



Monthly Yorkshire Ambulance Trust Board Integrated Performance Report

June 2012



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Section 1

Executive Summary




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

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

Comments	
<p>KPI 12 - Work is continuing to establish the new Programme Management Office function and this will be operational during July.</p> <p>KPI 1 (JM): A true reflection of the reduction in mortality from major trauma will only be realised when all the Major Trauma Centres are open to patients within their wider catchment area, i.e. within 45 minutes journey time. Leeds General Infirmary does not intend to open to bypass patients until April 2013. This is outside YAS control.</p> <p>KPI 3 and 4 (JM): In order to treat patients in the most appropriate setting our healthcare partners need to provide robust and effective alternative care pathways into which patients may be referred at any time of day, 365 days a year across the whole of the YAS geography. Geographical differences still exist in relation to alternative care pathway provision despite the work of our Clinical Pathways Advisors to promote and assist in the development of care pathways. This is outside YAS control.</p> <p>KPI 16 (JM): Engagement with CCG leads has commenced. The programme will be assisted by the appointment of the third Clinical Excellence Manager who has a professional interest in Public Health.</p>	

KPI	RAG	Page
1	AMBER	E2 & C2
3	AMBER	E2 & C3
4	AMBER	Comments
12	AMBER	Comments
16	AMBER	Comments
17	AMBER	Section 5

Early Warning Indicators 		RAG	Page
1	Time to answer 50%		2.11
2	Time to answer 95%		2.11
3	Recontact 24 hours telephone		2.11
4	Recontact 24 hours on scene		2.11
5	Complaints		3.12 - 3.13
6	Serious Incidents		3.8
7	Incidents and near misses		3.3
8	PTS arrival and departure times		2.13-2.14
9	Fleet - vehicle availability		2.19
10	Time to Treatment 50%		2.1

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

A & E

National Specified Events

75% of RED Calls within 8 mins

95% of RED Calls within 8 mins

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

Local Quality Requirements

Satisfaction of Providers obligations under each handover

Safeguarding Adults & Children

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

Exception Report - Never Events

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

Comments

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

Monitor Risk Ratings (Quarterly)

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

Governance			
Quarter 1	Quarter 2	Quarter 3	Quarter 4

Monitor Governance Rating Key

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

PTS KPI's -West Yorkshire Consortium

KPI 1- Patients should be collected in a timely manner following their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March			
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual		
Core Patient Journeys	a)	% of patients to depart within 60 mins of their booked ready time	71.56%	74.89%	72.06%	71.10%	72.18%	69.63%																				
	b)	% of patients to depart within 120 mins of their ready time (Penalties Apply)	94.82%	95.84%	95.24%	95.97%	95.28%	95.18%																				
Renal Patient Journeys	a)	% of patients to depart no more than 45 mins after ready time	87.86%	93.87%	88.28%	93.90%	88.48%	92.88%																				
	b)	% of patients to depart within 60 mins of ready time	96.56%	98.53%	96.90%	98.25%	97.02%	97.96%																				
KPI 2- Patients journey time should be of an acceptable duration			Apr		May		June		July		August		September		October		November		December		January		February		March			
Core Patient Journeys	a)	% of patients travelling up to 10 miles for less than 60 mins	92.88%	95.28%	92.95%	95.14%	93.02%	95.61%																				
	b)	% of patients travelling up to 25 miles for up to 120 mins	98.94%	99.60%	98.97%	99.63%	99.01%	99.72%																				
Renal Patient Journeys	a)	% of patients travelling up to 10 miles for up to 45 mins	93.00%	95.02%	93.10%	95.27%	93.20%	96.52%																				
KPI 3- Patients should arrive in a timely manner for their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March			
Core Patient Journeys	a)	% of patients arriving more than 60 mins early	4.32%	3.72%	4.04%	2.53%	4.00%	2.65%																				
	b)	% of patients to arriving more than 90 minutes early	0.59%	0.49%	57.00%	0.18%	0.54%	0.23%																				
	c)	% of patients to arrive between 1 and 30 mins late	23.40%	17.10%	23.16%	12.40%	23.10%	12.87%																				
	d)	% of patients to arrive between 31 and 60 mins late	7.70%	4.93%	7.36%	2.40%	7.26%	3.18%																				
	e)	0% of patients to arrive more than 60 mins late (Penalties Apply)	3.06%	2.12%	2.78%	0.69%	2.72%	1.11%																				
Renal Journeys	a)	% of patients to arrive more than 30 mins early	23.92%	21.79%	22.82%	19.85%	22.06%	21.23%																				
	b)	% of patients to arrive more than 90 mins early	0.04%	0.00%	0.04%	0.02%	0.04%	0.00%																				
	c)	% of patients to arrive between 30 mins late	1.39%	1.06%	1.36%	0.80%	1.35%	0.98%																				
	d)	0% of patients to arrive more than 60 mins late (Penalties Apply)	0.90%	0.22%	0.14%	0.47%	0.40%	0.15%																				

Comments

PTS KPIs -West consortia

KPI 1a % of patients to depart within 60 mins of their booked ready time
 The performance target trajectory for June was 72.18% and we achieved 69.63% which meant 307 patients breached the target. The PCT areas that contributed to this breaches were Bradford and Airedale, with 126 breaches, Calderdale with 71 breaches and Wakefield with 110 breaches. In all 3 areas the activity was lower than expected but there was an increase in the more complex mobility's. In Bradford and Airedale there was an increase in tail lift, wheelchair and stretcher activity, For Calderdale there was an increase in wheelchair 2 and stretcher activity. In Wakefield there was an increase in wheelchair activity on the renal element of the contract. However in Wakefield we still achieved the actual performance target achieving 77.94% by we did not achieve our stretch target of 82.3%. This means in reality only 197 patients breached. Other areas that contributed to not achieving the targets, was down to vehicle availability particularly in Bradford and Wakefield and increase in short term sickness in these areas.

To resolve this issue we are looking at flexible resources such as community transport providers to assist with improving the performance in the Bradford area where the highest number of breaches occurred

KPI 1b % of patients to depart within 120 mins of their ready time
 The trajectory for June was 95.28% and we achieved 95.18% which means that over all for West Yorkshire we failed the KPI by 12 patients this is linked to the previous KPI issues, around vehicle availability/ VORS and short term sickness. For both KPI breaches we have the PTS performance cell working closely with the locality teams to improve performance

Yorkshire Ambulance Service - Contractual Compliance

June 2012

PTS KPI's - East Yorkshire Consortium

KPI 1- Patients should arrive in a timely manner for their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March		
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
KPI 1(i) Non Urgent Journeys	a)	% of patients arriving more than 90 mins early	1.35%	0.47%	1.30%	0.99%	1.25%	1.37%																			
	b)	% of patients to arrive between 61 and 90 mins early	19.00%	6.42%	19.00%	8.25%	19.00%	7.89%																			
	c)	% of patients to arrive between 1 and 30 mins late	21.50%	16.04%	21.00%	13.81%	20.50%	13.70%																			
	d)	% of patients to arrive between 31 and 60 mins late	8.00%	3.68%	7.50%	3.72%	7.40%	2.95%																			
	e)	0% of patients to arrive more than 60 mins late (Penalties Apply)	4.60%	1.42%	3.60%	0.45%	2.60%	0.61%																			
KPI 1(ii) Priority Journeys	a)	% of patients to arrive more than 90 mins early	1.00%	0.28%	1.00%	0.24%	1.00%	0.76%																			
	b)	% of patients to arrive between 31 and 90 mins early	22.00%	31.28%	18.00%	36.92%	12.00%	39.08%																			
	c)	% of patients to arrive between 31 and 60 mins late	5.00%	1.96%	5.00%	0.67%	5.00%	1.26%																			
	d)	0% of patients to arrive more than 60 mins late (Penalties Apply)	1.90%	0.28%	1.60%	0.37%	1.30%	0.25%																			
KPI 2- Patients should collected in a timely manner following their appointments			Apr		May		June		July		August		September		October		November		December		January		February		March		
KPI 2(i) Non Urgent Journeys	a)	% of patients to depart between 61 and 120 mins after ready time	28.00%	20.88%	20.00%	18.27%	15.00%	23.26%																			
	b)	% of patients to depart more than 120 mins after ready time (Penalties Apply)	8.00%	3.53%	6.50%	5.03%	4.00%	5.21%																			
KPI 2(ii) Priority Journeys	a)	% of patients to depart between 31 and 60 mins after ready time	20.00%	23.28%	18.00%	25.44%	16.00%	26.07%																			
	b)	% of patients to depart more than 60 mins after ready time (Penalties Apply)	17.40%	6.50%	14.40%	6.63%	9.40%	7.49%																			
KPI 2(iii) SAME DAY PATIENTS	a)	% of patients to depart between 3 and 4 hours after ready time	11.50%	8.89%	11.00%	9.23%	10.50%	9.52%																			
	b)	% of patients to depart between 4 and 5 hours after ready time	7.00%	3.43%	6.00%	7.50%	5.00%	6.94%																			
	c)	0% of patients to depart more than 5 hours after ready time	5.00%	1.82%	4.00%	1.92%	3.00%	1.19%																			
KPI's All Journeys			Apr		May		June		July		August		September		October		November		December		January		February		March		
KPI - 3	Percentage of journeys where the time the journey was aborted was 15 minutes or less before the patient was due at their destination		10.00%	28.18%	9.00%	26.14%	8.00%	27.51%																			
KPI - 4	Percentage of calls to "SPA" not answered within 5 minutes		10.00%	0.83%	9.00%	1.06%	8.00%	1.70%																			
KPI - 5	Percentage of data fields used to calculate KPI's that are incomplete or incorrect		10.00%	0.42%	9.00%	0.29%	8.00%	0.32%																			

Comments

The unipart "diagnostic" is 4 weeks into the 6 week planned programme. The work here is based on the same methodology as the South Yorkshire Consortia with the contract specifics driving the analysis. Once the full diagnostic has been completed the quick wins will be identified, tailored and implemented to address the KPI position. To date the breach reporting and performance management has enabled us to secure limited performance however this was a time limited exercise due to the nature of causal effects, the majority of which are now outside YAS influence. Activity was reduced this month. There has been reduce staffing due to long term sickness relating to 3 members of the road ops staff from the same area and holidays for planning staff.

KPI 1 (i) (a) Non Urgent Journeys: Target 1.25% - Actual 1.37% Number of Patients: Target 25 - Actual 27 2 patients outside quality target.
 KPI 1 (ii) (b) Priority Patients: Target 12.0% Actual 39.08% Number of Patients: Target 190 Actual 619 429 outside quality target
 KPI 2 (i) (a) Priority Patients: Target 15.0% Actual 26.26% Number of Patients: Target 308 Actual 478 170 patients outside quality target
 KPI 2 (i) (b) Priority Patients: Target 4.0% Actual 5.21% Number of Patients: Target 82 Actual 107 25 patients outside quality target
 The quality targets for the priority patients is the area of greatest concern due to the specific acuity of the patients that are within this group. Following the completion of the diagnostic we will be applying some of the "quick wins" we have used successfully in the South to target and drive improvement.

KPI 2 (ii) (a) Non Urgent Journeys: Target 16% Actual 26.07% Number of Patients: Target 235 Actual 383 148 patients outside quality target
 KPI 2 (iii) (b) Same Day Patients: Target 5% Actual 6.94% Number of Patients: Target 25 Actual 35 10 patients outside quality target
 KPI 3: Target 8% Actual 27.51% Number of Patients: Target 33 Actual 115 82 patients outside quality target

PTS KPI's - South Yorkshire Consortium

KPI No.	Measure	PCT	Apr		May		June		July		August		September		October		November		December		January		February		March				
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual			
KPI 1- Patients should arrive in a timely manner for their appointment	a) % of patients arriving up to 60 mins prior to their appointment	Barn	62.07%	71.06%	62.07%	79.79%	67.07%	78.73%																					
		Donc	68.67%	86.39%	68.67%	85.84%	73.67%	89.45%																					
		Roth	66.09%	73.03%	66.09%	76.58%	71.09%	79.72%																					
		Sheff	45.60%	51.99%	45.60%	66.31%	50.60%	75.24%																					
	b) % of patients arriving up to 90 mins prior to their appointment	Barn	69.07%	74.84%	69.07%	83.24%	74.07%	81.61%																					
		Donc	71.96%	88.97%	71.96%	88.03%	76.96%	90.88%																					
		Roth	74.36%	79.10%	74.36%	81.27%	79.36%	82.83%																					
		Sheff	59.61%	60.83%	59.61%	72.79%	64.61%	80.10%																					
KPI 2- Patients should be collected in a timely manner following completion of their appointments	a) % of patients departing within 60 mins of their booked ready time	Barn	74.96%	83.05%	74.96%	83.51%	75.40%	82.51%																					
		Donc	76.74%	86.92%	76.74%	93.43%	76.74%	91.49%																					
		Roth	82.98%	85.88%	82.98%	88.51%	82.98%	89.48%																					
		Sheff	68.69%	74.69%	68.69%	79.20%	70.69%	82.26%																					
	b) % of patients departing within 90 mins of their booked ready time	Barn	91.17%	92.92%	91.17%	93.32%	93.17%	92.69%																					
		Donc	91.79%	94.61%	91.79%	97.96%	93.79%	97.13%																					
		Roth	92.43%	93.93%	92.43%	96.20%	94.43%	96.27%																					
		Sheff	82.89%	89.00%	82.89%	92.31%	84.89%	93.77%																					
KPI 3- Patients should be collected within 4 hours of booking for Same Day Discharges	a) % of patients collected within 3 hours of booking	Barn	90.00%	99.06%	90.00%	98.36%	90.00%	98.45%																					
		Donc	90.00%	96.70%	90.00%	98.09%	90.00%	100.00%																					
		Roth	90.00%	93.33%	90.00%	93.33%	90.00%	100.00%																					
		Sheff	90.00%	97.83%	90.00%	97.73%	90.00%	96.67%																					
	b) % of patients collected within 4 hours of booking	Barn	99.00%	100.00%	99.00%	100.00%	99.00%	99.22%																					
		Donc	99.00%	99.45%	99.00%	98.73%	99.00%	100.00%																					
		Roth	99.00%	93.33%	99.00%	93.33%	99.00%	100.00%																					
		Sheff	99.00%	100.00%	99.00%	97.73%	99.00%	100.00%																					
	c) % of patients collected within 5 hours of booking	Barn	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%																					
		Donc	100.00%	100.00%	100.00%	98.73%	100.00%	100.00%																					
		Roth	100.00%	93.33%	100.00%	93.33%	100.00%	100.00%																					
		Sheff	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%																					
KPI 4- Patients journey time should be of an acceptable duration	a) % of patients travelling up to 10 miles for less than 60 mins	Barn	90.00%	95.76%	90.00%	97.08%	90.00%	97.14%																					
		Donc	90.00%	96.67%	90.00%	96.14%	90.00%	96.78%																					
		Roth	90.00%	94.47%	90.00%	95.06%	90.00%	96.13%																					
		Sheff	90.00%	92.46%	90.00%	93.59%	90.00%	94.45%																					
	b) % of patients travelling up to 10 miles for less than 90 mins	Barn	99.00%	99.40%	99.00%	99.53%	99.00%	99.35%																					
		Donc	99.00%	99.85%	99.00%	99.56%	99.00%	99.72%																					
		Roth	99.00%	98.88%	99.00%	99.33%	99.00%	99.26%																					
		Sheff	99.00%	98.94%	99.00%	99.12%	99.00%	98.97%																					
	c) % of patients travelling up to 25 miles for up to 120 mins	Barn	90.00%	99.46%	90.00%	99.61%	90.00%	99.67%																					
		Donc	90.00%	99.66%	90.00%	99.57%	90.00%	99.37%																					
		Roth	90.00%	99.24%	90.00%	99.68%	90.00%	99.61%																					
		Sheff	90.00%	99.65%	90.00%	99.58%	90.00%	99.32%																					
KPI 8- minimum data sets provided to be complete and robust	b) % of incomplete data fields used to complete KPI's	Barn	5.00%	0.77%	5.00%	0.83%	5.00%	0.91%																					
		Donc	5.00%	0.11%	5.00%	0.15%	5.00%	0.19%																					
		Roth	5.00%	0.62%	5.00%	0.73%	5.00%	0.53%																					
		Sheff	5.00%	0.16%	5.00%	0.45%	5.00%	0.42%																					

Comments

The achievement of the KPIs will get more difficult as the year progresses however the rate of improvement is encouraging

KPI 2 (b) - % of patients departing within 90 mins of their booked ready time - Barnsley: staff shortages due to annual leave so consistent cover has been difficult. Cost control approved for relief staff which will improve resilience. Target: 93.17% Actual: 92.69% Number of Patients: Target 2040 Actual 2030 10 patients out of Quality target. Increase in the number of patients requiring tail lift vehicles for their mobility will have impacted on a timely demand response.

KPI 4 (b) - % of patients travelling up to 10 miles for less than 90 mins - Sheffield: Target 99% Actual 98.97% Number of Patients: Target 5891 Actual 5889 2 patients out of quality target. This could be due to PDA actual timings as the new PDAs were rolled out across the month station by station in Sheffield and at times we reverted to paper. The Implementation phase is underway in the South with the Transformation Programme. We are currently experimenting with various ways to plan journeys. We may see some quality "hits" as we trial different approaches.

PTS KPI's - NHS North Yorkshire & York

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

Comments



Section 2

Performance





Section 2a

A&E Performance



Directors Comments on Actual Performance**Resilience**

This month the service has planned for two significant planned events as well as continuing with normal business. The Queens Jubilee celebrations contingency planning supported operational delivery within YAS as well as YAS providing 5 crews and 1 officer to support their operational capability across five days of the Jubilee weekend. The Olympic Torch Relay passed through the county with little or no impact on YAS operations. The Operation Flame Contingency Plan was delivered as required.

One BC exercise in Finance was carried out this month. The first YAS BC Leads meeting took place this month with over 20 attendees from virtually all departments. There were a number of actions from the meeting which was viewed as by those attending as a positive meeting where BC could network and share information relating to their plans.

The Enhanced High Threats training for 64 additional YAS staff was completed this month (this included providing the training to 52 West Yorkshire Fire Brigade staff in casualty management). The delivery of the ballistic equipment is awaited although no delivery dates have been given. It is likely that services with Olympic events will be provided with equipment in the first instance".

A&E Performance

Combined red performance remains strong with the trust finishing the first quarter as the leading ambulance service in the country for combined red delivery and over 1% strong than this time last year.

All clusters are performing stronger than last year.

Increase in demand above contract remains significant (5.4%) and has resulted in an additional 8535 patients who have received a response above plan (approx 95 extra responses per day).

New measures have been implemented to address overtime. This has had an immediate impact in reducing spend. However this has to be tempered against the increases in demand experienced above contract. Although unvalidated resource hours for June has been the lowest for several months.

New process to improve performance have been adopted since July to reach the new standard by April 2013 of 80%. These have not had desired impact and (Year to date 76.6%) will be re-assessed by the Red1 project team.

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

A & E CQUINS

	Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
1. Improving the experience and outcomes for patients residing in rural locations	30.00%	£1,168,785	GREEN	GREEN	GREEN										GREEN
2. Development of alternatives to reduce conveyance to A&E departments	15.00%	£584,393	GREEN	GREEN	AMBER										GREEN
3. Improving the quality of care and support for people with dementia	12.50%	£486,994	GREEN	GREEN	GREEN										GREEN
4. Self Care - Improving patient safety	17.50%	£681,791	GREEN	GREEN	GREEN										GREEN
5. Raising awareness to support ambulance demand management	25.00%	£973,988	GREEN	GREEN	GREEN										GREEN
TOTAL	100.00%	£3,895,951													

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

Comments	The quarter one report is due to the commissioners on 27 July 2012. The implementation plan for the delivery of CQUIN 2, reduction in conveyance, requires further development.
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Category Red 1 - 8 Minute Performance HQU03_01

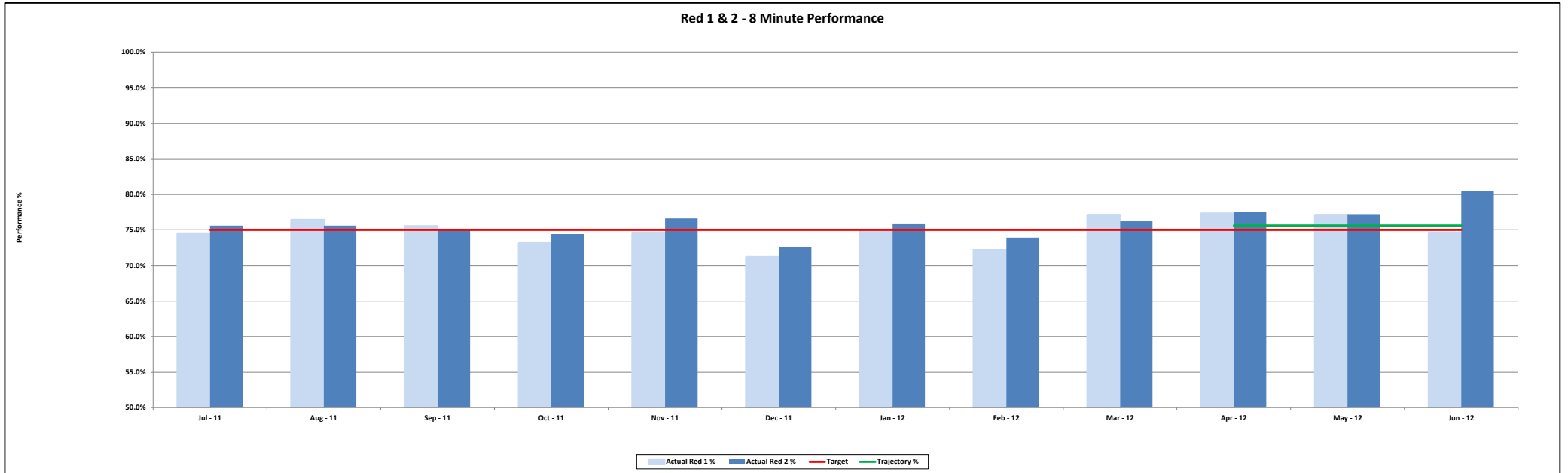
OBJ REF 3

YTD RAG	GREEN
MTD RAG	RED

Category Red 2 - 8 Minute Performance HQU03_01

OBJ REF 3

YTD RAG	GREEN
MTD RAG	GREEN



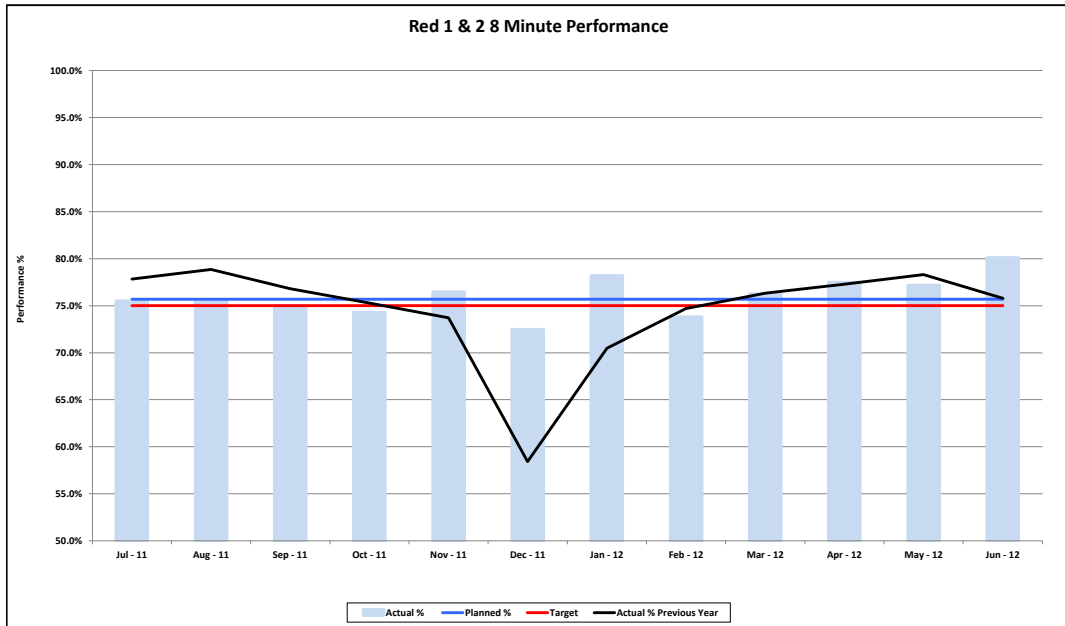
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	80.0%
Actual Red 1 %	74.5%	76.4%	75.5%	73.2%	74.6%	71.2%	74.9%	72.2%	77.1%	77.3%	77.1%	74.6%	76.3%
Trajectory %										75.6%	75.6%	75.6%	

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual Red 2 %	75.6%	75.6%	75.0%	74.4%	76.6%	72.6%	75.9%	73.9%	76.2%	77.5%	77.2%	80.5%	78.4%
Trajectory %													

Category Red 1 & 2 8 Minute Performance HQU03_01

OBJ REF 3

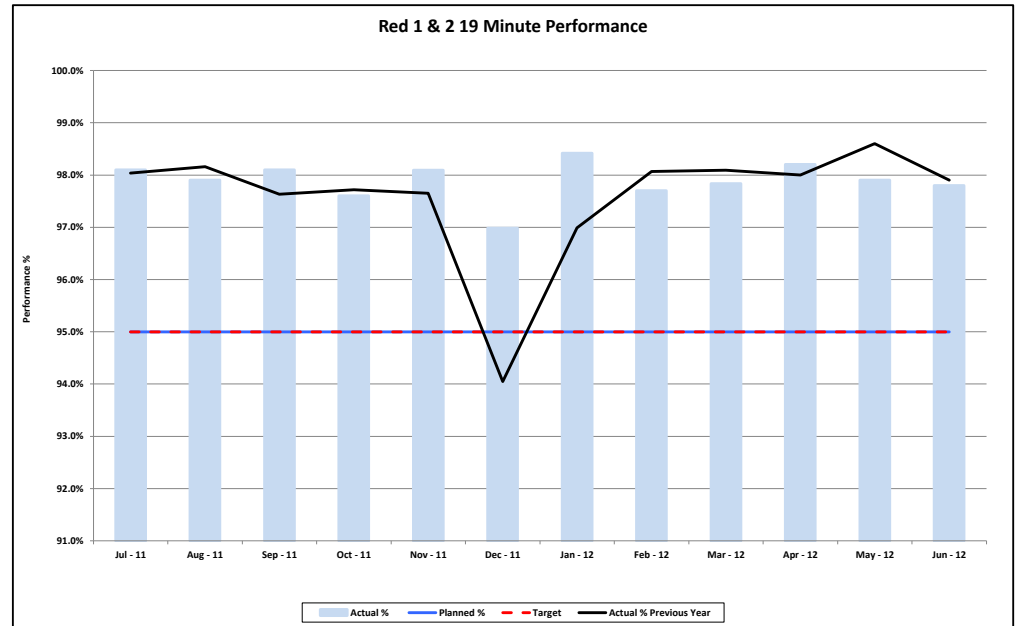
YTD RAG GREEN
 MTD RAG GREEN



Category Red 1 & 2 19 Minute Performance HQU03_02

OBJ REF 3

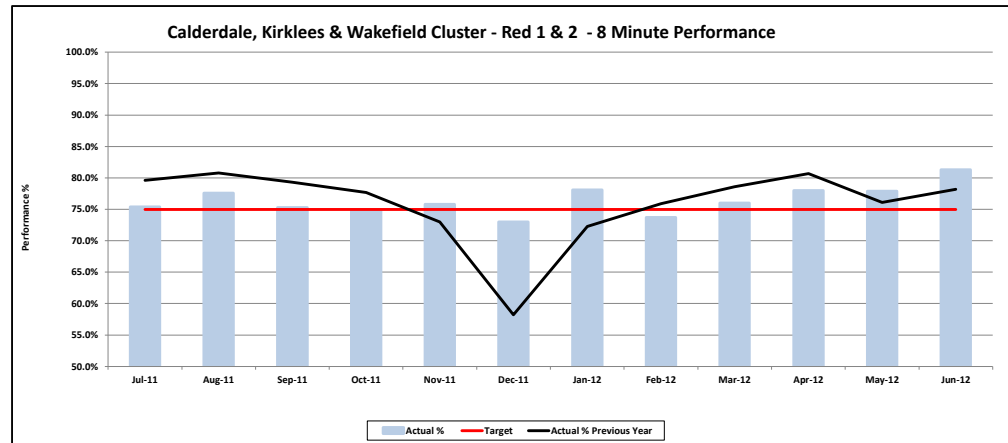
YTD RAG GREEN
 MTD RAG GREEN



	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	75.5%	75.6%	75.0%	74.3%	76.5%	72.5%	78.2%	73.8%	76.3%	77.5%	77.2%	80.1%	78.2%
Planned %	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	
Actual % Previous Year	77.8%	78.8%	76.8%	75.3%	73.7%	58.4%	70.5%	74.7%	76.3%	77.3%	78.3%	75.8%	77.1%
Forecast %	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	75.7%	
National Average	76.4%	77.4%	75.5%	76.0%	77.1%	74.0%	77.9%	73.9%	75.5%	76.0%	75.1%	N/A	

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual %	98.1%	97.9%	98.1%	97.6%	98.1%	97.0%	98.4%	97.7%	97.8%	98.2%	97.9%	97.8%	98.0%
Planned %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	
Actual % Previous Year	98.0%	98.2%	97.6%	97.7%	97.6%	94.0%	97.0%	98.1%	98.1%	98.0%	98.6%	97.9%	98.2%
Forecast %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	
National Average	97.1%	97.1%	96.6%	96.6%	96.8%	96.1%	97.0%	95.9%	96.5%	96.8%	96.4%	N/A	

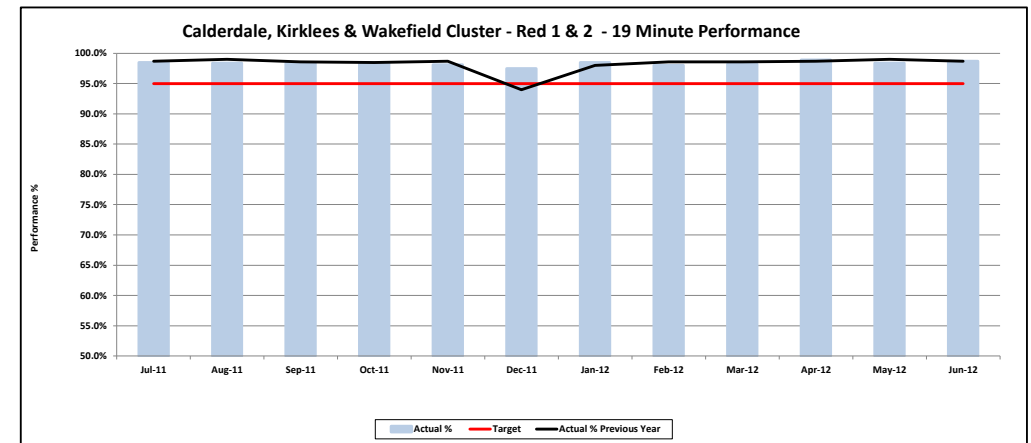
Category Red 1 & 2 8 Minute Performance by Cluster



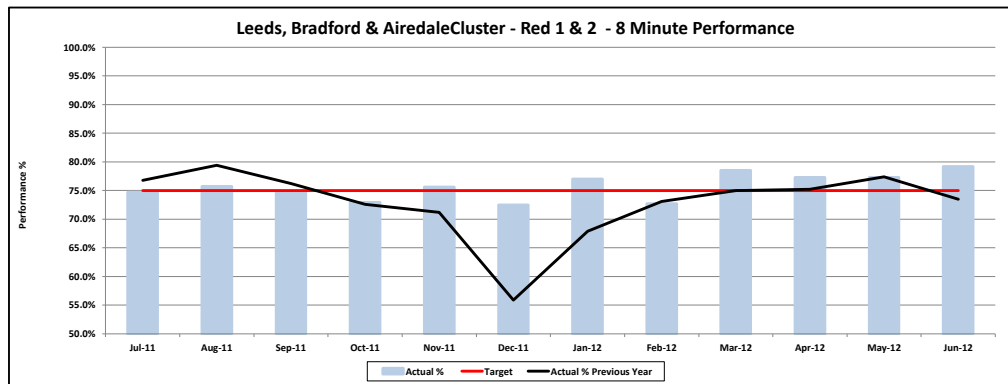
Calderdale, Kirklees & Wakefield	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	75.4%	77.6%	75.3%	74.9%	75.8%	73.0%	78.1%	73.7%	76.0%	78.0%	77.9%	81.3%	79.0%
Actual % Previous Year	79.6%	80.8%	79.3%	77.7%	73.0%	58.2%	72.3%	75.9%	78.6%	80.7%	76.1%	78.2%	79.5%

Category Red 1 & 2 19 Minute Performance by Cluster

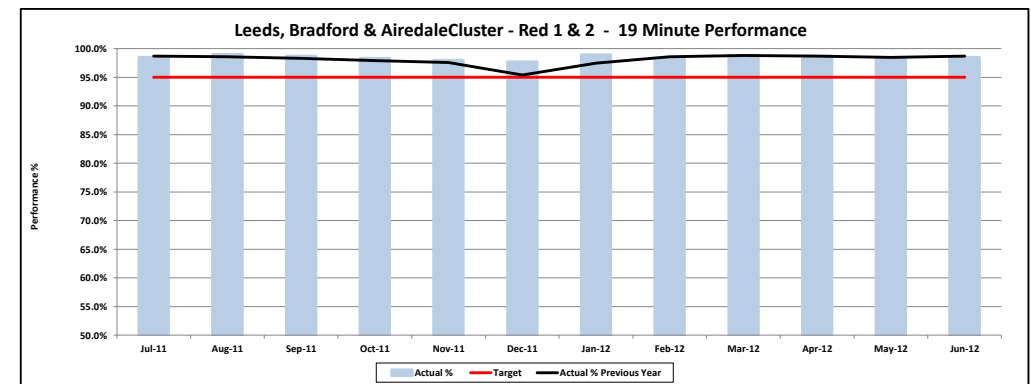
OBJ REF 3



Calderdale, Kirklees & Wakefield	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual %	98.5%	98.4%	98.3%	98.5%	98.1%	97.5%	98.5%	98.0%	98.2%	98.9%	98.4%	98.7%	98.7%
Actual % Previous Year	98.7%	99.0%	98.6%	98.5%	98.7%	94.0%	98.0%	98.6%	98.6%	98.7%	99.0%	98.7%	98.8%

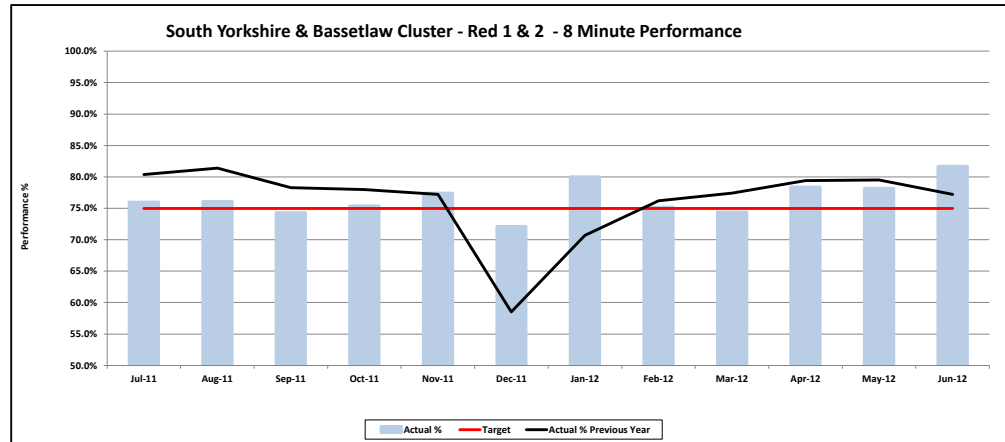


Leeds, Bradford & Airedale	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	74.7%	75.7%	74.6%	72.9%	75.6%	72.5%	77.0%	72.7%	78.5%	77.3%	77.3%	79.2%	77.9%
Actual % Previous Year	76.8%	79.4%	76.2%	72.6%	71.2%	55.9%	67.9%	73.1%	75.0%	75.2%	77.4%	73.5%	75.5%



Leeds, Bradford & Airedale	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual %	98.5%	99.0%	98.7%	98.3%	98.0%	97.7%	98.9%	98.3%	98.8%	98.7%	98.5%	98.5%	98.6%
Actual % Previous Year	98.7%	98.6%	98.3%	97.9%	97.6%	95.4%	97.5%	98.6%	98.8%	98.7%	98.5%	98.7%	98.8%

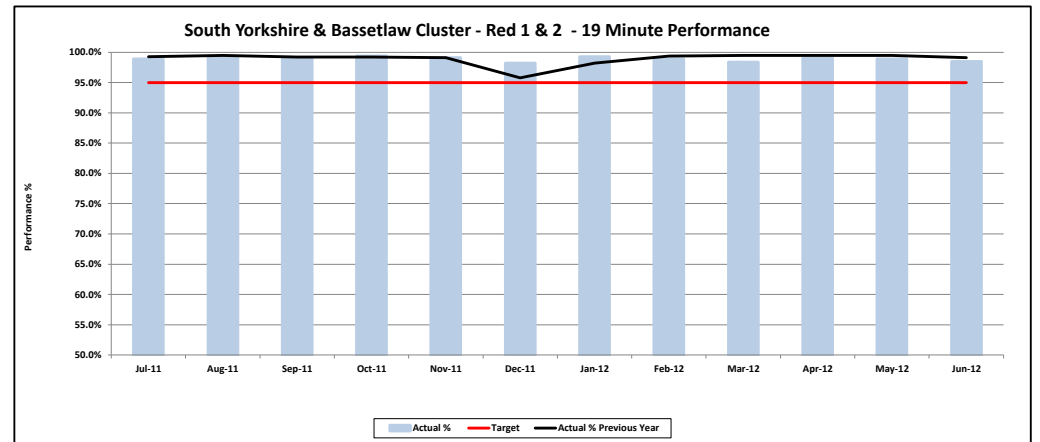
Category Red 1 & 2 8 Minute Performance by Cluster



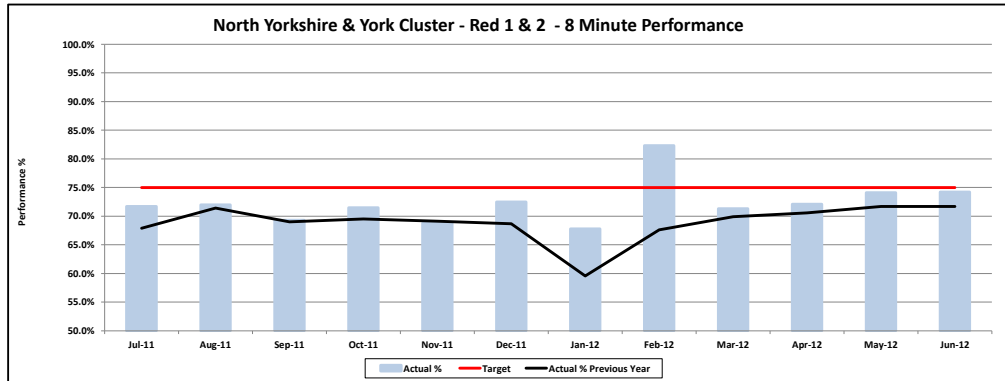
South Yorkshire & Bassetlaw	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	76.0%	76.1%	74.3%	75.4%	77.4%	72.1%	80.0%	75.2%	74.4%	78.4%	78.2%	81.7%	79.4%
Actual % Previous Year	80.4%	81.4%	78.3%	78.0%	77.2%	58.5%	70.7%	76.2%	77.4%	79.4%	79.5%	77.2%	78.7%

Category Red 1 & 2 19 Minute Performance by Cluster

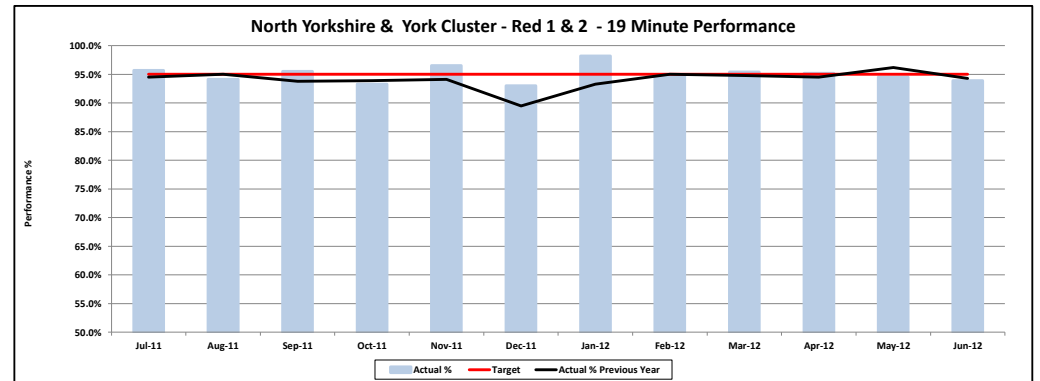
OBJ REF 3



South Yorkshire & Bassetlaw	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual %	98.9%	99.2%	99.1%	99.4%	99.1%	98.2%	99.3%	98.9%	98.4%	99.0%	98.9%	98.5%	98.8%
Actual % Previous Year	99.3%	99.5%	99.2%	99.2%	99.1%	95.8%	98.2%	99.4%	99.5%	99.5%	99.5%	99.1%	99.3%

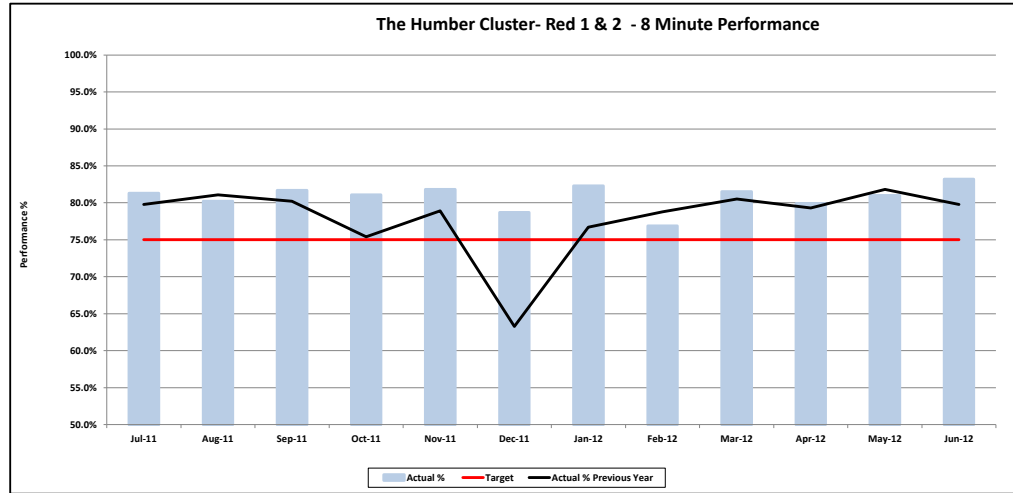


North Yorkshire & York	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	71.7%	72.0%	69.3%	71.5%	68.8%	72.5%	67.8%	82.3%	71.3%	72.1%	74.1%	74.2%	73.2%
Actual % Previous Year	67.9%	71.4%	69.0%	69.5%	69.1%	68.7%	59.6%	67.6%	69.9%	70.6%	71.7%	71.7%	72.3%



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

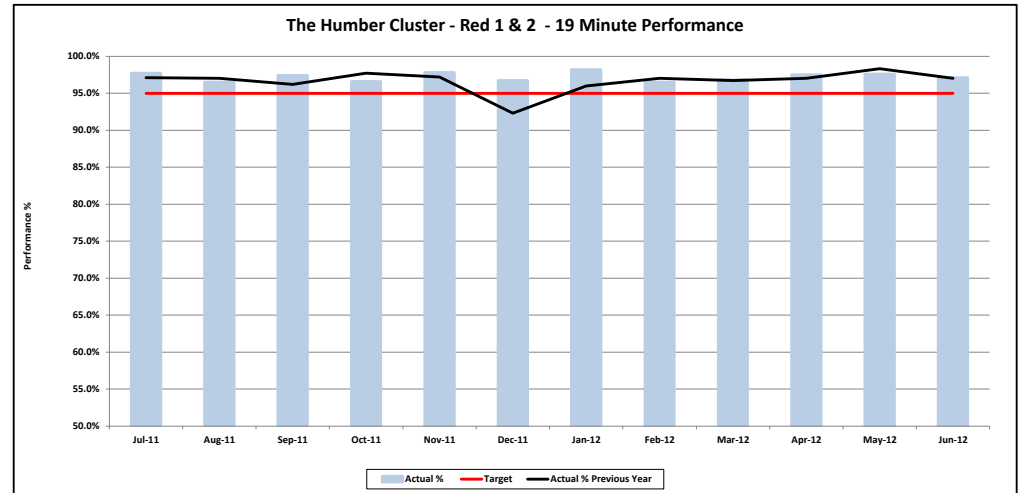
Category Red 1 & 2 8 Minute Performance by Cluster



The Humber	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Actual %	81.3%	80.2%	81.7%	81.1%	81.8%	78.7%	82.3%	76.9%	81.5%	79.9%	81.0%	83.2%	81.4%
Actual % Previous Year	79.8%	81.1%	80.2%	75.4%	78.9%	63.3%	76.7%	78.8%	80.5%	79.3%	81.8%	79.8%	80.3%

Category Red 1 & 2 19 Minute Performance by Cluster

OBJ REF 3



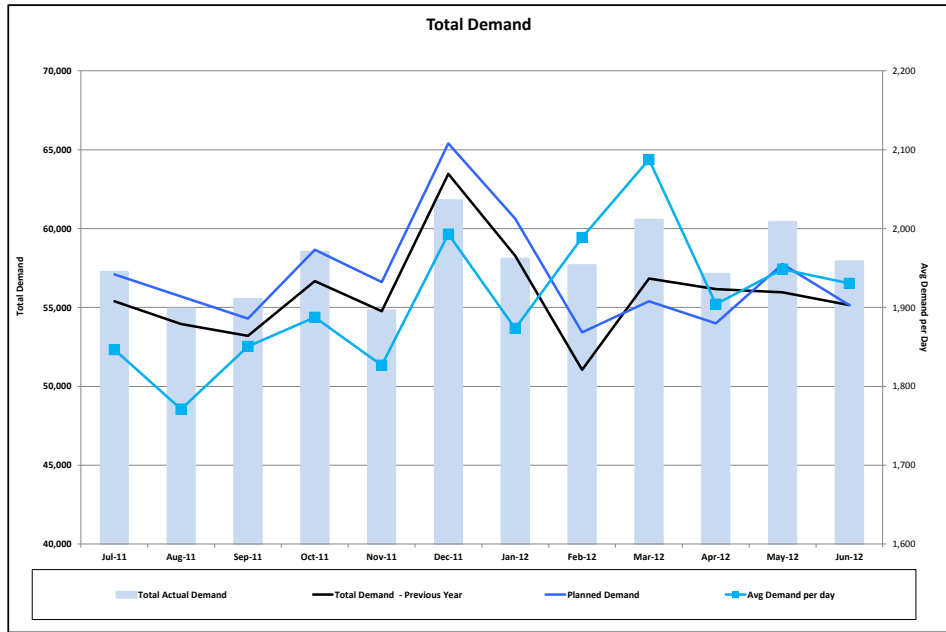
North Yorkshire	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual %	97.7%	96.5%	97.4%	96.6%	97.8%	96.7%	98.2%	96.5%	96.8%	97.5%	97.6%	97.1%	97.4%
Actual % Previous Year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

Total Demand

OBJ REF	3
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YTD RAG	GREEN
MTD RAG	GREEN

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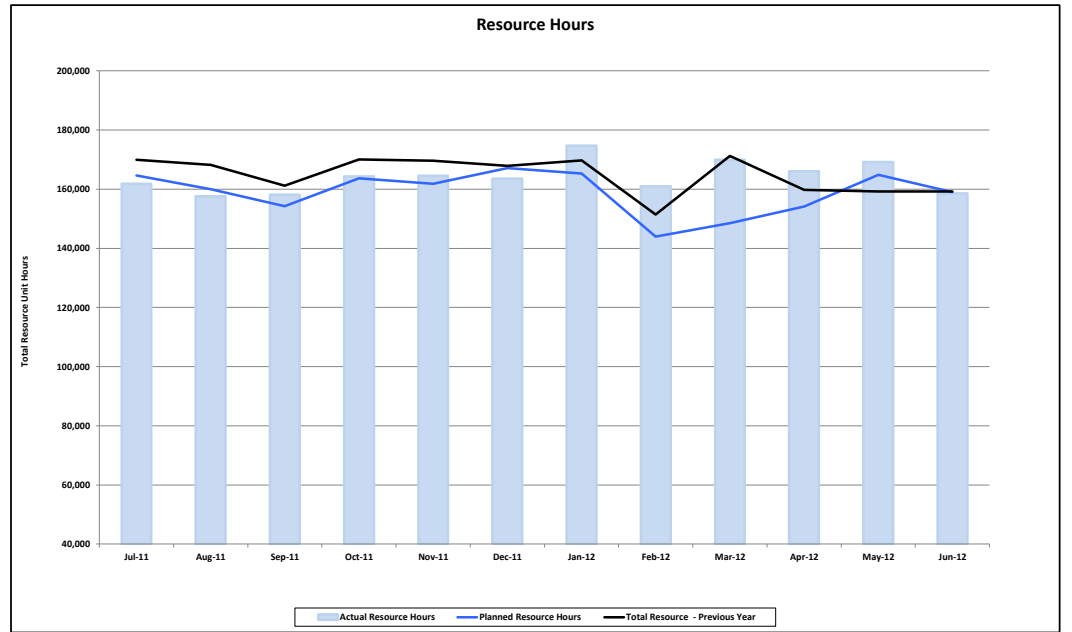
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Planned Demand	57,093	55,698	54,288	58,669	56,611	65,397	60,630	53,423	55,385	53,985	57,743	55,151
Total Actual Demand	57,247	54,907	55,520	58,514	54,802	61,784	58,076	57,670	60,538	57,123	60,406	57,915
Avg Demand per day	1,847	1,771	1,851	1,888	1,827	1,993	1,873	1,989	2,088	1,904	1,949	1,931
Total Demand - Previous Year	55,384	53,949	53,199	56,666	54,764	63,460	58,267	51,044	56,826	56,154	55,966	55,151

Resource Hours

OBJ REF	3
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YTD RAG	AMBER
MTD RAG	GREEN

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	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Planned Resource Hours	164,676	160,009	154,221	163,627	161,851	167,117	165,243	143,919	148,534	154,149	164,880	159,030
Actual Resource Hours	161,810	157,603	158,153	164,266	164,571	163,504	174,700	160,943	169,963	166,046	169,225	158,567
Avg Resource Hours per day	5,220	5,084	5,272	5,299	5,486	5,274	5,635	5,550	5,483	5,535	5,459	5,286
Total Resource - Previous Year	169,895	168,205	161,126	170,075	169,598	167,834	169,725	151,443	171,236	159,785	159,248	159,248
Forecast Resource Hours	164,676	160,009	154,221	163,627	161,851	167,117	165,243	153,286	163,857	154,149	164,880	159,030

Resource hours for May and June have been provided but are un-validated. An audit of resource information is taking place in July to ensure information is accurate within the system

A&E Operational Delivery Model

OBJ REF 3

	YTD RAG	N/A
N/A	MTD RAG	N/A

Item	Apr-11	Apr-12	May-11	May-12	Jun-11	Jun-12	Jul-11	Jul-12	Aug-11	Aug-12	Sep-11	Sep-12	Oct-11	Oct-12	Nov-11	Nov-12	Dec-11	Dec-12	Jan-12	Jan-13	Feb-12	Feb-13	Mar-12	Mar-13	
Demand																									
Plan Demand (SLA Responses)		51,222		54,782		52,867		54,188		52,745		52,065		55,598		53,840		62,592		57,650		49,973		55,638	
Actual Demand (SLA Responses)	53,406	54,604	53,382	57,580	52,563	55,222	54,317	52,317		52,710		55,491		52,117		58,734		55,505		54,881		57,744			
% Variance		6.6%		5.1%		4.5%																			
Contract Value over performance attributed to A&E		£413,355		£320,650		£258,454																			
Calls closed through telephone advice (As per AQI Measurement)	Total Planned number of calls (Clinical Hub/NHSD)		1911		2093		2113		2262		2249		2312		2568		2535		3058		2919		2575		2965
	Total Actual number of calls (Clinical Hub/NHSD)	1886	2,367	1,871	2,582	1,786	2,479	1,964		1,870		1,779		1,765		2,386		2,753		2,435		2,566		2,409	
	Total Planned %		4.2%		4.3%		4.5%		4.7%		4.8%		5.0%		5.2%		5.3%		5.5%		5.7%		5.8%		6.0%
	Total Actual %	4.0%	4.9%	4.0%	5.0%	3.9%	5.0%	4.1%		4.0%		3.8%		3.6%		5.1%		5.3%		5.0%		5.3%		4.7%	
	Total Number of calls closed by Clinical Hub		479		553		489																		
	Total Number of calls closed by NHS Direct		1,888		2,029		1,990																		
Resource																									
Actual Resource (Vehicle hours)	159,785	166,046	159,248	169,225	159,248	158,567	161,810		157,603		158,153		164,266		164,571		163,504		174,700		160,943		169,963		
Planned Staff (Establishment) FTE		2,107.62		2,102.82		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62		2,101.62	
Actual Staff and Planned staff for the year (Establishment) FTE	2,022	1,955	2,022	1,948	2,005	1,992	2,005	2,001	1,995	2,009	1,995	2,020	1,995	2,014	1,988	2,008	1,988	2,024	1,975	2,040	1,966	2,056	1,966	2,062	
Planned Overtime (Staff hours)		35,987		33,023		34,163		24,792		18,000		17,700		17,000		17,000		18,500		17,250		15,500		17,539	
Actual Overtime (Staff Hours)		35,987		33,023		34,163																			
Front line staff overspend / (underspend) after overtrade has been applied		(£69,102)		(£53,068)		£140,949																			
Planned Abstractions %		30.0%		31.0%		32.0%		32.0%		32.0%		30.0%		31.0%		30.0%		29.0%		29.0%		31.0%		31.0%	
Actual Abstractions %	28.2%	29.5%	28.1%	32.3%	30.0%	32.5%	31.4%		33.2%		29.5%		29.3%		27.1%		29.8%		27.1%		31.7%		31.6%		
Performance																									
*Planned Performance %		77.0%		77.0%		77.5%		76.5%		75.3%		77.0%		76.5%		76.0%		75.2%		75.3%		75.3%		76.0%	
Actual Performance %	77.3%	77.5%	78.3%	77.2%	75.8%	80.1%	75.5%		75.6%		75.0%		74.3%		76.5%		72.5%		78.2%		73.8%		76.3%		

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

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

June 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	7573	7473	1.3%	2767	183	2584	74.2%	93.9%	603	1876	306	1170	814	37
NORTH YORKSHIRE CLUSTER	7573	7473	1.3%	2767	183	2584	74.2%	93.9%	603	1876	306	1170	814	37
EAST RIDING OF YORKSHIRE PCT	3398	3220	5.5%	1349	91	1258	74.6%	94.4%	293	802	114	461	377	2
HULL PCT	3660	3826	-4.3%	1389	80	1309	91.5%	99.7%	290	769	181	533	453	45
EAST YORKSHIRE CLUSTER	7058	7046	0.2%	2738	171	2567	83.2%	97.1%	583	1571	295	994	830	47
WAKEFIELD DISTRICT PCT	4053	4077	-0.6%	1569	104	1465	79.8%	98.6%	367	925	173	607	365	47
CALDERDALE PCT	2528	2229	13.4%	909	71	838	86.0%	99.2%	194	552	113	433	274	53
KIRKLEES PCT	4390	3894	12.7%	1649	103	1546	80.1%	98.6%	357	1013	199	703	373	96
CALD / KIRK & WAKEFIELD CLUSTER	10971	10200	7.6%	4127	278	3849	81.3%	98.7%	918	2490	485	1743	1012	196
BRADFORD AND AIREDALE PCT	6144	5787	6.2%	2570	200	2370	78.9%	98.4%	530	1412	347	840	401	44
LEEDS PCT	9048	8545	5.9%	3484	223	3261	79.4%	98.6%	863	2260	444	1343	635	19
LEEDS, BRADFORD & AIREDALE CLUSTE	15192	14332	6.0%	6054	423	5631	79.2%	98.5%	1393	3672	791	2183	1036	63
BARNSELY PCT	2605	2439	6.8%	1006	69	937	79.8%	98.7%	206	642	119	326	298	8
DONCASTER PCT	3661	3505	4.5%	1304	87	1217	82.7%	97.8%	317	878	214	502	375	71
ROTHERHAM PCT	2851	2705	5.4%	1122	75	1047	79.1%	99.0%	211	715	115	375	304	9
SHEFFIELD PCT	6459	5981	8.0%	2241	163	2078	83.3%	98.7%	578	1595	333	1057	638	17
SOUTH YORKSHIRE CLUSTER	15576	14630	6.5%	5673	394	5279	81.7%	98.5%	1312	3830	781	2260	1615	105
PCT TOTAL	56370	53681	5.0%	21359	1449	19910	80.2%	97.8%	4809	13439	2658	8350	5307	448
ECP	890	793		189	15	174			43	139	27	146	346	0
OOA/UNKNOWN	655	677		83	15	68			14	127	172	252	2	5
YORKSHIRE AMBULANCE SERVICE	57915	55151	5.0%	21631	1479	20152	80.1%	97.8%	4866	13705	2857	8748	5655	453

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	22921	22192	3.3%	8621	594	8027	73.2%	94.5%	1829	5530	933	3313	2577	118
NORTH YORKSHIRE CLUSTER	22921	22192	3.3%	8621	594	8027	73.2%	94.5%	1829	5530	933	3313	2577	118
EAST RIDING OF YORKSHIRE PCT	10204	10048	1.6%	4087	261	3826	72.6%	95.0%	872	2342	382	1364	1143	14
HULL PCT	10997	11326	-2.9%	4100	281	3819	90.1%	99.8%	792	2436	571	1577	1360	161
EAST YORKSHIRE CLUSTER	21201	21374	-0.8%	8187	542	7645	81.4%	97.4%	1664	4778	953	2941	2503	175
WAKEFIELD DISTRICT PCT	12480	12606	-1.0%	4784	304	4480	78.0%	98.6%	1090	2909	514	1883	1140	160
CALDERDALE PCT	7332	6947	5.5%	2639	182	2457	82.8%	98.9%	511	1663	308	1189	866	156
KIRKLEES PCT	13293	11747	13.2%	4911	352	4559	78.1%	98.6%	1037	3143	601	2121	1192	288
CALD / KIRK & WAKEFIELD CLUSTER	33105	31300	5.8%	12334	838	11496	79.0%	98.7%	2638	7715	1423	5193	3198	604
BRADFORD AND AIREDALE PCT	18756	17600	6.6%	7853	548	7305	78.5%	98.4%	1587	4313	1013	2526	1329	135
LEEDS PCT	27600	26062	5.9%	10783	685	10098	77.5%	98.7%	2519	7031	1333	3914	1975	45
LEEDS, BRADFORD & AIREDALE CLUSTE	46356	43662	6.2%	18636	1233	17403	77.9%	98.6%	4106	11344	2346	6440	3304	180
BARNSELY PCT	7872	7327	7.4%	3074	201	2873	78.2%	99.1%	601	1842	348	961	1013	33
DONCASTER PCT	11117	10873	2.2%	4031	285	3746	79.9%	98.3%	929	2697	566	1446	1237	211
ROTHERHAM PCT	8549	8187	4.4%	3397	214	3183	77.9%	99.0%	666	2063	372	1052	962	37
SHEFFIELD PCT	19444	17840	9.0%	6817	460	6357	80.4%	98.9%	1631	4707	1006	3226	2001	56
SOUTH YORKSHIRE CLUSTER	46982	44227	6.2%	17319	1160	16159	79.4%	98.8%	3827	11309	2292	6685	5213	337
PCT TOTAL	170565	162755	4.8%	65097	4367	60730	78.3%	98.0%	14064	40676	7947	24572	16795	1414
ECPs	2775	2601		554	40	514			136	486	96	412	1091	0
OOA/UNKNOWN	2104	1915		298	33	265			68	366	551	799	9	13
YORKSHIRE AMBULANCE SERVICE	175444	167271	4.9%	65949	4440	61509	78.2%	98.0%	14268	41528	8594	25783	17895	1427

Resilience

OBJ REF 4

	YTD RAG	GREEN
	MTD RAG	AMBER

Strategic Aim - High Performing															
KPI 4 Fulfilment of requirements as a Category 1 responder as detailed in the Civil Contingency Act (CCA) 2004															
Description	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Year End Forecast 12/13	Q2 Forecast 2012/13	
Risk Assessments linked to Civil Contingency Act	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
Emergency Plans	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	AMBER	
Business Continuity Plans	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	GREEN	AMBER	
Information Provision	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	AMBER	
Co-operation with other responders	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
Training	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	

Directors Comments on Ambulance Quality Indicators (AQI)

Top Third

Red Response
 A19 Response
 Time to treatment 50%, 95%, 99%
 Time to Answer 50%
 Stroke Care +60
 Frequent Caller

Middle Third

Cardiac
 Stemi Care
 Time to Answer 95%

Bottom Third

Reconnect rates
 ROSC
 Non A&E Conveyance
 Stemi 150
 Resolved by Telephone
 Time to Answer 99%

Key points

Top Ambulance service for Red response and strong performance for A19.

Excellent Time to Treatment figure for whole range of patients out to 99%

Time to Answer at 99% is poor suggesting weak rotas particularly at peak times. This is being addressed in the EOC restructure work that is ongoing. Conversely time to answer for 50% of patients is very strong.

Clinical Hub is not fulfilling potential, project manager appointed to drive improvement through the implementation programme of the key KPI's.

ROSC and Survival To Discharge following cardiac arrest (JM): Latest report refers to figures for February 2012. The Resuscitation Officer was appointed in February 2012 and has subsequently commenced a trust-wide programme of Resuscitation Council (UK) Immediate Life Support (ILS) courses for all clinical staff. An improvement in cardiac arrest outcome figures is expected over the course of the year.

Re-contact within 24 hours (JM): Latest report refers to figures for May 2012. Re-contact rates remain comparatively high for both patients given telephone advice and those seen by an ambulance clinician. Further analysis is required and action plans developed to address the issue.

STEMI thrombolysis administered within 60 minutes (JM): Latest report refers to figures for February 2012. YAS do not perform pre-hospital thrombolysis as the whole region is covered by access to Primary Angioplasty (PPCI) within the 150 minute window. Therefore, any patients who suffer a STEMI and receive thrombolysis will have been referred by YAS, rejected by the PPCI centre and subsequently conveyed to the nearest Emergency Department for ongoing care. This is outside YAS control.

Yorkshire Ambulance Service - Performance - A&E
June 2012
Ambulance Quality Indicators
OBJ REF

1.2

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

Ambulance Quality Indicators - Operational	Units	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	YTD 2012/13	National YTD
Cat Red 8 minute response	%	75.8	75.5	75.6	75.0	74.3	76.5	72.5	78.2	73.8	76.3	77.5	77.2	77.3	75.5
Cat Red 19 minute response	%	97.9	98.1	97.9	98.1	97.6	98.1	97.0	98.4	97.7	97.8	98.2	97.9	98.1	96.6
Abandoned Calls	%	1.4	1.5	1.1	1.5	1.7	1.2	2.0	3.2	1.8	1.7	1.2	2.1	1.7	1.1
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	00:26	00:29	00:05	00:04	00:20	00:05	00:29	00:05	00:26	00:18	00:13	00:28		
Time to Answer - 99%	mm:ss	01:05	01:10	01:13	01:09	01:33	01:17	01:40	01:10	01:36	01:33	01:23	01:40		
Time to Treatment - 50%*	mm:ss	05:13	05:24	05:13	05:09	05:20	05:09	05:23	05:00	05:18	05:14	04:56	05:00		
Time to Treatment - 95%*	mm:ss	12:05	12:35	12:45	12:09	13:11	12:23	13:51	12:03	13:11	12:39	12:08	12:29		
Time to Treatment - 99%*	mm:ss	17:39	18:57	19:29	17:44	19:13	17:28	20:57	17:46	19:37	18:42	18:30	18:47		
Frequent Caller Agreement*	%	0.7	0.7	0.9	0.7	1.4	1.3	1.2	1.2	1.2	1.3	1.5	1.7	1.6	1.0
Resolved by Telephone - Non Transport	%	3.9	4.1	4.0	3.8	3.6	4.4	5.3	5.0	5.3	4.7	4.9	5.0	5.0	5.6
Treated at Scene - Non Transport	%	23.8	23.9	24.2	23.9	23.1	22.8	23.6	22.7	23.5	23.7	23.1	24.2	23.7	35.0
Recontact within 24 hours - Telephone	%	26.0	28.3	24.8	27.4	17.2	*7.6	16.3	25.9	29.2	20.6	28.5	29.2	28.9	14.0
Recontact within 24 hours - On Scene	%	8.7	8.1	8.1	8.1	8.2	8.5	8.3	7.9	9.0	8.8	8.7	8.6	8.6	5.0
Ambulance Quality Indicators - Clinical	Units		Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	YTD 2011/12	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	72.0	76.3	74.8	74.0
STEMI - Thrombolysis administered within 60 mins	%		0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	54.1
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	83.1	74.6	82.6	89.7
STROKE - Received Appropriate Care Bundle	%		95.1	92.7	94.5	94.1	95.4	96.8	95.6	96.9	94.9	96.6	95.4	95.3	94.1
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	70.6	64.2	71.6	65.5
ROSC - At Hospital	%		13.3	25.6	18.6	15.5	23.0	15.3	16.8	14.3	18.1	12.1	14.2	16.6	22.7
ROSC - At Hospital (Utstein)	%		31.8	48.0	31.0	41.9	47.6	32.0	35.7	21.9	37.9	35.1	37.1	36.0	43.7
CARDIAC ARREST - Survival to discharge	%		6.3	7.5	8.7	7.2	9.8	6.0	6.0	4.4	6.3	5.1	4.1	6.3	6.9
CARDIAC ARREST - Survival to discharge (Utstein)	%		18.2	24.0	28.6	26.7	36.8	20.0	15.4	3.1	20.7	17.1	21.9	20.5	22.2

*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

June 2012

Ambulance Quality Indicators - National Figures - Year to Date

OBJ REF

1.2

Ambulance Quality Indicator	Units	East Midlands	East of England	Great Western	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	RANK	YTD
Time to Answer - 50% * ▲	mm:ss	00:02	00:01	00:01	00:01	00:00	00:01	00:01	00:03	00:03	00:02	00:01	00:01	2	May
Time to Answer - 95% * ▲	mm:ss	00:32	00:08	00:07	00:05	00:25	00:01	00:05	01:15	00:26	00:18	00:05	00:21	7	May
Time to Answer - 99%	mm:ss	01:19	00:54	00:41	00:14	01:27	00:25	00:19	02:31	01:06	01:07	00:44	01:32	10	May
Abandoned calls	%	0.8	0.5	0.7	2.0	0.2	0.8	1.7	4.7	1.3	1.5	0.8	1.7	10	May
Cat A8	%	74.7	75.0	76.7	76.5	71.9	75.9	76.6	74.7	78.0	75.9	75.9	77.3	3	May
Cat A19	%	94.6	94.7	96.5	96.7	98.1	97.9	94.5	95.0	98.0	95.8	97.7	98.1	2	May
Time to Treat - 50% * ▲	mm:ss	05:49	04:37	05:26	06:06	05:45	05:37	04:57	06:02	05:22	05:18	05:31	04:58	2	May
Time to Treat - 95%	mm:ss	17:34	17:08	13:52	16:42	14:30	14:59	15:08	18:19	16:01	18:15	14:25	12:19	1	May
Time to Treat - 99%	mm:ss	27:21	26:59	20:48	22:14	23:00	22:50	33:31	30:17	24:34	28:09	22:20	18:39	1	May
STEMI - Care	%	70.5	73.8	92.3	-	59.9	78.8	76.0	69.4	77.8	80.1	75.6	74.8	7	Feb
Stroke - Care	%	94.3	95.2	98.7	-	90.5	93.0	97.5	96.8	93.8	93.8	93.8	95.3	4	Feb
Frequent caller **	%	0.37	0.01	0.00	0.57	2.65	0.00	0.00	5.18	0.00	0.00	0.00	1.59	3	May
Resolved by telephone	%	7.1	6.9	9.6	8.0	5.2	3.0	3.4	5.5	6.0	5.4	6.4	5.0	9	May
Non A&E	%	39.8	45.3	48.3	48.1	30.9	32.1	22.7	40.7	40.7	47.9	35.0	23.7	10	May
STEMI - 60	%	54.3	66.7	-	45.5	0.0	-	60.3	-	100.0	55.4	51.3	5.0	8	Feb
STEMI - 150	%	91.2	94.0	90.0	100.0	92.0	88.6	88.2	94.0	95.9	83.8	87.3	82.6	11	Feb
Stroke - 60	%	54.2	54.3	64.2	27.3	65.2	86.5	83.7	53.6	66.1	58.8	65.4	71.6	3	Feb
ROSC	%	15.9	16.8	21.2	21.9	29.4	21.5	25.2	18.4	26.2	24.3	26.6	16.6	11	Feb
ROSC - Utstein	%	32.8	45.5	38.6	42.9	53.1	45.9	38.0	39.0	51.1	40.1	45.2	36.0	10	Feb
Cardiac - STD	%	5.0	5.0	6.8	5.5	9.2	7.6	8.7	3.7	5.7	6.5	8.9	6.3	7	Feb
Cardiac - STD Utstein	%	20.5	24.9	15.9	20.0	30.2	26.1	23.0	12.7	24.1	18.0	18.3	20.5	6	Feb
Recontact 24hrs Telephone * ▲	%	4.9	13.5	12.6	0.7	3.3	17.1	33.5	19.6	10.3	13.9	14.8	28.9	10	May
Recontact 24hrs On Scene * ▲	%	6.4	7.3	4.2	1.2	4.4	5.0	6.5	6.9	4.9	6.4	4.8	8.6	11	May

* ▲ Early Warning Indicator

**Only 6 Trusts manage Frequent Callers



Section 2b

PTS Performance



Directors Comments on PTS Performance

Significant decrease in demand caused by movement of May bank holiday into June resulting in a reduced number of working days.
Notable improvements in all areas remain based on previous position last year.

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

PTS CQUINS

		Goal weighting (% of CQUIN scheme available)	Expected Financial Value of Goal	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
SOUTH Consortia	Improving Patient Experience	20.00%	£29,591	GREEN	GREEN	GREEN										GREEN
	Improve the efficiency and effectiveness	20.00%	£29,591	GREEN	GREEN	GREEN										GREEN
	Improve the quality of PTS	60.00%	£88,772	GREEN	GREEN	GREEN										GREEN
EAST Consortia	Improve patient experience	100.00%	£77,933	GREEN	GREEN	GREEN										GREEN
WEST Consortia	Reduce abortive journeys	40.00%	£118,851	GREEN	GREEN	GREEN										GREEN
	Improve patient experience	60.00%	£178,274	GREEN	GREEN	GREEN										GREEN
NORTH Consortia	Improve patient experience	100.00%	£110,881	GREEN	GREEN	GREEN										GREEN
TOTAL		100.00%	£633,893													

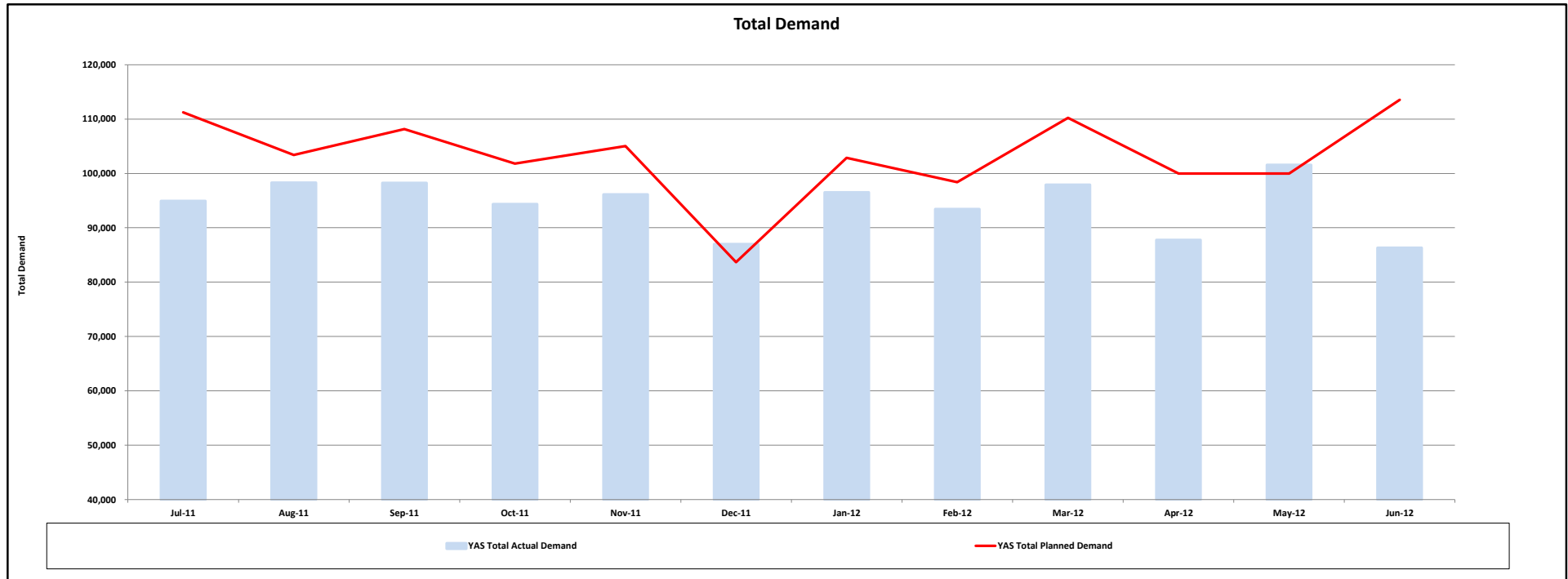
GREEN	Fully Completed / Appropriate actions taken
AMBER	Delivery at risk
RED	Milestone not achieved

Comments
<p>West Yorkshire The CQUINS for West Yorkshire have been achieved for Q1. In financial terms this means we will receive £59,425 for the CQUINs to date £17,828 for 10% of the improving patient experience CQUIN and £41,598 for 35% of the abortive journey reduction CQUINS.</p> <p>North Yorkshire The CQUIN improving patient experience for North Yorkshire for Q1 has been achieved this equates to £11,088.</p>

PTS Demand

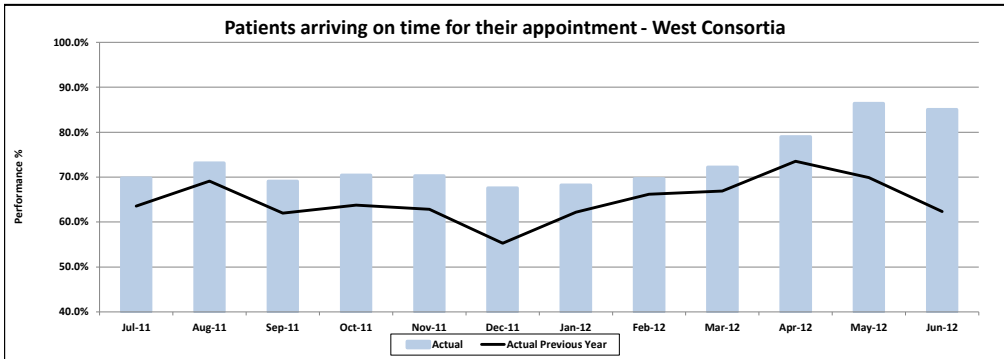
OBJ REF 3

↔	YTD RAG	GREEN
	MTD RAG	GREEN

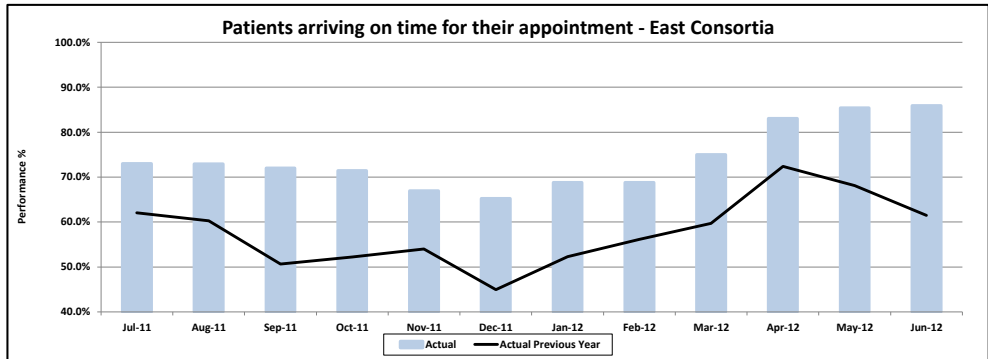


PTS Demand by Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
West Consortia Planned Demand	52,331	48,251	50,952	48,227	49,535	41,388	47,752	45,526	51,708	47,396	47,396	54,233	149,025
West Consortia Actual Demand	47,117	48,387	48,634	46,066	47,720	43,324	48,192	46,286	48,164	43,482	49,538	43,254	136,274
East Consortia Planned Demand	6,416	6,312	6,482	5,973	6,251	4,712	6,165	5,945	6,455	9,127	9,127	10,389	28,643
East Consortia Actual Demand	9,432	9,685	9,323	9,527	9,582	8,747	9,465	9,077	9,996	8,696	10,277	9,426	28,399
South Consortia Planned Demand	38,686	36,142	37,504	35,383	36,394	27,224	36,114	34,621	38,460	31,075	31,075	35,560	97,710
South Consortia Actual Demand	25,577	26,954	26,664	25,685	25,624	22,327	25,684	25,611	26,377	23,888	27,973	22,048	73,909
North Consortia Planned Demand	13,786	12,676	13,239	12,205	12,839	10,339	12,841	12,277	13,583	12,376	12,376	13,380	38,132
North Consortia Actual Demand	12,802	13,280	13,620	13,085	13,196	12,596	13,187	12,459	13,370	11,700	13,768	11,597	37,065
YAS Total Planned Demand	111,219	103,381	108,177	101,788	105,019	83,663	102,872	98,369	110,206	99,974	99,974	113,562	313,510
YAS Total Actual Demand	94,928	98,306	98,241	94,363	96,122	86,994	96,528	93,433	97,907	87,766	101,556	86,325	275,647

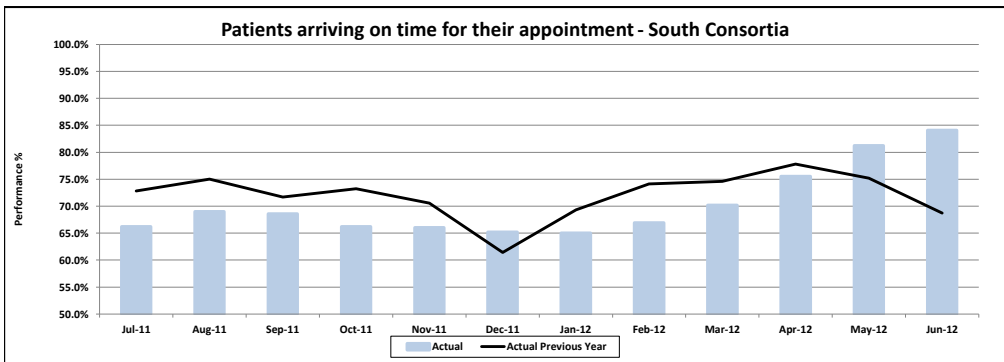
Arrival - Quality Target by Consortia * 



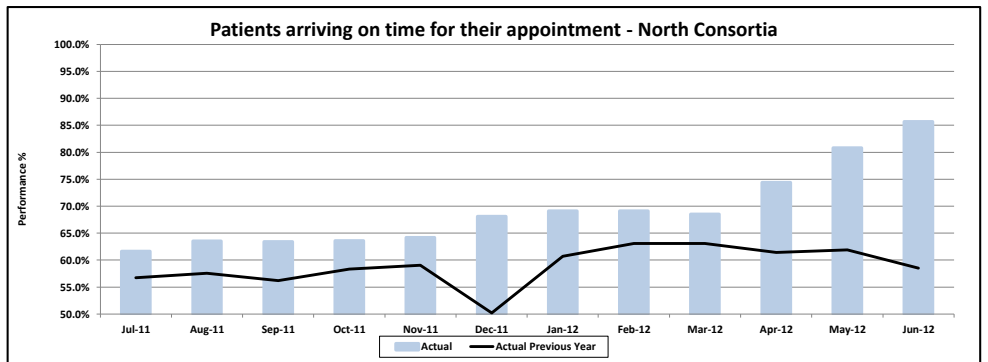
West Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Actual	69.8%	73.1%	69.1%	70.4%	70.3%	67.6%	68.2%	69.6%	72.2%	79.0%	86.4%	85.0%
Actual Previous Year	63.5%	69.1%	62.0%	63.8%	62.9%	55.3%	62.2%	66.2%	66.9%	73.5%	69.9%	62.3%




East Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Actual	73.0%	72.9%	72.0%	71.4%	66.9%	65.2%	68.8%	68.8%	75.0%	83.0%	85.4%	85.9%
Actual Previous Year	62.0%	60.2%	50.7%	52.2%	54.0%	45.0%	52.3%	56.1%	59.7%	72.4%	68.1%	61.5%



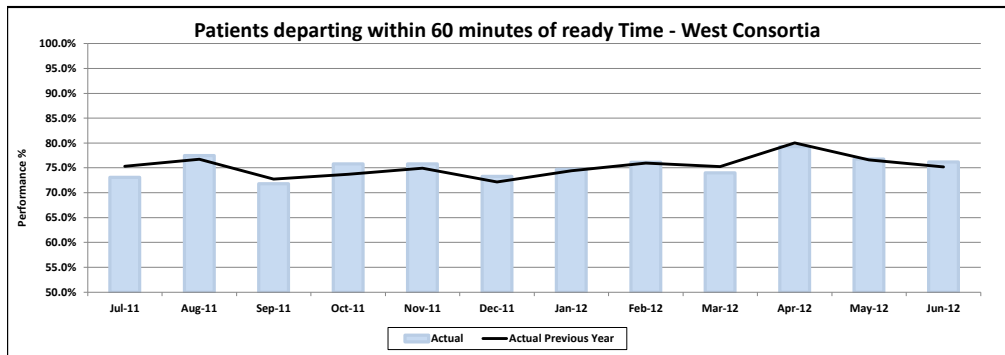
South Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Actual	66.2%	69.0%	68.6%	66.2%	66.0%	65.2%	65.0%	66.9%	70.2%	75.5%	81.2%	84.1%
Actual Previous Year	72.8%	75.0%	71.7%	73.3%	70.6%	61.4%	69.3%	74.1%	74.6%	77.8%	75.2%	68.7%



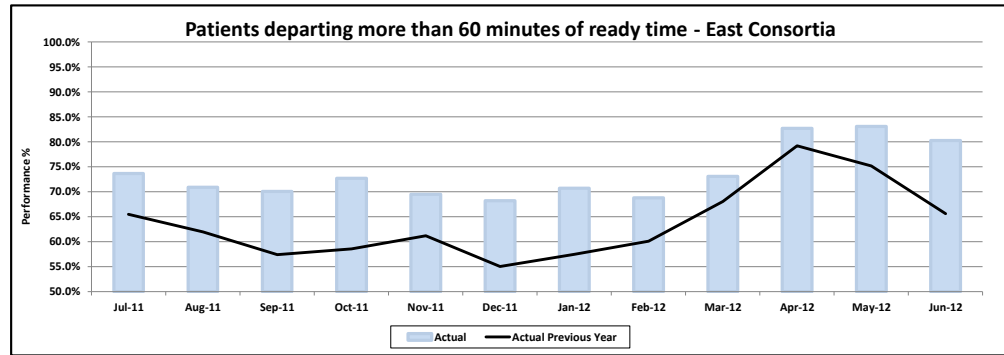
North Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Actual	61.6%	63.5%	63.4%	63.6%	64.2%	68.1%	69.1%	69.1%	68.5%	74.4%	80.8%	85.7%
Actual Previous Year	56.8%	57.6%	56.2%	58.4%	59.0%	50.2%	60.7%	63.1%	63.1%	61.4%	61.9%	58.5%

 * Early Warning Indicator

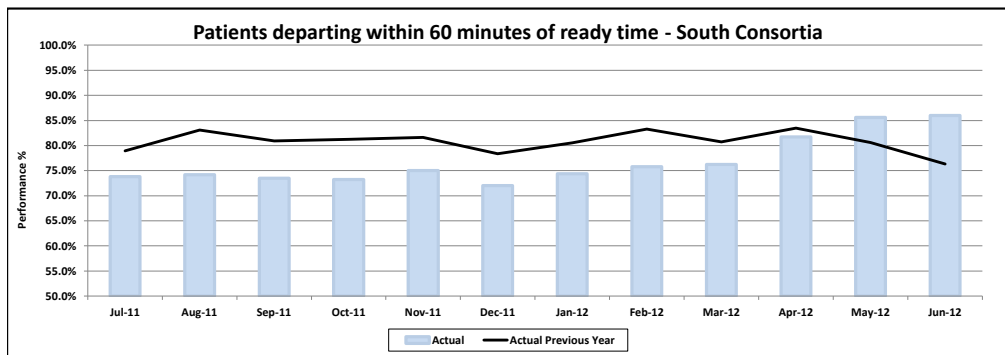
Departure - Quality Target by Consortia * ▲



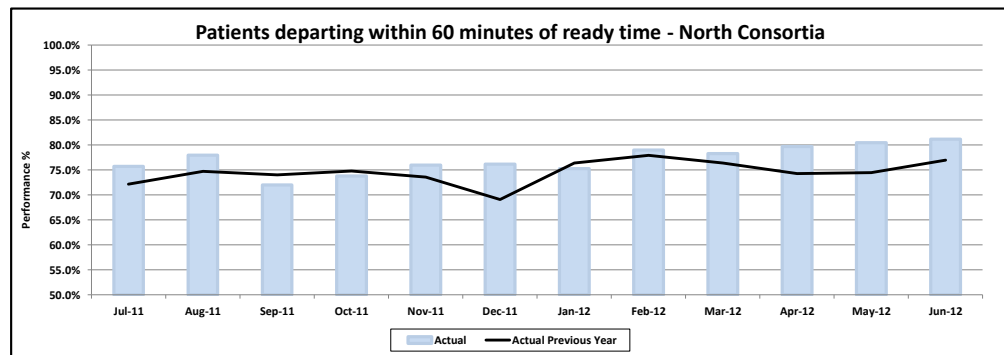
West Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Actual	73.1%	77.5%	71.8%	75.8%	75.8%	73.3%	74.7%	76.1%	74.0%	79.3%	76.8%	76.2%
Actual Previous Year	75.3%	76.8%	72.7%	73.7%	74.9%	72.2%	74.4%	76.0%	75.3%	80.0%	76.6%	75.2%



East Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Actual	73.7%	70.9%	70.1%	72.7%	69.5%	68.2%	70.7%	68.8%	73.1%	82.7%	83.1%	80.3%
Actual Previous Year	65.5%	62.0%	57.4%	58.6%	61.2%	55.0%	57.5%	60.1%	68.1%	79.2%	75.2%	65.6%



South Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Actual	73.8%	74.2%	73.5%	73.2%	75.0%	72.0%	74.4%	75.8%	76.2%	81.7%	85.6%	86.0%
Actual Previous Year	79.0%	83.1%	80.9%	81.2%	81.6%	78.3%	80.6%	83.3%	80.7%	83.5%	80.6%	76.3%



North Consortia	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Actual	75.7%	78.0%	72.0%	73.8%	76.0%	76.2%	75.3%	79.0%	78.3%	79.7%	80.5%	81.2%
Actual Previous Year	72.2%	74.7%	74.1%	74.8%	73.6%	69.1%	76.4%	77.9%	76.4%	74.3%	74.5%	77.0%

▲ * Early Warning Indicator

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

OBJ REF

3

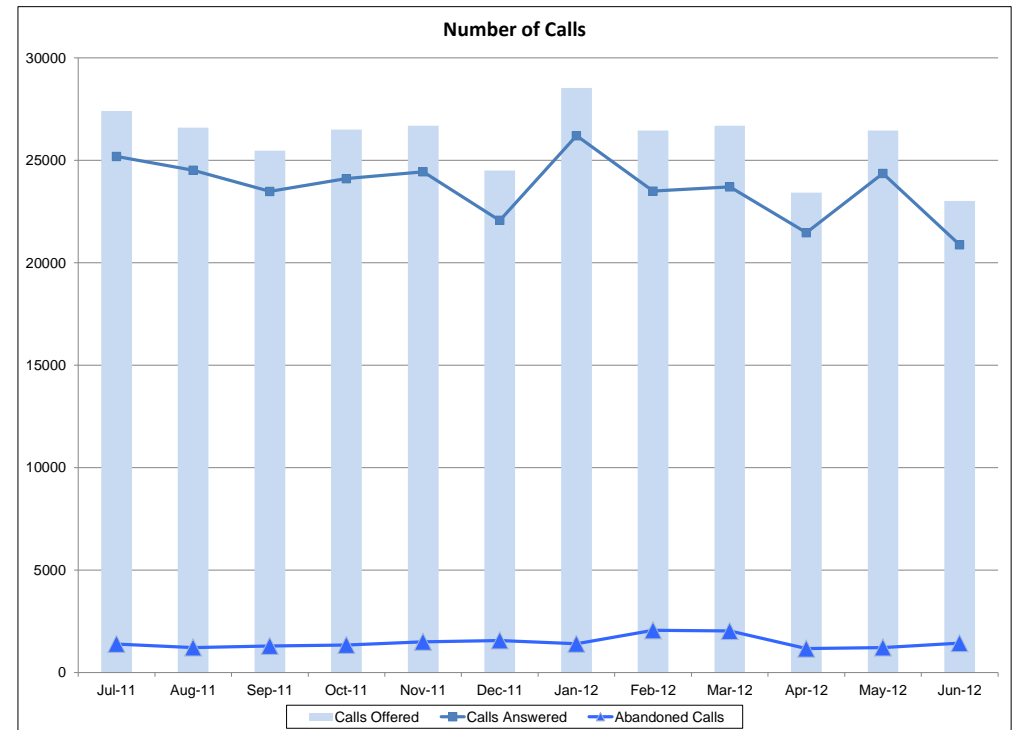
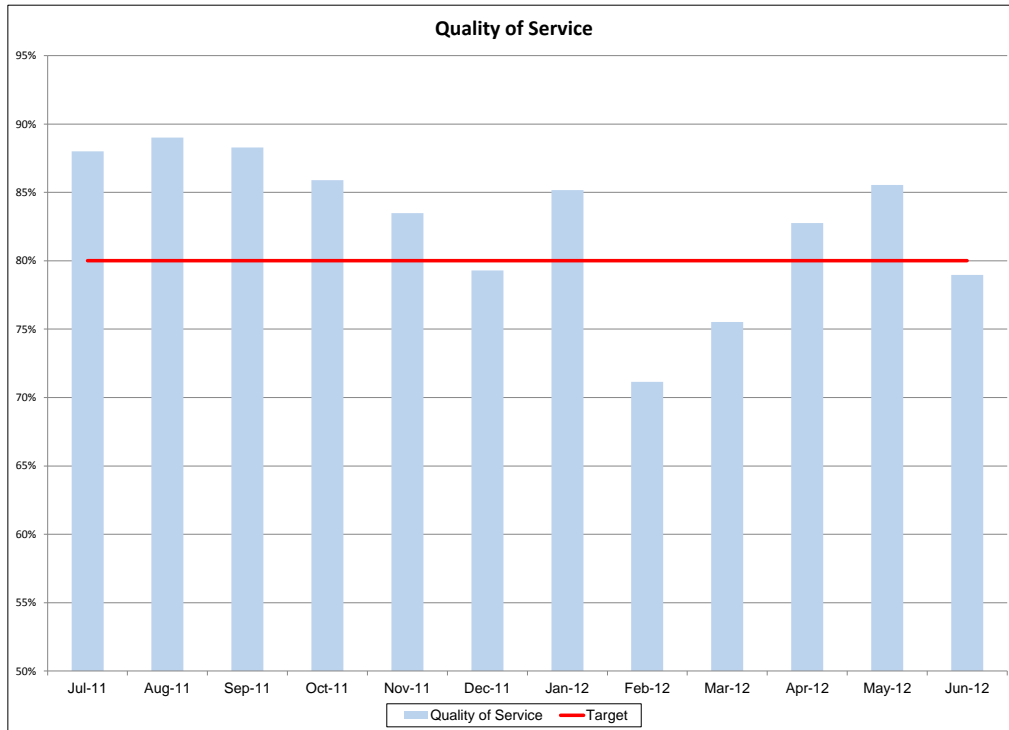
YTD RAG

GREEN



MTD RAG

AMBER



Week Commencing	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Calls Offered	27409	26586	25465	26496	26689	24491	28527	26450	26687	23426	26455	23020
Calls Answered	25183	24511	23477	24104	24441	22066	26198	23492	23700	21462	24354	20872
Average Answer Delay	00:14	00:12	00:13	00:15	00:19	00:22	00:17	00:37	00:32	00:19	00:16	00:24
Max Answer Delay	29:33	21:54	26:00	19:37	35:50	30:35	21:00	24:47	29:34	21:43	17:43	31:48
Abandoned Calls	1394	1217	1293	1347	1497	1563	1399	2054	2023	1161	1222	1427
Quality of Service	88%	89%	88%	86%	83%	79%	85%	71%	76%	83%	86%	79%



Section 2c

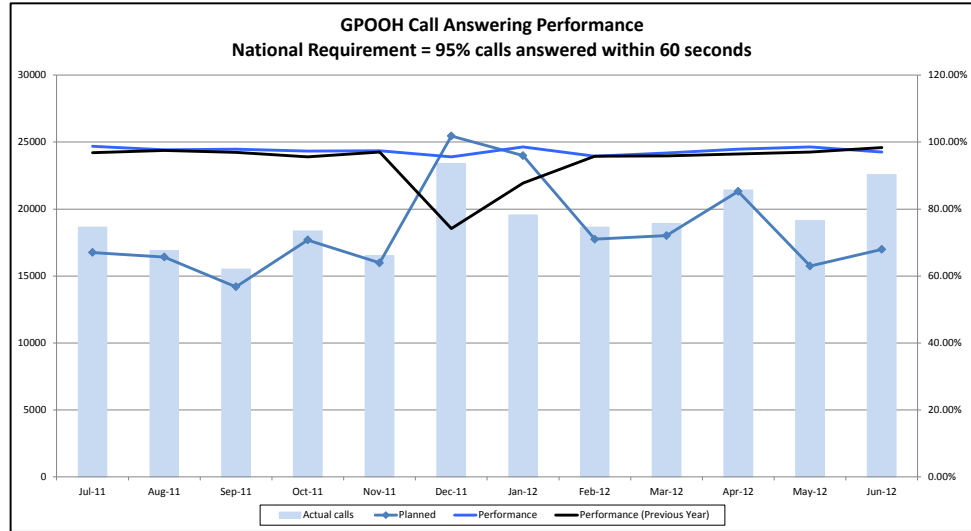
GPOOH Performance



GPOOH Call Answering Performance

OBJ REF 3

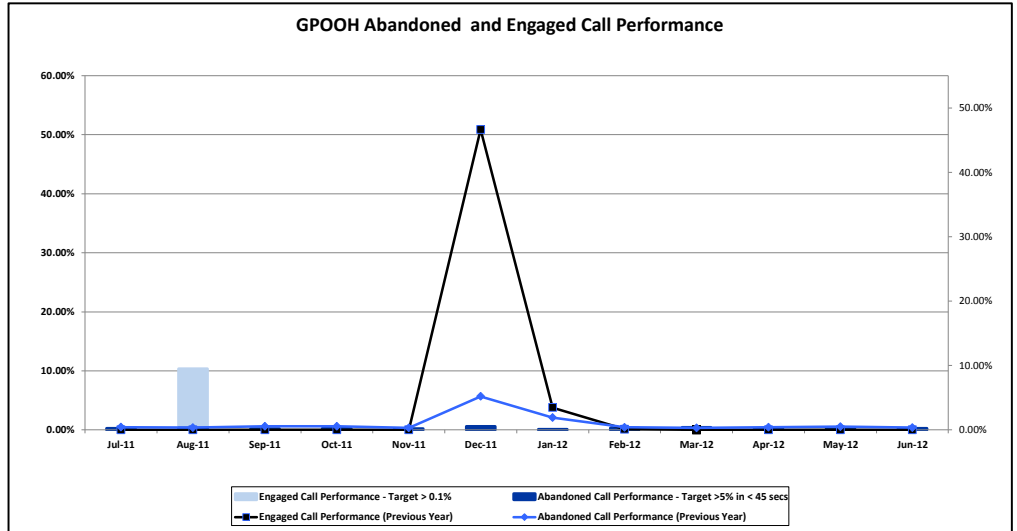
YTD RAG GREEN
 MTD RAG GREEN



GPOOH Abandoned & Engaged Call Performance

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN



	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Planned	16754	16416	14197	17693	15978	25453	23986	17745	18017	21314	15746	16989
Actual calls	18659	16895	15521	18367	16517	23375	19565	18654	18905	21412	19133	22575
Actual calls (Previous Year)	16989	16647	14396	17942	16203	25811	24323	17994	18270	19325	19783	16201
Performance	98.75%	97.71%	97.93%	97.30%	97.37%	95.55%	98.54%	95.80%	96.72%	97.88%	98.57%	96.98%
Performance (Previous Year)	96.87%	97.50%	96.96%	95.57%	97.02%	74.20%	87.75%	95.79%	95.90%	96.48%	97.02%	98.38%
Forecast	16754	16416	14197	17693	15978	25453	23986	17745	18017	21314	15746	16989

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Engaged Call Performance - Target > 0.1%	0.00%	10.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Engaged Call Performance (Previous Year)	0.00%	0.00%	0.00%	0.00%	0.00%	50.88%	3.78%	0.11%	0.00%	0.00%	0.00%	0.00%
Abandoned Call Performance - Target >5% in < 45 secs	0.25%	0.30%	0.21%	0.22%	0.18%	0.54%	0.11%	0.30%	0.40%	0.14%	0.13%	0.23%
Abandoned Call Performance (Previous Year)	0.42%	0.34%	0.56%	0.55%	0.30%	5.20%	1.90%	0.39%	0.30%	0.40%	0.49%	0.34%

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

Commentary

Our Service :
Project Management: 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%	3%		86%	12%	Amended due to new surveys by EC Harris
		RAG Status	As New	Acceptable	Acceptable but will req Upgrade within 10 yrs	Upgrade Req'd	Unacceptable	
E2.1	Physical Condition (External)	GREEN	6%	21%	53%	19%	0%	Amended due to new surveys by EC Harris
	Physical Condition (Office)	GREEN	9%	22%	62%	6%	0%	Amended due to new surveys by EC Harris
	Physical Condition (Garage)	GREEN	3%	23%	74%	0%	0%	Amended due to new surveys by EC Harris
E2.1	Fire, Health & Safety Compliance	GREEN	21%	49%		30%	0%	Amended due to new surveys by EC Harris
E2.1	Energy Performance	GREEN	17%	34%		30%	19%	Amended due to new surveys by EC Harris
E2.1	Functional Suitability	GREEN	6%	75%		17%	1%	Amended due to new surveys by EC Harris
E2.1	Quality	GREEN	9%	79%		12%	0%	Amended due to new surveys by EC Harris
		RAG Status						
E2.1	Capital Project Delivery	GREEN						Bradford refurbishment was handed over on 25th May and Gold Cell was handed over on 1st June. Heating Capital projects are at PQQ state, rewires of Harrogate Leeds and Bradford are being worked up as is the re-roof of Whitby station. An order has been raised for the replacement of the 2 UPS in Springhill 2. Quotations are being sought for the replacement of the automatic doors at Springhill 1 & 2.
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 £356851.32 - Monthly Saving £35638.72
F2.1	Contracts awarded in period above £25K	GREEN	3 contracts awarded above £25k (see below)
F2.1	Single Tender Waivers in period	GREEN	1 Single Tender waiver issued this month (see below)

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

Comments

Contracts awarded above £25k
 Audio Visula Equipment (Gold Cell), Working Capital, Water Coolers

Single Tender Waiver
 G4S (Station Security)

Fleet

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

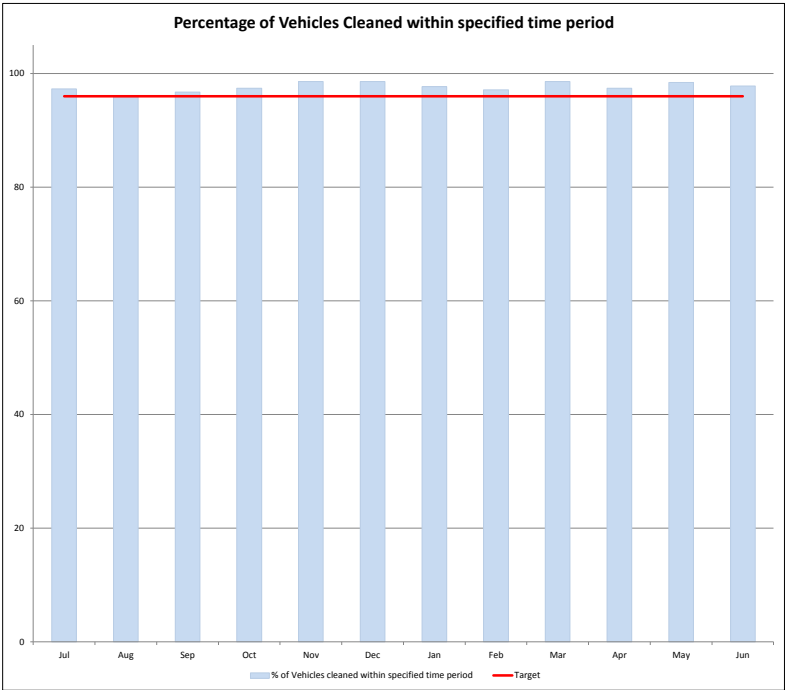
E1 Carbon Management		RAG Status	Baseline 2007	Actual Last 12 Mths	Forecast 2012/13	Quarter 2 Actual	Notes
E1.1	Carbon Emissions	GREEN	16409	17483			Waiting for info from Estates to complete year end figure (utility bills, etc)
E1.2	Corporate Citizen Rating (monitored quarterly)	59%					

E3 Fleet		RAG Status	Plan YTD	Actual YTD	Var YTD	Plan Mth	Actual Mth	Var Mth	Notes
Vehicle Availability % Plan vs. Actual *									
E3.1	A&E	GREEN	95%	91%	-4%	95%	91%	-4%	This KPI has not been met due to a number of larger repairs and vehicles at the dealers and bodyshop for repair or warranty work
E3.1	PTS	GREEN	96%	96%	1%	96%	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	6		There are 6 Vehicles still to be delivered from Vehicle Convertors outstanding from FY 2011/12
E3.1	A&E - DMA	GREEN	5	59		There are 19 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	22		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	200		26 vehicles are on order from FY 2011/12, deliveries commenced 30/4/12
E3.1	Other	AMBER	7	33		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	19	5.11%	This KPI has not been met as the vehicles were unable to be released from operational duties in all areas. There has also been a build up of slippage in the North area due to sickness and annual leave, external providers and overtime are being used to bring this back on plan.
E3.1	Vehicle Cleans Outside "Window" at end of period	GREEN	73	2.20%	
E3.4	Defibrillator servicing Outside "Window" at end of period	RED	2	0.29%	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 remove them from service
E3.5	Suction Unit servicing Outside "Window" at end of period	AMBER	70	7.48%	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	RED	43	13.23%	An action to bring devices back within service frequency is being devised
E3.7	Microvent servicing Outside "Window" at end of period	RED	37	7.35%	An action to bring devices back within service frequency is being devised



Vehicle Cleaning	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
% of Vehicles cleaned within specified time period	97.3	95.9	96.7	97.4	98.6	98.6	97.7	97.1	98.6	97.4	98.4	97.8

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

Comments

▲ Early Warning Indicator



Section 3

Quality Analysis



Comments on Quality**IPC Audit - Percentage compliant**

Exceptions to compliance audit process fed back to relevant department managers for action.

New Incidents Reported

June has seen a decrease in new incidents reported by approximately 5% and this reduction in incidents has been across all areas except A&E. Most of these incidents have been graded 'yellow' (270) while only a small minority have been graded 'red' (26). All 'red' and 'amber' incidents are discussed at Incident Review Group. There was 1 'catastrophic' incident report and this related to a crew attending a job where there were intoxicated bystanders and the patient was armed with a knife, making the crew feel very vulnerable. This information was not passed to the crew prior to their arrival.

Patient Related Incidents

June has also seen a decrease in patient related incidents from May, with decreases in both A&E and PTS. None of the patient related incidents were 'catastrophic' and most of these incidents were categorised 'green'. Patient related incidents involve slips, trips & falls, delayed responses plus others.

Staff Related Incidents

In contrast to the patient related incidents, there has been an increase in staff related incidents in June by 19%, with most of these being in A&E and PTS. There were no 'catastrophic' incidents reported.

Controlled Drugs related incidents

Codeine missing from an ECP car, currently under investigation.

Clinical Audit

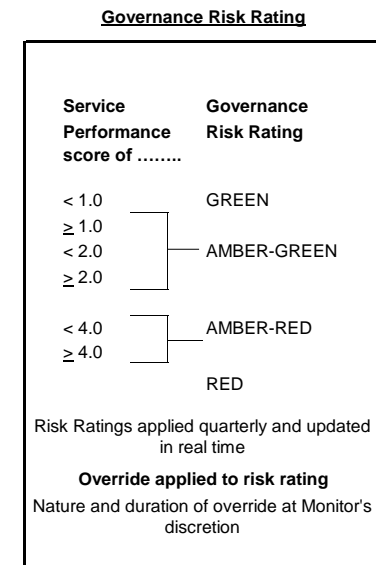
Resolution of the issues related to the introduction of the ReadSoft scanning and verification software has permitted scanning and data extraction and verification to be recommenced. National ACQIs are expected to be reported on time utilising manual data extraction from forms for March and April, with automated data extraction recommencing with May's forms onwards. Local CPIs will be reported again from May onwards.

KPI	Description	Measure	Jul RAG	Aug RAG	Sept RAG	Oct RAG	Nov RAG	Dec RAG	Jan RAG	Feb RAG	Mar RAG	April RAG	May RAG	June RAG	Year End 12/13 Forecast	Q2 Forecast 2012/13
3	Safety	<ul style="list-style-type: none"> Infection, Prevention and Control Patients Incidents Medication Incidents Staff Incidents RIDDOR Serious Incidents 	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
1.2	Clinical Effectiveness	<ul style="list-style-type: none"> Clinical Performance Indicators (National) Clinical Audit Programme 	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
1.2	Patient Involvement and Experience	<ul style="list-style-type: none"> Concerns, Complaints and Compliments Patient Experience Local Involvement Networks/Overview & Scrutiny Committees 	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
3	CQC and Other Registration / Legislation Standards	<ul style="list-style-type: none"> Registration Regulations & Outcomes NHS Litigation Authority 	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

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

Deriving the governance risk rating

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



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

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

Service Transformation Programme	OBJ REF	3
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Service Transformation Programme												Comments
Reference	Project	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Finance & Performance Programme												
T1	CIP Overview	GREEN										
T2	Estates Strategy	GREEN										
T2a	HART	GREEN										
T3	Emergency Care solution	AMBER										Funding discussions continuing with commissioners
Clinical/Quality Programme												
T5	Operational Model	GREEN										
T5a	Workforce Plan	GREEN										
T5b	Rural Models CQUIN	GREEN										
T5c	Conveyance CQUIN	GREEN										
T5d	ECP CQUIN	GREEN										
T6	EOC Transformation	GREEN										
T7	PTS Transformation	GREEN										
T7a	PTS CQUINS	GREEN										
Clinical/Quality Programme												
T8	111	GREEN										Awaiting confirmation of tender outcome
T9	Major trauma	GREEN										
T10	Cardiac Arrest	GREEN										
T11	Public health	GREEN										
T11a	Demand management CQUIN	GREEN										
T12	Clinical Leadership	GREEN										New system to go live from 1st August 2012

IPC Audit - Percentage compliant

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

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

Key for IPC Audit: Pre April 2012

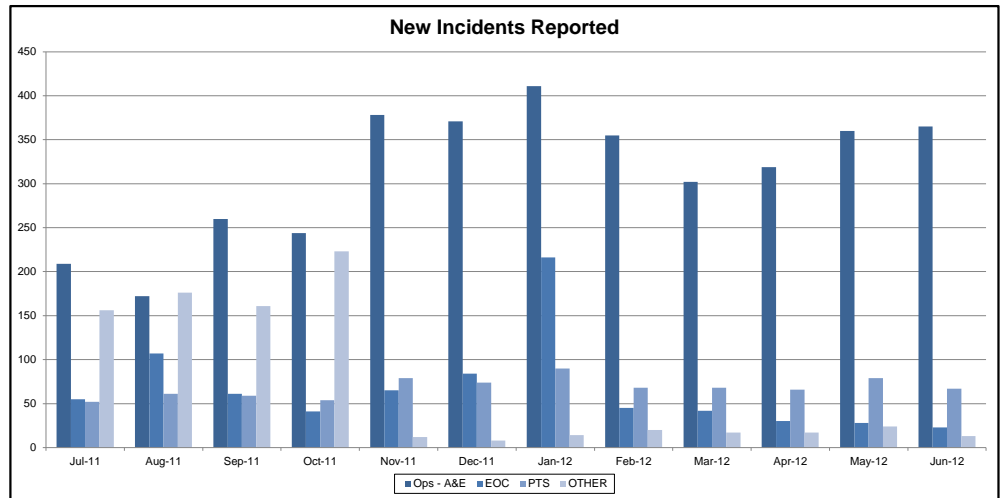
I/Data	Insufficient Data - Minimum Audit requirements not met
	No Audits Completed or minimum audit requirements met with compliance <75%
	Minimum audit requirements met with compliance 75% to 89%
	Minimum audit requirements met with compliance >89%

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

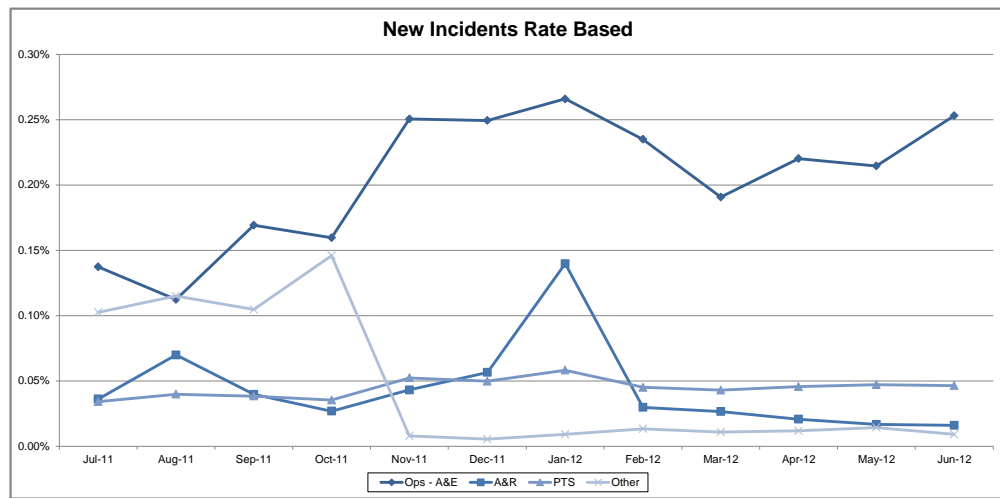


New Incidents Reported	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Ops - A&E	209	172	260	244	378	371	411	355	302	319	360	365
EOC	55	107	61	41	65	84	216	45	42	30	28	23
PTS	52	61	59	54	79	74	90	68	68	66	79	67
OTHER	156	176	161	223	12	8	14	20	17	17	24	13
TOTALS	472	516	541	562	534	537	731	488	429	432	491	468

▲ * Early Warning Indicator

New Incidents Reported Rate Based * ▲

OBJ REF 3

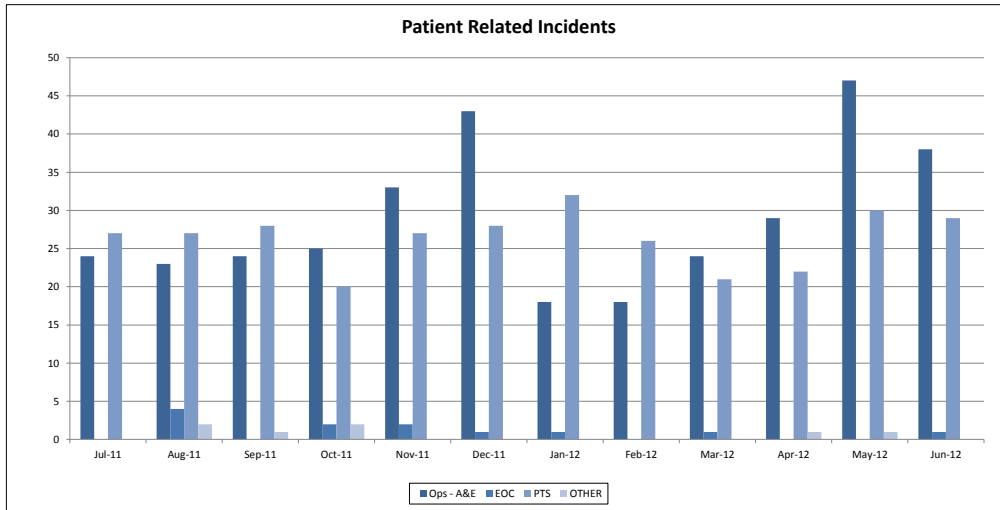


New Incidents Reported	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Ops - A&E	0.14%	0.11%	0.17%	0.16%	0.25%	0.25%	0.27%	0.23%	0.19%	0.22%	0.21%	0.25%
A&R	0.04%	0.07%	0.04%	0.03%	0.04%	0.06%	0.14%	0.03%	0.03%	0.02%	0.02%	0.02%
PTS	0.03%	0.04%	0.04%	0.04%	0.05%	0.05%	0.06%	0.05%	0.04%	0.05%	0.05%	0.05%
OTHER	0.10%	0.11%	0.10%	0.15%	0.01%	0.01%	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

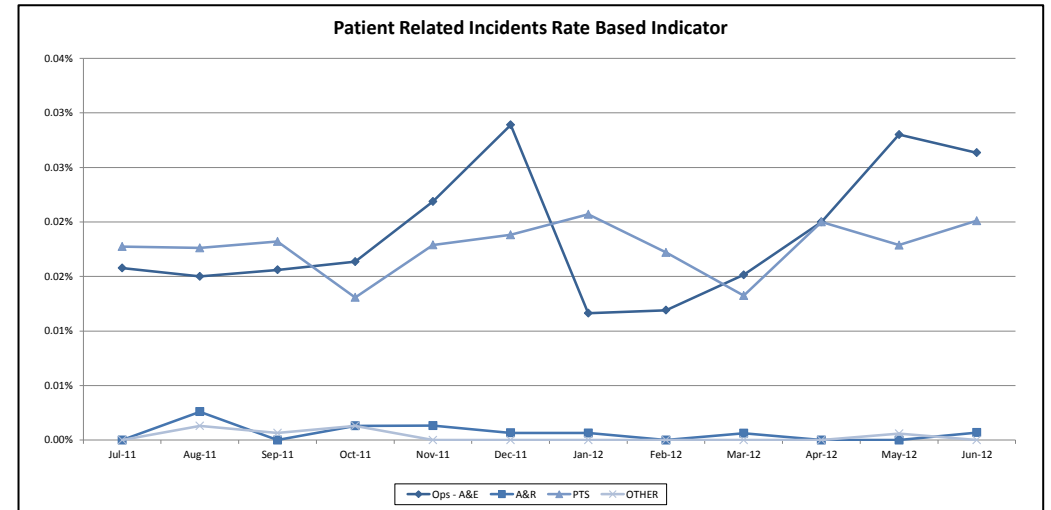
OBJ REF 3



Patient Related Incidents	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Ops - A&E	24	23	24	25	33	43	18	18	24	29	47	38
EOC	0	4	0	2	2	1	1	0	1	0	0	1
PTS	27	27	28	20	27	28	32	26	21	22	30	29
OTHER	0	2	1	2	0	0	0	0	0	1	1	0
TOTALS	51	56	53	49	62	72	51	44	46	52	78	68

Patient Related Incidents Rate Based Indicator

OBJ REF 3

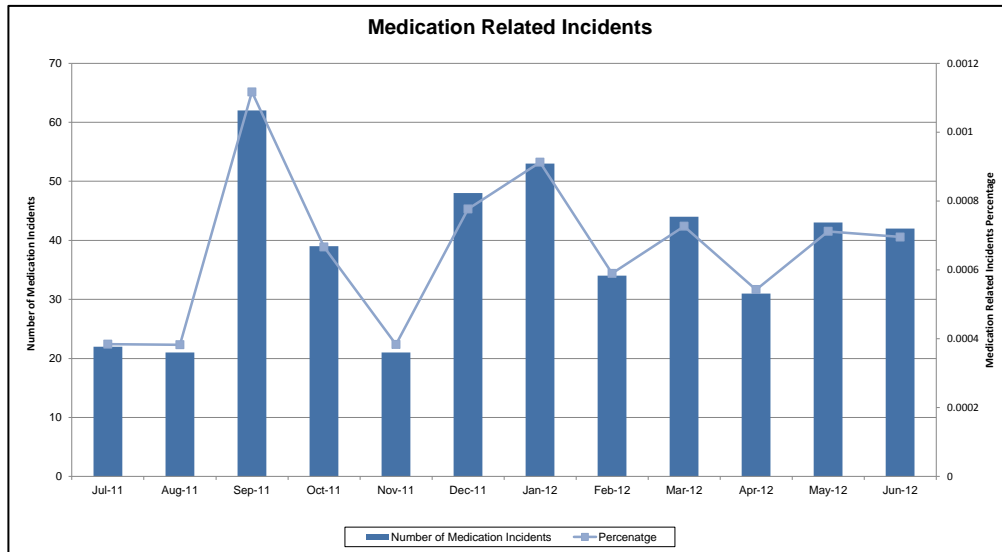


	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Ops - A&E	0.02%	0.02%	0.02%	0.02%	0.02%	0.03%	0.01%	0.01%	0.02%	0.02%	0.03%	0.03%
A&R	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PTS	0.02%	0.02%	0.02%	0.01%	0.02%	0.02%	0.02%	0.02%	0.01%	0.02%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

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

Medication Related Incidents

OBJ REF 3

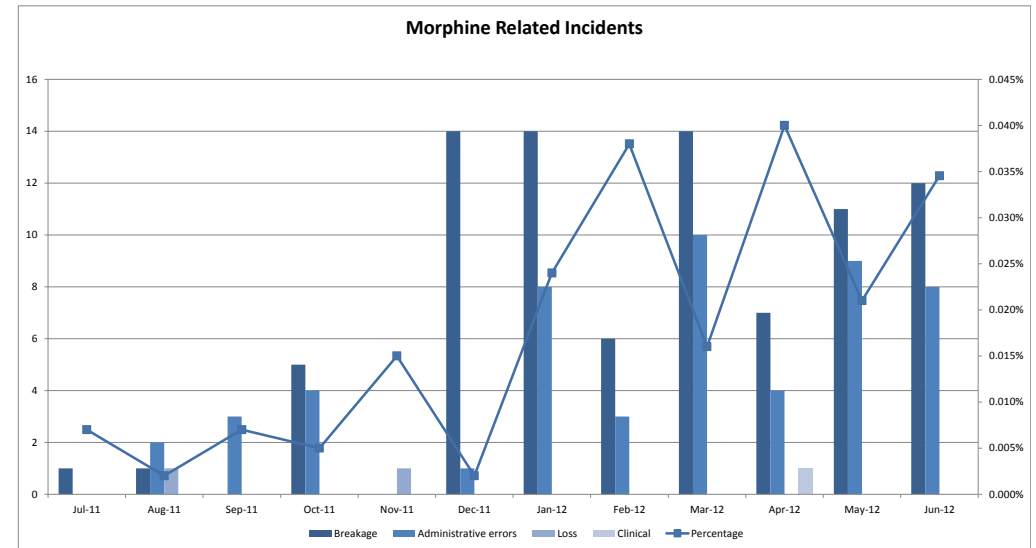


	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Number of Medication Incidents	22	21	62	39	21	48	53	34	44	31	43	42

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

Morphine Related Incidents

OBJ REF 3

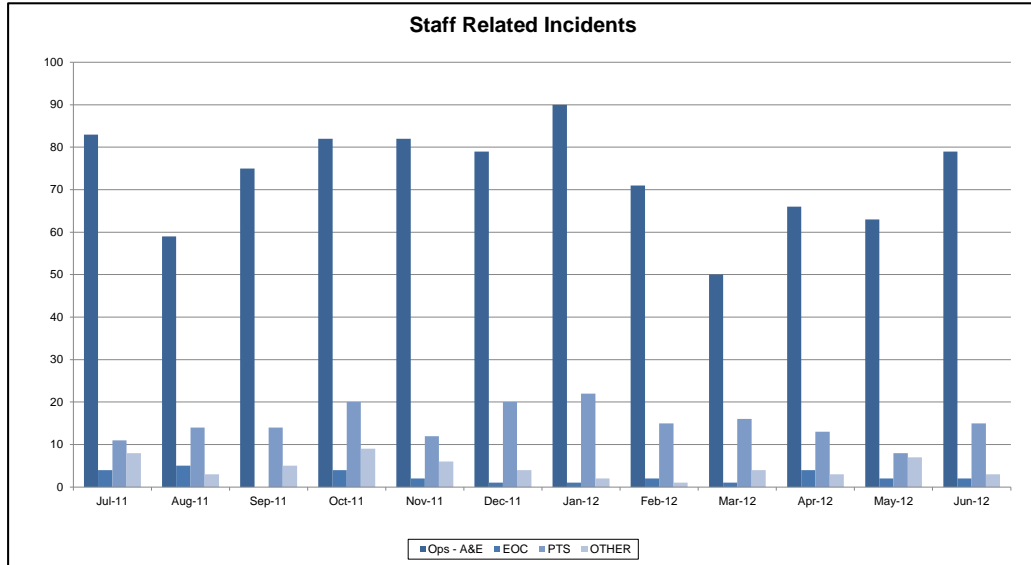


	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Breakage	1	1	0	5	0	14	14	6	14	7	11	12
Administrative errors	0	2	3	4	0	1	8	3	10	4	9	8
Loss	0	1	0	0	1	0	0	0	0	0	0	0
Clinical	0	0	0	0	0	0	0	0	0	1	0	0
Number of Morphine Incidents	1	4	3	9	1	15	22	9	24	12	20	20

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

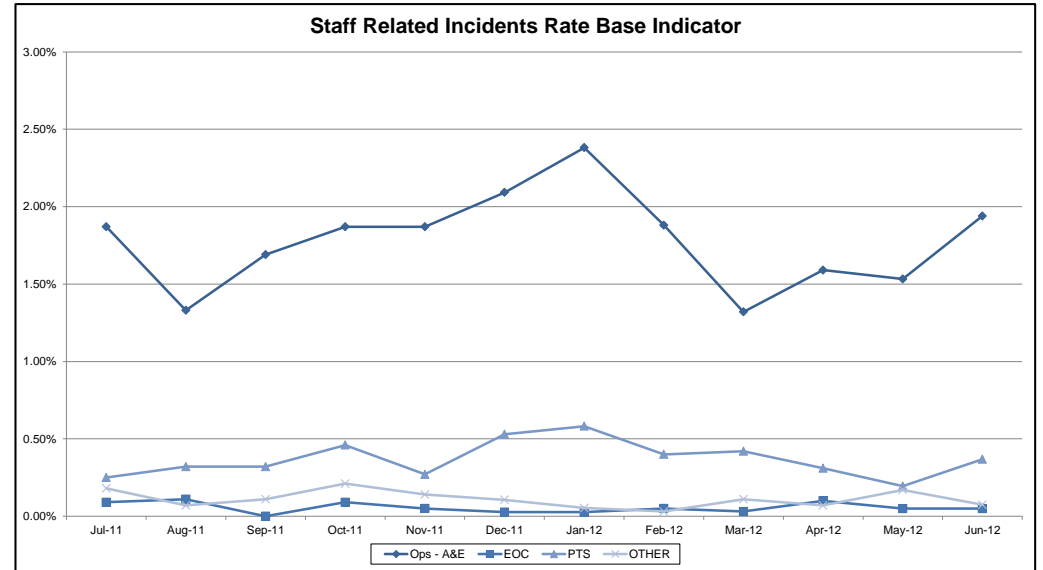
Staff Related Incidents

OBJ REF 3



Staff Related Incidents Rate Based Indicator

OBJ REF 3



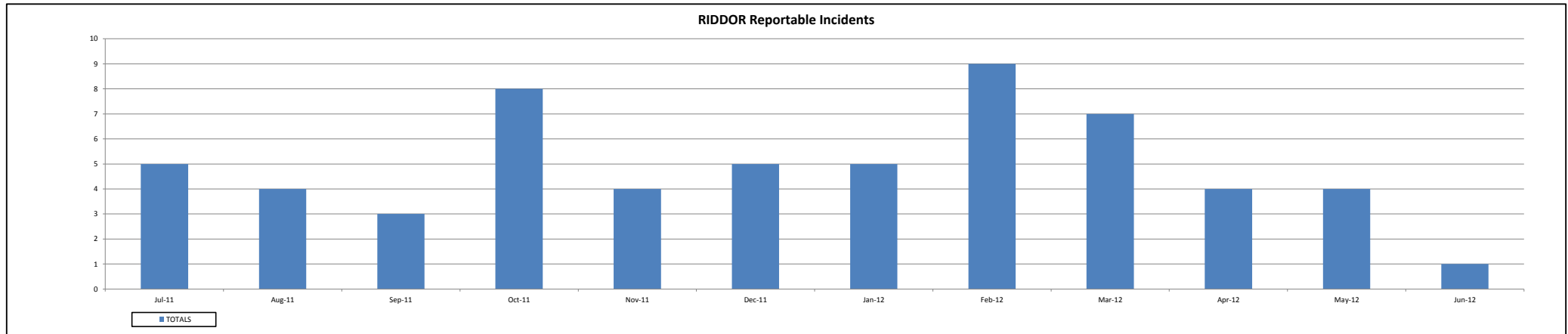
Staff Related Incidents	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Ops - A&E	83	59	75	82	82	79	90	71	50	66	63	79
EOC	4	5	0	4	2	1	1	2	1	4	2	2
PTS	11	14	14	20	12	20	22	15	16	13	8	15
OTHER	8	3	5	9	6	4	2	1	4	3	7	3
TOTALS	106	81	94	115	102	104	115	89	71	86	80	99

Staff Related Incidents	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Ops - A&E	1.87%	1.33%	1.69%	1.87%	1.87%	2.09%	2.38%	1.88%	1.32%	1.59%	1.53%	1.94%
EOC	0.09%	0.11%	0.00%	0.09%	0.05%	0.03%	0.03%	0.05%	0.03%	0.10%	0.05%	0.05%
PTS	0.25%	0.32%	0.32%	0.46%	0.27%	0.53%	0.58%	0.40%	0.42%	0.31%	0.19%	0.37%
OTHER	0.18%	0.07%	0.11%	0.21%	0.14%	0.11%	0.05%	0.03%	0.11%	0.07%	0.17%	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

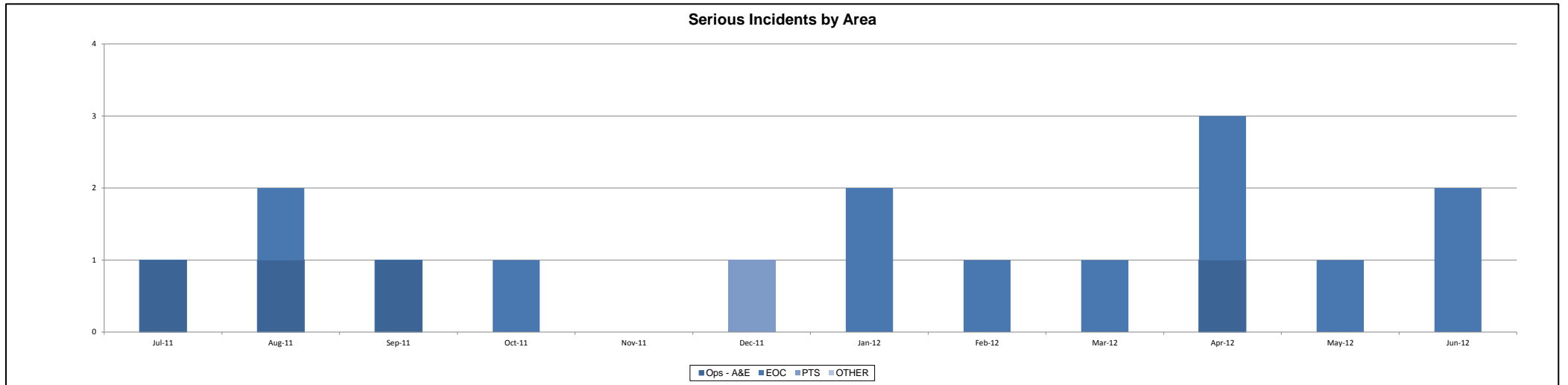


RIDDOR reportable	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
North Yorkshire CBU	0	1	0	1	1	0	0	2	0	1	1	0
East Riding of Yorkshire CBU	2	2	0	2	2	1	1	5	2	0	0	0
Leeds & Wakefield CBU	0	0	1	2	1	1	1	0	0	1	1	0
Bradford, Calderdale and Kirklees CBU	1	0	1	1	0	2	2	0	2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

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

SUI Incidents by Area

OBJ REF 3



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

* Early Warning Indicator

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

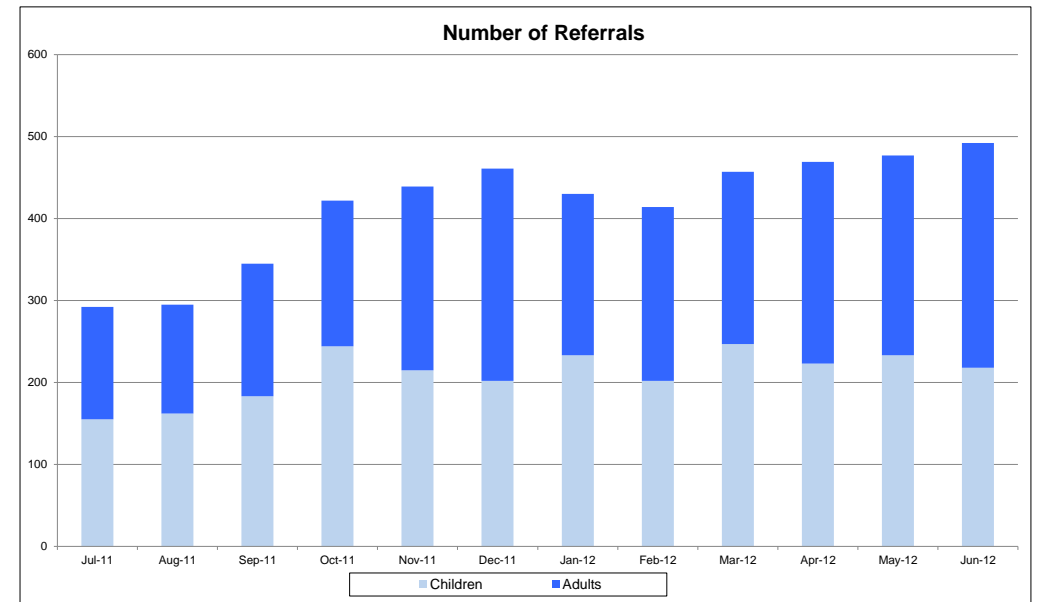
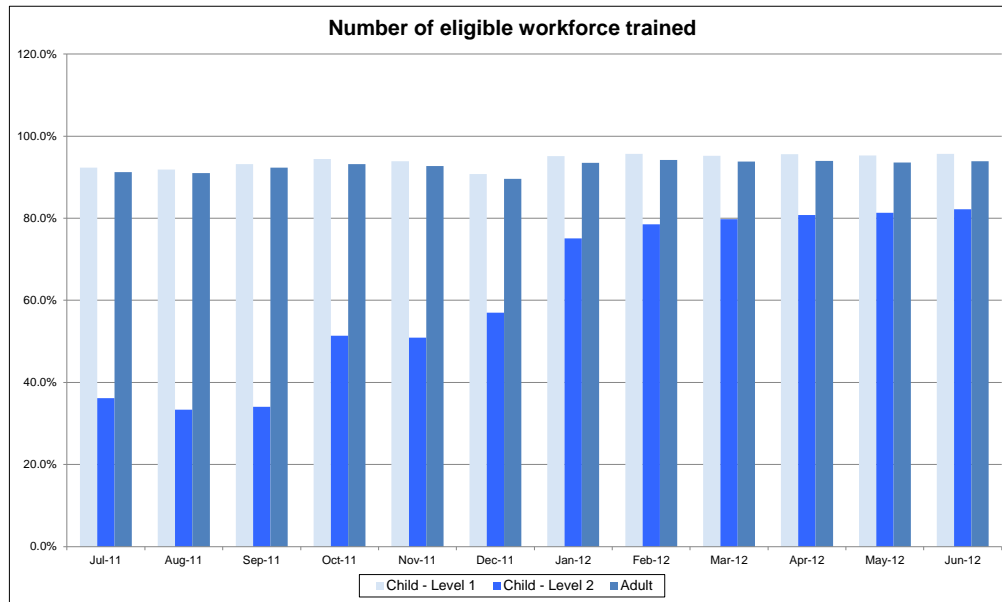
Training Position

OBJ REF 3

YTD RAG GREEN
 MTD RAG GREEN

Number of Child and Adult Referrals

OBJ REF 3



Training Position	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Child - Level 1	92.3%	91.9%	93.2%	94.4%	93.9%	90.8%	95.1%	95.7%	95.2%	95.6%	95.3%	95.7%
Child - Level 2	36.2%	33.4%	34.1%	51.4%	50.9%	57.0%	75.1%	78.5%	79.8%	80.8%	81.3%	82.2%
Adult	91.2%	91.0%	92.3%	93.2%	92.7%	89.6%	93.5%	94.2%	93.8%	94.0%	93.6%	93.9%

Referrals	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Children Referrals	155	162	183	244	215	202	233	202	247	223	233	218
Adult Referrals	137	133	162	178	224	259	197	212	210	246	244	274
TOTAL	292	295	345	422	439	461	430	414	457	469	477	492

Clinical Performance Indicators - National

OBJ REF

1.2 : 3

	New Calculation Method			
	CYCLE 6	CYCLE 7	CYCLE 8	
	November 2010 Results %	June 2011 Results %	Nov 2011 Results %	National Average
ST Elevation Myocardial Infarction (STEMI)				
M1 – Aspirin	98.3	94.9	97.5	96.0
M2 - GTN	94.1	86.0	94.1	95.9
M3 - Two Pain Scores Recorded	90.7	84.1	100	92.5
M4 - Morphine alone given	73.7	71.3	87.3	87.5
M5 - Analgesia given	79.7	82.2	86.4	89.9
M6 - SpO2 recorded	99.2	98.7	96.6	96.9
Care Bundle M1, M2, M3 and M5	75.4	65.6	78.8	78.8
Stroke	Jan 2011 Results %	July 2011 Results %	Dec 2011 Results %	National Average
S1 - Face, Arm, Speech Test (FAST) recorded	98.0	94.3	97.3	98.5
S2 - Blood glucose recorded	97.7	96.3	97.7	97.1
S3 - Blood pressure recorded	100	99.3	100	99.9
S4 – Time of onset of stroke recorded	82.0	85.3	91.0	90.2
SC – Care Bundle S1, S2 and S3	95.7	90.7	95.3	95.9

	New Calculation Method			
	CYCLE 6	CYCLE 7	CYCLE 8	
	Feb 2011 Results %	Aug 2011 Results %	Jan 2012 Results %	National Average
Hypoglycaemia				
H1 - Blood Glucose Recorded before treatment	99.3	97.4	100.0	99.5
H2 - Blood Glucose Recorded after treatment	100.0	98.1	97.8	97.5
H3 - Treatment for Hypoglycaemia Recorded	100.0	99.6	99.6	98.4
PILOT – Direct referral made to an appropriate health professional	47.8	98.5	80.9	66.5
HC – Care Bundle H1, H2 and H3	99.3	96.3	97.8	96.4
Asthma	March 2011 Results %	Sept 2011 Results %		
A1 - Respiratory rate recorded	100.0	99.7		
A2 - PEFR (peak flow) recorded before treatment	77.7	84.3		
A3 - SpO2 recorded before treatment	91.5	90.9		
A4 - Beta 2 agonist recorded	99.3	93.4		
A5 - Oxygen administered	99.7	95.8		
PILOT – Care Bundle A1, A2, A3 and A4	72.3	76.7		

Clinical Audit Programme

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

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

Internal Clinical Audit Plan

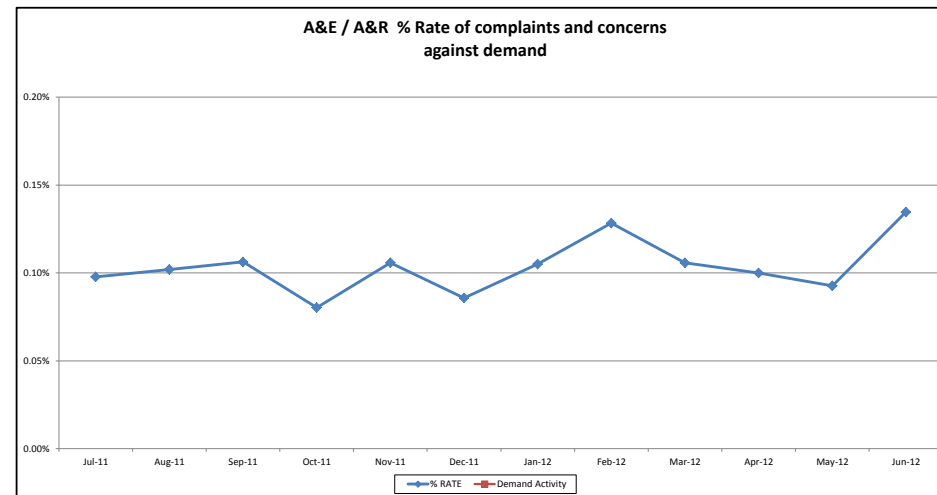
Monthly CPIs	Jul-11 RAG	Aug-11 RAG	Sept-11 RAG	Oct-11 RAG	Nov-11 RAG	Dec-11 RAG	Jan-11 RAG	Feb-11 RAG	Mar-11 RAG	Apr-11 RAG	May-12 RAG	June-12 RAG
SHU/NT SN stroke audit												
Infection Control audit												
Cardiac Arrest outcomes	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	RED	RED	AMBER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

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns * ▲															
2011/12	CBU Area	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	YTD
Attitude / Conduct	BCK	3	2	0	0	3	1	6	3	3	23	2	0	3	5
	Hull & ER	1	2	1	0	3	1	0	2	2	21	1	0	1	2
	Leeds & Wakefield	3	3	1	1	2	2	2	3	0	23	1	1	1	3
	North Yorks	1	1	0	2	0	1	3	0	3	13	3	2	7	12
	South Yorks	3	0	0	0	2	1	3	1	1	18	4	0	2	6
	A & R	2	1	2	4	1	0	2	1	0	14	5	2	1	8
Aspects of Clinical Care	BCK	0	6	6	4	1	6	1	1	1	39	1	3	3	7
	Hull & ER	6	3	1	1	2	2	1	7	1	33	8	0	3	11
	Leeds & Wakefield	3	0	2	3	7	4	1	8	6	39	6	5	4	15
	North Yorks	1	3	7	1	2	3	3	5	5	42	5	8	3	16
	South Yorks	5	4	5	3	3	3	6	7	4	53	9	5	3	17
Driving and Sirens	BCK	2	0	2	1	2	0	1	0	0	11	3	1	5	9
	Hull & ER	1	0	1	0	0	0	2	1	0	7	1	0	2	3
	Leeds & Wakefield	1	0	4	2	1	1	1	0	1	16	5	1	1	7
	North Yorks	0	0	2	2	0	0	0	0	0	9	0	0	1	1
	South Yorks	1	0	0	0	1	0	0	0	1	4	1	2	1	4
Response	A & R	20	25	23	16	24	21	23	33	31	267	24	21	21	66
Call Management	A & R	3	2	1	3	3	4	1	0	0	27	1	0	4	5
Other	BCK	0	0	0	1	0	2	4	0	0	8	2	1	1	4
	Hull & ER	0	1	1	1	0	0	0	0	1	5	0	1	1	2
	Leeds & Wakefield	0	1	0	0	0	0	0	0	1	5	6	0	2	8
	North Yorks	0	0	0	2	0	0	1	1	1	5	2	0	3	5
	South Yorks	0	2	0	0	1	1	0	1	1	7	4	2	5	11
	A & R	0	0	0	0	0	0	0	0	1	1	0	0	0	0
SUB TOTALS	BCK	5	8	8	6	6	9	12	4	4	81	8	5	12	25
	Hull & ER	8	6	4	2	5	3	3	10	4	66	10	1	7	18
	Leeds & Wakefield	7	4	7	6	10	7	4	11	8	83	18	7	8	33
	North Yorks	2	4	9	7	2	4	7	6	9	69	10	10	14	34
	South Yorks	9	6	5	3	7	5	9	9	7	82	18	9	11	38
	A & R	25	28	26	23	28	25	26	34	32	309	30	24	26	80
GRAND TOTAL		56	56	59	47	58	53	61	74	64	690	94	56	78	228
Demand Activity		57247	54907	55520	58514	54802	61784	58076	57670	60538	686347	57123	60406	57915	175444
% RATE		0.10%	0.10%	0.11%	0.08%	0.11%	0.09%	0.11%	0.13%	0.11%	0.10%	0.16%	0.09%	0.13%	0.13%

▲ * Early Warning Indicator



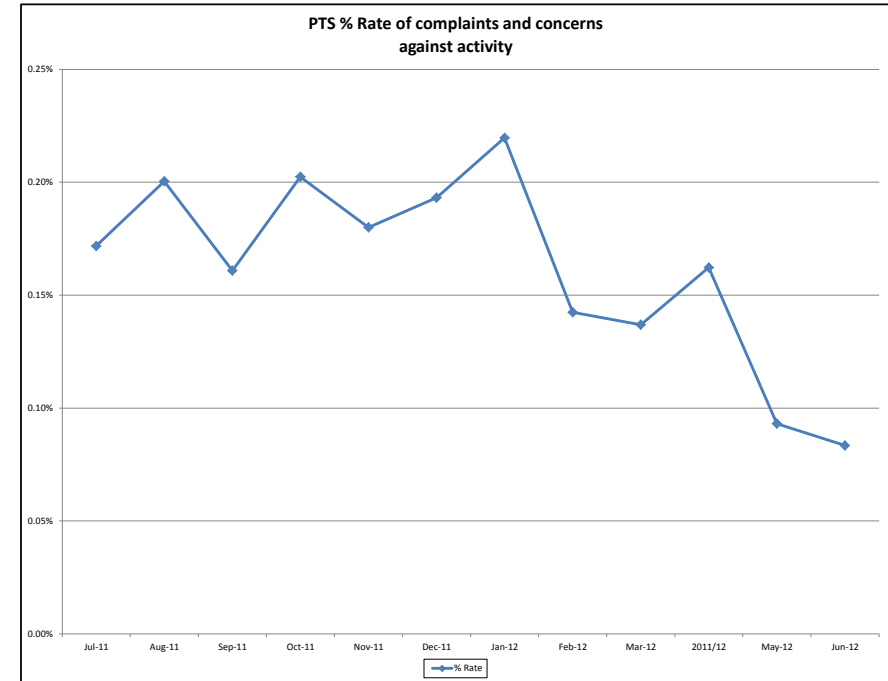
Compliments												
CBU Area	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
BCK	12	2	22	11	16	10	8	8	15	3	0	8
Hull & ER	11	5	5	8	10	4	12	4	12	0	0	3
Leeds & Wakefield	8	7	17	4	9	11	10	8	8	3	0	4
North Yorks	12	6	38	10	8	15	2	13	6	1	0	7
South Yorks	8	2	22	19	9	12	3	16	10	3	0	4
A & R	1	0	1	2	0	1	1	1	1	0	0	0
TOTAL	52	22	105	54	52	53	36	50	52	10	0	26

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

Concerns, Complaints and Compliments

OBJ REF 1.2 : 3

Complaints & Concerns															
2011/12	PTS Area	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	TYD
Attitude / Conduct	East Consortia	0	1	2	0	1	1	1	1	4	11	0	0	0	0
	North Consortia	0	0	0	2	0	0	2	2	1	7	1	0	2	3
	South Consortia	2	3	0	3	1	1	0	2	2	17	1	1	1	3
	West Consortia	0	3	2	1	4	4	7	3	3	38	1	3	2	6
Aspects of Clinical Care	East Consortia	0	0	0	0	0	0	2	2	0	5	0	1	1	2
	North Consortia	1	0	1	0	2	1	1	0	2	16	0	0	0	0
	South Consortia	0	2	1	0	1	0	4	2	4	16	3	2	2	7
	West Consortia	2	1	2	3	3	1	3	4	6	29	0	5	4	9
Driving and Sirens	East Consortia	0	0	0	0	1	0	0	0	0	1	0	0	0	0
	North Consortia	0	1	0	1	0	0	1	1	0	6	1	1	0	2
	South Consortia	0	0	0	1	0	1	0	0	0	4	1	0	0	1
	West Consortia	3	0	1	0	2	1	0	0	2	9	1	2	2	5
Response	East Consortia	20	11	10	9	9	9	13	11	6	140	6	11	6	23
	North Consortia	19	11	7	11	18	10	9	6	11	147	2	6	4	12
	South Consortia	14	18	9	13	18	17	25	13	13	175	7	10	1	18
	West Consortia	26	22	14	22	19	21	38	24	22	275	8	19	17	44
Call Management	East Consortia	0	1	1	1	2	0	1	1	1	8	2	0	2	4
	North Consortia	0	2	0	2	0	1	1	2	1	9	1	1	1	3
	South Consortia	0	0	0	1	0	0	1	1	1	6	1	2	0	3
	West Consortia	0	2	2	0	0	1	1	0	3	10	2	3	3	8
Other	East Consortia	0	0	1	0	0	0	0	0	1	2	0	0	0	0
	North Consortia	0	0	0	1	1	0	0	0	3	6	6	0	0	6
	South Consortia	0	0	0	0	0	0	0	0	3	3	4	0	1	5
	West Consortia	1	0	0	1	0	0	0	0	1	3	5	0	1	6
SUB TOTALS	East Consortia	20	13	14	10	13	10	17	15	12	167	8	12	9	29
	North Consortia	20	14	8	17	21	12	14	11	18	191	11	8	7	26
	South Consortia	16	23	10	18	20	19	30	18	23	221	17	15	5	37
	West Consortia	32	28	21	27	28	28	49	31	37	364	17	32	29	78
Service to Service	East Consortia	35	25	22	46	36	39	32	15	15	317	7	2	3	12
	North Consortia	4	16	11	22	8	12	6	6	0	86	5	1	1	7
	South Consortia	9	20	24	21	11	11	26	15	10	173	5	25	10	40
	West Consortia	27	58	48	30	36	37	38	22	19	371	7	9	8	24
GRAND TOTAL		163	197	158	191	173	168	212	133	134	1890	77	104	72	253
Demand Activity		94928	98306	98241	94363	96122	86994	96528	93433	97907	1165149	87757	107422	86325	281504
% RATE		0.17%	0.20%	0.16%	0.20%	0.18%	0.19%	0.22%	0.14%	0.14%	0.16%	0.08%	0.09%	0.08%	0.09%



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

Concerns and Complaints - A&E / A&R

2011/12	A&E / A&R	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
Response Within 1 Working Day	BCK	1	0	1	0	0	0	1	0	0	1	0	0
	Hull & ER	1	0	0	1	0	0	0	1	0	0	0	0
	Leeds & Wakefield	3	0	1	0	0	0	1	0	0	0	2	0
	North Yorks	0	0	0	0	0	0	0	1	1	0	2	0
	South Yorks	1	1	1	0	0	0	0	0	0	0	3	2
	A & R	2	2	1	1	0	2	1	2	1	2	3	2
Response 2 - 25 Working Days	BCK	3	1	2	3	3	5	5	5	3	2	4	5
	Hull & ER	3	3	3	2	0	4	3	2	3	3	5	1
	Leeds & Wakefield	2	2	1	6	3	4	4	3	7	3	11	6
	North Yorks	6	1	1	6	5	1	1	4	2	3	7	5
	South Yorks	2	7	3	3	2	2	2	5	6	5	5	5
	A & R	13	0	13	15	22	25	14	13	16	24	18	14
Response > 25 Working Days	BCK	3	4	5	5	3	2	3	7	1	1	2	0
	Hull & ER	1	5	3	1	2	1	0	0	7	1	5	0
	Leeds & Wakefield	2	5	2	1	3	5	2	1	4	5	4	1
	North Yorks	1	1	2	3	2	1	3	2	3	6	1	5
	South Yorks	5	2	2	2	1	5	3	4	3	3	10	2
	A & R	6	0	14	11	1	2	11	11	16	7	8	8
Average Response Time (Working Days)	BCK	24	45	33	32	24	28	37	23	19	18	18	17
	Hull & ER	31	50	18	16	32	21	21	10	40	23	20	18
	Leeds & Wakefield	20	31	34	16	24	38	29	18	TBC	TBC	21	17
	North Yorks	16	40	32	26	20	29	30	TBC	31	41	TBC	TBC
	South Yorks	32	19	27	40	12	35	34	27	TBC	23	TBC	TBC
	A & R	19	19	25	25	16	18	24	19	25	TBC	19	TBC
Re-opened Complaints & Concerns	BCK	0	0	0	0	0	0	0	0	0	0	0	0
	Hull & ER	1	0	0	0	0	0	0	0	0	0	0	0
	Leeds & Wakefield	0	0	1	0	0	0	0	0	0	0	0	0
	North Yorks	0	0	0	0	0	0	0	0	0	0	0	0
	South Yorks	0	1	0	0	0	0	0	0	0	0	0	0
	A & R	1	0	0	0	0	1	0	0	0	0	0	0
Referrals to Ombudsman	A&E / A&R	0	1	0	0	1	0	0	0	0	1	0	0

Concerns and Complaints - PTS

OBJ REF 1.2 : 3

2011/12	PTS Area	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
Response Within 1 Working Day	East Consortia	4	5	0	1	1	2	2	3	0	1	1	0
	North Consortia	1	5	4	2	1	0	0	1	4	2	1	2
	South Consortia	1	4	2	1	1	1	3	4	3	1	1	2
	West Consortia	6	5	5	3	3	2	3	4	3	7	3	3
Response 2 - 25 Working Days	East Consortia	14	9	12	10	9	8	4	11	10	9	6	11
	North Consortia	14	12	11	5	13	16	6	7	4	13	5	4
	South Consortia	5	9	15	8	12	10	10	13	10	13	7	10
Response > 25 Working Days	East Consortia	5	6	1	3	0	3	3	3	6	2	0	1
	North Consortia	3	3	0	1	3	4	6	6	3	3	4	2
	South Consortia	5	3	6	1	4	9	6	13	5	8	6	3
	West Consortia	7	4	4	4	3	5	3	19	15	11	2	8
Average Response Time (Working Days)	East Consortia	15	16	12	18	10	12	18	15	19	14	12	TBC
	North Consortia	13	21	8	8	14	19	38	23	14	15	17	TBC
	South Consortia	17	16	15	10	20	33	20	24	25	20	20	TBC
	West Consortia	13	12	16	13	11	18	14	26	25	16	10	TBC
Re-Opened Complaints & Concerns	East Consortia	0	0	0	0	0	0	0	0	0	0	0	0
	North Consortia	1	0	0	0	0	0	0	0	0	0	1	0
	South Consortia	0	0	0	0	0	1	0	0	0	0	0	0
Referrals to Ombudsman	East Consortia	0	0	0	0	0	0	0	0	0	0	0	0
	North Consortia	1	0	0	0	0	0	0	0	0	0	1	0
	South Consortia	0	0	0	0	0	0	0	0	0	0	0	0
PTS - Service to Service	PTS Area	0	0	0	0	0	0	0	0	0	1	0	0
	East Consortia	32 (100%)	35 (100%)	25 (100%)	22 (100%)	46(100%)	36 (100%)	39 (100%)	32(100%)	15(100%)	15(100%)	7(100%)	2(100%)
	North Consortia	1 (100%)	4 (100%)	16 (100%)	11 (100%)	22(100%)	8 (100%)	12 (100%)	6 (100%)	6(100%)	0(100%)	5(100%)	1(100%)
	South Consortia	11 (100%)	9 (100%)	20 (100%)	24 (100%)	21(100%)	11 (100%)	11 (100%)	26(100%)	15(100%)	10(100%)	5(100%)	25(100%)
	West Consortia	23 (100%)	27 (100%)	58 (100%)	48 (100%)	30(100%)	36 (100%)	37 (100%)	38(100%)	23(100%)	19(100%)	7(100%)	9(100%)
	East Consortia	13 (41%)	27 (77%)	16(64%)	8 (36%)	41(89%)	28 (78%)	37 (95%)	22(69%)	12(80%)	14(93%)	6(89%)	0(0%)
	North Consortia	0 (0%)	0 (0%)	1 (6%)	1 (9%)	6 (27%)	7 (88%)	7 (58%)	6(100%)	4(67%)	N/A	4(80%)	1(100%)
	South Consortia	3 (27%)	2 (22%)	1 (5%)	3 (13%)	7 (33%)	2 (18%)	4 (36%)	1 (4%)	2(13%)	5(50%)	2(40%)	8(32%)
	West Consortia	7 (30%)	9 (100%)	11(19%)	25 (52%)	23(77%)	26 (72%)	22 (59%)	13(34%)	11(48%)	8(42%)	7(100%)	8(89%)

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

Local Involvement Networks/Overview & Scrutiny Committees

OBJ REF 1.2 : 3

YTD RAG	GREEN
MTD RAG	GREEN

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

The Quality Accounts are now finalised. A copy is now with the NHS Secretary of State, uploaded on to our YAS homepage and NHS Choices. Hard copies are being published and will be available soon (this also includes a summary booklet version)

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.

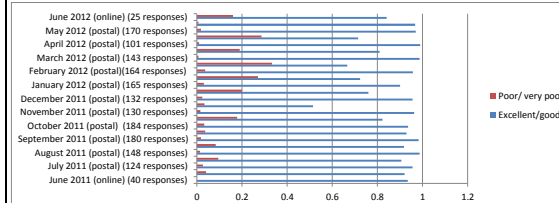
Comments

A&E Service-User Experience Survey

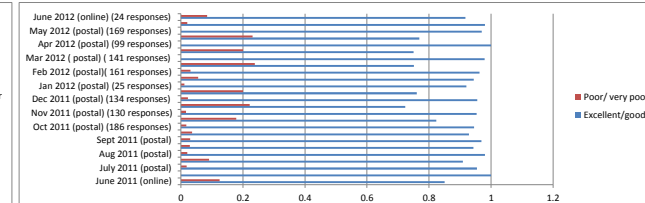
The postal survey of A&E Service User Experience was completed in June 2012. Surveys were sent to a random sample of 570 addresses to which ambulances had been called in April 2012 (this included calls to which we sent an ambulance response and those where the call was referred to NHS Direct or to the 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 June 2012, 36 people completed the online survey and 173 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: "This is not the first time we have had to dial 999 on each occasion we have had excellent service and would like to say thank you to all staff concerned"
99% of the attending staff treat her wonderfully. However, the last occasion that a crew was called out the care she received changed markedly when the paramedic realised that he had attended to her when she had been an inpatient at the local psychiatric unit, although that was nearly a year ago and her psychiatric condition is stable at this time. I would like to ask if your crews are trained to discriminate against patients with a mental illness or do they just do it because some of them have a drug problem?

Staff attitude negative: The call operator was rude and very pushy towards myself questioning me on a patients condition. The person involved sounded as though he didn't want to be on the call nor wanted to help. The paramedic that attended did not ask for any basic or simple information such as their name or medical condition forcing me to approach him and tell him myself at which point I was ignored. He made the clearly distraught patient declare distressing medical information once again even though I had told him she was embarrassed and upset. I do not believe the paramedic set a good example for the Trust, especially when he was accompanied by a clinical educator and student.

Call taker/ triage: (note this story also includes on scene/ paramedic info) A first responder arrived almost immediately but no ambulance. My son had had a head injury and already been to A&E in the morning then he had a seizure and second head injury. The first responder had to leave my unconscious, bleeding son to find out where the ambulance was. He returned to tell me that an ambulance hadn't been sent because my son was a known epileptic and had 'just had a seizure'. He argued and one was sent quickly. On arriving at A&E we were taken to resuscitation because my son couldn't be woken up, and then finally admitted to children's ward. I am very disappointed that an ambulance wasn't sent in the first place and am glad my son is ok and didn't suffer because of this negligence.

Other negatives:

*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.

1) A disappointing response rate of PTS Comments Cards has led to a decision to commence monthly postal surveying of PTS service-users. We have liaised with commissioners regarding proposed questions and are looking to being this work during 2012-13. We are also liaising with other national NHS Trusts who already do postal surveying of their PTS patients and working with the National Ambulance Patient Experience Group regarding benchmarking.

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 shown 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%	100.00%	100.00%	97.31%	100.00%
I felt safe while travelling	95%	99.50%	100.00%	100.00%	100.00%	100.00%	97.27%	98.74%
Transport was clean and comfortable	90%	97.10%	98.96%	91.17%	97.35%	96.49%	100.00%	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 picked me up from home)	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%

Please don't hesitate to contact anne-marie.haigh@yas.nhs.uk should you wish to receive further information regarding the patient experiences of PTS or A&E service users.

*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

OBJ REF	3
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	YTD RAG	GREEN
↔	MTD RAG	GREEN

COMPLIANCE							Internal Rating	Comments
Outcome	Jan-12	Feb-12	Mar-12	Mar-12	Apr-12	May-12		Actions Changes since last Report
1 Respecting and involving people who use services	Yellow	Yellow	Yellow	Yellow	Yellow	Green		No changes since the last report
2 Consent to care and treatment	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
4 Care and welfare of people who use services	Green	Green	Green	Green	Green	Green		No changes since the last report
5 Meeting nutritional needs	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
6 Cooperating with other providers	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
7 Safeguarding people who use services from abuse	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
8 Cleanliness and infection control	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		No changes since the last report
9 Management of medicines	Orange	Orange	Orange	Orange	Grey	Grey		No changes since the last report
10 Safety and suitability of premises	Yellow	Yellow	Yellow	Yellow	Green	Green		No changes since the last report
11 Safety, availability and suitability of equipment	Grey	Grey	Grey	Grey	Yellow	Yellow		No changes since the last report
12 Requirements relating to staff	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow		No changes since the last report
13 Staffing	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
14 Supporting workers	Grey	Grey	Grey	Grey	Grey	Grey		No changes since the last report
16 Assessing/Monitoring quality	Green	Green	Green	Green	Green	Green		No changes since the last report
17 Complaints	Yellow	Yellow	Yellow	Yellow	Green	Green		No changes since the last report
18 Records	Yellow	Yellow	Yellow	Yellow	Yellow	Green		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	A repeat of the compliance provider assessment is due to be reported to SMG in August 2012.
Notifications to CQC	None

Quality Governance Rating			
	Criteria	Overall rating	
		Jan-12	Jul-12
Strategy	Does Quality drive the Trusts strategy	0.5	0.5
	Is the Board aware of potential risks to quality?	0.5	0.5
Capabilities & Culture	Does the Board have the necessary leadership, skills and knowledge to ensure the delivery of the quality agenda?	0.5	0.5
	Does the Board promote a quality focused culture throughout the Trust?	0.5	0.5
Processes & structures	Are there clear roles and responsibilities in relationship to quality governance?	0.5	0.5
	Are there clear well defined, well understood processes for escalating and resolving issues and managing quality?	0.5	0.5
	Does the Board actively engage patients, staff, and other key stakeholders on quality?	0.0	0.0
Processes & structures (measurement)	Is appropriate quality information being analysed and challenged?	0.0	0.0
	Is the Board assured of the robustness of the quality information?	0.5	0.5
	Is quality information used effectively?	0.5	0.0
Final overall score		4.0	3.5 (provisional)

Compliance Assurance Group - Progress report

Information Governance

OBJ REF 3

	YTD RAG	GREEN
↔	MTD RAG	GREEN

Freedom of Information (FOI) Requests	This Month	Year to Date
New FOI requests received	13	55
Number of FOI requests due a response in month	23	
Number responded to within 20 days	19	
Number responded to outside 20 days	2	

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	52	170	91%	96%
Police requests	78	251		
Witness Statements / Police Interviews	21	91		
	This Month	Year to Date		
Coroner Requests	9	36		

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

Comments

Please note: there are two outstanding FOIs to be answered:

1. The Trust emailed the person who submitted the request for clarification and has yet to receive a response back from the individual, so this is still an open request at the moment, but the 20 days 'clock' has been stopped until the reply. If the Trust does not receive a reply from the individual this week, they will be sent a letter informing them that this FOI request will be closed down.
2. The second unanswered FOI is an appeal for information which the team is currently dealing with and seeking approval from senior management on the information we are going to be releasing.

Of the 114 Data Protection requests closed this month, five were not completed within the 40 day requirement. A consistent issue is retrieval of patient records dated prior to those on OnBase. Delays occur due to recovery from archive, necessity for manual searches through large documents and poor filing systems. The Clinical Directorate are considering solutions for accessibility to 'old' records.



Section 4

Workforce



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

Voluntary Early Retirement - with Actuarial Reduction	0.8
Voluntary Resignation - Health	1.0
Voluntary Resignation - Incompatible Working Relations	1.0
Total	2.8

PDR's

Total YAS compliancy has decreased from 78.51% as of end of May 2012 to 77.34% as of end of June 2012

Statutory and Mandatory Training (Workbooks)

Compliancy for just 2011/2012 workbook is as follows

	Apr-12	May-12	Jun-12
Chief Executive	70.83%	65.38%	65.38%
Clinical Directorate	86.67%	90.00%	96.67%
Finance and Performance	80.41%	81.12%	80.59%
Operations	75.18%	76.21%	76.69%
Standards & Compliance	80.00%	80.39%	82.69%
Workforce & Strategy	89.69%	87.50%	91.75%
Total YAS Compliancy	76.05%	76.95%	77.50%

Workforce Statistics - Gender

Position remains unchanged and has remained static during the previous financial/performance year.

Workforce Statistics - Disability

The position represents a slight improvement from the end of Quarter 4 and the data validation exercise for ESR records has significantly reduced the undefined category and improved reporting.

Workforce Statistics - Ethnic Origin

The workforce profile of the Trust remains relatively unchanged since Quarter 4 of the previous financial/performance year and the majority of staff still classify as being White-British. Further work as a part of the Trust's Equality Objectives for the 4 year period will require positive action to encourage greater engagement, recruitment, retention and progression for staff from other classifications.

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

Recruits & Leavers

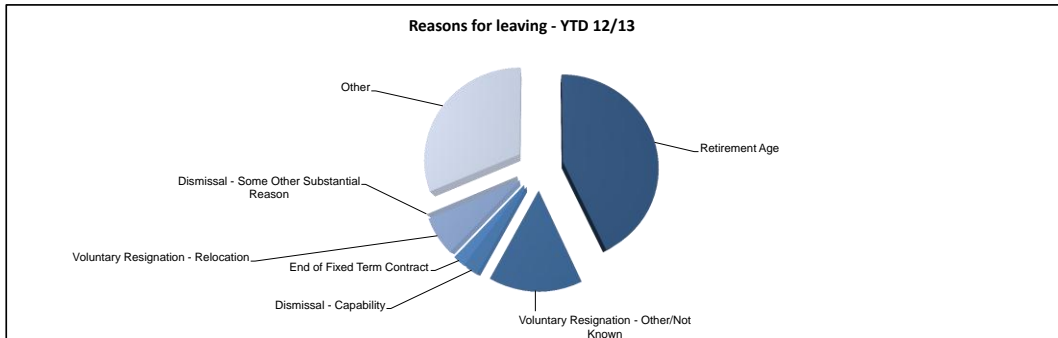
OBJ REF	1.1
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Recruits	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Chief Executive FTE	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0	2.0	2.0
Chief Executive FTE (Previous Year)	0.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0	1.5	0.0	0.0	3.0
Clinical FTE	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0
Clinical FTE (Previous Year)	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Finance FTE	1.0	2.7	1.0	2.0	2.2	0.4	2.0	0.5	0.0	0.0	0.0	2.0
Finance FTE (Previous Year)	2.8	2.7	9.8	3.6	3.9	1.4	8.7	0.0	5.4	2.4	4.7	1.0
Workforce & Strategy FTE	0.0	0.0	0.0	1.4	1.0	0.0	1.0	1.0	0.8	0.0	1.4	0.0
Workforce & Strategy FTE (Previous Year)	0.0	2.0	1.0	3.5	2.0	0.0	1.0	0.0	0.0	0.0	0.8	1.0
Operations FTE	3.7	5.9	4.0	18.7	15.1	8.2	10.9	16.9	7.9	7.3	12.0	12.4
Operations FTE (Previous Year)	2.8	8.0	0.4	1.4	21.4	6.0	13.2	0.4	0.5	2.7	4.3	6.4
Standards & Compliance FTE	0.0	1.0	1.0	0.0	0.0	0.0	3.8	0.0	0.0	0.0	1.0	0.0
Standards & Compliance FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	0.4	0.0	0.0
Total FTE	5.7	9.5	6.0	24.2	18.3	8.6	17.7	19.4	10.6	7.3	16.4	16.4
Total FTE (Previous Year)	5.6	13.1	11.2	9.5	27.2	7.4	23.9	2.4	8.5	5.5	9.8	11.4

Leavers

OBJ REF	1.1
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Leavers	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Chief Executive FTE	2.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Chief Executive FTE (Previous Year)	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0
Clinical FTE	2.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical FTE (Previous Year)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Finance FTE	3.5	2.1	1.0	1.1	1.0	0.0	2.0	1.0	3.0	3.1	2.0	2.0
Finance FTE (Previous Year)	3.4	1.2	3.0	3.6	0.4	3.9	5.0	3.3	2.8	4.1	5.5	3.0
Workforce & Strategy FTE	0.0	0.0	0.0	2.0	0.0	1.0	0.0	0.8	0.0	2.8	1.0	0.0
Workforce & Strategy (Previous Year)	1.0	1.5	0.0	0.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.0
Operations FTE	12.8	27.2	13.0	16.5	15.2	17.7	6.6	10.9	8.3	21.8	12.1	7.6
Operations FTE (Previous Year)	6.5	16.0	14.1	15.8	20.2	6.3	13.0	6.8	12.8	9.5	12.2	6.7
Standards & Compliance FTE	0.0	0.0	1.0	1.0	1.0	0.0	1.0	1.0	0.0	0.0	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	1.0	0.0	1.0
Total FTE	16.3	29.2	15.0	21.6	17.2	18.7	10.6	13.6	11.3	27.7	15.1	9.6
Total FTE (Previous Year)	10.9	19.7	17.1	19.5	20.6	10.2	19.0	11.1	16.6	15.6	17.7	12.7



Top Ten Reason	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD 12/13
Retirement Age	2.0	7.4	4.0	9.4	4.6	5.6	4.6	1.0	3.5	15.5	4.1	1.6	21.2
Voluntary Resignation - Other/Not Known	2.8	1.0	4.5	1.1	2.3	5.2	2.0	1.0	2.3	1.3	3.0	3.0	7.3
Dismissal - Capability	0.0	4.0	2.0	0.0	1.0	0.4	1.0	0.0	1.8	0.0	0.0	1.0	1.0
End of Fixed Term Contract	2.0	0.0	0.0	0.0	1.0	0.0	0.0	1.3	1.0	1.0	0.0	0.0	1.0
Retirement - Ill Health	0.0	0.0	0.5	2.6	3.5	1.0	0.0	1.0	0.0	0.1	1.0	0.0	1.1
Voluntary Resignation - Relocation	1.0	4.0	0.0	2.0	0.0	2.0	0.0	2.8	0.0	2.0	0.0	1.2	3.2
Voluntary Resignation - Lack of Opportunities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	2.0
Dismissal - Some Other Substantial Reason	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0
Other	8.0	12.9	4.0	6.5	4.8	2.5	3.0	5.5	1.7	6.7	6.0	2.8	15.5

PDR's

OBJ REF 1.1

YTD RAG AMBER
 MTD RAG AMBER

Directorate	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD 12/13
Chief Executive	0%	45%	42%	36%	86%	100%	100%	48%	46%	46%	46%	46%	46%
Clinical	52%	64%	85%	92%	100%	100%	96%	89%	83%	89%	93%	100%	100%
Finance & Performance	79%	85%	82%	83%	78%	74%	77%	81%	81%	82%	85%	80%	80%
Operations	47%	49%	48%	44%	44%	52%	62%	69%	81%	79%	78%	77%	77%
Standards & Compliance	36%	50%	55%	52%	72%	76%	68%	71%	80%	65%	61%	65%	65%
Workforce & Strategy	82%	87%	83%	81%	80%	82%	85%	91%	91%	86%	79%	79%	79%

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

Statutory and Mandatory Training (Workbooks)

OBJ REF 6

YTD RAG AMBER
 MTD RAG AMBER

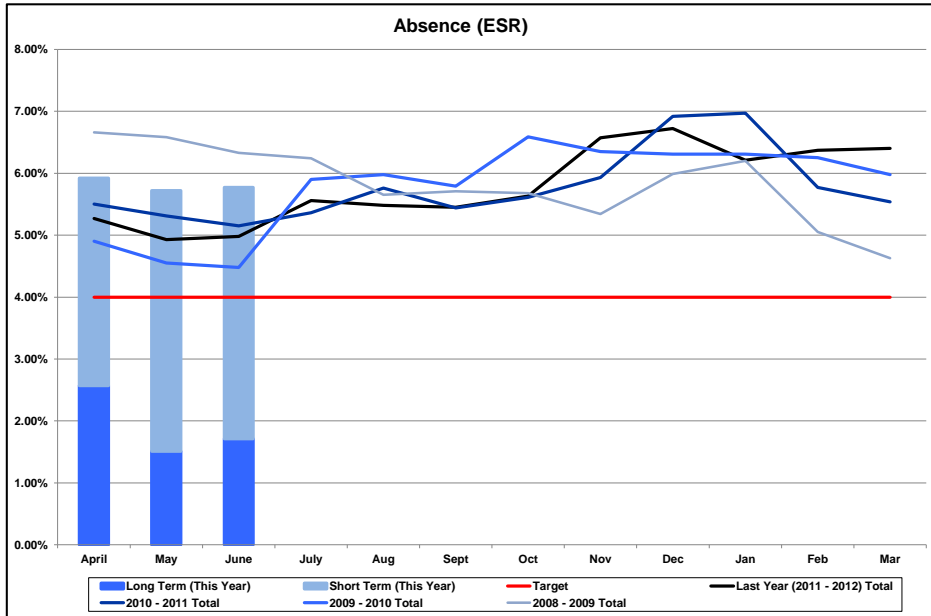
Directorate	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD 12/13
Chief Executive	42%	45%	62%	50%	71%	80%	80%	87%	83%	83%	77%	73%	73%
Clinical	93%	92%	100%	100%	93%	93%	93%	90%	90%	93%	93%	97%	97%
Finance & Performance	85%	86%	88%	89%	88%	88%	88%	89%	88%	88%	89%	88%	88%
Operations	87%	87%	87%	87%	87%	88%	88%	88%	88%	88%	89%	89%	89%
Standards & Compliance	95%	92%	93%	91%	93%	89%	89%	90%	90%	92%	92%	92%	92%
Workforce & Strategy	93%	91%	91%	89%	88%	91%	91%	97%	95%	96%	94%	96%	96%

Please Note: These figures are for all workbooks completed

Short/Long Term Absence

OBJ REF 1.1

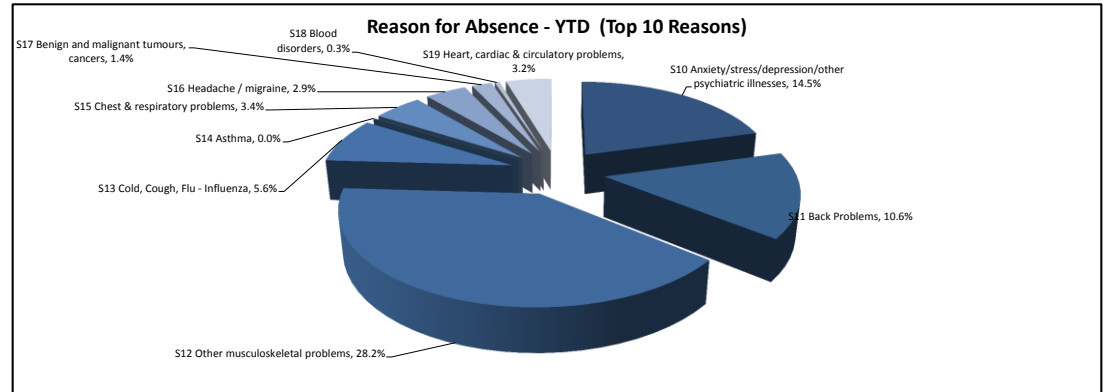
YTD RAG RED
 MTD RAG RED



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Target	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%
Long Term (This Year)	2.57%	1.51%	1.71%									
Short Term (This Year)	3.35%	4.21%	4.06%									
This Year (2012 - 2013) Total	5.92%	5.72%	5.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Last Year (2011 - 2012) Total	5.27%	4.93%	4.98%	5.56%	5.48%	5.45%	5.63%	6.57%	6.72%	6.21%	6.37%	6.40%
2010 - 2011 Total	5.50%	5.31%	5.15%	5.36%	5.76%	5.44%	5.61%	5.93%	6.92%	6.97%	5.77%	5.54%
2009 - 2010 Total	4.90%	4.55%	4.48%	5.90%	5.98%	5.79%	6.59%	6.35%	6.31%	6.31%	6.25%	5.98%
2008 - 2009 Total	6.66%	6.58%	6.33%	6.24%	5.65%	5.71%	5.68%	5.34%	5.99%	6.20%	5.05%	4.63%

Reason for Absence

OBJ REF 1.1



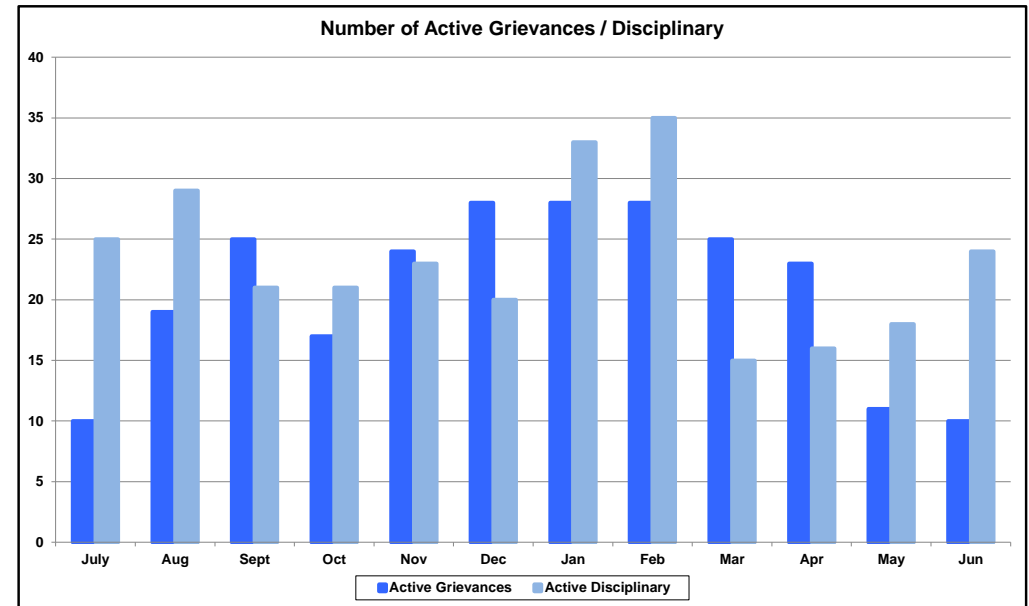
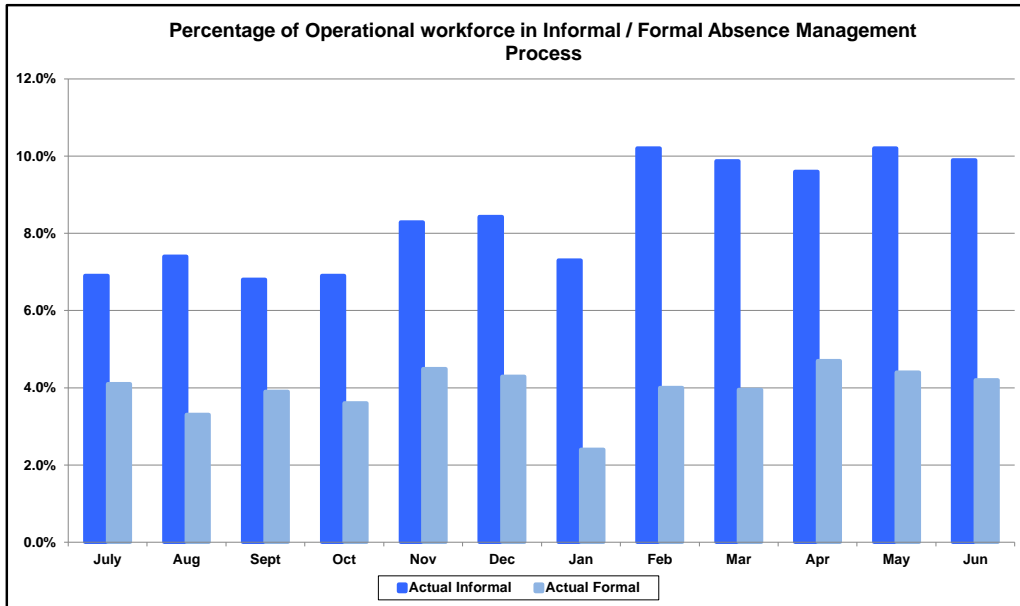
Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	AVG YTD 12/13
S10 Anxiety/stress/depression/other psychiatric illnesses	14.0%	13.9%	15.6%										14.5%
S11 Back Problems	13.4%	10.6%	7.7%										10.6%
S12 Other musculoskeletal problems	28.0%	28.9%	27.7%										28.2%
S13 Cold, Cough, Flu - Influenza	6.4%	5.5%	4.9%										5.6%
S14 Asthma	0.0%	0.0%	0.1%										0.0%
S15 Chest & respiratory problems	2.5%	4.0%	3.8%										3.4%
S16 Headache / migraine	2.6%	3.1%	3.0%										2.9%
S17 Benign and malignant tumours, cancers	1.0%	1.3%	1.9%										1.4%
S18 Blood disorders	0.2%	0.4%	0.5%										0.3%
S19 Heart, cardiac & circulatory problems	3.0%	3.4%	3.2%										3.2%
S20 Burns, poisoning, frostbite, hypothermia	0.2%	0.0%	0.1%										0.1%
S21 Ear, nose, throat (ENT)	1.0%	1.8%	2.4%										1.7%
S22 Dental and oral problems	0.3%	0.5%	0.5%										0.4%
S23 Eye problems	0.6%	0.7%	0.6%										0.6%
S24 Endocrine / glandular problems	0.6%	0.4%	0.5%										0.5%
S25 Gastrointestinal problems	10.3%	12.2%	12.9%										11.8%
S26 Genitourinary & gynaecological disorders	1.5%	1.9%	2.6%										2.0%
S27 Infectious diseases	1.0%	1.4%	1.5%										1.3%
S28 Injury, fracture	5.4%	7.3%	8.6%										7.1%
S29 Nervous system disorders	0.7%	1.4%	0.9%										1.0%
S30 Pregnancy related disorders	1.7%	1.2%	1.0%										1.3%
S31 Skin disorders	0.8%	0.2%	0.3%										0.4%
S32 Substance abuse	0.0%	0.0%	0.0%										0.0%
S98 Other known causes - not elsewhere classified	3.3%	0.0%	0.0%										1.1%
S99 Unknown causes / Not specified	1.4%	0.0%	0.0%										0.5%

Absence Management Process

OBJ	1.1
REF	

Grievances / Disciplinary

OBJ	1.1
REF	



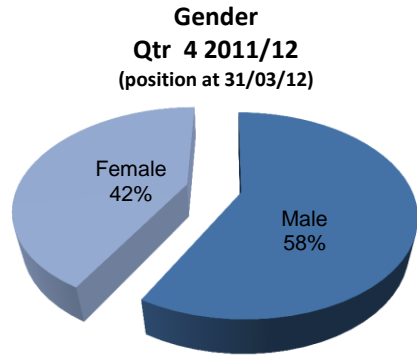
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Actual Informal	6.9%	7.4%	6.8%	6.9%	8.3%	8.4%	7.3%	10.2%	9.9%	9.6%	10.2%	9.9%
Actual Formal	4.1%	3.3%	3.9%	3.6%	4.5%	4.3%	2.4%	4.0%	4.0%	4.7%	4.4%	4.2%

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Active Grievances	10	19	25	17	24	28	28	28	25	23	11	10
Active Disciplinary	25	29	21	21	23	20	33	35	15	16	18	24

Workforce Statistics - Gender

OBJ	N/A
REF	

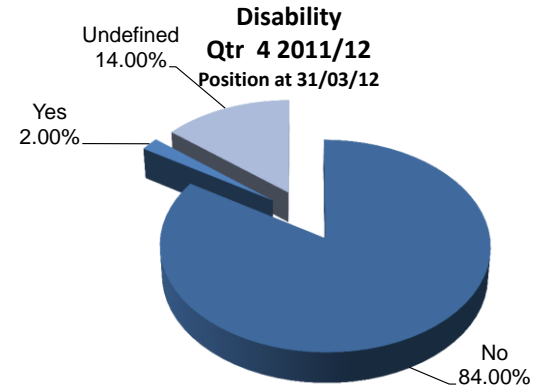
RAG	N/A
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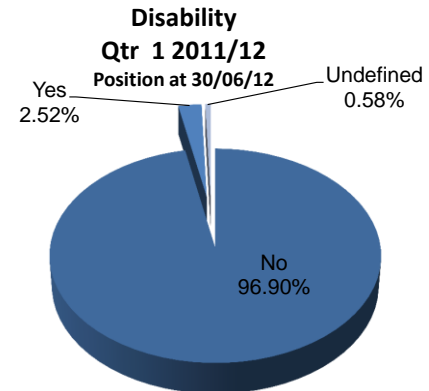
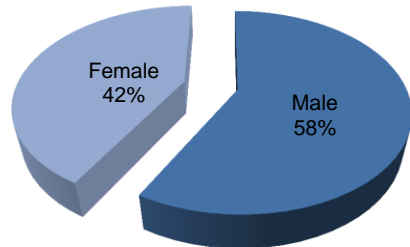
Workforce Statistics - Disability

OBJ	N/A
REF	

RAG	N/A
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Gender
Qtr 1 2012/13
(position at 30/06/12)



Workforce Statistics - Ethnic Origin

Ethnic Origin	Quarter 4 2011/2012		Quarter 1 2012/2013	
White - British	4165	96.35%	4131	95.56%
White - Irish	16	0.37%	14	0.32%
White - Other	31	0.72%	33	0.76%
Mixed - White and Black Carribbean	11	0.25%	10	0.23%
Mixed - White and Black African	3	0.07%	3	0.07%
Mixed - White and Asian	1	0.02%	1	0.02%
Mixed - Any Other Mixed Background	7	0.16%	7	0.16%
Asian or Asian British - Indian	18	0.42%	18	0.42%
Asian or Asian British - Pakistani	61	1.41%	61	1.41%
Asian or Asian British - Bangladeshi	1	0.02%	1	0.02%
Asian or Asian British - Any Other Asian Background	5	0.12%	5	0.12%
Black or Black British - Carribbean	10	0.23%	10	0.23%
Black or Black British - African	3	0.07%	3	0.07%
Black or Black British - Any Other Black Background	2	0.05%	2	0.05%
Chinese	4	0.09%	4	0.09%
Any Other Ethnic Group	19	0.44%	19	0.44%
Undefined	1	0.02%	1	0.02%
Total	4358	100.00%	4323	100.00%



Section 5

Finance



EBITDA	Reference
<ul style="list-style-type: none"> The Trust's Earnings before Interest Tax Depreciation and Amortisation (EBITDA) for the year ending 30 June 2012 was £3.066m (6.2%) 	5.4
<ul style="list-style-type: none"> This is just below the YTD plan of £3.081m (6.3%) 	5.4
SURPLUS	
<ul style="list-style-type: none"> The Trust has delivered a surplus as at 30 June 2012 of £313k, against a budgeted surplus of £306k 	5.4
<ul style="list-style-type: none"> The Trust had a planned surplus of £350k for the year to date on the revised FIMS plan to the SHA The difference of £37k is essentially due to minor slippage on CIPs, this will be recovered by year end 	
CASH	
<ul style="list-style-type: none"> The Trust had cash and cash equivalents of £8m at the end of June 2012 against a plan of £5.7m due to the receipt of a temporary loan facility and liquidity protocols explained in the body of this report. The Trust currently scores a 4 for liquidity per Monitor's financial risk rating. 	5.5
MONITOR RISK RATING	
<ul style="list-style-type: none"> 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
CIP DELIVERY	
<ul style="list-style-type: none"> The Trust has a savings target of £10.285m for 2012/13. Business cases for CIPs to the value of £10.4m have been prepared. Quality assessments have been prepared for all 12/13 business cases. 	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 and has identified schemes totalling £10.4m
- The position at the end of June is a contribution towards targets of the £1.893m, which is slightly below plan by £37k.
 - CIP business cases, with identified timescales and quality impact assessments, have been prepared for 2012/13; 2013/14 and 2014/15.
 - Achievement against plan will be monitored by the Transformational Programme Board and the CIP Management Group, both of which has Executive Director representation
- The tables below show achievement against original plan and will be refreshed once scheme phasing has been finalised

CIP Tracker

	Annual Target	Identified Schemes	Variance to target	YTD Plan	Ytd Actual	Ytd Varaince
Planned savings	£000	£000	£000	£000	£000	£000
Accident & Emergency	6,148	6,835	687	1,242	1,186	-56
Patient Transport Service	1,075	319	-756	49	49	0
Finance	2,445	2,788	343	522	510	-12
Workforce & Strategy	276	238	-38	52	47	-5
Standards and Compliance	179	178	-1	11	37	26
Chief Executive	92	40	-52	24	34	10
Clinical	70	0	-70	0	0	0
Total	10,285	10,398	113	1,900	1,863	-37

Summary of Top 6 Schemes 2012/13

Lead Exec	CIP Scheme	Lead Mgr	2012/13	2013/14	2014/15	QIA	12/13 YTD Plan	12/13 YTD Actual
PBW	Reduce overtime	DW	£2.03m	£710k			£406k	£394k
PBW	Remove missed meal break payments	DW	£1.03m	£1.03m			£207k	£174k
PBW	Clinical leadership	PM	£1.2m	£400k			£0k	£0k
PBW	Increase in clinical hub triage	DW	£675k	£749k	£749k		£183k	£148k
SM	Effective sickness management	DW	£606k	£202k			£110k	£99k
RB	Purchase Springhill	MS	£610k	£97k			£0k	£0k
	Total Value		£6.15m					

- The Trust's overall risk rating is scored at a 3 as at the end of June, which is in line with plan.
- The Target ratings are planned annually and then proportioned for the months under consideration. For the I&E surplus margin this is a cumulative figure and will therefore be a 2 in year due to the phasing of the surplus, however will achieve a 3 at year end should the planned 1% margin be achieved.

Financial Criteria	Metric	Year to 31st May 12	Rating	Weight	Weighted Score	Actual Statistic	Comments	Calculation
Underlying Performance	EBITDA Margin	Target	3	25%	0.75	3.6%	This equates to a rating of 3	Measures income before interest, taxes, depreciation and amortisation as a percentage of total income
		Actual	3	25%	0.75	6.2%		
Achievement of Plan	EBITDA Achieved	Target	5	10%	0.5	£3,081	1% below target	Compares the value of EBITDA achieved in comparison to planned EBITDA, expressed as a percentage
		Actual	4	10%	0.4	£3,066		
Financial Efficiency	Net Return after Financing	Target	3	20%	0.6	0.5%	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	0.5%		
	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	0.6%		
Liquidity Ratio	Liquidity Ratio (Days)	Target	4	25%	1	39	Above target due to the temporary loan facility increasing cash balance	Expressed as the number of days cash that is available for expenditure i.e. cash plus trade debtors plus unused working capital facility less the sum of trade creditors, other creditors and accruals
		Actual	4	25%	1	49		
Risk Rating	Risk Rating to 31st May 12	Target			3		On Target	
		Actual			3			

	Plan	Actual
Number of operating days in year	91	91
Operating expenses per day (£000)	£502	£513

Monitor Compliance Framework 2012/13							
Financial Criteria	Weight %	Metric to be scored	Rating Categories				
			5	4	3	2	1
Achievement of plan	10	EBITDA* Achieved (% of plan)	100	85	70	50	<50
Underlying performance	25	EBITDA* margin (%)	11	9	5	1	<1
Financial efficiency	40	20 - Net Return after financing ** (%)	>3	2	-0.5	-5	<-5
		20 - I&E surplus margin net of dividend	3	2	1	-2	<-2
Liquidity	25	Liquidity ratio *** (days)	60	25	15	10	<10

Financial risk rating is weighted average of financial criteria scores

	Year to Date			Full Year		
	Plan	Forecast	Variance	Plan	Forecast	Variance
Accident & Emergency	39,356	40,586	-1,229	158,949	163,316	-4,368
Patient Transport Service	6,710	6,562	148	26,986	26,823	163
Other Income	2,657	2,590	68	10,314	10,609	-296
Operating Income	48,724	49,738	-1,014	196,249	200,749	-4,500
Pay Expenditure	-35,026	-36,714	1,688	-141,700	-144,840	3,139
Non-Pay expenditure & reserves	-10,616	-9,958	-659	-40,656	-42,011	1,356
Operating Expenditure	-45,643	-46,672	1,029	-182,356	-186,851	4,495
EBITDA	3,081	3,066	16	13,893	13,898	-5
EBITDA %	6.3%	6.2%		7.1%	6.9%	
Depreciation	-2,062	-2,062	0	-9,336	-9,336	0
Interest payable	-151	-152	1	-333	-333	0
Interest receivable	7	26	-20	27	27	0
Profit on fixed asset disposal	0	5	-5	0	-5	5
Dividends, interest and other	-569	-569	0	-2,276	-2,276	0
Retained Surplus	306	313	-7	1,975	1,975	0
I&E Surplus %	0.6%	0.6%		1.0%	1.0%	

Yorkshire Ambulance Service - Statement of Financial Position

June 2012

SUMMARY

The timing of the purchase of the Headquarters building has impacted heavily on the balance sheet and cash position. The purchase of £6.672m was forecast for June and, as such, a temporary borrowing facility was put in place for the period between purchase and receipt of the substantive loan on the 16th July. Contracts have been exchanged in June (with a 10% deposit being paid) with completion scheduled for the middle of July. The resulting impacts on the Balance Sheet are:

- The Land and buildings variance is impacted by £7.774m (the original purchase price of the building included in the plan)
- The cash is influenced by £1.434m being the £2m cash receipt less the payment of the deposit £0.566m

Other Balance sheet variances worthy of note are;

- Debtors are £1.525m less than plan as Trade Debtors recovery performance was much better than plan.
- Creditors have reduced against plan by £1.171m, however trade creditors have increased by £0.500m as suppliers were deliberately paid as late as practicable to improve the cash position pending the Springhill purchase. The Creditors position has been offset by a reduction in accruals and provisions against plan.
- Accrued Income has increased as A&E overtrading continues, actual invoicing will in July per the contract.

CAPITAL SUMMARY

Expenditure and Commitments to the end of June, eliminating the impact of the Headquarters purchase noted elsewhere, totalled £1.646m against a planned figure of £1.731m giving a slight under spend of 5%. Allowing for the fact that £1.2m of the £8.99m minor scheme programme (or 13%) is yet to be allocated as it awaits the formulation and approval of schemes, then performance is above that anticipated.

The Scheme to purchase the Trust Headquarters has exchanged contracts, a 10% deposit has been paid and it is scheduled to complete around the 16th July when the permanent loan is in place.

Balance Sheet

	Plan at 30/06/2012 £000	Actual at 30/06/2012 £000	Variance £000
Intangible assets	239	239	0
Land, Buildings and equipment	76,329	68,558	-7,771
Trade and other receivables (>1 yr)	1,846	2,014	168
Non-Current assets	78,414	70,811	-7,603
Stocks, Trade and other receivables (<1 yr)	13,374	11,849	-1,525
Cash and cash equivalents	5,734	8,063	2,329
Current assets	19,108	19,912	804
Creditors (< 1yr)	-14,639	-13,468	1,171
Provisions & Deferred Income(<1 yr)	-2,044	-2,416	-372
Current Liabilities	-16,683	-15,884	799
Provisions (>1 yr)	-5,299	-5,286	13
Borrowings	-7,774	-2,000	5,774
Non-Current Liabilities	-13,073	-7,286	5,787
Net Assets	67,766	67,553	-213
Public Dividend Capital	74,094	74,094	0
Revaluation Reserve	4,374	4,375	1
Donation Reserve			0
Income & Expenditure Reserve	-10,702	-10,916	-214
Total Taxpayer's Equity	67,766	67,553	-213

Capital Programme

	Original Programme £000	Current Programme £000	Year to date Plan £0	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	6,895		556	6,339
111	1,385	1,385			1,385
Estates	890	580	7	93	487
IM&T	1,275	1,275	324	243	1,032
Vehicles	1,904	1,904	610	68	1,836
CFR defibs	160	160	80		160
Gold Cell	356	356	200	295	61
Bradford Station	235	545	365	200	345
unallocated	2785	1170			1,170
Resilience vehicles		70		53	17
Ambulance Tailgates		66	66		66
Defibrillators		1204	79		1,204
Medical Equipment		250		133	117
Plant & Machinery		25		5	20
Less Net book value of disposals					0
Total	21,076	20,197	1,731	1,646	18,551
DH Loan	9,836	8,957			
CRL	11,240	11,240			
under/ overspend	0	0			
Rating	★	★			

* Subject to Board approval

Yorkshire Ambulance Service - Debtors and Payments

June 2012

DEBT SUMMARY

Debt in month for NHS has decreased as the trust aimed to improve its cash position. Non - NHS debt has also reduced. Debts over 90 days are slightly up however there is sufficient provision to cover these debts.

£000	Mar-12	Apr-12	May-12	Jun-12
Non NHS debt	374	349	314	265
Of which >90 days overdue	32	32	44	32
NHS debt	3,083	3,964	1,400	926
Of which >90 days overdue	68	307	242	283
Total debt	3,457	4,313	1,714	1,191
Of which >90 days overdue	100	339	286	315
Provision to cover this debt	100	339	286	315

PAYMENTS

- The Better payment Practice code cumulative position at the end of June is 86%.
- The roll out of the document management system is scheduled for September and use of consolidated invoices for Fleet vehicle parts is not fully operational. It is anticipated that upon full implementation of these systems improvement towards the BPPC target of 95% will be delivered.

COST IMPROVEMENT PROGRAMME 12/13

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

QUALITY, INFORMATION REPORTING, AND CQUIN

• 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	1,000	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 m	10	0.5	5	0	0	Implement cost control measures
Industrial dispute	50	0.5	25	0	0	Implement cost control measures
Grand Total	25,580		3,716	0	2,000	

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

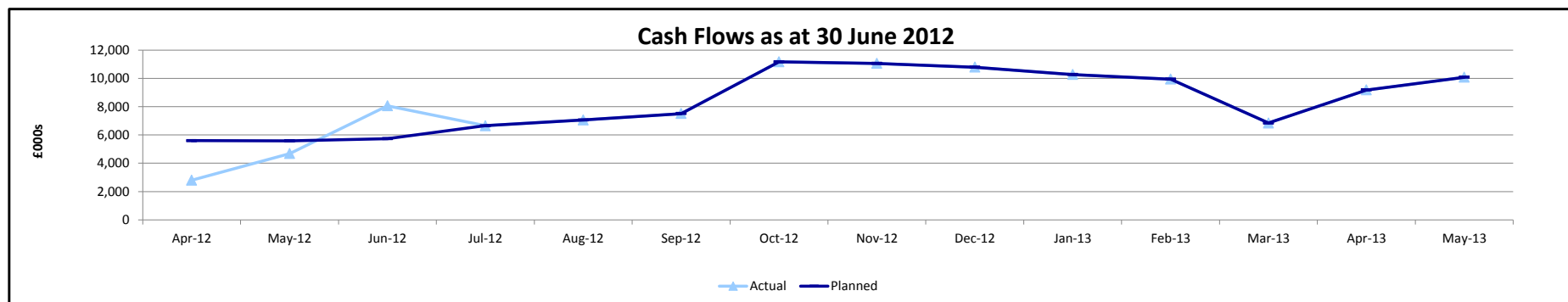
A&E CONTRACT - Responses	May					June					YTD Activity			
PCT	Contract	Actual	Over/(Under) Trade	% Over/(Under) Trade	Overtrade £ 000	Contract	Actual	Over/(Under) Trade	% Over/(Under) Trade	Overtrade £ 000	Contract	Actual	Over/(Under) Trade	Overtrade £ 000
NORTH YORKSHIRE AND YORK PCT	7,372	7,821	449	6.1%	85	7,112	7,423	311	4.4%	54	21,374	22,478	1,104	199
EAST RIDING OF YORKSHIRE PCT	3,363	3,447	84	2.5%	11	3,246	3,347	101	3.1%	14	9,753	10,046	293	42
HULL PCT	3,719	3,619	-100	-2.7%	-20	3,589	3,594	5	0.1%	-3	10,784	10,788	4	-12
BRADFORD AND AIREDALE PCT	5,960	6,162	202	3.4%	20	5,752	5,965	213	3.7%	22	17,287	18,285	998	128
CALDERDALE PCT	2,325	2,448	123	5.3%	16	2,244	2,471	227	10.1%	36	6,743	7,180	437	64
KIRKLEES PCT	4,277	4,458	181	4.2%	22	4,129	4,285	156	3.8%	18	12,405	12,978	573	70
WAKEFIELD DISTRICT PCT	3,920	4,163	243	6.2%	41	3,784	3,966	182	4.8%	29	11,371	12,227	856	150
LEEDS PCT	8,820	9,414	594	6.7%	80	8,512	8,814	302	3.5%	33	25,580	26,959	1,379	180
BARNSLEY PCT	2,498	2,715	217	8.7%	26	2,411	2,538	127	5.3%	14	7,245	7,707	462	53
DONCASTER PCT	3,626	3,785	159	4.4%	16	3,496	3,586	90	2.6%	7	10,512	10,933	421	41
ROTHERHAM PCT	2,787	2,860	73	2.6%	5	2,691	2,792	101	3.8%	10	8,084	8,388	304	29
SHEFFIELD PCT	6,115	6,688	573	9.4%	75	5,901	6,441	540	9.2%	70	17,733	19,437	1,704	223
TOTAL	54,782	57,580	2,798	5.1%	377	52,867	55,222	2,355	4.5%	304	158,871	167,406	8,535	1,167

Analysis Of Actual Cash Flows

Cash Name (£000's)	Actual Apr-12	Actual May-12	Actual Jun-12	Forecast Jul-12	Forecast Aug-12	Forecast Sep-12	Forecast Oct-12	Forecast Nov-12	Forecast Dec-12	Forecast Jan-13	Forecast Feb-13	Forecast Mar-13	Forecast Apr-13	Forecast May-13
Actual Cash Forecast Opening Balance	4,869	2,802	4,687	8,063	6,649	7,062	7,511	11,173	11,056	10,789	10,273	9,946	6,842	9,181
Cash Inflows														
Income From Activities	14,821	19,421	16,985	15,856	15,816	16,266	19,090	15,940	15,791	16,860	15,944	14,231	15,567	16,243
Interest Receivable	2	22	1	3	3	3	3	3	3	3	3	3	3	3
Capital Receipts	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loans	0	0	0	6895	0	0	0	0	2,062	0	0	0	0	0
PDC Capital	0	0	2000	0	0	0	0	0	0	0	0	2,250	0	0
Total Cash Inflows	14,823	19,443	18,986	22,754	15,819	16,269	19,093	15,943	17,856	16,863	15,947	16,484	15,570	16,246
Cash Outflows														
Pay	11,224	12,326	12,247	11,744	11,824	11,944	11,743	12,019	12,084	12,017	12,073	11,878	8,262	11,301
Non-Pay	3,182	5,076	2,641	2,624	3,047	2,505	2,279	3,629	1,667	3,948	3,805	3,723	2,373	3,696
Interest Payable	0	0	0	0	0	22	0	0	0	0	0	64	0	0
PDC Dividends	0	0	0	0	0	1,138	0	0	0	0	0	1,138	0	0
Capital Expenditure	2,484	156	722	7,800	535	39	1,409	412	4,372	1,414	396	2,561	2,596	356
Loans	0	0	0	0	0	172	0	0	0	0	0	224	0	0
PDC Capital	0	0	0	2000	0	0	0	0	0	0	0	0	0	0
Total Cash Outflows	16,890	17,558	15,610	24,168	15,406	15,820	15,431	16,060	18,123	17,379	16,274	19,588	13,231	15,353
Net Cash Inflow/(Outflow)	-2,067	1,885	3,376	-1,414	413	449	3,662	-117	-267	-516	-327	-3,104	2,339	893
Actual/Forecast Closing Bank Balance	2,802	4,687	8,063	6,649	7,062	7,511	11,173	11,056	10,789	10,273	9,946	6,842	9,181	10,074
Planned Closing Cash Balance	5,598	5,580	5,734	6,649	7,062	7,511	11,173	11,056	10,789	10,273	9,946	6,842	9,181	10,074

The Trust's cash position has improved to a favourable variance against plan of £2.329m. The Headquarters purchase scenario described at 5.5 has impacted on cash thus: a £2m temporary borrowing facility was received of which £0.566m was paid out for a deposit on exchange of contracts. Additionally, to avert any liquidity issues, greater emphasis was placed on recovering debts and creditor payments were delayed as far as practicable which improved cash flow, this was offset by the payment of staff for the overtrading activity for which income has not yet been received.

Income from activities shown for the first 3 months does not include income arising from A&E overtrade for the same 3 month period. This is accrued on the balance sheet and invoices for the quarterly cumulative position will be raised in month 4 in line with contractual terms.



INCOME

- A&E activity is 5.4% above contract for the three months ending June and income of £1,168k has been accrued to reflect this, the breakdown by PCT is shown at Appendix 1.
- A&E overtrade "flexed" income budget will be added in Month 4. Expenditure budget will be likewise flexed to absorb overspending caused by additional activity. The first quarter additional activity will be invoiced in Month 4 as opposed.
- A&E ECRs, for which we do not budget, have further benefitted year to date income by £59k.
- The PTS plan includes £94k monies for Unscheduled care services which have been invoiced in month 4 and a credit note for £48k has been raised in respect of 11/12 Sunday renal service re: ECRs which contribute to the year to date under recovery
- Other income includes sums of £37k for staff on external secondments which are over and above expectations however, shortfalls in budgeted income on Fleet £25k; RTAs £39k; Private & Events £22k and Commercial Training £26k create an overall shortfall. Income is presently budgeted on a straight line basis and meetings will be held with managers to capture the expected profile of income on Private & Events and Commercial Training and the budget re-phased accordingly.

EXPENDITURE**Pay expenditure is £1,688k higher than plan due to:-**

- An A&E operations overspend due to higher overtime than plan of £1,259k because of the increased activity in the first quarter.
- A&E overtrade "flexed" expenditure budget will be allocated in Month 4 and will be split 85% to A&E staffing in respect of overtime with the residue applied to fleet fuel etc. The application of these funds will improve the A&E variance position but will not cancel the underlying over spend.

Non pay expenditure is £659k below plan due to:-

- An annual review of the Injury Benefit and Compensations Payments potential liability, based on a revised estimated life span of claimants, has created an 'under spend' in Finance of £122k
- Under spends exist at the end of June on: Vehicle leases (£265k); IM&T - data contracts, licences, radio comms (£122k); Minor works (£109k); Vehicle maintenance (£93k). Work is already underway in most of these areas, in conjunction with budget managers, to establish to what extent these occurrences are as a result of timing differences or whether they are will be sustained.
- Use of sub-contractors in PTS is presently causing additional spending of £249k. Income relating to Mid Yorks dedicated discharge service has been confirmed and is included within PTS Income and budget has been set for both the Income and expenditure aspects of the service.
- Action plans have been implemented in PTS to mitigate the over spend position, these include: monthly management meetings; control of overtime; review of staffing profile to reduce/remove use of sub contractors; limit hospitality; scrutinising non pay expenditure, ensuring correct coding and charges; validating taxi journeys and rates charged; daily KPI monitoring tracking spend on Taxis, Subcontractors, overtime and VCS; recovery of income for additional service provision. In Hull and East, the Unipart diagnostic work continues the results of which are expected within the next month, further actions will be taken once findings are known.

EBITDA

- The Trust has recorded actual Earnings before Interest Tax Depreciation and Amortisation (EBITDA) of £3.066m for the year to 30 June 12, which is just below plan (£3.081m)
- The Trust's EBITDA return of 6.2% is below plan for the year to date (6.3%). EBITDA is below plan by £16k and this is offset by interest received of £20k and profit on disposal of £5k
- The under achievement essentially arises from the PTS Unscheduled Care income included in plan but not in actual .

Yorkshire Ambulance Service - Appendix 3 Income and Expenditure Forecast

June 2012

Budget Name	Budget manpower current month	Actual manpower current month	Current month over/ (under)	Budget current month	Actual current month	Variance month Over/ (under) spend	Budget YTD	Actual Income / Expenditure YTD	Variance YTD Over/(under) spend	Revised Annual Budget	Forecast Expenditure
	WTE	WTE	WTE	£	£	£	£	£	£	£	£
Income				16,270,702	16,531,131	-260,429	48,724,135	49,737,647	-1,013,512	196,248,600	200,748,808
Pay											
A&E Operations	2,721.03	2,812.98	91.95	-8,784,034	-9,285,489	501,455	-26,385,465	-27,644,955	1,259,490	-105,269,038	-108,336,195
PTS Operations	828.98	767.91	-61.07	-1,522,324	-1,427,648	-94,676	-4,302,012	-4,321,602	19,590	-17,090,939	-16,995,193
Finance	46.92	40.29	-6.63	-137,828	-140,285	2,457	-417,813	-426,091	8,278	-1,653,645	-1,581,957
Estates	45.39	40.78	-4.61	-86,167	-90,149	3,982	-258,501	-294,830	36,329	-1,034,019	-1,197,453
Fleet	177.74	175.37	-2.37	-404,336	-419,519	15,183	-1,213,004	-1,305,630	92,626	-4,852,011	-5,137,517
IM&T	39.10	37.13	-1.97	-107,464	-121,889	14,425	-322,392	-382,788	60,396	-1,289,564	-1,429,153
Procurement	21.33	16.76	-4.57	-43,477	-39,099	-4,378	-130,431	-125,809	-4,622	-521,744	-518,503
Standards & Compliance	61.98	46.65	-15.33	-183,221	-176,782	-6,439	-563,477	-530,026	-33,451	-2,205,913	-2,159,151
Workforce & Strategy	100.08	99.67	-0.41	-298,214	-274,922	-23,292	-865,383	-859,010	-6,373	-3,424,916	-3,453,719
Clinical Directorate	28.47	24.15	-4.32	-109,203	-90,715	-18,488	-314,830	-287,121	-27,709	-1,239,356	-1,178,484
Chief Executive	17.80	11.90	-5.90	-74,727	-81,706	6,979	-253,179	-236,430	-16,749	-1,012,704	-986,416
Reserves				0	-1,265	1,265	0	-1,265	1,265	-2,106,329	-1,865,885
Total Pay	4,088.82	4,073.59	-15.23	-11,750,995	-12,149,468	398,473	-35,026,487	-36,415,557	1,389,070	-141,700,178	-144,839,626
Non Pay											
A&E Operations				-199,672	-337,835	138,163	-620,473	-861,623	241,150	-2,729,201	-3,352,443
PTS Operations				-148,082	-179,381	31,299	-446,356	-744,369	298,013	-1,785,437	-2,830,339
Finance				-997,686	-989,109	-8,577	-3,144,730	-2,986,399	-158,331	-13,484,462	-13,157,826
Estates				-490,400	-463,207	-27,193	-1,471,200	-1,488,350	17,150	-5,884,789	-5,876,298
Fleet				-1,523,070	-1,419,527	-103,543	-4,569,210	-4,548,218	-20,992	-18,276,859	-18,672,871
IM&T				-325,156	-376,342	51,186	-975,488	-939,115	-36,373	-3,899,562	-3,756,460
Procurement				-267,368	-269,955	2,587	-802,104	-848,250	46,146	-3,208,426	-3,293,001
Standards & Compliance				-82,046	-95,438	13,392	-221,754	-251,024	29,270	-887,007	-976,535
Workforce & Strategy				-133,191	-128,573	-4,618	-359,737	-285,169	-74,568	-1,607,120	-1,558,877
Clinical Directorate				-5,896	-4,833	-1,063	-17,687	-10,108	-7,579	-168,764	-164,231
Chief Executive				-26,975	-44,944	17,969	-76,125	-83,451	7,326	-297,280	-295,300
Reserves				-254,946	0	-254,946	-686,779	37,021	-723,800	-344,515	
Total Non Pay				-4,454,488	-4,309,144	-145,344	-13,391,643	-13,009,055	-382,588	-52,573,422	-53,934,181
Total Expenditure	4,088.82	4,073.59	-15.23	-16,205,483	-16,458,612	253,129	-48,418,130	-49,424,612	1,006,482	-194,273,600	-198,773,807
Surplus/(Deficit)				65,219	72,519	-7,300	306,005	313,035	-7,030	1,975,000	1,975,001