



Integrated Performance Report

March 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





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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

AMBER

Integrated Workforce: Route map outlining the governance and accountability structure for the Trusts Integrated Workforce programme has been developed. The route map includes all projects that sit underneath the Trust's integrated workforce programme including; Team Based Working, Rotational Paramedics, Total Transport and the Clinical Hub Integration. Key developments include; a schedule of activity, benefits and outcome measures, and interdependencies across the workforce programme.

EOC Hear and Treat (H&T): practice innovations (e.g. digital / video triage) during Covid response have led to an increase in Hear and Treat rates and attracted positive feedback from patients and practitioners.

YAS Total Transport: a change request has been approved to pause the project due to resource constraints arising from Covid-19 response activity. Background work will continue, including collation of lessons learned and practice innovations arising from the Covid response.

Integrated Clinical Advice Service (CAS), EOC and 111: Structured programme of work paused during Covid response phase. Initial scope endorsed and more detailed work has commenced on options, timeline, sequencing and benefits modelling. Learning and innovations regarding integrated working during Covid response will be captured and fed in to programme planning.

Team Based Working: project progressing but at reduced pace due to Covid response work. Recruitment of a programme manager was initially unsuccessful but alternative options are being explored

Paramedic Recruitment: proposal to pursue international recruitment activity has been developed and is ready to go through the gate process

Provisional programme focus for 2020:

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

Place Based Care

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Patient Advocacy: The project is paused from a recruiting patients perspective but we are continuing the planning elements and making amendments suggested from lessons learnt so far. We are continuing to put mechanisms in place to restart post recovery and exploring how patient held plans may be adapted and used in the current incident to support individual patient plans.

Mental Health Programme – Programme and majority of projects are paused as leads are currently redeployed to operational duties. Activity will resume following recovery and return to BAU. The Mental Health Ambulance Proposal 20/21 is on pause due to government requirements around no new investment. We continue to speak ICS MH programme leads to look at what could continue to be developed and how we can update the business case to further align to their requirements.

Ageing Well Programme – Majority of projects are currently on hold due to the Programme Lead deployed to operational duties. Post recovery an Ageing Well project group will be established and proposed programme strands to include: pathways, dementia, enhancing health in care homes and an alternative response to falls.

- The **NY telecare pilot** is still live and the CFR schemes able to respond to fallers is being extended and there is now a process in place commenced in early April for EOC to despatch local authority and telecare responders to low acuity falls.

999 Academy Aspire: Currently paused due to COVID19 situation. The Aspire Programme was stood down at week 9 (Leeds City College) and week 4 (North Huddersfield Trust School) with a view to returning to complete the programmes post recovery and BAU.

Public Health – Public Health priorities for the organisation are now in place and include suicide prevention, bereavement support, homelessness and isolation. - **MECC project** currently on pause but will be reviewed post recovery and BAU.

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

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ePR: Phase 2 of the project now closed. PID prepared for Phase 3 which contains a series of system developments and enhancements

Unified Comms: 'Go Live date' is on pause pending recovery from Covid-19 response phase.

Agile working (scanning solution): Work underway to scope a target operating model for a corporate electronic document scanning and storage solution. Next steps will involve a stakeholder workshop to scope and refine the proposed approach; scale of the investment, risks, issues and proposed mitigating factors alongside a recommendation on project prioritisation and proposed timescales for delivery.

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. Workshops will be held to revisit and refresh the proposed benefits, and agree a clear set of project metrics to measure impact of both MS 365 and Unified Comms.

Hub and Spoke/AVP: The formal opening of the new Doncaster Hub was scheduled to take place, 30.03.20 - this has now been postponed until a later date. Business cases for Hull and Scarborough have been presented at F&IC, 12.03.20 and Trust Board, 27.03.20

Logistics Hub: The business case for the Logistics Hub is under review. The final business case will go forward to Trust Management Group (TMG) and then Trust Board for corporate decision making.

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

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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 have been further refined from the January C&C Board meeting. Options appraisal results and recommendations will be presented at a future meeting of the C&C Board for review, prior to consideration by TEG.

Staff Engagement Platform:

Procurement of a staff engagement platform to support ideas and innovation management across the Trust has taken place. The one year pilot is underway with the preferred provider developing a mobilisation plan and robust evaluation strategy in partnership with the Trust's QI Team. The platform will launch in May and an early focus will be to facilitate staff engagement around lessons and practice innovations arising from Covid-19 work.

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

- National Operational Planning suspended until July 2020; engagement with system level planning is commencing around the development of wider Recovery Plans and learning lessons.
- COVID related service pathway changes are being implemented across ICS/ STPs to support the operational response to covid-19. Further assessment and engagement may be required as part of the recovery/re-set, to ensure full understanding of the ongoing implications.
- Majority of A&E Delivery Boards have been replaced by Silver / Gold Command structures during covid-19 response.
- New guidance on patient transport, specifically for journeys and discharge processes from acute sites, being introduced across all areas.
- Clinical management, conveyance and decision making for residents / patients within care homes is becoming a key area of focus.
- ICS level programmes are being reviewed to establish those that can be accelerated, continued, paused or stopped, in response to COVID-19; seeking to maximise impact and seek opportunities to redeploy resources.



Summary of Exceptions

March 2020

Service Line	Indicator ID	Exception Commentary
PTS		
A+E		<p>A number of operational and corporate metrics have been impacted by the covid-19 response. A full review of the performance metrics will be completed and appropriate recovery plans and trajectories agreed as part of the Trust's overarching covid-19 recovery plan.</p>
EOC		
Other		

Patients & Communities

March 2020

Indicator ID	Key Operational Standard Description	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-20				
														Target / Forecast	Actual	Actual v Target/Fcast		
001	Integrated Urgent Care	Calls Offered	142,409	141,721	131,686	136,129	134,814	126,624	137,427	156,871	175,308	144,564	148,175	308,185	139,728	308,185	▲	
		Call Answered	131,822	130,711	120,255	121,263	121,422	115,557	122,183	132,591	160,403	135,455	135,463	155,346		155,346		
		Calls Answered within 60 Seconds	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	83.1%	90.7%	85.0%	26.2%	90%	26.2%	▼	
		Core Clinical Advice	30.7%	31.3%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%	28.3%	28.2%	30%	28.2%	▼	
		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%	46.6%	45.9%	60%	45.9%	▼	
		Direct Bookings	46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	45.8%	45.0%	35.0%	30%	35.0%	▲	
		Bookings into UTC	52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%	56.7%	49.0%	50%	49.0%	▼	
		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%	61.6%	55.5%	95%	55.5%	▼	
		ED Validations	61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%	50.8%	37.7%	29.9%	50%	29.9%	▼	
		Ambulance Validations	97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	98.3%	90.4%	95%	53.6%	▼		
002	EOC	Telephony - 999 Calls Answered	58,202	59,471	58,166	63,132	60,147	58,919	63,779	63,358	68,507	57,223	54,569	67,046		67,046		
		Telephony - 999 Calls Answered within 5 Seconds	95.5%	97.5%	96.5%	94.5%	94.8%	95.2%	91.4%	87.6%	88.0%	94.8%	96.1%	77.6%	95%	77.6%	▼	
003	A&E Operations	All Activity (H&T + STR + STC)	68,236	69,359	67,360	71,887	69,246	67,636	71,982	71,517	76,409	72,149	67,218	73,608		73,608		
		Hear & Treat (H&T)	6.6%	6.8%	6.8%	6.7%	6.0%	6.0%	6.5%	7.3%	8.5%	6.5%	7.2%	12.6%		12.6%		
		See, Treat & Refer (STR)	23.6%	23.5%	24.1%	24.2%	25.1%	24.9%	24.5%	23.9%	25.0%	25.1%	25.5%	31.0%		31.0%		
		See, Treat & Convey (STC)	69.8%	69.7%	69.1%	69.2%	68.9%	69.1%	69.0%	68.8%	66.7%	68.4%	67.3%	56.4%		56.4%		
		999 Responses (STR + STC)	63,713	64,675	62,776	67,106	65,078	63,554	67,273	66,263	70,017	67,446	62,407	63,243	70,509	63,243	▼	
		Category 1	Mean	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	00:07:11	00:08:00	00:07:00	00:08:00	▲
			90th Percentile	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	00:12:32	00:13:23	00:15:00	00:13:23	▼
		Category 2	Mean	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	00:18:49	00:23:53	00:18:00	00:23:53	▲
			90th Percentile	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	00:38:24	00:48:52	00:40:00	00:48:52	▲
		Category 3	90th Percentile	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	01:45:20	02:14:44	02:00:00	02:14:44	▲
		Category 4	90th Percentile	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	02:19:03	02:54:15	03:00:00	02:54:15	▼
Average Turnaround Time	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	00:36:49	00:37:24	00:30:00	00:37:24	▲			
Average Job Cycle Time (Responses)	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	01:54:48	01:57:51		01:57:51				
004	PTS	Journeys	73,830	77,516	73,526	82,095	73,568	74,545	81,442	75,033	69,065	78,620	72,004	63,751	72,185	63,751	▼	
		Patient Journeys < 120 Minutes	99.4%	99.3%	99.4%	99.3%	99.2%	99.2%	99.1%	99.0%	99.2%	99.5%	99.5%	99.4%	90.0%	99.4%	▲	
		Patients Arrive at Appointment on Time	90.7%	88.5%	88.9%	90.9%	91.1%	89.9%	89.5%	88.0%	88.7%	90.2%	88.9%	91.0%	90.0%	91.0%	▲	
		% Pre Planned - Picked Up in 90 Minutes	90.5%	87.5%	88.6%	89.5%	90.5%	89.8%	90.3%	89.4%	89.4%	89.7%	90.3%	93.0%	90.4%	93.0%	▲	
		% Short Notice - Picked Up in 120 Minutes	79.1%	76.3%	76.8%	77.8%	79.4%	77.5%	75.9%	74.3%	73.0%	71.9%	74.5%	81.0%	88.8%	81.0%	▼	
		Calls Answered within 180 Seconds	92.9%	89.2%	89.4%	96.3%	90.4%	86.8%	91.8%	93.3%	94.3%	88.2%	93.0%	88.2%	90.0%	88.2%	▼	

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-20	Oct-20	Nov-20
005	ACQI	% Received STEMI Bundle		55.9%			53.1%			40.0%			58.7%
		% Received Stroke Diagnostic Bundle			96.1%			93.4%			95.9%		83.6%
		% 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

March 2020

Indicator ID	Key Operational Standard Description	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-20			
														Target / Forecast	Actual	Actual v Target/Fcast	
006	Workforce	Total FTE in Post	4,668	4,656	4,681	4,675	4,690	4,727	4,732	4,773	4,753	4,759	4,777	4,836			
		BME %	4.9%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	5.1%	5.1%	5.1%	5.3%	5.3%	11.1%	5.3%	▼
007	Recruitment	New Starters (FTE)	55.6	18.6	67.5	49.6	56.6	92.9	62.3	53.1	13.3	44.6	42.1	89.1		89.1	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.4%	9.6%	9.9%	9.9%	10.0%	9.9%	9.7%	10.1%	9.7%	9.7%	9.7%	9.2%		9.2%	
009	PDR / Staff Appraisals	YAS	76.1%	70.8%	68.2%	71.7%	74.6%	76.6%	77.6%	76.4%	75.7%	74.6%	75.9%	71.6%	90.0%	71.6%	▼
		A&E Operations	78.2%	71.2%	69.5%	72.2%	76.2%	77.9%	80.2%	80.5%	78.8%	78.3%	78.8%	74.8%	90.0%	74.8%	▼
		EOC	72.5%	69.0%	66.8%	63.8%	60.6%	61.1%	67.0%	65.1%	67.1%	68.7%	68.5%	65.3%	90.0%	65.3%	▼
		Integrated Urgent Care	64.5%	62.1%	55.4%	75.6%	76.1%	70.9%	67.5%	63.0%	60.8%	56.2%	65.0%	58.6%	90.0%	58.6%	▼
		PTS	84.8%	80.6%	73.7%	78.3%	83.0%	90.9%	89.1%	86.2%	88.4%	86.9%	87.7%	82.9%	90.0%	82.9%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	97.9%	97.9%	98.3%	98.2%	98.3%	98.4%	98.0%	97.6%	97.2%	97.6%	97.4%	97.4%	90.0%	97.4%	▲
		A&E Operations	97.0%	98.2%	98.7%	98.6%	98.9%	99.0%	98.6%	98.2%	97.8%	97.9%	97.8%	97.8%	90.0%	97.8%	▲
		EOC	95.6%	96.8%	97.5%	97.2%	98.5%	97.7%	97.7%	97.4%	96.5%	98.3%	98.0%	98.0%	90.0%	98.0%	▲
		Integrated Urgent Care	97.4%	98.6%	98.6%	98.6%	98.7%	98.7%	98.2%	96.1%	95.7%	97.1%	96.7%	96.7%	90.0%	96.7%	▲
		PTS	98.3%	99.3%	99.7%	99.6%	99.5%	99.5%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	▲
011	Health & Wellbeing	Total Sickness Rate	6.2%	6.1%	6.0%	5.9%	6.2%	6.0%	6.5%	6.5%	7.1%	6.5%	6.0%	8.4%		8.4%	
		Long Term Sickness Rate	3.9%	3.9%	3.8%	3.6%	3.9%	3.8%	4.0%	3.7%	4.3%	3.8%	3.6%	3.8%		3.8%	
		Short Term Sickness Rate	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.6%	2.8%	2.8%	2.7%	2.5%	4.6%		4.6%	

Indicator ID	Key Operational Standard Description		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-20			
															Target / Forecast	Actual	Actual v Target/Fcast	
012	Incidents	All Reported	734	733	669	729	605	638	666	736	735	801	739	687		687		
		Serious	5	8	2	6	1	1	1	6	7	2	2	4		4		
		Moderate	18	22	14	20	22	17	14	23	23	8	23	16		16		
		Medication Related	85	115	82	80	52	66	75	69	69	60	64	50		50		
013	Patient Relations	A&E	Complaint	18	21	12	20	22	17	19	20	13	16	16	21		21	
			Compliment	38	100	103	84	107	102	88	117	102	125	109	91		91	
			Concern	15	14	16	20	15	21	23	12	20	17	15	10		10	
			Service to Service	18	28	29	27	16	9	26	25	16	29	23	13		13	
		EOC	Complaint	11	15	6	16	7	4	11	18	12	4	6	1		1	
			Compliment	0	3	3	2	2	2	0	4	2	3	3	3		3	
			Concern	10	4	10	10	7	3	17	9	17	6	8	3		3	
			Service to Service	8	9	19	26	10	8	13	18	23	20	5	15		15	
		Integrated Urgent Care	Complaint	18	21	17	17	34	17	29	18	31	19	24	14		14	
			Compliment	9	3	4	4	2	7	4	7	12	10	4	2		2	
			Concern	0	2	3	2	1	2	6	3	9	2	3	1		1	
			Service to Service	32	30	17	19	25	46	21	17	17	26	40	52		52	
		PTS	Complaint	22	17	10	21	16	16	14	15	7	9	11	14		14	
			Compliment	1	8	6	8	10	6	4	7	9	5	3	2		2	
			Concern	17	19	28	29	24	28	31	23	22	24	24	24		24	
			Service to Service	15	23	33	30	22	15	27	24	24	47	34	22		22	
014	Clinical Outcomes Data	Stroke - Call to Hospital Arrival (Mean)	01:28	01:10	01:11	01:15	01:10	01:13	01:21	N/A								
		Stemi - Call to Catheter Insertion for Angio (Mean)	02:06	01:53	02:27	02:12	02:17	02:03	02:06	02:18								
		ROSC (Utstein)	62.1%	64.1%	51.7%	55.0%	54.1%	51.4%	61.1%	75.0%								
		Survival (Utstein)	35.0%	45.2%	30.8%	28.6%	30.0%	30.3%	34.6%	30.4%								
015	Safeguarding	Adult Referrals	863	1,002	924	986	918	887	906	1,013	1,045	1,049	947	749		749		
		Child Referrals	550	579	594	612	519	575	587	551	540	603	638	532		532		
016	Information Management	Information Governance Training Compliance	93.6%	92.7%	94.0%	94.7%	95.0%	95.2%	95.2%	73.3%	70.3%	64.3%	72.3%	72.3%	95%	72.3%	▼	
		FOI Request Compliance	33.0%	33.0%	22.6%	42.4%	60.0%	42.5%	60.5%	32.3%	61.9%	69.7%	70.3%	57.1%	90%	57.1%	▼	
017	CQUIN	National CCG2: Staff Flu Vaccinations															No reporting required	
		National CCG10: Ambulance – Access to Patient Information at Scene (Assurance)																No reporting required
		National CCG10B: Ambulance – Access to Patient Information at Scene (Demonstration)																No reporting required
		Local 1: Supporting the needs of complex Mental Health Patients via Teleconferencing																No reporting required
		Local 1: IUC/111 Staff Flu Vaccinations																No reporting required
		Local 2: IUC/111 Frequent Callers																No reporting required
		Local 3: IUC/111 Sepsis Awareness																No reporting required
		Local 1: PTS Vehicle Electronic Checklist App																No reporting required
Local 1: PTS Staff Flu Vaccinations																No reporting required		

Indicator ID	Key Operational Standard Description	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-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	-1,230	-2,053	-1,891	-1,861	-1,831	-1,683	-2,073	-1,315	-812	-824	-855	-998	-1,270	-998	272	-17,319	-17,426	-107
		Surplus	-126	-1,016	-769	-764	-545	-605	-507	-249	238	4	240	159	-124	159	283	-3,773	-3,941	-168
		Capital	487	924	312	794	1,685	379	1,152	1,889	1,947	957	2,967	4,908	1,172	4,908	3,736	18,688	18,245	-443
		Cash	38,772	41,370	43,981	49,253	52,397	52,816	53,688	57,627	58,179	58,364	54,700	46,201	39,340	46,201	6,861	39,340	46,201	6,861
		CIP	534	538	526	525	528	560	532	532	532	582	582	623	621	623	2	6,592	6,592	0
019	CIP	A&E	232	61	-191	28	28	28	28	28	28	28	28	226	28	-198	2,737	356	-2,381	
		Business Development	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		CEO Directorate	4	9	6	-10	2	2	2	2	2	2	2	2	7	2	-5	78	28	-50
		Clinical	4	-1	2	4	2	2	2	2	2	2	2	2	1	2	1	19	26	7
		Estates	31	5	5	9	5	19	19	19	19	19	19	19	76	19	-57	453	185	-268
		Finance	36	36	37	35	36	36	36	36	36	36	36	36	36	36	0	433	433	0
		Fleet	86	87	86	67	87	123	87	87	87	87	87	123	128	123	-5	1,144	1,098	-46
		Planned & Urgent Care	82	51	66	66	66	66	67	67	74	81	81	82	81	82	1	977	848	-129
		Quality, Governance	2	1	2	-5	0	0	0	0	0	0	0	0	2	0	-2	20	0	-20
		Hub & Spoke	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Workforce OD	57	56	57	56	58	57	57	57	57	57	57	56	56	56	0	678	678	0
		RESERVE	0	233	456	275	244	227	234	234	227	269	269	274	9	274	265	53	2,940	2,887
		Current Position (Cumulative YTD)		534	1,072	1,598	2,123	528	560	532	532	532	5,387	5,969	6,592	621	623	2	6,592	6,592
020	Transport/Fleet	A&E	Vehicle age +7	5.7%	5.4%	6.9%	5.2%	5.2%	3.2%	3.3%	1.8%	3.5%	6.6%	3.5%						
			Vehicle age +10	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	90.2%	90.0%	90.2%	90.0%	90.0%	90.2%	91.0%	91.2%	91.7%	91.2%	90.6%		95%				
		PTS	Vehicle age +7	33.0%	31.0%	41.4%	31.0%	31.0%	16.7%	16.9%	19.4%	15.3%	10.7%	16.7%						
			Vehicle age +10	24.8%	24.1%	24.1%	24.1%	24.1%	24.0%	24.0%	22.5%	26.6%	36.5%	27.2%						
			Availability	91.0%	90.0%	90.0%	91.0%	91.0%	92.0%	90.0%	90.0%	88.0%	89.0%	89.0%		95%				

Risk Rating - Under the "Single Oversight Framework" the overall Trust's 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 February (Month 11) is £16.4m against a plan of £16.0m A favourable variance of £0.4m.

Surplus - The Trust has reported a surplus at the end of February (Month 11) of £4.1m, a favourable variance of £0.5m against the plan.

Capital - At the end of February 2020 Capital has a year to date underspend of £4.1m 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 the Corpuls. 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 February 2020 the Trust's cash position was £54.7m against a plan of £41.3m, a favourable variance of £13.4m. The variance largely results from working capital being better than plan (£9.4m) and capital spend still being slightly behind plan (£4m).

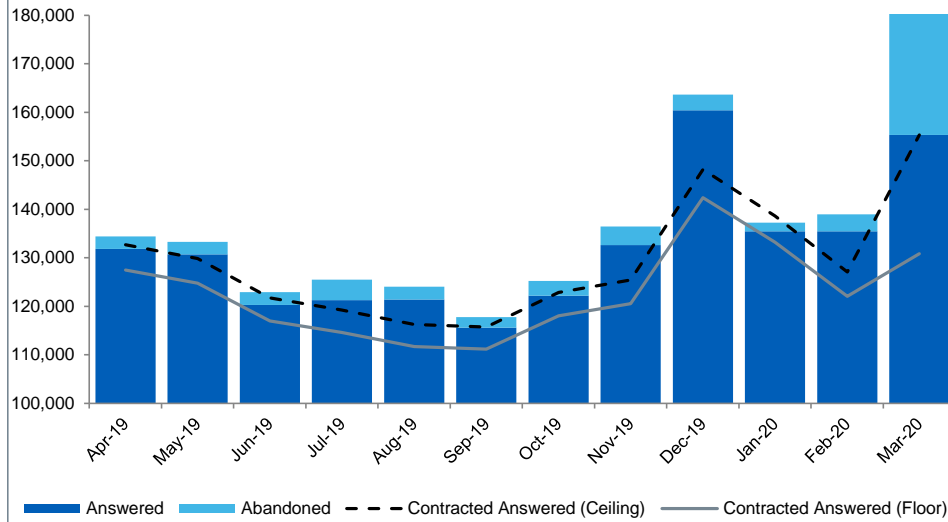
CIP - The Trust has a savings target of £6.6m for 2019/20. The Trust has achieved £5.97m at month 11 which is in line with plan (44% of this being non-recurrent).



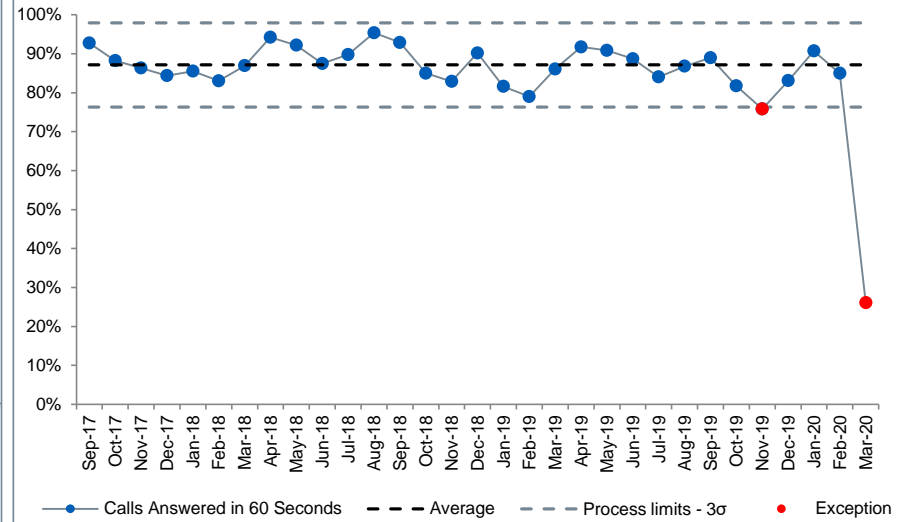
Integrated Urgent Care

March 2020

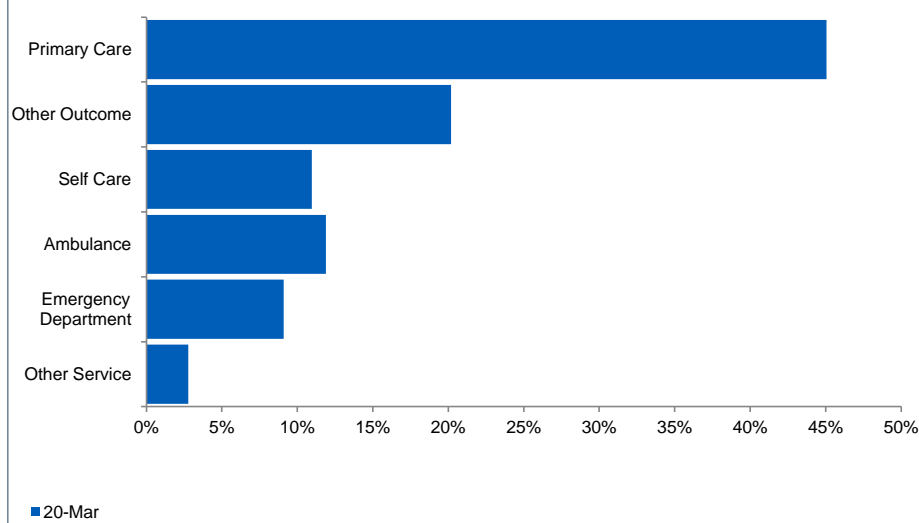
IUC Chart 1: Demand - Calls



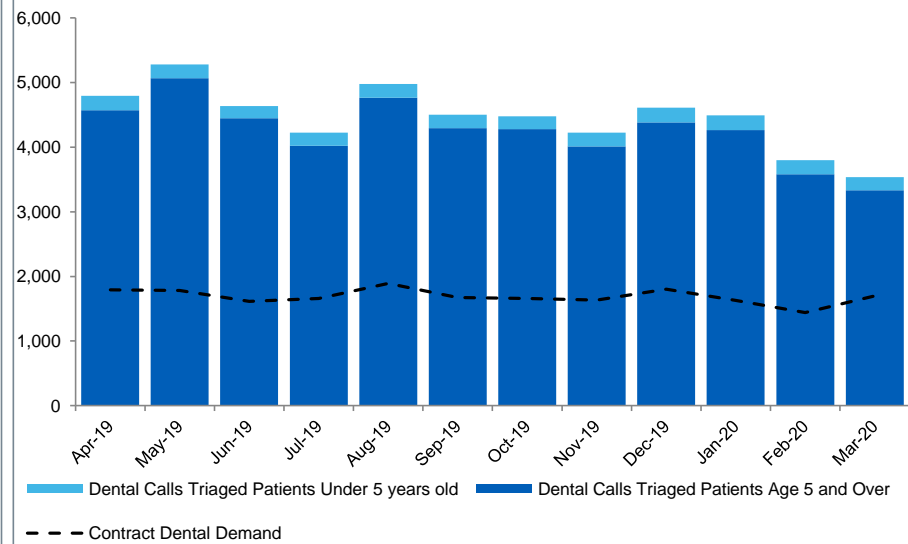
IUC Chart 2: Performance - Calls Answered in 60 Seconds



IUC Chart 3: Outcomes



IUC Chart 4: Demand - Dental





Integrated Urgent Care

March 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%	85.0%	26.2%	80.2%
Core Clinical Advice (30%)	30.7%	31.4%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%	28.3%	28.2%	30.3%
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%	46.6%	45.9%	51.7%
Direct Bookings * (30%)	46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	45.8%	45.0%	35.0%	45.0%
Bookings into UTC * (50%)	52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%	56.7%	49.0%	53.5%
Bookings into IUC Treatment Centres * (95%)	59.1%	60.2%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%	62.9%	61.6%	55.5%	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%	37.7%	29.9%	51.7%
Ambulance Validations (95%)	97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	98.3%	90.4%	53.6%	92.9%

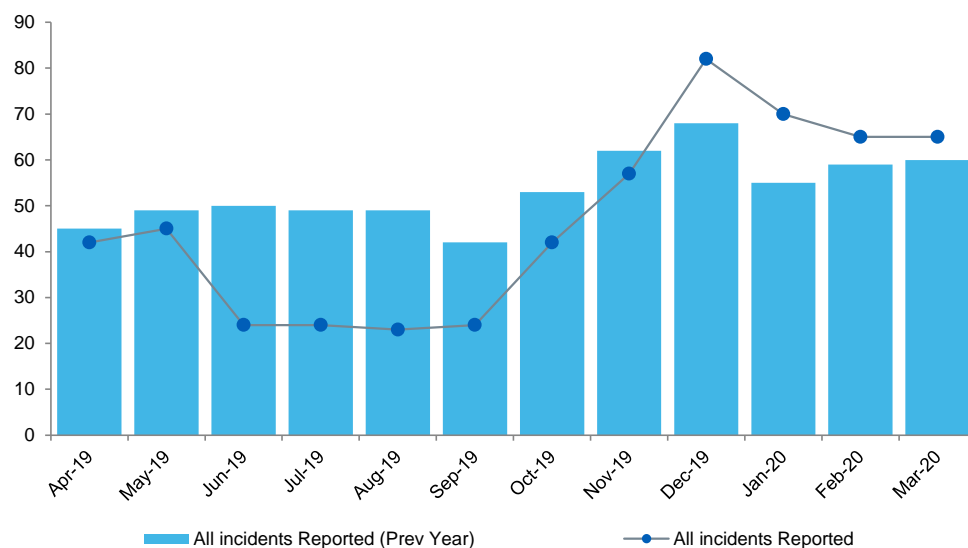
* U&EC whole system measures - national KPI for IUC treatment centres is a new measure and currently under monitoring with NHS England to be reviewed

Performance Commentary:

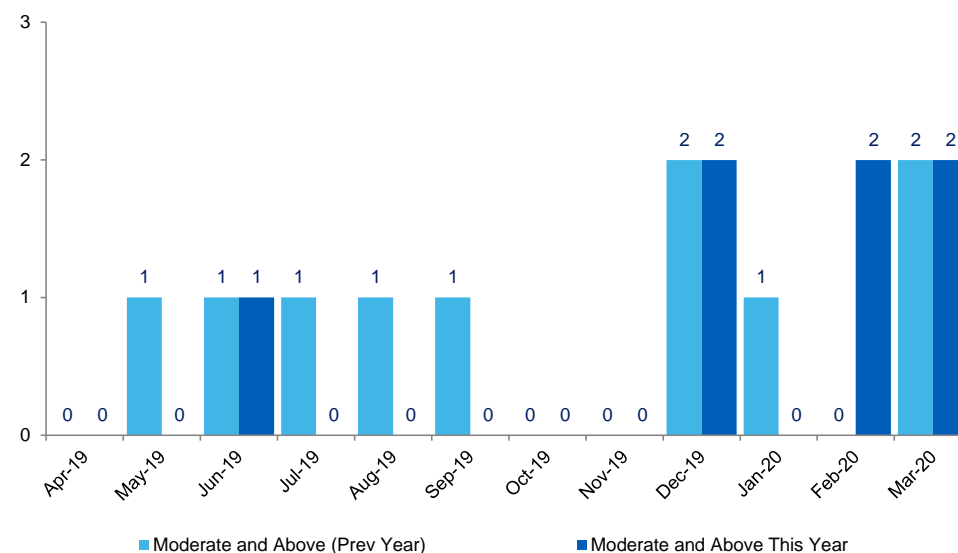
IUC performance in March has been impacted by high demand caused by calls related to COVID-19 and an increased national marketing campaign. The increased demand has caused call lengths to increase and the clinical KPIs to dip below target. However, 2019-20 Core Clinical advice and Emergency Department Validation targets were met. Call backs within 1 hour remains a challenge 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.

2019-20 demand was 3.2% above the contract ceiling volume and 7.4% above the contract floor. Once unexpected dental demand is removed, demand is 3.5% above the contract floor and 0.5% below the contract ceiling for 2019-20. Therefore, excess dental demand and the impact of COVID-19 is having a big impact on the service. Staffing has been increased by adding the role of Service Advisors but high levels of sickness are still impacting performance.

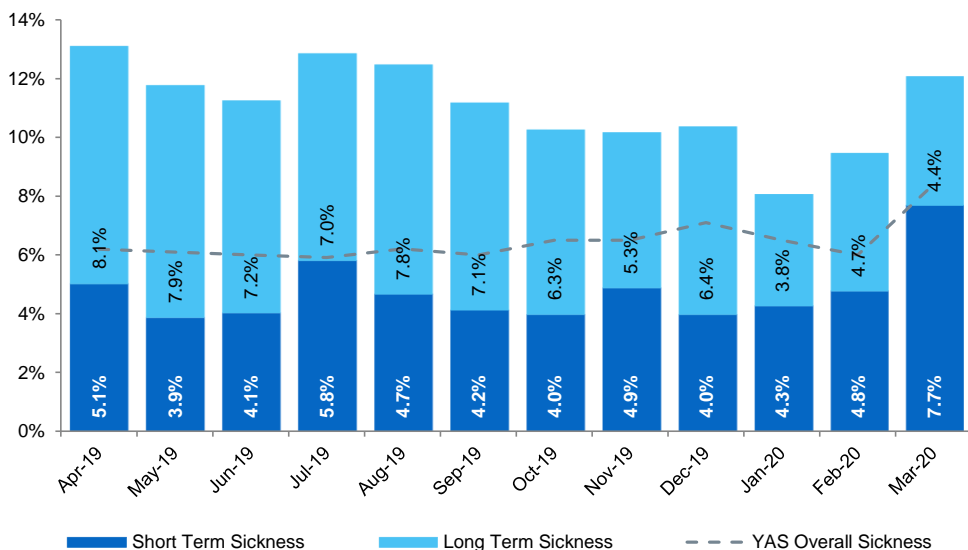
IUC Chart 5: Quality - Reported Incidents



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



IUC Chart 7: Workforce - Sickness



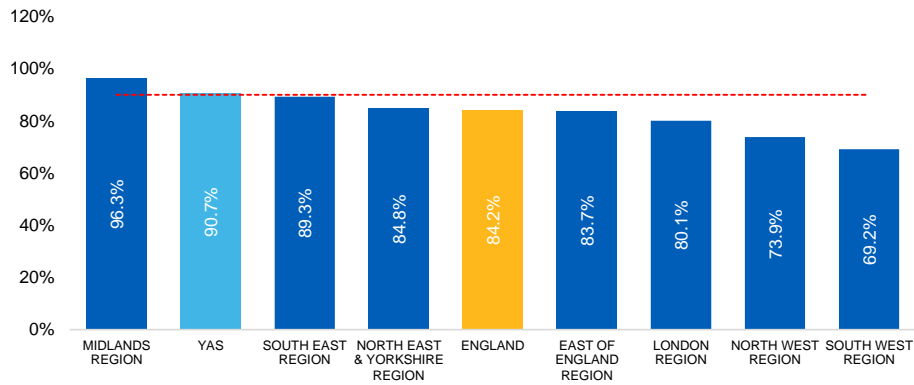
Quality Commentary:

The national NHS Pathways system was upgraded 3 times during the year, with all of the upgrades enhancing the patient assessment process to ensure they get the right support and if appropriate onward care referral. To support these upgrades all staff have received comprehensive training on the changes with additional training on our key focus areas: learning from incidents, incidents & concerns, mental health call management and the rollout of our Trust's 'yes to respect' campaign.

Workforce Commentary:

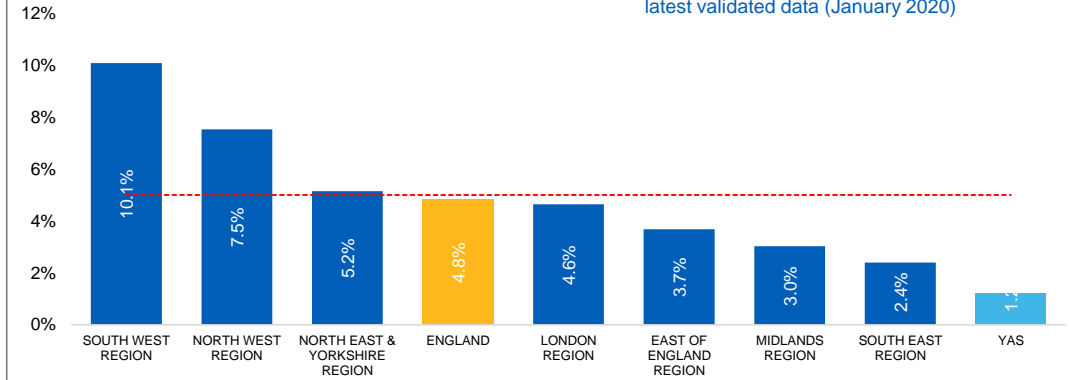
The IUC Health & Wellbeing Coordinators within the service have been in place since November and the support for staff is now being provided in a more consistent approach, the lowest absence rates in January are green shoots in the work that is being undertaken with HR to support staff to return to work. This approach will be evaluated during June 2020 to understand the longer terms impact and whether this is a beneficial team moving forward. March has seen a slight increase in sickness levels, however YAS are still performing far better than earlier in the year with unprecedented demand causing extra pressure on the IUC.

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

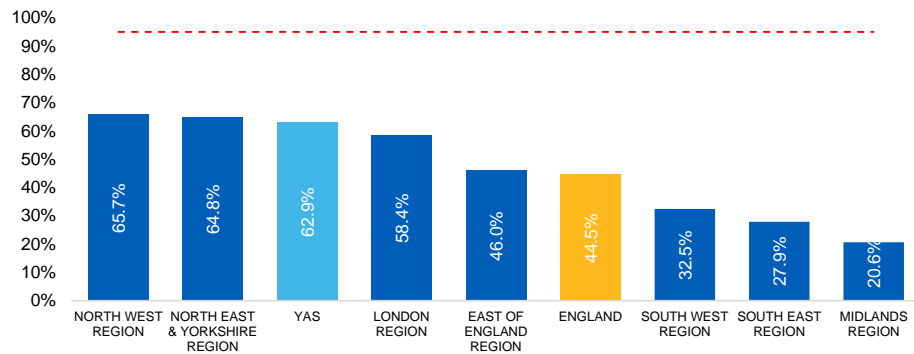


IUC Chart 9: Calls Abandoned (5%)

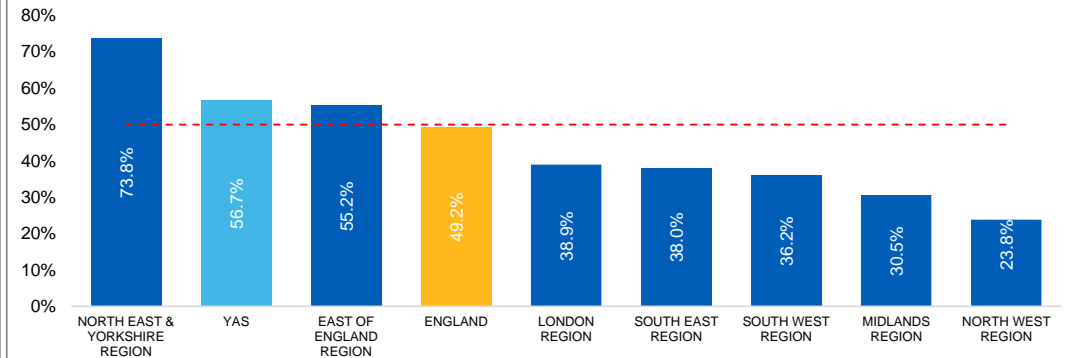
Benchmarking Information is based on the latest validated data (January 2020)



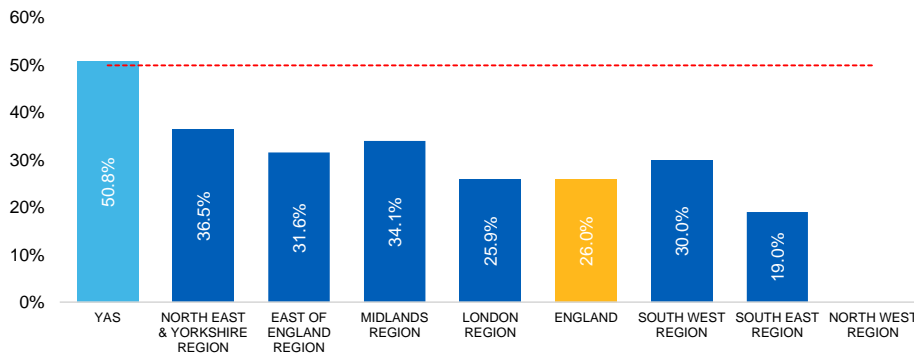
IUC Chart 10: Bookings into IUC Treatment Centres (95%)



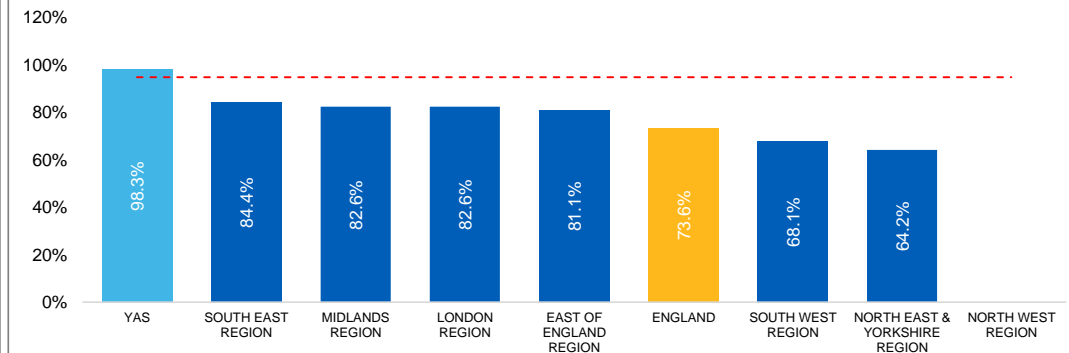
IUC Chart 11: Bookings into UTC (50%)



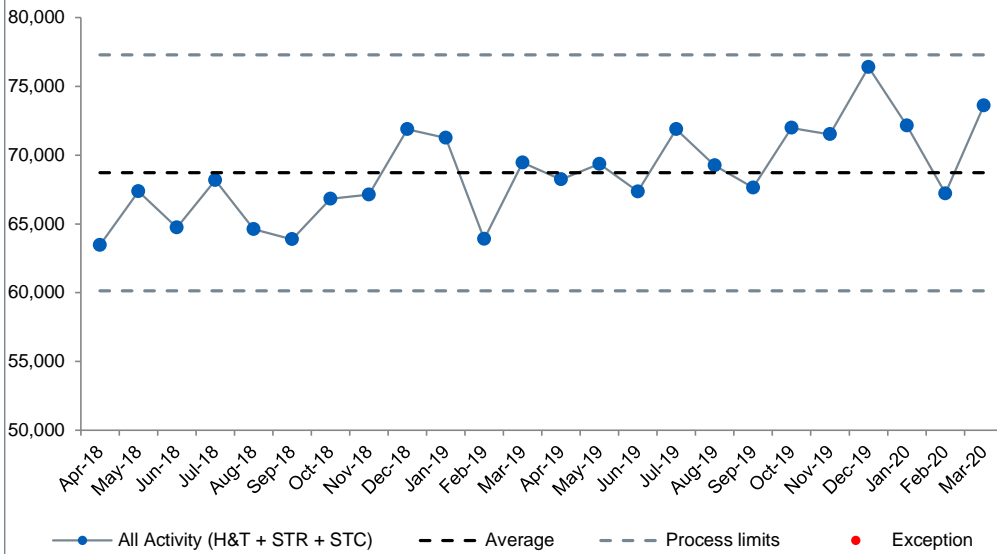
IUC Chart 12: ED Validations (50%)



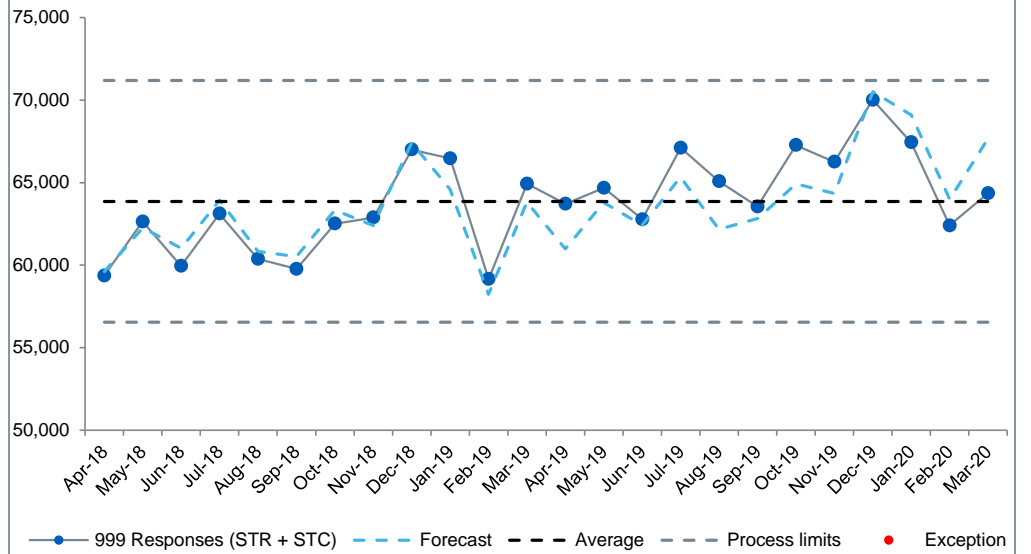
IUC Chart 13: Ambulance Validations (95%)



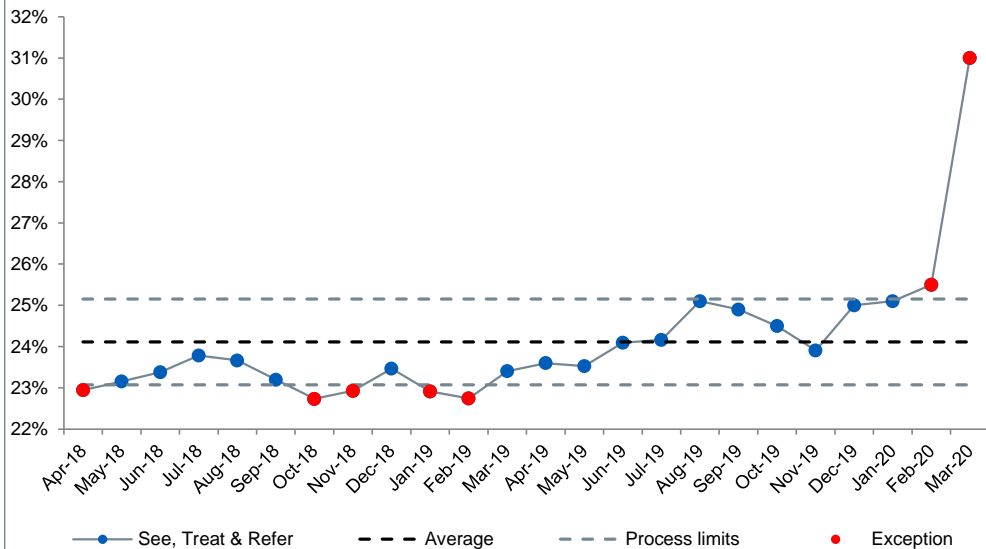
A&E Chart 1: Demand - All Activity (H&T + STR + STC)



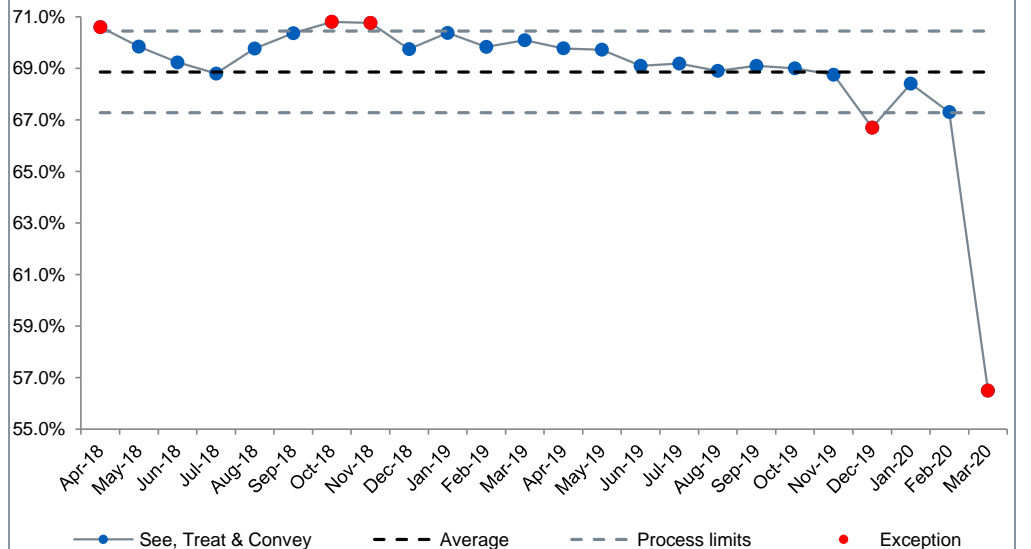
A&E Chart 2: Demand - 999 Responses (STR + STC)



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

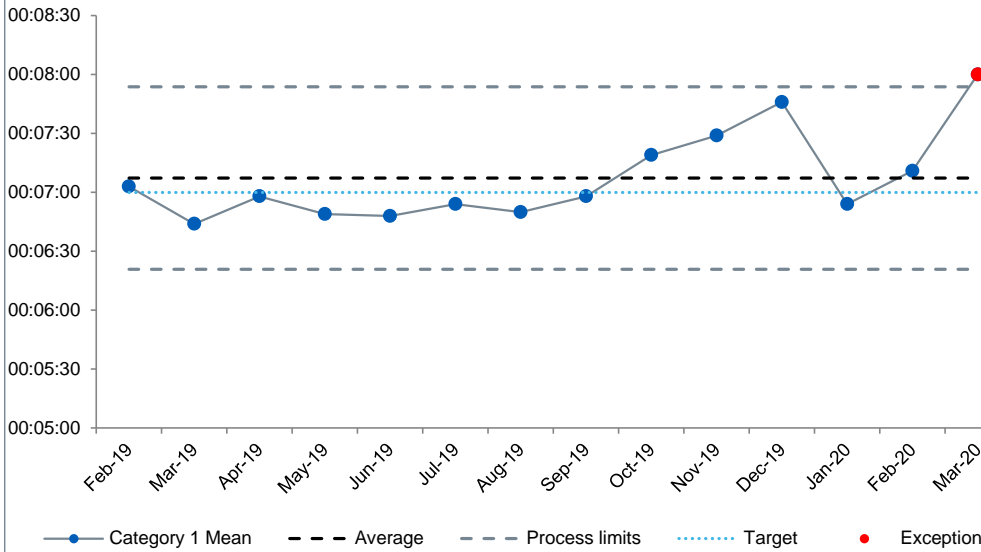


A&E Chart 4: Demand - See, Treat & Convey %



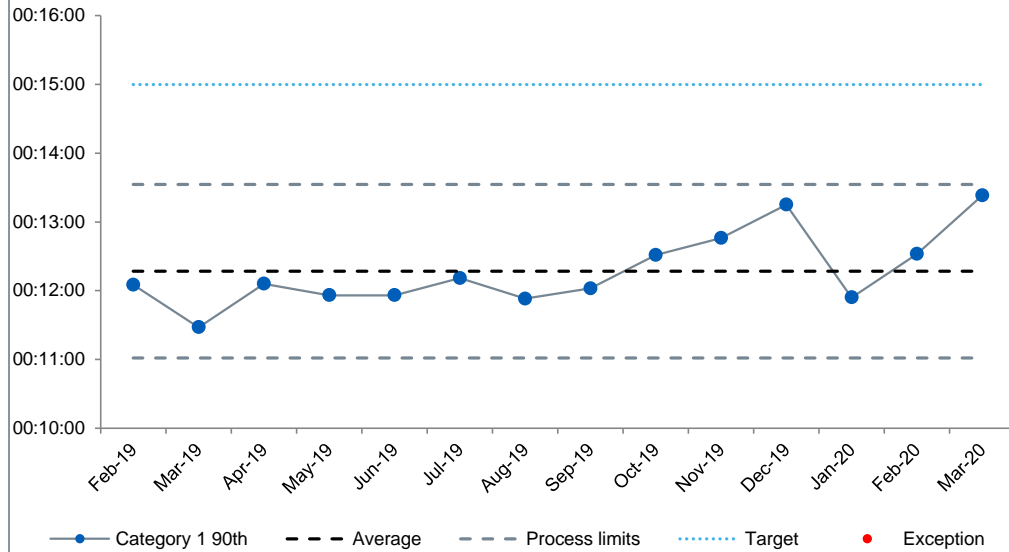
A&E Chart 5: Performance - Category 1 Mean

Year to Date **00:07:12**



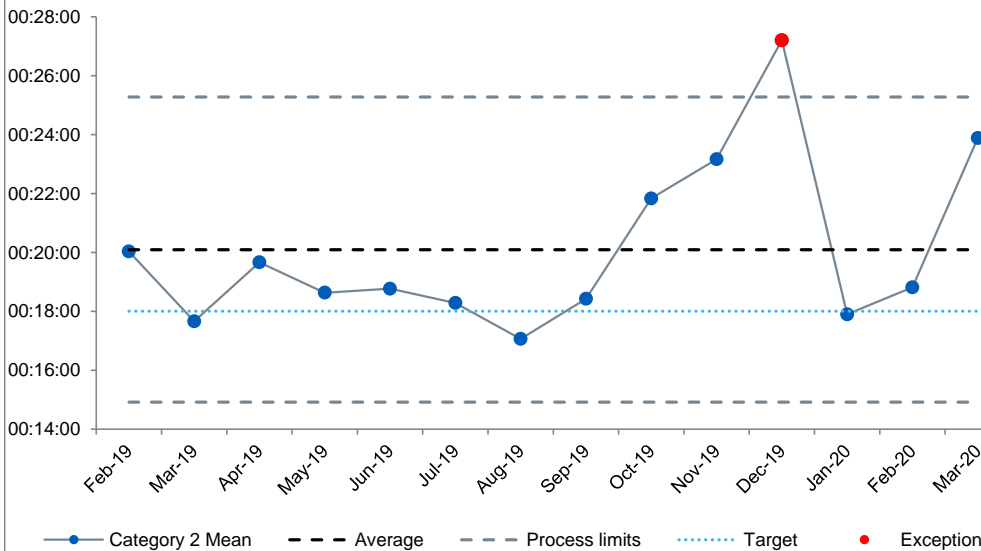
A&E Chart 6: Performance - Category 1 90th Percentile

Year to Date **00:12:26**



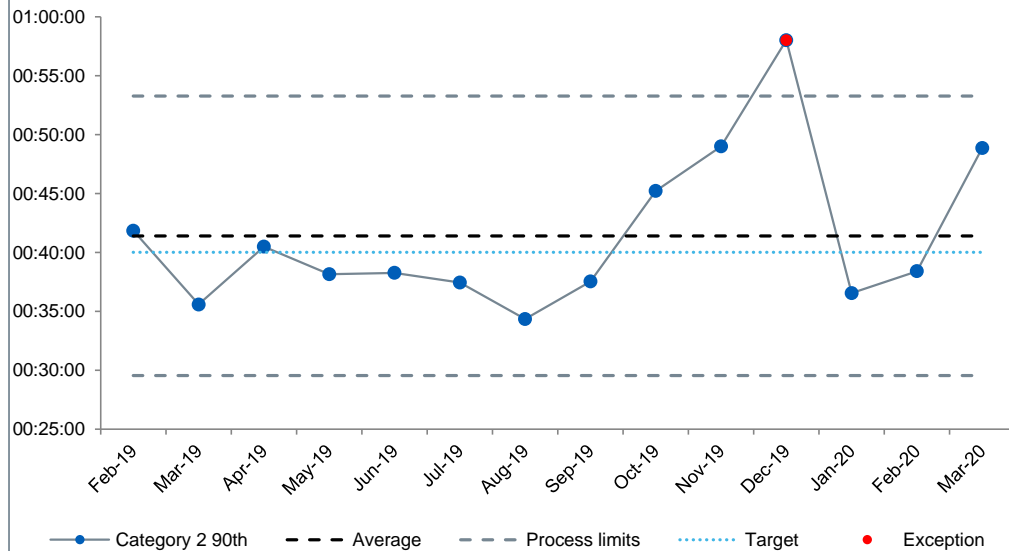
A&E Chart 7: Performance - Category 2 Mean

Year to Date **00:20:33**



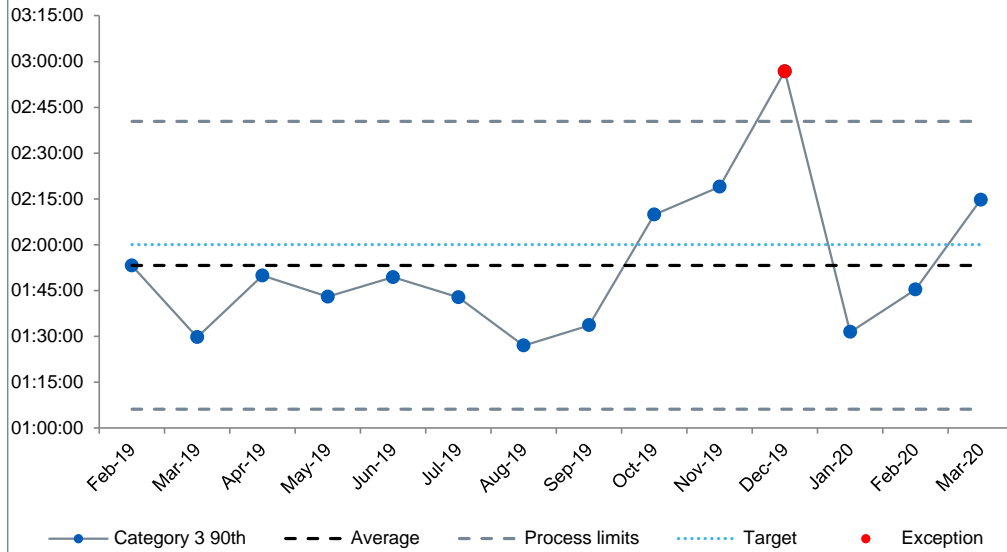
A&E Chart 8: Performance - Category 2 90th Percentile

Year to Date **00:42:41**



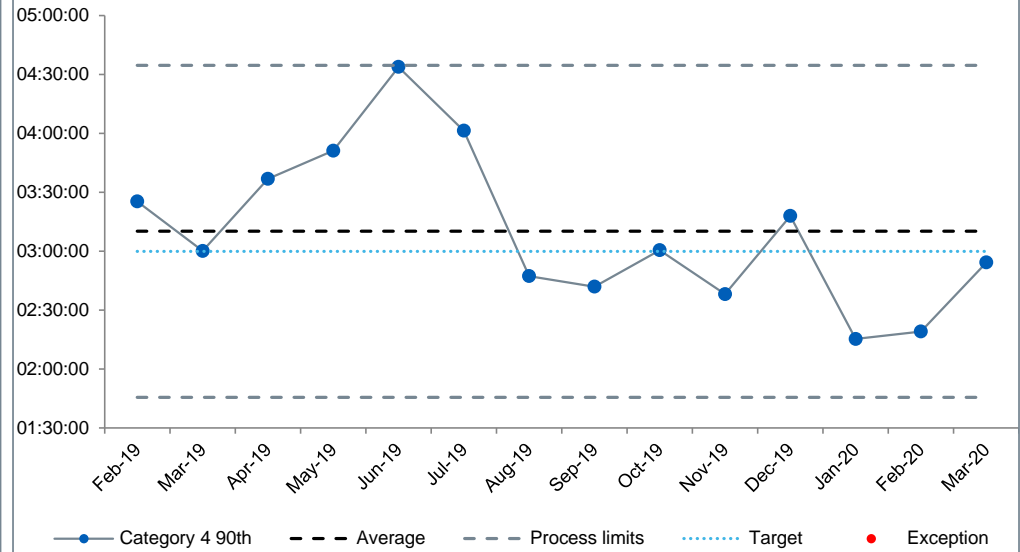
A&E Chart 9: Performance - Category 3 90th Percentile

Year to Date **01:54:36**

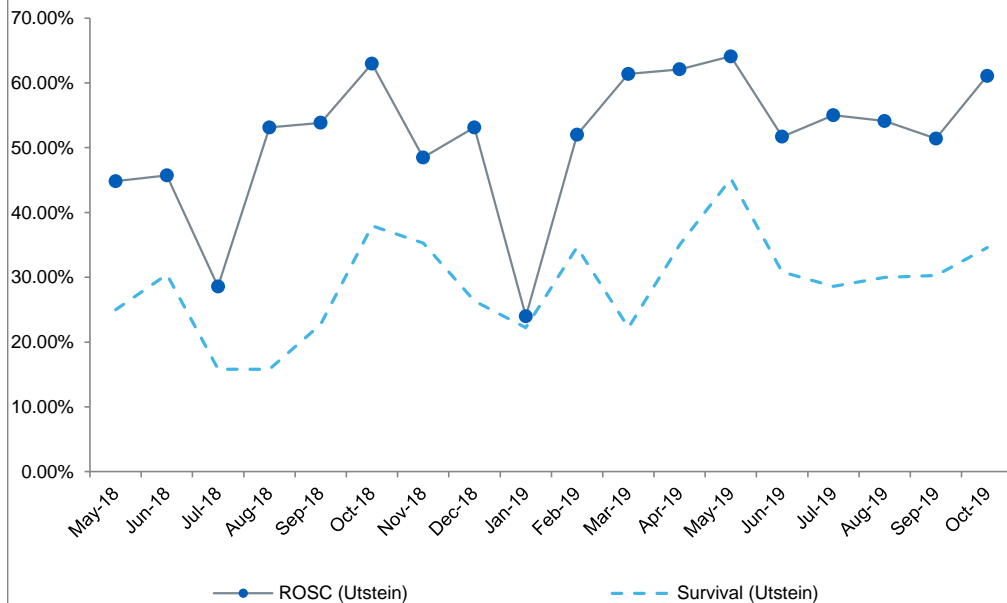


A&E Chart 10: Performance - Category 4 90th Percentile

Year to Date **03:01:10**



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



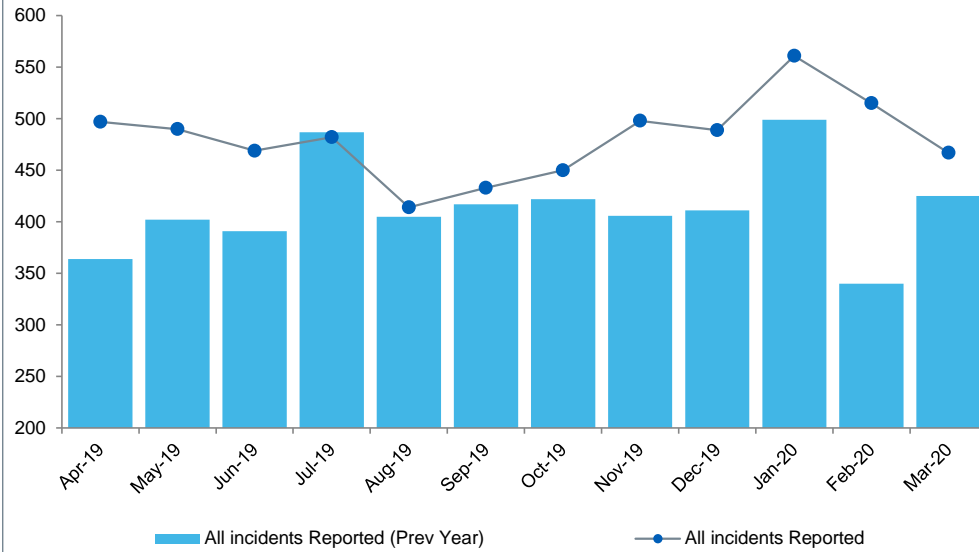
Performance Commentary:

Demand increased during March which was mirrored with our system partners in primary and secondary care.

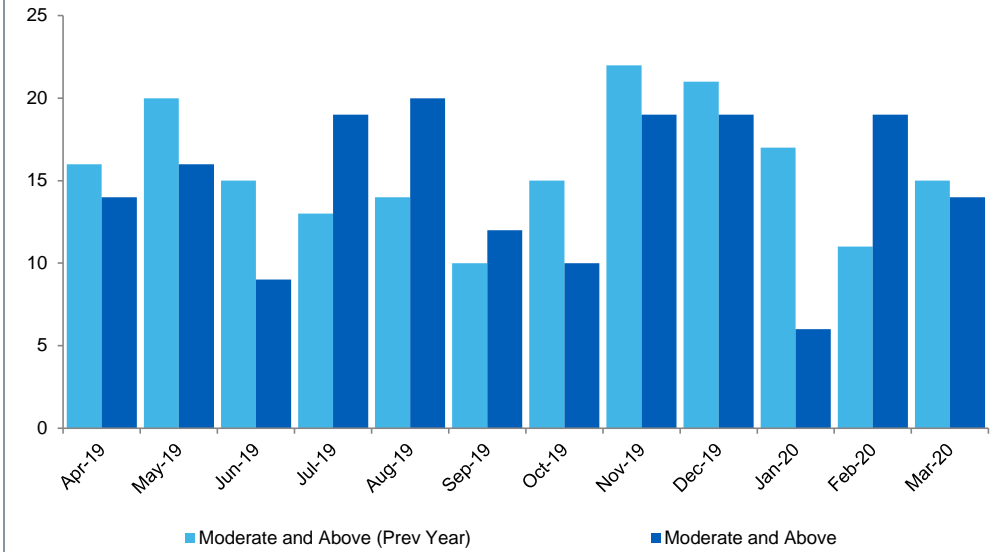
The STC reduced again and is an exception against the SPC position. A rise in H&T and S&T rates compared to prior months has led to increased vehicle availability and limited the negative impact on performance of COVID-19

Job cycle time reduced considerably again in March, however there is recognition that elements of this relate to factors which may not be sustained post covid-19.

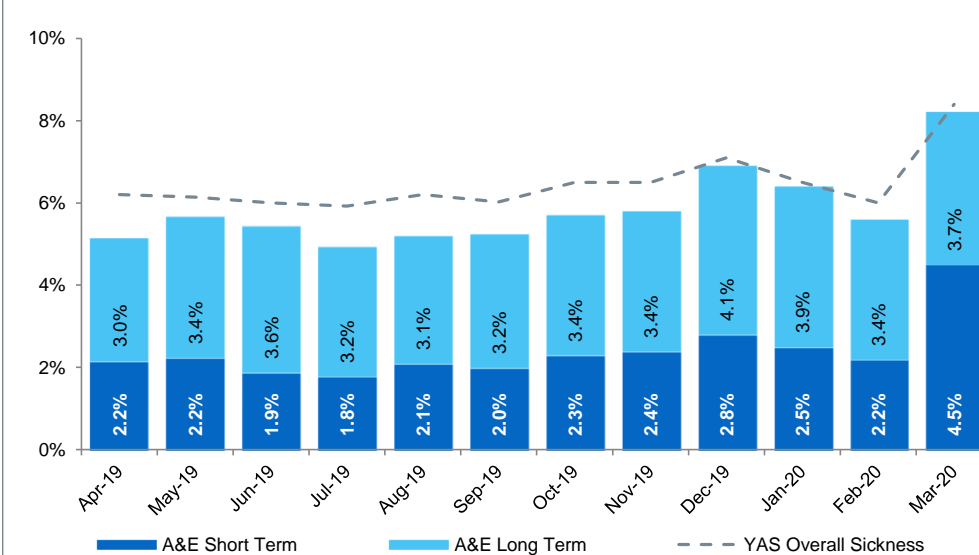
A&E Cht12: Quality - Reported Incidents



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



A&E Cht14: Workforce - Sickness



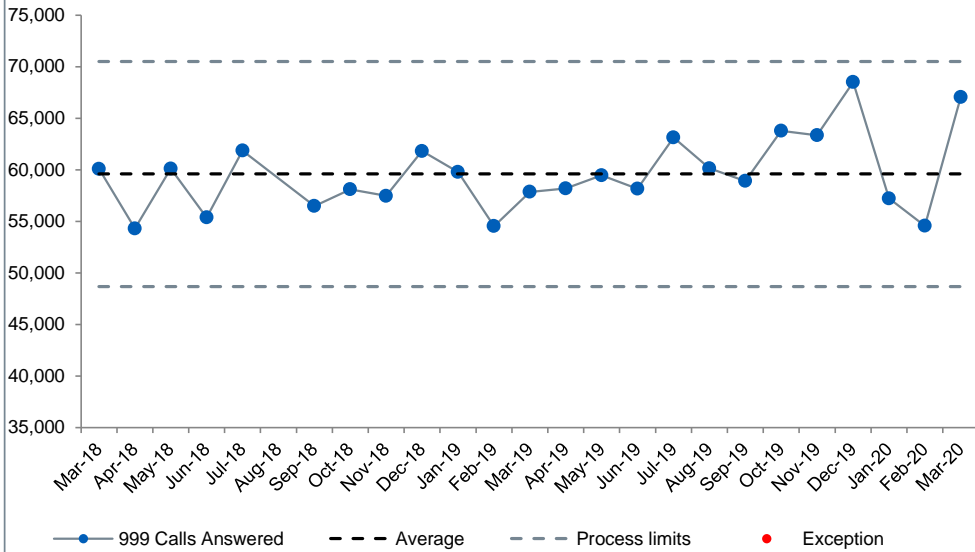
Quality Commentary:

Reported incidents fell again in March and is lower than at the same time last year. The number of incidents rated moderate or above is lower than the previous year by 1 case.

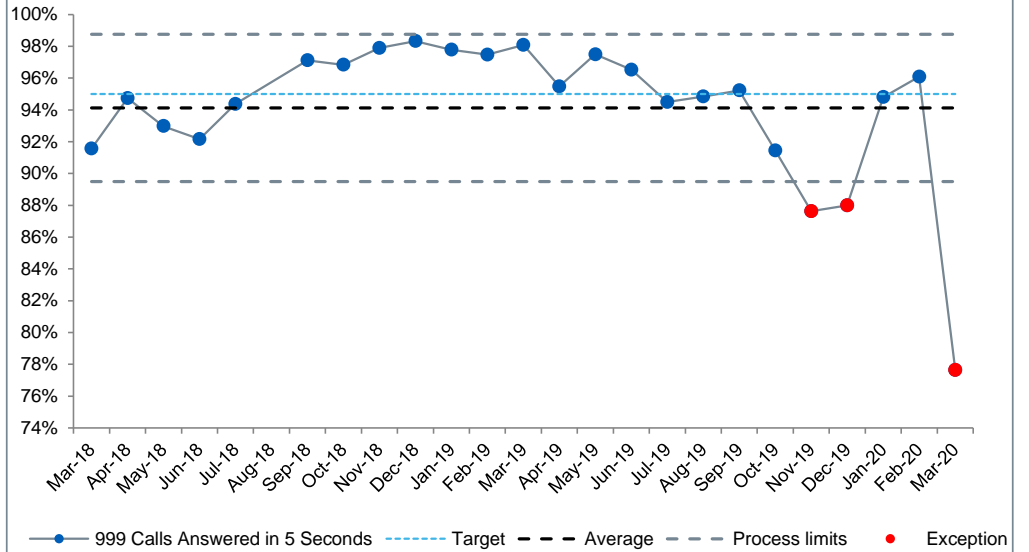
Workforce Commentary:

The overall sickness rate increased in March but remains marginally below the trust average. It is recognised that during the COVID-19 pandemic the NHS will see higher levels of sickness absence and this is reflected in the rise of short term sickness which rose from 2.2% in February to 4.5% in March.

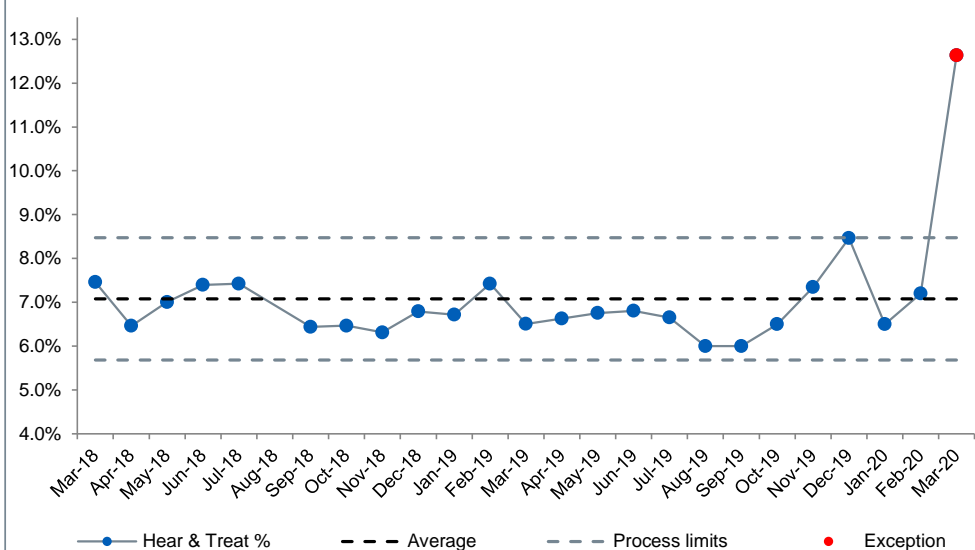
EOC Chart 1: Demand - 999 Calls Answered



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



EOC Chart 3: Performance - % Hear & Treat



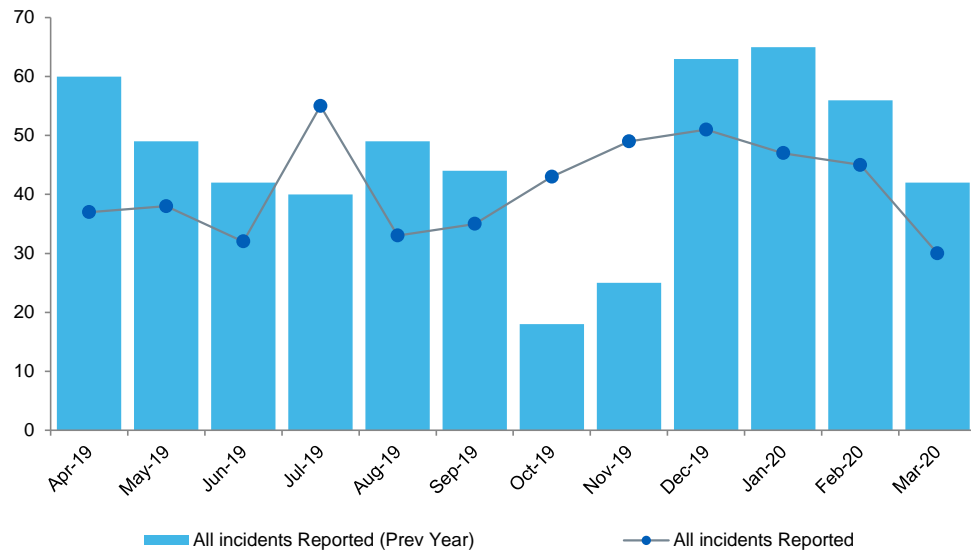
Performance Commentary:

In March call volumes increased significantly, rising by 23% on the previous month and up by 16% on the same month last year.

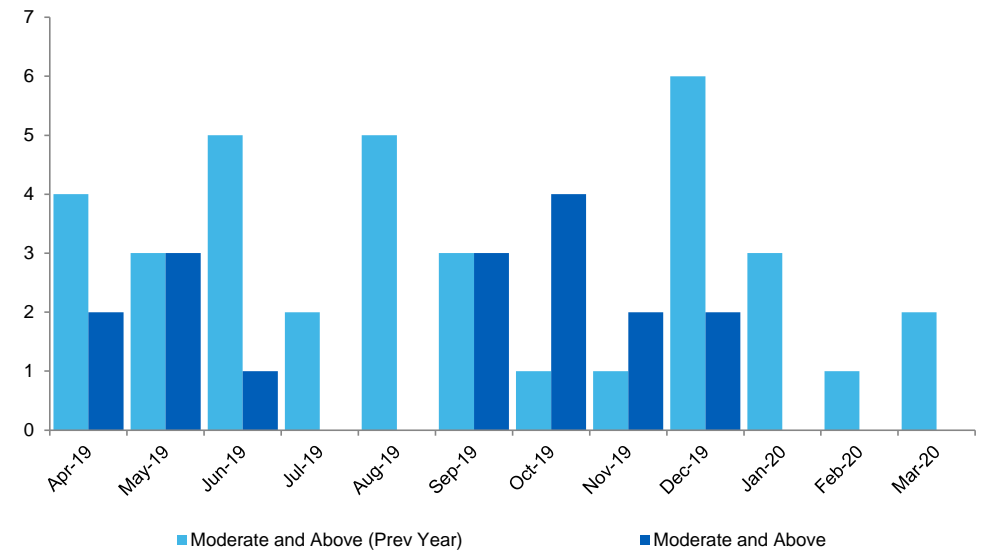
The proportion of calls answered in 5 seconds fell to 77.6% in March and is an exception against the SPC position. This compares against 96.1% on the previous month.

Hear and Treat performance increased to an exceptional high of 12.6% reflecting DMP levels.

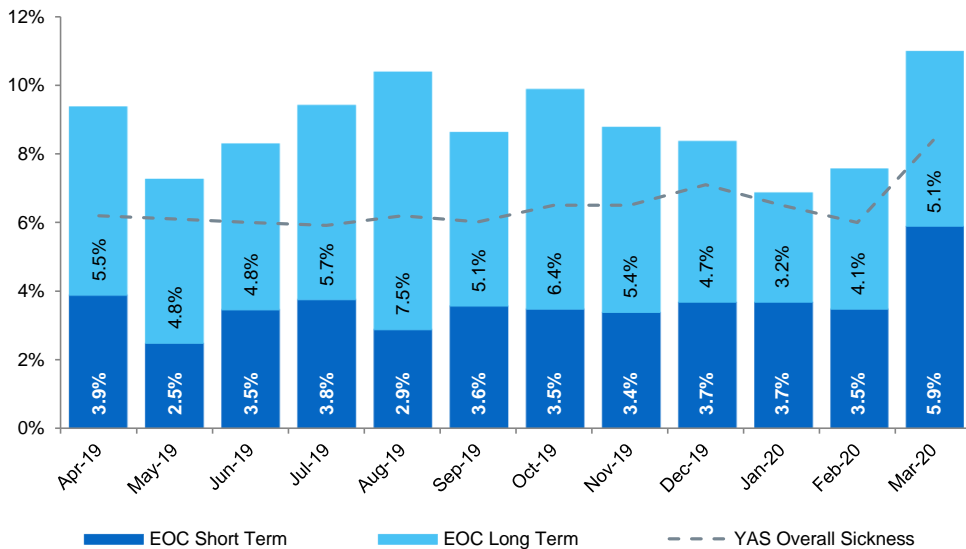
EOC Chart 4: Quality - Reported Incidents



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



EOC Chart 6: Workforce - Sickness



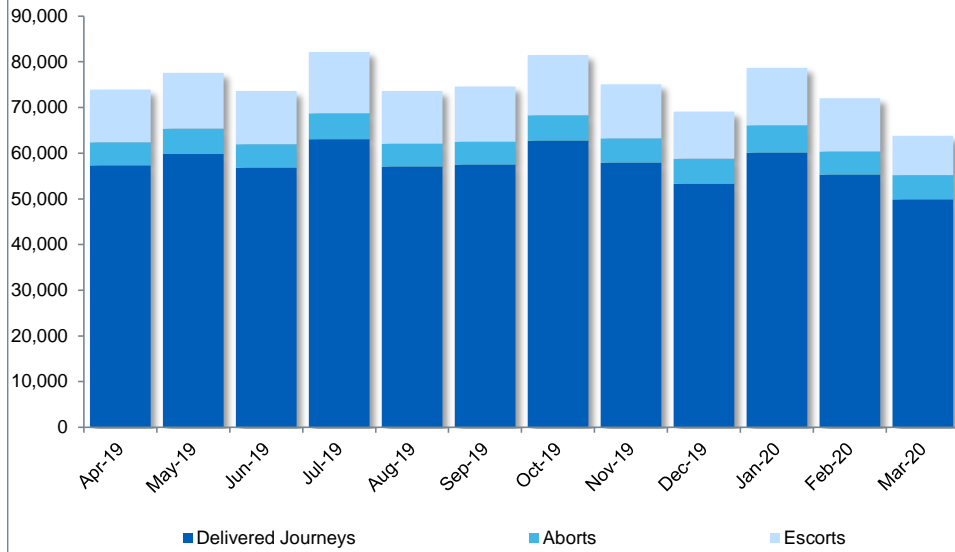
Quality Commentary:

The total number of incidents fell again in March and remains lower than those experienced in the previous year. The level of incidents classed as moderate or above remain in a very positive position.

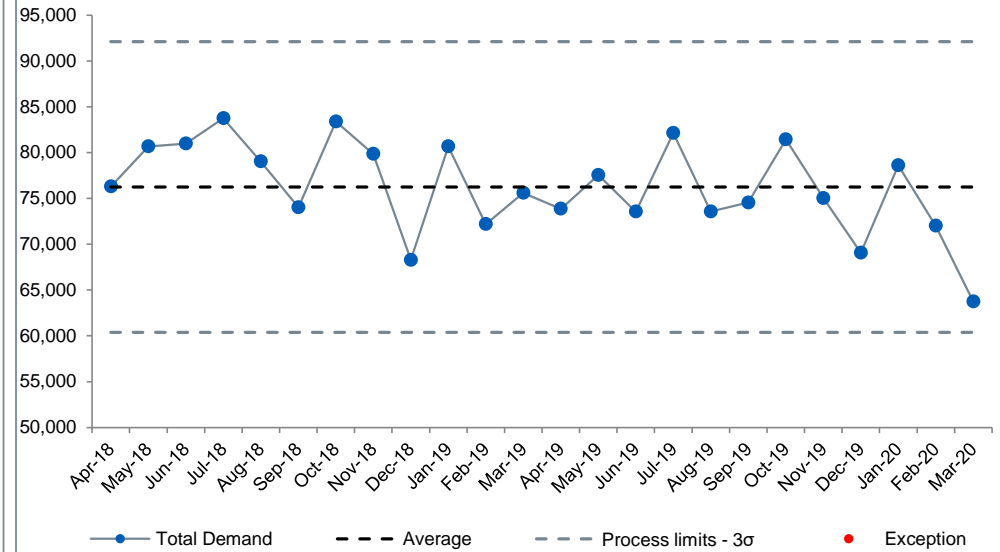
Workforce Commentary:

The long term sickness rate showed a further rise in February. 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. Engagement sessions with staff have been planned through March. The current COVID19 situation is also contributing to higher levels of sickness absence.

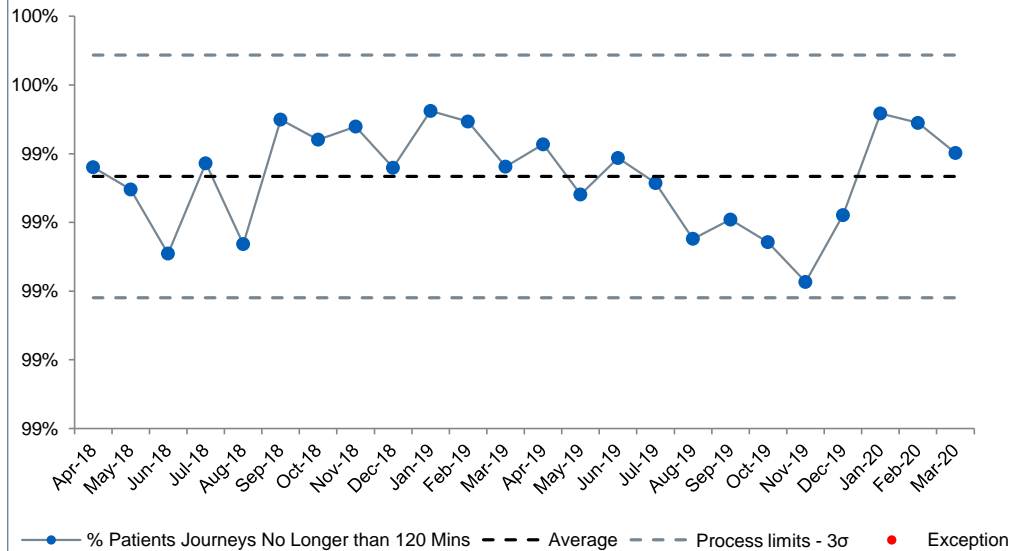
PTS Chart 1: Demand - Journeys



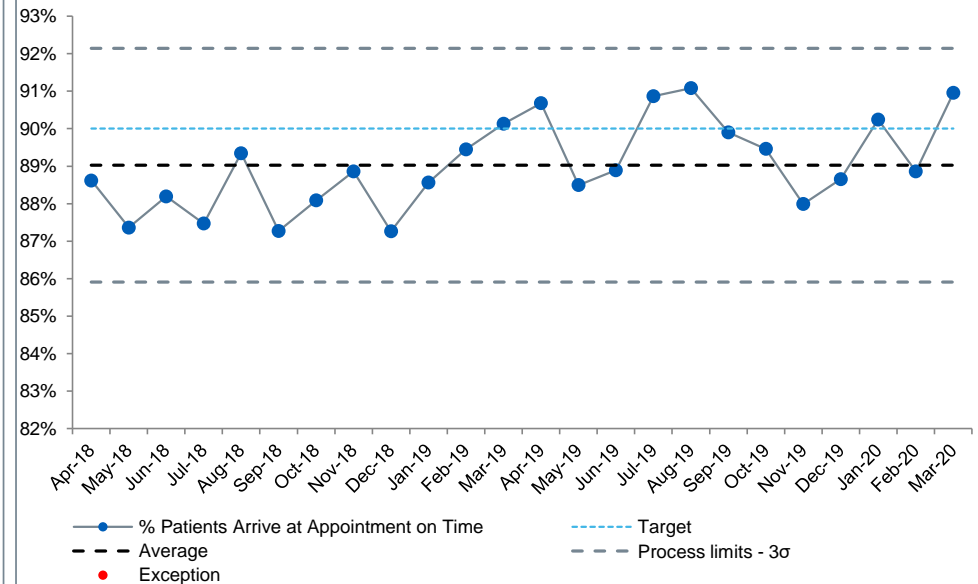
PTS Chart 2: Demand - Total Demand



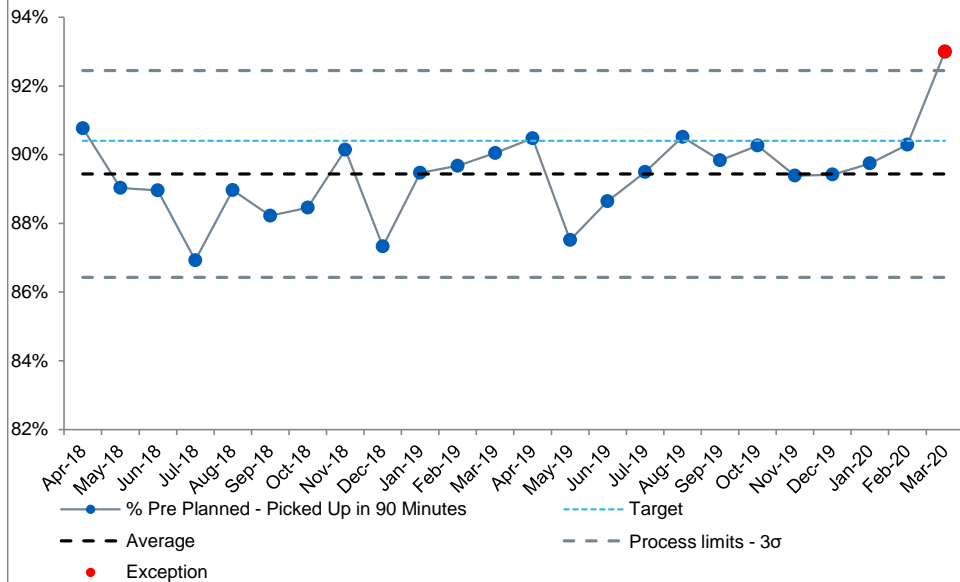
PTS Chart 3: % Patients Journeys to be no longer than 120 Minutes



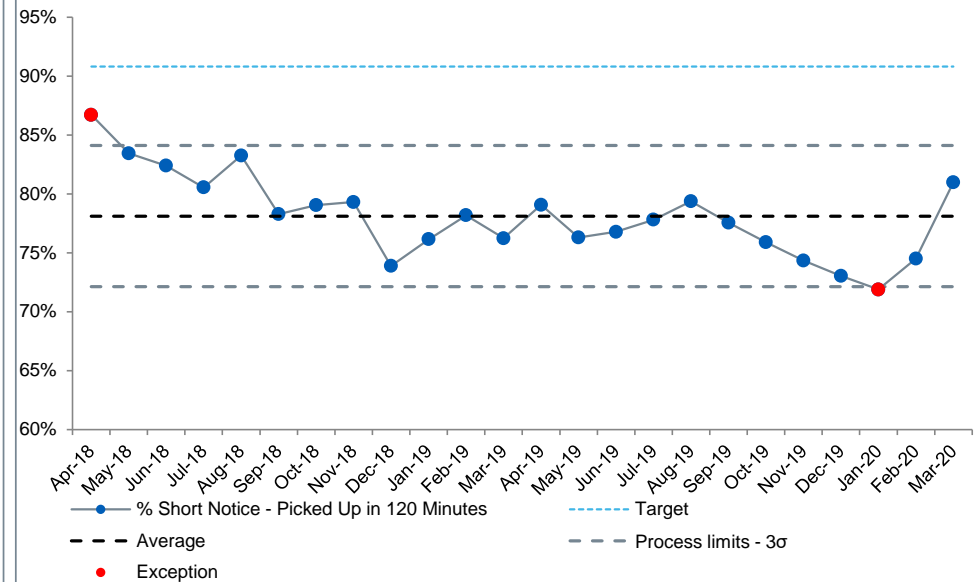
PTS Chart 4: % Patients Arrive at Appointment on Time



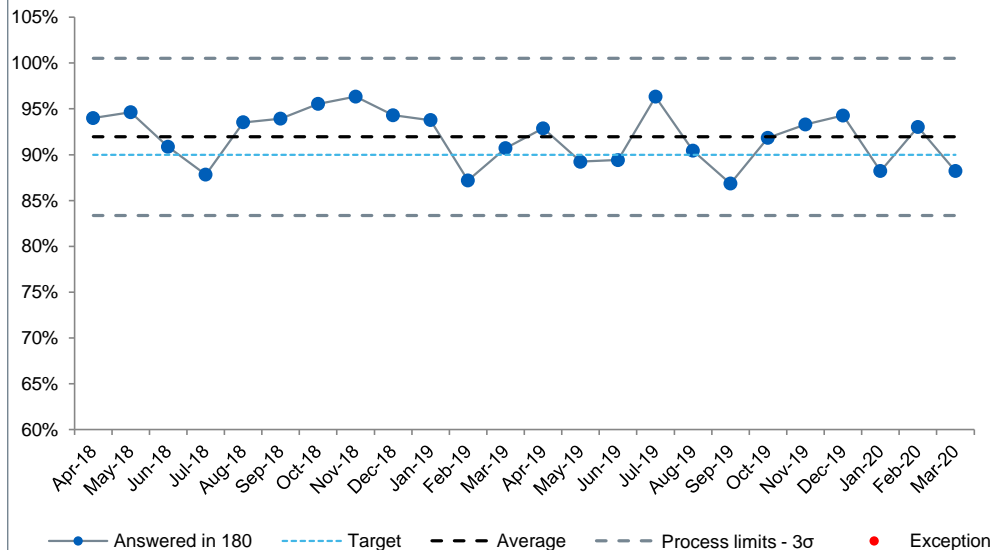
PTS Chart 5: Performance - % Pre Planned - Picked Up in 90 Minutes



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



PTS Chart 7: Telephony - Calls Answered within 180 Seconds



Performance Commentary:

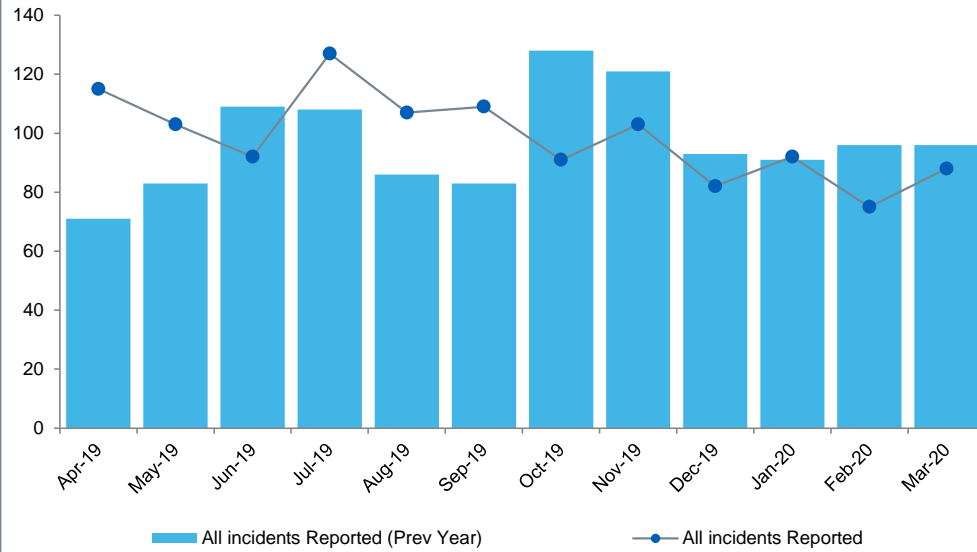
Demand has reduced during COVID 19 emergency - from 27th March only essential patient transport journeys are accepted, and most non essential healthcare appointments have been cancelled

The current KPI performance measures have been suspended in line with NHS England Guidance due to COVID 19.

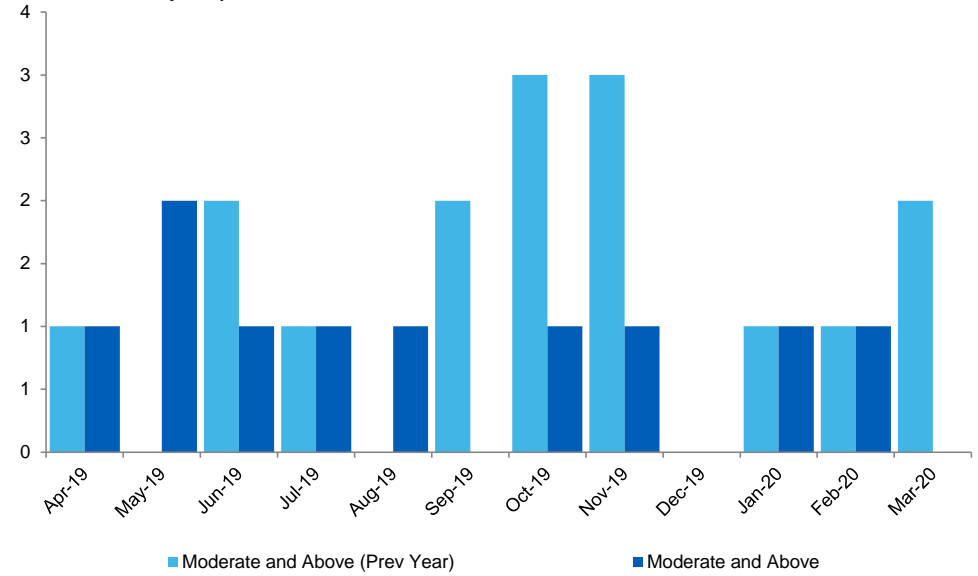
PTS is maintaining a good level of service for our renal and oncology patients and chair a regional renal network transport cell as part of the response.

As part of the emergency response to COVID-19, NHS England guidance seeks to support a rapid discharge service within 1-2 hours of notification. On average we are handling around 300 discharges and 1,100 outpatient journeys per day.

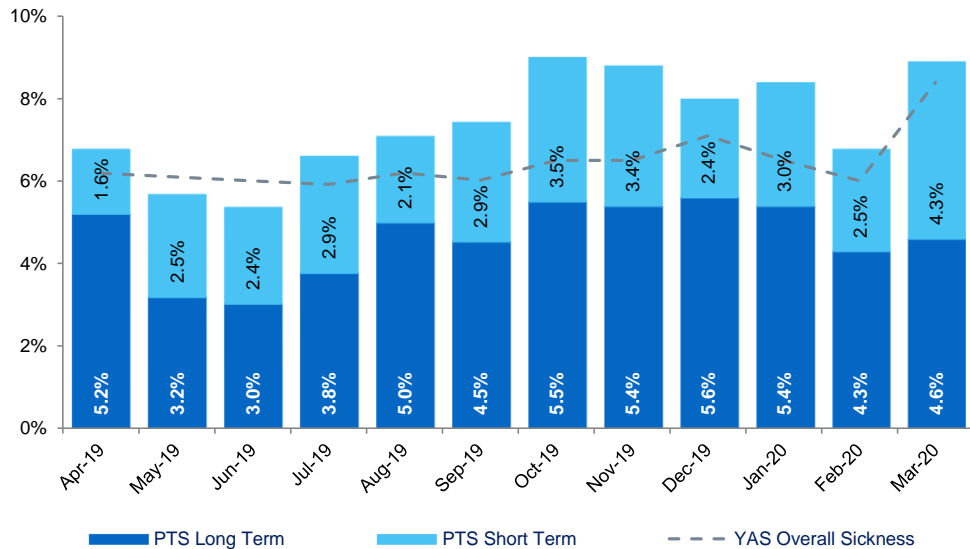
PTS Chart 8: Quality - Reported Incidents



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



PTS Chart 10: Sickness



Quality Commentary:

There was a slight increase on all reported incidents for March rising by 15 on the previous month. This is being monitored in area.

Workforce Commentary:

There has been an increase in both LTS and STS for March overall standing at 8.9%.

Statutory and Mandatory training (including workbooks) stands at 98.15%. This being the first time 100% has not been achieved for four consecutive months.

PDRs for the month of March missed 90%, standing at 81.89% - reflective of sickness and the current climate however still remains the highest percentage within the Trust.

The Trust, and PTS Service Line report daily on sickness broken down by COVID related absences. This is expected to rise significantly in April, plateau then reduce to a BAU, dependent on lockdown restrictions.

Ambulance Quality Indicators

March 2020

System	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
Total Incidents (HT+STR+STC)	73,038	121,082	96,525	67,708	75,145	74,530	36,650	101,590	64,209	52,340
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	59.1%	63.6%	64.0%	66.3%	68.9%	62.0%	62.3%	52.3%	57.1%	52.4%
C1 Incidents	8.6%	8.7%	10.2%	10.2%	9.9%	6.9%	6.9%	6.0%	6.1%	5.5%
C2 Incidents	50.4%	54.9%	53.8%	56.1%	59.1%	55.0%	55.5%	46.3%	51.0%	46.9%
C3 Incidents	15.8%	12.0%	13.6%	17.9%	12.7%	19.4%	21.7%	34.1%	30.7%	31.1%
C4 Incidents	0.8%	0.8%	4.2%	0.2%	0.6%	0.8%	1.3%	1.4%	0.4%	1.5%
C5 Incidents	3.8%	2.7%	0.6%	1.2%	6.5%	7.3%	0.0%	0.1%	0.0%	0.6%
HCP/IFT 1-4 Hour Incidents	7.8%	2.4%	6.5%	3.8%	2.7%	3.7%	6.9%	5.0%	3.8%	5.7%
Hear and Treat	12.7%	18.4%	11.0%	10.4%	8.5%	6.8%	7.7%	6.6%	8.4%	10.3%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:08:01	00:09:52	00:07:50	00:07:59	00:08:23	00:07:10	00:06:47	00:07:08	00:07:52	00:07:47
C1-90th centile response time (Target 00:15:00)	00:13:25	00:17:36	00:13:14	00:14:26	00:15:03	00:13:02	00:11:38	00:12:38	00:14:55	00:14:17
C2-Mean response time (Target 00:18:00)	00:23:53	01:01:22	00:37:37	00:28:14	00:31:25	00:27:53	00:27:22	00:14:46	00:21:26	00:19:21
C2-90th centile response time (Target 00:40:00)	00:48:52	02:20:31	01:25:30	00:57:39	01:06:33	00:57:06	00:55:53	00:27:39	00:41:02	00:40:27
C3-Mean centile response time (Target 01:00:00)	00:55:09	02:47:19	02:30:46	01:34:39	01:38:10	01:27:41	01:17:32	00:50:22	01:44:49	01:04:42
C3-90th centile response time (Target 02:00:00)	02:14:44	07:17:16	05:58:20	03:57:42	04:09:42	03:41:59	03:08:04	01:53:44	04:00:52	02:38:01
C4-90th centile response time (Target 03:00:00)	02:54:15	09:55:28	04:30:09	04:36:53	05:15:43	04:38:57	03:28:15	02:36:57	04:56:30	03:16:07
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	48.4%	42.6%	51.3%	52.3%	49.6%	46.9%	50.7%	46.4%	53.6%	44.8%
Incidents with transport not to ED	7.8%	3.5%	4.7%	4.3%	2.5%	3.7%	8.6%	5.4%	0.9%	5.5%
Incidents with face to face response	31.2%	35.6%	33.1%	33.1%	39.4%	42.7%	33.0%	41.6%	37.1%	39.3%
Clinical (November 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	30.4%	34.3%	27.2%	23.3%	24.5%	29.9%	29.0%	33.7%	26.6%	27.3%
ROSC - Utstein	75.0%	76.6%	43.6%	44.4%	47.1%	37.9%	47.1%	58.3%	52.0%	58.3%
Cardiac - Survival To Discharge	7.3%	7.8%	6.8%	5.9%	6.6%	11.6%	6.0%	11.9%	5.1%	6.4%
Cardiac - Survival To Discharge Utstein	30.4%	28.6%	20.6%	30.4%	26.0%	25.9%	20.0%	31.4%	21.7%	29.2%