



Integrated Performance Report

May 2019

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

Inspected and rated

Good



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

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EXECUTIVE OVERVIEW



Our purpose is

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

with our core values embedded in all we do



Our Vision

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

Our Ambition for 2023 is that



Delivery is directly supported by a range of enabling strategies



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

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

Our Ambitions for 2023

We achieve excellence in everything we do

We use resources wisely to invest in and sustain services

Our Key Priorities

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

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

Quality of Care

Number of new written complaints per 10,000 calls to Ambulance services, Q2 17-18		13.8
Staff F&F Test % recommended care Q2 18/19		84.0%
Occurrence of any never event		None
Patient Safety Alerts not completed by deadline		None
Ambulance See-and-treat from F&F Test - % positive, Jun 18		80%
Ambulance Clinical Outcomes,	Return of spontaneous circulation (ROSC) in Utstein group (Dec 18)	53.1%
	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, Jan 19,	7.06%
Staff turnover, Mar 19	1.24%
NHS Staff Survey response rate 17/18	34.52%
Proportion of temporary staff, Mar 19	1.2%

Source: [NHS Model Hospital](#)

Operational Performance Response Times

May 19	
Cat 1 Life-threatening calls mean	00:06:49
90 th centile	00:11:56
Cat 2 Emergency calls mean	00:18:38
90 th centile	00:38:09
Cat 3 Urgent calls 90 th centile	01:42:58
Cat 4 Less urgent calls 90 th centile	03:51:12

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* May 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 with the exception of Category 2 mean & Category 4 90th
- Recruitment plan for 19/20 presented to programme board with majority focussed in South and CKW
- Hear and Treat behind plan at 6.8%, a revised plan to achieve 10% Hear and Treat rate will be presented to programme board in July
- The proposed SDIP for IUC contract has been presented to 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 closure report and lessons learned presented to the programme board
- Full scope for single warehouse location was presented to programme board in May and supported in principle with the business case coming to programme board in July
- EPR went live and York, Scunthorpe and Harrogate in May with Airedale going live in June

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

External

- Humber, Coast & Vale STP are developing five year plans and priorities, working towards the next phase for gaining ICS status. YAS continue to engage to support these plans and shape the priorities.
- Maddy Ruff has recently been appointed as Programme Director for the York and Scarborough Hospital Review; YAS have initiated dialogue to ensure full and ongoing engagement in this 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.
- Plans for changes to acute medicine provision at the Friarage Hospital and its impact on YAS have been modelled with new operational response developed.
- Local ICSs have developed their operational plans, with a focus on reducing inequalities, prevention and digital interoperability and infrastructure.

Our Performance May 2019

↓	Category 1 was 06:49	YTD Performance		
↑	Ambulance responses on scene increased by 3.4% from last month		Time	Change
↓	PTS KPI 2 continues to be above target at 88.3 for May	Category 1 Mean Performance	06 mins 53 Sec	5 sec less
↑	IUC Core Clinical Advice was above target at 31.2%	Ambulance Turnaround Time	34 mins 42 sec	23 sec less

A&E

Calls			Responses at Scene			Conveyance Rate			Lost Hours at Hospital			Cat 1 Mean		
Contract	May-19	Variance (%)	Contract	May-19	Variance (%)	Avg	May-19	Var	Avg	May-19	Change	Target	May-19	Var
84,923	83,921	(1.2%)	61,096	63,310	3.6%	75.5%	75.4%	(0.2%)	2,427	2,726	12.3%	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	May-19	Variance (%)	Target	May-19	Variance (%pts)	Target	May-19	Variance (%pts)	Target	May-19	Variance (%pts)	Target	May-19	Var
80,639	77,516	(3.9%)	82.9%	88.3%	5.4%	92.0%	90.4%	(1.6%)	92%	78.8%	(13.2%)	90.0%	89.2%	(0.8%)

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	May-19	Variance (%)	Target	May-19	Variance (%)	Target	May-19	Variance (%)	Target	May-19	Variance (%)	Avg	May-19	Variance (%)
129,828	130,711	0.7%	95%	90.9%	(4.1%)	30%	31.2%	1.2%	60%	59.2%	(0.8%)	10.5%	12.2%	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	14/05/19 - PMO

Our Quality May 2019

↔	3 in 1000 patients report an incident	Patient Survey			Infection Control Compliance		
↑	0.8 in 10000 patients responses result in moderate or above harm	Recommend YAS to F&F			Compliance	May 18	May 19
↑	FOI compliance in May was 36.3%		Q4	YTD	Hand Hygiene	98%	99%
↓	2 in 10 Survive a Cardiac Arrest after treatment from a YAS crew (Utstein)	PTS	89%	89%	Premise	98%	97%
↔	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
700	733	(0.1%) ↔	220	239	(12.8%) ↓	21	22	22.2% ↑	4	8	60.0% ↑	90	115	35.3% ↑

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
838	1,002	16.1% ↑	557	579	5.3% ↑	79	74	7.2% ↑	65%	88%	(6.3%) ↓	34	37	23.3% ↑

Patient Relations

Legal

Clinical Outcomes (December 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 %
01:11	01:14	(00:01)	46.4%	24.0%	(29.1%) ↓	24.4%	22.2%	(4.1%) ↔	34	68	54.5% ↑

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	15/05/19 - PMO

Our Workforce - May 2019

↑	1231 staff are overdue a PDR out of 4218
↔	169 Staff are on long term sick out of 5428 Staff
↓	160 staff are still to complete the stat and man work book out of 4985
↑	Child level 2 compliance does not include e-learning numbers of 4088 completed end of May-19

YTD Performance		
	%	Change
Sickness	6.01%	0.03%
Stat and Man	96.79%	2.99%

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)
4,608	4,656	1.0%	11.1%	6.8%	(4.3%)	9.4%	9.6%	0.3%	55.0	18.6	(66.1%)	95.0%	92.7%	(2.3%)

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)
4.2%	6.1%	1.9%	2.1%	2.3%	0.2%	3.9%	3.9%	(0.0%)	410	274	(33.2%)	£827,516	£794,506	(4.0%)

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%	70.8%	(19.2%)	90.0%	96.8%	6.8%	90.0%	95.2%	5.2%	80.0%	94.3%	14.3%	4015	4,088	73

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	10.06.19 - PMO			

	In Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	(22,615)	(23,124)	(509)	(45,229)	(45,739)	(509)
Expenditure	21,999	22,108	109	44,487	44,596	109
Retained Deficit / (Surplus) with PSF Funding	(616)	(1,016)	(400)	(743)	(1,143)	(400)
PSF Funding	(112)	(112)	0	(224)	(224)	0
Retained Deficit / (Surplus) without PSF Funding*	(504)	(904)	(400)	(519)	(919)	(400)
EBITDA	(1,719)	(2,053)	(333)	(2,949)	(3,283)	(333)
Cash	35,763	38,723	2,960	35,763	38,723	2,960
Capital Investment	2,098	924	(1,174)	3,924	1,411	(2,513)
Quality & Efficiency Savings (CIPs)	534	534	0	534	534	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 May (Month 2) of £1,143k, a favourable variance of £400k against the plan

CASH: At the end of May 2019 the Trust's cash position was £41.4m against a plan of £36m, giving a positive variance of £5.4m. The improved position is as a result of underspend on capital and also an increase in payables against the Plan

CAPITAL: Capital expenditure for 19/20 at the end of May 2019 is £1,411m against a plan of £3,923m leading to an underspend of £2,513m. 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 Capital Plan was approved by NHS Improvement in June 2019.

CIP: The Trust has a savings target of £6,592k for 2019/20. The Trust has achieved £1,072k at month 2 which is line with plan.

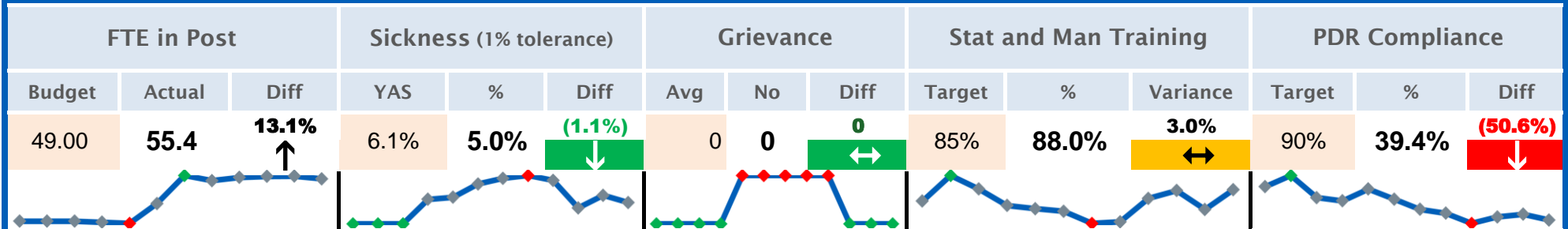
	Month	YTD	Trend 2019-20																																							
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CIP: The Trust has a savings target of £6,592k for 2019/20. The Trust has achieved £1,072k at month 2 which is line with plan.			<table><thead><tr><th>Month</th><th>Actual</th><th>Plan</th></tr></thead><tbody><tr><td>M1</td><td>500</td><td>500</td></tr><tr><td>M2</td><td>1,072</td><td>1,072</td></tr><tr><td>M3</td><td></td><td></td></tr><tr><td>M4</td><td></td><td></td></tr><tr><td>M5</td><td></td><td></td></tr><tr><td>M6</td><td></td><td></td></tr><tr><td>M7</td><td></td><td></td></tr><tr><td>M8</td><td></td><td></td></tr><tr><td>M9</td><td></td><td></td></tr><tr><td>M10</td><td></td><td></td></tr><tr><td>M11</td><td></td><td></td></tr><tr><td>M12</td><td></td><td></td></tr></tbody></table>	Month	Actual	Plan	M1	500	500	M2	1,072	1,072	M3			M4			M5			M6			M7			M8			M9			M10			M11			M12		
Month	Actual	Plan																																								
M1	500	500																																								
M2	1,072	1,072																																								
M3																																										
M4																																										
M5																																										
M6																																										
M7																																										
M8																																										
M9																																										
M10																																										
M11																																										
M12																																										

CIP TRACKER 2019/20 - MAY			
Directorate	Plan YTD £000	Actual YTD £000	YTD Variance £000
A&E Directorate	465	68	(397)
Chief Executive Directorate	13	13	0
Clinical Directorate	3	3	0
Estates Directorate	63	36	(27)
Finance Directorate	72	72	0
Fleet Directorate	173	173	0
Planned & Urgent Care Directorate	163	132	(31)
Workforce & OD	113	113	0
Quality, Governance & Performance Assurance Directorate	3	3	0
RESERVE	4	459	455
Grand Total	1,072	1,072	0

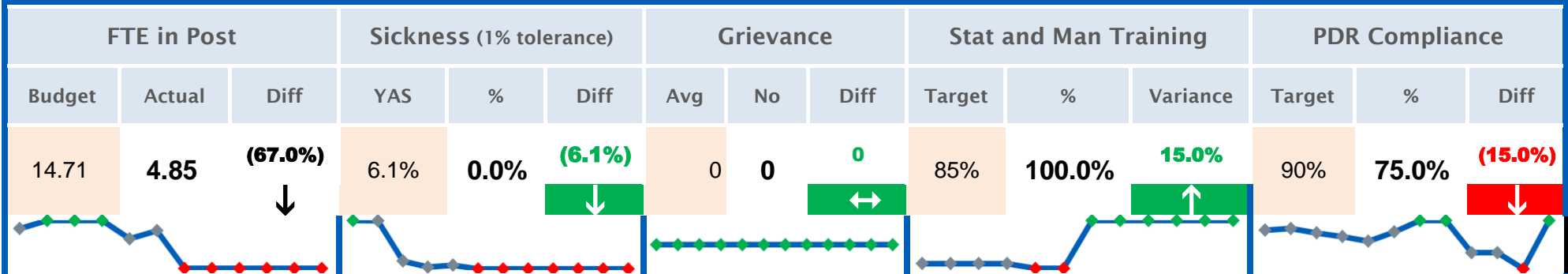
R/NR/Reserves	Plan YTD £000	Actual YTD £000	YTD Variance £000
Recurrent	1,072	618	(454)
Non Recurrent	0	454	454
Grand Total	1,072	1,072	0

Corporate Services - May 2019

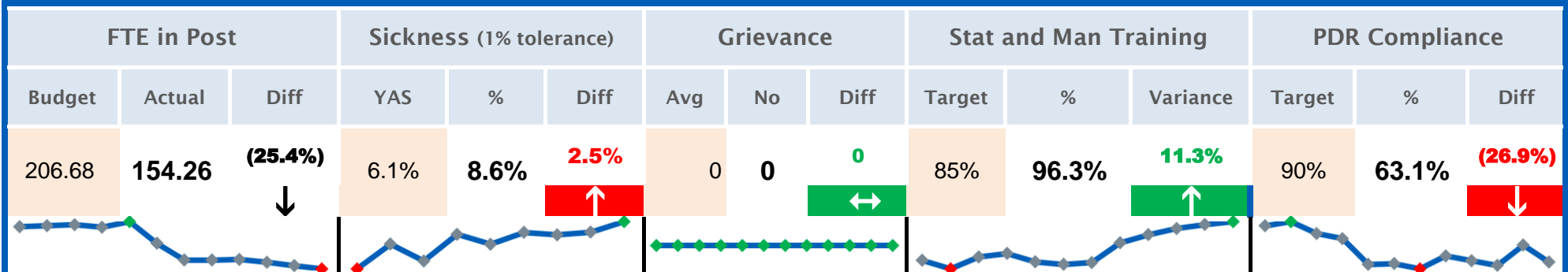
Chief Executive



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

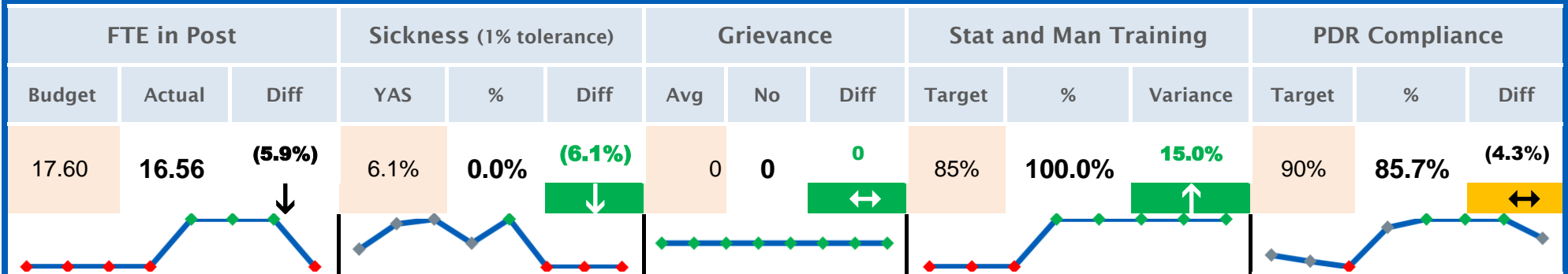
Previous 12 Periods

Updated

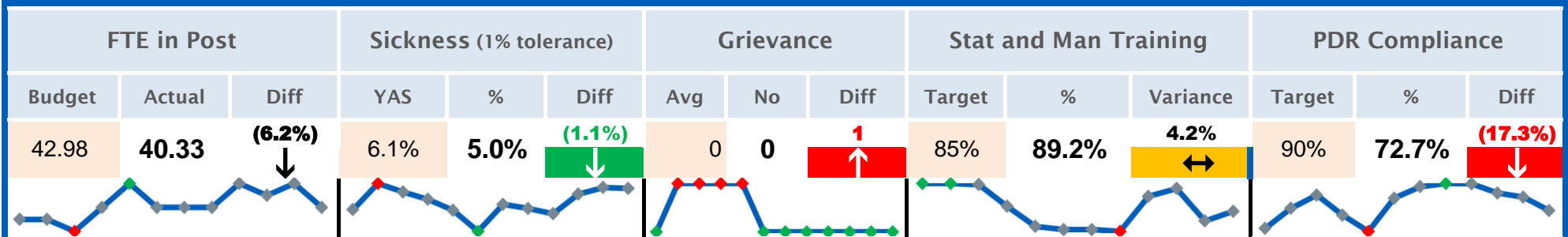
10.06.19 - PMO

Corporate Services - May 2019

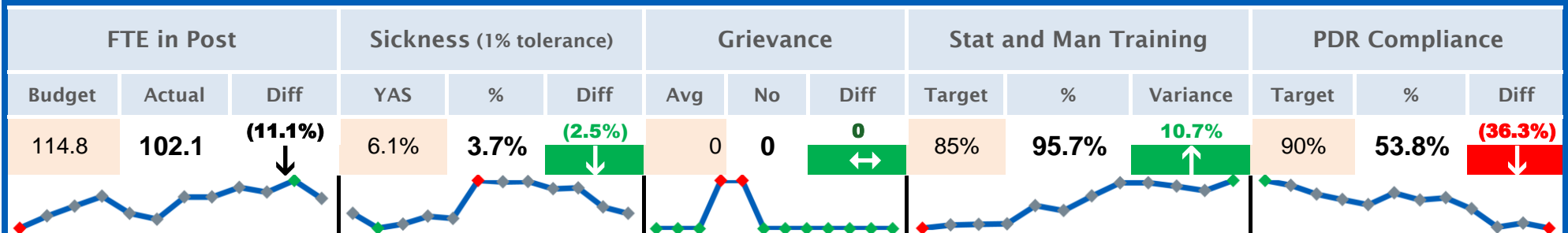
Business Intelligence



ICT



Workforce & Organisational Development

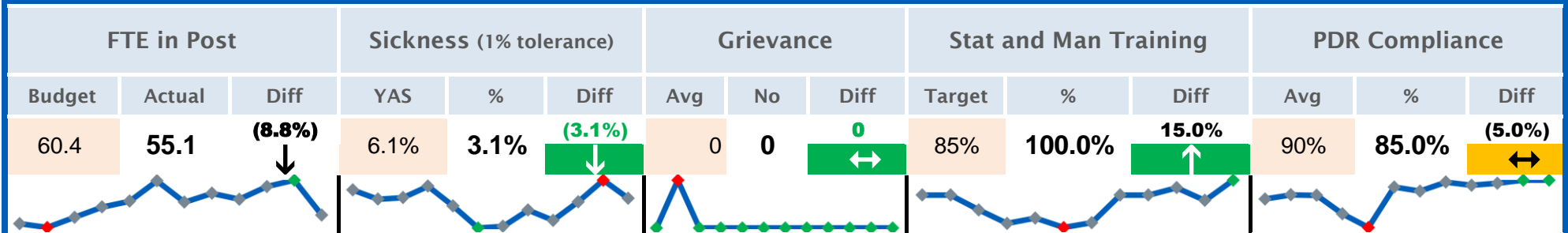


Key

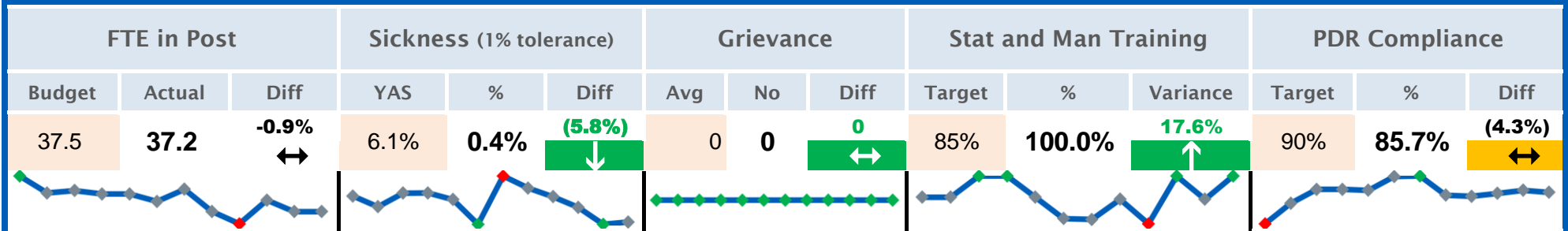
Difference	Direction of Travel	Sparklines	AVG - Average	Updated
Current Month (tolerance 5% number difference) unless stated	From Previous Month	To demonstrate trend, low point is lowest point in that trend (not zero)	Previous 12 Periods	10.06.19 - PMO

Corporate Services - May 2019

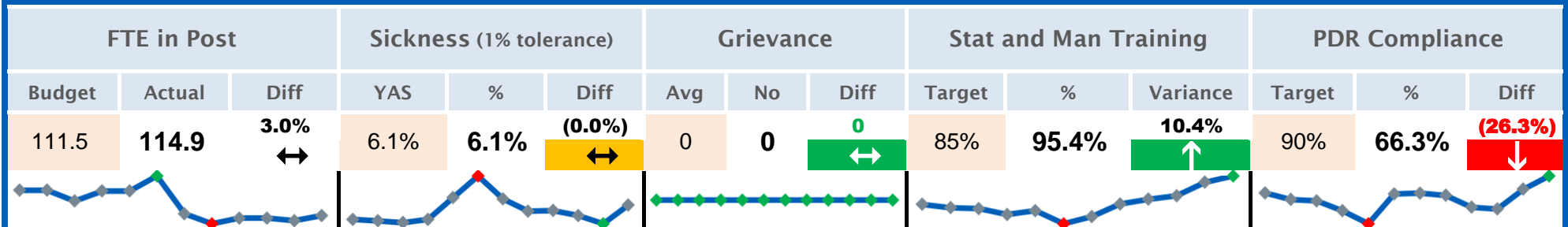
Quality, Governance and Performance Assurance



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)

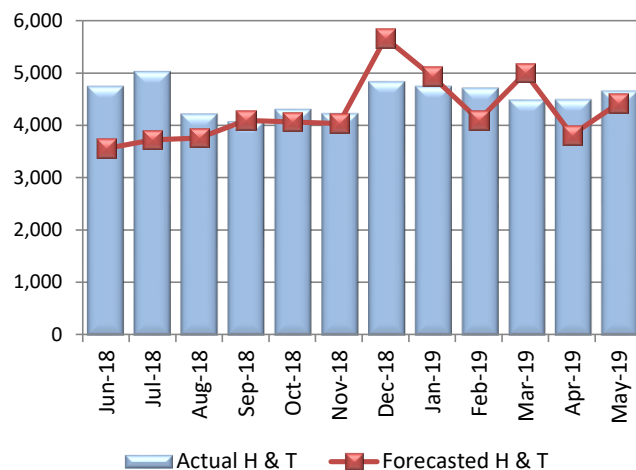
AVG - Average
Previous 12 Periods

Updated
10.06.19 - PMO

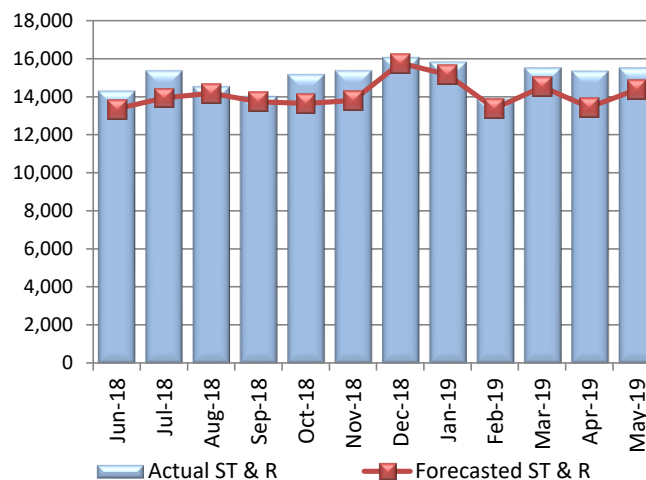
SERVICE LINES

9.1 Activity

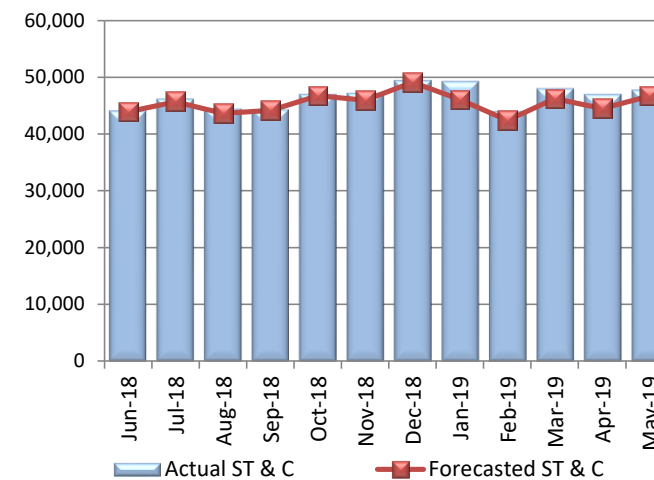
Hear & Treat



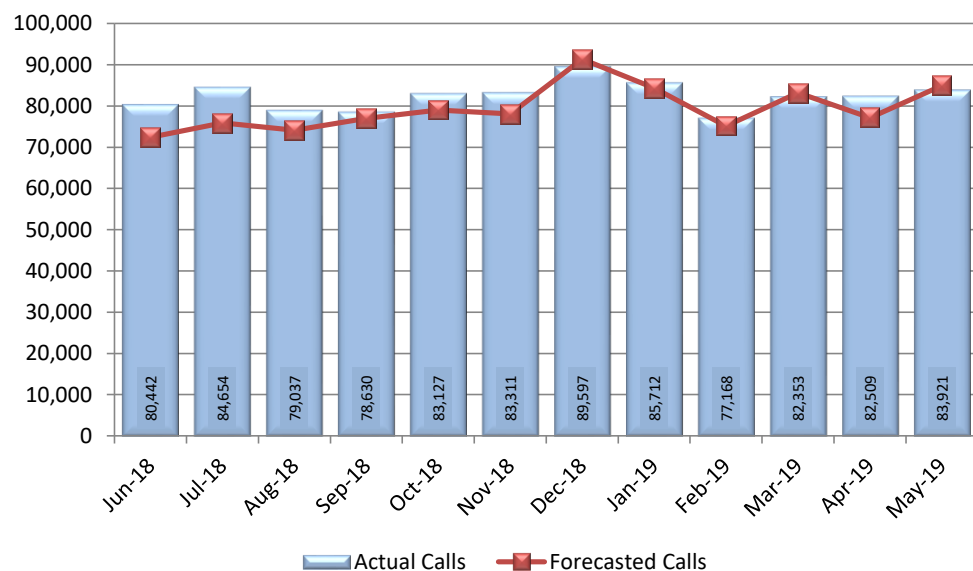
See, Treat & Refer



See, Treat & Convey



Total Calls



Commentary

Total Calls Activity in May increased by 1.7% against the previous month, with total call activity reporting below trajectory. Overall Demand was in-line with May the previous year.

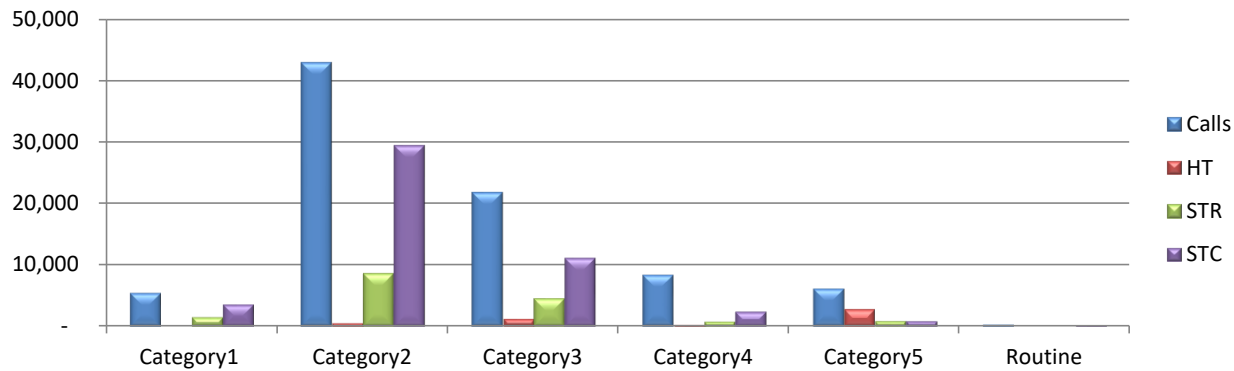
Hear & Treat May's Hear and Treat activity increased by 3.7% against the previous months performance, in line with forecasted position and less than 1% lower than May the previous year.

See, Treat & Refer Activity for May is 1% higher than April, 8% above the projected position and 5.5% higher than May the previous year.

See, Treat & Convey Activity for May is 1.6% higher than April, in line with trajectory and 3.11% higher than May the previous year.

9.2 Activity

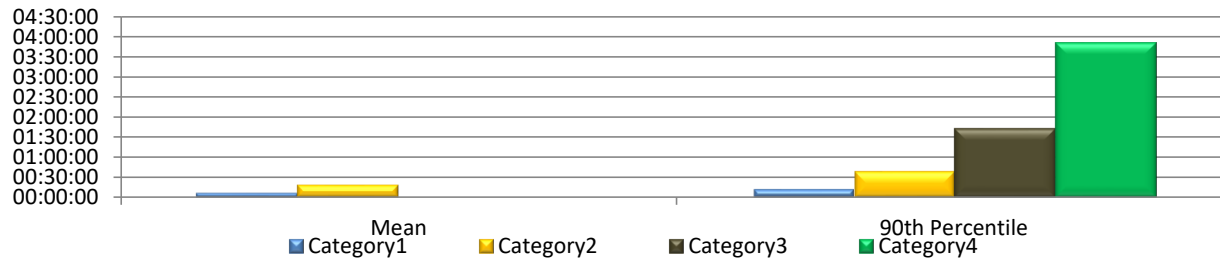
ARP3	Calls	HT	STR	STC	Responses	Prop of Responses
Category1	5,549	28	1,503	3,646	5,149	8.0%
Category2	43,013	544	8,534	29,427	37,961	59.1%
Category3	21,938	1,209	4,556	11,219	15,775	24.5%
Category4	8,497	229	815	2,483	3,298	5.1%
Category5	6,215	2,674	900	928	1,828	2.8%
Routine	325	-	4	271	275	0.4%



	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

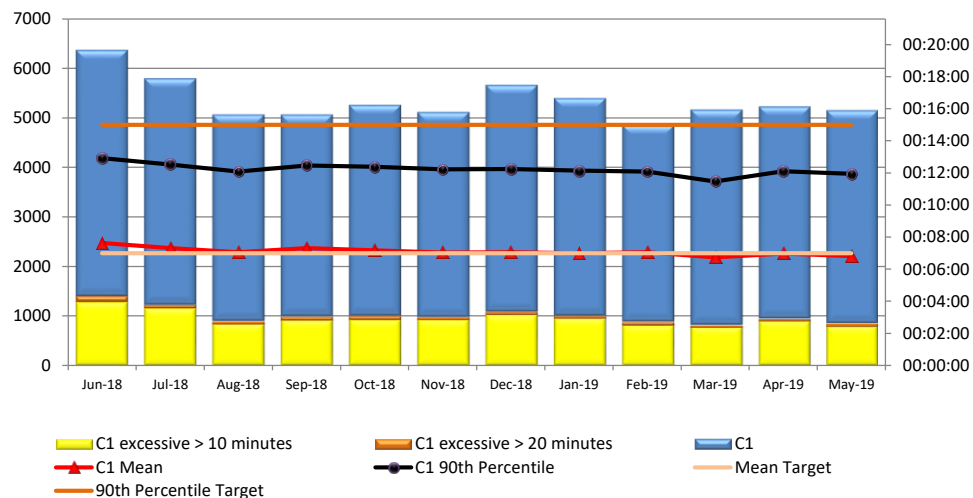
9.3 Performance

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:06:49	00:11:56	00:07:00	00:15:00
Category2	00:18:38	00:38:09	00:18:00	00:40:00
Category3		01:42:58		02:00:00
Category4		03:51:12		03:00:00

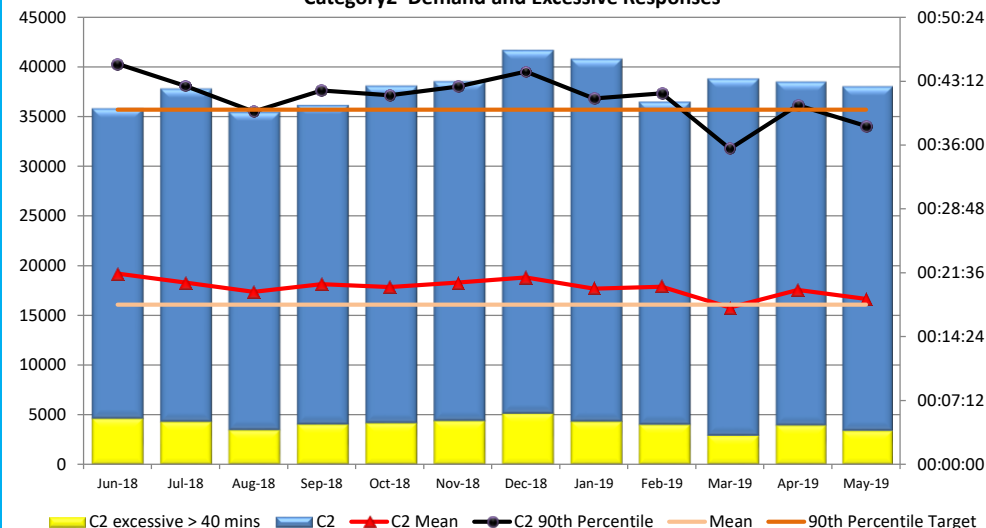


9.4 Demand and Excessive Responses with Tail of Performance

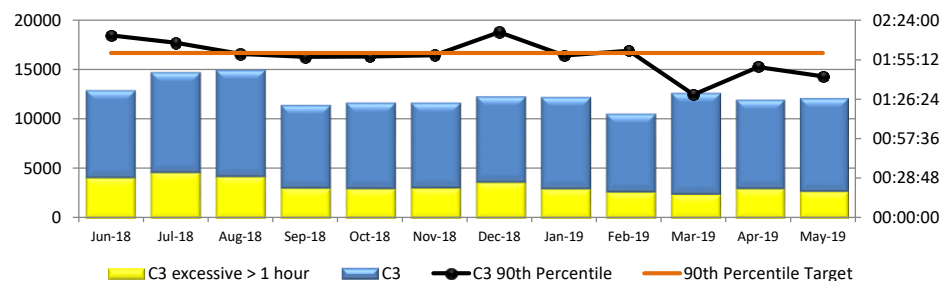
Category1 Demand and Excessive Responses



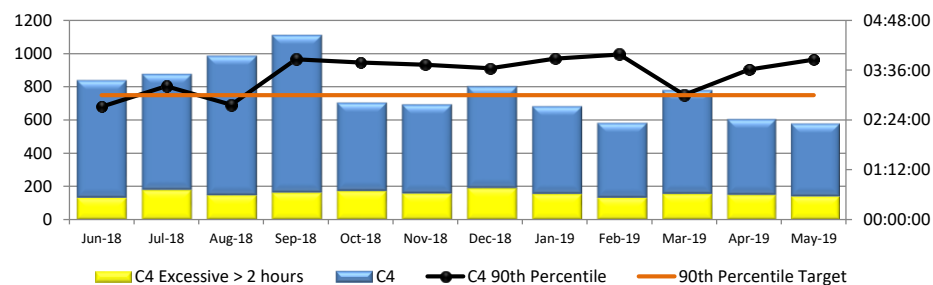
Category2 Demand and Excessive Responses



Category3 Demand and Excessive Responses



Category4 Demand and Excessive Responses



Commentary

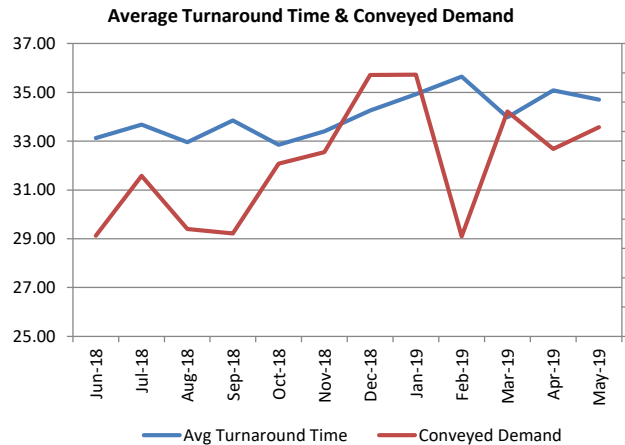
Category 1 Mean performance for May came in under the 7minute target at 00:06:49 and the third consecutive month of achieving target. Excessive responses remain at a low level. 90th percentile performance improved slightly and remains within target at 00:11:56.

Category 2 Mean performance for May reported a response of 00:18:38, just outside the 00:18:00 min target. 90th percentile performance also reported within target at 00:38:09.

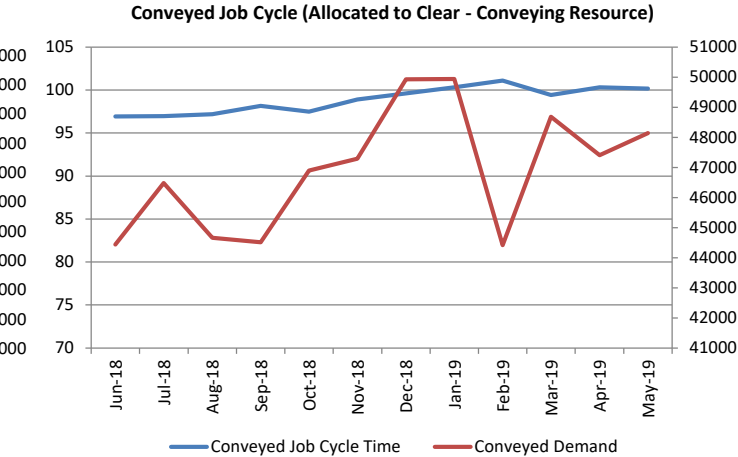
Category 3 90th percentile performance reported a 01:42:58 response against a 2 hour target, representing good level of performance.

Category 4 90th percentile performance was 03:51:12. 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

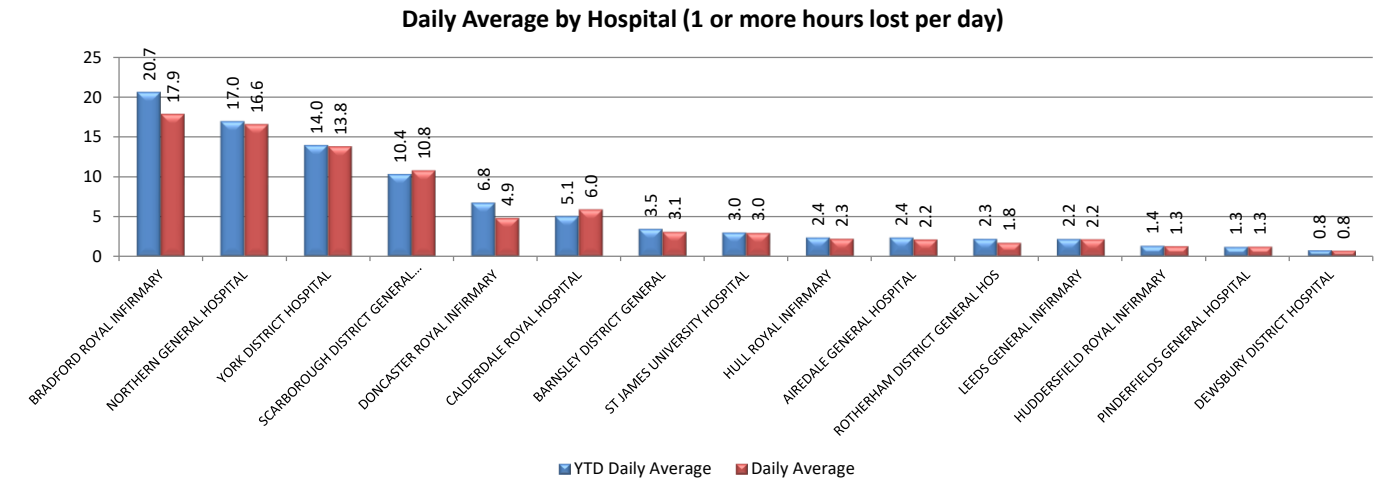
Turnaround times: May's times were 1% lower than April and 3.6% higher than the previous year.

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

Excessive hours: Reduced significantly in May reporting an 11% reduction against April.

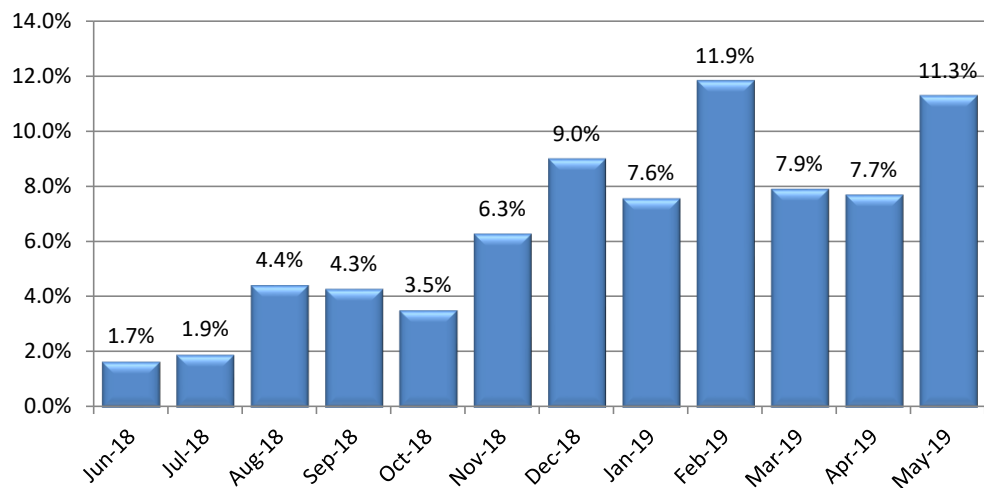
9.7 Hospital Turnaround - Excessive Responses

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Last 12 Months
Excessive Handovers over 15 mins (in hours)	1,577	1,952	1,554	1,899	1,834	2,069	2,759	3,484	3,768	2,527	2,977	2,726	29,126
Excessive Hours per day (Avg)	51	67	50	63	59	69	89	112	126	82	99	88	80

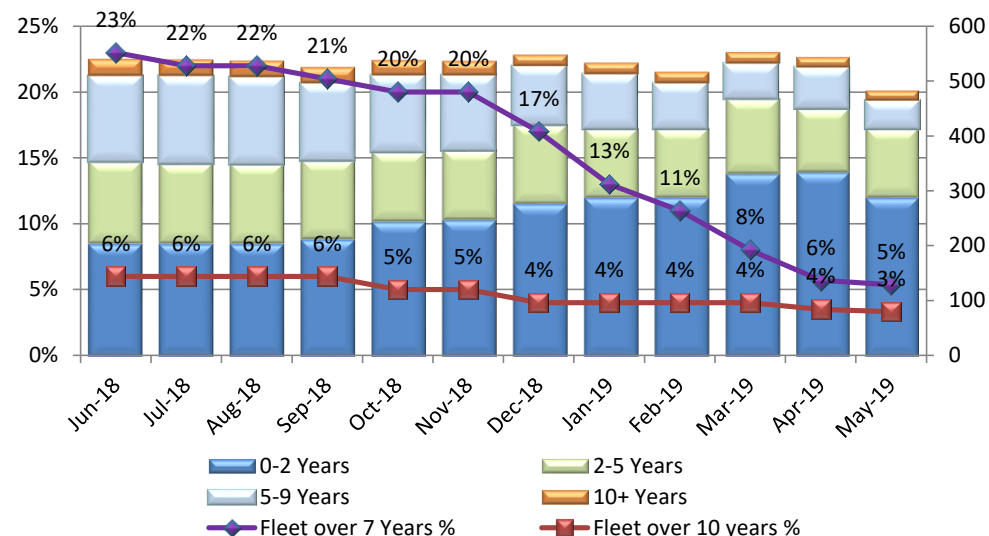


9.8 Vehicle Deep Cleans (5 weeks)

% of Breaches outside window

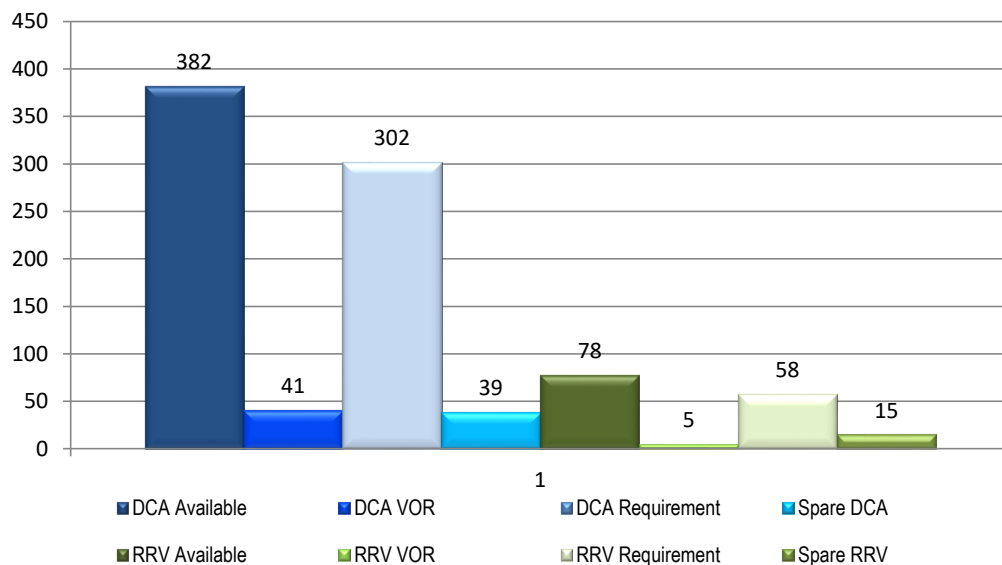


9.9 Vehicle Age



9.10 Fleet Availability

Trust Wide Average A&E Fleet Availability



Commentary

Vehicle availability average increased slightly in May although vehicle movements were still required to match vehicles to rotas, fleet are working with Operational colleagues to ensure minimum disruption.

Vehicle age has significantly improved over the last 6 months with the introduction of 136 DCA vehicles.

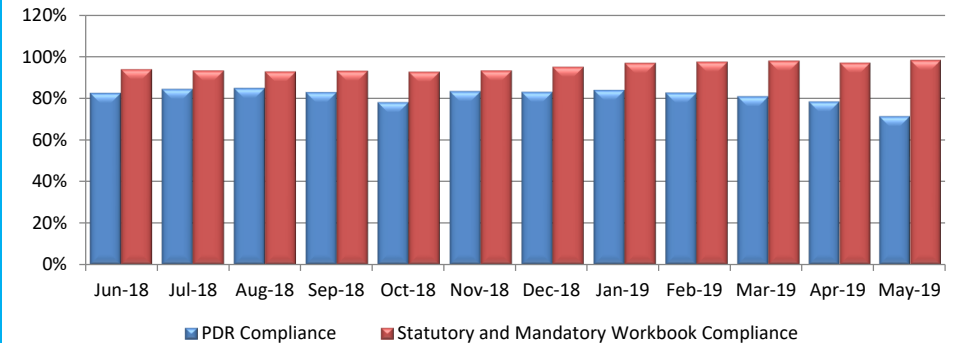
Deep Clean: The A&E Deep Clean compliance service level was again under pressure during May, decreasing from 98.7% to 97.8%. The Bank Holidays did impact on performance but we are still experiencing access to vehicle issues due to additional frontline staffing. The Trust has encountered a high VOR % and this also restricts the vehicle availability.

9.11 Workforce

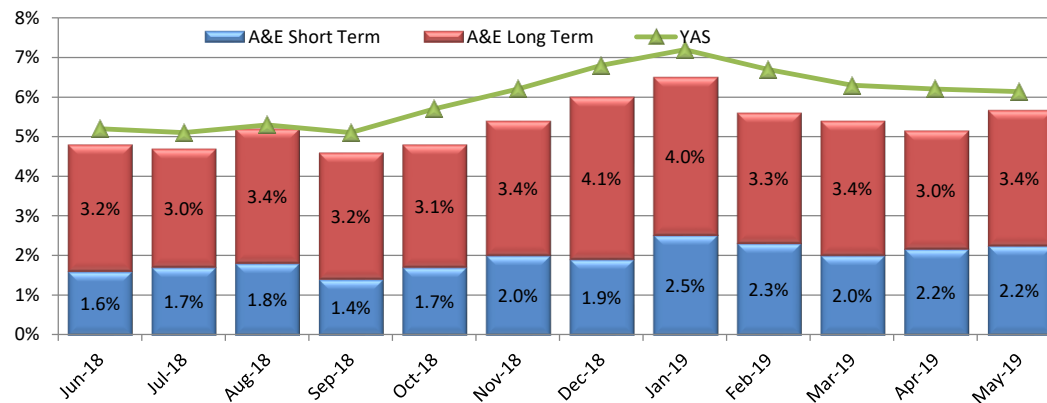
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	2,671	134	668	1,870	70%
Contracted FTE (before overtime)	2,567	146	542	1,879	73%
Variance	(105)	(13)	126	9	0.5%
% Variance	(3.9%)	(9.4%)	18.9%		
FTE (worked inc overtime)*	2683	146	542	1,995	74%
Variance	12	(13)	126	125	6.7%
% Variance	0.4%	(9.4%)	18.9%		

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

9.12 Training

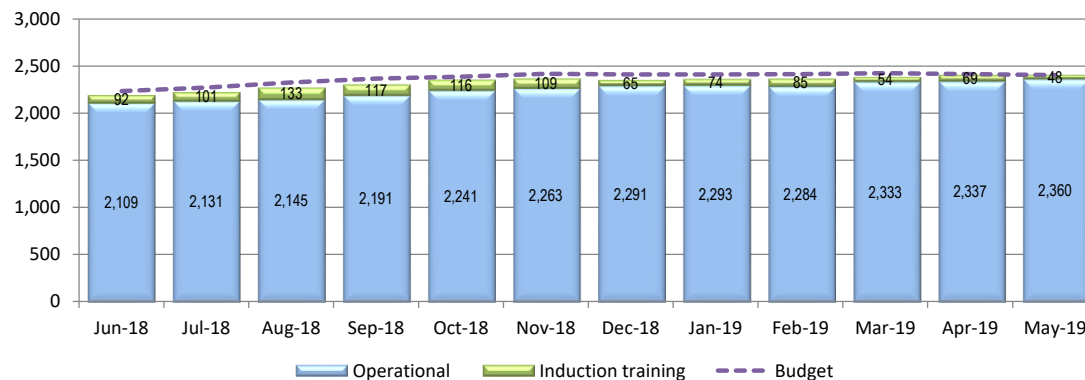


9.13 Sickness



9.14 A&E Recruitment Plan

A&E Operations (excluding CS)



Commentary

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

PDR: Compliance is currently at 71.2% against stretch target of 90%. This is a decrease of 6.9% against April's performance.

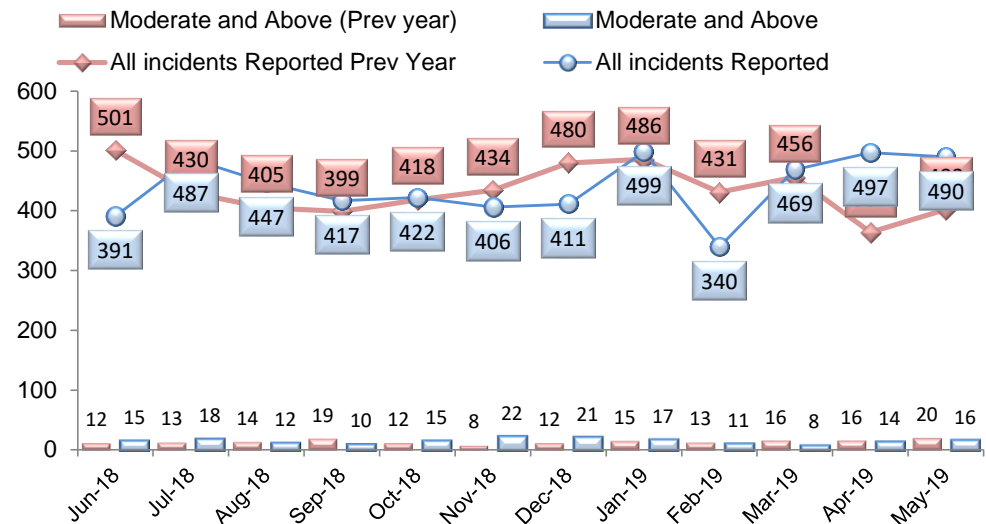
Sickness: May's sickness increased by 0.4% against April to 5.6%, short term sickness remained the same, while long term sickness increased. Overall this measure remains under the Trust average of 6.1%.

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

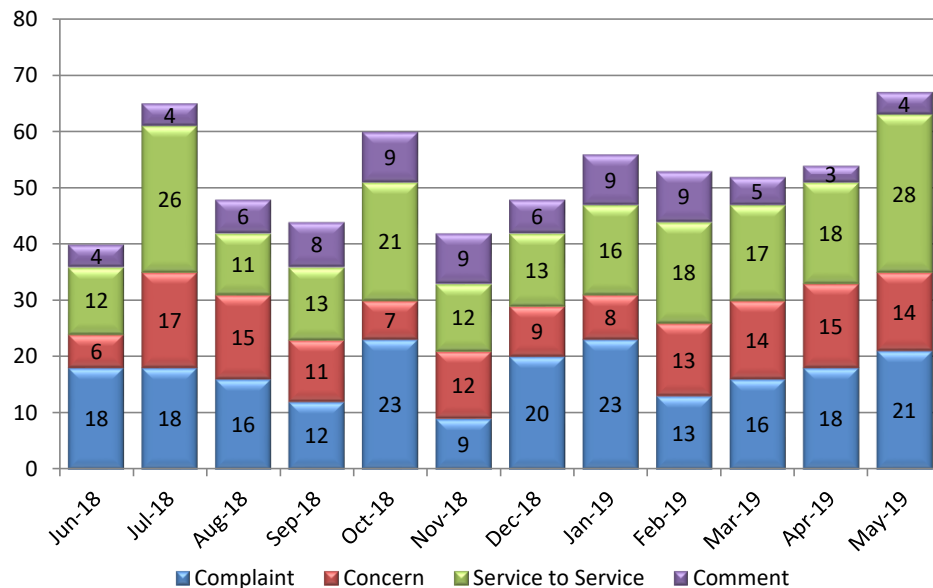
9.15 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		3	6
Total Incidents (Per 1000 activities)		0.05	0.05
Total incidents Moderate & above		16	30
Response within target time for complaints & concerns		88%	89%
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

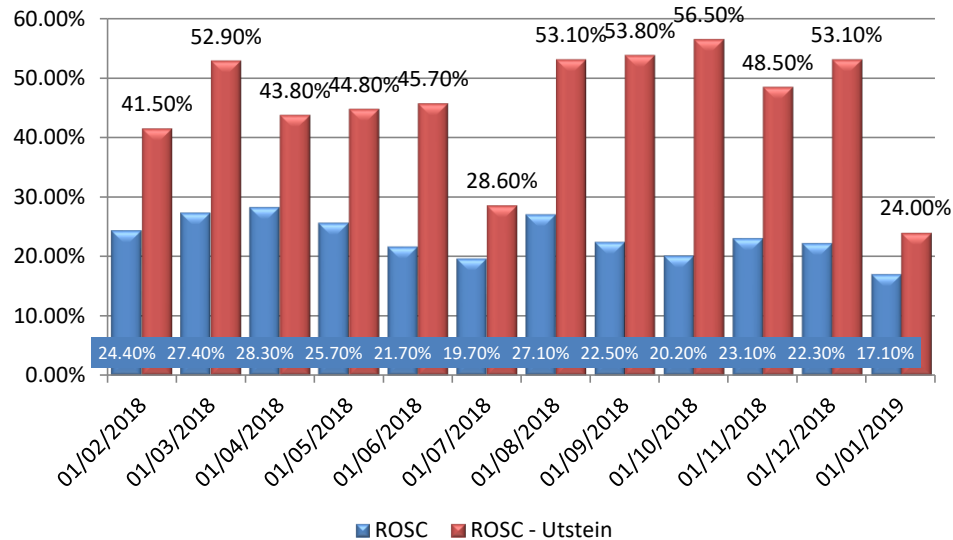


Commentary

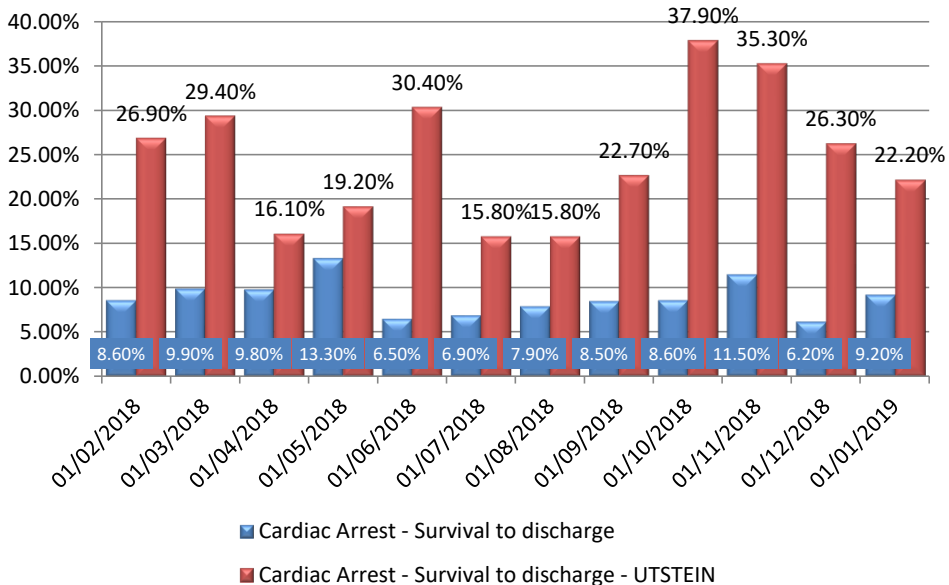
Incidents: Total reported incidents decreased by 1.4% versus previous month. Incidents of a moderate level or above remain low.

Feedback: Patient feedback categories for May are broadly in line with previous months with the exception of service to service feedback which has seen a 56% increase against the previous month. Whilst this is significantly higher than April's service to service feedback figure it remains within acceptable levels of variance.

9.18 ROSC & ROSC Utstein



9.20 Survival to Discharge



Commentary

***Please note, April to December 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, data is not comparable to previous months/ other ambulance trusts. Re-submissions will be made to NHS England included in July's IPR publication.**

****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.**

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

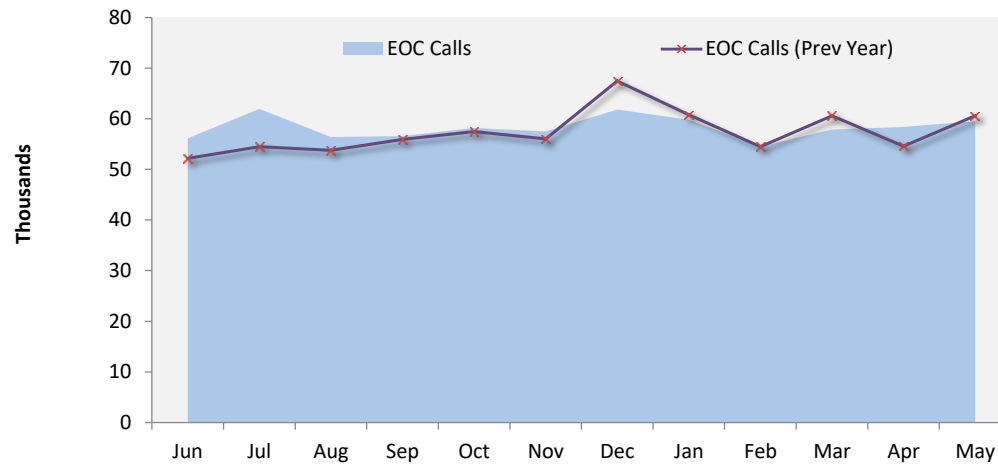
***Cardiac Arrest Management**

YAS attempted resuscitation on 314 patients during December 2018, 70 of which had a ROSC on arrival at hospital (22.3%). Comparatively 287 patients received resuscitation attempts during January 2019, of which 49 had ROSC (17.1%).

****Overall Survival to discharge, during December 2018, 28 out of 309 patients survived to discharge (9.1%). In comparison, during January 2019 28 patients out of 303 survived (9.2%).**

****Survival to Discharge within the UTSTEIN comparator group reported 9 out of 31 patients survived within this group during December 2018 (29%), compared to 6 out of 27 patients within January 2019 (22.2%).**

9.21 Activity

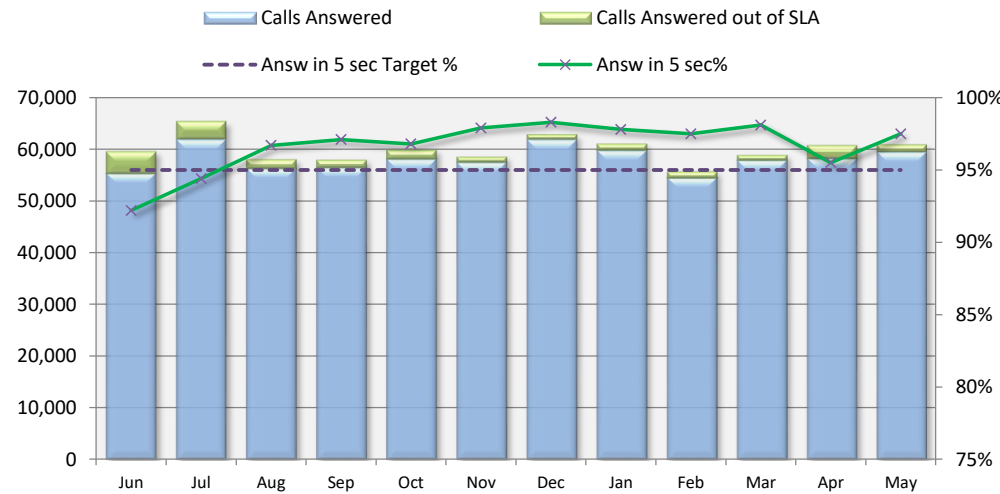


9.22 Year to Date Comparison

YTD (999 only)	Offered	Calls Answered	Calls Answered out of SLA	Calls Answered in SLA (95%)
2019/20	117,960	117,673	4,123	96.5%
2018/19	115,155	114,422	7,083	93.8%
Variance	2,805	3,251	-2,960	
Variance	2.4%	2.8%	(41.8%)	2.7%

9.23 Performance (calls answered within 5 seconds)

	Month	YTD
Answered in 5 secs	97.5%	96.5%



Commentary

Demand: May activity Increased 2% against April.

Answer in 5 sec: Performance is up by 2% on previous month at 97.5%; 2.5% above 95% target and the 11th consecutive month of achieving this target.

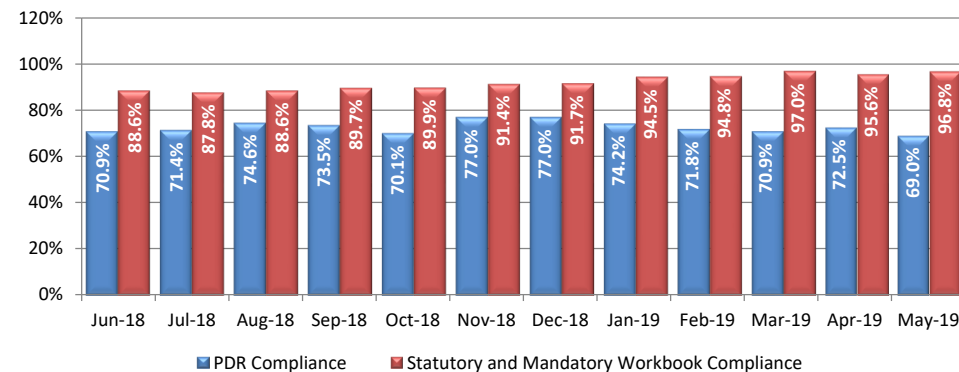
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Calls Answered out of SLA	4339	3482	1864	1631	1841	1210	1034	1327	1377	1110	2631	1492
Calls Answered	55,379	61,860	56,326	56,488	58,113	57,470	61,815	59,777	54,546	57,868	58,202	59,471
Answ in 5 sec Target %	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Answ in 5 sec%	92.2%	94.4%	96.7%	97.1%	96.8%	97.9%	98.3%	97.8%	97.5%	98.1%	95.5%	97.5%

9.24 Workforce

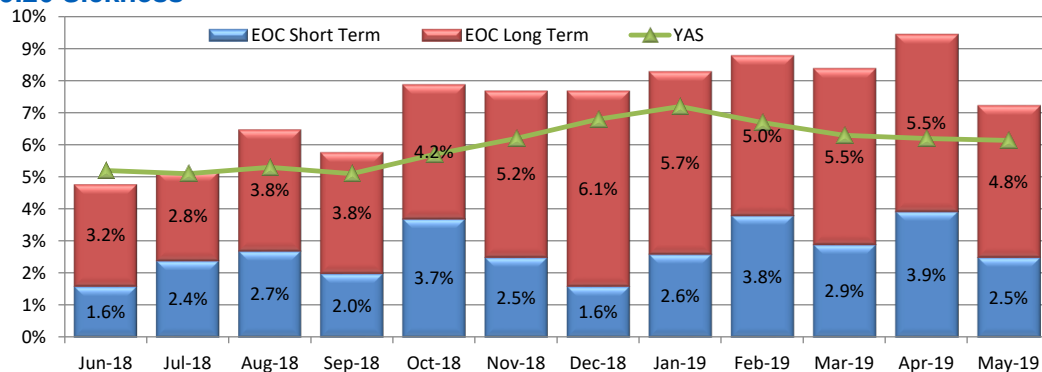
FT Equivalents	FTE	Sickness (5%)	Absence (25%)	Available	
				Total	%
Budget FTE	329	16.5	82	231	70%
Contracted FTE (before overtime)	311	15.5	78	218	70%
Variance	(19)	(1)	(5)	(13)	(5.6%)
% Variance	(5.6%)	(5.6%)	(5.6%)		
FTE (worked inc overtime)*	314.7	24.1	56	235	75%
Variance	(15)	8	(27)	4	0
% Variance	(4.5%)	46.3%	(32.4%)		

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

9.25 Training



9.26 Sickness



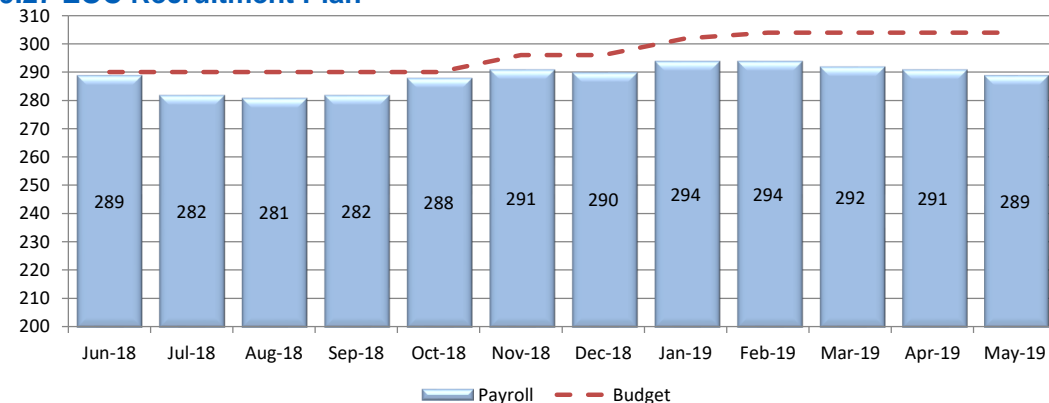
Commentary

PDR: PDR compliance stood at 69% in May against a stretch target of 90% and is down 3% on the previous month.

Sickness: May sickness is reporting at 7.3% above the Trust average of 6.1%.

Recruitment: Clinical Advisor recruitment is now complete with 45 CA's in the system, 15 positions will be held for the dispatch clinicians, JD currently in the banding process.

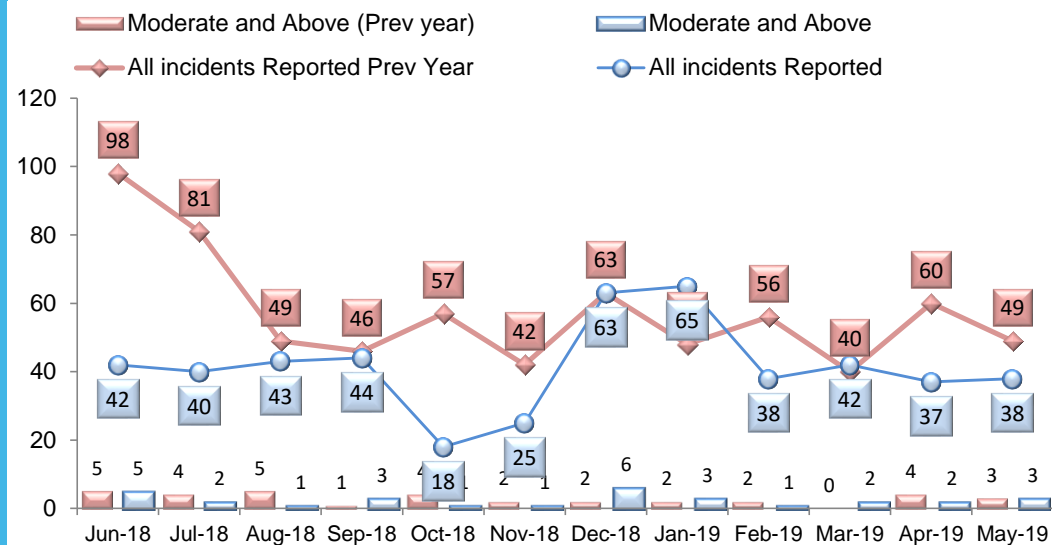
9.27 EOC Recruitment Plan



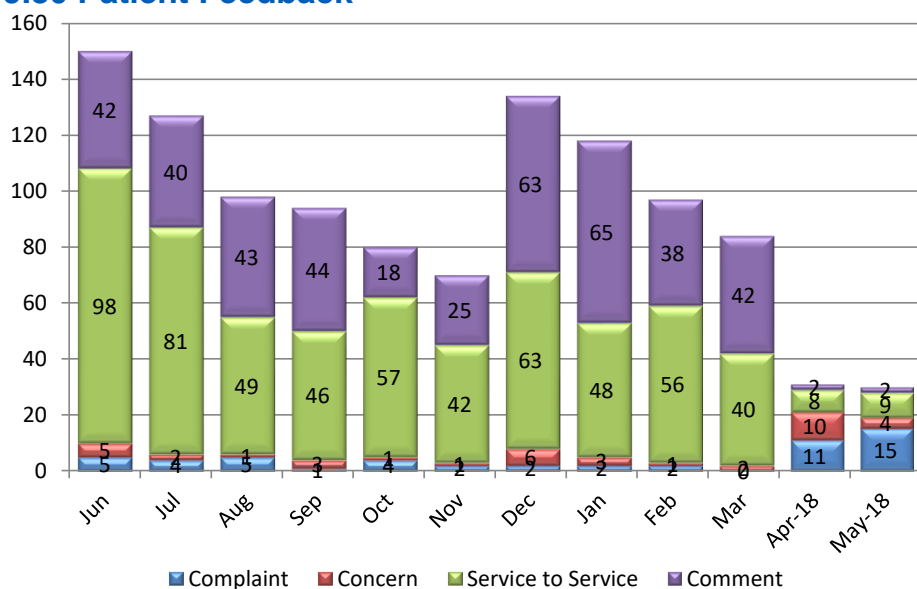
9.28 Quality, Safety and Patient Experience

		Month	YTD
Serious Incidents		4	5
Total Incidents (Per 1000 activities)		0.07	0.04
Total incidents Moderate & above		3	5
Response within target time for complaints & concerns		64%	64%
Ombudsman Cases	Upheld	0	0
	Not Upheld	0	1
Patient Experience Survey - Qtrly			

9.29 Incidents



9.30 Patient Feedback

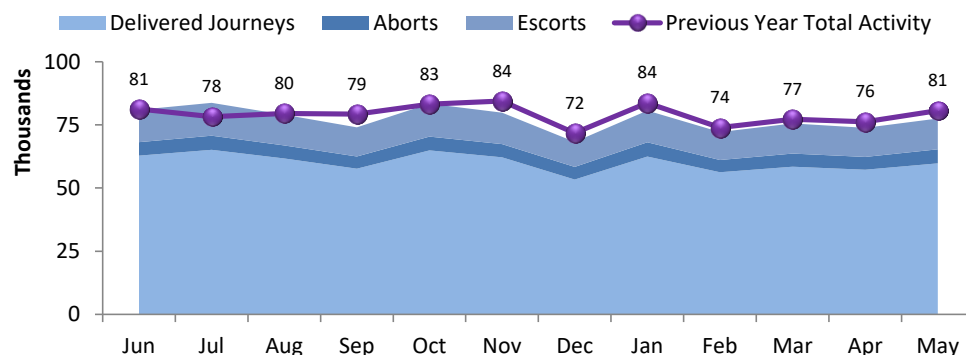


Commentary

Incidents: All reported incidents have increased by one. The number of moderate and above remains at a low level.

Feedback: May feedback figures have decreased significantly, with noticeable reduction in service to service feedback and comments.

10.1 Demand



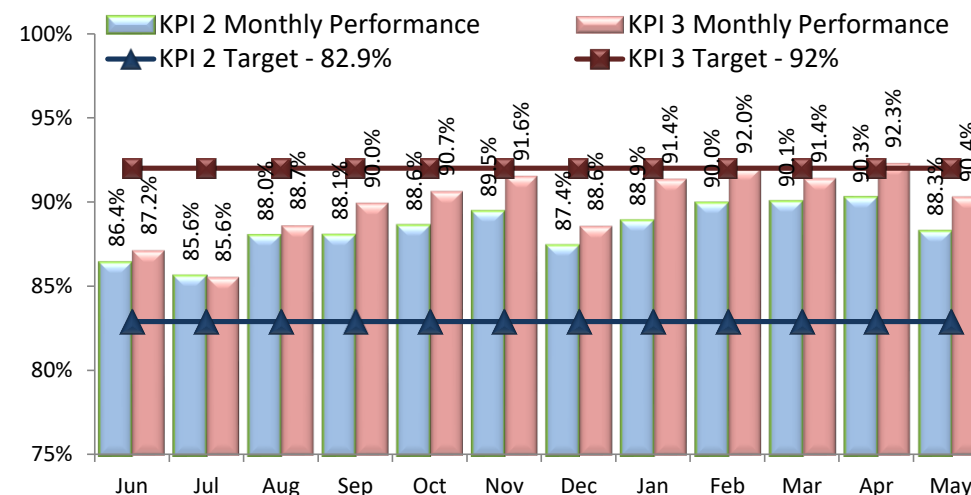
Comparison to Plan

May-19	Delivered	Aborts	Escorts	Total
YTD 2019-20	117,036	10,606	23,704	151,346
Previous YTD* 2018-19	121,697	10,342	24,880	156,919
% Variance	(3.8%)	2.6%	(4.7%)	(3.6%)

* Demand includes All Activity

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

10.2 KPI* 2 & 3**

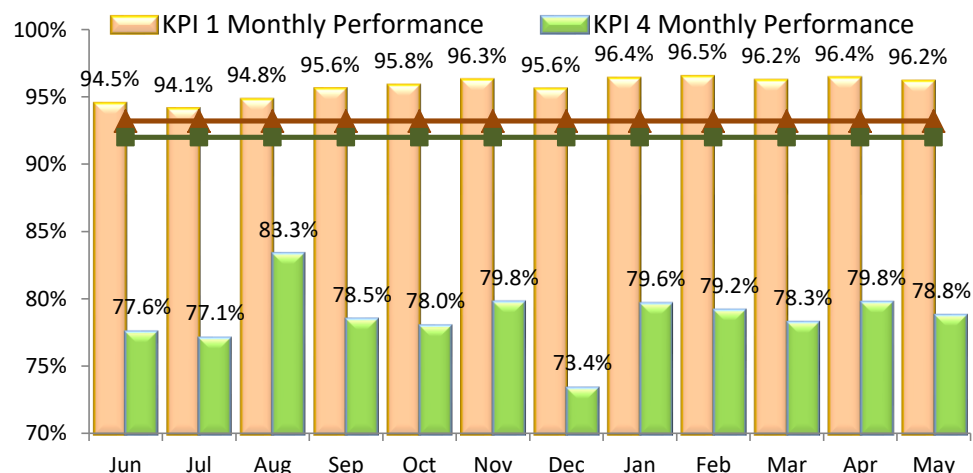


KPI 2* Arrival prior to appointment

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 May increased by 5% on the previous month and is down by 3.9% against the same month last year.

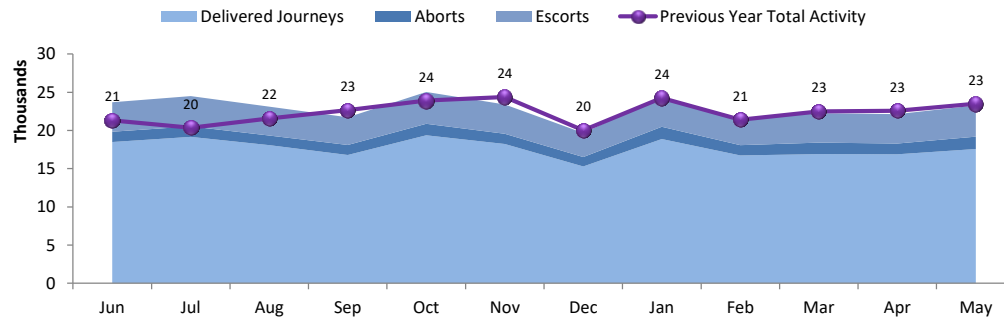
KPI 1 Performance remains above the 93.2% target.

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

KPI 3 The outward performance decreased to 90.4%. The annual target is 92%.

KPI 4 The performance of outward short notice bookings picked up within 2 hours remains in line with YTD but below KPI target. This is "Unplanned on-day" Acute discharge activity.

10.1 Demand



Comparison to Plan

May-19	Delivered	Aborts	Escorts	Total
YTD 2019-20	34,450	3,023	7,933	45,406
YTD 2018-19	35,971	2,676	7,404	46,051
% Variance	(4.2%)	13.0%	7.1%	(1.4%)

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

May 2019 has seen a slight drop of -0.8% in overall contract activity compared to the same month last year. However, within this small decrease we have experienced large rises in 3 man lifts up 24%, 4 man lift up by 10% and Escorts have increased by 10.8%. Escort bookings now account for almost 25% of all journeys.

The above factors therefore result in seats being taken up on an Ambulance by an Escort and staff being called in to move complex patients resulting in delays for other patients due to the non-availability of crews who are undertaking these complex patient movements.

C1 Performance for May 2019 was 99% against a target of 90%.

C2 Performance has shown a slight reduction in recent achievements at 88.6% but its year to date performance stands at 89.9% which is on target to meet its KPI.

C3 Performance stands at 88.9% for the month of May and 90.2% for the YTD which is above its KPI for this target. This means that patients are regularly arriving at Hospital on time for their appointments and can rely upon the service.

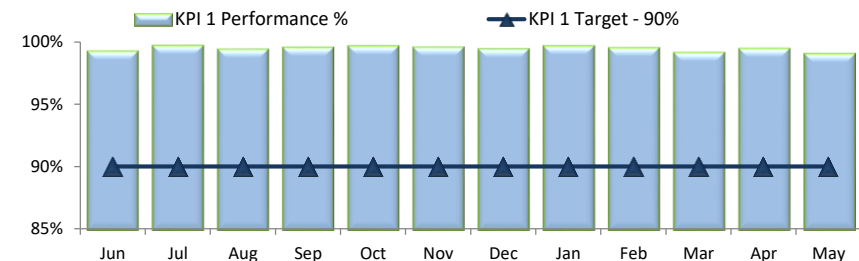
C4 Performance for pre-planned outward patients collected within 90 minutes has seen a drop in performance to 80.8%

C5 Performance for Short Notice and On Day patients have seen a similar fall in performance to 69%, with Sheffield being the focus for action as mentioned.

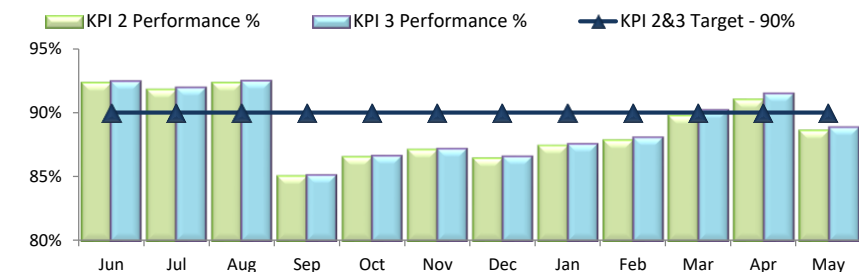
The GP Urgent Service continues to operate effectively and to a high standard, with performance being maintained across all

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

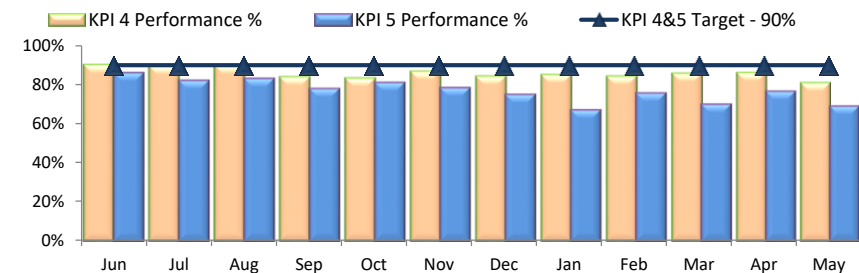
10.2 KPI 1 - Journeys no longer than 120 Mins



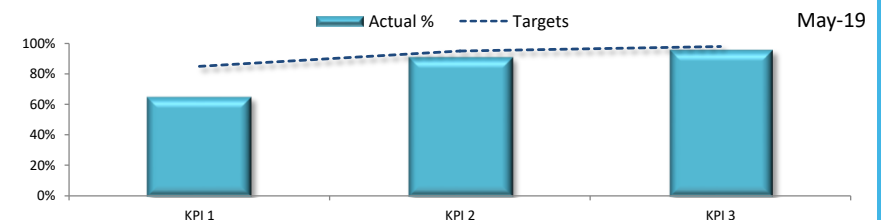
10.3 KPI 2&3 - Inwards Journeys



10.3 KPI 4&5 - Outwards Journeys

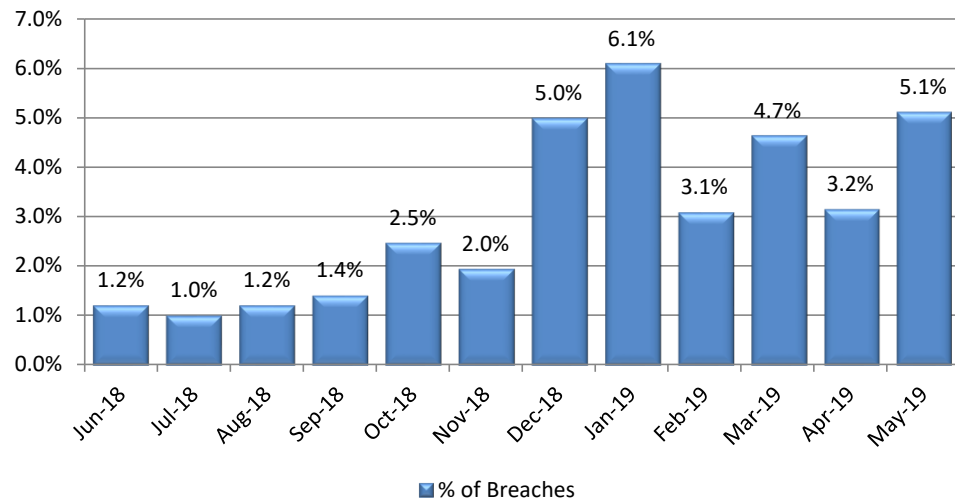


10.3 GP Urgent Performance

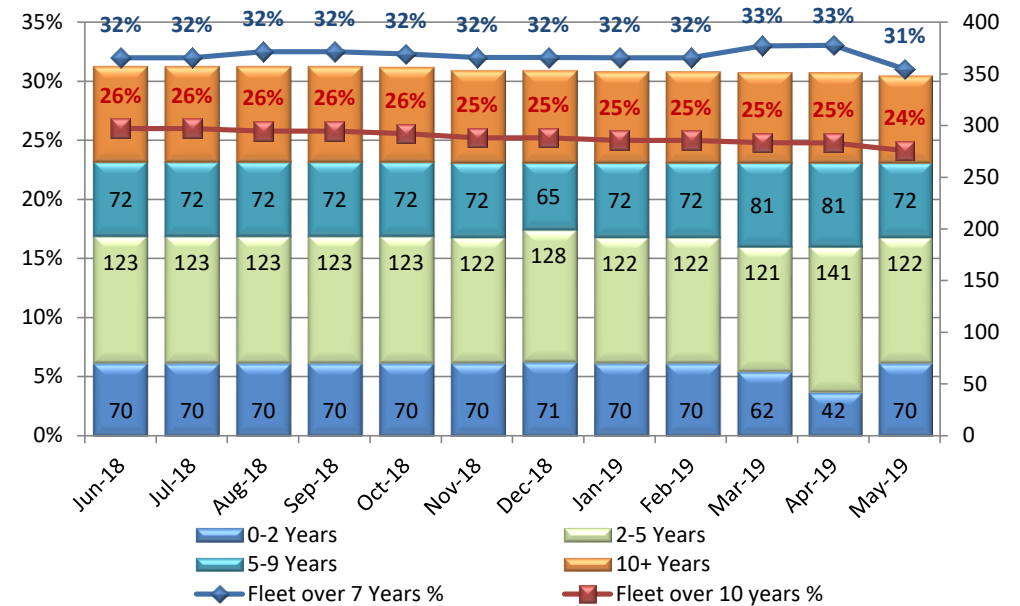


10.4 Deep Clean (5 weeks)

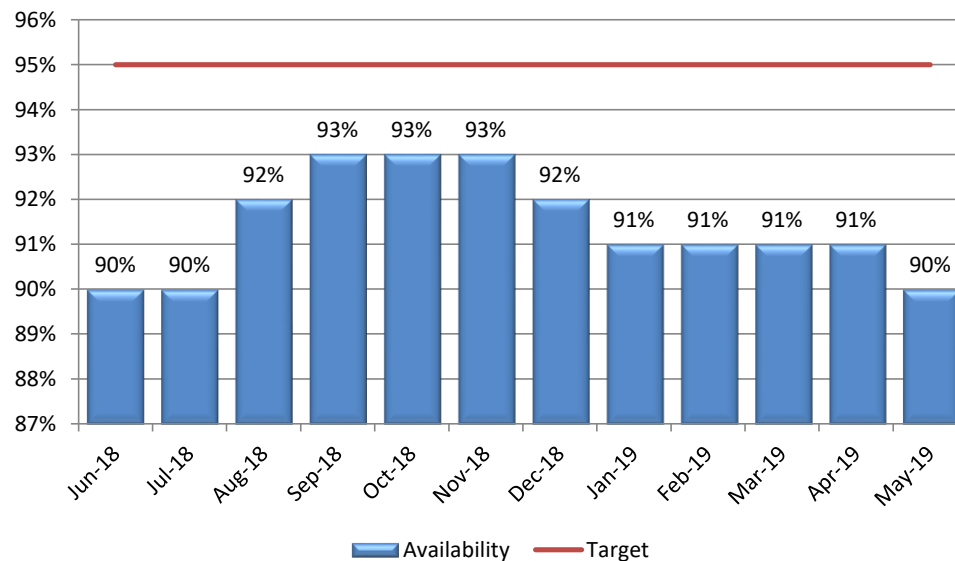
% of Breaches



10.5 Vehicle Age



10.6 Vehicle Availability



Commentary

The vehicle downtime has increased in May mainly due to the vehicle age profile, it is becoming increasingly difficult to source parts for vehicles over 10 years old, with some parts no longer available. Work is being carried out with regards replacing vehicles over 10 years of age.

Deep Clean: The PTS vehicle Deep Cleaning Service Level compliance fell below 99% due to vehicle availability as stated above. The unrecorded vehicle movements do continue, but this is not causing the same level of issue as previously.

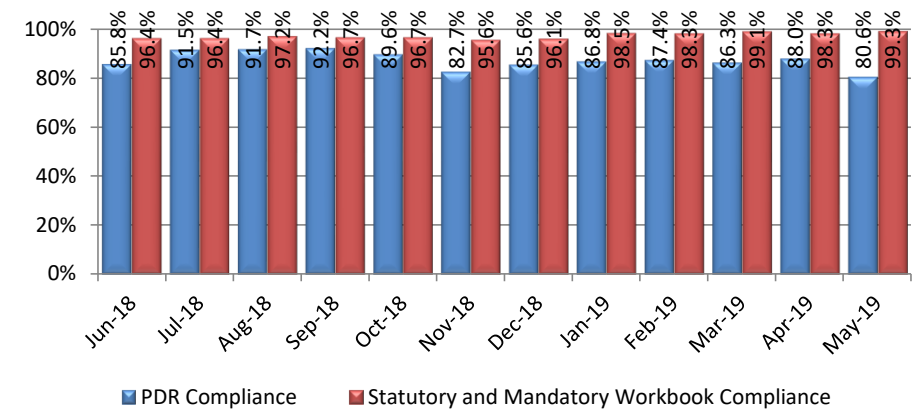
10.7 Workforce

FT Equivalents	FTE	Sickness (5%)	Absence	Available	
				Total	%
Budget FTE	612	31	122	459	75%
Contracted FTE (before OT)	548	36	103	409	75%
Variance	(64)	(6)	20	(50)	(10.9%)
% Variance	(10.5%)	(18.5%)	16.1%		
FTE worked inc overtime	580	36	103	441	76%
Variance	33	(6)	20	(18)	(4.0%)
% Variance	5.3%	(18.5%)	16.1%		

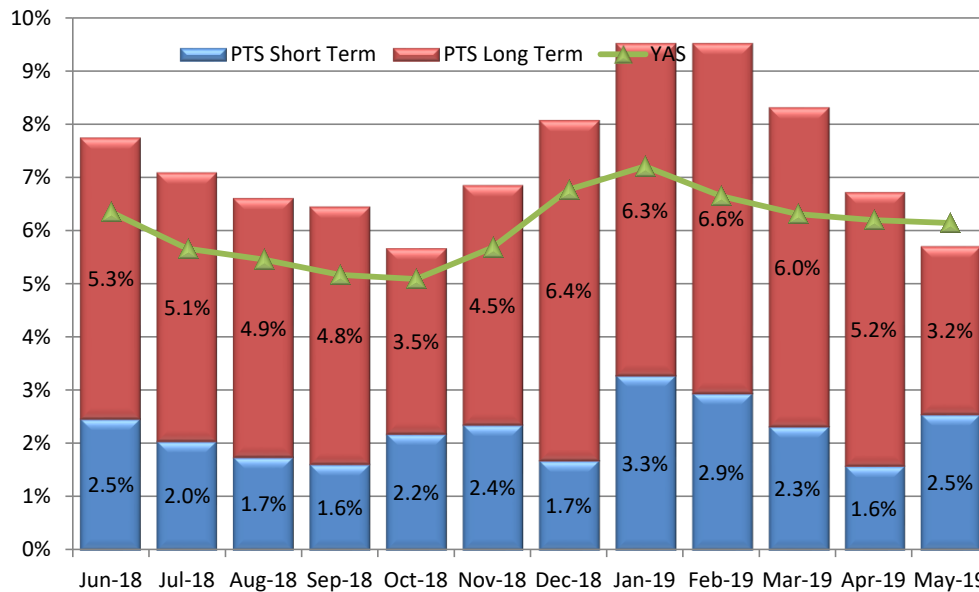
** FTE includes all operational and comms staff from payroll. i.e. paid for in the month converted to FTE

** Sickness and Absence (Abstractions) is from GRS

10.8 Training



10.9 Sickness



Commentary

PDR compliance decreased by 7.4% in May to 80.6% 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.

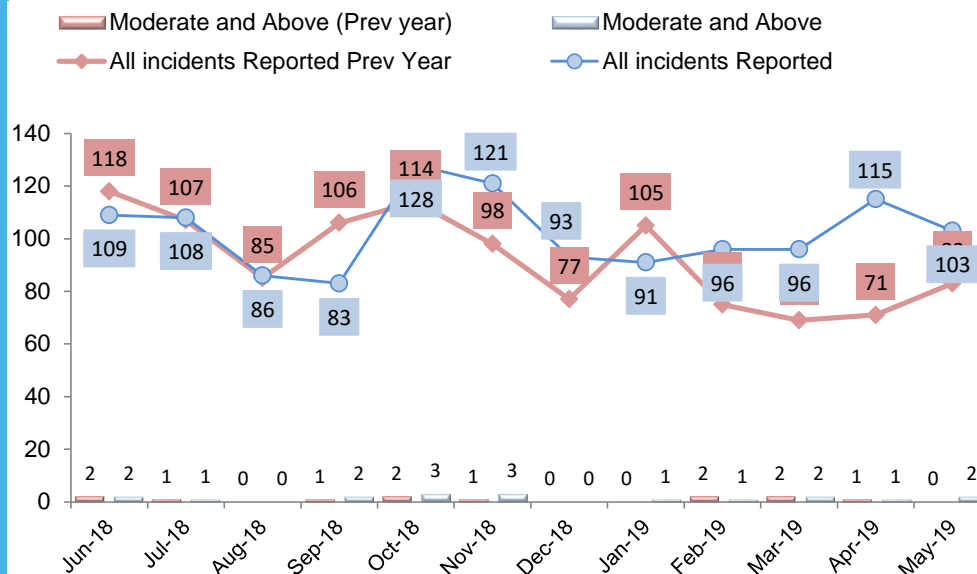
Statutory and Mandatory Workbook compliance is at 99.3% and remains well above the 90% Trust target.

Sickness Reporting below the Trust average for the first time since May 2018 at 5.7%; and the best level that PTS have achieved in the past 12 months; significantly lower than winter levels.

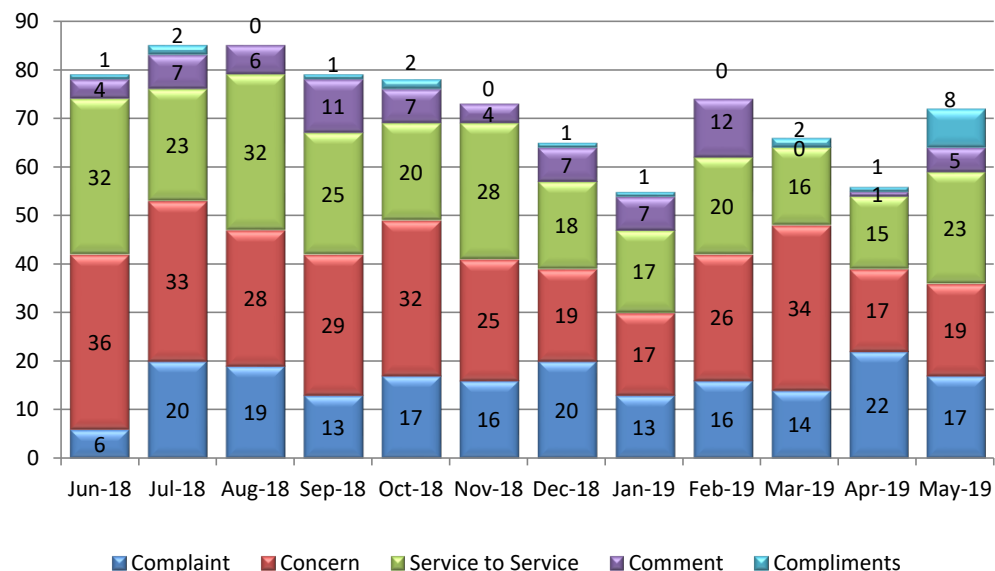
10.10 Quality, Safety and Patient Experience

		May 2019	2019-20
Serious Incidents		0	0
Total Incidents (per 1000 activities)		0.000	0.000
Total incidents Moderate & above		2	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%		89.2%	91.0%

10.11 Incidents



10.12 Patient Feedback



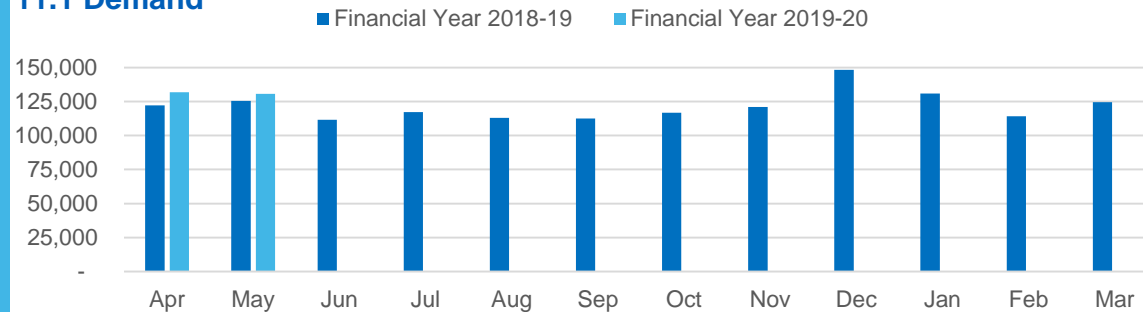
Commentary

Quality, Safety and Patient Experience: The proportion of calls answered in 3 minutes decreased to 89.2% in May falling below the 90% target.

Incidents: The number of reported incidents within PTS during May decreased by 10.4% against the previous month and is 24% higher than May the previous year.

Patient Feedback: Feedback increased by 28.6% in May versus April. Compliments have seen a significant increase which is positive; service to service also increased. the % complaints vs PTS journeys was 0.17% of journeys had a complaint.

11.1 Demand



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

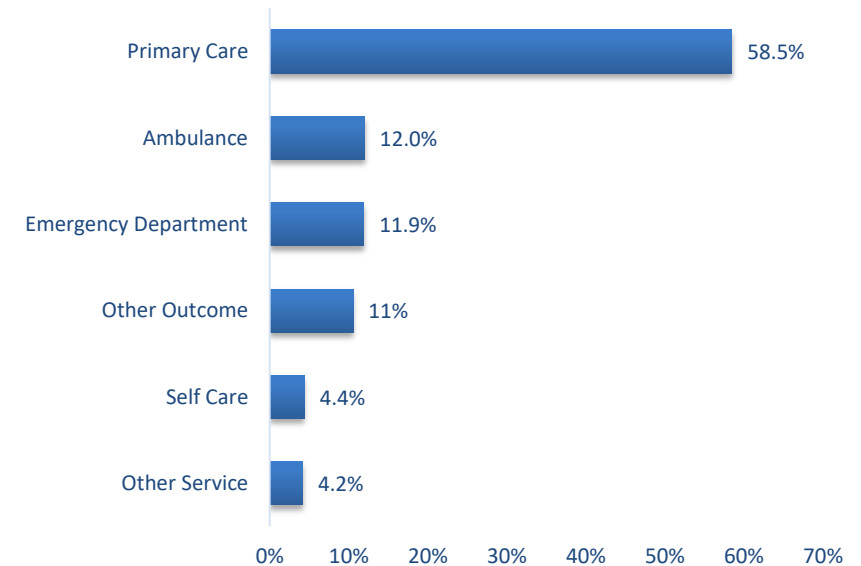
Demand Summary	
Calls Answered 2019-20	130,711
Calls Answered 2018-19 (excl. dental)*	125,354
Variance	4.3%
Contract Floor	124,737
Variance	4.8%
Contract Ceiling	129,828
Variance	0.7%
Calls Answered SLA <60s % (90% target)	90.9%

11.2 Performance

IUC KPIs	Target	Apr-19
Core Clinical Advice	30%	31.2%
Call Backs Made within 1 hour %	60%	59.2%
Direct Bookings - System Indicator *	30%	46.8%
Bookings into UTC - System Indicator*	50%	53.7%
Bookings into IUC Treatment Centres - System Indicator *	95%	60.1%
ED Validations	50%	63.3%
Ambulance Validations	95%	97.9%

* 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 Outcome



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.

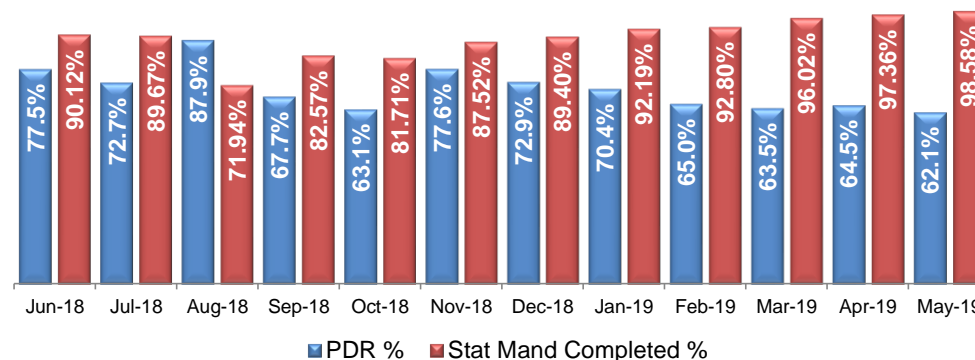
Actual demand for IUC was 4.8% above the contract floor and 4.3% above last financial year after adjusting for the lost of dental demand for patients aged 5 and above. The IUC service has taken excess dental demand in May than anticipated due to initial implementation issues with the new dental service. This is being addressed with NHS England.

YAS had a very positive month achieving all contract targets with the exception of clinical call back within one hour which falls short of the 60% target at 59.2%. 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.

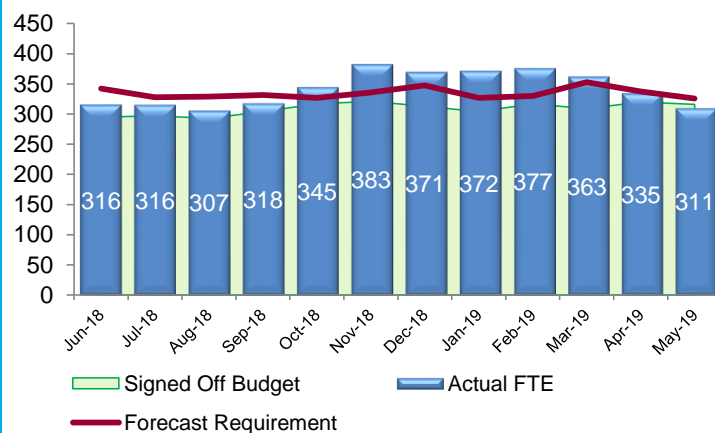
11.8 Workforce FTE - Call Handler & Clinician

	Total
Budget FTE	312
Actual FTE deployed	311
Variance	-1
Variance %	-0.3%
Actual FTE Breakdown	311
Substantive	21
Agency	277
Overtime	13

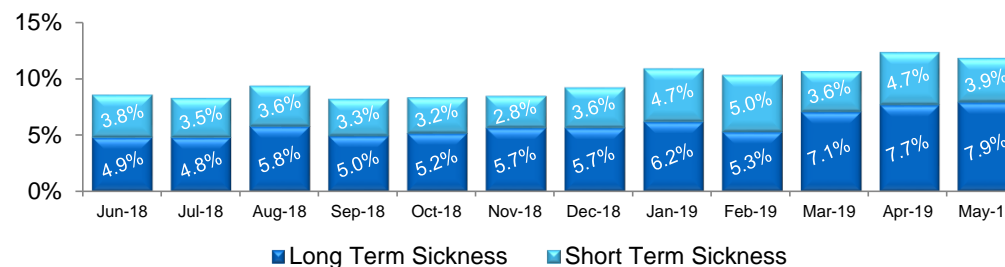
11.10 Training



11.9 Recruitment Plan



11.11 Sickness



Commentary

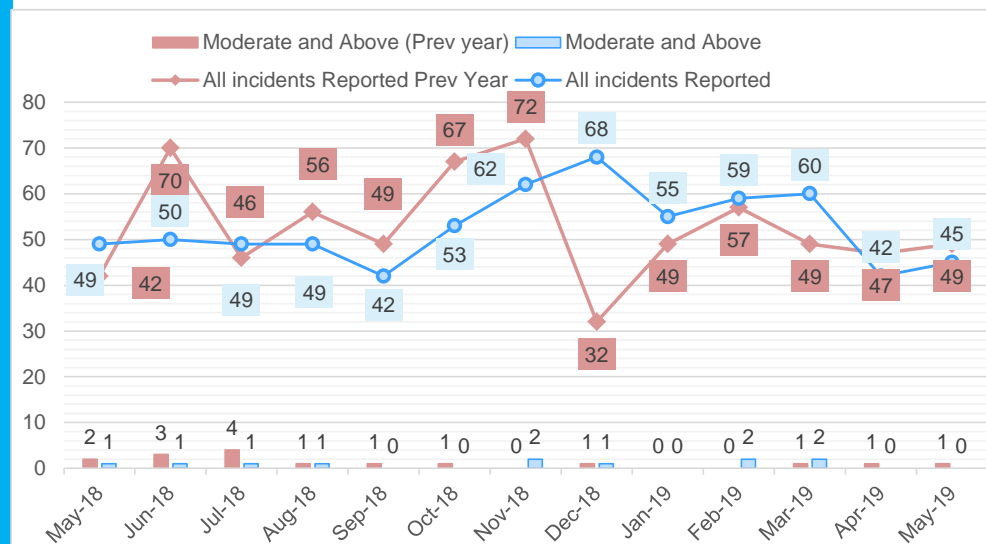
Statutory and mandatory training increased by 1.22% from April 2019 to May 2019 while PDR rates decreased by 2.4%.

Following the IUC mobilisation, PDR work is now being progressed along with the new logging process within ESR.

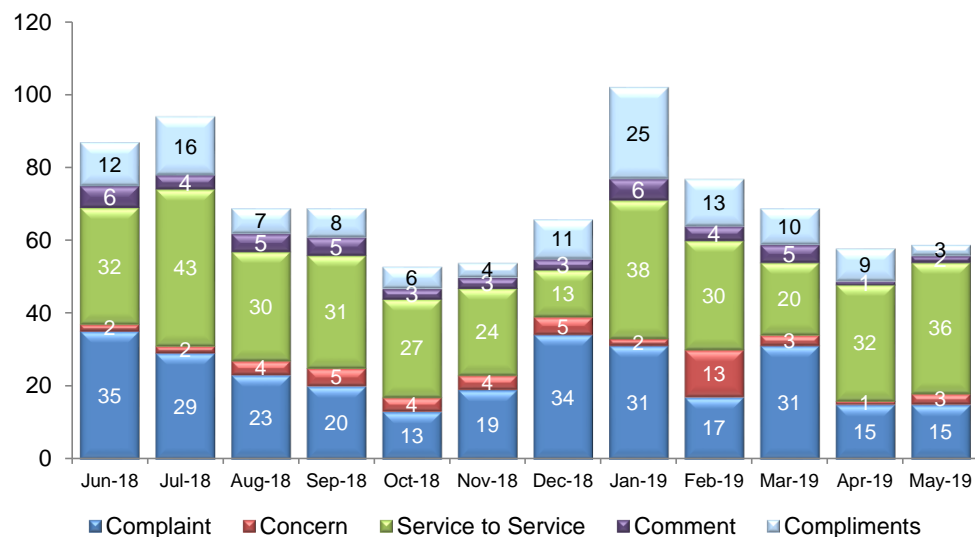
11.12 Quality, Safety and Patient Experience

		May-19	YTD
Serious Incidents		0	0
Total Incidents (per 1000 activities)		0.00	0.00
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 May 2019.

15 patient complaints were received in May 2019. 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 3 received during May 2019.

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

ANNEXES

System (May 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)	73,583	113,948	109,706	69,181	76,443	79,816	37,292	93,513	63,458	52,566
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	62.7%	65.9%	60.2%	66.0%	68.5%	59.6%	63.2%	53.0%	58.1%	52.9%
C1 Incidents	7.5%	11.3%	9.2%	9.4%	9.7%	5.5%	7.3%	6.0%	6.0%	5.0%
C2 Incidents	55.3%	54.6%	51.0%	56.6%	58.8%	54.1%	55.8%	47.0%	52.2%	47.9%
C3 Incidents	17.6%	20.6%	20.8%	19.7%	16.3%	25.3%	21.5%	35.9%	31.9%	30.1%
C4 Incidents	3.5%	1.9%	4.4%	1.3%	2.8%	2.1%	1.0%	1.8%	0.8%	1.9%
HCP 1-4 Hour Incidents	9.3%	3.1%	2.9%	5.1%	3.6%	3.5%	3.6%	5.8%	3.5%	7.6%
Hear and Treat	6.8%	7.2%	8.7%	7.9%	6.2%	6.5%	4.5%	3.2%	5.6%	7.4%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:06:49	00:06:08	00:07:08	00:07:24	00:07:42	00:06:46	00:06:12	00:06:44	00:07:18	00:07:00
C1-90th centile response time (Target 00:15:00)	00:11:56	00:10:10	00:11:59	00:12:56	00:14:01	00:12:27	00:10:35	00:11:51	00:13:37	00:12:45
C2-Mean response time (Target 00:18:00)	00:18:38	00:17:36	00:20:51	00:25:45	00:26:26	00:28:32	00:24:55	00:11:49	00:20:54	00:17:01
C2-90th centile response time (Target 00:40:00)	00:38:09	00:35:42	00:43:37	00:53:47	00:54:56	00:59:57	00:52:20	00:21:31	00:40:16	00:33:41
C3-90th centile response time (Target 02:00:00)	01:42:58	02:02:44	02:15:48	02:27:41	03:46:15	02:51:44	03:25:29	01:10:04	03:56:04	02:00:52
C4-90th centile response time (Target 03:00:00)	02:00:56	03:13:50	02:48:12	02:34:37	03:57:30	03:16:20	02:59:13	01:45:22	04:52:54	02:58:58
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	60.3%	59.5%	58.8%	62.0%	58.6%	53.2%	58.9%	57.7%	61.1%	53.4%
Incidents with transport not to ED	9.2%	6.7%	6.4%	4.6%	2.7%	4.7%	10.9%	3.7%	1.2%	6.3%
Incidents with face to face response	23.7%	26.6%	26.1%	25.5%	32.5%	35.5%	25.8%	35.5%	32.1%	32.9%

Clinical (January 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	17.1%	37.4%	33.2%	24.6%	30.4%	29.6%	29.8%	32.1%	29.5%	33.2%
ROSC - Utstein	24.0%	57.6%	42.0%	53.8%	62.5%	48.1%	76.5%	56.6%	52.9%	60.5%
Cardiac - Survival To Discharge	9.2%	8.1%	3.9%	6.3%	9.0%	8.4%	4.8%	10.8%	9.7%	10.2%
Cardiac - Survival To Discharge Utstein	22.2%	31.1%	12.5%	30.4%	34.1%	26.9%	25.0%	33.3%	21.9%	31.6%