



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

February 2014



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
RED	2.2	10/11	Red 2 performance	New Rotas to be embeded with constant review. Focussed and targetted use of overtime to ensure coverage of key shifts. The level of resource where appropriate to ensure performance is maintained and improved .	Director of Operations	On-going	GREEN
RED	2.2	2/11	Red 1 Performance	Continued focus on Red 1 plan	Director of Operations	On-going	GREEN
RED	2.11	5/11	WEST - Number of patients arriving more than 60 mins early should not exceed 2%	The trajectory for this indicator is 3% which resulted in a 0.64% non compliance. This resulted in 118 breaches against over 12841 journeys. Performance has improved by 0.22 % comparing previous month .	Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	7/11	WEST - Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	Performance worsened by 0.9% in Feb compared to January however, however this indicator has a reducing trajectory 3.6% overall reducing trajectory from 5.6% to 3%. 311 patients affected of total 12841. Action to monitor breaches and detail in reports.	Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	4/11	WEST - of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	It was unfortunate to see a rise in patient numbers against the two indicators in February when strong performance had been seen in the preceding 5 months.. This represented 489 journeys (60 mins), 183 (120 mins) the majority of which occurred against Leeds South / West patients. action to monitor breaches and examine more detail in reports.	Locality Manager Leeds	On-going	AMBER
RED	2.11	5/11	WEST - Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%		Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	7/11	WEST - Abortive journeys should not exceed 4.5% (by end of year)	The issues with YAS ability to influence abortive journey rates are well rehearsed, however, where YAS can influence a reduction work has been on-going with acute trust clinics and HCPs responsible for booking patients as part of the 13-14 CQUIN scheme. Trajectory for Feb is 5.00% Feb actual = 6.34% Jan Actual 6.60%	Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	5/11	WEST - Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	This indicator relates to renal patients only and represents 8 patients out of over 3733 journeys. Whilst every effort is made to ensure that patients do not have to wait extended periods of time, it is prioritised that patients attending for renal dialysis are ensured of an early arrival so that they do not miss their dialysis slot.	Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	5/11	WEST - Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	In February 44 patients (total 3476) waited longer than 60 minutes following their renal appointment for transport home. Currently tails of performance graphs are being developed to show how long after the KPI cut off patients wait. This will allow greater focus on those patients who wait longest and quantify those patients who wait a relatively short time after the KPI cut off.	Locality Managers West Yorkshire	On-going	AMBER
RED	2.12	8/11	EAST - Number of patients arriving more than 60 mins early should not exceed 2%	The geographical footprint of Hull and East Riding complicates patient planning in this area. It is expected that the realignment of resources linked to the rota changes in Hull and East will go some way to reconciling this - however, changes in planning in the interim and 2014 /15 KPIs should show a benefit.	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	7/11	EAST - Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	This represented only 6 east riding patients out of a cohort of nearly 1745 with performance KPI remaining relatively low at 4.64%	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	7/11	EAST - Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0% CORE PATIENTS ONLY	Although performance has not achieved trajectory for this standard it has improved again since January performance 0.10% which is the best performing month against this indicator all year. 19 East Riding (rural) patients affected from a total of 1190	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	3/11	EAST - Number of patients arriving more than 30 mins early should not exceed 5% PRIORITY PATIENTS ONLY	As this indicator relates to priority patients only, small variations in numbers, as they are a smaller cohort of patients than core, mean large variations in percentage performance. This standard was missed by 85 patients in February against over total 1478 journeys.	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	7/11	EAST - Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0% PRIORITY PATIENTS ONLY	As has been previously identified, for priority patients (as defined in Hull and East as those attending for cancer related or renal therapies), efforts are always made to ensure that patients arrive early or on time for their appointment so that their treatment schedule is not interrupted. This means that 78 patients arrived early than expected in January	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	8/11	EAST - Number of patients arriving more than 30 minutes after their appointment time should not exceed 0% PRIORITY PATIENTS ONLY	Although performance again missed trajectory by 1% performance again had improved on the January position making this the best performing month YTD affecting 11 East Riding (rural) patients (total 1478)	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	10/11	EAST - Number of patients waiting longer than 120 minutes for transport after their ready time should not exceed 10%	This standard has proved difficult to achieve all year against a reducing performance trajectory, however, performance in February was again improved on the December and January position	Locality Manager Hull and East Riding	On-going	AMBER

RED	2.13	8/11	SOUTH - Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90% (Rotherham)	Rotherham February performance actual 85.19% against an increased 2% target of 86.74 affecting 31 patients (total 2026. Sheffield performance has also reduced in February actual 77.26% target 80.76% - Further work is on-going with SY commissioners to establish the base for KPI standards for 14-15.	Locality Manager South Yorkshire	On-going
RED	2.13	11/11	SOUTH - Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90% (Sheffield)		Locality Manager South Yorkshire	On-going
RED	2.13	11/11	SOUTH - Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10%	Increased KPI targets for Febuary(2% diiferential across all CCG areas from January resulted in underachivement of performance across all areas for February, Work is ongoing with the commissioners to establish KPI Base for 14-15 contracts	Locality Manager South Yorkshire	On-going
RED	2.13	11/11	SOUTH - Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%		Locality Manager South Yorkshire	On-going
RED	2.14	5/11	NORTH - Number of patients arriving more than 60 mins early should not exceed 2%	Performance 0.17% off target in Feb after 5 consecutive months of achievement, affecting 28 patients (total 3087)	Locality Manager North Yorkshire	On-going
RED	2.14	8/11	NORTH - Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	The trajectory for this standard reduced by 1% between December and February actual 4.61% % against target of 3.00% affecting mostly rural areas (36 patients) Hambleton / Richmond / Whitby	Locality Manager North Yorkshire	On-going
RED	2.16	11/11	Warm transfers as a percentage of clinical advisor calls (Target 95%)	The warm transfer target remains challenging for the service and is subject to review as part of the national development pof the NHS 111 service. The NHS 111 team manage all clinical calls which are not warm transferred on a clinically prioritised call back basis, to ensure that patients receive a safe and effective service.	Executive Director of Standards and Compliance	On-going
AMBER	3.12	11/11	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. Improved capacity has permitted a number of local clinical audits to be completed including a NICE Quality Standard audit exploring the recognition and management of the feverish child.	Executive Medical Director	On-going
AMBER	3.7	1/11	Staff Related Incident Rate	There has been a rise in staff incidents in February, which is primarily attributable to staff concerns relating to missed meal-breaks or allocation of meal-breaks late in the shift following introduction of new rotas in the A&E service. These issues are being actively addressed by managers and in liaison with staff and their representatives as part of the process of bedding in and refining the new rotas in operation.	Executive Director of Operations	Mar-14
AMBER	4.3	10/11	PDR %	An update report will be sent to Directors with a request to ensure that the overall completion rate is maintained at >75%	Directors and Managers	31st March 2014
RED	4.4	11/11	Sickness / Absence %	New sickness policy agreed on 12/02/2014 and is being implemented. National negotiations on deduction of unsocial hours payments have been extended to the end of March.	All Directors and Managers	July 2014

AMBER
AMBER
AMBER
AMBER
AMBER
AMBER
RED
AMBER
GREEN
AMBER
RED

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	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	AMBER	AMBER		AMBER
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	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	AMBER	AMBER		AMBER
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	GREEN		GREEN
6	To provide clinically effective care with improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures.	Julian Mark / David Williams	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	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	AMBER	AMBER		AMBER
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	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	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	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	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	AMBER	GREEN		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	AMBER		GREEN
14	Reduce rates of staff sickness including procurement of Occupational Health services to deliver improvement in sickness rates.	Ian Brandwood	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED		RED
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	GREEN		GREEN
16	Develop and commence roll-out of ECS.	Rod Barnes / Russell Hobbs	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN		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 E3
4		CQ1, CQ2 & CQ3
7		Comments E3
9		Comments 3.2
12		Comments 3.2
13		Section 5
14		Comments E7
16		Comment 3.2

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

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		GREEN
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
<p>Highest Risk Lowest Risk</p>	<p>Highest Risk Lowest Risk</p>	<p>Highest Risk Lowest Risk</p>	

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

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

*Where the circles are filled this indicates YAS current position



Section 2

Performance





Section 2a

A&E Performance



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
RED	2.2	10/11	Red 2 performance	New Rotas to be embedded with constant review. Focussed and targeted use of overtime to ensure coverage of key shifts. The level of resource where appropriate to ensure performance is maintained and improved .	Director of Operations		GREEN
RED	2.2	2/11	Red 1 Performance	Continued focus on Red 1 plan	Director of Operations		GREEN

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

Red 1 Performance was 73.3% (70.9% previous year)

Red 2 Performance was 72.5% (74.1% previous year)

During February there have been periods of significant red demand. There were also 43 occasions where red demand was greater than 10% on a local basis. In the period we also experienced four days of industrial action by Unite the Union. New rota's were implemented on the 10th February, all new rota's require time to settle after implementation and it is expected to improve performance going forward.

Resilience

Risk Assessments:- Risk assessments and plans developed for the Unite Industrial Action and the Liberal Democrats conference to be held in York March 2014. Tour de France planning on-going.

Business Continuity:- A document review was carried out over a period of two days by auditors from British Standards Institute as part of the formal certification process for ISO22301. Only four minor non-conformances we found and an action plan has been submitted so that these can be addressed prior to their second visit on 25th March where they will interview members of the resilience team. A revised A&E operational BC plan is now in final draft awaiting approval.

Training course completed this month (reduced training courses due to winter/christmas period)

NDM – 1

Bronze Commander – 1

ECA Resilience Awareness – 1

AIT Training - 1

JESIP- Joint Interoperability Programme - JESIP Operational – 4, JESIP Tactical – 1

Statement of Compliance - The action plans associated with the Board approved Statement of Compliance have now been presented to the Local Health Resilience Partnerships as per requirements. Internal Audit Services have completed an audit of our Category One compliance against the national toolkit for Category One Responders which serves to underpin the self assessment process and provides further assurance to the trust board (final report awaited).

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

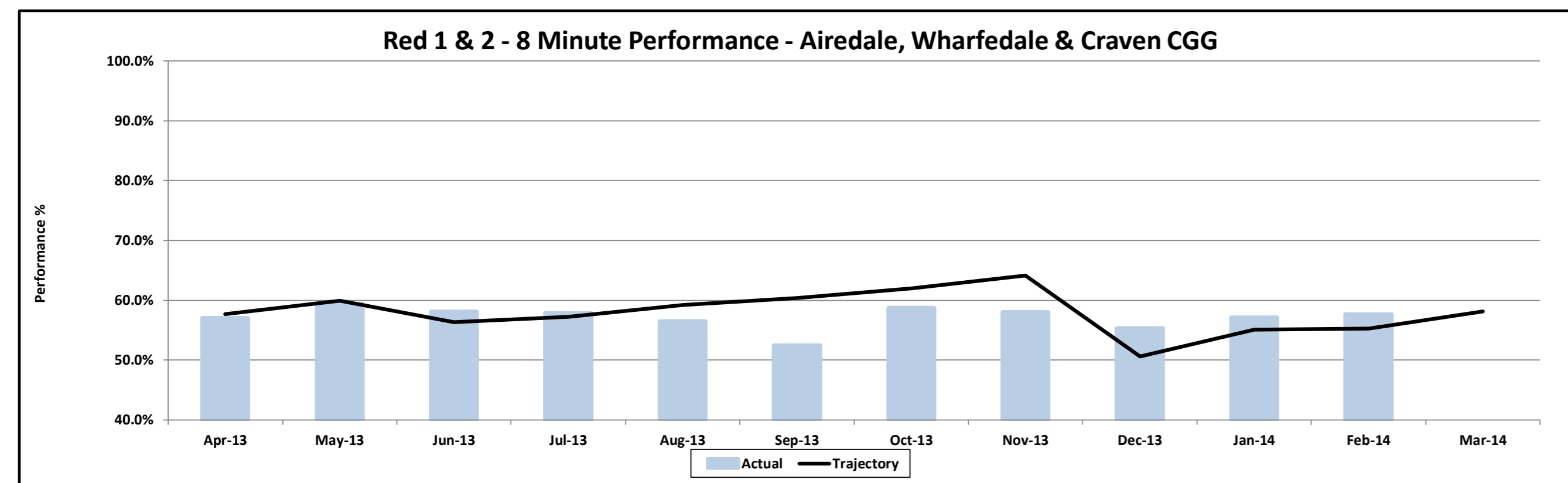
- 1. Improving the experience and outcomes for patients residing in rural locations
- 2. Development of alternatives to reduce conveyance to A&E departments
- 3. Collaborative working with specific care home providers to develop a reporting framework for the top 100 care homes
- 4. Self Care - Improving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

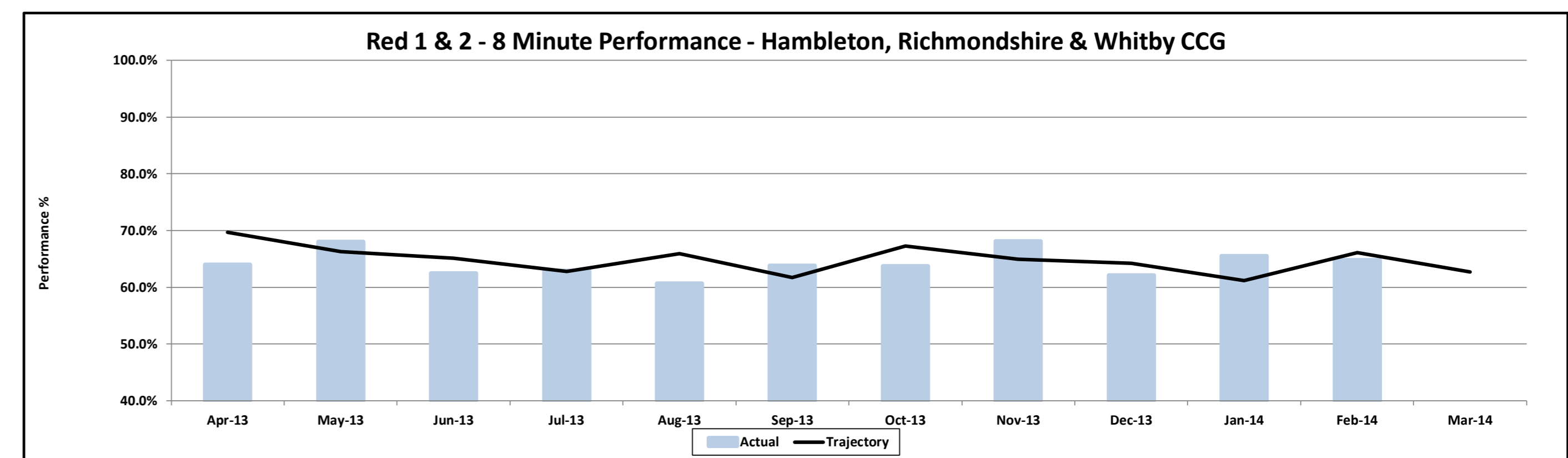
Comments
Q1 targets achieved. Q2 report submitted, all milestones achieved and proposed improvement targets agreed by commissioners with the exception of CQUIN 6. CQUIN 6 - 1.5% of the Q2 payment is being withheld pending submission of further requested detail at Q3. Q3 report has been submitted and additional information has been requested for CQUIN 1, 3, 4 and 5. This will be submitted 11.3.14. A contract variation has been submitted and is being discussed with commissioners for CQUIN 6.

CQUIN 6 Red Performance by CCG

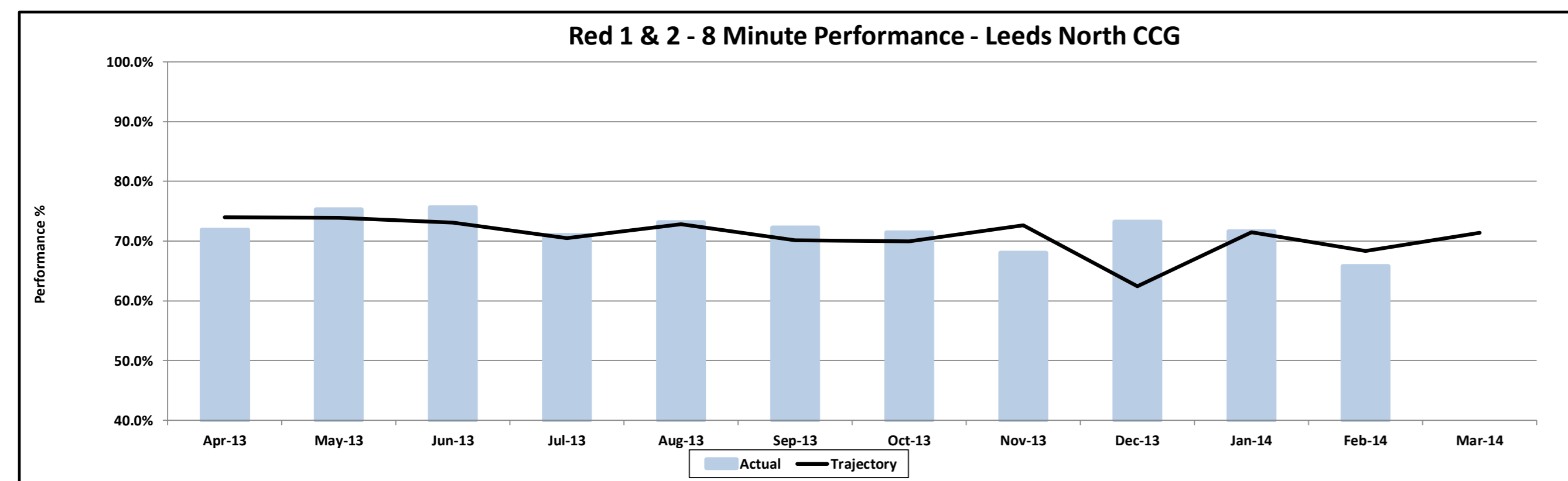


Airedale, Wharfedale & Craven CCG	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD
Trajectory	57.7%	59.9%	56.3%	57.2%	59.2%	60.4%	62.0%	64.1%	50.6%	55.1%	55.3%	58.1%	57.7%
Actual	57.0%	59.3%	58.1%	57.8%	56.5%	52.4%	58.7%	58.0%	55.3%	57.1%	57.6%		57.1%

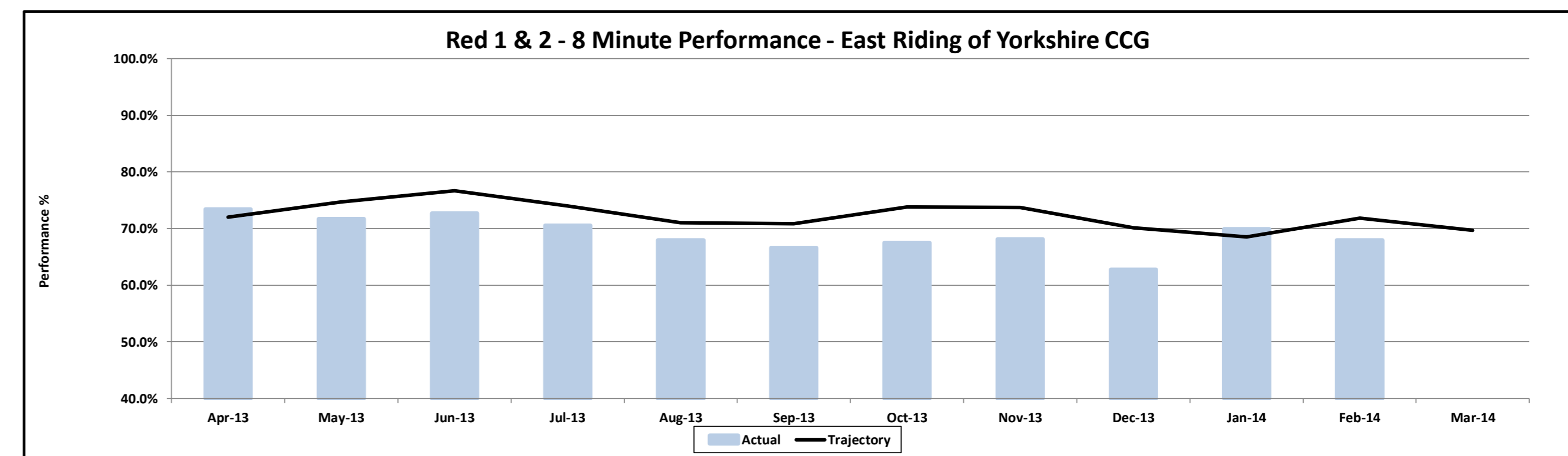
* Trajectory includes Cumbria CCG



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%	65.5%	64.8%		64.2%



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%	71.6%	65.8%		71.8%



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%	69.9%	67.9%		68.9%

Total Demand

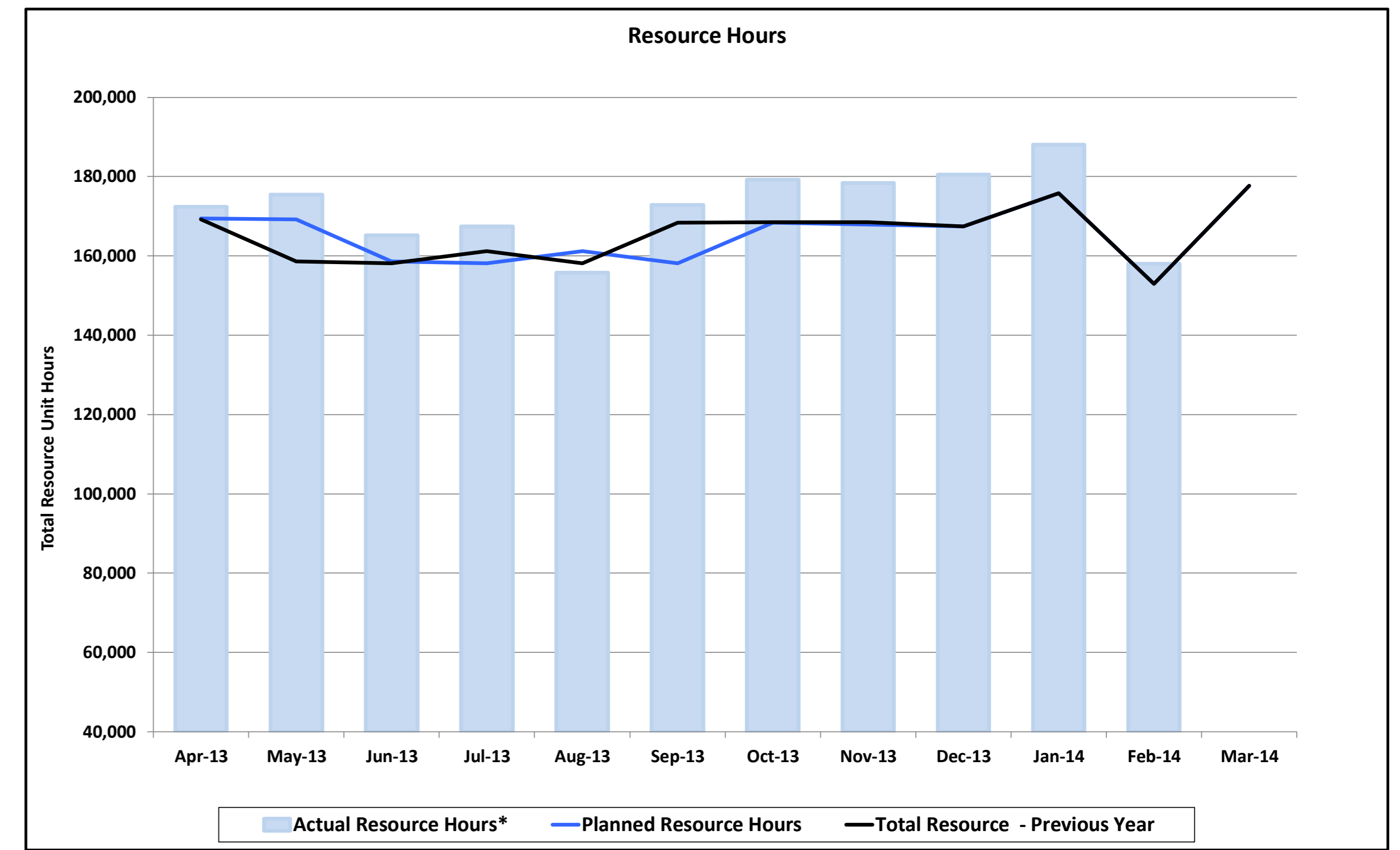
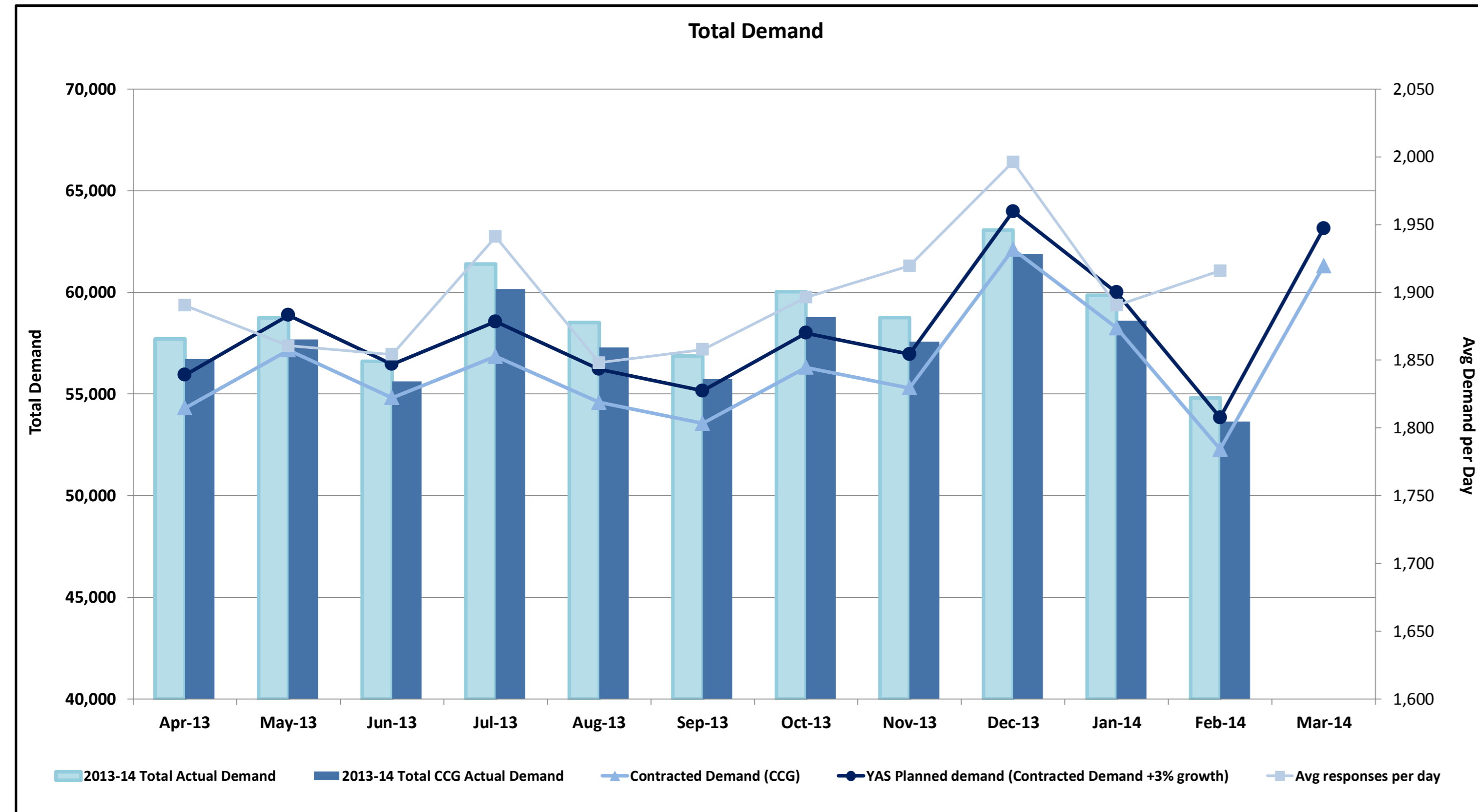
OBJ REF 3

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	Year end
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	635,828	699,061
2013-14 Total Actual Demand	57,697	58,749	56,616	61,386	58,511	56,876	60,026	58,760	63,072	59,853	54,804		646,350	
% Variance Current Year to Last Year	3.7%	0.1%	0.8%	5.2%	4.8%	1.5%	2.0%	2.3%	-1.9%	-0.6%	1.0%		1.7%	
Contracted Demand (CCG)	54,307	57,163	54,818	56,852	54,582	53,555	56,311	55,295	62,117	58,245	52,275	61,302	615,520	676,822
YAS Planned demand (Contracted Demand +3% growth)	55,936	58,878	56,463	58,558	56,219	55,162	58,000	56,954	63,981	59,992	53,843	63,141	633,986	697,127
2013-14 Total CCG Actual Demand	56,712	57,677	55,627	60,172	57,289	55,735	58,785	57,583	61,881	58,600	53,646		633,707	
Variance to Contracted Demand	4.4%	0.9%	1.5%	5.8%	5.0%	4.1%	4.4%	4.1%	-0.4%	0.6%	2.6%		3.0%	
Variance to YAS Planned Demand	1.4%	-2.0%	-1.5%	2.8%	1.9%	1.0%	1.4%	1.1%	-3.3%	-2.3%	-0.4%		0.0%	
Avg responses per day	1,890	1,861	1,854	1,941	1,848	1,858	1,896	1,919	1,996	1,890	1,916			

		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	188,022	158,079	
Actual Resource Hours*	DCA	96,078	96,259	92,965 *	96,138 *	93,270 *	95,561 *	106,713 *	103,545 *	107,338 *	107,192 *	92,335 *		1,087,394
	RRV	63,289	60,931	62,745	65,127	56,715	60,496	70,129	67,643	73,196	76,431	49,701		706,403
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	6,065	5,099		
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	1,984,577

* 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 Contracted Demand + 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

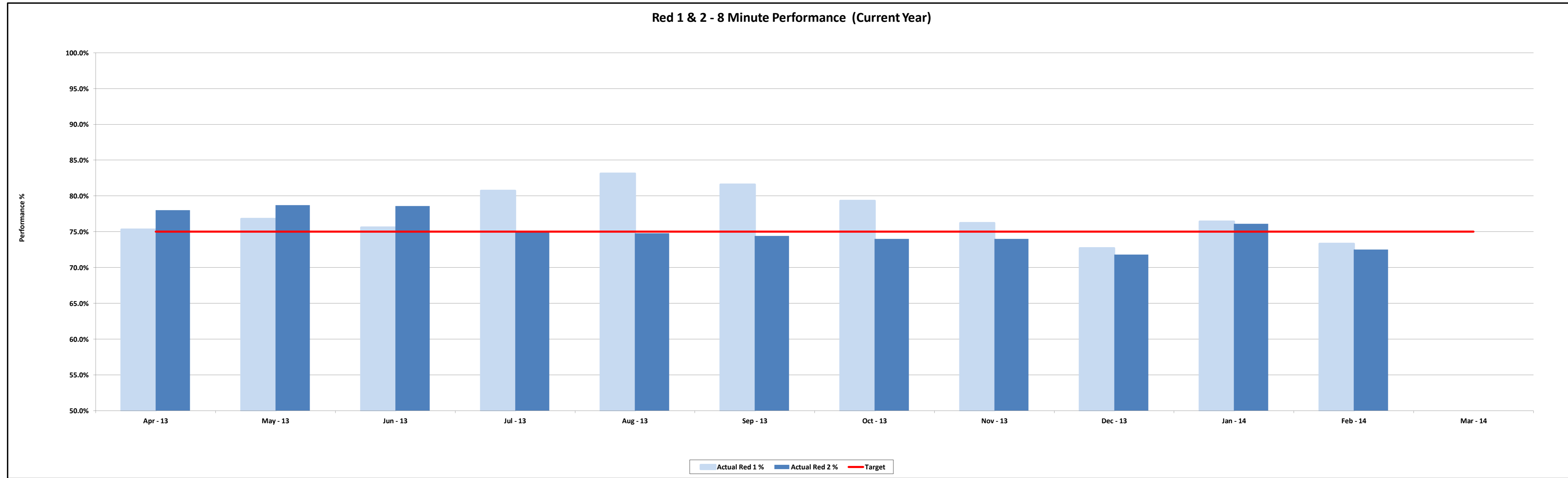
OBJ REF 3

YTD RAG	RED
MTD RAG	GREEN

Category Red 2 - 8 Minute Performance HQU03_01

OBJ REF 3

YTD RAG	RED
MTD RAG	GREEN



RED 1 EWI		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 1 %	Current Year	75.3%	76.8%	75.6%	80.7%	83.1%	81.6%	79.3%	76.2%	72.7%	76.4%	73.3%		77.8%
	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%	6.2%	2.4%		5.3%
National Average		75.3%	74.0%	73.5%	75.4%	76.9%	75.2%	74.6%	74.2%	72.7%	76.4%			

RED 2 EWI		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 2 %	Current Year	78.0%	78.7%	78.6%	75.0%	74.8%	74.4%	74.0%	74.0%	71.8%	76.1%	72.5%		75.2%
	Previous Year	77.5%	77.2%	80.5%	76.3%	76.5%	75.8%	75.6%	76.4%	68.8%	73.8%	74.1%	75.5%	75.5%
% Variance Current Year to Last Year		0.5%	1.5%	-1.9%	-1.3%	-1.7%	-1.4%	-1.6%	-2.4%	3.0%	2.3%	-1.6%		-0.3%
National Average		76.6%	75.6%	75.8%	73.5%	74.9%	73.4%	73.3%	73.0%	71.7%	76.3%			

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%	82.6%	77.8%		81.5%
	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%	10.2%	8.1%		7.6%
Airedale Bradford & Leeds	Current Year	73.8%	76.4%	74.2%	79.5%	83.5%	79.6%	78.9%	74.4%	72.4%	75.0%	72.1%		76.7%
	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%	5.3%	-3.7%		3.8%
North Yorkshire	Current Year	66.1%	74.3%	71.3%	77.6%	78.6%	82.1%	77.5%	71.9%	73.9%	74.3%	69.1%		75.0%
	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%	8.3%	4.5%		6.9%
The Humber	Current Year	82.1%	79.0%	78.4%	85.2%	85.2%	85.0%	84.6%	74.6%	69.2%	74.2%	72.5%		79.9%
	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%	0.3%	-5.1%		4.4%
South Yorkshire	Current Year	77.4%	75.5%	77.7%	78.8%	82.3%	79.6%	77.9%	76.1%	71.6%	75.3%	74.7%		77.2%
	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%	4.6%	6.9%		4.4%

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

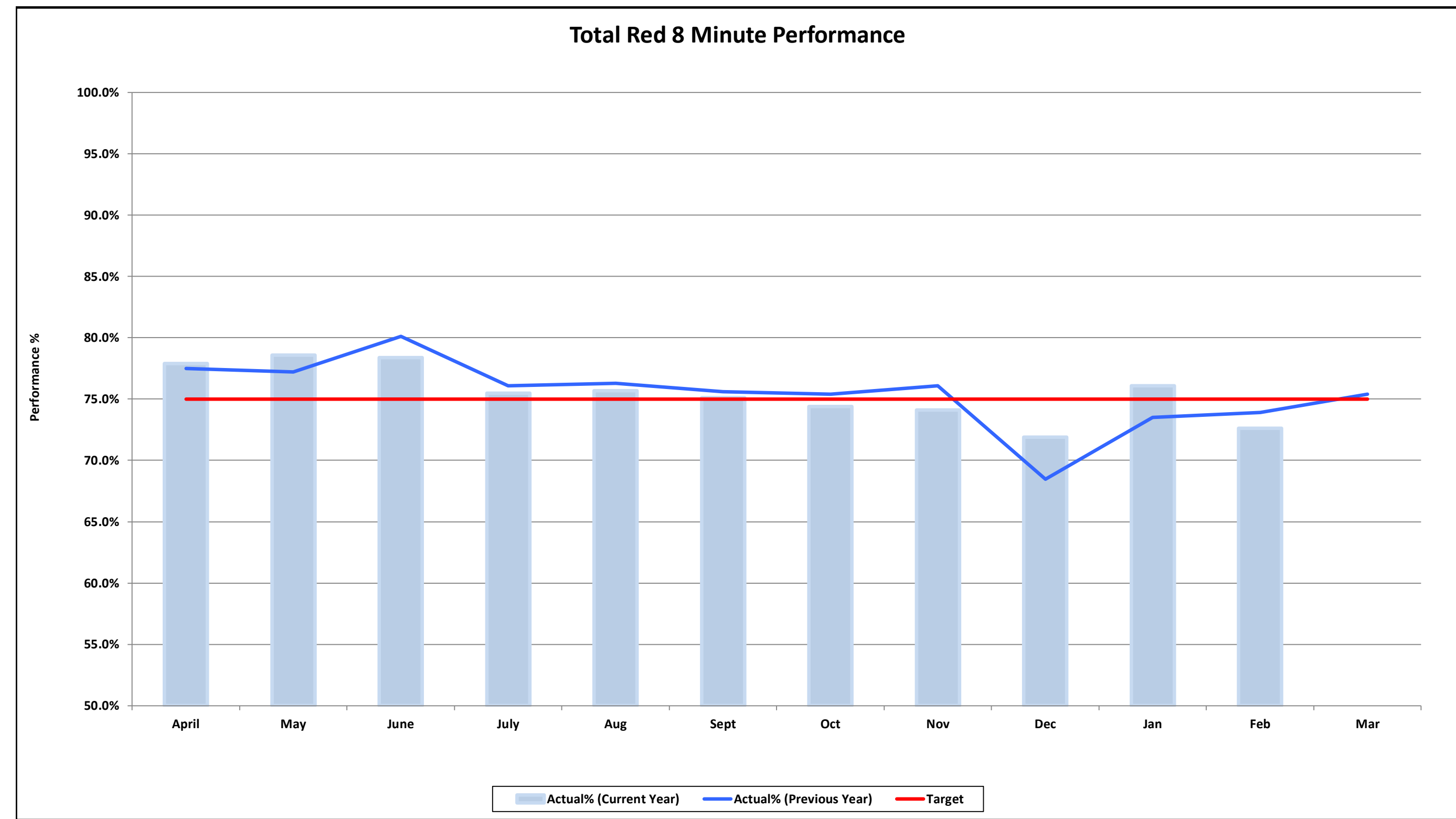
RED 2 by CBU		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.9%	81.2%	80.7%	76.3%	75.8%	76.5%	75.8%	76.2%	73.4%	78.9%	74.3%		77.2%
	Previous Year	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	76.8%	67.5%	75.2%	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%	3.7%	-2.7%		1.2%
Airedale Bradford & Leeds	Current Year	77.3%	78.6%	78.5%	75.2%	76.5%	74.9%	74.6%	73.8%	73.2%	75.9%	73.2%		75.6%
	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%	1.5%	1.2%		0.4%
North Yorkshire	Current Year	73.1%	76.2%	73.3%	72.1%	68.1%	71.3%	68.2%	71.8%	70.0%	72.4%	74.0%		71.8%
	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%	2.1%	2.2%		0.0%
The Humber	Current Year	82.9%	82.2%	81.3%	79.5%	77.5%	76.1%	77.4%	78.8%	71.4%	78.4%	76.3%		78.2%
	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%	0.5%	-3.5%		-1.9%
South Yorkshire	Current Year	78.0%	77.2%	79.1%	73.9%	75.0%	73.8%	74.0%	72.1%	71.0%	75.9%	68.7%		74.4%
	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%	3.7%	-4.5%		-1.3%

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

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

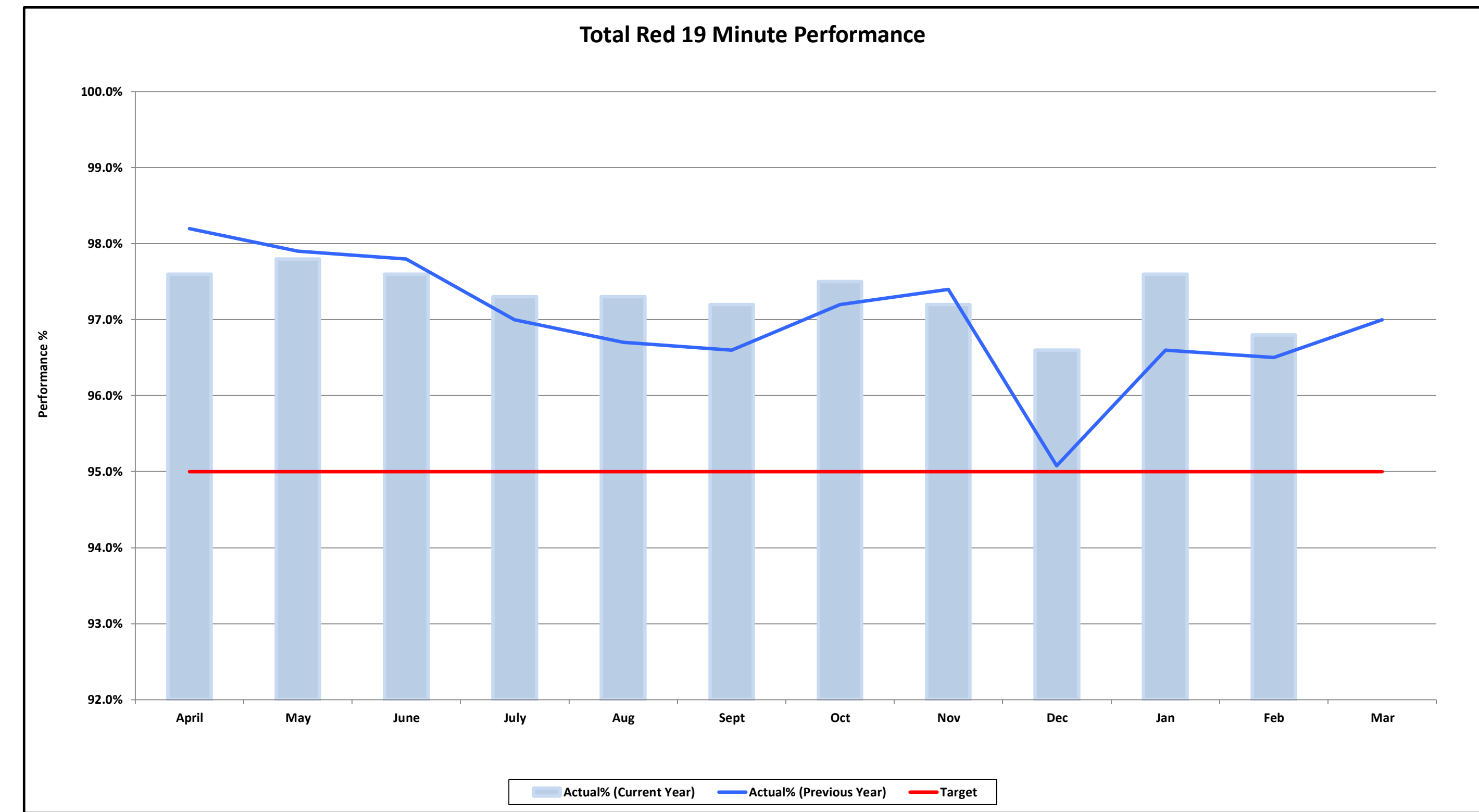
YTD RAG **RED**
 MTD RAG **GREEN**



Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

YTD RAG **GREEN**
 MTD RAG **GREEN**



RED 8	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual% (Current Year)	77.9%	78.6%	78.4%	75.5%	75.7%	75.1%	74.4%	74.1%	71.9%	76.1%	72.6%		75.4%
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%	2.6%	-1.3%		0.1%

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%	97.6%	96.8%		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%	1.0%	0.3%		0.3%
National Average		96.3%	96.0%	95.8%	95.7%	96.1%	95.9%	96.1%	95.8%	95.4%	96.4%			

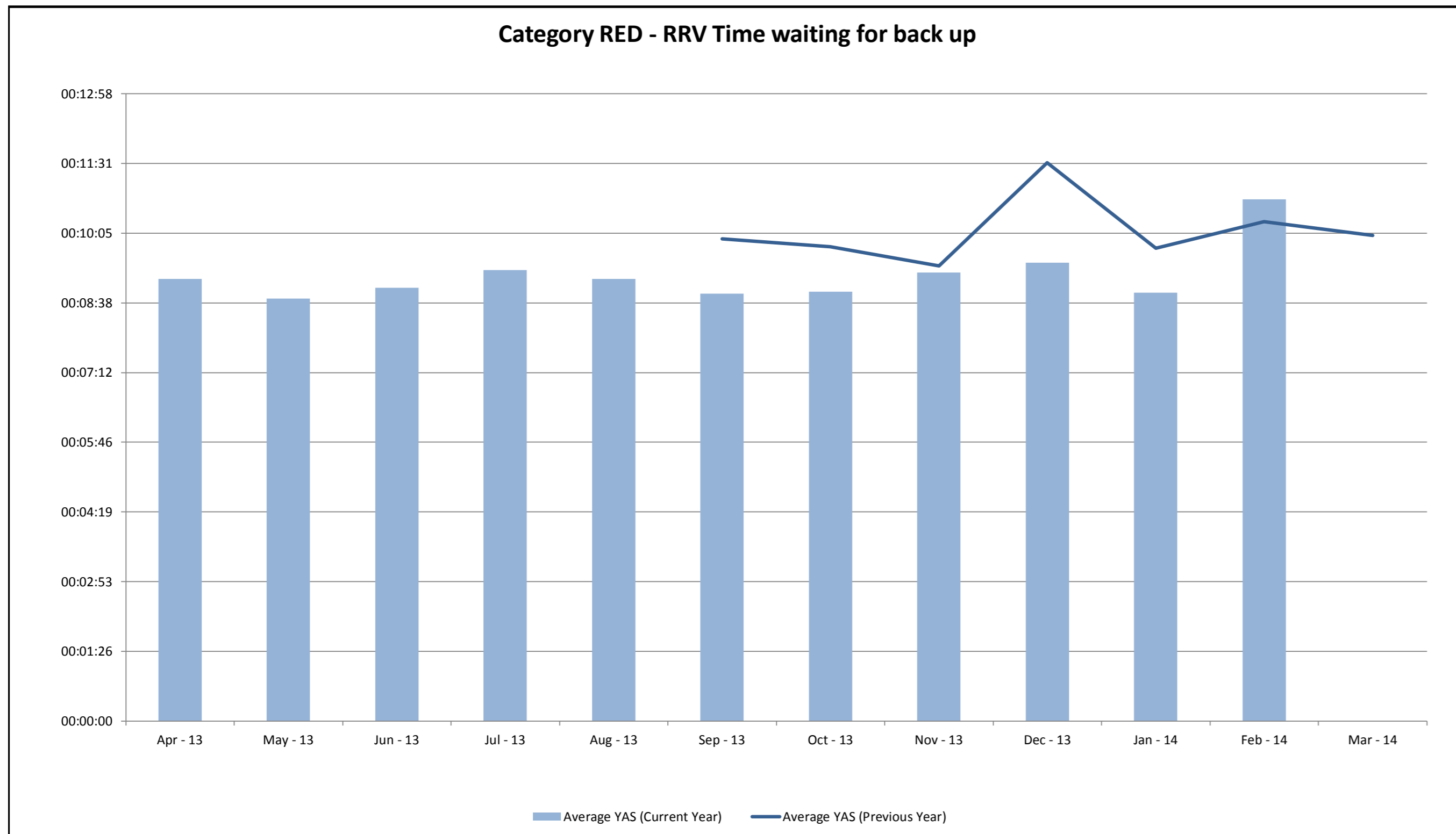
RED 8 by CBU	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	79.8%	81.2%	80.5%	77.0%	77.0%	77.4%	76.2%	76.8%	73.6%	79.2%	74.5%	77.5%
	Previous Year	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	76.8%	67.2%	75.0%	76.4%	75.9%
	% Variance	1.8%	3.3%	-0.8%	0.9%	0.2%	0.2%	1.1%	0.0%	6.4%	4.2%	-1.9%	1.6%
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%	73.1%	75.7%
	Previous Year	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	75.5%	67.0%	74.1%	72.2%	75.0%
	% Variance	-0.2%	1.2%	-0.9%	-1.4%	-0.1%	0.0%	0.1%	-1.7%	6.1%	1.8%	0.9%	0.7%
North Yorkshire	Current Year	72.6%	76.0%	73.2%	72.5%	69.2%	72.4%	68.9%	71.8%	70.3%	72.5%	73.7%	72.1%
	Previous Year	72.1%	74.1%	74.2%	71.1%	71.8%	69.2%	73.3%	73.6%	68.0%	70.0%	71.2%	71.5%
	% Variance	0.5%	1.9%	-1.0%	1.4%	-2.6%	3.2%	-4.4%	-1.8%	2.3%	2.5%	2.5%	0.6%
The Humber	Current Year	82.8%	82.0%	81.1%	80.0%	78.4%	77.0%	78.1%	78.6%	71.2%	78.1%	76.1%	78.4%
	Previous Year	79.9%	81.0%	83.2%	81.1%	78.8%	78.7%	79.5%	80.6%	78.4%	77.7%	79.6%	79.8%
	% Variance	2.9%	1.0%	-2.1%	-1.1%	-0.4%	-1.7%	-1.4%	-2.0%	-7.2%	0.4%	-3.5%	-1.4%
South Yorkshire	Current Year	78.0%	77.0%	79.1%	74.3%	75.7%	74.4%	74.3%	72.4%	71.0%	75.8%	69.0%	74.6%
	Previous Year	78.4%	78.2%	81.7%	75.8%	76.5%	77.0%	75.9%	75.8%	67.6%	72.1%	72.9%	75.5%
	% Variance	-0.4%	-1.2%	-2.6%	-1.5%	-0.8%	-2.6%	-1.6%	-3.4%	3.4%	3.7%	-3.9%	-0.9%

RED 19 by CBU	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Calderdale, Kirklees & Wakefield	Current Year	98.5%	98.5%	98.6%	97.9%	98.3%	98.3%	98.2%	97.9%	97.7%	98.5%	97.4%	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%
	% Variance	-0.4%	0.1%	-0.1%	-0.3%	0.5%	0.6%	0.8%	0.3%	2.7%	1.2%	-0.2%	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%	98.5%	97.7%	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%	97.9%
	% Variance	-0.5%	0.0%	-0.5%	0.5%	0.3%	0.3%	0.0%	0.2%	1.4%	0.7%	0.3%	0.2%
North Yorkshire	Current Year	94.8%	95.0%	94.3%	93.2%	92.6%	93.9%	94.0%	93.9%	93.3%	94.6%	94.3%	94.0%
	Previous Year	95.2%	94.5%	93.9%	93.7%	92.4%	91.8%	94.0%	94.3%	91.1%	92.7%	92.7%	93.2%
	% Variance	-0.4%	0.5%	0.4%	-0.5%	0.2%	2.1%	0.0%	-0.4%	2.2%	1.9%	1.6%	0.8%
The Humber	Current Year	96.4%	96.7%	96.4%	95.9%	95.7%	95.2%	95.9%	96.1%	94.0%	96.4%	95.3%	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%	96.0%
	% Variance	-1.1%	-0.9%	-0.7%	0.2%	0.3%	-0.4%	-0.5%	-0.7%	-0.5%	1.4%	0.2%	-0.2%
South Yorkshire	Current Year	98.4%	98.6%	98.8%	98.3%	98.5%	98.5%	98.8%	98.0%	97.5%	98.2%	97.6%	98.3%
	Previous Year	99.0%	98.9%	98.5%	97.6%	97.5%	97.7%	98.1%	98.4%	96.2%	97.5%	97.3%	97.9%
	% Variance	-0.6%	-0.3%	0.3%	0.7%	1.0%	0.8%	0.7%	-0.4%	1.3%	0.7%	0.3%	0.4%

Category RED - RRV Time waiting for back up

OBJ REF 3

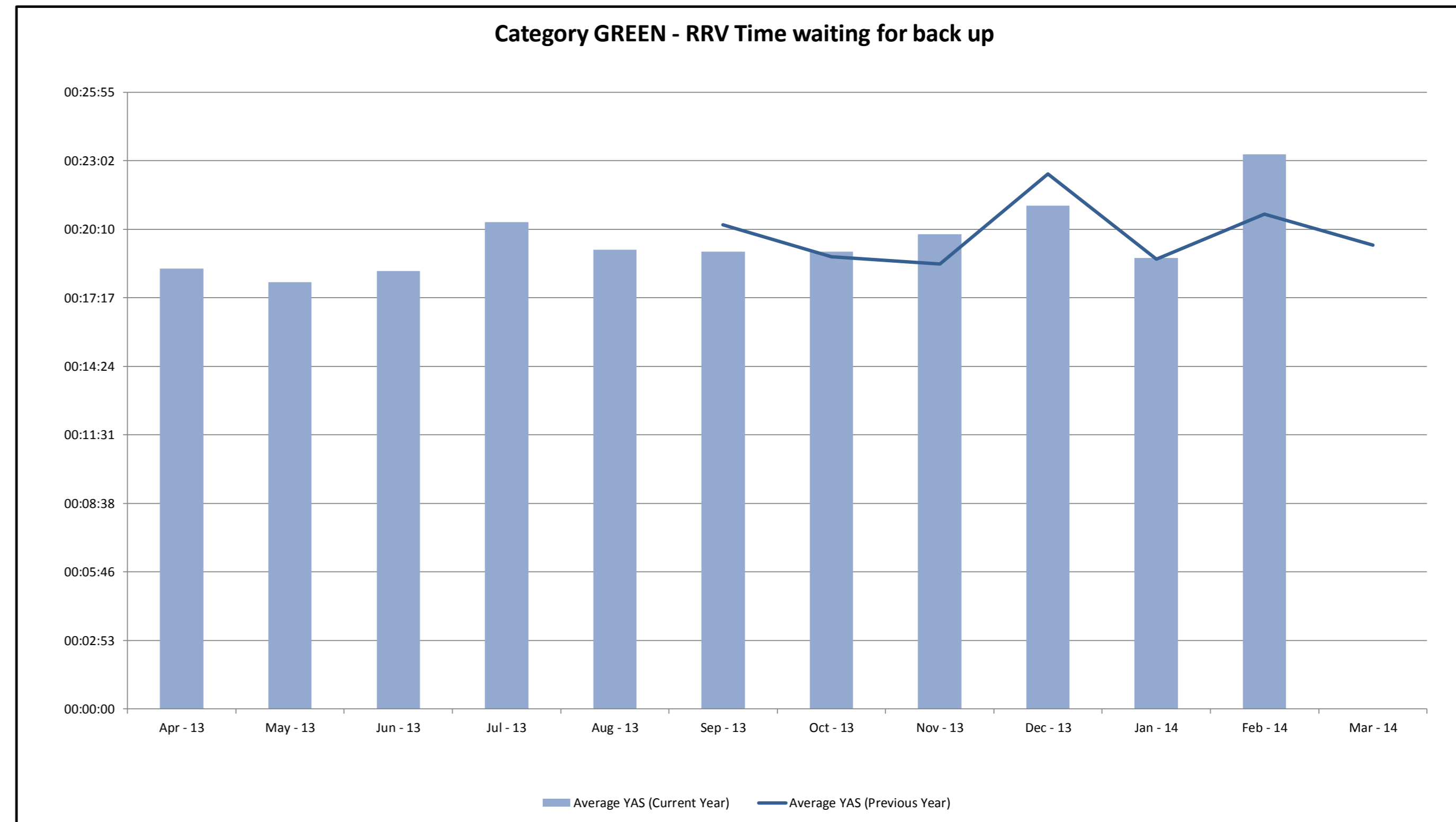
YTD RAG	N/A
MTD RAG	N/A



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	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	00:08:51	00:10:47	
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	00:27:25	00:32:07	
Average YAS (Previous Year)						00:09:58	00:09:48	00:09:24	00:11:32	00:09:46	00:10:19	00:10:02
95th Percentile YAS (Previous Year)						00:28:48	00:28:15	00:27:05	00:33:47	00:28:47	00:30:57	00:30:09

GREEN - YAS	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Target (Average)	TBC	TBC	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	00:18:57	00:23:19	
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	00:53:53	01:02:54	
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	00:08:07	00:10:11	
	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	00:09:10	00:10:13
	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	00:06:53	00:09:23
	Previous Year						00:08:03	00:07:36	00:07:40	00:08:42	00:08:03	00:08:01
The Humber	Current Year	00:06:38	00:06:48	00:07:02	00:07:36	00:07:29	00:07:00	00:07:29	00:07:38	00:08:49	00:07:53	00:08:58
	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	00:10:09	00:13:35
	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	00:16:34	00:21:29
	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	00:20:22	00:23:25
	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	00:13:12	00:18:07
	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	00:17:04	00:23:03
	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	00:21:37	00:26:49
	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	54,307	54,782	57,163	52,867	54,818	54,188	56,852	52,745	54,582	52,065	53,555	55,598	56,311	53,840	55,295	62,592	62,117	57,650	58,245	49,973	52,275	55,638	61,302
	Actual Demand (SLA Responses)	54,604	57,697	57,580	58,749	55,222	56,616	57,312	61,386	55,830	58,511	54,794	56,876	57,607	60,026	56,239	58,760	63,034	63,072	59,224	59,853	53,266	54,804	62,221	
	% Variance	6.6%	6.2%	5.1%	2.8%	4.5%	3.3%	5.8%	8.0%	5.8%	7.2%	5.2%	6.2%	3.6%	6.6%	4.5%	6.3%	0.7%	1.5%	2.7%	2.8%	6.6%	4.8%	11.8%	
	Contract Value over performance attributed to A&E	£477,898	£416,363	£374,563	£90,667	£298,687	£142,591	£429,923	£593,186	£453,190	£466,597	£372,547	£378,892	£214,168	£452,471	£351,130	£411,405	£21,784	£-39,982	£166,634	£53,823	£447,292	£276,570	£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	01:01:05	01:02:39	01:02:55	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	188,022	152,959	158,079	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	2,092	2,050	2,085	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	24,022	24,590	20,453	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	(£1,005,838)	£344,053	(£1,075,499)	(£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%	29.0%	31.0%	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%	27.1%	30.1%	30.3%	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	0.32	0.36	0.33	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%	75.0%	75.3%	75.0%	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%	76.1%	73.9%	72.6%	75.4%	

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

Comments
<p>Performance was RED 1 73.3% (YTD 77.8%) Performance was RED 2 72.5% (YTD 75.2%) Demand was 4.8% more than planned in the period. 4 days of industrial action was experienced in the month.</p>

A&E Operational Delivery Model

OBJ REF 3

Item		Apr-12	Apr-13	May-12	May-13	Jun-12	Jun-13	Jul-12	Jul-13	Aug-12	Aug-13	Sep-12	Sep-13	Oct-12	Oct-13	Nov-12	Nov-13	Dec-12	Dec-13	Jan-13	Jan-14	Feb-13	Feb-14	Mar-13	Mar-14
Resource	Clinical Hub/ NHSD Calls																								
	Total Planned number of calls (Clinical Hub/NHSD)	1,911	2,965	2,093	2,965	2,113	2,965	2,262	2965	2,249	2965	2,312	2965	2,568	2965	2,535	2965	3,058	2965	2,919	2965	2,575	2965	2,965	2965
	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	1,761	2,620	1,735	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%	6.0%	5.8%	6.0%	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%	3.7%	6.1%	4.0%	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	1,452	1,007	1,735	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	309	1,613	0	1,793		

Comments

The number of calls closed increased by 58%. This was due to the fact that calls have now stopped being sent over to NHSD and our re-contact rate has stopped at the same level


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

February 2014	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	73	68.5%	406	85.2%	33	90.9%	366	59	0
HARROGATE & RURAL CCG	95	75.8%	418	90.9%	27	70.4%	345	29	2
SCARBOROUGH & RYEDALE CCG	84	69.0%	318	92.1%	26	88.5%	312	39	2
VALE OF YORK CCG	216	69.4%	949	89.7%	53	83.0%	630	102	18
NORTH YORKSHIRE CBU	468	70.5%	2091	89.4%	139	83.5%	1653	229	22
ERY CCG	209	65.6%	823	82.9%	44	72.7%	706	85	1
HULL CCG	192	78.1%	1009	84.7%	73	79.5%	686	124	2
EAST YORKSHIRE CBU	401	71.6%	1832	84.7%	117	76.9%	1392	209	3
CALDERDALE CCG	125	80.0%	594	86.2%	39	74.4%	567	86	13
GREATER HUDDERSFIELD CCG	133	69.9%	661	84.7%	35	74.3%	494	102	27
NORTH KIRKLEES CCG	117	73.5%	462	79.0%	31	83.9%	368	49	23
WAKEFIELD CCG	252	71.0%	1055	82.1%	76	72.4%	916	154	63
CALD / KIRK & WAKEFIELD CBU	627	73.0%	2772	83.1%	181	75.1%	2345	391	126
AIREDALE, WHARFEDAILE & CRAVEN CCG	120	63.3%	427	77.5%	18	66.7%	335	37	8
BRADFORD CITY CCG	108	66.7%	367	77.7%	29	58.6%	141	73	0
BRADFORD DISTRICTS CCG	251	79.7%	998	78.9%	55	61.8%	546	142	7
LEEDS NORTH CCG	134	67.9%	522	79.1%	27	81.5%	422	89	0
LEEDS SOUTH & EAST CCG	231	71.9%	918	84.1%	81	72.8%	732	146	8
LEEDS WEST CCG	216	72.2%	979	75.9%	56	78.6%	527	123	1
LEEDS,BRADFORD & AIRESDALE CBU	1060	71.8%	4211	79.1%	266	70.7%	2703	610	24
BARNSELY CCG	181	70.7%	709	78.8%	54	74.1%	492	76	5
DONCASTER CCG	277	72.6%	895	84.5%	65	80.0%	690	134	64
ROTHERHAM CCG	198	72.7%	724	80.2%	54	83.3%	463	127	1
SHEFFIELD CCG	383	68.2%	1689	78.6%	120	68.5%	963	265	2
SOUTH YORKSHIRE CBU	1039	70.6%	4017	80.2%	293	74.7%	2608	602	72
ECP	29		195		7		382		
OOA/UNKNOWN	16	75.0%	70	77.1%	16	56.3%	37	21	8
YORKSHIRE AMBULANCE SERVICE	3640	71.5%	15188	82.2%	1019	74.9%	11120	2062	255

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	1023	75.4%	4468	91.7%	406	87.4%	4286	490	10
HARROGATE & RURAL CCG	997	79.2%	4524	94.5%	348	84.8%	4142	482	24
SCARBOROUGH & RYEDALE CCG	918	78.1%	4137	94.2%	409	87.3%	3771	480	23
VALE OF YORK CCG	2438	78.1%	10467	93.4%	937	88.4%	7798	1259	238
NORTH YORKSHIRE CBU	5376	77.8%	23596	87.4%	2100	83.4%	19997	2711	295
ERY CCG	2424	74.4%	9459	90.4%	789	80.2%	9125	1196	26
HULL CCG	2368	80.7%	10872	92.1%	1281	85.1%	9205	1569	604
EAST YORKSHIRE CBU	4792	77.5%	20331	91.3%	2070	83.3%	18330	2765	630
CALDERDALE CCG	1542	79.3%	6982	89.3%	631	77.5%	7011	1142	471
GREATER HUDDERSFIELD CCG	1813	77.7%	7265	88.8%	577	74.8%	6165	1507	494
NORTH KIRKLEES CCG	1361	78.6%	5356	89.4%	420	77.3%	4811	1022	286
WAKEFIELD CCG	2651	78.4%	11562	91.6%	1005	75.6%	11258	1792	749
CALD / KIRK & WAKEFIELD CBU	7367	78.5%	31165	90.0%	2633	76.1%	29245	5463	2000
AIREDALE, WHARFEDAILE & CRAVEN CCG	1235	73.4%	4861	85.4%	357	77.0%	4139	597	130
BRADFORD CITY CCG	1104	76.8%	4387	87.9%	545	79.4%	1799	1045	5
BRADFORD DISTRICTS CCG	2722	76.3%	11144	85.5%	854	74.6%	6881	2052	134
LEEDS NORTH CCG	1552	78.4%	6313	88.2%	468	76.4%	5330	1041	10
LEEDS SOUTH & EAST CCG	2455	80.1%	10970	91.1%	1240	81.9%	9015	2040	102
LEEDS WEST CCG	2374	78.3%	11094	87.9%	902	76.9%	7130	1951	28
LEEDS,BRADFORD & AIRESDALE CBU	11442	77.5%	48769	87.9%	4366	78.2%	34294	8726	409
BARNSELY CCG	2051	76.6%	8312	90.4%	735	76.7%	6680	1328	53
DONCASTER CCG	3043	78.5%	10611	92.1%	1145	77.4%	8498	1998	905
ROTHERHAM CCG	2220	77.3%	8427	89.4%	915	74.0%	6737	1568	70
SHEFFIELD CCG	4383	75.0%	18492	86.1%	1925	74.0%	14074	3865	140
SOUTH YORKSHIRE CBU	11697	76.6%	45842	88.7%	4720	75.2%	35989	8759	1168
ECPs	290		2000		200		4561		
OOA/UNKNOWN	281	75.1%	1028	83.9%	168	76.8%	439	139	
YORKSHIRE AMBULANCE SERVICE	41245	77.4%	172731	89.6%	16257	78.8%	142855	28563	4502

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		GREEN	GREEN
Emergency Plans	GREEN	GREEN	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		GREEN	GREEN
Information Provision	GREEN	GREEN	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		GREEN	GREEN
Training	AMBER	GREEN	GREEN	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	9/9	Time to Answer - 95%	Recruitment on going to get the required establishment to consistently deliver all telephony standards. Head of Service Delivery within the EOC is commencing a telephony performance framework project, an element of which will work towards improving individuals' efficiencies with regard to telephony performance.	Emergency Operation Centre Locality	On-going
2.7	9/9	Time to Answer - 99%		Emergency Operation Centre Locality	On-going
2.7	9/9	Non A&E		Designated Project Team from all directorates	On-going
2.7	6/6	STEMI - 150	Analysis work with the regional cardiac network to address out of performance issues has been recognised nationally as best practice. Close monitoring of time to back up of RRV clinicians to allow patients to be conveyed to specialist centres in a timely manner continues.	Head of Clinical Effectiveness	On-going
2.7	9/9	Resolved by telephone		Emergency Operation Centre Locality	On-going

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 *
 Stroke - 60
 Cardiac - STD
 Cardiac - STD Utstein
 Recontact 24hrs Telephone
 Recontact 24hrs on Scene

Middle Third

ROSC - Utstein
 ROSC
 Abandoned calls

Bottom Third

Time to Answer - 95%
 Time to Answer - 99%
 Non A&E
 STEMI - 150
 Resolved by telephone

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	January
Time to Answer - 95% EWI	mm:ss	0:06	0:10	0:02	0:01	0:42	0:07	0:08	0:24	0:14	0:08	0:24	8	January
Time to Answer - 99%	mm:ss	0:42	1:04	0:11	0:10	0:50	0:39	1:59	1:05	0:51	0:53	1:13	9	January
Abandoned calls EWI	%	0.96	0.68	1.28	0.05	2.45	2.03	0.61	3.66	0.66	0.98	1.14	7	January
Cat Red 8 minute response - RED 1	%	71.2	74.2	81.6	76.4	77.5	75.9	78.7	75.9	72.1	80.0	78.2	3	January
Cat Red 8 minute response - RED 2	%	71.1	70.7	76.0	74.0	79.1	77.8	75.9	73.6	75.5	73.7	75.5	4	January
95 Percentile Red 1 only Response Time	mm:ss	14:55	14:50	9:08	16:50	12:55	14:10	13:52	14:08	14:55	11:53	13:04	3	January
Cat Red 19 minute response	%	93.6	93.3	96.7	97.8	97.2	95.7	95.5	97.1	95.4	97.1	97.4	2	January
Time to Treat - 50% EWI	mm:ss	6:33	6:25	5:28	6:04	5:53	5:22	5:54	5:47	5:49	6:09	5:31	2	January
Time to Treat - 95%	mm:ss	20:11	20:51	17:38	14:50	17:01	15:45	18:16	17:57	18:13	16:07	13:48	1	January
Time to Treat - 99%	mm:ss	32:01	33:00	29:35	23:37	27:00	37:17	32:23	27:22	29:01	24:42	20:37	1	January
STEMI - Care	%	76.0	84.6	76.0	76.7	84.5	86.4	66.0	79.9	89.3	74.9	84.8	3	October
Stroke - Care	%	97.3	95.7	97.4	94.5	98.0	99.3	98.2	91.5	97.2	94.1	97.8	4	October
Frequent caller *	%	0.07	0.06	0.94	2.13	0.00	0.00	4.53	0.00	0.00	0.00	2.08	3	January
Resolved by telephone	%	4.2	7.6	8.0	5.6	4.4	2.2	4.5	11.6	6.7	6.6	4.4	7	January
Non A&E	%	33.3	43.9	46.3	31.7	30.5	25.3	41.2	42.5	51.6	38.2	29.5	9	January
STEMI - 150	%	94.0	90.0	73.3	92.8	90.5	90.4	89.3	93.5	82.5	88.9	88.3	9	October
Stroke - 60	%	62.7	52.5	61.2	67.4	74.8	77.8	43.7	65.1	54.9	59.7	65.4	4	October
ROSC	%	18.0	21.3	16.0	30.9	26.3	28.3	39.8	31.7	24.3	22.5	22.6	7	October
ROSC - Utstein	%	36.8	39.6	46.7	58.6	60.7	46.5	43.9	51.9	45.7	39.0	45.8	5	October
Cardiac - STD	%	6.3	6.5	5.3	9.5	7.9	9.0	20.6	8.1	9.9	7.8	10.8	2	October
Cardiac - STD Utstein	%	23.9	21.3	20.0	29.7	33.3	24.7	31.9	22.3	28.2	23.6	31.2	3	October
Recontact 24hrs Telephone EWI	%	6.3	10.1	4.0	2.5	14.7	14.1	19.8	10.4	11.6	13.2	7.4	3	January
Recontact 24hrs on Scene EWI	%	6.0	5.4	2.6	6.7	4.5	6.0	6.7	4.3	5.2	5.7	4.7	3	January

*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	5/11	West	Number of patients arriving more than 60 mins early should not exceed 2%	The trajectory for this indicator is 3% which resulted in a 0.64% non compliance. This resulted in 118 breaches against over 12841 journeys. Performance has improved by 0.22 % comparing previous month .	Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	7/11	West	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	Performance worsened by 0.9% in Feb compared to January however, however this indicator has a reducing trajectory 3.6% overall reducing trajectory from 5.6% to 3%. 311 patients affected of total 12841. Action to monitor breaches and detail in reports.	Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	4/11	West	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	It was unfortunate to see a rise in patient numbers against the two indicators in February when strong performance had been seen in the preceding 5 months.. This represented 489 journeys (60 mins), 183 (120 mins) the majority of which occurred against Leeds South / West patients. action to monitor breaches and examine more detail in reports.	Locality Manager Leeds	On-going	AMBER
RED	2.11	5/11	West	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%		Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	7/11	West	Abortive journeys should not exceed 4.5% (by end of year)	The issues with YAS ability to influence abortive journey rates are well rehearsed, however, where YAS can influence a reduction work has been on-going with acute trust clinics and HCPs responsible for booking patients as part of the 13-14 CQUIN scheme. Trajectory for Feb is 5.00% Feb actual = 6.34% Jan Actual 6.60%	Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	5/11	West	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0%	This indicator relates to renal patients only and represents 8 patients out of over 3733 journeys. Whilst every effort is made to ensure that patients do not have to wait extended periods of time, it is prioritised that patients attending for renal dialysis are ensured of an early arrival so that they do not miss their dialysis slot.	Locality Managers West Yorkshire	On-going	AMBER
RED	2.11	5/11	West	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 0%	In February 44 patients (total 3476) waited longer than 60 minutes following their renal appointment for transport home. Currently tails of performance graphs are being developed to show how long after the KPI cut off patients wait. This will allow greater focus on those patients who wait longest and quantify those patients who wait a relatively short time after the KPI cut off.	Locality Managers West Yorkshire	On-going	AMBER
RED	2.12	8/11	East	Number of patients arriving more than 60 mins early should not exceed 2%	The geographical footprint of Hull and East Riding complicates patient planning in this area. It is expected that the realignment of resources linked to the rota changes in Hull and East will go some way to reconciling this - however, changes in planning in the interim and 2014 /15 KPIs should show a benefit.	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	7/11	East	Number of patients arriving more than 30 minutes after their appointment time should not exceed 1%	This represented only 6 east riding patients out of a cohort of nearly 1745 with performance KPI remaining relatively low at 4.64%	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	7/11	East	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0% CORE PATIENTS ONLY	Although performance has not achieved trajectory for this standard it has improved again since January performance 0.10% which is the best performing month against this indicator all year. 19 East Riding (rural) patients affected from a total of 1190	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	3/11	East	Number of patients arriving more than 30 mins early should not exceed 5% PRIORITY PATIENTS ONLY	As this indicator relates to priority patients only, small variations in numbers, as they are a smaller cohort of patients than core, mean large variations in percentage performance. This standard was missed by 85 patients in February against over total 1478 journeys.	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	7/11	East	Number of patients arriving more than 60 minutes early for their scheduled appointments should not exceed 0% PRIORITY PATIENTS ONLY	As has been previously identified, for priority patients (as defined in Hull and East as those attending for cancer related or renal therapies), efforts are always made to ensure that patients arrive early or on time for their appointment so that their treatment schedule is not interrupted. This means that 78 patients arrived early than expected in January.	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	8/11	East	Number of patients arriving more than 30 minutes after their appointment time should not exceed 0% PRIORITY PATIENTS ONLY	Although performance again missed trajectory by 1% performance again had improved on the January position making this the best performing month YTD affecting 11 East Riding (rural) patients (total 1478)	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.12	10/11	East	Number of patients waiting longer than 120 minutes for transport after their ready time should not exceed 10%	This standard has proved difficult to achieve all year against a reducing performance trajectory, however, performance in February was again improved on the December and January position	Locality Manager Hull and East Riding	On-going	AMBER
RED	2.13	8/11	South	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90% (Rotherham)	Rotherham February performance actual 85.19% against an increased 2% target of 86.74 affecting 31 patients (total 2026. Sheffield performance has also reduced in February actual 77.26% target 80.76% - Further work is on-going with SY commissioners to establish the base for KPI standards for 14-15.	Locality Manager South Yorkshire	On-going	AMBER
RED	2.13	11/11	South	Number of patients arriving 0 to 60 mins prior to their appointment time should not be less than 90% (Sheffield)		Locality Manager South Yorkshire	On-going	AMBER
RED	2.13	11/11	South	Number of patients waiting longer than 60 mins for transport after their appointment should not exceed 10%	Increased KPI targets for February(2% differential across all CCG areas from January resulted in underachievement of performance across all areas for February, Work is on-going with the commissioners to establish KPI Base for 14-15 contracts	Locality Manager South Yorkshire	On-going	AMBER
RED	2.13	11/11	South	Number of patients waiting longer than 90 mins for transport after their appointment must not exceed 0%		Locality Manager South Yorkshire	On-going	AMBER
RED	2.14	5/11	North	Number of patients arriving more than 60 mins early should not exceed 2%	Performance 0.17% off target in Feb after 5 consecutive months of achievement, affecting 28 patients (total 3087)	Locality Manager North Yorkshire	On-going	AMBER
RED	2.14	8/11	North	Number of patients waiting longer than 120 minutes for transport after their appointment must not exceed 0%	The trajectory for this standard reduced by 1% between December and February actual 4.61% % against target of 3.00% affecting mostly rural areas (36 patients) Hambleton / Richmond / Whitby	Locality Manager North Yorkshire	On-going	AMBER

Directors Comments on Actual Performance

Performance has remained relatively consistent across January despite a small increase in demand across the region. Hull and East performance has improved, although still not to within the standards outlined within the service improvement trajectory. CQUINS reports were submitted on time and with the exception of South Yorkshire are predicted to be achieved in full.

Contract negotiations are on-going with a move to a single set of key performance indicators across the region and consistent CQUIN schemes for 2014-15. This will allow greater operational focus on performance delivery, easier contract and performance management and more transparent benchmarking.

A single standard report suite is being developed in collaboration with the commissioners which will enable clearer reporting, focus on the longest waits and more targeted information regarding patient flows rather than CCG boundaries. This will support greater cross organisational working to resolve systemic issues rather than isolated actions .

In January a new real time performance dashboard was launched for PTS managers to access data on KPI performance, resource levels, utilisation and journey run information. This will support more dynamic proactive decision making and, being self service, is not dependent on fixed point reporting through Management Information.

Call handling performance was reduced in January due to a requirement to 'back fill' vacancies and absence within the Patient Reception Centres (PRCs). A review is currently on-going regarding the use and development of the PRCs in future.

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	RED		RED
	Rationale for Long waits			RED	AMBER	AMBER	AMBER	AMBER	RED	RED	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	GREEN		GREEN
	Reduction in abortive journeys			GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
WEST Consortia	Patient experience	50.41%	£309,578	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		GREEN
	Education for healthcare professionals			GREEN	GREEN	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	GREEN		GREEN
	Reduction in abortive journeys			GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
TOTAL		100.00%	£614,171													

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

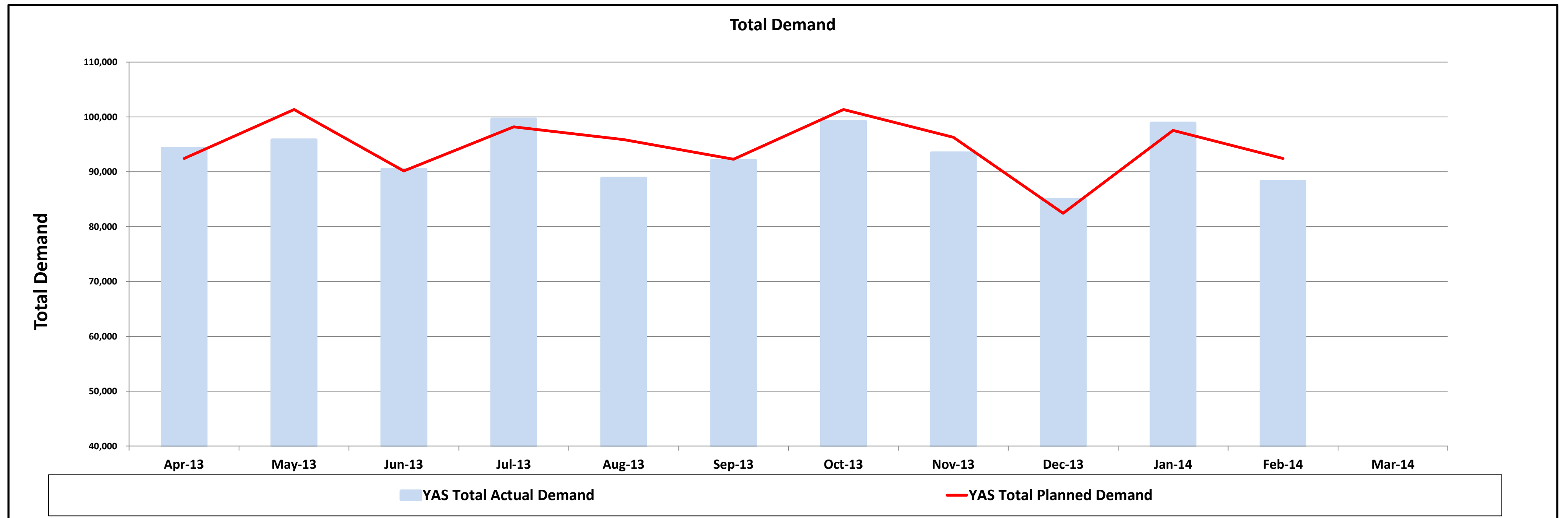
Comments

CQUIN work has been continuing during February in preparation for the final reports. A number of the schemes are heavily weighted to the final quarter so particular efforts have been made to ensure their delivery. At present all indications are that these will be met in full for all CQUIN schemes with the exception of South Yorkshire which remains Red rated.

PTS Demand

OBJ REF 3

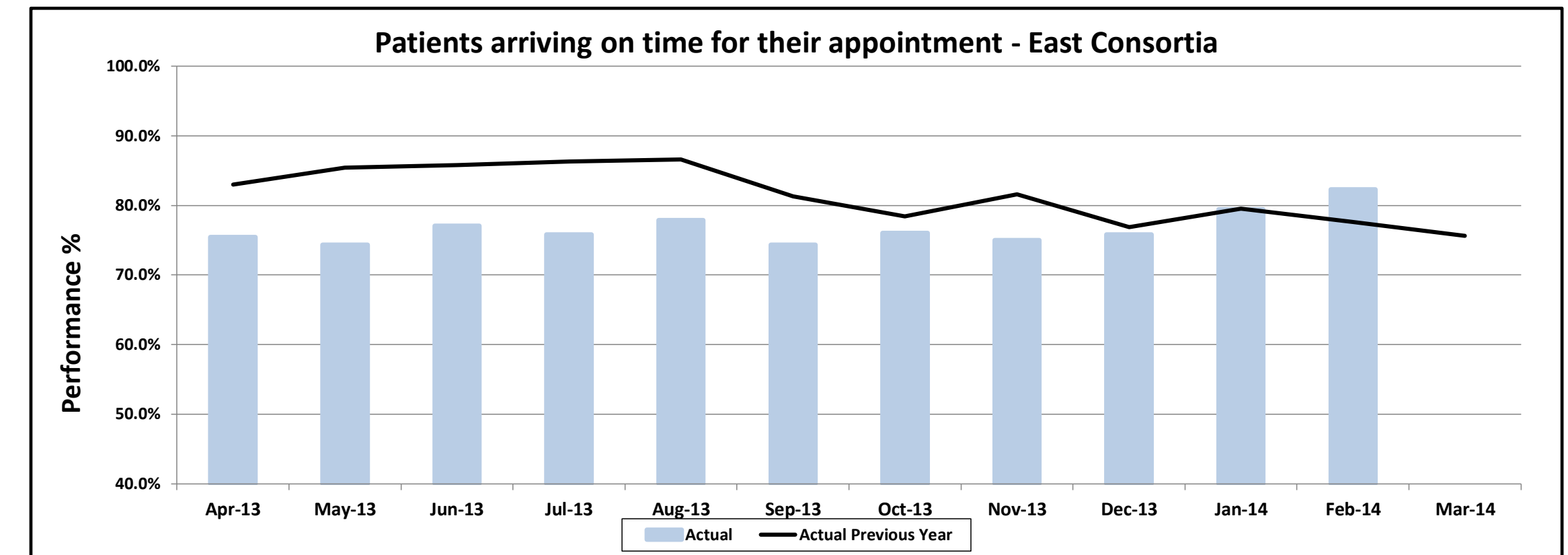
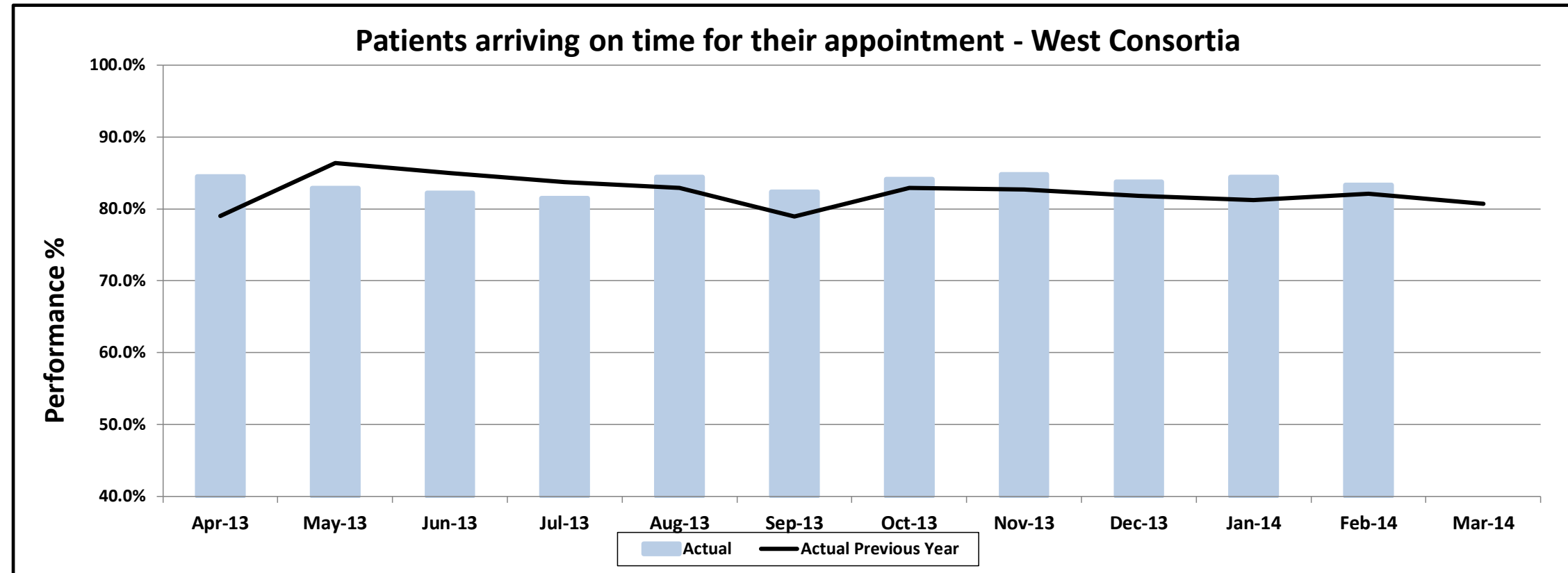
	YTD RAG	GREEN
↔	MTD RAG	GREEN



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	49,883	46,955		526,973
West Consortia Actual Demand	48,305	48,921	45,899	50,468	45,469	46,376	50,267	47,316	43,680	50,949	45,529		523,179
East Consortia Planned Demand	9,127	9,517	10,389	9,263	9,557	9,169	9,271	9,404	8,639	10,227	9,843		104,406
East Consortia Actual Demand	9,279	9,376	8,717	9,647	8,560	9,227	9,749	9,204	8,508	9,563	8,509		100,339
South Consortia Planned Demand	26,906	27,203	23,614	26,982	24,176	25,266	27,101	24,791	22,035	25,189	24,062		277,325
South Consortia Actual Demand	25,060	25,397	24,132	26,762	23,149	24,661	26,559	24,925	21,859	25,643	23,089		271,236
North Consortia Planned Demand	11,056	13,052	11,115	12,293	12,330	11,664	13,109	12,592	10,571	12,237	11,542		131,561
North Consortia Actual Demand	11,623	12,108	11,694	12,767	11,680	11,820	12,609	12,011	10,952	12,711	11,101		131,076
YAS Total Planned Demand	92,433	101,359	90,134	98,200	95,853	92,300	101,341	96,273	82,434	97,536	92,402		1,040,265
YAS Total Actual Demand	94,267	95,802	90,442	99,644	88,858	92,084	99,184	93,456	84,999	98,866	88,228		1,025,830
% Variance Planned V Actual	2.0%	-5.5%	0.3%	1.5%	-7.3%	-0.2%	-2.1%	-2.9%	3.1%	1.4%	-4.5%		-1.4%

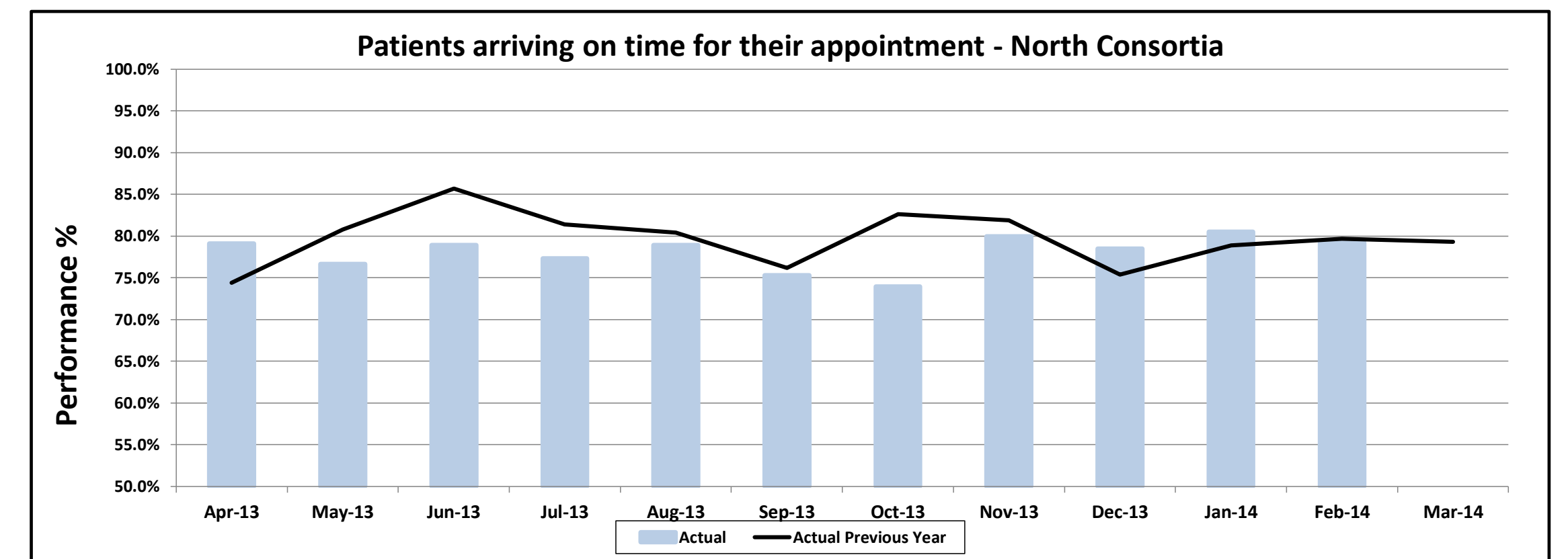
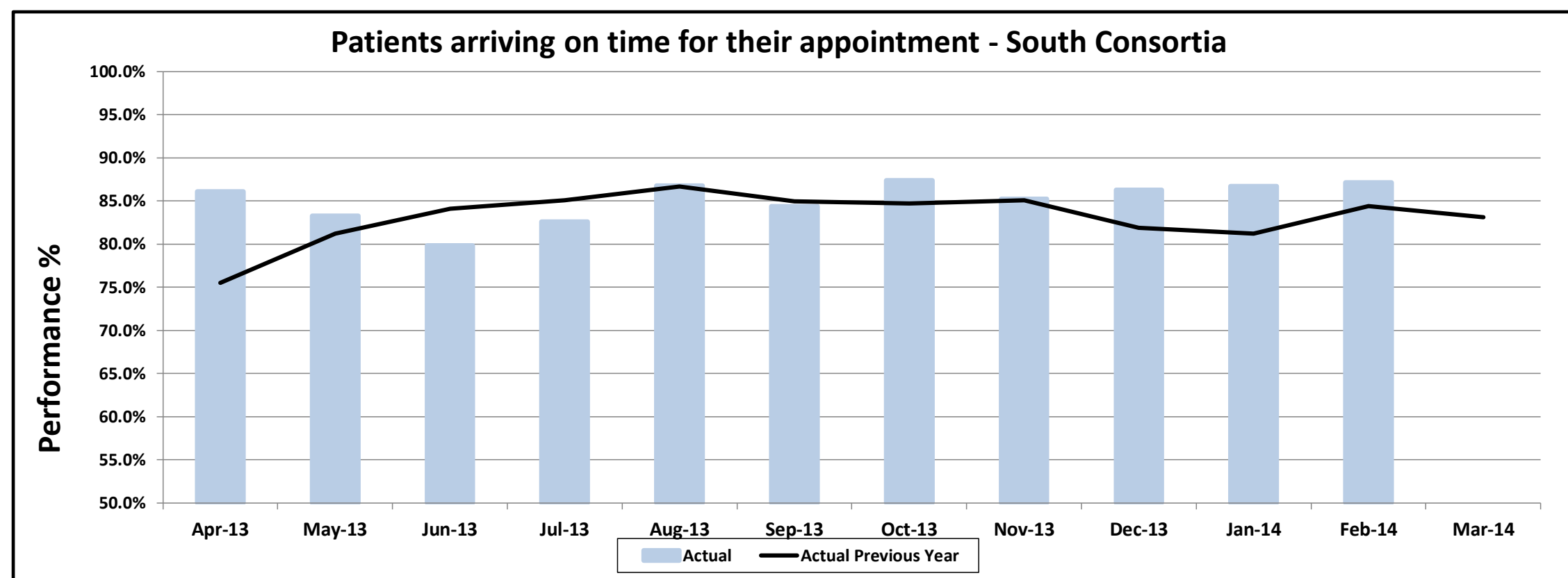
Arrival - Quality Target by Consortia

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%	84.4%	83.3%	
Actual Previous Year	79.0%	86.4%	85.0%	83.7%	82.9%	78.9%	82.9%	82.7%	81.8%	81.2%	82.1%	80.7%

East Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	75.5%	74.4%	77.1%	75.8%	77.8%	74.3%	76.0%	75.0%	75.8%	79.4%	82.3%	
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%



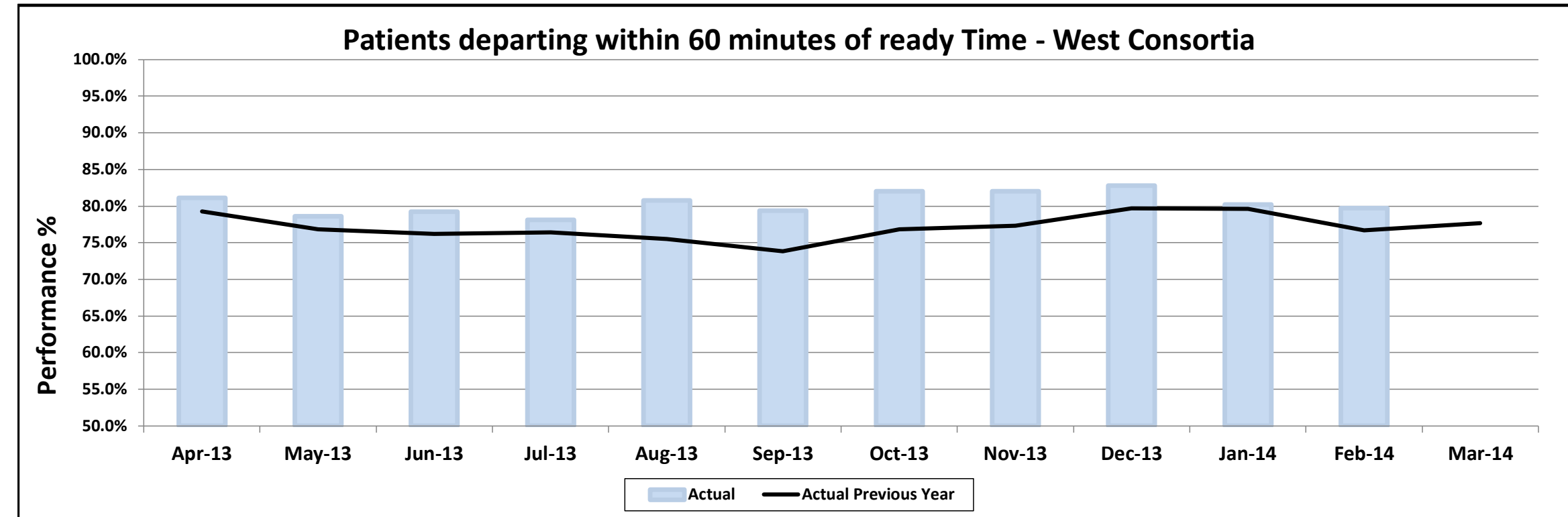
South Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	86.1%	83.3%	79.8%	82.6%	86.7%	84.4%	87.4%	85.2%	86.3%	86.7%	87.2%	
Actual Previous Year	75.5%	81.2%	84.1%	85.1%	86.7%	85.0%	84.7%	85.1%	81.9%	81.2%	84.4%	83.1%

North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	79.1%	76.6%	78.9%	77.3%	78.9%	75.3%	73.9%	80.0%	78.5%	80.5%	79.2%	
Actual Previous Year	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%	81.9%	75.4%	78.9%	79.7%	79.3%

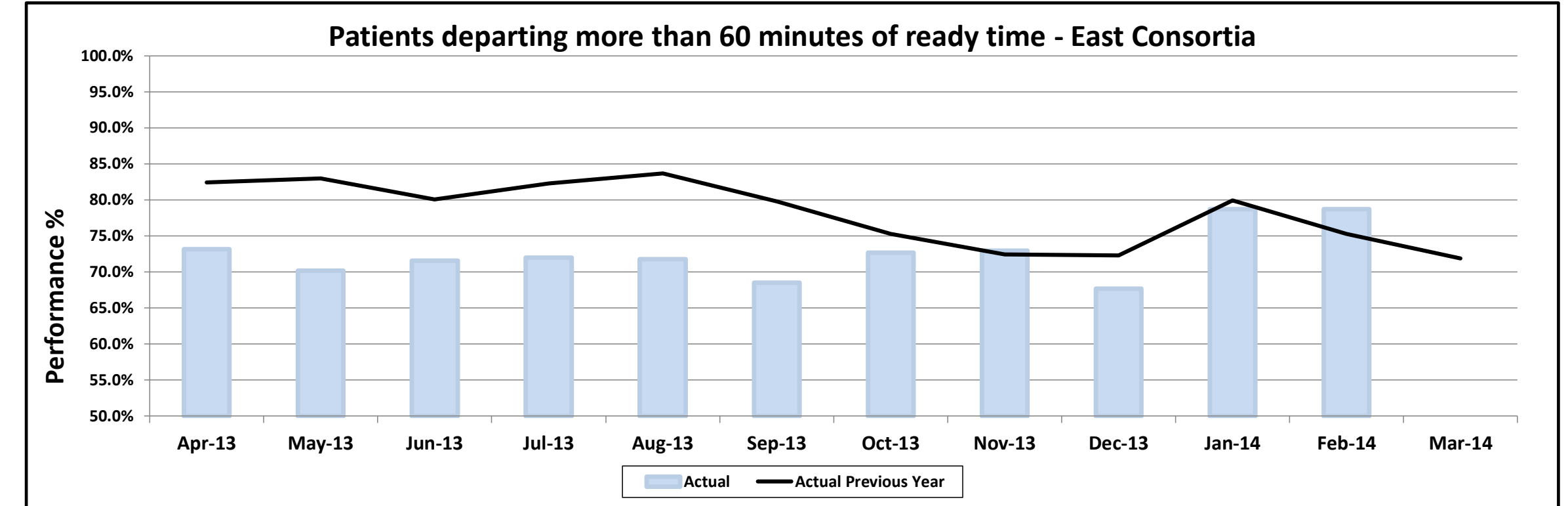
EWI Early Warning Indicator

Departure - Quality Target by Consortia

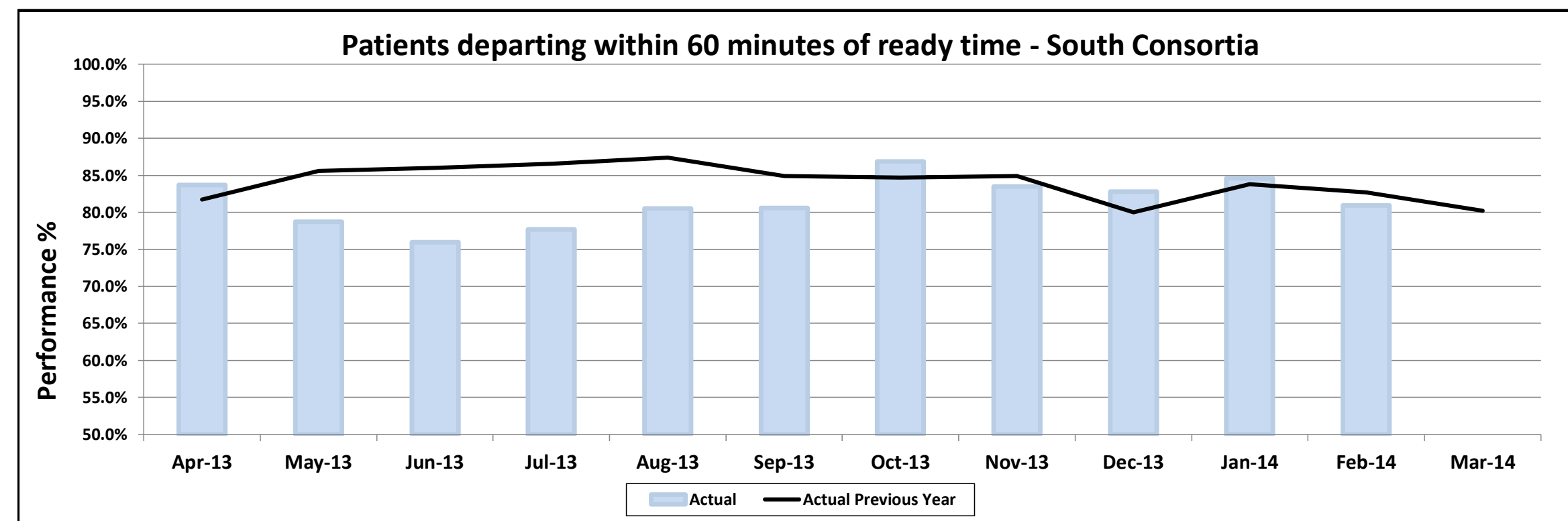
EWI



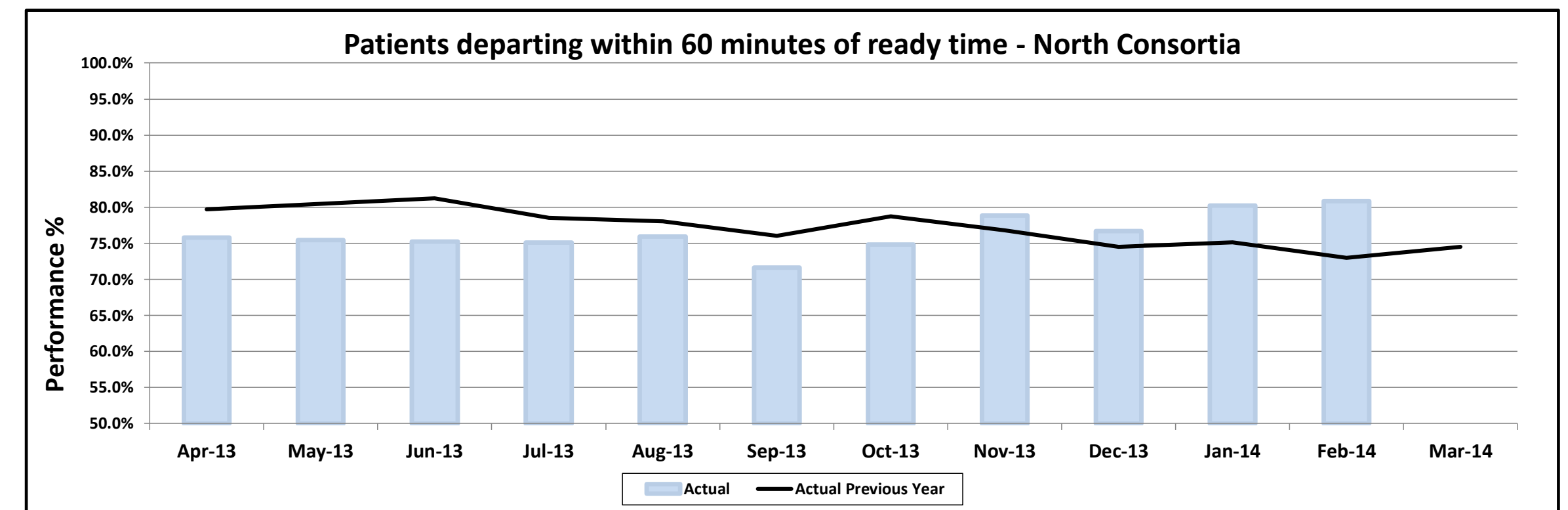
West Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	81.1%	78.6%	79.2%	78.1%	80.8%	79.4%	82.1%	82.0%	82.8%	80.2%	79.7%	
Actual Previous Year	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%	77.3%	79.7%	79.6%	76.7%	77.7%



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%	71.8%	68.5%	72.7%	73.0%	67.7%	78.7%	78.7%	
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%	84.6%	81.0%	
Actual Previous Year	81.7%	85.6%	86.0%	86.6%	87.4%	84.9%	84.7%	84.9%	80.0%	83.8%	82.7%	80.2%



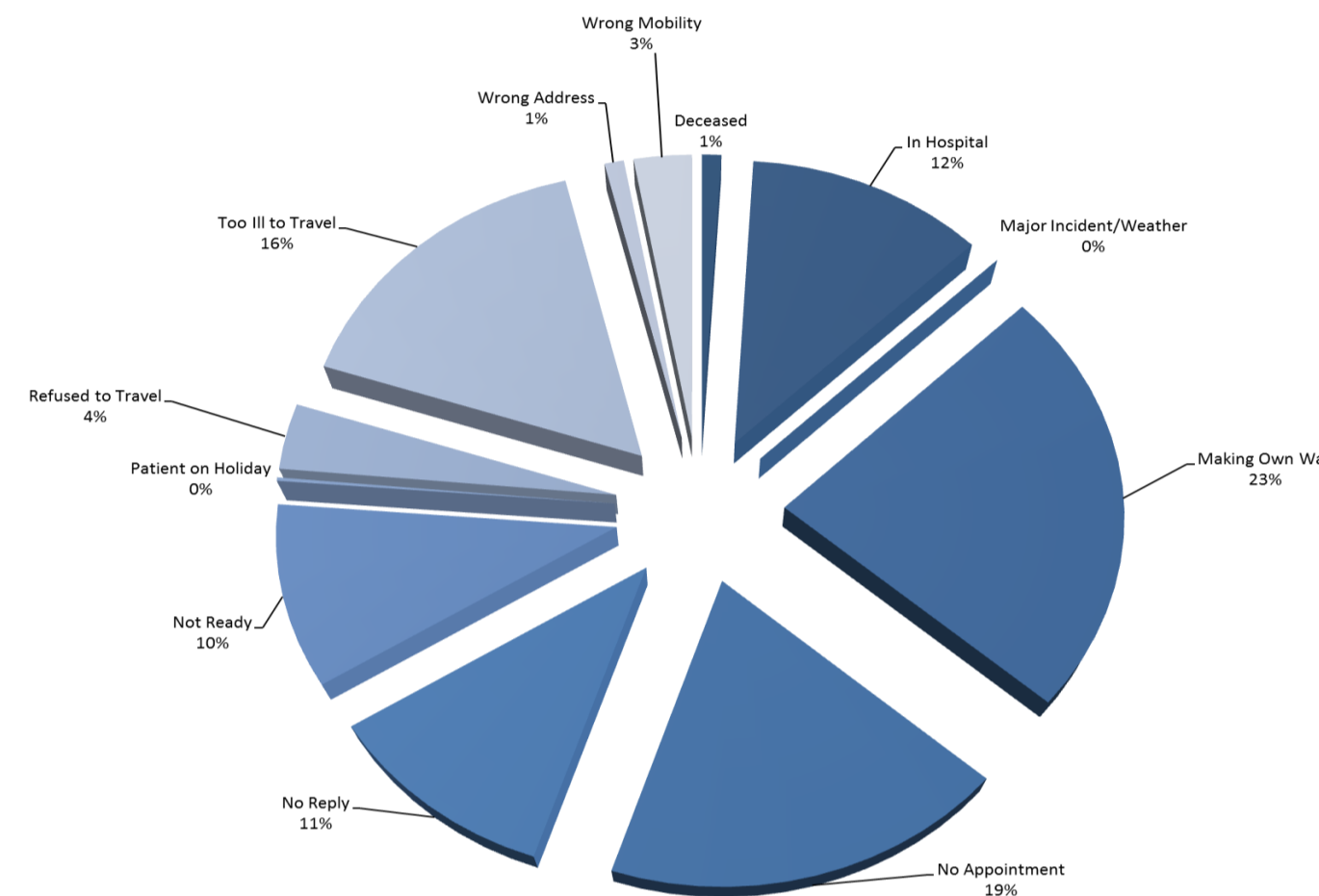
North Consortia	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Actual	75.8%	75.4%	75.2%	75.1%	76.0%	71.6%	74.8%	78.9%	76.7%	80.2%	80.9%	
Actual Previous Year	79.7%	80.5%	81.2%	78.5%	78.0%	76.1%	78.7%	76.8%	74.5%	75.1%	73.0%	74.5%

EWI Early Warning Indicator

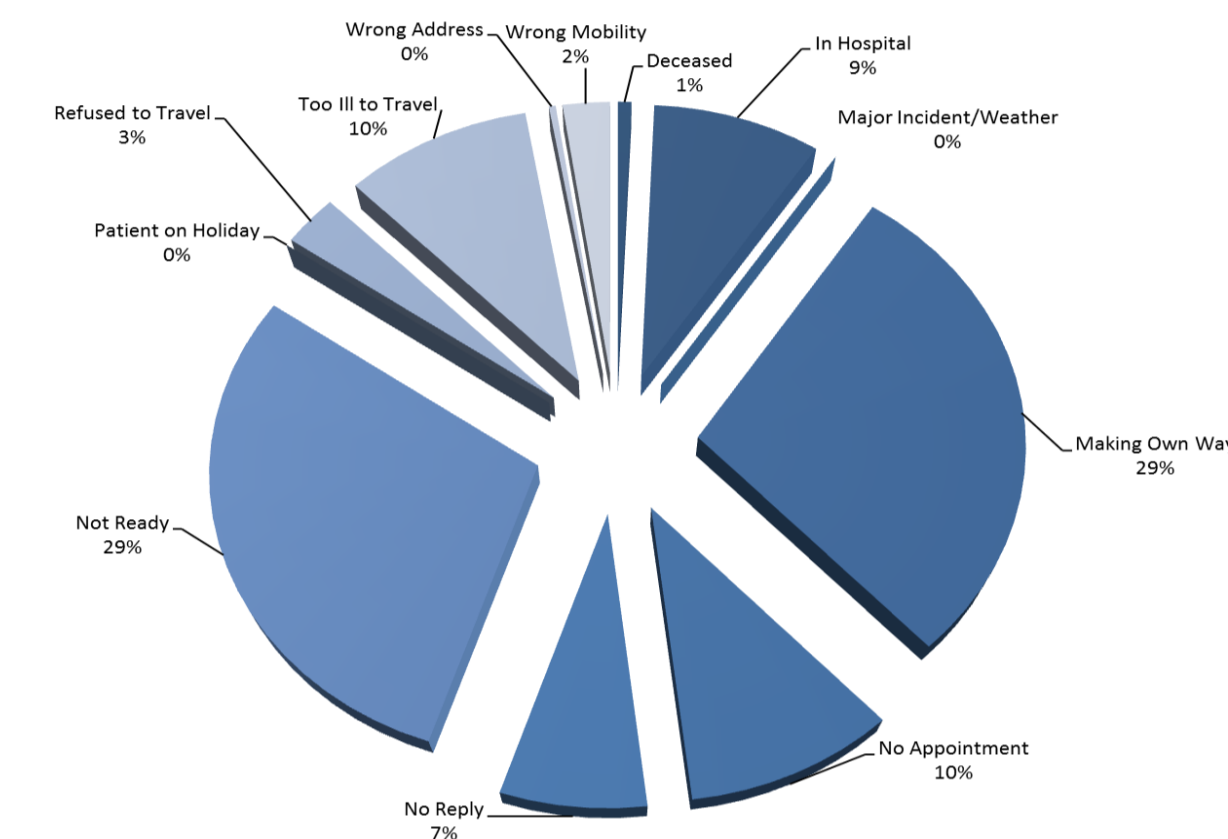
PTS Abortive journeys

Abortive journeys are those where YAS is informed with less than 2 hours' notice that the journey is not required

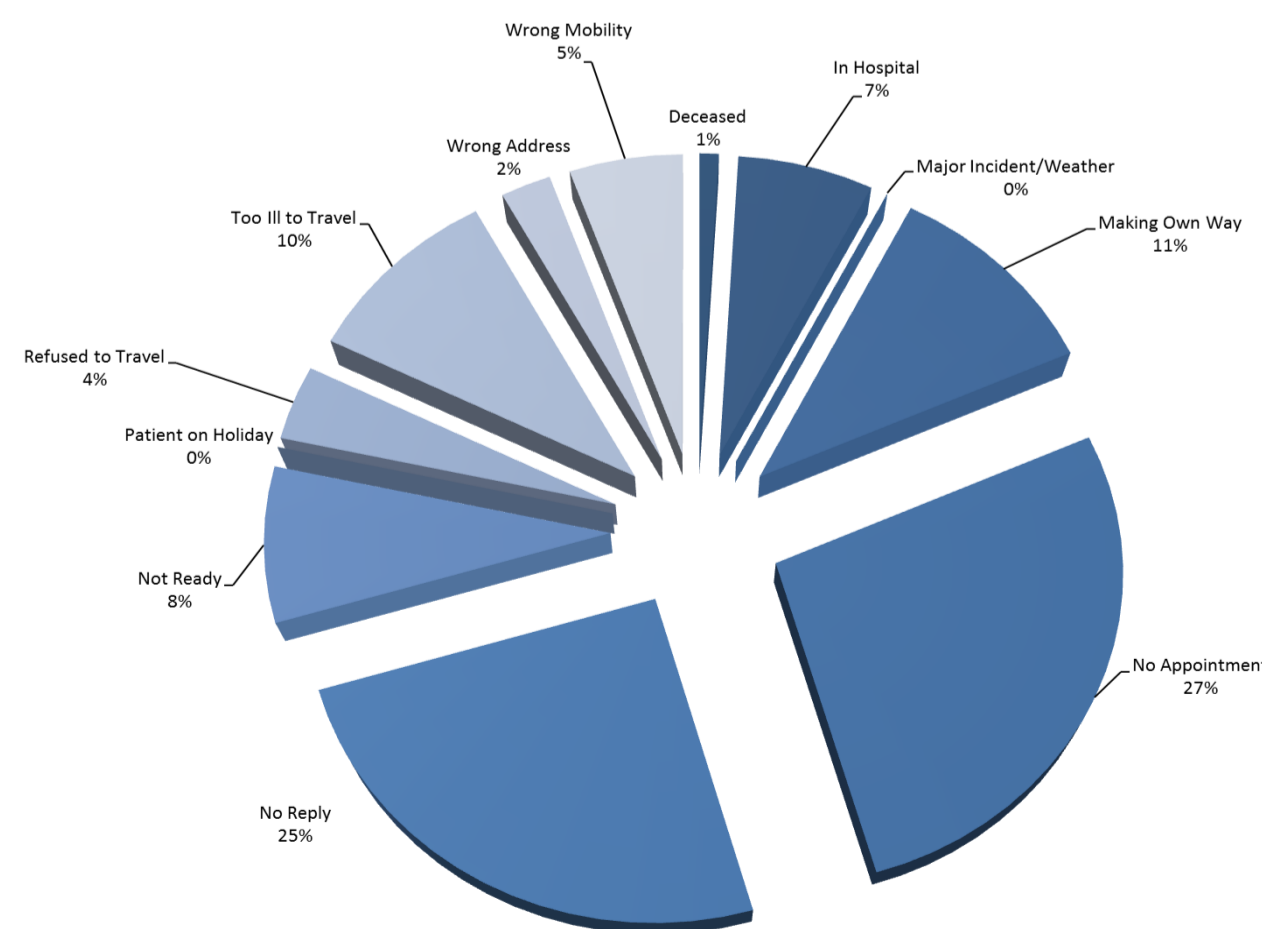
North Consortium													
Abort Reason	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total
Deceased	5	3	1	4	2	4	2	2	3	5	4		35
In Hospital	62	84	54	66	66	92	77	68	51	62	47		729
Major Incident/Weather	0	0	0	0	0	0	0	3	1	0	3		7
Making Own Way	145	127	157	163	155	166	111	121	129	124	134		1532
No Appointment	106	86	89	99	73	103	110	87	107	99	98		1057
No Reply	54	59	50	60	47	60	44	49	48	58	55		584
Not Ready	47	45	35	49	44	43	53	56	47	53	49		521
Patient on Holiday	1	1	0	0	0	0	1	0	2	1	0		6
Refused to Travel	15	16	21	18	13	16	20	21	23	19	19		201
Too Ill to Travel	94	63	44	72	58	59	73	84	71	85	66		769
Wrong Address	4	3	5	2	4	3	10	5	6	5	4		51
Wrong Mobility	20	13	18	19	16	21	15	10	15	15	15		178
Overall Totals	553	500	474	552	478	562	522	511	498	526	494		5670



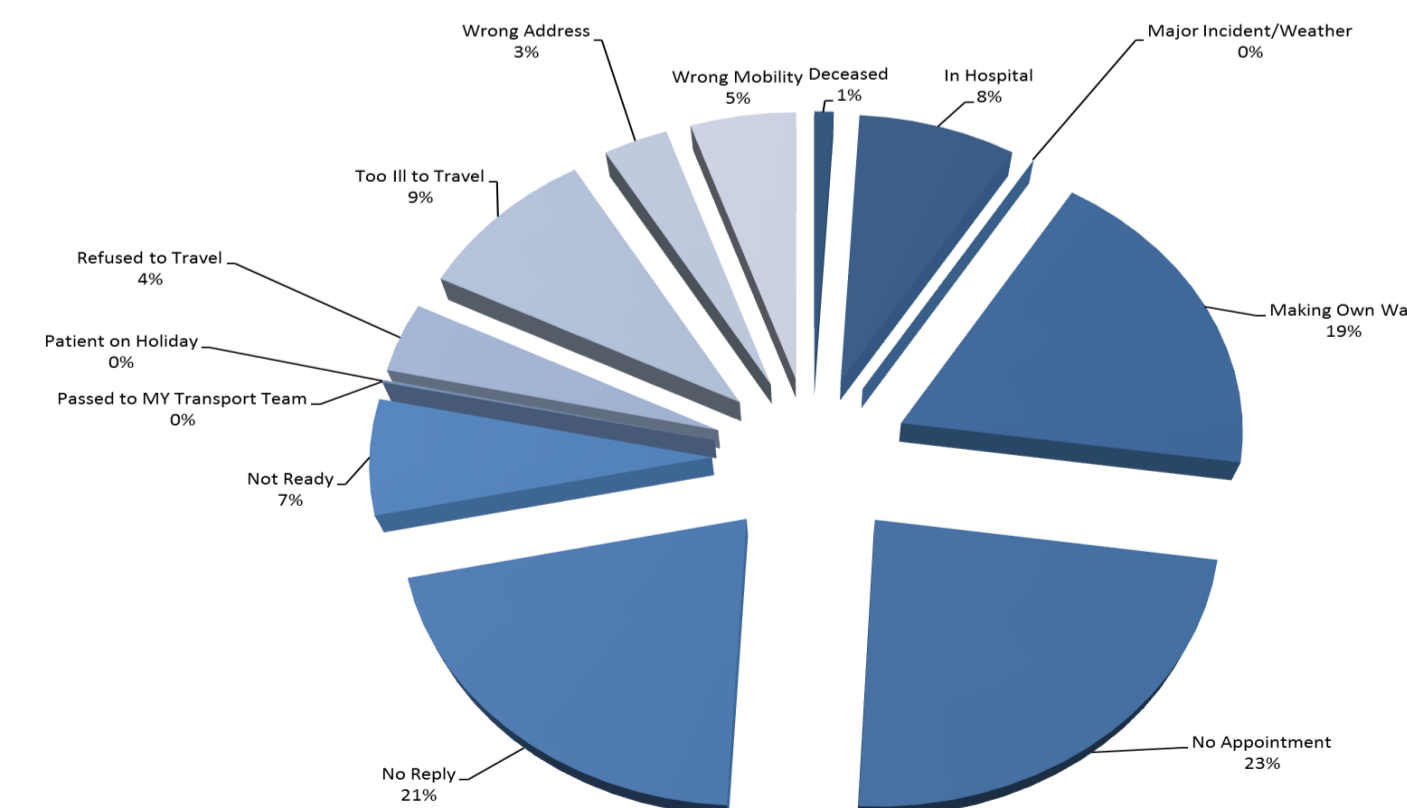
East Consortium													
Abort Reason	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total
Deceased	2	2	2	3	1	1	2	3	1	4	2		23
In Hospital	61	63	26	63	38	29	58	56	51	50	58		553
Major Incident/Weather	0	0	0	0	0	0	0	0	4	0	0		4
Making Own Way	150	170	137	183	144	180	161	128	162	167	132		1714
No Appointment	75	82	65	59	53	54	54	47	75	59	41		664
No Reply	61	47	43	61	42	47	59	48	61	41	40		550
Not Ready	162	187	155	191	188	160	187	165	186	172	141		1894
Patient on Holiday	1	1	1	1	0	0	0	0	0	0	0		4
Refused to Travel	13	15	14	15	14	10	19	16	27	17	10		170
Too Ill to Travel	70	65	71	58	36	42	51	64	76	56	40		629
Wrong Address	15	5	12	3	4	5	7	6	2	5	7		71
Wrong Mobility	11	19	18	25	27	21	23	13	13	14	16		200
Overall Totals	621	656	544	662	547	549	621	547	662	582	485		6476



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	11	13		87
In Hospital	84	88	73	88	77	70	83	81	90	78	107		919
Major Incident/Weather	0	0	0	0	0	0	0	0	0	0	2		2
Making Own Way	131	127	131	144	117	130	106	95	117	129	124		1351
No Appointment	291	300	306	321	254	316	315	276	288	323	288		3278
No Reply	270	316	266	253	231	271	289	266	279	295	211		2947
Not Ready	57	71	52	62	71	73	68	73	65	96	62		750
Patient on Holiday	0	0	4	4	2	3	2	2	2	0	1		20
Refused to Travel	29	37	52	63	37	50	56	44	46	46	40		500
Too Ill to Travel	110	139	91	114	100	104	129	114	110	116	106		1233
Wrong Address	31	49	40	30	35	26	33	30	31	29	38		372
Wrong Mobility	73	76	58	81	65	60	65	63	40	65	63		709
Overall Totals	1086	1209	1079	1166	995	1110	1156	1049	1075	1188	1055		12168



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	31	22		240
In Hospital	208	252	203	300	226	235	257	214	229	255	220		2599
Major Incident/Weather	1	0	0	1	0	2	1	2	17	0	3		27
Making Own Way	530	619	631	691	520	659	656	572	632	617	533		6660
No Appointment	656	595	636	714	592	694	721	696	623	779	670		7376
No Reply	671	670	594	602	591	599	692	615	653	689	614		6990
Not Ready	190	165	163	177	206	201	225	204	197	224	207		2159
Passed to MY Transport Team	6	20	6	10	23	20	3	6	1	2	6		103
Patient on Holiday	6	9	2	6	8	3	5	2	4	2	3		50
Refused to Travel	106	122	102	129	94	101	108	111	151	133	98		1255
Too Ill to Travel	251	246	220	245	231	261	294	266	264	303	263		2844
Wrong Address	80	67	66	86	73	84	99	77	68	105	68		873
Wrong Mobility	125	163	140	158	124	148	177	168	150	170	155		1678
Overall Totals	2853	2941	2787	3131	2704	3029	3265	2956	3016	3310	2862		32854

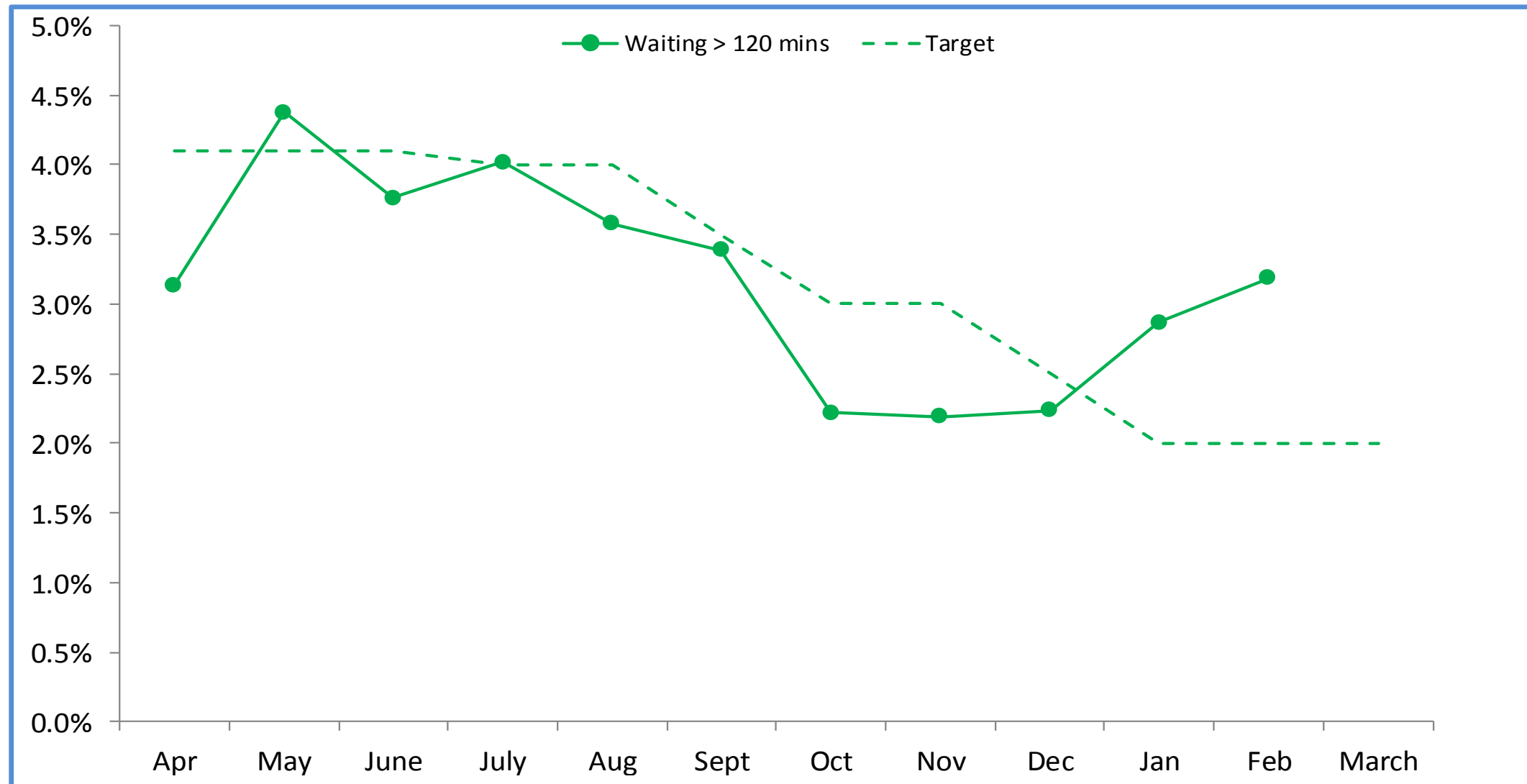
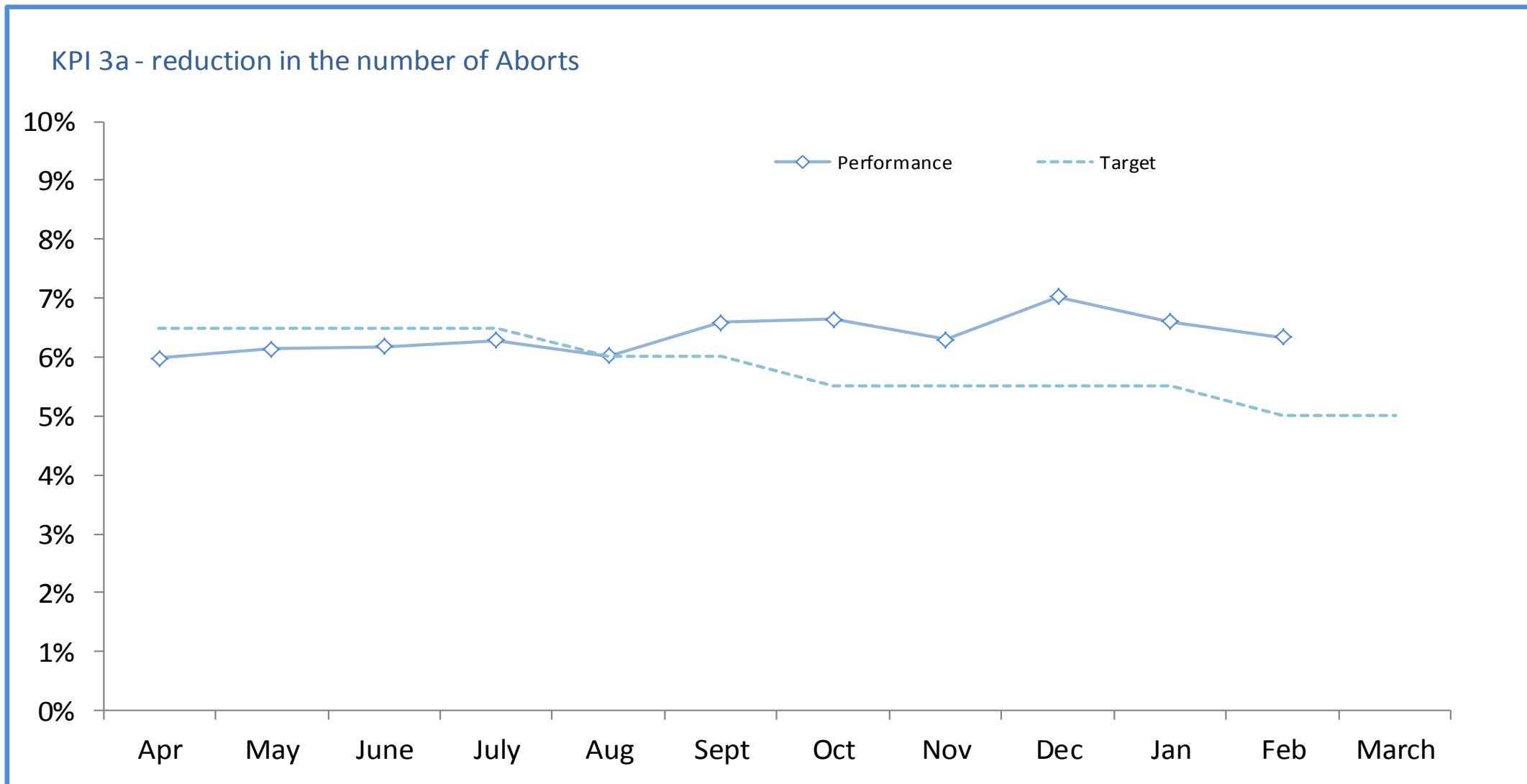
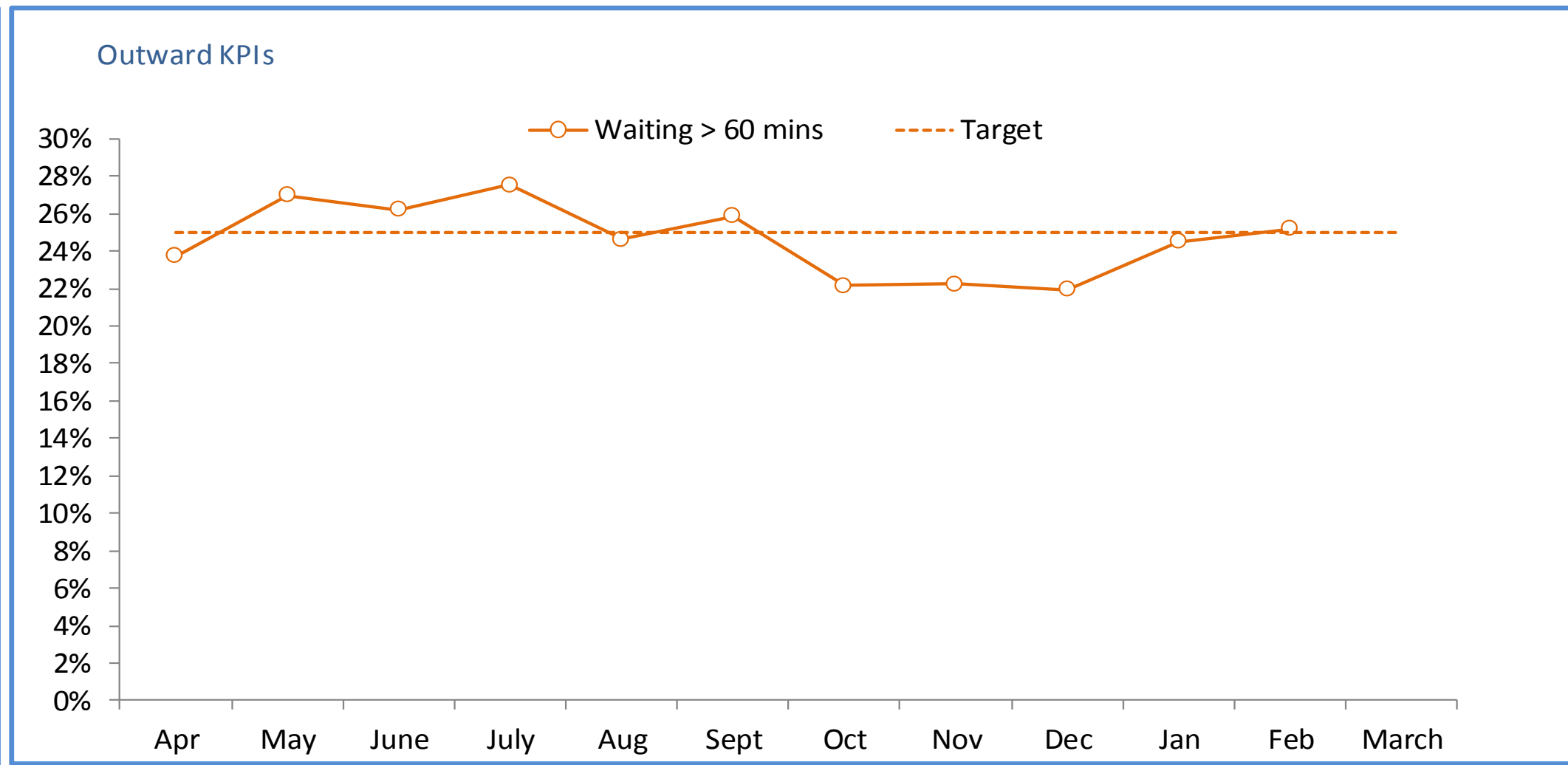
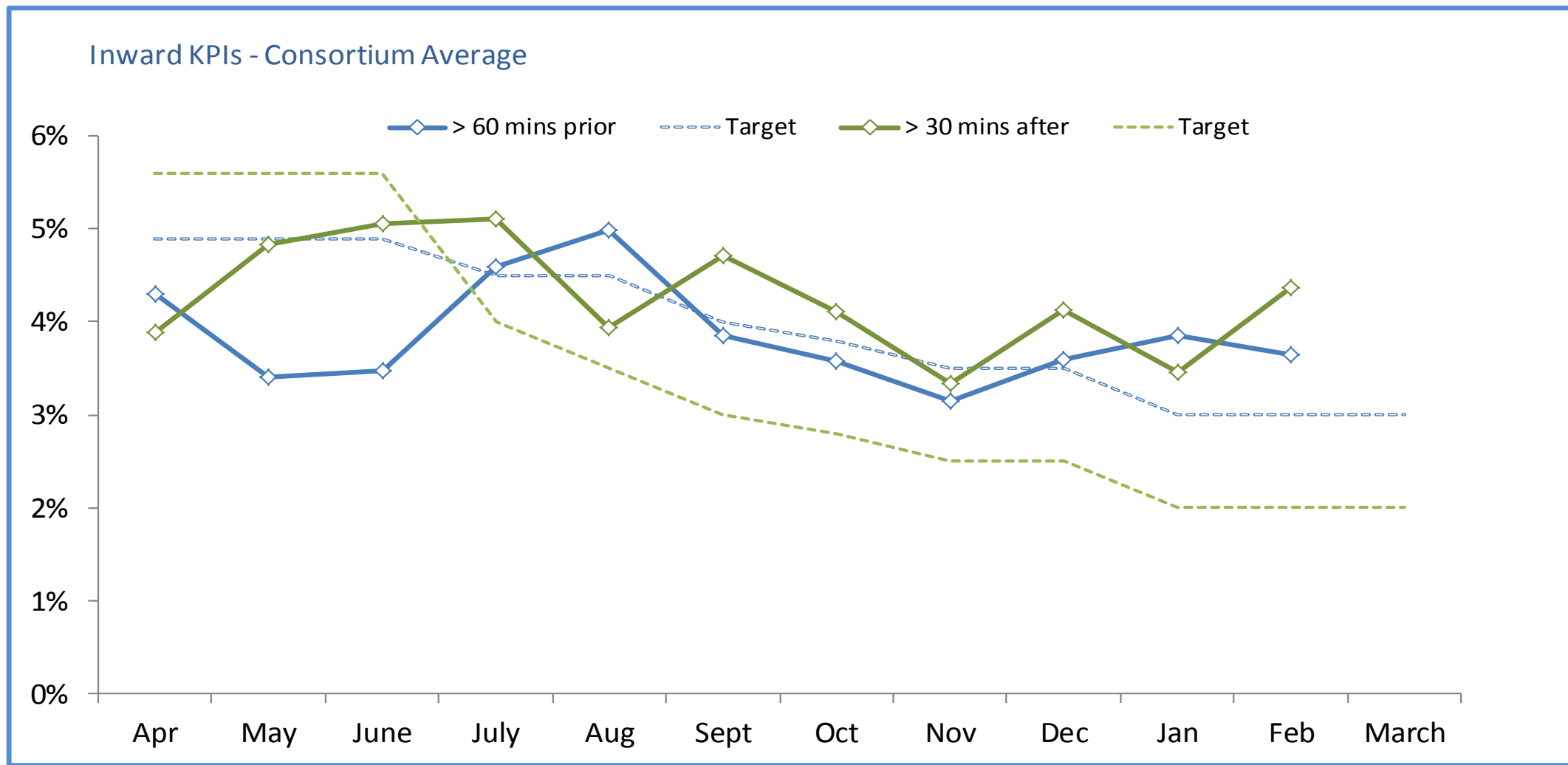


PTS KPIs - West Yorkshire Consortium

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%	3.00%	3.86%	3.00%	3.64%		
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%	2.00%	3.46%	2.00%	4.36%		
KPI 2- Core Patients should be collected in a timely manner following their appointments		Apr		May		June		July		August		September		October		November		December		January		February		March	
a)	Number of patients waiting longer than 60 minutes for transport after their appointment should not exceed 25%	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%	25.00%	24.53%	25.00%	25.18%		
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%	2.00%	2.87%	2.00%	3.19%		
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%	5.50%	6.60%	5.00%	6.34%		
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%	15.00%	14.65%	15.00%	14.33%		
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%	0.30%	0.51%	0.25%	0.29%		
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%	2.10%	1.08%	2.10%	1.07%		
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%	10.00%	8.45%	10.00%	8.34%		
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%	1.50%	2.49%	1.50%	2.73%		
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%	10.00%	4.33%	10.00%	4.82%		

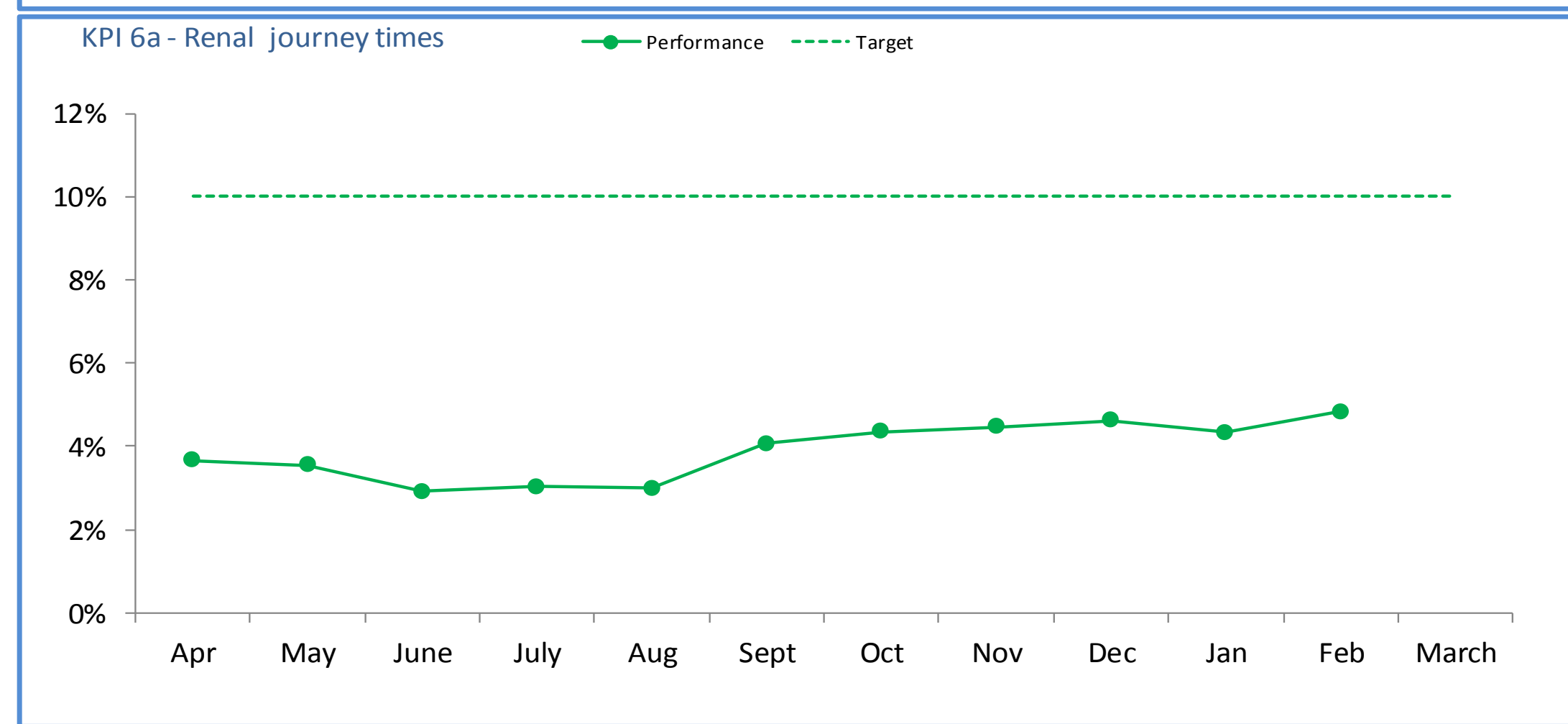
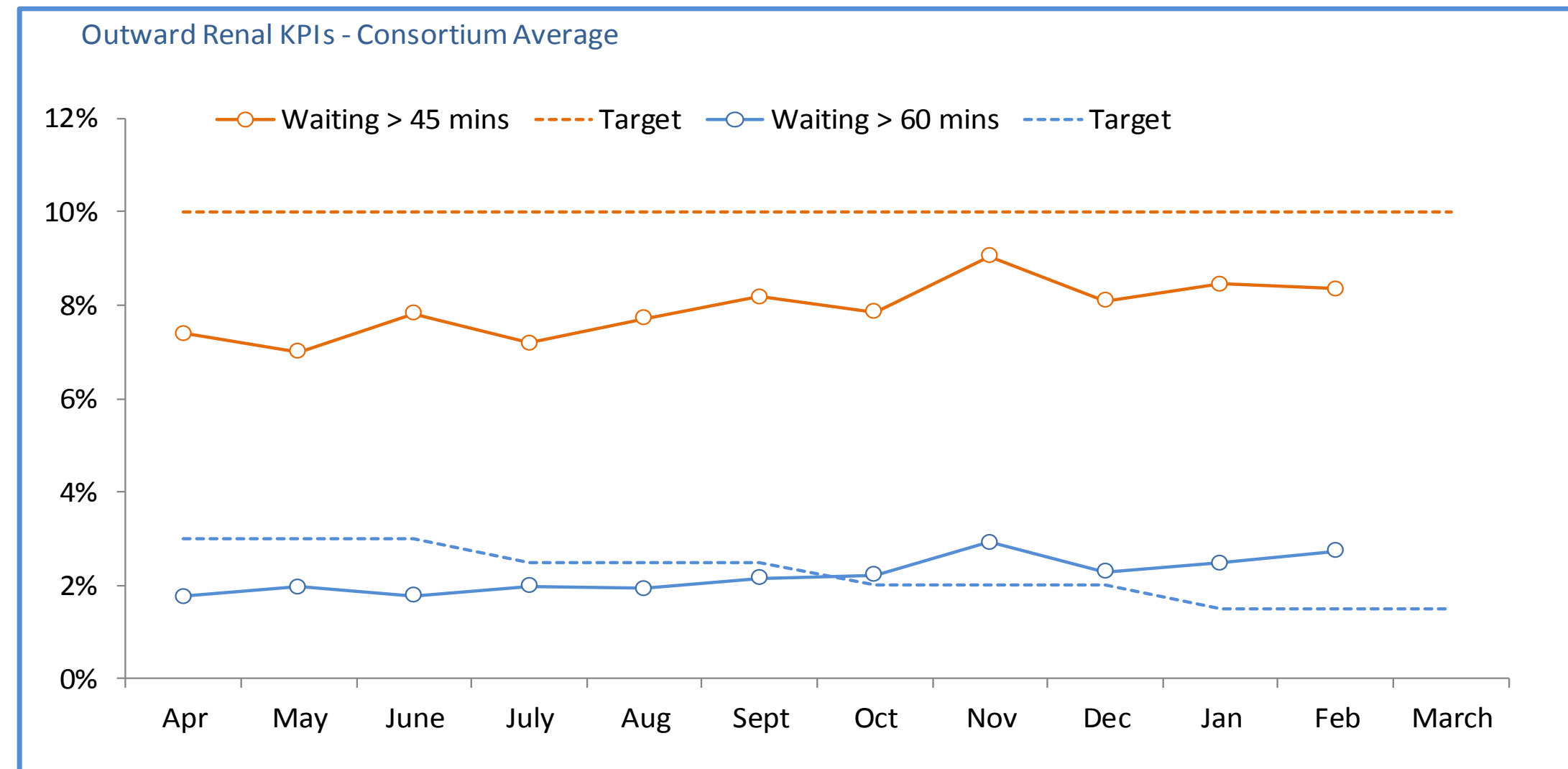
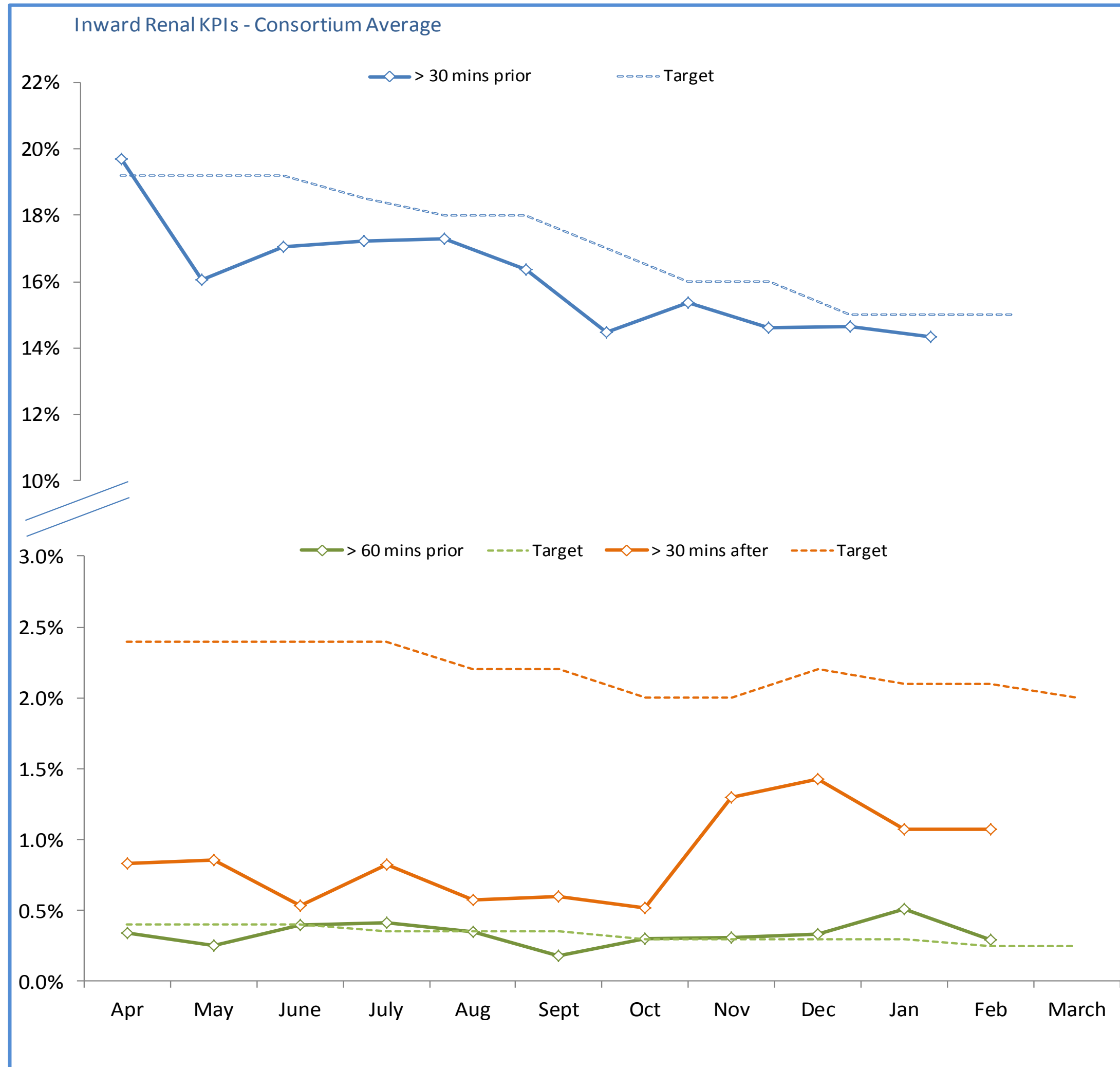
PTS Consortia Performance - West Core

OBJ REF 3



PTS Consortia Performance - West Renal

OBJ REF 3



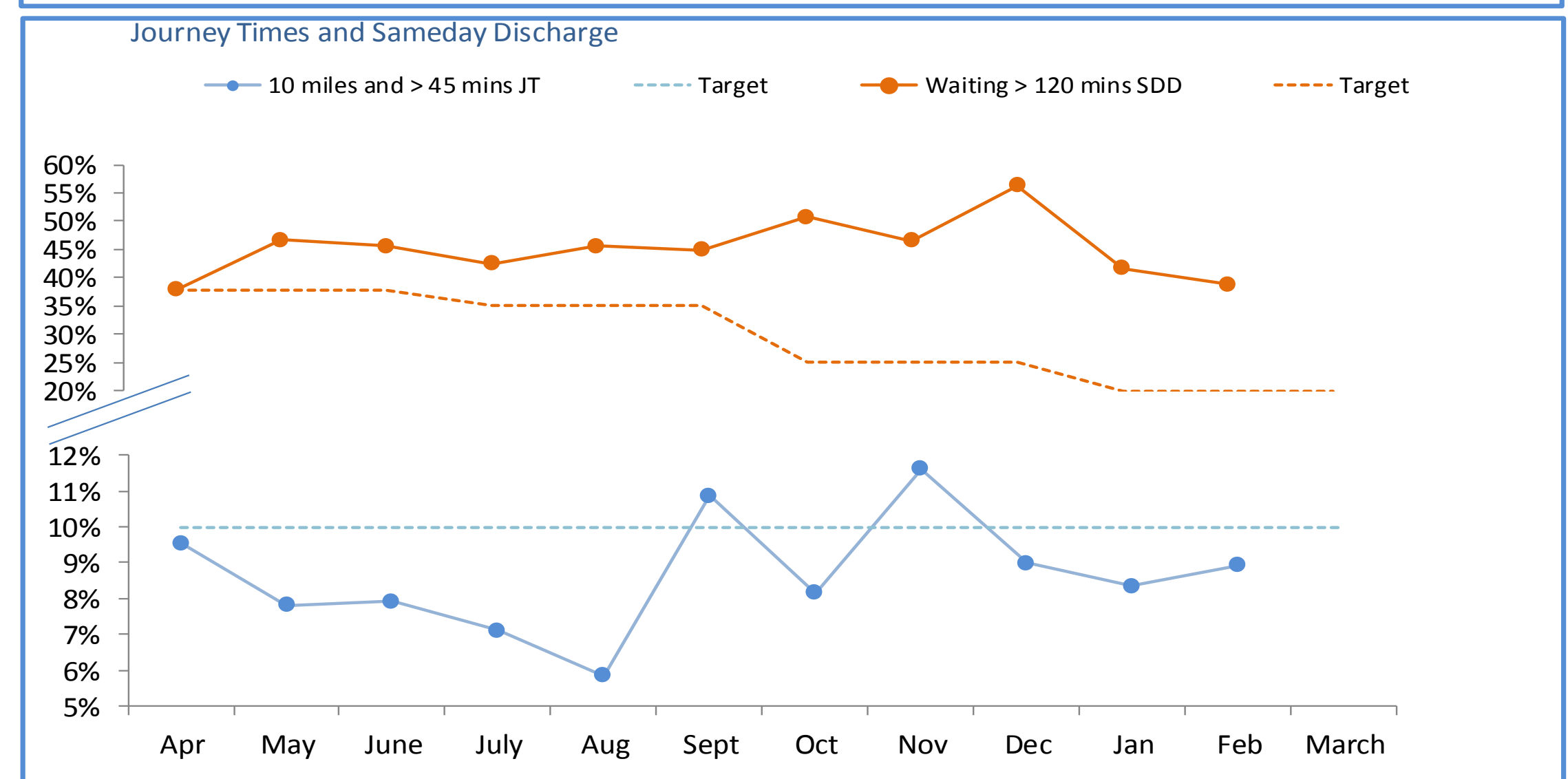
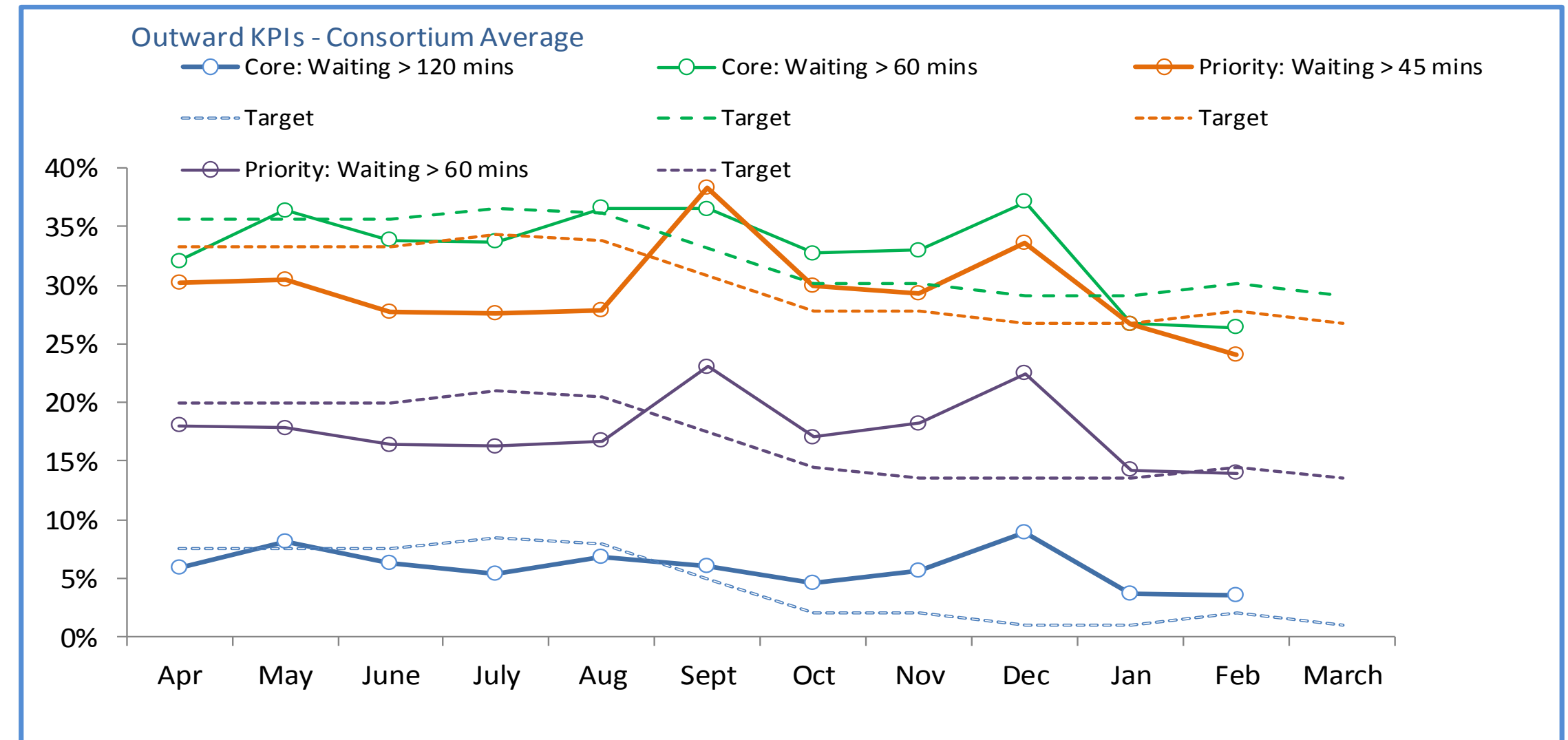
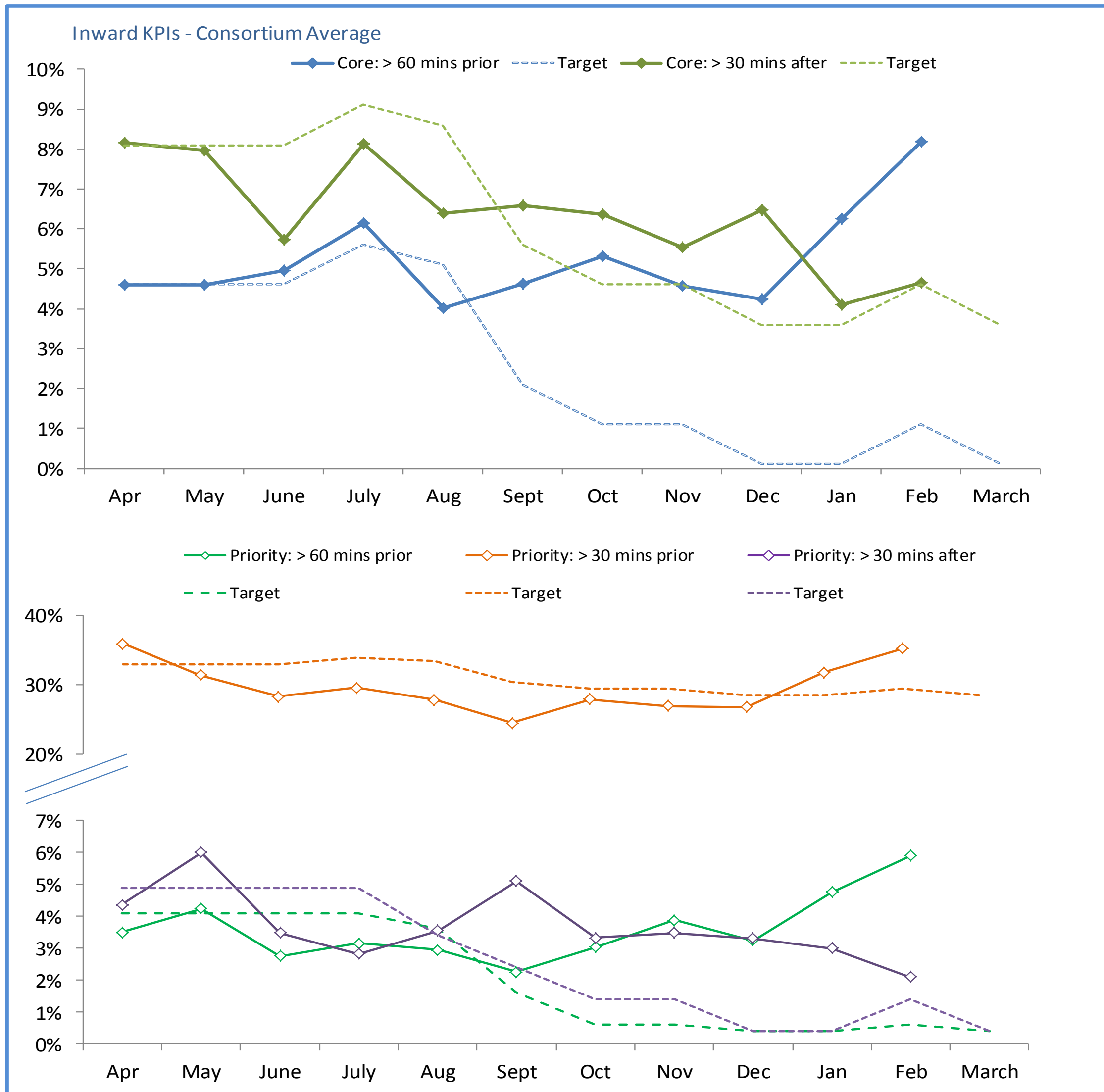
PTS KPIs - East Yorkshire Consortium

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%	0.10%	6.25%	1.10%	8.19%		
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%	3.60%	4.11%	4.60%	4.64%		
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%	29.10%	26.69%	30.10%	26.39%		
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%	1.00%	3.66%	2.00%	3.56%		
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%	28.50%	31.81%	29.50%	35.25%		
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%	0.40%	4.76%	0.60%	5.83%		
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%	0.40%	2.99%	1.40%	2.10%		
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%	26.80%	26.69%	27.80%	24.07%		
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%	13.50%	14.26%	14.50%	13.97%		
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%	10.00%	8.34%	10.00%	8.93%		
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%	20.00%	41.59%	20.00%	38.80%		

PTS Consortia Performance - East

OBJ REF

3



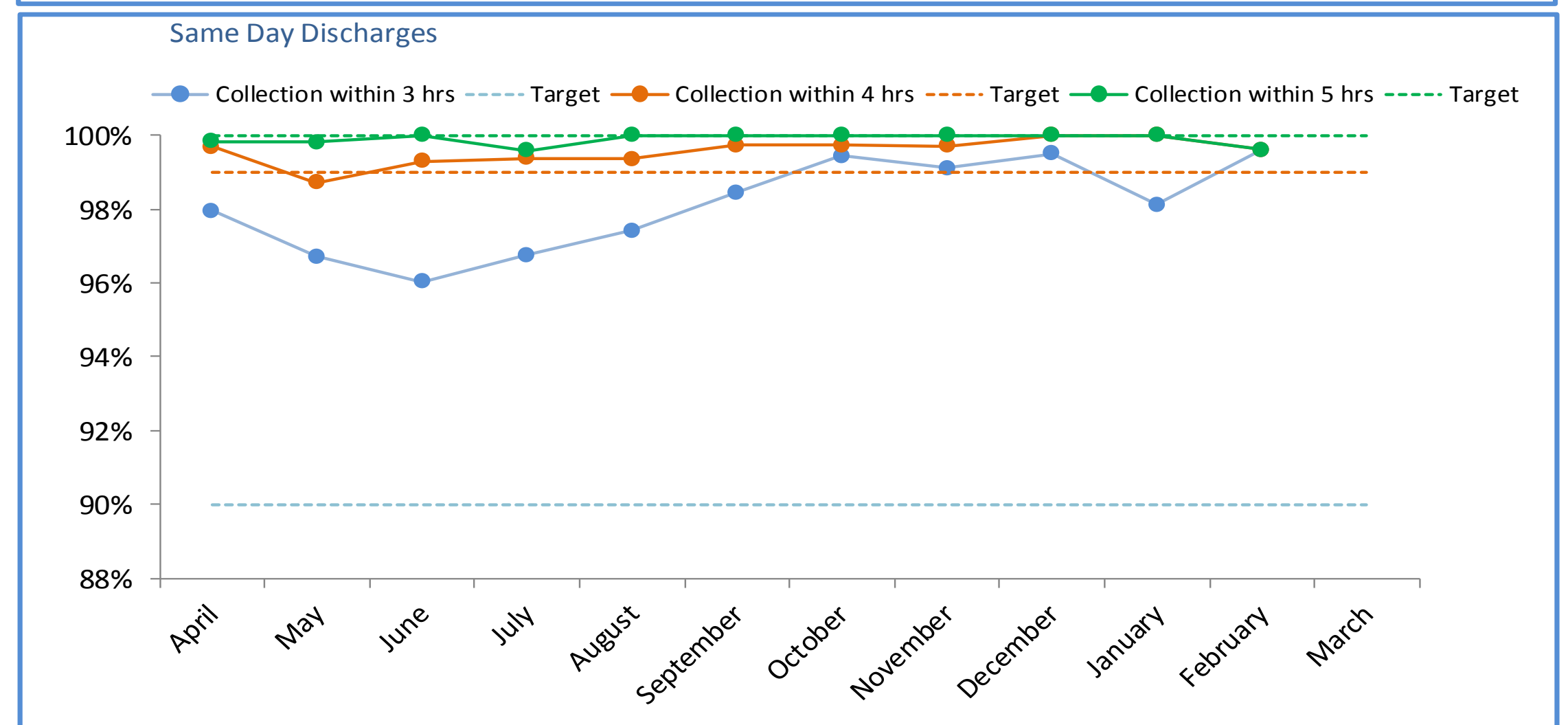
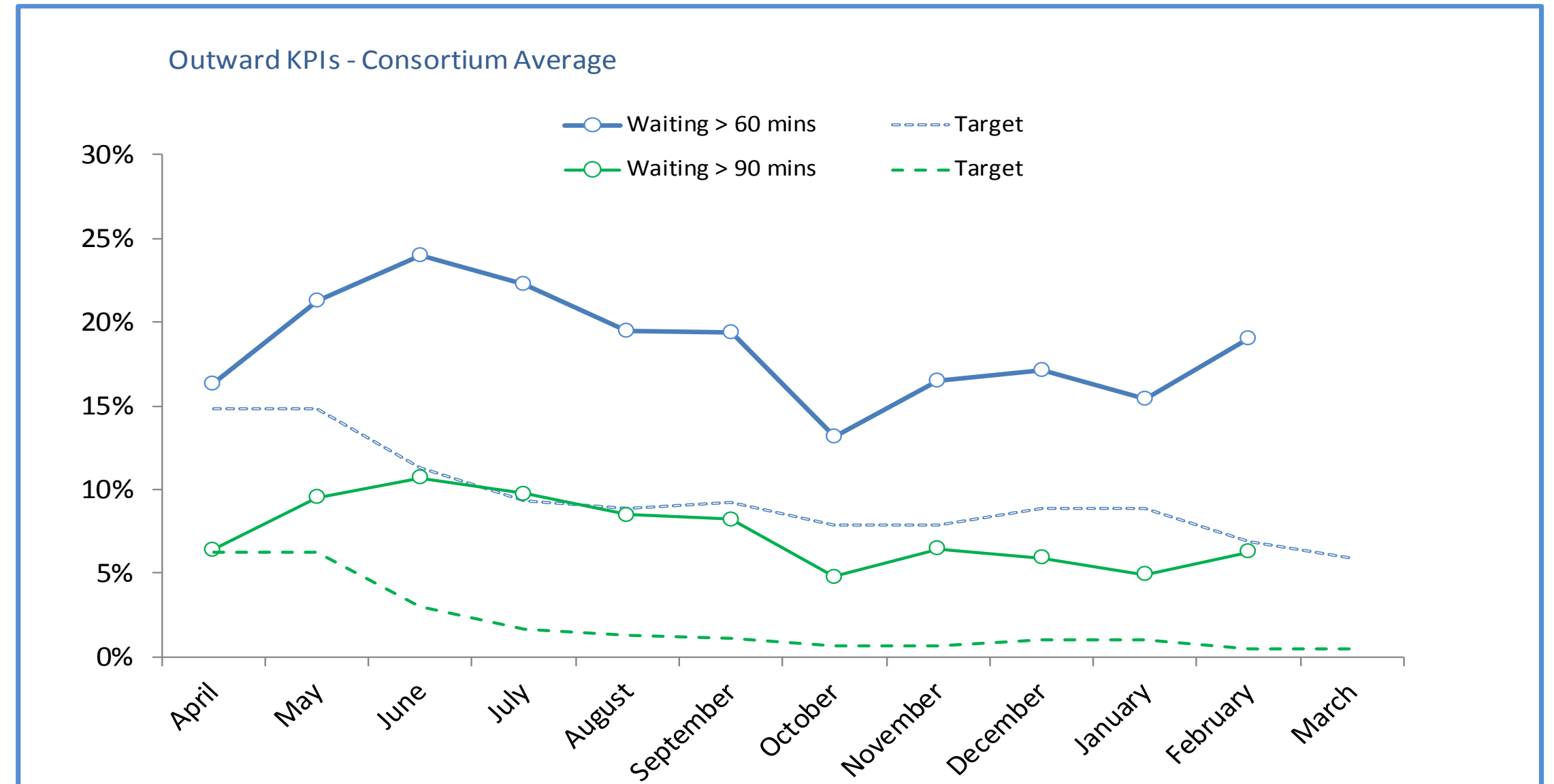
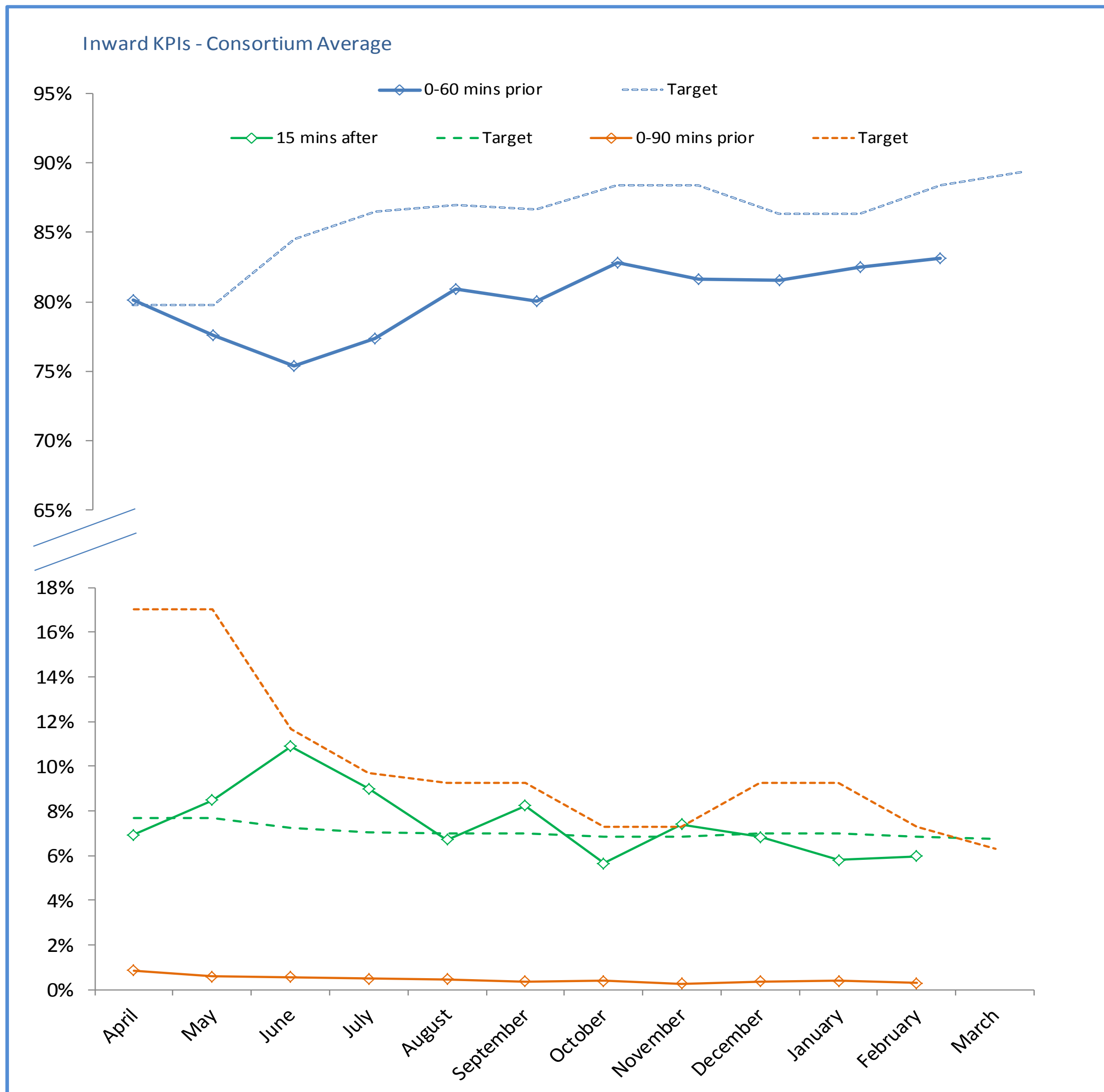
PTS KPIs - South Yorkshire Consortium

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%	79.37%	80.07%	81.37%	81.84%					
		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%	88.37%	90.59%	90.37%	92.53%					
		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%	84.74%	82.00%	86.74%	85.19%					
		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%	78.76%	79.67%	80.76%	77.26%					
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%	8.60%	6.47%	8.40%	6.49%					
		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%	4.28%	2.65%	4.19%	2.80%					
		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%	6.90%	7.49%	6.75%	5.38%					
		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%	9.77%	6.13%	9.54%	7.78%					
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%	16.75%	0.18%	14.75%	0.44%					
		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%	9.94%	0.10%	7.94%	0.00%					
		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%	12.87%	0.44%	10.87%	0.35%					
		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%	12.22%	0.66%	10.22%	0.34%					
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%	15.90%	16.32%	13.90%	13.79%					
		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%	8.67%	7.27%	6.67%	8.82%					
		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%	11.74%	12.38%	9.74%	16.81%					
		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%	18.30%	20.96%	16.30%	28.54%					
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%	4.19%	6.28%	2.19%	4.83%					
		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%	3.08%	1.75%	0.50%	1.36%					
		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%	4.18%	3.22%	2.18%	4.65%					
		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%	5.66%	6.76%	3.66%	10.56%					
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%	90.00%	97.32%	90.00%	100.00%					
		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%	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%	90.00%	100.00%	90.00%	98.36%	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%	90.00%	96.77%	90.00%	95.65%					
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%	99.00%	100.00%	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%	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%	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%	99.00%	100.00%	99.00%	100.00%	99.00%	95.65%			
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%	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%	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%	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%	100.00%	100.00%	100.00%	100.00%	100.00%	95.65%			

PTS Consortia Performance - South

OBJ REF

3

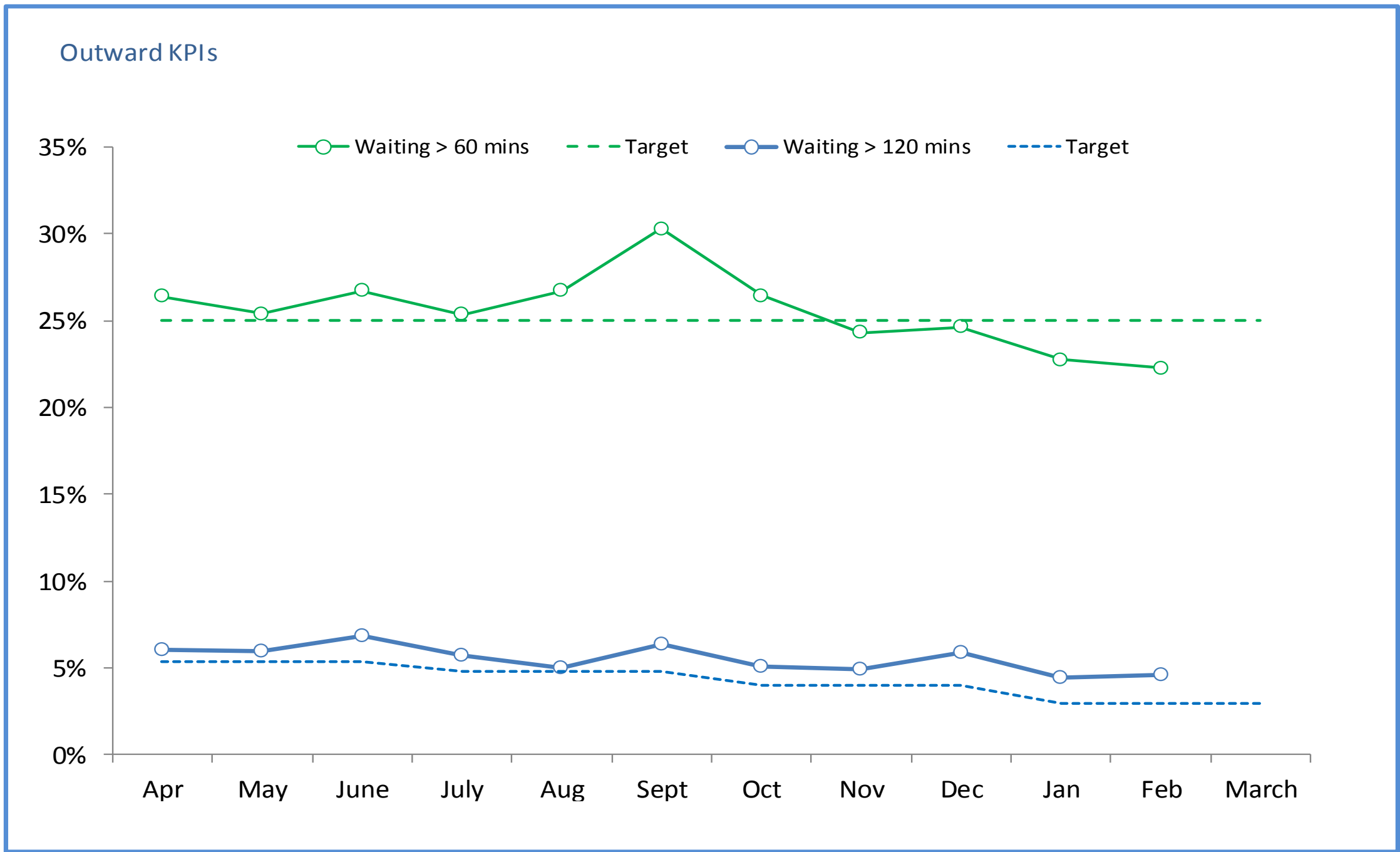
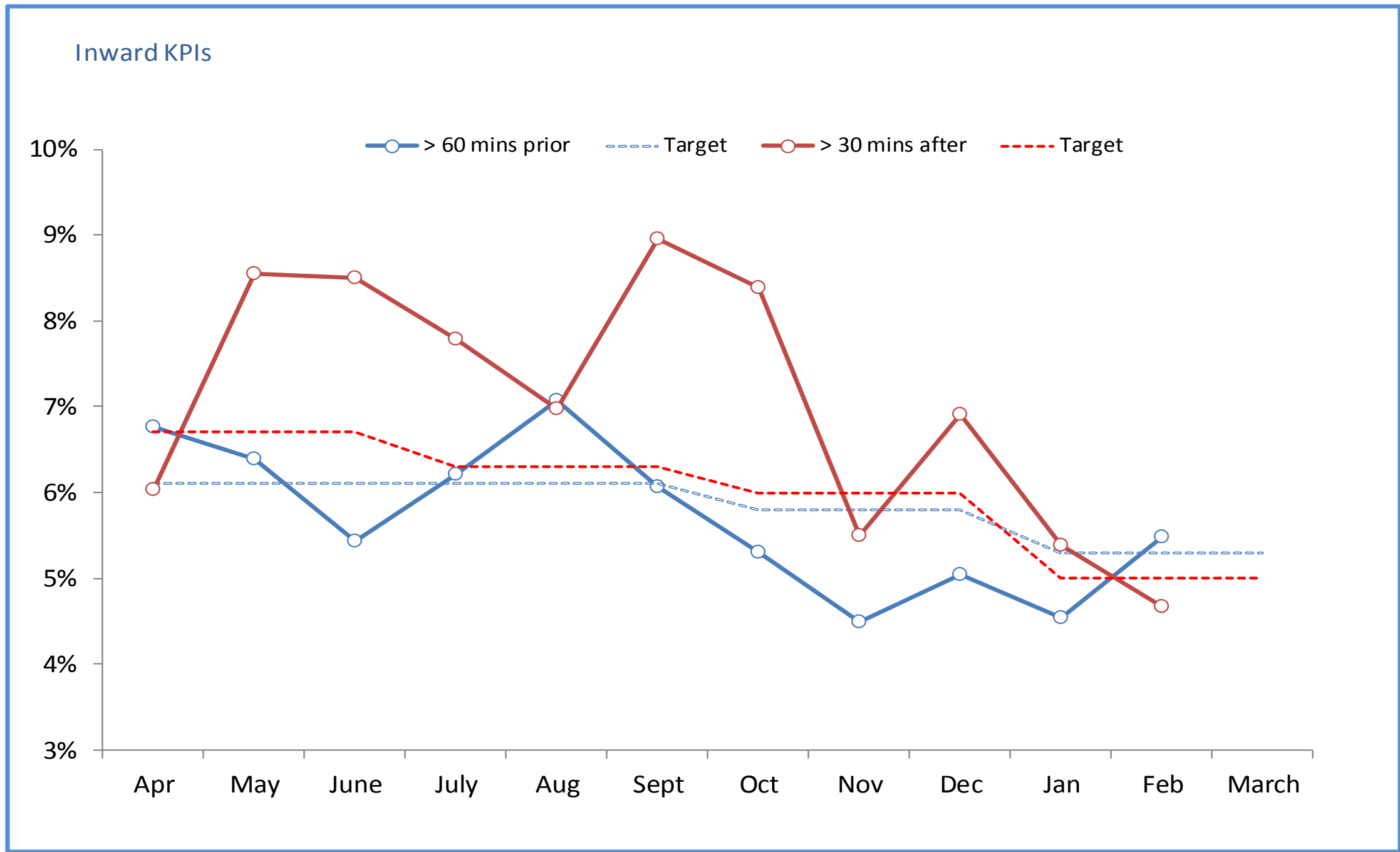


PTS KPIs - North Yorkshire Consortium

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%	5.30%	4.53%	5.30%	5.47%		
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%	5.00%	5.39%	5.00%	4.66%		
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%	24.62%	25.00%	22.75%	25.00%	22.27%		
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%	5.86%	3.00%	4.48%	3.00%	4.61%		
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%	34.82%	32.80%	23.11%	32.40%	25.77%		
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%	7.30%	2.99%	7.50%	3.80%		
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%	3.09%	7.30%	3.59%	7.50%	5.11%		
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%	14.79%	42.50%	12.53%	43.80%	14.75%		
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%	8.49%	35.10%	7.35%	36.80%	7.62%		
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%	6.30%	5.10%	3.13%	4.50%	3.62%		

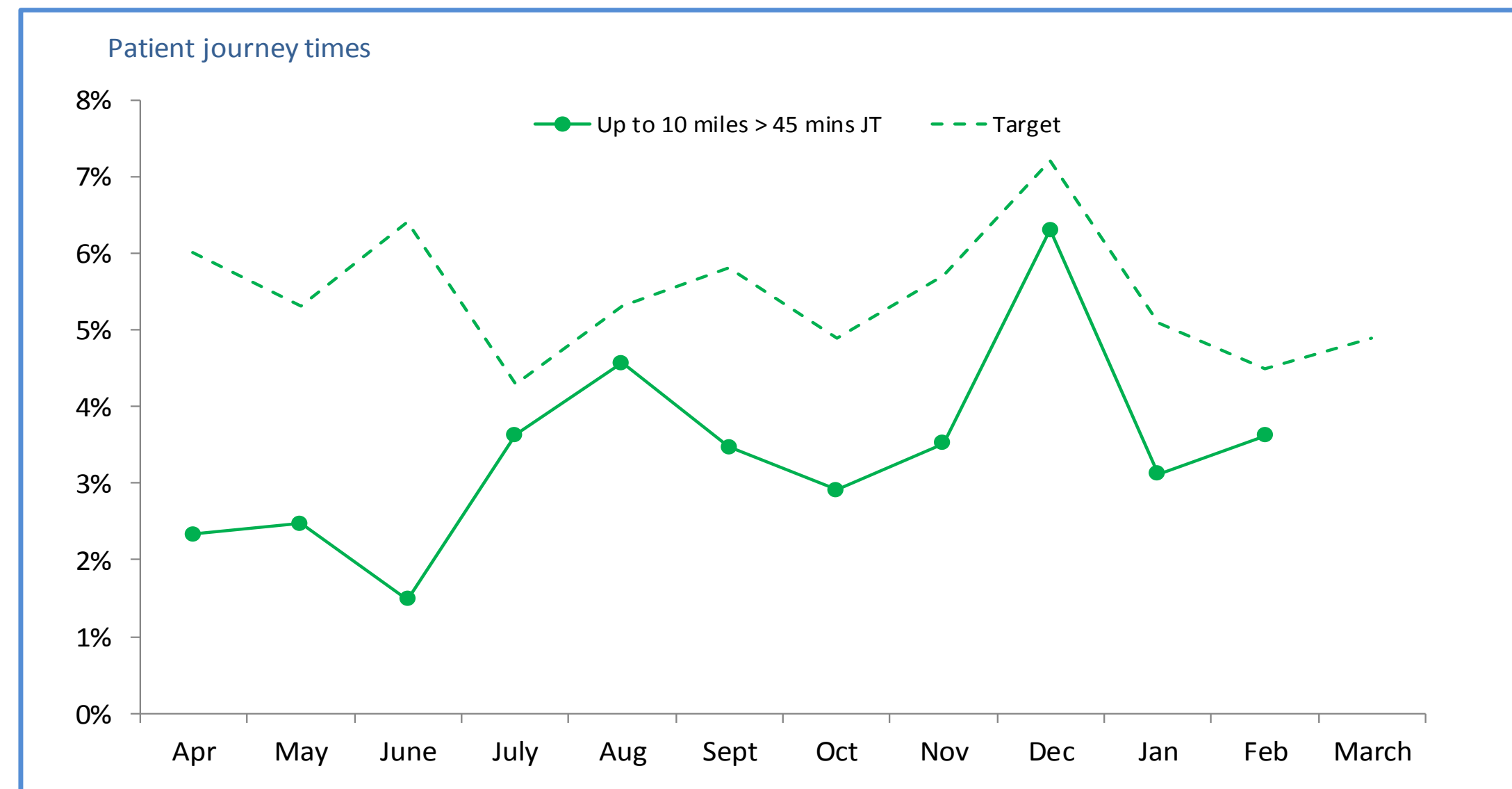
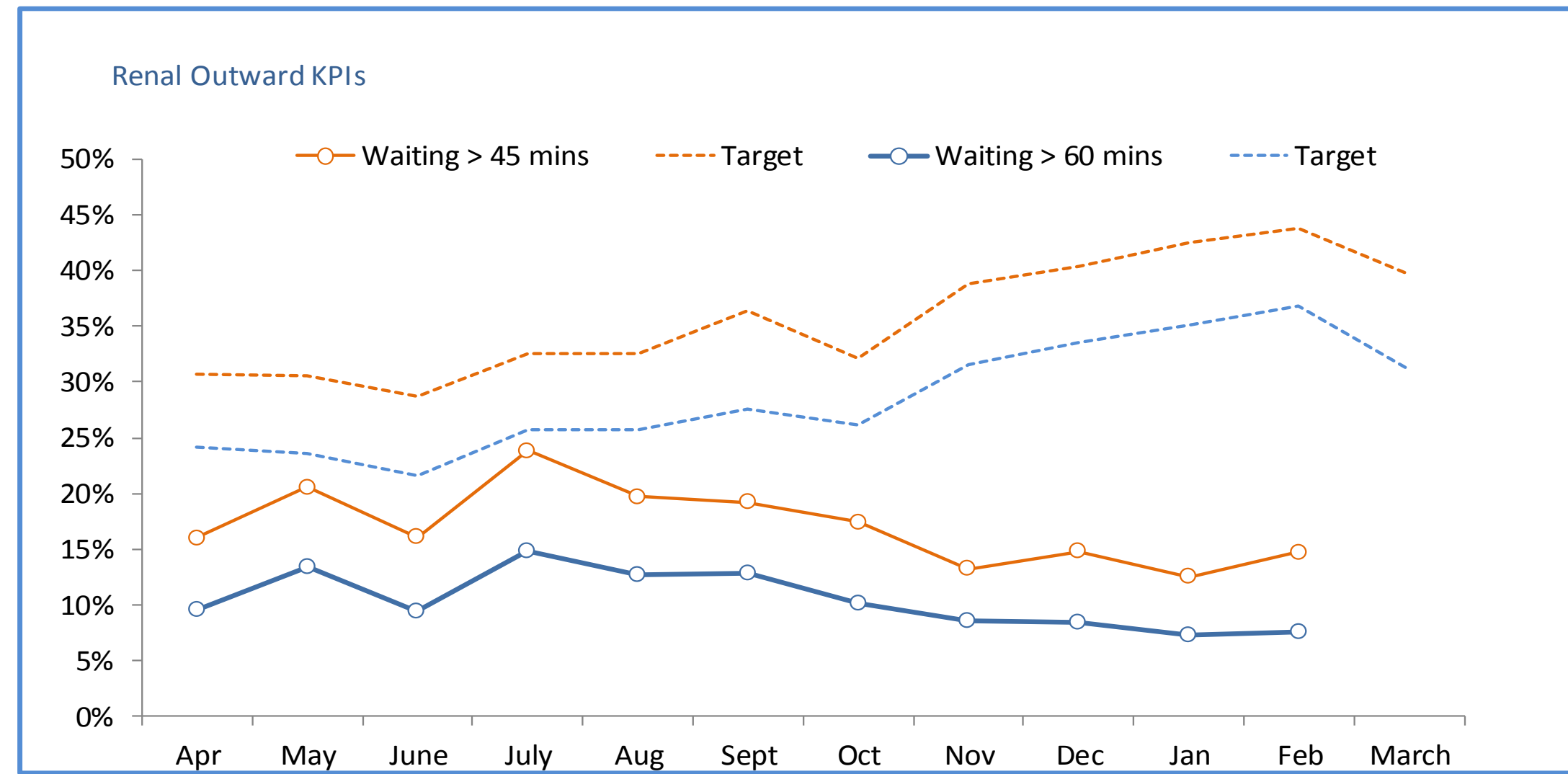
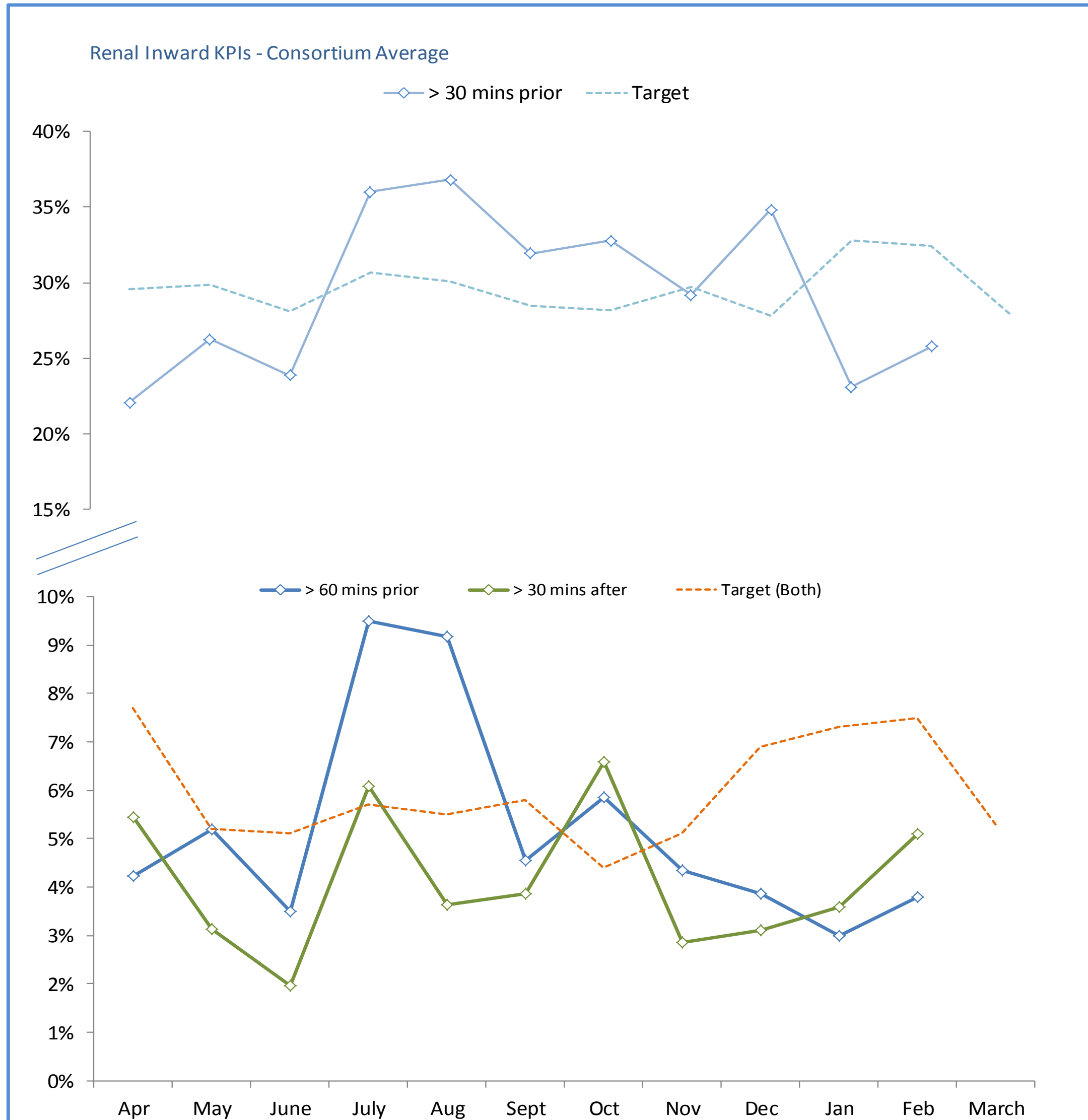
PTS Consortia Performance - North Core

OBJ REF 3



PTS Consortia Performance - North Renal

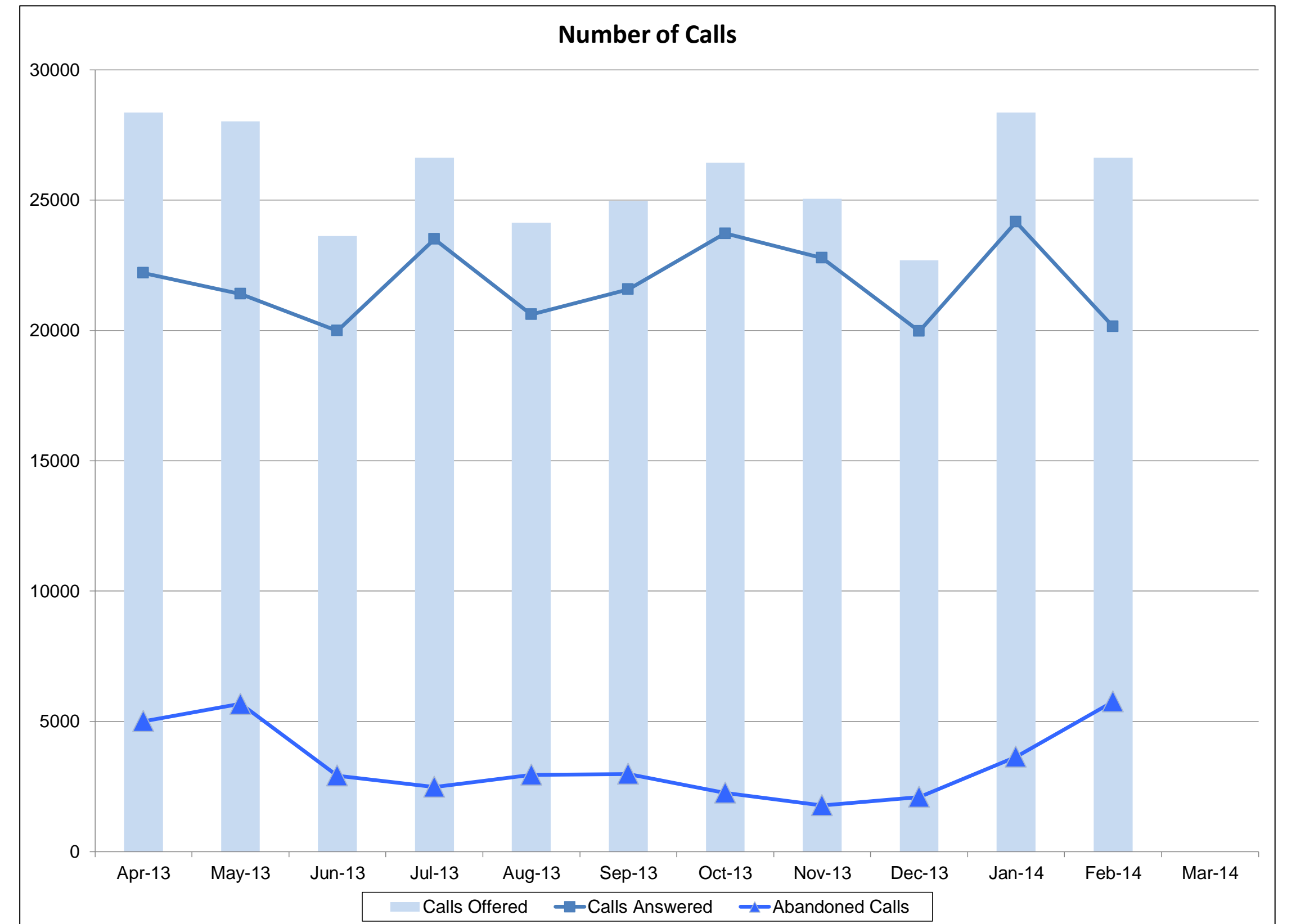
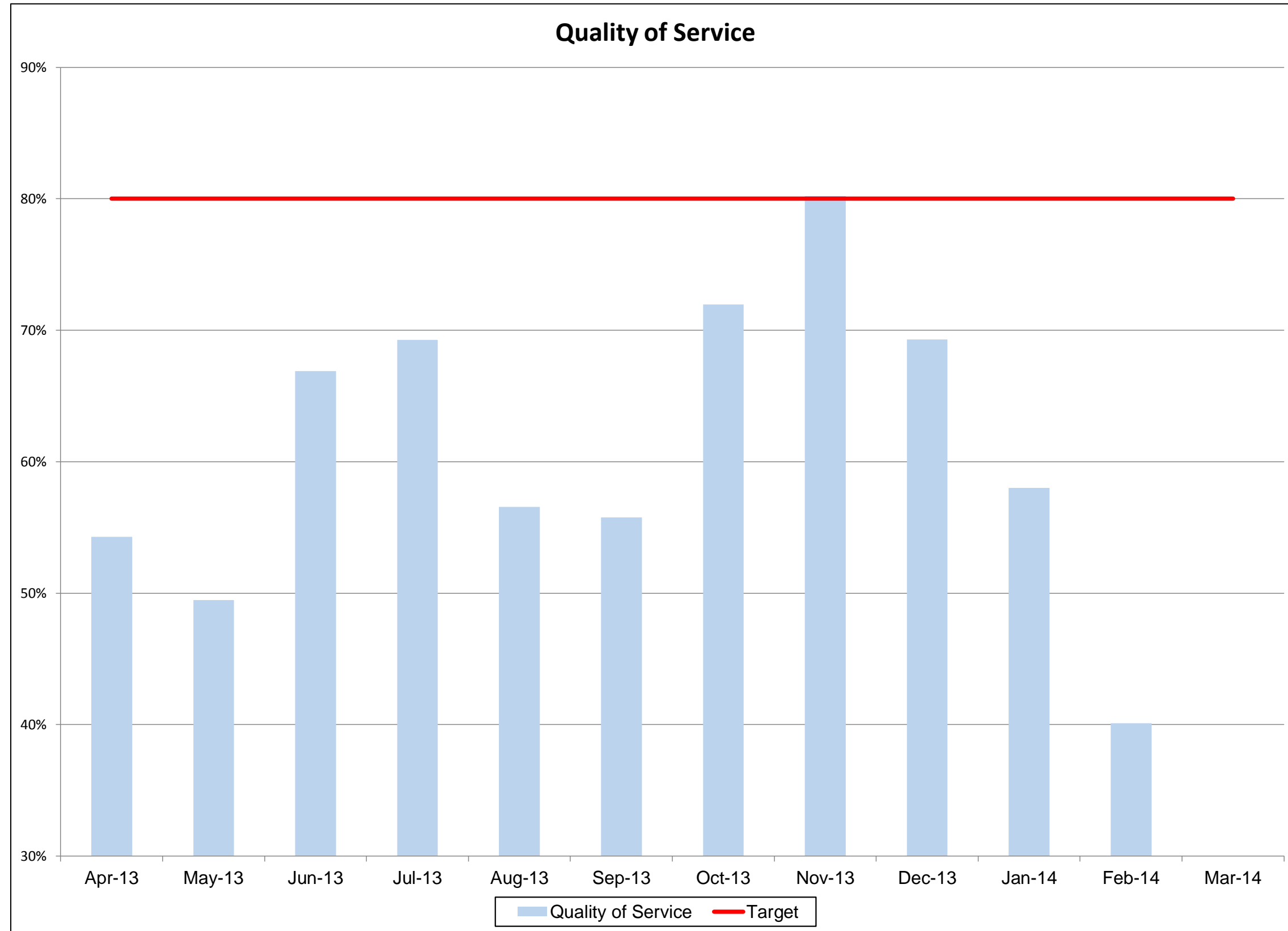
OBJ REF 3



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	22699	28364	26627	
Calls Answered	22205	21400	19981	23508	20611	21574	23720	22775	19970	24161	20149	
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	00:01:03	00:02:00	
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	00:46:50	00:57:31	
Abandoned Calls	4999	5672	2921	2487	2954	2981	2259	1774	2096	3643	5763	
Quality of Service	54%	49%	67%	69%	57%	56%	72%	80%	69%	58%	40%	



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	11/11	Warm transfers as a percentage of clinical advisor calls (Target 95%)	The warm transfer target remains challenging for the service and is subject to review as part of the national development of the NHS 111 service. The NHS 111 team manage all clinical calls which are not warm transferred on a clinically prioritised call back basis, to ensure that patients receive a safe and effective service.	Executive Director of Standards and Compliance	On-going	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	97030	115133	102405	101465		Call volumes remain higher than Q2-3 average
Total number of out of area calls answered	66	1377	1199	995	813	733	932	1148	7	0	0		
Total number of phantom calls received	0	0	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	5964	6223		
Total number of calls triaged	61875	65171	63647	72473	73289	73120	77461	82715	96272	86183	85101		
Total number of calls answered within 60 seconds (national quality standard 95%)	64152	71204	70094	81268	83455	78528	85987	92004	111199	100635	96650		
Target % calls answered within 60 seconds	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
Total answered calls within 60 seconds as a percentage of total (Target 95%)	89.5%	92.6%	93.8%	95.4%	97.2%	91.9%	92.8%	94.8%	96.6%	98.3%	95.3%		Call answer performance target delivered
Total number of abandoned calls (after 30 seconds)	2159	1538	1410	1113	684	1811	1857	1226	840	396	687		
Target % calls abandoned after 30 seconds	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%		
Abandoned calls as a percentage of total (Target <5%)	3.0%	2.0%	1.9%	1.3%	0.8%	2.1%	2.0%	1.3%	0.7%	0.4%	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	12:23	14:13		
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	06:40	06:53		
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	05:18	02:51		
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	14:35	14:03		
Total number of calls directed to speak to a Clinical 111 advisor (outcome)	15825	17206	16529	17887	16395	15542	17227	17593	21581	21119	19735		
% of calls directed to speak to a clinical 111 advisor	22.1%	22.4%	22.1%	21.0%	19.1%	18.2%	18.6%	18.1%	18.7%	20.6%	19.5%		
Longest wait for a call back by a clinician	09:12:25	06:49:52	08:42:50	06:09:21	04:31:11	08:58:44	08:47:26	05:59:28	04:30:44	03:08:38	04:25:38		
Total number of calls where a person was offered a call back	8530	9599	9776	11344	9193	10296	10236	10628	11573	9364	13325		
Call backs as a percentage of clinical advisor calls	53.9%	55.8%	59.1%	63.4%	56.1%	66.2%	59.4%	60.4%	53.6%	44.3%	67.5%		
Total number of calls that were warm transferred to a clinical advisor	7283	7595	6742	6336	7132	5239	6986	6962	10005	11752	6404		
Warm transfers as a percentage of clinical advisor calls (Target 95%)	46.0%	44.1%	40.8%	35.4%	43.5%	33.7%	40.6%	39.6%	46.4%	55.6%	32.4%		Warm transfer target remains challenging
Total number of calls directed to 999 for ambulance dispatch	5988	6025	6247	7578	7427	7598	8009	8309	9683	9480	8695		
Ambulance dispatch as a percentage of total	8.4%	7.8%	8.4%	8.9%	8.7%	8.9%	8.6%	8.6%	8.4%	9.3%	8.6%		Ambulance dispatch rate remains below national average
Total number of Non conveyed 999 dispatches	1097	1138	1071	1584	1612	1519	1627	1722	2035	1965	1770		
Total number of calls recommended to attend an A&E	4879	5043	5033	5641	5311	4862	4986	5124	5712	5697	5666		
A&E as a percentage of total	6.8%	6.6%	6.7%	6.6%	6.2%	5.7%	5.4%	5.3%	5.0%	5.6%	5.6%		Emergency department referral rate remains below national average
Total number of callers referred into GP Out of Hours service	21340	23639	23600	25689	29981	29076	30295	35219	42079	35480	35239		
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%	36.3%	36.5%	34.6%	34.7%		

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%	89.4%	90.4%	88.8%	89.6%		90.0%
		Incidents (Logged)					932	865	796	1191	933	939	934	805	784	855	704		9,738
		Service Requests (Logged)					2309	2114	1914	2355	2103	1905	1681	1942	1,983	1,998	1,475		21,779
		Total Activity (Logged)					3241	2979	2710	3546	3036	2844	2615	2747	2767	2,853	2,179		31,517
	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%	94.1%	95.0%		95.3%
		Number of Surveys Returned					308	286	243	380	305	283	358	379	239	309	280		3370
		Positive Score					294	272	228	361	293	278	340	356	233	291	266		3212
		Negative Score					14	14	15	19	12	5	18	23	6	18	14		158
	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	4	5		7

Project Management	Current Project Managed Projects	Due Date	ICT Status	Overall Status	Status Comment
		YAA to Thirsk	29/10/2013	Red	Green
	Yorkshire Air Ambulance - Nostell Priory	01/12/2013	Green	Green	Need formal closure from Ops Lead that all products are delivered
	Fleet PDA Deep Clean	09/02/2014	Green	Green	All on track with full go-live planned for 9th Feb
	CIP - Fleet Accident reduction		Green	Green	In Business Case development stage
	YAS HART Project	01/04/2014	Amber	Green	Investigations in progress with Network cabling to far reaching offices
	ICT Service Continuity	30/09/2013	Green	Amber	Need formal closure from Project Lead that all products are delivered
	Upgrade of South CBU Infrastructure	01/04/2014	Amber	Green	ICT working with Virgin Media and estates to identify Asbestos locations and impacts; Works Contract needs authorisation
	Digital Radio at Call Flex	01/07/2014	Green	Green	All on track with full go-live planned for July 2014

ICT Summary (cont'd)

OBJ REF 3

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

Key Areas	Performance / Activity	Criteria	Target	Green	Amber	Red	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End Forecast 13/14		
Infrastructure	Network Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	99.97%	100%	100%	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%	100%	100%		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%	100%	100%		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%	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	TBA	TBA			£3,911		

Commentary

Our Service :

Project Management:

Infrastructure:

Budget:

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%		14%	5%	
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						Estates heating projects are complete and additional heating projects have been identified and will be completed in Q4. The tender process for demolition of the Portacabins at Farifields Rotherham has been evaluated and a contractor has been appointed, work started on the 3rd March 2014. Fuel containment works has started and is anticipated to be complete mid March. 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 and will be complete by mid March. Further projects have been approved for new Springhill 1 UPS batteries, a refurbishment of the for Springhill 1 restaurant and Estates Facilities management software and hardware.
E2.1	Station Egress Status	GREEN						
E2.1	Supported Standby Points	GREEN						

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	GREEN	GREEN	

Comments

Contracts awarded above £25k

Single Tender Waiver

Fleet	OBJ REF	3
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YTD RAG	AMBER
MTD RAG	AMBER

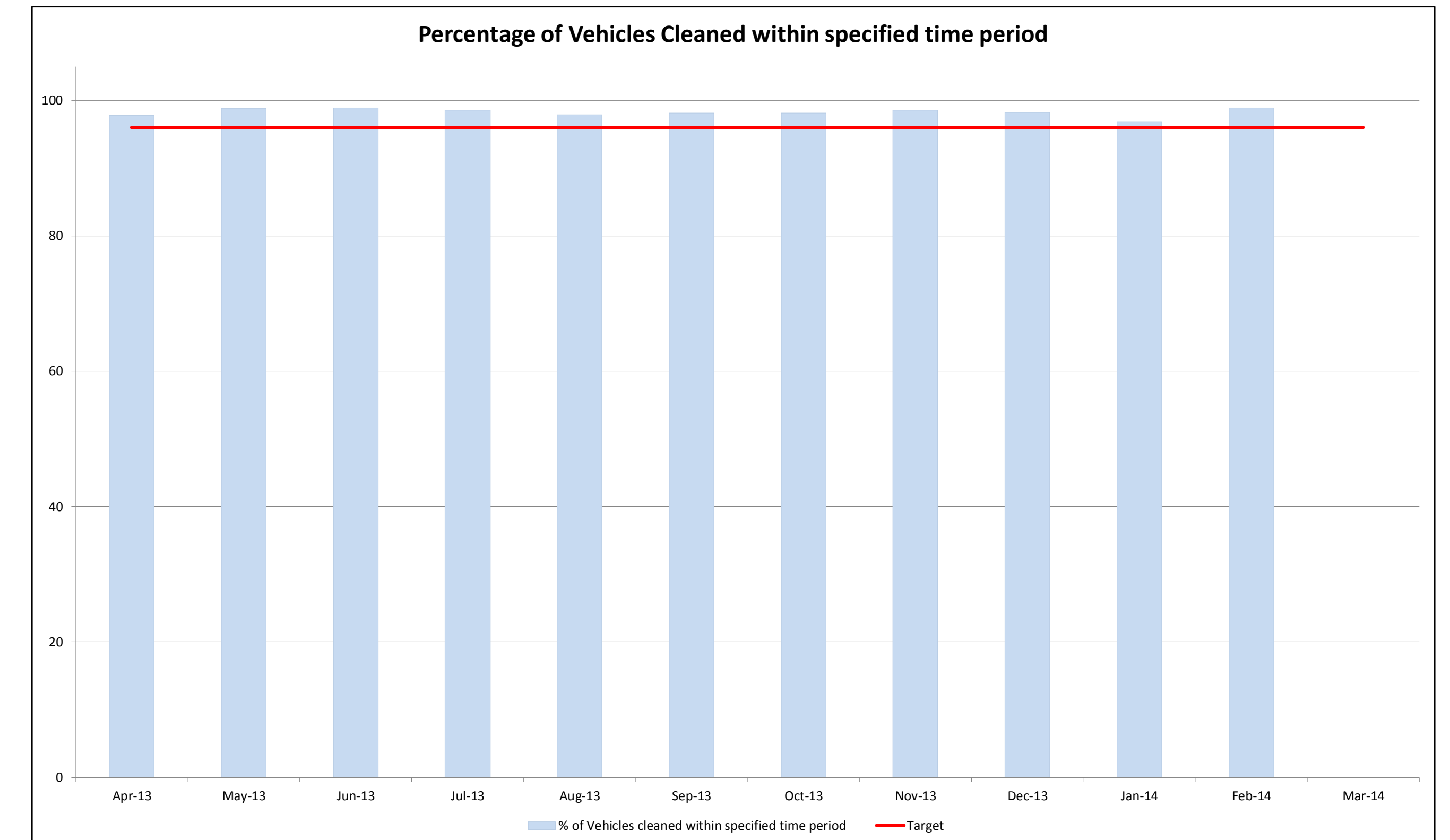
E1 Carbon Management		RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast	Quarter 1 Actual	Notes
E1.1	Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2	Corporate Citizen Rating (monitored quarterly)	59%					

E3 Fleet		RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
E3.1	A&E	GREEN	92%	93%	1%	92%	92%	0%	
E3.1	PTS	AMBER	94%	93%	-1%	94%	91%	-3%	KPI not met due to high number of larger engine jobs, body corrosion work associated with the age of the Fleet. Overtime and use of external providers have been sanctioned to bring VOR's back into line.

Vehicle Age		RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1	A&E - RRV	GREEN	4	3		
E3.1	A&E - DMA	GREEN	5	5		
E3.1	A&E - Other	GREEN	7	2		
E3.1	PTS	RED	7	164		Plan to reduce PTS overage vehicles as part of next years Capital Plan
E3.1	Other	AMBER	7	4		16 support vehicles have been delivered

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

E3.2 Compliance / Safety		RAG Status	Number	% Total	Notes
E3.2	Safety Checks Outside "Window" at end of period	GREEN	18	3.26%	
E3.2	Vehicle Services Outside "Window" at end of period	AMBER	25	6.72%	KPI not met due to high number of on day A&E and PTS VOR's. Overtime has been used to bring servicing back into line.
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	36	1.10%	
E3.4	Defibrillator servicing Outside "Window" at end of period	GREEN	2	0.30%	1 x Zoll unit and 1 x LP15 have not been returned from North CBU. Replacement units were sent out by the equipment team well in advance of due dates.
E3.5	Suction Unit servicing Outside "Window" at end of period	RED	53	8.38%	Note 25 devices had been moved from their audited location, had these devices been present there would have been 28 overdue (at 4.42% Green) Serious staff issues has impacted the department's ability to maintain devices, Oxylite are continuing to work with the Trust to help with backlog maintenance they have been with us since 8th Jul. We are progressing with a Service Level Agreement with Mid Yorks Hospitals Trust (Pinderfields) using their medical equipment engineers. An interim Equipment Engineering Manager has commenced in post to support the department. Operations are identifying light duty staff to track down missing units
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	96.9	98.9	

Vehicles repaired by Vehicle Body Care

Number of Vehicles Repaired 2013-2014	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Actual 2012 / 2013	35	34	28	27	19	16	36	15	27	29	23	26	315
Target	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	18	23		249
Variance	7	4	-3	-6	0	5	-3	7	6	14	9		

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	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
AMBER	3.12	11/11	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. Improved capacity has permitted a number of local clinical audits to be completed including a NICE Quality Standard audit exploring the recognition and management of the feverish child.	Executive Medical Director	On-going	AMBER
AMBER	3.7	1/11	Staff Related Incident Rate	There has been a rise in staff incidents in February, which is primarily attributable to staff concerns relating to missed meal-breaks or allocation of meal-breaks late in the shift following introduction of new rotas in the A&E service. These issues are being actively addressed by managers and in liaison with staff and their representatives as part of the process of bedding in and refining the new rotas in operation.	Executive Director of Operations	Mar-14	GREEN

Comments on Quality**New Incidents Reported**

There has been little change in the number of incidents reported across the Trust from January to February. There has been a slight increase in A&E and a slight decrease in PTS with the only newly emerging theme being that related to staff related incidents highlighted below. As in previous months, the majority of incidents fall within our core service delivery (A&E Ops, PTS, EOC and 111) with few incidents occurring within the support services.

Patient Related Incidents

There has been a reduction in the number of patient related incidents and within PTS and A&E with reported incidents falling back to pre-winter levels. Within A&E Ops, the largest categories of incidents include care pathway and response related. The Trust's Risk Manager is meeting with the Lead Nurse for Urgent Care in March to review the care pathway incidents and explore any emerging themes and trends. A number of these are related to reported delays in back up and work is on-going with input from Operations, Clinical & Risk Team to address this.

Staff Related Incidents

There has been a rise in staff incidents in February, which is primarily attributable to staff concerns relating to missed meal-breaks or allocation of meal-breaks late in the shift following introduction of new rotas in the A&E service. These issues are being actively addressed by managers and in liaison with staff and their representatives as part of the process of bedding in and refining the new rotas in operation.

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 have been 3 SIs reported during January; all are currently under investigation. Themes and trends from all SI reports are analysed and used to inform communications and education and training programmes for 2014/15.

RIDDOR

There has been a decrease in the number of RIDDOR reportable incidents from January to February however the categories of these incidents remain consistent with previous months. These are primarily injuries sustained whilst handling, lifting and carrying. Actions are underway to address these as the injuries are primarily being sustained whilst handling the carry chair, response bag or bariatric patients. The Risk & Safety team are supporting Operations to ensure completion of the roll out of the new track chair and response bag. Work is continuing to ensure most effective use of the bariatric equipment vehicles across PTS and A&E services now that this targeted service has gone fully live.

Medication related incidents

There were 19 Controlled drug incidents in February including 14 morphine vial breakages and a loss of Diazepam which is being included in an on-going investigation into the use of controlled drugs by the ECP service. A serious POM clinical error was reported involving the administration of naloxone instead of atropine. To emphasise the importance of medicines management medication-related clinical errors will be reported in Ops update alongside the safety thermometer on a monthly basis. It will include the incidents and potential harm that can occur and learning outcomes.

Safeguarding - Referrals

The number of safeguarding referrals reduced during February but is within the normal monthly range. Further work is continuing to maintain the focus on completion of safeguarding level 2 training workbooks.

Complaints and concerns

There is no significant change in the profile of complaints and concerns in A&E and PTS services. The rate of complaints in the NHS 111 service has fallen for the fifth consecutive month. There is a focus with managers in Performance Review meetings on the timeliness of complaint responses, with a proportion not meeting the Trust 25-day standard.

Patient experience

There are no significant new trends arising from the patient surveys during February.

Monthly hygiene audits

Hygiene audits conducted in February highlighted issues in a small number of locations relating to display of audit data on noticeboards, storage of consumables and vehicle upholstery damage. All issues highlighted in the audits have been fed back to managers for action and progress reviewed in the Clinical Governance Group.

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		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	AMBER	AMBER		AMBER	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	AMBER	AMBER	GREEN		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	AMBER	AMBER		GREEN	GREEN	GREEN

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

Reference		Service Transformation Programme													Comments
Project		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													Work continues to implement referral to GP in hours. This work will be carried forward by the Urgent Care Steering Group (UCSG). Discussions regarding financial position continues with commissioners.
RC2	Clinical Hub (CIP)	ED Ops													The long term actions / recommendations for the education and training provision will be reviewed by the UCSG. The options for a combined single hub has been presented to TEG, further work required will be reviewed and tracked by the UCSG.
RC3	External Partnership	EMD													Participation in national urgent care boards is ongoing with YAS representation to be reviewed at UCSG. YAS to be represented in the Bradford cohort of the Ambulatory Emergency Care Network to be launched in London 6 March 2014.
RC4	Paramedic Pathfinder Model	EMD													The Rotherham pilot continues to achieve positive results both in conveyance rates and staff feedback. Plans for further roll out are being discussed in line with the West Yorkshire COUIN. This will form part of the UCSG workplan for 2014/15.
RC5	Scope of Practice	EMD													The specialist paramedic model is being finalised, work will then continue on the SOP for advanced paramedics.
RC6	Pathway Review	EMD													Preparatory work undertaken in the current year will inform part of the urgent care plan for 14/15
RC7	Care Homes CQUIN	EMD													Q3 report still awaiting final approval by commissioners during Q4. The data continues to be analysed, all milestones are expected to be met. Discussions are ongoing for advancement of this CQUIN into 14/15
Clinical Development Project Group - Executive Medical Director															
CD1	JRCALC Rollout	EMD													Rollout complete. Audits of drugs compliance being undertaken and presented to CGG.
CD2	Patient Safety CQUIN	ED S&C													This will be rolled over as a CQUIN for A&E for 14/15.
CD3	ACQI Care Bundles	EMD													Progress report to CGG in March
CD4	Public Health	EMD													All milestones on track to achieve by end of Q4
CD5	Public Awareness CQUIN	ED CA													All milestones on track to achieve by end of Q4
CD6	Quality Governance	EMD													Quality Governance reported through Quality Committee
CD7	Improving Outcomes from Cardiac Arrest (Hull)	EMD													ILS courses continue to be undertaken by Hull paramedics
CD8	National CPR Policy	EMD													The YAS Policy is now being used as the basis for the National CPR Policy
Delivery Programme - Executive Director of Operations															
Operational Efficiency Project Group - Executive Director of Operations															
OE1	Red Performance	ED Ops													<ul style="list-style-type: none"> A&E Operations Managers now available for Level 2 response. Project managers assigned to revise Red Plan. Overall recruitment / in post figures on target. 92.97 WTE vacancies out of 2164 28 ECAs to complete training by mid March 27 ECAs due to commence training by the beginning of March 4 paramedics progressing through pre-employment checks Further selection event held 22 February
OE2	Workforce Model (CIP)	ED Ops													<ul style="list-style-type: none"> Implementation of rotas as per agreement Meal break payments have been reinstated. AVP has ceased New stand by points implemented from the 17 February Staff side ballot result is rejection of Ops redesign proposals
OE3	Operational Redesign (CIP)	ED Ops													<ul style="list-style-type: none"> Compliance Rates: Current target 95%, Notify Screen TBC. Handover Screen TBC. Performance: Current target 100%. Handover within 15 minutes = Average 84%. Post-Handover within 15 minutes = Average 77%
OE4	Turnaround	ED Ops													
OE5	A&E CQUINs	ED Ops													
OE5A	Rural CQUIN	ED Ops	N/A												Q3 report awaiting final approval by commissioners. Additional information has been requested.
OE5B	Reduced Conveyance CQUIN at locality level	ED Ops	N/A												On track to deliver all milestones and the chief target reduction by end of Q4.
OE5C	Red Performance in underperforming CCG CQUIN	ED Ops	N/A												Contract variation submitted at Q3 alongside Q3 report. Data has been challenged by commissioners and is being reviewed internally. This is not anticipated to deliver the milestones and targets required for Q4. Weekly monitoring continues. This CQUIN will be carried over to 14/15 with additional underperforming CCGs being added.
OE5D	Static Medical Unit CQUIN	ED Ops	N/A												<ul style="list-style-type: none"> On Track. CMUs now provided in Leeds, Sheffield, York and Hull. Hull CMU comparing ECP activity v Paramedic Practitioner activity. Looking to prioritise key dates with police (red days) in Hull as some days activity low
PTS Project Group - Executive Director of Finance & Performance															
PTS 1	Transformation (CIP13/14)	ED F&P													<ul style="list-style-type: none"> Final version of the draft East rotas have been agreed and signed off by the East Management Team. The consultation document has been submitted for sign off. Discussions with staff side have been delayed due to availability of representatives. Development of West rotas is ongoing. Sub group has been formed to evaluate the South rota implementation and delivery of associated benefits. Final draft VCS handbook and initial welcome pack delivered. On line application for VCS drivers now live. VCS tracker developed to identify mileage and VCS drivers numbers against CIP plan 14/15.
PTS 2	PTS CQUINs	ED F&P	N/A												
PTS2A	South PTS CQUIN 1 - (120 minute wait target)	ED F&P	N/A												Q3 report has been submitted. Awaiting confirmation as to whether part payment will be forthcoming as although target not met improvements were demonstrated. Meeting held with locality manager to review the Q3 report and support submission of Q4 report.
PTS2B	South PTS CQUIN 2 - (Rationale for long waits)	ED F&P	N/A												Report submitted with detailed rationale for long waits. Awaiting confirmation that the report has been accepted by commissioners.
PTS2C	West PTS CQUIN 1 - (Patient experience)	ED F&P	N/A												Q3 report has been submitted, awaiting written confirmation that the report has been accepted. Meetings held with locality managers to review the Q3 report and support submission of Q4 report.
PTS2D	West PTS CQUIN 2 - (Education for healthcare professionals)	ED F&P	N/A												Meetings held with locality managers to review the Q3 report and support submission of Q4 report.
PTS2E	North PTS CQUIN 1 - (Timely communication of transport)	ED F&P	N/A												Written confirmation received that Q1-3 reports have been accepted.
PTS2F	North PTS CQUIN 2 - (Reduction in abortive journeys)	ED F&P	N/A												
PTS2G	East PTS CQUIN 1 - (Timely communication of transport)	ED F&P	N/A												Advance calling of patients continues to be delivered. On track to meet milestones and targets for Q4. Meetings held with locality managers to review the Q3 reports and support submission of Q4 reports.
PTS2H	East PTS CQUIN 2 - (Reduction in abortive journeys)	ED F&P	N/A												On track to meet milestones and targets for Q4. Meetings held with locality managers to review the Q3 reports and support submission of Q4 reports.
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													Service improvement skills cohort 3 complete. Review of contract underway
CC2	Staff Engagement and Communications	ED S&C ED W&S													Communication strategy review underway.
CC3	Recruitment and Induction	ED S&C ED W&S													
CC4	Sickness (CIP)	ED W&S													
Service Line Management Project Group - Executive Director of Finance & Performance															
SLM1	Service Line Management	ED F&P													<ul style="list-style-type: none"> The Service Line Working Group for Private and Events is currently under review to link directly to the Finance Performance Group in Business Development going forward. The PTS dashboard is under construction to support the Service Management Team SLM cannot be progressed in NHS 111 until post winter pressures SLM delayed in A&E due to winter pressures
Sustainability (Systems) Programme - Executive Director of Finance & Performance															
Estates Project Group - Executive Director of Finance & Performance															
E1	Estates Strategy	ED F&P													ORH/PE modelling revalidated and results being analysed. Hub & Spoke internal stakeholder events held with feedback collated. Meetings underway with blue light colleagues to explore co-location and lessons learnt. Work underway to commission an external comms provider to work alongside the internal team.
E2	HART	ED F&P													<ul style="list-style-type: none"> Need to consider impact on project following details of exact costs and timescales for the mezzanine accommodation Need to consider impact of public right of way on adjacent Council land purchase Feedback on current external signage proposals with exact wording to be determined
Emergency Care Solution Project Group - Executive Director of Finance & Performance															
ECS1	ECS Roll-out	ED F&P													<ul style="list-style-type: none"> Confirmation of post 2016 funding arrangements is still required; Project Group to reconvene Awaiting decision on funding for training and training roll out dates and numbers. Awaiting decision on when next hardware order can be made as per Business Case. Awaiting confirmation on CCGs acceptance of Business Case
2012-13 Legacy Projects															
CLF1	Clinical Leadership (CIP)	ED Ops													The implementation has been reviewed in TEG and Quality Committee. Further actions have been agreed to ensure that the CLF is fully embedded by June 2014.
IPR1	Individual Performance Reports	ED Ops													Bring forward April 2014.
ESR1	Electronic Staff Record (ESR)	ED W&S													
DMS1	Risk-Data Management	ED S&C													Project close down/high level benefits realisation report completed and discussed at TPMG

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

IPC Audit - Percentage compliant

OBJ REF

3

YTD RAG

GREEN



MTD RAG

AMBER

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%	95%	100%	
	Premise	93%	98%	94%	97%	98%	97%	99%	100%	79%	99%	97%	
	Vehicle	96%	98%	97%	98%	97%	98%	99%	97%	96%	97%	100%	
North Yorkshire and York	Hand Hygiene	100%	99%	99%	99%	99%	99%	100%	99%	99%	99%	97%	
	Premise	98%	96%	100%	96%	99%	98%	96%	97%	98%	97%	99%	
	Vehicle	96%	100%	98%	I/Data	98%	95%	91%	94%	94%	95%	91%	
Humber	Hand Hygiene	100%	100%	100%	100%	97%	98%	98%	91%	99%	99%	98%	
	Premise	98%	93%	95%	97%	99%	98%	96%	93%	98%	I/Data	99%	
	Vehicle	97%	97%	I/Data	97%	99%	99%	94%	86%	100%	100%	97%	
Airedale, Bradford, Leeds	Hand Hygiene	99%	98%	98%	99%	96%	99%	98%	99%	99%	98%	93%	
	Premise	98%	98%	98%	99%	100%	99%	99%	93%	98%	99%	98%	
	Vehicle	96%	98%	100%	100%	96%	98%	96%	91%	99%	96%	98%	
South Yorkshire and Bassetlaw	Hand Hygiene	99%	100%	100%	100%	98%	96%	97%	99%	100%	99%	99%	
	Premise	100%	99%	100%	100%	100%	98%	93%	94%	96%	92%	89%	
	Vehicle	100%	100%	100%	99%	99%	96%	99%	96%	99%	97%	98%	
YAA	Hand Hygiene	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Premise	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Vehicle	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Resilience and Special Operations	Hand Hygiene	98%	100%	100%	100%	100%	99%	99%	98%	100%	100%	100%	
	Premise	95%	95%	100%	100%	100%	100%	100%	100%	100%	100%	90%	
	Vehicle	100%	100%	I/Data	100%	100%	100%	100%	100%	100%	100%	100%	
Private & Events	Hand Hygiene	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Vehicle	96%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	
PTS Leeds	Hand Hygiene	100%	100%	100%	99%	99%	98%	99%	98%	99%	99%	100%	
	Vehicle	99%	91%	92%	93%	91%	94%	96%	96%	93%	94%	95%	
PTS Mid Yorkshire	Hand Hygiene	99%	100%	100%	98%	100%	100%	99%	100%	99%	100%	100%	
	Vehicle	98%	98%	I/Data	95%	96%	97%	95%	97%	96%	97%	98%	
PTS Bradford / Airedale	Hand Hygiene	100%	100%	100%	99%	100%	100%	98%	99%	99%	99%	100%	
	Vehicle	93%	96%	I/Data	94%	97%	94%	94%	96%	98%	96%	97%	
PTS Calderdale / Huddersfield	Hand Hygiene	98%	99%	99%	99%	94%	99%	98%	97%	100%	100%	99%	
	Vehicle	100%	100%	99%	99%	I/data	95%	99%	98%	99%	99%	99%	
PTS North Yorkshire	Hand Hygiene	100%	100%	100%	95%	91%	95%	100%	99%	99%	99%	100%	
	Vehicle	98%	96%	97%	97%	98%	98%	99%	96%	95%	98%	96%	
PTS Hull & East	Hand Hygiene	100%	98%	98%	94%	98%	99%	99%	100%	99%	100%	98%	
	Vehicle	98%	99%	99%	99%	96%	95%	96%	99%	100%	97%	91%	
PTS Sheffield / Barnsley	Hand Hygiene	99%	100%	100%	100%	99%	99%	100%	98%	99%	99%	100%	
	Vehicle	100%	100%	100%	100%	100%	100%	99%	96%	98%	100%	99%	
PTS Rotherham / Doncaster	Hand Hygiene	97%	100%	100%	100%	96%	100%	100%	98%	100%	100%	100%	
	Vehicle	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Overall Compliance (Current Year)	Hand Hygiene	99%	100%	99%	99%	98%	99%	99%	98%	99%	99%	99%	
	Premise	97%	98%	98%	98%	99%	99%	98%	97%	96%	98%	96%	
	Vehicle	98%	98%	98%	92%	92%	98%	97%	96%	98%	98%	97%	
Overall Compliance (Previous Year)	Hand Hygiene	99%	99%	98%	99%	99%	98%	98%	98%	99%	99%	99%	99%
	Premise	95%	98%	97%	96%	96%	96%	95%	97%	97%	98%	99%	98%
	Vehicle	95%	94%	94%	95%	95%	95%	95%	96%	96%	96%	96%	98%

Key for IPC Audit: Pre April 2012

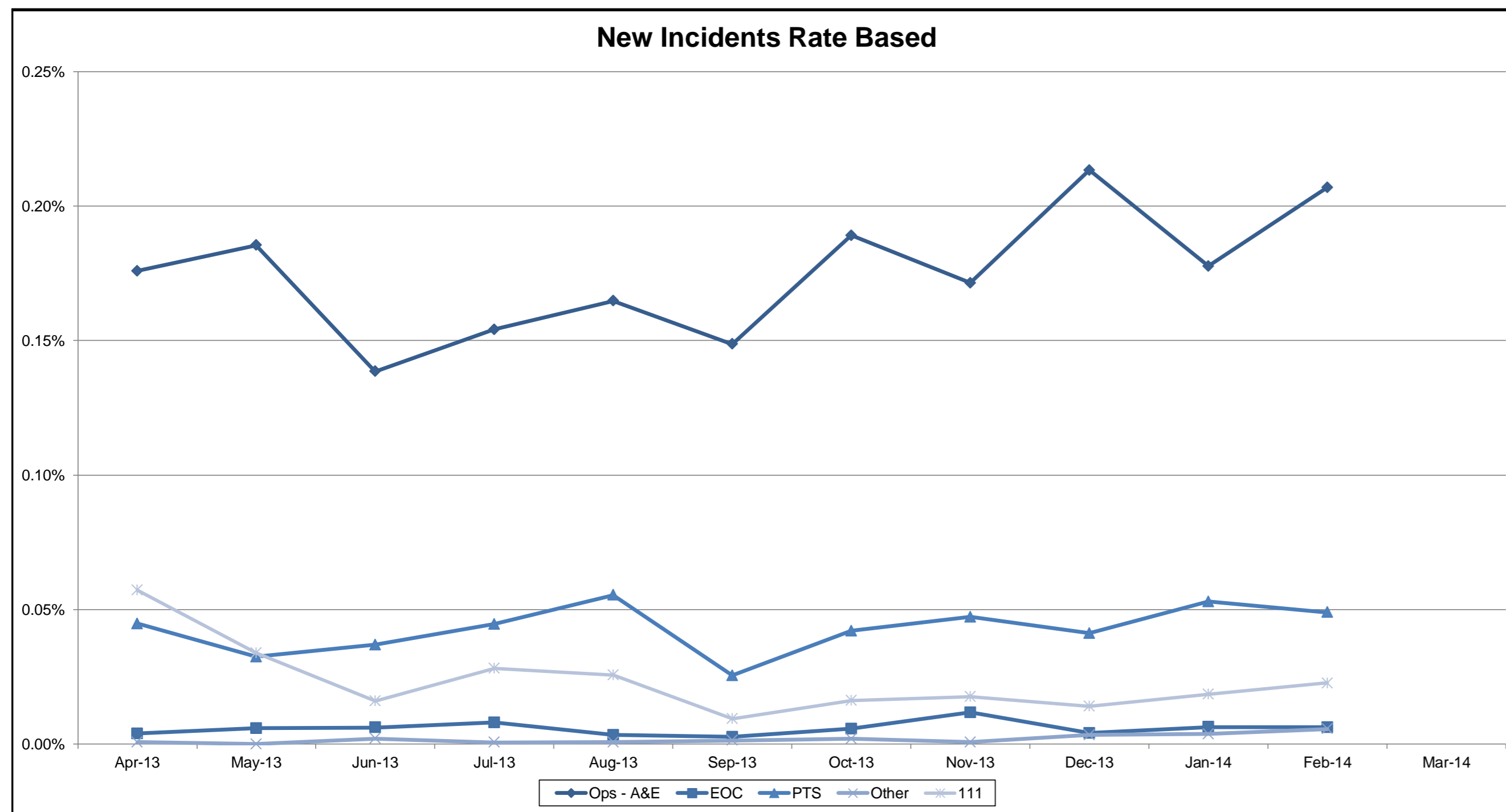
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

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

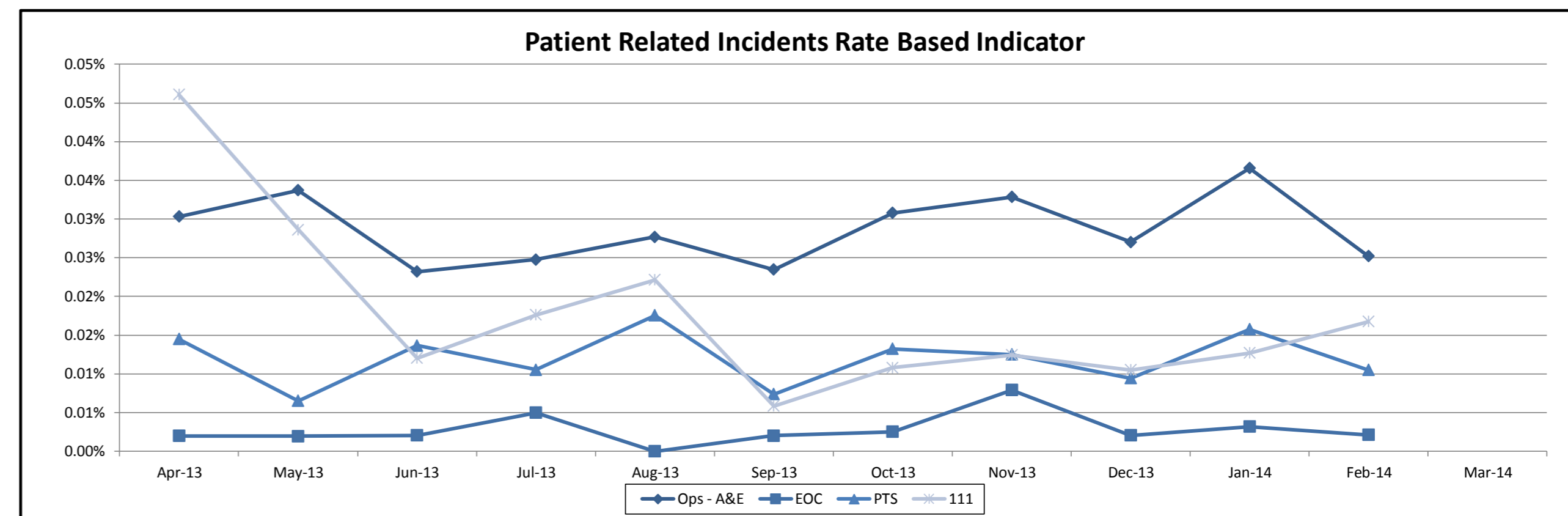


New Incidents Reported	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Ops - A&E	267 (0.18%)	286 (0.19%)	203 (0.14%)	249 (0.15%)	244 (0.16%)	222 (0.15%)	301 (0.19%)	261 (0.17%)	316 (0.21%)	282 (0.18%)	296 (0.21%)	
EOC	6 (0%)	9 (0.01%)	9 (0.01%)	13 (0.01%)	5 (0%)	4 (0%)	9 (0.01%)	18 (0.01%)	6 (0%)	10 (0.01%)	9 (0.01%)	
PTS	68 (0.04%)	50 (0.03%)	54 (0.04%)	72 (0.04%)	82 (0.05%)	38 (0.03%)	67 (0.04%)	72 (0.05%)	61 (0.04%)	84 (0.05%)	70 (0.05%)	
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%)	19 (0.02%)	23 (0.02%)	
Finance	1 (0%)	0 (0%)	3 (0%)	1 (0%)	1 (0%)	2 (0%)	3 (0%)	1 (0%)	5 (0%)	6 (0%)	8 (0.01%)	
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%)	0 (0%)	6 (0%)	
Quality & Patient Experience	0 (0%)	2 (0%)	1 (0%)	2 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	1 (0%)	0 (0%)	
Resilience & Specialist Services	4 (0%)	5 (0%)	5 (0%)	8 (0%)	1 (0%)	5 (0%)	6 (0%)	0 (0%)	2 (0%)	3 (0%)	5 (0%)	
Support Services	6 (0%)	6 (0%)	2 (0%)	3 (0%)	8 (0.01%)	2 (0%)	2 (0%)	0 (0%)	3 (0%)	4 (0%)	0 (0%)	
Foundation Trust	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)	2 (0%)	0 (0%)	
Human Resources	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)	2 (0%)	1 (0%)	1 (0%)	0 (0%)	0 (0%)	3 (0%)	
Organisational Effectiveness and Education	0 (0%)	0 (0%)	0 (0%)	2 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)	2 (0%)	0 (0%)	
Risk & Safety	1 (0%)	2 (0%)	0 (0%)	1 (0%)	3 (0%)	2 (0%)	0 (0%)	1 (0%)	0 (0%)	2 (0%)	0 (0%)	
ICT	1 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)	1 (0%)	0 (0%)	
TOTALS	395	387	298	390	385	293	420	389	420	416	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%)	58 (0.04%)	36 (0.03%)	
EOC	3 (0%)	3 (0%)	3 (0%)	8 (0%)	0 (0%)	3 (0%)	4 (0%)	12 (0.01%)	3 (0%)	5 (0%)	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%)	25 (0.02%)	15 (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%)	13 (0.01%)	17 (0.02%)	
Medical Operations	0 (0%)	0 (0%)	4 (0%)	1 (0%)	5 (0%)	5 (0%)	7 (0%)	6 (0%)	3 (0%)	0 (0%)	1 (0%)	
OTHER	1 (0%)	3 (0%)	2 (0%)	1 (0%)	0 (0%)	1 (0%)	0 (0%)	1 (0%)	0 (0%)	0 (0%)	1 (0%)	
TOTALS	105	90	72	82	91	60	91	100	72	101	73	
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	29	30	
Previous Year	31	43	42	23	42	33	30	40	35	23	14	31

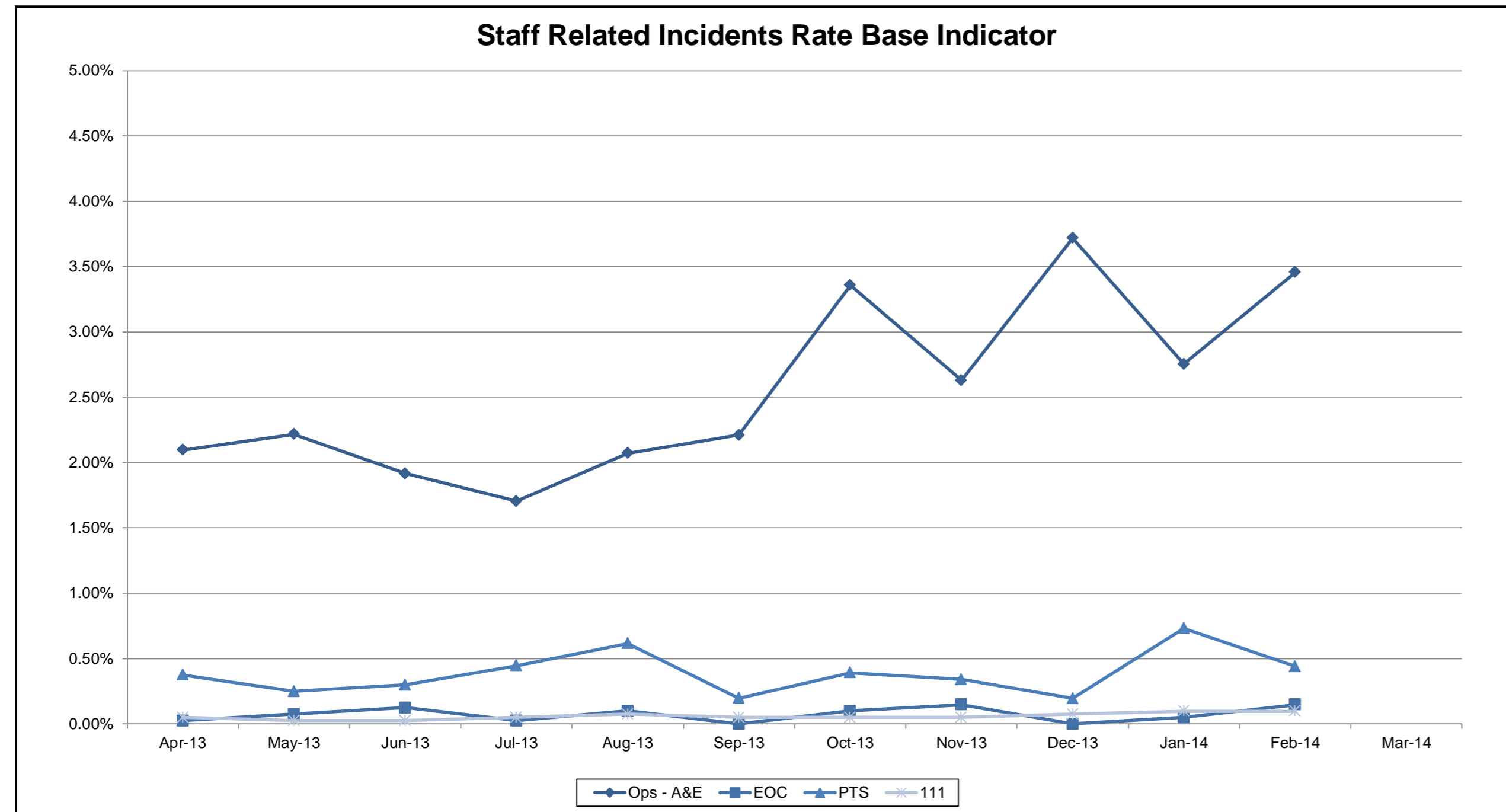
Morphine Related Incidents

OBJ REF 3

Number of Morphine Incidents	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Breakage	10	11	5	8	6	5	8	7	14	8	14	
Administrative errors	3	5	0	7	2	2	4	2	6	1	3	
Loss	1	2	1	1	2	3	0	2	1	2	1	
Clinical	0	0	1	0	0	0	0	0	0	0	0	
TOTAL (Current Year)	14	18	7	16	10	10	12	11	23	11	19	
TOTAL (Previous Year)	12	20	20	11	18	13	14	20	14	12	4	12

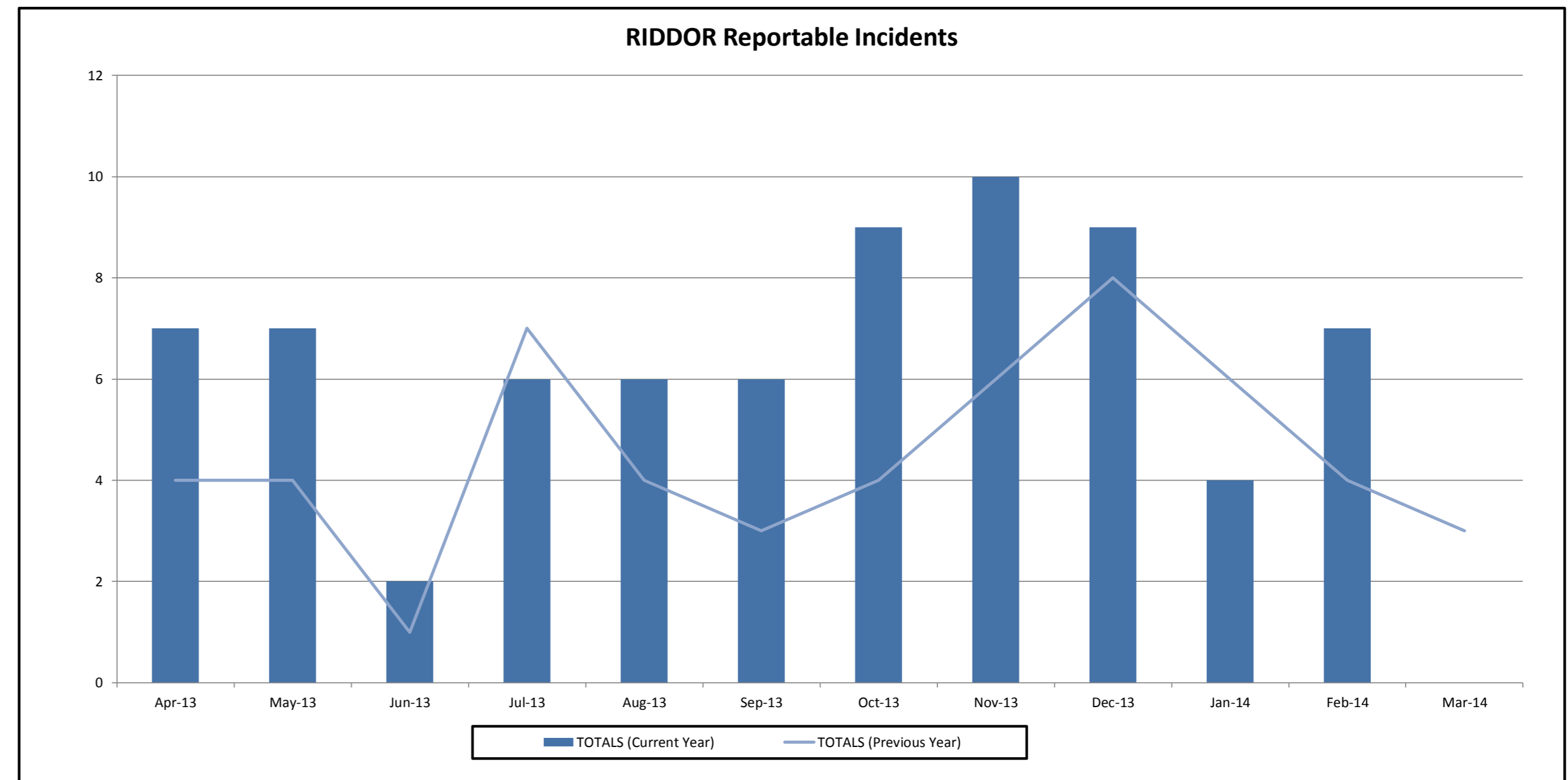
Staff Related Incidents

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%)	113 (2.75%)	142 (3.46%)	
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%)	2 (0.05%)	6 (0.15%)	
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%)	30 (0.73%)	18 (0.44%)	
111	2 (0.05%)	1 (0.02%)	1 (0.02%)	2 (0.05%)	3 (0.07%)	2 (0.05%)	2 (0.05%)	2 (0.05%)	3 (0.07%)	4 (0.1%)	4 (0.1%)	
Finance	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)	0 (0%)	2 (0.05%)	3 (0.07%)	1 (0.02%)	0 (0%)	2 (0.05%)	5 (0.12%)	
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%)	0 (0%)	2 (0.05%)	
Quality & Patient Experience	0 (0%)	0 (0%)	1 (0.02%)	2 (0.05%)	0 (0%)	0 (0%)	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%)	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%)	1 (0.02%)	0 (0%)	
Foundation Trust	0 (0%)	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)	0 (0%)	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%)	0 (0%)	3 (0.07%)	
Organisational Effectiveness and Education	0 (0%)	0 (0%)	0 (0%)	1 (0.02%)	0 (0%)	0 (0%)	0 (0%)	1 (0.02%)	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%)	0 (0%)	0 (0%)	
ICT	1 (0.02%)	0 (0%)	0 (0%)	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	153	181	
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	0	0	
East Riding of Yorkshire CBU	4	1	0	2	1	1	1	4	1	0	1	
Leeds & Wakefield CBU	2	0	0	0	0	1	1	0	0	1	1	
Bradford, Calderdale and Kirklees CBU	1	3	0	2	2	2	4	2	2	3	3	
South Yorkshire CBU	0	0	0	2	1	0	0	3	3	0	1	
Operations PTS	0	1	0	0	0	0	1	0	1	0	1	
Other Directorates	0	0	0	0	1	0	0	0	1	0	0	
TOTALS (Current Year)	7	7	2	6	6	6	9	10	9	4	7	
TOTALS (Previous Year)	4	4	1	7	4	3	4	6	8	6	4	3

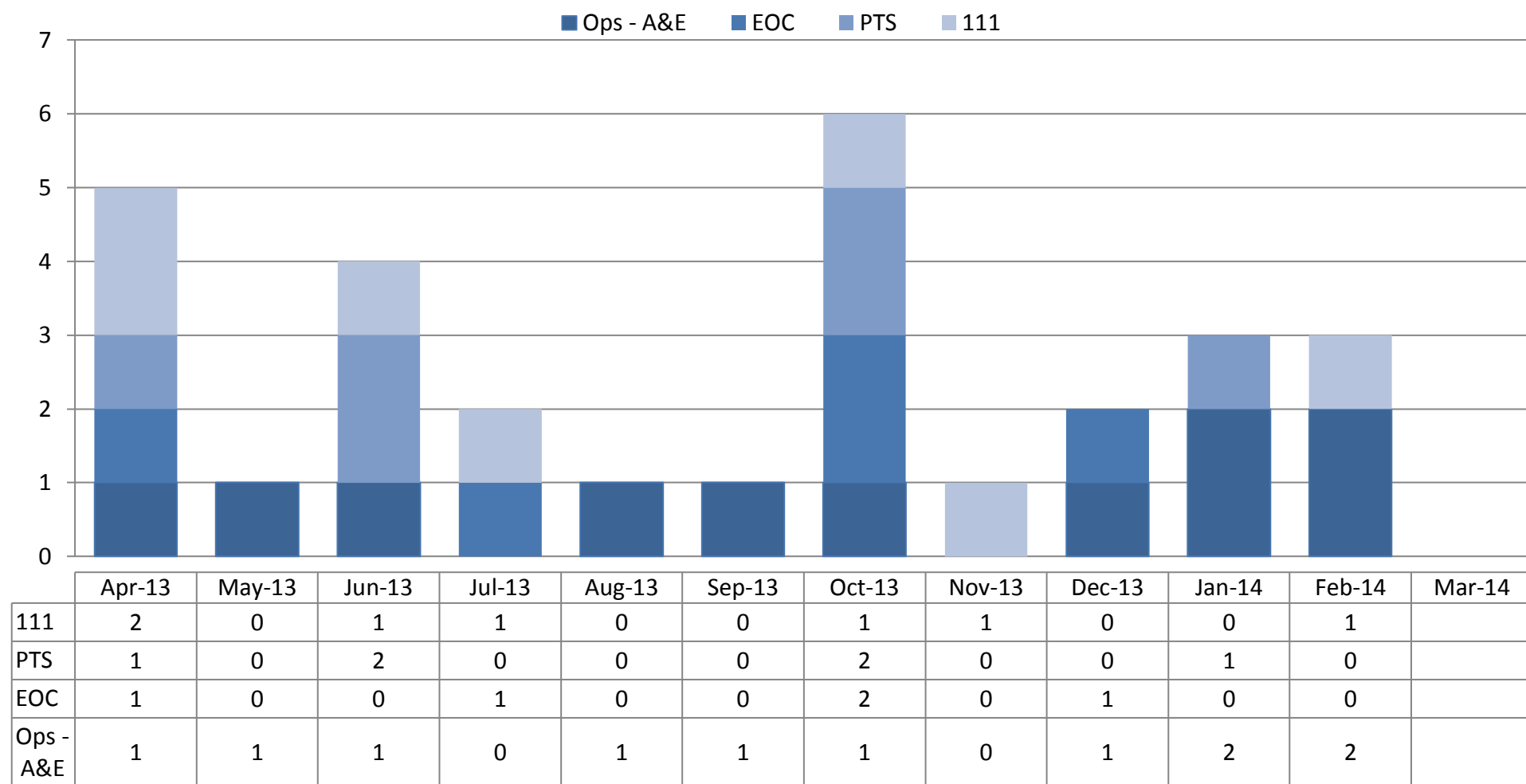
Incident Type	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Contact with moving machinery or materials	0	0	0	0	0	0	0	0	0	0	1	
Hit by a moving, flying or falling object	1	2	0	0	0	0	0	0	0	0	0	
Hit by a moving vehicle	1	0	0	1	0	0	0	0	1	0	0	
Hit by something fixed or stationary	0	1	0	0	0	0	0	0	0	0	0	
Injured while handling, lifting or carrying	1	3	0	2	1	5	7	7	2	3	3	
Slip, trip or fall on the same level	1	1	0	0	1	1	2	1	3	1	2	
Fall from a height	0	0	0	0	0	0	0	0	0	0	0	
Trapped by something collapsing	0	0	0	0	0	0	0	0	0	0	0	
Drowned or asphyxiated	0	0	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	0	1	
Exposed to fire	0	0	0	0	0	0	0	0	0	0	0	
Exposed to an explosion	0	0	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	0	0	
Injured by an animal	0	0	0	0	0	0	0	1	0	0	0	
Physically assaulted by a person	1	0	1	0	1	0	0	1	0	0	0	
Another kind of accident	1	0	0	2	3	0	0	0	3	0	0	
Total	7	7	2	6	6	6	9	10	9	4	7	

Yorkshire Ambulance Service - Quality - Safety

SUI Incidents by Area

OBJ REF 3

Serious Incidents by Area



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	3	3	
TOTAL (Previous Year)		3	1	2	4	2	0	2	3	4	5	6	5

Incident Type	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Delayed dispatch/response	2	0	1	0	0	1	2	1	1	0	1	
Road Traffic Collision	0	0	0	0	0	0	0	0	0	0	0	
Clinical care	1	1	0	0	0	0	1	0	1	1	0	
Inadequate clinical assessment	1	0	0	0	0	0	0	0	0	1	0	
Violence & aggression	0	0	0	0	0	0	0	0	0	0	0	
Data protection breach	0	0	0	0	0	1	0	0	0	0	0	
Adverse media attention	0	0	0	0	0	0	0	0	0	0	0	
Medication related	0	0	0	0	0	0	0	0	0	0	0	
Patient Fall	0	0	2	0	0	0	1	0	0	1	0	
Maternity issue	0	0	1	0	0	0	0	0	0	0	0	
Other	1	0	0	2	1	0	2	0	0	0	2	
Total	5	1	4	2	1	2	6	1	2	3	3	

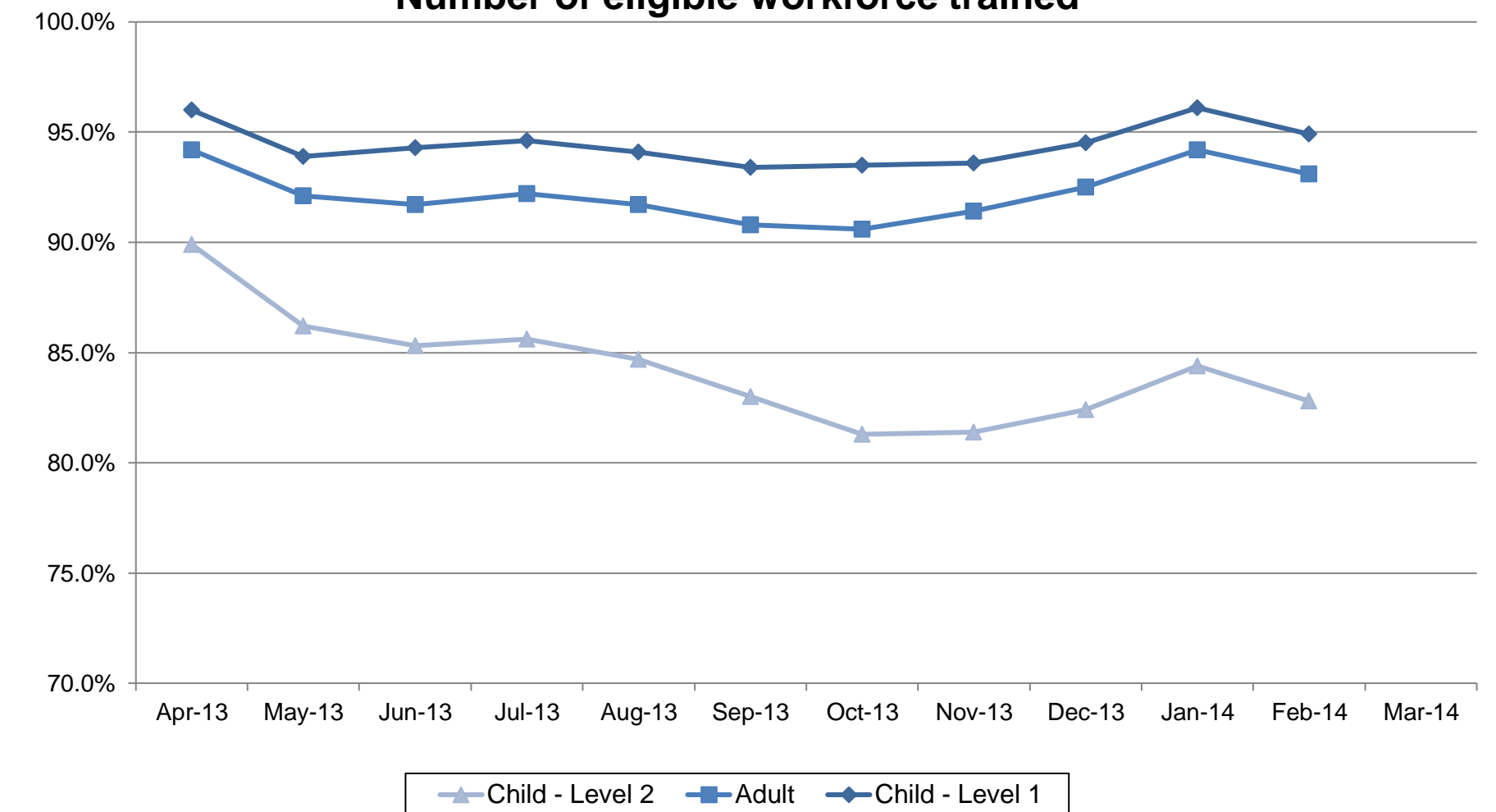
Yorkshire Ambulance Service - Quality - Safeguarding

February 2014

Training Position

YTD RAG GREEN
 MTD RAG GREEN

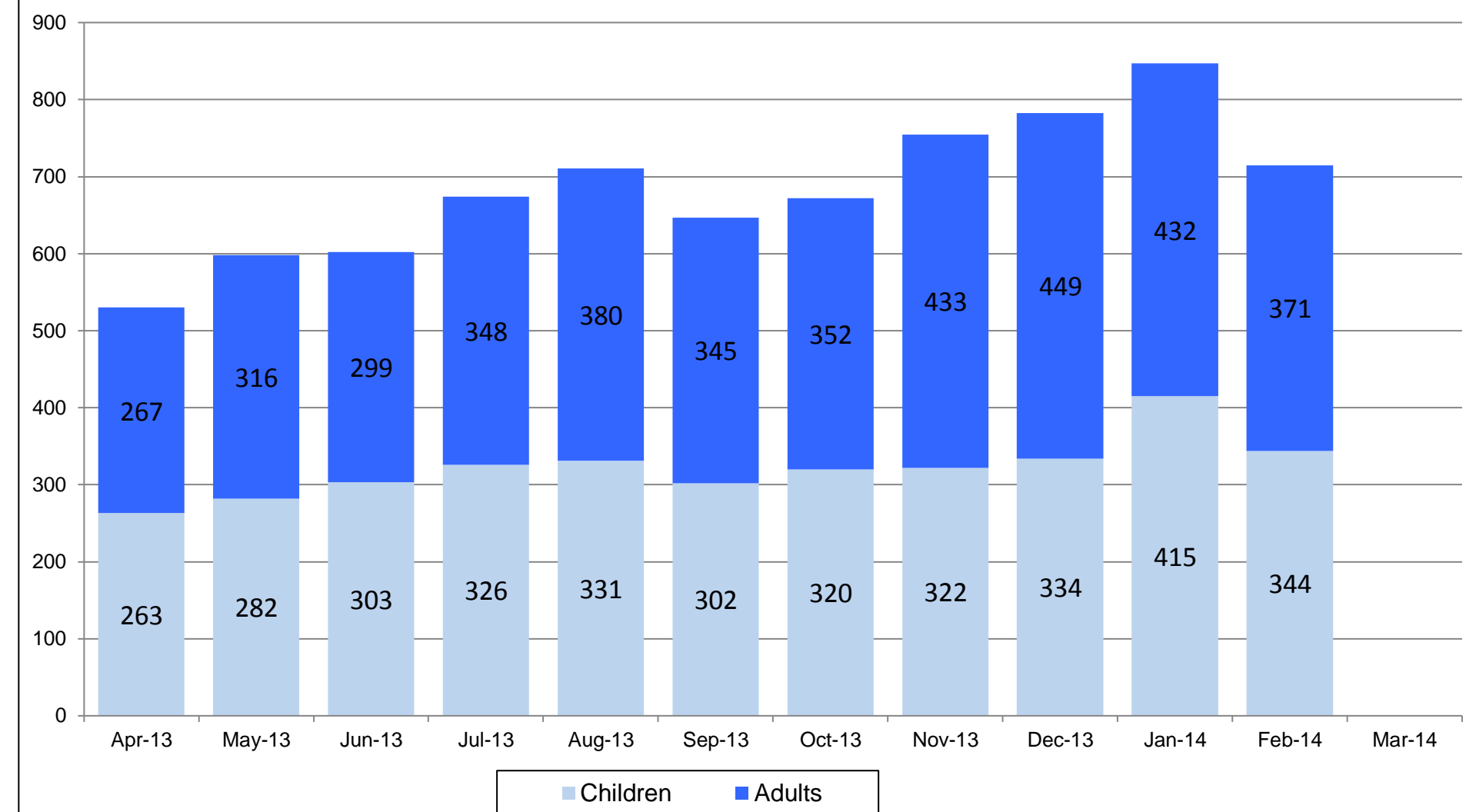
Number of eligible workforce trained



Number of Child and Adult Referrals

OBJ REF 3

Number of Referrals



Clinical Audit Programme

OBJ REF

1.2 : 2 : 3 : 8.1

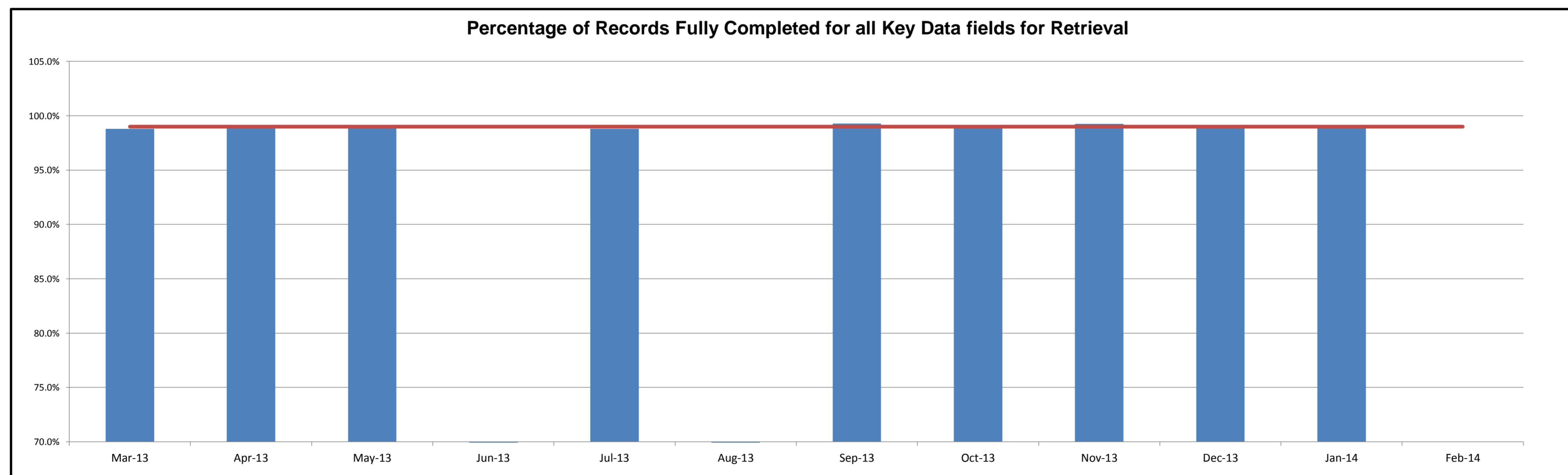
National Audit Programme

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	AMBER	GREEN	
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	AMBER	AMBER	AMBER	

Patient Report Form Audit



Percentage of Records Fully Completed For All Key Data Fields Used For Retrieval	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Total Forms Scanned	51,552	58,403	60,230	TBC	63,454	TBC	55,676	63547	96991	114085	39682	
Total of forms with key data incomplete	621	634	630	542	742	612	401	559	717	1156	379	
% of Completed Forms	98.8%	98.9%	99.0%	TBC	98.8%	TBC	99.3%	99.1%	99.3%	99.0%	99.0%	

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 and August 2013 data.

Yorkshire Ambulance Service - Quality - Patient Experience and Involvement

February 2014

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	0	0		4
	Telephone Manner		0	1	2	1	1	2	0	2	0	0	1		10
EOC Call Handling	Red AMPDS		1	1	0	0	0	1	0	1	0	1	0		5
	Green AMPDS		0	0	0	0	0	2	1	0	1	0	3		7
	Green Clinical Hub		5	2	1	5	4	6	2	6	4	5	4		44
	Green 111 triage		10	6	3	4	2	5	3	6	6	1	0		46
	HCP Request		2	1	1	0	1	0	0	1	1	1	0		8
EOC Delayed Response	Red		3	1	1	0	5	5	6	4	2	4	5		36
	Green 1, 2, 3, 4		2	7	1	10	4	10	14	7	9	14	21		99
	IHT		2	4	1	2	3	4	5	0	0	4	0		25
	Admission		2	2	2	5	2	1	3	1	3	2	0		23
	Take Home		0	0	0	1	2	0	1	1	2	0	3		10
	Other		0	0	0	1	0	0	1	2	4	1	5		14
EOC TOTAL			27	25	13	29	25	36	37	32	32	33	42		331
Demand Activity (Based on Number of Calls)			64768	66207	64019	70404	66651	64147	68192	66784	71894	67294	62645		733005
% Rate			0.04%	0.04%	0.02%	0.04%	0.04%	0.06%	0.05%	0.05%	0.04%	0.05%	0.07%		0.05%
A&E Attitude	Lack of Care		5	4	8	9	3	9	4	4	5	14	4		69
	Communication Skills		4	10	10	6	9	10	10	10	16	15	6		106
A&E Clinical	Assessment		0	3	3	3	4	5	5	1	0	2	1		27
	Clinical Handover		0	1	1	0	5	4	5	1	3	0	0		20
	Treatment		0	3	0	11	0	2	1	0	1	14	5		37
	Moving & Handling		1	0	2	0	2	1	0	1	0	0	0		7
A&E Operations	Pathways		2	2	1	4	2	4	1	1	7	7	1		32
	Operational Procedures		11	7	6	13	8	9	17	8	11	12	15		117
	Vehicles & Stretchers		1	1	2	2	0	3	1	1	4	1	2		18
	Driving		4	6	8	8	4	7	9	6	7	10	6		75
	Other		1	0	1	0	0	0	0	0	0	1	0		3
A&E TOTAL			29	37	42	56	37	54	53	33	54	76	40		511
Demand Activity (Based on Number of Responses)			58299	59294	56942	61749	59123	56876	60026	58760	63072	59853	54804		648798
% Rate			0.05%	0.06%	0.07%	0.09%	0.06%	0.09%	0.09%	0.06%	0.09%	0.13%	0.07%		0.08%

Grade Profile			Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Complaints, Concerns & Comments (including Service to Service)	Red	North	0	0	0	0	0	0	0	0	1	0	0		1	
		South	0	0	0	0	0	0	0	0	0	0	1	0		1
		Hull & East	0	0	0	0	1	0	0	0	0	0	1	0		2
		ABL	0	0	0	0	0	1	0	0	0	1	0	0		2
		CKW	1	0	1	0	1	0	0	0	0	0	1	0		4
		EOC	0	0	0	0	0	0	0	1	1	0	0	0		2
		Total	1	0	1	0	2	1	1	2	1	3	0	0		12
	Amber	North	1	0	0	1	0	0	1	1	2	1	0	3		9
		South	1	1	0	0	1	2	3	0	0	0	0	0		8
		Hull & East	0	3	0	1	0	1	2	0	1	1	1	1		10
		ABL	2	1	2	1	4	1	3	2	1	0	0	0		17
		CKW	0	0	1	5	1	1	3	2	2	3	1	1		19
		EOC	7	4	1	3	4	5	4	2	3	2	3	3		38
		Total	11	9	4	11	10	10	16	8	8	6	8	8		101
	Yellow	North	4	5	6	10	2	7	4	3	6	8	5			60
		South	3	4	6	7	6	11	8	2	3	11	4			65
		Hull & East	1	3	2	3	3	4	3	1	3	7	5			35
		ABL	5	6	5	6	6	5	6	1	5	9	7			61
		CKW	5	3	4	7	1	8	2	0	8	9	3			50
		EOC	18	21	10	24	15	31	31	28	25	26	36			265
		Total	36	42	33	57	33	66	54	35	50	70	60			536
	Green	North	0	3	2	2	2	5	3	5	3	4	3			32
		South	2	3	7	4	3	2	7	5	7	7	1			48
		Hull & East	0	2	1	2	0	0	3	2	4	3	3			20
ABL		1	1	2	5	3	5	3	3	4	6	2			35	
CKW		4	2	3	1	3	1	2	7	5	5	2			35	
EOC		2	0	2	3	6	0	1	1	4	5	3			27	
Total		9	11	17	17	17	13	19	23	27	30	14			197	

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	17	1		342

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	2	1		21
	Administration Error		A	1	1	1	3	1	5	0	4	2	1	0		19
	Call Handling		J	0	0	1	1	0	1	0	0	0	0	0		3
PTS Operations	Attitude		B	6	7	1	8	3	6	5	5	3	3	6		53
	Driving		I	2	2	1	0	1	3	4	3	4	4	4		28
	Vehicle Condition/Comfort		E	0	0	0	1	1	0	1	1	0	0	0		4
	Non-Attendance/Late to Collect Patient from Home		F H U	6	13	6	14	9	6	6	5	11	11	6		93
	Patient Early/Late for Appointment		T S	4	3	0	3	5	4	1	2	2	2	2		28
	Non-Attendance/Late to Collect Patient from Clinic/Hospital		D G V	12	10	16	24	10	18	13	11	18	8	5		145
	Patient Injury		M N	1	2	1	1	2	0	2	2	1	0	0		12
	Patient Care		O	1	3	2	2	3	4	3	7	3	6	6		40
	Vehicle Unsuited		W	6	4	2	1	6	3	2	4	2	2	1		33
Time on Vehicle		P	2	1	0	0	1	0	4	2	3	3	2		18	
PTS Other				9	5	7	5	1	2	2	0	0	0	1		32
SUB TOTAL 4Cs				50	55	40	68	43	54	43	49	51	42	34		529
PTS Service-to-Service				101	80	88	92	81	69	58	36	33	33	28		699
TOTAL				151	135	128	160	124	123	101	85	84	75	62		1228
Demand Activity				93504	95108	89594	99849	89007	92428	99184	93456	84999	98866	88228		1024223
% Rate				0.16%	0.14%	0.14%	0.16%	0.14%	0.13%	0.10%	0.09%	0.10%	0.08%	0.07%		0.1%

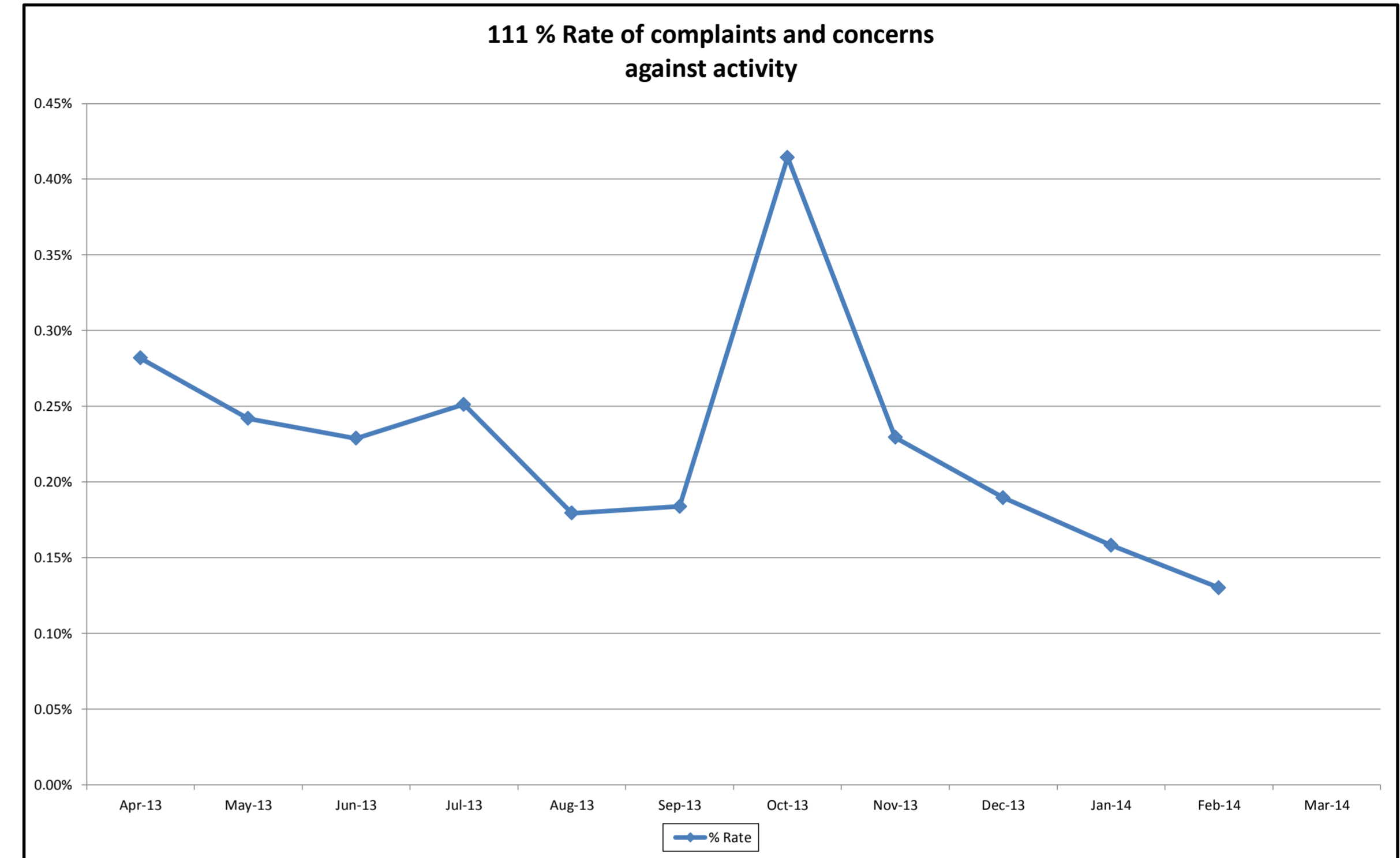
Grade Profile			Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Complaints, Concerns & Comments (Not Service to Service)	Red	North	0	0	0	0	0	0	0	0	0	1	0		1	
		South	0	0	0	0	0	0	0	0	0	0	0	0		0
		East	0	0	0	0	0	0	0	0	0	0	0	0		0
		West	0	0	0	0	0	0	0	0	0	0	0	0		0
		Total	0	0	0	0	0	0	0	0	0	0	1	0		1
	Amber	North	0	1	1	0	0	0	1	0	0	0	1	0		4
		South	0	0	0	0	2	0	0	1	0	0	0	0		3
		East	3	2	0	0	0	0	0	0	0	0	0	0		5
		West	3	3	0	0	0	0	0	0	0	0	1	0		7
		Total	6	6	1	0	2	0	1	1	0	2	0	0		19
	Yellow	North	6	3	2	10	12	2	6	2	0	4	0			47
		South	2	6	4	7	3	3	2	1	3	2	4			37
		East	4	7	5	8	5	5	3	8	8	1	2			56
		West	16	5	10	8	6	9	9	10	6	8	9			96
		Total	28	21	21	33	26	19	20	21	17	15	15			236
	Green	North	2	2	3	3	4	6	3	6	6	3	1			39
		South	2	5	6	6	1	11	5	3	5	5	6			55
		East	3	6	4	4	5	7	10	6	11	4	4			64
		West	9	15	5	22	5	11	4	12	12	12	8			115
		Total	16	28	18	35	15	35	22	27	34	24	19			273

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	3	0		17

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	2	3		30
Clinical	24	23	8	15	14	9	17	6	6	11	4		137
Operations	12	4	5	16	5	8	11	3	9	4	4		81
Sub Total	43	31	20	33	21	17	29	11	15	17	11		248
HCP Complaints & Concerns	159	155	151	181	133	140	355	211	202	145	121		1953
GRAND TOTAL	202	186	171	214	154	157	384	222	217	162	132		2201
Call Activity	71653	76900	74727	85198	85819	85410	92670	96749	114475	102405	101465		987471
% RATE	0.28%	0.24%	0.23%	0.25%	0.18%	0.18%	0.41%	0.23%	0.19%	0.16%	0.13%		0.22%



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	1	0		8
Clinical					1	1	5	5	5	7	7		31
Operations					2	1	4	3	2	3	0		15
Sub Total					3	4	11	9	9	11	7		54
HCP Complaints & Concerns					1	3	1	1	0	4	3		13
GRAND TOTAL					4	7	12	10	9	15	10		67
Call Activity					17931	17237	18664	20713	24176	20113	20158		138992
% RATE					0.02%	0.04%	0.06%	0.05%	0.04%	0.07%	0.05%		0.05%

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	10	4		124
LCD							2	1	2	16			21

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	0	0			4
	2 - 24 Working Days	5	5	12	10	5	6	5	8	4	6			66
	>25 Working Days	1	2	9	12	2	6	2	10	7	8			59
South	Within 1 Working Day	2	0	2	1	0	0	2	1	0	0			8
	2 - 24 Working Days	3	7	17	8	5	9	10	6	6	6			77
	>25 Working Days	4	1	10	7	6	6	6	6	4	13			63
Hull & East	Within 1 Working Day	0	0	0	0	1	0	0	1	1	0			3
	2 - 24 Working Days	3	4	3	4	3	1	3	1	3	1			26
	>25 Working Days	0	4	3	7	4	4	5	4	4	11			46
ABL	Within 1 Working Day	1	0	0	0	0	1	0	0	0	0			2
	2 - 24 Working Days	6	3	9	13	3	4	4	6	3	8			59
	>25 Working Days	1	5	12	11	11	7	8	6	7	8			76
CKW	Within 1 Working Day	5	0	0	0	1	1	0	0	1	0			8
	2 - 24 Working Days	5	3	13	6	7	4	4	7	6	5			60
	>25 Working Days	6	2	14	11	5	5	3	10	7	12			75
EOC	Within 1 Working Day	4	1	0	0	1	2	4	4	6	4			26
	2 - 24 Working Days	19	7	8	9	14	23	7	5	5	3			100
	>25 Working Days	5	17	7	23	10	11	26	23	21	26			169

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	0	0			4
	2 - 24 Working Days	6	4	3	7	10	7	6	7	4	8			62
	>25 Working Days	2	1	4	6	7	14	1	5	2	2			44
South	Within 1 Working Day	0	0	0	2	0	0	2	0	0	0			4
	2 - 24 Working Days	3	6	10	8	3	11	5	6	5	6			63
	>25 Working Days	2	2	2	6	4	3	0	6	3	1			29
East	Within 1 Working Day	0	1	0	2	0	0	2	2	2	0			9
	2 - 24 Working Days	8	8	11	3	10	11	11	21	14	3			100
	>25 Working Days	4	4	5	8	0	1	0	6	3	2			33
West	Within 1 Working Day	0	0	0	1	1	1	2	3	1	1			10
	2 - 24 Working Days	26	18	16	15	7	14	7	15	13	13			144
	>25 Working Days	6	3	2	15	3	5	4	14	4	6			62

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	3	6		35
EOC	0	0	2	0	0	2	1	0	0	0	0		5
PTS	0	1	2	4	0	2	3	1	0	2	1		16
111	0	14	3	2	0	0	2	0	3	3	2		29

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	0	1		2
Referral accepted	0	0	0	0	0	0	1	0	0	0	0		1
Referral rejected	0	0	1	0	0	0	0	0	0	0	0		1
Case upheld	0	0	0	0	0	0	0	0	0	0	0		0
Case not upheld	0	0	0	0	0	0	0	0	0	0	0		0
Outstanding	0	0	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	0	0		1
Referral accepted	0	0	0	1	0	0	0	0	0	0	0		1
Referral rejected	0	0	0	0	0	0	0	0	0	0	0		0
Case upheld	0	0	0	0	0	0	0	0	0	0	0		0
Case not upheld	1	0	0	1	0	0	0	0	0	0	0		2
Outstanding	0	0	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	0	0		1
Referral accepted	0	0	0	0	0	0	0	0	0	0	0		0
Referral rejected	0	0	0	0	0	0	0	0	0	0	0		0
Case upheld	0	0	0	0	0	0	0	0	0	0	0		0
Case not upheld	0	0	0	0	0	0	0	0	0	0	0		0
Outstanding	0	0	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	0		0
Referral accepted	0	0	0	0	0	0	0	0	0	0	0		0
Referral rejected	0	0	0	0	0	0	0	0	0	0	0		0
Case upheld	0	0	0	0	0	0	0	0	0	0	0		0
Case not upheld	0	0	0	0	0	0	0	0	0	0	0		0
Outstanding	0	0	0	0	0	0	0	0	0	0	0		0

A&E Patient Experience Survey

OBJ REF 1.2 : 3

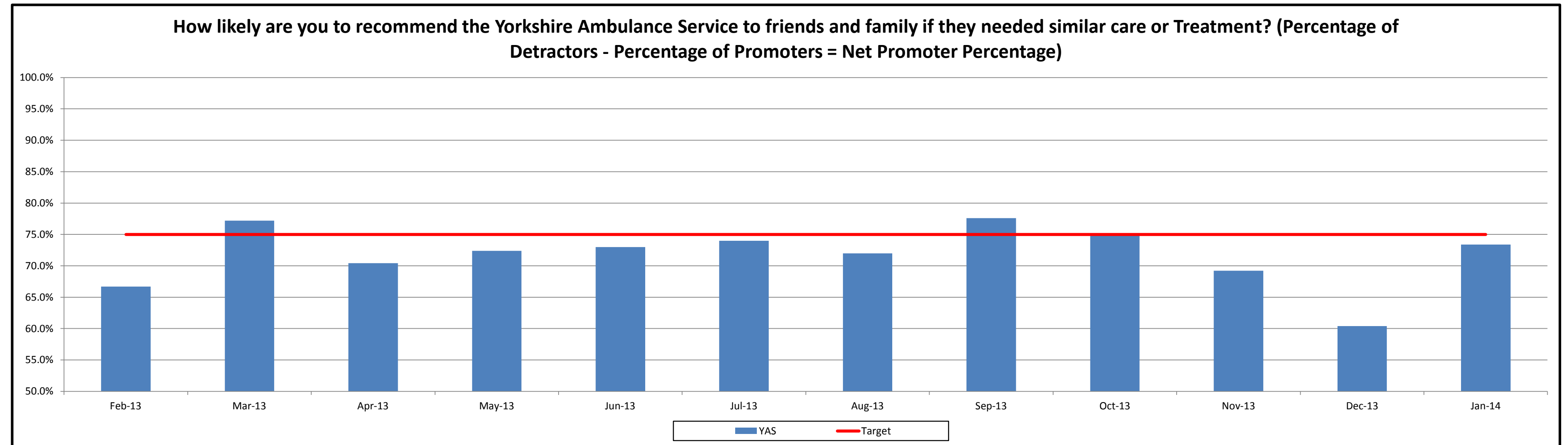
YTD RAG

AMBER



MTD RAG

AMBER



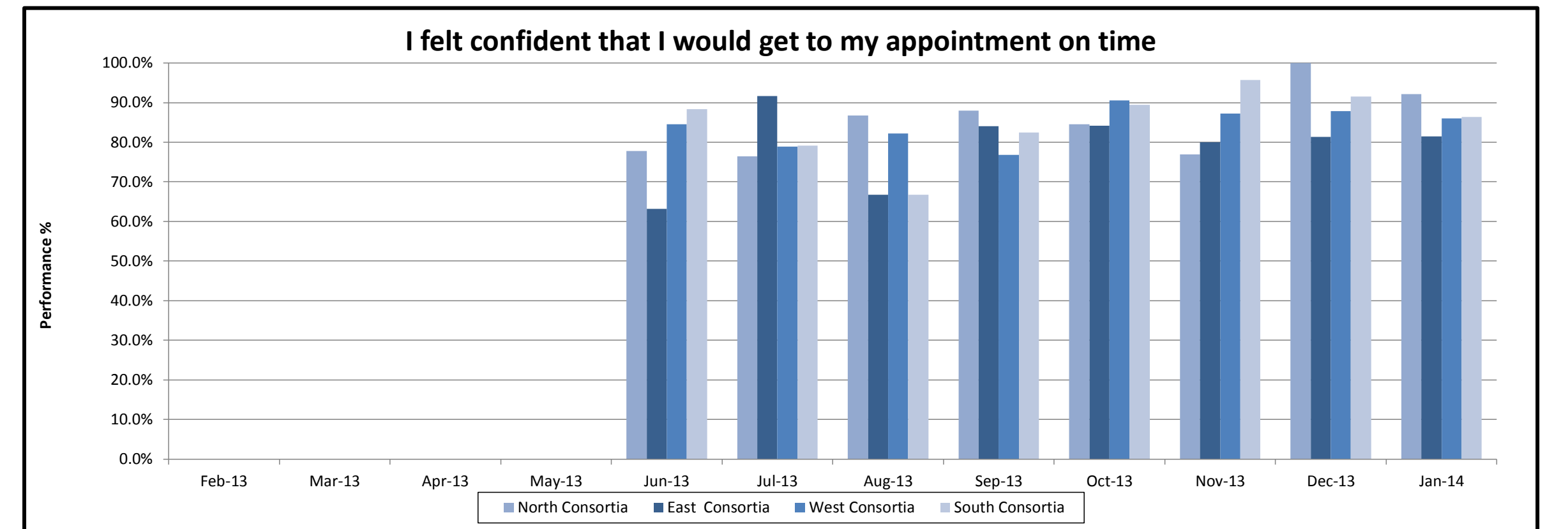
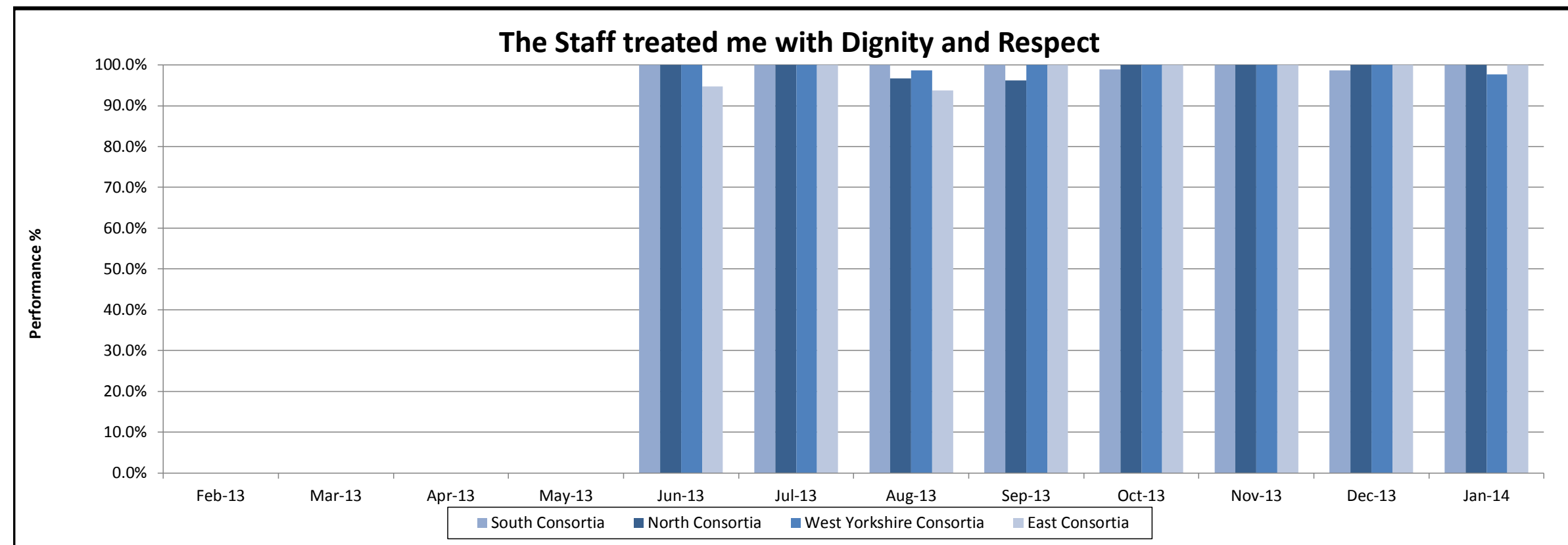
Overall Service	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
North Yorkshire CBU	66.7%	77.3%	69.2%	90.5%	87.0%	95.7%	82.8%	84.0%	82.8%	68.9%	71.1%	100.0%
East Yorkshire CBU	68.4%	77.4%	60.7%	48.3%	71.4%	59.1%	64.0%	75.0%	75.8%	71.9%	53.8%	73.3%
Calderdale, Kirklees & Wakefield CBU	66.7%	53.6%	72.7%	86.2%	81.8%	73.3%	82.5%	75.0%	86.2%	77.4%	75.0%	66.7%
Leeds, Bradford & Airedale CBU	56.3%	83.3%	83.9%	64.0%	56.3%	83.3%	76.9%	58.3%	76.5%	72.7%	66.7%	72.7%
South Yorkshire CBU	66.7%	83.8%	68.8%	74.5%	82.5%	76.1%	73.2%	83.3%	79.4%	67.6%	73.5%	65.2%
Unknown Area	90.9%	88.9%	65.5%	75.0%	35.3%	63.8%	29.4%	87.5%	50.0%	59.5%	-	71.9%
YAS	66.7%	77.2%	70.4%	72.4%	73.0%	74.0%	72.0%	77.6%	75.0%	69.2%	60.4%	73.4%
YAS variance to previous Month	-4.4%	10.5%	-6.8%	2.0%	0.6%	1.0%	-2.0%	5.6%	-2.6%	-5.8%	-8.8%	13.0%

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

PTS Patient Experience Survey

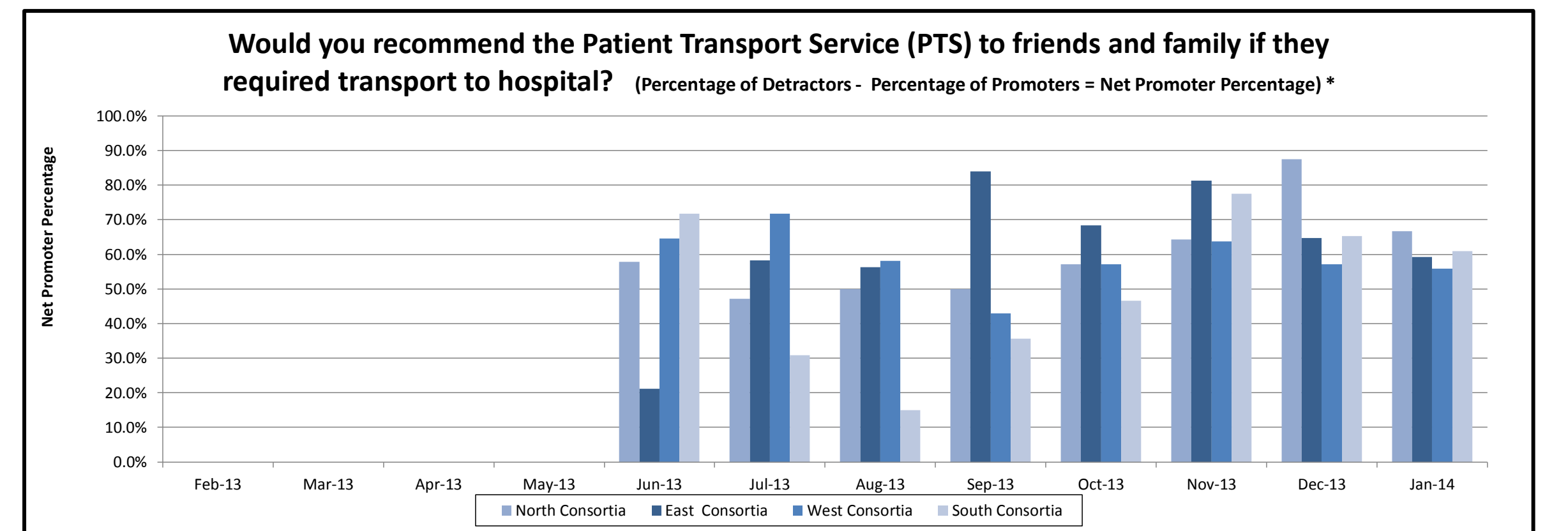
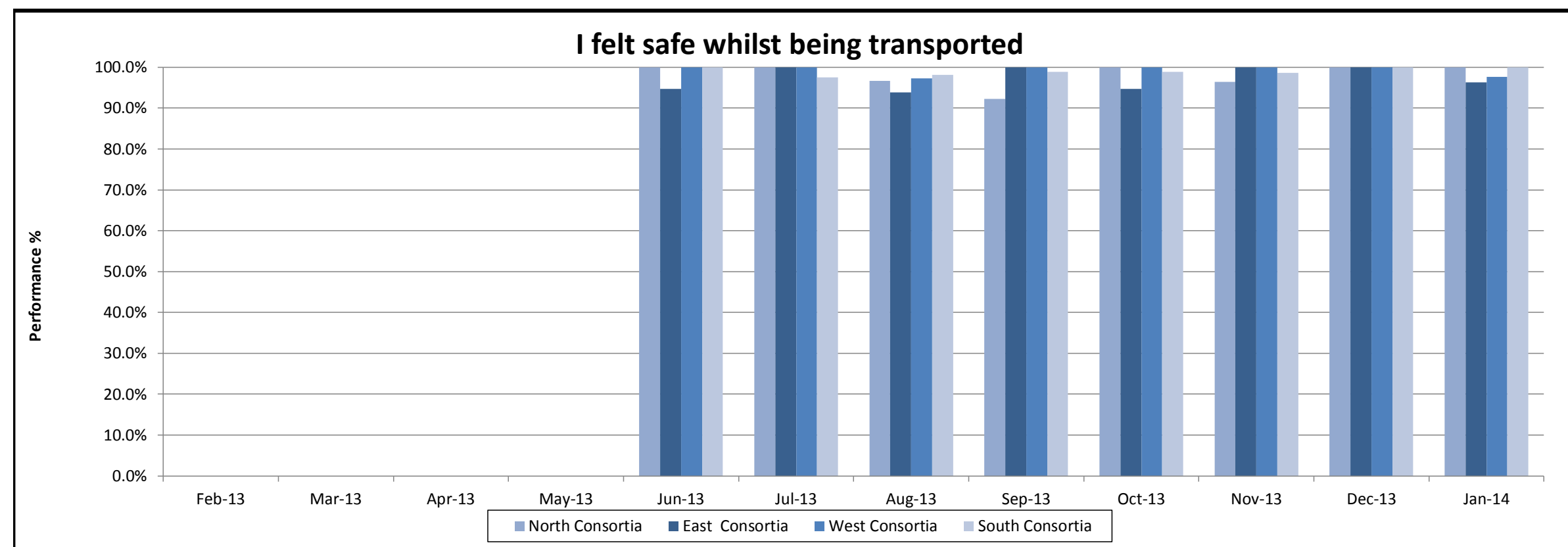
OBJ REF 1.2 : 3

	YTD RAG	N/A
←	MTD RAG	N/A



	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
North Consortia					100.0%	100.0%	96.7%	96.2%	100.0%	100.0%	100.0%	100.0%
East Consortia					94.7%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%
West Yorkshire Consortia					100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	97.7%
South Consortia					100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	98.6%	100.0%

	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
North Consortia					77.8%	76.5%	86.7%	88.0%	84.6%	76.9%	100.0%	92.1%
East Consortia					63.2%	91.7%	66.7%	84.0%	84.2%	80.0%	81.3%	81.5%
West Consortia					84.6%	78.9%	82.2%	76.8%	90.6%	87.3%	87.9%	86.0%
South Consortia					88.4%	79.2%	66.7%	82.4%	89.5%	95.7%	91.5%	86.4%



	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
North Consortia					100.0%	100.0%	96.7%	92.3%	100.0%	96.4%	100.0%	100.0%
East Consortia					94.7%	100.0%	93.8%	100.0%	94.7%	100.0%	100.0%	96.3%
West Consortia					100.0%	100.0%	97.3%	100.0%	100.0%	100.0%	100.0%	97.7%
South Consortia					100.0%	97.5%	98.2%	98.9%	98.9%	98.6%	100.0%	100.0%

* Promoters response 'Extremely Likely' & Detractors responses 'Neither Likely nor Unlikely', 'Unlikely', 'Extremely Unlikely' or 'Don't know'

	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
North Consortia					57.9%	47.1%	50.0%	50.0%	57.1%	64.3%	87.5%	66.7%
East Consortia					21.1%	58.3%	56.3%	84.0%	68.4%	81.3%	64.7%	59.3%
West Consortia					64.6%	71.7%	58.1%	42.9%	57.1%	63.8%	57.1%	55.8%
South Consortia					71.8%	30.8%	15.0%	35.6%	46.6%	77.5%	65.3%	60.9%

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

Comments

A new Intelligence model which has been completed for acute Trusts by the CQC is currently under development for the ambulance service. Compliance against the new model will be reported once this is in place.

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	January	February		
Number of cases due for response this month	26	45		
Number of cases due this month and responded to in time	13	34		
Number of cases due this month and responded to out of time	4	7		
Number of out of time (prior to this month) cases responded to this month	6	3		
Number of out of time cases still open	13	13		
Number of internal reviews open	4	2		
Number of internal reviews closed this month	-	2		
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	584	85%	97%
Police requests	136	1323		
Witness Statements / Police Interviews	42	420		
	This Month	Year to Date		
Coroner Requests	34	276		

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	GREEN	GREEN	

Comments

Data Protection Act (DPA) Requests

Legal Services

Workload within the legal services department remains high, with coroners requests in particular continuing to increase. KPIs continue to be maintained at an acceptable level and are monitored closely.



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	10/11	PDR %	An update report will be sent to Directors with a request to ensure that the overall completion rate is maintained at >75%	Directors and Managers	31st March 2014	AMBER
RED	4.4	11/11	Sickness / Absence %	New sickness policy agreed on 12/02/2014 and is being implemented. National negotiations on deduction of unsocial hours payments have been extended to the end of March.	All Directors and Managers	July 2014	RED

Comments on Workforce**The IPR identifies a number of key workforce performance issues for Board consideration:****Lost working time due to sickness absence:**

This month the sickness absence level across the trust has decreased slightly from the Jan figure and is now 6.48% however it remains above 6% for the third consecutive month. Key reasons for sickness absence remain as previously with the top two being Musculoskeletal and anxiety/depression related illnesses. NHS 111 & Urgent Care has demonstrated a further monthly reduction in sickness absence and now sits at 8.44% clearly reflecting the management focus on this issue, although there is clearly significant improvement still to be made.

Performance Development Reviews (PDRs)

Managers are continuing to monitor the completion of PDR's locally to ensure compliance. Work is on the way to review the PDR system to support Quality and Improvement.

Statutory and Mandatory Workbook:

This remains compliant, however, further work is under way to transfer to the new workbook.

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

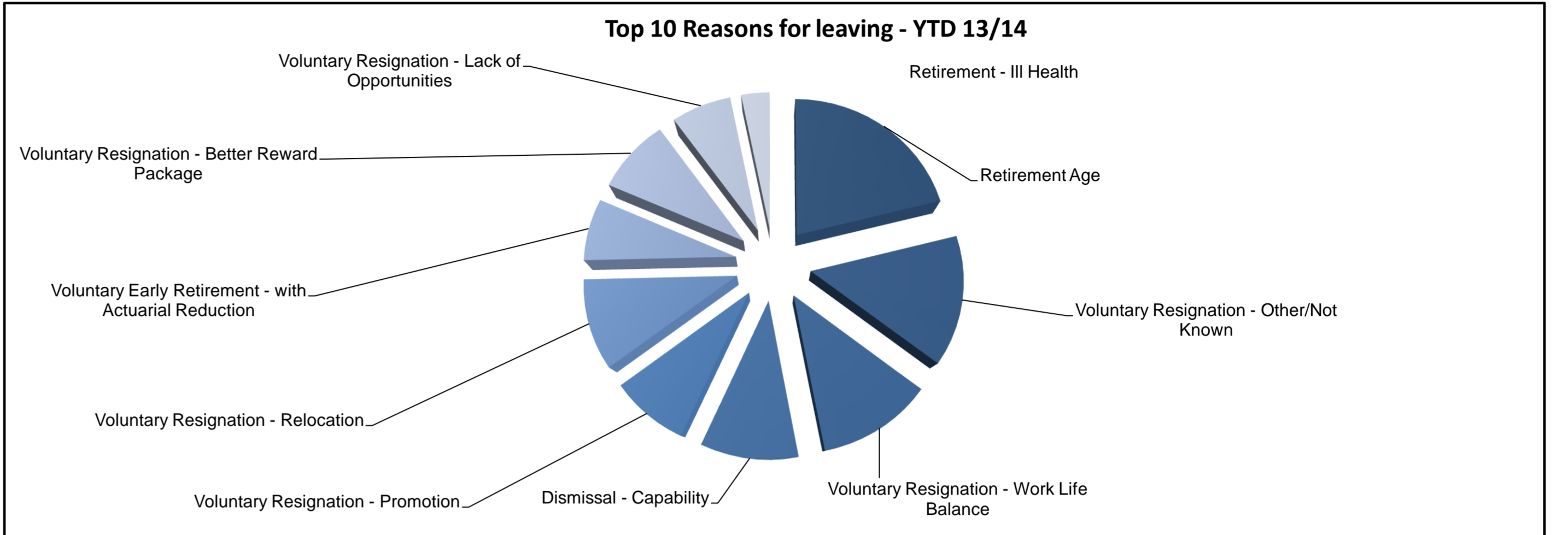
Recruits & Leavers

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	1.0	0.0	1.0	0.0	0.0	
Chief Executive FTE (Previous Year)	0.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
Clinical FTE	1.0	0.0	0.0	1.0	3.2	1.0	0.6	0.0	0.0	0.0	0.0	
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Finance & Performance FTE	7.2	2.9	8.4	20.9	1.4	23.5	21.3	7.3	3.0	25.6	19.1	
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	0.0	2.4	
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	12.4	15.4	19.0	30.4	28.1	35.0	37.4	2.6	0.4	27.4	13.0	
Operations FTE (Previous Year)	7.3	12.0	12.4	21.3	9.6	14.5	9.0	30.5	5.9	93.6	97.3	76.4
Standards & Compliance FTE	10.2	13.0	33.8	10.6	2.0	6.3	1.3	19.0	1.9	5.6	1.0	
Standards & Compliance FTE (Previous Year)	0.0	1.0	0.0	2.0	0.0	1.0	1.0	1.0	0.0	1.0	0.0	0.0
Total FTE	30.8	31.3	62.3	63.9	37.7	66.8	61.6	28.9	7.3	58.6	35.5	
Total FTE (Previous Year)	7.3	16.4	16.4	24.2	13.6	16.5	11.1	31.9	8.6	97.6	102.3	79.2

Leavers

OBJ REF 1.1



Leavers	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Chief Executive FTE	0.0	0.0	2.0	0.0	0.0	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	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	12.7	4.9	
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	3.0	1.0	
Workforce & Strategy FTE (Previous Year)	2.8	1.0	0.0	0.0	3.0	1.0	1.0	0.0	2.8	0.0	2.0	3.0
Operations FTE	14.3	10.2	22.2	21.7	23.1	26.5	6.3	5.4	13.2	16.3	10.9	
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	7.3	5.5	
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	39.2	22.3	
Total FTE (Previous Year)	27.7	15.1	9.6	25.5	17.2	19.9	19.3	14.6	21.8	13.1	12.4	22.9

Top Ten Reason	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	YTD 13/14
Retirement Age	5.0	1.2	7.7	8.3	6.8	5.6	3.9	3.7	6.0	5.5	2.8		56.5
Voluntary Resignation - Other/Not Known	6.3	2.5	2.0	3.6	6.1	6.8	2.0	2.1	1.0	4.6	1.0		38.0
Voluntary Resignation - Work Life Balance	0.1	3.9	7.0	2.9	2.3	5.5	2.6	1.7	1.3	3.1	0.9		31.3
Dismissal - Capability	4.0	2.0	4.0	1.0	3.9	1.8	1.4	0.6	3.5	0.0	3.9		26.1
Voluntary Resignation - Promotion	2.7	1.0	4.0	0.0	5.6	2.6	0.0	3.0	1.5	1.0	0.0		21.4
Voluntary Resignation - Relocation	0.0	2.0	2.0	2.5	3.6	3.1	1.8	2.5	2.8	4.0	2.0		26.3
Voluntary Early Retirement - with Actuarial Reduction	1.0	0.0	5.0	0.8	2.0	3.0	1.0	0.0	0.0	2.0	3.6		18.4
Voluntary Resignation - Better Reward Package	0.0	1.0	0.0	3.0	2.8	4.8	2.8	0.0	2.5	3.5	2.3		22.7
Voluntary Resignation - Lack of Opportunities	1.0	0.0	1.0	1.0	3.4	4.0	1.0	0.0	3.0	2.0	1.8		18.2
Retirement - Ill Health	1.0	0.0	1.0	2.0	1.0	2.0	0.0	0.0	0.0	1.6	0.0		8.6
Redundancy - Compulsory	0.0	0.0	1.0	3.2	0.0	2.0	1.4	0.0	0.8	0.0	0.0		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	6.8	2.0		15.5
Voluntary Resignation - Health	0.0	0.0	1.5	0.0	0.0	1.0	0.0	0.4	1.0	0.0	1.0		4.9
End of Fixed Term Contract - Other	0.0	0.4	0.0	1.0	0.0	1.0	0.9	0.0	0.0	1.7	0.0		5.0
Dismissal - Some Other Substantial Reason	0.0	1.0	0.0	1.0	0.0	0.0	1.0	0.5	2.0	1.0	0.5		7.0
Dismissal - Conduct	0.0	0.5	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0		2.5
Voluntary Resignation - Adult Dependents	0.0	1.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.6	0.0		2.1
Voluntary Resignation - Child Dependents	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0		1.4
Death in Service	0.0	0.0	0.0	1.0	0.0	0.0	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	0.0	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	2.0	0.0		2.5
Redundancy - Voluntary	0.0	0.0	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	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	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	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	0.0	0.5		1.5
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	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	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	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	0.0		0.0

PDR's EWI

OBJ REF 1.1

↓	YTD RAG	AMBER
	MTD RAG	AMBER

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%	100%	100%	
Clinical	83%	83%	73%	90%	77%	76%	63%	89%	97%	100%	97%	
Finance & Performance	75%	67%	76%	76%	73%	74%	60%	70%	75%	78%	77%	
Operations	65%	69%	72%	73%	69%	67%	72%	75%	74%	69%	72%	
Standards & Compliance	79%	9%	6%	7%	7%	14%	48%	78%	76%	80%	75%	
Workforce & Strategy	80%	87%	86%	76%	70%	67%	79%	82%	85%	81%	73%	
TRUST TOTAL (Current Year)	61%	64%	66%	67%	64%	62%	67%	74%	75%	73%	74%	
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%	88%	88%	
Clinical	94%	94%	91%	88%	79%	78%	78%	79%	82%	90%	90%	
Finance & Performance	87%	87%	86%	87%	86%	87%	80%	80%	81%	83%	82%	
Operations	90%	90%	90%	91%	90%	89%	90%	92%	94%	93%	94%	
Standards & Compliance	79%	79%	76%	83%	80%	80%	78%	67%	78%	76%	80%	
Workforce & Strategy	96%	94%	95%	94%	92%	92%	96%	97%	95%	96%	92%	
TRUST TOTAL (Current Year)	89%	89%	88%	90%	89%	88%	86%	86%	89%	89%	90%	
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 & current compliance just for this edition is 46.03% as of 28 Feb-14

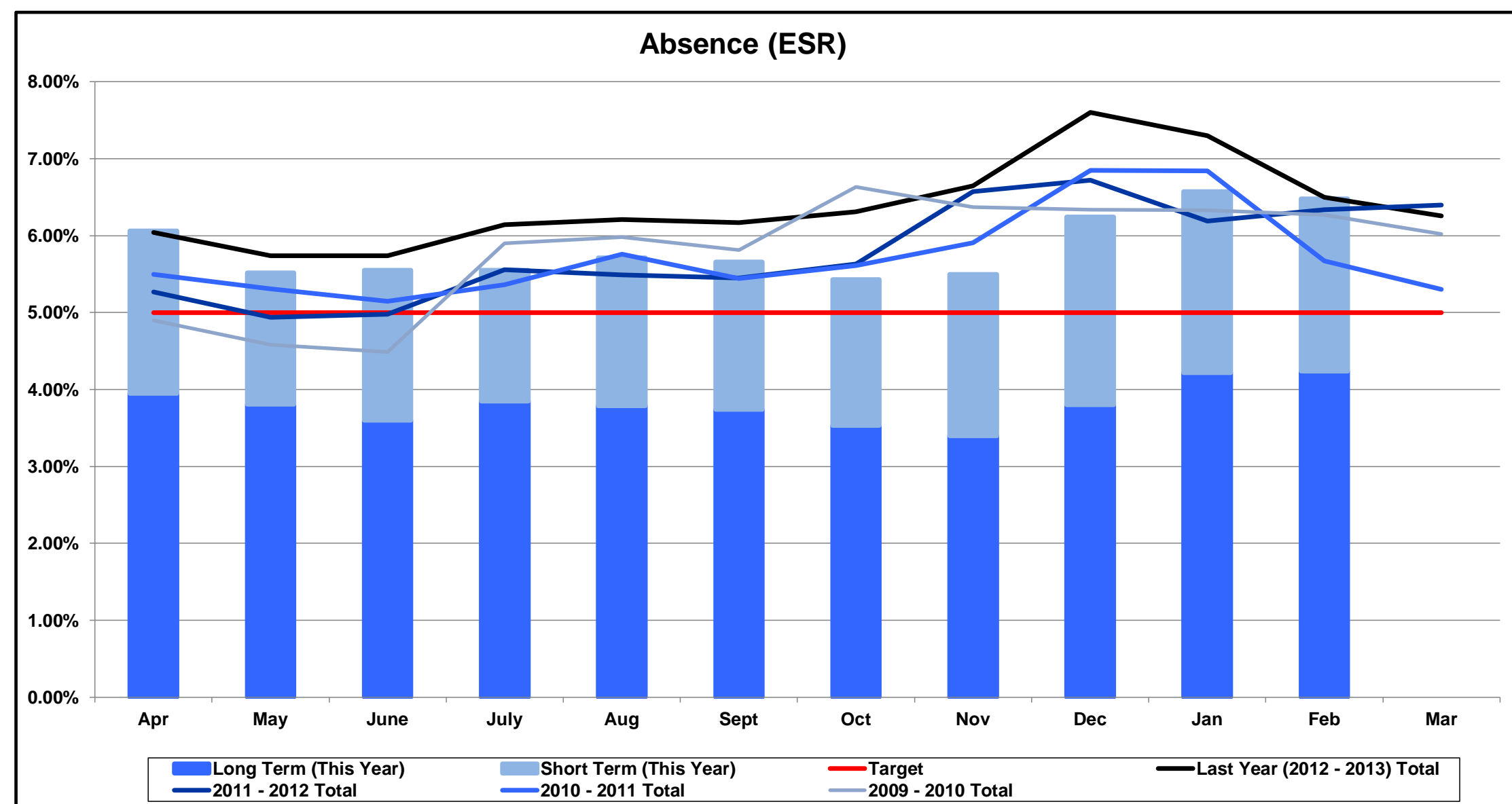
Short/Long Term Absence EWI

OBJ REF 1.1

YTD RAG RED
 MTD RAG RED

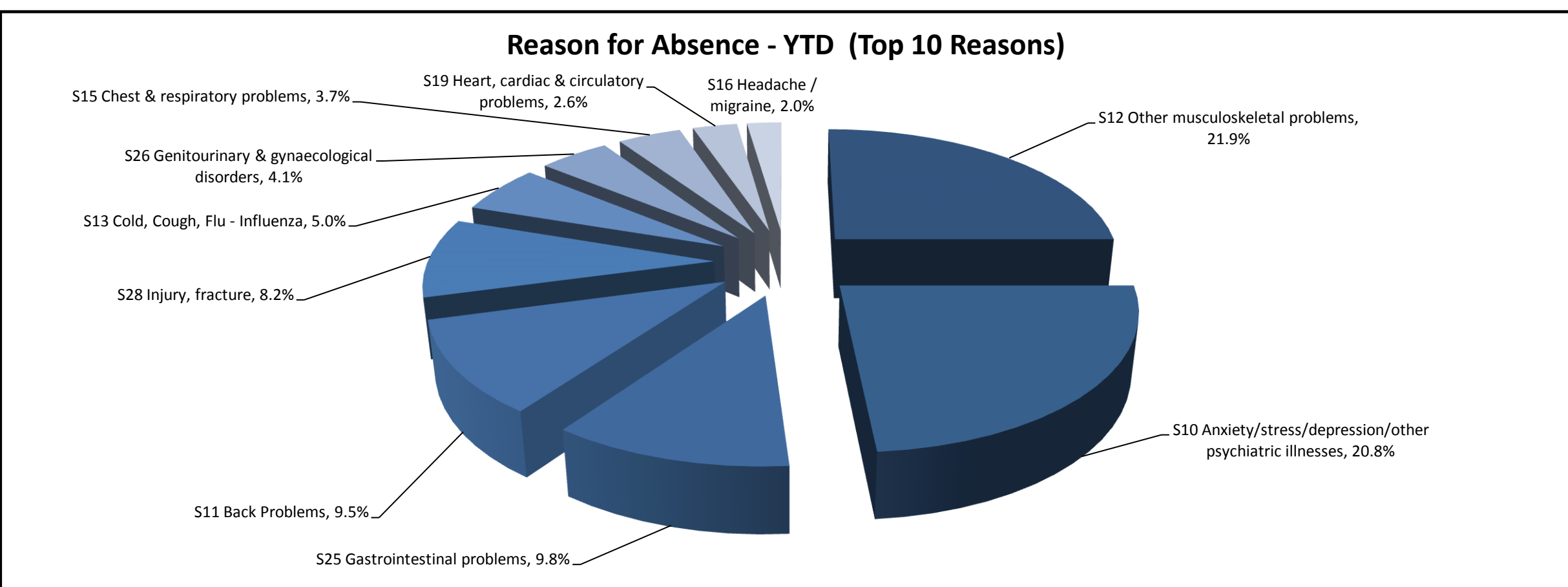
Reason for Absence EWI

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%	3.81%	3.60%	3.85%	3.79%	3.74%	3.53%	3.40%	3.80%	4.22%	4.24%		2.28%
Short Term (This Year)	2.11%	1.71%	1.95%	1.70%	1.92%	1.92%	1.90%	2.10%	2.44%	2.35%	2.24%		3.32%
This Year (2013 - 2014) Total	6.06%	5.52%	5.55%	5.55%	5.70%	5.66%	5.43%	5.50%	6.25%	6.57%	6.48%		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.



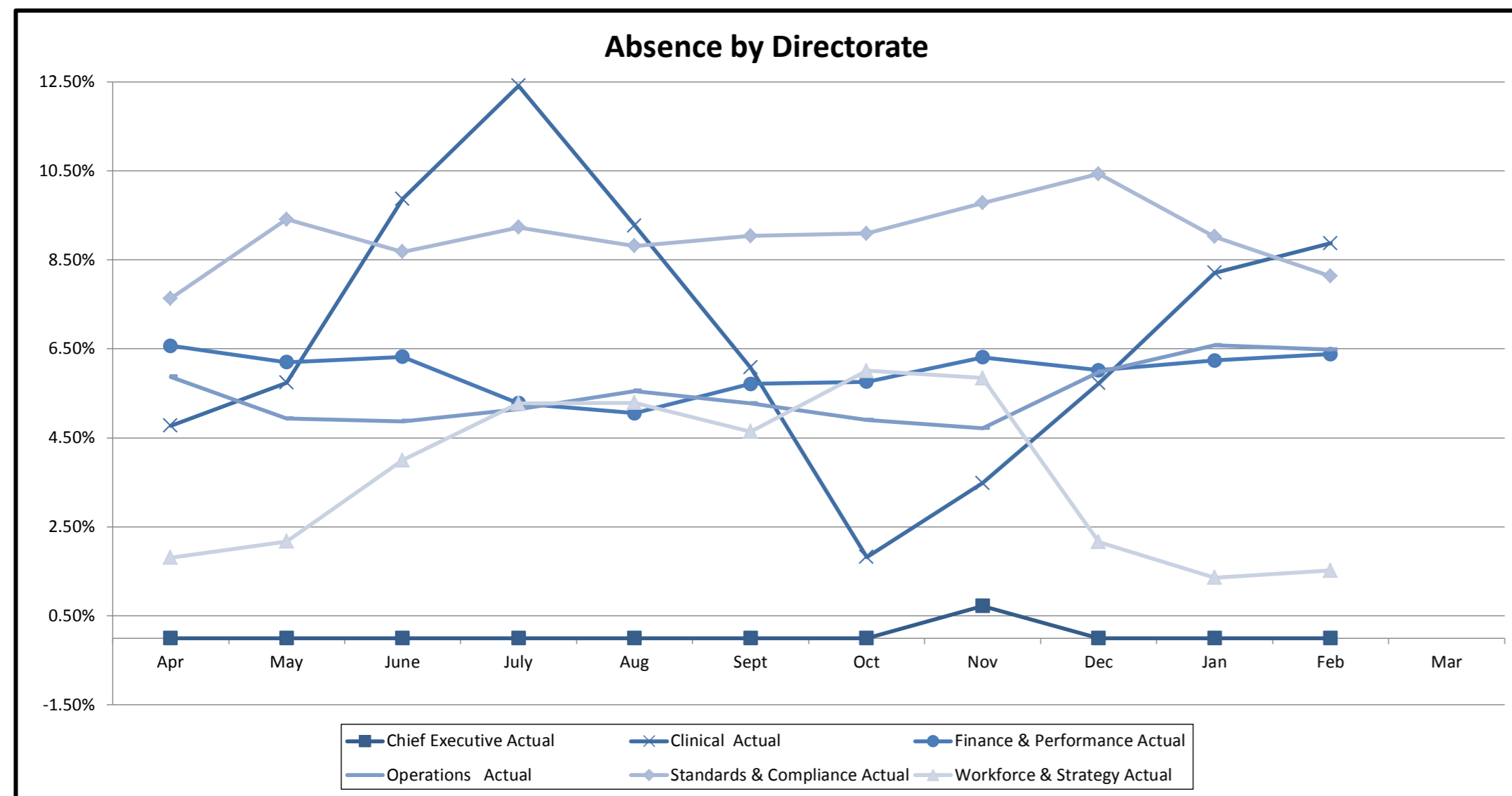
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 13/14
S12 Other musculoskeletal problems	25.2%	25.0%	24.7%	22.4%	22.6%	20.1%	19.1%	17.8%	22.0%	20.6%	19.8%		21.9%
S10 Anxiety/stress/depression/other psychiatric illnesses	16.8%	19.4%	17.0%	18.0%	21.9%	24.7%	24.2%	24.2%	20.8%	20.9%	21.2%		20.8%
S25 Gastrointestinal problems	9.9%	8.6%	9.5%	8.3%	10.0%	9.1%	9.9%	11.8%	10.0%	10.7%	10.4%		9.8%
S11 Back Problems	7.6%	8.5%	11.1%	9.2%	7.8%	10.9%	9.7%	10.6%	9.0%	10.8%	10.2%		9.5%
S28 Injury, fracture	8.9%	9.0%	9.9%	8.5%	7.3%	8.9%	7.9%	7.4%	7.9%	6.3%	7.0%		8.2%
S13 Cold, Cough, Flu - Influenza	9.8%	5.6%	5.4%	3.2%	5.3%	3.4%	2.9%	4.1%	5.4%	4.4%	3.8%		5.0%
S26 Genitourinary & gynaecological disorders	4.6%	4.1%	3.7%	4.5%	4.3%	4.2%	4.4%	3.5%	4.0%	3.3%	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%	4.9%	5.0%		3.7%
S19 Heart, cardiac & circulatory problems	1.7%	2.2%	2.2%	3.2%	2.5%	1.7%	2.4%	3.6%	2.7%	3.4%	3.3%		2.6%
S16 Headache / migraine	2.1%	2.7%	1.4%	2.4%	2.3%	1.5%	1.2%	1.7%	1.8%	2.9%	2.5%		2.0%
S21 Ear, nose, throat (ENT)	1.7%	3.1%	2.2%	1.4%	2.2%	1.9%	1.6%	1.9%	1.6%	1.9%	1.7%		1.9%
S18 Blood disorders	0.8%	2.0%	10.2%	0.5%	0.4%	0.5%	1.1%	0.7%	0.7%	0.9%	1.2%		1.8%
S17 Benign and malignant tumours, cancers	1.3%	1.8%	1.7%	1.9%	1.8%	1.9%	1.8%	2.0%	2.1%	1.0%	0.8%		1.7%
S99 Unknown causes / Not specified	0.0%	0.0%	0.0%	7.1%	1.6%	1.0%	1.9%	0.3%	1.1%	3.3%	3.4%		1.6%
S23 Eye problems	0.6%	1.3%	1.4%	1.9%	1.5%	2.2%	1.8%	2.0%	1.3%	0.8%	1.3%		1.5%
S29 Nervous system disorders	0.9%	1.3%	1.1%	1.1%	1.7%	1.6%	1.1%	1.6%	1.4%	0.6%	0.6%		1.2%
S31 Skin disorders	1.1%	1.8%	1.9%	1.5%	1.1%	1.1%	0.8%	0.3%	1.0%	0.4%	0.5%		1.1%
S30 Pregnancy related disorders	0.6%	0.5%	0.7%	0.6%	0.8%	1.2%	1.1%	0.9%	1.1%	1.5%	2.3%		0.9%
S24 Endocrine / glandular problems	0.5%	0.4%	1.1%	0.6%	1.1%	1.0%	0.6%	0.2%	0.6%	0.5%	0.5%		0.7%
S27 Infectious diseases	0.9%	0.5%	0.2%	0.6%	0.1%	0.7%	0.4%	0.0%	0.6%	0.6%	0.2%		0.5%
S14 Asthma	0.0%	0.0%	0.0%	0.0%	0.6%	0.6%	0.6%	0.2%	0.3%	0.2%	0.2%		0.2%
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%	0.1%		0.1%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.3%	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%		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%	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%	0.0%		0.0%

Short/Long Term Absence by Directorate

EWI

OBJ REF 1.1

YTD RAG RED
MTD RAG RED

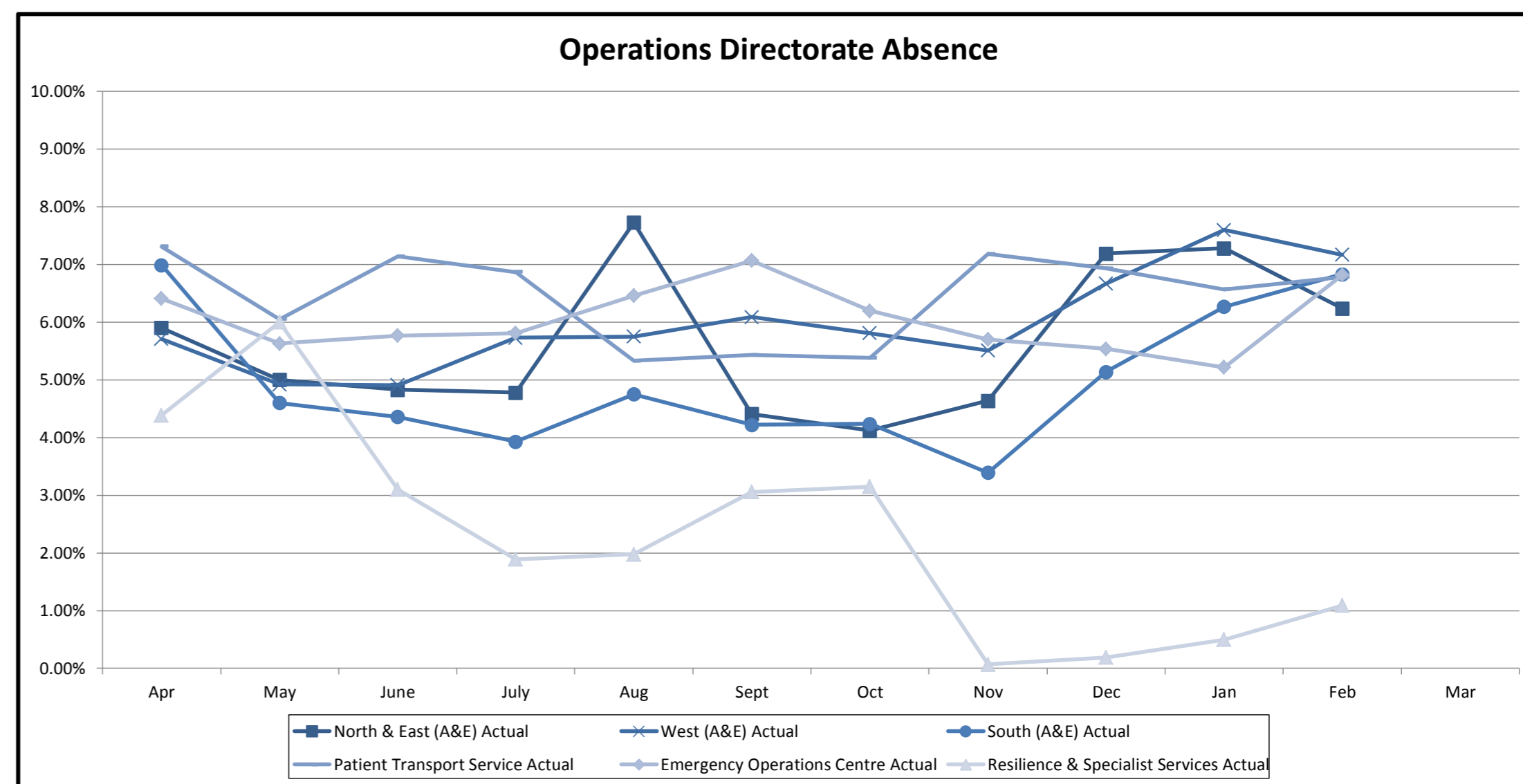


Short/Long Term Absence Operations Directorate split

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%	0.00%	0.00%	0.00%	
Clinical	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	4.77%	5.74%	9.87%	12.41%	9.27%	6.08%	1.82%	3.48%	5.73%	8.21%	8.87%	
Finance & Performance	Target	3.00%	3.00%	3.00%	3.00%	3.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
	Actual	6.57%	6.20%	6.32%	5.28%	5.05%	5.71%	5.76%	6.31%	6.02%	6.24%	6.38%	
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%	4.93%	4.87%	5.14%	5.55%	5.27%	4.90%	4.71%	5.98%	6.58%	6.48%	
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	7.63%	9.41%	8.68%	9.23%	8.81%	9.04%	9.09%	9.78%	10.43%	9.02%	8.13%	
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%	6.01%	5.84%	2.16%	1.36%	1.52%	

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%	7.28%	6.24%	
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%	7.60%	7.17%	
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%	6.27%	6.83%	
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%	6.57%	6.78%	
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%	5.22%	6.82%	
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%	0.50%	1.09%	

Absence Costs by Directorate

OBJ REF

1.1

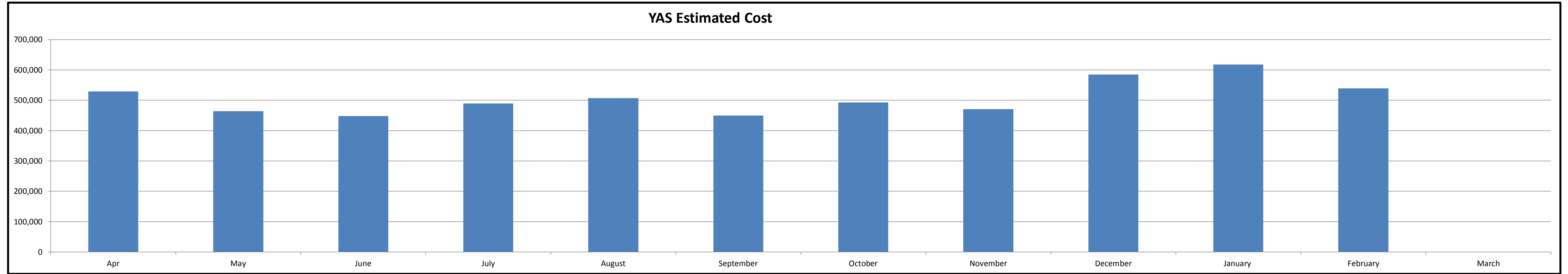
YTD RAG

RED



MTD RAG

RED



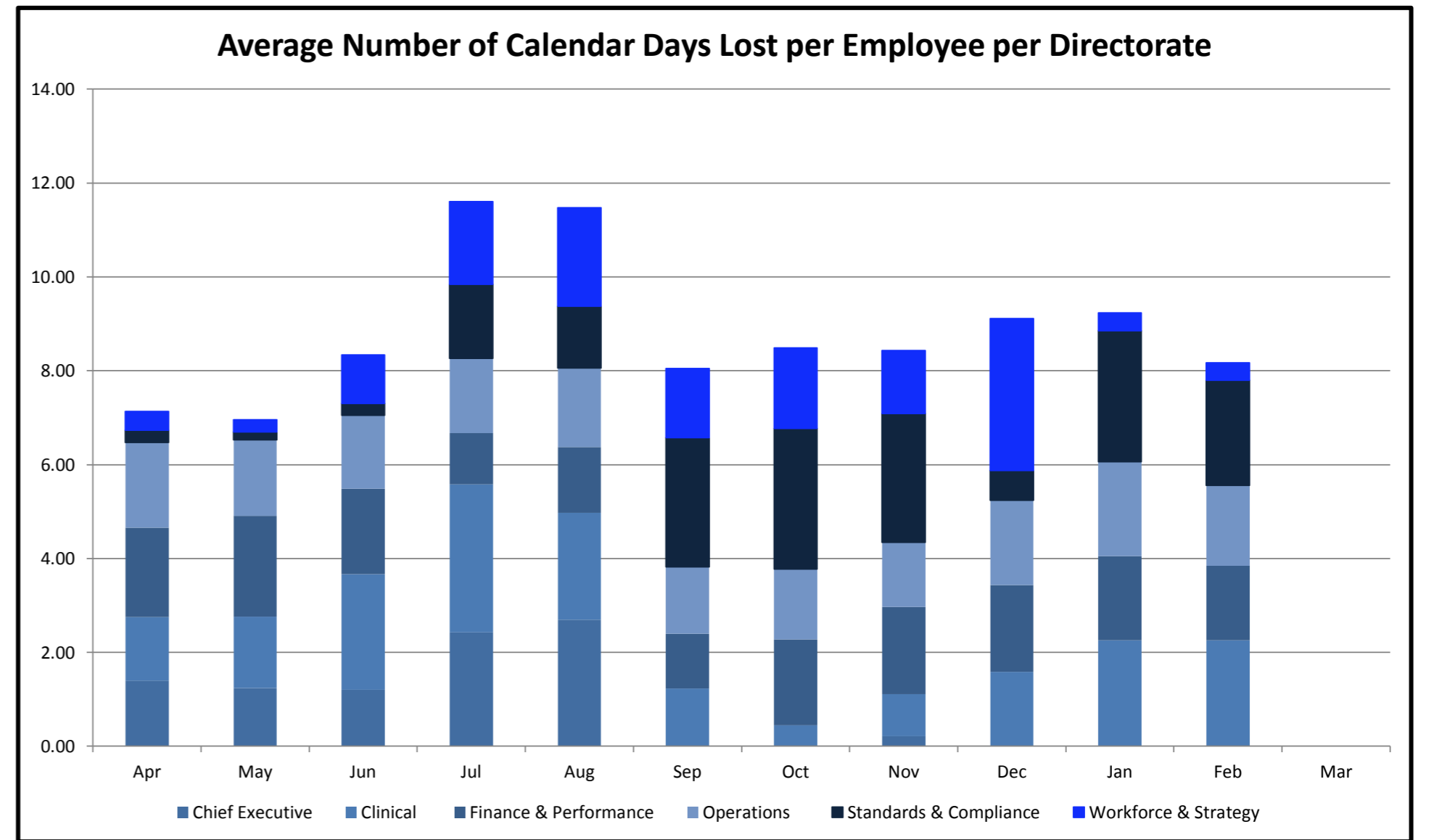
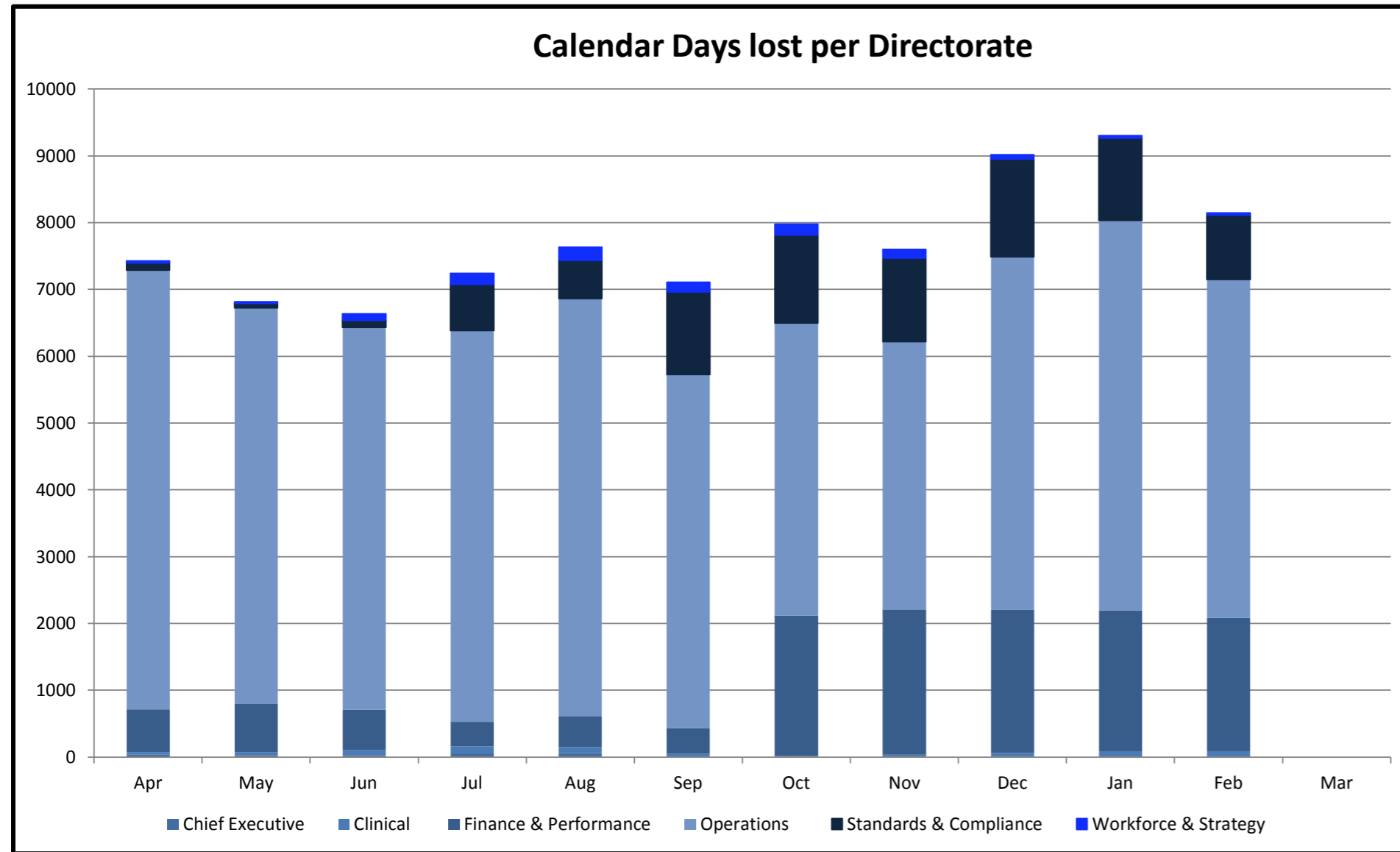
By Directorate 2013 - 2014		Apr	May	June	July	August	September	October	November	December	January	February	March	YTD	
Chief Executive	Total Cost Per Day	£57.19	£69.31	£69.31	£86.77	£88.87	£0.00	£0.00	£70.64	£0.00	£0.00	£0.00		£442.09	
	Employers Cost (NI & Pension)	£367.47	£236.34	£228.71	£914.05	£1,076.70	£0.00	£0.00	£52.98	£0.00	£0.00	£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	£0.00	£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	£43.95	£43.74		£720.86	
	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	£966.91	£885.72		£11,111.14	
	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	£4,834.56	£4,428.61		£55,555.70	
Finance & Performance	Total Cost Per Day	£48.39	£48.67	£51.69	£42.79	£44.87	£49.87	£46.54	£48.53	£50.35	£48.53	£48.32		£528.55	
	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	£21,519.36	£21,425.37		£134,673.53	
	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	£113,209.56	£111,802.23		£719,432.83	
PTS	Total Cost Per Day	£45.00	£43.29	£42.90	£43.55	£41.04	£41.24	£43.62	£44.55	£47.07	£46.62	£46.21		£485.09	
	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	£13,280.61	£12,685.23		£133,215.27	
	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	£68,966.91	£65,927.27		£710,503.25	
Standards & Compliance	Total Cost Per Day	£32.56	£47.89	£60.73	£49.87	£46.03	£41.89	£39.08	£40.22	£42.67	£43.17	£45.15		£489.26	
	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	£9,887.80	£9,007.72		£73,483.51	
	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	£51,006.55	£45,217.92		£376,750.55	
Workforce & Strategy	Total Cost Per Day	£91.03	£92.77	£77.97	£65.89	£60.41	£61.98	£70.81	£78.13	£60.25	£83.16	£84.96		£827.36	
	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	£748.43	£727.32		£17,792.63	
	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	£3,742.16	£3,785.96		£91,590.75	
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	£68.56	£66.02		£741.47
		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	£28,436.08	£20,086.72		£214,415.92
		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	£145,151.54	£102,826.79		£1,092,554.00
	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	£63.87	£62.02		£697.31
		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	£32,220.36	£26,878.35		£265,357.10
		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	£274,485.75	£137,281.06		£1,469,474.04
	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	£64.66	£64.17		£724.09
		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	£16,214.68	£14,173.05		£134,407.47
		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	£82,234.30	£72,278.50		£675,924.96
	EOC	Total Cost Per Day	£60.51	£57.89	£55.09	£53.76	£55.04	£57.84	£58.16	£62.49	£75.94	£52.85	£63.47		£653.04
		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	£7,268.77	£9,269.49		£95,053.08
		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	£37,299.01	£48,571.82		£497,229.67
	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	£64.62	£76.02		£806.23
		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	£192.47	£479.34		£12,700.15
		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	£962.37	£2,455.83		£65,135.71
Total	Total Cost Per Day	£281.38	£326.42	£350.91	£324.06	£313.39	£241.41	£252.87	£280.46	£196.24	£218.81	£222.17		£3,008.12	
	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	£33,122.50	£32,046.13		£239,937.06	
	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	£617,428.18	£539,547.64		£5,591,725.13	

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	0	0	
Clinical	42	47	79	104	84	48	18	35	62	88	88	
Finance & Performance	634	714	597	365	466	386	2102	2175	2143	2106	1998	
Operations	6577	5929	5723	5858	6249	5292	4374	4007	5284	5838	5063	
Standards & Compliance	104	69	108	692	571	1236	1322	1248	1465	1232	963	
Workforce & Strategy	37	25	100	167	204	149	165	131	62	36	36	
Trust Total (Current year)	7429	6815	6637	7242	7636	7111	7981	7599	9016	9300	8148	
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	0.00	0.00	
Clinical	1.35	1.52	2.47	3.15	2.27	1.23	0.45	0.90	1.59	2.26	2.26	
Finance & Performance	1.91	2.15	1.82	1.09	1.40	1.17	1.83	1.86	1.84	1.79	1.58	
Operations	1.81	1.62	1.56	1.59	1.69	1.42	1.49	1.37	1.81	2.01	1.72	
Standards & Compliance	0.26	0.17	0.25	1.58	1.31	2.75	3.00	2.75	0.63	2.79	2.24	
Workforce & Strategy	0.40	0.26	1.04	1.76	2.10	1.48	1.72	1.34	3.24	0.38	0.37	
Trust Total (Current year)	1.65	1.64	1.45	1.57	1.66	1.53	1.71	1.62	1.92	1.99	1.70	
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

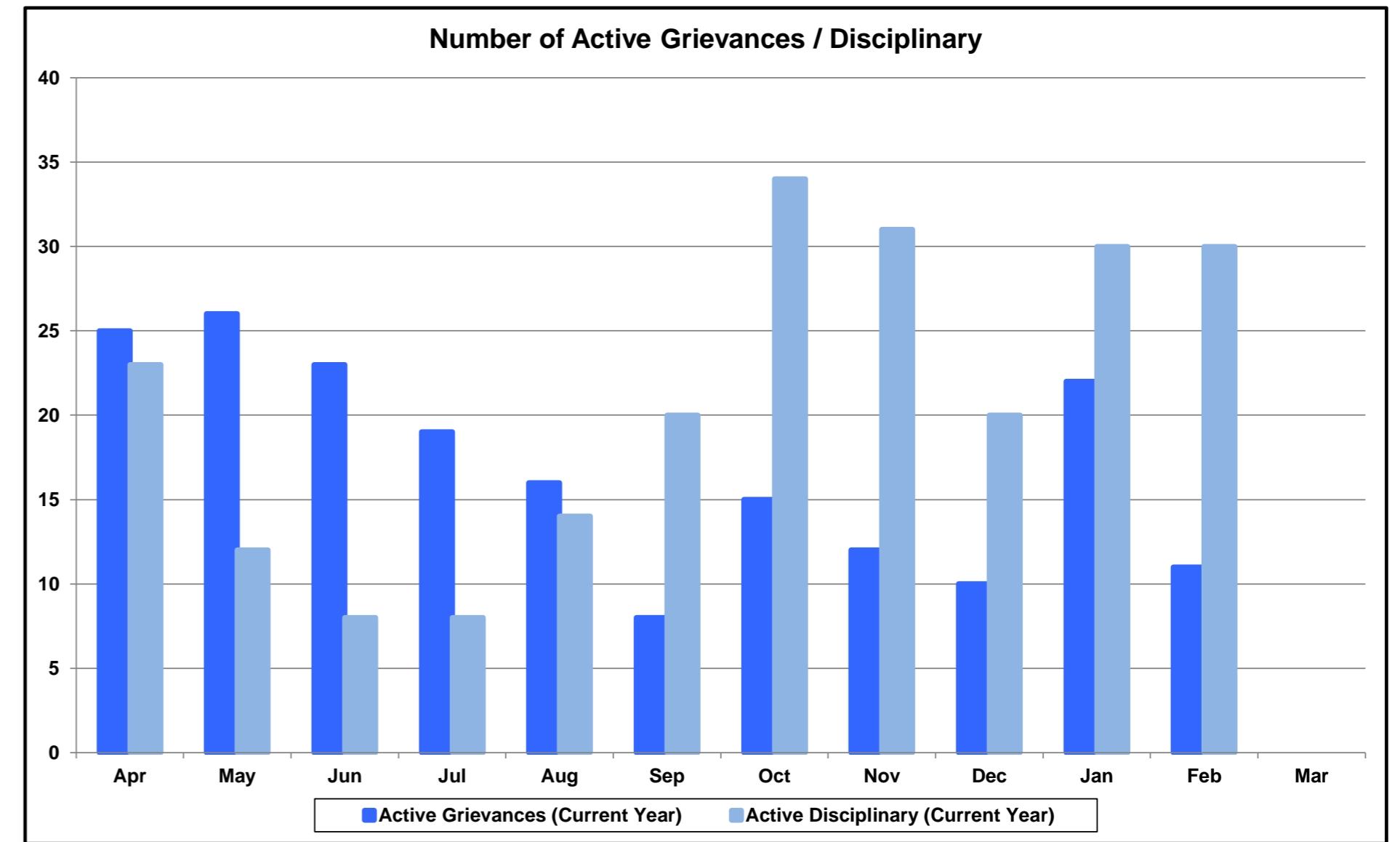
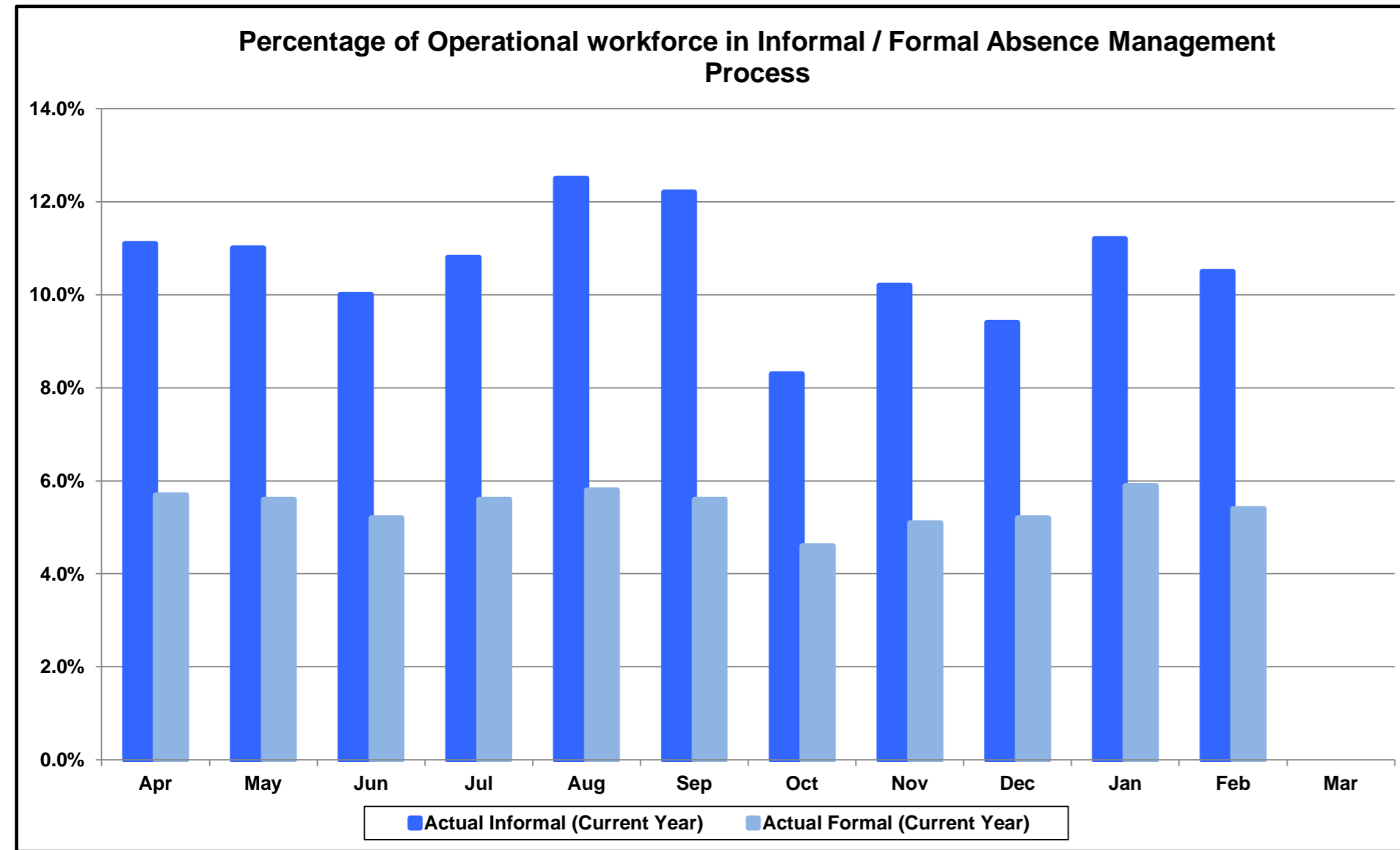
Please Note: All calculations exclude volunteers.

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%	11.2%	10.5%	
Actual Formal (Current Year)	5.7%	5.6%	5.2%	5.6%	5.8%	5.6%	4.6%	5.1%	5.2%	5.9%	5.4%	
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	22	11	
Active Disciplinary (Current Year)	23	12	8	8	14	20	34	31	20	30	30	
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				1			5
Failure to renew professional registration													0
Falsification of records										4			4
Fraud							4			1			5
Inappropriate behaviour			2	3	3	3	2		1	1	6		21
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	3	2		21
Negligence						1	2			1			4
Other allegation					4	3	3	1		2			13
Theft of money or materials													0
Unsatisfactory attendance - timekeeping				1		1							2
TRUST TOTAL	3	2	3	5	8	12	17	4	4	13	8	0	79

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	2	1		6
Other	1	1	1				2			2			7
Other Working Conditions				2			1						3
Policy & Procedure	3	6	1	2	2	5	3	4	1	13	3		43
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	17	4	0	65

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	6	7		57
Standards & Compliance				1		1	1		1	7			11
Workforce & Strategy											1		1
TRUST TOTAL	3	2	3	5	8	12	17	4	4	13	8	0	79

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			3		4
Operations	4	7	4	4	4	7	5	4	2	17	1		59
Standards & Compliance													0
Workforce & Strategy	1		1										2
TRUST TOTAL	5	7	5	4	4	7	5	5	2	17	4	0	65

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%						12.7%
Operations	100.0%	100.0%	100.0%	60.0%	75.0%	83.3%	58.8%	100.0%	75.0%	46.2%	87.5%		72.2%
Standards & Compliance				20.0%		8.3%	5.9%		25.0%	53.8%			13.9%
Workforce & Strategy											12.5%		1.3%

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%			75.0%		6.2%
Operations	80.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	25.0%		90.8%
Standards & Compliance													0.0%
Workforce & Strategy	20.0%		20.0%										3.1%



Section 5

Finance



	Reference
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the eleven months to 28 February 2014 was £12.535m (5.9%). This is below the year to date plan of £13.518m (6.4%) due to increased 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 28 February 2014 of £2.475m against a budgeted surplus of £2.505m. The actual surplus included a small profit on the sale of several A&E vehicles (£103k). 	5.4
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £18.971m at the end of February 2014 against a plan of £12.576m The Monitor Risk Rating for liquidity is 46.6 days against a plan of 30.8 days, giving a rating of 4 	5.8 / 5.11 5.2
MONITOR RISK RATING	
<ul style="list-style-type: none"> Overall the Trust has achieved a rating of 4. The I&E surplus margin net of dividend and impairment was 1.2%, against a plan of 1.2% 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. February has seen a shortfall of £265k in CIP schemes against a plan of £9,838k 	5.7

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

Key:-

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

Yorkshire Ambulance Service - Monitor Financial Risk Rating	February 2014
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Overall the Trust has achieved a risk rating of 4. The increased spending on Operations and Urgent care pay and non-pay 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 has implemented 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	6.4%		
		Actual YTD	3	25%	0.75	5.9%		
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	93.4%		
		Actual YTD	4	10%	0.4	92.7%		
Financial Efficiency	Net Return after Financing (%)	Annual Target	5	20%	1	3.6%	On target. Achieves 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	3.8%		
		Actual YTD	5	20%	1	3.8%		
	I&E Surplus Margin net of dividend (%)	Annual Target	3	20%	0.6	1.1%	On target. Achieves year to date rating of 3.	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income
		YTD Target	3	20%	0.6	1.2%		
		Actual YTD	3	20%	0.6	1.2%		
Liquidity Ratio	Liquidity Ratio (Days)	Annual Target	4	25%	1	29.5	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	30.8		
		Actual YTD	4	25%	1	46.6		
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	24.7	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	4.99	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	Jan-14	Feb-14	Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	N/A	N/A	No	No	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	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	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	No	No	Currently 0.24%
Two or more changes in Finance Director in a twelve month period	No	No	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	No	No	
Quarter end cash balance <10 days of operating expenses	No	No	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	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
Liquidity	25	Liquidity ratio *** (days)	60	25	15	10	<10

Financial risk rating is weighted average of financial criteria scores

	Plan	Actual
Number of operating days in year	334	334
Operating expenses per day (£000)	£590	£598

INCOME**Income is £1.871k above plan (see 5.4) due to:-**

- A&E activity is 2.97% cumulatively above contract for the eleven months ending February. Demand in February was 2.78% higher than contracted. The February income total includes Winter Pressures funding of £1.272m
- PTS year-to-date income is ahead of plan by £53k, attributable to £507k income from additional fixed term contracts less £96k sub-contracted to Private & Events. Reduced income in South Yorkshire due KPI penalties/under activity £84k, below plan ECRs £165k & CQUINS deductions £116k, resulted in an overall net increase of £53k after adjusting for credit note provision (£7k)..
- Other income includes lower than expected income £297k on NHS Learning Account resulting from slippage in A&E training, income over achievement against budget P & E (£134k) and 111 (£833k) plus higher income in relation to IM&T services supporting GPOOH. Rental income for Willerby property is £29k less than anticipated.

EXPENDITURE (see 5.6)

- A&E operations are overspent by £1.429m; with a £991k under spend on pay but an over spend of £2.421m on non pay due to spend on Private Providers of £1.972m required to meet Red 1 and Red 2 performance. Travel and subsistence are overspent by £449k due to slippage on CIP delivery.
- Operations management is under spent by (£179k).
- 111 pay is over spent against budget by £1.6m for the period April - Feb, plus an over spend of £155k 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 Board). External funding of £431k has been secured to date to contribute to these costs.
- Emergency Operations Centre is under spent by £490k overall, £417k of which is an under spend on pay due to delayed recruitment to the new EOC structure.
- PTS operations is £2,294k overspent (Pay & Non-Pay) . Pay is overspent by £1,191k as a result of under achievement of CIP (year to date slippage £1,502k) and a vacancy level of 9% (69.75wte) backfilled with overtime and contracted zero Hour resource. Non-Pay overspend by £1,103k which is attributable to high dependence on external providers for service delivery above budget.
- The Finance Directorate as a whole (including Finance, Fleet, Estates, IM&T and Procurement) is £703k overspent, including £1,147k NHS Injury Benefit payment on non clinical negligence claims.
 - Fleet is over spent by £411k overall which includes £1,043k over spend on non pay largely due to vehicle & medical equipment maintenance costs these are offset by mechanic vacancies (10.23 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.
 - Procurement is overspent £115k overall, which includes an overspend on staff uniforms £70k 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 £247k overall, an overspend of £15k on pay and a non pay overspend of £232k, largely due to increased costs associated with the roll out of 111. These costs are offset by increased income of £207k
 - The Finance department cost centre is underspent by £26k. Non pay is overspent by £22k, Pay is underspent by £48k.
 - Claims & Other Payments is overspent by £1,147k. This is due to Claims under the NHS Injury Benefit scheme relating to employees who have suffered an injury or contracted a disease resulting in a permanent loss of earnings ability in excess of 10% being overspent by £1,038k.
 - Business Intelligence is underspent by £116k and Business Development is underspent by £81k due to vacancies.

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £12.535m for the eleven months to February, which is below plan (£13.518m).
- The Trust's EBITDA return of 5.9% is behind plan for the eleven months to February. The full year plan for EBITDA is 6.4%

Yorkshire Ambulance Service - Statement of Comprehensive Income

February 2014

	Current Month			Year to Date			Full Year		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Accident & Emergency	13,363	14,334	-970	153,168	154,309	-1,141	167,164	168,464	-1,300
Patient Transport Service	2,289	2,250	39	24,716	24,768	-53	27,007	27,081	-73
Other Income	2,931	3,506	-575	32,668	33,345	-677	35,299	36,290	-991
Operating Income	18,583	20,089	-1,506	210,552	212,422	-1,871	229,470	231,835	-2,364
Pay Expenditure & reserves	-12,337	-13,822	1,485	-142,788	-142,042	-747	-155,592	-154,453	-1,138
Non-Pay expenditure & reserves	-5,014	-5,064	50	-54,246	-57,846	3,600	-59,250	-63,712	4,463
Operating Expenditure	-17,352	-18,886	1,534	-197,034	-199,888	2,854	-214,842	-218,166	3,324
EBITDA	1,232	1,203	29	13,518	12,535	983	14,629	13,669	960
EBITDA %	6.6%	6.0%		6.4%	5.9%		6.4%	5.9%	
Depreciation	-866	-800	-66	-8,640	-8,191	-449	-9,506	-8,990	-516
Interest payable & finance costs	0	0	0	-207	-214	6	-301	-272	-29
Interest receivable	3	8	-5	27	41	-15	32	44	-12
Profit on fixed asset disposal	0	-32	32	0	103	-103	138	113	25
Dividends, interest and other	-199	-164	-36	-2,193	-1,800	-392	-2,392	-1,964	-428
Retained Surplus	169	215	-46	2,505	2,475	30	2,600	2,600	0
I&E Surplus %	0.9%	1.1%		1.2%	1.2%		1.1%	1.1%	

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

A&E CONTRACT - Responses	Quarter 1 to Quarter 3					January 2014					February 2014					YTD				
Clinical Commissioning Groups (CCGs)	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	Actual	Over/ (Under) Trade	% Over/ (Under) Trade	Overtrade £ 000	Contract	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	13,986	14,532	546	3.9%	102	1,663	1,664	1	0.1%	0	1,562	1,567	5	0.3%	1	17,757	17,763	6	0.0%	102
NHS Barnsley CCG	23,609	25,079	1,470	6.2%	222	2,769	2,922	153	5.5%	23	2,517	2,559	42	1.7%	7	30,365	30,560	195	0.6%	245
NHS Bradford City CCG	12,495	12,715	220	1.8%	32	1,281	1,378	97	7.6%	14	1,226	1,306	80	6.5%	12	15,222	15,399	177	1.2%	46
NHS Bradford Districts CCG	31,745	33,573	1,828	5.8%	331	3,838	3,828	-10	-0.3%	-2	3,343	3,467	124	3.7%	24	40,754	40,868	114	0.3%	329
NHS Calderdale CCG	21,986	22,414	428	1.9%	78	2,624	2,517	-107	-4.1%	-19	2,296	2,236	-60	-2.6%	-10	27,334	27,167	-167	-0.6%	58
NHS Doncaster CCG	33,006	34,460	1,454	4.4%	200	3,745	3,937	192	5.1%	26	3,445	3,479	34	1.0%	5	41,650	41,876	226	0.5%	226
NHS East Riding of Yorkshire CCG	30,035	30,620	585	1.9%	113	3,479	3,338	-141	-4.1%	-27	3,136	3,094	-42	-1.3%	-7	37,235	37,052	-183	-0.5%	86
NHS Greater Huddersfield CCG	22,794	22,944	150	0.7%	28	2,701	2,528	-173	-6.4%	-33	2,346	2,364	18	0.8%	5	27,991	27,836	-155	-0.6%	-4
NHS Hambleton, Richmondshire and Whitby CCG	12,498	13,286	788	6.3%	178	1,340	1,571	231	17.2%	52	1,207	1,443	236	19.6%	53	15,833	16,300	467	2.9%	230
NHS Harrogate and Rural District CCG	12,803	13,461	658	5.1%	152	1,462	1,523	61	4.2%	14	1,293	1,469	176	13.6%	41	16,216	16,453	237	1.5%	166
NHS Hull CCG	32,828	34,556	1,728	5.3%	270	3,791	3,742	-49	-1.3%	-8	3,507	3,556	49	1.4%	9	41,854	41,854	0	0.0%	262
NHS Leeds North CCG	18,119	19,227	1,108	6.1%	193	2,234	2,287	53	2.4%	9	1,843	1,959	116	6.3%	21	23,304	23,473	169	0.7%	203
NHS Leeds South and East CCG	33,296	34,093	797	2.4%	121	3,772	3,902	130	3.4%	20	3,578	3,493	-85	-2.4%	-12	41,443	41,488	45	0.1%	141
NHS Leeds West CCG	29,576	30,700	1,124	3.8%	208	3,566	3,489	-77	-2.2%	-14	3,290	3,143	-147	-4.5%	-27	37,556	37,332	-224	-0.6%	194
NHS North Kirklees CCG	16,668	17,558	890	5.3%	171	2,003	1,912	-91	-4.5%	-17	1,857	1,807	-50	-2.7%	-9	21,418	21,277	-141	-0.7%	154
NHS Rotherham CCG	25,573	26,409	836	3.3%	115	3,059	3,042	-17	-0.6%	-2	2,648	2,673	25	0.9%	4	32,116	32,124	8	0.0%	113
NHS Scarborough and Ryedale CCG	12,435	12,856	421	3.4%	84	1,394	1,341	-53	-3.8%	-11	1,176	1,278	102	8.7%	21	15,426	15,475	49	0.3%	74
NHS Sheffield CCG	55,590	55,467	-123	-0.2%	-19	5,863	5,996	133	2.3%	20	5,107	5,490	383	7.5%	61	66,437	66,953	516	0.8%	2
NHS Vale of York CCG	28,816	30,389	1,573	5.5%	336	3,281	3,390	109	3.3%	23	2,948	3,295	347	11.8%	75	36,618	37,074	456	1.2%	360
NHS Wakefield CCG	37,142	37,122	-20	-0.1%	-4	4,380	4,293	-87	-2.0%	-15	3,950	3,968	18	0.5%	4	45,452	45,383	-69	-0.2%	-19
SUB TOTAL (CONTRACTED)	505,000	521,461	16,461	3.3%	2,911	58,245	58,600	355	0.6%	53	52,275	53,646	1,371	2.6%	277	631,981	633,707	1,726	0.3%	2,968
ECP		7,677					990					902					9,569			
NHS Cumbria CCG	366	387	21	5.7%	5	43	41	-2	-4.7%	5	34	39	5	14.7%		587	467	-120	-20.4%	5
OOA/UNKNOWN		2,168					222					217					2,607			
GRAND TOTAL*	505,366	531,693				58,288	59,853				52,309	54,804				632,568	646,350			

Yorkshire Ambulance Service - Income and Expenditure Forecast

February 2014

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 YTD £	Variance month Over/ (under) spend £	Annual Budget £	Forecast Year-end Income / Expenditure £
Income				18,583,425	20,089,331	-1,505,906	210,551,645	212,422,249	-1,870,604	229,470,474	231,834,579
Pay											
A&E Operations	2,213.46	2,302.04	88.58	-7,062,665	-7,357,821	295,156	-84,246,882	-83,255,405	-991,477	-91,670,784	-90,591,530
PTS Operations	772.01	747.07	-24.94	-1,216,847	-1,406,372	189,525	-13,970,364	-15,161,226	1,190,862	-15,187,180	-16,549,328
Resilience	120.16	121.77	1.61	-403,393	-408,967	5,574	-4,552,197	-4,605,463	53,266	-4,955,692	-5,038,874
EOC	385.54	363.19	-22.35	-1,065,940	-1,049,636	-16,304	-11,733,448	-11,316,090	-417,358	-12,799,452	-12,403,201
Finance	69.32	64.36	-4.96	-209,182	-194,124	-15,058	-2,312,906	-2,102,995	-209,911	-2,522,235	-2,297,487
Estates	42.69	48.37	5.68	-95,762	-130,189	34,427	-1,053,383	-1,115,985	62,602	-1,149,208	-1,225,927
Fleet	177.37	174.57	-2.80	-450,559	-410,635	-39,924	-4,977,064	-4,345,296	-631,768	-5,419,622	-4,761,613
IM&T	39.20	36.69	-2.51	-121,331	-117,294	-4,037	-1,334,641	-1,349,172	14,531	-1,455,992	-1,463,386
Procurement	18.53	17.36	-1.17	-36,868	-37,489	621	-405,548	-430,216	24,668	-442,436	-471,321
Standards & Compliance	34.55	35.06	0.51	-148,769	-126,696	-22,073	-1,490,413	-1,261,030	-229,383	-1,610,650	-1,388,417
111	282.40	296.39	13.99	-740,157	-890,035	149,878	-8,141,736	-9,903,545	1,761,809	-8,881,916	-10,832,511
People & Engagement	98.53	88.39	-10.14	-310,499	-280,348	-30,151	-3,418,582	-3,312,347	-106,235	-3,729,218	-3,627,040
Clinical Directorate	31.09	32.75	1.66	-116,940	-133,133	16,193	-1,326,672	-1,302,389	-24,283	-1,443,647	-1,431,122
Chief Executive	21.00	15.91	-5.09	-102,060	-104,386	2,326	-1,122,669	-1,205,496	82,827	-1,224,793	-1,308,867
Reserves	0.00	0.00	0.00	-256,281	-1,174,900	918,619	-2,701,566	-1,374,900	-1,326,666	-3,099,015	-1,062,825
Total Pay	4,305.85	4,343.92	38.07	-12,337,253	-13,822,025	1,484,772	-142,788,071	-142,041,555	-746,516	-155,591,840	-154,453,448
Non Pay											
A&E Operations				-117,560	-192,913	75,353	-1,377,888	-3,798,426	2,420,538	-1,504,776	-3,848,784
PTS Operations				-195,686	-297,346	101,660	-1,691,693	-2,795,013	1,103,320	-1,890,225	-3,070,884
Resilience				-75,609	-85,454	9,845	-840,375	-823,725	-16,650	-1,040,028	-1,035,957
EOC				-15,642	-6,936	-8,706	-399,002	-325,596	-73,406	-414,640	-334,074
Finance				-1,201,835	-1,205,936	4,101	-12,643,848	-12,858,187	214,339	-13,860,215	-14,583,859
Estates				-424,096	-396,862	-27,234	-4,588,778	-4,446,697	-142,081	-4,998,961	-4,845,464
Fleet				-1,609,225	-1,766,377	157,152	-17,958,471	-19,001,194	1,042,723	-19,537,298	-20,600,922
IM&T				-338,324	-394,518	56,194	-3,721,564	-3,959,297	237,733	-4,059,894	-4,237,465
Procurement				-231,852	-250,523	18,671	-2,668,438	-2,758,414	89,976	-2,897,314	-3,014,374
Standards & Compliance				-77,308	-70,153	-7,155	-1,002,918	-1,040,270	37,352	-1,080,200	-1,197,861
111				-1,256,262	-1,218,695	-37,567	-13,858,884	-14,458,594	599,710	-15,115,144	-15,962,340
People & Engagement				-122,558	-152,252	29,694	-1,358,289	-1,544,729	186,440	-1,480,809	-1,717,929
Clinical Directorate				-4,078	601	-4,679	-44,858	-33,315	-11,543	-48,940	-27,319
Chief Executive				-13,664	-14,339	675	-150,304	-180,931	30,627	-163,956	-194,017
Reserves				-393,486	0	-393,486	-2,953,341	119,547	-3,072,888	-3,186,234	-109,883
Total Non Pay				-6,077,185	-6,051,703	-25,482	-65,258,651	-67,904,841	2,646,190	-71,278,634	-74,781,131
Total Expenditure	4,305.85	4,343.92	38.07	-18,414,438	-19,873,728	1,459,290	-208,046,722	-209,946,396	1,899,674	-226,870,474	-229,234,579
Surplus/(Deficit)				168,987	215,603	-46,616	2,504,923	2,475,853	29,070	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 February has achieved £9,573k being 97.3% of plan, which is £265k behind plan. It is forecast that 97.6% of the plan will be achieved at the end of the financial year.
 - 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	11.87	5,545	6,517	972
Patient Transport Service	3,042	137.60	2,713	1,322	(1,392)
Special Operations	383	15.00	348	255	(93)
Finance	46	0.00	41	41	(0)
Standards & Compliance	220	0.00	201	201	0
Clinical	224	0.00	205	317	112
Trust wide	922	20.22	784	920	136
Total	10,909	184.69	9,838	9,573	(265)

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
RH	Reduce overtime	DW	2.510	0.932		0.857	1.149
RH	PTS Transformational work	JH		2.930	2.280	2.568	1.092
RH	Clinical leadership	PM	1.240	0.619		0.567	1.263
RH	Increase in clinical hub triage	DW	0.505	1.413	1.260	1.286	1.541
IB	Effective sickness management		0.606	0.202		0.202	0.000
RH	A&E skill mix	DW		2.134	3.290	1.961	2.362
	Total Value		4.861	8.230	6.830	7.441	7.407

SUMMARY

- The year to date expenditure on HART has not materialised as planned due to the delay in commencement of refurbishment works, accounting for £1.9m underspend. The planned ECS scheme has not been progressed in 2013/14 accounting for £3.6m and the delay in the other schemes being implemented accounts for the remaining £6.4m of under spend on Land, Buildings and equipment.
- 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.
- The excess cash reflects the delayed capital expenditure of £11.9m less the undrawn cash associated with HART and ECS. The plan to the end of February included £4.5m for HART and £3.6m for ECS against which the Trust has only drawn £2.3m in respect of HART.

CAPITAL SUMMARY

- The new HART building is progressing well, with works for the full £4.6m programme expected to be completed by the end of the financial year. It is anticipated the purchase of the adjacent land for car parking purposes (£100k), will now be completed in early April, thus releasing the related budget into the overall HART scheme to facilitate the additional works of refurbishing the mezzanine floor to create additional office space.
- The ECS local roll out is continuing with the purchase of hardware due to be completed and delivered by the end of March. The roll out to the whole Trust is currently being reviewed.
- Capital expenditure during the month is below the plan. Orders are currently being progressed through the procurement process with expenditure anticipated to be completed in full by year end. Expectations are that capital will deliver to plan despite the delay in commencement of schemes.

Statement of Financial Position			
	Plan at 28/02/2014	Actual at 28/02/2014	Variance
	£000	£000	£000
Land, Buildings and equipment	82,547	70,627	-11,920
Trade and other receivables (>1 yr)	1,177	887	-290
Non-Current assets	83,724	71,514	-12,210
Stocks, Trade and other receivables (<1 yr)	12,330	14,020	1,690
Cash and cash equivalents	12,576	18,971	6,395
Current assets	24,906	32,991	8,085
Creditors (< 1yr)	-16,948	-15,364	1,584
Provisions & Deferred Income(<1 yr)	-2,197	-2,399	-202
Current Liabilities	-19,145	-17,763	1,382
Provisions (>1 yr)	-5,644	-8,088	-2,444
Borrowings	-8,870	-6,004	2,866
Non-Current Liabilities	-14,514	-14,092	422
Net Assets	74,971	72,650	6,325
Public Dividend Capital	78,594	76,459	-2,135
Revaluation Reserve	4,348	4,243	-105
Donation Reserve	0	0	0
Income & Expenditure Reserve	-7,971	-8,052	-81
Total Taxpayer's Equity	74,971	72,650	-2,321

Capital Programme					
	Baseline Programme	Year to date Plan	Spend to 28/02/2014	Committed at 28/02/2014	(Under)/ Over plan year to date
	£000	£000	£000	£000	£000
<u>Major Schemes</u>					
HART	4,600	4,600	2,707	1,475	-418
ECS*	0	0	0	0	0
Service Development **	1,964	1,773	512	1,071	-190
<u>Minor Schemes</u>					
Estates	492	570	238	249	-83
IM&T	948	954	518	328	-108
Vehicles A&E	3,870	2,999	0	3,270	271
Vehicles PTS	750	750	91	1,375	716
Plant and Machinery	50	50	0	0	-50
Medical equipment	1,094	652	102	933	383
Total	13,768	12,348	4,168	8,701	521
					0
NBV of Disposals	96	91	91		0
CRL (Including External Funds)	13,672	12,257	4,077	8,701	521
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

February 2014

DEBT SUMMARY

• Non NHS Debt at the end of February has decreased as has non NHS debt over 90 days. The Humberside Police Authority invoice has now been resolved and paid. NHS Debt has increased in total by over £4m due to invoices being raised in period for Quarters 1 to 3 A&E overtrade. Over 90 days NHS has increased slightly due to queries on QTR 1 CQUINS invoices, the team is liaising with Quality department colleagues to resolve these. Work continues on credit control to collect overdue monies ahead of year end.

£000	Nov-13	Dec-13	Jan-14	Feb-14
Non NHS debt	398	388	401	332
Of which >90 days overdue	172	170	180	160
NHS debt	1,842	521	660	4,968
Of which >90 days overdue	124	102	36	52
Total debt	2,240	909	1,061	5,300
Of which >90 days overdue	296	272	216	212
Provision to cover this debt	296	272	216	212

PAYMENTS

• The Trust has paid 2,397 invoices in February 2014 of which 2,256 were paid within 30 days of receipt giving a Better Payment Practice Code (BPPC) position of 94.12% in volume terms for the month. There has been a delay in invoices being returned to Accounts Payable for payment and this has had a noticeable effect on the in-month and year-to-date position. AP will continue to monitor the outstanding invoices on a weekly basis and liaise directly with relevant managers.

	Feb-14		Year to Date	
	Number	£000	Number	£000
Non NHS payables				
Total non NHS invoices paid in period	2,318	5,713	23,722	55,235
Total non NHS invoices paid within target	2,192	5,179	22,041	50,515
	94.56%	90.65%	92.91%	91.45%
NHS Payables				
Total NHS invoices paid in period	79	329	672	3,386
Total NHS invoices paid within target	64	260	599	3,165
	81.01%	79.03%	89.14%	93.47%
Total Payables				
Total invoices paid in period	2,397	6,042	24,394	58,621
Total invoices paid within target	2,256	5,439	22,640	53,680
	94.12%	90.02%	92.81%	91.57%

COST IMPROVEMENT PROGRAMME 13/14

• 97.3% delivery of the Cost Improvement Plan target was achieved for the eleven months ending February 2014. To date, the 11 months to February have an under achievement of £265k.

QUALITY, INFORMATION REPORTING, AND CQUIN

• PTS contractual penalties – meetings have been held with Commissioners, risks have been identified and mitigating actions developed. PTS South contract penalties incurred for Q1, Q2 and Q3 are to be reinvested by Commissioners, hence the only risk relates to Q4.

• A&E CQUIN targets - review of CQUIN targets for 2013/14 Q1 and Q2 has taken place and a value of £60k (50% of CQUIN 6) has been retained by Commissioners. Negotiations are on-going regarding Q3 and Q4.

RISK SUMMARY

Description	Total Value of Risk	In Financial Position YTD	In Forecast Position	Mitigation
In the Financial Position	£000	£000	£000	
CIP non-delivery by 10%	1,090	265	265	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 77.80% and Red 2 performance 75.22%, overall
A&E contractual penalties - RED 2	3,200	0		
PTS Contractual penalties	458	69	113	shortfall included within overall YAS forecast surplus for 2013/14
111 additional staffing cost to provide service	1,512	839	1,434	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 on-going with commissioners.
A & E overtrade	0	0	0	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	95	111	PTS South CQUINS income shortfall assumed in overall YAS forecast surplus for 2013/14 re South
GRAND TOTAL	17,527	2,381	3,221	

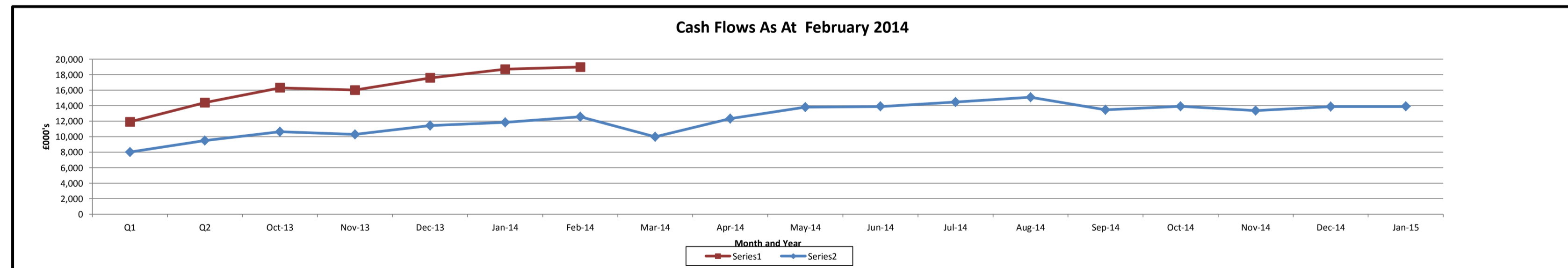
Yorkshire Ambulance Service - Cash Flow

February 2014

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Q1	Actual Q2	Actual Oct-13	Actual Nov-13	Actual Dec-13	Actual Jan-14	Actual Feb-14	Forecast Mar-14	Forecast Apr-14	Forecast May-14	Forecast Jun-14	Forecast Jul-14	Forecast Aug-14	Forecast Sep-14	Forecast Oct-14	Forecast Nov-14	Forecast Dec-14	Forecast Jan-15	Forecast Feb-15
Actual/Forecast Opening Cash Balance	6,845	11,904	14,384	16,310	16,006	17,588	18,723	12,576	9,987	12,312	13,818	13,894	14,467	15,097	13,455	13,900	13,365	13,864	13,864
Cash Inflows																			
Income from Activities	58,360	57,586	19,424	17,855	19,894	19,418	19,016	18,252	19,788	19,451	19,359	19,339	19,456	19,456	19,355	19,140	19,324	19,456	19,406
Interest Receivable	9	10	4	4	4	3	3	3	3	3	3	4	4	4	4	4	3	3	3
Capital Receipts	15	32	18	0	0	0	0	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	0
PDC Capital *	0	1,615	0	0	0	750	0	2,855	0	0	0	0	0	0	0	0	0	0	0
Total Cash Inflows	58,384	59,243	19,446	17,859	19,898	20,171	19,019	21,110	19,791	19,454	19,362	19,343	19,460	19,460	19,359	19,144	19,327	19,459	19,409
Cash Outflows																			
Pay	37,263	38,395	12,709	12,883	12,864	12,785	12,746	12,765	12,472	12,570	13,182	13,182	13,259	13,259	13,182	13,182	13,182	13,259	13,259
Non-pay	15,551	15,400	4,708	5,129	4,946	5,881	4,969	8,266	4,230	4,912	5,097	5,036	5,092	5,230	4,969	4,968	4,971	5,091	5,090
Interest Payable	0	61	0	0	0	0	0	58	0	0	0	0	0	58	0	0	0	0	0
PDC Dividends	0	1,024	0	0	0	0	0	877	0	0	0	0	0	1,214	0	0	0	0	0
Capital Expenditure	511	1,716	103	151	506	370	1,056	5,697	764	466	1,007	552	479	1,174	763	1,529	675	1,079	836
Loans	0	167	0	0	0	0	0	167	0	0	0	0	0	167	0	0	0	0	0
PDC Capital *	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	53,325	56,763	17,520	18,163	18,316	19,036	18,771	27,830	17,466	17,948	19,286	18,770	18,830	21,102	18,914	19,679	18,828	19,429	19,429
Net Cash Inflow/(Outflow)	5,059	2,480	1,926	-304	1,582	1,135	248	-6,720	2,325	1,506	76	573	630	-1,642	445	-535	499	30	164
Actual Closing Cash Balance	11,904	14,384	16,310	16,006	17,588	18,723	18,971												
Forecast Closing Cash Balance (per TDL Plan)	8,015	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	13,365	13,864	13,894	14,058

The increase in cash reflects continued slippage on the capital plan.



Hospital	Qtr1				Qtr2				Qtr3				Jan-14				Feb-14				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
AIREDALE GENERAL HOSPITAL	39	1	40	2254	66	6	72	3173	69	4	73	3339	18	0	18	1217	24	2	26	1067	216	13	229	11050
	£780	£100	£880		£1,320	£600	£1,920		£1,380	£400	£1,780		£360	£0	£360		£480	£200	£680		£4,320	£1,300	£5,620	
BARNESLEY DISTRICT GENERAL	28	4	32	4770	31	8	39	5406	40	4	44	5868	7	1	8	2073	5	1	6	1720	111	18	129	19837
	£560	£400	£960		£620	£800	£1,420		£800	£400	£1,200		£140	£100	£240		£100	£100	£200		£2,220	£1,800	£4,020	
BRADFORD ROYAL INFIRMARY	162	11	173	6407	220	15	235	8960	186	13	199	10325	48	2	50	3483	52	4	56	3090	668	45	713	32265
	£3,240	£1,100	£4,340		£4,400	£1,500	£5,900		£3,720	£1,300	£5,020		£960	£200	£1,160		£1,040	£400	£1,440		£13,360	£4,500	£17,860	
CALDERDALE ROYAL HOSPITAL	258	7	265	3625	125	9	134	4079	81	7	88	4571	21	1	22	1601	13	1	14	1406	498	25	523	15282
	£5,160	£700	£5,860		£2,500	£900	£3,400		£1,620	£700	£2,320		£420	£100	£520		£260	£100	£360		£9,960	£2,500	£12,460	
HUDDERSFIELD ROYAL INFIRMARY	227	8	235	3657	98	6	104	4026	94	5	99	4413	18	0	18	1496	20	0	20	1402	457	19	476	14994
	£4,540	£800	£5,340		£1,960	£600	£2,560		£1,880	£500	£2,380		£360	£0	£360		£400	£0	£400		£9,140	£1,900	£11,040	
HULL ROYAL INFIRMARY	73	3	76	6626	66	3	69	6574	231	16	247	9714	71	3	74	3688	51	2	53	3452	492	27	519	30054
	£1,460	£300	£1,760		£1,320	£300	£1,620		£4,620	£1,600	£6,220		£1,420	£300	£1,720		£1,020	£200	£1,220		£9,840	£2,700	£12,540	
DEWSBURY DISTRICT HOSPITAL	97	1	98	2805	60	5	65	3614	46	11	57	3982	24	3	27	1307	12	1	13	1216	239	21	260	12924
	£1,940	£100	£2,040		£1,200	£500	£1,700		£920	£1,100	£2,020		£480	£300	£780		£240	£100	£340		£4,780	£2,100	£6,880	
PINDERFIELDS GENERAL HOSPITAL	277	12	289	6887	119	9	128	7811	104	8	112	8179	30	6	36	2930	27	2	29	2661	557	37	594	28468
	£5,540	£1,200	£6,740		£2,380	£900	£3,280		£2,080	£800	£2,880		£600	£600	£1,200		£540	£200	£740		£11,140	£3,700	£14,840	
PONTEFRACCT GENERAL INFIRMARY	11	0	11	321	5	0	5	372	2	0	2	364	0	0	0	134	7	0	7	95	25	0	25	1286
	£220	£0	£220		£100	£0	£100		£40	£0	£40		£0	£0	£0		£140	£0	£140		£500	£0	£500	
DONCASTER ROYAL INFIRMARY	36	4	40	5628	36	5	41	6782	47	10	57	7379	13	2	15	2563	4	1	5	2305	136	22	158	24657
	£720	£400	£1,120		£720	£500	£1,220		£940	£1,000	£1,940		£260	£200	£460		£80	£100	£180		£2,720	£2,200	£4,920	
FRIARAGE HOSPITAL	13	1	14	1260	15	4	19	1367	22	0	22	1524	4	1	5	547	9	0	9	440	63	6	69	5138
	£260	£100	£360		£300	£400	£700		£440	£0	£440		£80	£100	£180		£180	£0	£180		£1,260	£600	£1,860	
HARROGATE DISTRICT HOSPITAL	19	0	19	1819	27	2	29	2481	25	5	30	2901	4	0	4	1025	10	2	12	937	85	9	94	9163
	£380	£0	£380		£540	£200	£740		£500	£500	£1,000		£80	£0	£80		£200	£200	£400		£1,700	£900	£2,600	
LEEDS GENERAL INFIRMARY	255	10	265	4148	227	4	231	5665	180	15	195	6868	52	2	54	2431	49	4	53	2225	763	35	798	21337
	£5,100	£1,000	£6,100		£4,540	£400	£4,940		£3,600	£1,500	£5,100		£1,040	£200	£1,240		£980	£400	£1,380		£15,260	£3,500	£18,760	
ST JAMES UNIVERSITY HOSPITAL	234	4	238	7631	187	6	193	8761	150	8	158	10011	52	5	57	3615	61	2	63	3137	684	25	709	33155
	£4,680	£400	£5,080		£3,740	£600	£4,340		£3,000	£800	£3,800		£1,040	£500	£1,540		£1,220	£200	£1,420		£13,680	£2,500	£16,180	
NORTHERN GENERAL HOSPITAL	61	6	67	8544	67	13	80	9558	75	11	86	10464	19	8	27	3547	17	1	18	3106	239	39	278	35219
	£1,220	£600	£1,820		£1,340	£1,300	£2,640		£1,500	£1,100	£2,600		£380	£800	£1,180		£340	£100	£440		£4,780	£3,900	£8,680	
ROTHERHAM DISTRICT GENERAL HOSPITAL	22	2	24	4483	28	2	30	5214	23	4	27	5627	13	0	13	1996	9	2	11	1636	95	10	105	18956
	£440	£200	£640		£560	£200	£760		£460	£400	£860		£260	£0	£260		£180	£200	£380		£1,900	£1,000	£2,900	
SCARBOROUGH DISTRICT GENERAL HOSPITAL	23	2	25	3650	25	2	27	4058	47	5	52	4437	10	0	10	1512	14	0	14	1328	119	9	128	14985
	£460	£200	£660		£500	£200	£700		£940	£500	£1,440		£200	£0	£200		£280	£0	£280		£2,380	£900	£3,280	
YORK DISTRICT HOSPITAL	78	3	81	4863	72	1	73	5417	79	9	88	6016	22	2	24	1997	17	1	18	1902	268	16	284	20195
	£1,560	£300	£1,860		£1,440	£100	£1,540		£1,580	£900	£2,480		£440	£200	£640		£340	£100	£440		£5,360	£1,600	£6,960	
SHEFFIELD CHILDRENS HOSPITAL	16	0	16	636	7	0	7	780	5	0	5	1081	0	1	1	331	2	0	2	334	30	1	31	3162
	£320	£0	£320		£140	£0	£140		£100	£0	£100		£0	£100	£100		£40	£0	£40		£600	£100	£700	
Grand Total Handover				80014				94098				107063				37493				33459				352127
Grand Total Breaches	1929	79	2008		1481	100	1581		1506	135	1641		426	37	463		403	26	429		5745	377	6122	
Grand Total Cost	£38,580	£7,900	£46,480		£29,620	£10,000	£39,620		£30,120	£13,500	£43,620		£8,520	£3,700	£12,220		£8,060	£2,600	£10,660		£114,900	£37,700	£152,600	

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'