



Integrated Performance Report

March 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



Table of Contents

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).

Page	Content
1	Executive Overview
2-3	YAS – Our Ambitions and Priorities
4	Single Oversight Framework
5	Transformation and Systems Pressures
7	Our Quality
8	Our Workforce
9	Our Finance
10	Finance Overview
11	CIP Tracker
12	CQUINS Tracker
13-15	Our Corporate Services

Page	Content
16	Service Lines
17-27	A&E
28-32	PTS
33-36	111
37	Annexes
38	AQI National Benchmarking

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, Nov 18,	6.13%
Staff turnover, Jan 19	0.78%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Feb19	1.08%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

Mar 19	
Cat 1 Life-threatening calls mean	00:06:44
90 th centile	00:11:28
Cat 2 Emergency calls mean	00:17:40
90 th centile	00:35:35
Cat 3 Urgent calls 90 th centile	01:29:42
Cat 4 Less urgent calls 90 th centile	02:21:05

Source: Annex 1 AQI National Benchmarking

Service Transformation Programme RAG ratings (March 2019)

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

Finance Score

Capital service capacity (Degree to which a providers generated income covers its financial obligations)	SOF Rating* Mar 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 **Green**

- ARP performance better than trajectory and national standards on Category 1, 2 and 3 but missed Category 4 90th percentile.
- Recruitment/training of new staff slightly behind track – focussed recruitment taking place in South
- Hear and Treat behind plan at 6.9%, clinician recruitment is a priority with new initiative being planned for Q1 2019/20
- IUC mobilisation plan to achieve 30% clinical advice agreed in the programme board

Place Based Care **Amber**

- Urgent treatment centre gap analysis complete and workstreams now to be defined
- Care home falls project in Leeds completed in March with the evaluation being presented in May.
- YAS are working collaboratively with EMBED to trial NHS service finder for frontline staff

Infrastructure **Amber**

- Doncaster Hub on track for go live January 2020 with temporary accommodation now in place on site
- AVP Leeds and Huddersfield backlog maintenance completed on schedule
- Unified Comms contract awarded and supplier engagement now taking place
- Full scope for single warehouse location being presented to programme board in May
- EPR Hull and Chesterfield now live with Scarborough and York going live in April with 250,000 ePR records now completed

Capacity & Capability **Amber**

- Work on an options appraisal for future training requirements of the trust is underway
- Accountability Framework scope and resources have been agreed in Programme board and implementation plan now in development.

External

- The Board approved YAS Operational Plan was published and submitted on 4 April 2019.
- NHSI compiled an aggregate system level plan on behalf of each system for the 11 April deadline.
- YAS planning lead worked with ICS partners to support development of ICS system plans.
- Plans for changes to acute medicine provision at the Friarage Hospital and its impact on YAS have been modelled with new operational response developed.
- Key system pathways being modelled alongside system partners to identify key risks, opportunities and impact on activity levels across all providers.
- West Yorkshire stroke service reconfiguration (removal of stroke services from Harrogate Hospitals Trust) went live on 1 April 2019.
- Winter review across all A&E Delivery Boards underway across the region.
- Easter Plans have been presented to A&E Delivery Boards, as part of the place based planning.
- YAS working with providers and commissioners across the patch to identify local Urgent Treatment Centres and to develop and agree appropriate pathways into them.
- Hull CCG have served notice on Thames Ambulance Service, following an 'Inadequate' rating from the CQC and ongoing performance issues; a 12 month notice period has commenced.

Our Performance March 2019

↑	Category 1 was 06:44	YTD Performance		
↑	Ambulance responses on scene increased by 9.8% from last month		Time	Change
↑	PTS KPI 2 continues to be above target at 90% for March	Category 1 Mean Performance	07 mins 21 Sec	0 min 3 sec less
↑	Whole System Target of Calls transferred to a CAS Clinician in IUC has risen but is below 50% target at 47.7%	Ambulance Turnaround Time	33 mins 59 sec	0 min 2 sec less

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Mar-19	Variance (%)	Contract	Mar-19	Variance (%)	Avg	Mar-19	Var	Avg	Mar-19	Change	Target	Mar-19	Var
83,181	82,353	(1.0%)	60,757	63,569	4.6%	75.6%	75.6%	(0.0%)	2,335	2,527	8.2%	00:07:00	00:06:44	(00:00:16)

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	Mar-19	Variance (%)	Target	Mar-19	Variance (%pts)	Target	Mar-19	Variance (%pts)	Target	Mar-19	Variance (%pts)	Target	Mar-19	Var
77,218	75,569	(2.1%)	82.9%	90.1%	7.2%	92.0%	91.4%	(0.6%)	92%	78.3%	(13.7%)	90.0%	90.7%	0.7%

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	Mar-19	Variance (%)	Target	Mar-19	Variance (%)	Target	Mar-19	Variance (%)	Target	Mar-19	Variance (%)	Avg	Mar-19	Variance (%)
158,016	139,115	(13.6%)	95%	86.1%	(8.9%)	50%	47.7%	(2.3%)	95%	79.8%	(15.2%)	9.9%	10.5%	0.6%

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	12/04/19 - PMO

Our Quality March 2019

↑	3 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
↔	0.5 in 10000 patients responses result in moderate or above harm	Recommend YAS to F&F			Compliance	Mar 18	Mar 19
↑	FOI compliance in March was 79%		Q3	YTD	Hand Hygiene	99%	99%
↔	4 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)	PTS	89%	90%	Premise	99%	98%
↔	9 out of 10 people would recommend YAS to Friends and Family	A&E	86%	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
679	721	22.8% ↑	208	266	24.0% ↑	21	15	15.4% ↑	3	4	(80.0%) ↓	87	-	

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
816	898	26.1% ↑	552	612	21.4% ↑	83	77	11.6% ↑	65%	4%	(94.4%) ↓	35	43	72.0% ↑

Patient Relations

Legal





Clinical Outcomes (November 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 %
01:10	01:14	00:02	48.7%	48.5%	(14.5%) ↓	24.4%	35.3%	(2.6%) ↔	23	50	(3.8%) ↔

Fleet

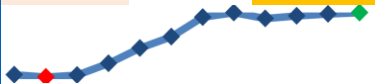
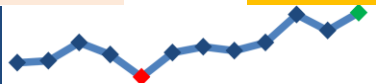
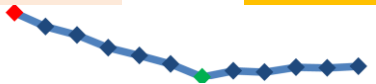
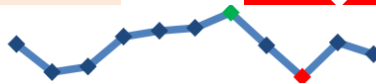

Key	Change	Direction of Travel	Sparklines	AVG - Average	Updated
	From Previous Month (tolerance 5% number change or 5% pts)	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	12/04/19 - PMO

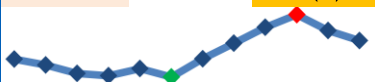

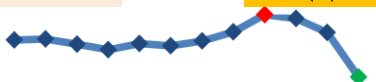


Our Workforce - March 2019


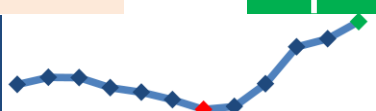

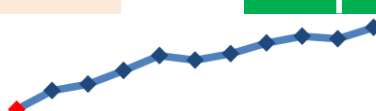

-  964 staff are overdue a PDR out of 4197
-  174 Staff are on long term sick out of 5445 Staff
-  124 staff are still to complete the stat and man work book out of 4672
-  Child level 2 compliance does not include e-learning numbers of 3941 completed end of March-19

YTD Performance

	%	Change
Sickness	5.85%	-0.07%
Stat and Man	97.35%	4.33%

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)
4,569	4,669	2.2%	11.1%	6.6%	(4.5%)	9.5%	9.3%	(0.3%)	55.7	38.9	(30.1%)	95.0%	91.8%	(3.2%)
														

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 %	Avg	AE/PTS Avg	Variance (%pts)
5.0%	6.3%	1.3%	2.2%	4.2%	2.0%	3.7%	2.1%	(1.6%)	2,963	2,235	24.6%	£821,373	£787,759	(4.1%)
														

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%	77.0%	(13.0%)	90.0%	97.3%	7.3%	90.0%	94.4%	4.4%	80.0%	93.2%	13.2%	3802	3,941	139
														

Key

Tolerance for Variance (unless stated different)

Tolerance 5% number change or 5% pts

Variance

Variance to Contract or Target or Average

Sparklines

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

AVG - Average

Previous 12 Periods

Updated

12.04.19 - PMO

RISK	in Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,819)	(27,293)	(4,475)	(272,880)	(281,698)	(8,818)
Expenditure	22,990	23,777	787	268,692	272,448	3,755
Retained Deficit / (Surplus) with STF Funding	171	(3,516)	(3,687)	(4,188)	(9,250)	(5,062)
PSF Funding	(247)	(3,687)	(3,440)	(2,123)	(5,563)	(3,440)
Retained Deficit / (Surplus) without STF Funding*	418	171	(247)	(2,065)	(3,687)	(1,622)
EBITDA	(893)	(4,504)	(3,611)	(15,902)	(21,217)	(5,316)
Cash	36,816	46,658	9,842	36,816	46,658	9,842
Capital Investment	4,896	4,731	(165)	18,082	17,989	(93)
Quality & Efficiency Savings (CIPs)	864	989	124	9,010	9,010	(0)

RISK RATING: Under the “Single Oversight Framework” the overall Trust’s rating for the year ending March 2019 remains at 1 (1 being the lowest risk, 4 being highest risk).

SURPLUS: The Trust’s reported surplus excluding PSF and impairments as at the end of March (Month 12) is £3,687K against a plan of £2,065K, a favourable variance of £1,622K against plan. Planned PSF of £2,123K has been received, and the Trust has also been notified of £3,440K incentive PSF. Our adjusted financial performance after adding back impairments and including PSF is £9250K against a plan of £4188K, a favourable variance of £5,062K.

CASH: At the end of 2018-19 the Trust’s cash position was £36.0m against a plan of £35.0m, giving a positive variance of £1m.

CAPITAL: As at the end of March Capital expenditure for 18/19 was underspent by £93K against the revised plan. During March spend continued on the Door and Tail lift modifications, conversions of the 18/19 chassis, ICT schemes, 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 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, however Bramham will not be sold until 2019/20. In March 2019 the Trust received £51K from HSLI for EPR. £17.989m is the final charge against the capital resource limit (CRL).

CIP: The Trust has a savings target of £9,010K for 2018/19. Whilst the Trust has achieved this target 28% of savings have been delivered non-recurrently during the year; causing 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 the year ending March 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 March (Month 12) is £21,217 against a plan of £15,902k, a favourable variance of £5,316k against plan.			
SURPLUS: The Trust's reported surplus excluding PSF and impairments as at the end of March (Month 12) is £3,687k against a plan of £2,065k, a favourable variance of £1,622k against plan. Planned PSF of £2,123k has been received, and the Trust has also been notified of £3,440k incentive PSF. Our adjusted financial performance after adding back impairments and including all PSF is £9,250k against a plan of £4,188k, a favourable variance of £5,062k.			
CAPITAL: As at the end of March Capital expenditure for 18/19 was underspent by £93k against the revised plan. During March spend continued on the Door and Tail lift modifications, conversion of the 18/19 chassis, ICT schemes, 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, however Bramham will not be sold until 19/20. In March 2019 the Trust received £51k from HSLI for EPR. £17.989m is the final charge against against the Capital Resource Limit (CRL).			
CASH: At the end of 2018-19 the Trust's cash position was £36.0m against a plan of £35.0m, giving a positive variance of £1m.			
CIP: The Trust has a savings target of £9,010k for 2018/19. Whilst the Trust has achieved this target 28% of savings have been delivered non-recurrently during the year; causing an underlying recurrent financial risk for future years.			

CIP TRACKER 2018/19			
Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	4,863	3809	(1,054)
Business Development Directorate	33	-	(33)
Chief Executive Directorate	82	29	(53)
Clinical Directorate	105	105	-
Estates Directorate	280	191	(89)
Finance Directorate	615	489	(126)
Fleet Directorate	1,087	787	(300)
Planned & Urgent Care Directorate	850	650	(200)
Quality, Governance & Performance Assurance Directorate	92	68	(24)
Hub & Spoke	67	67	-
Workforce & OD	936	753	(183)
RESERVE	-	2062	2,062
Grand Total	9,010	9,010	0

R/NR/Reserves	Plan YTD £000	Actual YTD £000	YTD Variance £000
recurrent	8,471	6,529	(1,942)
non-recurrent	539	2,481	1,942
Grand Total	9,010	9,010	0

CQUINS

March 2019

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	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	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	Green	Green	
Total		£858,048													

Comments:

At the end of Dec we have achieved 65% flu vaccination rate for our frontline staff. Planning for 2019 flu season has begun.

Green

Fully Completed / Appropriate actions taken

Staff survey results have shown improvements to the scores in all health & wellbeing questions. The plan for 2019/20 health and wellbeing activity has been approved. Key themes to this plan are culture and leadership, data and communications, working environment, Mental Health, MSK and healthy lifestyles. Delivery of the 2019/20 plan has commenced. The Trust's new occupational health and wellbeing services, commenced service delivery 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	Green	Green	
End to End Reviews	Head of Investigations & Learning	£1,072,238	Green	Green	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	Green	Green	
Respiratory Management Improvement	Deputy Medical Director	£858,477		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
Total		£4,290,240													

Comments:

For end-to-end reviews the Q4 CQUIN report has been completed.

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	Green	Green	Green	Green	
Total															

Comments:

The PTS CQUIN, Patient survey app is fully on track to deliver on all milestones at the end of quarter four. There are no areas of concern and the final CQUIN quarter four report will demonstrate full delivery and completion of the CQUIN.

Green

Fully Completed / Appropriate actions taken

Amber

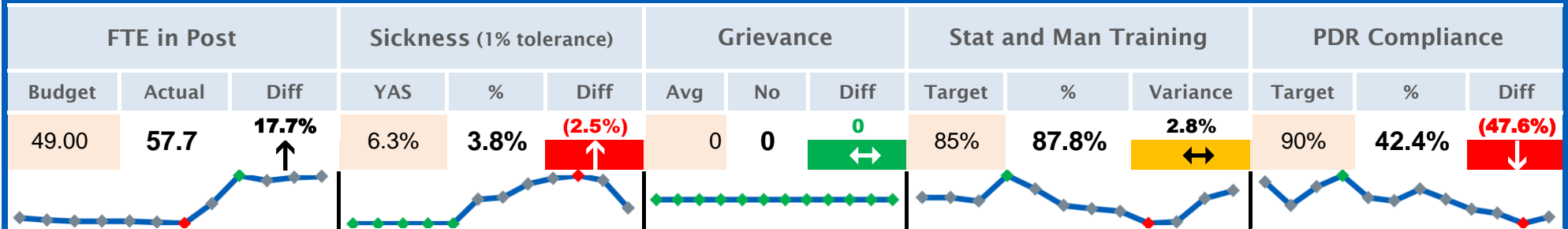
Delivery at Risk

Red

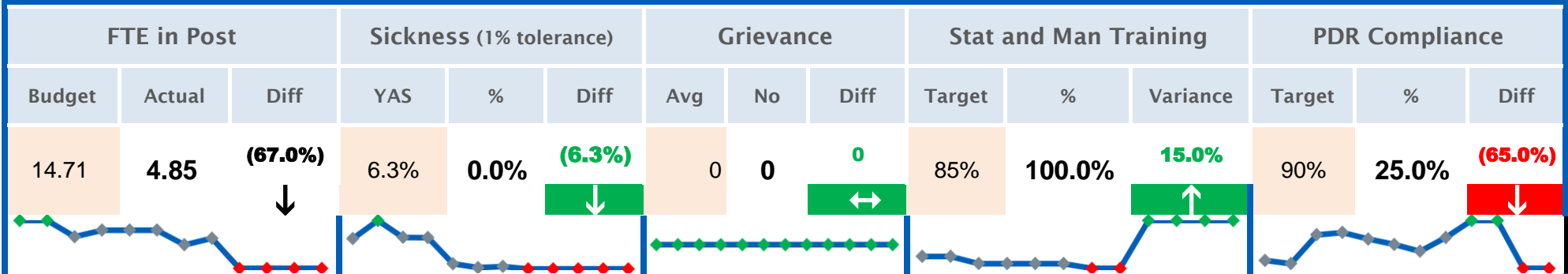
Milestone not achieved

Corporate Services - March 2019

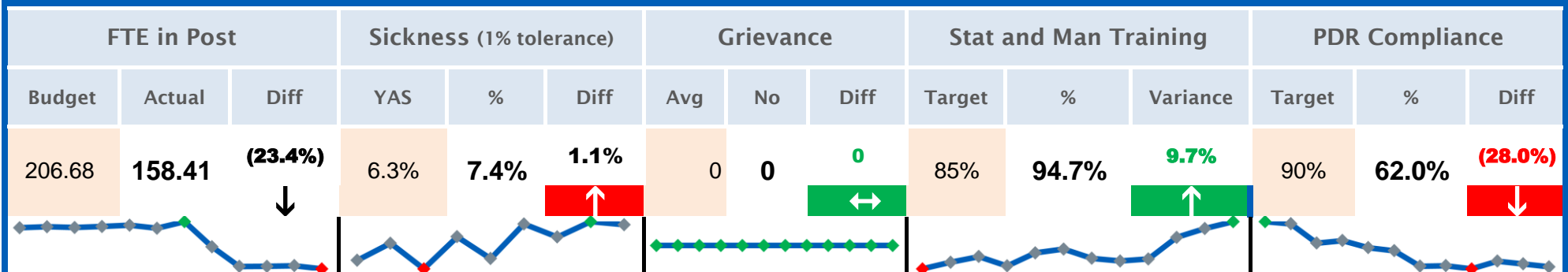
Chief Executive



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

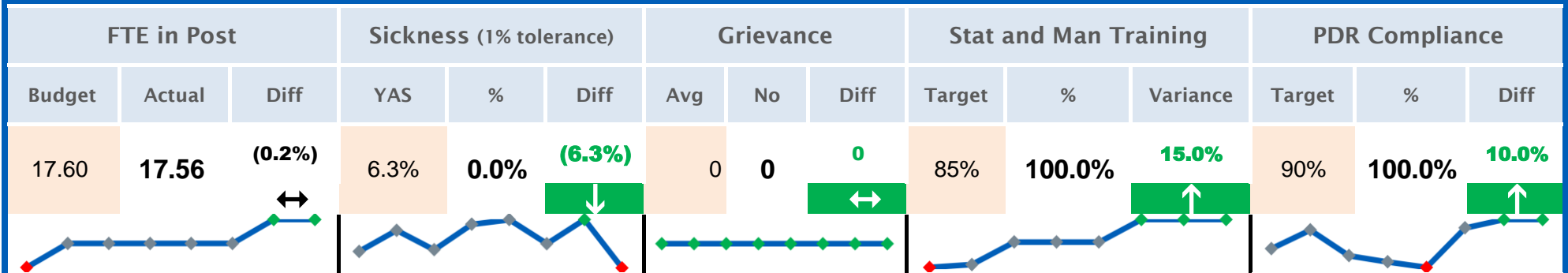
Previous 12 Periods

Updated

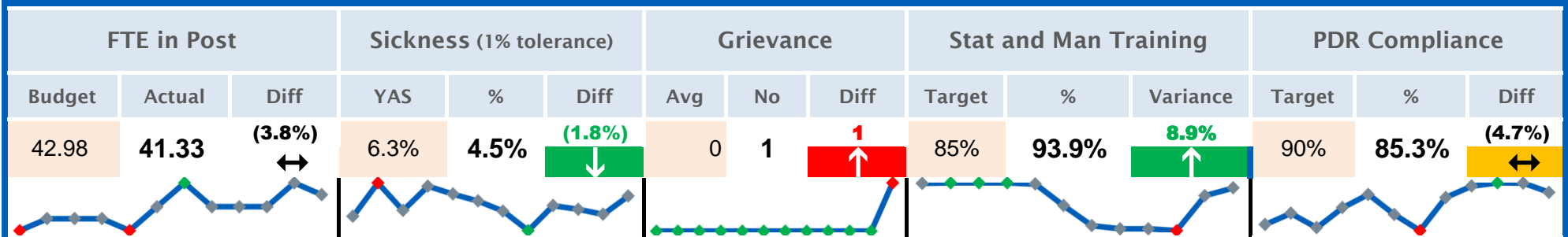
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Corporate Services - March 2019

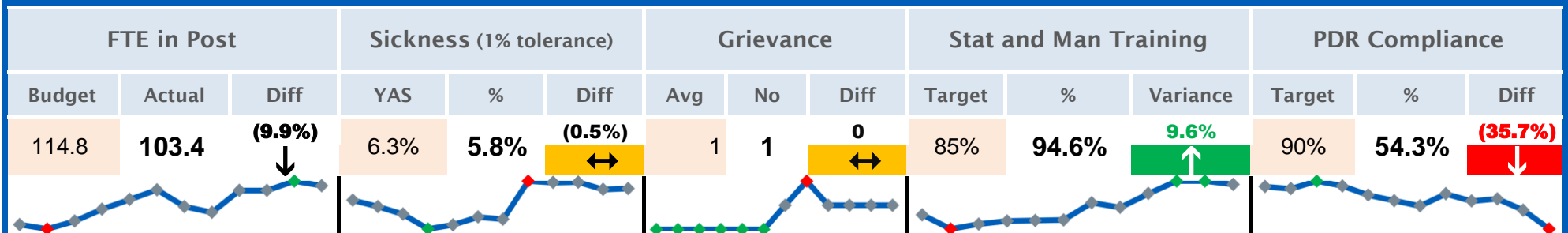
Business Intelligence



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		12.04.19 - PMO				

Corporate Services - March 2019

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	59.6	(1.3%) ↔	6.3%	2.7%	(3.6%) ↓	0	0	0 ↔	85%	98.3%	13.3% ↑	90%	81.8%	(8.2%) ↓

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	38.1	1.7% ↔	6.3%	2.7%	(3.6%) ↓	0	0	0 ↔	85%	100.0%	17.6% ↑	90%	85.3%	(4.7%) ↔

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	114.4	2.6% ↔	6.3%	4.2%	(2.1%) ↓	0	0	0 ↔	85%	90.7%	5.7% ↑	90%	50.0%	(44.4%) ↓

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

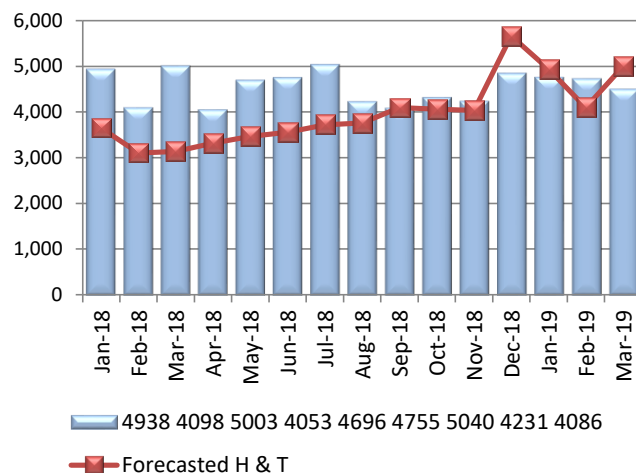
Updated

12.04.19 - PMO

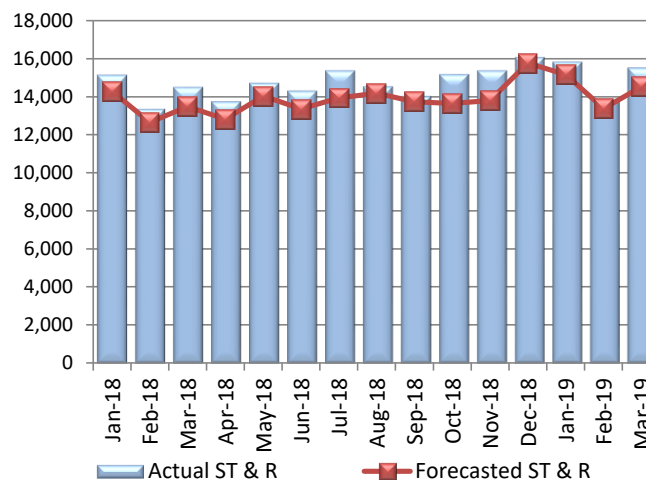
SERVICE LINES

9.1 Activity

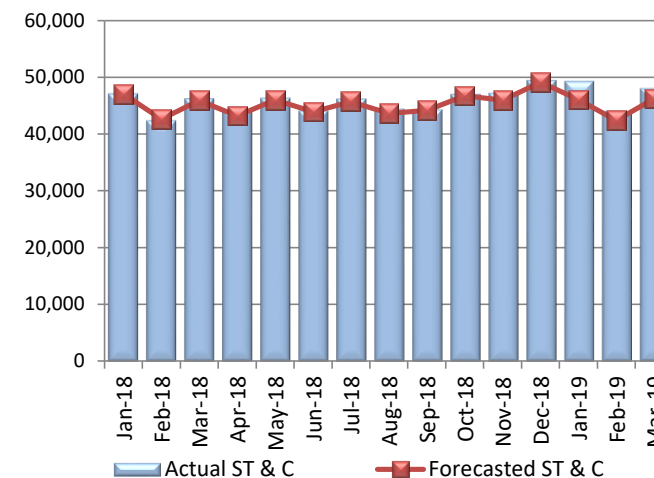
Hear & Treat



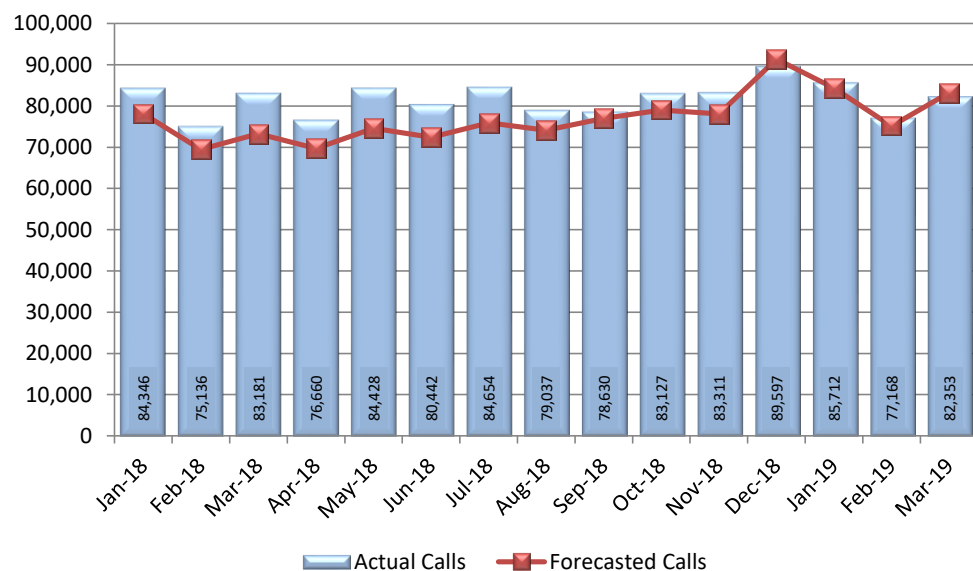
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls Activity in March increased 6.7% against the previous month in line with trajectory.

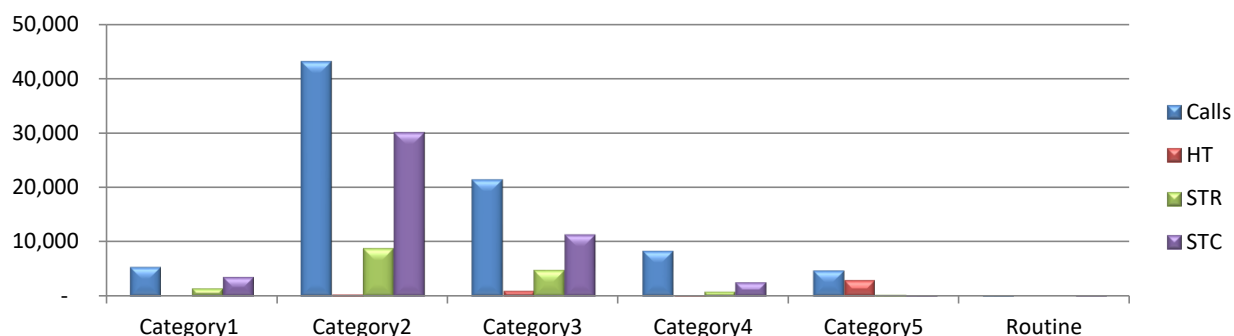
Hear & Treat March saw a 4.8% reduction in activity against previous month, 10% lower than March the previous year and significantly below trajectory.

See, Treat & Refer March activity is 12.0% Higher than the previous month, above the projected position for March and 7% higher than march the previous year.

See, Treat & Convey Increase of 3.8% in the amount of See, Treat & Convey carried out versus March last year.

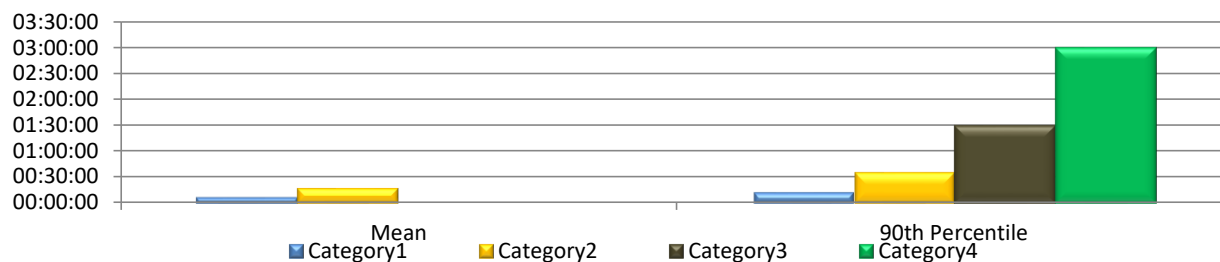
9.2 Activity

ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,498	10	1,503	3,652	5,155	8.0%
Category2	43,206	406	8,701	30,038	38,739	60.1%
Category3	21,571	1,006	4,784	11,385	16,169	25.1%
Category4	8,470	195	931	2,645	3,576	5.5%
Category5	4,837	2,902	326	277	603	0.9%
Routine	292	-	5	217	222	0.3%



9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:06:44	00:11:28	00:07:00	00:15:00
Category2	00:17:40	00:35:35	00:18:00	00:40:00
Category3		01:29:42		02:00:00
Category4		03:00:09		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.

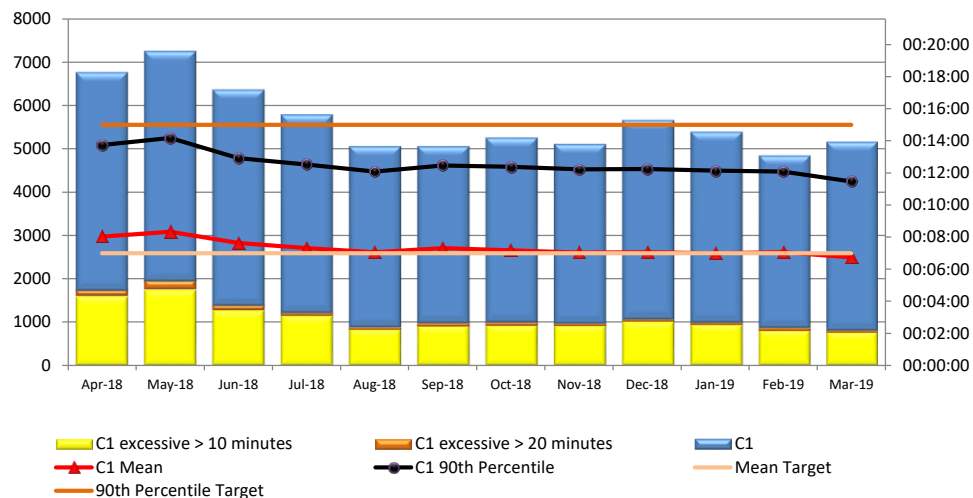
The calls now split into 4 main categories with HCP calls monitored separately. There are now different standards than in ARP 2.2, for example the 8 minute response per incident does not exist anymore.

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.

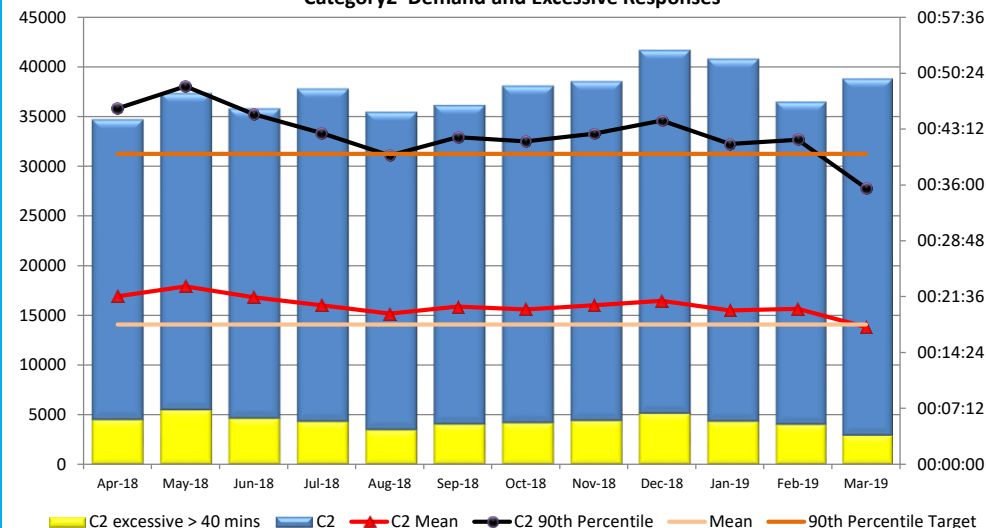
	Mean Standard	90 th Standard
C1	00:07:00	00:15:00
C2	00:18:00	00:40:00
C3		02:00:00
C4		03:00:00
HCP1		No Target
HCP2		No Target
HCP3		No Target
HCP4		No Target

9.4 Demand and Excessive Responses with Tail of Performance

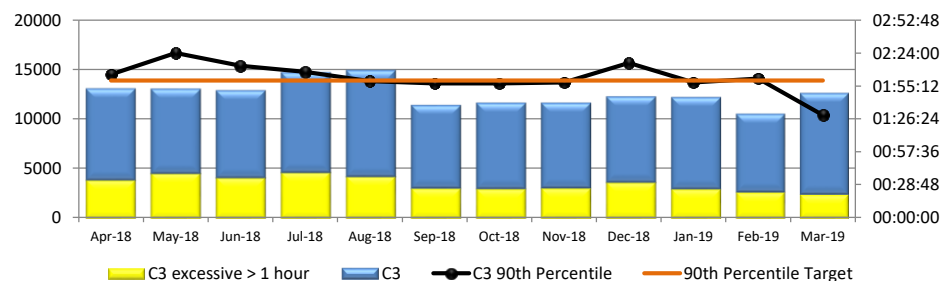
Category1 Demand and Excessive Responses



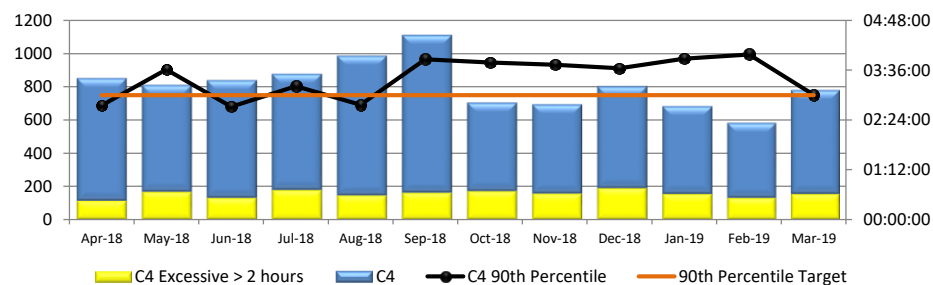
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

Category 1 Mean performance for March came in under the 7minute target at 00:06:44 with excessive responses at that the lowest level of 2018/19 .90th percentile performance is the shortest response time of the year in this category at 00:11:28.

Category 2 Mean performance for March reported a response of 00:17:40 another measure reporting within 18 minute target and for the first time for 2018/19. 90th percentile performance also reported within the 40 minute target for the first time this year at 00:35:35.

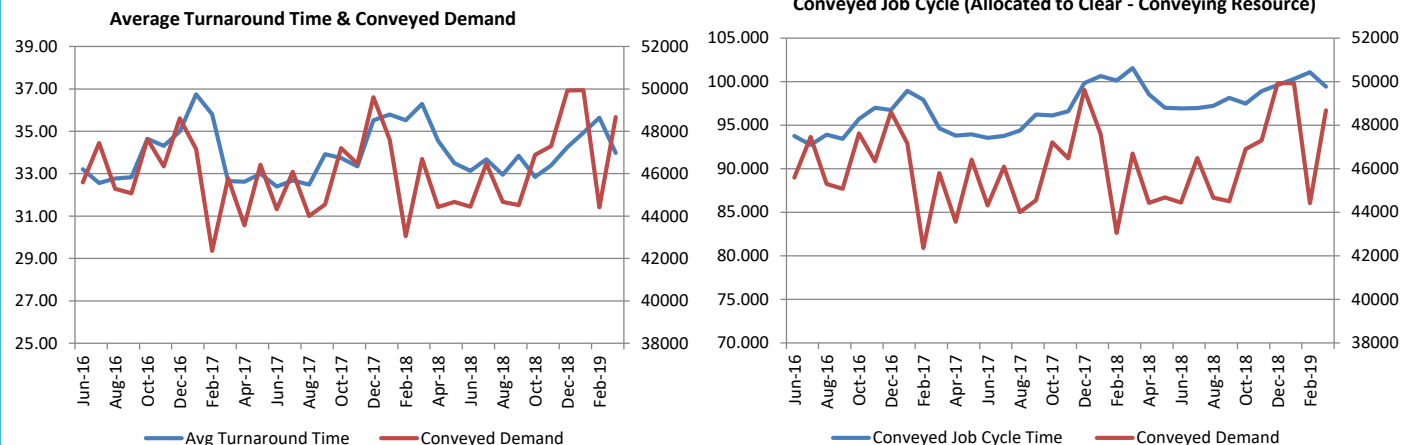
Category 3 90th percentile performance reported a 01:29:42 response against a 2 hour target, representing exceptional level of performance.

Category 4 90th percentile performance was 03:00:09. 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.

Targeted work is ongoing with category 4 to try and reduce long tail waits . A project is due to commence to review these incidents and identify options to reduce the long waits . Options will feed into EOC clinical governance group to ensure appropriate governance

9.5 Hospital Turnaround Times

9.6 Conveyed Job Cycle Time



Commentary

Turnaround times: March's times were 4.7% lower than February and in line with March the previous 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.

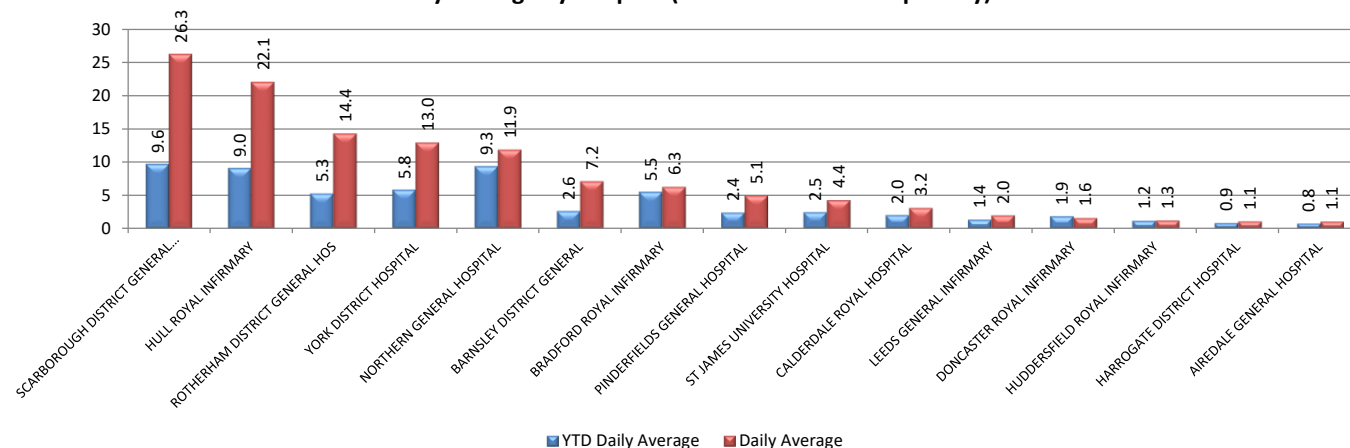
Job Cycle time: Decreased by 1.6% against February and decreased 5% versus March the previous year.

Excessive hours: Lost hours at hospital for March was 1241 hours lower than February, a decrease of 32.9%.

9.7 Hospital Turnaround - Excessive Responses

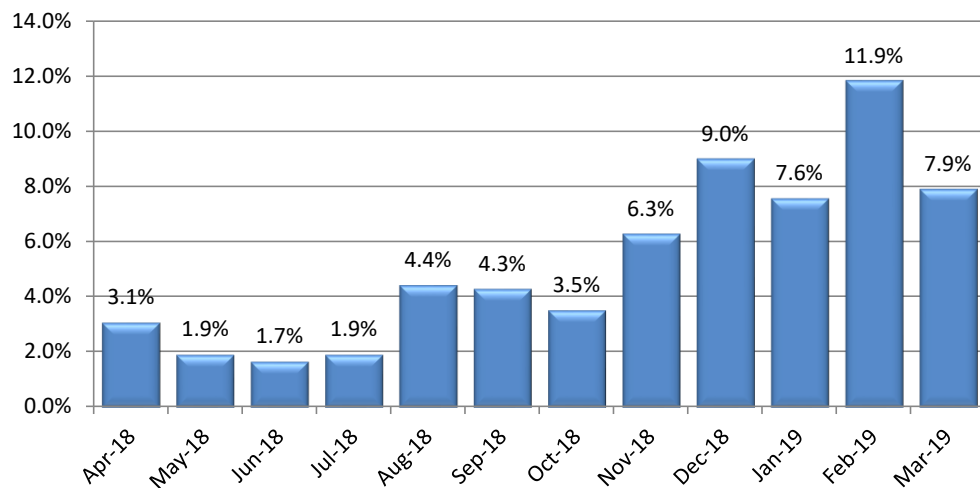
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Last 12 months
Excessive Handovers over 15 mins (in hours)	2,834	1,768	1,577	1,952	1,554	1,899	1,834	2,069	2,759	3,484	3,768	2,527	28,025
Excessive Hours per day (Avg)	91	61	51	65	50	63	59	67	92	112	126	82	77

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

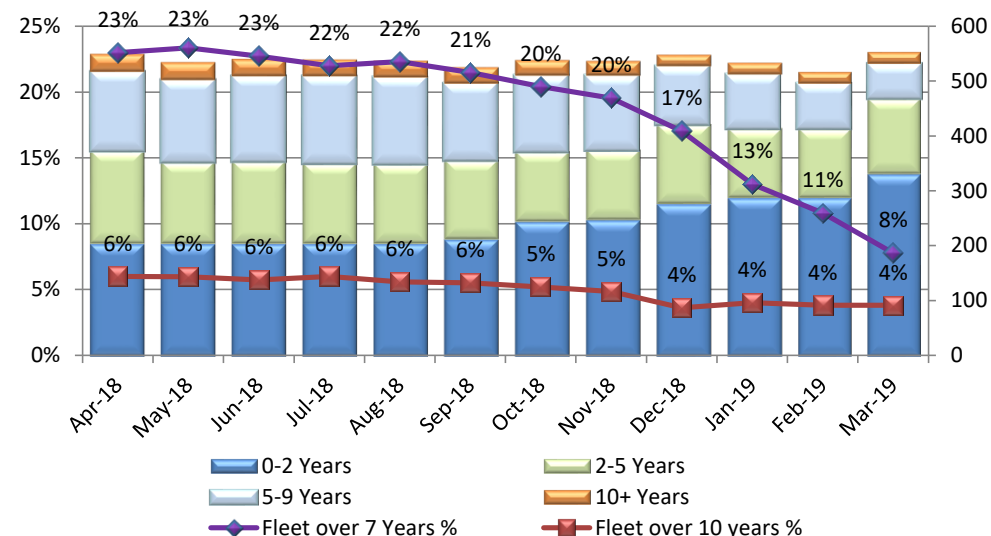


9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

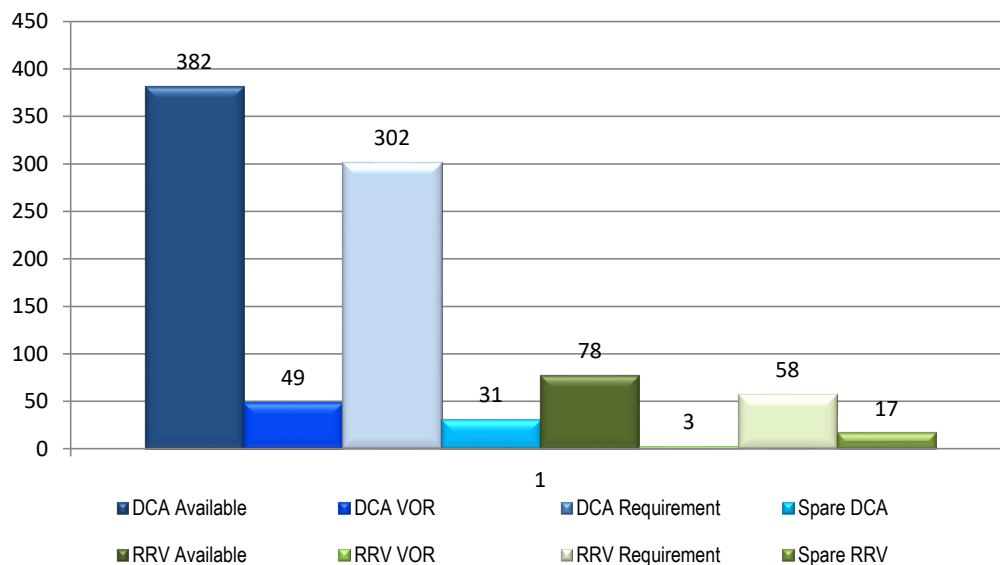


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

The A&E Deep Clean compliance service level again remained level with the two previous months at 98.4%. The AVP provision is continuing to build delivery. The focus on management of breaks is being monitored between planned and operational to ensure compliance.

Double-crew ambulance age profile has significantly improved with the introduction of 136 new vehicle through financial year 18/19 with the average age now standing at 2.5 years.

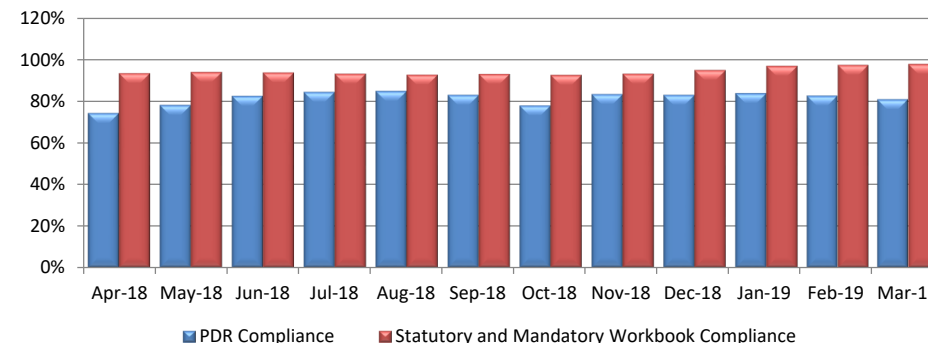
Vehicle movements still remain an issue. Fleet are working closely with operational colleagues to ensure rota lines have a vehicle at shift start.

9.11 Workforce

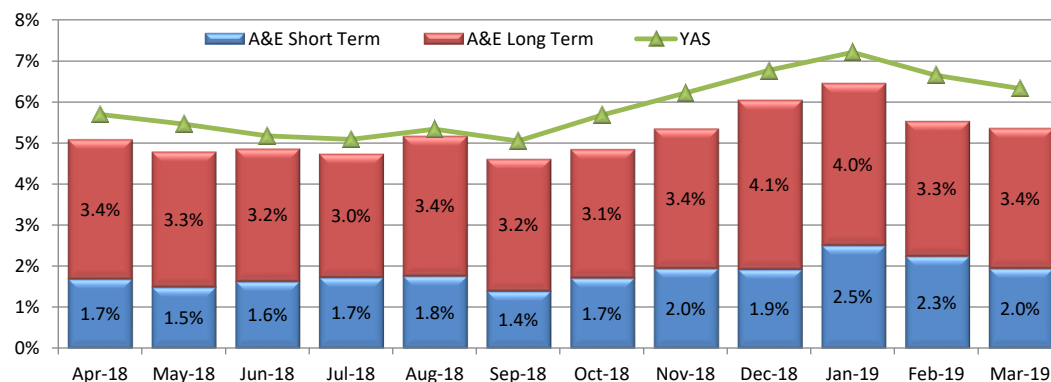
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,726	136	681	1,908	70%
Contracted FTE (before overtime)	2,549	148	519	1,881	74%
Variance	(177)	(12)	162	(27)	(1.4%)
% Variance	(6.5%)	(8.7%)	23.8%		
FTE (worked inc overtime)*	2697.2	148	519	2,030	75%
Variance	(29)	(12)	162	122	6.4%
% Variance	(1.1%)	(8.7%)	23.8%		

* 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

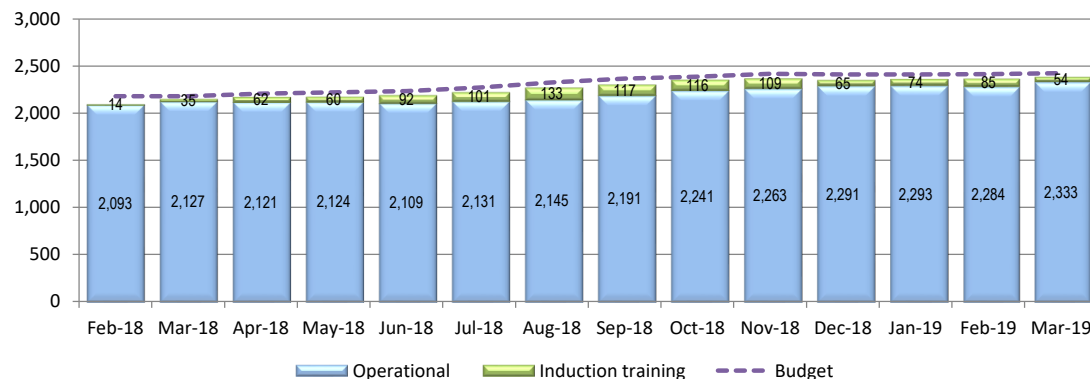


9.13 Sickness



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 80.7% against stretch target of 90%. This is a slight reduction of 1.7% against February's performance.

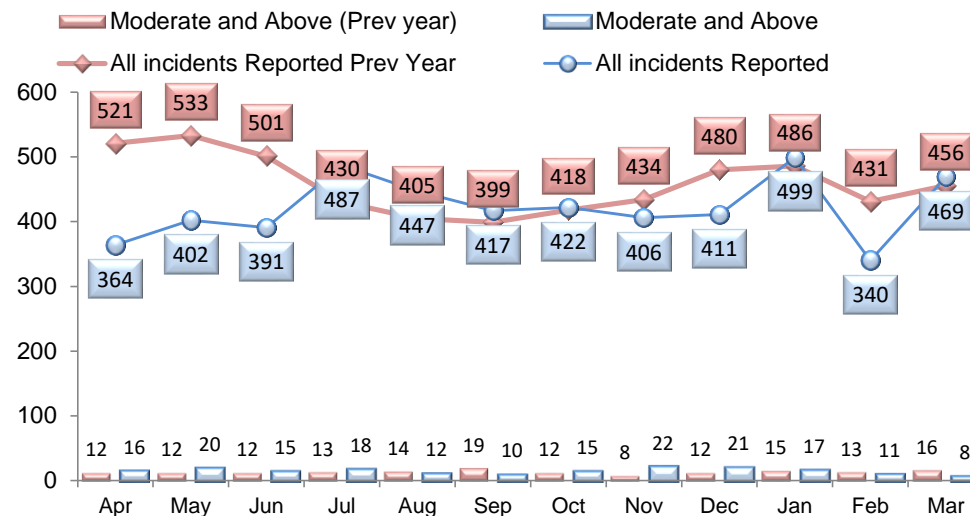
Sickness: Currently stands at 5.4% which is a reduction of 0.1% against the previous month. A&E sickness is reporting below the Trust average of 6.3%.

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

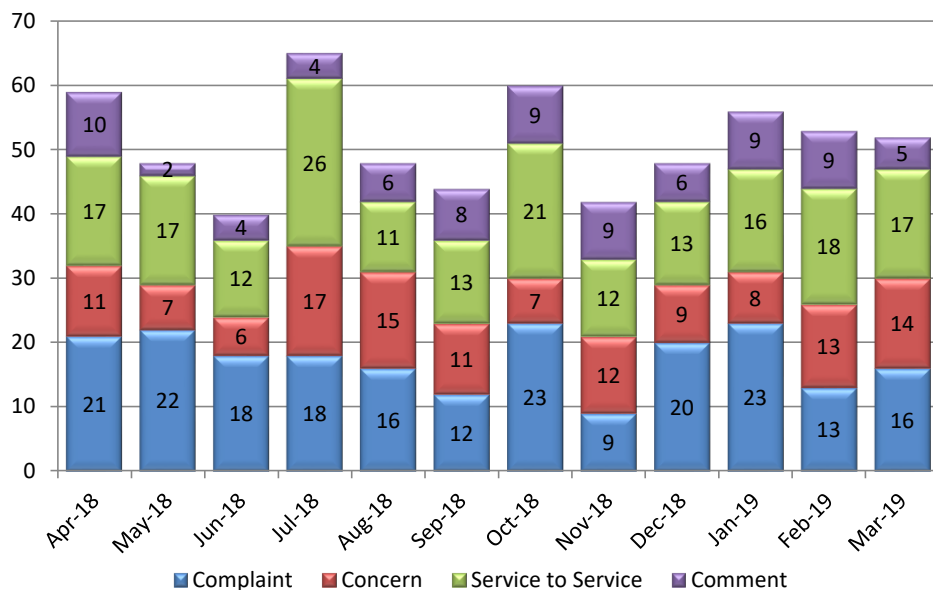
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		3	15
Total Incidents (Per 1000 activities)		0.05	0.02
Total incidents Moderate & above		8	185
Response within target time for complaints & concerns		86%	90%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	4
Patient Experience Survey - Qtrly		86.3%	84.2%

9.16 Quality, Safety and Patient Experience



9.17 Patient Feedback

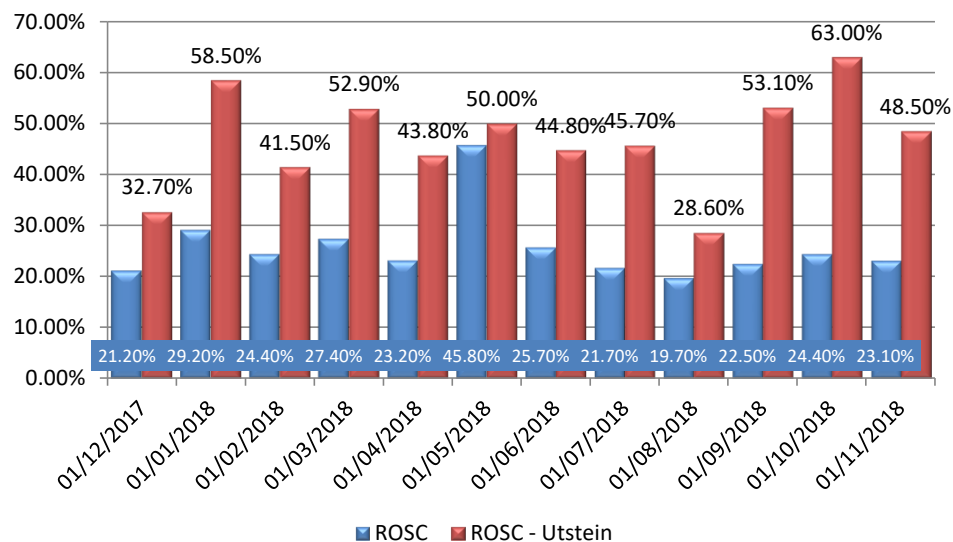


Commentary

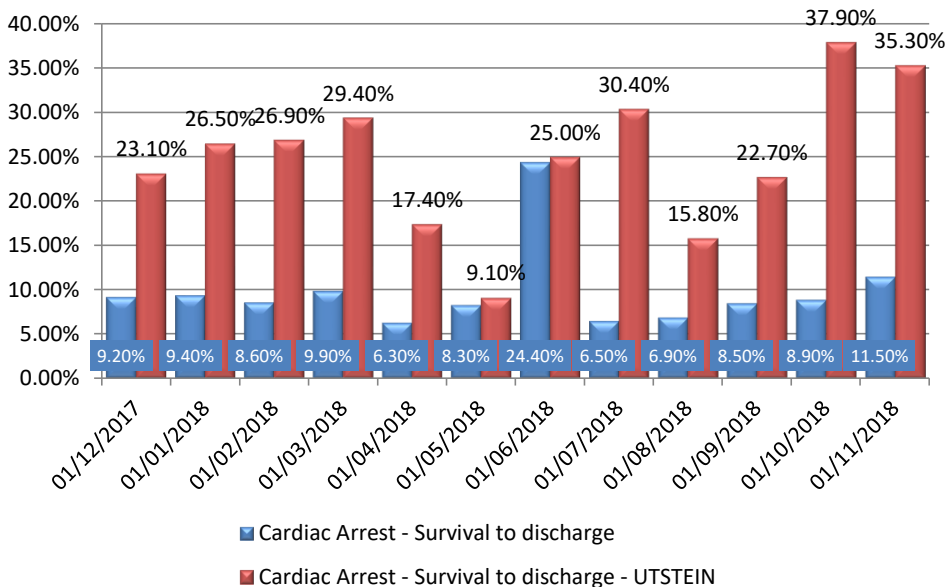
Incidents: Total reported incidents increased by 38% versus previous month. Incidents of moderate harm and above remain at a low level and in line with previous months.

Feedback: Patient feedback 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. **Survival figures are also subject to change upon re- submission due to a significant number of missing hospital records at the time of original submission, particularly in South Yorkshire.**

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

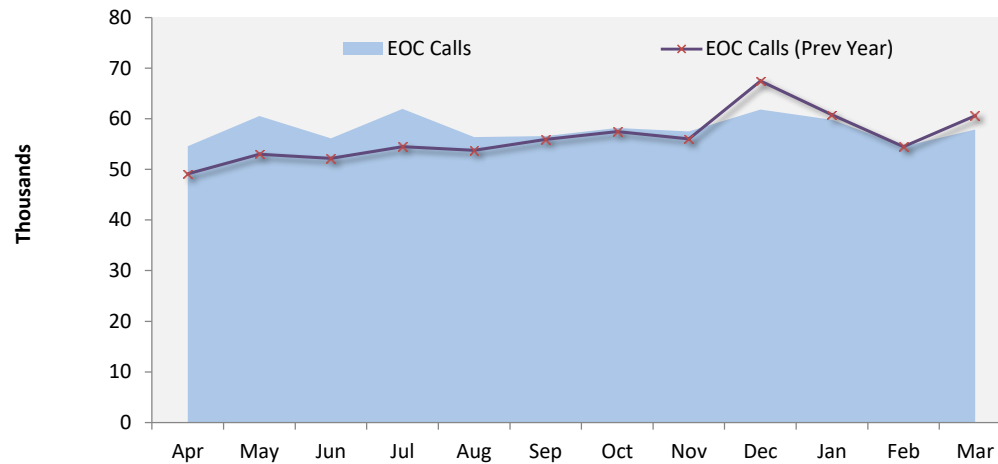
***Cardiac Arrest Management**

YAS attempted resuscitation on 233 patients during October 2018, 47 of which had a ROSC on arrival at hospital (20.2%). Comparatively 216 patients received resuscitation attempts during November, 50 of which had ROSC (23.1%).

****Overall Survival to discharge, during October 2018, 23 out of 268 patients survived to discharge (8.6%). In comparison, during November 26 patients out of 227 survived (11.5%).**

****Survival to Discharge within the UTSTEIN comparator group reported 11 out of 29 patients survived within this group during October 2018 (37.9%), compared to 12 out of 34 patients within November 2018 (35.3%).**

9.21 Activity

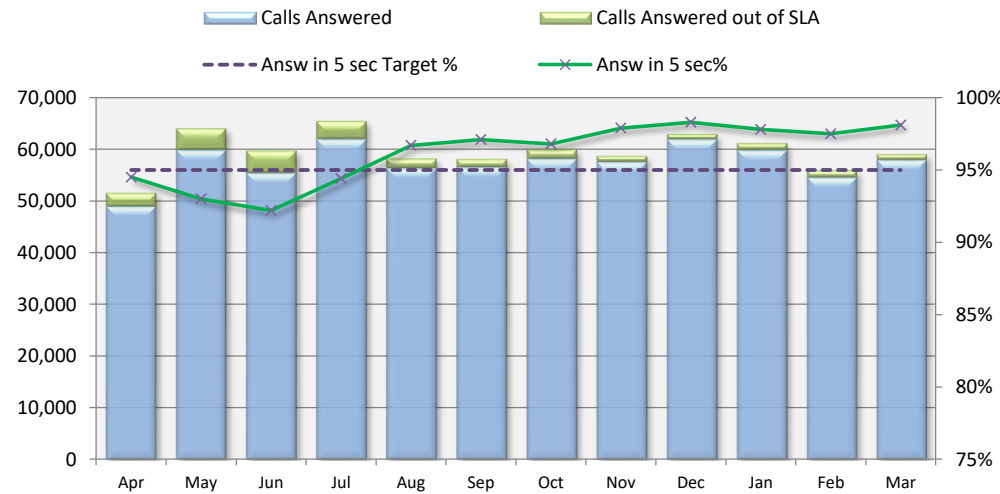


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2017/18	57,883	57,868	1,110	96.2%
2016/17	60,600	60,078	5,069	91.6%
Variance	-2,717	-2,210	-3,959	
Variance	(4.5%)	(3.7%)	(78.1%)	4.6%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	98.1%	96.2%



Commentary

Demand: Increased 6.1% against February. The first increase in demand since december 2018.

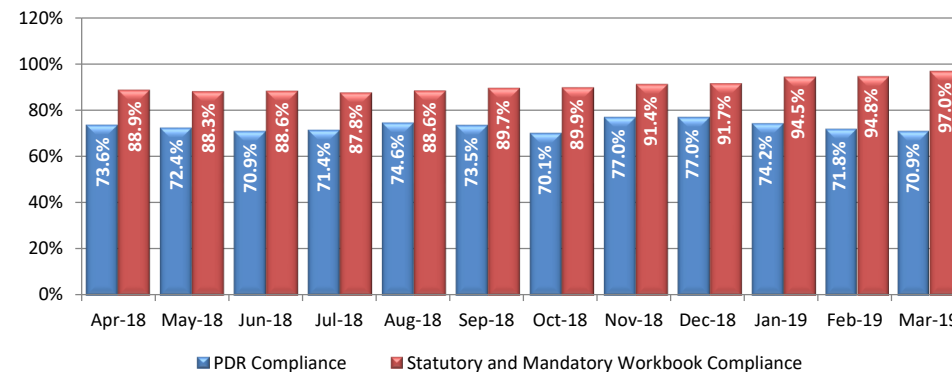
Answer in 5 sec: Performance is up by 0.6% on previous month at 98.1%; 3.1% above 95% target and the 9th consecutive month of achievement.

9.24 Workforce

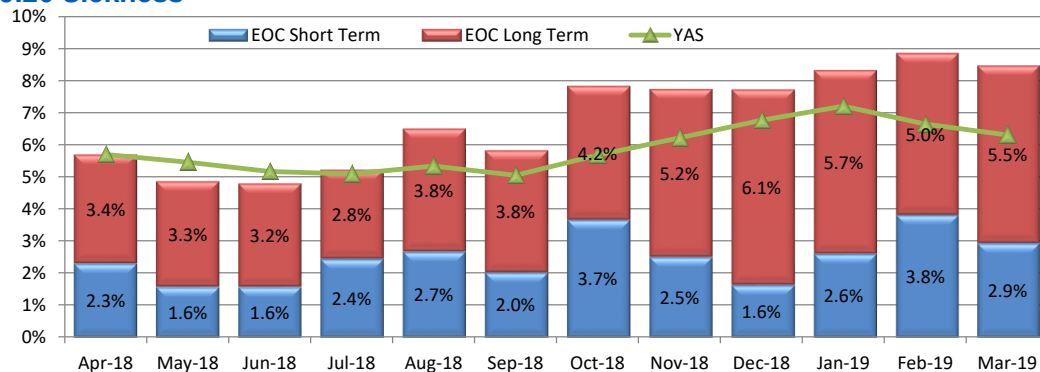
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	335	16.7	84	234	70%
Contracted FTE (before overtime)	318	15.9	79	223	70%
Variance	(17)	(1)	(4)	(12)	(5.0%)
% Variance	(5.0%)	(5.0%)	(5.0%)		
FTE (worked inc overtime)*	315.9	31.9	42	242	77%
Variance	(19)	15	(42)	8	0
% Variance	(5.6%)	90.7%	(49.8%)		

* 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



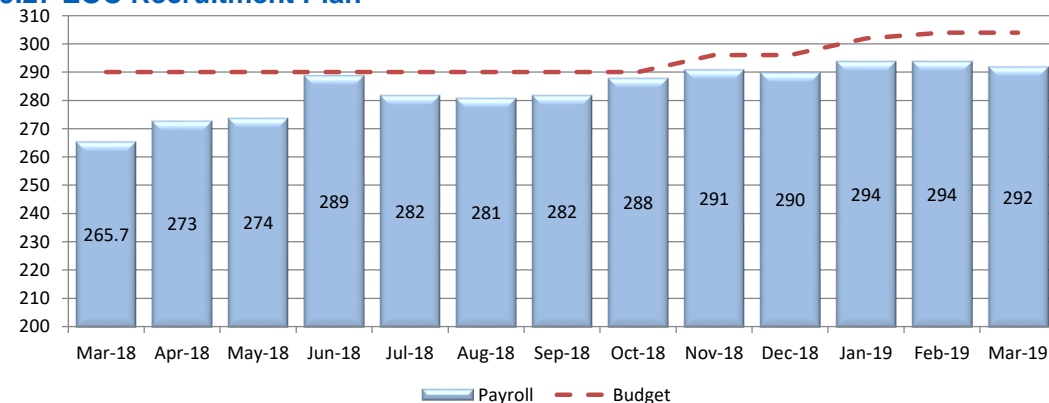
Commentary

PDR: PDR compliance stood at 70.9% in March against a stretch target of 90% and is down 0.9% on the previous month.

Sickness: Currently at 8.4% a 0.4% decrease against February. This is current above the Trust average of 6.3%.

Recruitment: Clinical recruitment is ongoing for the Clinical Hub. The rotational advert within Operations has now closed with 11 applications, - 5 have been successful and work is now ongoing regarding start dates and training.

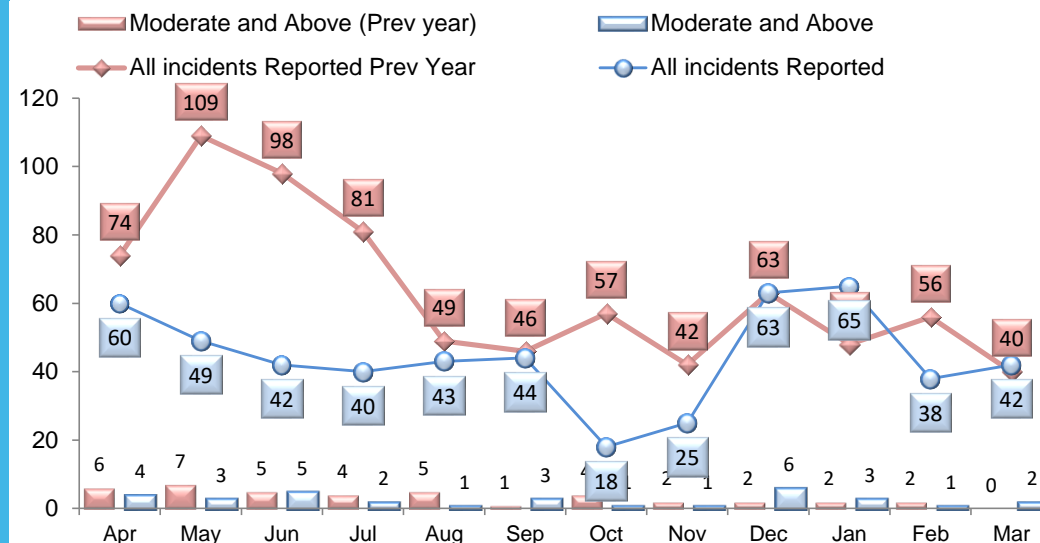
9.27 EOC Recruitment Plan



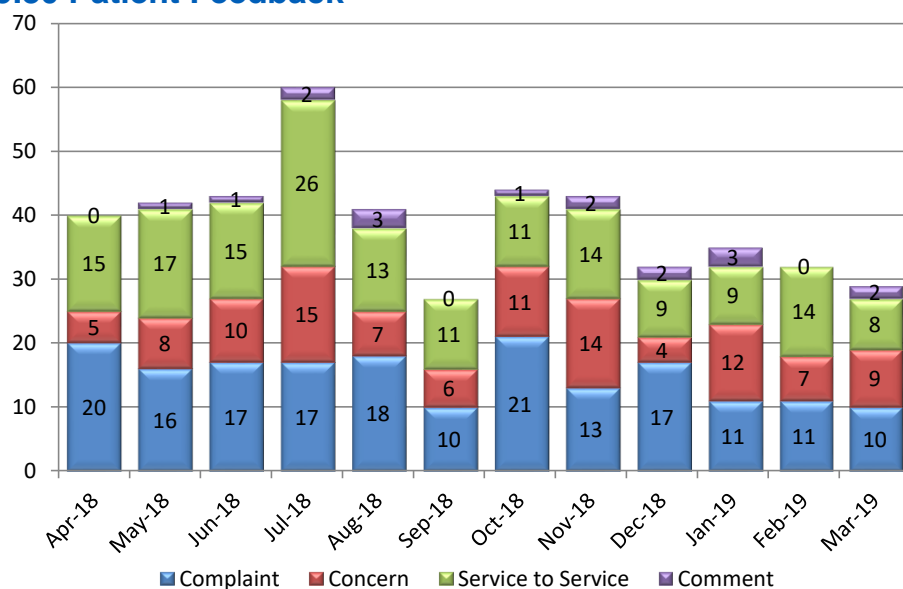
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		0	7
Total Incidents (Per 1000 activities)		0.00	0.01
Total incidents Moderate & above		2	32
Response within target time for complaints & concerns		50%	82%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	3
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback

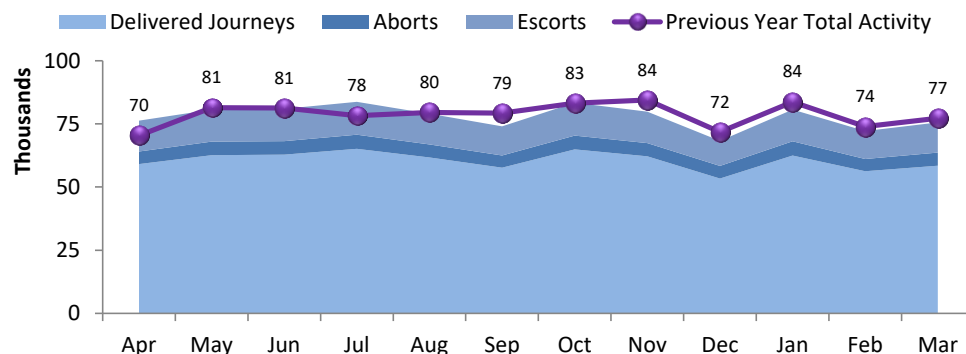


Commentary

Incidents: All reported incidents have increased marginally by 10% against February. Incidents of moderate harm and above remain at a low level.

Feedback: March feedback figures have again decreased slightly, remaining at a low level overall.

10.1 Demand



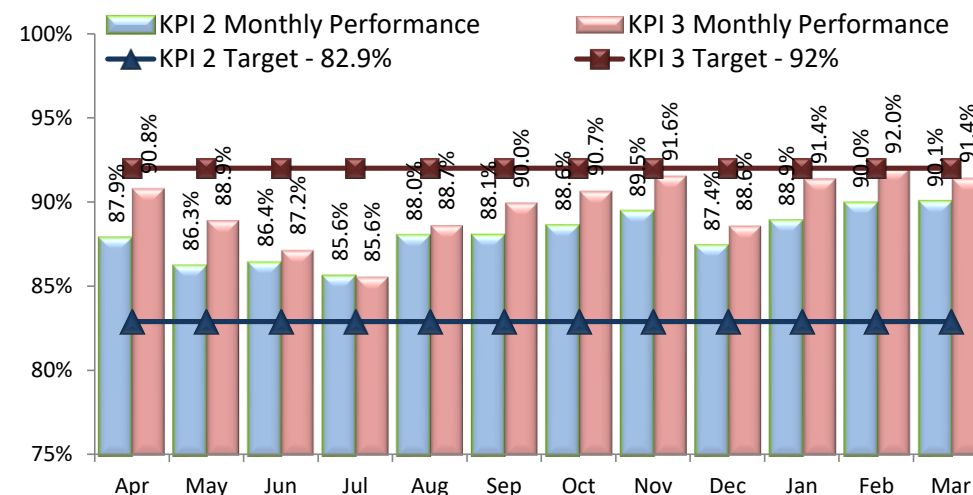
Comparison to Plan

Mar-19	Delivered	Aborts	Escorts	Total
YTD 2018-19	726,657	62,566	145,269	934,492
Previous YTD* 2017-18	733,211	65,349	145,843	944,403
% Variance	(0.9%)	(4.3%)	(0.4%)	(1.0%)

* Demand includes All Activity

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

10.2 KPI* 2 & 3**

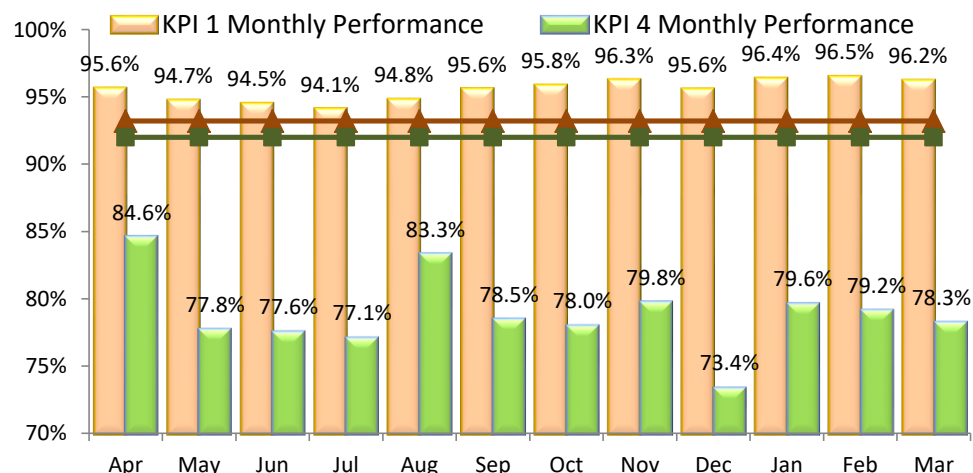


KPI 2* Arrival prior to appointment

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 March increased by 4.7% on the previous month and is down by 2.2% against the same month last year.

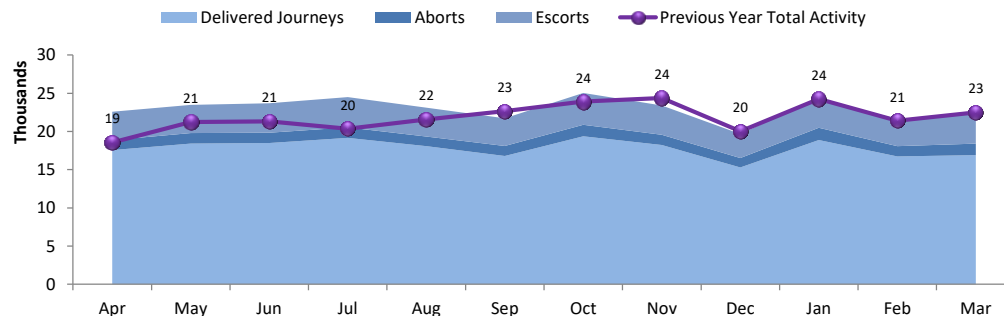
KPI 1 Performance decreased by 0.3% in March to 96.2% and remains above the 93.2% target.

KPI 2 Inward performance stood at 90.1% in March which is up slightly from 90.0% in the previous month and remains above the "arrival prior to appointment" target.

KPI 3 The outward performance decreased by 0.6% 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 decreased by 0.9% to 78.3% in March and remains below target. Unplanned Acute discharge activity.

10.1 Demand



Comparison to Plan

	Mar-19	Delivered	Aborts	Escorts	Total
YTD 2018-19		213,869	16,477	45,056	275,402
YTD 2017-18		203,843	16,889	41,399	262,131
% Variance		4.9%	(2.4%)	8.8%	5.1%

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

March 2019 has seen a slight 1.1% reduction in total activity compared to the corresponding month last year. However, despite this small reduction there has been very significant increases in more complex patient movements. 4 Man lifts have increased by 119% and 3 Man lifts by almost 73%. These 3 and 4 man lifts result in several crews being called together to move a single patient. Escort bookings have also experienced their usual month on month increase, with a 4.5% rise in March compared to last year. Escorts now account for over 25% of all patient journeys up from 20% last month. This increase results in fewer seats being available on an Ambulance and can again lead to delays for other patient's to travel as an escort is taking up a seat on the vehicle.

Despite these issues with increases in 3 and 4 Man lifts and Escort bookings the South Consortia has experienced some of its best performance for KPI's C2,C3 and C4 for the past six months.

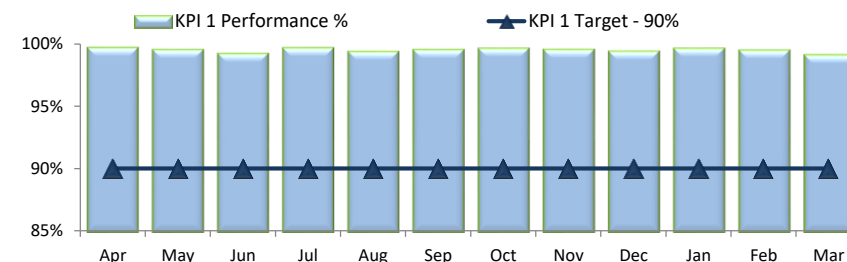
Of particular note is that KPI's C1, C2, C3 and C4 are all making significant month on month improvements.

C5 performance for short notice and On Day Discharges has seen a dip in performance and stood at 69.9% for March. Work will be ongoing with each Trust to educate them that, they can achieve significant improvements with this KPI if more patient journeys are pre-planned.

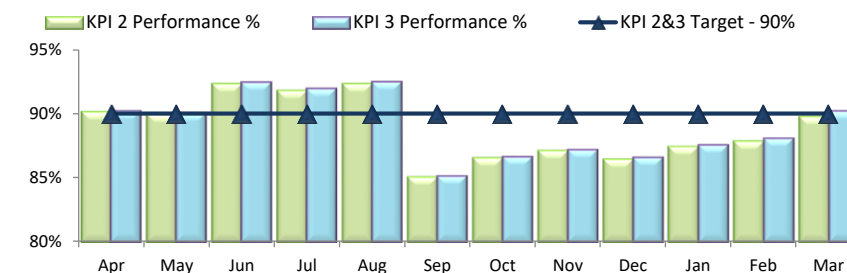
The GP Urgent Service has continued to maintain and improve level of performance across its range of KPI's. GP 90 mins was 70.9%, GP120 mins was 91.7% and GP03 was 95% for the month of March, which again was some of the best performance seen for this service since the new contract went live in Sept 2017.

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

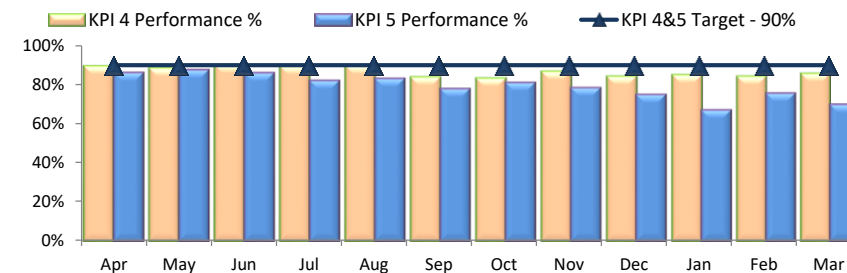
10.2 KPI 1 - Journeys no longer than 120 Mins



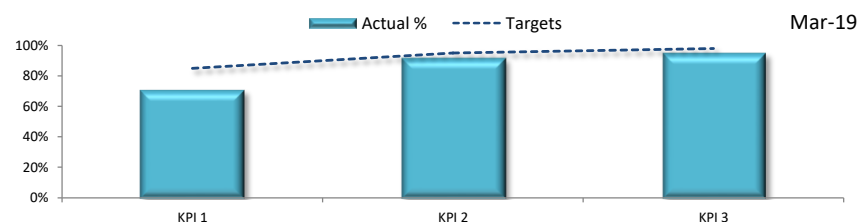
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys

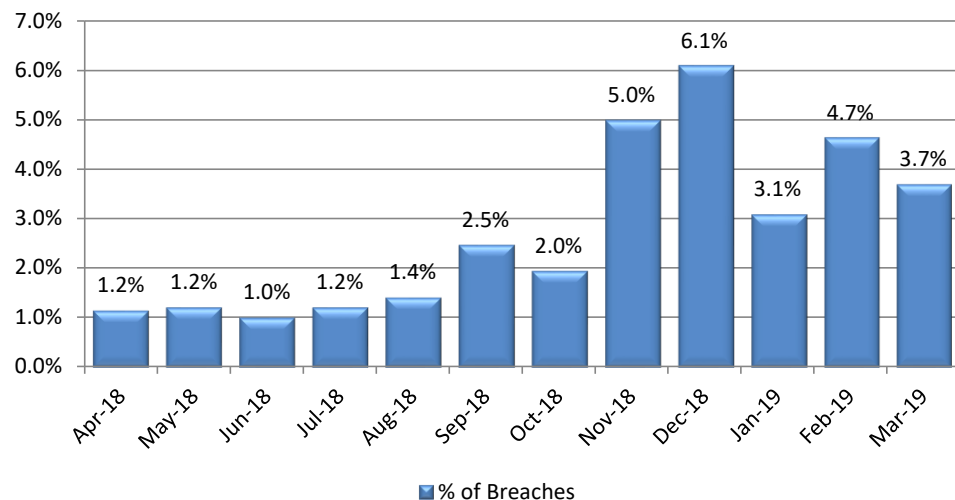


10.3 GP Urgent Performance

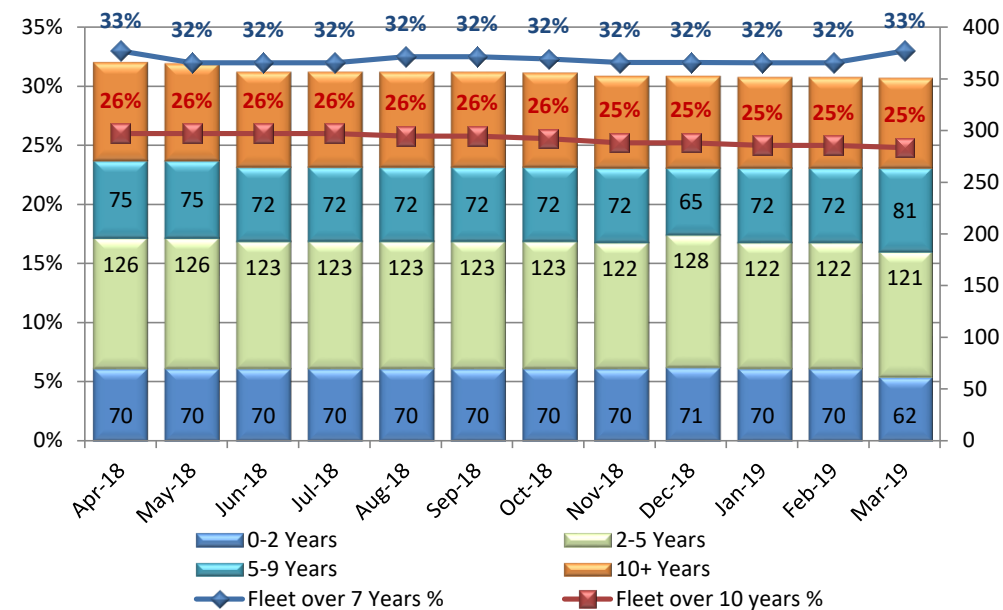


10.4 Deep Clean (5 weeks)

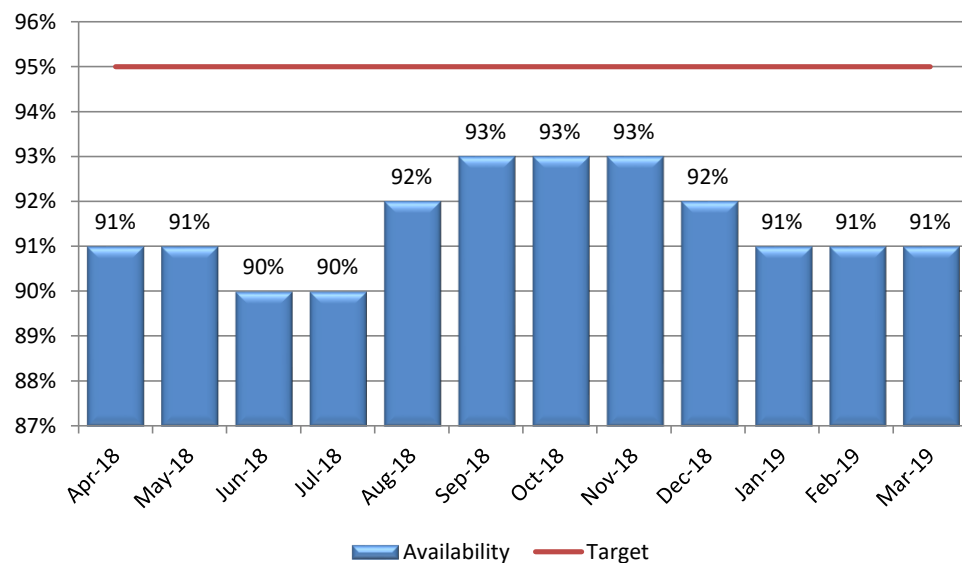
% of Breaches



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

PTS vehicle availability has held at 91% for the third month with vehicle age still accounting for a high number of VOR. Fleet are working closely with PTS colleagues to minimise impact and the longer term vehicle replacement programme is being developed aligned to individual contract arrangements.

The PTS vehicle Deep Cleaning Service level compliance continues to exceed 99% with a continued focus on management of breaches by exception. We now have the PTS vehicles encompassed within AVP at Leeds, Huddersfield and Wakefield.

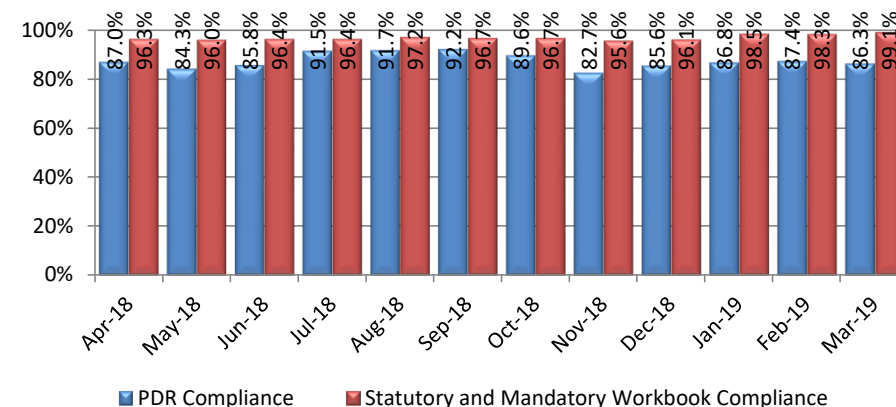
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	605	30	121	453	75%
Contracted FTE (before OT)	561	49	102	411	73%
Variance	(44)	(18)	19	(43)	(9.4%)
% Variance	(7.2%)	(60.4%)	15.9%		
FTE worked inc overtime	581	49	102	431	74%
Variance	24	(18)	19	(23)	(5.0%)
% Variance	3.9%	(60.4%)	15.9%		

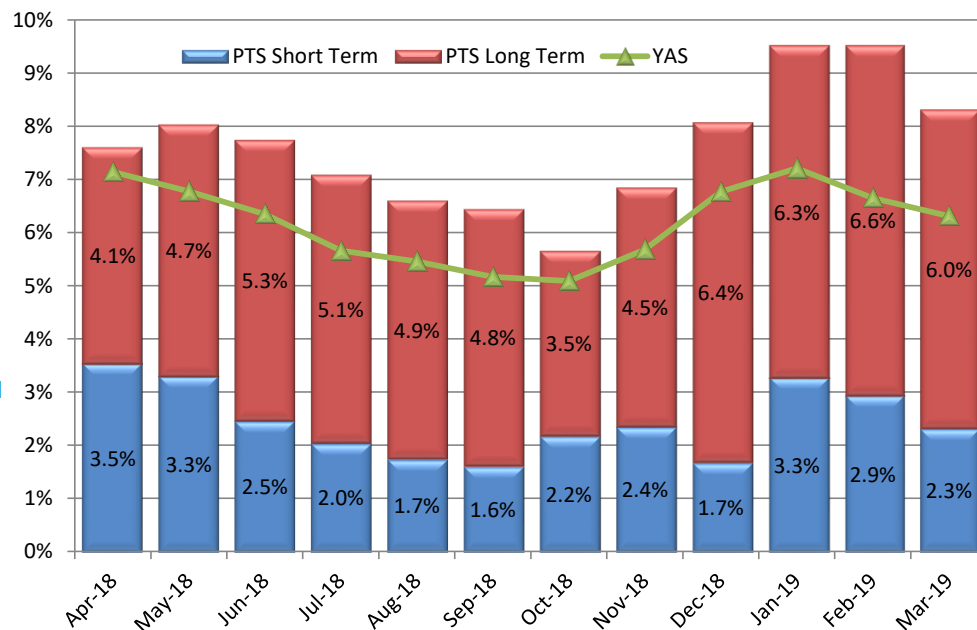
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance decreased by 0.9 points in March to 86.3% and is below the 90% Trust target. Work continues to deliver the target and to validate the data to ensure factually accurate and representative reporting.

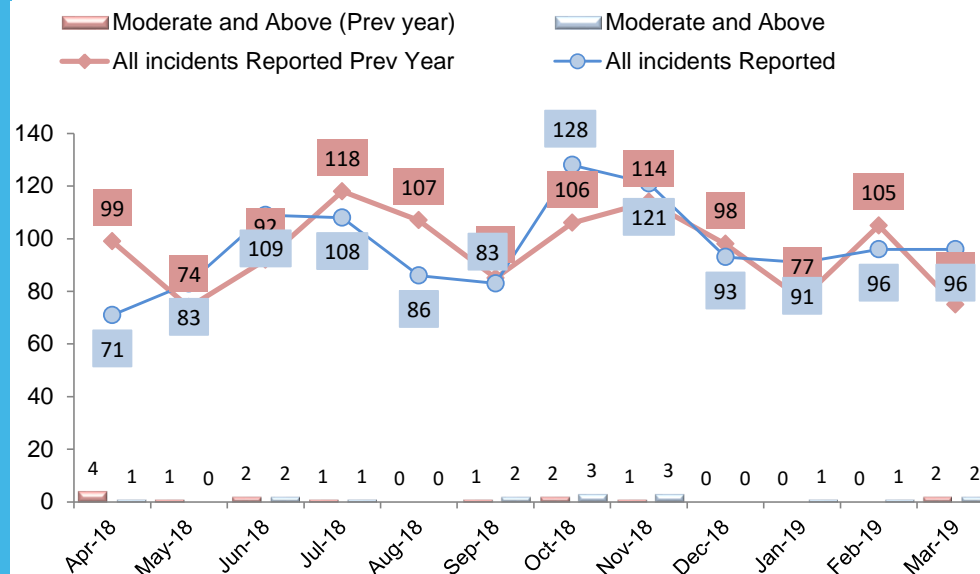
Statutory and Mandatory Workbook compliance increased to 99.1% and is above the 90% Trust target.

Sickness rate in PTS decreased in March by 1.2 points to 8.3%, 2.6 points but remains well above the 5.7% YAS average. Assurance around management action/support has been undertaken.

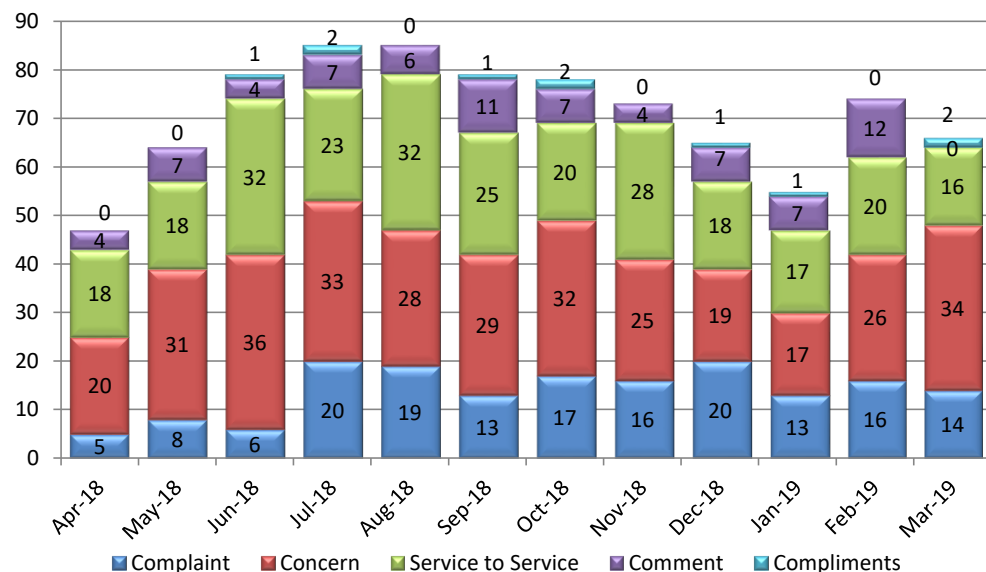
10.10 Quality, Safety and Patient Experience

		Mar 2019	2018-19
Serious Incidents		0	2
Total Incidents (per 1000 activities)		0.000	0.005
Total incidents Moderate & above		2	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%		90.7%	92.7%

10.11 Incidents



10.12 Patient Feedback



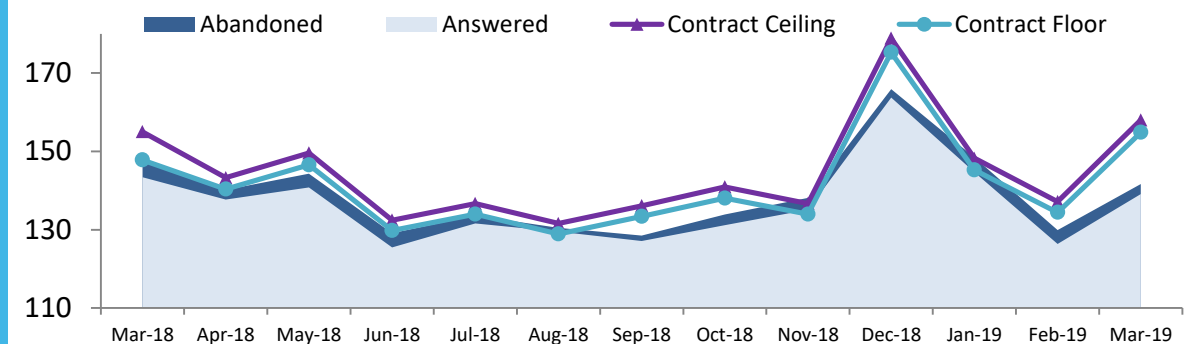
Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes increased to 90.7% in March which is up from 87.2% on the previous month and above the 90% target.

Incidents: The number of reported incidents within PTS during March remained unchanged on the previous month's level and has increased in comparison to last year's figure of 83 incidents.

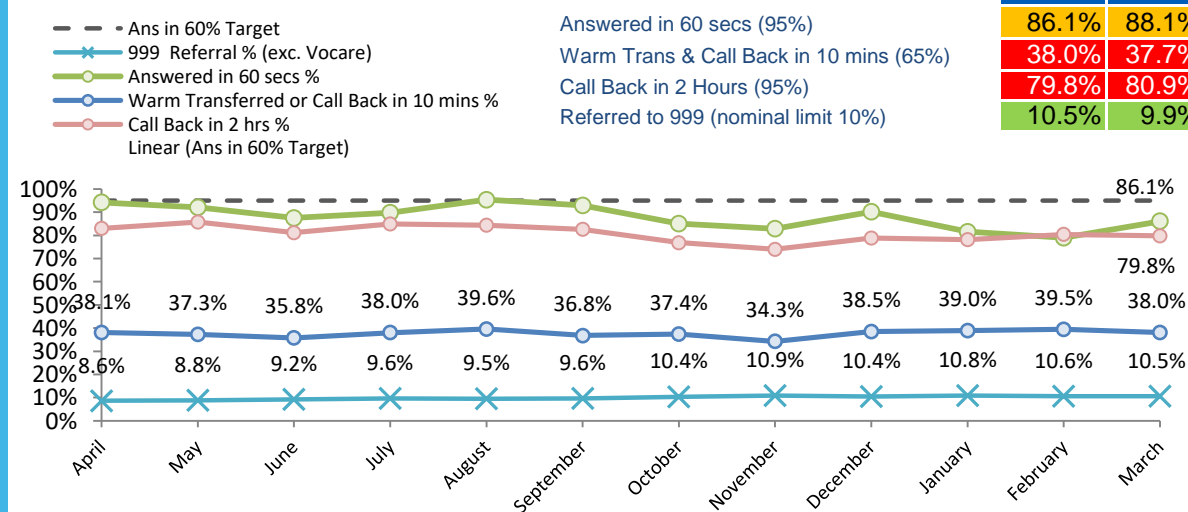
Patient Feedback: There is no significant change in the profile or themes identified for each this month

11.1 Demand



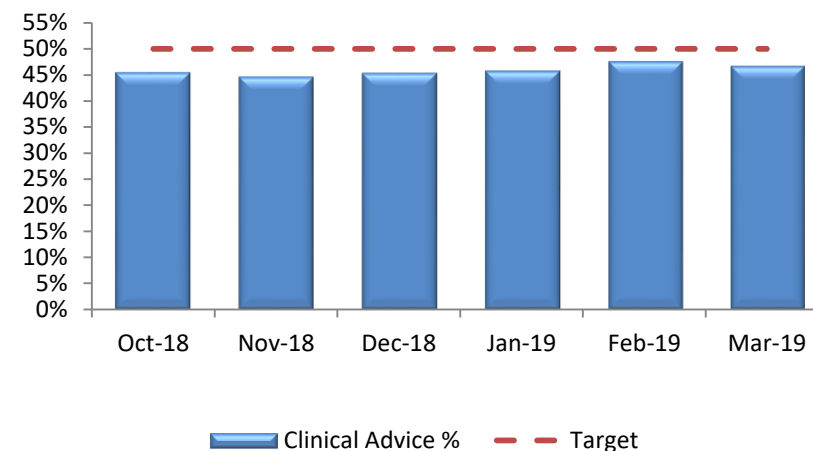
YTD	Offered	Calls Answered	Calls Answered SLA <60s	Calls Answered SLA (95%)
YTD 18-19	1,664,306	1,632,514	1,438,444	88.1%
Contract Ceiling YTD 2018-19	1,694,916	1,729,708	1,643,223	95.0%
Variance	- 30,610 -1.8%	- 97,194 -5.6%	- 204,779 -12.5%	6.9%
YTD 2017-18	1,683,704	1,647,270	1,464,267	88.9%
Variance	- 19,398 -1.2%	- 14,756 -0.9%	- 25,823 -1.8%	-0.8%

11.2 Performance



11.3 proportion calls transferred to a clinical advisor

Of calls triaged, number transferred to a Clinical Advisor



Commentary

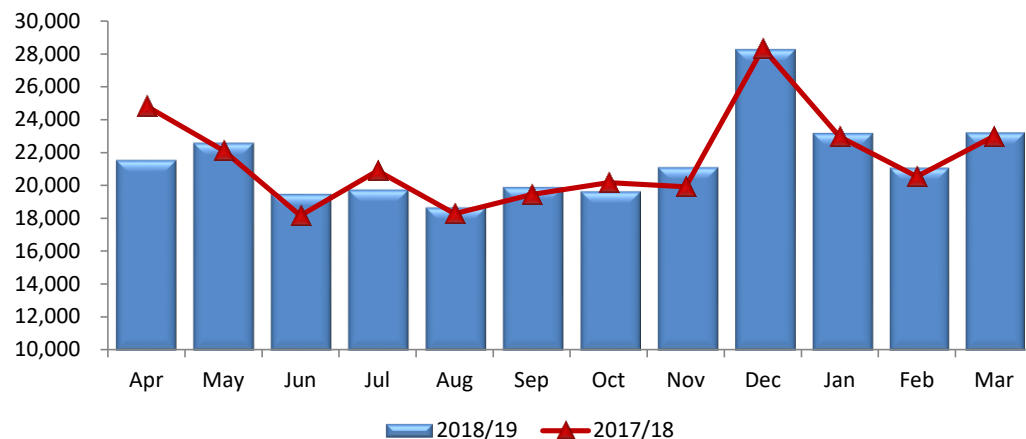
Call volumes for March 2019 were 10.2% below contract floor and 12.0% below contract ceiling and lower than March 2018.
NB. This years floor includes 50% growth of the total 4.19% growth for the year.

Performance for March 2019 was 86.1%, an increase of 7.1% 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 (80.4%), although there was an improvement of 4.8% compared to March 2018.

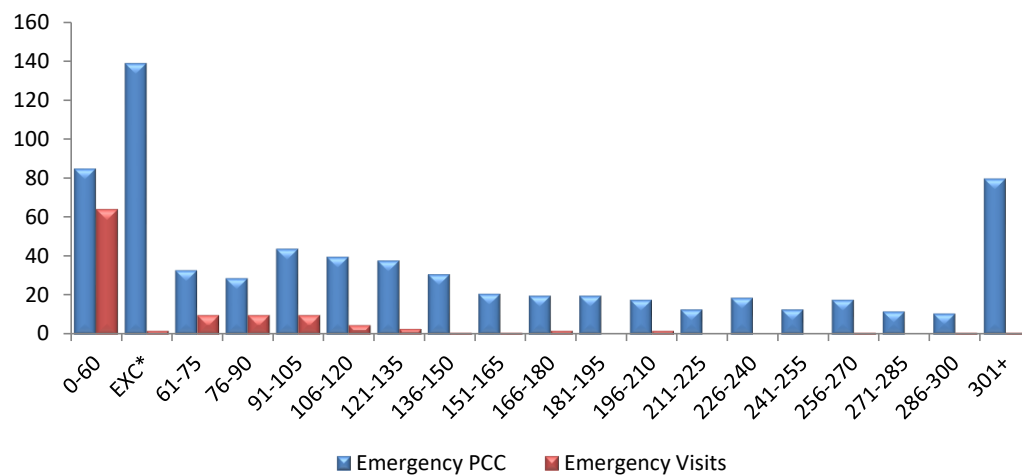
The NHS England target for clinical advice has now increased to 50% across the IUC system as a whole. Clinical Advice percentage for March 2019 was at 46.7%.

11.4 Demand

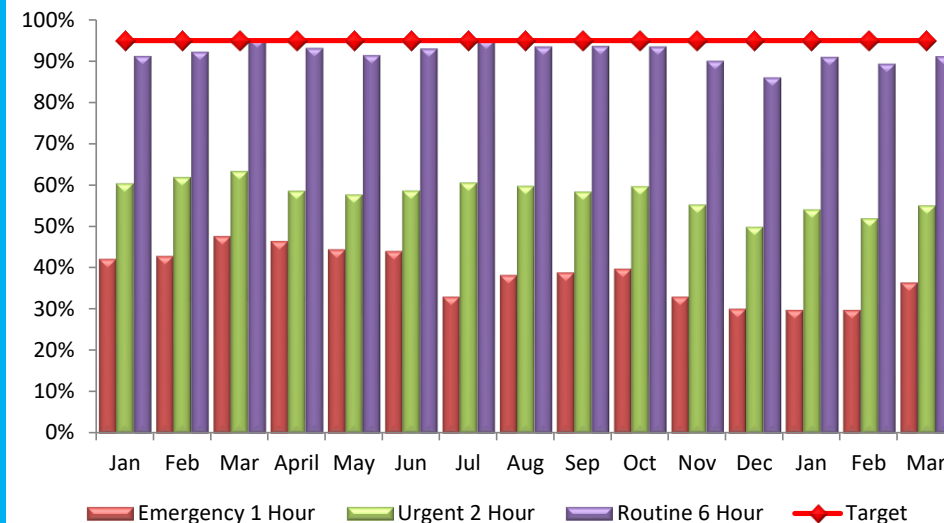


YTD	Variance	YTD 2017-18	YTD 2018-19	Diff	Percentage
		258,686	258,846	160	0.1%

11.5 Tail of Performance



11.6 Performance



11.7 Complaints

Adverse incidents	
Adverse incidents	No SIs declared in Mar-19.
Adverse reports received	No adverse reports received
Patient Complaints	12 patient complaints received in Mar-19 according to DATIX 4 C's report (includes all categories). 18 of these directly involving the LCD part of the pathway. 1 partly upheld, 11 remain under investigation.

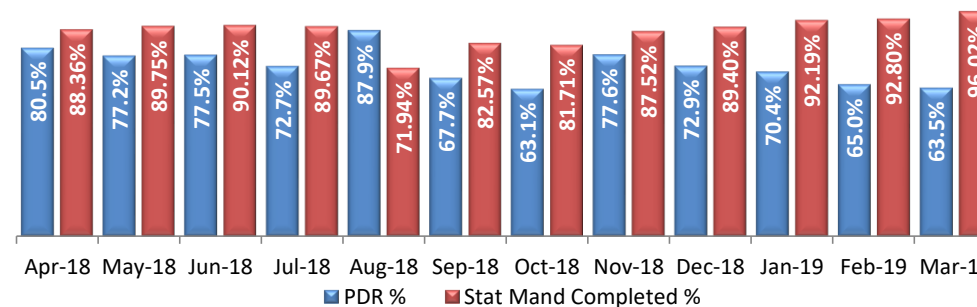
Comments: Patient demand levels for WYUC Mar-19, in comparison to Mar-18, increased by 0.06%. NQR 1 hour emergency performance improved to 36.4% (up 6.6% from Feb-19). The 2 hour urgent cases and the 6 hour routine cases also improved from the Feb-19 outturn (55.1% vs 52.0% for urgent cases and 91.1% vs 89.3% for routine cases).

11.8 Workforce FTE - Call Handler & Clinician

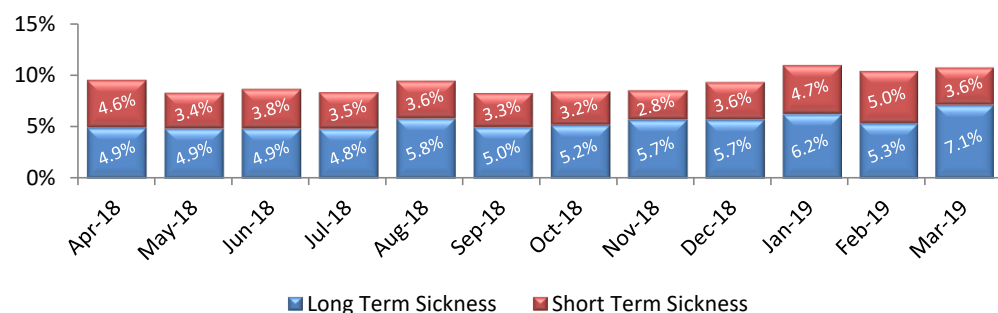
Available

	FTE	Sickness	Absence	Total	%
Budget FTE	309	28	71	210	68%
Contracted FTE (before OT)	336	41	87	208	62%
Variance	27	-13	-16	-2	-6%
% Variance	9%	-46%	-23%	-1%	
FTE (Worked inc Overtime)	363	41	87	235	65%
Variance	54	-13	-16	25	-3%
% Variance	17.5%	-46%	-23%	12%	

11.11 Training



11.9 Sickness



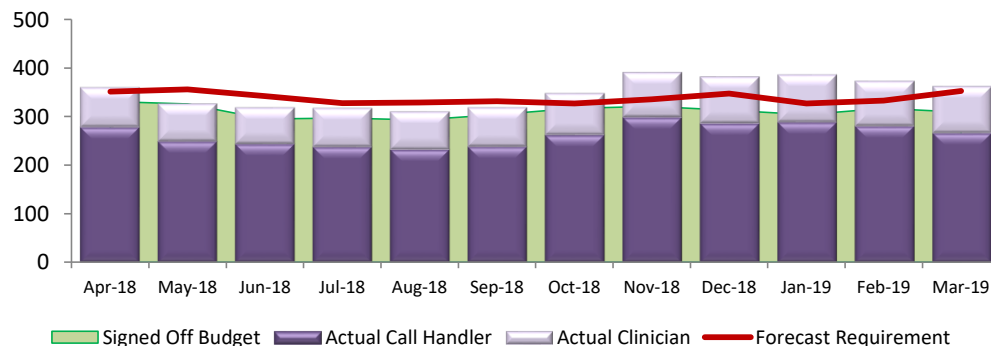
Commentary

Statutory and mandatory training increased by 3.22% from February 2019 to March 2019 while PDR rates decreased by -1.5%. The capacity to do PDRs were impacted by increased sickness levels and the service wide training undertaken to support the IUC launch, therefore limiting availability.

Sickness continues to be difficult for the NHS111 service with rates remaining above the Trust target. ESR levels are at 10.7% for February 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, Schwartz rounds and senior HR Advisor support in reviewing long term sickness cases across the service.

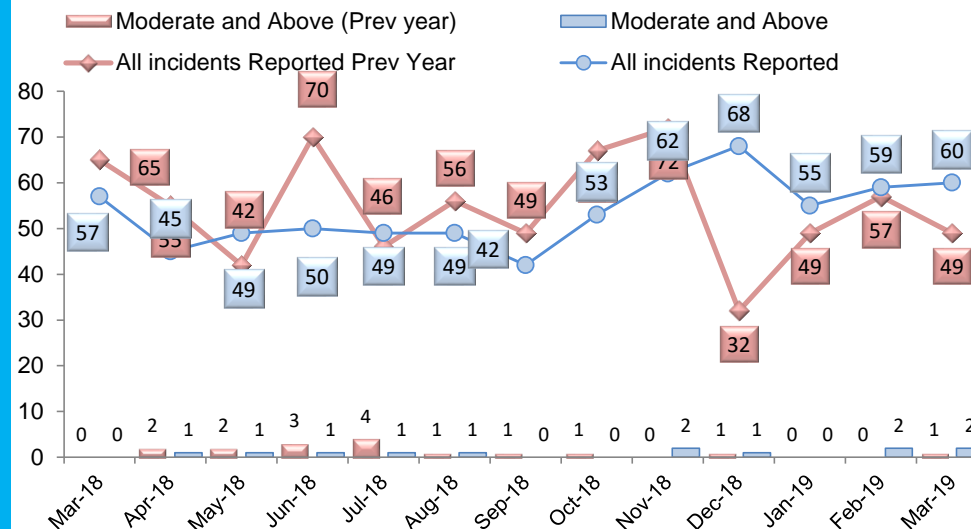
11.10 Recruitment Plan



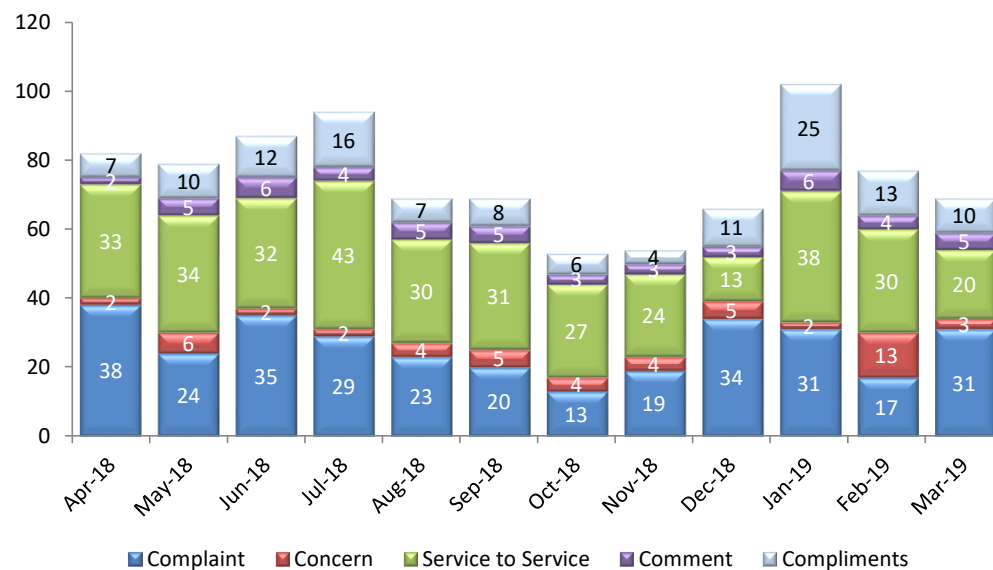
11.12 Quality, Safety and Patient Experience

		Mar-19	YTD
Serious Incidents		1	7
Total Incidents (per 1000 activities)		0.01	0.00
Total incidents Moderate & above		2	12
Response within target time for complaints & concerns		82%	92%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

11.14 Incidents



11.13 Patient Feedback



Commentary

No SIs were reported for March 2019.

31 patient complaints were received in March. 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 decreased, with 10 received during March 2019.

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

ANNEXES

System (March 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)	69,054	103,639	98,957	63,143	74,563	75,291	36,070	92,602	60,991	49,663
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	63.8%	68.5%	61.5%	67.8%	67.7%	60.4%	61.9%	53.2%	59.5%	54.5%
C1 Incidents	7.5%	12.1%	9.4%	9.9%	9.7%	5.9%	7.1%	6.1%	6.1%	5.4%
C2 Incidents	56.3%	56.4%	52.0%	57.9%	58.0%	54.6%	54.8%	47.1%	53.4%	49.1%
C3 Incidents	18.3%	21.5%	21.4%	20.0%	16.6%	24.9%	22.4%	35.7%	30.3%	29.4%
C4 Incidents	2.0%	1.5%	4.3%	1.2%	2.7%	1.9%	1.1%	1.8%	1.2%	1.7%
HCP 1-4 Hour Incidents	9.3%	3.0%	2.8%	5.1%	3.6%	3.5%	3.9%	5.7%	3.5%	7.4%
Hear and Treat	6.5%	3.4%	7.4%	6.0%	7.0%	6.5%	4.7%	3.2%	5.5%	7.1%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:06:44	00:06:18	00:07:28	00:07:29	00:07:35	00:06:47	00:06:08	00:06:46	00:07:31	00:07:11
C1-90th centile response time (Target 00:15:00)	00:11:28	00:10:24	00:12:37	00:13:29	00:13:40	00:12:15	00:10:51	00:11:50	00:13:50	00:12:59
C2-Mean response time (Target 00:18:00)	00:17:40	00:18:15	00:22:28	00:26:31	00:25:13	00:29:43	00:23:52	00:11:58	00:20:12	00:18:15
C2-90th centile response time (Target 00:40:00)	00:35:35	00:37:11	00:47:42	00:54:33	00:51:38	01:02:19	00:48:28	00:21:46	00:38:10	00:37:00
C3-90th centile response time (Target 02:00:00)	01:29:42	01:57:59	02:26:31	02:44:40	03:21:19	02:55:53	03:18:54	01:13:04	04:09:41	02:11:27
C4-90th centile response time (Target 03:00:00)	02:21:05	02:53:24	03:01:53	02:53:37	03:28:18	03:41:54	03:14:38	01:49:44	05:06:19	03:17:56
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.2%	62.6%	60.1%	62.0%	58.5%	53.0%	58.7%	57.7%	61.8%	52.4%
Incidents with transport not to ED	9.7%	7.0%	6.2%	4.8%	3.0%	4.8%	11.1%	3.6%	0.9%	6.7%
Incidents with face to face response	23.5%	27.0%	26.2%	27.2%	31.5%	35.8%	25.5%	35.5%	31.8%	33.8%

Clinical (November 2018)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	23.1%	30.0%	36.5%	21.3%	25.3%	28.9%	32.4%	32.7%	19.1%	31.6%
ROSC - Utstein	48.5%	57.1%	53.7%	51.5%	63.4%	43.6%	57.1%	41.3%	45.2%	50.0%
Cardiac - Survival To Discharge	11.5%	6.5%	6.3%	5.8%	8.4%	11.0%	11.9%	11.3%	6.6%	16.1%
Cardiac - Survival To Discharge Utstein	35.3%	29.5%	14.9%	24.2%	35.9%	25.6%	28.6%	23.8%	14.3%	37.5%