



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

February 2013



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Section 1

Executive Summary



Overall Trustwide Top Exceptions

RAG	Section	No of months Exception	Exceptions for month	Comments	Who	When	Year end Risk Level
RED	2.2	9/11	Red 1 - 8 Minute Performance	A RED1 improvement plan has been submitted for Board Approval on 26 March	Paul Birkett-Wendes	Qtr4	RED
RED	2.2	3/11	Red 2 - 8 Minute Performance	A detailed improvement plan has been implemented for March to increase operational hours and improve RED delivery. The winter months have placed considerable strain on RED delivery but the YTD position remains above the standard at 75.3%	Paul Birkett-Wendes	Qtr4	GREEN
AMBER	2.6	11/11	Training	A significant amount of resilience training was conducted during February as outlined on page C1	Ian Walton	Qtr4	GREEN
AMBER	2.17	6/11	ICT Project Management Governance	Project Support member of staff returning from maternity to support ICT project in April	David Johnson	Qtr4	AMBER
RED	2.11	10/11	PTS KPI's -West Yorkshire Consortium - % of patients to depart within 60 mins of their booked ready time	These indicators refer to core patient journeys. Delays post appointment remain a priority and managers have been tasked with improving the position. The changes to the planning and scheduling teams will positively contribute in 2013-14.	Associate Director PTS	On-going	RED
RED	2.11	09/11	PTS KPI's -West Yorkshire Consortium -% of patients to depart within 120 mins of their ready time (Penalties Apply)		Associate Director PTS		RED
RED	2.11	1/11	PTS KPI's -West Yorkshire Consortium - % of patients to depart no more than 45 mins after ready time	These are specifically related to the renal service which has seen a considerable increase in activity across the year. This is currently being reviewed alongside the significant shift in patient mobilities.	Associate Director PTS	On-going	RED
RED	2.11	06/11	PTS KPI's -West Yorkshire Consortium - Renal % of patients to depart within 60 mins of ready time		Associate Director PTS		RED
RED	2.11	05/11	PTS KPIs - West Yorkshire Consortium % of patients arriving more than 60 mins early	This indicator is of particular concern, as performance has been running at around 4% across the year, however, this peaked at 5% in February. Management teams are currently reviewing to establish whether there have been any significant changes to planning and scheduling / vehicle availability or sub contractor impacts which would explain the increase.	Associate Director PTS	Q4	RED
RED	2.11	03/11	PTS KPIs - West Yorkshire Consortium % of patients arriving more than 90 mins early	26 patients breached this indicator in February and this is currently being validated to establish whether this is linked to a particular vehicle run or clinic configuration.	Associate Director PTS	Q4	RED
RED	2.11	01/11	PTS KPIs - West Yorkshire Consortium 0% of patients arriving more than 60 mins Late	A number of patients breached this standard in February (117) this figure is currently being validated as this KPI carries a financial penalty	Associate Director PTS	Q4	RED
RED	2.11	07/11	PTS KPI's -West Yorkshire Consortium -Renals % of patients to arrive more than 30 mins early	This standard has proved difficult to achieve month on month during 2012-13. A monthly declining trajectory has masked an improvement of 6.66% across the year.	Associate Director PTS	On-going	RED
RED	2.11	03/11	PTS KPI's -West Yorkshire Consortium - Renals 0% of patients to arrive more than 30 mins late (Penalties Apply)	In February 28 patients breached this standard, an improvement of 40 patients on the previous month. Again, a declining trajectory for performance compliance has masked some of the improvements made.	Associate Director PTS	Q4	RED
RED	2.11	11/11	PTS KPI's -West Yorkshire Consortium - Renals 0% of patients to arrive more than 60 mins late (Penalties Apply)	As this is a 0% tolerance target, any breach is marked as a compliance failure. Ongoing validation of the 24 patients identified in February is ongoing	Associate Director PTS	On-going	RED
RED	2.12	07/11	PTS KPI's - East Consortia - 0% of patients to arrive more than 60 mins late (Penalties Apply)	The standard for achievement of this target is 0.10% or 99.9% achievement, consequently this is very difficult to achieve. 25 patients were identified as breaching against this in February and this is currently being validated to establish the causes.	Associate Director PTS	Q4	RED
RED	2.12	11/11	PTS KPI's East Consortia - Priority % of patients to arrive between 31 and 90 mins early	Performance improved by 70 patients from the January position, although this was in breach of the standard. Although declining, the numbers breaching have been fairly consistent all year and ongoing work in locality reviewing causes and planning / scheduling issues will inform solutions in the future.	Associate Director PTS	A4	RED
RED	2.12	6/11	PTS KPI's East Consortia - Priority 0% of patients to arrive more than 60 mins late (Penalties Apply)	6 patients breached in February and this is currently being validated	Associate Director PTS	Q4	RED
RED	2.12	9/11	PTS KPI's East Consortia - % of patients to depart between 61 and 120 mins after ready time	Pick up following appointment remains our areas of greatest concern and focus. Although ongoing validation of the longest waits in this category is on-going, continuing issues with a lack of collaborative patient flow through from the acute trusts / healthcare providers to ourselves resulting in a mismatch between expected ready times and our demand / resourcing profile is contributing.	Associate Director PTS	Q4	RED
RED	2.12	11/11	PTS KPI's East Consortia - Priority % of patients to depart between 31 and 60 mins after ready time		Associate Director PTS		RED
RED	2.12	07/11	PTS KPI's East Consortia - Priority % of patients to depart more than 60 mins after ready time (Penalties Apply)		Associate Director PTS		RED
RED	2.12	07/11	PTS KPI's East Consortia - % of patients to depart more than 120 mins after ready time (Penalties Apply)		Associate Director PTS		RED
	2.12	09/11	PTS KPI's East Consortia - 0% of patients to depart between 4 and 5 hours after ready time		Associate Director PTS		RED
RED	2.12	07/11	PTS KPI's East Consortia - 0% of patients to depart more than 5 hours after ready time		Associate Director PTS		RED

RED	2.12	11/11	PTS KPI's 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 factors which contribute to breaches in this category, patient who make their own way, journeys or appointments which have been cancelled but which we haven't been made aware of, and patients no longer residing at the address which we have	Associate Director PTS	Q4	RED
RED	2.13	03/11	PTS KPI's - South Yorkshire Consortium - % of patients arriving up to 90 mins prior to their appointment BARNSELY PCT	Although this was indicated as Red in both the Jan and Feb reports, performance has improved by 61 patients in comparison between the two months.	Associate Director PTS	Q4	RED
RED	2.13	8/11	PTS KPI's - South Yorkshire Consortium - % of patients departing within 90 mins of their booked ready time BARNSELY PCT	This standard is set at 99% achievement and we breached by 138 patients in February. Again, an improvement of 32 patients on the previous month.	Associate Director PTS	Q1	RED
RED	2.14	2/11	PTS KPI's NHS North Yorkshire & York - Patients arriving more than 60 mins early for their appointment	This standard has only been breached twice during the year. Validation of the figures is ongoing and a review of alterations to clinic locations is being reviewed at present.	Associate Director PTS	Q4	RED
RED	2.14	3/11	PTS KPI's - NHS North Yorkshire & York - Patients collected within 60 mins of their booked ready time	As with other Consortia contracts, waits post appointment continue to cause the greatest concern and management focus and effort to resolve. The greatest number of breaches occur within 60 and 90 minutes and this is being investigated. The tail of performance is also being reviewed with specific validation of the longest waits which are often due to data entry errors.	Associate Director PTS	Q4	RED
RED	2.14	3/11	PTS KPI's - NHS North Yorkshire & York Patients collected within 61- 90 mins of their booked ready time		Associate Director PTS		RED
RED	2.14	3/11	PTS KPI's - NHS North Yorkshire & York - Patients collected within 91 - 120 mins of their booked ready time		Associate Director PTS		RED
RED	2.14	3/11	PTS KPI's - NHS North Yorkshire & York - Patients collected more than 120 mins of their booked ready time		Associate Director PTS		RED
RED	4.4	11/11	Lost working time due to sickness absence %	Lost working time showed a further reduction in February 2013, in line with seasonal trend norms. HR Business Partners remain actively focussed upon working with Senior Managers to identify patterns of short-term action, enabling formal management intervention. The Board Absence Turnaround Group, established in December, has continued to review the management of attendance in the Operations Directorate with challenge having been applied to the proposed action plans from Operational Localities and Divisions.	Senior Management Group	Immediately	RED
RED	4.3	11/11	Performance Development Review (PDR) completion compliance %	PDR compliance levels have shown a further and disappointing reduction during February as a number of staff move out of compliance, following significant PDRs undertaken at this point in 2012. The Senior Management Group (SMG) members are aware of the requirement to improve compliance and individual Executive Directors are responsible for holding their SMG members to account for this improvement requirements.	Senior Management Group	Immediately	RED
AMBER	3.12	6/11	National Audit Programme	Continuing issues with the functionality of Readsoft scanning and verification software have impacted adversely on the Clinical Audit department's capacity to perform anything other than national mandatory audits (ie ACQIs and CPIs). Operational pressures have prevented frontline clinicians from completing local clinical audits. The reconfiguration of the Clinical Audit department and function will address the issues of capacity but is dependent on the implementation of the Emergency Care Solution (ePRF).	Executive Medical Director	Qtr 4	AMBER
RED	3.12	8/11	Internal Clinical Audit Plan		Executive Medical Director	Qtr 4	RED
AMBER	3.16	3/4	A&E Patient Experience Survey	Contiue to monitor. Feed back of results to relevant departments. Maintain focus on quality of patient experience through Trust and department level initiatives and regular supervisory activity.	Associate Director of Quality	Qtr 4	AMBER
AMBER	3.10	1/11	Safeguarding referral rates reduced in February	The reason for the reduction is unclear based on one month data, but additional messages are being sent as part of Operational Update to ensure that awareness among staff remains at the normally high level.	Associate Director of Quality	Qtr 4	GREEN
RED	3.14	5/11	PTS complaints	Service to service complaints in East PTS consortium area have risen in February. Action being taken as part of PTS service transformation programme	Associate Director - PTS	Qtr 4	RED

Comments	

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	Julian Mark	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN		GREEN
2	To improve Survival to Discharge for Pre-Hospital Cardiac Arrest	Julian Mark	GREEN	GREEN	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	Julian Mark	AMBER	AMBER	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	Julian Mark	AMBER	AMBER	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	GREEN		GREEN
6	To provide clinically effective care with year on year improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures	Julian markr / Paul BirkettWendes	GREEN	GREEN	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	GREEN		GREEN
8	To improve the quality of patient transport service provision	Paul BirkettWendes	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	AMBER	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	GREEN		GREEN
10	To align workforce and leadership to service delivery models	Stephen Moir	GREEN	GREEN	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	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	AMBER	AMBER		GREEN
13	To reduce unintended harm from patient treatment	Julian Mark / Steve Page	GREEN	GREEN	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	GREEN		GREEN
15	To become a regional leader in healthcare resilience	Paul BirkettWendes	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		GREEN
16	To contribute to the regional and local public health programme	Julian Mark	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN		GREEN
17	To provide value for money services within planned financial targets	Rod Barnes	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	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	GREEN		GREEN

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

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

KPI	RAG	Page
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	AMBER	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	RED	AMBER		GREEN
GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		GREEN

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

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

Exception Report - Never Events

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

Comments

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

Monitor Risk Ratings (Quarterly)

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

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

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

*Where the circles are filled this indicates YAS current position



Section 2

Performance





Section 2a

A&E Performance



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

In February RED performance outturned at 73.9%. Throughout Feb RED performance was relatively stable and delivery standards consistent despite the backdrop of a 6.6% increase in demand.

The reason the 75% standard was not met was due to three days of adverse events which significantly impact on delivery. These were as follows:

Tue 5 Feb-A period of snow and adverse weather disrupted service delivery reducing performance to 64% due to reduce drive times in the conditions

Fri 15 Feb-A significant spike in demand of 14.52% above expected levels reduced performance to 68%

Sun 17 Feb-A similar spike in daily activity of over 10% above expected levels reduced service delivery to 68%

For the remainder of the month standards of service were satisfactory despite some severe fluctuations in demand ranging from +14.52% to -6.34%.

The A19 standard was delivered at 96.52%.

RED1 performance remains a challenge and delivery was 70.89% for February. A detailed RED1 improvement plan will go to the Board on the 26 March which set out a number of actions to address performance shortcomings over the coming months.

The YTD RED position remains at 75.3% with all CBU's (except North) currently delivering 75%+ for the year.

Resilience

Bronze Commander course carried out this month

Emergency Care Assistant Major Incident and CRBN awareness course completed this month

Operational debrief course conducted for HART staff

Loggists course delivered by HPA for new loggists (18 staff)

E-learning triage training: currently 896 staff completed or in process of completing course (37% of total)

Formal Structured Debrief carried out 1st February in relation to the incident on 14th December 2012. Report ready for circulation.

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	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	AMBER	GREEN		
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	GREEN	GREEN		
4. Self Care - Improving patient safety	17.50%	£681,791	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		
5. Raising awareness to support ambulance demand management	25.00%	£116,879	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER		
6. ECP		£37,594	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER		
TOTAL	100.00%	£3,076,436													

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

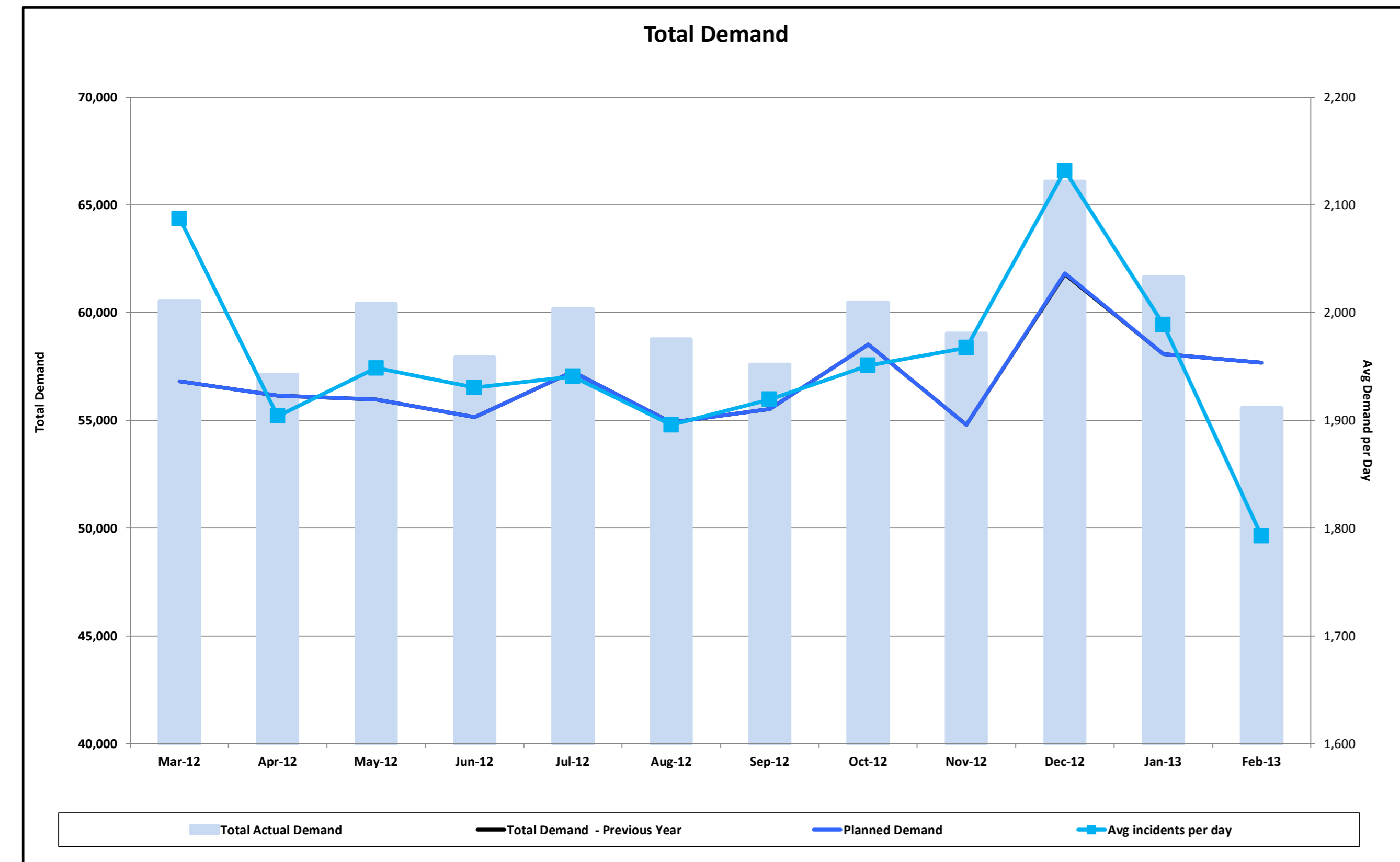
Comments

CQUIN 2: The changes made to the MDT have contributed significantly to the number of patients not conveyed to an ED. The implementation plan for CQUIN 2 will continue to be managed and monitored closely throughout March. The non conveyance CQUIN is now being achieved.
 CQUIN 5: The contract variation has been declined by the commissioners, negotiations continue at the Clinical Quality Review Group.
 ECP CQUIN: the data access was a challenge however a report has been submitted to the commissioners. and feedback is awaited.

Total Demand

OBJ REF 3

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



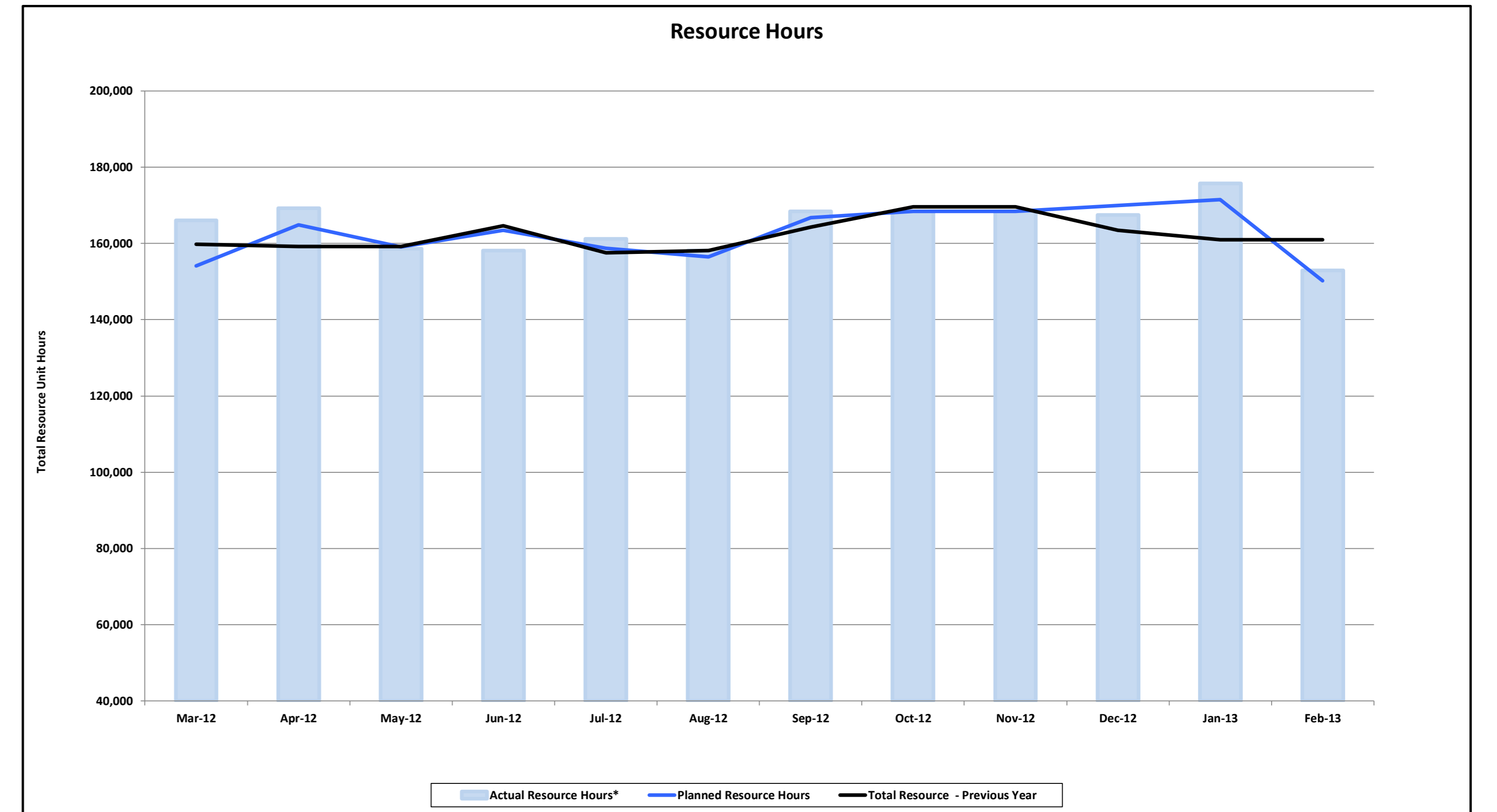
	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Planned Demand	56,826	56,154	55,966	55,151	57,249	54,910	55,522	58,515	54,805	61,821	58,076	57,670
Total Actual Demand	60,538	57,123	60,406	57,915	60,170	58,770	57,587	60,486	59,027	66,092	61,658	55,583
% Variance to Planned (Current Year)	6.5%	1.7%	7.9%	5.0%	5.1%	7.0%	3.7%	3.4%	7.7%	6.9%	6.2%	-3.6%
Avg incidents per day	2,088	1,904	1,949	1,931	1,941	1,896	1,920	1,951	1,968	2,132	1,989	1,793
Total Demand - Previous Year	56,826	56,154	55,966	55,151	57,249	54,907	55,520	58,514	54,802	61,784	58,076	57,670
% Variance Current Year to Last Year	6.5%	1.7%	7.9%	5.0%	5.1%	7.0%	3.7%	3.4%	7.7%	7.0%	6.2%	-3.6%

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**



		Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Planned Resource Hours	TOTAL	154,149	164,880	159,030	163,467	158,742	156,540	166,740	168,474	168,474	169,963	171,457	150,200
Actual Resource Hours*	TOTAL	166,046	169,225	158,567	158,133	161,251	158,156	168,429	168,474	168,474	167,423	175,807	152,959
	DCA	96,381	97,325	90,125 *	92,936 *	93,232 *	88,917 *	95,441 *	95,103 *	95,103 *	93,950 *	96,982 *	86,082 *
	RRV	56,229	61,643	56,427	56,438	58,652	59,906	62,287	62,087	62,087	61,377	64,552	56,191
Avg Total Resource Hours per day	ALL	5,535	5,459	5,286	5,101	5,202	5,272	5,433	5,616	5,616	5,401	5,671	5,463
Total Resource - Previous Year	TOTAL	159,785	159,248	159,248	164,676	157,603	158,153	164,266	169,598	169,598	163,504	160,943	160,943

Resource hours from May 2012 until February 2013 have been provided but are un-validated. An audit of resource information is scheduled to take place.

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

Category Red 1 - 8 Minute Performance HQU03_01

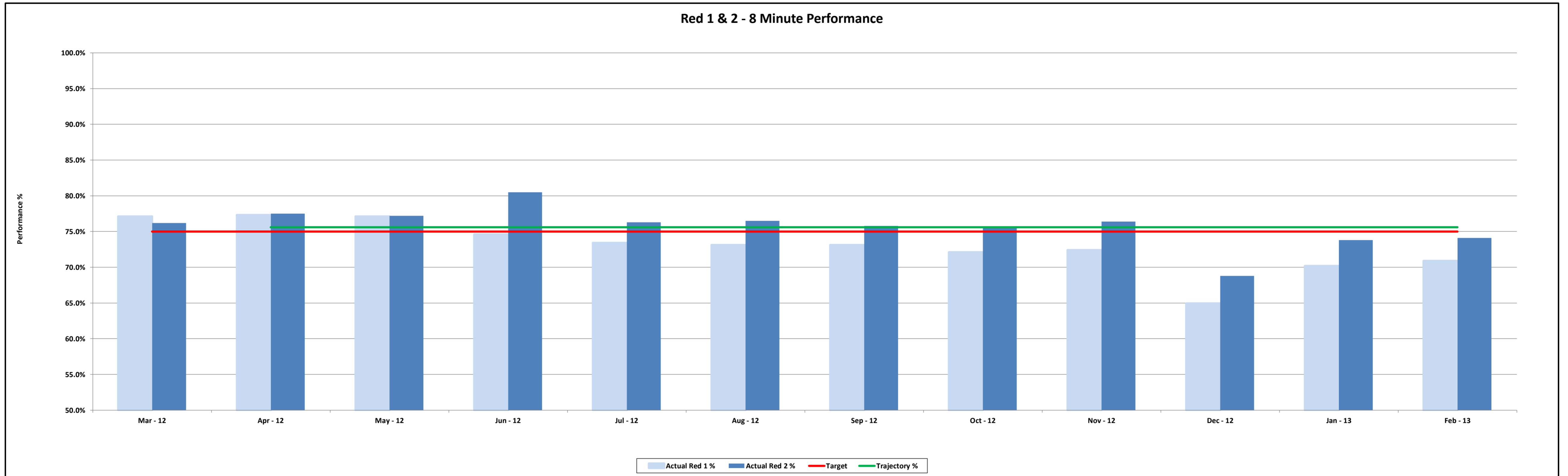
OBJ REF 3

YTD RAG	RED
MTD RAG	RED

Category Red 2 - 8 Minute Performance HQU03_01

OBJ REF 3

YTD RAG	GREEN
MTD RAG	RED



RED 1	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	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 %	77.1%	77.3%	77.1%	74.6%	73.4%	73.1%	73.1%	72.1%	72.4%	64.9%	70.2%	70.9%	72.4%
Trajectory %		75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	75.6%	

RED 2	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 2 %	76.2%	77.5%	77.2%	80.5%	76.3%	76.5%	75.8%	75.6%	76.4%	68.8%	73.8%	74.1%	75.5%
Trajectory %													

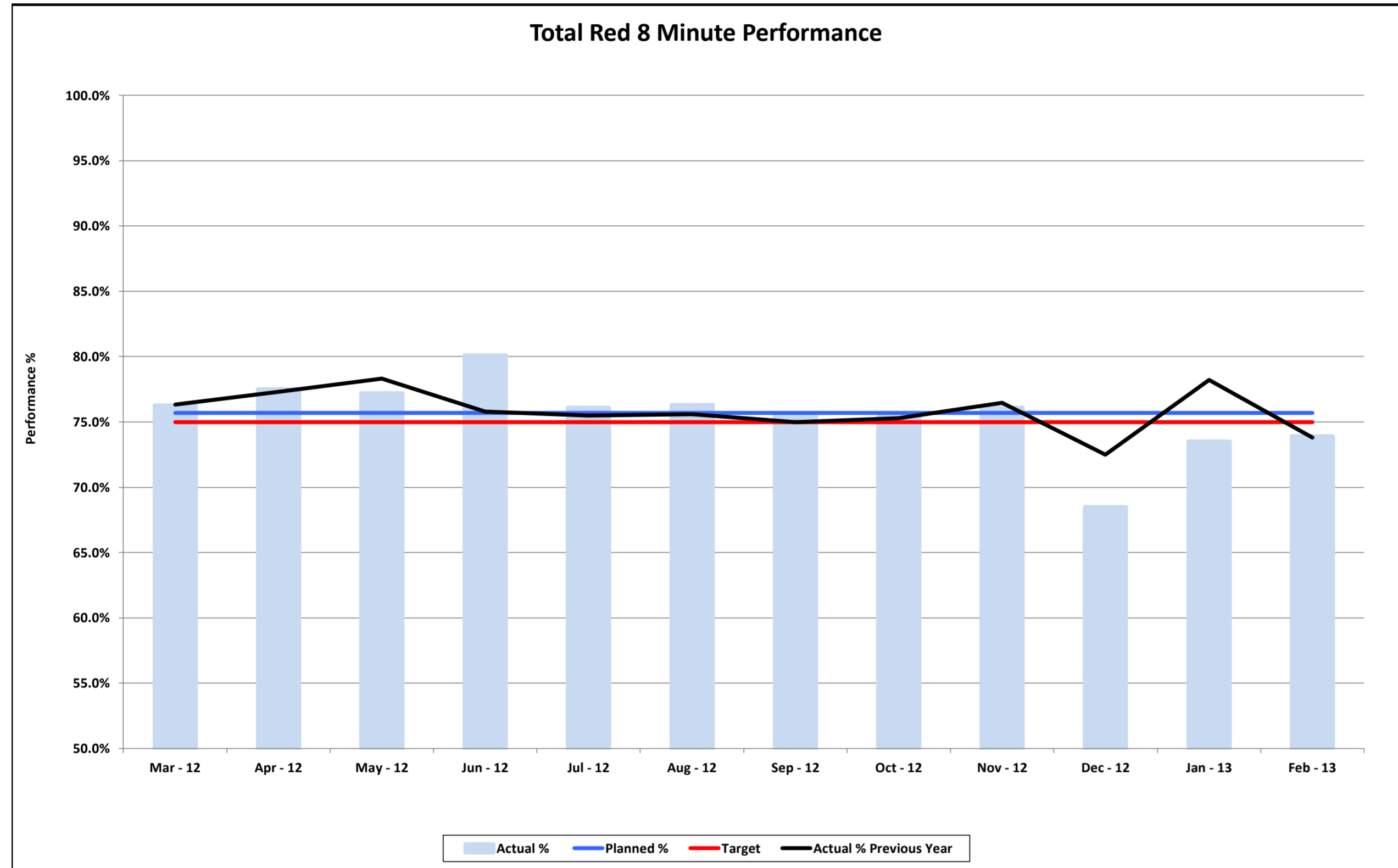
RED 1 by Cluster	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD 12/13
Calderdale, Kirklees & Wakefield	71.4%	81.2%	76.4%	77.5%	76.5%	72.1%	77.8%	73.6%	77.0%	64.4%	72.4%	69.7%	74.1%
Leeds & Bradford	83.6%	78.6%	80.5%	73.6%	73.7%	71.8%	76.2%	71.0%	71.3%	62.7%	69.7%	75.8%	72.8%
North Yorkshire	68.5%	74.4%	66.7%	64.8%	72.1%	71.9%	63.4%	69.4%	71.9%	67.5%	66.0%	64.6%	68.3%
The Humber	81.3%	81.4%	81.7%	75.1%	75.8%	74.8%	69.3%	75.0%	73.8%	68.4%	73.9%	77.6%	74.9%
South Yorkshire	78.0%	73.4%	77.8%	79.3%	71.1%	75.0%	74.7%	72.4%	70.6%	66.0%	70.7%	67.8%	72.5%

RED 2 by Cluster	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD 12/13
Calderdale, Kirklees & Wakefield	76.3%	77.7%	78.0%	81.3%	76.1%	77.2%	77.1%	75.2%	76.8%	67.5%	75.2%	77.0%	76.1%
Leeds & Bradford	78.2%	77.2%	77.0%	79.4%	77.2%	77.6%	75.3%	75.0%	75.9%	67.3%	74.4%	72.0%	75.1%
North Yorkshire	72.4%	74.0%	71.7%	74.9%	71.1%	71.8%	69.6%	73.6%	73.7%	68.0%	70.3%	71.8%	71.8%
The Humber	81.5%	79.8%	80.9%	83.8%	81.5%	79.1%	79.5%	79.7%	81.2%	79.2%	77.9%	79.8%	80.2%
South Yorkshire	74.1%	78.7%	78.3%	81.9%	76.2%	76.7%	77.2%	76.1%	76.2%	67.7%	72.2%	73.2%	75.7%

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

↑	YTD RAG	GREEN
	MTD RAG	AMBER



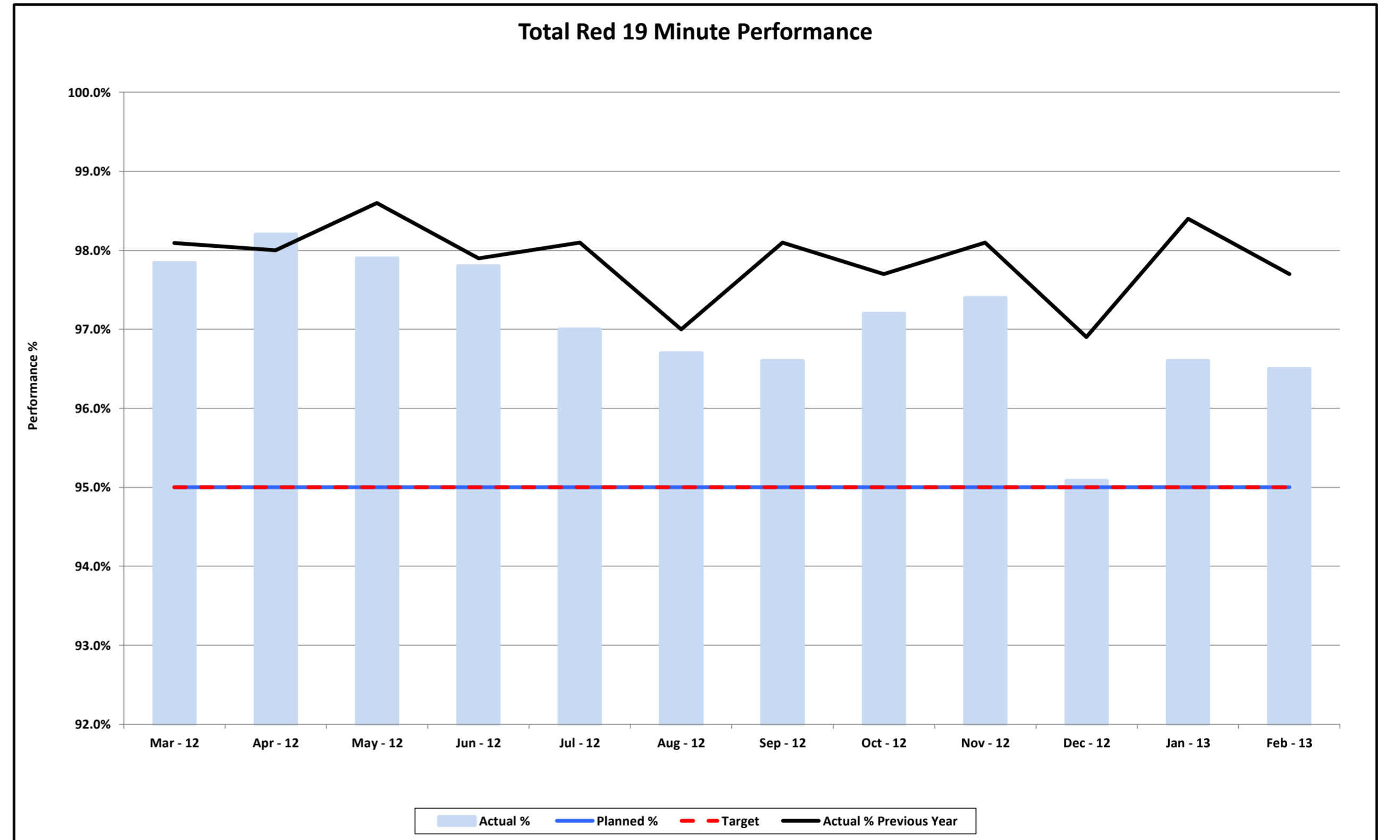
	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	76.3%	77.5%	77.2%	80.1%	76.1%	76.3%	75.6%	75.4%	76.1%	68.5%	73.5%	73.9%	75.3%
Planned %	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	
Actual % Previous Year	76.3%	77.3%	78.3%	75.8%	75.5%	75.6%	75.0%	75.3%	76.5%	72.5%	78.2%	73.8%	75.7%
Forecast %	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	
National Average	75.5%	76.0%	75.1%	77.2%	77.1%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD 12/13
Calderdale, Kirklees & Wakefield	76.0%	78.0%	77.9%	81.3%	76.1%	76.8%	77.2%	75.1%	76.8%	67.2%	75.0%	76.4%	75.9%
Leeds & Bradford	78.5%	77.3%	77.3%	79.2%	76.9%	77.2%	75.3%	74.8%	75.5%	67.0%	74.1%	72.2%	75.0%
North Yorkshire	71.3%	72.1%	74.1%	74.2%	71.1%	71.8%	69.2%	73.3%	73.6%	68.0%	70.0%	71.2%	71.5%
The Humber	81.5%	79.9%	81.0%	83.2%	81.1%	78.8%	78.7%	79.5%	80.6%	78.4%	77.7%	79.6%	79.8%
South Yorkshire	74.4%	78.4%	78.2%	81.7%	75.8%	76.5%	77.0%	75.9%	75.8%	67.6%	72.1%	72.9%	75.5%

Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

↔	YTD RAG	GREEN
	MTD RAG	GREEN



	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD 12/13
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual %	97.8%	98.2%	97.9%	97.8%	97.0%	96.7%	96.6%	97.2%	97.4%	95.1%	96.6%	96.5%	97.0%
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	98.1%	98.0%	98.6%	97.9%	98.1%	97.0%	98.1%	97.7%	98.1%	96.9%	98.4%	97.7%	97.9%
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	96.5%	96.8%	96.4%	96.6%	96.5%	96.6%	96.0%	96.5%	96.3%	94.8%			

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD 12/13
Calderdale, Kirklees & Wakefield	98.2%	98.9%	98.4%	98.7%	98.2%	97.8%	97.7%	97.4%	97.6%	95.0%	97.3%	97.6%	97.6%
Leeds & Bradford	98.8%	98.7%	98.5%	98.5%	97.9%	98.1%	97.7%	98.2%	97.9%	96.1%	97.8%	97.4%	97.9%
North Yorkshire	95.4%	95.2%	94.5%	93.9%	93.7%	92.4%	91.8%	94.0%	94.3%	91.1%	92.7%	92.7%	93.3%
The Humber	96.8%	97.5%	97.6%	97.1%	95.7%	95.4%	95.6%	96.4%	96.8%	94.5%	95.0%	95.1%	96.0%
South Yorkshire	98.4%	99.0%	98.9%	98.5%	97.6%	97.5%	97.7%	98.1%	98.4%	96.2%	97.5%	97.3%	97.9%

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	59,224	54,881	53,266	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%	2.7%	12.2%	6.6%	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		£21,784		£166,634		£447,292		
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	01:02:19	01:01:28	01:02:39	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	175,807	160,943	152,959	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	2,042	1,966	2,050	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		25,426		24,590		
	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		£669,317		£344,053		
	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%	26.2%	31.7%	30.1%	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	0.37	0.36	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%	73.5%	73.8%	73.9%	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

February service delivery was made challenging due to an increase in demand of 6.6% above the plan. Within this activity there were significant fluctuations from +14% to -6% on a daily basis which made the correct planning of resources difficult. The plan for activity in February meant that a reduction of operational hours from previous month was required to immediately respond to such increases and fluctuations in activity to meet the demand profile were challenging. 3 days of significant under performance during February reduced the ability to deliver the 75% standard and a final outturn of 73.9% was achieved.

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	2,817	2,566	2,620	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%	5.6%	5.3%	6.1%	4.7%	
	Total Number of calls closed by Clinical Hub		479		553		489		520		413		475		653		1,077		1,670		1,118		1,007		
	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		1,699		1,613		

Comments

The clinical hub close over 1000 incidents without an ambulance being sent for the 4th consecutive month. Overall 6.1% of incidents were closed without an ambulance response an increase of 1.2% from April 2012. Plans are being finalised for how we will deal with the incidents we currently pass to NHS D as from the 21st March we will be no longer be able to pass these calls free of charge. We are currently exploring a commercial arrangement we could enter with NHS D so that they would continue to take these incidents. Work continues with the clinical hub team leaders to develop the plans to ensure we continue the upward trend of incidents closed within the hub.


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

February 2013	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	No. Of Incs	No. Of Incs
NORTH YORKSHIRE AND YORK PCT	530	78.6%	1630	94.1%	303	89.1%	2007	0	21
NORTH YORKSHIRE CLUSTER	530	78.6%	1630	94.1%	303	89.1%	2007	0	21
EAST RIDING OF YORKSHIRE PCT	231	73.8%	669	92.1%	101	82.6%	981	0	4
HULL PCT	216	80.5%	779	97.1%	147	93.9%	1069	0	58
EAST YORKSHIRE CLUSTER	447	77.0%	1448	94.8%	248	89.6%	2050	0	62
WAKEFIELD DISTRICT PCT	295	76.0%	800	91.9%	154	84.7%	1190	0	56
CALDERDALE PCT	157	81.5%	519	93.7%	78	87.7%	729	0	49
KIRKLEES PCT	343	80.6%	926	92.9%	185	81.6%	1233	0	73
CALD / KIRK & WAKEFIELD CLUSTER	795	79.1%	2245	92.7%	417	84.0%	3152	0	178
BRADFORD AND AIRESDALE PCT	466	77.8%	1343	89.4%	244	80.1%	1384	0	22
LEEDS PCT	651	74.4%	2216	88.7%	381	78.0%	2382	0	5
LEEDS, BRADFORD & AIRESDALE CLUSTER	1117	75.8%	3559	89.0%	625	78.8%	3766	0	27
BARNSLEY PCT	189	74.2%	563	94.1%	109	86.9%	710	0	2
DONCASTER PCT	281	79.6%	805	95.0%	142	87.1%	891	0	70
ROTHERHAM PCT	177	77.8%	606	91.7%	84	83.6%	738	0	3
SHEFFIELD PCT	383	72.6%	1372	88.1%	218	79.7%	1554	0	17
SOUTH YORKSHIRE CLUSTER	1030	75.6%	3346	91.3%	553	83.2%	3893	0	92
PCT TOTAL	3919	76.9%	12228	91.4%	2146	83.9%	14868	0	380
ECP	56		186		37		475	0	0
OOA/UNKNOWN	22	80.0%	96	82.1%	115	84.2%	159	0	2
YORKSHIRE AMBULANCE SERVICE	3997	76.9%	12510	91.4%	2298	83.9%	15502	0	382

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	No. Of Incs	No. Of Incs
NORTH YORKSHIRE AND YORK PCT	6947	80.1%	21354	94.2%	3683	91.0%	13582	7849	398
NORTH YORKSHIRE CLUSTER	6947	80.1%	21354	94.2%	3683	91.0%	13582	7849	398
EAST RIDING OF YORKSHIRE PCT	3391	78.9%	9001	93.8%	1353	87.0%	5853	3635	75
HULL PCT	2835	86.2%	9505	96.1%	2144	92.3%	6570	4019	623
EAST YORKSHIRE CLUSTER	6226	82.2%	18506	95.0%	3497	90.3%	12423	7654	698
WAKEFIELD DISTRICT PCT	4013	81.3%	10759	91.7%	1965	85.9%	8326	3447	678
CALDERDALE PCT	2012	81.1%	6293	92.5%	1162	85.1%	5161	2629	549
KIRKLEES PCT	4049	81.4%	11871	91.1%	2211	85.8%	8959	3835	950
CALD / KIRK & WAKEFIELD CLUSTER	10074	81.3%	28923	91.6%	5338	85.7%	22446	9911	2177
BRADFORD AND AIRESDALE PCT	6047	79.9%	16403	89.0%	3688	84.8%	10386	4070	411
LEEDS PCT	9453	81.6%	26447	90.2%	5111	83.3%	16760	6096	168
LEEDS, BRADFORD & AIRESDALE CLUSTER	15500	81.0%	42850	89.8%	8799	83.9%	27146	10166	579
BARNSLEY PCT	2423	81.3%	7186	93.4%	1361	86.6%	4139	3064	104
DONCASTER PCT	3523	81.4%	10115	94.2%	1983	87.4%	5974	3673	740
ROTHERHAM PCT	2599	81.4%	7759	92.3%	1401	85.3%	4619	3114	121
SHEFFIELD PCT	5676	80.4%	17269	91.4%	3464	84.6%	12338	5772	208
SOUTH YORKSHIRE CLUSTER	14221	81.0%	42329	92.5%	8209	85.7%	27070	15623	1173
PCT TOTAL	52968	81.1%	153962	92.1%	29526	86.4%	102667	51203	5025
ECPs	581		2276		395		2082	3443	0
OOA/UNKNOWN	247	80.2%	1191	87.1%	1711	88.0%	2369	46	29
YORKSHIRE AMBULANCE SERVICE	53796	81.1%	157429	92.1%	31632	86.5%	107118	54692	5054

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

Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.7	3/7	Cat Red 8 minute response - RED 2	Operational hours have been increased to the highest level of the FY. The following are the key actions; increased overtime provision, use of private providers, restrictions on training, managers working in operational capacity.	Deputy Director of Operations	Mar-13
2.7	8/11	Time to Answer - 95%	Part of the EOC reconfiguration work that has now passed through the consultation period and will be implemented in April 13. We include all calls within this where other trusts only include emergencies, this is a contributing factor in to why we are below most trusts.	Emergency Operation Centre Locality	Qtr 4
2.7	7/7	Stroke - Care	Stroke care remains good with very little variation in performance between Ambulance Services. Stroke Care continues to be monitored and action plans put in place where local variation occurs	Executive Medical Director	Apr-13
2.7	10/11	Abandoned calls	Part of the EOC reconfiguration work that has now passed through the consultation period and will be implemented in April 13. We include all calls within this where other trusts only include emergencies, this is a contributing factor in to why we are below most trusts. If we didn't include calls from HCP's our abandonment rate for 999 calls in February would have been 0.04%.	Emergency Operation Centre Locality	Qtr 4
2.7	11/11	Resolved by telephone	There continues to be an upward trend of incidents closed by the hub however further work is underway through the clinical hub project group.	Emergency Operation Centre Locality	Qtr 4
2.7	6/7	ROSC	The small number of Return Of Spontaneous Circulation incidents reported result in significant month to month variation.	Executive Medical Director	Long Term Plan
2.7	10/11	Time to Answer - 99%	Part of the EOC reconfiguration work that has now passed through the consultation period and will be implemented in April 13. We include all calls within this where other trusts only include emergencies, this is a contributing factor in to why we are below most trusts.	Emergency Operation Centre Locality	Qtr 4
2.7	7/7	Cat Red 8 minute response - RED 1	A RED1 improvement plan has been submitted for Board Approval on 26 March	Deputy Director of Operations	Qtr 4
2.7	10/11	Non A&E	There have been significant improvements in this standard as demonstrated by the achievement of the non-conveyance CQUIN,	Designated Project Team from all directorates	Qtr 4
2.7	10/11	Recontact 24hrs On Scene	This is being assessed as part of the non-conveyance work to improve the YAS Right Care offering	Deputy Director of Operations	Qtr 4
2.7	6/7	STEMI - 150	Clinical Audit is working with MINAP to gain assurance regarding data quality and completeness nationally. Internal Audit will investigate YAS adherence to the national technical guidance for ACQIs and CPIs in 2013-14.	Executive Medical Director	Qtr 1 2013/14

Comments

Top Third

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

Middle Third

STEMI - 60
 Cardiac - STD
 STEMI - Care
 ROSC - Utstein
 Cat Red 8 minute response - RED 2
 Time to Answer - 95%
 Stroke - Care

Bottom Third

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

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	January
Time to Answer - 95% * ▲	mm:ss	00:30	00:10	00:07	00:04	00:08	00:16	00:09	00:53	00:45	00:21	00:06	00:26	8th	January
Time to Answer - 99%	mm:ss	01:17	00:59	00:43	00:13	01:01	00:57	00:35	02:02	01:26	01:06	00:48	01:35	10th	January
Abandoned calls	%	1.01	0.64	0.61	1.64	0.13	1.99	2.93	2.56	3.51	1.16	0.92	2.59	9th	January
Cat Red 8 minute response - RED 1	%	69.7	74.2	75.3	77.0	76.8	75.6	73.9	78.2	74.7	74.9	79.0	71.5	10th	January
Cat Red 8 minute response - RED 2	%	73.7	73.7	76.9	76.8	75.3	75.5	76.9	75.3	76.0	77.1	76.5	75.3	7th	January
95 Percentile Red 1 only Response Time	%	16:13	14:51	13:54	11:31	16:44	12:33	14:50	14:32	14:50	15:22	12:41	14:05	4th	January
Cat A19	%	93.6	93.9	95.7	97.4	98.0	96.9	95.0	94.9	97.7	95.5	97.4	97.0	4th	January
Time to Treat - 50% * ▲	mm:ss	06:12	04:54	05:38	06:09	05:53	06:00	05:15	06:05	05:37	05:33	05:51	05:23	3rd	January
Time to Treat - 95%	mm:ss	19:15	18:20	14:45	17:44	14:28	17:06	16:07	18:52	17:27	19:23	15:29	13:45	1st	January
Time to Treat - 99%	mm:ss	31:02	28:38	22:07	24:11	23:02	27:01	36:25	32:23	26:57	30:55	24:07	20:45	1st	January
STEMI - Care	%	76.1	82.6	93.5	89.3	67.8	83.8	82.8	68.5	76.3	81.8	75.3	77.7	6th	October
Stroke - Care	%	96.0	95.1	100.0	92.5	94.4	96.8	99.0	96.7	90.2	95.8	94.7	94.8	8th	October
Frequent caller **	%	0.17	0.02	-	0.56	2.53	-	-	7.45	-	-	-	1.93	3rd	January
Resolved by telephone	%	7.1	6.7	7.2	8.3	5.8	4.0	3.4	5.1	9.2	6.1	6.4	4.8	9th	January
Non A&E	%	37.8	46.0	47.8	44.7	31.7	31.0	22.9	41.2	41.2	50.8	35.6	24.8	10th	January
STEMI - 60***	%	50.0	-	-	50.0	0.0	-	54.3	-	-	45.8	23.5	11.1	5th	October
STEMI - 150	%	93.8	91.7	92.9	66.7	91.3	89.9	86.9	90.5	87.9	84.1	83.1	82.9	11th	October
Stroke - 60	%	48.5	48.0	63.7	75.3	69.5	80.1	81.7	49.6	62.2	55.4	64.5	66.4	4th	October
ROSC	%	18.4	21.6	28.9	20.8	30.6	27.0	26.9	35.8	24.7	24.5	27.4	22.0	9th	October
ROSC - Utstein	%	42.2	54.3	58.8	33.3	54.1	50.3	47.0	55.4	45.5	38.7	41.4	48.7	6th	October
Cardiac - STD	%	8.2	6.2	11.2	4.2	8.5	7.2	7.9	15.0	6.4	8.5	7.6	8.3	5th	October
Cardiac - STD Utstein	%	12.1	24.9	33.3	33.3	27.4	27.0	21.4	21.9	14.4	20.7	16.1	30.2	2nd	October
Recontact 24hrs Telephone ▲	%	3.4	14.8	10.9	2.5	3.0	15.8	31.5	18.7	12.9	16.0	14.6	22.6	10th	January
Recontact 24hrs on Scene * ▲	%	6.3	7.7	4.0	2.2	5.3	5.0	6.4	7.0	4.7	6.8	5.1	8.7	11th	January

* ▲ Early Warning Indicator

** Only 6 Trusts manage Frequent Callers

*** Only 7 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	10/11	PTS KPI's -West Yorkshire Consortium - % of patients to depart within 60 mins of their booked ready time	These indicators refer to core patient journeys. Delays post appointment remain a priority and managers have been tasked with improving the position. The changes to the planning and scheduling teams will positively contribute in 2013-14.	Associate Director PTS	On-going	RED
RED	2.11	09/11	PTS KPI's -West Yorkshire Consortium -% of patients to depart within 120 mins of their ready time (Penalties Apply)		Associate Director PTS		RED
RED	2.11	1/11	PTS KPI's -West Yorkshire Consortium - % of patients to depart no more than 45 mins after ready time	These are specifically related to the renal service which has seen a considerable increase in activity across the year. This is currently being reviewed alongside the significant shift in patient mobilities.	Associate Director PTS	On-going	RED
RED	2.11	06/11	PTS KPI's -West Yorkshire Consortium - Renal % of patients to depart within 60 mins of ready time		Associate Director PTS		RED
RED	2.11	05/11	PTS KPIs - West Yorkshire Consortium % of patients arriving more than 60 mins early	This indicator is of particular concern, as performance has been running at around 4% across the year, however, this peaked at 5% in February. Management teams are currently reviewing to establish whether there have been any significant changes to planning and scheduling / vehicle availability or sub contractor impacts which would explain the increase.	Associate Director PTS	Q4	RED
RED	2.11	03/11	PTS KPIs - West Yorkshire Consortium % of patients arriving more than 90 mins early	26 patients breached this indicator in February and this is currently being validated to establish whether this is linked to a particular vehicle run or clinic configuration.	Associate Director PTS	Q4	RED
RED	2.11	01/11	PTS KPIs - West Yorkshire Consortium 0% of patients arriving more than 60 mins Late	A number of patients breached this standard in February (117) this figure is currently being validated as this KPI carries a financial penalty	Associate Director PTS	Q4	RED
RED	2.11	07/11	PTS KPI's -West Yorkshire Consortium -Renals % of patients to arrive more than 30 mins early	This standard has proved difficult to achieve month on month during 2012-13. A monthly declining trajectory has masked an improvement of 6.66% across the year.	Associate Director PTS	On-going	RED
RED	2.11	03/11	PTS KPI's -West Yorkshire Consortium - Renals 0% of patients to arrive more than 30 mins late (Penalties Apply)	In February 28 patients breached this standard, an improvement of 40 patients on the previous month. Again, a declining trajectory for performance compliance has masked some of the improvements made.	Associate Director PTS	Q4	RED
RED	2.11	11/11	PTS KPI's -West Yorkshire Consortium - Renals 0% of patients to arrive more than 60 mins late (Penalties Apply)	As this is a 0% tolerance target, any breach is marked as a compliance failure. Ongoing validation of the 24 patients identified in February is ongoing	Associate Director PTS	On-going	RED
RED	2.12	07/11	PTS KPI's - East Consortia - 0% of patients to arrive more than 60 mins late (Penalties Apply)	The standard for achievement of this target is 0.10% or 99.9% achievement, consequently this is very difficult to achieve. 25 patients were identified as breaching against this in February and this is currently being validated to establish the causes.	Associate Director PTS	Q4	RED
RED	2.12	11/11	PTS KPI's East Consortia - Priority % of patients to arrive between 31 and 90 mins early	Performance improved by 70 patients from the January position, although this was in breach of the standard. Although declining, the numbers breaching have been fairly consistent all year and ongoing work in locality reviewing causes and planning / scheduling issues will inform solutions in the future.	Associate Director PTS	A4	RED
RED	2.12	6/11	PTS KPI's East Consortia - Prority 0% of patients to arrive more than 60 mins late (Penalties Apply)	6 patients breached in February and this is currently being validated	Associate Director PTS	Q4	RED

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	GREEN	GREEN		
	Improve the efficiency and effectiveness	20.00%	£29,591	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN		
	Improve the quality of PTS	60.00%	£88,772	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	AMBER	RED	AMBER	AMBER		
EAST Consortia	Improve patient experience	100.00%	£77,933	GREEN	GREEN	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	AMBER	AMBER		
	Improve patient experience	60.00%	£178,274	GREEN	GREEN	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	GREEN	GREEN		
TOTAL		100.00%	£633,893													

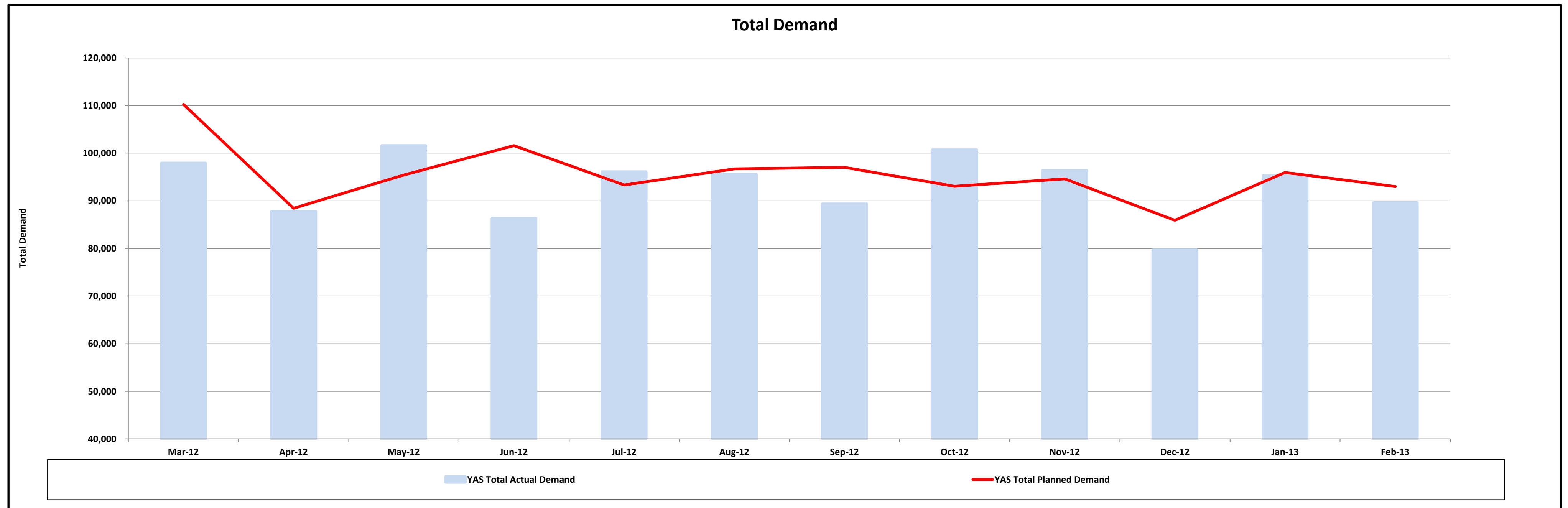
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments	<p>In the South consortia the target is being discussed with the commissioners with a view to reducing the 100% target. In the West the abortive journey target was missed by 0.16% and partial payment is being discussed with the commissioning consortia.</p> <p>Financial Risk £48,989</p>
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PTS Demand

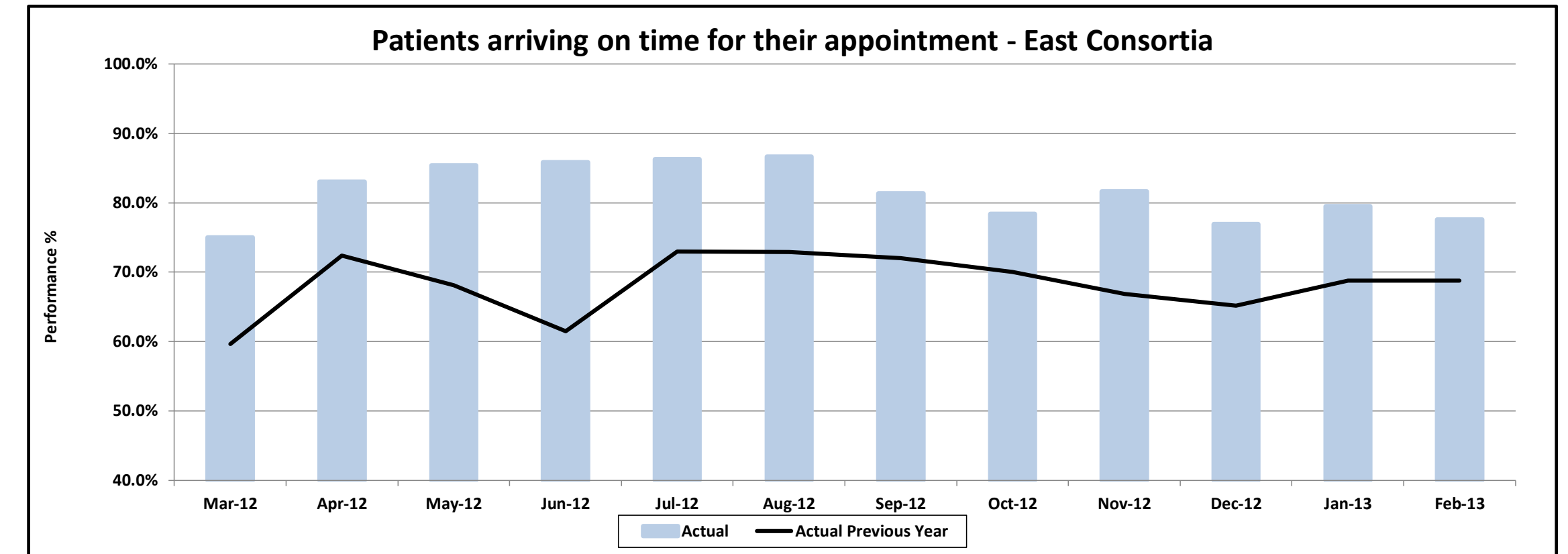
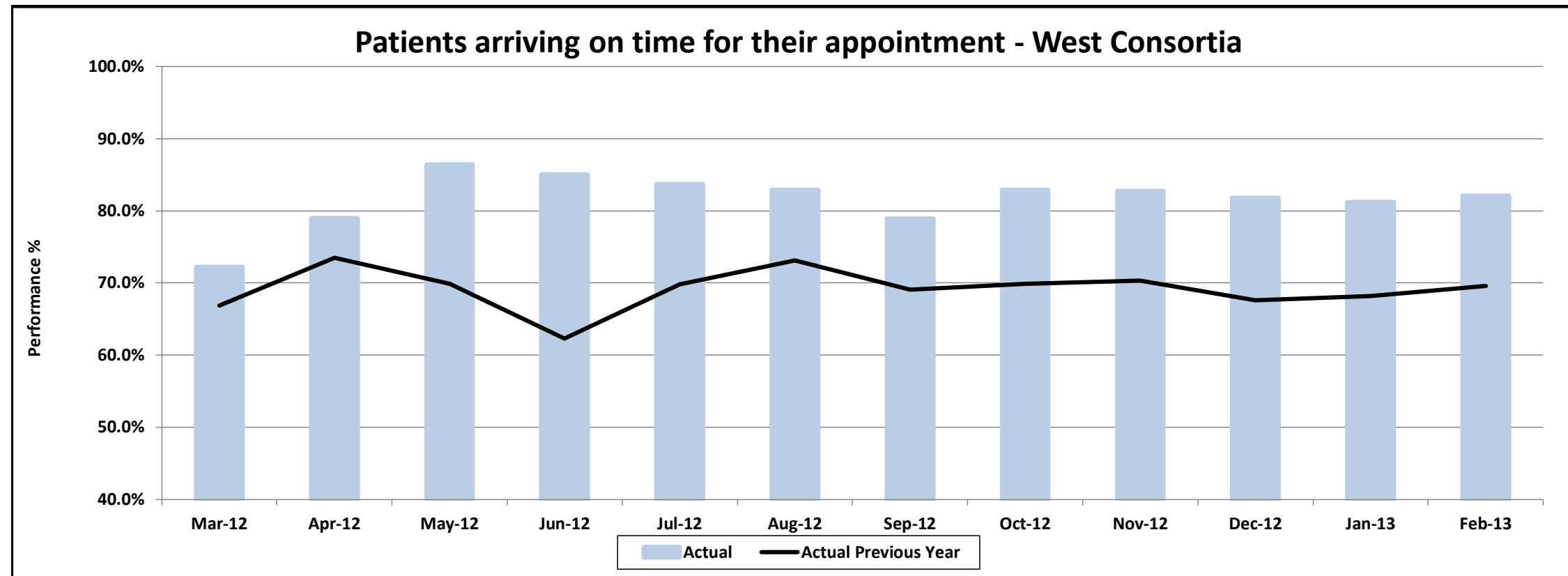
OBJ REF 3

YTD RAG	AMBER
MTD RAG	AMBER



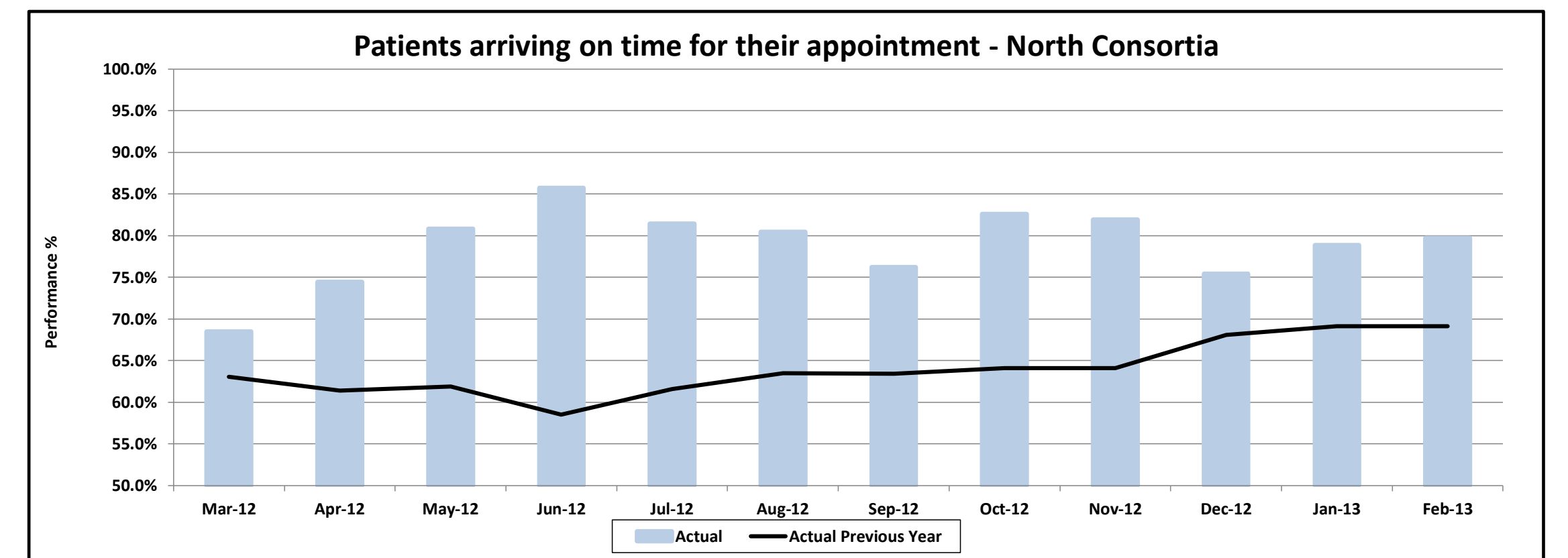
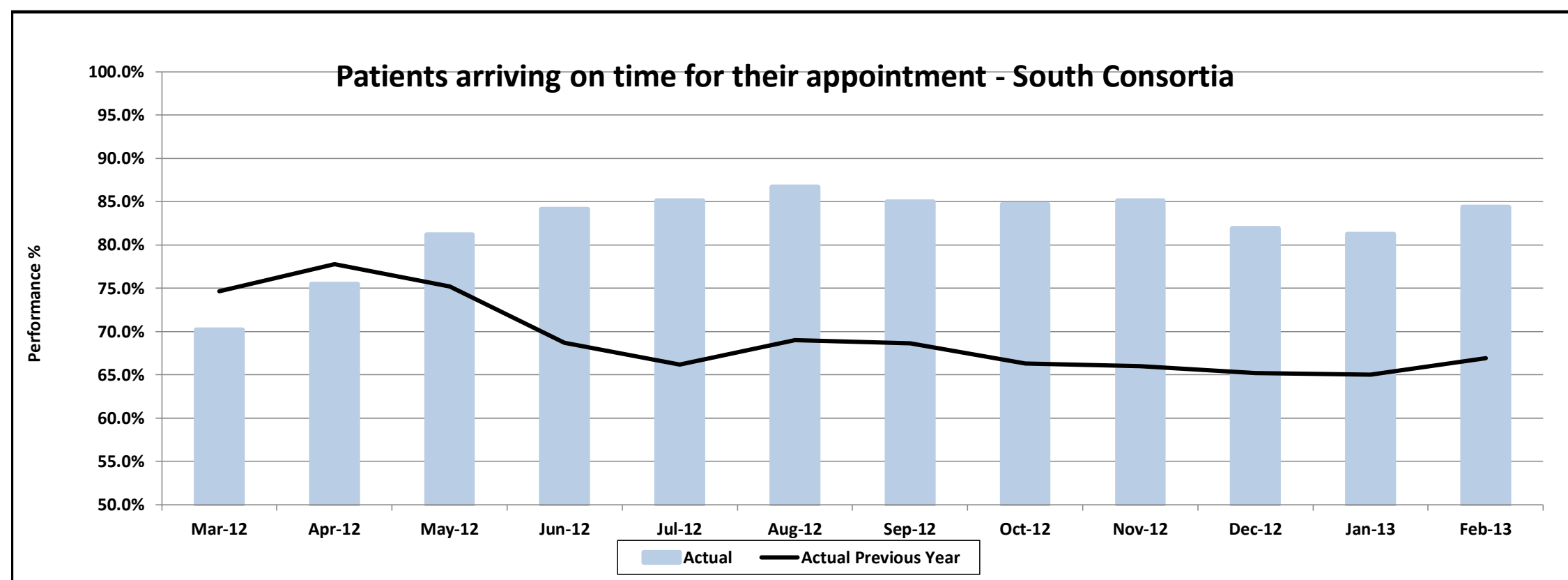
PTS Demand by Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD 12/13
West Consortia Planned Demand	51,708	43,011	46,134	49,317	45,518	46,763	47,423	44,833	46,255	42,199	46,635	44,870	502,958
West Consortia Actual Demand	48,164	43,482	49,538	43,254	47,835	47,921	44,509	49,755	47,337	39,516	47,787	44,713	505,647
East Consortia Planned Demand	6,455	9,127	9,517	10,389	9,263	9,557	9,169	9,271	9,404	8,639	10,227	9,843	104,406
East Consortia Actual Demand	9,996	8,586	10,159	9,397	9,898	9,715	9,059	10,680	10,224	8,688	10,053	9,188	105,647
South Consortia Planned Demand	38,460	23,887	26,997	28,476	25,743	27,097	26,822	25,860	25,773	22,476	25,868	25,794	284,793
South Consortia Actual Demand	26,377	23,888	27,972	22,048	25,372	24,874	23,634	26,620	25,499	20,539	24,727	23,627	268,800
North Consortia Planned Demand	13,583	12,376	12,754	13,380	12,794	13,254	13,590	13,051	13,163	12,595	13,184	12,466	142,607
North Consortia Actual Demand	13,370	11,700	13,767	11,597	12,969	13,025	12,110	13,648	13,290	10,939	12,740	12,062	137,847
YAS Total Planned Demand	110,206	88,401	95,402	101,562	93,318	96,671	97,004	93,015	94,595	85,909	95,914	92,973	1,034,764
YAS Total Actual Demand	97,907	87,766	101,556	86,325	96,074	95,535	89,312	100,703	96,350	79,682	95,307	89,590	1,018,200
% Variance Planned V Actual	-11.2%	-0.7%	6.5%	-15.0%	3.0%	-1.2%	-7.9%	8.3%	1.9%	-7.2%	-0.6%	-3.6%	-1.6%

Arrival - Quality Target by Consortia * 




West Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual	72.2%	79.0%	86.4%	85.0%	83.7%	82.9%	78.9%	82.9%	82.7%	81.8%	81.2%	82.1%
Actual Previous Year	66.9%	73.5%	69.9%	62.3%	69.8%	73.1%	69.1%	69.9%	70.3%	67.6%	68.2%	69.6%

East Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual	75.0%	83.0%	85.4%	85.8%	86.3%	86.6%	81.3%	78.4%	81.6%	76.9%	79.5%	77.6%
Actual Previous Year	59.7%	72.4%	68.1%	61.5%	73.0%	72.9%	72.0%	70.0%	66.9%	65.2%	68.8%	68.8%

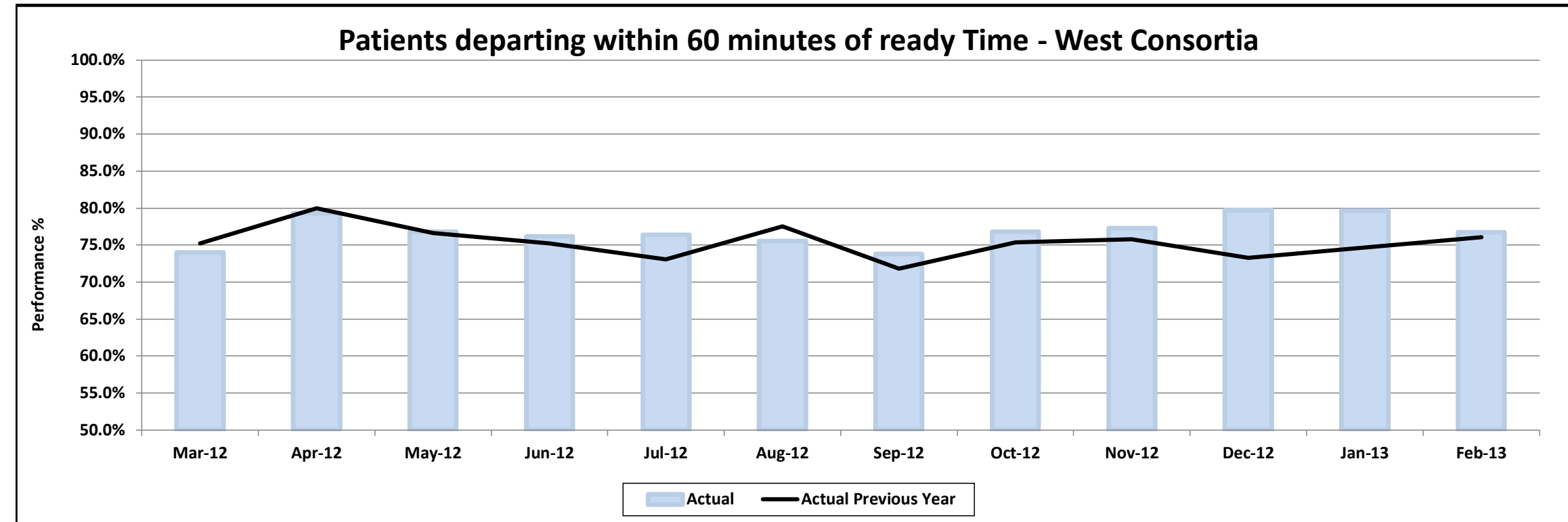


South Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual	70.2%	75.5%	81.2%	84.1%	85.1%	86.7%	85.0%	84.7%	85.1%	81.9%	81.2%	84.4%
Actual Previous Year	74.6%	77.8%	75.2%	68.7%	66.2%	69.0%	68.6%	66.3%	66.0%	65.2%	65.0%	66.9%

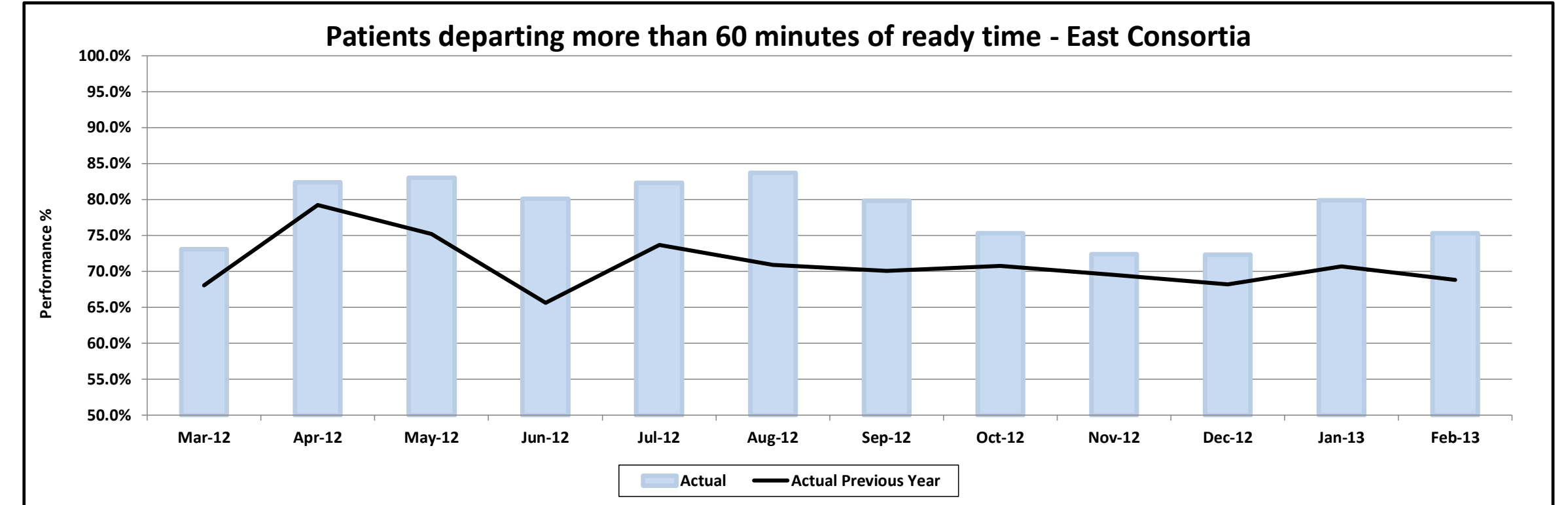
North Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual	68.5%	74.4%	80.8%	85.7%	81.4%	80.4%	76.2%	82.6%	81.9%	75.4%	78.9%	79.7%
Actual Previous Year	63.1%	61.4%	61.9%	58.5%	61.6%	63.5%	63.4%	64.1%	64.1%	68.1%	69.1%	69.1%

 * Early Warning Indicator

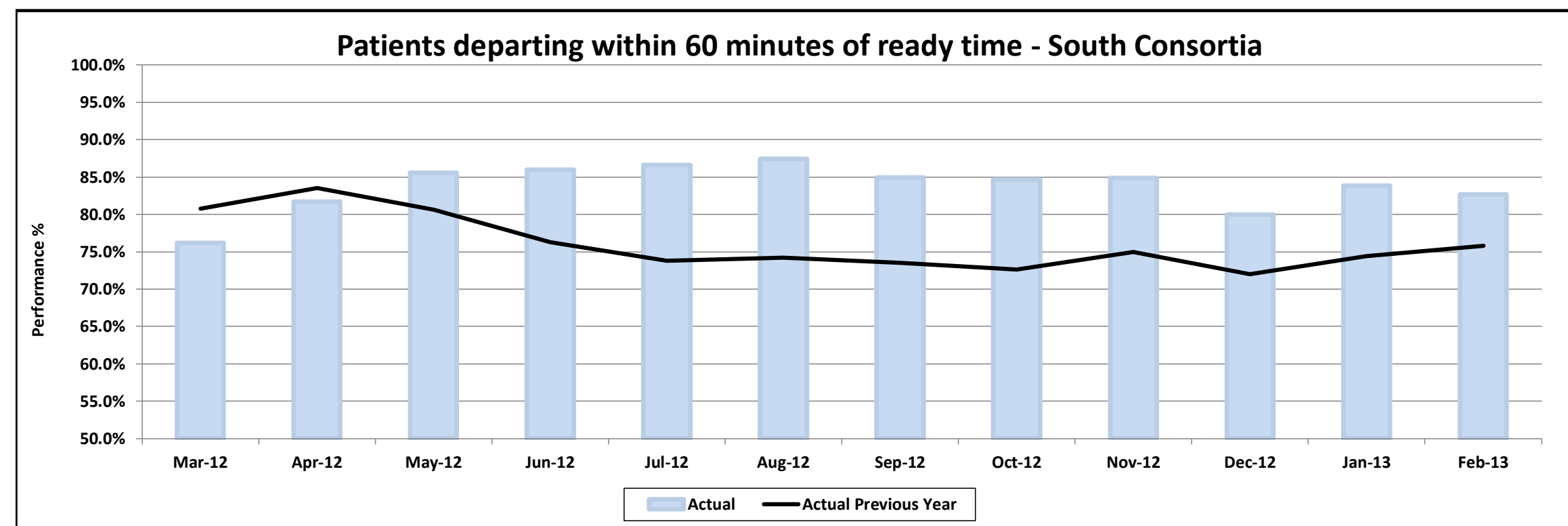
Departure - Quality Target by Consortia * 



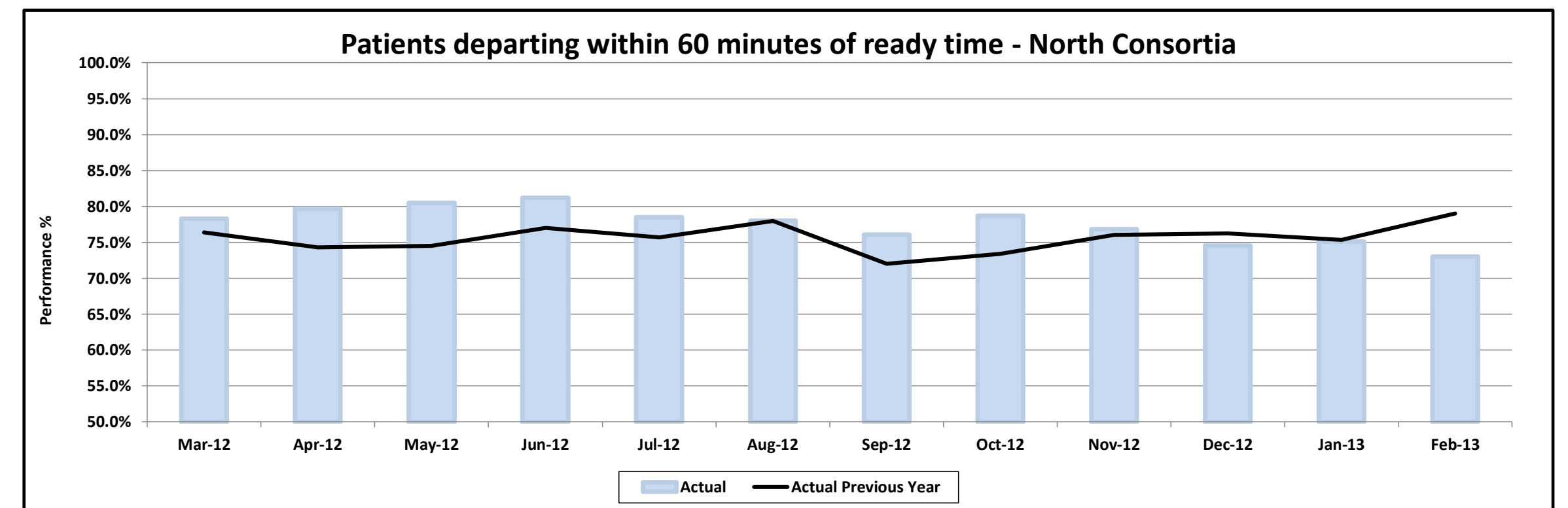
West Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual	74.0%	79.3%	76.8%	76.2%	76.4%	75.5%	73.8%	76.8%	77.3%	79.7%	79.6%	76.7%
Actual Previous Year	75.3%	80.0%	76.6%	75.2%	73.1%	77.5%	71.8%	75.4%	75.8%	73.3%	74.7%	76.1%




East Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual	73.1%	82.4%	83.0%	80.1%	82.3%	83.7%	79.8%	75.3%	72.4%	72.3%	79.9%	75.3%
Actual Previous Year	68.1%	79.2%	75.2%	65.6%	73.7%	70.9%	70.1%	70.8%	69.5%	68.2%	70.7%	68.8%



South Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual	76.2%	81.7%	85.6%	86.0%	86.6%	87.4%	84.9%	84.7%	84.9%	80.0%	83.8%	82.7%
Actual Previous Year	80.7%	83.5%	80.6%	76.3%	73.8%	74.2%	73.5%	72.6%	75.0%	72.0%	74.4%	75.8%



North Consortia	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual	78.3%	79.7%	80.5%	81.2%	78.5%	78.0%	76.1%	78.7%	76.8%	74.5%	75.1%	73.0%
Actual Previous Year	76.4%	74.3%	74.5%	77.0%	75.7%	78.0%	72.0%	73.4%	76.0%	76.2%	75.3%	79.0%

 * 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%	75.50%	74.65%	76.22%	71.37%		
	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%	98.40%	96.36%	99.00%	95.43%		
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%	90.32%	91.40%	90.52%	90.08%		
	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%	98.88%	97.25%	99.30%	95.50%		
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%	93.51%	95.64%	93.58%	95.10%		
	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%	99.20%	99.61%	99.22%	99.54%		
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%	93.90%	95.68%	94.00%	95.30%		
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%	2.52%	4.00%	2.25%	5.01%		
	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%	0.40%	0.62%	0.40%	0.60%		
	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%	21.22%	15.53%	20.94%	14.95%		
	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%	4.78%	3.99%	4.44%	3.86%		
	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%	0.95%	1.38%	0.51%	1.42%		
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%	14.87%	16.81%	12.96%	16.94%		
	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%	0.04%	0.02%	0.04%	0.00%		
	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%	1.14%	2.84%	1.09%	1.84%		
	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%	0.00%	0.92%	0.00%	0.64%		

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%	1.00%	0.24%	1.00%	0.55%		
	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%	19.00%	6.15%	19.00%	5.09%		
	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%	20.00%	18.22%	20.00%	19.76%		
	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%	5.00%	4.54%	5.00%	4.89%		
	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%	0.10%	1.66%	0.10%	1.35%		
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%	1.00%	0.19%	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%	4.00%	34.14%	4.00%	33.43%		
	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%	5.00%	1.85%	5.00%	2.48%		
	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%	0.10%	0.51%	0.10%	0.51%		
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%	5.00%	22.45%	5.00%	25.04%		
	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%	0.50%	2.97%	0.50%	4.73%		
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%	10.00%	26.61%	10.00%	29.78%		
	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%	0.10%	11.73%	0.10%	16.30%		
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%	9.00%	4.85%	9.00%	8.70%		
	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%	1.00%	0.91%	1.00%	1.85%		
	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%	0.00%	0.30%	0.00%	0.93%		
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%	5.00%	28.05%	5.00%	35.09%		
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%	5.00%	1.79%	5.00%	2.32%		
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%	5.00%	0.55%	5.00%	0.64%		

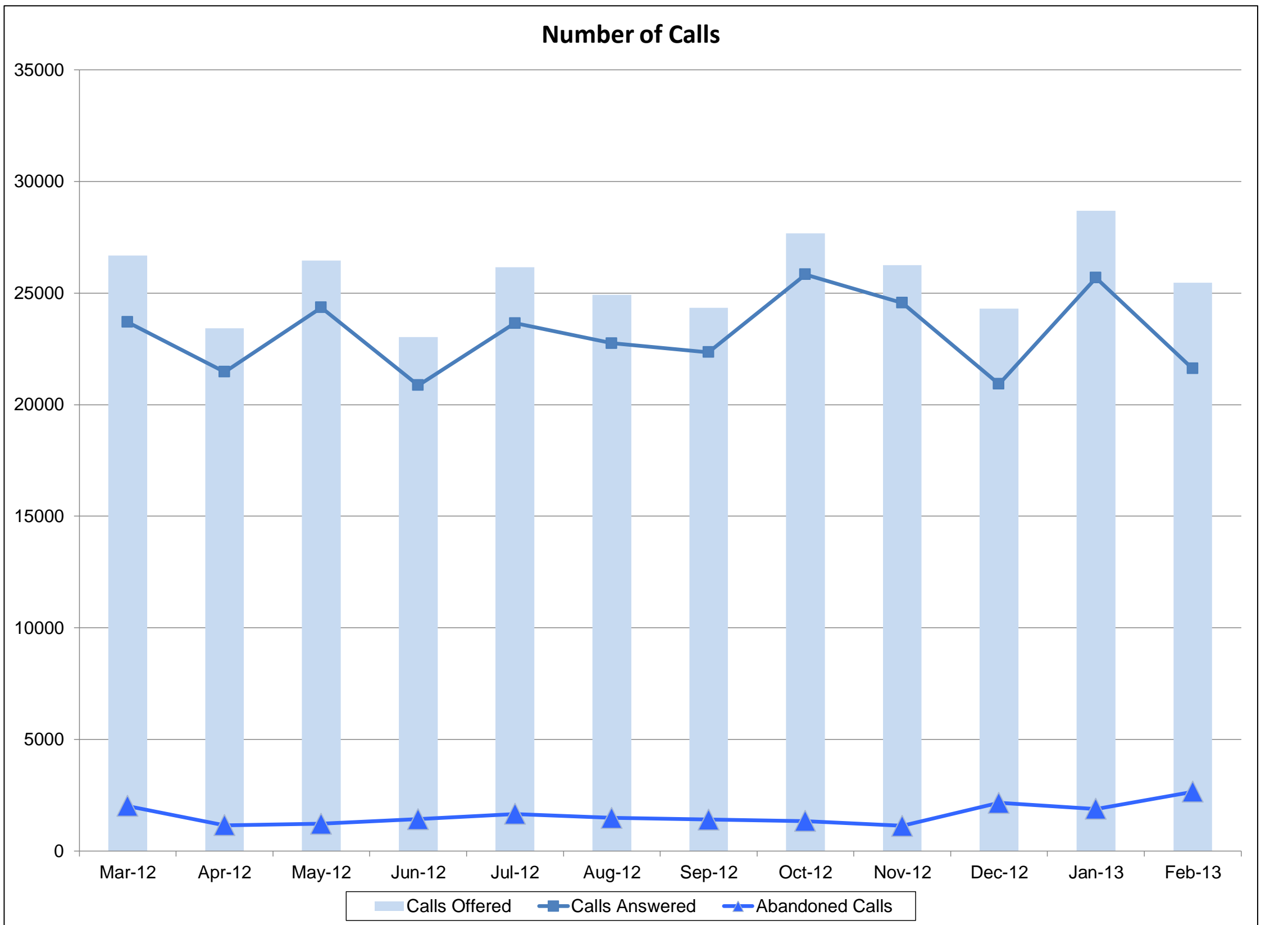
PTS KPI's - NHS North Yorkshire & York

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%	6.70%	6.46%	6.70%	7.28%		
	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%	57.50%	72.49%	57.50%	72.47%		
	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%	21.60%	14.89%	21.60%	15.37%		
	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%	8.80%	4.46%	8.80%	3.24%		
	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%	5.40%	1.70%	5.40%	1.64%		
KPI 2- Patients should be collected in a timely maner following completion of their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March	
KPI 2	a)	Patients collected within 60 mins of their booked ready time	75.70%	80.30%	75.70%	81.88%	75.70%	83.16%	75.70%	79.45%	75.70%	79.16%	75.70%	76.22%	75.70%	80.10%	75.70%	76.96%	75.70%	74.76%	75.70%	74.15%	75.70%	72.41%		
	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%	12.00%	12.25%	12.00%	13.81%		
	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%	6.10%	7.63%	6.10%	7.43%		
	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%	6.20%	5.97%	6.20%	6.35%		
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%	76.20%	84.91%	76.20%	83.50%		
	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%	16.60%	12.66%	16.60%	13.19%		
	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%	5.40%	2.07%	5.40%	2.74%		
	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%	1.80%	0.31%	1.80%	0.55%		

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

OBJ REF 3

	YTD RAG	GREEN
↔	MTD RAG	AMBER



Week Commencing	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Calls Offered	26687	23426	26455	23020	26156	24918	24332	27674	26246	24306	28691	25463
Calls Answered	23700	21462	24354	20872	23645	22747	22345	25820	24554	20915	25676	21607
Average Answer Delay	00:32	00:19	00:16	00:24	00:22	00:23	00:19	00:12	00:12	00:19	00:24	00:36
Max Answer Delay	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	00:34:10	00:36:27
Abandoned Calls	2023	1161	1222	1427	1665	1484	1407	1350	1128	2158	1893	2651
Quality of Service	76%	83%	86%	79%	80%	80%	82%	88%	89%	82%	79%	72%



Section 2c

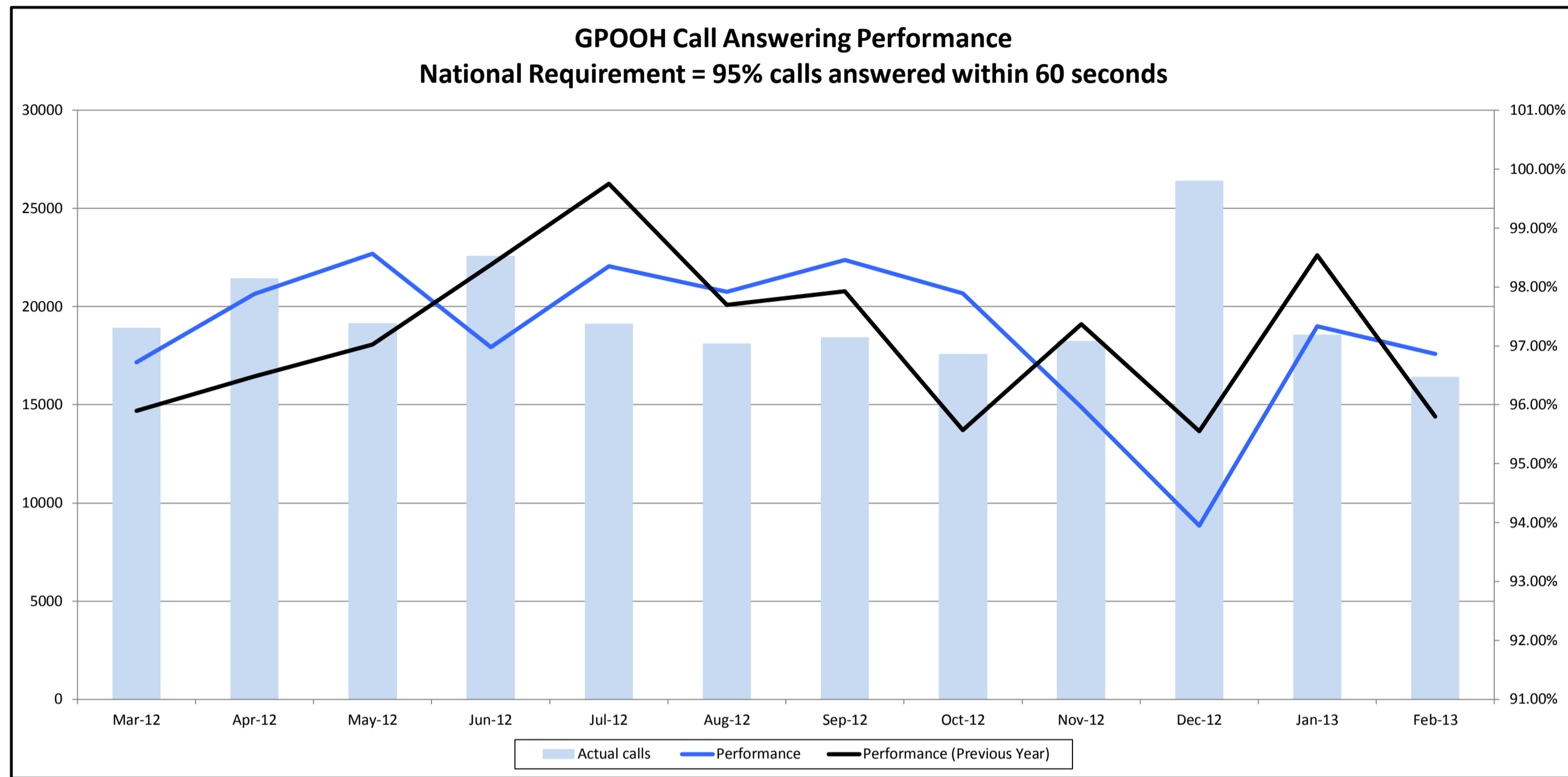
GPOOH Performance



GPOOH Call Answering Performance

OBJ REF 3

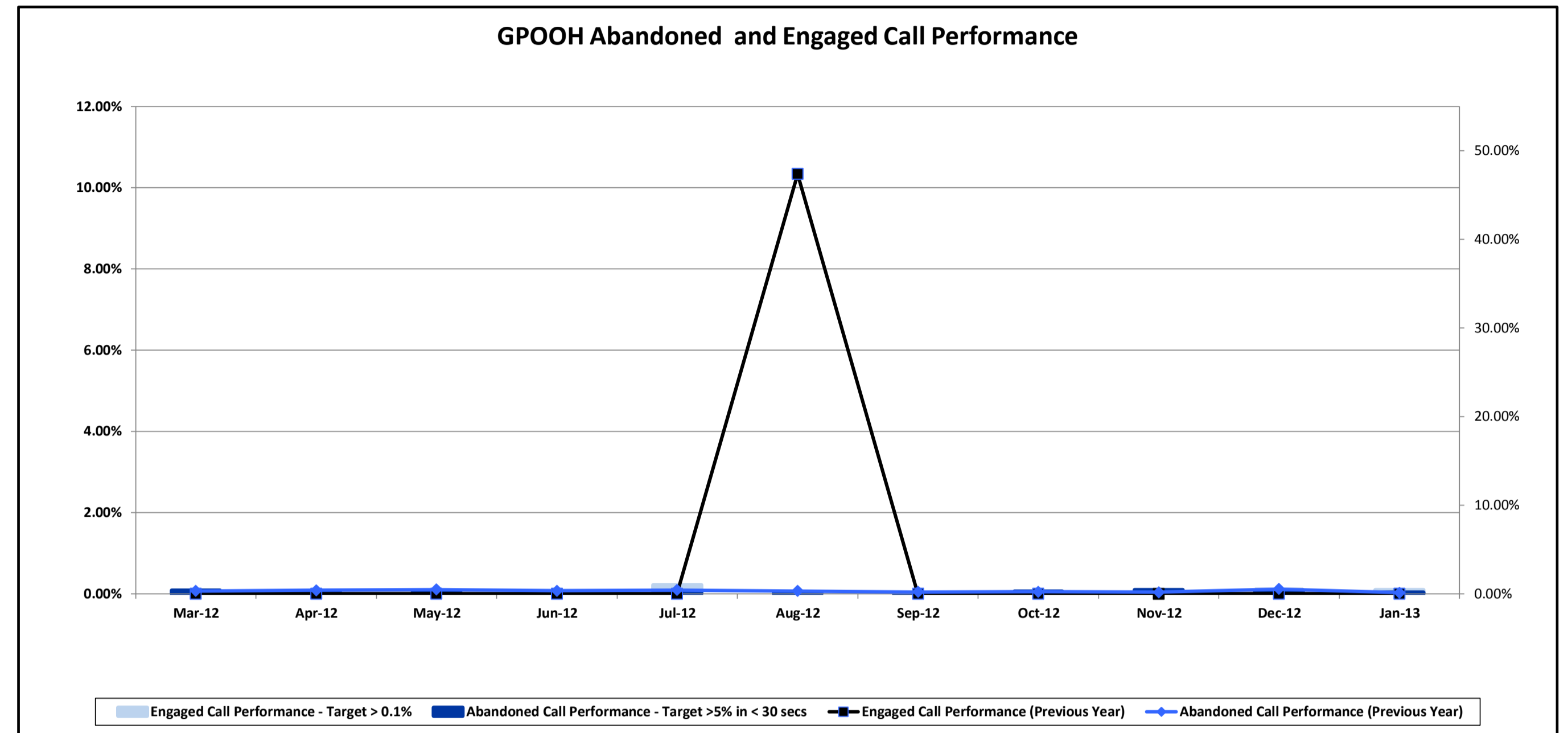
↑	YTD RAG	GREEN
↑	MTD RAG	GREEN



GPOOH Abandoned & Engaged Call Performance

OBJ REF 3

↔	YTD RAG	GREEN
↔	MTD RAG	GREEN



	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Actual calls	18905	21412	19133	22575	19105	18100	18413	17576	18231	26390	18561	16397
Actual calls (Previous Year)	18270	21026	19783	16201	18659	16895	15521	18367	16517	23375	19565	18654
Performance	96.72%	97.88%	98.57%	96.98%	98.35%	97.92%	98.46%	97.89%	95.96%	93.95%	97.33%	96.86%
Performance (Previous Year)	95.90%	96.48%	97.02%	98.38%	99.75%	97.70%	97.93%	95.57%	97.37%	95.55%	98.54%	95.80%

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Engaged Call Performance - Target > 0.1%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.00%	0.02%	0.02%	0.02%	0.10%	N/A
Engaged Call Performance (Previous Year)	0.00%	0.00%	0.00%	0.00%	0.00%	10.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Abandoned Call Performance - Target >5% in < 30 secs	0.40%	0.14%	0.13%	0.23%	0.16%	0.13%	0.12%	0.26%	0.46%	0.41%	0.15%	0.33%
Abandoned Call Performance (Previous Year)	0.30%	0.40%	0.49%	0.34%	0.42%	0.30%	0.21%	0.22%	0.18%	0.54%	0.11%	0.30%

Comments

Engaged Call Performance percentage unavailable due to a telecom error, this has been reported.



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	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb 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	Amber	Amber	Green	Green	Green
	4C's	% of Customer Feedback either Very Good or Good	>=90%	>=90%	<90% >=85%	<85%	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Customer Contact	Average Speed to Answer	<=10(s)	<=10(s)	>10(s) <=15(s)	>15(s)	Green	Green	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%	Green	Green	Green	Green	Green	Green	Green	Amber	Amber	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	Green	Amber	Amber	Amber	Amber	Amber	Green	Green
	Quality	Business Benefits Reviewed / Delivered		All	Over 75%	Less than 75%	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	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 :

Project Management: AMBER - Project support that provides admin for project paperwork completion is still on maternity - returning in April.

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 complete at Bridlington, Driffield, Hoyland and will be complete at Settle next week. Rewire project is now not proceeding this financial year. Whitby roof project is completed. Callflex 111 fit out and phase 1 Springhill alterations for 111 are now complete. Harrogate charging points is complete as is Springhill UPS and Bradford refurbishment. Springhill replacement door are now complete.
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- £702,420 Monthly Saving - £17,601
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	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG
	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Comments
<p>Contracts awarded above £25k</p> <p>None</p>
<p>Single Tender Waiver</p> <p>None</p>

Fleet

OBJ REF	3
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YTD RAG	AMBER
MTD RAG	AMBER

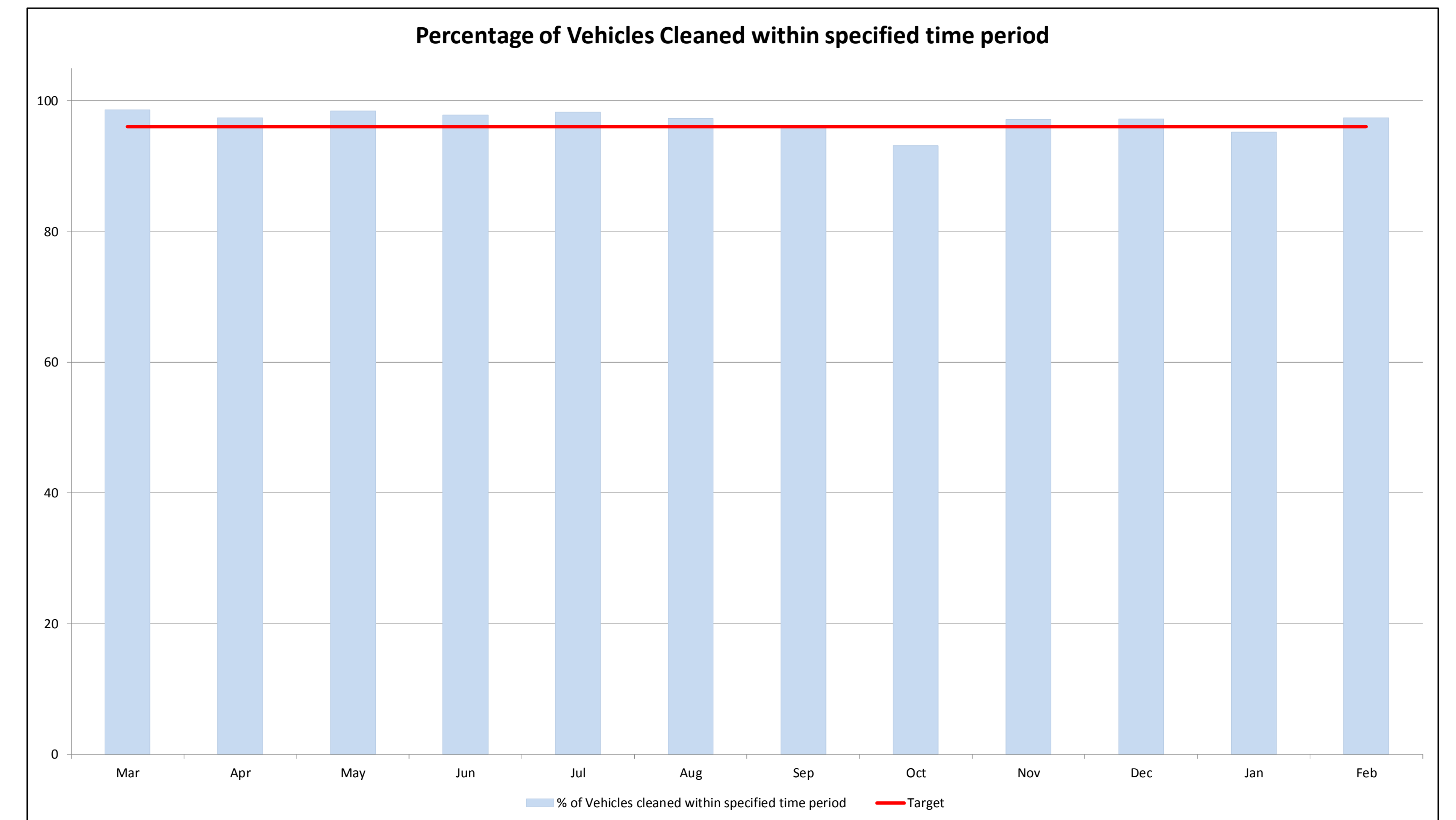
E1 Carbon Management	RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast 2012/13	Quarter 2 Actual	Notes
E1.1 Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2 Corporate Citizen Rating (monitored quarterly)	59%					

E3 Fleet		RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
Vehicle Availability % Plan vs. Actual *									
E3.1	A&E	AMBER	95%	92%	-3%	95%	91%	-3%	This KPI has not been met due to impact of PTS on available staffing resource compounded by staffing levels due to LTS levels, to overcome the low staffing levels overtime and external providers are been used. Recruitment is also taking place to replace staff leaving the trust.
E3.1	PTS	RED	96%	91%	-5%	96%	89%	-6%	Due to the age of vehicles, repairs are now more in depth, which is affecting vehicle downtime. This has been compounded by staffing levels due to LTS, to overcome the low staffing levels overtime and external providers are been used. Recruitment is also taking place to replace staff leaving the trust.

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 currently in build with delivery dates towards the end of March. This will leave 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		In order to have the greatest impact on the PTS replacement programme it has been agreed to replace vehicles with a mixture of new and second hand vehicles. An order has been raised for 14 new stretcher vehicles and 9 used.
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	In order to have the greatest impact on the PTS replacement programme it has been agreed to replace vehicles with a mixture of new and second hand vehicles. An order has been raised for 14 new stretcher vehicles and 9 used.
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	63	16.94%	High VOR's in the North area have impacted on the vehicle availability and access to vehicles for routine maintenance, the high level of sickness with the same area has also impacted so priority has been on vehicle availability rather than routine maintenance, the recruitment of a Area Team Leader has been completed and the successful candidate will take up position in late March until then the 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	RED	50	9.05%	High VOR's in the North area have impacted on the vehicle availability and access to vehicles for routine maintenance, the high level of sickness with the same area has also impacted so priority has been on vehicle availability rather than routine maintenance, the recruitment of a Area Team Leader has been completed and the successful candidate will take up position in late March until then the 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	83	2.60%	
E3.4	Defibrillator servicing Outside "Window" at end of period	GREEN	14	2.02%	Third party contractor (Oxylitre) has completed the agreed servicing.
E3.5	Suction Unit servicing Outside "Window" at end of period	GREEN	35	3.65%	Third party contractor (Oxylitre) has completed the agreed servicing. Note 14 devices had been moved from their audited location, had these devices been present there would only have been 21 overdue (at 2.19% Green) Notice has been issued into the Operational Update to remind all staff that it is essential not to remove equipment without prior notification to the Equipment Department.
E3.6	Parapac servicing Outside "Window" at end of period	AMBER	33	9.88%	Third party contractor (Oxylitre) has completed the agreed servicing. Note 9 devices had been moved from their audited location, had these devices been present there would only have been 24 overdue (at 7.19% Amber) Notice has been issued into the Operational Update to remind all staff that it is essential not to remove equipment without prior notification to the Equipment Department.
E3.7	Microvent servicing Outside "Window" at end of period	AMBER	58	7.65%	Third party contractor (Oxylitre) has completed the agreed servicing. Note 36 devices had been moved from their audited location, had these devices been present there would only have been 24 overdue (at 2.9% Amber) Notice has been issued into the Operational Update to remind all staff that it is essential not to remove equipment without prior notification to the Equipment Department.



Vehicle Cleaning	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
% of Vehicles cleaned within specified time period	98.6	97.4	98.4	97.8	98.3	97.29	95.9	93.1	97.1	97.2	95.2	97.4

Vehicles repaired by Vehicle Body Care

Number of Vehicles Repaired 2012-2013	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
2011 / 2012 Actual	76	71	69	62	67	71	78	72	78	76	81	78	879
Actual 2011 / 2012	76	71	69	62	67	71	78	72	78	76	81	78	879
Target	35	35	35	35	35	35	35	55	60	75	75	70	580
Actual Vehicle Repairs	35	34	28	27	19	16	36	15	27	29	23		289
Variance	0	-1	-7	-8	-16	-19	1	-40	-33	-46	-52		

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

▲ Early Warning Indicator



Section 3

Quality Analysis



Comments on Quality**New Incidents Reported**

There has been a decrease in the total number of incidents reported in February 2013 and the most significant decrease has been in A&E Operations and EOC. One of the reasons for a decrease in A&E Operations could be due to pressures currently on operational staff which may be resulting in less time available to report incidents. This will be monitored. There has been a considerable increase in the number of incidents in PTS which has not happened previously and this will be monitored in March to identify if there are any recurrent themes.

Patient Related Incidents

There has been a decrease in the number of patient related incidents in February however the figures are fairly consistent across the year therefore do not cause concern at present. Similar to the total number of incidents the biggest decrease has been in A&E Operations and this will continue to be monitored.

Medication related incidents

There were 4 Red incidents, One of the incidents was a loss of 2 vials of morphine, which has resulted in a suspension and full investigation. The reviewed controlled drug SOP which was previously ready to be signed off, has had to have some additions and changes in light of the incident. It has also increased the urgency around bespoke stationary. Extensive training will be attempted once the new SOP is complete.

There were 2 amber incidents that were discussed at Medicines Management, one of which was aspirin given to a child instead of paracetamol and also a discrepancy with the age of a child (father said they were 2 but the GP notes when checked said 10months), which lead to the child receiving double the recommended dose. Further investigation into how the ages could be so different was requested.

There was a huge reduction in incidents this month including red incidents with a total of 14 incidents for February

IPC Audit - Percentage compliant

Amber areas for vehicle cleanliness are primarily due to damage to upholstery (PTS) and cleanliness of the saloon area (A&E). Fleet are aware of the issues of the damage and are having further discussions with an external company to repair upholstery with PTS vehicles. The saloon area of the A&E vehicles should be maintained in a clean state by the staff members assigned to the vehicle.

Compliments / Complaints

As part of the the program of moving to Datix compliments are no longer logged on PRISM

Clinical Audit Programme

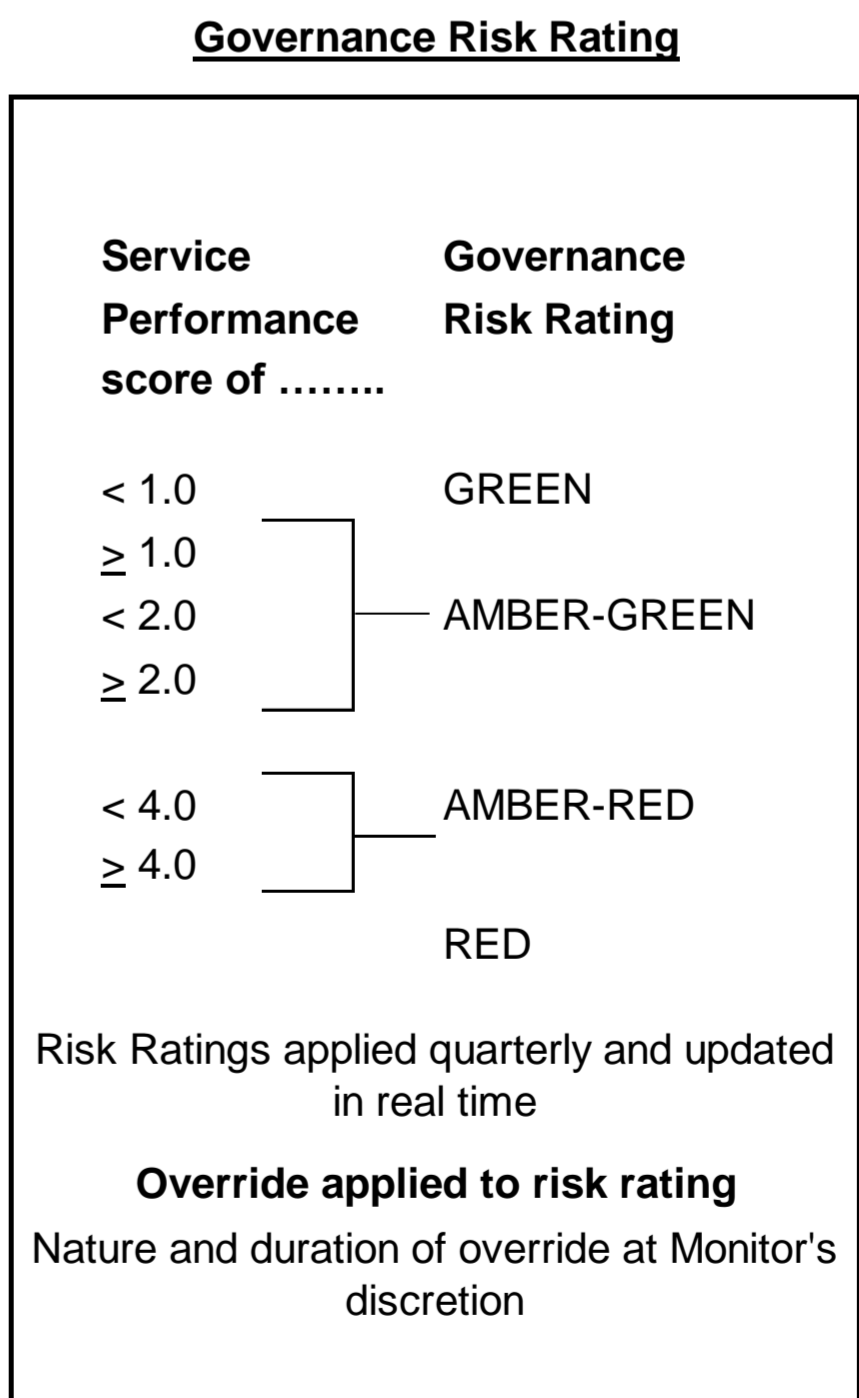
System software issues continue to have some impact on scanning and verifying, with the previously identified accumulation of unprocessed forms steadily increasing. Overtime has been authorised for clinical audit assistants in order to try and control this. To date deadlines have continued to be met for ACQIs and CPIs. Of the small number of local audits being conducted by clinicians, little progress has been shown because of the reported continuing increase in operational pressures .

KPI	Description	Measure	Mar RAG	Apr RAG	May RAG	Jun RAG	Jul RAG	Aug RAG	Sep RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Year End 12/13 Forecast	Q4 Forecast 2012/13
3	Safety	<ul style="list-style-type: none"> Infection, Prevention and Control Patients Incidents Medication Incidents Staff Incidents RIDDOR Serious Incidents 	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER
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 	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Description	Apr RAG	May RAG	June RAG	July RAG	Aug RAG	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	Year End 12/13 Forecast
Governance Risk Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	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	AMBER	RED	A number of the key schemes are not predicted to meet the targets for this year.
T2	Estates Strategy	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
T2a	HART/Leeds hub	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	GREEN	GREEN		Business case has been approved
T3	Emergency Care solution	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER		A project manager has been appointed to take the project forward
T4	Service Line Management						GREEN	GREEN	GREEN	AMBER		Amber due to available capacity to roll out the project.
T5	Purchase Springhill (CIP)	GREEN	GREEN	GREEN	BLUE	BLUE	BLUE	BLUE	BLUE	BLUE		
Operations Programme												
T6	EOC Transformation	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN		
T6a	Clinical Hub (CIP)	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN		
T6b	Red One	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	RED		A proposal and delivery plan has been presented to the TEG for discussion.
T6c	EOC Reconfiguration	AMBER	AMBER	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN		
T6d	Reduced Conveyance including CQUIN	GREEN	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN		The implemented changes have resulted in the trajectory being met for Jan and Feb 13. This is now on track to achieve the full CQUIN targets in Q4.
T6e	Turnaround collaborative	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER		A number of Acute Trusts are still to sign the agreement. Discussions are on-going to resolve the issues.
T7	Workforce Plan (CIP)	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN		The plan has been approved and is currently being implemented.
T7a	Rota review						GREEN	GREEN	GREEN	GREEN		
T8	Rural Models CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		
T9	ECP CQUIN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER		The final report has been submitted - awaiting commissioner feedback
T10	Reduce A&E overtime (CIP)	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER		High operational activity in December impacted on ability to deliver CIP - actions in place to achieve CIP savings for next quarter
T11	Effective Sickness Management (CIP)	RED	RED	RED	RED	RED	RED	RED	RED	RED		Slight decrease in Jan 13 but sickness still remains high. On-going tender to support occupational health projects is progressing. National changes to terms and conditions relating to sickness absence will take effect from April 13.
T12	Meal break policy (CIP)	GREEN	GREEN	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER		This proposed change is part of the broader proposed workforce review and will be aligned with the ongoing discussions with both staff and trade unions before implementation and any cost benefits can be achieved.
T13	PTS Transformation (CIP)	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER		Consistent with prior months compliance has fallen and plans are underway to mitigate the effects. Benefit realisation in PTS South at risk. Potential managerial restructure impacts. Lack of accommodation in PTS East now impacts on operational delivery; managers will have no working area with full compliment of comms staff in post.
T13a	PTS CQUINS	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER		Although there are a number of CQUIN schemes which will not be fully realised for Q3 and are predicted to fall short for Q4 full compliance, overall the PTS position is healthy with most schemes being set for full or partial payment this year. All the Q3 reports have been delivered on time (although one report deadline was re-negotiated with the commissioners in West Yorkshire). The main areas of risk are consistent with previous months, that is failure to deliver the trajectory for West Yorkshire abortive journeys, and failure to deliver in South Yorkshire against the 120 min wait reductions.
A1	Individual Performance Reports	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER		Final review required to determine benefits if rolled out Trustwide.
Clinical/Quality Programme												
T14	111	GREEN	RED	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	Internal work is progressing well. Final DOH testing is on-going before the planned 'go live' date.
T15	Major trauma	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	GREEN	Joint funding has been agreed for the emergency care team.
T16	Cardiac Arrest	GREEN	GREEN	GREEN	GREEN	AMBER	RED	AMBER	AMBER	GREEN		Agreement for a car to provide on scene relief. Pilot for this project will be completed.
T17	Public health	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		
T17a	Demand management CQUIN	GREEN	GREEN	AMBER	GREEN	AMBER	GREEN	GREEN	GREEN	AMBER		On-going discussions with the commissioners to try and resolve a minor disagreement in relation to the timing of a presentation.
T18	Clinical Leadership	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER		Overall the framework is beginning to become embedded in practice. It was agreed that development of the dashboard and monitoring of this and staff feedback through this project group over the coming quarter would be essential to ensure that the new framework is fully operational, but that once this evidence was available, the project group would be stood down.
A2	Dementia CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER		Amber in relation to the training figures not being met. There is a plan for roll-out throughout Q4 so is on track to meet the Q4 targets.
A3	Patient Safety CQUIN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		
A4	Risk Data Management	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	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	GREEN	GREEN		
P2	Staff engagement and communication	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER		Policy Deployment work continuing and progressing well. Integrated launch planned for April 13 to include the summary IBP/transformation programme and bright ideas scheme.
P3	Leadership development / service improvement and change skills development and training	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN		Service improvement tender underway.
A5	Electronic staff record ESR	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	GREEN	GREEN	GREEN		On track for launch in April 13.

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

IPC Audit - Percentage compliant

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

Area	Audit	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Bradford, Calderdale & Kirklees (pre May 2012) Calderdale, Kirklees, Wakefield (May 2012 onwards)	Hand Hygiene	98	96	98	97	93	95	97	99	94	97
	Premise	92	95	96	98	93	94	90	97	97	99
	Vehicle	94	90	95	98	93	90	94	97	95	95
North Yorkshire and York	Hand Hygiene	100	98	99	98	95	97	97	97	99	97
	Premise	99	95	97	98	95	100	99	97	99	99
	Vehicle	98	94	97	92	86	90	90	91	95	96
Humber	Hand Hygiene	99	99	94	95	99	94	99	97	97	98
	Premise	99	98	92	95	95	96	97	95	99	98
	Vehicle	98	99	97	96	96	93	91	90	93	94
Leeds & Wakefield (pre May 2012) Airedale, Bradford, Leeds (May 2012 onwards)	Hand Hygiene	98	I/Data	98	97	97	98	99	97	97	98
	Premise	99	I/Data	96	99	95	I/Data	96	98	93	99
	Vehicle	94	I/Data	97	93	94	96	98	92	96	98
South Yorkshire and Bassetlaw	Hand Hygiene	99	99	98	94	99	99	99	99	100	99
	Premise	99	98	98	92	95	98	98	98	98	99
	Vehicle	99	99	97	96	99	99	99	99	99	97
YAA	Hand Hygiene	100	100	100	100	100	100	100	100	100	100
	Premise	100	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	94	79	0	93	93	91	97	98	98	98
	Premise	80	83	0	89	100	95	100	100	100	100
	Vehicle	96	83	0	99	I/Data	100	100	100	100	100
Private & Events	Hand Hygiene	100	100	100	100	100	100	100	100	100	100
	Vehicle	96	100	100	97	97	100	100	97	100	100
PTS Leeds	Hand Hygiene	99	100	100	99	99	I/Data	100	99	100	100
	Vehicle	91	91	93	94	98	95	98	0	92	91
PTS Mid Yorkshire	Hand Hygiene	99	99	100	100	99	100	99	99	100	99
	Vehicle	86	91	92	95	94	95	93	96	91	91
PTS Bradford / Airedale	Hand Hygiene	100	99	100	99	100	100	100	99	99	100
	Vehicle	85	93	90	91	91	91	91	90	92	92
PTS Calderdale / Huddersfield	Hand Hygiene	96	99	100	100	97	99	99	98	99	97
	Vehicle	92	92	94	99	97	98	97	100	99	97
PTS North Yorkshire	Hand Hygiene	97	99	100	99	I/Data	100	99	99	100	100
	Vehicle	96	98	97	94	I/Data	98	98	91	95	99
PTS Hull & East	Hand Hygiene	99	100	98	99	98	99	99	100	100	99
	Vehicle	92	93	94	97	97	99	95	99	99	96
PTS Sheffield / Barnsley	Hand Hygiene	100	100	100	93	100	100	100	100	100	100
	Vehicle	100	100	100	87	100	95	99	100	100	100
PTS Rotherham / Doncaster	Hand Hygiene	95	99	97	98	100	100	100	100	100	98
	Vehicle	99	100	100	100	100	100	100	100	100	100
Overall Compliance	Hand Hygiene	99	98		99	98	98	98	99	99	99
	Premise	98	97		96	96	95	97	97	98	99
	Vehicle	94	94		95	95	96	96	96	96	96

Key for IPC Audit: Pre April 2012

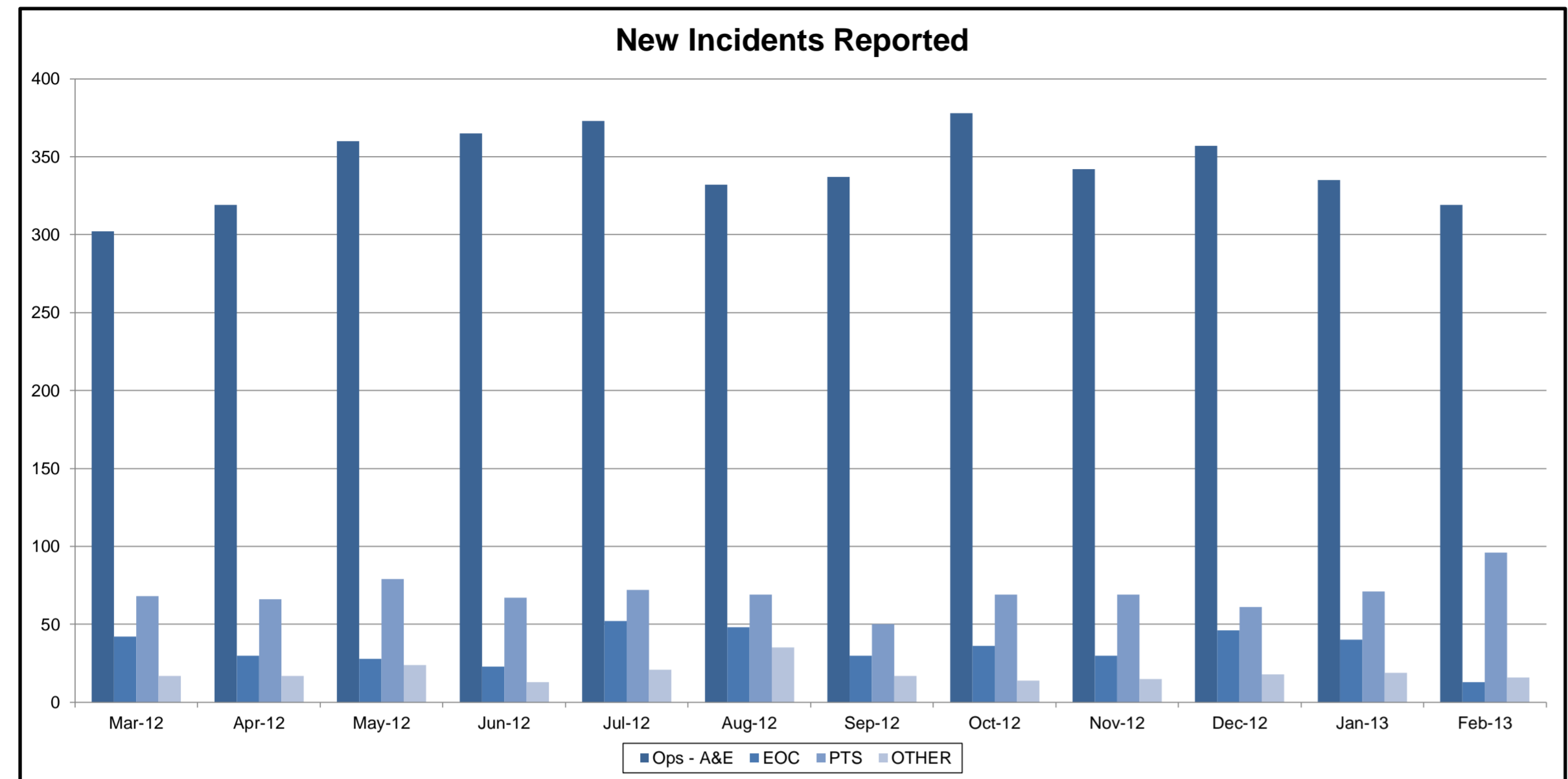
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

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 * ▲

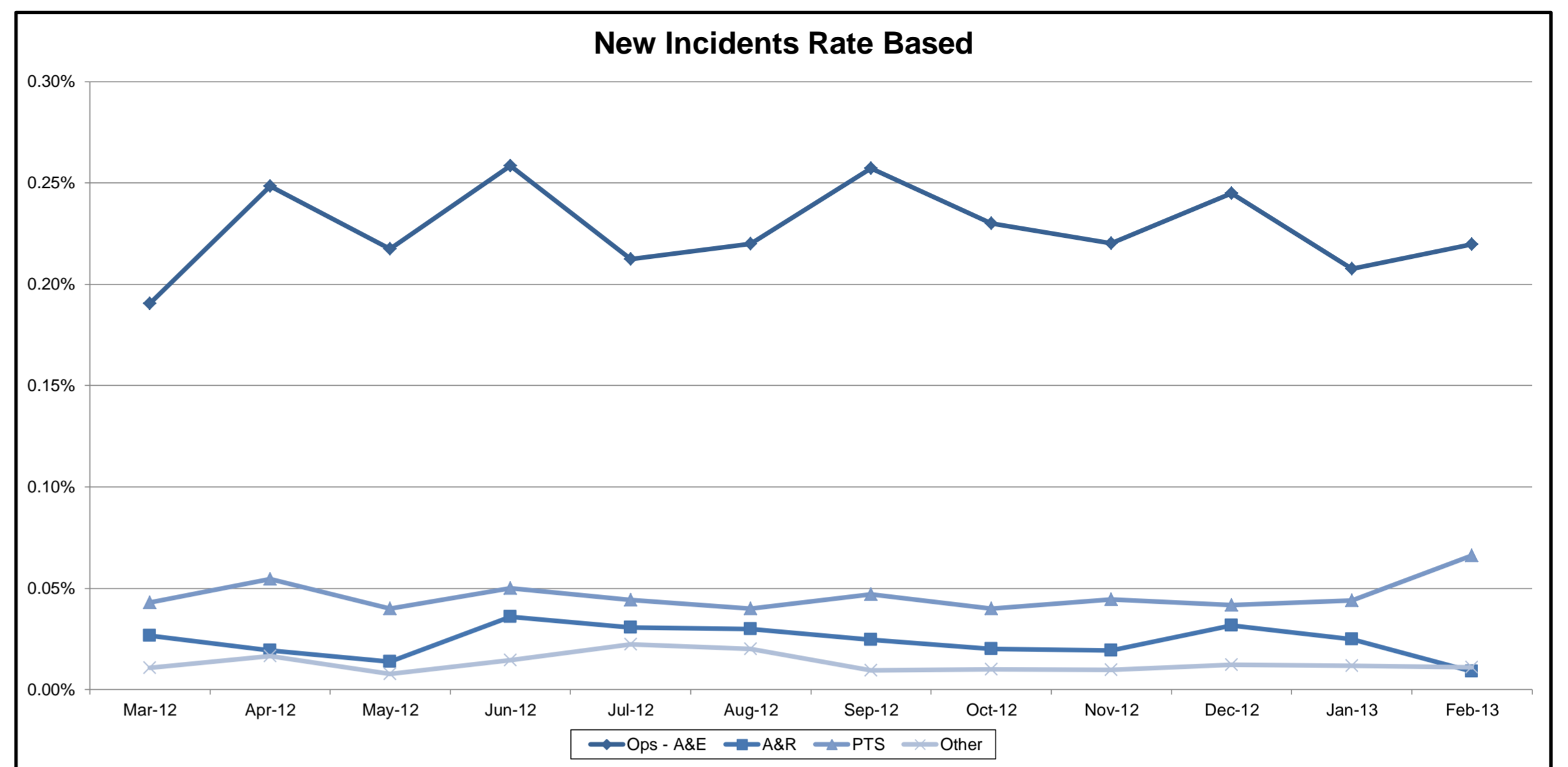
OBJ REF 3



New Incidents Reported	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Ops - A&E	302	319	360	365	373	332	337	378	342	357	335	319
EOC	42	30	28	23	52	48	30	36	30	46	40	13
PTS	68	66	79	67	72	69	50	69	69	61	71	96
OTHER	17	17	24	13	21	35	17	14	15	18	19	16
TOTALS	429	432	491	468	518	484	434	497	456	482	465	444

New Incidents Reported Rate Based * ▲

OBJ REF 3



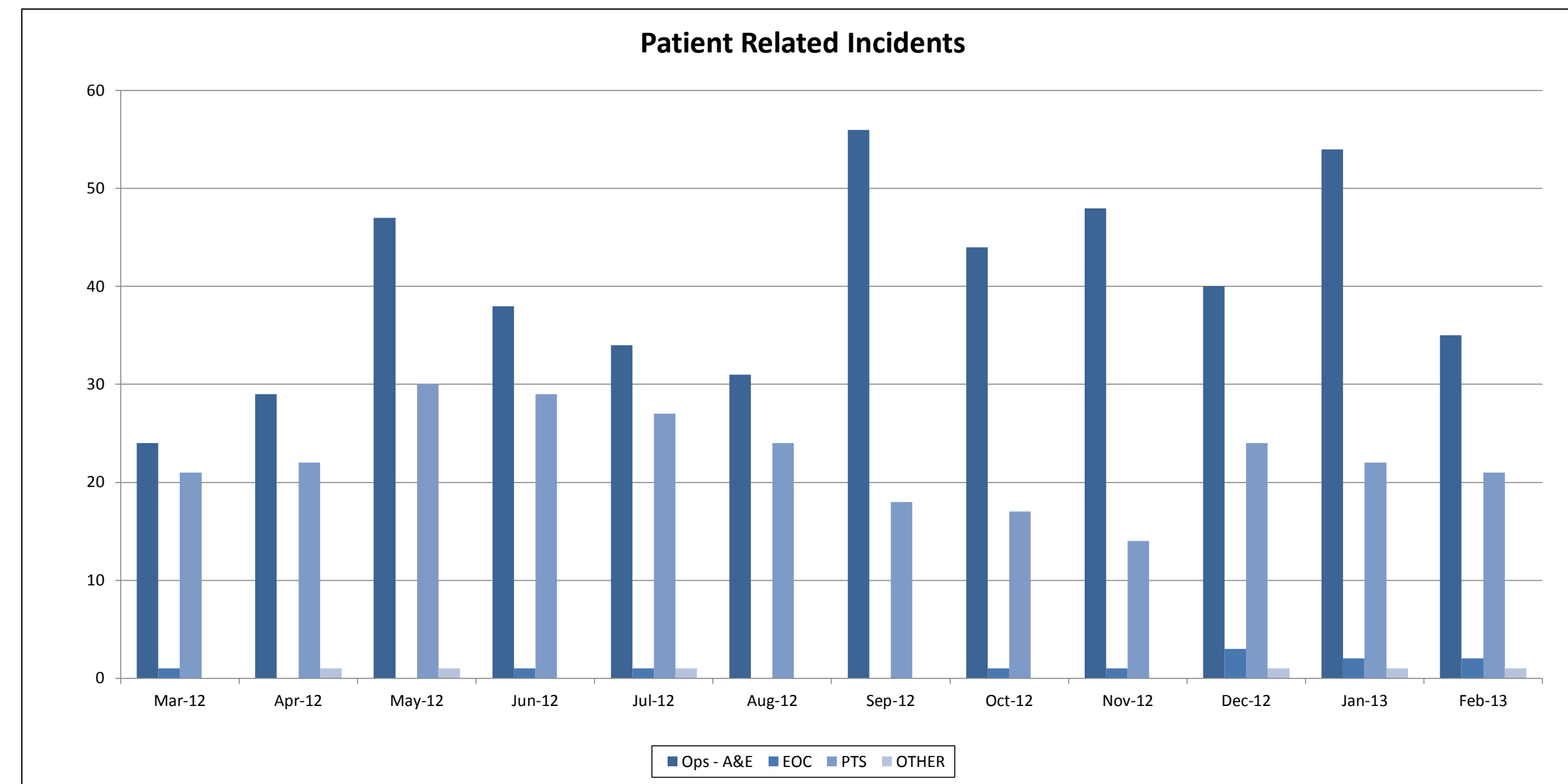
New Incidents Reported	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Ops - A&E	0.19%	0.25%	0.22%	0.26%	0.21%	0.22%	0.26%	0.23%	0.22%	0.24%	0.21%	0.22%
A&R	0.03%	0.02%	0.01%	0.04%	0.03%	0.03%	0.02%	0.02%	0.02%	0.03%	0.02%	0.01%
PTS	0.04%	0.05%	0.04%	0.05%	0.04%	0.04%	0.05%	0.04%	0.04%	0.04%	0.04%	0.07%
OTHER	0.01%	0.02%	0.01%	0.01%	0.02%	0.02%	0.01%	0.01%	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.

▲ * Early Warning Indicator

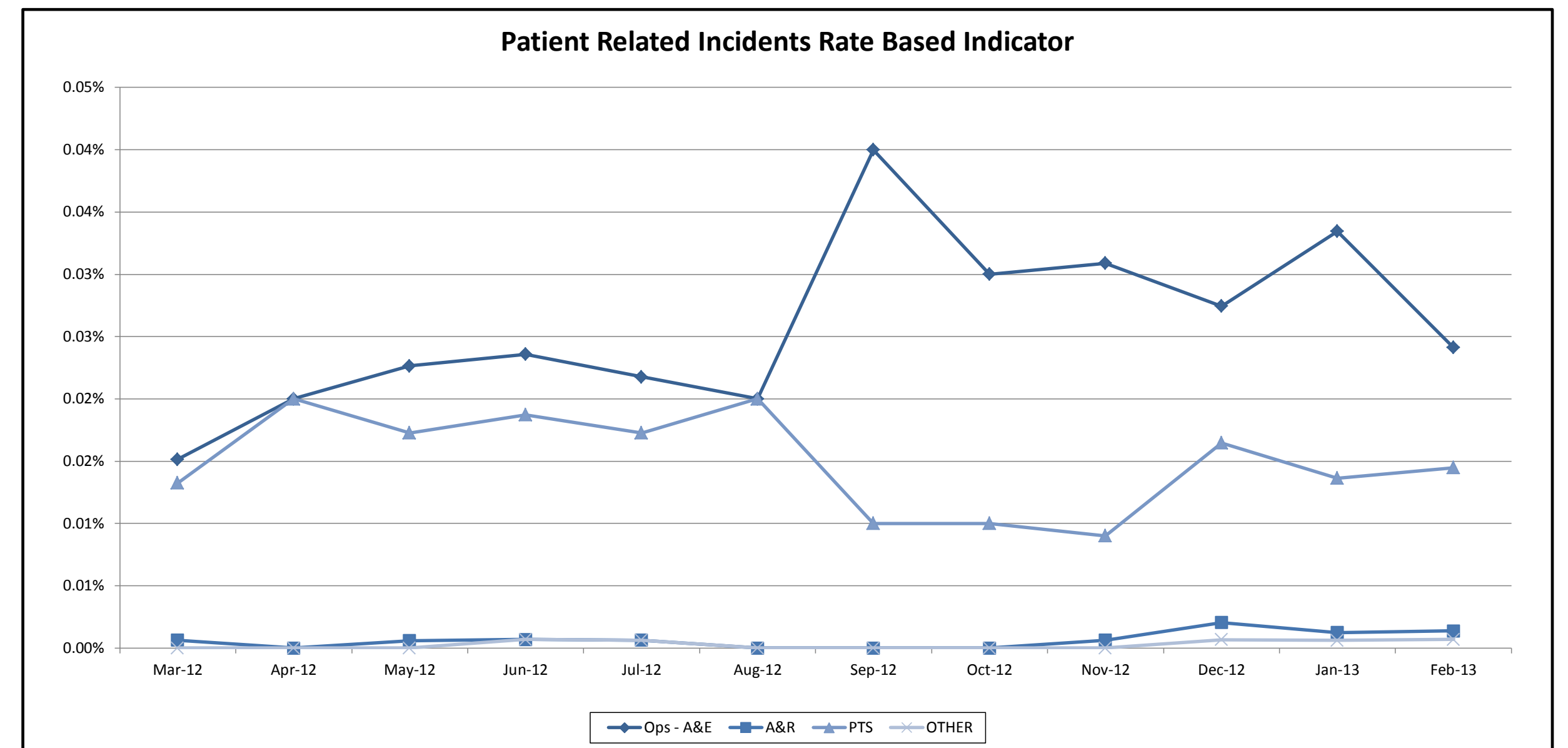
Patient related Incidents

OBJ REF 3



Patient Related Incidents Rate Based Indicator

OBJ REF 3



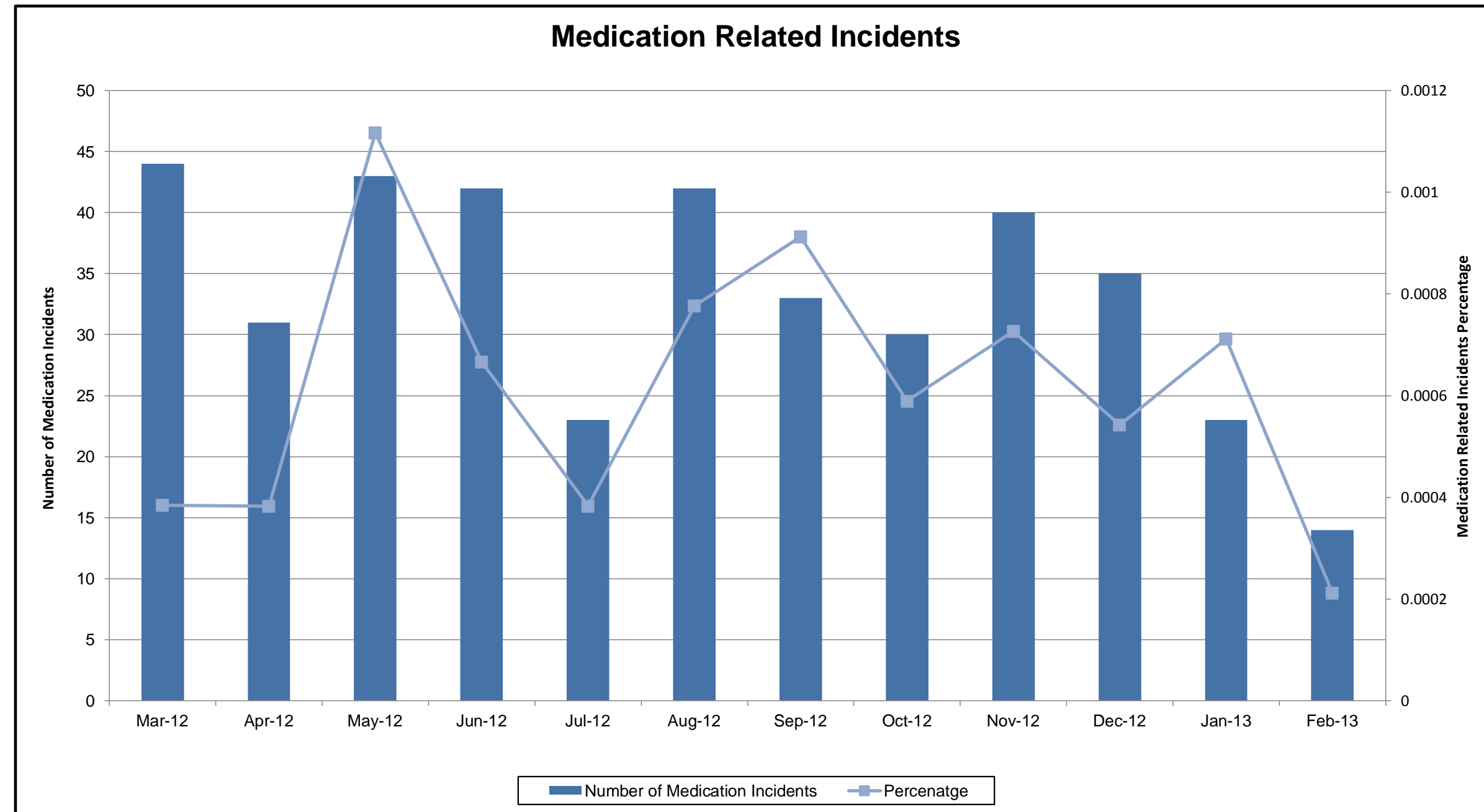
Patient Related Incidents	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Ops - A&E	24	29	47	38	34	31	56	44	48	40	54	35
EOC	1	0	0	1	1	0	0	1	1	3	2	2
PTS	21	22	30	29	27	24	18	17	14	24	22	21
OTHER	0	1	1	0	1	0	0	0	0	1	1	1
TOTALS	46	52	78	68	63	55	74	62	63	68	79	59

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Ops - A&E	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.04%	0.03%	0.03%	0.03%	0.03%	0.02%
A&R	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PTS	0.01%	0.02%	0.02%	0.02%	0.02%	0.02%	0.01%	0.01%	0.01%	0.02%	0.01%	0.01%
OTHER	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

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

Medication Related Incidents

OBJ REF 3

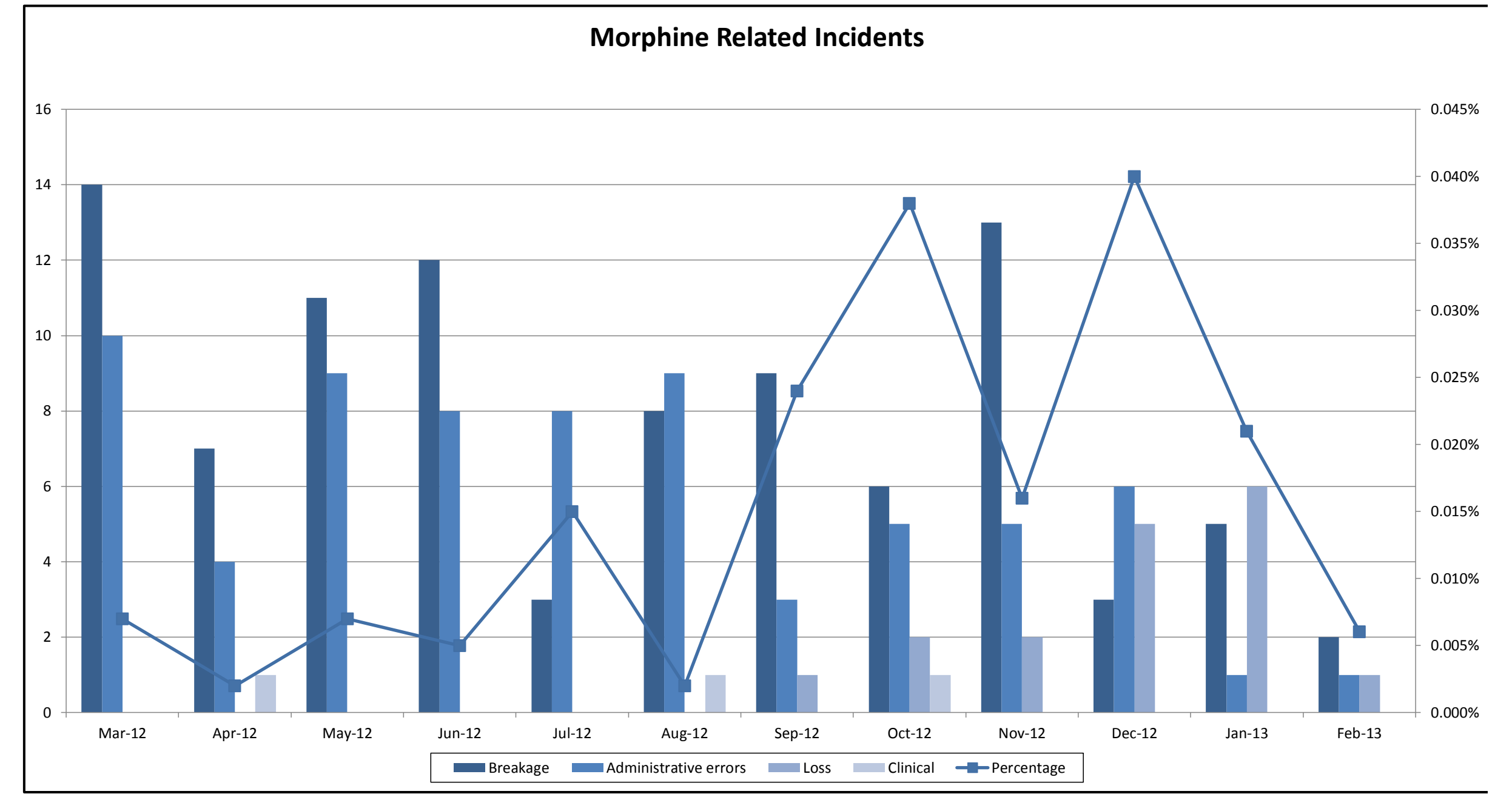


	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Number of Medication Incidents	44	31	43	42	23	42	33	30	40	35	23	14

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

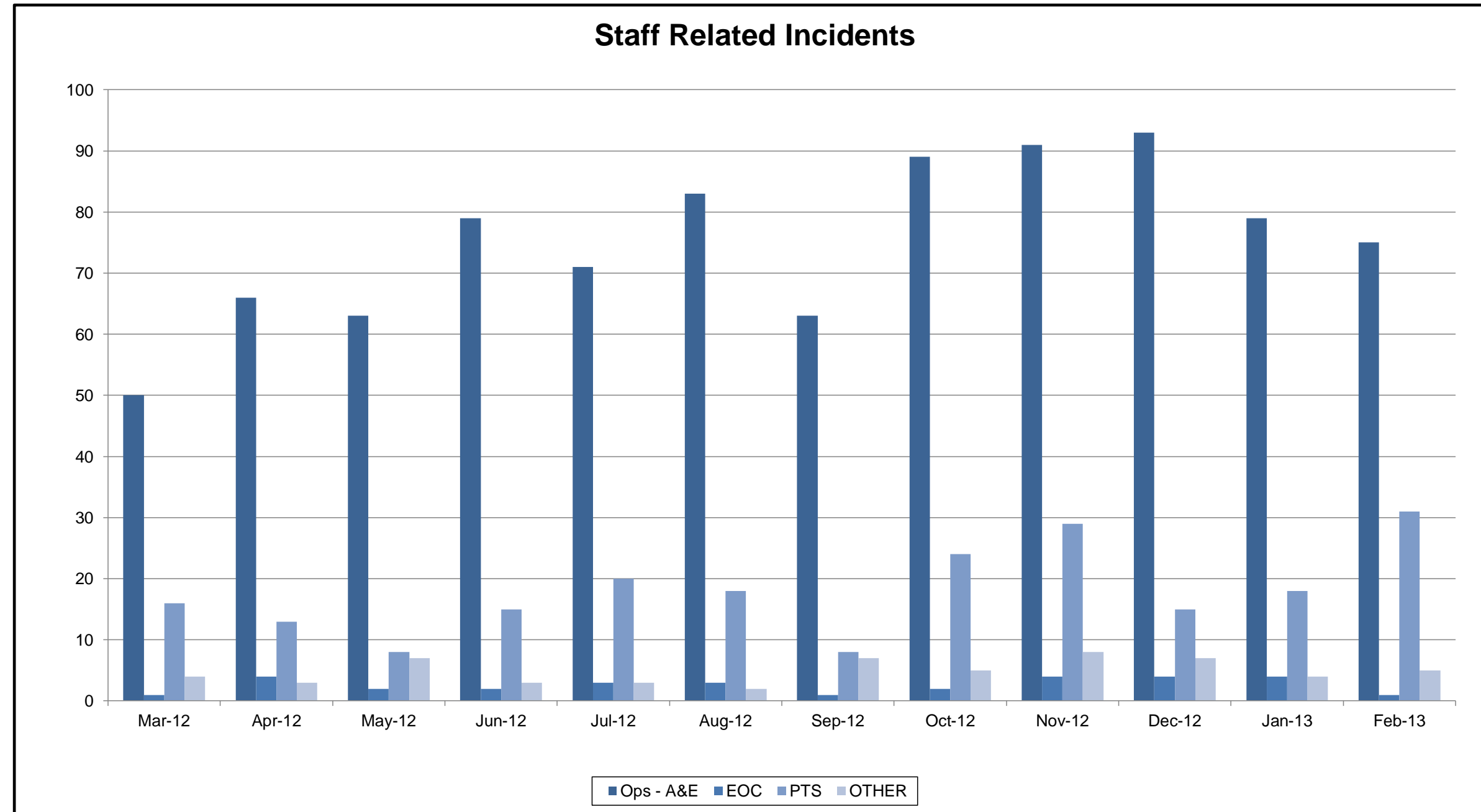


	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Breakage	14	7	11	12	3	8	9	6	13	3	5	2
Administrative errors	10	4	9	8	8	9	3	5	5	6	1	1
Loss	0	0	0	0	0	0	1	2	2	5	6	1
Clinical	0	1	0	0	0	1	0	1	0	0	0	0
Number of Morphine Incidents	24	12	20	20	11	18	13	14	20	14	12	4

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

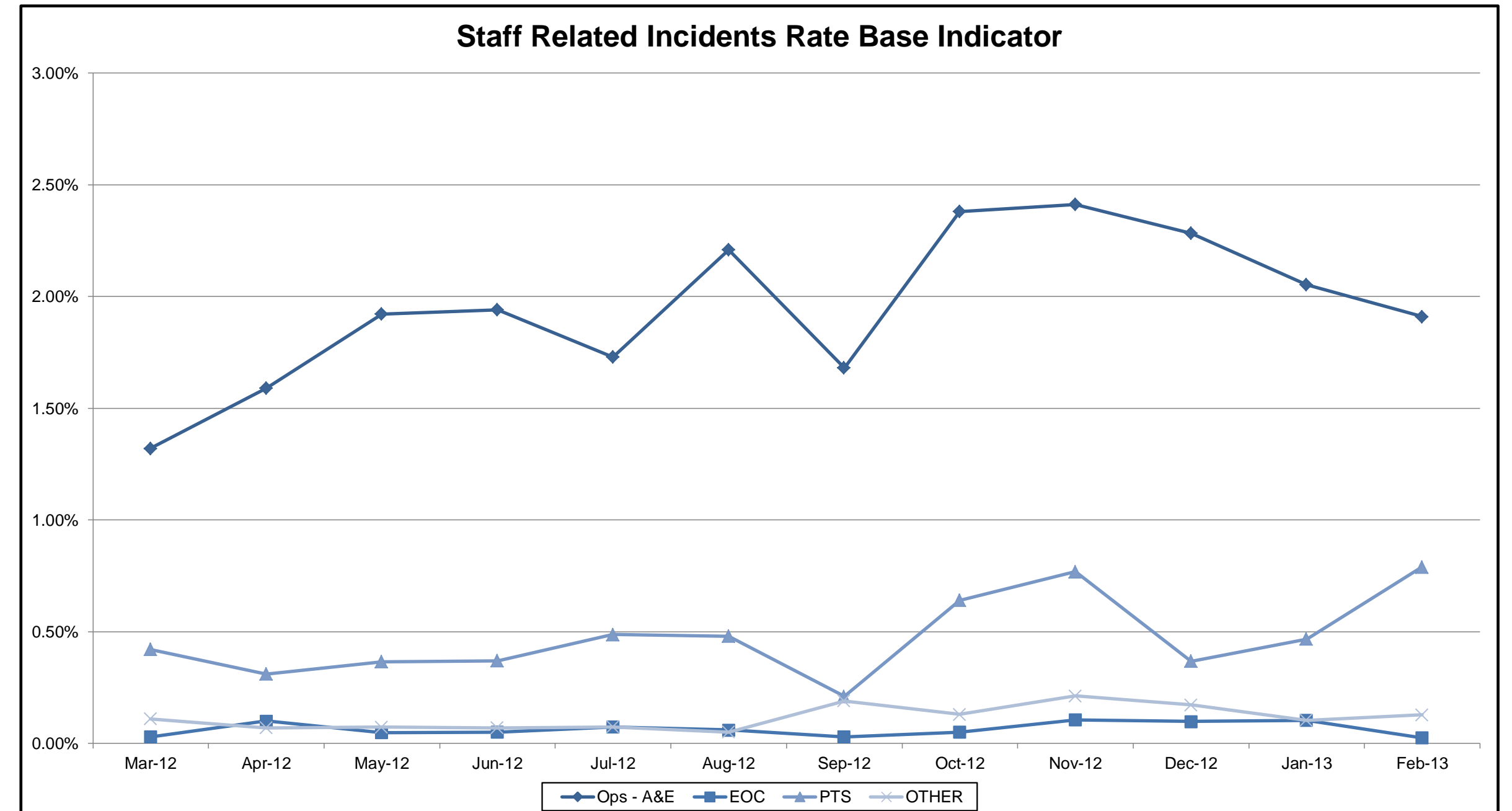
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



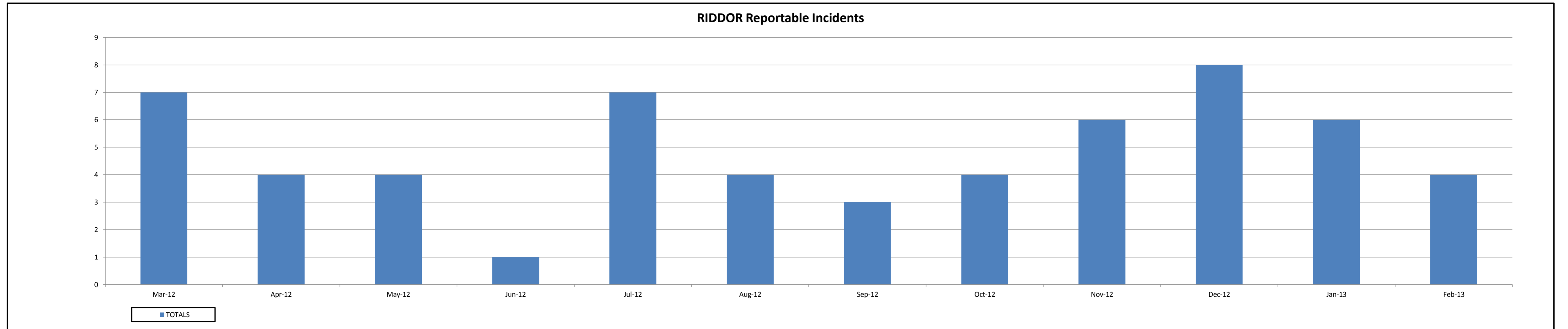
Staff Related Incidents	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Ops - A&E	50	66	63	79	71	83	63	89	91	93	79	75
EOC	1	4	2	2	3	3	1	2	4	4	4	1
PTS	16	13	8	15	20	18	8	24	29	15	18	31
OTHER	4	3	7	3	3	2	7	5	8	7	4	5
TOTALS	71	86	80	99	97	106	79	120	132	119	105	112

Staff Related Incidents	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Ops - A&E	1.32%	1.59%	1.92%	1.94%	1.73%	2.21%	1.68%	2.38%	2.41%	2.28%	2.05%	1.91%
EOC	0.03%	0.10%	0.05%	0.05%	0.07%	0.06%	0.03%	0.05%	0.11%	0.10%	0.10%	0.03%
PTS	0.42%	0.31%	0.36%	0.37%	0.49%	0.48%	0.21%	0.64%	0.77%	0.37%	0.47%	0.79%
OTHER	0.11%	0.07%	0.07%	0.07%	0.07%	0.05%	0.19%	0.13%	0.21%	0.17%	0.10%	0.13%

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

RIDDOR Reportable Incidents

OBJ REF 3

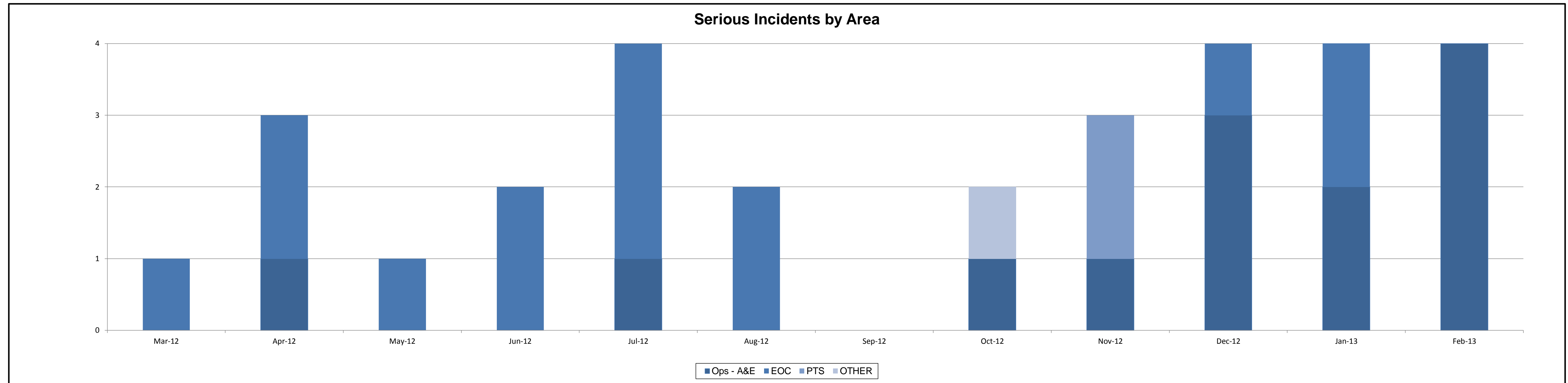


RIDDOR reportable	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
North Yorkshire CBU	0	1	1	0	0	0	0	1	3	0	1	0
East Riding of Yorkshire CBU	2	0	0	0	2	0	0	1	1	1	0	1
Leeds & Wakefield CBU	0	1	1	0	2	0	1	1	2	2	2	1
Bradford, Calderdale and Kirklees	2	1	1	0	1	1	2	0	0	2	0	1
South Yorkshire CBU	2	1	1	1	2	2	0	1	0	3	0	0
Operations PTS	1	0	0	0	0	0	0	0	0	0	3	1
Other Directorates	0	0	0	0	0	1	0	0	0	0	0	0
TOTALS	7	4	4	1	7	4	3	4	6	8	6	4

Incident Type	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Contact with moving machinery or materials	0	0	0	0	0	0	0	0	0	0	0	0
Hit by a moving, flying or falling object	0	0	2	0	0	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	1	1	0	0	0	0
Injured while handling, lifting or carrying	3	3	0	1	3	1	1	2	4	4	2	3
Slip, trip or fall on the same level	4	1	1	0	1	2	1	1	2	3	2	0
Fall from a height	0	0	0	0	2	0	0	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	1	0	0	0	0	0	0	0	0	1
Exposed to fire	0	0	0	0	0	0	0	0	0	0	0	0
Exposed to an explosion	0	0	0	0	0	0	0	0	0	0	0	0
Contact with electricity or an electrical discharge	0	0	0	0	0	0	0	0	0	0	0	0
Injured by an animal	0	0	0	0	0	0	0	0	0	0	0	0
Physically assaulted by a person	0	0	0	0	1	0	0	0	0	0	1	0
Another kind of accident	0	0	0	0	0	1	0	0	0	1	1	0
Total	5	9	7	4	1	7	4	4	6	8	6	4

SUI Incidents by Area

OBJ REF 3



SUI Incidents *	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Ops - A&E	0	1	0	0	1	0	0	1	1	3	2	4
EOC	1	2	1	2	3	2	0	0	0	1	3	2
PTS	0	0	0	0	0	0	0	0	2	0	0	0
OTHER	0	0	0	0	0	0	0	1	0	0	0	0
TOTALS	1	3	1	2	4	2	0	2	3	4	5	6

* Early Warning Indicator

Incident Type	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Delayed dispatch/response	1	2	1	2	3	2	0	0	0	1	3	4
Road Traffic Collision	0	0	0	0	0	0	0	1	0	0	0	0
Clinical care	0	1	0	0	1	0	0	0	0	0	1	2
Inadequate clinical assessment	0	0	0	0	0	0	0	0	0	3	1	0
Violence & aggression	0	0	0	0	0	0	0	0	1	0	0	0
Data protection breach	0	0	0	0	0	0	0	0	0	0	0	0
Adverse media attention	0	0	0	0	0	0	0	0	0	0	0	0
Medication related	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	1	2	0	0	0
Total	1	3	1	2	4	2	0	2	3	4	5	6

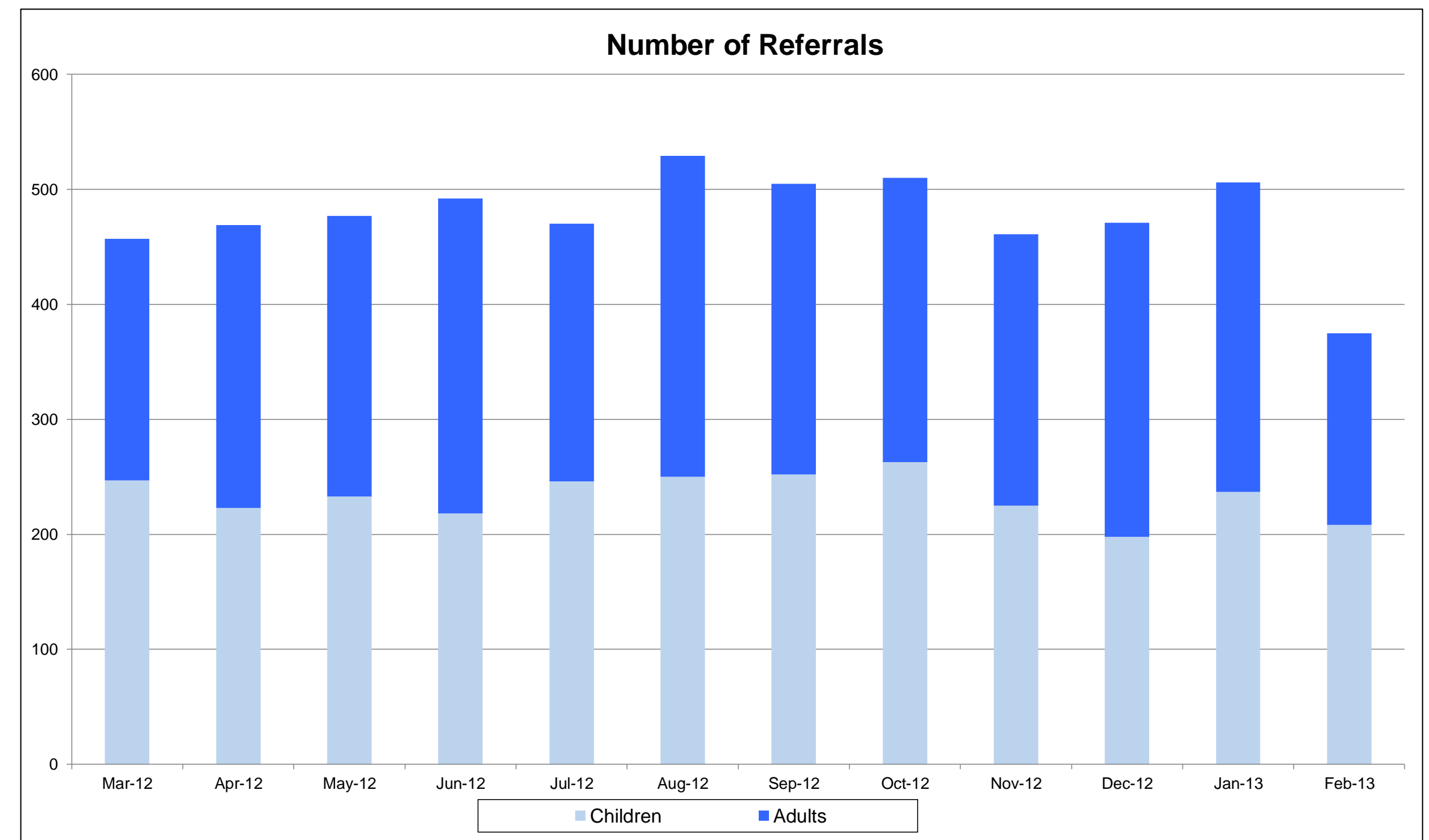
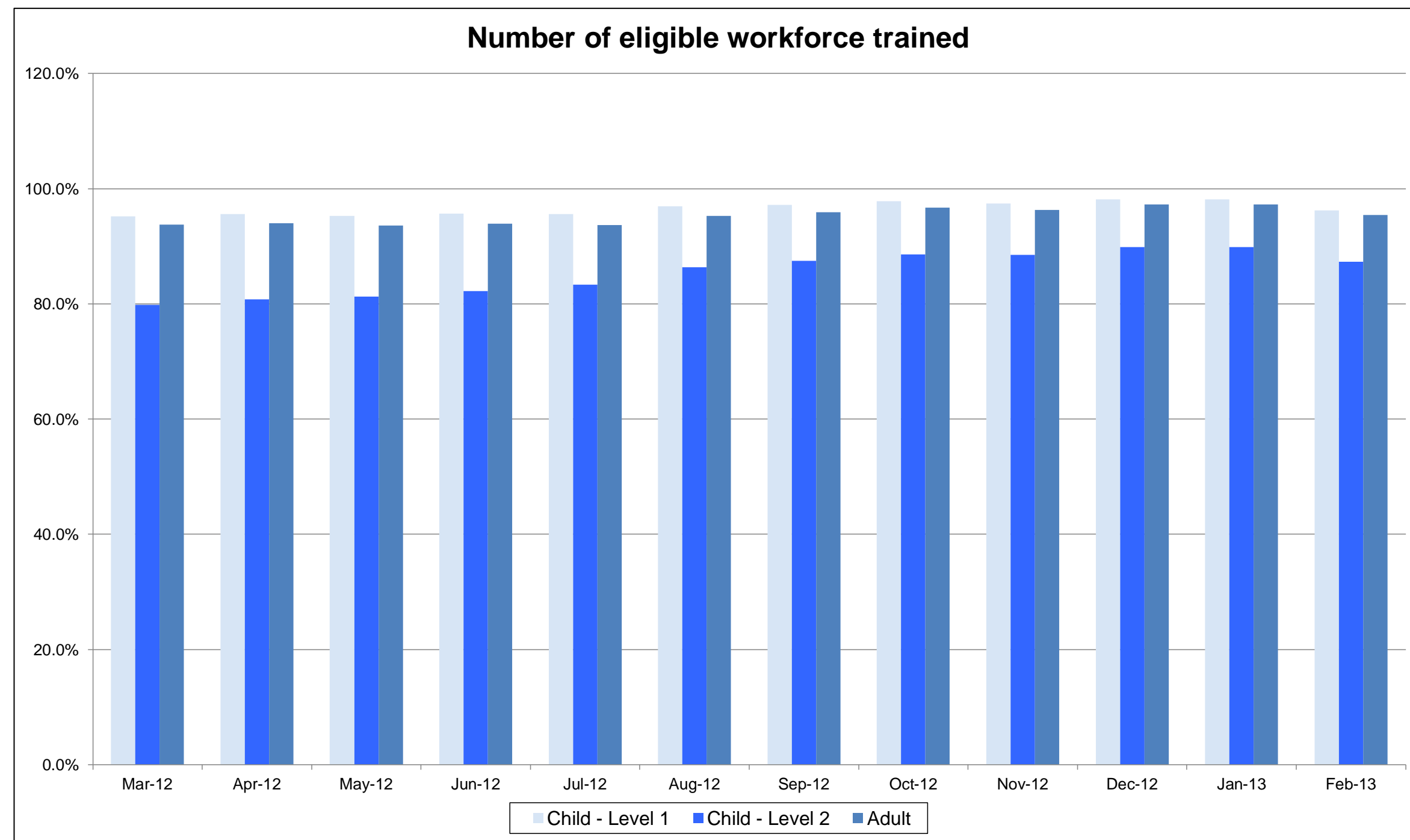
Training Position

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

Number of Child and Adult Referrals

OBJ REF 3



Training Position	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Child - Level 1	95.2%	95.6%	95.3%	95.7%	95.6%	96.9%	97.2%	97.8%	97.4%	98.1%	98.1%	96.2%
Child - Level 2	79.8%	80.8%	81.3%	82.2%	83.3%	86.3%	87.5%	88.6%	88.5%	89.9%	89.9%	87.3%
Adult	93.8%	94.0%	93.6%	93.9%	93.7%	95.3%	95.9%	96.7%	96.3%	97.3%	97.3%	95.4%

Referrals	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Children Referrals	247	223	233	218	246	250	252	263	225	198	237	208
Adult Referrals	210	246	244	274	224	279	253	247	236	273	269	167
TOTAL	414	457	469	477	492	470	529	510	461	471	506	375

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	
F1 - Two pain scores recorded (pre- and post-ambulance intervention)	56.6	79.6	
F2 - Analgesia administered	82.9	89.3	
F3 - SpO2 recorded (prior to oxygen administration)	92.1	82.3	
F4 - Oxygen administered	96.1	86.4	
F5 - Immobilisation of limb recorded	59.2	62.0	
F6 - Assessment of circulation distal to the fracture recorded	93.4	76.5	
FC - Care Bundle F1, F2, F5 and F6	34.2	40.3	

	Cycle 9		
	September 2012 Results %	National Average	
V1 - Blood glucose recorded	89.2	70.1	
V2 - Temperature recorded	91.6	98.0	
V3 - SpO2 recorded (prior to oxygen administration)	86.7	81.2	
V4 - Oxygen administered	90.4	79.5	
V5 - Anticonvulsant administered	97.6	94.8	
V6 - Temperature management recorded	90.4	86.6	
V5 - Appropriate discharge pathway recorded	100.0	97.9	
VC - Care Bundle V1, V2, V3, V4 and V6	69.9	50.0	

Clinical Audit Programme

OBJ REF

1.2 : 2 : 3: 8.1

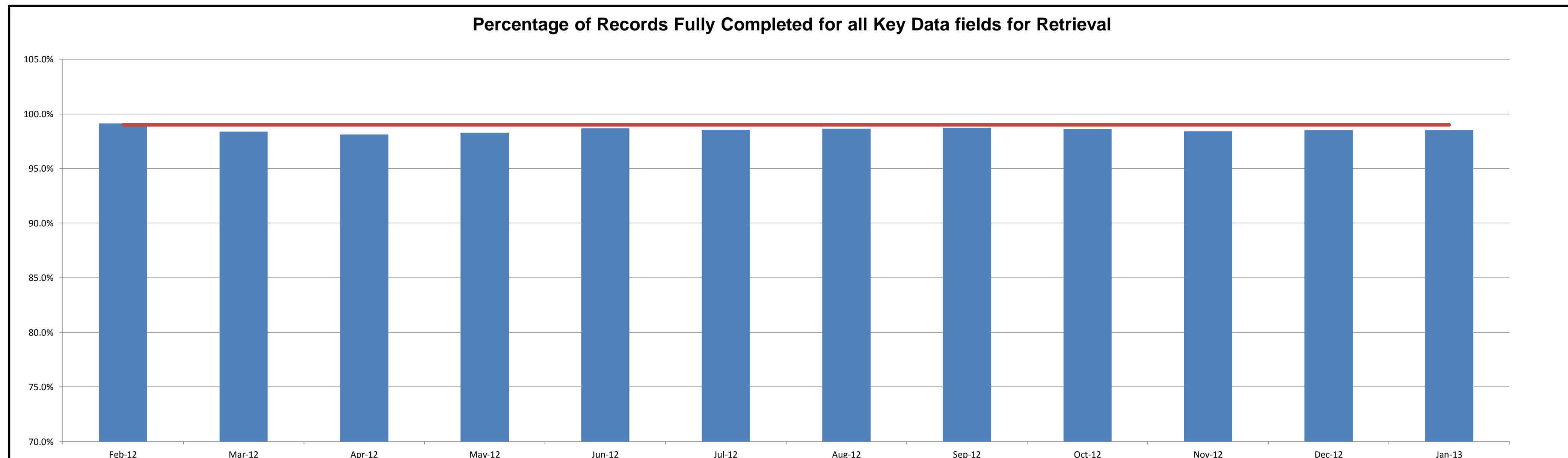
National Audit Programme

		Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
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	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER
Stroke	MINAP												
Hypoglycaemia													
Asthma													

Internal Clinical Audit Plan

		Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Monthly Local CPIs	Other See Audit Plan	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Cardiac Arrest outcomes													
National Requirements		RED	RED	AMBER	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	RED	RED	RED

Patient Report Form Audit



Percentage of Records Fully Completed For All Key Data Fields Used For Retrieval	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
Total Forms Scanned	64075	66901	57868	61680	57317	57220	58437	56987	67243	59158	66271	58952
Total of forms with key data incomplete	551	1083	1094	1063	756	842	795	730	919	945	982	909
% of Completed Forms	99.1%	98.4%	98.1%	98.3%	98.7%	98.5%	98.6%	98.7%	98.6%	98.4%	98.5%	98.5%

This measure will always be 1 month in arrears

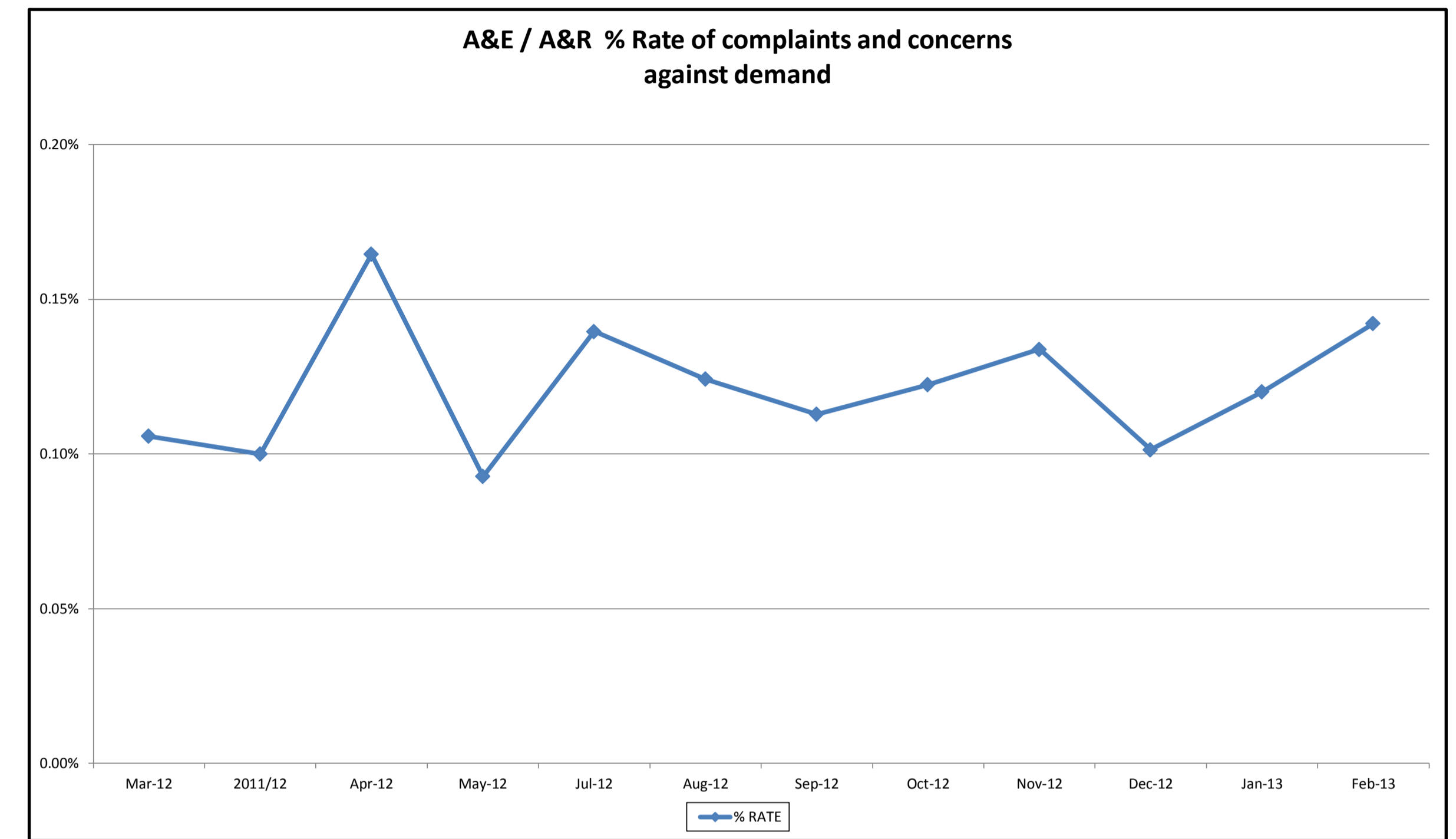
*New criteria from March 2012 - A PRF must include an incident number together with the pin number of at least one attending clinician otherwise it will be captured in the missing report and counted in the 'Total of forms with key data incomplete'

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns * ▲															
Cluster Area	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD	
Attitude / Conduct	BCK (CKW from August 12)	3	23	1	0	3	2	4	1	2	1	4	1	2	21
	Hull & ER	2	21	1	0	1	1	3	0	1	3	1	0	0	11
	Leeds & Wakefield (Leeds & Bradford from August 2012)	0	23	1	1	1	3	5	2	2	2	1	1	2	21
	North Yorks	3	13	3	2	7	3	0	4	0	2	3	4	1	29
	South Yorks	1	18	4	0	2	3	0	4	8	2	1	4	3	31
	EOC	0	14	5	2	1	1	2	1	4	2	3	1	1	23
Aspects of Clinical Care	BCK (CKW from August 12)	1	39	2	3	2	3	3	2	0	3	1	5	3	27
	Hull & ER	1	33	8	0	3	2	2	1	3	0	3	2	5	29
	Leeds & Wakefield (Leeds & Bradford from August 2012)	6	39	6	5	4	5	2	1	2	3	2	5	3	38
	North Yorks	5	42	5	8	3	6	2	3	0	7	1	2	4	41
	South Yorks	4	53	9	5	3	9	5	7	3	8	5	6	6	66
Driving and Sirens	BCK (CKW from August 12)	0	11	3	1	5	2	1	1	0	2	2	0	1	18
	Hull & ER	0	7	1	0	2	2	0	1	0	1	0	1	2	10
	Leeds & Wakefield (Leeds & Bradford from August 2012)	1	16	5	1	1	1	2	0	1	2	1	4	1	19
	North Yorks	0	9	0	0	1	1	1	0	1	0	3	2	3	12
	South Yorks	1	4	1	2	1	4	3	1	1	1	4	1	1	20
Response	EOC	31	267	24	21	21	23	25	25	30	28	22	27	18	264
Call Management	EOC	0	27	1	1	5	3	5	0	5	5	1	0	3	29
Other	BCK (CKW from August 12)	0	8	2	1	1	2	2	7	2	1	2	2	1	23
	Hull & ER	1	5	0	1	1	0	2	0	2	1	0	1	5	13
	Leeds & Wakefield (Leeds & Bradford from August 2012)	1	5	6	0	2	3	0	1	1	2	0	1	3	19
	North Yorks	1	5	2	0	3	3	2	2	3	0	0	0	6	21
	South Yorks	1	7	4	2	4	2	2	1	3	3	4	3	5	33
	EOC	1	1	0	0	0	0	0	0	0	0	3	1	0	4
SUB TOTALS	BCK (CKW from August 12)	4	81	8	5	11	9	10	11	4	7	9	8	7	89
	Hull & ER	4	66	10	1	7	5	7	2	6	5	4	4	12	63
	Leeds & Wakefield (Leeds & Bradford from August 2012)	8	83	18	7	8	12	9	4	6	9	4	11	9	97
	North Yorks	9	69	10	10	14	13	5	9	4	9	7	8	14	103
	South Yorks	7	82	18	9	10	18	10	13	15	14	14	14	15	150
	EOC	32	309	30	24	27	27	32	26	39	35	29	29	22	320
GRAND TOTAL		64	690	94	56	77	84	73	65	74	79	67	74	79	822
Demand Activity		60538	686347	57123	60406	57915	60170	58770	57587	60486	59027	66092	61658	55583	654817
% RATE		0.11%	0.10%	0.16%	0.09%	0.13%	0.14%	0.12%	0.11%	0.12%	0.13%	0.10%	0.12%	0.14%	0.13%

* Early Warning Indicator




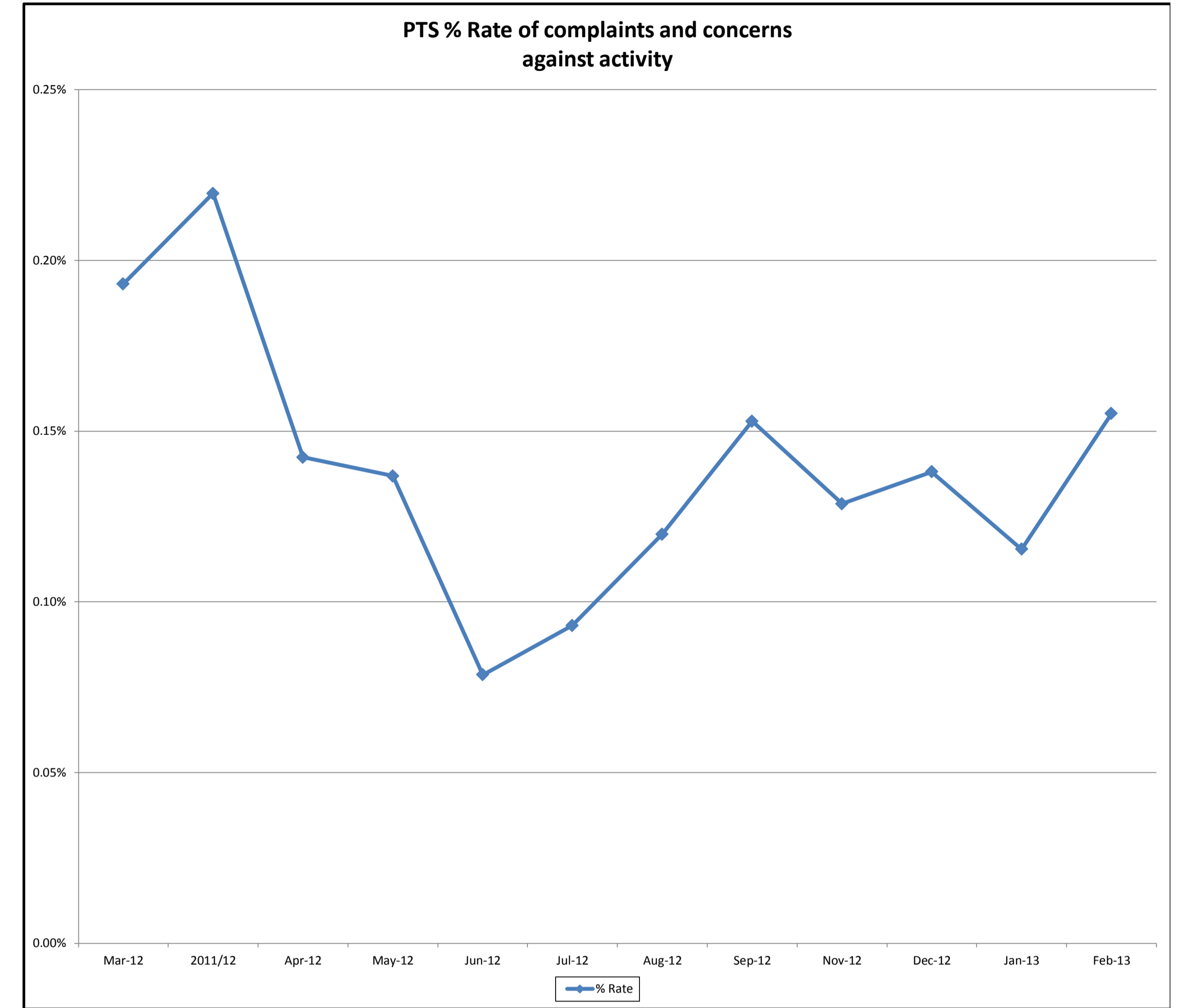
Compliments												
Cluster Area	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
BCK (CKW from August 12)	15	3	0	8	30	7	2	19	3	11	1	0
Hull & ER	12	0	0	3	29	5	5	11	4	12	0	0
Leeds & Wakefield (Leeds & Bradford from August 2012)	8	3	0	4	32	12	10	12	2	8	0	0
North Yorks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

Compliments % against WTE												
Cluster Area	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
BCK (CKW from August 12)	3.6%	0.7%	0.0%	1.9%	7.3%	0.0%	0.1%	0.7%	0.7%	2.7%	0.2%	0.0%
Hull & ER	3.9%	0.0%	0.0%	1.0%	9.4%	1.6%	0.1%	1.3%	1.3%	3.9%	0.0%	0.0%
Leeds & Wakefield (Leeds & Bradford from August 2012)	2.0%	0.8%	0.0%	1.0%	8.0%	0.0%	0.3%	0.5%	0.5%	2.0%	0.0%	0.0%
North Yorks	1.6%	0.3%	0.0%	1.8%	8.7%	2.4%	0.2%	1.3%	1.3%	5.8%	0.0%	0.0%
South Yorks	2.0%	0.6%	0.0%	0.8%	5.4%	2.0%	0.2%	0.8%	0.6%	2.0%	0.2%	0.0%

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns * 															
	PTS Area	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	YTD
Attitude / Conduct	East Consortia	4	11	0	0	0	0	0	0	1	1	0	1	1	4
	North Consortia	1	7	0	0	0	1	0	0	1	1	0	1	1	5
	South Consortia	2	17	1	1	1	0	2	1	1	3	0	1	1	12
	West Consortia	3	38	1	3	2	1	1	3	1	2	2	1	0	17
	Comms	-	0	1	0	3	0	0	3	2	1	0	2	1	13
Aspects of Clinical Care	East Consortia	0	5	0	1	1	0	1	0	1	3	2	1	0	10
	North Consortia	2	16	0	0	0	1	1	1	1	2	0	1	1	8
	South Consortia	4	16	3	2	2	2	2	0	0	1	1	1	1	15
	West Consortia	6	29	0	5	4	1	0	3	1	3	2	3	2	24
Driving and Sirens	East Consortia	0	1	0	0	0	0	1	0	1	1	0	0	0	3
	North Consortia	0	6	1	1	0	2	0	2	0	1	0	0	0	7
	South Consortia	0	4	1	0	0	2	0	1	0	0	1	1	0	6
	West Consortia	2	9	1	2	2	4	1	0	3	2	1	3	1	20
Response	East Consortia	6	140	4	11	6	3	9	8	9	7	5	2	2	66
	North Consortia	11	147	6	6	4	6	9	20	11	6	12	9	10	99
	South Consortia	13	175	8	7	1	3	7	3	15	5	7	5	6	67
	West Consortia	22	275	9	16	17	16	12	20	28	18	10	13	21	180
Call Management	East Consortia	1	8	0	0	0	0	0	0	0	0	0	0	0	0
	North Consortia	1	9	0	0	0	0	0	0	0	0	0	0	0	0
	South Consortia	1	6	0	0	0	0	0	0	0	0	0	0	0	0
	West Consortia	3	10	0	0	0	0	0	0	0	0	0	0	0	0
	Comms	-	-	9	5	6	3	6	3	3	2	3	1	2	43
Other	East Consortia	1	2	2	0	0	0	0	0	1	1	1	1	1	7
	North Consortia	3	6	0	1	0	0	1	1	1	0	1	2	0	7
	South Consortia	3	3	2	3	1	0	0	1	1	5	1	0	1	15
	West Consortia	1	3	4	3	1	0	3	4	2	1	3	5	1	27
	Comms	-	-	0	0	0	2	0	0	0	0	0	0	0	2
SUB TOTALS	East Consortia	12	167	6	12	7	3	11	8	13	13	8	5	4	90
	North Consortia	18	191	7	8	4	10	11	24	14	10	13	13	12	126
	South Consortia	23	221	15	13	5	7	11	6	17	14	10	8	9	115
	West Consortia	37	364	15	29	26	22	17	30	35	26	18	25	25	268
	Comms	-	0	10	5	9	5	6	6	5	3	3	3	3	58
Service to Service	East Consortia	15	317	7	2	3	4	0	2	39	40	42	25	59	223
	North Consortia	0	86	5	1	1	7	7	6	3	3	1	1	4	39
	South Consortia	10	173	5	25	10	8	6	8	11	6	6	16	13	114
	West Consortia	19	371	7	9	8	15	23	17	17	9	9	14	10	138
GRAND TOTAL		134	1890	77	104	73	81	92	107	154	124	110	110	139	1171
Demand Activity		97907	1165149	87766	101556	86325	96074	95535	89312	100703	96350	79682	95307	89590	1018200
% RATE		0.19%	0.22%	0.14%	0.14%	0.16%	0.08%	0.09%	0.12%	0.15%	0.13%	0.14%	0.12%	0.16%	0.12%



Compliments													
PTS Area	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	
East Consortia	0	0	0	0	3	1	1	2	0	0	0	0	
North Consortia	0	0	0	0	3	1	0	3	1	0	1	0	
South Consortia	1	0	0	0	1	3	1	6	0	0	0	0	
West Consortia	0	0	0	0	4	2	2	5	0	6	0	0	
TOTAL	2	0	2	1	0	0	11	7	16	1	6	0	

Concerns and Complaints - A&E / EOC

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

Concerns and Complaints - PTS

OBJ REF 1.2 : 3

	PTS Area	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Response Within 1 Working Day	East Consortia	0	1	1	0	1	0	2	1	1	0	5	0
	North Consortia	4	2	1	2	0	2	0	0	0	0	0	3
	South Consortia	3	1	1	1	0	0	1	1	1	1	0	2
	West Consortia	3	7	3	1	1	1	4	1	4	2	0	4
	Comms	-	-	0	3	5	2	3	0	0	0	0	0
Response 2 - 25 Working Days	East Consortia	10	9	6	11	4	3	7	5	9	8	15	3
	North Consortia	4	13	5	6	5	8	8	8	12	5	1	9
	South Consortia	10	13	7	9	5	5	6	6	13	9	2	4
	West Consortia	12	19	11	20	23	16	7	12	19	15	3	18
	Comms	-	-		2	4	0	3	1	3	3	0	0
Response > 25 Working Days	East Consortia	6	2	0	1	2	0	2	7	3	5	22	2
	North Consortia	3	3	4	0	1	0	3	6	2	5	0	3
	South Consortia	5	8	6	3	0	0	4	8	3	4	4	3
	West Consortia	15	11	2	8	2	7	8	20	12	9	6	6
Average Response Time (Working Days)	East Consortia	19	14	12	15	7	12	15	8	TBC	TBC	TBC	TBC
	North Consortia	14	15	17	13	14	6	18	TBC	TBC	TBC	TBC	TBC
	South Consortia	25	20	20	18	12	14	11	TBC	TBC	TBC	TBC	TBC
	West Consortia	25	16	10	16	13	22	TBC	16	TBC	TBC	TBC	TBC
	Comms	-	-	0	0	5	15	4	TBC	TBC	TBC	TBC	TBC
Re-Opened Complaints & Concerns	East Consortia	0	0	0	0	0	0	0	0	0	0	0	0
	North Consortia	0	0	1	0	0	0	0	0	0	0	0	1
	South Consortia	0	0	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	0	0
Referrals to Ombudsman	PTS Area	0	0	1	0	0	0	0	0	0	0	0	0
PTS - Service to Service		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Acknowledged Within 2 Working Days	East Consortia	15(100%)	15(100%)	7(100%)	2(100%)	3(100%)	4(100%)	0	2(100%)	2(5.13)	38(95%)	42(100%)	25(100%)
	North Consortia	6(100%)	0(100%)	5(100%)	1(100%)	1(100%)	7(100%)	7(100%)	6(83%)	3(100%)	2(66%)	1(100%)	1(100%)
	South Consortia	15(100%)	10(100%)	5(100%)	25(100%)	10(100%)	8(100%)	6(100%)	8(100%)	11(100%)	5(83%)	6(100%)	16(100%)
	West Consortia	23(100%)	19(100%)	7(100%)	9(100%)	8(100%)	15(100%)	23(100%)	17(100%)	17(100%)	8(89%)	9(100%)	14(100%)
Response Within 10 Working Days	East Consortia	12(80%)	14(93%)	6(89%)	0(0%)	2(67%)	13(87%)	0	2(50%)	39(100%)	16(40%)	38(98%)	0(0%)
	North Consortia	4(67%)	N/A	4(80%)	1(100%)	1(100%)	5(71%)	3(43%)	6(66%)	3(100%)	3(100%)	1(100%)	0(0%)
	South Consortia	2(13%)	5(50%)	2(40%)	8(32%)	6(60%)	4(50%)	1(17%)	8(62.5%)	1(9.09%)	2(33%)	2(33%)	7(44%)
	West Consortia	11(48%)	8(42%)	7(100%)	8(89%)	4(50%)	13(87%)	12(52%)	17(88%)	9(52.94)	3(33%)	3(33%)	8(57%)

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

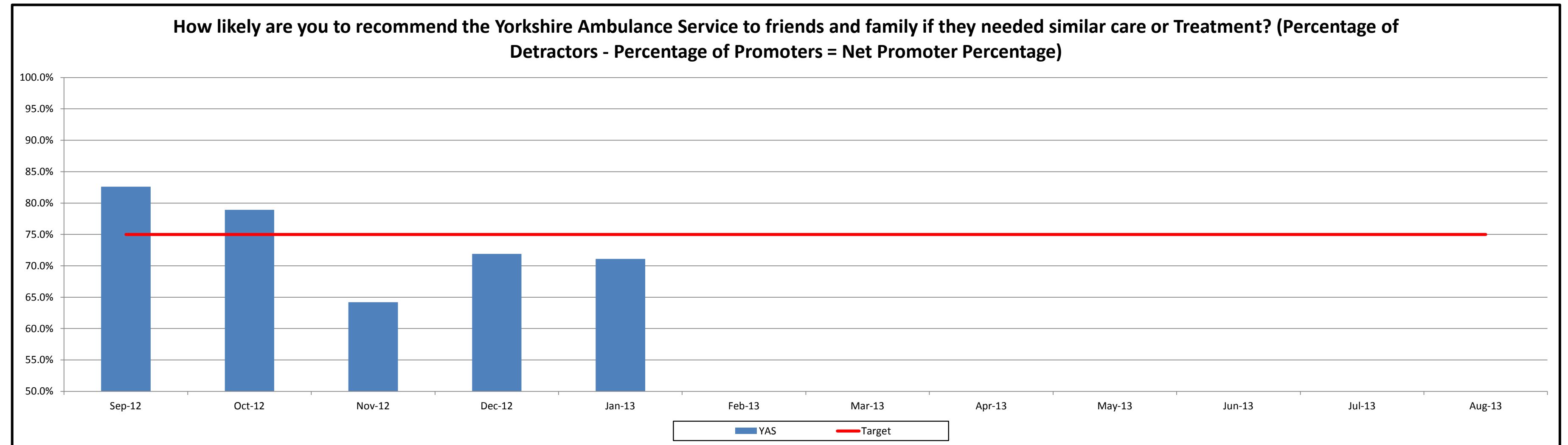
YTD RAG

AMBER



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%	75.9%	85.7%							
East Yorkshire Cluster	82.8%	82.0%	60.0%	69.6%	61.5%							
Calderdale, Kirklees & Wakefield Cluster	68.2%	79.2%	66.7%	97.0%	86.7%							
Leeds, Bradford & Airedale Cluster	73.0%	84.2%	79.1%	82.6%	66.7%							
South Yorkshire cluster	89.7%	63.4%	65.7%	74.1%	65.0%							
Unknown Area	100.0%	79.4%	50.0%	31.4%	40.0%							
YAS	82.6%	78.9%	64.2%	71.9%	71.1%							
YAS variance to previous Month		-3.7%	-14.7%	7.7	-0.9							

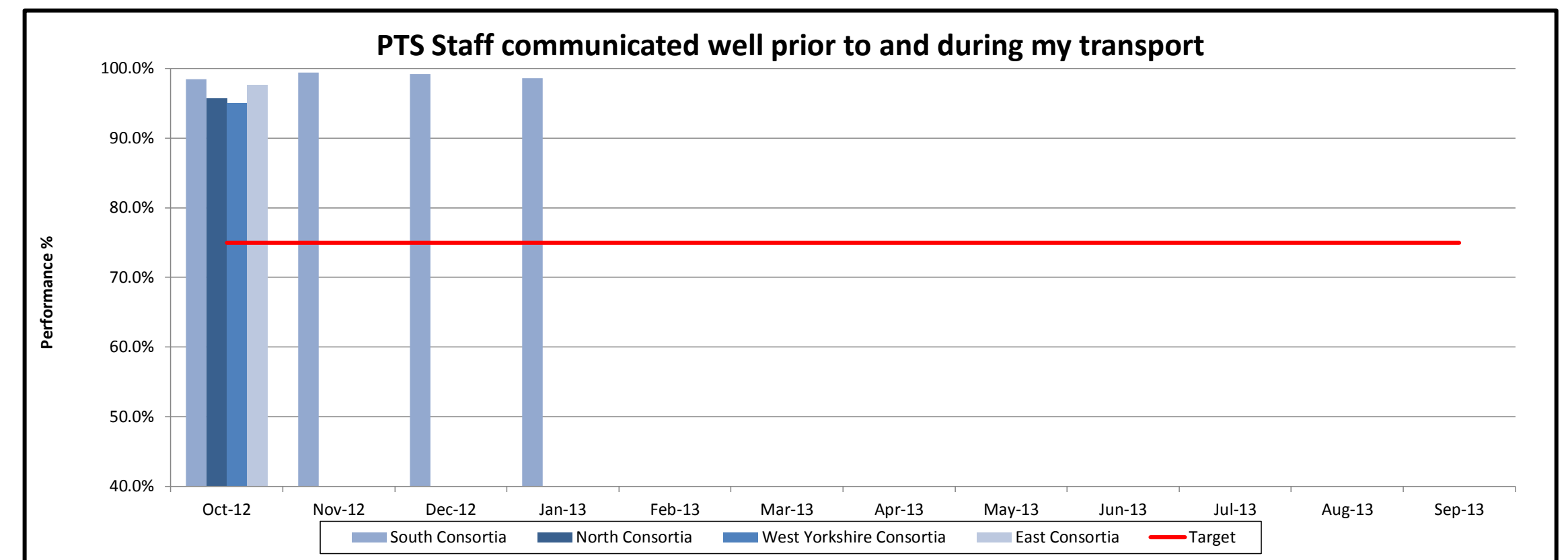
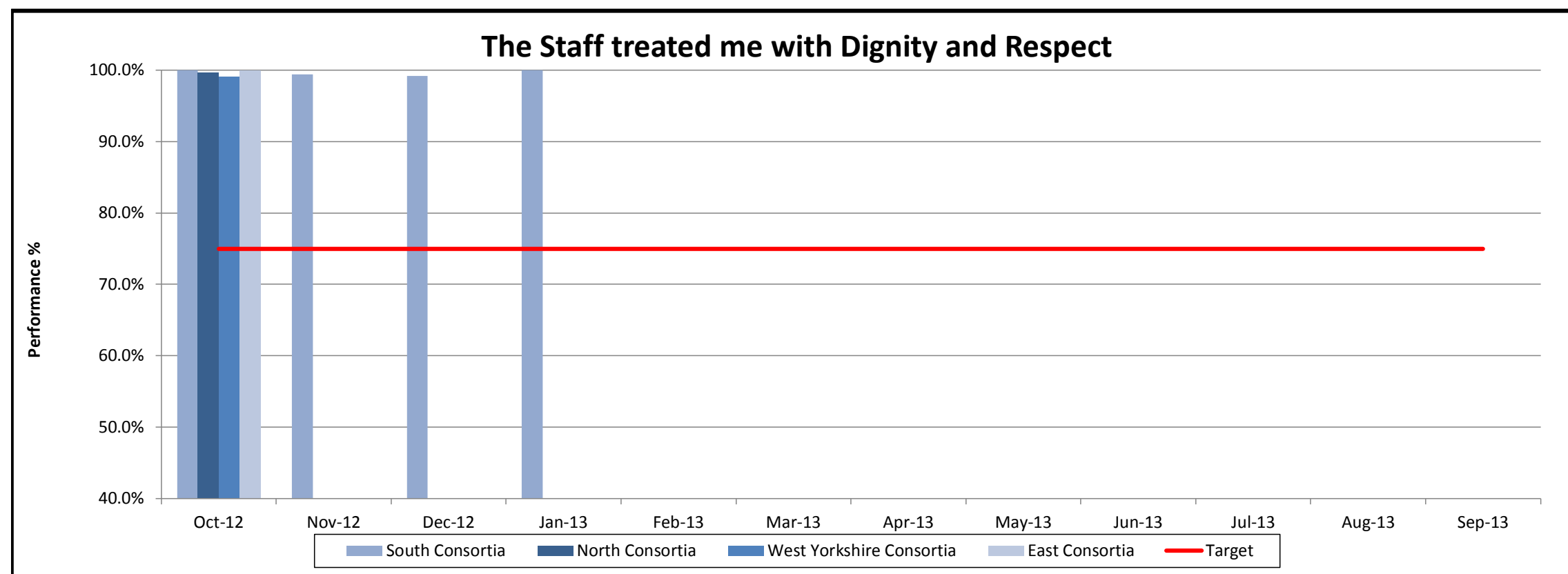
Please note: This will be 1 month in arrears

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

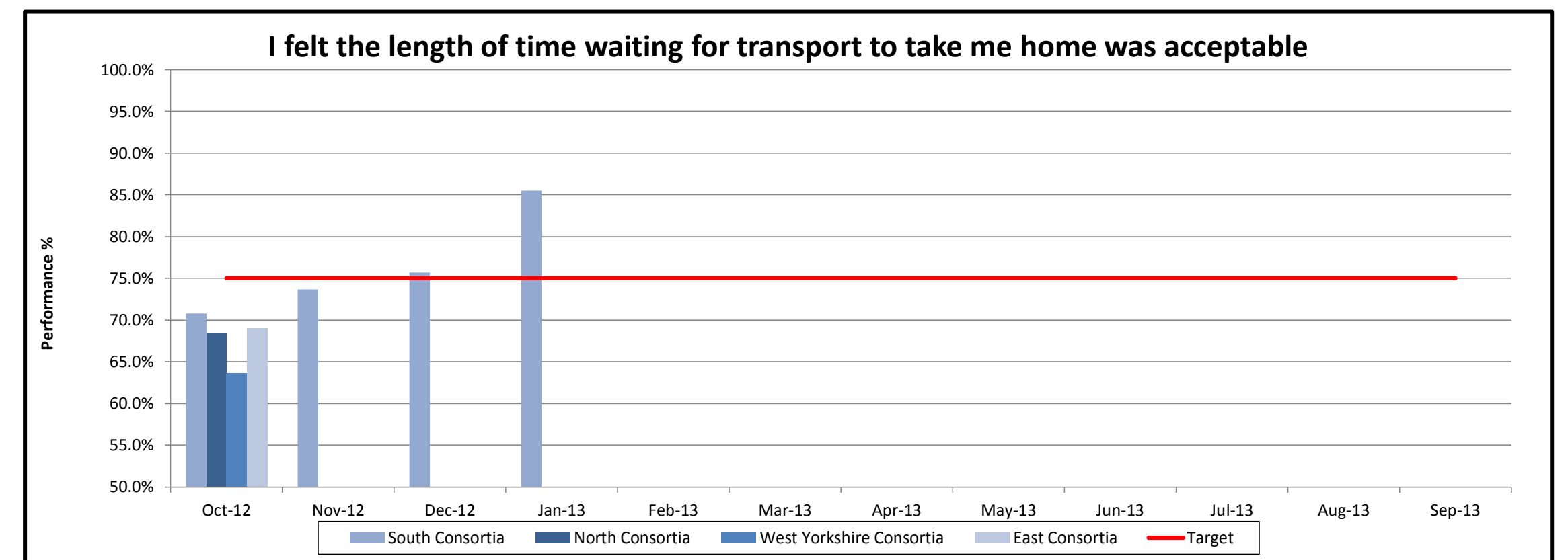
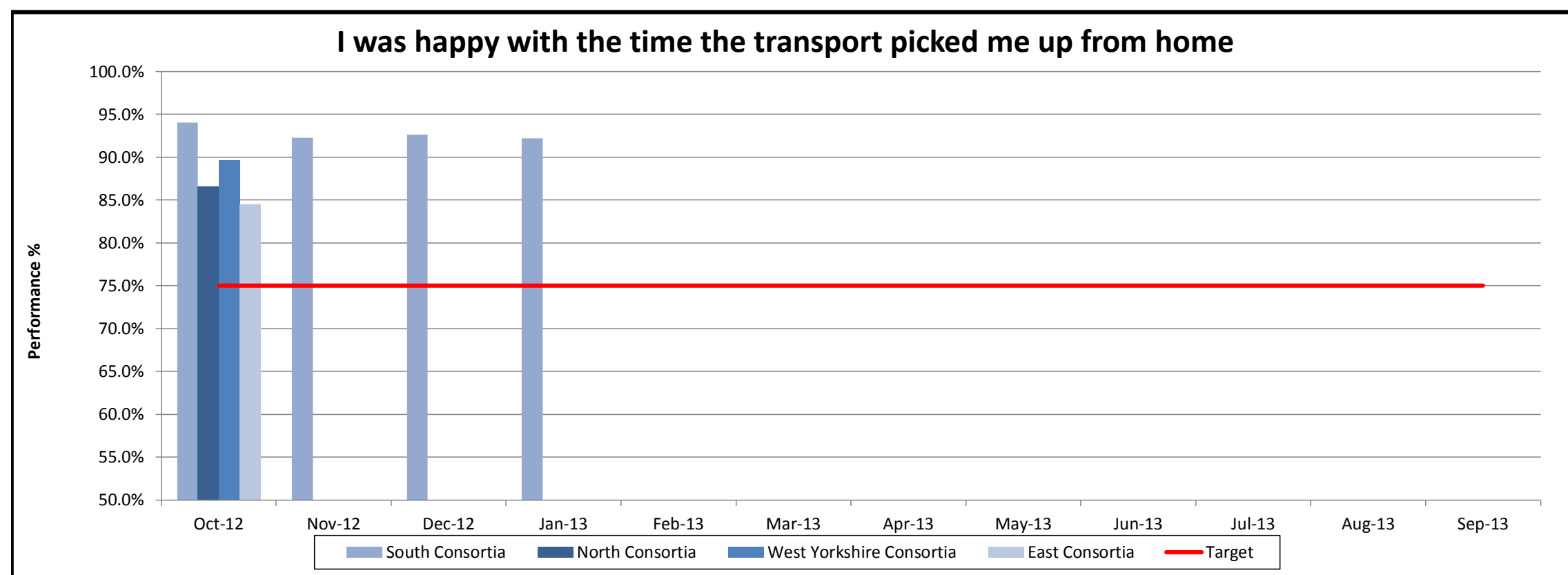
OBJ REF 1.2 : 3

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%	100.0%								
North Consortia	99.7%	N/A	N/A	N/A								
West Yorkshire Consortia	99.1%	N/A	N/A	N/A								
East Consortia	100.0%	N/A	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%	98.6%								
North Consortia	95.7%	N/A	N/A	N/A								
West Yorkshire Consortia	95.1%	N/A	N/A	N/A								
East Consortia	97.7%	N/A	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%	92.2%								
North Consortia	86.6%	N/A	N/A	N/A								
West Yorkshire Consortia	89.7%	N/A	N/A	N/A								
East Consortia	84.4%	N/A	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%	85.5%								
North Consortia	68.4%	N/A	N/A	N/A								
West Yorkshire Consortia	63.6%	N/A	N/A	N/A								
East Consortia	69.0%	N/A	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								Comments
Outcome	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	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	Green	Green	No changes since the last report	
4 Care and welfare of people who use services	Green	Green	Yellow	Yellow	Orange	Orange	The change relates to the recontact rates within 24 hours of treatment and discharge	
5 Meeting nutritional needs	Grey	Grey	Grey	Grey	Grey	Grey	No changes since the last report	
6 Cooperating with other providers	Red	Red	Yellow	Yellow	Orange	Orange	The change relates to the proportion of patients with definite ST-elevation myocardial infarction who received primary angioplasty within 150 minutes of call connecting to ambulance service. A plan to improve this is being led by the Associate Medical Director.	
7 Safeguarding people who use services from abuse	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	No changes since the last report	
8 Cleanliness and infection control	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	No changes since the last report	
9 Management of medicines	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	No changes since the last report	
10 Safety and suitability of premises	Yellow	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	Red	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	Orange	The change relates to the 2011 Staff Survey (data period 3.10.11-16.12.11) specifically about staff feeling able to contribute towards improvements at work -	
17 Complaints	Yellow	Yellow	Yellow	Yellow	Green	Green	No changes since the last report	
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	The CQC inspected YAS on the 22-24 January 2013. The Trust has achieved full compliance to all the Essential Standards of Quality & Safety. The final report has been shared with YAS and will be published on the CQC website in March.
Notifications to CQC	None

Quality Governance Rating			
	Criteria	Overall rating	
		Jul-12	Feb-13
Strategy	Does Quality drive the Trusts strategy	0.5	0.5
	Is the Board aware of potential risks to quality?	0.5	0.5
Capabilities & Culture	Does the Board have the necessary leadership, skills and knowledge to ensure the delivery of the quality agenda?	0.5	0.5
	Does the Board promote a quality focused culture throughout the Trust?	0.5	0.0
Processes & structures	Are there clear roles and responsibilities in relationship to quality governance?	0.5	0.5
	Are there clear well defined, well understood processes for escalating and resolving issues and managing quality?	0.5	0.5
	Does the Board actively engage patients, staff, and other key stakeholders on quality?	0.0	0.0
Processes & structures (measurement)	Is appropriate quality information being analysed and challenged?	0.0	0.0
	Is the Board assured of the robustness of the quality information?	0.5	0.5
	Is quality information used effectively?	0.0	0.0
Final overall score		3.5	3.0

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

A final external review of the Board Quality Governance memorandum and Quality Governance arrangements has been completed by Deloitte and reported a compliant position with a score of 3.0.

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	28	248
Number of FOI requests due a response in month	21	
Number responded to within 20 days	21	
Number responded to outside 20 days	0	

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	53	572	70%	93%
Police requests	112	1057		
Witness Statements / Police Interviews	34	226		
	This Month	Year to Date		
Coroner Requests	22	192		

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

Comments

Data Protection Act (DPA) Requests

Demand in all areas remains challenging with a high frequency of coroner and police requests. Planned and unplanned absence within the legal team has impacted on DPA KPIs as there is currently no capacity for this.



Section 4

Workforce



Comments on Workforce**The IPR for February 2013 identifies a number of key workforce performance issues for Board consideration:**

Lost working time due to sickness absence has demonstrated a further, but slight reduction compared to January. This is typical of the normal seasonal cycle of absence. Absence is still above the Trust target with 7399 lost working days in February. Directorates achieving the required performance levels year to date are: Chief Executive, Clinical, Standards & Compliance and Workforce & Strategy. While Operations continue to be above the performance target, they have shown a reduction from seasonal the winter highs trends. Percentage absence within the Finance & Performance Directorate continues to be very high and has increased over the standard seasonal winter variations. This is predominantly within the Ancillary and Fleet Maintenance Divisions with the two biggest categories being musculoskeletal problems and coughs, colds & flu.

Performance Development Reviews (PDRs) have reduced further this month due largely to operational pressures which have meant that PDRs due have not been completed and have been deferred. Given the number of PDRs due in January, these normally would have been completed by year end, again due to operational pressures this has not been possible.

Statutory and Mandatory Workbook completion has continued to sustain a strong overall performance position and is projected to achieve a Green RAG status for year-end. From April 2013 the Trust will recommence the 2 yearly programme for Statutory & Mandatory Workbook completion with the issue of the new Workbook. Due to NHS 111 Induction during January and February, it is likely that the figures will show a slight reduction by year end, due to the number of new starters within the employ of the Trust.

KPI	Description	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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	RED	RED	RED
6	Statutory and Mandatory Training	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN

Recruits & Leavers

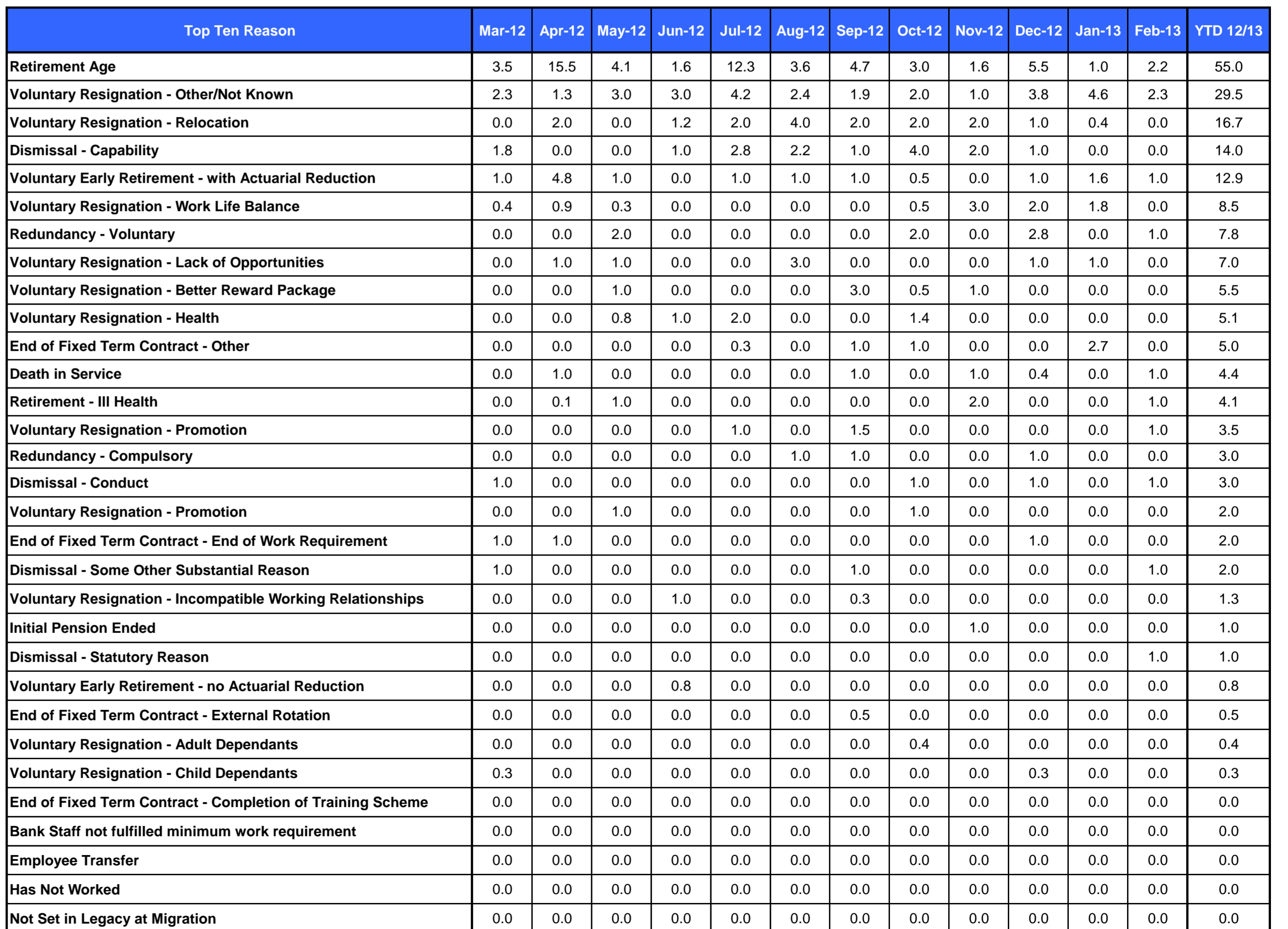
OBJ
REF 1.1

Recruits	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Chief Executive FTE	1.0	0.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0
Chief Executive FTE (Previous Year)	1.5	0.0	0.0	3.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0
Clinical FTE	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Finance & Performance FTE	0.0	0.0	0.0	2.0	0.0	3.0	1.0	1.1	0.4	3.0	1.0	2.0
Finance & Performance FTE (Previous Year)	5.4	2.4	4.7	1.0	1.0	2.7	1.0	2.0	2.2	0.4	2.0	1.0
Workforce & Strategy FTE	0.8	0.0	1.4	0.0	1.0	1.0	0.0	0.0	0.0	2.0	2.0	2.0
Workforce & Strategy FTE (Previous Year)	0.0	0.0	0.8	1.0	0.0	0.0	0.0	1.4	1.0	0.0	1.0	0.8
Operations FTE	7.9	7.3	12.0	12.4	21.3	9.6	14.5	9.0	30.5	5.9	93.6	97.3
Operations FTE (Previous Year)	0.5	2.7	4.3	6.4	3.7	5.9	4.0	18.7	15.1	8.2	10.9	10.9
Standards & Compliance FTE	0.0	0.0	1.0	0.0	2.0	0.0	1.0	1.0	1.0	0.0	1.0	0.0
Standards & Compliance FTE (Previous Year)	1.0	0.4	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	3.8	1.0
Total FTE	10.6	7.3	16.4	16.4	24.2	13.6	16.5	11.1	31.9	8.6	97.6	102.3
Total FTE (Previous Year)	8.5	5.5	9.8	11.4	5.7	9.5	6.0	24.2	18.4	11.9	17.7	13.6

Leavers

OBJ
REF 1.1

Leavers	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Chief Executive FTE	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.5	1.0	0.0	0.0	0.0
Chief Executive FTE (Previous Year)	1.0	0.0	0.0	1.0	2.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Clinical FTE	0.0	0.0	0.0	0.0	0.0	0.0	2.3	0.0	0.0	0.0	1.7	0.0
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	2.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0
Finance & Performance FTE	3.0	3.1	2.0	2.0	3.0	2.1	4.4	3.4	0.0	0.7	0.0	2.2
Finance & Performance FTE (Previous Year)	2.8	4.1	5.5	3.0	3.5	2.1	1.0	1.1	1.0	0.0	2.0	1.0
Workforce & Strategy FTE	0.0	2.8	1.0	0.0	0.0	3.0	1.0	1.0	0.0	2.8	0.0	2.0
Workforce & Strategy FTE (Previous Year)	0.0	1.0	0.0	1.0	0.0	0.0	0.0	2.0	0.0	1.0	0.0	0.8
Operations FTE	8.3	21.8	12.1	7.6	21.5	12.1	11.2	14.4	13.6	18.3	11.4	8.3
Operations FTE (Previous Year)	12.8	9.5	12.2	6.7	12.8	27.2	13.0	16.5	15.2	17.7	6.6	10.9
Standards & Compliance FTE	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Standards & Compliance FTE (Previous Year)	0.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0	1.0	0.0	1.0	1.0
Total FTE	11.3	27.7	15.1	9.6	25.5	17.2	19.9	19.3	14.6	21.8	13.1	12.4
Total FTE (Previous Year)	16.6	15.6	17.7	12.7	16.3	29.2	15.0	21.6	17.2	18.7	10.6	13.6



PDR's

OBJ REF 1.1

YTD RAG RED
 MTD RAG RED

Directorate	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Chief Executive	46%	46%	46%	46%	35%	68%	75%	79%	76%	67%	61%	78%
Clinical	83%	89%	93%	100%	86%	79%	71%	87%	97%	97%	93%	87%
Finance & Performance	81%	82%	85%	80%	71%	70%	71%	75%	77%	76%	74%	71%
Operations	81%	79%	78%	77%	77%	77%	80%	79%	78%	72%	66%	62%
Standards & Compliance	80%	65%	61%	65%	66%	63%	62%	79%	68%	65%	63%	67%
Workforce & Strategy	91%	86%	79%	79%	80%	76%	80%	73%	77%	73%	72%	79%
TRUST TOTAL	81%	79%	79%	77%	77%	76%	79%	78%	78%	72%	67%	63%

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

Please Note: These figures are for 2011 workbooks only

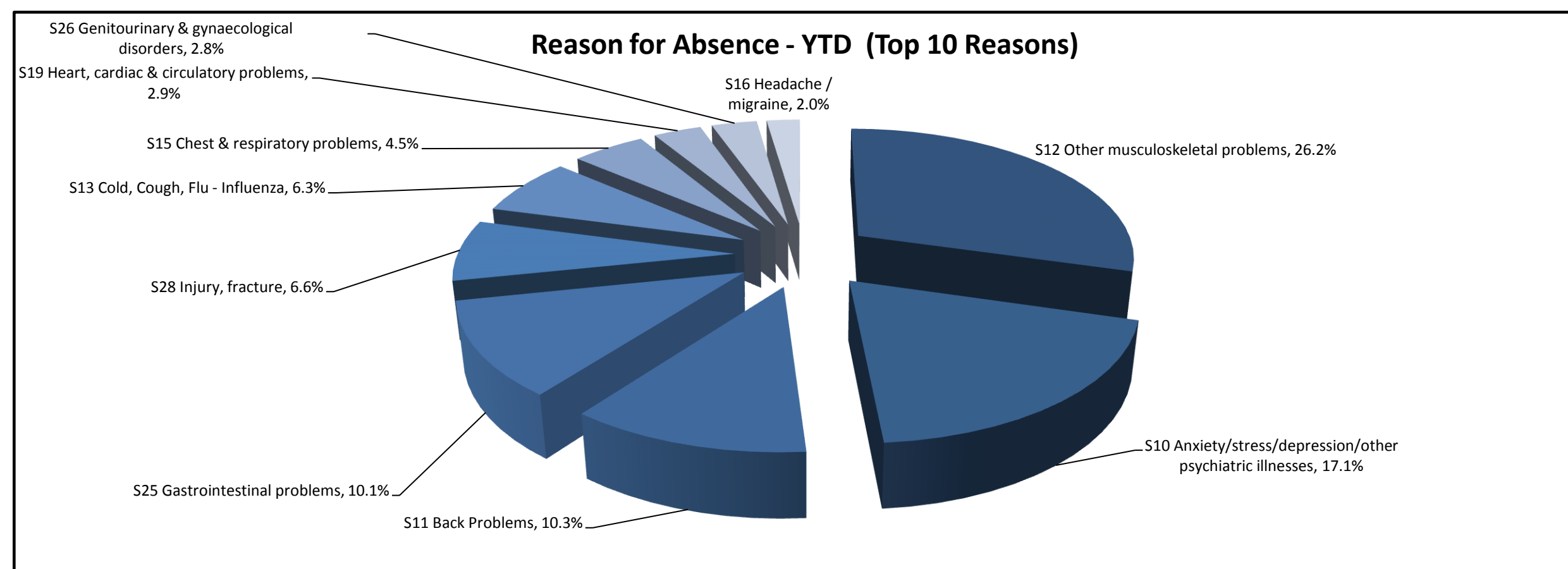
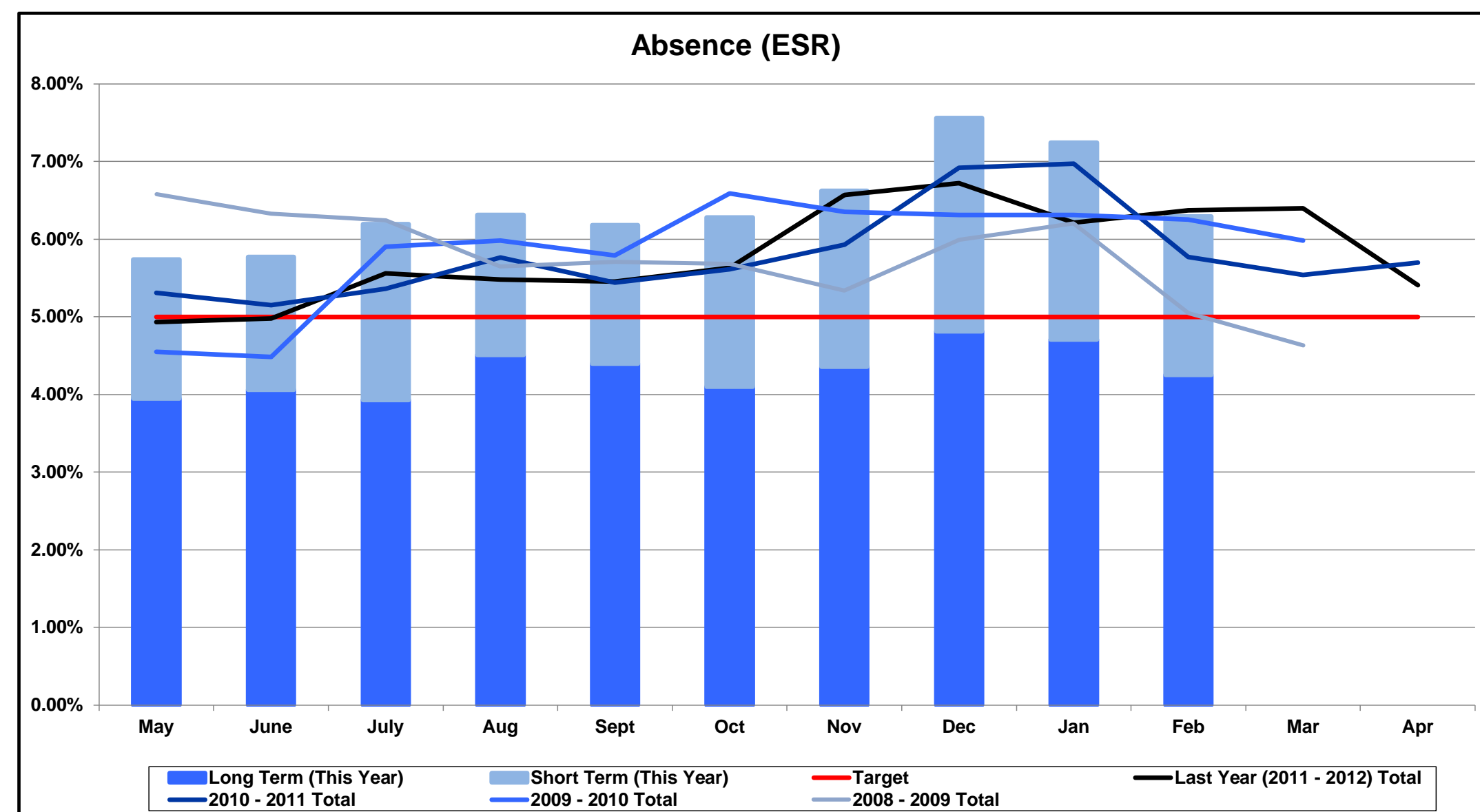
Short/Long Term Absence

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%	4.10%	4.36%	4.81%	4.71%	4.25%		
Short Term (This Year)	1.79%	1.71%	2.26%	1.80%	1.78%	2.18%	2.26%	2.75%	2.53%	2.04%		
This Year (2012 - 2013) Total	5.74%	5.77%	6.19%	6.31%	6.18%	6.28%	6.62%	7.56%	7.24%	6.29%		
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%		
2010 - 2011 Total	5.31%	5.15%	5.36%	5.76%	5.44%	5.61%	5.93%	6.92%	6.97%	5.77%		
2009 - 2010 Total	4.55%	4.48%	5.90%	5.98%	5.79%	6.59%	6.35%	6.31%	6.31%	6.25%		
2008 - 2009 Total	6.58%	6.33%	6.24%	5.65%	5.71%	5.68%	5.34%	5.99%	6.20%	5.05%		

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%	4.84%	0.76%	0.14%	0.00%	1.30%		
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%	4.82%	3.71%	1.84%	1.18%		
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%	6.73%	7.11%	7.40%	8.17%		
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%	6.34%	6.74%	7.84%	7.51%	6.38%		
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%	6.71%	7.19%	6.33%	4.12%	3.15%		
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%	3.11%	1.52%	0.89%	0.92%		

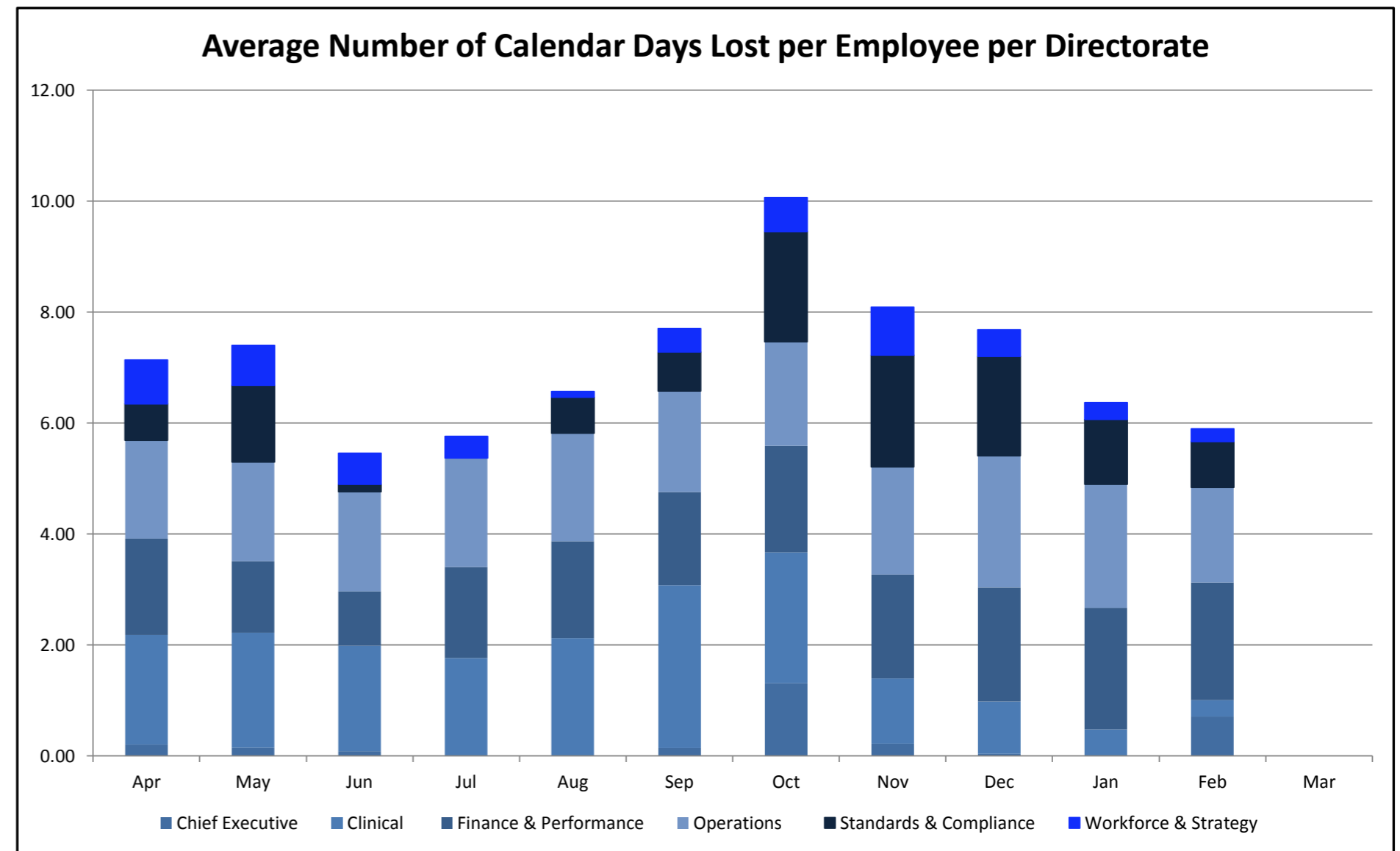
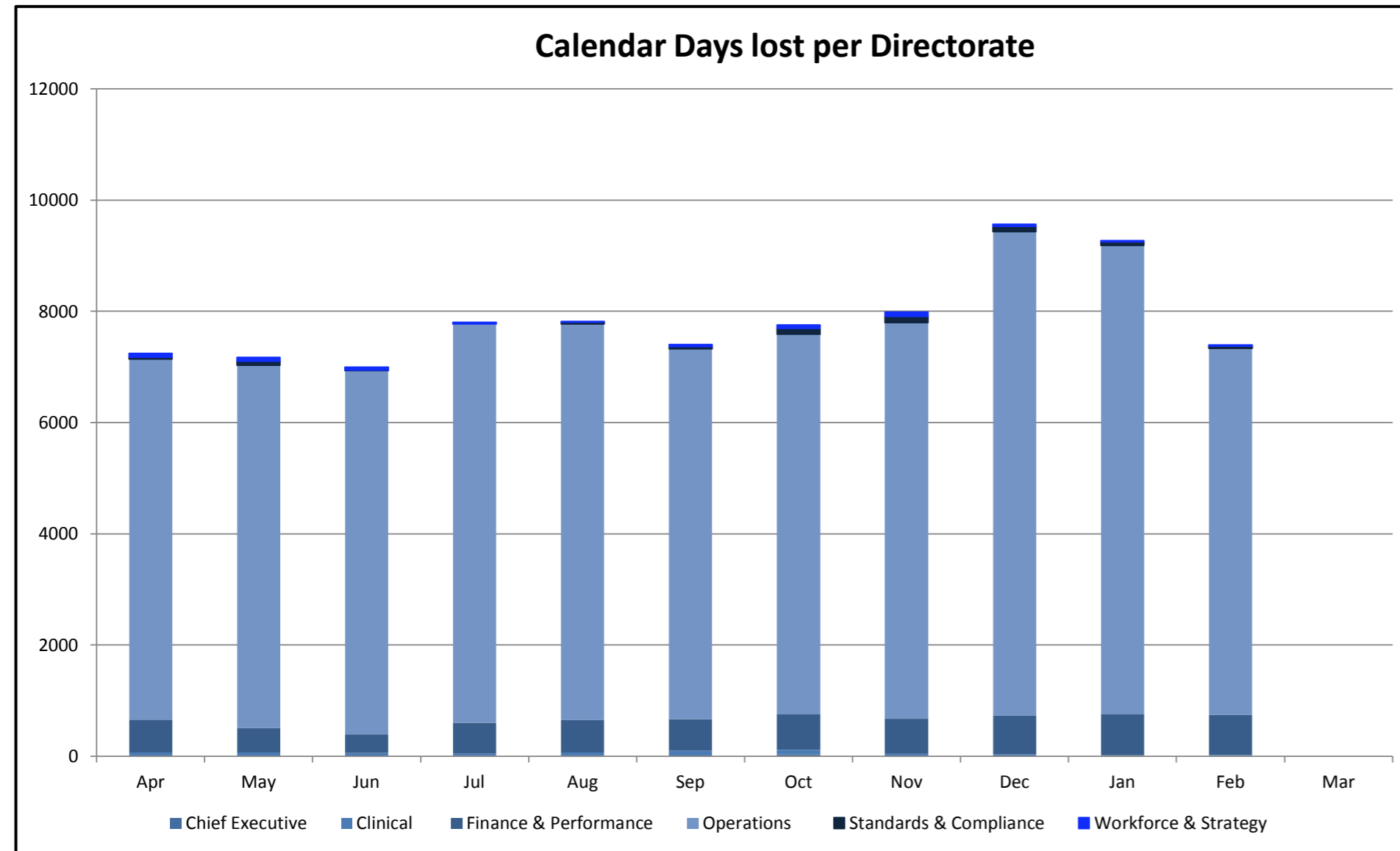
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 12/13
S12 Other musculoskeletal problems	28.0%	28.9%	27.7%	24.9%	26.9%	30.1%	25.9%	25.2%	23.2%	22.2%	25.0%		26.2%
S10 Anxiety/stress/depression/other psychiatric illnesses	14.0%	13.9%	15.6%	19.7%	20.8%	19.3%	19.7%	17.6%	17.1%	14.9%	15.7%		17.1%
S11 Back Problems	13.4%	10.6%	7.7%	8.1%	9.7%	10.9%	11.0%	13.4%	10.5%	9.8%	7.8%		10.3%
S25 Gastrointestinal problems	10.3%	12.2%	12.9%	9.8%	7.4%	6.4%	7.7%	9.7%	11.5%	12.8%	10.9%		10.1%
S28 Injury, fracture	5.4%	7.3%	8.6%	6.5%	5.5%	6.5%	6.0%	5.4%	6.9%	7.2%	7.4%		6.6%
S13 Cold, Cough, Flu - Influenza	6.4%	5.5%	4.9%	3.9%	3.7%	4.4%	6.9%	6.1%	7.6%	10.1%	9.6%		6.3%
S15 Chest & respiratory problems	2.5%	4.0%	3.8%	4.8%	2.6%	3.3%	5.7%	5.1%	5.0%	7.3%	5.1%		4.5%
S19 Heart, cardiac & circulatory problems	3.0%	3.4%	3.2%	2.9%	2.9%	2.2%	2.5%	3.1%	4.1%	3.1%	1.8%		2.9%
S26 Genitourinary & gynaecological disorders	1.5%	1.9%	2.6%	3.5%	4.9%	3.3%	2.0%	2.0%	2.7%	2.8%	3.5%		2.8%
S16 Headache / migraine	2.6%	3.1%	3.0%	3.1%	2.6%	2.0%	1.2%	1.0%	1.3%	1.0%	1.5%		2.0%
S21 Ear, nose, throat (ENT)	1.0%	1.8%	2.4%	3.1%	2.2%	2.2%	2.6%	2.4%	1.6%	1.0%	1.7%		1.9%
S17 Benign and malignant tumours, cancers	1.0%	1.3%	1.9%	1.4%	2.5%	2.0%	2.4%	1.9%	1.5%	1.6%	1.6%		1.7%
S29 Nervous system disorders	0.7%	1.4%	0.9%	1.3%	2.0%	2.2%	1.8%	1.3%	1.2%	0.9%	1.6%		1.4%
S27 Infectious diseases	1.0%	1.4%	1.5%	1.2%	1.1%	1.2%	0.9%	1.0%	1.0%	0.7%	1.3%		1.1%
S31 Skin disorders	0.8%	0.2%	0.3%	0.9%	1.9%	1.3%	1.1%	1.8%	1.6%	0.9%	1.3%		1.1%
S30 Pregnancy related disorders	1.7%	1.2%	1.0%	2.5%	0.6%	0.5%	0.7%	0.4%	0.4%	1.3%	1.5%		1.1%
S23 Eye problems	0.6%	0.7%	0.6%	0.7%	1.1%	0.9%	1.0%	1.3%	1.4%	1.5%	0.7%		1.0%
S24 Endocrine / glandular problems	0.6%	0.4%	0.5%	0.6%	0.8%	0.7%	0.4%	0.4%	0.2%	0.1%	0.7%		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%	0.2%	0.7%		0.4%
S18 Blood disorders	0.2%	0.4%	0.5%	0.2%	0.2%	0.3%	0.3%	0.5%	0.4%	0.5%	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%	0.0%	0.0%		0.3%
S99 Unknown causes / Not specified	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.1%
S14 Asthma	0.0%	0.0%	0.1%	0.4%	0.1%	0.0%	0.0%	0.2%	0.2%	0.0%	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%	0.0%	0.0%		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%	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	34	5	1	0	17	
Clinical	59	62	57	53	66	97	78	40	32	16	10	
Finance & Performance	592	437	331	551	587	568	640	627	695	739	715	
Operations	6482	6528	6547	7165	7118	6659	6839	7125	8702	8430	6592	
Standards & Compliance	33	69	7	0	34	37	105	109	95	62	43	
Workforce & Strategy	77	69	54	38	16	40	58	78	43	28	22	
Trust Total	7249	7170	6999	7807	7821	7405	7754	7984	9568	9275	7399	

Please Note: All calculations exclude volunteers.

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	1.31	0.22	0.04	0.00	0.71	
Clinical	1.97	2.07	1.90	1.77	2.13	2.94	2.36	1.18	0.94	0.48	0.30	
Finance & Performance	1.74	1.29	0.98	1.64	1.74	1.68	1.92	1.87	2.06	2.19	2.12	
Operations	1.77	1.79	1.79	1.96	1.95	1.82	1.88	1.94	2.37	2.23	1.71	
Standards & Compliance	0.66	1.38	0.14	0.00	0.65	0.70	1.98	2.02	1.79	1.17	0.83	
Workforce & Strategy	0.79	0.72	0.56	0.39	0.10	0.43	0.62	0.86	0.48	0.30	0.23	
Trust Total	1.73	1.71	1.67	1.85	1.86	1.76	1.85	1.89	2.27	2.15	1.68	

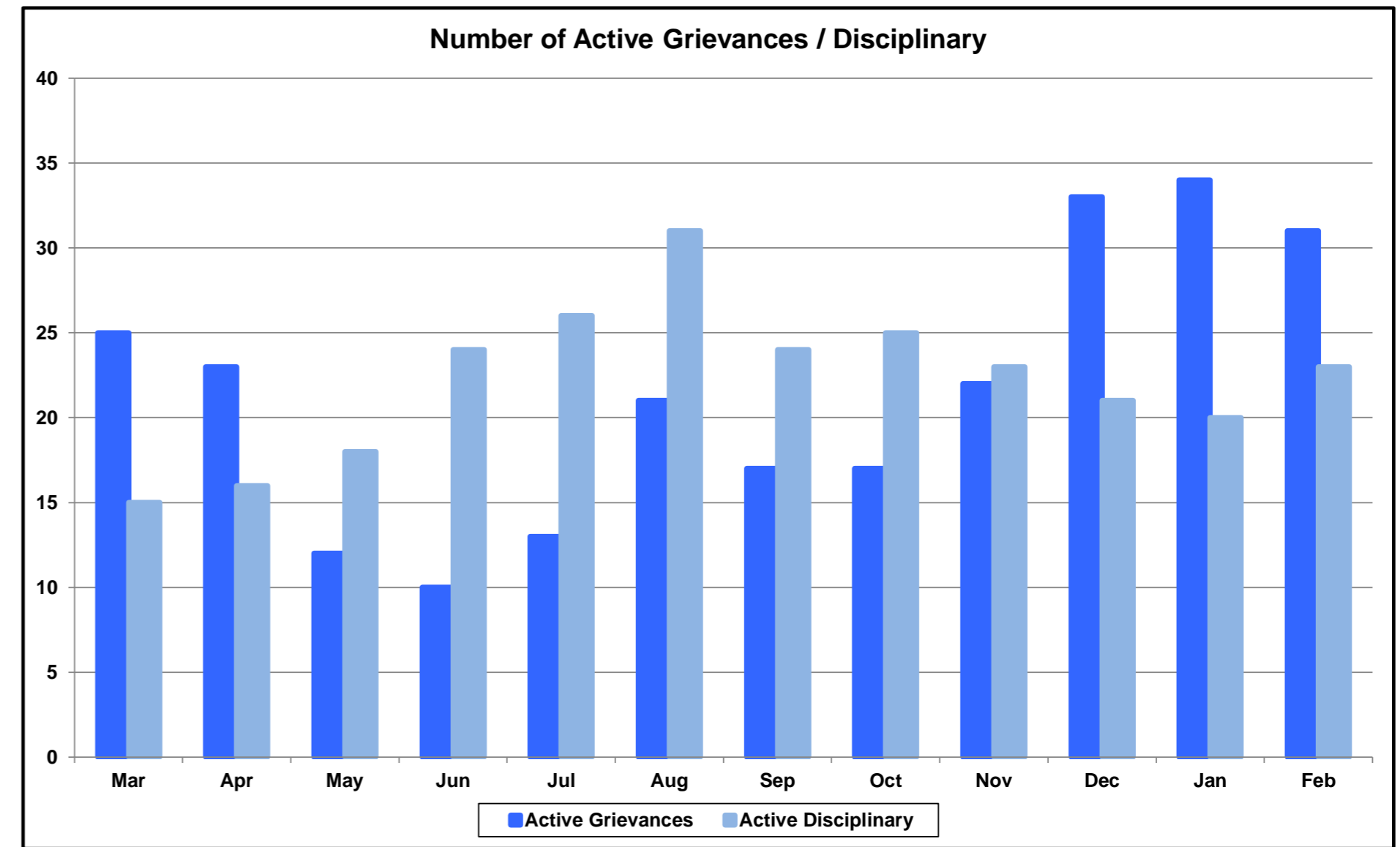
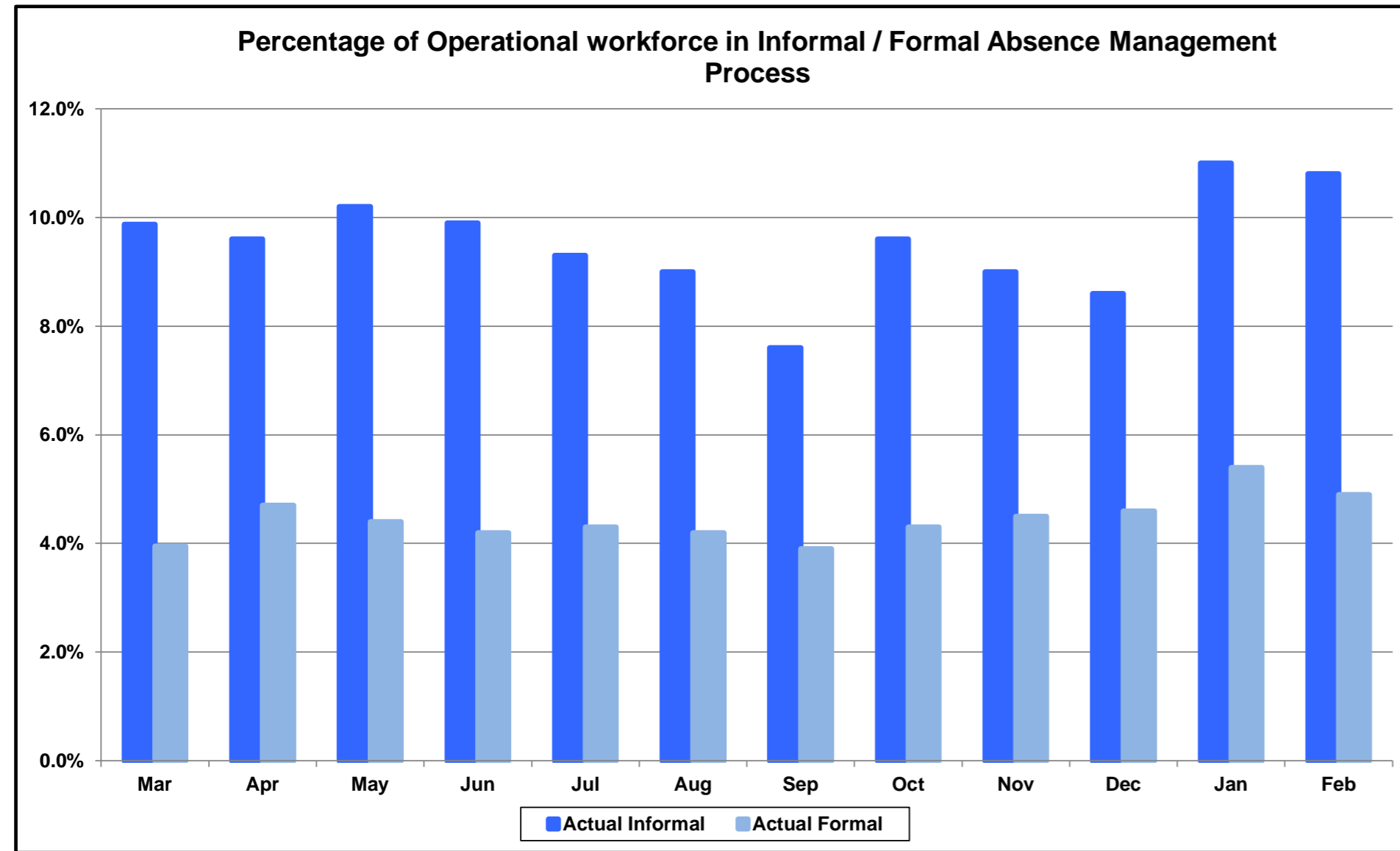
Please Note: All calculations exclude volunteers.

Absence Management Process

OBJ REF	1.1
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Grievances / Disciplinary

OBJ REF	1.1
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	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Actual Informal	9.9%	9.6%	10.2%	9.9%	9.3%	9.0%	7.6%	9.6%	9.0%	8.6%	11.0%	10.8%
Actual Formal	4.0%	4.7%	4.4%	4.2%	4.3%	4.2%	3.9%	4.3%	4.5%	4.6%	5.4%	4.9%

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Active Grievances	25	23	12	10	13	21	17	17	22	33	34	31
Active Disciplinary	15	16	18	24	26	31	24	25	23	21	20	23

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			2
Inappropriate behaviour	2	3		2	1			1					9
Inappropriate use of NHS resources		1									2		3
Maltreatment of patient/client			1					1					2
Maltreatment of other worker							1						1
Misconduct	1	4		2	1			1			2		11
Negligence		1		2									3
Other allegation	1	4	5	1	1	1	1		1		1		16
Theft of money or materials													0
Unsatisfactory attendance - timekeeping	1	3	2		1	1				1			9
TRUST TOTAL	7	16	10	9	9	2	3	4	1	1	6	0	68

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	4	1		26
Other Working Conditions		2	3	1	1	1	1	1					10
Policy & Procedure	4	7	1	5	4			7	3	3			34
Racial													0
Religion													0
Sexual													0
Sexual Orientation													0
T&Cs: Assimilation													0
T&Cs: Job Evaluation													0
T&Cs: Other	1	2					1				1		5
T&Cs: Premium Payments													0
Trade Union Duties													0
TRUST TOTAL	13	13	4	7	9	4	3	12	8	7	2	0	82

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		1		7
Operations	5	16	10	9	6	1	3	3		1	5		59
Standards & Compliance													0
Workforce & Strategy	2												2
TRUST TOTAL	7	16	10	9	9	2	3	4	1	1	6	0	68

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	7	2		79
Standards & Compliance													0
Workforce & Strategy								1					1
TRUST TOTAL	13	13	4	7	9	4	3	12	8	7	2	0	82

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					33.3%	50.0%		25.0%	100.0%		16.7%		10.3%
Operations	71.4%	100.0%	100.0%	100.0%	66.7%	50.0%	100.0%	75.0%		100.0%	83.3%		86.8%
Standards & Compliance													0.0%
Workforce & Strategy	28.6%												2.9%

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%				2.4%
Operations	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	87.5%	100.0%	100.0%		96.3%
Standards & Compliance													0.0%
Workforce & Strategy								8.3%					1.2%



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 28 February 2013 was £11.780m (6.3%) 	5.4
<ul style="list-style-type: none"> This is below the YTD plan of £12.505m (6.7%) due to the unplanned use of private providers in A&E in order to meet contracted demand and support performance 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has delivered a surplus as at 28 February 2013 of £1.608m against a budgeted surplus of £1.778m 	5.4
<ul style="list-style-type: none"> The Trust had a planned surplus of £1.867m 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 £11.9m at the end of February 2013 against a plan of £8.6m 	5.8 / 5.11
<ul style="list-style-type: none"> The Monitor Risk Rating for liquidity is 30 days against a plan year to date of 25 days, and remains a strong 4 rating. 	5.2
MONITOR RISK RATING	
<ul style="list-style-type: none"> Overall the Trust is achieving a rating of 3. The I&E surplus margin net of dividend remaining at 0.1% below target resulting in a metric of 2 which has in turn drives an overall Trust rating to a 3. The Trust anticipates delivering the overall planned target of a rating of 4 by year end subject to no further slippage in CIP delivery and actions taken to control spend. 	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"> February has seen a slight improvement on CIP schemes against plan resulting in a year to date shortfall of £503k. 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 3. The I&E surplus margin net of dividend has slipped by 0.1% in month and this has reduced this metric to a rating of 2 which has in turn reduced the overall Trust rating to a 3. This in year reduction will not effect the Trust's Foundation Trust assessments provided it is recovered by the year end, which is anticipated.
 The EDITDA margin, EDITDA achieved and Net Return after Financing statistics are all slightly below the year to date target, however all ratings remain on target for the year end.
 The I&E surplus margin net of dividend has reduced below 1% year to date as a result of the increased use of private providers in A&E (see 5.3). This has reduced this metric to a 2 in month.
 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	6.3%		
Achievement of Plan	EBITDA Achieved	Annual Target	4	10%	0.4	96.1%	Marginally above target, rating still being achieved.	Compares the value of EBITDA achieved in comparison to planned EBITDA.
		Annual Forecast	4	10%	0.4	99.1%		
		Actual YTD	4	10%	0.4	94.2%		
Financial Efficiency	Net Return after Financing	Annual Target	4	20%	0.8	2.7%	Slightly below target	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	4	20%	0.8	2.9%		
		Actual YTD	4	20%	0.8	2.6%		
	I&E Surplus Margin net of dividend	Annual Target	3	20%	0.6	1.0%	Below target, will be recovered by year end	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income.
		YTD Target	3	20%	0.6	1.0%		
		Actual YTD	2	20%	0.4	0.9%		
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	25.5		
		Actual YTD	4	25%	1	30.4		
Risk Rating	Risk Rating Year to Date	Annual Target			3.55		Below Target	
		YTD Target			3.55			
		Actual YTD			3.35			

FINANCIAL RISK TRIGGERS

Criteria	Qtr to Mar-12	Qtr to Jun-12	Qtr to Sept-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Commentary
Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No	N/A	N/A	No	
Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	No	No	No	No	No	N/A	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	N/A	No	Currently 2%
Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No	N/A	No	Currently 1%
Two or more changes in Finance Director in a twelve month period	No	No	No	No	No	N/A	No	
Interim Finance Director in place over more than one quarter end	No	No	No	No	No	N/A	No	
Quarter end cash balance <10 days of operating expenses	Yes	No	No	No	No	N/A	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	N/A	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
Financial efficiency	20	Net Return after financing ** (%)	>3	2	-0.5	-5	<-5
	20	I&E surplus margin net of dividend	3	2	1	-2	<-2
Liquidity	25	Liquidity ratio *** (days)	60	25	15	10	<10

Financial risk rating is weighted average of financial criteria scores

	Plan	Actual
Number of operating days in year to date	296	296
Operating expenses per day (£000)	£584	£588

INCOME**Income is £255k under plan (see 5.4) due to:-**

- A&E activity is 3.4% above contract for the eleven months ending February. There has been an over trade for the month of February bringing the net overtrade income to £3,608k.
- Provision has been made for non achievement of CQUINs at the end of January as shown at 5.10.
- A&E Extra Contractual Referrals (ECRs) have further benefited year to date income by £125k, however a provision of £30k has been applied following contention from three PCTs.
- Non recurrent income (£590k) has been applied to mitigate the timing of adhoc, non-recurrent, cost pressures. Restriction of non essential spending is now a priority in order to meet the Trust's Statutory outturn duty.
- PTS income is behind plan by £429k due to the impact of CQUIN failures, contract penalties and under activity, including PTS ECRs which are presently behind plan by £66k.
- Other income includes sums of £31k for staff on external secondments which are over and above plan; £89k for extended contracts and additional GPOOH activity and one-off income streams primarily relating to Education & Training activities of £1200k. Fleet trading income and project funds relating to HART estates improve the year to date position by £51k and £140k respectively.

EXPENDITURE**Pay expenditure is £1,040k below plan (see 5.6) due to:-**

- £101k overspend on operations pay (excluding PTS) compared with an over spend last month of £468k.
 - A&E CBUs are over spent by £92k as a result of overtime spend not covered by overtrade income.
 - Operations management is over spent by £252k 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 £27k.
 - Vacancies exist on ECP, Resource Team, Air Ambulance, South and West Management resulting in under spends (£281k) 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 £20k over spent due to overtime and agency costs.
- A £210k overspend exists on pay budgets in connection with bidding for the 111 contract however nonpay is under spending generating a net under spend of £32k at the end of February. Costs of mobilisation have now been funded from reserves and resources being contributed by other parts of the business are being moved across to provide a complete picture. Other Standards & Compliance Directorate pay budgets are underspent by £66k.
- £844k under spend 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 £708k last month. Two localities are over spending on pay: Hull & East (£184k) and Calderdale & Huddersfield (£139k) mainly due to high levels of overtime and cover for long term sickness.
- £176k underspend on Fleet pay is as a result of lower than expected overtime; unfilled vacancies and the application of additional resource relating to A&E demand across the year.
- £104k and £102k under spend on Workforce and Clinical directorates respectively arising from vacant posts.

Non pay expenditure is £1,465k above plan (see 5.6) :-

- £689k 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 since December totalling £256k.
- £1,506k over spend in PTS non-pay is due to the continued high usage of sub-contractors. This is compared with an over spend last month of £1,333k. The majority of the over spend is in the South (£438k) and Hull & East (£704k). Subcontractor costs of £395k 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 £45k over spend.
- The overspend in PTS 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 £692k over spend.
- The Finance directorate under spend stands at £145k. The Trust accounted for new and increased Injury Benefit claims last the month amounting to £590k, these have been largely offset by under spends on travel and audit fees, reduced depreciation charges year to date, profits on asset disposal and reduced dividend payments. Profits on asset disposal include £180k being subsequent proceeds arising from the sale of Threelands (Birkenshaw).
- £832k underspend on Estates non-pay due to release of provisions deemed to be surplus to requirements: rent relating to Distington House which has now been recognised as a CIP (£197k) and minor works (£353k).
- £1,065k over spend on Fleet non pay year to date compared with an over spend last month of £829k 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 and 12/13 expenditure continues in line with this change. Year to date expenditure on tyres is over £300k higher than anticipated which is being investigated with the Fleet Department. Fuel expenditure is being investigated to establish the impact of moves to bunkered fuel usage and processes for routine stock takes. Charges from Fleet Factors have escalated - the present accrual exceeding £500k based on latest statement - the worse case scenario has been built into accounts. The position is being investigated and resolution sought.
- £241k under spend on 111 relates to the application of resources to 111 as detailed in Pay above.
- £173k overspend on Chief Executive non pay includes expenditure on external consultancy costs in relation to Foundation Trust application.
- Reserves have been adjusted in response to the timing of adhoc non-recurrent pressures arising. Restriction of non essential spending until the end of the financial year is a priority in order to deliver the Trust's Statutory outturn of a 1% surplus particularly given the pressure arising from meeting A&E performance targets by year end and the potential impact of 111 go live.

EBITDA (see 5.4)

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £11.780m for the year to 28 February 13, which is below plan (£12.505m)
- The Trust's EBITDA return of 6.3% is below plan for the year to date (6.7%). EBITDA is below plan by £725k and this is largely offset by reduced depreciation of £243k; interest received of £22k; profit on disposal of £243k and dividend payable of £50k.
- 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

February 2013

	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	13,834	13,649	184	150,334	150,367	-33	163,547	168,263	-4,716
Patient Transport Service	2,254	2,120	135	24,899	24,471	429	27,219	26,797	423
Other Income	896	1,033	-137	10,236	10,887	-651	11,643	14,461	-2,817
Operating Income	16,984	16,802	182	185,469	185,724	-255	202,409	209,520	-7,111
Pay Expenditure & reserves	-12,055	-11,851	-204	-133,646	-132,606	-1,040	-145,700	-146,643	943
Non-Pay expenditure & reserves	-4,142	-4,009	-133	-39,318	-41,339	2,020	-43,021	-49,312	6,292
Operating Expenditure	-16,197	-15,860	-337	-172,964	-173,944	980	-188,721	-195,956	7,235
EBITDA	788	942	-155	12,505	11,780	725	13,688	13,564	124
EBITDA %	4.6%	5.6%		6.7%	6.3%		6.8%	6.5%	
Depreciation	-888	-767	-122	-8,458	-8,216	-243	-9,247	-9,080	-167
Interest payable & finance costs	-10	-10	0	-207	-208	1	-217	-217	0
Interest receivable	2	3	-1	25	47	-22	27	51	-24
Profit on fixed asset disposal	0	139	-139	0	243	-243	0	243	-243
Dividends, interest and other	-190	-214	24	-2,086	-2,037	-50	-2,276	-2,222	-54
Retained Surplus	-298	94	-392	1,778	1,608	170	1,975	2,338	-340
I&E Surplus %	-1.8%	0.6%		1.0%	0.9%		1.0%	1.1%	

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

A&E CONTRACT - Responses	Quarter 1					Quarter 2					Quarter 3					Jan-13					Feb-13					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	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	23,339	195	0.8%	42	7,756	7,767	11	0.1%	2	6,723	7,203	480	7.1%	104	80,388	83,708	3,320	4.1%	772
EAST RIDING OF YORKSHIRE PCT	9,753	9,932	179	1.8%	35	9,759	10,385	626	6.4%	125	10,559	10,481	-78	-0.7%	-15	3,538	3,553	15	0.4%	3	3,068	3,163	95	3.1%	19	36,677	37,514	837	2.3%	167
HULL PCT	10,784	10,709	-75	-0.7%	-11	10,793	11,114	321	3.0%	37	11,677	11,141	-536	-4.6%	-81	3,914	3,790	-124	-3.2%	-18	3,391	3,275	-116	-3.4%	-17	40,559	40,029	-530	-1.3%	-90
BRADFORD AND AIRES DALE PCT	17,287	18,087	800	4.6%	133	17,302	17,813	511	3.0%	78	18,718	19,524	806	4.3%	134	6,274	6,392	118	1.9%	20	5,439	5,746	307	5.7%	51	65,020	67,562	2,542	3.9%	416
CALDERDALE PCT	6,743	7,090	347	5.1%	62	6,746	7,165	419	6.2%	65	7,300	7,635	335	4.6%	60	2,445	2,600	155	6.3%	28	2,119	2,301	182	8.6%	33	25,353	26,791	1,438	5.7%	248
KIRKLEES PCT	12,405	12,848	443	3.6%	91	12,419	12,849	430	3.5%	74	13,435	13,965	530	3.9%	109	4,502	4,704	202	4.5%	41	3,902	4,122	220	5.6%	45	46,663	48,488	1,825	3.9%	360
WAKEFIELD DISTRICT PCT	11,371	12,093	722	6.3%	117	11,381	11,810	429	3.8%	96	12,313	12,783	470	3.8%	76	4,127	4,329	202	4.9%	33	3,576	3,880	304	8.5%	49	42,768	44,895	2,127	5.0%	371
LEEDS PCT	25,580	26,636	1,056	4.1%	179	25,602	26,356	754	2.9%	116	27,702	28,690	988	3.6%	167	9,283	9,603	320	3.4%	54	8,048	8,476	428	5.3%	72	96,215	99,761	3,546	3.7%	588
BARNSELY PCT	7,245	7,561	316	4.4%	48	7,249	7,708	459	6.3%	83	7,842	8,136	294	3.7%	44	2,628	2,750	122	4.6%	18	2,279	2,467	188	8.2%	28	27,243	28,622	1,379	5.1%	221
DONCASTER PCT	10,512	10,817	305	2.9%	41	10,523	10,850	327	3.1%	38	11,384	11,476	92	0.8%	12	3,816	3,742	-74	-1.9%	-10	3,307	3,366	59	1.8%	8	39,542	40,251	709	1.8%	89
ROTHERHAM PCT	8,084	8,255	171	2.1%	23	8,086	8,519	433	5.4%	56	8,755	8,845	90	1.0%	12	2,933	3,051	118	4.0%	16	2,542	2,645	103	4.1%	14	30,400	31,315	915	3.0%	121
SHEFFIELD PCT	17,733	19,230	1,497	8.4%	228	17,747	18,342	595	3.4%	69	19,201	19,375	174	0.9%	27	6,434	6,302	-132	-2.1%	-20	5,579	5,850	271	4.9%	41	66,694	69,099	2,405	3.6%	345
TOTAL	158,871	165,581	6,710	4.2%	1,151	158,998	165,987	6,989	4.4%	1,256	172,030	175,390	3,360	2.0%	587	57,650	58,225	933	1.6%	167	49,973	52,495	2,522	5.0%	447	597,522	618,036	20,514	3.4%	3,608

Yorkshire Ambulance Service - Income and Expenditure Forecast

February 2013

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				16,984,297	16,801,884	182,413	185,469,040	185,723,957	-254,917	202,409,219	209,519,927
Pay											
A&E Operations	2,719.83	2,784.16	64.33	-9,215,310	-8,848,074	-367,236	-100,028,078	-100,129,291	101,213	-108,793,233	-110,002,564
PTS Operations	816.42	727.88	-88.54	-1,495,515	-1,359,765	-135,750	-16,365,373	-15,521,348	-844,025	-17,860,872	-16,911,412
Finance	47.24	47.22	-0.02	-142,557	-132,570	-9,987	-1,568,126	-1,495,122	-73,004	-1,710,682	-1,757,773
Estates	45.39	45.90	0.51	-99,007	-97,216	-1,791	-1,028,430	-1,071,946	43,516	-1,122,220	-1,171,742
Fleet	176.74	166.83	-9.91	-431,630	-406,092	-25,538	-4,686,487	-4,510,639	-175,848	-5,099,745	-4,909,726
IM&T	39.10	35.62	-3.48	-114,853	-99,575	-15,278	-1,273,558	-1,296,192	22,634	-1,388,401	-1,426,405
Procurement	21.33	20.13	-1.20	-46,008	-44,456	-1,552	-507,085	-485,812	-21,273	-553,107	-527,523
Standards & Compliance	60.98	51.55	-9.43	-171,455	-169,088	-2,367	-2,032,708	-1,966,739	-65,969	-2,204,149	-2,134,844
111	0.00	199.69	199.69	-694,025	-433,256	-260,769	-772,023	-981,947	209,924	-789,557	-1,104,191
Workforce & Strategy	99.08	92.50	-6.58	-295,994	-290,875	-5,119	-3,317,655	-3,213,197	-104,458	-3,604,094	-3,494,786
Clinical Directorate	30.92	30.65	-0.27	-124,313	-135,956	11,643	-1,413,060	-1,311,228	-101,832	-1,535,232	-1,431,154
Chief Executive	16.80	11.60	-5.20	-86,252	-111,776	25,524	-948,780	-935,076	-13,704	-1,035,020	-1,019,530
Reserves				862,233	278,000	584,233	295,629	313,000	-17,371	-3,688	-751,802
Total Pay	4,073.83	4,213.73	139.90	-12,054,686	-11,850,699	-203,987	-133,645,734	-132,605,537	-1,040,197	-145,700,000	-146,643,452
Non Pay											
A&E Operations				-208,476	-260,849	52,373	-2,377,724	-3,066,910	689,186	-2,772,741	-4,982,686
PTS Operations				-157,231	-329,622	172,391	-1,634,667	-3,140,420	1,505,753	-1,823,531	-4,265,126
Finance				-1,395,475	-1,095,254	-300,221	-12,684,344	-12,539,750	-144,594	-13,880,936	-14,131,718
Estates				-442,125	-398,872	-43,253	-5,160,163	-4,327,599	-832,564	-5,598,125	-4,782,564
Fleet				-1,575,460	-1,810,971	235,511	-17,455,001	-18,519,940	1,064,939	-18,979,801	-20,212,798
IM&T				-346,126	-355,733	9,607	-3,632,851	-3,562,055	-70,796	-3,964,332	-3,885,879
Procurement				-263,549	-263,556	7	-2,940,609	-2,770,269	-170,340	-3,197,429	-3,030,737
Standards & Compliance				-207,030	-198,352	-8,678	-1,895,206	-1,891,798	-3,408	-1,910,266	-2,039,856
111				-24,704	-33,739	9,035	-374,148	-132,588	-241,560	-387,665	-180,951
Workforce & Strategy				-117,753	-126,402	8,649	-1,260,041	-1,272,967	12,926	-1,466,518	-1,405,723
Clinical Directorate				-6,124	-1,746	-4,378	-67,360	-60,248	-7,112	-150,406	-65,725
Chief Executive				-26,005	-21,273	-4,732	-289,353	-462,493	173,140	-315,340	-483,531
Reserves				-32,677	39,028	-71,705	-273,482	237,074	-510,556	-287,129	-1,070,954
Total Non Pay				-4,802,735	-4,857,341	54,606	-50,044,949	-51,509,963	1,465,014	-54,734,219	-60,538,248
Total Expenditure	4,073.83	4,213.73	139.90	-16,857,421	-16,708,040	-149,381	-183,690,683	-184,115,500	424,817	-200,434,219	-207,181,700
Surplus/(Deficit)				126,876	93,844	33,032	1,778,357	1,608,457	169,900	1,975,000	2,338,227

CIP DELIVERY

- The Trust has a savings target of £10.285m for 2012/13 and has identified schemes totalling £10.315m.
- CIPs to the value of £10.028m full year are forecast to be achieved (97.2% of plan)
- This leaves a gap of £287k on which work is continuing to identify additional schemes.
- CIPs to the value of £10.028m full year are forecast to be achieved (97.2% of plan)
 - CIP business cases, with identified timescales and quality impact assessments, have been prepared for 2012/13; 2013/14 and 2014/15..
 - Shortfalls on 12/13 Schemes and a deterioration in the A&E position have forced a review of CIP Plans to identify additional savings potential.
 - Achievement against plan is 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	5,544	5,038	-506
Patient Transport Service	319	285	163	-122
Finance & Performance	2,867	2,476	3,031	555
Workforce & Strategy	238	216	281	65
Standards and Compliance	178	159	215	56
Chief Executive	40	40	40	0
Clinical	0	0	0	0
Trust Wide	676	614	63	-551
Total	10,315	9,334	8,831	-503

	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	316
Contract review: Grounds/Refuse/Hygiene	0	0	54	0	49
Review of radio comms costs	0	0	145	0	120
Postage & carriage	0	0	30	0	23
Audit Fees	0	0	27	0	24
Compliance Charges	0	0	49	0	45
Education & training activities	0	0	77	0	71
Extended schemes					
Drugs	40	40	170	35	151
Energy	34	50	138	33	130
Training	210	210	259	191	193
Printing	20	30	60	20	60
Total	304	330	1,353	279	1,182

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			£1,897k	£1,408k
PBW	Remove missed meal break payments	DW	£688k	£689k	£689k		£930k	£197k
PBW	Clinical leadership	PM	£1.24m	£619k			£1,000k	£1,519k
PBW	Increase in clinical hub triage	DW	£505k	£1.41m	£1.26m		£642k	£832k
SM	Effective sickness management	GJ	£606K	£202k			£550k	£32k

SUMMARY

- The Land, Buildings & Equipment position is £1.8m below plan as the ECS scheme has now been deferred into next year and this expenditure is in the plan. The Trade and other receivables over one year have reduced as PCTs continue to pay of back to back debtors as part of their close down processes.
- The cash is £3.3m above plan . Capital commitments noted across the page are awaiting payment and have increased cash by a further £1.9m against the plan.
- The provisions & deferred income is above plan as the Trust has deferred income in the actual position that was not envisaged when formulating the plan.

CAPITAL SUMMARY

- Spend year to date is £12.3m against a plan of £14.3m. In addition there are commitments of £1.9m giving a marginal underspend year to date of £86k. This will be recovered and the planned programme will be delivered by the year end.
- The A&E vehicle scheme is delayed however conversion slots in January have been taken and assurance given that this scheme will recover and deliver by year end.

Statement of Financial Position

	Plan at 28/02/2013 £000	Actual at 28/02/2013 £000	Variance £000
Land, Buildings and equipment	76,015	74,169	-1,846
Trade and other receivables (>1 yr)	1,653	1,033	-620
Non-Current assets	77,668	75,202	-2,466
Stocks, Trade and other receivables (<1 yr)	10,707	10,591	-116
Cash and cash equivalents	8,636	11,907	3,271
Current assets	19,343	22,498	3,155
Creditors (< 1yr)	-14,652	-14,208	444
Provisions & Deferred Income(<1 yr)	-1,950	-2,806	-856
Current Liabilities	-16,602	-17,014	-412
Provisions (>1 yr)	-5,248	-5,500	-252
Borrowings	-6,338	-6,338	0
Non-Current Liabilities	-11,586	-11,838	-252
Net Assets	68,823	68,848	25
Public Dividend Capital	74,094	74,094	0
Revaluation Reserve	4,291	4,290	-1
Donation Reserve			0
Income & Expenditure Reserve	-9,562	-9,536	26
Total Taxpayer's Equity	68,823	68,848	25

Capital Programme

	Original Programme £000	Current Programme £000	Year to date Plan £000	Spend to 31/01/13 £000	Committed at 31/01/2013 £000	(Under)/ Over plan year to date £000
Major Schemes						
HART *	2,250			33		33
ECS *	2,062					0
HQ	7,774	6,672	6,672	6,694		22
Minor Schemes						
Estates	2,041	2,023	1,476	1,647	44	215
IM&T	2,100	2,217	1,925	1,771	289	135
Vehicles A&E	2,040	1,997	1,974	862	865	-247
Vehicles PTS	1,170	795	680		682	2
Medical equipment	1639	2036	1,614	1,309	59	-246
Total	21,076	15,740	14,341	12,316	1,939	-86
External funding	12,086	6,672	6,672	6,672		0
NBV of Disposals		78	78	78		
CRL	8,990	8,990	7,591	5,566		
Rating						★ ★

* Subject to Board approval

Yorkshire Ambulance Service - Debtors and Payments

February 2013

DEBT SUMMARY

• NHS Debt has gone up by £2m following the raising of an invoice to PCTs in respect of Transformation funding. Over 90 days debt has increased as a result of disputes with four NHS bodies relating to CQUINS, A&E ECR's and a Sunday renal service. The Finance department are focussed on clearing all residual PCT and SHA debts by the end of March and it is anticipated that the bulk of these debts will clear as part of this process.

£000	Nov-12	Dec-12	Jan-13	Feb-13
Non NHS debt	222	150	191	207
Of which >90 days overdue	25	25	25	26
NHS debt	1,250	1,486	1,086	3,099
Of which >90 days overdue	99	99	219	257
Total debt	1,472	1,636	1,277	3,306
Of which >90 days overdue	124	124	244	283
Provision to cover this debt	124	124	244	283

PAYMENTS

• The Trust has paid 22,693 non NHS invoices up to the end of February 2013 and 20,061 were paid within 30 days of receipt giving a cumulative Better Payment Practice Code (BPPC) position of 88.4% (a 0.37% improvement on January). This is an overall improvement of 1.85% against last financial year.

• Creditors over 90 days amounted to a net £39k at the end of February relating to items in dispute. Finance are in the process of resolving these items in consultation with the relevant budget holders.

COST IMPROVEMENT PROGRAMME 12/13

• The Cost Improvement Plan is behind target at the end of February and there are sizeable shortfalls against original planned schemes which endanger delivery of the plan. Reserve schemes have been identified and are achieving savings. Further reserve schemes are being actively sought to address the issue and a contingency reserve of £287k is being held to mitigate the current forecast shortfall against plan.

QUALITY, INFORMATION REPORTING, AND CQUIN

• PTS contract penalties currently stand at: South Yorkshire £196k; East £29k and West £21k. North has incurred no penalties to date. Underachievement on CQUINS trajectories currently amount to £30k.

• A&E CQUIN target 5 - raising public awareness - 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. A&E CQUIN target 3 - Dementia care - is presently at risk pending Commissioner agreement to a contract variation. 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	503	287	Contingency reserve held
A&E contractual penalties	6,400	0.1	640	0	0	An A&E contract penalty will be applied for December & January 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				245	264	KPI breaches and under activity amount to £245k at the end of January.
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	662	692	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	351	603	Targets 5 and 3 are presently at risk. A contingency reserve is held should schemes become undeliverable and includes £486k (worst case scenario) should agreement not be reached with Commissioners on target 3
Non delivery of CQUINS - PTS	634	0.5	317	30	96	Delivery of schemes and penalties at the end of January are £30k below target therefore risk increased to £96k for which a contingency reserve is held
Increased non-pay inflation	400	0.5	200	0	0	Implement cost control measures
Injury Benefits claims				590	750	New claims arising and increases on existing claims
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	2,381	3,792	

Analysis Of Actual/Plan Cash Flows

Cash Name (£000's)	Actual Q1	Actual Q2	Actual Q3	Actual 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	Forecast Dec-13	Forecast Jan-14
Actual/Forecast Opening Cash Balance	4,869	8,063	8,593	12,507	13,257	8,636	5,819	5,611	6,278	6,361	6,298	6,399	7,851	8,735	8,453	9,377
Cash Inflows																
Income from Activities	51,227	51,043	52,363	18,121	16,710	17,243	17,988	17,940	17,282	17,194	17,303	17,869	17,909	17,931	17,969	17,985
Interest Receivable	25	6	8	3	3	3	3	3	3	3	3	4	4	4	5	5
Capital Receipts	0	61	0	0	180	72	0	0	0	0	0	441	0	0	0	0
Loans	0	6,672	0	0	0	0	0	0	0	0	0	3,583	0	0	0	0
PDC Capital *	2,000	1,000	0	0	0	2,000	2,500	0	0	0	0	0	0	0	0	0
Total Cash Inflows	53,252	58,782	52,371	18,124	16,893	19,318	20,491	17,943	17,285	17,197	17,306	21,897	17,913	17,935	17,974	17,990
Cash Outflows																
Pay	35,797	36,654	36,593	12,228	12,543	12,733	12,658	12,658	12,658	12,658	12,658	12,658	12,658	12,658	12,658	12,658
Non-pay	10,899	10,223	10,376	3,622	4,418	4,935	3,881	3,932	3,886	3,920	3,920	3,879	3,882	3,881	3,881	3,881
Interest Payable	0	0	0	0	0	61	0	0	0	0	0	65	0	0	0	0
PDC Dividends	0	1,111	0	0	0	1,111	0	0	0	0	0	1,149	0	0	0	0
Capital Expenditure	3,362	7,264	1,488	1,524	1,282	3,128	4,160	686	658	682	627	2,371	489	1,678	511	995
Loans	0	0	0	0	0	167	0	0	0	0	0	323	0	0	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	48,457	17,374	18,243	22,135	20,699	17,276	17,202	17,260	17,205	20,445	17,029	18,217	17,050	17,534
Net Cash Inflow/(Outflow)	3,194	530	3,914	750	-1,350	-2,817	-208	667	83	-63	101	1,452	884	-282	924	456
Actual Closing Cash Balance	8,063	8,593	12,507	13,257	11,907											
Forecast Closing Cash Balance (per LTFM)	5,734	9,949	10,789	9,986	8,636	5,819	5,611	6,278	6,361	6,298	6,399	7,851	8,735	8,453	9,377	9,833

- The cash is £3.3m above plan. The Capital commitments of £1.9m (see 5.8) were planned to have been paid out and PCTs are clearing back to back provisions as part of the closedown process
- The forecast cash balance is anticipated to reduce between now and the end of March as the capital programme delivers. The March cash balance is forecast to agree with the External Finance Limit and cash will not fall below this level. In the next financial year the cash balance is expected to rise as profitability increases and working capital management improves the cash position, thereby creating a resilience for the Trust into FT status.

