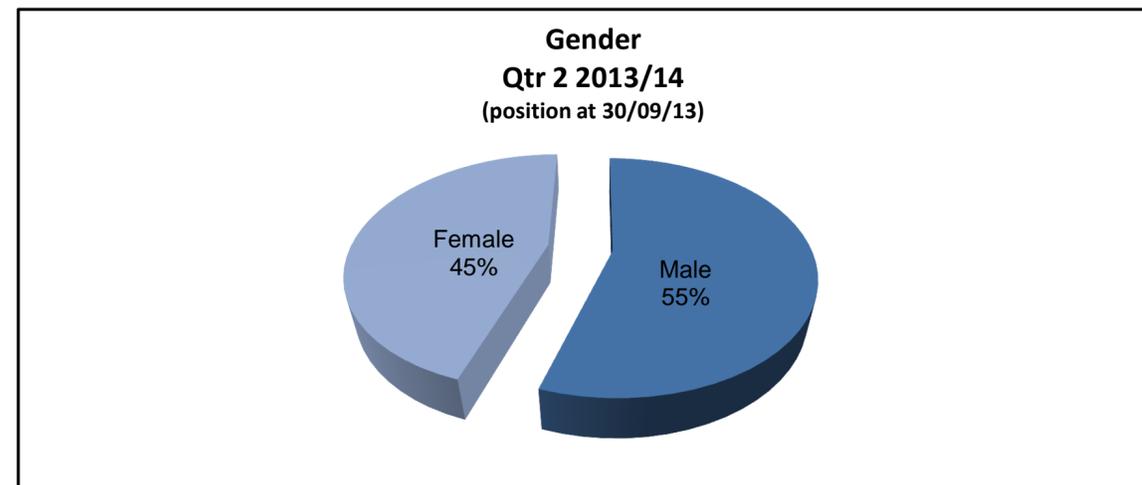
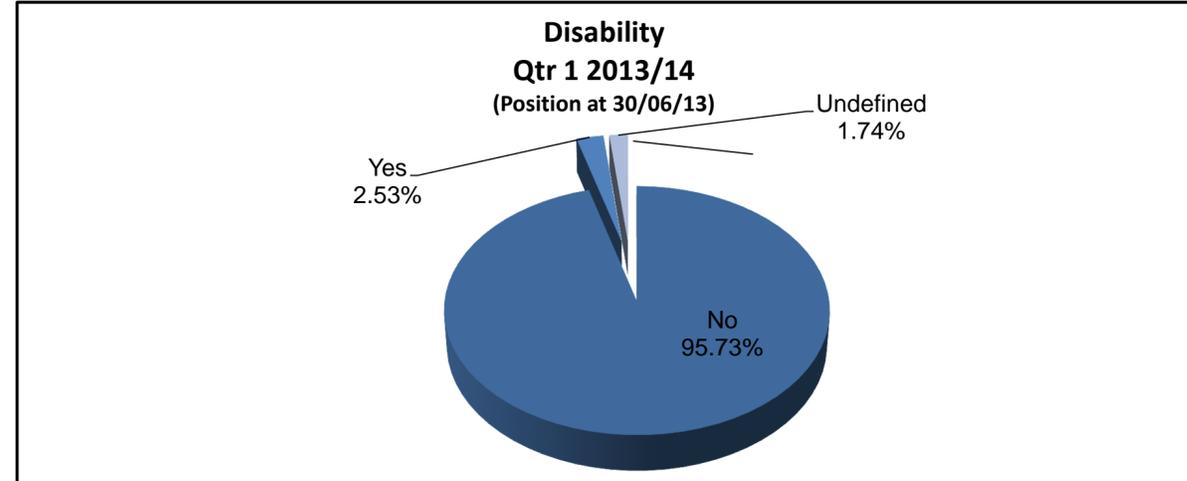
RAG	N/A
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Workforce Statistics - Disability

OBJ	N/A
REF	

RAG	N/A
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Workforce Statistics - Ethnic Origin

Ethnic Origin	Quarter 2 2013/2014		Quarter 3 2013/2014	
	Count	Percentage	Count	Percentage
White - British	4453	94.28%	4521	94.84%
White - Irish	15	0.32%	15	0.31%
White - Other	37	0.78%	37	0.78%
White - Scottish	0	0.00%	0	0.00%
White - Italian	1	0.02%	1	0.02%
White - Polish	3	0.06%	3	0.06%
White - Mixed	4	0.08%	4	0.08%
White - Other European	1	0.02%	1	0.02%
Mixed - White and Black Carribean	12	0.25%	11	0.23%
Mixed - White and Black African	1	0.02%	1	0.02%
Mixed - White and Asian	2	0.04%	3	0.06%
Mixed - Any Other Mixed Background	5	0.11%	6	0.13%
Asian or Asian British - Indian	23	0.49%	25	0.52%
Asian or Asian British - Pakistani	74	1.57%	83	1.74%
Asian or Asian British - Bangladeshi	1	0.02%	2	0.04%
Asian or Asian British - Any Other Asian Background	5	0.11%	5	0.10%
Asian British	3	0.06%	4	0.08%
Black or Black British - Carribean	9	0.19%	9	0.19%
Black or Black British - African	10	0.21%	10	0.21%
Black or Black British - Any Other Black Background	5	0.11%	4	0.08%
Chinese	3	0.06%	3	0.06%
Any Other Ethnic Group	19	0.40%	18	0.38%
Undefined	29	0.61%	1	0.02%
Not Stated	8	0.17%	0	0.00%
Total	4723		4767	



Section 5

Finance



	Reference
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the nine months to 31 December 2013 was £10.888m (6.3%). 	5.4
<ul style="list-style-type: none"> This is below the year to date plan of £11.140m (6.5%) 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 December 2013 of £1.922m against a budgeted surplus of £2.255m. 	5.4
<ul style="list-style-type: none"> The actual surplus included a small profit on the sale of several A&E vehicles (£92k). 	
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £17.588m at the end of December 2013 against a plan of £11.437m 	5.8 / 5.11
<ul style="list-style-type: none"> The Monitor Risk Rating for liquidity is 44.2 days against a plan of 32.4 days, giving a rating of 4 	5.2
MONITOR RISK RATING	
<ul style="list-style-type: none"> Overall the Trust has achieved a rating of 3. The I&E surplus margin net of dividend and impairment was 1.1%, against a plan of 1.3% 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. 	5.7
<ul style="list-style-type: none"> December has seen an increase of £206k in CIP schemes against a plan of £7,726k 	

	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%	Behind target. 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	6.5%		
		Actual YTD	3	25%	0.75	6.0%		
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	95.1%		
		Actual YTD	4	10%	0.4	92.4%		
Financial Efficiency	Net Return after Financing (%)	Annual Target	5	20%	1	3.6%	Behind target but retains 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	4.2%		
		Actual YTD	5	20%	1	3.7%		
	I&E Surplus Margin net of dividend (%)	Annual Target	3	20%	0.6	1.1%	Below target but retains a year to date target of 3.	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income
		YTD Target	3	20%	0.6	1.3%		
		Actual YTD	3	20%	0.6	1.1%		
Liquidity Ratio	Liquidity Ratio (Days)	Annual Target	4	25%	1	29.7	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	32.4		
		Actual YTD	4	25%	1	44.2		
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	26.4	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	4.82	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	Nov-13	Dec-13	Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	N/A	N/A	No	No	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	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	No	No	currently 2%
Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No	No	No	No	No	currently 0.43%
Two or more changes in Finance Director in a twelve month period	No	No	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	No	No	
Quarter end cash balance <10 days of operating expenses	No	No	No	No	No	No	No	No	No	
Capital expenditure < 75% of plan for the year to date	Yes	Yes	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	275	275
Operating expenses per day (£000)	£584	£590

INCOME**Income is £538k above plan (see 5.4) due to:-**

- A&E activity is 3.4% cumulatively above contract for the 9 months ending December. Demand in December was 0.5% lower than contracted.
- PTS year-to-date is income behind plan by £170k, mainly attributable to South KPI penalties/under activity of £278k, below plan South ECRs £103k & CQuINS £86k and reduced income £80k due to work being sub-contracted to Private & Events. The Income shortfall was partly off-set by an increase of £360k in income from additional fixed term contracts secured, resulting in a net shortfall of £170k. The position may be improved as the service is negotiating the re-investment of £52k of QIF funding.
- Other income includes lower than expected income £295k on NHS Learning Account resulting from slippage in A&E training, P&E income over achievement against budget (£94k) and 111 (£634k) off-set by higher income in relation to IM&T services supporting GPOOH. Rental income for Willerby property less than anticipated for the seven months by £30k.

EXPENDITURE (see 5.6)

- A&E operations are overspent by £1.741m; with a £0.629m under spend on pay but an over spend of £2.370m on non pay due to spend on Private Providers £1.911m required to meet Red 1 and Red 2 performance.

Operations management is under spent by (£155k).

Private providers used to support delivery of A&E services to December totalling £1.911m.

- 111 pay is over spent against budget by £1.2m for the period April - Dec, plus an over spend of £154k on GPOOH in relation to staff who should have finished at end of March but had to stay due to the phased go live. The over spend is due to TUPE costs much higher than anticipated at bid stage, additional staff resources to support service delivery (as approved by TEG). External funding of £431k has been secured to date to contribute to these costs.
- Emergency Operations Centre is under spent by £479k overall, £418k of which is an under spend on pay due to delayed recruitment to the new EOC structure. Further under spend of £56k is in relation to savings against travel expenses.
- PTS operations is £1,762k overspent (Pay & Non-Pay). Pay is overspent by £833k as a result of under achievement of CIP (year to date slippage £1.125m) and a vacancy level of 9.5% (74.02wte) backfilled with overtime. Non-Pay overspend by £929k which is attributable to high dependence on external providers for service delivery which is not budgeted for.
- The Finance Directorate as a whole (including Finance, Fleet, Estates, IM&T and Procurement) is £636k overspent, including £599k NHSLA excess payment on non clinical negligence claims (General Losses and Special payments).
 - Fleet is over spent by £465k overall which includes £846k over spend on non pay largely due to vehicle & medical equipment maintenance costs these are offset by mechanic vacancies (11.82 wte).
We are currently reviewing vehicle leases past their contract term. The move to bunkered fuel usage as opposed to fuel cards and the price of fuel is resulting in an underspend however in month there has been a high useage of fule which is due to winter resilience.
 - Procurement is overspent £104k overall, which includes an overspend on staff uniforms £35k due to the A&E staff recruitment, printing of EPRF's forms due to the ECS rollout being delayed, and high spend on medical consumables
 - ICT is overspent £128k overall, an overspend of £15k on pay and overspend of £112k on the various areas due to renegotiation of some contracts
 - Finance is overspent by £116k. Non pay is overspent £160k, Finance Pay is underspent (£44k). General Losses and Special payments overspend of £599k which is the NHSLA excess payment on non clinical negligence claims.
 - Business Intelligence is underspent by £109k and Business Development is underspent by £85k due to vacancies.

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £10.888m for the nine months to December, which is below plan (£11.140m).
- The Trust's EBITDA return of 6.3% is behind plan for the nine months to December. The full year plan for EBITDA is 6.4%

Yorkshire Ambulance Service - Statement of Comprehensive Income

December 2013

	Current Month			Year to Date			Full Year		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Accident & Emergency	14,735	14,800	-65	124,946	125,700	-754	165,797	166,939	-1,142
Patient Transport Service	2,289	2,287	2	20,135	19,966	170	27,007	26,826	182
Other Income	2,938	3,501	-564	26,793	26,747	46	35,489	36,088	-600
Operating Income	19,962	20,588	-626	171,874	172,412	-538	228,293	229,853	-1,560
Pay Expenditure & reserves	-13,762	-13,090	-672	-116,604	-114,860	-1,744	-157,075	-153,000	-4,075
Non-Pay expenditure & reserves	-5,021	-5,876	855	-44,130	-47,264	3,134	-56,589	-62,939	6,350
Operating Expenditure	-18,783	-18,967	183	-160,734	-162,124	1,390	-213,664	-215,939	2,275
EBITDA	1,179	1,622	-443	11,140	10,288	852	14,629	13,914	715
EBITDA %	5.9%	7.9%		6.5%	6.0%		6.4%	6.1%	
Depreciation	-840	-771	-68	-6,907	-6,801	-106	-9,506	-9,074	-432
Interest payable & finance costs	0	0	0	-207	-214	6	-301	-291	-10
Interest receivable	3	4	-2	24	30	-6	32	39	-7
Profit on fixed asset disposal	0	1	-1	0	92	-92	138	96	42
Dividends, interest and other	-199	-5	-194	-1,794	-1,473	-321	-2,392	-2,084	-308
Retained Surplus	142	850	-708	2,255	1,922	333	2,600	2,600	0
I&E Surplus %	0.7%	4.1%		1.3%	1.1%		1.1%	1.1%	

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

A&E CONTRACT - Responses	December 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	1,821	1,728	-93	-5.1%	17	13,708	14,532	824	6.0%	115
NHS Barnsley CCG	2,928	3,023	95	3.2%	25	23,529	25,079	1,550	6.6%	191
NHS Bradford City CCG	1,568	1,501	-67	-4.3%	-17	12,985	12,715	-270	-2.1%	-70
NHS Bradford Districts CCG	4,297	4,134	-163	-3.8%	4	32,399	33,573	1,174	3.6%	125
NHS Calderdale CCG	2,817	2,587	-230	-8.2%	-10	21,879	22,414	535	2.4%	55
NHS Doncaster CCG	4,101	4,109	8	0.2%	23	33,103	34,460	1,357	4.1%	125
NHS East Riding of Yorkshire CCG	3,490	3,695	205	5.5%	23	29,432	30,620	1,188	4.0%	175
NHS Greater Huddersfield CCG	2,970	2,578	-392	-13.2%	13	22,700	22,944	244	1.1%	4
NHS Hambleton, Richmondshire and Whitby CCG	1,481	1,567	86	5.8%	39	12,288	13,286	998	8.1%	194
NHS Harrogate and Rural District CCG	1,488	1,686	198	13.3%	31	12,547	13,461	914	7.3%	176
NHS Hull CCG	3,818	4,195	377	9.9%	43	32,890	34,556	1,666	5.1%	210
NHS Leeds North CCG	2,356	2,327	-29	-1.2%	17	18,837	19,227	390	2.1%	33
NHS Leeds South and East CCG	4,149	4,090	-59	-1.4%	24	33,061	34,093	1,032	3.1%	116
NHS Leeds West CCG	3,740	3,540	-200	-5.3%	1	29,873	30,700	827	2.8%	76
NHS North Kirklees CCG	2,161	2,117	-44	-2.0%	12	16,909	17,558	649	3.8%	97
NHS Rotherham CCG	3,138	3,095	-43	-1.4%	-16	25,706	26,409	703	2.7%	54
NHS Scarborough and Ryedale CCG	1,417	1,445	28	2.0%	23	12,492	12,856	364	2.9%	54
NHS Sheffield CCG	6,372	6,323	-49	-0.8%	29	55,141	55,729	588	1.1%	-9
NHS Vale of York CCG	3,520	3,686	166	4.7%	77	28,316	30,389	2,073	7.3%	398
NHS Wakefield CCG	4,571	4,455	-116	-2.5%	-22	36,830	37,122	292	0.8%	-12
SUB TOTAL (CONTRACTED)	62,203	61,881	-322	-0.5%	336	504,625	521,723	17,098	3.4%	2,107
ECP		930					7,677			
NHS Cumbria CCG	36	46	10	27.8%	6	366	387	21	5.7%	5
OOA/UNKNOWN		261					2,555			
GRAND TOTAL*	62,239	63,118		1.4%		504,991	532,342			

* OOA No Charges made

April 2013 estimates based upon 2012/13 actuals

Yorkshire Ambulance Service - Income and Expenditure Forecast
December 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				19,962,150	19,988,374	-26,224	171,874,489	172,412,414	-537,925	228,292,973	229,852,942
Pay											
A&E Operations	2,213.46	2,301.11	87.65	-8,485,473	-7,577,237	-908,236	-68,659,567	-68,030,423	-629,144	-90,594,178	-90,128,304
PTS Operations	772.01	740.61	-31.40	-1,216,847	-1,395,168	178,321	-11,536,670	-12,369,885	833,215	-15,187,180	-16,466,413
Resilience	120.16	119.12	-1.04	-403,393	-422,217	18,824	-3,745,411	-3,786,442	41,031	-4,955,692	-5,100,073
EOC	385.54	371.50	-14.04	-1,065,940	-1,062,184	-3,756	-9,601,568	-9,183,644	-417,924	-12,799,452	-12,398,616
Finance	69.32	64.79	-4.53	-209,182	-186,168	-23,014	-1,894,541	-1,706,994	-187,547	-2,522,235	-2,337,428
Estates	42.69	45.25	2.56	-95,762	-98,386	2,624	-861,859	-890,480	28,621	-1,149,208	-1,193,116
Fleet	177.37	175.38	-1.99	-438,341	-414,988	-23,353	-4,055,640	-3,549,709	-505,931	-5,383,121	-4,819,660
IM&T	39.20	39.70	0.50	-121,331	-128,756	7,425	-1,091,979	-1,107,536	15,557	-1,455,992	-1,469,359
Procurement	18.53	19.30	0.77	-36,868	-43,323	6,455	-331,812	-351,785	19,973	-442,436	-475,100
Standards & Compliance	34.55	34.89	0.34	-154,939	-138,045	-16,894	-1,193,914	-1,001,596	-192,318	-1,554,555	-1,398,896
111	282.40	295.79	13.39	-740,157	-1,061,796	321,639	-6,661,422	-8,088,544	1,427,122	-8,881,916	-10,810,015
Workforce & Strategy	98.53	87.76	-10.77	-399,227	-289,453	-109,774	-2,797,584	-2,753,748	-43,836	-3,729,218	-3,672,162
Clinical Directorate	31.09	33.36	2.27	-116,940	-137,609	20,669	-1,092,792	-1,042,900	-49,892	-1,443,647	-1,429,098
Chief Executive	21.00	16.03	-4.97	-102,060	-135,113	33,053	-918,549	-996,086	77,537	-1,224,793	-1,301,559
Reserves	0.00	0.00	0.00	-256,279	0	-256,279	-2,241,344	0	-2,241,344	-3,151,353	0
Total Pay	4,305.85	4,344.59	38.74	-13,842,739	-13,090,443	-752,296	-116,684,652	-114,859,772	-1,824,880	-154,474,976	-152,999,797
Non Pay											
A&E Operations				-138,897	-462,619	323,722	-1,129,752	-3,499,849	2,370,097	-1,504,776	-3,768,093
PTS Operations				-196,258	-284,327	88,069	-1,297,441	-2,226,755	929,314	-1,890,225	-2,998,616
Resilience				-75,609	-87,361	11,752	-689,157	-668,311	-20,846	-1,040,028	-1,022,728
EOC				-37,046	-31,075	-5,971	-360,262	-298,605	-61,657	-407,184	-335,139
Finance				-1,146,392	-1,033,479	-112,913	-10,070,613	-10,374,149	303,536	-13,860,215	-14,140,420
Estates				-410,199	-404,640	-5,559	-3,754,483	-3,659,284	-95,199	-4,998,960	-4,920,106
Fleet				-1,585,443	-1,910,227	324,784	-14,693,262	-15,554,841	861,579	-19,423,203	-20,489,630
IM&T				-338,324	-303,954	-34,370	-3,044,916	-3,154,520	109,604	-4,059,894	-4,170,703
Procurement				-227,376	-264,892	37,516	-2,169,695	-2,253,155	83,460	-2,883,938	-3,054,835
Standards & Compliance				-90,890	-96,689	5,799	-835,121	-871,704	36,583	-1,065,553	-1,285,472
111				-1,256,262	-1,633,530	377,268	-11,346,360	-11,725,004	378,644	-15,115,144	-16,046,167
Workforce & Strategy				-122,558	-132,863	10,305	-1,103,022	-1,272,669	169,647	-1,470,658	-1,692,368
Clinical Directorate				-4,558	-4,096	-462	-41,022	-41,216	194	-54,700	-22,088
Chief Executive				-13,664	2,032	-15,696	-122,976	-149,853	26,877	-163,956	-216,043
Reserves				-333,746	0	-333,746	-2,276,266	119,547	-2,395,813	-3,279,563	-90,737
Total Non Pay				-5,977,222	-6,647,720	670,498	-52,934,348	-55,630,368	2,696,020	-71,217,997	-74,253,145
Total Expenditure	4,305.85	4,344.59	38.74	-19,819,961	-19,738,163	-81,798	-169,619,000	-170,490,140	871,140	-225,692,973	-227,252,943
Surplus/(Deficit)				142,189	250,211	-108,022	2,255,489	1,922,274	333,215	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 December has achieved £7,538k being 97.6% of plan, which is £188k behind plan.
 - Achievement against plan is monitored by the Transformational Programme Management Group and the CIP Management Group, the former has Executive Director representation. The CIP Management Group is chaired by the Chief Executive.

CIP Tracker

	Identified Schemes	Plan	YTD Plan	Ytd Actual	Ytd Variance
Planned savings	£000	WTE	£000	£000	£000
Accident & Emergency	6,073	11.9	4,522	5,244	722
Patient Transport Service	3,042	137.6	2,056	1,006	(1,051)
Special Operations	383	15.0	282	196	(86)
Finance	46	0.0	32	32	0
Standards & Compliance	220	0.0	165	165	0
Clinical	224	0.0	168	250	82
Trust wide	922	20.2	501	645	144
Total	10,909	184.69	7,726	7,538	(188)

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		0.762	1.061
PBW	PTS Transformational work	JH		2.93	2.28	0.979	0.899
PBW	Clinical leadership	PM	1.24	0.619		0.464	0.993
PBW	Increase in clinical hub triage	DW	0.505	1.413	1.26	1.042	1.19
SM	Effective sickness management	GJ	0.606	0.202		0.202	0
PBW	A&E skill mix	DW		2.134		1.604	1.957
	Total Value		4.861	8.23	3.54	5.054	6.101

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 £4.4m of under spend on Land, Buildings and equipment.
- The excess cash reflects the delayed capital expenditure of £10.9m less the undrawn cash associated with HART and ECS. The plan to the end of December 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 for refurbishment has been awarded, 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 accepted and works are expected to cost £100k
- 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. 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.
- Final Service Development budget of £1.8m have been fully allocated
- 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	81,580	70,661	-10,919
Trade and other receivables (>1 yr)	1,153	867	-286
Non-Current assets	82,733	71,528	-11,205
Stocks, Trade and other receivables (<1 yr)	13,274	11,776	-1,498
Cash and cash equivalents	11,437	17,588	6,151
Current assets	24,711	29,364	4,653
Creditors (< 1yr)	-15,994	-13,300	2,694
Provisions & Deferred Income(<1 yr)	-2,197	-2,657	-460
Current Liabilities	-18,191	-15,957	2,234
Provisions (>1 yr)	-5,663	-7,584	-1,921
Borrowings	-8,870	-6,004	2,866
Non-Current Liabilities	-14,533	-13,588	945
Net Assets	74,720	71,347	-3,373
Public Dividend Capital	78,594	75,709	-2,885
Revaluation Reserve	4,348	4,269	-79
Donation Reserve	0	0	0
Income & Expenditure Reserve	-8,222	-8,631	-409
Total Taxpayer's Equity	74,720	71,347	-3,373

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	1,721	2,108	-771
ECS*	0	0	0	0	0
Service Development **	1,964	1,874	423	596	-855
<u>Minor Schemes</u>					
Estates	492	525	146	134	-245
IM&T	948	948	347	138	-463
Vehicles A&E	3,870	3,270	0	1,842	-1,428
Vehicles PTS	750	1,551	47	44	-1,460
Plant and Machinery	50	50	0	0	-50
Medical equipment	1,094	949	40	64	-845
Total	13,768	13,767	2,724	4,926	-6,117
External funding					0
NBV of Disposals	96	96	64	-41	-73
CRL	13,672	13,671	2,660	4,967	-6,044
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

December 2013

DEBT SUMMARY

• NHS Debt has decreased as a result of a £1.2m invoice for Harrogate & Rural District CCG being paid in at the beginning of December 2013. Hull Discharge service invoices, which are included in the over 90 days NHS debt, in query have now been resolved with payment promised in January. Month 9 Agreement of Balances (AoB) exercise will be used to clear up as many unpaid NHS invoices as possible. Credit control activities continue to resolve Non NHS Debt over 90 days.

£000	Sep-13	Oct-13	Nov-13	Dec-13
Non NHS debt	495	377	398	388
Of which >90 days overdue	159	144	172	170
NHS debt	819	898	1,842	521
Of which >90 days overdue	80	69	124	102
Total debt	1,314	1,275	2,240	909
Of which >90 days overdue	239	213	296	272
Provision to cover this debt	239	213	296	272

PAYMENTS

• The Trust has paid 2,460 invoices in December 2013 of which 2,403 were paid within 30 days of receipt giving a Better Payment Practice Code (BPPC) position of 97.68%. The manual receipting of the migrated R11i Purchase Orders (POs) is almost complete with 1 legacy invoice remaining which is in dispute at the end of December. The overall improvement for the current month has benefitted the year to date position. The Trust's aim remains 95% for the financial year 2013/14.

	Dec-13		Year to Date	
	Number	£000	Number	£000
Non NHS payables				
Total non NHS invoices paid in period	2,415	5,146	18,930	43,737
Total non NHS invoices paid within target	2,361	4,890	17,511	40,509
	97.76%	95.03%	92.50%	92.62%
NHS Payables				
Total NHS invoices paid in period	45	162	540	2,680
Total NHS invoices paid within target	42	154	494	2,593
	93.33%	95.06%	91.48%	96.75%
Total Payables				
Total invoices paid in period	2,460	5,308	19,470	46,417
Total invoices paid within target	2,403	5,044	18,005	43,102
	97.68%	95.03%	92.48%	92.86%

COST IMPROVEMENT PROGRAMME 13/14

97.6% delivery of the Cost Improvement Plan target was achieved for the nine months ending December 2013. To date, the 9 months to December have an under achievement of £188k.

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 second meeting to review CQUIN targets for 2013/14 has taken place and all Quarter 1 targets have been met but CQUINS 1 and 2, for Quarter 2, are at risk, with a potential value of £206k.

RISK SUMMARY

Description	Total Value of Risk	YTD	Actual	Mitigation
In the Financial Position	£000	£000	£000	
CIP non-delivery by 10%	1,090	188	264	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 78.34% and Red 2 performance 75.39%, overall 75.62%
A&E contractual penalties - RED 2	3,200	0		
PTS Contractual penalties	458	278	395	Shortfall included within overall YAS forecast surplus for 2013/14.
111 additional staffing cost to provide service	1,512	839	1,202	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.
111 income risk (Call answered vs Call Triage)	1,000	600	600	Cost included within overall YAS forecast surplus for 2013/14. Discussions ongoing with commissioners.
A & E overtrade	2,329	2,115	2,329	Income assumed within overall YAS forecast surplus for 2013/14
25% Non delivery of CQUINS - A&E	975	0	185	included within the overall YAS forecast surplus for 2013/14
Non delivery of CQUINS - 100% PTS South, 50% other PTS areas	378	86	111	PTS South CQUINS income shortfall assumed in overall YAS forecast surplus for 2013/14 re South
GRAND TOTAL	19,856	4,619	5,599	

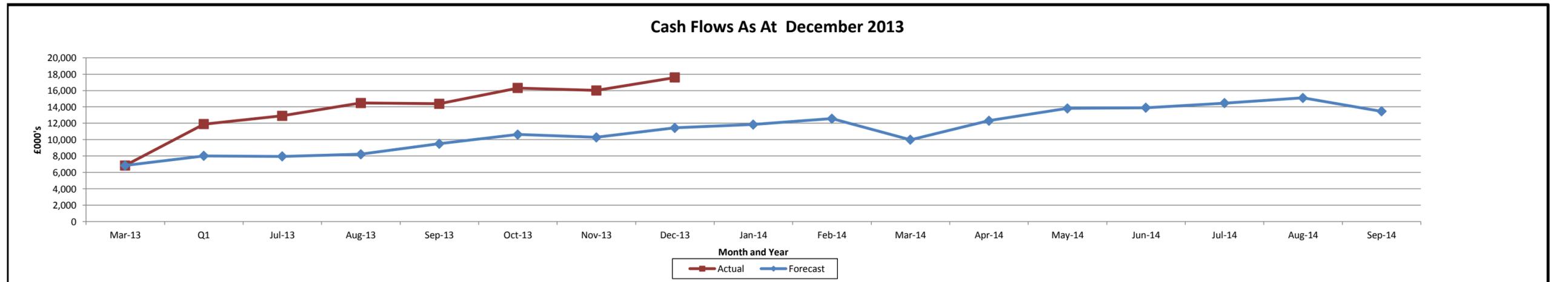
Yorkshire Ambulance Service - Cash Flow

December 2013

Analysis Of Actual/Plan Cash Flows

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Cash Name (£000's)	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	16,310	16,006	17,588	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	17,855	19,894	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	4	4	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	0	0	0	2,855	0	0	0	0	0	0	0
Total Cash Inflows	23,804	58,384	20,933	19,586	18,724	19,446	17,859	19,898	19,520	19,010	21,110	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	12,883	12,864	12,982	12,811	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	5,129	4,946	4,420	4,899	8,266	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	58	0	0	0	0	0	58	0
PDC Dividends	1,111	0	0	0	1,024	0	0	0	0	0	877	0	0	0	0	0	1,214	0
Capital Expenditure	1,175	511	1,619	-8	105	103	151	506	2,411	1,888	5,697	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	18,163	18,316	19,813	19,598	27,830	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	-304	1,582	-293	-588	-6,720	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	16,006	17,588										
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 a reduction in NHS debtors during the month.



Hospital	Qtr1				Qtr2				Oct-13				Nov-13				Dec-13				Qtr3				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	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	15	1	16	1053	29	0	29	1151	69	4	73	3339	174	11	185	8766
BARNESLEY DISTRICT GENERAL	28	4	32	4770	31	8	39	5406	18	1	19	2052	10	1	11	1861	12	2	14	1955	40	4	44	5868	99	16	115	16044
BRADFORD ROYAL INFIRMARY	162	11	173	6407	220	15	235	8960	72	4	76	3514	47	3	50	3284	67	6	73	3527	186	13	199	10325	568	39	607	25692
CALDERDALE ROYAL HOSPITAL	258	7	265	3625	125	9	134	4079	30	2	32	1603	25	1	26	1472	26	4	30	1496	81	7	88	4571	464	23	487	12275
Huddersfield Royal Infirmary	227	8	235	3657	98	6	104	4026	37	2	39	1564	24	1	25	1417	33	2	35	1432	94	5	99	4413	419	19	438	12096
HULL ROYAL INFIRMARY	73	3	76	6626	66	3	69	6574	85	11	96	3403	76	4	80	3338	70	1	71	2973	231	16	247	9714	370	22	392	22914
DEWSBURY DISTRICT HOSPITAL	97	1	98	2805	60	5	65	3614	15	5	20	1361	13	3	16	1254	18	3	21	1367	46	11	57	3982	203	17	220	10401
PINDERFIELDS GENERAL HOSPITAL	277	12	289	6887	119	9	128	7811	34	2	36	2798	31	2	33	2542	39	4	43	2839	104	8	112	8179	500	29	529	22877
PONTEFRACT GENERAL INFIRMARY	11	0	11	321	5	0	5	372	0	0	0	136	1	0	1	117	1	0	1	111	2	0	2	364	18	0	18	1057
SCUNTHORPE GENERAL HOSPITAL	0	0	0	128	0	0	0	103	4	0	4	90	2	0	2	66	0	0	0	65	6	0	6	221	6	0	6	452
DONCASTER ROYAL INFIRMARY	36	4	40	5628	36	5	41	6782	80	0	80	2528	13	1	14	2374	10	2	12	2477	47	10	57	7379	119	19	138	19789
FRIARAGE HOSPITAL	13	1	14	1260	15	4	19	1367	9	0	9	535	8	0	8	493	5	0	5	496	22	0	22	1524	50	5	55	4151
HARROGATE DISTRICT HOSPITAL	19	0	19	1819	27	2	29	2481	8	3	11	985	9	0	9	956	8	2	10	960	25	5	30	2901	71	7	78	7201
LEEDS GENERAL INFIRMARY	255	10	265	4148	227	4	231	5665	61	10	71	2463	69	1	70	2209	50	4	54	2196	180	15	195	6868	662	29	691	16681
ST JAMES UNIVERSITY HOSPITAL	234	4	238	7631	187	6	193	8761	60	4	64	3493	46	2	48	3161	44	2	46	3357	150	8	158	10011	571	18	589	26403
NORTHERN GENERAL HOSPITAL	61	6	67	8544	67	13	80	9558	33	6	39	3634	23	3	26	3348	19	2	21	3482	75	11	86	10464	203	30	233	28566
ROTHERHAM DISTRICT GENERAL HOSPITAL	22	2	24	4483	28	2	30	5214	13	3	16	1965	5	0	5	1816	5	1	6	1846	23	4	27	5627	73	8	81	15324
SCARBOROUGH DISTRICT GENERAL HOSPITAL	23	2	25	3650	25	2	27	4058	28	3	31	1606	8	2	10	1473	11	0	11	1358	47	5	52	4437	95	9	104	12145
YORK DISTRICT HOSPITAL	78	3	81	4863	72	1	73	5417	32	1	33	2095	18	8	26	1950	29	0	29	1971	79	9	88	6016	229	13	242	16296
SHEFFIELD CHILDRENS HOSPITAL	16	0	16	636	7	0	7	780	3	0	3	392	1	0	1	358	1	0	1	331	5	0	5	1081	28	0	28	2497
Grand Total Handover				80142				94201				37352				34542				35390				107284				281627
Grand Total Breaches	1929	79	2008		1481	100	1581		591	67	658		444	33	477		477	35	512		1512	135	1647		4922	314	5236	
Grand Total Cost	£38,580	£7,900	£46,480		£29,620	£10,000	£39,620		£11,820	£6,700	£18,520		£8,880	£3,300	£12,180		£9,540	£3,500	£13,040		£30,240	£13,500	£43,740		£98,440	£31,400	£129,840	

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'