



# Integrated Performance Report

## January 2020

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

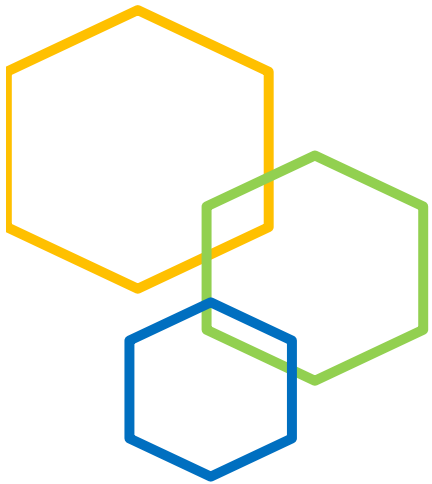
Inspected and rated

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

11.02.20:

**EOC Hear and Treat (H&T):** Work underway to deliver H&T targets in line with agreed trajectories, including staff training and recruiting additional clinician roles.

**YAS Total Transport:** A revised proposal is scheduled to go to TMG and clinical governance for approval at the end of February.

**Integrated Workforce:** Updated driver diagram presented at the Board meeting. Due to scale, scope and interdependencies the diagram will be shared with TEG for discussion and project prioritisation.

**Integrated Clinical Advice Service (CAS), EOC and 111:** Structured programme of work underway. Initial scoping presented at TEG for strategic discussion, 19.02.20.

**Team based working:** Revised PID in development and will be presented at TEG 26.02.20. Benefits of introducing Team Based Working will be clearly articulated in the revised PID.

**Clinical Recruitment IUC/EOC:** Completed in December. Six-month attraction/ recruitment campaign commenced Nov '19 - May '20.

**Provisional programme focus for 2020:**

- Integrated workforce
- Team based working
- Total transport
- Integrated Clinical Advice Service (including zonal working pilot)

## Place Based Care

GREEN

13.01.20:

**Ageing Well:** Ageing well project group to be established. Proposed programme strands include: pathways, dementia, enhancing health in care homes and an alternative response to falls.

**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:** Mental Health programme group to be established. MH Lead now in post. Planning underway for Mental Health Summit, proposed date - 27.03.20.

**Public Health:** Public Health priorities for the organisation now in place and include suicide prevention and bereavement support, homelessness and isolation. Public Health Delivery Plan agreed and progress monitored on a quarterly basis.

**MECC:** Outline proposal and delivery plan for MECC in development with first cross-Directorate scoping workshop planned for 11.03.20.

**Dashboards:** Place based reporting dashboards for mental health, falls and hospitals in development.

**Provisional Programme Focus for 2020:**

- ICS/place based plans and co-ordination including pathway development 999/IUC, UTCs
- Mental Health
- Frailty and falls (Am 'Ageing Well' programme)
- 999 Academy
- Volunteering and Public Health

## Infrastructure

AMBER

04.02.20:

**ePR:** 90.4% of YAS patient records now completed on ePR (excluding Low Acuity Transport); 1,836 ePRs completed per day; 746,520 ePRs completed to date. Go-live of the safeguarding referral functionality and associated new processes has been further delayed. One driver of this is to allow sufficient time for user training to ensure that the new arrangements have the required integrity and quality.

**Unified Comms:** 'Go Live date' has slipped and rescheduled at various stages: Back office functions – 6.5.20; IUC/PTS – 12.5.20 and EOC - 19/20.05.20 (EOC).

**Agile working (scannig solution):** work underway to scope a target operating model for a corporate electronic document scanning and storage solution.

**Benefits realisation:** The Programme Board has initiated a review to focus on benefits realisation and alignment of disparate initiatives relating to digital and agile working developments ensuring a more focused approach to the 2020/21 overall programme. MIH consultancy has been commissioned to provide support on a benefits realisation piece on Microsoft 365 and Unified Comms during Q4.

**Hub and Spoke/AWP:** There is an approximate delay of four weeks for the completion of the new Doncaster Hub. This means the moving-in dates for staff have been postponed until February with the new Doncaster Hub going live on 25.2.20.

**Tranman:** Implementation of the Tranman fleet management system remains challenging. The system has been deployed but there are outstanding issues with multiple areas of functionality such as its usage and associated benefits being constrained. Work is ongoing internally and with the supplier (Civica) and NAA partners to attempt to resolve these issues through February and March. Further updates scheduled to Programme Board for assurance on progress.

**Warehouse:** Single warehouse business case complete and being processed through the internal gate process. Decision made to identify a suitable warehouse in line with organisational requirements. Site visits planned end January and through February. Final decision subject to Board approval at end of March 2020.

**Provisional Programme Focus for 2020:**

- Digital enablers and benefits realisation (including unified comms, Microsoft 365, EPR, CAD (linked to NAA) Tranman and associated 'agile' working initiatives).
- Hub and Spoke and AVP.
- Logistics including single warehouse, aligned to AVP.
- Emergency Services Radio Programme (aligned to national time table)

## Capacity & Capability

AMBER

31.01.20:

**Accountability Framework:**

Work streams reviewed and refined with Executive leads. High performance management system added as a new work stream. Programme governance structure in place and agreed.

**Future Training Estates:**

A number of different delivery model options are being explored and evaluated against a set of agreed criteria. Optional appraisal results and recommendations will be presented at March C&C Board for review, prior to consideration by TEG.

**Provisional Programme Focus for 2020:**

- Accountability Framework.
- Future training model.
- Cultural development –alignment of work streams.
- VFM priorities (aligned to wider NAA programme).



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

- The national planning guidance was released on 31 January 2020, with responsibility placed on ICSs / STPs to coordinate and submit their plans in response, as local systems.
- The guidance places emphasis on expanding Same Day Emergency Care and reducing face-to-face outpatient appointments. The potential impact of these aims for YAS are being reviewed
- YAS will submit plans to West Yorkshire & Harrogate as our lead ICS. Discussions are ongoing with the NHS E/I regional team to develop understanding of response requirements as a regional provider.
- The Resource Escalation Action Plan (REAP) level was de-escalated to Level 2 in January 2020. Operational pressures in the systems and delays related to hospital handover continue to be discussed at local A&E Delivery Boards and actions progressed

# Summary of Exceptions

January 2020

Service Line	Indicator ID	Exception Commentary
IUC	001	All indicators within IUC improved in January with only the clinical call back KPI continuing to be a challenge for the service. The new clinical recruitment attraction strategy has been used in advertisements throughout November and January with additional applications to the service being received, the application to offer rate is now the focus, in terms of turning this interest into new staff within IUC.
	009	The PDR rate within IUC reflects the challenges of winter pressures within the team. This is being address by the service delivery team.
A+E Ops EOC	003	Hear and Treat performance reduced from previous month mainly due to the reduction in demand overall. Recruitment for clinicians continues to increase as does number of patients offered hear and treat prior to dispatching an ambulance.
A+E Ops	003	At 39 mins, average turnaround time remains outside of the 30mins target. Although this is an improvement on the previous month intensive work continues nationally, regionally and locally to improve hospital hanodver times.
A+E Ops	009	The PDR rate decreased slightly in A&E Operations and reflects the challenges of winter pressures within the team. This is being address by the management team.
A+E Ops EOC	009	The PDR rate improved slightly on the previous month but remains somewhat below the trust target and is a reflection of challenges of winter pressures. This is being addressed by the management team.
Information Management	016	IG compliance declined to 64.3% which is the lowest level in the last 12 months. BI is developing a monthly reporting process to alert IAOs when team members training is due to expire. This proactive approach will impove compliance in advance of the annual Toolkit submission at the end of March.
		The FOI compliance for January is 69.7%, an increase on the previous month. The department is extremely happy that it has been able to improve on the previous month's compliance despite suffering from unplanned absences within the department. FOI compliance and administration is now a regular agenda item on the Information Governance Working Group for this quarter and this will be the perfect venue to discuss FOI related matters with fellow Information Asset Owners.



# Patients & Communities

January 2020

Indicator ID	Key Operational Standard Description	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Jan-20				
														Target / Forecast	Actual	Actual v Target/Fcast		
001	Integrated Urgent Care	Calls Offered	129,920	141,675	142,409	141,721	131,686	136,129	134,814	126,624	137,427	156,871	175,308	144,564				
		Call Answered	126,380	139,115	131,822	130,711	120,255	121,263	121,422	115,557	122,183	132,591	160,403	135,455	142,359	135,455	▼	
		Calls Answered within 60 Seconds	79.0%	86.1%	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	83.1%	90.7%	90%	90.7%	▲	
		Core Clinical Advice			30.7%	31.3%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%	30%	30.5%	▲	
		Clinician Called Back within 1 Hour			64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	56.9%	59.8%	60%	59.8%	▼	
		Direct Bookings			46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	45.8%	30%	45.8%	▲	
		Bookings into UTC			52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%	50%	56.7%	▲	
		Bookings into IUC Treatment Centres			59.1%	60.1%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%	62.9%	95%	62.9%	▼	
		ED Validations			61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%	50.8%	50%	50.8%	▲	
			97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	98.3%	95%	98.3%	▲			
002	EOC	Telephony - 999 Calls Answered	54,546	57,868	58,202	59,471	58,166	63,132	60,147	58,919	63,779	63,358	68,507	57,223				
		Telephony - 999 Calls Answered within 5 Seconds	97.5%	98.1%	95.5%	97.5%	96.5%	94.5%	94.8%	95.2%	91.4%	87.6%	88.0%	94.8%	95%	94.8%	▼	
003	A&E Operations	All Activity (H&T + STR + STC)	63,897	69,455	68,236	69,359	67,360	71,887	69,246	67,636	71,982	71,517	76,409	72,149				
		Hear & Treat (H&T)	7.4%	6.5%	6.6%	6.8%	6.8%	6.7%	6.0%	6.0%	6.5%	7.3%	8.5%	6.5%				
		See, Treat & Refer (STR)	22.7%	23.4%	23.6%	23.5%	24.1%	24.2%	25.1%	24.9%	24.5%	23.9%	25.0%	25.1%				
		See, Treat & Convey (STC)	69.8%	70.1%	69.8%	69.7%	69.1%	69.2%	68.9%	69.1%	69.0%	68.8%	66.7%	68.4%				
		999 Responses (STR + STC)	59,153	64,936	63,713	64,675	62,776	67,106	65,078	63,554	67,273	66,263	70,017	67,446	70,509	67,446	▼	
		Category 1	Mean	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	00:07:46	00:06:54	00:07:00	00:06:54	▼
			90th Percentile	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	00:13:15	00:11:54	00:15:00	00:11:54	▼
		Category 2	Mean	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	00:27:12	00:17:54	00:18:00	00:17:54	▼
			90th Percentile	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	00:58:00	00:36:33	00:40:00	00:36:33	▼
		Category 3	90th Percentile	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	02:56:46	01:31:25	02:00:00	01:31:25	▼
		Category 4	90th Percentile	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	03:18:01	02:15:18	03:00:00	02:15:18	▼
Average Turnaround Time	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	00:41:00	00:39:22	00:30:00	00:39:22	▲			
Average Job Cycle Time (Responses)	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	02:07:07	01:54:19		01:54:19				
004	PTS	Journeys	72,158	75,569	73,830	77,516	73,526	82,095	73,568	74,545	81,434	75,023	69,065	78,620	83,380	78,620	▼	
		Patient Journeys < 120 Minutes	99.5%	99.4%	99.4%	99.3%	99.4%	99.3%	99.2%	99.2%	99.1%	99.0%	99.2%	99.5%	90.0%	99.5%	▲	
		Patients Arrive at Appointment on Time	89.4%	90.1%	90.7%	88.5%	88.9%	90.9%	91.1%	89.9%	89.5%	88.0%	88.7%	90.2%	90.0%	90.2%	▲	
		% Pre Planned - Picked Up in 90 Minutes	89.7%	90.0%	90.5%	87.5%	88.6%	89.5%	90.5%	89.8%	90.3%	89.4%	89.4%	89.7%	90.4%	89.7%	▼	
		% Short Notice - Picked Up in 120 Minutes	78.2%	76.2%	79.1%	76.3%	76.8%	77.8%	79.4%	77.5%	75.9%	74.3%	73.0%	71.9%	88.8%	71.9%	▼	
		Calls Answered within 180 Seconds	87.2%	90.7%	92.9%	89.2%	89.4%	96.3%	90.4%	86.8%	91.8%	93.3%	94.3%	88.2%	90.0%	88.2%	▼	

Indicator ID	Key Operational Standard Description	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-20
005	ACQI	% Received STEMI Bundle	58.1%			55.9%			53.1%			40.0%	
		% Received Stroke Diagnostic Bundle		95.3%			96.1%			93.4%		95.9%	
		% Received Sepsis Care Bundle			51.9%			53.4%			60.9%		72.7%

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

# Our People

January 2020

Indicator ID	Key Operational Standard Description	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Jan-20			
														Target / Forecast	Actual	Actual v Target/Fcast	
006	Workforce	Total FTE in Post	4,663	4,669	4,668	4,656	4,681	4,675	4,690	4,727	4,732	4,773	4,753	4,759			
		BME %	4.9%	4.9%	4.9%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	5.1%	5.1%	5.1%	5.1%	11.1%	5.1%
007	Recruitment	New Starters (FTE)	46.6	38.9	55.6	18.6	67.5	49.6	56.6	92.9	62.3	53.1	13.3	44.6		44.6	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.2%	9.3%	9.4%	9.6%	9.9%	9.9%	10.0%	9.9%	9.7%	10.1%	9.7%	9.7%		9.7%	
009	PDR / Staff Appraisals	YAS	78.3%	77.0%	76.1%	70.8%	68.2%	71.7%	74.6%	76.6%	77.6%	76.4%	75.7%	74.6%	90.0%	74.6%	▼
		A&E Operations	82.4%	80.6%	78.2%	71.2%	69.5%	72.2%	76.2%	77.9%	80.2%	80.5%	78.8%	78.3%	90.0%	78.3%	▼
		EOC	71.8%	70.9%	72.5%	69.0%	66.8%	63.8%	60.6%	61.1%	67.0%	65.1%	67.1%	68.7%	90.0%	68.7%	▼
		Integrated Urgent Care	65.0%	63.5%	64.5%	62.1%	55.4%	75.6%	76.1%	70.9%	67.5%	63.0%	60.8%	56.2%	90.0%	56.2%	▼
		PTS	87.3%	86.3%	84.8%	80.6%	73.7%	78.3%	83.0%	90.9%	89.1%	86.2%	88.4%	86.9%	90.0%	86.9%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	96.3%	97.3%	97.9%	97.9%	98.3%	98.2%	98.3%	98.4%	98.0%	97.6%	97.2%	97.6%	90.0%	97.6%	▲
		A&E Operations	97.4%	97.9%	97.0%	98.2%	98.7%	98.6%	98.9%	99.0%	98.6%	98.2%	97.8%	97.9%	90.0%	97.9%	▲
		EOC	94.8%	97.0%	95.6%	96.8%	97.5%	97.2%	98.5%	97.7%	97.7%	97.4%	96.5%	98.3%	90.0%	98.3%	▲
		Integrated Urgent Care	92.8%	96.0%	97.4%	98.6%	98.6%	98.6%	98.7%	98.7%	98.2%	96.1%	95.7%	97.1%	90.0%	97.1%	▲
		PTS	98.3%	99.1%	98.3%	99.3%	99.7%	99.6%	99.5%	99.5%	99.6%	100.0%	100.0%	100.0%	90.0%	100.0%	▲
011	Health & Wellbeing	Total Sickness Rate	6.7%	6.3%	6.2%	6.1%	6.0%	5.9%	6.2%	6.0%	6.5%	6.5%	7.1%	6.5%	6.0%	6.5%	▲
		Long Term Sickness Rate	4.0%	4.2%	3.9%	3.9%	3.8%	3.6%	3.9%	3.8%	4.0%	3.7%	4.3%	3.8%		3.8%	
		Short Term Sickness Rate	2.6%	2.1%	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.6%	2.8%	2.8%	2.7%		2.7%	

Indicator ID	Key Operational Standard Description		Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Jan-20			
															Target / Forecast	Actual	Actual v Target/Fcast	
012	Incidents	All Reported	587	721	734	733	669	729	605	638	666	736	735	801				
		Serious	2	4	5	8	2	6	1	1	1	6	7	2				
		Moderate	13	15	18	22	14	20	22	17	14	23	23	8				
		Medication Related	65	58	85	115	82	80	52	66	75	69	69	60				
013	Patient Relations	A&E	Complaint	13	16	18	21	12	20	22	17	19	20	13	16			
			Compliment	6	15	38	100	103	84	107	102	88	117	102	125			
			Concern	13	14	15	14	16	20	15	21	23	12	20	17			
			Service to Service	18	17	18	28	29	27	16	9	26	25	16	29			
		EOC	Complaint	11	10	11	15	6	16	7	4	11	18	12	4			
			Compliment	0	0	0	3	3	2	2	2	0	4	2	3			
			Concern	7	9	10	4	10	10	7	3	17	9	17	6			
			Service to Service	14	8	8	9	19	26	10	8	13	18	23	20			
		Integrated Urgent Care	Complaint	29	37	18	21	17	17	34	17	29	18	31	19			
			Compliment	13	10	9	3	4	4	2	7	4	7	12	10			
			Concern	1	0	0	2	3	2	1	2	6	3	9	2			
			Service to Service	30	20	32	30	17	19	25	46	21	17	17	26			
		PTS	Complaint	16	14	22	17	10	21	16	16	14	15	7	9			
			Compliment	0	2	1	8	6	8	10	6	4	7	9	5			
			Concern	26	34	17	19	28	29	24	28	31	23	22	24			
			Service to Service	20	16	15	23	33	30	22	15	27	24	24	47			
014	Clinical Outcomes Data	Stroke - Call to Hospital Arrival (Mean)	01:20	01:12	01:28	01:10	01:11	01:15	01:10	01:13								
		Stemi - Call to Catheter Insertion for Angio (Mean)	02:14	02:11	02:06	01:53	02:27	02:12	02:17	02:03								
		ROSC (Utstein)	52.0%	61.4%	62.1%	64.1%	51.7%	55.0%	54.1%	51.4%								
		Survival (Utstein)	34.6%	22.2%	35.0%	45.2%	30.8%	28.6%	30.0%	30.3%								
015	Safeguarding	Adult Referrals	712	898	863	1,002	924	986	918	887	906	1,013	1,045	1,049			1,049	
		Child Referrals	504	612	550	579	594	612	519	575	587	551	540	603			603	
016	Information Management	Information Governance Training Compliance	87.1%	91.8%	93.6%	92.7%	94.0%	94.7%	95.0%	95.2%	95.2%	73.3%	70.3%	64.3%	95%	64.3%	▼	
		FOI Request Compliance	66.0%	79.0%	33.0%	33.0%	22.6%	42.4%	60.0%	42.5%	60.5%	32.3%	61.9%	69.7%	90%	69.7%	▼	
017	CQUIN	National CCG2: Staff Flu Vaccinations																
		National CCG10: Ambulance – Access to Patient Information at Scene (Assurance)																
		National CCG10B: Ambulance – Access to Patient Information at Scene (Demonstration)																
		Local 1: Supporting the needs of complex Mental Health Patients via Teleconferencing																
		Local 1: IUC/111 Staff Flu Vaccinations																
		Local 2: IUC/111 Frequent Callers																
		Local 3: IUC/111 Sepsis Awareness																
		Local 1: PTS Vehicle Electronic Checklist App																
Local 1: PTS Staff Flu Vaccinations																		

Indicator ID	Key Operational Standard Description	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Jan-20			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	-1,326	-4,504	-1,230	-2,053	-1,891	-1,861	-1,831	-1,683	-2,073	-1,315	-812	-824	-1,241	-824	416	-14,793	-15,573	-779	
		Surplus	-279	-3,687	-126	-1,016	-769	-764	-545	-605	-507	-249	238	4	-94	4	99	-3,540	-4,339	-800	
		Capital	1,953	4,931	487	924	312	794	1,685	379	1,152	1,889	1,947	957	1,443	957	-486	16,323	10,526	-5,797	
		Cash	46,658	36,110	38,772	41,370	43,981	49,253	52,397	52,816	53,688	57,627	58,179	58,364	42,161	58,364	16,203	42,161	58,364	16,203	
		CIP	988	989	534	538	526	525	528	560	532	532	532	582	582	582	0	5,387	5,387	0	
019	CIP	A&E	331	326	232	61	-191	28	28	28	28	28	28	28	227	28	-199	2,284	300	-1,984	
		Business Development	0	0	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		CEO Directorate	2	2	4	9	6	-10	2	2	2	2	2	2	6	2	-4	65	23	-42	
		Clinical	8	9	4	-1	2	4	2	2	2	2	2	2	2	2	0	16	22	6	
		Estates	16	16	31	5	5	9	5	19	19	19	19	19	76	19	-5	302	147	-155	
		Finance	41	41	36	36	37	35	36	36	36	36	36	36	36	36	0	361	361	0	
		Fleet	66	65	86	87	86	67	87	123	87	87	87	87	92	87	-2	924	887	-37	
		Planned & Urgent Care	81	81	82	51	66	66	66	66	67	67	74	81	81	81	0	814	685	-129	
		Quality, Governance	6	6	2	1	2	-5	0	0	0	0	0	0	2	0	-2	17	0	-17	
		Hub & Spoke	5	5	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		Workforce OD	78	78	57	56	57	56	58	57	57	57	57	57	57	57	0	565	565	0	
		RESERVE	353	358	0	233	456	275	244	227	234	234	227	269	4	269	265	39	2,397	2,358	
		<b>Current Position (Cumulative YTD)</b>		<b>8,023</b>	<b>9,010</b>	<b>534</b>	<b>1,072</b>	<b>1,598</b>	<b>2,123</b>	<b>528</b>	<b>560</b>	<b>532</b>	<b>532</b>	<b>532</b>	<b>5,387</b>	<b>5,387</b>	<b>5,387</b>	<b>0</b>	<b>5,387</b>	<b>5,387</b>	<b>0</b>
020	Transport/Fleet	A&E	Vehicle age +7	11.0%	8.0%	5.7%	5.4%	6.9%	5.2%	5.2%	3.2%	3.3%	1.8%	3.5%	6.6%		6.6%				
			Vehicle age +10	4.0%	4.0%	3.5%	3.3%	3.3%	3.3%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%			
			Availability	90.0%	88.7%	90.2%	90.0%	90.2%	90.0%	90.0%	90.2%	91.0%	91.2%	91.7%	91.2%	95%	91.2%	▼			
		PTS	Vehicle age +7	32.0%	33.0%	33.0%	31.0%	41.4%	31.0%	31.0%	31.0%	16.7%	16.9%	19.4%	15.3%		10.7%				
			Vehicle age +10	25.0%	24.8%	24.8%	24.1%	24.1%	24.1%	24.1%	24.0%	24.0%	22.5%	26.6%	36.5%		36.5%				
			Availability	91.0%	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	92.0%	90.0%	90.0%	88.0%	89.0%	95%	89.0%	▼			

**Risk Rating** - Under the "Single Oversight Framework" the Trust's Finance 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 January (Month 10) is £15.6m against a plan of £14.8m A favourable variance of £0.8m

**Surplus** - The Trust has reported a surplus at the end of January (Month 10) of £4.3m, a favourable variance of £0.8m against the plan.

**Capital** - At the end of January 2020 Capital has a year to date underspend of £5.8m against the original plan, capex in month is behind the original plan, however capex in month excluding Transformation is ahead of plan mainly due to increased activity as the Doncaster Hub nears practical completion. The latest 19/20 Capital plan of £18.6m expenditure matches the Capital Resource Limit (approved by NHSEI in June 2019) plus additional spending power including disposals of £0.3m plus the £0.8m carried over from last year.

**Cash** - At the end of January 2020 the Trust's cash position was £58.4m against a plan of £42.2m, a favourable variance of £16.2m. The variance largely results from working capital being better than plan (£11m) and capital expenditure being behind plan (£5m).

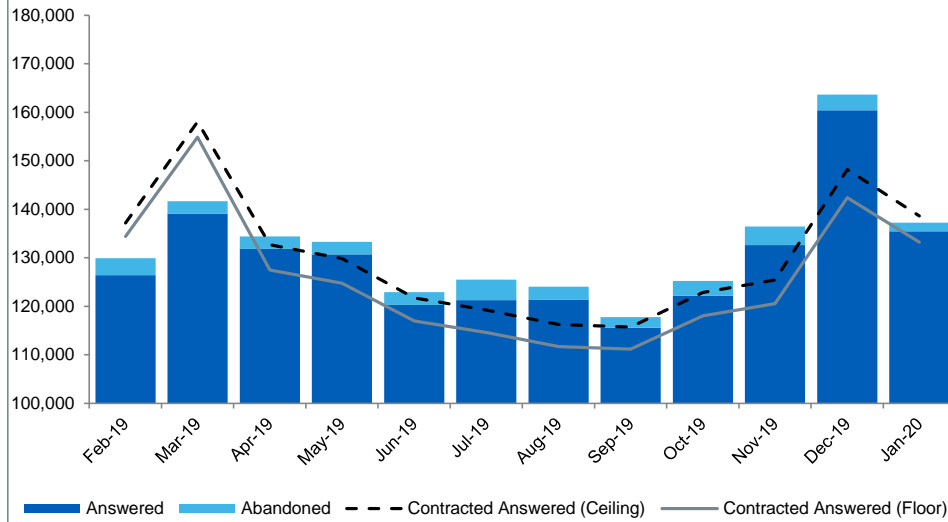
**CIP** - The Trust has a savings target of £6.6m for 2019/20. The Trust has achieved £4.8m at month 9 which is in line with plan (44% of this being non-recurrent).



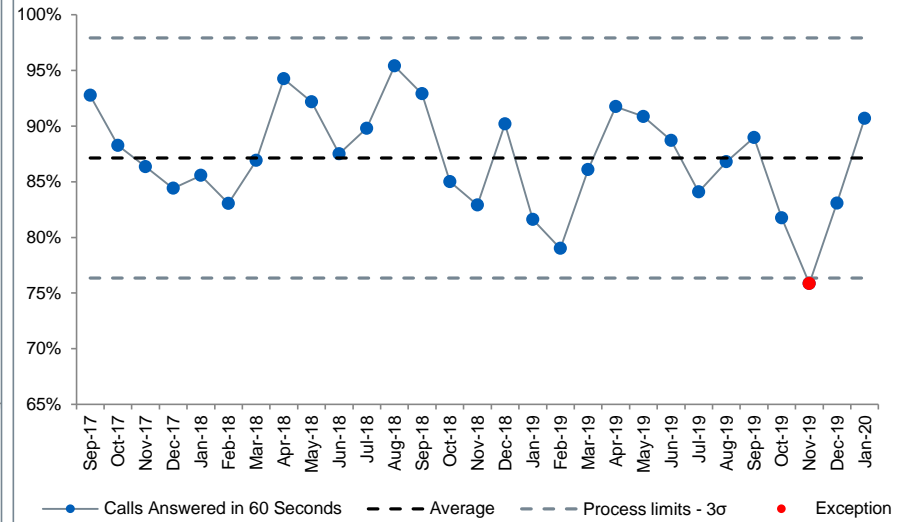
# Integrated Urgent Care

January 2020

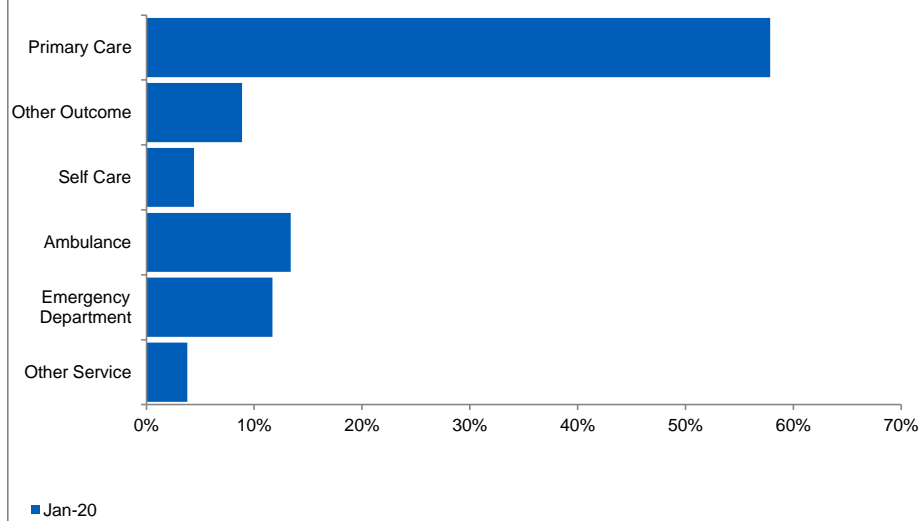
IUC Chart 1: Demand - Calls



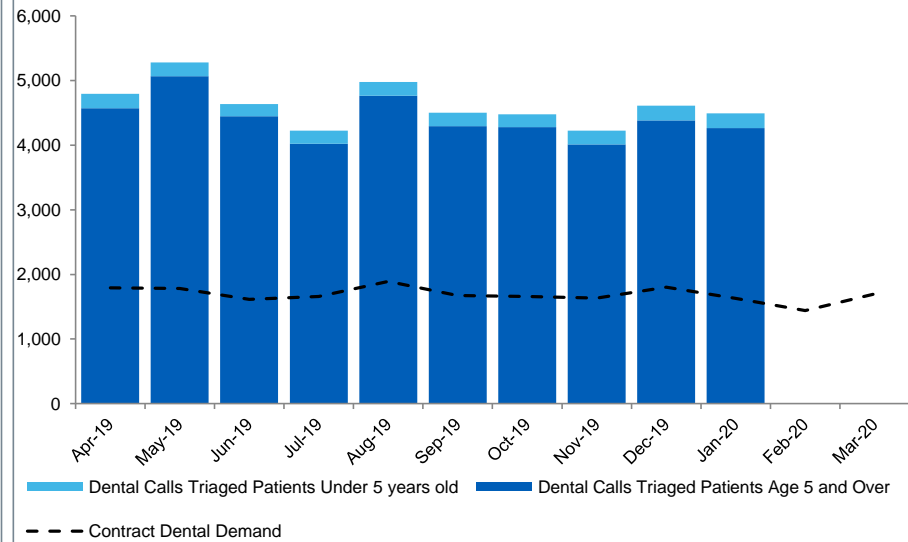
IUC Chart 2: Performance - Calls Answered in 60 Seconds



IUC Chart 3: Outcomes



IUC Chart 4: Demand - Dental





# Integrated Urgent Care

January 2020

## IUC Tbl1: IUC KPI's

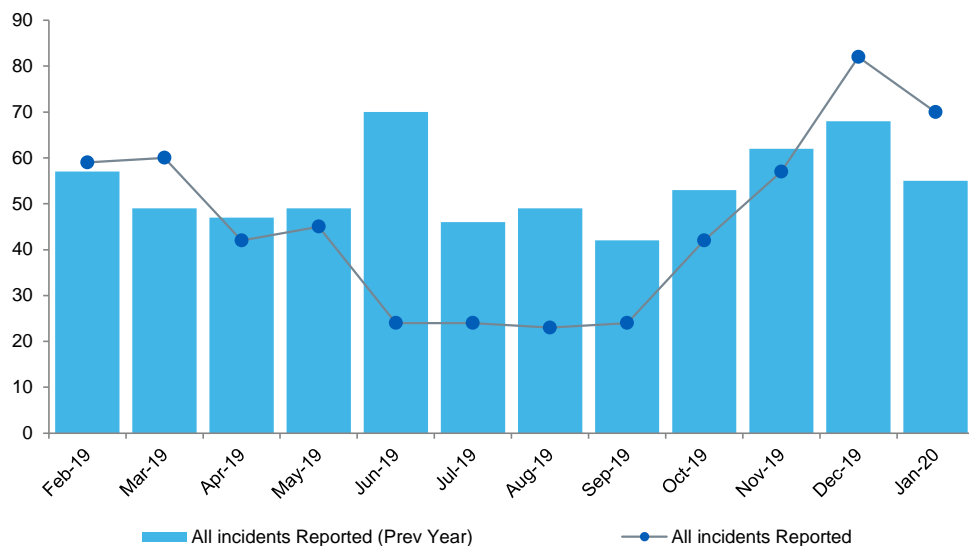
IUC KPI's (Target)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Calls Answered in 60 (90%)	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	83.1%	90.7%			85.6%
Core Clinical Advice (30%)	30.7%	31.4%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%			30.9%
Clinician Called Back within 1 Hour (60%)	64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	56.9%	59.8%			58.4%
Direct Bookings * (30%)	46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	45.8%			45.9%
Bookings into UTC * (50%)	52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%			53.1%
Bookings into IUC Treatment Centres * (95%)	59.1%	60.2%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%	62.9%			60.4%
ED Validations (50%)	61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%	50.8%			55.6%
Ambulance Validations (95%)	97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	98.3%			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

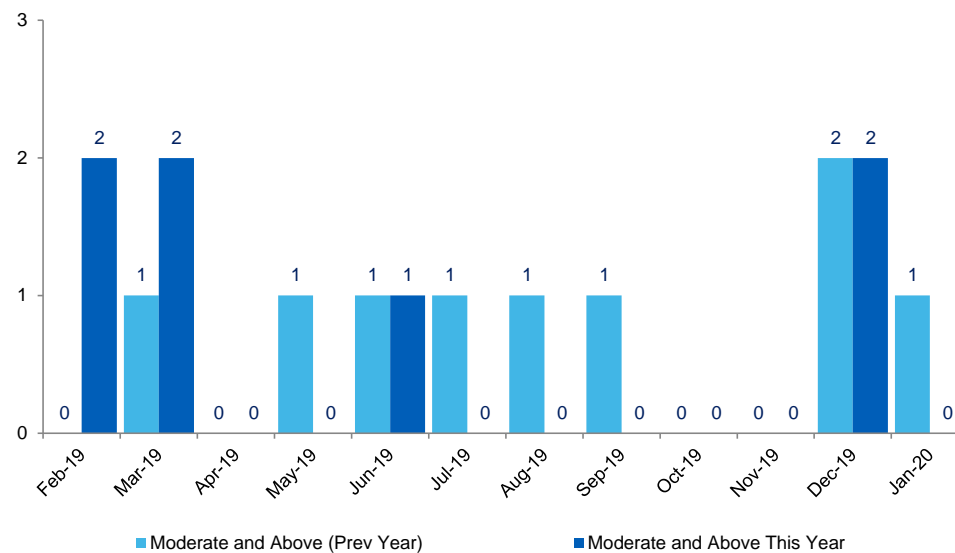
### Performance Commentary:

IUC made improvements in performance across all key performance indicators in January, reflecting the reduction in demand from December. The next wave of the NHS England marketing campaign commenced in the middle of January and will continue through to the end of March. The clinical call back KPI is challenging due to the shortage of clinical staff and this is being mitigated through the clinical recruitment attraction strategy and a new advertising campaign to recruit additional clinical staff.

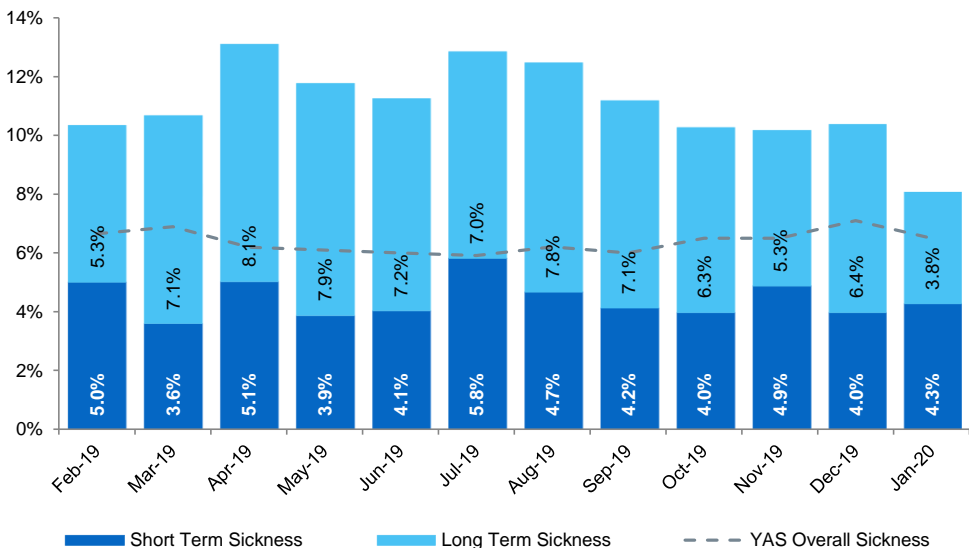
IUC Chart 5: Quality - Reported Incidents



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



IUC Chart 7: Workforce - Sickness



### Quality Commentary:

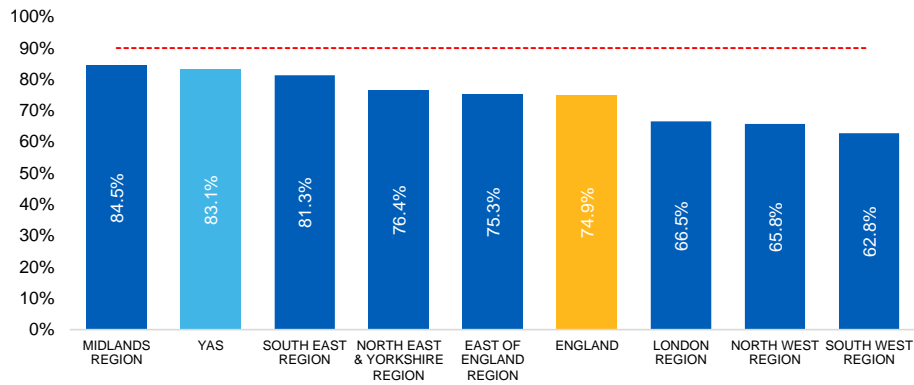
The training for version 19 NHS Pathways is being planned for February and is incorporating training required based on staff feedback from the cuppa & chat sessions with a 'you said, we did' theme and also including Directory of Service, mental health and Adastra changes. The training session will include the 'Yes to Respect' campaign information.

### Workforce Commentary:

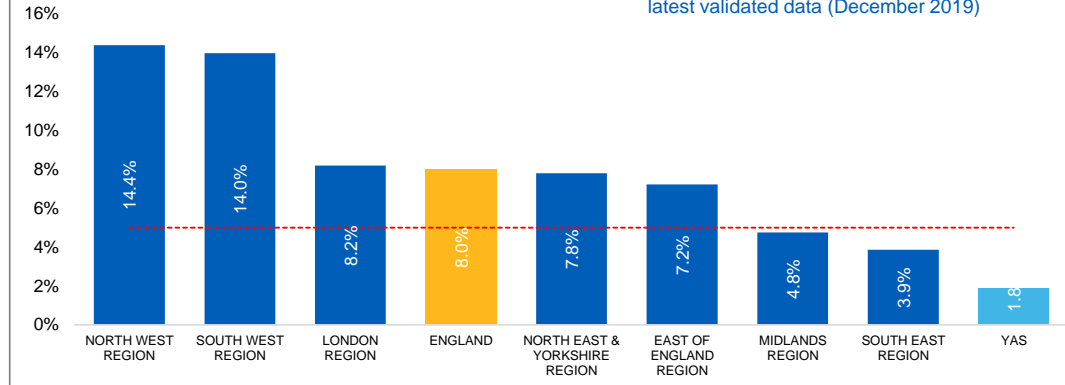
The IUC Health & Wellbeing Coordinators within the service have been in place since November and the support for staff is now being provided in a more consistent approach, the lowest absence rates in January are green shoots in the work that is being undertaken with HR to support staff to return to work. This approach will be evaluated during June 2020 to understand the longer terms impact and whether this is a beneficial team moving forward.



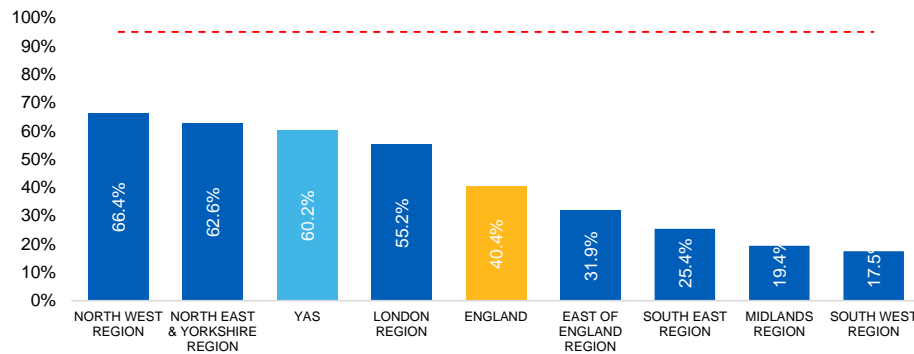
**IUC Chart 8: Calls Answered in 60 seconds (90%)**



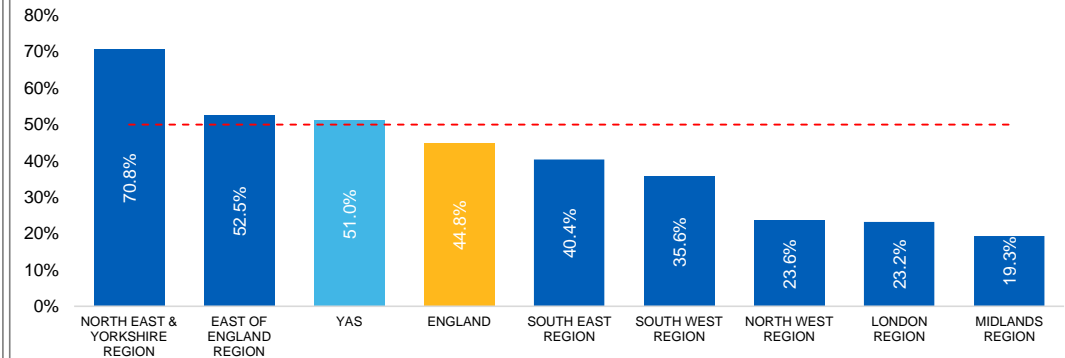
**IUC Chart 9: Calls Abandoned (5%)**



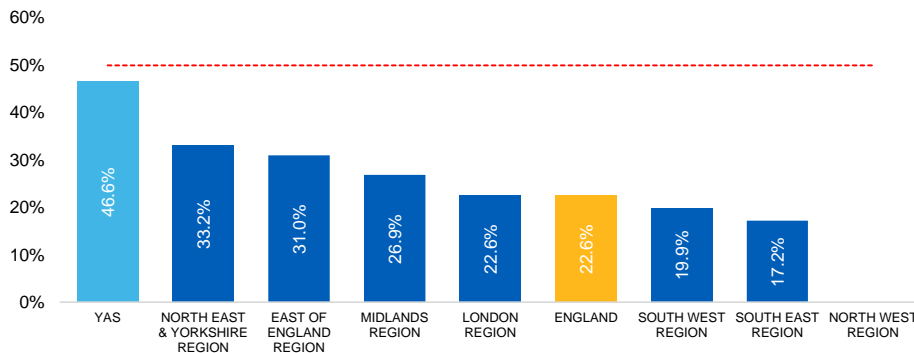
**IUC Chart 10: Bookings into IUC Treatment Centres (95%)**



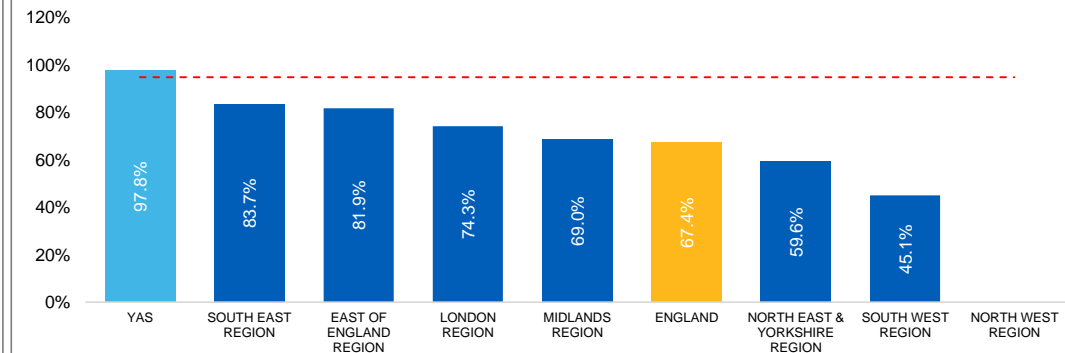
**IUC Chart 11: Bookings into UTC (50%)**



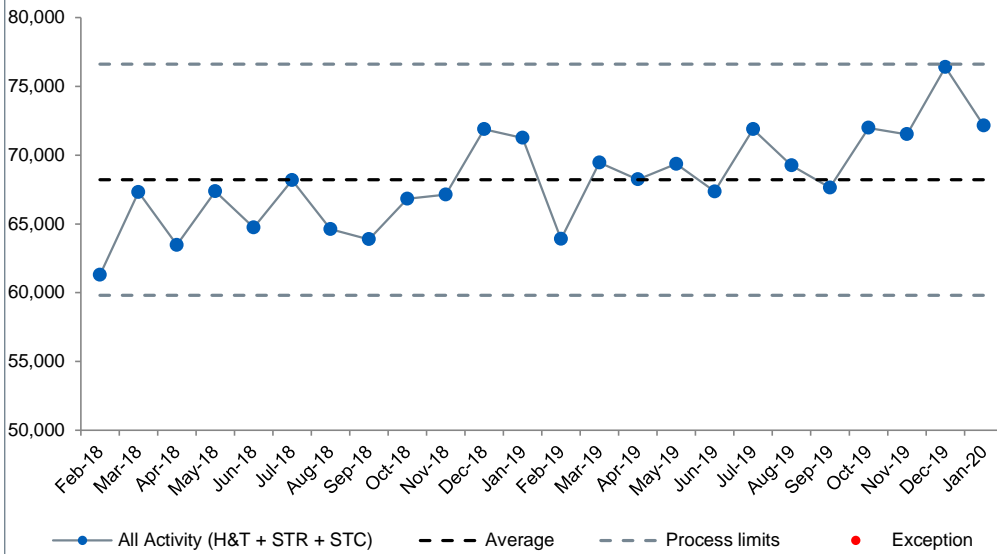
**IUC Chart 12: ED Validations (50%)**



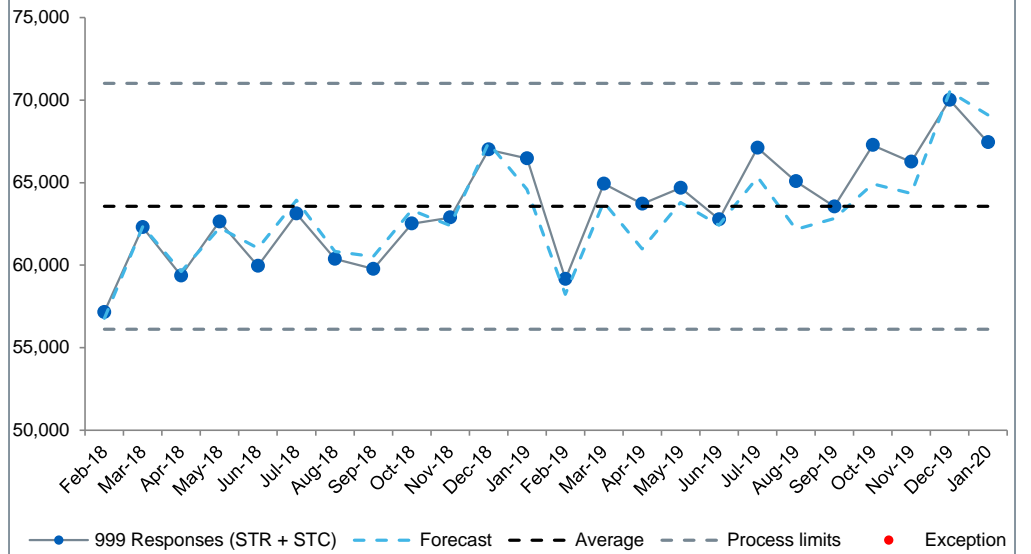
**IUC Chart 13: Ambulance Validations (95%)**



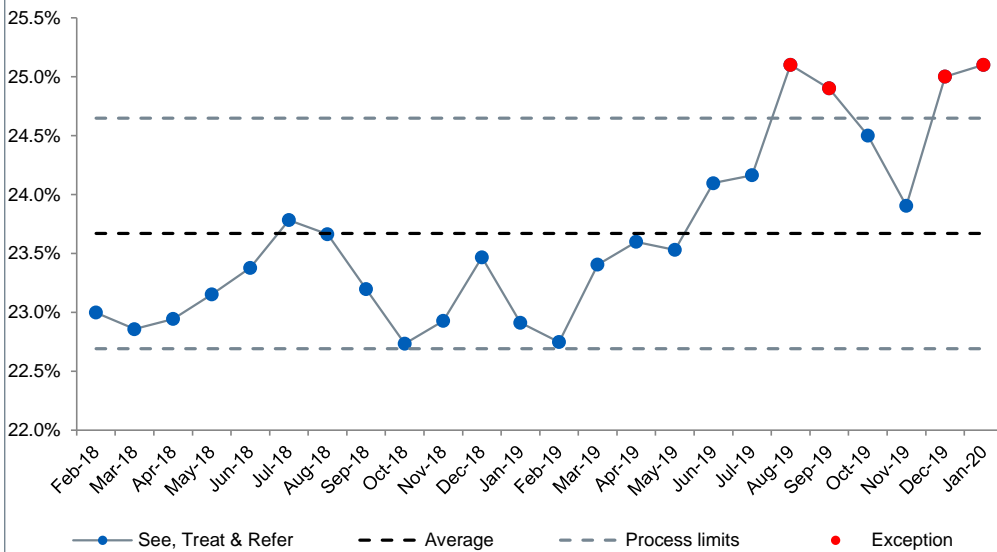
**A&E Chart 1: Demand - All Activity (H&T + STR + STC)**



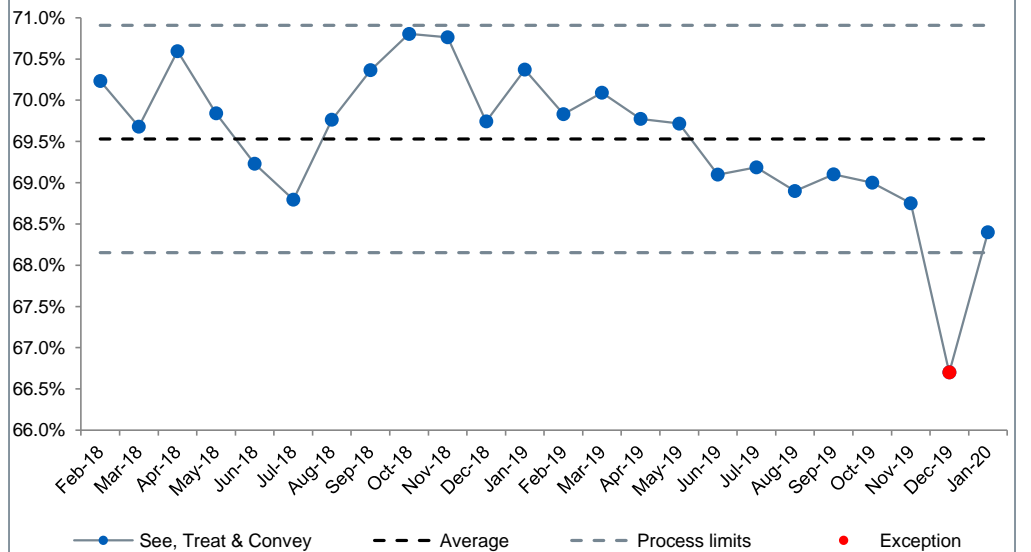
**A&E Chart 2: Demand - 999 Responses (STR + STC)**



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

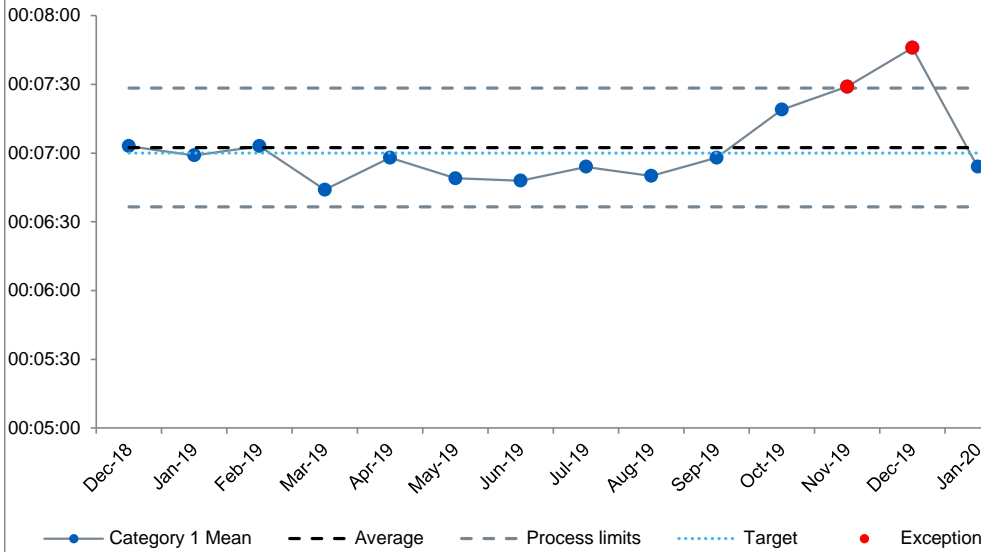


**A&E Chart 4: Demand - See, Treat & Convey %**



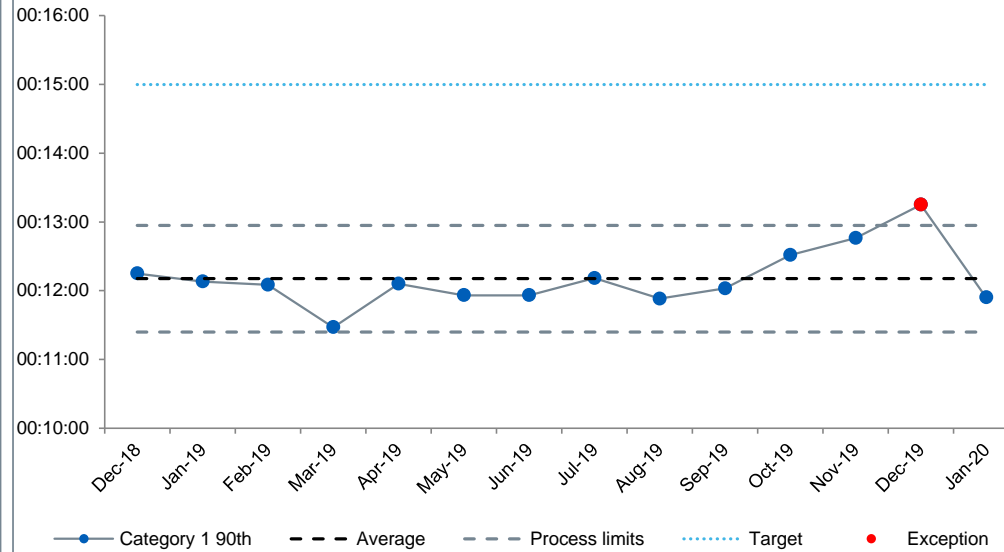
**A&E Chart 5: Performance - Category 1 Mean**

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



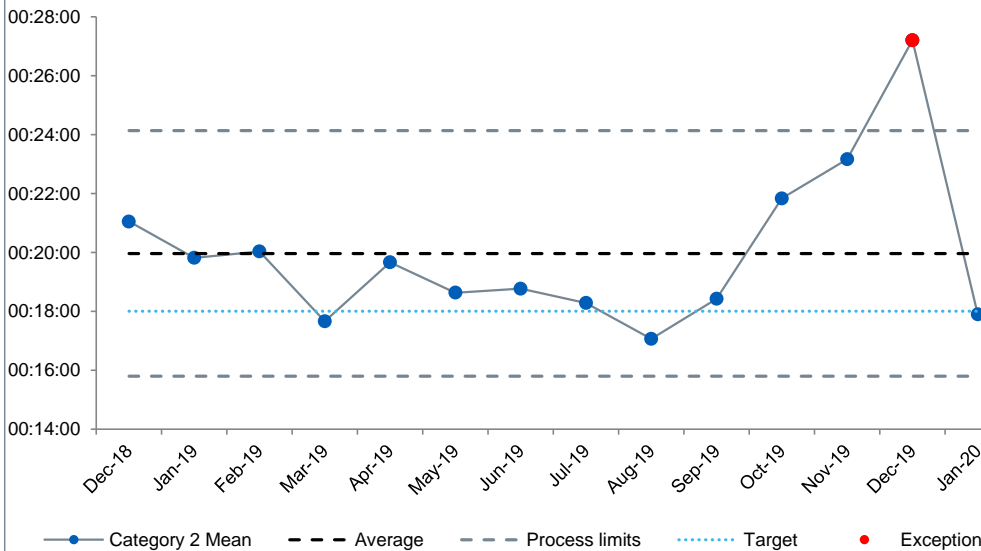
**A&E Chart 6: Performance - Category 1 90th Percentile**

Year to Date **00:12:21**



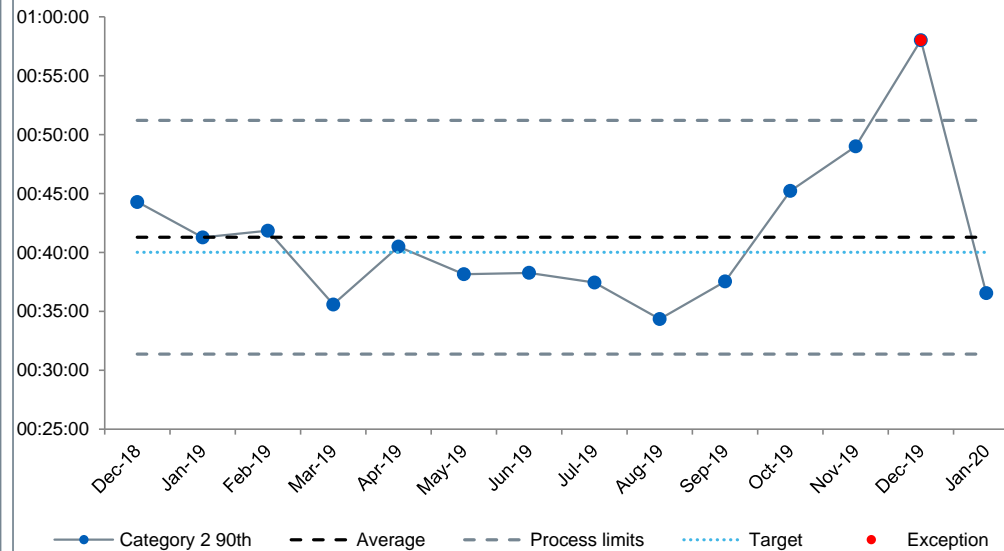
**A&E Chart 7: Performance - Category 2 Mean**

Year to Date **00:20:14**



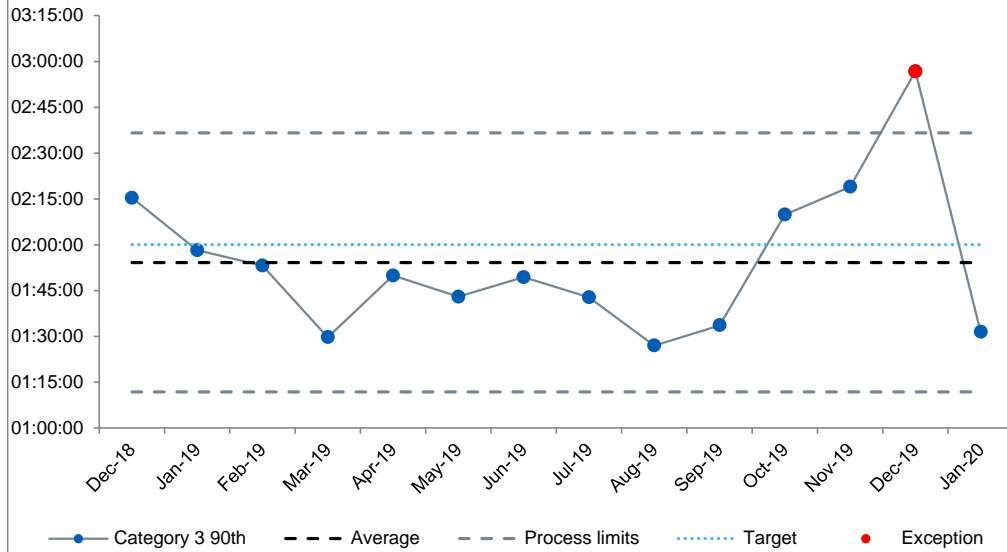
**A&E Chart 8: Performance - Category 2 90th Percentile**

Year to Date **00:42:05**



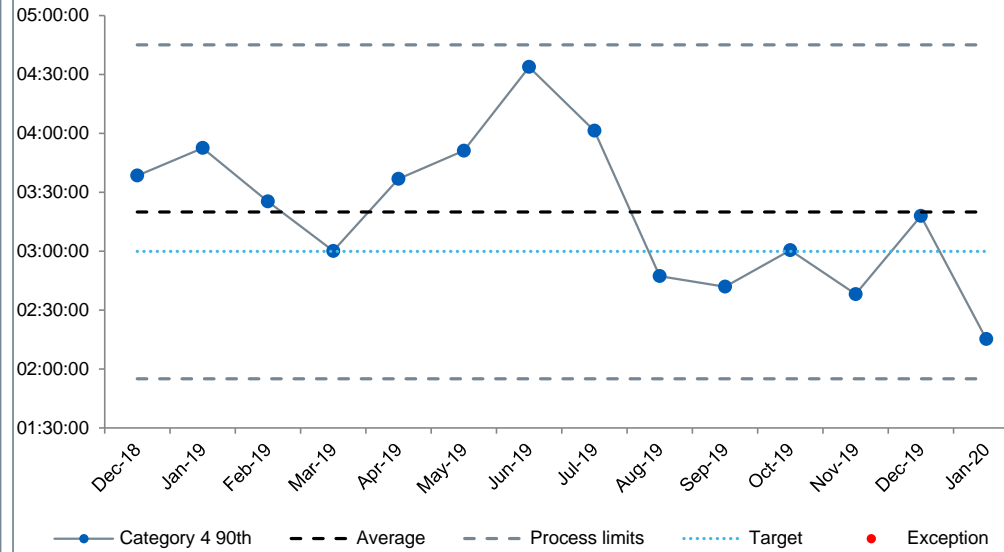
**A&E Chart 9: Performance - Category 3 90th Percentile**

Year to Date **01:53:30**

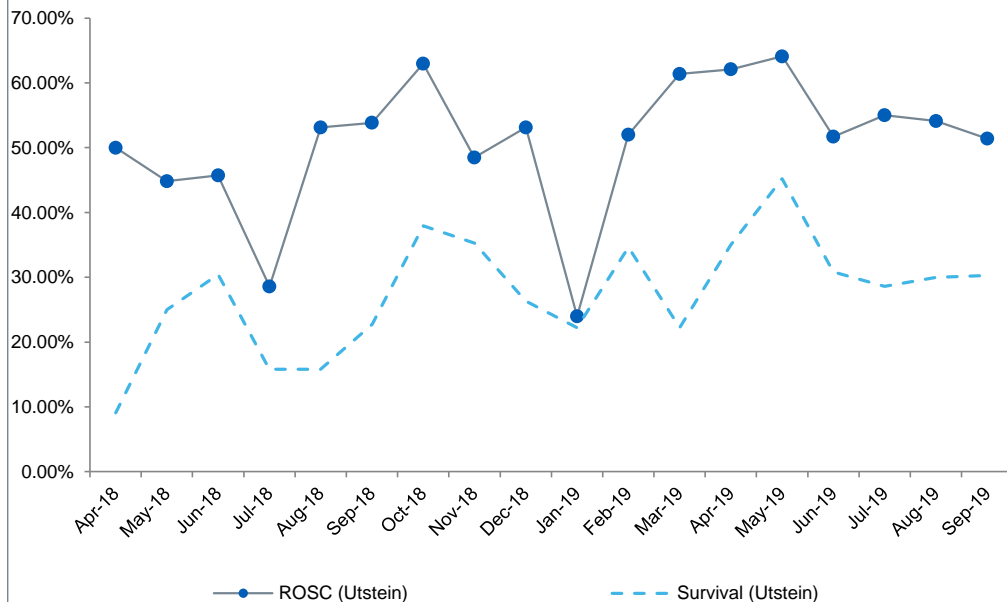


**A&E Chart 10: Performance - Category 4 90th Percentile**

Year to Date **03:07:11**



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



### Performance Commentary:

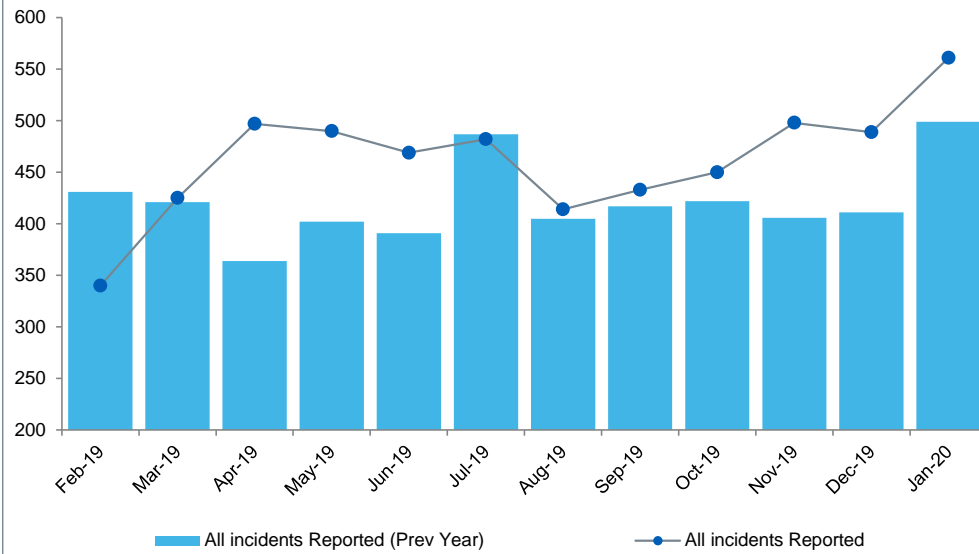
Demand reduced during January which was mirrored with our system partners in primary and secondary care.

STR increased slightly and STC reduced indicating patient acuity lessons during this period.

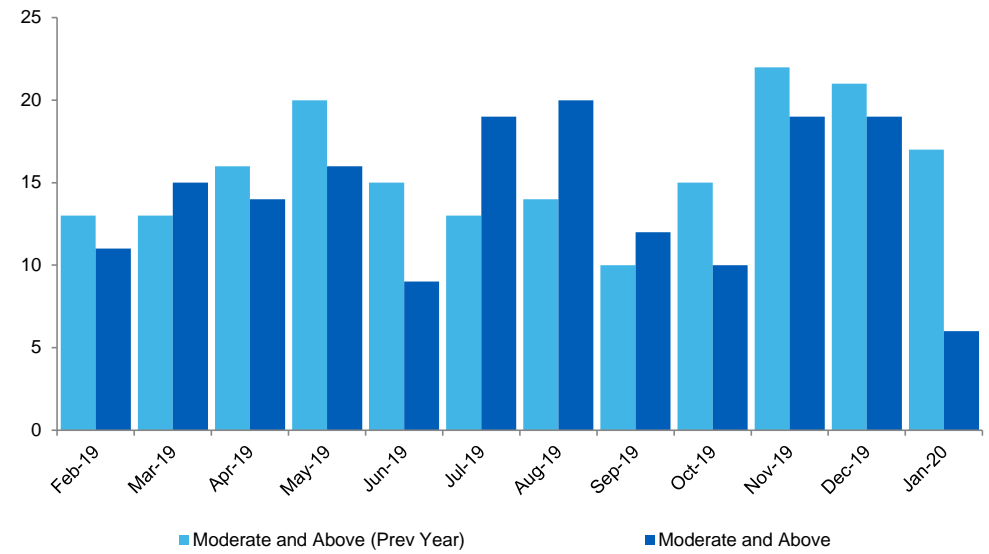
Performance significantly improved in all categories meeting all national standards.

Hospital handover remains an area of concern. Work with acute hospitals and systems to improve processes continues with greater regional involvement from NHSI and local management to focus on ways to reduce the impact on service delivery.

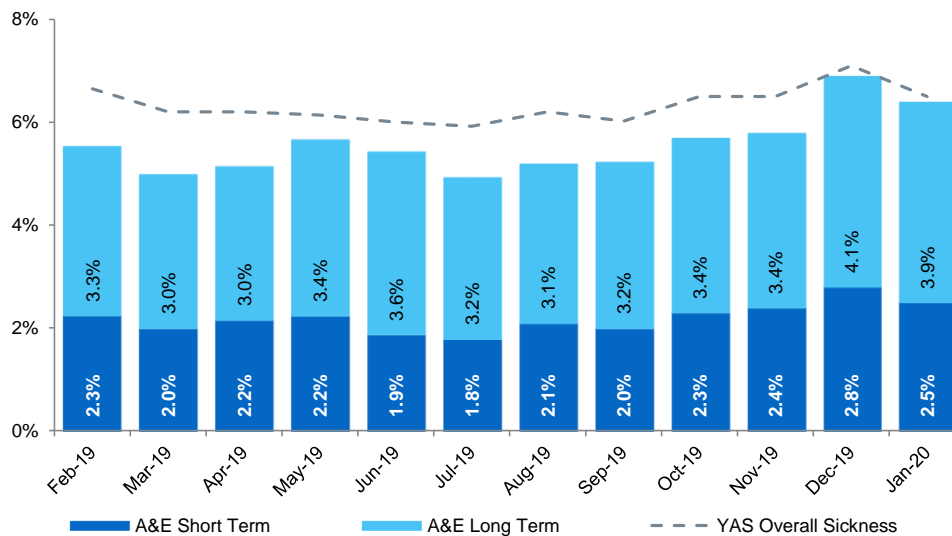
**A&E Cht12: Quality - Reported Incidents**



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



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



**Quality Commentary:**

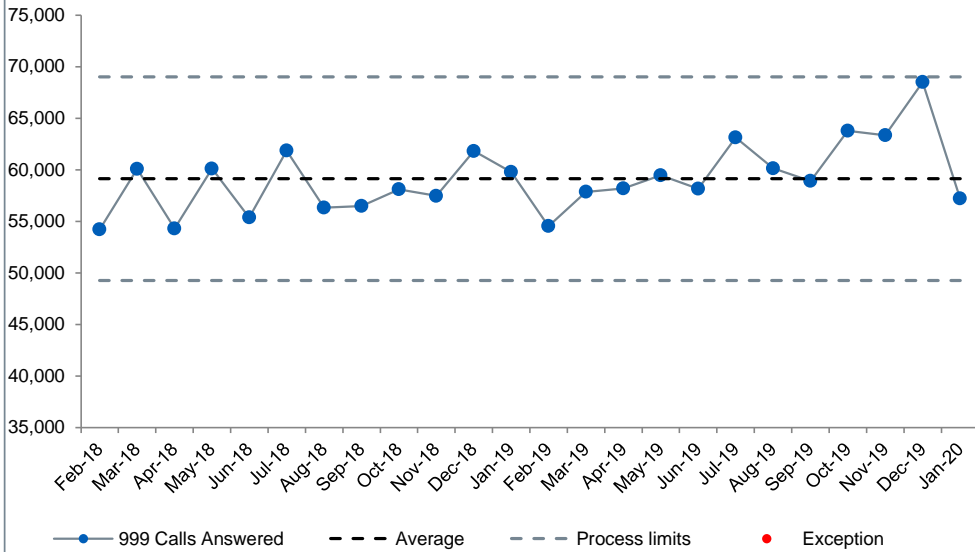
Reported incidents increased in January although the number of incidents rated moderate or above is lower than in January 19.

**Workforce Commentary:**

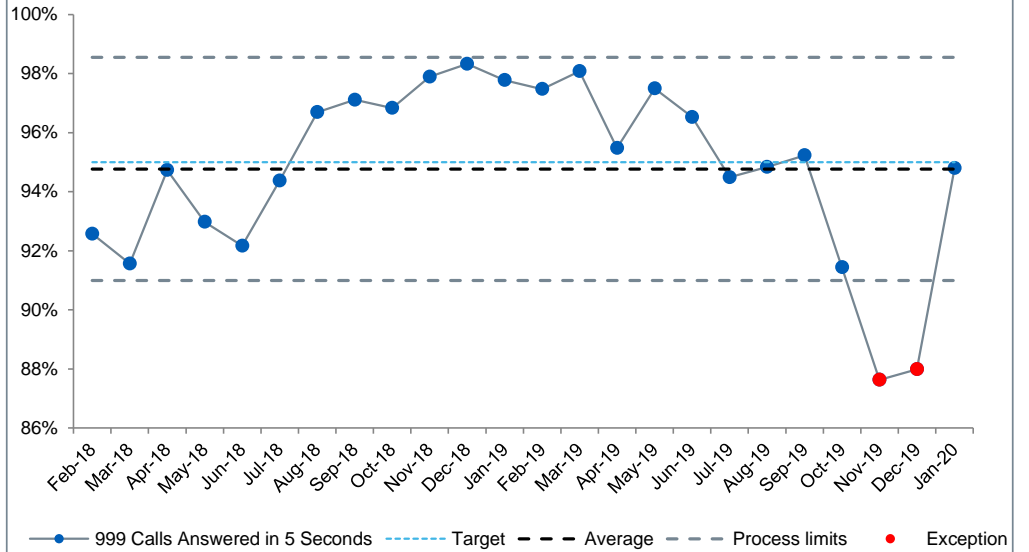
Sickness absence management has been a key focus in Operational areas and rates have reduced from 6.9% in December to 6.4% in January. This shows a common picture at this time of year but A+E Ops remain below trust average and positive. Work continues to reduce this further with significant input from managerial and HR teams. Given the increased demand pressure this level is projected to decline in line with previous years.

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 and escalation of the REAP during December there is likely to be further slippage as tactical options are utilised to support service delivery. This will be addressed in January and steady improvement have been made. Mitigations to address this through the summer months will need to be addressed.

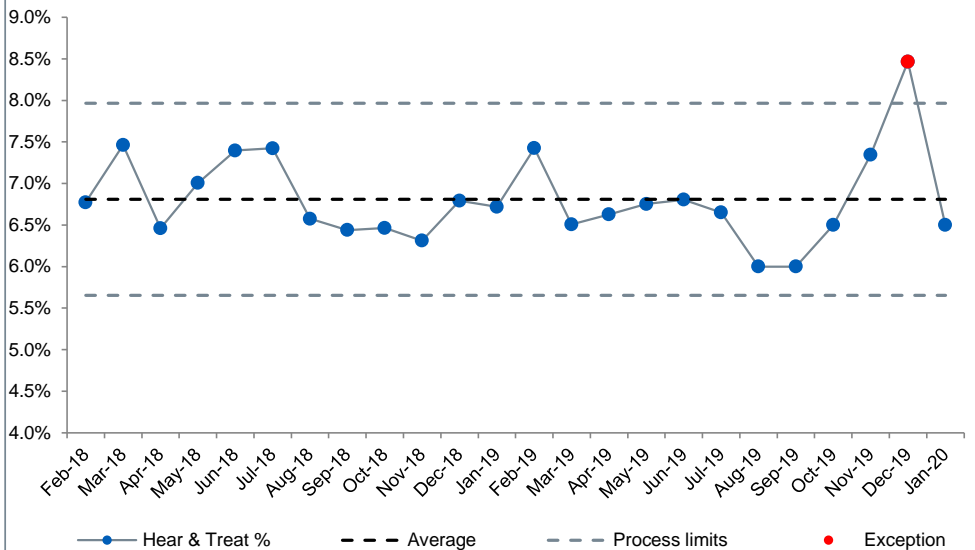
**EOC Chart 1: Demand - 999 Calls Answered**



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



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

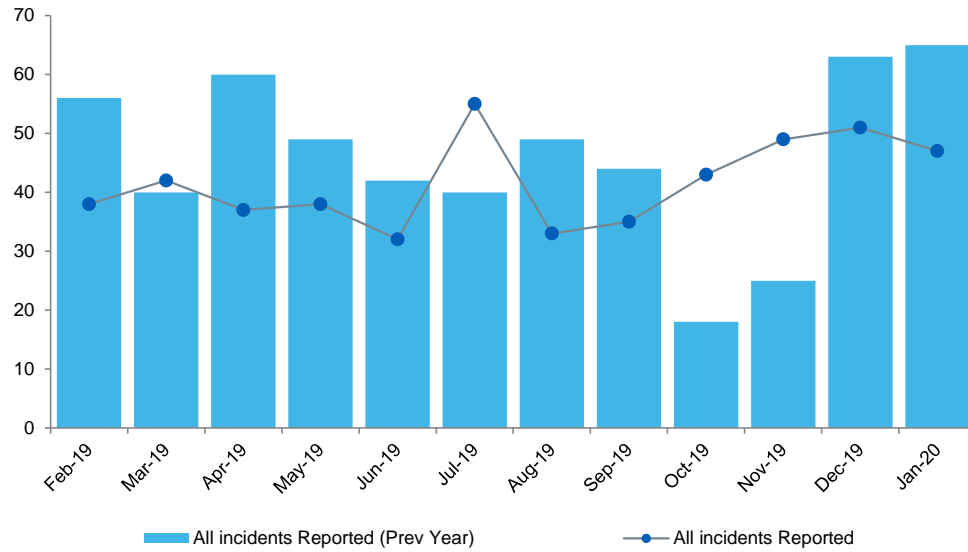


**Performance Commentary:**

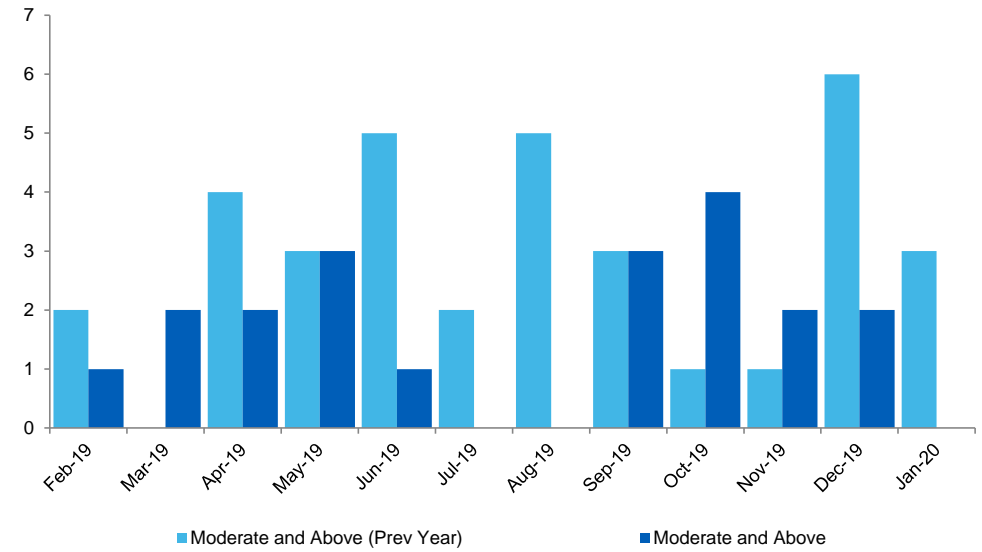
In December call volumes fell resulting in reduction in overall incidents. The call answer standard stood at 94.8% just missing the 95% target.

Hear and Treat performance reduced which correlated with a reduction in demand and continues to be a key focus area for improvement. EOC is currently looking at 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.

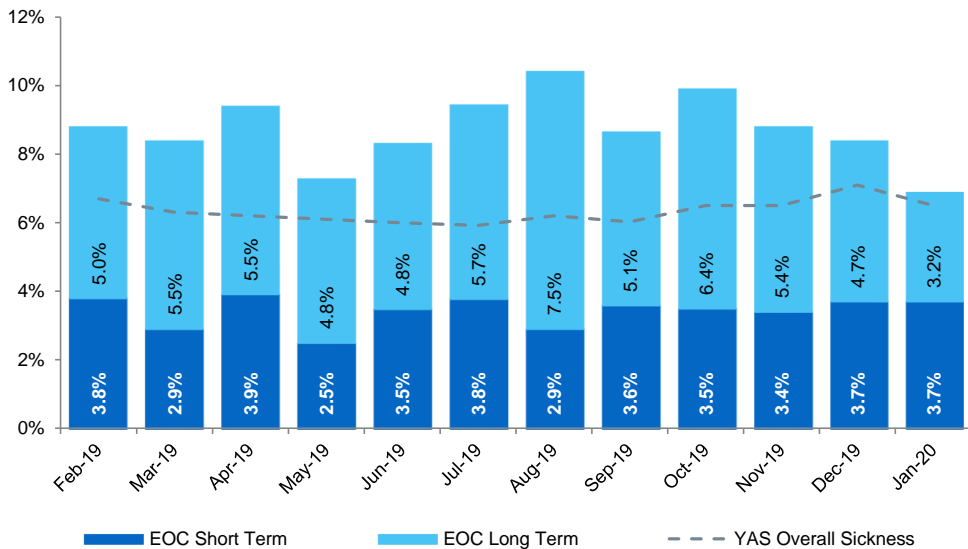
**EOC Chart 4: Quality - Reported Incidents**



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



**EOC Chart 6: Workforce - Sickness**



**Quality Commentary:**

The total number of incidents fell in January by 4 and remains lower than those experienced in the previous year. The level of incidents classed as moderate or above remain low.

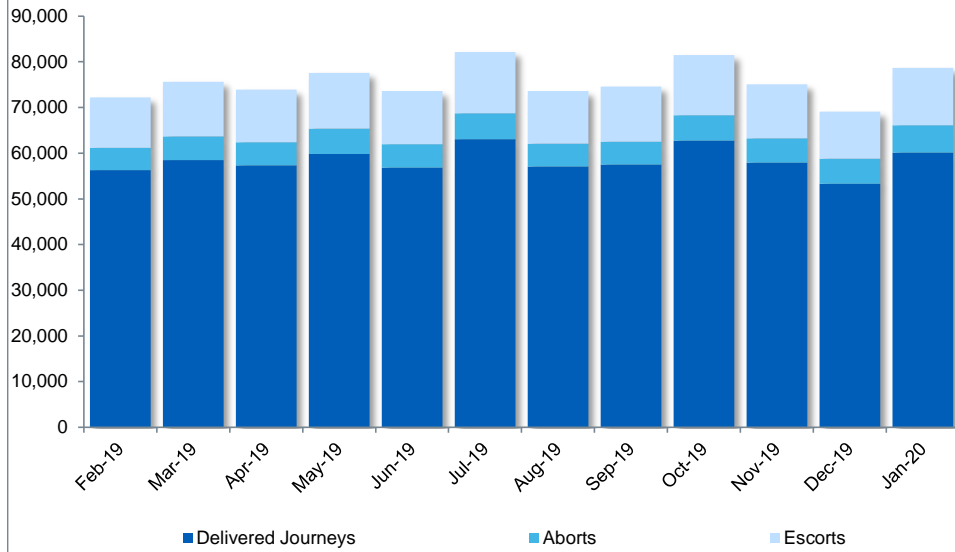
**Workforce Commentary:**

Overall sickness levels have improved. The long term sickness rate improved in January for the 3rd consecutive month. The EOC team continues to focus 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 key issues.

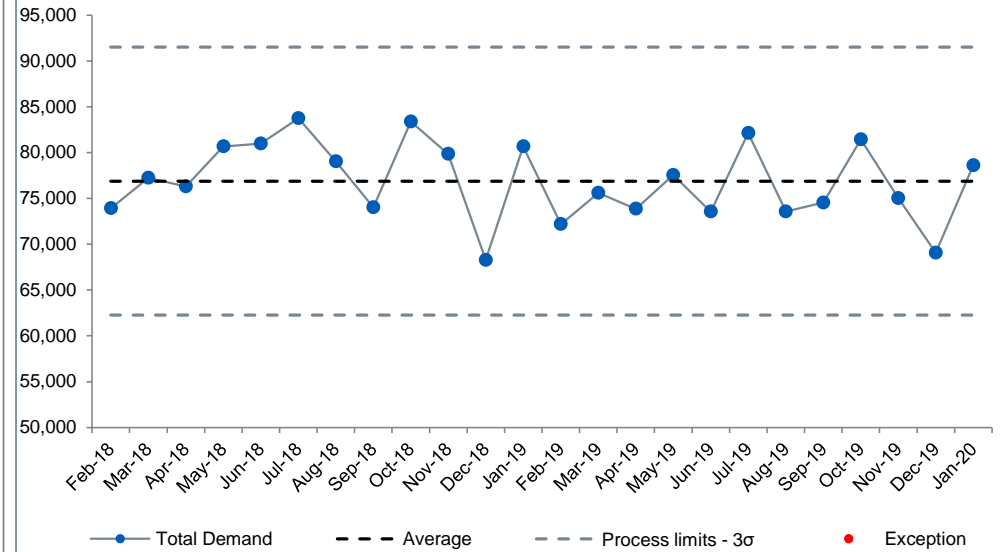
# Patient Transport Service

January 2020

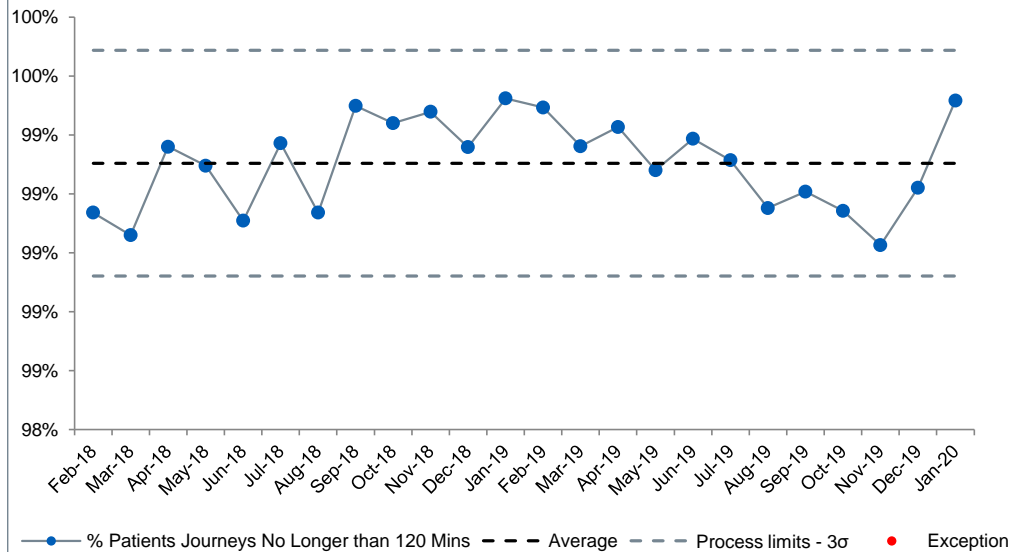
PTS Chart 1: Demand - Journeys



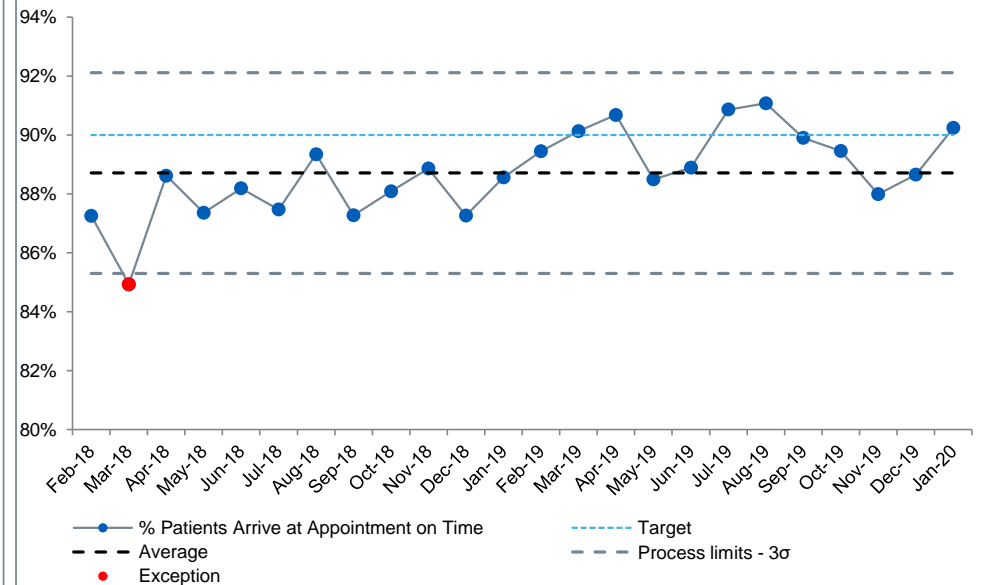
PTS Chart 2: Demand - Total Demand



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

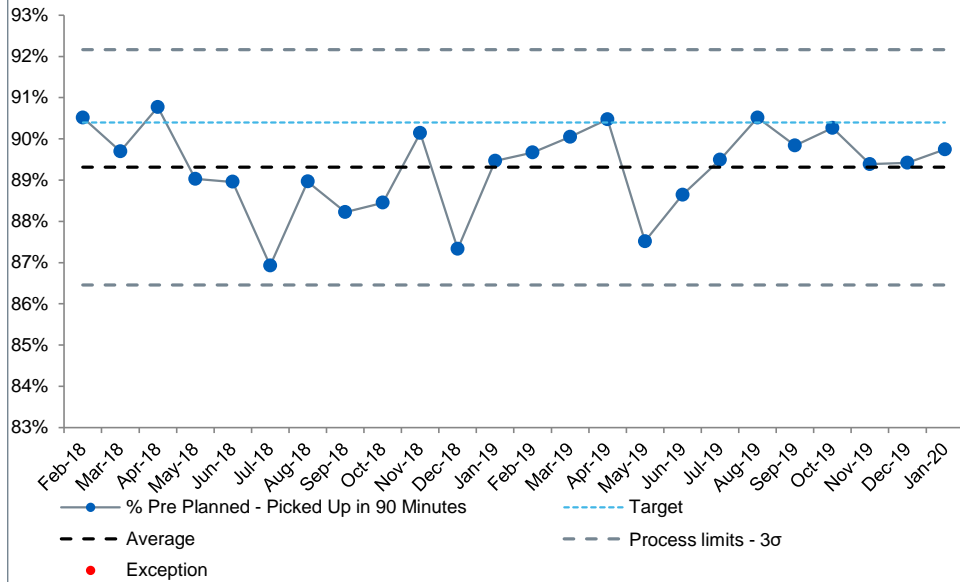


PTS Chart 4: % Patients Arrive at Appointment on Time

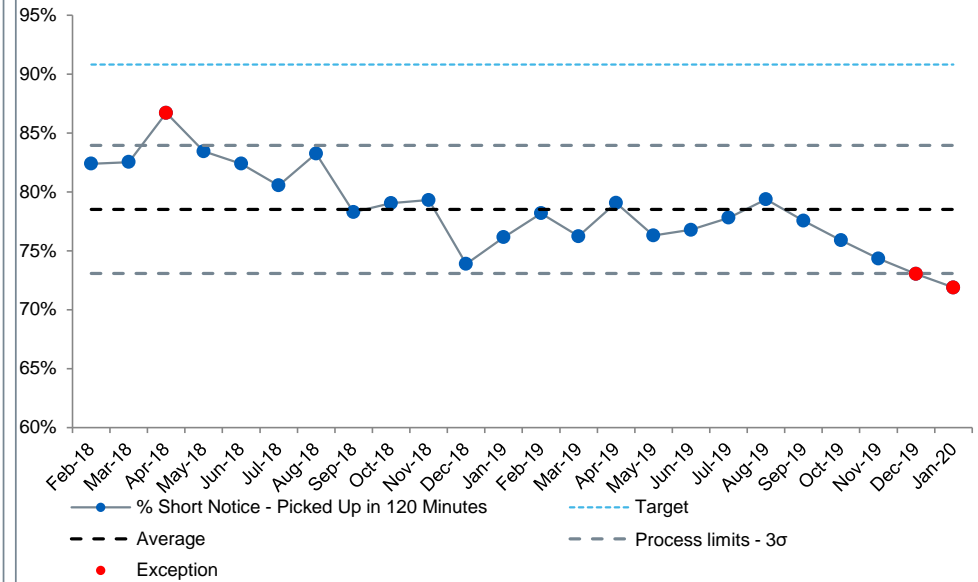




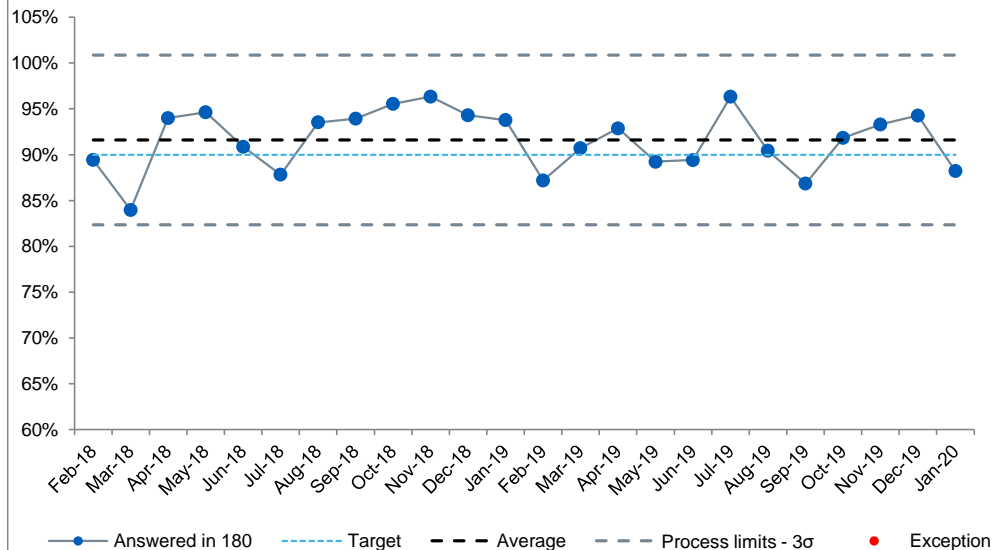
**PTS Chart 5: Performance - % Pre Planned - Picked Up in 90 Minutes**



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



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



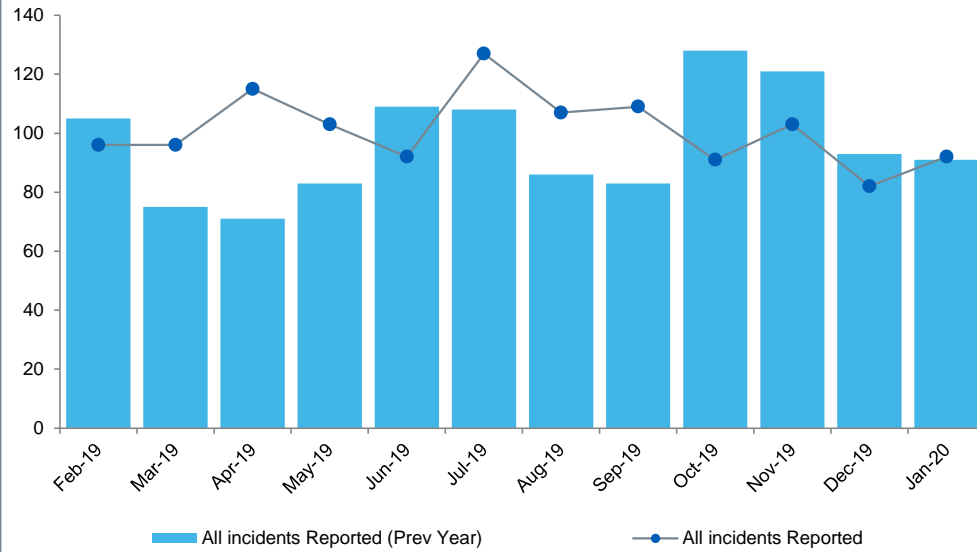
### Performance Commentary:

Total demand increased in January. This was forecasted and is due to increased outpatient and planned care services following the Christmas period. Importantly, during January we performed above YTD average on pre-planned inward and outward outpatient journeys (KPI 1, 2 & 3).

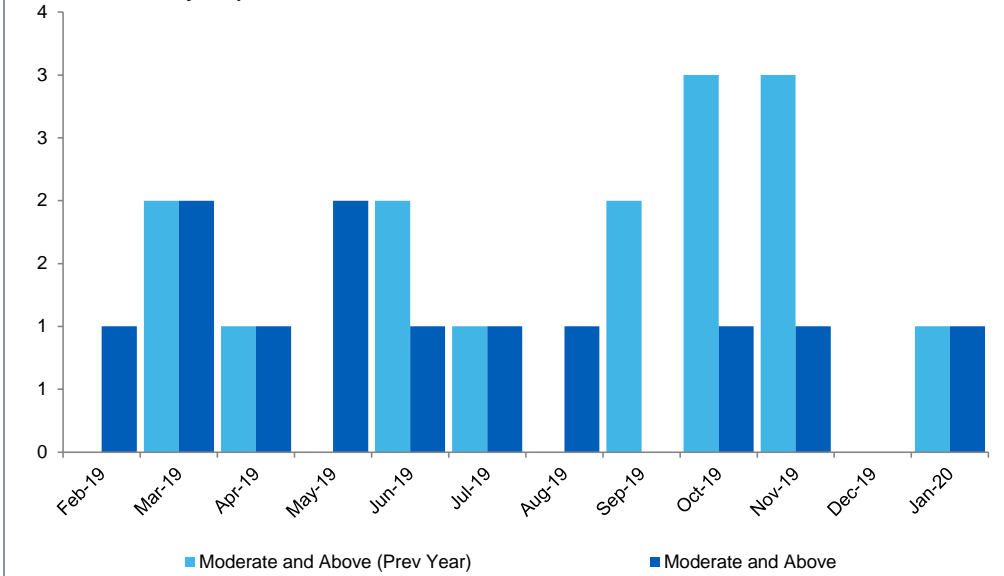
KPI 4 (on-day discharge) did not achieve target and is below YTD. Management review has been undertaken and mitigating actions have been introduced in South Yorkshire.

PTS calls answered was below target in January. This was due to staffing levels and an extremely high yet short period of demand following the Christmas break. Recruitment is well underway from early February. YTD is above target.

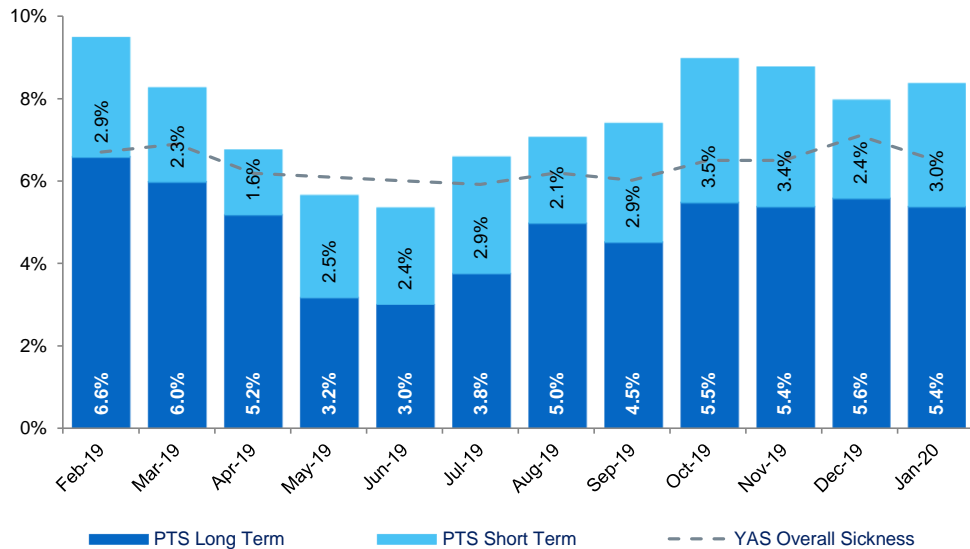
PTS Chart 8: Quality - Reported Incidents



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



PTS Chart 10: Sickness



**Quality Commentary:**

All reported Incidents have increased slightly in January. Incidents of moderate or above remain low and in-line with previous months.

**Workforce Commentary:**

There has been a slight reduction in LTS for January but STS has seen an increase. All cases are being managed and monitored in line with process.

Statutory and Mandatory training (including workbooks) within PTS remains well above the Trust average at 99.7%.

PDRs for the month of January narrowly missed 90%, standing at 87.2% - a slight dip on the previous month but still remains the highest within the Trust.

# Ambulance Quality Indicators

January 2020

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>	71,680	109,203	98,655	68,830	77,306	77,316	36,402	93,572	65,762	52,641
<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	63.2%	66.6%	63.6%	67.9%	66.9%	61.3%	63.9%	55.8%	58.2%	54.7%
C1 Incidents	7.8%	8.7%	9.9%	10.5%	9.5%	6.8%	7.5%	6.3%	6.6%	6.2%
C2 Incidents	55.4%	57.9%	53.7%	57.4%	57.4%	54.5%	56.4%	49.5%	51.6%	48.5%
C3 Incidents	15.7%	19.8%	14.3%	15.2%	14.5%	19.7%	20.8%	32.5%	31.1%	30.7%
C4 Incidents	0.9%	1.9%	5.3%	1.1%	0.8%	0.9%	1.2%	1.6%	0.7%	1.8%
C5 Incidents	4.2%	1.2%	1.0%	1.9%	6.7%	7.9%	0.0%	0.1%	0.0%	0.3%
HCP/IFT 1-4 Hour Incidents	9.4%	3.1%	7.6%	4.9%	3.6%	4.9%	8.3%	6.1%	4.9%	7.4%
Hear and Treat	6.6%	7.3%	8.3%	8.8%	7.3%	5.3%	5.7%	3.3%	5.6%	6.7%
<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)	00:06:54	00:06:31	00:07:07	00:07:31	00:07:47	00:06:51	00:07:02	00:06:59	00:07:36	00:07:05
C1-90th centile response time (Target 00:15:00)	00:11:54	00:10:48	00:12:00	00:13:39	00:14:14	00:12:25	00:11:41	00:12:03	00:13:59	00:12:54
C2-Mean response time (Target 00:18:00)	00:17:54	00:19:09	00:23:51	00:27:23	00:25:08	00:25:56	00:26:28	00:12:29	00:18:06	00:15:24
C2-90th centile response time (Target 00:40:00)	00:36:33	00:39:30	00:50:53	00:56:04	00:51:45	00:53:42	00:53:50	00:22:45	00:34:10	00:30:27
C3-Mean centile response time (Target 01:00:00)	00:38:29	00:54:03	01:32:54	01:08:55	01:10:09	01:02:21	01:05:15	00:32:47	01:15:04	00:44:19
C3-90th centile response time (Target 02:00:00)	01:31:25	02:09:59	03:37:04	02:49:48	02:49:25	02:26:19	02:34:11	01:11:44	02:50:33	01:41:21
C4-90th centile response time (Target 03:00:00)	02:15:19	02:58:35	03:03:56	03:02:12	03:43:16	03:30:29	02:18:09	01:54:58	03:33:38	02:20:42
<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	59.0%	57.9%	59.1%	61.1%	57.0%	53.4%	58.1%	56.0%	61.8%	53.5%
Incidents with transport not to ED	9.3%	6.2%	5.6%	4.4%	2.8%	4.8%	10.3%	6.4%	1.2%	6.6%
Incidents with face to face response	25.2%	28.6%	27.0%	25.7%	32.9%	36.4%	25.9%	34.3%	31.5%	33.2%
<b>Clinical (September 2019)</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	31.8%	30.7%	33.9%	32.9%	27.6%	36.0%	42.2%	34.7%	33.3%	29.1%
ROSC - Utstein	51.4%	52.4%	62.2%	64.5%	61.4%	52.1%	58.1%	61.9%	56.7%	23.1%
Cardiac - Survival To Discharge	8.7%	10.5%	6.5%	9.6%	8.8%	9.8%	11.6%	15.2%	11.8%	11.0%
Cardiac - Survival To Discharge Utstein	30.3%	29.7%	25.0%	33.3%	42.5%	20.0%	18.2%	33.3%	37.0%	23.1%