



# Integrated Performance Report

## June 2019

The following report outlines performance, quality, workforce and finance as identified by nominated leads in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (999, PTS and 111).

Inspected and rated

**Good**



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The following YAS board report outlines performance, quality, workforce and finance headlines in each area. All these areas link to the quality of care for patients provided by the Yorkshire Ambulance Service across three main service lines (A&E, PTS and 111).

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# EXECUTIVE OVERVIEW



Our purpose is

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

with our core values embedded in all we do



Our Vision

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

Our Ambition for 2023 is that



Delivery is directly supported by a range of enabling strategies



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

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

### **Our Ambitions for 2023**

**We achieve excellence in everything we do**

**We use resources wisely to invest in and sustain services**

### **Our Key Priorities**

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

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

### Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, <a href="#">Q2 17-18</a>		13.8
Staff F&F Test % recommended care Q4 <a href="#">18/19</a>		89.9%
Occurrence of any never event		None
Patient Safety Alerts not completed by deadline		None
Ambulance See-and-treat from F&F Test - % positive, <a href="#">Jun 18</a>		80%
Ambulance Clinical Outcomes,	Return of spontaneous circulation (ROSC) in Utstein group (Jan 19)	24%
	Stroke Care Bundle (Nov18)	95.3%

(\*) 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, Feb 19,	6.61%
Staff turnover, Mar 19	1.24%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, May19	0.81%

Source: [NHS Model Hospital](#)

### Operational Performance Response Times

June 19	
Cat 1 Life-threatening calls mean	00:06:49
90 <sup>th</sup> centile	00:11:56
Cat 2 Emergency calls mean	00:18:46
90 <sup>th</sup> centile	00:38:14
Cat 3 Urgent calls 90 <sup>th</sup> centile	01:49:27
Cat 4 Less urgent calls 90 <sup>th</sup> centile	04:33:48

Source: Annex 1 AQI National Benchmarking

### Service Transformation Programme RAG ratings (May 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* June 19 1
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
<b>OVERALL USE OF RESOURCES RATING</b>	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 with the exception of Category 2 mean & Category 4 90th
- Hear and Treat behind plan at 6.8%, a revised plan to achieve has been submitted to achieve 8% by March 2020.
- The proposed SDIP for IUC contract has been presented to the programme board but has not yet been signed off by commissioners

### Place Based Care **Amber**

- Urgent treatment centre gap analysis complete, this will now be used to develop the YAS plan.
- Care home falls project in Sheffield completes in August with an extended programme and funding agreed with commissioners
- Mental health Pathways gap analysis completed with plans now in development to address gaps in care.

### Infrastructure **Amber**

- Doncaster Hub on track for go live January 2020 with construction fully underway on site
- Single warehouse business case being presented to Programme board early August
- EPR went live in Airedale, James Cook and Darlington in June
- Over 350,000 ePR's now complete

### Capacity & Capability **Amber**

- Work on an options appraisal for future training requirements of the trust is underway
- Accountability Framework resources have been agreed at TEG and recruitment to posts is now commencing
- Work underway on options appraisal for performance reporting software.

## External

- The NHS Implementation Framework for the NHS Long Term Plan has been released, requiring ICS level plans to be developed by 27 September, incorporating the priorities and phasing to achieve the ambitions of the Long Term Plan within five years.
- Each system has commenced engagement around the development of their system plans; YAS representatives are engaged in these to provide the YAS UEC plans to help shape and influence the wider regional programme.
- The new South Yorkshire Stroke pathways commence with HASU services at Rotherham Hospital ceasing from 1st July and the acute stroke service at Barnsley Hospital ceasing from 1st October 2019. Briefings and new pathways have been shared with teams and services within YAS.
- YAS are now actively engaged in the clinical and operational impact modelling with the Scarborough Hospital Services Review, as plans develop around General Surgery, Maternity and Paediatric service provision.
- NHS England North review to reduce variation in respiratory care provision, underpinned by the YAS led review of community respiratory service provision across Yorkshire and the Humber, to identify gaps in provision and reduce hospital conveyance for patients with an acute exacerbation of COPD. Respiratory Summit will take place on 6 September in Leeds.
- The tender for the provision of Non-Emergency Medical Transport Services in Hull has officially launched, with a tender response closing date of 30 August 2019 and commencing 1 April 2020. The contract is 5 years with optional 2 year extension. Total Contract Value is £7.5m (60 months) - £10.5m (84 months).

# Our Performance June 2019

↔	Category 1 was 06:49	YTD Performance		
↓	Ambulance responses on scene decreased by 2.9% from last month		Time	Change
↑	PTS KPI 2 continues to be above target at 88.6 for June	Category 1 Mean Performance	06 mins 52 Sec	1 sec less
↑	IUC Core Clinical Advice was above target at 31.5%	Ambulance Turnaround Time	35 mins 7 sec	25 sec more

## A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	Jun-19	Variance (%)	Contract	Jun-19	Variance (%)	Avg	Jun-19	Var	Avg	Jun-19	Change	Target	Jun-19	Var
80,914	81,700	1.0%	58,459	61,500	5.2%	75.5%	74.7%	(0.8%)	2,550	3,053	19.7%	00:07:00	00:06:49	(00:00:11)

## 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	Jun-19	Variance (%)	Target	Jun-19	Variance (%pts)	Target	Jun-19	Variance (%pts)	Target	Jun-19	Variance (%pts)	Target	Jun-19	Var
80,964	73,526	(9.2%)	82.9%	88.6%	5.7%	92.0%	90.7%	(1.3%)	88.5%	81.2%	(7.3%)	90.0%	89.4%	(0.6%)

## IUC

IUC Answered Calls			IUC Answered in 60 secs			IUC Core Clinical Advice %			IUC Call Back in 1 Hours			IUC Referral Rate to 999		
Contract	Jun-19	Variance (%)	Target	Jun-19	Variance (%)	Target	Jun-19	Variance (%)	Target	Jun-19	Variance (%)	Avg	Jun-19	Variance (%)
121,711	120,255	(1.2%)	95%	88.7%	(6.3%)	30%	31.5%	1.5%	60%	59.4%	(0.6%)	10.7%	12.4%	1.7%

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	19/07/19 - PMO



# Our Quality June 2019

↔	3 in 1000 patients report an incident
↓	0.5 in 10000 patients responses result in moderate or above harm
↓	FOI compliance in June was 22.6%
↑	3 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)
↔	9 out of 10 people would recommend YAS to Friends and Family

Patient Survey			Infection Control Compliance		
Recommend YAS to F&F			Compliance	Jun 18	Jun 19
	Q4	YTD	Hand Hygiene	98%	99%
PTS	89%	89%	Premise	99%	99%
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
702	669	(8.7%) ↓	221	196	(11.8%) ↓	20	14	(30.0%) ↓	4	2	(50.0%) ↓	90	82	(8.9%) ↓

## Safeguarding

Adult Referrals			Child Referrals		
Avg	No	Change	Avg	No	Change
847	924	(7.8%) ↓	558	594	2.6% ↔

## Patient Relations

Complaints		
Avg	No	Change
76	45	(39.2%) ↓

## Legal

Compliance (21 Days)			FOI Requests		
Avg	%	Change (% Pts)	Avg	No	Change
64%	61%	(6.3%) ↓	34	31	(8.8%) ↓

## Clinical Outcomes (December Data)

Stroke - Mean time from call to hospital arrival			ROSC (Utstein)			Survival (Utstein)		
Avg	hh:mm	Change (hh:mm)	Avg	%	Change (%pts)	Avg	%	Change (%pts)
01:12	01:20	00:06	47.1%	52.0%	28.0% ↑	25.9%	34.6%	12.4% ↑

## Fleet

Deep Clean Breaches (8 weeks)		
Avg	AE/PTS	Change %
39	78	14.7% ↑

Key

Change

From Previous Month (tolerance 5% number change or 5% pts)

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

19/07/19 - PMO

# Our Workforce - June 2019

↑	1346 staff are overdue a PDR out of 4234	YTD Performance		
↔	161 Staff are on long term sick out of 5452 Staff		%	Change
↑	81 staff are still to complete the stat and man work book out of 4712	Sickness	6.08%	0.15%
↑	Child level 2 compliance does not include e-learning numbers of 4153 completed end of June-19	Stat and Man	98.28%	4.51%

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)
4,629	4,681	1.1%	11.1%	6.8%	(4.3%)	9.4%	9.9%	0.5%	58.2	67.5	15.9%	95.0%	94.0%	(1.0%)

Sickness						Finance					
Total			Short Term			Long Term			Agency Spend		
Target	%	Variance (%pts)	Avg	%	Variance (%pts)	Avg	%	Variance (%pts)	Plan YTD £(000)	Actual YTD £(000)	Variance %
4.3%	6.0%	1.7%	2.1%	2.2%	0.1%	3.9%	3.8%	(0.1%)	615	411	(33.2%)

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%	68.2%	(21.8%)	90.0%	98.3%	8.3%	90.0%	96.3%	6.3%	80.0%	92.1%	12.1%	4088	4,153	65

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	12.07.19 - PMO

	In Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
<b>Income</b>	(22,939)	(23,167)	(229)	(68,251)	(68,906)	(655)
<b>Expenditure</b>	22,369	22,398	29	66,939	66,994	55
<b>Retained Deficit / (Surplus) with PSF Funding</b>	(569)	(769)	(200)	(1,312)	(1,912)	(600)
<b>PSF Funding</b>	(111)	(111)	0	(335)	(335)	0
<b>Retained Deficit / (Surplus) without PSF Funding*</b>	(458)	(658)	(200)	(977)	(1,577)	(600)
<b>EBITDA</b>	(1,673)	(1,891)	(218)	(4,622)	(5,174)	(551)
<b>Cash</b>	36,601	43,981	7,380	36,601	43,981	7,380
<b>Capital Investment</b>	1,512	312	(1,200)	5,436	1,723	(3,713)
<b>Quality &amp; Efficiency Savings (CIPs)</b>	526	526	0	1,598	1,598	0

**RISK RATING:** Under the "Single Oversight Framework" the overall Trust's rating for the year to date remains at 1 (1 being lowest risk, 4 being highest risk).

**SURPLUS:** The Trust has reported a surplus at the end of June (Month 3) of £1,912k, a favourable variance of £600k against the plan

**CASH:** At the end of June 2019 the Trust's cash position was £44m against a plan of £36.6m, giving a positive variance of £7.4m compared to £5.4m last month. The increased variance largely results from further underspends on capital and a higher payables balance than in the Plan

**CAPITAL:** Capital expenditure for 19/20 at the end of June 2019 is £1.723m against a plan of £5.436m leading to an underspend of £3.713m. The overall plan has reduced by £0.3m as agreed with NHS I. This is YAS's contribution to support the National Capital position resulting in a plan of £18.388m expenditure allowing for disposals of £0.380m plus the £0.775m carried over to 19/20 from last year. This will result in a charge of £17.233m against the Capital Resource Limit (CRL). The CRL was approved by NHSEI in June 2019.

**CIP:** The Trust has a savings target of £6,592k for 2019/20. The Trust has achieved £1,598k at month 3 which is line with plan.






	Month	YTD	Trend 2019-20																																							
<b>RISK RATING:</b> Under the "Single Oversight Framework" the overall Trust's rating for the year to date remains at 1 (1 being lowest risk, 4 being highest risk).			<table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>1</td><td>1</td></tr><tr><td>M2</td><td>1</td><td>1</td></tr><tr><td>M3</td><td>1</td><td>1</td></tr><tr><td>M4</td><td>1</td><td>1</td></tr><tr><td>M5</td><td>1</td><td>1</td></tr><tr><td>M6</td><td>1</td><td>1</td></tr><tr><td>M7</td><td>1</td><td>1</td></tr><tr><td>M8</td><td>1</td><td>1</td></tr><tr><td>M9</td><td>1</td><td>1</td></tr><tr><td>M10</td><td>1</td><td>1</td></tr><tr><td>M11</td><td>1</td><td>1</td></tr><tr><td>M12</td><td>1</td><td>1</td></tr></tbody></table>	Month	Actual	Plan	M1	1	1	M2	1	1	M3	1	1	M4	1	1	M5	1	1	M6	1	1	M7	1	1	M8	1	1	M9	1	1	M10	1	1	M11	1	1	M12	1	1
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<b>EBITDA:</b> The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of June (Month 3) is £5,174k against a plan of £4,622k. A favourable variance of £551k.			<table><caption>EBITDA Data (£k)</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>-1,000</td><td>-1,000</td></tr><tr><td>M2</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M3</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M4</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M5</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M6</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M7</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M8</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M9</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M10</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M11</td><td>-1,500</td><td>-1,500</td></tr><tr><td>M12</td><td>-1,500</td><td>-1,500</td></tr></tbody></table>	Month	Actual	Plan	M1	-1,000	-1,000	M2	-1,500	-1,500	M3	-1,500	-1,500	M4	-1,500	-1,500	M5	-1,500	-1,500	M6	-1,500	-1,500	M7	-1,500	-1,500	M8	-1,500	-1,500	M9	-1,500	-1,500	M10	-1,500	-1,500	M11	-1,500	-1,500	M12	-1,500	-1,500
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<b>CASH:</b> At the end of June 2019 the Trust's cash position was £44m against a plan of £36.6m, giving a positive variance of £7.4m compared to £5.4m last month. The increased variance largely results from further underspends on capital and a higher payables balance than in the Plan			<table><caption>Cash Position Data (£m)</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>40</td><td>38</td></tr><tr><td>M2</td><td>42</td><td>38</td></tr><tr><td>M3</td><td>44</td><td>38</td></tr><tr><td>M4</td><td>44</td><td>40</td></tr><tr><td>M5</td><td>44</td><td>40</td></tr><tr><td>M6</td><td>44</td><td>40</td></tr><tr><td>M7</td><td>44</td><td>40</td></tr><tr><td>M8</td><td>44</td><td>40</td></tr><tr><td>M9</td><td>44</td><td>42</td></tr><tr><td>M10</td><td>44</td><td>42</td></tr><tr><td>M11</td><td>44</td><td>42</td></tr><tr><td>M12</td><td>44</td><td>40</td></tr></tbody></table>	Month	Actual	Plan	M1	40	38	M2	42	38	M3	44	38	M4	44	40	M5	44	40	M6	44	40	M7	44	40	M8	44	40	M9	44	42	M10	44	42	M11	44	42	M12	44	40
Month	Actual	Plan																																								
M1	40	38																																								
M2	42	38																																								
M3	44	38																																								
M4	44	40																																								
M5	44	40																																								
M6	44	40																																								
M7	44	40																																								
M8	44	40																																								
M9	44	42																																								
M10	44	42																																								
M11	44	42																																								
M12	44	40																																								
<b>CIP:</b> The Trust has a savings target of £6,592k for 2019/20. The Trust has achieved £1,598k at month 3 which is line with plan.			<table><caption>CIP Data (£k)</caption><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>535</td><td>535</td></tr><tr><td>M2</td><td>538</td><td>538</td></tr><tr><td>M3</td><td>525</td><td>525</td></tr><tr><td>M4</td><td>525</td><td>525</td></tr><tr><td>M5</td><td>525</td><td>525</td></tr><tr><td>M6</td><td>525</td><td>525</td></tr><tr><td>M7</td><td>525</td><td>525</td></tr><tr><td>M8</td><td>525</td><td>525</td></tr><tr><td>M9</td><td>525</td><td>525</td></tr><tr><td>M10</td><td>525</td><td>525</td></tr><tr><td>M11</td><td>525</td><td>525</td></tr><tr><td>M12</td><td>525</td><td>525</td></tr></tbody></table>	Month	Actual	Plan	M1	535	535	M2	538	538	M3	525	525	M4	525	525	M5	525	525	M6	525	525	M7	525	525	M8	525	525	M9	525	525	M10	525	525	M11	525	525	M12	525	525
Month	Actual	Plan																																								
M1	535	535																																								
M2	538	538																																								
M3	525	525																																								
M4	525	525																																								
M5	525	525																																								
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M8	525	525																																								
M9	525	525																																								
M10	525	525																																								
M11	525	525																																								
M12	525	525																																								

CIP TRACKER 2019/20 - JUNE			
Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	697	102	(595)
Chief Executive Directorate	19	19	0
Clinical Directorate	5	5	0
Estates Directorate	82	41	(41)
Finance Directorate	108	108	0
Fleet Directorate	259	259	0
Planned & Urgent Care Directorate	244	199	(45)
Workforce & OD	170	170	0
Quality, Governance & Performance Assurance Directorate	5	5	0
RESERVE	9	690	681
<b>Grand Total</b>	<b>1,598</b>	<b>1,598</b>	<b>0</b>


R/NR/Reserves	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	1,598	917	(681)
Non Recurrent	0	681	681
<b>Grand Total</b>	<b>1,598</b>	<b>1,598</b>	<b>0</b>

Corporate Services - June 2019


**Chief Executive**

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
26.63	25.8	(3.3%)	6.0%	0.0%	(6.0%)	0	0	0	85%	81.0%	(4.1%)	90%	43.8%	(46.3%)
														

Business Development

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
8.00	4.85	(39.4%) ↓	6.0%	0.0%	(6.0%) ↓	0	0	0 ↔	85%	100.0%	15.0% ↑	90%	75.0%	(15.0%) ↓
														

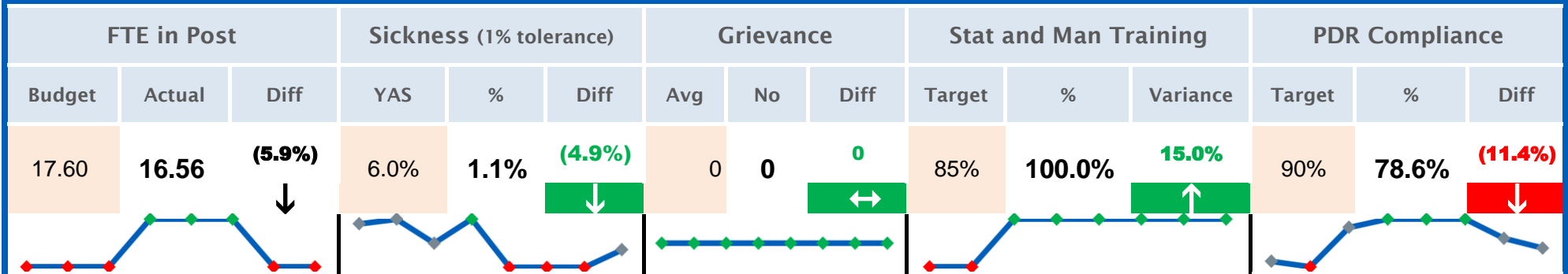
Finance (Excluding Fleet, Estates, BI and ICT)

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
238.11	187.14	(21.4%) ↓	6.0%	6.6%	0.6% ↔	0	0	0 ↔	85%	96.4%	11.4% ↑	90%	60.5%	(29.5%) ↓
														

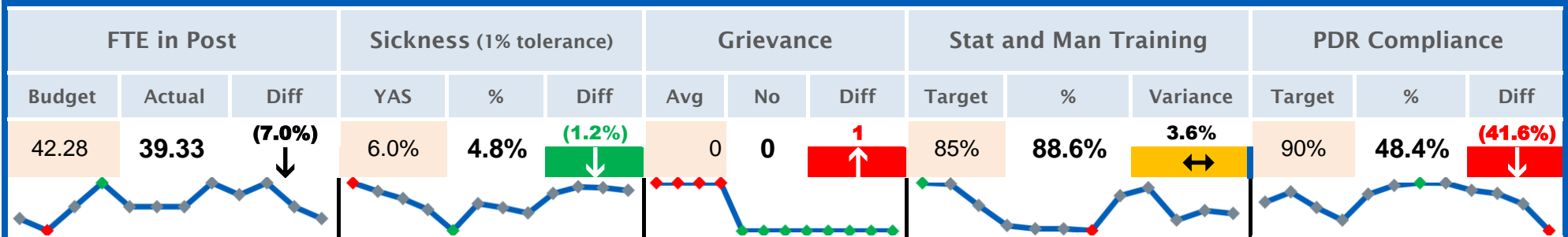
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated			
	Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	12.07.19 - PMO			

# Corporate Services - June 2019

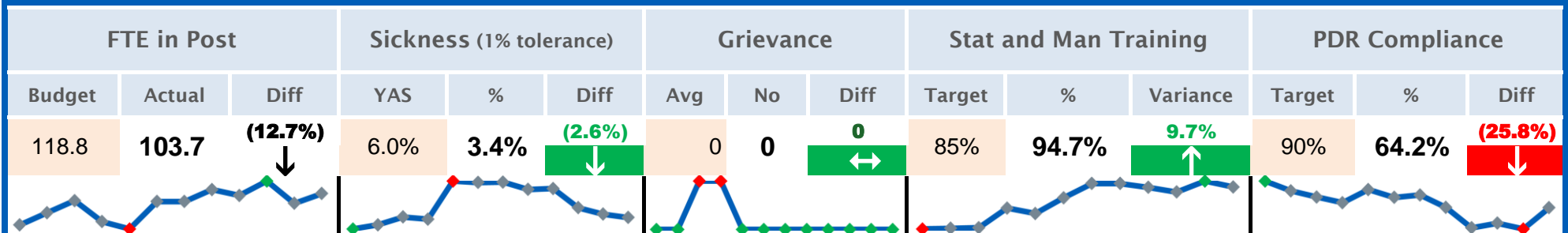
## Business Intelligence



## ICT



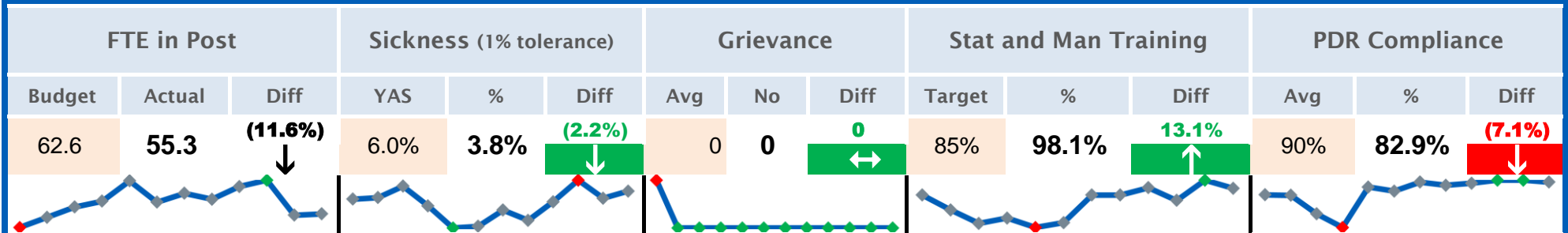
## Workforce & Organisational Development



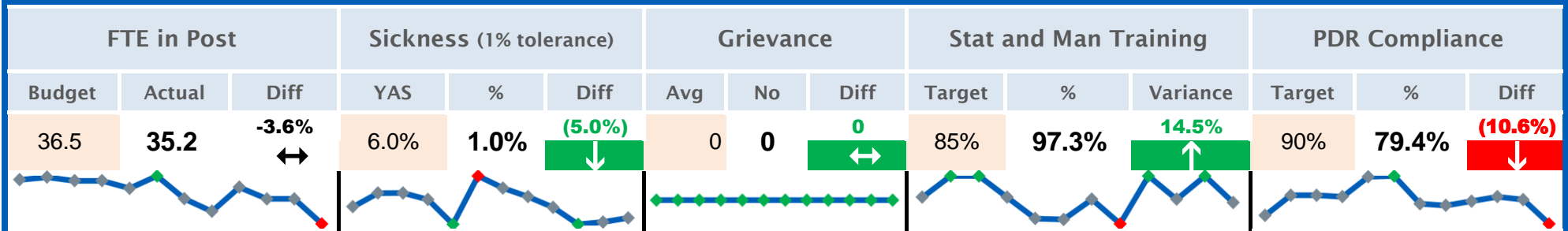
Key	Difference	Direction of Travel	Sparklines	AVG - Average	Updated			
	Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	12.07.19 - PMO			

# Corporate Services - June 2019

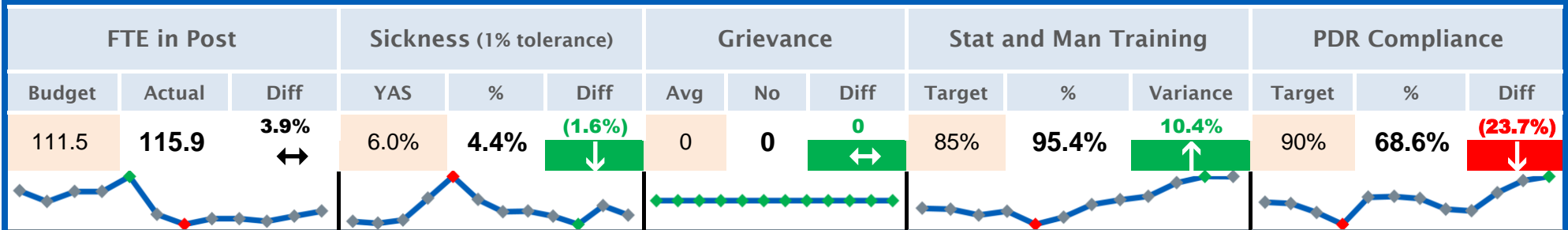
## Quality, Governance and Performance Assurance



## 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

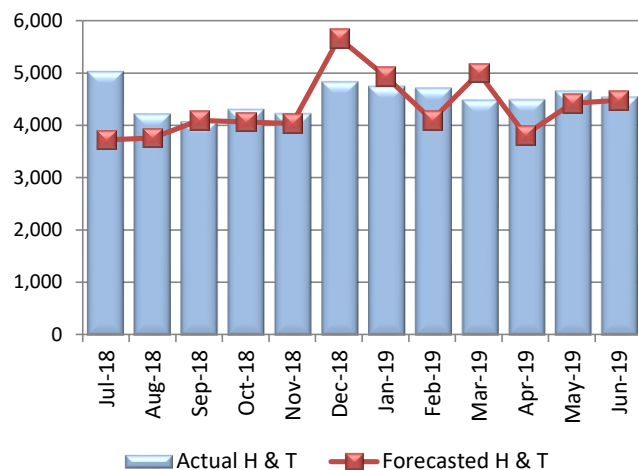
**Updated**  
12.07.19 - PMO



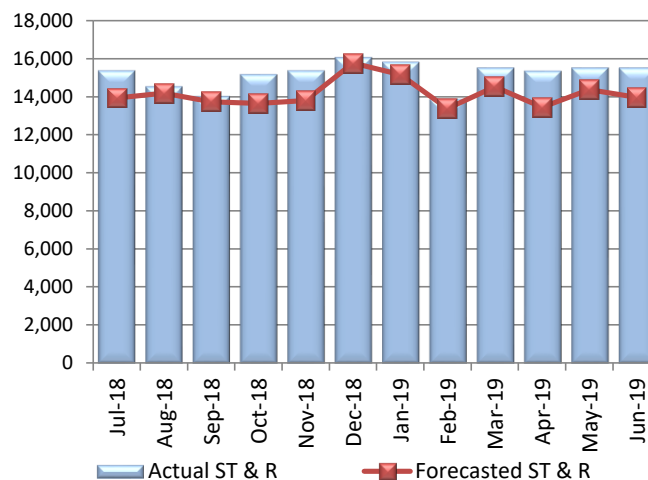
## SERVICE LINES

## 9.1 Activity

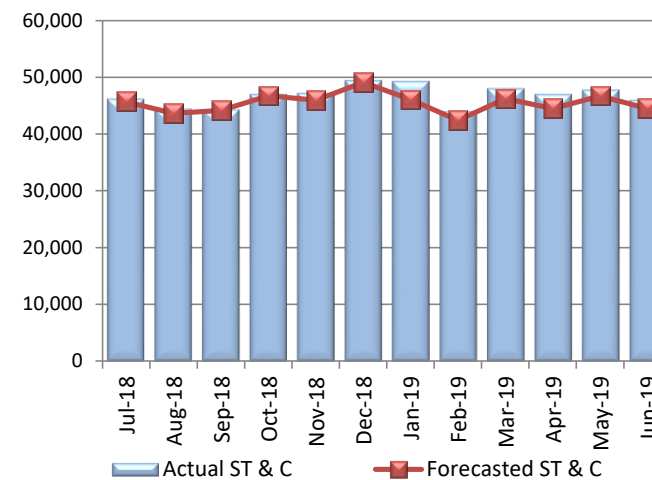
Hear &amp; Treat



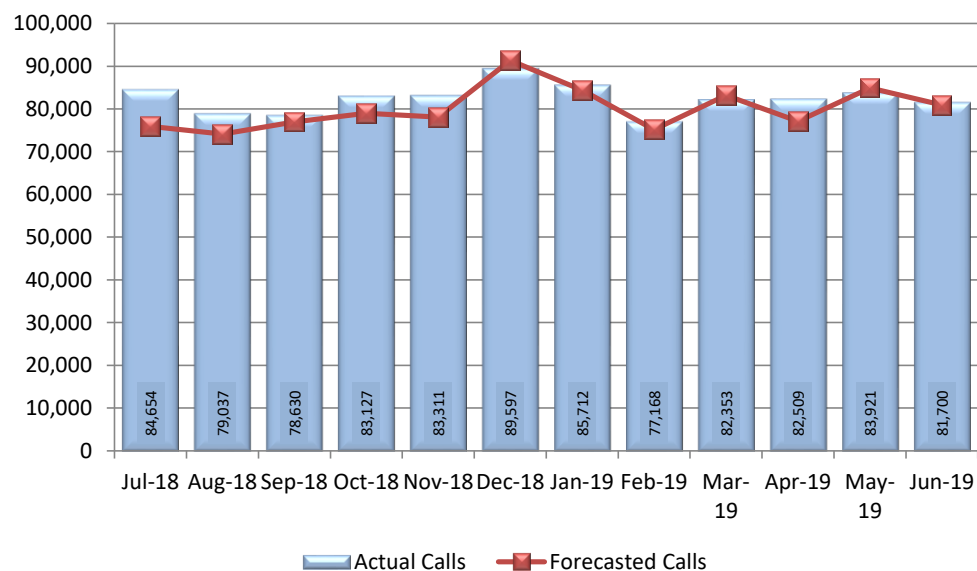
See, Treat &amp; Refer



See, Treat &amp; Convey



Total Calls



## Commentary

**Total Calls** Activity in June decreased by 2.65% against the previous month, with total call activity reporting above trajectory. Overall Demand increased 1.6% against June the previous year.

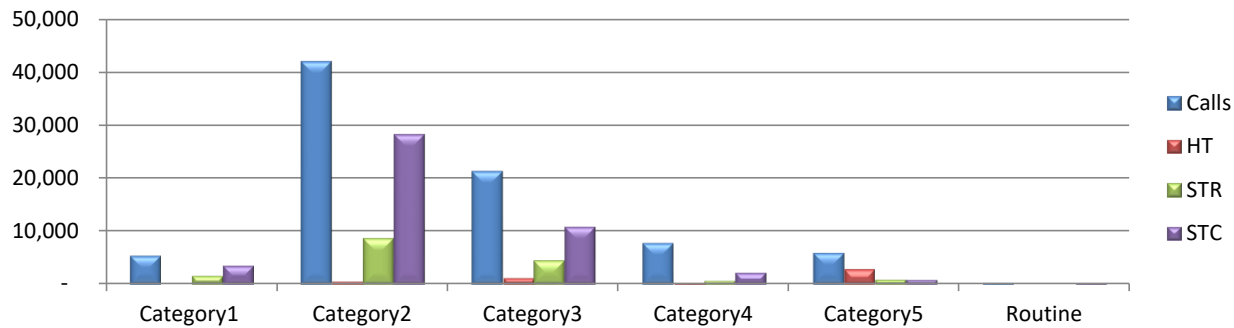
**Hear & Treat** June's Hear and Treat activity decreased by 2.42% against the previous months performance, above forecasted position and 4.4% higher than June the previous year.

**See, Treat & Refer** Activity for June is inline with May, 11% above the projected position and 8.5% higher than June the previous year.

**See, Treat & Convey** Activity for June is 3.8% lower than May, above trajectory and 4.2% higher than June the previous year.

## 9.2 Activity

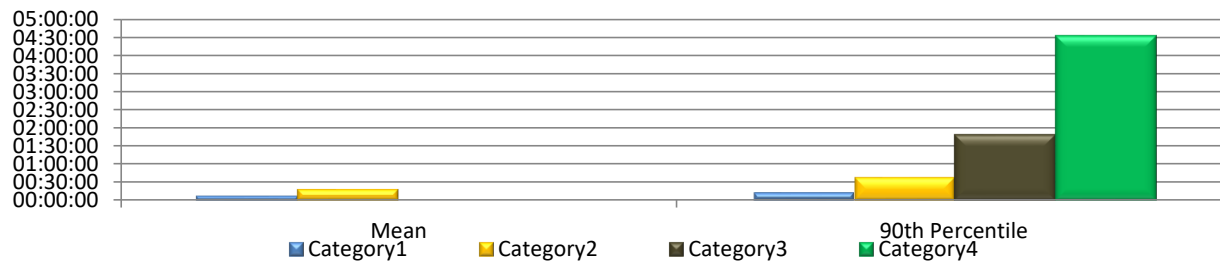
ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,505	14	1,598	3,566	5,164	8.3%
Category2	42,088	546	8,533	28,296	36,829	59.1%
Category3	21,493	1,155	4,483	10,891	15,374	24.7%
Category4	7,899	235	690	2,256	2,946	4.7%
Category5	6,062	2,634	922	891	1,813	2.9%
Routine	302	-	4	231	235	0.4%



	Mean Standard	90 <sup>th</sup> 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

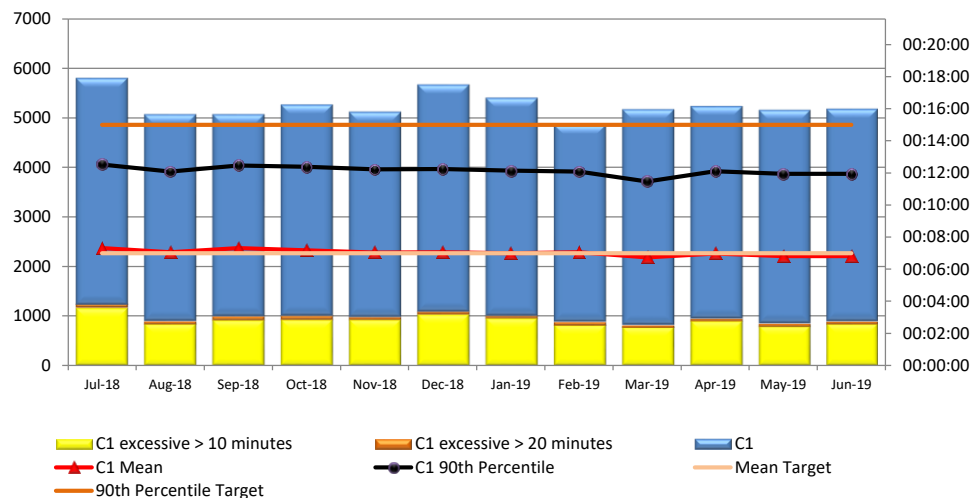
## 9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:06:49	00:11:56	00:07:00	00:15:00
Category2	00:18:46	00:38:14	00:18:00	00:40:00
Category3		01:49:27		02:00:00
Category4		04:33:48		03:00:00

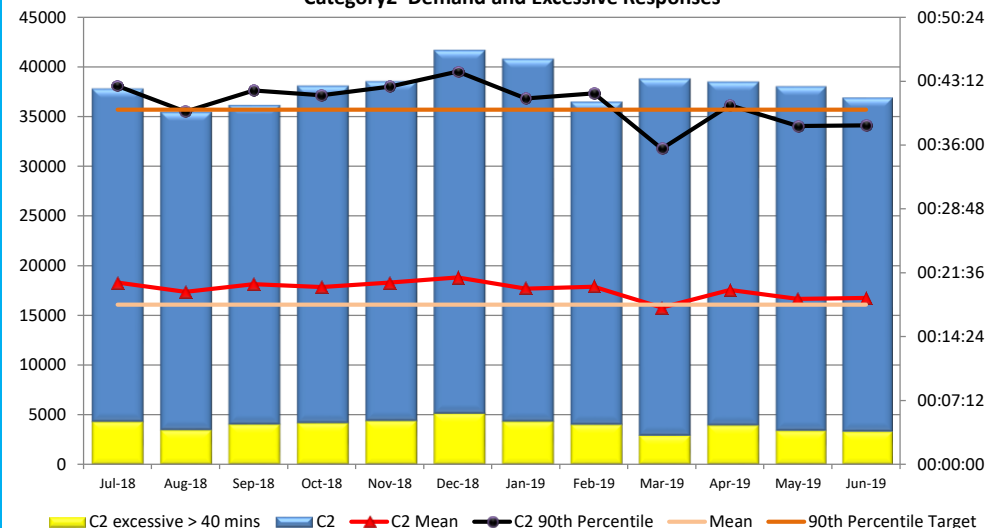


## 9.4 Demand and Excessive Responses with Tail of Performance

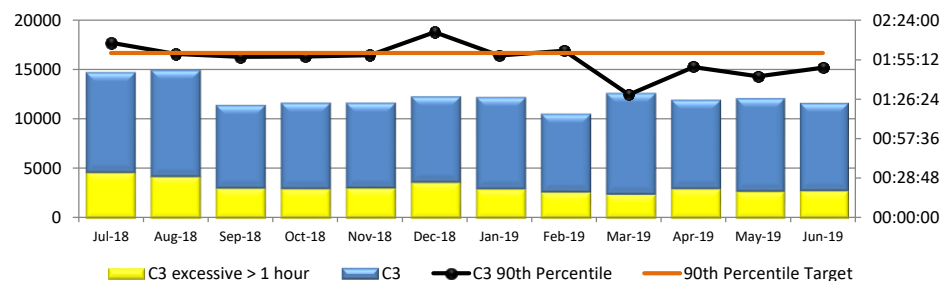
Category1 Demand and Excessive Responses



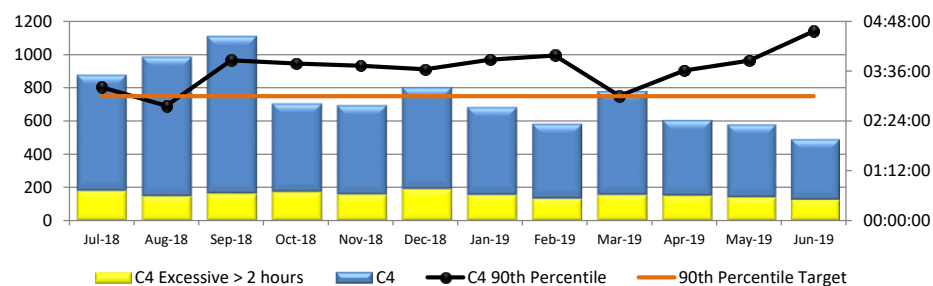
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



## Commentary

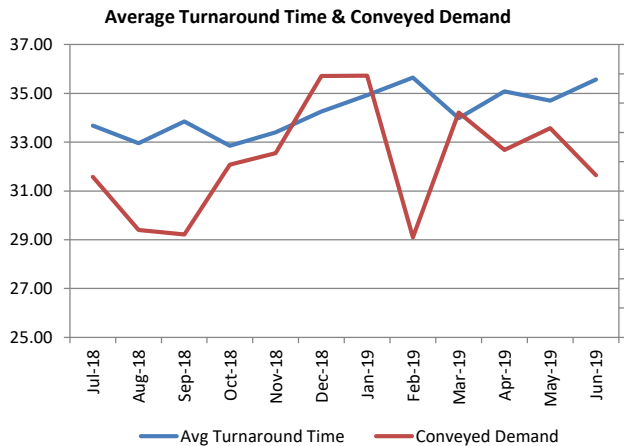
**Category 1** Mean performance for June came in under the 7minute target at 00:06:49 and the fourth consecutive month of achieving target.Excessive responses remain at a low level.90th percentile performance improved slightly and reamains within traget at 00:11:56.

**Category 2** Mean performance for May reported a response of 00:18:46, just outside the 00:18:00 min target. 90th percentile performance reported within target at 00:38:14.

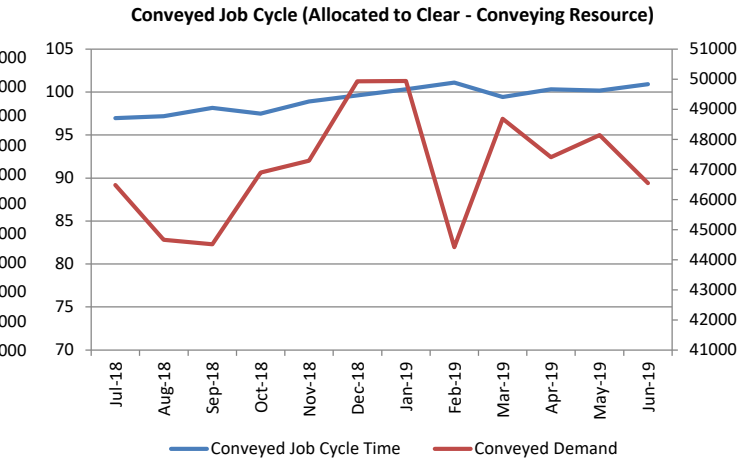
**Category 3** 90th percentile performance reported a 01:49:27 response against a 2 hour target, representing good level of performance.

**Category 4** 90th percentile performance was 04:33:48. 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

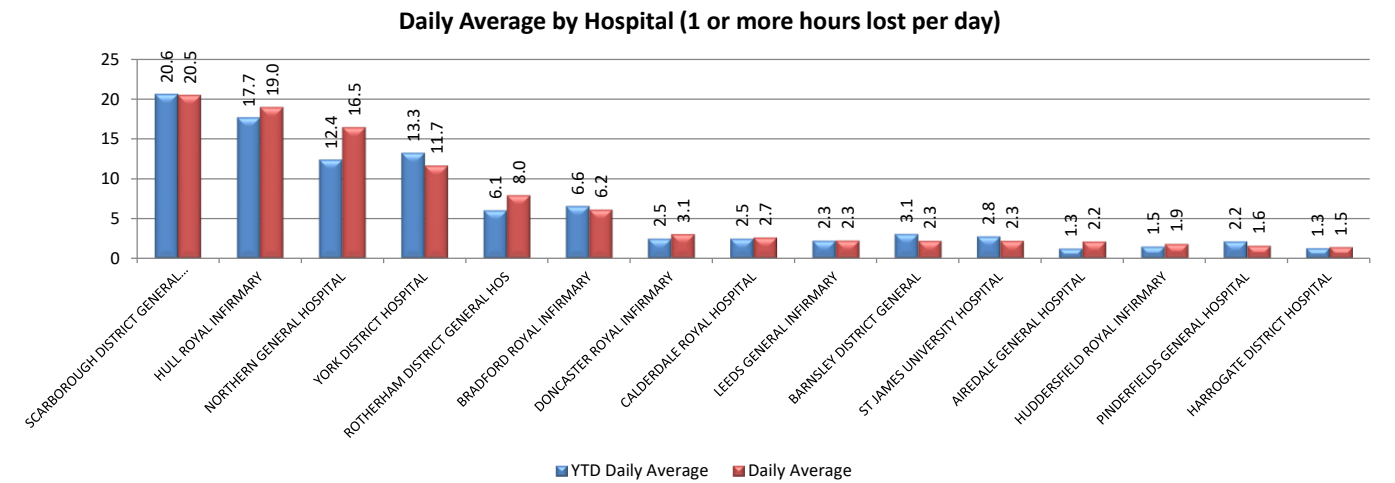
**Turnaround times:** June's times were 2.5% Higher than May and 7.36% higher than the previous year.

**Job Cycle time:** June's job cycle time was in line with May.

**Excessive hours:** June reported a 7.7% increase to excessive hours at hopsital against May.

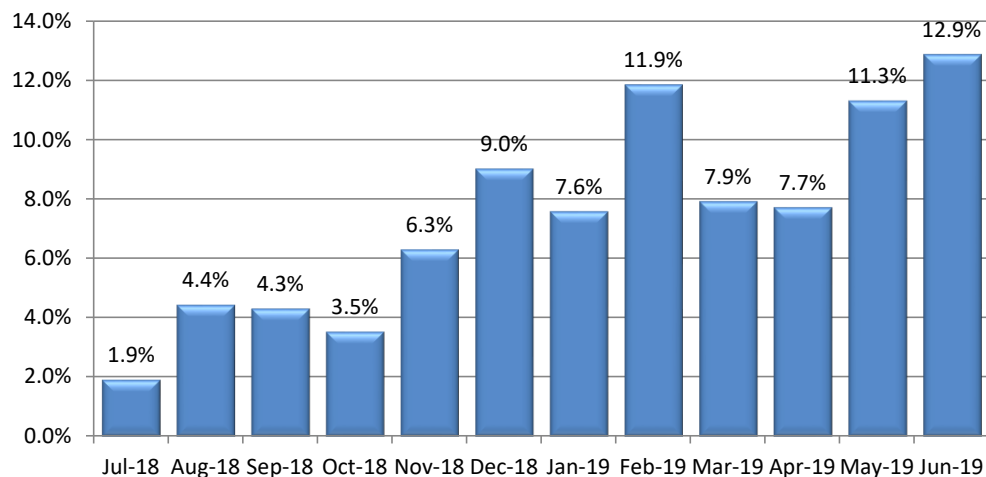
9.7 Hospital Turnaround - Excessive Responses

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Last 12 Months
Excessive Handovers over 15 mins (in hours)	1,952	1,554	1,899	1,834	2,069	2,759	3,484	3,768	2,527	2,977	2,726	3,053	30,602
Excessive Hours per day (Avg)	63	54	61	61	67	92	112	122	84	96	91	98	83

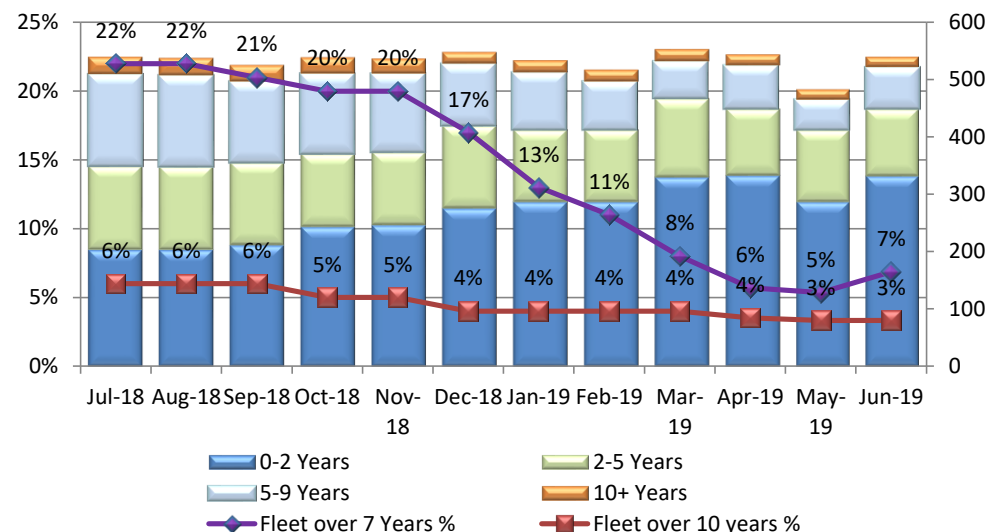


## 9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

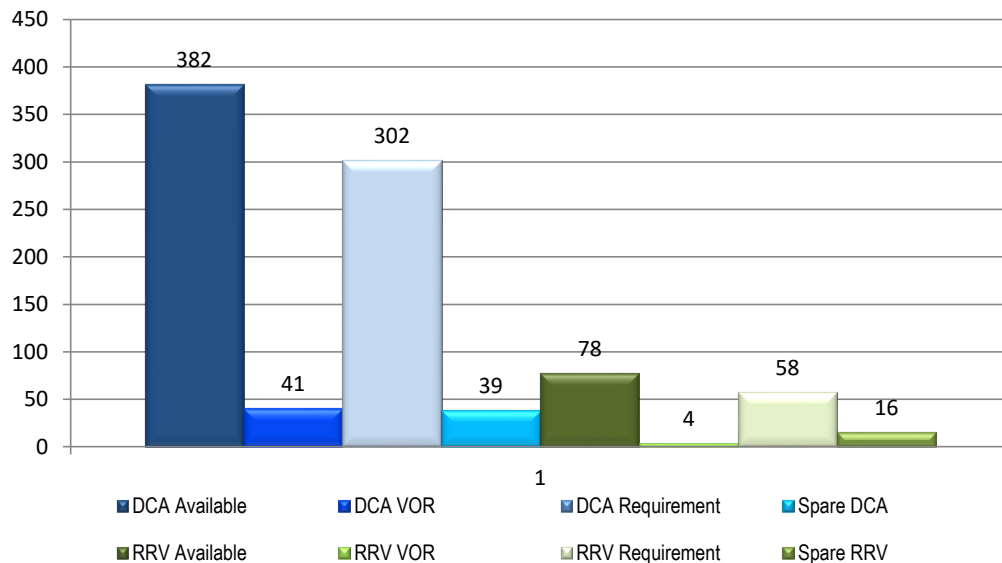


## 9.9 Vehicle Age



## 9.10 Fleet Availability

Trust Wide Average A&amp;E Fleet Availability



## Commentary

**Fleet:** The vehicle availability has had a slight improvement in June although vehicle movements still remain an issue moving vehicles between stations to cover rota lines although Fleet are working closely with Operational colleagues to ensure rota lines have a vehicle at shift start

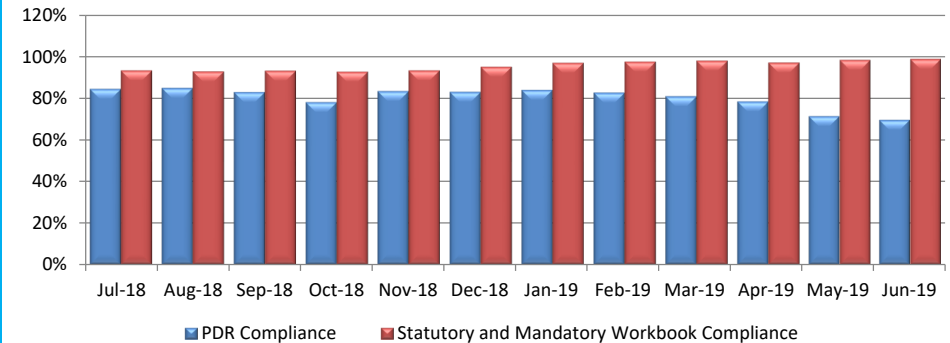
**Deep Clean:** The A&E Deep Clean compliance service level was under pressure during June decreasing from 97.8% to 97.3%. High VOR levels also affect our ability to obtain vehicle along with a high number of unscheduled deep cleans. The key pressure relates to the increase in the size of the DCA fleet arising from the ARP developments and staffing has been reviewed to address this.

## 9.11 Workforce

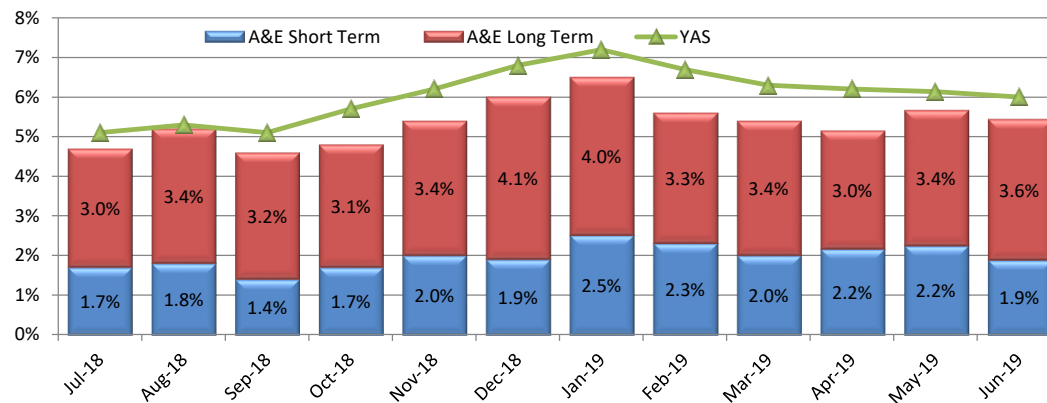
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,725	136	681	1,908	70%
Contracted FTE (before overtime)	2,571	135	559	1,877	73%
Variance	(155)	1	123	(31)	(1.6%)
% Variance	(5.7%)	0.9%	18.0%		
FTE (worked inc overtime)*	2683.9	135	559	1,990	74%
Variance	(41)	1	123		
% Variance	(1.5%)	0.9%	18.0%	82	4.3%

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

## 9.12 Training

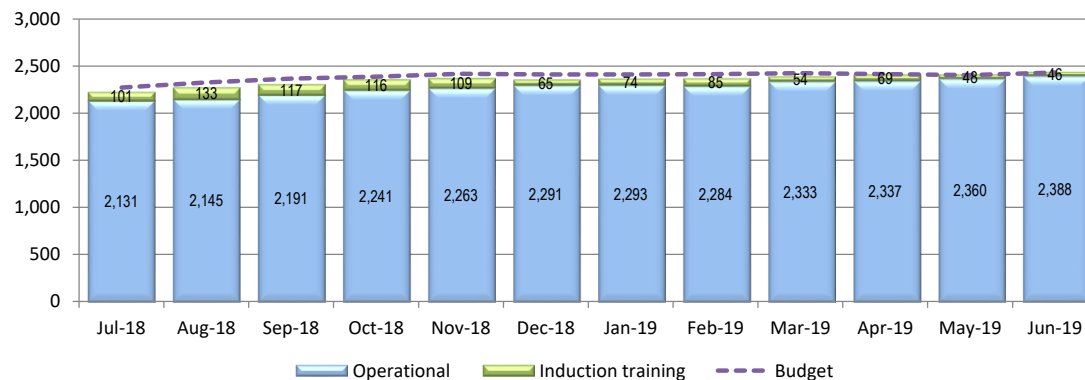


## 9.13 Sickness



## 9.14 A&amp;E Recruitment Plan

## A&amp;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 69.5% against stretch target of 90%. This is a decrease of 2.4% against May's performance.

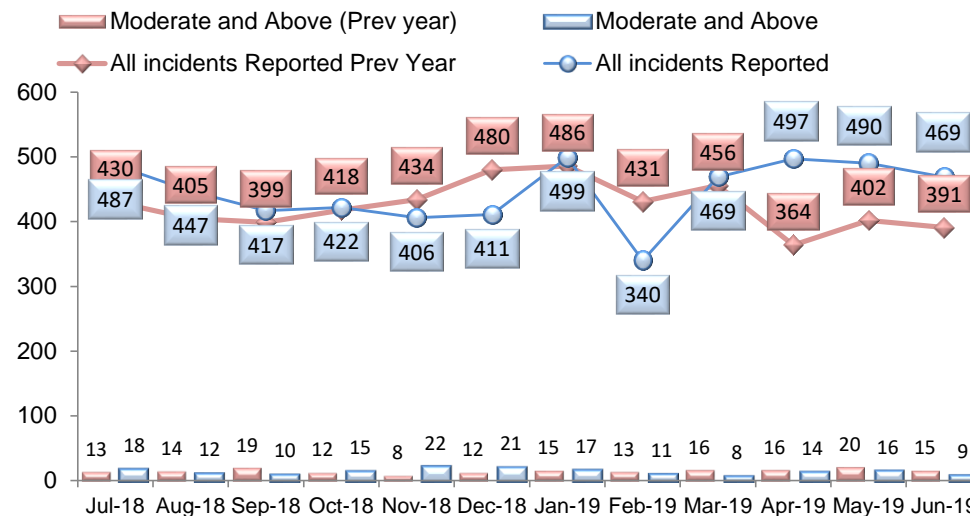
**Sickness:** June's sickness decreased by 0.1% against May at 5.5%, short term sickness reduced, while long term sickness increased. Overall this measure remains under the Trust average of 6%.

**Recruitment:** Workforce plans are being developed for 2019/20 in line with contract negotiation

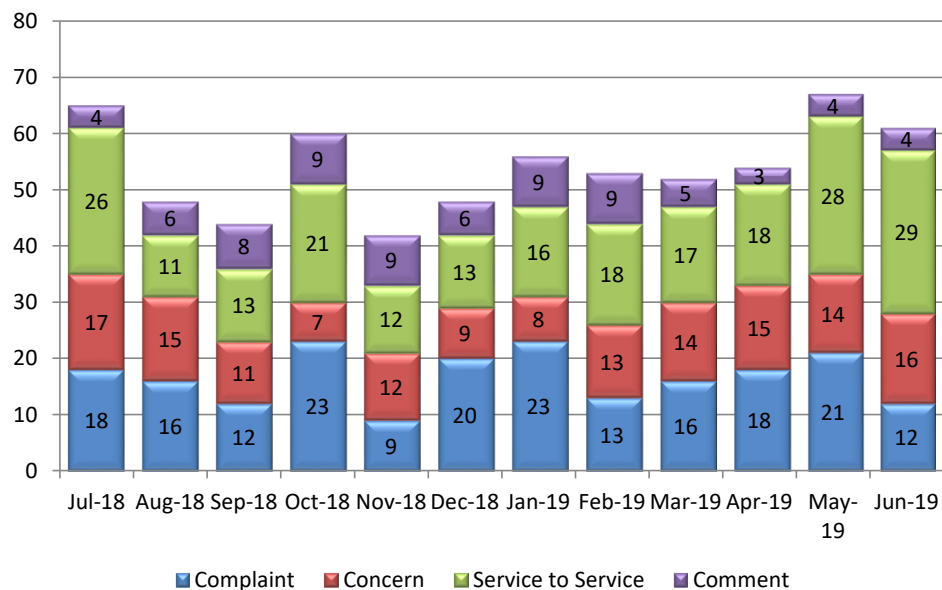
## 9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		1	7
Total Incidents (Per 1000 activities)		0.02	0.04
Total incidents Moderate & above		9	39
Response within target time for complaints & concerns		68%	83%
Ombudsman Cases	Upheld	0	1
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%

## 9.16 Quality, Safety and Patient Experience



## 9.17 Patient Feedback



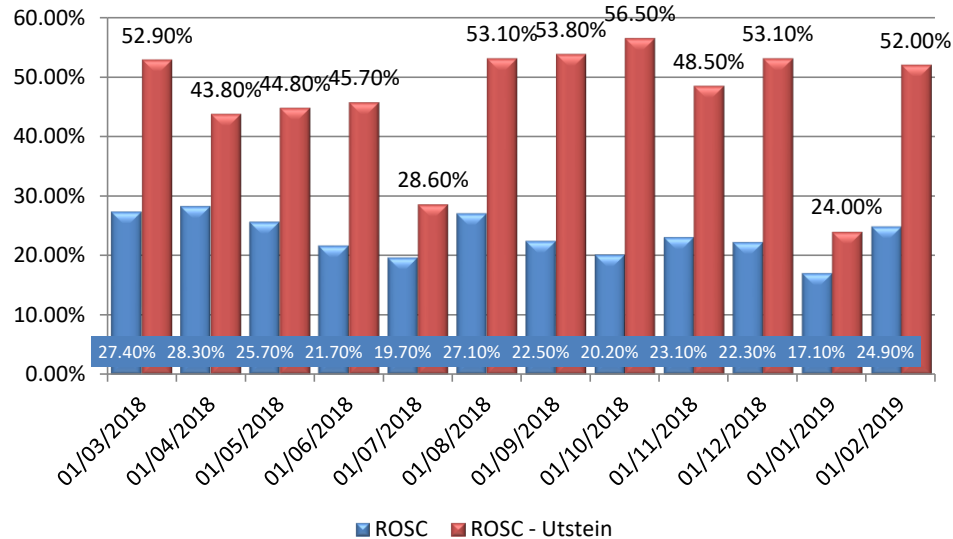
## Commentary

**Incidents:** Total reported incidents decreased by 4.3% from the previous month. Incidents of a moderate level or above remain low.

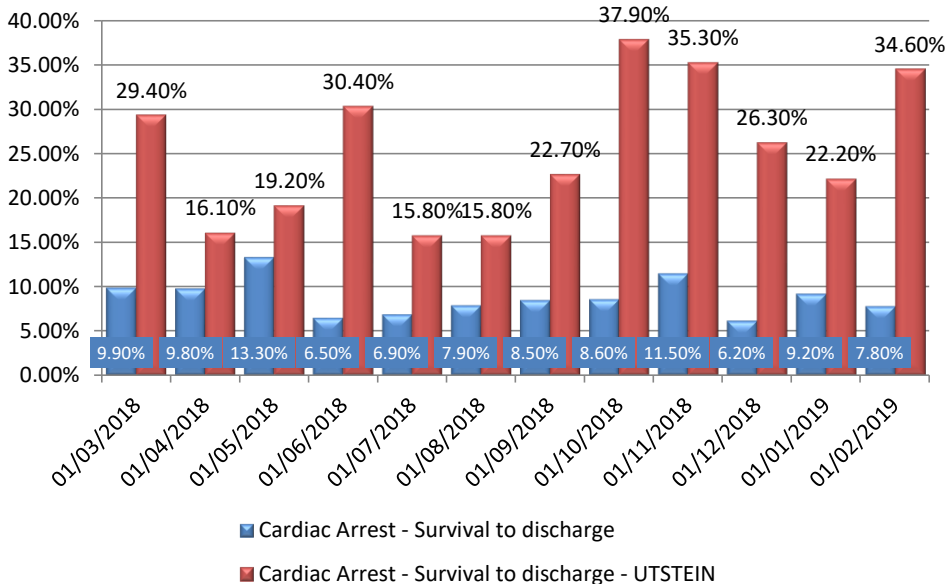
**Feedback:** The breakdown of patient feedback in June is broadly in line with previous months with the exception of complaints which has seen a 43% decrease against the previous month



## 9.18 ROSC &amp; ROSC Utstein



## 9.20 Survival to Discharge



## Commentary

**\*Please note, data is not comparable to previous months due to changes made to the national data specification**

**The figures featured in this report reflect the newly published ACQI data as of June 2019 and differ from previously published data**

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

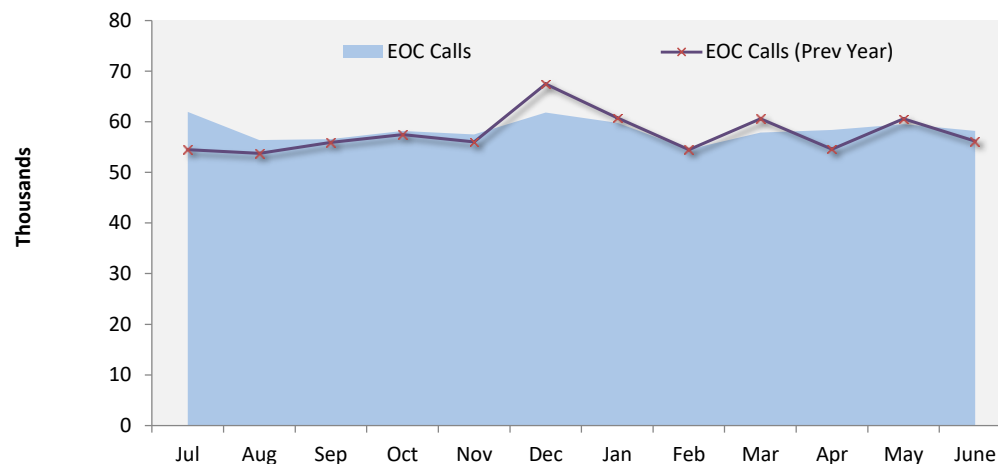
**\*Cardiac Arrest Management**

YAS attempted resuscitation on 287 patients during January 2019, 49 of which had ROSC on arrival at hospital (17.1%). Comparatively 281 patients received resuscitation attempts during February 2019, of which 70 had return of spontaneous circulation (24.9%).

\*Overall Survival to discharge, during January 2019 was 9.2% with 28 out of 303 patients surviving. In comparison, during February 2019 22 patients out of 282 survived (7.8%).

\*\*Survival to Discharge within the UTSTEIN comparator group was 22.2% throughout January 2019, equating to 6 out of 27 patients surviving. In February 2019, 9 out of 26 patients (34.6%) survived within this group.

## 9.21 Activity

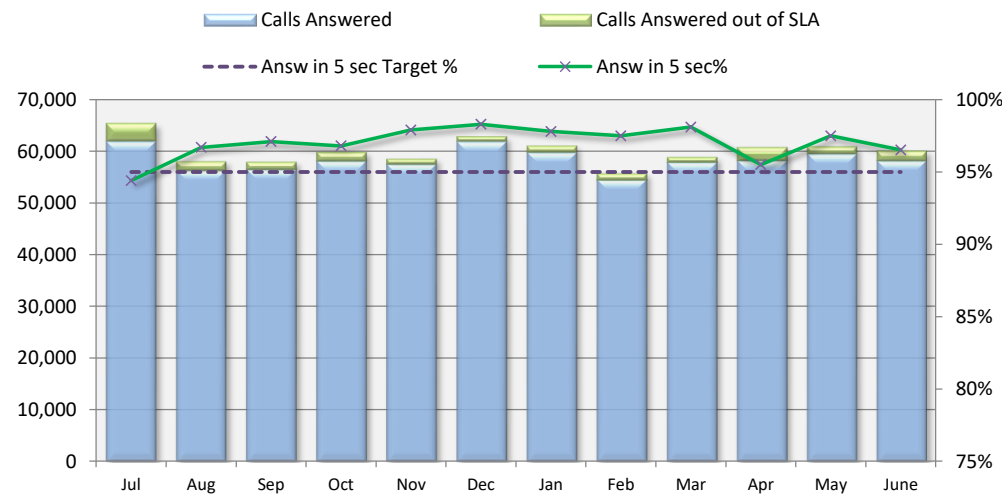


## 9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2019/20	176,170	175,839	6,144	96.5%
2018/19	171,306	169,801	11,422	93.3%
Variance	4,864	6,038	-5,278	
Variance	2.8%	3.6%	(46.2%)	3.2%

## 9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	96.5%	96.5%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Calls Answered out of SLA	3482	1864	1631	1841	1210	1034	1327	1377	1110	2631	1492	2021
Calls Answered	61,860	56,326	56,488	58,113	57,470	61,815	59,777	54,546	57,868	58,202	59,471	58,166
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	94.4%	96.7%	97.1%	96.8%	97.9%	98.3%	97.8%	97.5%	98.1%	95.5%	97.5%	96.5%

## Commentary

**Demand:** June activity decreased 2.3% against May.

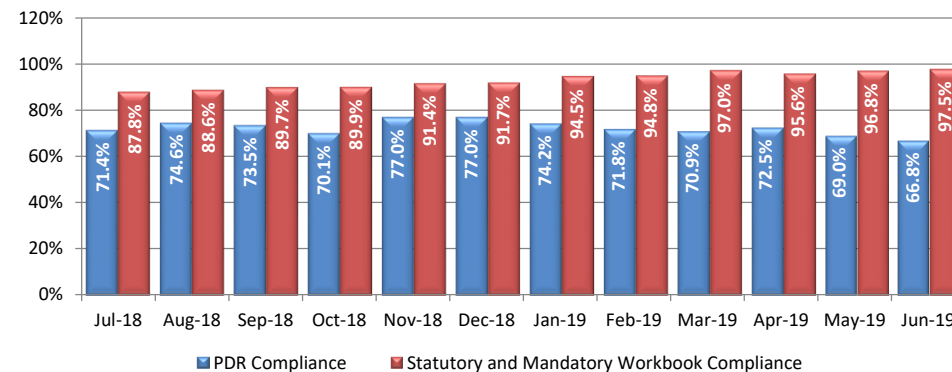
**Answer in 5 sec:** Performance is down 1% on previous month at 96.5%; 1.5% above 95% target and the 12th consecutive month of achieving this target.

## 9.24 Workforce

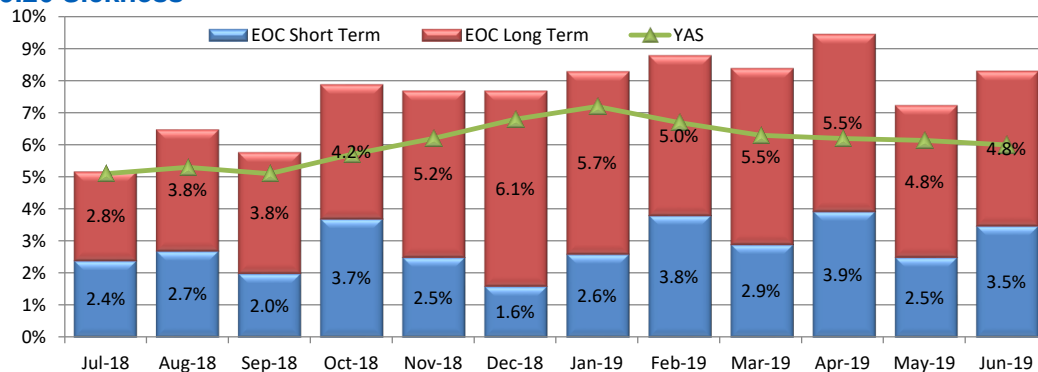
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	329	16.5	82	231	70%
Contracted FTE (before overtime)	309	15.5	77	217	70%
Variance	(20)	(1)	(5)	(14)	(6.1%)
% Variance	(6.1%)	(6.1%)	(6.1%)		
FTE (worked inc overtime)*	310.4	26.7	63	221	71%
Variance	(19)	10	(20)	-10	0
% Variance	(5.8%)	62.1%	(23.9%)		

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

## 9.25 Training



## 9.26 Sickness



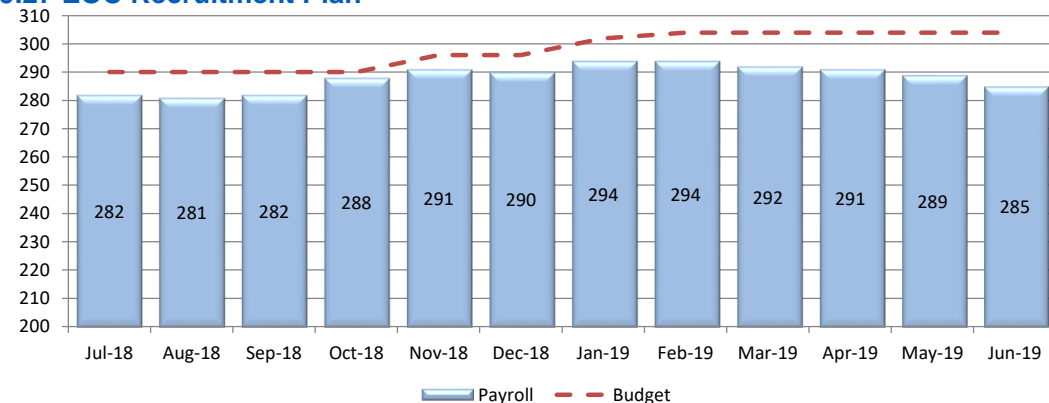
## Commentary

**PDR:** PDR compliance stood at 66.8% in June against a stretch target of 90% and is down 2.2% on the previous month.

**Sickness:** June sickness is reporting at 8.3% above the Trust average of 6%.

**Recruitment:** Additional Clinical Advisers have been recruited to the increased establishment, with 45 CAs in the system. 15 positions will be held for dispatch clinicians, JD currently in the banding process."

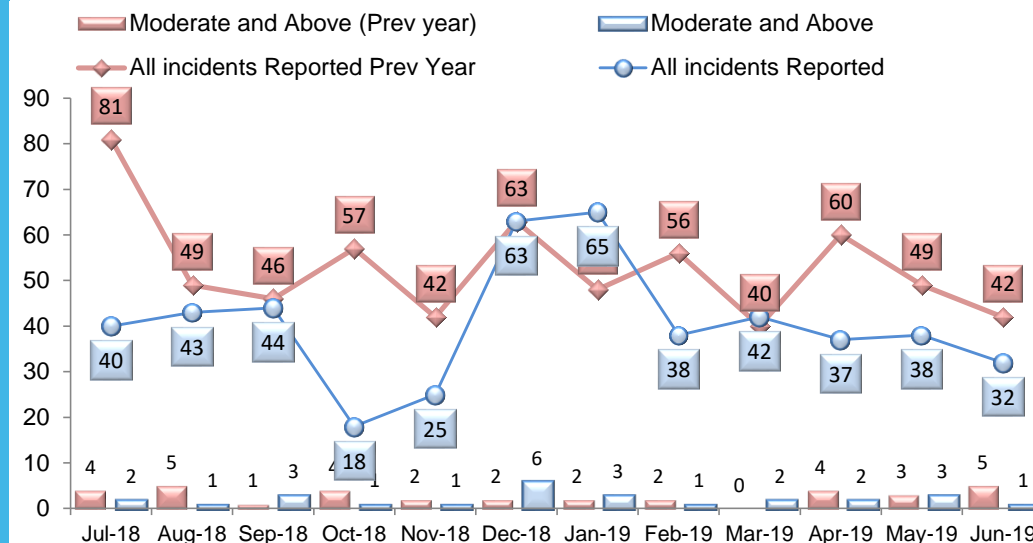
## 9.27 EOC Recruitment Plan



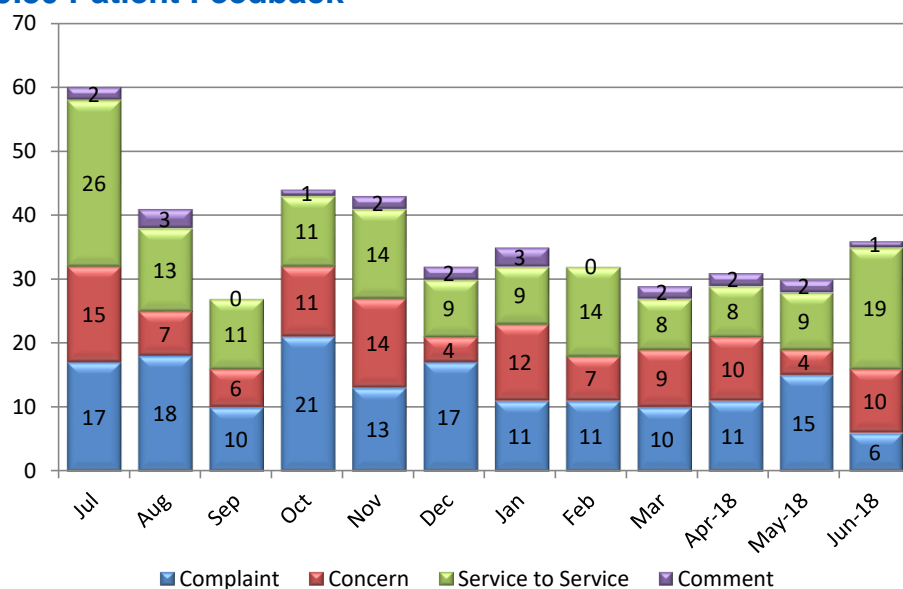
## 9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		1	6
Total Incidents (Per 1000 activities)		0.02	0.03
Total incidents Moderate & above		1	6
Response within target time for complaints & concerns		82%	69%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1
Patient Experience Survey - Qtrly			

## 9.29 Incidents



## 9.30 Patient Feedback

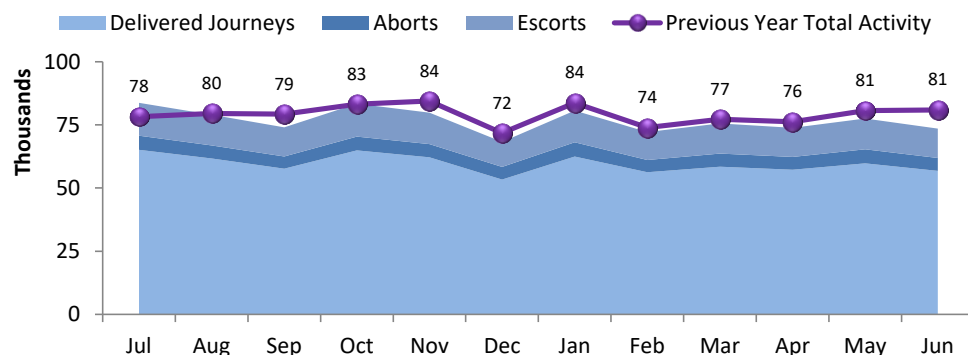


## Commentary

**Incidents:** All reported incidents have decreased and remain lower than the previous year. The number of moderate and above remains at a low level.

**Feedback:** June feedback figures have increased, most noticeable in service to service feedback and concerns, however complaints have reduced.

## 10.1 Demand



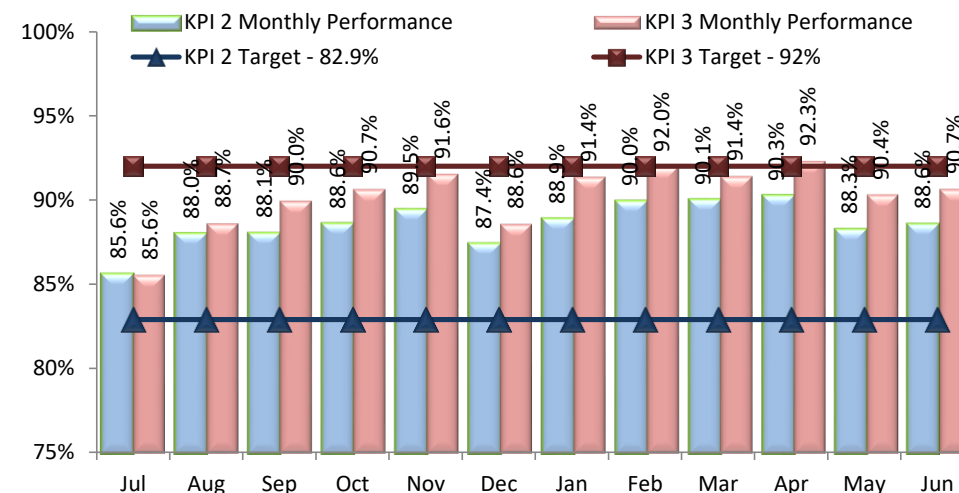
## Comparison to Plan

Jun-19	Delivered	Aborts	Escorts	Total
YTD 2019-20	173,835	15,706	35,331	224,872
Previous YTD* 2018-19	184,528	15,675	37,680	237,883
% Variance	(5.8%)	0.2%	(6.2%)	(5.5%)

\* Demand includes All Activity

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

## 10.2 KPI\* 2 &amp; 3\*\*

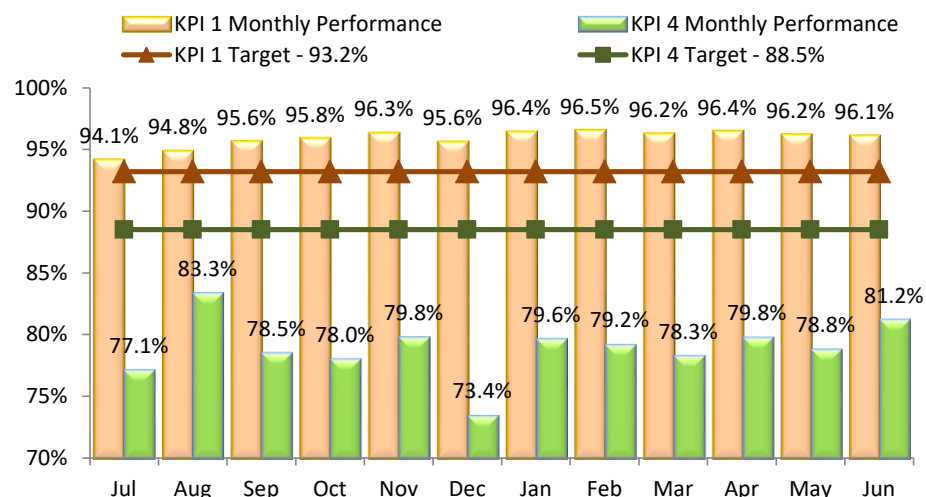


KPI 2\* Arrival prior to appointment

KPI 3 \*\* Departure after appointment

\*\*\* Excludes South

## 10.3 Performance KPI\*\*\* 1 &amp; 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 June decreased by 5% on the previous month and is down by 9% against the same month last year.

**KPI 1** Performance remains above the 93.2% target.

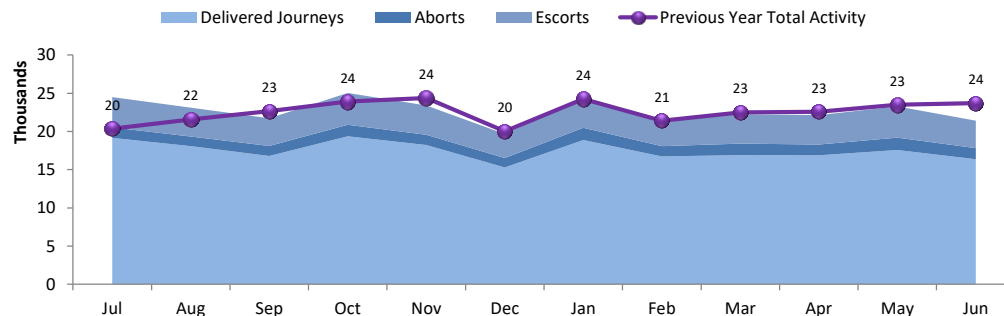
**KPI 2** Inward performance remains above the "arrival prior to appointment" target.

**KPI 3** The outward performance increased slightly to 90.7%. The annual target is 92%.

**KPI 4** The performance of outward short notice bookings picked up within 2 hours is ahead of YTD performance in June but below consolidated KPI target. In June the KPI Target for West Yorkshire Consortia as part of the SDIP was revised to 85%.

This is "Unplanned / short notice" Acute activity.

## 10.1 Demand



## Comparison to Plan

Jun-19	Delivered	Aborts	Escorts	Total
YTD 2019-20	50,815	4,473	11,529	66,817
YTD 2018-19	54,456	4,024	11,258	69,738
% Variance	(6.7%)	11.2%	2.4%	(4.2%)

## 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 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  
 GP2 - patients requested and delivered within 120 minutes (GP Urgent 1 & 2 not visually shown on performance graphs)

## Commentary

C1 Performance for June 2019 was 99.5% against a target of 90% the level of performance is consistent across all CCG areas.  
 C2 Performance has shown a slight increase in recent achievements at 89.2% and year to date stands at 89.6% which is virtually on target to meet its KPI.

C3 Performance has also shown a slight improvement in recent achievements at 89.6% and year to date is meeting KPI at 90%, showing that patients are regularly arriving for their appointments on time.

C4 Performance for pre-planned outwards patients collected within 90 mins has seen a slight improvement from last month to 83.8%, the continues raise in complex patients has a significant impact on this KPI. Further work with Sheffield is to take place to ensure consistency of service delivery and this month have seen a slight improvement from May 2019 by 5.5% to 77.7%.

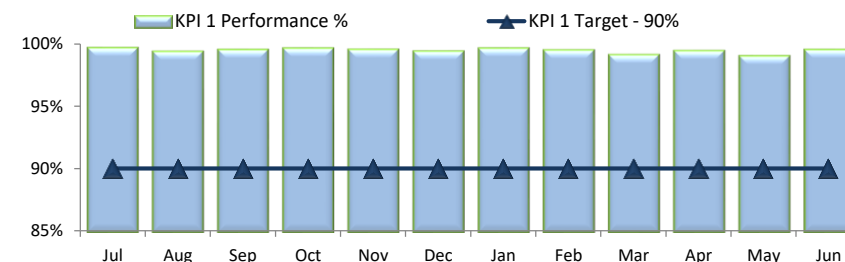
C5 Performance for short notice and On Day Patients has seen a fall in performance to 64.8% with all areas experiencing a decrease in performance.

The discharge service experienced a drop in performance to the previous month and stands at 64.2%.

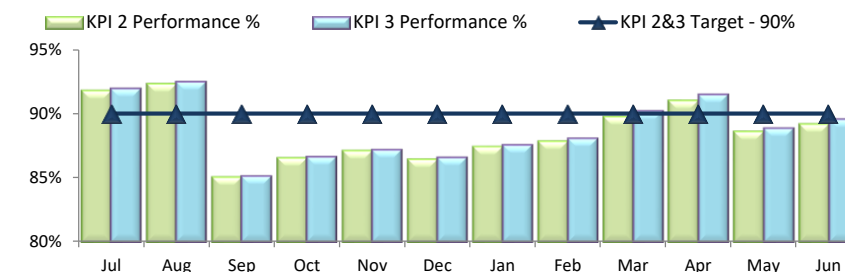
The GP urgent service has seen a fall in performance for month of June, GP 90 mins stood at 42%, GP 120 mins was 84.9% and GP03 was 87.8% .

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

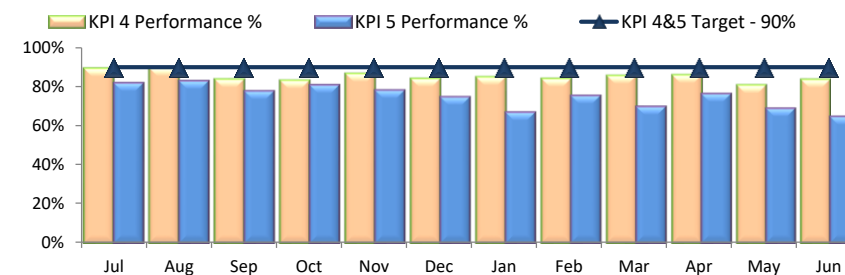
## 10.2 KPI 1 - Journeys no longer than 120 Mins



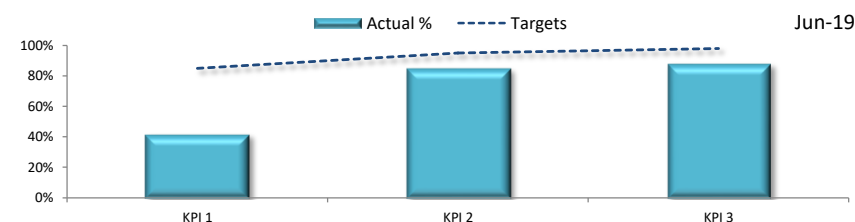
## 10.3 KPI 2&amp;3 - Inwards Journeys



## 10.3 KPI 4&amp;5 - Outwards Journeys

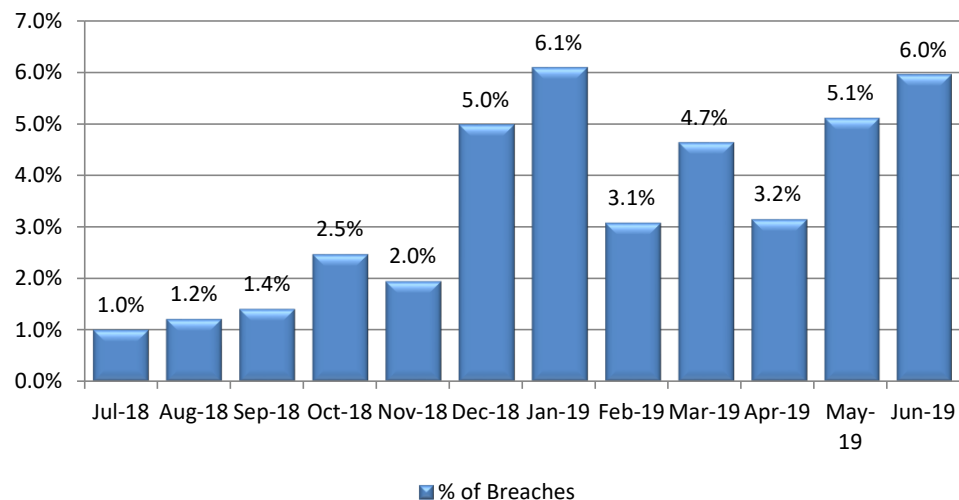


## 10.3 GP Urgent Performance

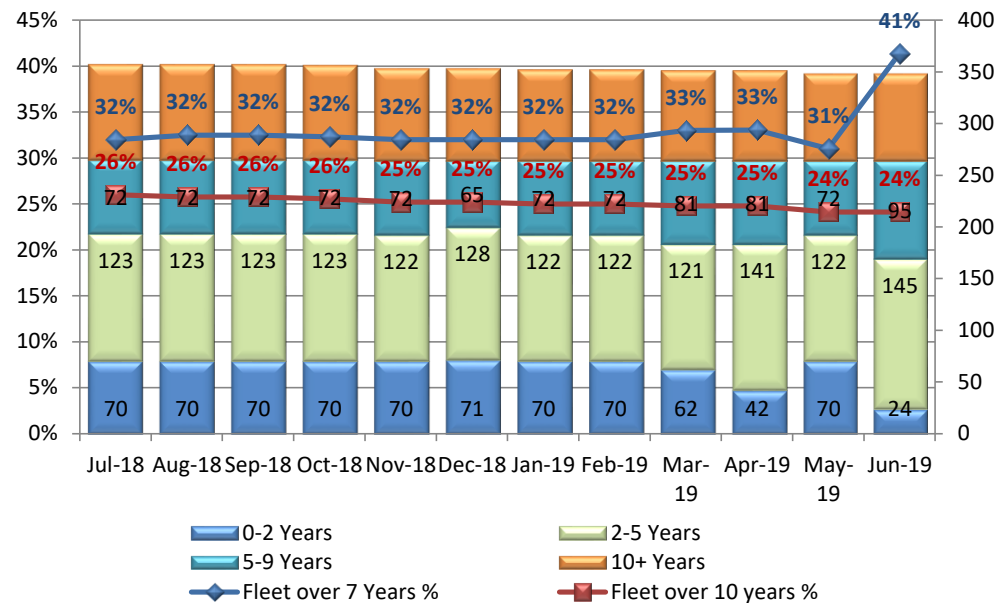


## 10.4 Deep Clean (5 weeks)

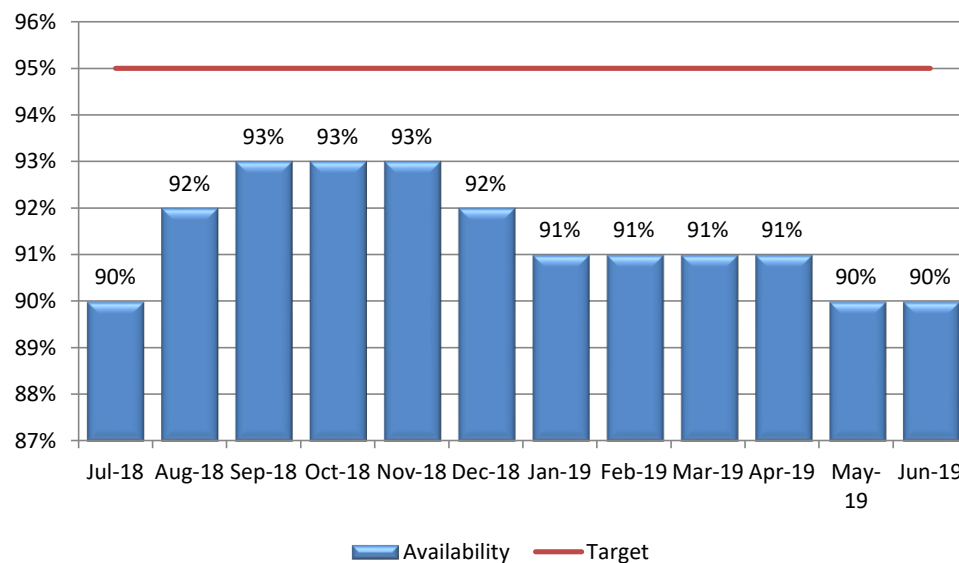
## % of Breaches



## 10.5 Vehicle Age



## 10.6 Vehicle Availability



## Commentary

**Fleet:** PTS vehicle availability has held at 90% for the second month with vehicle age still accounting for a high number of VOR. It is becoming increasingly difficult to get parts for older vehicles which is increasing downtime. Fleet are working closely with PTS colleagues to minimise impact.

PTS Operations feedback - the non-compliant PTS deepclean breaches; the majority are due to the vehicle being "off the road" and in a workshop not available to the deep clean crews.

**Deep Clean:** The PTS vehicle Deep Cleaning Service Level remains just below 99% with a difference of 2 vehicles over the whole period.

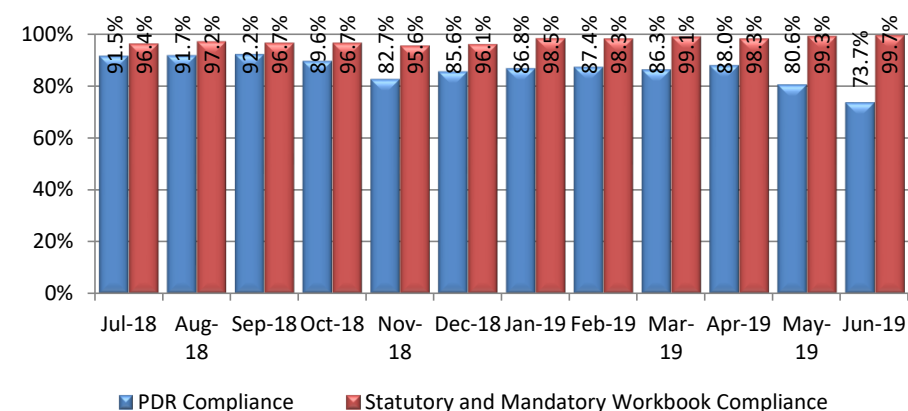
## 10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	612	31	122	459	75%
Contracted FTE (before OT)	548	30	103	415	76%
Variance	(64)	0	20	(44)	(9.6%)
% Variance	(10.5%)	1.0%	16.1%		
FTE worked inc overtime	580	30	103	447	77%
Variance	33	0	20	(12)	(2.7%)
% Variance	5.3%	1.0%	16.1%		

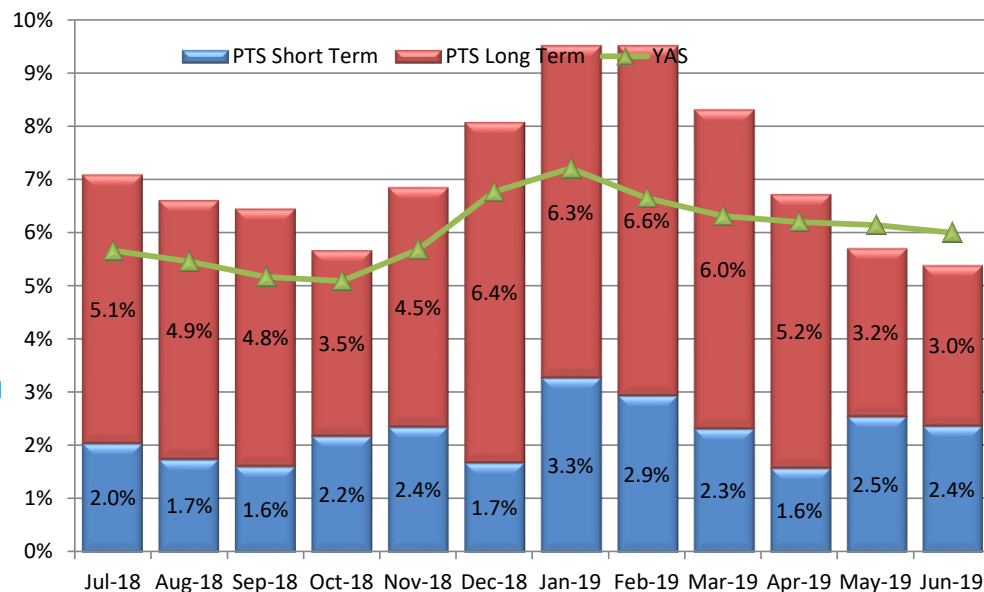
\*\* FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

\*\* Sickness and Absence (Abstractions) is from GRS

## 10.8 Training



## 10.9 Sickness



## Commentary

**PDR** compliance decreased by 6.9% in June to 73.7% and is below the 90% Trust target. Work continues to deliver the target. It is believed this may be a reflection of an issue in the recording process rather than a reduction in PDRs completed.

**Statutory and Mandatory Workbook** compliance is at 99.7% and remains well above the 90% Trust target.

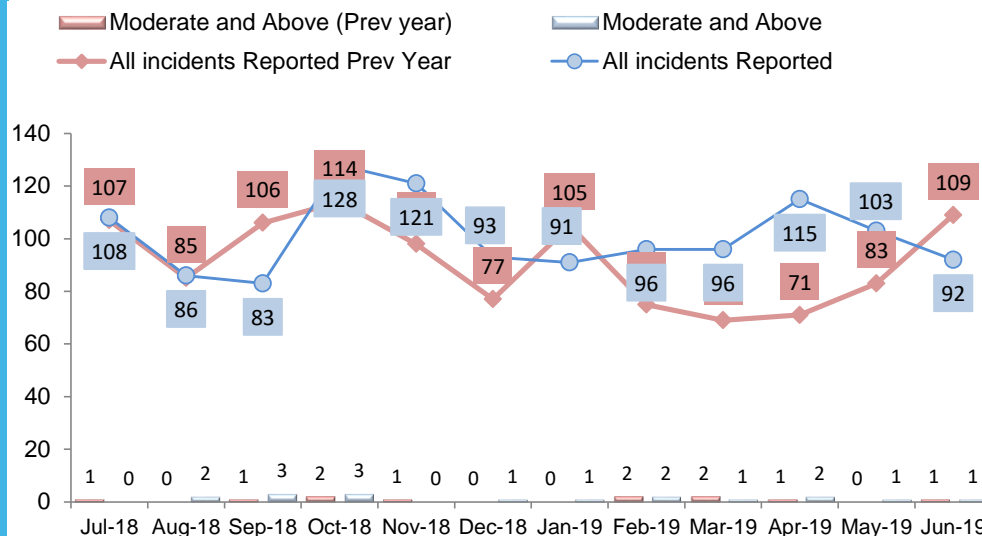
**Sickness** Reporting below the Trust average for the second time since June 2018 at 5.4%; and the best level that PTS have achieved in the past 12 months; significantly lower than winter levels.



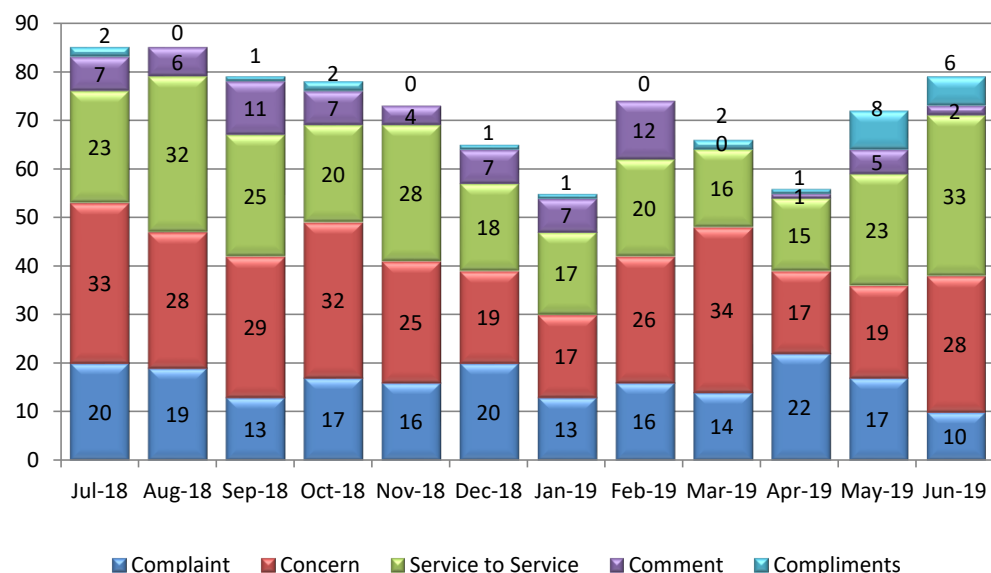
## 10.10 Quality, Safety and Patient Experience

		Jun 2019	2019-20
Serious Incidents		0	0
Total Incidents (per 1000 activities)		0.000	0.000
Total incidents Moderate & above		1	3
Response within target time for complaints & concerns		86%	88%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0
Patient Experience Survey - Qtrly		0.0%	0.0%
Call Answered in 3 mins - Target 90%		89.4%	90.5%

## 10.11 Incidents



## 10.12 Patient Feedback



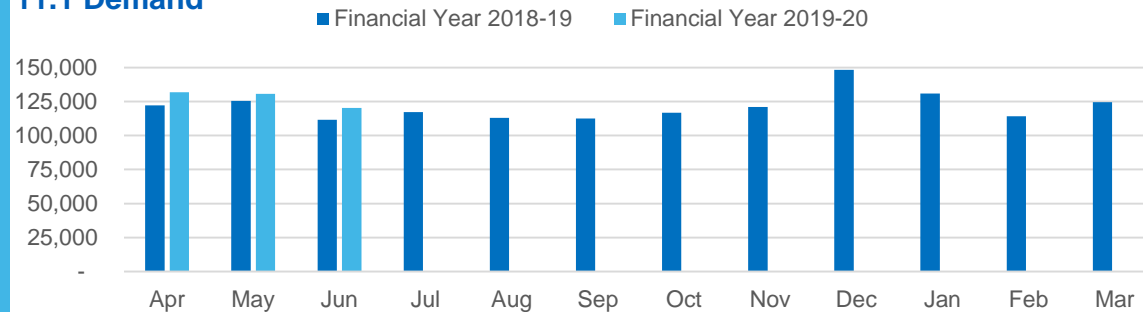
## Commentary

**Quality, Safety and Patient Experience:** The proportion of calls answered in 3 minutes increased to 89.4% in June just below the 90% target. It should be noted that PTS reservations took on the "on-day" call volume in June, so for the team to maintain their call answering time KPI has been exceptional.

**Incidents:** The number of reported incidents within PTS during June decreased by 10.7% against the previous month and is 15.6% lower than June the previous year.

**Patient Feedback:** Feedback increased by 9.7% in June versus May. Compliments remain high which is positive; service to service also increased.

## 11.1 Demand



\*2018/19 Calls Answered and Answered in 60 secs excludes dental calls to allow a like for like comparison

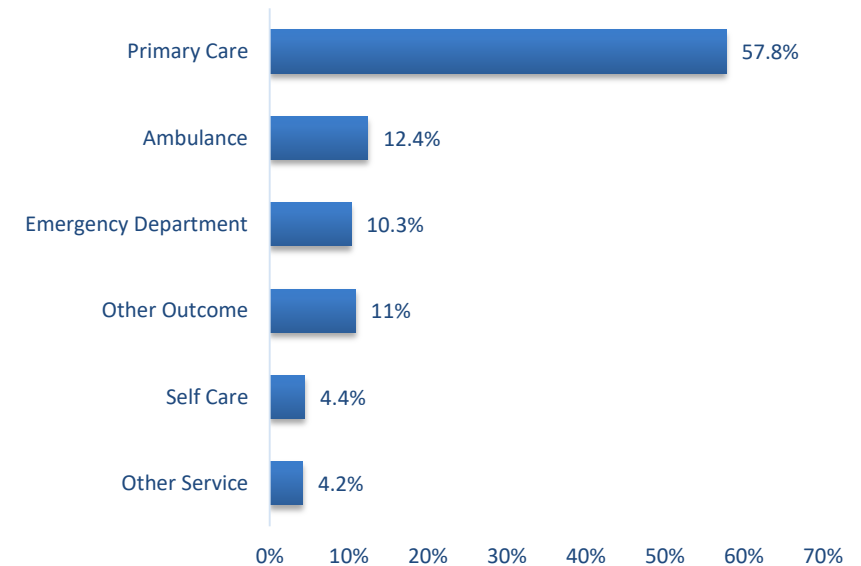
Demand Summary	June 2019	YTD
Calls Answered 2019-20	120,255	382,788
Calls Answered 2018-19 (excl. dental)*	111,582	359,149
Variance	7.8%	6.6%
Contract Floor	116,938	369,154
Variance	2.8%	3.7%
Contract Ceiling	121,711	384,222
Variance	-1.2%	-0.4%
Calls Answered SLA <60s % (90% target)	88.7%	90.5%

## 11.2 Performance

IUC KPIs	Target	Jun-19
Core Clinical Advice	30%	31.5%
Call Backs Made within 1 hour %	60%	59.4%
Direct Bookings - System Indicator *	30%	47.1%
Bookings into UTC - System Indicator*	50%	54.4%
Bookings into IUC Treatment Centres - System Indicator *	95%	60.8%
ED Validations	50%	57.4%
Ambulance Validations	95%	98.0%

\* U&EC whole system measures - national KPI for IUC treatment centres is a new measure and currently under monitoring with NHS England to be reviewed

## 11.3 Outcomes



## Comment

The new IUC service for Yorkshire & Humber went live April 19  
A new dedicated regional dental clinical assessment & booking service (CABS) for dental patients age five and over is managed under a separate contract by a new CABS provider which means these calls should no longer be taken by YAS.

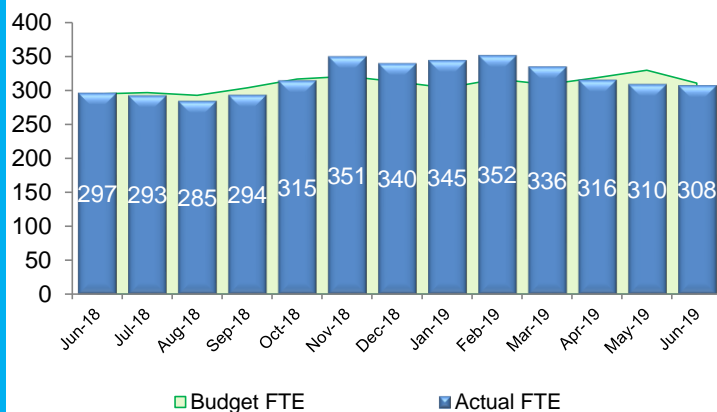
Actual demand for IUC was 2.8% above the contract floor and 7.8% above last financial year after adjusting for the lost of dental demand for patients aged 5 and above. The IUC service has taken more dental demand than anticipated since April due to initial implementation issues with the new dental service. This is being addressed with NHS England.

YAS maintains YTD position for all contractual KPIs although June was a challenging month in terms of capacity which affected Call Answered and Call Back performance. Some of the national IUC KPIs are still under review in terms of the target measure; in particular the overall booking target. This service now reports on new KPIs in line with the new contract and NHS England IUC Spec.

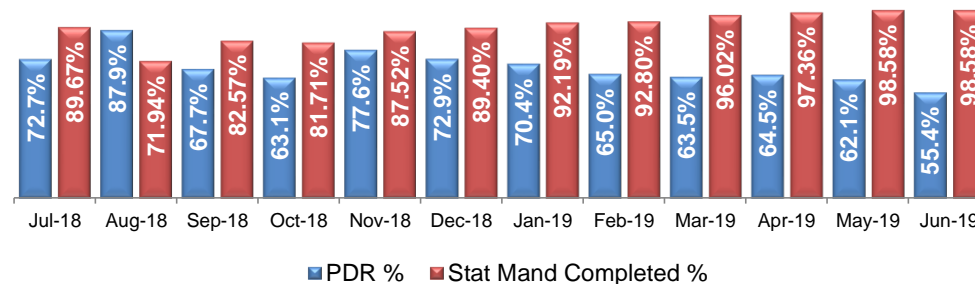
## 11.8 Workforce FTE - Call Handler &amp; Clinician

	Total
Budget FTE	311
Actual FTE deployed	308
Variance	-3
Variance %	-1.0%

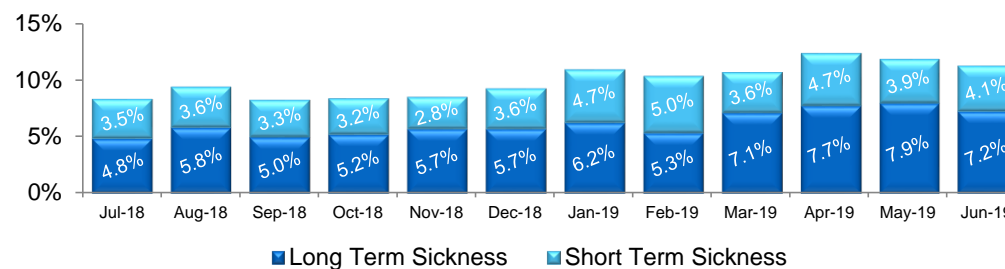
## 11.9 Recruitment Plan



## 11.10 Training



## 11.11 Sickness

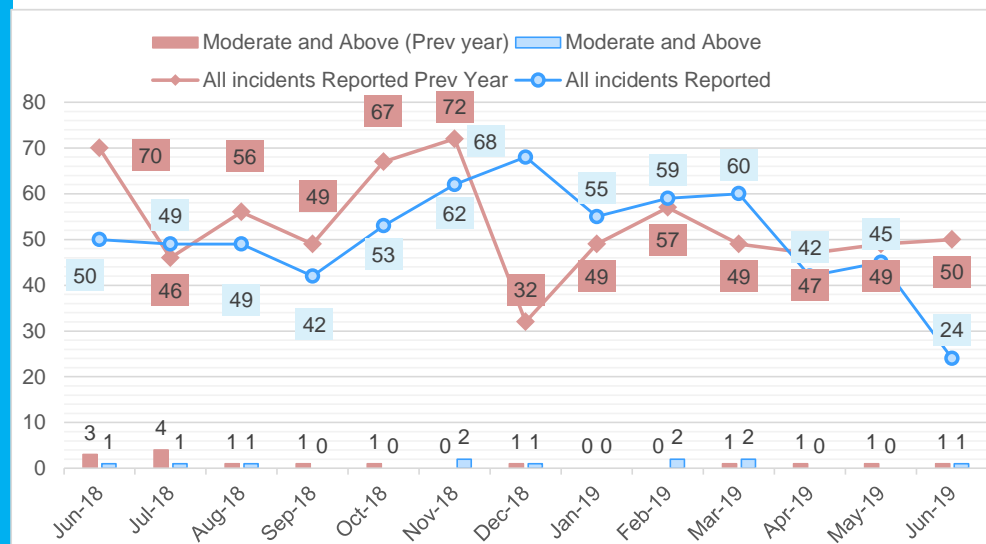


**Commentary** Following the review of quarter one demand and the challenges with excess dental calls, the staff capacity plan has been revised to increase the base staffing levels from the floor level to the ceiling, with additional training courses in August and November to accommodate the additional staff. This decision has also been taken in light of NHS England guidance on national marketing and an expectation of additional demand in Oct/ Nov. A full absence review is been undertaken, following the change to OH provider to understand the levels of absence further. PDRs are now underway following the IUC mobilisation.

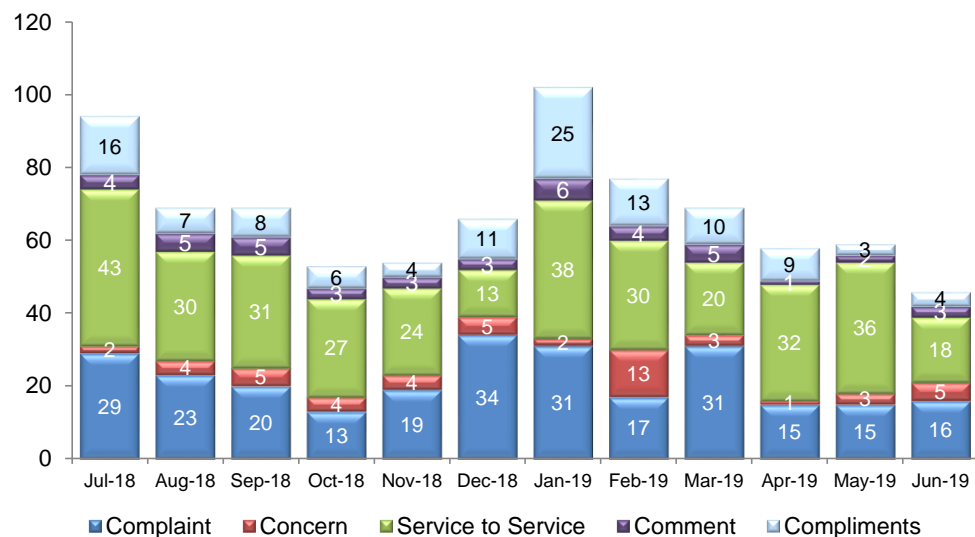
## 11.12 Quality, Safety and Patient Experience

		Jun-19	YTD
Serious Incidents		0	0
Total Incidents (per 1000 activities)		0.00	0.01
Total incidents Moderate & above		1	1
Response within target time for complaints & concerns		93%	93%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	0

## 11.14 Incidents



## 11.13 Patient Feedback



## Commentary

No SIs reported for June 2019.

16 patient complaints were received in June 2019. Themes and trends from these are reviewed by the governance team and actions taken to support improvements in service.

The number of compliments similar to last month, with 4 received during June 2019.

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

# ANNEXES

System (June 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
<b>Total Incidents (HT+STR+STC)</b>	66,992	103,354	96,939	62,329	69,444	72,631	33,293	88,434	59,601	47,785
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	62.9%	67.1%	61.1%	66.2%	68.8%	60.3%	65.3%	54.3%	59.4%	53.0%
C1 Incidents	7.7%	12.1%	9.4%	9.6%	10.0%	5.9%	7.5%	6.0%	6.0%	5.0%
C2 Incidents	55.1%	55.0%	51.7%	56.6%	58.7%	54.4%	57.8%	48.3%	53.4%	48.0%
C3 Incidents	17.4%	19.1%	21.1%	19.5%	16.1%	24.9%	22.5%	35.0%	30.5%	30.6%
C4 Incidents	3.4%	2.1%	4.2%	1.0%	2.7%	2.0%	1.1%	1.4%	0.8%	1.8%
HCP 1-4 Hour Incidents	9.4%	3.0%	3.0%	4.8%	3.4%	3.3%	6.4%	5.4%	3.2%	7.3%
Hear and Treat	6.8%	7.4%	7.7%	8.5%	6.2%	6.6%	4.4%	3.5%	6.1%	7.3%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:06:49	00:06:36	00:07:21	00:07:35	00:07:58	00:06:59	00:06:46	00:06:48	00:08:18	00:07:09
C1-90th centile response time (Target 00:15:00)	00:11:56	00:10:59	00:12:23	00:13:43	00:14:25	00:12:54	00:10:42	00:11:55	00:13:52	00:12:57
C2-Mean response time (Target 00:18:00)	00:18:46	00:21:29	00:22:09	00:28:13	00:27:16	00:29:27	00:27:06	00:12:58	00:21:31	00:16:51
C2-90th centile response time (Target 00:40:00)	00:38:14	00:44:37	00:47:09	00:58:02	00:56:20	01:01:47	00:56:39	00:23:57	00:41:14	00:34:04
C3-90th centile response time (Target 02:00:00)	01:49:27	02:38:24	02:32:15	03:04:34	04:08:21	03:05:49	03:54:29	01:40:05	04:17:58	01:54:36
C4-90th centile response time (Target 03:00:00)	01:58:53	03:34:04	02:58:21	02:52:01	04:07:09	03:46:29	03:06:41	02:27:54	05:29:06	02:33:48
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.4%	58.6%	58.5%	61.6%	58.3%	53.1%	58.3%	57.5%	61.1%	53.7%
Incidents with transport not to ED	8.5%	6.3%	6.4%	4.5%	2.7%	4.7%	10.9%	3.7%	1.2%	6.0%
Incidents with face to face response	24.2%	27.6%	27.4%	25.4%	32.8%	35.7%	26.4%	35.2%	31.6%	32.9%

Clinical (February 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	24.9%	31.3%	32.6%	23.8%	29.3%	33.2%	35.0%	31.6%	27.2%	29.6%
ROSC - Utstein	52.0%	75.0%	47.7%	37.5%	60.0%	61.3%	51.9%	40.4%	46.9%	50.0%
Cardiac - Survival To Discharge	7.8%	8.5%	7.7%	5.6%	13.0%	8.9%	10.4%	11.3%	6.7%	8.7%
Cardiac - Survival To Discharge Utstein	34.6%	40.0%	24.4%	16.1%	40.0%	22.0%	40.7%	25.0%	29.0%	11.5%

Please Note: C4 data cannot be compared among trusts due to different processes within trusts when dealing with C5 incidents with a response