



# Integrated Performance Report

November 2019

The following report outlines performance, quality, workforce and finance as identified by nominated leads in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (999, PTS and IUC).

**Improvement  
Model Ambulance**  
(July 2019)

Single Oversight  
Framework Score

2

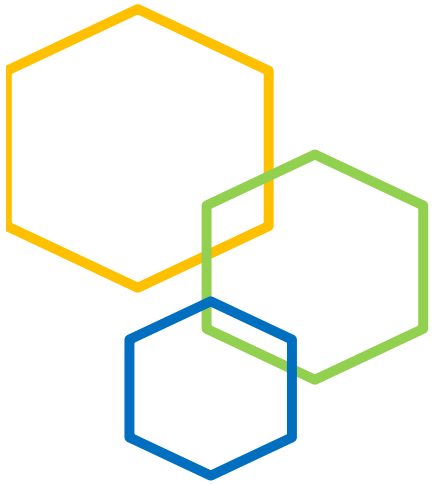
Inspected and rated

Good

 **Care Quality  
Commission**



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# EXECUTIVE OVERVIEW

# One Team, Best Care

## Our purpose is

to save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it



with our core values embedded in all we do



## Our Vision

By 2023 we will be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients

## Our Ambition for 2023 is that



Delivery is directly supported by a range of enabling strategies



Patients and communities experience fully joined-up care responsive to their needs

Our people feel empowered, valued and engaged to perform at their best

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

- 1 Deliver the best possible response for each patient, first time.
- 2 Attract, develop and retain a highly skilled, engaged and diverse workforce.
- 3 Equip our people with the best tools, technology and environment to support excellent outcomes.
- 4 Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart.
- 5 Be a respected and influential system partner, nationally, regionally and at place.
- 6 Create a safe and high performing organisation based on openness, ownership and accountability.
- 7 Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding.
- 8 Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety.



The Service Transformation programme will help to deliver the Trusts strategic Plans and ensure that internal plans are aligned to external system pressures.

### Service Delivery & Integrated Workforce

GREEN

09.12.19:

#### November Performance:

National standards and agreed performance trajectories were not achieved on the following; C1 Mean, C2 Mean and 90th centile, C3 90th centile.

**YAS Total Transport:** Pilot proposal presented at the December meeting. The proposal will now go forward to TMG for corporate approval.

**Integrated Workforce:** High-level driver diagram presented at the December SDIW Board meeting. Due to scale, scope and interdependencies the diagram will be shared with TEG for discussion and prioritisation of projects.

**EOC:** Revised Hear and Treat targeting and current work plan were reviewed and agreed.

**EOC/111:** Integrated CAD - Initial set up completed and scheduled for renew in TEG in Dec. Team based working proposal agreed in TEG.

### Place Based Care

AMBER

11.11.19:

#### Care Homes:

- Care homes falls project in South has been extended with additional funding with an evaluation of current progress due in November.

#### Mental Health:

Programme plans under renew. MH lead now in post.

#### MECC:

- Public Health priorities for the organisation in place and include; suicide prevention and bereavement support, homelessness and isolation.

#### Place Based Engagement:

Most of the new roles are now in post with the remainder to follow over the coming months.

### Infrastructure

AMBER

03.12.19:

#### ePR:

- 88.5% of YAS patient records now completed on ePR (excluding Low Acuity Transport).
- 1,800 ePRs completed per day.
- Total number ePRs completed to date, 625,198.

#### Unified Comms:

- 'Go Live date' agreed as 01.02.20.

#### Hub and Spoke/AWP:

- Doncaster Hub on track for go live January 2020 with temporary accommodation now in place on site.
- Further plans for hub and spoke and AWP to be considered in Nov/Dec meetings.

#### Warehouse:

- Single warehouse business case complete and processed through the internal gate process. Decision made to progress with work underway to identify a suitable warehouse in line with organisational requirements.

### Capacity & Capability

AMBER

29.10.19:

#### Accountability Framework:

- First draft programme plan developed and presented to programme board.

#### Performance Reporting:

Options appraised for future integrated business reporting tool renewed and recommendations agreed.

#### HR:

- HR improvement project submitted its first highlight report for consideration by the Transformation Board.
- Options for the employee engagement platform presented and agreed by the Transformation Board.
- Future training model support for development of the future model is being procured.



The Service Transformation programme will help to deliver the Trusts strategic Plans and ensure that internal plans are aligned to external system pressures.

### External System Pressures

National focus on rapid community care – ‘Two hour urgent community response’ models being developed within each Place across all systems.

Kirklees Provider Alliance successful in securing national funding to become a 2 hour urgent community response accelerator site; final plans are still being developed.

Leeds awaiting outcome of bid, but will focus on this work. Wakefield unsuccessful in their bid for funding, but will continue to focus on this work.

Winter funding initiatives have been requested from SYB ICS; proposals have been submitted from YAS that have been supported, subject to internal Gate and TEG approval.

Winter plans continue to be developed and shared across all A&E Delivery Boards – with submission via A&E Delivery Boards – to NHSE/I for review. YAS continues to be fully engaged in the development of these proposals.

A&E Delivery Boards seeking assurance on levels of Flu Vaccination uptake with supporting plans from each organisation, focused on front line staff.

All ICSs / STP have submitted their plans for the Long Term Plan – we continue to await feedback, but support each system as the implementation planning stage commences.

# Summary of Exceptions

November 2019

Service Line	Indicator ID	Exception Commentary
IUC	001	The IUC service experienced a significant increase in demand during November, above the normal expected seasonal rise. The rise is predominately associated with seasonal conditions, since w/c 16 September there has been a rise from 9.9% to 16.2% of 'cough', 'cold', 'fever', 'headache', 'ear, nose, throat' and 'vomiting' symptoms. Whilst the service plans for seasonal rise in demand, this is in excess of our business plan (including the excess dental demand), by 2.1%. This demand coupled with the requirement to train staff for NHS Pathways version 18 which was successfully introduced on 27 November meant the service KPIs were not met. Winter plans have been put in place to support improvements in performance over the festive period and training courses in January and February are in place for 72 more new staff for this winter.
EOC	002 Call answer	Increased call demand in line with all other areas and against a national backdrop has seen a significant challenge to call answer standards. A combination of sickness pressure in call handling staff and the increase in duplicate calls puts further pressure on the EOC call handling teams. Staff number reductions to deliver 19/20 CIP's have had an impact. Additional staff to support urgent call taking and the health desk function have both been enacted to add additional support to areas that have wider impacts on Operational delivery.
A+E	003 CAT 1 Mean	A shift in demand of 6.3%, above forecast, into the highest category has resulted in a significant degradation to the mean Cat 1 time. This comes at a time of increased demand so the impact is exacerbated. A focus on increasing Operational resource where possible has commenced.
A+E	003 CAT 2 Mean	A shift in demand of 9.2%, above forecast, into the 2nd highest category that represents 65% of all demand has resulted in a significant degradation to the mean Cat 2 mean and Cat 2 90th stds. This comes at a time of increased demand so the impact is exacerbated. A focus on increasing Operational resource where possible has commenced.
A+E	003 Cat 2 90th %	A shift in demand of 9.2%, above forecast, into the 2nd highest category that represents 65% of all demand has resulted in a significant degradation to the mean Cat 2 mean and Cat 2 90th stds. This comes at a time of increased overall demand so the impact is exacerbated. A focus on increasing Operational resource where possible has commenced.
PTS	004	Inward and outward pre-planned KPI performance fell below the 90% target by within 1% and 2% respectively. On day/short notice discharge is below KPI, and below YTD. The seasonality, and pressure around Acute providers and the wider healthcare system directly relates to increased pressures on reactive discharge and early discharge requiring 3 and 4 person lifts in order to provide patient flow.
ACQI	005	Steady improvement of the Sepsis care bundle for the latest submission in November data work over the summer to advertise the care bundle through clinical roadshows has proved successful. The main element requiring work is recording of pre-alert for those with suspected sepsis.
PTS	009	Staff PDR - below the 90% target, PTS is the highest performing business unit in the Trust in month and YTD.
IUC	009	Staff PDR - below the 90% target. With the rise in new starters within IUC and the excess demand PDRs have not been completed in November and are not planned for December. The management team will put together a plan for the new year to address the shortfall.
Clinical Quality	014	Numbers of cardiac arrest cases reported in June lower than previous months, although not statistically significant over a one month period Data for July shows an upward trend. STEMI call to insertion of PPCI balloon, this data is unverified as MINAP not currently updated monthly via acute trusts.
Information Management	016	In November a significant number of IG competencies expired which led to a reduction in our overall compliance figure from 95% to 75%. As over 95% overall compliance is a requirement of the Data Security and Protection Toolkit submission, the IG Team is working with Information Asset Owners and senior managers to ensure staff who's training has expired or is due to expire within the following month are contacted and encouraged to complete the training as soon as possible to increase this percentage to an acceptable level.
		The FOI compliance for November is 32.26% but the department is actively working with Process Improvement Managers and colleagues within Quality Improvement to strengthen the process in which internal YAS departments respond to requests for information. Contact has been made with directors (who have final sign off responsibility for FOI) to reinforce the challenges faced by the department in regards to compliance. A significant amount of FOI responses due in November are currently awaiting sign off which will hopefully assist with December's figures."



# Patients & Communities

November 2019

Indicator ID	Key Operational Standard Description	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Nov-19				
														Target / Forecast	Actual	Actual v Target/Fcast		
001	Integrated Urgent Care	Calls Offered	165,897	148,466	129,920	141,675	142,409	141,721	131,686	136,129	134,814	126,624	137,427	156,871				
		Call Answered	163,747	144,696	126,380	139,115	131,822	130,711	120,255	121,263	121,422	115,557	122,183	132,591	119,244	132,591	▲	
		Calls Answered within 60 Seconds	90.2%	81.6%	79.0%	86.1%	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	90%	75.8%	▼	
		Core Clinical Advice					30.7%	31.3%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	30%	29.5%	▼	
		Clinician Called Back within 1 Hour					64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	60%	51.2%	▼	
		Direct Bookings					46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	30%	44.7%	▲	
		Bookings into UTC					52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	50%	52.2%	▲	
		Bookings into IUC Treatment Centres					59.1%	60.1%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	95%	60.4%	▼	
		ED Validations					61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	50%	52.1%	▲	
					97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	95%	98.1%	▲			
002	EOC	Telephony - 999 Calls Answered	61,815	59,777	54,546	57,868	58,202	59,471	58,166	63,132	60,147	58,919	63,779	63,358		63,358		
		Telephony - 999 Calls Answered within 5 Seconds	98.3%	97.8%	97.5%	98.1%	95.5%	97.5%	96.5%	94.5%	94.8%	95.2%	91.4%	87.6%	95%	87.6%	▼	
003	A&E Operations	All Activity (H&T + STR + STC)	71,884	71,254	63,897	69,455	68,236	69,359	67,360	71,887	69,246	67,636	71,982	71,517		71,517		
		Hear & Treat (H&T)	6.8%	6.7%	7.4%	6.5%	6.6%	6.8%	6.8%	6.7%	6.0%	6.0%	6.5%	7.3%		7.3%		
		See, Treat & Refer (STR)	23.5%	22.9%	22.7%	23.4%	23.6%	23.5%	24.1%	24.2%	25.1%	24.9%	24.5%	23.9%		23.9%		
		See, Treat & Convey (STC)	69.7%	70.4%	69.8%	70.1%	69.8%	69.7%	69.1%	69.2%	68.9%	69.1%	69.0%	68.8%		68.8%		
		999 Responses (STR + STC)	67,002	66,467	59,153	64,936	63,713	64,675	62,776	67,106	65,078	63,554	67,273	66,263	65,341	66,263	▲	
		Category 1	Mean	00:07:03	00:06:59	00:07:03	00:06:44	00:06:58	00:06:49	00:06:48	00:06:54	00:06:50	00:06:58	00:07:19	00:07:29	00:07:00	00:07:29	▲
			90th Percentile	00:12:15	00:12:08	00:12:05	00:11:28	00:12:06	00:11:56	00:11:56	00:12:11	00:11:53	00:12:02	00:12:31	00:12:46	00:15:00	00:12:46	▼
		Category 2	Mean	00:21:03	00:19:49	00:20:02	00:17:40	00:19:40	00:18:38	00:18:46	00:18:17	00:17:04	00:18:26	00:21:50	00:23:10	00:18:00	00:23:10	▲
			90th Percentile	00:44:17	00:41:16	00:41:50	00:35:35	00:40:29	00:38:09	00:38:16	00:37:26	00:34:21	00:37:32	00:45:13	00:49:00	00:40:00	00:49:00	▲
		Category 3	90th Percentile	02:15:22	01:58:10	01:53:11	01:29:42	01:49:54	01:42:58	01:49:22	01:42:47	01:26:58	01:33:37	02:09:51	02:18:59	02:00:00	02:18:59	▲
		Category 4	90th Percentile	03:38:33	03:52:38	03:25:18	03:00:09	03:36:53	03:51:12	04:33:48	04:01:23	02:47:17	02:41:57	03:00:32	02:38:08	03:00:00	02:38:08	▼
Average Turnaround Time	00:34:22	00:35:11	00:35:52	00:34:07	00:35:10	00:34:51	00:35:51	00:36:40	00:35:54	00:36:20	00:36:14	00:38:03	00:30:00	00:38:03	▲			
Average Job Cycle Time (Responses)	01:58:04	01:56:31	01:57:10	01:51:47	01:57:05	01:55:52	01:56:09	01:55:44	01:52:44	01:52:53	01:57:12	02:01:54		02:01:54				
004	PTS	Journeys	68,270	80,652	72,158	75,569	73,830	77,516	73,526	82,095	73,568	74,545	81,434	75,023	83,380	75,023	▼	
		Patient Journeys < 120 Minutes	99.4%	99.5%	99.5%	99.4%	99.4%	99.3%	99.4%	99.3%	99.2%	99.2%	99.1%	99.0%	90.0%	99.0%	▲	
		Patients Arrive at Appointment on Time	87.3%	88.6%	89.4%	90.1%	90.7%	88.5%	88.9%	90.9%	91.1%	89.9%	89.5%	88.0%	90.0%	88.0%	▼	
		% Pre Planned - Picked Up in 90 Minutes	87.2%	89.3%	89.5%	89.6%	90.2%	87.3%	88.5%	89.3%	89.3%	89.6%	90.0%	88.9%	90.4%	88.9%	▼	
		% Short Notice - Picked Up in 120 Minutes	73.7%	76.0%	78.0%	76.0%	78.8%	76.0%	76.7%	77.7%	78.8%	77.4%	75.8%	74.1%	88.8%	74.1%	▼	
		Calls Answered within 180 Seconds	94.3%	93.8%	87.2%	90.7%	92.9%	89.2%	89.4%	96.3%	90.4%	86.8%	91.8%	93.3%	90.0%	93.3%	▲	

Indicator ID	Key Operational Standard Description	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
005	ACQI	% Received STEMI Bundle			58.1%		55.9%			53.1%			40.0%
		% Received Stroke Diagnostic Bundle	98.7%			95.3%			96.1%		93.4%		
		% Received Sepsis Care Bundle		31.5%			51.9%			53.4%			60.9%

Please Note: ACQI Care Bundle Data for STEMI, Stroke and Sepsis are submitted quarterly on a rotational basis.

# Our People

November 2019

Indicator ID	Key Operational Standard Description	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Nov-19			
														Target / Forecast	Actual	Actual v Target/Fcast	
006	Workforce	Total FTE in Post	4,646	4,655	4,663	4,669	4,668	4,656	4,681	4,675	4,690	4,727	4,732	4,773			
		BME %	4.9%	5.0%	4.9%	4.9%	4.9%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	5.1%	11.1%	5.1%	▼
007	Recruitment	New Starters (FTE)	15.4	62.5	46.6	38.9	55.6	18.6	67.5	49.6	56.6	92.9	62.3	53.1		53.1	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.1%	9.2%	9.2%	9.3%	9.4%	9.6%	9.9%	9.9%	10.0%	9.9%	9.7%	10.1%		10.1%	
009	PDR / Staff Appraisals	YAS	79.7%	80.1%	78.3%	77.0%	76.1%	70.8%	67.9%	71.7%	74.6%	76.6%	77.6%	76.4%	90.0%	76.4%	▼
		A&E Operations	82.8%	83.6%	82.4%	80.6%	78.2%	71.2%	69.1%	72.2%	76.2%	77.9%	80.2%	80.5%	90.0%	80.5%	▼
		EOC	77.0%	74.2%	71.8%	70.9%	72.5%	69.0%	66.8%	63.8%	60.6%	61.1%	67.0%	65.1%	90.0%	65.1%	▼
		Integrated Urgent Care	72.9%	70.4%	65.0%	63.5%	64.5%	62.1%	55.1%	75.6%	76.1%	70.9%	67.5%	63.0%	90.0%	63.0%	▼
		PTS	85.6%	86.8%	87.3%	86.3%	84.8%	80.6%	73.2%	78.3%	83.0%	90.9%	89.1%	86.2%	90.0%	86.2%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	93.4%	95.7%	96.3%	97.3%	97.9%	97.9%	98.3%	98.2%	98.3%	98.9%	96.0%	96.1%	90.0%	96.1%	▲
		A&E Operations	95.0%	96.9%	97.4%	97.9%	97.0%	98.2%	98.7%	98.6%	98.9%	99.0%	96.9%	97.0%	90.0%	97.0%	▲
		EOC	91.7%	94.5%	94.8%	97.0%	95.6%	96.8%	97.5%	97.2%	98.5%	97.7%	95.0%	95.1%	90.0%	95.1%	▲
		Integrated Urgent Care	89.4%	92.2%	92.8%	96.0%	97.4%	98.6%	98.6%	98.6%	98.7%	98.5%	92.9%	93.1%	90.0%	93.1%	▲
		PTS	96.1%	98.5%	98.3%	99.1%	98.3%	99.3%	99.7%	99.6%	99.5%	99.7%	98.3%	98.4%	90.0%	98.4%	▲
011	Health & Wellbeing	Total Sickness Rate	6.8%	7.2%	6.7%	6.3%	6.2%	6.1%	6.0%	5.9%	6.2%	6.0%	6.5%	6.5%	5.1%	6.5%	▲
		Long Term Sickness Rate	4.8%	4.6%	4.0%	4.2%	3.9%	3.9%	3.8%	3.6%	3.9%	3.8%	4.0%	3.7%		3.7%	
		Short Term Sickness Rate	2.0%	2.6%	2.6%	2.1%	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.6%	2.8%		2.8%	



Indicator ID	Key Operational Standard Description	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Nov-19			YTD			
														Plan	Actual	Plan v Actual	Plan	Actual	Plan v Actual	
018	Finance Overview	Risk Rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◀	1	1	▶
		EBITDA	-1,217	-1,879	-1,326	-4,504	-1,230	-2,053	-1,891	-1,861	-1,831	-1,683	-2,073	-1,315	-1,231	-1,315	-83	-12,337	-13,936	-1,599
		Surplus	-247	-711	-279	-3,687	-126	-1,016	-769	-764	-545	-605	-507	-249	-99	-249	-150	-3,382	-4,582	-1,200
		Capital	1,561	1,822	1,953	4,931	487	924	312	794	1,685	379	1,152	1,889	1,232	1,889	657	13,546	7,622	-5,924
		Cash	49,057	46,569	46,658	36,110	38,772	41,370	43,981	49,253	52,397	52,816	53,688	57,627	40,607	57,627	17,020	40,607	57,627	17,020
		CIP	1,005	987	988	989	534	538	526	525	528	560	532	532	532	532	0	4,273	4,273	0
019	CIP	A&E	325	331	331	326	61	-191	28	28	28	28	28	227	28	-199	1,831	243	-1,588	
		Business Development	0	0	0	0	-	-	0	0	0	0	0	0	0	0	0	0	0	0
		CEO Directorate	2	2	2	2	4	9	6	-10	2	2	2	2	6	2	-4	52	19	-33
		Clinical	9	8	8	9	4	-1	2	4	2	2	2	2	2	2	0	13	17	4
		Estates	17	16	16	16	31	5	5	9	5	19	19	19	26	19	-7	200	109	-91
		Finance	42	41	41	41	36	36	37	35	36	36	36	36	36	36	0	289	289	0
		Fleet	65	66	66	65	86	87	86	67	87	123	87	87	92	87	-5	741	712	-29
		Planned & Urgent Care	80	81	81	81	82	51	66	66	66	66	66	67	80	67	-13	651	530	-121
		Quality, Governance	6	6	6	6	2	1	2	-5	0	0	0	0	2	0	-2	13	0	-13
		Hub & Spoke	6	5	5	5	-	-	0	0	0	0	0	0	0	0	0	0	0	0
		Workforce OD	79	7	78	78	57	56	57	56	58	57	57	57	57	57	0	452	452	0
		RESERVE	374	353	353	358	0	233	456	275	244	227	234	234	4	234	230	31	1,900	1,869
		<b>Current Position (Cumulative YTD)</b>		6,047	7,034	8,023	9,010	534	1,072	1,598	2,123	528	560	532	532	532	532	0	4,273	4,273
020	Transport/Fleet	A&E	Vehicle age +7	17.0%	13.0%	11.0%	8.0%	5.7%	5.4%	6.9%	5.2%	5.2%	3.2%	3.3%	1.8%		1.8%			
			Vehicle age +10	4.0%	4.0%	4.0%	4.0%	3.5%	3.3%	3.3%	3.3%	3.3%	0.0%	0.0%	0.0%		0.0%			
			Availability	89.6%	90.0%	90.0%	88.7%	90.2%	90.0%	90.2%	90.0%	90.0%	90.2%	91.0%	91.2%	95%	91.2%	▼		
		PTS	Vehicle age +7	32.0%	32.0%	32.0%	33.0%	33.0%	31.0%	41.4%	31.0%	31.0%	16.7%	16.9%	19.4%		19.4%			
			Vehicle age +10	25.2%	25.0%	25.0%	24.8%	24.8%	24.1%	24.1%	24.1%	24.1%	24.0%	24.0%	22.5%		22.5%			
			Availability	92.0%	91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	92.0%	90.0%	90.0%	95%	90.0%	▼		

**Risk Rating** - Under the "Single Oversight Framework" the Trust's financial rating for the year to date remains at 1 (1 being lowest risk, 4 being highest risk).

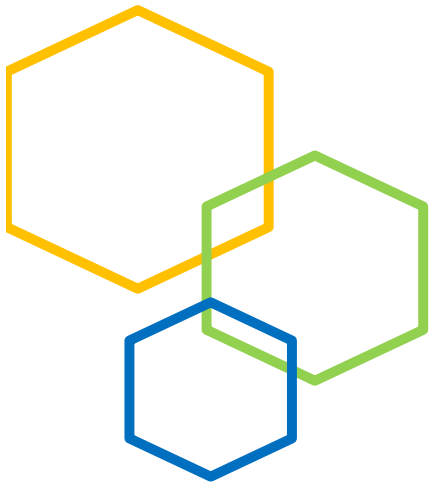
**EBITDA** - The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of November (Month 8) is £13.9m against a plan of £12.3m A favourable variance of £1.6m

**Surplus** - The Trust has reported a surplus at the end of November (Month 8) of £4.6m, a favourable variance of £1.2m against the plan.

**Capital** - At the end of November 2019 Capital is underspend £5.9m this is a slight improvement due to all areas expenditure this month being above plan. ICT underspend EPR £0.8m delayed approval from HSLI, Fleet delivery behind plan as a result of bringing forward schemes into 18/19 to mitigate underspends in that year. Doncaster Hub & Spoke scheme is on plan assurance has been given that it is on track to deliver in line with the timetable submitted as part of the STP. 19/20 Capital plan of £18.4m expenditure allowing for disposals of £0.3m plus the £0.8m carried over to 19/20 from last year. This will result in a charge of £18.3m against the Capital Resource Limit (CRL). The CRL was approved by NHSEI in June 2019.

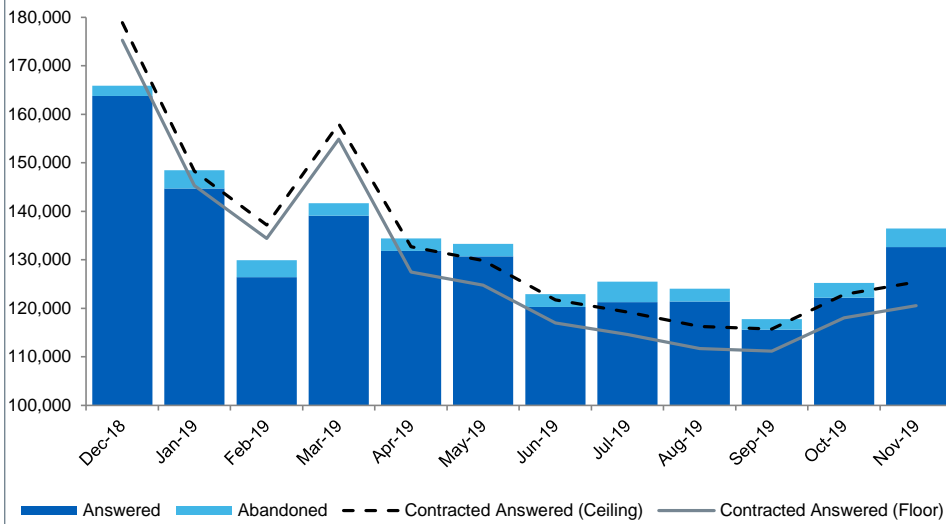
**Cash** - At the end of November 2019 the Trust's cash position was £57.6m against a plan of £40.6m, a favourable variance of £17m. The variance largely results from continued underspends on capital(5.9m) and favourable working capital (£8.8m). Capital related PDC has also been drawdown earlier than originally planned resulting in additional cash of £1.6m

**CIP** - The Trust has a savings target of £6.6m for 2019/20. The Trust has achieved £4.2m at month 8 which is in line with plan (44% of this being non-recurrent).

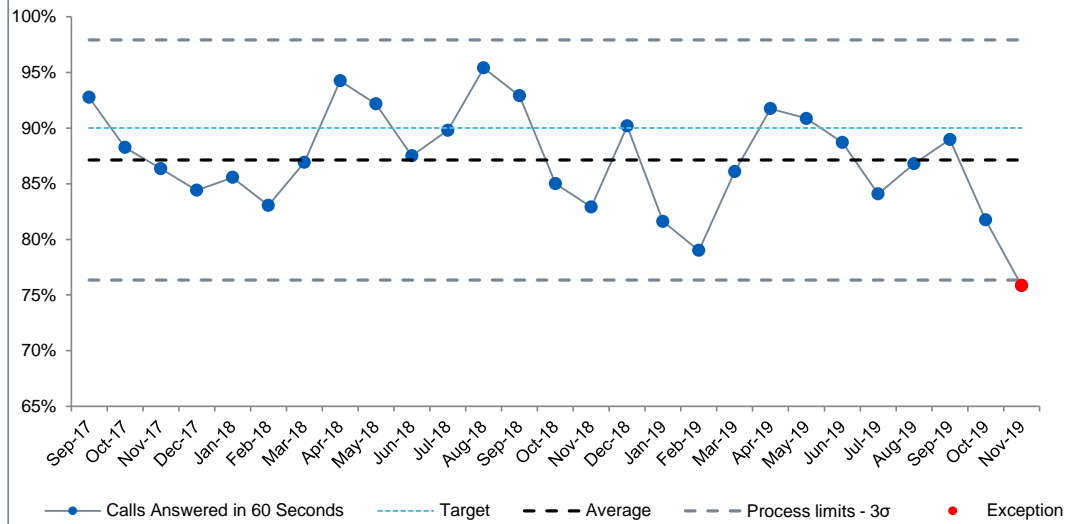


## SERVICE LINES

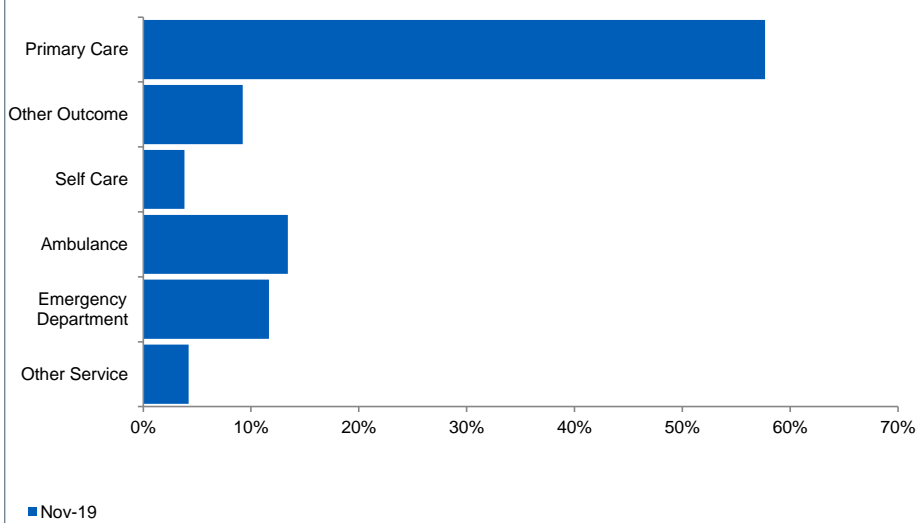
IUC Chart 1: Demand - Calls



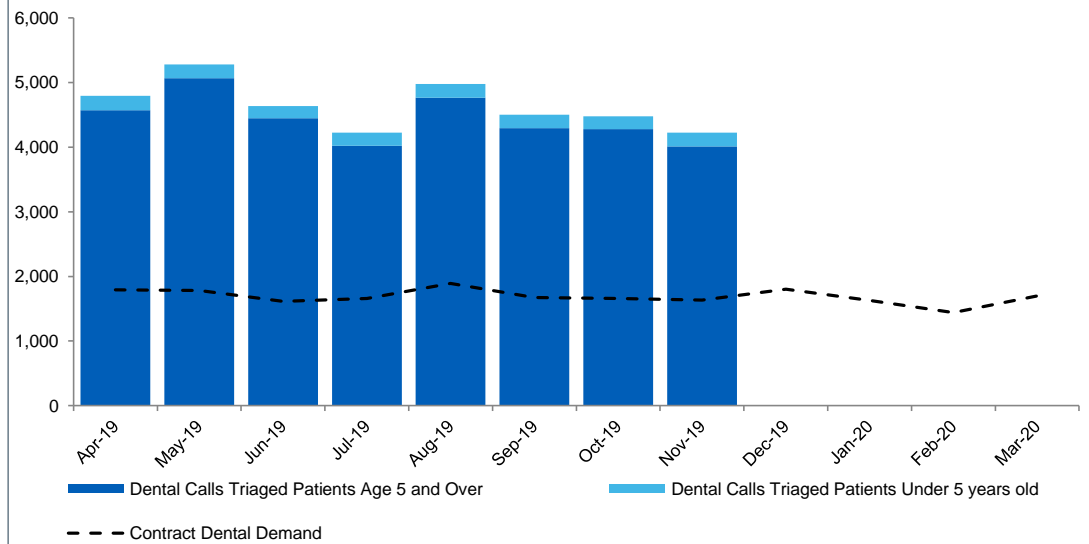
IUC Chart 2: Performance - Calls Answered in 60 Seconds



IUC Chart 3: Outcomes



IUC Chart 4: Demand - Dental





# Integrated Urgent Care

November 2019

IUC Tbl1: IUC KPI's

IUC KPI's (Target)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Calls Answered in 60 (90%)	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%					86.1%
Core Clinical Advice (30%)	30.7%	31.4%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%					31.3%
Clinician Called Back within 1 Hour (60%)	64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%					58.6%
Direct Bookings * (30%)	46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%					46.0%
Bookings into UTC * (50%)	52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%					53.5%
Bookings into IUC Treatment Centres * (95%)	59.1%	60.2%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%					60.5%
ED Validations (50%)	61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%					56.9%
Ambulance Validations (95%)	97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%					98.2%

\* U&EC whole system measures - national KPI for IUC treatment centres is a new measure and currently under monitoring with NHS England to be reviewed

**Performance Commentary:**

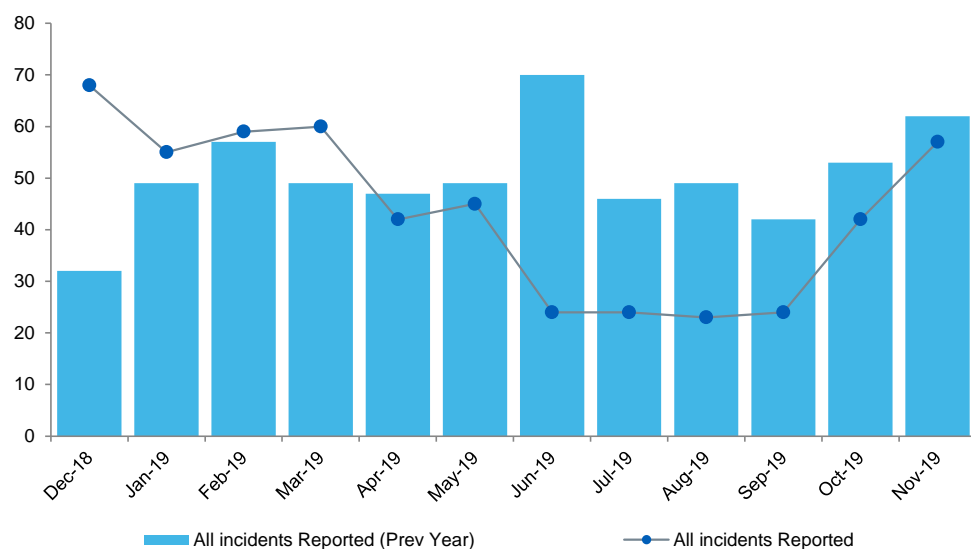
The IUC service experienced a significant increase in demand during November, above the normal expected seasonal rise.

The rise is predominately associated with seasonal conditions, since w/c 16 September there has been a rise from 9.9% to 16.2% of 'cough', 'cold', 'fever', 'headache', 'ear, nose, throat' and 'vomiting' symptoms.

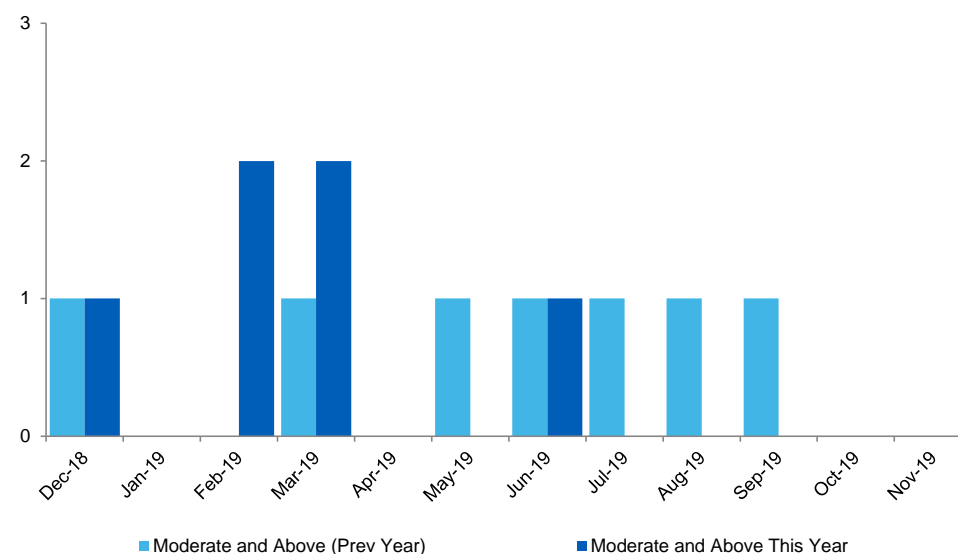
Whilst the service plans for seasonal rise in demand, this is in excess of our business plan (including the excess dental demand), by 2.1%. This demand coupled with the requirement to train staff for NHS Pathways version 18 which was successfully introduced on 27 November meant the service KPIs were not met. Winter plans have been put in place to support improvements in performance over the festive period and training courses in January and February are in place for 72 more new staff for this winter.

The service continues to benchmark favourably in general when compared to the national performance and against the north IUC providers.

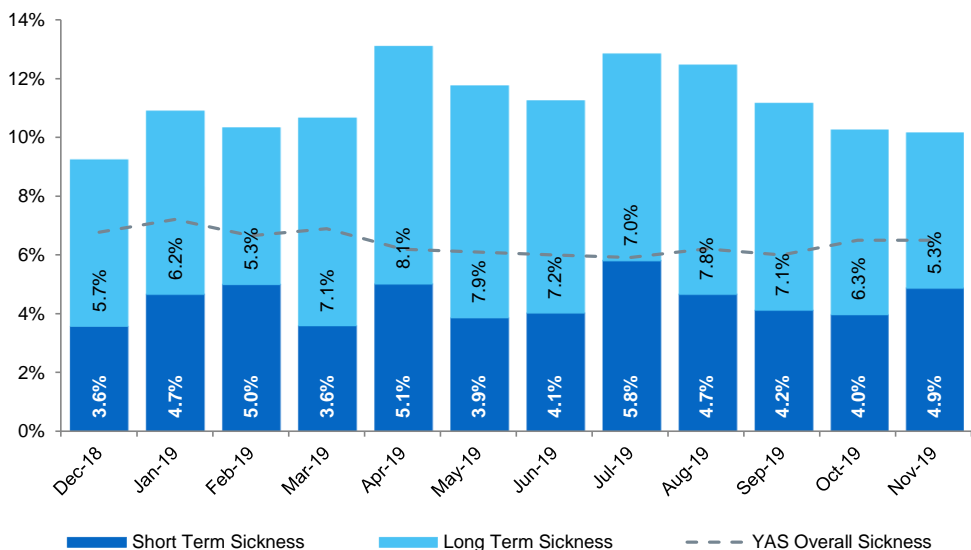
**IUC Chart 5: Quality - Reported Incidents**



**IUC Chart 6: Quality - Reported Incidents - Moderate & Above**



**IUC Chart 7: Workforce - Sickness**



**Quality Commentary:**

Themes and trends from the reported incidents were shared with all staff in training completed in November.

**Workforce Commentary:**

3 welfare coordinators were introduced as part of the IUC absence management project on 18th November. These coordinators are within both call centres between 8am and 10pm, 7 days a week to support with consistent and regular contact for staff who are unwell. It is hoped this approach will provide support to staff in a way that overall reduces the length of absence within the call centres.

Part of the work of the welfare coordinators will be to proactively support health and wellbeing of staff and promoting the Trust's overall approach for this. In January this will include a virtual step challenge around Yorkshire between the call centres.

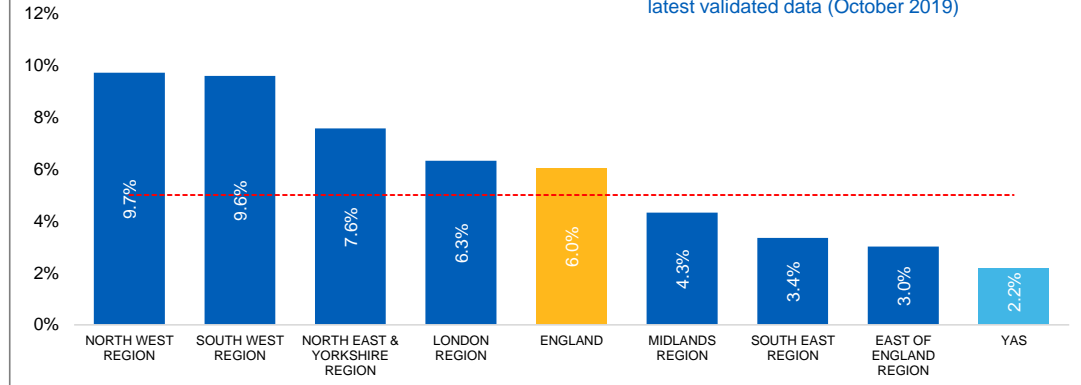
In the New Year specific activities will be undertaken around the support for staff with stress and anxiety which is the highest reason for absence.



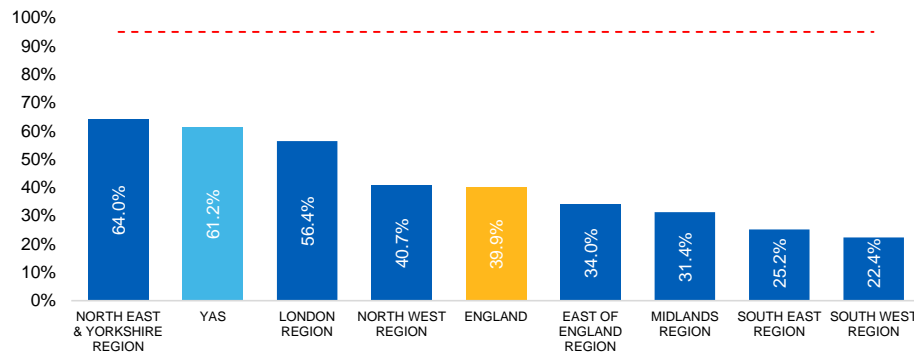
**IUC Chart 8: Calls Answered in 60 seconds (90%)**



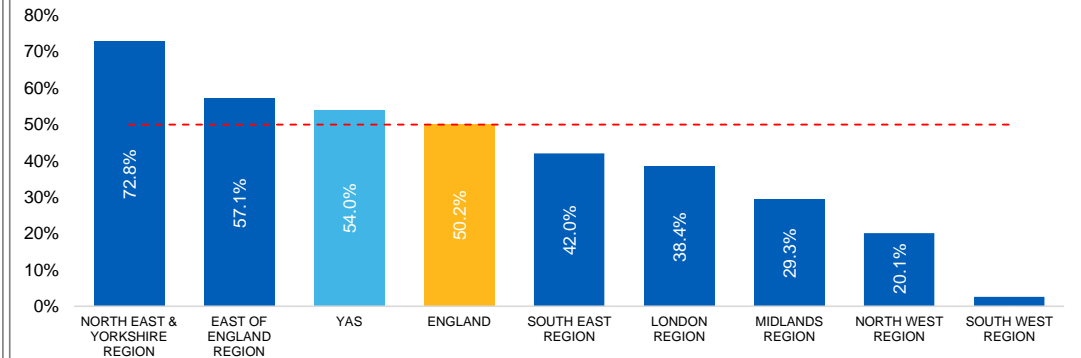
**IUC Chart 9: Calls Abandoned (5%)**



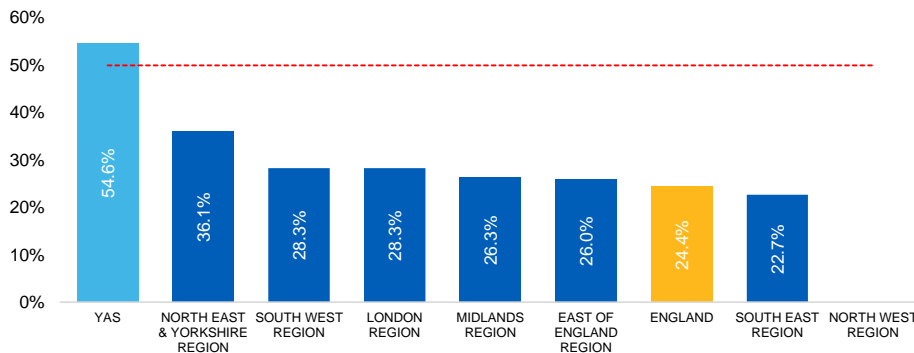
**IUC Chart 10: Bookings into IUC Treatment Centres (95%)**



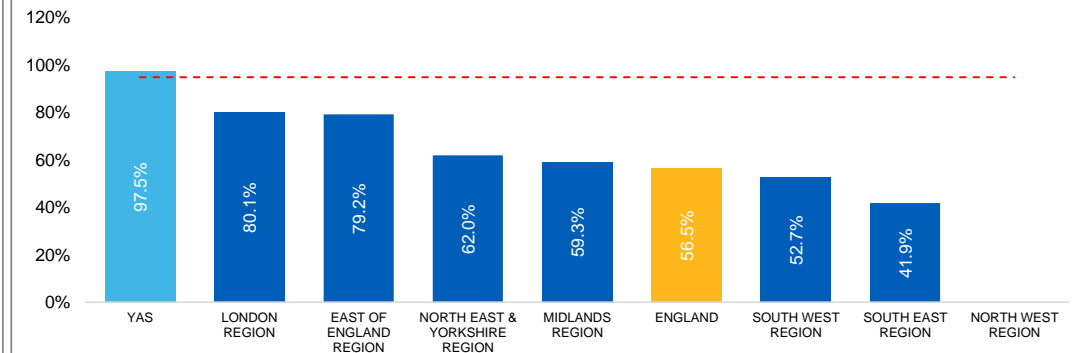
**IUC Chart 11: Bookings into UTC (50%)**



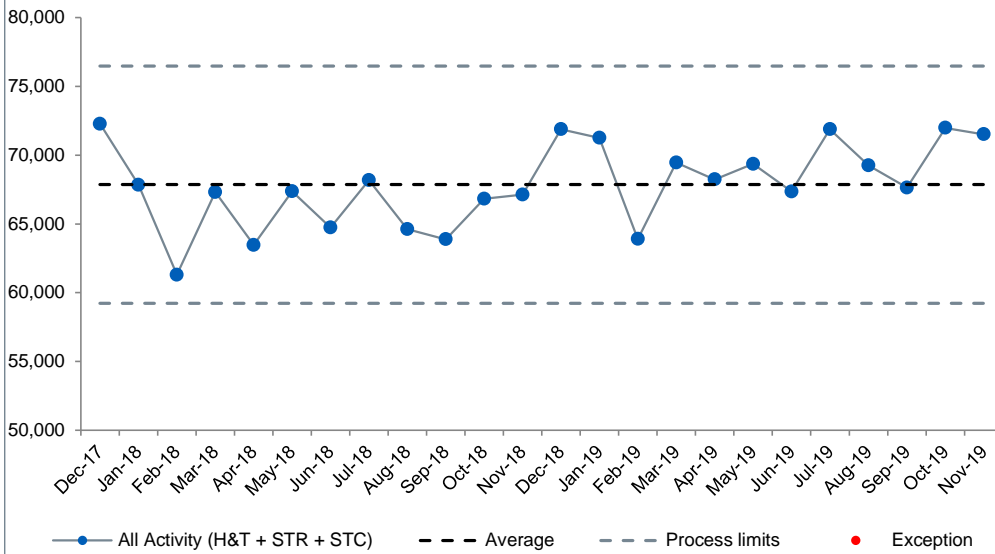
**IUC Chart 12: ED Validations (50%)**



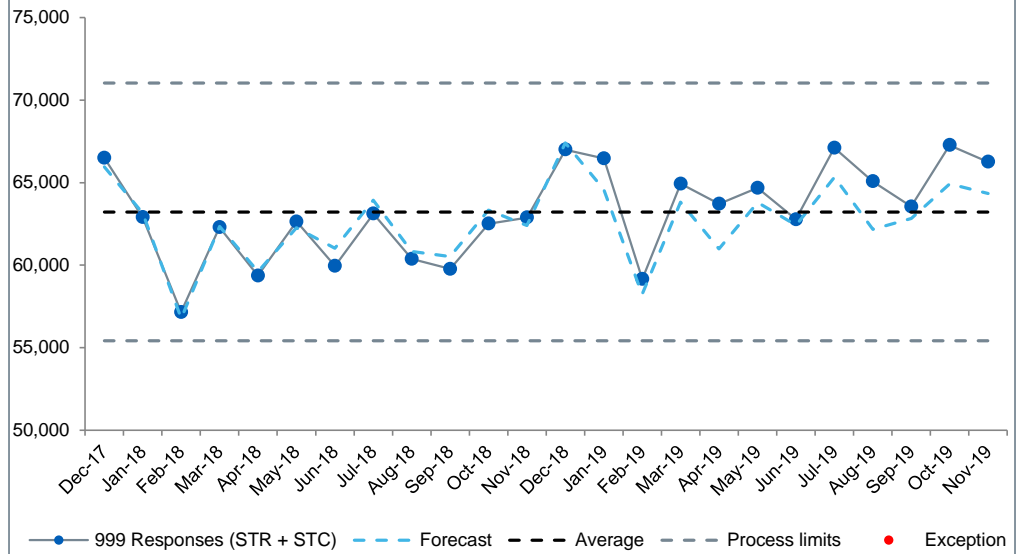
**IUC Chart 13: Ambulance Validations (95%)**



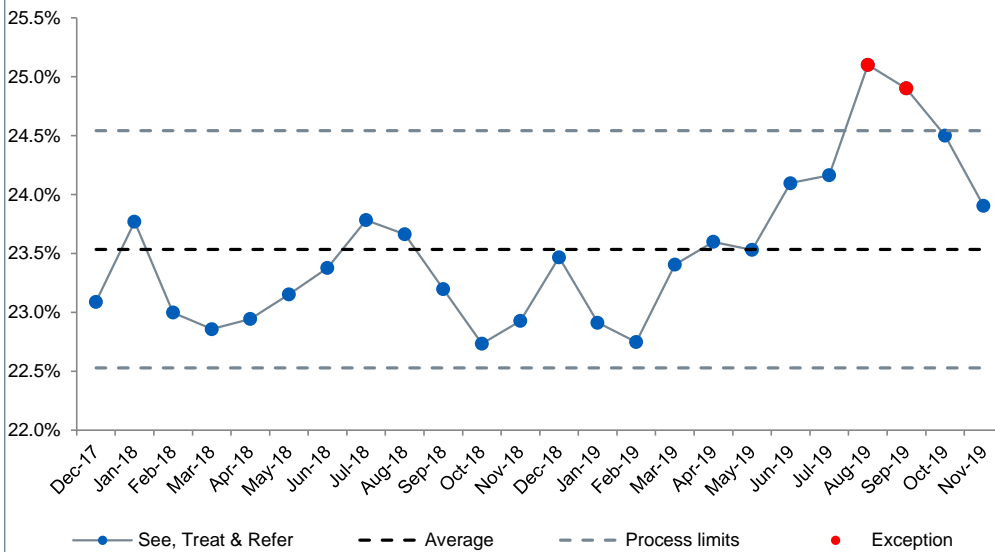
**A&E Chart 1: Demand - All Activity (H&T + STR + STC)**



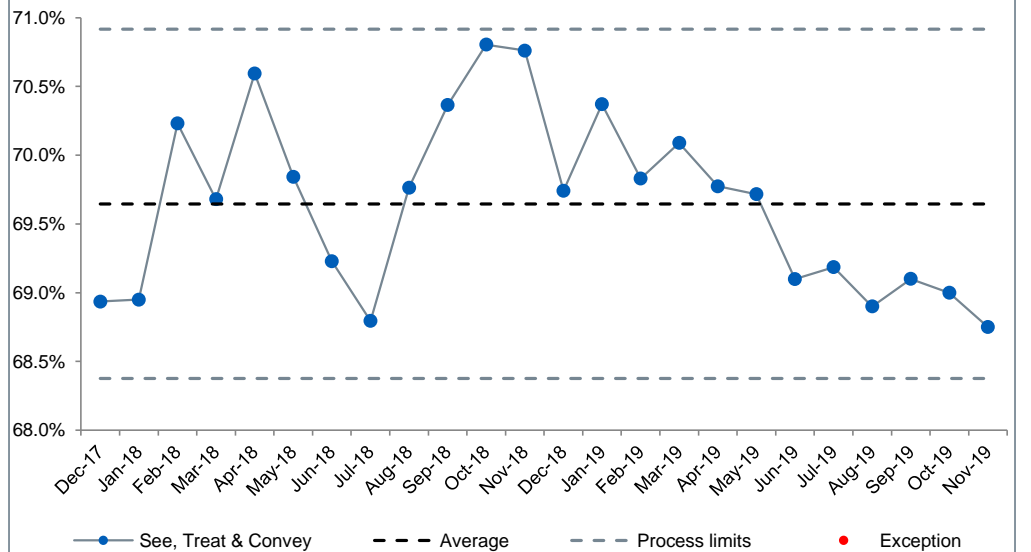
**A&E Chart 2: Demand - 999 Responses (STR + STC)**



**A&E Chart 3: Demand - See, Treat & Refer %**

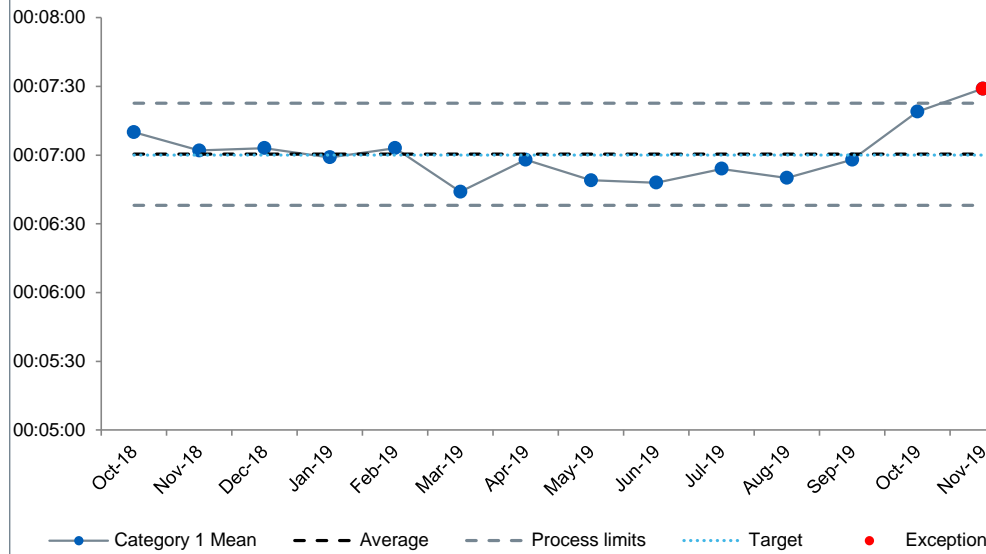


**A&E Chart 4: Demand - See, Treat & Convey %**



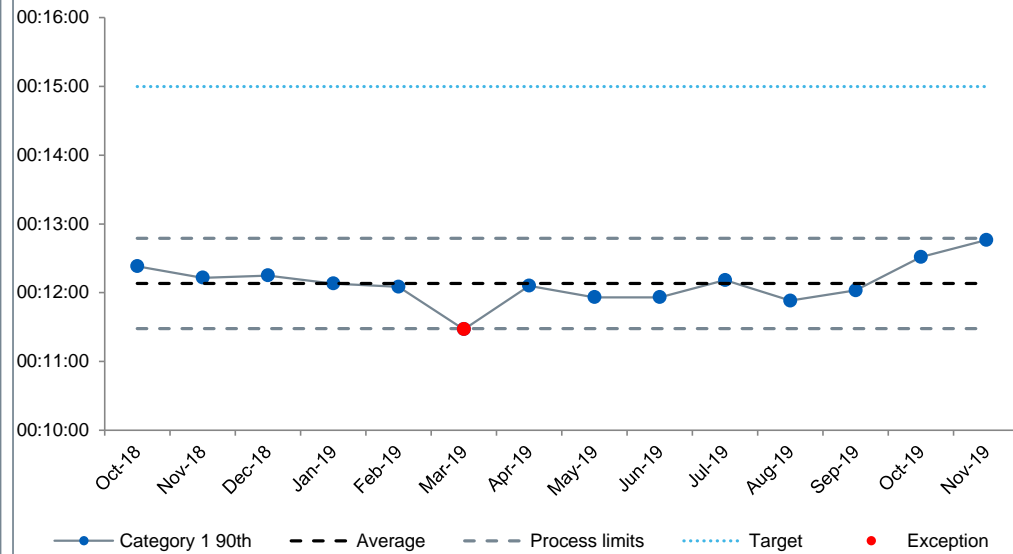
**A&E Chart 5: Performance - Category 1 Mean**

Year to Date **00:07:01**



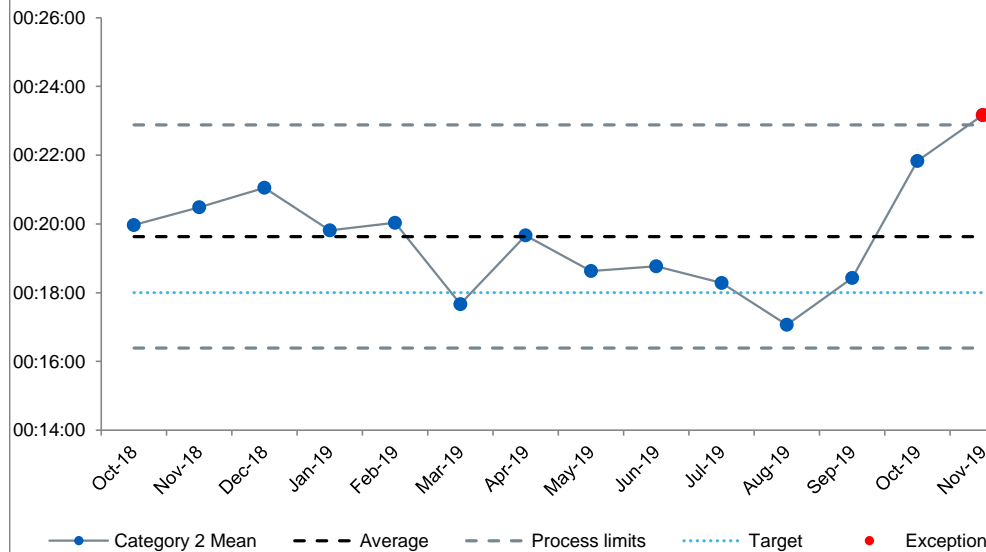
**A&E Chart 6: Performance - Category 1 90th Percentile**

Year to Date **00:12:12**



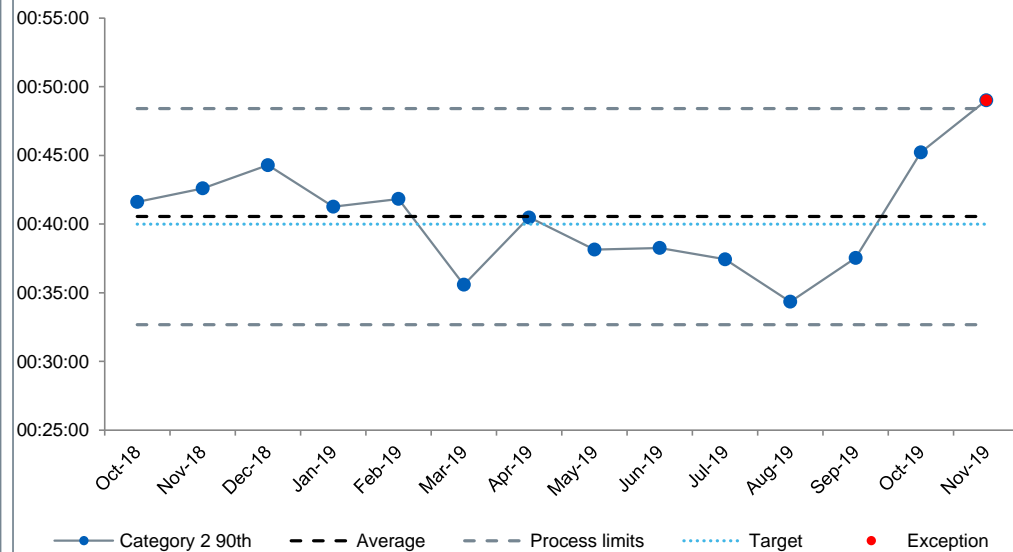
**A&E Chart 7: Performance - Category 2 Mean**

Year to Date **00:19:33**



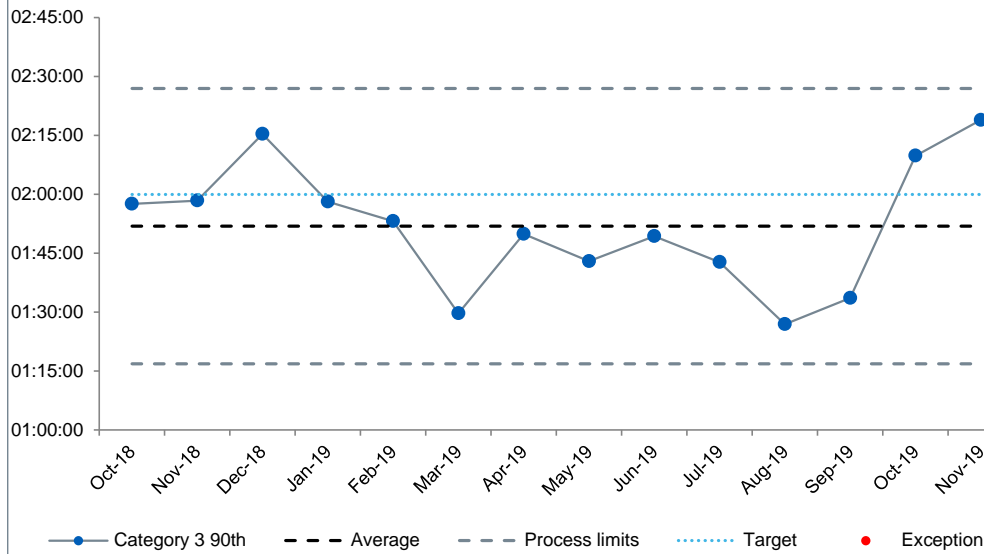
**A&E Chart 8: Performance - Category 2 90th Percentile**

Year to Date **00:40:23**



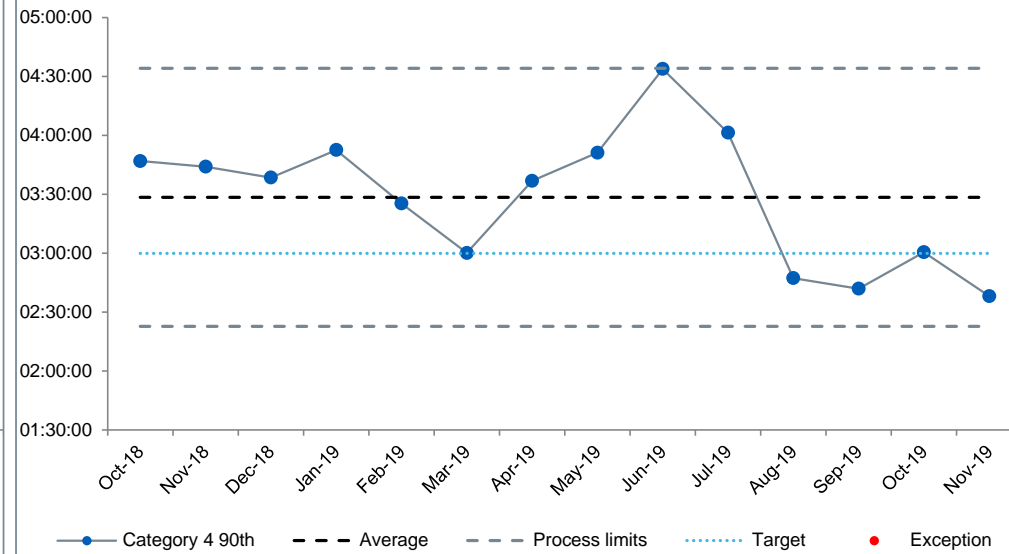
A&E Chart 9: Performance - Category 3 90th Percentile

Year to Date **01:49:05**

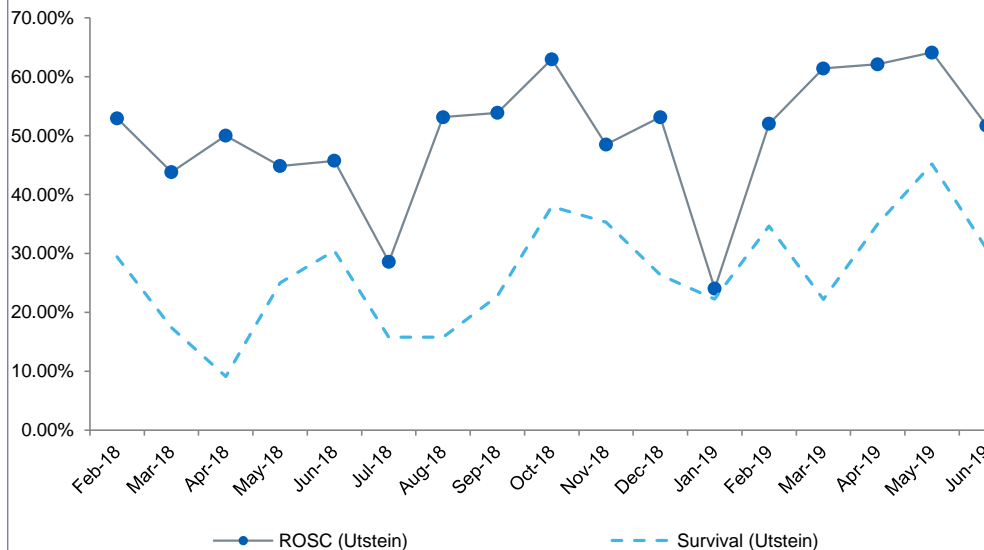


A&E Chart 10: Performance - Category 4 90th Percentile

Year to Date **03:14:46**



A&E Chart 11: Performance - ROSC (Utstein) & Survival (Utstein)



### Performance Commentary:

The demand pressures we have seen so far this year continue and have further increased in November. Demand increases above forecast rose again significantly in November with the resulting decline against all ARP standards excluding CAT4. In addition the categorisation of calls continue to increase resulting in a significant shift in volumes of CAT1 and CAT2 calls.

CAT1 increase 6.3% : CAT2 increase 9.2% : CAT3 decreased 8.5% : CAT4 decreased 12.0%

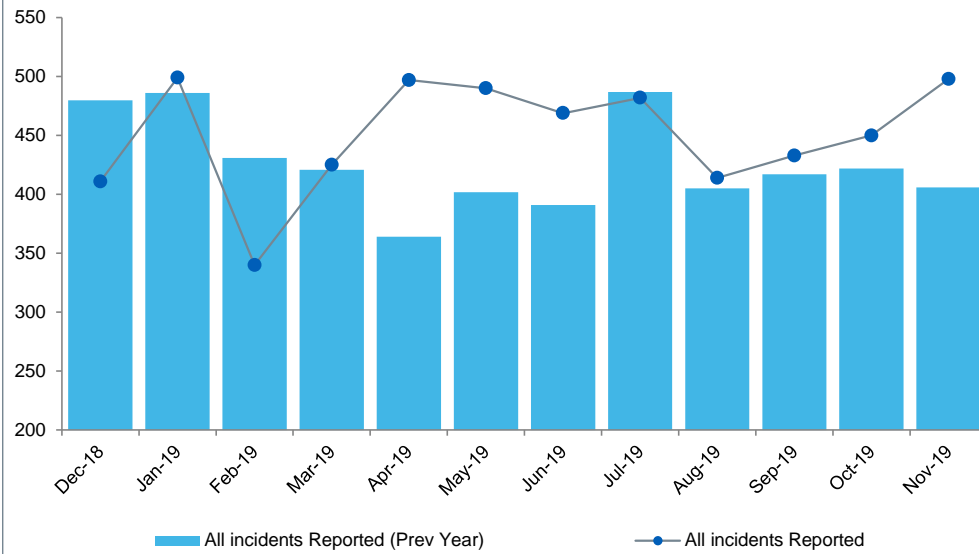
Performance in November saw further degradation against all the agreed trajectories except in CAT4. The CAT4 improvement continued from August and September although worsened in October in line with all Category standards returning to the best performance we have seen since the ARP standards were introduced. However, it is notable that the demand is being managed more effectively than in the past, in part because of an increase in the volume of LAT crews.

In line with the shift in acuity of patients See, Treat and Refer reduced as a percentage of all calls, however, this shift is slight. Hear and treat improvements in November compensated for this and there was still a subsequent % reduction in those conveyed to hospital.

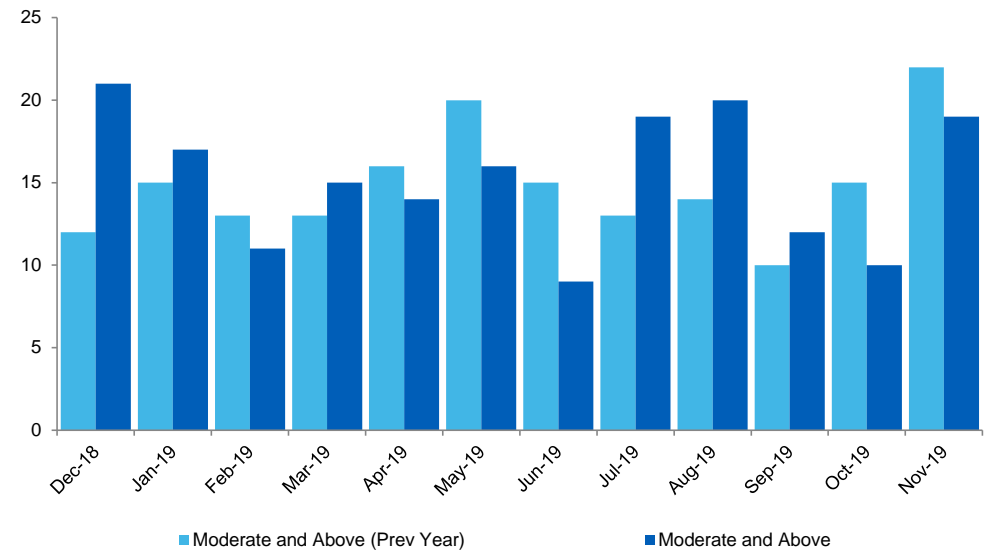
Hospital turnaround performance continued to significantly impact on available operational hours and resulted in call cycle time extension. Work with acute hospitals and systems to improve processes continues with greater regional involvement from NHSI.

Performance against ROSC and survival have seen a very slight dip with overall numbers of cardiac arrests falling for the month of June and is often noted in summer months.

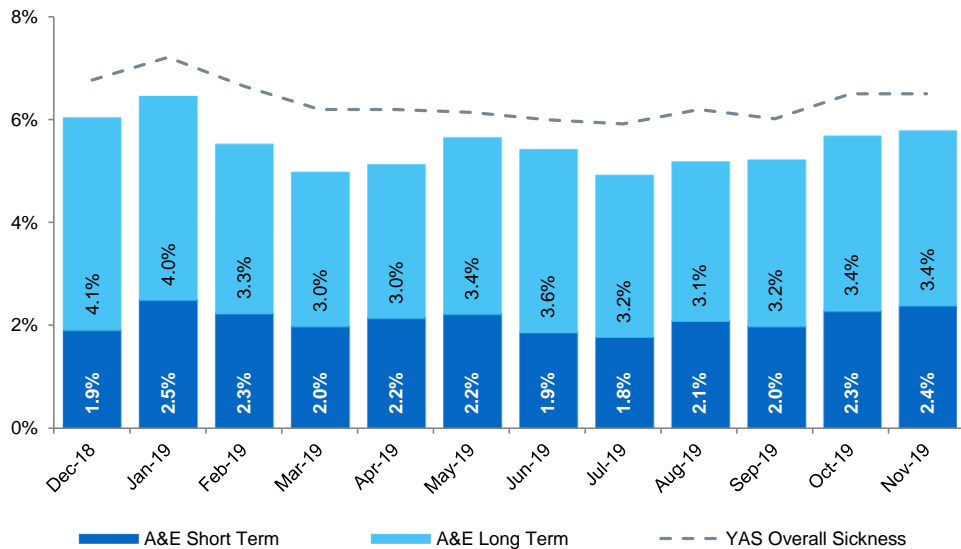
**A&E Cht12: Quality - Reported Incidents**



**A&E Cht13: Quality - Reported Incidents - Moderate & Above**



**A&E Cht14: Workforce - Sickness**



### Quality Commentary

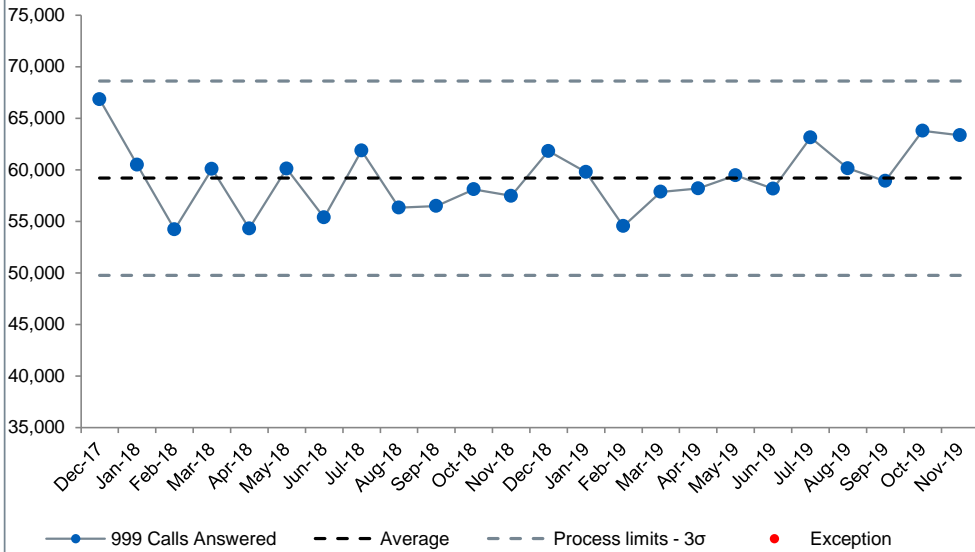
Reported incidents slightly decreased for the month of November against the demand pressure trend. 498 incidents were reported (0.6% of all attended incidents.) Those rated moderate and above reduced increased over the previous month to 19 (0.02% of all incidents) but still represents a reduction over the previous year.

### Workforce Commentary

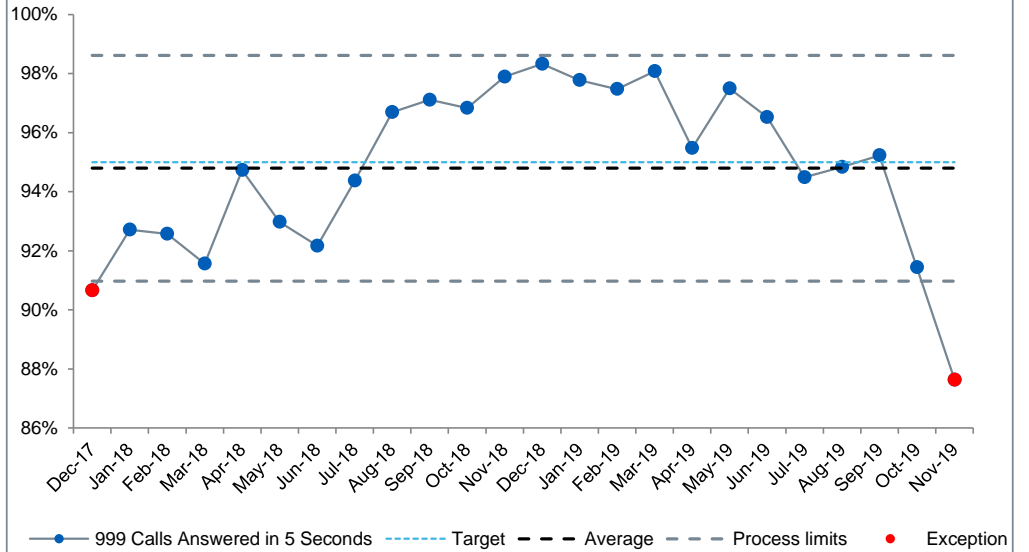
Sickness absence management has been a key focus in Operational areas and the continued levels of 5.8% are below trust average and remains positive. Work continues to reduce this further with significant input from managerial and HR teams. Given the increased demand pressure this level is projected to decline as we enter a very busy period.

PDR compliance has seen some challenges through the summer months and Operational teams have been tasked with improvements to address the backlog. Given the increased Operational demand pressures there may be further slippage as tactical options are utilised to support service delivery.

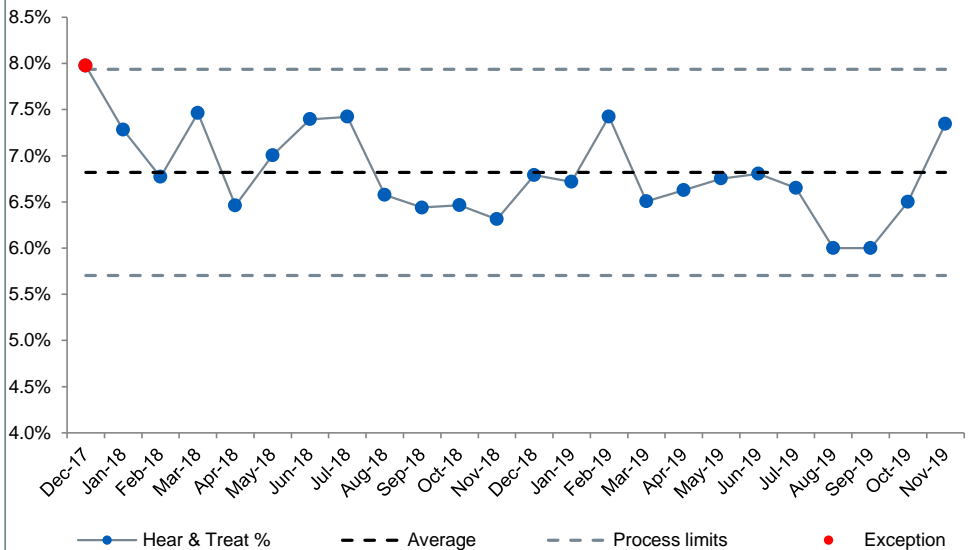
**EOC Chart 1: Demand - 999 Calls Answered**



**EOC Chart 2: Performance - 999 Calls Answered in 5 Seconds**



**EOC Chart 3: Performance - % Hear & Treat**



**Performance Commentary:**

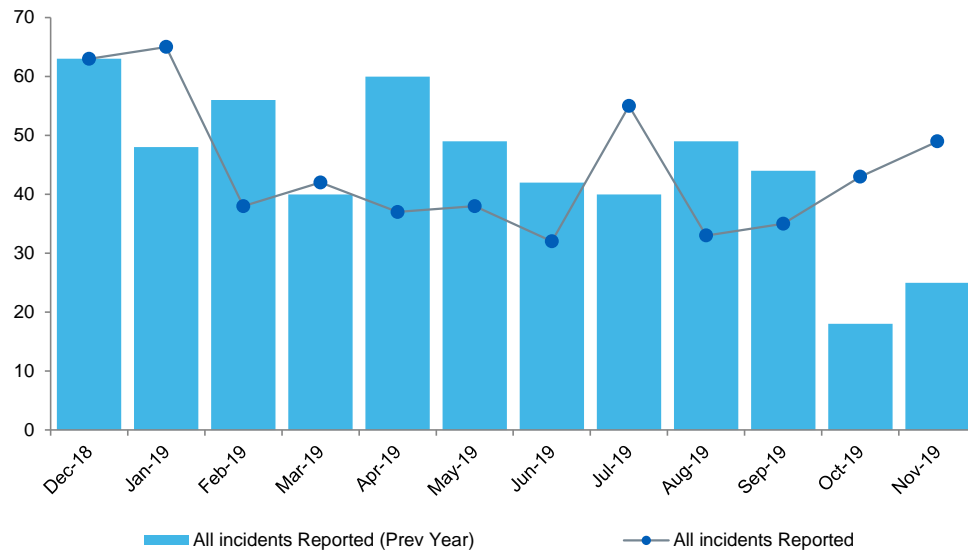
During November call volumes reached the highest level seen since November 2017. This very high level of demand, combined with issues regarding service capacity and staff sickness, contributed to a failure to meet the performance standard of 95% of calls being answered within 5 seconds.

Hear and Treat performance significantly improved following the previous months low. It continues to be a key focus area for improvement.

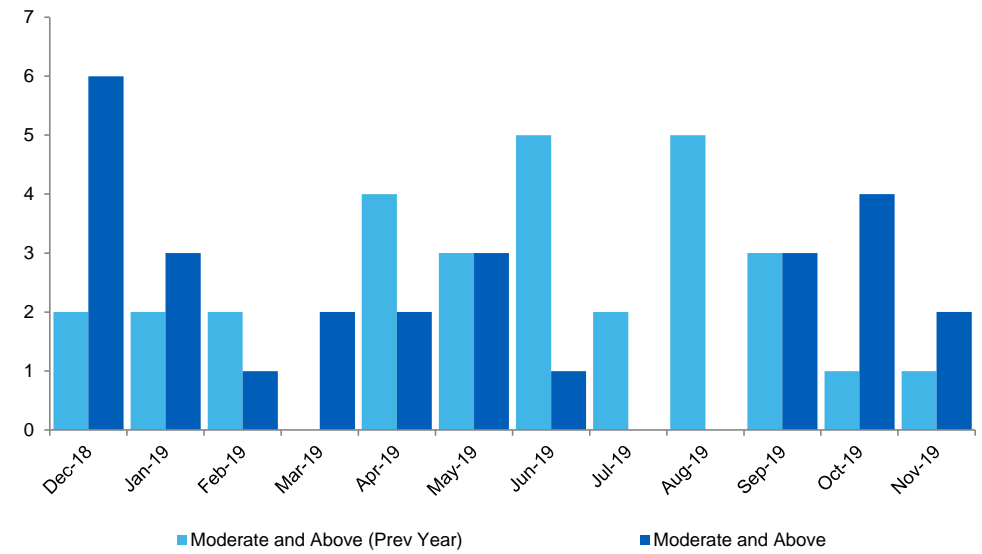
EOC are currently exploring CAT3 volumes and how these can be reviewed more effectively as part of the Hear and Treat process. The effects of sustained delivery of national standards in Operations and the AQI requirements to not delay an emergency response to CAT3 patients makes this a more complex position however positive progress is being made and the appropriate clinical governance is being sought for the process.

Additional support for this is being undertaken with a review of the tactical options available through the DMP escalation process which has been exercised more regularly through the month.

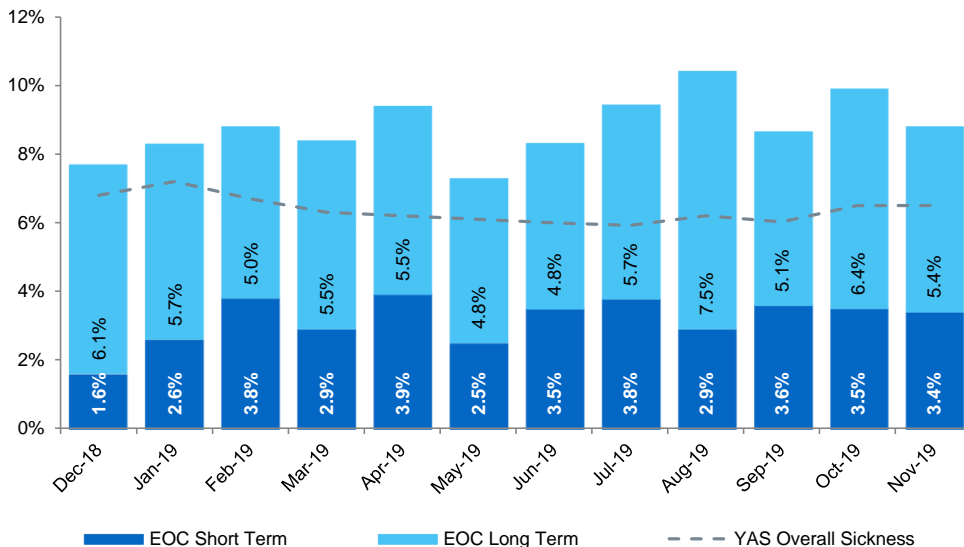
**EOC Chart 4: Quality - Reported Incidents**



**EOC Chart 5: Quality - Reported Incidents - Moderate & Above**



**EOC Chart 6: Workforce - Sickness**



**Quality Commentary:**

Total number of incidents reported is significantly higher than October the previous year and have increased against September's figures but the number associated with moderate or greater harm remains low.

**Workforce Commentary:**

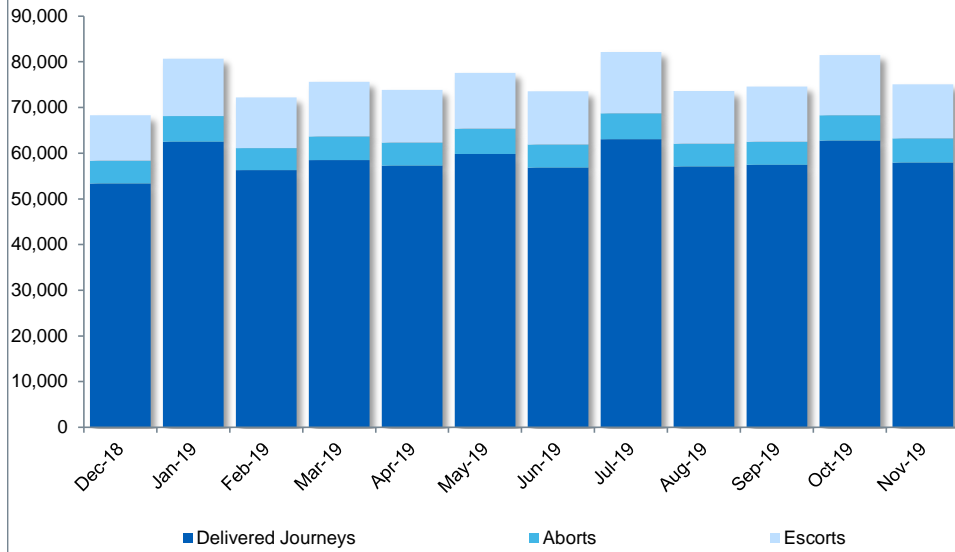
Long term sickness improved in November with a 1.0% decrease in incidents of long term absence. However the outlier in sickness terms is scene within the EMD skillset. This has had a significant impact upon call answer stds.

The EOC team have been focused on ensuring robust managerial processes are in place and have been liaising with the IUC team in a bid to support each other with significant challenges to the call handling staff groups. Themes of musculoskeletal problems and stress, anxiety and depression feature as the issues needing to be resolved.

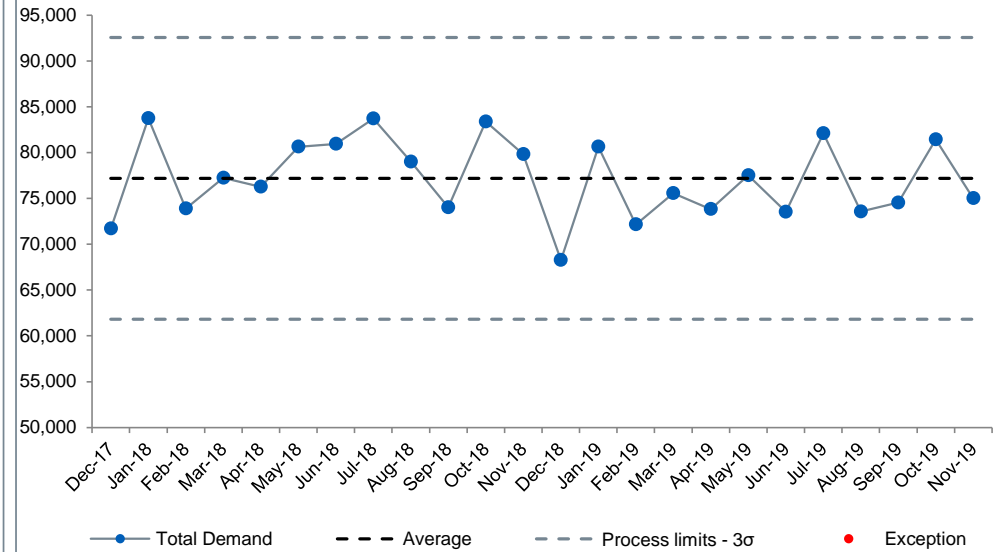
Training of new staff and introduction of further health desk staff has been an ongoing piece of work and this will support an improvement on available cover.

The planned introduction of AMPDS 13.2 has resulted in further pressure on the call handling staff and has potentially increased he sickness levels on the staff group affected.

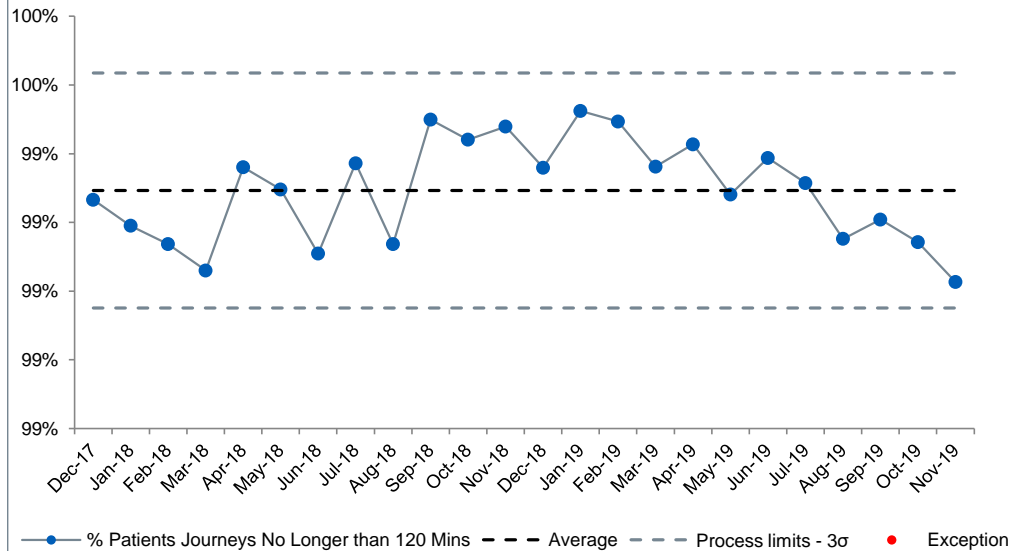
**PTS Chart 1: Demand - Journeys**



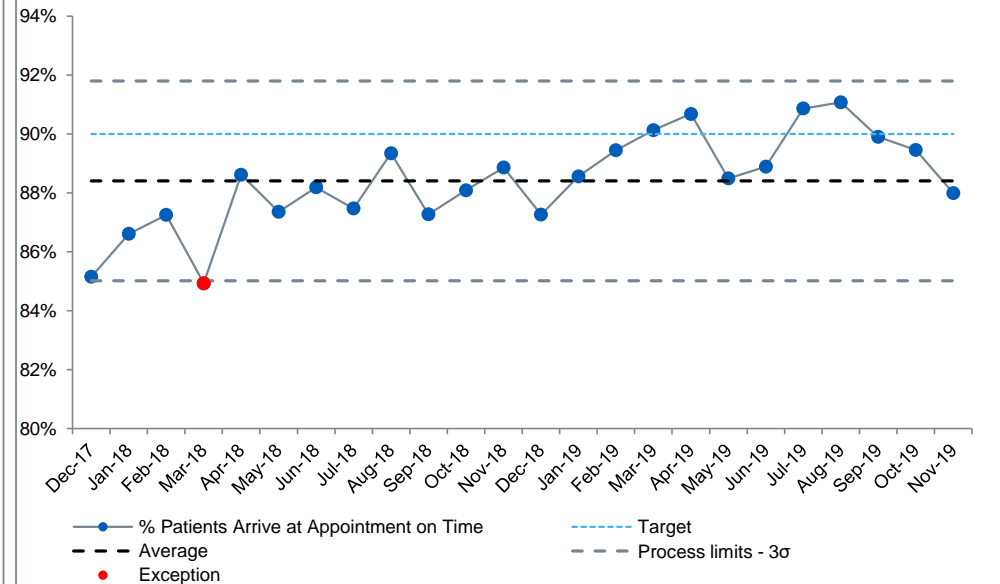
**PTS Chart 2: Demand - Total Demand**



**PTS Chart 3: % Patients Journeys to be no longer than 120 Minutes**

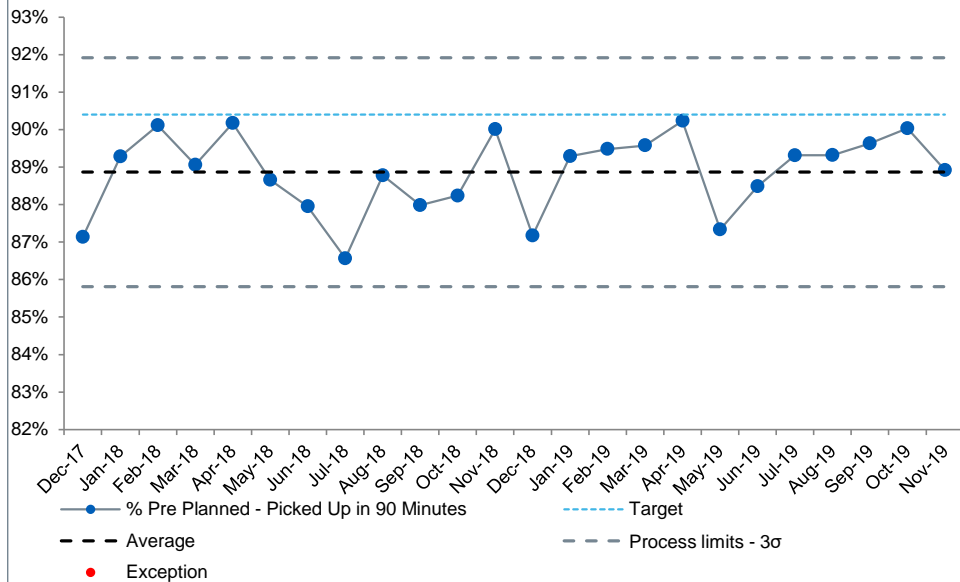


**PTS Chart 4: % Patients Arrive at Appointment on Time**

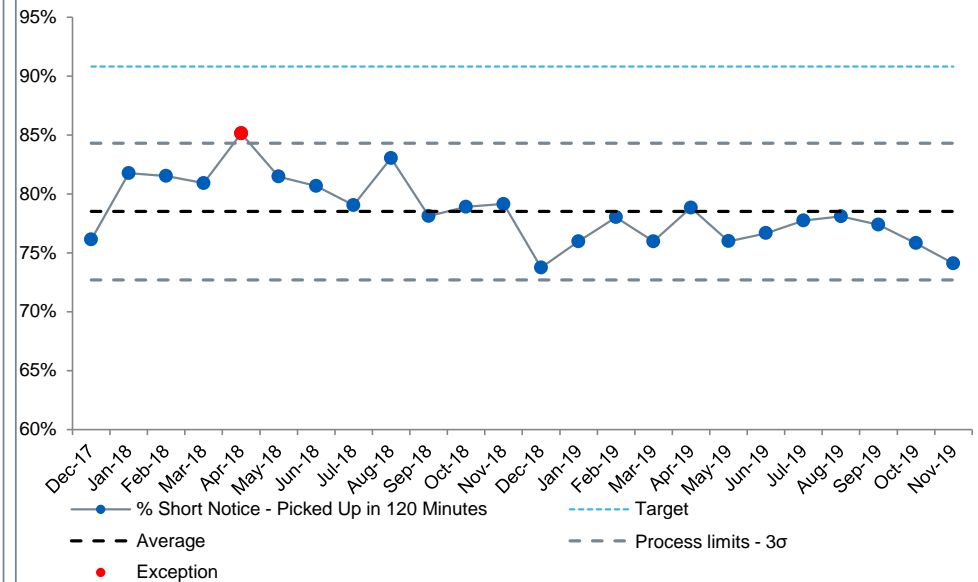




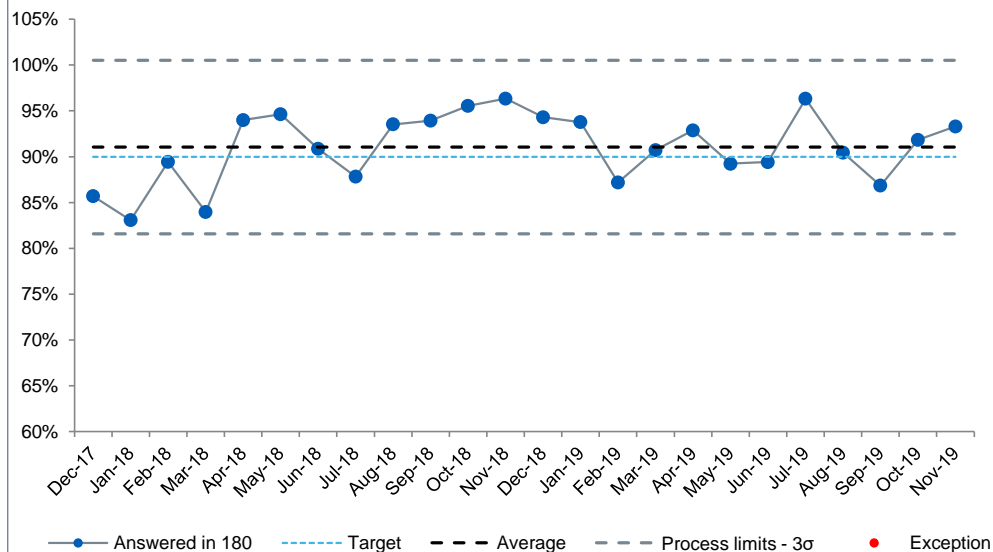
**PTS Chart 5: Performance - % Pre Planned - Picked Up in 90 Minutes**



**PTS Chart 6: Performance - % Short Notice - Picked Up in 120 Mins**



**PTS Chart 7: Telephony - Calls Answered within 180 Seconds**



**Performance Commentary:**

No exceptions to report for overall PTS demand YTD, although there were over 4,800 journeys fewer than the same month last year.

On/day and short notice demand remain above contractual levels in North and East Yorkshire.

88% of our patients arrive prior to appointment, this is 2% below target.

KPI 3 (pre-planned outward) is performing well in month and YTD.

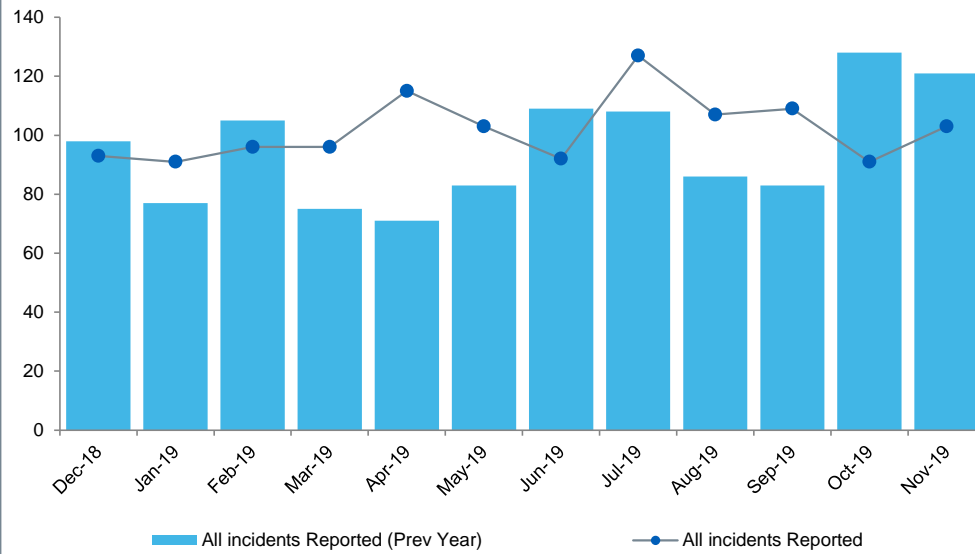
KPI 4 (on-day discharge) did not achieve target and is below YTD.

There has been an increase in 3 and 4 person lifts, specifically in South Yorkshire. Analysis and engagement is ongoing to establish the cause of this; pressure in Acute provider settings is high on patient flow and bed availability.

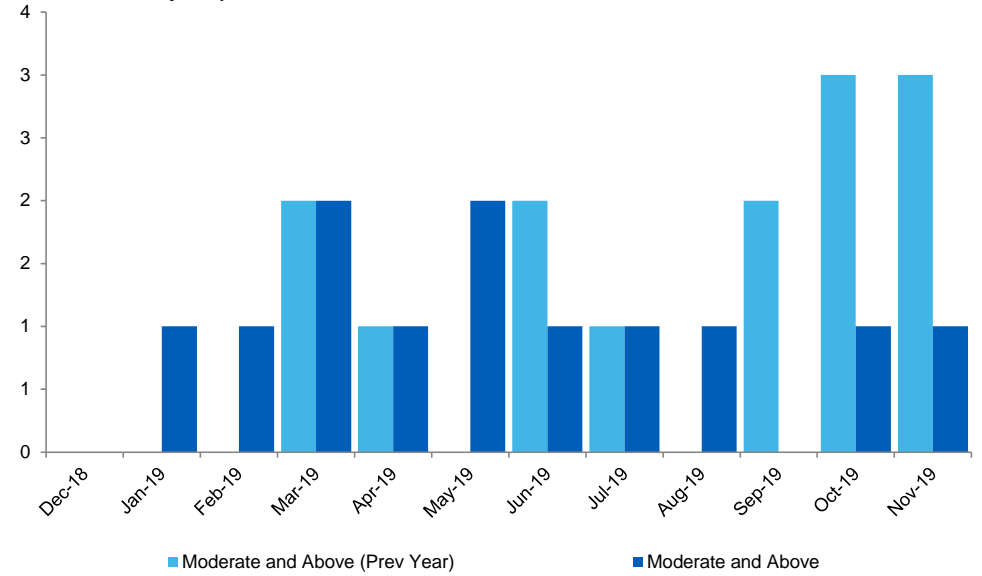
PTS North and East on-day activity is significantly above what was contracted for on-day journeys.

PTS calls answered had an unusual dip in September but is again exceeding KPI in October and November.

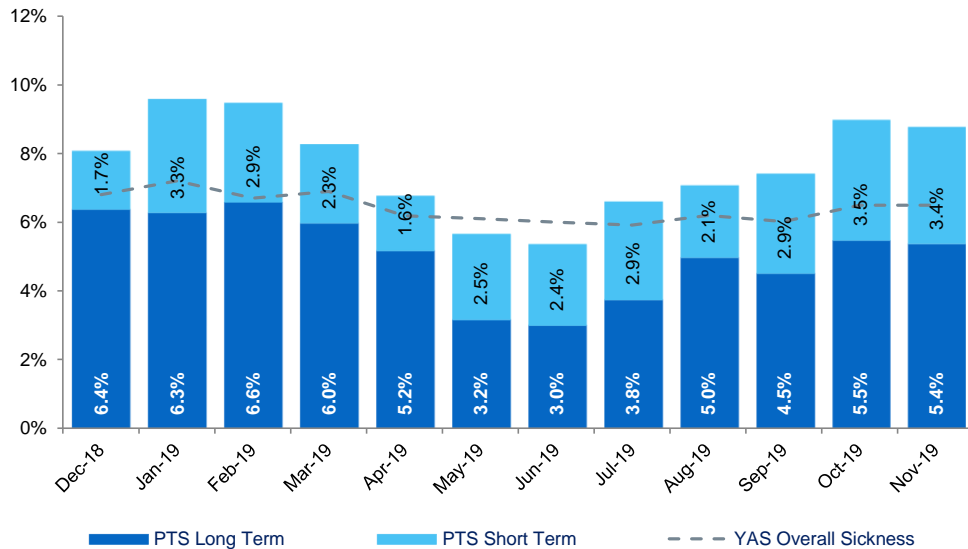
PTS Chart 8: Quality - Reported Incidents



PTS Chart 9: Quality - Reported Incidents - Moderate & Above



PTS Chart 10: Sickness



**Quality Commentary:**

All reported incidents remain in line with YTD. Incidents of moderate or above remain low and in-line with previous months. In October PTS was rated as Good by the CQC with 9 areas identified for outstanding practice.

**Workforce Commentary:**

Sickness has stabilised for the first time in 4 months. Sickness is at 6.5%. All cases are being managed and monitored in line with process. Statutory and Mandatory training (including workbooks) within PTS have reached an all time high compliancy level standing at 98.37%, the highest within the Trust's target. PDRs for the month of November were at 86%, the highest performing within the Trust. PTS service line staff are all being provided with the opportunity to have a Flu jab.

# Ambulance Quality Indicators

November 2019

System	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
<b>Total Incidents (HT+STR+STC)</b>	72,412	107,529	99,489	66,261	73,865	76,081	35,866	93,965	64,620	51,733
<b>Incident Proportions%</b>	<b>YAS</b>	<b>LOND</b>	<b>NWAS</b>	<b>EMAS</b>	<b>EEAS</b>	<b>SWAS</b>	<b>NEAS</b>	<b>WMAS</b>	<b>SECAMB</b>	<b>SCAS</b>
C1 and C2 Incidents	65.5%	67.9%	64.9%	71.0%	70.7%	62.6%	69.2%	58.1%	61.4%	55.1%
C1 Incidents	8.1%	9.2%	10.8%	11.3%	10.7%	6.3%	8.8%	6.7%	6.3%	5.4%
C2 Incidents	57.5%	58.7%	54.1%	59.7%	59.9%	56.3%	60.4%	51.3%	55.1%	49.6%
C3 Incidents	15.4%	18.8%	16.0%	15.1%	14.1%	22.5%	16.8%	31.4%	27.6%	30.0%
C4 Incidents	0.6%	1.7%	3.5%	1.0%	2.6%	1.8%	1.0%	1.2%	0.6%	1.7%
C5 Incidents	2.2%	1.3%	0.7%	0.0%	2.8%	3.3%	0.0%	0.0%	0.0%	0.2%
HCP Level 3 & HCP Level 4	8.8%	3.1%	6.8%	4.2%	2.9%	4.3%	6.9%	5.3%	4.7%	6.8%
Hear and Treat	7.4%	7.2%	8.1%	8.4%	6.8%	5.5%	6.0%	3.7%	6.2%	7.6%
<b>Performance</b>	<b>YAS</b>	<b>LOND</b>	<b>NWAS</b>	<b>EMAS</b>	<b>EEAS</b>	<b>SWAS</b>	<b>NEAS</b>	<b>WMAS</b>	<b>SECAMB</b>	<b>SCAS</b>
C1-Mean response time (Target 00:07:00)	00:07:29	00:06:46	00:07:27	00:08:03	00:08:24	00:07:10	00:07:02	00:07:06	00:07:39	00:07:25
C1-90th centile response time (Target 00:15:00)	00:12:46	00:11:14	00:12:38	00:14:37	00:15:27	00:13:15	00:12:14	00:12:15	00:14:39	00:13:34
C2-Mean response time (Target 00:18:00)	00:23:10	00:22:18	00:30:43	00:36:05	00:31:39	00:29:19	00:37:11	00:14:31	00:20:54	00:18:59
C2-90th centile response time (Target 00:40:00)	00:49:00	00:46:30	01:07:14	01:15:25	01:04:07	01:01:29	01:14:39	00:27:06	00:39:48	00:38:50
C3-Mean centile response time (Target 01:00:00)	00:56:33	01:13:25	01:51:11	01:49:08	01:56:24	01:18:37	02:06:06	00:59:55	01:47:51	00:58:34
C3-90th centile response time (Target 02:00:00)	02:18:59	02:57:45	04:26:17	04:26:12	04:56:27	03:10:44	05:05:03	02:16:52	04:03:22	02:19:27
C4-90th centile response time (Target 03:00:00)	02:38:08	03:48:51	03:29:38	03:54:58	04:53:47	03:43:59	03:55:32	03:18:23	04:46:20	03:09:31
<b>Proportion of All incidents</b>	<b>YAS</b>	<b>LOND</b>	<b>NWAS</b>	<b>EMAS</b>	<b>EEAS</b>	<b>SWAS</b>	<b>NEAS</b>	<b>WMAS</b>	<b>SECAMB</b>	<b>SCAS</b>
Incidents with transport to ED	58.9%	58.8%	59.3%	61.8%	57.3%	53.6%	58.0%	55.8%	62.1%	52.7%
Incidents with transport not to ED	9.0%	6.5%	5.4%	4.9%	2.9%	4.7%	9.5%	6.2%	1.0%	6.9%
Incidents with face to face response	24.7%	27.6%	27.2%	25.0%	33.0%	36.2%	26.6%	34.4%	30.7%	32.8%
<b>Clinical</b>	<b>YAS</b>	<b>LOND</b>	<b>NWAS</b>	<b>EMAS</b>	<b>EEAS</b>	<b>SWAS</b>	<b>NEAS</b>	<b>WMAS</b>	<b>SECAMB</b>	<b>SCAS</b>
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	25.4%	36.4%	37.7%	26.4%	28.2%	34.7%	30.5%	35.3%	31.0%	33.5%
ROSC - Utstein	55.0%	61.7%	53.7%	40.5%	59.0%	57.7%	58.8%	52.1%	64.0%	62.1%
Cardiac - Survival To Discharge	10.6%	9.3%	9.1%	8.9%	9.6%	12.0%	9.5%	14.1%	11.1%	14.5%
Cardiac - Survival To Discharge Utstein	28.6%	20.0%	21.1%	30.0%	37.5%	34.6%	35.3%	34.9%	33.3%	41.4%