



Integrated Performance Report

January 2019

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 111).

Inspected and rated

Good



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The following YAS board report outlines performance, quality, workforce and finance headlines 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 (A&E, PTS and 111).

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EXECUTIVE OVERVIEW



Our purpose is

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

with our core values embedded in all we do



Our Vision

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

Our Ambition for 2023 is that



Delivery is directly supported by a range of enabling strategies



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

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

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

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

The Single Oversight Framework is designed to help NHS providers attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right. The framework applies from 1 October 2016, replacing the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'. The Framework will help identify NHS providers' potential support needs across the five themes illustrated below alongside YAS indicators where available.

Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, Q2 17-18		13.8
Staff F&F Test % recommended care Q2 18/19		84.0%
Occurrence of any never event		None
Patient Safety Alerts not completed by deadline		None
Ambulance See-and-treat from F&F Test - % positive, Jun 18		80%
Ambulance Clinical Outcomes, Apr 18	Return of spontaneous circulation (ROSC) in Utstein group	43.8%
	Stroke Care Bundle	98.1%

(*) less than 5 responses – data withheld

(**) does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and variation in local populations

Organisational Health

Staff sickness, Sep 18,	5.29%
Staff turnover, Nov 18	0.90%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Nov 18	1.16%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

Jan 2019	
Cat 1 Life-threatening calls mean	06:59
90 th centile	12:08
Cat 2 Emergency calls mean	19:49
90 th centile	41:16
Cat 3 Urgent calls 90 th centile	01:58:10
Cat 4 Less urgent calls 90 th centile	02:47:48

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (January 2019)

Capacity & Capability	Amber
Infrastructure	Amber
Place Based	Amber
Service Delivery	Amber

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Jan 19
Liquidity (days of operating costs held in cash or cash equivalent forms)	1
I&E margin (I&E surplus or deficit/ total revenue)	1
Distance from financial plan (YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit)	1
Agency spend (distance from providers cap)	1
OVERALL USE OF RESOURCES RATING	1

This section provides an overview of internal transformation programmes and external factors to help determine if our internal change plans are aligned to external system pressures.

Internal

Service Delivery & Integrated Workforce Model **Amber**

- RRV-DCA project now complete
- ARP performance better than trajectory on all standards except Category 4 90th
- Recruitment/training of new staff behind track – with a total shortfall of 43 FTE at current
- EPR now live in 12 ED handover locations with roll out progressing from February at Airedale hospital.
- Hear and Treat behind plan with only 1.5 FTE recruited in recent round of recruitment
- Plans for IUC mobilisation and key work streams presented to group

Place Based Care **Amber**

- Updated Gap Analysis of UTCs presented to Programme Board with key work streams to be identified and scoped for March.
- Care home falls project in Leeds and Sheffield now commenced with measures now being tracked.
- NY pendant scheme PID agreed at programme board, Raizer chairs required to go live in March

Infrastructure **Amber**

- Doncaster Hub on track for go live January 2020
- AVP Leeds and Huddersfield confirmed programme of works will complete in March as planned
- Unified Comms tender complete and contract awarded, benefits delivery plan requires further work
- Options for stock control system being developed as part of the wider logistics project

Capacity & Capability **Amber**

- Work on an options appraisal for future training requirements of the trust is underway
- Gateway review proposal under development and was presented to group in January
- Accountability framework approach presented to group and TEG with work under way to develop key workstreams


External

- Draft Operational Plans have been submitted; NHSI are currently compiling and developing feedback for Trusts. This is anticipated by the end of February.
- NHSE/I will compile and aggregate system level plans on behalf of each system – by the 11 February deadline.
- YAS has been aligned to West Yorkshire & Harrogate ICS, for the purposes of submission.
- YAS planning lead continues to work with ICS partners to support development of ICS system plans. Wider engagement in ICS continuing via Executive, clinical and operational leads.
- Key system pathways being modelled alongside system partners to identify key risks, opportunities and impact on activity levels across all providers.
- YAS working with providers and commissioners across the patch to identify local Urgent Treatment Centres and to develop and agree appropriate pathways into them.

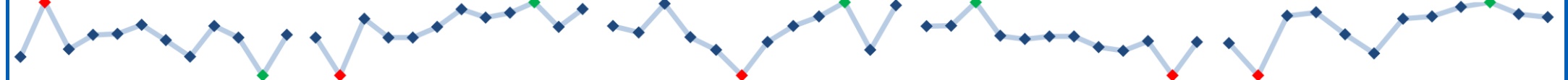
Our Performance January 2019

↑	Category 1 was 06:59	YTD Performance		
↓	Ambulance responses on Scene decreased by 0.7% from last month		Time	Change
↑	PTS KPI 2 continues to be above target at 88.9% for January	Category 1 Mean Performance	07 mins 26 Sec	0 min 03 sec less
↔	Calls transferred to a CAS Clinician in 111 is below 50% target at 44.8%	Ambulance Turnaround Time	33 mins 42 sec	0 min 33 sec less


A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Jan-19	Variance (%)	Contract	Jan-19	Variance (%)	Avg	Jan-19	Var	Avg	Jan-19	Change	Target	Jan-19	Var
84,346	85,712	1.6%	61,237	65,118	6.3%	75.2%	75.7%	0.5%	2,353	3,484	48.1%	00:07:00	00:06:59	(00:00:01)
														

PTS (KPI's exclude South)

PTS Demand (Inc Abort & Escorts)			KPI2 Arrived Hospital (<2Hrs)			KPI3 Pre Planned Picked up (<90Min)			KPI4 Short Notice Patients (<2Hrs)			Calls answered in 3 mins		
Contract	Jan-19	Variance (%)	Target	Jan-19	Variance (%pts)	Target	Jan-19	Variance (%pts)	Target	Jan-19	Variance (%pts)	Target	Jan-19	Var
83,736	80,652	(3.7%)	82.9%	88.9%	6.0%	92.0%	91.4%	(0.6%)	92%	79.6%	(12.4%)	90.0%	93.8%	3.8%
														

111

111 Answered Calls			111 Answered in 60 secs			Calls To A Clinician (5.22) %			111 Call Back in 2 Hours			111 Referral Rate to 999		
Contract	Jan-19	Variance (%)	Target	Jan-19	Variance (%)	Target	Jan-19	Variance (%)	Target	Jan-19	Variance (%)	Avg	Jan-19	Variance (%)
148,250	144,696	(2.5%)	95%	81.6%	(13.4%)	50%	44.8%	(5.2%)	95%	78.2%	(16.8%)	9.7%	10.8%	1.1%
														

Key	Tolerance for Variance (unless stated different)	Variance	Sparklines	AVG - Average	Contract	Updated
	Tolerance 5% number change or 5% pts	Variance to Contract or Target or Average	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	Demand Contracted for in the main contract	18/01/19 - PMO

Our Quality January 2019

↑	3 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
↔	1 in 10000 patients responses result in moderate or above harm	Recommend YAS to F&F			Compliance	Jan 18	Jan 19
↓	FOI compliance in January was 31%		Q2	YTD	Hand Hygiene	99%	99%
↔	2 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)	PTS	90%	90%	Premise	99%	98%
↔	9 out of 10 people would recommend YAS to Friends and Family	A&E	82%	84%	Vehicle	99%	98%

Incidents Reported

All Reported Incidents			Patient Incidents			Moderate Harm			Serious incidents			Medication Related		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	No	Change
680	786	13.4% ↑	201	284	24.0% ↑	23	25	(16.7%) ↓	3	10	700.0% ↑	88	80	(5.9%) ↓

Safeguarding

Adult Referrals			Child Referrals			Complaints			Compliance (21 Days)			FOI Requests		
Avg	No	Change	Avg	No	Change	Avg	No	Change	Avg	%	Change (% Pts)	Avg	No	Change
811	924	(4.3%) ↔	540	532	(7.3%) ↓	84	93	2.2% ↔	71%	64%	None ↑	36	35	94.4% ↑

Clinical Outcomes (September Data)

Stroke - Mean time from call to hospital arrival			Stemi - Mean time from call to catheter insertion for angiography			ROSC (Utstein)			Survival (Utstein)			Deep Clean Breaches (8 weeks)		
Avg	hh:mm	Change (hh:mm)	Avg	hh:mm	Change (hh:mm)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change %
01:09	01:13	00:06 ↔	02:15	02:17	00:05 ↑	47.1%	53.8%	0.7% ↔	23.7%	22.7%	6.9% ↑	19	49	(19.7%) ↓

Fleet

Key	Change	Direction of Travel	Sparklines	AVG - Average	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	18/01/19 - PMO

	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,811)	(24,025)	(1,214)	(227,251)	(231,081)	(3,831)
Expenditure	22,740	23,314	574	223,046	225,626	2,581
Retained Deficit / (Surplus) with STF Funding	(71)	(711)	(640)	(4,205)	(5,455)	(1,250)
STF Funding	(248)	(248)	0	(1,628)	(1,628)	0
Retained Deficit / (Surplus) without STF Funding*	177	(463)	(640)	(2,577)	(3,827)	(1,250)
EBITDA	(1,147)	(1,879)	(732)	(13,791)	(15,388)	(1,597)
Cash	36,024	46,569	10,545	36,024	46,569	10,545
Capital Investment	1,123	1,822	699	9,302	11,305	2,003
Quality & Efficiency Savings (CIPs)	864	988	124	7,282	7,035	(247)

Under the "Single Oversight Framework" the overall Trust's rating for January 2019 remains at 1 (1 being lowest risk, 4 being highest risk).

The Trust has reported a surplus as at the end of January (Month 10) of £5,455k, a favourable variance of £1,250k against plan. A significant element of this relates to a favourable movement in discount factor for injury benefit liabilities.

At the end of January 2019 the Trust's cash position was at £46.5m against a plan of £36.0m, giving a positive variance of £10.5m. The movement from December reflects a £2.6m reduction in payables.

As at the end of January Capital expenditure for 18/19 was overspent by £2003k against the original plan. During January spend continued on the Door and Tail lift modifications, conversion of the 17/18 & 18/19 chassis, ICT Refresh, AVP and Estates schemes. The original plan was £22.022m expenditure allowing for disposals of £1.075m. A revised plan was approved by the Board in September 2018, expenditure of £18.004m including disposals of £169k, as a result of delays associated with the STP Wave 2 award for Doncaster Hub & associated Fleet. More recently NHSI have agreed to us undershooting Capex to the value of in year disposal receipts regarding Fairfield & Bramham. This will result in a charge of £17.835m against the Capital Resource Limit.

The Trust has a savings target of £9010k for 2018/19. YTD the Trust has underachieved against this target by £247k of which £247k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year causing an underlying recurrent financial risk for future years.

	Month	YTD	Trend 2018-19
RISK RATING: Under the "Single Oversight Framework" the overall Trust's rating for January 2019 remains at 1 (1 being lowest risk, 4 being highest risk).			
EBITDA: The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of January (Month 10) is £15,388 against a plan of £13,791k, a favourable variance of £1,597k against plan.			
SURPLUS: The Trust's reported year to date surplus (including STF) as at the end of January (Month 10) is £5,455k against a plan of £4,205k, a favourable variance of £1,250k against plan. STF achieved YTD is £1,628k.			
CAPITAL: As at the end of January Capital expenditure for 18/19 was overspent by £2,003k against the original plan. During January spend continued on the Door and Tail lift modifications, conversion of the 17/18 & 18/19 chassis, ICT Refresh, AVP and Estates schemes. The original plan was £22.022m expenditure allowing for disposals of £1.075m. A revised plan was approved by the Board in September 2018, expenditure of £18.004m including disposals of £169k, as a result of delays associated with the STP Wave 2 award for Doncaster Hub & associated Fleet. More recently NHSI have agreed to us undershooting Capex to the value of in year disposal receipts re Fairfield & Bramham. This will result in a charge of £17.835m against the Capital Resource Limit (CRL).			
CASH: At the end of January 2019 the Trust's cash position was £46.5m against a plan of £36.0m, giving a positive variance of £10.5m. The movement from December reflects a £2.6m reduction in payables.			
CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £247k of which £247k relates to unidentified schemes. It is anticipated that an element of the unidentified schemes will be delivered non-recurrently during the year; causing an underlying recurrent financial risk for future years.			

Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	3871	3158	(713)
Business Development Directorate	27	0	(27)
Chief Executive Directorate	68	24	(44)
Clinical Directorate	87	87	0
Estates Directorate	233	158	(75)
Finance Directorate	513	406	(107)
Fleet Directorate	906	656	(250)
Planned & Urgent Care Directorate	663	489	(175)
Quality, Governance & Performance Assurance Directorate	77	57	(20)
Hub & Spoke	56	56	0
Workforce & OD	780	597	(184)
RESERVE	0	1346	1,346
Grand Total	7,282	7,035	(247)

Recurrent/Non-Recurrent Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	6,592	5,387	(1,205)
Non-Recurrent	690	1,647	958
Grand Total	7,282	7,035	(247)

CQUINS

December 2018

Trust Wide	Lead Manager	Expected Financial Value (over 2 years)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Improvement of health and wellbeing of NHS staff	Dep Director of HR & Organisational Dev	£286,016	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber			
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates Division	£286,016	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Improving the uptake of flu vaccinations for frontline clinical staff	Dep Director of HR & Organisational Dev	£286,016	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Total		£858,048													

Comments:

At the end of Dec we have achieved 65% flu vaccination rate for our frontline staff. Flu vaccinations remain available for all staff.

Green

Fully Completed / Appropriate actions taken

Staff survey results have not yet been published but we remain positive to make improvements to the scores due to the Health and Wellbeing work we have undertaken in the last 12 months. Planning for 2019/20 health and wellbeing activity has begun. The Health and Wellbeing plan for 2019/20 is currently being approved at Trust Management Group and then Trust Executive Group in readiness for 1st April 19. The Trust have procured new occupational health services and these will be in place for 1st April 2019.

Amber

Delivery at Risk

Red

Milestone not achieved

A&E CQUINS		Expected Financial Value (over 2 years)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Proportion of 999 incidents which do not result in transfer of the patient to a Type 1 or Type 2 A&E Department	Head of Clinical Hub EOC	£643,429	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Mortality Review	Deputy Medical Director	£1,716,096	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green	Green	Green	Green	Green	Green	Green	Green	Green			
Total		£4,290,240													

Comments:

Q3 reports for Respiratory Management, Mortality Review and 999 incidents not resulting in the transfer of patients to Type 1/2 A&E departments have now been accepted.

Green

Fully Completed / Appropriate actions taken

Amber

Delivery at Risk

For end-to-end reviews one review has been scheduled and one has been conducted.

Red

Milestone not achieved

PTS CQUINS		Expected Financial Value of Goal	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Local CQUIN - currently under development		tbc					Amber	Amber	Green	Green	Green				
Total															

Comments:

Over 500 surveys have been completed to date and a schedule has been developed to ensure that collection of surveys continues to be effective. The initial reports that have been produced indicate that the data is insightful and will inform service improvement projects. The Patient Survey App is fully on track to deliver the CQUIN.

Green

Fully Completed / Appropriate actions taken

Amber

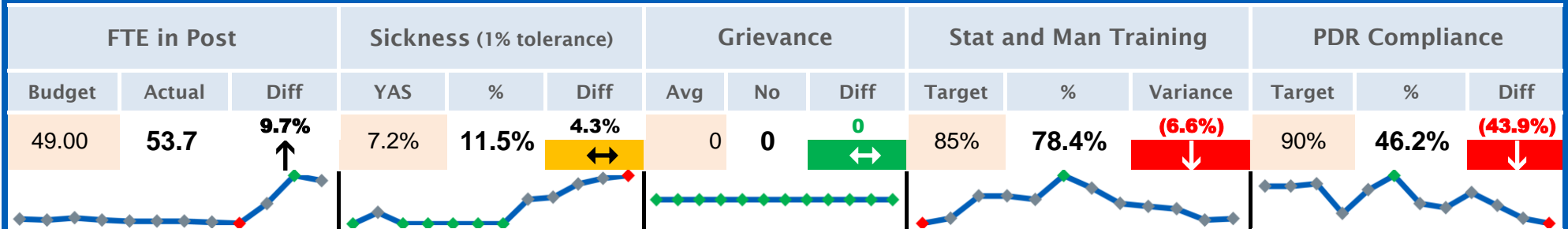
Delivery at Risk

Red

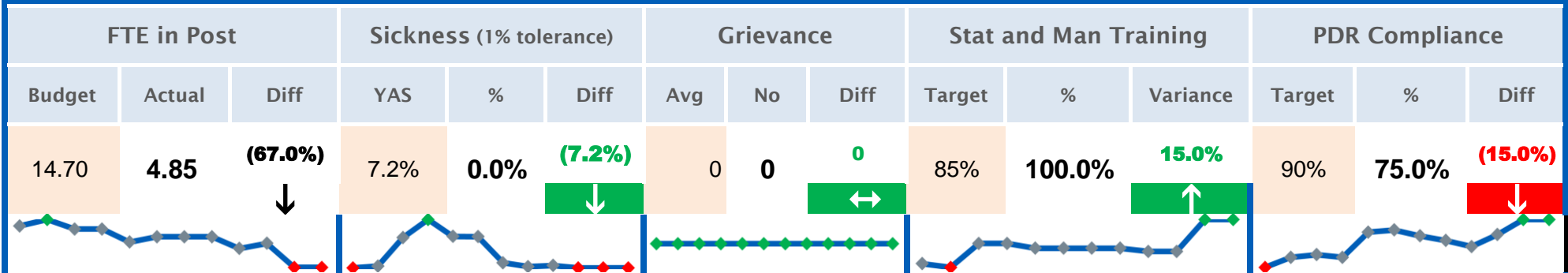
Milestone not achieved

Corporate Services - January 2018

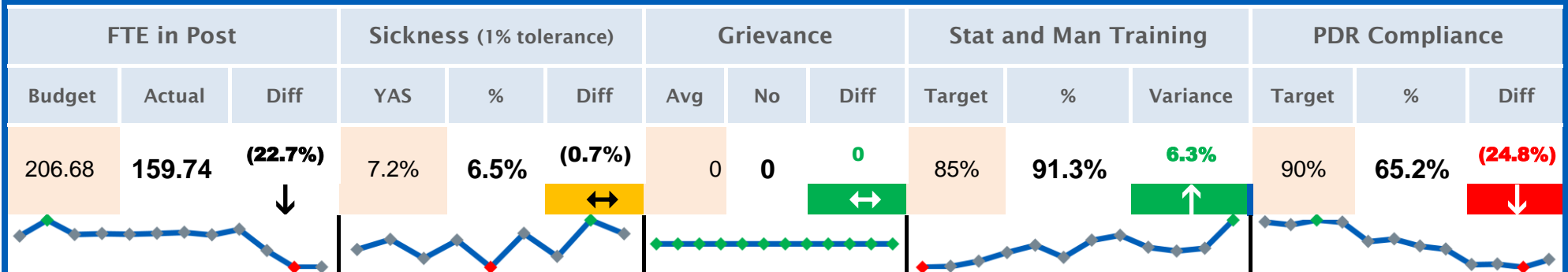
Chief Executive



Business Development



Finance (Excluding Fleet, Estates, BI and ICT)



Key

Difference
Current Month (tolerance 5% number difference) unless stated

Direction of Travel
From Previous Month

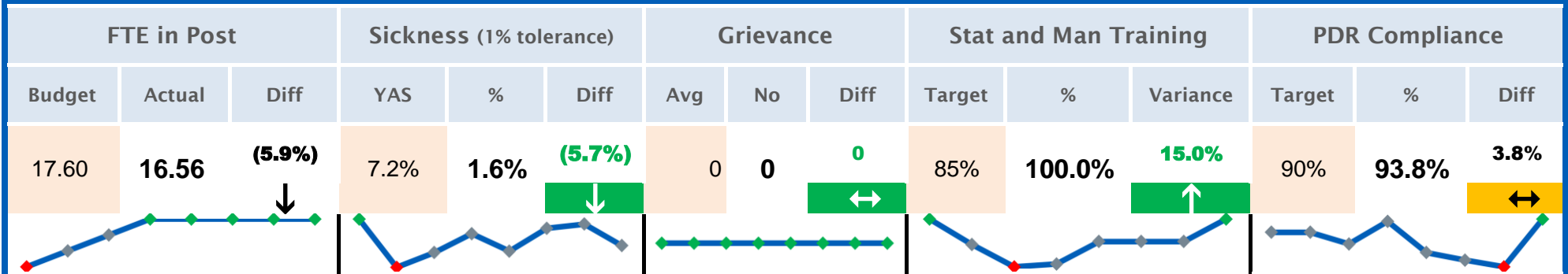
Sparklines
To demonstrate trend, low point is lowest point in that trend (not zero)

AVG - Average
Previous 12 Periods

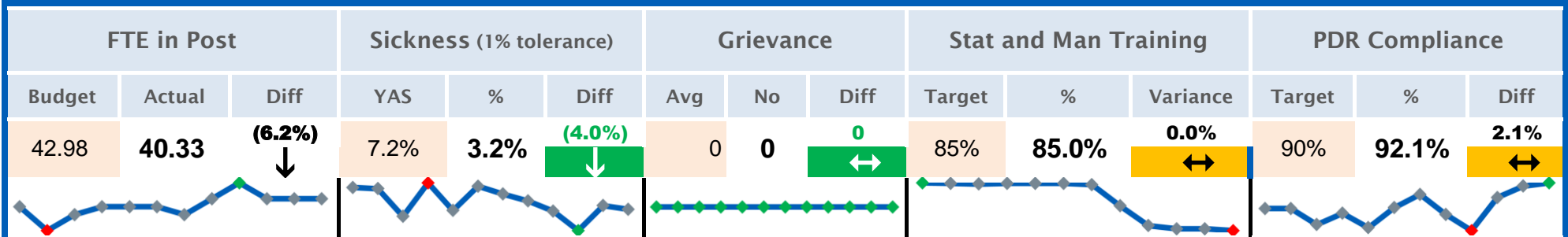
Updated
12.02.19 - PMO

Corporate Services - January 2018

Business Intelligence



ICT



Workforce & Organisational Development



Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated				
	Current Month (tolerance 5% number difference) unless stated		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		12.02.19 - PMO				

Corporate Services - January 2018

Quality, Governance and Performance Assurance

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Diff	Avg	%	Diff
60.4	58.5	(3.1%)	7.2%	1.8%	(5.4%)	0	0	0	85%	96.6%	11.6%	90%	83.0%	(7.0%)

Clinical

FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
37.5	37.2	-0.8%	7.2%	5.8%	(1.5%)	0	0	0	85%	97.6%	14.8%	90%	84.6%	(5.4%)

Fleet and Estates

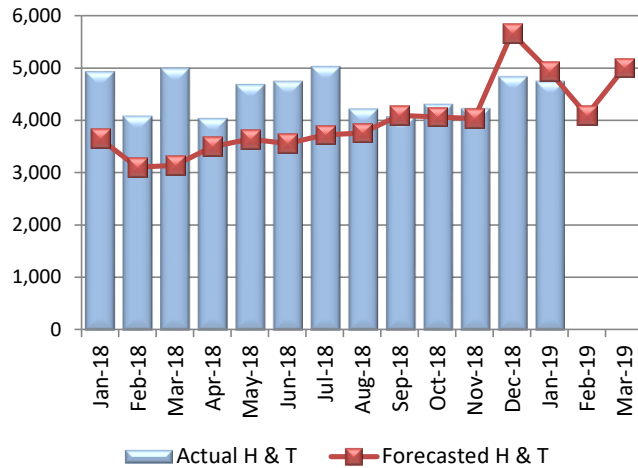
FTE in Post			Sickness (1% tolerance)			Grievance			Stat and Man Training			PDR Compliance		
Budget	Actual	Diff	YAS	%	Diff	Avg	No	Diff	Target	%	Variance	Target	%	Diff
111.5	113.3	1.6%	7.2%	5.0%	(2.2%)	0	0	0	85%	88.8%	3.8%	90%	56.7%	(37.0%)

Key	Difference		Direction of Travel		Sparklines		AVG - Average		Updated				
	Current Month (tolerance 5% number difference) unless stated		From Previous Month		To demonstrate trend, low point is lowest point in that trend (not zero)		Previous 12 Periods		12.02.19 - PMO				

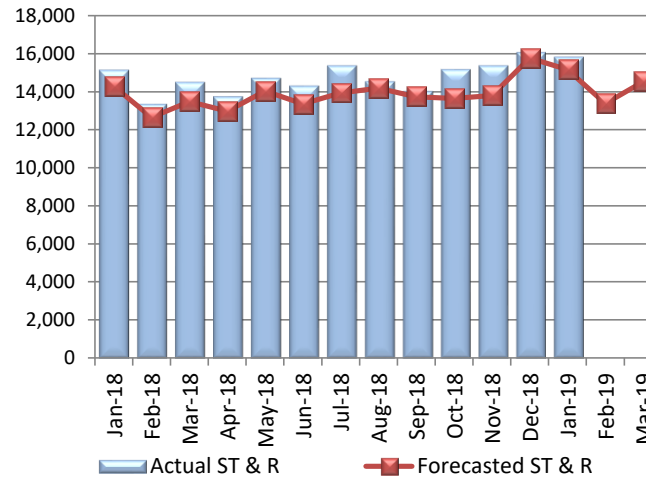
SERVICE LINES

9.1 Activity

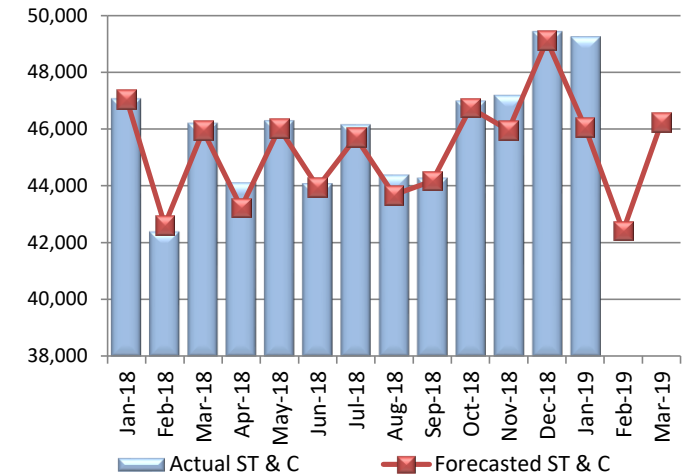
Hear & Treat



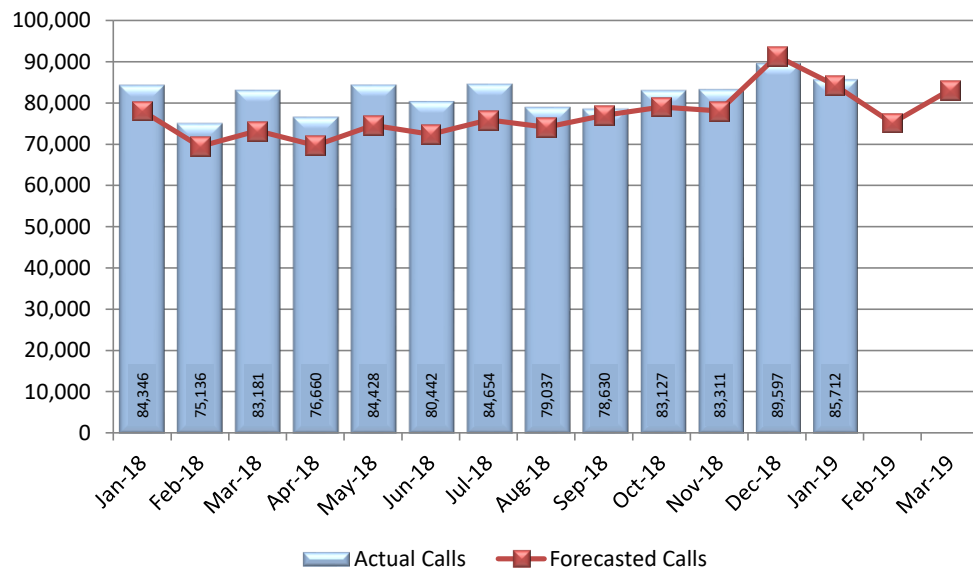
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls January saw a 4.3% reduction in calls demand against December, but an increase of 1.6% against January 2018.

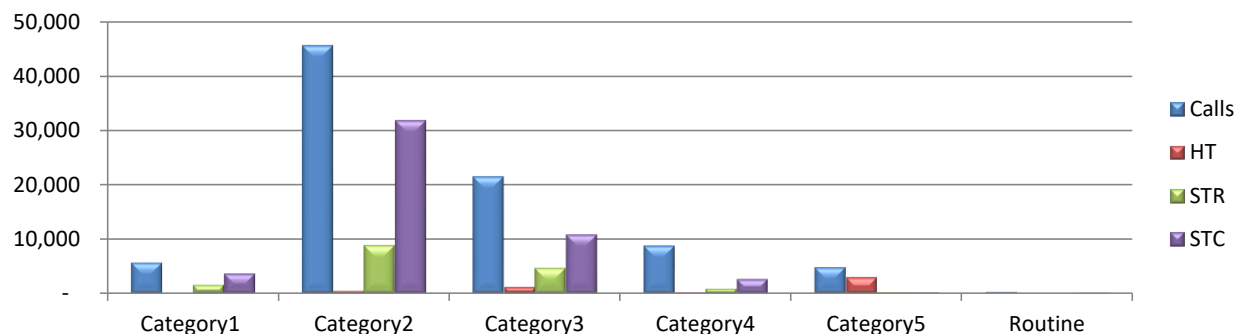
Hear & Treat activity has decreased 1.9% versus December. A deep dive is being conducted into Hear & Treat service provision along with action plan to bring in line with trajectory target.

See, Treat & Refer Increase of 4.5% vs January last year. See & Treat is an ongoing area of focus with an aim to increase the amount of See & Treat jobs throughout 18/19.

See, Treat & Convey Increase of 4.6% in the amount of See, Treat & Convey carried out versus January last year.

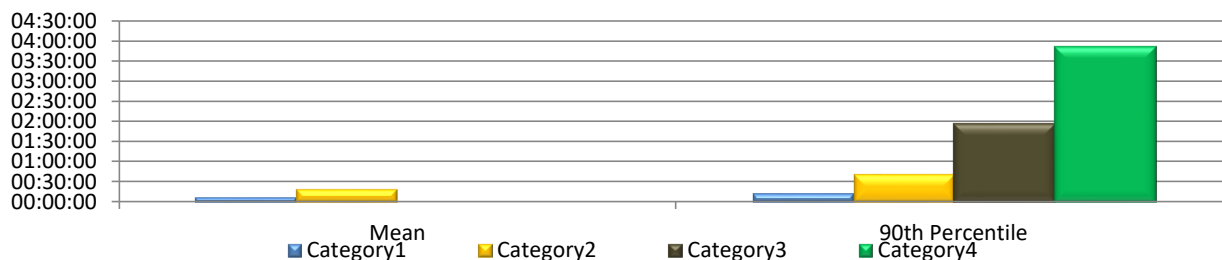
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,728	18	1,623	3,760	5,383	8.1%
Category2	45,672	502	8,804	31,924	40,728	61.6%
Category3	21,600	1,164	4,670	10,923	15,593	23.6%
Category4	8,887	230	931	2,735	3,666	5.5%
Category5	4,927	2,873	290	230	520	0.8%
Routine	307	-	2	194	196	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:06:59	00:12:08	00:07:00	00:15:00
Category2	00:19:49	00:41:16	00:18:00	00:40:00
Category3		01:58:10		02:00:00
Category4		03:52:38		03:00:00



ARP3 Update

ARP has given us a number of opportunities to improve patient care – which are outlined in the national papers and AACE documents -

<https://aace.org.uk/?s=ambulance+response>

New Guidance has now been released and YAS are working to align all reports to that guidance.

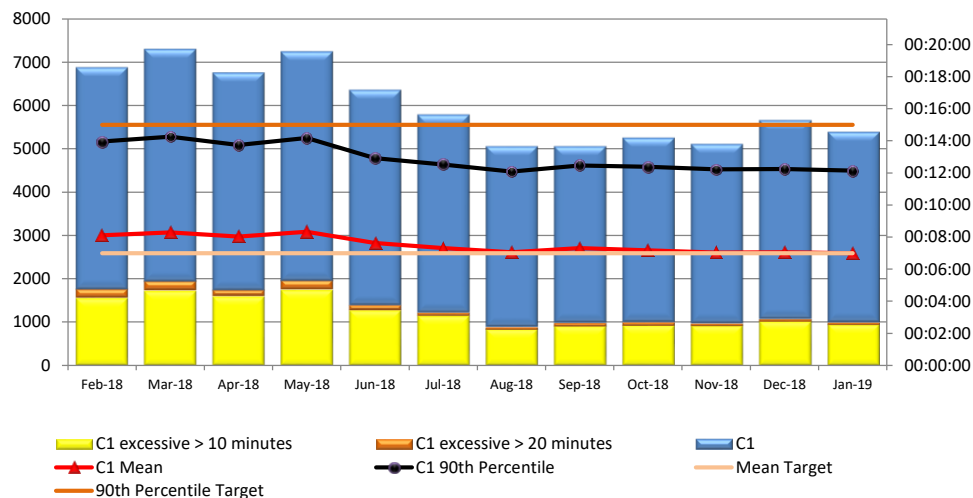
The calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

As agreed at the contract management board, YAS will only be reporting the YAS response standard until further discussions take place at a regional level. The Category 1 No IFT indicator is shown as the indicator may change to not show IFTs within the performance measure. The impact of removing IFTs creates a longer mean time due to de-fib allocation on IFT jobs.

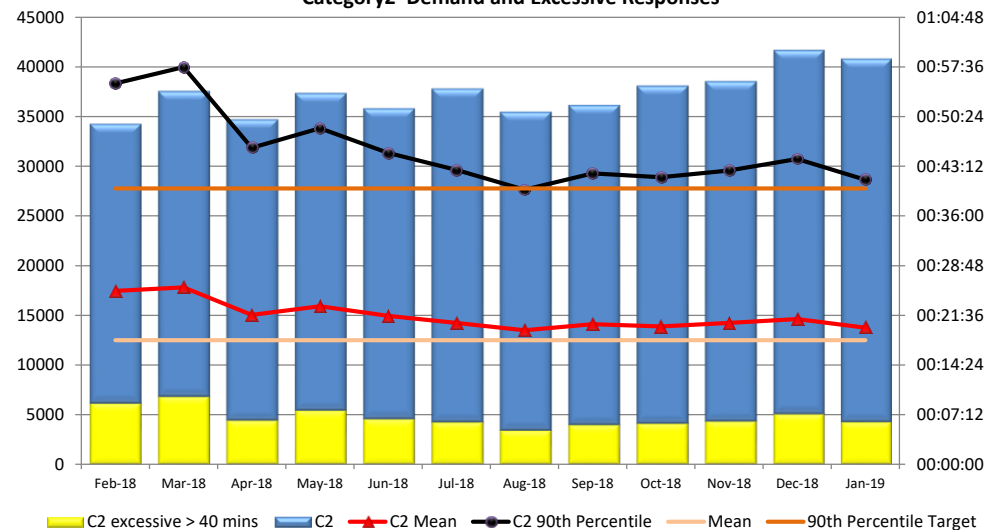
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

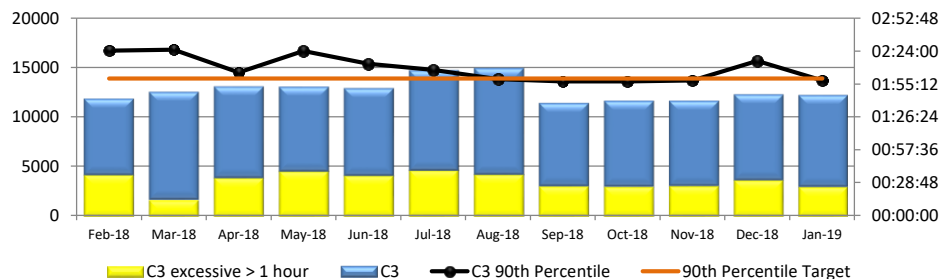
Category1 Demand and Excessive Responses



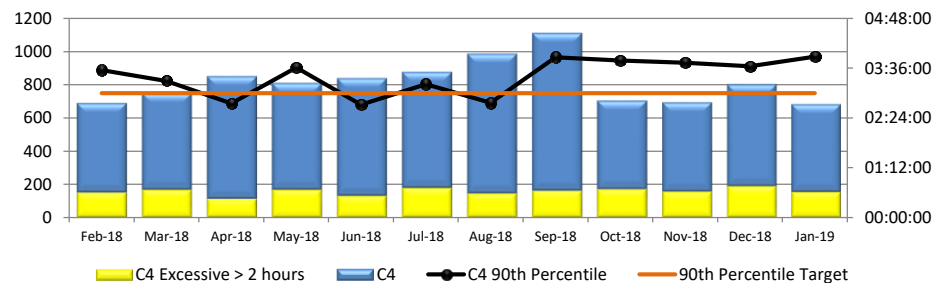
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 Mean performance was 00:06:59 against the 00:07:00 target with the 90th percentile at 00:12:08 against the 00:15:00 target. Both mean and 90th percentile performance have seen a significant decrease to response time in January with mean performance coming under the 00:07:00 this represents an exceptional level of performance.

Category 2 Mean performance for January was 00:19:49, a decrease of 1min 14 seconds on the previous month despite demand remaining high. 90th percentile is reporting 00:41:16, 3 mins and 1 second lower than the previous month.

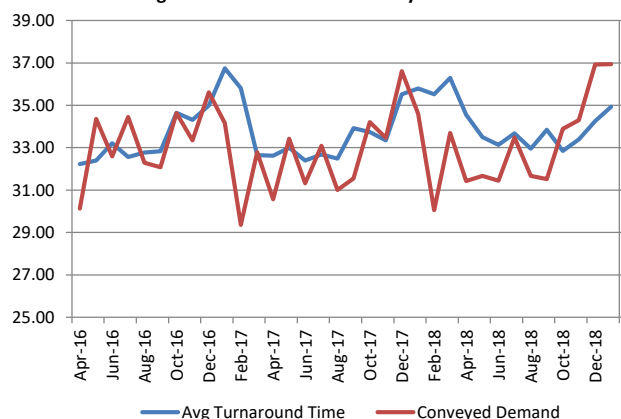
Category 3 90th percentile performance reported a 01:58:10 response against a 2 hour target, after an extended response time in December this represents a return to previously consistent levels of performance.

Category 4 90th percentile performance was 03:52:38. Performance in category 4 is not as stable as other categories due to the low level of demand which can be impacted significantly by any outlying job times.

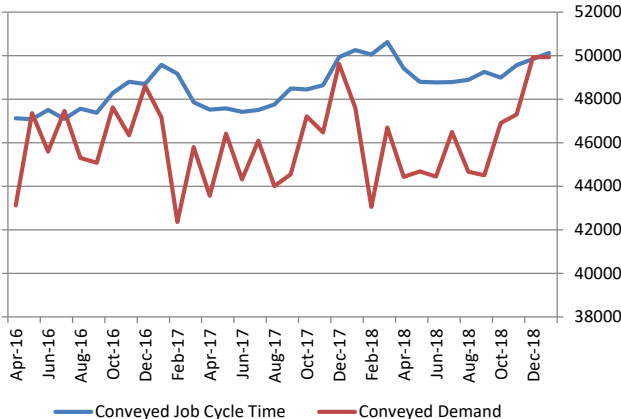
9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time

Average Turnaround Time & Conveyed Demand



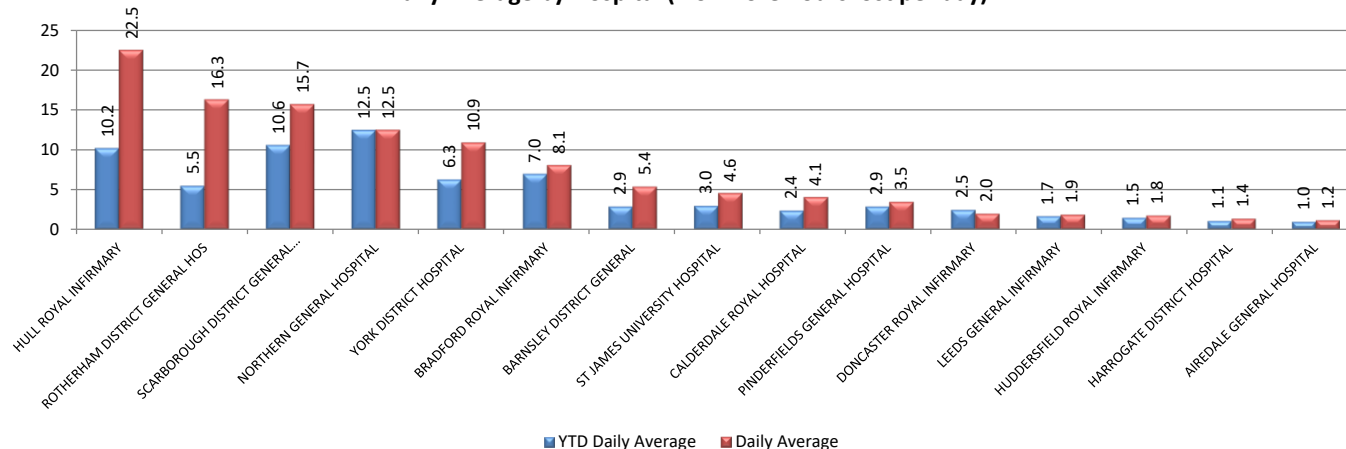
Conveyed Job Cycle (Allocated to Clear - Conveying Resource)



9.7 Hospital Turnaround - Excessive Responses

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,975	3,532	2,834	1,768	1,577	1,952	1,554	1,899	1,834	2,069	2,759	3,484	28,237
Excessive Hours per day (Avg)	96	122	91	59	51	65	50	61	61	67	92	112	77

Daily Average by Hospital (1 or more hours lost per day)



Commentary

Turnaround times: January's times were 2% Higher than December and 2.4% lower than January last year.

A 1 minute reduction in patient handover results in 8,895 hours; equating to the increased availability of 7 full time ambulances a week.

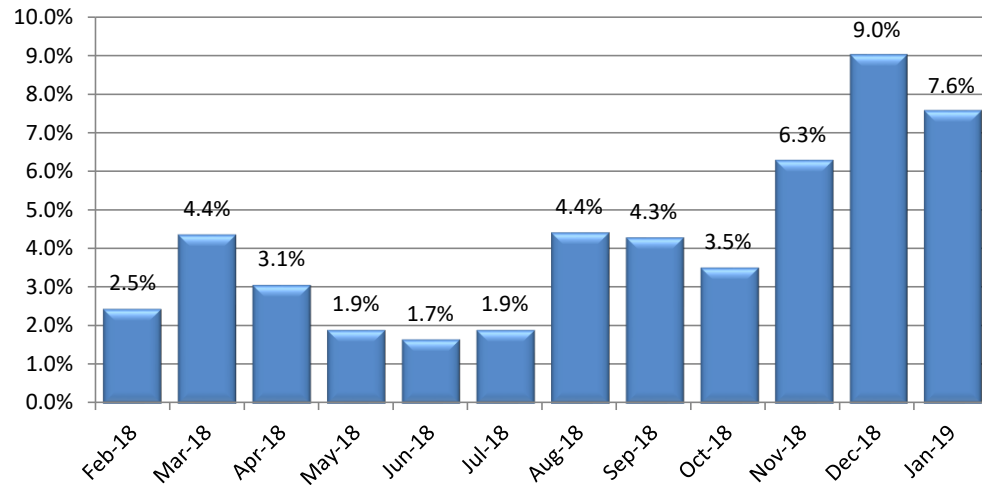
A 5 minute reduction in patient handover results in 44,476 hours; equating to the increased availability of 36 full time ambulances a week.

Job Cycle time: Increased 0.7% against December and decreased 0.3% against January the previous year. EPR rollout is a contributor to this alongside a reduction in vehicles arriving on scene which may extend DCA cycle time. The contributing factors are currently under more detailed review.

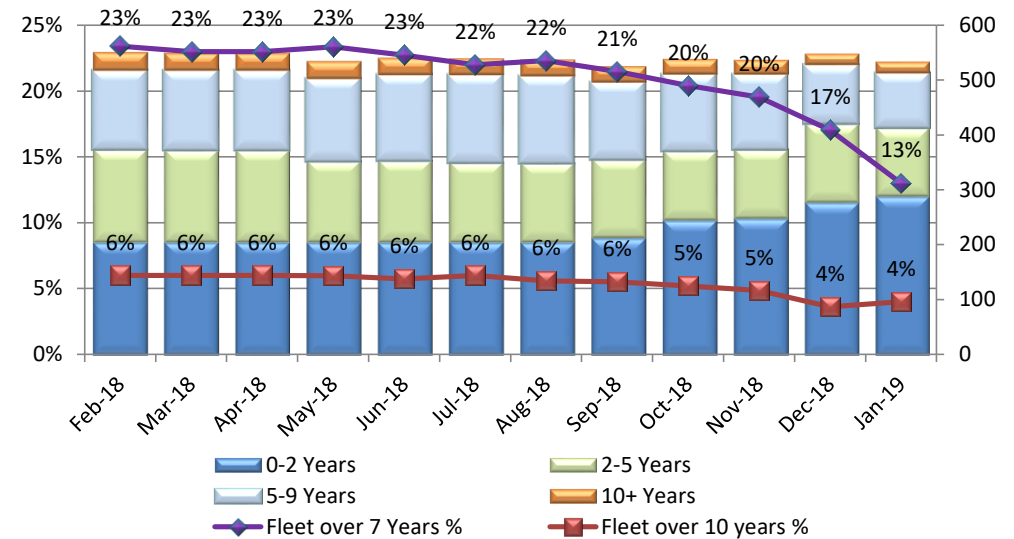
Excessive hours: Lost hours at hospital for January was 725 hours higher than December, an increase of 26.3% and an increase of 1.1% against January 2018.

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

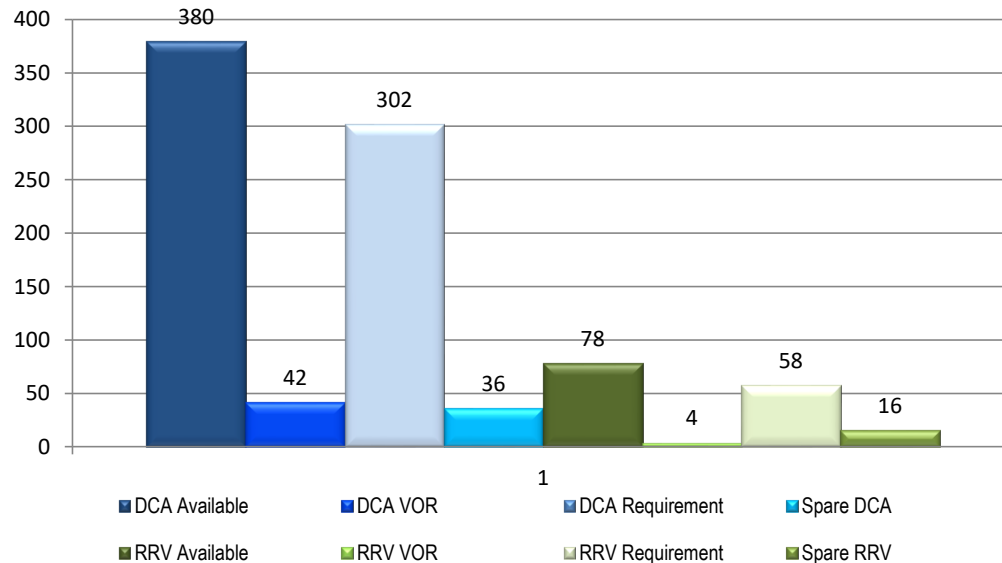


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

DCA vehicle age profile continues to fall with the introduction of 137 new vehicles, this is however increasing the VOR while vehicles are going through the commissioning process.

The A&E Deep Clean compliance service level improved in January as expected to 98.4%, but the additional frontline staffing is impacting on access to the vehicles, particularly at weekends in January due to additional response capacity.

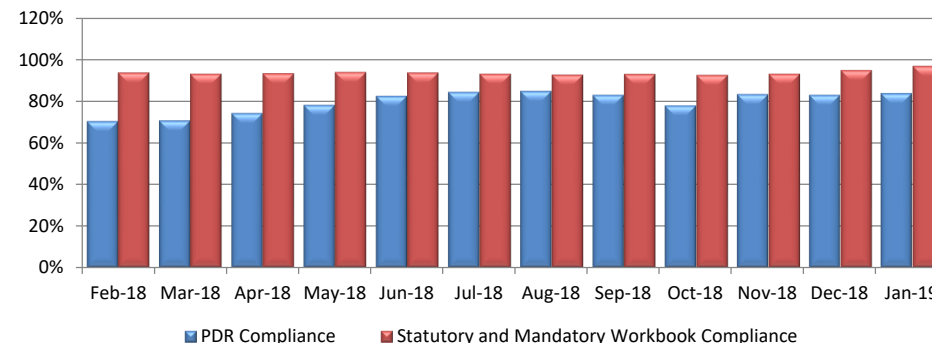
The AVP estates work on AVP provision which started in December is ongoing and the AVP areas are becoming available in the first week of February.

9.11 Workforce

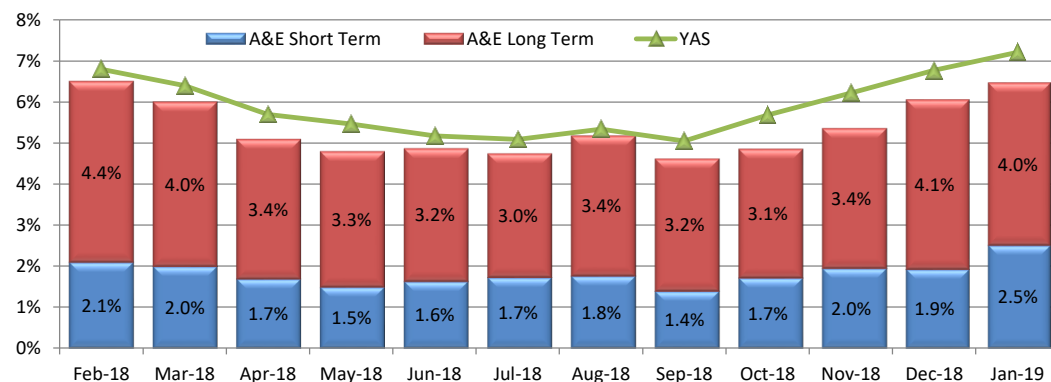
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,712	136	678	1,898	70%
Contracted FTE (before overtime)	2,510	185	425	1,900	76%
Variance	(202)	(49)	253	1	0.1%
% Variance	(7.5%)	(36.3%)	37.3%		
FTE (worked inc overtime)*	2646.6	185	425	2,037	77%
Variance	(65)	(49)	253	138	7.3%
% Variance	(2.4%)	(36.3%)	37.3%		

* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Abstractions) are from GRS

9.12 Training

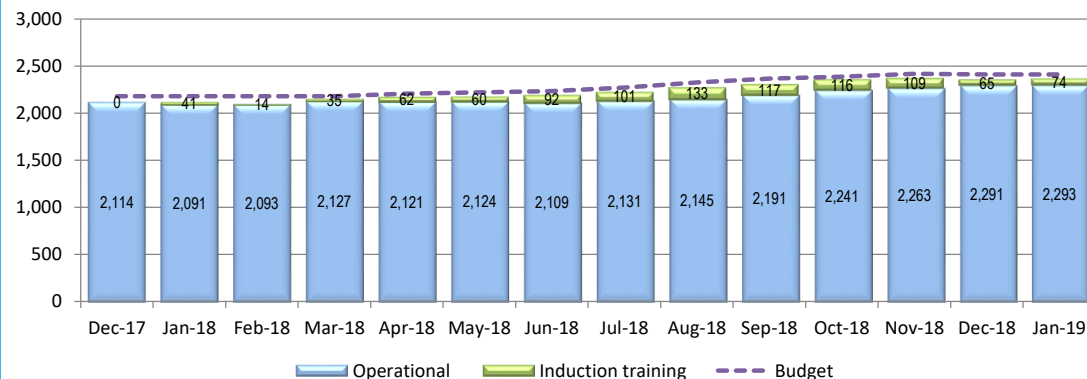


9.13 Sickness



9.14 A&E Recruitment Plan

A&E Operations (excluding CS)



Commentary

The number of Operational Paramedics is 925 FTE (Band 5 & 6). The difference between contract and FTE worked is related to overtime. Also the budget FTE figure in 9.11 is the year end budget position actual vacancy gap against forecast position in November is 56 FTE. The difference between budget and contract is related to vacancies.

PDR: Compliance is currently at 83.7% against stretch target of 90%. This is a slight decrease of 0.9% against December's performance.

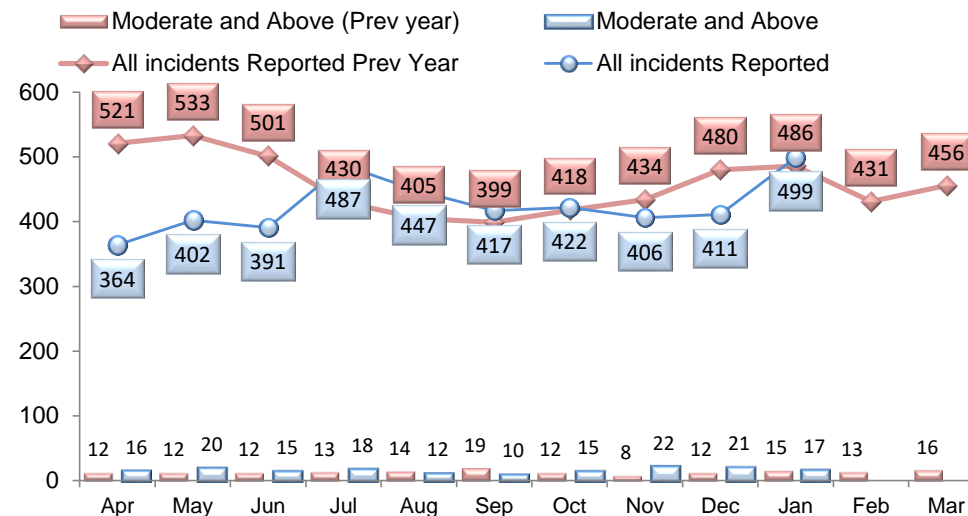
Sickness: Currently stands at 6.5% which is an increase of 0.5% on last month. A&E sickness is reporting below the Trust average of 7.2%.

Recruitment: Against the 339 ECA recruitment plan at the beginning of the year A&E are forecasted to come in at 313. Paramedic recruitment come in to plan with an additional 74. Workforce plans are being developed for 2019/20 in line with contract negotiation

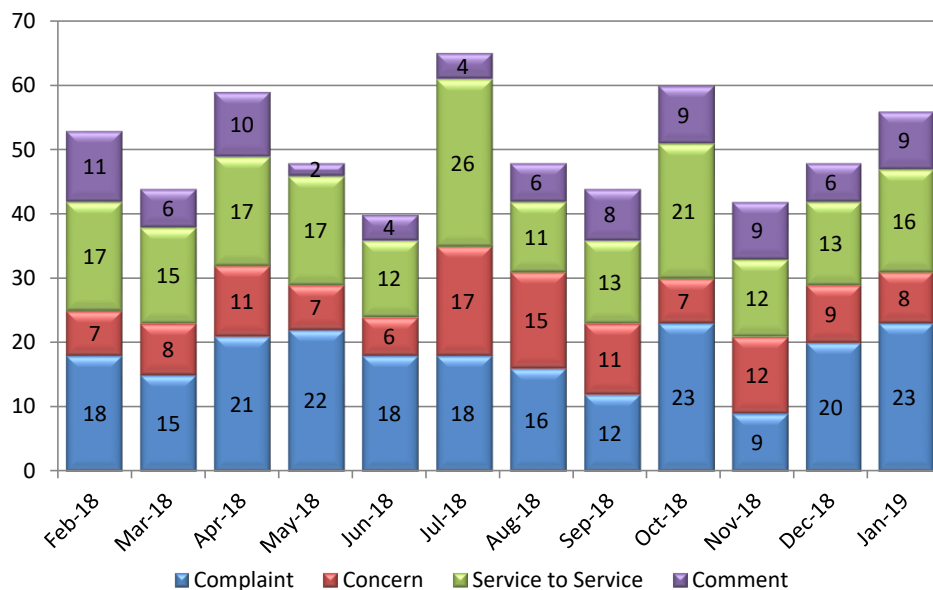
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		4	12
Total Incidents (Per 1000 activities)		0.06	0.02
Total incidents Moderate & above		17	166
Response within target time for complaints & concerns		100%	99%
Ombudsman Cases	Upheld	0	0
	Not Upheld	3	4
Patient Experience Survey - Qtrly		86.3%	84.2%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

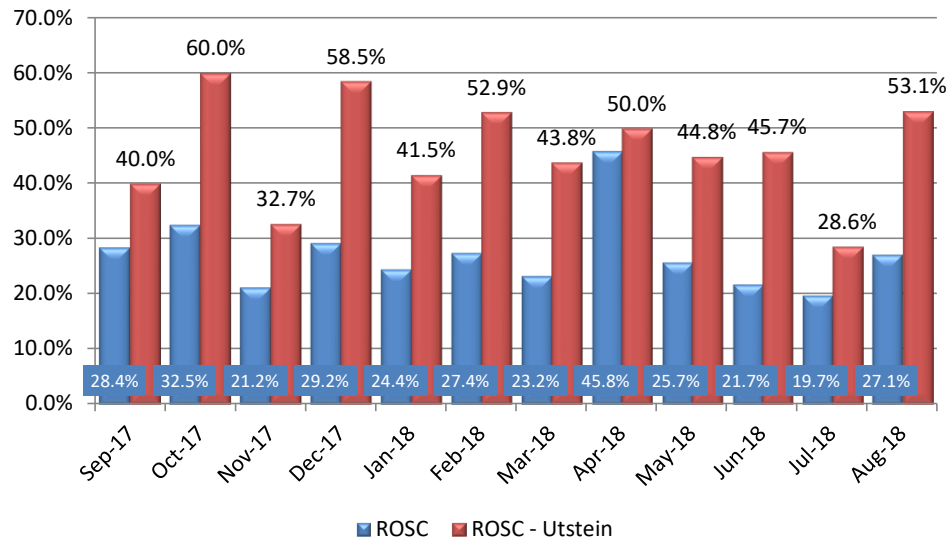


Commentary

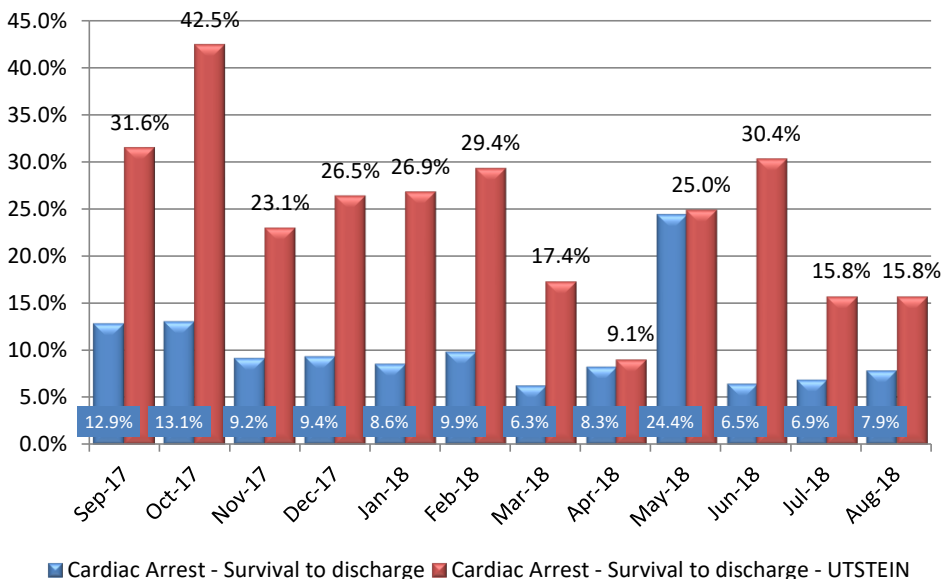
Incidents: Total reported incidents increased 21.4% on last month and is up by 2.7% against January last year. Incidents of moderate harm and above remain at a low level and in line with previous months.

Feedback: January reported 16.7% increase to patient feedback against December. Despite a small increase to patient feedback volume is broadly in line with previous months.

9.18 ROSC & ROSC Utstein



9.20 Survival to Discharge



Commentary

***Please note, April & May's ACQI data is incomplete due to extenuating circumstances and therefore the description below depicts only a portion of YAS's data. In line with this, April & May's data is not comparable to previous months/ other ambulance trusts. Re- submissions will be made to NHS England as soon as possible with an updated report due in the spring.**

****Further, please note that the UTSTEIN group of patients no longer contains incidents witnessed by an EMS, only a bystander from April 2018.**

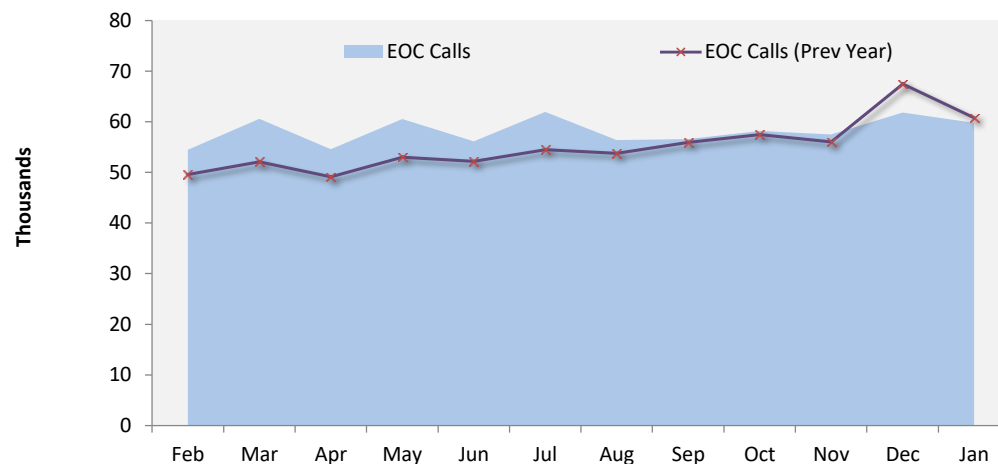
***Cardiac Arrest Management**

YAS attempted resuscitation on 199 patients during August 2018, 54 of which had a ROSC on arrival at hospital (27.1%). Comparatively 213 patients received resuscitation attempts during September, 48 of which had ROSC (22.5%).

Overall Survival to discharge, during August 2018, 12 out of 152 patients survived to discharge (7.9%). In comparison, during September 17 patients out of 200 survived (8.5%).

****Survival to Discharge within the UTSTEIN comparator group reported 3 out of 19 patients survived within this group during August 2018 (15.8%), compared to 5 out of 22 patients within September 2018 (22.7%).**

9.21 Activity

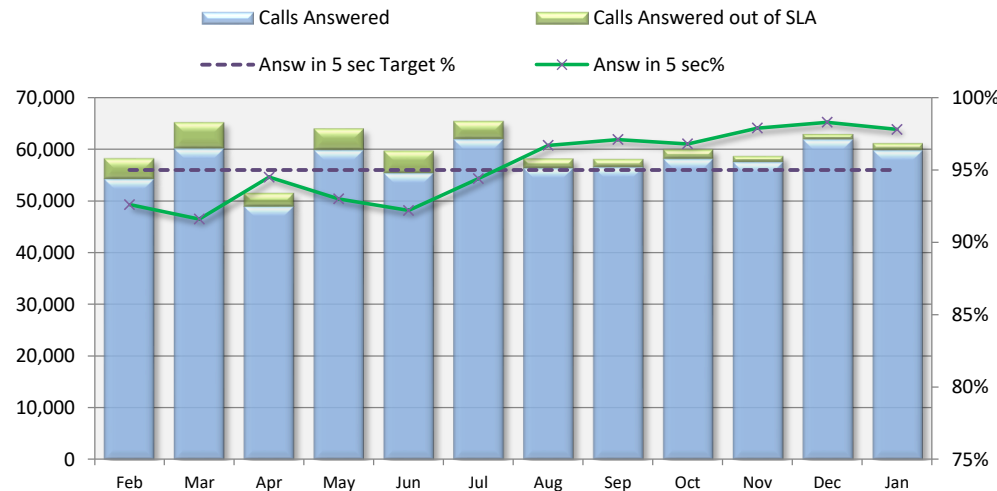


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	583,656	581,650	23,811	95.9%
2016/17	560,118	557,812	38,073	93.2%
Variance	23,538	23,838	-14,262	
Variance	4.2%	4.3%	(37.5%)	2.7%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	97.8%	95.9%



	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Calls Answered out of SLA	4,026	5,069	2,692	4,177	4,339	3,482	1,864	1,631	1,841	1,210	1,034	1,327
Calls Answered	54,232	60,078	48,981	59,786	55,379	61,860	56,326	56,488	58,113	57,470	61,815	59,777
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	92.6%	91.6%	94.5%	93.0%	92.2%	94.4%	96.7%	97.1%	96.8%	97.9%	98.3%	97.8%

Commentary

Demand: Decreased 3.3% against previous month, a decrease of 1.6% versus January last year.

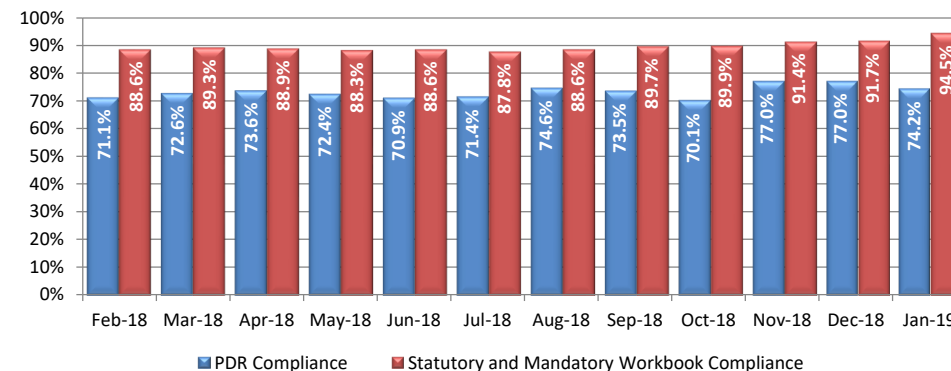
Answer in 5 sec: Performance is down by 0.5% on previous month at 97.8%; 2.8% above 95% target and the fifth consecutive month of achievement. YAS has now had the highest call answer performance in the country for 6 consecutive months.

9.24 Workforce

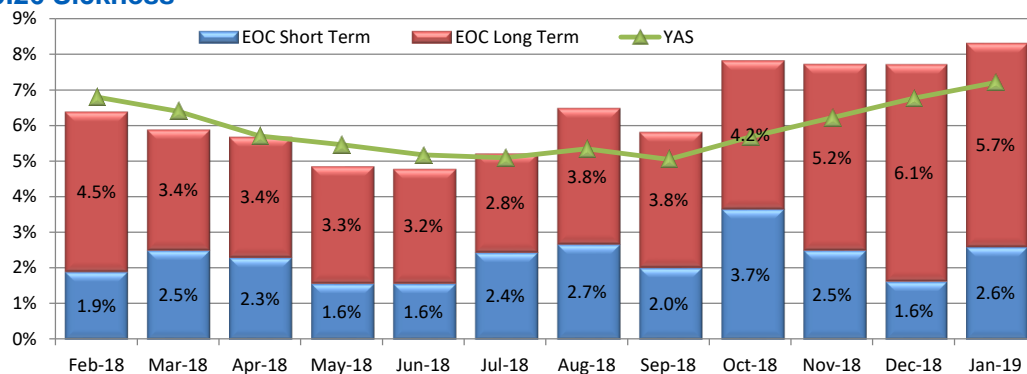
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	335	16.7	84	234	70%
Contracted FTE (before overtime)	322	16.1	81	225	70%
Variance	(13)	(1)	(3)	(9)	(3.7%)
% Variance	(3.7%)	(3.7%)	(3.7%)		
FTE (worked inc overtime)*	324.9	30.5	41	254	78%
Variance	(10)	14	(43)	20	0
% Variance	(2.9%)	82.4%	(51.4%)		

* FTE includes all operational staff from payroll. i.e. paid for in the month converted to FTE ** Sickness and Absence (Abstractions) are from GRS

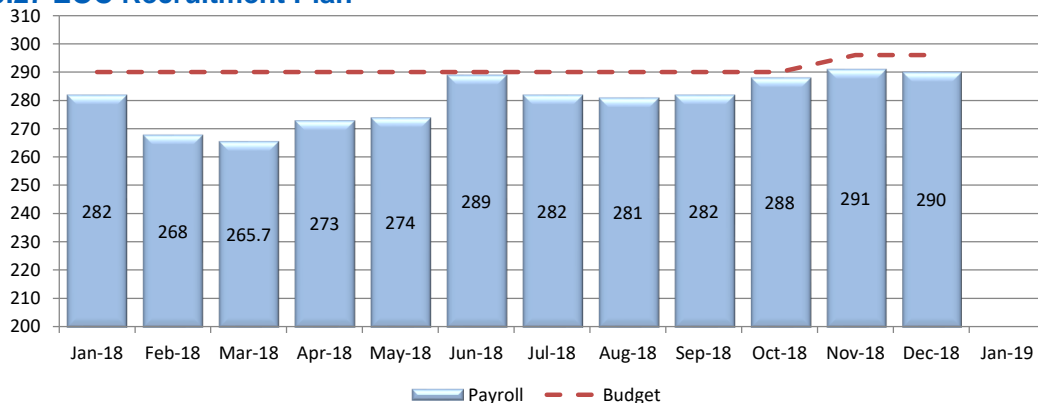
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 74.2% in January against a stretch target of 90% and is down 2.8% on the previous month.

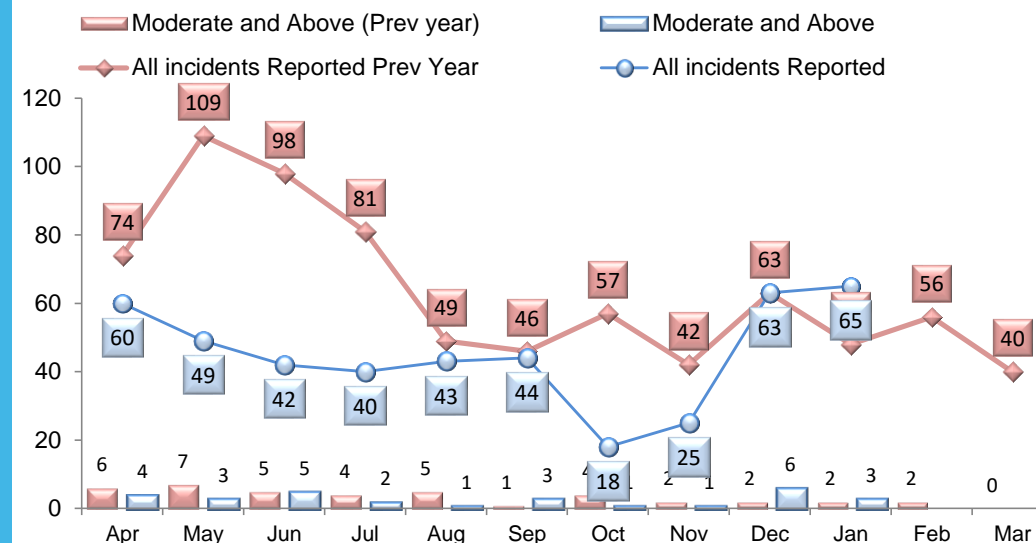
Sickness: Currently at 8.3% a 0.6% increase against December. This is current above the Trust average of 7.2%. The focus on wellbeing of EOC staff will continue to be a priority.

Recruitment: Clinical recruitment is ongoing for the clinical hub. The rotational advert within Operations has now closed with 11 applications, 8 of these are being taken forward.

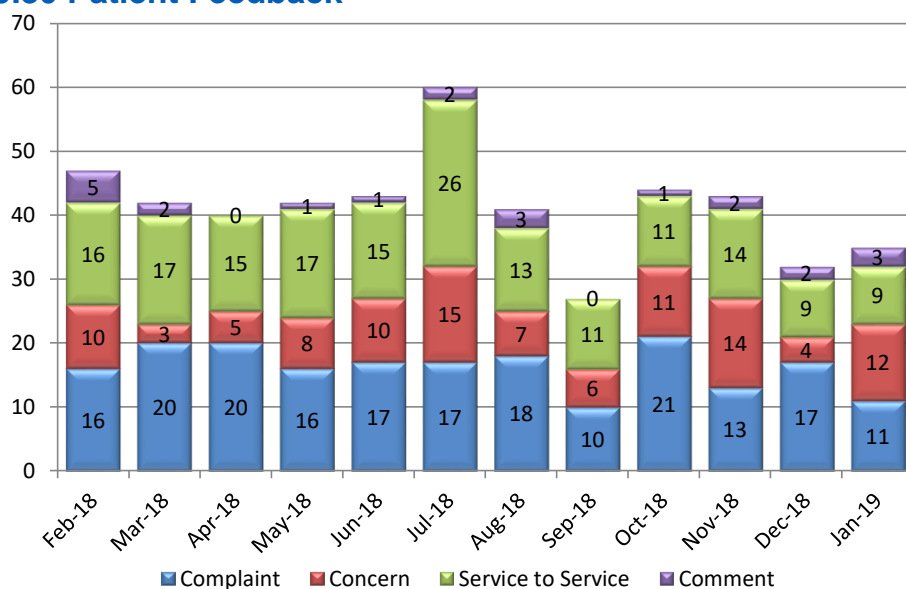
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		4	6
Total Incidents (Per 1000 activities)		0.07	0.01
Total incidents Moderate & above		3	29
Response within target time for complaints & concerns		100%	96%
Ombudsman Cases	Upheld	0	0
	Not Upheld	1	3
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback

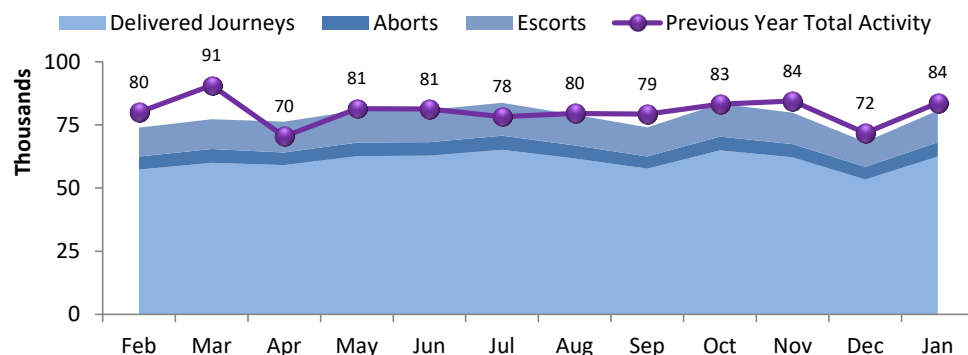


Commentary

Incidents: Total reported incidents are in-line with previous month. Incidents of moderate harm and above have remained at a low level.

Feedback: January feedback figures increased slightly, however remaining at a low level overall.

10.1 Demand



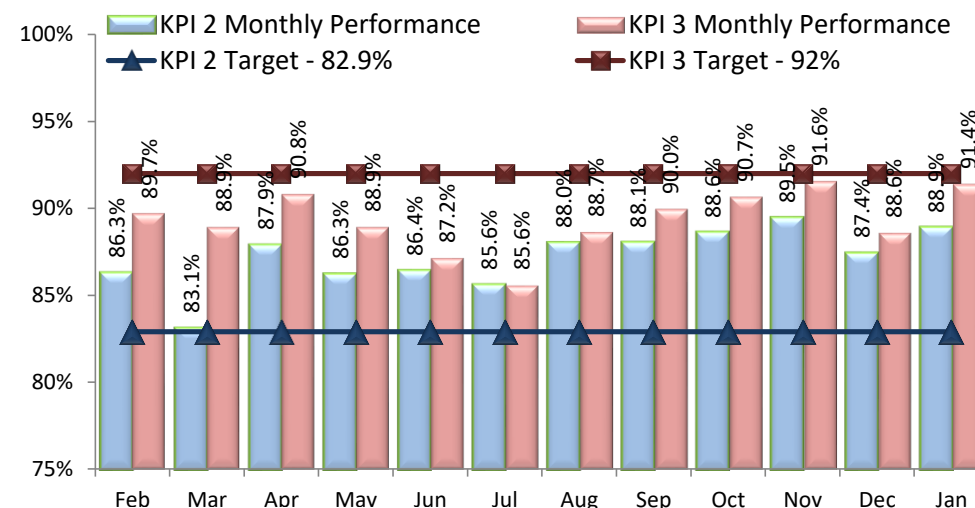
Comparison to Plan

Jan-19	Delivered	Aborts	Escorts	Total
YTD 2018-19	611,948	52,534	122,283	786,765
Previous YTD* 2017-18	615,963	54,711	122,619	793,293
% Variance	(0.7%)	(4.0%)	(0.3%)	(0.8%)

* Demand includes All Activity

*** Note: Unmeasured Journeys are now included in performance calculations, to match other PTS contract reports

10.2 KPI* 2 & 3**

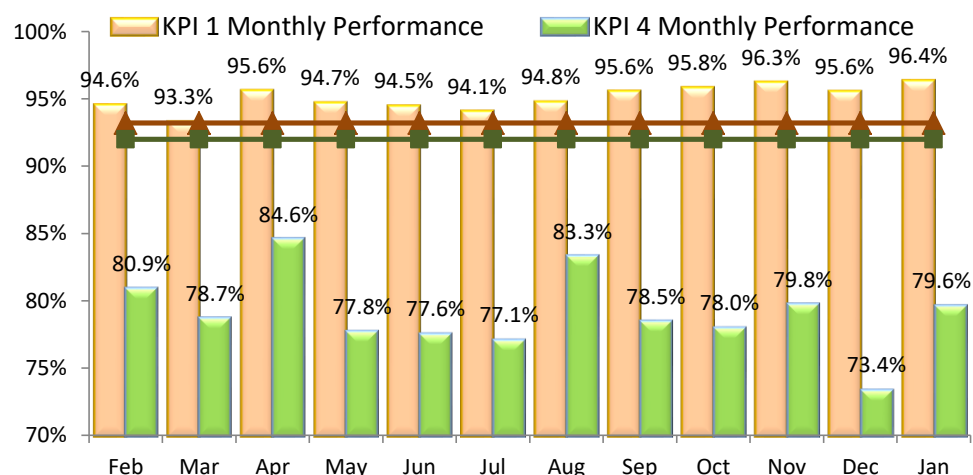


KPI 2* Arrival prior to appointment

KPI 3 ** Departure after appointment

*** Excludes South

10.3 Performance KPI*** 1 & 4****



KPI 1*** Inward - Picked up no more than 2 hours before appointment time

KPI 4**** Outward - Short notice bookings picked up within 2 hours after informed ready

*** Excludes South

Commentary

PTS Activity in January increased by 18.1% on the previous month and is down by 3.7% against the same month last year.

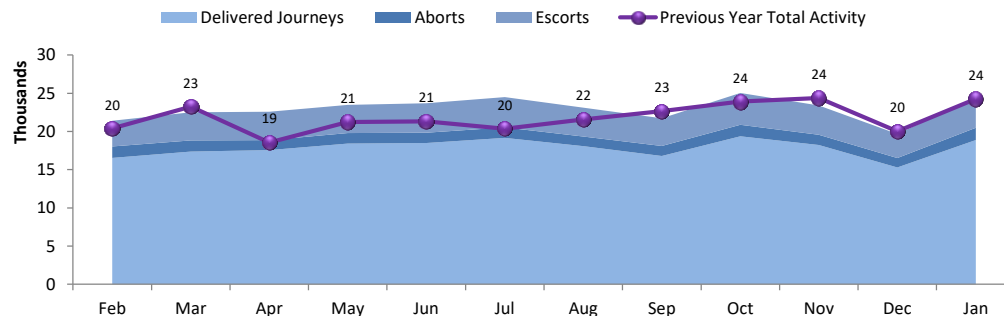
KPI 1 Performance increased by 0.8 points in January to 96.46% and remains above the 93.2% target.

KPI 2 Inward performance stood at 88.9% in January which is up from 87.4% in the previous month and remains above the 82.9% making appointment on-time target.

KPI 3 The outward performance increased by 2.8% on last month to 91.4%. The annual target is 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours increased by 6.2 points to 79.6% in January and remains below the 92% target. Commissioned levels of activity vs KPI 4 target and a behaviour of high % discharges undertaken on-day by local acutes makes this KPI unrealistic with current resources.

10.1 Demand



Comparison to Plan

	Jan-19	Delivered	Aborts	Escorts	Total
YTD 2018-19		180,236	13,630	37,688	231,554
YTD 2017-18		169,941	13,932	34,359	218,232
% Variance		6.1%	(2.2%)	9.7%	6.1%

South Performance Indicators as of April 2018

- KPI C1 - The patient's journey inwards and outwards should take no longer than 120 minutes
- KPI C2 - Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time
- KPI C3 - Patients will arrive at their appointment on time
- KPI C4 - Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time
- GP1 - patients requested & delivered within 90 minutes

Commentary

January 2019 was the third busiest month during the past 12 months for total activity and a 0.6% increase compared to January 2018. The increase in Escort bookings has continued and work with the various hospitals is having little impact on reducing the current level of Escort bookings. During January 2019 there were almost 4,000 Escort bookings, approximately 22% of all patient's now travel with an Escort. This results in reduced capacity on Ambulances and leads to delays in other patient journeys. 4 man lifts were exceptionally high.

Despite this South Consortia has seen an improvement in every KPI indicator during January when compared to the previous month with the exception of the On Day/Short Notice Discharge.

C1 Performance for January was 99.6% against a KPI of 90%.

C2 Performance has shown an improvement and stands at 87.5%. This is the indicators highest level since August last year, a year to date performance of 89%.

C3 Performance has matched that of the C2 indicator and has achieved its best performance since August 2018 with 87.6% of all patients arriving on time for their appointment and the year to date performance stands at 89.1% and close to achieving its 90% KPI.

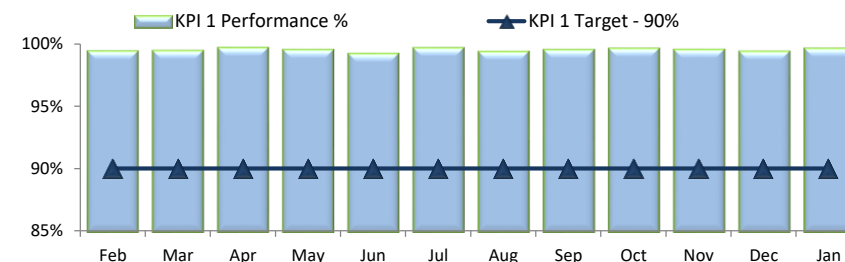
C4 Performance for pre-planned outward patients collected within 90 mins has seen an improvement on last month and now stands at 85.1%. The year to date performance for each CCG for this indicator is as follows Barnsley CCG 92%, Doncaster 89.3%, Rotherham 91.3% and Sheffield 81.4%. These are really impressive performance stats which provides evidence that patients are getting home from their appointments within as short a time frame as possible and for Rotherham/Barnsley and virtually Doncaster within the KPI of 90%. Sheffield remains the challenge to improve performance and work to improve connectivity around the City will obviously assist.

C5 Performance for short notice and On day Discharges has seen a fall in performance and stands at 67% and 66%. This fall in performance needs to be placed in context of the increase in overall activity, increase in complex patient movements and the continued increase in On Day bookings compared to pre-planning.

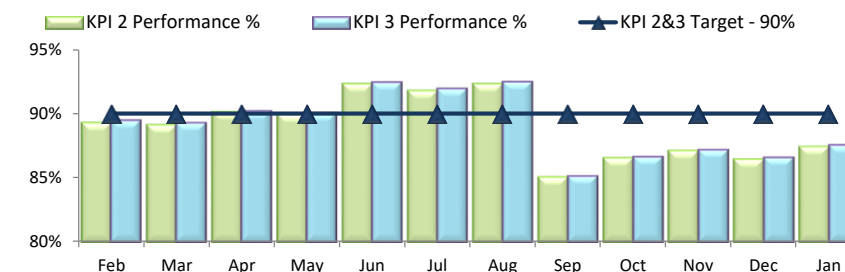
The GP Urgent Service saw its busiest month of the previous 12 month period. Again, despite this increase in bookings the service saw continued improvement in its KPI's and the best month for the GP03 indicator since June 2018. Performance for GP01 was 64.4%, GP02 86.4% and GP03 95.2%.

*** Note: Unmeasured Journeys are now included in performance calculations, to match other PTS contract reports

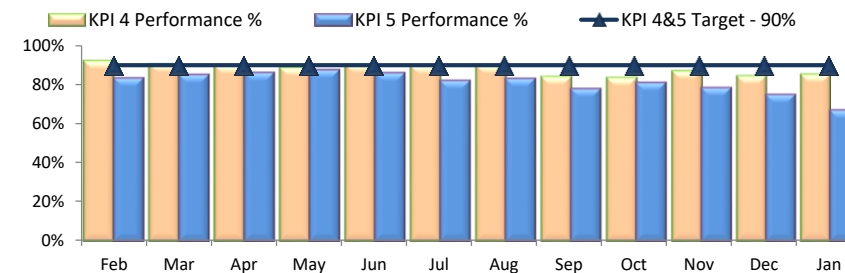
10.2 KPI 1 - Journeys no longer than 120 Mins



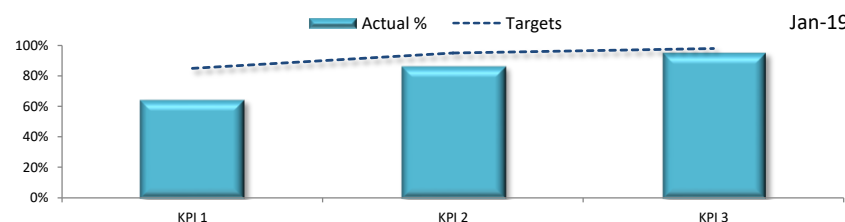
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys

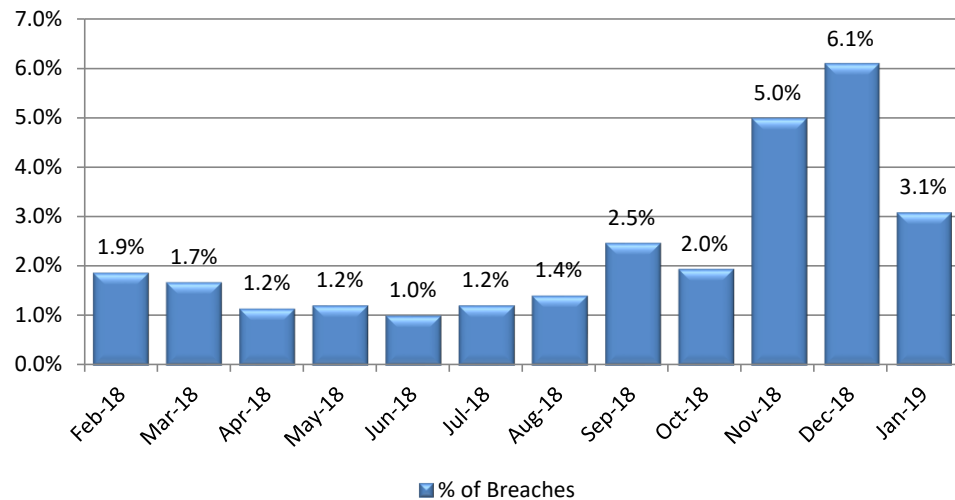


10.3 GP Urgent Performance

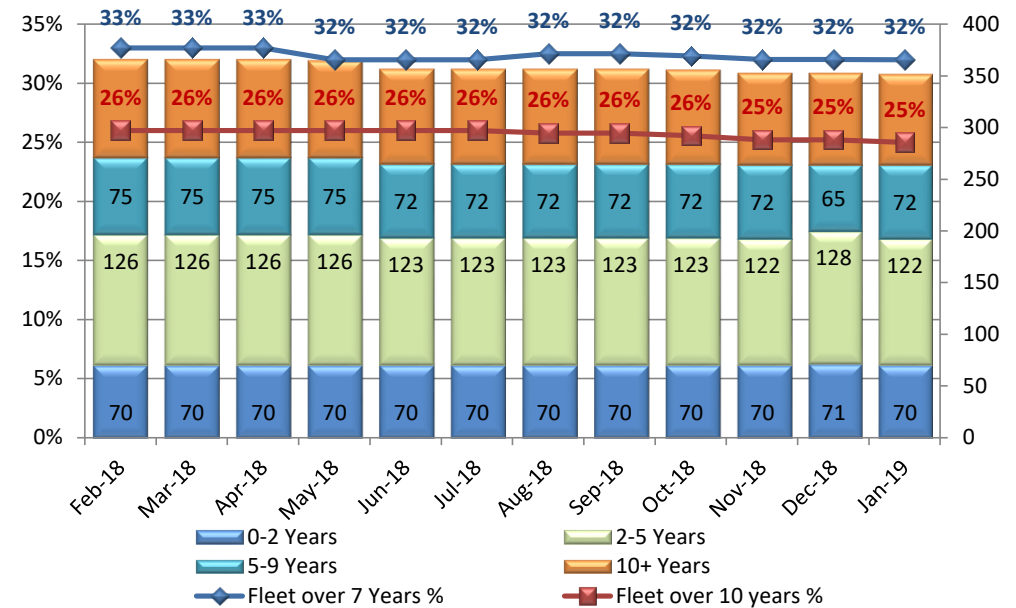


10.4 Deep Clean (5 weeks)

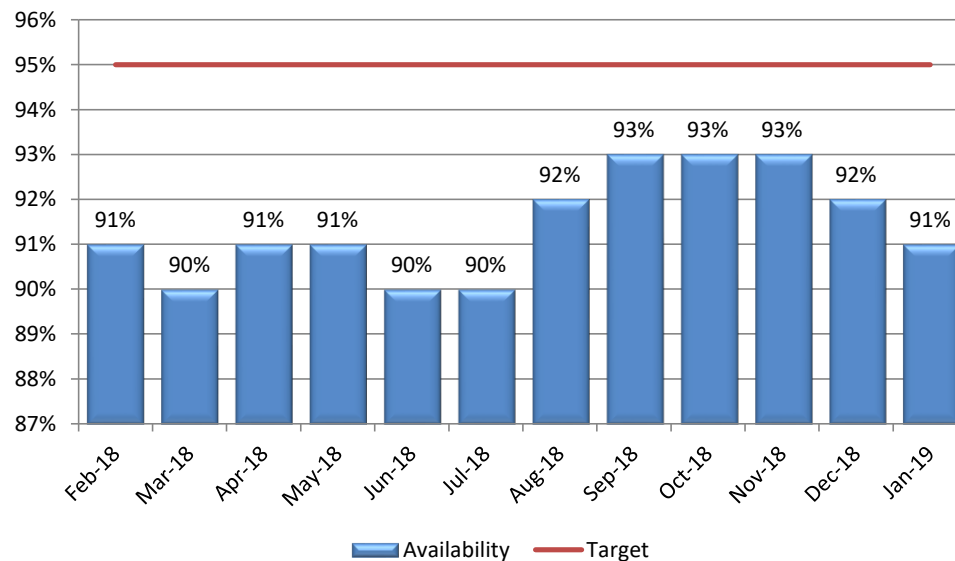
% of Breaches



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

PTS vehicle availability has dropped to 91% with vehicle age still accounting for a high number of VOR. It is becoming increasingly difficult to get parts for older vehicles which is increasing downtime. Fleet are working closely with PTS colleagues to minimise impact.

The PTS vehicle Deep Cleaning Service Level compliance improved significantly as expected, although we are continuing to chase vehicles due to unrecorded movements. Further work to clarify the specific bases is ongoing with each area.

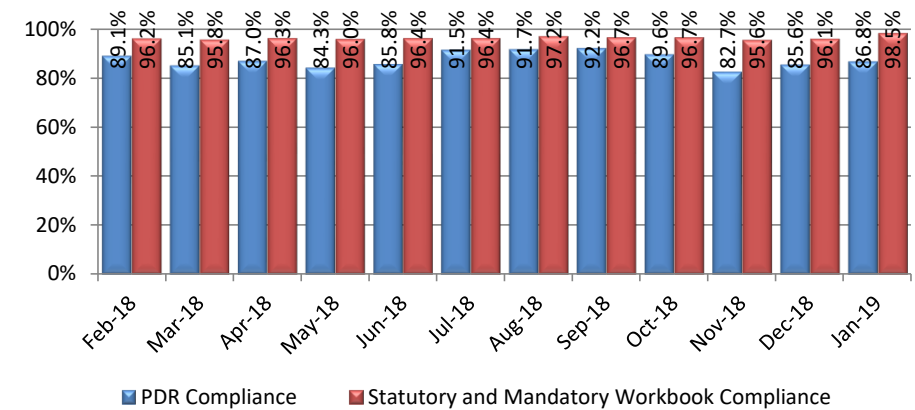
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	605	30	121	454	75%
Contracted FTE (before OT)	561	60	100	401	72%
Variance	(44)	(30)	21	(52)	(11.5%)
% Variance	(7.2%)	(98.8%)	17.6%		
FTE worked inc overtime	590	60	100	431	73%
Variance	14	(30)	21	(23)	(5.1%)
% Variance	2.4%	(98.8%)	17.6%		

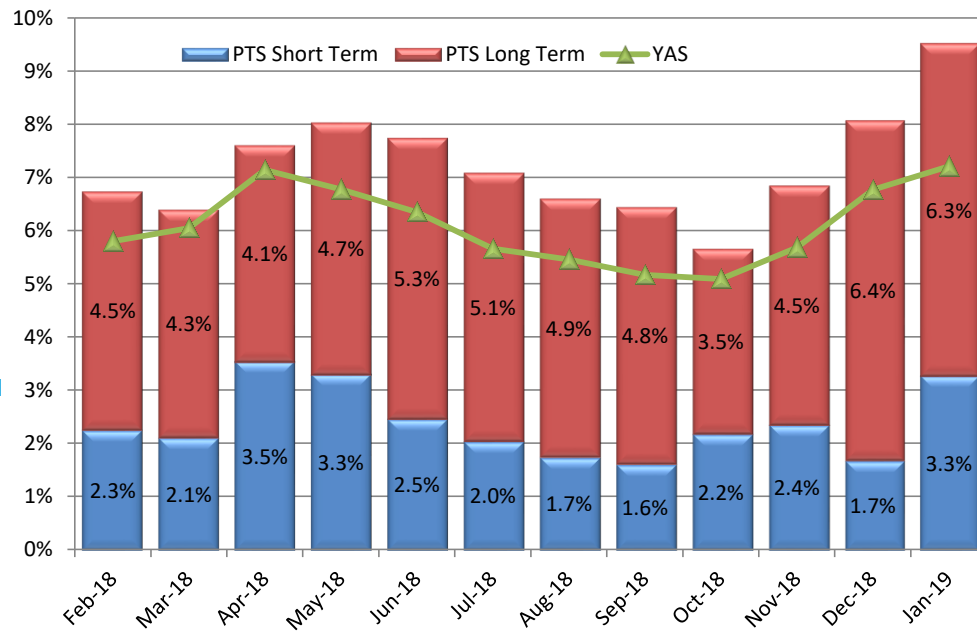
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance increased by 1.2 points in January to 86.8% and is below the 90% Trust target and work continues to deliver the standard and to validate the data to ensure comprehensive reporting.

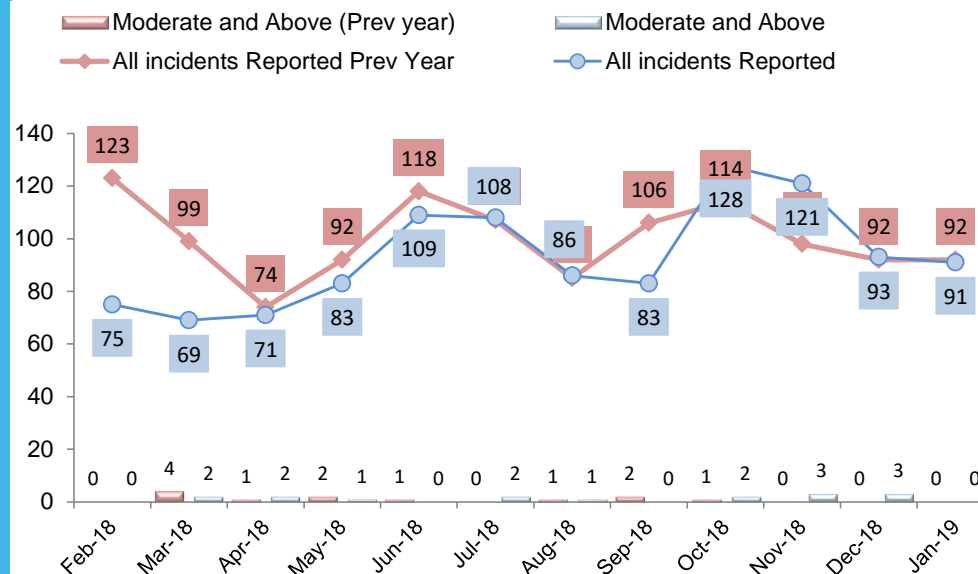
Statutory and Mandatory Workbook compliance increased slightly to 98.5% and is above the 90% Trust target.

Sickness rate in PTS increased in January by 1.5 points to 9.6%, 3.9 points above the 5.7% YAS average. Escalation of this rate within PTS - action for any specific teams and case by case review to ensure they are in process.

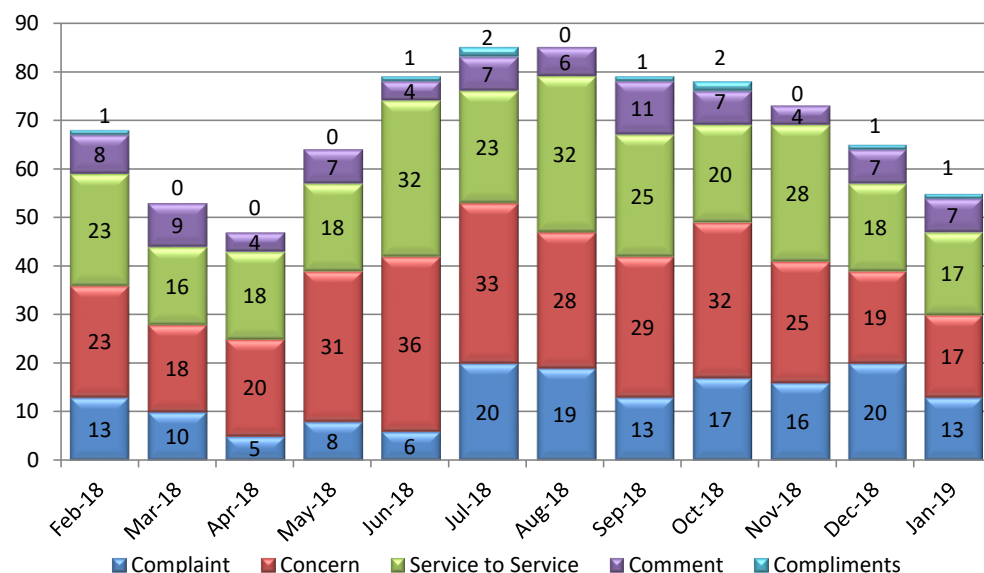
10.10 Quality, Safety and Patient Experience

		Jan 2019	2018-19
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.000	0.005
Total incidents Moderate & above		1	12
Response within target time for complaints & concerns		87%	89%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.6%	90.2%
Call Answered in 3 mins - Target 90%		93.8%	93.5%

10.11 Incidents



10.12 Patient Feedback



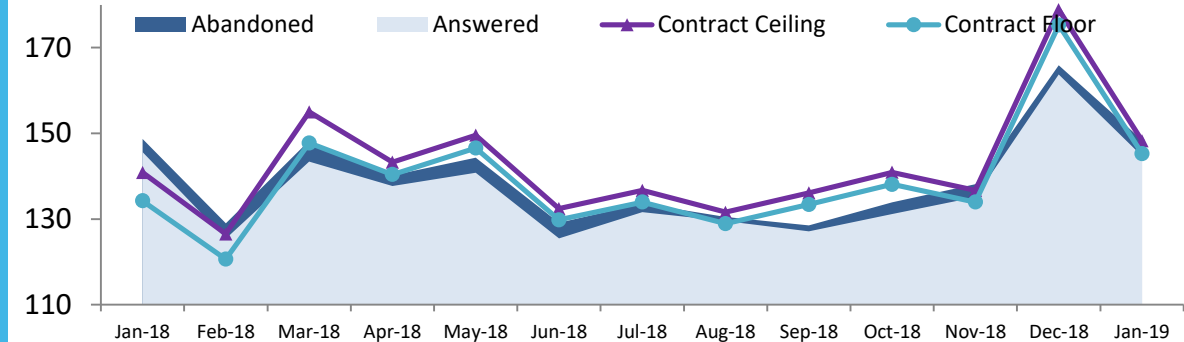
Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes decreased to 93.8% in January which is down from 94.3% on the previous month and above the 90% target.

Incidents: The number of reported incidents within PTS during January decreased by 2.2% on the previous month's level and has decreased slightly in comparison to last year's figure.

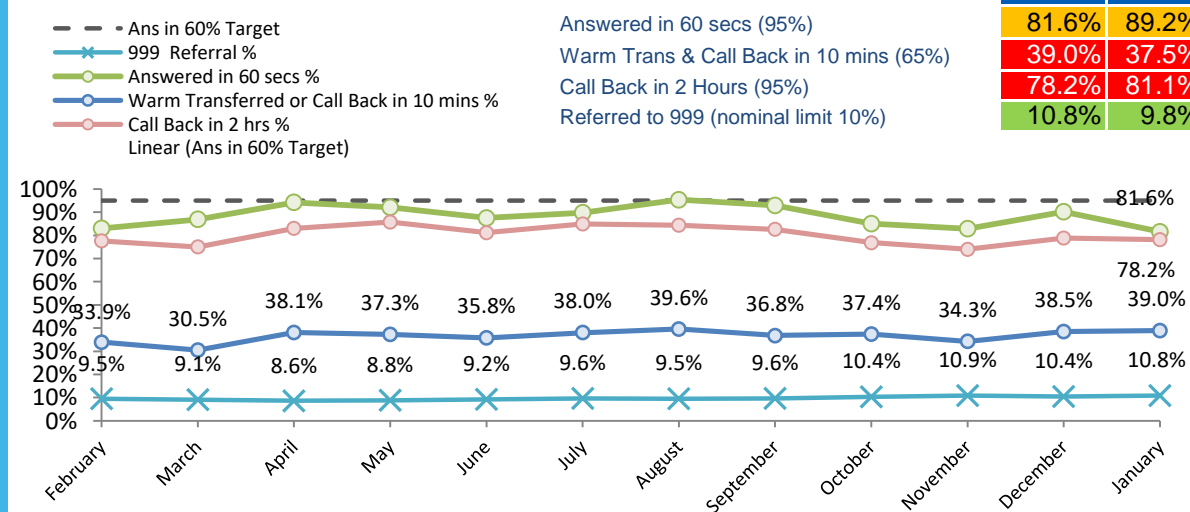
Patient Feedback: figures are down by 10 on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints decreased by 7 in January and concerns were down by 2 with service to service decreasing by 1.

11.1 Demand



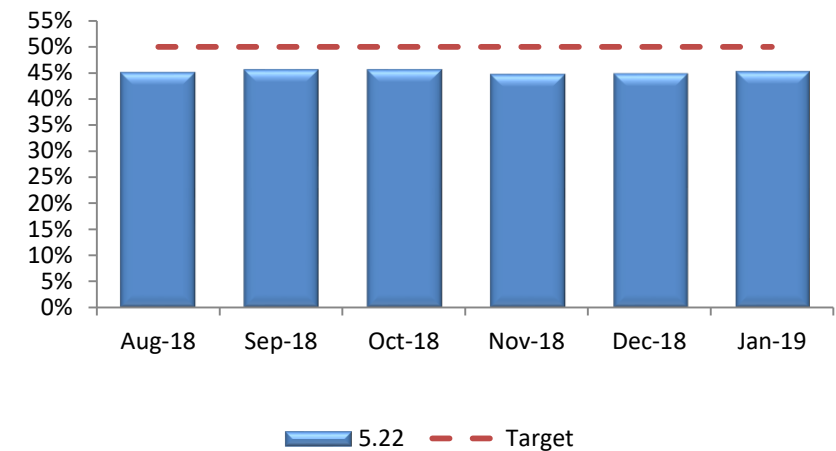
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	1,392,711	1,367,019	1,218,776	89.2%
Contract Ceiling YTD 2018-19	1,424,643	1,434,519	1,362,793	95.0%
Variance	- 31,932 -2.2%	- 67,500 -4.7%	- 144,017 -10.6%	5.8%
YTD 2017-18	1,406,418	1,378,429	1,235,456	89.6%
Variance	- 13,707 -1.0%	- 11,410 -0.8%	- 16,680 -1.4%	-0.5%

11.2 Performance



11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



Commentary

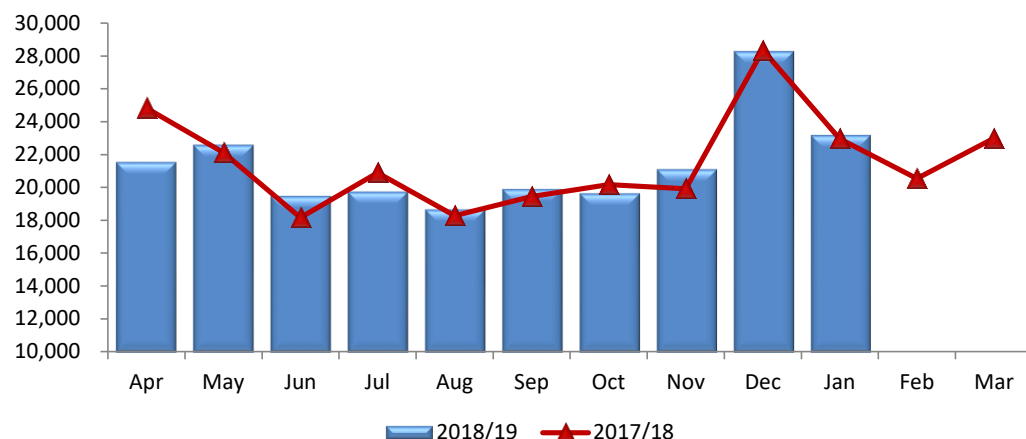
Call volumes for January 2019 were -0.4% below contract floor .
(NB. This year's floor includes 50% growth of the total 4.19% growth for the year).

Performance for January 2019 was 81.6%, a decrease of -8.6% from last month. (NB The contract settlement for 2018/19 does not fund the service to meet this KPI of 95%, it maintains 2017/18 level of performance).

Clinical KPIs for 2 hours call-back decreased by -0.6% from last month (78.8%), although the proportion of patients receiving a warm transfer or 10 min callback increased by 0.5% from December (39.0%).

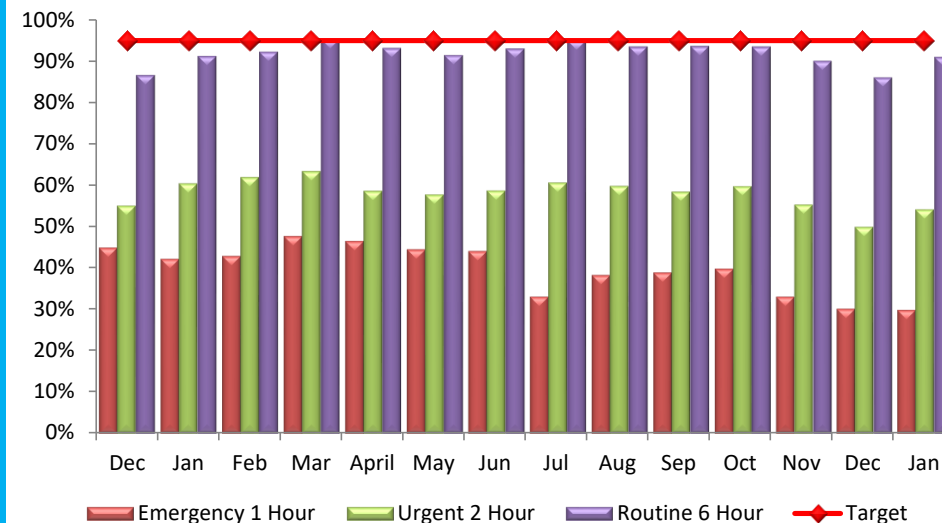
The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. Clinical Advice% for January 2019 was at 45.3%. This is expected to increase as the service increases the number of validations of referrals to Emergency Departments.

11.4 Demand

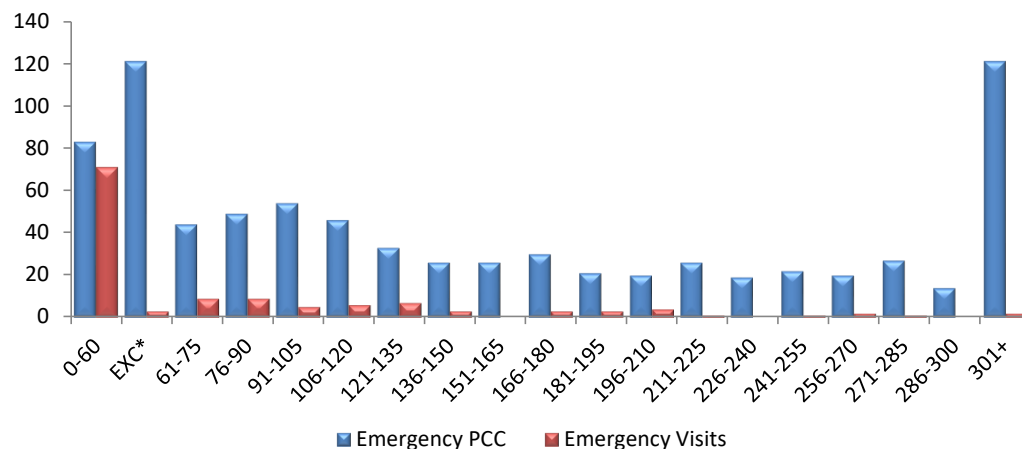


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		215,137	214,501	-636	-0.3%

11.6 Performance



11.5 Tail of Performance



11.7 Complaints

Adverse incidents	1 SI reported in Jan-19. Incident on 6th January (NHS North Kirklees CCG) leading to an unexpected death.
Adverse reports received	No adverse reports received.
Patient Complaints	29 patient complaints received in Jan-19 according to DATIX 4 C's report (includes all categories). 20 of these directly involving the LCD part of the pathway. 3 upheld, 3 not upheld and 14 remain under investigation.

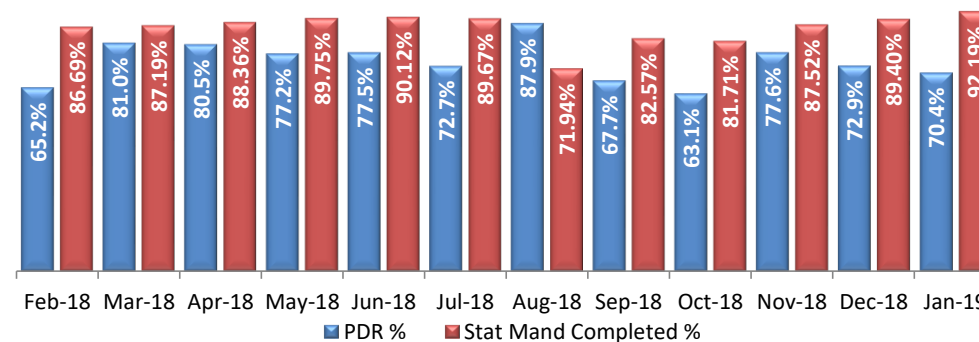
Comments: Patient demand levels for WYUC Jan-19, in comparison to Jan-18, increased by 1.08%. NQR 1 hour emergency performance fell from 29.8% in Dec-18 to 30.1% in Jan-19. The 2 hour urgent cases and the 6 hour routine cases increased (54.1.9% vs 49.9% for urgent cases and 91.0% vs 86.0% for routine cases).

11.8 Workforce FTE - Call Handler & Clinician

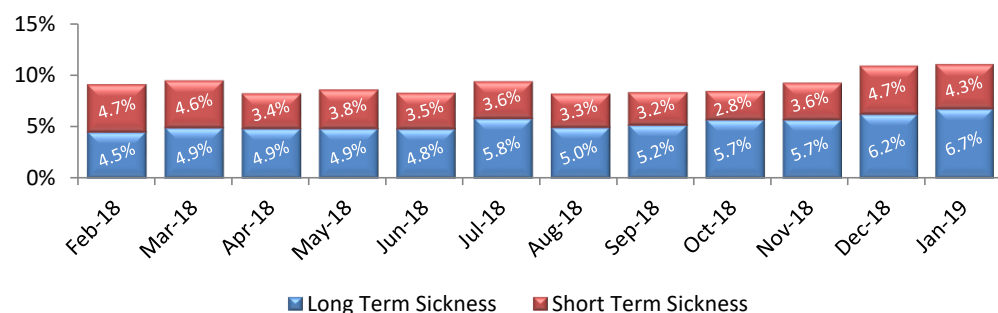
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	304	27	70	207	68%
Contracted FTE (before OT)	359	69	76	214	59%
Variance	55	-42	-7	7	-9%
% Variance	18%	-153%	-9%	3%	
FTE (Worked inc Overtime)	387	69	76	241	62%
Variance	83	-42	-7	34	-6%
% Variance	27.2%	-153%	-9%	17%	

11.11 Training



11.9 Sickness



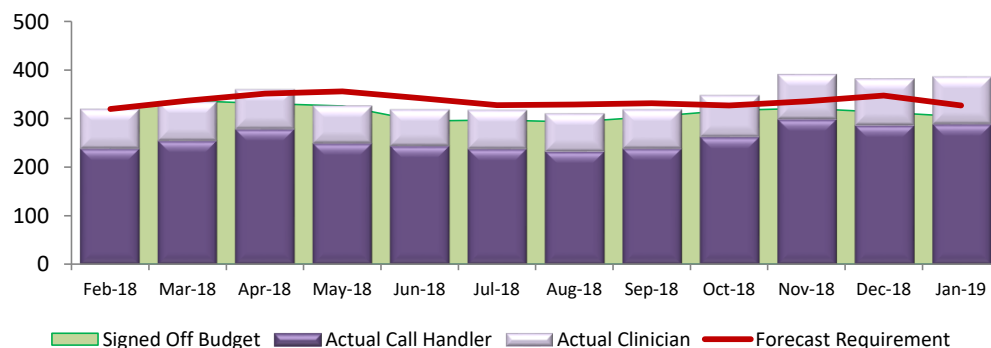
Commentary

Statutory and mandatory training increased by 2.8% from December 2018 to January 2019 while PDR rates decreased by 2.5%. The capacity to do PDRs were impacted by increased sickness levels, therefore limiting availability. The service are reviewing current PDR completion rates and have offered additional overtime, together with a focus day on the 21 February (major technology upgrade between 07:00 and 16:30 where calls will be nationally routed to other NHS 111 providers).

Sickness continues to be difficult for the NHS111 service with rates remaining above the Trust target. ESR levels are at 11.1% for January 2019 and HR senior advisors have continued the review of long term sickness cases to ensure that staff are being supported in line with the Trust Attendance Management process.

Additional actions around health and wellbeing have continued with mental health promotion and a deep clean of work areas scheduled for the call centres.

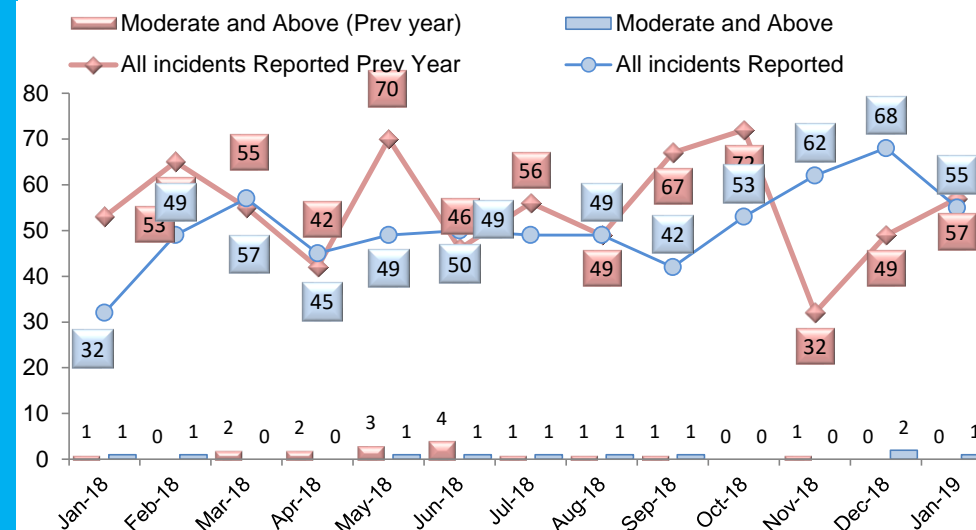
11.10 Recruitment Plan



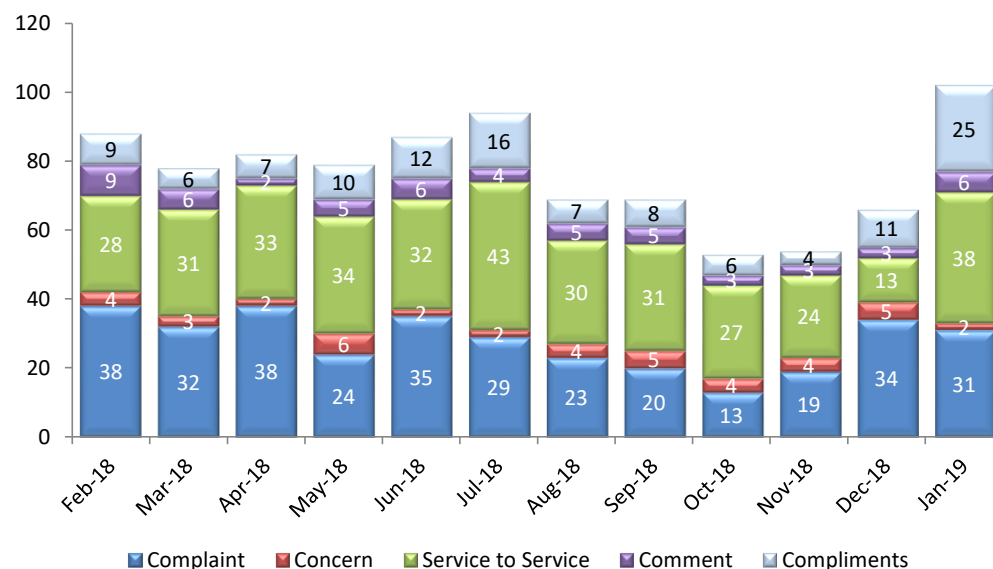
11.12 Quality, Safety and Patient Experience

		Jan-19	YTD
Serious Incidents		1	5
Total Incidents (per 1000 activities)		0.01	0.01
Total incidents Moderate & above		1	5
Response within target time for complaints & concerns		86%	90%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

11.14 Incidents



11.13 Patient Feedback



Commentary

1 SI was reported for January 2019.

31 patient complaints were received in January. These were related to delayed response from OOH provider, appropriateness of referral, call outcome, handover between services and telephone manner.

Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

The number of compliments increased, with 25 received during January 2019.

Patient Feedback data is now provided by the 111 Governance Team to ensure report consistency across the trust.

ANNEXES

System (January 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
Total Incidents (HT+STR+STC)	75,689	107,909	108,530	69,188	84,221	81,364	39,427	98,052	68,055	53,738
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	65.2%	69.9%	62.8%	70.8%	66.5%	61.2%	64.4%	54.2%	60.1%	54.6%
C1 Incidents	7.6%	11.9%	9.5%	9.8%	9.0%	5.6%	7.3%	6.0%	5.9%	5.1%
C2 Incidents	57.6%	58.0%	53.3%	61.1%	57.4%	55.6%	57.1%	48.2%	54.2%	49.5%
C3 Incidents	17.2%	19.2%	20.3%	16.5%	17.5%	23.9%	21.5%	34.9%	29.8%	30.2%
C4 Incidents	1.7%	1.5%	4.0%	0.3%	2.8%	2.1%	1.1%	1.7%	1.2%	1.8%
HCP 1-4 Hour Incidents	9.0%	3.4%	4.1%	5.0%	3.6%	3.9%	3.8%	5.8%	3.1%	7.8%
Hear and Treat	6.8%	3.5%	7.6%	7.4%	7.4%	6.2%	5.4%	3.0%	5.8%	5.9%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:06:59	00:06:21	00:07:52	00:07:40	00:07:42	00:06:44	00:06:18	00:06:44	00:07:58	00:06:45
C1-90th centile response time (Target 00:15:00)	00:12:08	00:10:30	00:13:07	00:13:35	00:13:54	00:12:01	00:10:54	00:11:34	00:14:15	00:12:00
C2-Mean response time (Target 00:18:00)	00:19:49	00:21:34	00:26:24	00:30:52	00:24:56	00:29:20	00:26:54	00:12:11	00:20:59	00:16:27
C2-90th centile response time (Target 00:40:00)	00:41:16	00:46:07	00:57:00	01:05:48	00:51:28	01:01:45	00:56:20	00:22:09	00:39:57	00:32:37
C3-90th centile response time (Target 02:00:00)	01:58:10	02:41:49	03:04:07	03:29:58	03:07:26	02:58:23	04:02:36	01:19:50	03:55:06	01:55:52
C4-90th centile response time (Target 03:00:00)	02:47:48	02:51:28	03:39:26	02:21:54	03:14:45	03:52:21	03:45:38	02:05:52	04:27:24	02:46:45
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.9%	63.4%	61.3%	61.3%	58.1%	53.7%	58.6%	58.5%	61.2%	54.4%
Incidents with transport not to ED	9.3%	6.7%	5.7%	4.5%	2.9%	5.0%	10.8%	3.9%	0.8%	6.6%
Incidents with face to face response	23.0%	26.4%	25.4%	26.8%	31.7%	35.1%	25.2%	34.6%	32.1%	33.1%

Clinical (September 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	22.5%	36.5%	30.9%	27.6%	26.0%	28.1%	28.7%	28.8%	31.3%	27.3%
ROSC - Utstein	53.8%	69.6%	40.0%	35.7%	51.2%	36.8%	61.5%	58.3%	56.0%	68.8%
Cardiac - Survival To Discharge	8.5%	8.7%	9.3%	8.9%	10.4%	5.0%	10.3%	11.5%	8.2%	16.2%
Cardiac - Survival To Discharge Utstein	22.7%	32.4%	24.3%	15.4%	33.3%	10.7%	38.5%	27.3%	17.4%	31.3%