NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

April 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)
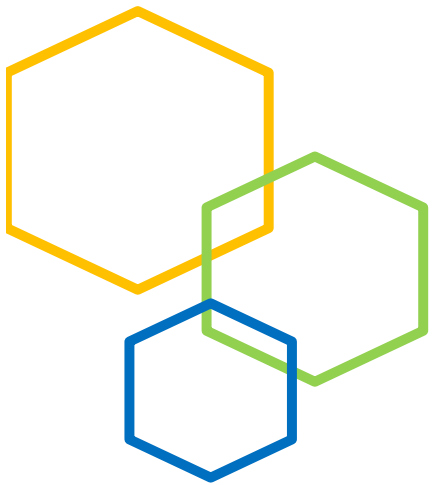
Single Oversight Framework Score

2

Inspected and rated

Good

Care Quality Commission

Contents

EXECUTIVE OVERVIEW

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.

4

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

A&E Tracectory: deployment rates strong during April and May, contributing to good performance. Planning ongoing for remainder of the year, including modeling and forecasting across various potential scenarios relating to levels of Covid-19 infection.

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 align to and inform 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. The organisational change policy and job descriptions that are in development are both key enablers to progress this work. There have been slight changes to the original concept on roles.

Parmedic Recruitment: proposal to pursue international recruitment actvity 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 — AMBER

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.

NY Telecare Pilot - Work paused due to COVID – awaiting re-engagement from NRS and NYCC around pilot evaluation.

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 'Aging Well' programme)
- 999 Academy
- Volunteering and Public Health

Infrastructure — AMBER

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 — AMBER

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 acorss 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 to faciliate staff involvement in 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 will be required as part of stabilisation and re-set, to ensure full understanding of the ongoing implications. Work has commenced within YAS to review all new developments and ways of working.

• Majority of A&E Delivery Boards continue to be replaced by Silver / Gold Command structures during covid-19 response.

• Local Health and Wellbeing Boards are starting to be planned / recommence on a virtual / remote basis.

• Clinical management, conveyance and decision making for residents / patients within care homes remains an area of key 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.

• ICS plans are being developed around phasing key services back on stream – YAS engaged in these programmes

• Public health data being utilised to support decision making; particularly around key impacted areas and population groups.

Service Line	Indicator ID	Exception Commentary
PTS		**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.**
A+E		
EOC		
FINANCE	019 020	**In line with COVID-19 Financial Regime the Trust is in a breakeven position at M1.** **A full review of financial metrics will be undertaken and aligned to the Trust's overarching COVID-19 recovery plan.**

Patients & Communities — April 2020

Indicator ID	Key Operational Standard Description			May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Apr-20 Target / Forecast	Apr-20 Actual	Apr-20 Actual v Target/Fcast
001	Integrated Urgent Care		Calls Offered	141,721	131,686	136,129	134,814	126,624	137,427	156,871	175,308	144,564	148,175	308,185	175,235	139,728	175,235	▲
			Call Answered	130,711	120,255	121,263	121,422	115,557	122,183	132,591	160,403	135,455	135,463	155,346	143,075		143,075	
			Calls Answered within 60 Seconds	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	83.1%	90.7%	85.0%	26.2%	67.3%	90%	67.3%	▼
			Core Clinical Advice	31.3%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%	28.3%	28.2%	28.0%	30%	28.0%	▼
			Clinician Called Back within 1 Hour	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	56.9%	59.8%	46.6%	45.9%	71.7%	60%	71.7%	▲
			Direct Bookings	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	45.8%	45.0%	35.0%	29.9%	30%	29.9%	▼
			Bookings into UTC	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%	56.7%	49.0%	16.0%	50%	16.0%	▼
			Bookings into IUC Treatment Centres	60.1%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%	62.9%	61.6%	55.5%	47.5%	95%	47.5%	▼
			ED Validations	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%	50.8%	37.7%	29.9%	33.0%	50%	33.0%	▼
			Ambulance Validations	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	98.3%	90.4%	53.6%	74.3%	95%	74.3%	▼
002	EOC		Telephony - 999 Calls Answered	59,471	58,166	63,132	60,147	58,919	63,779	63,358	68,507	57,223	54,569	67,046	50,458		50,458	
			Telephony - 999 Calls Answered within 5 Seconds	97.5%	96.5%	94.5%	94.8%	95.2%	91.4%	87.6%	88.0%	94.8%	96.1%	77.6%	97.8%	95%	97.8%	▲
003	A&E Operations		All Activity (H&T + STR + STC)	69,359	67,360	71,887	69,246	67,636	71,982	71,517	76,409	72,149	67,218	73,608	64,197		64,197	
			Hear & Treat (H&T)	6.8%	6.8%	6.7%	6.0%	6.0%	6.5%	7.3%	8.5%	6.5%	7.2%	12.6%	9.8%		9.8%	
			See, Treat & Refer (STR)	23.5%	24.1%	24.2%	25.1%	24.9%	24.5%	23.9%	25.0%	25.1%	25.5%	31.0%	39.0%		39.0%	
			See, Treat & Convey (STC)	69.7%	69.1%	69.2%	68.9%	69.1%	69.0%	68.8%	66.7%	68.4%	67.3%	56.4%	51.2%		51.2%	
			999 Responses (STR + STC)	64,675	62,776	67,106	65,078	63,554	67,273	66,263	70,017	67,446	62,407	63,243	57,910	70,509	57,910	▼
		Category 1	Mean	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	00:07:17	00:07:00	00:07:17	▲
			90th Percentile	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	00:12:32	00:15:00	00:12:32	▼
		Category 2	Mean	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	00:15:15	00:18:00	00:15:15	▼
			90th Percentile	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	00:29:13	00:40:00	00:29:13	▼
		Category 3	90th Percentile	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	00:59:24	02:00:00	00:59:24	▼
		Category 4	90th Percentile	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	01:52:54	03:00:00	01:52:54	▼
			Average Turnaround Time	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	00:37:11	00:30:00	00:37:11	▲
			Average Job Cycle Time (Responses)	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	01:43:52		01:43:52	
004	PTS		Journeys	77,516	73,526	82,095	73,568	74,545	81,442	75,033	69,065	78,620	72,004	63,751	30,448	73,860	30,448	▼
			Patient Journeys < 120 Minutes	99.3%	99.4%	99.3%	99.2%	99.2%	99.1%	99.0%	99.2%	99.5%	99.5%	99.4%	99.4%	90.0%	99.4%	▲
			Patients Arrive at Appointment on Time	88.5%	88.9%	90.9%	91.1%	89.9%	89.5%	88.0%	88.7%	90.2%	88.9%	91.0%	93.2%	90.0%	93.2%	▲
			% Pre Planned - Picked Up in 90 Minutes	87.5%	88.6%	89.5%	90.5%	89.8%	90.3%	89.4%	89.4%	89.7%	90.3%	93.0%	97.9%	90.4%	97.9%	▲
			% Short Notice - Picked Up in 120 Minutes	76.3%	76.8%	77.8%	79.4%	77.5%	75.9%	74.3%	73.0%	71.9%	74.5%	81.0%	89.4%	88.8%	89.4%	▲
			Calls Answered within 180 Seconds	89.2%	89.4%	96.3%	90.4%	86.8%	91.8%	93.3%	94.3%	88.2%	93.0%	88.2%	97.9%	90.0%	97.9%	▲

Indicator ID	Key Operational Standard Description	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-20	Oct-20	Nov-20	Dec-20
005	% Received STEMI Bundle	55.9%			53.1%			40.0%			58.7%		
	% Received Stroke Diagnostic Bundle		96.1%			93.4%			95.9%			83.6%	
ACQI	% Received Sepsis Care Bundle			53.4%			60.9%			72.7%			N/A

Please Note: ACQI Care Bundle Data for STEMI, Stroke and Sepsis are submitted quarterly on a rotational basis.
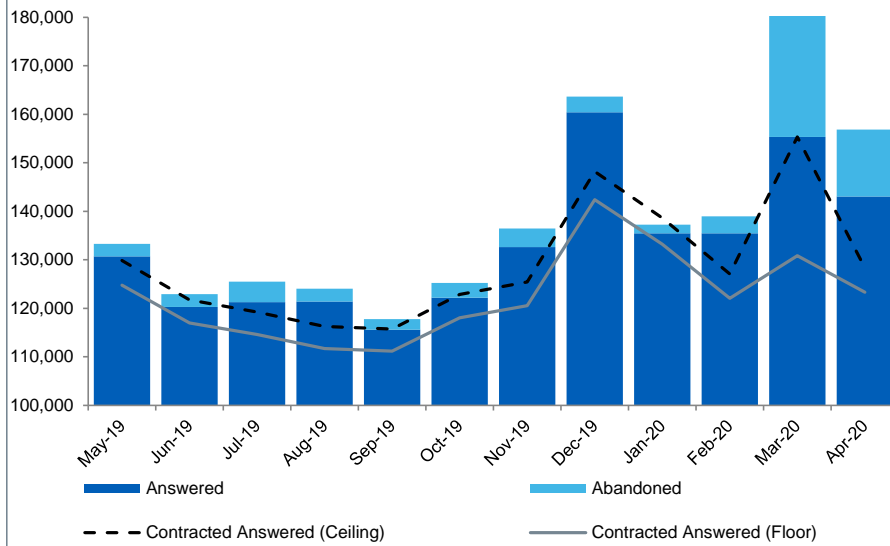
Indicator ID	Key Operational Standard Description		May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Target / Forecast	Actual	Actual v Target/Fcast
006	Workforce	Total FTE in Post	4,656	4,681	4,675	4,690	4,727	4,732	4,773	4,753	4,759	4,777	4,836	4,898		4,898	
		BME %	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	5.1%	5.1%	5.1%	5.3%	5.3%	5.2%	11.1%	5.2%	▼
007	Recruitment	New Starters (FTE)	18.6	67.5	49.6	56.6	92.9	62.3	53.1	13.3	44.6	42.1	89.1	104.3		104.3	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.6%	9.9%	9.9%	10.0%	9.9%	9.7%	10.1%	9.7%	9.7%	9.7%	9.2%	9.2%		9.2%	
009	PDR / Staff Appraisals	YAS	70.8%	68.2%	71.7%	74.6%	76.6%	77.6%	76.4%	75.7%	74.6%	75.9%	71.6%	65.5%	90.0%	65.5%	▼
		A&E Operations	71.2%	69.5%	72.2%	76.2%	77.9%	80.2%	80.5%	78.8%	78.3%	78.8%	74.8%	68.2%	90.0%	68.2%	▼
		EOC	69.0%	66.8%	63.8%	60.6%	61.1%	67.0%	65.1%	67.1%	68.7%	68.5%	65.3%	63.9%	90.0%	63.9%	▼
		Integrated Urgent Care	62.1%	55.4%	75.6%	76.1%	70.9%	67.5%	63.0%	60.8%	56.2%	65.0%	58.6%	58.1%	90.0%	58.1%	▼
		PTS	80.6%	73.7%	78.3%	83.0%	90.9%	89.1%	86.2%	88.4%	86.9%	87.7%	82.9%	74.5%	90.0%	74.5%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	97.9%	98.3%	98.2%	98.3%	98.4%	98.0%	97.6%	97.2%	97.6%	97.4%	97.4%	Stat Mand Reporting is currently under review	90.0%		
		A&E Operations	98.2%	98.7%	98.6%	98.9%	99.0%	98.6%	98.2%	97.8%	97.9%	97.8%	97.8%		90.0%		
		EOC	96.8%	97.5%	97.2%	98.5%	97.7%	97.7%	97.4%	96.5%	98.3%	98.0%	98.0%		90.0%		
		Integrated Urgent Care	98.6%	98.6%	98.6%	98.7%	98.7%	98.2%	96.1%	95.7%	97.1%	96.7%	96.7%		90.0%		
		PTS	99.3%	99.7%	99.6%	99.5%	99.5%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%		90.0%		
011	Health & Wellbeing	Total Sickness Rate	6.1%	6.0%	5.9%	6.2%	6.0%	6.5%	6.5%	7.1%	6.5%	6.0%	8.4%	8.8%		8.8%	
		Long Term Sickness Rate	3.9%	3.8%	3.6%	3.9%	3.8%	4.0%	3.7%	4.3%	3.8%	3.6%	3.8%	3.8%		3.8%	
		Short Term Sickness Rate	2.3%	2.2%	2.3%	2.3%	2.3%	2.6%	2.8%	2.8%	2.7%	2.5%	4.6%	5.0%		5.0%	

Indicator ID	Key Operational Standard Description			May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Apr-20 Target / Forecast	Apr-20 Actual	Apr-20 Actual v Target/Fcast
012	Incidents	All Reported		733	669	729	605	638	666	736	735	801	739	687	524		524	
		Serious		8	2	6	1	1	1	6	7	2	2	4	1		1	
		Moderate		22	14	20	22	17	14	23	23	8	23	16	11		11	
		Medication Related		115	82	80	52	66	75	69	69	60	64	50	43		43	
013	Patient Relations	A&E	Complaint	21	12	20	22	17	19	20	13	16	16	21	17		17	
			Compliment	100	103	84	107	102	88	117	102	125	109	91	82		82	
			Concern	14	16	20	15	21	23	12	20	17	15	10	8		8	
			Service to Service	28	29	27	16	9	26	25	16	29	23	13	21		21	
		EOC	Complaint	15	6	16	7	4	11	18	12	4	6	1	6		6	
			Compliment	3	3	2	2	2	0	4	2	3	3	3	1		1	
			Concern	4	10	10	7	3	17	9	17	6	8	3	0		0	
			Service to Service	9	19	26	10	8	13	18	23	20	5	15	2		2	
		Integrated Urgent Care	Complaint	21	17	17	34	17	29	18	31	19	24	14	9		9	
			Compliment	3	4	4	2	7	4	7	12	10	4	2	2		2	
			Concern	2	3	2	1	2	6	3	9	2	3	1	1		1	
			Service to Service	30	17	19	25	46	21	17	17	26	40	52	31		31	
		PTS	Complaint	17	10	21	16	16	14	15	7	9	11	14	2		2	
			Compliment	8	6	8	10	6	4	7	9	5	3	2	2		2	
			Concern	19	28	29	24	28	31	23	22	24	24	24	10		10	
			Service to Service	23	33	30	22	15	27	24	24	47	34	22	7		7	
014	Clinical Outcomes Data	Stroke - Call to Hospital Arrival (Mean)		01:10	01:11	01:15	01:10	01:13	01:21	N/A	N/A							
		Stemi - Call to Catheter Insertion for Angio (Mean)		01:53	02:27	02:12	02:17	02:03	02:06	02:18	N/A							
		ROSC (Utstein)		64.1%	51.7%	55.0%	54.1%	51.4%	61.1%	75.0%	N/A							
		Survival (Utstein)		45.2%	30.8%	28.6%	30.0%	30.3%	34.6%	30.4%	N/A							
015	Safeguarding	Adult Referrals		1,002	924	986	918	887	906	1,013	1,045	1,049	947	749	833		833	
		Child Referrals		579	594	612	519	575	587	551	540	603	638	532	441		441	
016	Information Management	Information Governance Training Compliance		92.7%	94.0%	94.7%	95.0%	95.2%	95.2%	73.3%	70.3%	64.3%	72.3%	72.3%	72.8%	95%	72.8%	▼
		FOI Request Compliance		33.0%	22.6%	42.4%	60.0%	42.5%	60.5%	32.3%	61.9%	69.7%	70.3%	57.1%	56.0%	90%	56.0%	▼
017	IPC Audit	Hand Hygiene		98.0%	99.0%	99.0%	99.0%	98.0%	99.1%	98.3%	98.4%	99.3%	98.8%	98.9%	99.8%	95%	99.8%	▲
		Premise		98.0%	99.0%	99.0%	99.0%	99.0%	98.9%	99.0%	96.7%	98.4%	98.3%	98.7%	98.8%	95%	98.8%	▲
		Vehicle		99.0%	99.0%	98.0%	99.0%	99.0%	99.4%	99.1%	98.0%	98.7%	99.1%	98.4%	99.3%	95%	99.3%	▲
018	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								

Resource & Sustainability   April 2020

Indicator ID	Key Operational Standard Description			May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Apr-20 Plan	Apr-20 Actual	Apr-20 Plan v Actual	YTD Plan	YTD Actual	YTD Plan v Actual
019	Finance Overview		Risk Rating	1	1	1	1	1	1	1	1	1	1	1							
			EBITDA	-2,053	-1,891	-1,861	-1,831	-1,683	-2,073	-1,315	-812	-824	-855	-998							
			Surplus	-1,016	-769	-764	-545	-605	-507	-249	238	4	240	159							
			Capital	924	312	794	1,685	379	1,152	1,889	1,947	957	2,967	4,908							
			Cash	41,370	43,981	49,253	52,397	52,816	53,688	57,627	58,179	58,364	54,700	46,201							
			CIP	538	526	525	528	560	532	532	532	582	582	623	PLEASE SEE SUMMARY EXCEPTION						
020	CIP		A&E	61	-191	28	28	28	28	28	28	28	28	28							
			Business Development	-	0	0	0	0	0	0	0	0	0	0							
			CEO Directorate	9	6	-10	2	2	2	2	2	2	2	2							
			Clinical	-1	2	4	2	2	2	2	2	2	2	2							
			Estates	5	5	9	5	19	19	19	19	19	19	19							
			Finance	36	37	35	36	36	36	36	36	36	36	36							
			Fleet	87	86	67	87	123	87	87	87	87	87	123							
			Planned & Urgent Care	51	66	66	66	66	67	67	74	81	81	82							
			Quality, Governance	1	2	-5	0	0	0	0	0	0	0	0							
			Hub & Spoke	-	0	0	0	0	0	0	0	0	0	0							
			Workforce OD	56	57	56	58	57	57	57	57	57	57	56							
			RESERVE	233	456	275	244	227	234	234	227	269	269	274							
			Current Position (Cumulative YTD)	1,072	1,598	2,123	528	560	532	532	532	5,387	5,969	6,592							
021	Transport/Fleet	A&E	Vehicle age +7	5.4%	6.9%	5.2%	5.2%	3.2%	3.3%	1.8%	3.5%	6.6%	3.5%	(red)	(red)						
			Vehicle age +10	3.3%	3.3%	3.3%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(red)	(red)						
			Availability	90.0%	90.2%	90.0%	90.0%	90.2%	91.0%	91.2%	91.7%	91.2%	90.6%	(red)	(red)	95%		(green)			
		PTS	Vehicle age +7	31.0%	41.4%	31.0%	31.0%	16.7%	16.9%	19.4%	15.3%	10.7%	16.7%	(red)	(red)						
			Vehicle age +10	24.1%	24.1%	24.1%	24.1%	24.0%	24.0%	22.5%	26.6%	36.5%	27.2%	(red)	(red)						
			Availability	90.0%	90.0%	91.0%	91.0%	92.0%	90.0%	90.0%	88.0%	89.0%	89.0%			95%		(green)			

SERVICE LINES

IUC Chart 1: Demand - Calls

Legend: Answered, Abandoned, Contracted Answered (Ceiling), Contracted Answered (Floor)

IUC Chart 2: Performance - Calls Answered in 60 Seconds

Legend: Calls Answered in 60 Seconds, Average, Process limits - 3σ, Exception

IUC Chart 3: Outcomes

Categories: Primary Care, Other Outcome, Self Care, Ambulance, Emergency Department, Other Service

Legend: Apr-20
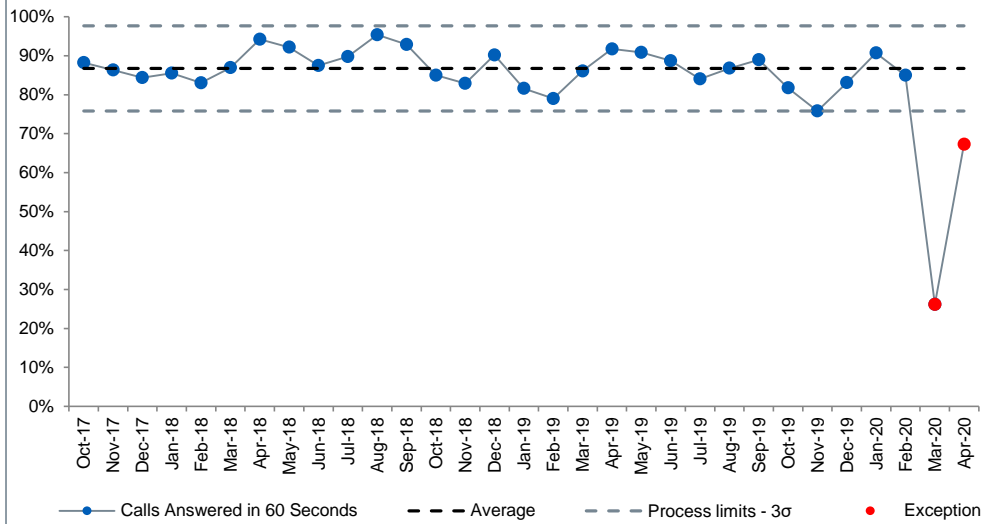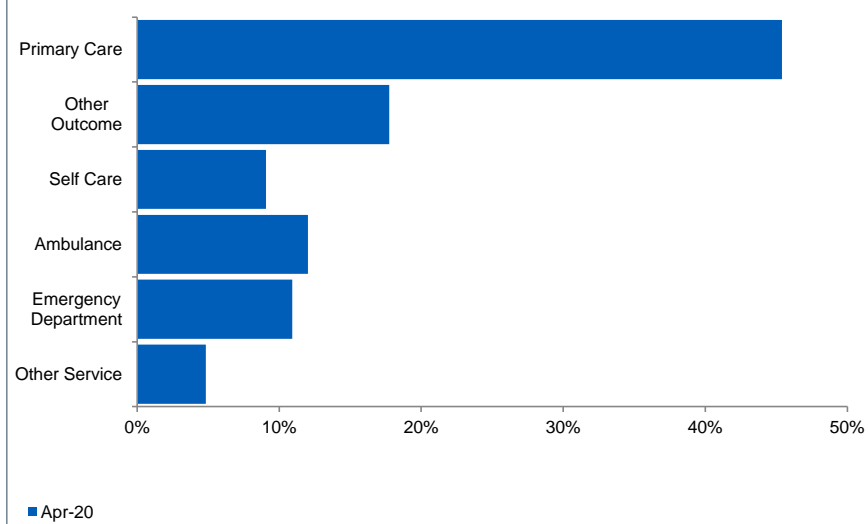
IUC Chart 4: Demand - Dental

Legend: Dental Calls Triaged Patients Age 5 and Over, Dental Calls Triaged Patients Under 5 years old, Contract Dental Demand

13
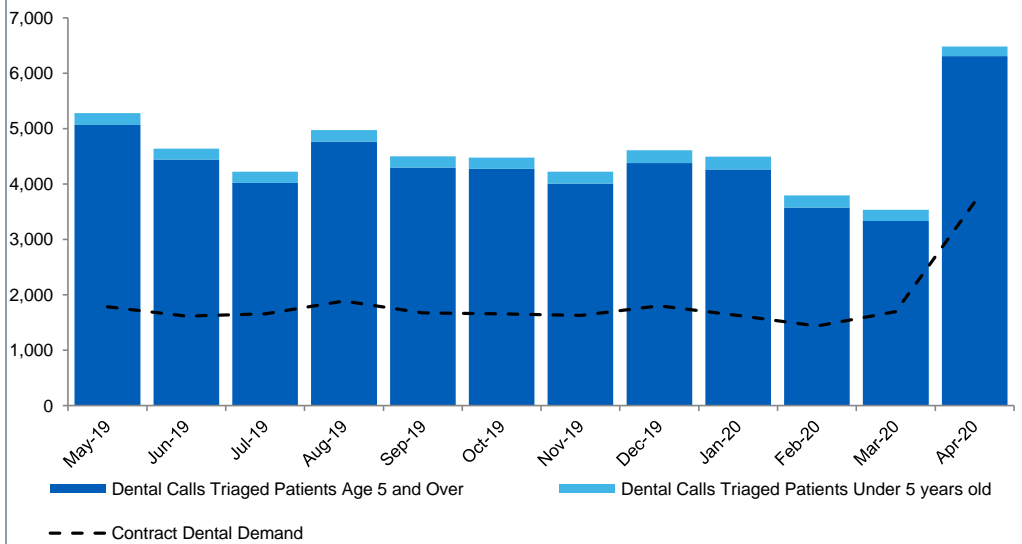
IUC Tbl1: IUC KPI's

25.8

IUC KPI's (Target)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Calls Answered in 60 (90%)	67.3%												67.3%
Core Clinical Advice (30%)	28.0%												28.0%
Clinician Called Back within 1 Hour (60%)	71.7%												71.7%
Direct Bookings * (30%)	29.9%												29.9%
Bookings into UTC * (50%)	16.0%												16.0%
Bookings into IUC Treatment Centres * (95%)	48.3%												48.3%
ED Validations (50%)	33.0%												33.0%
Ambulance Validations (95%)	74.3%												74.3%

* 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 number of calls received in NHS 111 during March was extremely high. During April demand (Calls Offered) has settled with a 40.5% reduction from previous month but still above a typical April with an increase of c.16.7% on last year's volume.

Our response has been to increase our levels of staffing and redeploy clinical staff from other parts of the Trust into NHS 111. We have trained 93 additional staff to join the service to provide us with further capacity. We have developed a workflow for the new role of Service Advisor and Covid Clinicians to support Covid calls and we have brought forward recruitment and training of Health Advisors for May. The introduction of changes to the NHS 111 online service and the national Covid Response Service has provided some additional support and helped to reduce demand. However, NHS 111 continues to be highlighted to patients as the main route for advice and guidance and demand remains high and sustained.

Increase in staff levels has had a positivie impact on performance. IUC has seen improvement in Answered in 60% during April 2020 and although KPI was below target, we have seen weekly performance improving for every week of April. Clinical Advice ended 2% below target for the month but there has been a notorious improvement in the proportion of Call Backs made within 1 hour which went from 45.9% in March 2020 to 71.7% in April 2020 (+25.8% improvement).

IUC Chart 5: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported
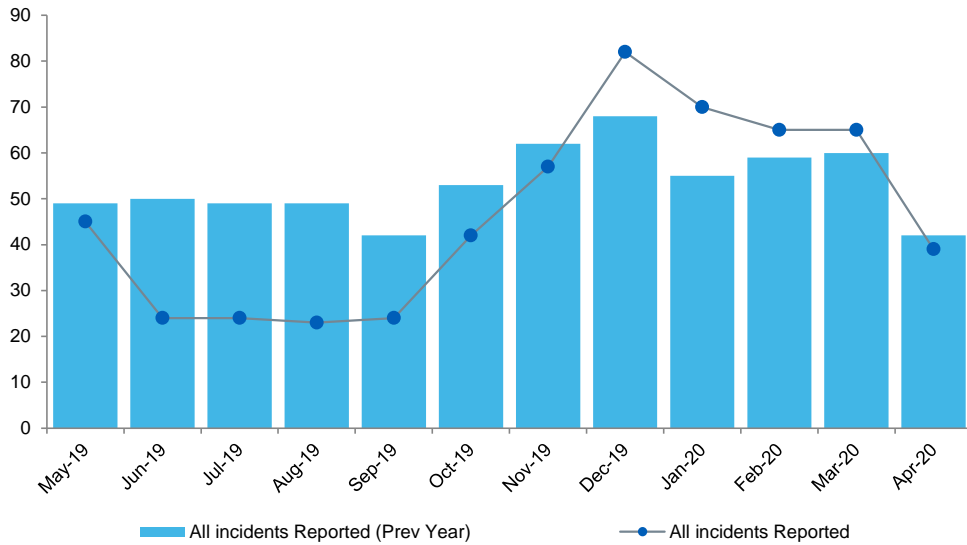
IUC Chart 6: Quality - Reported Incidents - Moderate & Above

Legend: Moderate and Above (Prev Year) — Moderate and Above This Year
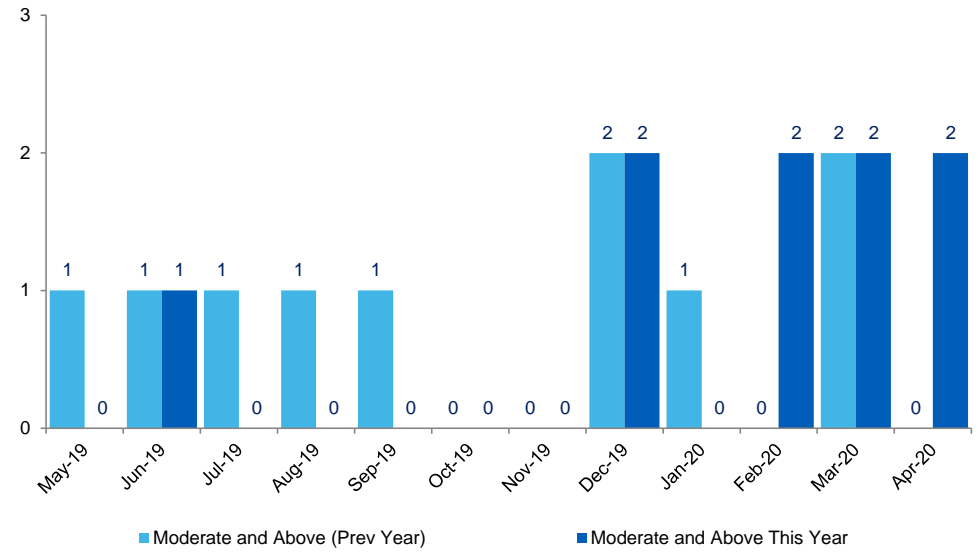
IUC Chart 7: Workforce - Sickness

Legend: Short Term Sickness — Long Term Sickness — YAS Overall Sickness
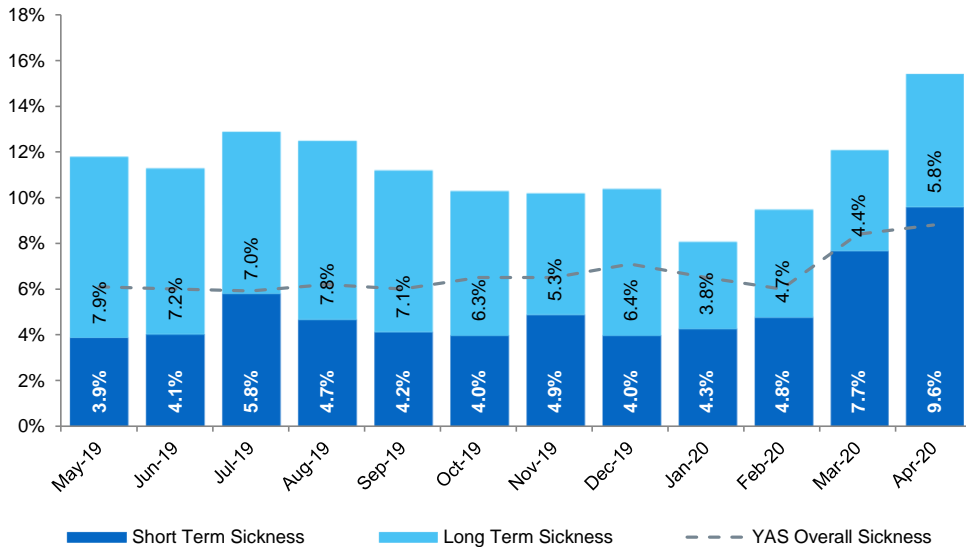
Quality Commentary:

The IUC is involved in a safety review as part of the incidents, complaints and any other issues identified as learning, through the initial covid response phase one period.

Workforce Commentary:

April was the peak absence time for Covid related absence in IUC, similar to other areas of the Trust. Health & Wellbeing support for staff has been in place from the Trust and shielding staff within IUC (33 in total) have been provided with home working solutions where possible for their roles.

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

Bar chart values:
- MIDLANDS REGION: 85.1%
- YAS: 85.0%
- NORTH EAST & YORKSHIRE REGION: 79.0%
- EAST OF ENGLAND REGION: 71.1%
- SOUTH EAST REGION: 69.8%
- ENGLAND: 68.9%
- NORTH WEST REGION: 60.4%
- SOUTH WEST REGION: 55.3%
- LONDON REGION: 48.5%
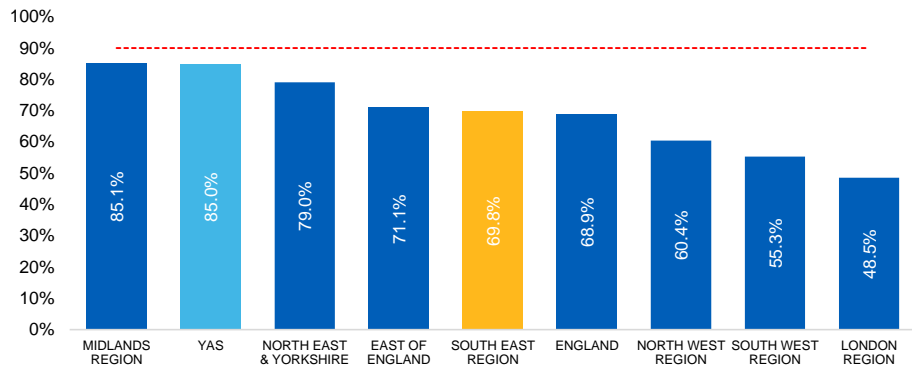
IUC Chart 9: Calls Abandoned (5%)

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

Bar chart values:
- LONDON REGION: 16.0%
- NORTH WEST REGION: 16.0%
- SOUTH WEST REGION: 14.5%
- ENGLAND: 9.7%
- SOUTH EAST REGION: 7.7%
- EAST OF ENGLAND REGION: 7.5%
- NORTH EAST & YORKSHIRE REGION: 6.5%
- MIDLANDS REGION: 4.4%
- YAS: 2.4%
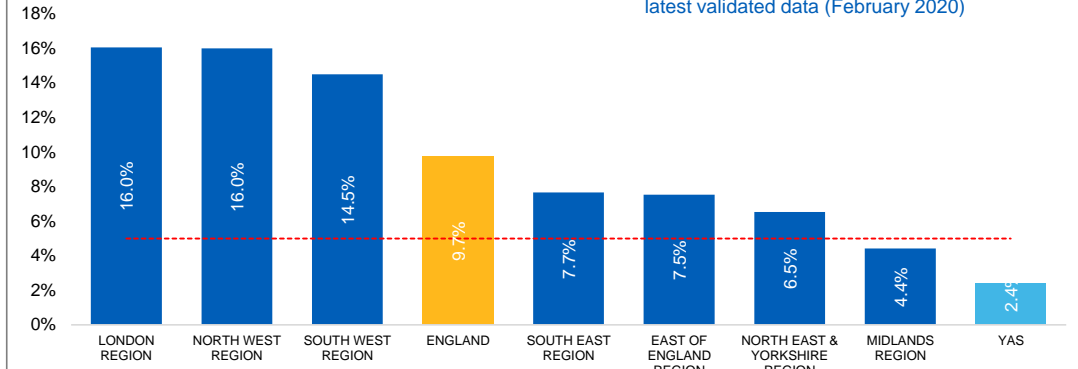
IUC Chart 10: Bookings into IUC Treatment Centres (95%)

Bar chart values:
- NORTH EAST & YORKSHIRE REGION: 65.1%
- NORTH WEST REGION: 62.1%
- YAS: 61.6%
- LONDON REGION: 59.2%
- EAST OF ENGLAND REGION: 54.3%
- ENGLAND: 42.5%
- SOUTH WEST REGION: 30.4%
- SOUTH EAST REGION: 24.5%
- MIDLANDS REGION: 22.9%
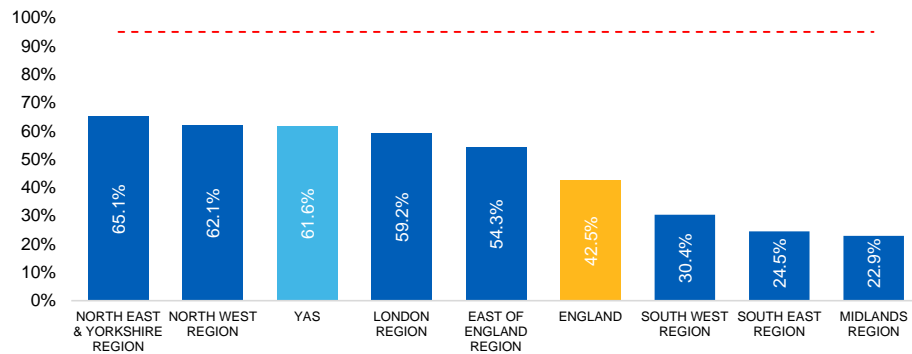
IUC Chart 11: Bookings into UTC (50%)

Bar chart values:
- NORTH EAST & YORKSHIRE REGION: 72.2%
- EAST OF ENGLAND REGION: 57.6%
- YAS: 56.7%
- ENGLAND: 48.6%
- SOUTH WEST REGION: 48.4%
- SOUTH EAST REGION: 38.0%
- LONDON REGION: 36.8%
- MIDLANDS REGION: 26.0%
- NORTH WEST REGION: 24.3%
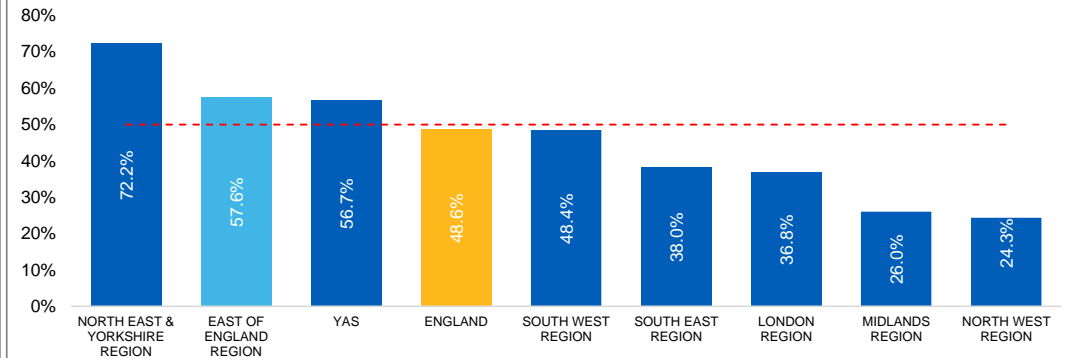
IUC Chart 12: ED Validations (50%)

Bar chart values:
- YAS: 37.7%
- MIDLANDS REGION: 35.6%
- LONDON REGION: 35.2%
- EAST OF ENGLAND REGION: 28.7%
- NORTH EAST & YORKSHIRE REGION: 27.8%
- SOUTH WEST REGION: 26.2%
- NORTH WEST REGION: 26.2%
- ENGLAND: 25.1%
- SOUTH EAST REGION: 15.6%
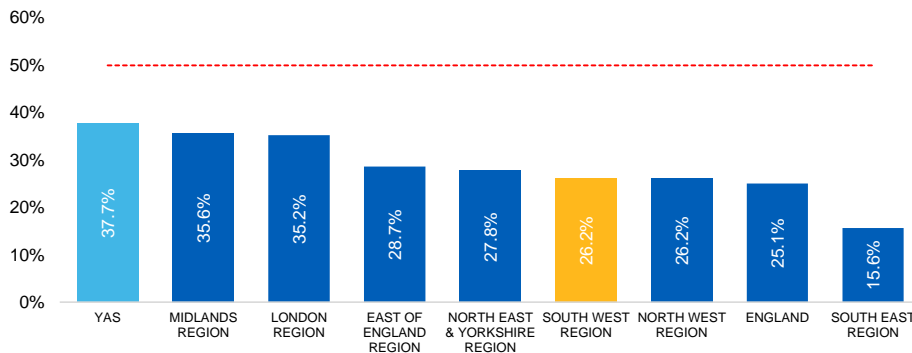
IUC Chart 13: Ambulance Validations (95%)

Bar chart values:
- YAS: 90.4%
- SOUTH EAST REGION: 82.3%
- EAST OF ENGLAND REGION: 74.6%
- LONDON REGION: 73.6%
- MIDLANDS REGION: 72.3%
- ENGLAND: 67.5%
- NORTH EAST & YORKSHIRE REGION: 62.2%
- SOUTH WEST REGION: 54.8%
- NORTH WEST REGION:
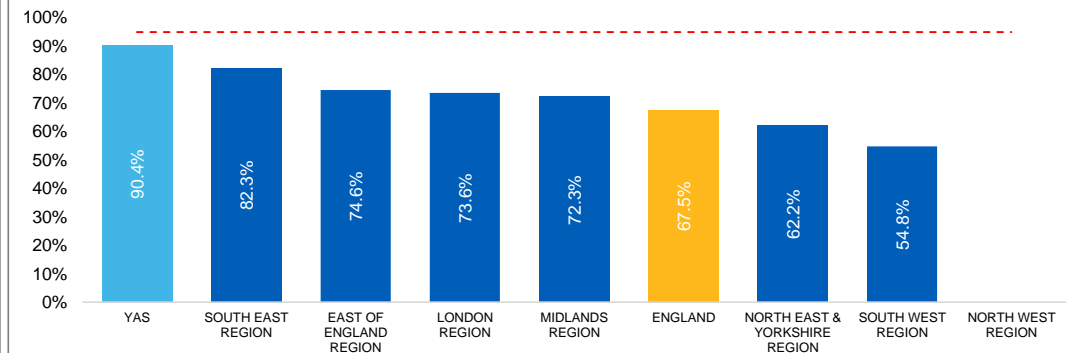
A&E Chart 1: Demand - All Activity (H&T + STR + STC)
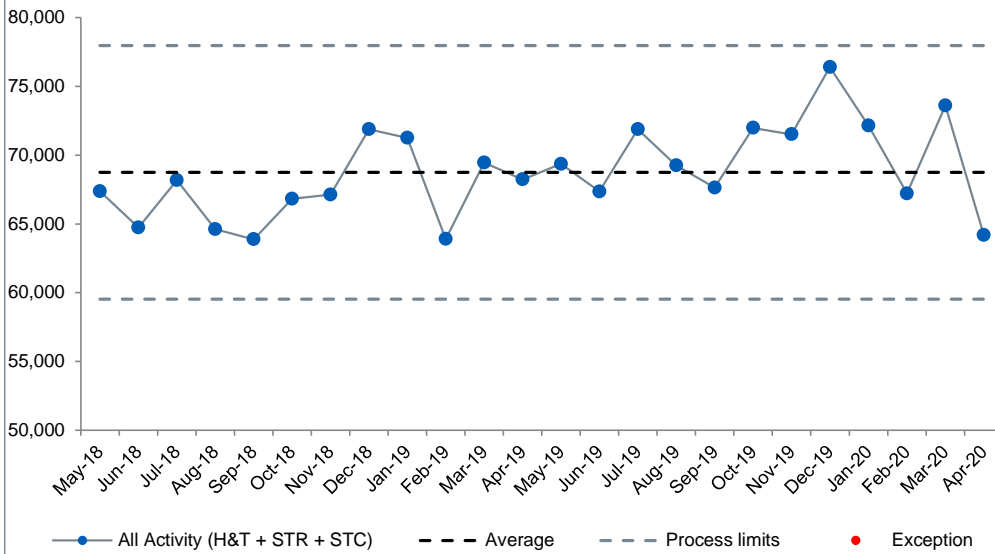
A&E Chart 2: Demand - 999 Responses (STR + STC)
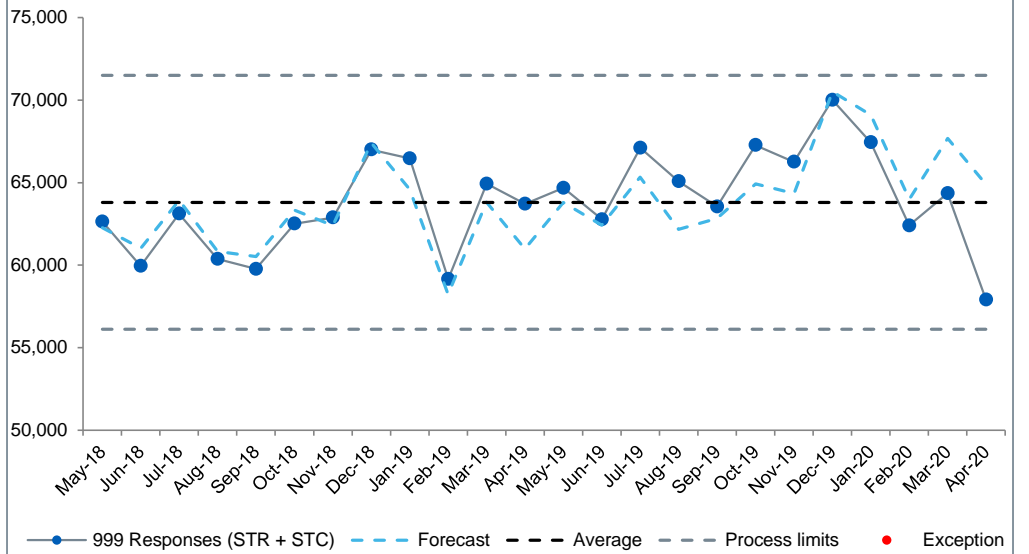
A&E Chart 3: Demand - See, Treat & Refer %
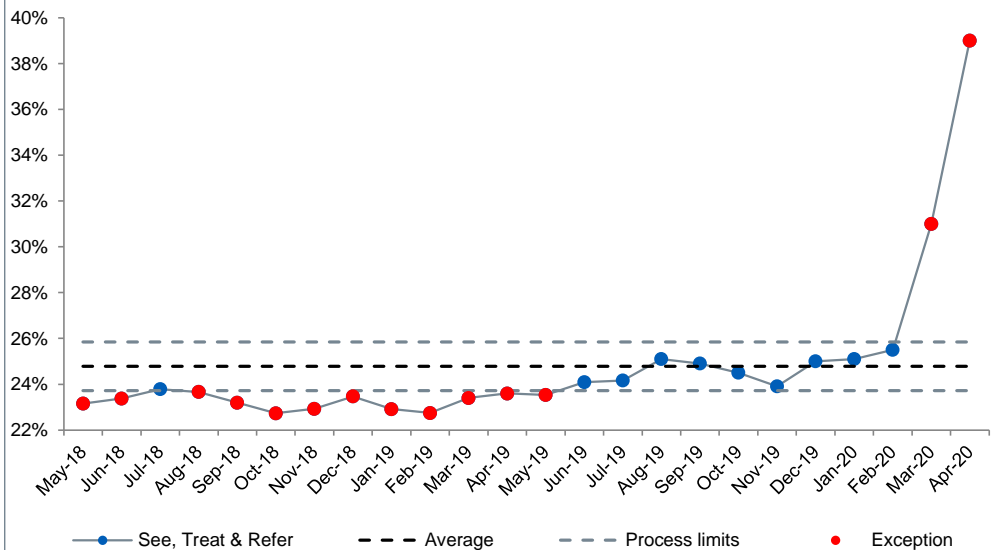
A&E: Chart 4: Demand - See, Treat & Convey %
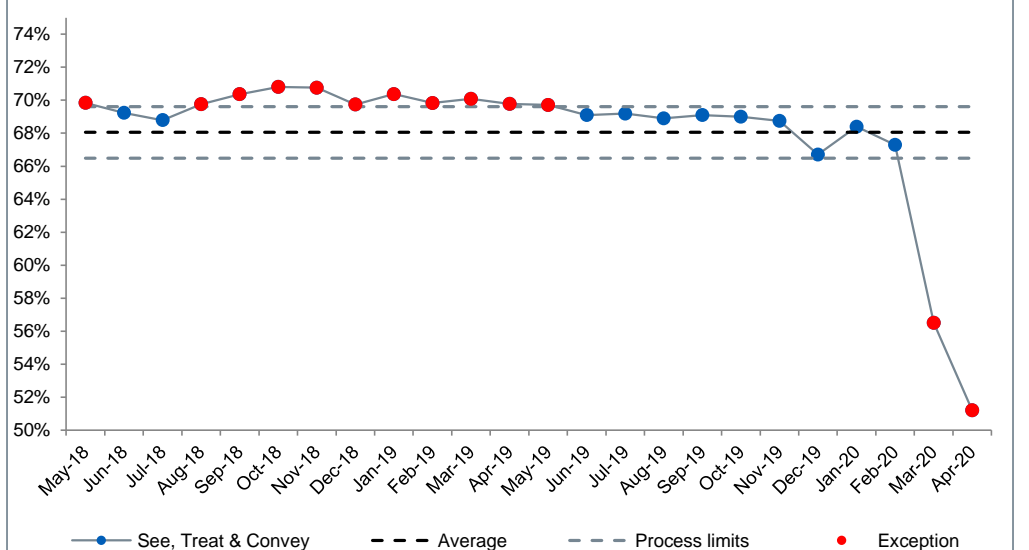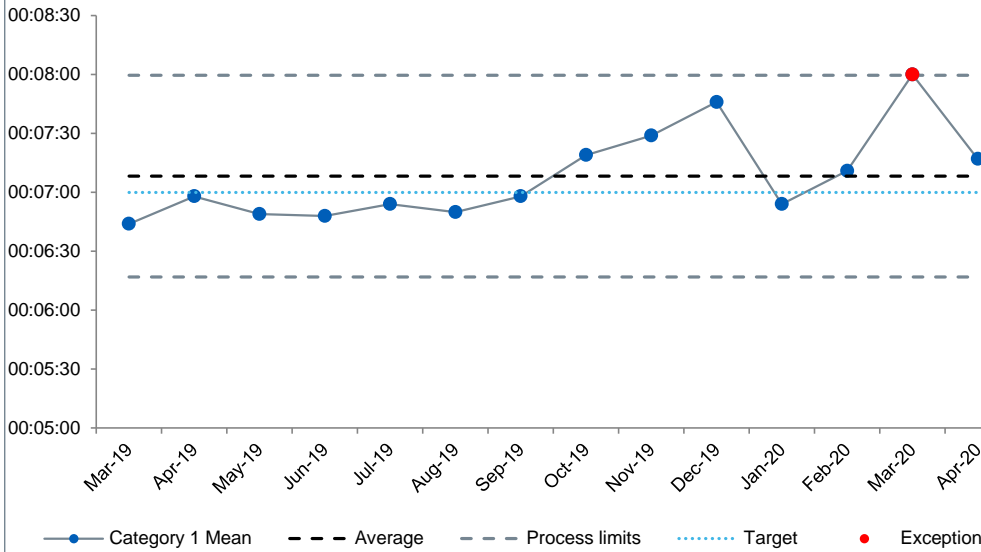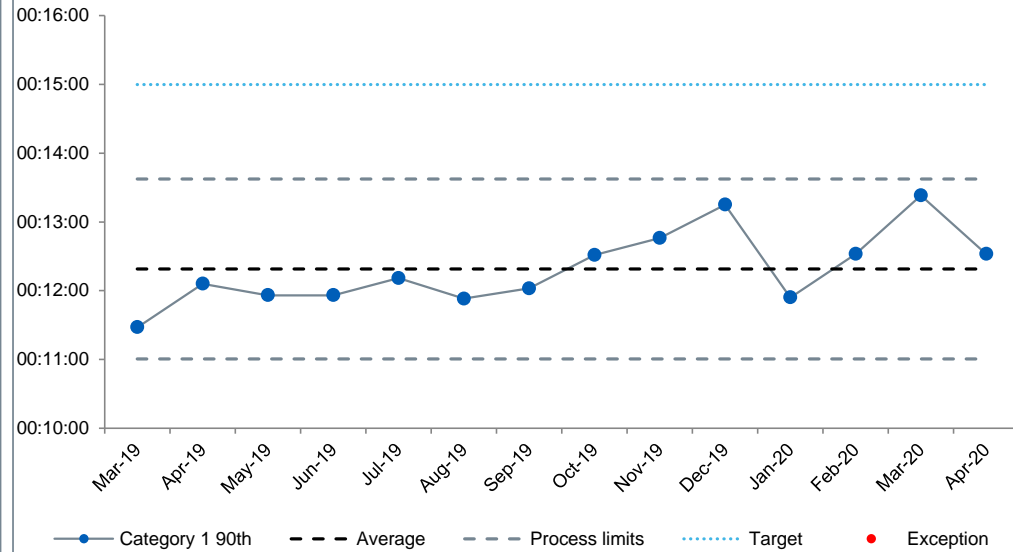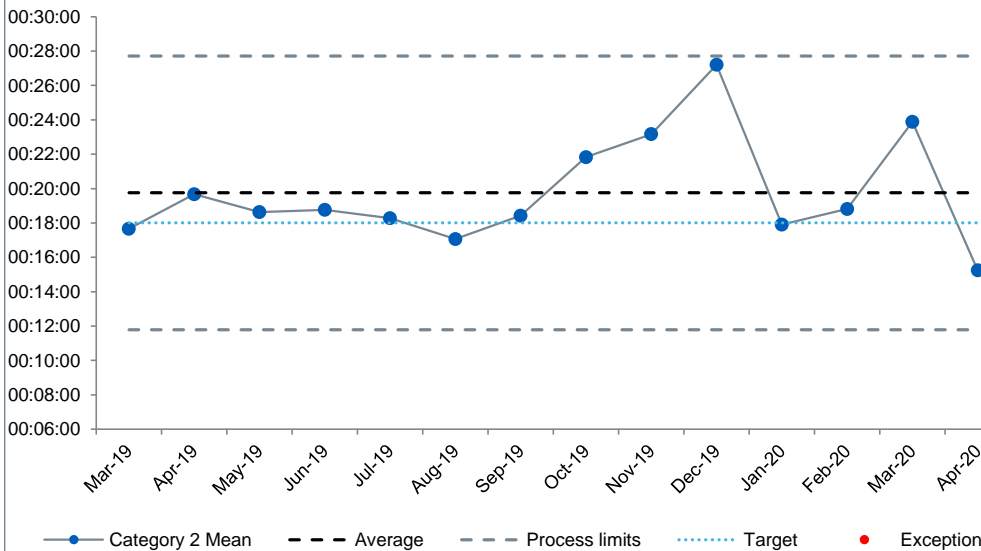
A&E Chart 9: Performance - Category 3 90th Percentile

Year to Date	00:59:24

Legend: Category 3 90th — Average — Process limits — Target — Exception
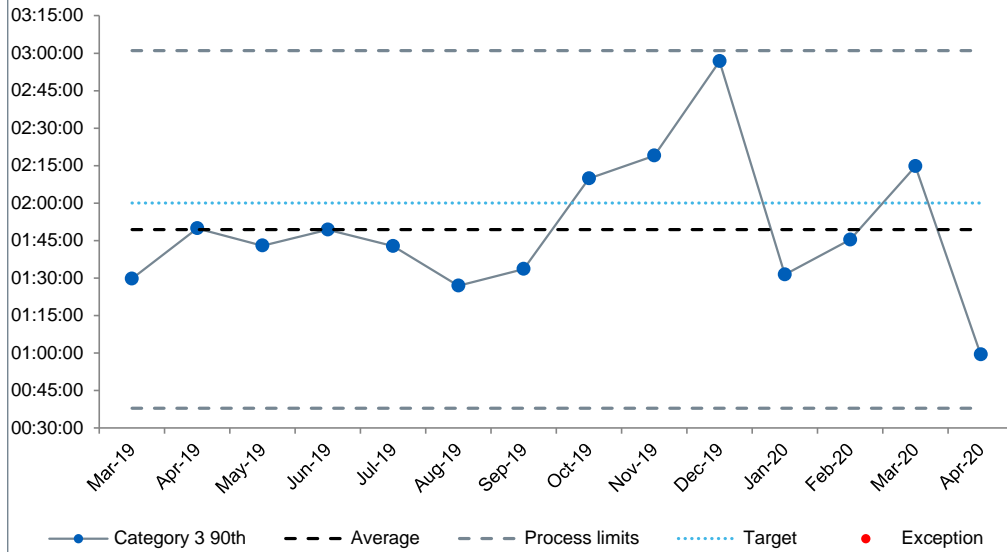
A&E Chart 10: Performance - Category 4 90th Percentile

Year to Date	01:52:54

Legend: Category 4 90th — Average — Process limits — Target — Exception
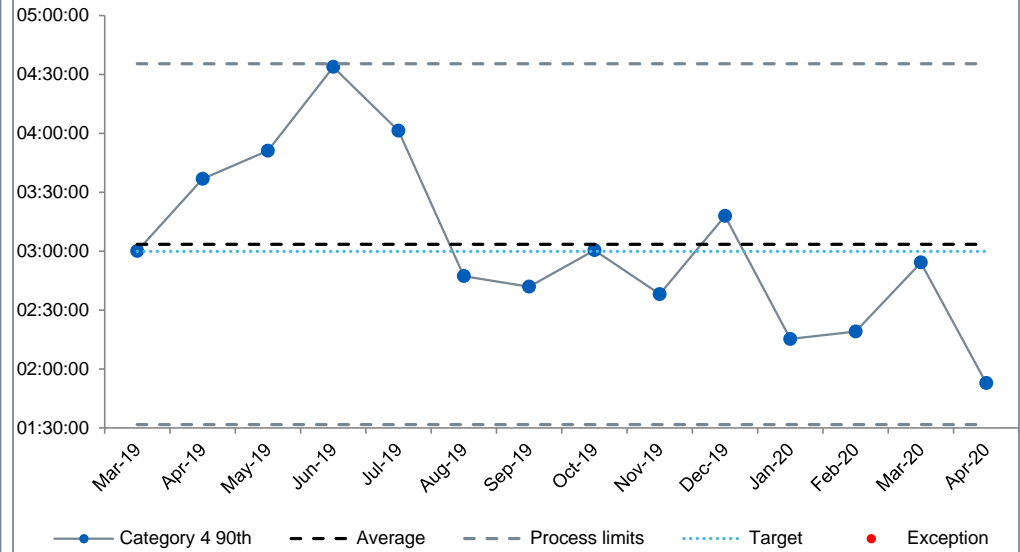
A&E Chart 11: Performance - ROSC (Utstein) & Survival (Utstein)

Legend: ROSC (Utstein) — Survival (Utstein)
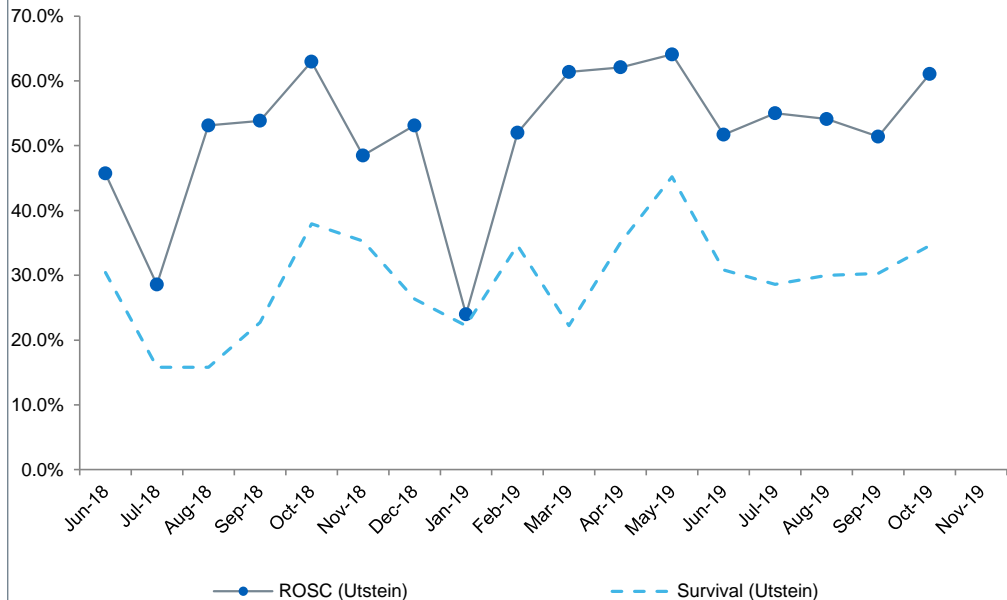
Performance Commentary:

Against a backdrop of Covid 19 actions A+E Operations have been firmly focused on maximising the numbers of Double Crewed Ambulances to ensure a timely response to patients based upon modelling provided by NHSE sources. Against this background demand for on scene attendance has fallen substantially in April. This fall in demand in April reflects the nature of the disease pattern encountered through the Covid 19 Pandemic.

The STR and STC positons rose and fell again and is a significant positive exception against the SPC position. A rise in H&T and S&T rates compared to prior months has led to increased vehicle availability. This trend has resulted in a reduction in Job cycle time and has further contributed to the efficiency of A+E Operations. The response per incident ration is at its lowest ever owing to a change in the deployment of RRVs. Response performance as a result has improved significantly especially in Cat 2 and Cat3 due to the first attendance being a DCA. Cat 1 has been more challenged for a number of factors, although has recovered from the exception position in March.

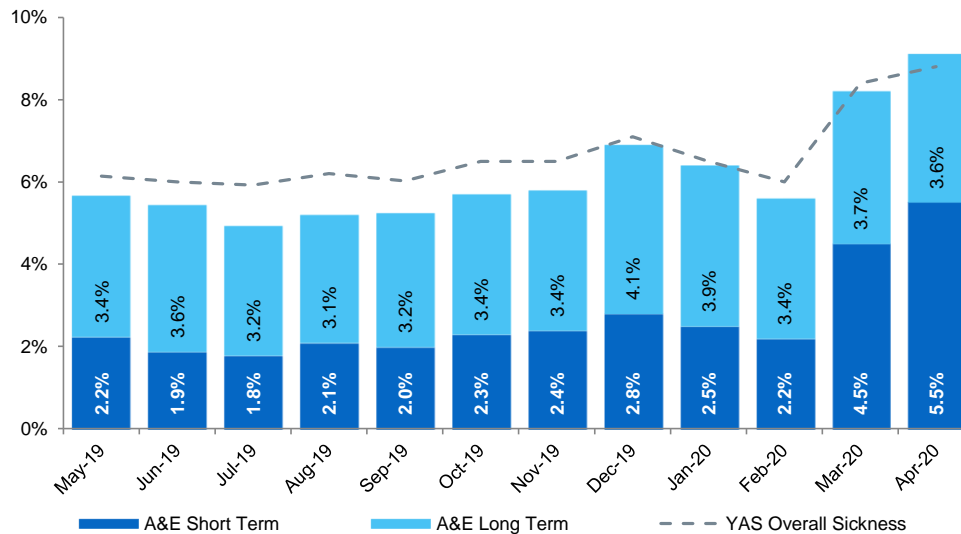Many of these benefits have been recognised and recorded in the preparation of recovery plans.

19

A&E Cht12: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported
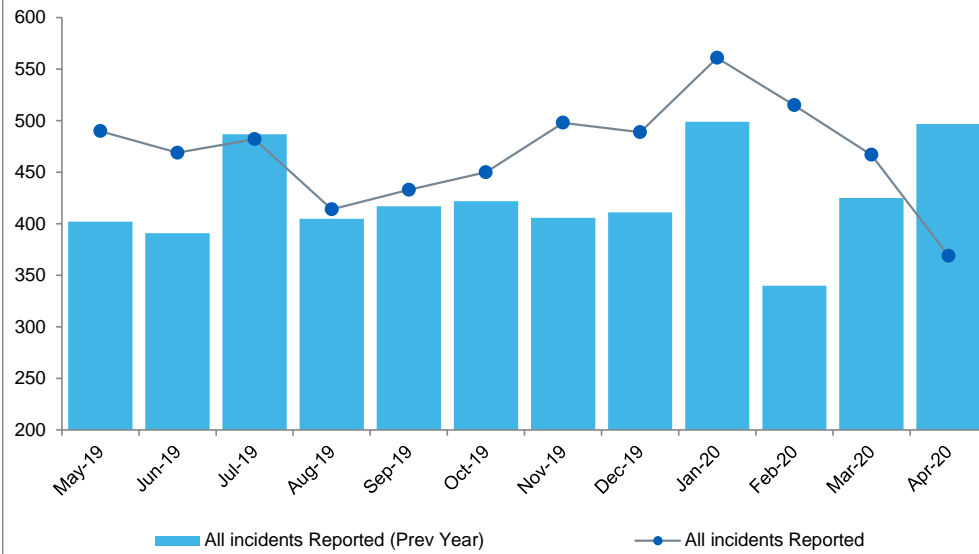
A&E Cht13: Quality - Reported Incidents - Moderate & Above

Legend: Moderate and Above (Prev Year) — Moderate and Above
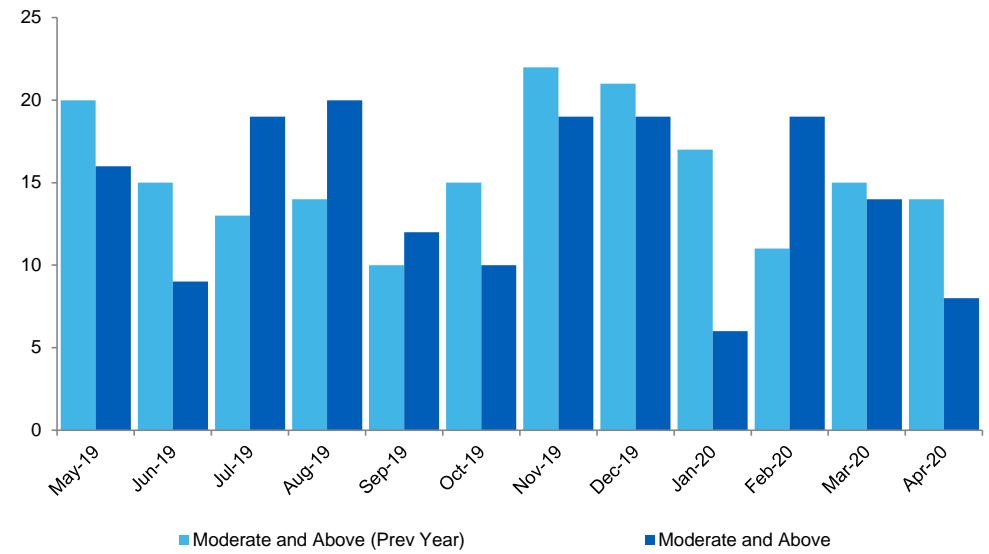
A&E Cht14: Workforce - Sickness

Legend: A&E Short Term — A&E Long Term — YAS Overall Sickness

Quality Commentary:

Reported incidents fell again in April and is lower than at the same time last year. The number of incidents rated moderate or above has also fallen over the previous year.

Workforce Commentary:

The overall sickness rate increased again in April and has risen above the trust average. 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 another % from 2.2% in February to 5.5% in April.

A number of actions have been taken to mitigate sickness abscence and the impact governmental direction has had on available staffing. A number of health and wellbeing actions have been undertaken to supoort staff incl, staff swabbing and dedicated staff suport actions through the local management support cells.

Overtime uptake was high and the impact on staff is being taken into consideration to ensure they are rested and their wellbeing is being considered in line with current policy.

Staff training and recruitment has been highlighted as an area to support and actions have been taken to work with colleagues to ensure the maximisation of recruitment opportunities.
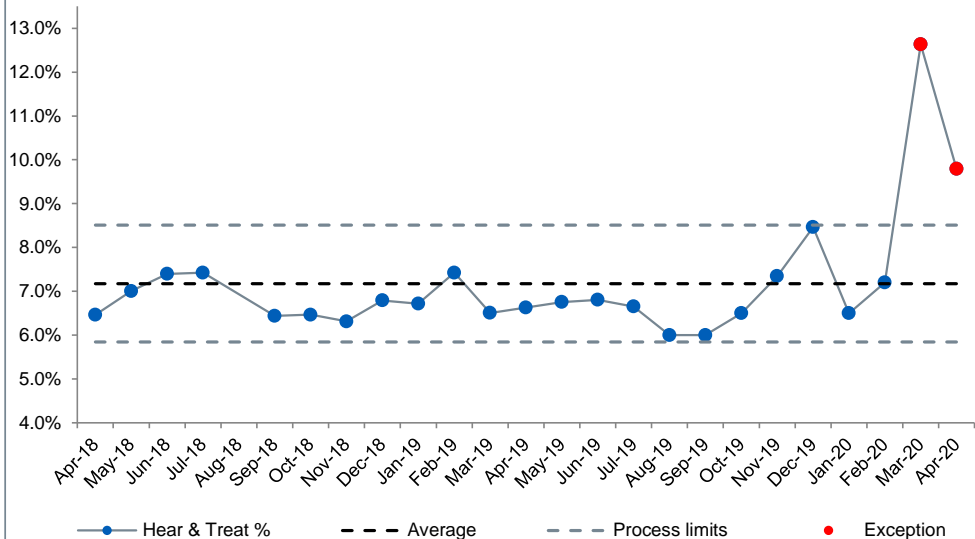
EOC Chart 1: Demand - 999 Calls Answered
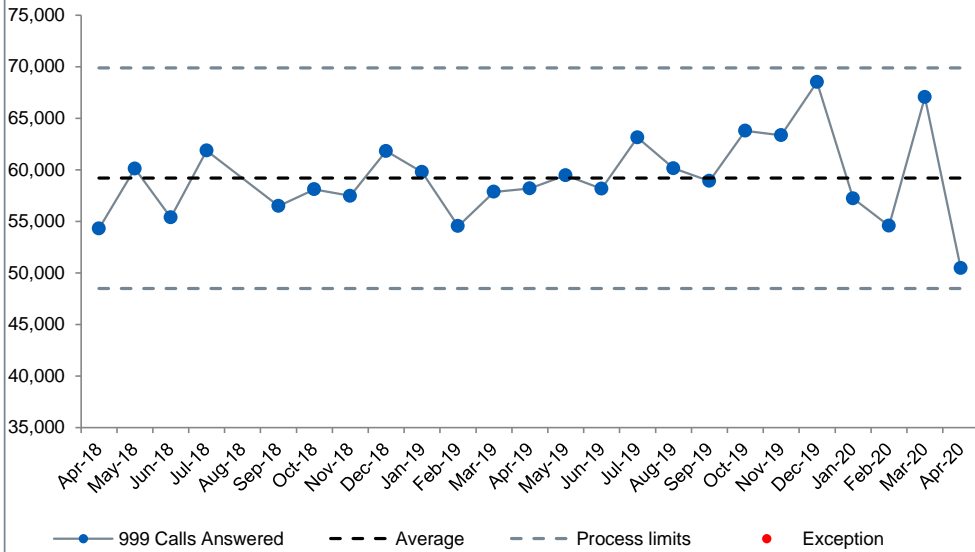
EOC Chart 2: Performance - 999 Calls Answered in 5 Seconds
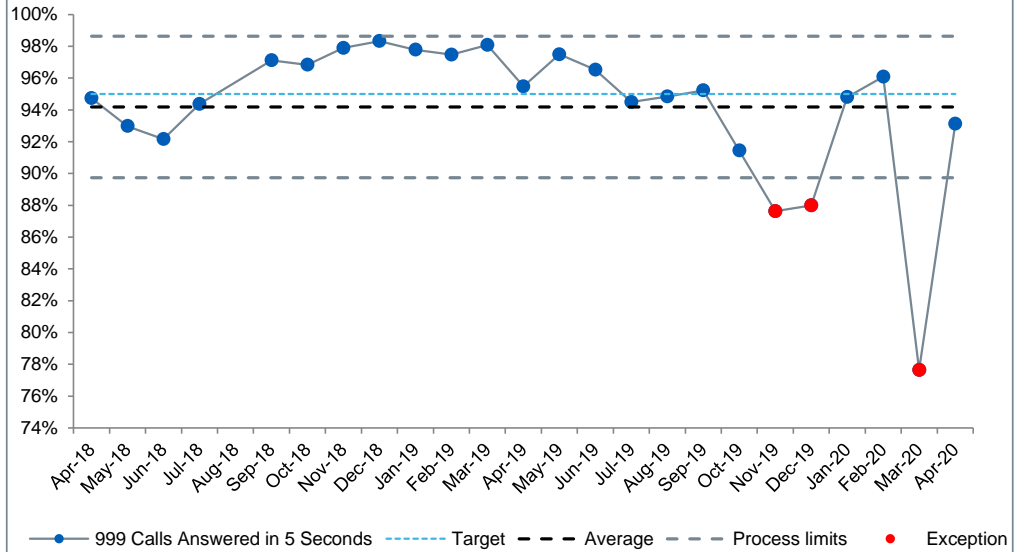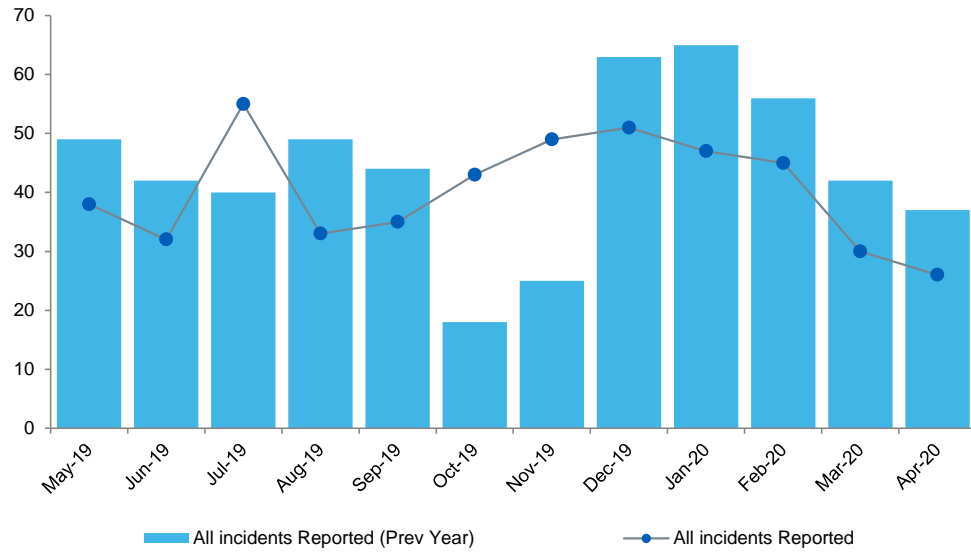

EOC Chart 3: Performance - % Hear & Treat

Performance Commentary:

In April, against the background of the Covid 19 Pandemic, national lockdown and the introduction of the National Pandemic card 36, call demand decreased significantly to the lowest levels seen in the last 24 month period.
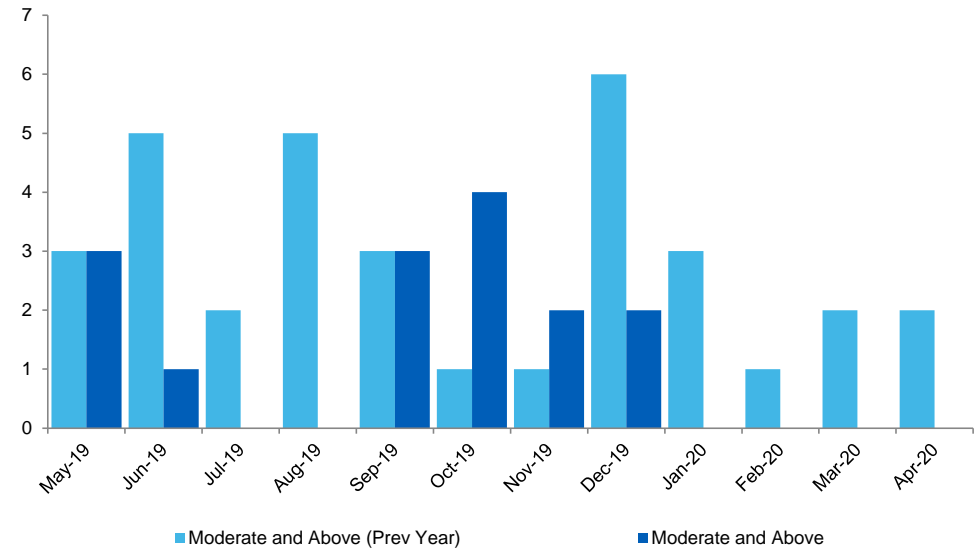
The proportion of calls answered in 5 recovered to near normal levels just below the 95% KPI. The impact of staff absence within the call handling staff impacted further improvement and as staff started to return improved performance was seen. Significant effort has gone into training additional call handling staff and this also supported improvement towards month end that will inevitably carry over into May.

Hear and Treat performance dropped off in April as a result of the Card 36 process and the reduction of demand. However this was still a positive exception against the previous trend and will be captured as part of the A+E Operational recovery plans.
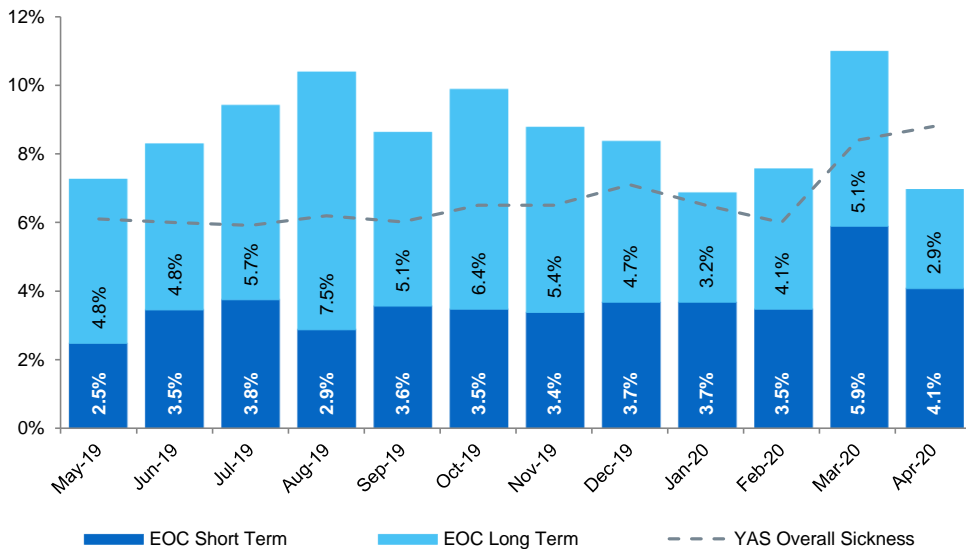
EOC Chart 4: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported

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

Legend: Moderate and Above (Prev Year) — Moderate and Above

EOC Chart 6: Workforce - Sickness

Legend: EOC Short Term — EOC Long Term — YAS Overall Sickness

Quality Commentary:

The total number of incidents fell again in April in line with demand and improved response performance. It remains lower than those experienced in the previous year. The level of incidents classed as moderate or above remain in a very positive position as there has been none in these categories for the last 4 months.

Workforce Commentary:

The long term sickness rate showed a significant fall in April. The levels of Covid related absence have had a significant impact upon EOC performance KPI's. However this high level has seen a reduction in overall sickness which rose sharply in March.

Actions taken to safeguard staff in EOC through social distancing protective measures have been well received and contributed to the overall wellbeing of the staff in that environment.

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 April.
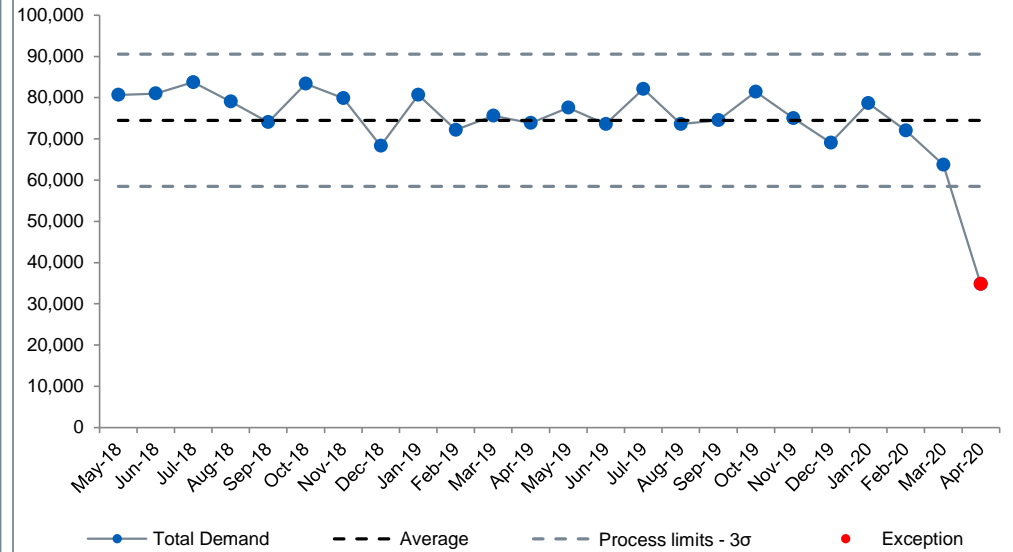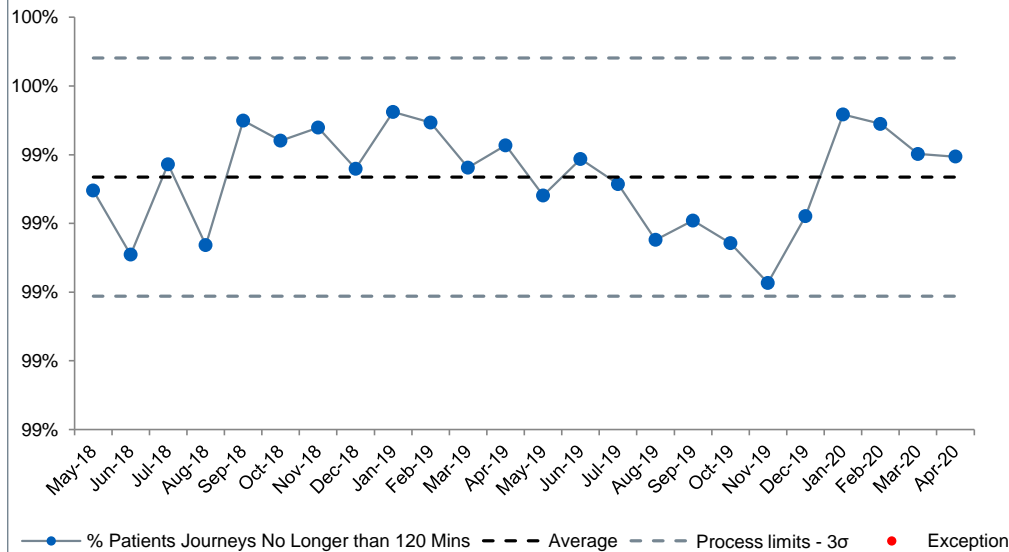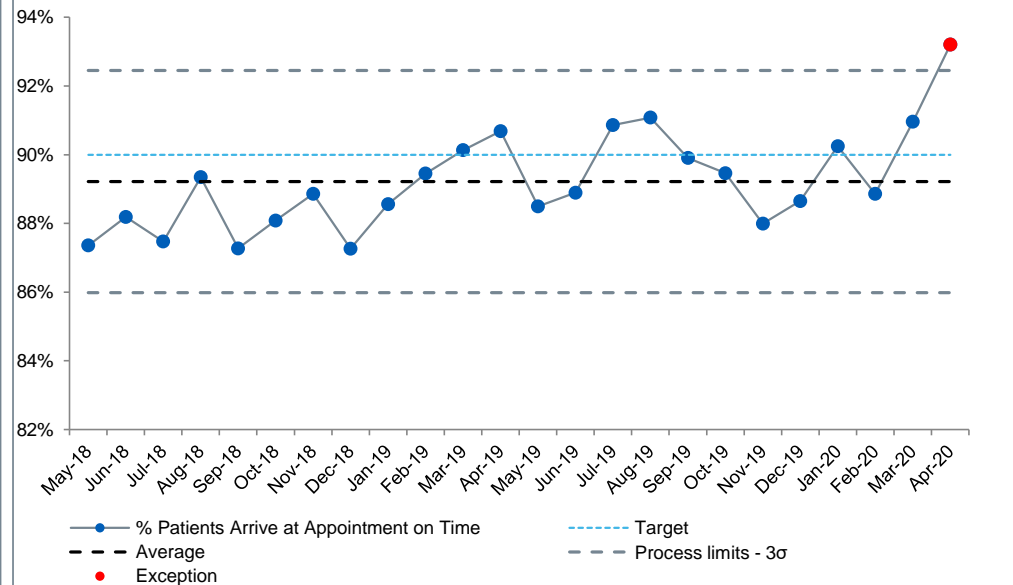
PTS Chart 1: Demand - Journeys

Legend: Delivered Journeys, Aborts, Escorts
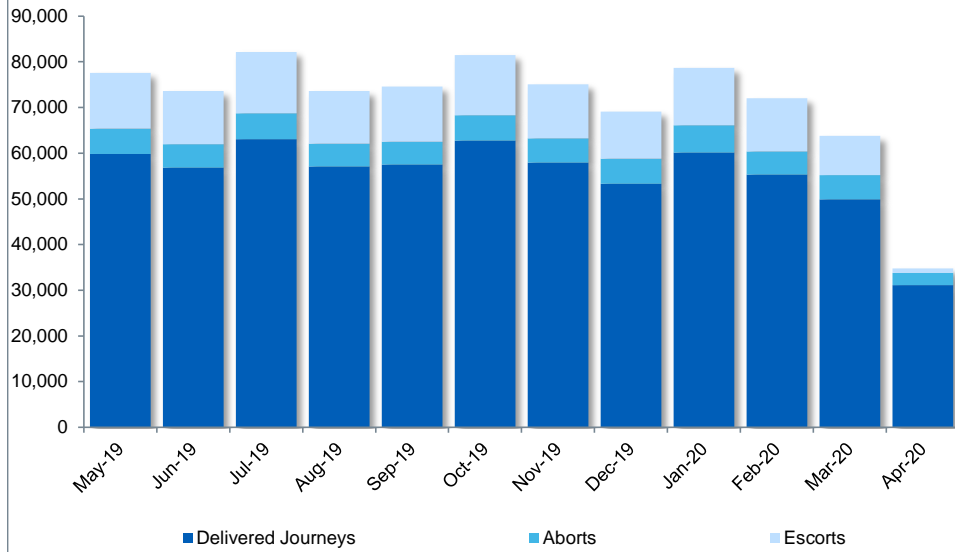
PTS Chart 2: Demand - Total Demand

Legend: Total Demand, Average, Process limits - 3σ, Exception

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

Legend: % Patients Journeys No Longer than 120 Mins, Average, Process limits - 3σ, Exception

PTS Chart 4: % Patients Arrive at Appointment on Time

Legend: % Patients Arrive at Appointment on Time, Target, Average, Process limits - 3σ, Exception

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

Legend: % Pre Planned - Picked Up in 90 Minutes; Target; Average; Process limits - 3σ; Exception
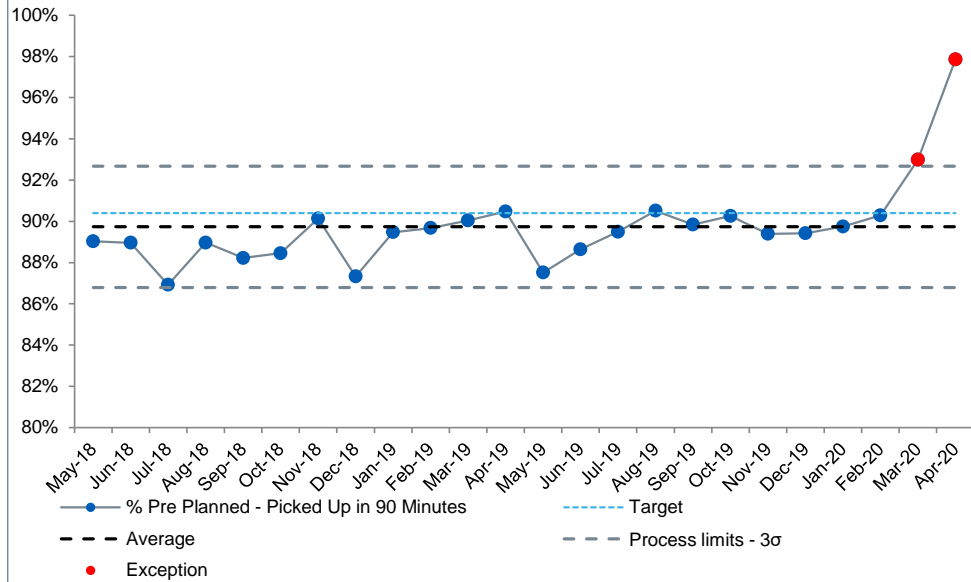
PTS Chart 6: Performance - % Short Notice - Picked Up in 120 Mins

Legend: % Short Notice - Picked Up in 120 Minutes; Target; Average; Process limits - 3σ; Exception
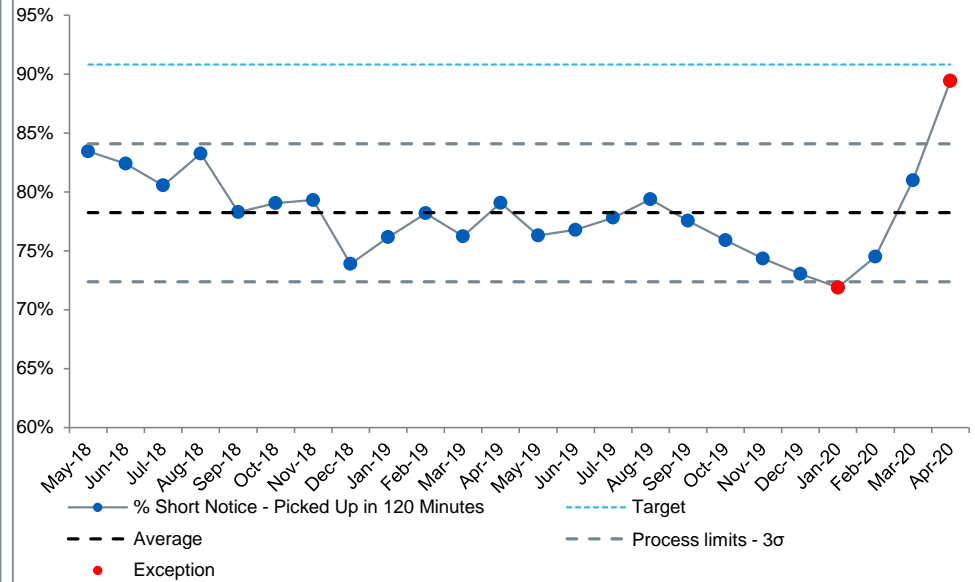
PTS Chart 7: Telephony - Calls Answered within 180 Seconds

Legend: Answered in 180; Target; Average; Process limits - 3σ; Exception
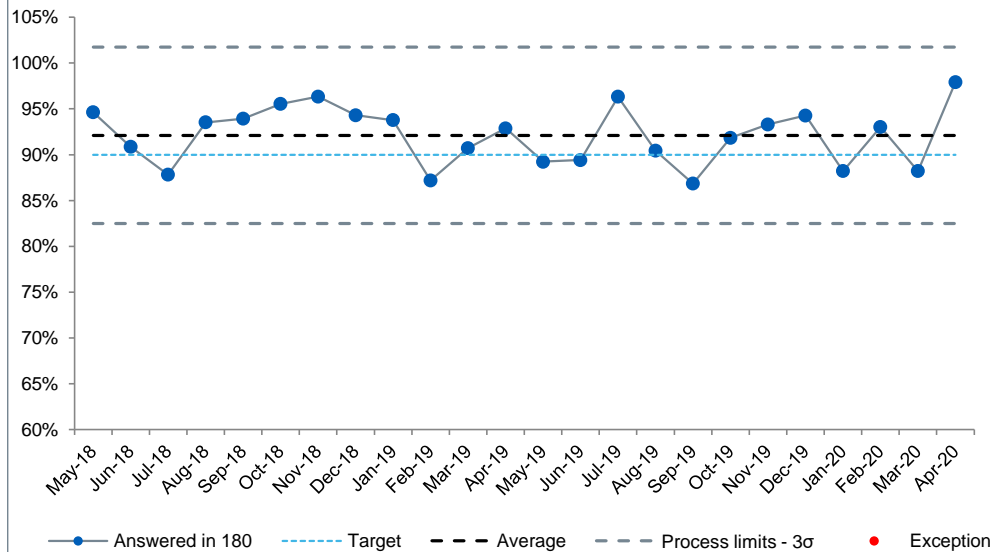
Performance Commentary:

Demand reduced significantly in April due to the COVID 19 emergency. From 27th March only essential patient transport journeys were accepted and most non essential healthcare appointments have been cancelled. Demand, however, is forecast to increase in line with Acute Trust plans throughout our region as elective care recommences.
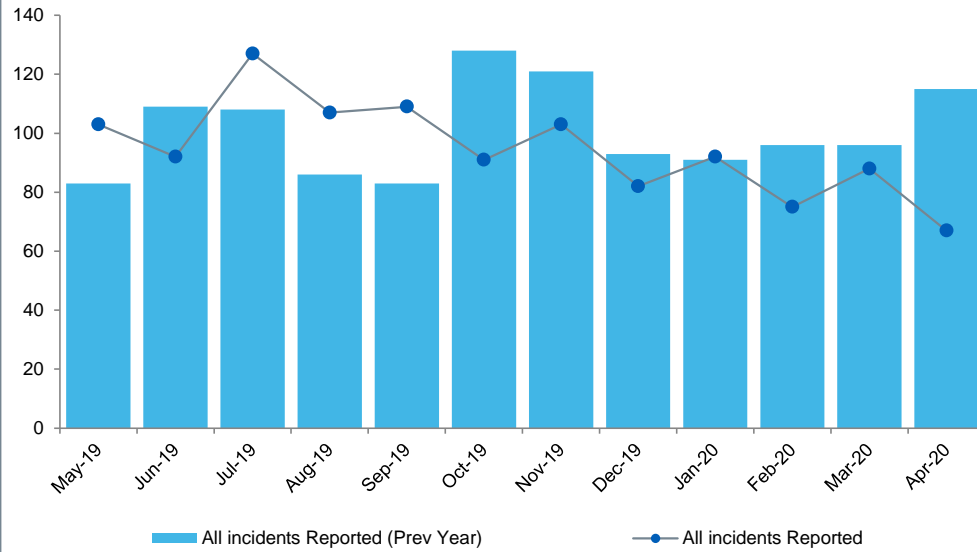
The current contractual KPI performance measures have been suspended in line with NHS England Guidance due to COVID 19.

PTS is maintain a good level of service for our renal and oncology patients and YAS chairs a regional NHSE renal network transport cell as part of the response.
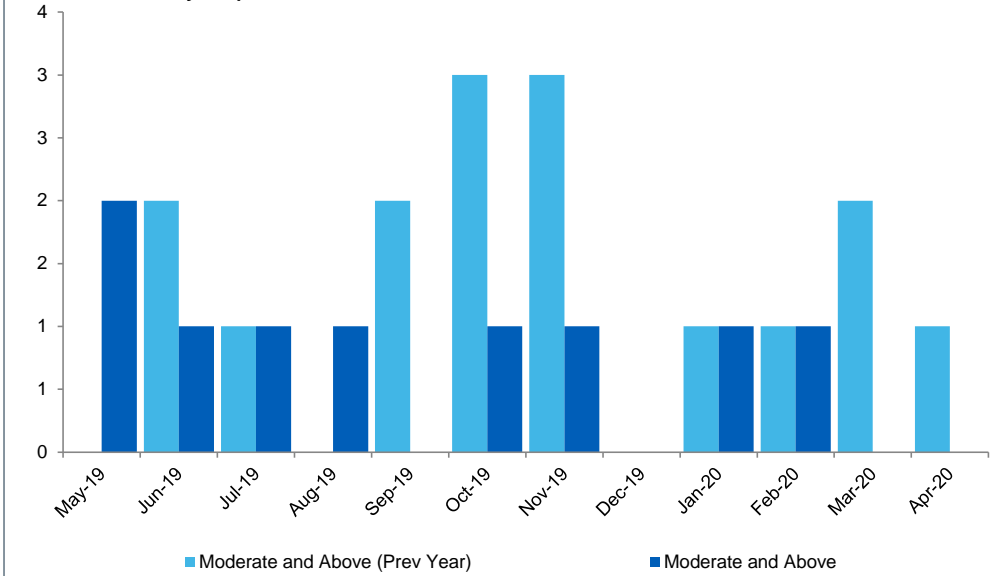
As part of the emergency response to COVID-19, NHS England guidance seeks to support a rapid discharge service within 1-2 hours of notification. On average we are handling around 300 discharges and 1,100 outpatient journeys per day.

PTS is transporting an average of 80 COVID positive or suspected patients per day and have 44 Fixed and 117 temporary bulkhead YAS owned PTS vehicles as a result of rapid work by the PTS management and YAS fleet department. The PTS service performance is delivered within an operating model with reduced efficiency as it has been significantly adated to ensure the safety of patients and staff.
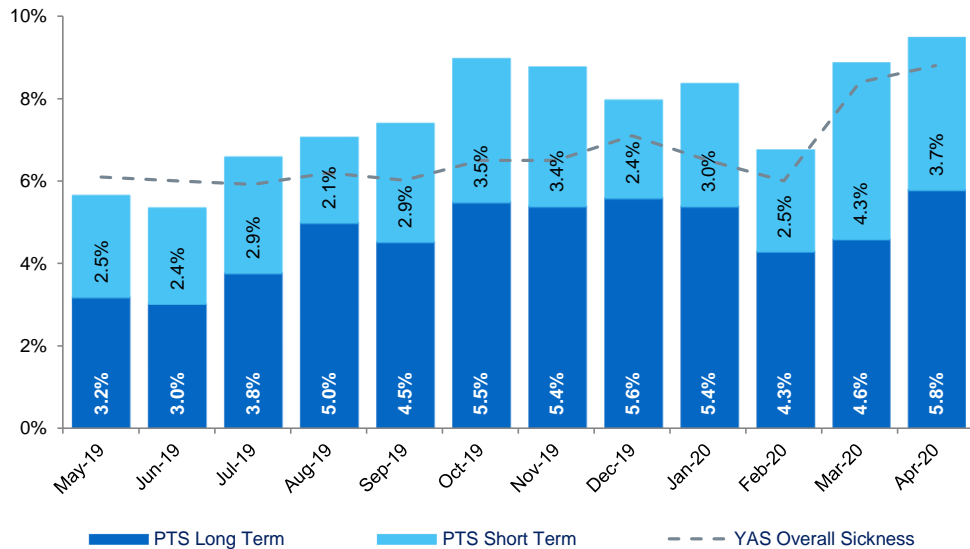
PTS Chart 8: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported

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

Legend: Moderate and Above (Prev Year) — Moderate and Above

PTS Chart 10: Sickness

Legend: PTS Long Term — PTS Short Term — YAS Overall Sickness
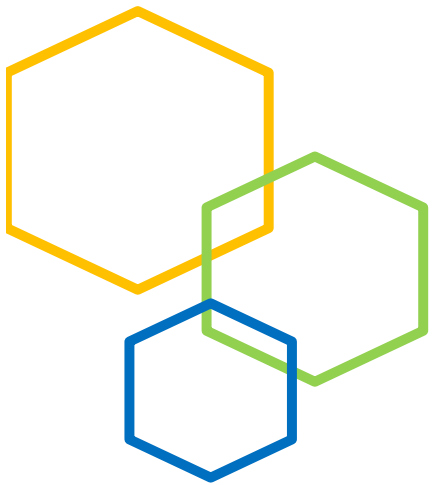
Quality Commentary:

There was a slight increase on reported incidents for April rising by 19 on the previous month. Trust vehicle related incidents was the biggest mover.

Workforce Commentary:

There has been an increase in long term sickness in April and a slight decrease in short term sickness with overall sickness standing at 9.5%.

Statutory and Mandatory training (workbooks) has been put on hold until June. PDRs for the month of April dropped to 78.59% - reflective of sickness and the current operating climate, however, it still remains the highest rate within the Trust.

The Trust and PTS Service Line report daily on sickness broken down by COVID related absences. As expected this increased significantly in April and peaked at 130 PTS staff but this has now stabilised and plateaued to circa 80 PTS staff with Covid-19 related absence.

National Benchmarking

Ambulance Quality Indicators

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)	63,758	102,059	92,054	61,622	69,614	64,254	35,889	88,966	58,064	45,588
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	54.8%	58.7%	54.4%	55.9%	61.6%	52.6%	57.1%	48.4%	50.7%	50.1%
C1 Incidents	6.9%	7.7%	8.1%	8.0%	10.3%	6.0%	5.8%	5.8%	5.8	5.5%
C2 Incidents	47.9%	51.1%	46.3%	47.9%	51.3%	46.6%	51.3%	42.7%	44.9%	44.6%
C3 Incidents	25.1%	18.5%	19.3%	28.9%	21.6%	28.0%	25.7%	36.9%	37.6%	34.1%
C4 Incidents	1.3%	0.9%	4.0%	0.3%	0.8%	1.2%	1.7%	2.1%	0.8%	2.3%
C5 Incidents	0.6%	2.3%	0.7%	1.6%	5.4%	7.4%	0.0%	0.1%	0.0%	0.7%
HCP/IFT 1-4 Hour Incidents	8.3%	3.6%	10.0%	4.0%	3.5%	4.6%	7.1%	5.2%	4.8%	6.5%
Hear and Treat	9.9%	15.8%	11.5%	9.1%	7.1%	6.2%	8.3%	5.8%	6.7%	7.7%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:17	00:07:10	00:07:25	00:06:44	00:07:56	00:06:31	00:06:05	00:06:58	00:07:05	00:06:27
C1-90th centile response time (Target 00:15:00)	00:12:32	00:12:19	00:12:18	00:12:03	00:14:06	00:11:33	00:10:10	00:12:04	00:13:32	00:11:30
C2-Mean response time (Target 00:18:00)	00:15:15	00:23:32	00:24:45	00:16:10	00:21:47	00:17:14	00:20:01	00:11:45	00:14:50	00:12:11
C2-90th centile response time (Target 00:40:00)	00:29:13	00:56:15	00:53:35	00:31:35	00:46:27	00:33:29	00:40:00	00:20:42	00:27:32	00:23:16
C3-Mean centile response time (Target 01:00:00)	00:26:38	00:45:04	01:15:35	00:34:04	00:46:33	00:31:08	00:47:11	00:23:23	00:49:14	00:31:15
C3-90th centile response time (Target 02:00:00)	00:59:25	01:34:41	03:00:02	01:19:13	01:44:30	01:09:27	01:51:33	00:46:19	01:54:57	01:10:38
C4-90th centile response time (Target 03:00:00)	01:52:54	02:14:05	03:38:27	01:40:11	02:39:02	01:57:39	01:54:20	01:00:53	02:42:46	01:46:16
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	43.8%	41.7%	44.7%	45.6%	43.8%	42.2%	44.7%	40.5%	49.7%	41.5%
Incidents with transport not to ED	7.0%	3.0%	7.2%	5.4%	3.7%	4.4%	8.8%	6.9%	1.2%	5.5%
Incidents with face to face response	39.3%	39.5%	36.5%	40.0%	45.4%	47.3%	38.3%	46.7%	42.4%	45.3%
Clinical up to November 2019 Now Suspended due to Covid-19	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%