



# Integrated Performance Report

July 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).

Single Oversight Framework Score Improvement Model Ambulance (July 2019)



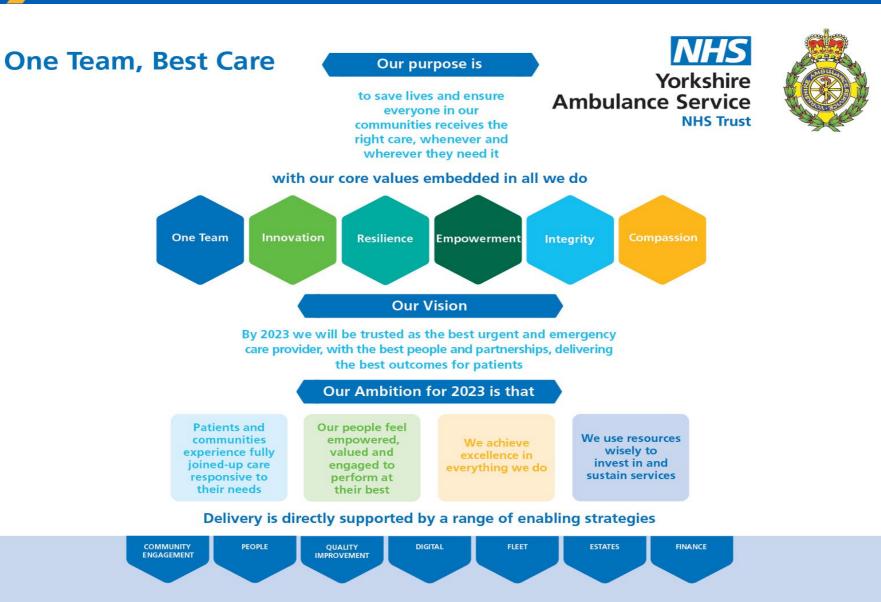
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#### Strategy 2018 - 2023



**Ambitions & Key Priorities** 

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**

- 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.
- 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.
- 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.

#### **External System Pressures**

- National Phase 3 Planning Guidance now released; requiring system level planning submission, based on Activity, Workforce and Finance.
- Demand modelling and assumptions being developed against the guidance.
- Increased emphasis on the NHS People Plan and Mental Health Guidance.
- Ongoing YAS engagement with system level planning to support Phase 3 Plan submission.
- Winter and flu vaccination planning commenced.
- Further analysis being undertaken across each ICS to understand capacity and resource requirements until March 2021.
- Regional engagement continuing, to develop a regional approach to NHS111 response, supporting wider system capacity and flow.
- YAS engagement in wider planned care forums to ensure YAS service offers remain appropriate and effective.

	Summary of	F Exceptions July 2020
Service Line	Indicator ID	Exception Commentary
		Calls Offered - IUC is seeing demand above contract ceiling levels which is similar to other 111 providers across the country.
IUC	001	Clinician Called Back within 1 Hour - Clinical call back for the month of July is below target however on track overall YTD. The acuity of patient mix seems to increase the clinical workload and this is under investigation to understand more.
		Bookings into UTC - Face to face bookings have been reduced to support safer working in light of covid.
		Bookings into IUC Treatment Centres -Face to face bookings have been reduced to support safer working in light of covid.
EOC	002	Telephony - 999 Calls Answered within 5 Seconds - Staffing challenges since the outbreak of the Covid pandemic have had significant impact on the EOC staff group. The level of abstraction has been challenging to manage through mitigation and shielding staff within EOC continues to impact on staff availability. In addition call handling times have extended due to additional questions and process introduced through the Pandemic actions. WTE staffing has seen a challenge against budgeted levels and although decrease in call demand has been noted spikes of demand against available staffing at key times, especially overnight, have had a significant impact on call handling KPI's. This has been difficult to mitigate with overstaffing for short periods resulting in overstaffing for long periods. Additional recruitment and training is underway to resolve this but is unlikely to impact until December. Additional support from the trained volunteers has been significantly less post lockdown but all options to mitigate staffing position through OT and sliding shifts is being explored to improve the current call answer challenge.
	009	PDR Staff Appraisals - Given the staffing challenges and focus on operational utilisation PDR's have slipped however recovery plans have been developed to see an improvement.
	003	Average Turnaround Time - Although Hospital Turnaround time is an exception against the 30 min std. The average time is now the lowest it has been in the last 12 month period. This is as a result of significant improvements in arrival to handover times at all hospitals where there has been significant under performance in the past.
	009	PDR Staff Appraisals - Given the staffing challenges and focus on operational utilisation of the Clinical Supervisor staff, PDR's have slipped however recovery plans are underway to catch up on lost ground.
A+E	A&E Chart 3	Demand - See, Treat & Refer % - See treat and refer had seen an upward trend for several months pre covid, this was built upon during the early stages of the Covid pandemic and many patients calling 999 were dealt with without attendance at A+E. Actions such as the introduction of the Specialist advice cell in A+E supported Clinicians on scene with decision making and further advice. This continues to be the case and has resulted in continued positive exception which is a key work stream being taken forward through recovery and the IUEC Programme via the EOC work stream.
	A%E Chart 4	Demand - See, Treat & Convey % - This exception is the mirror of the above as conveyance to hospital declined as a result.
	004	Calls Answered within 180 Seconds - July has seen an increase in booking call volumes with more callers requiring to undertake screening questions which increases the average length of calls. Sickness was poor in reservations in July resulting in a significant drop and action is underway to improve sickness.
PTS	009	PDR Staff Appraisals - although current rate is below the Trust target, compliance improved in July by 1.3 percentage point.
	PTS Chart 6	Performance - % Short Notice - Picked Up in 120 Mins - Performance for discharge at acute sites in North, East and Mid Yorkshire has been down due to exceptionally high levels of discharge demand. NB contractual KPIs for performance have been suspended due to Covid discharge requirements.

	Summa	ary of I	Exceptions July 2020
Service Line	Indica	ator ID	Exception Commentary
INFORMATION MANAGEMENT	0	16	Although FOI compliance at 70.6% is high, it is a slight drop from the previous month. However this has been due to internal pressures placed upon the Legal Services Department with a key member of staff being absent from work which has had a direct impact upon the FOIA workstream within the department. IG compliance is improving but at 83.3% is below the 95% target which is required to comply with the DSP toolkit submission which is due on 30th September. Mitigating actions are underway to contact Information Asset Owners and senior managers to encourage staff who's training has expired or is due to expire within the next month to complete the training as soon as possible to further increase this percentage ahead of the end of September deadline.
FINANCE	019	020	In line with COVID-19 Financial Regime the Trust is in a breakeven position at M3. A full review of financial metrics will be undertaken and aligned to the Trust's overarching COVID-19 recovery plan.

		Patient	s & Communities	S													July	2020
Indiantan ID	K 0			A	0	0.440	No. 40	D	1 00	Est 00	M 00	A	Mar. 00	hur 00			Jul-20	
Indicator ID	Key Op	erational Stand	ard Description	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Target / Forecast	Actual	Actual v Target/Fcast
			Calls Offered	134,814	126,624	137,427	156,871	175,308	144,564	148,175	308,185	175,235	153,686	133,386	139,324	128,644	139,324	
			Call Answered	121,422	115,557	122,183	132,591	160,403	135,455	135,463	155,346	143,075	141,878	127,239	132,417		132,417	
		Calls	Answered within 60 Seconds	86.8%	89.0%	81.7%	75.8%	83.1%	90.7%	85.0%	26.2%	67.3%	87.8%	94.8%	90.1%	90%	90.1%	
			Core Clinical Advice	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%	28.3%	28.2%	28.0%	30.7%	32.7%	31.3%	30%	31.3%	
001	Integrated Urgent Care	Clinic	ian Called Back within 1 Hour	62.9%	59.1%	53.2%	51.2%	56.9%	59.8%	46.6%	45.9%	71.7%	70.4%	58.1%	56.2%	60%	56.2%	▼
001	integrated orgenit bare	Direct Bookings		47.3%	46.6%	44.9%	44.7%	45.2%	45.8%	45.0%	35.0%	29.9%	35.1%	34.0%	33.4%	30%	33.4%	<b>A</b>
			Bookings into UTC	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%	56.7%	49.0%	16.0%	15.1%	18.8%	21.5%	50%	21.5%	$\mathbf{V}$
		Bookings into IUC Treatment Centres		60.4%	61.7%	61.2%	60.4%	60.2%	62.9%	61.6%	55.5%	48.3%	49.9%	51.4%	48.3%	95%	48.3%	V
			ED Validations		53.1%	54.6%	52.1%	46.6%	50.8%	37.7%	29.9%	33.0%	35.4%	52.8%	53.0%	50%	53.0%	▲
		Ambulance Validations		98.9%	98.7%	97.5%	98.1%	97.8%	98.3%	90.4%	53.6%	74.3%	94.1%	97.6%	96.4%	95%	96.4%	
002	EOC	Tele	phony - 999 Calls Answered	60,147	58,919	63,779	63,358	68,507	57,223	54,569	67,046	50,458	46,629	47,355	53,867		53,867	
002	EOC	Telephony - 999 Calls Answered within 5 Seconds		94.8%	95.2%	91.4%	87.6%	88.0%	94.8%	96.1%	77.6%	93.1%	97.9%	93.0%	93.8%	95%	93.8%	▼
		All	Activity (H&T + STR + STC)	69,246	67,636	71,982	71,517	76,409	72,149	67,218	73,608	64,197	64,125	63,924	68,032		68,032	
		Hear & Treat (H&T) See, Treat & Refer (STR)		6.0%	6.0%	6.5%	7.3%	8.5%	6.5%	7.2%	12.6%	9.8%	7.9%	7.6%	7.6%		7.6%	
				25.1%	24.9%	24.5%	23.9%	25.0%	25.1%	25.5%	31.0%	39.0%	33.4%	30.7%	29.6%		29.6%	
		S	See, Treat & Convey (STC)		69.1%	69.0%	68.8%	66.7%	68.4%	67.3%	56.4%	51.2%	58.7%	61.7%	62.7%		62.7%	
		99	9 Responses (STR + STC)	65,078	63,537	67,273	66,263	70,017	67,446	62,407	64,362	57,916	59,083	59,057	62,855	70,509	62,855	▼
			Mean	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	00:06:59	00:06:59	00:07:00	00:06:59	<b>V</b>
003	A&E Operations	Category 1	90th Percentile	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	00:12:13	00:12:01	00:15:00	00:12:01	<b>V</b>
			Mean	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	00:13:32	00:15:34	00:18:00	00:15:34	<b>V</b>
		Category 2	90th Percentile	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	00:25:24	00:30:52	00:40:00	00:30:52	
		Category 3	90th Percentile	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	00:56:19	01:11:42	02:00:00	01:11:42	▼
		Category 4	90th Percentile	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	01:45:04	02:11:59	03:00:00	02:11:59	▼
		A	verage Turnaround Time	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	00:35:35	00:34:30	00:30:00	00:34:30	
		Average Job Cycle Time (Responses)		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	01:45:08	01:47:41		01:47:41	
		Journeys		73,568	74,545	81,442	75,033	69,065	78,620	72,004	63,751	30,448	37,068	44,138	53,887	82,124	53,887	
	Patient Journeys < 120 Minutes Patients Arrive at Appointment on Time		99.2%	99.2%	99.1%	99.0%	99.2%	99.5%	99.5%	99.4%	99.4%	98.7%	98.5%	97.9%	90.0%	97.9%		
			Arrive at Appointment on Time	91.1%	89.9%	89.5%	88.0%	88.7%	90.2%	88.9%	91.0%	93.2%	92.8%	92.5%	90.1%	90.0%	90.1%	
004	PTS		anned - Picked Up in 90 Minutes	90.5%	89.8%	90.3%	89.4%	89.4%	89.7%	90.3%	93.0%	97.9%	97.4%	96.9%	93.5%	90.4%	93.5%	
			Notice - Picked Up in 120 Minutes	79.4%	77.5%	75.9%	74.3%	73.0%	71.9%	74.5%	81.0%	89.4%	93.8%	93.8%	91.4%	88.8%	91.4%	
		Calls	Answered within 180 Seconds	90.5%	86.9%	91.9%	93.4%	94.4%	88.3%	93.1%	88.2%	98.0%	99.4%	95.3%	70.9%	90.0%	70.9%	<b>•</b>

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
		% Received STEMI Bundle	53.1%			40.0%			58.7%			N/A		[ ]
005	005 ACQI	% Received Stroke Diagnostic Bundle		93.4%			95.9%			83.6%			N/A	[ ]
		% Received Sepsis Care Bundle			60.9%			72.7%			76.8%			N/A

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

		Dur People														July	2020
	Ken Ore	antional Oten dead Description	Aug 40	0	0-140	No. 40	D	I		May 00	Ame 00	Mar. 00	lun 00	1.1.00		Jul-20	
Indicator ID	Key Ope	erational Standard Description	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Target / Forecast	Actual	Actual v Target/Fcast
006	Workforce	Total FTE in Post	4,690	4,727	4,732	4,773	4,753	4,759	4,777	4,836	4,898	4,924	4,993	4,987		4,987	
000	WOIKIOICE	BME %	5.0%	5.1%	5.2%	5.1%	5.1%	5.1%	5.3%	5.3%	5.2%	5.3%	5.4%	5.4%	11.1%	5.4%	▼
007	Recruitment	New Starters (FTE)	56.6	92.9	62.3	53.1	13.3	44.6	42.1	89.1	104.3	41.8	60.1	50.0		50.0	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	10.0%	9.9%	9.7%	10.1%	9.7%	9.7%	9.7%	9.2%	9.2%	8.7%	8.4%	8.6%		8.6%	
		YAS	74.6%	76.6%	77.6%	76.4%	75.7%	74.6%	75.9%	71.6%	65.5%	64.6%	66.3%	68.1%	90.0%	68.1%	▼
		A&E Operations	76.2%	77.9%	80.2%	80.5%	78.8%	78.3%	78.8%	74.8%	68.2%	63.4%	65.8%	69.0%	90.0%	69.0%	
009	PDR / Staff Appraisals	EOC	60.6%	61.1%	67.0%	65.1%	67.1%	68.7%	68.5%	65.3%	63.9%	69.4%	71.8%	72.5%	90.0%	72.5%	
		Integrated Urgent Care	76.1%	70.9%	67.5%	63.0%	60.8%	56.2%	65.0%	58.6%	58.1%	81.5%	89.6%	93.4%	90.0%	93.4%	
		PTS	83.0%	90.9%	89.1%	86.2%	88.4%	86.9%	87.7%	82.9%	74.5%	80.3%	79.9%	81.2%	90.0%	81.2%	
		YAS	98.2%	98.3%	98.4%	98.0%	97.6%	97.2%	97.6%	97.4%					90.0%		
		A&E Operations	98.6%	98.9%	99.0%	98.6%	98.2%	97.8%	97.9%	97.8%					90.0%		
010	Training: Stat & Mand (Substantive Employees)	EOC	97.2%	98.5%	97.7%	97.7%	97.4%	96.5%	98.3%	98.0%	Stat Mand	Reporting is	currently u	nder review	90.0%		
	(	Integrated Urgent Care	98.6%	98.7%	98.7%	98.2%	96.1%	95.7%	97.1%	96.7%	]				90.0%		
		PTS	99.6%	99.5%	99.5%	99.6%	100.0%	100.0%	100.0%	100.0%	]				90.0%		
		Total Sickness Rate	6.2%	6.0%	6.5%	6.5%	7.1%	6.5%	6.0%	8.4%	8.8%	6.9%	6.2%	5.9%		5.9%	
011	Health & Wellbeing	Long Term Sickness Rate	3.9%	3.8%	4.0%	3.7%	4.3%	3.8%	3.6%	3.8%	3.8%	4.0%	3.9%	3.7%		3.7%	
		Short Term Sickness Rate	2.3%	2.3%	2.6%	2.8%	2.8%	2.7%	2.5%	4.6%	5.0%	2.9%	2.3%	2.2%		2.2%	

		Achieving E	xcellence														July	2020
Indiantes ID	Ken Or	and in all Oten dead Decemint		Aug 40	0	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		Jul-20	
Indicator ID	Key Op	perational Standard Descript		Aug-19	Sep-19	001-19	NOV-19	Dec-19	Jan-20	Feb-20	War-20	Арт-20	Way-20	Jun-20	Jui-20	Target / Forecast	Actual	Actual v Target/Fcast
		All Repo	orted	605	638	666	736	735	801	739	687	524	633	716	758		758	
012	Incidents	Serio	us	1	1	1	6	7	2	2	4	1	1	3	1		1	
		Moder		22	17	14	23	23	8	23	16	11	18	22	31		31	
		Medication		52	66	75	69	69	60	64	50	43	58	81	63		63	
			Complaint	22	17	19	20	13	16	16	21	17	15	25	29		29	
		A&E	Compliment	107	102	88	117	102	125	109	91	82	69	87	104		104	
			Concern	15	21	23	12	20	17	15	10	8	7	16	18		18	
			Service to Service	16 7	9	26	25	16	29	23	13 1	21	21	18	33		33	
			Complaint Compliment	2	4	11 0	18 4	12 2	4	6 3	3	6 1	5 0	9	10 1		10 1	<u> </u>
		EOC	Concern	2	3	17	4 9	17	6	8	3	0	1	9	3		3	+
				10	8	17	9 18	23	20	5	3 15	2	4	9	3 13		3 13	+
013	Patient Relations		Service to Service Complaint	34	17	29	18	31	19	24	14	9	15	18	13		13	<u> </u>
			Compliment	2	7	4	7	12	10	4	2	2	5	7	8		8	<u> </u>
	Integrated Urgent Care	Concern	1	2	6	3	9	2	3	1	1	3	1	2		2		
			Service to Service	25	46	21	17	17	26	40	52	31	24	43	53		53	
			Complaint	16	16	14	15	7	9	11	14	2	6	9	6		6	
			Compliment	10	6	4	7	9	5	3	2	2	2	1	11		11	
		PTS	Concern	24	28	31	23	22	24	24	24	10	3	7	12		12	
			Service to Service	22	15	27	24	24	47	34	22	7	7	7	24		24	
		Stroke - Call to Hosp	ital Arrival (Mean)	01:10	01:13	01:21	N/A	01:11	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
014	Clinical Outcomes Data	Stemi - Call to Catheter Ins	ertion for Angio (Mean)	02:17	02:03	02:06	02:18	02:12	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
014	Clinical Outcomes Data	ROSC (U	tstein)	54.1%	51.4%	61.1%	75.0%	52.9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
		Survival (L	Jtstein)	30.0%	30.3%	34.6%	30.4%	41.4%	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
015	Safeguarding	Adult Ref	errals	918	887	906	1,013	1,045	1,049	947	749	833	1,054	1,030	1,095		1,095	
015	Saleguarung	Child Ref	errals	519	575	587	551	540	603	638	532	441	539	608	653		653	
016	Information Management	Information Governance	Training Compliance	95.0%	95.2%	95.2%	73.3%	70.3%	64.3%	72.3%	72.3%	72.8%	76.1%	81.3%	83.3%	95%	83.3%	$\mathbf{V}$
010	mormation wanagement	FOI Request 0	Compliance	60.0%	42.5%	60.5%	32.3%	61.9%	69.7%	70.3%	57.1%	56.0%	83.3%	85.7%	70.6%	90%	70.6%	•
		Hand Hy	giene	99.0%	98.0%	99.1%	98.3%	98.4%	99.3%	98.8%	98.9%	99.8%	100.0%	99.0%	99.0%	95%	99.0%	<b>A</b>
017	IPC Audit	Premi		99.0%	99.0%	98.9%	99.0%	96.7%	98.4%	98.3%	98.7%	98.8%	100.0%	99.0%	99.0%	95%	99.0%	<b>A</b>
		Vehic	le	99.0%	99.0%	99.4%	99.1%	98.0%	98.7%	99.1%	98.4%	99.3%	99.0%	99.0%	98.0%	95%	98.0%	<b>A</b>
		National CCG2: Staf										No reportin	g required					
	National CCG10: Ambulance – Access to Patient           Information at Scene (Assurance)           National CCG10B: Ambulance – Access to Patient Information           CG10B: Ambulance – Access to Patient Information           Local 1: Supporting the needs of complex Mental Health           Patients via Teleconferencing										No reportin	g required						
			Access to Patient Information									No reportin	g required					
			of complex Mental Health									No reportin	g required					1
018	018 CQUIN L	Patients via Tele Local 1: IUC/111 Staf										No reportin						<u> </u>
		Local 2: IUC/111 F										No reportin						
		Local 3: IUC/111 Se										No reportin						1
												No reportin						+
	Local 1: PTS Vehicle Electronic Checklist App Local 1: PTS Staff Flu Vaccinations										No reportin							

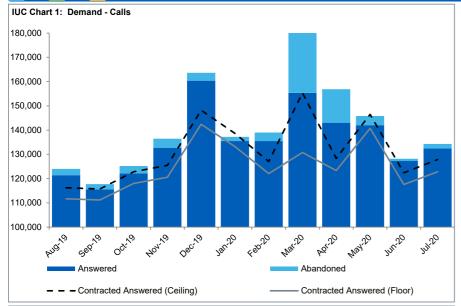
		Res	source & Sustain	abili	ty														July	2020		
																	Jul-20			YTD		
Indicator ID	Key Ope	erational Stanc	lard Description	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Plan	Actual	Plan v Actual	Plan	Actual	Plan v Actual	
			Risk Rating	1	1	1	1	1	1	1	1											
			EBITDA	-1,831	-1,683	-2,073	-1,315	-812	-824	-855	-998											
019	Finance Overview		Surplus	-545	-605	-507	-249	238	4	240	159											
015			Capital	1,685	379	1,152	1,889	1,947	957	2,967	4,908											
			Cash	52,397	52,816	53,688	57,627	58,179	58,364	54,700	46,201	1_	_	_	_							
		CIP		528	560	532	532	532	582	582	623	<u>õ</u>	NOL 10	LION	ION							
			A&E	28	28	28	28	28	28	28	28	EXCEPTION	EXCEPTION	EXCEPTION	EXCEPTION							
			Business Development	0	0	0	0	0	0	0	0											
			CEO Directorate	2	2	2	2	2	2	2	2	SUMMARY	SUMMARY SUMMARY SUMMARY	ARY	SUMMARY							
			Clinical	2	2	2	2	2	2	2	2	ŴŴ	WW	WW	WW							
			Estates	5	19	19	19	19	19	19	19		Ш		E SU							
			Finance Fleet		36	36	36	36	36	36	36	SEE		SEE								
020	CIP				123	87	87	87	87	87	123	LEASE		PLEASE (								
			Planned & Urgent Care	66	66	67	67	74	81	81	82	PLE	PLEASE	LE								
			Quality, Governance	0	0	0	0	0	0	0	0	_	-	-	-							
			Hub & Spoke	0	0	0	0	0	0	0	0											
				Workforce OD	58	57	57	57	57	57	57	56										
			RESERVE	244	227	234	234	227	269	269	274											
		Curre	nt Position (Cumulative YTD)	528	560	532	532	532	5,387	5,969	6,592											
			Vehicle age +7	5.2%	3.2%	3.3%	1.8%	3.5%	6.6%	3.5%	3.5%	6.7%	6.7%	8.9%	8.2%		8.2%					
		A&E	Vehicle age +10	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%		0.2%					
021			Availability	90.0%	90.2%	91.0%	91.2%	91.7%	91.2%	90.6%	90.6%	92.5%	95.9%	92.7%	92.9%	95%	92.9%	•				
021	Transportinicet		Vehicle age +7	31.0%	16.7%	16.9%	19.4%	15.3%	10.7%	16.7%	16.7%	8.6%	8.6%	17.7%	18.2%		18.2%					
		PTS	Vehicle age +10	24.1%	24.0%	24.0%	22.5%	26.6%	36.5%	27.2%	27.2%		22.5%	20.8%	16.9%		16.9%					
			Availability	91.0%	92.0%	90.0%	90.0%	88.0%	89.0%	89.0%	89.0%	91.9%	92.4%	93.1%	93.1%	95%	93.1%	▼				

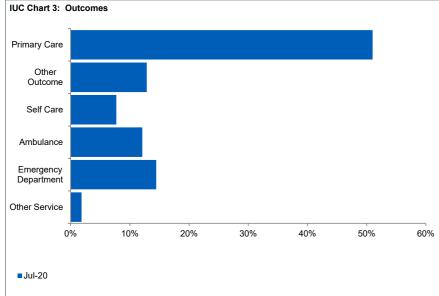


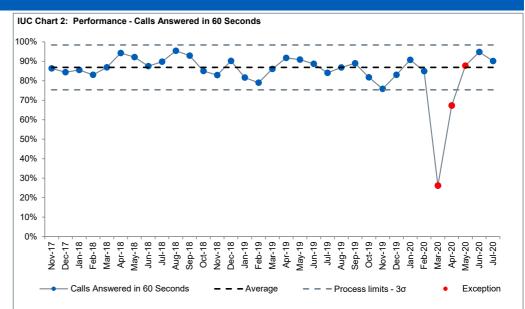


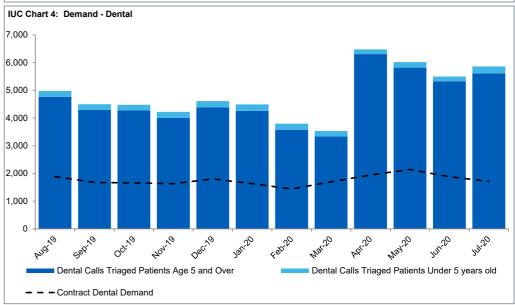














#### IUC Tbl1: IUC KPI's

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%	94.8%	90.1%									84.6%
Core Clinical Advice (30%)	28.0%	30.7%	32.7%	31.3%									30.6%
Clinician Called Back within 1 Hour (60%)	72.2%	70.3%	58.1%	56.2%									64.4%
Direct Bookings * (30%)	29.9%	35.1%	34.0%	33.4%									33.2%
Bookings into UTC * (50%)	16.1%	15.1%	18.8%	21.5%									17.9%
Bookings into IUC Treatment Centres * (95%)	48.3%	49.9%	51.4%	48.3%									49.5%
ED Validations (50%)	33.0%	35.4%	52.8%	53.0%									44.4%
Ambulance Validations (95%)	74.3%	94.1%	97.6%	96.4%									90.3%

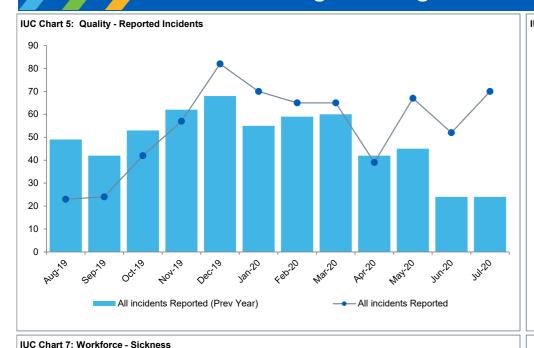
\* U&EC whole system measures - national KPI for IUC treatment centres is a new measure and currently under monitoring with NHS England to be reviewed

Performance Commentary:

Demand (Calls offered) in July saw an increase of 4.8% compared with June, and were above the typical July, with an increase of 7.0% on the same month last year.

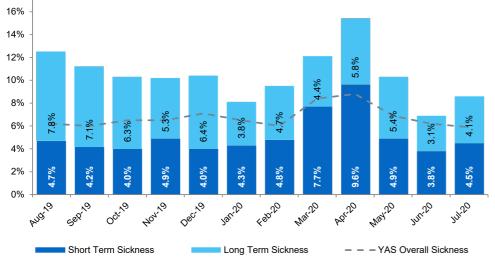
Call Performance was above target again, with the proportion of calls answered in 60 seconds for July at 90.1%, though down slightly (4.7 percentage points) on June's figure. Clinical Advice has was above target for the third month running. Proportion of Call Backs made within 1 hour has reduced below the target for the month but still on track year to date.

ED and Ambulance Validations remained at the improved level seen in June and both were above target levels, though the YTD figures for both are still below target.



<sup>16%</sup> 

18%



#### IUC Chart 6: Quality - Reported Incidents - Moderate & Above 3 2 2 2 2 2 2 2 1 1 1 1 0 0 0 0 0 0 0 0 0 Λ 0 Decrys Jan 20 Mar.20 AUGIO feb-20 P61.30 404,19 May 20 JUN:20 JU1-20 ~ ~ Moderate and Above (Prev Year) Moderate and Above This Year

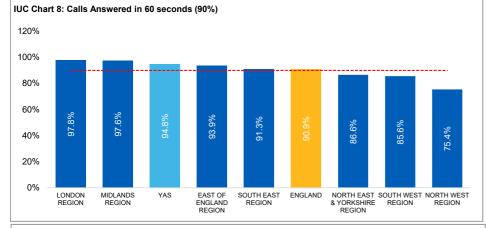
#### **Quality Commentary:**

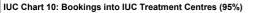
The IUC is involved in a safety review as part of the incidents, complaints and any other issues identified as learning, through the initial covid response phase one period. Recent reported incidents have reduced in June and July.

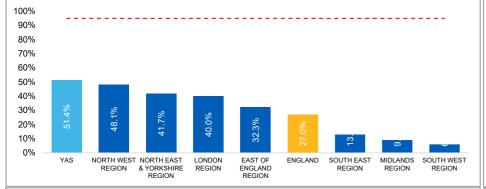
#### Workforce Commentary:

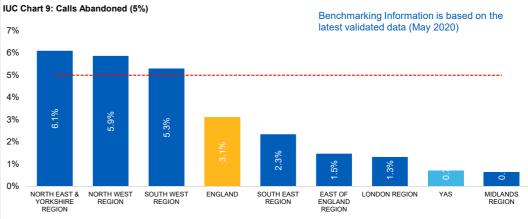
April was the peak absence time for Covid related absence in IUC, similar to other areas of the Trust. Health & Wellbeing support for staff has been in place from the Trust and shielding staff within IUC have been provided with home working solutions where possible for their roles.

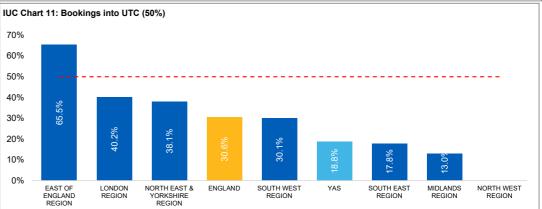
Recently sickness levels have improved; June was the best month within the last 12 months however sickness rose slightly again in July.

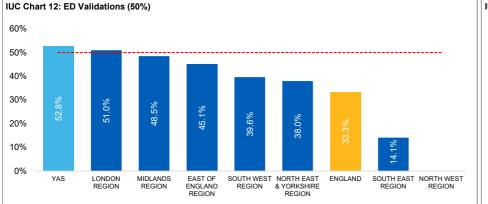


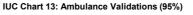






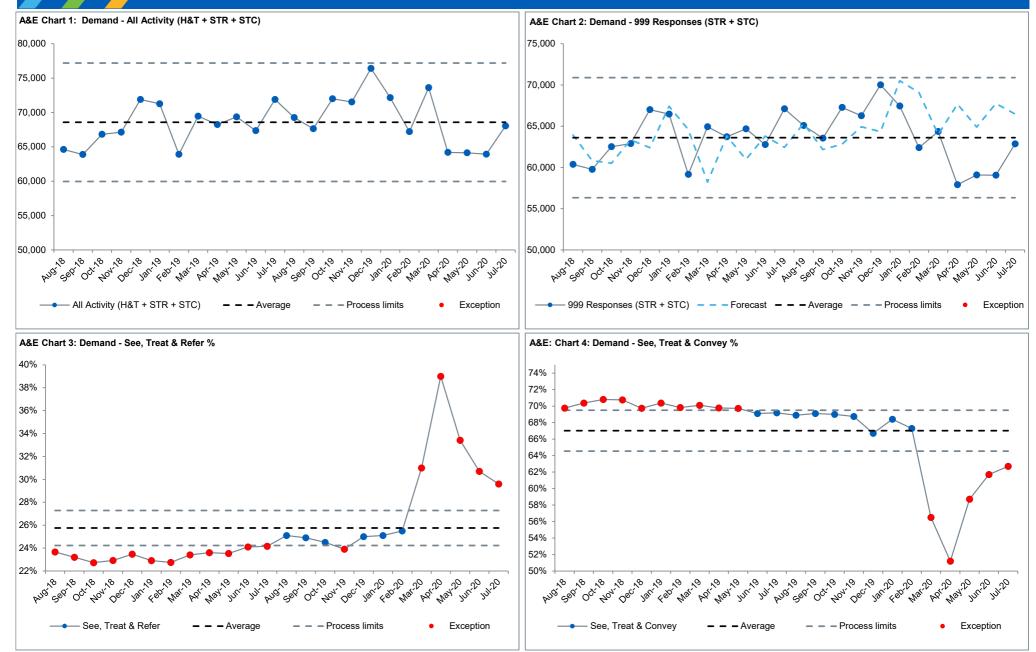


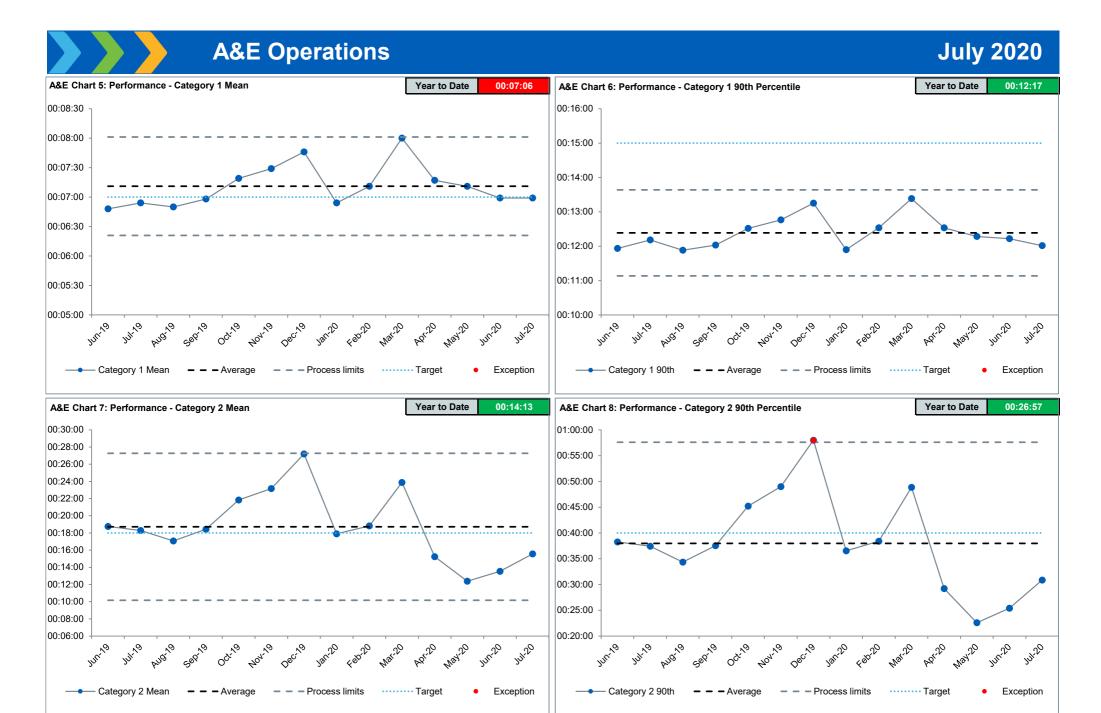




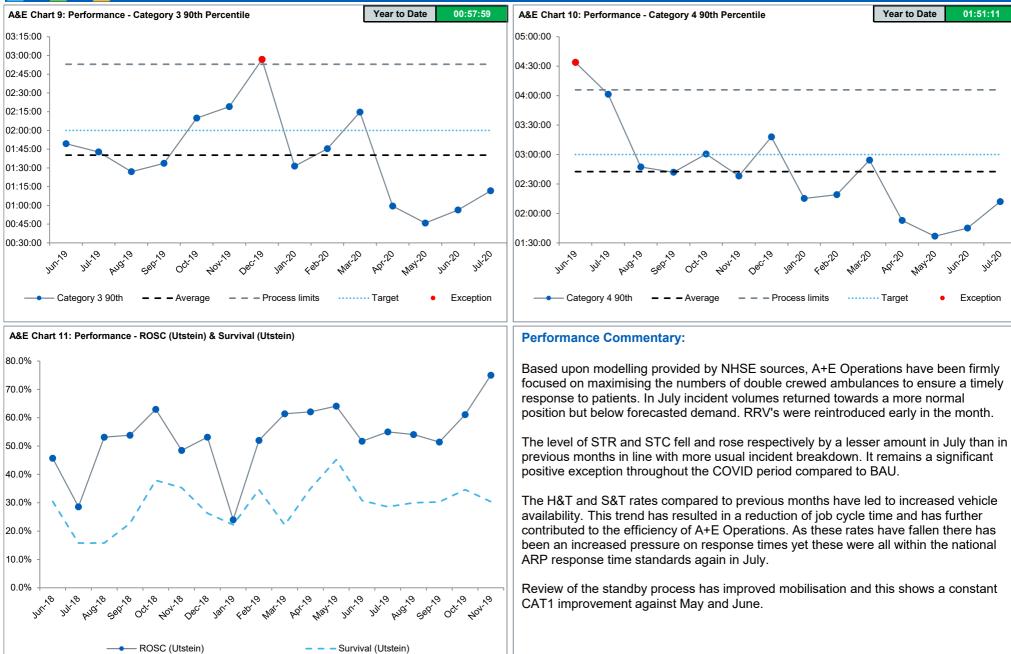


## **A&E Operations**

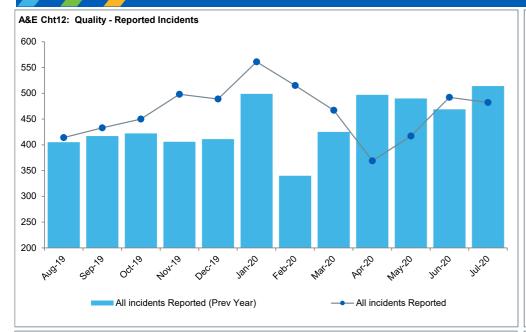




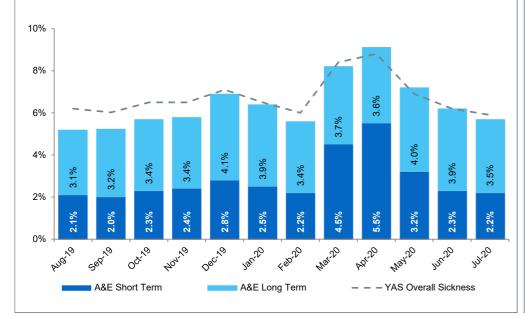
## **A&E** Operations

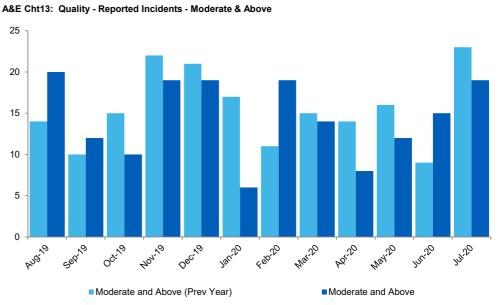


## **A&E** Operations









#### **Quality Commentary:**

Reported incidents fell in July and were lower than at the same period last year. The number of incidents rated moderate or above increased but were lower than the previous year.

#### Workforce Commentary:

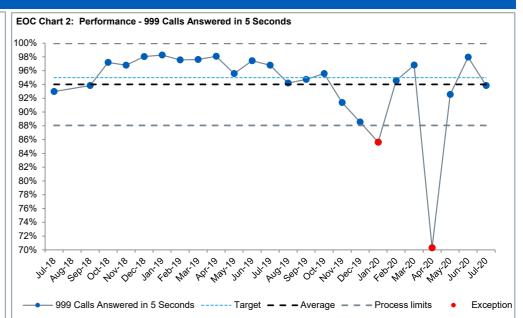
The overall sickness rate decreased again in July and is inow below the trust average. During the COVID-19 pandemic the NHS has seen higher levels of sickness absence and this is reflected in the rise of short term sickness. However July saw a continued reduction of sickness absence and Covid related 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 also been undertaken to support staff including staff swabbing, serology testing and dedicated staff support 'safer working' actions through the local management teams.

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. Including the supporting of secondments to those functions with a view on our longer term workforce plans.

## **Emergency Operations Centre**

#### EOC Chart 1: Demand - 999 Calls Answered 75,000 70.000 65.000 60,000 55,000 50,000 45,000 40.000 35,000 AUDIO < 0<sup>0, 1</sup>0 404,18 Decino JU1-78 Serie . 80, 19 1at 10 Nat.19 .)1<sup>0</sup> Mar-20 A91.20 May 20 999 Calls Answered Exception Process limits EOC Chart 3: Performance - % Hear & Treat 13 0% 12.0% 11.0% 10.0% 9.0% 8.0% 7.0% 6.0% 5.0% 4.0% Decile Jan 19 . 80<sup>1</sup>0 1.0° ~~~~<sup>%</sup> - D1-20 Hear & Treat % Process limits Exception Averade



#### **Performance Commentary:**

Against the background of the Covid 19 Pandemic, national lockdown and the introduction of the National Pandemic card 36, call demand increased again in July but remains below originally forecast position.

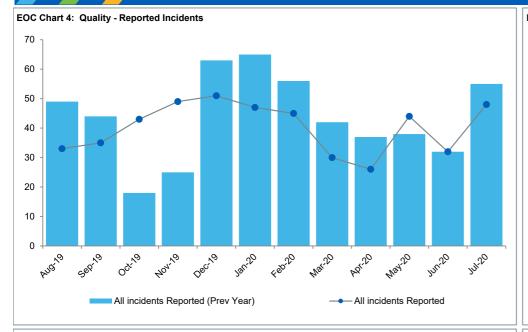
The proportion of calls answered in 5 achieved 94% against a 95% KPI. The impact of staff absence within call handling teams reduced but the issue of staff shielding in this staff group has been a contributory factor.

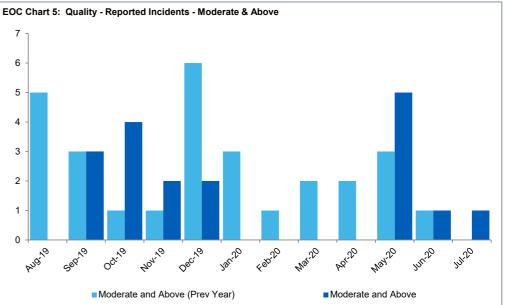
Significant effort has gone into training additional call handling staff which supported improvement towards April month end and carried over throughout May. However availability of some of these staff returning to work post lockdown has had a detrimental impact.

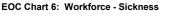
Hear and Treat performance stayed static in June, partly as a result of the Card 36 process and the reduction of Cat 5 demand. However the trend is now at a higher level against the pre covid BAU trend and will be captured as part of the A+E Operational recovery plans.

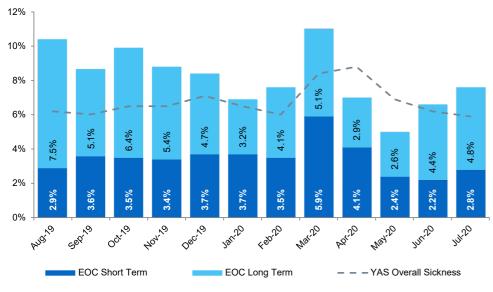
The specialist advice support cell has had a positive impact on this area in addition to the ST+R performance.

## **Emergency Operations Centre**









#### **Quality Commentary:**

The total number of reported incidents increased in July but is below the volume experienced in the previous year. The level of incidents classed as moderate or above continued at a low rate in July (1 case). This was a similar position to last year.

#### Workforce Commentary:

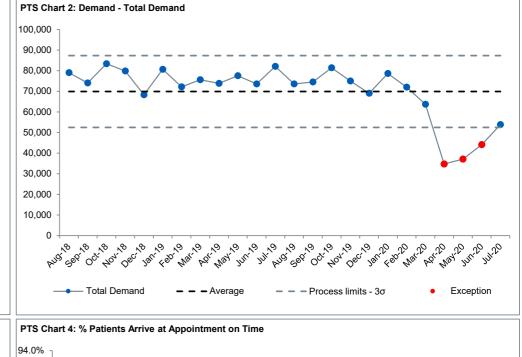
Both long term and short term sickness rates increased again in July. The levels of Covid related absence has impacted upon EOC performance KPI's. Sickness in EOC had been challenging through the winter months and is now tracking above the Trust average. This represents a concern around the resilience of staff groups and an ability to continue to work under pressure of the COVID period. Actions to support staff have been undertaken in line with Health and Wellbeing initiatives.

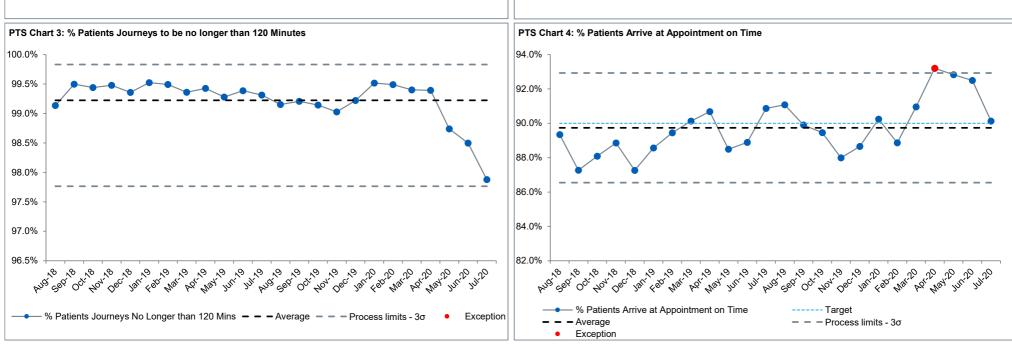
Actions taken to safeguard staff in EOC through social distancing protective measures have been well received and contributed to the overall wellbeing of the staff in that environment. Plans for supporting the return of shielding staff are underway for role out in early August.

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

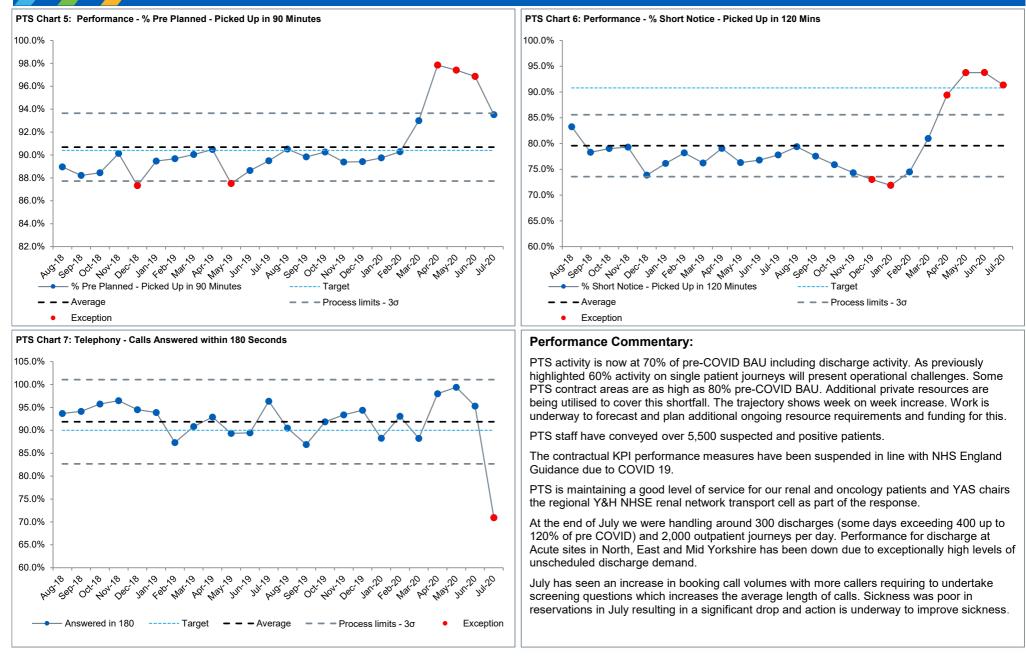
## **Patient Transport Service**

#### PTS Chart 1: Demand - Journeys 90,000 80,000 70,000 60,000 50,000 40,000 30,000 20,000 10,000 0 Jun-20 Serro OCT 404,109 0°00, 19 Jan20 480<sup>-20</sup> Mar-20 P61.30 M8420 AUGIO 111-20 Delivered Journeys Aborts Escorts

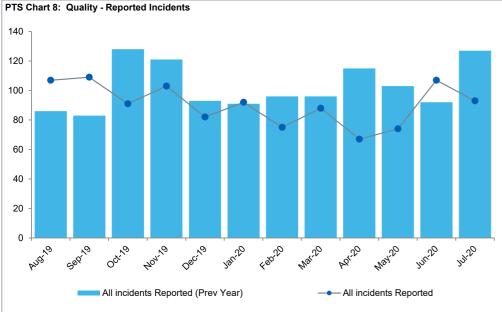


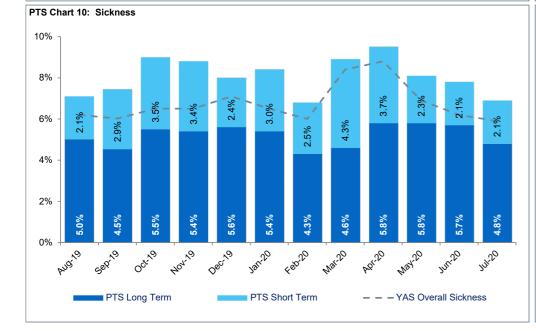


## **Patient Transport Service**



#### **Patient Transport Service**





#### PTS Chart 9: Quality - Reported Incidents - Moderate & Above 5 4 3 2 1 octro AUGTO Septio 404,19 Dec. 19 Jan 20 feb.20 Mar.20 May 20 Jun-20 A91-20 111-20 Moderate and Above (Prev Year) Moderate and Above

#### **Quality Commentary:**

There was a decrease in the number of reported incidents in July and a significant decrease on this time last year. Incidents remain below 0.01% of total PTS journeys.

#### Workforce Commentary:

There has been a further decrease in long term sickness for the month of July. Short term sickness has reduced significantly since March and is the lowest it has been YTD. We have seen a month on month reduction in overall sickness since March of this year.

PDR compliance improved by 1.3 percentage point in July to 81.2%. Statutory and Mandatory workbooks data are still under review.

The Trust and PTS Service Line report daily on sickness broken down by COVID related absences and we have seen a further decrease for the month of July.







# Ambulance Quality Indicators

System	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
System	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
Total Incidents (HT+STR+STC)	67,636	99,663	96,529	63,685	75,430	73,844	36,189	92,668	61,196	48,972
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	58.6%	61.5%	58.2%	61.2%	60.2%	58.9%	58.0%	48.9%	55.7%	48.4%
C1 Incidents	7.1%	7.1%	7.9%	8.0%	8.0%	6.5%	6.5%	6.9%	6.4%	5.6%
C2 Incidents	51.5%	54.4%	50.3%	53.2%	52.2%	52.4%	51.6%	42.0%	49.3%	42.7%
C3 Incidents	22.2%	22.6%	17.9%	23.9%	19.3%	23.9%	26.6%	37.3%	33.3%	34.5%
C4 Incidents	1.5%	1.4%	3.5%	0.3%	0.8%	0.9%	1.3%	2.2%	0.6%	2.5%
C5 Incidents	0.4%	1.5%	2.0%	1.7%	7.7%	7.6%	0.0%	0.1%	0.0%	0.4%
HCP/IFT 1-4 Hour Incidents	9.6%	3.8%	7.6%	5.1%	3.8%	4.4%	8.1%	6.2%	4.4%	7.1%
Hear and Treat	7.7%	9.1%	10.8%	7.6%	8.1%	4.2%	5.8%	3.6%	6.6%	8.7%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:06:59	00:05:59	00:07:06	00:06:47	00:06:41	00:06:47	00:06:15	00:06:55	00:07:38	00:06:47
C1-90th centile response time (Target 00:15:00)	00:12:01	00:10:00	00:11:55	00:11:53	00:12:27	00:12:42	00:10:31	00:12:14	00:14:34	00:12:44
C2-Mean response time (Target 00:18:00)	00:15:34	00:11:10	00:20:54	00:18:08	00:19:12	00:20:00	00:19:48	00:11:21	00:18:31	00:13:37
C2-90th centile response time (Target 00:40:00)	00:30:52	00:19:46	00:42:02	00:36:27	00:39:11	00:40:14	00:39:17	00:20:23	00:34:56	00:26:11
C3-Mean centile response time (Target 01:00:00)	00:31:14	00:27:56	01:02:10	00:42:28	00:43:10	00:48:55	00:48:54	00:22:47	01:25:48	00:37:34
C3-90th centile response time (Target 02:00:00)	01:11:42	01:01:11	02:22:12	01:44:11	01:41:12	01:53:57	01:55:34	00:45:26	03:19:04	01:25:34
C4-90th centile response time (Target 03:00:00)	02:11:59	01:59:17	03:12:07	02:44:22	02:20:10	02:57:00	02:07:03	01:13:25	04:40:05	02:22:30
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	54.1%	54.8%	54.5%	55.0%	55.8%	52.8%	55.3%	51.3%	58.1%	50.5%
Incidents with transport not to ED	8.4%	5.2%	5.7%	6.3%	3.0%	4.6%	8.4%	6.9%	1.7%	6.2%
Incidents with face to face response	29.8%	30.9%	29.0%	31.1%	33.1%	38.4%	30.5%	38.1%	33.6%	34.6%
Clinical up to December 2019	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	28.2%	29.4%	29.9%	28.8%	25.7%	31.7%	32.9%	29.9%	23.2%	25.2%
ROSC - Utstein	52.9%	56.9%	56.3%	50.0%	50.0%	53.8%	47.8%	39.1%	50.0%	50.0%
Cardiac - Survival To Discharge	9.7%	6.7%	9.0%	5.7%	8.1%	7.1%	4.3%	8.7%	8.2%	9.5%
Cardiac - Survival To Discharge Utstein	41.4%	27.1%	33.3%	26.3%	25.0%	26.2%	11.8%	33.3%	28.9%	28.6%