Northern Ireland Ambulance Service
Health and Social Care Trust

NOVEMBER 2020 TRUSTBOARD PERFORMANCE REPORT

Wednesday, 1 April 2020	TO	Saturday, 31 October 2020

Disclaimer: Please note the data has been extracted from a number of different reporting areas across the Trust. Returns may not be available for all days.

This report captures the main operational performance indicators to support interrogation of NIAS service delivery since April 2020 and in the context of COVID-19.

Whilst there remain many challenges, the staff continue to work tirelessly to maintain the safe provision of care to patients. It is important to note that the organisation have continued to focus on improvement work commenced prior to the pandemic as we recognise the on-going benefits and impact to our staff and patients.

As we transition from this period through rebuilding and responding to the reconfiguration of hospital services, winter pressures and potentially a third surge we will continue to develop and enhance our qualitative and quantitative data to provide assurance and valuable insight into the operation and quality of care provided to patients.

Activity and Volume of Calls and Journeys with suspected Covid-19 Related Activity

2a. NIAS Suspected COVID-19 Related Activity for Emergency Ambulance Control (EAC) (Calls)

EAC Monthly Cumulative Total (Call Activity)

Month	EAC
April	5,444
May	3,906
June	3,101
July	3,025
August	3,213
September	3,368
October	4,296
Total	26,353

EAC Suspected COVID-19 Related Call Activity
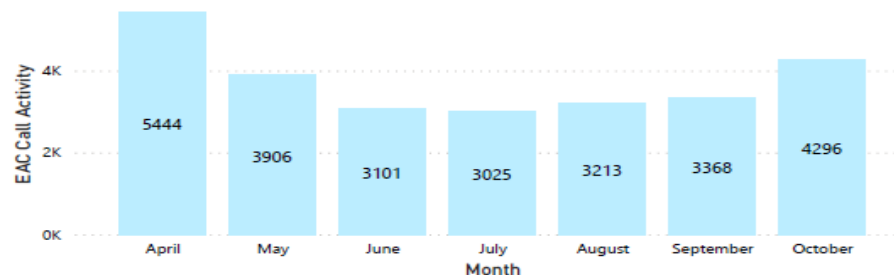
2b. NIAS Suspected COVID-19 Related Activity for Non Emergency Ambulance Control (NEAC) (Journeys)

NEAC Monthly Cumulative Total (Journeys)

Month	NEAC
April	774
May	664
June	432
July	269
August	296
September	304
October	658
Total	3,397

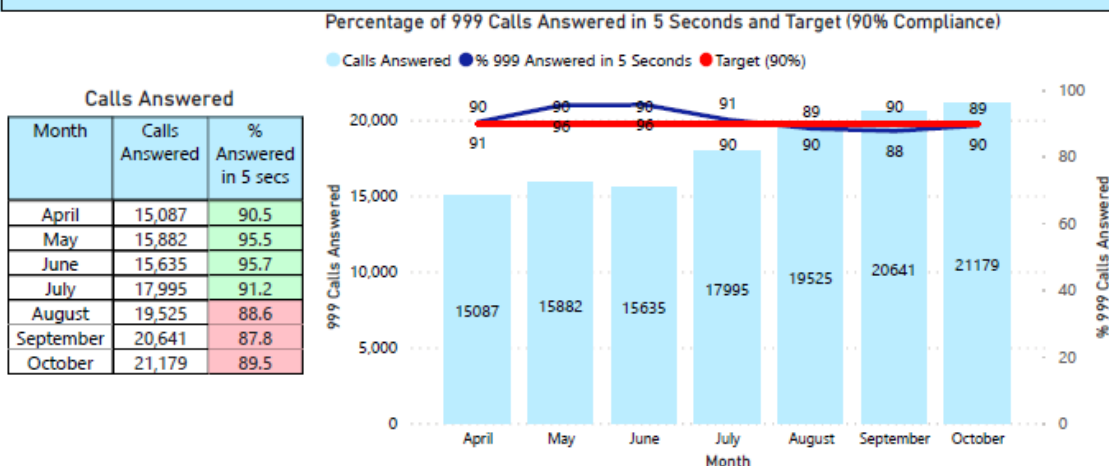
NEAC Suspected COVID-19 Related Journeys
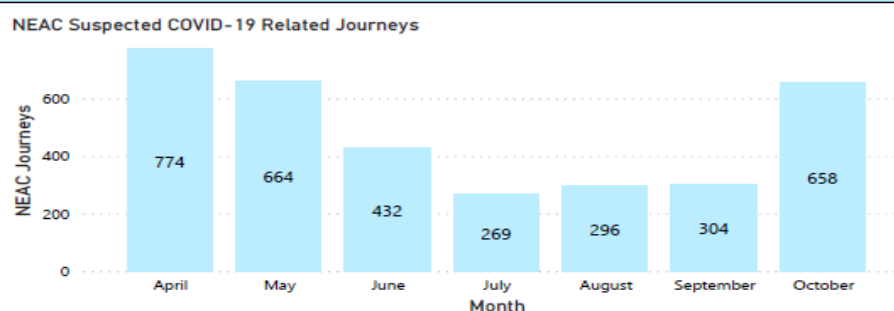
- *Charts 2a and 2b refer to "suspected COVID-19 related activity". This is categorised by calls flagged with potential COVID-19, Coronavirus or Pandemic Flu based on the chief complaint reported at the time of the call taken*
- *Both charts demonstrate a reduction in associated activity during the first wave of COVID-19 and an increasing trend in activity noted in October 2020 with in excess of 900 more calls received in EAC in October compared to September, and more than 50% increase in NEAC journeys for the same comparator months*

Percentage of 999 Calls Answered in 5 Seconds and Target (90%) Compliance

4a. 999 Primary Line Call Answering Performance (Target (Compliance of 90%)

Percentage of 999 Calls Answered in 5 Seconds and Target (90% Compliance)

● Calls Answered ● % 999 Answered in 5 Seconds ● Target (90%)

Calls Answered

Month	Calls Answered	% Answered in 5 secs
April	15,087	90.5
May	15,882	95.5
June	15,635	95.7
July	17,995	91.2
August	19,525	88.6
September	20,641	87.8
October	21,179	89.5

- *The chart demonstrates performance against the 90% compliance target for call answering in EAC within 5 seconds*
- *A deteriorating trend in performance during August, September and October 2020 correlates with a month on month increase in the volume of calls answered for the period*
- *The CAT 1 Improvement Group look at both the mean and 90th centile performance with a particular focus on outliers of performance*
- *The level of demand has a direct relationship on our performance metrics.*
- *Increasing the workforce for call takers with recent recruitment and on-going training of EMDs will also support further improvement*
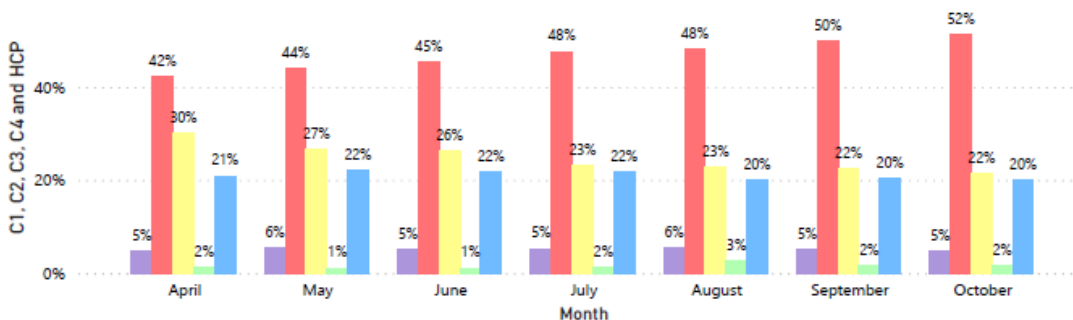
The breakdown of call responses by Acuity

5a. The Proportion of Calls by Category (face to face) i.e. Acuity   Card 36 implementation date: 03/04/2020

Percentage of C1, C2, C3, C4 and HCP Total Responses

● C1 ● C2 ● C3 ● C4 ● HCP

Percentage of Total Responses
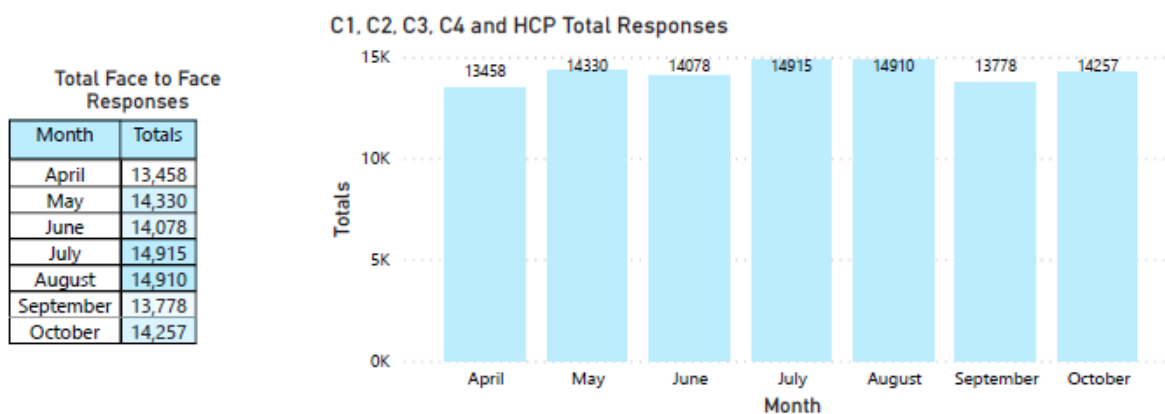
Month	C1 %	C2 %	C3 %	C4 %	HCP %
April	4.8%	42.3%	30.3%	1.5%	21.0%
May	5.6%	44.0%	26.9%	1.2%	22.3%
June	5.2%	45.4%	26.4%	1.2%	21.9%
July	5.4%	47.8%	23.4%	1.5%	22.0%
August	5.7%	48.3%	23.0%	2.8%	20.1%
September	5.3%	50.1%	22.5%	1.8%	20.4%
October	4.9%	51.6%	21.7%	1.8%	20.1%

![Northern Ireland Ambulance Service Health and Social Care Trust logo](logo)

- *The chart provides a breakdown of call responses split by the categorisation of call indicating the acuity of patients which determines the allocated indicative response time*
- *The majority of call categories have remained fairly static across the time period with the exception of Cat 2 calls which has increased by 9% in October 20 compared to April 20*
- *The increase in the higher acuity Cat 2 calls places additional pressure on our A&E crews. The organisation has plans in place to re-direct some PCS crews to focus on A&E support*

Total Volume of all response activity

5b. The Total Face to Face Responses

C1, C2, C3, C4 and HCP Total Responses

Total Face to Face Responses

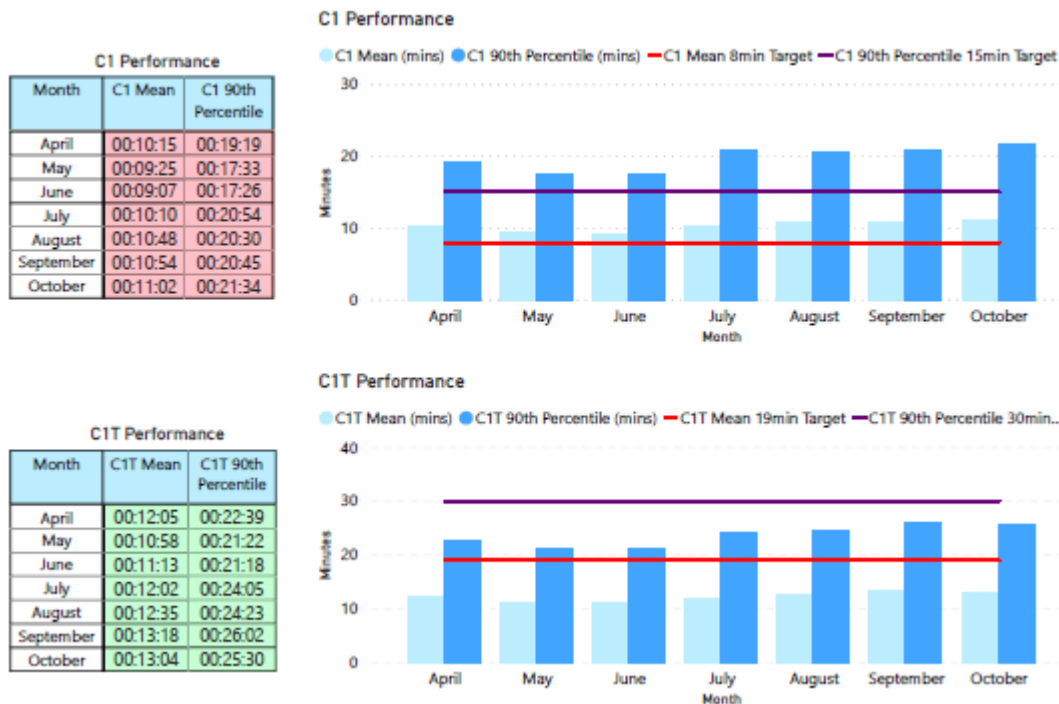| Month	Totals
April	13,458
May	14,330
June	14,078
July	14,915
August	14,910
September	13,778
October	14,257

- *This demonstrates the total volume of face to face responses across all call categories, including Health Care Professional responses which when combined demonstrate a fairly static position*

Northern Ireland Ambulance Service
Health and Social Care Trust

Emergency Ambulance Control Emergency Activity Performance Category 1

6. EAC NIAS Emergency Activity Performance

C1 Performance

Month	C1 Mean	C1 90th Percentile
April	00:10:15	00:19:19
May	00:09:25	00:17:33
June	00:09:07	00:17:26
July	00:10:10	00:20:54
August	00:10:48	00:20:30
September	00:10:54	00:20:45
October	00:11:02	00:21:34

C1 Performance

C1 Mean (mins) ● C1 90th Percentile (mins) ━ C1 Mean 8min Target ━ C1 90th Percentile 15min Target

C1T Performance

Month	C1T Mean	C1T 90th Percentile
April	00:12:05	00:22:39
May	00:10:58	00:21:22
June	00:11:13	00:21:18
July	00:12:02	00:24:05
August	00:12:35	00:24:23
September	00:13:18	00:26:02
October	00:13:04	00:25:30

C1T Performance

C1T Mean (mins) ● C1T 90th Percentile (mins) ━ C1T Mean 19min Target ━ C1T 90th Percentile 30min...

- *The charts represent performance against the CAT 1 8-minute response time based on the 8-minute mean and 90th percentile 15-minute target since April 2020*
- *The mean and 90th centile response times demonstrate a deteriorating position in October 2020*
- *The CAT 1 Improvement Group continue to focus on monitoring key measures to track effectiveness of a range of initiatives including:*
  - *Call pick up*
  - *Time to first assign*
  - *Time for resource mobilisation*
- *Detailed review of activity by hour of day to identify further potential improvement actions is ongoing*
- *Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients*

![Northern Ireland Ambulance Service Health and Social Care Trust - HSC logo]

Emergency Ambulance Control Emergency Activity Performance Categories 2 - 4

C2 Performance

Month	C2 Mean	C2 90th Percentile
April	00:18:48	00:36:40
May	00:19:04	00:38:05
June	00:19:33	00:39:40
July	00:22:14	00:45:57
August	00:25:32	00:53:17
September	00:29:05	01:02:56
October	00:31:38	01:07:39

C2 Performance chart — C2 Mean (mins), C2 90th Percentile (mins), C2 Mean 18min Target, C2 90th Percentile 40min Target

C3 Performance

Month	C3 90th Percentile
April	01:26:32
May	01:29:19
June	01:34:24
July	02:05:30
August	02:58:28
September	03:37:00
October	04:00:44

C3 Performance chart — C3 90th Percentile (mins), C3 90th Percentile 120min Target

C4 Performance

Month	C4 90th Percentile
April	02:11:53
May	02:15:07
June	02:55:51
July	03:05:42
August	03:01:51
September	04:09:49
October	03:58:27

C4 Performance chart — C4 90th Percentile (mins), C4 90th Percentile 180mins Target

- *The charts present performance against the mean 18-minute target for CAT 2 response times and the 90th centile for categories 2, 3 and 4 calls*
- *The deteriorating trend in categories 2 and 3 in particular is noted. The correlation to increased CAT 2 calls and activity is relevant*
- *The re-direction of PCS crews to focus on A&E support will assist in increasing the capacity to respond to CAT 2 calls*

999 Emergency Calls, Responses and Conveyance Rates

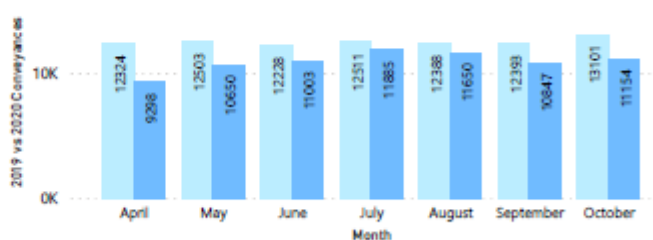## 7. 999 Emergency Calls, Responses & Conveyance Rates

Please note that Data is not ARP compliant for comparison purposes (Emergency call numbers are based on the removal of Duplicate Calls, Calls Entered in Error, Test Call, Done by another Service and Calls for Information Only)

Emergency Calls Received

Month	2019	2020	% Change
April	18,020	16,066	-10.84%
May	18,276	16,639	-8.96%
June	17,944	16,280	-9.27%
July	18,217	17,763	-2.49%
August	18,150	18,072	-0.43%
September	17,917	17,110	-4.50%
October	18,640	17,725	-4.91%

2019 vs 2020 Calls Received
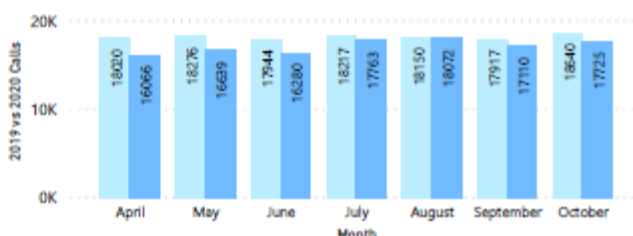
Emergency Responses

Month	2019	2020	% Change
April	15,982	15,145	5.53%
May	16,219	16,205	0.09%
June	15,848	16,028	-1.12%
July	16,255	16,921	-3.94%
August	16,155	16,519	-2.20%
September	16,000	15,286	4.67%
October	16,855	15,517	8.62%

2019 vs 2020 Responses
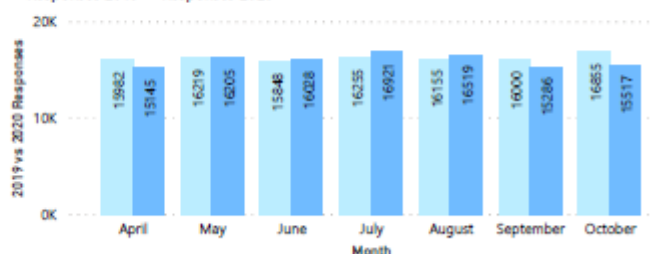
7. Emergency Calls, Responses and Conveyance Rates

Please note that Data is not ARP compliant for comparison purposes (Emergency call numbers are based on the removal of Duplicate Calls, Calls Entered in Error, Test Call, Done by another Service and Calls for Information Only)

Emergency Conveyance

Month	2019	2020	% Change
April	12,324	9,298	-24.55%
May	12,503	10,650	-14.82%
June	12,228	11,003	-10.02%
July	12,511	11,885	-5.00%
August	12,388	11,650	-5.96%
September	12,393	10,847	-12.47%
October	13,101	11,154	-14.86%

2019 vs 2020 Conveyances

- *The charts provide detail on emergency calls received, number of responses, and the conveyance to EDs since April 2020 compared to the same month in 2019*
- *The year on year comparison of data must be considered in the context of COVID-19*
- *October 2020 calls and conveyance rates demonstrate an increase in activity building since the first wave of COVID-19*
- *A reduction in conveyance rates can be attributed in part to patients' reluctance to travel, but also to the alternate care-pathways in place, and the volume of see and treat activity*
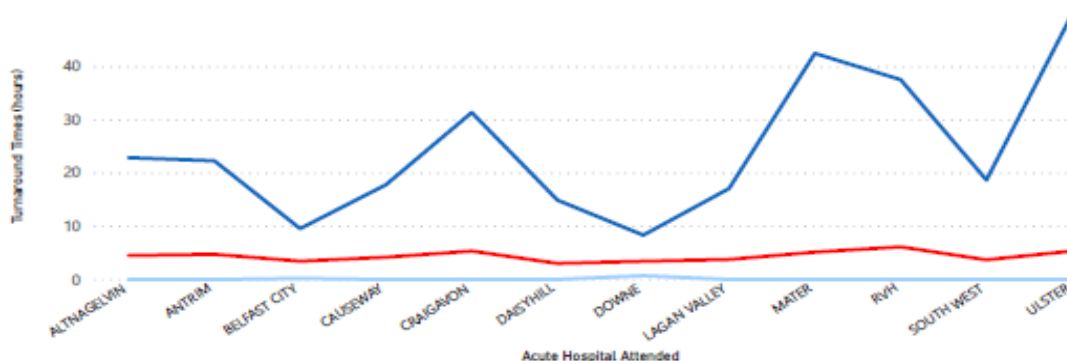
Cumulative Ambulance Turnaround Times

8a. Monthly Cumulative Maximum, Minimum & Average Ambulance Turnaround Times - KPI 30 minutes by Acute Hospital Sites

Monthly Maximum, Minimum & Average Turnaround Times per Hospital

● Average Turnaround Times ● Maximum Turnaround Times ● Minimum Turnaround Times

Maximum Turnaround Times

Month	ALTNAGELVIN	ANTRIM	BELFAST CITY	CAUSEWAY	CRAIGAVON	DAISYHILL	DOWNE	LAGAN VALLEY	MATER	RVH	SOUTH WEST	ULSTER
April	2:23:36	2:04:58	1:50:31	1:40:57	3:35:45	1:19:39	1:15:33	1:18:48	2:12:34	4:17:00	2:22:00	
May	2:39:45	2:26:48	1:39:00	2:09:03	2:47:53	2:53:37	1:56:24	1:40:11	6:42:00	4:23:38	3:58:38	5:09:09
June	2:46:00	2:46:00	0:58:31	1:38:16	4:44:30	0:52:56	1:19:32	3:51:30	12:52:00	4:46:06	1:40:58	4:36:00
July	4:18:20	1:40:00	0:49:00	2:32:31	4:40:00	2:36:00	0:45:00	1:19:00	4:13:19	3:52:00	1:51:05	5:26:16
August	3:04:02	3:59:32	1:15:32	3:14:25	4:20:33	1:32:00	0:45:03	1:43:06	3:03:21	5:24:53	3:00:49	5:36:11
September	3:33:14	3:42:00	1:24:53	2:24:31	4:42:49	1:20:52	0:53:24	1:11:14	6:24:57		2:36:00	6:32:11
October	4:11:12	5:41:22	1:38:14	4:10:37	6:34:00	4:21:39	1:27:00	6:04:22	7:05:00	7:51:46	3:14:41	19:55:00

Minimum Turnaround Times

Month	ALTNAGELVIN	ANTRIM	BELFAST CITY	CAUSEWAY	CRAIGAVON	DAISYHILL	DOWNE	LAGAN VALLEY	MATER	RVH	SOUTH WEST	ULSTER
April	0:00:00	0:00:00	0:00:07	0:00:02	0:00:00	0:00:00	0:07:22	0:00:19	0:00:02	0:00:00	0:00:04	0:00:00
May	0:00:04	0:00:03	0:03:14	0:00:00	0:00:04	0:01:47	0:00:04	0:00:05	0:00:04	0:00:00	0:00:00	0:00:06
June	0:00:01	0:00:00	0:00:05	0:00:01	0:00:00	0:00:00	0:05:13	0:00:05	0:00:03	0:00:00	0:00:03	0:00:00
July	0:00:04	0:00:00	0:00:05	0:00:00	0:00:00	0:00:03	0:04:00	0:00:05	0:02:00	0:00:00	0:00:03	0:00:00
August	0:00:03	0:00:00	0:01:16	0:00:00	0:00:04	0:00:06	0:05:28	0:00:06	0:00:05	0:00:00	0:00:02	0:00:00
September	0:00:03	0:00:00	0:01:33	0:00:03	0:00:00	0:00:00	0:08:50	0:00:01	0:00:02	0:00:00	0:00:03	0:00:00
October	0:00:04	0:00:00	0:00:07	0:00:03	0:00:02	0:00:00	0:13:00	0:00:04	0:00:02	0:00:00	0:00:03	0:00:00

Average Turnaround Times

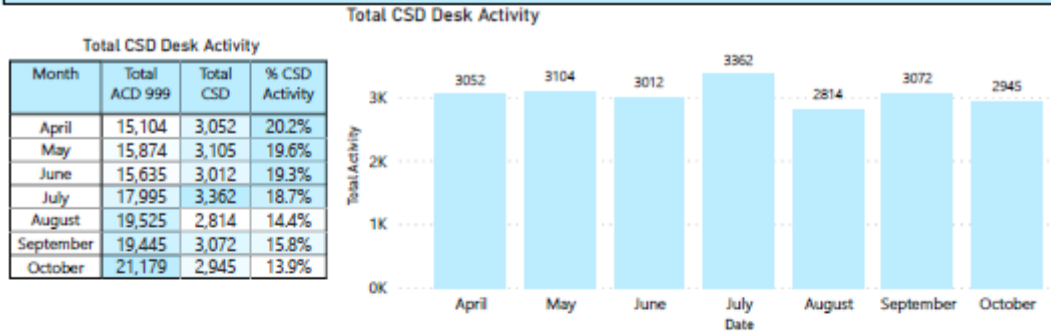| Month	ALTNAGELVIN	ANTRIM	BELFAST CITY	CAUSEWAY	CRAIGAVON	DAISYHILL	DOWNE	LAGAN VALLEY	MATER	RVH	SOUTH WEST	ULSTER
April	0:27:47	0:32:41	0:12:38	0:22:09	0:33:10	0:15:50	0:07:22	0:15:28	0:30:03	0:36:38	0:22:58	0:35:33
May	0:27:55	0:31:27	0:03:14	0:26:00	0:31:16	0:15:12	0:00:04	0:13:20	0:22:27	0:38:27	0:20:38	0:28:53
June	0:29:50	0:31:00	0:13:10	0:25:09	0:31:50	0:10:18	0:14:18	0:08:00	0:21:15	0:38:38	0:21:46	0:27:47
July	0:31:41	0:31:38	0:05:46	0:27:34	0:35:52	0:13:28	0:04:00	0:18:49	0:24:19	0:37:59	0:21:48	0:30:08
August	0:31:11	0:35:20	0:08:34	0:26:42	0:37:59	0:09:17	0:12:00	0:17:00	0:27:33	0:38:19	0:25:16	0:32:27
September	0:28:42	0:37:03	0:09:23	0:29:34	0:38:30	0:09:00	0:10:19	0:12:11	0:29:48	0:46:04	0:27:14	0:35:43
October	0:29:31	0:35:34	0:14:43	0:30:09	0:34:24	0:09:16	0:14:30	0:16:00	0:34:22	0:45:38	0:22:53	0:38:45

- *The charts demonstrate the maximum, minimum and average turnaround times for ambulances at the listed hospitals*
- *** The detail noted for the Ulster Hospital for October 2020 for the maximum turnaround time has been interrogated and confirmed as a recording / reporting error*
- *The Trust has made significant contribution to the Department of Health's No More Silos project and has produced a set of regional minimum core standards for ambulance handover zones to assist in hospital EDs to accept ambulance borne patients to improve performance*
- *The charts demonstrate a significant and concerning deterioration in the maximum turnaround times, the majority of which are currently attributed to the handover element of this process*
- *The Trust is working closely with hospital Trusts, the Health and Social Care Board and Department of Health to support improvement in performance*
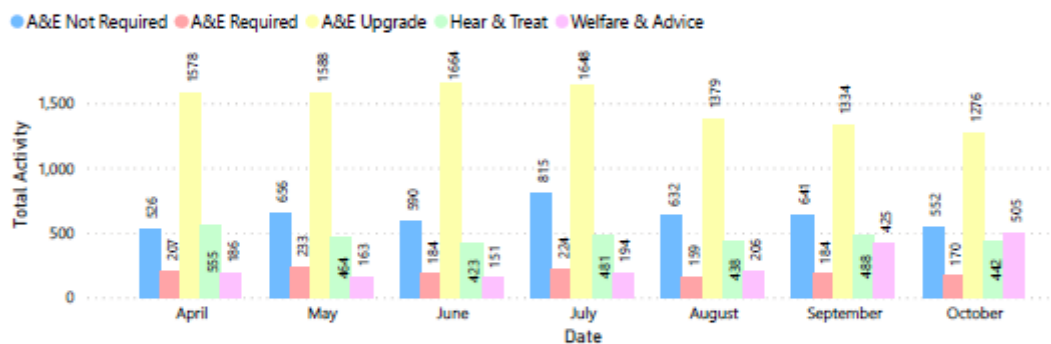
Clinical Support Desk Activity

9. Clinical Support Desk (CSD) - Hear & Treat/See & Treat/See & Convey

Total CSD Desk Activity

Month	Total ACD 999	Total CSD	% CSD Activity
April	15,104	3,052	20.2%
May	15,874	3,105	19.6%
June	15,635	3,012	19.3%
July	17,995	3,362	18.7%
August	19,525	2,814	14.4%
September	19,445	3,072	15.8%
October	21,179	2,945	13.9%

Total CSD Desk Activity bar chart: April 3052, May 3104, June 3012, July 3362, August 2814, September 3072, October 2945.

CSD Desk Activity (Outcome Codes)

Legend: A&E Not Required, A&E Required, A&E Upgrade, Hear & Treat, Welfare & Advice

	April	May	June	July	August	September	October
A&E Not Required	526	656	590	815	632	641	552
A&E Required	207	233	184	224	199	184	170
A&E Upgrade	1578	1588	1664	1648	1379	1334	1276
Hear & Treat	555	464	423	481	438	488	442
Welfare & Advice	186	163	151	194	206	425	505

Total A&E Not Required Activity

Month	% of CSD	% of ACD
April	17.2%	3.5%
May	21.1%	4.1%
June	19.6%	3.8%
July	24.2%	4.5%
August	22.5%	3.2%
September	20.9%	3.3%
October	18.7%	2.6%

Total A&E Required Activity

Month	% of CSD	% of ACD
April	6.8%	1.4%
May	7.5%	1.5%
June	6.1%	1.2%
July	6.7%	1.2%
August	5.7%	0.8%
September	6.0%	0.9%
October	5.8%	0.8%

Total A&E Upgrade Activity

Month	% of CSD	% of ACD
April	51.7%	10.4%
May	51.1%	10.0%
June	55.2%	10.6%
July	49.0%	9.2%
August	49.0%	7.1%
September	43.4%	6.9%
October	43.3%	6.0%

Total A&E Hear & Treat Activity

Month	% of CSD	% of ACD
April	18.2%	3.7%
May	15.0%	2.9%
June	14.0%	2.7%
July	14.3%	2.7%
August	15.6%	2.2%
September	15.9%	2.5%
October	15.0%	2.1%

Total A&E Welfare & Advice Activity

Month	% of CSD	% of ACD
April	6.1%	1.2%
May	5.2%	1.0%
June	5.0%	1.0%
July	5.8%	1.1%
August	7.3%	1.1%
September	13.8%	2.2%
October	17.1%	2.4%

- *The tables display the activity and outcome of calls the Clinical Support Desk manage*
- *The majority of the metrics have remained broadly static across the reported period*
- *The increasing trend in the growing welfare and advice activity is reflective of longer response times*

Northern Ireland Ambulance Service
Health and Social Care Trust

Vehicle Resource Levels

11. Vehicle Resource Levels

A&E Day Shift Compliance

Month	Planned	Actual	Compliance
April	1,849.0	1,935.0	104.7%
May	1,853.0	1,968.5	106.2%
June	1,854.0	1,893.5	102.1%
July	1,912.0	1,876.5	98.1%
August	1,915.0	1,837.0	95.9%
September	1,671.0	1,565.0	93.7%
October	1,850.0	1,711.0	92.5%

A&E NI Planned vs Actual Compliance by Day Shift
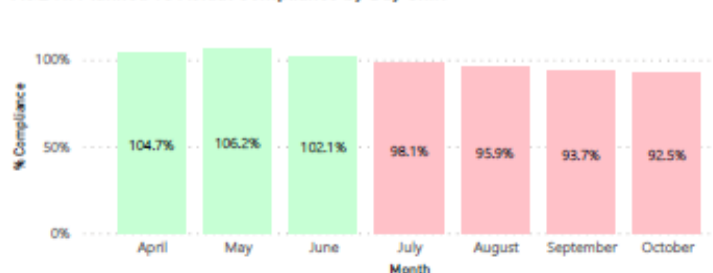
A&E Night Shift Compliance

Month	Planned	Actual	Compliance
April	1,469.0	1,383.0	94.1%
May	1,471.0	1,404.4	95.5%
June	1,466.0	1,456.0	99.3%
July	1,523.0	1,356.0	89.0%
August	1,517.0	1,361.5	89.7%
September	1,315.0	1,109.0	84.3%
October	1,476.0	1,321.0	89.5%

A&E NI Planned vs Actual Compliance by Night Shift
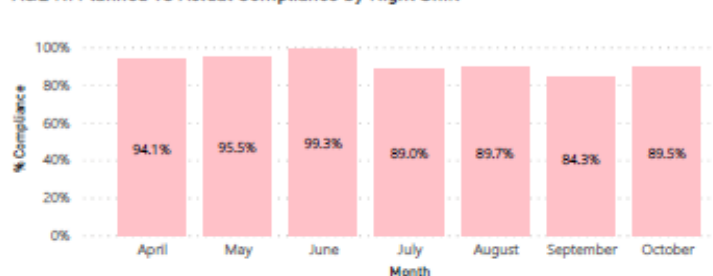
RRV Early Shift Compliance

| Month	Planned	Actual	Compliance
April	497.0	318.0	64.0%
May	564.0	373.0	66.1%
June	552.0	353.0	63.9%
July	568.0	291.0	51.2%
August	564.0	272.0	48.2%
September	492.0	272.0	55.3%
October	551.0	315.0	57.2%

RRV NI Planned vs Actual Compliance by Early Shift
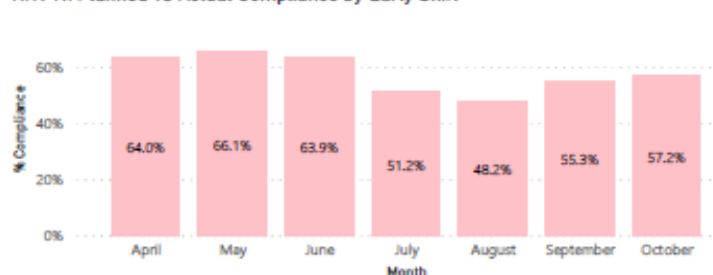
RRV Late Shift Compliance

Month	Planned	Actual	Compliance
April	456.0	207.0	45.4%
May	509.0	245.0	48.1%
June	532.0	257.0	48.3%
July	543.0	202.0	37.2%
August	551.0	201.0	36.5%
September	473.0	185.0	39.1%
October	520.0	234.0	45.0%

RRV NI Planned vs Actual Compliance by Late Shift
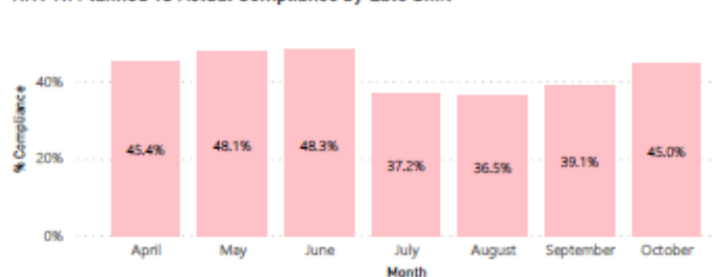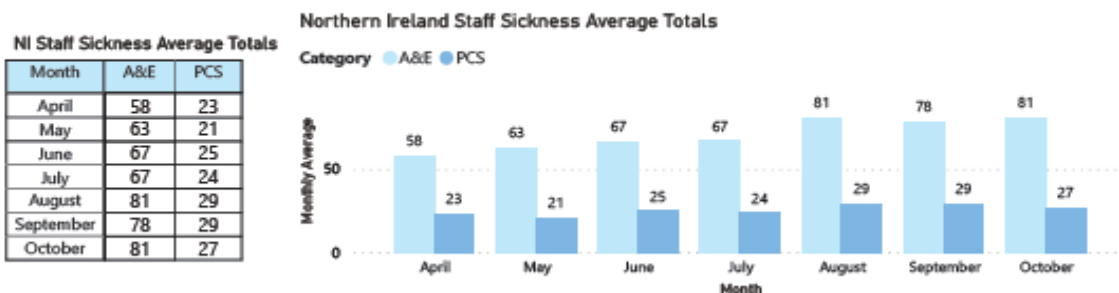

- *Our ability to meet demand is dependent on operational capacity and our ability to minimise the time that this is unavailable*
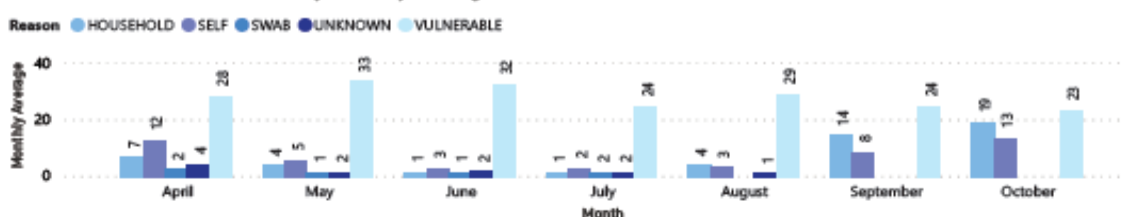- *Fleet control of response vehicles to minimise down time remains a priority*

Resources Staff Sickness and Abstractions

## 12. Average Staff Sickness Levels (Suspected COVID-19 staff absence is not included in this data)

NI Staff Sickness Average Totals

Month	A&E	PCS
April	58	23
May	63	21
June	67	25
July	67	24
August	81	29
September	78	29
October	81	27

Northern Ireland Staff Sickness Average Totals

A&E/EAC Staff Abstractions – by Monthly Average

A&E/EAC Staff Abstractions – by Monthly Average

Reason	April	May	June	July	August	September	October
HOUSEHOLD	7	4	1	1	4	14	19
SELF	12	5	3	2	3	8	13
SWAB	2	1	1	2			
UNKNOWN	4	2	2	2	1		
VULNERABLE	28	33	32	24	29	24	23

PCS/NEAC/Support Staff Abstractions – by Monthly Average
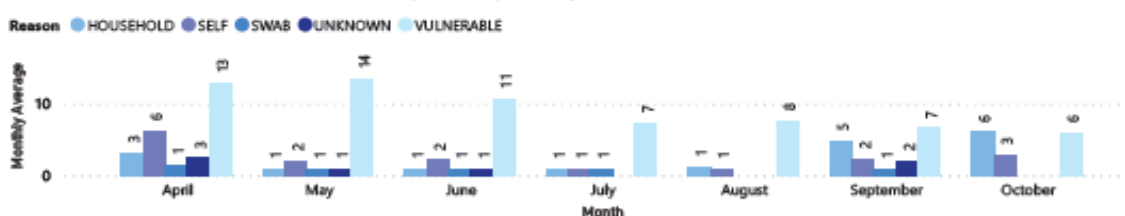
PCS/NEAC/Support Staff Abstractions – by Monthly Average

Reason	April	May	June	July	August	September	October
HOUSEHOLD	3	1	1	1	1	5	6
SELF	6	2	2	1	1	2	3
SWAB	1	1	1	1		1	
UNKNOWN	3	1	1			2	
VULNERABLE	13	14	11	7	8	7	6

- These tables reflect the average numbers of staff who are on sick leave or have been abstracted from frontline duty and are isolating.
- The trends indicate that abstractions and sickness are increasing overall which is also aligns with our swabbing data on the next table.
- Whilst we continue to invest in our attendance management programme, the issue is being compounded by outbreaks derived internally and externally in the community.
- Operations are utilising private and voluntary resources to support capacity and consideration is being given to utilising student resources to support crews.
- A further resource will be implemented to co-ordinate the safe and timely return of staff to duties to optimise capacity.
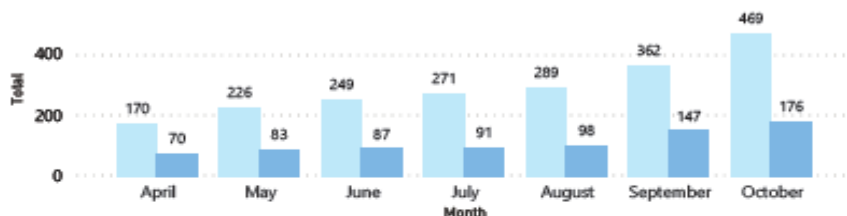
Staff Swabbing

14. NIAS COVID-19 Swab Testing

Cumulative Monthly Testing

Month	Household Tested	Staff Tested
April	70	170
May	83	226
June	87	249
July	91	271
August	98	289
September	147	362
October	176	469

Staff Tested, Households Tested, Daily & Cumulative Positive Swabs HCW

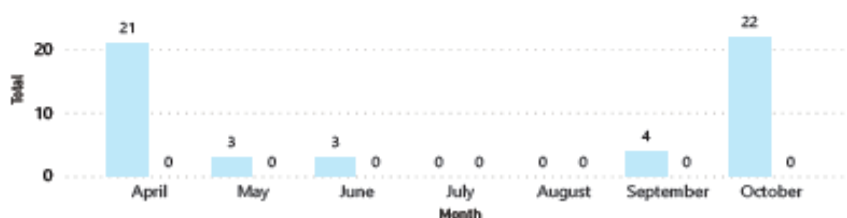Staff Tested (running total)   Households Tested (running total)

Monthly Testing

Month	Positive Swabs	Trust Deaths
April	21	0
May	3	0
June	3	0
July	0	0
August	0	0
September	4	0
October	22	0

Daily Positive Swab T   ths

Daily Positive Swabs HCW   Trust Deaths

- *Our swabbing programme continues to support and protect our staff from infection. As reflected in the local community we have recorded the highest amount of positive tests, in October, since our programme commenced.*
- *We have recorded several outbreaks recently and are working with the Public Health Agency to ensure we mitigate the impact of each on staff welfare.*
- *The Trust has an outbreak policy which reflects best practice guidance and we anticipate some enhanced protocols from the Public Health Agency in November 20.*
- *We are focused on enhancing our environmental cleanliness arrangements and hand hygiene audits to manage and limit the impact of outbreaks within stations and office localities.*
- *Adherence to social distancing with provision of some additional physical space where possible at some stations, and reinforcement of appropriate PPE use where 2 m social distancing cannot be maintained continues*