



Bradford Calderdale and Kirklees CBU Operational Dashboard 2012-2013





Summary														
Summary		April	May	June	July	August	September	October	November	December	January	February	March	Yearly outturn forecast
2	Finance	RAG Status												
		Comments / Actions	Pay budget over spent £648,729 and a non pay over spend of £65,708 - this is for West Yorkshire overall as it is not split by CBU											
3	Performance	RAG Status												
		Comments / Actions	<p>Performance This is over 75% for each month and PCT. Quarter 1 is at 79.1%, 2.9% higher than last year.</p> <p>Demand Overall is demand is 6.2% above quarter 1 last year. As in other CBU's this is particularly noticeable for red 2 (+15.5%), Green 1 (+84.8%) and Green 2 (+13.6%) this is due to the increase in Triage of Green 3 during last year. Quarter 1 is 5.5% above contracted demand.</p> <p>Resource Resource levels are 1.7% higher for the Quarter than Quarter 1 last year. May saw the biggest increase, 5.8% higher than last year, while resource decreased in June and was 1.7% lower than last year.</p> <p>Operational AQIs Time to treatment is quicker than the YAS levels, this reflects the higher Red performance in the CBU compared to some of the more rural areas. The incidents managed without need to transport is lower than the YAS average (19.4% compared to 24.2%)</p> <p>Clinical AQIs The STEMI care bundle is substantially lower each month compared to the YAS total, 51.9% against 76.3%</p>											
4	Quality	RAG Status												
		Comments / Actions	<p>Complaints/concerns The rate of complaints / concerns and comments to demand is 0.06%, Trust rate is 0.13% for Quarter 1</p> <p>Compliments The rate of compliments is 0.03% , Trust rate base is 0.02% for Quarter 1</p> <p>SUI There were no SUI's for the CBU</p>											
5	Workforce	RAG Status												
		Comments / Actions	<p>Statutory & Mand training Overall they are on track for training with the exception of workbooks which stand at 57.2% for 2011</p> <p>PDRs Are at 88% in June and have been over 90% on previous months</p> <p>Abstractions GRS abstractions have been lower than the Business Plan target of 30.1% in April and May, but increased in June by 2.2% above target - mainly due to increased annual leave.</p> <p>FTE 832.45 staff in post against a budget establishment of 875.25 as at June, 42.8 vacancies. This is information for West Yorkshire as CBU level information is not available</p>											
6	CIP	RAG Status												
		Comments / Actions	In development											
7	Service Transformation	RAG Status												
		Comments / Actions	In development											



Bradford Calderdale and Kirklees

Finance

Finance (Business Plan Ref 7.1)		April	May	June	July	August	September	October	November	December	January	February	March	Yearly Total	
Budget	2.1	Pay - Current budget per month	2,657,928	2,659,617	2,657,929									7,975,474	
	2.2	Pay - Actual budget per month	2,657,730	2,953,119	3,013,354									8,624,203	
	2.3	Variance per month	-198	293,502	355,425									648,729	
	2.4	Cumulative variance	-198	293,304	648,729									648,729	
	2.5	Non-pay - Current budget per month	57,478	57,478	57,478									172,434	
	2.6	Non-pay - Actual budget per month	81,235	75,271	81,636									238,142	
	2.7	Variance per month	23,757	17,793	24,158									65,708	
	2.8	Cumulative variance	23,757	41,550	65,708									65,708	
	2.9	Departmental overtime incurred	346,430	346,350	346,351									1,039,131	
	2.10	Cost Centre total budget per month	2,715,406	2,717,095	2,715,407									8,147,908	
	2.11	Cost Centre actual budget per month	2,738,965	3,028,390	3,094,990									8,862,345	
	2.12	Variance per month	23,559	311,295	379,583									714,437	
	2.13	Year to Date Total Budget	2,715,406	5,432,501	8,147,908										
	2.14	Year to Date Total Actual Spend	2,738,965	5,767,355	8,862,345										
	2.15	Year to Date Overall Spend Variance	23,559	334,854	714,437										

Note - information is provided for West Yorkshrie, as there are no splits on system at CBU level



Bradford Calderdale and Kirklees

Quarter 1

Quality

		April	May	June	July	August	September	October	November	December	January	February	March	
4.0	Complaints & Concerns	Attitude and Conduct	2	0	3									
		Aspects of Clinical Care	1	3	3									
		Driving and Sirens	3	1	5									
		Other	2	1	1									
		Quarterly % rate (total incidents)	0.06%											
		YAS % rate (total incidents)	0.13%											
		Response > 25 working days	2	0										
4.1	Compliments		3	0	8									
		Quarterly % rate (total incidents)	0.03%											
		YAS % rate (total incidents)	0.02%											
4.2	Referrals to Ombudsman	0	0	0										
4.3	SUI's by Type	Delayed dispatch/response	0	0	0									
		Road Traffic Collision	0	0	0									
		Clinical care	0	0	0									
		Inadequate clinical assessment	0	0	0									
		Violence & aggression	0	0	0									
		Data protection breach	0	0	0									
		Adverse media attention	0	0	0									
		Medication related	0	0	0									
		Other	0	0	0									
4.4	Prism	Open Incidents (Reported Date)												
		Closed Incidents within 28 Days												
		Number of Incidents breached												
4.5	Clinical and Medicines Management Issues / Tasks													



Bradford Calderdale and Kirklees

Workforce															
Workforce			Target	April	May	June	July	August	September	October	November	December	January	February	March
5.0	Statutory and Mandatory Training	CRT		92.4%	90.4%	92.2%									
		M&H Patients		70.9%	74.6%	76.1%									
		Safeguarding Children Level 2		73.9%	76.9%	78.5%									
		Trauma Training		73.4%	83.4%	84.2%									
		Stat and Mand Workbook 2011		56.1%	54.4%	57.2%									
		Stat and Mand Workbook 2012													
5.1	PDR's % completed		100%	92.6%	91.0%	88.0%									
5.2	Staff Survey														
5.3	Flu Vaccinations														
5.4	Driving License Mandate Returns			90.2%	90.0%	92.0%									
5.5	CRB			94.0%	100.0%	94.0%									
5.6	Abstractions	Total Abstractions	30.1%	25.3%	27.1%	32.3%									
		Annual leave		12.5%	12.8%	18.3%									
		Other leave (inc maternity)		2.5%	3.2%	3.0%									
		Sickness		6.5%	6.0%	6.7%									
		Light Duties		1.4%	1.7%	1.2%									
		Training		2.1%	2.9%	2.2%									
		Training Other		0.0%	0.0%	0.1%									
		Other		0.3%	0.5%	0.8%									
5.7	Absence	Total Sickness	4.0%	7.3%	6.4%	4.7%									
		Short Term Absence		4.3%	4.8%	3.9%									
		Long Term Absence		2.9%	1.7%	0.7%									
		Informal Meetings		110	105	111									
		Formal Meetings		79	74	69									
5.8	Staff in Post (FTE)	Total staff establishment (FTE)		875.25	875.45	875.25									
		Total Staff in Post (FTE)		841.98	832.56	832.45									
		Variance		-33.27	-42.89	-42.8									
		Total Managers (FTE) Establishment		27	29	29									
		Total Managers (FTE) Actual		26	24	23									
		Total Band 6 (FTE) Establishment		107.5	105.7	105.5									
		Total Band 6 (FTE) Actual		97.95	76.6	77.63									
		Total Band 5 (FTE) Establishment		521.79	521.79	521.79									
		Total Band 5 (FTE) Actual		510.08	524.51	522.97									
		Total Band 4 (FTE) Establishment		155.56	155.56	155.56									
		Total Band 4 (FTE) Actual		142.23	142.73	144.13									
		Total Band 3 (FTE) Establishment		63.4	63.4	63.4									
Total Band 3 (FTE) Actual		65.72	64.72	64.72											
5.9	Details of staff engagement undertaken (Business Plan Reference 1.1)														
5.10	Actions undertaken from staff survey														

RAG Rating Key for Statutory & Mandatory Training



Note % sickness in GRS is measured in hours lost vs FTE hours, while sickness in ESR is measured in days lost against FTE days
Note - information is for West Yorkshire as information is not split by CBU level

5.16	Trauma Trained	MrmtDivision	Completed	8	7	4								
			Not Completed	2	2	3								
			Total	10	9	7								
		Division	% Compliancy	80%	78%	57%								
			% Staff Compliant	73%	73%	84%								
			Number of Staff Compliant	292	292	680								
			Total Number of Staff inDivision	398	398	128								
		Number expired	106	106	552									
5.17	Flu Vaccination	Total	Headcount											
			Total Vaccinated											
			% Staff Compliant											
5.18	Driving License	MrmtDivision	% of Mandates returned	94%	98%	92%								
			Number of Mandates returned	15	44	20								
			Total Number of Staff	16	45	21								
		Division	% of Mandates returned	90%	90%	92%								
			Number of Mandates returned	405	779	815								
		Total Number of Staff	449	867	886									
5.19	CRB	MrmtDivision	% of Mandates returned	96%	100%	94%								
			Number of Mandates returned	26	40	15								
			Total Number of Staff	27	40	16								
		Division	% of Mandates returned	96%	97%	98%								
			Number of Mandates returned	847	849	876								
		Total Number of Staff	882	873	892									
5.20	Compliance Target deemed necessary due to new equipment or drugs													

Note - Information from May is provided for West Yorkshire as individual CBU information is not available



Bradford Calderdale and Kirklees

Quarter 1

Lead Director	CIP ref No	CIP scheme	Lead manager	2012/2013	2013/2014	2014/2015	Business Case Quality Assessed overall RAG	QIA Comments
PBW	Ops 3	Increase use of clinical hub (triage)	David Williams	675,479	749,000	749,000	Amber	Positive benefits are a strong feature in this plan, however it is overall rated as amber until it has had signoff of the reviewed structure through TEG. None described in plan but suggest AQI's. KPIs need development
PBW	Ops12	Clinical Leadership	David Williams	1,200,000	400,000			
PBW	Ops 4	Remove missed meal break payments and AVP (This needs remodelling to see if any incremental costs of the proposal to provide an uninterrupted break for 20 mins every 6 hours, within their 37.5 hours)	David Williams	1,032,604	1,032,604		Amber	The risk of staff engagement presents risk to operational performance and quality of care. This could be green subject to modelling (numbers not included) Outcome measures not explicitly described but suggest tracking clinical AQIs
PBW	Ops 09	Reduce Overtime	David Williams	2,030,790	710,000		Amber	Potential risk due to staff disengagement. Potential for resource reduction due to staff disengagement.
PBW	Ops 7	Effective sickness Management	Stephen Moir	606,269	202,089		Green	There should be no negative effect on clinical quality. The scheme relates to effective implementation of the sickness policy.
PBW	Ops 8	A&E skill mix	David Williams	371,000	742,000	6,300,000	Amber	Major workforce change plan which has potential to impact on quality & performance. Planned staff engagement as part of business plan but insufficient detail, needs to cross reference with the full business case for A&E workforce plan. Transition and implementation needs a plan. Impact of staff disengagement possible.
PBW	Ops 11	EOC restructure	Jo Halliwell	288,000	288,000		Amber	Positive benefits are a strong feature in this plan. Work is also ongoing reviewing the structure within the EOC.
PBW	Ops 10	Field operations reorganisation (per CIP approx 4 band 7's plus on costs).	David Williams	150,000	50,000		Green	Managers being taken out of structure but no clear plan how their current responsibilities will be managed/absorbed. As a result the quality of patient care is potentially at risk.
PBW	Ops 2	Remove Private Mileage on Overtime	Paul Mudd	96,000	32,000		Green	
PBW	Ops 5	24/7 standby	David Williams	63,875	63,125		Amber	Achieving maximum benefit from standby points could potentially positively affect quality & performance.



Bradford Calderdale and Kirklees

Quarter 1

Transformation Programme									
Ref	Project	Jun	Jul	Aug	etc				Comments
Finance and Performance Programme									
T1	CIP overview								
T2	Estates strategy								
T2a	HART								
T3	Emergency Care Solution								Funding discussions continuing with commissioners
Operations Programme									
T5	Operational model								
T5a	Workforce Plan								
T5b	Rural models CQUIN								
T5c	Conveyance CQUIN								
T5d	ECP CQUIN								
T6	EOC transformation								
T6a	Clinical hub								
T7	PTS transformation								
T7a	PTS CQUINS								
Clinical /Quality Programme									
T8	111								Awaiting confirmation of tender outcome
T9	Major Trauma								
T10	Cardiac arrest								
T11	Public Health								
T11a	Demand Management CQUIN								
T12	Clinical leadership								New system to go live from 1 August 2012



Bradford Calderdale and Kirklees

Quarter 1

Risk ID	CRR Ref	Risk Source & Date Added	Directorate / Committee	Dept / Team area of work	Risk Description	Risk Controls in Place	C	L	Risk Score	Risk Treatment Plan	Risk Owner	Comp date	C	L	Residual Risk Score	Review Date	Progress Notes
CRR 74 (BAF15a)		Review of BAF Gaps in Control (July 2011)	Ops	All	Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.	Risk assessments (s) Resilience plans (m) Business Continuity Plans monitored & reviewed annually & exercised periodically (m) All MAJAX/Specific resilience plans testing schedule & monitoring of effectiveness (m) BC Resilience Board (m)	5	3	15 RED	Please refer to the Risk Treatment plan for further specific details.	IW	Mar-13	5	2	10 AMBER	Monthly	22/9/11. Risk reviewed by AD Risk & Safety, AD Resilience. The risk description has been completely rewritten to provide a more strategic context. This risk includes content from archived risks CRR57 and CRR67.
CRR 29		Internal review July 2010	Ops	A&E	Litigation due to failing to provide a robust system of security and traceability for the management of controlled drugs.	Controlled drugs are not currently available in YAS except in South Yorkshire CBU, YAA and HART. 'Smart card' ID activation. Room/safe access and alarm systems.	5	3	15 RED	Assurance required from IT to ensure only those who require access through the 'smart card' system is programmed to stop others gaining access who should not.	KP		5	1	5 YELLOW	Monthly	Reviewed by Risk & Assurance Committee Sept 10 - agreed should be downgraded to management at Directorate level.
CRR 13		Internal review	Ops	A&E	Adverse impact on service delivery due to major service reconfiguration at Leeds & Mid-Yorkshire Acute Trusts	ET maintains close oversight of the hospital trusts' plans to ensure YAS is adequately engaged in the planning processes. Directorate Contingency plans	4	4	16 RED	Please refer to the Risk Treatment plan for further specific details.	KP	31-Mar-11	3	2	6 YELLOW	Monthly	Agreed outside of R&A Committee by Exec Team to remove from CRR on the basis of identified progress against the risk treatment plan. To be managed at directorate level. 3/11/10. Revised risk score of 9 (3x3)
CRR 12		Internal review	Ops	A&E	Adverse effect to business continuity (long term) due to major service reconfiguration plans are being revised at Dewsbury, Pontefract and Pinderfields hospitals and the implications for YAS are not clear).	ET overseeing the hospital trusts' plans to ensure YAS is adequately engaged in the planning processes. Directorate Contingency plans. Additional funding provided. Allocated additional resource.	4	4	16 RED	Please refer to the Risk Treatment plan for further specific details.	AP	31-Mar-11	3	2	6 YELLOW	Monthly	3/3/11 KP & MS agreed minor wording changes to description & risk controls. Risk score downgraded to 3x3=9 (amber). Removed from CRR to be managed by A&E Ops Directorate.
CRR 50 (BAF 1.2)		A&E Ops review. November 2010	Ops	A&E	Harm to patients, staff and others due to increased volume of category A calls, as a consequence of the introduction of the new C30 and C60 response time standards.	A&E Ops Improvement Plan and associated risk register. Fortnightly Operations Programme Board. Response time data reporting. Integrated Performance Report.	4	4	16 RED	Act on ORH Impact Assessment. Potential to change operational model.	MS	Jan-11	4	4	8 AMBER	Monthly	3/3/11 KP & MS reviewed; Category B proposal not going into Category A. Risk reduced as consequence not significant in category A response. Risk score amended to 3x2x6 (yellow). Removed from CRR to be managed through A&E Ops Directorate.
CRR 53 (BAF2F)		ET review. November 2010	Ops	A&E	Financial risk due to replacement of the staff/service model for the Voluntary Car Service (VCS), as a consequence of an employee tribunal ruling.	Legal advice. Challenging the case/ruling. Provide and support robust evidence.	5	3	15 RED	Please refer to the Risk Treatment plan for further specific details.	DW	Mar-12	4	2	8 AMBER	Monthly	26/9/11 - Discuss with A&E Ops Director SF. Agree to archive risk as residual risk score achieved.
CRR 91 (BAF 3b)		BAF review April 12	Ops	A&E	Adverse impact on clinical outcomes, due to failings in patient care pathways, as non-conveyance rates of individual paramedics is lower than national benchmarking indicators.	IPR reporting. Implementation of clinical leadership framework. Clinical audit programme Patient care pathways established for falls, dementia, LD, stroke, mental health, COPD.	4	4	16 RED	Please refer to the Risk Treatment Plan for further details	EDoD	Mar-13	3	2	6 YELLOW	Monthly	Added to CRR following BAF review April 12. Further exec review in April determined that this risk should be managed at Directorate level.
9		ICT Risk	Ops	All	The Trust must implement the NHS Information Risk Management Process. There is a current risk around implementation capacity.	SIRO in place. IAO's in place. IAA's in place	4	3	12 AMBER	Regular IG to IAO meetings	IGG		3	2	6 YELLOW		
11		ICT Risk	Ops	All	Annual Leave thresholds exceeded due to Resource Department not controlling annual leave booking.	Review of how to calculate leave using current policies. New Ops rotas being discussed to incorporate annual leave. New annual leave policy being drafted with HR, Ops and Staffside. Future abstractions report being produced monthly to ensure thresholds monitored in advance.	4	3	12 AMBER		Ops	31/03/2011	4	2	8 AMBER		
19		YAS/ICT Risk	Ops	A&E	Failure to achieve required resource levels to meet YAS performance as a result of new relief rotas implementation due to : Annual Leave being overbooked due to no threshold applied and guaranteed leave in weeks 3 & 4. 12 relief rota short of 3.75 hours per 10 week cycle which has to be manually applied. Restriction of flexibility of both relief rotas limiting shift allocation to specific day and evening shifts. One shift only being carried over if any shortfall in hours occurred over two cycles (20weeks).	Work through issues in regular meetings with staffside, Ops ADs and resource champions. Ongoing monitoring of annual leave levels from future abstractions report. Ongoing monitoring of individual staff hours planned in each 10 week cycle from relief planning reporting. Report on coverage of shift pre and post relief rota change dates.	4	3	12 AMBER	Monitor regularly through Rsource /Operations Champions meetings held every fortnight. Work closely with Paul Mudd as Ops AD lead.	Ops	31/03/2011	4	3	12		
BCK1		CBU Initiative	Ops	BCK	Risk of Technician upskilling being further compromised, due to alternative Trust priorities.	None	3	4	12 AMBER	See attached Treatment Plan	Tasnim Ali	31.03.10	1	1	1 GREEN	30.09.10	Review 3.3.11- Delay in new rota implementation which further impacts on this.
BCK2		CBU Initiative	Ops	BCK	Risk of staff PDRs not being completed within given timescales, caused by operational demand impacting on the CTE Programme, thereby resulting in delays to preparing and undertaking PDRs. Actual CTE numbers do not facilitate a 1/12 ratio	CTE Away Days organised to educate CTEs in CTE programme and provide useful tool to support role.	3	3	9 AMBER	See attached Treatment Plan	Clinical Manager	31.03.10	3	2	6 YELLOW	30.09.10	3.3.11- Bariatric stretcher now available in the CBU
BCK4		CBU Initiative	Ops	BCK	Risk of injury to staff due to manual handling of bariatric patients, due to bariatric equipment not being available.	Manual Handling training.	3	4	12 AMBER	See attached Treatment Plan	Tasnim Ali	31.03.10	2	2	4 YELLOW	17.09.10	Ongoing.
BCK8		CBU Initiative	Ops	BCK	Risk of patient injury, due to 4 Point Harnesses being removed from stretchers.	CTLs are informing the Management Team when 4 Point Harnesses are found to have been removed.	4	3	12 AMBER	See attached Treatment Plan	Tasnim Ali	30.09.10	4	2	6 YELLOW	30.09.10	Ongoing.