



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

October 2012



Yorkshire Ambulance Service **NHS**
NHS Trust

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Section 1

Executive Summary




2012-13 BUSINESS PLAN OBJECTIVES		Lead Director	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
			RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast
KPI	Description														
Strategic Goal - Continuously Improving Patient Care - 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	AMBER	AMBER						GREEN
2	To improve Survival to Discharge for Pre-Hospital Cardiac Arrest	Alison Walker	GREEN	GREEN	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	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	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	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	GREEN						GREEN
7	To provide a service that exceeds our patients expectations	Steve Page	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN
8	To improve the quality of patient transport service provision	Paul BirkettWendes	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER						GREEN
Strategic Goal - Always Learning															
9	To develop a culture of improvement and innovation	Stephen Moir	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN
10	To align workforce and leadership to service delivery models	Stephen Moir	GREEN	GREEN	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	GREEN						GREEN
12	To develop internal systems and processes which support innovation and continuous improvement	Steve Page	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER						GREEN
13	To reduce unintended harm from patient treatment	Alison Walker / Steve Page	GREEN	GREEN	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	GREEN						GREEN
15	To become a regional leader in healthcare resilience	Paul BirkettWendes	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN
16	To contribute to the regional and local public health programme	Alison Walker	AMBER	AMBER	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	GREEN						GREEN
18	To contribute to the wider health economy efficiency programme	Rod Barnes	GREEN	GREEN	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
3	AMBER	E2
4	AMBER	Comments
8	AMBER	E2
12	AMBER	Comments
16	AMBER	Comments

Early Warning Indicators 		RAG	Page
1	Time to answer 50%	GREEN	2.10
2	Time to answer 95%	AMBER	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	GREEN	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	GREEN	GREEN	GREEN						GREEN

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

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

Exception Report - Never Events

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

Comments

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

Monitor Risk Ratings (Quarterly)

Finance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Highest Risk	Lowest Risk		

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

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

*Where the circles are filled this indicates YAS current position



Section 2

Performance





Section 2a

A&E Performance



Directors Comments on Actual Performance**Resilience**

Business Continuity Management: All departments now have test dates in the diary for their Business Continuity Plans. A number of business continuity plans were live tested in response to the UPS failure in early October, these departments were EOC, ICT, HR, Corporate Communications, Risk and Quality, Clinical Directorate and Corporate Executive. The SMG at its meeting in October approved the transition from BSI 25999 as it is being superceded by ISO22301 and our Business Continuity Management Strategy will be revised to reflect the new ISO requirements. A hot debrief has been carried out with departments involved which culminates in a structured debrief week commencing 12 November.

Training: a total of 66 hospital consultants and nurses have now been trained as part of the MERIT project. The target for YAS is to train 70 staff so two more course are planned for the last quarter of this year.

Bronze commander training continues as per the training plan however releasing staff for decontamination training and their annual refresher training remains problematic due to performance pressures.

740 staff have either completed or part way through the SMART e-learning triage module (equates to 45%of staff eligible).

A&E Performance

October was an extremely challenging month, to achieve the RED standard from the position at mid-month was a significant achievement.

Headroom created; current YTD 76.8% (2011 position at this time was 76.0%)

Delivered 75%+ for all 7 months of FY despite 5.8% increase in demand. Additionally during the month the EOC business Continuity Plan was activated after the failure of the UPS. This was extremely well dealt with and a safe service to patients was delivered throughout. Both UPS's have now been replaced. This situation added to the performance challenges in October. Clinical Hub has experienced an increase in performance associated with the action plan.

Financial Commentary

A&E activity is 4.0% above contract for the seven months ending October generating additional income, at marginal rate, of £2,645k. The breakdown by PCT is shown at section 5.5.

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

	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
1. Improving the experience and outcomes for patients residing in rural locations	30.00%	£1,168,785	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN						
2. Development of alternatives to reduce conveyance to A&E departments	15.00%	£584,393	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	AMBER						
3. Improving the quality of care and support for people with dementia	12.50%	£486,994	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						
4. Self Care - Improving patient safety	17.50%	£681,791	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						
5. Raising awareness to support ambulance demand management	25.00%	£973,988	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN						
6. ECP		£37,594	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER						
TOTAL	100.00%	£3,933,545													

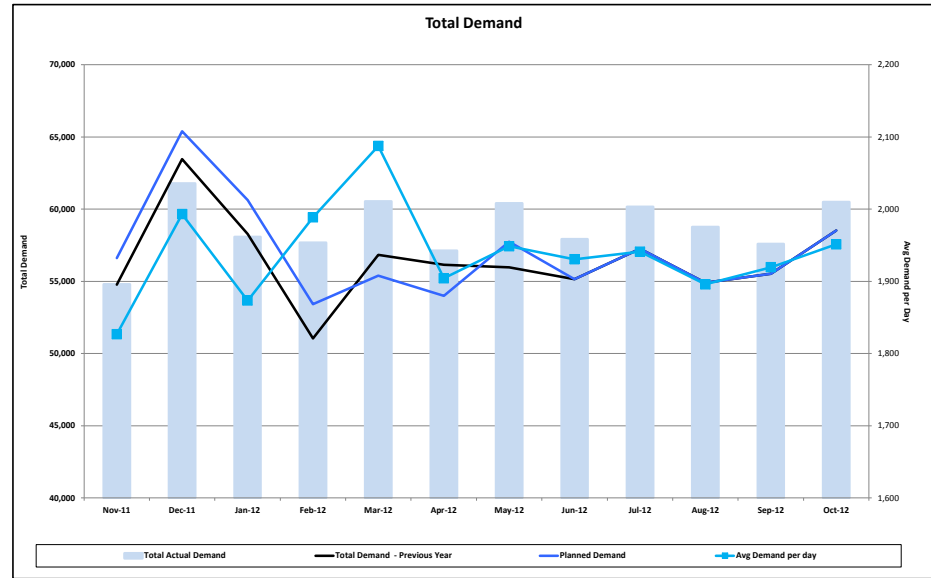
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments
CQUIN 2 (non conveyance) . A working group continues to meet under the leadership of the Deputy Director of Operations. For quarter two achievement is slightly below trajectory. The CQUIN payment is dependant on delivery of a 4.5% reduction in conveyance (based on an average of Q3 & Q4 2011/12). The ECP CQUIN relates only to Sheffield.

Total Demand

OBJ REF 3

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



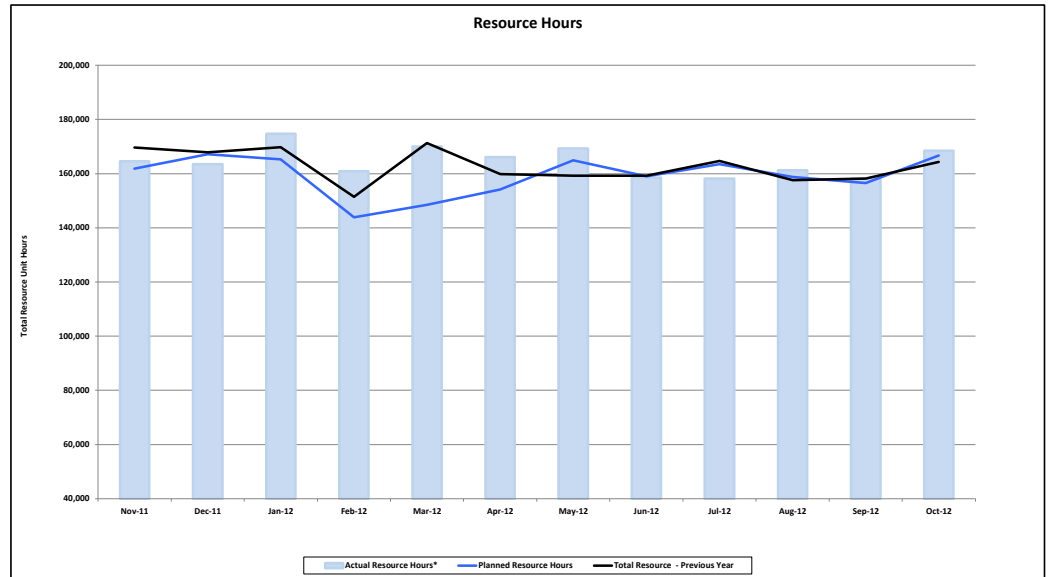
	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Planned Demand	56,611	65,397	60,630	53,423	55,385	53,985	57,743	55,151	57,249	54,910	55,522	58,515
Total Actual Demand	54,802	61,784	58,076	57,670	60,538	57,123	60,406	57,915	60,170	58,770	57,587	60,486
% Variance to Planned (Current Year)	-3.2%	-5.5%	-4.2%	7.9%	9.3%	5.8%	4.6%	5.0%	5.1%	7.0%	3.7%	3.4%
Avg Demand per day	1,827	1,993	1,873	1,989	2,088	1,904	1,949	1,931	1,941	1,896	1,920	1,951
Total Demand - Previous Year	54,764	63,460	58,267	51,044	56,826	56,154	55,966	55,151	57,249	54,907	55,520	58,514
% Variance Current Year to Last Year	0.1%	-2.6%	-0.3%	13.0%	6.5%	1.7%	7.9%	5.0%	5.1%	7.0%	3.7%	3.4%

PLEASE NOTE: This measure is at incident level

Resource Hours

OBJ REF 3

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



		Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Planned Resource Hours	TOTAL	161,851	167,117	165,243	143,919	148,534	154,149	164,880	159,030	163,467	158,742	156,540	166,740
Actual Resource Hours*	TOTAL	164,571	163,504	174,700	160,943	169,963	166,046	169,225	158,567	158,133	161,251	158,156	168,429
	DMA	100,487	99,129	102,762	92,079	97,948	96,381	97,325	90,125	92,936	93,232	88,917	95,441
	RRV	56,052	56,603	60,435	55,038	58,821	56,229	61,643	56,427	56,438	58,652	59,906	62,287
Avg Total Resource Hours per day	ALL	5,486	5,274	5,635	5,550	5,483	5,535	5,459	5,286	5,101	5,202	5,272	5,614
Total Resource - Previous Year	TOTAL	169,598	167,834	169,725	151,443	171,236	159,785	159,248	159,248	164,676	157,603	158,153	164,266

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

Category Red 1 - 8 Minute Performance HQU03_01

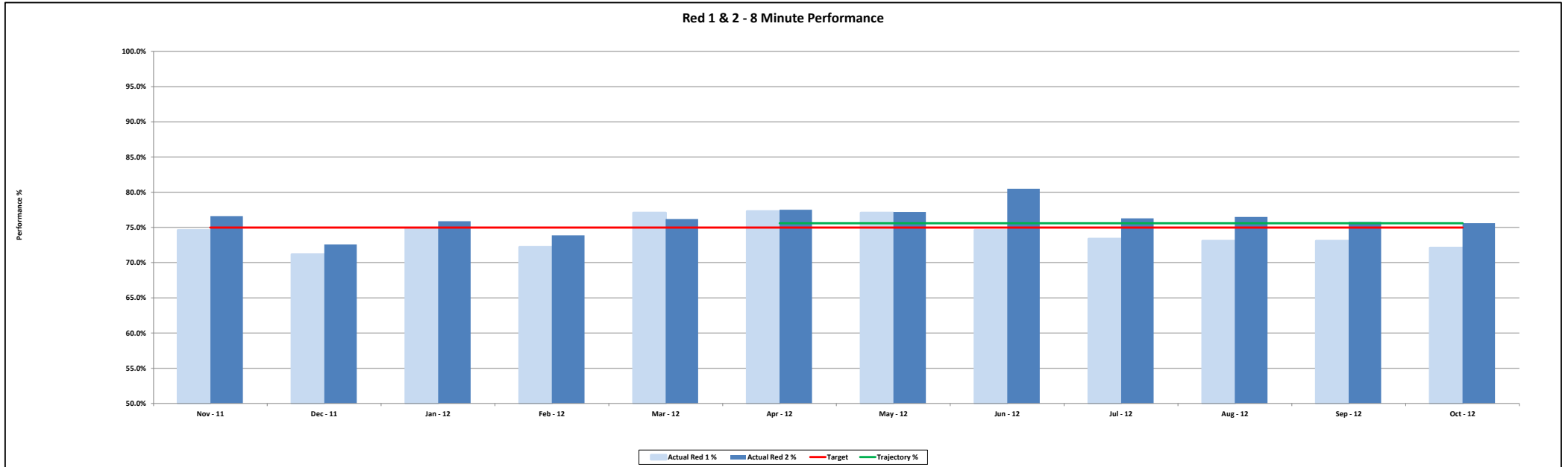
OBJ REF 3

↓	YTD RAG	RED
↓	MTD RAG	RED

Category Red 2 - 8 Minute Performance HQU03_01

OBJ REF 3

↓	YTD RAG	GREEN
↓	MTD RAG	GREEN



RED 1	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-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 %	74.6%	71.2%	74.9%	72.2%	77.1%	77.3%	77.1%	74.6%	73.4%	73.1%	73.1%	72.1%	74.3%
Trajectory %						75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	

RED 2	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-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 %	76.6%	72.6%	75.9%	73.9%	76.2%	77.5%	77.2%	80.5%	76.3%	76.5%	75.8%	75.6%	77.0%
Trajectory %													

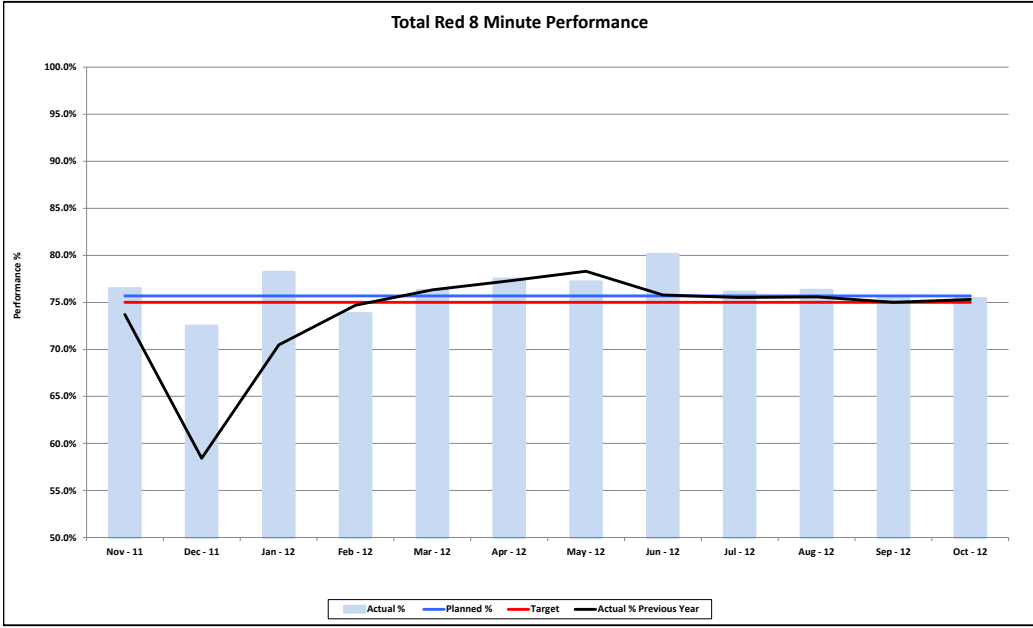
RED 1 by Cluster	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD 12/13
Calferdale, Kirklees & Wakefield	72.9%	70.8%	73.9%	72.5%	71.4%	81.2%	76.4%	77.5%	76.5%	72.1%	77.8%	73.6%	76.4%
Leeds & Bradford	74.5%	72.3%	75.0%	69.7%	83.6%	78.6%	80.5%	73.6%	73.7%	71.8%	76.2%	71.0%	75.1%
North Yorkshire	70.9%	64.8%	68.8%	66.7%	68.5%	74.4%	66.7%	64.8%	72.1%	71.9%	63.4%	69.4%	68.8%
The Humber	79.6%	77.2%	76.8%	77.6%	81.3%	81.4%	81.7%	75.1%	75.8%	74.8%	69.3%	75.0%	76.0%
South Yorkshire	75.7%	70.9%	80.1%	76.3%	78.0%	73.4%	77.8%	79.3%	71.1%	75.0%	74.7%	72.4%	74.8%

RED 2 by Cluster	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD 12/13
Calferdale, Kirklees & Wakefield	76.0%	73.2%	78.4%	73.8%	76.3%	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	77.4%
Leeds & Bradford	75.7%	72.5%	77.2%	72.8%	78.2%	77.2%	77.0%	79.4%	77.2%	77.6%	75.3%	75.0%	76.9%
North Yorkshire	72.6%	68.0%	73.8%	71.7%	72.4%	74.0%	71.7%	74.9%	71.1%	71.8%	69.6%	73.6%	72.3%
The Humber	82.0%	78.8%	82.8%	76.9%	81.5%	79.8%	80.9%	83.8%	81.5%	79.1%	79.5%	79.7%	80.6%
South Yorkshire	77.5%	72.2%	80.0%	75.1%	74.1%	78.7%	78.3%	81.9%	76.2%	76.7%	77.2%	76.1%	77.8%

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

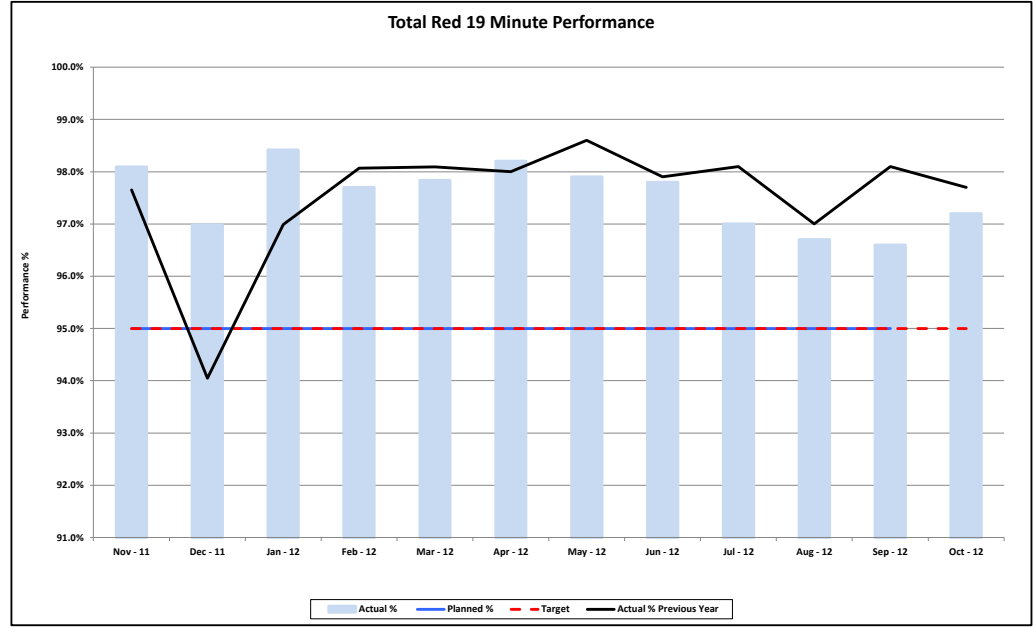
YTD RAG GREEN
 MTD RAG GREEN



Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-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 %	76.5%	72.5%	78.2%	73.8%	76.3%	77.5%	77.2%	80.1%	76.1%	76.3%	75.6%	75.4%	76.8%
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	73.7%	58.4%	70.5%	74.7%	76.3%	77.3%	78.3%	75.8%	75.5%	75.6%	75.0%	75.3%	76.0%
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	77.1%	74.0%	77.9%	73.9%	75.5%	76.0%	75.1%	77.2%	77.1%	N/A	N/A	N/A	N/A

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-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%	97.0%	98.4%	97.7%	97.8%	98.2%	97.9%	97.8%	97.0%	96.7%	96.6%	97.2%	97.3%
Planned %	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%	94.0%	97.0%	98.1%	98.1%	98.0%	98.6%	97.9%	98.1%	97.0%	98.1%	97.7%	98.0%
Forecast %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
National Average	96.8%	96.1%	97.0%	95.9%	96.5%	96.8%	96.4%	96.6%	96.5%	N/A	N/A	N/A	N/A

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD 12/13
Calferdale, Kirklees & Wakefield	75.8%	73.0%	78.1%	73.7%	76.0%	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	77.2%
Leeds & Bradford	75.6%	72.5%	77.0%	72.7%	78.5%	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	76.7%
North Yorkshire	68.8%	72.5%	67.8%	82.3%	71.3%	72.1%	74.1%	74.2%	71.1%	71.8%	69.2%	73.3%	72.1%
The Humber	81.8%	78.7%	82.3%	76.9%	81.5%	79.9%	81.0%	83.2%	81.1%	78.8%	78.7%	79.5%	80.2%
South Yorkshire	77.4%	72.1%	80.0%	75.2%	74.4%	78.4%	78.2%	81.7%	75.8%	76.5%	77.0%	75.9%	77.6%

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD 12/13
Calferdale, Kirklees & Wakefield	98.1%	97.5%	98.5%	98.0%	98.2%	98.9%	98.4%	98.7%	98.2%	97.8%	97.7%	97.4%	98.1%
Leeds & Bradford	98.0%	97.7%	98.9%	98.3%	98.8%	98.7%	98.5%	98.5%	97.9%	98.1%	97.7%	98.2%	98.2%
North Yorkshire	96.5%	93.0%	98.2%	94.8%	95.4%	95.2%	94.5%	93.9%	93.7%	92.4%	91.8%	94.0%	93.6%
The Humber	97.8%	96.7%	98.2%	96.5%	96.8%	97.5%	97.6%	97.1%	95.7%	95.4%	95.6%	96.4%	96.5%
South Yorkshire	99.1%	98.2%	99.3%	98.9%	98.4%	99.0%	98.9%	98.5%	97.6%	97.5%	97.7%	98.1%	98.2%

A&E Operational Delivery Model

OBJ REF 3

	Item	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)	49,404	51,222	52,860	54,782	50,863	52,867	52,105	54,188	51,312	52,745	50,577	52,065	53,985	55,598	52,276	53,840	60,494	62,592	55,880	57,650	48,902	49,973	54,419	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	54,794	55,491	57,607	52,117		58,734		55,505		54,881		57,744		
	% Variance	8.1%	6.6%	1.0%	5.1%	3.3%	4.5%	4.2%	5.8%	2.0%	5.8%	4.2%	5.2%	2.8%	3.6%	-0.3%		-2.9%		-0.7%		12.2%		6.1%		
	Contract Value over performance attributed to A&E		£477,898		£374,563		£298,687		£429,923		£453,190		£372,547		£238,658											
Job Cycle	Target Job Cycle (in seconds)(RED only)																									
	Actual Job Cycle (in seconds)(RED only)	00:58:56	00:58:50	00:57:43	00:59:11	00:57:54	00:59:08	00:58:04	01:00:15	00:58:18	00:59:52	00:58:55	01:01:00	00:59:45	01:00:53	00:59:38		01:01:20		00:59:53		01:01:28		01:00:20		
Resource	Plan Resource (Vehicle hours)	Awaiting Information from HR																								
	Actual Resource (Vehicle hours)	159,785	166,046	159,248	169,225	159,248	158,567	161,810	158,133	157,603	161,251	158,153	158,156	164,266	168,429	164,571		163,504		174,700		160,943		169,963		
	Planned Staff (Establishment) FTE		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	2,008	1,988	2,061	1,988	2,070	1,975	2,076	1,966	2,092	1,966	2,104	
	Actual Overtime (Staff Hours)		35,987		33,023		34,163		23,281		24,706		25,101		28,415											
	Front line staff overspend / (underspend) after overtrade has been applied		(£69,102)		(£53,068)		£140,949		(£222,746)		(£146,737)		(£70,059)		£20,078											
	Planned Abstractions %		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%	32.0%	29.3%	29.3%	27.1%		29.8%		27.1%		31.7%		31.6%		
UHU (Unit Hour Utilisation)	0.35	0.34	0.34	0.36	0.35	0.36	0.35	0.38	0.35	0.36	0.35	0.36	0.36	0.36	0.33		0.38		0.33		0.36		0.36			
Performance	*Planned Performance %		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%	75.6%	74.3%	75.4%	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%)

Comments

Oct was the busiest month for A&E since December 2011. There were significant performance challenges mid-month and a performance improvement plan instigated which delivered national standards. The final month position was over 1% better than October 2011 when national standards were not met. Vacancies have decreased however these staff are not yet operational due to training (7 weeks) and therefore this is an additional cost pressure that must be absorbed. Overtime continues to be well managed and increased in line with demand in October. The associated CIP for overtime continues to exceed delivery requirements. The planned trajectory for October was not achieved however national standards were met and current YTD 76.8% (2011 position at this time was 76.0%) this has created headroom for remainder of year with the requirement to deliver 75.3% in each of the remaining months a realistic and conservative target. We have delivered 75%+ for all 7 months of FY despite 5.8% increase in demand. YAS never performed this consistently previously and is in the top half of ambulance services nationally for RED delivery.

A&E Operational Delivery Model

OBJ REF 3

Item		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
Resource	Clinical Hub/ NHSD Calls																								
	Total Planned number of calls (Clinical Hub/NHSD)		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	2,080	1,765	2,467	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%	4.3%	3.6%	5.0%	5.1%		5.3%		5.0%		5.3%		4.7%	
	Total Number of calls closed by Clinical Hub		479		553		489		520		413		475		653										
Total Number of calls closed by NHS Direct		1,888		2,029		1,990		1,984		1,858		1,605		1,814											

Comments

Clinical Hub performance increased to 5% with 653 jobs closed with telephone advice; the best figure this FY by some distance. This has been supported by the following actions:

- Clear trajectory identified and individual KPI's set to deliver trajectory.
- Falls no longer sent to Clinical Hub as most result in ambulance response in order to create capacity within the Hub.
- Repatriated some codes from NHS Direct back into the Hub for right response first time.


Incident Green, Urgent & Routine Demand and Performance by PCT and CLUSTER (Vehicle Allocation)

October 2012	Category G1 Incidents		Category G2 Incidents		Category G3 Incidents		Category G4 Incidents		Urgent	Routine
	No. Of Incs	% in 20 Mins	No. Of Incs	% in 30 Mins	No. Of Incs	% in 30 Mins	No. Of Incs	% in 60 Mins	No. Of Incs	No. Of Incs
NORTH YORKSHIRE AND YORK PCT	618	74.0%	2016	93.9%	364	93.3%	1040	96.0%	760	41
NORTH YORKSHIRE CLUSTER	618	74.0%	2016	93.9%	364	93.3%	1040	96.0%	760	41
EAST RIDING OF YORKSHIRE PCT	334	72.7%	791	94.3%	121	84.5%	442	97.5%	368	9
HULL PCT	290	78.9%	906	94.3%	205	90.1%	533	97.7%	398	63
EAST YORKSHIRE CLUSTER	624	75.6%	1697	94.3%	326	88.2%	975	97.6%	766	72
WAKEFIELD DISTRICT PCT	402	73.5%	1004	91.5%	176	85.0%	708	95.0%	302	67
CALDERDALE PCT	191	77.1%	547	92.5%	95	77.0%	413	97.3%	241	58
KIRKLEES PCT	368	73.7%	1126	91.1%	198	82.1%	800	93.5%	384	76
CALD / KIRK & WAKEFIELD CLUSTER	961	74.3%	2677	91.5%	469	82.3%	1921	95.0%	927	201
BRADFORD AND AIREDALE PCT	587	71.2%	1588	88.9%	312	86.5%	823	94.0%	398	28
LEEDS PCT	1012	75.5%	2665	90.1%	474	83.4%	1441	95.3%	547	18
LEEDS, BRADFORD & AIREDALE CLUSTER	1599	74.0%	4253	89.7%	786	84.6%	2264	94.8%	945	46
BARNESLEY PCT	229	71.4%	692	96.3%	112	87.5%	292	94.1%	297	5
DONCASTER PCT	349	75.5%	925	96.4%	180	87.6%	480	94.2%	395	60
ROTHERHAM PCT	254	71.1%	711	95.1%	142	84.8%	356	92.5%	318	11
SHEFFIELD PCT	641	76.0%	1951	92.0%	333	89.0%	1005	94.2%	602	19
SOUTH YORKSHIRE CLUSTER	1473	74.4%	4279	94.2%	767	87.7%	2133	93.9%	1612	95
PCT TOTAL	5275	74.3%	14922	92.4%	2712	86.8%	8333	95.2%	5010	455
ECP	0		0		0		172		338	0
OOA/UNKNOWN	27	65.0%	116	92.2%	156	84.2%	195	94.3%	2	3
YORKSHIRE AMBULANCE SERVICE	5302	74.3%	15038	92.4%	2868	86.7%	8700	95.2%	5350	458

Year to Date	Category G1 Incidents		Category G2 Incidents		Category G3 Incidents		Category G4 Incidents		Urgent	Routine
	No. Of Incs	% in 20 Mins	No. Of Incs	% in 30 Mins	No. Of Incs	% in 30 Mins	No. Of Incs	% in 60 Mins	No. Of Incs	No. Of Incs
NORTH YORKSHIRE AND YORK PCT	4421	81.9%	13834	94.4%	2377	91.4%	7775	96.4%	5588	285
NORTH YORKSHIRE CLUSTER	4421	81.9%	13834	94.4%	2377	91.4%	7775	96.4%	5588	285
EAST RIDING OF YORKSHIRE PCT	2207	81.1%	5791	94.7%	895	87.6%	3259	96.5%	2566	48
HULL PCT	1871	88.4%	6093	96.0%	1411	92.7%	3671	97.5%	2920	394
EAST YORKSHIRE CLUSTER	4078	84.4%	11884	95.4%	2306	90.8%	6930	97.0%	5486	442
WAKEFIELD DISTRICT PCT	2578	83.7%	7012	92.3%	1253	87.5%	4658	94.5%	2411	405
CALDERDALE PCT	1228	83.5%	3928	93.7%	769	86.0%	2880	96.5%	1856	338
KIRKLEES PCT	2528	84.2%	7577	91.9%	1436	87.0%	5018	94.7%	2621	625
CALD / KIRK & WAKEFIELD CLUSTER	6334	83.9%	18517	92.4%	3458	86.9%	12556	95.1%	6888	1368
BRADFORD AND AIREDALE PCT	3766	83.3%	10453	90.9%	2466	87.4%	5897	94.1%	2835	276
LEEDS PCT	6094	84.2%	16907	91.2%	3306	84.8%	9420	94.3%	4256	111
LEEDS, BRADFORD & AIREDALE CLUSTER	9860	83.9%	27360	91.1%	5772	85.9%	15317	94.2%	7091	387
BARNESLEY PCT	1499	83.9%	4564	94.6%	900	86.4%	2256	95.2%	2182	71
DONCASTER PCT	2290	84.0%	6439	94.8%	1315	88.9%	3378	94.9%	2657	461
ROTHERHAM PCT	1670	84.1%	4962	93.1%	922	86.2%	2520	94.2%	2182	85
SHEFFIELD PCT	3740	84.3%	11222	92.9%	2349	86.1%	7250	94.6%	4195	128
SOUTH YORKSHIRE CLUSTER	9199	84.1%	27187	93.7%	5486	86.8%	15404	94.7%	11216	745
PCT TOTAL	33892	83.7%	98782	93.0%	19399	87.6%	57982	95.2%	36269	3227
ECPs	326		1316		227		1083		2470	0
OOA/UNKNOWN	153	81.8%	820	88.9%	1179	88.1%	1622	96.2%	27	22
YORKSHIRE AMBULANCE SERVICE	34371	83.7%	100918	93.0%	20805	87.7%	60687	95.2%	38766	3249

Resilience

OBJ REF 4

	YTD RAG	GREEN
	MTD RAG	GREEN

Strategic Aim - High Performing

KPI 4 Fulfilment of requirements as a Category 1 responder as detailed in the Civil Contingency Act (CCA) 2004

Description	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Year End Forecast 12/13	Q3 Forecast
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	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Business Continuity Plans	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN
Information Provision	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	GREEN	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

Comments

Bronze Commander training is progressing but did not commence until Sept 2012 and therefore amber position is reflective of this.

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	4/7	Time to Answer - 95%	EOC reconfiguration lauch 5 Nov 12	Emergency Operation Centre Lead Director	Qtr 3
2.7	6/7	Time to Answer - 99%	EOC reconfiguration lauch 5 Nov 12	Emergency Operation Centre Lead Director	Qtr 3
2.7	6/7	Abandoned calls	EOC reconfiguration lauch 5 Nov 12	Emergency Operation Centre Lead Director	Qtr 3
2.7	3/3	Cat Red 8 minute response - RED 1	PBW part of NDOG work to determine national picture. This issues also has work streams from NASMED and ACCE	Deputy Director of Operations	Qtr2/3
2.7	5/7	STEMI - Care	Issue with exception reporting for GTN raised at NASMeD for national amendment.	Deputy Medical Director	Qtr 3
2.7	3/7	Stroke - Care	Under Analysis	Deputy Medical Director	Qtr 3
2.7	7/7	Resolved by telephone	Clinical Hub project plan and included in EOC reconfiguration work	Emergency Operation Centre Lead Director	Qtr 3
2.7	6/7	Non A&E	Dedicated Service transformation project	Designated Project Team from all directorates	Qtr 3
2.7	6/7	STEMI - 150	Issue with exception reporting for GTN raised at NASMeD for national amendment	Deputy Medical Director	Qtr 3
2.7	6/7	ROSC	Audit work underway to determine national differences in recording of information	Associate Medical Director (Operations)	3 Years (2015)
2.7	5/7	ROSC - Utstein	Audit work underway to determine national differences in recording of information	Associate Medical Director (Operations)	4 Years (2015)
2.7	6/7	Recontact 24hrs Telephone	The National Ambulance Information Group (NIAG)has submitted a paper proposing how recontact rates should be measure to National Directors Operations Group (NDOG) . We are awaiting a decision from the group, we anticipate we will be reporting consistently by January 2014. An audit of YAS recontacts has been conducted which has highlighted that they are all NHSD calls, therefore plans are being put in place to retrieve some NHSD calls back to allow us to pass these calls to the Clinical Hub	Deputy Director of Operations	Qtr 3
2.7	6/7	Recontact 24hrs On Scene	Audit work underway to determine national differences in recording of information	Deputy Director of Operations	Qtr 3

Comments

Top Third

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

Middle Third

Time to Answer - 95% *
 STEMI - Care
 STEMI - 60
 ROSC - Utstein

Bottom Third

Time to Answer - 99%
 Abandoned calls
 Cat Red 8 minute response - RED 1
 Stroke - Care
 Resolved by telephone
 Non A&E
 STEMI - 150
 ROSC
 Recontact 24hrs Telephone
 Recontact 24hrs On Scene *

Yorkshire Ambulance Service - Performance - A&E

October 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	2nd	September
Time to Answer - 95% * ▲	mm:ss	00:32	00:10	00:06	00:05	00:12	00:11	00:06	01:20	00:44	00:20	00:09	00:26	8th	September
Time to Answer - 99%	mm:ss	01:19	00:57	00:40	00:14	01:11	00:53	00:26	02:33	01:24	01:06	00:53	01:38	10th	September
Abandoned calls	%	0.82	0.62	0.61	1.56	0.14	1.62	1.49	3.84	4.82	1.22	1.09	1.89	9th	September
Cat Red 8 minute response - RED 1	%	72.6	74.4	76.8	66.1	77.1	77.3	75.7	77.4	73.3	73.7	78.1	73.5	9th	September
Cat Red 8 minute response - RED 2	%	75.8	75.4	78.3	77.4	77.1	77.0	78.6	76.5	77.0	77.9	76.2	77.3	4th	September
95 Percentile Red 1 only Response Time	%	15:38	14:51	13:36	12:54	16:22	12:19	14:29	14:57	15:24	15:00	13:01	13:33	3rd	September
Cat A19	%	94.5	94.4	96.1	97.2	98.3	97.6	95.1	95.1	97.6	95.5	97.4	97.4	4th	September
Time to Treat - 50% * ▲	mm:ss	06:00	04:44	05:30	06:09	05:46	05:50	05:07	06:04	05:35	05:26	05:49	05:11	3rd	September
Time to Treat - 95%	mm:ss	18:04	17:43	14:23	17:37	14:11	16:10	15:32	18:38	17:22	19:06	15:29	13:13	1st	September
Time to Treat - 99%	mm:ss	29:10	27:49	21:29	23:43	22:29	25:01	35:12	31:42	26:49	29:46	24:05	19:59	1st	September
STEMI - Care	%	80.2	82.7	93.6	100.0	69.6	84.8	79.6	68.8	76.4	79.3	76.7	76.4	8th	June
Stroke - Care	%	96.7	94.0	100.0	86.0	94.7	96.6	99.0	96.5	90.9	96.4	94.1	92.9	10th	June
Frequent caller **	%	0.20	0.01	0.00	0.62	2.59	0.00	0.00	5.50	0.00	0.00	0.00	1.84	3rd	September
Resolved by telephone	%	7.2	6.9	8.8	7.7	5.3	3.6	3.4	5.5	8.0	5.7	6.4	4.7	9th	September
Non A&E	%	39.1	45.7	48.3	45.0	32.0	31.3	23.1	41.0	40.9	49.1	35.2	24.5	10th	September
STEMI - 60****	%	56.3	-	-	50.0	-	-	45.0	-	-	57.1	33.3	0.0	5th	June
STEMI - 150	%	92.8	90.7	93.4	85.7	94.3	87.0	90.5	92.7	92.8	84.4	80.5	82.1	10th	June
Stroke - 60	%	47.3	48.2	63.6	75.9	69.4	80.2	82.8	52.7	64.4	56.3	63.2	69.4	3rd	June
ROSC	%	17.9	21.7	28.1	4.5	28.2	24.2	25.6	34.6	26.8	25.4	27.7	20.7	10th	June
ROSC - Utstein	%	40.0	58.8	54.9	0.0	47.8	48.7	49.6	46.9	50.0	36.8	39.8	46.8	8th	June
Cardiac - STD	%	8.2	4.7	10.5	0.0	7.1	5.2	6.1	14.1	7.5	7.6	7.0	7.8	4th	June
Cardiac - STD Utstein	%	11.6	20.4	31.4	0.0	24.6	14.5	20.3	12.5	15.0	15.1	12.0	29.5	2nd	June
Recontact 24hrs Telephone ▲	%	3.9	14.8	13.2	2.3	2.9	16.1	32.6	18.7	12.0	14.5	14.4	26.1	10th	September
Recontact 24hrs On Scene * ▲	%	6.2	7.6	4.1	1.8	4.3	4.6	6.3	7.2	4.7	6.9	5.0	8.6	11th	September

* ▲ Early Warning Indicator

** Only 6 Trusts manage Frequent Callers

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

**** Only 5 Trusts measure Stemi in 60 minutes



Section 2b

PTS Performance



Directors Exceptions on PTS

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
AMBER	CQ3	2/7	South Consortia - Improving Patient Experience	Meetings with the relevant focus groups representing dementia and learning disabilities to be arranged	Associate Director PTS	Q3	GREEN
AMBER	CQ3	2/7	South Consortia - Improve the efficiency and effectiveness	Related to the increase in on line bookings. Work with the acute trusts re removal of fax bookings, continued roll out of Virtual Sam	Associate Director PTS	Q4	GREEN
RED	2.11	6/7	West consortia - % of patients to depart within 60 mins of their booked ready time	Progression of vacancies in the system, re focus performance cell, continue to work with acute trusts on discharge practices, staff education re KPI's and patient priorities	Associate Director PTS	Q4	AMBER
RED	2.11	5/7	West Consortia - % of patients to depart within 120 mins of their ready time (Penalties Apply)		Associate Director PTS	Q4	AMBER
RED	2.11	1/7	West Consortia - % of patients arriving more than 60 mins early	This equates to approximately 40 patients. West also saw an increase in activity in October above plan. Refocus of the performance cell, planned introduction of the on day scheduling pilot in November following succesful pilots in South Yorkshire	Associate Director PTS	Q4	AMBER
RED	2.11	3/7	West Consortia -% of patients to arrive more than30 mins early	This relates to renal patients only. 18 patients arrived more than 30 minutes early. Actions to address in line with above.	Associate Director PTS	Q4	GREEN
RED	2.11	7/7	West Consortia - 0% of patients to arrive more than 60 mins late (Penalties Apply)	This relates to 3 patients only and is presently unvalidated as the causative reasons may be out of YAS control	Associate Director PTS	Q4	GREEN
RED	2.12	1/7	East Consortia - % of patients to arrive between 31 and 60 mins late	26 patients breached the target (there is a 2 patient tolerance) therefore penalty payments are due against 24 patients (again this is unvalidated at present). Actions to address include evaluation of sub contractor costs against service delivery, implementation of the on day scheduling model and performance cell focus.	Associate Director PTS	Q3 & Q4	RED
RED	2.12	2/7	East Consortia - 0% of patients to arrive more than 60 mins late (Penalties Apply)		Associate Director PTS	Q4	RED
RED	2.12	7/7	East Consortia - % of patients to arrive between 31 and 90 mins early	The performance has been improved over time but is outwith the trajectory. The affordability of achieving a 4% compliance within the financial framework of the contract is being reviewed.	Associate Director PTS	Q4	RED

RED	2.12	2/7	East Consortia - 0% of patients to arrive more than 60 mins late (Penalties Apply)	This equates to 12 patients within the system. This is a priority area for resolution and will be the focus of the performance cell	Associate Director PTS	Q4	RED
RED	2.12	5/7	East Consortia - % of patients to depart between 61 and 120 mins after ready time	There is a planned ongoing programme of work, in collaboration between YAS, the commissioners and the acute trust to ensure that the YAS processes are in line with the planned discharge arrangements by the Trust. We know from the diagnostic work that often patients are booked as ready in batches by the trust based on their intention to discharge and are not always ready when YAS staff arrive. We are also working to ensure that clinic throughput data is accurate and that patients are available for transport when required.	Associate Director PTS	Q4	RED
RED	2.12	3/7	East Consortia - % of patients to depart more than 120 mins after ready time (Penalties Apply)		Associate Director PTS	Q4	RED
RED	2.12	7/7	East Consortia - % of patients to depart between 31 and 60 mins after ready time		Associate Director PTS	Q4	RED
RED	2.12	3/7	East Consortia - % of patients to depart more than 60 mins after ready time (Penalties Apply)		Associate Director PTS	Q4	RED
RED	2.12	3/7	East Consortia - % of patients to depart between 3 and 4 hours after ready time		Associate Director PTS	Q4	RED
RED	2.12	6/7	East Consortia - % of patients to depart between 4 and 5 hours after ready time		Associate Director PTS	Q4	RED
RED	2.12	3/7	East Consortia - 0% of patients to depart more than 5 hours after ready time		Data validation is required as this equates to 14 patients and we need to understand the timing of the bookings and booked ready time allocations as it is proposed that these are often late in the day and not linked to service availability.	Associate Director PTS	Q4
RED	2.12	7/7	East Consortia - Percentage of journeys where the time the journey was aborted was 15 minutes or less before the patient was due at their destination	Pilots involving the drivers ringing patients prior to their pick up have reduced some elements of this - PTS technology review to be undertaken in the light of the five year strategy to establish better ways of achieving this.	Associate Director PTS	Q4	RED
RED	2.13	2/7	South Consortia - Doncaster & Rotherham - % of patients departing within 90 mins of their booked ready time	Similar issues to the East consortia - actions to address include working with front line teams in the acute trust to better plan discharges, improving communications between the liaison sites, on day controllers and drivers and on day scheduling pilot to inform best practice planning guidance	Associate Director PTS	Q4	RED
RED	2.13	4/7	South Consortia - Barnsley - % of patients departing within 90 mins of their booked ready time		Associate Director PTS	Q4	RED
RED	2.13	1/7	South Consortia - Barnsley - % of patients collected within 5 hours of booking	This is linked to a single patient journey - data validation and exception reporting is ongoing	Associate Director PTS	Nov	RED

Directors Comments on PTS Performance

PTS performance has shown a generic improvement over the 2012-13 financial year in a number of areas. Commissioner relationships have improved and patient satisfaction is improving. The continuing improvement trajectories have changed the status of a number of key performance indicators despite systemic improvements being made. The tolerance for the PTS KPI's is very strict, with no amber criteria against any of the KPI's in the suite, hence the very stark Red or Green compliance picture. Work needs to be undertaken with the commissioners and internally to develop a set of more sophisticated criteria which identifies performance areas of concern linked to all elements of service delivery.

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	AMBER	AMBER						
	Improve the efficiency and effectiveness	20.00%	£29,591	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER						
	Improve the quality of PTS	60.00%	£88,772	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN						
EAST Consortia	Improve patient experience	100.00%	£77,933	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						
WEST Consortia	Reduce abortive journeys	40.00%	£118,851	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						
	Improve patient experience	60.00%	£178,274	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						
NORTH Consortia	Improve patient experience	100.00%	£110,881	GREEN	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	
	South have a CQUIN to reduce the length of longest waits. The target is 100% however negotiations continue with commissioners to agree partial payment arrangements in the event of the target not being met. Support is being provided by the Patient Experience team to deliver the patient experience CQUIN in the South consortia.

PTS Demand

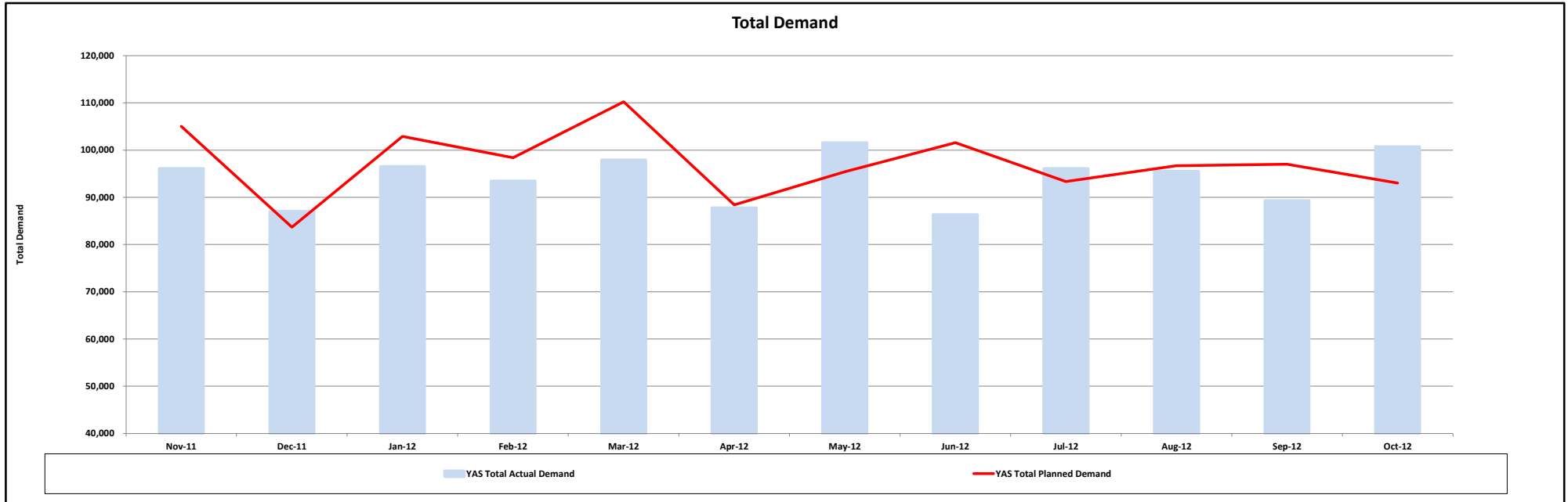
OBJ REF 3

YTD RAG


AMBER

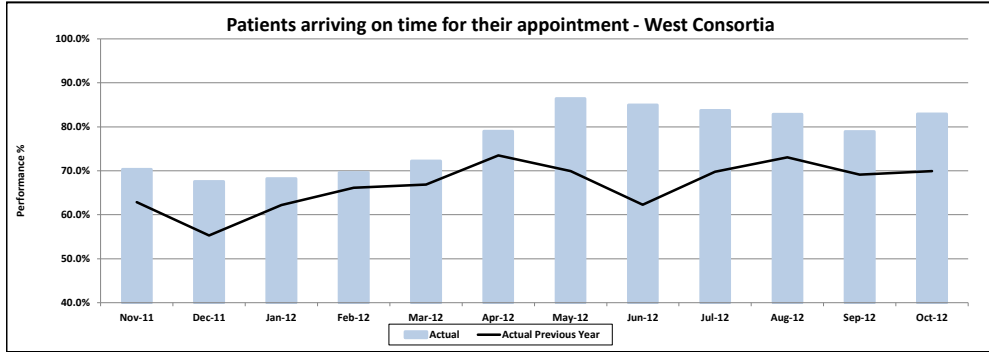
MTD RAG

GREEN

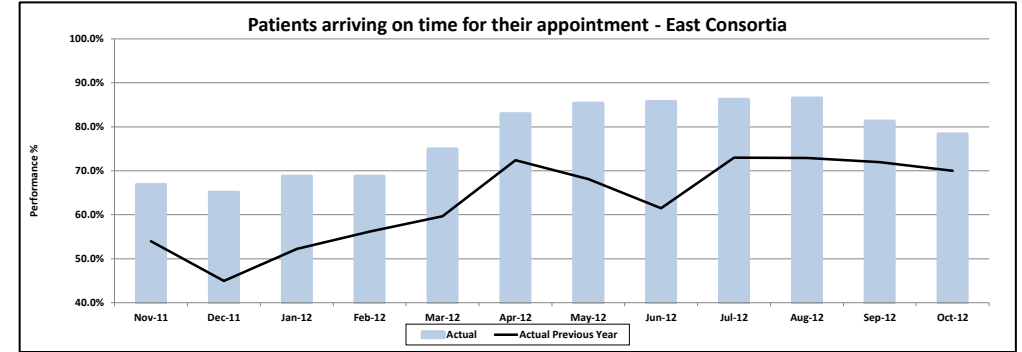


PTS Demand by Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD 12/13
West Consortia Planned Demand	49,535	41,388	47,752	45,526	51,708	43,011	46,134	49,317	45,518	46,763	47,423	44,833	279,988
West Consortia Actual Demand	47,720	43,324	48,192	46,286	48,164	43,482	49,538	43,254	47,835	47,921	44,509	49,755	282,812
East Consortia Planned Demand	6,251	4,712	6,165	5,945	6,455	9,127	9,517	10,389	9,263	9,557	9,169	9,271	57,166
East Consortia Actual Demand	9,582	8,747	9,465	9,077	9,996	8,586	10,159	9,397	9,898	9,715	9,059	10,680	58,908
South Consortia Planned Demand	36,394	27,224	36,114	34,621	38,460	23,887	26,997	28,476	25,743	27,097	26,822	25,860	160,995
South Consortia Actual Demand	25,624	22,327	25,684	25,611	26,377	23,888	27,973	22,048	25,372	24,874	23,634	26,620	150,521
North Consortia Planned Demand	12,839	10,339	12,841	12,277	13,583	12,376	12,754	13,380	12,794	13,254	13,590	13,051	78,823
North Consortia Actual Demand	13,196	12,596	13,187	12,459	13,370	11,700	13,768	11,597	12,969	13,025	12,110	13,648	77,117
YAS Total Planned Demand	105,019	83,663	102,872	98,369	110,206	88,401	95,402	101,562	93,318	96,671	97,004	93,015	576,972
YAS Total Actual Demand	96,122	86,994	96,528	93,433	97,907	87,766	101,556	86,325	96,074	95,535	89,312	100,703	569,358
% Variance Planned V Actual	-8.5%	4.0%	-6.2%	-5.0%	-11.2%	-0.7%	6.5%	-15.0%	3.0%	-1.2%	-7.9%	8.3%	-1.3%

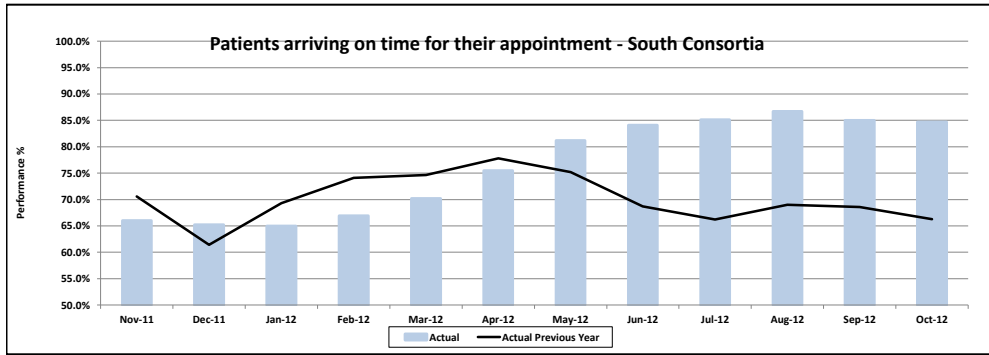
Arrival - Quality Target by Consortia * 



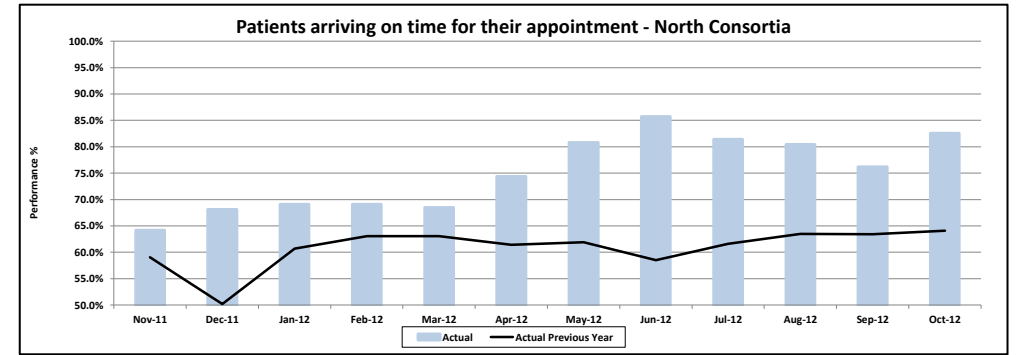
West Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	70.3%	67.6%	68.2%	69.6%	72.2%	79.0%	86.4%	85.0%	83.7%	82.9%	78.9%	82.9%
Actual Previous Year	62.9%	55.3%	62.2%	66.2%	66.9%	62.3%	69.8%	73.1%	69.1%	69.9%		




East Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	66.9%	65.2%	68.8%	68.8%	75.0%	83.0%	85.4%	85.8%	86.3%	86.6%	81.3%	78.4%
Actual Previous Year	54.0%	45.0%	52.3%	56.1%	59.7%	72.4%	68.1%	61.5%	73.0%	72.9%	72.0%	70.0%



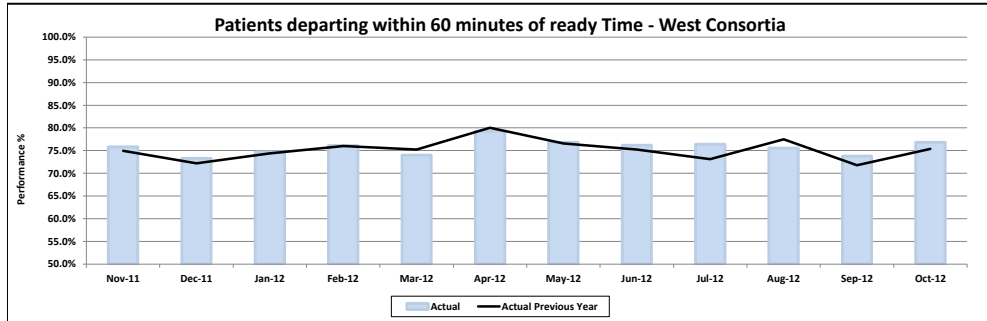
South Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	66.0%	65.2%	65.0%	66.9%	70.2%	75.5%	81.2%	84.1%	85.1%	86.7%	85.0%	84.7%
Actual Previous Year	70.6%	61.4%	69.3%	74.1%	74.6%	77.8%	75.2%	68.7%	66.2%	69.0%	68.6%	66.3%



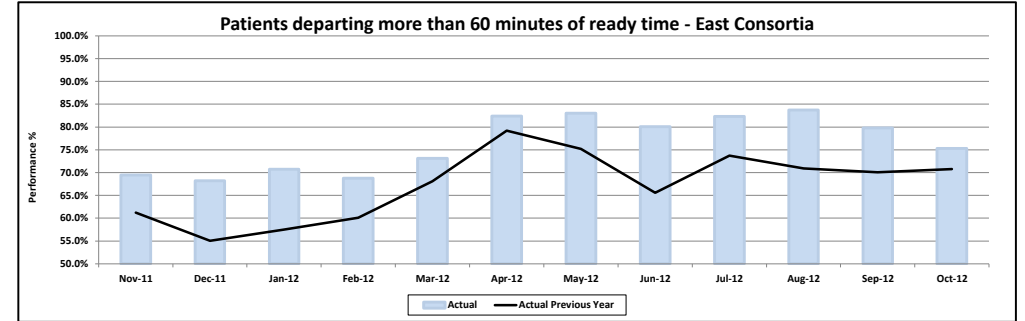
North Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	64.2%	68.1%	69.1%	69.1%	68.5%	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%
Actual Previous Year	59.0%	50.2%	60.7%	63.1%	63.1%	61.4%	61.9%	58.5%	61.6%	63.5%	63.4%	64.1%

*  Early Warning Indicator

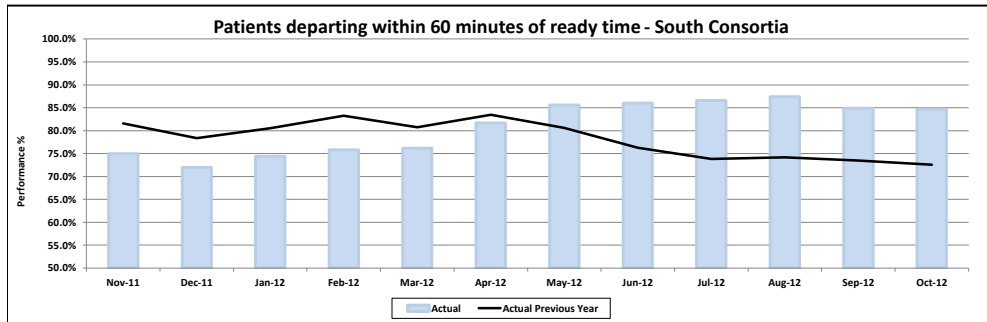
Departure - Quality Target by Consortia * 



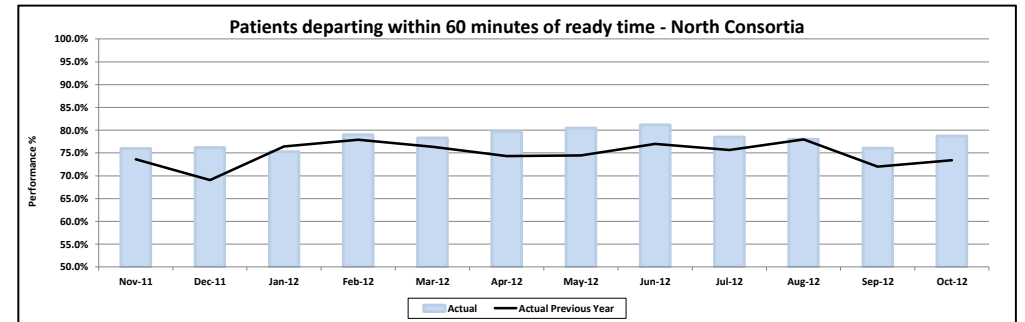
West Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	75.8%	73.3%	74.7%	76.1%	74.0%	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%
Actual Previous Year	74.9%	72.2%	74.4%	76.0%	75.3%	80.0%	76.6%	75.2%	73.1%	77.5%	71.8%	75.4%




East Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	69.5%	68.2%	70.7%	68.8%	73.1%	82.4%	83.0%	80.1%	82.3%	83.7%	79.8%	75.3%
Actual Previous Year	61.2%	55.0%	57.5%	60.1%	68.1%	79.2%	75.2%	65.6%	73.7%	70.9%	70.1%	70.8%



South Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	75.0%	72.0%	74.4%	75.8%	76.2%	81.7%	85.6%	86.0%	86.6%	87.4%	84.9%	84.7%
Actual Previous Year	81.6%	78.3%	80.6%	83.3%	80.7%	83.5%	80.6%	80.6%	76.3%	73.8%	74.2%	72.6%



North Consortia	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual	76.0%	76.2%	75.3%	79.0%	78.3%	79.7%	80.5%	81.2%	78.5%	78.0%	76.1%	78.7%
Actual Previous Year	73.6%	69.1%	76.4%	77.9%	76.4%	74.3%	74.5%	77.0%	75.7%	78.0%	72.0%	73.4%

* Early Warning Indicator 

PTS KPI's - South Yorkshire Consortium

KPI No.	Measure	PCT	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- Patients should arrive in a timely manner for their appointment	a) % of patients arriving up to 60 mins prior to their appointment	Barn	62.07%	71.26%	62.07%	79.97%	67.07%	79.08%	69.07%	81.07%	69.07%	84.66%	70.07%	80.69%	73.07%	77.23%													
		Donc	68.67%	87.11%	68.67%	87.69%	73.67%	90.44%	75.67%	91.96%	75.67%	90.09%	73.67%	92.02%	73.67%	93.66%													
		Roth	66.09%	73.21%	66.09%	76.71%	71.09%	79.89%	73.09%	83.03%	73.09%	84.12%	74.09%	85.07%	74.09%	84.22%													
		Sheff	45.60%	52.12%	45.60%	66.50%	50.60%	75.38%	52.60%	71.95%	52.60%	74.78%	53.60%	73.07%	58.60%	72.27%													
	b) % of patients arriving up to 90 mins prior to their appointment	Barn	69.07%	75.02%	69.07%	83.44%	74.07%	81.94%	76.07%	84.84%	76.07%	86.84%	77.07%	83.18%	80.07%	80.06%													
		Donc	71.96%	89.73%	71.96%	89.82%	76.96%	91.95%	78.96%	93.69%	78.96%	92.06%	79.96%	93.11%	82.96%	94.65%													
		Roth	74.36%	79.22%	74.36%	81.37%	79.36%	83.02%	81.36%	86.01%	81.36%	88.12%	82.36%	87.51%	85.36%	87.02%													
		Sheff	59.61%	61.05%	59.61%	73.04%	64.61%	80.25%	66.61%	78.46%	66.61%	81.75%	67.61%	79.11%	72.61%	79.59%													
KPI 2- Patients should be collected in a timely manner following completion of their appointments	a) % of patients departing within 60 mins of their booked ready time	Barn	74.96%	83.57%	74.96%	84.67%	75.40%	83.78%	77.46%	86.07%	77.46%	89.43%	75.96%	85.33%	76.46%	79.62%													
		Donc	76.74%	88.11%	76.74%	94.08%	76.74%	92.03%	78.74%	94.44%	78.74%	93.36%	76.74%	92.47%	76.74%	94.99%													
		Roth	82.98%	86.11%	82.98%	88.63%	82.98%	89.55%	84.98%	91.67%	84.98%	92.10%	82.98%	90.01%	82.98%	91.05%													
		Sheff	68.69%	74.63%	68.69%	79.18%	70.69%	82.29%	72.69%	79.57%	72.69%	80.67%	73.69%	77.73%	76.69%	79.02%													
	b) % of patients departing within 90 mins of their booked ready time	Barn	91.17%	93.21%	91.17%	94.12%	93.17%	93.24%	97.17%	95.15%	97.17%	95.48%	96.17%	95.21%	99.00%	92.62%													
		Donc	91.79%	95.65%	91.79%	98.53%	93.79%	97.65%	97.79%	98.13%	97.79%	97.90%	98.79%	97.72%	99.00%	98.26%													
		Roth	92.43%	94.03%	92.43%	96.29%	94.43%	96.29%	96.43%	97.43%	96.43%	97.17%	97.43%	96.91%	99.00%	97.22%													
		Sheff	82.89%	89.05%	82.89%	92.24%	84.89%	93.77%	86.89%	92.68%	86.89%	94.08%	87.89%	92.15%	90.89%	92.23%													
KPI 3- Patients should be collected within 4 hours of booking for Same Day Discharges	a) % of patients collected within 3 hours of booking	Barn	90.00%	98.67%	90.00%	98.38%	90.00%	98.50%	90.00%	98.06%	90.00%	98.13%	90.00%	98.90%	90.00%	98.58%													
		Donc	90.00%	96.77%	90.00%	98.13%	90.00%	100.00%	90.00%	97.17%	90.00%	99.52%	90.00%	100.00%	90.00%	100.00%													
		Roth	90.00%	93.33%	90.00%	94.12%	90.00%	100.00%	90.00%	100.00%	90.00%	100.00%	90.00%	100.00%	90.00%	100.00%	95.00%												
		Sheff	90.00%	97.87%	90.00%	97.83%	90.00%	96.97%	90.00%	96.77%	90.00%	97.37%	90.00%	100.00%	90.00%	100.00%													
	b) % of patients collected within 4 hours of booking	Barn	99.00%	100.00%	99.00%	100.00%	99.00%	99.25%	99.00%	99.03%	99.00%	100.00%	99.00%	100.00%	99.00%	99.29%													
		Donc	99.00%	99.46%	99.00%	98.75%	99.00%	100.00%	99.00%	99.53%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%													
		Roth	99.00%	93.33%	99.00%	94.12%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%													
		Sheff	99.00%	100.00%	99.00%	97.83%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%	99.00%	100.00%													
	c) % of patients collected within 5 hours of booking	Barn	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.35%	100.00%	100.00%	100.00%	100.00%	100.00%	99.64%													
		Donc	100.00%	100.00%	100.00%	98.75%	100.00%	100.00%	100.00%	99.53%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%													
		Roth	100.00%	100.00%	100.00%	94.12%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%													
		Sheff	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%													
KPI 4- Patients journey time should be of an acceptable duration	a) % of patients travelling up to 10 miles for less than 60 mins	Barn	90.00%	95.75%	90.00%	97.08%	90.00%	97.30%	90.00%	97.75%	90.00%	97.63%	90.00%	96.81%	90.00%	96.51%													
		Donc	90.00%	96.49%	90.00%	96.01%	90.00%	96.61%	90.00%	96.69%	90.00%	96.98%	90.00%	96.80%	90.00%	97.27%													
		Roth	90.00%	94.50%	90.00%	95.06%	90.00%	96.12%	90.00%	96.14%	90.00%	96.67%	90.00%	95.73%	90.00%	96.09%													
		Sheff	90.00%	92.42%	90.00%	93.56%	90.00%	94.42%	90.00%	95.90%	90.00%	95.34%	90.00%	95.45%	90.00%	95.51%													
	b) % of patients travelling up to 10 miles for less than 90 mins	Barn	99.00%	99.42%	99.00%	99.52%	99.00%	99.46%	99.00%	99.88%	99.00%	99.79%	99.00%	99.89%	99.00%	99.51%													
		Donc	99.00%	98.83%	99.00%	99.53%	99.00%	99.70%	99.00%	99.83%	99.00%	99.57%	99.00%	99.83%	99.00%	99.89%													
		Roth	99.00%	98.87%	99.00%	99.33%	99.00%	99.25%	99.00%	99.58%	99.00%	99.47%	99.00%	99.51%	99.00%	99.60%													
		Sheff	99.00%	98.94%	99.00%	99.12%	99.00%	98.98%	99.00%	99.45%	99.00%	99.14%	99.00%	99.61%	99.00%	99.39%													
	c) % of patients travelling up to 25 miles for up to 120 mins	Barn	90.00%	99.45%	90.00%	99.61%	90.00%	99.74%	90.00%	99.86%	90.00%	99.79%	90.00%	99.79%	90.00%	99.40%													
		Donc	90.00%	99.64%	90.00%	99.55%	90.00%	99.33%	90.00%	99.60%	90.00%	99.72%	90.00%	99.52%	90.00%	99.64%													
		Roth	90.00%	99.26%	90.00%	99.67%	90.00%	99.61%	90.00%	99.85%	90.00%	99.74%	90.00%	99.75%	90.00%	99.80%													
		Sheff	90.00%	99.66%	90.00%	99.58%	90.00%	99.31%	90.00%	99.58%	90.00%	99.42%	90.00%	99.77%	90.00%	99.64%													
KPI 8- minimum data sets provided to be complete and robust	b) % of incomplete data fields used to complete KPI's	Barn	5.00%	0.77%	5.00%	0.83%	5.00%	0.91%	5.00%	0.96%	5.00%	0.76%	5.00%	0.69%	5.00%	0.89%													
		Donc	5.00%	0.11%	5.00%	0.15%	5.00%	0.19%	5.00%	0.19%	5.00%	0.14%	5.00%	0.12%	5.00%	0.16%													
		Roth	5.00%	0.62%	5.00%	0.73%	5.00%	0.53%	5.00%	0.30%	5.00%	0.43%	5.00%	0.44%	5.00%	0.42%													
		Sheff	5.00%	0.16%	5.00%	0.45%	5.00%	0.42%	5.00%	0.38%	5.00%	0.16%	5.00%	0.34%	5.00%	0.42%													

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

OBJ REF

3

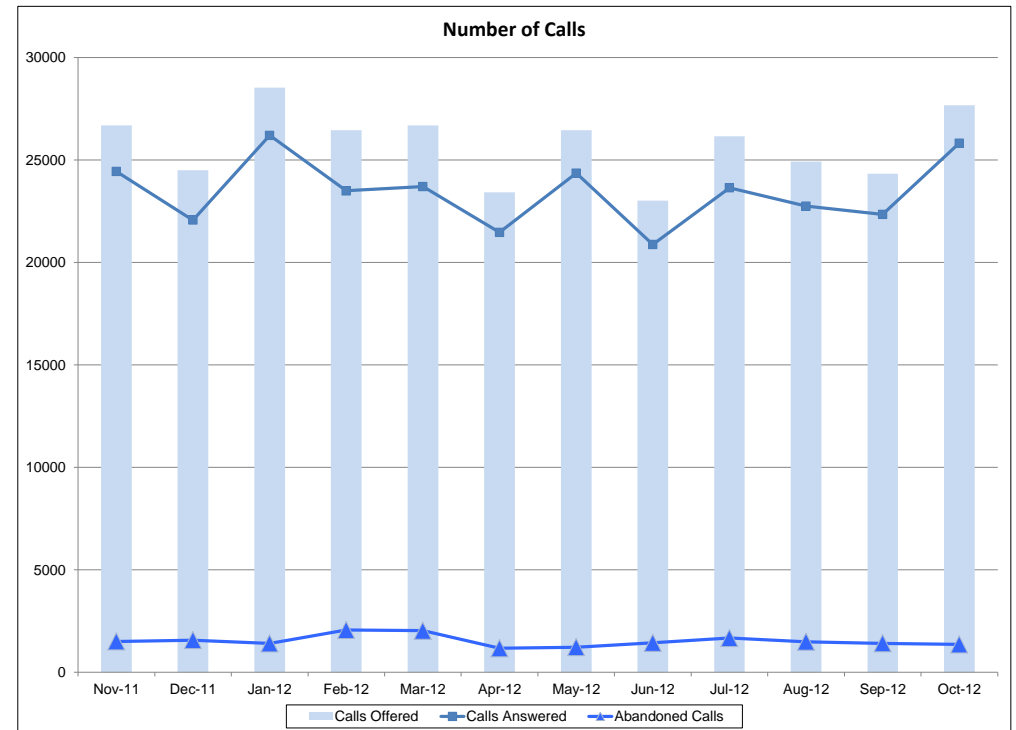
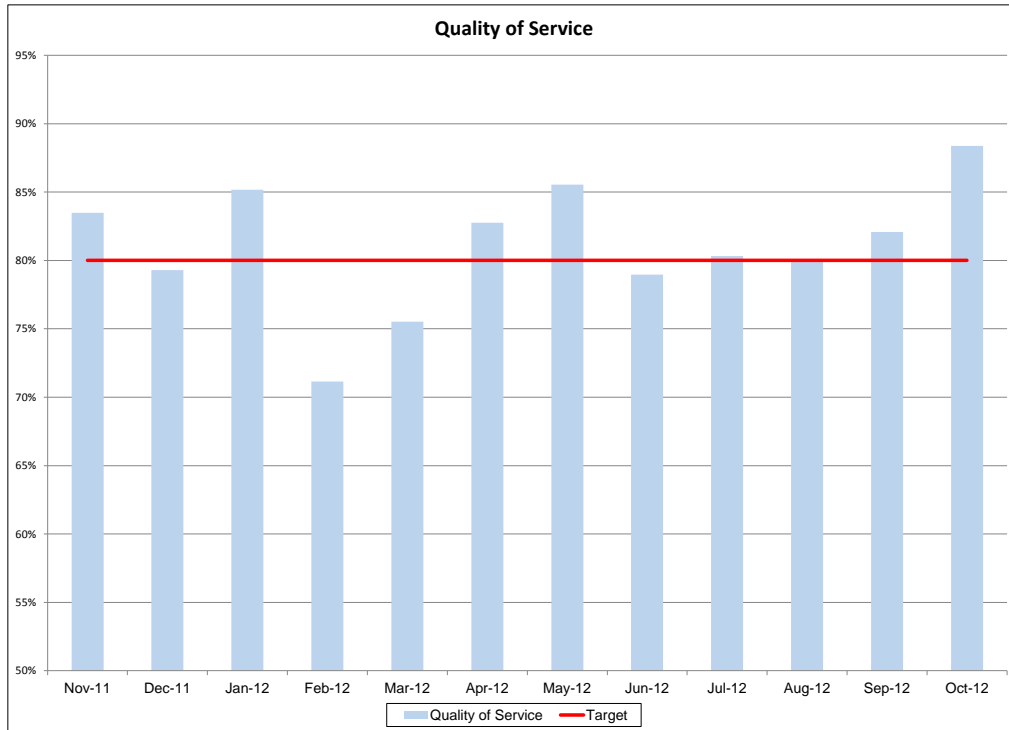
YTD RAG

GREEN



MTD RAG

GREEN



Week Commencing	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Calls Offered	26689	24491	28527	26450	26687	23426	26455	23020	26156	24918	24332	27674
Calls Answered	24441	22066	26198	23492	23700	21462	24354	20872	23645	22747	22345	25820
Average Answer Delay	00:19	00:22	00:17	00:37	00:32	00:19	00:16	00:24	00:22	00:23	00:19	00:12
Max Answer Delay	00:35:50	00:30:35	00:21:00	00:24:47	00:29:34	00:21:43	00:17:43	00:31:48	00:31:20	00:16:59	01:13:27	01:52:57
Abandoned Calls	1497	1563	1399	2054	2023	1161	1222	1427	1665	1484	1407	1350
Quality of Service	83%	79%	85%	71%	76%	83%	86%	79%	80%	80%	82%	88%



Section 2c

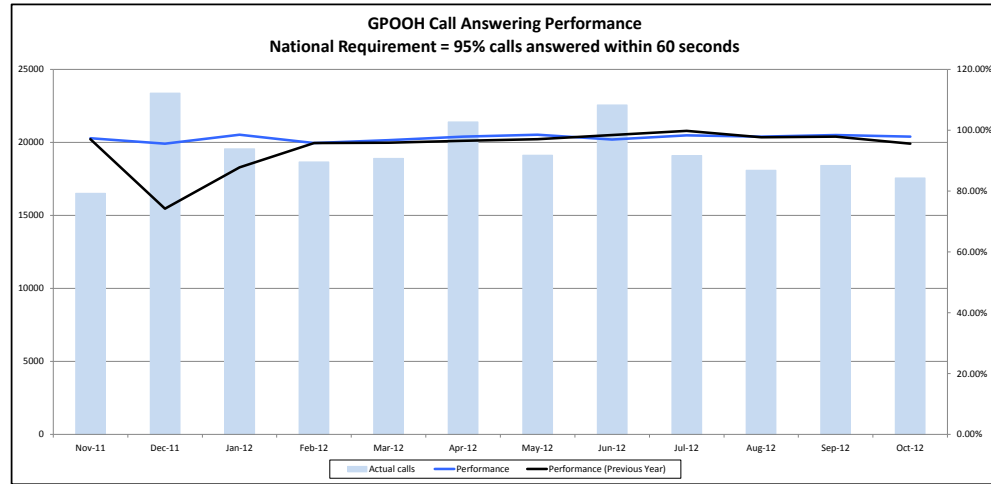
GPOOH Performance



GPOOH Call Answering Performance

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



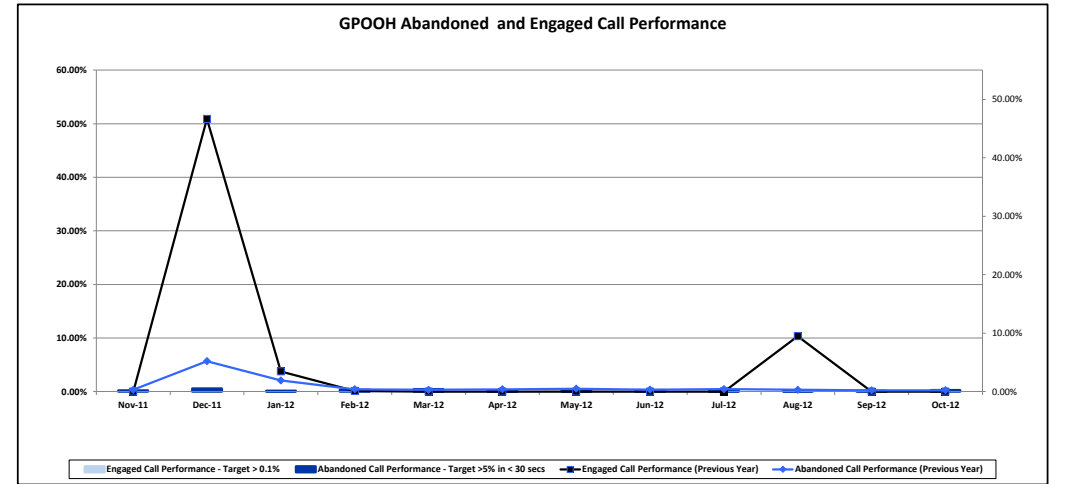
	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Actual calls	16517	23375	19565	18654	18905	21412	19133	22575	19105	18100	18413	17576
Actual calls (Previous Year)	16203	25811	24323	17994	18270	21026	19783	16201	18659	16895	15521	18367
Performance	97.37%	95.55%	98.54%	95.80%	96.72%	97.88%	98.57%	96.98%	98.35%	97.92%	98.46%	97.89%
Performance (Previous Year)	97.02%	74.20%	87.75%	95.79%	95.90%	96.48%	97.02%	98.38%	99.75%	97.70%	97.93%	95.57%

Comments

GPOOH Abandoned & Engaged Call Performance

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-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%	0.22%	0.00%	0.02%
Engaged Call Performance (Previous Year)	0.00%	50.88%	3.78%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	10.34%	0.00%	0.00%
Abandoned Call Performance - Target >5% in < 30 secs	0.18%	0.54%	0.11%	0.30%	0.40%	0.14%	0.13%	0.23%	0.16%	0.13%	0.12%	0.26%
Abandoned Call Performance (Previous Year)	0.30%	5.20%	1.90%	0.39%	0.30%	0.40%	0.49%	0.34%	0.42%	0.30%	0.21%	0.22%



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

Commentary

Our Service : Customer Satisfaction at 90%

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%	Amended due to new surveys by EC Harris
		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						Amendments to the Capital program due to changes from building Callflex 3 as in the original bid to Callflex 4 - resulted in higher Capital 'fit out' cost requirements.
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- £611,519.74 Monthly Saving £177,065.91
F2.1	Contracts awarded in period above £25K	GREEN		2 Contracts awarded over £25k (see below)
F2.1	Single Tender Waivers in period	GREEN		2 Single Tender Waiver issued this month (see below)

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

Comments

Contracts awarded above £25k
 Capital Roofing 2012
 111 Call Centre Refurbishments

Single Tender Waiver
 LP15 Consumables (Masimo Uk Direct Purchase)
 111 Workforce Management

Fleet	OBJ REF	3
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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%					

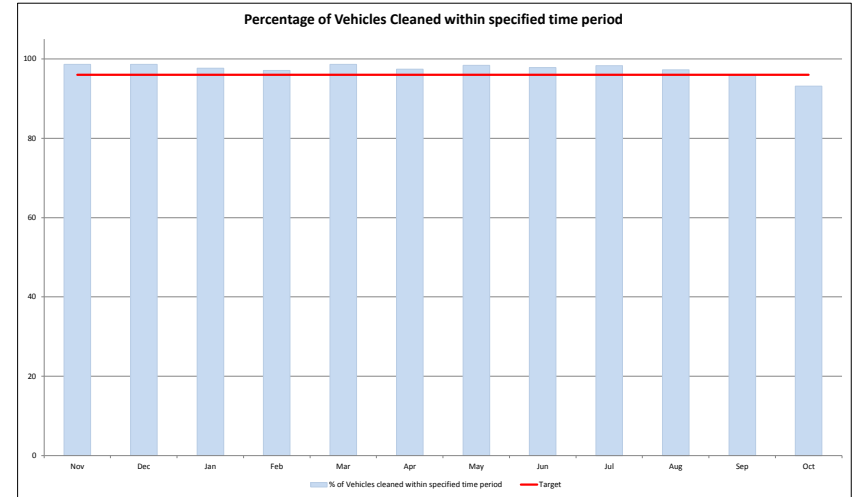
E3 Fleet		Vehicle Availability % Plan vs. Actual *	RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
E3.1	A&E	▲	AMBER	95%	94%	-1%	95%	92%	-3%	This KPI has not been met due to a number of larger repairs and vehicles going into dealers for warranty work. The period has also seen an increase in road traffic accidents, although the KPI has slipped below target, operational vehicle to rota cover has not been affected.
E3.1	PTS		GREEN	96%	93%	-3%	96%	93%	-3%	The KPI has not been met due to the larger repairs and vehicles at the dealers and the bodyshop for repair or warranty.
E3.1	Other		GREEN							

Vehicle Age		RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1	A&E - RRV	GREEN	4	25		There are 4 Vehicles still to be delivered from Vehicle Convertors outstanding from FY 2011/12
E3.1	A&E - DMA	AMBER	5	72		There are 21 van conversions planned for replacement in FY 2012/13, leaving 51 vehicles over the vehicle overage profile to date
E3.1	A&E - Other	GREEN	7	17		
E3.1	PTS	RED	7	183		A bid has been proposed to the capitol monitoring group to secure £600k for the purchase of PTS vehicles. In light of recent changes within the East Midlands Ambulance Service (EMAS) who have lost the PTS contract, YAS have approached EMAS with a view to purchasing a number of their vehicles. It is proposed that the £600k should be spent on a combination of second hand and new PTS stretcher vehicles.
E3.1	Other	AMBER	7	32		Support vehicles are currently under review in line with the new Fleet Strategy

Vehicle Replacement Plan		RAG Status	Plan Annual	Forecast Annual	Notes
E3.1	A&E - RRV	GREEN	0	0	
E3.1	A&E - DMA	GREEN	21	21	Vehicles due to be delivered Quarter 4 FY 2012/13
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	GREEN	38	6.88%	All vehicles had risk assessments to ensure road worthiness. Some slippage due to resource availability is being redressed by external providers and overtime to bring back on plan
E3.2	Vehicle Services Outside "Window" at end of period	AMBER	14	3.76%	All vehicles had risk assessments to ensure road worthiness. Some slippage due to resource availability is being redressed by external providers and overtime to bring back on plan.
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	70	2.80%	There has been a build-up of slippage due to the availability of vehicles due to the increase of Operational staff and the high number of VOR's, this has been compounded by high sickness in the West and annual leave across the department. The use of external providers and overtime has been sanctioned to bring the KPI back in line.
E3.4	Defibrillator servicing Outside "Window" at end of period	AMBER	31	4.75%	Some defibrillators not at last known location; notices sent to Operations to identify these devices. Overtime and 3rd party resources identified to bring back on plan. Process in place to identify out-of-service time devices with Clinical Supervisor to take out of use until serviced. New (LP15) defibrillators automatically warn of service due date.
E3.5	Suction Unit servicing Outside "Window" at end of period	AMBER	79	8.21%	Overtime and 3rd party resources identified to bring back on plan. Process now in place to identify overdue equipment
E3.6	Parapac servicing Outside "Window" at end of period	AMBER	41	12.62%	Overtime and 3rd party resources identified to bring back on plan. Process now in place to identify overdue equipment
E3.7	Microvent servicing Outside "Window" at end of period	AMBER	65	12.92%	Figures on the last report were inverted with parapac. Sudden increase due to number of units that fell due in July 2012. Overtime and 3rd party resources identified to bring back on plan. Process now in place to identify overdue equipment.

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



Vehicle Cleaning	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
% of Vehicles cleaned within specified time period	98.6	98.6	97.7	97.1	98.6	97.4	98.4	97.8	98.3	97.29	95.9	93.12

Accident Reduction Table

Accident Reduction 2012-2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Actual 2011 / 2012													923
Target Reduction	35	35	35	35	35	35	35	55	60	75	75	70	580
Actual Vehicle Accident Claims to date	35	34	28	27	19	16	36						195
Variance	0	-1	-7	-8	-16	-19	1						

Comments

In 2011/12 we spent £440,924 directly with Vehicle Bodycare on VAT and Excess £500 Claims over some 923 individual jobs which works out at an average of 76 per month. If we are to achieve the £150,000 saving as identified in the Fleet Cost reduction plan, we effectively need to reduce the annual number of accidents repaired at vehicle bodycare from 923 to 580. We profiled this to reflect the likely increase in accidents during the winter period.

This shows that we are on target to achieve the reduction year to date. This is being achieved through a series of interventions introduced by the Accident Reduction Manager including road safety awareness campaigns and roadshows with staff.

▲ Early Warning Indicator



Section 3

Quality Analysis



Directors Exceptions

RAG	Page Ref No	No of months Exception	Exception	Actions required to put back on track	Who	When	Year end Risk Level
AMBER	3.16	2/6	PTS Service-User Experience	Linked to waits post appointment - Working with clinics to improve throughput timings, planning pilot to introduce on day scheduling as part of the transformation plan	Joanne Halliwell Associate Director PTS	Q3	AMBER
RED	3.2	5/5	Effective Sickness Management	Project group has been established to review plans going forward with NED involvement.	Stephen Moir, Deputy Chief Executive/Executive Director of Workforce and Strategy	Q3	AMBER
AMBER	3.2	2/5	A&E workforce plan	Currently subject to 90 day consultation period. Plans have been developed to drive the project forward after this period has ended.	Paul Birkett-Wendes, Director of Operations	Q3	AMBER
AMBER	3.2	3/5	Meal break policy	Currently subject to 90 day consultation period. Controls have been put in place within the EOC to ensure meal breaks are allocated correctly.	Paul Birkett-Wendes, Director of Operations	Q3	AMBER
AMBER	3.2	5/5	Emergency Care solution	Business Case to be signed off. Project group has been established with a project start date proposed for January 2012	Rod Barnes, Executive Director, Finance and Performance	Q3 & Q4	GREEN
AMBER	3.2	2/5	EOC Transformation	Project lead has been identified. Project group established and full implementation plan developed. Consultation period is starting 5.11.12	Paul Birkett-Wendes, Director of Operations	Q3 & Q4	GREEN
AMBER	3.2	2/5	Clinical Hub	PID is currently being developed. Project lead has been identified and a project board is to be established.	Paul Birkett-Wendes, Director of Operations	Q3	GREEN
AMBER	3.2	3/5	Reduced Conveyance including CQUIN	Trajectory has not been met for Q2. An implementation plan has been developed and is being managed through a cross directorate steering group	David Williams Deputy Director of Operations	Q3 & Q4	AMBER
AMBER	3.2	2/5	Workforce Plan and Rota Review	Currently subject to 90 day consultation period. Plans have been developed to drive the project forward after this period has ended.	Paul Birkett-Wendes, Director of Operations	Q3	AMBER
AMBER	3.2	2/5	ECP CQUIN	The Q2 report was submitted past the deadline. The project lead is working with Commissioners to resolve the issue and a detailed implementation plan has been developed.	Karen Warner Associate Director for Quality	Q3	GREEN
AMBER	3.2	2/5	PTS Transformation	Management changes due to be implemented in November which will identify a senior manager to be responsible for PTS. On-going work with Unipart Expert Practices to deliver service improvements in all areas of PTS	Joanne Halliwell Associate Director PTS	Q3 & Q4	GREEN
AMBER	3.2	1/5	PTS CQUINS	Negotiation with commissioners re thresholds, evaluation of costs of trajectory delivery against contract income, secured delivery against all of the remaining CQUIN schemes	Joanne Halliwell Associate Director PTS	Q3	AMBER
AMBER	3.2	4/5	111	Estates issues are currently being resolved. Clinical Director post being readvertised.	Keeley Townend Associate Director NHS 111	Q3	GREEN
AMBER	3.2	1/5	Cardiac Arrest	Training of staff is behind schedule due to operational pressures and cancellation of training across the Trust during October. This should be back on track by the end of Q3.	Dave Macklin, Associate Medical Director	Q3	GREEN
AMBER	3.2	2/5	Demand management CQUIN	Q2 report submitted but additional information has been requested from the commissioners before Q2 sign off.	Karen Warner Associate Director for Quality	Q3	AMBER
AMBER	3.2	1/5	Prog. Identity, comms and staff engagement	Branding still undecided and launch date not confirmed- collaborative work is being undertaken with Unipart to progress this and a workshop has been organised to move forward with the plans.	Karen Warner Associate Director for Quality	Q3	GREEN
AMBER	3.2	2/5	Monitoring and reporting	Executive project board meetings now established on a fortnightly basis. Individual directorate programme boards have also been established to meet monthly.	Judith Sugden Transformation Programme Manager	Q3	GREEN

Comments on Quality**New Incidents Reported**

New incidents reported in October 2012 has increased slightly in comparison to the previous 2 months however it is still within the average number of incidents reported over the year. YAS view an increase in incidents as a positive change as this demonstrates a positive culture of reporting and learning from incidents. Road Traffic Collisions remains the highest category of incidents reported; work is on-going to reduce the number of these incidents and is part of the Trust's Cost Improvement Plan (CIP). Other high categories include delayed response of which issues are being addressed through the EOC Task & Finish Group. Medication related incidents also remain within the top ten categories however these are not a cause for concern; they are primarily broken or damaged morphine vials.

Patient Related Incidents

Patient related incidents have fallen slightly since September however still remains within the average number in comparison to previous months. Currently patient related incidents capture incidents relating to care planning problems, patient slips, trips & falls etc. Datix is currently being designed ready for the system going live in March 2013 and additional categories will be included under 'patient related incidents' to allow for more accurate reporting.

Staff Related Incidents

There has been a significant rise in staff related incidents in October. These have included Moving and Handling issues, relating to equipment and also violence and aggression incidents. Work is underway within the Trust in conjunction with a project being carried out by Loughborough University to design a more suitable blue equipment bag which should reduce the number of associated moving and handling injuries. The Local Security Management Specialists have been working hard to promote awareness of violence and aggression and the importance of reporting these incidents. This could be a factor in the increase in these number of incidents. Staff related incident figures will be monitored over the coming months for any potential problem areas which need to be addressed.

RIDDOR Reportable Incidents

The RIDDOR incidents remain consistent with previous months in numbers and categories. 50% of the incidents reported in October related to injuries when lifting, handling or carrying. This could also relate to the blue equipment bag, details of which can be found on section 3.6.

Morphine related incidents

There were 14 Red incidents, two of serious concern, which I am currently investigating. 1. A broken vial found in an RRV, which cut the person cleaning the RRV.
2. An unopened vial of morphine left at a patients home.

IPC Audit - Percentage compliant

Amber areas for hand hygiene are primarily due to not wearing alcohol gel on the person (in most cases advice was provided at the time of audit to obtain one from stores) and the wearing of a wristwatch and/or hand jewellery that doesn't meet IP&C requirements. There was one area where the minimum of 20 audits were not completed/ input the therefore the percentage compliance is not available (I/data)

Amber area for premise cleanliness is due to inappropriate storage of consumables and clean linen which is part of the estates plan to resolve and not displaying the most recent audit report (as attached), there was one exceptions where not all premises were audited and therefore the percentage compliance is not available (I/data).

Amber areas for vehicle cleanliness are primarily due to damage to upholstery. Fleet have commenced a project with an external company to repair upholstery with PTS vehicles, which has shown an increase in compliance for October, A&E vehicles with damaged upholstery should be reported to Fleet. Another issue identified is the management of waste on vehicles, clinical waste should be removed from the vehicle at the earliest opportunity, all waste (general and clinical) should be disposed of correctly at the time of use.

Compliments / Complaints

October 2012 There were 2 GPOOH Complaint/Concern re Procedural Patient Care and 1 Fleet Driving Issues

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.

KPI	Description	Measure	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Year End 12/13 Forecast	Q3 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	GREEN	GREEN	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	GREEN	GREEN	GREEN	GREEN	GREEN						GREEN

Deriving the governance risk rating

Monitoring	Service performance score	Governance Risk Rating
1 Performance against national measures -National Indicators set out -Applicable to all foundation trusts commissioned to provide services -Declared risk of, or actual, failure to meet any indicator = +0.5-1.0 -Three successive quarters' failure of a 1.0-weighted measure, red rating and potential escalation for significant breach		<p>Service Performance score of</p> <p>< 1.0 } GREEN</p> <p>≥ 1.0 } } AMBER-GREEN</p> <p>< 2.0 } } } AMBER-RED</p> <p>≥ 2.0 } } } } RED</p> <p>< 4.0 } } } } } AMBER-RED</p> <p>≥ 4.0 } } } } } } 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	GREEN	GREEN						
T1a	Reduce A&E overtime	GREEN	GREEN	GREEN	GREEN	GREEN						
T1b	Effective Sickness Management	RED	RED	RED	RED	RED						Overall Trust sickness remains high. Project group has been established to review plans going forward with NED involvement.
T1c	A&E workforce plan	GREEN	GREEN	GREEN	RED	AMBER						Currently subject to 90 day consultation period. Plans have been developed to drive the project forward after this period has ended.
T1d	Meal break policy	GREEN	GREEN	RED	RED	AMBER						Currently subject to 90 day consultation period. Controls have been put in place within the EOC to ensure meal breaks are allocated correctly.
T1e	Clinical Leadership	GREEN	GREEN	GREEN	GREEN	GREEN						
T1f	Purchase Springhill	GREEN	GREEN	GREEN	GREEN	GREEN						Complete
T2	Estates Strategy	GREEN	GREEN	GREEN	GREEN	GREEN						Programme board has been established for the estates projects
T2a	HART	GREEN	GREEN	GREEN	AMBER	GREEN						Location identified. Business case to be presented to Trust board in December
T3	Emergency Care solution	AMBER	AMBER	AMBER	AMBER	AMBER						Business Case to be signed off. Project group has been established with a start date proposed for January 2012
T4	Service Line Management											Project due to start in November
Operations Programme												
T5	EOC Transformation	GREEN	GREEN	GREEN	AMBER	AMBER						
T5a	Clinical Hub	GREEN	GREEN	GREEN	AMBER	AMBER						PID being developed. Project leads identified and project board to be established.
T5b	Clock Start	GREEN	GREEN	GREEN	GREEN	GREEN						
T5c	EOC Reconfiguration	AMBER	AMBER	GREEN	AMBER	GREEN						Consultation period beginning on 5.11.12
T5d	Reduced Conveyance including CQUIN	GREEN	AMBER	GREEN	AMBER	AMBER						Trajectory not met for Q2, implementation plan developed and is being managed through cross directorate steering group
T6	Workforce Plan and Rota Review	GREEN	GREEN	GREEN	AMBER	AMBER						Currently subject to 90 day consultation period. Work on-going to drive the project forward once this period is over.
T7	Rural Models CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN						Q2 report submitted and on target for Q3.
T8	ECP CQUIN	GREEN	GREEN	GREEN	AMBER	AMBER						Q2 report submitted past the deadline. Project lead is working with Commissioners to resolve the issue.
T9	PTS Transformation	GREEN	GREEN	GREEN	AMBER	AMBER						Project is currently under review by TEG
T9a	PTS CQUINS	GREEN	GREEN	GREEN	GREEN	AMBER						South CQUIN is a risk due to not meeting the target set for reduction of long waits and patient experience survey for patients with learning difficulties. Discussions with Commissioners on-going to resolve this.
Clinical/Quality Programme												
T10	111	GREEN	RED	AMBER	AMBER	AMBER						Estates issues being resolved. Clinical Director post being readvertised.
T11	Major trauma	GREEN	GREEN	GREEN	GREEN	GREEN						
T12	Cardiac Arrest	GREEN	GREEN	GREEN	GREEN	AMBER						Training of staff is behind schedule due to operational pressures and cancellation of training across the Trust during October.
T13	Public health	GREEN	GREEN	AMBER	GREEN	GREEN						A project group has been established and clear action plan is in place
T13a	Demand management CQUIN	GREEN	GREEN	AMBER	GREEN	AMBER						Q2 report submitted but additional information requested from commissioners before Q2 sign off.
T14	Clinical Leadership	GREEN	GREEN	GREEN	GREEN	GREEN						
T15	Dementia CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN						
T16	Patient Safety CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN						
T17	Risk Data Management	GREEN	GREEN	GREEN	GREEN	GREEN						
Programme Management and Enabling												
T18	Project Office Team	GREEN	GREEN	GREEN	GREEN	GREEN						
T19	Transformation Prog.Management Group	GREEN	GREEN	GREEN	GREEN	GREEN						
T20	Prog. Identity, comms and staff engagement	GREEN	GREEN	RED	GREEN	AMBER						Branding still undecided and launch date not confirmed- collaborative work is being undertaken with Unipart to progress this.
T21	Monitoring and reporting	GREEN	GREEN	GREEN	AMBER	AMBER						Executive project board meetings now established on a fortnightly basis. Directorate programme boards still to be established.
T22	Change skills for key staff	GREEN	GREEN	GREEN	GREEN	GREEN						
T23	Leadership Development	GREEN	GREEN	GREEN	GREEN	GREEN						
T24	ESR	AMBER	AMBER	AMBER	AMBER	GREEN						A review of the project is being undertaken with a re-launch proposed for November 12

IPC Audit - Percentage compliant

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

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

Key for IPC Audit: Pre April 2012

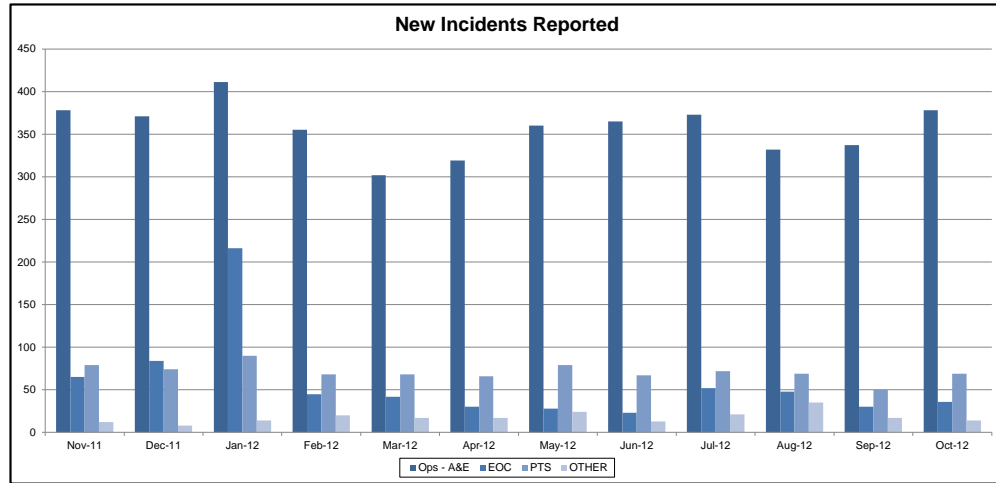
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

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

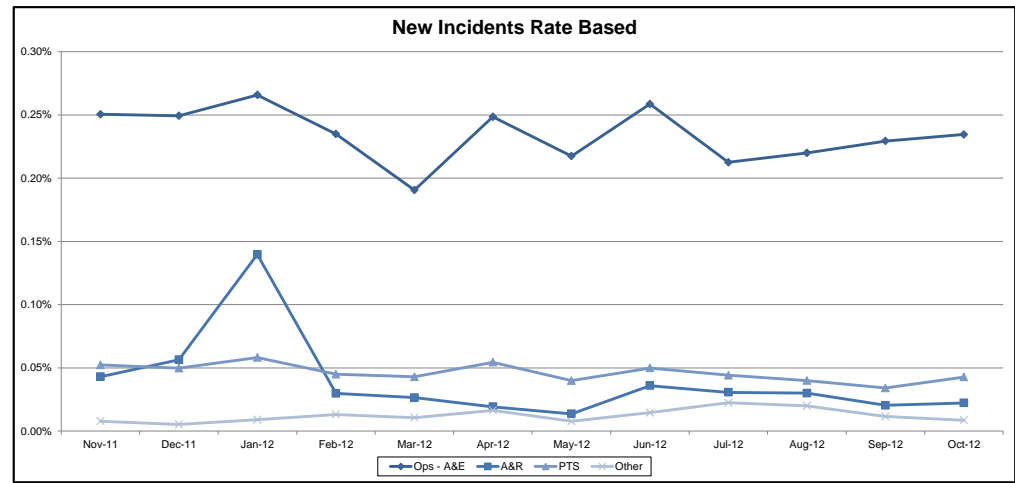


New Incidents Reported	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Ops - A&E	378	371	411	355	302	319	360	365	373	332	337	378
EOC	65	84	216	45	42	30	28	23	52	48	30	36
PTS	79	74	90	68	68	66	79	67	72	69	50	69
OTHER	12	8	14	20	17	17	24	13	21	35	17	14
TOTALS	534	537	731	488	429	432	491	468	518	484	434	497

▲ * Early Warning Indicator

New Incidents Reported Rate Based * ▲

OBJ REF 3

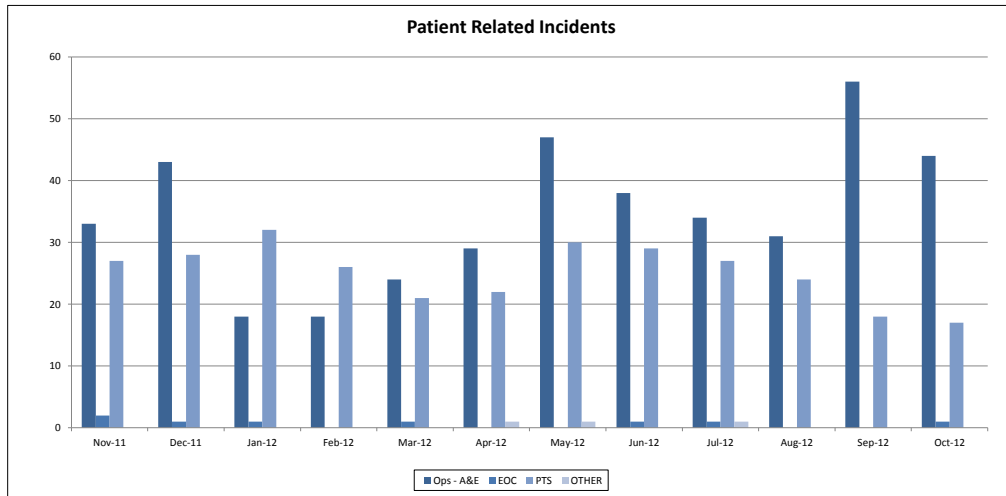


New Incidents Reported	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Ops - A&E	0.25%	0.25%	0.27%	0.23%	0.19%	0.25%	0.22%	0.26%	0.21%	0.22%	0.23%	0.23%
A&R	0.04%	0.06%	0.14%	0.03%	0.03%	0.02%	0.01%	0.04%	0.03%	0.03%	0.02%	0.02%
PTS	0.05%	0.05%	0.06%	0.05%	0.04%	0.05%	0.04%	0.05%	0.04%	0.04%	0.03%	0.04%
OTHER	0.01%	0.01%	0.01%	0.01%	0.01%	0.02%	0.01%	0.01%	0.02%	0.02%	0.01%	0.01%

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

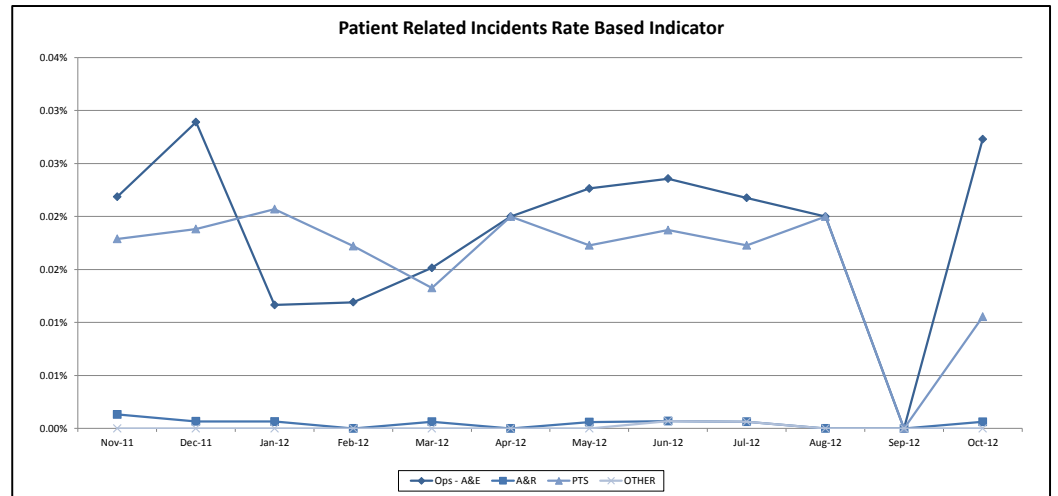
OBJ REF 3



Patient Related Incidents	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Ops - A&E	33	43	18	18	24	29	47	38	34	31	56	44
EOC	2	1	1	0	1	0	0	1	1	0	0	1
PTS	27	28	32	26	21	22	30	29	27	24	18	17
OTHER	0	0	0	0	0	1	1	0	1	0	0	0
TOTALS	62	72	51	44	46	52	78	68	63	55	74	62

Patient Related Incidents Rate Based Indicator

OBJ REF 3

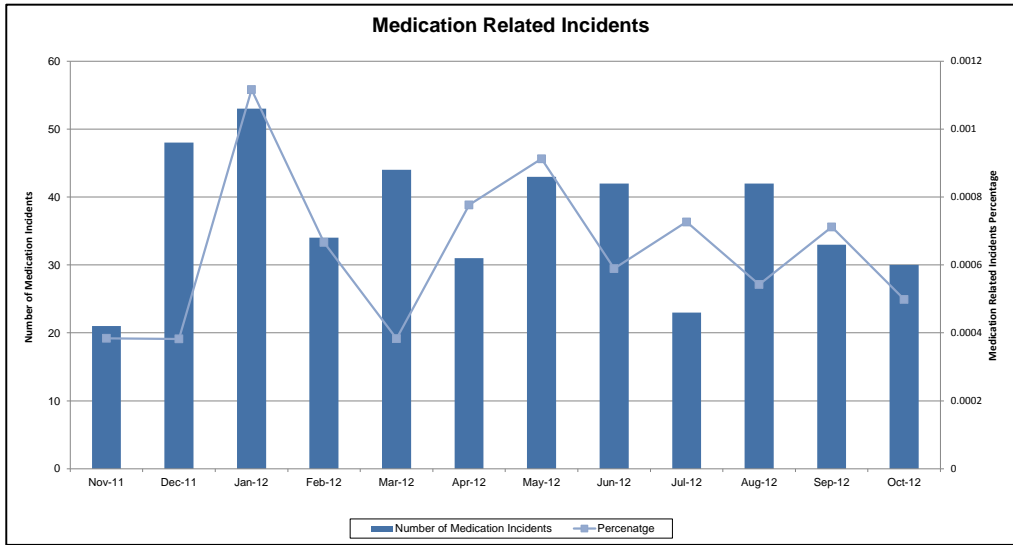


	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Ops - A&E	0.02%	0.03%	0.01%	0.01%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.00%	0.03%
A&R	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PTS	0.02%	0.02%	0.02%	0.02%	0.01%	0.02%	0.02%	0.02%	0.02%	0.02%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

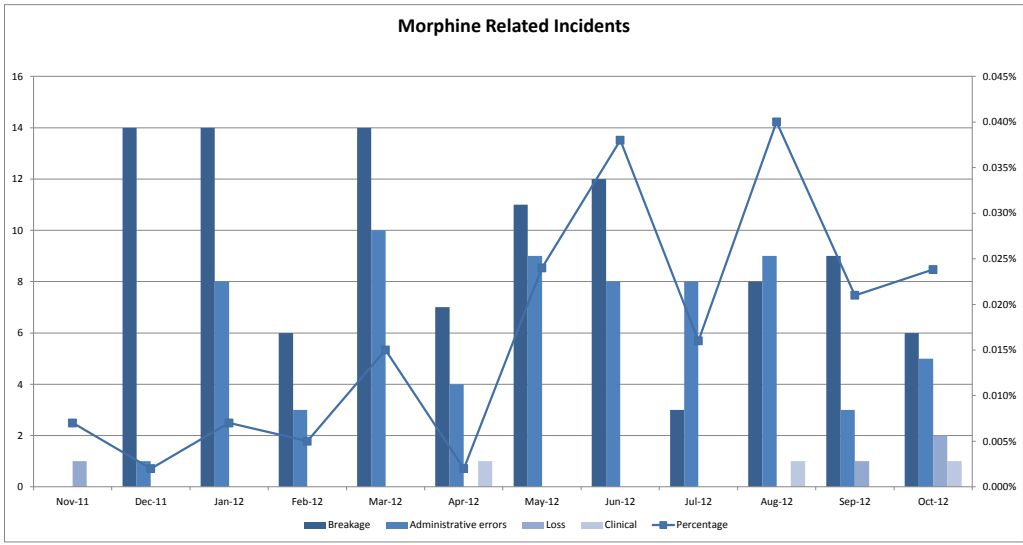


	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Number of Medication Incidents	21	48	53	34	44	31	43	42	23	42	33	30

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

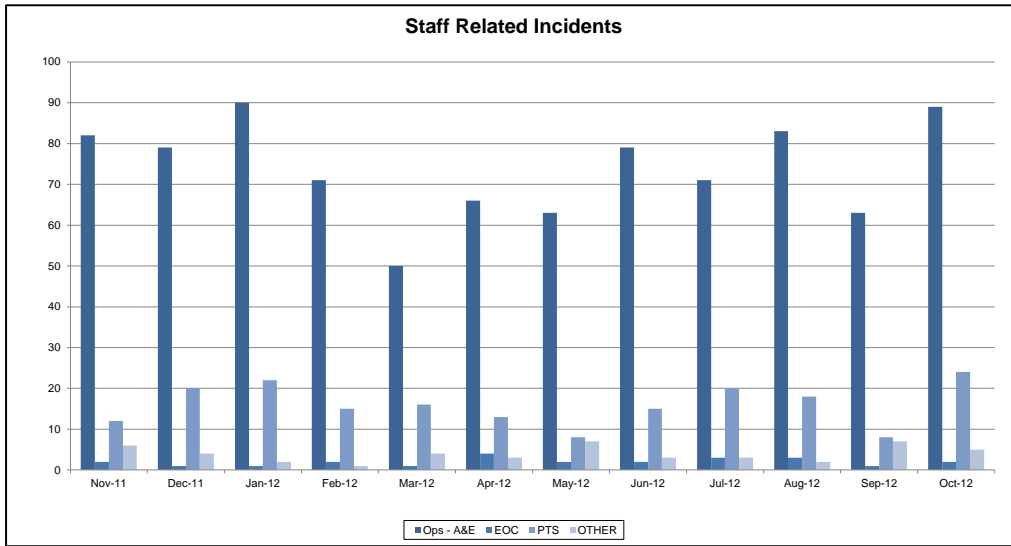


	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Breakage	0	14	14	6	14	7	11	12	3	8	9	6
Administrative errors	0	1	8	3	10	4	9	8	8	9	3	5
Loss	1	0	0	0	0	0	0	0	0	0	1	2
Clinical	0	0	0	0	0	1	0	0	0	1	0	1
Number of Morphine Incidents	1	15	22	9	24	12	20	20	11	18	13	14

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

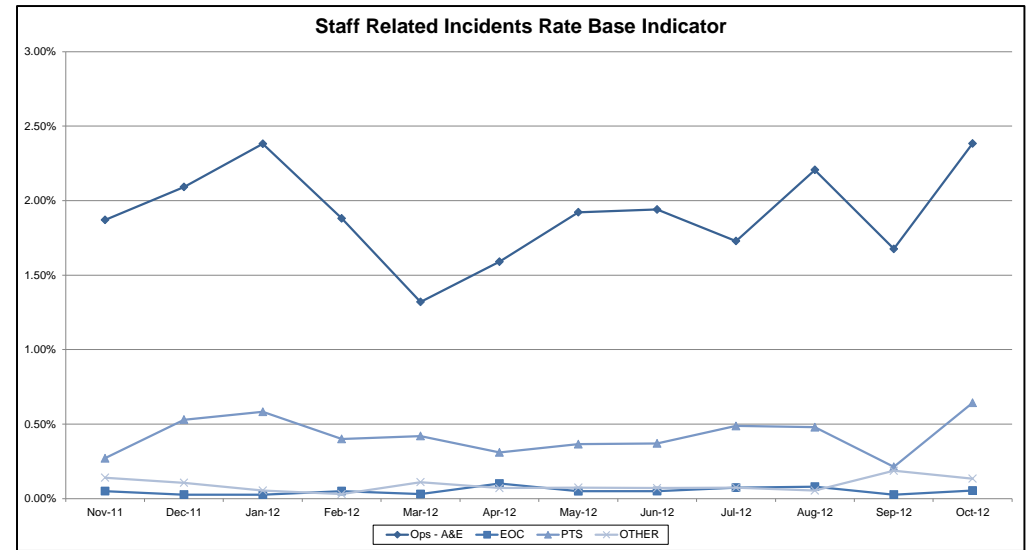
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



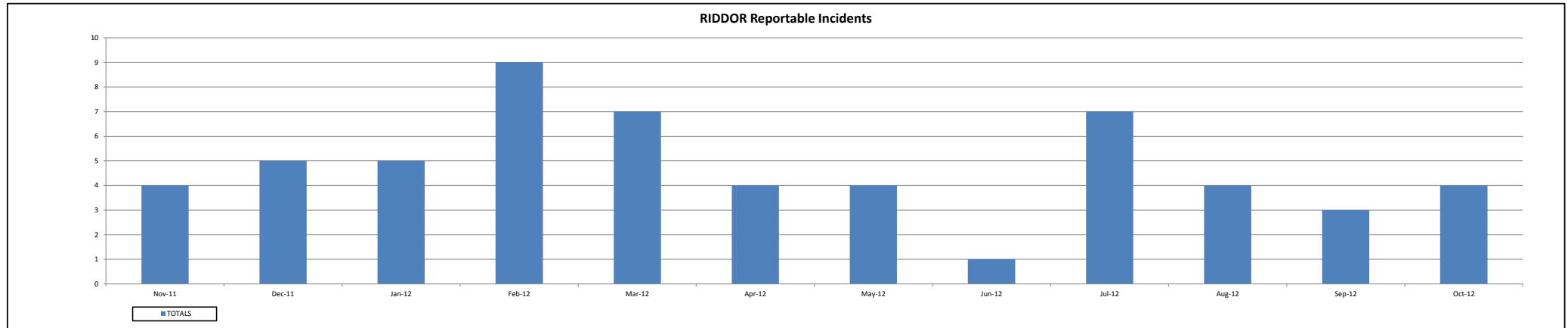
Staff Related Incidents	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Ops - A&E	82	79	90	71	50	66	63	79	71	83	63	89
EOC	2	1	1	2	1	4	2	2	3	3	1	2
PTS	12	20	22	15	16	13	8	15	20	18	8	24
OTHER	6	4	2	1	4	3	7	3	3	2	7	5
TOTALS	102	104	115	89	71	86	80	99	97	106	79	120

Staff Related Incidents	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Ops - A&E	1.87%	2.09%	2.38%	1.88%	1.32%	1.59%	1.92%	1.94%	1.73%	2.21%	1.68%	2.38%
EOC	0.05%	0.03%	0.03%	0.05%	0.03%	0.10%	0.05%	0.05%	0.07%	0.08%	0.03%	0.05%
PTS	0.27%	0.53%	0.58%	0.40%	0.42%	0.31%	0.36%	0.37%	0.49%	0.48%	0.21%	0.64%
OTHER	0.14%	0.11%	0.05%	0.03%	0.11%	0.07%	0.07%	0.07%	0.07%	0.05%	0.19%	0.13%

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

RIDDOR Reportable Incidents

OBJ REF 3

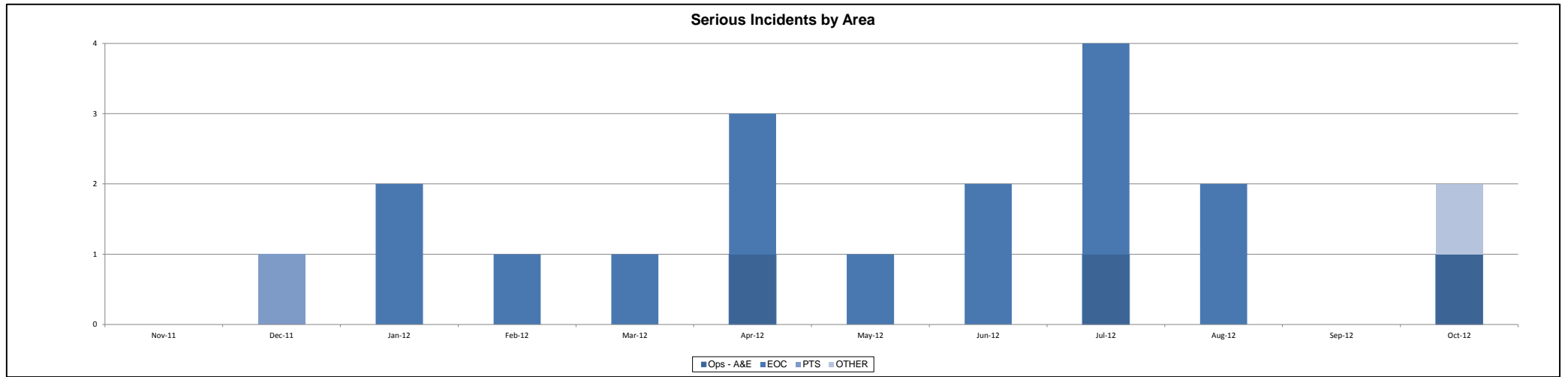


RIDDOR reportable	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
North Yorkshire CBU	1	0	0	2	0	1	1	0	0	0	0	1
East Riding of Yorkshire CBU	2	1	1	5	2	0	0	0	2	0	0	1
Leeds & Wakefield CBU	1	1	1	0	0	1	1	0	2	0	1	1
Bradford, Calderdale and Kirklees	0	2	2	0	2	1	1	0	1	1	2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

Incident Type	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Contact with moving machinery or materials	0	0	1	0	0	0	0	0	0	0	0	0
Hit by a moving, flying or falling object	0	0	0	1	0	0	2	0	0	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	1	1
Injured while handling, lifting or carrying	2	1	3	6	3	3	0	1	3	1	1	2
Slip, trip or fall on the same level	2	4	1	0	4	1	1	0	1	2	1	1
Fall from a height	0	0	0	0	0	0	0	0	2	0	0	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	1	0	0	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	1	0	0	0	0	1	0	0	0
Another kind of accident	0	0	0	1	0	0	0	0	0	1	0	0
Total	8	4	5	5	9	7	4	1	7	4	3	4

SUI Incidents by Area

OBJ REF 3



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

* Early Warning Indicator

Incident Type	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Delayed dispatch/response	0	0	2	1	1	2	1	2	3	2	0	0
Road Traffic Collision	0	0	0	0	0	0	0	0	0	0	0	1
Clinical care	0	1	0	0	0	1	0	0	1	0	0	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	1
Total	0	1	2	1	1	3	1	2	4	2	0	2

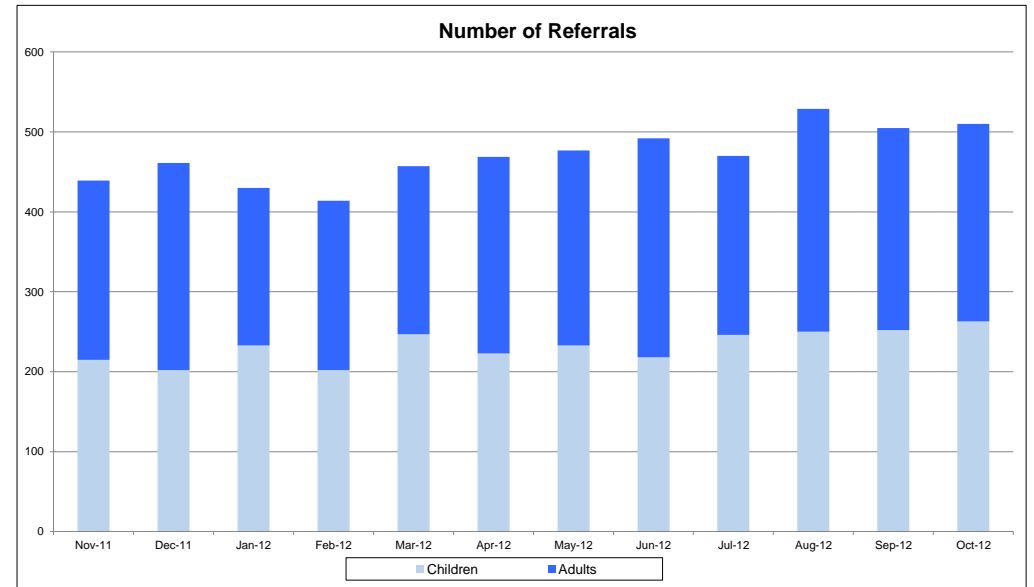
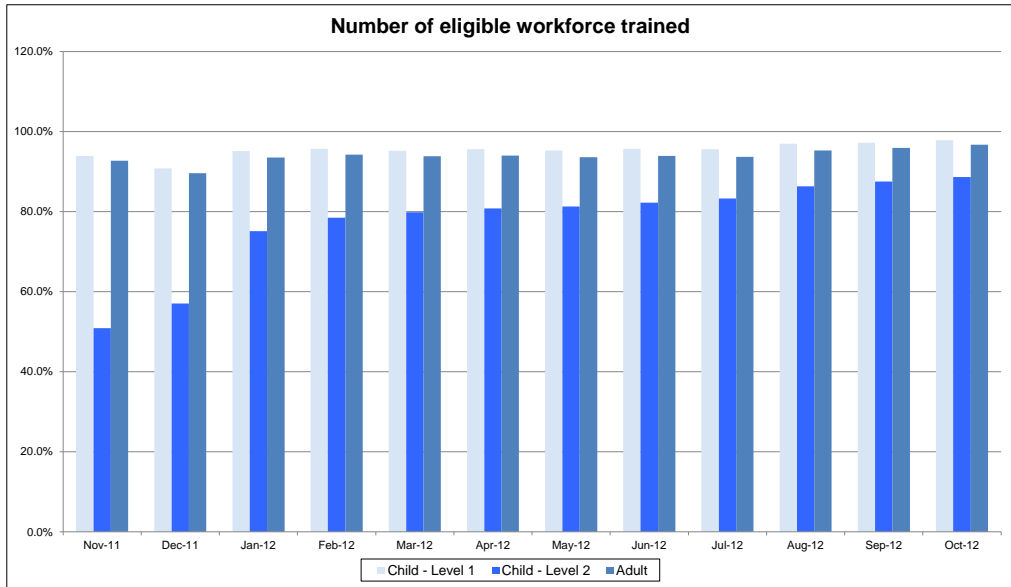
Training Position

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

Number of Child and Adult Referrals

OBJ REF 3



Training Position	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Child - Level 1	93.9%	90.8%	95.1%	95.7%	95.2%	95.6%	95.3%	95.7%	95.6%	96.9%	97.2%	97.8%
Child - Level 2	50.9%	57.0%	75.1%	78.5%	79.8%	80.8%	81.3%	82.2%	83.3%	86.3%	87.5%	88.6%
Adult	92.7%	89.6%	93.5%	94.2%	93.8%	94.0%	93.6%	93.9%	93.7%	95.3%	95.9%	96.7%

Referrals	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Children Referrals	215	202	233	202	247	223	233	218	246	250	252	263
Adult Referrals	224	259	197	212	210	246	244	274	224	279	253	247
TOTAL	439	461	430	414	457	469	477	492	470	529	505	510

Clinical Performance Indicators - National

OBJ REF

1.2 : 3

	CYCLE 7	CYCLE 8	CYCLE 9	
	Jan 2012 Results %	May 2012 Results %	June 2012 Results %	National Average
Hypoglycaemia				
H1 - Blood Glucose Recorded before treatment	100.0	93.2	92.6	99.0
H2 - Blood Glucose Recorded after treatment	97.8	98.6	98.2	97.3
H3 - Treatment for Hypoglycaemia Recorded	99.6	99.3	99.6	99.1
PILOT – Direct referral made to an appropriate health professional	80.9	85.0	81.3	61.8
HC – Care Bundle H1, H2 and H3	97.8	91.8	91.2	95.8

	CYCLE 7	CYCLE 8	CYCLE 9	
	Sept 2011 Results %	Feb 2012 Results %	July 2012 Results %	National Average
Asthma				
A1 - Respiratory rate recorded	99.7	99.6	98.5	99.0
A2 - PEF (peak flow) recorded before treatment	84.3	79.6	83.4	80.6
A3 - SpO2 recorded before treatment	90.9	87.0	86.4	94.7
A4 - Beta 2 agonist recorded	93.4	96.1	99.2	97.3
A5 - Oxygen administered	95.8	96.8	100.0	96.5
PILOT – Care Bundle A1, A2, A3 and A4	76.7	70.4	77.4	76.7

	Cycle 9	
	August 2012 Results %	National Average
Trauma Care - Below Knee Fracture Single Limb Pilot		
F1 - Two pain scores recorded (pre- and post-ambulance intervention)		Results will not be available until after October 2012
F2 - Analgesia administered		
F3 - SpO2 recorded (prior to oxygen administration)		
F4 - Oxygen administered		
F5 - Immobilisation of limb recorded		
F6 - Assessment of circulation distal to the fracture recorded		
FC - Care Bundle F1, F2, F5 and F6		

	Cycle 9	
	September 2012 Results %	National Average
Paediatric Care - Febrile Convulsion (PILOT)		
V1 - Blood glucose recorded		Results will not be available until after November 2012
V2 - Temperature recorded		
V3 - SpO2 recorded (prior to oxygen administration)		
V4 - Oxygen administered		
V5 - Anticonvulsant administered		
V6 - Temperature management recorded		
V5 - Appropriate discharge pathway recorded		
VC - Care Bundle V1, V2, V3, V4 and V6		

Clinical Audit Programme

OBJ REF 1.2 : 2 : 3: 8.1

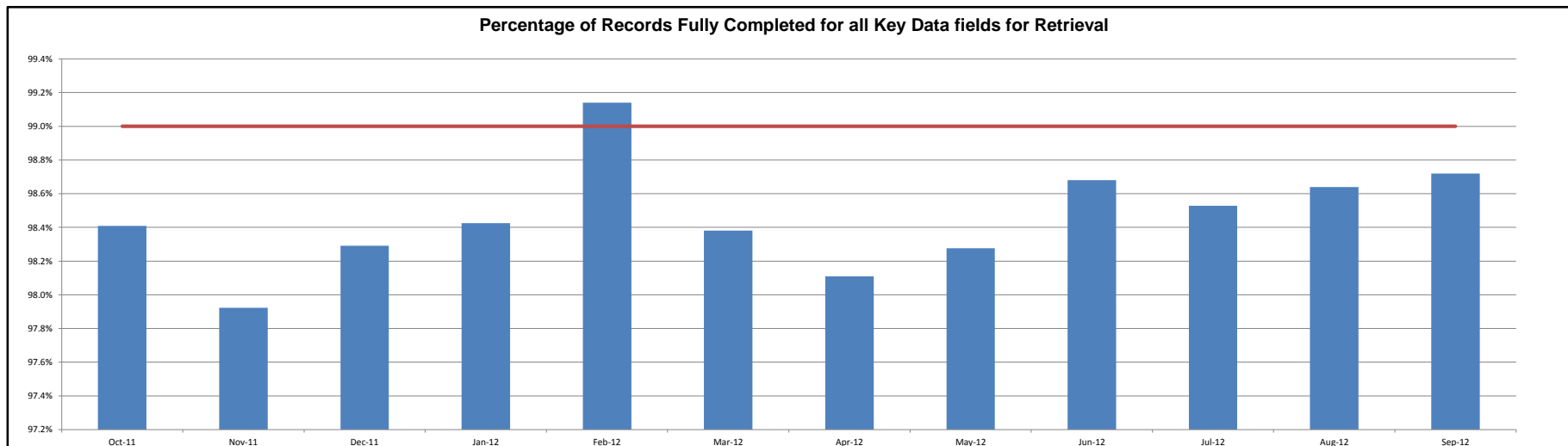
National Audit Programme

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

Internal Clinical Audit Plan

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

Patient Report Form Audit



Percentage of Records Fully Completed For All Key Data Fields Used For Retrieval	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Total Forms Scanned	70437	64622	70819	65615	64075	66901	57868	61680	57317	57220	58437	56987
Total of forms with key data incomplete	1121	1342	1210	1033	551	1083	1094	1063	756	842	795	730
% of Completed Forms	98.4%	97.9%	98.3%	98.4%	99.1%	98.4%	98.1%	98.3%	98.7%	98.5%	98.6%	98.7%

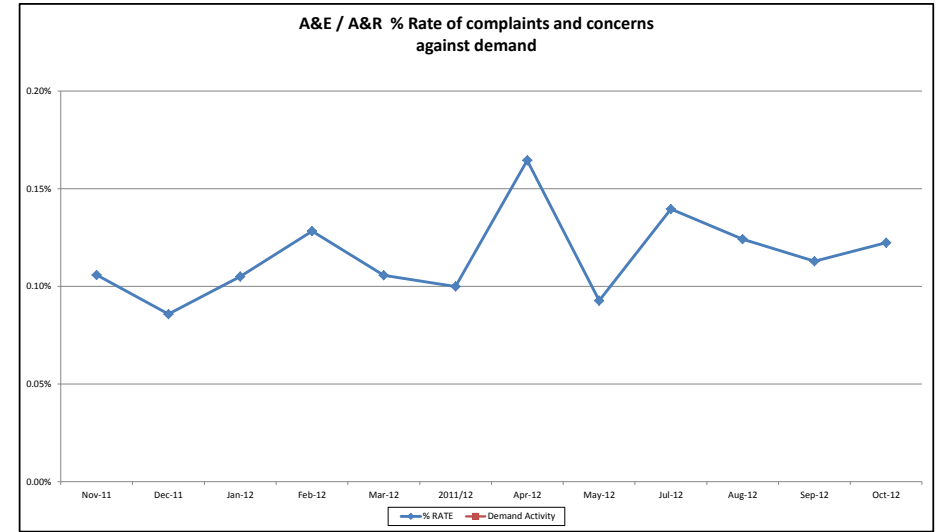
This measure will always be 1 month in arrears

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns * ▲															
2011/12	CBU Area	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD
Attitude / Conduct	BCK (CKW from August 12)	3	1	6	3	3	23	1	0	3	2	4	1	2	13
	Hull & ER	3	1	0	2	2	21	1	0	1	1	3	0	1	7
	Leeds & Wakefield (Leeds & Bradford from August 2012)	2	2	2	3	0	23	1	1	1	3	5	2	2	15
	North Yorks	0	1	3	0	3	13	3	2	7	3	0	4	0	19
	South Yorks	2	1	3	1	1	18	4	0	2	3	0	4	8	21
	EOC	1	0	2	1	0	14	5	2	1	1	2	1	4	16
Aspects of Clinical Care	BCK (CKW from August 12)	1	6	1	1	1	39	2	3	2	3	3	2	0	15
	Hull & ER	2	2	1	7	1	33	8	0	3	2	2	1	3	19
	Leeds & Wakefield (Leeds & Bradford from August 2012)	7	4	1	8	6	39	6	5	4	5	2	1	2	25
	North Yorks	2	3	3	5	5	42	5	8	3	6	2	3	0	27
	South Yorks	3	3	6	7	4	53	9	5	3	9	5	7	3	41
Driving and Sirens	BCK (CKW from August 12)	2	0	1	0	0	11	3	1	5	2	1	1	0	13
	Hull & ER	0	0	2	1	0	7	1	0	2	2	0	1	0	6
	Leeds & Wakefield (Leeds & Bradford from August 2012)	1	1	1	0	1	16	5	1	1	1	2	0	1	11
	North Yorks	0	0	0	0	0	9	0	0	1	1	1	0	1	4
	South Yorks	1	0	0	0	1	4	1	2	1	4	3	1	1	13
Response	EOC	24	21	23	33	31	267	24	21	21	23	25	25	30	169
Call Management	EOC	3	4	1	0	0	27	1	1	5	3	5	0	5	20
Other	BCK (CKW from August 12)	0	2	4	0	0	8	2	1	1	2	2	7	2	17
	Hull & ER	0	0	0	0	1	5	0	1	1	0	2	0	2	6
	Leeds & Wakefield (Leeds & Bradford from August 2012)	0	0	0	0	1	5	6	0	2	3	0	1	1	13
	North Yorks	0	0	1	1	1	5	2	0	3	3	2	2	3	15
	South Yorks	1	1	0	1	1	7	4	2	4	2	2	1	3	18
	EOC	0	0	0	0	1	1	0	0	0	0	0	0	0	0
SUB TOTALS	BCK (CKW from August 12)	6	9	12	4	4	81	8	5	11	9	10	11	4	58
	Hull & ER	5	3	3	10	4	66	10	1	7	5	7	2	6	38
	Leeds & Wakefield (Leeds & Bradford from August 2012)	10	7	4	11	8	83	18	7	8	12	9	4	6	64
	North Yorks	2	4	7	6	9	69	10	10	14	13	5	9	4	65
	South Yorks	7	5	9	9	7	82	18	9	10	18	10	13	15	93
	EOC	28	25	26	34	32	309	30	24	27	27	32	26	39	205
GRAND TOTAL		58	53	61	74	64	690	94	56	77	84	73	65	74	523
Demand Activity		54802	61784	58076	57670	60538	686347	57123	60406	57915	60170	58770	57587	60486	412457
% RATE		0.11%	0.09%	0.11%	0.13%	0.11%	0.10%	0.16%	0.09%	0.13%	0.14%	0.12%	0.11%	0.12%	0.13%

* Early Warning Indicator



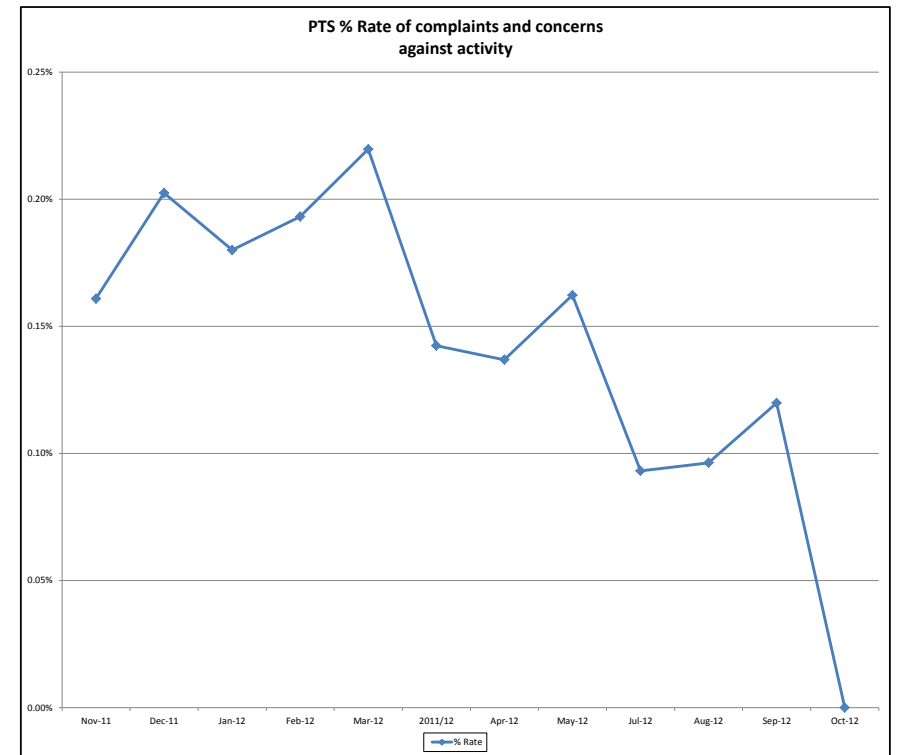
Compliments												
CBU Area	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
BCK (CKW from August 12)	16	10	8	8	15	3	0	8	30	7	2	19
Hull & ER	10	4	12	4	12	0	0	3	29	5	5	11
Leeds & Wakefield (Leeds & Bradford from August 2012)	9	11	10	8	8	3	0	4	32	12	10	12
North Yorks	8	15	2	13	6	1	0	7	33	9	8	19
South Yorks	9	12	3	16	10	3	0	4	27	10	7	16
EOC	0	1	1	1	1	0	0	0	3	4	0	1
TOTAL	52	53	36	50	52	10	0	26	154	47	32	78

Compliments % against WTE												
CBU Area	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
BCK (CKW from August 12)	3.9%	2.4%	1.9%	1.9%	3.6%	0.7%	0.0%	1.9%	7.3%	0.0%	0.1%	4.6%
Hull & ER	3.2%	1.3%	3.9%	1.3%	3.9%	0.0%	0.0%	1.0%	9.4%	1.6%	0.1%	3.5%
Leeds & Wakefield (Leeds & Bradford from August 2012)	2.3%	2.8%	2.5%	2.0%	2.0%	0.8%	0.0%	1.0%	8.0%	0.0%	0.3%	3.0%
North Yorks	2.1%	3.9%	0.5%	3.4%	1.6%	0.3%	0.0%	1.8%	8.7%	2.4%	0.2%	5.0%
South Yorks	1.8%	2.4%	0.6%	3.2%	2.0%	0.6%	0.0%	0.8%	5.4%	2.0%	0.2%	3.2%

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns															
2011/12	PTS Area	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD
Attitude / Conduct	East Consortia	1	1	1	1	4	11	0	0	0	0	0	0	1	1
	North Consortia	0	0	2	2	1	7	0	0	0	1	0	0	1	2
	South Consortia	1	1	0	2	2	17	1	1	1	0	2	1	1	7
	West Consortia	4	4	7	3	3	38	1	3	2	1	1	3	1	12
	Comms	-	-	-	-	-	0	1	0	3	0	0	3	2	9
Aspects of Clinical Care	East Consortia	0	0	2	2	0	5	0	1	1	0	1	0	1	4
	North Consortia	2	1	1	0	2	16	0	0	0	1	1	1	1	4
	South Consortia	1	0	4	2	4	16	3	2	2	2	2	0	0	11
	West Consortia	3	1	3	4	6	29	0	5	4	1	0	3	1	14
Driving and Sirens	East Consortia	1	0	0	0	0	1	0	0	0	0	1	0	1	2
	North Consortia	0	0	1	1	0	6	1	1	0	2	0	2	0	6
	South Consortia	0	1	0	0	0	4	1	0	0	2	0	1	0	4
	West Consortia	2	1	0	0	2	9	1	2	2	4	1	0	3	13
Response	East Consortia	9	9	13	11	6	140	4	11	6	3	9	8	9	50
	North Consortia	18	10	9	6	11	147	6	6	4	6	9	20	11	62
	South Consortia	18	17	25	13	13	175	8	7	1	3	7	3	15	44
	West Consortia	19	21	38	24	22	275	9	16	17	16	12	20	28	118
Call Management	East Consortia	2	0	1	1	1	8	0	0	0	0	0	0	0	0
	North Consortia	0	1	1	2	1	9	0	0	0	0	0	0	0	0
	South Consortia	0	0	1	1	1	6	0	0	0	0	0	0	0	0
	West Consortia	0	1	1	0	3	10	0	0	0	0	0	0	0	0
	Comms	-	-	-	-	-	-	9	5	6	3	6	3	3	35
Other	East Consortia	0	0	0	0	1	2	2	0	0	0	0	0	1	3
	North Consortia	1	0	0	0	3	6	0	1	0	0	1	1	1	4
	South Consortia	0	0	0	0	3	3	2	3	1	0	0	1	1	8
	West Consortia	0	0	0	0	1	3	4	3	1	0	3	4	2	17
	Comms	-	-	-	-	-	-	0	0	0	2	0	0	0	2
SUB TOTALS	East Consortia	13	10	17	15	12	167	6	12	7	3	11	8	13	60
	North Consortia	21	12	14	11	18	191	7	8	4	10	11	24	14	78
	South Consortia	20	19	30	18	23	221	15	13	5	7	11	6	17	74
	West Consortia	28	28	49	31	37	364	15	29	26	22	17	30	35	174
	Comms	-	-	-	-	-	0	10	5	9	5	6	6	5	46
Service to Service	East Consortia	36	39	32	15	15	317	7	2	3	4	0	2	39	57
	North Consortia	8	12	6	6	0	86	5	1	1	7	7	6	3	30
	South Consortia	11	11	26	15	10	173	5	25	10	8	6	8	11	73
	West Consortia	36	37	38	22	19	371	7	9	8	15	23	17	17	96
GRAND TOTAL		173	168	212	133	134	1890	77	104	73	81	92	107	154	688
Demand Activity		96122	86994	96528	93433	97907	1165149	87766	101556	86325	96074	95535	89312		556568
% RATE		0.16%	0.20%	0.18%	0.19%	0.22%	0.14%	0.14%	0.16%	0.08%	0.09%	0.10%	0.12%	#DIV/0!	0.12%



Compliments													
PTS Area	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD
East Consortia	1	1	0	0	0	0	0	0	3	1	1	1	2
North Consortia	1	0	0	0	0	0	0	0	3	1	0	0	3
South Consortia	1	0	0	1	1	0	0	0	1	3	1	6	6
West Consortia	7	4	0	1	0	0	0	0	4	2	2	5	5
TOTAL	2	2	2	0	2	1	0	0	11	7	4	16	16

Concerns and Complaints - A&E / EOC

2011/12	A&E / A&R	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Response Within 1 Working Day	BCK (CKW from August 12)	0	0	1	0	0	1	0	0	8	3	1	1
	Hull & ER	0	0	0	1	0	0	0	0	4	1	0	0
	Leeds & Wakefield (Leeds & Bradford from August 2012)	0	0	1	0	0	0	2	0	2	2	0	0
	North Yorks	0	0	0	1	1	0	2	0	6	2	1	0
	South Yorks	0	0	0	0	0	0	3	2	4	2	2	0
	EOC	0	2	1	2	1	2	3	2	3	5	1	1
Response 2 - 25 Working Days	BCK (CKW from August 12)	3	5	5	6	3	2	4	5	5	3	4	2
	Hull & ER	0	4	3	2	3	3	5	1	4	3	3	0
	Leeds & Wakefield (Leeds & Bradford from August 2012)	3	4	4	3	7	3	11	6	5	3	4	2
	North Yorks	5	1	1	4	2	3	7	5	9	6	2	2
	South Yorks	2	2	2	5	6	5	5	5	7	8	3	3
	EOC	22	25	19	13	16	24	18	14	12	11	17	3
Response > 25 Working Days	BCK (CKW from August 12)	3	2	3	6	1	1	2	0	7	3	5	1
	Hull & ER	2	1	0	0	7	1	5	0	2	1	4	4
	Leeds & Wakefield (Leeds & Bradford from August 2012)	3	5	2	1	4	5	4	1	4	7	5	2
	North Yorks	2	1	3	2	3	6	1	5	6	4	2	3
	South Yorks	1	5	3	4	3	3	10	2	4	8	5	8
EOC	1	2	13	11	16	7	8	8	12	11	14	18	
Average Response Time (Working Days)	BCK (CKW from August 12)	24	28	37	23	19	18	18	17	22	TBC	TBC	-
	Hull & ER	32	21	21	10	40	23	20	18	12	TBC	TBC	TBC
	Leeds & Wakefield (Leeds & Bradford from August 2012)	24	38	29	18	28	28	21	17	27	TBC	30	TBC
	North Yorks	20	29	30	27	31	41	22	25	21	TBC	TBC	TBC
	South Yorks	12	35	34	27	27	23	31	16	16	24	TBC	TBC
EOC	16	18	24	19	25	19	19	21	21	20	TBC	TBC	
Re-opened Complaints & Concerns	BCK (CKW from August 12)	0	0	0	0	0	0	0	0	0	0	0	0
	Hull & ER	0	0	0	0	0	0	0	0	0	1	0	0
	Leeds & Wakefield (Leeds & Bradford from August 2012)	0	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	1	0	0	0	0	0	0	0	0	0	0	
Referrals to Ombudsman	A&E / A&R	1	0	0	0	0	1	0	0	0	0	0	0

Concerns and Complaints - PTS

OBJ REF 1.2 : 3

2011/12	PTS Area	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Response Within 1 Working Day	East Consortia	1	2	2	3	0	1	1	0	1	0	2	1
	North Consortia	1	0	0	1	4	2	1	2	0	2	0	0
	South Consortia	1	1	3	4	3	1	1	1	0	0	1	1
	West Consortia	3	2	3	4	3	7	3	1	1	1	4	1
	Comms	-	-	-	-	-	-	0	3	5	2	3	0
Response 2 - 25 Working Days	East Consortia	9	8	4	11	10	9	6	11	4	3	7	5
	North Consortia	13	16	6	7	4	13	5	6	5	8	8	8
	South Consortia	12	10	10	13	10	13	7	9	5	5	6	6
	West Consortia	19	21	20	26	12	19	11	20	23	16	7	12
	Comms	-	-	-	-	-	-	2	4	0	3	1	
Response > 25 Working Days	East Consortia	0	3	3	3	6	2	0	1	2	0	2	7
	North Consortia	3	4	6	6	3	3	4	0	1	0	3	6
	South Consortia	4	9	6	13	5	8	6	3	0	0	4	8
	West Consortia	3	5	3	19	15	11	2	8	2	7	8	20
Comms	-	-	-	-	-	-	0	0	1	0	1		
Average Response Time (Working Days)	East Consortia	10	12	18	15	19	14	12	TBC	TBC	12	TBC	TBC
	North Consortia	14	19	38	23	14	15	17	13	14	6	TBC	TBC
	South Consortia	20	33	20	24	25	20	20	TBC	12	TBC	TBC	TBC
	West Consortia	11	16	14	26	25	16	10	TBC	TBC	TBC	TBC	TBC
	Comms	-	-	-	-	-	-	0	0	5	TBC	4	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	1	0	0	0	0	0
	South Consortia	0	1	0	1	0	0	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	1	0
Referrals to Ombudsman	PTS Area	0	0	0	0	0	0	1	0	0	0	0	0
PTS - Service to Service		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Acknowledged Within 2 Working Days	East Consortia	46(100%)	36 (100%)	39 (100%)	32(100%)	15(100%)	15(100%)	7(100%)	2(100%)	3(100%)	4(100%)	0	2(100%)
	North Consortia	22(100%)	8 (100%)	12 (100%)	6 (100%)	6(100%)	0(100%)	5(100%)	1(100%)	1(100%)	7(100%)	7(100%)	6(83%)
	South Consortia	21(100%)	11 (100%)	11 (100%)	26(100%)	15(100%)	10(100%)	5(100%)	25(100%)	10(100%)	8(100%)	6(100%)	8(100%)
	West Consortia	30(100%)	36 (100%)	37 (100%)	38(100%)	23(100%)	19(100%)	7(100%)	9(100%)	8(100%)	15(100%)	23(100%)	17(100%)
Response Within 10 Working Days	East Consortia	41(89%)	28 (78%)	37 (95%)	22(69%)	12(80%)	14(93%)	6(89%)	0 (0%)	2(67%)	13(87%)	0	2(50%)
	North Consortia	6 (27%)	7 (88%)	7 (58%)	6(100%)	4(67%)	N/A	4(80%)	1 (100%)	1(100%)	5(71%)	3(43%)	6(66%)
	South Consortia	7 (33%)	2 (18%)	4 (36%)	1 (4%)	2(13%)	5(50%)	2 (40%)	8(32%)	6(60%)	4(50%)	1(17%)	8(62.5%)
	West Consortia	23(77%)	26 (72%)	22 (59%)	13(34%)	11(48%)	8(42%)	7(100%)	8(89%)	4(50%)	13(87%)	12(52%)	17(88%)

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. LINK representative attended YAS turnaround launch event to represent patients.

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 on-going online survey; a monthly postal survey of 570 service-users. In October 2012 183 responses were received (by reporting deadline of 4 November, a response rate of 32.1%. A new, shorter survey was introduced from September 2012 designed to focus on what matters to patients and enable clearer reporting and tracking across time..

		Sep-12	Oct-12
Overall I was happy with the service provided by YAS	% Satisfied or Very Satisfied	99.3	92.5
Overall I felt I was treated with Dignity & Respect	% Satisfied or Very Satisfied	99.3	93.7
Net Promoter Score	% promoters - % detractors	82.9	75.6

The key theme in the narrative comments continues to be praise for the excellent service provided by YAS staff. The most frequent issue raised in negative comments is the time taken for response to patients with non-life-threatening conditions. The comments indicate that, for some callers, being told that they may have to wait up to an hour for an ambulance does not meet their expectations.

PTS Patient Experience

South and East Yorkshire

PTS S&E have commenced a monthly postal patient experience survey. The results below show four key questions out of 13. Narrative comments emphasise the excellent service and care provided by YAS staff but dissatisfaction with waiting times for collection from home and hospital/clinic.

		Oct-12
The staff treated me with Dignity & Respect	% Satisfied or Very Satisfied	100
PTS staff communicated well prior to and during my transport	% Satisfied or Very Satisfied	97.5
Happy with pick up time from home	% Satisfied or Very Satisfied	90.4
Happy with pick up time from clinic/hospital	% Satisfied or Very Satisfied	72.9

PTS North & West Yorkshire

This area has completed a larger-scale one-off postal and face-to-face survey. The response rate has been high and the results will be available in November.

PTS Comments Cards

27 comments cards were returned in October 2012. 25 of these were from West Yorkshire. Scores showed high satisfaction with staff conduct but strong dissatisfaction with waiting times. 14 of the 25 West Yorkshire returns said that they were dissatisfied or very dissatisfied with the waiting time for return transport.

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	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Internal Rating	Actions Changes since last Report
1 Respecting and involving people who use services	Yellow	Green	Green	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	Red	Red		The change relates to the proportion of patients with definite ST-elevation myocardial infarction who received primary angioplasty within 150 minutes of call connecting to ambulance service. A plan to improve this is being led by the Associate Medical Director.
7 Safeguarding people who use services from abuse	Grey	Grey	Grey	Grey	Yellow	Yellow		The change relates to a protracted process to close an SCR. This has now been concluded.
8 Cleanliness and infection control	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		No changes since the last report
9 Management of medicines	Grey	Grey	Grey	Grey	Yellow	Yellow		No changes since the last report
10 Safety and suitability of premises	Green	Green	Green	Green	Yellow	Yellow		This relates to the organisation having a Board approved Estates Strategy in place. This has now been to Board and approved.
11 Safety, availability and suitability of equipment	Yellow	Yellow	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	Red	Red		The change relates to the number of staff vaccinated against influenza. A planned campaign for improvement during 12/13 is in progress
14 Supporting workers	Grey	Grey	Grey	Yellow	Yellow	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	Green	Green	Green	Green	Yellow	Yellow		No change can be identified in the detailed QRP information.
18 Records	Yellow	Green	Green	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	Internal audit have reported significant assurance on the internal processes to maintain CQC registration.
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

A further assessment will be made by Deloittes in December 2012.

Compliance Assurance Group - Progress report
13. Worse than expected with number of staff vaccinated against seasonal flu in 11/12. We have a campaign and plan to increase this this year.
6. AQI data showing the number Proportion of patients with definite ST-elevation myocardial infarction who received primary angioplasty within 150 minutes of call connecting to ambulance service as worse than expected.

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	16	158
Number of FOI requests due a response in month	18	
Number responded to within 20 days	17	
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	50	371	90%	92%
Police requests	99	660		
Witness Statements / Police Interviews	11	154		
	This Month	Year to Date		
Coroner Requests	16	114		

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

Comments

Data Protection Act (DPA) Requests

This month's data protection KPIs show a slight dip in performance in terms of response time. This could be attributed to a vacancy within the department in respect of the administrative role relating to disclosure under the DPA. Workload remains in line with the average number of requests received YTD.



Section 4

Workforce



Comments on Workforce**Recruits & Leavers****October 2012 Breakdown of "other " as follows:-**

Dismissal - Conduct	1.0
Redundancy - Voluntary	2.0
Voluntary Early Retirement - with Actuarial Reduction	0.5
Voluntary Resignation - Adult Dependants	0.4
Voluntary Resignation - Better Reward Package	0.5
Voluntary Resignation - Health	1.4
Voluntary Resignation - Promotion	1.0
Voluntary Resignation - Work Life Balance	0.5
Total	7.3

KPI	Description	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Year End 12/13
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast
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

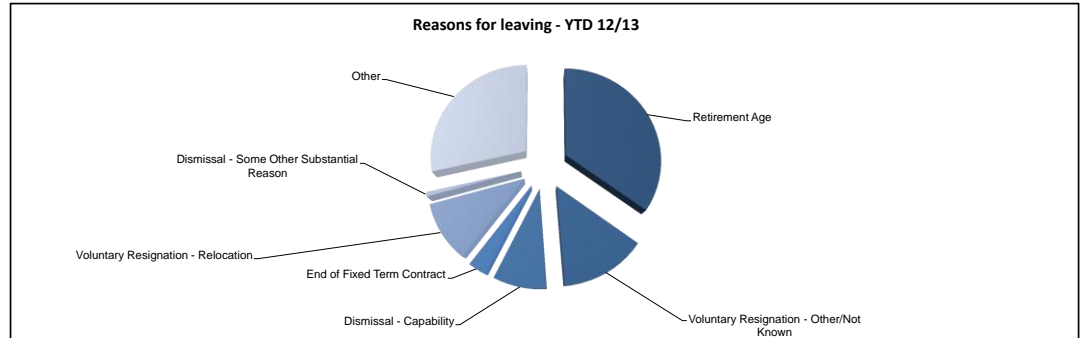
OBJ REF 1.1

Recruits	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Chief Executive FTE	0.0	0.0	0.0	0.0	1.0	0.0	2.0	2.0	0.0	0.0	0.0	0.0
Chief Executive FTE (Previous Year)	0.0	0.0	0.0	1.0	1.5	0.0	0.0	3.0	0.0	0.0	0.0	2.0
Clinical FTE	0.0	0.0	0.0	1.0	1.0	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	1.0	0.0	0.0	0.0
Finance & Performance FTE	2.2	0.4	2.0	0.5	0.0	0.0	0.0	2.0	0.0	3.0	1.0	1.1
Finance & Performance FTE (Previous Year)	3.9	1.4	8.7	0.0	5.4	2.4	4.7	1.0	1.0	2.7	1.0	2.0
Workforce & Strategy FTE	1.0	0.0	1.0	1.0	0.8	0.0	1.4	0.0	1.0	1.0	0.0	0.0
Workforce & Strategy FTE (Previous Year)	2.0	0.0	1.0	0.0	0.0	0.0	0.8	1.0	0.0	0.0	0.0	1.4
Operations FTE	15.1	8.2	10.9	16.9	7.9	7.3	12.0	12.4	21.3	9.6	14.5	9.0
Operations FTE (Previous Year)	21.4	6.0	13.2	0.4	0.5	2.7	4.3	6.4	3.7	5.9	4.0	18.7
Standards & Compliance FTE	0.0	0.0	3.8	0.0	0.0	0.0	1.0	0.0	2.0	0.0	1.0	1.0
Standards & Compliance FTE (Previous Year)	0.0	0.0	1.0	1.0	1.0	0.4	0.0	0.0	0.0	1.0	1.0	0.0
Total FTE	18.3	8.6	17.7	19.4	10.6	7.3	16.4	16.4	24.2	13.6	16.5	11.1
Total FTE (Previous Year)	27.2	7.4	23.9	2.4	8.5	5.5	9.8	11.4	5.7	9.5	6.0	24.2

Leavers

OBJ REF 1.1

Leavers	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
Chief Executive FTE	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.5
Chief Executive FTE (Previous Year)	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0	2.0	0.0	0.0	0.0
Clinical FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	0.0
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	1.0
Finance & Performance FTE	1.0	0.0	2.0	1.0	3.0	3.1	2.0	2.0	3.0	2.1	4.4	3.4
Finance & Performance FTE (Previous Year)	0.4	3.9	5.0	3.3	2.8	4.1	5.5	3.0	3.5	2.1	1.0	1.1
Workforce & Strategy FTE	0.0	1.0	0.0	0.8	0.0	2.8	1.0	0.0	0.0	3.0	1.0	1.0
Workforce & Strategy (Previous Year)	0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0	0.0	0.0	0.0	2.0
Operations FTE	15.2	17.7	6.6	10.9	8.3	21.8	12.1	7.6	21.5	12.1	11.2	14.4
Operations FTE (Previous Year)	20.2	6.3	13.0	6.8	12.8	9.5	12.2	6.7	12.8	27.2	13.0	16.5
Standards & Compliance FTE	1.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
Standards & Compliance FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0
Total FTE	17.2	18.7	10.6	13.6	11.3	27.7	15.1	9.6	25.5	17.2	19.9	19.3
Total FTE (Previous Year)	20.6	10.2	19.0	11.1	16.6	15.6	17.7	12.7	16.3	29.2	15.0	21.6



Top Ten Reason	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD 12/13
Retirement Age	4.6	5.6	4.6	1.0	3.5	15.5	4.1	1.6	12.3	3.6	4.7	3.0	44.8
Voluntary Resignation - Other/Not Known	2.3	5.2	2.0	1.0	2.3	1.3	3.0	3.0	4.2	2.4	1.9	2.0	17.8
Dismissal - Capability	1.0	0.4	1.0	0.0	1.8	0.0	0.0	1.0	2.8	2.2	1.0	4.0	11.0
End of Fixed Term Contract	1.0	0.0	0.0	1.3	1.0	1.0	0.0	0.0	0.3	0.0	1.5	1.0	3.8
Retirement - Ill Health	3.5	1.0	0.0	1.0	0.0	0.1	1.0	0.0	0.0	0.0	0.0	0.0	1.1
Voluntary Resignation - Relocation	0.0	2.0	0.0	2.8	0.0	2.0	0.0	1.2	2.0	4.0	2.0	2.0	13.2
Voluntary Resignation - Lack of Opportunities	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	3.0	0.0	0.0	5.0
Dismissal - Some Other Substantial Reason	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0
Other	4.8	2.5	3.0	5.5	1.7	6.7	6.0	2.8	4.0	2.0	7.8	7.3	36.6

PDR's

OBJ REF 1.1

	YTD RAG	AMBER
↓	MTD RAG	AMBER

Directorate	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct
Chief Executive	86%	100%	100%	48%	46%	46%	46%	46%	35%	68%	75%	79%
Clinical	100%	100%	96%	89%	83%	89%	93%	100%	86%	79%	71%	87%
Finance & Performance	78%	74%	77%	81%	81%	82%	85%	80%	71%	70%	71%	75%
Operations	44%	52%	62%	69%	81%	79%	78%	77%	77%	77%	80%	79%
Standards & Compliance	72%	76%	68%	71%	80%	65%	61%	65%	66%	63%	62%	79%
Workforce & Strategy	80%	82%	85%	91%	91%	86%	79%	79%	80%	76%	80%	73%
TRUST TOTAL						79%	79%	77%	77%	76%	79%	78%

Please Note: Chief Executive's Directorate includes 66.67% compliance for the Trust Executive Group, and also includes the Corporate Affairs Department at 84.62%

Statutory and Mandatory Training (Workbooks)

OBJ REF 6

	YTD RAG	AMBER
↑	MTD RAG	AMBER

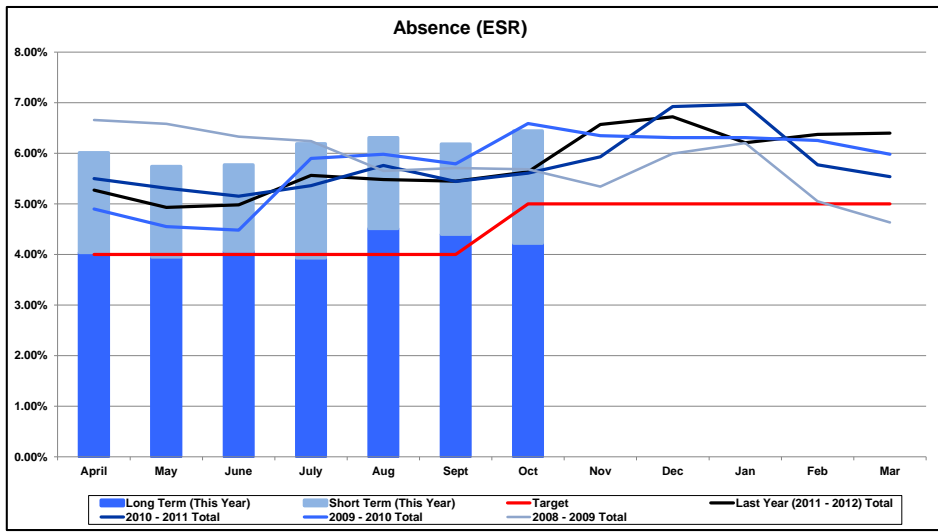
Directorate	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct
Chief Executive	71%	80%	80%	87%	83%	83%	77%	73%	80%	84%	79%	84%
Clinical	93%	93%	93%	90%	90%	93%	93%	97%	100%	100%	100%	100%
Finance & Performance	88%	88%	88%	89%	88%	88%	89%	88%	88%	87%	80%	84%
Operations	87%	88%	88%	88%	88%	88%	89%	89%	90%	91%	85%	87%
Standards & Compliance	93%	89%	89%	90%	90%	92%	92%	92%	91%	92%	83%	85%
Workforce & Strategy	88%	91%	91%	97%	95%	96%	94%	96%	94%	93%	91%	92%
TRUST TOTAL						77%	77%	76%	77%	82%	85%	86%

Please Note: These figures are for 2011 workbooks only

Short/Long Term Absence

OBJ REF	1.1
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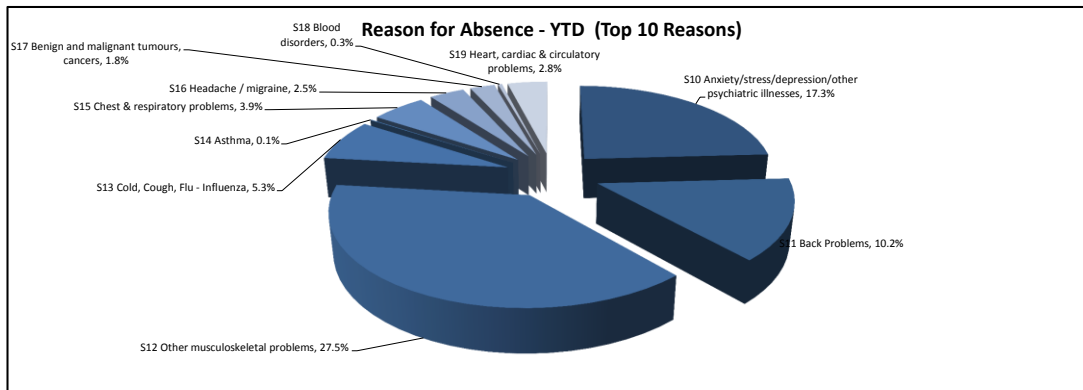
YTD RAG	RED
MTD RAG	RED



	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%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Long Term (This Year)	4.04%	3.95%	4.06%	3.93%	4.51%	4.40%	4.22%					
Short Term (This Year)	1.97%	1.79%	1.71%	2.26%	1.80%	1.78%	2.22%					
This Year (2012 - 2013) Total	6.01%	5.74%	5.77%	6.19%	6.31%	6.18%	6.44%	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
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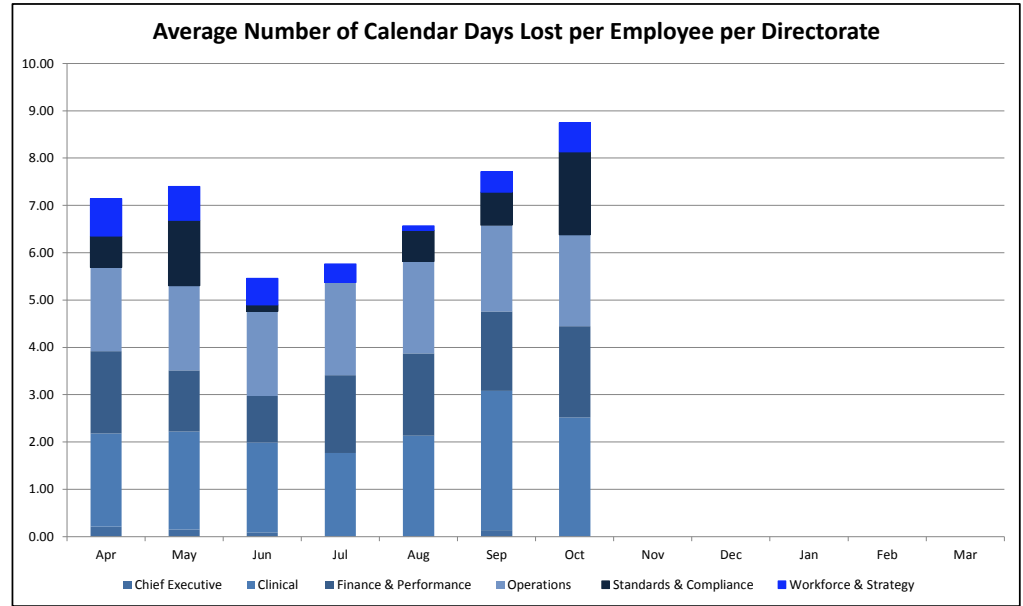
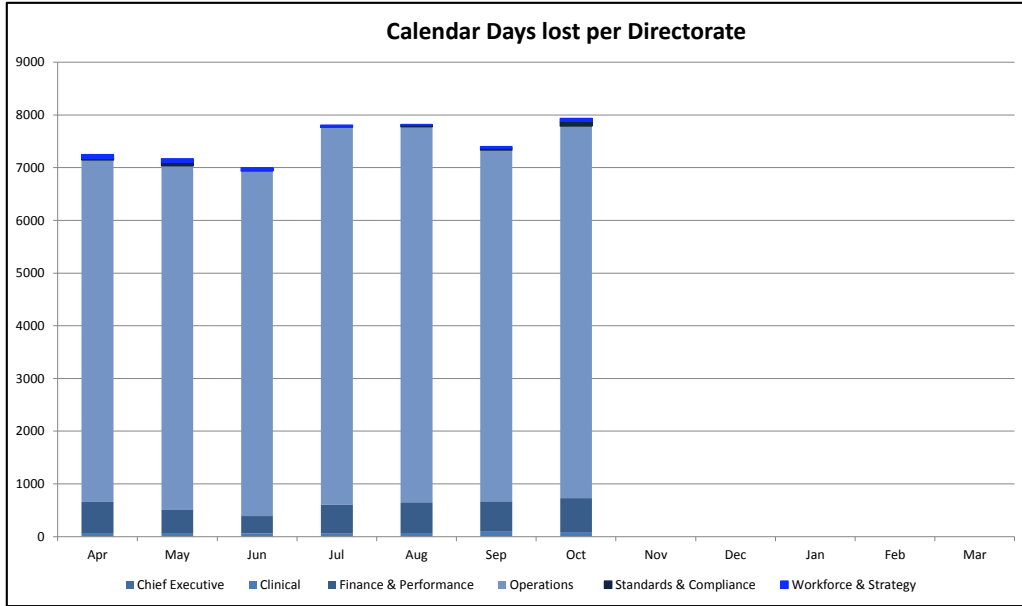
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 12/13
S10 Anxiety/stress/depression/other psychiatric illnesses	14.0%	13.9%	15.6%	19.7%	20.8%	19.3%	17.7%						17.3%
S11 Back Problems	13.4%	10.6%	7.7%	8.1%	9.7%	10.9%	11.1%						10.2%
S12 Other musculoskeletal problems	28.0%	28.9%	27.7%	24.9%	26.9%	30.1%	26.1%						27.5%
S13 Cold, Cough, Flu - Influenza	6.4%	5.5%	4.9%	3.9%	3.7%	4.4%	8.2%						5.3%
S14 Asthma	0.0%	0.0%	0.1%	0.4%	0.1%	0.0%	0.0%						0.1%
S15 Chest & respiratory problems	2.5%	4.0%	3.8%	4.8%	2.6%	3.3%	6.2%						3.9%
S16 Headache / migraine	2.6%	3.1%	3.0%	3.1%	2.6%	2.0%	1.2%						2.5%
S17 Benign and malignant tumours, cancers	1.0%	1.3%	1.9%	1.4%	2.5%	2.0%	2.3%						1.8%
S18 Blood disorders	0.2%	0.4%	0.5%	0.2%	0.2%	0.3%	0.3%						0.3%
S19 Heart, cardiac & circulatory problems	3.0%	3.4%	3.2%	2.9%	2.9%	2.2%	2.3%						2.8%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%						0.1%
S21 Ear, nose, throat (ENT)	1.0%	1.8%	2.4%	3.1%	2.2%	2.2%	1.8%						2.1%
S22 Dental and oral problems	0.3%	0.5%	0.5%	0.8%	0.3%	0.6%	0.1%						0.4%
S23 Eye problems	0.6%	0.7%	0.6%	0.7%	1.1%	0.9%	1.0%						0.8%
S24 Endocrine / glandular problems	0.6%	0.4%	0.5%	0.6%	0.8%	0.7%	0.4%						0.6%
S25 Gastrointestinal problems	10.3%	12.2%	12.9%	9.8%	7.4%	6.4%	8.3%						9.6%
S26 Genitourinary & gynaecological disorders	1.5%	1.9%	2.6%	3.5%	4.9%	3.3%	1.9%						2.8%
S27 Infectious diseases	1.0%	1.4%	1.5%	1.2%	1.1%	1.2%	0.9%						1.2%
S28 Injury, fracture	5.4%	7.3%	8.6%	6.5%	5.5%	6.5%	6.0%						6.6%
S29 Nervous system disorders	0.7%	1.4%	0.9%	1.3%	2.0%	2.2%	2.1%						1.5%
S30 Pregnancy related disorders	1.7%	1.2%	1.0%	2.5%	0.6%	0.5%	0.6%						1.2%
S31 Skin disorders	0.8%	0.2%	0.3%	0.9%	1.9%	1.3%	1.1%						0.9%
S32 Substance abuse	0.0%	0.0%	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%	0.0%	0.0%						0.5%
S99 Unknown causes / Not specified	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						0.2%

Calendar Days Lost

OBJ	1.1
REF	

Average Number of Calendar Days Lost

OBJ	1.1
REF	



2012 - 2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	6	5	3	0	0	4	0					
Clinical	59	62	57	53	66	97	83					
Finance & Performance	592	437	331	551	587	568	646					
Operations	6482	6528	6547	7165	7118	6659	7055					
Standards & Compliance	33	69	7	0	34	37	93					
Workforce & Strategy	77	69	54	38	16	40	58					
Trust Total	7249	7170	6999	7807	7821	7405	7935					

Please Note: For the purpose of the above calculations, these figs do not include voluntary staff

2012 - 2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	0.21	0.15	0.09	0.00	0.00	0.14	0.00					
Clinical	1.97	2.07	1.90	1.77	2.13	2.94	2.52					
Finance & Performance	1.74	1.29	0.98	1.64	1.74	1.68	1.93					
Operations	1.77	1.79	1.79	1.96	1.95	1.82	1.93					
Standards & Compliance	0.66	1.38	0.14	0.00	0.65	0.70	1.75					
Workforce & Strategy	0.79	0.72	0.56	0.39	0.10	0.43	0.62					
Trust Total	1.73	1.71	1.67	1.85	1.86	1.76	1.90					

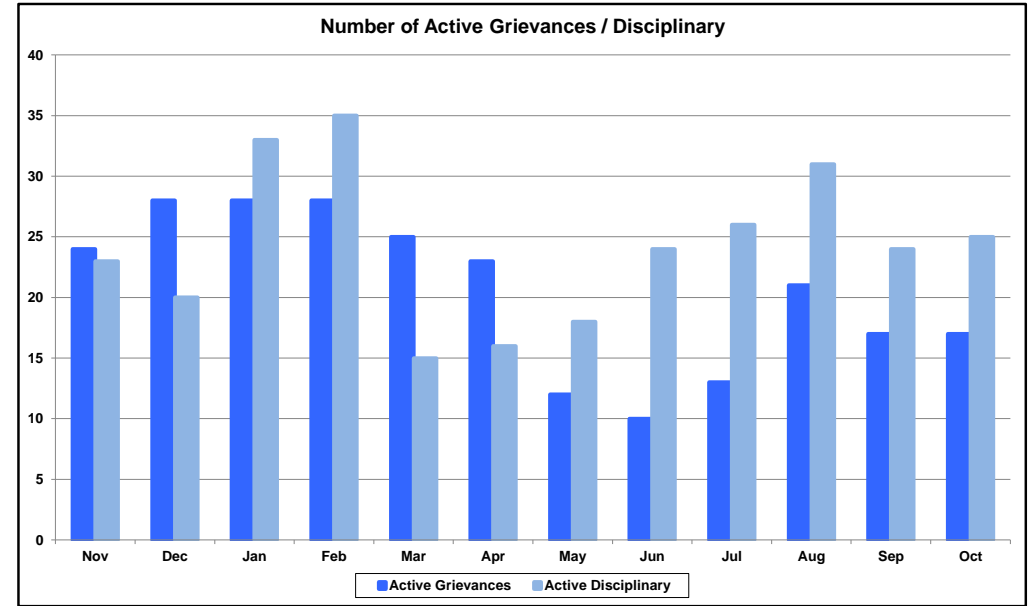
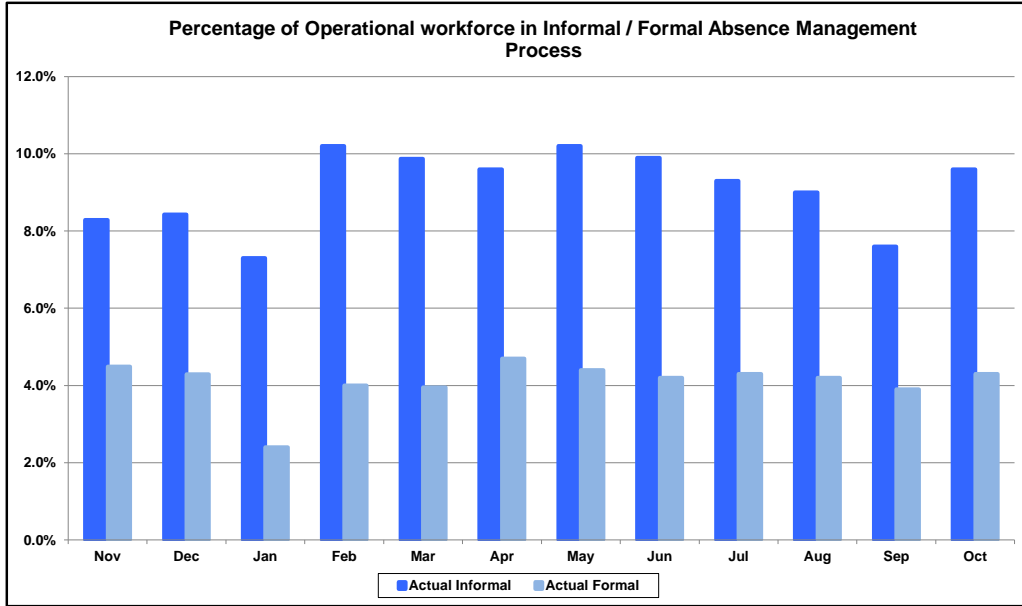
Please Note: For the purpose of the above calculations, these figs do not include voluntary staff

Absence Management Process

OBJ	1.1
REF	

Grievances / Disciplinary

OBJ	1.1
REF	



	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Actual Informal	8.3%	8.4%	7.3%	10.2%	9.9%	9.6%	10.2%	9.9%	9.3%	9.0%	7.6%	9.6%
Actual Formal	4.5%	4.3%	2.4%	4.0%	4.0%	4.7%	4.4%	4.2%	4.3%	4.2%	3.9%	4.3%

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



Section 5

Finance



EBITDA	Reference
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the year ending 31 October 2012 was £7.948m (6.7%) 	5.4
<ul style="list-style-type: none"> This is below the YTD plan of £8.117m (6.9%) due to provisions against loss of income 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has delivered a surplus as at 31 October 2012 of £1.356m against a budgeted surplus of £1.352m 	5.4
<ul style="list-style-type: none"> The Trust had a planned surplus of £1.354m 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 £10,751m at the end of October 2012 against a plan of £7,520m. 	5.11
<ul style="list-style-type: none"> The Monitor Risk Rating for liquidity has improved further to 35 days liquidity against a plan of 29 days, and remains a 4. 	5.2
MONITOR RISK RATING	
<ul style="list-style-type: none"> The Trust's financial risk rating for the month has remained a 4, however the improvements to the liquidity score and the Net Return after Financing have made it a stronger 4 and built a resilience within the metric. 	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 £10.315m 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

Yorkshire Ambulance Service - Monitor Financial Risk Rating
October 2012

Overall the Trust has strengthened its existing Financial Risk Rating of 4.
 The 'EBITDA margin' and 'EBITDA achieved' are slightly below target as explained within the commentary at 5.5.
 The liquidity days have improved further to 35 days as a result of the cash position being higher than plan.
 The Financial Triggers are all green and no risks are present.

Financial Criteria	Metric	Year to 31st Oct 12	Rating	Weight	Weighted Score	Actual Statistic	Comments	Calculation
Underlying Performance	EBITDA Margin	Target	3	25%	0.75	6.9%	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	6.7%		
Achievement of Plan	EBITDA Achieved	Target	5	10%	0.5	£8,117	Slightly below target	Compares the value of EBITDA achieved in comparison to planned EBITDA.
		Actual	4	10%	0.4	£7,948		
Financial Efficiency	Net Return after Financing	Target	5	20%	1	3.4%	Target being achieved with 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	5	20%	1	3.4%		
	I&E Surplus Margin net of dividend	Target	3	20%	0.6	1.1%	Target being exceeded	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income
		Actual	3	20%	0.6	1.2%		
Liquidity Ratio	Liquidity Ratio (Days)	Target	4	25%	1	29	Target achieved and statistic better than plan due to improved cash and working capital position.	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	35		
Risk Rating	Risk Rating Year to Date	Target			4		On Target	
		Actual			4			

FINANCIAL RISK TRIGGERS

Criteria	Qtr to Mar-12	Qtr to Jun-12	Qtr to Sept-12	Oct-12	Nov-12	Dec-12	Qtr to Dec-12	Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	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	
Working capital facility (WCF) used in previous quarter								Not Applicable until become an FT
Debtors > 90 days past due account for more than 5% of total debtor balances	No	No	No	No			No	Currently 2%
Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No			No	Currently under 1%
Two or more changes in Finance Director in a twelve month period	No	No	No	No			No	
Interim Finance Director in place over more than one quarter end	No	No	No	No			No	
Quarter end cash balance <10 days of operating expenses	Yes	No	No	No			No	The March 12 'RED' was deliberate to achieve the EFL
Capital expenditure < 75% of plan for the year to date	No	No	No	No			No	

Monitor Compliance Framework 2012/13

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

Financial risk rating is weighted average of financial criteria scores

	Plan	Actual
Number of operating days in year to date	214	214
Operating expenses per day (£000)	£514	£514

INCOME**Income is £159k under plan due to:-**

- A&E activity is 4.0% above contract for the seven months ending October. Invoices for the first quarter's overtrade have been raised and income accrued in respect of July, August, September and October total £239k; the breakdown by PCT is shown at section 5.5. The value for October is 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 year to date impact is £76k.
- Minor amendments to contract values for Wakefield PCT and Kirkless PCT totalling £35k year to date (£60k full year) have been corrected through invoicing.
- A&E Extra Contractual Referrals (ECRs) have further benefited year to date income by £91k, budget has now been introduced for these, however a provision of £36k has been applied following contention from two PCTs.
- A provision of £128k against debtors 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 £26k: comprising of a credit note for £48k which has been raised in respect of 11/12 Sunday renal service; a credit note for £35k has been raised in respect of a duplicated invoice relating to Quarter 4 of last financial year; £72k refunds on 11/12 Quarter 4 CQUINS; £15k credit note has been raised in respect of an 11/12 overcharge on Dedicated Discharge Service; the 11/12 credit note provision of £125k has been released against these resolved items; additional income has been generated from ECRs above plan (£11k) and an Inter Site transfer crew (£10k).
- Other income includes sums of £78k for staff on external secondments which are over and above plan and £48k for additional GPOOH activity.

EXPENDITURE

- Trust CIPs have now been reprofiled to reflect the expected savings profile as per CIP business cases.

Pay expenditure is £981k below plan due to:-

- A&E CBUs are under spent by £299k as a result of a reduction in hours offered as overtime, vacancies and the application of "flexed" budget attributable to the trading position.
- A&E Directorate management is over spent by £106k as a result of an additional management post plus overtime costs from other Directorates in the delivery of A&E services
- Emergency Operations Centre has benefitted by a resource transfer in month which recognises previously under funding in respect of overtime. At the end of October pay is an under spend of £78k.
- Other Operations areas are
- A £149k overspend presently exists on pay budgets in connection with the 111 service relating to seconded staff and advance training on pathways. This is partially offset by underspends on consultancy non-pay on the project cost centre.
- PTS pay is presently underspending by £428k as a result of vacancies. Additional non pay expenses have been incurred to cover these vacancies particularly in the outsourcing of the Mid Yorkshire Dedicated Discharge Service.
- Workforce and Clinical directorates are underspending by £132k and £99k respectively as a result of vacant posts. These are partially offset by Agency staff costs and incidence of overtime in other corporate areas.

Non pay expenditure is £818k above plan :-

- A&E non pay is over spent by £259k year to date largely due to travel and subsistence payments.
- High usage of sub-contractors in PTS continues. The majority of the excess spending (£859k) is in the South (£291k non-pay overspend) and Hull & East (£387k non-pay overspend). Subcontractor costs of £220k have been incurred for Mid Yorkshire in delivery of the Dedicated Discharge service, these are offset by under spends on pay. October has seen a slight improvement in sub-contractor costs for South, East and Hull however total non pay costs have risen as a result of taxis and the ambulance car service.
- 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 £1.1m for South, East and Hull by the end of the financial year if action is not taken. Coupled with the pay position, South, East and Hull are forecasting a total over spend of £1.3m by the end of the year, whilst PTS as a whole is forecast a net £770k over spent.
- Benefits arising from profits on asset disposal of £76k and on Interest Paid of £81k off set minor over spends in other directorates.
- Estates are presently under spending on utilities. This is expected to be short term as we head towards colder months.
- Fleet non pay is over spent by £333k year to date largely due to medical and surgical equipment (MSSE) and vehicle maintenance costs. MSSE increased significantly during 11/12 due to revised specification of the 'kit' carried on vehicles. 12/13 expenditure continues in line with this change. Year to date expenditure on tyres is around £200k higher than anticipated and charges from Fleet Factors remain high. Data is awaited from Fleet to separate maintenance costs between volume and price variances.
- Procurement is presently underspending by £81k. The under spend on printing is needed to support increased photocopier charges. Under spends on drugs (£85k) and medical gases (£69k) support the over spending on medical equipment (£101k).
- Clinical training continues to underspend by £53k pending the move to new premises and restriction of residential courses.
- Chief Executive non pay includes expenditure on external consultancy costs in relation to Foundation Trust application.

EBITDA

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £7.948m for the year to 31 October 12, which is below plan (£8.117m)
- The Trust's EBITDA return of 6.7% is below plan for the year to date (6.9%). EBITDA is below plan by £169k and this is offset by interest paid of £80k; interest received of £18k and profit on disposal of £76k.
- 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

October 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	13,826	13,886	-60	96,133	95,918	215	162,229	164,200	-1,971
Patient Transport Service	2,300	2,357	-57	15,856	15,830	26	27,160	26,832	327
Other Income	623	722	-100	6,019	6,102	-82	11,282	11,483	-201
Operating Income	16,749	16,966	-217	118,009	117,850	159	200,671	202,516	-1,845
Pay Expenditure & reserves	-12,250	-12,118	-132	-85,277	-84,296	-981	-147,259	-145,242	-2,017
Non-Pay expenditure & reserves	-3,331	-3,717	386	-24,615	-25,607	992	-41,583	-44,239	2,656
Operating Expenditure	-15,581	-15,835	254	-109,892	-109,902	11	-188,841	-189,480	639
EBITDA	1,167	1,131	36	8,117	7,948	169	11,829	13,036	-1,206
EBITDA %	7.0%	6.7%		6.9%	6.7%		5.9%	6.4%	
Depreciation	-736	-736	0	-5,221	-5,221	0	-9,247	-8,763	-484
Interest payable & finance costs	-20	0	-20	-232	-152	-80	-333	-213	-120
Interest receivable	2	2	0	16	34	-18	27	58	-31
Profit on fixed asset disposal	0	15	-15	0	76	-76	0	130	-130
Dividends, interest and other	-190	-190	0	-1,328	-1,328	0	-2,276	-2,222	-54
Retained Surplus	224	223	1	1,352	1,356	-4	0	2,025	-1,874
I&E Surplus %	1.3%	1.3%		1.1%	1.2%		0.0%	1.0%	

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

A&E CONTRACT - Responses	Quarter 1					Quarter 2					Oct-12					YTD Activity				
	Contract	Actual	Over/(Under) Trade	% Over/(Under) Trade	Overtrade £ 000	Contract	Actual	Over/(Under) Trade	% Over/(Under) Trade	Overtrade £ 000	Contract	Actual	Over/(Under) Trade	% Over/(Under) Trade	Overtrade £ 000	Contract	Actual	Over/(Under) Trade	% Over/(Under) Trade	Overtrade £ 000
NORTH YORKSHIRE AND YORK PCT	21,374	22,323	949	4.4%	205	21,391	23,076	1,685	7.9%	365	7,481	7,691	210	2.8%	46	50,246	53,090	2,844	5.7%	670
EAST RIDING OF YORKSHIRE PCT	9,753	9,932	179	1.8%	35	9,759	10,385	626	6.4%	124	3,411	3,494	83	2.4%	17	22,923	23,811	888	3.9%	177
HULL PCT	10,784	10,709	-75	-0.7%	-11	10,793	11,114	321	3.0%	48	3,774	3,880	106	2.8%	16	25,351	25,703	352	1.4%	42
BRADFORD AND AIREDALE PCT	17,287	18,087	800	4.6%	133	17,302	17,813	511	3.0%	85	6,051	6,198	147	2.4%	25	40,640	42,098	1,458	3.6%	236
CALDERDALE PCT	6,743	7,090	347	5.1%	62	6,746	7,165	419	6.2%	75	2,359	2,416	57	2.4%	11	15,848	16,671	823	5.2%	138
KIRKLEES PCT	12,405	12,848	443	3.6%	72	12,419	12,849	430	3.5%	88	4,342	4,453	111	2.6%	22	29,166	30,150	984	3.4%	187
WAKEFIELD DISTRICT PCT	11,371	12,093	722	6.3%	148	11,381	11,810	429	3.8%	70	3,979	4,080	101	2.5%	16	26,731	27,983	1,252	4.7%	229
LEEDS PCT	25,580	26,636	1,056	4.1%	179	25,602	26,356	754	2.9%	127	8,953	9,168	215	2.4%	35	60,135	62,160	2,025	3.4%	331
BARNESLEY PCT	7,245	7,561	316	4.4%	48	7,249	7,708	459	6.3%	69	2,535	2,585	50	2.0%	7	17,029	17,854	825	4.8%	138
DONCASTER PCT	10,512	10,817	305	2.9%	41	10,523	10,850	327	3.1%	44	3,678	3,767	89	2.4%	12	24,713	25,434	721	2.9%	90
ROTHERHAM PCT	8,084	8,255	171	2.1%	23	8,086	8,519	433	5.4%	58	2,829	2,893	64	2.3%	9	18,999	19,667	668	3.5%	88
SHEFFIELD PCT	17,733	19,230	1,497	8.4%	228	17,747	18,342	595	3.4%	91	6,206	6,353	147	2.4%	22	41,686	43,925	2,239	5.4%	319
TOTAL	158,871	165,581	6,710	4.2%	1,163	158,998	165,987	6,989	4.4%	1,244	55,598	56,978	1,380	2.5%	238	373,467	388,546	15,079	4.0%	2,645

Yorkshire Ambulance Service - Income and Expenditure Forecast

October 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				16,748,615	16,965,891	-217,276	118,008,836	117,849,980	158,856	200,670,636	202,515,810
Pay											
A&E Operations	2,720.08	2,765.75	45.67	-9,039,094	-9,239,053	199,959	-63,984,404	-63,766,659	-217,745	-107,475,982	-110,057,867
PTS Operations	817.42	730.64	-86.78	-1,537,577	-1,376,659	-160,918	-10,386,112	-9,957,660	-428,452	-17,877,666	-17,080,530
Finance	46.24	40.93	-5.31	-142,557	-151,727	9,170	-997,898	-972,916	-24,982	-1,710,682	-1,802,133
Estates	45.39	43.09	-2.30	-90,348	-86,939	-3,409	-632,440	-671,455	39,015	-1,084,200	-1,107,403
Fleet	176.74	169.62	-7.12	-421,766	-390,742	-31,024	-2,998,990	-2,934,442	-64,548	-5,065,357	-4,990,313
IM&T	39.10	35.09	-4.01	-114,853	-110,125	-4,728	-803,970	-838,855	34,885	-1,378,225	-1,448,525
Procurement	21.33	20.63	-0.70	-46,008	-44,688	-1,320	-323,053	-307,770	-15,283	-553,107	-530,217
Standards & Compliance	60.98	70.68	9.70	-194,392	-221,545	27,153	-1,361,478	-1,451,452	89,974	-2,327,925	-2,246,061
Workforce & Strategy	98.08	90.41	-7.67	-309,136	-299,036	-10,100	-2,127,220	-1,995,655	-131,565	-3,572,740	-3,580,278
Clinical Directorate	31.92	29.14	-2.78	-126,827	-108,695	-18,132	-915,808	-816,283	-99,525	-1,535,232	-1,380,015
Chief Executive	16.80	13.86	-2.94	-86,253	-88,753	2,500	-603,769	-582,621	-21,148	-1,035,020	-1,018,346
Reserves				-141,604		-141,604	-141,604	0	-141,604	-3,642,465	
Total Pay	4,074.08	4,009.84	-64.24	-12,250,415	-12,117,962	-132,453	-85,276,746	-84,295,768	-980,978	-147,258,601	-145,241,688
Non Pay											
A&E Operations				-208,814	-224,493	15,679	-1,488,575	-1,747,612	259,037	-2,771,277	-3,237,938
PTS Operations				-77,354	-263,356	186,002	-1,045,343	-1,905,107	859,764	-1,764,131	-3,331,645
Finance				-1,141,314	-1,134,336	-6,978	-7,960,769	-7,880,994	-79,775	-13,667,187	-14,149,929
Estates				-439,235	-400,376	-38,859	-3,382,953	-3,302,763	-80,190	-5,611,113	-5,312,040
Fleet				-1,558,427	-1,766,821	208,394	-11,252,934	-11,586,058	333,124	-18,882,446	-19,544,785
IM&T				-313,996	-288,102	-25,894	-2,254,549	-2,207,033	-47,516	-3,974,508	-3,933,484
Procurement				-259,930	-251,701	-8,229	-1,900,726	-1,819,295	-81,431	-3,184,819	-3,073,279
Standards & Compliance				-177,385	-183,893	6,508	-949,372	-837,863	-111,509	-1,304,236	-1,169,939
Workforce & Strategy				-121,889	-99,741	-22,148	-776,621	-681,772	-94,849	-1,470,658	-1,181,555
Clinical Directorate				-6,124	-6,409	285	-42,865	-29,482	-13,383	-202,579	-90,540
Chief Executive				-26,005	-80,880	54,875	-185,333	-275,117	89,784	-315,340	-352,198
Reserves				56,364	75,059	-18,695	-140,000	75,059	-215,059	-263,741	128,673
Total Non Pay				-4,274,109	-4,625,049	350,940	-31,380,040	-32,198,037	817,997	-53,412,035	-55,248,659
Total Expenditure	4,074.08	4,009.84	-64.24	-16,524,524	-16,743,011	218,487	-116,656,786	-116,493,805	-162,981	-200,670,636	-200,490,347
Surplus/(Deficit)				224,091	222,880	1,211	1,352,050	1,356,175	-4,125	0	2,025,463

CIP DELIVERY

- The Trust has a savings target of £10.285m for 2012/13 and has identified schemes totalling £10.315m.
- The position at the end of October is a contribution towards targets of the £5.2m, which is slightly ahead of plan by £156k.
 - 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 Management Group 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

	Identified Schemes	YTD Plan	Ytd Actual	Ytd Variance
Planned savings	£000	£000	£000	£000
Accident & Emergency	5,997	2,749	3,480	591
Patient Transport Service	319	151	91	-60
Finance	2,867	1,501	1,311	-190
Workforce & Strategy	238	134	134	0
Standards and Compliance	178	81	88	7
Chief Executive	40	40	40	0
Clinical	0	0	0	0
Trust	676	375	43	-192
Total	10,315	5,031	5,187	156

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			£977k	£1823k
PBW	Remove missed meal break payments	DW	£688k	£689k	£689k		£478k	£197k
PBW	Clinical leadership	PM	£1.24m	£619k			£200k	£543k
PBW	Increase in clinical hub triage	DW	£505k	£1.41m	£1.26m		£512k	£396k
SM	Effective sickness management	GJ	£606k	£202k			£330k	£12k
RB	Purchase Springhill	MS	£610k	£97k			£167k	£233k
	Total Value		£6.50m					

SUMMARY

- The Land, Buildings & Equipment position is below plan as the delays in incurring expenditure on the capital programme has in turn impacted on the assets being completed and capitalised. This undercapitalisation has been offset by the associated depreciation. As a result the net impact on land, buildings and equipment is £3,238m.
- The Stock, Trade & Other Receivables have increased in month, however this includes £592k of A&E overtrades, £132k of Olympic cover, £106k of CQUINS and £321k of other invoices all of which are not yet due and were not in the plan. There is a compensating variance against the plan on prepayments of £912k and in accrued income of £710k. These and other minor changes in current assets have resulted in a lower than planned receivables figure and a variance of £207k.
- The cash position is explained in more detail at Section 5.11 and across in the capital summary.

CAPITAL SUMMARY

- Major Schemes - The project to purchase the Springhill Headquarters is complete and has underspent by £621k against the planned spend. The HART & ECS schemes are subject to the approval of their Business Cases and are £876k below their planned spend year to date.
 - The Minor Scheme Programme has spent £1.237m and committed a further £3.289m totalling £4.526m against a plan of £4.348m. The programme is therefore £178k ahead of schedule.
 - There are unallocated resource of £1.047m which has been earmarked for the PTS Vehicle and is awaiting approval of the Business case.
 - Overall the Capital Programme is £1.319m below programme, this variance includes the Springhill underspend (£621k), the ECS/HART scheme underspend (£876k) less the £178k as the minor scheme programme is ahead of schedule. *
- * In cash terms the capital programme is behind schedule by £4.6m which consists of; £621k (springhill), £876k (ECS/HART) and the Minor Scheme programme £3.11m (£3.289m- £178k)

Balance Sheet

	Plan at 31/10/2012 £000	Actual at 31/10/2012 £000	Variance £000
Land, Buildings and equipment	76,280	73,042	-3,238
Trade and other receivables (>1 yr)	1,918	1,779	-139
Non-Current assets	78,198	74,821	-3,377
Stocks, Trade and other receivables (<1 yr)	10,755	10,548	-207
Cash and cash equivalents	7,520	10,751	3,231
Current assets	18,275	21,299	3,024
Creditors (< 1yr)	-13,202	-13,078	124
Provisions & Deferred Income(<1 yr)	-2,638	-2,676	-38
Current Liabilities	-15,840	-15,754	86
Provisions (>1 yr)	-5,440	-5,432	8
Borrowings	-6,338	-6,338	0
Non-Current Liabilities	-11,778	-11,770	8
Net Assets	68,855	68,596	-259
Public Dividend Capital	74,094	74,094	0
Revaluation Reserve	4,368	4,322	-46
Donation Reserve			0
Income & Expenditure Reserve	-9,607	-9,820	-213
Total Taxpayer's Equity	68,855	68,596	-259

Capital Programme

	Original Programme £000	Current Programme £000	Year to date Plan £0	Spend & Commitments to 31/07/12 £000	Uncommitted to date £000
Major Schemes					
HART *	2,250	2,000		26	-26
ECS *	2,062	1,553	902		902
HQ	7,774	6,672	7,316	6,695	621
Minor Schemes					
Estates	2,041	2,151	1,281	841	440
IM&T	2,100	2,100	788	1,394	-606
Vehicles	2,040	2,040	228	907	-679
Medical Equipment	1,614	1,614	2,026	1,360	666
Defibrillators		40.5		24	-24
Mass casualty	25	25	25		25
Plant & Machinery	1170	1047			
Unallocated					
Total	21,076	19,243	12,566	11,247	1,319
External funding	9,836	8,225	8,218		
NBV of Disposals			28		
CRL	11,240	10,990	4,348		
under/ overspend	0	0	0		
Rating	★	★	★	⊗ ⊗	

* Subject to Board approval

Yorkshire Ambulance Service - Debtors and Payments

October 2012

DEBT SUMMARY

The resolution of a dispute with Wakefield PCT has reduced the Trusts debtors over 90 days in October. There are three disputes with North Yorkshire & York (£112k), Bradford & Airedale (£38k) and East Ridings of Yorkshire (£11k), which are being escalated and account for most of the remainder of the longer term outstanding debt.

£000	Jul-12	Aug-12	Sep-12	Oct-12
Non NHS debt	239	204	234	310
Of which >90 days overdue	39	28	23	23
NHS debt	2,180	2,162	1,311	2,653
Of which >90 days overdue	393	383	319	179
Total debt	2,419	2,366	1,545	2,873
Of which >90 days overdue	432	411	342	202
Provision to cover this debt	432	411	342	202

PAYMENTS

- The Trust has paid 14,636 invoices up to the end of September 2012 and 112,615 were paid within 30 days of receipt giving a cumulative Better Payment Practice Code (BPPC) position of 86%.

- An electronic workflow will be implemented in 2013 to overcome the current practice of authorising invoices by copying, posting and awaiting return and thereby achieve the 95% target by the end of 2013/14 in accordance with the LTFM.

COST IMPROVEMENT PROGRAMME 12/13

The Cost Improvement Plan is ahead of target at the end of October 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 against profiled trajectories for both A&E and PTS for the first two quarters.

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	431	770	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 September 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
111 mobilisation costs					1,100	Review of accruals brought forward to establish any that can be released. Potential reduction in provisions.
Industrial dispute	50	0.5	25	0	0	Implement cost control measures
Grand Total	25,580		3,716	444	3,265	

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Apr-12	Actual May-12	Actual Jun-12	Actual Jul-12	Actual Aug-12	Forecast Sep-12	Forecast Oct-12	Forecast Nov-12	Forecast Dec-12	Forecast Jan-13	Forecast Feb-13	Forecast Mar-13	Forecast Apr-13	Forecast May-13	Forecast Jun-13	Forecast Jul-13	Forecast Aug-13	Forecast Sep-13
Actual Cash Forecast Opening Balance	4,869	2,802	4,687	8,063	1,589	3,792	8,593	10,751	5,276	5,776	5,893	6,456	6,842	6,828	6,722	6,381	5,709	5,358
Cash Inflows																		
Income From Activities	14,821	19,421	16,985	15,659	17,586	17,798	17,900	15,421	17,638	17,729	16,830	14,275	16,934	16,777	16,274	16,221	16,889	17,072
Interest Receivable	2	22	1	2	3	1	2	3	3	3	3	3	3	3	3	3	3	3
Capital Receipts	0	0	0	50	2	9	0	0	0	0	0	0	0	0	0	0	0	0
Loans	0	0	0	0	0	6,672	0	0	0	0	0	1,553	0	0	0	0	0	2,030
PDC Capital	0	0	2,000	1,000	0	0	0	0	0	0	0	2,000	0	0	0	0	0	0
Total Cash Inflows	14,823	19,443	18,986	16,711	17,591	24,480	17,902	15,424	17,641	17,732	16,833	17,831	16,937	16,780	16,277	16,224	16,892	19,105
Cash Outflows																		
Pay	11,224	12,326	12,247	12,374	12,245	12,035	12,080	12,019	12,084	12,017	12,073	12,065	12,278	11,969	11,990	11,900	11,954	12,049
Non-Pay	3,182	5,076	2,641	4,238	2,857	3,128	3,513	3,629	3,685	4,184	3,801	4,703	3,477	3,741	3,486	3,485	3,530	3,781
Interest Payable	0	0	0	0	0	0	0	0	0	0	0	61	0	0	0	0	0	0
PDC Dividends	0	0	0	0	0	1,111	0	0	0	0	0	1,111	0	0	0	0	0	1,159
Capital Expenditure	2,484	156	722	6,573	286	405	151	5,251	1,372	1,414	396	2,338	1,196	1,176	1,142	1,511	1,759	946
Loans	0	0	0	0	0	0	0	0	0	0	0	167	0	0	0	0	0	507
PDC Capital*	0	0	0	0	0	3,000	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	16,890	17,558	15,610	23,185	15,388	19,679	15,744	20,899	17,141	17,615	16,270	20,445	16,951	16,886	16,618	16,896	17,243	18,442
Net Cash Inflow/(Outflow)	-2,067	1,885	3,376	-6,474	2,203	4,801	2,158	-5,475	500	117	563	-2,614	-14	-106	-341	-672	-351	663
Actual Closing Bank Balance	2,802	4,687	8,063	1,589	3,792	8,593	10,751											
Forecast Closing Cash Balance	5,598	5,580	5,734	6,649	7,062	7,404	7,520	5,276	5,776	5,893	6,456	6,842	6,828	6,722	6,381	5,709	5,358	6,021

*Includes Temporary Borrowing

The cash position of the Trust exceeds the planned position by £3.2m. The main reason for this variance is that the capital programme is underspent in cash terms by £4.6m (see 5.8*). This has been offset by a reduction in capital creditors of £1.7m resulting in a net impact of £2.9m. The Capital expenditure in the forthcoming months aims to recover the current underpayments in expenditure and incur the expenditure noted as a cash outflow above. This will recover the cash position to its planned level.

