



Integrated Performance Report

December 2018

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, Aug 18,	5.43%
Staff turnover, Oct 18	0.67%
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

	Dec 18
Cat 1 Life-threatening calls mean	7:03
90 th centile	12:15
Cat 2 Emergency calls mean	21:03
90 th centile	44:17
Cat 3 Urgent calls 90 th centile	02:15:22
Cat 4 Less urgent calls 90 th centile	02:43:07

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (December 18)

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* Dec 18
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)	2
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 on track with 379 DCA's operational
- ARP performance better than trajectory on Category 1 & 2 standards but missed category 3 & 4 90th percentile.
- Recruitment/training of new staff behind track – with additional driver training now secured to mitigate training shortfall.
- EPR now live in 12 ED handover locations with roll out paused after early December for winter pressures.
- Hear and Treat behind plan, with plans for a rotational paramedic trial now in place with 11 applications received
- Initial programme board review of plans for IUC contract mobilisation.

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 went live 3rd December as planned with backlog maintenance work commencing in January
- Unified Comms procurement in progress and benefits realisation plan under development.
- 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 will be presented to group in January

External

- Planning Guidance and NHS Long Term Plans have been released – clear focus on system, mental health and trajectory towards delivery of ARP; financial and contractual detail still being discussed across systems to understand requirements and impacts
- Each system required to develop and submit a system level plan; YAS planning lead working with ICS partners to support development of the WY&H ICS system plan
- YAS continue to initiate discussions within the remaining ICS / STP areas on an organisational/system planning basis to ensure plan alignment
- Key system pathways being modelled alongside system partners to identify key risks, opportunities and impact on activity levels across all providers
- HALO+ model mobilised for South Yorkshire, utilising Winter Funding across south Yorkshire
- YAS working with providers and commissioners across the patch to identify local Urgent Treatment Centres and to develop and agree appropriate pathways into them
- Flu vaccination levels are being reviewed across each A&E delivery board, with additional funding being allocated to Local Authorities to provide vaccinations to social care staff.

Our Performance December 2018

↑	Category 1 was 07:03	YTD Performance		
↔	Ambulance responses on Scene increased by 4.7% from last month		Time	Change
↑	PTS KPI 2 continues to be above target at 87.4% for December	Category 1 Mean Performance	07 mins 29 Sec	0 min 03 sec less
↔	Calls transferred to a CAS Clinician in 111 is below 50% target at 44.8%	Ambulance Turnaround Time	34 mins 15 sec	0 min 51 sec more

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Dec-18	Variance (%)	Contract	Dec-18	Variance (%)	Avg	Dec-18	Var	Avg	Dec-18	Change	Target	Dec-18	Var
91,364	89,597	(1.9%)	64,899	65,548	1.0%	75.2%	75.5%	0.3%	2,350	2,759	17.4%	00:07:00	00:07:03	00:00:03

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	Dec-18	Variance (%)	Target	Dec-18	Variance (%pts)	Target	Dec-18	Variance (%pts)	Target	Dec-18	Variance (%pts)	Target	Dec-18	Var
71,724	68,270	(4.8%)	82.9%	87.4%	4.5%	92.0%	88.6%	(3.4%)	92%	73.4%	(18.6%)	90.0%	94.3%	4.3%

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	Dec-18	Variance (%)	Target	Dec-18	Variance (%)	Target	Dec-18	Variance (%)	Target	Dec-18	Variance (%)	Avg	Dec-18	Variance (%)
178,875	163,747	(9.2%)	95%	90.2%	(4.8%)	50%	44.8%	(5.2%)	95%	78.8%	(16.2%)	9.6%	10.4%	0.8%

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 December 2018

	2 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	Dec 17	Dec 18
	FOI compliance in December was 67%		Q2	YTD	Hand Hygiene	98%	99%
	2 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)	PTS	90%	90%	Premise	99%	97%
	9 out of 10 people would recommend YAS to Friends and Family	A&E	82%	84%	Vehicle	98%	99%

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
678	693	4.2% ↔	198 70	229	19.9% ↑	22	30	11.1% ↑	3	7	700.0% ↑	88	85	2.4% ↔

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
802	966	25.0% ↑	533	574	3.4% ↔	85	91	30.0% ↑	74%	64%	3.2% ↔	36	18	(60.0%) ↓

Clinical Outcomes (July Data)

Stroke - Mean time from call to hospital arrival			ROSC (Utstein)			Survival (Utstein)			Deep Clean Breaches (8 weeks)		
Avg	hh:mm	Change (hh:mm)	Avg	%	Change (%pts)	Avg	%	Change (%pts)	Avg	AE/PTS	Change %
01:08	01:07	00:01:00 ↔	46.0%	53.1%	24.5% ↑	24.5%	15.8%	0.0% ↔	19	61	45.2% ↑

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

Our Workforce - December 2018

↑	912 staff are overdue a PDR out of 4496	YTD Performance		
↔	278 Staff are on long term sick out of 5420 Staff			
↑	359 staff are still to complete the stat and man work book out of 5420			
↑	Child level 2 compliance does not include e-learning numbers of 3553 completed end of December-18			
			%	Change
		Sickness	5.87%	0.03%
		Stat and Man	93.38%	1.44%

Workforce									Recruitment			IG		
Total FTE in Post (ESR)			BME			Turnover			New Starts			Information Governance		
Avg	N°	Variance (%pts)	Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	FTE	Variance (%pts)	Target	%	Variance (%pts)
4,506	4,646	3.1%	11.1%	6.5%	(4.6%)	10.0%	9.1%	(0.9%)	56.1	15.4	(72.5%)	95.0%	80.8%	(14.2%)

Sickness									Finance					
Total			Short Term			Long Term			Agency Spend			Overtime		
Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	%	Variance (%pts)	Plan YTD £(000)	Actual YTD £(000)	Variance (%pts)	Avg	AE/PTS Avg	Variance (%pts)
5.0%	6.8%	1.8%	2.0%	2.0%	(0.0%)	3.9%	4.8%	0.9%	2,163	1,584	(19.7%)	£834,539	£1,100,032	31.8%

Training														
PDRs			Stat & Mand			Adult Safeguarding L1			Child Safeguarding L2			eLearning Safeguarding		
Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Target	%	Variance (%pts)	Prev Month (No)	No	No completed in Month
90.0%	79.7%	(10.3%)	90.0%	93.4%	3.4%	90.0%	91.0%	0.9%	80.0%	90.3%	10.3%	3462	3,553	91

Key	Tolerance for Variance (unless stated different)		Variance	Sparklines	AVG - Average	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	07.01.19 - PMO		

	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,774)	(23,254)	(480)	(204,439)	(207,056)	(2,617)
Expenditure	23,137	23,007	(130)	200,305	202,312	2,007
Retained Deficit / (Surplus) with STF Funding	363	(247)	(610)	(4,134)	(4,744)	(610)
STF Funding	(213)	(213)	0	(1,380)	(1,380)	0
Retained Deficit / (Surplus) without STF Funding*	576	(34)	(610)	(2,754)	(3,364)	(610)
EBITDA	(588)	(1,217)	(630)	(12,644)	(13,510)	(866)
Cash	35,419	49,057	13,638	35,419	49,057	13,638
Capital Investment	1,392	1,561	169	8,179	9,482	1,303
Quality & Efficiency Savings (CIPs)	864	1,004	140	6,418	6,047	(371)

Under the "Single Oversight Framework" the overall Trust's rating for December 2018 remains at 1 (1 being lowest risk, 4 being highest risk).

The Trust has reported a surplus as at the end of December (Month 9) of £4,744k, a favourable variance of £610k against plan. This relates mainly to a favourable movement in discount factor for injury benefit liabilities.

At the end of December 2019 the Trust's cash position was £49.1m against a plan of £35.4m, giving a positive variance of £13.6m. The £6.8m movement in December results from a £3.3m reduction in non-NHS receivables and a £2m increase in accruals, along with minor changes to other receivables and payables..

As at the end of December the Capital expenditure for 18/19 was overspent by £1,303k against the original plan. During December 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 Doncaster STP bid, and deferring the planned disposals (Fairfield & Bramham) as agreed with NHSi. This will result in a charge of £17.835m against the Capital Resource Limit (CRL).

The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £371k of which £371k 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 December 2018 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 December (Month 9) is £13,510 against a plan of £12,644k, a favourable variance of £866k against plan.			
SURPLUS: The Trust's reported year to date surplus (including STF) as at the end of December (Month 9) is £4,744k against a plan of £4,134k, a favourable variance of £610k against plan. STF achieved YTD is £1,380k.			
CAPITAL: As at the end of December Capital expenditure for 18/19 was overspent by £1,303k against the original plan. During December 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 Doncaster STP bid, and deferring the planned disposals (Fairfield & Bramham) as agreed with NHS I. This will result in a charge of £17.835m against the Capital Resource Limit (CRL).			
CASH: At the end of December 2019 the Trust's cash position was £49.1m against a plan of £35.4m, giving a positive variance of £13.6m. The £6.8m movement in December results from a £3.3m reduction in non-NHS receivables and a £2m increase in accruals, along with minor changes to other receivables and payables.			
CIP: The Trust has a savings target of £9,010k for 2018/19. YTD the Trust has underachieved against this target by £371k of which £371k 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	3375	2827	(547)
Business Development Directorate	24	0	(24)
Chief Executive Directorate	61	22	(39)
Clinical Directorate	79	79	0
Estates Directorate	209	142	(68)
Finance Directorate	462	365	(97)
Fleet Directorate	815	590	(225)
Planned & Urgent Care Directorate	570	408	(162)
Quality, Governance & Performance Assurance Directorate	69	51	(18)
Hub & Spoke	51	51	0
Workforce & OD	702	519	(184)
RESERVE	0	993	993
Grand Total	6,418	6,047	(371)

Recurrent/Non-Recurrent Reserve Schemes	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	5,797	4,802	(995)
Non-Recurrent	621	1,244	623
Grand Total	6,418	6,047	(371)

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				
Healthy food for NHS staff and visitors	Head of Facilities Management, Estates Division	£286,016	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				
Total		£858,048													

Comments:

At the end of December we have achieved 65% flu vaccination rate for ur 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 & Wellbeing work we have undertaken in the last 12 months. Planning for 2019/20 Health & Wellbeing activity has begun with a full diagnostic exercise being undertaken with key stakeholders.

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				
End to End Reviews	Head of Investigations & Learning	£1,072,238	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				
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green	Green	Green	Green	Green	Green	Green	Green				
Total		£4,290,240													

Comments:

Both End-to-End reviews for Q3 have now been completed and a further two cases have been booked in.

Green Fully Completed / Appropriate actions taken

Amber Delivery at Risk

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					
Total															

Comments:

Full agreement and sign off has now been agreed with West commissioners. The Quarter 2 reports have been signed off by all three consortia areas i.e. North, South and West. The surveying is going extremely well with over 300 surveys completed to date. The Patient Survey App is fully on track to deliver the CQUIN.

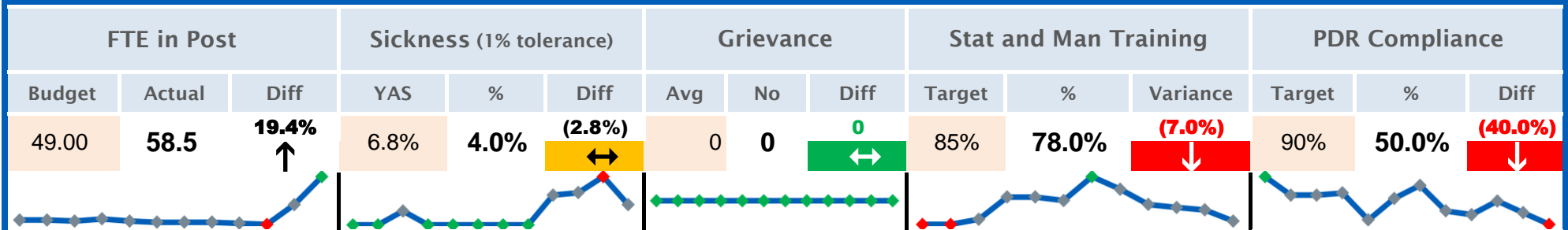
Green Fully Completed / Appropriate actions taken

Amber Delivery at Risk

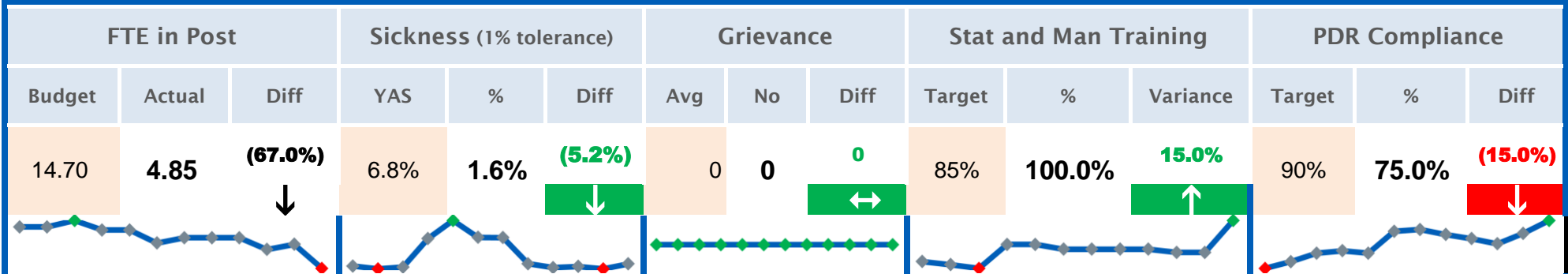
Red Milestone not achieved

Corporate Services - December 2018

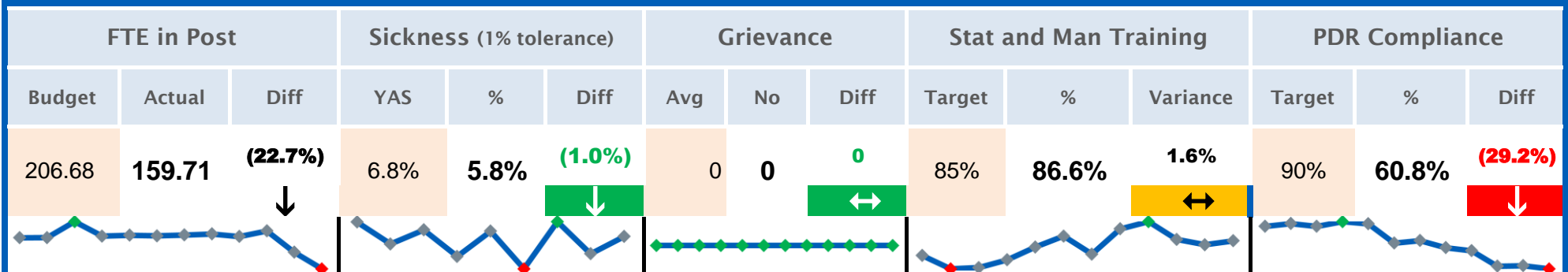
Chief Executive



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

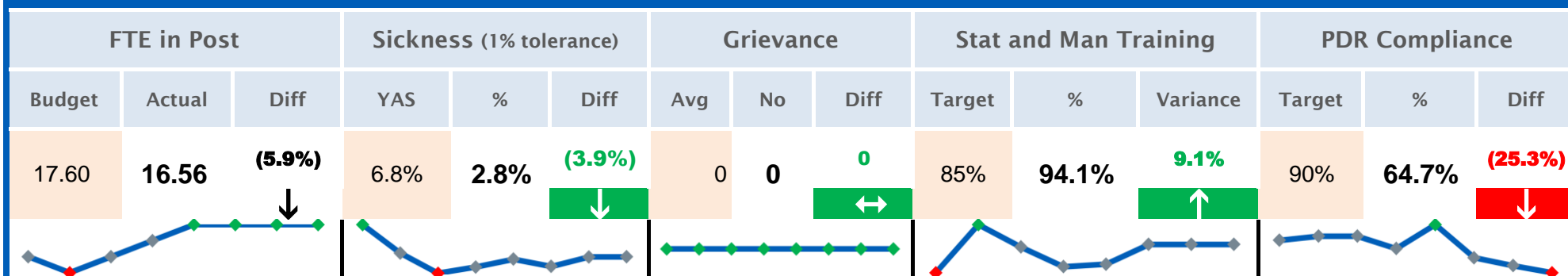
Previous 12 Periods

Updated

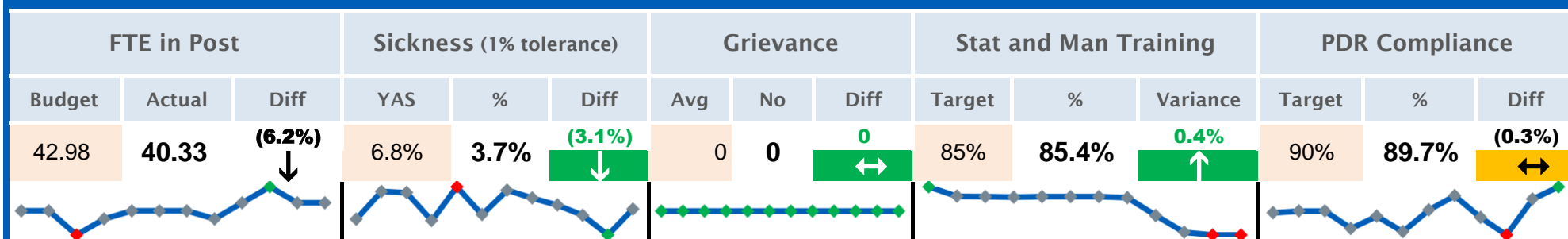
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Corporate Services - December 2018

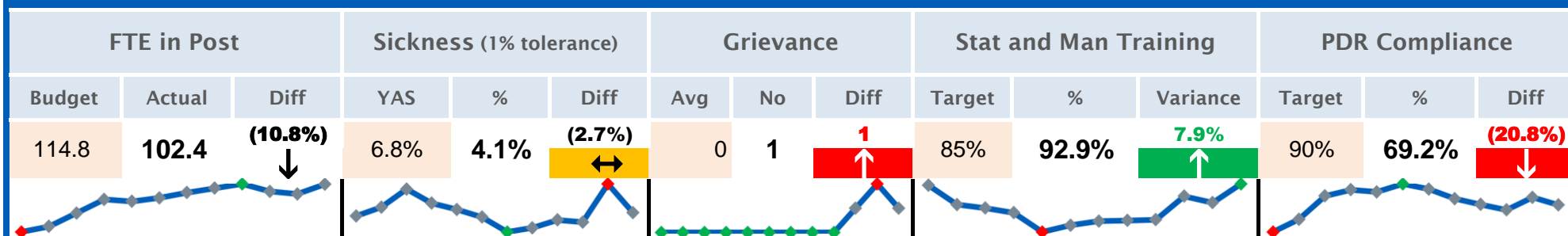
Business Intelligence



ICT



Workforce & Organisational Development



Key

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

Direction of Travel
From Previous Month

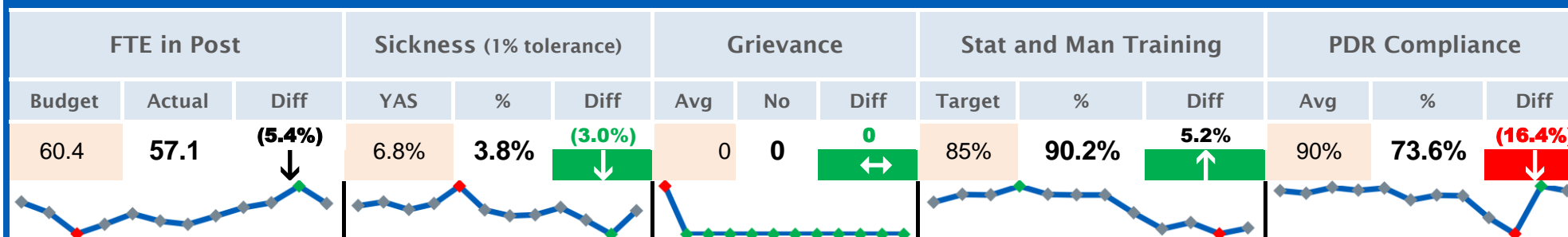
Sparklines
To demonstrate trend, low point is lowest point in that trend (not zero)

AVG - Average
Previous 12 Periods

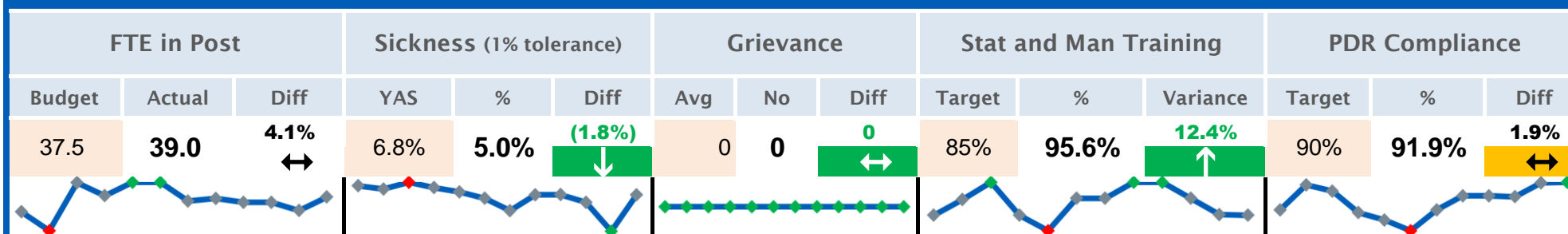
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Corporate Services - December 2018

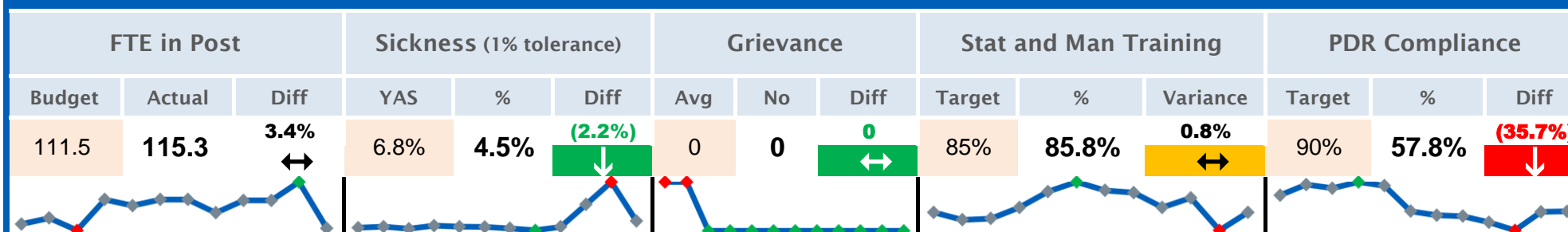
Quality, Governance and Performance Assurance



Clinical



Fleet and Estates



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)

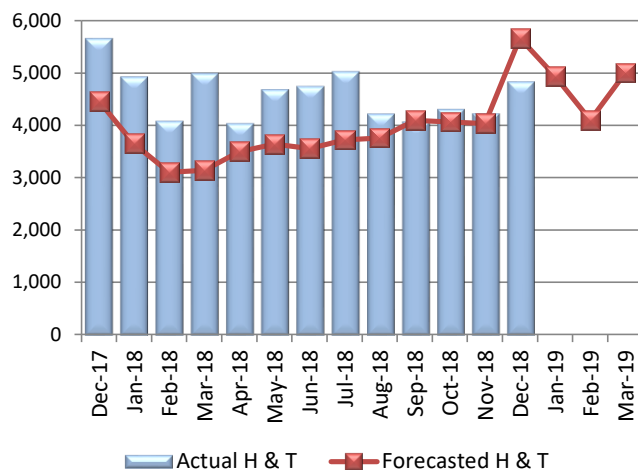
AVG - Average
Previous 12 Periods

Updated
08.01.19 - PMO

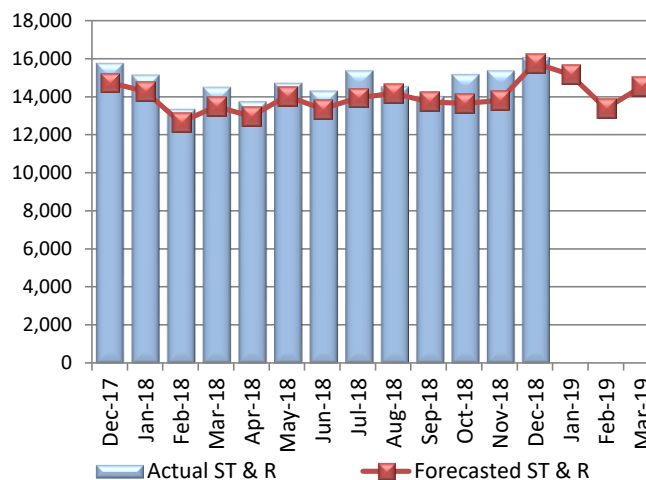
SERVICE LINES

9.1 Activity

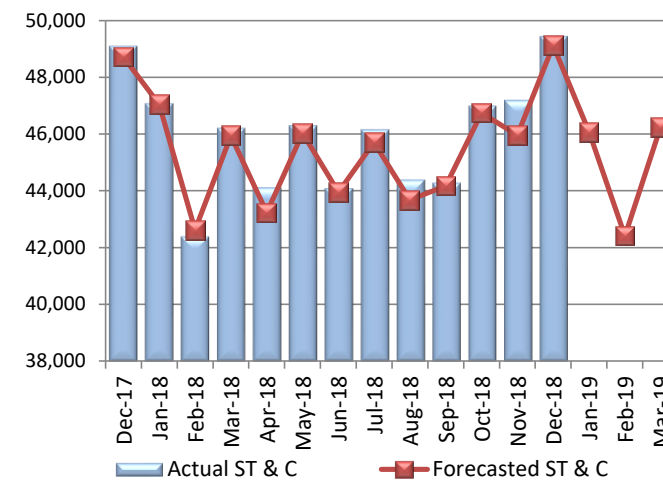
Hear & Treat



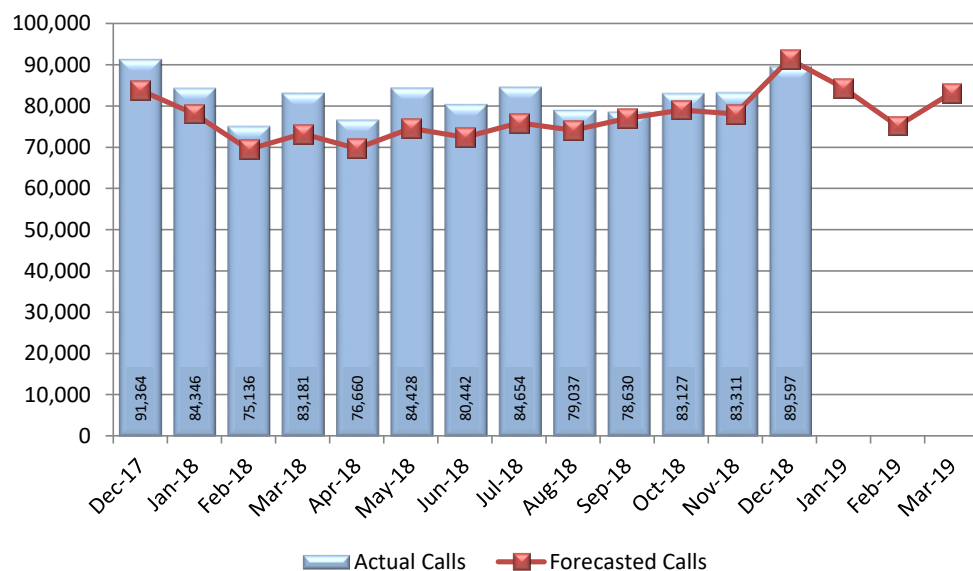
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls December calls increased 7.5% against November, reporting an overall decrease of 1.9% on December 2017.

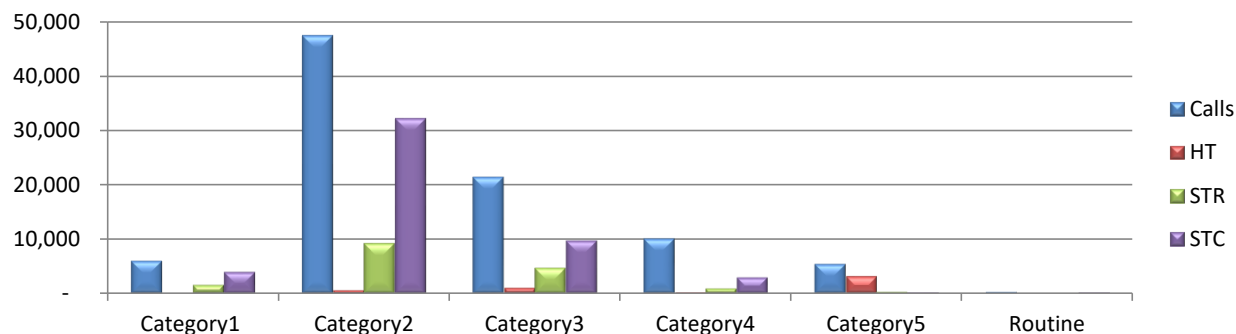
Hear & Treat Decrease of 14.5 % in the amount of Hear & Treat carried out versus December last year. A deep dive is being conducted into Hear & Treat service provision along with action plan to bring in line with trajectory target.

See, Treat & Refer Increase of 2.0% vs December 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 0.7% in the amount of See, Treat & Convey carried out versus December last year.

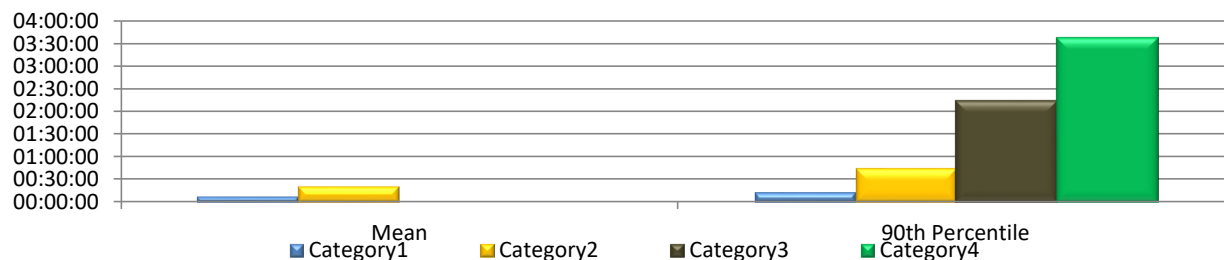
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	6,046	17	1,629	4,028	5,657	8.5%
Category2	47,459	578	9,205	32,332	41,537	62.4%
Category3	21,502	1,048	4,722	9,852	14,574	21.9%
Category4	10,166	214	961	3,032	3,993	6.0%
Category5	5,466	3,025	342	250	592	0.9%
Routine	326	-	4	202	206	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:03	00:12:15	00:07:00	00:15:00
Category2	00:21:03	00:44:17	00:18:00	00:40:00
Category3		02:15:22		02:00:00
Category4		03:38:33		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.

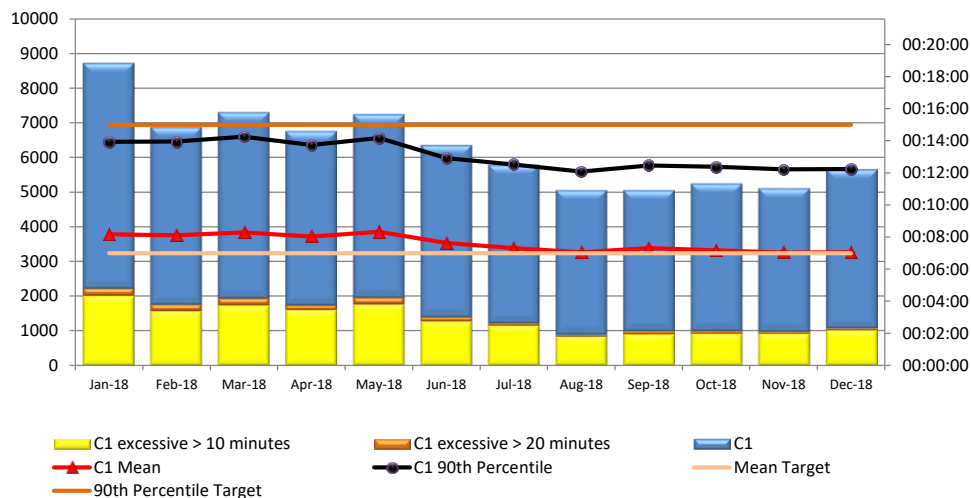
The calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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.

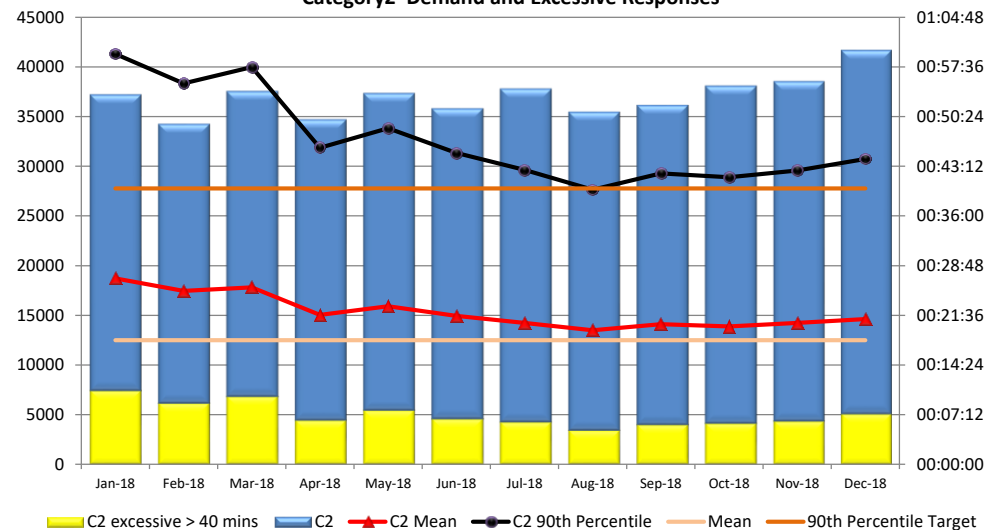
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

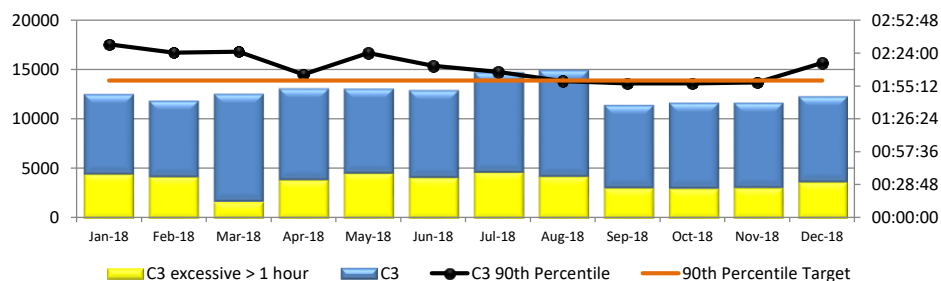
Category1 Demand and Excessive Responses



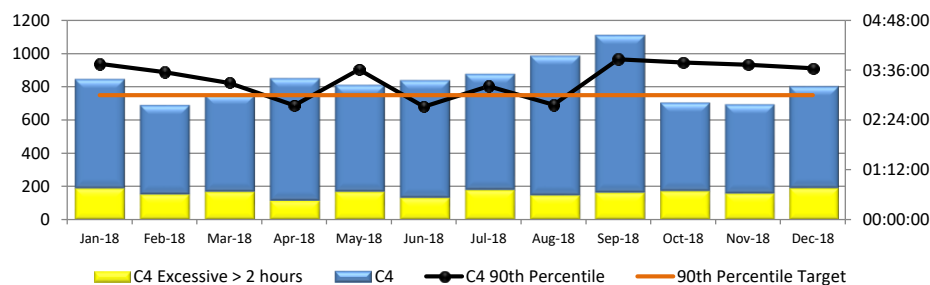
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 Mean performance was 00:07:03 against the 00:07:00 target with the 90th percentile at 00:12:15 against the 00:15:00 target. Mean performance has increased by 1 second and 90th percentile by 2 seconds against the previous month's performance. This represents an exceptional level of performance given the demand increase seen through ut December and a significant increase in hours lost at hospital.

Category 2 Mean performance for December was 00:21:03, a 34 second increase on the previous month. 90th percentile is reporting 00:44:17, showing an increase of 1:41 against November's performance. Despite a slight increase across both mean and 90th percentile performance, both are currently reporting below trajectory.

Category 3 90th percentile performance reported a 2:15:22 response against a 2 hour target, showing an increase of 00:16:57 against November's performance. This was also above trajectory for December.

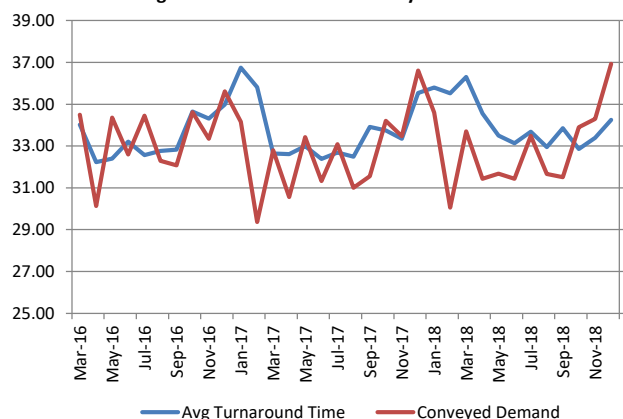
Category 4 90th percentile performance was 3:38:33 a decrease of 00:05:31 and within the 03:00:00 target. This is the 2nd best level of performance seen in the last 12 months. Performance in category 4 is not as stable as other categories due to the low level of demand which can be impacted significantly by any outlying job times.

Category 4 data in October and November's IPR publication showed AQI national benchmarking information (category 4&5 response times combined). This report and any subsequent reports will

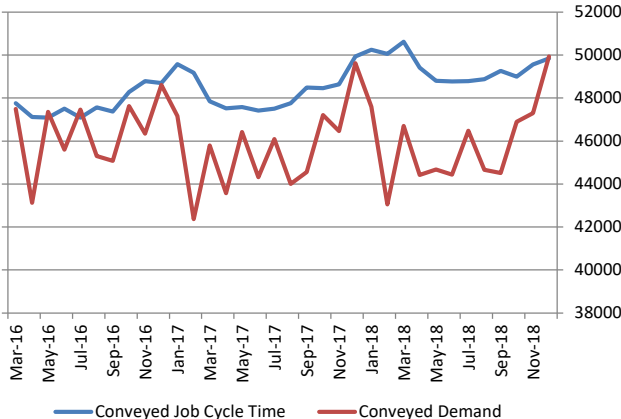
9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time

Average Turnaround Time & Conveyed Demand



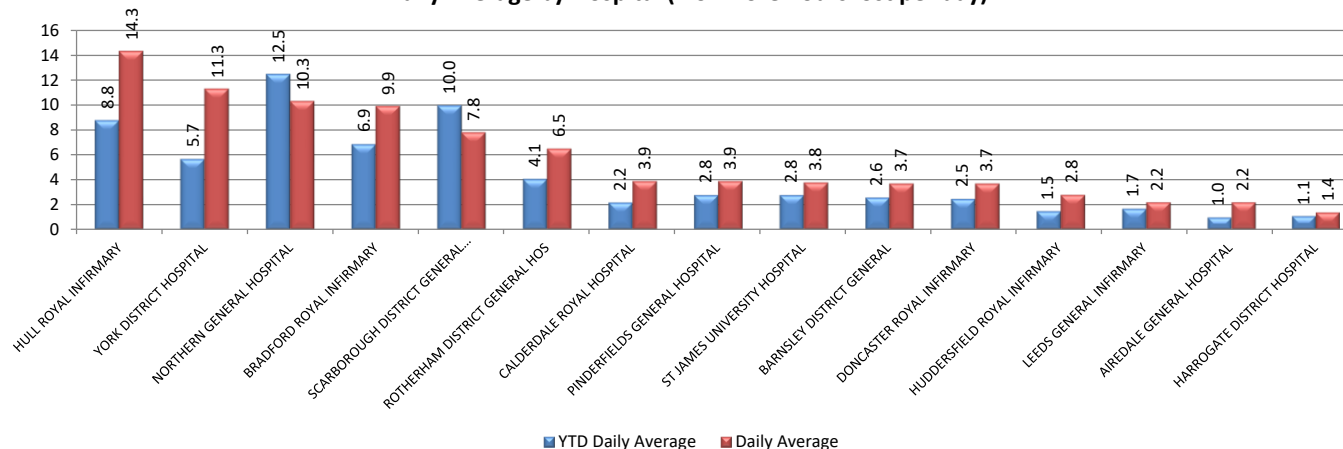
Conveyed Job Cycle (Allocated to Clear - Conveying Resource)



9.7 Hospital Turnaround - Excessive Responses

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Last 12 months
Excessive Handovers over 15 mins (in hours)	3,447	2,975	3,532	2,834	1,768	1,577	1,952	1,554	1,899	1,834	2,069	2,759	28,200
Excessive Hours per day (Avg)	111	103	114	94	57	53	63	50	63	59	69	89	77

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



Commentary

Turnaround times: December's times were 2.5% Higher than November and 3.6% lower than November 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.

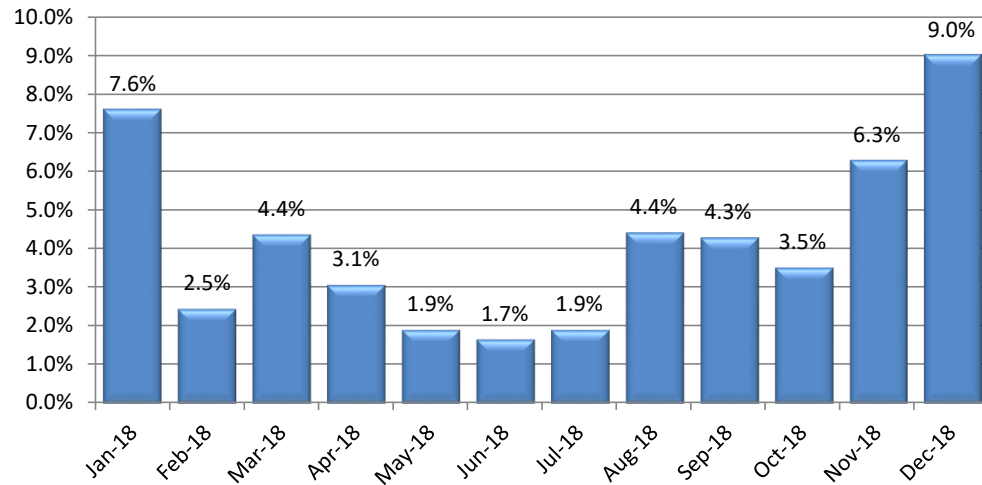
Job Cycle time: Increased 0.7% against November and decreased 0.2% against December the previous year. EPR rollout is a contributor to this alongside a reduction in vehicles arriving on scene which may extend DCA cycle time. The contributing factors are currently under more detailed review.

Excessive hours: Lost hours at hospital for November was 690 hours higher than November, an increase of 33.3% however this was a decrease of 22.6% against December 2017.

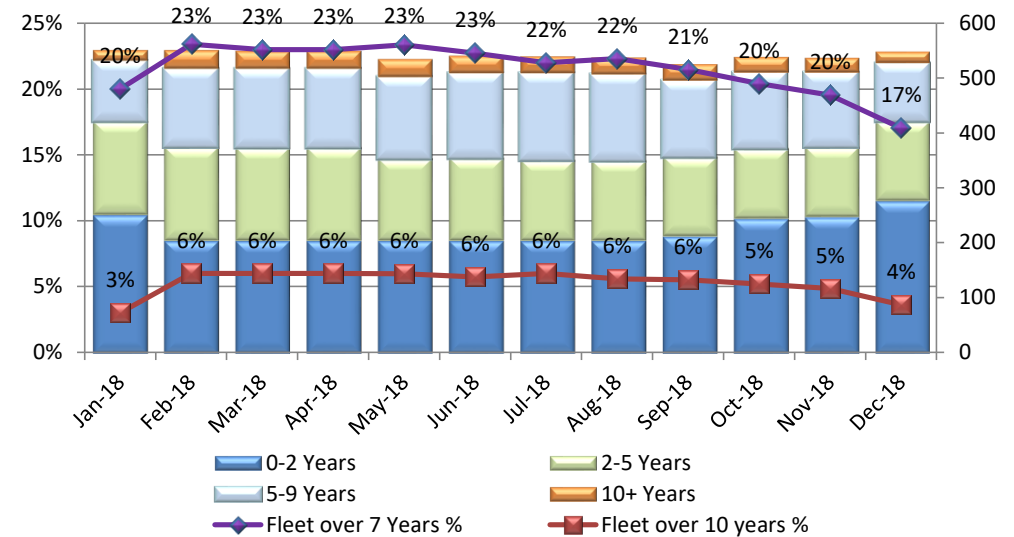
During the festive period an audit will be taking place to review excessive waits to identify specific common themes and support the delivery model going forward ensuring our service continues to minimise patient harm.

9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

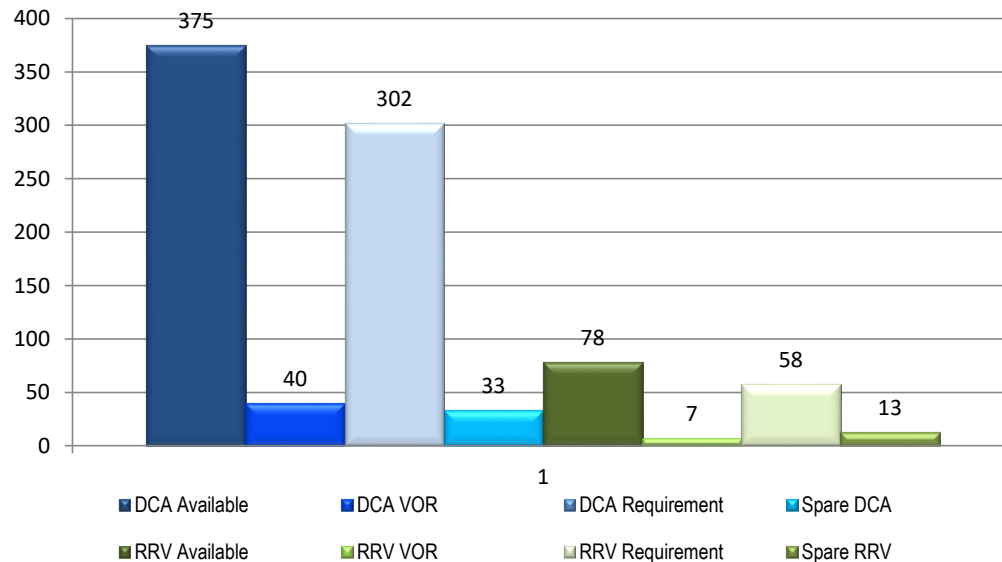


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

The A&E Deep Clean compliance service level reduced again in December to 98% due to a number of influencing factors associated with festive period, transition and recruitment to the new AVP sites.

Overtime has and will continue to be available to staff throughout the coming period. Support from the A&E Operational management continues to be valued and this does help significantly.

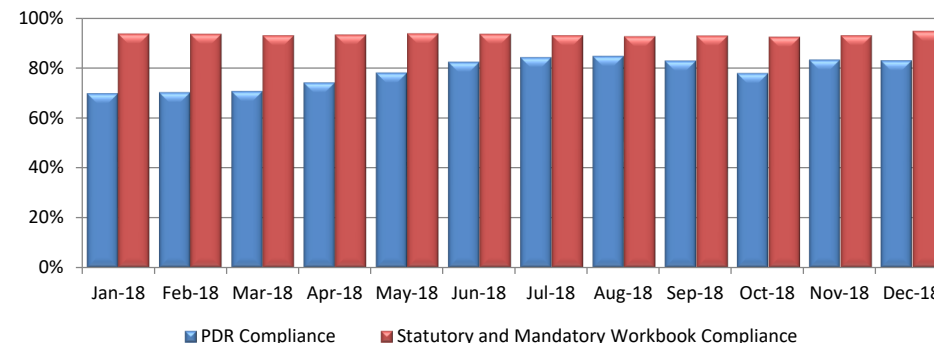
A&E vehicle fleet reconfiguration has continued throughout December with the migration from RRV to DCA. The Trust currently has 378 DCA available working towards the target of 380. New vehicle commissioning has seen the VOR rate rise in December with 137 vehicles being replaced in FY18/19. Vehicle movements still provide a challenge although Fleet and Ops are working together to resolve issues.

9.11 Workforce

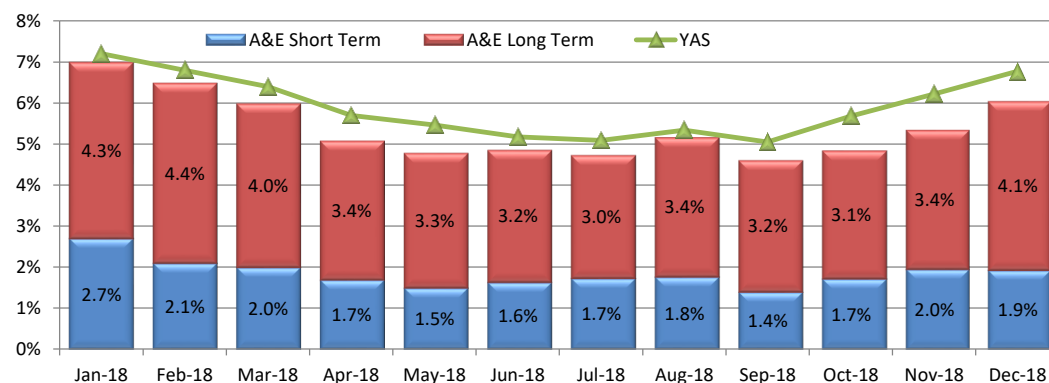
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,740	137	685	1,918	70%
Contracted FTE (before overtime)	2,520	171	473	1,875	74%
Variance	(221)	(34)	212	(43)	(2.2%)
% Variance	(8.0%)	(25.0%)	30.9%		
FTE (worked inc overtime)*	2737.7	171	473	2,093	76%
Variance	(2)	(34)	212	175	9.1%
% Variance	(0.1%)	(25.0%)	30.9%		

* 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

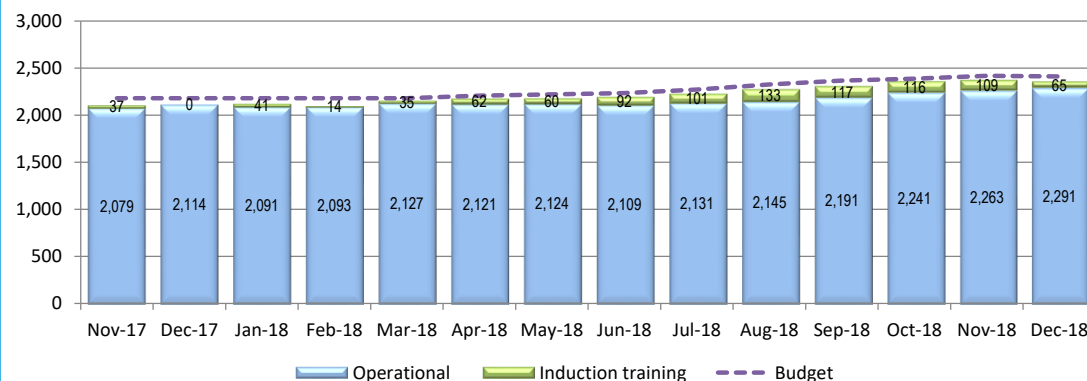


9.13 Sickness



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 82.8% against stretch target of 90%. This is a slight decrease of 0.3% against November's performance.

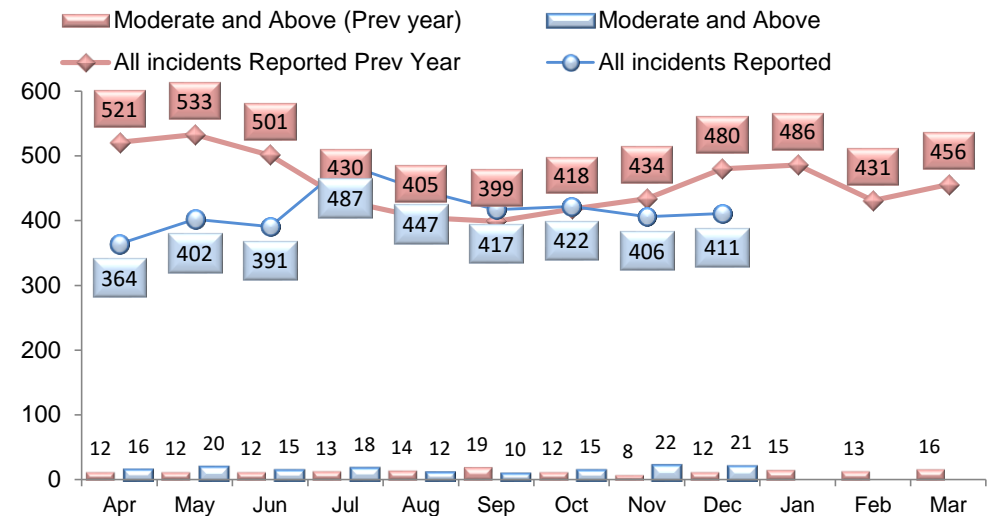
Sickness: Currently stands at 6.0% which is an increase of 0.6% on last month. A&E sickness is reporting below the Trust average of 6.8%.

Recruitment: Recruitment focus is now on South due to number of vacancies remaining in area despite increased recruitment of ECA,s throughout the year. The region currently requires 40 FTE to reach full establishment which is impacting directly on performance levels in South.

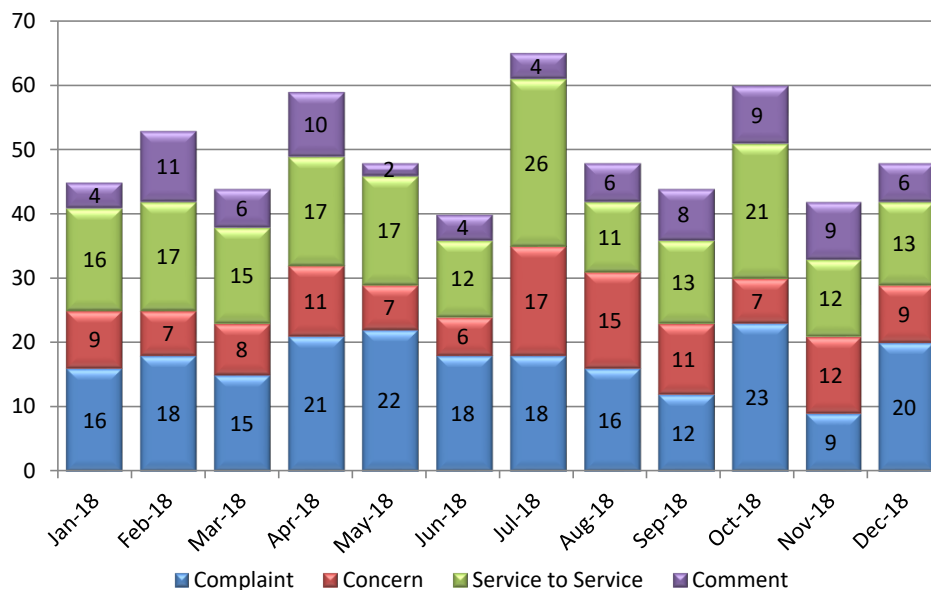
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		4	8
Total Incidents (Per 1000 activities)		0.06	0.01
Total incidents Moderate & above		21	149
Response within target time for complaints & concerns		94%	98%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1
Patient Experience Survey - Qtrly		86.3%	84.2%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

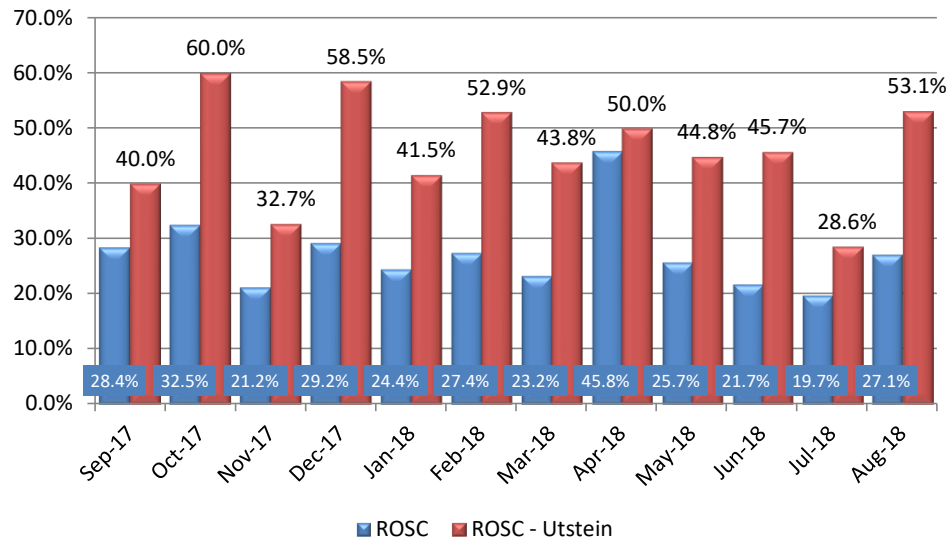


Commentary

Incidents: Total reported incidents increased 1.2% on last month and is down by 14.4% against December last year. Incidents of moderate harm and above remain at a low level and in line with previous months.

Feedback: December reported 20% more feedback overall. Complaints also increased but is broadly in line with levels seen throughout the year.

9.18 ROSC & ROSC Utstein



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

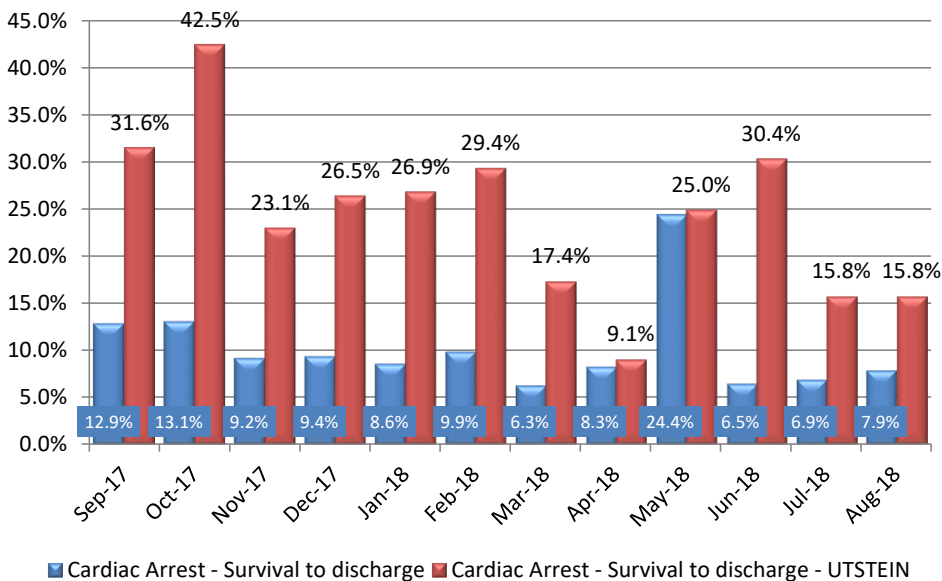
*Cardiac Arrest Management

YAS attempted resuscitation on 218 patients during July 2018, 43 of which had a ROSC on arrival at hospital (19.7%). Comparatively 199 patients received resuscitation attempts during August, 54 of which had ROSC (27.1%).

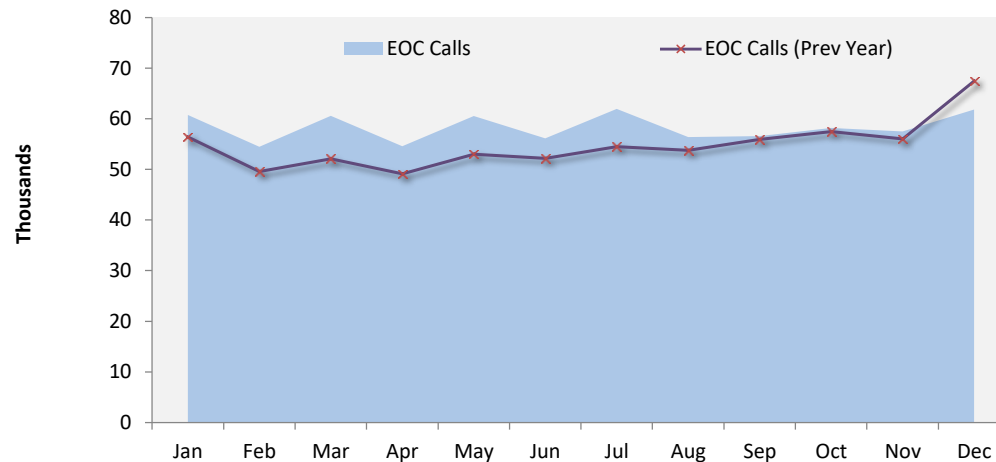
Overall Survival to discharge, during July 2018, 14 out of 202 patients survived to discharge (6.9%). In comparison, during August 12 patients out of 152 survived (7.9%).

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

9.20 Survival to Discharge



9.21 Activity

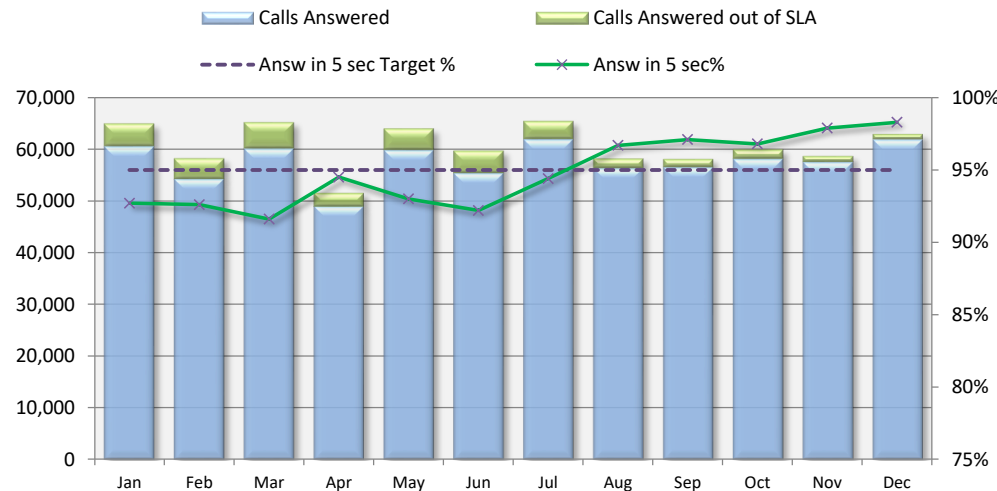


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	523,843	521,873	22,484	95.7%
2016/17	499,347	497,325	33,665	93.2%
Variance	24,496	24,548	-11,181	
Variance	4.9%	4.9%	(33.2%)	2.5%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	98.3%	95.7%



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Calls Answered out of SLA	4,408	4,026	5,069	2,692	4,177	4,339	3,482	1,864	1,631	1,841	1,210	1,034
Calls Answered	60,487	54,232	60,078	48,981	59,786	55,379	61,860	56,326	56,488	58,113	57,470	61,815
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	92.7%	92.6%	91.6%	94.5%	93.0%	92.2%	94.4%	96.7%	97.1%	96.8%	97.9%	98.3%

Commentary

Demand: Increased 7.5% versus last month which is a decrease of 8.3% versus December last year.

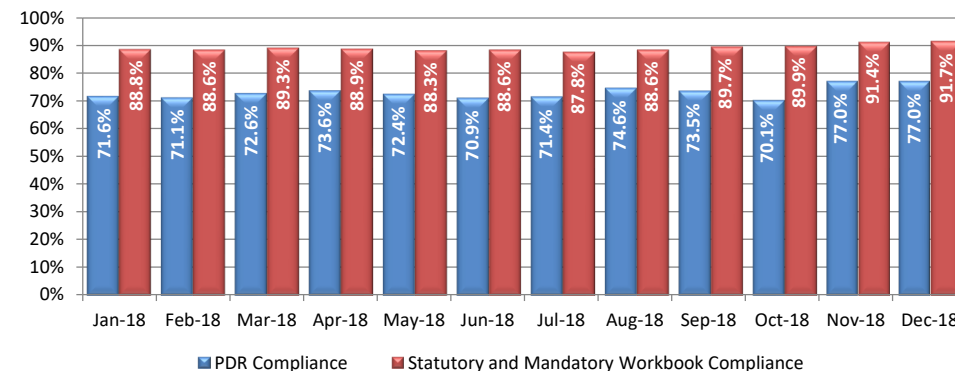
Answer in 5 sec: Performance is up by 0.4% on previous month at 98.3%; 3.3% above 95% target and the fifth consecutive month of achievement. YAS has now had the highest call answer performance in the country for 5 consecutive months.

9.24 Workforce

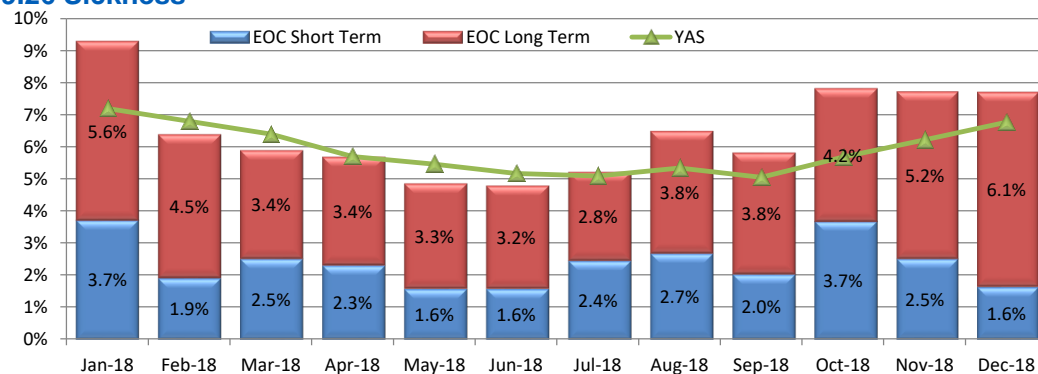
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	335	16.7	84	234	70%
Contracted FTE (before overtime)	323	16.1	81	226	70%
Variance	(12)	(1)	(3)	(8)	(3.5%)
% Variance	(3.5%)	(3.5%)	(3.5%)		
FTE (worked inc overtime)*	319.9	26.6	54	239	75%
Variance	(15)	10	(30)	5	0
% Variance	(4.4%)	59.0%	(35.5%)		

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

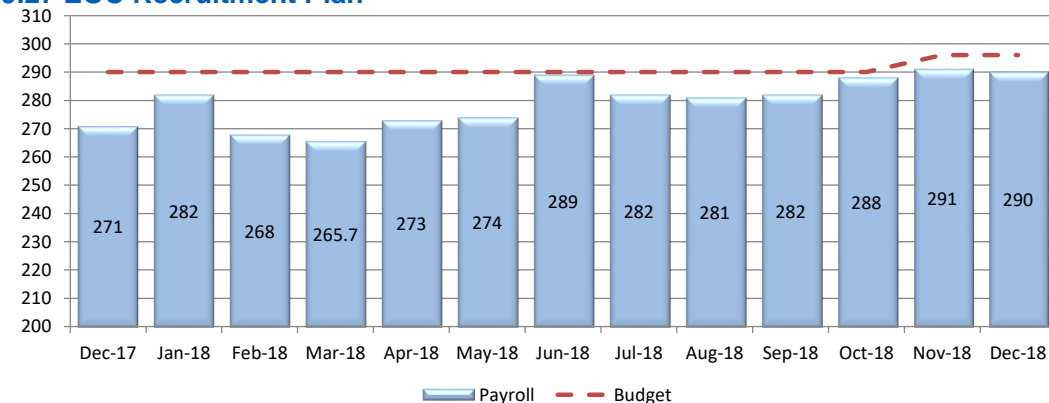
9.25 Training



9.26 Sickness



9.27 EOC Recruitment Plan



Commentary

PDR: PDR compliance stood at 77% in December against a stretch target of 90% and is static against last month

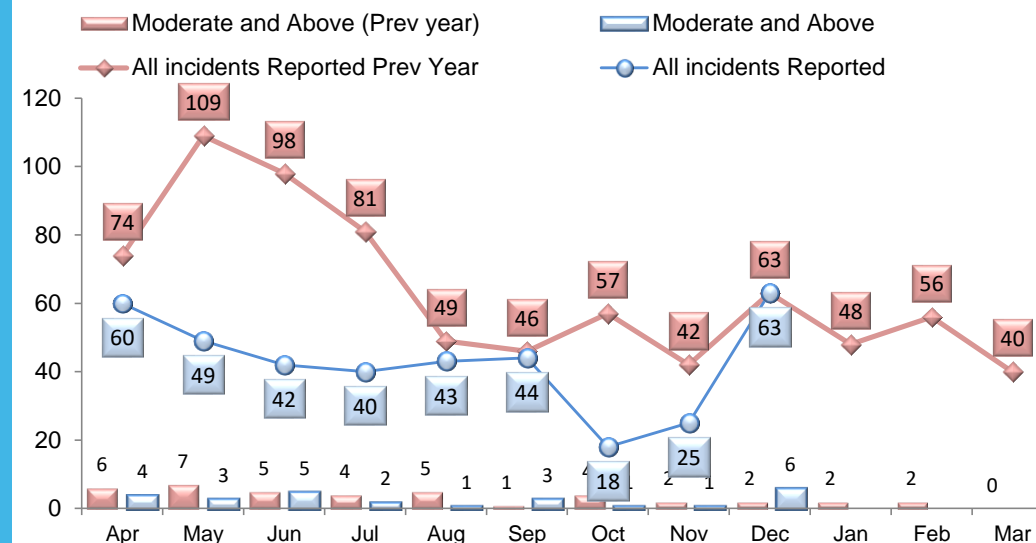
Sickness: Currently at 7.7% which is flat against the previous month. This is above the Trust average of 6.2%. The focus on wellbeing of EOC staff will continue to be a priority.

Recruitment: Clinical recruitment is ongoing for the clinical hub. The rotational advert within Operations has now closed with 11 applications. These are being worked through along with the training programme for the successful candidates. The working patterns are being worked through as do not want to impact frontline capacity.

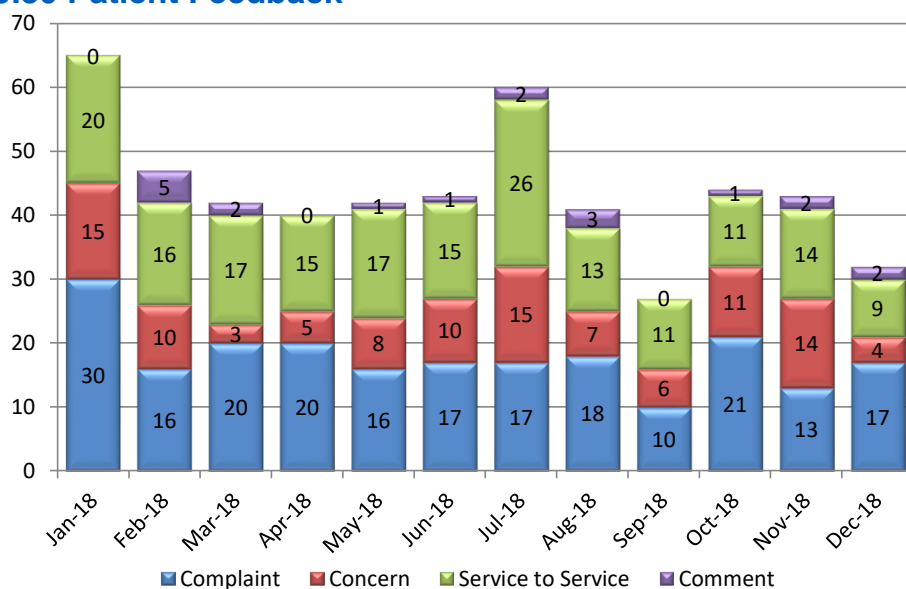
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	2
Total Incidents (Per 1000 activities)		0.00	0.00
Total incidents Moderate & above		6	26
Response within target time for complaints & concerns		100%	95%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	2
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback

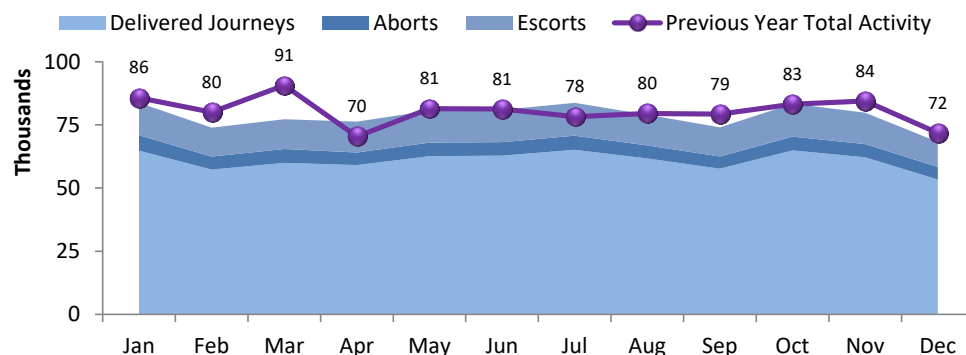


Commentary

Incidents: Total reported incidents up 152% on previous month and level against December last year. Incidents of moderate harm and above have remained at a low level.

Feedback: Overall feedback figures were 25.5% lower than (November) however complaints have increased slightly on last month.

10.1 Demand



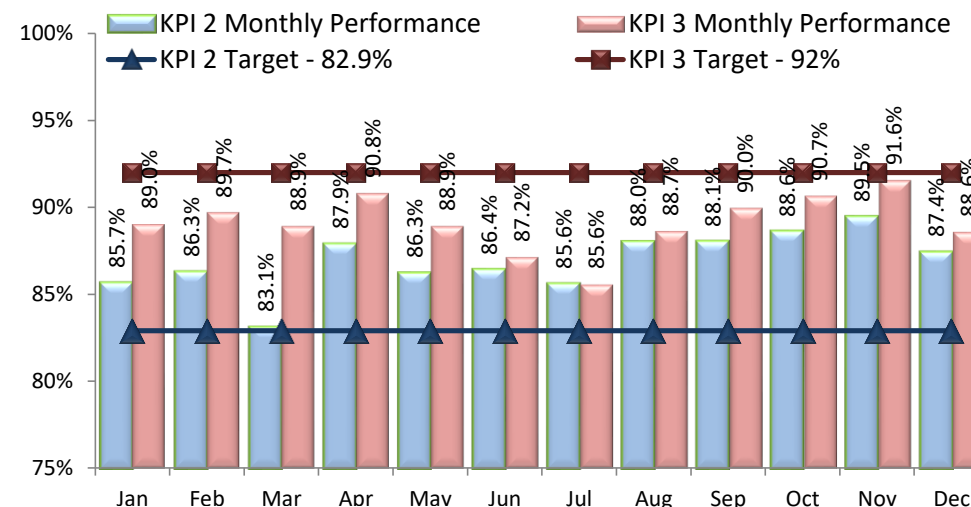
Comparison to Plan

Dec-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	549,475	46,900	109,738	706,113
Previous YTD* 2017-18	551,174	48,604	109,779	709,557
% Variance	(0.3%)	(3.5%)	(0.0%)	(0.5%)

* Demand includes All Activity

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

10.2 KPI* 2 & 3**

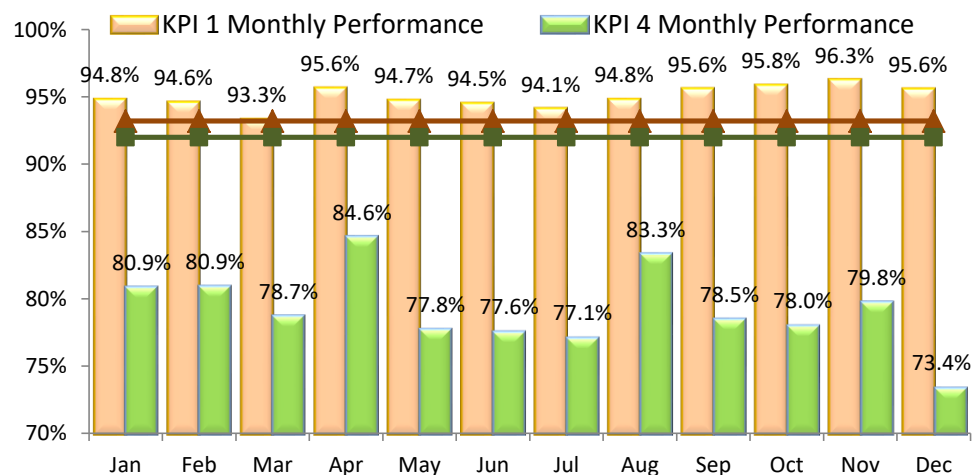


KPI 2* Arrival prior to appointment

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 December decreased by 14.5% on the previous month and is down by 4.8% against the same month last year.

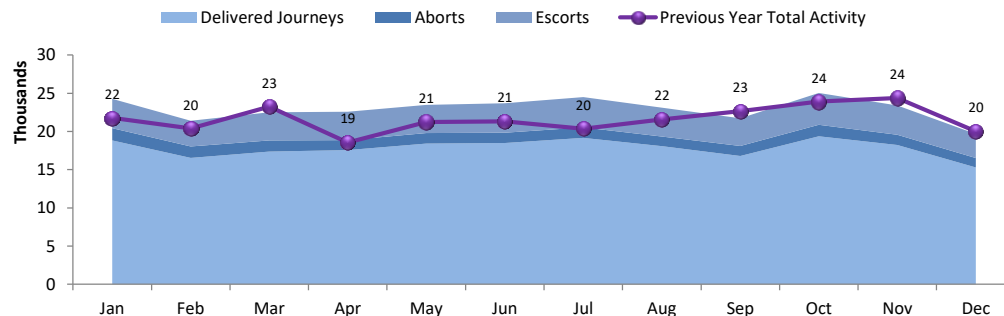
KPI 1 Performance decreased slightly by 0.7 points in December to 95.6% and remains above the 93.2% target.

KPI 2 Inward performance stood at 87.4% in December which is down from 89.5% in the previous month and remains above the 82.9% making appointment on-time target.

KPI 3 The outward performance decreased by 3.0% on last month to 88.6%. The annual target is 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours decreased by 6.4 points to 73.4% in December 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

Dec-18	Delivered	Aborts	Escorts	Total
YTD 2018-19	161,360	12,028	33,766	207,154
YTD 2017-18	151,117	12,330	30,525	193,972
% Variance	6.8%	(2.4%)	10.6%	6.8%

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

Performance for December 2018 has remained consistent across all KPI areas. Activity has seen a slight reduction of 1% compared to the same month last year. However, escort bookings continue to increase and the amount of patients requiring the assistance of a double handed crew has increased.

The increase in Escorts and patients requiring a double handed crew results in there being fewer options open to PTS to move these patient's and often patients requiring the assistance of a double handed crew may incur longer waits, particularly towards the end of the day as the number of double handed crews is reduced. There still remains over 20% of all patient bookings that require an escort. This leads to fewer seats being available on an Ambulance and again this can lead to some patient's experiencing longer waits for transport.

C1 performance for December was 99.4% against a KPI of 90%. The level of performance is consistent across all CCG areas and is outstanding when placed against the challenges of increased double handed work and Escort bookings.

C2/C3 performance has shown a slight fall to 86.5 and 86.6% but the year to date performance remains close to achieving its KPI target of 90%. The focus for improvement remains within Sheffield, however the current congestion and increased activity linked to the Royal Hallamshire Hospital is making it difficult to secure any performance gains at this time.

C4 performance for pre-planned outwards patients collected within 90 mins has seen a reduction to 84.2% and again the focus for improvement is Sheffield

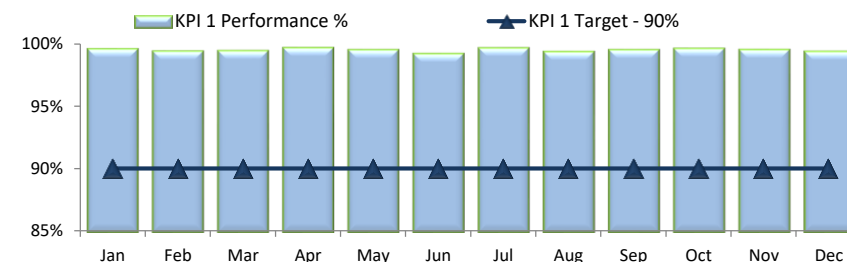
C5 performance for short notice and On Day discharges has seen added pressures linked with the closure of Wards at NGH and an increase in longer journey's linked to patients travelling from outside the area. The performance for December stood at 74.8%. This level of performance is however consistent across other areas within the region.

The GP Urgent Service continued to maintain its recent good performance levels at 57.6% for GP90 mins, 82% for GP120 mins and 92.5% for the GP03 target.

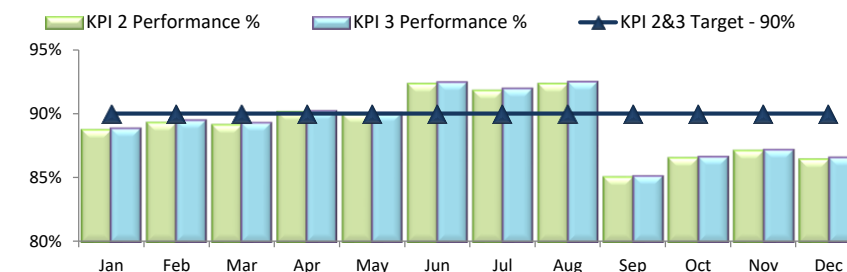
The Discharge Service performance stood at 74% for the month. This level of performance for On Day discharges is consistent when compared with other consortia areas across Yorkshire

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

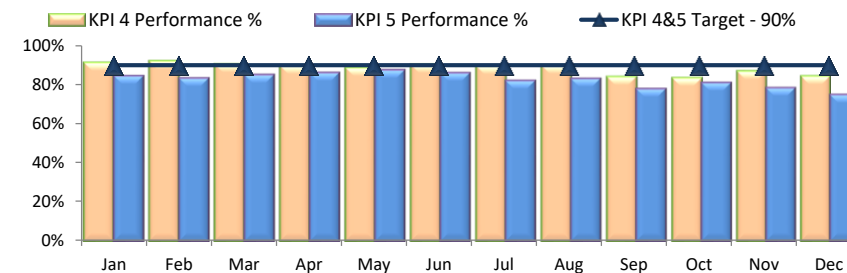
10.2 KPI 1 - Journeys no longer than 120 Mins



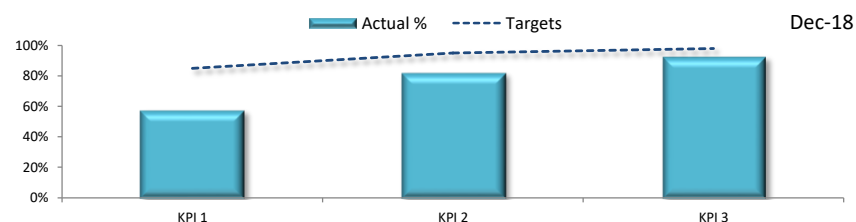
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys

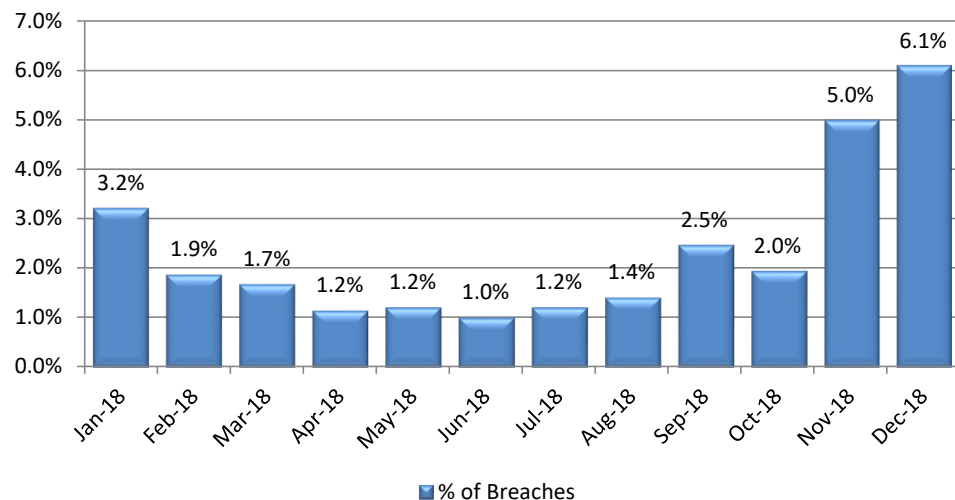


10.3 GP Urgent Performance

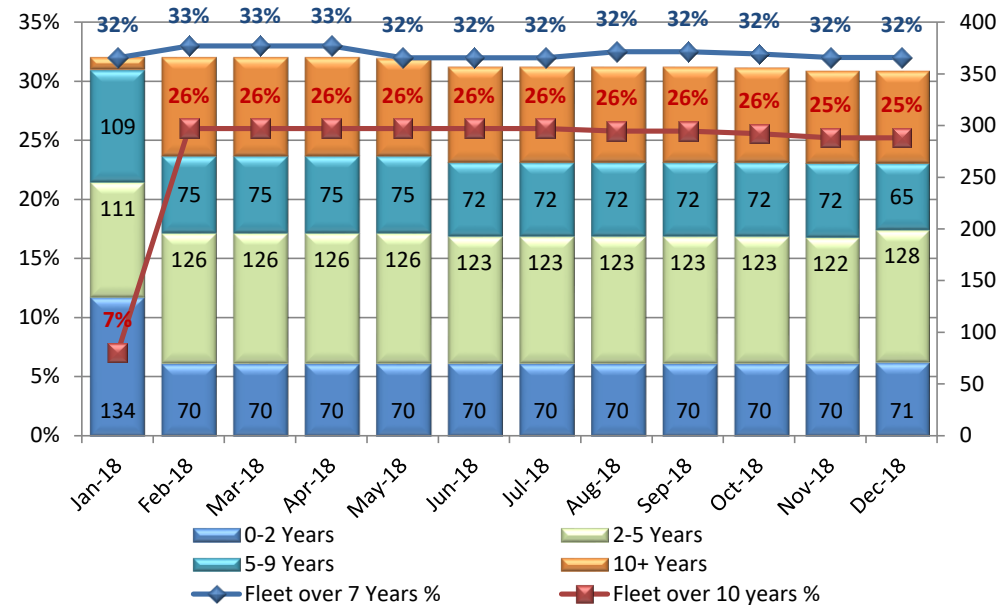


10.4 Deep Clean (5 weeks)

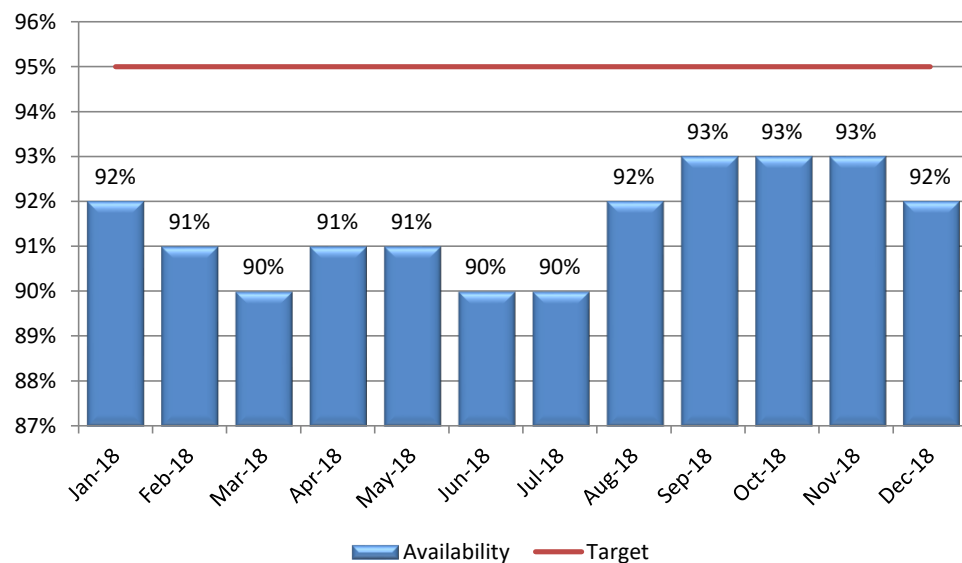
% of Breaches



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

The PTS vehicle Deep Cleaning Service Level compliance also slightly reduced in December due mainly to the PTS Car Scheme vehicles and access to these. We continue to have issues in chasing vehicles due to unrecorded movements. Further work to clarify the specific bases is ongoing with each area.

PTS vehicle availability has dropped to 92% 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.

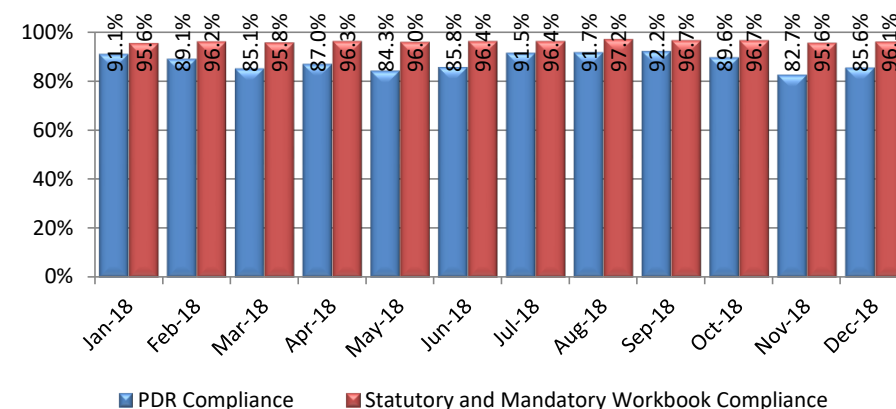
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	605	30	121	454	75%
Contracted FTE (before OT)	564	45	99	419	74%
Variance	(41)	(15)	22	(34)	(7.5%)
% Variance	(6.8%)	(50.2%)	18.4%		
FTE worked inc overtime	591	45	99	447	76%
Variance	14	(15)	22	(7)	(1.5%)
% Variance	2.3%	(50.2%)	18.4%		

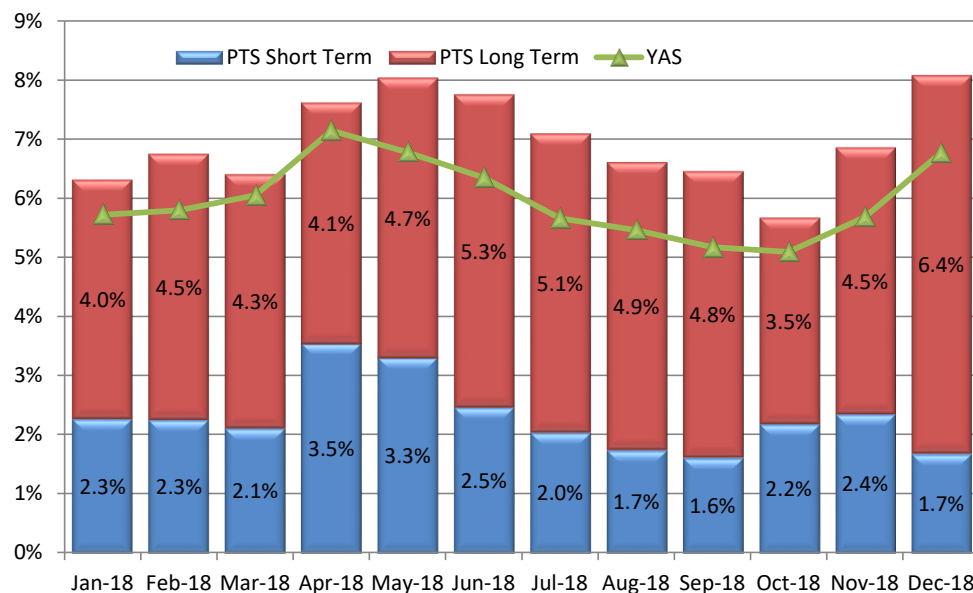
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance increased by 2.9 points in December to 85.6% and is below the 90% Trust target and work continues to deliver the standard.

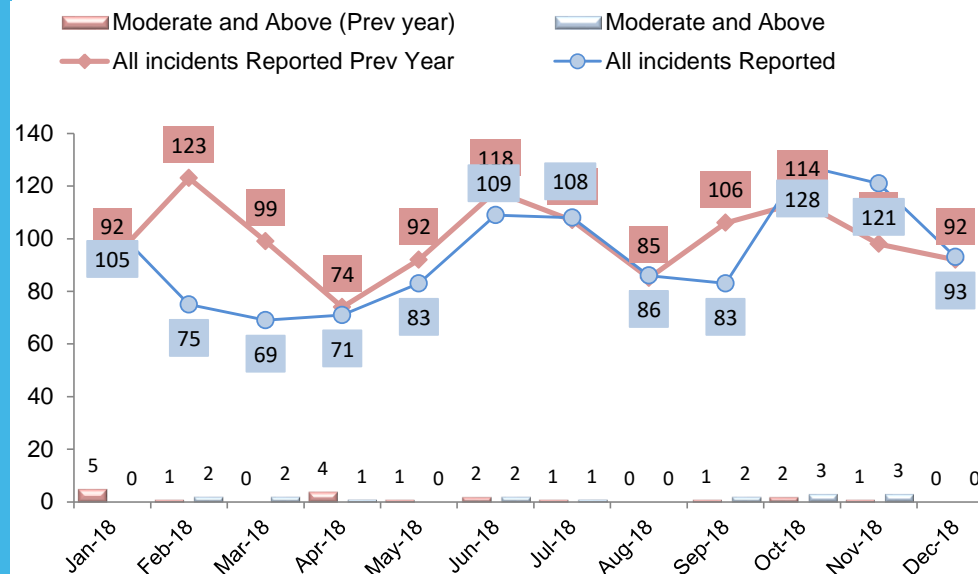
Statutory and Mandatory Workbook compliance increased slightly to 96.1% and is above the 90% Trust target.

Sickness rate in PTS increased in December by 1.2 points to 8.1%, 2.4 points above the 5.7% YAS average.

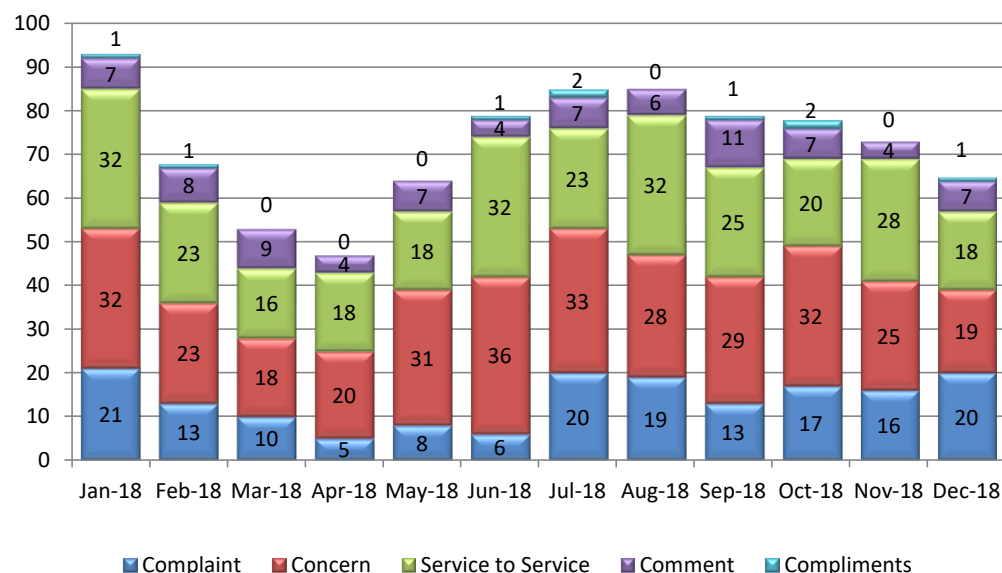
10.10 Quality, Safety and Patient Experience

		Dec 2018	2018-19
Serious Incidents		1	2
Total Incidents (per 1000 activities)		0.019	0.005
Total incidents Moderate & above		0	11
Response within target time for complaints & concerns		94%	91%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		91.6%	90.2%
Call Answered in 3 mins - Target 90%		94.3%	93.5%

10.11 Incidents



10.12 Patient Feedback



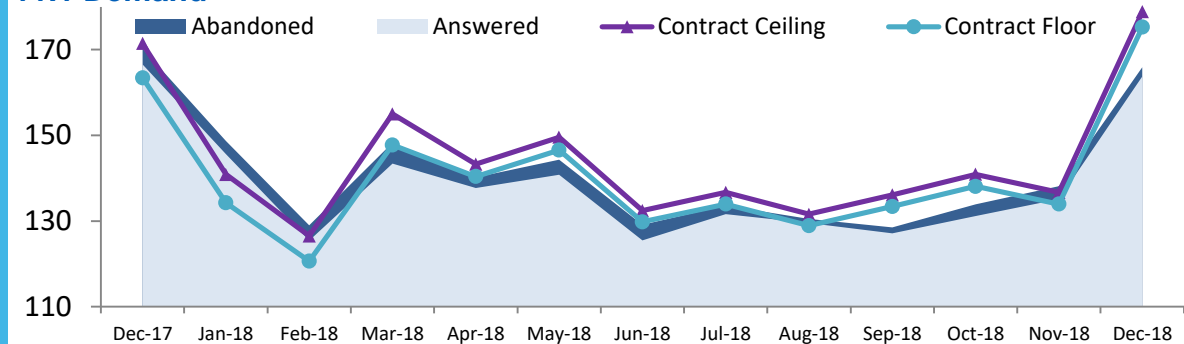
Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes decreased to 94.3% in December which is down from 96.3% on the previous month and above the 90% target.

Incidents: The number of reported incidents within PTS during December decreased by 23.1% on the previous month's level and has only slightly increased in comparison to last year's figure.

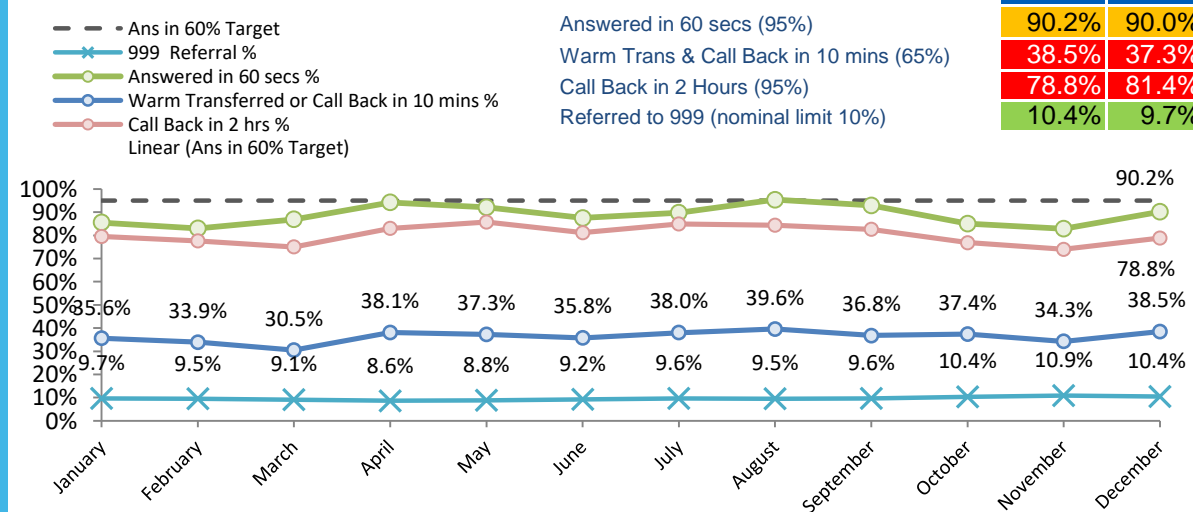
Patient Feedback: figures are down by 8 on the previous month. Closer inspection of the 4 Cs (complaints, concerns, comments and compliments) show the number of complaints increased by 4 in December and concerns were down by 6 with service to service decreasing by 10.

11.1 Demand



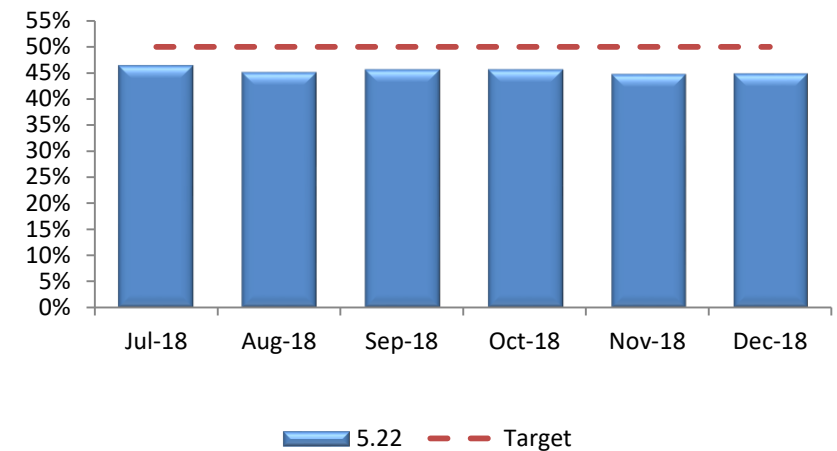
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	1,244,245	1,222,323	1,100,701	90.0%
Contract Ceiling YTD 2018-19	1,292,605	1,286,269	1,221,955	95.0%
Variance	- 48,360 -3.7%	- 63,946 -5.0%	- 121,254 -9.9%	5.0%
YTD 2017-18	1,257,715	1,232,796	1,110,848	90.1%
Variance	- 13,470 -1.1%	- 10,473 -0.9%	- 10,147 -0.9%	-0.1%

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 December 2018 were 6.6% below contract floor . (NB.This years floor includes 50% growth of the total 4.19% growth for the year).

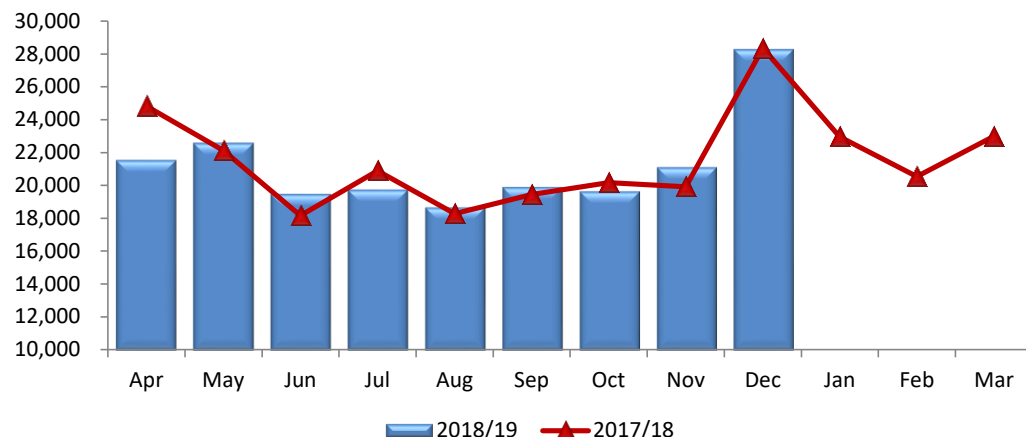
Demand over festive period was below than expected.

Performance for December 2018 was 90.2%, an increase of 7.3% 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 increased by 4.8% from last month (74.0%).

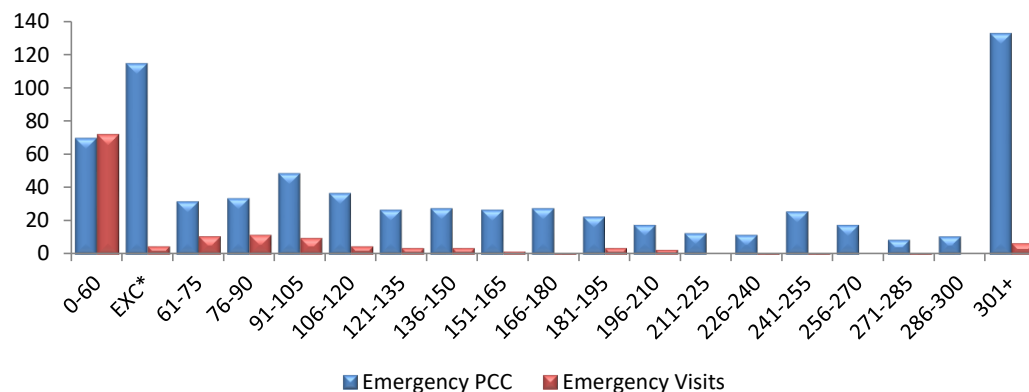
The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. Clinical Advice% for December 2018 was at 44.8% (0.1% below last month's).

11.4 Demand

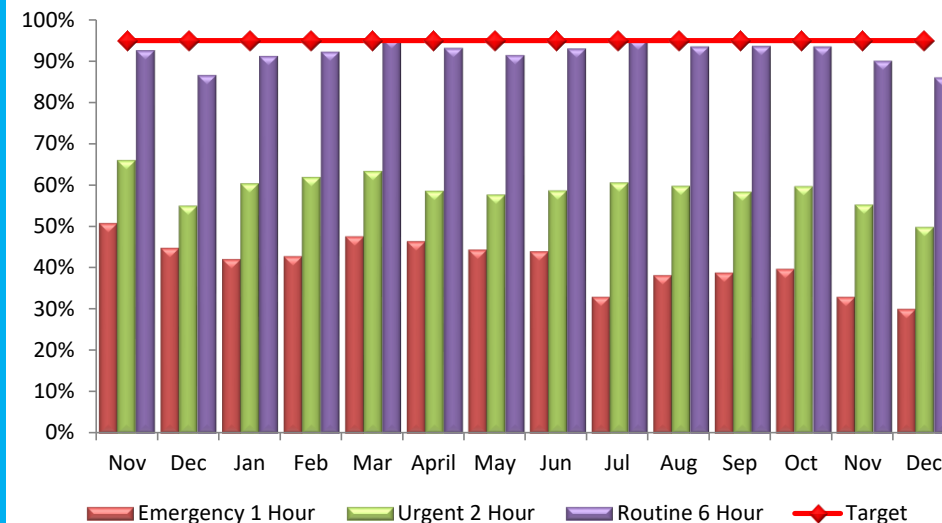


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		192,179	191,296	-883	-0.5%

11.5 Tail of Performance



11.6 Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	2 SI reported in Dec-18. 1 Incident on 23rd and 1 on 28th (both Leeds area) both unexpected deaths.
Adverse reports received	No adverse reports received
Patient Complaints	23 patient complaints received in Dec-18 according to DATIX 4 C's report. 20 of these directly involving the LCD part of the pathway. 5 upheld, 5 not upheld, 1 partially upheld and 12 remain under investigation.

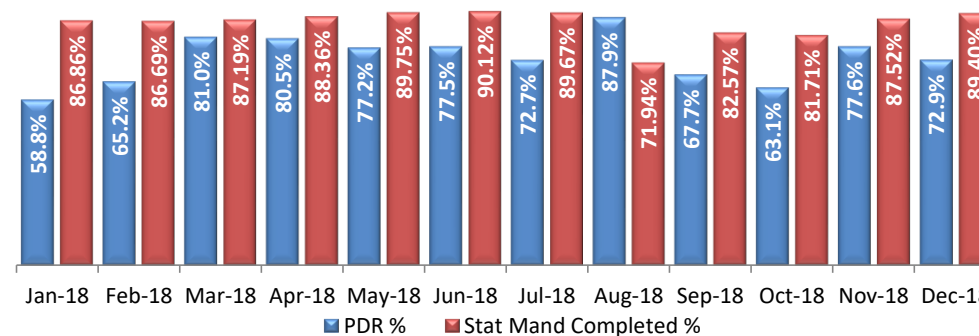
Comments: Patient demand levels for WYUC Dec 18, in comparison to Dec 17, fell by 0.3%. NQR performance fell, for the 1 hour emergency (30.1% as compared to 44.7%, influenced by an increase in the 1 hour speak to dispositions) and the 2 hour urgent cases and the 6 hour routine cases also fell (49.9% vs 55.9% for urgent cases and 86% vs 86.0% for routine cases).

11.8 Workforce FTE - Call Handler & Clinician

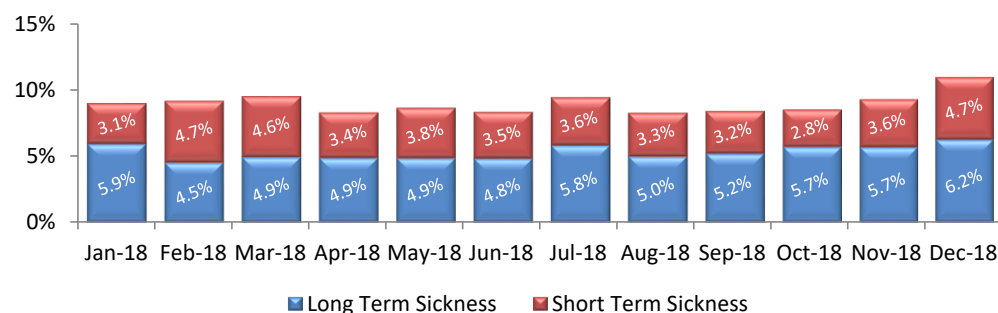
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	313	28	72	213	68%
Contracted FTE (before OT)	310	75	56	179	58%
Variance	-3	-47	16	-34	-10%
% Variance	-1%	-168%	23%	-16%	
FTE (Worked inc Overtime)	333	75	56	202	61%
Variance	20	-47	16	-11	-7%
% Variance	6.5%	-168%	23%	-5%	

11.11 Training



11.9 Sickness



Commentary

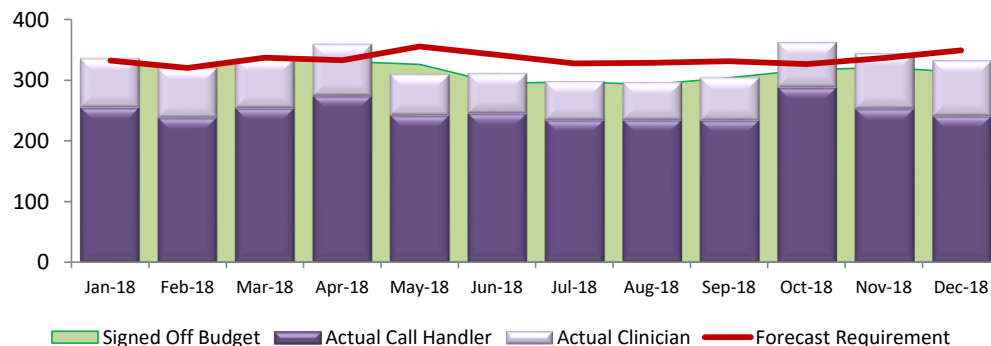
Statutory and mandatory training increased by 1.9% from November to December 2018 while PDR rates decreased by 4.7%

The operational management team are reviewing the plan for improvement aligned to the winter action plan for the peak festive period.

Sickness continues to be difficult for the NHS111 service with rates remaining above the Trust target. ESR levels are at 10.9% for December 2018, an increase of 1.6% from November 2018.

Work continues with HR colleagues and operational managers to support staff to maintain attendance at work.

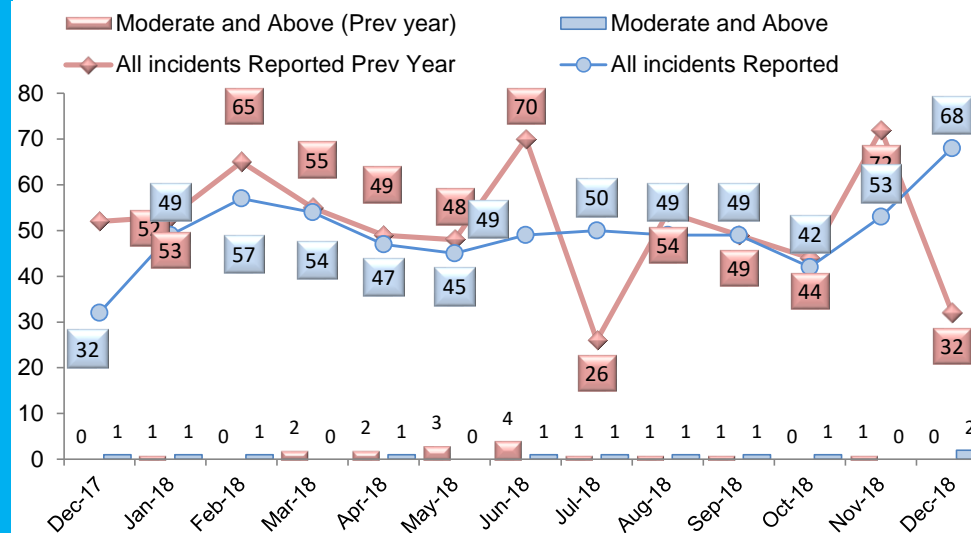
11.10 Recruitment Plan



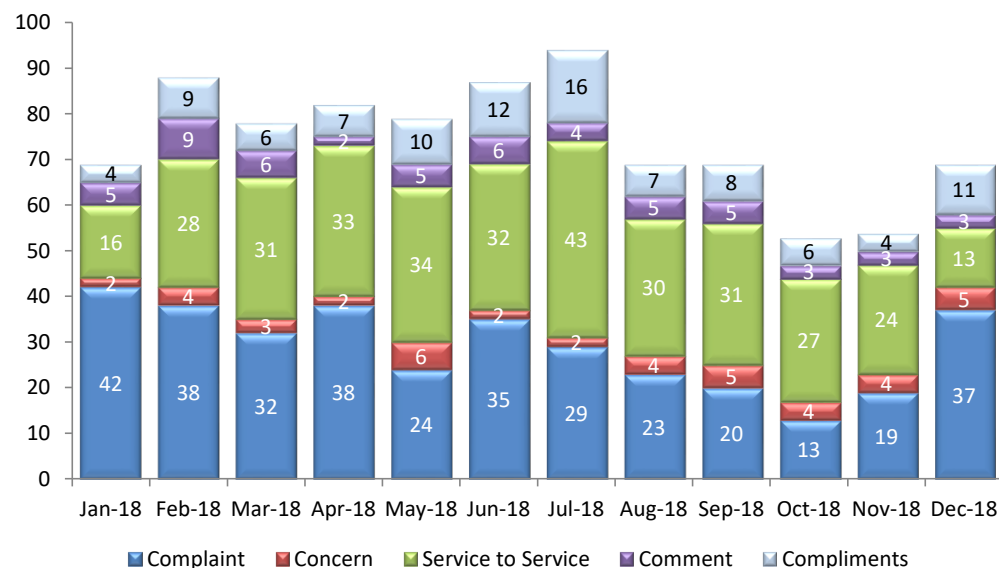
11.12 Quality, Safety and Patient Experience

		Dec-18	YTD
Serious Incidents		1	4
Total Incidents (per 1000 activities)		0.01	0.00
Total incidents Moderate & above		2	6
Response within target time for complaints & concerns		81%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

11.14 Incidents



11.13 Patient Feedback



Commentary

1 SI was reported for December 2018.

37 patient complaints were received in December. These were related to delayed response from OOH provider, appropriateness of referral and call outcome.

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 10 received during December 2018.

ANNEXES

System (December 2018)	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)	76,825	108,056	108,974	71,398	83,724	81,693	37,651	97,513	67,508	52,099
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	65.9%	69.6%	61.6%	70.6%	65.1%	61.3%	66.0%	54.8%	59.5%	55.6%
C1 Incidents	7.9%	11.6%	9.1%	9.7%	8.8%	5.8%	7.4%	6.2%	6.2%	5.5%
C2 Incidents	58.0%	58.0%	52.4%	60.9%	56.3%	55.5%	58.6%	48.6%	53.3%	50.2%
C3 Incidents	17.1%	19.7%	21.5%	16.0%	19.0%	24.4%	23.3%	36.5%	30.5%	29.4%
C4 Incidents	2.1%	1.6%	4.2%	0.3%	3.0%	1.8%	1.3%	1.6%	1.2%	1.7%
HCP 1-4 Hour Incidents	8.0%	3.1%	4.2%	4.7%	3.5%	3.8%	3.7%	3.6%	2.8%	7.3%
Hear and Treat	6.8%	3.4%	7.5%	8.4%	7.0%	5.6%	5.5%	3.2%	6.1%	6.1%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:03	00:06:17	00:07:41	00:07:45	00:07:31	00:06:49	00:06:29	00:06:48	00:07:44	00:06:55
C1-90th centile response time (Target 00:15:00)	00:12:15	00:10:29	00:12:55	00:13:50	00:13:42	00:12:18	00:11:17	00:11:49	00:14:13	00:12:26
C2-Mean response time (Target 00:18:00)	00:21:03	00:20:39	00:24:52	00:31:20	00:22:34	00:27:24	00:26:35	00:12:29	00:20:24	00:17:13
C2-90th centile response time (Target 00:40:00)	00:44:17	00:43:20	00:53:44	01:06:31	00:46:13	00:58:08	00:54:50	00:22:57	00:38:59	00:34:54
C3-90th centile response time (Target 02:00:00)	02:15:22	02:27:51	02:50:33	03:39:09	02:38:35	02:43:07	03:53:19	01:23:00	03:57:30	02:10:56
C4-90th centile response time (Target 03:00:00)	02:43:07	02:52:36	03:24:46	02:50:27	03:06:17	03:40:21	03:44:09	02:01:16	04:40:58	02:56:59
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.9%	62.3%	60.5%	60.2%	58.5%	53.5%	58.8%	57.9%	61.1%	54.1%
Incidents with transport not to ED	8.7%	6.9%	5.8%	4.3%	2.7%	4.7%	9.0%	3.4%	0.2%	6.4%
Incidents with face to face response	23.6%	27.4%	26.2%	27.1%	31.8%	36.1%	26.7%	35.5%	32.7%	33.4%

Clinical (Aug 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	27.1%	37.4%	33.7%	29.1%	27.3%	27.5%	43.9%	39.8%	31.9%	25.2%
ROSC - Utstein	53.1%	50.0%	58.3%	53.6%	50.9%	46.0%	60.0%	71.0%	71.9%	54.5%
Cardiac - Survival To Discharge	7.9%	9.0%	8.6%	9.1%	12.0%	8.2%	15.8%	13.2%	11.7%	11.0%
Cardiac - Survival To Discharge Utstein	15.8%	21.1%	25.0%	32.1%	34.0%	18.6%	58.3%	35.7%	35.5%	18.2%