



# Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

April 2012



Yorkshire Ambulance Service **NHS**  
NHS Trust

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# Section 1

## Executive Summary



2011-12 BUSINESS PLAN OBJECTIVES		Lead Director	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
			RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast
<b>KPI</b>	<b>Description</b>														
<b>Strategic Goal - Continuously Improving Patient Care - Providing the right care, in the right place, at the right time.</b>															
1	To reduce mortality from major trauma	Alison Walker	AMBER												
2	To improve Survival to Discharge for Pre-Hospital Cardiac Arrest	Alison Walker	GREEN												
3	To deliver care in the most appropriate setting to meet the patient needs and to reduce variability and timely access to care over 24/7/365	Alison Walker	AMBER												
4	To develop as a key provider of Emergency and Urgent/Unscheduled care services in partnership with other providers	Alison Walker	AMBER												
<b>Strategic Goal - High Performing</b>															
5	To provide services which exceed regulatory and legislative standards of care and commissioner expectations	Steve Page	GREEN												
6	To provide clinically effective care with year on year improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures	Alison Walker / David Williams	GREEN												
7	To provide a service that exceeds our patients expectations	Steve Page	GREEN												
8	To improve the quality of patient transport service provision	David Williams	GREEN												
<b>Strategic Goal - Always Learning</b>															
9	To develop a culture of improvement and innovation	Stephen Moir	GREEN												
10	To align workforce and leadership to service delivery models	Stephen Moir	GREEN												
11	To develop a research agenda that delivers improved patient outcomes	Alison Walker	GREEN												
12	To develop internal systems and processes which support innovation and continuous improvement	Steve Page	AMBER												
13	To reduce unintended harm from patient treatment	Alison Walker / Steve Page	GREEN												
<b>Strategic Goal - Provider of choice in a competitive environment and deliver value for money</b>															
14	To develop rigorous performance management processes within a service line management framework	Rod Barnes	GREEN												
15	To become a regional leader in healthcare resilience	David Williams	GREEN												
16	To contribute to the regional and local public health programme	Alison Walker	AMBER												
17	To provide value for money services within planned financial targets	Rod Barnes	AMBER												
18	To contribute to the wider health economy efficiency programme	Rod Barnes	GREEN												

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

Comments		
For 2012-13 the NHS Performance Framework will be integrated with the Tripartite Formal Agreement RAG rating process. From April 2012 both reporting processes will be followed and reported side by side. From October 2012 reporting will be combined. From April 2012 a single escalation process will apply. Once YAS becomes a Foundation Trust we will be evaluated through Monitor.		
KPI 1: Measures are in place to ensure patients with major trauma are identified early, receive appropriate life-saving treatment and are signposted to the nearest Major Trauma Centre (MTC). However, LGI will not yet receive major trauma patients directly from outside its immediate receiving area and a medically-led Enhanced Care Team has not been commissioned. Both of these issues are outside YAS control.		
KPI 3/4: Effective engagement in emergency and urgent care is dependent on the continuing employment of a lead nurse for urgent care. A decision regarding the future funding of this post is awaited.		
KPI 16: Involvement in public health programmes still to be established.		
KPI 12 For 2012-13 the NHS Performance Framework will be integrated with the Tripartite Formal Agreement RAG rating process. From April 2012 both reporting processes will be followed and reported side by side. From October 2012 reporting will be combined. From April 2012 a single escalation process will apply. Once YAS becomes a Foundation Trust we will be evaluated through Monitor.		
KPI 17: VFM - 5 year CIP for 2012 are still being finalised due end of May. Slippage now being recovered		
<b>KPI</b>	<b>RAG</b>	<b>Page</b>
1	AMBER	Comments
3	AMBER	Comments
4	AMBER	Comments
12	AMBER	Comments
16	AMBER	Comments
17	AMBER	Comments

CONTRACTUAL COMPLIANCE 2012 - 13 - Definitions: Contractual Indicators presented are those to which non compliance would result in the issuing of a formal contractual performance notice

**A & E**

**National Specified Events**

- 75% of RED Calls within 8 mins
- 95% of RED Calls within 8 mins

**Local Quality Requirements**

- Satisfaction of Providers obligations under each handover
- Safeguarding Adults & Children

**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'.

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

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

Comments

**A & E CQUINS**

1. Improving the experience and outcomes for patients residing in rural locations
2. Development of alternatives to reduce conveyance to A&E departments
3. Improving the quality of care and support for people with dementia
4. Self Care - Improving patient safety
5. Raising awareness to support ambulance demand management

Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
30.00%	£1,168,785	GREEN												
15.00%	£584,393	GREEN												
12.50%	£486,994	GREEN												
17.50%	£681,791	GREEN												
25.00%	£973,988	GREEN												
<b>TOTAL</b>	<b>100.00%</b>	<b>£3,895,951</b>												

**PTS CQUINS**

- SOUTH Consortia
  - Improving Patient Experience
  - Improve the efficiency and effectiveness
  - Improve the quality of PTS
- EAST Consortia
  - Improve patient experience
- WEST Consortia
  - Reduce abortive journeys
  - Improve patient experience
- NORTH Consortia
  - Improve patient experience

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
20.00%	£29,591	GREEN												
20.00%	£29,591	GREEN												
60.00%	£88,772	GREEN												
100.00%	£77,933	GREEN												
40.00%	£118,851	GREEN												
60.00%	£178,274	GREEN												
100.00%	£110,881	GREEN												
<b>TOTAL</b>	<b>100.00%</b>	<b>£633,893</b>												

Comments
Draft action plans have been prepared for all CQUINs and the plans and associated project management arrangements are being refined following the initial CQUIN programme meeting. First quarter reports are due in July 2012.

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

**PTS KPI's -West Yorkshire Consortium**

KPI 1- Patients should be collected in a timely manner following their appointments			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Core Patient Journeys	a)	% of patients to depart within 60 mins of their booked ready time	74.89%											
	b)	% of patients to depart within 120 mins of their ready time (Penalties Apply)	95.84%											
Renal Patient Journeys	a)	% of patients to depart no more than 45 mins after ready time	93.87%											
	b)	% of patients to depart within 60 mins of ready time	98.53%											
KPI 2- Patients journey time should be of an acceptable duration			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Core Patient Journeys	a)	% of patients travelling up to 10 miles for less than 60 mins	95.28%											
	b)	% of patients travelling up to 25 miles for up to 120 mins	99.60%											
Renal Patient Journeys	a)	% of patients travelling up to 10 miles for up to 45 mins	69.77%											
KPI 3- Patients should arrive in a timely manner for their appointments			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Core Patient Journeys	a)	% of patients arriving more than 60 mins early	3.72%											
	b)	% of patients to arriving more than 90 minutes early	0.49%											
	c)	% of patients to arrive between 1 and 30 mins late	17.10%											
	d)	% of patients to arrive between 31 and 60 mins late	4.93%											
	e)	0% of patients to arrive more than 60 mins late (Penalties Apply)	2.12%											
Renal Journeys	a)	% of patients to arrive more than 30 mins early	21.79%											
	b)	% of patients to arrive more than 90 mins early	0.00%											
	c)	% of patients to arrive between 30 mins late	1.06%											
	d)	0% of patients to arrive more than 60 mins late (Penalties Apply)	0.22%											

Comments

PTS KPI's - East Yorkshire Consortium

KPI 1- Patients should arrive in a timely manner for their appointments			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
KPI 1(i) Non Urgent Journeys	a)	% of patients arriving more than 90 mins early	0.47%											
	b)	% of patients to arrive between 61 and 90 mins early	6.42%											
	c)	% of patients to arrive between 1 and 30 mins late	16.04%											
	d)	% of patients to arrive between 31 and 60 mins late	3.68%											
	e)	0% of patients to arrive more than 60 mins late (Penalties Apply)	3.12%											
KPI 1(ii) Priority Journeys	a)	% of patients to arrive more than 90 mins early	0.28%											
	b)	% of patients to arrive between 31 and 90 mins early	31.28%											
	c)	% of patients to arrive between 31 and 60 mins late	1.96%											
	d)	0% of patients to arrive more than 60 mins late (Penalties Apply)	0.28%											
KPI 2- Patients should collected in a timely manner following their appointments			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
KPI 2(i) Non Urgent Journeys	a)	% of patients to depart between 61 and 120 mins after ready time	20.88%											
	b)	% of patients to depart more than 120 mins after ready time (Penalties Apply)	3.53%											
KPI 2(ii) Priority Journeys	a)	% of patients to depart between 31 and 60 mins after ready time	23.28%											
	b)	% of patients to depart more than 60 mins after ready time (Penalties Apply)	6.50%											
KPI 2(iii) SAME DAY PATIENTS	a)	% of patients to depart between 3 and 4 hours after ready time	8.89%											
	b)	% of patients to depart between 4 and 5 hours after ready time	3.43%											
	c)	0% of patients to depart more than 5 hours after ready time	1.82%											
KPI's All Journeys			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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		28.18%											
KPI - 4	Percentage of calls to "SPA" not answered within 5 minutes		0.83%											
KPI - 5	Percentage of data fields used to calculate KPI's that are incomplete or incorrect		0.42%											

Comments

PTS KPI's - South Yorkshire Consortium

KPI No.	Measure	PCT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
KPI 1- Patients should arrive in a timely manner for their appointment	a) % of patients arriving up to 60 mins prior to their appointment	Barn	71.06%											
		Donc	86.39%											
		Roth	73.03%											
		Sheff	51.99%											
KPI 1- Patients should arrive in a timely manner for their appointment	b) % of patients arriving up to 90 mins prior to their appointment	Barn	74.84%											
		Donc	88.97%											
		Roth	79.10%											
		Sheff	60.83%											
KPI 2- Patients should be collected in a timely maner following completion of their appointmnts	a) % of patients departing within 60 mins of their booked ready time	Barn	83.05%											
		Donc	86.92%											
		Roth	85.88%											
		Sheff	74.69%											
KPI 2- Patients should be collected in a timely maner following completion of their appointmnts	b) % of patients departing within 90 mins of their booked ready time	Barn	92.92%											
		Donc	94.61%											
		Roth	93.93%											
		Sheff	89.00%											
KPI 3- Patients should be collected within 4 hours of booking for Same Day Discharges	a) % of patients collected within 3 hours of booking	Barn	99.06%											
		Donc	96.70%											
		Roth	93.33%											
		Sheff	97.87%											
KPI 3- Patients should be collected within 4 hours of booking for Same Day Discharges	b) % of patients collected within 4 hours of booking	Barn	100.00%											
		Donc	99.45%											
		Roth	93.33%											
		Sheff	100.00%											
KPI 3- Patients should be collected within 4 hours of booking for Same Day Discharges	c) % of patients collected within 5 hours of booking	Barn	100.00%											
		Donc	100.00%											
		Roth	93.33%											
		Sheff	100.00%											
KPI 4- Patients journey time should be of an acceptable duration	a) % of patients travelling up to 10 miles for less than 60 mins	Barn	95.76%											
		Donc	96.67%											
		Roth	94.47%											
		Sheff	92.46%											
KPI 4- Patients journey time should be of an acceptable duration	b) % of patients travelling up to 10 miles for less than 90 mins	Barn	99.40%											
		Donc	99.85%											
		Roth	98.88%											
		Sheff	98.94%											
KPI 4- Patients journey time should be of an acceptable duration	c) % of patients travelling up to 25 miles for up to 120 mins	Barn	99.46%											
		Donc	99.66%											
		Roth	99.24%											
		Sheff	99.65%											
KPI 8- minimum data sets provided to be complete and robust	b) % of incomplete data fields used to complete KPI's	Barn	0.77%											
		Donc	0.11%											
		Roth	0.62%											
		Sheff	0.16%											

Comments



**PTS KPI's - NHS North Yorkshire & York**

KPI 1- Patients should arrive in a timely manner for their appointment			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
KPI 1	a)	Patients arriving more than 60 mins early for their appointment												
	b)	Patients arriving up to 60 mins early for their appointment												
	c)	Patients arriving up to 30 mins late for their appointment												
	d)	Patients arriving between 31 and 60 mins late for their appointment												
	e)	Patients arriving more than 60 minutes late for their appointment												
KPI 2- Patients should be collected in a timely maner following completion of their appointments			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
KPI 2	a)	Patients collected within 60 mins of their booked ready time												
	b)	Patients collected within 61- 90 mins of their booked ready time												
	c)	Patients collected within 91 - 120 mins of their booked ready time												
	d)	Patients collected more than 121 mins after their booked ready time												
KPI 3- Patients journey time should be of an acceptable duration			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
KPI 3	a)	Patients travelling for up to 60 mins												
	b)	Patients travelling between 61 and 90 minutes												
	c)	Patients travelling 91 - 120 minutes												
	d)	Patients travelling for more than 120 minutes												

Comments

The figures for April have are not yet finalised, these will be available next month



# Section 2

## Performance





# Section 2a

## A&E Performance





**Directors Comments on Actual Performance**

**Resilience**

A number of emergency plans are for review this year including the Major Incident Plan, The Standard operating principles for Operation Plato, Advanced Casualty Clearing Station and MERIT. All Business Continuity Plans were reviewed last year the requirement this year is that they are all tested.

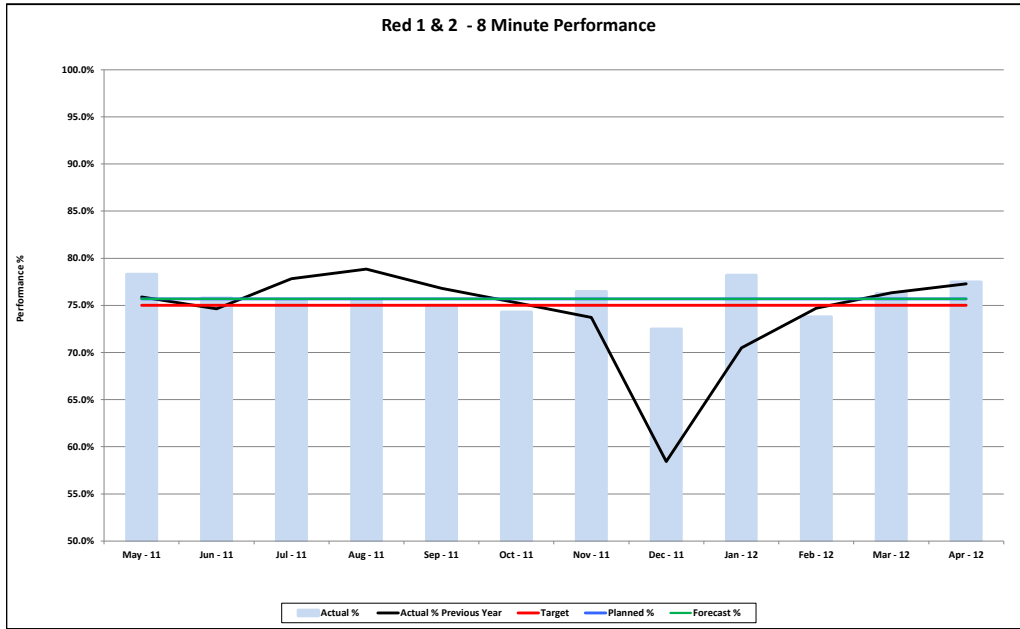
Key to improving our information sharing capability is the development of the resilience website which partners will be able to access along with plans tactics and other valuable information for commanders.

Training has already commenced this year. 64 staff are undertaking the Operation Plato training programme in May/June as part of the enhancement programme. Formal approval of the resilience training plan awaited. Resilience launched its SMART Triage elearning package in April. Aimed at clinical staff who would perform clinical triage at a major or mass casualty incident. To date out of the 2298 staff required to complete the course 192 staff have completed the course (11 of those at second attempt) 146 staff are currently progressing through the course.

Category Red 1 & 2 8 Minute Performance HQU03\_01

OBJ REF 3

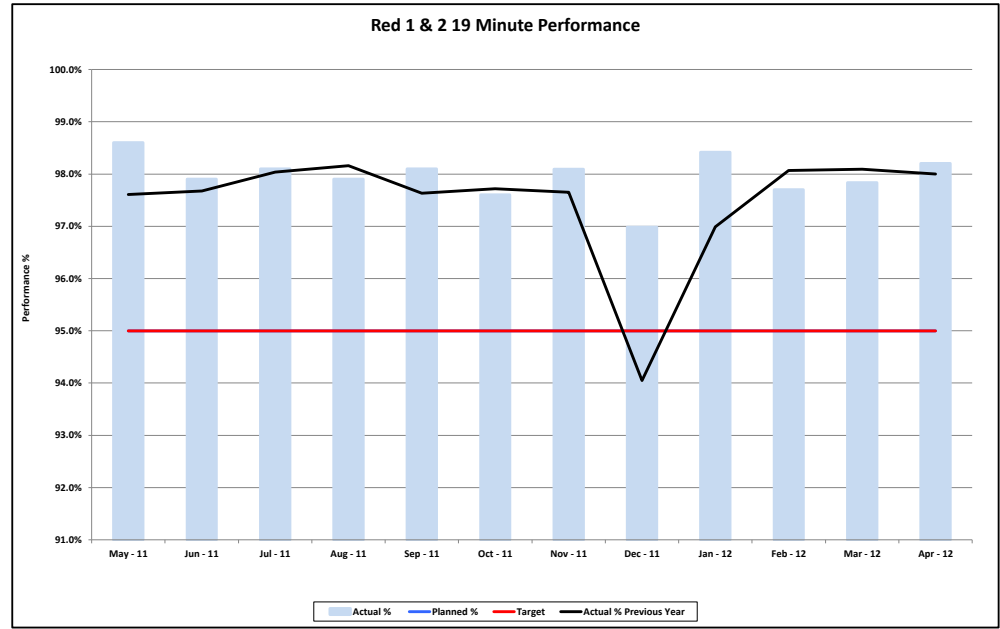
YTD RAG GREEN  
 MTD RAG GREEN



Category Red 1 & 2 19 Minute Performance HQU03\_02

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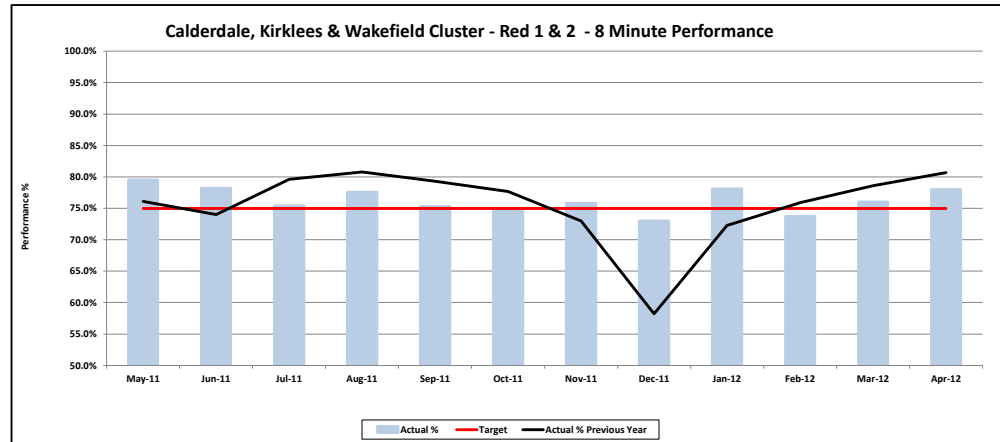
YTD RAG GREEN  
 MTD RAG GREEN



	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	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%
<b>Actual %</b>	78.3%	75.8%	75.5%	75.6%	75.0%	74.3%	76.5%	72.5%	78.2%	73.8%	76.3%	77.5%	77.5%
<b>Planned %</b>	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%
<b>Actual % Previous Year</b>	75.9%	74.6%	77.8%	78.8%	76.8%	75.3%	73.7%	58.4%	70.5%	74.7%	76.3%	77.3%	73.7%
<b>Forecast %</b>	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%
<b>National Average</b>	76.8%	75.3%	76.4%	77.4%	75.5%	76.0%	77.1%	74.0%	77.9%	73.9%	75.5%		

	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	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%
<b>Actual %</b>	98.6%	97.9%	98.1%	97.9%	98.1%	97.6%	98.1%	97.0%	98.4%	97.7%	97.8%	98.2%	98.2%
<b>Planned %</b>	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%
<b>Actual % Previous Year</b>	97.6%	97.7%	98.0%	98.2%	97.6%	97.7%	97.6%	94.0%	97.0%	98.1%	98.1%	98.0%	97.4%
<b>Forecast %</b>	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%
<b>National Average</b>	97.3%	96.8%	97.1%	97.1%	96.6%	96.6%	96.8%	96.1%	97.0%	95.9%	96.5%		

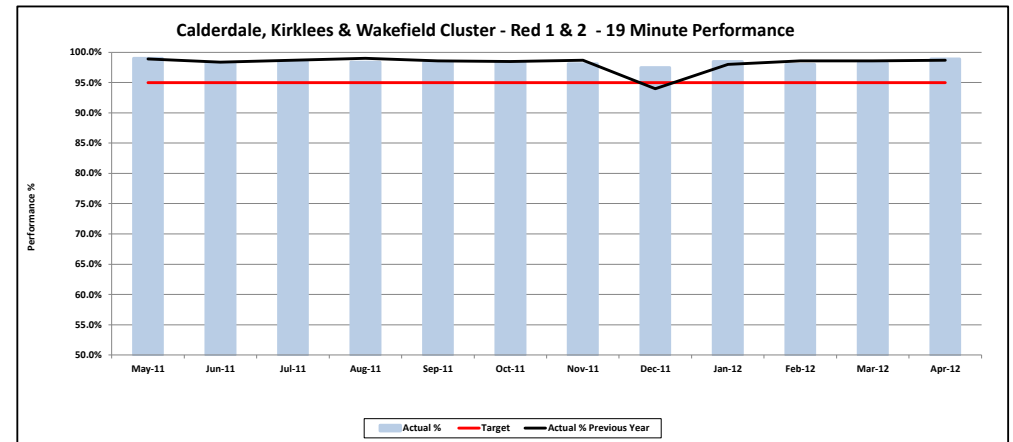
Category Red 1 & 2 8 Minute Performance by Cluster



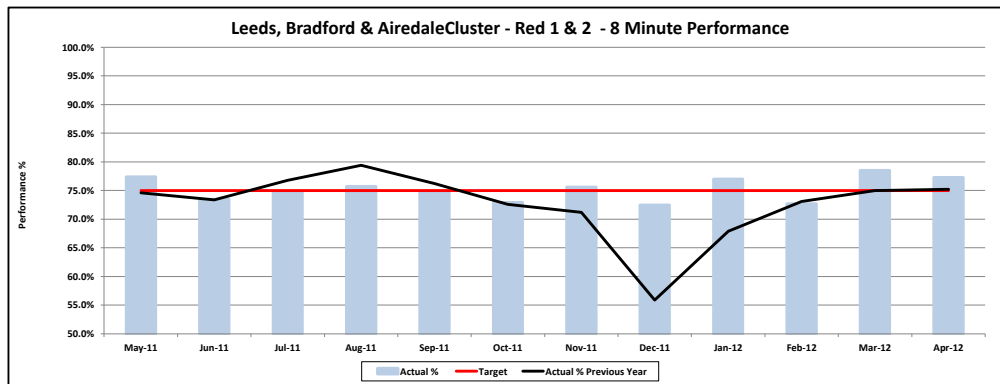
Calderdale, Kirklees & Wakefield	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
<b>Actual %</b>	79.5%	78.2%	75.4%	77.6%	75.3%	74.9%	75.8%	73.0%	78.1%	73.7%	76.0%	78.0%	78.0%
<b>Actual % Previous Year</b>	76.1%	74.0%	79.6%	80.8%	79.3%	77.7%	73.0%	58.2%	72.3%	75.9%	78.6%	80.7%	74.7%

Category Red 1 & 2 19 Minute Performance by Cluster

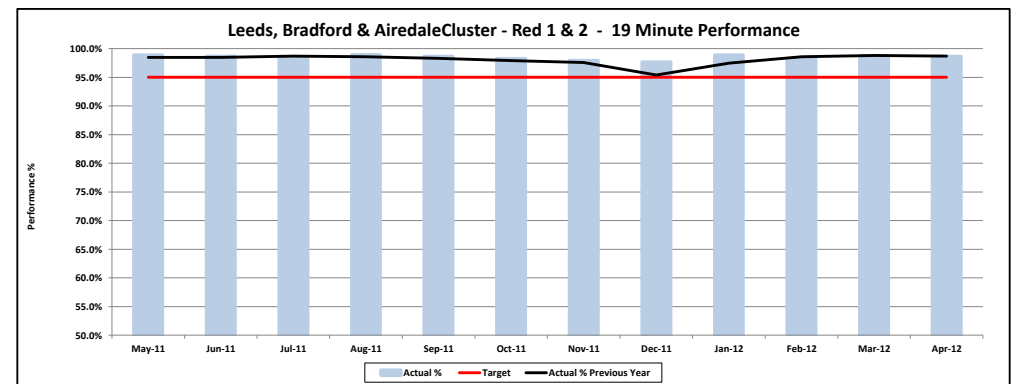
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Calderdale, Kirklees & Wakefield	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
<b>Actual %</b>	99.0%	98.3%	98.5%	98.4%	98.3%	98.5%	98.1%	97.5%	98.5%	98.0%	98.2%	98.9%	98.9%
<b>Actual % Previous Year</b>	98.9%	98.4%	98.7%	99.0%	98.6%	98.5%	98.7%	94.0%	98.0%	98.6%	98.6%	98.7%	98.1%

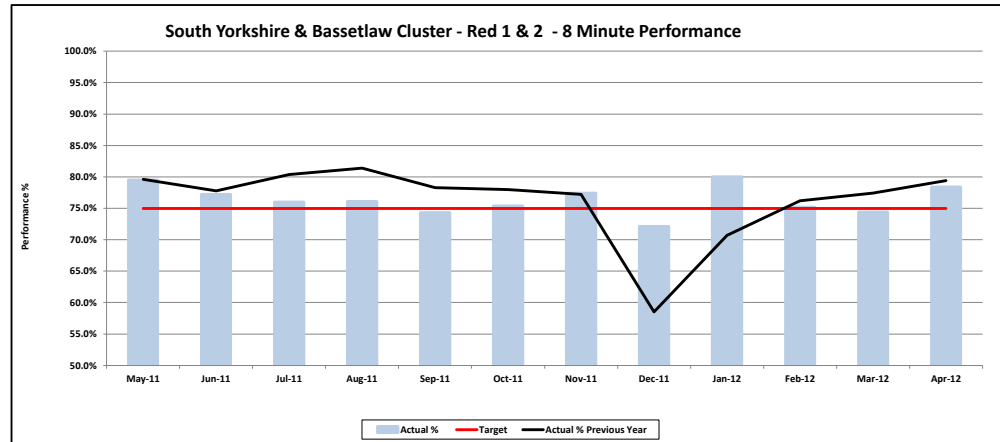


Leeds, Bradford & Airedale	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
<b>Actual %</b>	77.4%	73.5%	74.7%	75.7%	74.6%	72.9%	75.6%	72.5%	77.0%	72.7%	78.5%	77.3%	77.3%
<b>Actual % Previous Year</b>	74.6%	73.4%	76.8%	79.4%	76.2%	72.6%	71.2%	55.9%	67.9%	73.1%	75.0%	75.2%	72.1%



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

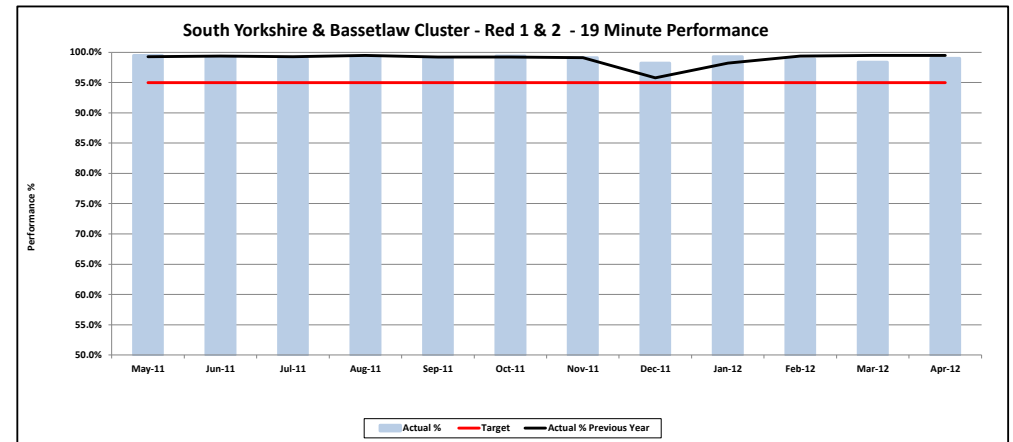
Category Red 1 & 2 8 Minute Performance by Cluster



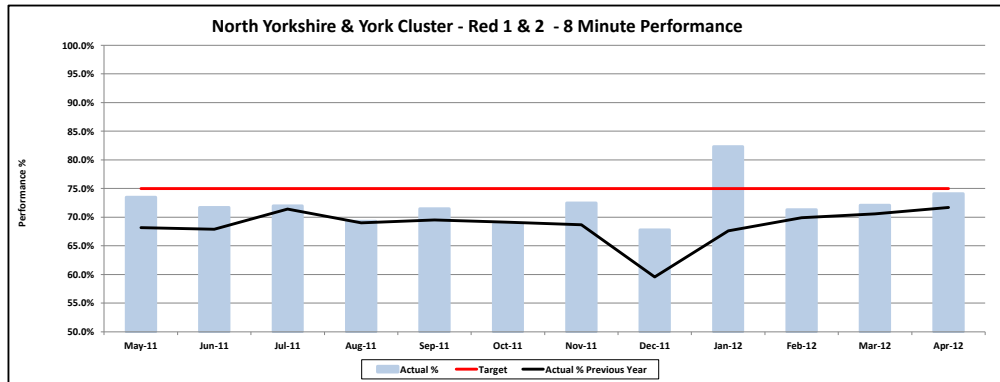
South Yorkshire & Bassetlaw	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
<b>Actual %</b>	79.5%	77.2%	76.0%	76.1%	74.3%	75.4%	77.4%	72.1%	80.0%	75.2%	74.4%	78.4%	78.4%
<b>Actual % Previous Year</b>	79.6%	77.8%	80.4%	81.4%	78.3%	78.0%	77.2%	58.5%	70.7%	76.2%	77.4%	79.4%	75.9%

Category Red 1 & 2 19 Minute Performance by Cluster

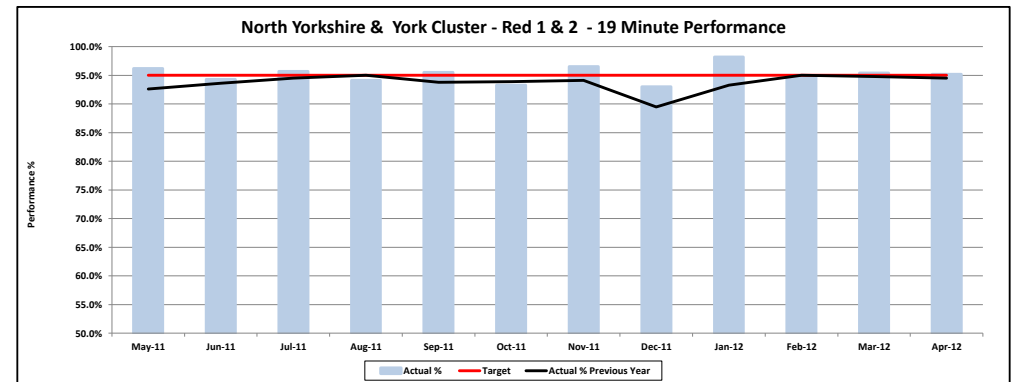
OBJ REF 3



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



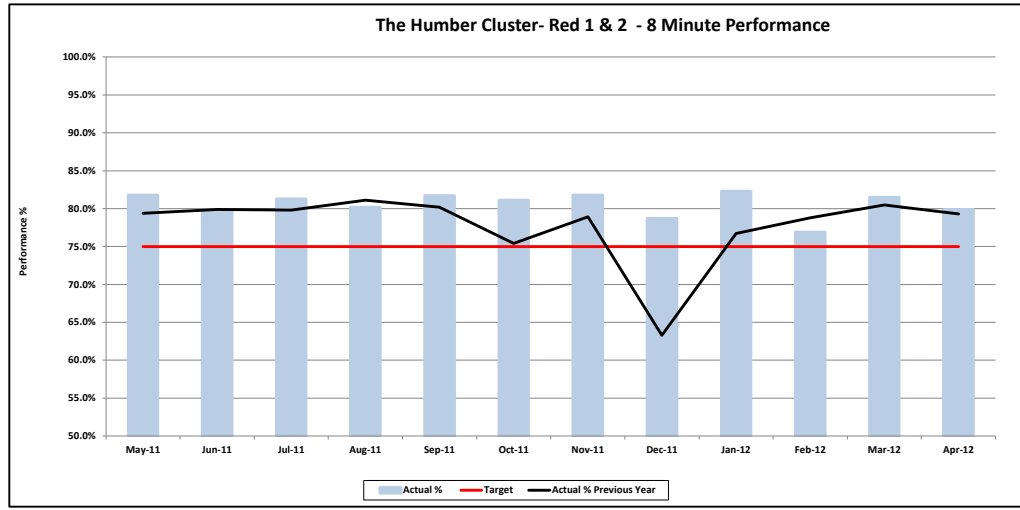
North Yorkshire & York	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
<b>Actual %</b>	73.5%	71.7%	72.0%	69.3%	71.5%	68.8%	72.5%	67.8%	82.3%	71.3%	72.1%	74.1%	74.1%
<b>Actual % Previous Year</b>	68.2%	67.9%	71.4%	69.0%	69.5%	69.1%	68.7%	59.6%	67.6%	69.9%	70.6%	71.7%	68.2%



North Yorkshire & York	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	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%
<b>Actual %</b>	96.2%	94.3%	95.7%	94.1%	95.5%	93.3%	96.5%	93.0%	98.2%	94.8%	95.4%	95.2%	95.2%
<b>Actual % Previous Year</b>	92.6%	93.6%	94.5%	95.0%	93.8%	93.9%	94.1%	89.5%	93.3%	95.0%	94.8%	94.5%	93.7%

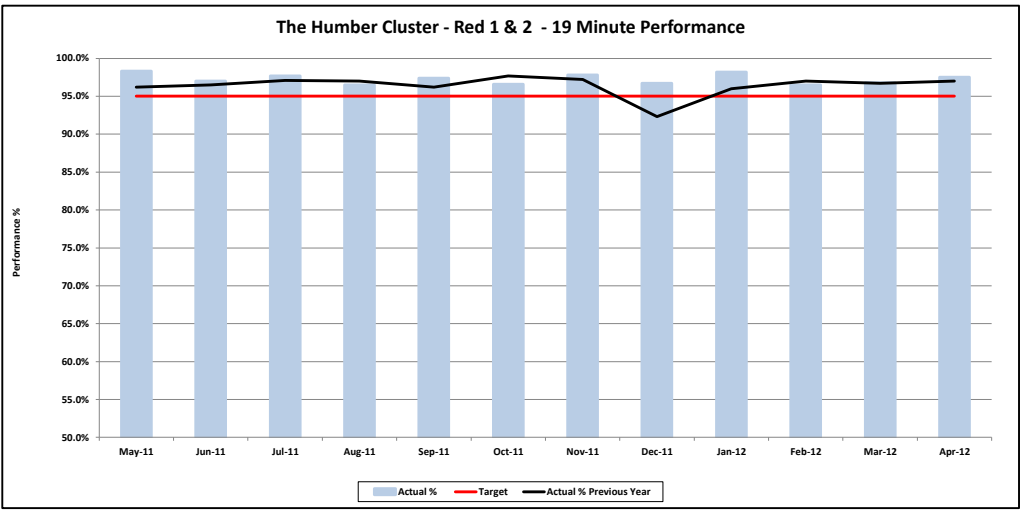


Category Red 1 & 2 8 Minute Performance by Cluster



Category Red 1 & 2 19 Minute Performance by Cluster

OBJ REF 3



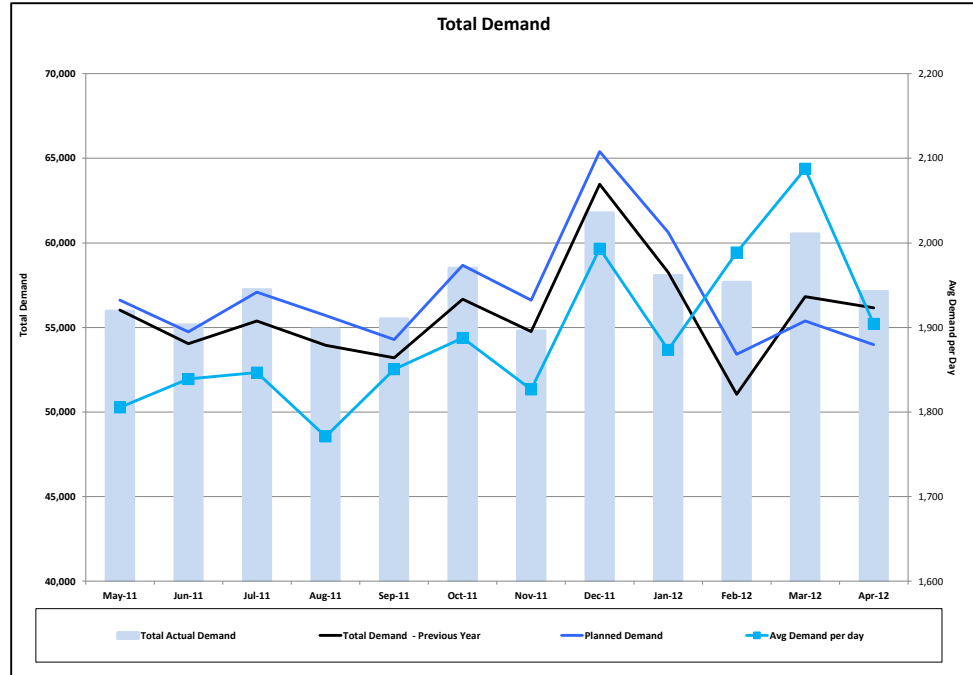
The Humber	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
<b>Actual %</b>	81.8%	79.8%	81.3%	80.2%	81.7%	81.1%	81.8%	78.7%	82.3%	76.9%	81.5%	79.9%	79.9%
<b>Actual % Previous Year</b>	79.4%	79.9%	79.8%	81.1%	80.2%	75.4%	78.9%	63.3%	76.7%	78.8%	80.5%	79.3%	77.8%

North Yorkshire	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
<b>Target</b>	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%
<b>Actual %</b>	98.3%	97.0%	97.7%	96.5%	97.4%	96.6%	97.8%	96.7%	98.2%	96.5%	96.8%	97.5%	97.5%
<b>Actual % Previous Year</b>	96.2%	96.5%	97.1%	97.0%	96.2%	97.7%	97.2%	92.3%	96.0%	97.0%	96.7%	97.0%	96.3%

Total Demand

OBJ REF 3

YTD RAG	AMBER
MTD RAG	AMBER

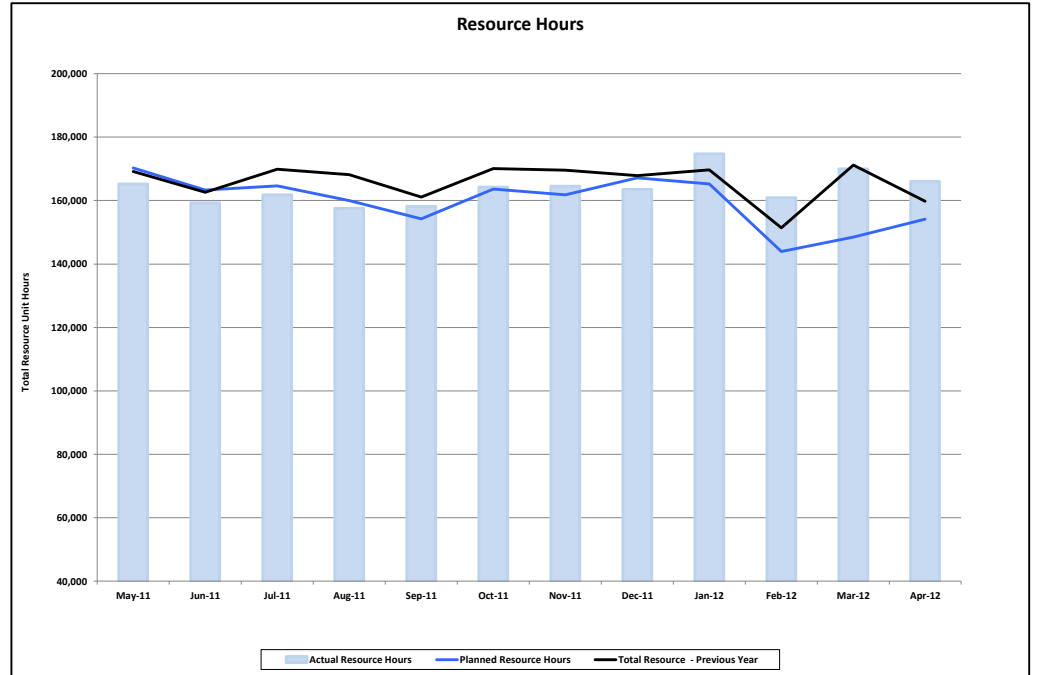


	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Planned Demand</b>	56,610	54,734	57,093	55,698	54,288	58,669	56,611	65,397	60,630	53,423	55,385	53,985
<b>Total Actual Demand</b>	55,970	55,160	57,247	54,907	55,520	58,514	54,802	61,784	58,076	57,670	60,538	57,123
<b>Avg Demand per day</b>	1,805	1,839	1,847	1,771	1,851	1,888	1,827	1,993	1,873	1,989	2,088	1,904
<b>Total Demand - Previous Year</b>	56,033	54,046	55,384	53,949	53,199	56,666	54,764	63,460	58,267	51,044	56,826	56,159
<b>Forecast Demand</b>	58,422	56,485	58,920	57,480	56,025	60,546	58,423	67,490	62,570	55,133	57,157	53,985

Resource Hours

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



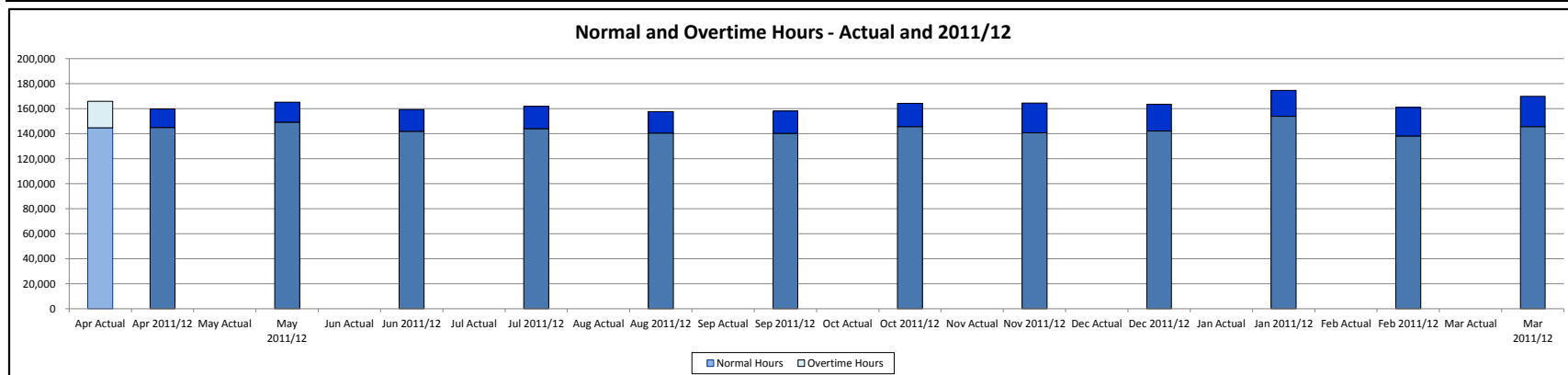
	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Planned Resource Hours</b>	170,305	163,363	164,676	160,009	154,221	163,627	161,851	167,117	165,243	143,919	148,534	154,149
<b>Actual Resource Hours</b>	165,254	159,248	161,810	157,603	158,153	164,266	164,571	163,504	174,700	160,943	169,963	166,046
<b>Avg Resource Hours per day</b>	5,331	5,308	5,220	5,084	5,272	5,299	5,486	5,274	5,635	5,550	5,483	5,535
<b>Total Resource - Previous Year</b>	169,142	162,644	169,895	168,205	161,126	170,075	169,598	167,834	169,725	151,443	171,236	159,785
<b>Forecast Resource Hours</b>	170,305	163,363	164,676	160,009	154,221	163,627	161,851	167,117	165,243	153,286	163,857	154,149
<b>Actual DMA Resource Hours</b>												96,421
<b>Actual RRV Resource Hours</b>												56,537
<b>Actual Other Resource Hours</b>												13,089

Operational Improvement Plan

OBJ REF 3

	YTD RAG	GREEN
N/A	MTD RAG	GREEN

Item	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Current Trend Variance RAG
Plan Performance	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	GREEN
Actual Performance	77.5%												
Plan Demand	53,985	57,743	55,695	57,074	55,595	54,822	58,395	56,435	65,396	60,045	52,602	58,560	AMBER
Actual Demand	57,123												
Plan Resource (Group Unit)	154,149	164,880	159,030	162,971	158,742	156,540	166,740	161,147	186,731	171,457	150,200	167,214	GREEN
Actual Resource (Group Unit)	166,046												
Plan Staff in Post	2,127												AMBER
Actual Staff in Post	2,000												
Plan Abstraction Rate	31.2%	31.2%	31.2%	31.2%	31.2%	31.2%	31.2%	31.2%	31.2%	31.2%	31.2%	31.2%	GREEN
Actual Abstraction Rate	29.5%												
Plan DMA Resource (Group Unit)	91,410	97,774	94,305	96,642	94,134	92,828	98,877	95,560	110,731	101,674	89,069	99,158	GREEN
Actual DMA Resource (Group Unit)	96,421												
Plan RRV Resource (Group Unit)	50,869	54,410	52,480	53,781	52,385	51,658	55,024	53,179	61,621	56,581	49,566	55,181	GREEN
Actual RRV Resource (Group Unit)	56,537												
Plan Other Resource (Group Unit)	11,869	12,696	12,245	12,549	12,223	12,054	12,839	12,408	14,378	13,202	11,565	12,875	GREEN
Actual Other Resource (Group Unit)	13,089												
Plan Overtime Hours (Group Unit)	15,023												GREEN
Actual Overtime Hours (Group Unit)	21,361												



A&E Operational Improvement Plan

OBJ REF 3

↔	YTD RAG	Green
	MTD RAG	Green

Key Improvement Areas	Improvement	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Year End
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG		
Total decrease in Conveyance (CQUIN 2 - Target 4.5% at Qtr 4)	Decrease in Conveyance following Clinical Triage	Green												
	Decrease in Conveyance following Face to Face contact	Green												
Utilisation of Community First Responders / defibs	Increase in indirect contribution	Green												
Workforce Development	Skill mix changes to meet new service model													
	Clinical Leadership development programme	Green												
Utilisation developments and improvements	Abstraction Management													
	Meal Break policy changes	Green												
	Rota optimisation													
	Individual Performance management													
	Effective deployment following new DOH targets	N/A	N/A											

Detailed plans and measurements are being drawn up during Qtr 1

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

April 2012	All Incidents			Category Red 1 & 2 Incidents				Category G1 Incidents	Category G2 Incidents	Category G3 Incidents	Category G4 Incidents	Urgent	Routine	
	No. Of Incs	Outturn 11/12	% Incs Variance	No. Of Incs	R1	R2	% in 8 Mins	% in 19 Mins	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs
NORTH YORKSHIRE AND YORK PCT	7372	7311	0.8%	2843	207	2636	74.1%	95.2%	576	1680	308	1024	898	43
<b>NORTH YORKSHIRE CLUSTER</b>	<b>7372</b>	<b>7311</b>	<b>0.8%</b>	<b>2843</b>	<b>207</b>	<b>2636</b>	<b>74.1%</b>	<b>95.2%</b>	<b>576</b>	<b>1680</b>	<b>308</b>	<b>1024</b>	<b>898</b>	<b>43</b>
EAST RIDING OF YORKSHIRE PCT	3307	3377	-2.1%	1351	78	1273	70.8%	95.4%	262	737	124	434	392	7
HULL PCT	3644	3677	-0.9%	1359	90	1269	88.9%	99.6%	241	810	185	528	467	54
<b>EAST YORKSHIRE CLUSTER</b>	<b>6951</b>	<b>7054</b>	<b>-1.5%</b>	<b>2710</b>	<b>168</b>	<b>2542</b>	<b>79.9%</b>	<b>97.5%</b>	<b>503</b>	<b>1547</b>	<b>309</b>	<b>962</b>	<b>859</b>	<b>61</b>
WAKEFIELD DISTRICT PCT	4169	4338	-3.9%	1646	110	1536	77.8%	98.8%	324	981	178	607	370	63
CALDERDALE PCT	2312	2372	-2.5%	851	47	804	80.2%	98.7%	164	517	100	357	275	48
KIRKLEES PCT	4329	4018	7.7%	1609	116	1493	77.0%	99.1%	329	991	193	697	406	104
<b>CALD / KIRK &amp; WAKEFIELD CLUSTER</b>	<b>10810</b>	<b>10728</b>	<b>0.8%</b>	<b>4106</b>	<b>273</b>	<b>3833</b>	<b>78.0%</b>	<b>98.9%</b>	<b>817</b>	<b>2489</b>	<b>471</b>	<b>1661</b>	<b>1051</b>	<b>215</b>
BRADFORD AND AIREDALE PCT	6304	5986	5.3%	2669	163	2506	78.2%	98.4%	512	1430	348	826	472	47
LEEDS PCT	8889	8669	2.5%	3503	206	3297	76.6%	98.8%	808	2225	414	1255	672	12
<b>LEEDS, BRADFORD &amp; AIREDALE CLUSTE</b>	<b>15193</b>	<b>14655</b>	<b>3.7%</b>	<b>6172</b>	<b>369</b>	<b>5803</b>	<b>77.3%</b>	<b>98.7%</b>	<b>1320</b>	<b>3655</b>	<b>762</b>	<b>2081</b>	<b>1144</b>	<b>59</b>
BARNSELY PCT	2498	2425	3.0%	979	60	919	76.7%	99.4%	185	586	108	288	338	14
DONCASTER PCT	3622	3676	-1.5%	1320	95	1225	78.5%	98.9%	277	888	188	454	438	57
ROTHERHAM PCT	2782	2848	-2.3%	1109	64	1045	78.4%	98.9%	216	671	122	315	338	11
SHEFFIELD PCT	6319	5909	6.9%	2234	129	2105	79.0%	98.9%	511	1471	319	1063	702	19
<b>SOUTH YORKSHIRE CLUSTER</b>	<b>15221</b>	<b>14858</b>	<b>2.4%</b>	<b>5642</b>	<b>348</b>	<b>5294</b>	<b>78.4%</b>	<b>99.0%</b>	<b>1189</b>	<b>3616</b>	<b>737</b>	<b>2120</b>	<b>1816</b>	<b>101</b>
<b>PCT TOTAL</b>	<b>55547</b>	<b>54606</b>	<b>1.7%</b>	<b>21473</b>	<b>1365</b>	<b>20108</b>	<b>77.6%</b>	<b>98.2%</b>	<b>4405</b>	<b>12987</b>	<b>2587</b>	<b>7848</b>	<b>5768</b>	<b>479</b>
ECP	869	913		150	8	142			37	157	33	126	366	0
OOA/UNKNOWN	707	635		97	8	89			30	127	168	279	2	4
<b>YORKSHIRE AMBULANCE SERVICE</b>	<b>57123</b>	<b>56154</b>	<b>1.7%</b>	<b>21720</b>	<b>1381</b>	<b>20339</b>	<b>77.5%</b>	<b>98.2%</b>	<b>4472</b>	<b>13271</b>	<b>2788</b>	<b>8253</b>	<b>6136</b>	<b>483</b>

Year to Date	All Incidents			Category Red 1 & 2 Incidents				Category G1 Incidents	Category G2 Incidents	Category G3 Incidents	Category G4 Incidents	Urgent	Routine	
	No. Of Incs	Outturn 11/12	% Incs Variance	No. Of Incs	R1	R2	% in 8 Mins	% in 19 Mins	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs	No. Of Incs
NORTH YORKSHIRE AND YORK PCT	7372	7311	0.8%	2843	207	2636	74.1%	95.2%	576	1680	308	1024	898	43
<b>NORTH YORKSHIRE CLUSTER</b>	<b>7372</b>	<b>7311</b>	<b>0.8%</b>	<b>2843</b>	<b>207</b>	<b>2636</b>	<b>74.1%</b>	<b>95.2%</b>	<b>576</b>	<b>1680</b>	<b>308</b>	<b>1024</b>	<b>898</b>	<b>43</b>
EAST RIDING OF YORKSHIRE PCT	3307	3377	-2.1%	1351	78	1273	70.8%	95.4%	262	737	124	434	392	7
HULL PCT	3644	3677	-0.9%	1359	90	1269	88.9%	99.6%	241	810	185	528	467	54
<b>EAST YORKSHIRE CLUSTER</b>	<b>6951</b>	<b>7054</b>	<b>-1.5%</b>	<b>2710</b>	<b>168</b>	<b>2542</b>	<b>79.9%</b>	<b>97.5%</b>	<b>503</b>	<b>1547</b>	<b>309</b>	<b>962</b>	<b>859</b>	<b>61</b>
WAKEFIELD DISTRICT PCT	4169	4338	-3.9%	1646	110	1536	77.8%	98.8%	324	981	178	607	370	63
CALDERDALE PCT	2312	2372	-2.5%	851	47	804	80.2%	98.7%	164	517	100	357	275	48
KIRKLEES PCT	4329	4018	7.7%	1609	116	1493	77.0%	99.1%	329	991	193	697	406	104
<b>CALD / KIRK &amp; WAKEFIELD CLUSTER</b>	<b>10810</b>	<b>10728</b>	<b>0.8%</b>	<b>4106</b>	<b>273</b>	<b>3833</b>	<b>78.0%</b>	<b>98.9%</b>	<b>817</b>	<b>2489</b>	<b>471</b>	<b>1661</b>	<b>1051</b>	<b>215</b>
BRADFORD AND AIREDALE PCT	6304	5986	5.3%	2669	163	2506	78.2%	98.4%	512	1430	348	826	472	47
LEEDS PCT	8889	8669	2.5%	3503	206	3297	76.6%	98.8%	808	2225	414	1255	672	12
<b>LEEDS, BRADFORD &amp; AIREDALE CLUSTE</b>	<b>15193</b>	<b>14655</b>	<b>3.7%</b>	<b>6172</b>	<b>369</b>	<b>5803</b>	<b>77.3%</b>	<b>98.7%</b>	<b>1320</b>	<b>3655</b>	<b>762</b>	<b>2081</b>	<b>1144</b>	<b>59</b>
BARNSELY PCT	2498	2425	3.0%	979	60	919	76.7%	99.4%	185	586	108	288	338	14
DONCASTER PCT	3622	3676	-1.5%	1320	95	1225	78.5%	98.9%	277	888	188	454	438	57
ROTHERHAM PCT	2782	2848	-2.3%	1109	64	1045	78.4%	98.9%	216	671	122	315	338	11
SHEFFIELD PCT	6319	5909	6.9%	2234	129	2105	79.0%	98.9%	511	1471	319	1063	702	19
<b>SOUTH YORKSHIRE CLUSTER</b>	<b>15221</b>	<b>14858</b>	<b>2.4%</b>	<b>5642</b>	<b>348</b>	<b>5294</b>	<b>78.4%</b>	<b>99.0%</b>	<b>1189</b>	<b>3616</b>	<b>737</b>	<b>2120</b>	<b>1816</b>	<b>101</b>
<b>PCT TOTAL</b>	<b>55547</b>	<b>54606</b>	<b>1.7%</b>	<b>21473</b>	<b>1365</b>	<b>20108</b>	<b>77.6%</b>	<b>98.2%</b>	<b>4405</b>	<b>12987</b>	<b>2587</b>	<b>7848</b>	<b>5768</b>	<b>479</b>
ECPs	869	913		150	8	142			37	157	33	126	366	0
OOA/UNKNOWN	707	635		97	8	89			30	127	168	279	2	4
<b>YORKSHIRE AMBULANCE SERVICE</b>	<b>57123</b>	<b>56154</b>	<b>1.7%</b>	<b>21720</b>	<b>1381</b>	<b>20339</b>	<b>77.5%</b>	<b>98.2%</b>	<b>4472</b>	<b>13271</b>	<b>2788</b>	<b>8253</b>	<b>6136</b>	<b>483</b>

Resilience

OBJ REF 4

	YTD RAG	GREEN
	MTD RAG	AMBER

Strategic Aim - High Performing														Year End Forecast 12/13	Q1 Forecast 2012/13
KPI 4 Fulfilment of requirements as a Category 1 responder as detailed in the Civil Contingency Act (CCA) 2004															
Description	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12			
Risk Assessments linked to Civil Contingency Act	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Emergency Plans	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER
Business Continuity Plans	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	GREEN	AMBER
Information Provision	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER
Co-operation with other responders	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Training	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

## Directors Exceptions on AQI's

Page Ref No	No of Months Exception	Exception	Actions required to put back on track	Who	When
2.10	1/1	Cat Red 8 minute response	No action required within target for the month and year	N/A	N/A
2.10	1/1	Abandoned Calls	National year to date abandoned is 1.2% for 2011/12 with YAS at 1.7%, this will be reviewed as part of EOC staffing changes throughout 2012/13	David Williams Temporary Exec Director of Operations and Paul Beasley Associate Director for EOC	Qtr1 2012/13
2.10	1/1	Resolved by Telephone Non Transport	Part of the A&E improvement plan and CQUIN2 that are being progressed in Qtr 1.	Dave Macklin Associate Medical Director and Paul Beasley Associate Director for EOC	Qtr1 2012/13
2.10	1/1	Treated at scene, non transport	Part of the A&E improvement plan and CQUIN2 that are being progressed in Qtr 1.	David Williams Temporary Exec Director of Operations	Qtr1 2012/13
2.10	1/1	Recontact within 24 hours - Telephone	Review of best practice of other Ambulance services during Qtr 1	David Williams Temporary Exec Director of Operations and Paul Beasley Associate Director for EOC	Qtr1 2012/13
2.10	1/1	Recontact within 24 hours - On Scene	Review of best practice of other Ambulance services during Qtr 1	David Williams Temporary Exec Director of Operations	Qtr1 2012/13
2.10	1/1	STEMI - Received Appropriate Care Bundle	See comments section C2	Dave Macklin Associate Medical Director	Qtr1 2012/13
2.10	1/1	STEMI - Thrombolysis administered within 60 mins	See comments section C2	David Williams Temporary Exec Director of Operations	Qtr1 2012/13
2.10	1/1	STEMI - Transferred to PPCI within 150 mins	See comments section C2	David Williams Temporary Exec Director of Operations	Qtr1 2012/13
2.10	1/1	ROSC - At Hospital	See comments section C2	Dave Macklin Associate Medical Director	Qtr1 2012/13
2.10	1/1	CARDIAC ARREST - Survival to discharge (Utstein)	See comments section C2	Dave Macklin Associate Medical Director	Qtr1 2012/13

**Directors Comments on Ambulance Quality Indicators (AQI)**

Cardiac arrest survival to discharge figures are out with the control of YAS. The ROSC at hospital figures do not reflect the same fall in performance seen in Nov. With the introduction of the Resuscitation Officer in Feb 12 it is expected that there will be a rise in ROSC in the following months. In addition, through liaison with acute trusts, there may be an associated improvement to survival to discharge following cardiac arrest. However, as the numbers of patients are very small a considerable degree of month to month variability is to be expected.



Ambulance Quality Indicators

OBJ	1.2
REF	

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

Ambulance Quality Indicators - Operational	Units	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD 2011/12	RANK	National YTD
Cat Red 8 minute response	%	77.3	78.3	75.8	75.5	75.6	75.0	74.3	76.5	72.5	78.2	73.8	76.3	75.7	8	76.1
Cat Red 19 minute response	%	98.0	98.6	97.9	98.1	97.9	98.1	97.6	98.1	97.0	98.4	97.7	97.8	97.9	5	96.8
Abandoned Calls	%	1.7	1.0	1.4	1.5	1.1	1.5	1.7	1.2	2.0	3.2	1.8	1.7	1.7	10	1.2
Time to Answer - 50%	mm:ss	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	00:01	The DOH do not measure these nationally therefore this information is not available		
Time to Answer - 95%	mm:ss	00:35	00:29	00:26	00:29	00:05	00:04	00:20	00:05	00:29	00:05	00:26	00:18			
Time to Answer - 99%	mm:ss	01:36	00:48	01:05	01:10	01:13	01:09	01:33	01:17	01:40	01:10	01:36	01:33			
Time to Treatment - 50%*	mm:ss	05:22	05:14	05:13	05:24	05:13	05:09	05:20	05:09	05:23	05:00	05:18	05:14			
Time to Treatment - 95%*	mm:ss	12:45	12:04	12:05	12:35	12:45	12:09	13:11	12:23	13:51	12:03	13:11	12:39			
Time to Treatment - 99%*	mm:ss	19:26	17:24	17:39	18:57	19:29	17:44	19:13	17:28	20:57	17:46	19:37	18:42			
Frequent Caller Agreement*	%	1.0	0.8	0.7	0.7	0.9	0.7	1.4	1.3	1.2	1.2	1.2	1.3	1.3	3	0.9
Resolved by Telephone - Non Transport	%	4.0	4.0	3.9	4.1	4.0	3.8	3.6	4.4	5.3	5.0	5.3	4.7	4.4	9	5.3
Treated at Scene - Non Transport	%	23.6	22.6	23.8	23.9	24.2	23.9	23.1	22.8	23.6	22.7	23.5	23.7	23.4	10	33.9
Recontact within 24 hours - Telephone	%	26.8	23.8	26.0	28.3	24.8	27.4	17.2	*7.6	16.3	25.9	29.2	20.6	22.7	10	13.1
Recontact within 24 hours - On Scene	%	7.5	8.7	8.7	8.1	8.1	8.1	8.2	8.5	8.3	7.9	9.0	8.8	8.3	11	5.2
Ambulance Quality Indicators - Clinical	Units				Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD 2011/12	RANK	National YTD
STEMI - Received Appropriate Care Bundle	%				75.3	80.8	77.1	93.4	70.1	80.1	69.4	60.9	66.2	75.0	7	73.2
STEMI - Thrombolysis administered within 60 mins	%				0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	5.9	7	53.4
STEMI - Transferred to PPCI within 150 mins	%				93.8	88.2	84.8	81.9	87.4	80.6	78.6	88.3	77.8	83.7	10	89.6
STROKE - Received Appropriate Care Bundle	%				95.1	92.7	94.5	94.1	95.4	96.8	95.6	96.9	94.9	95.1	4	93.7
STROKE - Arrive at Hyper-acute Stroke Centre within 60 mins	%				72.2	73.6	74.4	75.9	77.1	67.6	71.9	73.4	66.4	72.4	3	66.3
ROSC - At Hospital	%				13.3	25.6	18.6	15.5	23.0	15.3	16.8	14.3	18.1	17.5	9	23.0
ROSC - At Hospital (Utstein )	%				31.8	48.0	31.0	41.9	47.6	32.0	35.7	21.9	37.9	36.0	10	44.0
CARDIAC ARREST - Survival to discharge	%				6.3	7.5	8.7	7.2	9.8	6.0	6.0	4.4	6.3	6.8	6	7.1
CARDIAC ARREST - Survival to discharge (Utstein)	%				18.2	24.0	28.6	26.7	36.8	20.0	15.4	3.1	20.7	20.8	7	23.2

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

**Yorkshire Ambulance Service - Performance - A&E**

**April 2012**

**Ambulance Quality Indicators - National Figures - Year to Date**

**OBJ REF**

1.2

Ambulance Quality Indicator	Units	East Midlands	East of England	Great Western	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	All
Time to Answer - 50%	mm:ss	00:02	00:02	00:01	00:03	00:00	00:01	00:01	00:03	00:03	00:02	00:01	00:01	Not Measured Nationally
Time to Answer - 95%	mm:ss	00:28	00:20	00:07	00:06	00:09	00:01	00:03	00:33	00:19	00:44	00:07	00:19	Not Measured Nationally
Time to Answer - 99%	mm:ss	01:13	01:08	01:11	00:10	00:58	00:29	00:12	01:41	00:55	01:47	00:38	01:20	Not Measured Nationally
Abandoned calls	%	1.3	1.3	1.0	2.0	0.1	0.8	1.2	1.3	1.1	4.4	0.7	1.7	1.2
Cat A8	%	75.2	75.4	75.6	76.2	75.7	77.9	76.7	76.1	76.8	76.1	76.3	75.7	76.1
Cat A19	%	92.3	94.9	96.8	97.9	99.1	98.5	95.5	95.4	98.0	95.8	98.0	97.9	96.8
Time to Treat - 50%	mm:ss	05:58	04:40	05:29	05:27	05:37	05:21	04:52	06:07	05:26	05:13	05:35	05:14	Not Measured Nationally
Time to Treat - 95%	mm:ss	20:05	16:31	14:24	13:43	12:18	14:00	14:07	17:57	15:51	18:01	14:04	12:38	Not Measured Nationally
Time to Treat - 99%	mm:ss	34:43	25:31	21:34	16:58	19:03	21:14	26:51	29:27	24:01	27:57	21:29	18:36	Not Measured Nationally
STEMI - Care	%	69.8	72.8	92.0	51.4	59.5	78.8	75.4	68.6	78.8	79.2	76.5	75.0	73.2
Stroke - Care	%	94.1	95.0	98.6	84.7	90.0	92.8	97.4	96.9	94.7	93.5	93.5	95.1	93.7
Frequent caller	%	0.13	0.00	0.07	0.51	3.00	0.00	0.00	4.66	0.00	0.00	0.00	1.31	0.86
Resolved by telephone	%	7.0	4.5	6.9	10.1	6.4	3.4	3.3	5.4	4.8	6.1	6.1	4.4	5.3
Non A&E	%	40.1	47.5	45.8	36.8	29.4	33.1	19.3	40.0	37.9	47.7	33.5	23.5	33.9
STEMI - 60	%	54.3	100.0	-	40.0	0.0	-	60.7	-	100.0	54.8	48.6	5.9	53.4
STEMI - 150	%	91.2	93.6	89.2	100.0	91.9	88.4	88.1	93.5	96.2	83.3	87.2	83.7	89.6
Stroke - 60	%	55.1	55.3	64.4	20.7	65.1	86.5	84.1	54.4	67.6	58.7	65.2	72.4	66.3
ROSC	%	16.5	16.8	21.6	20.9	29.4	21.4	25.1	18.6	27.3	24.6	26.5	17.5	23.0
ROSC - Utstein	%	36.0	45.3	39.2	41.2	53.7	46.6	37.2	33.6	52.5	41.9	45.2	36.0	44.0
Cardiac - STD	%	5.1	5.0	7.0	5.2	9.5	8.3	8.9	3.9	5.7	6.5	9.0	6.8	7.1
Cardiac - STD Utstein	%	24.1	24.9	16.2	18.8	30.3	27.8	23.3	10.1	24.5	18.8	19.0	20.8	23.2
Recontact 24hrs Telephone	%	3.7	9.2	8.3	4.2	5.2	15.0	37.1	15.1	10.2	14.4	18.1	22.7	13.1
Recontact 24hrs On Scene	%	6.2	4.2	3.1	1.7	4.3	5.2	6.2	6.5	4.8	6.5	4.5	8.3	5.2



# Section 2b

## PTS Performance





**Directors Comments on PTS Performance****PTS Performance**

For North & West Yorkshire there has been an improvement in performance in April 12 against March 12 figures. Realistic targets have been agreed with the PCTs and with the improvements in performance this means that both areas have achieved their performance targets.

During April there was a fall in activity in both areas down by approximately 4000 journeys in West Yorkshire and approximately 1000 journeys in North Yorkshire against planned activity.

South Yorkshire: Overall performance against KPIs has seen significant improvements since February. A trajectory of improvement has been agreed between the commissioners and ourselves and the aim is to increase the number of patients arriving in the correct timescales. The transformation programme is progressing with Unipart.

East Yorkshire: Performance improvement has been sustained following March's achievement against core KPIs. The five key indicators measure the breaches against performance and we have made significant progress to achieving the required trajectories in all areas.

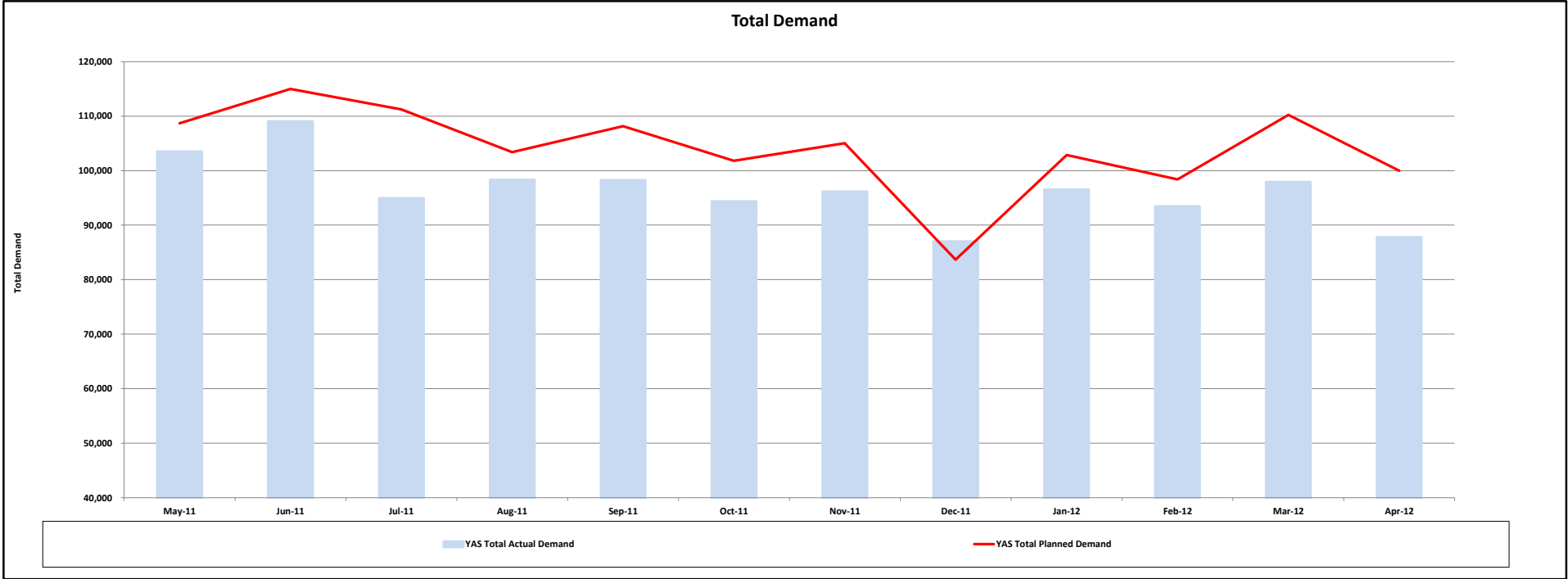
**Call Performance**

The number of abandoned calls was the lowest for nearly a year and the longest waiting time was the second lowest in the rolling year. Overall call performance for PTS was achieved in April.

PTS Demand

OBJ REF 3

↔	YTD RAG	RED
	MTD RAG	RED



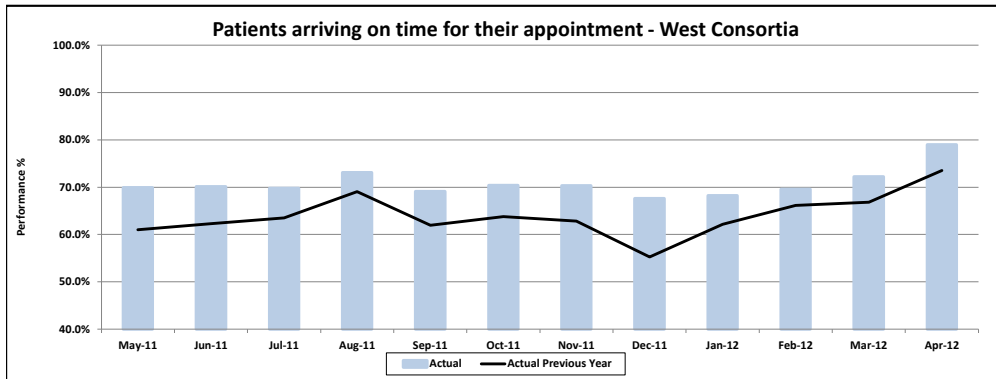
PTS Demand by Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
West Consortia Planned Demand	49,774	52,283	52,331	48,251	50,952	48,227	49,535	41,388	47,752	45,526	51,708	47,396	47,396
West Consortia Actual Demand	47,836	50,924	47,117	48,387	48,634	46,066	47,720	43,324	48,192	46,286	48,164	43,482	43,482
East Consortia Planned Demand	5,932	6,641	6,416	6,312	6,482	5,973	6,251	4,712	6,165	5,945	6,455	9,127	9,127
East Consortia Actual Demand	8,512	9,269	9,432	9,685	9,323	9,527	9,582	8,747	9,465	9,077	9,996	8,696	8,696
South Consortia Planned Demand	40,034	41,640	38,686	36,142	37,504	35,383	36,394	27,224	36,114	34,621	38,460	31,075	31,075
South Consortia Actual Demand	34,348	35,414	25,577	26,954	26,664	25,685	25,624	22,327	25,684	25,611	26,377	23,888	23,888
North Consortia Planned Demand	12,967	14,399	13,786	12,676	13,239	12,205	12,839	10,339	12,841	12,277	13,583	12,376	12,376
North Consortia Actual Demand	12,776	13,405	12,802	13,280	13,620	13,085	13,196	12,596	13,187	12,459	13,370	11,700	11,700
YAS Total Planned Demand	108,707	114,963	111,219	103,381	108,177	101,788	105,019	83,663	102,872	98,369	110,206	99,974	99,974
YAS Total Actual Demand	103,472	109,012	94,928	98,306	98,241	94,363	96,122	86,994	96,528	93,433	97,907	87,766	87,766

Arrival - Quality Target by Consortia

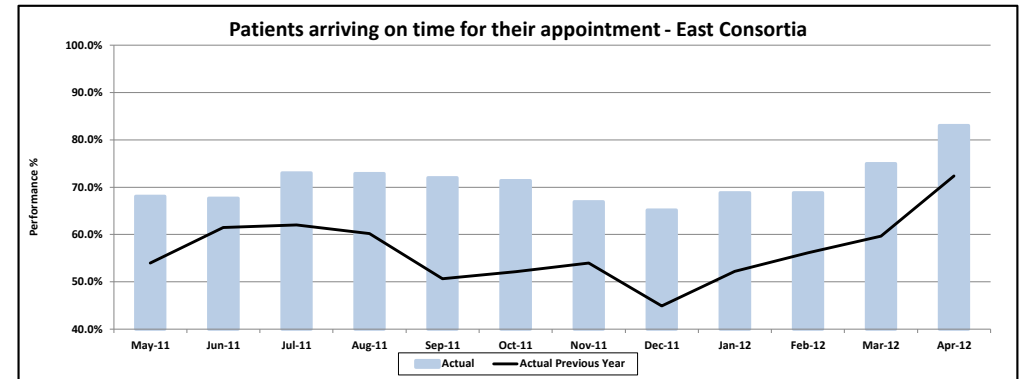
OBJ	3
REF	

	YTD RAG	RED
←	MTD RAG	RED

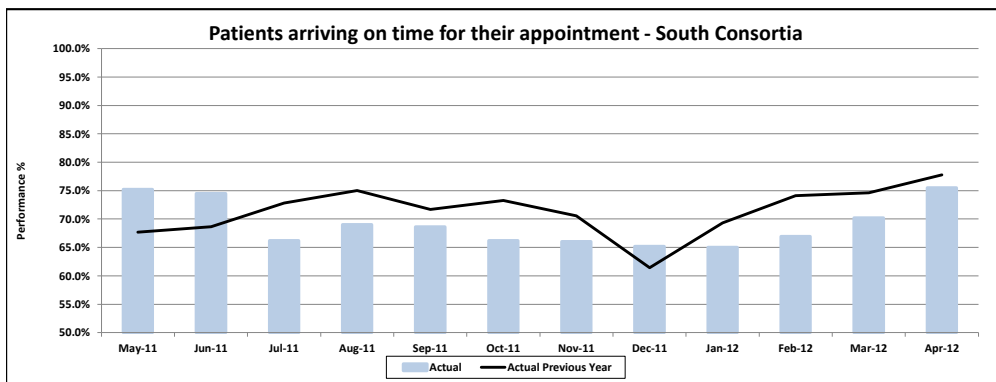
The figures for April 2012 include 165 Journeys where the GP postcodes((Patient Practice PCT Text) were not recorded.



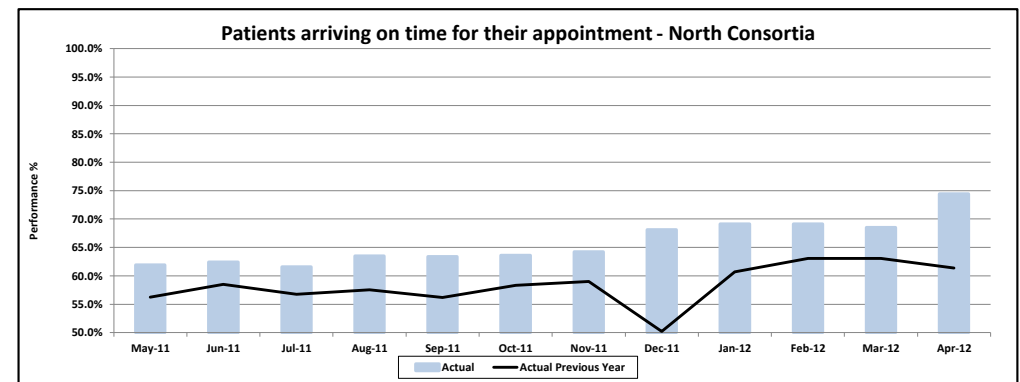
West Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Actual	69.9%	70.1%	69.8%	73.1%	69.1%	70.4%	70.3%	67.6%	68.2%	69.6%	72.2%	79.0%
Actual Previous Year	61.0%	62.3%	63.5%	69.1%	62.0%	63.8%	62.9%	55.3%	62.2%	66.2%	66.9%	73.5%



East Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Actual	68.1%	67.7%	73.0%	72.9%	72.0%	71.4%	66.9%	65.2%	68.8%	68.8%	75.0%	83.0%
Actual Previous Year	54.0%	61.5%	62.0%	60.2%	50.7%	52.2%	54.0%	45.0%	52.3%	56.1%	59.7%	72.4%



South Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Actual	75.2%	74.5%	66.2%	69.0%	68.6%	66.2%	66.0%	65.2%	65.0%	66.9%	70.2%	75.5%
Actual Previous Year	67.7%	68.7%	72.8%	75.0%	71.7%	73.3%	70.6%	61.4%	69.3%	74.1%	74.6%	77.8%

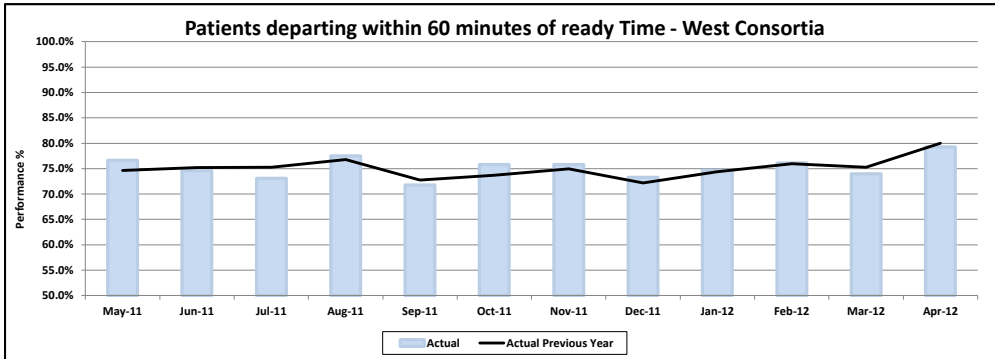


North Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Actual	61.9%	62.4%	61.6%	63.5%	63.4%	63.6%	64.2%	68.1%	69.1%	69.1%	68.5%	74.4%
Actual Previous Year	56.3%	58.5%	56.8%	57.6%	56.2%	58.4%	59.0%	50.2%	60.7%	63.1%	63.1%	61.4%

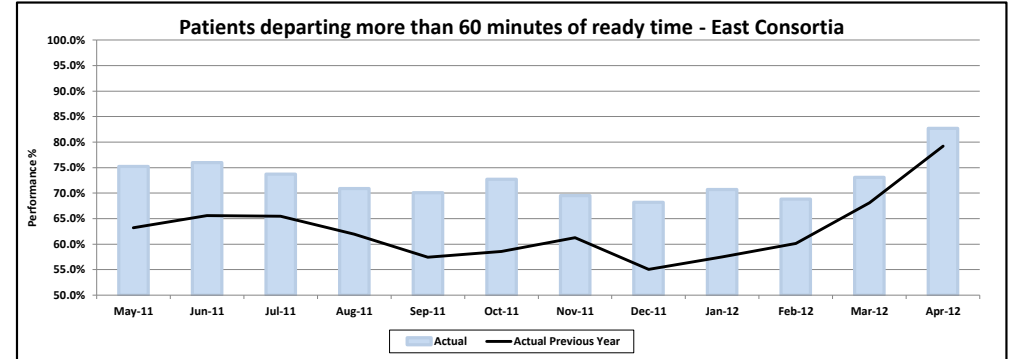
Departure - Quality Target by Consortia

OBJ	3
REF	

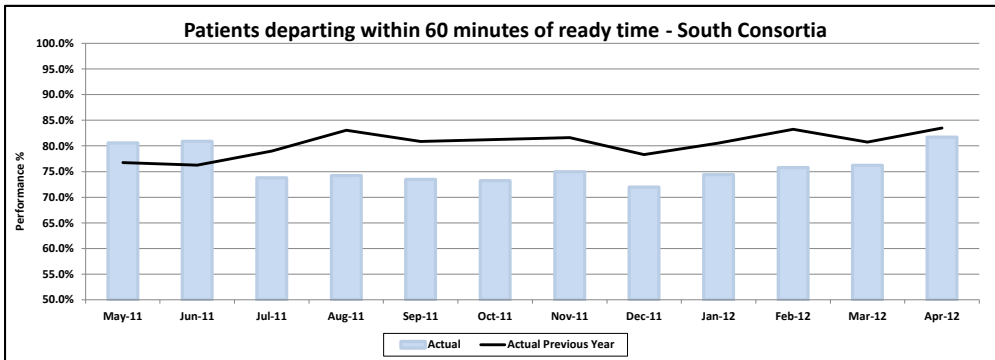
↔	YTD RAG	RED
	MTD RAG	RED



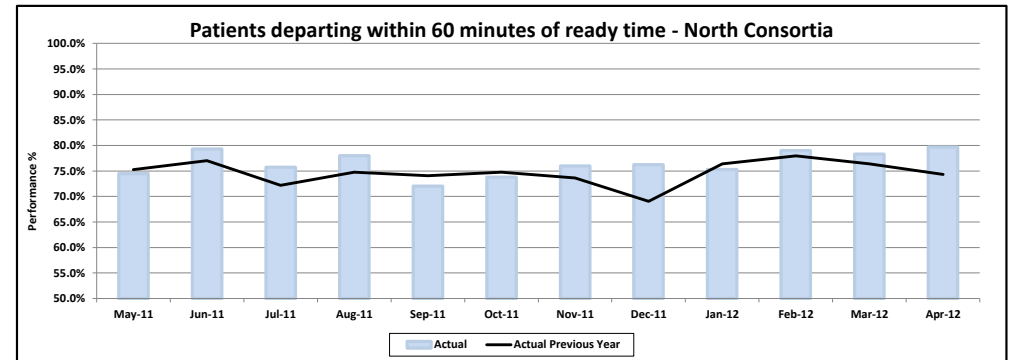
West Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Actual	76.6%	74.6%	73.1%	77.5%	71.8%	75.8%	75.8%	73.3%	74.7%	76.1%	74.0%	79.3%
Actual Previous Year	74.6%	75.2%	75.3%	76.8%	72.7%	73.7%	74.9%	72.2%	74.4%	76.0%	75.3%	80.0%



East Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Actual	75.2%	76.0%	73.7%	70.9%	70.1%	72.7%	69.5%	68.2%	70.7%	68.8%	73.1%	82.7%
Actual Previous Year	63.2%	65.6%	65.5%	62.0%	57.4%	58.6%	61.2%	55.0%	57.5%	60.1%	68.1%	79.2%



South Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Actual	80.6%	80.9%	73.8%	74.2%	73.5%	73.2%	75.0%	72.0%	74.4%	75.8%	76.2%	81.7%
Actual Previous Year	76.8%	76.3%	79.0%	83.1%	80.9%	81.2%	81.6%	78.3%	80.6%	83.3%	80.7%	83.5%



North Consortia	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Actual	74.5%	79.3%	75.7%	78.0%	72.0%	73.8%	76.0%	76.2%	75.3%	79.0%	78.3%	79.7%
Actual Previous Year	75.3%	77.0%	72.2%	74.7%	74.1%	74.8%	73.6%	69.1%	76.4%	77.9%	76.4%	74.3%



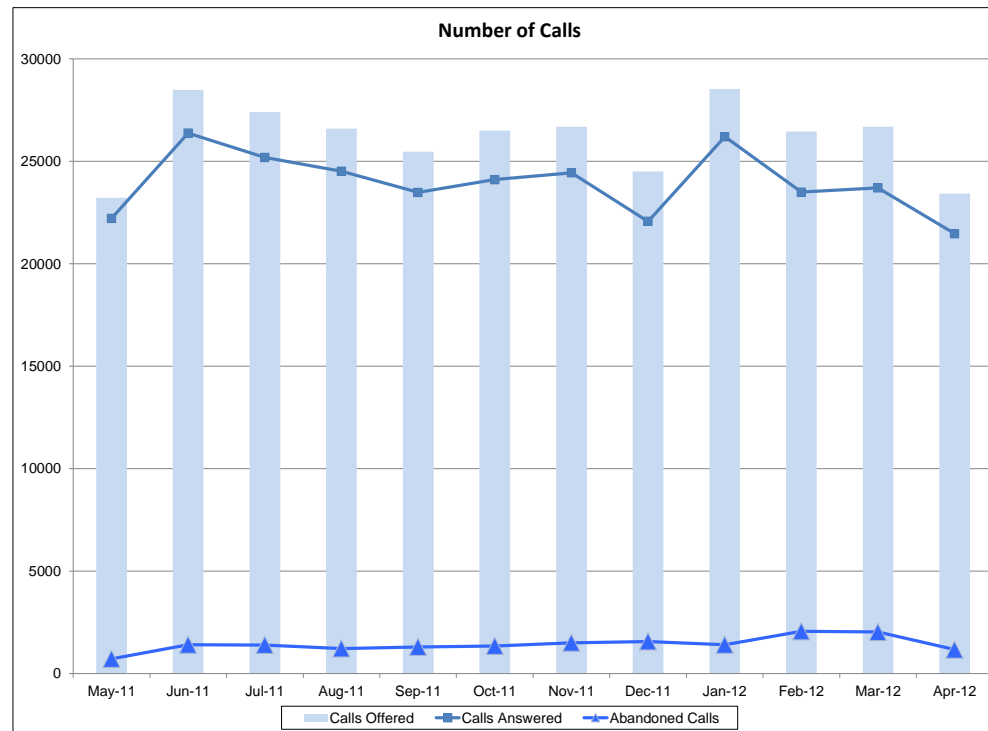
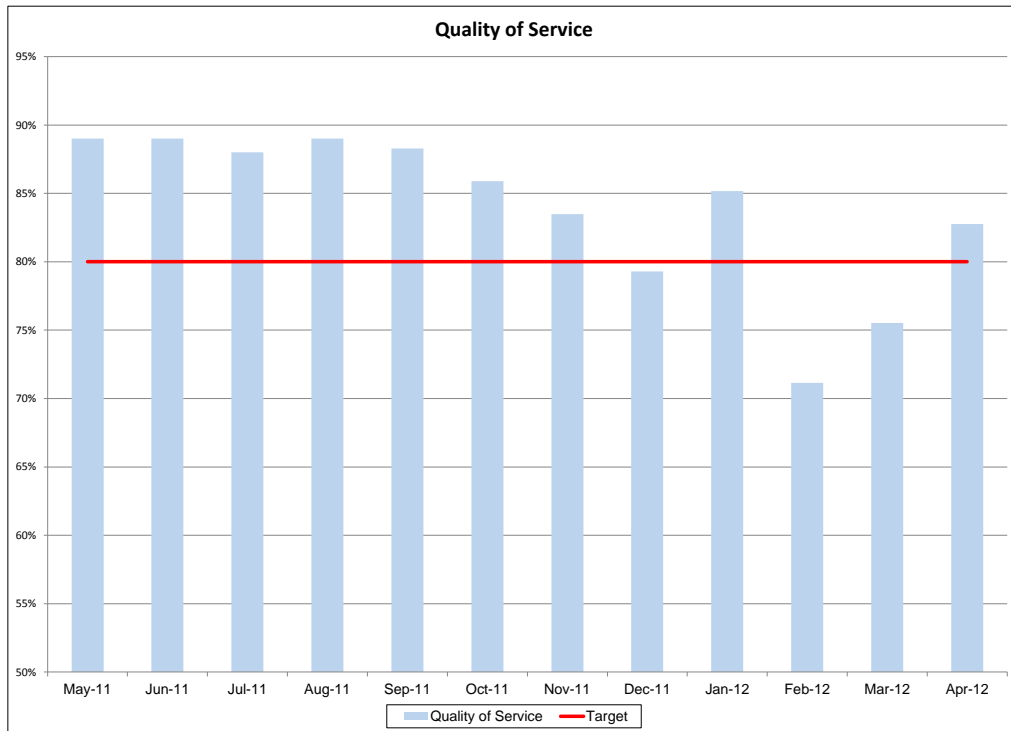
PTS Call Answering - 80% of Calls to be answered within 30 seconds

OBJ REF 3

YTD RAG GREEN



MTD RAG GREEN



Week Commencing	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Calls Offered	23224	28480	27409	26586	25465	26496	26689	24491	28527	26450	26687	23426
Calls Answered	22213	26370	25183	24511	23477	24104	24441	22066	26198	23492	23700	21462
Average Answer Delay	00:14	00:13	00:14	00:12	00:13	00:15	00:19	00:22	00:17	00:37	00:32	00:19
Max Answer Delay	16:29	28:22	29:33	21:54	26:00	19:37	35:50	30:35	21:00	24:47	29:34	21:43
Abandoned Calls	712	1404	1394	1217	1293	1347	1497	1563	1399	2054	2023	1161
Quality of Service	89%	89%	88%	89%	88%	86%	83%	79%	85%	71%	76%	83%



# Section 2c

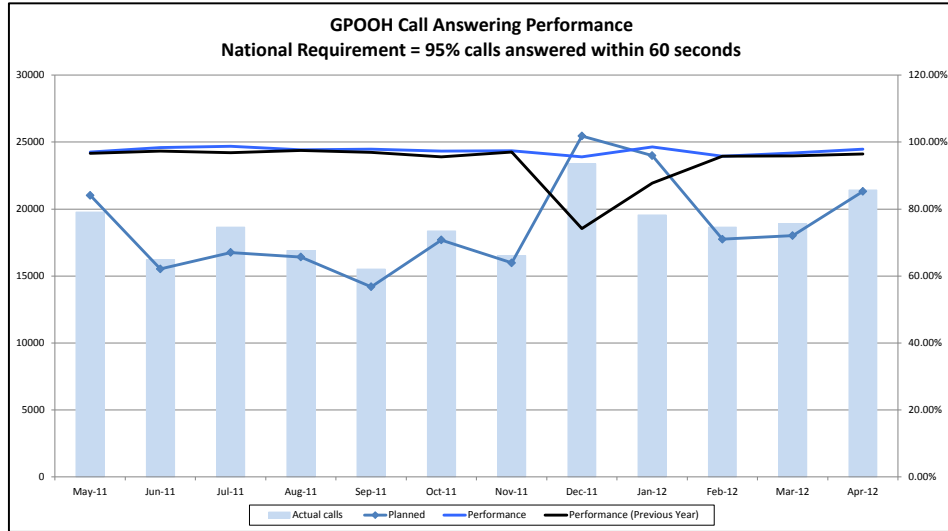
## GPOOH Performance



GPOOH Call Answering Performance

OBJ REF 3

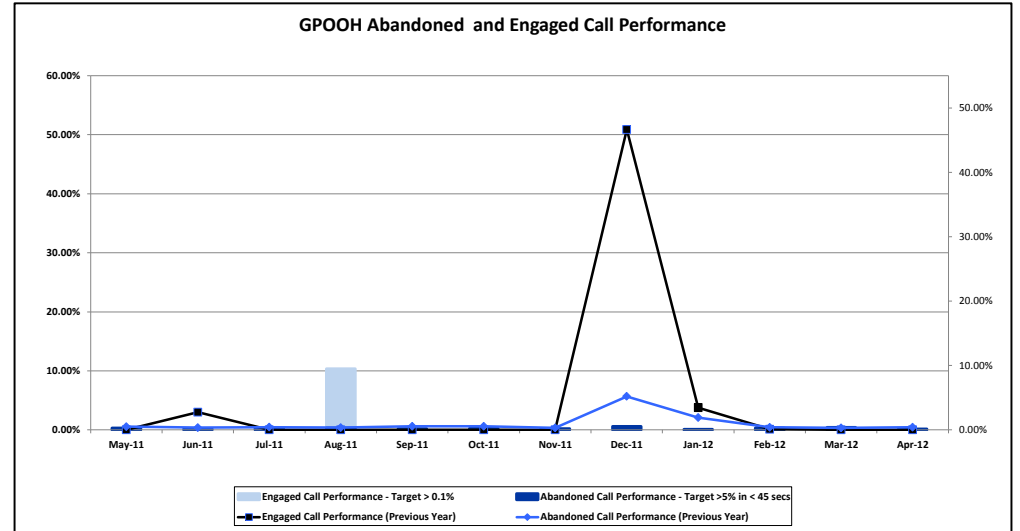
YTD RAG GREEN  
 MTD RAG GREEN



GPOOH Abandoned & Engaged Call Performance

OBJ REF 3

YTD RAG GREEN  
 MTD RAG GREEN



	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Planned</b>	21019	15528	16754	16416	14197	17693	15978	25453	23986	17745	18017	21314
<b>Actual calls</b>	19783	16201	18659	16895	15521	18367	16517	23375	19565	18654	18905	21412
<b>Actual calls (Previous Year)</b>	21314	15746	16989	16647	14396	17942	16203	25811	24323	17994	18270	19325
<b>Performance</b>	97.02%	98.38%	98.75%	97.71%	97.93%	97.30%	97.37%	95.55%	98.54%	95.80%	96.72%	97.88%
<b>Performance (Previous Year)</b>	96.63%	97.29%	96.87%	97.50%	96.96%	95.57%	97.02%	74.20%	87.75%	95.79%	95.90%	96.48%
<b>Forecast</b>	21019	15528	16754	16416	14197	17693	15978	25453	23986	17745	18017	21314

	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
<b>Engaged Call Performance - Target &gt; 0.1%</b>	0.00%	0.00%	0.00%	10.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Engaged Call Performance (Previous Year)</b>	0.00%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.88%	3.78%	0.11%	0.00%	0.00%
<b>Abandoned Call Performance - Target &gt;5% in &lt; 45 secs</b>	0.29%	0.14%	0.25%	0.30%	0.21%	0.22%	0.18%	0.54%	0.11%	0.30%	0.40%	0.14%
<b>Abandoned Call Performance (Previous Year)</b>	0.49%	0.34%	0.42%	0.34%	0.56%	0.55%	0.30%	5.20%	1.90%	0.39%	0.30%	0.40%

Comments



# Section 2d

## Support Services Performance



ICT Summary

OBJ REF 3

	YTD RAG	GREEN
←	MTD RAG	GREEN

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

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

Commentary

Our Service :

Project Management: Project delays - Invoice scanning.

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%	4%	88%	8%	
		RAG Status	As New	Acceptable	Upgrade Req'd	Unacceptable	
E2.1	Physical Condition	GREEN	34%	60%	6%	0%	no change
E2.1	Statutory Compliance	GREEN	88%	11%	1%	0%	no change
E2.1	Energy Performance	GREEN	9%	75%	10%	6%	no change
E2.1	Functional Suitability	GREEN	14%	82%	4%	0%	no change
E2.1	Quality	GREEN	0%	100%	0%	0%	no change
		RAG Status					
E2.1	Capital Project Delivery	GREEN					The only Projects running at the moment are Bradford refurbishment and Gold Cell. Bradford is slightly behind schedule due to an unforeseen drainage problem and Gold Cell is due to start on 8th May.
E2.1	Station Egress Status	GREEN					
E2.1	Supported Standby Points	GREEN					A new 5* standby at Dewsbury Bus Station became operational on 19th March 2012.

F2.1 Procurement		RAG Status	
F2.1	Auditors Local Evaluation (ALE)	GREEN	
F2.1	Procurement Savings	GREEN	YTD £500k - Target this month £180,223.07
F2.1	Contracts awarded in period above £25K	GREEN	5 contract's awarded above £25k
F2.1	Single Tender Waivers in period	GREEN	2 Single Tender Waviers issued this month

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

**Comments**

Contracts awarded above £25k  
 Gold cell Accommodation , Catering /HQ Canteen, Legionalla, Toner/Cartridges and Hot Food Packs

Single Tender Waiver  
 Interim AD for HR and PRPS (Powered Respirator Protection suits for YAS CBRN Trained Staff) shelf life extension

Fleet

OBJ REF 3

YTD RAG GREEN  
 MTD RAG GREEN

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

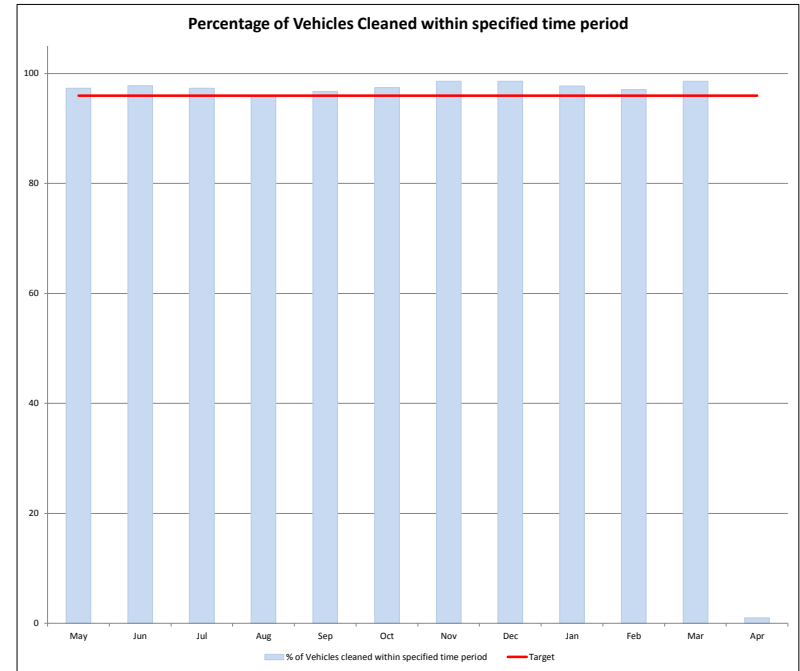
E3 Fleet

Vehicle Availability % Plan vs. Actual	RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
E3.1 A&E	GREEN	95%	92%	5%	95%	92%	3%	
E3.1 PTS	GREEN	96%	96%	0%	95%	96%	1%	
E3.1 Other	GREEN							

Vehicle Age	RAG Status	Plan YTD	Number Over Age	Var YTD	Notes
E3.1 A&E - RRV	GREEN	4	14		There are 14 Vehicles still to be delivered from Vehicle Convertors outstanding from FY 2011/12
E3.1 A&E - DMA	GREEN	5	55		There are 27 Vehicles still to be delivered from Vehicle Convertors outstanding from financial year 11/12, and 17 planned for replacement in FY 2012/13
E3.1 A&E - Other	GREEN	7	23		Age profile will come into line when replacement front line DMA's are in place allowing 5 year old front line vehicles to be down graded to A&E Support
E3.1 PTS	RED	7	204		26 vehicles are on order from FY 2011/12, deliveries commenced 30/4/12
E3.1 Other	AMBER	7	25		Workshop and Support vehicles. These should be on a 10 year profile which will be adjusted at the next Fleet Strategy Review.

Vehicle Replacement Plan	RAG Status	Plan Annual	Forecast Annual	Notes
E3.1 A&E - RRV	GREEN	0	0	
E3.1 A&E - DMA	GREEN	17	17	
E3.1 A&E - Other	GREEN	0	0	
E3.1 PTS	GREEN	0	0	
E3.1 Other	GREEN	0	0	

E3.2 Compliance / Safety	RAG Status	Number	% Total	Notes
E3.2 Safety Checks Outside "Window" at end of period	GREEN	18	3.26%	All vehicles had risk assessments carried out to ensure they are road worthy, There has been a build up of slippage in the North area due to sickness and annual leave, vehicle availability has also had an impact on the figures, external providers and overtime are being used to bring this back on plan
E3.2 Vehicle Services Outside "Window" at end of period	AMBER	35	9.41%	This KPI has not been met as the vehicles were unable to be released from operational duties in all areas, There has also been a build up of slippage in the North area due to sickness and annual leave, external providers and overtime are being used to bring this back on plan.
E3.1 Vehicle Cleans Outside "Window" at end of period	GREEN	58	2.58%	
E3.4 Defibrillator servicing Outside "Window" at end of period	RED	5	0.90%	These are devices that have been moved from vehicle to vehicle, so fleet unaware of device location, we have issued the serial numbers to Operations and asked them to find and removed the from service - 3 have been removed
E3.5 Suction Unit servicing Outside "Window" at end of period	AMBER	89	8.00%	An action to bring devices back within service frequency is being devised - this also captured within the suction unit upgrade which is ongoing.
E3.6 Parapac servicing Outside "Window" at end of period	AMBER	49	5.00%	An action to bring devices back within service frequency is being devised
E3.7 Microvent servicing Outside "Window" at end of period	RED	66	6.00%	An action to bring devices back within service frequency is being devised



Vehicle Cleaning	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
% of Vehicles cleaned within specified time period	97.3	97.8	97.3	95.9	96.7	97.4	98.6	98.6	97.7	97.1	98.6	0.9742

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

Comments



# Section 3

## Quality Analysis







**Comments on Quality****IPC Audit**

Overall compliance for all three audits have increased to the highest level since the audits began and we have a green RAG status against the new challenging RAG compliance limits.

To increase compliance and therefore improve patient/staff safety further, areas identified for improvement are;

Vehicle Cleanliness – report all damage to upholstery in the vehicle via the Fleet helpline. 21% of vehicles audited had damage to the upholstery (24% of these were A&E vehicles, 76% PTS vehicles) and of these, it is documented that 52% were reported to the Fleet Department for repair. Details of all vehicles reported with upholstery damage have been forwarded to Fleet.

Premise Cleanliness – Steri 7 liquid was not available on 10% of stations. Details of these stations/ 5\* stand by points have been forwarded to Fleet Ancillary.

**New Incidents Reported**

The number of incidents reported in April 2012 has remained similar to the March figures with an increase in only 3 incidents. 74% of all incidents took place in Operations A&E, with the majority of these happening in the Bradford, Airedale & Leeds area. When comparing data from April 2011, the overall number of incidents was similar, with 453 reported in April 2011.

**Patient related Incidents**

The number of patient related incidents has remained quite constant in comparison to previous months. 46 patient related incidents took place in March, therefore there is only a small increase in April. The areas also remain constant with the majority of these occurring in Operations A&E. Three primary themes are identified as; slips, trips and falls, response related and care planning problems.

**Medication Related Incidents**

7 incidents of breakage of morphine vials (compared with 14 in previous month). 4 incidents of morphine stock discrepancy were reported, all of which have been investigated by Ops and found to be simple administrative errors.

1 clinical incident of intramuscular morphine administration, currently under investigation.

1 incident of morphine being found in an unsecured area.

**Staff Related Incidents**

There has been a slight increase in staff related incidents in April 2012, with 86 occurring, in comparison to 71 in March. The figures also show an increase when comparing to April 2011 figures. All incidents have been graded as moderate or minor, with no major graded incidents reported. The primary themes identified are; Moving and handling, personal safety and contact with something.

**RIDDOR Reportable Incidents**

4 RIDDOR incidents took place in April 2012. 3 of these involved injury while handling, lifting or carrying and 1 related to a slip, trip, fall incident. The number of RIDDOR incidents has decreased in comparison to previous months; 11 in February and 7 in March.

**Concerns and complaints.**

The number of complaints and concerns received across A&E has increased and is now at the highest rate it has been over the last 12 months. The majority of these relate to aspects of clinical care and response .

Within PTS the number of complaints and concerns has fallen to its lowest level over the last year with the rate of complaints now at 0.05% of the demand activity.

The response times are varied and inconsistent across the CBU's. The revised Complaints Policy and Procedure is being presented to the Clinical Governance Group in June and will strengthen the processes to increase the response rate both through the Patient Relations Department and operational management.

**Clinical Audit Programme**

Issues related to functionality of the newly installed Readsoft scanning and verification software in Clinical Audit have had a significant adverse effect on the ability to process data for the national clinical AQIs. However, implementation of mitigation plans should allow the reporting of mandatory data in the required timescales.

KPI	Description	Measure	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	Year End 12/13	Q1 Forecast	
			RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	Forecast	2012/13
3	Safety	<ul style="list-style-type: none"> <li>• Infection, Prevention and Control</li> <li>• Patients Incidents</li> <li>• Medication Incidents</li> <li>• Staff Incidents</li> <li>• RIDDOR</li> <li>• Serious Incidents</li> </ul>	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> <li>• Clinical Performance Indicators (National)</li> <li>• Clinical Audit Programme</li> </ul>	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
1.2	Patient Involvement and Experience	<ul style="list-style-type: none"> <li>• Concerns, Complaints and Compliments</li> <li>• Patient Experience</li> <li>• Local Involvement Networks/Overview &amp; Scrutiny Committees</li> </ul>	GREEN	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"> <li>• Registration Regulations &amp; Outcomes</li> <li>• NHS Litigation Authority</li> </ul>	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

IPC Audit - Percentage compliant

OBJ REF 3

YTD RAG GREEN  
 MTD RAG GREEN

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

Key for IPC Audit: Pre April 2012

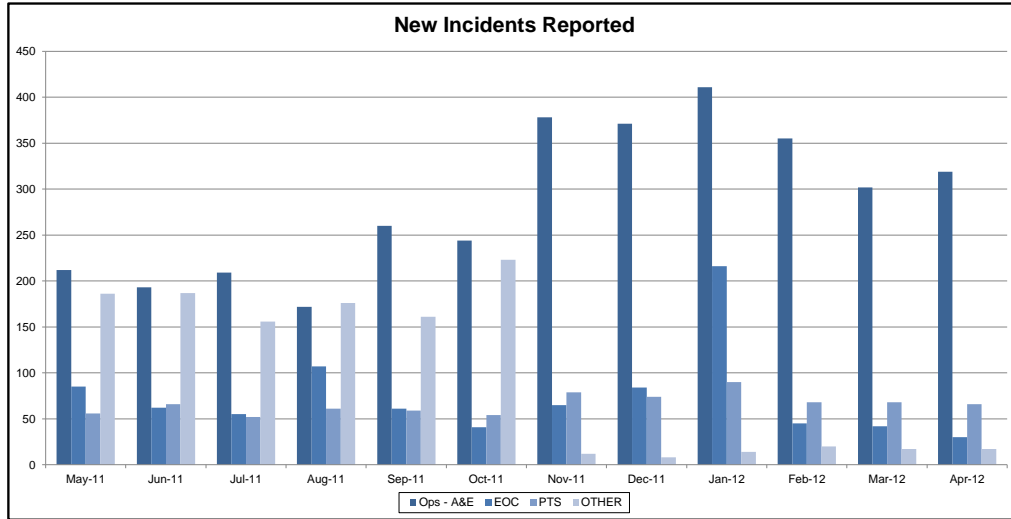
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

Key for IPC Audit: April 2012 onwards

I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <80%
	Minimum audit requirements met with compliance 80% to 94%
	Minimum audit requirements met with compliance >94%

New Incidents Reported

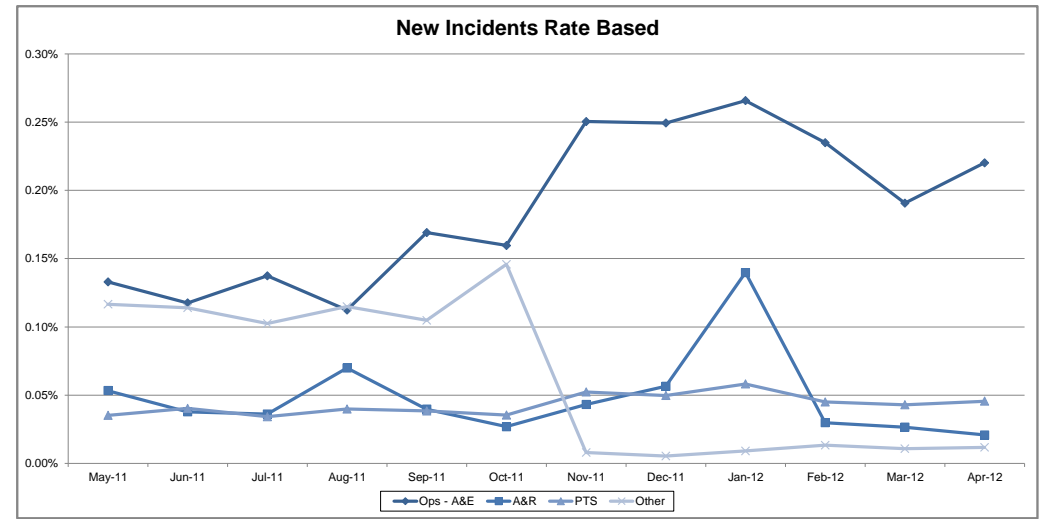
OBJ REF 3



New Incidents Reported	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Ops - A&E	212	193	209	172	260	244	378	371	411	355	302	319
EOC	85	62	55	107	61	41	65	84	216	45	42	30
PTS	56	66	52	61	59	54	79	74	90	68	68	66
OTHER	186	187	156	176	161	223	12	8	14	20	17	17
<b>TOTALS</b>	<b>539</b>	<b>508</b>	<b>472</b>	<b>516</b>	<b>541</b>	<b>562</b>	<b>534</b>	<b>537</b>	<b>731</b>	<b>488</b>	<b>429</b>	<b>432</b>

New Incidents Reported Rate Based

OBJ REF 3

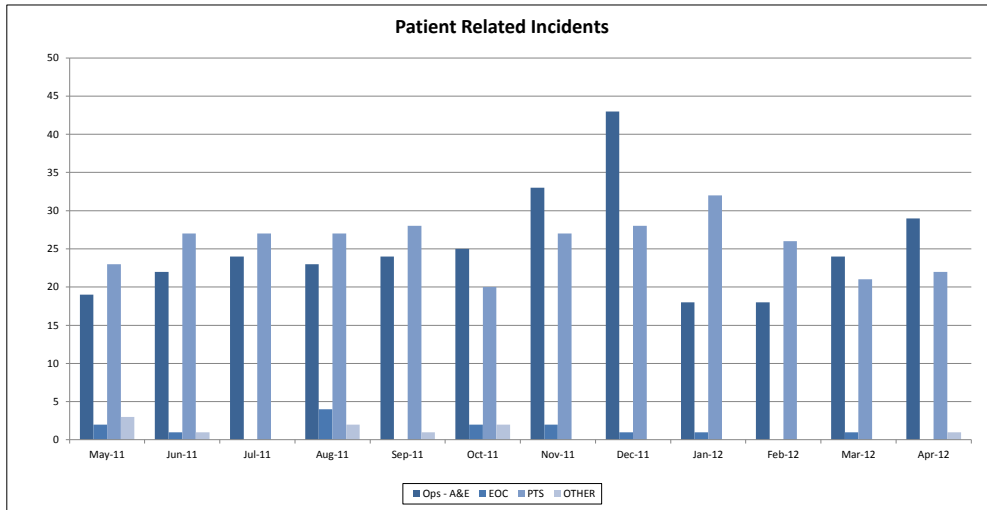


New Incidents Reported	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Ops - A&E	0.13%	0.12%	0.14%	0.11%	0.17%	0.16%	0.25%	0.25%	0.27%	0.23%	0.19%	0.22%
A&R	0.05%	0.04%	0.04%	0.07%	0.04%	0.03%	0.04%	0.06%	0.14%	0.03%	0.03%	0.02%
PTS	0.04%	0.04%	0.03%	0.04%	0.04%	0.04%	0.05%	0.05%	0.06%	0.05%	0.04%	0.05%
OTHER	0.12%	0.11%	0.10%	0.11%	0.10%	0.15%	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.

Patient related Incidents

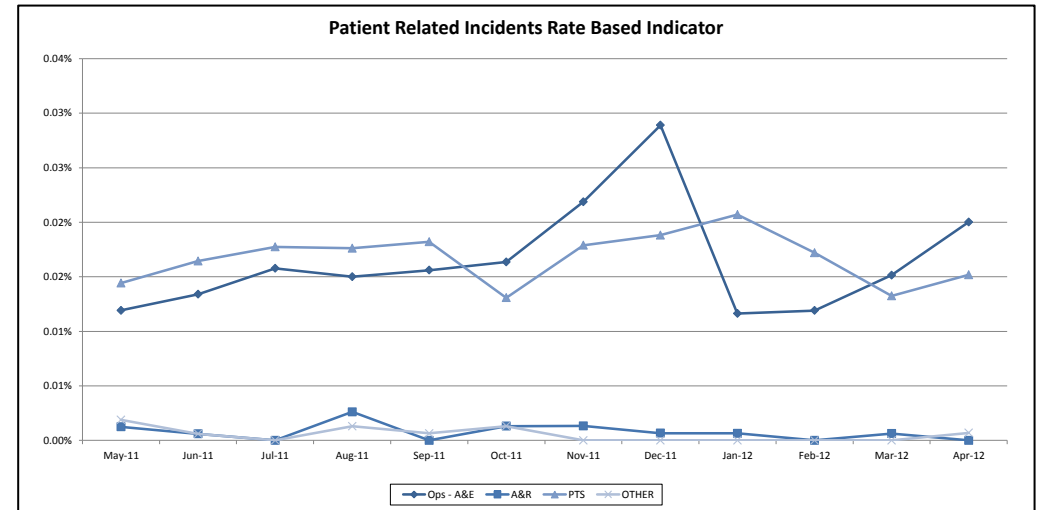
OBJ REF 3



Patient Related Incidents	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Ops - A&E	19	22	24	23	24	25	33	43	18	18	24	29
EOC	2	1	0	4	0	2	2	1	1	0	1	0
PTS	23	27	27	27	28	20	27	28	32	26	21	22
OTHER	3	1	0	2	1	2	0	0	0	0	0	1
<b>TOTALS</b>	<b>47</b>	<b>51</b>	<b>51</b>	<b>56</b>	<b>53</b>	<b>49</b>	<b>62</b>	<b>72</b>	<b>51</b>	<b>44</b>	<b>46</b>	<b>52</b>

Patient Related Incidents Rate Based Indicator

OBJ REF 3

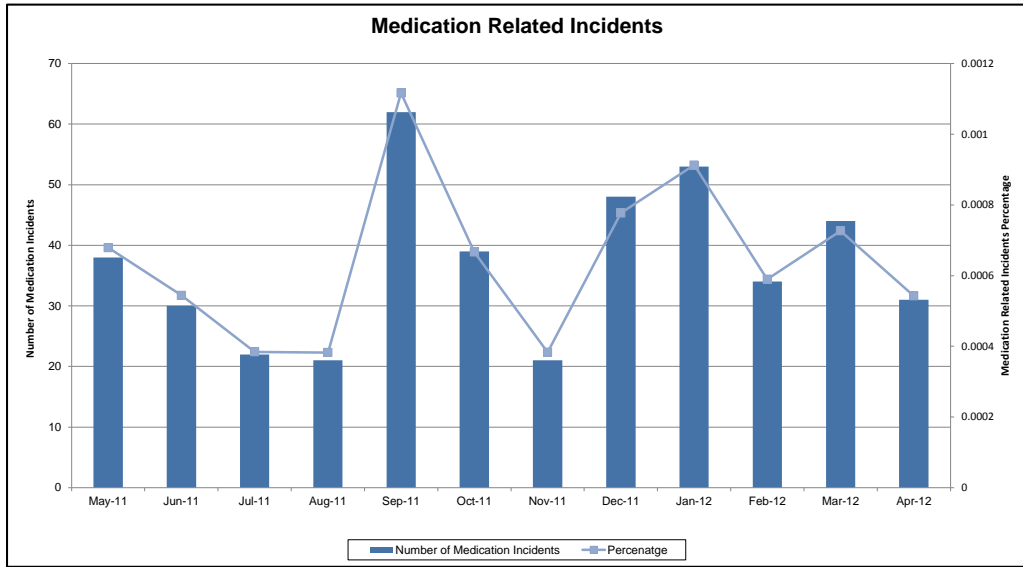


	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Ops - A&E	0.01%	0.01%	0.02%	0.02%	0.02%	0.02%	0.02%	0.03%	0.01%	0.01%	0.02%	0.02%
A&R	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PTS	0.01%	0.02%	0.02%	0.02%	0.02%	0.01%	0.02%	0.02%	0.02%	0.02%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

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

Medication Related Incidents

OBJ REF 3

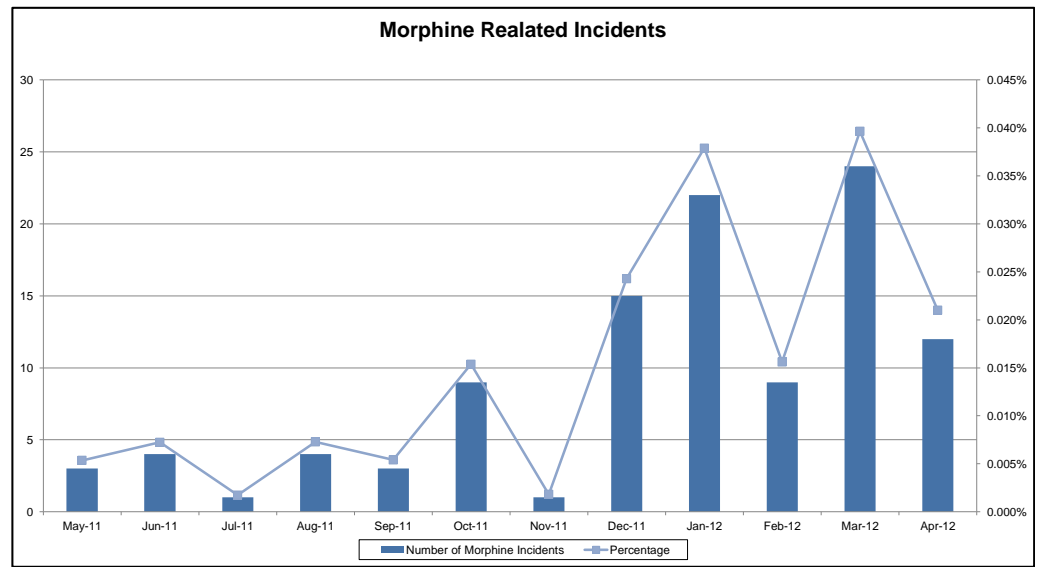


	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Number of Medication Incidents	38	30	22	21	62	39	21	48	53	34	44	31

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

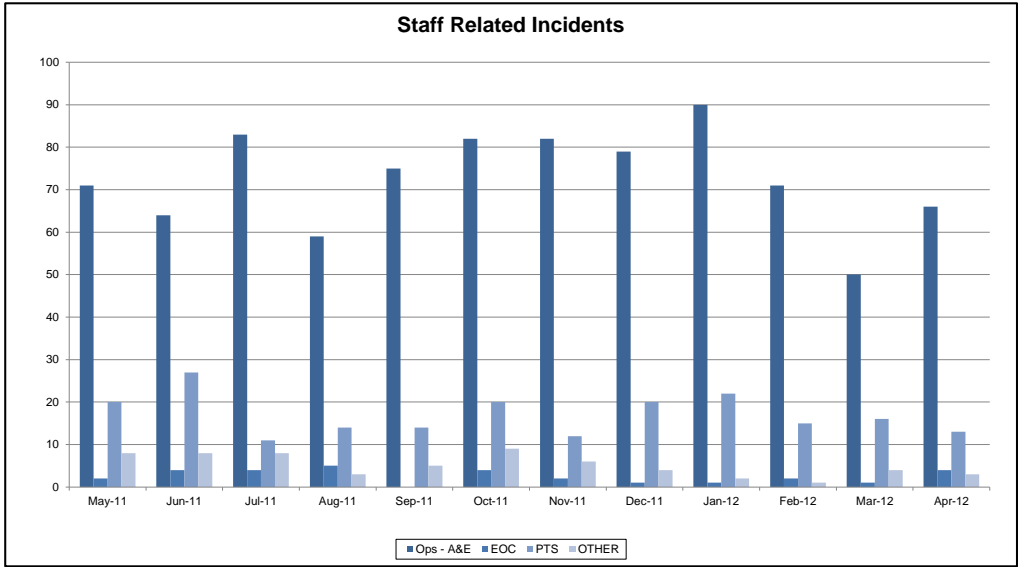


	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Number of Morphine Incidents	3	4	1	4	3	9	1	15	22	9	24	12

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

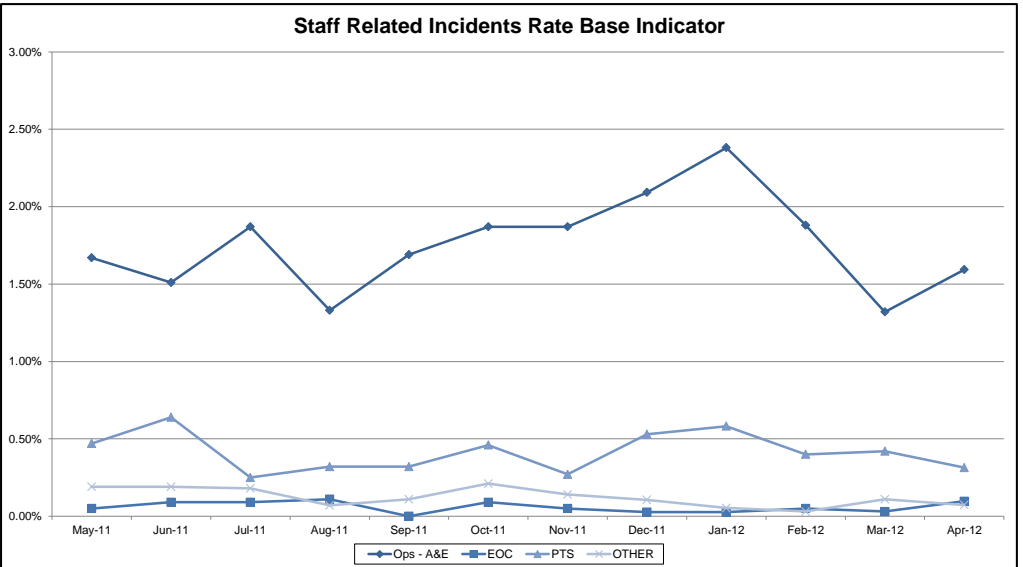
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



Staff Related Incidents	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Ops - A&E	71	64	83	59	75	82	82	79	90	71	50	66
EOC	2	4	4	5	0	4	2	1	1	2	1	4
PTS	20	27	11	14	14	20	12	20	22	15	16	13
OTHER	8	8	8	3	5	9	6	4	2	1	4	3
<b>TOTALS</b>	<b>101</b>	<b>103</b>	<b>106</b>	<b>81</b>	<b>94</b>	<b>115</b>	<b>102</b>	<b>104</b>	<b>115</b>	<b>89</b>	<b>71</b>	<b>86</b>

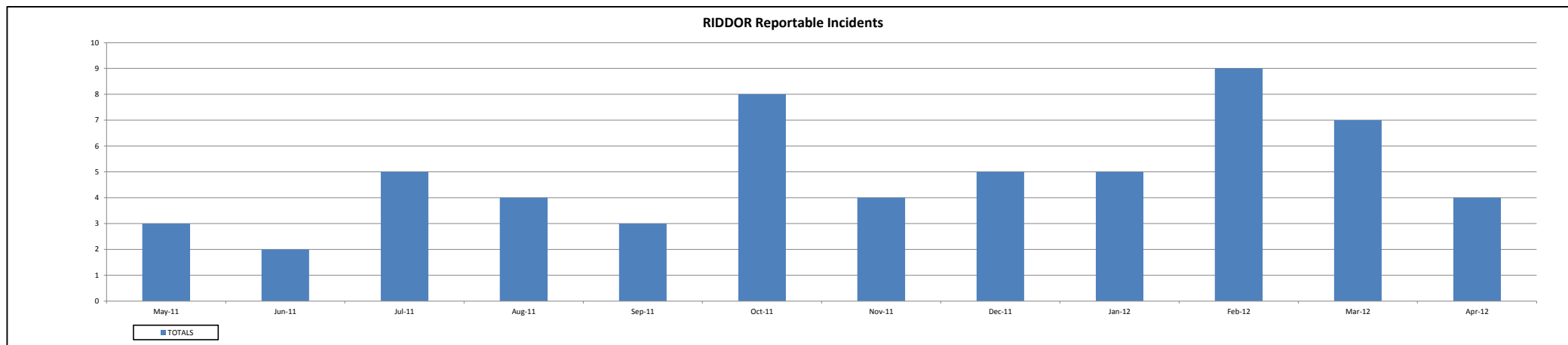
Staff Related Incidents	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Ops - A&E	1.67%	1.51%	1.87%	1.33%	1.69%	1.87%	1.87%	2.09%	2.38%	1.88%	1.32%	1.59%
EOC	0.05%	0.09%	0.09%	0.11%	0.00%	0.09%	0.05%	0.03%	0.03%	0.05%	0.03%	0.10%
PTS	0.47%	0.64%	0.25%	0.32%	0.32%	0.46%	0.27%	0.53%	0.58%	0.40%	0.42%	0.31%
OTHER	0.19%	0.19%	0.18%	0.07%	0.11%	0.21%	0.14%	0.11%	0.05%	0.03%	0.11%	0.07%

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



RIDDOR Reportable Incidents

OBJ REF 3

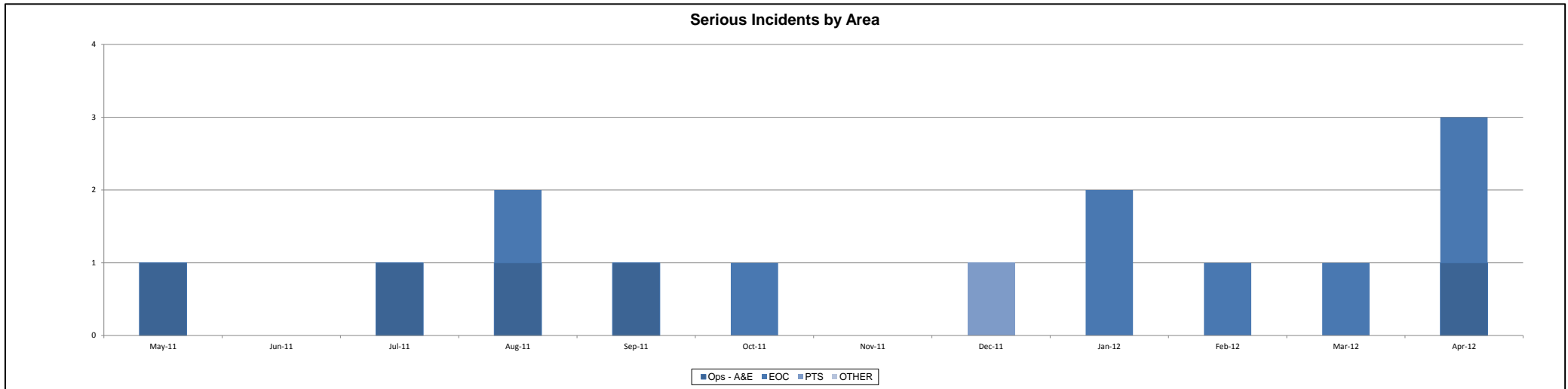


RIDDOR reportable	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
North Yorkshire CBU	1	0	0	1	0	1	1	0	0	2	0	1
East Riding of Yorkshire CBU	0	0	2	2	0	2	2	1	1	5	2	0
Leeds & Wakefield CBU	1	1	0	0	1	2	1	1	1	0	0	1
Bradford, Calderdale and Kirklees	0	1	1	0	1	1	0	2	2	0	2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

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

SUI Incidents by Area

OBJ REF 3



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

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

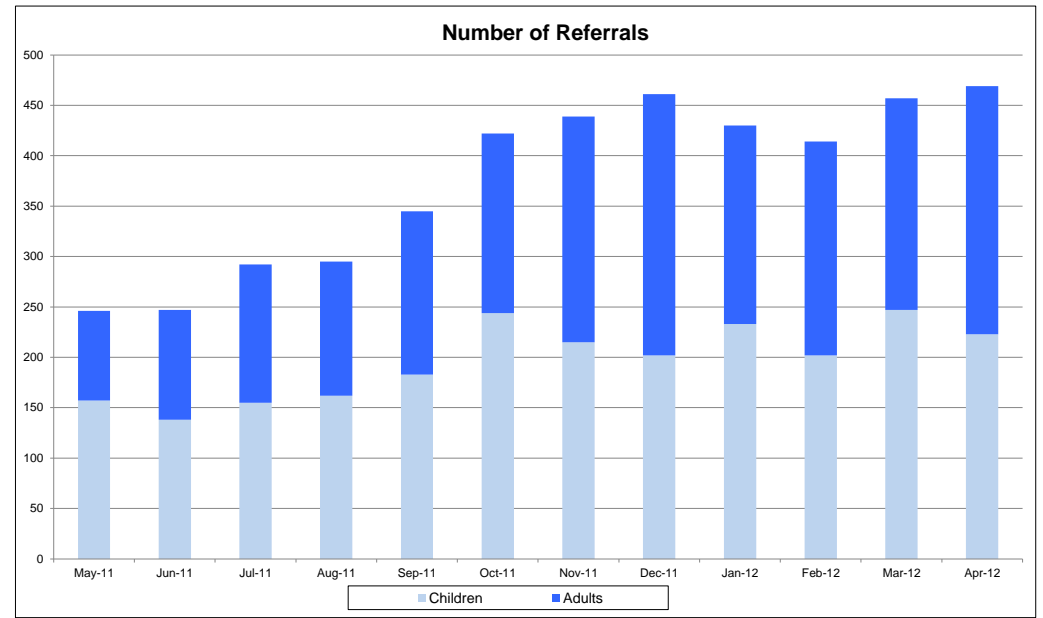
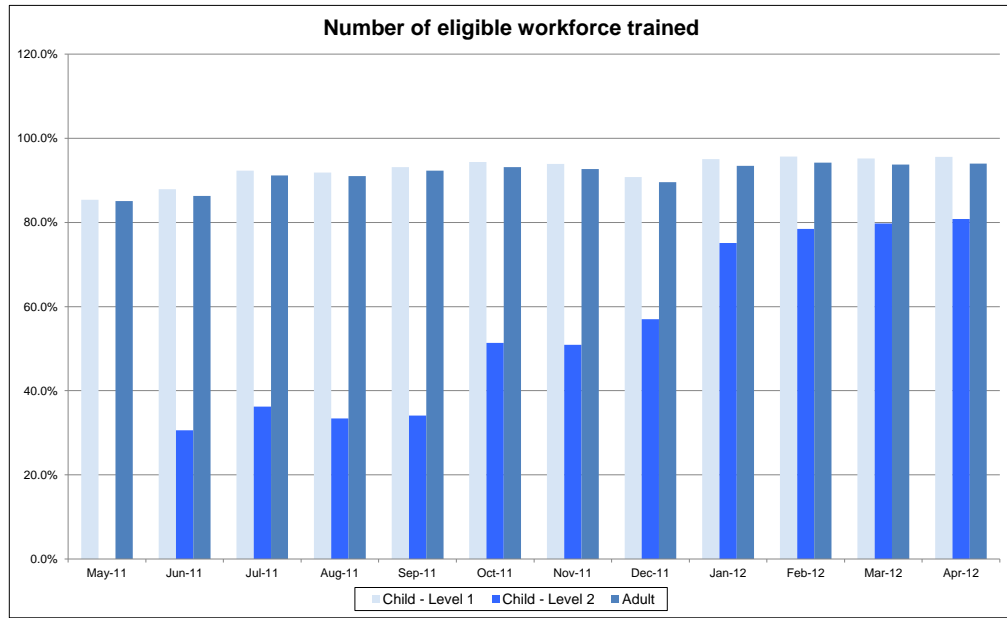
Training Position

OBJ REF	3
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YTD RAG	GREEN
MTD RAG	GREEN

Number of Child and Adult Referrals

OBJ REF	3
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Training Position	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Child - Level 1	85.4%	87.9%	92.3%	91.9%	93.2%	94.4%	93.9%	90.8%	95.1%	95.7%	95.2%	95.6%
Child - Level 2	-	30.6%	36.2%	33.4%	34.1%	51.4%	50.9%	57.0%	75.1%	78.5%	79.8%	80.8%
Adult	85.1%	86.3%	91.2%	91.0%	92.3%	93.2%	92.7%	89.6%	93.5%	94.2%	93.8%	94.0%

Referrals	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Children Referrals	157	138	155	162	183	244	215	202	233	202	247	223
Adult Referrals	89	109	137	133	162	178	224	259	197	212	210	246
TOTAL	246	247	292	295	345	422	439	461	430	414	457	469

Clinical Performance Indicators - National

OBJ REF

1.2 : 3

	Old Calculation Method		New Calculation Method		
	CYCLE 6		CYCLE 7		
ST Elevation Myocardial Infarction (STEMI)	November 2010 Results %	National Average	November 2010 Results %	June 2011 Results %	National Average
M1 - Aspirin	98.2	95.2	98.3	94.9	96.5
M2 - GTN	93.8	91.7	94.1	86	92.7
M3 - Two Pain Scores Recorded	90.2	85.1	90.7	84.1	80.8
M4 - Morphine alone given	67.0	69.3	73.7	71.3	81.3
M5 - Analgesia given	74.5	75.2	79.7	82.2	86.2
PILOT - SpO2 recorded	99.2	97.1	99.2	98.7	97.9
PILOT - Care Bundle M1, M2, M3 and M5	67.8	59.4	75.4	65.6	66.9
Stroke	Jan 2011 Results %	National Average	Jan 2011 Results %	July 2011 Results %	National Average
S1 - Face, Arm, Speech Test (FAST) recorded	97.7	95.7	98	94.3	95.6
S2 - Blood glucose recorded	97.6	94.0	97.7	96.3	95.6
S3 - Blood pressure recorded	100	98.8	100	99.3	99.6
PILOT - Time of onset of stroke recorded	78.7	80.6	82	85.3	85.8
PILOT - Care Bundle S1, S2 and S3	94.9	89.8	95.7	90.7	92

	Old Calculation Method		New Calculation Method		
	CYCLE 6		CYCLE 7		
Hypoglycaemia	Aug 2010 Results %	National Average	Feb 2011 Results %	Aug 2011 Results %	National Average
H1 - Blood Glucose Recorded before treatment	98.0	98.8	99.3	97.4	98.8
H2 - Blood Glucose Recorded after treatment	96.9	93.3	100.0	98.1	97.9
H3 - Treatment for Hypoglycaemia Recorded	99.0	95.3	100.0	99.6	97.9
PILOT - Direct referral made to an appropriate health professional	39.8	20.5	47.8	98.5	64.3
PILOT - Care Bundle H1, H2 and H3	95.2	89.8	96.0	96.3	96.4
Asthma	Sept 2010 Results %	National Average	March 2011 Results %	Sept 2011 Results %	National Average
A1 - Respiratory rate recorded	100.0	97.4	100.0	99.7	99.1
A2 - PEFR (peak flow) recorded before treatment	56.3	50.0	77.7	84.3	78.3
A3 - SpO2 recorded before treatment	92.8	92.8	91.5	90.9	92.3
A4 - Beta 2 agonist recorded	98.3	96.0	99.3	93.4	96.6
A5 - Oxygen administered	99.0	93.6	99.7	95.8	96.2
PILOT - Care Bundle A1, A2, A3 and A4	50.0	45.3	72.3	76.7	71.9

Clinical Audit Programme

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

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

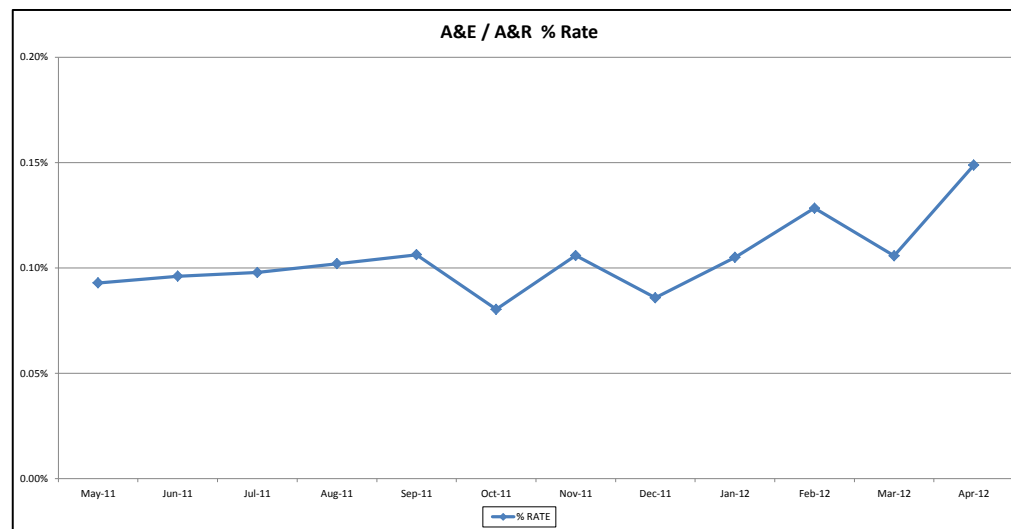
Internal Clinical Audit Plan

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

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns													
2011/12	CBU Area	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Attitude / Conduct	BCK	0	0	3	2	0	0	3	1	6	3	3	2
	Hull & ER	7	1	1	2	1	0	3	1	0	2	2	1
	Leeds & Wakefield	0	2	3	3	1	1	2	2	2	3	0	1
	North Yorks	0	0	1	1	0	2	0	1	3	0	3	2
	South Yorks	2	0	3	0	0	0	2	1	3	1	1	4
	A & R	0	1	2	1	2	4	1	0	2	1	0	5
Aspects of Clinical Care	BCK	4	4	0	6	6	4	1	6	1	1	1	1
	Hull & ER	2	4	6	3	1	1	2	2	1	7	1	8
	Leeds & Wakefield	2	0	3	0	2	3	7	4	1	8	6	6
	North Yorks	5	5	1	3	7	1	2	3	3	5	5	5
	South Yorks	5	5	5	4	5	3	3	3	6	7	4	8
Driving and Sirens	BCK	0	3	2	0	2	1	2	0	1	0	0	1
	Hull & ER	0	0	1	0	1	0	0	0	2	1	0	1
	Leeds & Wakefield	1	4	1	0	4	2	1	1	1	0	1	3
	North Yorks	0	2	0	0	2	2	0	0	0	0	0	0
	South Yorks	0	1	1	0	0	0	1	0	0	0	0	1
Response	A & R	17	18	20	25	23	16	24	21	23	33	31	23
Call Management	A & R	3	2	3	2	1	3	3	4	1	0	0	0
Other	BCK	1	0	0	0	0	1	0	2	4	0	0	1
	Hull & ER	1	0	0	1	1	1	0	0	0	0	1	0
	Leeds & Wakefield	1	1	0	1	0	0	0	0	0	0	1	6
	North Yorks	0	0	0	0	0	2	0	0	1	1	1	2
	South Yorks	1	0	0	2	0	0	1	1	0	1	1	3
	A & R	0	0	0	0	0	0	0	0	0	0	1	1
SUB TOTALS	BCK	5	7	5	8	8	6	6	9	12	4	4	5
	Hull & ER	10	5	8	6	4	2	5	3	3	10	4	10
	Leeds & Wakefield	4	7	7	4	7	6	10	7	4	11	8	16
	North Yorks	5	7	2	4	9	7	2	4	7	6	9	9
	South Yorks	8	6	9	6	5	3	7	5	9	9	7	16
	A & R	20	21	25	28	26	23	28	25	26	34	32	29
<b>GRAND TOTAL</b>		52	53	56	56	59	47	58	53	61	74	64	85
<b>Demand Activity</b>		55970	55160	57247	54907	55520	58514	54802	61784	58076	57670	60538	57123
<b>% RATE</b>		0.09%	0.10%	0.10%	0.10%	0.11%	0.08%	0.11%	0.09%	0.11%	0.13%	0.11%	0.15%



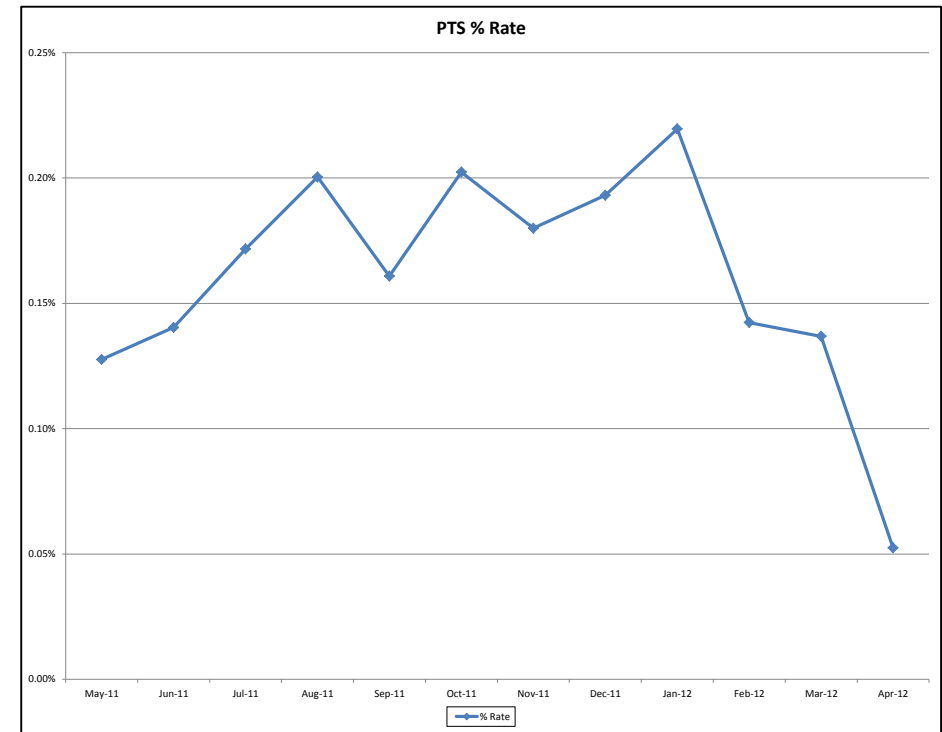
Compliments % against WTE													
CBU Area	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	
BCK	2.9%	1.9%	2.9%	0.5%	5.3%	2.7%	3.9%	2.4%	1.9%	1.9%	3.6%	0.7%	
Hull & ER	5.2%	2.3%	3.5%	1.6%	1.6%	2.6%	3.2%	1.3%	3.9%	1.3%	3.9%	0.0%	
Leeds & Wakefield	3.8%	3.5%	2.0%	1.8%	4.3%	1.0%	2.3%	2.8%	2.5%	2.0%	2.0%	0.8%	
North Yorks	5.2%	1.6%	3.1%	1.6%	10.0%	2.6%	2.1%	3.9%	0.5%	3.4%	1.6%	0.3%	
South Yorks	2.4%	1.6%	1.6%	0.4%	4.4%	3.8%	1.8%	2.4%	0.6%	3.2%	2.0%	0.6%	

Compliments													
CBU Area	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	
BCK	12	8	12	2	22	11	16	10	8	8	15	3	
Hull & ER	16	7	11	5	5	8	10	4	12	4	12	0	
Leeds & Wakefield	15	14	8	7	17	4	9	11	10	8	8	3	
North Yorks	20	6	12	6	38	10	8	15	2	13	6	1	
South Yorks	12	8	8	2	22	19	9	12	3	16	10	3	
A & R	0	1	1	0	1	2	0	1	1	1	1	0	
<b>TOTAL</b>	75	44	52	22	105	54	52	53	36	50	52	10	

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns													
2011/12	PTS Area	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Attitude / Conduct	East Consortia	0	0	0	1	2	0	1	1	1	1	4	0
	North Consortia	0	0	0	0	0	2	0	0	2	2	1	1
	South Consortia	1	2	2	3	0	3	1	1	0	2	2	1
	West Consortia	5	3	0	3	2	1	4	4	7	3	3	1
Aspects of Clinical Care	East Consortia	0	1	0	0	0	0	0	0	2	2	0	0
	North Consortia	1	4	1	0	1	0	2	1	1	0	2	0
	South Consortia	0	1	0	2	1	0	1	0	4	2	4	3
	West Consortia	2	2	2	1	2	3	3	1	3	4	6	0
Driving and Sirens	East Consortia	0	0	0	0	0	0	1	0	0	0	0	0
	North Consortia	0	0	0	1	0	1	0	0	1	1	0	1
	South Consortia	1	1	0	0	0	1	0	1	0	0	0	1
	West Consortia	0	0	3	0	1	0	2	1	0	0	2	1
Response	East Consortia	13	22	20	11	10	9	9	9	13	11	6	2
	North Consortia	19	14	19	11	7	11	18	10	9	6	11	1
	South Consortia	13	7	14	18	9	13	18	17	25	13	13	7
	West Consortia	20	29	26	22	14	22	19	21	38	24	22	8
Call Management	East Consortia	0	0	0	1	1	1	2	0	1	1	1	1
	North Consortia	0	0	0	2	0	2	0	1	1	2	1	1
	South Consortia	0	0	0	0	0	1	0	0	1	1	1	0
	West Consortia	0	0	0	2	2	0	0	1	1	0	3	1
Service to Service	East Consortia	20	32	35	25	22	46	36	39	32	15	15	1
	North Consortia	0	1	4	16	11	22	8	12	6	6	0	1
	South Consortia	8	11	9	20	24	21	11	11	26	15	10	0
	West Consortia	28	23	27	58	48	30	36	37	38	22	19	1
Other	East Consortia	0	0	0	0	1	0	0	0	0	0	1	1
	North Consortia	1	0	0	0	0	1	1	0	0	0	3	6
	South Consortia	0	0	0	0	0	0	0	0	0	0	3	2
	West Consortia	0	0	1	0	0	1	0	0	0	0	1	4
SUB TOTALS	East Consortia	33	55	55	38	36	56	49	49	49	30	27	5
	North Consortia	21	19	24	30	19	39	29	24	20	17	18	11
	South Consortia	23	22	25	43	34	39	31	30	56	33	33	14
	West Consortia	55	57	59	86	69	57	64	65	87	53	56	16
GRAND TOTAL	132	153	163	197	158	191	173	168	212	133	134	46	
Demand Activity	103472	109012	94928	98306	98241	94363	96122	86994	96528	93433	97907	87757	
% RATE	0.13%	0.14%	0.17%	0.20%	0.16%	0.20%	0.18%	0.19%	0.22%	0.14%	0.14%	0.05%	



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

Concerns and Complaints - A&E / A&R

2011/12	A&E / A&R	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Response Within 1 Working Day	BCK	0	0	1	0	1	0	0	0	1	0	0	1
	Hull & ER	0	0	1	0	0	1	0	0	0	1	0	0
	Leeds & Wakefield	0	0	3	0	1	0	0	0	1	0	0	0
	North Yorks	2	1	0	0	0	0	0	0	0	1	1	0
	South Yorks	1	1	1	1	1	0	0	0	0	0	0	0
	A & R	2	4	2	2	1	1	0	2	1	2	1	2
Response 2 - 25 Working Days	BCK	6	2	3	1	2	3	3	5	5	5	3	2
	Hull & ER	3	3	3	3	3	2	0	4	3	2	3	3
	Leeds & Wakefield	3	2	2	2	1	6	3	4	4	3	7	3
	North Yorks	4	4	6	1	1	6	5	1	1	4	2	3
	South Yorks	5	4	2	7	3	3	2	2	2	5	6	5
	A & R	14	12	13	0	13	15	22	25	14	13	16	24
Response > 25 Working Days	BCK	1	3	3	4	5	5	3	2	3	7	1	1
	Hull & ER	3	7	1	5	3	1	2	1	0	0	7	1
	Leeds & Wakefield	5	2	2	5	2	1	3	5	2	1	4	5
	North Yorks	1	0	1	1	2	3	2	1	3	2	3	6
	South Yorks	2	3	5	2	2	2	1	5	3	4	3	3
	A & R	5	4	6	0	14	11	1	2	11	11	16	7
Average Response Time (Working Days)	BCK	14	39	24	45	28	20	TBC	TBC	TBC	TBC	19	TBC
	Hull & ER	27	38	16	36	24	16	32	TBC	21	10	TBC	TBC
	Leeds & Wakefield	36	25	20	31	20	17	TBC	TBC	TBC	TBC	TBC	TBC
	North Yorks	16	12	16	8	32	15	20	TBC	TBC	TBC	TBC	TBC
	South Yorks	24	TBC	32	11	16	18	TBC	TBC	TBC	TBC	TBC	TBC
	A & R	24	18	19	19	25	22	16	TBC	TBC	TBC	TBC	TBC
Re-opened Complaints & Concerns	BCK	0	0	0	0	0	0	0	0	0	0	0	0
	Hull & ER	0	0	1	0	0	0	0	0	0	0	0	0
	Leeds & Wakefield	0	0	0	0	1	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	1	0	0	0	0	0	0	0	0
	A & R	0	0	1	0	0	0	0	1	0	0	0	0
Referrals to Ombudsman	A&E / A&R	0	1	0	1	0	0	1	0	0	0	0	1

Concerns and Complaints - PTS

OBJ REF 1.2 : 3

2011/12	PTS Area	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Response Within 1 Working Day	East Consortia	4	2	4	5	0	1	1	2	2	3	0	1
	North Consortia	3	2	1	5	4	2	1	0	0	1	4	2
	South Consortia	3	2	1	4	2	1	1	1	3	4	3	1
	West Consortia	2	4	6	5	5	3	3	2	3	4	3	7
Response 2 - 25 Working Days	East Consortia	3	7	14	9	12	10	9	8	4	11	10	9
	North Consortia	12	15	14	12	11	5	13	16	6	7	4	13
	South Consortia	12	10	5	9	15	8	12	10	10	13	10	13
	West Consortia	19	20	21	23	19	14	19	21	20	26	12	19
Response > 25 Working Days	East Consortia	0	4	5	6	1	3	0	3	3	3	6	2
	North Consortia	2	3	3	3	0	1	3	4	6	6	3	3
	South Consortia	3	3	5	3	6	1	4	9	6	13	5	8
	West Consortia	1	3	7	4	4	4	3	5	3	19	15	11
Average Response Time (Working Days)	East Consortia	3	18	15	TBC	12	TBC	10	TBC	TBC	TBC	TBC	TBC
	North Consortia	12	17	13	TBC	8	TBC	14	TBC	TBC	TBC	13	TBC
	South Consortia	15	11	X	16	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
	West Consortia	10	X	13	12	TBC	12	TBC	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	1	0	1	0	0	0	0	0	0	0	0	0
	South Consortia	0	0	0	0	0	0	0	1	0	0	0	0
	West Consortia	0	0	0	0	0	0	0	0	0	0	0	0
Referrals to Ombudsman	PTS Area	0	0	0	0	0	0	0	0	0	0	0	1
PTS - Service to Service		Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Acknowledged Within 2 Working Days	East Consortia	N/A	20 (100%)	32 (100%)	35 (100%)	25 (100%)	22 (100%)	46(100%)	36 (100%)	39 (100%)	32(100%)	15(100%)	15(100%)
	North Consortia	N/A	N/A	1 (100%)	4 (100%)	16 (100%)	11 (100%)	22(100%)	8 (100%)	12 (100%)	6(100%)	6(100%)	0(100%)
	South Consortia	7 (100%)	8 (100%)	11 (100%)	9 (100%)	20 (100%)	24 (100%)	21(100%)	11 (100%)	11 (100%)	26(100%)	15(100%)	10(100%)
	West Consortia	5 (100%)	28 (100%)	23 (100%)	27 (100%)	58 (100%)	48 (100%)	30(100%)	36 (100%)	37 (100%)	38(100%)	23(100%)	19(100%)
Response Within 10 Working Days	East Consortia	N/A	0 (0%)	13 (41%)	27 (77%)	16(64%)	8 (36%)	41(89%)	28 (78%)	37 (95%)	22(69%)	12(80%)	14(93%)
	North Consortia	N/A	N/A	0 (0%)	0 (0%)	1 (6%)	1 (9%)	6 (27%)	7 (88%)	7 (58%)	6(100%)	4(67%)	N/A
	South Consortia	7 (100%)	1 (13%)	3 (27%)	2 (22%)	1 (5%)	3 (13%)	7 (33%)	2 (18%)	4 (36%)	1 (4%)	2(13%)	5(50%)
	West Consortia	5 (100%)	6 (21%)	7 (30%)	9 (100%)	11(19%)	25 (52%)	23(77%)	26 (72%)	22 (59%)	13(34%)	11(48%)	8(42%)



Local Involvement Networks/Overview & Scrutiny Committees

OBJ REF 1.2 : 3

YTD RAG	GREEN
MTD RAG	GREEN

A&E Patient Experience Survey

OBJ REF 1.2 : 3

YTD RAG	GREEN
MTD RAG	GREEN

Description	RAG
Local Involvement Networks	GREEN
Overview and Scrutiny committees	GREEN

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

Comments

**YAS Quality Accounts 2012/13**

A good response was received from both the LINKs and OSCs regarding their views on the potential quality indicators for the YAS Quality Accounts being prepared for 2012/13. The draft Quality Account has been subject to a consultation period with LINKs and OSCs. The feedback received has been generally positive and will be incorporated into the final version due to be presented to Board in June 2012.

**Engagement with LINKs & OSCs**

The Service Quality Improvement Managers continue to liaise with/attend meetings as necessary however there are no issues to report this month.

CQUINs 2012/13 There are several components of the 2012/13 CQUINs which include a patient experience element (specifically rural areas, PTS, public awareness and dementia care. Work has begun to support the delivery of these CQUINs.

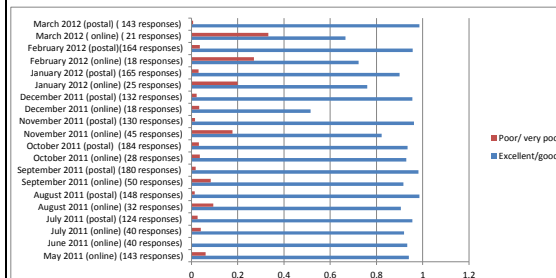
Comments

**A&E Service-User Experience Survey**

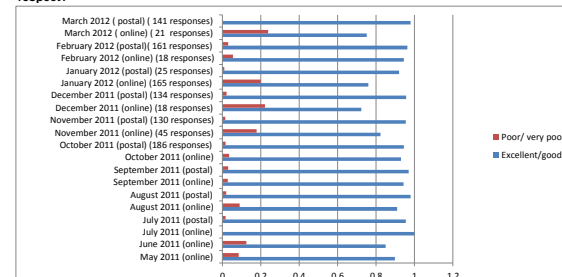
The postal survey of A&E Service User Experience was completed in March 2012. Surveys were sent to a random sample of 570 addresses to which ambulances had been called in December 2011 (this included calls to which we sent an ambulance response and those where the call was referred to NHS Direct or to the YAS Clinical Advisers). 570 is approximately 1% of the average number of incidents responded to in a month (based on 2010-11 figures) The postal survey is in addition to the online survey, which continues to be available via the YAS website.

In March 2012, 28 people completed the online survey and 155 responded to the postal survey. The figures for the postal survey shown below are at the time of report production and may alter as further returns are received). The results from the postal survey were compared to the online results. Overall the postal survey showed a higher satisfaction level. It is believed this is due to the online survey being a self-selecting feedback method. Results from some key questions are below.

**Overall how would you rate the service you received from the ambulance service?**



**Overall, how would you rate whether the ambulance staff treated you/the patient with dignity and respect?**



**Themes from the narrative information received via the A&E Service-User Experience Survey:**

Staff attitude positive: "Absolutely fantastic service the ambulance arrived very quickly, the ambulance guys were very friendly and professional .They made my poorly granddad feel at ease. We as his family were very grateful for the instructions we were given and the simple explanation of what was wrong with him. Overall not one fault and massive thanks".

Staff attitude negative: "One of the paramedics was nice but the other one took the mick out of me to the point where I cried. Really, really HORRIBLE man that shouldn't be allowed to work in this field!!! Didn't care about patients what so ever!!!!"

Call taker/triage: "Staff that answer the 999 calls should show a little more empathy. I found her to be quite abrupt throughout."

Other negatives: "Waiting nearly 4 hours for a 999 emergency ambulance is disgusting and my wife was in great pain ending with surgery for a broken hip. The ambulance finally came from Doncaster. You are supposed to keep us alive not put our lives in danger."

\*Please note: the A&E Service-User Experience online and postal surveying is anonymous. YAS are therefore unable to validate survey feedback/responses. The survey does however state that the service-user can contact the Patient Services department should they wish to receive feedback.

**PTS Service-User Experience**

1) A disappointing response rate of PTS Comments Cards has led to a decision to commence monthly postal surveying of PTS service-users. We are currently liaising with commissioners regarding proposed questions and are hoping to begin this work during the first quarter of 2012-13.

2) A separate PTS annual survey of service-users was performed during January 2012. Copies of the survey were also available in local clinics. Overall results are listed below:

	TARGET - greater than or equal to	ALL (694)	NORTH (97)	WAKE (68)	BRAD (154)	LEEDS (64)	EAST (153)	SOUTH (158)
Staff Friendly & Helpful	95%	99.20%	98.96%	97.00%	#####	#####	97.31%	100.00%
I felt safe while travelling	95%	99.50%	#####	#####	#####	#####	97.27%	98.74%
Transport was clean and comfortable	90%	97.10%	98.96%	91.17%	97.35%	96.49%	#####	99.36%
I knew what time to expect transport to pick me up from home (wording was changed to read I was happy with the time the transport	75%	86.00%	83.33%	83.58%	93.42%	83.33%	80.13%	89.93%
I felt the journey time was an acceptable length	80%	94.40%	92.63%	88.23%	98.00%	92.72%	97.22%	94.30%
I arrived in time for my appointment	80%	83.30%	79.78%	83.82%	90.13%	78.94%	76.51%	86.53%
The length of time I waited for my transport home was acceptable	80%	69.80%	72.63%	58.20%	76.35%	58.33%	67.34%	78.20%
Transport was available when I needed it	70%	85.10%	78.94%	79.40%	88.66%	77.19%	81.08%	94.19%

**Some themes from the narrative information received via the PTS annual survey of service-users:**

Staff attitude positive: "The transport was for my mother who is in the last stages of life and took her home to my sisters where she is to spend her rest of her life. The staff were patient and empathetic and extremely skilled in lifting and handling"

Staff attitude negative: "Sometimes you can be waiting much too long especially if you are insulin dependant and reported to the situation and still been left until last to be picked up and been told to sit and shut up and waited from 1.30pm to 5.45pm"

Planning of journeys: "I had nothing to eat or drink from 0845 on Monday 16 January 2012. My appointment was at 0950. Reported to transport at 1155 for return journey, waiting in wheelchair 5 hours - 1755"

"I was collected at 1200 went to xxxxxxxx. my appointment was 2.00pm. I then waited, a driver collected a lady from xxxxxx at 6.00pm but said he wasn't going our way. We had to take a taxi and got in at 7.00pm. I had nothing to eat from 9.30am. I am 90 years old"

Other positives: "10/10 for all your drivers who are unfailingly courteous, patient and helpful. Some of the older vehicles would benefit from refurbishment or even replacement as they can be very cold and suspension leaves a lot to be desired. HOWEVER THE SERVICE IS INVALUABLE AND I HAVE NOTHING BUT PRAISE FOR THE STAFF INVOLVED."

Other negatives: "My pick up 2.45pm, got home at 11.20pm. Because they call our patient and patient transport phoned to ask if I could get in a car. The sister said no so they made me wait all this time sat in a chair all this time. I think Wakefield had to sort these things out"

"While we think the times for picking up and returning is very poor, this is no reflection on the drivers or the people arranging transport at the hospital. The fault is with the head office which has deteriorated terrible over the past years or more"

\*Please note: The PTS annual survey of service-users is anonymous and we are therefore unable to validate survey feedback/responses. The survey does however state that the service-user can contact the Patient Services department should they wish to receive feedback.

Registration Regulations & Outcomes	OBJ REF	3
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NHS Litigation Authority
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OBJ REF	3
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↔	YTD RAG	GREEN
	MTD RAG	GREEN

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

Current Level	level 1
Proposed Level	level 2 by October2012
Advisory Visit	01-Jun-12
Formal Assessments	Oct-12

CQC REGISTRATION	
Developments since last report	Following the CQC inspection in January 2012 a small number of minor actions were identified relating to general housekeeping issues (eg role clarity on cleaning issues, access to shelves for storing consumables and cleaning materials). This is due to be completed by 31 May 2012.
Notifications to CQC	None

Quality Governance Rating			
	Criteria	Overall rating	
		Jul-11	Jan-12
Strategy	Does Quality drive the Trusts strategy	0.5	0.5
	Is the Board aware of potential risks to quality?	0.5	0.5
Capabilities & Culture	Does the Board have the necessary leadership, skills and knowledge to ensure the delivery of the quality agenda?	0.5	0.5
	Does the Board promote a quality focused culture throughout the Trust?	0.5	0.5
Processes & structures	Are there clear roles and responsibilities in relationship to quality governance?	1.0	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?	0.5	0.0
Processes & structures (measurement)	Is appropriate quality information being analysed and challenged?	0.5	0.0
	Is the Board assured of the robustness of the quality information?	0.5	0.5
	Is quality information used effectively?	0.5	0.5
Final overall score		5.5	4.0

Compliance Assurance Group - Progress report
Work is continuing on preparation for the NHSLA level 2 assessment in October 2012. TEG will receive regular progress updates on the dashboard of key criteria.

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	18	18
Number of FOI requests due a response in month	16	
Number responded to within 20 days	15	
Number responded to outside 20 days	1	

Data Protection Act (DPA) Requests	Workload		Compliance	
Subject Access Requests	Cases Awaiting	Year to Date	Compliance with 21 day DoH guidance (%)	Compliance with 40 day DPA legislative requirement (%)
Solicitor Requests	50	50	72%	83%
Police requests	78	78		
Witness Statements / Police Interviews	35	35		
	This Month	Year to Date		
Coroner Requests	14	14		

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											

**Comments**  
 Data Protection Request compliance with KPIs is reduced this month due to a concerted follow up on number of complex cases that have been ongoing and open for sometime , largely due to difficulty with location of incident. The availability of PRFs not yet scanned in to the database due to issues within clinical audit has also had a limited impact on responding within timeframes. Frequency of all requests remains average.



# Section 4

## Workforce





## Comments on Workforce

**Recruits & Leavers****April 2012 Breakdown of "other " as follows:-**

Death in Service	1.0
Voluntary Early Retirement - with Actuarial Reduction	4.8
Voluntary Resignation - Work Life Balance	0.9
<b>Total</b>	<b>6.7</b>

**PDR's**

Total YAS compliancy has decreased from 81.32% as of end of Mar 12 to 79.14% as of end of Apr 2012

**Statutory and Mandatory Training (Workbooks)\***

Compliancy for just 2011/2012 workbook is as follows

	Jan	Feb	Mar	Apr
Chief Executive	80.00%	73.91%	70.83%	70.83%
Clinical Directorate	75.00%	76.67%	80.65%	86.67%
Finance and Performance	77.68%	80.40%	79.60%	80.41%
Operations	70.39%	73.07%	74.66%	75.18%
Standards & Compliance	75.44%	76.47%	76.47%	80.00%
Workforce & Strategy	79.63%	89.11%	89.42%	89.69%
<b>Total YAS Compliancy</b>	<b>71.32%</b>	<b>74.10%</b>	<b>75.45%</b>	<b>76.05%</b>

\*Please note these figures are for the latest version of the workbook completed

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

Recruits & Leavers

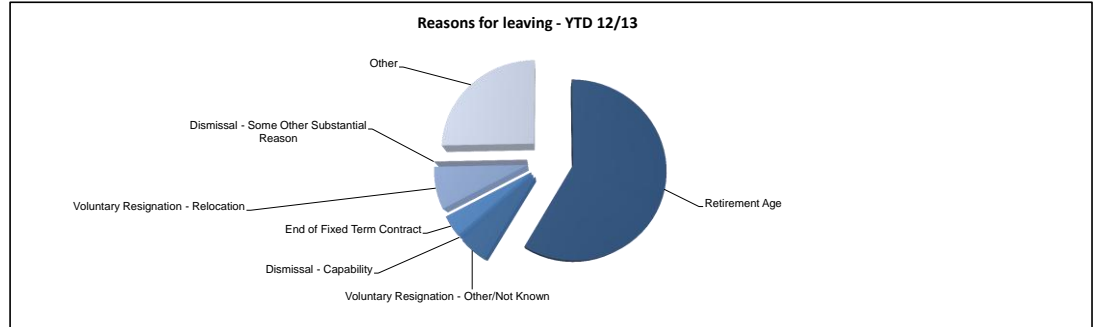
OBJ REF 1.1

Recruits	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Chief Executive FTE	0.0	3.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0
Chief Executive FTE (Previous Year)	2.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0	1.5	0.0
Clinical FTE	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Finance FTE	4.7	1.0	1.0	2.7	1.0	2.0	2.2	0.4	2.0	0.5	0.0	0.0
Finance FTE (Previous Year)	8.3	3.3	2.8	2.7	9.8	3.6	3.9	1.4	8.7	0.0	5.4	2.4
Workforce & Strategy FTE	0.8	1.0	0.0	0.0	0.0	1.4	1.0	0.0	1.0	1.0	0.8	0.0
Workforce & Strategy FTE (Previous Year)	0.0	1.5	0.0	2.0	1.0	3.5	2.0	0.0	1.0	0.0	0.0	0.0
Operations FTE	4.3	6.4	3.7	5.9	4.0	18.7	15.1	8.2	10.9	16.9	7.9	7.3
Operations FTE (Previous Year)	2.0	2.7	2.8	8.0	0.4	1.4	21.4	6.0	13.2	0.4	0.5	2.7
Standards & Compliance FTE	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	3.8	0.0	0.0	0.0
Standards & Compliance FTE (Previous Year)	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	0.4
Total FTE	9.8	11.4	5.7	9.5	6.0	24.2	18.3	8.6	17.7	19.4	10.6	7.3
Total FTE (Previous Year)	13.3	7.5	5.6	13.1	11.2	9.5	27.2	7.4	23.9	2.4	8.5	5.5

Leavers

OBJ REF 1.1

Leavers	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12
Chief Executive FTE	0.0	1.0	2.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
Chief Executive FTE (Previous Year)	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Clinical FTE	0.0	0.0	2.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical FTE (Previous Year)	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Finance FTE	5.5	3.0	3.5	2.1	1.0	1.1	1.0	0.0	2.0	1.0	3.0	3.1
Finance FTE (Previous Year)	4.4	2.0	3.4	1.2	3.0	3.6	0.4	3.9	5.0	3.3	2.8	4.1
Workforce & Strategy FTE	0.0	1.0	0.0	0.0	0.0	2.0	0.0	1.0	0.0	0.8	0.0	2.8
Workforce & Strategy (Previous Year)	3.0	0.0	1.0	1.5	0.0	0.0	0.0	0.0	1.0	1.0	0.0	1.0
Operations FTE	12.2	6.7	12.8	27.2	13.0	16.5	15.2	17.7	6.6	10.9	8.3	21.8
Operations FTE (Previous Year)	16.4	9.0	6.5	16.0	14.1	15.8	20.2	6.3	13.0	6.8	12.8	9.5
Standards & Compliance FTE	0.0	1.0	0.0	0.0	1.0	1.0	1.0	0.0	1.0	1.0	0.0	0.0
Standards & Compliance FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Total FTE	17.7	12.7	16.3	29.2	15.0	21.6	17.2	18.7	10.6	13.6	11.3	27.7
Total FTE (Previous Year)	24.8	12.0	10.9	19.7	17.1	19.5	20.6	10.2	19.0	11.1	16.6	15.6




Top Ten Reason	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	YTD 12/13
Retirement Age	10.3	0.9	2.0	7.4	4.0	9.4	4.6	5.6	4.6	1.0	3.5	15.5	15.5
Voluntary Resignation - Other/Not Known	1.4	1.0	2.8	1.0	4.5	1.1	2.3	5.2	2.0	1.0	2.3	1.3	1.3
Dismissal - Capability	2.0	1.0	0.0	4.0	2.0	0.0	1.0	0.4	1.0	0.0	1.8	0.0	0.0
End of Fixed Term Contract	0.0	1.0	2.0	0.0	0.0	0.0	1.0	0.0	0.0	1.3	1.0	1.0	1.0
Retirement - Ill Health	0.0	0.0	0.0	0.0	0.5	2.6	3.5	1.0	0.0	1.0	0.0	0.1	0.1
Voluntary Resignation - Relocation	0.0	2.0	1.0	4.0	0.0	2.0	0.0	2.0	0.0	2.8	0.0	2.0	2.0
Voluntary Resignation - Lack of Opportunities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0
Dismissal - Some Other Substantial Reason	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0
Other	3.0	5.8	8.0	12.9	4.0	6.5	4.8	2.5	3.0	5.5	1.7	6.7	6.7



PDR's

OBJ REF 1.1




YTD RAG	AMBER
MTD RAG	AMBER

Directorate	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 12/13
Chief Executive	7%	0%	0%	45%	42%	36%	86%	100%	100%	48%	46%	46%	46%
Clinical	50%	56%	52%	64%	85%	92%	100%	100%	96%	89%	83%	89%	89%
Finance & Performance	54%	66%	79%	85%	82%	83%	78%	74%	77%	81%	81%	82%	82%
Operations	43%	43%	47%	49%	48%	44%	44%	52%	62%	69%	81%	79%	79%
Standards & Compliance	31%	43%	36%	50%	55%	52%	72%	76%	68%	71%	80%	65%	65%
Workforce & Strategy	67%	74%	82%	87%	83%	81%	80%	82%	85%	91%	91%	86%	86%

Statutory and Mandatory Training (Workbooks)

OBJ REF 6



YTD RAG	AMBER
MTD RAG	AMBER

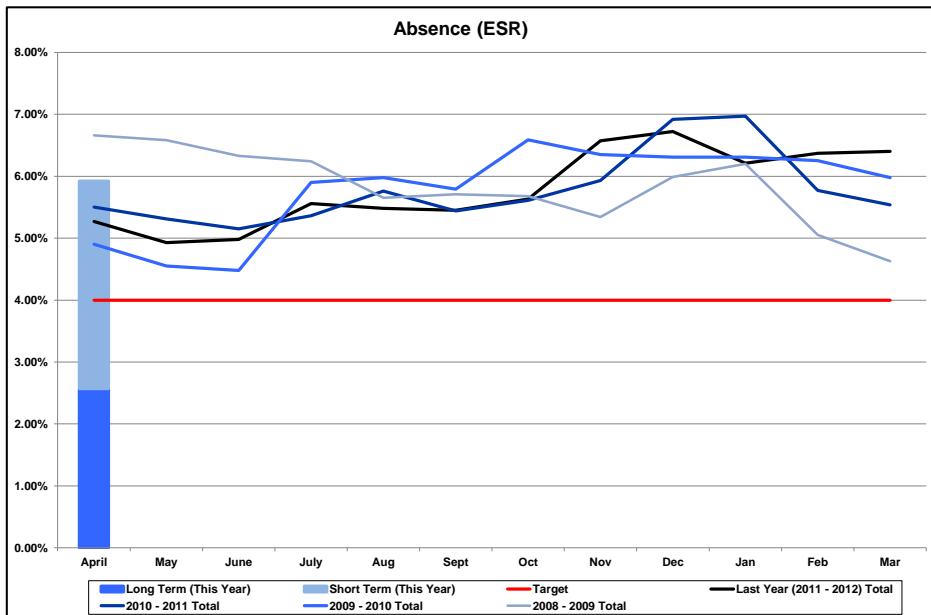
Directorate	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 12/13
Chief Executive	55%	42%	42%	45%	62%	50%	71%	80%	80%	87%	83%	83%	83%
Clinical	96%	93%	93%	92%	100%	100%	93%	93%	93%	90%	90%	93%	93%
Finance & Performance	70%	76%	85%	86%	88%	89%	88%	88%	88%	89%	88%	88%	88%
Operations	79%	82%	87%	87%	87%	87%	87%	88%	88%	88%	88%	88%	88%
Standards & Compliance	92%	97%	95%	92%	93%	91%	93%	89%	89%	90%	90%	92%	92%
Workforce & Strategy	86%	91%	93%	91%	91%	89%	88%	91%	91%	97%	95%	96%	96%

Please Note: These figures are for all workbooks completed

Short/Long Term Absence

OBJ REF	1.1
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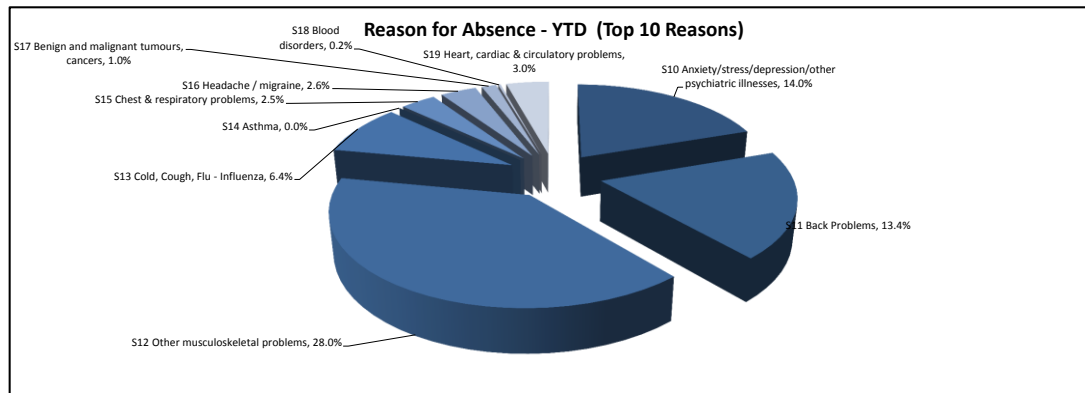
YTD RAG	RED
MTD RAG	RED



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Target</b>	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%
<b>Long Term (This Year)</b>	2.57%											
<b>Short Term (This Year)</b>	3.35%											
<b>This Year (2012 - 2013) Total</b>	5.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Last Year (2011 - 2012) Total</b>	5.27%	4.93%	4.98%	5.56%	5.48%	5.45%	5.63%	6.57%	6.72%	6.21%	6.37%	6.40%
<b>2010 - 2011 Total</b>	4.90%	4.55%	4.48%	5.90%	5.98%	5.79%	6.59%	6.35%	6.31%	6.31%	6.25%	5.98%
<b>2008 - 2009 Total</b>	6.66%	6.58%	6.33%	6.24%	5.65%	5.71%	5.68%	5.34%	5.99%	6.20%	5.05%	4.63%

Reason for Absence

OBJ REF	1.1
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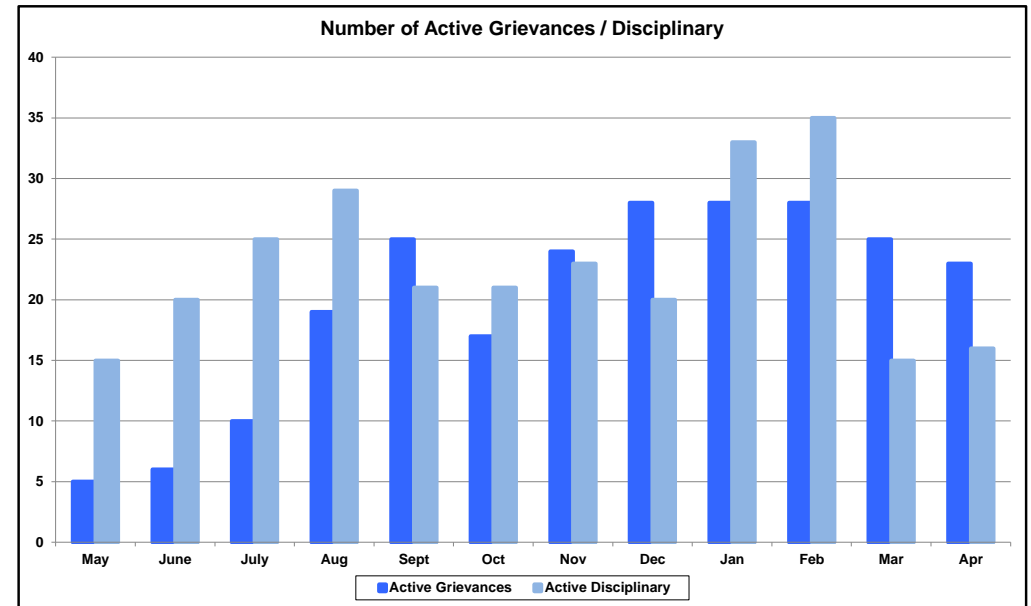
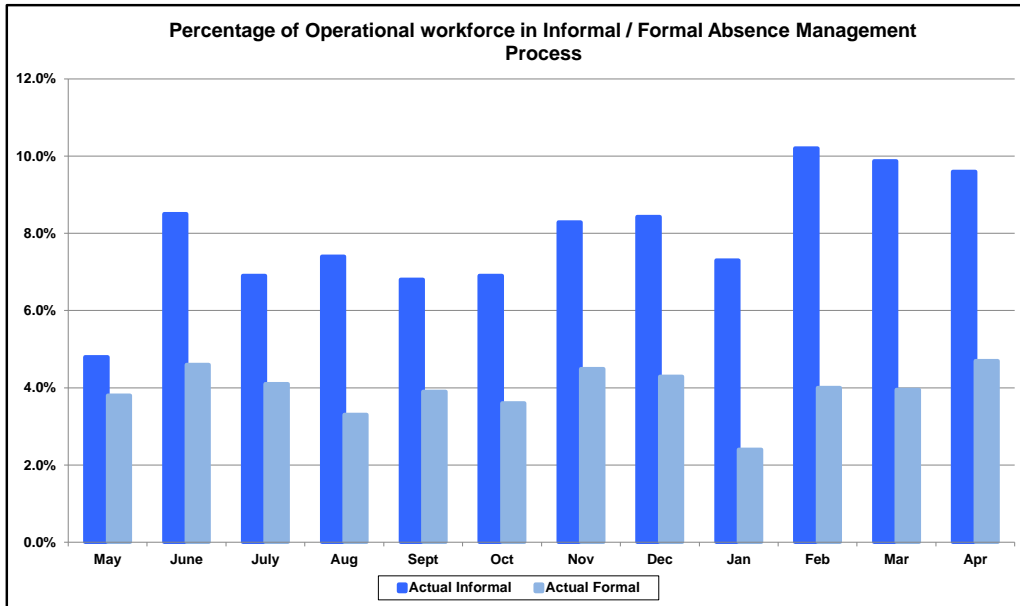
Reason	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	AVG YTD 12/13
S10 Anxiety/stress/depression/other psychiatric illnesses	13.1%	9.5%	10.5%	11.1%	13.7%	16.1%	18.2%	18.3%	17.0%	15.5%	15.2%	14.0%	14.0%
S11 Back Problems	9.2%	7.7%	10.2%	11.7%	12.7%	15.0%	13.0%	12.6%	15.0%	14.6%	13.1%	13.4%	13.4%
S12 Other musculoskeletal problems	24.9%	26.8%	22.3%	22.2%	23.0%	18.1%	20.0%	21.8%	20.4%	18.8%	21.3%	28.0%	28.0%
S13 Cold, Cough, Flu - Influenza	2.1%	2.0%	2.3%	2.0%	4.8%	4.5%	6.0%	4.9%	6.0%	7.6%	8.4%	6.4%	6.4%
S14 Asthma	0.0%	0.0%	0.2%	0.1%	0.2%	0.0%	0.6%	0.1%	0.0%	0.3%	0.4%	0.0%	0.0%
S15 Chest & respiratory problems	5.1%	4.4%	3.5%	3.6%	1.8%	2.8%	2.5%	2.4%	3.7%	3.3%	1.8%	2.5%	2.5%
S16 Headache / migraine	1.3%	2.1%	2.8%	2.5%	4.2%	3.0%	3.0%	2.9%	3.7%	2.6%	2.2%	2.6%	2.6%
S17 Benign and malignant tumours, cancers	0.7%	0.7%	0.6%	1.0%	1.2%	0.9%	1.4%	1.2%	0.9%	0.9%	1.4%	1.0%	1.0%
S18 Blood disorders	0.3%	0.4%	0.8%	1.4%	1.0%	1.0%	0.6%	0.4%	0.1%	0.0%	0.4%	0.2%	0.2%
S19 Heart, cardiac & circulatory problems	5.6%	3.8%	2.4%	2.3%	3.4%	3.2%	2.9%	3.5%	3.2%	2.3%	3.1%	3.0%	3.0%
S20 Burns, poisoning, frostbite, hypothermia	0.0%	0.0%	0.0%	0.2%	0.3%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%
S21 Ear, nose, throat (ENT)	3.4%	2.4%	2.3%	2.1%	1.6%	2.0%	2.5%	2.3%	2.4%	2.3%	2.2%	1.0%	1.0%
S22 Dental and oral problems	0.7%	0.4%	1.1%	0.3%	0.2%	0.4%	0.5%	0.1%	0.1%	0.4%	0.4%	0.3%	0.3%
S23 Eye problems	0.4%	1.3%	0.4%	0.3%	0.3%	0.4%	0.9%	1.3%	1.4%	1.1%	1.2%	0.6%	0.6%
S24 Endocrine / glandular problems	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.5%	0.7%	0.4%	0.6%	0.9%	0.6%	0.6%
S25 Gastrointestinal problems	9.9%	9.6%	10.0%	8.6%	7.4%	5.1%	5.1%	5.6%	5.1%	7.0%	10.1%	10.3%	10.3%
S26 Genitourinary & gynaecological disorders	2.6%	2.6%	3.1%	1.6%	1.0%	1.2%	2.3%	3.3%	2.9%	3.5%	2.3%	1.5%	1.5%
S27 Infectious diseases	0.0%	0.1%	1.1%	0.9%	0.2%	0.1%	0.5%	0.4%	0.2%	0.7%	1.0%	1.0%	1.0%
S28 Injury, fracture	0.0%	0.0%	1.3%	2.8%	3.6%	5.1%	3.6%	4.8%	4.3%	3.6%	3.6%	5.4%	5.4%
S29 Nervous system disorders	1.4%	1.8%	1.5%	1.1%	0.6%	1.0%	0.2%	0.1%	0.1%	0.0%	0.1%	0.7%	0.7%
S30 Pregnancy related disorders	0.8%	0.8%	0.8%	0.8%	1.3%	1.0%	0.4%	0.1%	0.5%	0.4%	1.5%	1.7%	1.7%
S31 Skin disorders	0.2%	1.1%	0.8%	0.8%	0.7%	0.2%	0.5%	0.3%	0.3%	0.6%	0.6%	0.8%	0.8%
S32 Substance abuse	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
S98 Other known causes - not elsewhere classified	2.3%	5.1%	8.0%	11.2%	7.5%	7.9%	7.1%	8.2%	7.4%	8.5%	6.2%	3.3%	3.3%
S99 Unknown causes / Not specified	16.2%	17.6%	14.2%	11.2%	9.4%	11.2%	7.4%	4.6%	5.0%	5.5%	2.9%	1.4%	1.4%

Absence Management Process

OBJ	1.1
REF	

Grievances / Disciplinary

OBJ	1.1
REF	



	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>Actual Informal</b>	4.8%	8.5%	6.9%	7.4%	6.8%	6.9%	8.3%	8.4%	7.3%	10.2%	9.9%	9.6%
<b>Actual Formal</b>	3.8%	4.6%	4.1%	3.3%	3.9%	3.6%	4.5%	4.3%	2.4%	4.0%	4.0%	4.7%

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>Active Grievances</b>	5	6	10	19	25	17	24	28	28	28	25	23
<b>Active Disciplinary</b>	15	20	25	29	21	21	23	20	33	35	15	16



# Section 5

## Finance



	<i>Reference</i>
<b>EBITDA</b>	
• The Trust's EBITDA for the month ending 30 April 2012 was £1.139m (6.9%)	5.4
• This is just above the YTD plan of £1.128m (7.0%)	5.4
<b>SURPLUS</b>	
• The Trust has delivered a surplus as at 30 April 2012 of £112k, which is £12k higher than plan	5.4
<b>CASH</b>	
• Overall, the Trust had cash and cash equivalents of £2.8m at the end of April 2012 against a plan of £5.6m.	5.5
• The Trust currently scores a 4 for liquidity per Monitor's financial risk rating.	5.2
<b>MONITOR RISK RATING</b>	
• The Trust's financial risk rating for the month is scored at 3, which is in line with the target set out in the long term financial plan.	5.2
<b>CIP DELIVERY</b>	
• The Trust has a savings target of £10.285m for 2012/13. Business cases for CIPs to the value of £7.1m have been prepared to date. Those supporting the remaining £3m are currently being prepared along with CIP business cases for 2013/14. These will be quality assessed and signed off by the Trust Executive Group by 31 May 2012	5.3

	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

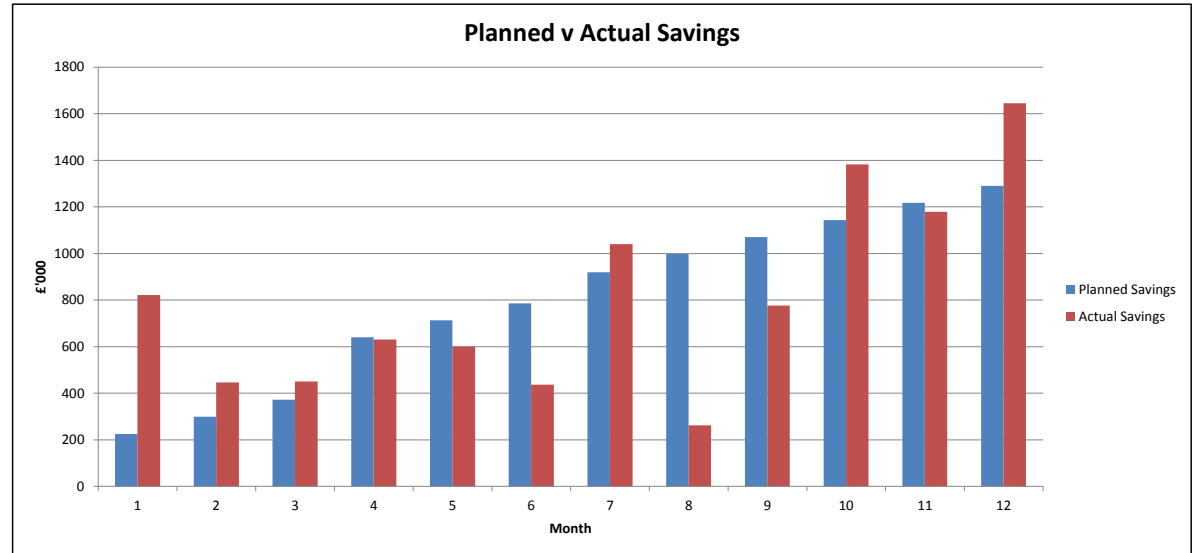
**CIP DELIVERY**

- The Trust has a savings target of £10.285m for 2012/13
- The position at the end of April is an achievement of the £684.5k in line with plan
- Work is underway by all directorates to complete robust CIP business cases, with identified timescales and quality impact assessments, for 2012/13 and 2013/14 by the end of May 2012
- Achievement against plan will be monitored by the Transformational Programme Board and the CIP Management Group, both of which has Executive Director representation

**CIP Tracker**

	Annual Plan	Forecast Outturn	Outturn Variance
<b>Planned savings</b>	<b>£,000</b>	<b>£,000</b>	<b>£,000</b>
Accident & Emergency	6,538	6,538	0
Patient Transport Service	638	638	0
Finance	2,579	2,579	0
Workforce & Strategy	408	408	0
Standards and Compliance	42	42	0
Chief Executive	40	40	0
Schemes to be identified	40	40	0
<b>Total</b>	<b>10,285</b>	<b>10,285</b>	<b>0</b>

	Ytd Plan	Ytd Actual	Ytd Achievement
<b>Actual Savings</b>	<b>£,000</b>	<b>£,000</b>	<b>£,000</b>
Accident & Emergency	517	517	0
Patient Transport Service	0	0	0
Finance	130	130	0
Workforce & Strategy	34	34	0
Standards and Compliance	4	4	0
Chief Executive	0	0	0
Schemes to be identified	0	0	0
<b>Total</b>	<b>685</b>	<b>685</b>	<b>0</b>



• The Trust's overall risk rating is scored at a 3 for April, which is in line with plan.

Financial Criteria	Metric	Year to 30th April 12	Rating	Weight	Weighted Score	Actual Statistic	Comments	Calculation
Underlying Performance	EBITDA Margin	Target	3	25%	0.75	7.0%	This equates to a rating of 3	Measures income before interest, taxes, depreciation and amortization as a percentage of total income
		Actual	3	25%	0.75	6.9%		
Achievement of Plan	EBITDA Achieved	Target	5	10%	0.5	£1,128m	Above Target	Compares the value of EBITDA achieved in comparison to planned EBITDA, expressed as a percentage
		Actual	5	10%	0.5	£1,139m		
Financial Efficiency	Net Return after Financing	Target	3	20%	0.6	0.50%	On 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.
		Actual	3	20%	0.6	0.50%		
	I&E Surplus Margin net of dividend	Target	2	20%	0.4	0.6%	Margin is less than 1% = 2	Measures net surplus (adjusted for PDC and Impairment) as a percentage of overall income
		Actual	2	20%	0.4	0.7%		
Liquidity Ratio	Liquidity Ratio (Days)	Target	4	25%	1	28 days	Below target due to the reduced cash balance at the end of April	Expressed as the number of days cash that is available for expenditure i.e. cash plus trade debtors plus unused working capital facility less the sum of trade creditors, other creditors and accruals
		Actual	4	25%	1	27 days		
Risk Rating	Risk Rating to 30th Apr 12	Target			3		On Target	
		Actual			3			

	Year to Date			Full Year		
	Plan	Forecast	Variance	Plan	Forecast	Variance
Accident & Emergency	13081	13572	-491	158931	158931	0
Patient Transport Service	2193	2101	92	26578	26578	0
Other Income	873	924	-51	10475	10475	0
<b>Operating Income</b>	<b>16147</b>	<b>16597</b>	<b>-451</b>	<b>195983</b>	<b>195983</b>	<b>0</b>
Pay Expenditure	-11578	-12124	546	-141781	-141781	0
Non-Pay expenditure & reserves	-3440	-3334	-105	-40282	-40282	0
<b>Operating Expenditure</b>	<b>-15018</b>	<b>-15459</b>	<b>441</b>	<b>-182063</b>	<b>-182063</b>	<b>0</b>
<b>EBITDA</b>	<b>1128</b>	<b>1139</b>	<b>-10</b>	<b>13920</b>	<b>13920</b>	<b>0</b>
<b>EBITDA %</b>	<b>7.0%</b>	<b>6.9%</b>		<b>7.1%</b>	<b>7.1%</b>	<b>0</b>
Depreciation	-687	-687	0	-9336	-9336	0
Interest payable	0	0	0	-182	-182	0
Interest receivable	-151	-152	1	-151	-151	0
Profit on fixed asset disposal	0	3	-3	0	0	0
Dividends, interest and other	-190	-190	0	-2276	-2276	0
<b>Retained Surplus</b>	<b>100</b>	<b>112</b>	<b>-12</b>	<b>1975</b>	<b>1975</b>	<b>0</b>
I&E Surplus %	0.6%	0.7%		1.0%	1.0%	

**INCOME**

- A&E activity is 6.9% above contract for the month and income of £490k has been accrued to reflect this.

- The PTS plan includes monies for Unscheduled care which will not be billed until May, and a credit note for £48k has been raised in respect of 11/12 Sunday renal service causing the April under recovery

- Additional GP Out of Hours income of £34k has been recovered in April and is included in 'other income'

**EXPENDITURE**

- Pay expenditure is £546k higher than plan due to:-

An A&E operations overspend due to higher overtime than plan of £458k because of the increased activity in April. There are 148 wte vacancies across A&E operations, the benefit of which is largely contributing to the CIP target

Finance pay is overspent by £97k due to fleet maintenance (£24k), cleaners (£21k), Hull Logistics (£18k) and IM&T (£24k) which is covered by non-pay underspends and will be rectified by re-aligning the CIP target)

- Non pay expenditure is £105k below plan

An annual review of the Injury Benefit and Compensations Payments potential liability, based on a revised estimated life span of claimants, has created the underspend in Finance

**EBITDA**

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £1.139m for the month to 30 April 12, which is just above plan (£1.128m)

- The Trust's EBITDA return of 6.9% is below plan for the year to date (7.0%) due to PTS income being below plan



**SUMMARY**

- The delay in the receipt of contractual income resulted in the debtors of the Trust being over £1.5m higher than planned, the cash balance was £2.8m lower and is explained at section 5.9.
- The payment of creditors was carefully managed in April to maintain liquidity, resulting in an increase in trade creditors. This did not put any accounts at risk and maintained the Better Payment Practice Code targets.

**CAPITAL SUMMARY**

- Allowing for the HART, ECS & HQ schemes awaiting Board approval, the proportionate spend on the approved Capital Programme is in accordance with plan and does not present any risks to the overall delivery of the Capital Programme.

**BALANCE SHEET**

	Plan at 30/04/2012 £000	Actual at 30/04/2012 £000	Variance £000
Intangible assets	266	267	1
Land, Buildings and equipment	68,907	69,045	138
Trade and other receivables (>1 yr)	1,843	2,017	174
<b>Non-Current assets</b>	<b>71,016</b>	<b>71,329</b>	<b>313</b>
Stocks Trade and other receivables (<1 yr)	12,554	15,403	2,849
Cash and cash equivalents	5,598	2,802	-2,796
<b>Current assets</b>	<b>18,152</b>	<b>18,205</b>	<b>53</b>
Creditors (< 1yr)	-15,300	-14,427	873
Provisions & Deferred Income(<1 yr)	-1,247	-2,448	-1,201
<b>Current Liabilities</b>	<b>-16,547</b>	<b>-16,875</b>	<b>-328</b>
Creditors (>1 yr)			0
Provisions (>1 yr)	-5,285	-5,307	-22
<b>Non-Current Liabilities</b>	<b>-5,285</b>	<b>-5,307</b>	<b>-22</b>
<b>Net Assets</b>	<b>67,336</b>	<b>67,352</b>	<b>16</b>
Public Dividend Capital	74,094	74,094	0
Revaluation Reserve	4,374	4,375	1
Donation Reserve	0	0	0
Income & Expenditure Reserve	-11,132	-11,117	15
<b>Total Taxpayer's Equity</b>	<b>67,336</b>	<b>67,352</b>	<b>16</b>

**CAPITAL PROGRAMME**

	Original Programme £000	Current Programme £000	Spend & Commitments to 30/04/12 £000	Uncommitted to date £000
Hart *	2,250	2,250		2,250
ECS *	2,062	2,062		2,062
HQ *	7,774	7,774		7,774
111	1,385	1,385		1,385
Estates	890	890	292	598
IM&T	1,275	1,275	290	985
Vehicles	1,904	1,904	158	1,746
CFR Defibs	160	160		160
Gold Cell	356	356		356
Bradford Station	235	235		235
Residual from 2011/12	136	136		136
Unallocated	2,649	2,649		2,649
Net book value of disposals	0	0		-
<b>Total</b>	<b>21,076</b>	<b>21,076</b>	<b>740</b>	<b>20,336</b>
DH Loan	9,836	9,836		
CRL	11,240	11,240		
Under / Overspend	0	0		
Rating	★	★		

\* Subject to Board approval

## Yorkshire Ambulance Service - Debtors and Payments

April 2012

### DEBT SUMMARY

• Debt in month for NHS has increased as a result of the delays in receiving contractual income. The debt over 90 days has increased as a January PTS invoice has not been paid, however this has not been disputed and payment has been promised. There is sufficient provision to cover all outstanding debt over 90 days.

£000	Jan-12	Feb-12	Mar-12	Apr-12
<b>Non NHS debt</b>	326	357	374	349
Of which >90 days overdue	102	58	32	32
<b>NHS debt</b>	1,246	2,554	3,083	3,964
Of which >90 days overdue	177	112	68	307
<b>Total debt</b>	<b>1,572</b>	<b>3,094</b>	<b>3,457</b>	<b>4,313</b>
Of which >90 days overdue	279	170	100	339
Provision to cover this debt	279	170	100	339

### PAYMENTS

• The cash management protocols resulting in creditor payments being managed and paid on the last available date this has not affected the Better Payment Practice Code. In month (April) 86% of Non-NHS creditors was paid within 30 days. The NHS creditors value paid within 30 days in April was 90%

• The roll out of the document management system should see further improvement towards the BPPC target of 95%. This has now been deferred to a June 2012 implementation to allow for the year end to be adequately resourced.

**COST IMPROVEMENT PROGRAMME 12/13**

- No risks highlighted year to date

**QUALITY, INFORMATION REPORTING, AND CQUIN**

- No risks highlighted year to date

Description	Total Value of Risk £000	Probability	Probable value of Risk £000	YTD £000	Forecast £000	Mitigation
In the Financial Position						
CIP non -delivery	10,390	0.1	1,039	0	1000	Contingency reserve held
A&E contractual penalties	6,400	0.1	640	0	0	Closely manage/monitor overtime budget & hold contingency
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	0	300	Implement cost control measures
Non delivery of CQUINS - A&E	3,896	0.1	390	0	400	Contingency reserve held
Non delivery of CQUINS - PTS	634	0.5	317	0	300	Contingency reserve held
Increased non-pay inflation	400	0.5	200	0	0	Implement cost control measures
Unsuccessful in 111 bid (GPOOH contribution for 1 month)	10	0.5	5	0	0	Implement cost control measures
Industrial dispute	50	0.5	25	0	0	Implement cost control measures
<b>Grand Total</b>	<b>25,580</b>		<b>3,716</b>	<b>0</b>	<b>2000</b>	

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

A&E CONTRACT - Responses	Year to Date Activity				
PCT	Contract	Actual	Over/(Under) Trade	% Over/(Under) Trade	Overtrade £000
NORTH YORKSHIRE AND YORK PCT	6,901	7,234	333	4.8%	57
EAST RIDING OF YORKSHIRE PCT	3,117	3,252	135	4.3%	19
HULL PCT	3,530	3,575	45	1.3%	1
BRADFORD AND AIREDALE PCT	5,479	6,158	679	12.4%	103
CALDERDALE PCT	2,191	2,261	70	3.2%	8
KIRKLEES PCT	3,664	4,235	571	15.6%	93
WAKEFIELD DISTRICT PCT	4,011	4,098	87	2.2%	8
LEEDS PCT	8,160	8,731	571	7.0%	78
BARNSELY PCT	2,321	2,454	133	5.7%	15
DONCASTER PCT	3,397	3,562	165	4.9%	16
ROTHERHAM PCT	2,591	2,736	145	5.6%	15
SHEFFIELD PCT	5,736	6,308	572	10.0%	77
<b>TOTAL</b>	<b>51,098</b>	<b>54,604</b>	<b>3,506</b>	<b>6.9%</b>	<b>490</b>

Analysis Of Actual Cash Flows

Cash Name (£000's)	Actual Apr-12	Actual May-12	Actual Jun-12	Actual Jul-12	Actual Aug-12	Actual Sep-12	Actual Oct-12	Actual Nov-12	Actual Dec-12	Actual Jan-13	Actual Feb-13	Actual Mar-13
<b>Actual Cash Forecast Opening Balance</b>	4,869	2,802	7,289	7,637	9,342	10,052	9,477	10,911	11,379	11,406	9,685	10,773
<b>Cash Inflows</b>												
Income From Activities	14,821	19,283	15,537	16,710	16,114	15,866	16,863	16,526	15,897	15,656	17,360	16,835
Interest Receivable	2	2	2	2	2	3	2	2	3	2	2	3
Capital Receipts	0	0	0	0	0	0	0	0	0	0	0	0
Loans	0	0	7,774	0	0	0	0	0	2,250	0	0	0
PDC Capital	0	0	0	0	0	0	0	0	0	0	0	2,250
<b>Total Cash Inflows</b>	<b>14,823</b>	<b>19,285</b>	<b>23,313</b>	<b>16,712</b>	<b>16,116</b>	<b>15,869</b>	<b>16,865</b>	<b>16,528</b>	<b>18,150</b>	<b>15,658</b>	<b>17,362</b>	<b>19,088</b>
<b>Cash Outflows</b>												
Pay	11,224	11,467	11,447	11,744	11,824	11,944	11,743	12,019	12,084	12,017	12,073	16,181
Non-Pay	3,182	2,870	3,206	2,624	3,046	2,708	1,861	3,629	1,667	3,948	3,805	3,723
Interest Payable	0	0	0	0	0	60	0	0	0	0	0	122
PDC Dividends	0	0	0	0	0	1,138	0	0	0	0	0	1,138
Capital Expenditure	2,484	461	8,312	639	536	439	1,827	412	4,372	1,414	396	1,655
Loans	0	0	0	0	0	0	0	0	0	0	0	0
PDC Capital	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Cash Outflows</b>	<b>2,484</b>	<b>461</b>	<b>8,312</b>	<b>639</b>	<b>536</b>	<b>1,637</b>	<b>1,827</b>	<b>412</b>	<b>4,372</b>	<b>1,414</b>	<b>396</b>	<b>2,915</b>
<b>Net Cash Inflow/(Outflow)</b>	<b>-2,067</b>	<b>4,487</b>	<b>348</b>	<b>1,705</b>	<b>710</b>	<b>-575</b>	<b>1,434</b>	<b>468</b>	<b>27</b>	<b>-1,721</b>	<b>1,088</b>	<b>-3,931</b>
<b>Actual/Forecast Closing Bank Balance</b>	<b>2,802</b>	<b>7,289</b>	<b>7,637</b>	<b>9,342</b>	<b>10,052</b>	<b>9,477</b>	<b>10,911</b>	<b>11,379</b>	<b>11,406</b>	<b>9,685</b>	<b>10,773</b>	<b>6,842</b>
<b>Planned Closing Cash Balance</b>	<b>5,598</b>	<b>6,805</b>	<b>7,201</b>	<b>8,954</b>	<b>9,710</b>	<b>9,184</b>	<b>10,666</b>	<b>10,932</b>	<b>11,258</b>	<b>9,586</b>	<b>10,722</b>	<b>6,842</b>

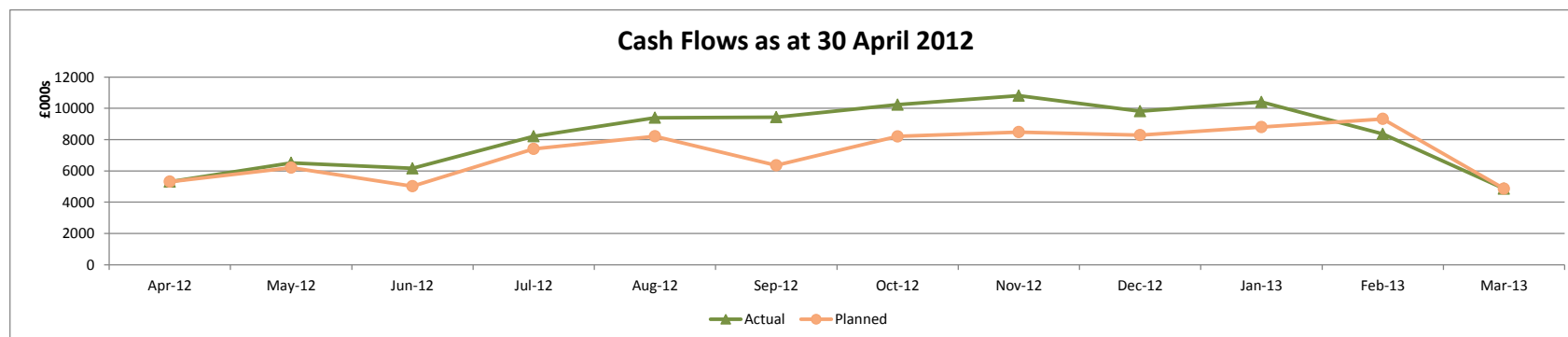
Overall, the Trust had cash and cash equivalents of £2.8m at the end of April 2012. The variance to the planned Cash Balance is £2.8m and is explained by:

The delay in receipt of contractual income (£1.5m) reducing cash

An increase in prepayments beyond those forecast in the budget as new RRV vehicles were purchased (£0.4m) resulted in more cash paid out than anticipated, thereby reducing cash.

The actual payment of £2.4m of capital creditors from the 2011/12 capital programme including PTS vehicles, (£1.9m), IM&T (£0.4m) and Estates (£0.2m). This was not budgeted for at the time of producing the plan and therefore increases the variance of actual to plan.

To manage the cash position and increase the cash balance to maintain liquidity, payments to some suppliers were delayed and this increased creditors by £1.5m. This did not effect the Better Payment Practice Code.



Yorkshire Ambulance Service - Appendix 3 Income and Expenditure Forecast

April 2012

Budget Name	Budget YTD £	Actual Income / Expenditure YTD £	Variance YTD Over/(under) spend £	Variance YTD Over/(under) spend £	Forecast Expenditure £	Year End Forecast position @ Month 1 £
<b>Income Budgets</b>	<b>16,146,636</b>	<b>16,597,397</b>	<b>450,761</b>	<b>195,982,894</b>	<b>195,982,894</b>	<b>0</b>
<b>Pay Budgets</b>						
Chief Executive	-8,723,804	-9,122,625	-398,821	-1,070,704	-1,070,704	0
Medical Directorate	-1,445,097	-1,507,292	-62,195	-1,153,111	-1,153,111	0
Stds & Compliance	-766,078	-863,107	-97,029	-2,233,561	-2,233,561	0
Workforce & Strategy	-190,128	-170,847	19,281	-3,354,706	-3,354,706	0
Finance	-279,558	-281,283	-1,725	-9,345,118	-9,345,118	0
A&E Operations	-96,093	-105,124	-9,031	-104,530,116	-104,530,116	0
PTS Operations	-89,226	-74,076	15,150	-17,341,171	-17,341,171	0
Reserves	-161,077	0	161,077	-2,752,103	-2,752,103	0
<b>Total Pay</b>	<b>-11,751,061</b>	<b>-12,124,354</b>	<b>-373,293</b>	<b>-141,780,590</b>	<b>-141,780,590</b>	<b>0</b>
<b>Non Pay Budgets</b>						
Chief Executive	-194,634	-282,106	-87,472	-2,575,236	-2,575,236	0
Medical Directorate	-150,775	-301,187	-150,412	-1,809,313	-1,809,313	0
Stds & Compliance	-3,720,429	-3,580,604	139,825	-44,681,746	-44,681,746	0
Workforce & Strategy	-69,854	-72,603	-2,749	-838,221	-838,221	0
Finance	-133,929	-102,280	31,649	-1,607,120	-1,607,120	0
A&E Operations	-3,914	-2,125	1,789	-46,966	-46,966	0
PTS Operations	-24,575	-19,645	4,930	-294,880	-294,880	0
Reserves	2,923	0	-2,923	-373,822	-373,822	0
<b>Total Non Pay</b>	<b>-4,295,187</b>	<b>-4,360,550</b>	<b>-65,363</b>	<b>-52,227,304</b>	<b>-52,227,304</b>	<b>0</b>
<b>Total Expenditure</b>	<b>-16,046,248</b>	<b>-16,484,904</b>	<b>-438,656</b>	<b>-194,007,894</b>	<b>-194,007,894</b>	<b>0</b>
<b>(Surplus)/Deficit</b>	<b>100,388</b>	<b>112,493</b>	<b>12,105</b>	<b>1,975,000</b>	<b>1,975,000</b>	<b>0</b>