

## **Accountability Presentation - Cambridgeshire & Peterborough**

**July 2020** 



# **Action Log Progress**



				NHS Trust
Action	Assigned to	Due Date	Status	Notes
Slide to include list of initiatives to drive the business forward in C&P	[REDACTED]	03.08.2020	Complete	Strategic Service Delivery plan attached
Produce action plan to reduce out of service further, including CIP value and other metrics to measure, including patient care/safety.	[REDACTED]	03.08.2020	Compete	In presentation (slide 10)
Link in with [REDACTED] & [REDACTED] to ensure visibility of the C1 provision and workstream.	[REDACTED]	03.08.2020	Ongoing	Project being lead by [REDACTED] Awaiting update WC 27.06.20
Include the staff survey action plan in monthly presentation	[REDACTED]	03.08.2020	Complete	In presentation (slide 25)
Arrange a CEO-led engagement session for the sector - link with [REDACTED] to arrange	[REDACTED]	03.08.2020	Complete	All sessions have been shared with staff through AGM's/POM's  A&E  South Cambs – 27 <sup>th</sup> July Central Cambs – 31 <sup>st</sup> July North Cambs – 4 <sup>th</sup> August  PTS  Cambs – 7 <sup>th</sup> Aug Peterborough – 11 <sup>th</sup> Aug Huntingdon – 12 <sup>th</sup> Aug
Ensure that the phrase "alternative working duties" is no longer used, and is referred to as "temporary redeployment"	[REDACTED]	03.08.2020	Complete	
Ensure all BAME risk assessments are completed and submitted to [REDACTED] and [REDACTED]	[REDACTED]	03.08.2020	Complete	All A&E and PTS sent to HR
Ensure your presentations are made available to all sector/team staff	[REDACTED]	ASAP	Complete	On teams for AGM access & shared with LOMs
Ensure the sector management team are booked onto the Teams online training for new policies	[REDACTED]	Ongoing	Ongoing	GMs & AGMs & LOMs
Link with Make Ready managers and write a documented plan for improving vehicle cleans. Escalate to [REDACTED] if there is no engagement	[REDACTED]	Sept 20	Ongoing	Delay in action due to COVID19 – New realistic due date set.

### Performance C1 - C4



Standard	Feb Target	Feb	March Target	March	National Targets	April	May	June	July (MTD)
C1 Mean	0:08:34	0:08:05	0:08:17	0:08:16	0:07:00	0:07:34	0:06:20	0:06:24	0:06:53
C1 90th	0:17:58	0:14:56	0:17:25	0:15:25	0:15:00	0:13:52	0:11:38	0:11:52	0:12:16
C2 Mean	0:30:42	0:22:35	0:25:30	0:22:39	0:18:00	0:16:16	0:12:30	0:13:18	0:15:09
C2 90th	0:59:06	0:46:05	0:54:33	0:47:08	0:40:00	0:32:58	0:24:05	0:26:20	0:30:13
C3 90th	4:31:51	2:15:43	4:27:03	2:30:34	2:00:00	1:10:48	0:53:03	1:06:00	1:19:26
C4 90th	6:21:09	3:31:18	6:13:21	3:41:01	3:00:00	2:48:37	1:53:09	1:43:30	1:58:19

Data Correct as of 27.07.2020

Throughout June, we have continued to maintain performance times well below the national targets for all response categories.

June continues to present a positive picture, with all response times being within the national standards. As a sector we will strive to maintain these response times.

We are regularly reviewing meal break times, SSPs and OOS times.



### **Performance Review**



- Q1 target of 2055 PFSH consistently achieved throughout June (including PAS resources)
- 161 hours booked PAS (minimum) each day for C&P, often more PAS resources but need to ensure these remain within C&P
- Requested consistent 300 hrs PAS going forwards to maintain Q2 target of 2097 PFSH



- Performance impacted on some days with frequent caller in [REDACTED]
- Local team liaising with frequent caller team to ensure appropriate response
- 4 x tail breaches in relation to this patient with longest wait 43:45
- Language barriers causing TTC delays mainly in Peterborough – process reviewed with AOC outside of Level 1 meetings
- PFSH supported through FRS / bank staff support
- PFSH challenged during July due to increased abstractions and return of FRS staff



# **Performance Review – Longest Wait**



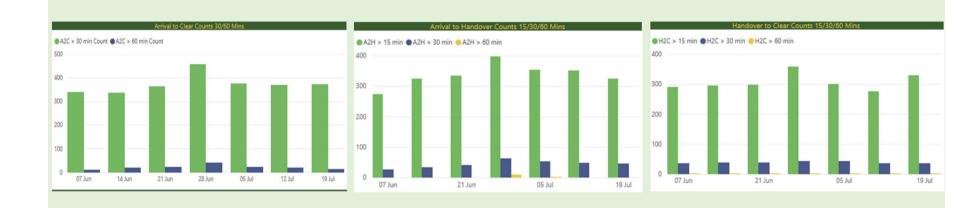
	Longest Waits June 2020						
Category	Time	Comments	Patient Safety Issues				
C1	00:36:05	[REDACTED] – [REDACTED] [REDACTED] cover was in Cambridge unable to back fill in time. No resource dispatched prior to C1 coding due to frequent caller plan. Not as coded once arrived on scene, unable to dispatch CFR due to risk marker on address.	Patient not transported following clinical discussion with GP, normal presentation for patient.				
C2	01:48:59	[REDACTED] — [REDACTED] Haverhill RRV plan to dispatch DSA resource as due to come clear at Cambridge station. ECAT coding challenging triage due to line being cut off, during triage coding changed to C2. [REDACTED].	Patient transported to local hospital by crew for further assessment no patient safety concerns raised.				
С3	03:57:28	[REDACTED] – non-injury fall, call triaged via ECAT, [REDACTED] high workload reported within the area. No hospital delays noted.	Patient was assessed and not conveyed. No patient safety concerns.				
C4	04:16:48	[REDACTED] — Abdominal pain call triaged by ECAT, recent discharge from hospital, worsening symptoms. [REDACTED].	Patient was assessed and transported for further investigation following failed discharge. No patient safety concerns.				



# **Hospital Handovers**



### **Addenbrookes**



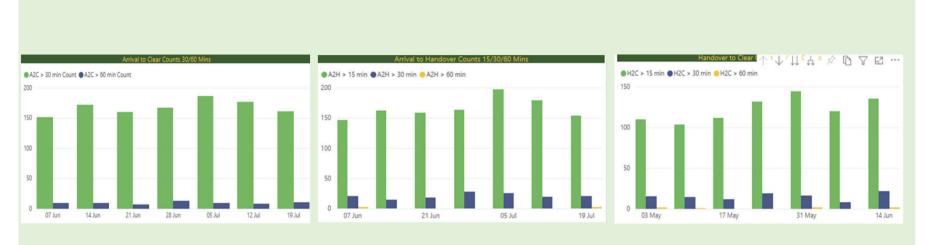
Addenbrookes has seen an average ATH time of 17:50, a reduction of nearly 5 minutes from the previous month, this reduction comes with the increase in engagement with CUH stopping their multiple patient move requests. The HTC times have however increased from 15:41 to 16:37, and the HALO team are working on reducing this. The ATC time has reduced from 37:53 to 34:13 from last month and the focus remains on improving the HTC. The increase demand and protocol changes that have remained has continue to challenge the CUH but the HALO and management teams have really engaged with the crews by disseminating the information needed as efficiently as possible.



## **Hospital Handovers**



### **Hinchingbrooke**



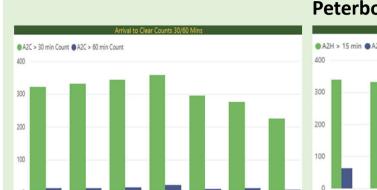
Hinchingbrooke Hospital has an average ATH time of 18:47, a slight rise from the previous month but still reduced from where we were 3 months ago. The HTC average is 16:55 again a small increase from last month but under the month before where it was at 17:51. The local management team are on site and are supporting the Hinchingbrooke with no HALO funded. The ATC time has increased by 15 seconds to 35:19, this is marginal given the increase in demand. Comparing Hinchingbrooke to other Acutes it has only seen a marginal process change, crews have adapted well to the PPE doffing station. We will continue to engage with the acute to improve these times alongside patient experience.

The PMO are supporting Hinchingbrooke handovers with some process mapping throughout August for A2H and H2C. The local management team will be involved in this and are increasing engagement with the hospital through their ambulance handover improvement working group.

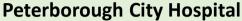


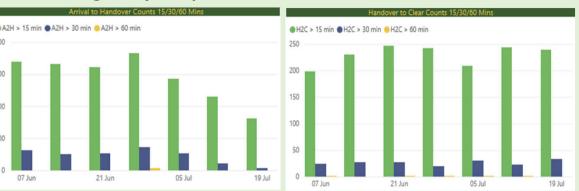
## **Hospital Handovers**





28 Jun





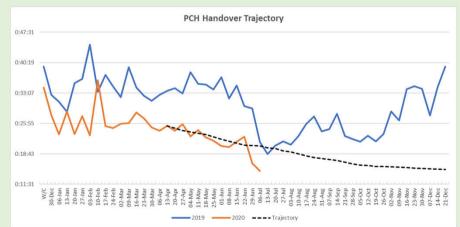
PCH has an average ATH time of 19:17 a continuous improvement from Februarys 33 Minutes. The HTC times has increased again to 16:04 from last month to 15:39. The ATC time is at an average of 35 a reduction from 38:15 and to reduce these times we have

increased the HALO hours to 07:30-02:30, 7 days a week.

05 Jul

12 Jul

The arrival to handover time at PCH has been challenged for a considerable amount of time. Throughout 2020 there has been a considerable improvement in A2H at PCH with the management team fully embedded in the ambulance handover workstreams which are reported into the North SRG. For the first time PCH achieved <15mins average A2H w/c 13th July and we continue to see an improved performance going forwards. H2C times have marginally increased due to this but the overall A2C times are significantly reduced





## **OOS Times**





	West			East		
Beds & Luton	Cambs & Peterb	Herts & W Essex	Mid & S Essex	Norfolk & Waveney	Suffolk & NE Essex	Total
661:37:56	1249:54:12	1762:19:32	2075:47:13	2328:14:03	2064:35:43	10142:28:39

C&P remain the 2<sup>nd</sup> lowest OOS time across the 6 sectors, with the 2<sup>nd</sup> lowest increase from last month. All sectors have seen a rise from the previous month.

In June C&P saw a reduction of over 1644 hours since last month (May total 1414:00:44), the current month trend for July is showing an even further reduction.

### **Highest OOS reasons**

#### **Lowest OOS reasons**

			LOWEST GOS TEUSONS			
OOS Reason	Latest OOS Time (20/7/2020)	OOS Time (20/6/2020)	OOS Reason	Latest OOS Time (20/7/2020)	OOS Time (20/6/2020)	
Mandatory Training	52:40:48	119:09:51	Manager at hospital	0	00:11:39	
Defective vehicle	48:54:40	87:14:05	Passed break	0	00:01:20	
Welfare	47:05:27	103:51:53	Vehicle change	00:05:59	2:35:14	
Referral for patient	45:15:22	117:06:02	Datix	00:06:41	33:28:20	
Drug restock	41:24:04	139:26:07	Cohorting	00:31:36	00:35:08	



# **OOS Times – Action Plan**



OOS - area of improvement	Actions taken
Accident	<ul><li>- Awareness of cost shared with staff.</li><li>- Consistent Datix and management actions from team.</li><li>- Estates, Fleet, workshop and MRO engagement</li></ul>
Contamination Crew	- Uniform QCIP
Contamination vehicle/Defective vehicle	<ul><li>VCO at Acutes where possible.</li><li>MRO engagement.</li><li>13:00 collaboration call.</li></ul>
Datix	<ul><li>Huddle engagement</li><li>Datix feedback to staff.</li></ul>
Drug restock	<ul><li>KPI lead engagement with staff.</li><li>AOC engagement</li></ul>
Mandatory	- Strategically plan training to ensure safe cover.
Referral for patient	<ul><li>System feedback to partners.</li><li>Alliance meeting engagement.</li><li>Sharing &amp; reinforcing staff expectation</li></ul>
Welfare	- Ensuring staff have appropriate support and time needed but also book in service efficiently.



# **Patient Transport Services**



#### Successes

- IPC ratings remaining in the "Green" for Interim and 12 weeks cleans. Still room for improvement but big push
- PTS AFA post filled applicant already in the EEAST system as Agency Staff Target start date of 1st September but may be earlier.
- Cambs PTS sickness remains the lowest in the Trust currently. HR supporting on LTS cases with clear action plans for those staff.
- SPLA Post filled provisional start date 1<sup>st</sup> September based at Peterborough.
- PTOC Staff competed initial training and seem to be doing well in the role.
- Students and CFR's continue to support Mid and North Cambs staffing which has allowed us to deploy EEAST Vehicles especially with staff and volunteers who are still on Stand-Down/Shielding.
- Engagement dates now planned for PTS staff & [REDACTED]

#### Challenges

- Social distancing / reduction in numbers on vehicles is challenging, especially with renal patients. Good planning and working closely with renal units has mitigated some of the challenges but not all. Continuing to work with the renal units individually to find a good middle ground.
- Increased discharges from Addenbrookes and Hinchingbrooke at weekends currently monitoring this as not normal activity volume we would expect to see. Plans in place to increase resources accordingly if this becomes the "new norm".



# **Quality - EPCR**



	26/04	03/05	10/05	17/05	24/05	31/05	07/06	14/06	
	North Cambridgeshire								
Total Number of EPCR's	N/A	498	562	514	483	489	529	562	
Total Number of Responses	N/A	557	648	616	605	627	598	666	
% of EPCR's Created	N/A	89%	87%	83%	80%	78%	88%	84%	
Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	
Variance to Trajectory		4%	2%	-2%	-5%	-7%	3%	-1%	
		South	Cambridg	geshire					
Total Number of EPCR's	N/A	654	650	636	646	638	644	682	
Total Number of Responses	N/A	669	671	693	649	700	669	739	
% of EPCR's Created	N/A	98%	97%	92%	100%	91%	96%	92%	
Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	
Variance to Trajectory		13%	12%	12%	15%	6%	11%	7%	
		Centra	l Cambrid	geshire					
Total Number of EPCR's	N/A	324	307	291	269	322	292	316	
Total Number of Responses	N/A	440	466	420	494	481	445	482	
% of EPCR's Created	N/A	74%	66%	69%	54%	67%	66%	66%	
Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	
Variance to Trajectory		-11%	-19%	-16%	-31%	-18%	-19%	-19%	

Over the last few months C&P have proved the high percentage of EPCR usage.

South Cambs compliance is particularly high, reaching 100% in mid May. This is due to having a consistently good EPCR availability.

The low compliance only occurs when the physical EPCR units are not available.

Compliance has drastically dropped in Central due to lack of EPCR units being returned when sent to IT and lack of EPCR's being provided with any additional fleet.

Huddle messages going out in all AGM areas around EPCR care.

Overall compliance for C&P STP: 83%

#### No data available beyond WE 14.06

Have liaised with [REDACTED] but due to staffing issues no one available to update data.



## Quality - ACQIs

Latest Figures May 2020



Cardiac Arrest ROSC – all 24.1% Trust – 22.3% National – 28.8% 9/11) Cardiac Arrest ROSC – UTSTEIN 50% Trust – 42.5% National – 53.6% (4/11) Sepsis Care
Bundle (Dec 19)
75.6%
Trust – 75.5%
(Awaiting new
thresholds and
results).

Stroke Care Bundle 97.2% Trust – 98%



Cardiac
Arrest STD UTSTEIN % not
reported
Trust – 27.5%
National – 26.7%
(5/11)

Cardiac Arrest STD – 3.4% Trust – 9.4% National – 7.8% (11/11)

STEMI Times (Nov 19) -C&P - 01:00:25 EEAST 02:21 National Mean 02:16 Stroke Times (Nov 19) -C&P - 01:13:00 EEAST 01:32 National mean -01:28

Post ROSC Care Bundle -100% Trust – 88.6%

We have seen a new reporting style to the ACQI's for the new financial year which now breaks down into AGM areas, allowing for an increased focused within the AGM areas and local accountability. This month's ACQI bundle compliance is stroke care bundle, disappointingly across C&P we have decreased to 97.2% compliance. We have seen a decrease in stoke care bundle failures mainly surrounding reporting of blood glucose measurements, this is the first time in a while that we have seen a decrease from our 100% complance. STEMI Care Bundle; Huntingdon 50% complaint (1 out of 2 pain scores), Peterborough 71.4% (5 out of 7 analgesia given), Cambridge 70% (9 out of 10 pain scores, 8 out of 10 analgesia given).

Individual feedback has been given to those individuals and the local teams continue to feedback to the wider teams as an area for improvement ensuring capture our new starters.

STEMI Care Bundle 68.4% Trust 88.6%



# Stroke Times – May 2020



Indicator	Cambs & Peterborough	North Cambs - Huntingdon	North Cambs - Peterboro	South Cambs
Number of cases	110 (114)	15 (13)	55 ( <del>5</del> 1)	40 (50)
Indicator	Cambs & Peterborough	North Cambs - Huntingdon	North Cambs - Peterboro	South Cambs
Mean response time	00:12:53 (-1m 35s)	00:12:12 (+2m 8s)	00:10:50 (-1m 05s)	00:15:13 (-2m 27s)
Mean time spent on scene	00:32:21 (+-1m 41s)	00:43:50 (+ 8s)	00:32:48 (-3m 26s)	00:27:20 (-2m 19s)
Mean journey to hospital time	00:18:11 (-55s)	00:26:24 (+ 19s)	00:14:18 (-1m 15s)	00:20:30 (- 24s)
Mean overall job time	01:07:46 (-4m 20s)	01:24:34 (+2m 33s)	00:57:56: (-5m 46s)	01:03:03 (-4m 50s)



Overall as a sector the mean stroke job cycle time continues to reduced and has reduced by 4 minutes 50 seconds compared to April. Across C&P we have seen some great improvement with our mean on scent times but disappointingly Huntingdon continues to be a challenge and we are working closely with the team to understand why and how we can improve.

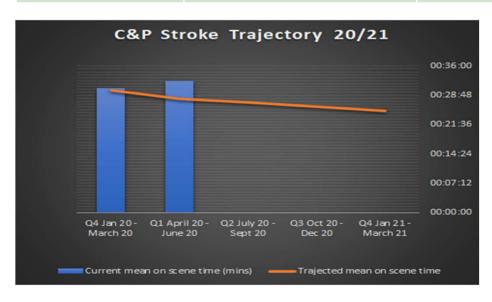
We continue to engage with crews and promote 10:10 and we are very proud to have 4 crews across the STP who achieved below 10minutes on scene and South Cambs who have achieved the second consecutive month <30s.



# Stroke Trajectory 20/21



Date	Current mean on scene time (mins)	Reduction (mins)	Trajected mean on scene time
Q4 Jan 20 - March 20	00:30:31	0.5	00:30:00
Q1 April 20 - June 20	00:32.21	2	00:28:00
Q2 July 20 - Sept 20		1	00:27:00
Q3 Oct 20 - Dec 20		1	00:26:00
Q4 Jan 21 - March 21		1	00:25:00



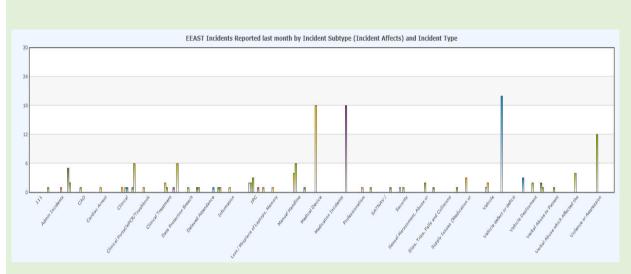
Across C&P the local management team have worked extremely hard to reduce the Stroke on scene times and have had to devise various communication platforms in order to engage staff.

We have seen a decrease in May's data compared to April's on our mean on scene time which is positive during this challenged period, we are conscious that we still have work to do to maintain within our trajectory. Positively we have continued to see a decrease in overall mean response times across the area and have some great achievements which the team have shared positive news during huddles.



### **Quality – DATIX**



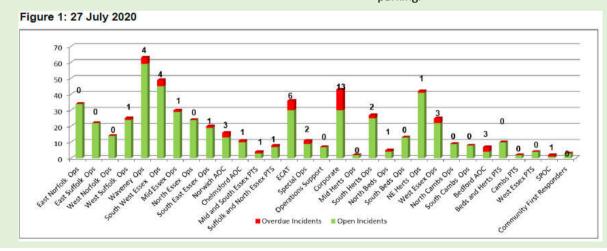


Medical devices – Lack of BM kits available on vehicle / faulty thermometers. New vehicles being supplied without essential kit

Medication incidents – High number from meds mgt team around unaccounted for medication / lack of forms. Medication location on some occasions and issues with forms have already been fed back to MM team. Damaged ampoules of medication in bags.

Vehicle accidents – Mainly low-level damage when maneuvering vehicles – Cambridge station space limited due to increased vehicle numbers and lack of parking.

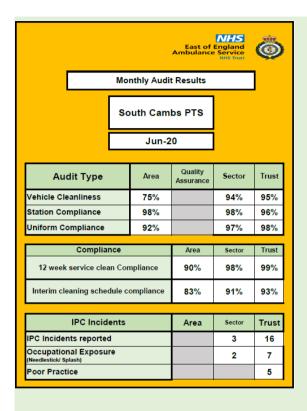
There are currently no outstanding Datix's in A&E or PTS across C&P

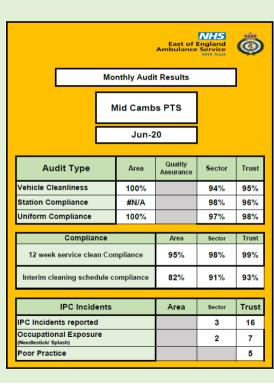


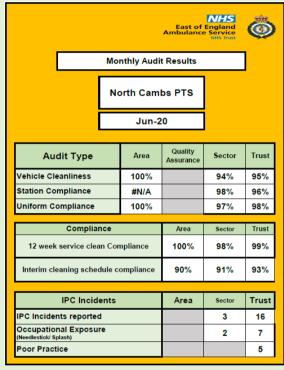


## **Quality – IPC**





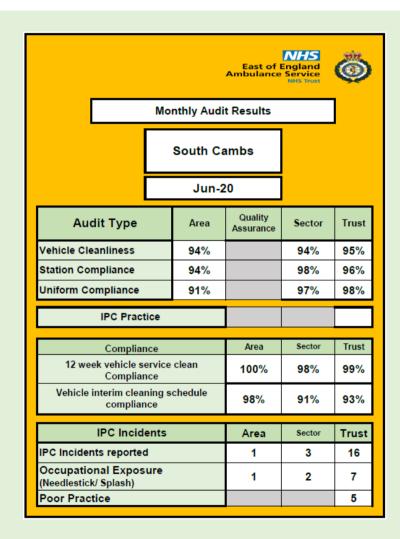


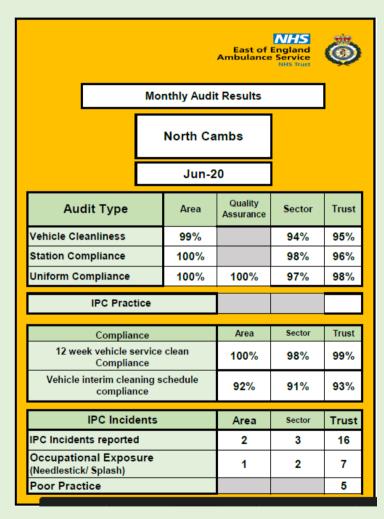




## **Quality – IPC**









### **People - Recruitment**



# Current vacancies across frontline A&E are 16 which is down from 22 from the previous month

Updated Workford	Updated Workforce Figures		Outstanding	Plan
Paramedic	20	39	-19	N/A
AEMT	57	46 +2 DE	9	24 x interview w/c 20/07
ECSW	14	4	10	Course 2021
<b>Urgent Tier</b>	12	5	7	[REDACTED] completing
Total	103	96	-7	

- Monthly review meetings with HR recruitment team to update on recruitment numbers
- With final AEMT's interviewed w/c 20/07 this should fulfil workforce ask for 2020/21
- No leavers in C&P in May or June turnover is reducing month on month
- Mapping out start dates for new staff joining C&P throughout this year
- Local management team have taken ownership for interviewing staff that are coming to C&P
- Positive grad para / NQP / DE recruits almost doubling initial ask



## **People – Statutory and Mandatory Training**



Topic	Headcount	No. Completed	%	% Previous Month
Statutory Mandatory (this includes PU and online assessment; where both are required it will not show as compliant until both are complete)	558	59	10.57%	2.45%
2 Day PU - Clinical Staff only	421	57	13.54%	4.99%
1 Day PU - Patient Facing Staff (AOC/PTS) only	121	0	0.00%	0.00%
Life Support Assessment (ALS/ILS/BLS)	541	236	43.62%	0.00%
Mandatory Training Assessments	558	522	93.55%	93.21%
Compassionate Conversations	558	408	73.12%	73.02%
Infection Control (Level will be relevant to role)	558	524	93.91%	93.58%
Information Governance	558	523	93.73%	93.40%
Safeguarding Adults and Children	558	523	93.73%	93.58%
NEWS 2	421	372	88.36%	84.16%
Paediatric Harness Training	529	510	96.41%	96.05%

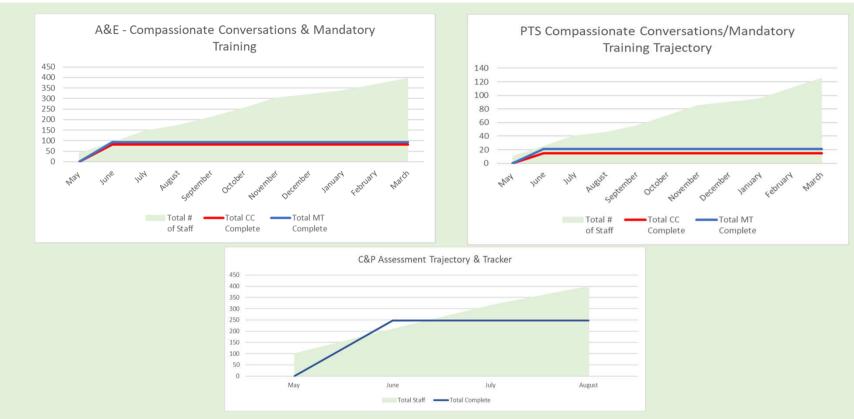
Updated 24.07.2020

- Across all areas we have seen an increase in compliance this month for both A&E and PTS. We continue to focus the teams on completing compassionate conversations with staff.
- Trajectories and trackers have been created locally so we are able monitor compliance for CC, MT and ECS efficiently. These are updated from the main OD report that is released at the beginning of each month.



## **Trajectories & Trackers**





The team have been working hard on completing CC and ensuring staff have completed their MT. A&E CC show as slightly behind trajectory but this is due to a reporting issue, this issue has now been rectified and we should see a large increase in the next OD figures due to be released at the beginning of August.

PTS is on trajectory for MT and slightly behind for CC's, a real focus and push has been asked of teams to complete these and get back up to trajectory.

Clinical assessments have been a great success across the sector, particularly in South Cambs. We are now focussing on mirroring the South Cambs success in the other AGM areas. Our plan has also been shared with OD for sharing Trust wide.



# **People – Casework**



Case Type	A&E	PTS	Progress
DAW	0	<5	[REDACTED]
Suspension	<5	0	[REDACTED]
Disciplinary	<5	0	[REDACTED]
Grievance	<5	0	[REDACTED]
Appeal	<5	0	[REDACTED]
ET	<5	0	[REDACTED]

### **Investigation Barriers:**

Insufficient numbers of trained investigators Availability impacted on operational priorities



## Sickness - Looking After Our People



Despite the current COVID crisis, C&P have seen a reduction in sickness over the last three months.

We are delighted to present that last month C&P have managed get below the 5% sickness target for both A&E and PTS! This is a great achievement and something we will strive to maintain.

South Cambs is being reviewed to see if there are any trends in the increase of STS cases.

Aa team we are all working hard to support staff in anyway that we can to return them to the workplace.

We continue to use our local COVID sickness tracker, which includes both self isolating and symptomatic COVID19 sickness cases, expected return dates and comments from regular welfare calls.

		STS			LTS		To	otal per Are	ea		Main Reasons	
	May	June	July	May	June	July	May	June	July	May	June	July
North Cambs A&E	2	3	2	2	1	1	4	4	3	Variety	MH	Variety
South Cambs A&E	2	6	5	2	3	2	4	9	7	COVID19	COVID19	COVID19/Gastro
Central Cambs A&E	4	2	3	5	2	1	9	4	4	COVID19	COVID19/MH	COVID19/MH
Cambridgeshire PTS	6	2	2	6	3	2	12	5	4	Musc	Variety	Variety
<b>Total for Sector</b>	14	13	12	15	9	6	29	22	18			

CONTINUED
IMPROVEMENTS

	LTS %	STS %	Total Sick %	Last Month Total Sick %
A&E	1.63	2.04	3.67	5.83
PTS	1.50	1.24	2.74	4.39





# **Temporary Redeployment**



AGM Area	Substantive Role	Full / Part Time	Temporary Redeployment Role	Changed on GRS	Reason	Date began	Predicted RTW date	Overdue reason	Revised RTW Date	Suitable for AOC?
South Cambs	[REDACTED]	[REDACTE D]	[REDACTED]	Yes	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Central Cambs	[REDACTED]	[REDACTE D]	[REDACTED]	No	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTE D]	[REDACTED]	Yes	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
North Cambs	[REDACTED]	[REDACTE D]	[REDACTED]	Yes	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

Updated 24.07.2020



# **Staff Survey Action Plan**



Issue raised by staff	Score	Action taken/to be taken	Action Progress
Involved in deciding changes that affect work	16%	Station reps requested to meet with management team monthly to improve joint working	Monthly Unison county lead meeting implemented to review ToR's. First meeting 20/07/20
Satisfied with recognition for good work	26%	LOMs to continue to ride out with staff and to be covered in compassionate conversations	Ride outs continuing. MST team in north / south Cambs. Recognition in newsletters
Immediate manager gives clear feedback on my work	28%	IPM data to be used to highlight to all staff how they are performing in relation to other colleagues	Waiting for LOMs to get access to IPM data before being able to roll out to staff
Supported by manager to receive training, learning or development identified in appraisal	24%	Setting realistic expectations and working with staff to achieve what they need to develop within their role. Link in with OD for appropriate courses being available and advertised to staff.	Wound closure courses were highlighted in many CC's in South Cambs. This course has now been added into the ECS programme so all paramedics will complete this course this year. L7 modules offered where identified.



### **Finance**



	Ye	Year to Date			
	Budget	Actual	Variance		
<b>Emergency Operations</b>	£'000	£'000	£'000		
Pay Expenditure	4,589	4,806	217 <b>a</b> a		
Non Pay Expenditure	597	455	(142) <i>fa</i>		
Grand Total	5,186	5,261	75 aa		
PTS					
Pay Expenditure	1,161	1,069	(92) fa		
Non Pay Expenditure	365	381	16 <b>a</b> a		
Grand Total	1,526	1,450	(76) fa		

- **Emergency Ops** £75k overspent year to date (YTD). **Pay** is £217k overspent YTD. Savings resulting from vacancies are offset by the higher than budgeted use of overtime and costs for additional hours and bank. **Non-Pay** is £142k underspent with the key items being PAS £123k, Vehicle Related Expenditure £9k, and Medical & Surgical Equipment £5k.
- Operational PTS £76k underspent YTD. Pay is £92k underspent YTD. Front line staff vacancies result in a £163k underspend and is partially offset by higher than budgeted Bank Staff, Additional Hours and Overtime Costs. Pay Recharges are lower than expected. Non-Pay is £16k overspent YTD. Overspends for PAS and Taxi Transport are offset by underspends in ACS and Vehicle Running costs.







Recharged COVID Costs	YTD
	£'000
Bank	114
Overtime	294
Agency	94
PAS	703
HALOs	61
Total A&E	1,266
PAS & Taxis	8
Vehicle Costs	20
Staff Costs	73
Total PTS	101
-	

CIP Scheme	Target £'000	YTD Savings expected £'000	YTD Savings achieved £'000	Variance £'000
PP001 Sickness Management	104	16	45	(29)
PP005 - Rolling hours CP015 - Travel & Subs	53	13	13	0
Reduction	1	1	3	(2)
_	158	30	61	(31)

CIP allocation and distribution is work in progress and this table will be updated as the workstreams progress.



### Risks



Risk Ref	Risk Title	Risk Status	
1500	Non-Delivery of performance on Cambridgeshire PTS contract	Open	View
1692	Recruitment and Retention in C&P	Open	View
1694	Estates provision	Open	View
1695	Fleet provision and resilience	Open	View
1696	Compliance with KPI's	Open	View
1751	Failure to realise efficiencies, and therefor financial savings, within Cost Improvement Program	Open	View
1808	Failure to delivery service during Covid-19 pandemic	Open	View

The risk registered is reviewed monthly at the Cambridge and Peterborough ODG last on 27/07/2020.

- **1500** Contract reporting paused due to Covid-19 response. Risk reduced.
- 1692 Reduction in vacancies across C&P to 16 frontline roles. Risk reduced as on track to exceed trajectory for 2020/21
- 1694 Parking at Cambridge Station remains a concern given the recent vehicle and staffing increases. Alternative parking in place at National Blood Bank staff parking now withdrawn. Waiting for planning permission to increase car parking capacity
- **1695** Current fleet is meeting demands and PFSH requirements. Concerns around UTV resilience
- 1696 Continue to perform well against KPI's
- 1751 QCIP programmes performing well against trajectories
- **1808** Maintaining all national performance standards throughout covid-19 pandemic



# **Support Needed:**

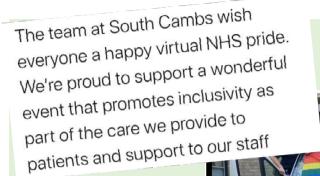


- Compliance report updated regularly
- MRO 24/7 Visibility



## **AOB**





#ThankYouThursday



Thank you to the crew who attended to my wife. They attended with smiley faces and assured my wife that she will be ok and had nothing to worry about. They treated her with care, compassion, dignity and respect. I'm grateful for such dedicated people.

A grateful message from a husband in March, Cambridgeshire



It's not only us enjoying the new wellbeing garden. \*\* #BeeWell @EastEnglandAmb



Huntingdon Well-being Garden









