



Integrated Performance Report

May 2020

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

Improvement
Model Ambulance
(July 2019)

Single Oversight
Framework Score

2

Inspected and rated

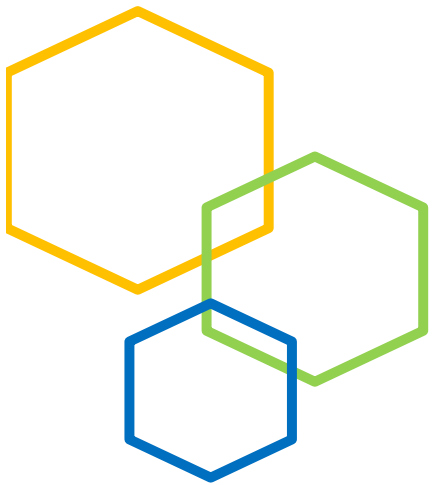
Good



Care Quality
Commission



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EXECUTIVE OVERVIEW

One Team, Best Care

Our purpose is

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



with our core values embedded in all we do



Our Vision

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

Our Ambition for 2023 is that



Delivery is directly supported by a range of enabling strategies



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

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

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

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

The Service Transformation programme will help to deliver the Trusts strategic Plans and ensure that internal plans are aligned to external system pressures. As part of the Trust's planning for recovery and re-setting the Transformation Programme is under review.

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. Learning to be evaluated as part of recovery work.

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 but is now re-commencing. Initial scope endorsed but will be reviewed along with 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.

Paramedic Recruitment: proposal developed to pursue international recruitment activity but this is dependent on Covid restrictions.

Place Based Care

AMBER

Mental Health Programme – Programme and majority of projects are paused as leads are currently redeployed to support the Trusts strategic response to Covid19. Activity will resume following recovery and return to BAU. The Mental Health Five Year Forward View will focus on investment in:

1. Mental health professionals in ambulance control rooms to triage and support other mental health specific initiatives and capacity in ambulance services.
2. Increase mental health training and education of ambulance staff.
3. Dedicated mental health response vehicles to increase capacity to respond in a more timely manner and in a more suitable vehicle.

Ageing Well Programme – Majority of projects are currently on hold due to the COVID19 incident and it has been agreed that recovery will focus on Falls and Care Homes for the next few months.

999 Academy Aspire – Activity is currently paused due to COVID19. The programme is in its second year and an evaluation undertaken in April 2020 shows that it has delivered on budget with good session feedback. Two proposals which involve partnership work with the Police and Fire Services are being explored for future programme activity.

Volunteering and Public Health – Population health management data is being developed and monitored to support system approaches to future healthcare requirements. Discussions are underway with Integrated Care Systems to mitigate the wider socio-economic impacts of the pandemic.

Patient Advocacy: The Leeds project is paused from a recruiting patients perspective due to COVID19 but we are continuing to scope and make amendments 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 in Sheffield.

Infrastructure

AMBER

ePR: Phase 2 of the project now closed. Phase 3 ready to start, which contains a series of system developments and enhancements

Unified Comms: 'Go Live date' deferred to Sept / Oct.

Agile working (scanning solution): Work underway to scope a target operating model for a corporate electronic document scanning and storage solution, linked as appropriate to MS 365 implementation.

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.

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. The programme is being re-focused as a set of enablers to support wider work on organisational form.

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 QI staff ideas platform to support ideas and innovation management across the Trust has taken place. The one year pilot is underway. The platform - Simply Do Ideas - launched in May and an early focus is on staff well being and the general capture of 'bright ideas' with additional 'challenges' being added in discussion with different department leads.



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; interim NY&Y guidance and data requirements now developed – acute focused returns – YAS working with ICS planning leads to understand impact.
- Ongoing YAS engagement with system level planning around wider Recovery Plans and learning lessons.
- Further analysis being undertaken across each ICS to understand capacity and resource requirements until March 2021.
- New system ways of working being considered around NHS111 response, to support wider system capacity and flow challenges.
- YAS engagement in wider planned care forums to ensure YAS service offers remain appropriate and effective.
- Majority of A&E Delivery Boards continue to be replaced by Silver / Gold Command structures during covid-19 response.
- ICS level programmes have been 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.



Summary of Exceptions

May 2020

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 M2. A full review of financial metrics will be undertaken and aligned to the Trust's overarching COVID-19 recovery plan.

Patients & Communities

May 2020

Indicator ID	Key Operational Standard Description	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	May-20				
														Target / Forecast	Actual	Actual v Target/Fcast		
001	Integrated Urgent Care	Calls Offered	131,686	136,129	134,814	126,624	137,427	156,871	175,308	144,564	148,175	308,185	175,235	153,686	148,746	153,686	▲	
		Call Answered	120,255	121,263	121,422	115,557	122,183	132,591	160,403	135,455	135,463	155,346	143,075	141,878		141,878		
		Calls Answered within 60 Seconds	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	83.1%	90.7%	85.0%	26.2%	67.3%	87.8%	90%	87.8%	▼	
		Core Clinical Advice	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%	28.3%	28.2%	28.0%	30.7%	30%	30.7%	▲	
		Clinician Called Back within 1 Hour	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	56.9%	59.8%	46.6%	45.9%	71.7%	70.4%	60%	70.4%	▲	
		Direct Bookings	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	45.8%	45.0%	35.0%	29.9%	35.1%	30%	35.1%	▲	
		Bookings into UTC	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%	56.7%	49.0%	16.0%	15.1%	50%	15.1%	▼	
		Bookings into IUC Treatment Centres	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%	62.9%	61.6%	55.5%	48.3%	49.9%	95%	49.9%	▼	
		ED Validations	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%	50.8%	37.7%	29.9%	33.0%	35.4%	50%	35.4%	▼	
		Ambulance Validations	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	98.3%	90.4%	53.6%	74.3%	94.1%	95%	94.1%	▼	
002	EOC	Telephony - 999 Calls Answered	58,166	63,132	60,147	58,919	63,779	63,358	68,507	57,223	54,569	67,046	50,458	46,629		46,629		
		Telephony - 999 Calls Answered within 5 Seconds	96.5%	94.5%	94.8%	95.2%	91.4%	87.6%	88.0%	94.8%	96.1%	77.6%	93.1%	97.9%	95%	97.9%	▲	
003	A&E Operations	All Activity (H&T + STR + STC)	67,360	71,887	69,246	67,636	71,982	71,517	76,409	72,149	67,218	73,608	64,197	64,125		64,125		
		Hear & Treat (H&T)	6.8%	6.7%	6.0%	6.0%	6.5%	7.3%	8.5%	6.5%	7.2%	12.6%	9.8%	7.9%		7.9%		
		See, Treat & Refer (STR)	24.1%	24.2%	25.1%	24.9%	24.5%	23.9%	25.0%	25.1%	25.5%	31.0%	39.0%	33.4%		33.4%		
		See, Treat & Convey (STC)	69.1%	69.2%	68.9%	69.1%	69.0%	68.8%	66.7%	68.4%	67.3%	56.4%	51.2%	58.7%		58.7%		
		999 Responses (STR + STC)	62,776	67,106	65,078	63,537	67,273	66,263	70,017	67,446	62,407	64,362	57,916	59,083	70,509	59,083	▼	
		Category 1	Mean	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	00:07:11	00:07:00	00:07:11	▲
			90th Percentile	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	00:12:17	00:15:00	00:12:17	▼
		Category 2	Mean	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	00:12:23	00:18:00	00:12:23	▼
			90th Percentile	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	00:22:35	00:40:00	00:22:35	▼
		Category 3	90th Percentile	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	00:45:53	02:00:00	00:45:53	▼
Category 4	90th Percentile	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	01:36:45	03:00:00	01:36:45	▼		
Average Turnaround Time	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	00:36:05	00:30:00	00:36:05	▲			
Average Job Cycle Time (Responses)	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	01:41:46		01:41:46				
004	PTS	Journeys	73,526	82,095	73,568	74,545	81,442	75,033	69,065	78,620	72,004	63,751	30,448	37,068	77,557	37,068	▼	
		Patient Journeys < 120 Minutes	99.4%	99.3%	99.2%	99.2%	99.1%	99.0%	99.2%	99.5%	99.5%	99.4%	99.4%	98.7%	90.0%	98.7%	▲	
		Patients Arrive at Appointment on Time	88.9%	90.9%	91.1%	89.9%	89.5%	88.0%	88.7%	90.2%	88.9%	91.0%	93.2%	92.8%	90.0%	92.8%	▲	
		% Pre Planned - Picked Up in 90 Minutes	88.6%	89.5%	90.5%	89.8%	90.3%	89.4%	89.4%	89.7%	90.3%	93.0%	97.9%	97.4%	90.4%	97.4%	▲	
		% Short Notice - Picked Up in 120 Minutes	76.8%	77.8%	79.4%	77.5%	75.9%	74.3%	73.0%	71.9%	74.5%	81.0%	89.4%	93.8%	88.8%	93.8%	▲	
		Calls Answered within 180 Seconds	89.4%	96.3%	90.4%	86.8%	91.8%	93.3%	94.3%	88.2%	93.0%	88.2%	97.9%	99.4%	90.0%	99.4%	▲	

Indicator ID	Key Operational Standard Description	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
005	ACQI	% Received STEMI Bundle			53.1%			40.0%		58.7%			N/A
		% Received Stroke Diagnostic Bundle	96.1%			93.4%		95.9%			83.6%		
		% 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	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	May-20			
														Target / Forecast	Actual	Actual v Target/Fcast	
006	Workforce	Total FTE in Post	4,681	4,675	4,690	4,727	4,732	4,773	4,753	4,759	4,777	4,836	4,898	4,924			
		BME %	5.0%	5.0%	5.0%	5.1%	5.2%	5.1%	5.1%	5.1%	5.3%	5.3%	5.2%	5.3%	11.1%	5.3%	▼
007	Recruitment	New Starters (FTE)	67.5	49.6	56.6	92.9	62.3	53.1	13.3	44.6	42.1	89.1	104.3	41.8		41.8	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.9%	9.9%	10.0%	9.9%	9.7%	10.1%	9.7%	9.7%	9.7%	9.2%	9.2%	8.7%		8.7%	
009	PDR / Staff Appraisals	YAS	68.2%	71.7%	74.6%	76.6%	77.6%	76.4%	75.7%	74.6%	75.9%	71.6%	65.5%	64.6%	90.0%	64.6%	▼
		A&E Operations	69.5%	72.2%	76.2%	77.9%	80.2%	80.5%	78.8%	78.3%	78.8%	74.8%	68.2%	63.4%	90.0%	63.4%	▼
		EOC	66.8%	63.8%	60.6%	61.1%	67.0%	65.1%	67.1%	68.7%	68.5%	65.3%	63.9%	69.4%	90.0%	69.4%	▼
		Integrated Urgent Care	55.4%	75.6%	76.1%	70.9%	67.5%	63.0%	60.8%	56.2%	65.0%	58.6%	58.1%	81.5%	90.0%	81.5%	▼
		PTS	73.7%	78.3%	83.0%	90.9%	89.1%	86.2%	88.4%	86.9%	87.7%	82.9%	74.5%	80.3%	90.0%	80.3%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	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				
		A&E Operations	98.7%	98.6%	98.9%	99.0%	98.6%	98.2%	97.8%	97.9%	97.8%	97.8%					
		EOC	97.5%	97.2%	98.5%	97.7%	97.7%	97.4%	96.5%	98.3%	98.0%	98.0%					
		Integrated Urgent Care	98.6%	98.6%	98.7%	98.7%	98.2%	96.1%	95.7%	97.1%	96.7%	96.7%					
		PTS	99.7%	99.6%	99.5%	99.5%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%					
011	Health & Wellbeing	Total Sickness Rate	6.0%	5.9%	6.2%	6.0%	6.5%	6.5%	7.1%	6.5%	6.0%	8.4%	8.8%	6.9%		6.9%	
		Long Term Sickness Rate	3.8%	3.6%	3.9%	3.8%	4.0%	3.7%	4.3%	3.8%	3.6%	3.8%	3.8%	4.0%		4.0%	
		Short Term Sickness Rate	2.2%	2.3%	2.3%	2.3%	2.6%	2.8%	2.8%	2.7%	2.5%	4.6%	5.0%	2.9%		2.9%	

Indicator ID	Key Operational Standard Description	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	May-20				
														Target / Forecast	Actual	Actual v Target/Fcast		
012	Incidents	All Reported	669	729	605	638	666	736	735	801	739	687	524	633		633		
		Serious	2	6	1	1	1	6	7	2	2	4	1	1		1		
		Moderate	14	20	22	17	14	23	23	8	23	16	11	18		18		
		Medication Related	82	80	52	66	75	69	69	60	64	50	43	58		58		
013	Patient Relations	A&E	Complaint	12	20	22	17	19	20	13	16	21	17	15		15		
			Compliment	103	84	107	102	88	117	102	125	109	91	82	69		69	
			Concern	16	20	15	21	23	12	20	17	15	10	8	7		7	
			Service to Service	29	27	16	9	26	25	16	29	23	13	21	21		21	
		EOC	Complaint	6	16	7	4	11	18	12	4	6	1	6	5		5	
			Compliment	3	2	2	2	0	4	2	3	3	3	1	0		0	
			Concern	10	10	7	3	17	9	17	6	8	3	0	1		1	
			Service to Service	19	26	10	8	13	18	23	20	5	15	2	4		4	
		Integrated Urgent Care	Complaint	17	17	34	17	29	18	31	19	24	14	9	17		17	
			Compliment	4	4	2	7	4	7	12	10	4	2	2	5		5	
			Concern	3	2	1	2	6	3	9	2	3	1	1	4		4	
			Service to Service	17	19	25	46	21	17	17	26	40	52	31	24		24	
		PTS	Complaint	10	21	16	16	14	15	7	9	11	14	2	6		6	
			Compliment	6	8	10	6	4	7	9	5	3	2	2	2		2	
			Concern	28	29	24	28	31	23	22	24	24	24	10	3		3	
			Service to Service	33	30	22	15	27	24	24	47	34	22	7	7		7	
014	Clinical Outcomes Data	Stroke - Call to Hospital Arrival (Mean)	01:11	01:15	01:10	01:13	01:21	N/A	N/A	N/A	N/A							
		Stemi - Call to Catheter Insertion for Angio (Mean)	02:27	02:12	02:17	02:03	02:06	02:18	N/A	N/A	N/A							
		ROSC (Utstein)	51.7%	55.0%	54.1%	51.4%	61.1%	75.0%	N/A	N/A	N/A							
		Survival (Utstein)	30.8%	28.6%	30.0%	30.3%	34.6%	30.4%	N/A	N/A	N/A							
015	Safeguarding	Adult Referrals	924	986	918	887	906	1,013	1,045	1,049	947	749	833	1,054		1,054		
		Child Referrals	594	612	519	575	587	551	540	603	638	532	441	539		539		
016	Information Management	Information Governance Training Compliance	94.0%	94.7%	95.0%	95.2%	95.2%	73.3%	70.3%	64.3%	72.3%	72.3%	72.8%	76.1%	95%	76.1%	▼	
		FOI Request Compliance	22.6%	42.4%	60.0%	42.5%	60.5%	32.3%	61.9%	69.7%	70.3%	57.1%	56.0%	83.3%	90%	83.3%	▼	
017	IPC Audit	Hand Hygiene	99.0%	99.0%	99.0%	98.0%	99.1%	98.3%	98.4%	99.3%	98.8%	98.9%	99.8%	100.0%	95%	100.0%	▲	
		Premise	99.0%	99.0%	99.0%	99.0%	98.9%	99.0%	96.7%	98.4%	98.3%	98.7%	98.8%	100.0%	95%	100.0%	▲	
		Vehicle	99.0%	98.0%	99.0%	99.0%	99.4%	99.1%	98.0%	98.7%	99.1%	98.4%	99.3%	99.0%	95%	99.0%	▲	
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

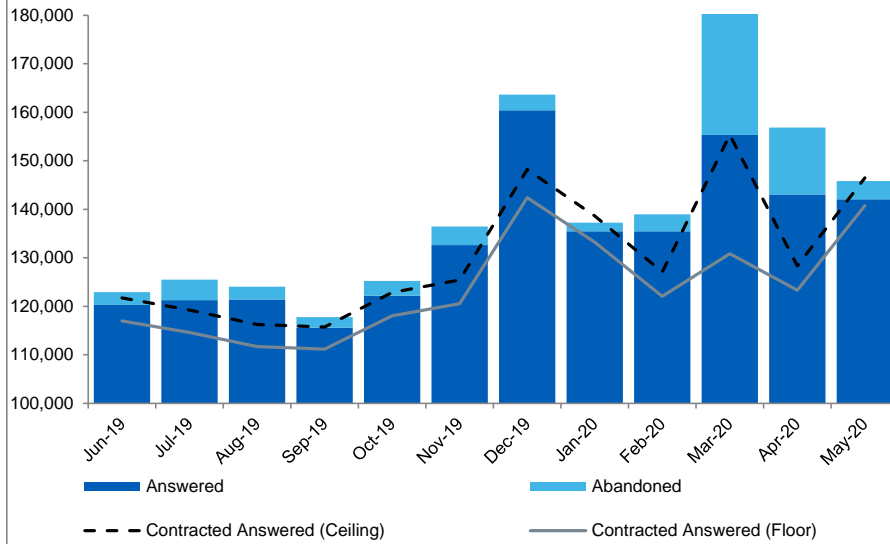
Indicator ID	Key Operational Standard Description	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	May-20			YTD		
														Plan	Actual	Plan v Actual	Plan	Actual	Plan v Actual
019	Finance Overview	Risk Rating	1	1	1	1	1	1	1	1	1	1							
		EBITDA	-1,861	-1,831	-1,683	-2,073	-1,315	-812	-824	-855	-998	-998							
		Surplus	-764	-545	-605	-507	-249	238	4	240	159	159							
		Capital	794	1,685	379	1,152	1,889	1,947	957	2,967	4,908	4,908							
		Cash	49,253	52,397	52,816	53,688	57,627	58,179	58,364	54,700	46,201	46,201							
		CIP	525	528	560	532	532	532	582	582	623	623							
020	CIP	A&E	28	28	28	28	28	28	28	28	28	28							
		Business Development	0	0	0	0	0	0	0	0	0	0							
		CEO Directorate	-10	2	2	2	2	2	2	2	2	2							
		Clinical	4	2	2	2	2	2	2	2	2	2							
		Estates	9	5	19	19	19	19	19	19	19	19							
		Finance	35	36	36	36	36	36	36	36	36	36							
		Fleet	67	87	123	87	87	87	87	87	123	123							
		Planned & Urgent Care	66	66	66	67	67	74	81	81	82	82							
		Quality, Governance	-5	0	0	0	0	0	0	0	0	0							
		Hub & Spoke	0	0	0	0	0	0	0	0	0	0							
		Workforce OD	56	58	57	57	57	57	57	57	56	56							
		RESERVE	275	244	227	234	234	227	269	269	274	274							
		Current Position (Cumulative YTD)	2,123	528	560	532	532	532	5,387	5,969	6,592	6,592							
021	Transport/Fleet	A&E	Vehicle age +7	5.2%	5.2%	3.2%	3.3%	1.8%	3.5%	6.6%	3.5%	3.5%	6.7%	6.7%	6.7%		6.7%		
			Vehicle age +10	3.3%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%	
			Availability	90.0%	90.0%	90.2%	91.0%	91.2%	91.7%	91.2%	90.6%	90.6%	92.5%	95.9%	95.1%		95%	95.1%	▲
		PTS	Vehicle age +7	31.0%	31.0%	16.7%	16.9%	19.4%	15.3%	10.7%	16.7%	16.7%	8.6%	8.6%	8.6%		8.6%		
			Vehicle age +10	24.1%	24.1%	24.0%	24.0%	22.5%	26.6%	36.5%	27.2%	27.2%	22.5%	22.5%	14.1%		14.1%		
			Availability	91.0%	91.0%	92.0%	90.0%	90.0%	88.0%	89.0%	89.0%	89.0%	91.9%	92.4%	92.4%		95%	92.4%	▼



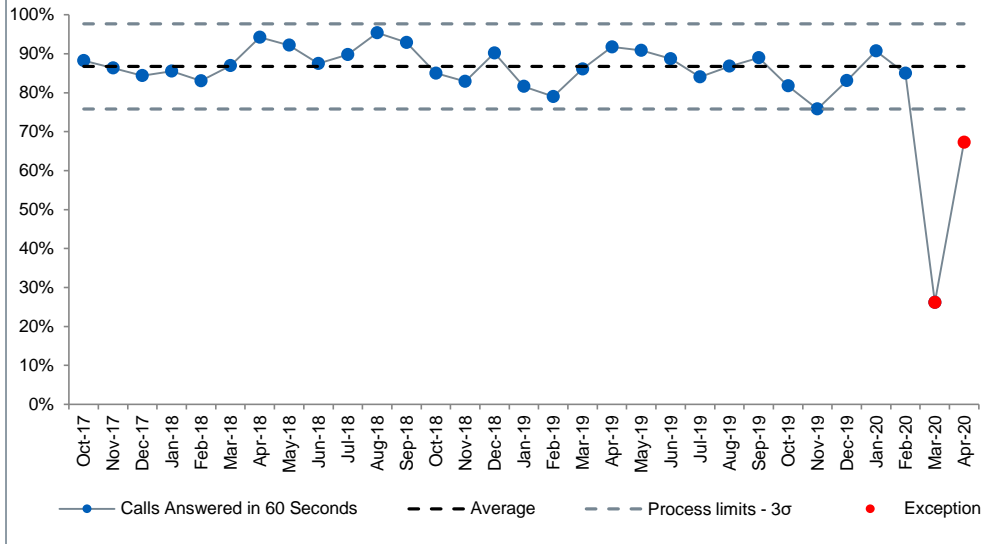
Integrated Urgent Care

May 2020

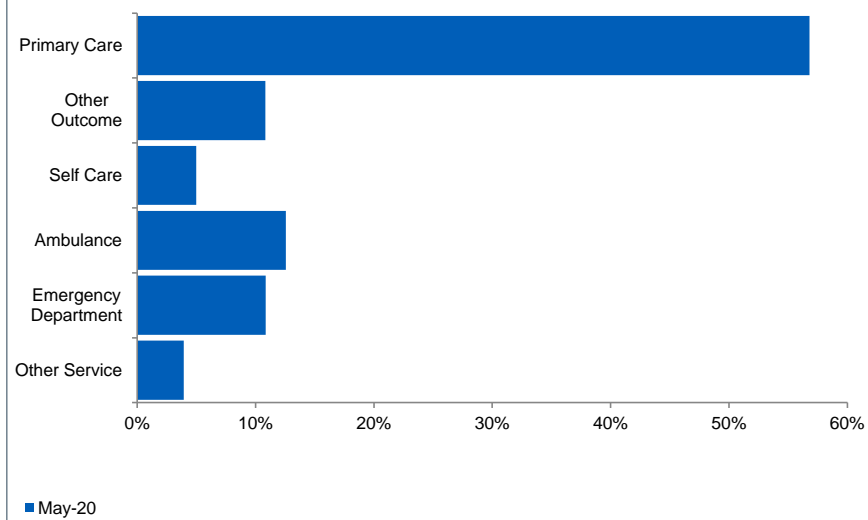
IUC Chart 1: Demand - Calls



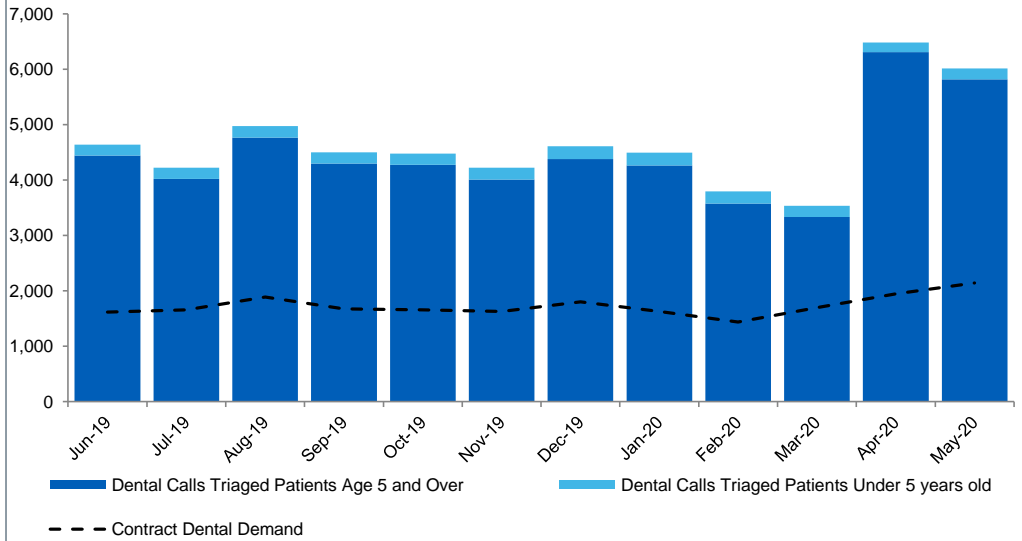
IUC Chart 2: Performance - Calls Answered in 60 Seconds



IUC Chart 3: Outcomes



IUC Chart 4: Demand - Dental





IUC Tbl1: IUC KPI's

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%	87.8%											77.5%
Core Clinical Advice (30%)	28.0%	30.7%											29.3%
Clinician Called Back within 1 Hour (60%)	71.7%	70.4%											71.0%
Direct Bookings * (30%)	29.9%	35.1%											32.8%
Bookings into UTC * (50%)	16.0%	15.1%											15.5%
Bookings into IUC Treatment Centres * (95%)	48.3%	49.9%											49.2%
ED Validations (50%)	Not available	Not available											Not available
Ambulance Validations (95%)	74.3%	94.1%											84.0%

* 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:

Demand in May once again saw a reduction; down 6.9% on April. Despite this, call levels are still above the typical May, with an increase of 9.5% on last May. Our response has been to increase our levels of staffing and redeploy clinical staff from other parts of the Trust into NHS 111.

There were two May Public Holidays, the VE day PH on Friday 8th May and Spring Bank Monday 25th May. There was a level of primary care support for the first of these public holidays but the latter PH operated as normal through support from Out of Hours services exclusively. The demand and performance for these periods is noted below

8th May 6343 calls answered and 65.5% answered in 60 seconds

25th May 6438 calls answered and 88.6% answered in 60 seconds

With the decrease in call volume, call performance is approaching figures seen pre covid-19, with the proportion of calls answered in 60 seconds up 20.5% from April; c.87.8%. Clinical Advice has also increased back above target for the month and proportion of Call Backs made within 1 hour continues to be above 70%

During the month of May as an IUC service we experience several technical issues which are noted below :

Telephone problems 6 / 7 / 24 May and 4 June, national contingency required:

7 May 15.40 until 20.25

24 May 10.38 until 11.44

4 June 10.13 until 11.29

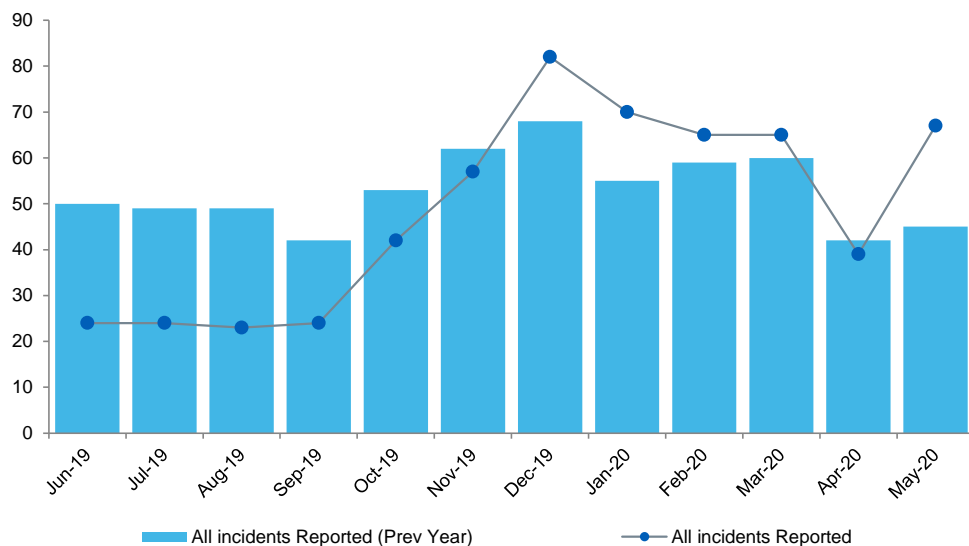
Virgin Media Network severed Rotherham area 18 May (9.18 -11.59)

National HSCN issues 23 May (12.30 until 14.35)

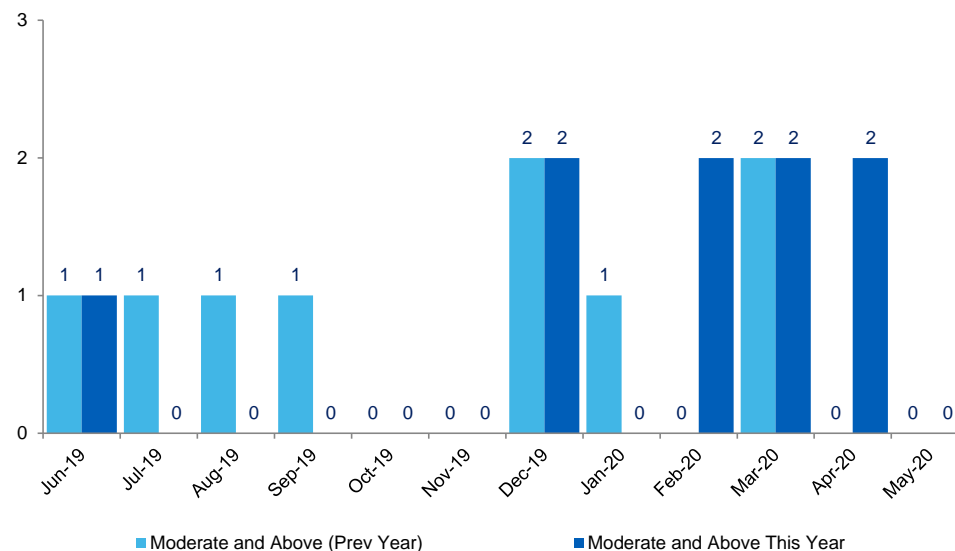
IUC have worked with the Trust ICT team and other departments to review learning and amend BC arrangements as appropriate.

Please note there has been a change in the outcomes, ED Validations and Self Care KPI indicators. Following the recent NHS Pathways update, we have conducted an audit and identified this as a reporting issue and we are currently working with Adastra and the IUC team to fix this. As a result, the items affected are currently unavailable.

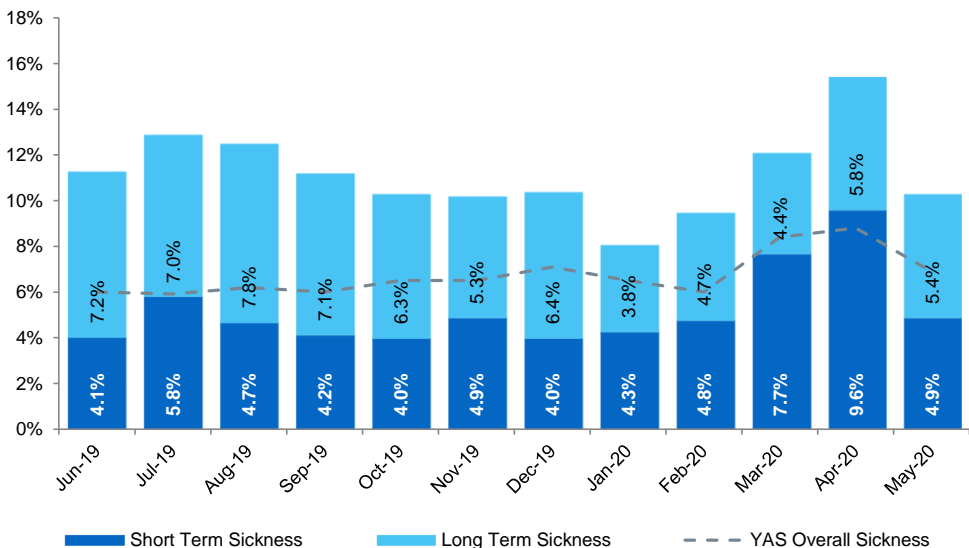
IUC Chart 5: Quality - Reported Incidents



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



IUC Chart 7: Workforce - Sickness



Quality Commentary:

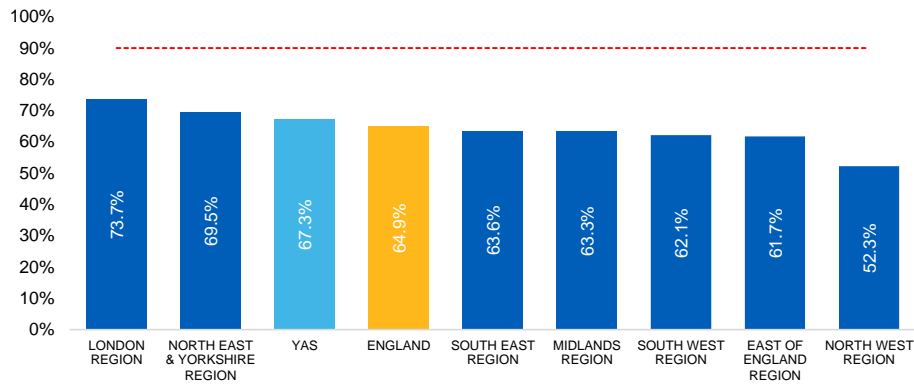
The IUC is involved in a safety review as part of the incidents, complaints and any other issues identified as learning, through the initial covid response phase one period.

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 have been provided with home working solutions where possible for their roles.

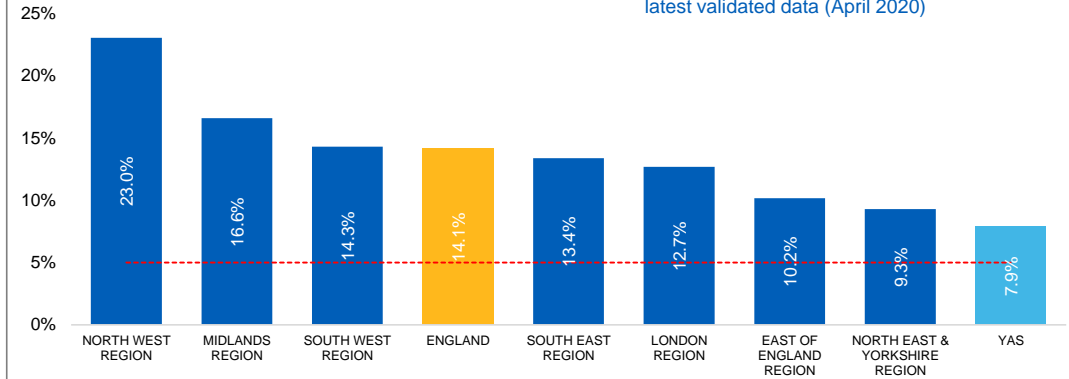
PDR have significantly improved in the month of May to 82% following an initiative to get a 1 to 1 conversation and PDR in place with staff following the peak of the Covid 19 demand.

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

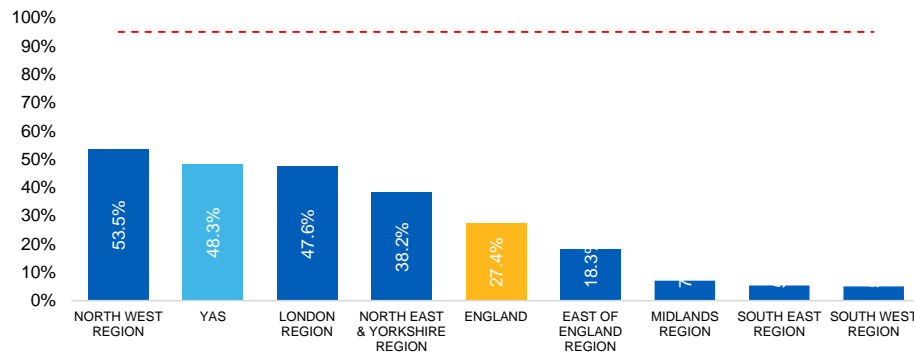


IUC Chart 9: Calls Abandoned (5%)

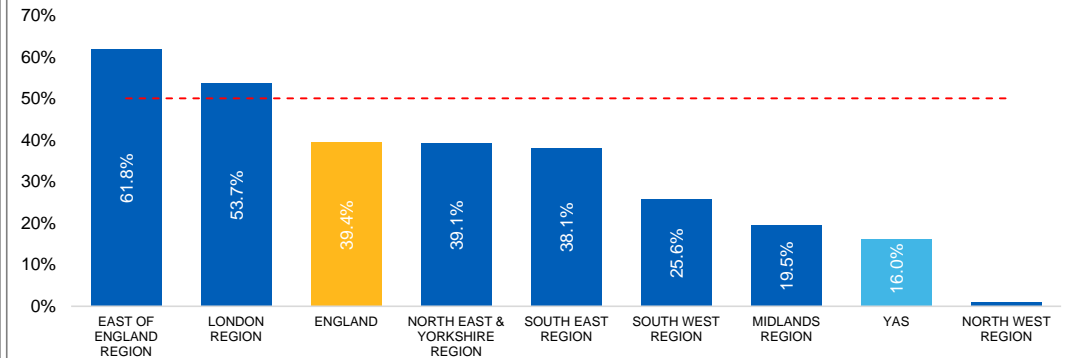
Benchmarking Information is based on the latest validated data (April 2020)



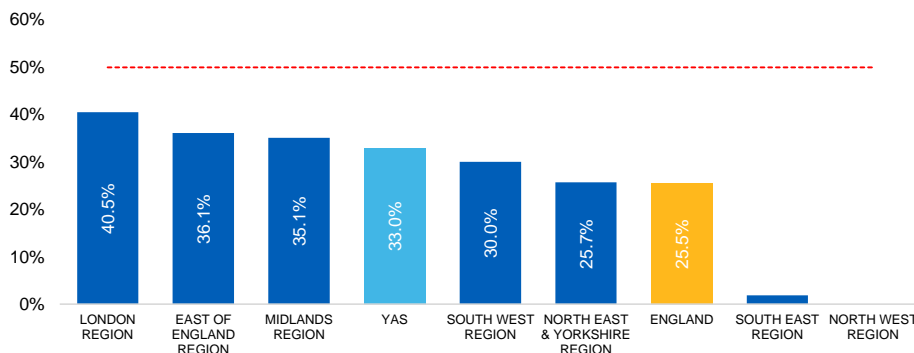
IUC Chart 10: Bookings into IUC Treatment Centres (95%)



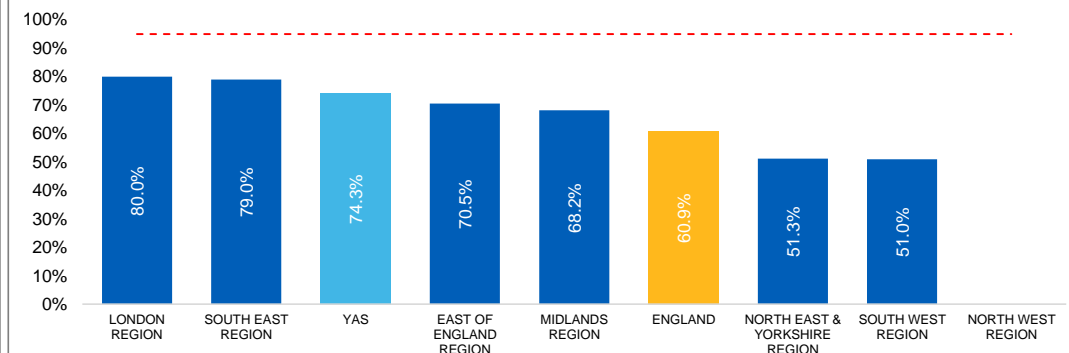
IUC Chart 11: Bookings into UTC (50%)



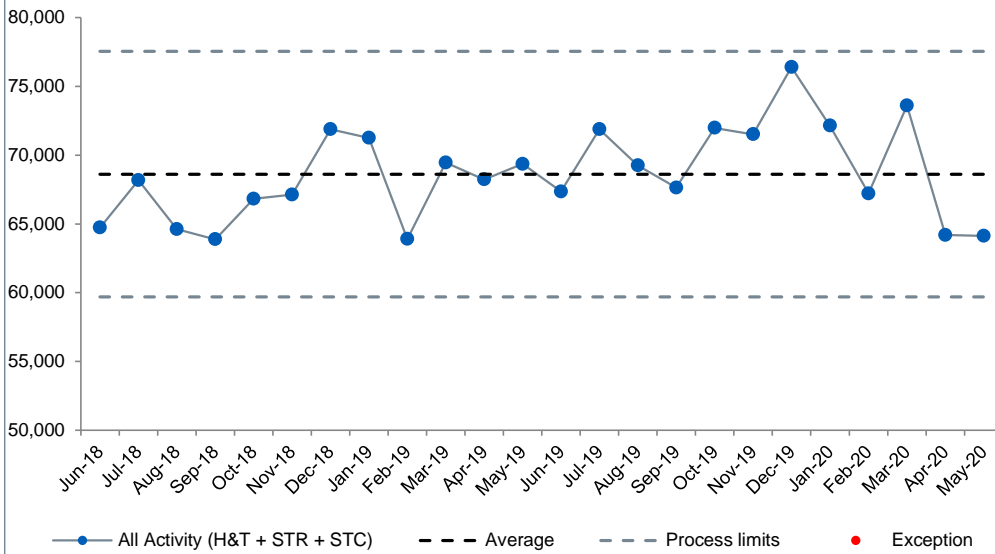
IUC Chart 12: ED Validations (50%)



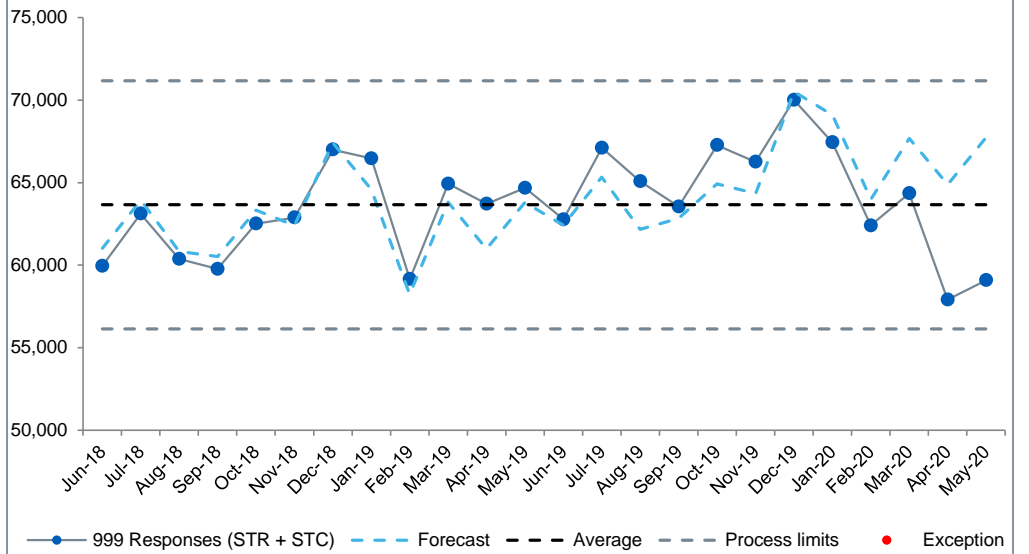
IUC Chart 13: Ambulance Validations (95%)



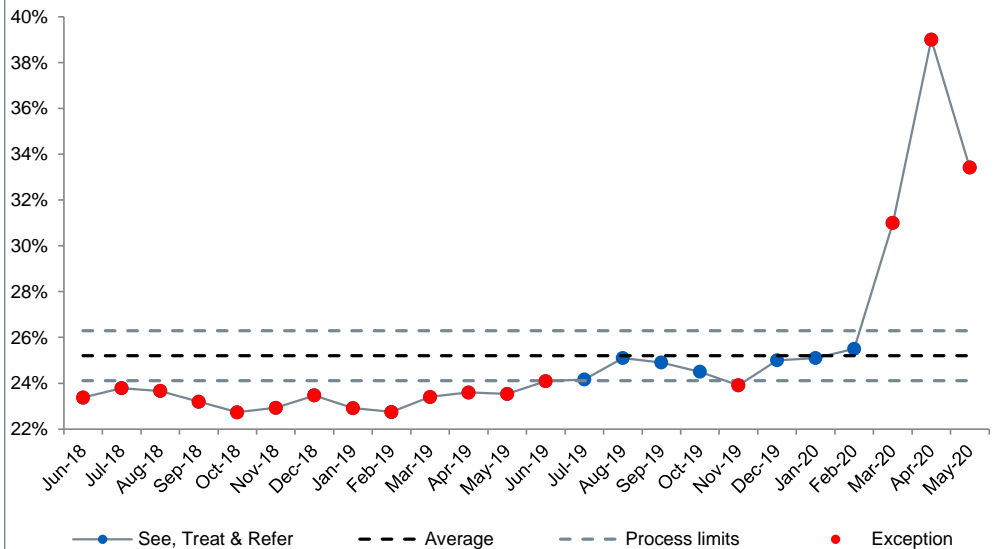
A&E Chart 1: Demand - All Activity (H&T + STR + STC)



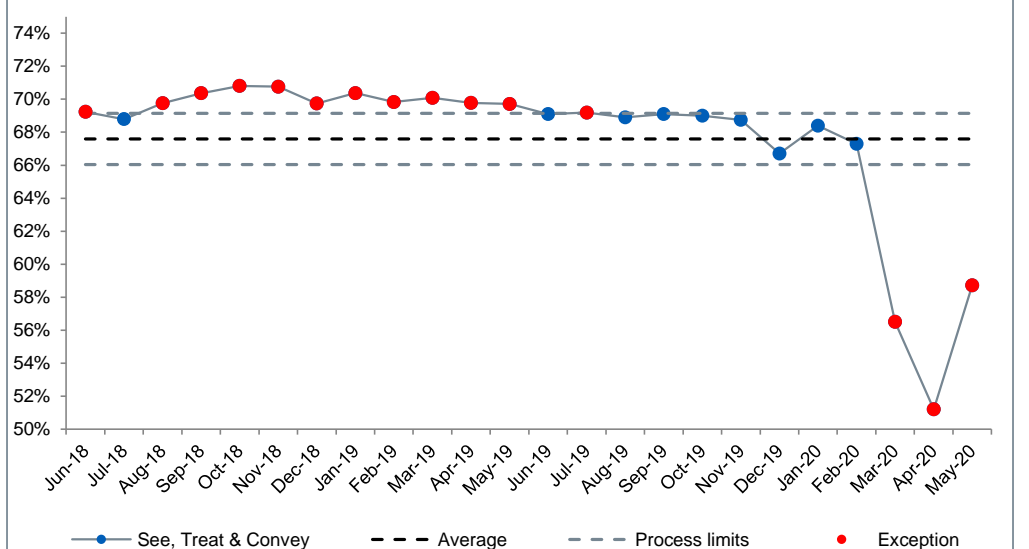
A&E Chart 2: Demand - 999 Responses (STR + STC)



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

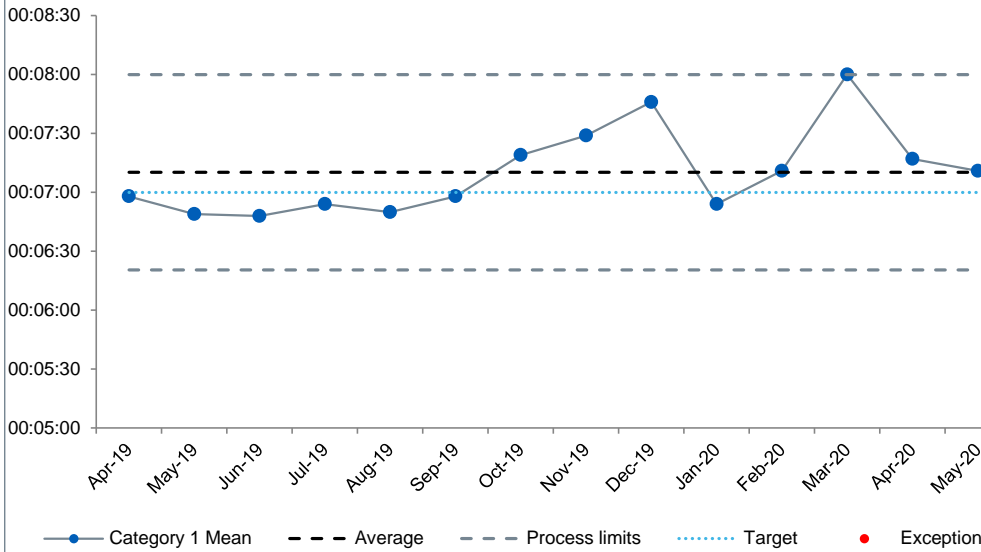


A&E Chart 4: Demand - See, Treat & Convey %



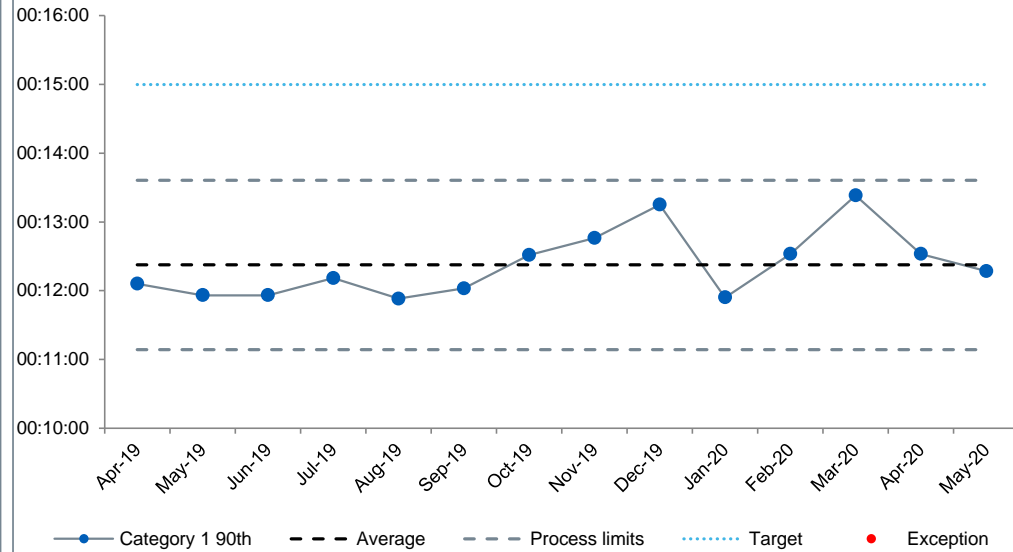
A&E Chart 5: Performance - Category 1 Mean

Year to Date **00:07:14**



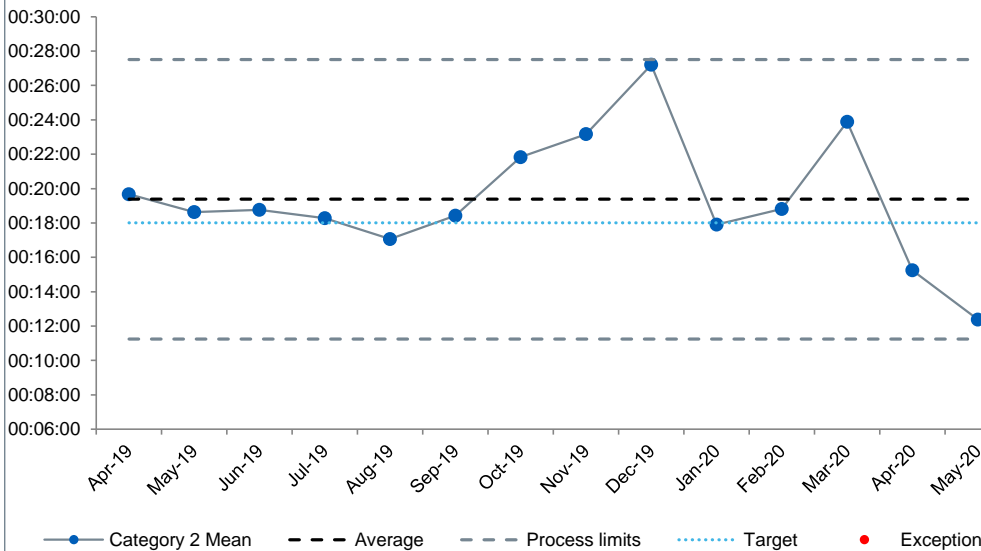
A&E Chart 6: Performance - Category 1 90th Percentile

Year to Date **00:12:24**



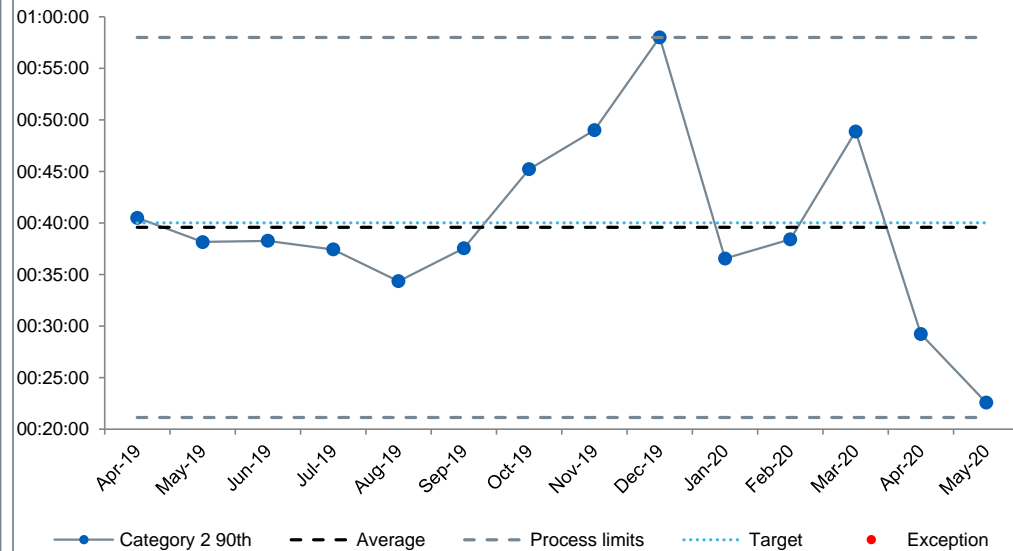
A&E Chart 7: Performance - Category 2 Mean

Year to Date **00:15:15**



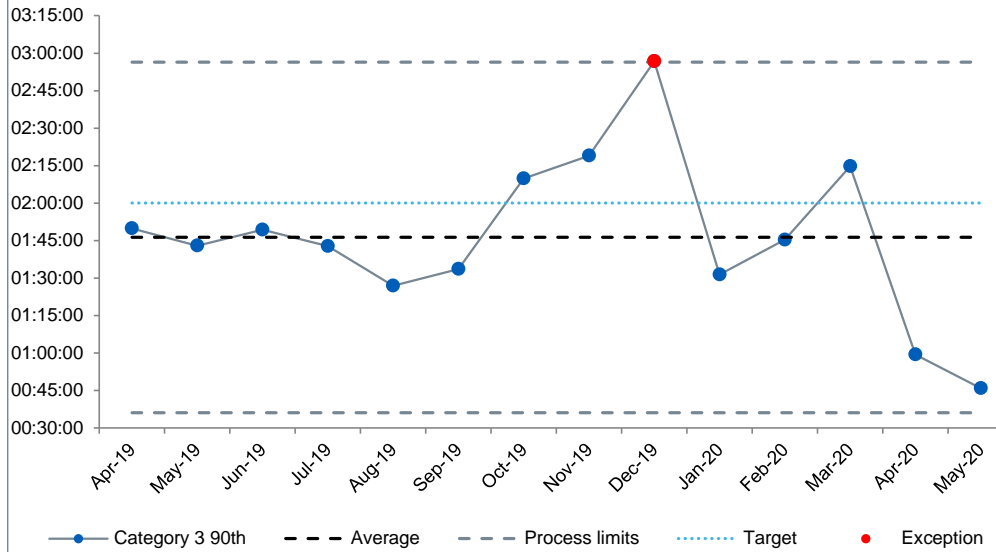
A&E Chart 8: Performance - Category 2 90th Percentile

Year to Date **00:25:35**



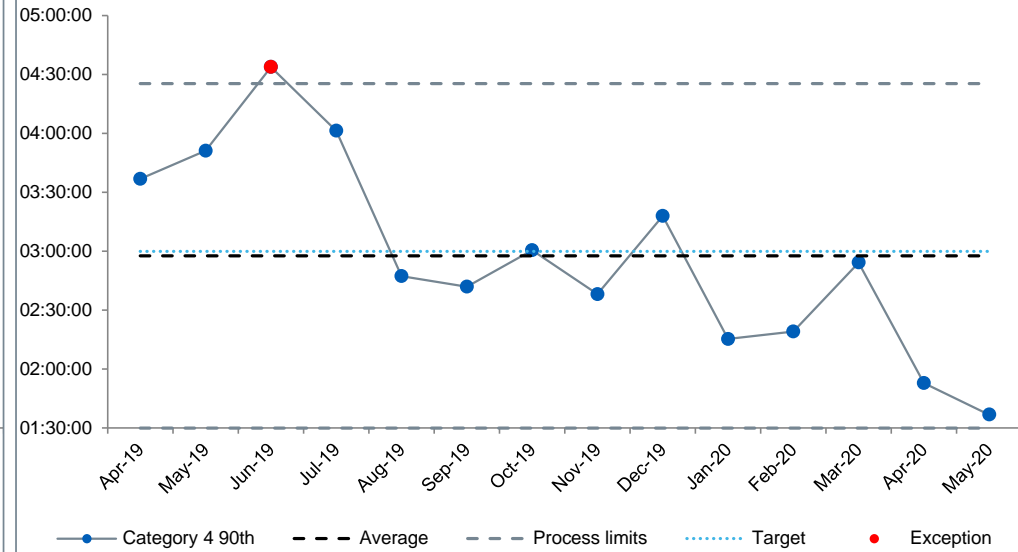
A&E Chart 9: Performance - Category 3 90th Percentile

Year to Date **00:52:07**

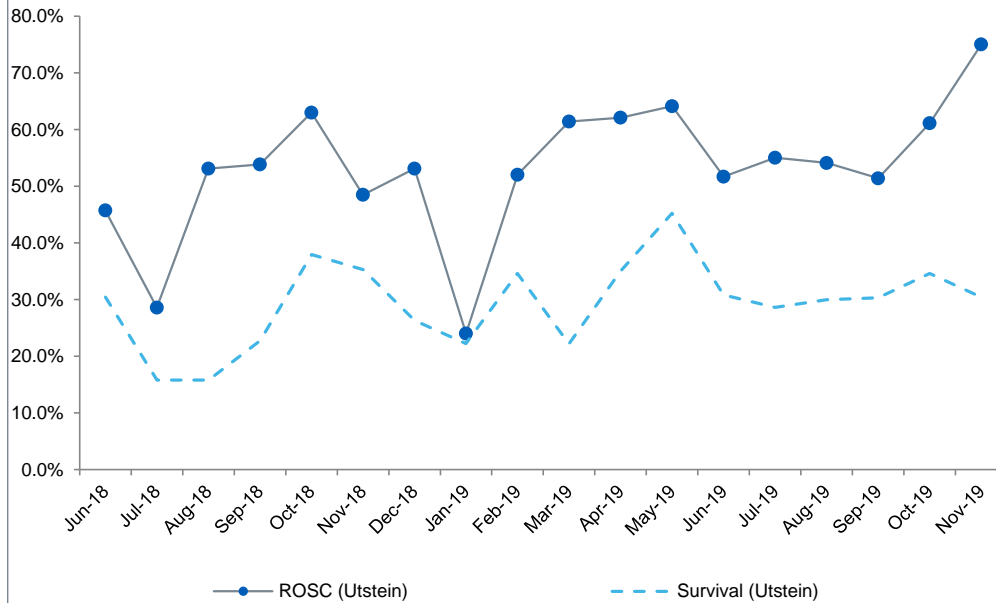


A&E Chart 10: Performance - Category 4 90th Percentile

Year to Date **01:43:28**



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



May 2020

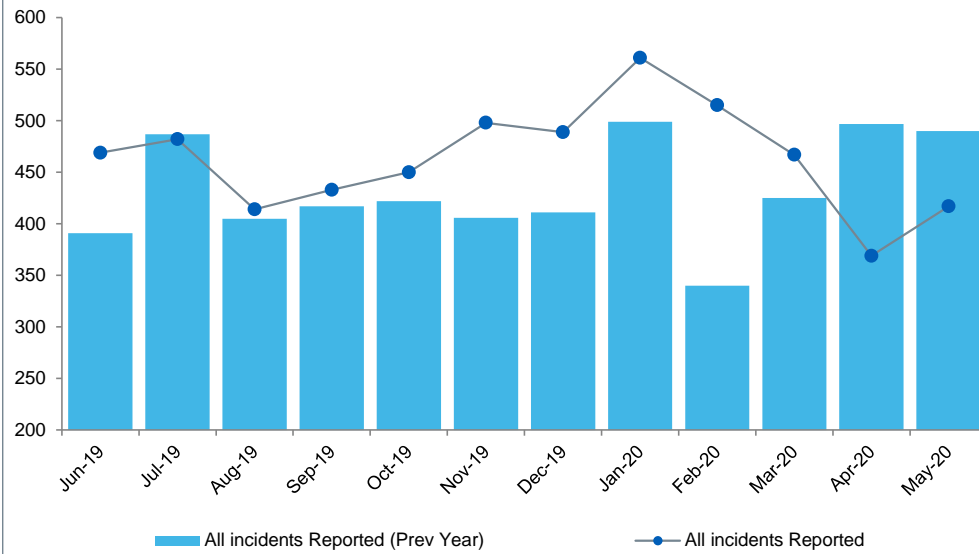
Performance Commentary:

Based upon modelling provided by NHSE sources, A+E Operations have been firmly focused on maximising the numbers of double crewed ambulances to ensure a timely response to patients. Demand for onscene attendance stayed static in May.

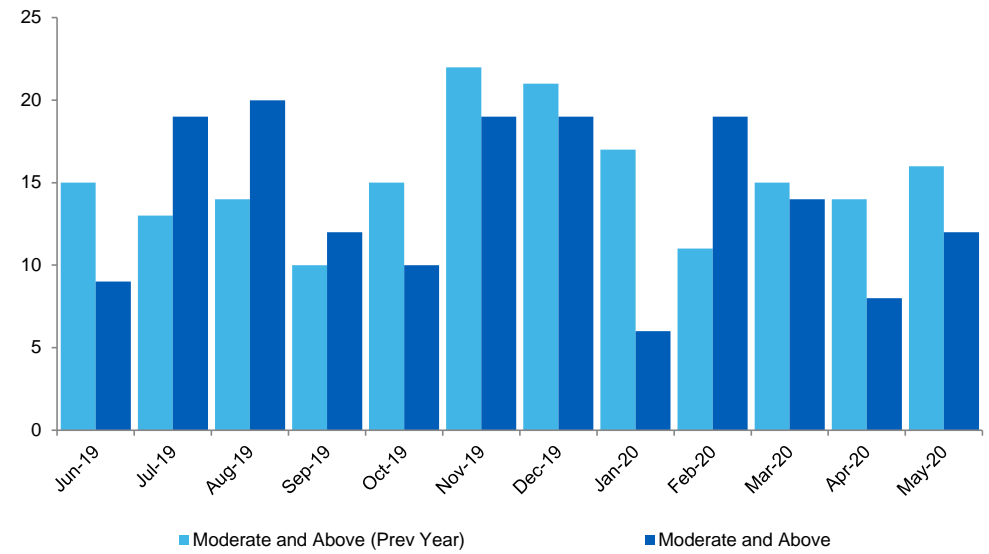
The level of STR and STC rose and fell respectively and is a significant positive exception throughout the COVID period compared to BAU. The H&T and S&T rates compared to previous months has led to increased vehicle availability. This trend has resulted in a reduction of job cycle time and has further contributed to the efficiency of A+E Operations. The response per incident ratio is at an all time low due to a change in the deployment of RRVs. Response performance as a result has improved again over April especially in Cat 2 and Cat3 due to the first attendance being a DCA. Cat 1 has been more challenging due to lower rates of utilisation and increased mobilisation times. Review of the standby process has improved this and shows an improvement against April.

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

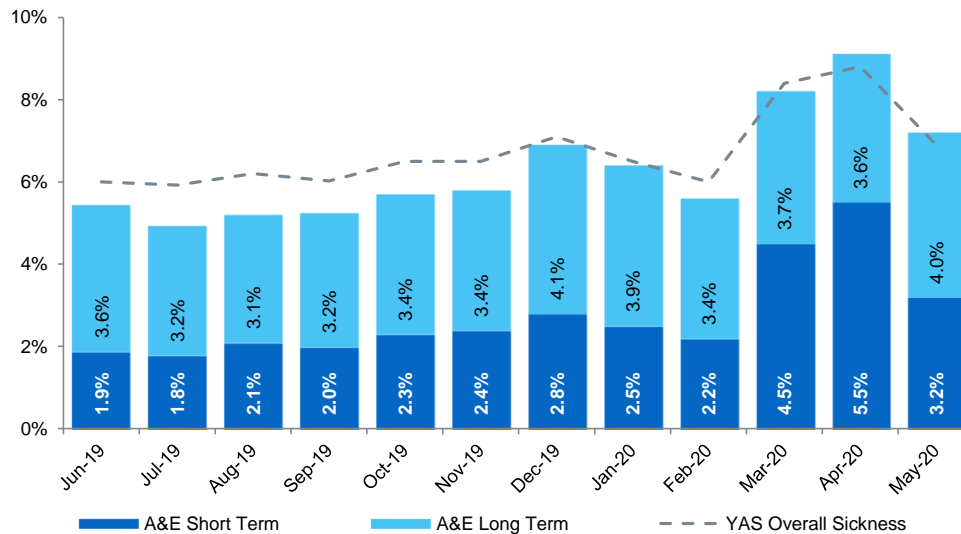
A&E Cht12: Quality - Reported Incidents



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



A&E Cht14: Workforce - Sickness



Quality Commentary:

Reported incidents rose in May but were lower than at the same period last year. The number of incidents rated moderate or above has also fallen over the previous year.

Workforce Commentary:

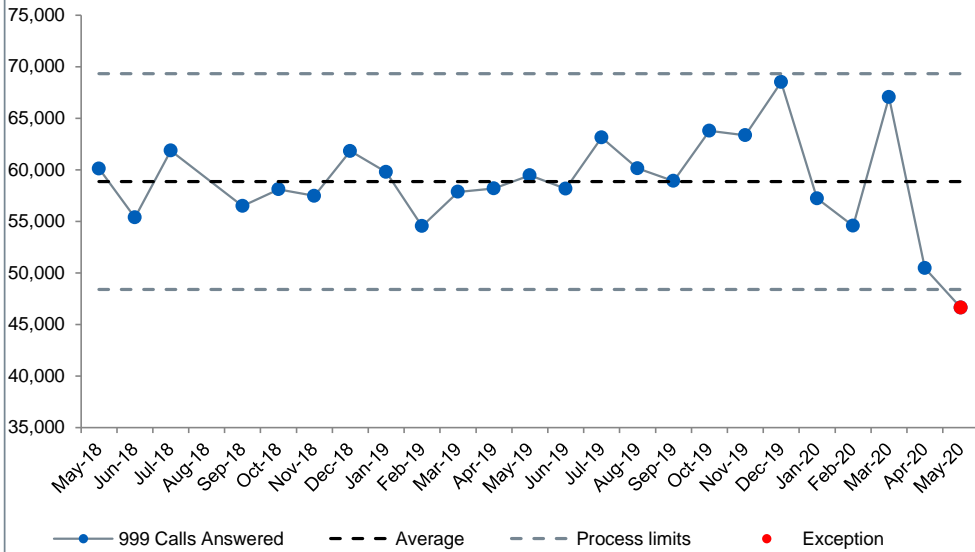
The overall sickness rate decreased in May and returned to the trust average. During the COVID-19 pandemic the NHS has seen higher levels of sickness absence and this is reflected in the rise of short term sickness. However May saw a continued reduction of sickness absence and Covid related abstraction.

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

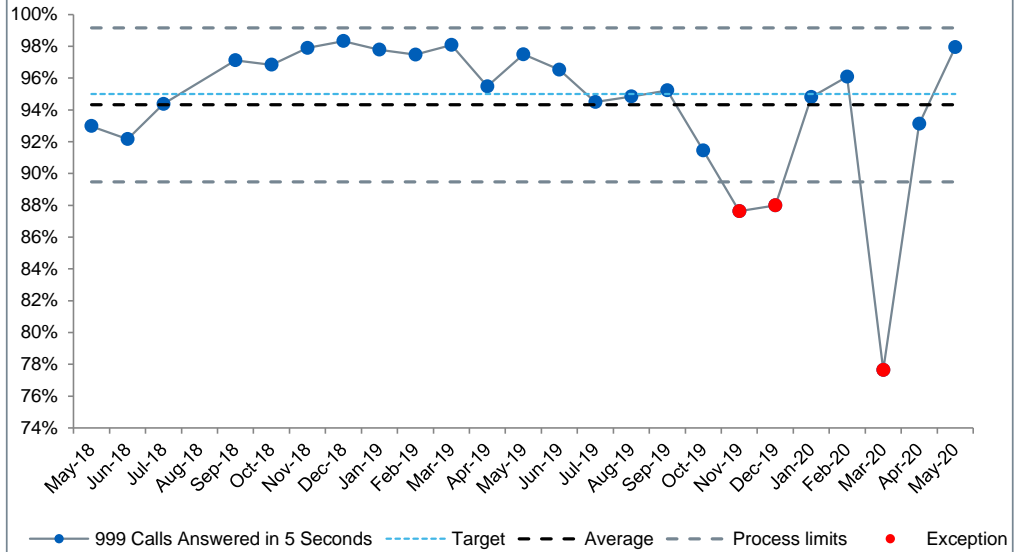
Overtime uptake was high and the impact on staff is being taken into consideration to ensure they are rested and their wellbeing is considered in line with current policy.

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.

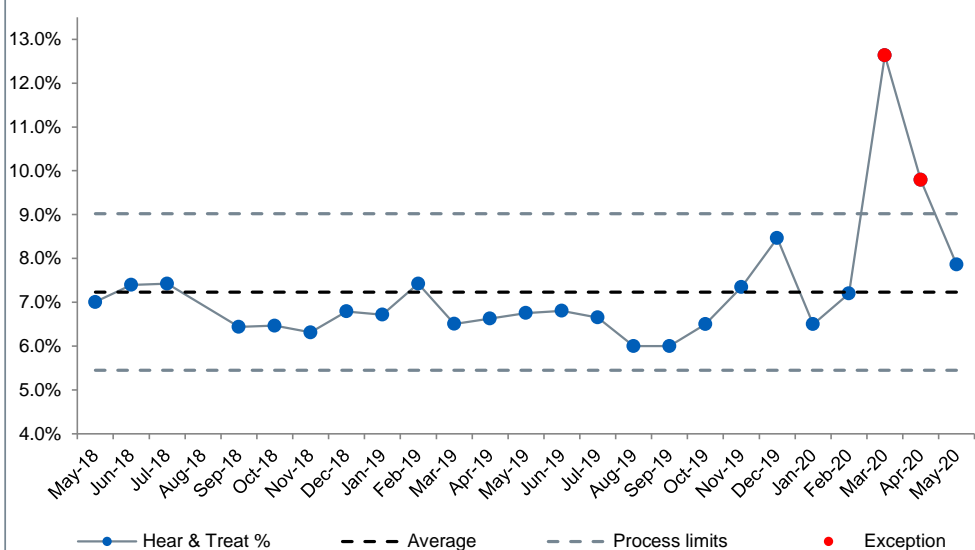
EOC Chart 1: Demand - 999 Calls Answered



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



EOC Chart 3: Performance - % Hear & Treat



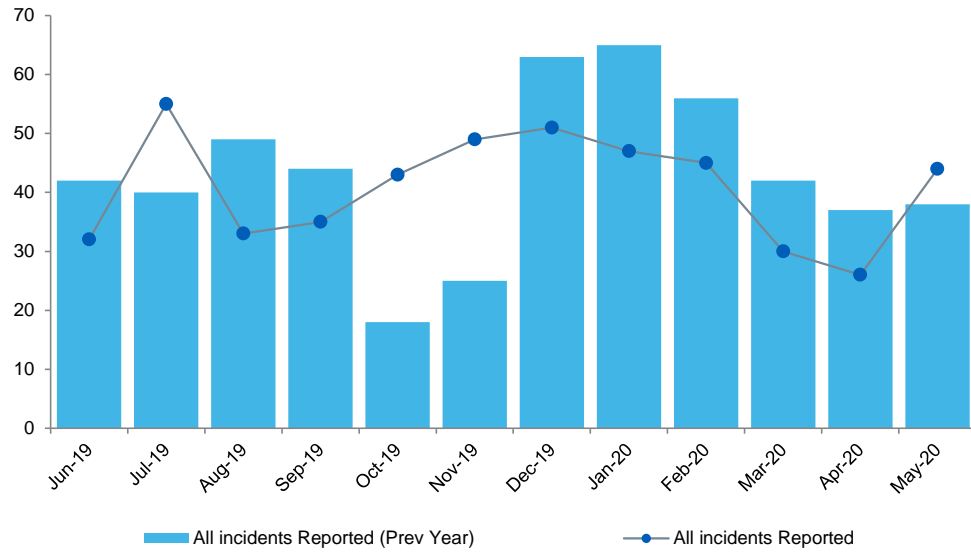
Performance Commentary:

Against the background of the Covid 19 Pandemic, national lockdown and the introduction of the National Pandemic card 36, call demand decreased again in May.

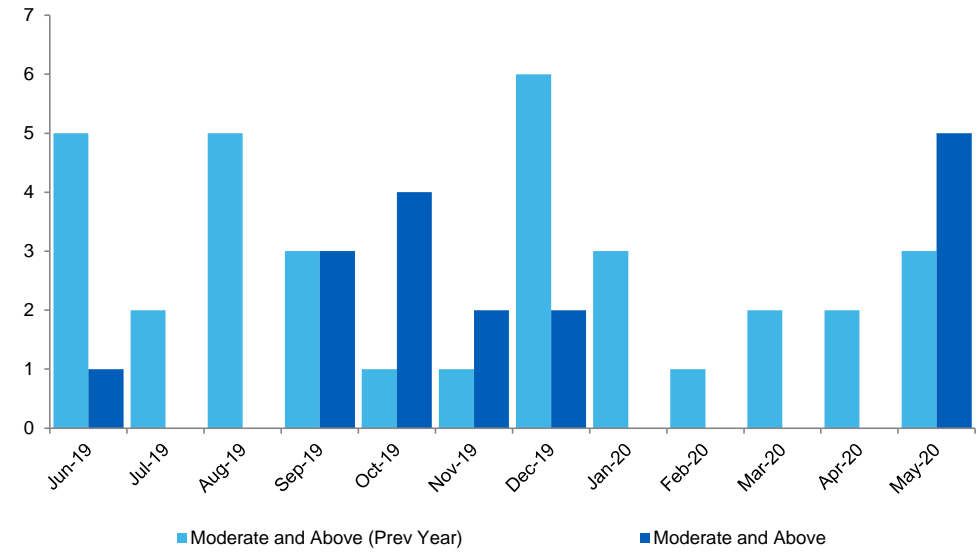
The proportion of calls answered in 5 recovered and delivered over the 95% KPI. The impact of staff absence within call handling teams reduced which facilitated this increased improvement. Significant effort has gone into training additional call handling staff which supported improvement towards April month end and carried over throughout May.

Hear and Treat performance fell in May as a result of the Card 36 process and the reduction of demand. However this was still a positive position against the previous trend and will be captured as part of the A+E Operational recovery plans.

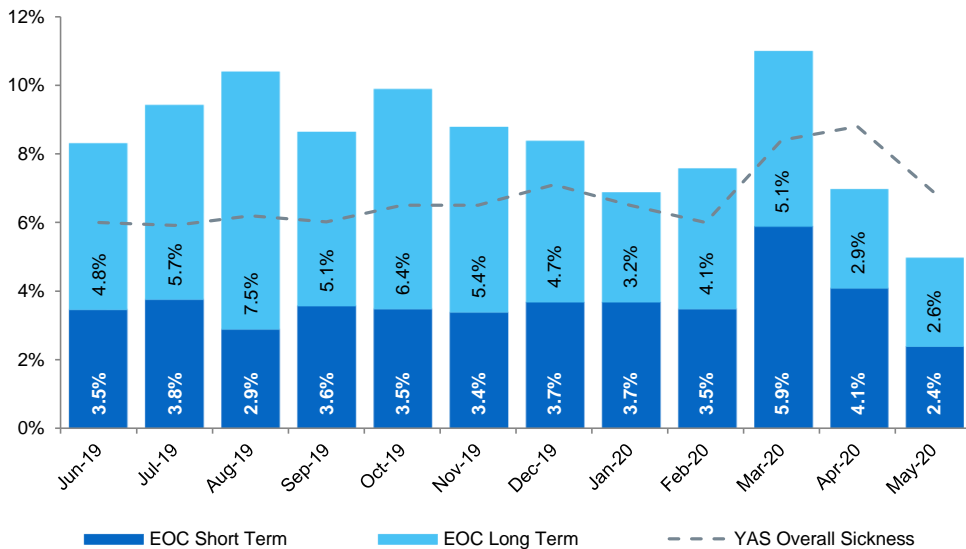
EOC Chart 4: Quality - Reported Incidents



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



EOC Chart 6: Workforce - Sickness



Quality Commentary:

The total number of incidents rose in May and rose above that experienced in the previous year. The level of incidents classed as moderate or above also rose in May. This is a one month variation but is currently under review internally and with reference to the natural process to determine if there are any underlying issues.

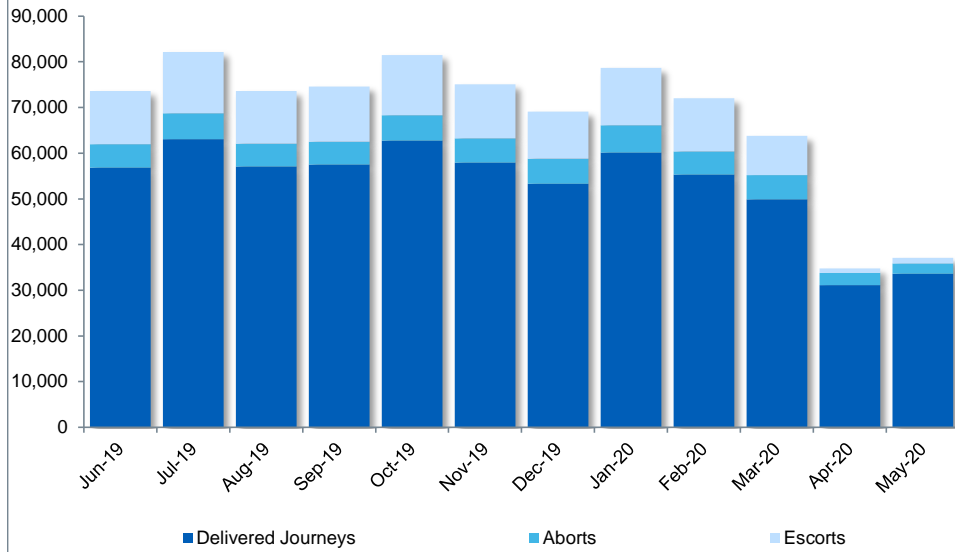
Workforce Commentary:

The long term sickness rate showed a further significant fall in May. The levels of Covid related absence had a significant impact upon EOC performance KPI's. However overall sickness has fallen for the second consecutive month and is now below the Trust average.

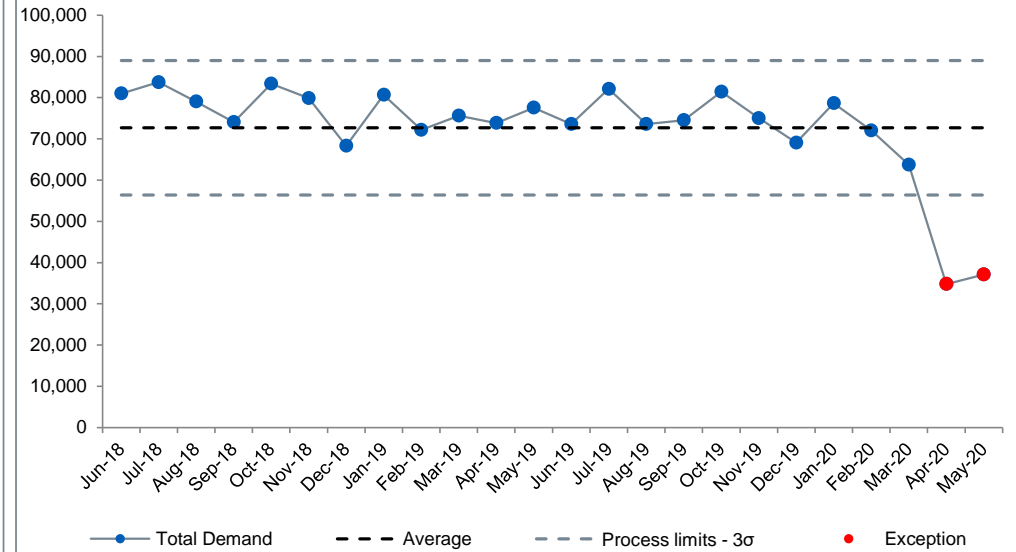
Actions taken to safeguard staff in EOC through social distancing protective measures have been well received and contributed to the overall wellbeing of the staff in that environment.

Lessons learned in supporting EOC staff through 'working safely' guidance will be captured and taken into the recovery process.

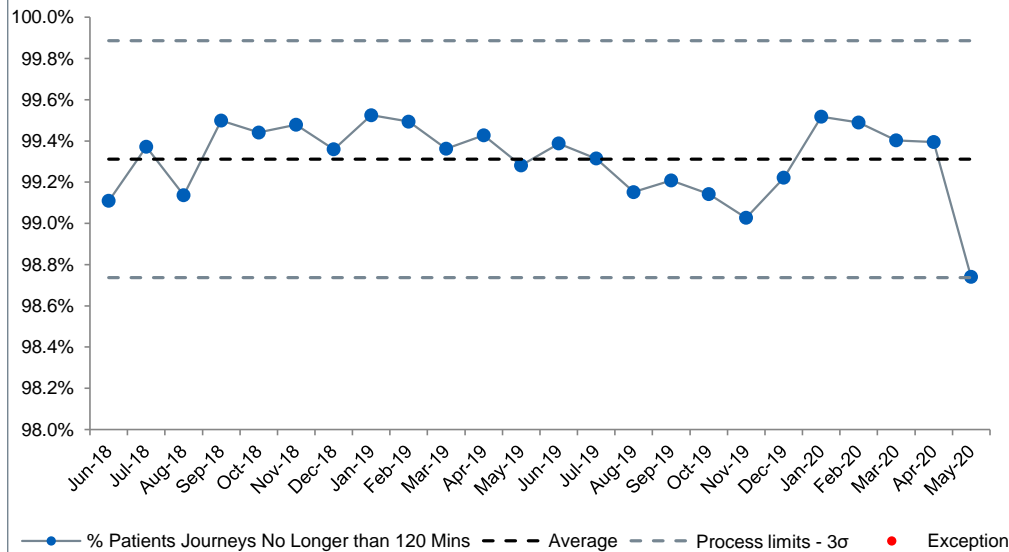
PTS Chart 1: Demand - Journeys



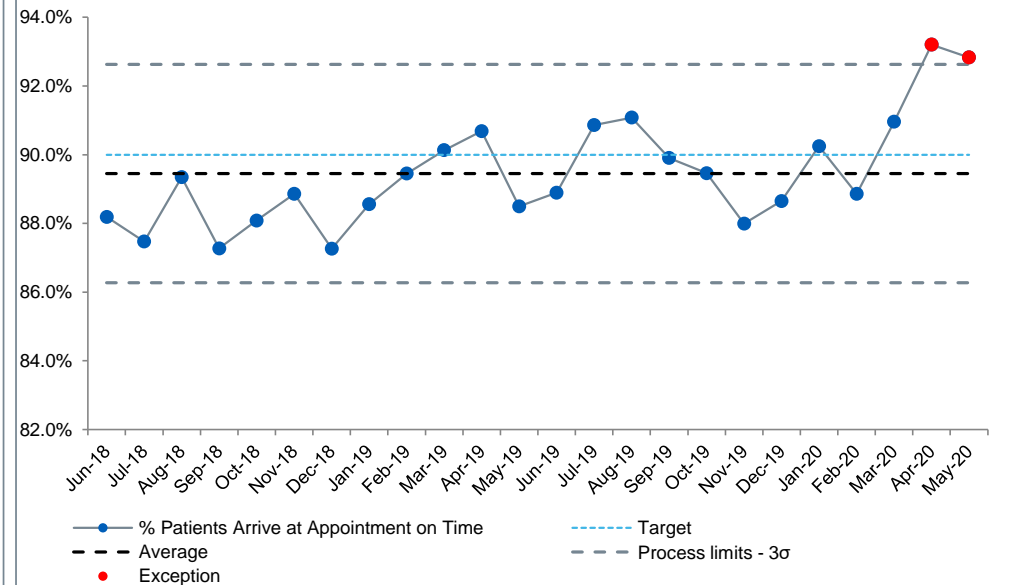
PTS Chart 2: Demand - Total Demand



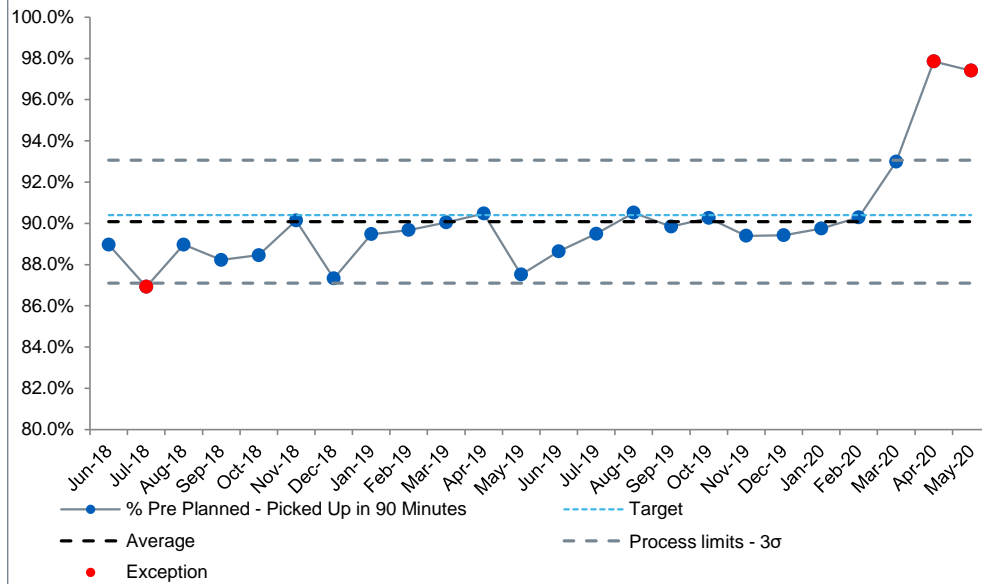
PTS Chart 3: % Patients Journeys to be no longer than 120 Minutes



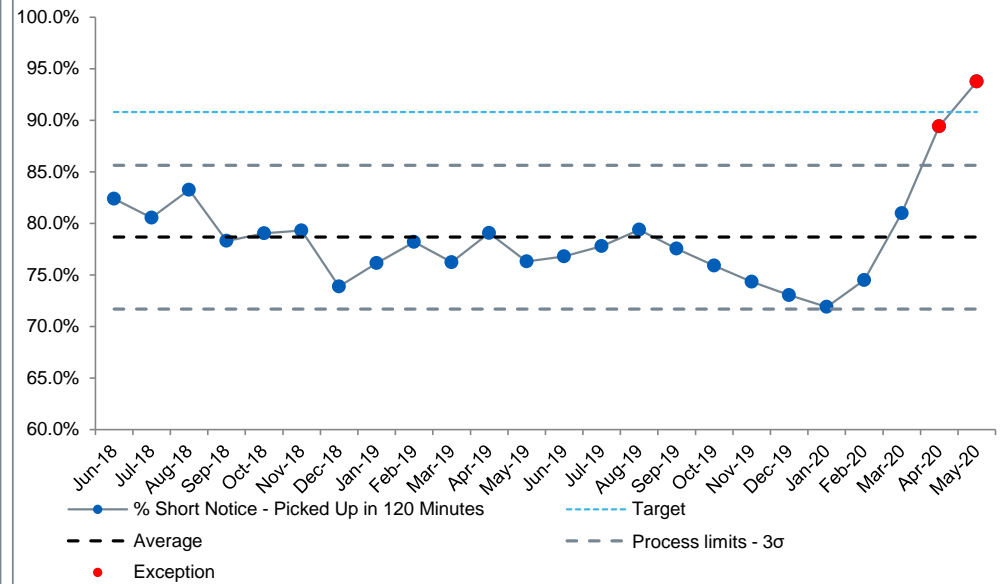
PTS Chart 4: % Patients Arrive at Appointment on Time



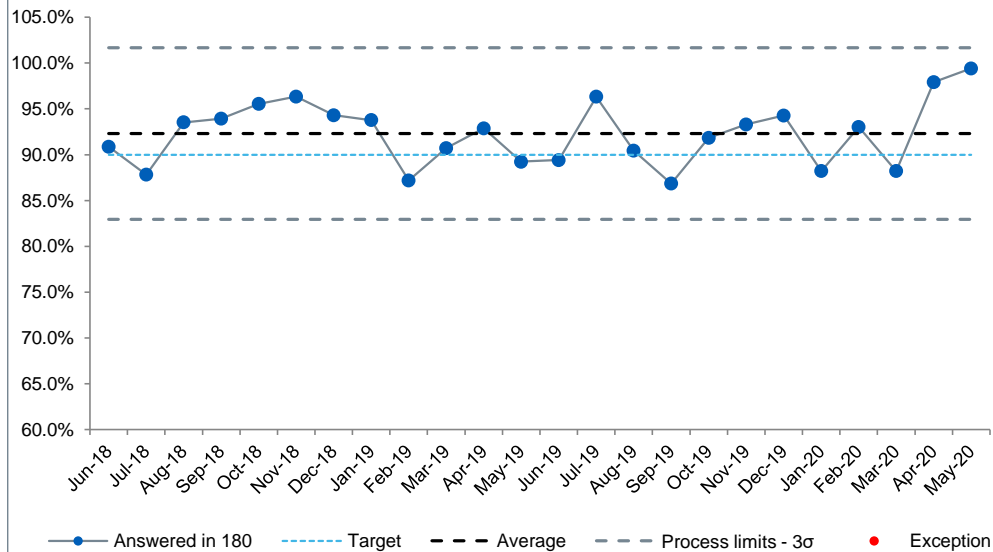
PTS Chart 5: Performance - % Pre Planned - Picked Up in 90 Minutes



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



PTS Chart 7: Telephony - Calls Answered within 180 Seconds



Performance Commentary:

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.

Demand remains significantly down due to the COVID 19 incident representing 50% of BAU w/c 08.06.20. Demand, however, is forecast to increase in line with Acute Trust plans to recommence elective care. PTS staff have convey 4,932 suspected and positive patients (end of May).

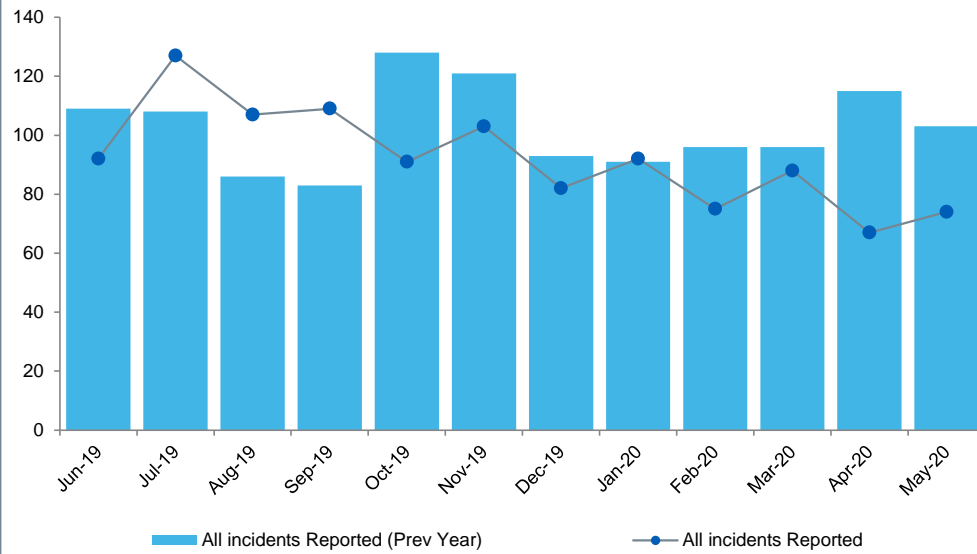
The current contractual KPI performance measures have been suspended in line with NHS England Guidance due to COVID 19.

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

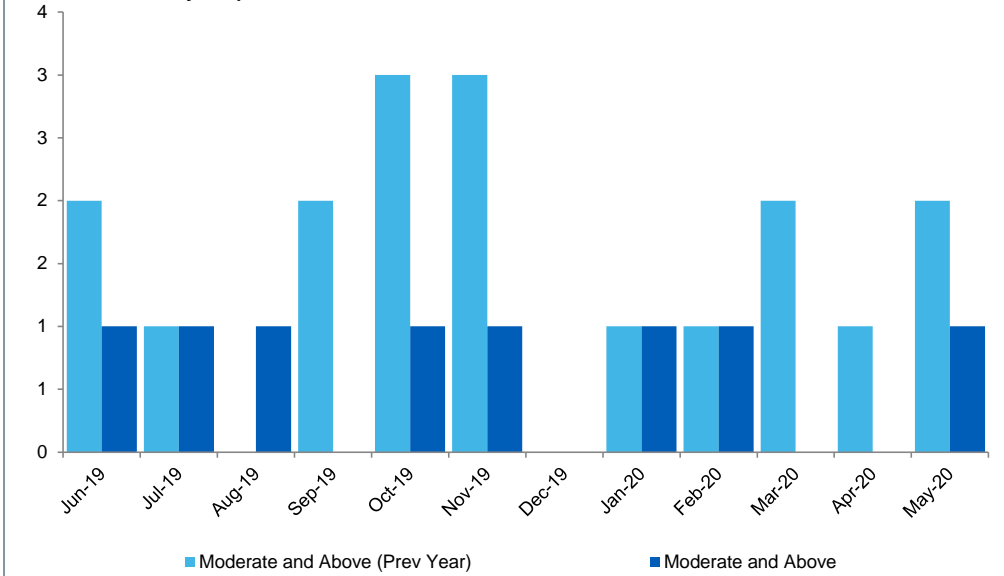
As part of the emergency response to COVID-19, NHS England guidance seeks to support a rapid discharge service within 1-2 hours of notification. On average we are handling around 300 discharges and 1,500 outpatient journeys per day.

To date, 218 of our PTS vehicles have been fitted with bespoke-fit temporary passenger bulkheads, exceeding national guidance for PTS vehicles. This will also prepare the service to respond future outbreaks occur.

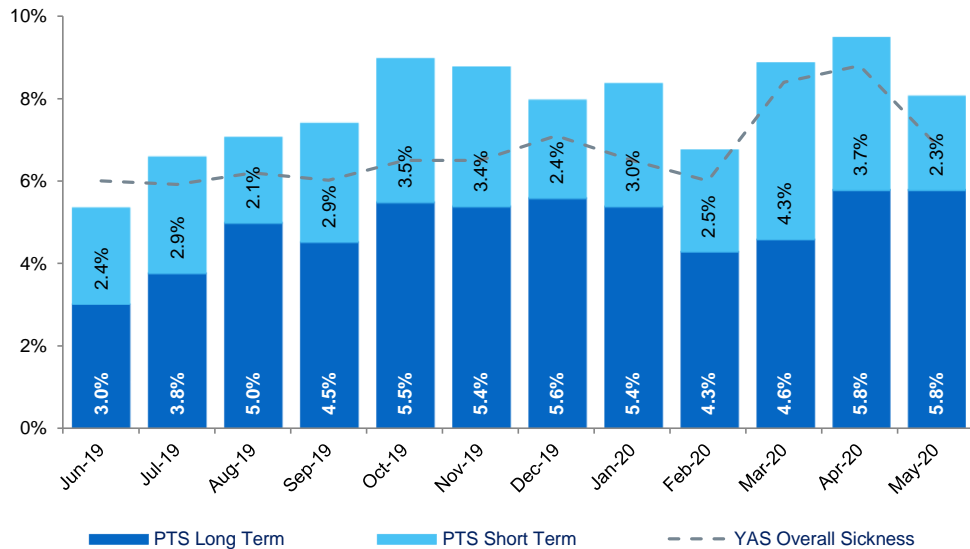
PTS Chart 8: Quality - Reported Incidents



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



PTS Chart 10: Sickness



Quality Commentary:

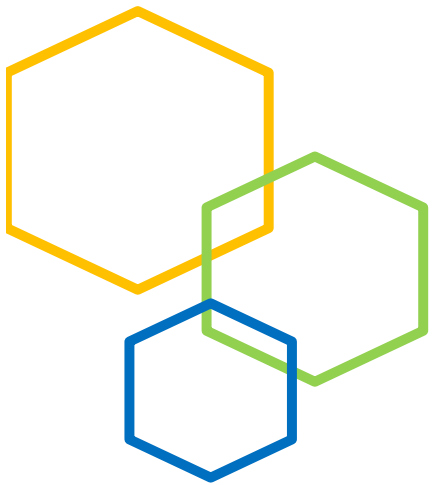
There was a slight increase in the number of reported incidents in May rising by 7 on the previous month. However, April and May had the lowest number of incidents recorded throughout the year. Moderate and above incidents still remain low compared to the previous year.

Workforce Commentary:

Long term sickness for May remains static. There has been a 1.4% drop in short term sickness compared to April and overall sickness stands at 8.1.

The PDR rate increased slight to 80.31% with compliance reflecting sickness levels and the current operating climate. However, it still remains the highest rate within the Trust. Statutory and Mandatory workbooks are still under review.

The Trust and PTS Service Line report daily on sickness broken down by COVID related absences. May experienced a significant decrease in COVID related absences to average 65 absent.



National Benchmarking

Ambulance Quality Indicators

May 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)	63,679	93,014	91,736	61,881	72,232	68,570	35,461	87,276	60,484	45,999
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	55.9%	58.5%	54.9%	57.8%	57.2%	53.8%	56.3%	46.8%	49.6%	47.6%
C1 Incidents	6.7%	7.0%	7.0%	7.7%	7.6%	5.8%	6.1%	5.8%	5.5%	5.4%
C2 Incidents	49.2%	51.5%	47.9%	50.1%	49.6%	48.1%	50.3%	41.0%	44.1%	42.2%
C3 Incidents	25.2%	23.4%	19.5%	28.1%	22.4%	26.7%	27.5%	39.0%	39.2%	35.7%
C4 Incidents	1.5%	1.4%	5.2%	0.5%	0.9%	1.1%	1.6%	2.5%	0.9%	2.7%
C5 Incidents	0.5%	1.8%	1.2%	1.8%	7.9%	8.1%	0.1%	0.1%	0.0%	0.5%
HCP/IFT 1-4 Hour Incidents	9.0%	4.1%	8.1%	5.0%	4.1%	5.0%	8.0%	6.1%	5.1%	7.2%
Hear and Treat	7.9%	10.8%	11.1%	6.6%	7.3%	5.3%	6.4%	3.6%	5.9%	7.6%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:11	00:05:52	00:06:50	00:06:17	00:06:17	00:06:46	00:06:11	00:07:00	00:07:00	00:06:18
C1-90th centile response time (Target 00:15:00)	00:12:17	00:09:53	00:11:21	00:11:01	00:11:25	00:12:10	00:10:18	00:12:06	00:13:10	00:11:16
C2-Mean response time (Target 00:18:00)	00:12:23	00:08:54	00:15:11	00:13:54	00:14:51	00:17:24	00:18:10	00:10:57	00:14:28	00:11:31
C2-90th centile response time (Target 00:40:00)	00:22:35	00:15:06	00:28:36	00:26:40	00:28:48	00:34:08	00:36:17	00:19:04	00:26:58	00:21:39
C3-Mean centile response time (Target 01:00:00)	00:21:17	00:22:02	00:38:15	00:25:49	00:29:32	00:32:16	00:37:53	00:17:13	00:45:06	00:28:35
C3-90th centile response time (Target 02:00:00)	00:45:53	00:47:32	01:25:46	00:58:20	01:08:37	01:11:56	01:27:37	00:31:02	01:40:20	01:03:29
C4-90th centile response time (Target 03:00:00)	01:36:45	01:31:13	02:10:27	01:25:20	02:06:46	01:53:10	01:45:35	00:50:17	02:14:44	01:47:29
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	50.6%	51.0%	51.9%	52.2%	50.3%	48.2%	51.9%	47.1%	55.5%	47.8%
Incidents with transport not to ED	7.8%	4.6%	5.8%	5.9%	4.3%	4.8%	8.1%	7.5%	1.5%	5.6%
Incidents with face to face response	33.7%	33.7%	31.2%	35.3%	38.0%	41.7%	33.6%	41.8%	37.1%	38.9%
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%