



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

August 2012



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Section 1

Executive Summary




2012-13 BUSINESS PLAN OBJECTIVES		Lead Director	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End Forecast
KPI	Description														
Strategic Goal - Continuously Improving Patient Care - Providing the right care, in the right place, at the right time.															
1	To reduce mortality from major trauma	Alison Walker	AMBER	AMBER	AMBER	AMBER	AMBER								GREEN
2	To improve Survival to Discharge for Pre-Hospital Cardiac Arrest	Alison Walker	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
3	To deliver care in the most appropriate setting to meet the patient needs and to reduce variability and timely access to care over 24/7/365	Alison Walker	AMBER	AMBER	AMBER	AMBER	AMBER								GREEN
4	To develop as a key provider of Emergency and Urgent/Unscheduled care services in partnership with other providers	Alison Walker	AMBER	AMBER	AMBER	AMBER	AMBER								GREEN
Strategic Goal - High Performing															
5	To provide services which exceed regulatory and legislative standards of care and commissioner expectations	Steve Page	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
6	To provide clinically effective care with year on year improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures	Alison Walker / Paul BirkettWendes	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
7	To provide a service that exceeds our patients expectations	Steve Page	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
8	To improve the quality of patient transport service provision	Paul BirkettWendes	GREEN	GREEN	GREEN	AMBER	GREEN								GREEN
Strategic Goal - Always Learning															
9	To develop a culture of improvement and innovation	Stephen Moir	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
10	To align workforce and leadership to service delivery models	Stephen Moir	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
11	To develop a research agenda that delivers improved patient outcomes	Alison Walker	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
12	To develop internal systems and processes which support innovation and continuous improvement	Steve Page	AMBER	AMBER	AMBER	AMBER	AMBER								GREEN
13	To reduce unintended harm from patient treatment	Alison Walker / Steve Page	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
Strategic Goal - Provider of choice in a competitive environment and deliver value for money															
14	To develop rigorous performance management processes within a service line management framework	Rod Barnes	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
15	To become a regional leader in healthcare resilience	Paul BirkettWendes	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
16	To contribute to the regional and local public health programme	Alison Walker	AMBER	AMBER	AMBER	AMBER	AMBER								GREEN
17	To provide value for money services within planned financial targets	Rod Barnes	AMBER	AMBER	GREEN	GREEN	GREEN								GREEN
18	To contribute to the wider health economy efficiency programme	Rod Barnes	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN

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

Comments		
4	To develop as a key provider of Emergency and Urgent/Unscheduled care services in partnership with other providers	Work commenced but ongoing
12	To develop internal systems and processes which support innovation and continuous improvement	The overall strategy is agreed but the detailed implementation plan is still in development.
16	To contribute to the regional and local public health programme	Work commenced but ongoing

KPI	RAG	Page
1	AMBER	E2 & C2
3	AMBER	E2 & C2
4	AMBER	Comments
12	AMBER	Comments
16	AMBER	Comments

Early Warning Indicators 		RAG	Page
1	Time to answer 50%	GREEN	2.10
2	Time to answer 95%	RED	2.10
3	Recontact 24 hours telephone	RED	2.10
4	Recontact 24 hours on scene	RED	2.10
5	Complaints	AMBER	3.12 - 3.13
6	Serious Incidents	AMBER	3.8
7	Incidents and near misses	GREEN	3.3
8	PTS arrival and departure times	AMBER	2.12-2.13
9	Fleet - vehicle availability	AMBER	2.18
10	Time to Treatment 50%	GREEN	2.10

CONTRACTUAL COMPLIANCE 2012 - 13 - 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 8 mins

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

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

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

Exception Report - Never Events

Never events are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'.

Comments

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

Monitor Risk Ratings (Quarterly)

Finance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
<p>Highest Risk Lowest Risk</p>			

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

<p>Likely or actual significant breach of terms of authorisation</p>	<p>Breach of terms of authorisation</p>	<p>Limited concerns surrounding terms of authorisation</p>	<p>No Material concern</p>
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*Where the circles are filled this indicates YAS current position

Yorkshire Ambulance Service - Contractual Compliance

August 2012

PTS KPI's -West Yorkshire Consortium

KPI 1- Patients should be collected in a timely manner following 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		
Core Patient Journeys	a)	% of patients to depart within 60 mins of their booked ready time	71.56%	74.03%	72.06%	71.10%	72.18%	69.63%	72.80%	70.38%	72.88%	68.88%																
	b)	% of patients to depart within 120 mins of their ready time (Penalties Apply)	94.82%	95.66%	95.24%	95.97%	95.28%	95.18%	95.88%	95.55%	96.02%	95.19%																
Renal Patient Journeys	a)	% of patients to depart no more than 45 mins after ready time	87.86%	92.79%	88.28%	93.90%	88.48%	92.88%	88.78%	92.70%	88.88%	93.93%																
	b)	% of patients to depart within 60 mins of ready time	96.56%	97.89%	96.90%	98.25%	97.02%	97.96%	97.36%	98.10%	97.48%	98.61%																
KPI 2- Patients journey time should be of an acceptable duration			Apr		May		June		July		August		September		October		November		December		January		February		March			
Core Patient Journeys	a)	% of patients travelling up to 10 miles for less than 60 mins	92.88%	95.16%	92.95%	95.14%	93.02%	95.61%	93.09%	95.03%	93.16%	95.75%																
	b)	% of patients travelling up to 25 miles for up to 120 mins	98.94%	99.59%	98.97%	99.63%	99.01%	99.72%	99.05%	99.71%	99.10%	99.64%																
Renal Patient Journeys	a)	% of patients travelling up to 10 miles for up to 45 mins	93.00%	94.98%	93.10%	95.27%	93.20%	96.52%	93.30%	96.09%	93.40%	97.05%																
KPI 3- Patients should arrive in a timely manner for their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March			
Core Patient Journeys	a)	% of patients arriving more than 60 mins early	4.32%	3.82%	4.04%	2.53%	4.00%	2.65%	3.74%	2.80%	3.63%	3.31%																
	b)	% of patients to arriving more than 90 minutes early	0.59%	0.51%	0.57%	0.18%	0.54%	0.23%	0.52%	0.29%	0.50%	0.30%																
	c)	% of patients to arrive between 1 and 30 mins late	23.40%	17.44%	23.16%	12.40%	23.10%	12.87%	22.80%	14.20%	22.72%	14.79%																
	d)	% of patients to arrive between 31 and 60 mins late	7.70%	5.09%	7.36%	2.40%	7.26%	3.18%	6.88%	3.39%	6.63%	3.66%																
	e)	0% of patients to arrive more than 60 mins late (Penalties Apply)	3.06%	2.20%	2.78%	0.69%	2.72%	1.11%	2.46%	1.08%	2.36%	1.50%																
Renal Journeys	a)	% of patients to arrive more than 30 mins early	23.92%	23.67%	22.82%	19.85%	22.06%	21.23%	21.20%	21.83%	20.44%	21.34%																
	b)	% of patients to arrive more than 90 mins early	0.04%	0.00%	0.04%	0.02%	0.04%	0.00%	0.04%	0.00%	0.04%	0.02%																
	c)	% of patients to arrive between 30 mins late	1.39%	1.21%	1.36%	0.80%	1.35%	0.98%	1.32%	0.95%	1.27%	1.05%																
	d)	0% of patients to arrive more than 60 mins late (Penalties Apply)	0.09%	0.27%	0.05%	0.47%	0.04%	0.15%	0.01%	0.27%	0.01%	0.19%																

Comments

KPI 1a % of patients to depart within 60 mins of their booked ready time
 Significant drop action plan in place to address

KPI 1b % of patients to depart within 120 mins of their ready time
 Consistent performance in 95% zone

KPI 3a % of patients to arrive more than 30 mins early
 Improvement on previous month but target changed

KPI 3d % of patients to arrive more than 60 mins late
 Improvement on last month position

Yorkshire Ambulance Service - Contractual Compliance

August 2012

PTS KPI's - East Yorkshire Consortium

KPI 1- 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		
KPI 1(i) Non Urgent Journeys	a)	% of patients arriving more than 90 mins early	1.35%	0.48%	1.30%	1.01%	1.25%	1.38%	1.20%	0.90%	1.10%	0.93%																
	b)	% of patients to arrive between 61 and 90 mins early	19.00%	6.39%	19.00%	8.24%	19.00%	7.89%	19.00%	7.36%	19.00%	6.58%																
	c)	% of patients to arrive between 1 and 30 mins late	21.50%	16.17%	21.00%	13.92%	20.50%	13.78%	20.40%	13.64%	20.20%	12.52%																
	d)	% of patients to arrive between 31 and 60 mins late	8.00%	3.71%	7.50%	3.75%	7.40%	3.02%	6.50%	2.65%	6.00%	2.78%																
	e)	0% of patients to arrive more than 60 mins late (Penalties Apply)	4.60%	1.40%	3.60%	0.46%	2.60%	0.56%	1.60%	0.90%	0.60%	0.39%																
KPI 1(ii) Priority Journeys	a)	% of patients to arrive more than 90 mins early	1.00%	0.28%	1.00%	0.24%	1.00%	0.76%	1.00%	0.52%	1.00%	0.19%																
	b)	% of patients to arrive between 31 and 90 mins early	22.00%	31.40%	18.00%	37.14%	12.00%	39.08%	8.00%	38.82%	6.00%	35.17%																
	c)	% of patients to arrive between 31 and 60 mins late	5.00%	1.93%	5.00%	0.66%	5.00%	1.26%	5.00%	1.31%	5.00%	1.69%																
	d)	0% of patients to arrive more than 60 mins late (Penalties Apply)	1.90%	0.28%	1.60%	0.36%	1.30%	0.25%	1.00%	0.13%	0.70%	0.38%																
KPI 2- Patients should collected in a timely manner following their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March			
KPI 2(i) Non Urgent Journeys	a)	% of patients to depart between 61 and 120 mins after ready time	28.00%	21.12%	20.00%	18.74%	15.00%	23.57%	10.00%	19.98%	8.00%	20.19%																
	b)	% of patients to depart more than 120 mins after ready time (Penalties Apply)	8.00%	3.53%	6.50%	2.53%	4.00%	2.78%	2.50%	2.39%	1.00%	2.40%																
KPI 2(ii) Priority Journeys	a)	% of patients to depart between 31 and 60 mins after ready time	20.00%	23.71%	18.00%	25.19%	16.00%	26.07%	14.00%	24.20%	12.00%	24.60%																
	b)	% of patients to depart more than 60 mins after ready time (Penalties Apply)	17.40%	6.50%	14.40%	6.53%	9.40%	7.49%	6.40%	5.54%	3.40%	4.82%																
KPI 2(iii) SAME DAY PATIENTS	a)	% of patients to depart between 3 and 4 hours after ready time	11.50%	9.29%	11.00%	9.84%	10.50%	9.70%	10.00%	10.73%	9.50%	6.72%																
	b)	% of patients to depart between 4 and 5 hours after ready time	7.00%	3.67%	6.00%	7.99%	5.00%	7.07%	3.00%	3.43%	2.00%	3.09%																
	c)	0% of patients to depart more than 5 hours after ready time	5.00%	1.94%	4.00%	2.05%	3.00%	1.21%	2.00%	0.86%	1.00%	1.45%																
KPI's All Journeys			Apr		May		June		July		August		September		October		November		December		January		February		March			
KPI - 3	Percentage of journeys where the time the journey was aborted was 15 minutes or less before the patient was due at their destination		10.00%	29.16%	9.00%	26.56%	8.00%	27.32%	7.00%	24.24%	6.00%	32.69%																
KPI - 4	Percentage of calls to "SPA" not answered within 5 minutes		10.00%	0.83%	9.00%	1.06%	8.00%	1.70%	7.00%	1.18%	6.00%	1.47%																
KPI - 5	Percentage of data fields used to calculate KPI's that are incomplete or incorrect		10.00%	0.41%	9.00%	0.29%	8.00%	0.32%	7.00%	0.30%	6.00%	0.36%																

Comments

New reds are associated to KPI where the target has increased each month. Discussions to take place with commissioners regarding the reality of the ability to achieve these demanding targets. A significant number of issues have been identified with this contract as part of the UNIPART diagnostic which will require a separate work plan.

PTS KPI's - NHS North Yorkshire & York

KPI 1- Patients should arrive in a timely manner for their appointment			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	
KPI 1	a)	Patients arriving more than 60 mins early for their appointment	6.70%	6.98%	6.70%	4.93%	6.70%	4.33%	6.70%	4.99%	6.70%	4.44%															
	b)	Patients arriving up to 60 mins early for their appointment	57.50%	66.75%	57.50%	77.29%	57.50%	82.34%	57.50%	76.60%	57.50%	76.59%															
	c)	Patients arriving up to 30 mins late for their appointment	21.60%	17.17%	21.60%	13.00%	21.60%	9.99%	21.60%	12.51%	21.60%	13.55%															
	d)	Patients arriving between 31 and 60 mins late for their appointment	8.80%	6.69%	8.80%	3.08%	8.80%	2.39%	8.80%	4.14%	8.80%	4.04%															
	e)	Patients arriving more than 60 minutes late for their appointment	5.40%	2.40%	5.40%	1.69%	5.40%	0.95%	5.40%	1.77%	5.40%	1.41%															
KPI 2- Patients should be collected in a timely maner following completion of their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March		
KPI 2	a)	Patients collected within 60 mins of their booked ready time	75.70%	80.30%	75.70%	81.88%	75.70%	83.16%	75.70%	79.45%	75.70%	79.16%															
	b)	Patients collected within 61- 90 mins of their booked ready time	12.00%	10.68%	12.00%	9.73%	12.00%	7.89%	12.00%	10.72%	12.00%	10.60%															
	c)	Patients collected within 91 - 120 mins of their booked ready time	6.10%	5.15%	6.10%	3.66%	6.10%	3.68%	6.10%	4.78%	6.10%	4.67%															
	d)	Patients collected more than 121 mins after their booked ready time	6.20%	3.86%	6.20%	4.72%	6.20%	5.27%	6.20%	5.06%	6.20%	5.57%															
KPI 3- Patients journey time should be of an acceptable duration			Apr		May		June		July		August		September		October		November		December		January		February		March		
KPI 3	a)	Patients travelling for up to 60 mins	76.20%	85.48%	76.20%	86.85%	76.20%	86.42%	76.20%	86.43%	76.20%	87.32%															
	b)	Patients travelling between 61 and 90 minutes	16.60%	11.79%	16.60%	10.79%	16.60%	11.05%	16.60%	11.18%	16.60%	10.44%															
	c)	Patients travelling 91 - 120 minutes	5.40%	2.35%	5.40%	1.96%	5.40%	2.03%	5.40%	2.02%	5.40%	1.62%															
	d)	Patients travelling for more than 120 minutes	1.80%	0.32%	1.80%	0.33%	1.80%	0.42%	1.80%	0.29%	1.80%	0.56%															

Comments
Well performing consistent all green KPI's

Comments all PTS areas



Section 2

Performance





Section 2a

A&E Performance



Directors Comments on Actual Performance**Resilience**

Business Continuity Plan (BCP) testing continues with 8 out of 20 BCPs now booked in for testing (Briefing sent to Trust Board members in August)

Training packages have been reviewed for the commencement of the training plan in September. We have now secured training time on all new entrant training courses.

654 (39%) of staff required to complete the elearning have completed or are in the process of completing the e-learning package for Patient Triage.

YAS completed two Medical Emergency Response Incident Teams (MERIT) courses in August (17 hospital staff). Total number hospital staff trained to date is 36. Total training requirement is for 70 staff trained this year.

A&E Performance

August Red performance exceeded plan by 1% at 76.3%. This was despite an increase in demand of 6.7% compared to August 2011. Red 1 performance remains the area of greatest concern and consequently YAS has a Red 1 Project team which has a clear action plan and set of key deliverables. However many key actions require system changes which require significant lead in time. The Executive Director of Operations is working with colleagues nationally who are also experiencing similar issues with the delivery of the expected improvements in Red 1 performance to share best practice and improvement initiatives.

Year to Date performance

Year to date combined Red performance remains strong. Planned trajectory to achieve year end target at the end of August was 76.59% however we had overachieved at 77.30%.

CONTRACTUAL COMPLIANCE 2012 - 13 - 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. Improving the quality of care and support for people with dementia
4. Self Care - Improving patient safety
5. Raising awareness to support ambulance demand management

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
30.00%	£1,168,785	GREEN	GREEN	GREEN	GREEN	AMBER								GREEN
15.00%	£584,393	GREEN	GREEN	AMBER	GREEN	GREEN								GREEN
12.50%	£486,994	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
17.50%	£681,791	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
25.00%	£973,988	GREEN	GREEN	GREEN	GREEN	AMBER								GREEN
TOTAL	100.00%													

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

Comments	CQUINs have been reviewed with commissioners for quarter 2 and overall the position is positive. Some additional information has been requested in relation to schemes 1 and 5 and this will be supplied to the commissioners by the end of September, when it is anticipated that the schemes will return to a Green rating.
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Category Red 1 - 8 Minute Performance HQU03_01

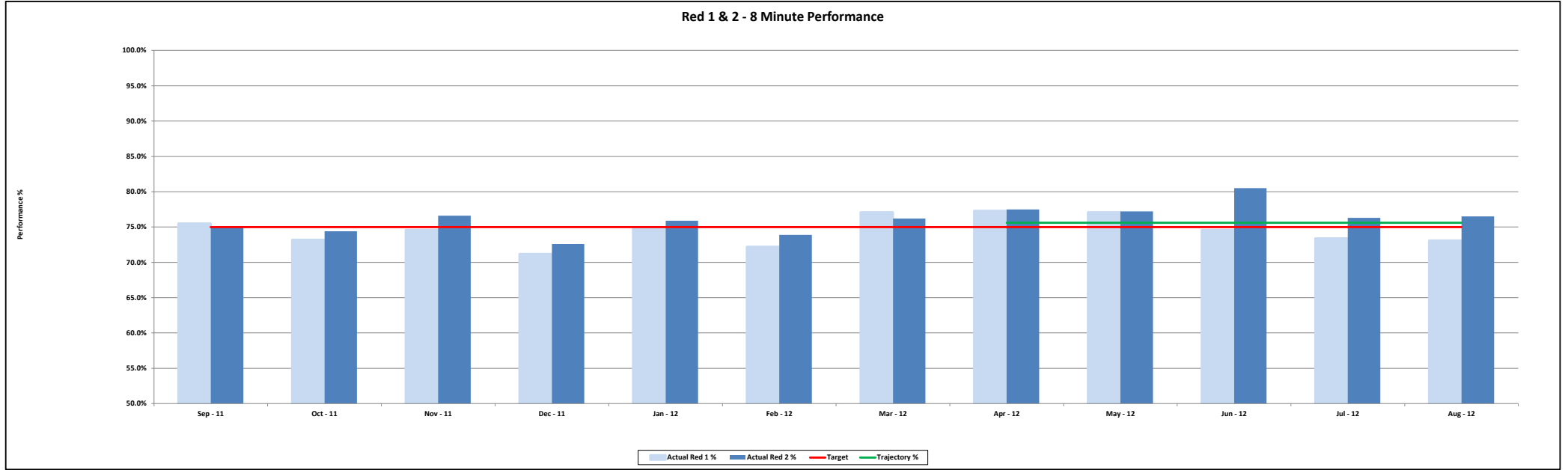
OBJ REF 3

YTD RAG	GREEN
MTD RAG	RED

Category Red 2 - 8 Minute Performance HQU03_01

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



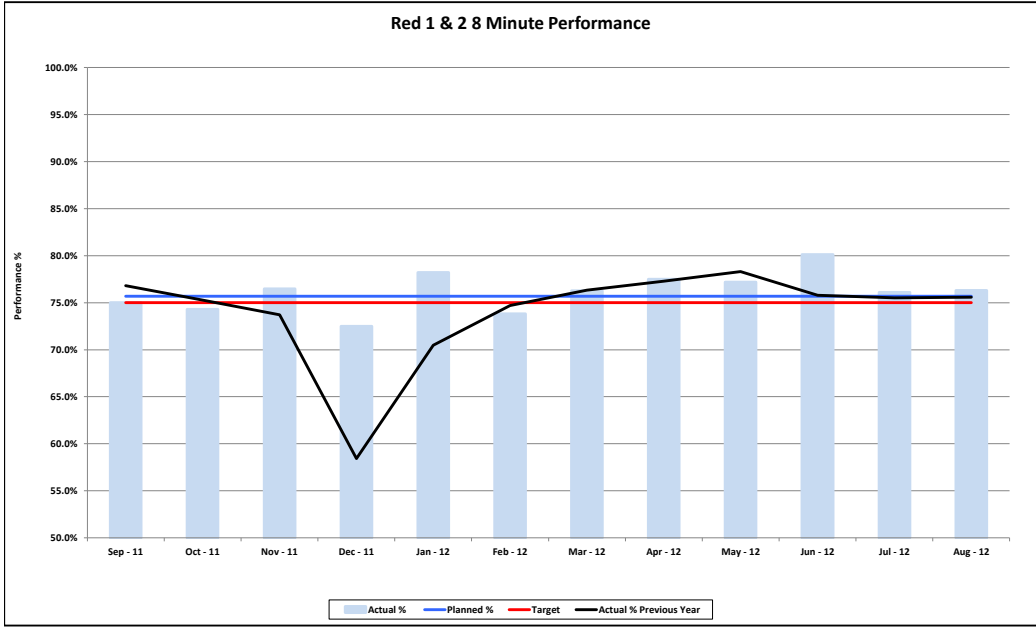
RED 1	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 1 %	75.5%	73.2%	74.6%	71.2%	74.9%	72.2%	77.1%	77.3%	77.1%	74.6%	73.4%	73.1%	75.0%
Trajectory %								75.6%	75.6%	75.6%	75.6%	75.6%	

RED 2	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
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 %	75.0%	74.4%	76.6%	72.6%	75.9%	73.9%	76.2%	77.5%	77.2%	80.5%	76.3%	76.5%	77.5%
Trajectory %													

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

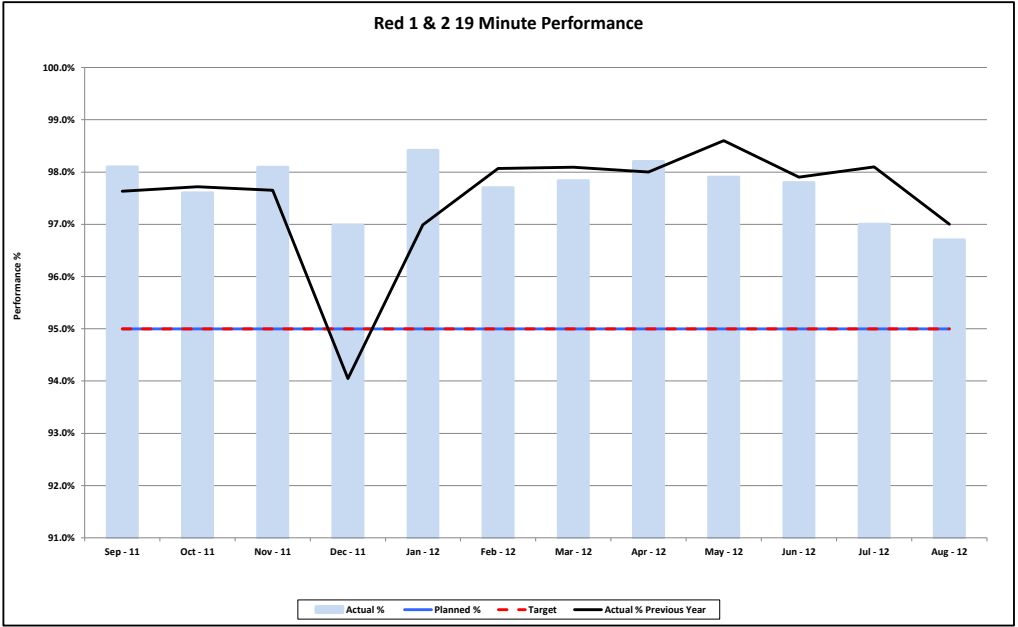
YTD RAG	GREEN
MTD RAG	GREEN



Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

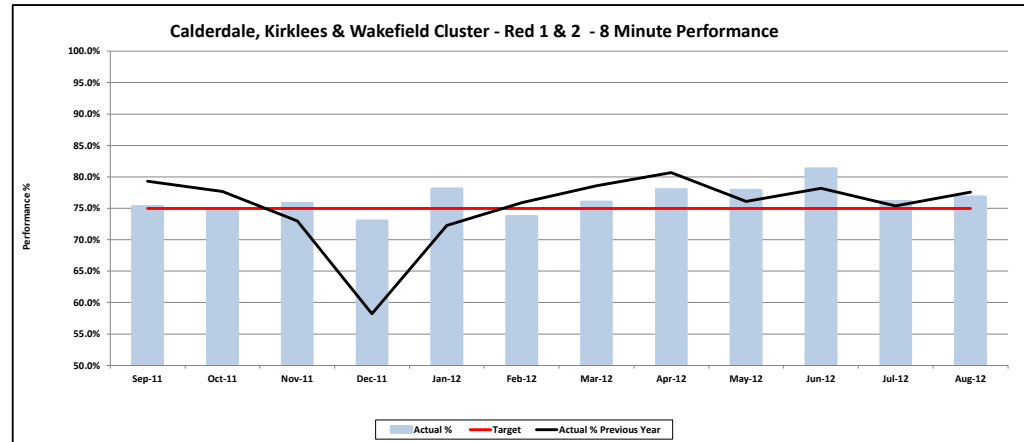
YTD RAG	GREEN
MTD RAG	GREEN



	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
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 %	75.0%	74.3%	76.5%	72.5%	78.2%	73.8%	76.3%	77.5%	77.2%	80.1%	76.1%	76.3%	77.3%
Planned %	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	
Actual % Previous Year	76.8%	75.3%	73.7%	58.4%	70.5%	74.7%	76.3%	77.3%	78.3%	75.8%	75.5%	75.6%	76.6%
Forecast %	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	
National Average	75.5%	76.0%	77.1%	74.0%	77.9%	73.9%	75.5%	76.0%	75.1%	77.2%	77.1%	N/A	N/A

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
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 %	98.1%	97.6%	98.1%	97.0%	98.4%	97.7%	97.8%	98.2%	97.9%	97.8%	97.0%	96.7%	97.5%
Planned %	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 % Previous Year	97.6%	97.7%	97.6%	94.0%	97.0%	98.1%	98.1%	98.0%	98.6%	97.9%	98.1%	97.0%	98.1%
Forecast %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	
National Average	96.6%	96.6%	96.8%	96.1%	97.0%	95.9%	96.5%	96.8%	96.4%	96.6%	96.5%	N/A	N/A

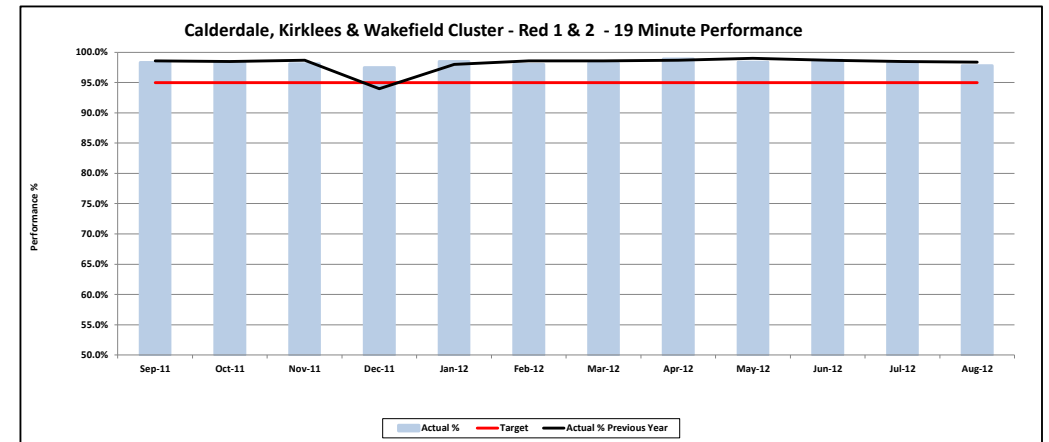
Category Red 1 & 2 8 Minute Performance by Cluster



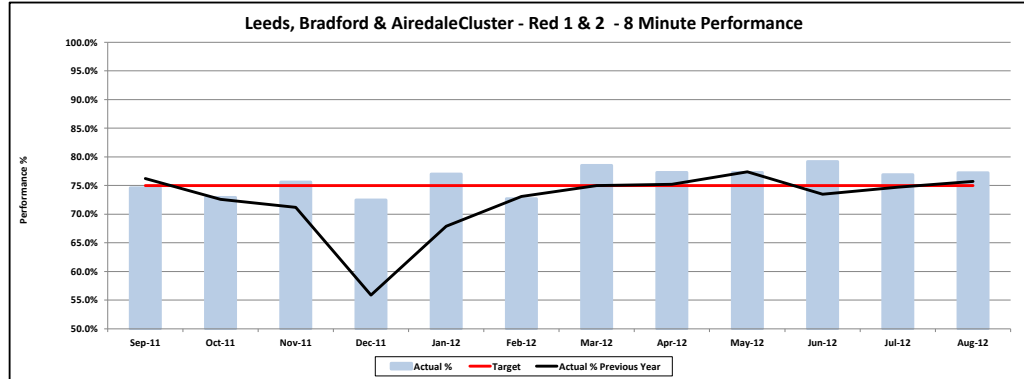
Calderdale, Kirklees & Wakefield	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	75.3%	74.9%	75.8%	73.0%	78.1%	73.7%	76.0%	78.0%	77.9%	81.3%	76.1%	76.8%	77.9%
Actual % Previous Year	79.3%	77.7%	73.0%	58.2%	72.3%	75.9%	78.6%	80.7%	76.1%	78.2%	75.4%	77.6%	78.2%

Category Red 1 & 2 19 Minute Performance by Cluster

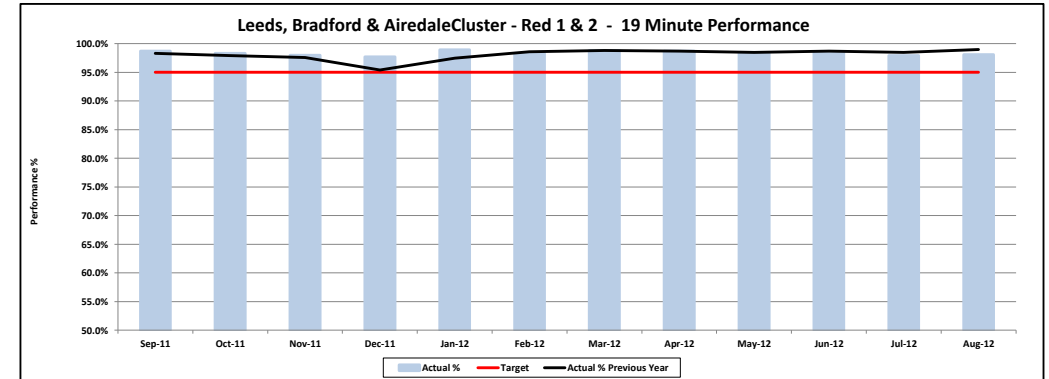
OBJ REF 3



Calderdale, Kirklees & Wakefield	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
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 %	98.3%	98.5%	98.1%	97.5%	98.5%	98.0%	98.2%	98.9%	98.4%	98.7%	98.2%	97.8%	98.4%
Actual % Previous Year	98.6%	98.5%	98.7%	94.0%	98.0%	98.6%	98.6%	98.7%	99.0%	98.7%	98.5%	98.4%	98.6%

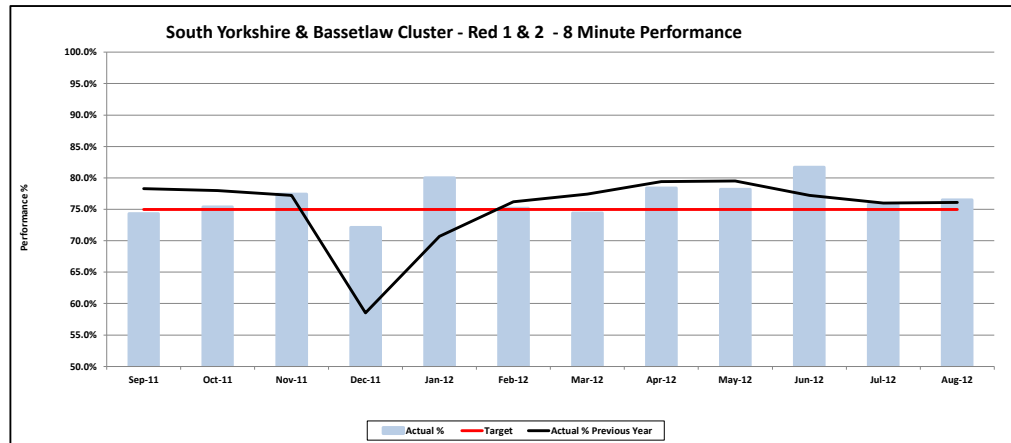


Leeds, Bradford & Airedale	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	74.6%	72.9%	75.6%	72.5%	77.0%	72.7%	78.5%	77.3%	77.3%	79.2%	76.9%	77.2%	77.5%
Actual % Previous Year	76.2%	72.6%	71.2%	55.9%	67.9%	73.1%	75.0%	75.2%	77.4%	73.5%	74.7%	75.7%	75.4%



Leeds, Bradford & Airedale	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
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 %	98.7%	98.3%	98.0%	97.7%	98.9%	98.3%	98.8%	98.7%	98.5%	98.5%	97.9%	98.1%	98.3%
Actual % Previous Year	98.3%	97.9%	97.6%	95.4%	97.5%	98.6%	98.8%	98.7%	98.5%	98.7%	98.5%	99.0%	98.8%

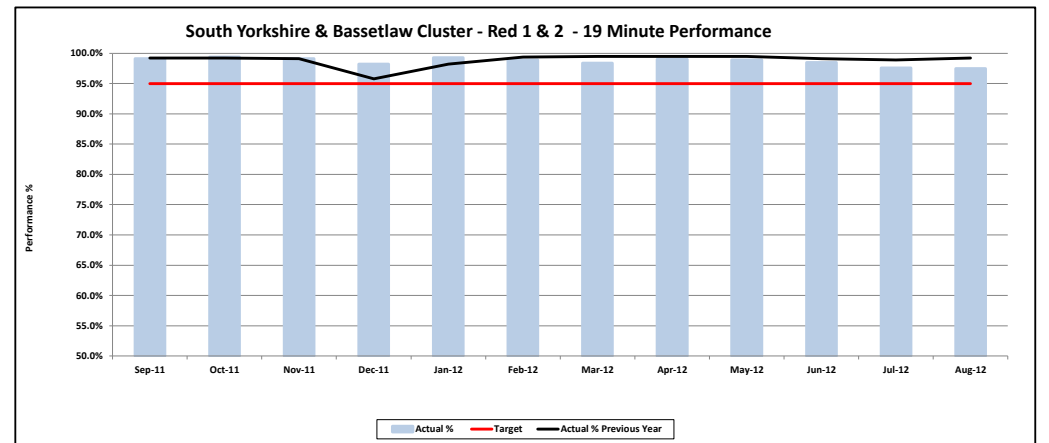
Category Red 1 & 2 8 Minute Performance by Cluster



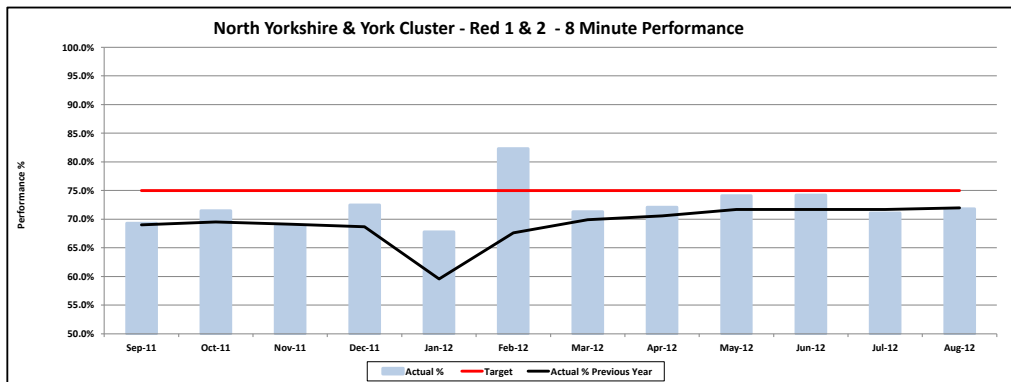
South Yorkshire & Bassetlaw	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	74.3%	75.4%	77.4%	72.1%	80.0%	75.2%	74.4%	78.4%	78.2%	81.7%	75.8%	76.5%	78.0%
Actual % Previous Year	78.3%	78.0%	77.2%	58.5%	70.7%	76.2%	77.4%	79.4%	79.5%	77.2%	76.0%	76.1%	77.7%

Category Red 1 & 2 19 Minute Performance by Cluster

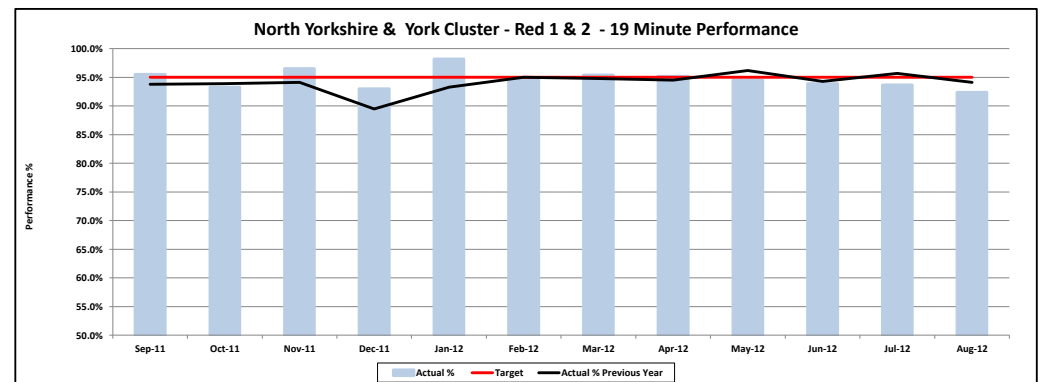
OBJ REF 3



South Yorkshire & Bassetlaw	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
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 %	99.1%	99.4%	99.1%	98.2%	99.3%	98.9%	98.4%	99.0%	98.9%	98.5%	97.6%	97.5%	98.3%
Actual % Previous Year	99.2%	99.2%	99.1%	95.8%	98.2%	99.4%	99.5%	99.5%	99.5%	99.1%	98.9%	99.2%	99.2%

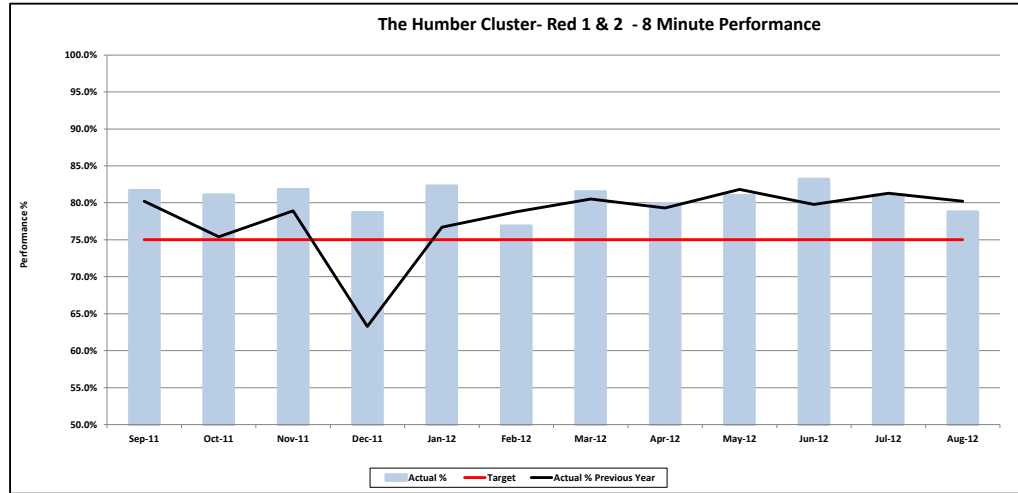


North Yorkshire & York	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	69.3%	71.5%	68.8%	72.5%	67.8%	82.3%	71.3%	72.1%	74.1%	74.2%	71.1%	71.8%	72.4%
Actual % Previous Year	69.0%	69.5%	69.1%	68.7%	59.6%	67.6%	69.9%	70.6%	71.7%	71.7%	71.7%	72.0%	71.6%



North Yorkshire & York	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
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 %	95.5%	93.3%	96.5%	93.0%	98.2%	94.8%	95.4%	95.2%	94.5%	93.9%	93.7%	92.4%	93.9%
Actual % Previous Year	93.8%	93.9%	94.1%	89.5%	93.3%	95.0%	94.8%	94.5%	96.2%	94.3%	95.7%	94.1%	94.9%

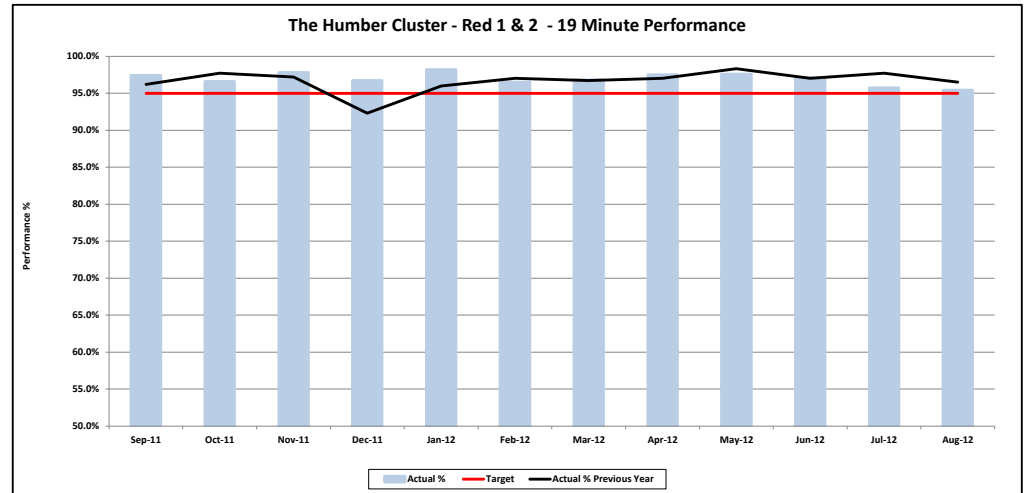
Category Red 1 & 2 8 Minute Performance by Cluster



The Humber	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
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 %	81.7%	81.1%	81.8%	78.7%	82.3%	76.9%	81.5%	79.9%	81.0%	83.2%	81.1%	78.8%	80.7%
Actual % Previous Year	80.2%	75.4%	78.9%	63.3%	76.7%	78.8%	80.5%	79.3%	81.8%	79.8%	81.3%	80.2%	80.5%

Category Red 1 & 2 19 Minute Performance by Cluster

OBJ REF 3

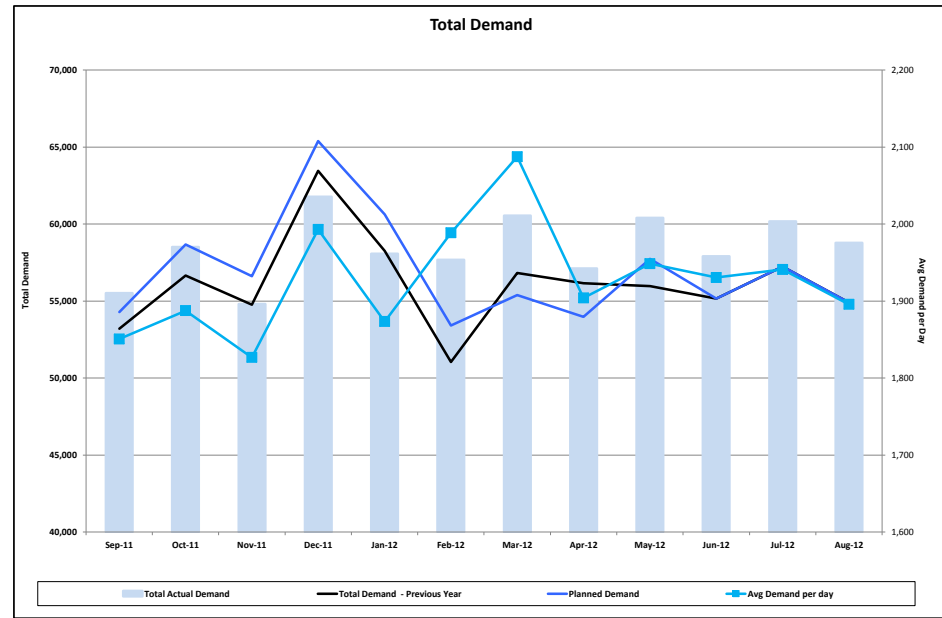


North Yorkshire	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual %	97.4%	96.6%	97.8%	96.7%	98.2%	96.5%	96.8%	97.5%	97.6%	97.1%	95.7%	95.4%	96.6%
Actual % Previous Year	96.2%	97.7%	97.2%	92.3%	96.0%	97.0%	96.7%	97.0%	98.3%	97.0%	97.7%	96.5%	97.3%

Total Demand

OBJ REF 3

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

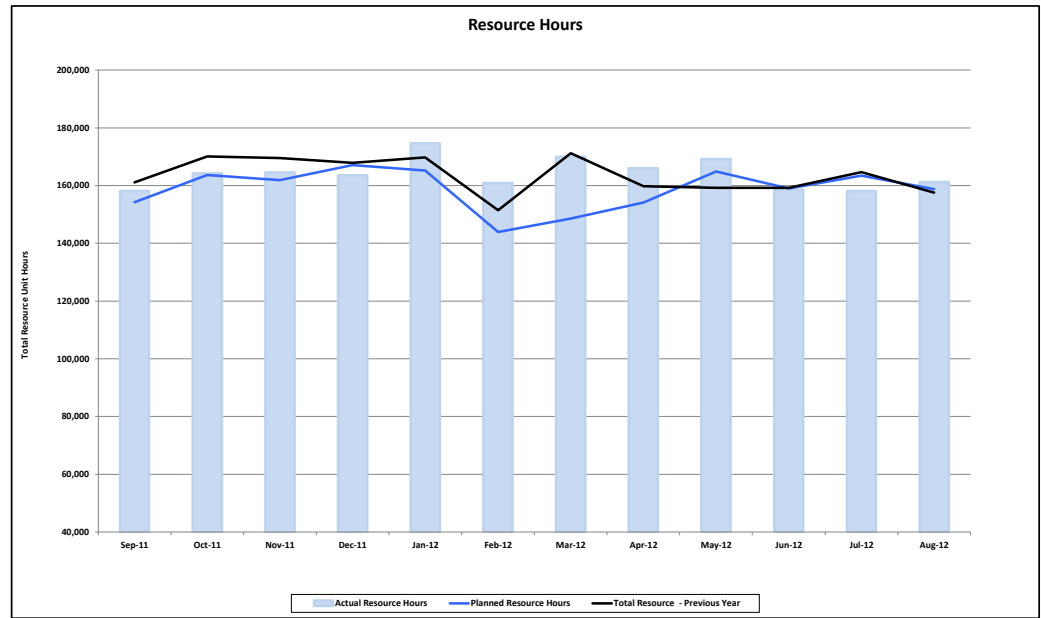


	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Planned Demand	54,288	58,669	56,611	65,397	60,630	53,423	55,385	53,985	57,743	55,151	57,249	54,910
Total Actual Demand	55,520	58,514	54,802	61,784	58,076	57,670	60,538	57,123	60,406	57,915	60,170	58,770
Avg Demand per day	1,851	1,888	1,827	1,993	1,873	1,989	2,088	1,904	1,949	1,931	1,941	1,896
Total Demand - Previous Year	53,199	56,666	54,764	63,460	58,267	51,044	56,826	56,154	55,966	55,151	57,249	54,907

Resource Hours

OBJ REF 3

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



	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Planned Resource Hours	154,221	163,627	161,851	167,117	165,243	143,919	148,534	154,149	164,880	159,030	163,467	158,742
Actual Resource Hours	158,153	164,266	164,571	163,504	174,700	160,943	169,963	166,046	169,225	158,567	158,133	161,251
Avg Resource Hours per day	5,272	5,299	5,486	5,274	5,635	5,550	5,483	5,535	5,459	5,286	5,101	5,202
Total Resource - Previous Year	161,126	170,075	169,598	167,834	169,725	151,443	171,236	159,785	159,248	159,248	164,676	157,603
Forecast Resource Hours	154,221	163,627	161,851	167,117	165,243	153,286	163,857	154,149	164,880	159,030	163,467	158,742

Resource hours for May, June, July and August have been provided but are un-validated. An audit of resource information is scheduled to take place.

A&E Operational Delivery Model

OBJ REF 3

	YTD RAG	N/A
	MTD RAG	N/A

	Item	No.	Apr-11	Apr-12	May-11	May-12	Jun-11	Jun-12	Jul-11	Jul-12	Aug-11	Aug-12	Sep-11	Sep-12	Oct-11	Oct-12	Nov-11	Nov-12	Dec-11	Dec-12	Jan-12	Jan-13	Feb-12	Feb-13	Mar-12	Mar-13	
Demand	Plan Demand (SLA Responses)	1		51,222		54,782		52,867		54,188		52,745		52,065		55,598		53,840		62,592		57,650		49,973		55,638	
	Actual Demand (SLA Responses)		53,406	54,604	53,382	57,580	52,563	55,222	54,317	57,312	52,317	55,830	52,710		55,491		52,117		58,734		55,505		54,881		57,744		
	% Variance			6.6%		5.1%		4.5%		5.8%		5.8%															
	Contract Value over performance attributed to A&E				£413,355		£320,650		£258,454		£376,337		£360,185														
	Calls closed through telephone advice (As per AQI Measurement)	Total Planned number of calls (Clinical Hub/NHSD)	2		1911		2093		2113		2262		2249		2312		2568		2535		3058		2919		2575		2965
		Total Actual number of calls (Clinical Hub/NHSD)		1886	2,367	1,871	2,582	1,786	2,479	1,964	2,504	1,870	2,271	1,779		1,765		2,386		2,753		2,435		2,566		2,409	
		Total Planned %			4.2%		4.3%		4.5%		4.7%		4.8%		5.0%		5.2%		5.3%		5.5%		5.7%		5.8%		6.0%
Total Actual %				4.0%	4.9%	4.0%	5.0%	3.9%	5.0%	4.1%	5.1%	4.0%	4.7%	3.8%		3.6%		5.1%		5.3%		5.0%		5.3%		4.7%	
Total Number of calls closed by Clinical Hub				479		553		489		520		413															
Total Number of calls closed by NHS Direct				1,888		2,029		1,990		1,984		1,858															
Resource	Actual Resource (Vehicle hours)	3	159,785	166,046	159,248	169,225	159,248	158,567	161,810	158,133	157,603	161,251	158,153		164,266		164,571		163,504		174,700		160,943		169,963		
	Planned Staff (Establishment) FTE	4		2,107.62		2,102.82		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62	
	Actual Staff and Planned staff for the year (Establishment) FTE		2,022	1,955	2,022	1,948	2,005	1,992	2,005	2,000	1,995	1,999	1,995	2,037	1,995	2,043	1,988	2,061	1,988	2,070	1,975	2,076	1,966	2,092	1,966	2,104	
	Planned Overtime (Staff hours)	5		35,987		33,023		34,163		24,792		18,000		17,700		17,000		17,000		18,500		17,250		15,500		17,539	
	Actual Overtime (Staff Hours)			35,987		33,023		34,163		23,281		24,706															
	Front line staff overspend / (underspend) after overtrade has been applied			(£69,102)		(£53,068)		£140,949		(£222,746)		(£146,737)															
	Planned Abstractions %	6		30.0%		31.0%		32.0%		32.0%		32.0%		30.0%		31.0%		30.0%		29.0%		29.0%		31.0%		31.0%	
	Actual Abstractions %		28.2%	29.5%	28.1%	32.3%	30.0%	32.5%	31.4%	31.3%	33.2%	32.4%	29.5%		29.3%		27.1%		29.8%		27.1%		31.7%		31.6%		
Performance	*Planned Performance %	7		77.0%		77.0%		77.5%		76.5%		75.3%		77.0%		76.5%		76.0%		75.2%		75.3%		75.3%		76.0%	
	Actual Performance %		77.3%	77.5%	78.3%	77.2%	75.8%	80.1%	75.5%	76.1%	75.6%	76.3%	75.0%		74.3%		76.5%		72.5%		78.2%		73.8%		76.3%		

*NB the planned performance gives a yearly outturn of 76.2% this reflects stretch target and the high performance in the first 3 months of the year (contract target for the year is 75.7%)

Operational Delivery Model Commentary**Item No.**

- 1 Demand increase continues at significant rate. August experienced 6.7% increase in demand compared to August 2011.
- 2 Clinical Hub closed more calls than last year. However dropped below 5% for the first time in 3 months. New Emergency Operations Centre Locality Director to take ownership to improve in the coming months.
- 3 Operational hours only increased by 2.3% despite dealing with 5.8% increase in demand above plan.
- 4 We continue to operate with over 100 frontline vacancies which increases pressure on overtime. Recruitment plans not expect to close gap until quarter 1 13/14.
- 5 The overtime reduction plan instigated in July 12 has led to a 30% reduction in overtime whilst delivering the required national standards. This has contributed to the successful delivery of CIP requirement year to date.
- 6 Abstractions slightly over plan due to annual leave and Olympic commitments but an improvement on last year position.
- 7 After two weeks of August Red performance was at 73%. A performance improvement plan was introduced which proved to be very successful and enable trajectory to be exceeded by 1%.

Summary

Increasing demand has been met with despite a significant plan to reduce overtime. Combined RED performance has been met in every month. Additionally the trajectory to deliver 75.7% at year end has been exceeded in 4 of the last 5 months. Year to date combined Red performance remains strong.

Incident Demand and Performance by PCT and CLUSTER (Vehicle Allocation)

August 2012	All Incidents			Category Red 1 & 2 Incidents				Category G1 Incidents	Category G2 Incidents	Category G3 Incidents	Category G4 Incidents	Urgent	Routine	
	No. Of Incs	Outturn 11/12	% Incs Variance	No. Of Incs	R1	R2	% in 8 Mins	% in 19 Mins	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs
NORTH YORKSHIRE AND YORK PCT	8179	7413	10.3%	2975	200	2775	71.8%	92.4%	627	2140	383	1211	802	41
NORTH YORKSHIRE CLUSTER	8179	7413	10.3%	2975	200	2775	71.8%	92.4%	627	2140	383	1211	802	41
EAST RIDING OF YORKSHIRE PCT	3599	3245	10.9%	1349	90	1259	69.0%	90.9%	334	860	136	527	385	8
HULL PCT	3796	3742	1.4%	1468	132	1336	87.7%	99.4%	246	846	211	544	418	63
EAST YORKSHIRE CLUSTER	7395	6987	5.8%	2817	222	2595	78.8%	95.4%	580	1706	347	1071	803	71
WAKEFIELD DISTRICT PCT	4068	4262	-4.6%	1467	103	1364	74.0%	97.4%	338	984	202	666	344	67
CALDERDALE PCT	2474	2294	7.8%	871	70	801	81.2%	98.4%	152	574	117	454	261	45
KIRKLEES PCT	4363	3824	14.1%	1537	108	1429	77.0%	97.8%	361	1069	227	718	356	95
CALD / KIRK & WAKEFIELD CLUSTER	10905	10380	5.1%	3875	281	3594	76.8%	97.8%	851	2627	546	1838	961	207
BRADFORD AND AIRESDALE PCT	6149	5632	9.2%	2395	149	2246	77.4%	98.1%	484	1542	437	850	404	37
LEEDS PCT	9156	8425	8.7%	3384	243	3141	77.1%	98.0%	826	2336	570	1426	596	18
LEEDS, BRADFORD & AIRESDALE CLUSTE	15305	14057	8.9%	5779	392	5387	77.2%	98.1%	1310	3878	1007	2276	1000	55
BARNSELY PCT	2654	2401	10.5%	994	71	923	74.1%	97.4%	218	692	144	318	279	9
DONCASTER PCT	3726	3659	1.8%	1405	117	1288	76.4%	96.5%	341	926	192	477	323	62
ROTHERHAM PCT	2891	2729	5.9%	1118	75	1043	73.7%	97.3%	265	696	146	364	290	12
SHEFFIELD PCT	5904	5851	0.9%	2067	146	1921	79.0%	98.3%	418	1473	360	962	606	18
SOUTH YORKSHIRE CLUSTER	15175	14640	3.7%	5584	409	5175	76.5%	97.5%	1242	3787	842	2121	1498	101
PCT TOTAL	56959	53477	6.5%	21030	1504	19526	76.4%	96.7%	4610	14138	3125	8517	5064	475
ECP	1205	787		282	28	254			60	271	48	180	364	0
OOA/UNKNOWN	606	646		75	11	64			15	122	156	231	4	3
YORKSHIRE AMBULANCE SERVICE	58770	54910	7.0%	21387	1543	19844	76.3%	96.7%	4685	14531	3329	8928	5432	478

Year to Date	All Incidents			Category Red 1 & 2 Incidents				Category G1 Incidents	Category G2 Incidents	Category G3 Incidents	Category G4 Incidents	Urgent	Routine	
	No. Of Incs	Outturn 11/12	% Incs Variance	No. Of Incs	R1	R2	% in 8 Mins	% in 19 Mins	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs
NORTH YORKSHIRE AND YORK PCT	39190	37139	5.5%	14625	997	13628	72.4%	93.9%	3117	9745	1678	5664	4153	208
NORTH YORKSHIRE CLUSTER	39190	37139	5.5%	14625	997	13628	72.4%	93.9%	3117	9745	1678	5664	4153	208
EAST RIDING OF YORKSHIRE PCT	17481	16596	5.3%	6825	450	6375	71.8%	93.5%	1574	4137	647	2394	1873	31
HULL PCT	18653	18951	-1.6%	7010	524	6486	89.5%	99.6%	1302	4217	1002	2643	2194	285
EAST YORKSHIRE CLUSTER	36134	35547	1.7%	13835	974	12861	80.7%	96.6%	2876	8354	1649	5037	4067	316
WAKEFIELD DISTRICT PCT	20674	21263	-2.8%	7707	520	7187	76.4%	98.3%	1811	4966	887	3223	1809	271
CALDERDALE PCT	12359	11614	6.4%	4410	324	4086	82.0%	98.6%	882	2826	554	2053	1389	245
KIRKLEES PCT	22220	19655	13.1%	8096	583	7513	77.1%	98.3%	1788	5391	1033	3545	1896	471
CALD / KIRK & WAKEFIELD CLUSTER	55253	52532	5.2%	20213	1427	18786	77.9%	98.4%	4481	13183	2474	8821	5094	987
BRADFORD AND AIRESDALE PCT	31174	29150	6.9%	12796	867	11929	78.0%	98.1%	2601	7400	1827	4251	2084	215
LEEDS PCT	46030	43385	6.1%	17621	1166	16455	77.1%	98.5%	4245	11802	2369	6720	3198	75
LEEDS, BRADFORD & AIRESDALE CLUSTE	77204	72535	6.4%	30417	2033	28384	77.5%	98.3%	6846	19202	4196	10971	5282	290
BARNSELY PCT	13309	12278	8.4%	5079	347	4732	76.1%	98.5%	1054	3231	626	1651	1611	57
DONCASTER PCT	18642	18186	2.5%	6815	507	6308	78.4%	97.6%	1598	4587	934	2436	1933	339
ROTHERHAM PCT	14506	13815	5.0%	5683	372	5311	76.0%	98.2%	1200	3526	656	1808	1569	64
SHEFFIELD PCT	31775	29754	6.8%	11156	778	10378	79.6%	98.6%	2617	7745	1714	5333	3122	88
SOUTH YORKSHIRE CLUSTER	78232	74033	5.7%	28733	2004	26729	78.0%	98.3%	6469	19089	3930	11228	8235	548
PCT TOTAL	286013	271786	5.2%	107823	7435	100388	77.4%	97.5%	23789	69573	13927	41721	26831	2349
ECPs	5019	4336		1075	89	986			249	982	190	723	1800	0
OOA/UNKNOWN	3356	3308		472	59	413			109	620	874	1246	19	16
YORKSHIRE AMBULANCE SERVICE	294388	279430	5.4%	109370	7583	101787	77.3%	97.5%	24147	71175	14991	43690	28650	2365

Resilience

OBJ REF	4
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	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	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Year End Forecast 12/13	Q2 Forecast 2012/13	
Risk Assessments linked to Civil Contingency Act	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
Emergency Plans	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	
Business Continuity Plans	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	
Information Provision	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	
Co-operation with other responders	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
Training	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.9	2/5	Time to Answer - 95%	EOC reconfiguration	Emergency Operation Centre Lead Director	Qtr3
2.9	4/5	Time to Answer - 99%	Time to answer 99% will be addressed as part of the Emergency Operation centre reconfiguration to be launched in late September. This will switch resources into front end activities such as call taking and introduce a team working concept.	Emergency Operation Centre Lead Director	Qtr 3
2.9	4/5	Abandoned calls	EOC reconfiguration	Emergency Operation Centre Lead Director	Qtr3
2.9	1/1	Cat Red 8 minute response - RED 1	Red1 project team	Deputy Director of Operations	Qtr 2/3
2.9	3/5	STEMI - Care	Definition of STEMI is being discussed at NASMeD as administration of some care bundle elements may be inappropriate in certain circumstances.	Deputy Medical Director	Qtr3
2.9	1/5	Stroke - Care			
2.9	5/5	Resolved by telephone	EOC Reconfiguration project. Manager support to review base line and issue action plan	Emergency Operation Centre Lead Director	Qtr3
2.9	4/5	Non A&E	Dedicated Service transformation project	Designated Project Team from all directorates	
2.9	4/5	STEMI - 150	Analysis of MINAP data has identified inclusion of secondary transfers in the data capture. Process to exclude all but direct referrals for PPCI is underway.	Deputy Medical Director	Qtr3
2.9	4/5	ROSC	Resuscitation plan	Associate Medical Director (Operations)	3 Years (2015)
2.9	3/5	ROSC - Utstein	Resuscitation plan	Associate Medical Director (Operations)	3 Years (2015)
2.9	2/5	Cardiac - STD	Resuscitation plan	Associate Medical Director (Operations)	3 Years (2015)
2.9	4/5	Recontact 24hrs On Scene	National benchmarking against other ambulance services to understand recontact rates and why position is so poor.	Deputy Director of Operations	Qtr3
2.9	4/5	Recontact 24hrs Telephone	EOC Reconfiguration	Deputy Director of Operations	Qtr3

Directors Comments on Ambulance Quality Indicators (AQI)

Top Third

Time to Treat -50%
 Time to Treat - 95%
 Time to Treat - 99%
 Time to Answer - 50%
 Cat Red 8 minute response - RED 2
 95 Percentile Red 1 only Response Time
 Cat A19
 Frequent caller
 Stroke - 60
 Cardiac - STD Utstein

Middle Third

Time to Answer - 95%
 ROSC - Utstein
 Cardiac - STD
 Cat Red 8 minute response - RED 1

Bottom Third

Time to Answer - 99%
 Abandoned calls
 STEMI - Care
 Stroke - Care
 Resolved by telephone
 Non A&E
 STEMI - 150
 ROSC
 Recontact 24hrs Telephone
 Recontact 24hrs On Scene

Key points

As can be demonstrated above in many of the key ACQI's we are in the top third and exceeding historical YAS Performance.

Yorkshire Ambulance Service - Performance - A&E

August 2012

Ambulance Quality Indicators

OBJ REF 1.2

Ambulance Process Indicators are published one month retrospectively, with patient outcome based indicators being produced approximately three to four months retrospectively to allow for patient pathway completion.

Ambulance Quality Indicators - Operational	Units	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	YTD 2012/13	National YTD
Cat Red 8 minute response - RED 1	%	75.6	75.0	74.3	76.5	72.5	78.2	73.8	76.3	77.5	77.2	74.6	73.4	75.5	75.2
Cat Red 8 minute response - RED 2	%											80.5	76.3	77.6	77.2
95 Percentile Red 1 only Response Time	%	-	-	-	-	-	-	-	-	-	-	13.8	13.2		
Cat Red 19 minute response	%	97.9	98.1	97.6	98.1	97.0	98.4	97.7	97.8	98.2	97.9	97.8	97.0	97.7	96.6
Abandoned Calls	%	1.1	1.5	1.7	1.2	2.0	3.2	1.8	1.7	1.2	2.1	1.5	2.5	1.8	1.2
Time to Answer - 50%	mm:ss	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01		
Time to Answer - 95%	mm:ss	00:05	00:04	00:20	00:05	00:29	00:05	00:26	00:18	00:13	00:28	00:22	00:35		
Time to Answer - 99%	mm:ss	01:13	01:09	01:33	01:17	01:40	01:10	01:36	01:33	01:23	01:40	01:33	01:48		
Time to Treatment - 50%*	mm:ss	05:13	05:09	05:20	05:09	05:23	05:00	05:18	05:14	04:56	05:00	05:04	05:20		
Time to Treatment - 95%*	mm:ss	12:45	12:09	13:11	12:23	13:51	12:03	13:11	12:39	12:08	12:29	12:35	13:42		
Time to Treatment - 99%*	mm:ss	19:29	17:44	19:13	17:28	20:57	17:46	19:37	18:42	18:30	18:47	18:46	20:54		
Frequent Caller Agreement*	%	0.9	0.7	1.4	1.3	1.2	1.2	1.2	1.3	1.5	1.7	1.7	2.1	1.8	1.1
Resolved by Telephone - Non Transport	%	4.0	3.8	3.6	4.4	5.3	5.0	5.3	4.7	4.9	5.0	5.0	4.8	5.0	5.7
Treated at Scene - Non Transport	%	24.2	23.9	23.1	22.8	23.6	22.7	23.5	23.7	23.1	24.2	23.8	24.6	24.0	35.3
Recontact within 24 hours - Telephone	%	24.8	27.4	17.2	*7.6	16.3	25.9	29.2	20.6	28.5	29.2	27.9	25.2	27.7	13.9
Recontact within 24 hours - On Scene	%	8.1	8.1	8.2	8.5	8.3	7.9	9.0	8.8	8.7	8.6	8.5	8.7	8.6	5.8
Ambulance Quality Indicators - Clinical	Units	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 2012/13	National YTD
STEMI - Received Appropriate Care Bundle	%	80.8	77.1	93.4	70.1	80.1	69.4	60.9	66.2	72.0	76.3	68.0	72.7	72.7	79.5
STEMI - Thrombolysis administered within 60 mins	%	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	48.0
STEMI - Transferred to PPCI within 150 mins	%	88.2	84.8	81.9	87.4	80.6	78.6	88.3	77.8	83.1	74.6	80.6	84.0	84.0	88.9
STROKE - Received Appropriate Care Bundle	%	92.7	94.5	94.1	95.4	96.8	95.6	96.9	94.9	96.6	95.4	95.7	93.5	93.5	95.1
STROKE - Arrive at Hyper-acute Stroke Centre within 60 mins	%	73.6	74.4	75.9	77.1	67.6	71.9	73.4	66.4	70.6	64.2	66.2	69.9	69.9	63.8
ROSC - At Hospital	%	25.6	18.6	15.5	23.0	15.3	16.8	14.3	18.1	12.1	14.2	20.6	19.2	19.2	24.6
ROSC - At Hospital (Utstein)	%	48.0	31.0	41.9	47.6	32.0	35.7	21.9	37.9	35.1	37.1	48.5	39.5	39.5	45.9
CARDIAC ARREST - Survival to discharge	%	7.5	8.7	7.2	9.8	6.0	6.0	4.4	6.3	5.1	4.1	3.8	7.1	7.1	6.9
CARDIAC ARREST - Survival to discharge (Utstein)	%	24.0	28.6	26.7	36.8	20.0	15.4	3.1	20.7	17.1	21.9	24.1	28.9	28.9	16.2

*Frequent Caller Agreement - please note the rank indicated is against trusts which have a locally agreed frequent caller agreement in place, currently 6 trusts have submitted data

Yorkshire Ambulance Service - Performance - A&E

August 2012

Ambulance Quality Indicators - National Figures - Year to Date

OBJ REF 1.2

Ambulance Quality Indicator	Units	East Midlands	East of England	Great Western	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	RANK	YTD
Time to Answer - 50% * ▲	mm:ss	00:02	00:01	00:01	00:01	00:00	00:01	00:01	00:03	00:03	00:02	00:01	00:01	2	July
Time to Answer - 95% * ▲	mm:ss	00:34	00:08	00:06	00:05	00:17	00:05	00:05	01:23	00:38	00:20	00:07	00:25	8	July
Time to Answer - 99%	mm:ss	01:20	00:54	00:40	00:16	01:27	00:40	00:21	02:38	01:18	01:07	00:48	01:36	10	July
Abandoned calls	%	0.9	0.6	0.7	1.5	0.1	1.2	1.5	4.5	1.8	1.4	0.9	1.8	9	July
Cat Red 8 minute response - RED 1	%	74.5	72.1	76.7	66.7	76.6	79.6	76.3	73.2	72.1	73.5	80.5	73.9	7	July
Cat Red 8 minute response - RED 2	%	75.4	75.9	78.6	78.0	76.6	76.4	79.6	75.7	77.1	78.3	76.7	78.4	3	July
95 Percentile Red 1 only Response Time	%	15:07	15:11	13:22	12:06	17:03	12:15	14:38	16:39	15:27	14:30	12:05	13:29	4	July
Cat A19	%	94.6	94.7	96.2	97.4	98.3	97.7	95.1	94.8	97.6	95.6	97.6	97.7	2	July
Time to Treat - 50% * ▲	mm:ss	05:56	04:41	05:28	06:08	05:46	05:50	05:02	06:07	05:33	05:23	05:43	05:05	3	July
Time to Treat - 95%	mm:ss	17:49	17:21	14:16	17:14	14:22	15:53	15:13	18:48	17:07	18:49	14:59	12:44	1	July
Time to Treat - 99%	mm:ss	28:37	27:18	21:19	22:42	22:51	24:27	33:56	32:16	26:30	28:58	23:16	19:21	1	July
STEMI - Care	%	87.5	81.6	100.0	100.0	71.6	79.1	77.5	75.2	82.8	82.5	84.1	72.7	10	Apr
Stroke - Care	%	97.0	94.3	100.0	82.6	94.8	97.3	98.9	95.8	92.7	96.1	92.5	93.5	9	Apr
Frequent caller **	%	0.24	0.01	0.00	0.60	2.59	0.00	0.00	6.34	0.00	0.00	0.00	1.76	4	July
Resolved by telephone	%	7.2	6.9	9.2	7.7	5.3	3.3	3.4	6.0	7.1	5.6	6.3	5.0	9	July
Non A&E	%	40.1	45.8	48.3	45.2	31.6	31.7	23.0	41.1	41.0	48.5	35.0	24.0	10	July
STEMI - 60	%	40.0	-	-	100.0	-	-	54.5	-	-	50.0	25.0	-	N/A	Apr
STEMI - 150	%	94.4	93.5	91.4	-	95.5	88.4	89.8	93.2	91.9	78.9	77.3	84.0	11	Apr
Stroke - 60	%	45.3	47.8	60.0	75.0	66.0	80.5	83.0	48.9	63.5	52.9	61.2	69.9	3	Apr
ROSC	%	19.9	21.5	25.7	0.0	29.0	28.1	25.8	36.8	21.7	25.5	28.1	19.2	11	Apr
ROSC - Utstein	%	39.6	60.0	31.3	0.0	45.7	63.3	64.7	33.3	42.5	29.0	42.1	39.5	8	Apr
Cardiac - STD	%	8.4	4.5	10.9	0.0	7.1	7.8	4.4	13.0	5.6	5.9	8.1	7.1	6	Apr
Cardiac - STD Utstein	%	8.2	19.4	25.0	0.0	20.0	22.2	18.2	11.1	10.3	10.0	5.3	28.9	1	Apr
Recontact 24hrs Telephone * ▲	%	4.4	14.9	13.7	2.0	3.1	16.7	32.6	19.0	11.3	14.4	14.8	27.7	10	July
Recontact 24hrs On Scene * ▲	%	6.3	7.2	4.2	1.6	4.3	4.7	6.2	7.2	4.7	6.7	5.0	8.6	11	July

* ▲ Early Warning Indicator

**Only 6 Trusts manage Frequent Callers

*** N/A Please note that these figures are not published nationally as yet for YTD



Section 2b

PTS Performance



Directors Comments on PTS Performance

Following discussion and agreement with our PTS commissioners, it has been agreed that journeys which are booked after the agreed cut off time (3pm on the preceding day of the journey) are discounted from the performance figures as these are effectively 'same day' journeys and are managed as such. The performance figures for the year to date are now being reported in line with this agreement.

The trajectory of performance improvement across PTS continues with the same notable exceptions.

CONTRACTUAL COMPLIANCE 2012 - 13 - 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	Improving Patient Experience	20.00%	£29,591	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
	Improve the efficiency and effectiveness	20.00%	£29,591	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
	Improve the quality of PTS	60.00%	£88,772	GREEN	GREEN	GREEN	AMBER	GREEN								GREEN
EAST Consortia	Improve patient experience	100.00%	£77,933	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
WEST Consortia	Reduce abortive journeys	40.00%	£118,851	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
	Improve patient experience	60.00%	£178,274	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
NORTH Consortia	Improve patient experience	100.00%	£110,881	GREEN	GREEN	GREEN	GREEN	GREEN								GREEN
TOTAL		100.00%	£633,893													

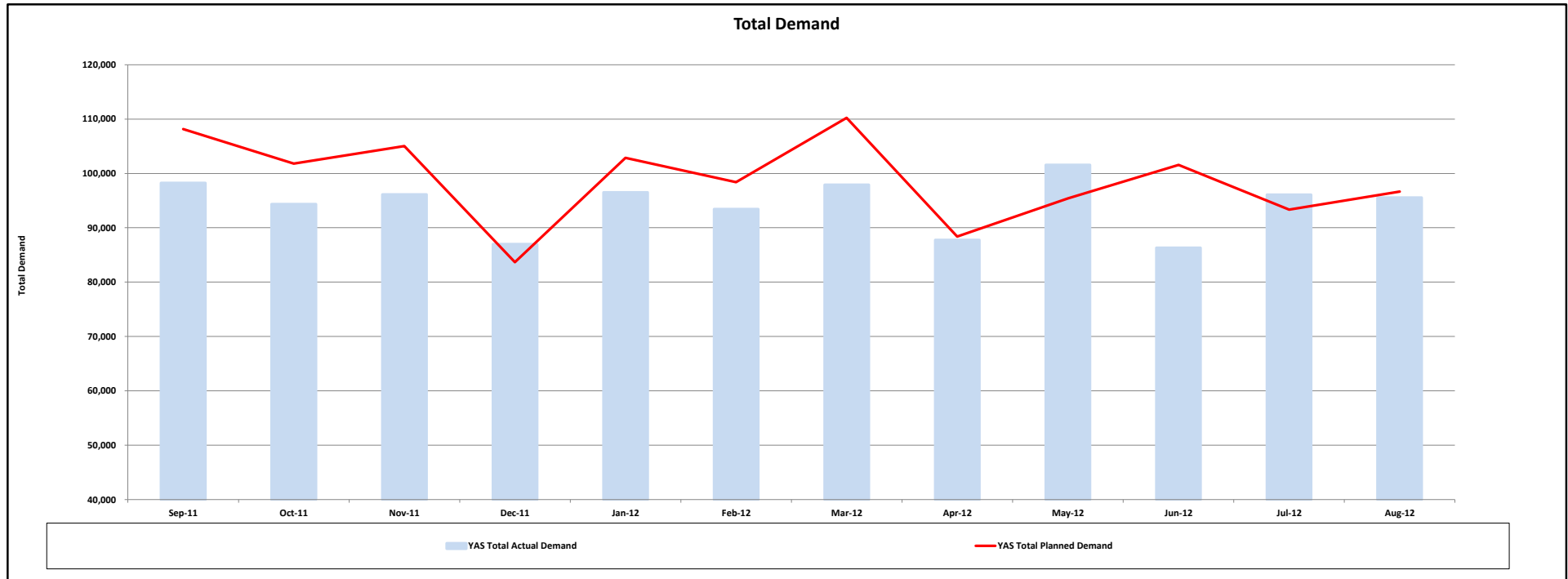
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments	Significant improvement on PTS CQUIN delivery compared to last year.
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PTS Demand

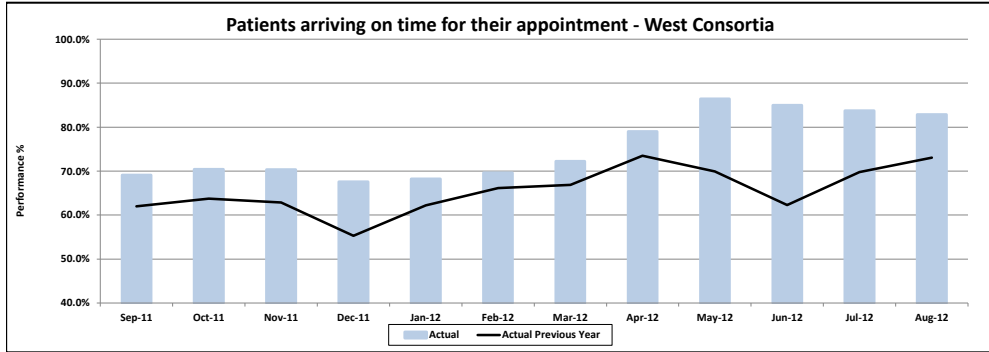
OBJ REF 3

↔	YTD RAG	GREEN
	MTD RAG	GREEN

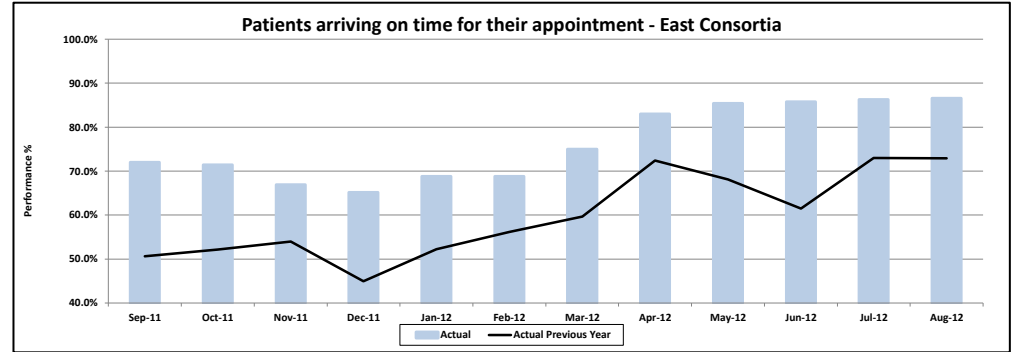


PTS Demand by Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
West Consortia Planned Demand	50,952	48,227	49,535	41,388	47,752	45,526	51,708	43,011	46,134	49,317	45,518	46,763	230,743
West Consortia Actual Demand	48,634	46,066	47,720	43,324	48,192	46,286	48,164	43,482	49,538	43,254	47,835	47,921	232,030
East Consortia Planned Demand	6,482	5,973	6,251	4,712	6,165	5,945	6,455	9,127	9,517	10,389	9,263	9,557	47,853
East Consortia Actual Demand	9,323	9,527	9,582	8,747	9,465	9,077	9,996	8,586	10,159	9,397	9,898	9,715	47,755
South Consortia Planned Demand	37,504	35,383	36,394	27,224	36,114	34,621	38,460	23,887	26,997	28,476	25,743	27,097	132,200
South Consortia Actual Demand	26,664	25,685	25,624	22,327	25,684	25,611	26,377	23,888	27,973	22,048	25,372	24,874	124,155
North Consortia Planned Demand	13,239	12,205	12,839	10,339	12,841	12,277	13,583	12,376	12,754	13,380	12,794	13,254	64,558
North Consortia Actual Demand	13,620	13,085	13,196	12,596	13,187	12,459	13,370	11,700	13,768	11,597	12,969	13,025	63,059
YAS Total Planned Demand	108,177	101,788	105,019	83,663	102,872	98,369	110,206	88,401	95,402	101,562	93,318	96,671	475,354
YAS Total Actual Demand	98,241	94,363	96,122	86,994	96,528	93,433	97,907	87,766	101,556	86,325	96,074	95,535	466,999

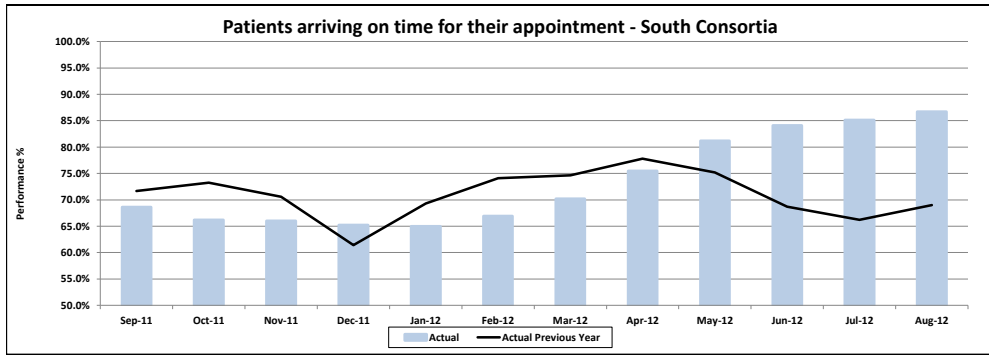
Arrival - Quality Target by Consortia * 



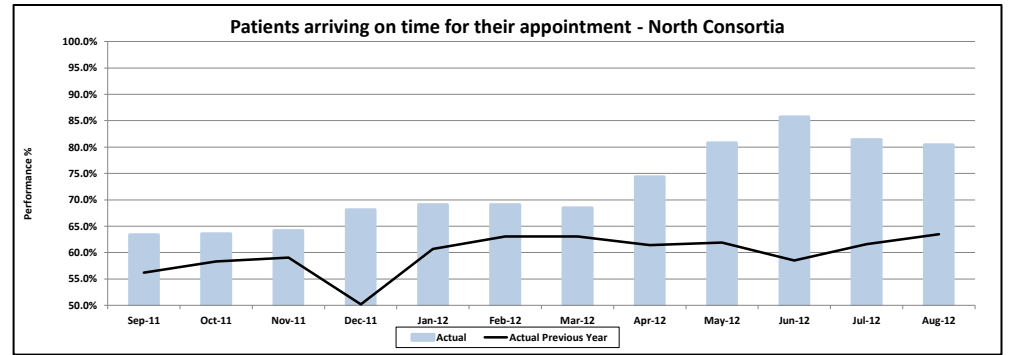
West Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual	69.1%	70.4%	70.3%	67.6%	68.2%	69.6%	72.2%	79.0%	86.4%	85.0%	83.7%	82.9%
Actual Previous Year	62.0%	63.8%	62.9%	55.3%	62.2%	66.2%	66.9%	73.5%	69.9%	62.3%	69.8%	73.1%




East Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual	72.0%	71.4%	66.9%	65.2%	68.8%	68.8%	75.0%	83.0%	85.4%	85.8%	86.3%	86.6%
Actual Previous Year	50.7%	52.2%	54.0%	45.0%	52.3%	56.1%	59.7%	72.4%	68.1%	61.5%	73.0%	72.9%



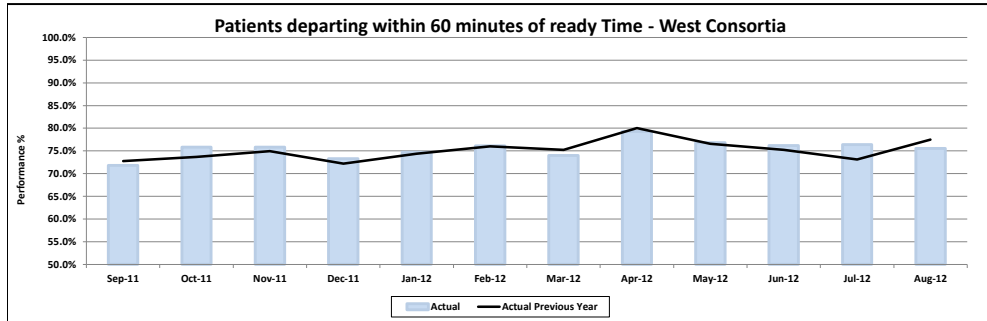
South Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual	68.6%	66.2%	66.0%	65.2%	65.0%	66.9%	70.2%	75.5%	81.2%	84.1%	85.1%	86.7%
Actual Previous Year	71.7%	73.3%	70.6%	61.4%	69.3%	74.1%	74.6%	77.8%	75.2%	68.7%	66.2%	69.0%



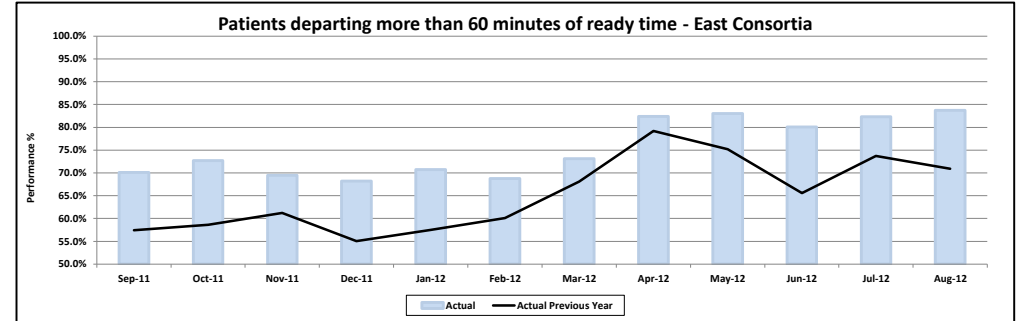
North Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual	63.4%	63.6%	64.2%	68.1%	69.1%	69.1%	68.5%	74.4%	80.8%	85.7%	81.4%	80.4%
Actual Previous Year	56.2%	58.4%	59.0%	50.2%	60.7%	63.1%	63.1%	61.4%	61.9%	58.5%	61.6%	63.5%

*  Early Warning Indicator

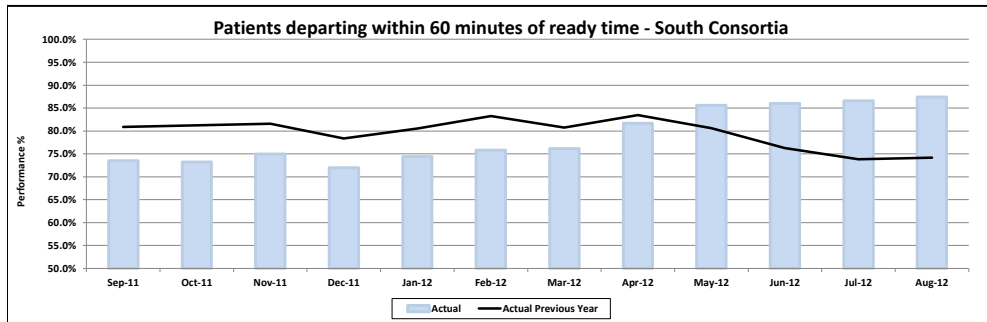
Departure - Quality Target by Consortia * 



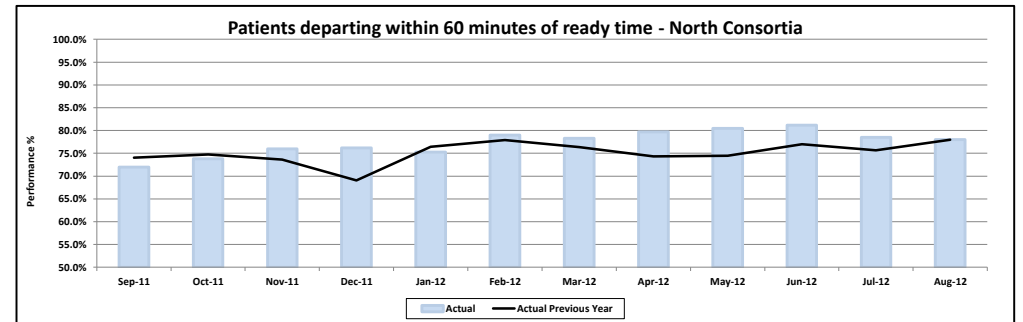
West Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual	71.8%	75.8%	75.8%	73.3%	74.7%	76.1%	74.0%	79.3%	76.8%	76.2%	76.4%	75.5%
Actual Previous Year	72.7%	73.7%	74.9%	72.2%	74.4%	76.0%	75.3%	80.0%	76.6%	75.2%	73.1%	77.5%




East Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual	70.1%	72.7%	69.5%	68.2%	70.7%	68.8%	73.1%	82.4%	83.0%	80.1%	82.3%	83.7%
Actual Previous Year	57.4%	58.6%	61.2%	55.0%	57.5%	60.1%	68.1%	79.2%	75.2%	65.6%	73.7%	70.9%



South Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual	73.5%	73.2%	75.0%	72.0%	74.4%	75.8%	76.2%	81.7%	85.6%	86.0%	86.6%	87.4%
Actual Previous Year	80.9%	81.2%	81.6%	78.3%	80.6%	83.3%	80.7%	83.5%	80.6%	76.3%	73.8%	74.2%



North Consortia	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual	72.0%	73.8%	76.0%	76.2%	75.3%	79.0%	78.3%	79.7%	80.5%	81.2%	78.5%	78.0%
Actual Previous Year	74.1%	74.8%	73.6%	69.1%	76.4%	77.9%	76.4%	74.3%	74.5%	77.0%	75.7%	78.0%

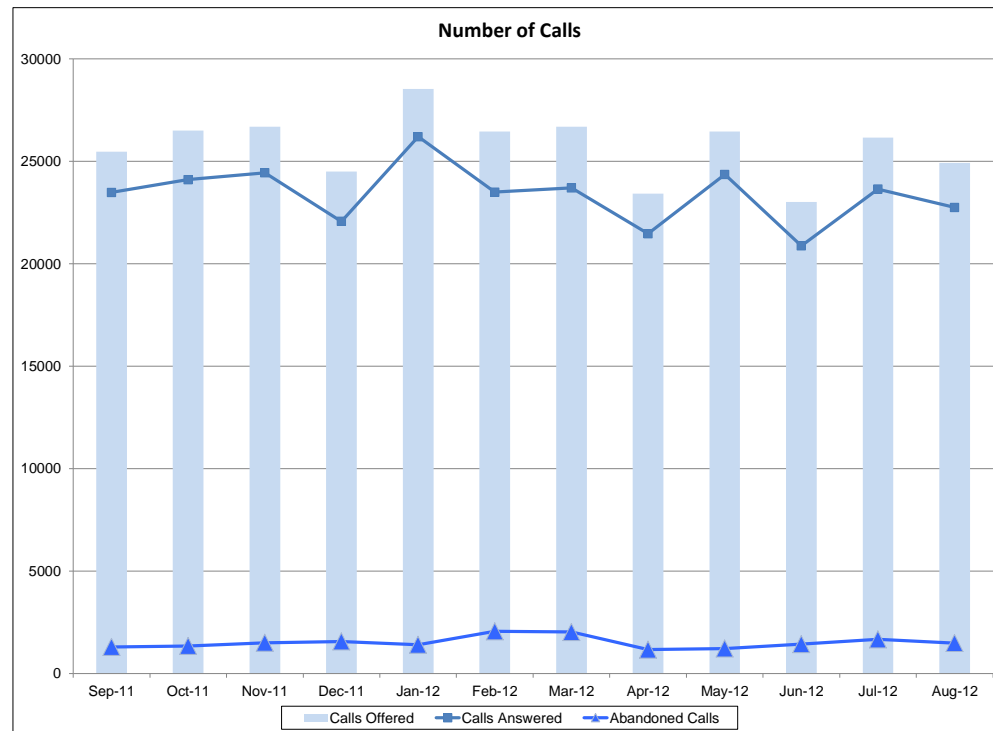
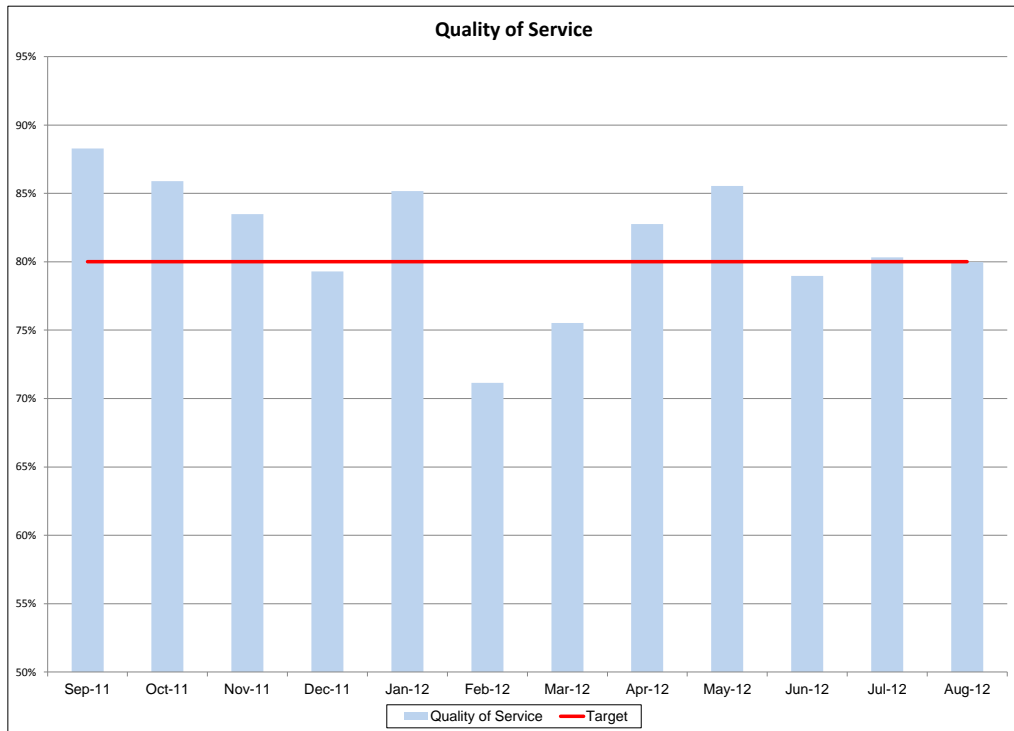
* Early Warning Indicator 

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

OBJ REF 3

YTD RAG GREEN

MTD RAG GREEN



Week Commencing	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Calls Offered	25465	26496	26689	24491	28527	26450	26687	23426	26455	23020	26156	24918
Calls Answered	23477	24104	24441	22066	26198	23492	23700	21462	24354	20872	23645	22747
Average Answer Delay	00:13	00:15	00:19	00:22	00:17	00:37	00:32	00:19	00:16	00:24	00:22	00:23
Max Answer Delay	26:00	19:37	35:50	30:35	21:00	24:47	29:34	21:43	17:43	31:48	31:20	16:59
Abandoned Calls	1293	1347	1497	1563	1399	2054	2023	1161	1222	1427	1665	1484
Quality of Service	88%	86%	83%	79%	85%	71%	76%	83%	86%	79%	80%	80%



Section 2c

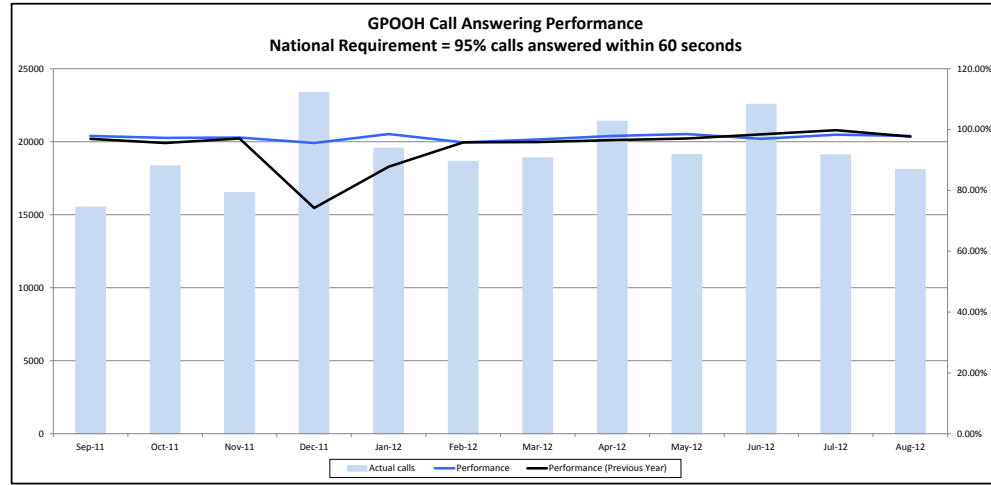
GPOOH Performance



GPOOH Call Answering Performance

OBJ REF 3

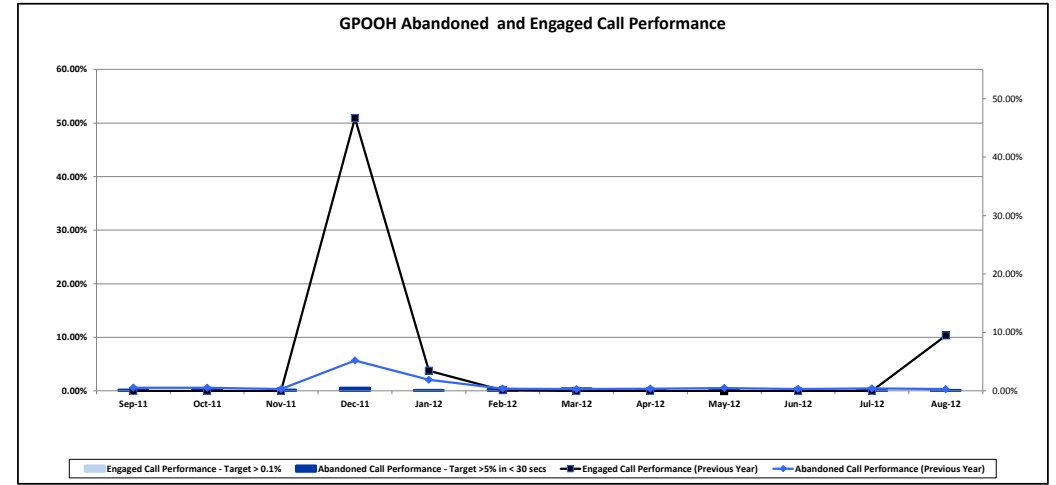
YTD RAG	GREEN
MTD RAG	GREEN



GPOOH Abandoned & Engaged Call Performance

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Actual calls	15521	18367	16517	23375	19565	18654	18905	21412	19133	22575	19105	18100
Actual calls (Previous Year)	14396	17942	16203	25811	24323	17994	18270	21026	19783	16201	18659	16895
Performance	97.93%	97.30%	97.37%	95.55%	98.54%	95.80%	96.72%	97.88%	98.57%	96.98%	98.35%	97.92%
Performance (Previous Year)	96.96%	95.57%	97.02%	74.20%	87.75%	95.79%	95.90%	96.48%	97.02%	98.38%	99.75%	97.70%

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Engaged Call Performance - Target > 0.1%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%
Engaged Call Performance (Previous Year)	0.00%	0.00%	0.00%	50.88%	3.78%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	10.34%
Abandoned Call Performance - Target >5% in < 30 secs	0.21%	0.22%	0.18%	0.54%	0.11%	0.30%	0.40%	0.14%	0.13%	0.23%	0.16%	0.13%
Abandoned Call Performance (Previous Year)	0.56%	0.55%	0.30%	5.20%	1.90%	0.39%	0.30%	0.40%	0.49%	0.34%	0.42%	0.30%

Comments




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	Activity	Criteria	Target	Green	Amber	Red	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Year End Forecast 12/13
Our Service	SLA	% of Items resolved within SLA	>=90%	>=90%	< 90% >=85%	<85%	Amber	Amber	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	4C's	% of Customer Feedback either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	Green	Green	Amber	Amber	Amber	Green	Green	Green	Green	Green	Green	Green	Green
	Requests and Incidents	First Contact Resolution	>=75%	>=75%	<75% >=70%	<70%	Green	Green	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Project Management	Governance	Required Documentation Complete	>=75%	>=75%	<75% >=50%	<50%	Amber	Amber	Amber	Amber	Amber	Green	Green	Green	Green	Green	Green	Green	Green
	Time frames	Projects completed or due to complete within completion date	On Time	On Time	Within One Month	Over One Month	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Green	Green
	Quality	Business Benefits Reviewed / Delivered	All	All	Over 75%	Less than 75%	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Budget	On Budget	+/- 5%	+/- 5%	+/- 10%	> 10%	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Infrastructure	Network Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Systems Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Telecoms Availability	Over 99.5%		>99.5%		<99.5	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Radio Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Budget Management	Under Budget Net of CIP		Under		Over	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Commentary

Our Service :

Project Management:

Infrastructure:

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%	3%		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	6%	21%	53%	19%	0%	
	Physical Condition (Office)	GREEN	9%	22%	62%	6%	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%	34%		30%	19%	
E2.1	Functional Suitability	GREEN	6%	75%		17%	1%	
E2.1	Quality	GREEN	9%	79%		12%	0%	
		RAG Status						
E2.1	Capital Project Delivery	GREEN						Heating Capital projects are out to tender and due back on 21st September, rewires of Harrogate Leeds and Bradford are being worked up as is the re-roof of Whitby station. An order has been raised for the replacement of the 2 UPS in Springhill 2. Replacement of the automatic doors at Springhill 1 are complete, Springhill 2 doors still to install.
E2.1	Station Egress Status	GREEN						
E2.1	Supported Standby Points	GREEN						

F2.1 Procurement		RAG Status	
F2.1	Auditors Local Evaluation (ALE)	GREEN	
F2.1	Procurement Savings	GREEN	YTD-£66,083.67 - Monthly Saving £24,417.00
F2.1	Contracts awarded in period above £25K	GREEN	1 Contracts awarded over £25k (see below)
F2.1	Single Tender Waivers in period	GREEN	0 Single Tender Waiver issued this month

RAG Status history	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG
	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Comments

Contracts awarded above £25k
 Leaflet Postage

Single Tender Waiver

Fleet

OBJ REF 3

←	YTD RAG	GREEN
→	MTD RAG	AMBER

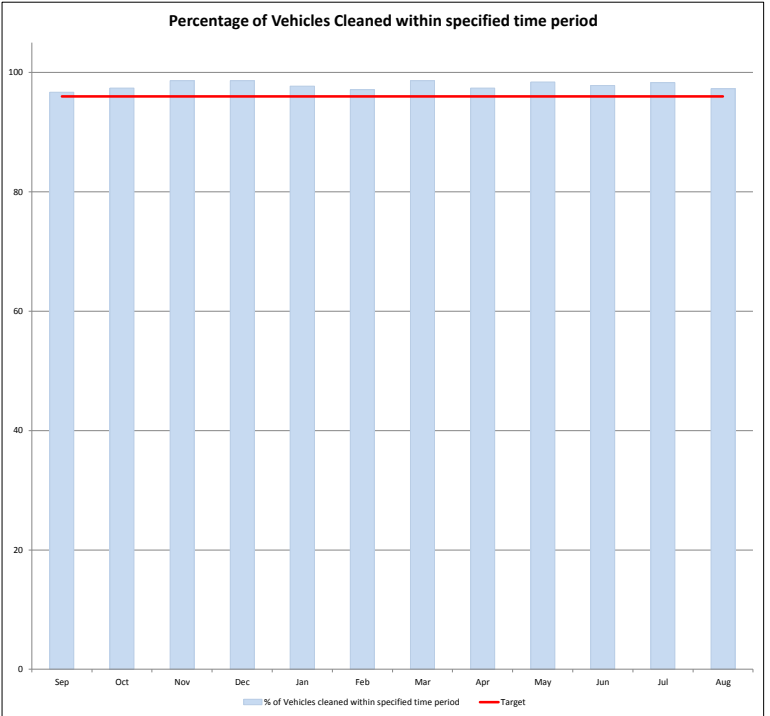
E1 Carbon Management	RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast 2012/13	Quarter 2 Actual	Notes
E1.1 Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2 Corporate Citizen Rating (monitored quarterly)	59%					

E3 Fleet	Vehicle Availability % Plan vs. Actual *	RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
E3.1 A&E	▲	GREEN	95%	94%	-1%	95%	91%	-4%	This KPI has not been met due to a number of larger repairs and vehicles at the dealers and bodyshop for repair or warranty work
E3.1 PTS		GREEN	95%	96%	1%	95%	96%	1%	
E3.1 Other		GREEN							

Vehicle Age	RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1 A&E - RRV	GREEN	0	7		There are 3 vehicles to be commissioned and 4 vehicles to be delivered from the vehicle converters from FY11/12. These will be put into service in September / October in line with build schedule.
E3.1 A&E - DMA	RED	0	75		There are 6 Vehicles still to be commissioned / delivered outstanding from financial year 11/12, and 17 planned for replacement in FY 2012/13. the outstanding vehicles from FY11/12 will be put into service in September.
E3.1 A&E - Other	GREEN	0	15		Age profile will come into line when replacement front line DMA's are in place allowing 5 year old front line vehicles to be down graded to A&E Support
E3.1 PTS	RED	0	186		There is no plan to date to order any vehicles to replace the 186 over age vehicles.
E3.1 Other	AMBER	0	31		A review of support vehicles is being undertaken to ensure vehicles are fit for requirement, this will lead to a reprofiling / reduction of vehicles.

Vehicle Replacement Plan	RAG Status	Plan Annual	Forecast Annual	Notes
E3.1 A&E - RRV	GREEN	0	0	
E3.1 A&E - DMA	GREEN	17	17	17 vehicles will be ordered with the delivery of these vehicles being in quarter 4
E3.1 A&E - Other	GREEN	0	0	
E3.1 PTS	GREEN	0	0	
E3.1 Other	GREEN	0	0	

E3.2 Compliance / Safety	RAG Status	Number	% Total	Notes
E3.2 Safety Checks Outside "Window" at end of period	AMBER	15	2.71%	All vehicles had risk assessments carried out to ensure they are road worthy. There has been a build up of slippage in the North area due to sickness and annual leave, vehicle availability has also had an impact on the figures, external providers and overtime are being used to bring this back on plan
E3.2 Vehicle Services Outside "Window" at end of period	RED	39	10.49%	This KPI has not been met as the vehicles were unable to be released from operational duties in all areas. There has also been a build up of slippage in the North area due to sickness and annual leave, external providers and overtime are being used to bring this back on plan.
E3.1 Vehicle Cleans Outside "Window" at end of period	GREEN	73	2.20%	Increases in vehicle cleaning exception due to peak period Bank Holiday, recruitment and absence.
E3.4 Defibrillator servicing Outside "Window" at end of period	AMBER	11	1.62%	Number of defibrillators outside of the service window has increased in month. This is due to equipment not being in the recorded location when the service was due. The equipment department now has systems and processes in place to identify this equipment and report this to the relevant Clinical Supervisor who tracks the equipment and takes it out of service until it has been serviced. New LifePak 15 defibrillators now also give a warning to the user when maintenance is due.
E3.5 Suction Unit servicing Outside "Window" at end of period	AMBER	71	7.59%	All servicing has been reprofiled in line with that for defibrillators. It is anticipated that this will recover the current position within three months.
E3.6 Parapac servicing Outside "Window" at end of period	RED	41	12.61%	All servicing has been reprofiled in line with that for defibrillators. It is anticipated that this will recover the current position within three months.
E3.7 Microvent servicing Outside "Window" at end of period	RED	56	11.13%	All servicing has been reprofiled in line with that for defibrillators. It is anticipated that this will recover the current position within three months.



Vehicle Cleaning	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
% of Vehicles cleaned within specified time period	96.7	97.4	98.6	98.6	97.7	97.1	98.6	97.4	98.4	97.8	98.3	97.29

RAG Status history	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG
	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER

Comments

E3.2 - The number of services that are due in August are of a higher frequency than in other months.

▲ Early Warning Indicator



Section 3

Quality Analysis



Comments on Quality**New Incidents Reported**

The figures appear consistent with previous months. There has been an increase in "other" area incidents related to incidents with non-operational vehicles (5 incidents) and minor data protection issues (3 incidents). These were the most common types of "other" area incident.

Patient Related Incidents

The figures appear consistent with previous months. Most common type of incident was "near miss" (10 incidents) relating to a range of underlying issues,(including patients almost falling when entering/leaving the vehicle or taking off their seatbelt but suffering no apparent injuries, minor vehicle and communication issues); incidents occurring whilst "assisting to mobilise and walk" (7 incidents).

Staff Related Incidents

The data appears consistent with previous months. There is no clearly identifiable cause for the increased incidents in the Operations areas. The most common type of incident in Operations is "moving and handling".

RIDDOR Reportable Incidents

Only 4 incidents reported this month, including common incidents of slip, trip and fall and moving and handling. The "another kind of accident" relates to a member of staff who hurt their knee getting out of a car. The RIDDOR reporting process has been significantly improved during this period.

Morphine related incidents

There was one clinical incident involving the administration of morphine to two patients using the same vial of morphine. This has been fully investigated and appropriate actions taken. There are no patient safety concerns.

IPC Audit - Percentage compliant

Amber areas for hand hygiene are due to the incorrect wearing of wrist jewellery (particularly charity bands) and not wearing of alcohol gel. In some cases, these issues were resolved at time of auditing by removing the bands and obtaining alcohol gel/ attachment clip.

Amber areas for premise cleanliness are due to lack of an appropriate area for clean linen storage for South Yorkshire which estates are aware of and the storage of clean linen and consumables at OSU Morley which is currently being looked at by the Infection Prevention and Control Nurse.

Amber areas for vehicle cleanliness are due to deep clean sheets not available on vehicles (particularly A&E vehicles) and damage to upholstery (particularly PTS). A majority of the vehicles with damage to upholstery are documented as having been reported to Fleet and are awaiting repair.

KPI	Description	Measure	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Year End 12/13 Forecast	Q2 Forecast 2012/13
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	GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
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	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
3	CQC and Other Registration / Legislation Standards	<ul style="list-style-type: none"> Registration Regulations & Outcomes NHS Litigation Authority 	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Description	Apr RAG	May RAG	June RAG	July RAG	Aug RAG	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End 12/13 Forecast
Governance Risk Rating	GREEN				GREEN								

Deriving the governance risk rating

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

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

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

Service Transformation Programme	OBJ REF	3
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Service Transformation Programme												Comments
Reference	Project	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Finance & Performance Programme												
T1	CIP Overview	GREEN	GREEN	GREEN								Work has been progressing to complete the detailed planning and quality impact assessment for CIP schemes for 2014/15 onwards.
T2	Estates Strategy	GREEN	GREEN	GREEN								
T2a	HART	GREEN	GREEN	GREEN								
T3	Emergency Care solution	AMBER	AMBER	AMBER								Funding discussions continuing with commissioners. Business Case currently being rewritten to focus on patient and clinical benefits
Clinical/Quality Programme												
T5	Operational Model	GREEN	GREEN	GREEN								
T5a	Workforce Plan	GREEN	GREEN	GREEN								
T5b	Rural Models CQUIN	GREEN	GREEN	AMBER								Some additional information requested by commissioners - resolution anticipated by end of September
T5c	Conveyance CQUIN	GREEN	GREEN	GREEN								
T5d	ECP CQUIN	GREEN	GREEN	GREEN								
T6	EOC Transformation	GREEN	GREEN	GREEN								
T7	PTS Transformation	GREEN	GREEN	AMBER								Work progressing across PTS locations. Consideration of project risks undertaken in project board meeting and additional mitigating actions agreed.
T7a	PTS CQUINS	GREEN	GREEN	GREEN								
Clinical/Quality Programme												
T8	111	GREEN	AMBER	AMBER								Implementation is progressing well and action is under way to address the delay in implementation action caused by the commissioners' extended contract signing process.
T9	Major trauma	GREEN	GREEN	GREEN								
T10	Cardiac Arrest	GREEN	GREEN	GREEN								
T11	Public health	GREEN	GREEN	AMBER								The overall strategy is agreed but the detailed implementation plan is still in development.
T11a	Demand management CQUIN	GREEN	GREEN	AMBER								Some additional information requested by commissioners - resolution anticipated by end of September
T12	Clinical Leadership	GREEN	GREEN	GREEN								

IPC Audit - Percentage compliant

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

Area	Audit	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Bradford, Calderdale & Kirklees (pre May 2012) Calderdale, Kirklees, Wakefield (May 2012 onwards)	Hand Hygiene	89	100	97	96	95	98	96	98	97
	Premise	80	95	89	98	89	92	95	96	98
	Vehicle	89	91	96	94	90	94	90	95	98
North Yorkshire and York	Hand Hygiene	98	100	99	99	99	100	98	99	98
	Premise	92	98	99	98	99	99	95	97	98
	Vehicle	86	91	93	90	95	98	94	97	92
Humber	Hand Hygiene	98	95	98	98	98	99	99	94	95
	Premise	87	91	92	96	94	99	98	92	95
	Vehicle	I/Data	96	94	99	94	98	99	97	96
Leeds & Wakefield (pre May 2012) Airedale, Bradford, Leeds (May 2012 onwards)	Hand Hygiene	98	96	94	96	97	98	I/Data	98	97
	Premise	79	74	96	98	92	99	I/Data	96	99
	Vehicle	99	94	97	99	97	94	I/Data	97	93
South Yorkshire and Bassetlaw	Hand Hygiene	89	0	92	86	99	99	99	98	94
	Premise	I/Data	0	90	76	97	99	98	98	92
	Vehicle	84	0	90	86	99	99	99	97	96
YAA	Hand Hygiene	100	100	100	100	100	100	100	100	100
	Premise	95	100	100	90	100	100	100	100	100
	Vehicle	100	100	100	100	100	100	100	100	100
Resilience and Special Operations	Hand Hygiene	95	100	100	77	88	94	79	0	93
	Premise	94	82	80	80	85	80	83	0	89
	Vehicle	100	75	81	90	93	96	83	0	99
Private & Events	Hand Hygiene	99	99	100	100	99	100	100	100	100
	Vehicle	97	100	100	97	92	96	100	100	97
PTS Leeds	Hand Hygiene	I/Data	100	100	99	100	99	100	100	99
	Vehicle	I/Data	93	93	98	95	91	91	93	94
PTS Mid Yorkshire	Hand Hygiene	I/Data	99	99	100	100	99	99	100	100
	Vehicle	I/Data	95	95	89	93	86	91	92	95
PTS Bradford / Airedale	Hand Hygiene	98	100	99	100	100	100	99	100	99
	Vehicle	88	91	92	85	85	85	93	90	91
PTS Calderdale / Huddersfield	Hand Hygiene	I/Data	I/Data	99	99	98	96	99	100	100
	Vehicle	0	I/Data	99	91	94	92	92	94	99
PTS North Yorkshire	Hand Hygiene	98	96	94	100	100	97	99	100	99
	Vehicle	I/Data	94	96	97	99	96	98	97	94
PTS Hull & East	Hand Hygiene	99	96	100	99	99	99	100	98	99
	Vehicle	89	86	92	93	96	92	93	94	97
PTS Sheffield / Barnsley	Hand Hygiene	0	100	100	100	100	100	100	100	93
	Vehicle	0	98	96	93	95	100	100	100	87
PTS Rotherham / Doncaster	Hand Hygiene	I/Data	I/Data	95	98	98	95	99	97	98
	Vehicle	I/Data	I/Data	100	100	100	99	100	100	100
Overall Compliance	Hand Hygiene	97	98	97	95	99	99	98	99	98
	Premise	87	91	93	91	95	98	97	96	96
	Vehicle	92	93	94	93	95	94	94	95	95

Key for IPC Audit: Pre April 2012

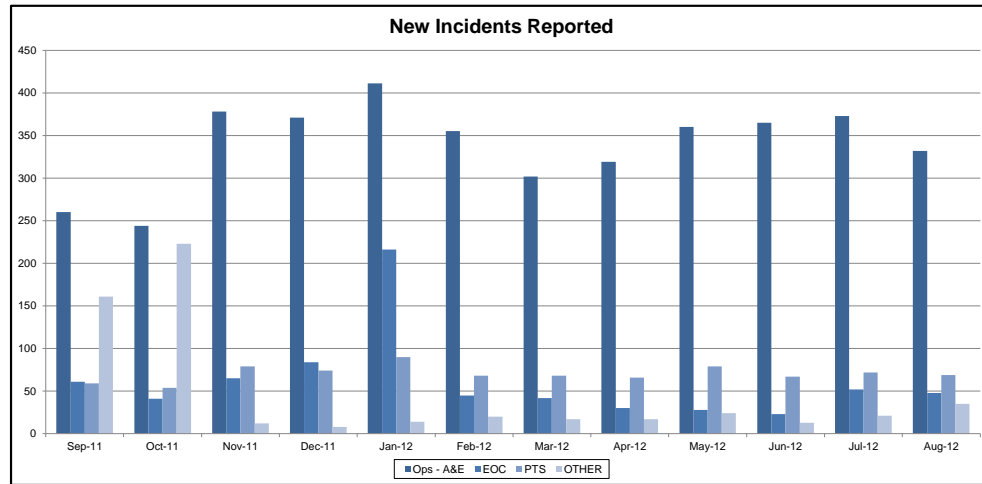
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

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 * ▲

OBJ REF 3

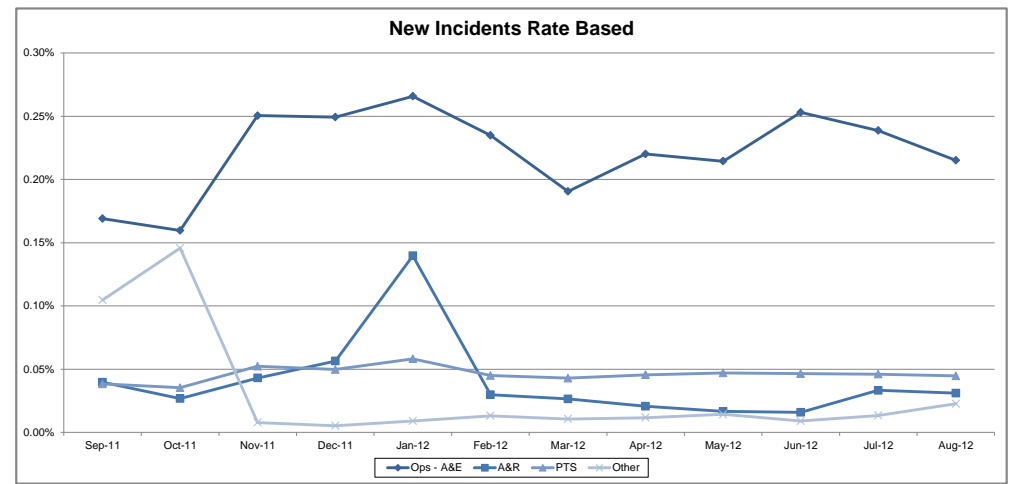


New Incidents Reported	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Ops - A&E	260	244	378	371	411	355	302	319	360	365	373	332
EOC	61	41	65	84	216	45	42	30	28	23	52	48
PTS	59	54	79	74	90	68	68	66	79	67	72	69
OTHER	161	223	12	8	14	20	17	17	24	13	21	35
TOTALS	541	562	534	537	731	488	429	432	491	468	518	484

▲ * Early Warning Indicator

New Incidents Reported Rate Based * ▲

OBJ REF 3

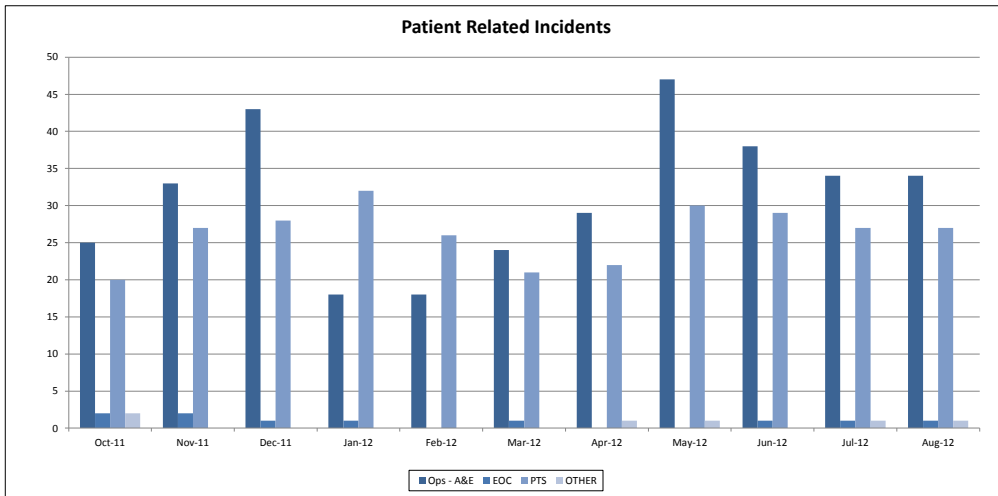


New Incidents Reported	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Ops - A&E	0.17%	0.16%	0.25%	0.25%	0.27%	0.23%	0.19%	0.22%	0.21%	0.25%	0.24%	0.22%
A&R	0.04%	0.03%	0.04%	0.06%	0.14%	0.03%	0.03%	0.02%	0.02%	0.02%	0.03%	0.03%
PTS	0.04%	0.04%	0.05%	0.05%	0.06%	0.05%	0.04%	0.05%	0.05%	0.05%	0.05%	0.04%
OTHER	0.10%	0.15%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.02%

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

Patient related Incidents

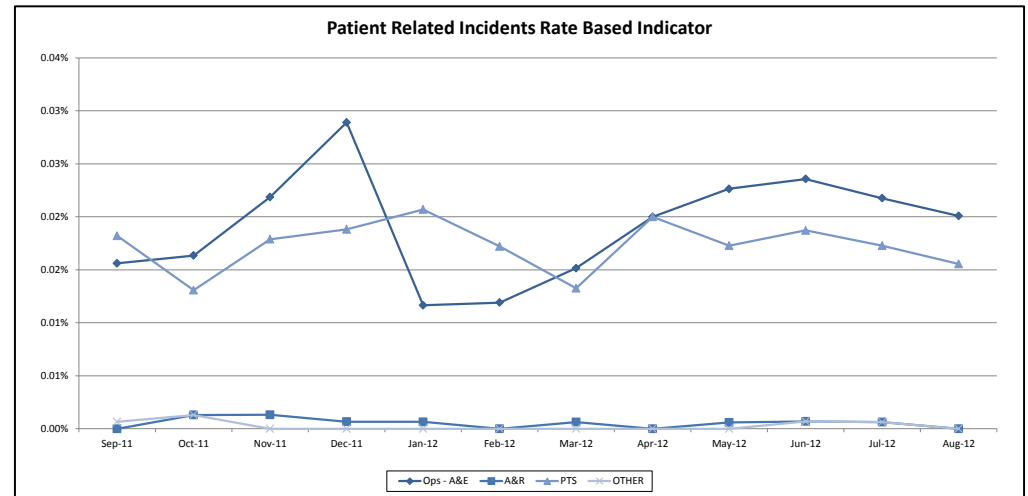
OBJ REF 3



Patient Related Incidents	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Aug-12
Ops - A&E	25	33	43	18	18	24	29	47	38	34	34	31
EOC	2	2	1	1	0	1	0	0	1	1	1	0
PTS	20	27	28	32	26	21	22	30	29	27	27	24
OTHER	2	0	0	0	0	0	1	1	0	1	1	0
TOTALS	49	62	72	51	44	46	52	78	68	63	63	55

Patient Related Incidents Rate Based Indicator

OBJ REF 3

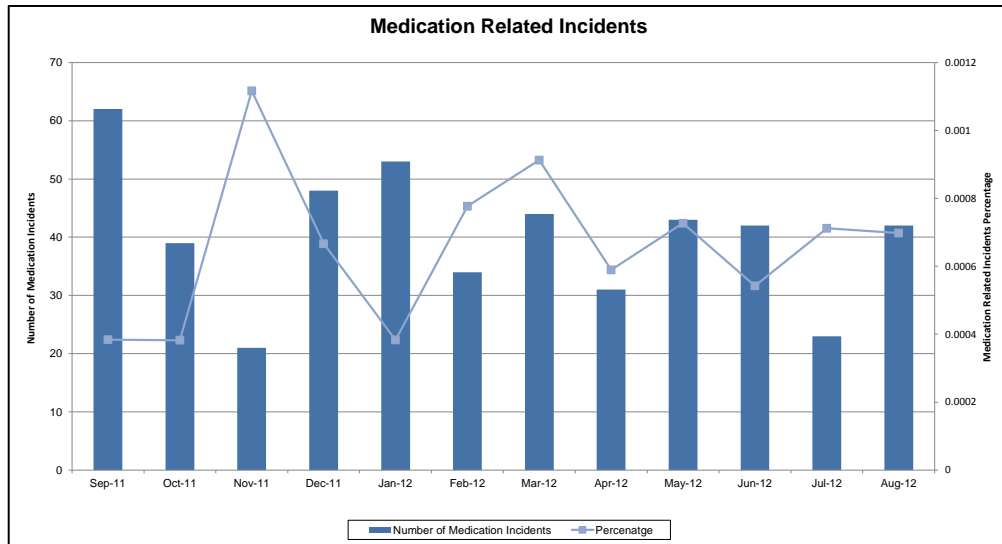


	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Ops - A&E	0.02%	0.02%	0.02%	0.03%	0.01%	0.01%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%
A&R	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PTS	0.02%	0.01%	0.02%	0.02%	0.02%	0.02%	0.01%	0.02%	0.02%	0.02%	0.02%	0.02%
OTHER	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Patient Related Incidents Percentage is the number of patient related incidents divided by the total demand for A&E and PTS per month.

Medication Related Incidents

OBJ REF 3

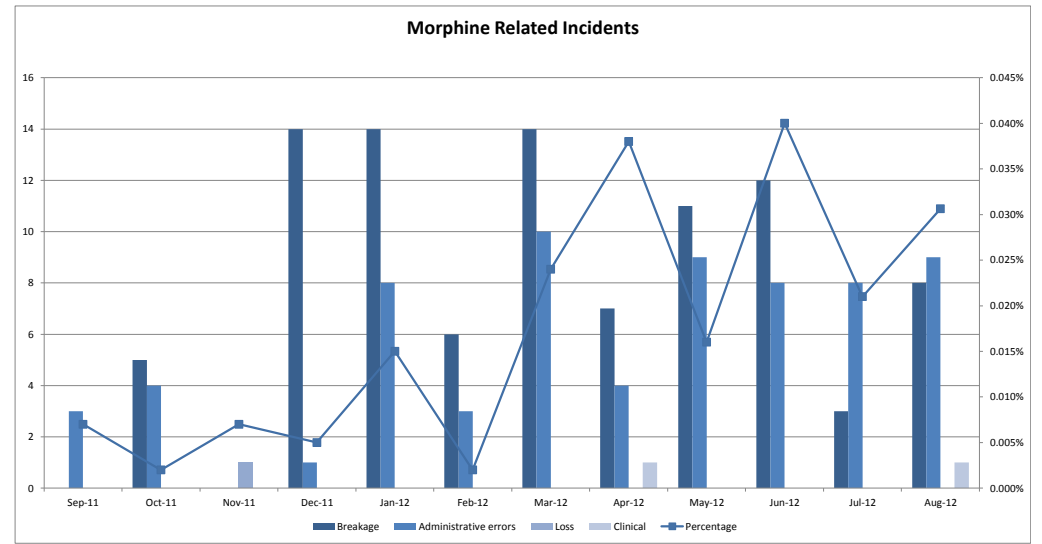


	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Number of Medication Incidents	62	39	21	48	53	34	44	31	43	42	23	42

Medication Related Incidents Percentage is the number of medication related incidents divided by the total demand for A&E per month.

Morphine Related Incidents

OBJ REF 3

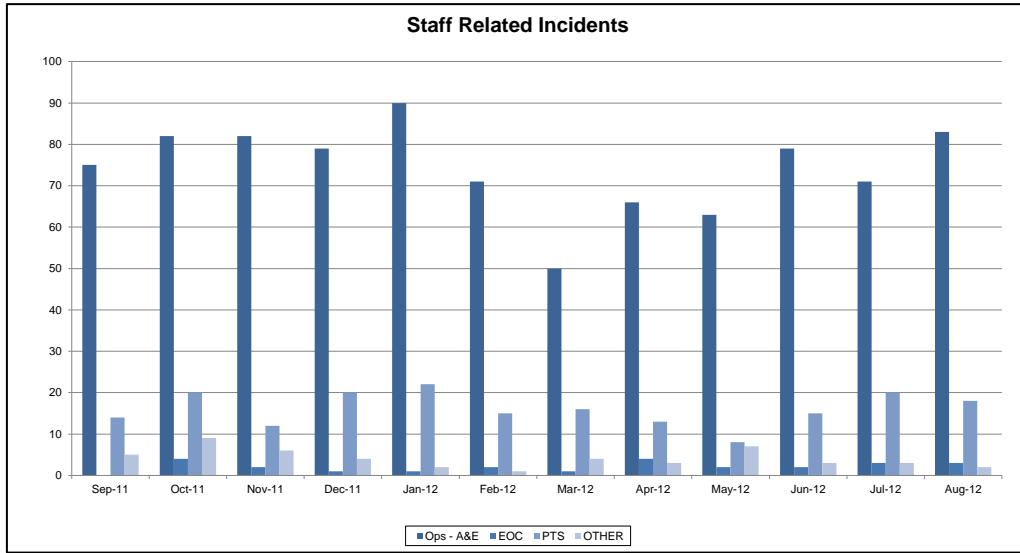


	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Breakage	0	5	0	14	14	6	14	7	11	12	3	8
Administrative errors	3	4	0	1	8	3	10	4	9	8	8	9
Loss	0	0	1	0	0	0	0	0	0	0	0	0
Clinical	0	0	0	0	0	0	0	1	0	0	0	1
Number of Morphine Incidents	3	9	1	15	22	9	24	12	20	20	11	18

Morphine Related Incidents Percentage is the number of morphine related incidents divided by the total demand for A&E per month.

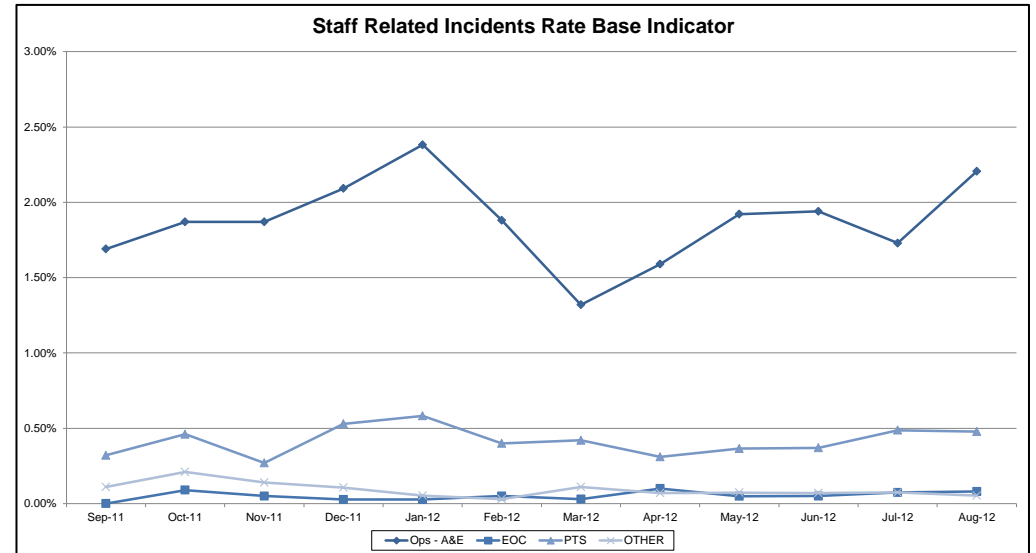
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



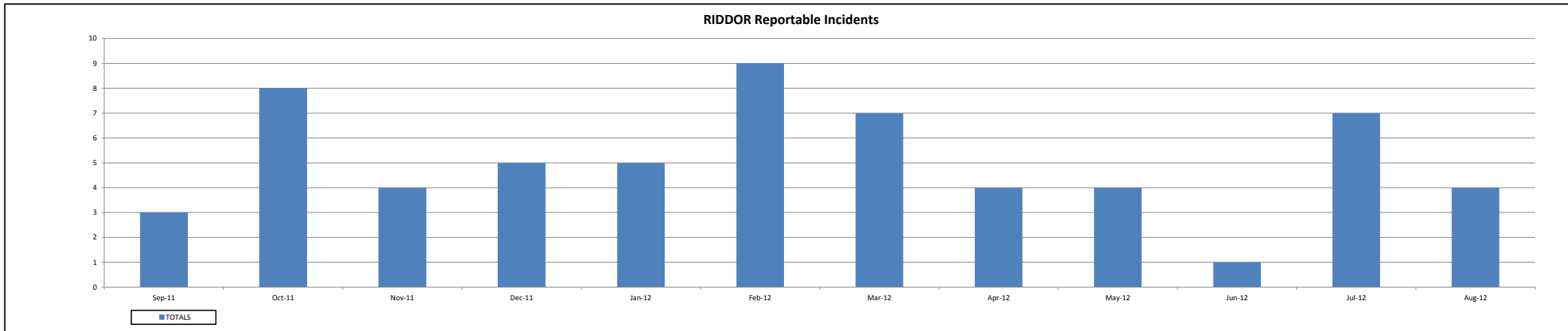
Staff Related Incidents	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Ops - A&E	75	82	82	79	90	71	50	66	63	79	71	83
EOC	0	4	2	1	1	2	1	4	2	2	3	3
PTS	14	20	12	20	22	15	16	13	8	15	20	18
OTHER	5	9	6	4	2	1	4	3	7	3	3	2
TOTALS	94	115	102	104	115	89	71	86	80	99	97	106

Staff Related Incidents	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Ops - A&E	1.69%	1.87%	1.87%	2.09%	2.38%	1.88%	1.32%	1.59%	1.92%	1.94%	1.73%	2.21%
EOC	0.00%	0.09%	0.05%	0.03%	0.03%	0.05%	0.03%	0.10%	0.05%	0.05%	0.07%	0.08%
PTS	0.32%	0.46%	0.27%	0.53%	0.58%	0.40%	0.42%	0.31%	0.36%	0.37%	0.49%	0.48%
OTHER	0.11%	0.21%	0.14%	0.11%	0.05%	0.03%	0.11%	0.07%	0.07%	0.07%	0.07%	0.05%

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

RIDDOR Reportable Incidents

OBJ REF 3

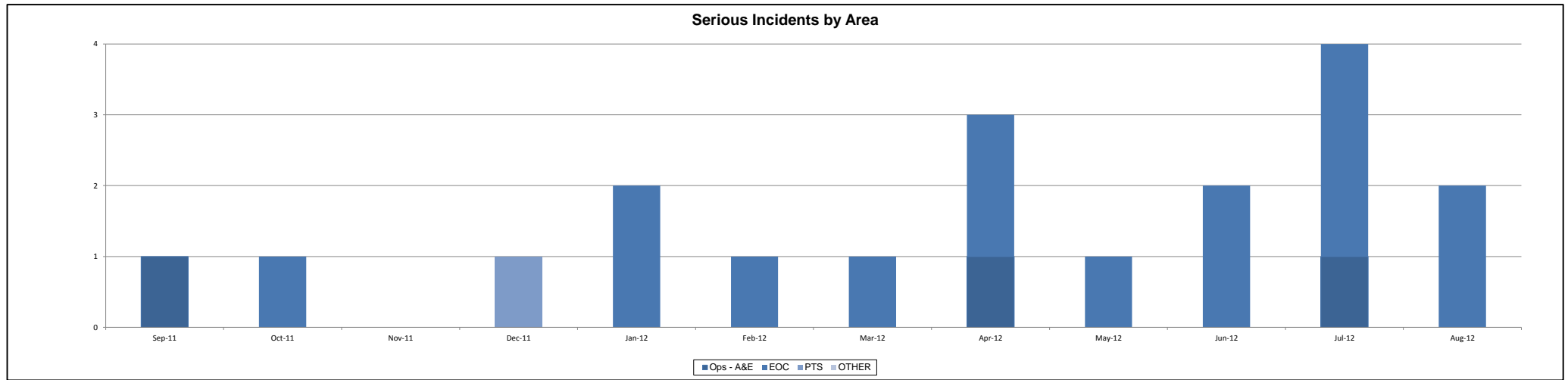


RIDDOR reportable	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
North Yorkshire CBU	0	1	1	0	0	2	0	1	1	0	0	0
East Riding of Yorkshire CBU	0	2	2	1	1	5	2	0	0	0	2	0
Leeds & Wakefield CBU	1	2	1	1	1	0	0	1	1	0	2	0
Bradford, Calderdale and Kirklees CBU	1	1	0	2	2	0	2	1	1	0	1	1
South Yorkshire CBU	0	1	0	0	0	2	2	1	1	1	2	2
Operations PTS	1	0	0	1	1	0	1	0	0	0	0	0
Other Directorates	0	1	0	0	0	0	0	0	0	0	0	1
TOTALS	3	8	4	5	5	9	7	4	4	1	7	4

Incident Type	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Contact with moving machinery or materials	0	0	0	0	1	0	0	0	0	0	0	0
Hit by a moving, flying or falling object	0	0	0	0	0	1	0	0	2	0	0	0
Hit by a moving vehicle	0	0	0	0	0	0	0	0	0	0	0	0
Hit by something fixed or stationary	0	0	0	0	0	0	0	0	0	0	0	0
Injured while handling, lifting or carrying	2	4	2	1	3	6	3	3	0	1	3	1
Slip, trip or fall on the same level	1	3	2	4	1	0	4	1	1	0	1	2
Fall from a height	0	1	0	0	0	0	0	0	0	0	2	0
Trapped by something collapsing	0	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	0
Exposed to or in contact with a harmful substance	0	0	0	0	0	0	0	0	1	0	0	0
Exposed to fire	0	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	0
Contact with electricity or an electrical discharge	0	0	0	0	0	0	0	0	0	0	0	0
Injured by an animal	0	0	0	0	0	0	0	0	0	0	0	0
Physically assaulted by a person	0	0	0	0	0	1	0	0	0	0	1	0
Another kind of accident	0	0	0	0	0	1	0	0	0	0	0	1
Total	4	3	8	4	5	5	9	7	4	1	7	4

SUI Incidents by Area

OBJ REF 3



SUI Incidents *	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Ops - A&E	1	0	0	0	0	0	0	1	0	0	1	0
EOC	0	1	0	0	2	1	1	2	1	2	3	2
PTS	0	0	0	1	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	1	1	0	1	2	1	1	3	1	2	4	2

* Early Warning Indicator

Incident Type	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Delayed dispatch/response	0	1	0	0	2	1	1	2	1	2	3	2
Road Traffic Collision	0	0	0	0	0	0	0	0	0	0	0	0
Clinical care	1	0	0	1	0	0	0	1	0	0	1	0
Inadequate clinical assessment	0	0	0	0	0	0	0	0	0	0	0	0
Violence & aggression	0	0	0	0	0	0	0	0	0	0	0	0
Data protection breach	0	0	0	0	0	0	0	0	0	0	0	0
Adverse media attention	0	0	0	0	0	0	0	0	0	0	0	0
Medication related	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	1	0	1	2	1	1	3	1	2	4	2

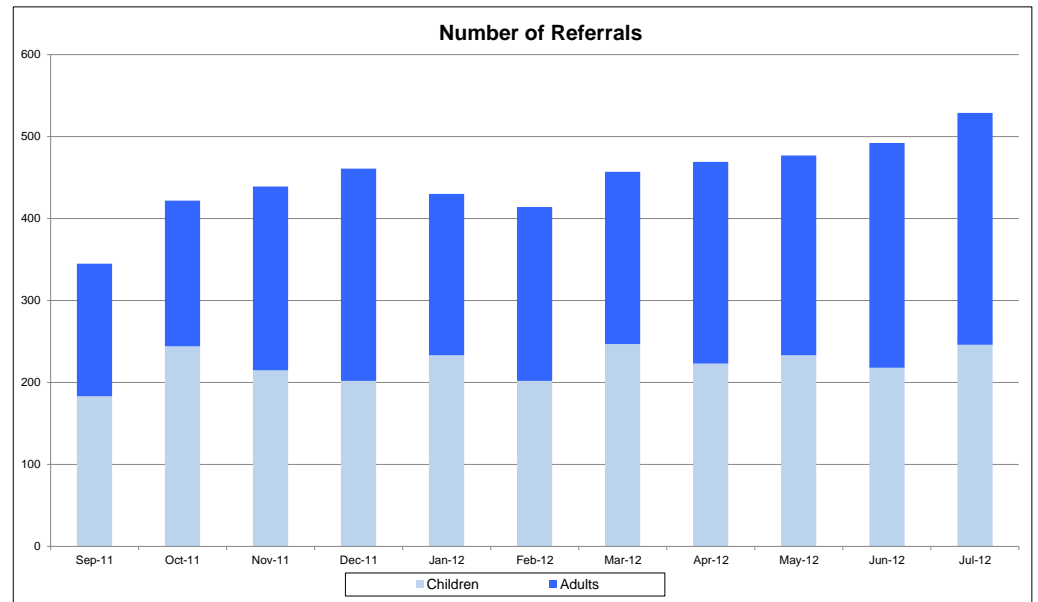
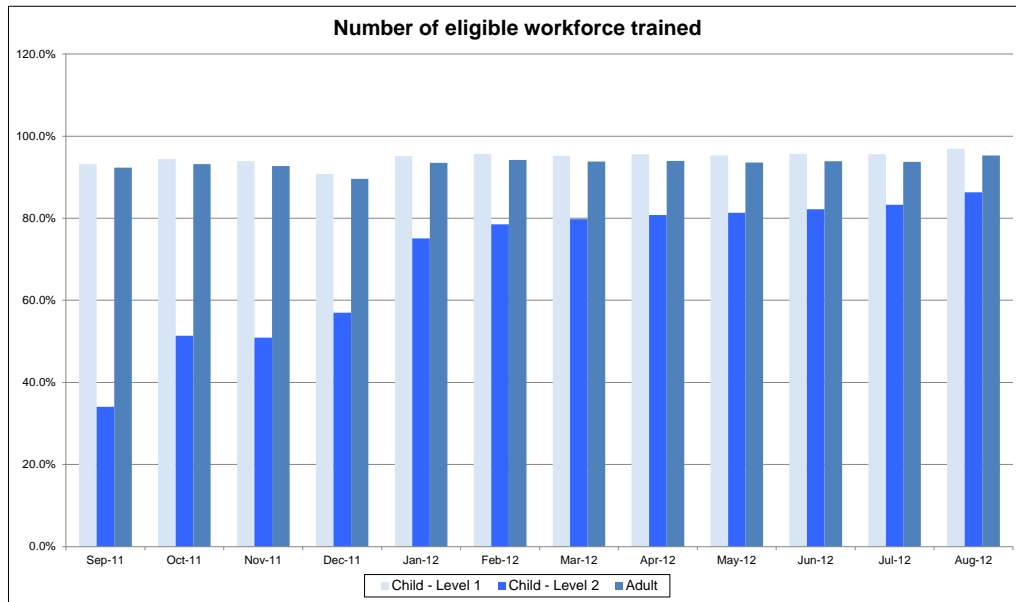
Training Position

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

Number of Child and Adult Referrals

OBJ REF 3



Training Position	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Child - Level 1	93.2%	94.4%	93.9%	90.8%	95.1%	95.7%	95.2%	95.6%	95.3%	95.7%	95.6%	96.9%
Child - Level 2	34.1%	51.4%	50.9%	57.0%	75.1%	78.5%	79.8%	80.8%	81.3%	82.2%	83.3%	86.3%
Adult	92.3%	93.2%	92.7%	89.6%	93.5%	94.2%	93.8%	94.0%	93.6%	93.9%	93.7%	95.3%

Referrals	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Jul-12
Children Referrals	183	244	215	202	233	202	247	223	233	218	246	250
Adult Referrals	162	178	224	259	197	212	210	246	244	274	224	279
TOTAL	345	422	439	461	430	414	457	469	477	492	470	529

Clinical Performance Indicators - National

OBJ REF

1.2 : 3

	New Calculation Method			
	CYCLE 7	CYCLE 8	CYCLE 8	
Hypoglycaemia	Aug 2011 Results %	Jan 2012 Results %	May 2012 Results %	National Average
H1 - Blood Glucose Recorded before treatment	97.4	100.0	93.2	99.5
H2 - Blood Glucose Recorded after treatment	98.1	97.8	98.6	97.5
H3 - Treatment for Hypoglycaemia Recorded	99.6	99.6	99.3	98.4
PILOT – Direct referral made to an appropriate health professional	98.5	80.9	85.0	66.5
HC – Care Bundle H1, H2 and H3	96.3	97.8	91.8	96.4

	New Calculation Method			
	CYCLE 6	CYCLE 7	CYCLE 8	
Asthma	March 2011 Results %	Sept 2011 Results %	May 2012 Results %	National Average
A1 - Respiratory rate recorded	100.0	99.7	100.0	
A2 - PEFR (peak flow) recorded before treatment	77.7	84.3	87.3	
A3 - SpO2 recorded before treatment	91.5	90.9	91.1	
A4 - Beta 2 agonist recorded	99.3	93.4	99.2	
A5 - Oxygen administered	99.7	95.8	99.6	
PILOT – Care Bundle A1, A2, A3 and A4	72.3	76.7	81.9	

Clinical Audit Programme

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

National Ambulance CPIs:		Sept-11 RAG	Oct-11 RAG	Nov-11 RAG	Dec-11 RAG	Jan-12 RAG	Feb-12 RAG	Mar-12 RAG	Apr-12 RAG	May-12 RAG	Jun-12 RAG	Jul-12 RAG	Aug-12 RAG
STeMI	Cardiac arrest outcomes												
Stroke	Stroke												
Hypoglycaemia	STeMI												
Asthma	MINAP												
	CMACE												
		AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN

Internal Clinical Audit Plan

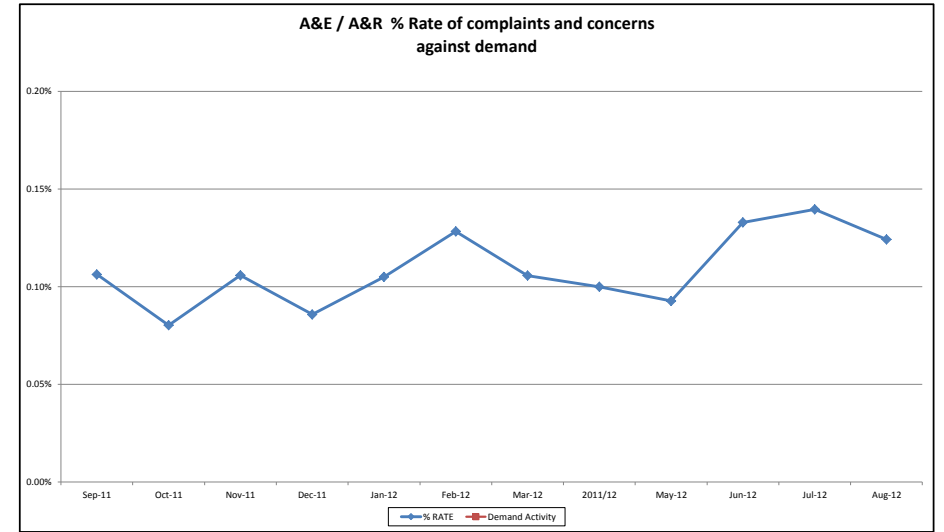
Monthly CPIs	Sept-11 RAG	Oct-11 RAG	Nov-11 RAG	Dec-11 RAG	Jan-11 RAG	Feb-11 RAG	Mar-11 RAG	Apr-11 RAG	May-12 RAG	June-12 RAG	Jul-12 RAG	Aug-12 RAG
SHU/NT SN stroke audit												
Infection Control audit												
Cardiac Arrest outcomes												
Interfacility transfer audit												
	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	RED	RED	AMBER	AMBER	GREEN	GREEN

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns * ▲															
2011/12	CBU Area	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD
Attitude / Conduct	BCK (CKW from August 12)	0	0	3	1	6	3	3	23	1	0	3	2	4	10
	Hull & ER	1	0	3	1	0	2	2	21	1	0	1	1	3	6
	Leeds & Wakefield (Leeds & Bradford from August 2012)	1	1	2	2	2	3	0	23	1	1	1	3	5	11
	North Yorks	0	2	0	1	3	0	3	13	3	2	7	3	0	15
	South Yorks	0	0	2	1	3	1	1	18	4	0	2	3	0	9
	EOC	2	4	1	0	2	1	0	14	5	2	1	1	2	11
Aspects of Clinical Care	BCK (CKW from August 12)	6	4	1	6	1	1	1	39	2	3	2	3	3	13
	Hull & ER	1	1	2	2	1	7	1	33	8	0	3	2	2	15
	Leeds & Wakefield (Leeds & Bradford from August 2012)	2	3	7	4	1	8	6	39	6	5	4	5	2	22
	North Yorks	7	1	2	3	3	5	5	42	5	8	3	6	2	24
	South Yorks	5	3	3	3	6	7	4	53	9	5	3	9	5	31
Driving and Sirens	BCK (CKW from August 12)	2	1	2	0	1	0	0	11	3	1	5	2	1	12
	Hull & ER	1	0	0	0	2	1	0	7	1	0	2	2	0	5
	Leeds & Wakefield (Leeds & Bradford from August 2012)	4	2	1	1	1	0	1	16	5	1	1	1	2	10
	North Yorks	2	2	0	0	0	0	0	9	0	0	1	1	1	3
	South Yorks	0	0	1	0	0	0	0	4	1	2	1	4	3	11
Response	EOC	23	16	24	21	23	33	31	267	24	21	21	23	25	114
Call Management	EOC	1	3	3	4	1	0	0	27	1	1	5	3	5	15
Other	BCK (CKW from August 12)	0	1	0	2	4	0	0	8	2	1	1	2	2	8
	Hull & ER	1	1	0	0	0	0	1	5	0	1	1	0	2	4
	Leeds & Wakefield (Leeds & Bradford from August 2012)	0	0	0	0	0	0	1	5	6	0	2	3	0	11
	North Yorks	0	2	0	0	1	1	1	5	2	0	3	3	2	10
	South Yorks	0	0	1	1	0	1	1	7	4	2	4	2	2	14
	EOC	0	0	0	0	0	0	1	1	0	0	0	0	0	0
SUB TOTALS	BCK (CKW from August 12)	8	6	6	9	12	4	4	81	8	5	11	9	10	43
	Hull & ER	4	2	5	3	3	10	4	66	10	1	7	5	7	30
	Leeds & Wakefield (Leeds & Bradford from August 2012)	7	6	10	7	4	11	8	83	18	7	8	12	9	54
	North Yorks	9	7	2	4	7	6	9	69	10	10	14	13	5	52
	South Yorks	5	3	7	5	9	9	7	82	18	9	10	18	10	65
	EOC	26	23	28	25	26	34	32	309	30	24	27	27	32	140
GRAND TOTAL		59	47	58	53	61	74	64	690	94	56	77	84	73	384
Demand Activity		55520	58514	54802	61784	58076	57670	60538	686347	57123	60406	57915	60170	58770	294384
% RATE		0.11%	0.08%	0.11%	0.09%	0.11%	0.13%	0.11%	0.10%	0.16%	0.09%	0.13%	0.14%	0.12%	0.13%

* Early Warning Indicator



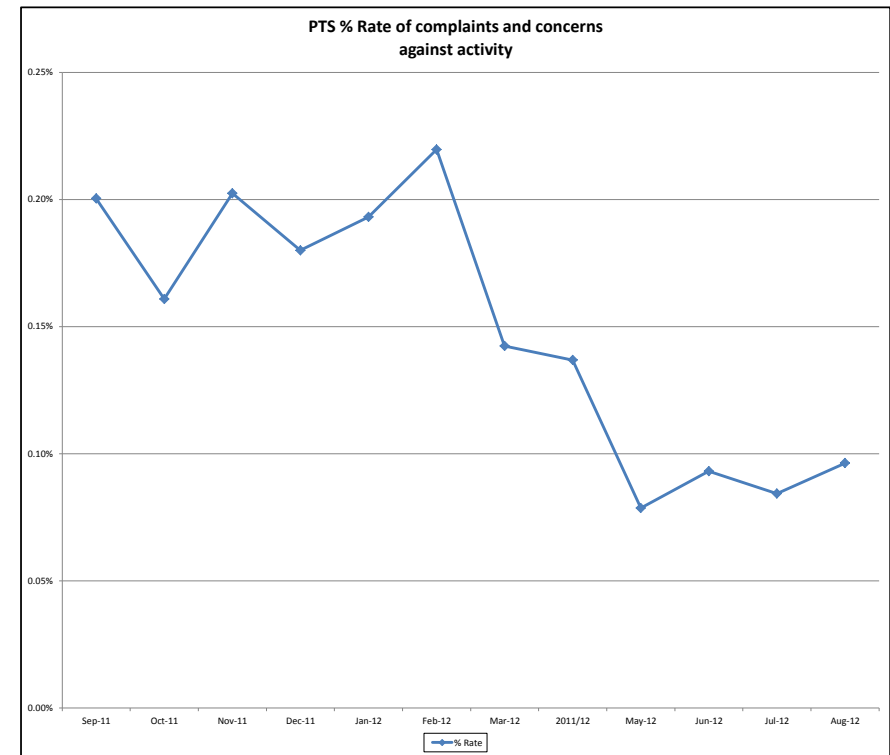
Compliments												
CBU Area	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
BCK (CKW from August 12)	22	11	16	10	8	8	15	3	0	8	30	7
Hull & ER	5	8	10	4	12	4	12	0	0	3	29	5
Leeds & Wakefield (Leeds & Bradford from August 2012)	17	4	9	11	10	8	8	3	0	4	32	12
North Yorks	38	10	8	15	2	13	6	1	0	7	33	9
South Yorks	22	19	9	12	3	16	10	3	0	4	27	10
EOC	1	2	0	1	1	1	1	0	0	0	3	4
TOTAL	105	54	52	53	36	50	52	10	0	26	154	47

Compliments % against WTE												
CBU Area	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
BCK (CKW from August 12)	5.3%	2.7%	3.9%	2.4%	1.9%	1.9%	3.6%	0.7%	0.0%	1.9%	7.3%	1.7%
Hull & ER	1.6%	2.6%	3.2%	1.3%	3.9%	1.3%	3.9%	0.0%	0.0%	1.0%	9.4%	1.6%
Leeds & Wakefield (Leeds & Bradford from August 2012)	4.3%	1.0%	2.3%	2.8%	2.5%	2.0%	2.0%	0.8%	0.0%	1.0%	8.0%	3.0%
North Yorks	10.0%	2.6%	2.1%	3.9%	0.5%	3.4%	1.6%	0.3%	0.0%	1.8%	8.7%	2.4%
South Yorks	4.4%	3.8%	1.8%	2.4%	0.6%	3.2%	2.0%	0.6%	0.0%	0.8%	5.4%	2.0%

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns															
2011/12	PTS Area	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD
Attitude / Conduct	East Consortia	2	0	1	1	1	1	4	11	0	0	0	0	0	0
	North Consortia	0	2	0	0	2	2	1	7	0	0	0	1	0	1
	South Consortia	0	3	1	1	0	2	2	17	1	1	1	0	2	5
	West Consortia	2	1	4	4	7	3	3	38	1	3	2	1	1	8
	Comms	-	-	-	-	-	-	-	0	1	0	3	0	0	4
Aspects of Clinical Care	East Consortia	0	0	0	0	2	2	0	5	0	1	1	0	1	3
	North Consortia	1	0	2	1	1	0	2	16	0	0	0	1	1	2
	South Consortia	1	0	1	0	4	2	4	16	3	2	2	2	2	11
	West Consortia	2	3	3	1	3	4	6	29	0	5	4	1	0	10
Driving and Sirens	East Consortia	0	0	1	0	0	0	0	1	0	0	0	0	1	1
	North Consortia	0	1	0	0	1	1	0	6	1	1	0	2	0	4
	South Consortia	0	1	0	1	0	0	0	4	1	0	0	2	0	3
	West Consortia	1	0	2	1	0	0	2	9	1	2	2	4	1	10
Response	East Consortia	10	9	9	9	13	11	6	140	4	11	6	3	9	33
	North Consortia	7	11	18	10	9	6	11	147	6	6	4	6	9	31
	South Consortia	9	13	18	17	25	13	13	175	8	7	1	3	7	26
	West Consortia	14	22	19	21	38	24	22	275	9	16	17	16	12	70
Call Management	East Consortia	1	1	2	0	1	1	1	8	0	0	0	0	0	0
	North Consortia	0	2	0	1	1	2	1	9	0	0	0	0	0	0
	South Consortia	0	1	0	0	1	1	1	6	0	0	0	0	0	0
	West Consortia	2	0	0	1	1	0	3	10	0	0	0	0	0	0
	Comms	-	-	-	-	-	-	-	-	9	5	6	3	6	29
Other	East Consortia	1	0	0	0	0	0	1	2	2	0	0	0	0	2
	North Consortia	0	1	1	0	0	0	3	6	0	1	0	0	1	2
	South Consortia	0	0	0	0	0	0	3	3	2	3	1	0	0	6
	West Consortia	0	1	0	0	0	0	1	3	4	3	1	0	3	11
	Comms	-	-	-	-	-	-	-	-	0	0	0	2	0	2
SUB TOTALS	East Consortia	14	10	13	10	17	15	12	167	6	12	7	3	11	39
	North Consortia	8	17	21	12	14	11	18	191	7	8	4	10	11	40
	South Consortia	10	18	20	19	30	18	23	221	15	13	5	7	11	51
	West Consortia	21	27	28	28	49	31	37	364	15	29	26	22	17	109
	Comms	-	-	-	-	-	-	-	0	10	5	9	5	6	35
Service to Service	East Consortia	22	46	36	39	32	15	15	317	7	2	3	4	0	16
	North Consortia	11	22	8	12	6	6	0	86	5	1	1	7	7	21
	South Consortia	24	21	11	11	26	15	10	173	5	25	10	8	6	54
	West Consortia	48	30	36	37	38	22	19	371	7	9	8	15	23	62
GRAND TOTAL		158	191	173	168	212	133	134	1890	77	104	73	81	92	427
Demand Activity		98241	94363	96122	86994	96528	93433	97907	1165149	87766	101556	86325	96074	95535	467256
% RATE		0.20%	0.16%	0.20%	0.18%	0.19%	0.22%	0.14%	0.14%	0.16%	0.08%	0.09%	0.08%	0.10%	0.09%



Compliments														
PTS Area	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD	
East Consortia	0	0	1	1	0	0	0	0	0	0	0	3	1	
North Consortia	0	1	1	0	0	0	0	0	0	0	0	3	1	
South Consortia	1	0	1	0	0	1	1	0	0	0	0	1	3	
West Consortia	9	6	7	4	0	1	0	0	0	0	4	2		
TOTAL	2	2	2	2	2	0	2	1	0	0	11	7		

Concerns and Complaints - A&E / EOC

2011/12	A&E / A&R	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12
Response Within 1 Working Day	BCK	1	0	0	0	1	0	0	1	0	0	8	3
	Hull & ER	0	1	0	0	0	1	0	0	0	0	4	1
	Leeds & Wakefield	1	0	0	0	1	0	0	0	2	0	2	2
	North Yorks	0	0	0	0	0	1	1	0	2	0	6	2
	South Yorks	1	0	0	0	0	0	0	0	3	2	4	2
	EOC	1	1	0	2	1	2	1	2	3	2	3	5
Response 2 - 25 Working Days	BCK	2	3	3	5	5	6	3	2	4	5	5	3
	Hull & ER	3	2	0	4	3	2	3	3	5	1	4	3
	Leeds & Wakefield	1	6	3	4	4	3	7	3	11	6	5	3
	North Yorks	1	6	5	1	1	4	2	3	7	5	9	6
	South Yorks	3	3	2	2	2	5	6	5	5	5	7	8
	EOC	13	15	22	25	19	13	16	24	18	14	12	11
Response > 25 Working Days	BCK	5	5	3	2	3	6	1	1	2	0	7	3
	Hull & ER	3	1	2	1	0	0	7	1	5	0	2	1
	Leeds & Wakefield	2	1	3	5	2	1	4	5	4	1	4	7
	North Yorks	2	3	2	1	3	2	3	6	1	5	6	4
	South Yorks	2	2	1	5	3	4	3	3	10	2	4	8
	EOC	14	11	1	2	13	11	16	7	8	8	12	11
Average Response Time (Working Days)	BCK	33	32	24	28	37	23	19	18	18	17	22	TBC
	Hull & ER	18	16	32	21	21	10	40	23	20	18	12	TBC
	Leeds & Wakefield	34	16	24	38	29	18	28	28	21	17	27	TBC
	North Yorks	32	26	20	29	30	27	31	41	22	25	21	TBC
	South Yorks	27	40	12	35	34	27	27	23	31	16	16	TBC
	EOC	25	25	16	18	24	19	25	19	19	21	21	TBC
Re-opened Complaints & Concerns	BCK	0	0	0	0	0	0	0	0	0	0	0	0
	Hull & ER	0	0	0	0	0	0	0	0	0	0	0	1
	Leeds & Wakefield	1	0	0	0	0	0	0	0	0	0	0	0
	North Yorks	0	0	0	0	0	0	0	0	0	0	0	0
	South Yorks	0	0	0	0	0	0	0	0	0	0	0	0
	EOC	0	0	0	1	0	0	0	0	0	0	0	0
Referrals to Ombudsman	A&E / A&R	0	0	1	0	0	0	0	1	0	0	0	0

Concerns and Complaints - PTS

OBJ REF 1.2 : 3

2011/12	PTS Area	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12
Response Within 1 Working Day	East Consortia	0	1	1	2	2	3	0	1	1	0	1	0
	North Consortia	4	2	1	0	0	1	4	2	1	2	0	2
	South Consortia	2	1	1	1	3	4	3	1	1	1	0	0
	West Consortia	5	3	3	2	3	4	3	7	3	1	1	1
	Comms	-	-	-	-	-	-	-	-	0	3	5	2
	Response 2 - 25 Working Days	East Consortia	12	10	9	8	4	11	10	9	6	11	4
North Consortia	11	5	13	16	6	7	4	13	5	6	5	8	
South Consortia	15	8	12	10	10	13	10	13	7	9	5	5	
West Consortia	19	14	19	21	20	26	12	19	11	20	23	16	
Comms	-	-	-	-	-	-	-	-	-	2	4	0	
Response > 25 Working Days	East Consortia	1	3	0	3	3	3	6	2	0	1	2	0
	North Consortia	0	1	3	4	6	6	3	3	4	0	1	0
	South Consortia	6	1	4	9	6	13	5	8	6	3	0	0
	West Consortia	4	4	3	5	3	19	15	11	2	8	2	7
Comms	-	-	-	-	-	-	-	-	-	0	0	1	
Average Response Time (Working Days)	East Consortia	12	18	10	12	18	15	19	14	12	TBC	TBC	12
	North Consortia	8	8	14	19	38	23	14	15	17	13	14	6
	South Consortia	15	10	20	33	20	24	25	20	20	TBC	12	TBC
	West Consortia	16	13	11	16	14	26	25	16	10	TBC	TBC	TBC
	Comms	-	-	-	-	-	-	-	-	0	0	5	TBC
Re-Opened Complaints & Concerns	East Consortia	0	0	0	0	0	0	0	0	0	0	0	0
	North Consortia	0	0	0	0	0	0	0	0	1	0	0	0
	South Consortia	0	0	0	1	0	1	0	0	0	0	0	0
	West Consortia	0	0	0	0	0	0	0	0	0	0	0	0
	Comms	-	-	-	-	-	-	-	-	0	0	0	0
Referrals to Ombudsman	PTS Area	0	0	0	0	0	0	0	1	0	0	0	0
PTS - Service to Service		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Acknowledged Within 2 Working Days	East Consortia	25 (100%)	22(100%)	46(100%)	36 (100%)	39 (100%)	32(100%)	15(100%)	15(100%)	7(100%)	2(100%)	3(100%)	4(100%)
	North Consortia	16 (100%)	11(100%)	22(100%)	8 (100%)	12 (100%)	6 (100%)	6(100%)	0(100%)	5(100%)	1(100%)	1(100%)	7(100%)
	South Consortia	20 (100%)	24(100%)	21(100%)	11 (100%)	11 (100%)	26(100%)	15(100%)	10(100%)	5(100%)	25(100%)	10(100%)	8(100%)
	West Consortia	58 (100%)	48(100%)	30(100%)	36 (100%)	37 (100%)	38(100%)	23(100%)	19(100%)	7(100%)	9(100%)	8(100%)	15(100%)
Response Within 10 Working Days	East Consortia	16(64%)	8 (36%)	41(89%)	28 (78%)	37 (95%)	22(69%)	12(80%)	14(93%)	6(89%)	0 (0%)	2(67%)	13(87%)
	North Consortia	1 (6%)	1 (9%)	6 (27%)	7 (88%)	7 (58%)	6(100%)	4(67%)	N/A	4(80%)	1 (100%)	1(100%)	5(71%)
	South Consortia	1 (5%)	3 (13%)	7 (33%)	2 (18%)	4 (36%)	1 (4%)	2(13%)	5(50%)	2 (40%)	8(32%)	6(60%)	4(50%)
	West Consortia	11(19%)	25 (52%)	23(77%)	26 (72%)	22 (59%)	13(34%)	11((48%)	8(42%)	7(100%)	8(89%)	4(50%)	13(87%)

The quality standards for PTS service to service issues are to be acknowledged by the Patient Services team within two working days and then responded to by the relevant PTS Manager within ten working days.

Local Involvement Networks/Overview & Scrutiny Committees

OBJ REF 1.2 : 3

	YTD RAG	GREEN
↔	MTD RAG	GREEN

Description	RAG
Local Involvement Networks	GREEN
Overview and Scrutiny committees	GREEN

Comments

Positive engagement with YAS-wide Local Involvement Network Ambulance Group. Renewed effort by LINK group to secure participation of more LINKs.

LINKs in West and North Yorkshire were sent a letter to advise them about the current PTS patient experience survey taking place in their area and to advise how they could access survey forms if their members were PTS service users and wished to take part.

East Riding of Yorkshire LINK - YAS has responded to Joined-Up Hospital Discharge report. Issues raised are: waiting time for return transport, lack of specific discharge policy, training provided to staff about what to do if they assess a patient's house is not a suitable/safe place to leave them following discharge from hospital. LINK has been invited to contribute to the development of a YAS PTS discharge policy.

Leeds LINK - Locality Director Paul Mudd attended A&E session with Leeds LINK on 30 August 2012 answer questions from members about the ambulance service and talk about plans for the future

A&E Patient Experience Survey

OBJ REF 1.2 : 3

	YTD RAG	GREEN
↔	MTD RAG	GREEN

Description	RAG
A&E Service-User Experience	GREEN
PTS Service-User Experience	AMBER

Comments

A&E Service-User Experience Survey

The YAS A&E survey has two elements: an ongoing online survey; a monthly postal survey of 570 service-users. In August 2012 189 postal surveys were returned - a response rate of 33.2%. There were 34 responses to the online survey.

Question	Rating	Postal (%)	Online (%)
The call taker listened carefully	Excellent/good	89.5	87
	Poor/very poor	0.6	13
The call taker was reassuring	Excellent/good	89.4	90.3
	Poor/very poor	2.3	9.7
Satisfaction with time taken for ambulance to arrive	Excellent/good	98.3	86.2
	Poor/very poor	1.7	13.8
Involvement in decisions about care	Excellent/good	97.2	96.3
	Poor/very poor	1.7	3.7
Overall - experience of ambulance service	Excellent/good	96.4	92.8
	Poor/very poor	1.8	7.2
Overall - dignity and respect	Excellent/good	97.1	96.4
	Poor/very poor	2.3	3.6
How likely to recommend YAS	Likely/very likely	96.3	92.9
	Neither likely nor unlikely	2.4	7.1
	Unlikely/very unlikely	1.2	0

The most significant theme from the August narrative responses was overwhelming praise for the swift service and professional care from A&E staff.

A theme that continues to show in the narrative comments is staff attitude towards patients with mental health issues. Service-users are reporting that they get the impression from the clinicians attending them that they are time-wasters. This issue is being discussed with the training team and examples of narratives will be provided to be used in A&E training.

PTS Comments Cards

19 comments cards were returned in August. This number is too low for significant statistical reporting. Narrative comments continue to show the impact of long waiting times for return transport on patient experience and the excellent customer care provided by some drivers.

Registration Regulations & Outcomes	OBJ REF	3
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NHS Litigation Authority

OBJ REF	3
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	YTD RAG	GREEN
←	MTD RAG	GREEN

COMPLIANCE							Internal Rating	Comments
Outcome	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12		Actions Changes since last Report
1 Respecting and involving people who use services	Yellow	Yellow	Yellow	Green	Green	Green		No changes since the last report
2 Consent to care and treatment	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
4 Care and welfare of people who use services	Green	Green	Green	Green	Green	Green		No changes since the last report
5 Meeting nutritional needs	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
6 Cooperating with other providers	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
7 Safeguarding people who use services from abuse	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
8 Cleanliness and infection control	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		No changes since the last report
9 Management of medicines	Orange	Orange	Grey	Grey	Grey	Yellow		No changes since the last report
10 Safety and suitability of premises	Yellow	Yellow	Green	Green	Green	Green		No changes since the last report
11 Safety, availability and suitability of equipment	Grey	Grey	Yellow	Yellow	Yellow	Yellow		No changes since the last report
12 Requirements relating to staff	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		No changes since the last report
13 Staffing	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
14 Supporting workers	Grey	Grey	Grey	Grey	Grey	Yellow		No changes since the last report
16 Assessing/Monitoring quality	Green	Green	Green	Green	Green	Green		No changes since the last report
17 Complaints	Yellow	Yellow	Green	Green	Green	Green		No changes since the last report
18 Records	Yellow	Yellow	Yellow	Green	Green	Green		No changes since the last report

Current Level	level 1
Proposed Level	level 1 by Oct2012 and level 2 by Oct 2013
Advisory Visit	
Formal Assessments	Oct-12

CQC REGISTRATION	
Developments since last report	Provider compliance self assessments are being refreshed and will be reported to the Clinical Governance Group in September 2012.
Notifications to CQC	None

Quality Governance Rating			
	Criteria	Overall rating	
		Jan-12	Jul-12
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	0.5
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?	0.5	0.0
Final overall score		4.0	3.5

Compliance Assurance Group - Progress report

Information Governance

OBJ REF 3

	YTD RAG	GREEN
↔	MTD RAG	GREEN

Freedom of Information (FOI) Requests	This Month	Year to Date
New FOI requests received	13	80
Number of FOI requests due a response in month	14	
Number responded to within 20 days	13	
Number responded to outside 20 days	1	

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	63	291	84%	96%
Police requests	108	476		
Witness Statements / Police Interviews	18	136		
	This Month	Year to Date		
Coroner Requests	22	85		

Description	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG
Information Governance Toolkit	GREEN	GREEN	GREEN	GREEN	GREEN							

Comments

KPIs have improved this month for Data Protection Requests and a larger than average volume (137) have been closed. This improvement is due to a temporary extra resource being available in the team to support the high volume workload. There remains some difficulty in sourcing PRFs prior to OnBase system introduction, as previously reported.



Section 4

Workforce



Comments on Workforce

Recruits & Leavers

August 2012 Breakdown of "other " as follows:-

Voluntary Early Retirement - with Actuarial Reduction	1.0
Redundancy Compulsory	1.0
Total	2.0

PDR's

Total YAS compliancy has decreased from 76.31% as of end of July 2012 to 76.28 % as of end of August 2012

Statutory and Mandatory Training (Workbooks)

Compliancy for just 2011/2012 workbook is as follows

	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Chief Executive	70.83%	65.38%	65.38%	73.08%	76.00%
Clinical Directorate	86.67%	90.00%	96.67%	100.00%	100.00%
Finance and Performance	80.41%	81.12%	80.59%	80.59%	80.18%
Operations	75.18%	76.21%	76.69%	79.58%	82.02%
Standards & Compliance	80.00%	80.39%	82.69%	81.48%	82.69%
Workforce & Strategy	89.69%	87.50%	91.75%	90.65%	90.43%
Total YAS Compliancy	76.05%	76.95%	77.50%	80.06%	82.16%

Grievances / Disciplinary

The below figures show the number of live grievances & disciplinaries as at the end of August

Number of new grievance cases opened in August	8
Number of grievance cases closed in August	1
Number of new disciplinary cases opened in August	8
Number of disciplinary cases closed in August	7

KPI	Description	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Year End 12/13
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
1.1	Sickness / Absence %	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED
1.1	PDR %	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER
6	Statutory and Mandatory Training	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Recruits & Leavers

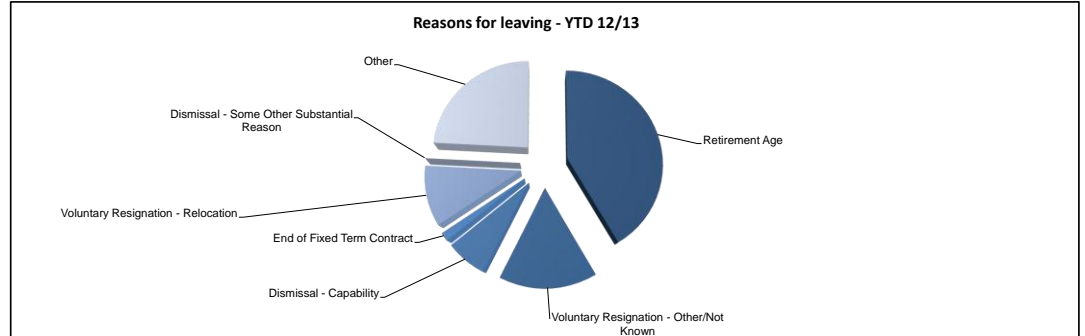
OBJ REF 1.1

Recruits	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Chief Executive FTE	0.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0	2.0	2.0	0.0	0.0
Chief Executive FTE (Previous Year)	0.0	1.0	0.0	0.0	0.0	1.0	1.5	0.0	0.0	3.0	0.0	0.0
Clinical FTE	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Finance & Performance FTE	1.0	2.0	2.2	0.4	2.0	0.5	0.0	0.0	0.0	2.0	0.0	3.0
Finance & Performance FTE (Previous Year)	9.8	3.6	3.9	1.4	8.7	0.0	5.4	2.4	4.7	1.0	1.0	2.7
Workforce & Strategy FTE	0.0	1.4	1.0	0.0	1.0	1.0	0.8	0.0	1.4	0.0	1.0	1.0
Workforce & Strategy FTE (Previous Year)	1.0	3.5	2.0	0.0	1.0	0.0	0.0	0.0	0.8	1.0	0.0	0.0
Operations FTE	4.0	18.7	15.1	8.2	10.9	16.9	7.9	7.3	12.0	12.4	21.3	9.6
Operations FTE (Previous Year)	0.4	1.4	21.4	6.0	13.2	0.4	0.5	2.7	4.3	6.4	3.7	5.9
Standards & Compliance FTE	1.0	0.0	0.0	0.0	3.8	0.0	0.0	0.0	1.0	0.0	2.0	0.0
Standards & Compliance FTE (Previous Year)	0.0	0.0	0.0	0.0	1.0	1.0	1.0	0.4	0.0	0.0	0.0	1.0
Total FTE	6.0	24.2	18.3	8.6	17.7	19.4	10.6	7.3	16.4	16.4	24.2	13.6
Total FTE (Previous Year)	11.2	9.5	27.2	7.4	23.9	2.4	8.5	5.5	9.8	11.4	5.7	9.5

Leavers

OBJ REF 1.1

Leavers	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Chief Executive FTE	0.0	0.0	0.0	0.0	1.0	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	0.0	1.0	0.0	0.0	1.0	2.0	0.0
Clinical FTE	0.0	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	0.0	0.0	0.0	0.0	0.0	2.0	0.0
Finance & Performance FTE	1.0	1.1	1.0	0.0	2.0	1.0	3.0	3.1	2.0	2.0	3.0	2.1
Finance & Performance FTE (Previous Year)	3.0	3.6	0.4	3.9	5.0	3.3	2.8	4.1	5.5	3.0	3.5	2.1
Workforce & Strategy FTE	0.0	2.0	0.0	1.0	0.0	0.8	0.0	2.8	1.0	0.0	0.0	3.0
Workforce & Strategy FTE (Previous Year)	0.0	0.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0	0.0	0.0
Operations FTE	13.0	16.5	15.2	17.7	6.6	10.9	8.3	21.8	12.1	7.6	21.5	12.1
Operations FTE (Previous Year)	14.1	15.8	20.2	6.3	13.0	6.8	12.8	9.5	12.2	6.7	12.8	27.2
Standards & Compliance FTE	1.0	1.0	1.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	1.0	0.0
Standards & Compliance FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0
Total FTE	15.0	21.6	17.2	18.7	10.6	13.6	11.3	27.7	15.1	9.6	25.5	17.2
Total FTE (Previous Year)	17.1	19.5	20.6	10.2	19.0	11.1	16.6	15.6	17.7	12.7	16.3	29.2



Top Ten Reason	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD 12/13
Retirement Age	4.0	9.4	4.6	5.6	4.6	1.0	3.5	15.5	4.1	1.6	12.3	3.6	37.1
Voluntary Resignation - Other/Not Known	4.5	1.1	2.3	5.2	2.0	1.0	2.3	1.3	3.0	3.0	4.2	2.4	13.9
Dismissal - Capability	2.0	0.0	1.0	0.4	1.0	0.0	1.8	0.0	0.0	1.0	2.8	2.2	6.0
End of Fixed Term Contract	0.0	0.0	1.0	0.0	0.0	1.3	1.0	1.0	0.0	0.0	0.3	0.0	1.3
Retirement - Ill Health	0.5	2.6	3.5	1.0	0.0	1.0	0.0	0.1	1.0	0.0	0.0	0.0	1.1
Voluntary Resignation - Relocation	0.0	2.0	0.0	2.0	0.0	2.8	0.0	2.0	0.0	1.2	2.0	4.0	9.2
Voluntary Resignation - Lack of Opportunities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	3.0	5.0
Dismissal - Some Other Substantial Reason	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	4.0	6.5	4.8	2.5	3.0	5.5	1.7	6.7	6.0	2.8	4.0	2.0	21.5

PDR's

OBJ REF 1.1

	YTD RAG	AMBER
↓	MTD RAG	AMBER

Directorate	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Chief Executive	42%	36%	86%	100%	100%	48%	46%	46%	46%	46%	35%	68%
Clinical	85%	92%	100%	100%	96%	89%	83%	89%	93%	100%	86%	79%
Finance & Performance	82%	83%	78%	74%	77%	81%	81%	82%	85%	80%	71%	70%
Operations	48%	44%	44%	52%	62%	69%	81%	79%	78%	77%	77%	77%
Standards & Compliance	55%	52%	72%	76%	68%	71%	80%	65%	61%	65%	66%	63%
Workforce & Strategy	83%	81%	80%	82%	85%	91%	91%	86%	79%	79%	80%	76%

Please Note: that the Chief Executive's Directorate includes 100% compliance for the Trust Executive Group, but also includes the Corporate Affairs Department.

Statutory and Mandatory Training (Workbooks)

OBJ REF 6

	YTD RAG	AMBER
↑	MTD RAG	AMBER

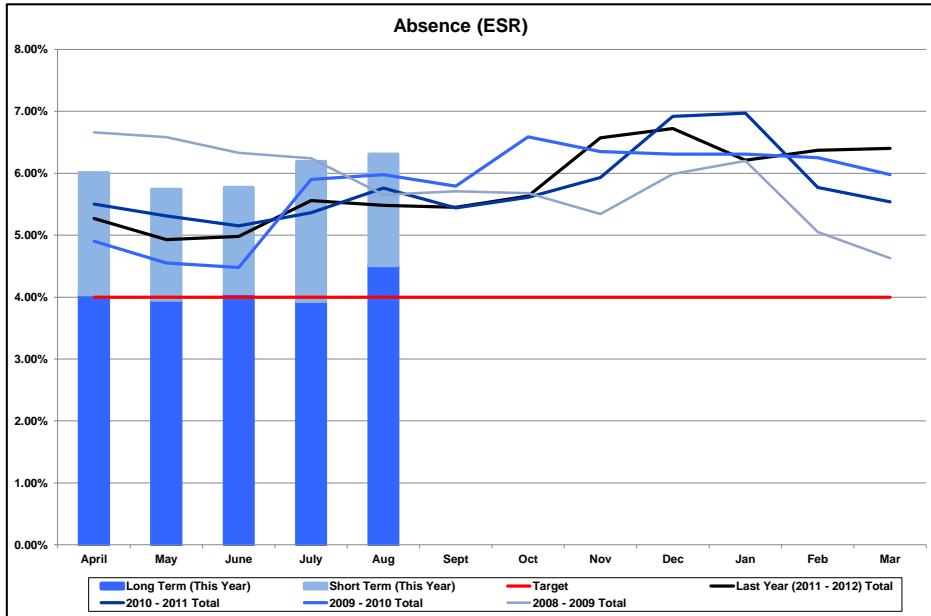
Directorate	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Chief Executive	62%	50%	71%	80%	80%	87%	83%	83%	77%	73%	80%	84%
Clinical	100%	100%	93%	93%	93%	90%	90%	93%	93%	97%	100%	100%
Finance & Performance	88%	89%	88%	88%	88%	89%	88%	88%	89%	88%	88%	87%
Operations	87%	87%	87%	88%	88%	88%	88%	88%	89%	89%	90%	91%
Standards & Compliance	93%	91%	93%	89%	89%	90%	90%	92%	92%	92%	91%	92%
Workforce & Strategy	91%	89%	88%	91%	91%	97%	95%	96%	94%	96%	94%	93%

Please Note: These figures are for all workbooks completed

Short/Long Term Absence

OBJ REF 1.1

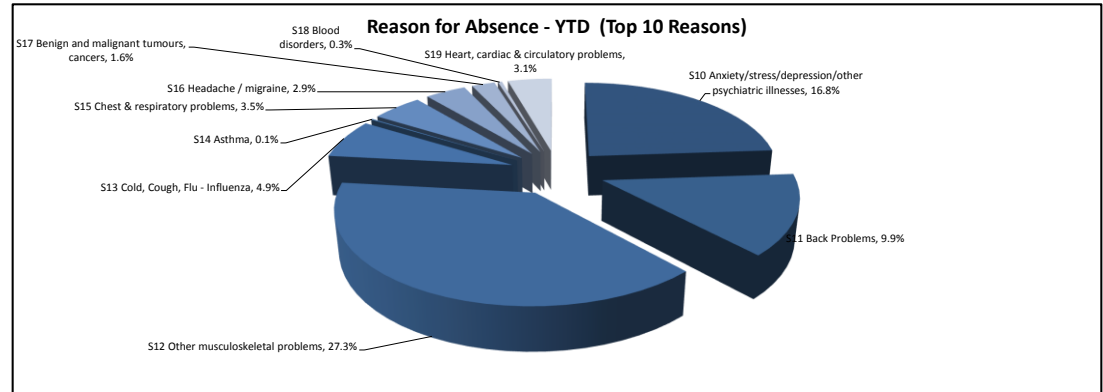
YTD RAG RED
 MTD RAG RED



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Target	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%
Long Term (This Year)	4.04%	3.95%	4.06%	3.93%	4.51%							
Short Term (This Year)	1.97%	1.79%	1.71%	2.26%	1.80%							
This Year (2012 - 2013) Total	6.01%	5.74%	5.77%	6.19%	6.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Last Year (2011 - 2012) Total	5.27%	4.93%	4.98%	5.56%	5.48%	5.45%	5.63%	6.57%	6.72%	6.21%	6.37%	6.40%
2010 - 2011 Total	5.50%	5.31%	5.15%	5.36%	5.76%	5.44%	5.61%	5.93%	6.92%	6.97%	5.77%	5.54%
2009 - 2010 Total	4.90%	4.55%	4.48%	5.90%	5.98%	5.79%	6.59%	6.35%	6.31%	6.31%	6.25%	5.98%
2008 - 2009 Total	6.66%	6.58%	6.33%	6.24%	5.65%	5.71%	5.68%	5.34%	5.99%	6.20%	5.05%	4.63%

Reason for Absence

OBJ REF 1.1



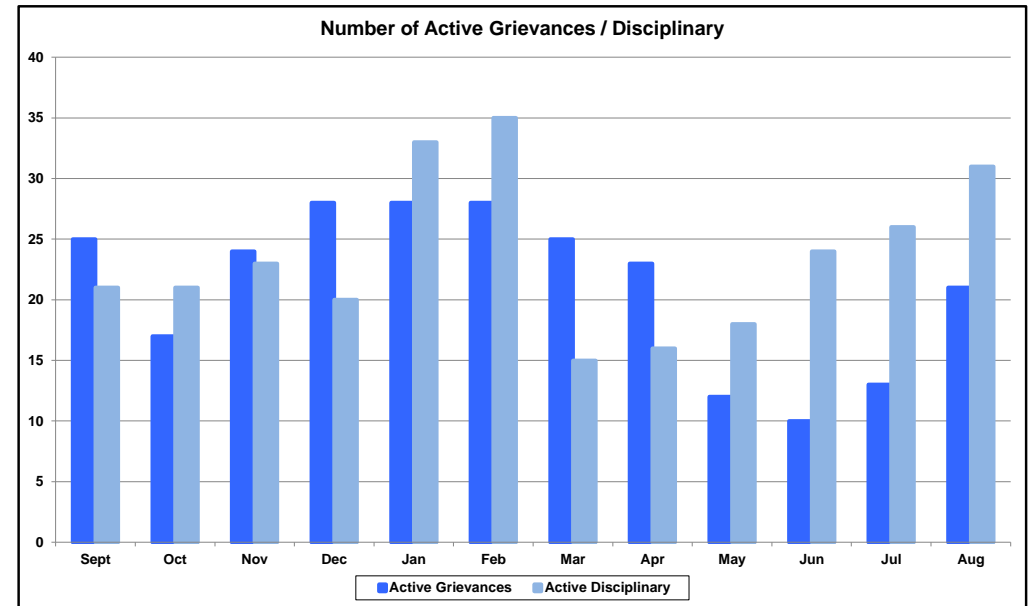
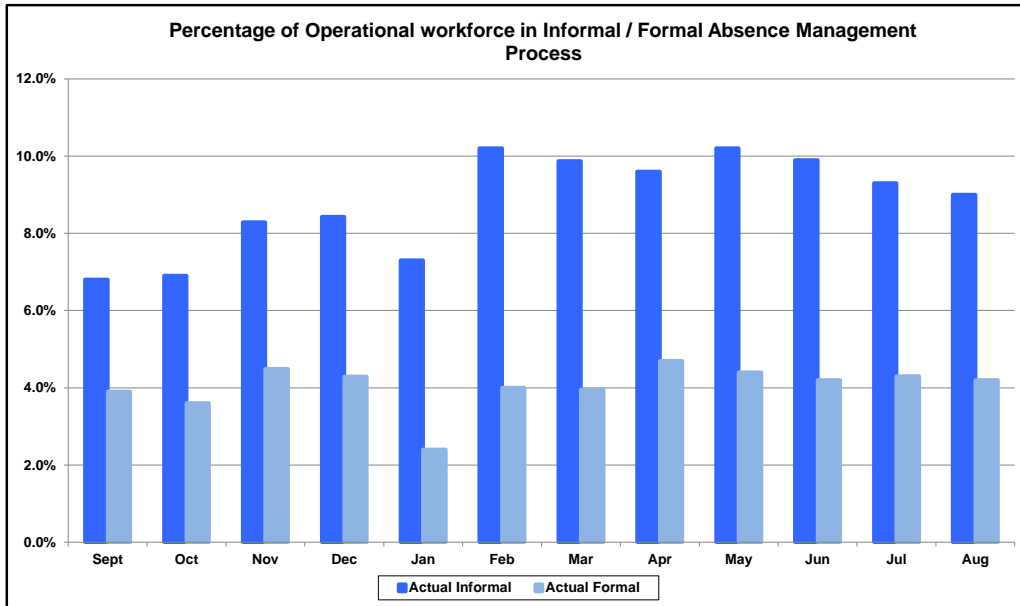
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 12/13
S10 Anxiety/stress/depression/other psychiatric illnesses	14.0%	13.9%	15.6%	19.7%	20.8%								16.8%
S11 Back Problems	13.4%	10.6%	7.7%	8.1%	9.7%								9.9%
S12 Other musculoskeletal problems	28.0%	28.9%	27.7%	24.9%	26.9%								27.3%
S13 Cold, Cough, Flu - Influenza	6.4%	5.5%	4.9%	3.9%	3.7%								4.9%
S14 Asthma	0.0%	0.0%	0.1%	0.4%	0.1%								0.1%
S15 Chest & respiratory problems	2.5%	4.0%	3.8%	4.8%	2.6%								3.5%
S16 Headache / migraine	2.6%	3.1%	3.0%	3.1%	2.6%								2.9%
S17 Benign and malignant tumours, cancers	1.0%	1.3%	1.9%	1.4%	2.5%								1.6%
S18 Blood disorders	0.2%	0.4%	0.5%	0.2%	0.2%								0.3%
S19 Heart, cardiac & circulatory problems	3.0%	3.4%	3.2%	2.9%	2.9%								3.1%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.0%	0.1%	0.0%	0.0%								0.1%
S21 Ear, nose, throat (ENT)	1.0%	1.8%	2.4%	3.1%	2.2%								2.1%
S22 Dental and oral problems	0.3%	0.5%	0.5%	0.8%	0.3%								0.5%
S23 Eye problems	0.6%	0.7%	0.6%	0.7%	1.1%								0.7%
S24 Endocrine / glandular problems	0.6%	0.4%	0.5%	0.6%	0.8%								0.6%
S25 Gastrointestinal problems	10.3%	12.2%	12.9%	9.8%	7.4%								10.5%
S26 Genitourinary & gynaecological disorders	1.5%	1.9%	2.6%	3.5%	4.9%								2.9%
S27 Infectious diseases	1.0%	1.4%	1.5%	1.2%	1.1%								1.2%
S28 Injury, fracture	5.4%	7.3%	8.6%	6.5%	5.5%								6.7%
S29 Nervous system disorders	0.7%	1.4%	0.9%	1.3%	2.0%								1.3%
S30 Pregnancy related disorders	1.7%	1.2%	1.0%	2.5%	0.6%								1.4%
S31 Skin disorders	0.8%	0.2%	0.3%	0.9%	1.9%								0.8%
S32 Substance abuse	0.0%	0.0%	0.0%	0.0%	0.0%								0.0%
S98 Other known causes - not elsewhere classified	3.3%	0.0%	0.0%	0.0%	0.0%								0.7%
S99 Unknown causes / Not specified	1.4%	0.0%	0.0%	0.0%	0.0%								0.3%

Absence Management Process

OBJ REF	1.1
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Grievances / Disciplinary

OBJ REF	1.1
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	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Actual Informal	6.8%	6.9%	8.3%	8.4%	7.3%	10.2%	9.9%	9.6%	10.2%	9.9%	9.3%	9.0%
Actual Formal	3.9%	3.6%	4.5%	4.3%	2.4%	4.0%	4.0%	4.7%	4.4%	4.2%	4.3%	4.2%

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Active Grievances	25	17	24	28	28	28	25	23	12	10	13	21
Active Disciplinary	21	21	23	20	33	35	15	16	18	24	26	31



Section 5

Finance



	Reference
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the year ending 31 August 2012 was £5.332m (6.4%) 	5.4
<ul style="list-style-type: none"> This is below the YTD plan of £5.596m (6.7%) due to a prudent assessment of income 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has delivered a surplus as at 31 August 2012 of £805k in line with a budgeted surplus of £805k 	5.4
<ul style="list-style-type: none"> The Trust had a planned surplus of £806k for the year to date on the revised FIMS plan to the SHA 	
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £3.792m at the end of August 2012 against a plan of £7.062m primarily due to the delay in the receipt of the permanent loan to support the purchase of the Springhill Headquarters. 	5.11
<ul style="list-style-type: none"> The Monitor Risk Rating for liquidity has returned to a rating of 4 and it is anticipated that this will be maintained for the remainder of the year. 	
MONITOR RISK RATING	
<ul style="list-style-type: none"> The Trust's financial risk rating for the month has improved to 4, the liquidity score has returned to a score of 4 and will improve further in month and the I&E Surplus Margin improved to a rating of 4. 	5.2
CIP DELIVERY	
<ul style="list-style-type: none"> The Trust has a savings target of £10.285m for 2012/13. Business cases for CIPs to the value of £10.8m have been prepared. Quality assessments have been prepared for all 12/13 business cases. 	5.7

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

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

Overall the Trust has achieved a Financial Risk Rating of 4 in the month an improvement from the previous score of 3. This is as a result of;
 The I&E Surplus Margin has improved to 1% resulting in the rating improving to a 4.
 The liquidity days are 25 which improves the rating to a 4, this will improve further next month as the permanent loan is received.
 The Financial Trigger is 'RED' for the metric 'cash balance at less than 10 days of operating expenses', this is due to the level of cash and will return to 'GREEN' when the permanent loan is received in September.

Financial Criteria	Metric	Year to 31st July 12	Rating	Weight	Weighted Score	Actual Statistic	Comments	Calculation
Underlying Performance	EBITDA Margin	Target	3	25%	0.75	6.7%	Slightly below target still a rating of 3	Measures income before interest, taxes, depreciation and amortisation as a percentage of total income
		Actual	3	25%	0.75	6.4%		
Achievement of Plan	EBITDA Achieved	Target	5	10%	0.5	£5,596	Slightly below target	Compares the value of EBITDA achieved in comparison to planned EBITDA, expressed as a percentage
		Actual	4	10%	0.4	£5,332		
Financial Efficiency	Net Return after Financing	Target	4	20%	0.8	2.9%	Target being achieved 0.1% away from a 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.
		Actual	4	20%	0.8	2.9%		
	I&E Surplus Margin net of dividend	Target	3	20%	0.6	1.0%	Target being achieved	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income.
		Actual	3	20%	0.6	1.0%		
Liquidity Ratio	Liquidity Ratio (Days)	Target	4	25%	1	30	Below Target due to reduced cash balance	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
		Actual	4	25%	1	25		
Risk Rating	Risk Rating Year to Date	Target			4		On Target	
		Actual			4			

FINANCIAL RISK TRIGGERS

Criteria	Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul-12	Aug-12	Sep-12	Qtr to Sept-12	Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	N/A	N/A		No	
Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	No	No	No	No	No		No	
Working capital facility (WCF) used in previous quarter								
Debtors > 90 days past due account for more than 5% of total debtor balances	No	No	No	No	No		No	Currently 3%
Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No		No	Currently 3%
Two or more changes in Finance Director in a twelve month period	No	No	No	No	No		No	
Interim Finance Director in place over more than one quarter end	No	No	No	No	No		No	
Quarter end cash balance <10 days of operating expenses	No	Yes	No	Yes	Yes		Yes	The March 12 'RED' was deliberate to achieve the EFL. The July 12 and August 12 'RED's were impact of the purchase of the Headquarters, this will continue to effect this metric until Sept 15th when the permanent loan will be received
Capital expenditure < 75% of plan for the year to date	Yes	No	No	No	No		No	The Dec 11 'Red' was a large scheme (vehicle purchase)which was delayed.

Monitor Compliance Framework 2012/13							
Financial Criteria	Weight %	Metric to be scored	Rating Categories				
			5	4	3	2	1
Achievement of plan	10	EBITDA* Achieved (% of plan)	100	85	70	50	<50
Underlying performance	25	EBITDA* margin (%)	11	9	5	1	<1
Financial efficiency	20	Net Return after financing ** (%)	>3	2	-0.5	-5	<-5
	20	I&E surplus margin net of dividend	3	2	1	-2	<-2
Liquidity	25	Liquidity ratio *** (days)	60	25	15	10	<10

Financial risk rating is weighted average of financial criteria scores

	Plan	Actual
Number of operating days in year to date	153	153
Operating expenses per day (£000)	£513	£512

INCOME**Income is £433k under plan due to:-**

- A&E activity is 5.3% above contract for the five months ending August. Invoices for the first quarter's overtrade have been raised and income accrued in respect of July and August to the total value of £2,033k, the breakdown by PCT is shown at 5.9. The value for August is at present an estimate pending data validation.
- "Flexed" income budget in response to A&E trading position has been applied. Expenditure budget has likewise been flexed to offset overspending caused by additional activity.
- A refund of £130k has been actioned against Leeds PCT A&E baseline in respect of special planned activity which is no longer undertaken. This had initially been included in the A&E contract in error at the start of the year by Commissioners, and was built into budgets but has been subsequently removed from the contract.
- The A&E income budget includes an expectation that all CQUINS will be achieved and with 25% being payable following each quarter end. All A&E CQUINS targets have been met for the first quarter however milestone weightings within the contract suggest income earnings of only 14.25% for Quarter 1. Clarification is being sought with a view to rephrasing the budget and invoices raised accordingly.
- A&E Extra Contractual Referrals (ECRs) have further benefitted year to date income by £61k, budget has now been introduced for these.
- A provision of £155k against loss of income impacts on the year to date actual income figure. This is the worst case scenario and steps are being taken to resolve issues with commissioners.
- PTS income is behind plan by £157k: a credit note for £48k has been raised in respect of 11/12 Sunday renal service; a provision of £44k held against loss of income; and unscheduled care invoices to the value of £45k have not yet been raised.
- Other income includes sums of £41k for staff on external secondments which are over and above expectations, other minor variances result in a net position of £23k ahead of budget.

EXPENDITURE**Pay expenditure is £40k below plan due to:-**

- A&E CBUs are under spent by £250k as a result of a reduction in hours offered as overtime combined with the application of "flexed" budget attributable to the trading position.
- Emergency Operations Centre has benefitted by a resource transfer in month which recognises previously under funding in respect of overtime. At the end of August pay has improved to an under spend of £43k. Following a meeting held with the Director of Finance & Performance and the budget holder, further work is underway to prevent a repeat of the over spend experienced in previous years.
- A £93k overspend presently exists within A&E budgets relating to advance training on pathways in connection with the 111 service.
- Within the Fleet budget is a £54k over spend on cleaners which is primarily due to a CIP target of £37k which has been removed from the budget but will be achieved in other areas within the finance budget .
- IM&T is showing an overspend of £41k due agency costs however this is offset by underspends on non-pay. The overall IM&T budget is expected to balance at the end of the financial year.

Non pay expenditure is £393k below plan :-

- However there are areas of overspend within this:
- High usage of sub-contractors in PTS continues. The majority of the excess spending is in the South (£200k non-pay overspend) and Hull & East (£274k non-pay overspend). Subcontractor costs of £137k have been incurred for Mid Yorkshire in delivery of the Dedicated Discharge service, these are offset by under spends on pay.
- PTS management representatives and Unipart have met with the Trust Executive Group to discuss the continuing overspend in PTS which is currently forecast to be £1.2m by the end of the financial year if action is not taken.
- A&E non pay is over spent by £123k year to date largely due to travel and subsistence payments.
- Over spends are offset by budgetary adjustments regarding the reprofiling of the CIP original FIMS plan. Additionally a recalculation of depreciation charges based on timing of additions to the asset register has resulted in an under spend year to date of £131k with additional benefit arising from profits on asset disposal of £52k.
- Fleet non pay is over spent by £443k year to date largely due to medical and surgical equipment and vehicle maintenance costs. There are compensating underspends on fuel and vehicle leasing however the year to date efficiency target of £439k negates these.

EBITDA

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £5.332m for the year to 31 August 12, which is below plan (£5.596m)
- The Trust's EBITDA return of 6.4% is below plan for the year to date (6.7%). EBITDA is below plan by £264k and this is offset by depreciation of £131k; interest paid of £39k; interest received of £19k and profit on disposal of £50k and under spend on dividend payment of £23k.
- The under achievement essentially arises from the shortfalls in income described above however the year end EBITDA is forecast to be on target at the year end.

Yorkshire Ambulance Service - Statement of Comprehensive Income

August 2012

	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	13,845	13,533	312	68,383	68,083	300	158,949	164,297	-5,349
Patient Transport Service	2,245	2,227	18	11,178	11,021	157	27,083	27,036	47
Other Income	1,261	1,172	89	4,506	4,530	-23	10,689	10,438	250
Operating Income	17,351	16,932	419	84,068	83,635	433	196,720	201,772	-5,052
Pay Expenditure & reserves	-12,239	-11,883	-355	-60,328	-60,287	-40	-141,718	-146,732	5,014
Non-Pay expenditure & reserves	-3,750	-3,843	93	-18,144	-18,015	-129	-41,496	-41,099	-397
Operating Expenditure	-15,989	-15,727	-262	-78,472	-78,303	-169	-183,214	-187,831	4,617
EBITDA	1,362	1,205	157	5,596	5,332	264	13,506	13,941	-434
EBITDA %	7.9%	7.1%		6.7%	6.4%		6.9%	6.9%	
Depreciation	-867	-736	-131	-3,663	-3,532	-131	-9,336	-9,336	0
Interest payable & finance costs	-20	0	-20	-191	-152	-39	-333	-333	0
Interest receivable	2	2	0	11	31	-19	27	27	0
Profit on fixed asset disposal	0	2	-2	0	52	-52	0	-5	5
Dividends, interest and other	-190	-185	-5	-948	-926	-23	-2,276	-2,276	0
Retained Surplus	288	289	-1	805	805	0	1,588	2,018	-429
I&E Surplus %	1.7%	1.7%		1.0%	1.0%		0.8%	1.0%	

Yorkshire Ambulance Service - Operational Performance

August 2012

2012/2013 Contracting Reporting (A&E - KA34 Definition vehicle arrive at scene)

A&E CONTRACT - Responses	Quarter 1				July					August					YTD Activity				
	Contract	Actual	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
NORTH YORKSHIRE AND YORK PCT	21,374	22,478	1,104	199	7,290	7,893	603	8.3%	117	7,096	7,455	359	5.1%	78	35,760	37,826	2,066	5.8%	394
EAST RIDING OF YORKSHIRE PCT	9,753	10,046	293	42	3,326	3,609	283	8.5%	51	3,237	3,386	149	4.6%	29	16,316	17,041	725	4.4%	122
HULL PCT	10,784	10,788	4	-12	3,678	3,778	100	2.7%	11	3,581	3,761	180	5.0%	27	18,043	18,327	284	1.6%	26
BRADFORD AND AIREDALE PCT	17,287	18,285	998	128	5,897	6,097	200	3.4%	21	5,739	6,004	265	4.6%	44	28,923	30,386	1,463	5.1%	193
CALDERDALE PCT	6,743	7,180	437	64	2,300	2,500	200	8.7%	31	2,237	2,341	104	4.6%	19	11,280	12,021	741	6.6%	114
KIRKLEES PCT	12,405	12,978	573	70	4,232	4,460	228	5.4%	29	4,120	4,315	195	4.7%	40	20,757	21,753	996	4.8%	139
WAKEFIELD DISTRICT PCT	11,371	12,227	856	150	3,878	4,036	158	4.1%	24	3,776	3,953	177	4.7%	29	19,025	20,216	1,191	6.3%	203
LEEDS PCT	25,580	26,959	1,379	180	8,725	9,020	295	3.4%	32	8,492	8,878	386	4.5%	65	42,797	44,857	2,060	4.8%	278
BARNSELY PCT	7,245	7,707	462	53	2,470	2,718	248	10.0%	32	2,405	2,500	95	4.0%	14	12,120	12,925	805	6.6%	99
DONCASTER PCT	10,512	10,933	421	41	3,586	3,731	145	4.0%	14	3,492	3,653	161	4.6%	22	17,590	18,317	727	4.1%	76
ROTHERHAM PCT	8,084	8,388	304	29	2,756	3,005	249	9.0%	29	2,683	2,799	116	4.3%	16	13,523	14,192	669	4.9%	74
SHEFFIELD PCT	17,733	19,437	1,704	223	6,050	6,465	415	6.9%	51	5,887	6,156	269	4.6%	41	29,670	32,058	2,388	8.0%	315
TOTAL	158,871	167,406	8,535	1,167	54,188	57,312	3,124	5.8%	442	52,745	55,201	2,456	4.7%	424	265,804	279,919	14,115	5.3%	2,033

Yorkshire Ambulance Service - Income and Expenditure Forecast

August 2012

Budget Name	Budget manpower current month	Actual manpower current month	Current month over/(under)	Budget current month	Actual current month	Variance month Over/(under) spend	Budget YTD	Actual Income / Expenditure YTD	Variance YTD Over/(under) spend	Revised Annual Budget	Forecast Expenditure
	WTE	WTE	WTE	£	£	£	£	£	£	£	£
Income				17,350,835	16,932,275	418,560	84,067,840	83,634,745	433,095	198,754,306	202,603,104
Pay											
A&E Operations	2,723.53	2,771.59	48.06	-9,219,303	-8,922,590	-296,713	-45,758,563	-45,616,452	-142,111	-106,923,610	-109,636,379
PTS Operations	821.57	748.86	-72.71	-1,434,005	-1,402,394	-31,611	-7,170,021	-7,164,659	-5,362	-17,090,939	-16,660,088
Finance	46.92	38.95	-7.97	-137,318	-135,105	-2,213	-686,579	-694,451	7,872	-1,647,780	-1,777,261
Estates	45.39	40.91	-4.48	-86,167	-95,788	9,621	-430,835	-489,467	58,632	-1,034,019	-1,153,651
Fleet	177.74	174.06	-3.68	-445,191	-415,626	-29,565	-2,094,362	-2,148,359	53,997	-4,924,697	-5,030,250
IM&T	39.10	36.06	-3.04	-139,873	-121,699	-18,174	-574,264	-615,348	41,084	-1,378,225	-1,447,131
Procurement	21.33	17.17	-4.16	-44,474	-44,148	-326	-218,382	-217,962	-420	-522,741	-524,064
Standards & Compliance	60.98	53.07	-7.91	-189,948	-184,869	-5,079	-942,995	-912,948	-30,047	-2,267,121	-2,240,702
Workforce & Strategy	101.08	88.74	-12.34	-289,916	-267,850	-22,066	-1,443,847	-1,422,761	-21,086	-3,434,598	-3,515,994
Clinical Directorate	33.47	28.48	-4.99	-216,132	-208,401	-7,731	-633,924	-594,572	-39,352	-1,496,806	-1,446,010
Chief Executive	17.80	13.00	-4.80	-84,393	-86,276	1,883	-421,965	-410,496	-11,469	-1,012,704	-1,012,822
Reserves				48,132	1,265	46,867	48,132	0	48,132	-3,607,343	
Total Pay	4,088.91	4,010.89	-78.02	-12,238,588	-11,883,481	-355,107	-60,327,605	-60,287,475	-40,130	-145,340,583	-144,444,352
Non Pay											
A&E Operations				-323,362	-207,731	-115,631	-1,137,766	-1,260,795	123,029	-2,849,629	-3,665,835
PTS Operations				-156,829	-316,308	159,479	-784,149	-1,370,492	586,343	-1,881,967	-3,479,573
Finance				-1,414,661	-1,262,949	-151,712	-5,608,473	-5,399,506	-208,967	-13,811,302	-14,282,361
Estates				-490,400	-427,695	-62,705	-2,452,000	-2,359,772	-92,228	-5,884,789	-5,478,977
Fleet				-1,519,127	-1,813,325	294,198	-7,830,969	-8,274,516	443,547	-18,492,478	-19,811,892
IM&T				-293,881	-287,630	-6,251	-1,594,525	-1,531,732	-62,793	-3,824,508	-3,861,158
Procurement				-294,018	-247,031	-46,987	-1,363,490	-1,272,860	-90,630	-3,235,076	-3,054,226
Standards & Compliance				-109,321	-99,808	-9,513	-476,051	-450,769	-25,282	-984,615	-920,488
Workforce & Strategy				-133,929	-77,251	-56,678	-593,725	-500,782	-92,943	-1,607,120	-1,226,787
Clinical Directorate				-5,896	-5,898	2	-29,478	-18,378	-11,100	-199,845	-196,107
Chief Executive				-25,174	-49,410	24,236	-125,874	-174,937	49,063	-297,879	-327,726
Reserves				-58,036	35,000	-93,036	-938,636	72,021	-1,010,657	-344,515	172,851
Total Non Pay				-4,824,634	-4,760,036	-64,598	-22,935,136	-22,542,518	-392,618	-53,413,723	-56,132,279
Total Expenditure	4,088.91	4,010.89	-78.02	-17,063,222	-16,643,517	-419,705	-83,262,741	-82,829,993	-432,748	-198,754,306	-200,576,631
Surplus/(Deficit)				287,613	288,758	-1,145	805,099	804,752	347	0	2,026,473

CIP DELIVERY

- The Trust has a savings target of £10.285m for 2012/13 and has identified schemes totalling £10.86m
- The position at the end of August is a contribution towards targets of the £3.5m, which is slightly ahead of plan by £331k.
 - CIP business cases, with identified timescales and quality impact assessments, have been prepared for 2012/13; 2013/14 and 2014/15.
 - Achievement against plan will be monitored by the Transformational Programme Board and the CIP Management Group, both of which has Executive Director representation
- The tables below show achievement against original plan and will be refreshed once scheme phasing has been finalised

CIP Tracker

	Annual Target	Identified Schemes	Variance to target	YTD Plan	Ytd Actual	Ytd Variance
	£000	£000	£000	£000	£000	£000
Planned savings						
Accident & Emergency	6,148	6,489	341	1,731	2,209	478
Patient Transport Service	1,075	319	-756	83	76	-7
Finance	2,445	2,994	549	1,006	945	-61
Workforce & Strategy	276	238	-38	93	89	-4
Standards and Compliance	179	178	-1	43	41	-2
Chief Executive	92	40	-52	40	40	0
Clinical	70	0	-70	0	0	0
Trust	0	606	606	222	149	-73
Total	10,285	10,864	579	3,218	3,549	331

Summary of Top 6 Schemes 2012 / 13

Lead Exec	CIP Scheme	Lead Mgr	2012/13	2013/14	2014/15	QIA	12/13 YTD Plan	12/13 YTD Actual
PBW	Reduce overtime	DW	£2.51m	£932k			£728k	£812k
PBW	Remove missed meal break payments	DW	£1.03m	£1.03m			£0k	£0k
PBW	Clinical leadership	PM	£1.24m	£619k			£0k	£447k
PBW	Increase in clinical hub triage	DW	£505k	£1.41m	£1.26m		£268k	£272k
SM	Effective sickness management	GJ	£606k	£202k			£220k	£149k
RB	Purchase Springhill	MS	£610k	£97k			£72k	£72k
	Total Value		£6.50m					

Yorkshire Ambulance Service - Statement of Financial Position

August 2012

SUMMARY

- The revisions to the planned capital budget and the underspends noted across, are the reasons Land, Buildings & Equipment is £1.803m lower than planned.
- The Stock, Trade & Other Receivables are higher than plan as £1.163m of overtrade invoices were raised in the month and these are not yet due for payment.
- The cash balance and loans variances are a result of the Springhill purchase. The planned loan of £7.774m was the anticipated cost in May when the plan was formulated, the price was eventually £6.672m. £3m of temporary loan was received against an anticipated receipt for the full purchase cost, the impact on the balance sheet is that the loan is £4.447m lower than anticipated in the plan and the cash is £3.772m lower than plan as only £3m of loan has been received against a spend of £6.672m.
- The Provisions & Deferred Income Provisions variance is £591k higher than plan as the planned holiday pay provision assumption has not materialised.

CAPITAL SUMMARY

- The Major scheme Capital Plan submitted to the SHA in May has changed as a result of the actual costs of the Trust Headquarters being less than planned (-£1.102m). The forecast for the HART project has been reduced by £250k, together with the ECS scheme which has been reduced by £509k. These have reduced the overall plan to £19.215m. The minor scheme programme of £8.9m will not change.
- The significant variances between the planned year to date expenditure and actual expenditure is £2.34m and is explained as;
 - The Electronic Patient Record (ECS) scheme is subject to Board approval of the business case and has not incurred its planned expenditure to date.
 - The Bradford Station scheme is behind schedule and work is underway on the windows and doors, this scheme will be delivered in the current quarter.
 - The defibrillator scheme is delayed awaiting the Equipment Group assessment of the type of machine required. This decision will be based around whether the Trust moves to race bags as opposed to machines fixed to vehicles.
- There is currently £1.035m of unallocated budget within the programme, three schemes are being brought for approval which include: PTS Stretcher Vehicles £600k, Carry Chairs £360k and Environmental Efficiencies £210k. Once Business Cases are approved these schemes will deliver this financial year and recover the £518k under spend position year to date.

Balance Sheet

	Plan at 31/08/2012 £000	Actual at 31/08/2012 £000	Variance £000
Intangible assets	212	212	0
Land, Buildings and equipment	75,772	73,969	-1,803
Trade and other receivables (>1 yr)	1,837	1,956	119
Non-Current assets	77,821	76,137	-1,684
Stocks, Trade and other receivables (<1 yr)	10,722	11,863	1,141
Cash and cash equivalents	7,062	3,792	-3,270
Current assets	17,784	15,655	-2,129
Creditors (< 1yr)	-12,473	-12,669	-196
Provisions & Deferred Income(<1 yr)	-2,047	-2,638	-591
Current Liabilities	-14,520	-15,307	-787
Provisions (>1 yr)	-5,267	-5,440	-173
Borrowings	-7,774	-3,000	4,774
Non-Current Liabilities	-13,041	-8,440	4,601
Net Assets	68,044	68,045	1
Public Dividend Capital	74,094	74,094	0
Revaluation Reserve	4,374	4,368	-6
Donation Reserve			0
Income & Expenditure Reserve	-10,424	-10,417	7
Total Taxpayer's Equity	68,044	68,045	1

Capital Programme

	Original Programme £000	Current Programme £000	Year to date Plan £0	Spend & Commitments to 31/07/12 £000	Uncommitted to date £000
HART *	2,250	2,000		25	-25
ECS *	2,062	1,553	439		439
HQ	7,774	6,672	7,316	6,695	621
111	1,385	0			0
Estates	890	1,140	43	186	-143
IM&T	1,275	2,100	433	353	80
Vehicles	1,904	1,939	92	101	-9
CFR defibs	160	160	160	134	26
Gold Cell	356	356	356	358	-2
Bradford Station	235	545	545	201	344
unallocated	2785	1135	518		518
Resilience vehicles		70	70	53	17
Ambulance Tailgates		66	66	66	0
Defibrillators		1204	454		454
Medical Equipment		250			0
Plant & Machinery		25	25	5	20
Less Net book value of disposals					0
Total	21,076	19,215	10,517	8,177	2,340
DH Loan	9,836	8,957			
CRL	11,240	11,240			
under/ overspend	0	982			
Rating	★	★			

* Subject to Board approval

Yorkshire Ambulance Service - Debtors and Payments

August 2012

DEBT SUMMARY

• The Debt in the month of August initially reduced as the outstanding contract income for Calderdale PCT of £704k was recovered together with around £400k of minor debts which were chased and paid. This was balanced out by invoices for Quarter 1 overtrading being raised (£1.16m) and these remain outstanding as they are not yet due for payment. As a result the overall debtors have moved slightly to £2.366m.

£000	May-12	Jun-12	Jul-12	Aug-12
Non NHS debt	314	265	239	204
Of which >90 days overdue	44	32	39	28
NHS debt	1,400	926	2,180	2,162
Of which >90 days overdue	242	283	393	383
Total debt	1,714	1,191	2,419	2,366
Of which >90 days overdue	286	315	432	411
Provision to cover this debt	286	315	432	411

PAYMENTS

• The Trust has paid 10,622 invoices up to the end of August 2012 and 9,095 were paid within 30 days of receipt giving a cumulative Better Payment Practice Code (BPPC) position of 86%.

• The Trust plans to pay 90% of creditors within 30 days in 2012/13, with further improvements planned in future years, in order to achieve the 95% national target. The roll out of the document management system has slipped due to supplier delays in delivery of the test system. Once implemented this will ensure delivery of the 90% target this financial year. Consolidated invoices for Fleet vehicle parts is now fully operational and helping to improve the BPPC.

COST IMPROVEMENT PROGRAMME 12/13

• The Cost Improvement Plan is ahead of target at the end of August however there are still inherent risks to the in-year delivery of the plan. A contingency reserve of £1m is being held to mitigate this risk and reserve schemes for 2012/13 are being prepared.

QUALITY, INFORMATION REPORTING, AND CQUIN

• A penalty will be incurred on the South Yorkshire quarter 2 CQUIN to a total value of £13k for July and August. Otherwise all CQUIN targets have been achieved for both A&E and PTS for the first two months of the second quarter

RISK SUMMARY

Description	Total Value of Risk	Probability	Probable value of Risk	YTD	Forecast	Mitigation
In the Financial Position	£000		£000	£000	£000	
CIP non -delivery	10,390	0.1	1,039	0	1,000	Contingency reserve held
A&E contractual penalties	6,400	0.1	640	0	0	A&E contract penalties will be zero if 75% performance achieved
PTS loss of contracts	3,200	0.25	800	0	0	Staff aligned to contracts - TUPE applies. Minimal contribution to overheads
PTS failure to meet trajectories	600	0.5	300	586	1,200	Forecast is based on YTD figures. Action plans are in place to reduce the forecast overspend. Cost control measures are in place
Non delivery of CQUINS - A&E	3,896	0.1	390	0	195	Delivery of schemes at the end of August are on target and no risks have been identified for Q2. A contingency reserve is held should schemes become undeliverable
Non delivery of CQUINS - PTS	634	0.5	317	13	200	Delivery of schemes at the end of August are only £13k below target therefore risk reduced to £200k for which a contingency reserve is held
Increased non-pay inflation	400	0.5	200	0	0	Implement cost control measures
Unsuccessful in 111 bid (GPOOH contribution for 1 month)	10	0.5	5	0	0	111 contract won
Industrial dispute	50	0.5	25	0	0	Implement cost control measures
Grand Total	25,580		3,716	599	2,595	

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Actual Cash Forecast Opening Balance	4,869	2,802	4,687	8,063	1,589	3,792	7,511	11,173	11,056	10,789	10,273	9,946	6,842	9,814	10,715	11,348
Cash Inflows																
Income From Activities	14,821	19,421	16,985	15,709	17,588	16,266	19,090	15,940	15,791	16,860	15,944	14,231	15,567	16,243	15,740	16,488
Interest Receivable	2	22	1	2	3	3	3	3	3	3	3	3	3	3	3	3
Capital Receipts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loans	0	0	0	0	0	6,672	0	0	2,062	0	0	0	0	0	0	0
PDC Capital	0	0	2,000	1,000	0	0	0	0	0	0	0	2,000	0	0	0	0
Total Cash Inflows	14,823	19,443	18,986	16,711	17,591	22,941	19,093	15,943	17,856	16,863	15,947	16,234	15,570	16,246	15,743	16,491
Cash Outflows																
Pay	11,224	12,326	12,247	12,374	12,245	11,944	11,743	12,019	12,084	12,017	12,073	11,878	8,262	11,301	11,247	12,527
Non-Pay	3,182	5,076	2,641	4,238	2,857	2,699	2,279	3,629	1,667	3,948	3,805	3,723	2,373	3,688	3,585	3,596
Interest Payable	0	0	0	0	0	0	0	0	0	0	0	64	0	0	0	0
PDC Dividends	0	0	0	0	0	1,111	0	0	0	0	0	1,111	0	0	0	0
Capital Expenditure	2,484	156	722	6,573	286	468	1,409	412	4,372	1,414	396	2,338	1,963	356	278	851
Loans	0	0	0	0	0	0	0	0	0	0	0	224	0	0	0	0
PDC Capital	0	0	0	0	0	3,000	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	16,890	17,558	15,610	23,185	15,388	19,222	15,431	16,060	18,123	17,379	16,274	19,338	12,598	15,345	15,110	16,974
Net Cash Inflow/(Outflow)	-2,067	1,885	3,376	-6,474	2,203	3,719	3,662	-117	-267	-516	-327	-3,104	2,972	901	633	-483
Actual Closing Bank Balance	2,802	4,687	8,063	1,589	3,792											
Forecast Closing Cash Balance					3,792	7,511	11,173	11,056	10,789	10,273	9,946	6,842	9,814	10,715	11,348	10,865
Planned Closing Cash Balance	5,598	5,580	5,734	6,649	7,062	7,511	11,173	11,056	10,789	10,273	9,946	6,842	9,814	10,715	11,348	11,865

The Trust's had anticipated the receipt of the loan to purchase the Springhill headquarters. This will not be received until the 17th of September in accordance with Treasury quarterly payment protocols. The Trust has received £3m in Temporary borrowing to cover this period. The impact on cash has been a reduction of £3.675m (the £6.675m spent less the £3m temporary borrowing). The remaining variance of +£405k is as a result of the Trusts efforts in improving the working capital by recovering debtors as noted in 5.9. It is anticipated that upon receipt of the permanent loan of £6.672m on the 17th September the cash position will return to the planned amount and this will be maintained throughout the remainder of the financial year, this is depicted in the graph below.

