



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

December 2012



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Section 1

Executive Summary



2012-13 BUSINESS PLAN OBJECTIVES		Lead Director	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End Forecast
KPI	Description														
Strategic Goal - Continuously Improving Patient Care - Providing the right care, in the right place, at the right time.															
1	To reduce mortality from major trauma	Alison Walker	AMBER	AMBER	AMBER	AMBER	AMBER	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	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	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	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	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	GREEN				GREEN
7	To provide a service that exceeds our patients expectations	Steve Page	GREEN	GREEN	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	AMBER	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	GREEN				GREEN
10	To align workforce and leadership to service delivery models	Stephen Moir	GREEN	GREEN	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	GREEN				GREEN
12	To develop internal systems and processes which support innovation and continuous improvement	Steve Page	AMBER	AMBER	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	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	GREEN				GREEN
15	To become a regional leader in healthcare resilience	Paul BirkettWendes	GREEN	GREEN	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	AMBER	GREEN				GREEN
17	To provide value for money services within planned financial targets	Rod Barnes	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER				GREEN
18	To contribute to the wider health economy efficiency programme	Rod Barnes	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				GREEN

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

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	Comments
12	AMBER	Comments
17	AMBER	Comments

Early Warning Indicators ▲		RAG	Page
1	Time to answer 50%	GREEN	2.7
2	Time to answer 95%	AMBER	2.7
3	Recontact 24 hours telephone	RED	2.7
4	Recontact 24 hours on scene	RED	2.7
5	Complaints	AMBER	3.14 - 3.15
6	Serious Incidents	GREEN	3.9
7	Incidents and near misses	GREEN	3.4
8	PTS arrival and departure times	AMBER	2.12-2.13
9	Fleet - vehicle availability	AMBER	2.18
10	Time to Treatment 50%	GREEN	2.7

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 19 mins

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

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

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

Exception Report - Never Events

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

Comments

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

Monitor Risk Ratings (Quarterly)

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

No Training commitments as resilience managers have been operational supporting performance objectives.

Service invoked major incident plan on Friday December 14th due to significant levels of activity due to ice. A number of service plans were initiated including mutual aid with support received from North West Ambulance Service, West Midlands Ambulance Service, North East Ambulance Service, Voluntary services and Private Providers. A hot debrief has taken place with a structured debrief taking place at the end of January so any lessons can be identified and plans reviewed accordingly.

A&E Performance

December 2012 was a disappointing month for service delivery in terms of the RED performance standard. The operational model was severely tested by an increase in demand from the preceding month of 12% which equates to an additional 219 responses per day (the demand profile then decreases again by 8.5% in January 2013). The ability of the operational model to respond to such significant variations in demand over a short period (4/5 weeks) proved to be challenging within the existing financial model and staffing levels. A range of mitigating actions were taken from across the service to ensure that a safe service was maintained throughout December. These actions ranged from the use of private providers, non-operational staff undertaking clinical shifts, demand management procedures put into place and increased triage of calls.

In terms of the delivery against the RED target this was further complicated by the increase in the volume of RED demand compared to the normal model (November RED demand was 37.3% of the total this increased in December to 38.7%). Therefore the service was responding to significantly higher number of poorly patients. The change in the demand profile placed the operating model under further pressure.

In addition to the increase and change in the demand profile the service declared a major incident on the 14 December due to the icy conditions primarily in West and South Yorkshire. This incident required mutual aid from neighbouring ambulance services. Although the incident was dealt with successfully the impact of significantly increased demand on the 14th and the after effects into the weekend of the 15/16 December damaged performance figures further.

Despite the poor RED performance in December the A19 target was delivered above the 95% national standard and importantly demonstrated that despite many pressures the service was able to deliver a safe service to patients despite the drop in the 8 minute standard.

Early indications demonstrate that a return to the level of service provided from Apr to Nov has been achieved and that demand patterns will return to within expected parameters.

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	GREEN	GREEN				
2. Development of alternatives to reduce conveyance to A&E departments	15.00%	£584,393	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	RED	RED	RED				
3. Improving the quality of care and support for people with dementia	12.50%	£486,994	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				
4. Self Care - Improving patient safety	17.50%	£681,791	GREEN	GREEN	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	AMBER	AMBER				
6. ECP		£37,594	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER				
TOTAL	100.00%	£3,933,545													

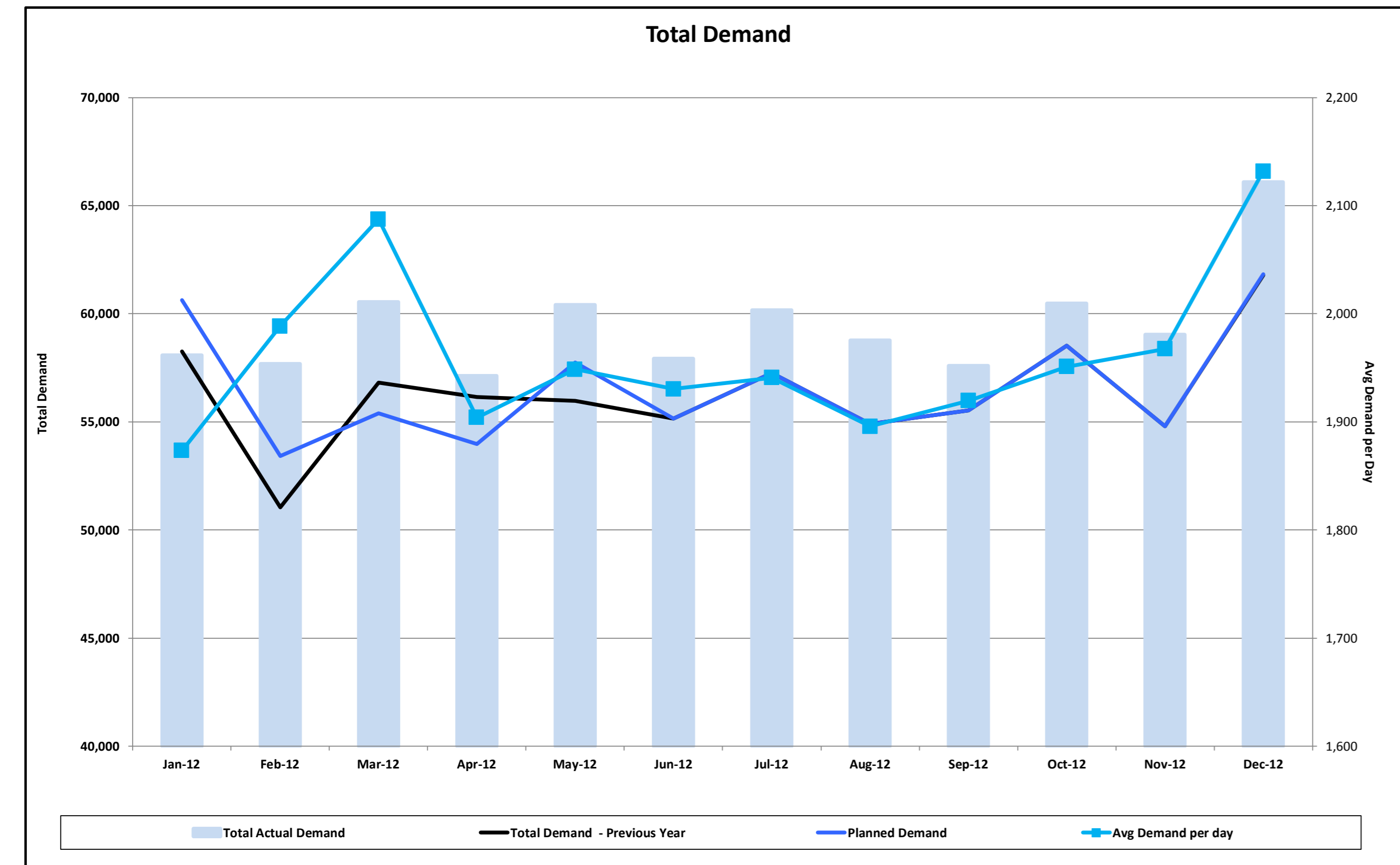
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments
Reduced Conveyance-This CQUIN is led by Deputy Director of Operations. A group has been formed to oversee key changes to improve trajectory during Qtr 4. Key elements of this work include: <ul style="list-style-type: none"> • Returning call to NHS Direct call until the end of March 13, • Terrafix changes within the ambulance system to ensure correct recording of destination • Validation of destination figures to ensuring correct reporting of historic information • Daily conveyance monitoring to ensure all are aware of the daily target required to achieve CQUIN

Total Demand

OBJ REF 3

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



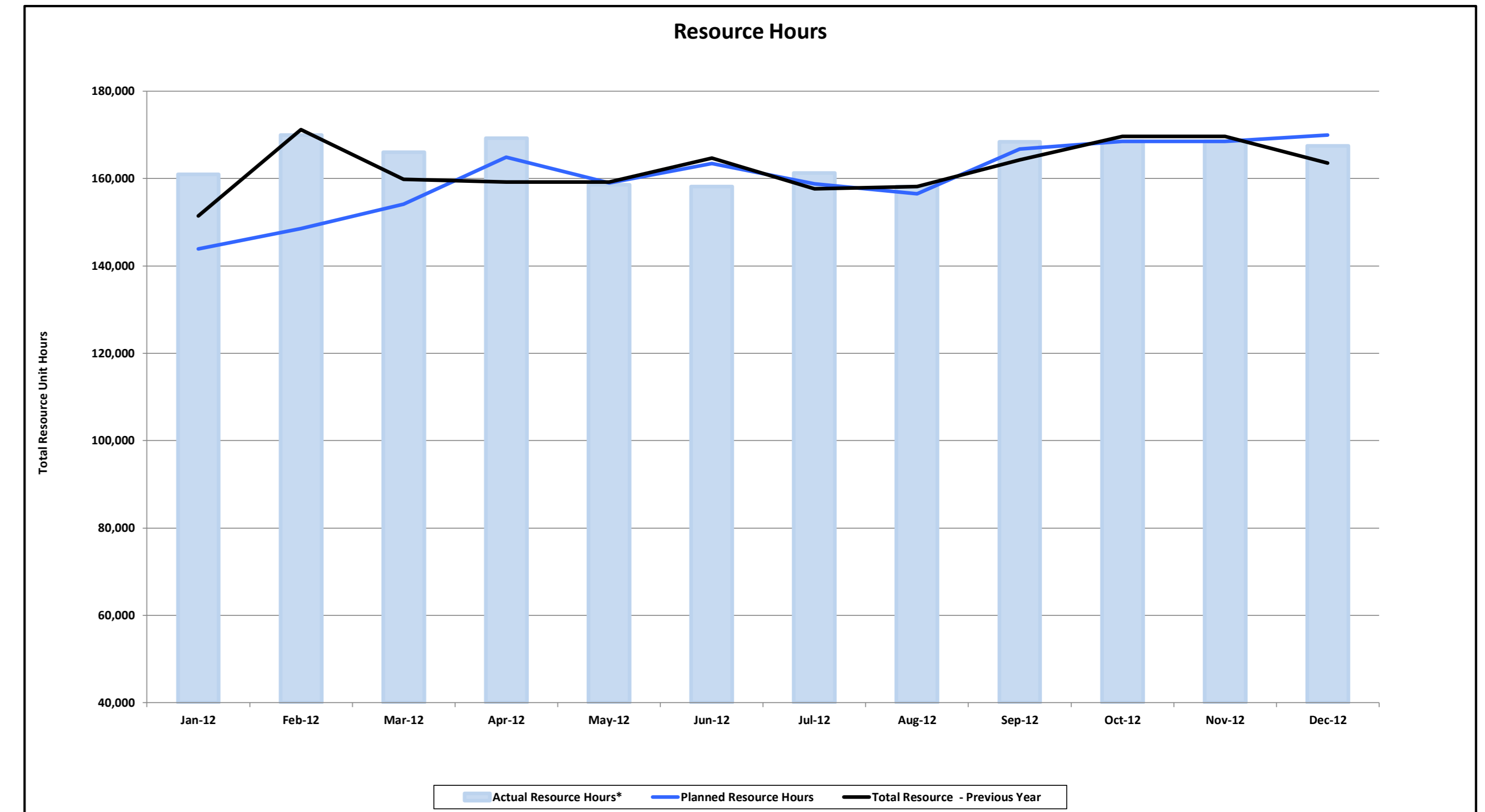
	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Planned Demand	60,630	53,423	55,385	53,985	57,743	55,151	57,249	54,910	55,522	58,515	54,805	61,821
Total Actual Demand	58,076	57,670	60,538	57,123	60,406	57,915	60,170	58,770	57,587	60,486	59,027	66,092
% Variance to Planned (Current Year)	-4.2%	7.9%	9.3%	5.8%	4.6%	5.0%	5.1%	7.0%	3.7%	3.4%	7.7%	6.9%
Avg Demand per day	1,873	1,989	2,088	1,904	1,949	1,931	1,941	1,896	1,920	1,951	1,968	2,132
Total Demand - Previous Year	58,267	51,044	56,826	56,154	55,966	55,151	57,249	54,907	55,520	58,514	54,802	61,784
% Variance Current Year to Last Year	-0.3%	13.0%	6.5%	1.7%	7.9%	5.0%	5.1%	7.0%	3.7%	3.4%	7.7%	7.0%

PLEASE NOTE: Planned demand is based on last years outturn at incident level (an incident is a distinct count of a resource being allocated to a call, a resource is either a vehicle or a triaged call). Actual demand is a distinct count of a resource that has been allocated to a call, again this could be either a vehicle or a triaged call. This includes ECP's, Out of Areas and NHSD passbacks but excludes Embrace. Total demand is not all emergency and urgent calls.

Resource Hours

OBJ REF 3

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



		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Planned Resource Hours	TOTAL	143,919	148,534	154,149	164,880	159,030	163,467	158,742	156,540	166,740	168,474	168,474	169,963
Actual Resource Hours*	TOTAL	160,943	169,963	166,046	169,225	158,567	158,133	161,251	158,156	168,429	168,474	168,474	167,423
	DMA	92,079	97,948	96,381	97,325	90,125 *	92,936 *	93,232 *	88,917 *	95,441 *	95,103 *	95,103 *	93,950 *
	RRV	55,038	58,821	56,229	61,643	56,427	56,438	58,652	59,906	62,287	62,087	62,087	61,377
Avg Total Resource Hours per day	ALL	5,550	5,483	5,535	5,459	5,286	5,101	5,202	5,272	5,433	5,616	5,616	5,401
Total Resource - Previous Year	TOTAL	151,443	171,236	159,785	159,248	159,248	164,676	157,603	158,153	164,266	169,598	169,598	163,504

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

* Actual Total Resource Hours include DMA, RRV and other types of vehicle hours (A&E support, Cycle responders etc.), which is why the Total is greater than DMA + RRV hours

Category Red 1 - 8 Minute Performance HQU03_01

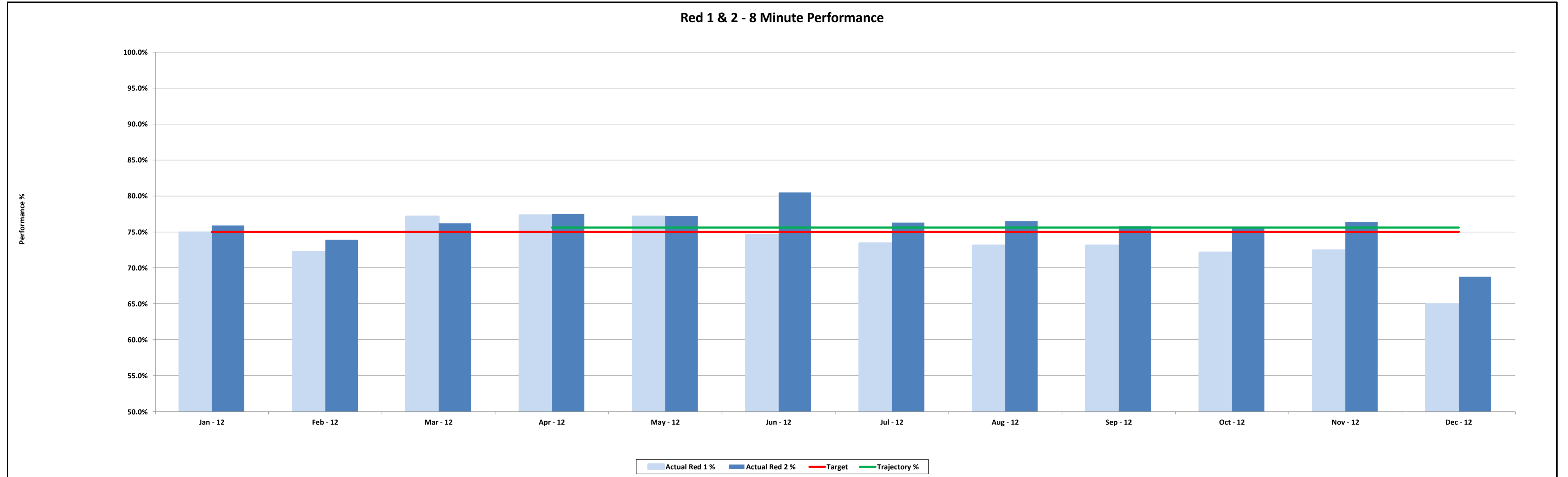
OBJ REF 3

YTD RAG	RED
MTD RAG	RED

Category Red 2 - 8 Minute Performance HQU03_01

OBJ REF 3

YTD RAG	GREEN
MTD RAG	AMBER



RED 1	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-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 %	74.9%	72.2%	77.1%	77.3%	77.1%	74.6%	73.4%	73.1%	73.1%	72.1%	72.4%	64.9%	72.8%
Trajectory %				75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	

RED 2	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 2 %	75.9%	73.9%	76.2%	77.5%	77.2%	80.5%	76.3%	76.5%	75.8%	75.6%	76.4%	68.8%	75.9%
Trajectory %													

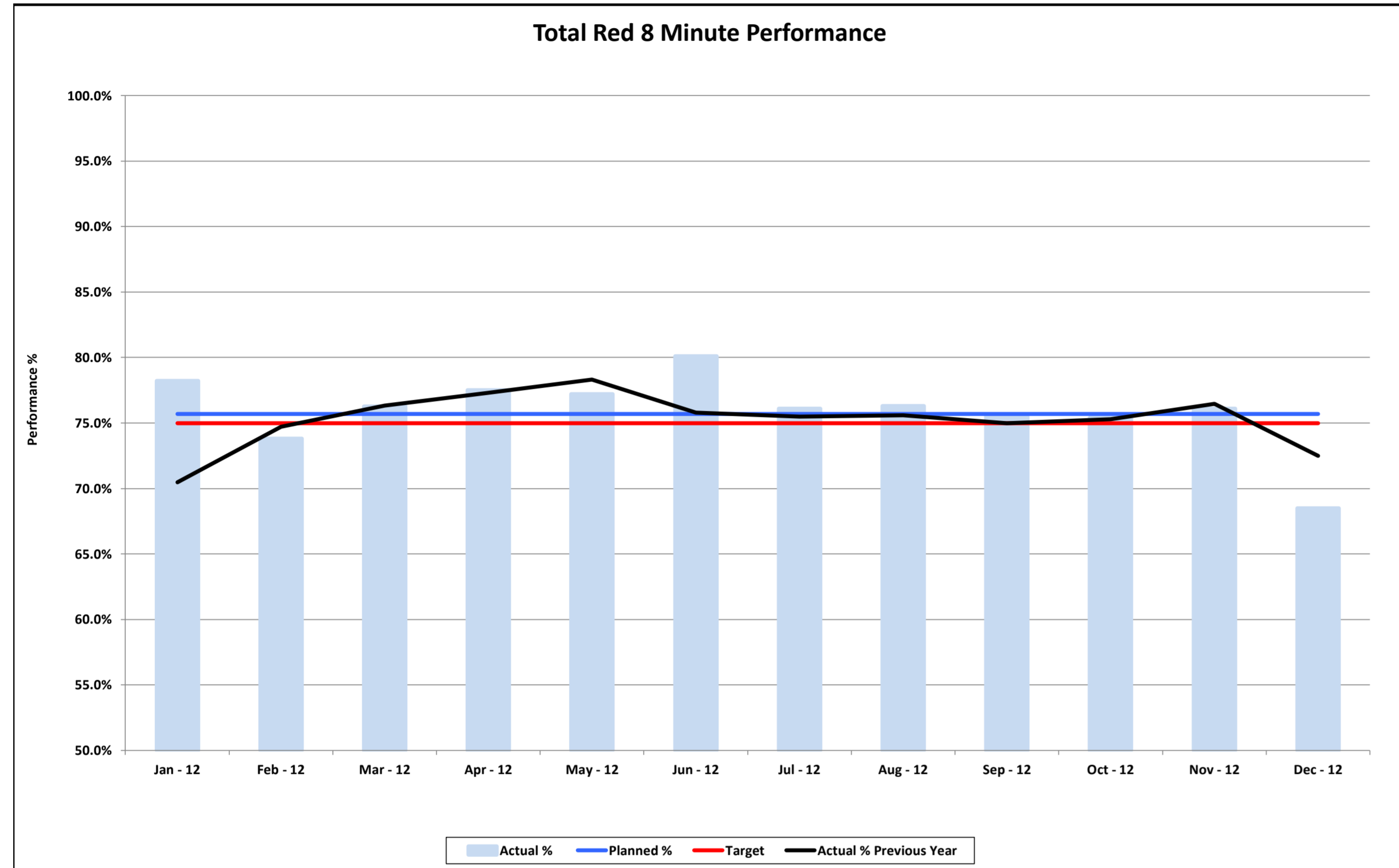
RED 1 by Cluster	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD 12/13
Calderdale, Kirklees & Wakefield	73.9%	72.5%	71.4%	81.2%	76.4%	77.5%	76.5%	72.1%	77.8%	73.6%	77.0%	64.4%	74.8%
Leeds & Bradford	75.0%	69.7%	83.6%	78.6%	80.5%	73.6%	73.7%	71.8%	76.2%	71.0%	71.3%	62.7%	72.9%
North Yorkshire	68.8%	66.7%	68.5%	74.4%	66.7%	64.8%	72.1%	71.9%	63.4%	69.4%	71.9%	67.5%	69.0%
The Humber	76.8%	77.6%	81.3%	81.4%	81.7%	75.1%	75.8%	74.8%	69.3%	75.0%	73.8%	68.4%	74.8%
South Yorkshire	80.1%	76.3%	78.0%	73.4%	77.8%	79.3%	71.1%	75.0%	74.7%	72.4%	70.6%	66.0%	73.1%

RED 2 by Cluster	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD 12/13
Calderdale, Kirklees & Wakefield	78.4%	73.8%	76.3%	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	76.8%	67.5%	76.1%
Leeds & Bradford	77.2%	72.8%	78.2%	77.2%	77.0%	79.4%	77.2%	77.6%	75.3%	75.0%	75.9%	67.3%	75.5%
North Yorkshire	73.8%	71.7%	72.4%	74.0%	71.7%	74.9%	71.1%	71.8%	69.6%	73.6%	73.7%	68.0%	72.0%
The Humber	82.8%	76.9%	81.5%	79.8%	80.9%	83.8%	81.5%	79.1%	79.5%	79.7%	81.2%	79.2%	80.5%
South Yorkshire	80.0%	75.1%	74.1%	78.7%	78.3%	81.9%	76.2%	76.7%	77.2%	76.1%	76.2%	67.7%	76.4%

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

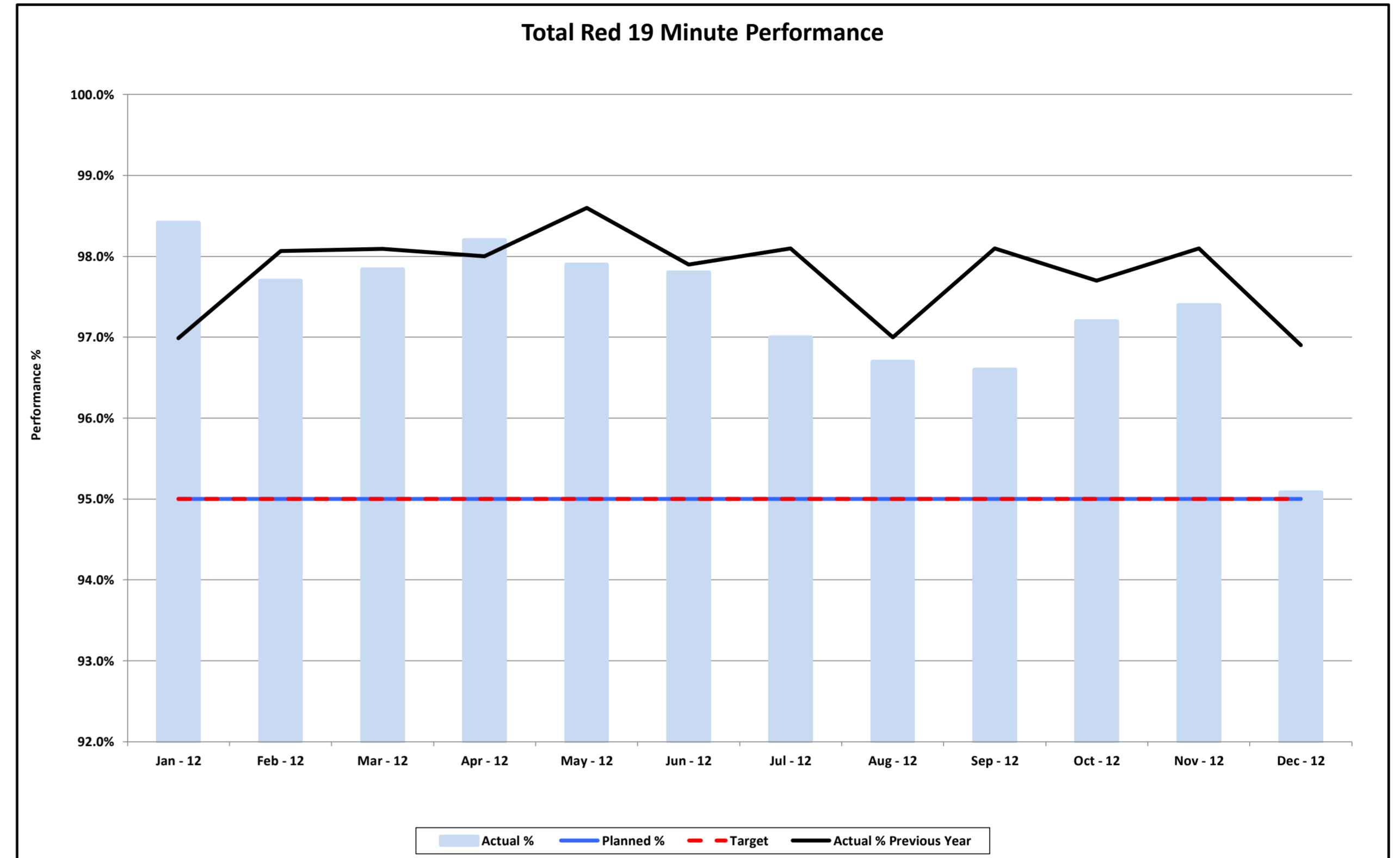
YTD RAG	GREEN
MTD RAG	RED



Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-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 %	78.2%	73.8%	76.3%	77.5%	77.2%	80.1%	76.1%	76.3%	75.6%	75.4%	76.1%	68.5%	75.7%
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	70.5%	74.7%	76.3%	77.3%	78.3%	75.8%	75.5%	75.6%	75.0%	75.3%	76.5%	72.5%	75.6%
Forecast %	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	
National Average	77.9%	73.9%	75.5%	76.0%	75.1%	77.2%	77.1%	N/A	N/A	N/A	N/A	N/A	N/A

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-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 %	98.4%	97.7%	97.8%	98.2%	97.9%	97.8%	97.0%	96.7%	96.6%	97.2%	97.4%	95.1%	97.1%
Planned %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual % Previous Year	97.0%	98.1%	98.1%	98.0%	98.6%	97.9%	98.1%	97.0%	98.1%	97.7%	98.1%	96.9%	97.8%
Forecast %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
National Average	97.0%	95.9%	96.5%	96.8%	96.4%	96.6%	96.5%	96.6%	96.0%	N/A	N/A	N/A	N/A

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD 12/13
Calderdale, Kirklees & Wakefield	78.1%	73.7%	76.0%	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	76.8%	67.2%	76.0%
Leeds & Bradford	77.0%	72.7%	78.5%	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	75.5%	67.0%	75.4%
North Yorkshire	67.8%	82.3%	71.3%	72.1%	74.1%	74.2%	71.1%	71.8%	69.2%	73.3%	73.6%	68.0%	71.8%
The Humber	82.3%	76.9%	81.5%	79.9%	81.0%	83.2%	81.1%	78.8%	78.7%	79.5%	80.6%	78.4%	80.1%
South Yorkshire	80.0%	75.2%	74.4%	78.4%	78.2%	81.7%	75.8%	76.5%	77.0%	75.9%	75.8%	67.6%	76.1%

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD 12/13
Calderdale, Kirklees & Wakefield	98.5%	98.0%	98.2%	98.9%	98.4%	98.7%	98.2%	97.8%	97.7%	97.4%	97.6%	95.0%	97.7%
Leeds & Bradford	98.9%	98.3%	98.8%	98.7%	98.5%	98.5%	97.9%	98.1%	97.7%	98.2%	97.9%	96.1%	97.9%
North Yorkshire	98.2%	94.8%	95.4%	95.2%	94.5%	93.9%	93.7%	92.4%	91.8%	94.0%	94.3%	91.1%	93.4%
The Humber	98.2%	96.5%	96.8%	97.5%	97.6%	97.1%	95.7%	95.4%	95.6%	96.4%	96.8%	94.5%	96.3%
South Yorkshire	99.3%	98.9%	98.4%	99.0%	98.9%	98.5%	97.6%	97.5%	97.7%	98.1%	98.4%	96.2%	98.0%

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	56,239	58,734	63,034	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%	4.5%	-2.9%	0.7%	-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		£214,168		£351,130		-£75,626							
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	01:00:40	01:01:20	01:03:41	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	167,878	163,504	167,423	174,700		160,943		169,963		
	Planned Staff (Establishment) FTE		2,108		2,103		2,102		2,102		2,102		2,102		2,102		2,102		2,102		2,102		2,102		2,102	
	Actual Staff and Planned staff for the year (Establishment) FTE	2,022	2,031	2,022	2,022	2,005	2,025	2,005	2,015	1,995	2,012	1,995	2,010	1,995	2,014	1,988	2,019	1,988	2,026	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		26,833		24,694							
	Front line staff overspend / (underspend) after overtrade has been applied		(£69,102)		(£53,068)		£140,949		(£222,746)		(£146,737)		(£70,059)		£20,078		£118,808		£589,953							
	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%	27.4%	29.8%	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	0.32	0.38	0.39	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%	76.1%	72.5%	68.5%	78.2%		73.8%		76.3%		

Please Note: Planned demand is the outturn of the total contractual demand for last year, but reprofiled to a more realistic monthly plan due to adverse weather last year. This is at a response level, a response being a distinct count of a resource arriving at scene and also includes calls triaged. Actual Demand is a distinct count of where a resource has arrived on scene or has been triaged. This excludes ECP's. Out of Area and embrace but includes NHSD passbacks. Total demand is not all emergency and urgent calls.

*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

Demand - Although December's outturn was broadly in line with the expected plan this represented a 12% increase on November which equates to an additional 219 responses per day. The demand profile plan is then expected to decrease by 8.5% in January 2013. The ability of the operational model to respond to such significant variations in demand over a short period (4/5 weeks) proved to be challenging within the existing financial model and staffing levels. Although the demand outturn was in line with planned expectation RED demand significantly exceeded normal levels and increased by 9.1% compared with December 2011. The demand model therefore was different as RED demand in December increased to 38.7% of total demand compared to November where it was 37.3% of the total. This had a significant impact on the Trusts ability to deliver the 8 min standard against RED calls.

Resource/overtime - The Trust increased the resource hours output compared to December 2011 by 2.7% despite a lower staffing base. Hours were further increased with the reduction in training and non-frontline staff undertaking clinical shifts. It was difficult to further increase the resource hours output due to the impact of sickness and limited overtime take up from staff. Analysis of the operational hours that would have been required to achieve 75% suggest that 184,316 hours would have been required this is a 10% increase on the operational output achieved and extremely challenging to achieve within the current model.

Performance - The month out turned at 68.5% and reduced the YTD figure by 1% to 75.5%

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	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	2,035	2,753	2,951	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%	4.1%	5.3%	5.3%	5.0%		5.3%		4.7%		
	Total Number of calls closed by Clinical Hub		479		553		489		520		413		475		653		1,077		1,670							
	Total Number of calls closed by NHS Direct		1,888		2,029		1,990		1,984		1,858		1,605		1,814		958		1,281							

Comments

The Clinical Hub closed more incidents than any month this year closing 55% more incidents than in November 12. Despite this there remains significant improvements to be made in a number of areas. A Head of Clinical Hub has been recruited and will commence duties from 21 January. Key immediate tasks will include linkages with the 111 team, better identification of available pathways, introduction of the DoS and training and development for all Clinical Hub staff.


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

December 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	727	75.9%	2112	92.4%	373	88.7%	1290	97.9%	735	26
NORTH YORKSHIRE CLUSTER	727	75.9%	2112	92.4%	373	88.7%	1290	97.9%	735	26
EAST RIDING OF YORKSHIRE PCT	333	73.7%	929	92.7%	124	86.2%	541	98.1%	328	6
HULL PCT	254	82.6%	919	95.6%	207	93.7%	629	98.3%	365	46
EAST YORKSHIRE CLUSTER	587	77.6%	1848	94.1%	331	90.9%	1170	98.2%	693	52
WAKEFIELD DISTRICT PCT	414	77.5%	1060	86.6%	211	77.6%	856	92.4%	351	67
CALDERDALE PCT	230	72.5%	644	85.0%	116	76.8%	553	94.3%	282	49
KIRKLEES PCT	432	70.4%	1240	81.9%	222	82.3%	1010	90.3%	374	90
CALD / KIRK & WAKEFIELD CLUSTER	1076	73.6%	2944	84.3%	549	79.1%	2419	92.0%	1007	206
BRADFORD AND AIREDALE PCT	686	72.5%	1626	76.1%	324	72.4%	1129	92.6%	399	38
LEEDS PCT	978	75.6%	2625	84.3%	525	78.0%	1717	91.5%	665	17
LEEDS, BRADFORD & AIREDALE CLUSTER	1664	74.3%	4251	81.2%	849	76.1%	2846	91.9%	1064	55
BARNSELY PCT	250	77.0%	735	88.2%	129	87.4%	429	93.5%	292	6
DONCASTER PCT	320	76.8%	1015	89.2%	205	82.5%	592	94.4%	369	76
ROTHERHAM PCT	278	72.8%	756	86.6%	138	83.7%	462	91.2%	291	15
SHEFFIELD PCT	549	72.4%	1647	83.5%	341	80.8%	1285	91.1%	540	23
SOUTH YORKSHIRE CLUSTER	1397	74.2%	4153	86.1%	813	82.7%	2768	92.1%	1492	120
PCT TOTAL	5451	74.7%	15308	86.2%	2915	82.1%	10493	93.6%	4991	459
ECP	80		289		43		170		368	0
OOA/UNKNOWN	33	84.6%	98	78.1%	133	80.0%	197	88.9%	54	1
YORKSHIRE AMBULANCE SERVICE	5564	74.8%	15695	86.2%	3091	82.1%	10860	93.6%	5413	460

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	5811	80.5%	17899	94.1%	3063	91.3%	10162	96.8%	7208	350
NORTH YORKSHIRE CLUSTER	5811	80.5%	17899	94.1%	3063	91.3%	10162	96.8%	7208	350
EAST RIDING OF YORKSHIRE PCT	2849	79.7%	7544	94.2%	1144	87.3%	4276	96.8%	3275	62
HULL PCT	2382	86.8%	7868	96.0%	1810	92.8%	4838	97.7%	3685	506
EAST YORKSHIRE CLUSTER	5231	82.9%	15412	95.1%	2954	90.7%	9114	97.3%	6960	568
WAKEFIELD DISTRICT PCT	3377	82.0%	9070	91.6%	1623	86.4%	6232	94.5%	3230	544
CALDERDALE PCT	1651	81.5%	5184	92.5%	981	85.2%	3899	96.5%	2535	441
KIRKLEES PCT	3348	81.7%	9898	90.7%	1843	86.2%	6792	94.3%	3453	779
CALD / KIRK & WAKEFIELD CLUSTER	8376	81.8%	24152	91.4%	4447	86.0%	16923	94.9%	9218	1764
BRADFORD AND AIREDALE PCT	5027	80.7%	13590	88.9%	3118	85.7%	7968	94.1%	3844	358
LEEDS PCT	7969	82.5%	21925	90.2%	4282	83.6%	12522	94.0%	6131	150
LEEDS, BRADFORD & AIREDALE CLUSTER	12996	81.8%	35515	89.7%	7400	84.5%	20490	94.1%	9975	508
BARNSELY PCT	1999	82.3%	5978	93.4%	1141	87.0%	2997	95.1%	2843	87
DONCASTER PCT	2949	82.4%	8389	94.1%	1696	87.6%	4455	94.9%	3473	604
ROTHERHAM PCT	2207	82.1%	6452	92.4%	1186	85.7%	3339	93.7%	2875	112
SHEFFIELD PCT	4805	81.6%	14467	91.7%	2967	85.5%	9549	94.2%	5907	170
SOUTH YORKSHIRE CLUSTER	11960	82.0%	35286	92.6%	6990	86.2%	20340	94.4%	15098	973
PCT TOTAL	44374	81.8%	128264	92.1%	24854	86.9%	77029	95.2%	48459	4163
ECPs	476		1889		308		1424		3148	0
OOA/UNKNOWN	207	82.1%	1011	88.0%	1471	88.4%	2023	95.5%	401	24
YORKSHIRE AMBULANCE SERVICE	45057	81.8%	131164	92.1%	26633	86.9%	80476	95.2%	52008	4187

Resilience

OBJ REF	4
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	YTD RAG	GREEN
	MTD RAG	GREEN

Strategic Aim - High Performing

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

Description	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Year End Forecast 12/13	Q4 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	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Business Continuity Plans	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN
Information Provision	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Co-operation with other responders	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Training	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	6/9	Time to Answer - 95%	Part of the EOC reconfiguration work that has now passed through the consultation period and due to be implemented from April 13.	Emergency Operation Centre Lead Director	Qtr 4
2.7	8/9	Time to Answer - 99%	As above however further investigation work has been undertaken around how urgent calls are classified as YAS appears a significant outlier despite being in the 2nd Best in the country for Time to Answer for 50% of calls.	Emergency Operation Centre Lead Director	Qtr 4
2.7	8/9	Abandoned calls	Part of the EOC reconfiguration work that has now passed through the consultation period and due to be implemented from April 13.	Emergency Operation Centre Lead Director	Qtr 4
2.7	5/5	Cat Red 8 minute response - RED 1	Key Actions: <ul style="list-style-type: none"> • Increase manager (all clinicians within YAS) availability to respond to RED1 • Changing protected run back arrangements • Daily review of missed calls • Model potential further technical changes 	Deputy Director of Operations	Qtr 4
2.7	1/5	Cat Red 8 minute response - RED 2	Ensure operational resource output meet demand. Significant improvements have already been achieved in Jan 13.	Deputy Director of Operations	Jan-13
2.7	7/9	STEMI - Care	Corrected reporting of STEMI care bundle with consistent interpretation of the exclusions relating to GTN administration with effect from reporting for August 2012 onwards.	Deputy Medical Director	Dec-12
2.7	5/9	Stroke - Care	Analysis identified inconsistent completion of FAST documentation and recording of blood sugar levels. Clinical Managers have been tasked with area-specific action plans.	Deputy Medical Director	Mar-13
2.7	9/9	Resolved by telephone	The Clinical Hub closed more incidents of any month this year closing 55% more incident than in November 12. Despite this there remains significant improvements to be made in a number of areas. A Head of Clinical Hub has been recruited and commences from 21 January. Key immediate tasks will include linkages with the 111 team, better identification of available pathways, introduction of the DoS and training and development for all Clinical Hub staff.	Emergency Operation Centre Lead Director	Qtr 4
2.7	8/9	Non A&E	A group has been formed to oversee key changes to improve trajectory during Qtr 4. Key elements of this work include: <ul style="list-style-type: none"> • Returning call to NHS Direct call until the end of March 13, • Terrific changes within the ambulance system to ensure correct recording of destination • Validation of destination figures to ensuring correct reporting of historic information • Daily conveyance monitoring to ensure all are aware of the daily target required to achieve CQUIN 	Designated Project Team from all directorates	Qtr 4
2.7	8/9	STEMI - 150	Corrected reporting of STEMI 150 by PPCI centres using MINAP will be effective from reporting of August 2012 onwards, i.e. December ACQI data.	Deputy Medical Director	Dec-12
2.7	8/9	ROSC	Resolution through the implementation of the Resuscitation Plan	Associate Medical Director (Operations)	Apr-15
2.7	7/9	ROSC - Utstein	Resolution through the implementation of the Resuscitation Plan	Associate Medical Director (Operations)	Apr-15
2.7	8/9	Recontact 24hrs Telephone	This work will be led by the new Head of Clinical Hub. Key immediate tasks will include better identification of available pathways, introduction of the DoS and training and development for all Clinical Hub staff.	Deputy Director of Operations	Qtr 4
2.7	8/9	Recontact 24hrs On Scene *	Work ongoing via the Operational Management Group to understand variations and where YAS is an outlier nationally.	Deputy Director of Operations	Qtr 4

Comments

Top Third

Time to Answer - 50%
 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 Utstein

Middle Third

STEMI - 60****
 Cardiac - STD
 Cat Red 8 minute response - RED 2
 STEMI - Care
 ROSC - Utstein
 Time to Answer - 95%
 Abandoned calls
 Resolved by telephone

Bottom Third

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

Yorkshire Ambulance Service - Performance - A&E

December 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	00:02	00:01	00:00	00:01	00:01	00:03	00:03	00:02	00:01	00:01	2nd	November
Time to Answer - 95% * ▲	mm:ss	00:28	00:10	00:06	00:04	00:09	00:09	00:08	01:03	00:45	00:21	00:07	00:25	8th	November
Time to Answer - 99%	mm:ss	01:14	00:57	00:43	00:14	01:01	00:53	00:32	02:16	01:26	01:05	00:48	01:34	10th	November
Abandoned calls	%	0.69	0.64	0.62	1.48	0.12	1.59	2.46	3.08	4.03	1.16	0.93	1.86	8th	November
Cat Red 8 minute response - RED 1	%	71.2	74.8	76.4	74.2	77.4	77.4	74.7	78.4	74.7	74.0	78.9	73.1	10th	November
Cat Red 8 minute response - RED 2	%	75.2	75.0	77.6	77.0	76.2	76.9	77.9	76.1	77.2	77.5	76.9	76.8	7th	November
95 Percentile Red 1 only Response Time	%	15:55	14:28	13:38	11:54	16:37	12:24	14:43	14:57	14:48	15:13	12:47	13:39	4th	November
Cat A19	%	94.3	94.3	95.9	97.4	98.2	97.3	95.1	95.1	97.9	95.6	97.5	97.4	4th	November
Time to Treat - 50% * ▲	mm:ss	06:05	04:47	05:34	06:09	05:49	05:53	05:11	06:03	05:34	05:29	05:49	05:16	3rd	November
Time to Treat - 95%	mm:ss	18:29	17:55	14:32	17:35	14:18	16:30	15:49	18:43	17:13	19:11	15:23	13:22	1st	November
Time to Treat - 99%	mm:ss	29:47	27:59	21:43	23:08	22:33	25:43	35:55	31:45	26:34	30:16	23:53	20:06	1st	November
STEMI - Care	%	78.1	82.2	94.0	84.2	69.4	82.2	81.3	69.9	75.5	81.0	73.8	77.4	7th	August
Stroke - Care	%	96.5	94.4	100.0	90.2	94.9	96.6	99.2	96.8	90.2	96.2	94.4	94.2	10th	August
Frequent caller **	%	0.19	0.02	-	0.59	2.57	-	-	6.42	-	-	-	1.90	4th	November
Resolved by telephone	%	7.1	6.8	7.2	8.2	5.6	3.7	3.4	5.2	8.5	5.8	6.3	4.6	9th	November
Non A&E	%	38.3	45.7	47.8	44.5	32.0	31.0	22.9	40.9	41.0	50.0	35.2	24.4	10th	November
STEMI - 60***	%	50.0	-	-	50.0	-	-	43.3	-	-	50.0	23.1	0.0	5th	August
STEMI - 150	%	93.8	91.1	90.9	88.9	92.1	89.0	92.1	92.4	87.9	84.5	83.1	83.7	10th	August
Stroke - 60	%	46.6	51.1	64.2	77.0	70.8	82.0	83.2	51.3	63.1	55.3	64.8	67.5	4th	August
ROSC	%	18.2	22.3	28.8	13.9	30.4	26.9	26.0	34.7	25.6	25.0	27.4	21.3	10th	August
ROSC - Utstein	%	41.6	57.3	60.5	40.0	53.4	50.0	45.8	52.8	49.4	36.0	39.4	47.4	7th	August
Cardiac - STD	%	8.9	5.4	11.6	5.6	7.3	7.6	7.3	14.2	7.1	8.2	7.2	7.8	5th	August
Cardiac - STD Utstein	%	13.6	22.8	37.0	40.0	23.2	23.8	22.4	18.9	15.5	18.5	12.1	28.6	2nd	August
Recontact 24hrs Telephone ▲	%	3.6	14.6	11.0	2.4	3.0	15.9	32.1	18.9	12.4	14.9	14.2	24.3	10th	November
Recontact 24hrs On Scene * ▲	%	6.2	7.6	3.9	1.9	5.2	4.8	6.3	7.0	4.7	6.8	5.0	8.7	11th	November

* ▲ Early Warning Indicator

** Only 6 Trusts manage Frequent Callers

*** Only 6 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
RED	2.11	8/9	PTS KPI's -West Yorkshire Consortium - % of patients to depart within 60 mins of their booked ready time	As per the last update, work is continuing to review the impact of vacancy levels on service delivery and progression of those which are essential and fit with the 13-14 workforce plan is ongoing. The role and function of the performance cell will be reviewed in January with a view to defining their interventions to those areas of greatest benefit (financial and service). We continue to work with acute trusts on discharge practices and agreed protocols.	Associate Director PTS	Q4	AMBER
RED	2.11	7/9	PTS KPI's -West Yorkshire Consortium -% of patients to depart within 120 mins of their ready time (Penalties Apply)				
RED	2.11	4/9	PTS KPI's -West Yorkshire Consortium - Renal % of patients to depart within 60 mins of ready time	RENAL PATIENTS ONLY - The trajectory for achievement against this indicator has increased by 2.04% since the beginning of the year. Performance has been consistent at over 97% compliance all year, but with the increasing trajectory this is now showing as non compliant against the required standard. Diagnostic work to review the planning function in West Yorkshire completed in December 2012 and this work will be used to review the current scheduling function with a view to securing additional performance post implementation.	Associate Director PTS	Q4	AMBER
RED	2.11	3/9	PTS KPIs - West Yorkshire Consortium % of patients arriving more than 60 mins early	This equated to 112 patients in December. An increase of 47 patients on the previous month. Performance reviews are ongoing to determine the causes.	Associate Director PTS	Q4	AMBER
RED	2.11	1/9	PTS KPIs - West Yorkshire Consortium % of patients arriving more than 90 mins early	This indicator has breached for the first time in December with 9 patients being brought in for their appointment over 90 minutes early. Performance reviews are again, ongoing to determine the cause.	Associate Director PTS	Q4	AMBER
RED	2.11	5/9	PTS KPI's -West Yorkshire Consortium -Renals % of patients to arrive more than 30 mins early	The compliance criteria for this indicator has increased by 7.34% over the year, with 33 patients breaching this standard in December, with a reduced activity profile. Further investigation is ongoing to identify causes.	Associate Director PTS	Q4	AMBER
RED	2.11	3/9	PTS KPI's -West Yorkshire Consortium -Renals % of patients to arrive more than 90 mins early	12 patients breached this standard in December. It is possible that the causative factors are similar to those contributing to the early patient drop off for routine patients and the performance causes are being reviewed.	Associate Director PTS	Q4	AMBER
RED	2.11	1/9	PTS KPI's -West Yorkshire Consortium - Renals 0% of patients to arrive more than 30 mins late (Penalties Apply)	15 patients breached this standard in December. There is no localised pattern and this is spread across all members of the consortia.	Associate Director PTS	Q4	AMBER
RED	2.11	9/9	PTS KPI's -West Yorkshire Consortium - Renals 0% of patients to arrive more than 60 mins late (Penalties Apply)	9 patients breached this standard in December. It has not been possible to achieve the 0% standard in any month during the year, therefore the year end position is Red for this indicator.	Associate Director PTS	Q4	RED
RED	2.12	1/9	East Consortia - % of patients to arrive between 1 and 30 mins late	26 patients breached this standard in December. The first monthly breach of this particular indicator. Review of causes is ongoing but this is likely to be linked to the reduction in sub contractor use.	Associate Director PTS	Q4	AMBER
RED	2.12	2/9	East Consortia - % of patients to arrive between 31 and 60 mins Late	This breach occurred for 14 patients. This is only the second month in which this standard has been breached and review of causative factors is ongoing.	Associate Director PTS	Q4	AMBER
RED	2.12	4/9	East Consortia - 0% of patients to arrive more than 60 mins late (Penalties Apply)	34 patients arrived more than 60 minutes late for their appointment. This number is consistent with those that we have seen for the last three months linked to the reduction in the trajectory for compliance to 0.10% i.e. no more than 2 patients per month.	Associate Director PTS	Q4	AMBER
RED	2.12	9/9	East Consortia - Priority % of patients to arrive between 31 and 90 mins early	There have consistently been over 400 patients per month which fall into this category, with early arrivals being given priority in terms of patient care, rather than risk patients being late for their appointments. More systematic planning and on day scheduling will contribute to reduction in these numbers.	Associate Director PTS	Q4	AMBER
RED	2.12	4/9	East Consortia - Prority 0% of patients to arrive more than 60 mins late (Penalties Apply)	Again, the trajectory for performance against this standard is 0.10%. 10 patients breached in December.	Associate Director PTS	Q4	AMBER
RED	2.12	7/9	East Consortia - % of patients to depart between 61 and 120 mins after ready time	Performance has been consistent against this indicator all year, however the trajectory for performance compliance had reduced from 28% to 5% over a period of 8 months. The financial affordability of a 5% performance standard is being considered.	Associate Director PTS	Q4	RED
RED	2.12	5/9	East Consortia - % of patients to depart more than 120 mins after ready time (Penalties Apply)				

RED	2.12	9/9	East Consortia - Priority % of patients to depart between 31 and 60 mins after ready time	As highlighted in previous board reports, the factors which contribute to this position are multi agency and are often the result of the interactions between clinicians, YAS and the acute Trusts. Work is continuing to ensure that the clinic throughput times are accurate and that communication between the hospitals and the Patient Reception Centres / Planners and Drivers are working to ensure patients are located in the identified place, are ready when drivers arrive to collect them and are available to transport.	Associate Director PTS	Q4	RED
RED	2.12	5/9	East Consortia - Priority % of patients to depart more than 60 mins after ready time (Penalties Apply)				
RED	2.12	4/9	East Consortia % of patients to depart between 3 and 4 hours after ready time				
RED	2.12	8/9	East Consortia - % of patients to depart between 4 and 5 hours after ready time				
RED	2.12	5/9	East Consortia - 0% of patients to depart more than 5 hours after ready time				
RED	2.12	9/9	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	There are a number of reasons why journeys may be aborted within a 15 minute window of the patient being due at their destination. These include late cancellations of journeys by patients and acute trusts, pick up destinations where the patient no longer resides resulting in an aborted journey (often nursing homes), patients becoming concerned at the late arrival of transport therefore making their own way to their appointment, patients not being aware that transport has been booked and making their own way to hospital and friends and family becoming available to transport patients and the transport not being cancelled. The resolution to this issue is therefore a multi agency one and is linked to good information being passed between all parties. Commissioners, YAS and the acute trusts are working on this collaboratively to ensure that these numbers are minimised as much as possible.	Associate Director PTS	Q4	RED
RED	2.13	1/9	PTS KPI's - South Yorkshire Consortium % of patients arriving up to 90 mins prior to their appointment - ROTHERHAM	A review of the South Yorkshire December performance is ongoing with the management team to understand the December position. For a number of indicators this was the first time that they had breached and was not connected to increases in performance trajectory or activity profile.	Associate Director PTS	Q4	AMBER
RED	2.13	1/9	PTS KPI's - South Yorkshire Consortium % of patients arriving up to 90 mins prior to their appointment - SHEFFIELD			Q4	AMBER
RED	2.13	2/9	PTS KPI's - South Yorkshire Consortium KPI 2 % of patients departing within 60 mins of their booked ready time SHEFFIELD PCT			Q4	AMBER
RED	2.13	6/9	PTS KPI's - South Yorkshire Consortium - % of patients departing within 90 mins of their booked ready time BARNSELY PCT			Q4	RED
RED	2.13	1/9	PTS KPI's - South Yorkshire Consortium - % of patients departing within 90 mins of their booked ready time SHEFFIELD PCT			Q4	AMBER
RED	2.13	4/9	PTS KPI's - South Yorkshire Consortium - % of patients departing within 90 mins of their booked ready time ROTHERHAM PCT			Q4	RED
RED	2.13	1/9	PTS KPI's - South Yorkshire Consortium % of patients travelling up to 10 miles for less than 90 mins SHEFFIELD PCT			Q4	AMBER
RED	2.14	1/9	PTS KPI's - NHS North Yorkshire & York - Patients collected within 60 mins of their booked ready time			Q4	AMBER
RED	2.14	1/9	PTS KPI's - NHS North Yorkshire & York Patients collected within 61- 90 mins of their booked ready time			Q4	AMBER
RED	2.14	1/9	PTS KPI's - NHS North Yorkshire & York - Patients collected more than 121 mins after their booked ready time	Q4	AMBER		

Directors Comments on PTS Performance

PTS experienced a similar month as A&E in terms of disappointing service delivery against contracted requirements during December although by contrast against the backdrop of a reduction in demand.

There has been a deterioration in performance across a number of contractual key performance indicators (a detailed breakdown of each KPI can be found at E3). Generally each consortium has two additional RED KPIs. While some can be explained by increasing standards of targets this is not the case for all. Despite this there have been a number of trajectory compliance improvements particularly when compared to this time last year.

An immediate review by operational teams has been commissioned and discussions with commissioners have commenced to understand the service challenges actions to address are ongoing through the Consortium Management Board meetings.

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	GREEN	GREEN				
	Improve the efficiency and effectiveness	20.00%	£29,591	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN				
	Improve the quality of PTS	60.00%	£88,772	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	AMBER	RED				
EAST Consortia	Improve patient experience	100.00%	£77,933	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				
WEST Consortia	Reduce abortive journeys	40.00%	£118,851	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER				
	Improve patient experience	60.00%	£178,274	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				
NORTH Consortia	Improve patient experience	100.00%	£110,881	GREEN	GREEN	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

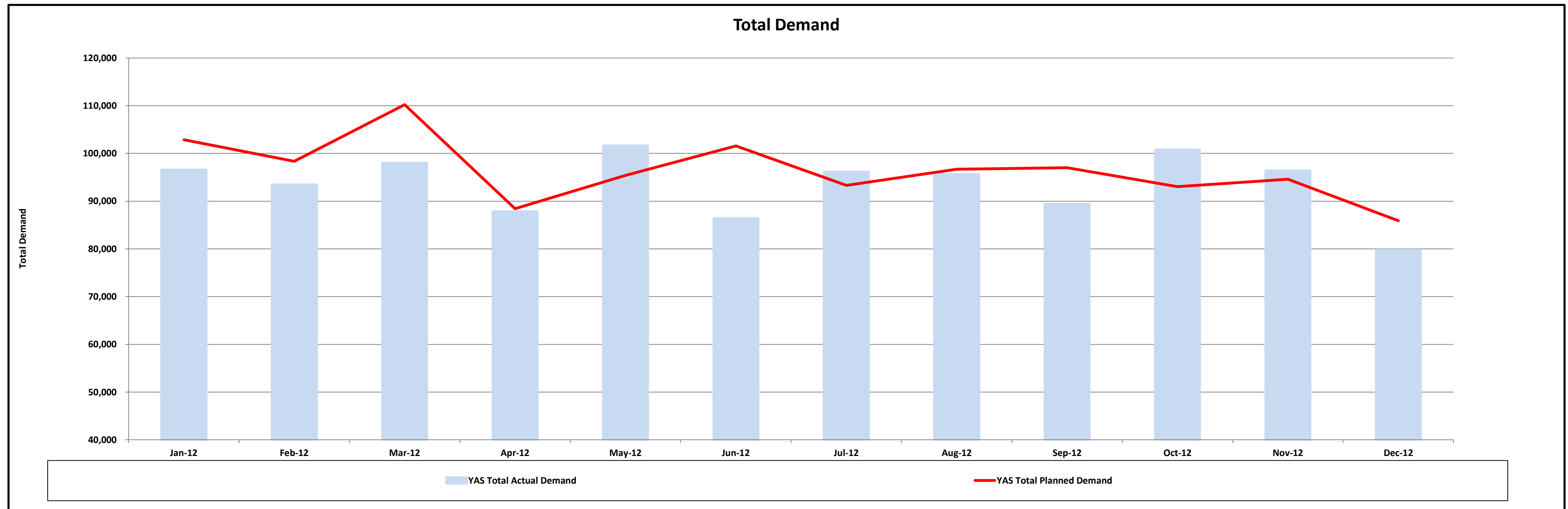
Comments
CQUIN 3 for South Yorkshire (Improve the quality of PTS) has been rated Red as we have failed to achieve both the full CQUIN or the partial payment trajectory which was renegotiated in November 2012.
CQUIN 2 for West Yorkshire has been rated at Amber as although part of the CQUIN has not been achieved, the payment schedule for this CQUIN is 10% split across 5% and 5% compliance. Only currently 5% is at risk.

PTS Demand

OBJ REF 3

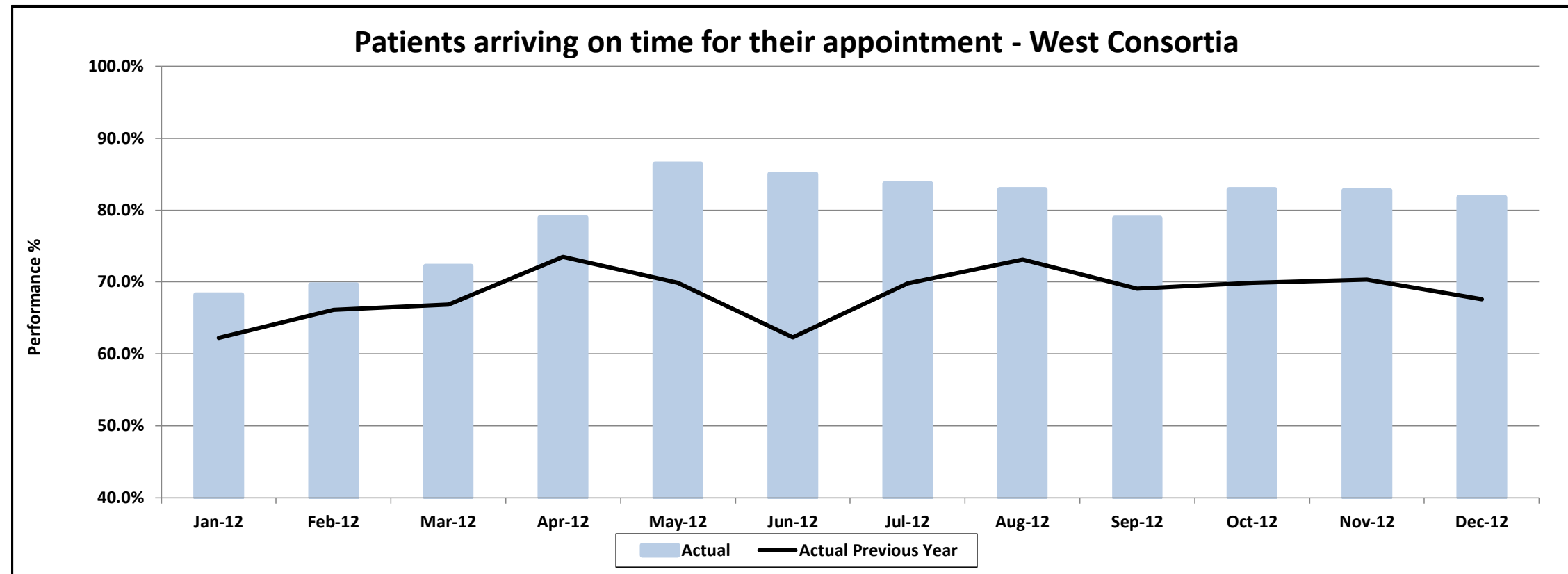
YTD RAG AMBER

MTD RAG AMBER

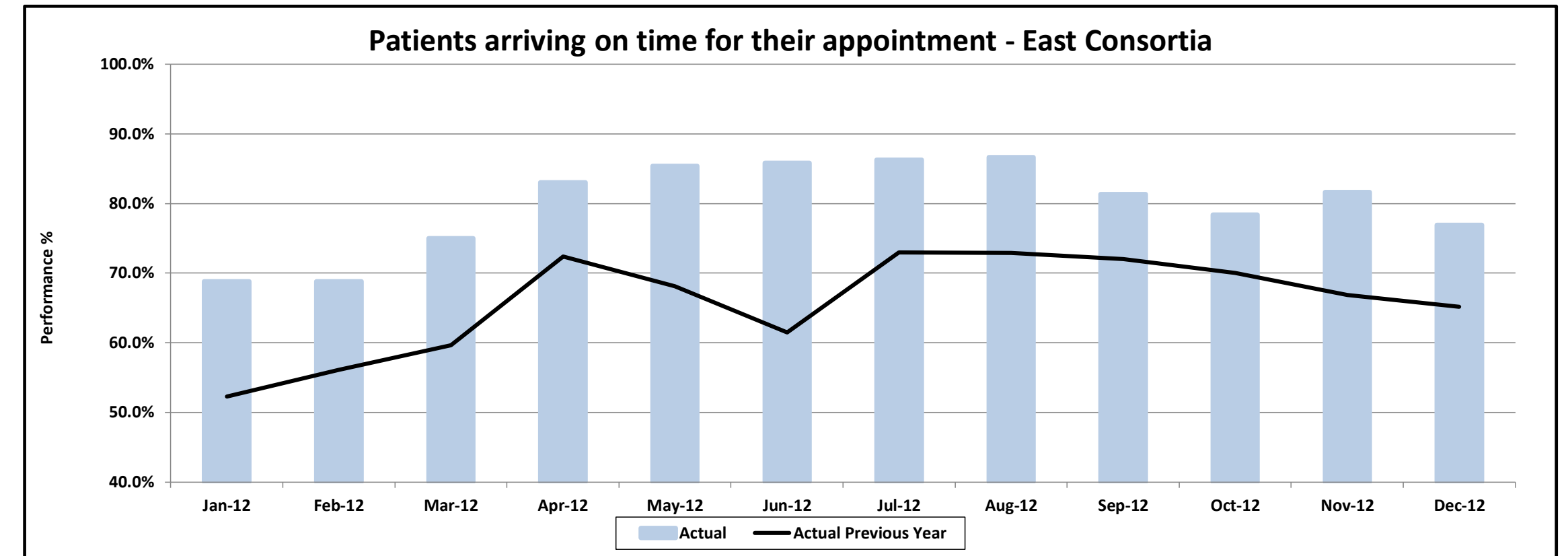


PTS Demand by Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD 12/13
West Consortia Planned Demand	47,752	45,526	51,708	43,011	46,134	49,317	45,518	46,763	47,423	44,833	46,255	42,199	411,453
West Consortia Actual Demand	48,192	46,286	48,164	43,482	49,538	43,254	47,835	47,921	44,509	49,755	47,337	39,516	413,147
East Consortia Planned Demand	6,165	5,945	6,455	9,127	9,517	10,389	9,263	9,557	9,169	9,271	9,404	8,639	84,336
East Consortia Actual Demand	9,465	9,077	9,996	8,586	10,159	9,397	9,898	9,715	9,059	10,680	10,224	8,688	86,406
South Consortia Planned Demand	36,114	34,621	38,460	23,887	26,997	28,476	25,743	27,097	26,822	25,860	25,773	22,476	233,131
South Consortia Actual Demand	25,684	25,611	26,377	23,888	27,973	22,048	25,372	24,874	23,634	26,620	25,499	20,539	220,447
North Consortia Planned Demand	12,841	12,277	13,583	12,376	12,754	13,380	12,794	13,254	13,590	13,051	13,163	12,595	116,957
North Consortia Actual Demand	13,187	12,459	13,370	11,700	13,768	11,597	12,969	13,025	12,110	13,648	13,290	10,939	113,046
YAS Total Planned Demand	102,872	98,369	110,206	88,401	95,402	101,562	93,318	96,671	97,004	93,015	94,595	85,909	845,877
YAS Total Actual Demand	96,528	93,433	97,907	87,766	101,556	86,325	96,074	95,535	89,312	100,703	96,350	79,682	833,303
% Variance Planned V Actual	-6.2%	-5.0%	-11.2%	-0.7%	6.5%	-15.0%	3.0%	-1.2%	-7.9%	8.3%	1.9%	-7.2%	-1.5%

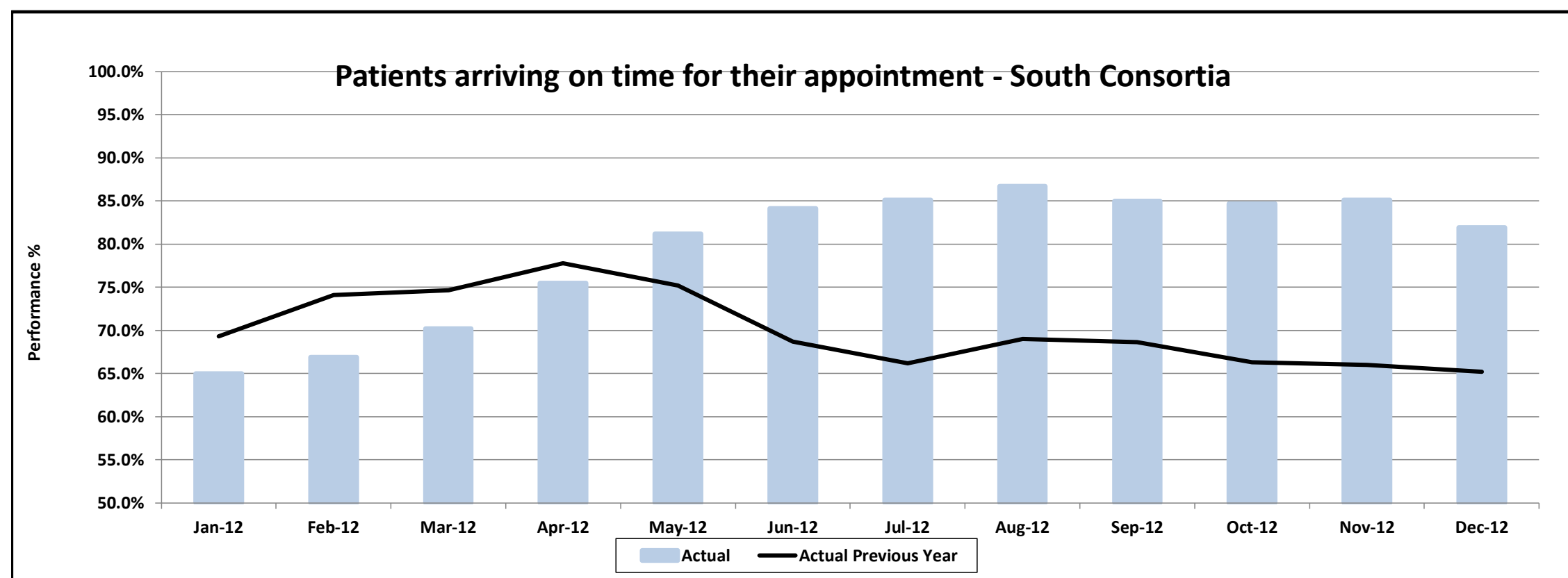
Arrival - Quality Target by Consortia * 



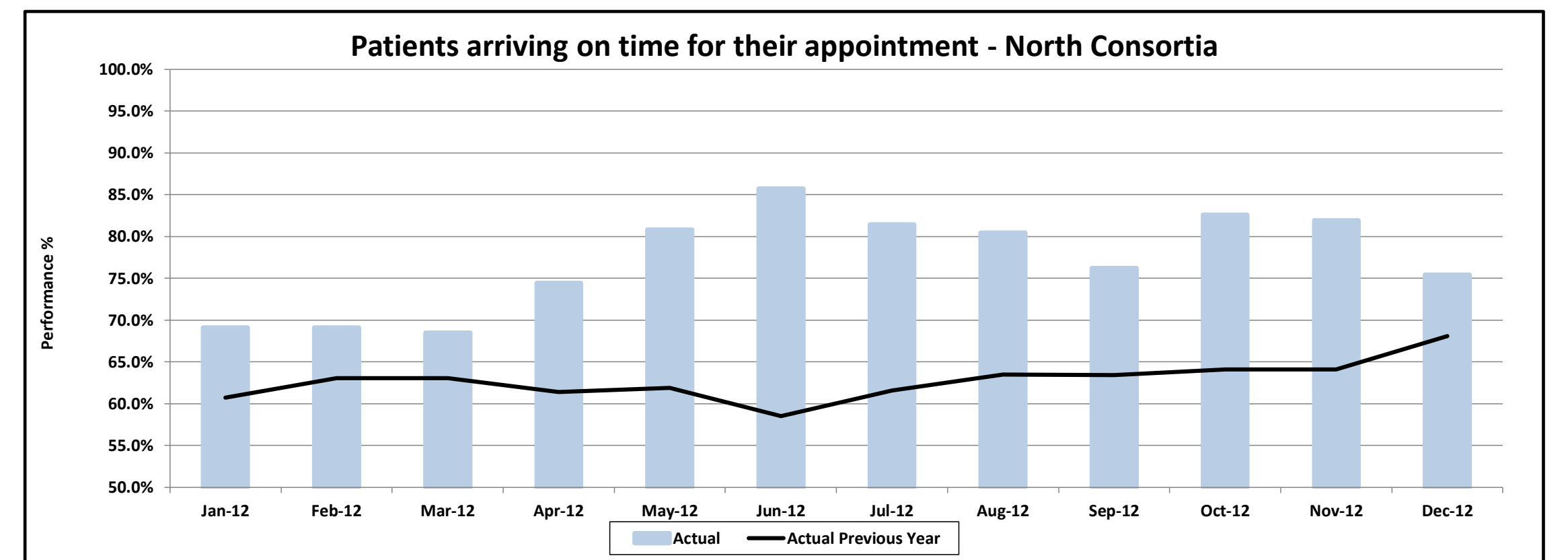
West Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	68.2%	69.6%	72.2%	79.0%	86.4%	85.0%	83.7%	82.9%	78.9%	82.9%	82.7%	81.8%
Actual Previous Year	62.2%	66.2%	66.9%	73.5%	69.9%	62.3%	69.8%	73.1%	69.1%	69.9%	70.3%	67.6%




East Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	68.8%	68.8%	75.0%	83.0%	85.4%	85.8%	86.3%	86.6%	81.3%	78.4%	81.6%	76.9%
Actual Previous Year	52.3%	56.1%	59.7%	72.4%	68.1%	61.5%	73.0%	72.9%	72.0%	70.0%	66.9%	65.2%



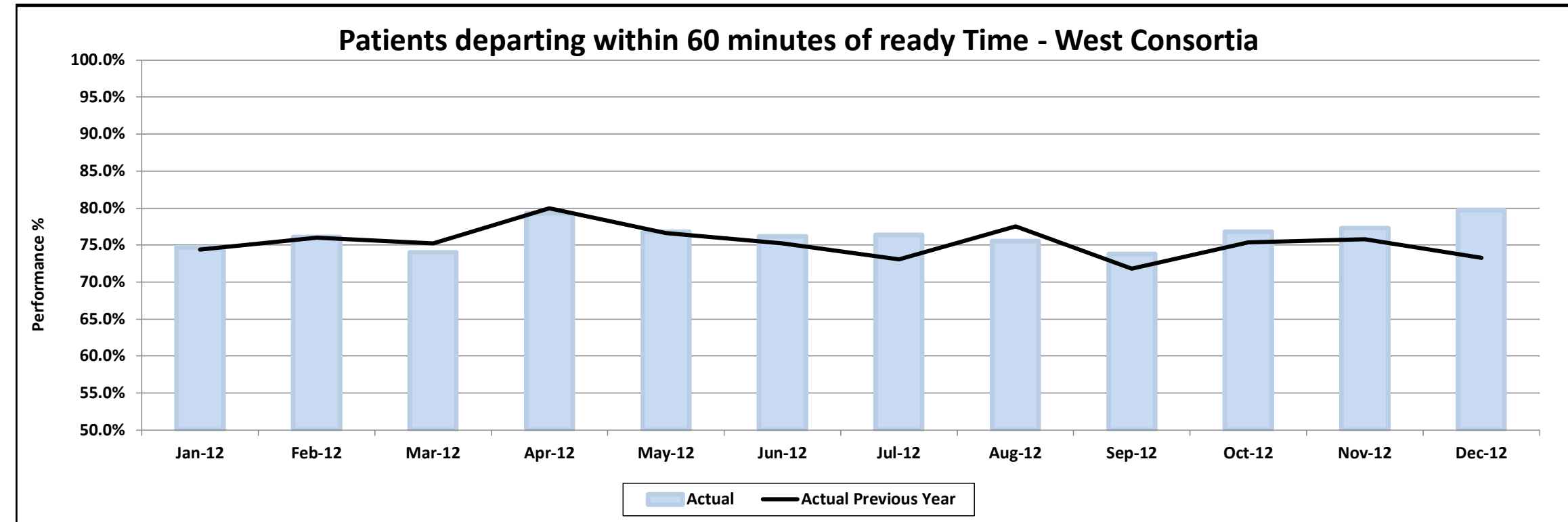
South Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	65.0%	66.9%	70.2%	75.5%	81.2%	84.1%	85.1%	86.7%	85.0%	84.7%	85.1%	81.9%
Actual Previous Year	69.3%	74.1%	74.6%	77.8%	75.2%	68.7%	66.2%	69.0%	68.6%	66.3%	66.0%	65.2%



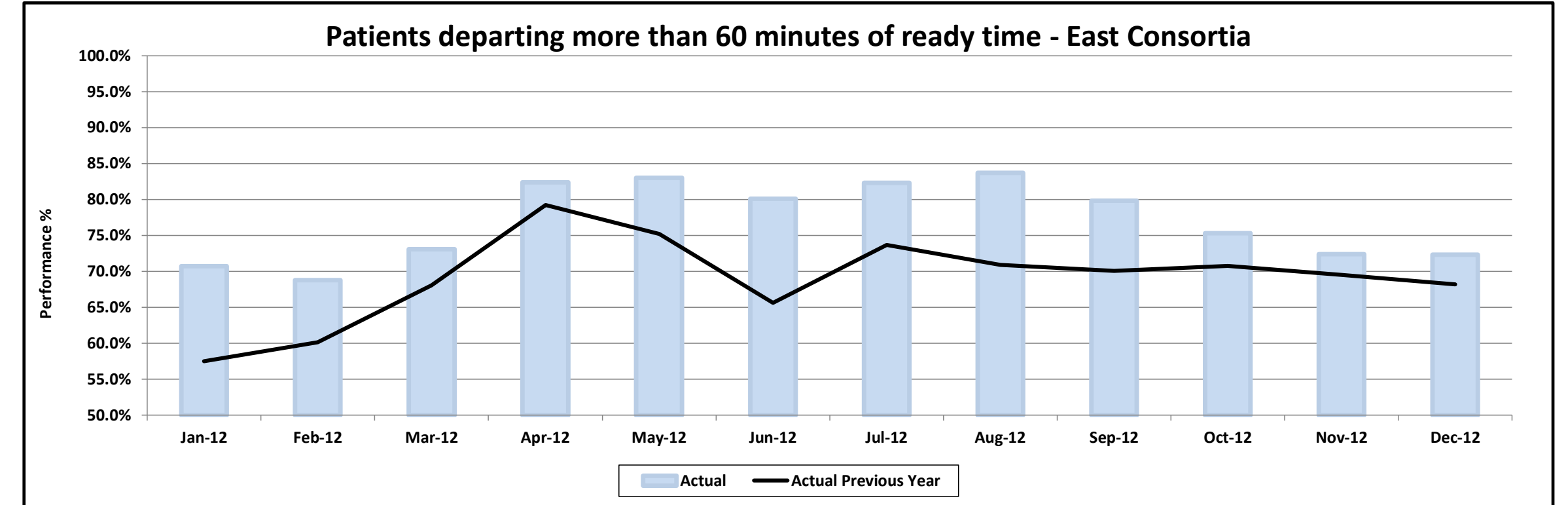
North Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	69.1%	69.1%	68.5%	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%	81.9%	75.4%
Actual Previous Year	60.7%	63.1%	63.1%	61.4%	61.9%	58.5%	61.6%	63.5%	63.4%	64.1%	64.1%	68.1%

 * Early Warning Indicator

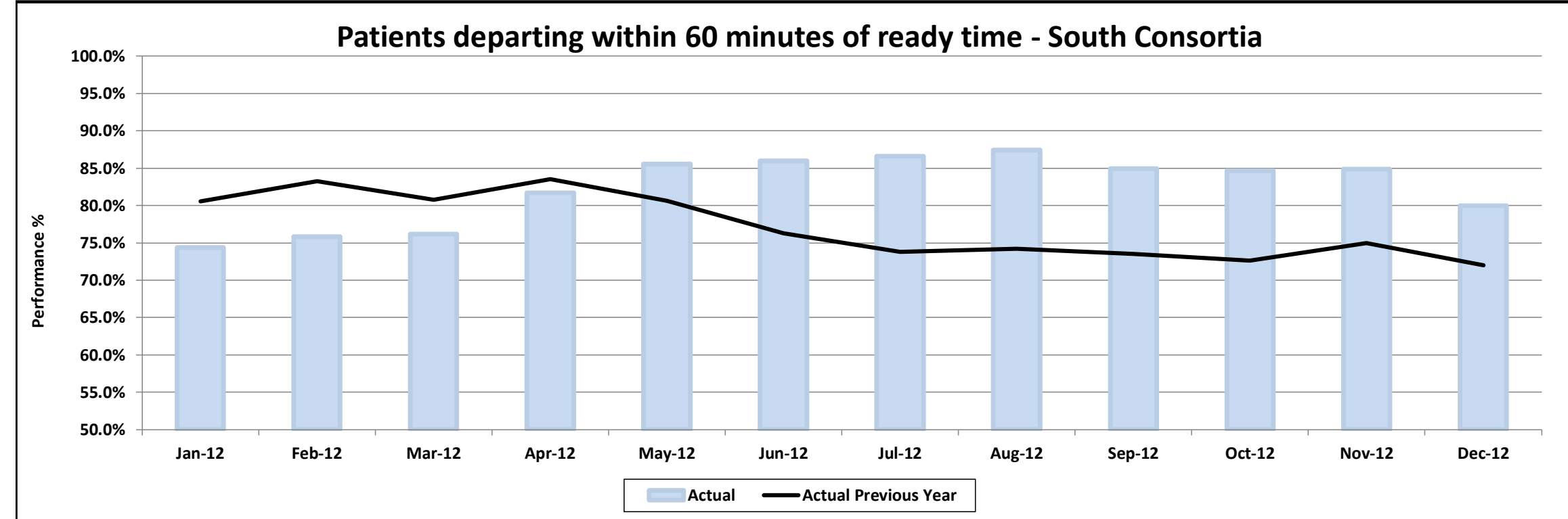
Departure - Quality Target by Consortia * 



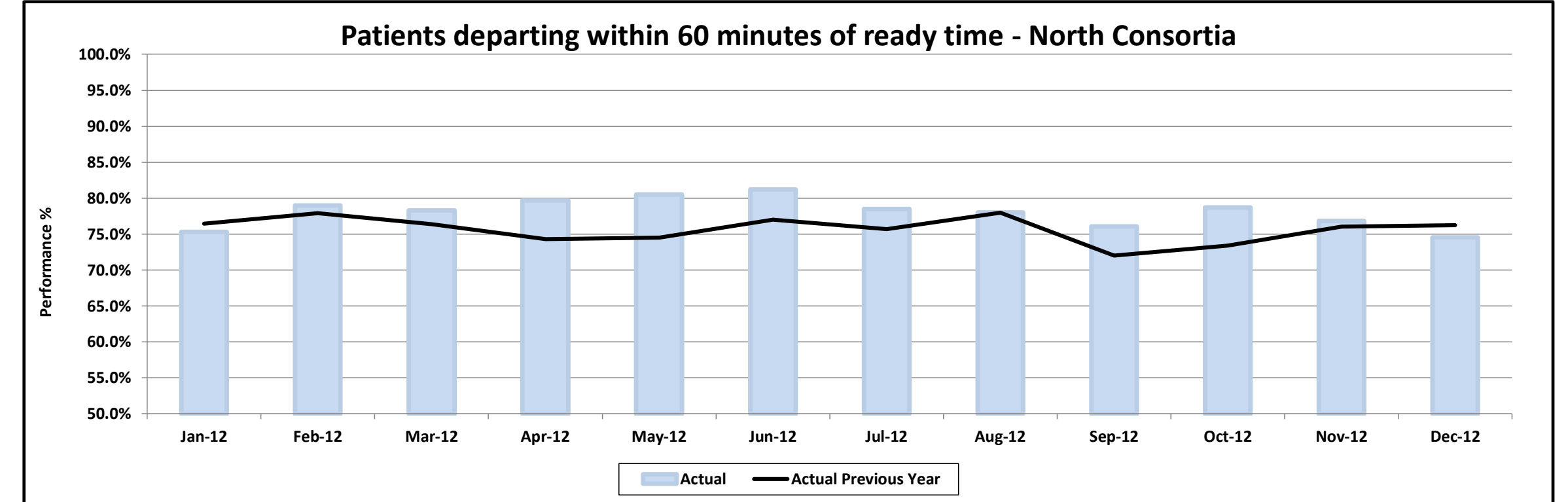
West Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	74.7%	76.1%	74.0%	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%	77.3%	79.7%
Actual Previous Year	74.4%	76.0%	75.3%	80.0%	76.6%	75.2%	73.1%	77.5%	71.8%	75.4%	75.8%	73.3%




East Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	70.7%	68.8%	73.1%	82.4%	83.0%	80.1%	82.3%	83.7%	79.8%	75.3%	72.4%	72.3%
Actual Previous Year	57.5%	60.1%	68.1%	79.2%	75.2%	65.6%	73.7%	70.9%	70.1%	70.8%	69.5%	68.2%



South Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	74.4%	75.8%	76.2%	81.7%	85.6%	86.0%	86.6%	87.4%	84.9%	84.7%	84.9%	80.0%
Actual Previous Year	80.6%	83.3%	80.7%	83.5%	80.6%	76.3%	73.8%	74.2%	73.5%	72.6%	75.0%	72.0%



North Consortia	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual	75.3%	79.0%	78.3%	79.7%	80.5%	81.2%	78.5%	78.0%	76.1%	78.7%	76.8%	74.5%
Actual Previous Year	76.4%	77.9%	76.4%	74.3%	74.5%	77.0%	75.7%	78.0%	72.0%	73.4%	76.0%	76.2%

 * Early Warning Indicator

PTS KPI's -West Yorkshire Consortium

KPI 1- Patients should be collected in a timely manner following their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March	
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Core Patient Journeys	a)	% of patients to depart within 60 mins of their booked ready time	71.56%	74.03%	72.06%	71.10%	72.18%	69.63%	72.80%	70.38%	72.88%	68.88%	73.68%	67.03%	74.24%	71.03%	74.76%	71.57%	74.98%	73.53%						
	b)	% of patients to depart within 120 mins of their ready time (Penalties Apply)	94.82%	95.66%	95.24%	95.97%	95.28%	95.18%	95.88%	95.55%	96.02%	95.19%	96.72%	93.52%	97.32%	95.50%	97.90%	96.16%	97.90%	96.57%						
Renal Patient Journeys	a)	% of patients to depart no more than 45 mins after ready time	87.86%	92.79%	88.28%	93.90%	88.48%	92.88%	88.78%	92.70%	88.88%	93.93%	89.60%	92.63%	89.82%	92.17%	90.02%	90.83%	90.12%	91.90%						
	b)	% of patients to depart within 60 mins of ready time	96.56%	97.89%	96.90%	98.25%	97.02%	97.96%	97.36%	98.10%	97.48%	98.61%	97.82%	97.73%	98.12%	97.81%	98.42%	97.38%	98.60%	97.56%						
KPI 2- Patients journey time should be of an acceptable duration			Apr		May		June		July		August		September		October		November		December		January		February		March	
Core Patient Journeys	a)	% of patients travelling up to 10 miles for less than 60 mins	92.88%	95.16%	92.95%	95.14%	93.02%	95.61%	93.09%	95.03%	93.16%	95.75%	93.23%	94.84%	93.30%	94.91%	93.37%	94.76%	93.44%	95.25%						
	b)	% of patients travelling up to 25 miles for up to 120 mins	98.94%	99.59%	98.97%	99.63%	99.01%	99.72%	99.05%	99.71%	99.10%	99.64%	99.12%	99.62%	99.14%	99.67%	99.16%	99.58%	99.18%	99.65%						
Renal Patient Journeys	a)	% of patients travelling up to 10 miles for up to 45 mins	93.00%	94.98%	93.10%	95.27%	93.20%	96.52%	93.30%	96.09%	93.40%	97.05%	93.50%	95.85%	93.60%	95.88%	93.70%	94.85%	93.80%	95.26%						
KPI 3- Patients should arrive in a timely manner for their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March	
Core Patient Journeys	a)	% of patients arriving more than 60 mins early	4.32%	3.82%	4.04%	2.53%	4.00%	2.65%	3.74%	2.80%	3.63%	3.31%	3.34%	2.43%	3.09%	3.36%	2.80%	3.28%	2.75%	3.78%						
	b)	% of patients to arriving more than 90 minutes early	0.59%	0.51%	0.57%	0.18%	0.54%	0.23%	0.52%	0.29%	0.50%	0.30%	0.48%	0.26%	0.46%	0.39%	0.44%	0.36%	0.42%	0.51%						
	c)	% of patients to arrive between 1 and 30 mins late	23.40%	17.44%	23.16%	12.40%	23.10%	12.87%	22.80%	14.20%	22.72%	14.79%	22.46%	17.40%	21.96%	14.77%	21.64%	14.96%	21.52%	15.51%						
	d)	% of patients to arrive between 31 and 60 mins late	7.70%	5.09%	7.36%	2.40%	7.26%	3.18%	6.88%	3.39%	6.63%	3.66%	6.20%	5.43%	5.84%	3.53%	5.46%	3.79%	5.21%	3.99%						
	e)	0% of patients to arrive more than 60 mins late (Penalties Apply)	3.06%	2.20%	2.78%	0.69%	2.72%	1.11%	2.46%	1.08%	2.36%	1.50%	2.06%	2.06%	1.70%	1.37%	1.34%	1.16%	1.34%	1.16%						
Renal Journeys	a)	% of patients to arrive more than 30 mins early	23.92%	23.67%	22.82%	19.85%	22.06%	21.23%	21.20%	21.83%	20.44%	21.34%	19.66%	19.47%	18.25%	18.69%	16.84%	17.50%	16.58%	17.42%						
	b)	% of patients to arrive more than 90 mins early	0.04%	0.00%	0.04%	0.02%	0.04%	0.00%	0.04%	0.00%	0.04%	0.02%	0.04%	0.06%	0.04%	0.00%	0.04%	0.05%	0.04%	0.35%						
	c)	% of patients to arrive more than 30 mins late	1.39%	1.21%	1.36%	0.80%	1.35%	0.98%	1.32%	0.95%	1.27%	1.05%	1.24%	0.62%	1.21%	0.61%	1.18%	0.87%	1.17%	1.54%						
	d)	0% of patients to arrive more than 60 mins late (Penalties Apply)	0.09%	0.27%	0.05%	0.47%	0.04%	0.15%	0.01%	0.27%	0.01%	0.19%	0.00%	0.08%	0.00%	0.07%	0.00%	0.15%	0.00%	0.23%						

PTS KPI's - East Yorkshire Consortium

KPI 1- Patients should arrive in a timely manner for their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March	
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
KPI 1(i) Non Urgent Journeys	a)	% of patients arriving more than 90 mins early	1.35%	0.48%	1.30%	1.01%	1.25%	1.38%	1.20%	0.90%	1.10%	0.93%	1.00%	0.81%	1.00%	0.27%	1.00%	0.33%	1.00%	0.51%						
	b)	% of patients to arrive between 61 and 90 mins early	19.00%	6.39%	19.00%	8.24%	19.00%	7.89%	19.00%	7.36%	19.00%	6.58%	19.00%	4.85%	19.00%	4.65%	19.00%	5.65%	19.00%	4.11%						
	c)	% of patients to arrive between 1 and 30 mins late	21.50%	16.17%	21.00%	13.92%	20.50%	13.78%	20.40%	13.64%	20.20%	12.52%	20.00%	17.06%	20.00%	19.34%	20.00%	17.98%	20.00%	21.45%						
	d)	% of patients to arrive between 31 and 60 mins late	8.00%	3.71%	7.50%	3.75%	7.40%	3.02%	6.50%	2.65%	6.00%	2.78%	5.00%	4.49%	5.00%	5.09%	5.00%	3.32%	5.00%	5.80%						
	e)	0% of patients to arrive more than 60 mins late (Penalties Apply)	4.60%	1.40%	3.60%	0.46%	2.60%	0.56%	1.60%	0.90%	0.60%	0.39%	0.10%	1.01%	0.10%	1.15%	0.10%	1.09%	0.10%	2.03%						
KPI 1(ii) Priority Journeys	a)	% of patients to arrive more than 90 mins early	1.00%	0.28%	1.00%	0.24%	1.00%	0.76%	1.00%	0.52%	1.00%	0.19%	1.00%	0.20%	1.00%	0.11%	1.00%	0.35%	1.00%	0.07%						
	b)	% of patients to arrive between 31 and 90 mins early	22.00%	31.40%	18.00%	37.14%	12.00%	39.08%	8.00%	38.82%	6.00%	35.17%	4.00%	33.22%	4.00%	31.12%	4.00%	32.70%	4.00%	35.21%						
	c)	% of patients to arrive between 31 and 60 mins late	5.00%	1.93%	5.00%	0.66%	5.00%	1.26%	5.00%	1.31%	5.00%	1.69%	5.00%	2.10%	5.00%	1.63%	5.00%	2.08%	5.00%	3.09%						
	d)	0% of patients to arrive more than 60 mins late (Penalties Apply)	1.90%	0.28%	1.60%	0.36%	1.30%	0.25%	1.00%	0.13%	0.70%	0.38%	0.40%	0.74%	0.10%	0.76%	0.10%	0.69%	0.10%	1.03%						
KPI 2- Patients should collected in a timely manner following their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March	
KPI 2(i) Non Urgent Journeys	a)	% of patients to depart between 61 and 120 mins after ready time	28.00%	21.12%	20.00%	18.74%	15.00%	23.57%	10.00%	19.98%	8.00%	20.19%	5.00%	23.80%	5.00%	24.44%	5.00%	25.07%	5.00%	27.28%						
	b)	% of patients to depart more than 120 mins after ready time (Penalties Apply)	8.00%	3.53%	6.50%	2.53%	4.00%	2.78%	2.50%	2.39%	1.00%	2.40%	0.50%	3.11%	0.50%	5.46%	0.50%	7.49%	0.50%	9.02%						
KPI 2(ii) Priority Journeys	a)	% of patients to depart between 31 and 60 mins after ready time	20.00%	23.71%	18.00%	25.19%	16.00%	26.07%	14.00%	24.20%	12.00%	24.60%	10.00%	26.45%	10.00%	25.05%	10.00%	26.26%	10.00%	26.32%						
	b)	% of patients to depart more than 60 mins after ready time (Penalties Apply)	17.40%	6.50%	14.40%	6.53%	9.40%	7.49%	6.40%	5.54%	3.40%	4.82%	0.40%	7.42%	0.10%	16.37%	0.10%	20.04%	0.10%	16.03%						
KPI 2(iii) SAME DAY PATIENTS	a)	% of patients to depart between 3 and 4 hours after ready time	11.50%	9.29%	11.00%	9.84%	10.50%	9.70%	10.00%	10.73%	9.50%	6.72%	9.00%	14.43%	9.00%	10.00%	9.00%	11.56%	9.00%	11.65%						
	b)	% of patients to depart between 4 and 5 hours after ready time	7.00%	3.67%	6.00%	7.99%	5.00%	7.07%	3.00%	3.43%	2.00%	3.09%	1.00%	6.52%	1.00%	4.55%	1.00%	6.24%	1.00%	7.57%						
	c)	0% of patients to depart more than 5 hours after ready time	5.00%	1.94%	4.00%	2.05%	3.00%	1.21%	2.00%	0.86%	1.00%	1.45%	0.00%	4.15%	0.00%	2.55%	0.00%	3.85%	0.00%	7.38%						
KPI's All Journeys			Apr		May		June		July		August		September		October		November		December		January		February		March	
KPI - 3	Percentage of journeys where the time the journey was aborted was 15 minutes or less before the patient was due at their destination		10.00%	29.16%	9.00%	26.56%	8.00%	27.32%	7.00%	24.24%	6.00%	32.69%	5.00%	33.18%	5.00%	29.29%	5.00%	31.71%	5.00%	30.60%						
KPI - 4	Percentage of calls to "SPA" not answered within 5 minutes		10.00%	0.83%	9.00%	1.06%	8.00%	1.70%	7.00%	1.18%	6.00%	1.47%	5.00%	0.57%	5.00%	1.09%	5.00%	1.89%	5.00%	3.04%						
KPI - 5	Percentage of data fields used to calculate KPI's that are incomplete or incorrect		10.00%	0.41%	9.00%	0.29%	8.00%	0.32%	7.00%	0.30%	6.00%	0.36%	5.00%	0.39%	5.00%	0.33%	5.00%	0.42%	5.00%	0.46%						

PTS KPI's - NHS North Yorkshire & York

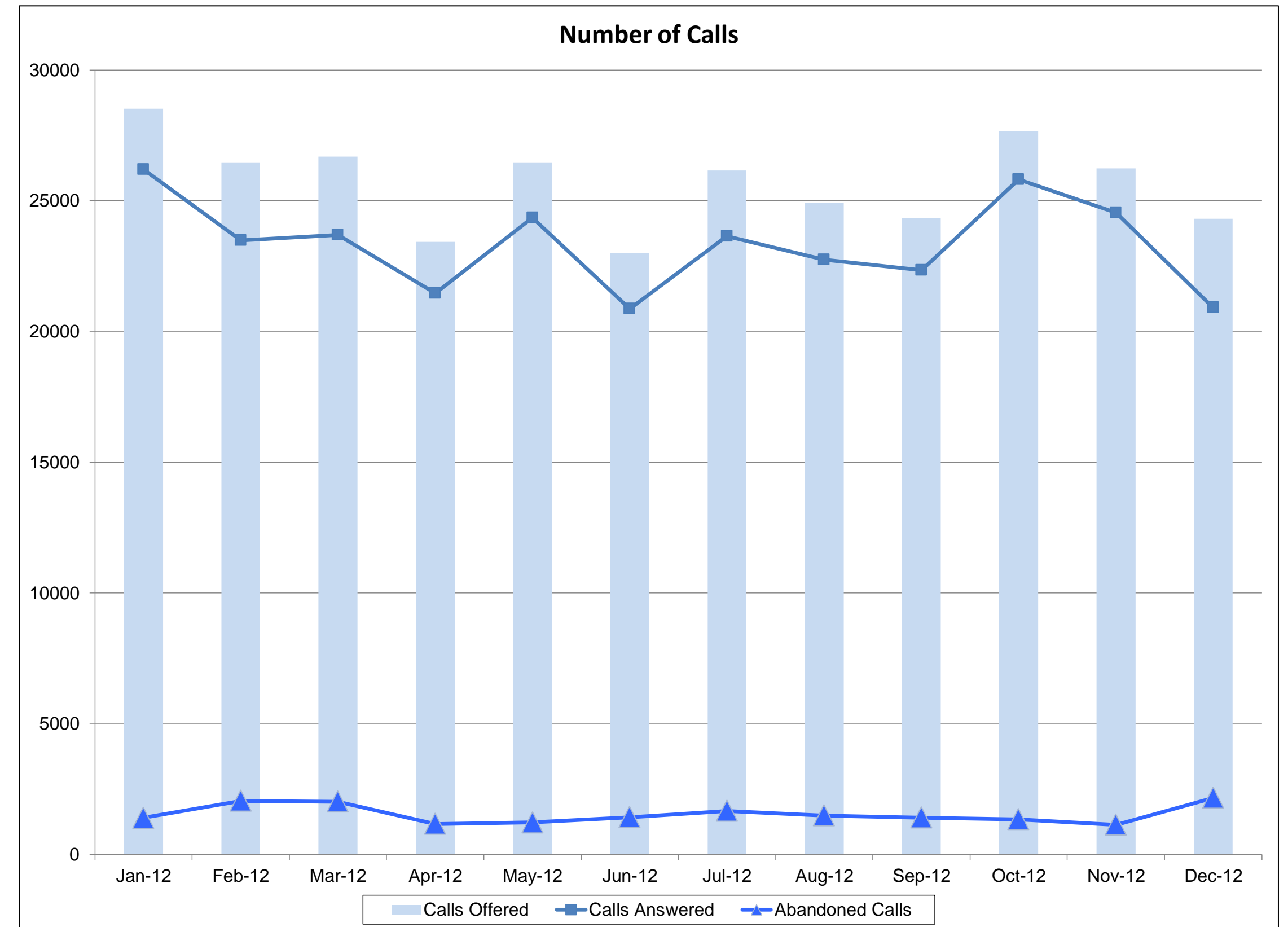
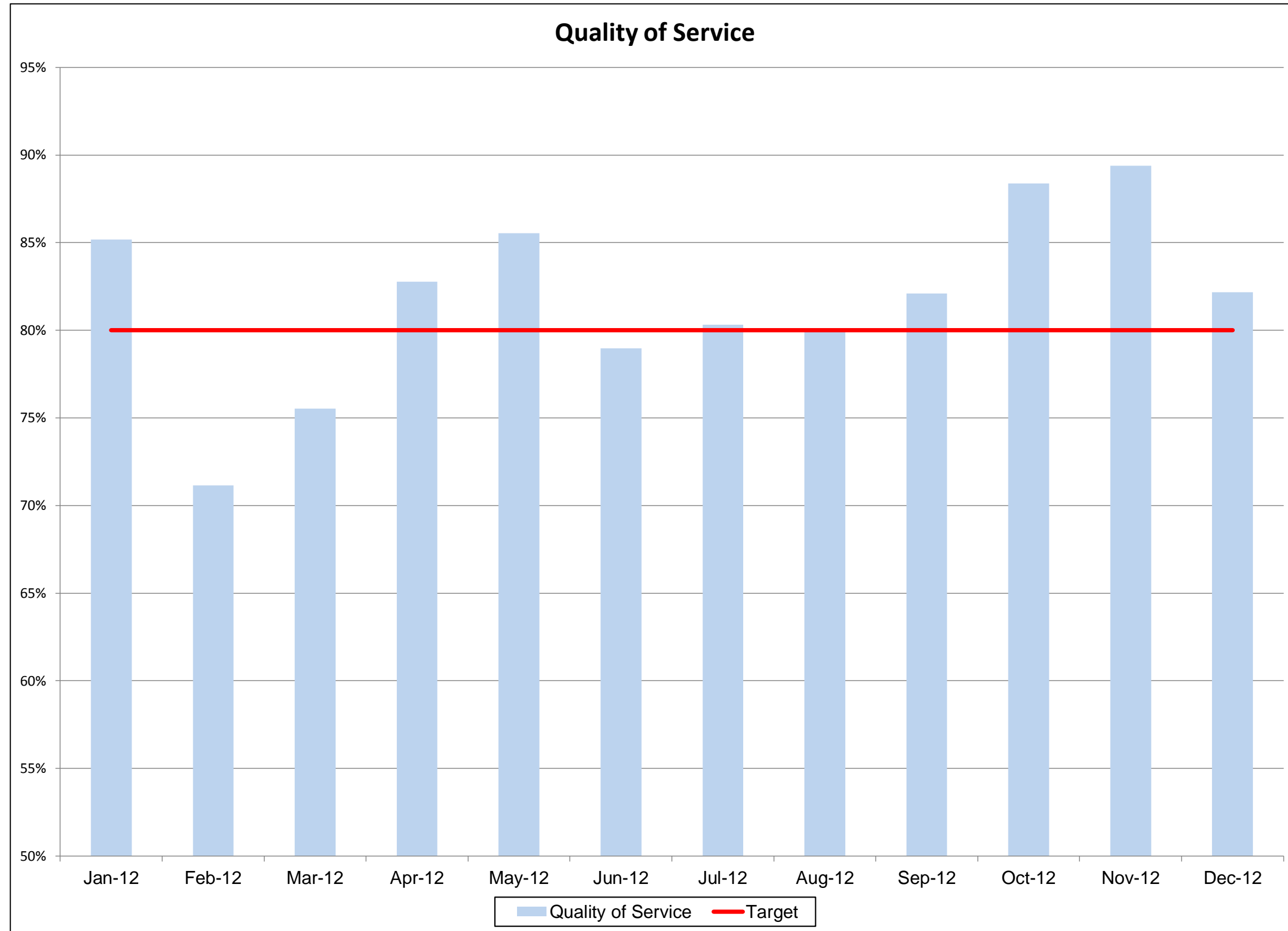
KPI 1- Patients should arrive in a timely manner for their appointment			Apr		May		June		July		August		September		October		November		December		January		February		March	
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
KPI 1	a)	Patients arriving more than 60 mins early for their appointment	6.70%	6.98%	6.70%	4.93%	6.70%	4.33%	6.70%	4.99%	6.70%	4.44%	6.70%	5.26%	6.70%	4.33%	6.70%	4.75%	6.70%	6.20%						
	b)	Patients arriving up to 60 mins early for their appointment	57.50%	66.75%	57.50%	77.29%	57.50%	82.34%	57.50%	76.60%	57.50%	76.59%	57.50%	71.88%	57.50%	78.58%	57.50%	77.23%	57.50%	68.52%						
	c)	Patients arriving up to 30 mins late for their apointment	21.60%	17.17%	21.60%	13.00%	21.60%	9.99%	21.60%	12.51%	21.60%	13.55%	21.60%	16.42%	21.60%	12.91%	21.60%	13.03%	21.60%	17.15%						
	d)	Patients arriving between 31 and 60 mins late for their appointment	8.80%	6.69%	8.80%	3.08%	8.80%	2.39%	8.80%	4.14%	8.80%	4.04%	8.80%	4.38%	8.80%	3.36%	8.80%	3.81%	8.80%	5.84%						
	e)	Patients arriving more than 60 minutes late for their appointment	5.40%	2.40%	5.40%	1.69%	5.40%	0.95%	5.40%	1.77%	5.40%	1.41%	5.40%	2.06%	5.40%	0.83%	5.40%	1.19%	5.40%	2.29%						
KPI 2- Patients should be collected in a timely maner following completion of their appointmen			Apr		May		June		July		August		September		October		November		December		January		February		March	
KPI 2	a)	Patients collected within 60 mins of their booked ready time	75.70%	80.30%	75.70%	81.88%	75.70%	83.16%	75.70%	79.45%	75.70%	79.16%	75.70%	76.22%	75.70%	80.10%	75.70%	76.96%	75.70%	74.76%						
	b)	Patients collected within 61- 90 mins of their booked ready time	12.00%	10.68%	12.00%	9.73%	12.00%	7.89%	12.00%	10.72%	12.00%	10.60%	12.00%	10.35%	12.00%	9.33%	12.00%	11.03%	12.00%	13.00%						
	c)	Patients collected within 91 - 120 mins of their booked ready time	6.10%	5.15%	6.10%	3.66%	6.10%	3.68%	6.10%	4.78%	6.10%	4.67%	6.10%	6.04%	6.10%	6.01%	6.10%	6.27%	6.10%	5.52%						
	d)	Patients collected more than 121 mins after their booked ready time	6.20%	3.86%	6.20%	4.72%	6.20%	5.27%	6.20%	5.06%	6.20%	5.57%	6.20%	7.39%	6.20%	4.57%	6.20%	5.73%	6.20%	6.72%						
KPI 3- Patients journey time should be of an acceptable duration			Apr		May		June		July		August		September		October		November		December		January		February		March	
KPI 3	a)	Patients travelling for up to 60 mins	76.20%	85.48%	76.20%	86.85%	76.20%	86.42%	76.20%	86.43%	76.20%	87.32%	76.20%	85.26%	76.20%	86.68%	76.20%	84.80%	76.20%	83.26%						
	b)	Patients travelling between 61 and 90 minutes	16.60%	11.79%	16.60%	10.79%	16.60%	11.05%	16.60%	11.18%	16.60%	10.44%	16.60%	11.91%	16.60%	11.30%	16.60%	12.41%	16.60%	13.90%						
	c)	Patients travelling 91 - 120 minutes	5.40%	2.35%	5.40%	1.96%	5.40%	2.03%	5.40%	2.02%	5.40%	1.62%	5.40%	2.38%	5.40%	1.84%	5.40%	2.40%	5.40%	2.14%						
	d)	Patients travelling for more than 120 minutes	1.80%	0.32%	1.80%	0.33%	1.80%	0.42%	1.80%	0.29%	1.80%	0.56%	1.80%	0.41%	1.80%	0.14%	1.80%	0.31%	1.80%	0.67%						

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

OBJ REF 3

YTD RAG GREEN

MTD RAG GREEN



Week Commencing	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Calls Offered	28527	26450	26687	23426	26455	23020	26156	24918	24332	27674	26246	24306
Calls Answered	26198	23492	23700	21462	24354	20872	23645	22747	22345	25820	24554	20915
Average Answer Delay	00:17	00:37	00:32	00:19	00:16	00:24	00:22	00:23	00:19	00:12	00:12	00:19
Max Answer Delay	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	00:17:47	00:21:30
Abandoned Calls	1399	2054	2023	1161	1222	1427	1665	1484	1407	1350	1128	2158
Quality of Service	85%	71%	76%	83%	86%	79%	80%	80%	82%	88%	89%	82%



Section 2c

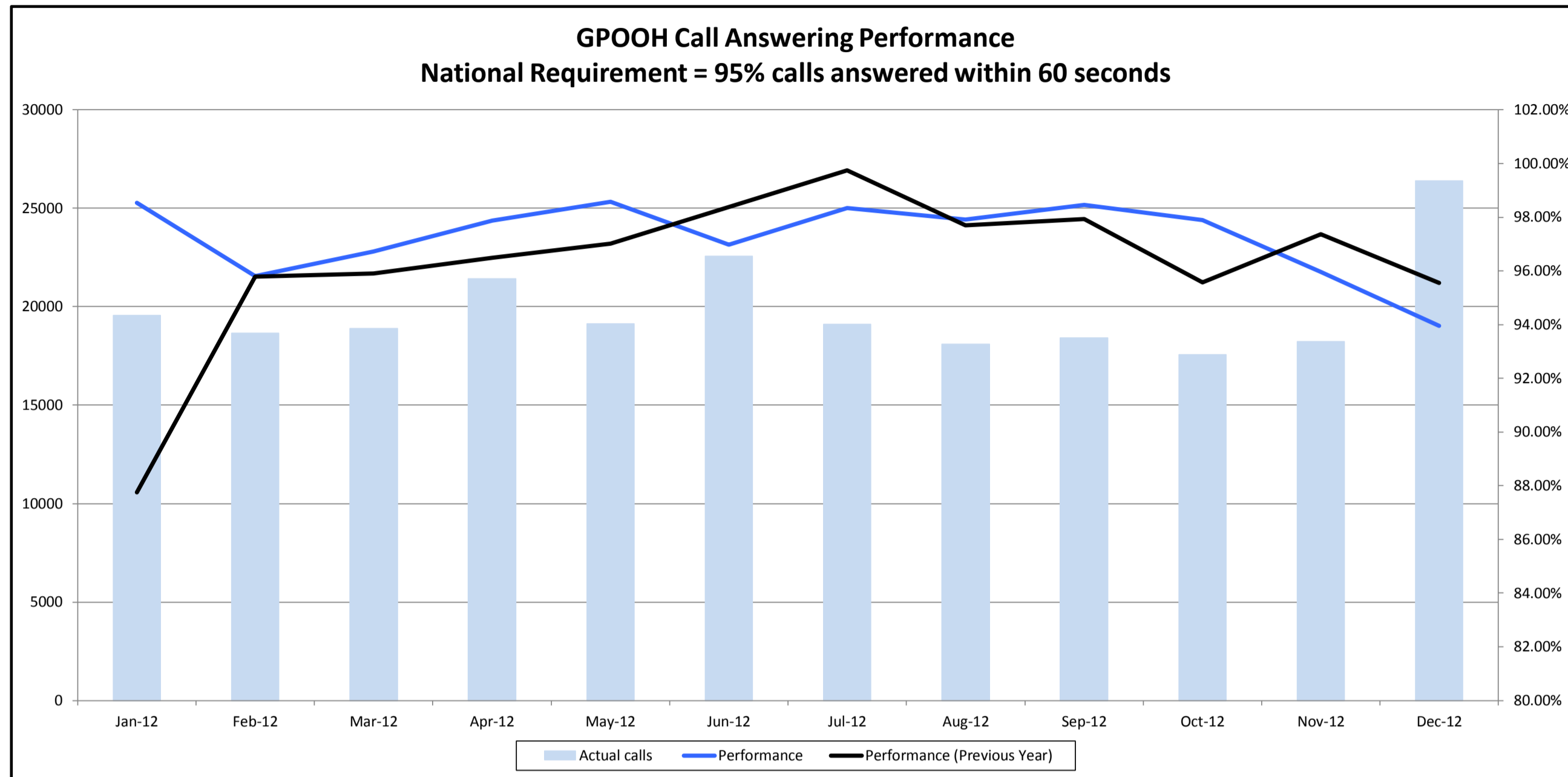
GPOOH Performance



GPOOH Call Answering Performance

OBJ REF 3

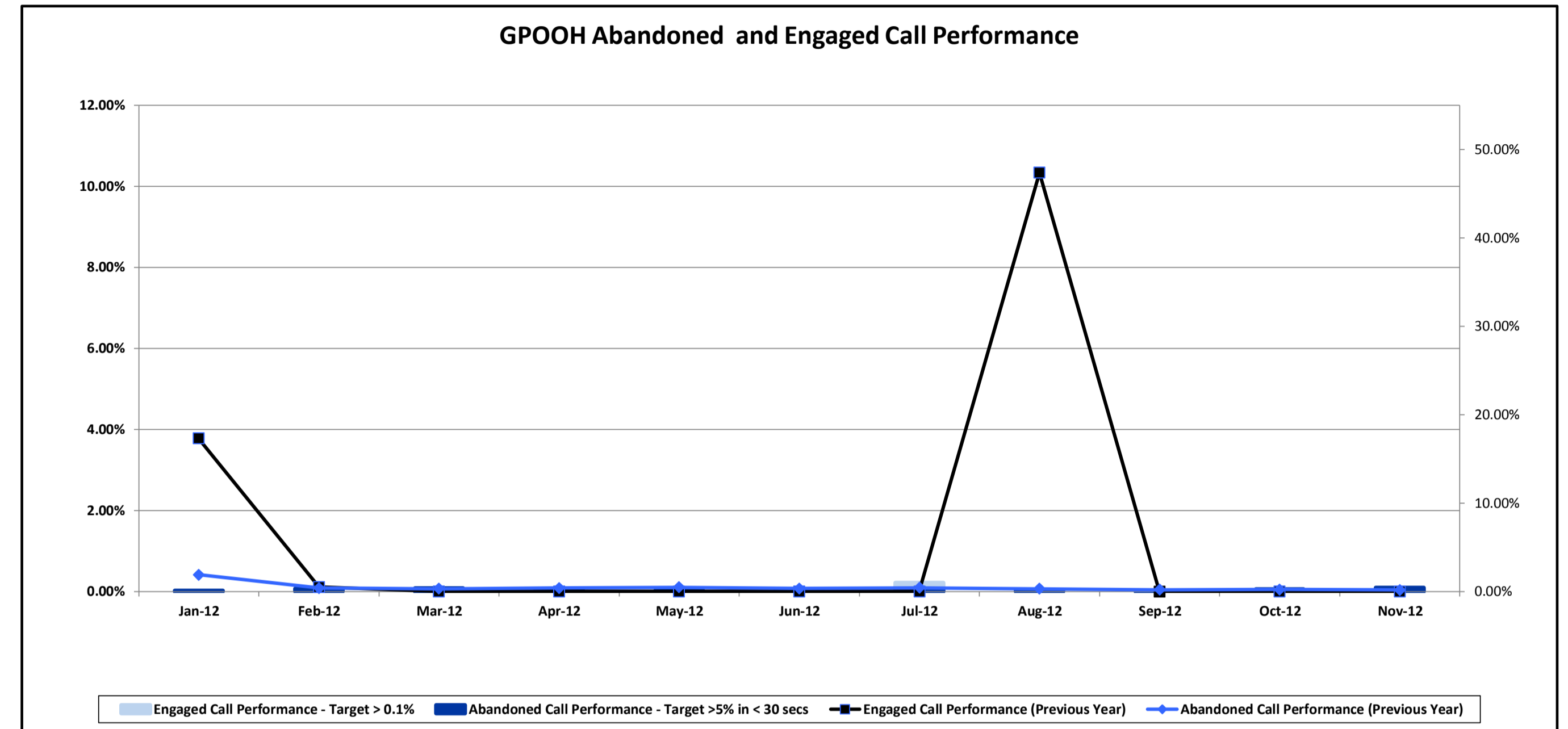
YTD RAG GREEN
MTD RAG AMBER



GPOOH Abandoned & Engaged Call Performance

OBJ REF 3

YTD RAG GREEN
MTD RAG GREEN



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Actual calls	19565	18654	18905	21412	19133	22575	19105	18100	18413	17576	18231	26390
Actual calls (Previous Year)	24323	17994	18270	21026	19783	16201	18659	16895	15521	18367	16517	23375
Performance	98.54%	95.80%	96.72%	97.88%	98.57%	96.98%	98.35%	97.92%	98.46%	97.89%	95.96%	93.95%
Performance (Previous Year)	87.75%	95.79%	95.90%	96.48%	97.02%	98.38%	99.75%	97.70%	97.93%	95.57%	97.37%	95.55%

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Engaged Call Performance - Target > 0.1%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.00%	0.02%	0.02%	0.02%
Engaged Call Performance (Previous Year)	3.78%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	10.34%	0.00%	0.00%	0.00%	0.00%
Abandoned Call Performance - Target >5% in < 30 secs	0.11%	0.30%	0.40%	0.14%	0.13%	0.23%	0.16%	0.13%	0.12%	0.26%	0.46%	0.41%
Abandoned Call Performance (Previous Year)	1.90%	0.39%	0.30%	0.40%	0.49%	0.34%	0.42%	0.30%	0.21%	0.22%	0.18%	0.54%

Comments



Section 2d

Support Services Performance



ICT Summary

OBJ REF 3

	YTD RAG	GREEN
↔	MTD RAG	GREEN

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

Key Areas	Activity	Criteria	Target	Green	Amber	Red	Jan RAG	Feb RAG	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Year End Forecast 12/13
Our Service	SLA	% of Items resolved within SLA	>=90%	>=90%	< 90% >=85%	<85%	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber	Amber	Green
	4C's	% of Customer Feedback either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Requests and Incidents	First Contact Resolution	>=75%	>=75%	<75% >=70%	<70%	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	Green	Green	Green	Green	Green	Green	Green	Green	Amber	Amber	Amber	Amber
	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	Green	Amber	Amber	Amber	Amber	Amber
	Quality	Business Benefits Reviewed / Delivered		All	Over 75%	Less than 75%	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
Infrastructure	Network Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Systems Availability	Over 99.5%		>99.5%		<99.5	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Telecoms Availability	Over 99.5%		>99.5%		<99.5	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
	Budget Management	Under Budget Net of CIP		Under		Over	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Commentary

Our Service : AMBER - SLA @ 87% Due to increased focus on delivery of 111 - plans are in place to improve in January.

Project Management: AMBER - some project completions are still overdue.

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%	2%		86%	12%		
		RAG Status	As New	Acceptable	Acceptable but will req Upgrade within 10 yrs	Upgrade Req'd	Unacceptable		
E2.1	Physical Condition (External)	GREEN	7%	21%	53%	19%	0%		
	Physical Condition (Office)	GREEN	9%	22%	62%	7%	0%		
	Physical Condition (Garage)	GREEN	3%	23%	74%	0%	0%		
E2.1	Fire, Health & Safety Compliance	GREEN	21%	49%		30%	0%		
E2.1	Energy Performance	GREEN	17%	34%		30%	19%		
E2.1	Functional Suitability	GREEN	7%	75%		17%	1%		
E2.1	Quality	GREEN	9%	79%		12%	0%		
		RAG Status							
E2.1	Capital Project Delivery	GREEN							Heating projects are progressing at Bridlington, Driffield, Hoyland and Settle. Rewire project is now not proceeding this financial year. Whitby roof project is due to start in the new year. 111 project is complete at Callflex and phase 1 Springhill. Harrogate charging points is complete as is Springhill UPS and Bradford refurbishment.
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- £684,845.30 Monthly Saving - £49,077.58
F2.1	Contracts awarded in period above £25K	GREEN	Contracts awarded over £25k (see below)
F2.1	Single Tender Waivers in period	GREEN	Single Tender Waiver issued this month (see below)

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

Comments
<p>Contracts awarded above £25k</p> <p>Vehicle Windscreens</p> <p>Single Tender Waiver</p> <p>Estate Asset Valuation</p>

Fleet

OBJ REF	3
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YTD RAG	GREEN
MTD RAG	AMBER

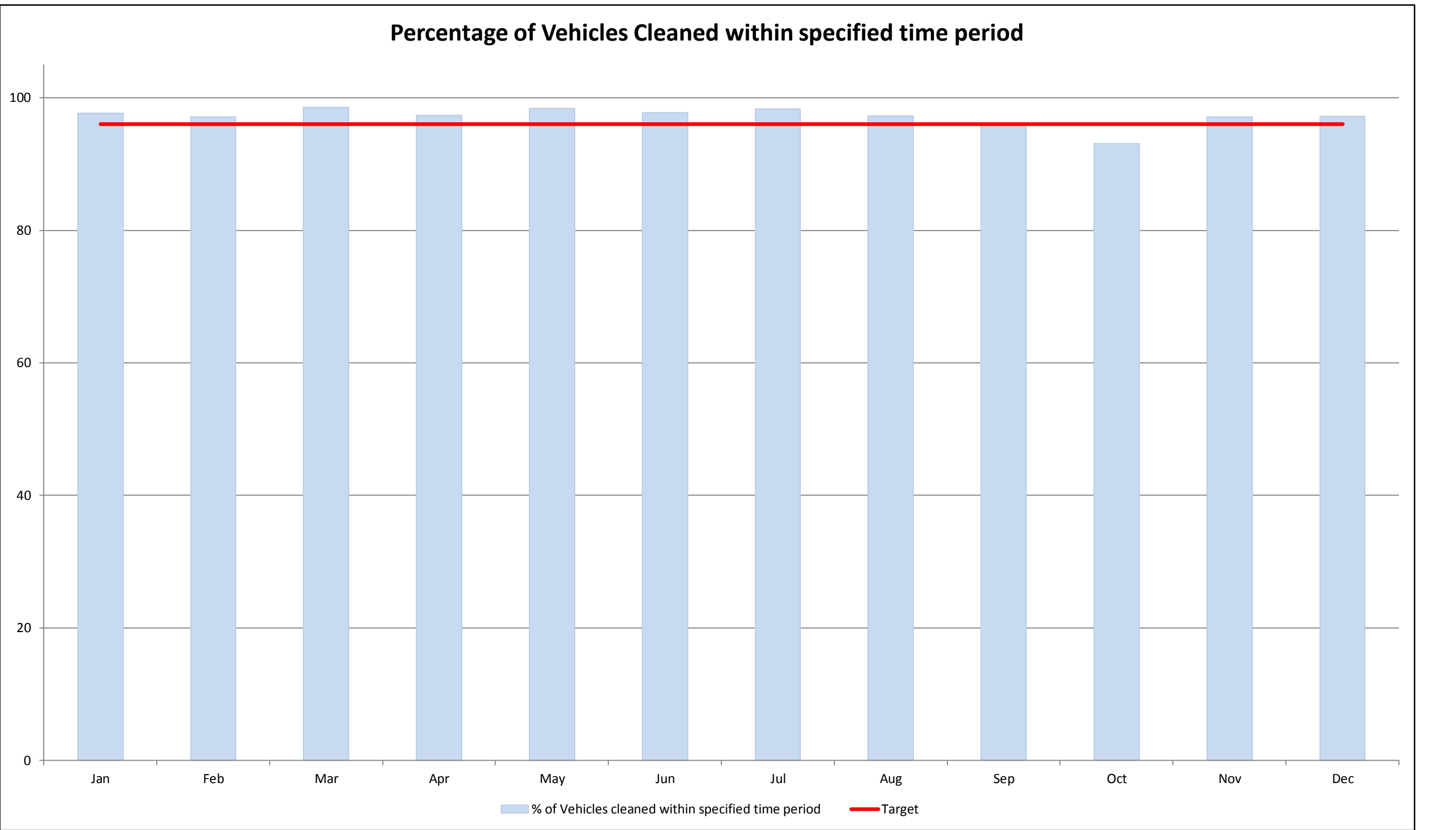
E1 Carbon Management	RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast 2012/13	Quarter 2 Actual	Notes
E1.1 Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2 Corporate Citizen Rating (monitored quarterly)	59%					

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	▲	GREEN	95%	93%	-2%	95%	92%	-2%	
E3.1	PTS		AMBER	96%	93%	-3%	96%	93%	-3%	Due to the age of vehicles, repairs are now more in depth, which is affecting vehicle downtime. This has been compounded by staffing levels over the Christmas period.

Vehicle Age	RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1 A&E - RRV	GREEN	4	3		
E3.1 A&E - DMA	GREEN	5	26		There are 21 van conversions planned for replacement in FY 2012/13, leaving 5 vehicles over the vehicle overage profile in FY 12/13
E3.1 A&E - Other	GREEN	7	2		
E3.1 PTS	RED	7	178		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	20		Following review, alternative fuel vehicles are being assessed for suitability in areas of support services.

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	RED	0	0	178 are over age profile. Plans are being drawn up.
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	RED	55	9.95%	Priority has been given to vehicle availability for the Christmas Period. This has been compounded by lack of supervision in the North Area, causing poor staff utilisation to fall. Cost control has been submitted to fill vacant manager position. In the interim, Central Area Team Manager will oversee fleet operations in North, with the use of external providers to catch up with the backlog.
E3.2 Vehicle Services Outside "Window" at end of period	AMBER	28	7.53%	Priority has been given to vehicle availability for the Christmas Period. This has been compounded by lack of supervision in the North Area, causing poor staff utilisation to fall. Cost control has been submitted to fill vacant manager position. In the interim, Central Area Team Manager will oversee fleet operations in North, with the use of external providers to catch up with the backlog.
E3.1 Vehicle Cleans Outside "Window" at end of period	GREEN	99	2.80%	
E3.4 Defibrillator servicing Outside "Window" at end of period	AMBER	23	3.32%	External resources have been commissioned to begin support in mid-January to bring targets back on track by mid-March. New defibrillators are being commissioned and used to replace old units to reduce some service requirements. Overtime is being used to address overdue devices and third party contractor (Oxylitre) has been secured to assist, starting w/c 14th January 2013 for 8 weeks.
E3.5 Suction Unit servicing Outside "Window" at end of period	RED	88	9.19%	External resources have been commissioned to begin support in mid-January to bring targets back on track by mid-March. Priority is given to defibrillators due service and this is used as the prompt for the vehicle visits. Spare units have been identified and serviced to create maintenance pool of equipment. An exchange programme started mid December utilising a member of staff on return to work/light duties to expedite the process. Third party contractor (Oxylitre) has been secured to assist, starting w/c 14th January 2013 for 8 weeks.
E3.6 Parapac servicing Outside "Window" at end of period	RED	47	14.07%	External resources have been commissioned to begin support in mid-January to bring targets back on track by mid-March. Priority is given to defibrillators due service and this is used as the prompt for the vehicle visits. Spare units have been identified and serviced to create maintenance pool of equipment. An exchange programme started mid December utilising a member of staff on return to work/light duties to expedite the process. Third party contractor (Oxylitre) has been secured to assist, starting w/c 14th January 2013 for 8 weeks.
E3.7 Microvent servicing Outside "Window" at end of period	RED	73	15.57%	External resources have been commissioned to begin support in mid-January to bring targets back on track by mid-March. Priority is given to defibrillators due service and this is used as the prompt for the vehicle visits. Fourteen spare units have been serviced by third party contractor to create a maintenance pool. An exchange programme started mid December utilising a member of staff on return to work/light duties to expedite the process. Third party contractor (Oxylitre) has been secured to assist, starting w/c 14th January 2013 for 8 weeks.



Vehicle Cleaning	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of Vehicles cleaned within specified time period	97.7	97.1	98.6	97.4	98.4	97.8	98.3	97.29	95.9	93.12	97.1	97.2

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	15	27				237
Variance	0	-1	-7	-8	-16	-19	1	-40	-33				

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

▲ Early Warning Indicator



Section 3

Quality Analysis



Comments on Quality**New Incidents Reported**

There has been a slight increase in the number of incidents reported in December in comparison to November. The increases were within A&E Operations and EOC. A contributory factor is the MAJAX that was declared on the 14th December causing a number of reports of delayed responses. Additionally, weather conditions throughout the month may have also impacted wider on these incidents.

Patient Related Incidents

There has only been a slight increase in the number of patient related incidents in December in comparison to November and October. The increase appears to be in PTS and this is a seasonal pattern consistent with previous years, due to poor weather conditions. This often affects the number of slips, trips & falls incidents primarily.

Serious Incidents

3 incidents were reported together by a hospital Trust which relate to the management of patients deteriorating in transit. These are under investigation internally and with the hospital involved.

Staff Related Incidents

Whilst the number of staff related incidents has decreased in comparison to November, it still remains relatively high compared to months throughout the year. This primarily relates to the seasonal impact including staff related incidents with slips, trips & falls.

RIDDOR Reportable Incidents

The RIDDOR incidents remain similar in nature, with the categories involving injuries involving lifting, handling or carrying or slips, trips & falls on the same level. The incidents have been relatively spread out across the Trust.

Medication related incidents

There were 14 Red incidents: 5 losses, 3 breakages and 6 administration errors. 3 of the losses were keys which will be investigated further as special key fobs have been provided to reduce the risk of loss. The other 2 losses were a whole pouch containing diazepam and also some diazepam PR from the hospital drug cupboard which has been fully investigated. The number of breakages for December is 3 which is substantially lower than the previous month.

IPC Audit - Percentage compliant

Amber areas for vehicle cleanliness are primarily due to damage to upholstery. Fleet are aware of the issues and are working with an external company to repair upholstery with PTS vehicles, A&E vehicles with damaged upholstery are reported to Fleet.

Clinical Audit-Programme

The system software issues continue to have a major impact on scanning and verifying. This potentially may have an impact on both Local and National audits completion deadlines. To date CPI and ACQI deadlines have been met. However, local audits have been slow to progress with most clinicians having to put audit work on hold due to operational pressures. Short term mitigation in place and work is continuing in relation to the longer term software issues.

Patient Experience

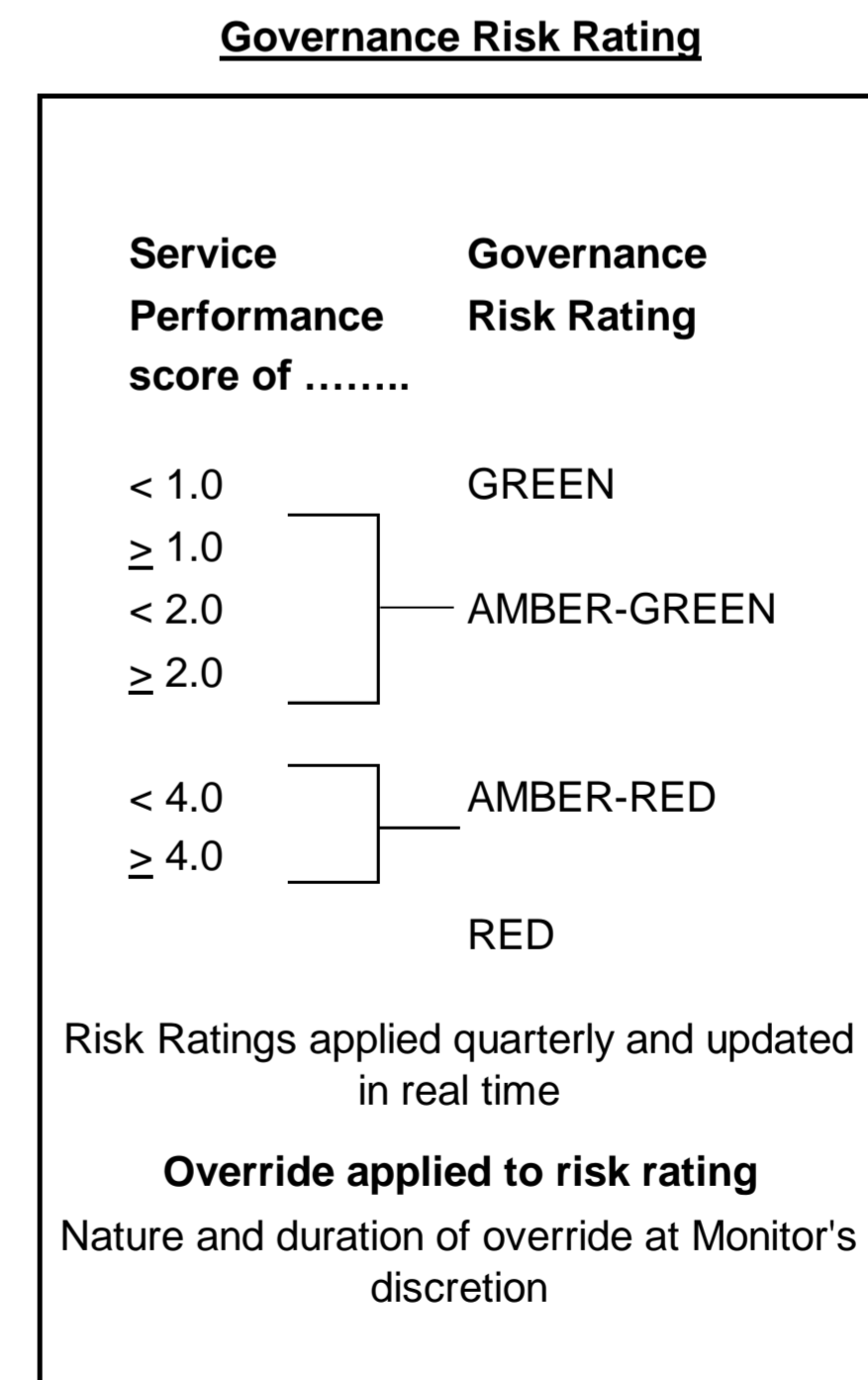
The 'Net Promoter Score' has recently been introduced across Ambulance Trusts as a measure of patient experience, aligned to wider NHS practice. The way this is presented was adjusted nationally in November. Work is under way with other Trusts across the country to ensure consistency of reporting and to understand the issues underlying the data.

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

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

Deriving the governance risk rating

Monitoring	Service performance score
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	
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	GREEN	GREEN	AMBER			Overall under target reserve schemes under consideration
T2	Estates Strategy	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			
T2a	HART/Leeds hub	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	AMBER			Business case underway for approval this financial year
T3	Emergency Care solution	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER			Business case being refined to secure funding to progress
T4	Service Line Management						GREEN	GREEN				
T5	Purchase Springhill (CIP)	GREEN	GREEN	GREEN	BLUE	BLUE	BLUE	BLUE				
Operations Programme												
T6	EOC Transformation	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN				
T6a	Clinical Hub (CIP)	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN				
T6b	Red One	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				
T6c	EOC Reconfiguration	AMBER	AMBER	GREEN	AMBER	GREEN	GREEN	GREEN				Currently subject to 90 day consultation period.
T6d	Reduced Conveyance including CQUIN	GREEN	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER				Internal Trajectory not met for Q2, implementation plan developed and is being managed through cross directorate steering group. Additional mitigating actions agreed in December.
T6e	Turnaround collaborative	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER				Plans in place to continue and complete roll out
T7	Workforce Plan (CIP)	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER				The consultation period has ended and correspondence is being issued to staff.
T7a	Rota review						GREEN	GREEN				
T8	Rural Models CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				
T9	ECP CQUIN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER				Discussions planned to take place in January with commissioners to address data access issues outside YAS control.
T10	Reduce A&E overtime (CIP)	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				
T11	Effective Sickness Management (CIP)	RED	RED	RED	RED	RED	RED	RED				A turnaround group has been established with NED input.
T12	Meal break policy (CIP)	GREEN	GREEN	RED	RED	AMBER	AMBER	AMBER				The consultation period has ended and discussions taking place on next steps.
T13	PTS Transformation (CIP)	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER				Significant work underway to develop the implementation plan linked to the CIP requirements for 2013-14. The PTS Transformation team knowledge transfer has slowed with the holiday period however plans are in place to recover. PTS South KPI compliance has fallen and plans are now required to mitigate, this is linked to the overspend in this locality and the required reduction in sub-contractor use. A risk has been identified in relation to the potential organisational impacts of the reconfigured management team in PTS which will be discussed at Executive level.
T13a	PTS CQUINS	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER				Three of the CQUIN schemes are Green. CQ3 South remains at risk due to not meeting the target or trajectory for Q2 with a further risk of not achieving either for Q3. CQ1 H&E on amber but plan in place pending discussion with commissioners. CQ2 West did not achieve trajectory for Q2. Work under way with acute trusts to address issues but note that the Q3 trajectory is also at risk.
A1	Individual Performance Reports	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER				Pilot complete, implications and feasibility of roll out to be evaluated with proposal to TPMG in February.
Clinical/Quality Programme												
T14	111	GREEN	RED	AMBER	AMBER	AMBER	AMBER	AMBER				Concerns are ; 1. Lack of ability to confirm train the trainers in place due to lack of courses and staff to train as trainers. 2. The period of testing required leading to DH testing in late Feb 2013. 1. Seeking alternative methods to train staff from external sources. 2. Lessons learned from SCAS and support offered by SCAS to prepare us for the testing period.
T15	Major trauma	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER				Phase 1 is complete but awaiting authorisation to commence phase 2.
T16	Cardiac Arrest	GREEN	GREEN	GREEN	GREEN	AMBER	RED	AMBER				The Trust has reviewed clinical training provision and agreed a revised model and trajectory for delivery from January 2013.
T17	Public health	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN				
T17a	Demand management CQUIN	GREEN	GREEN	AMBER	GREEN	AMBER	GREEN	GREEN				
T18	Clinical Leadership	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER				Ongoing project management with focus on recruitment to current gaps, ensuring effectiveness of CS role in operation and measurement of benefits via dashboard.
A2	Dementia CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN				
A3	Patient Safety CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				
A4	Risk Data Management	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER				Challenge surrounding abstractions for operational staff to complete the training - delivery plan agreed.
Programme Management and Enabling												
P1	Service Transformation Office/TPMG/ Monitoring & R	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				
P2	Staff engagement and communication	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER				Feedback from the engagement workshop in December has been reviewed and evaluated, plan under development for consideration by TPMG 18-1-13.
P3	Leadership development / service improvement and change skills development and training	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN				Tender process under way for service improvement skills. Leadership/management development proposals on current agenda.
A5	Electronic staff record ESR	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	GREEN				Plan now developed and appropriate resource allocation identified to enable the delivery of the ESR within the specified time frame.

RAG key	
	Project/action on track to deliver benefits (quality &/or financial)
	Concerns identified (quality &/or financial) and controls in place
	Concerns identified (quality &/or financial) and requires programme board/TPMG attention
	Project/action complete and benefits realised

IPC Audit - Percentage compliant

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

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

Key for IPC Audit: Pre April 2012

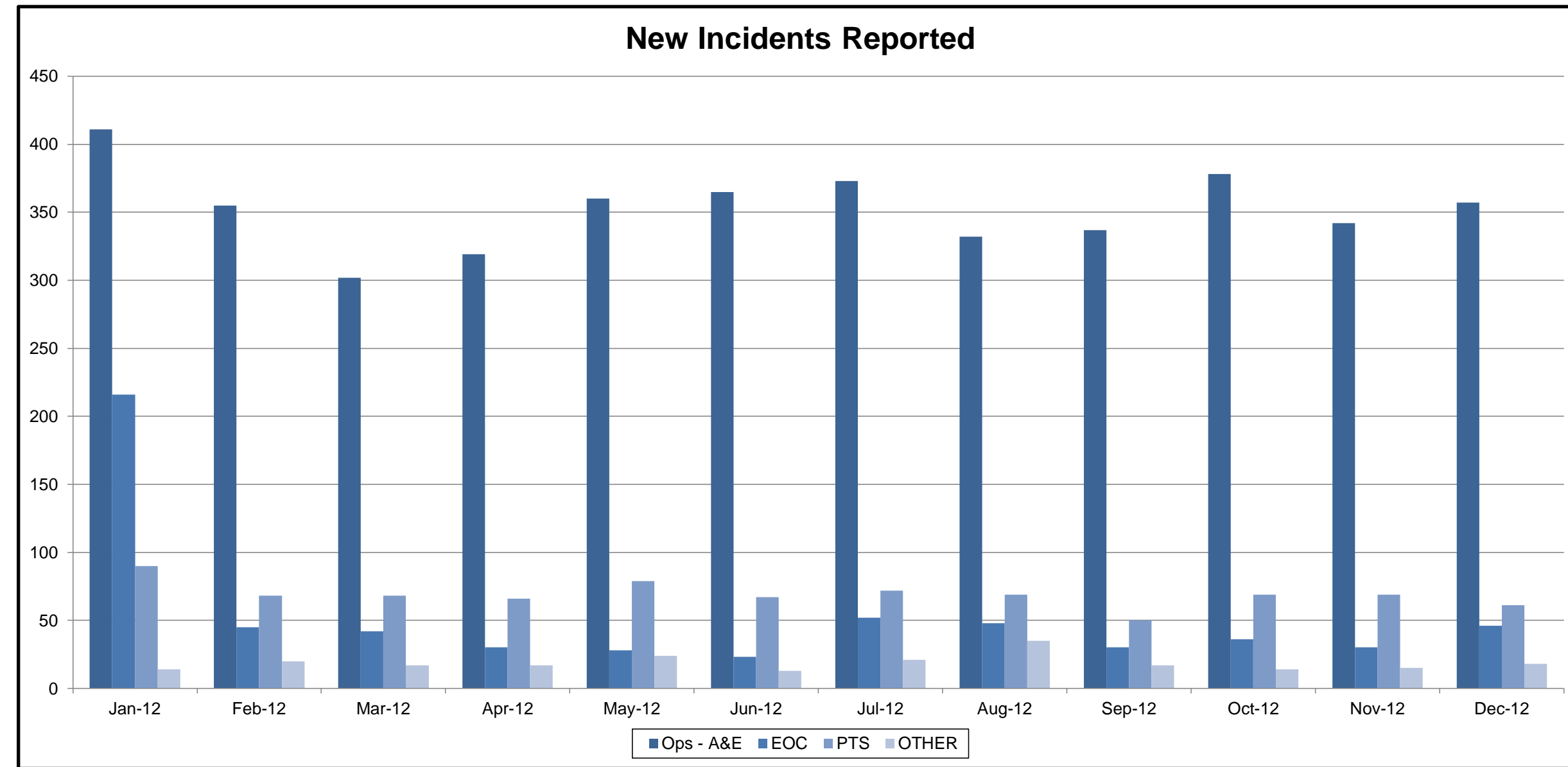
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

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

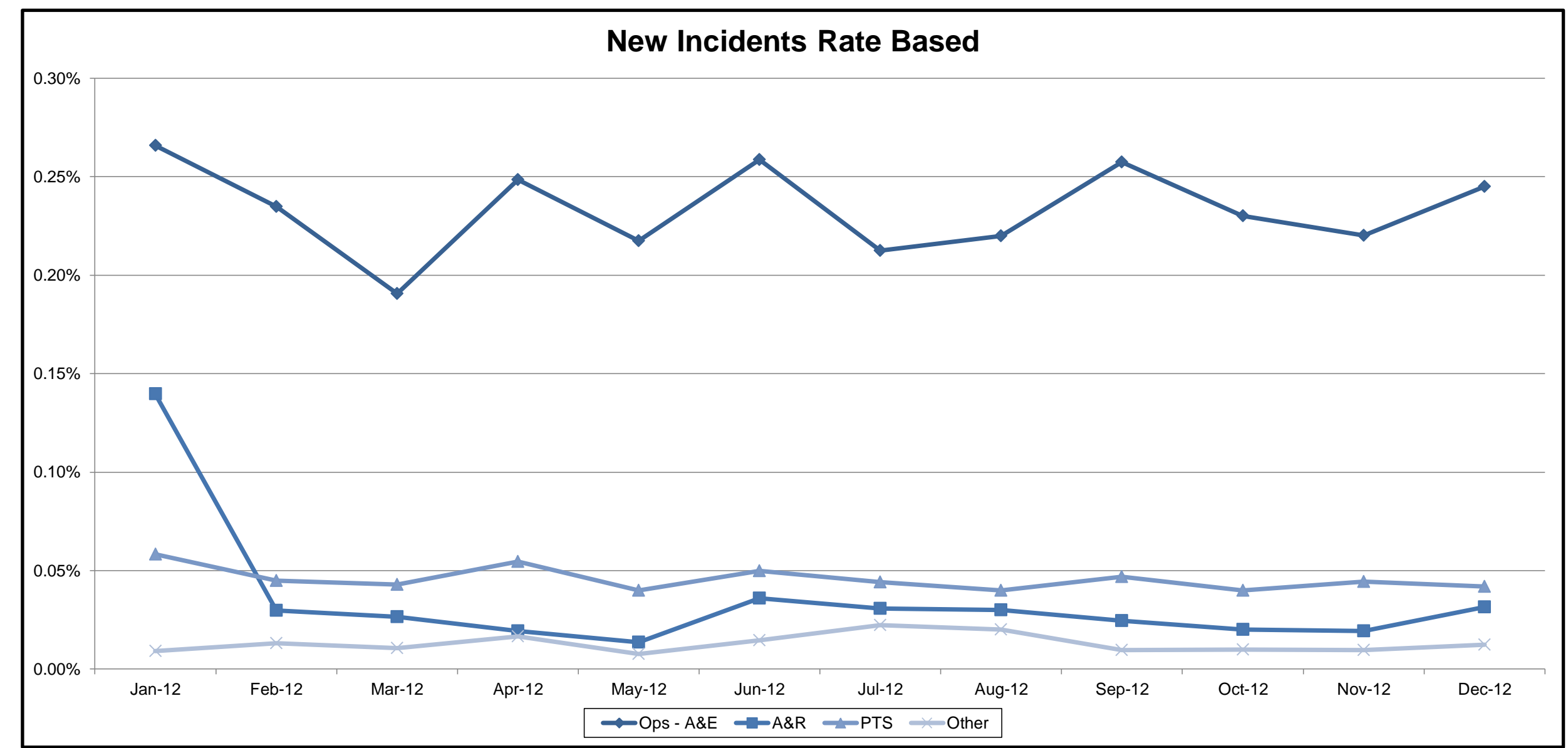


New Incidents Reported	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Ops - A&E	411	355	302	319	360	365	373	332	337	378	342	357
EOC	216	45	42	30	28	23	52	48	30	36	30	46
PTS	90	68	68	66	79	67	72	69	50	69	69	61
OTHER	14	20	17	17	24	13	21	35	17	14	15	18
TOTALS	731	488	429	432	491	468	518	484	434	497	456	482

▲ * Early Warning Indicator

New Incidents Reported Rate Based * ▲

OBJ REF 3

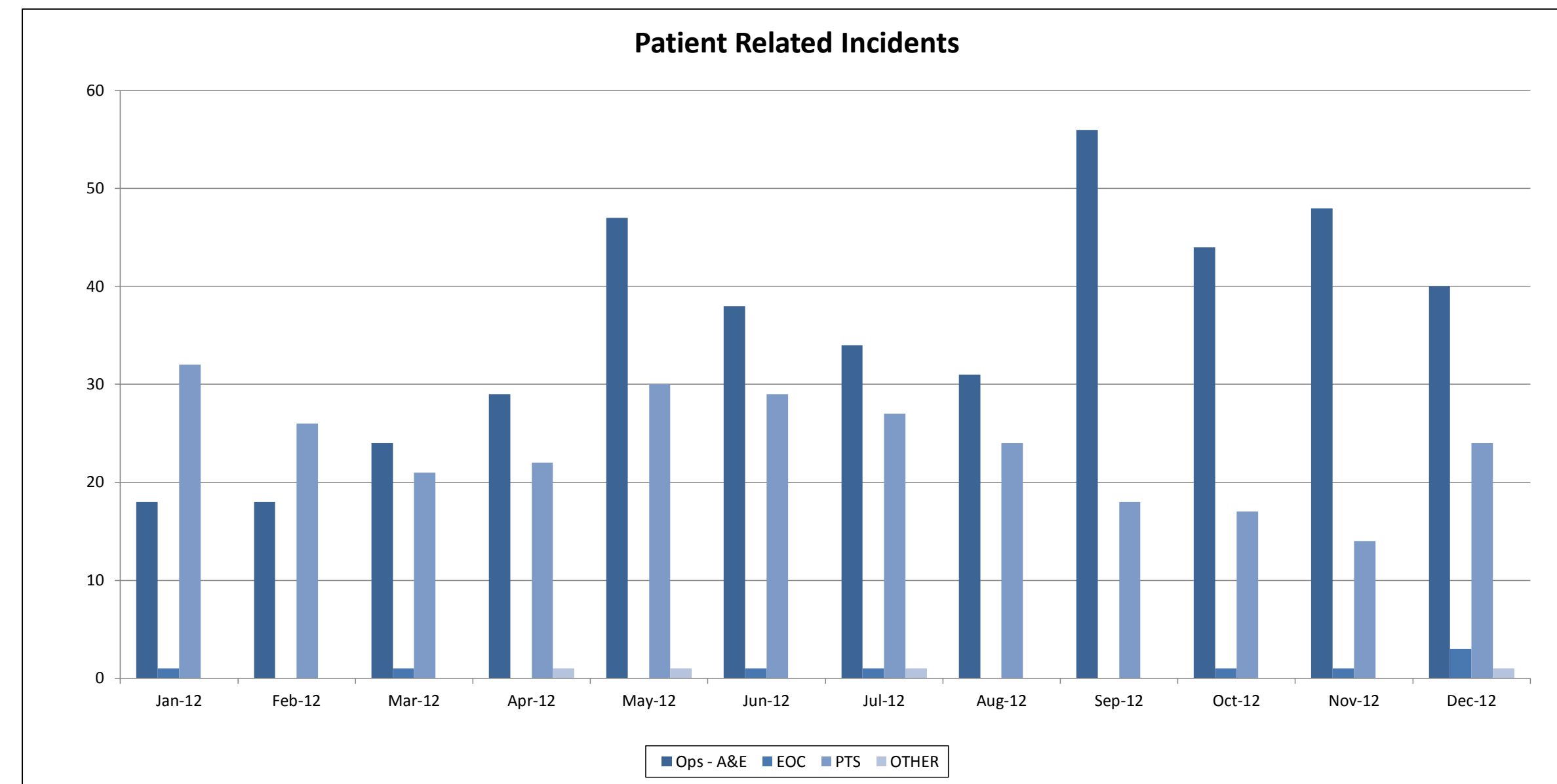


New Incidents Reported	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Ops - A&E	0.27%	0.23%	0.19%	0.25%	0.22%	0.26%	0.21%	0.22%	0.26%	0.23%	0.22%	0.24%
A&R	0.14%	0.03%	0.03%	0.02%	0.01%	0.04%	0.03%	0.03%	0.02%	0.02%	0.02%	0.03%
PTS	0.06%	0.05%	0.04%	0.05%	0.04%	0.05%	0.04%	0.04%	0.05%	0.04%	0.04%	0.04%
OTHER	0.01%	0.01%	0.01%	0.02%	0.01%	0.01%	0.02%	0.02%	0.01%	0.01%	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.

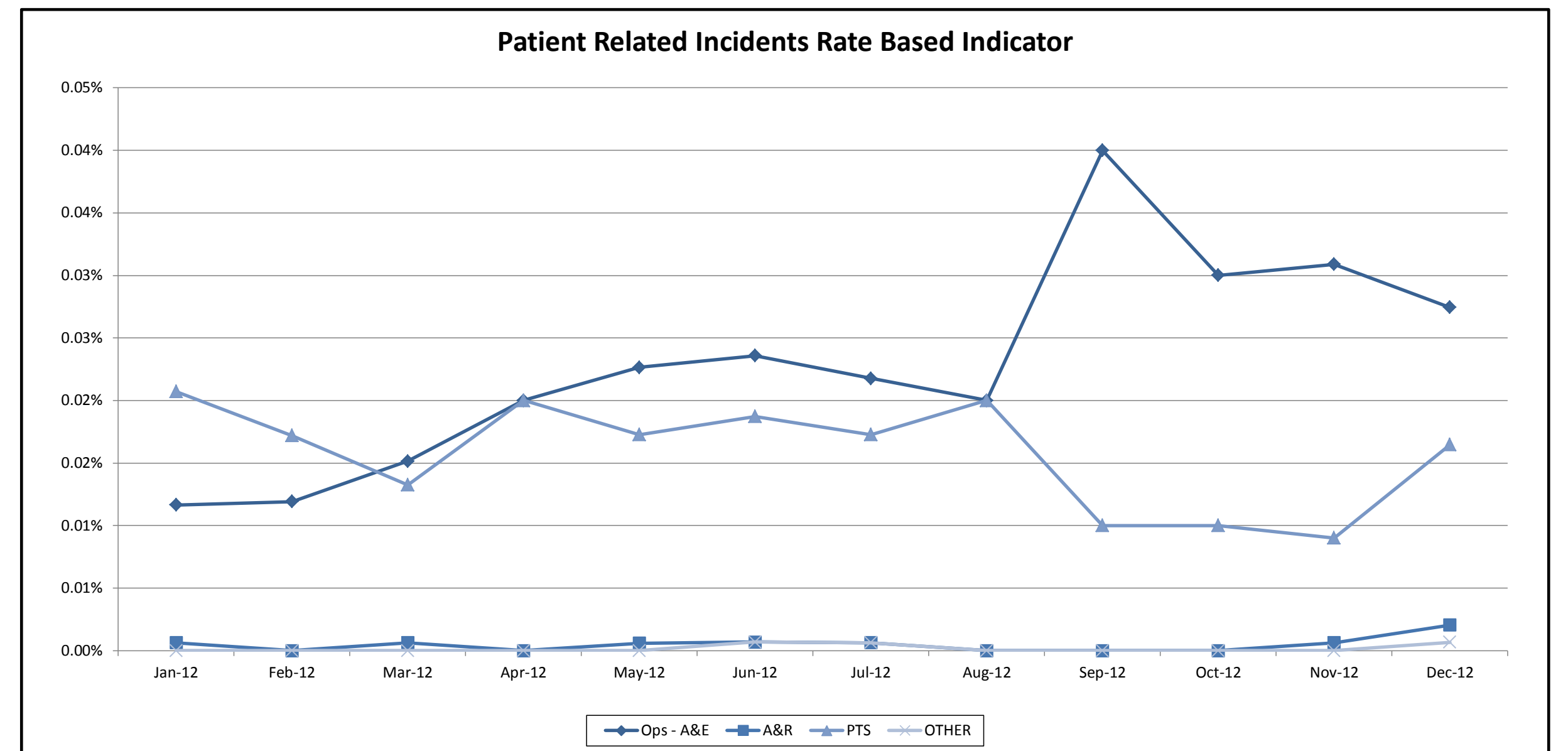
Patient related Incidents

OBJ REF 3



Patient Related Incidents Rate Based Indicator

OBJ REF 3



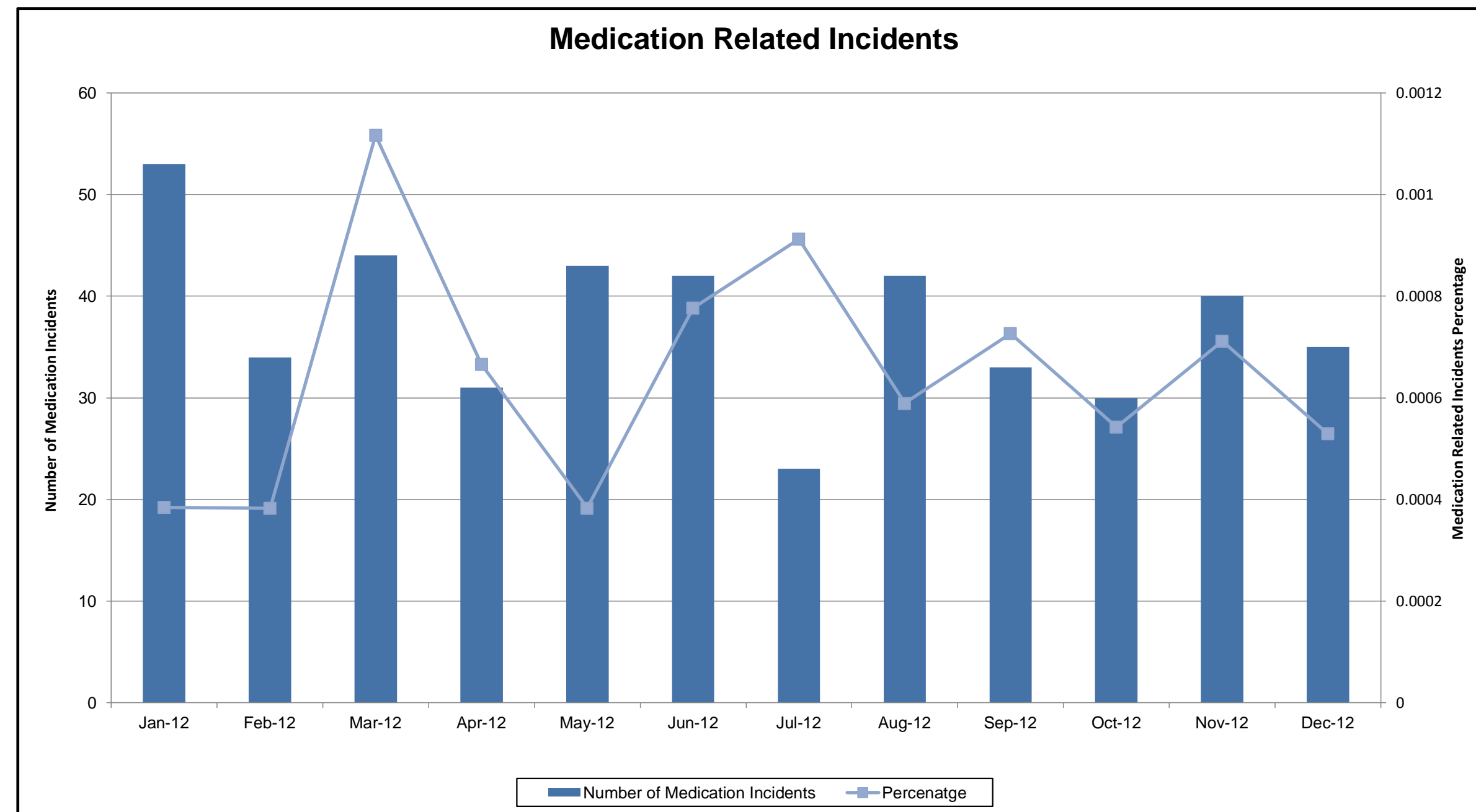
Patient Related Incidents	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Ops - A&E	18	18	24	29	47	38	34	31	56	44	48	40
EOC	1	0	1	0	0	1	1	0	0	1	1	3
PTS	32	26	21	22	30	29	27	24	18	17	14	24
OTHER	0	0	0	1	1	0	1	0	0	0	0	1
TOTALS	51	44	46	52	78	68	63	55	74	62	63	68

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Ops - A&E	0.01%	0.01%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.04%	0.03%	0.03%	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%	0.01%	0.02%	0.02%	0.02%	0.02%	0.02%	0.01%	0.01%	0.01%	0.02%
OTHER	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

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

Medication Related Incidents

OBJ REF 3

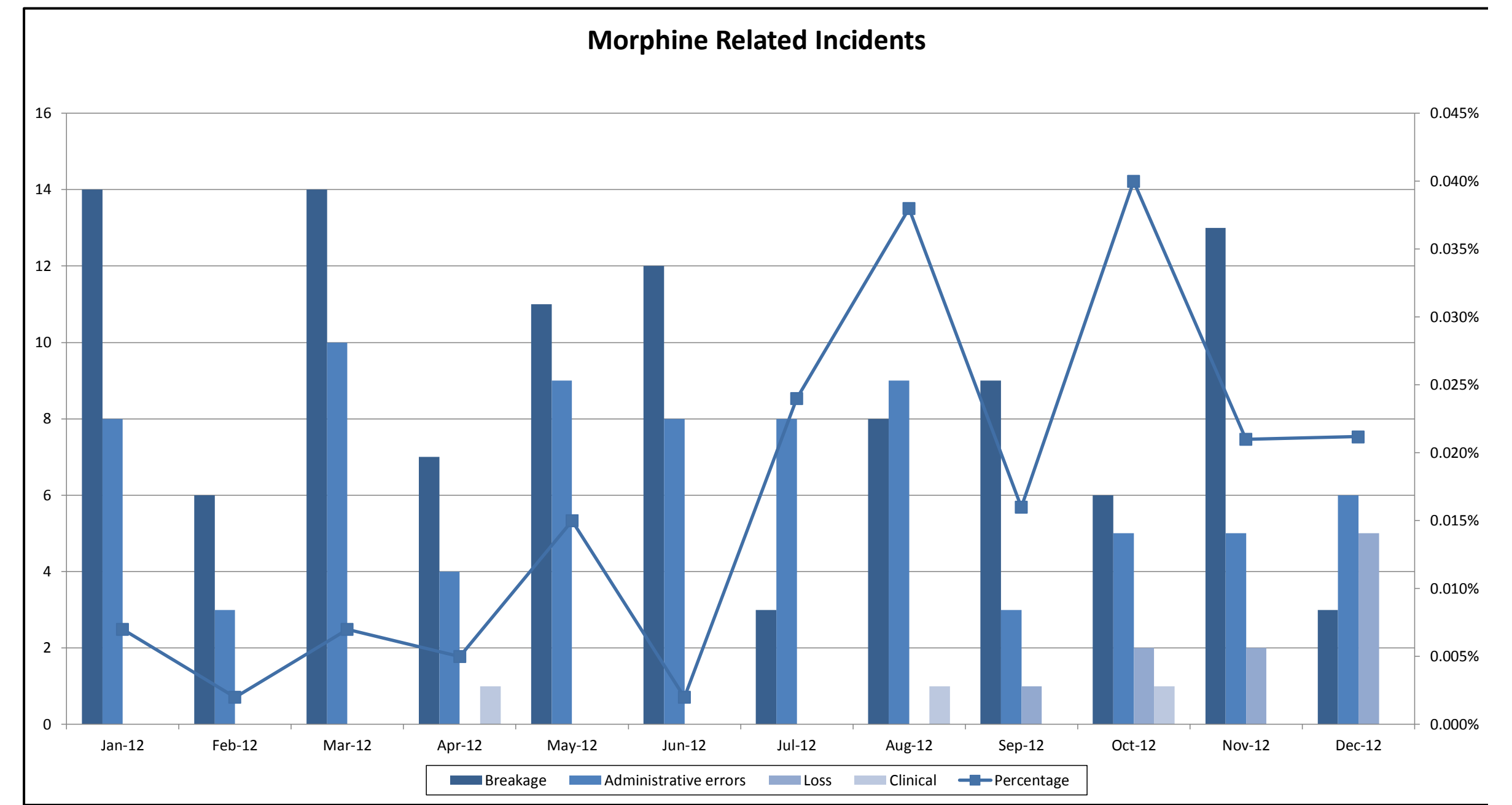


	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Number of Medication Incidents	53	34	44	31	43	42	23	42	33	30	40	35

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

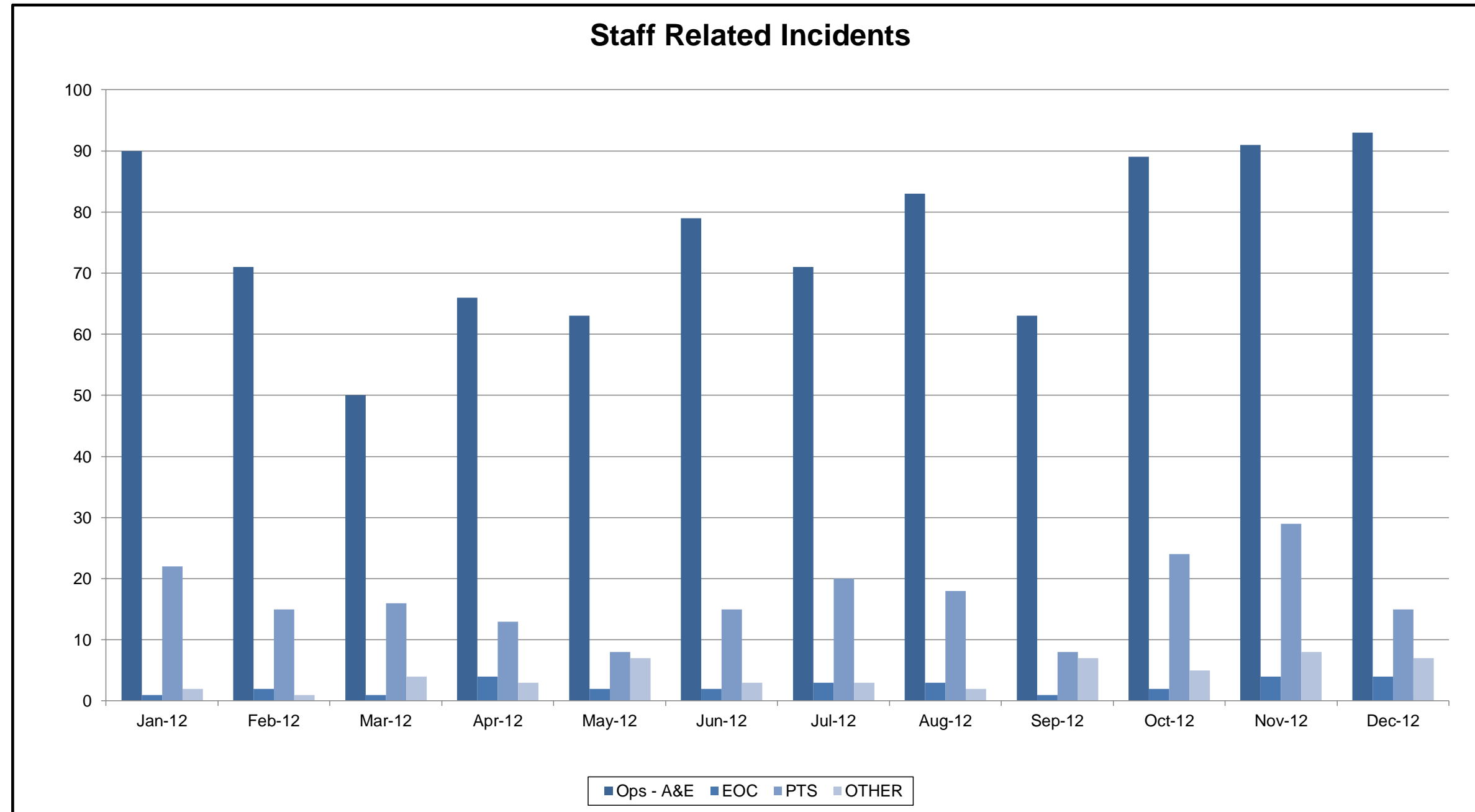


	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Breakage	14	6	14	7	11	12	3	8	9	6	13	3
Administrative errors	8	3	10	4	9	8	8	9	3	5	5	6
Loss	0	0	0	0	0	0	0	0	1	2	2	5
Clinical	0	0	0	1	0	0	0	1	0	1	0	0
Number of Morphine Incidents	22	9	24	12	20	20	11	18	13	14	20	14

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

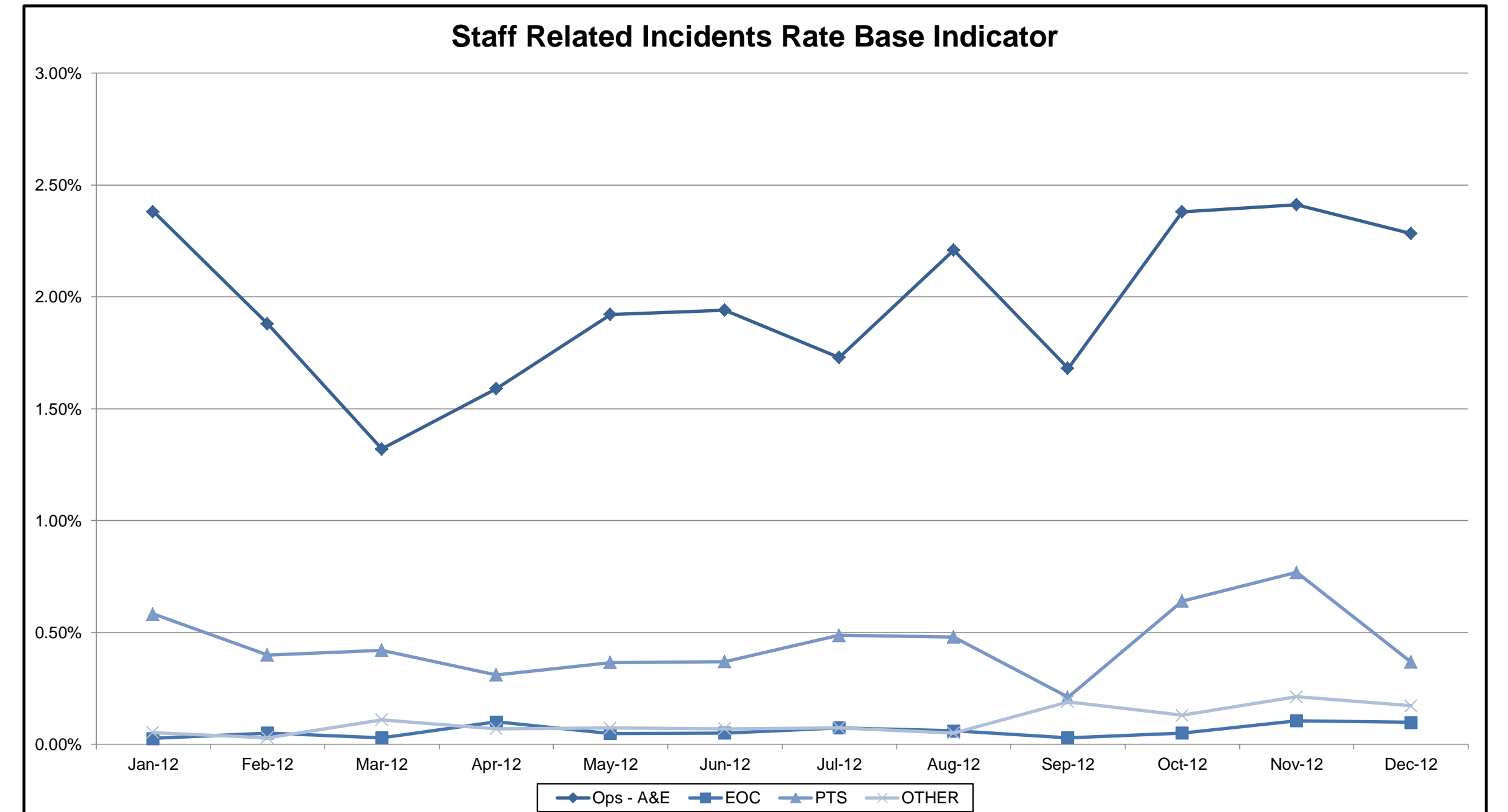
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



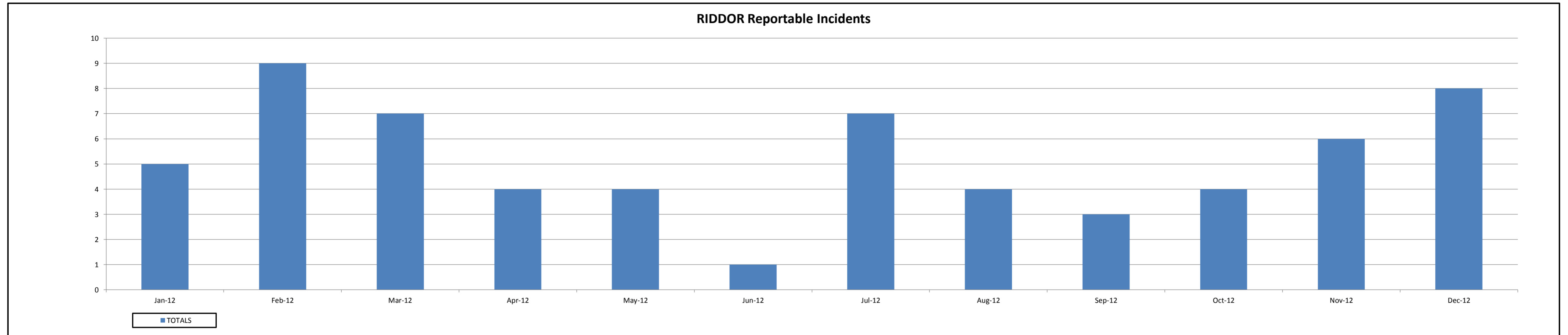
Staff Related Incidents	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Ops - A&E	90	71	50	66	63	79	71	83	63	89	91	93
EOC	1	2	1	4	2	2	3	3	1	2	4	4
PTS	22	15	16	13	8	15	20	18	8	24	29	15
OTHER	2	1	4	3	7	3	3	2	7	5	8	7
TOTALS	115	89	71	86	80	99	97	106	79	120	132	119

Staff Related Incidents	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Ops - A&E	2.38%	1.88%	1.32%	1.59%	1.92%	1.94%	1.73%	2.21%	1.68%	2.38%	2.41%	2.28%
EOC	0.03%	0.05%	0.03%	0.10%	0.05%	0.05%	0.07%	0.06%	0.03%	0.05%	0.11%	0.10%
PTS	0.58%	0.40%	0.42%	0.31%	0.36%	0.37%	0.49%	0.48%	0.21%	0.64%	0.77%	0.37%
OTHER	0.05%	0.03%	0.11%	0.07%	0.07%	0.07%	0.07%	0.05%	0.19%	0.13%	0.21%	0.17%

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

RIDDOR Reportable Incidents

OBJ REF 3

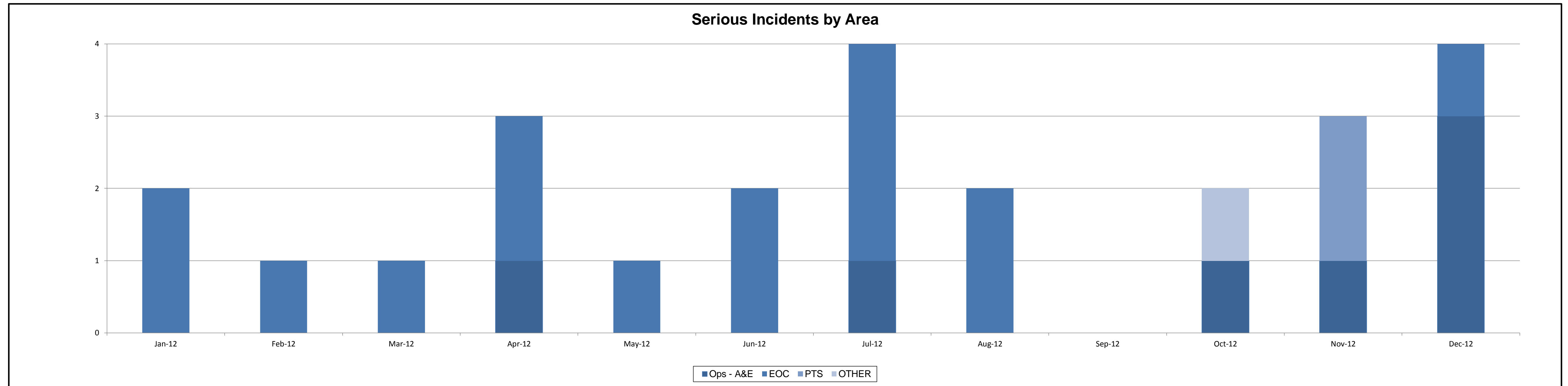


RIDDOR reportable	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
North Yorkshire CBU	0	2	0	1	1	0	0	0	0	1	3	0
East Riding of Yorkshire CBU	1	5	2	0	0	0	2	0	0	1	1	1
Leeds & Wakefield CBU	1	0	0	1	1	0	2	0	1	1	2	2
Bradford, Calderdale and Kirklees	2	0	2	1	1	0	1	1	2	0	0	2
South Yorkshire CBU	0	2	2	1	1	1	2	2	0	1	0	3
Operations PTS	1	0	1	0	0	0	0	0	0	0	0	0
Other Directorates	0	0	0	0	0	0	0	1	0	0	0	0
TOTALS	5	9	7	4	4	1	7	4	3	4	6	8

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

SUI Incidents by Area

OBJ REF 3



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

* Early Warning Indicator

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

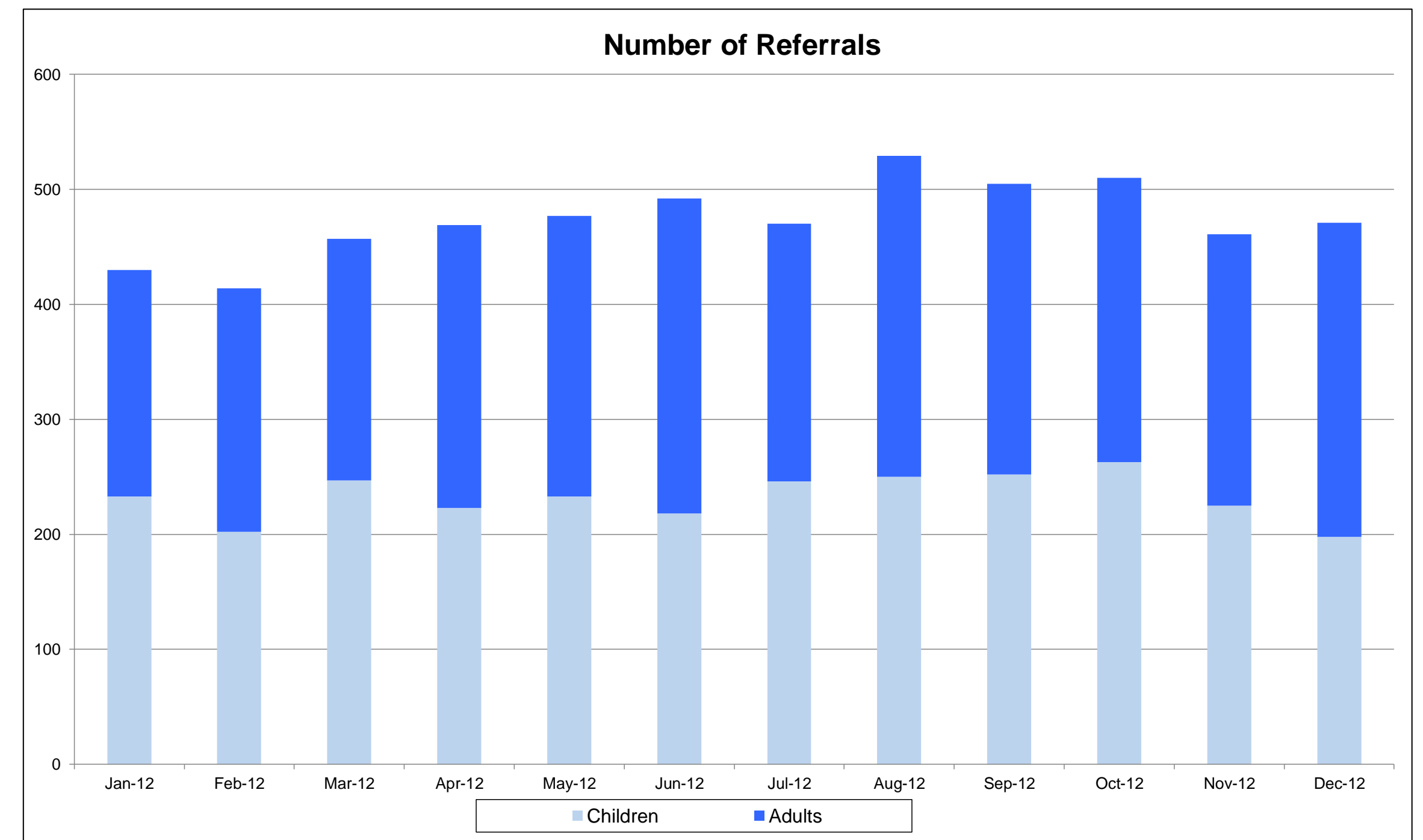
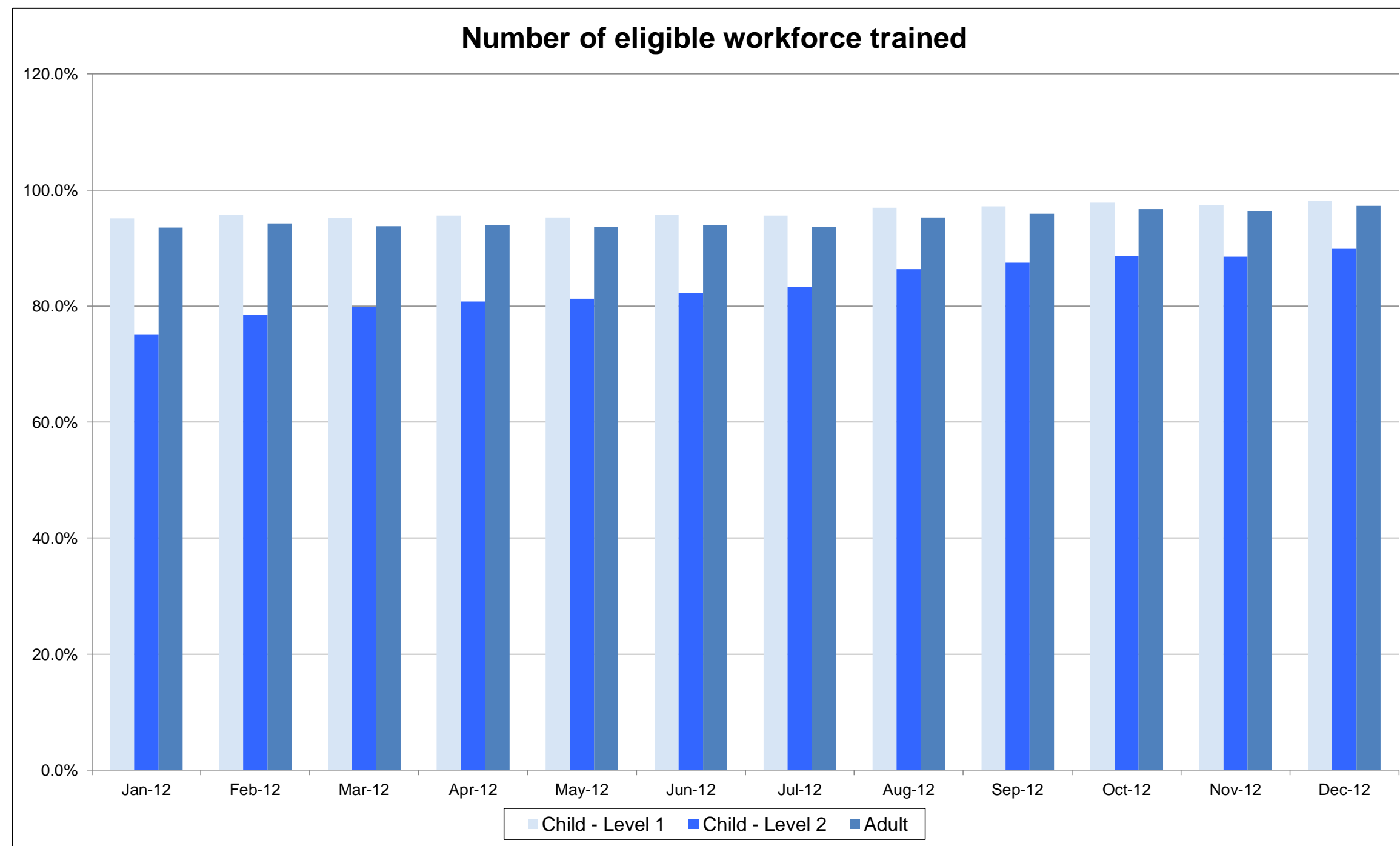
Training Position

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

Number of Child and Adult Referrals

OBJ REF 3



Training Position	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Child - Level 1	95.1%	95.7%	95.2%	95.6%	95.3%	95.7%	95.6%	96.9%	97.2%	97.8%	97.4%	98.1%
Child - Level 2	75.1%	78.5%	79.8%	80.8%	81.3%	82.2%	83.3%	86.3%	87.5%	88.6%	88.5%	89.9%
Adult	93.5%	94.2%	93.8%	94.0%	93.6%	93.9%	93.7%	95.3%	95.9%	96.7%	96.3%	97.3%

Referrals	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Children Referrals	233	202	247	223	233	218	246	250	252	263	225	198
Adult Referrals	197	212	210	246	244	274	224	279	253	247	236	273
TOTAL	461	430	414	457	469	477	492	470	529	510	461	471

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
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
A1 - Respiratory rate recorded	99.7	99.6	98.5	99.0
A2 - PEFR (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)	56.6		
F2 - Analgesia administered	82.9		
F3 - SpO2 recorded (prior to oxygen administration)	92.1		
F4 - Oxygen administered	96.1		
F5 - Immobilisation of limb recorded	59.2		
F6 - Assessment of circulation distal to the fracture recorded	93.4		
FC - Care Bundle F1, F2, F5 and F6	34.2		

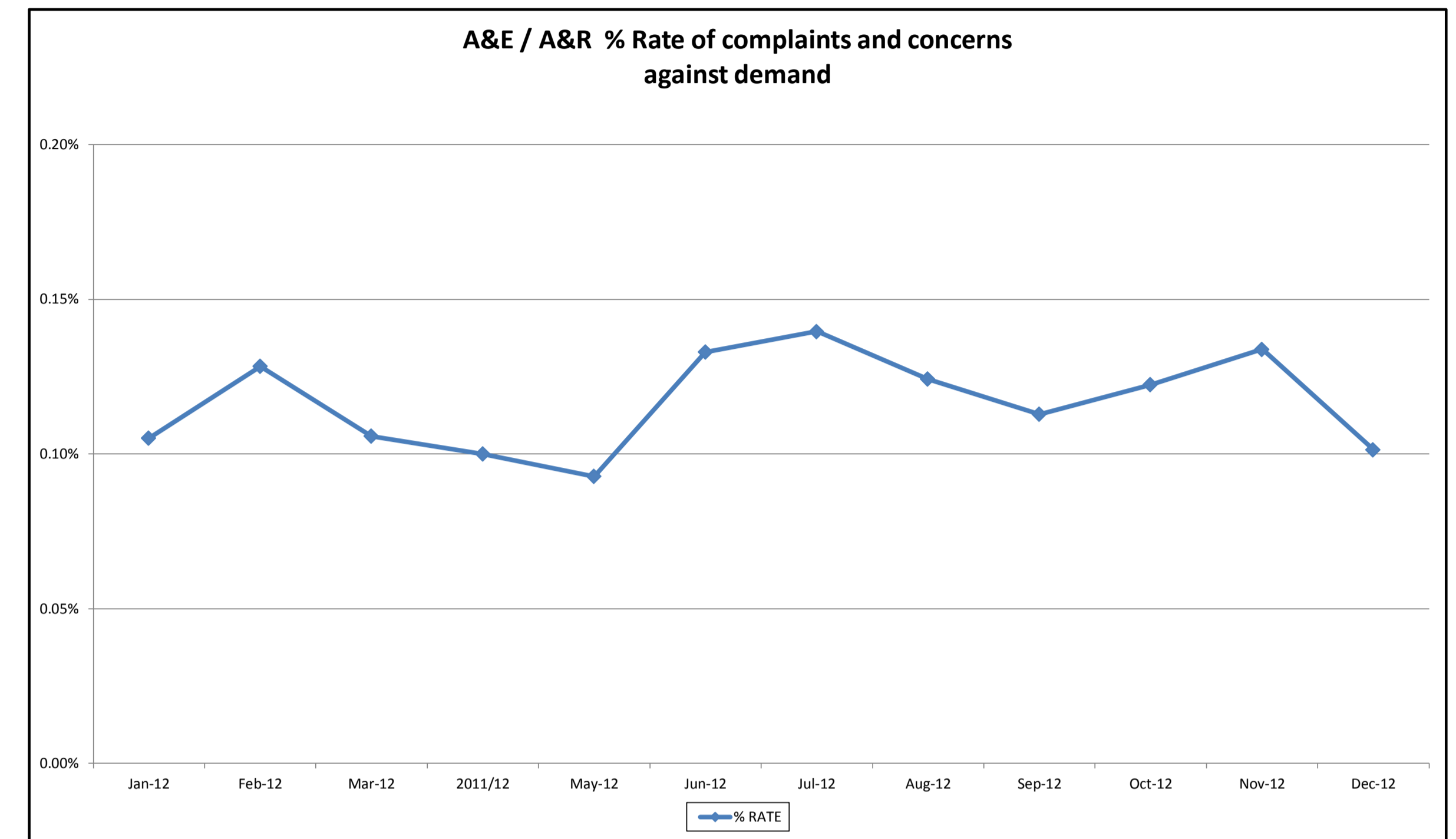
	Cycle 9		
	September 2012 Results %	National Average	
Paediatric Care - Febrile Convulsion (PILOT)			
V1 - Blood glucose recorded	89.2		
V2 - Temperature recorded	91.6		
V3 - SpO2 recorded (prior to oxygen administration)	86.7		
V4 - Oxygen administered	90.4		
V5 - Anticonvulsant administered	97.6		
V6 - Temperature management recorded	90.4		
V5 - Appropriate discharge pathway recorded	100.0		
VC - Care Bundle V1, V2, V3, V4 and V6	69.9		

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns * ▲															
	CBU Area	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
Attitude / Conduct	BCK (CKW from August 12)	6	3	3	23	1	0	3	2	4	1	2	1	4	18
	Hull & ER	0	2	2	21	1	0	1	1	3	0	1	3	1	11
	Leeds & Wakefield (Leeds & Bradford from August 2012)	2	3	0	23	1	1	1	3	5	2	2	2	1	18
	North Yorks	3	0	3	13	3	2	7	3	0	4	0	2	3	24
	South Yorks	3	1	1	18	4	0	2	3	0	4	8	2	1	24
	EOC	2	1	0	14	5	2	1	1	2	1	4	2	3	21
Aspects of Clinical Care	BCK (CKW from August 12)	1	1	1	39	2	3	2	3	3	2	0	3	1	19
	Hull & ER	1	7	1	33	8	0	3	2	2	1	3	0	3	22
	Leeds & Wakefield (Leeds & Bradford from August 2012)	1	8	6	39	6	5	4	5	2	1	2	3	2	30
	North Yorks	3	5	5	42	5	8	3	6	2	3	0	7	1	35
	South Yorks	6	7	4	53	9	5	3	9	5	7	3	8	5	54
Driving and Sirens	BCK (CKW from August 12)	1	0	0	11	3	1	5	2	1	1	0	2	2	17
	Hull & ER	2	1	0	7	1	0	2	2	0	1	0	1	0	7
	Leeds & Wakefield (Leeds & Bradford from August 2012)	1	0	1	16	5	1	1	1	2	0	1	2	1	14
	North Yorks	0	0	0	9	0	0	1	1	1	0	1	0	3	7
	South Yorks	0	0	1	4	1	2	1	4	3	1	1	1	4	18
Response	EOC	23	33	31	267	24	21	21	23	25	25	30	28	22	219
Call Management	EOC	1	0	0	27	1	1	5	3	5	0	5	5	1	26
Other	BCK (CKW from August 12)	4	0	0	8	2	1	1	2	2	7	2	1	2	20
	Hull & ER	0	0	1	5	0	1	1	0	2	0	2	1	0	7
	Leeds & Wakefield (Leeds & Bradford from August 2012)	0	0	1	5	6	0	2	3	0	1	1	2	0	15
	North Yorks	1	1	1	5	2	0	3	3	2	2	3	0	0	15
	South Yorks	0	1	1	7	4	2	4	2	2	1	3	3	4	25
	EOC	0	0	1	1	0	0	0	0	0	0	0	0	0	3
SUB TOTALS	BCK (CKW from August 12)	12	4	4	81	8	5	11	9	10	11	4	7	9	74
	Hull & ER	3	10	4	66	10	1	7	5	7	2	6	5	4	47
	Leeds & Wakefield (Leeds & Bradford from August 2012)	4	11	8	83	18	7	8	12	9	4	6	9	4	77
	North Yorks	7	6	9	69	10	10	14	13	5	9	4	9	7	81
	South Yorks	9	9	7	82	18	9	10	18	10	13	15	14	14	121
	EOC	26	34	32	309	30	24	27	27	32	26	39	35	29	269
GRAND TOTAL		61	74	64	690	94	56	77	84	73	65	74	79	67	669
Demand Activity		58076	57670	60538	686347	57123	60406	57915	60170	58770	57587	60486	59027	66092	537576
% RATE		0.11%	0.13%	0.11%	0.10%	0.16%	0.09%	0.13%	0.14%	0.12%	0.11%	0.12%	0.13%	0.10%	0.12%

▲ * Early Warning Indicator



Compliments												
CBU Area	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
BCK (CKW from August 12)	8	8	15	3	0	8	30	7	2	19	3	11
Hull & ER	12	4	12	0	0	3	29	5	5	11	4	12
Leeds & Wakefield (Leeds & Bradford from August 2012)	10	8	8	3	0	4	32	12	10	12	2	8
North Yorks	2	13	6	1	0	7	33	9	8	19	5	22
South Yorks	3	16	10	3	0	4	27	10	7	16	4	10
EOC	1	1	1	0	0	0	3	4	0	1	1	2
TOTAL	53	36	50	52	10	0	26	154	47	78	19	65

Compliments % against WTE												
CBU Area	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
BCK (CKW from August 12)	1.9%	1.9%	3.6%	0.7%	0.0%	1.9%	7.3%	0.0%	0.1%	0.7%	0.7%	2.7%
Hull & ER	3.9%	1.3%	3.9%	0.0%	0.0%	1.0%	9.4%	1.6%	0.1%	1.3%	1.3%	3.9%
Leeds & Wakefield (Leeds & Bradford from August 2012)	2.5%	2.0%	2.0%	0.8%	0.0%	1.0%	8.0%	0.0%	0.3%	0.5%	0.5%	2.0%
North Yorks	0.5%	3.4%	1.6%	0.3%	0.0%	1.8%	8.7%	2.4%	0.2%	1.3%	1.3%	5.8%
South Yorks	0.6%	3.2%	2.0%	0.6%	0.0%	0.8%	5.4%	2.0%	0.2%	0.8%	0.6%	2.0%

Clinical Audit Programme

OBJ REF

1.2 : 2 : 3: 8.1

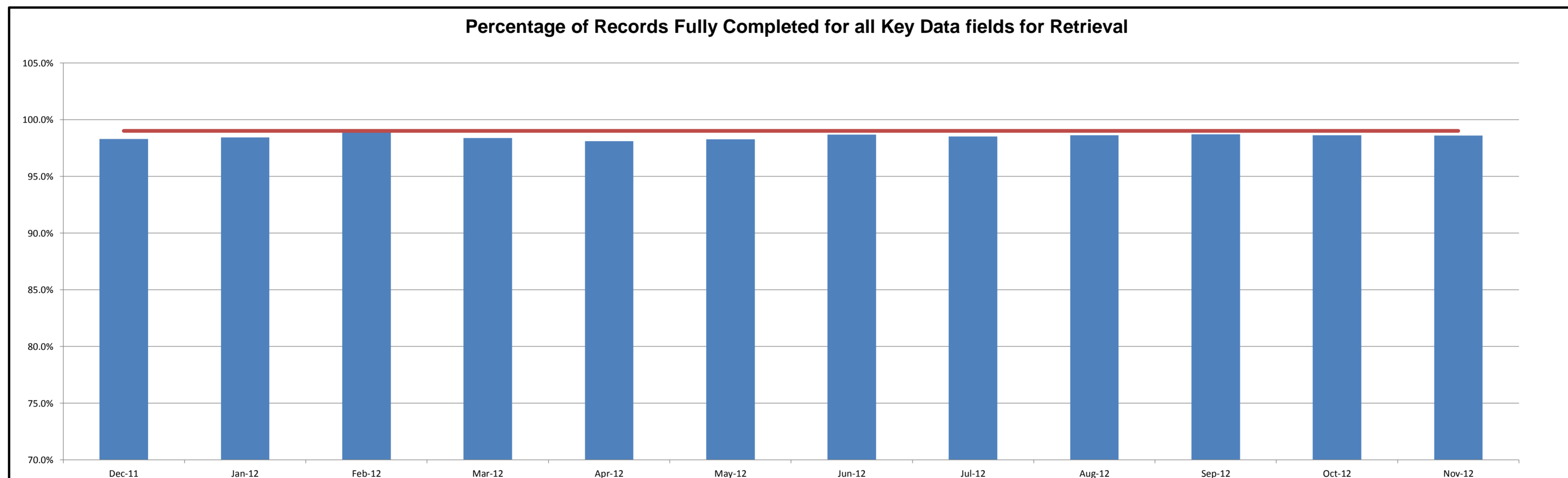
National Audit Programme

		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
National Ambulance CPis:	National clinical ACQIs	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Febrile convulsions	Cardiac arrest outcomes												
Below the knee #	Stroke												
Hypoglycaemia	STeMI												
Stroke	MINAP												
Hypoglycaemia		AMBER	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER
Asthma	SSNAP												

Internal Clinical Audit Plan

		Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Monthly Local CPis	Other See Audit Plan	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Cardiac Arrest outcomes													
National Requirements		GREEN	GREEN	RED	RED	AMBER	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	RED

Patient Report Form Audit



Percentage of Records Fully Completed For All Key Data Fields Used For Retrieval	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Total Forms Scanned	70819	65615	64075	66901	57868	61680	57317	57220	58437	56987	67243	45035**
Total of forms with key data incomplete	1210	1033	551	1083	1094	1063	756	842	795	730	919	645**
% of Completed Forms	98.3%	98.4%	99.1%	98.4%	98.1%	98.3%	98.7%	98.5%	98.6%	98.7%	98.6%	98.6%

This measure will always be 1 month in arrears

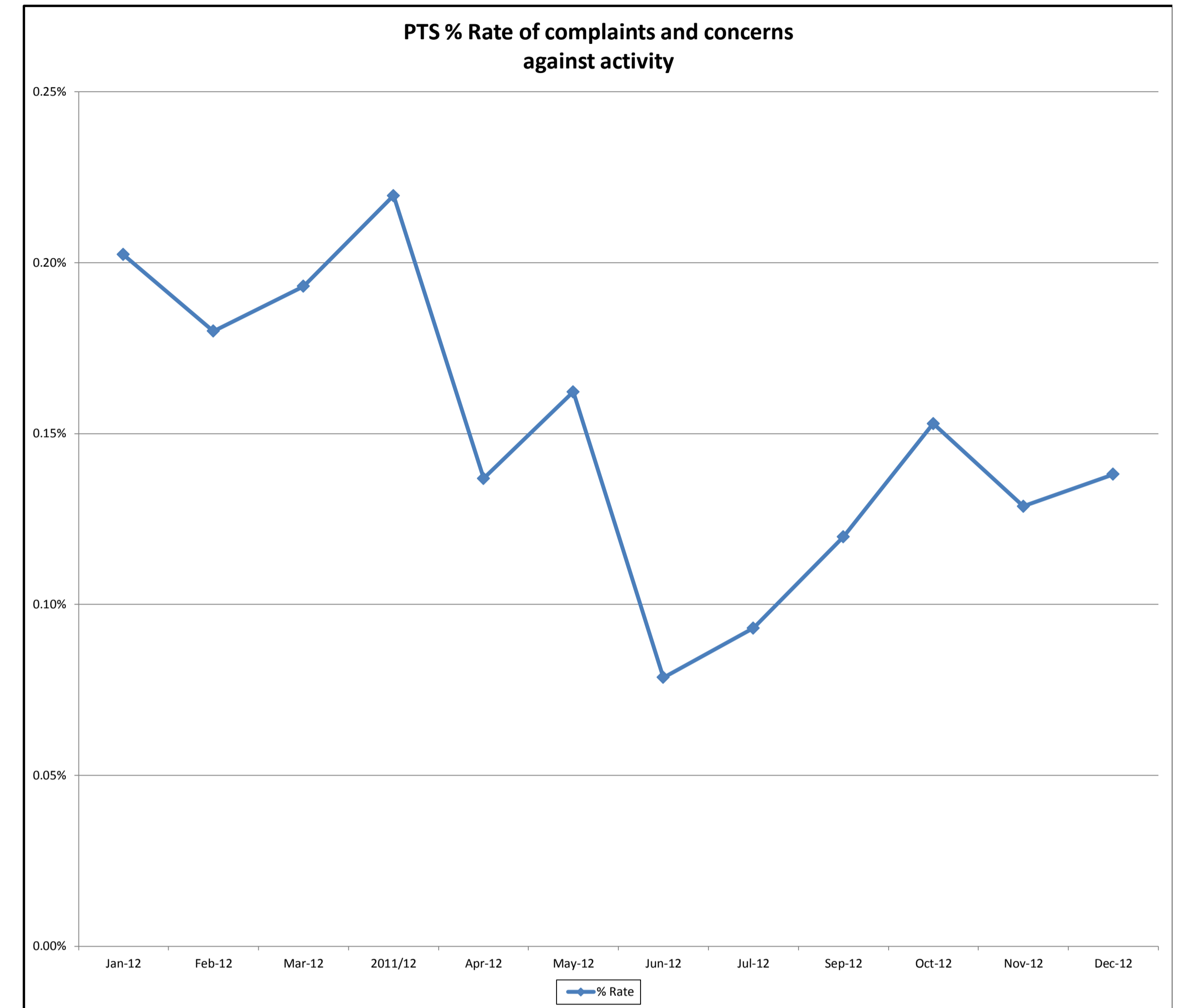
*New criteria from March 2012 - A PRF must include an incident number together with the pin number of at least one attending clinician otherwise it will be captured in the missing report and counted in the 'Total of forms with key data incomplete'

** Not all forms have been scanned and verified at the time of publishing these figures. An update will be provided in due course.

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns * ▲															
PTS Area	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD	
Attitude / Conduct	East Consortia	1	1	4	11	0	0	0	0	0	1	1	0	2	
	North Consortia	2	2	1	7	0	0	0	1	0	1	1	0	3	
	South Consortia	0	2	2	17	1	1	1	0	2	1	1	3	10	
	West Consortia	7	3	3	38	1	3	2	1	1	3	1	2	16	
	Comms	-	-	-	0	1	0	3	0	0	3	2	1	0	10
Aspects of Clinical Care	East Consortia	2	2	0	5	0	1	1	0	1	0	1	3	9	
	North Consortia	1	0	2	16	0	0	0	1	1	1	1	2	6	
	South Consortia	4	2	4	16	3	2	2	2	2	0	0	1	13	
	West Consortia	3	4	6	29	0	5	4	1	0	3	1	3	2	19
Driving and Sirens	East Consortia	0	0	0	1	0	0	0	0	1	0	1	1	3	
	North Consortia	1	1	0	6	1	1	0	2	0	2	0	1	7	
	South Consortia	0	0	0	4	1	0	0	2	0	1	0	0	5	
	West Consortia	0	0	2	9	1	2	2	4	1	0	3	2	1	16
Response	East Consortia	13	11	6	140	4	11	6	3	9	8	9	7	5	62
	North Consortia	9	6	11	147	6	6	4	6	9	20	11	6	12	80
	South Consortia	25	13	13	175	8	7	1	3	7	3	15	5	7	56
	West Consortia	38	24	22	275	9	16	17	16	12	20	28	18	10	146
Call Management	East Consortia	1	1	1	8	0	0	0	0	0	0	0	0	0	
	North Consortia	1	2	1	9	0	0	0	0	0	0	0	0	0	
	South Consortia	1	1	1	6	0	0	0	0	0	0	0	0	0	
	West Consortia	1	0	3	10	0	0	0	0	0	0	0	0	0	
	Comms	-	-	-	-	9	5	6	3	6	3	3	2	3	40
Other	East Consortia	0	0	1	2	2	0	0	0	0	1	1	1	5	
	North Consortia	0	0	3	6	0	1	0	0	1	1	1	0	5	
	South Consortia	0	0	3	3	2	3	1	0	0	1	1	5	14	
	West Consortia	0	0	1	3	4	3	1	0	3	4	2	1	3	21
	Comms	-	-	-	-	0	0	0	2	0	0	0	0	0	2
SUB TOTALS	East Consortia	17	15	12	167	6	12	7	3	11	8	13	13	8	81
	North Consortia	14	11	18	191	7	8	4	10	11	24	14	10	13	101
	South Consortia	30	18	23	221	15	13	5	7	11	6	17	14	10	98
	West Consortia	49	31	37	364	15	29	26	22	17	30	35	26	18	218
	Comms	-	-	-	0	10	5	9	5	6	6	5	3	3	52
Service to Service	East Consortia	32	15	15	317	7	2	3	4	0	2	39	40	42	139
	North Consortia	6	6	0	86	5	1	1	7	7	6	3	3	1	34
	South Consortia	26	15	10	173	5	25	10	8	6	8	11	6	6	85
	West Consortia	38	22	19	371	7	9	8	15	23	17	17	9	9	114
GRAND TOTAL		212	133	134	1890	77	104	73	81	92	107	154	124	110	922
Demand Activity		96528	93433	97907	1165149	87766	101556	86325	96074	95535	89312	100703	96350	79682	833303
% RATE		0.20%	0.18%	0.19%	0.22%	0.14%	0.14%	0.16%	0.08%	0.09%	0.12%	0.15%	0.13%	0.14%	0.11%



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

Concerns and Complaints - A&E / EOC

	A&E / A&R	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Response Within 1 Working Day	BCK (CKW from August 12)	1	0	0	1	0	0	8	3	1	1	1	0
	Hull & ER	0	1	0	0	0	0	4	1	0	0	0	0
	Leeds & Wakefield (Leeds & Bradford from August 2012)	1	0	0	0	2	0	2	2	0	0	0	0
	North Yorks	0	1	1	0	2	0	6	2	1	0	0	0
	South Yorks	0	0	0	0	3	2	4	2	2	0	0	0
	EOC	1	2	1	2	3	2	3	5	1	1	3	6
Response 2 - 25 Working Days	BCK (CKW from August 12)	5	6	3	2	4	5	5	3	4	2	1	5
	Hull & ER	3	2	3	3	5	1	4	3	3	0	0	2
	Leeds & Wakefield (Leeds & Bradford from August 2012)	4	3	7	3	11	6	5	3	4	2	2	2
	North Yorks	1	4	2	3	7	5	9	6	2	2	4	1
	South Yorks	2	5	6	5	5	5	7	8	3	3	0	5
	EOC	19	13	16	24	18	14	12	11	17	3	25	13
Response > 25 Working Days	BCK (CKW from August 12)	3	6	1	1	2	0	7	3	5	1	3	2
	Hull & ER	0	0	7	1	5	0	2	1	4	4	6	2
	Leeds & Wakefield (Leeds & Bradford from August 2012)	2	1	4	5	4	1	4	7	5	2	2	7
	North Yorks	3	2	3	6	1	5	6	4	2	3	2	8
	South Yorks	3	4	3	3	10	2	4	8	5	8	9	9
	EOC	13	11	16	7	8	8	12	11	14	18	11	17
Average Response Time (Working Days)	BCK (CKW from August 12)	37	23	19	18	18	17	22	20	30	44	12	TBC
	Hull & ER	21	10	40	23	20	18	12	TBC	TBC	51	43	TBC
	Leeds & Wakefield (Leeds & Bradford from August 2012)	29	18	28	28	21	17	27	37	25	72	TBC	TBC
	North Yorks	30	27	31	41	22	25	21	29	19	TBC	TBC	TBC
	South Yorks	34	27	27	23	31	16	16	24	TBC	TBC	TBC	TBC
	EOC	24	19	25	19	19	21	21	20	22	TBC	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	1	0	0	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	0	0	0	0	0	0	0	0	0	0	0
Referrals to Ombudsman	A&E / A&R	0	0	0	1	0	0	0	0	0	0	0	0

Concerns and Complaints - PTS

OBJ REF 1.2 : 3

	PTS Area	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Response Within 1 Working Day	East Consortia	2	3	0	1	1	0	1	0	2	1	1	0
	North Consortia	0	1	4	2	1	2	0	2	0	0	0	0
	South Consortia	3	4	3	1	1	1	0	0	1	1	1	1
	West Consortia	3	4	3	7	3	1	1	1	4	1	4	2
	Comms	-	-	-	-	0	3	5	2	3	0	0	0
Response 2 - 25 Working Days	East Consortia	4	11	10	9	6	11	4	3	7	5	9	8
	North Consortia	6	7	4	13	5	6	5	8	8	8	12	5
	South Consortia	10	13	10	13	7	9	5	5	6	6	13	9
	West Consortia	20	26	12	19	11	20	23	16	7	12	19	15
	Comms	-	-	-	-		2	4	0	3	1	3	3
Response > 25 Working Days	East Consortia	3	3	6	2	0	1	2	0	2	7	3	5
	North Consortia	6	6	3	3	4	0	1	0	3	6	2	5
	South Consortia	6	13	5	8	6	3	0	0	4	8	3	4
	West Consortia	3	19	15	11	2	8	2	7	8	20	12	9
Average Response Time (Working Days)	East Consortia	18	15	19	14	12	15	7	12	15	8	TBC	TBC
	North Consortia	38	23	14	15	17	13	14	6	18	TBC	TBC	TBC
	South Consortia	20	24	25	20	20	18	12	14	11	TBC	TBC	TBC
	West Consortia	14	26	25	16	10	16	13	22	TBC	16	TBC	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	1	0	0	0	0	0	0	0
	South Consortia	0	1	0	0	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	0	0
Referrals to Ombudsman	PTS Area	0	0	0	0	1	0	0	0	0	0	0	
PTS - Service to Service		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Acknowledged Within 2 Working Days	East Consortia	39 (100%)	32(100%)	15(100%)	15(100%)	7(100%)	2(100%)	3(100%)	4(100%)	0	2(100%)	38(95)	40(100%)
	North Consortia	12 (100%)	6 (100%)	6(100%)	0(100%)	5(100%)	1(100%)	1(100%)	7(100%)	7(100%)	6(83%)	2(66%)	3(100%)
	South Consortia	11 (100%)	26(100%)	15(100%)	10(100%)	5(100%)	25(100%)	10(100%)	8(100%)	6(100%)	8(100%)	5(83%)	6(100%)
	West Consortia	37 (100%)	38(100%)	23(100%)	19(100%)	7(100%)	9(100%)	8(100%)	15(100%)	23(100%)	17(100%)	8(89%)	9(100%)
Response Within 10 Working Days	East Consortia	37 (95%)	22(69%)	12(80%)	14(93%)	6(89%)	0 (0%)	2(67%)	13(87%)	0	2(50%)	16(40%)	38(98%)
	North Consortia	7 (58%)	6(100%)	4(67%)	N/A	4(80%)	1 (100%)	1(100%)	5(71%)	3(43%)	6(66%)	3(100%)	3(100%)
	South Consortia	4 (36%)	1 (4%)	2(13%)	5(50%)	2 (40%)	8(32%)	6(60%)	4(50%)	1(17%)	8(62.5%)	2(33%)	3(50%)
	West Consortia	22 (59%)	13(34%)	11(48%)	8(42%)	7(100%)	8(89%)	4(50%)	13(87%)	12(52%)	17(88%)	3(33%)	6(67%)

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.

A&E Patient Experience Survey

OBJ REF 1.2 : 3

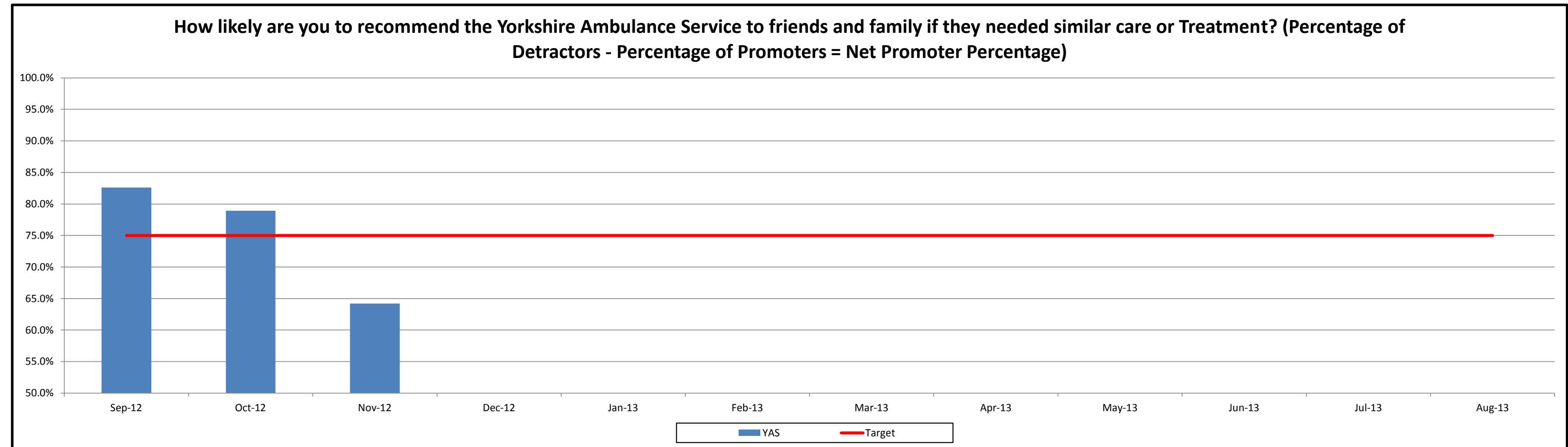
YTD RAG

GREEN



MTD RAG

AMBER



Overall Service	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
North Yorkshire Cluster	93.5%	87.1%	55.8%									
East Yorkshire Cluster	82.8%	82.0%	60.0%									
Calderdale, Kirklees & Wakefield Cluster	68.2%	79.2%	66.7%									
Leeds, Bradford & Airedale Cluster	73.0%	84.2%	79.1%									
South Yorkshire cluster	89.7%	63.4%	65.7%									
Unknown Area	100.0%	79.4%	50.0%									
YAS	82.6%	78.9%	64.2%									
YAS variance to previous Month		-3.7%	-14.7%									

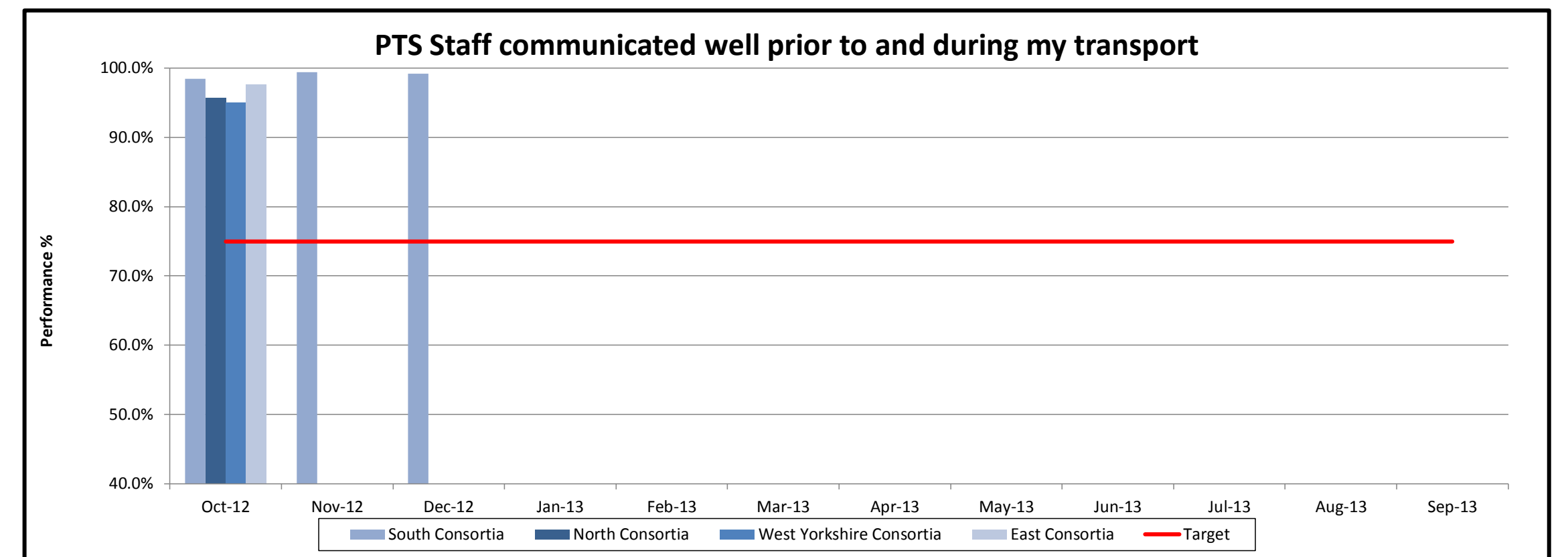
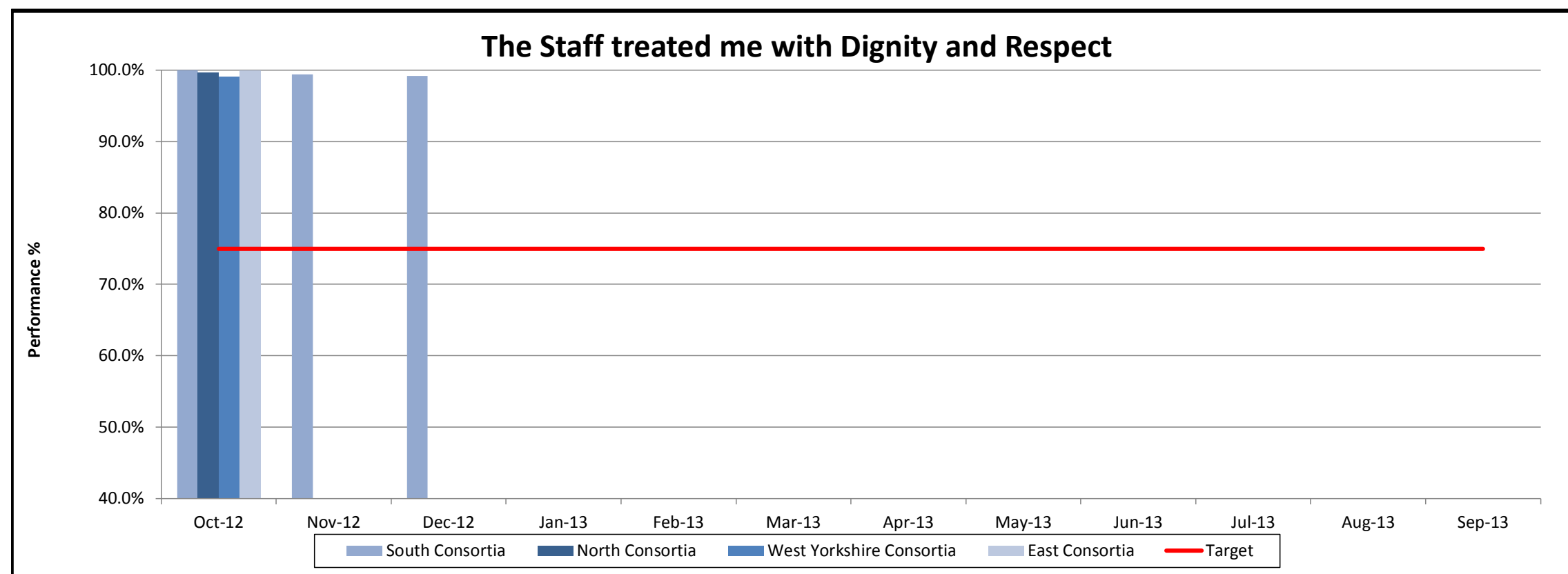
Please note: This will be 1 month in arrears

In November 2012 the rating scale used for this question was changed from 1 to 10 to a descriptive scale (extremely likely, likely, neither likely nor unlikely, unlikely, not at all, don't know)

PTS Patient Experience Survey

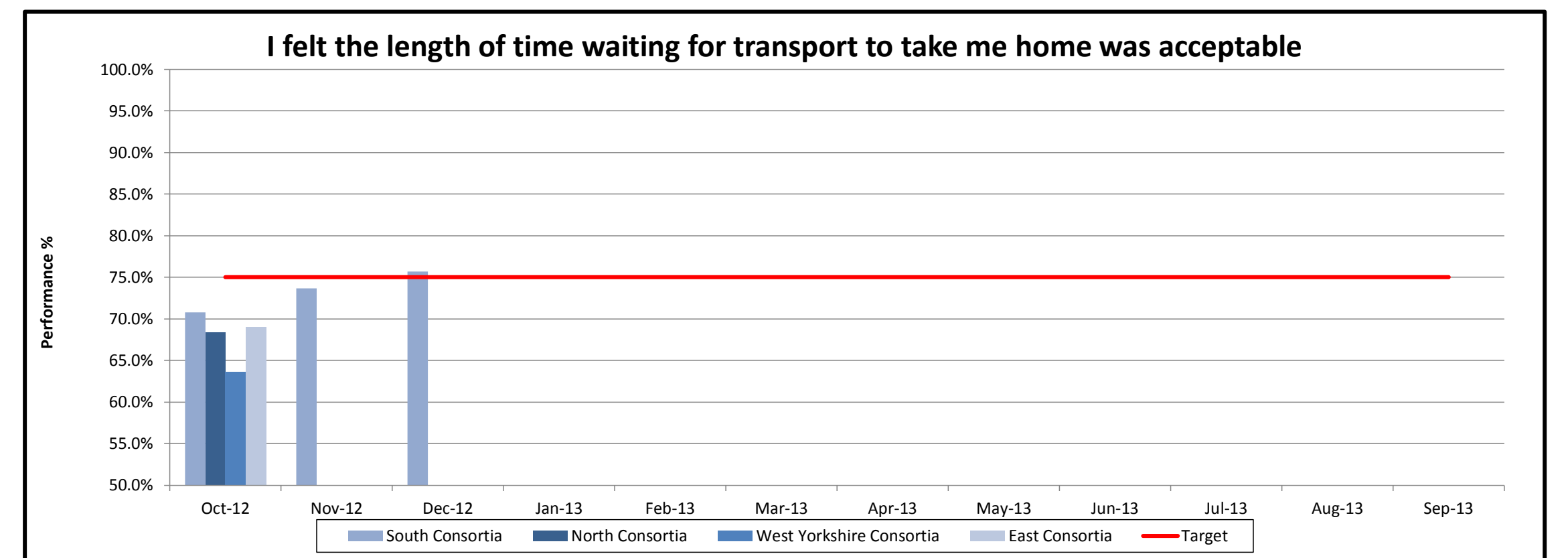
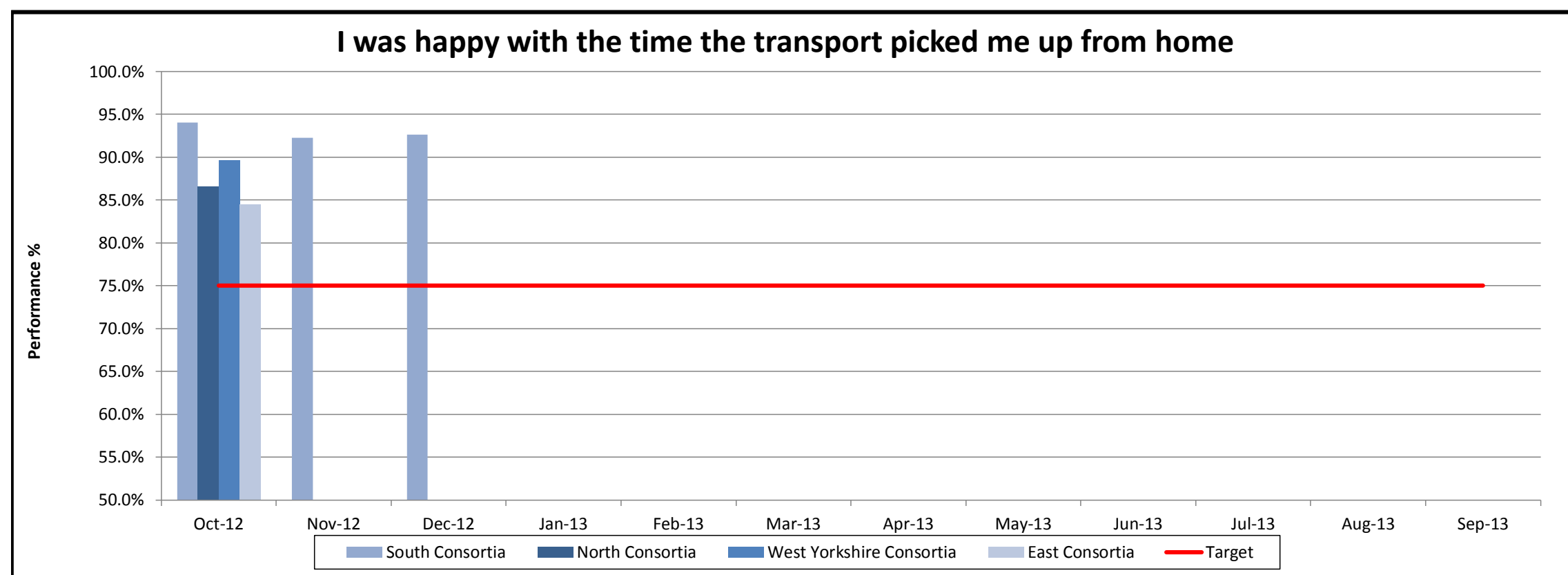
OBJ REF 1.2 : 3

YTD RAG	GREEN
MTD RAG	GREEN



	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
South Consortia	100.0%	99.4%	99.2%									
North Consortia	99.7%	N/A	N/A									
West Yorkshire Consortia	99.1%	N/A	N/A									
East Consortia	100.0%	N/A	N/A									

	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
South Consortia	98.5%	99.4%	99.2%									
North Consortia	95.7%	N/A	N/A									
West Yorkshire Consortia	95.1%	N/A	N/A									
East Consortia	97.7%	N/A	N/A									



	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
South Consortia	94.0%	92.3%	92.6%									
North Consortia	86.6%	N/A	N/A									
West Yorkshire Consortia	89.7%	N/A	N/A									
East Consortia	84.4%	N/A	N/A									

	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
South Consortia	70.8%	73.7%	75.7%									
North Consortia	68.4%	N/A	N/A									
West Yorkshire Consortia	63.6%	N/A	N/A									
East Consortia	69.0%	N/A	N/A									

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	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12		Actions Changes since last Report	
1 Respecting and involving people who use services	Green	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	Yellow	Yellow		The change in RAG relates to the re-Contact rate within 24 hours following treatment and discharge at the scene. The data source is the Ambulance AQIs.	
5 Meeting nutritional needs	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report	
6 Cooperating with other providers	Grey	Red	Red	Red	Yellow	Yellow		The RAG rating has reduced to amber. 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	Yellow	Yellow	Yellow	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	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		No changes since the last report	
10 Safety and suitability of premises	Green	Yellow	Yellow	Yellow	Yellow	Yellow		No changes since the last report	
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	Red	Red	Red	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	Yellow	Yellow	Yellow	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	Yellow	Yellow	Yellow	Yellow	Yellow		No change can be identified in the detailed QRP information.	
18 Records	Green	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 Deloitte 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.

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	15	198
Number of FOI requests due a response in month	22	
Number responded to within 20 days	21	
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	47	466	84%	100%
Police requests	70	814		
Witness Statements / Police Interviews	9	179		
	This Month	Year to Date		
Coroner Requests	14	146		

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

Comments

Data Protection Act (DPA) Requests

Workload remains high and with focus on the statutory 40 day legislative requirement for data protection requests, achievement of the 21 day turnaround KPI has dropped this month. Administration time spent on the Hillsborough legal processes has impacted on the department and there is a current backlog on processing of Notice of Intended Prosecutions. A temporary additional administrator post has been approved by TEG for a three month period.



Section 4

Workforce



Comments on Workforce

Caseloads in respect of disciplinary and grievance matters remained high during December 2012.

Disciplinary & Grievances

1 Disciplinary opened in December 2012

2 Disciplinary closed in December 2012

21 live Disciplinary as of 31 December 2012

8 Grievances opened in December 2012


3 Grievances closed in December 2012

33 live Grievances as of 31 December 2012

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

PDR's

OBJ REF 1.1




YTD RAG	AMBER
MTD RAG	AMBER

Directorate	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Chief Executive	100%	48%	46%	46%	46%	46%	35%	68%	75%	79%	76%	67%
Clinical	96%	89%	83%	89%	93%	100%	86%	79%	71%	87%	97%	97%
Finance & Performance	77%	81%	81%	82%	85%	80%	71%	70%	71%	75%	77%	76%
Operations	62%	69%	81%	79%	78%	77%	77%	77%	80%	79%	78%	72%
Standards & Compliance	68%	71%	80%	65%	61%	65%	66%	63%	62%	79%	68%	65%
Workforce & Strategy	85%	91%	91%	86%	79%	79%	80%	76%	80%	73%	77%	73%
TRUST TOTAL	65%	71%	81%	79%	79%	77%	77%	76%	79%	78%	78%	72%

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	GREEN
MTD RAG	GREEN

Directorate	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Chief Executive	80%	87%	83%	83%	77%	73%	80%	84%	79%	84%	83%	83%
Clinical	93%	90%	90%	93%	93%	97%	100%	100%	100%	100%	97%	97%
Finance & Performance	88%	89%	88%	88%	89%	88%	88%	87%	80%	84%	86%	86%
Operations	88%	88%	88%	88%	89%	89%	90%	91%	85%	87%	89%	89%
Standards & Compliance	89%	90%	90%	92%	92%	92%	91%	92%	83%	85%	85%	87%
Workforce & Strategy	91%	97%	95%	96%	94%	96%	94%	93%	91%	92%	92%	92%
TRUST TOTAL	71%	74%	74%	77%	77%	76%	77%	82%	85%	86%	89%	89%

Please Note: These figures are for 2011 workbooks only

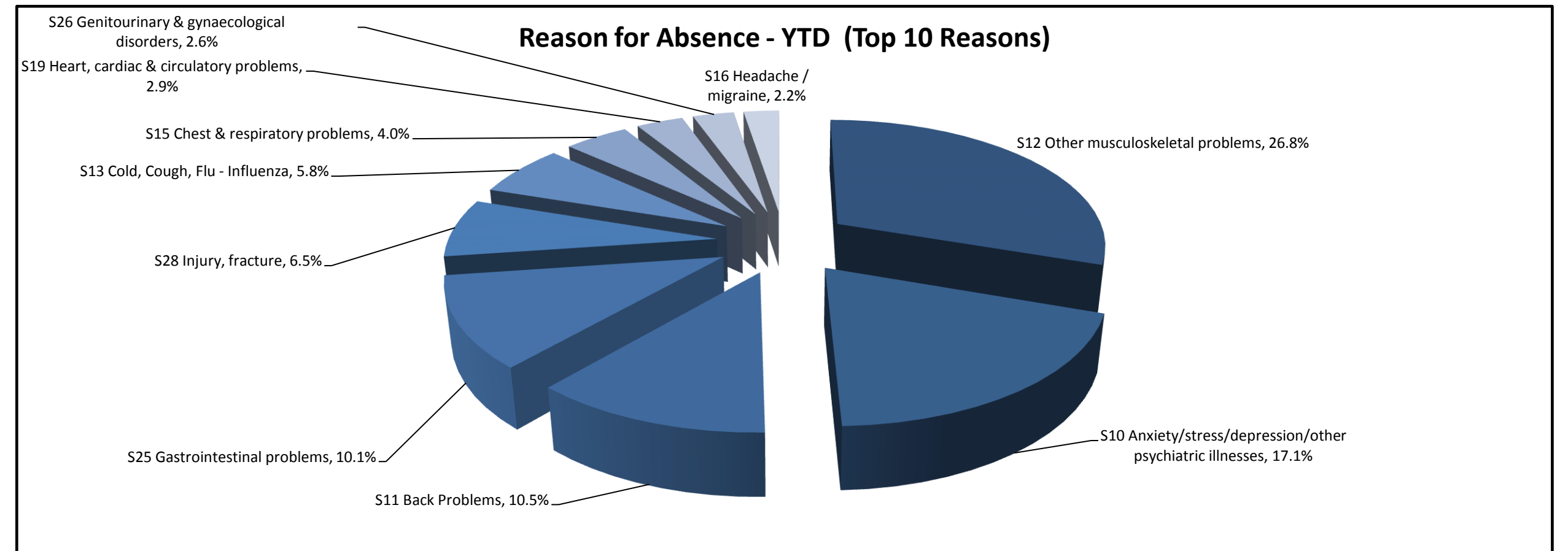
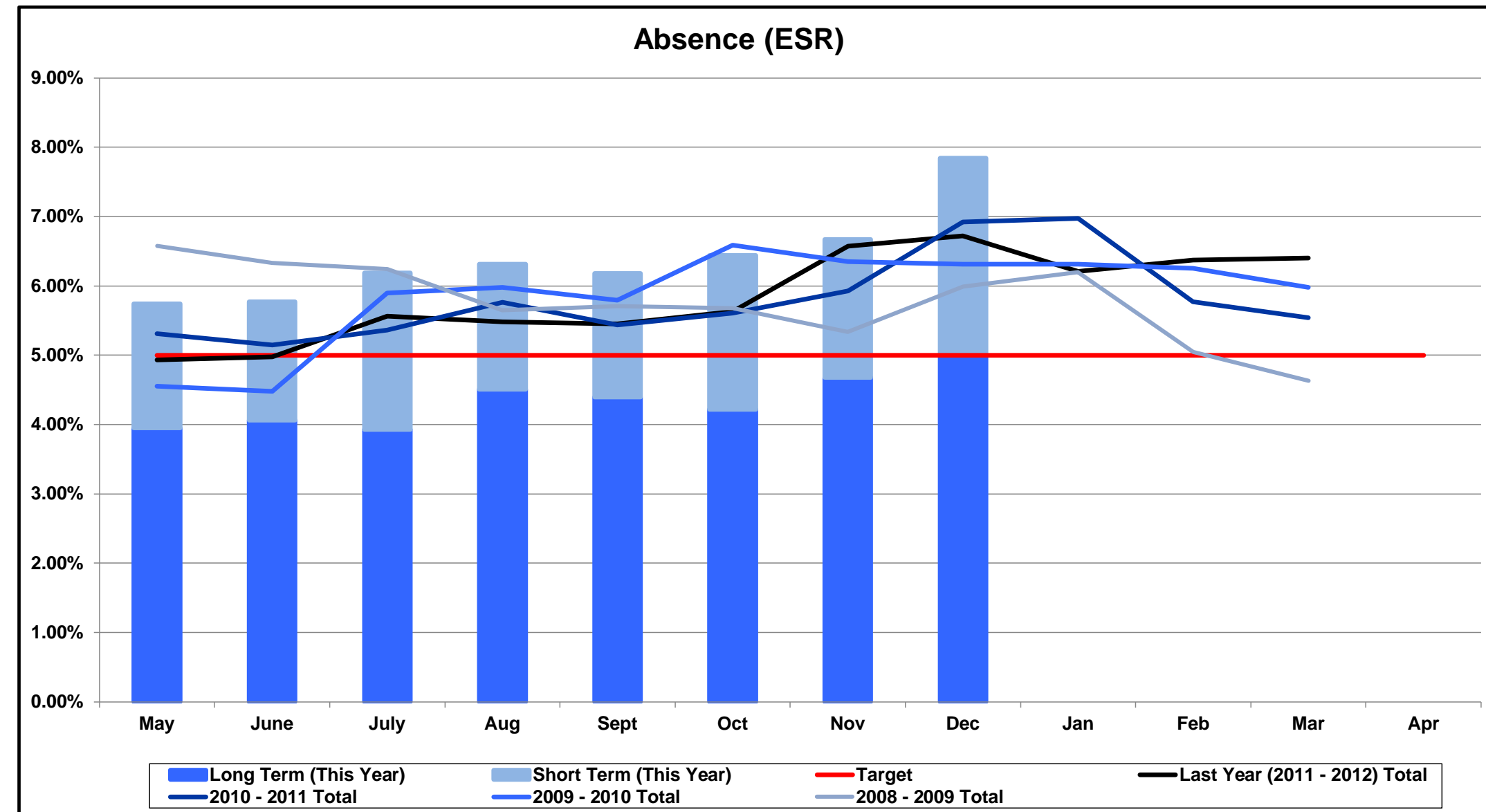
Short/Long Term Absence

OBJ REF 1.1

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

Reason for Absence

OBJ REF 1.1



	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Long Term (This Year)	3.95%	4.06%	3.93%	4.51%	4.40%	4.22%	4.68%	5.00%				
Short Term (This Year)	1.79%	1.71%	2.26%	1.80%	1.78%	2.22%	1.99%	2.84%				
This Year (2012 - 2013) Total	5.74%	5.77%	6.19%	6.31%	6.18%	6.44%	6.67%	7.84%				
Last Year (2011 - 2012) Total	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	5.31%	5.15%	5.36%	5.76%	5.44%	5.61%	5.93%	6.92%	6.97%	5.77%	5.54%	
2009 - 2010 Total	4.55%	4.48%	5.90%	5.98%	5.79%	6.59%	6.35%	6.31%	6.31%	6.25%	5.98%	
2008 - 2009 Total	6.58%	6.33%	6.24%	5.65%	5.71%	5.68%	5.34%	5.99%	6.20%	5.05%	4.63%	

By Directorate 2012 - 2013		May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Chief Executive	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	0.00%	0.40%	0.00%	0.00%	1.09%	0.43%	0.15%	0.00%				
Clinical	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	7.75%	7.36%	6.32%	7.94%	11.38%	9.09%	4.58%	3.71%				
Finance & Performance	Target	3.00%	3.00%	3.00%	3.00%	3.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
	Actual	3.75%	3.04%	5.07%	6.04%	5.71%	6.42%	6.54%	7.27%				
Operations	Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%	5.40%
	Actual	6.04%	6.17%	6.49%	6.45%	6.38%	6.47%	6.85%	8.14%				
Standards & Compliance	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	5.01%	0.51%	0.00%	2.29%	1.63%	6.57%	4.97%	6.33%				
Workforce & Strategy	Target	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual	2.65%	2.14%	1.45%	0.62%	1.77%	2.36%	3.00%	2.06%				

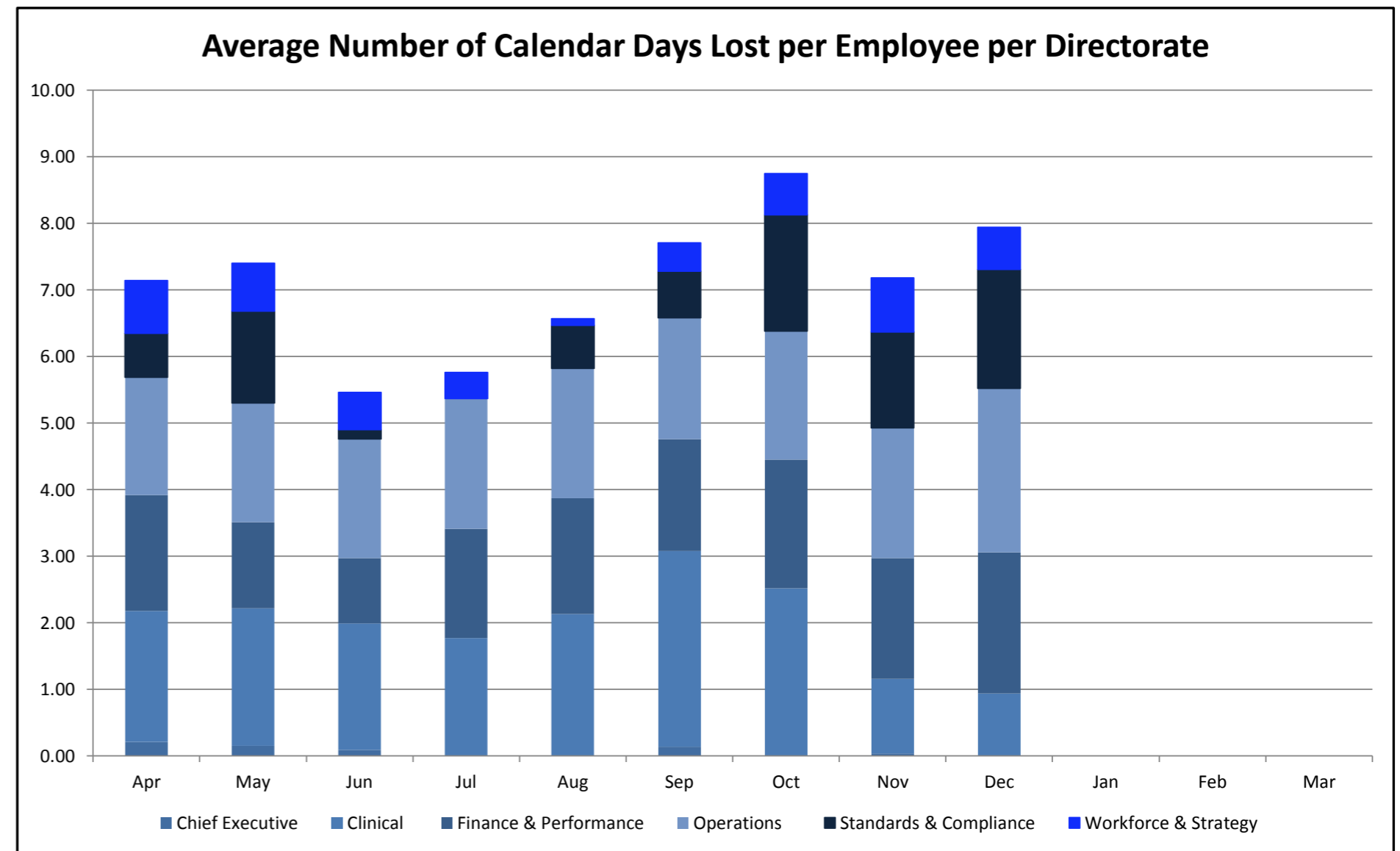
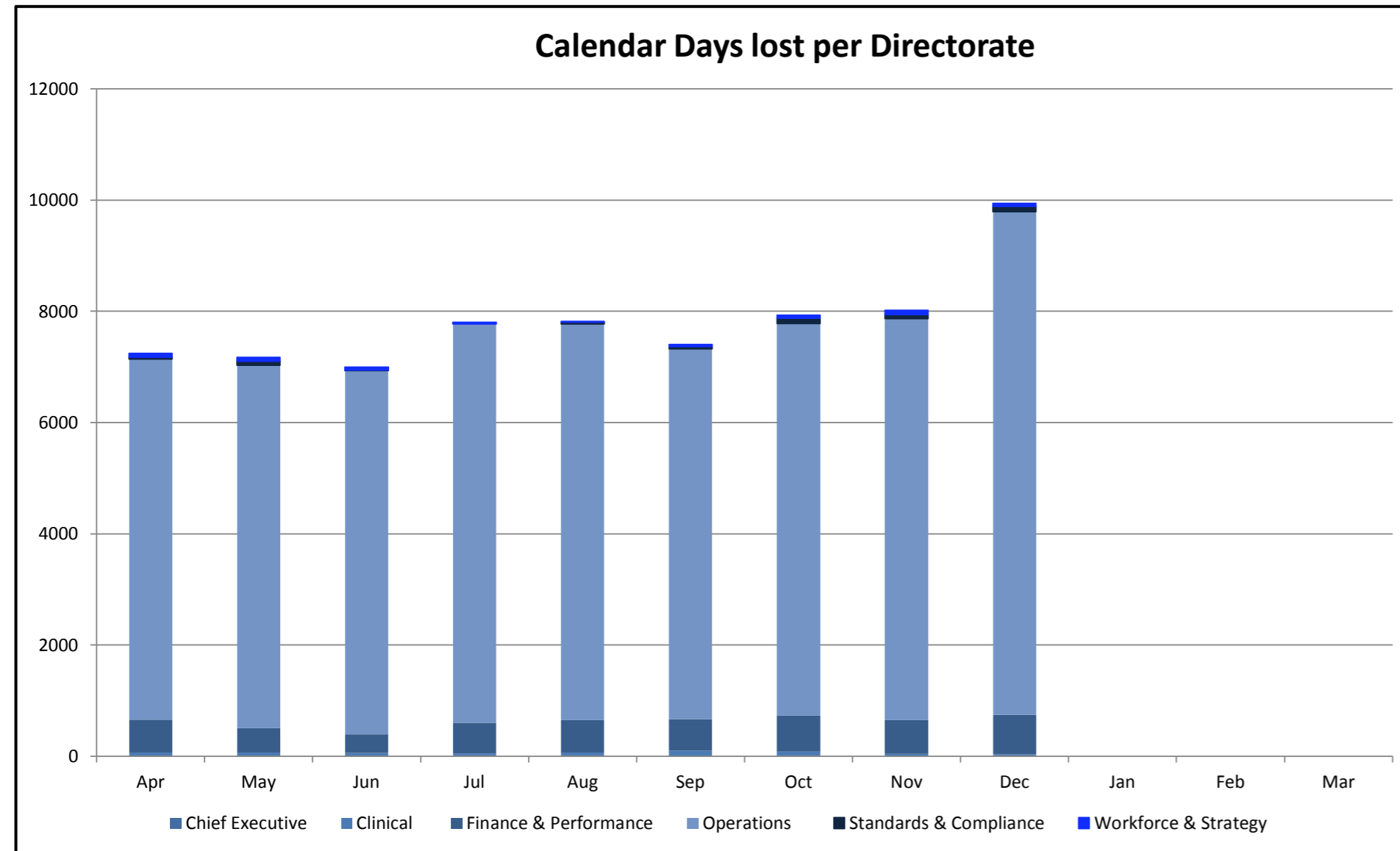
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 12/13
S12 Other musculoskeletal problems	28.0%	28.9%	27.7%	24.9%	26.9%	30.1%	26.1%	25.8%	23.2%				26.8%
S10 Anxiety/stress/depression/other psychiatric illnesses	14.0%	13.9%	15.6%	19.7%	20.8%	19.3%	17.7%	16.5%	16.1%				17.1%
S11 Back Problems	13.4%	10.6%	7.7%	8.1%	9.7%	10.9%	11.1%	13.1%	10.1%				10.5%
S25 Gastrointestinal problems	10.3%	12.2%	12.9%	9.8%	7.4%	6.4%	8.3%	10.7%	12.8%				10.1%
S28 Injury, fracture	5.4%	7.3%	8.6%	6.5%	5.5%	6.5%	6.0%	5.7%	7.0%				6.5%
S13 Cold, Cough, Flu - Influenza	6.4%	5.5%	4.9%	3.9%	3.7%	4.4%	8.2%	7.3%	7.8%				5.8%
S15 Chest & respiratory problems	2.5%	4.0%	3.8%	4.8%	2.6%	3.3%	6.2%	4.3%	4.8%				4.0%
S19 Heart, cardiac & circulatory problems	3.0%	3.4%	3.2%	2.9%	2.9%	2.2%	2.3%	2.6%	4.0%				2.9%
S26 Genitourinary & gynaecological disorders	1.5%	1.9%	2.6%	3.5%	4.9%	3.3%	1.9%	1.3%	2.6%				2.6%
S16 Headache / migraine	2.6%	3.1%	3.0%	3.1%	2.6%	2.0%	1.2%	1.1%	1.6%				2.2%
S21 Ear, nose, throat (ENT)	1.0%	1.8%	2.4%	3.1%	2.2%	2.2%	1.8%	2.2%	1.5%				2.0%
S17 Benign and malignant tumours, cancers	1.0%	1.3%	1.9%	1.4%	2.5%	2.0%	2.3%	1.9%	1.5%				1.8%
S29 Nervous system disorders	0.7%	1.4%	0.9%	1.3%	2.0%	2.2%	2.1%	1.2%	1.0%				1.4%
S27 Infectious diseases	1.0%	1.4%	1.5%	1.2%	1.1%	1.2%	0.9%	1.4%	1.0%				1.2%
S30 Pregnancy related disorders	1.7%	1.2%	1.0%	2.5%	0.6%	0.5%	0.6%	0.3%	0.4%				1.0%
S31 Skin disorders	0.8%	0.2%	0.3%	0.9%	1.9%	1.3%	1.1%	1.7%	1.6%				1.1%
S23 Eye problems	0.6%	0.7%	0.6%	0.7%	1.1%	0.9%	1.0%	1.3%	1.3%				0.9%
S24 Endocrine / glandular problems	0.6%	0.4%	0.5%	0.6%	0.8%	0.7%	0.4%	0.4%	0.2%				0.5%
S22 Dental and oral problems	0.3%	0.5%	0.5%	0.8%	0.3%	0.6%	0.1%	0.3%	0.4%				0.4%
S98 Other known causes - not elsewhere classified	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				0.4%
S18 Blood disorders	0.2%	0.4%	0.5%	0.2%	0.2%	0.3%	0.3%	0.5%	0.7%				0.4%
S99 Unknown causes / Not specified	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				0.2%
S14 Asthma	0.0%	0.0%	0.1%	0.4%	0.1%	0.0%	0.0%	0.2%	0.3%				0.1%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%				0.1%
S32 Substance abuse	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				0.0%

Calendar Days Lost

OBJ REF	1.1
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Average Number of Calendar Days Lost

OBJ REF	1.1
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2012 - 2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Chief Executive	6	5	3	0	0	4	0	1	0			
Clinical	59	62	57	53	66	97	83	38	32			
Finance & Performance	592	437	331	551	587	568	646	609	716			
Operations	6482	6528	6547	7165	7118	6659	7055	7216	9045			
Standards & Compliance	33	69	7	0	34	37	93	78	95			
Workforce & Strategy	77	69	54	38	16	40	58	74	56			
Trust Total	7249	7170	6999	7807	7821	7405	7935	8016	9944			

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	0.04	0.00			
Clinical	1.97	2.07	1.90	1.77	2.13	2.94	2.52	1.12	0.94			
Finance & Performance	1.74	1.29	0.98	1.64	1.74	1.68	1.93	1.81	2.12			
Operations	1.77	1.79	1.79	1.96	1.95	1.82	1.93	1.96	2.46			
Standards & Compliance	0.66	1.38	0.14	0.00	0.65	0.70	1.75	1.44	1.79			
Workforce & Strategy	0.79	0.72	0.56	0.39	0.10	0.43	0.62	0.81	0.63			
Trust Total	1.73	1.71	1.67	1.85	1.86	1.76	1.90	1.90	2.36			

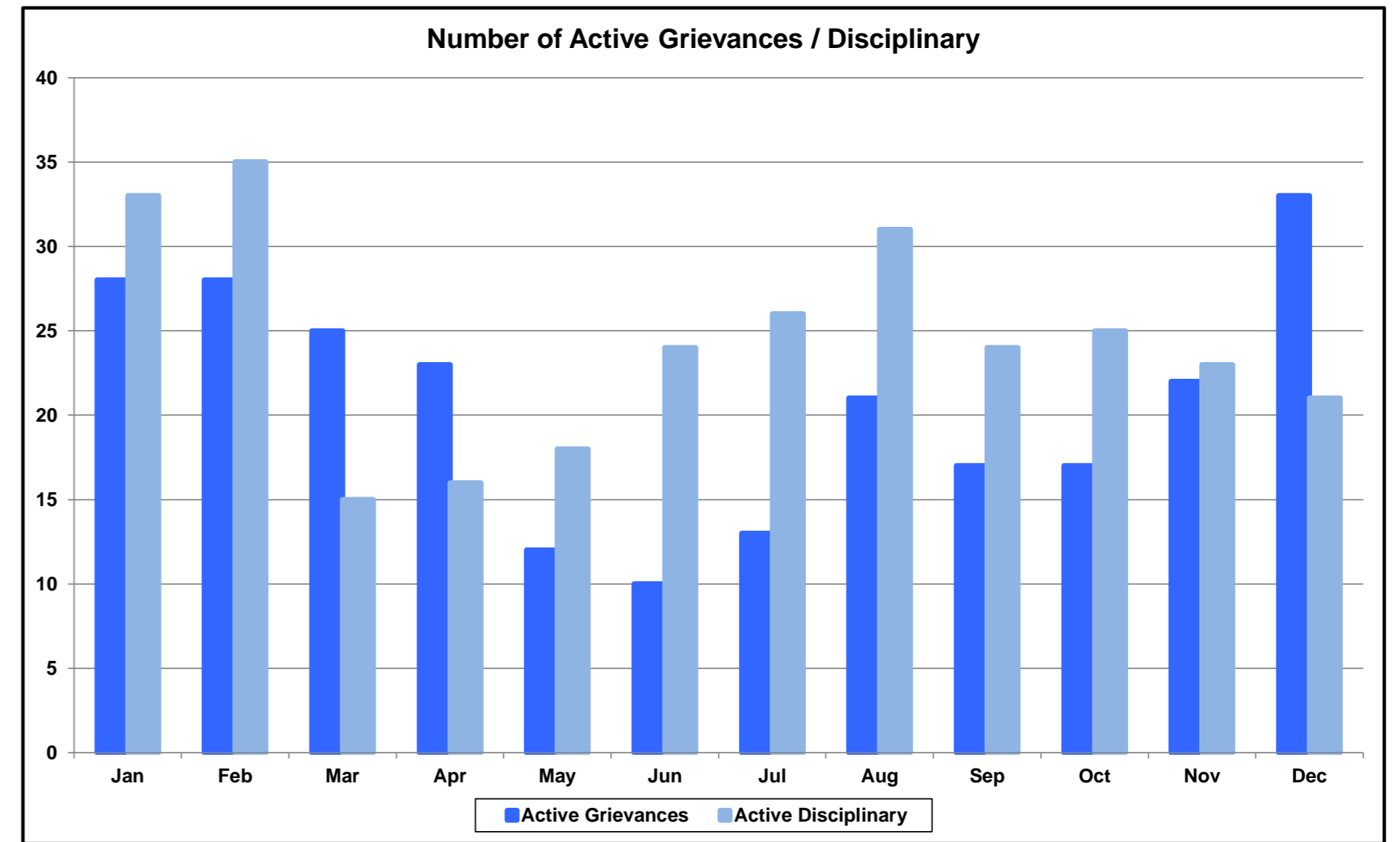
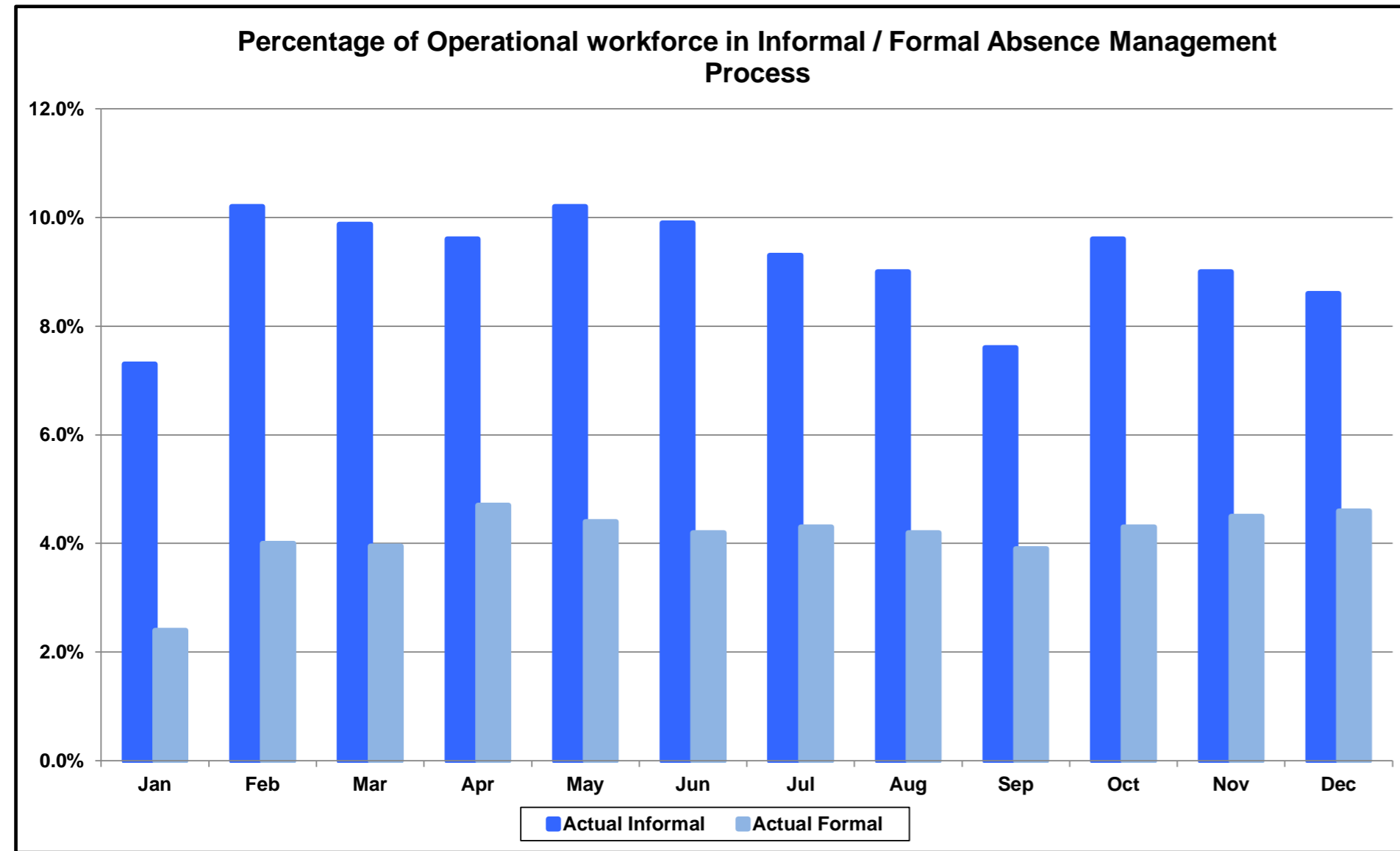
Please Note: For the purpose of the above calculations, these figs do not include voluntary staff

Absence Management Process

OBJ
REF 1.1

Grievances / Disciplinary

OBJ
REF 1.1



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Actual Informal	7.3%	10.2%	9.9%	9.6%	10.2%	9.9%	9.3%	9.0%	7.6%	9.6%	9.0%	8.6%
Actual Formal	2.4%	4.0%	4.0%	4.7%	4.4%	4.2%	4.3%	4.2%	3.9%	4.3%	4.5%	4.6%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Active Grievances	28	28	25	23	12	10	13	21	17	17	22	33
Active Disciplinary	33	35	15	16	18	24	26	31	24	25	23	21

Disciplinary Reasons

OBJ REF 1.1

Actual number of New Cases Opened in Month by Reason													
2012 - 2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Breach of health & safety requirements													0
Breach of confidentiality	1		2										3
Convicted of a criminal offence													0
Damage to property					1								1
Disregard of instructions	1			2	3		1	1					8
Failure to renew professional registration													0
Falsification of records													0
Fraud					1								1
Inappropriate behaviour	2	3		2	1			1					9
Inappropriate use of NHS resources		1											1
Maltreatment of patient/client			1					1					2
Maltreatment of other worker							1						1
Misconduct	1	4		2	1			1					9
Negligence		1		2									3
Other allegation	1	4	5	1	1	1	1		1				15
Theft of money or materials													0
Unsatisfactory attendance - timekeeping	1	3	2		1	1							8
TRUST TOTAL	7	16	10	9	9	2	3	4	1	0	0	0	61

Grievance Reasons

OBJ REF 1.1

Actual number of New Cases Opened in Month by Reason													
2012 - 2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Age													0
Disability													0
Gender													0
Health & Safety													0
Organisational Change	4	1			1			1					7
Other	4	1		1	3	3	1	3	5				21
Other Working Conditions		2	3	1	1	1	1	1					10
Policy & Procedure	4	7	1	5	4			7	3				31
Racial													0
Religion													0
Sexual													0
Sexual Orientation													0
T&Cs: Assimilation													0
T&Cs: Job Evaluation													0
T&Cs: Other	1	2					1						4
T&Cs: Premium Payments													0
Trade Union Duties													0
TRUST TOTAL	13	13	4	7	9	4	3	12	8	0	0	0	73

Actual number of New Cases Opened in Month by Directorate

2012 - 2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0
Clinical													0
Finance & Performance					3	1		1	1				6
Operations	5	16	10	9	6	1	3	3					53
Standards & Compliance													0
Workforce & Strategy	2												2
TRUST TOTAL	7	16	10	9	9	2	3	4	1	0	0	0	61

Actual number of New Cases Opened in Month by Directorate

2012 - 2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0
Clinical													0
Finance & Performance		1							1				2
Operations	13	12	4	7	9	4	3	11	7				70
Standards & Compliance													0
Workforce & Strategy								1					1
TRUST TOTAL	13	13	4	7	9	4	3	12	8	0	0	0	73

Actual percentage of New Cases Opened in Month by Directorate

2012 - 2013	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
Chief Executive													0.0%
Clinical													0.0%
Finance & Performance					33.3%	50.0%		25.0%	100.0%				9.8%
Operations	71.4%	100.0%	100.0%	100.0%	66.7%	50.0%	100.0%	75.0%					86.9%
Standards & Compliance													0.0%
Workforce & Strategy	28.6%												3.3%

Actual percentage of New Cases Opened in Month by Directorate

2012 - 2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Chief Executive													0.0%
Clinical													0.0%
Finance & Performance		7.7%							12.5%				2.7%
Operations	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	87.5%				95.9%
Standards & Compliance													0.0%
Workforce & Strategy								8.3%					1.4%

Workforce Statistics - Gender

OBJ	N/A
REF	

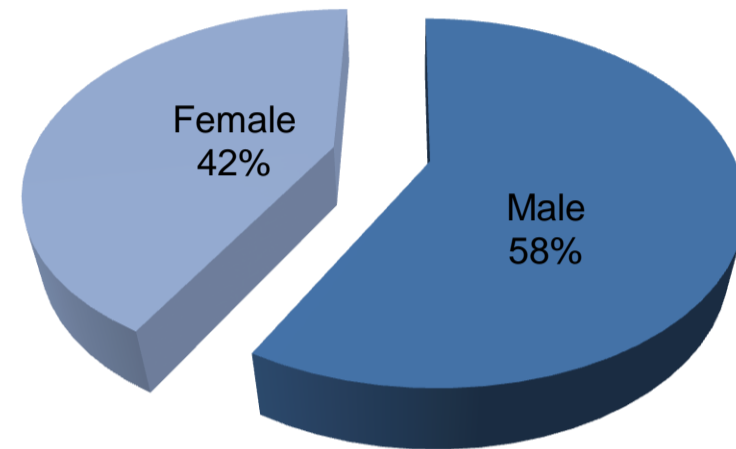
RAG	N/A
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Workforce Statistics - Disability

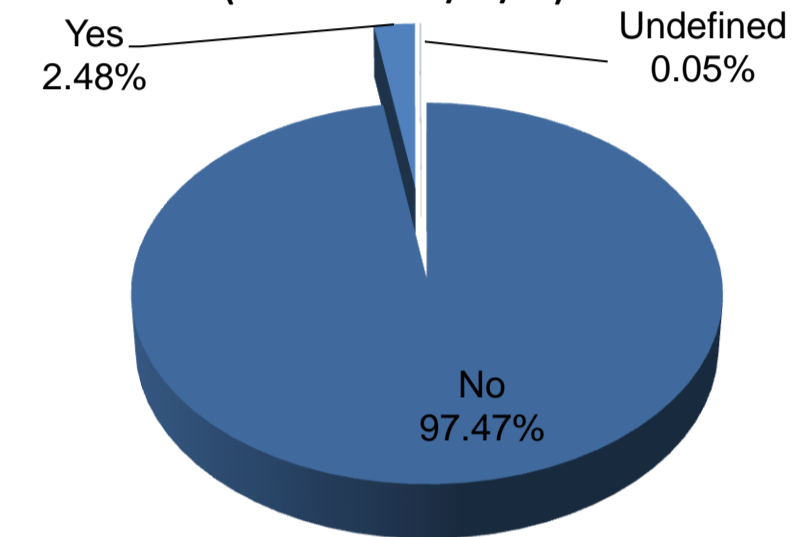
OBJ	N/A
REF	

RAG	N/A
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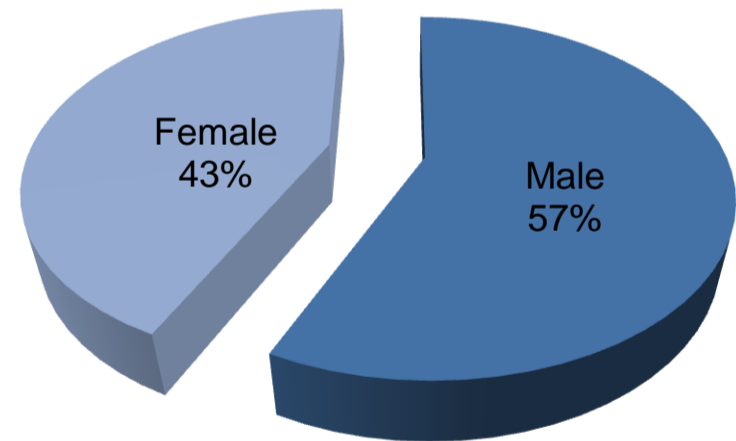
Gender
Qtr 2 2012/13
(position at 30/09/12)



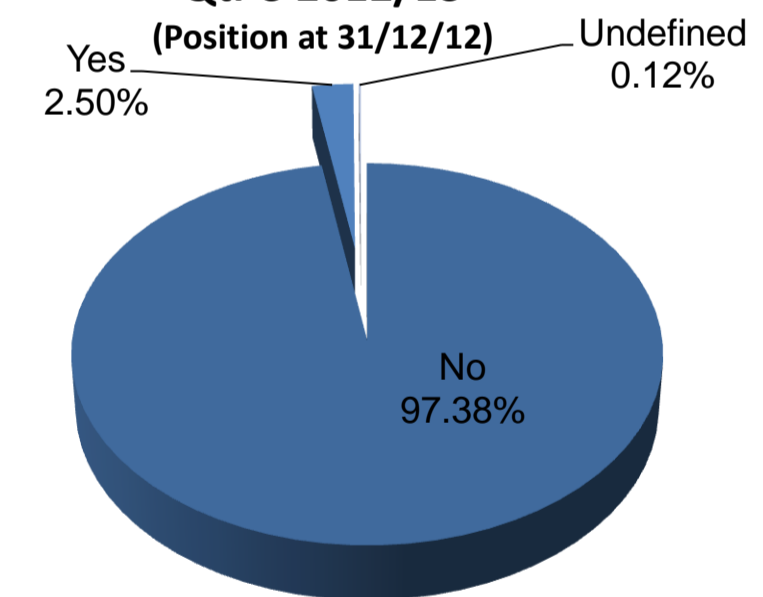
Disability
Qtr 2 2012/13
(Position at 30/09/12)



Gender
Qtr 3 2012/13
(position at 31/12/12)



Disability
Qtr 3 2012/13
(Position at 31/12/12)



Workforce Statistics - Ethnic Origin

Ethnic Origin	Quarter 2 2012/2013		Quarter 3 2012/2013	
	Count	Percentage	Count	Percentage
White - British	4120	95.53%	4119	95.48%
White - Irish	15	0.35%	15	0.35%
White - Other	29	0.67%	29	0.67%
White - Scottish	1	0.02%	1	0.02%
White - Italian	0	0.00%	1	0.02%
White - Polish	2	0.05%	3	0.07%
White - Mixed	3	0.07%	3	0.07%
White - Other European	1	0.02%	1	0.02%
Mixed - White and Black Carribean	10	0.23%	10	0.23%
Mixed - White and Black African	2	0.05%	2	0.05%
Mixed - White and Asian	1	0.02%	1	0.02%
Mixed - Any Other Mixed Background	6	0.14%	5	0.12%
Asian or Asian British - Indian	17	0.39%	18	0.42%
Asian or Asian British - Pakistani	59	1.37%	61	1.41%
Asian or Asian British - Bangladeshi	1	0.02%	1	0.02%
Asian or Asian British - Any Other Asian Background	3	0.07%	3	0.07%
Asian British	3	0.07%	3	0.07%
Black or Black British - Carribean	10	0.23%	10	0.23%
Black or Black British - African	4	0.09%	4	0.09%
Black or Black British - Any Other Black Background	2	0.05%	2	0.05%
Chinese	3	0.07%	3	0.07%
Any Other Ethnic Group	20	0.46%	19	0.44%
Undefined	1	0.02%	0	0.00%
Total	4313		4314	



Section 5

Finance



	Reference
EBITDA	
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the year to 31 December 2012 was £10.007m (6.6%) 	5.4
<ul style="list-style-type: none"> This is below the YTD plan of £10.140m (6.7%) due to incidence of business transformation costs and use of private providers 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has delivered a surplus as at 31 December 2012 of £1.556m against a budgeted surplus of £1.578m 	5.4
<ul style="list-style-type: none"> The Trust had a planned surplus of £1.660m for the year to date on the revised FIMS plan to the SHA and has a full year planned surplus of £1,975k 	
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £12.5m at the end of December 2012 against a plan of £10.8m. 	5.8 / 5.11
<ul style="list-style-type: none"> The Monitor Risk Rating for liquidity is 34 days against a plan of 27 days, and remains a strong 4 rating. 	5.2
MONITOR RISK RATING	
<ul style="list-style-type: none"> The Trust's financial risk rating for the month has remained a 4. A rating of 5 for the Net Return after Financing rating has improved the position beyond the plan. 	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
<ul style="list-style-type: none"> December has seen a slippage of CIP schemes against plan of £401k. Reserve schemes are being identified to meet the shortfall. 	

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

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

Overall the Trust is achieving a rating of 4.
 The Net Return after Financing is well above the annual target and achieves a rating of 5 against an annual target of 4.
 The liquidity days have improved further to 33.7 days as a result of the cash position being higher than last month and much higher than the planned year end target.
 The Financial Triggers are all green and no risks are present.

Financial Criteria	Metric	Year to Dec 12	Rating	Weight	Weighted Score	Actual Statistic	Comments	Calculation
Underlying Performance	EBITDA Margin	Annual Target	3	25%	0.75	6.8%	Slightly below target still a rating of 3	Measures income before interest, taxes, depreciation and amortisation as a percentage of total income.
		YTD Target	3	25%	0.75	6.7%		
		Actual YTD	3	25%	0.75	6.6%		
Achievement of Plan	EBITDA Achieved	Annual Target	4	10%	0.4	96.1%	Above target	Compares the value of EBITDA achieved in comparison to planned EBITDA.
		Annual Forecast	4	10%	0.4	98.8%		
		Actual YTD	4	10%	0.4	98.7%		
Financial Efficiency	Net Return after Financing	Annual Target	4	20%	0.8	2.7%	target being overachieved 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.
		YTD Target	5	20%	1	3.1%		
		Actual YTD	5	20%	1	3.1%		
	I&E Surplus Margin net of dividend	Annual Target	3	20%	0.6	1.0%	target being exceeded	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income.
		YTD Target	3	20%	0.6	1.0%		
		Actual YTD	3	20%	0.6	1.0%		
Liquidity Ratio	Liquidity Ratio (Days)	Annual Target	4	25%	1	27	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.
		YTD Target	4	25%	1	28		
		Actual YTD	4	25%	1	33.7		
Risk Rating	Risk Rating Year to Date	Annual Target			3.55		Above Target	
		YTD Target			3.75			
		Actual YTD			3.75			

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	N/A	N/A	No	
Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	No	No	No	No	No	No	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	No	No	Currently 1%
Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No	No	No	Currently 1%
Two or more changes in Finance Director in a twelve month period	No	No	No	No	No	No	No	
Interim Finance Director in place over more than one quarter end	No	No	No	No	No	No	No	
Quarter end cash balance <10 days of operating expenses	Yes	No	No	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	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
		Net Return after financing ** (%)	>3	2	-0.5	-5	<-5
Financial efficiency	20	I&E surplus margin net of dividend	3	2	1	-2	<-2
		Liquidity 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	265	265
Operating expenses per day (£000)	£532	£533

INCOME**Income is £180k under plan (see 5.4) due to:-**

- A&E activity is 3.4% above contract for the nine months ending December against a forecast of 3%. There has been an under trade for the month of December with activity below 2011/12 by 442 calls. The refund to Commissioners for December is £76k bringing the net overtrade income to £2,896k.
- December saw a drop in performance to 68.2% against a target of 75%. Under the terms of the A&E contract a penalty is payable to the value of £287k, however, there are reasonable grounds to assume that this position will be recovered at the end of March and any performance penalty will be refunded. This is reflected in the cash position but not in I&E terms.
- Provision has been made against non achievement of A&E CQUINs targets 2 (non conveyance), this equates to £117k at the end of December.
- A&E Extra Contractual Referrals (ECRs) have further benefited year to date income by £119k, however a provision of £31k has been applied following contention from three PCTs.
- PTS income is behind plan by £134k as explained in previous months and includes contract penalties of £10k. PTS ECRs are presently behind plan by £30k.
- Other income includes sums of £58k for staff on external secondments which are over and above plan; £68k for extended contracts and additional GPOOH activity and one-off income streams primarily relating to Education & training activities of £187k. Project funds relating to HART estates and A&E Patient Handover Portal improve the year to date position by a further £290k.

EXPENDITURE**Pay expenditure is £476k below plan (see 5.6) due to:-**

- £366k overspend on operations pay (excluding PTS) compared with an underspend last month of £84k.
 - A&E CBUs are over spent by £482k as a result of overtime spend not covered by overtrade income.
 - Operations management is over spent by £167k as a result of the seconded Senior Transformation Lead (focussing on PTS); the newly appointed Associate Director of Operations for PTS and overtime costs from other Directorates in the delivery of A&E services
 - Emergency Operations Centre is under spent by £36k .
 - Vacancies exist on ECP, Resource Team and Air Ambulance resulting in under spends (£161k) which reduce the net over spend position for the directorate.
 - Other Operations areas such as HART are over spending on pay but these costs are off set either by income or non pay under spends.
 - GPOOH is £41k over spent due to overtime and agency costs in support of NHS Pathways implementation for 111.
- A £270k overspend exists on pay budgets in connection with the 111 service (Standards & Compliance Directorate) relating to seconded staff and advance training on pathways however nonpay is under spending generating a net overspend of £12k at the end of December. Other Standards & Compliance Directorate pay budgets are underspent by £63k.
- £587k underspend on PTS pay is as a result of vacancies against establishment. Additional non pay expenses have been incurred to cover these vacancies particularly in the outsourcing of the Mid Yorkshire Dedicated Discharge Service. This is compared with a pay underspend of £514k last month
- £117k underspend on Fleet pay is as a result of unfilled vacancies and the application of additional resource relating to A&E demand across the year.
- £82k and £109k underspend on Workforce and Clinical directorates respectively is as a result of vacant posts.

Non pay expenditure is £677k above plan :-

- £471k overspend in A&E non pay is largely due to travel and subsistence payments. Budgets were set with the expectation that the CIP on subsistence and AVP would be addressed. Unless the payments are stopped the over spend will continue and this is included in the forecast year end position.
- Private providers were used to support deliver of A&E services in December amounting to £100k.
- £1,176k overspend in PTS non-pay is due to the continued high usage of sub-contractors. This is compared with an overspend last month of £1,033k. The majority of the overspend is in the South (£378k) and Hull & East (£553k). Subcontractor costs of £298k have been incurred for Mid Yorkshire in delivery of the Dedicated Discharge service, these are largely offset by under spends on pay resulting in a net position to date of a £26k overspend.
- PTS management representatives and Unipart have met with the Trust Executive Group to discuss the continuing overspend in PTS which is currently forecast to be £1.2m 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 £726k over spent.
- The Finance directorate under spend stands at £178k mainly as a result of under spends on travel and consultancy fees. Capital additions have been brought up-to-date at month 9 with the impact being reflected in depreciation charges.
- £798k underspend on Estates non-pay compared to an underspend of £236k last month is due to provisions released as deemed to be surplus to requirements; these relate to rent (£196k) and minor works (£353k).
- £563k overspend on Fleet non pay year to date compared with an overspend last month of £414k is largely due to medical and surgical equipment (MSSE) and vehicle maintenance costs which remain high. MSSE increased significantly during 11/12 following CQC inspection. 12/13 expenditure continues in line with this change. Year to date expenditure on tyres is around £200k higher than anticipated, fuel has incurred an adverse swing by £115k in month and charges from Fleet Factors remain high. Data is awaited from Fleet to separate maintenance costs between volume and price variances and establish if any reimbursements are due to the Trust.
- £258k under spend on Standards & Compliance relates to the application of resources to 111 as detailed in Pay above.
- £144k overspend on Chief Executive non pay includes expenditure on external consultancy costs in relation to Foundation Trust application.

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £10.007m for the year to 31 December 12, which is below plan (£10.140m)
- The Trust's EBITDA return of 6.6% is below plan for the year to date (6.7%). EBITDA is below plan by £133k and this is offset by slightly reduced depreciation of £8k; interest received of £20k; profit on disposal of £44k and dividend payable of £41k.
- The under achievement essentially arises from the incidence in costs on business transformation and the use of private providers.

Yorkshire Ambulance Service - Statement of Comprehensive Income

December 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	13,000	13,259	-259	122,630	122,373	257	162,529	165,066	-2,537
Patient Transport Service	2,235	2,154	81	20,325	20,191	134	27,160	26,691	469
Other Income	829	1,274	-445	8,095	8,666	-570	11,230	12,919	-1,690
Operating Income	16,064	16,687	-623	151,051	151,230	-180	200,919	204,677	-3,758
Pay Expenditure & reserves	-11,675	-12,094	419	-109,030	-108,554	-476	-144,989	-146,543	1,554
Non-Pay expenditure & reserves	-3,397	-3,332	-65	-31,881	-32,669	788	-42,242	-44,603	2,361
Operating Expenditure	-15,072	-15,426	355	-140,911	-141,223	312	-187,230	-191,146	3,915
EBITDA	992	1,261	-268	10,140	10,007	133	13,688	13,531	157
EBITDA %	6.2%	7.6%		6.7%	6.6%		6.8%	6.6%	
Depreciation	-765	-1,047	282	-6,688	-6,681	-8	-9,247	-9,102	-145
Interest payable & finance costs	-10	-10	0	-186	-188	1	-217	-217	0
Interest receivable	2	3	-1	20	40	-20	27	54	-27
Profit on fixed asset disposal	0	-38	38	0	44	-44	0	44	-44
Dividends, interest and other	-190	-185	-5	-1,707	-1,667	-41	-2,276	-2,222	-54
Retained Surplus	30	-16	46	1,578	1,556	22	1,975	2,087	-86
I&E Surplus %	0.2%	-0.1%		1.0%	1.0%		1.0%	1.0%	

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

A&E CONTRACT - Responses	Quarter 1					Quarter 2					Quarter 3					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%	419	23,144	23,418	274	1.2%	59	65,909	68,817	2,908	4.4%	683
EAST RIDING OF YORKSHIRE PCT	9,753	9,932	179	1.8%	35	9,759	10,385	626	6.4%	125	10,559	10,642	83	0.8%	16	30,071	30,959	888	3.0%	176
HULL PCT	10,784	10,709	-75	-0.7%	-11	10,793	11,114	321	3.0%	37	11,677	11,548	-129	-1.1%	-20	33,254	33,371	117	0.4%	6
BRADFORD AND AIRESDALE PCT	17,287	18,087	800	4.6%	133	17,302	17,813	511	3.0%	78	18,718	19,067	349	1.9%	58	53,307	54,967	1,660	3.1%	269
CALDERDALE PCT	6,743	7,090	347	5.1%	62	6,746	7,165	419	6.2%	65	7,300	7,456	156	2.1%	28	20,789	21,711	922	4.4%	156
KIRKLEES PCT	12,405	12,848	443	3.6%	91	12,419	12,849	430	3.5%	74	13,435	13,692	257	1.9%	53	38,259	39,389	1,130	3.0%	218
WAKEFIELD DISTRICT PCT	11,371	12,093	722	6.3%	117	11,381	11,810	429	3.8%	96	12,313	12,659	346	2.8%	56	35,065	36,562	1,497	4.3%	269
LEEDS PCT	25,580	26,636	1,056	4.1%	179	25,602	26,356	754	2.9%	116	27,702	28,463	761	2.7%	129	78,884	81,455	2,571	3.3%	424
BARNSLEY PCT	7,245	7,561	316	4.4%	48	7,249	7,708	459	6.3%	83	7,842	8,032	190	2.4%	29	22,336	23,301	965	4.3%	160
DONCASTER PCT	10,512	10,817	305	2.9%	41	10,523	10,850	327	3.1%	38	11,384	11,484	100	0.9%	13	32,419	33,151	732	2.3%	91
ROTHERHAM PCT	8,084	8,255	171	2.1%	23	8,086	8,519	433	5.4%	56	8,755	8,890	135	1.5%	18	24,925	25,664	739	3.0%	97
SHEFFIELD PCT	17,733	19,230	1,497	8.4%	228	17,747	18,342	595	3.4%	69	19,201	19,528	327	1.7%	50	54,681	57,100	2,419	4.4%	347
TOTAL	158,871	165,581	6,710	4.2%	1,151	158,998	165,987	6,989	4.4%	1,256	172,030	174,878	2,848	1.7%	489	489,899	506,446	16,547	3.4%	2,896

Yorkshire Ambulance Service - Income and Expenditure Forecast

December 2012

Budget Name	Budget manpower current month WTE	Actual manpower current month WTE	Current month over/ (under) WTE	Budget current month £	Actual current month £	Variance month Over/ (under) spend £	Budget YTD £	Actual Income / Expenditure YTD £	Variance YTD Over/(under) spend £	Revised Annual Budget £	Forecast Year-end Income / Expenditure £
Income				16,063,799	16,687,135	-623,336	151,050,650	151,230,217	-179,567	200,918,732	204,676,579
Pay											
A&E Operations	2,719.83	2,803.96	84.13	-8,671,123	-9,121,082	449,959	-81,705,668	-82,071,636	365,968	-107,749,411	-109,191,915
PTS Operations	816.42	755.00	-61.42	-1,495,515	-1,422,718	-72,797	-13,374,343	-12,787,377	-586,966	-17,860,872	-17,032,421
Finance	46.24	41.93	-4.31	-142,557	-135,531	-7,026	-1,288,745	-1,245,610	-43,135	-1,716,415	-1,794,173
Estates	45.39	40.56	-4.83	-93,774	-99,192	5,418	-819,990	-861,314	41,324	-1,101,328	-1,130,446
Fleet	176.74	160.60	-16.14	-409,773	-397,385	-12,388	-3,834,513	-3,716,865	-117,648	-5,074,326	-4,912,561
IM&T	39.10	35.14	-3.96	-114,853	-123,285	8,432	-1,033,676	-1,081,165	47,489	-1,378,225	-1,457,668
Procurement	21.33	20.63	-0.70	-46,008	-44,705	-1,303	-415,069	-396,846	-18,223	-553,107	-529,667
Standards & Compliance	60.98	55.27	-5.71	-194,392	-192,559	-1,833	-1,742,783	-1,680,009	-62,774	-2,320,446	-2,251,047
111	0.00	27.53	27.53	0	-73,367	73,367	-7,479	-277,818	270,339	-7,479	-1,165,746
Workforce & Strategy	99.08	90.12	-8.96	-295,994	-282,392	-13,602	-2,725,667	-2,643,989	-81,678	-3,601,380	-3,480,756
Clinical Directorate	31.92	29.70	-2.22	-124,313	-117,974	-6,339	-1,164,434	-1,055,565	-108,869	-1,535,232	-1,401,062
Chief Executive	16.80	11.80	-5.00	-86,253	-83,764	-2,489	-776,275	-736,208	-40,067	-1,035,020	-1,016,115
Reserves				0	0	0	-141,604	0	-141,604	-1,055,506	-1,179,000
Total Pay	4,073.83	4,072.24	-1.59	-11,674,555	-12,093,954	419,399	-109,030,246	-108,554,402	-475,844	-144,988,747	-146,542,577
Non Pay											
A&E Operations				-192,429	-343,452	151,023	-1,943,555	-2,414,986	471,431	-2,772,741	-3,475,258
PTS Operations				-137,430	-280,703	143,273	-1,320,205	-2,496,781	1,176,576	-1,764,131	-3,318,459
Finance				-1,049,719	-1,327,929	278,210	-9,955,536	-9,777,845	-177,691	-13,574,885	-13,377,501
Estates				-429,253	133,239	-562,492	-4,280,053	-3,481,639	-798,414	-5,593,985	-5,144,348
Fleet				-1,518,013	-1,667,061	149,048	-14,335,483	-14,899,044	563,561	-18,907,839	-19,861,934
IM&T				-313,995	-262,925	-51,070	-2,882,540	-2,759,399	-123,141	-3,974,508	-3,829,198
Procurement				-255,533	-198,997	-56,536	-2,417,650	-2,254,314	-163,336	-3,188,109	-3,034,656
Standards & Compliance				-280,309	-318,392	38,083	-1,447,430	-1,458,165	10,735	-1,613,242	-1,888,011
111				0	-34,278	34,278	-349,444	-91,203	-258,241	-367,120	-214,518
Workforce & Strategy				-121,889	-153,191	31,302	-1,020,399	-967,474	-52,925	-1,470,658	-1,281,538
Clinical Directorate				-6,124	-21,416	15,292	-55,112	-53,564	-1,548	-150,406	-126,460
Chief Executive				-26,005	-50,723	24,718	-237,343	-381,846	144,503	-315,340	-454,627
Reserves				-28,709	-83,186	54,477	-197,418	-83,185	-114,233	-262,021	-40,401
Total Non Pay				-4,359,408	-4,609,014	249,606	-40,442,168	-41,119,445	677,277	-53,954,985	-56,046,909
Total Expenditure	4,073.83	4,072.24	-1.59	-16,033,963	-16,702,968	669,005	-149,472,414	-149,673,847	201,433	-198,943,732	-202,589,486
Surplus/(Deficit)				29,836	-15,833	45,669	1,578,236	1,556,370	21,866	1,975,000	2,087,093

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 December is a contribution towards targets of the £6.76m, which is behind plan by £402k.
 - 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 Varaince
Planned savings	£000	£000	£000	£000
Accident & Emergency	5,997	4,128	3,814	-314
Patient Transport Service	319	217	128	-89
Finance	2,867	1,988	2,440	452
Workforce & Strategy	238	175	184	9
Standards and Compliance	178	121	97	-24
Chief Executive	40	40	40	0
Clinical	0	0	0	0
Trust Wide	676	494	58	-436
Total	10,315	7,163	6,761	-402

	Original plan	Existing forecast	Revised forecast	YTD Plan	YTD Actual
	£000	£000	£000	£000	£000
Reserve schemes					
New schemes					
Vacate Distington House	0	0	344	0	258
Contract review:	0	0	54	0	40
Review of radio comms costs	0	0	145	0	120
Postage & carriage	0	0	30	0	23
Extended schemes					
Drugs	40	40	180	25	130
Energy	34	50	138	31	114
Training	210	210	259	155	169
Printing	20	30	60	18	43
Total	304	330	1,210	229	897

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			£1,437k	£975k
PBW	Remove missed meal break payments	DW	£688k	£689k	£689k		£684k	£197k
PBW	Clinical leadership	PM	£1.24m	£619k			£600k	£1,254k
PBW	Increase in clinical hub triage	DW	£505k	£1.41m	£1.26m		£577k	£657k
SM	Effective sickness management	GJ	606K	202k			440k	£27k
RB	Purchase Springhill	MS	£610k	£97k			£262k	£394k
	Total Value		6.16m					

SUMMARY

- The Land, Buildings & Equipment position is £4m below plan as the delays in incurring expenditure have impacted on the capitalisation of the assets (see capital summary across).
- The cash is £1.7m above plan due to the delays in payments on the capital programme.
- The creditors under one year are £1.2m below plan as the capital creditors anticipated at this stage of the year are lower than planned.
- Borrowing year to date is less than planned as the cost of purchasing the Springhill Headquarters building was less than planned (see capital summary)

CAPITAL SUMMARY

- Spend year to date is £9.7m against a plan of £12.4m. In addition there are commitments of £2.3m giving a net under spend year to date of £0.4m. The capital programme is scheduled to fully delivery by the end of the financial year.
- The Estates and IM&T programmes are progressing on plan and the 111 project has been delivered ahead of schedule.
- The Headquarters scheme was completed £1.1m under the original plan. Borrowings associated with this purchase reduced accordingly (see statement of Financial Position opposite) and no additional funds were released as a result of this.
- The medical equipment budget is slightly under spent, the defibrillator replacement scheme of £1.2m is largely delivered and awaits payment, hence the £1.1m committed figure against this scheme.
- The A&E vehicle scheme was scheduled for completion in December this scheme is delayed however conversion slots are scheduled in January and this scheme will deliver by the end of the financial year.
- Discussions are still ongoing regarding Commissioner support for ECS and this has now slipped to 2013/14

Statement of Financial Position

	Plan at 31/12/2012 £000	Actual at 31/12/2012 £000	Variance £000
Land, Buildings and equipment	76,949	72,941	-4,008
Trade and other receivables (>1 yr)	1,851	1,688	-163
Non-Current assets	78,800	74,629	-4,171
Stocks, Trade and other receivables (<1 yr)	8,791	8,785	-6
Cash and cash equivalents	10,789	12,507	1,718
Current assets	19,580	21,292	1,712
Creditors (< 1yr)	-14,024	-12,902	1,122
Provisions & Deferred Income(<1 yr)	-2,833	-2,769	64
Current Liabilities	-16,857	-15,671	1,186
Provisions (>1 yr)	-5,339	-5,116	223
Borrowings	-7,285	-6,338	947
Non-Current Liabilities	-12,624	-11,454	1,170
Net Assets	68,899	68,796	-103
Public Dividend Capital	74,094	74,094	0
Revaluation Reserve	4,374	4,291	-83
Donation Reserve			0
Income & Expenditure Reserve	-9,569	-9,589	-20
Total Taxpayer's Equity	68,899	68,796	-103

Capital Programme

	Original Programme £000	Current Programme £000	Year to date Plan £000	Spend to 31/12/12 £000	Committed at 31/12/2012 £000	(Under)/ Over plan year to date £000
Major Schemes						
HART *	2,250	2,000		33		33
ECS *	2,062	1,553				0
HQ	7,774	6,672	6,672	6,694		22
Minor Schemes						0
Estates	2,041	2,151	1,689	1,580	31	-78
IM&T	2,100	2,217	1,496	1,256	405	165
Vehicles A&E	2,040	1,974	1,088		765	-323
Vehicles PTS	1,170	1,192				0
Medical equipment	1,639	1,484	1,489	90	1,142	-257
Total	21,076	19,243	12,434	9,653	2,343	-438
External funding	12,086	10,225	6,672	6,672		0
NBV of Disposals		28	28	28		
CRL	8,990	8,990	5,734	2,953		
Rating						⊗

* Subject to Board approval

Yorkshire Ambulance Service - Debtors and Payments

December 2012

DEBT SUMMARY

- Debt has increased slightly as a result of the Kirklees contract invoice of £362k not being paid until the 3rd January.
- The over 90 days debt has remained unchanged, the Agreement of Balances exercise being undertaken in January should crystallise and resolve many of these issues.

£000	Sep-12	Oct-12	Nov-12	Dec-12
Non NHS debt	234	310	222	150
Of which >90 days overdue	23	23	25	25
NHS debt	1,311	2,653	1,250	1,486
Of which >90 days overdue	319	179	99	99
Total debt	1,545	2,873	1,472	1,636
Of which >90 days overdue	342	202	124	124
Provision to cover this debt	342	202	124	124

PAYMENTS

- The Trust has paid 18,794 invoices up to the end of December 2012 and 16,451 were paid within 30 days of receipt giving a cumulative Better Payment Practice Code (BPPC) position of 88%. This has improved by 1% in month and by 2% in year.
- The Creditors over 90 days were £83k and all consisted of amounts in dispute that were being resolved by the Finance Team and the relevant budget holder.

COST IMPROVEMENT PROGRAMME 12/13

• The Cost Improvement Plan is behind target at the end of December and there are sizeable shortfalls against original planned schemes which endanger delivery of the plan. Reserve schemes are actively being sought to address the issue and a contingency reserve of £500k is being held to mitigate any residual risk.

Forecast outturn against the plan is a shortfall of £471k.

QUALITY, INFORMATION REPORTING, AND CQUIN

• PTS CQUIN penalties currently stand at: South Yorkshire £102k; East £19k and West £21k. North has incurred no penalties to date. Underachievement on CQUINS trajectories currently amount to £10k.

• A&E CQUIN target 2 - reduce conveyance to accident & emergency - is not presently meeting the trajectory, measures are being implemented to address this. The underachievement for the year to date amounts to £117k but will be mitigated if the target is met in overall terms by the end of the year. All other CQUINs are green.

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	402	471	Contingency reserve held
A&E contractual penalties	6,400	0.1	640	0	0	An A&E contract penalty will be applied for December performance falling below 75% on red calls, however this is not shown in the Income & Expenditure position as any penalties will be refunded if 75% performance overall is achieved at the end of the year.
PTS contractual penalties				142	193	KPI breaches and under activity amount to £142k at the end of November.
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	519	726	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	117	584	Target 2 is presently at risk. A contingency reserve is held should schemes become undeliverable
Non delivery of CQUINS - PTS	634	0.5	317	10	53	Delivery of schemes and penalties at the end of November are £10k below target therefore risk increased to £53k 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	1,190	3,127	

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Q1	Actual Q2	Actual Oct-12	Actual Nov-12	Actual 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	Forecast Oct-13	Forecast Nov-13
Actual/Forecast Opening Cash Balance	4,869	8,063	8,593	10,751	12,313	12,507	9,986	9,659	6,842	7,298	7,742	8,015	7,958	8,224	9,503	10,627
Cash Inflows																
Income from Activities	51,227	51,043	17,900	18,044	16,419	18,711	16,232	17,243	17,652	17,717	17,472	17,200	17,468	17,858	18,087	17,931
Interest Receivable	25	6	2	3	3	2	2	3	3	3	3	3	3	4	4	4
Capital Receipts	0	61	0	0	0	0	0	72	0	0	0	0	0	0	0	0
Loans	0	6,672	0	0	0	0	0	1,553	0	0	0	0	0	2,030	0	0
PDC Capital *	2,000	1,000	0	0	0	0	0	2,000	3,500	0	0	0	0	0	0	0
Total Cash Inflows	53,252	58,782	17,902	18,047	16,422	18,713	16,234	20,871	21,155	17,720	17,475	17,203	17,471	19,892	18,091	17,935
Cash Outflows																
Pay	35,797	36,654	12,080	12,219	12,294	12,363	12,640	12,733	12,658	12,658	12,658	12,658	12,658	12,658	12,658	12,658
Non-pay	10,899	10,223	3,513	3,722	3,141	3,519	3,525	4,935	3,882	3,932	3,886	3,922	3,921	3,879	3,882	3,881
Interest Payable	0	0	0	0	0	0	0	61	0	0	0	0	0	66	0	0
PDC Dividends	0	1,111	0	0	0	0	0	1,111	0	0	0	0	0	1,159	0	0
Capital Expenditure	3,362	7,264	151	544	793	5,352	396	4,681	4,159	686	658	680	626	344	427	1,741
Loans	0	0	0	0	0	0	0	167	0	0	0	0	0	507	0	0
PDC Capital *	0	3,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	50,058	58,252	15,744	16,485	16,228	21,234	16,561	23,688	20,699	17,276	17,202	17,260	17,205	18,613	16,967	18,280
Net Cash Inflow/(Outflow)	3,194	530	2,158	1,562	194	-2,521	-327	-2,817	456	444	273	-57	266	1,279	1,124	-345
Actual Closing Cash Balance	8,063	8,593	10,751	12,313	12,507											
Forecast Closing Cash Balance (per LTFM)	5,734	9,949	10,520	11,056	10,789	9,986	9,659	6,842	7,298	7,742	8,015	7,958	8,224	9,503	10,627	10,282

The cash position of the Trust exceeds the planned position by £1.72m. The delays in payments against the capital programme are the main reason for this variance.

