Integrated Performance Report

February 2020

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 IUC).

Improvement Model Ambulance (July 2019)

Single Oversight Framework Score

2

Inspected and rated

Good

CareQuality Commission

EXECUTIVE OVERVIEW

One Team, Best Care

Our purpose is

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

NHS
Yorkshire Ambulance Service
NHS Trust

with our core values embedded in all we do

| One Team | Innovation | Resilience | Empowerment | Integrity | Compassion |

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

| Patients and communities experience fully joined-up care responsive to their needs | Our people feel empowered, valued and engaged to perform at their best | We achieve excellence in everything we do | We use resources wisely to invest in and sustain services |

Delivery is directly supported by a range of enabling strategies

| COMMUNITY ENGAGEMENT | PEOPLE | QUALITY IMPROVEMENT | DIGITAL | FLEET | ESTATES | FINANCE |

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 Service Transformation programme will help to deliver the Trusts strategic Plans and ensure that internal plans are aligned to external system pressures.

Service Delivery & Integrated Workforce — GREEN

10.03.20:

Integrated Workforce: Route map outlining the governance and accountability structure for the Trusts Integrated Workforce programme was presented at Board. The route map includes all projects that sit underneath the Trusts integrated workforce programme including; Team Based Working, Rotational Paramedics, Total Transport and the Clinical Hub Integration. Key developments due to be presented at Trust Executive Group (TEG) include; a schedule of activity, benefits and outcome measures, and interdependencies across the workforce programme.

EOC Hear and Treat (H&T): Work underway to deliver H&T targets in line with agreed trajectories, including staff training and recruiting additional clinician roles.

YAS Total Transport: A revised proposal has been approved by TMG. A provisional 'Go LIve' date has been agreed for early May, 2020.

Integrated Clinical Advice Service (CAS), EOC and 111: Structured programme of work underway. Initial scoping presented at TEG for strategic discussion, 19.02.20. Cost / benefit modelling is now being developed.

Team Based Working: Revised PID presented at TEG, 26.02.20. The detailed PID seeks approval to recruit two additional posts to lead programme delivery; Senior Programme Lead and HR Senior Advisor. Awaiting Board approval, proposed agenda item, March 2020.

Clinical Recruitment IUC/EOC: Completed in December. Six-month attraction / recruitment campaign underway, Nov '19 - May '20.

Provisional programme focus for 2020:
- Integrated workforce
- Team based working

Place Based Care — GREEN

13.01.20:

Ageing Well: Ageing well project group to be established. Proposed programme strands include: pathways, dementia, enhancing health in care homes and an alternative response to falls.

Care Homes: Care homes falls project in South has been extended with additional funding with an evaluation of current progress due in November.

Mental Health: Mental Health programme group to be established. MH Lead now in post. Planning underway for Mental Health Summit, proposed date - 27.03.20.

Public Health: Public Health priorities for the organisation now in place and include suicide prevention and bereavement support, homelessness and isolation. Public Health Delivery Plan agreed and progress monitored on a quarterly basis.

MECC: first cross-Directorate scoping workshop held 11.3.20.

Dashboards: Place based reporting dashboards for mental health, falls and hospitals in development.

Provisional Programme Focus for 2020:
- ICS/place based plans and co-ordination including pathway development 999/IUC, UTCs
- Mental Health
- Frailty and falls (Am 'Aging Well' programme)
- 999 Academy
- Volunteering and Public Health

Infrastructure — AMBER

04.03.20:

ePR: 90.05% of YAS patient records now completed on ePR (excluding Low Acuity Transport); 1,785 ePRs completed per day; 808,588 ePRs completed.

Unified Comms: 'Go Live date' has slipped and rescheduled at various stages: Back office functions – 6.5.20; IUC/PTS – 12.5.20 and EOC - 19/20.05.20 (EOC).

Agile working (scanning solution): Work underway to scope a target operating model for a corporate electronic document scanning and storage solution. Outline proposal presented at Board. Next steps will involve a stakeholder workshop to scope and refine the proposed approach; scale of the investment, risks, issues and proposed mitigating factors alongside a recommendation on project prioritisation and proposed timescales for delivery.

Benefits realisation: The Programme Board has initiated a review to focus on benefits realisation and alignment of disparate initiatives relating to digital and agile working developments ensuring a more focused approach to the 2020/21 overall programme. MIH consultancy has been commissioned to provide support on a benefits realisation piece on Microsoft 365 and Unified Comms during Q4. A series of stakeholders interviews have taken place. During March, a workshop will be held to revisit and refresh the proposed benefits, and agree a clear set of project metrics to measure impact of both MS 365 and Unified Comms.

Hub and Spoke/AVP: The formal opening of the new Doncaster Hub was scheduled to take place, 30.03.20 - this has now been postponed until a later date. Business cases for Hull and Scarborough will be presented at F&IC, 12.03.20 and Trust Board, 27.03.20 for Corporate decision making.

Logistics Hub: The business case for the Logistics Hub is under review. The final business case will go forward to Trust Management Group (TMG) and then Trust Board for corporate decision making.

Provisional Programme Focus for 2020:
Digital enablers and benefits realisation (including unified comms, Microsoft 365, EPR, CAD (linked to NAA) Tranman and associated 'agile' working initiatives).
- Hub and Spoke and AVP.
- Logistics including single warehouse, aligned to AVP.
- Emergency Services Radio Programme (aligned to national time table)
"

Capacity & Capability — AMBER

24.02.20:

Accountability Framework:
Work streams reviewed and refined with Executive leads. High performance management system added as a new work stream. Programme governance structure in place and agreed.

Future Training Estates:
A number of different delivery model options have been further refined from the January C&C Board meeting. Options appraisal results and recommendations will be presented at March C&C Board for review, prior to consideration by TEG.

Staff Engagement Platform:
Procurement of a staff engagement platform to support ideas and innovation management acorss the Trust has taken place. The one year pilot is underway with the preferred provider developing a mobilisation plan and robust evaluation strategy in partnership with the Trusts QI Team.

Provisional Programme Focus for 2020:
- Accountability Framework.
- Future training model.
- Cultural development –alignment of work streams.
- VFM priorities (aligned to wider NAA programme).

"

The Service Transformation programme will help to deliver the Trusts strategic Plans and ensure that internal plans are aligned to external system pressures.

External System Pressures

• Hospital handovers remain challenging across key areas of Yorkshire, impacting on performance during an increasingly demanding period, due to COVID-19.

• NHSE/I continue to review the Trust's draft Operational Plan, submitted on 5 March 2020. Ongoing Place level meetings are planned, to align ICS level plans and the current YAS plan. Future meetings are planned to maintain alignment around performance and contractual expectations.

• The final Operational Plan for YAS is due to be submitted by 29 April 2020, setting out the plan for 2020/21. This plan continues to be refined in light of the COVID-19 impact.

• Local A&E Delivery Boards, System Oversight Boards and Urgent and Emergency Care Network meetings are being reviewed, to balance the requirement for local oversight and assurance, whilst reducing the potential impact of COVID-19 on leadership capacity; YAS remain engaged across the region, as required.

• COVID-19 is having a major impact on NHS 111 performance, locally and nationally; with demand levels for calls and clinician input increasing significantly.

Service Line	Indicator ID	Exception Commentary
PTS	004	The overall PTS performance is above YTD average on pre-planned inward and outward outpatient journeys (KPI 1, 2 & 3). A positive movement in Februaury for KPI 4 (on-day discharge); whilst it improved from exceeding the reports process limits it will not achieve target and is below YTD. Management review has been undertaken and mitigating actions have been introduced in South Yorkshire.
	009	PTS ahcieved the highest PDR compliancy in the Trust, but is below the Trust target.
	010	PTS achieved 100% S&M compliancy the highest in the Trust.
	013	PTS saw a significant reduction in incidents in February from the previous month.
	020	PTS fleet availability was below target for the month- Fleet to comment. It should be noted,that a significant amount of fleet staff time has been targeted on delivey of new vehicles and fitting YAS kit for PTS contracts in N Linc's and Hull. The performance was in line with YTD.
A+E	003	8 secs behind Trajectory CAT1, 4 secs behind trajectory CAT2 , contibrutory factors to this position are the excessive handover delays which continue to sap resource and negate further improvements.
	009	Operational pressure has led to an inability to make improvements against PDR compliance in February although Operations are still above the YAS average. Measures to reclaim lost ground will occur through the summer months.
EOC	009	Operational pressure has led to an inability to make improvements against PDR compliance in February although EOC are still above the YAS average. Measures to reclaim lost ground will occur through the summer months.
Information Management	016	**FOI compliance** has improved on the previous month and work is underway for further improvement. Information is to be sent to all IAOs regarding their responsibilities for FOI requests. Unplanned absence remains an issue but the team is working hard to overcome capacity issues and is currently recruiting to a fixed term position to cover the FOI function from April 2020 onwards.
		IG compliance has increased to 72.3%, which is a 10% increase on the last month, following the introduction of the new BI monthly reporting process which alerts IAOs when team members training is due to expire. The proactive approach aims to improve compliance in advance of the annual DSP Toolkit submission at the end of March.

Patients & Communities — February 2020

Indicator ID	Key Operational Standard Description	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Feb-20 Target / Forecast	Feb-20 Actual	Feb-20 Actual v Target/Fcast
001 — Integrated Urgent Care	Calls Offered	141,675	142,409	141,721	131,686	136,129	134,814	126,624	137,427	156,871	175,308	144,564	148,175	139,728	148,175	▲
	Call Answered	139,115	131,822	130,711	120,255	121,263	121,422	115,557	122,183	132,591	160,403	135,455	135,463		135,463	
	Calls Answered within 60 Seconds	86.1%	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	83.1%	90.7%	85.0%	90%	85.0%	▼
	Core Clinical Advice		30.7%	31.3%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%	28.3%	30%	28.3%	▼
	Clinician Called Back within 1 Hour		64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	56.9%	59.8%	46.6%	60%	46.6%	▼
	Direct Bookings		46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	45.8%	45.0%	30%	45.0%	▲
	Bookings into UTC		52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%	56.7%	50%	56.7%	▲
	Bookings into IUC Treatment Centres		59.1%	60.1%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%	62.9%	61.6%	95%	61.6%	▼
	ED Validations		61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%	50.8%	37.7%	50%	37.7%	▼
	Ambulance Validations		97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	98.3%	90.4%	95%	90.4%	▼
002 — EOC	Telephony - 999 Calls Answered	57,868	58,202	59,471	58,166	63,132	60,147	58,919	63,779	63,358	68,507	57,223	54,569		54,569	
	Telephony - 999 Calls Answered within 5 Seconds	98.1%	95.5%	97.5%	96.5%	94.5%	94.8%	95.2%	91.4%	87.6%	88.0%	94.8%	96.1%	95%	96.1%	▲
003 — A&E Operations	All Activity (H&T + STR + STC)	69,455	68,236	69,359	67,360	71,887	69,246	67,636	71,982	71,517	76,409	72,149	67,218		67,218	
	Hear & Treat (H&T)	6.5%	6.6%	6.8%	6.8%	6.7%	6.0%	6.0%	6.5%	7.3%	8.5%	6.5%	7.2%		7.2%	
	See, Treat & Refer (STR)	23.4%	23.6%	23.5%	24.1%	24.2%	25.1%	24.9%	24.5%	23.9%	25.0%	25.1%	25.5%		25.5%	
	See, Treat & Convey (STC)	70.1%	69.8%	69.7%	69.1%	69.2%	68.9%	69.1%	69.0%	68.8%	66.7%	68.4%	67.3%		67.3%	
	999 Responses (STR + STC)	64,936	63,713	64,675	62,776	67,106	65,078	63,554	67,273	66,263	70,017	67,446	62,407	70,509	62,407	▼
	Category 1 — Mean	00:06:44	00:06:58	00:06:49	00:06:48	00:06:54	00:06:50	00:06:58	00:07:19	00:07:29	00:07:46	00:06:54	00:07:11	00:07:00	00:07:11	▲
	Category 1 — 90th Percentile	00:11:28	00:12:06	00:11:56	00:11:56	00:12:11	00:11:53	00:12:02	00:12:31	00:12:46	00:13:15	00:11:54	00:12:32	00:15:00	00:12:32	▼
	Category 2 — Mean	00:17:40	00:19:40	00:18:38	00:18:46	00:18:17	00:17:04	00:18:26	00:21:50	00:23:10	00:27:12	00:17:54	00:18:49	00:18:00	00:18:49	▲
	Category 2 — 90th Percentile	00:35:35	00:40:29	00:38:09	00:38:16	00:37:26	00:34:21	00:37:32	00:45:13	00:49:00	00:58:00	00:36:33	00:38:24	00:40:00	00:38:24	▼
	Category 3 — 90th Percentile	01:29:42	01:49:54	01:42:58	01:49:22	01:42:47	01:26:58	01:33:37	02:09:51	02:18:59	02:56:46	01:31:25	01:45:20	02:00:00	01:45:20	▼
	Category 4 — 90th Percentile	03:00:09	03:36:53	03:51:12	04:33:48	04:01:23	02:47:17	02:41:57	03:00:32	02:38:08	03:18:01	02:15:18	02:19:03	03:00:00	02:19:03	▼
	Average Turnaround Time	00:34:07	00:35:10	00:34:51	00:35:51	00:36:40	00:35:54	00:36:20	00:36:14	00:38:03	00:41:00	00:39:22	00:36:49	00:30:00	00:36:49	▲
	Average Job Cycle Time (Responses)	01:51:47	01:57:05	01:55:52	01:56:09	01:55:44	01:52:44	01:52:53	01:57:12	02:01:54	02:07:07	01:54:19	01:54:48		01:54:48	
004 — PTS	Journeys	75,569	73,830	77,516	73,526	82,095	73,568	74,545	81,434	75,023	69,065	78,620	72,004	72,185	72,004	▼
	Patient Journeys < 120 Minutes	99.4%	99.4%	99.3%	99.4%	99.3%	99.2%	99.2%	99.1%	99.0%	99.2%	99.5%	99.5%	90.0%	99.5%	▲
	Patients Arrive at Appointment on Time	90.1%	90.7%	88.5%	88.9%	90.9%	91.1%	89.9%	89.5%	88.0%	88.7%	90.2%	88.9%	90.0%	88.9%	▼
	% Pre Planned - Picked Up in 90 Minutes	90.0%	90.5%	87.5%	88.6%	89.5%	90.5%	89.8%	90.3%	89.4%	89.4%	89.7%	90.3%	90.4%	90.3%	▼
	% Short Notice - Picked Up in 120 Minutes	76.2%	79.1%	76.3%	76.8%	77.8%	79.4%	77.5%	75.9%	74.3%	73.0%	71.9%	74.5%	88.8%	74.5%	▼
	Calls Answered within 180 Seconds	90.7%	92.9%	89.2%	89.4%	96.3%	90.4%	86.8%	91.8%	93.3%	94.3%	88.2%	93.0%	90.0%	93.0%	▲

Indicator ID	Key Operational Standard Description	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-20	Oct-20
005 — ACQI	% Received STEMI Bundle			55.9%		53.1%			40.0%				58.7%
	% Received Stroke Diagnostic Bundle	95.3%		96.1%		93.4%		95.9%					
	% Received Sepsis Care Bundle		51.9%		53.4%		60.9%			72.7%			

Please Note: ACQI Care Bundle Data for STEMI, Stroke and Sepsis are submitted quarterly on a rotational basis.

Indicator ID	Key Operational Standard Description		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Feb-20 Target / Forecast	Feb-20 Actual	Feb-20 Actual v Target/Fcast
006	Workforce	Total FTE in Post	4,669	4,668	4,656	4,681	4,675	4,690	4,727	4,732	4,773	4,753	4,759	4,777		4,777	
006	Workforce	BME %	4.9%	4.9%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	5.1%	5.1%	5.1%	5.3%	11.1%	5.3%	▼
007	Recruitment	New Starters (FTE)	38.9	55.6	18.6	67.5	49.6	56.6	92.9	62.3	53.1	13.3	44.6	42.1		42.1	
008	Turnover (FTE)	YAS (Rolling 12 Month Periods)	9.3%	9.4%	9.6%	9.9%	9.9%	10.0%	9.9%	9.7%	10.1%	9.7%	9.7%	9.7%		9.7%	
009	PDR / Staff Appraisals	YAS	77.0%	76.1%	70.8%	68.2%	71.7%	74.6%	76.6%	77.6%	76.4%	75.7%	74.6%	75.9%	90.0%	75.9%	▼
009	PDR / Staff Appraisals	A&E Operations	80.6%	78.2%	71.2%	69.5%	72.2%	76.2%	77.9%	80.2%	80.5%	78.8%	78.3%	78.8%	90.0%	78.8%	▼
009	PDR / Staff Appraisals	EOC	70.9%	72.5%	69.0%	66.8%	63.8%	60.6%	61.1%	67.0%	65.1%	67.1%	68.7%	68.5%	90.0%	68.5%	▼
009	PDR / Staff Appraisals	Integrated Urgent Care	63.5%	64.5%	62.1%	55.4%	75.6%	76.1%	70.9%	67.5%	63.0%	60.8%	56.2%	65.0%	90.0%	65.0%	▼
009	PDR / Staff Appraisals	PTS	86.3%	84.8%	80.6%	73.7%	78.3%	83.0%	90.9%	89.1%	86.2%	88.4%	86.9%	87.7%	90.0%	87.7%	▼
010	Training: Stat & Mand (Substantive Employees)	YAS	97.3%	97.9%	97.9%	98.3%	98.2%	98.3%	98.4%	98.0%	97.6%	97.2%	97.6%	97.4%	90.0%	97.4%	▲
010	Training: Stat & Mand (Substantive Employees)	A&E Operations	97.9%	97.0%	98.2%	98.7%	98.6%	98.9%	99.0%	98.6%	98.2%	97.8%	97.9%	97.8%	90.0%	97.8%	▲
010	Training: Stat & Mand (Substantive Employees)	EOC	97.0%	95.6%	96.8%	97.5%	97.2%	98.5%	97.7%	97.7%	97.4%	96.5%	98.3%	98.0%	90.0%	98.0%	▲
010	Training: Stat & Mand (Substantive Employees)	Integrated Urgent Care	96.0%	97.4%	98.6%	98.6%	98.6%	98.7%	98.7%	98.2%	96.1%	95.7%	97.1%	96.7%	90.0%	96.7%	▲
010	Training: Stat & Mand (Substantive Employees)	PTS	99.1%	98.3%	99.3%	99.7%	99.6%	99.5%	99.5%	99.6%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	▲
011	Health & Wellbeing	Total Sickness Rate	6.3%	6.2%	6.1%	6.0%	5.9%	6.2%	6.0%	6.5%	6.5%	7.1%	6.5%	6.0%	5.7%	6.0%	▲
011	Health & Wellbeing	Long Term Sickness Rate	4.2%	3.9%	3.9%	3.8%	3.6%	3.9%	3.8%	4.0%	3.7%	4.3%	3.8%	3.6%		3.6%	
011	Health & Wellbeing	Short Term Sickness Rate	2.1%	2.3%	2.3%	2.2%	2.3%	2.3%	2.3%	2.6%	2.8%	2.8%	2.7%	2.5%		2.5%	

Indicator ID	Key Operational Standard Description			Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Feb-20 Target / Forecast	Feb-20 Actual	Feb-20 Actual v Target/Fcast
012	Incidents		All Reported	721	734	733	669	729	605	638	666	736	735	801	739		739	
			Serious	4	5	8	2	6	1	1	1	6	7	2	2		2	
			Moderate	15	18	22	14	20	22	17	14	23	23	8	23		23	
			Medication Related	58	85	115	82	80	52	66	75	69	69	60	64		64	
013	Patient Relations	A&E	Complaint	16	18	21	12	20	22	17	19	20	13	16	16		16	
			Compliment	15	38	100	103	84	107	102	88	117	102	125	109		109	
			Concern	14	15	14	16	20	15	21	23	12	20	17	15		15	
			Service to Service	17	18	28	29	27	16	9	26	25	16	29	23		23	
		EOC	Complaint	10	11	15	6	16	7	4	11	18	12	4	6		6	
			Compliment	0	0	3	3	2	2	2	0	4	2	3	3		3	
			Concern	9	10	4	10	10	7	3	17	9	17	6	8		8	
			Service to Service	8	8	9	19	26	10	8	13	18	23	20	5		5	
		Integrated Urgent Care	Complaint	37	18	21	17	17	34	17	29	18	31	19	24		24	
			Compliment	10	9	3	4	4	2	7	4	7	12	10	4		4	
			Concern	0	0	2	3	2	1	2	6	3	9	2	3		3	
			Service to Service	20	32	30	17	19	25	46	21	17	17	26	40		40	
		PTS	Complaint	14	22	17	10	21	16	16	14	15	7	9	11		11	
			Compliment	2	1	8	6	8	10	6	4	7	9	5	3		3	
			Concern	34	17	19	28	29	24	28	31	23	22	24	24		24	
			Service to Service	16	15	23	33	30	22	15	27	24	24	47	34		34	
014	Clinical Outcomes Data		Stroke - Call to Hospital Arrival (Mean)	01:12	01:28	01:10	01:11	01:15	01:10	01:13	01:21							
			Stemi - Call to Catheter Insertion for Angio (Mean)	02:11	02:06	01:53	02:27	02:12	02:17	02:03	02:06							
			ROSC (Utstein)	61.4%	62.1%	64.1%	51.7%	55.0%	54.1%	51.4%	61.1%							
			Survival (Utstein)	22.2%	35.0%	45.2%	30.8%	28.6%	30.0%	30.3%	34.6%							
015	Safeguarding		Adult Referrals	898	863	1,002	924	986	918	887	906	1,013	1,045	1,049	947		947	
			Child Referrals	612	550	579	594	612	519	575	587	551	540	603	638		638	
016	Information Management		Information Governance Training Compliance	91.8%	93.6%	92.7%	94.0%	94.7%	95.0%	95.2%	95.2%	73.3%	70.3%	64.3%	72.3%	95%	72.3%	▼
			FOI Request Compliance	79.0%	33.0%	33.0%	22.6%	42.4%	60.0%	42.5%	60.5%	32.3%	61.9%	69.7%	70.3%	90%	70.3%	▼
017	CQUIN		National CCG2: Staff Flu Vaccinations		🟩			🟩			🟧							
			National CCG10: Ambulance – Access to Patient Information at Scene (Assurance)		🟩			🟩			🟩							
			National CCG10B: Ambulance – Access to Patient Information at Scene (Demonstration)		🟧			🟧			🟧							
			Local 1: Supporting the needs of complex Mental Health Patients via Teleconferencing		🟩			🟩			🟩							
			Local 1: IUC/111 Staff Flu Vaccinations		🟩			🟩			🟧							
			Local 2: IUC/111 Frequent Callers		🟩			🟩			🟩							
			Local 3: IUC/111 Sepsis Awareness		🟩			🟩			🟩							
			Local 1: PTS Vehicle Electronic Checklist App		🟩			🟩			🟩							
			Local 1: PTS Staff Flu Vaccinations		🟩			🟩			🟧							

Resource & Sustainability — February 2020

Indicator ID	Key Operational Standard Description		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Feb-20 Plan	Feb-20 Actual	Feb-20 Plan v Actual	YTD Plan	YTD Actual	YTD Plan v Actual
018	Finance Overview	Risk Rating	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◄►	1	1	◄►
		EBITDA	-4,504	-1,230	-2,053	-1,891	-1,861	-1,831	-1,683	-2,073	-1,315	-812	-824	-855	-1,256	-855	400	-16,049	-16,427	-378
		Surplus	-3,687	-126	-1,016	-769	-764	-545	-605	-507	-249	238	4	240	-109	240	350	-3,649	-4,100	-450
		Capital	4,931	487	924	312	794	1,685	379	1,152	1,889	1,947	957	2,967	1,193	2,967	1,774	17,516	13,337	-4,179
		Cash	36,110	38,772	41,370	43,981	49,253	52,397	52,816	53,688	57,627	58,179	58,364	54,700	41,260	54,700	13,440	41,260	54,700	13,440
		CIP	989	534	538	526	525	528	560	532	532	532	582	582	582	582	0	5,970	5,970	0
019	CIP	A&E	326	232	61	-191	28	28	28	28	28	28	28	28	227	28	-199	2,511	328	-2,183
		Business Development	0	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		CEO Directorate	2	4	9	6	-10	2	2	2	2	2	2	2	6	2	-4	71	26	-45
		Clinical	9	4	-1	2	4	2	2	2	2	2	2	2	2	2	0	18	24	6
		Estates	16	31	5	5	9	5	19	19	19	19	19	19	76	19	-57	377	166	-211
		Finance	41	36	36	37	35	36	36	36	36	36	36	36	36	36	0	397	397	0
		Fleet	65	86	87	86	67	87	123	87	87	87	87	87	92	87	-5	1,016	975	-41
		Planned & Urgent Care	81	82	51	66	66	66	66	67	67	74	81	81	81	81	0	896	766	-130
		Quality, Governance	6	2	1	2	-5	0	0	0	0	0	0	0	2	0	-2	18	0	-18
		Hub & Spoke	5	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Workforce OD	78	57	56	57	56	58	57	57	57	57	57	57	57	57	0	622	622	0
		RESERVE	358	0	233	456	275	244	227	234	234	227	269	269	4	269	265	44	2,666	2,622
		Current Position (Cumulative YTD)	9,010	534	1,072	1,598	2,123	528	560	532	532	532	5,387	5,969	582	582	0	5,970	5,970	0
020	Transport/Fleet	A&E — Vehicle age +7	8.0%	5.7%	5.4%	6.9%	5.2%	5.2%	3.2%	3.3%	1.8%	3.5%	6.6%	3.5%		3.5%				
		A&E — Vehicle age +10	4.0%	3.5%	3.3%	3.3%	3.3%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%				
		A&E — Availability	88.7%	90.2%	90.0%	90.2%	90.0%	90.0%	90.2%	91.0%	91.2%	91.7%	91.2%	90.6%	95%	90.6%	▼			
		PTS — Vehicle age +7	33.0%	33.0%	31.0%	41.4%	31.0%	31.0%	16.7%	16.9%	19.4%	15.3%	10.7%	16.7%		16.7%				
		PTS — Vehicle age +10	24.8%	24.8%	24.1%	24.1%	24.1%	24.1%	24.0%	24.0%	22.5%	26.6%	36.5%	27.2%		27.2%				
		PTS — Availability	91.0%	91.0%	90.0%	90.0%	91.0%	91.0%	92.0%	90.0%	90.0%	88.0%	89.0%	89.0%	95%	89.0%	▼			

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).

EBITDA - The Trust's year to date Earnings before Interest Tax Depreciation and Amortisation (EBITDA) position at the end of February (Month 11) is £16.4m against a plan of £16.0m A favourable variance of £0.4m.

Surplus - The Trust has reported a surplus at the end of Februaury (Month 11) of £4.1m, a favourable variance of £0.5m against the plan.

Capital - At the end of February 2020 Capital has a year to date underspend of £4.1m against the original plan, capex in month is behind the original plan, however capex in month excluding Transformation is ahead of plan mainly due to the Corpuls. The latest 19/20 Capital plan of £18.6m expenditure matches the Capital Resource Limit (approved by NHSEI in June 2019) plus additional spending power including disposals of £0.3m plus the £0.8m carried over from last year.

Cash - At the end of February 2020 the Trust's cash position was £54.7m against a plan of £41.3m, a favourable variance of £13.4m. The variance largely results from working capital being better than plan (£9.4m) and capital spend still being slightly behind plan (£4m).

CIP - The Trust has a savings target of £6.6m for 2019/20. The Trust has achieved £5.97m at month 11 which is in line with plan (44% of this being non-recurrent).
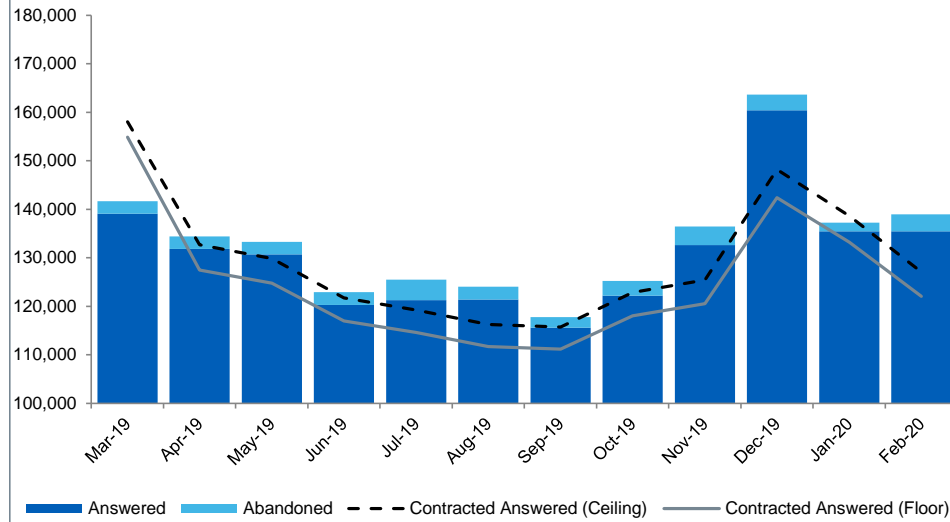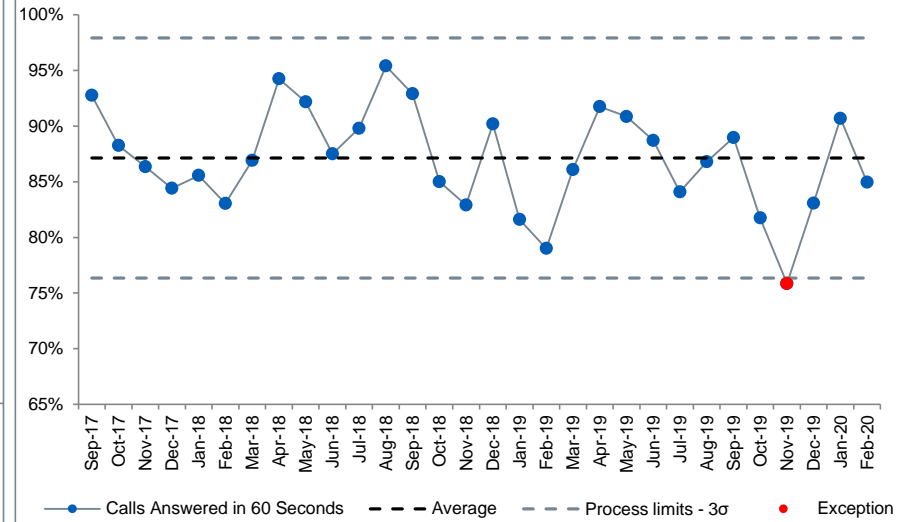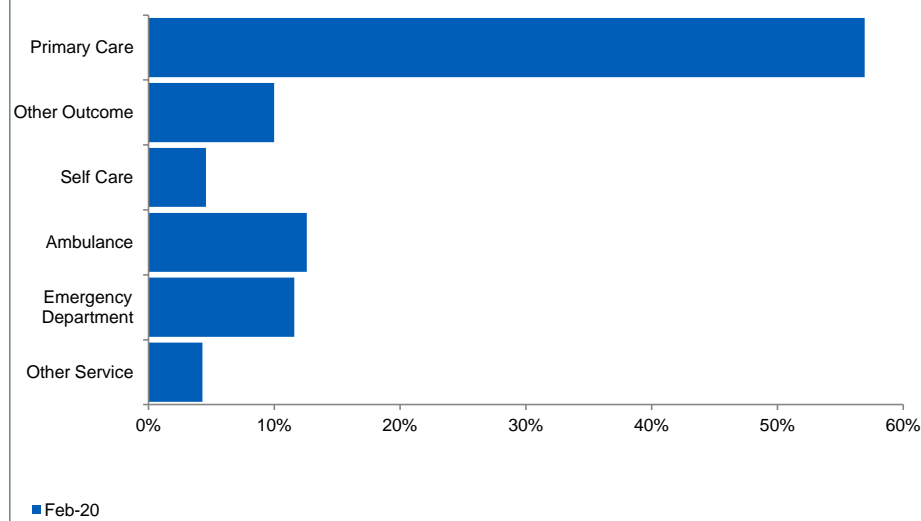
SERVICE LINES

Integrated Urgent Care

IUC Chart 1: Demand - Calls

Legend: Answered | Abandoned | Contracted Answered (Ceiling) | Contracted Answered (Floor)

IUC Chart 2: Performance - Calls Answered in 60 Seconds

Legend: Calls Answered in 60 Seconds | Average | Process limits - 3σ | Exception

IUC Chart 3: Outcomes

- Primary Care
- Other Outcome
- Self Care
- Ambulance
- Emergency Department
- Other Service

Legend: Feb-20

IUC Chart 4: Demand - Dental

Legend: Dental Calls Triaged Patients Under 5 years old | Dental Calls Triaged Patients Age 5 and Over | Contract Dental Demand
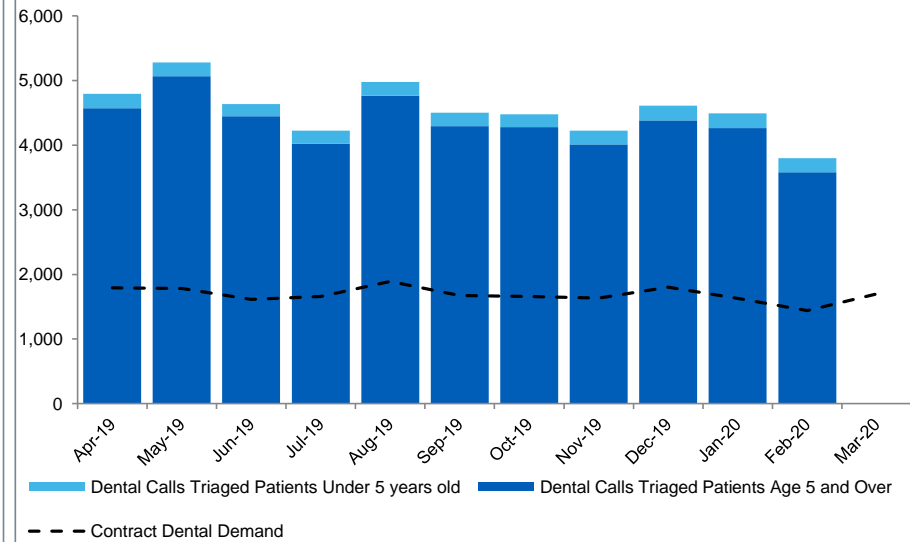
Integrated Urgent Care   February 2020

IUC Tbl1: IUC KPI's

IUC KPI's (Target)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Calls Answered in 60 (90%)	91.8%	90.9%	88.7%	84.1%	86.8%	89.0%	81.7%	75.8%	83.1%	90.7%	85.0%		86.1%
Core Clinical Advice (30%)	30.7%	31.4%	31.5%	33.4%	31.6%	31.4%	31.2%	29.5%	28.3%	30.5%	28.3%		30.6%
Clinician Called Back within 1 Hour (60%)	64.1%	59.2%	59.4%	59.6%	62.9%	59.1%	53.2%	51.2%	56.9%	59.8%	46.6%		57.4%
Direct Bookings * (30%)	46.2%	46.8%	47.1%	44.7%	47.3%	46.6%	44.9%	44.7%	45.2%	45.8%	45.0%		45.8%
Bookings into UTC * (50%)	52.0%	53.7%	54.4%	53.9%	52.9%	54.7%	54.0%	52.2%	51.0%	56.7%	56.7%		53.7%
Bookings into IUC Treatment Centres * (95%)	59.1%	60.2%	60.8%	60.3%	60.4%	61.7%	61.2%	60.4%	60.2%	62.9%	61.6%		60.8%
ED Validations (50%)	61.8%	60.9%	57.4%	63.0%	51.6%	53.1%	54.6%	52.1%	46.6%	50.8%	37.7%		53.3%
Ambulance Validations (95%)	97.8%	97.9%	98.0%	98.6%	98.9%	98.7%	97.5%	98.1%	97.8%	98.3%	90.4%		97.4%

* 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

Performance Commentary:

IUC performance in February has been impacted by high demand caused by calls related to COVID-19 and an increased national marketing campaign. The increased demand has caused call lengths to increase and the clinical KPIs to dip below target. However, YTD Core Clinical advice is performing well against target. Call backs within 1 hour remains a challenge due to the shortage of clinical staff and this is being mitigated through the clinical recruitment attraction strategy and a new advertising campaign to recruit additional clinical staff. YAS remains the second best performing region for call answer despite the drop in performance.

YTD demand is tracking 2.1% above the contract ceiling volume and 6.3% above the contract floor. Once unexpected dental demand is removed, demand is 3.5% above the contract floor and 0.5% below the contract ceiling for 2019-20. Therefore, excess dental demand and the impact of COVID-19 is having a big impact on the service. Whilst staffing has been increased within IUC to cope with the unexpected dental demand, there has been a general catch up process from quarter one to the end of December to recruit sufficient staff.

The number of calls triaged increased by 0.2% in Feburary 2020 when compared to January 2020. When using a daily average, triage calls are up 7.1% (29 days in Febuary). COVID-19 related Symptoms (Cough, Cold or Flu, Sore Throat) have increased from Jan to Feb by 25% using a daily average. Early data for March shows a large increase in calls and expected further decline in the main IUC KPIs.

IUC Chart 5: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported
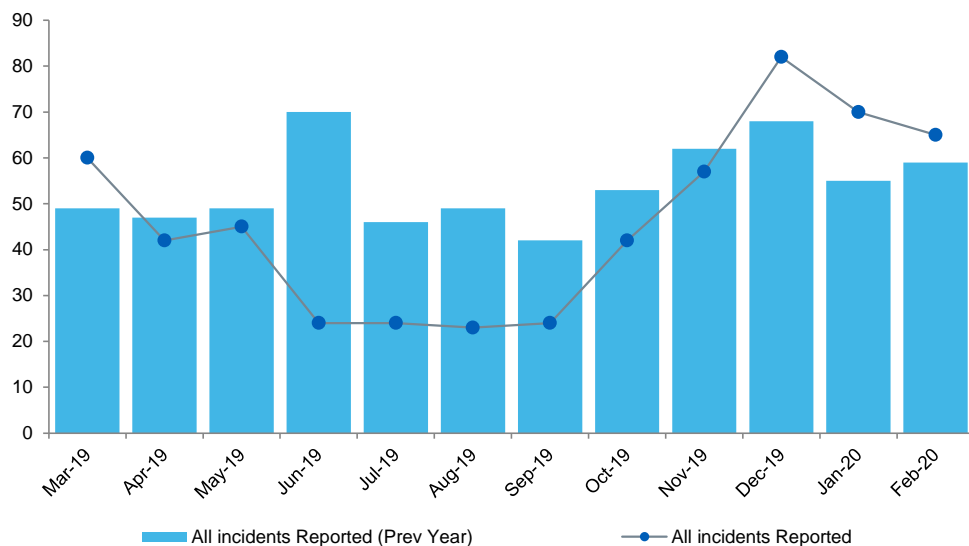
IUC Chart 6: Quality - Reported Incidents - Moderate & Above

Legend: Moderate and Above (Prev Year) — Moderate and Above This Year
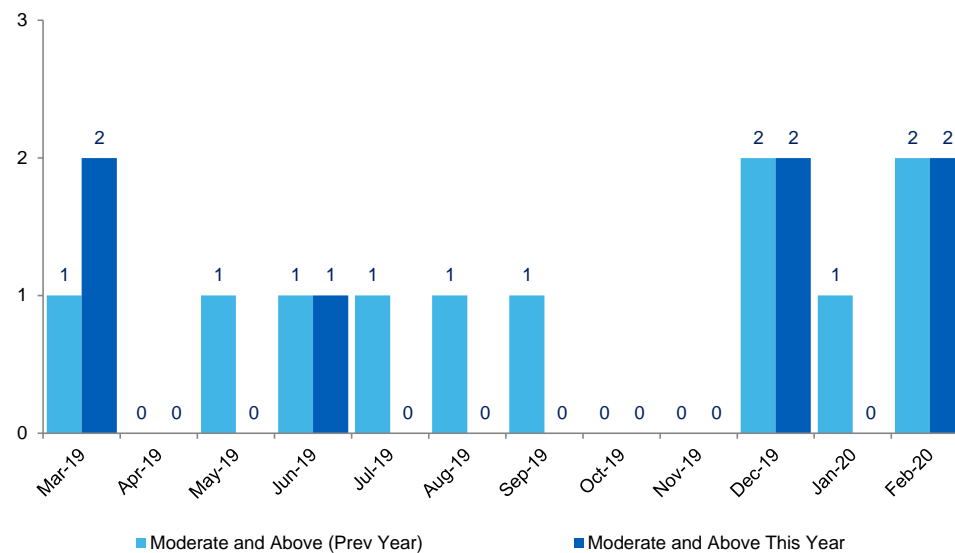
IUC Chart 7: Workforce - Sickness

Legend: Short Term Sickness — Long Term Sickness — YAS Overall Sickness
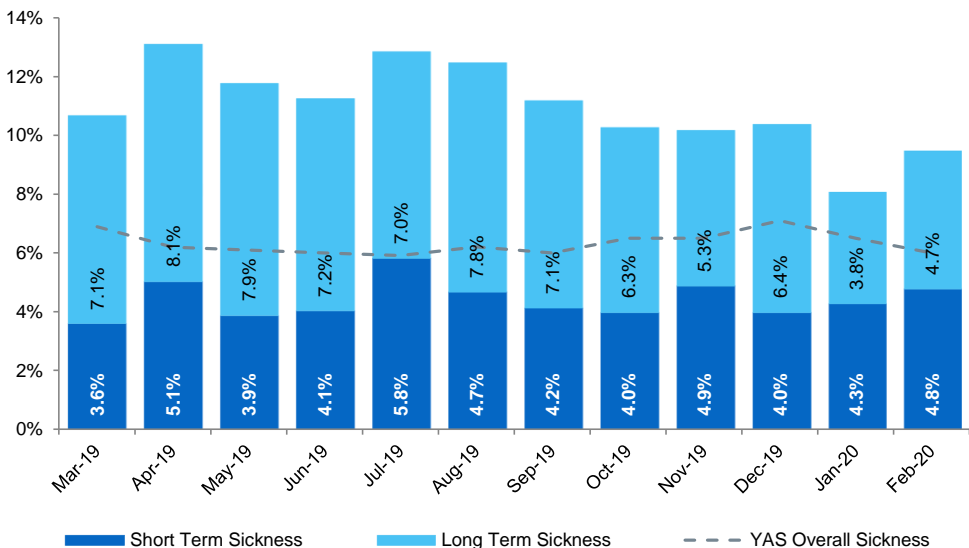
Quality Commentary:

The national NHS Pathways system was upgraded 3 times during the year, with all of the upgrades enhancing the patient assessment process to ensure they get the right support and if appropriate onward care referral. To support these upgrades all staff have received comprehensive training on the changes with additional training on our key focus areas: learning from incidents, incidents & concerns, mental health call management and the rollout of our Trust's 'yes to respect' campaign.

Workforce Commentary:

The IUC Health & Wellbeing Coordinators within the service have been in place since November and the support for staff is now being provided in a more consistent approach, the lowest absence rates in January are green shoots in the work that is being undertaken with HR to support staff to return to work. This approach will be evaluated during June 2020 to understand the longer terms impact and whether this is a beneficial team moving forward. February has seen a slight increase in sickness levels, however YAS are still performing far better than earlier in the year with unprecedented demand causing extra pressure on the IUC.

IUC Chart 8: Calls Answered in 60 seconds (90%)

MIDLANDS REGION	YAS	SOUTH EAST REGION	NORTH EAST & YORKSHIRE REGION	ENGLAND	EAST OF ENGLAND REGION	LONDON REGION	NORTH WEST REGION	SOUTH WEST REGION
96.3%	90.7%	89.3%	84.8%	84.2%	83.7%	80.1%	73.9%	69.2%
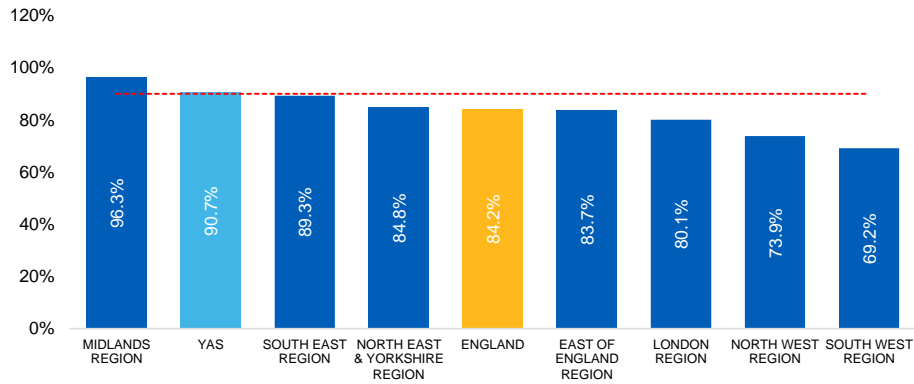
IUC Chart 9: Calls Abandoned (5%)

Benchmarking Information is based on the latest validated data (January 2020)

SOUTH WEST REGION	NORTH WEST REGION	NORTH EAST & YORKSHIRE REGION	ENGLAND	LONDON REGION	EAST OF ENGLAND REGION	MIDLANDS REGION	SOUTH EAST REGION	YAS
10.1%	7.5%	5.2%	4.8%	4.6%	3.7%	3.0%	2.4%	1.
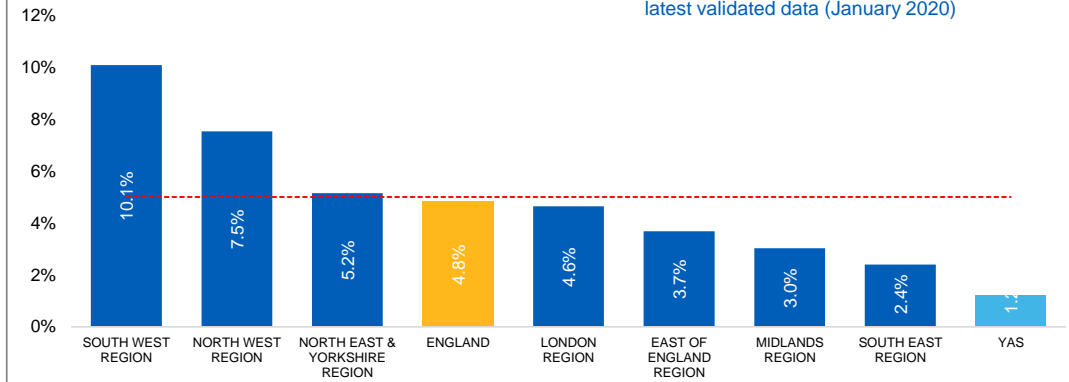
IUC Chart 10: Bookings into IUC Treatment Centres (95%)

NORTH WEST REGION	NORTH EAST & YORKSHIRE REGION	YAS	LONDON REGION	EAST OF ENGLAND REGION	ENGLAND	SOUTH WEST REGION	SOUTH EAST REGION	MIDLANDS REGION
65.7%	64.8%	62.9%	58.4%	46.0%	44.5%	32.5%	27.9%	20.6%
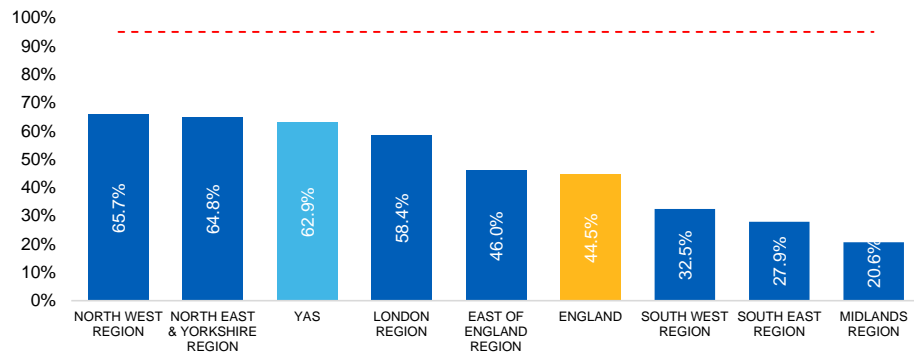
IUC Chart 11: Bookings into UTC (50%)

NORTH EAST & YORKSHIRE REGION	YAS	EAST OF ENGLAND REGION	ENGLAND	LONDON REGION	SOUTH EAST REGION	SOUTH WEST REGION	MIDLANDS REGION	NORTH WEST REGION
73.8%	56.7%	55.2%	49.2%	38.9%	38.0%	36.2%	30.5%	23.8%
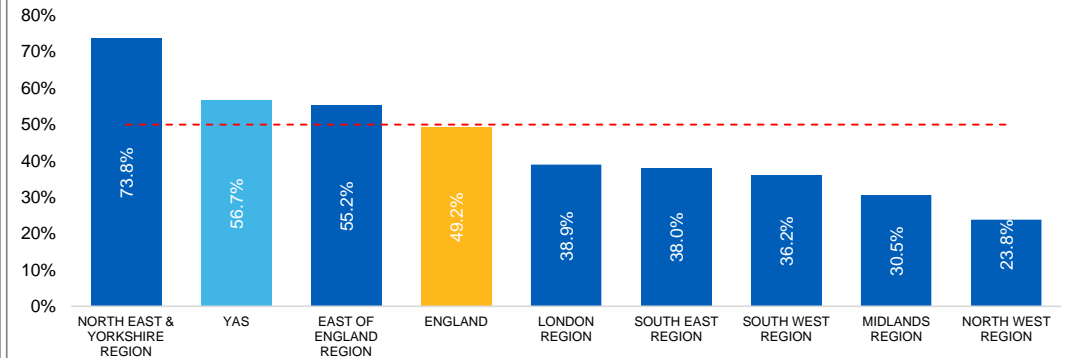
IUC Chart 12: ED Validations (50%)

YAS	NORTH EAST & YORKSHIRE REGION	EAST OF ENGLAND REGION	MIDLANDS REGION	LONDON REGION	ENGLAND	SOUTH WEST REGION	SOUTH EAST REGION	NORTH WEST REGION
50.8%	36.5%	31.6%	34.1%	25.9%	26.0%	30.0%	19.0%	
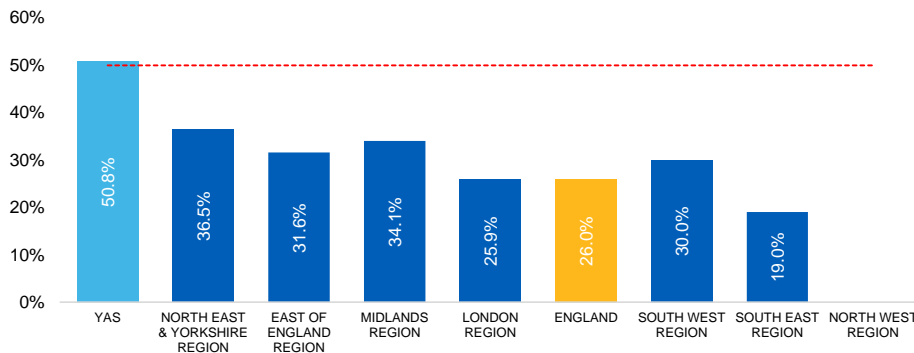
IUC Chart 13: Ambulance Validations (95%)

YAS	SOUTH EAST REGION	MIDLANDS REGION	LONDON REGION	EAST OF ENGLAND REGION	ENGLAND	SOUTH WEST REGION	NORTH EAST & YORKSHIRE REGION	NORTH WEST REGION
98.3%	84.4%	82.6%	82.6%	81.1%	73.6%	68.1%	64.2%	

A&E Chart 1: Demand - All Activity (H&T + STR + STC)

All Activity (H&T + STR + STC) — Average — Process limits — Exception
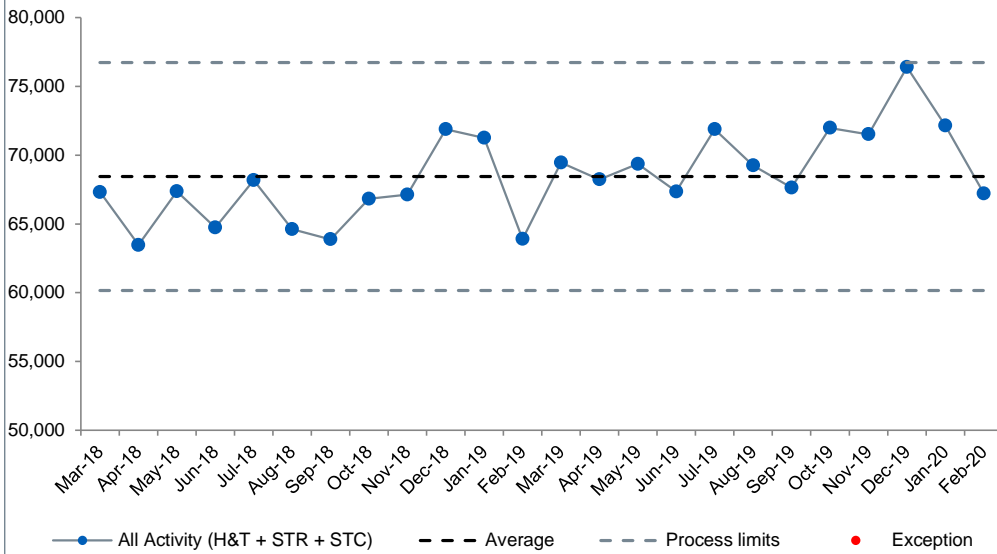
A&E Chart 2: Demand - 999 Responses (STR + STC)

999 Responses (STR + STC) — Forecast — Average — Process limits — Exception
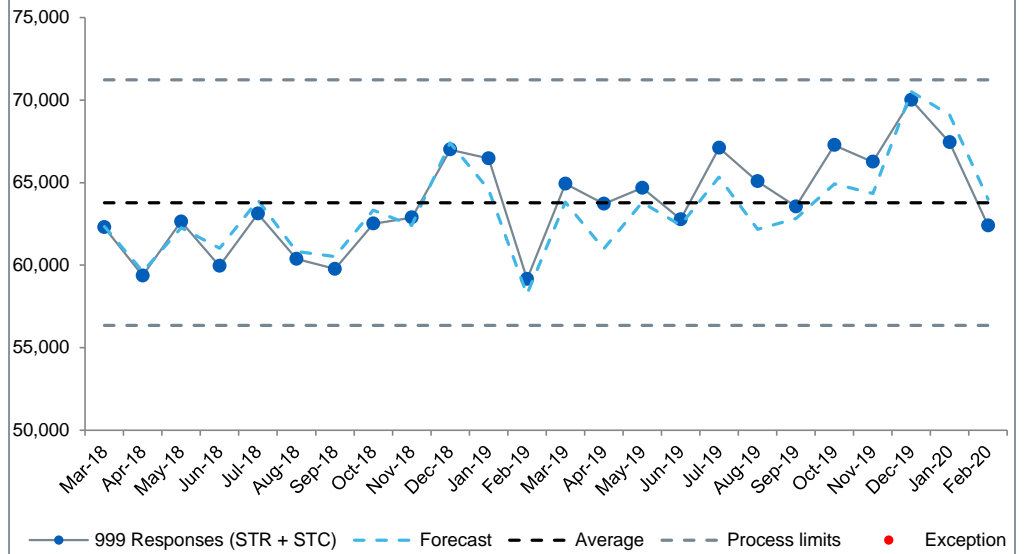
A&E Chart 3: Demand - See, Treat & Refer %

See, Treat & Refer — Average — Process limits — Exception
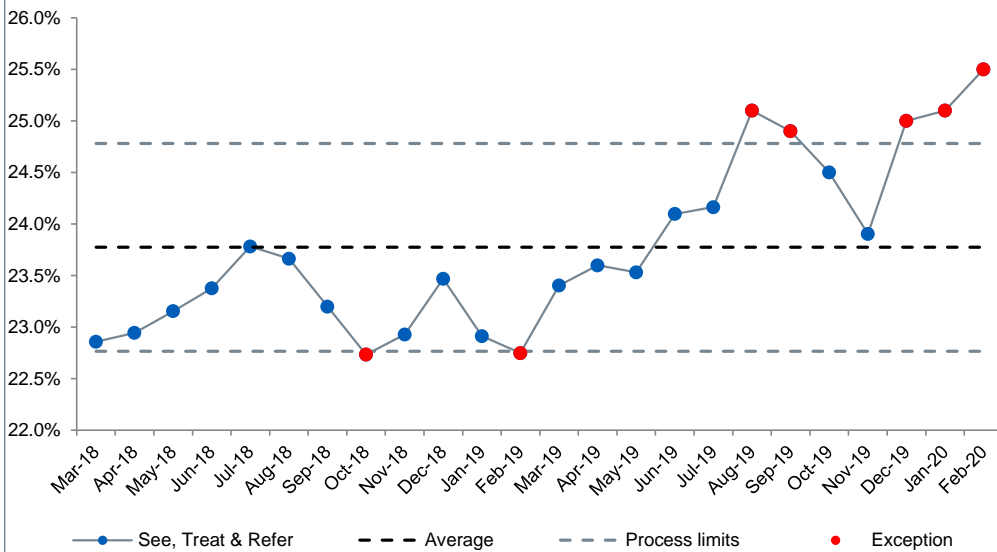
A&E: Chart 4: Demand - See, Treat & Convey %

See, Treat & Convey — Average — Process limits — Exception

A&E Operations   February 2020
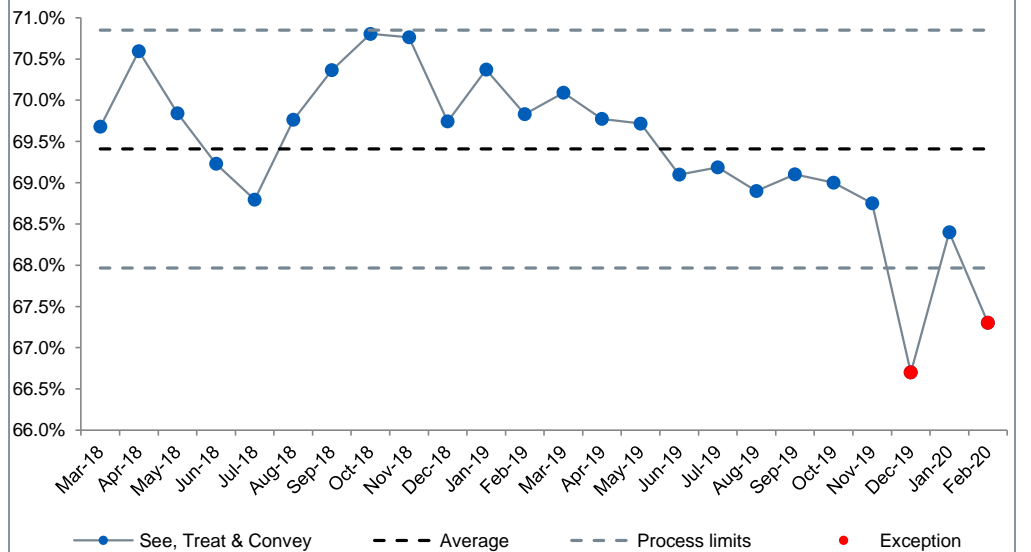
A&E Chart 5: Performance - Category 1 Mean | Year to Date | 00:07:07

Legend: Category 1 Mean · Average · Process limits · Target · Exception
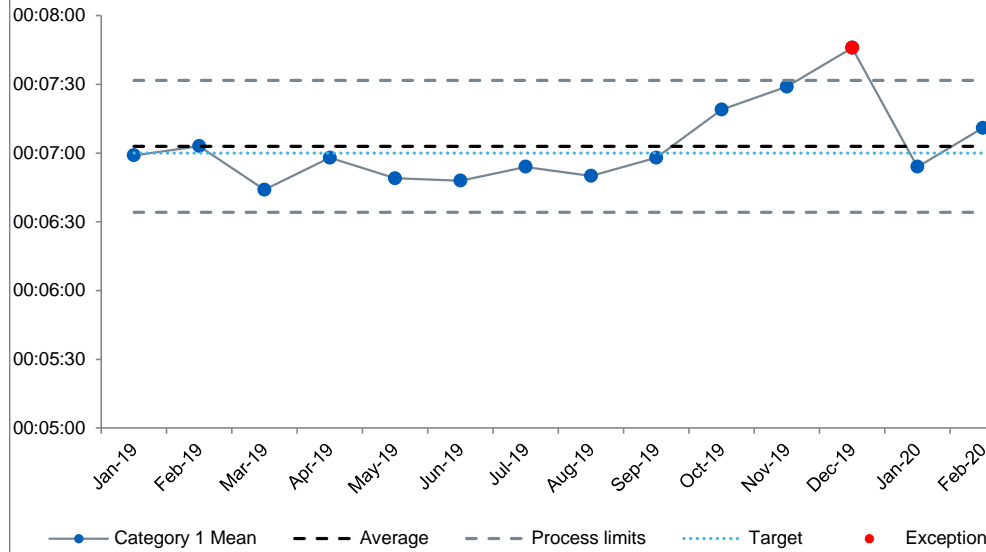
A&E Chart 6: Performance - Category 1 90th Percentile | Year to Date | 00:12:21

Legend: Category 1 90th · Average · Process limits · Target · Exception
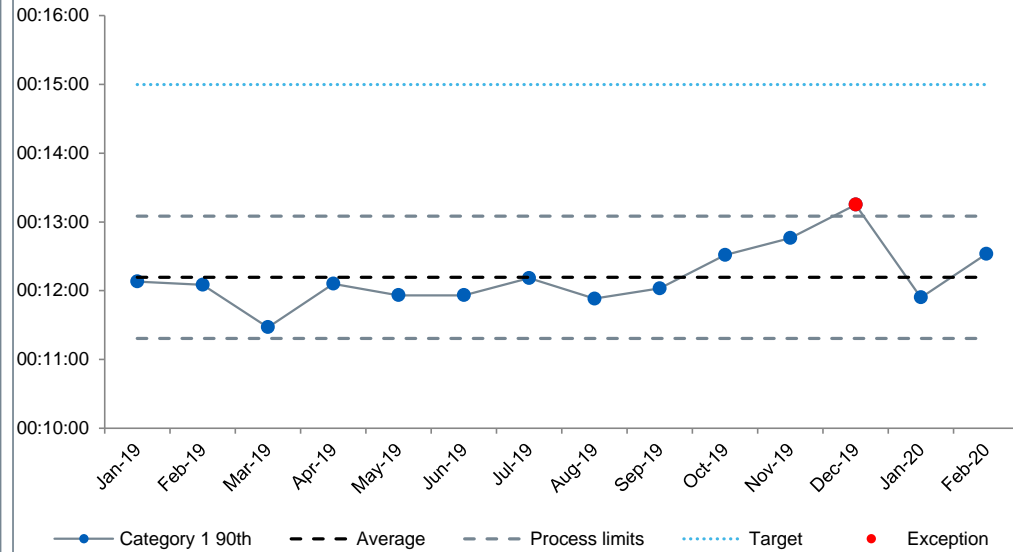
A&E Chart 7: Performance - Category 2 Mean | Year to Date | 00:20:07

Legend: Category 2 Mean · Average · Process limits · Target · Exception
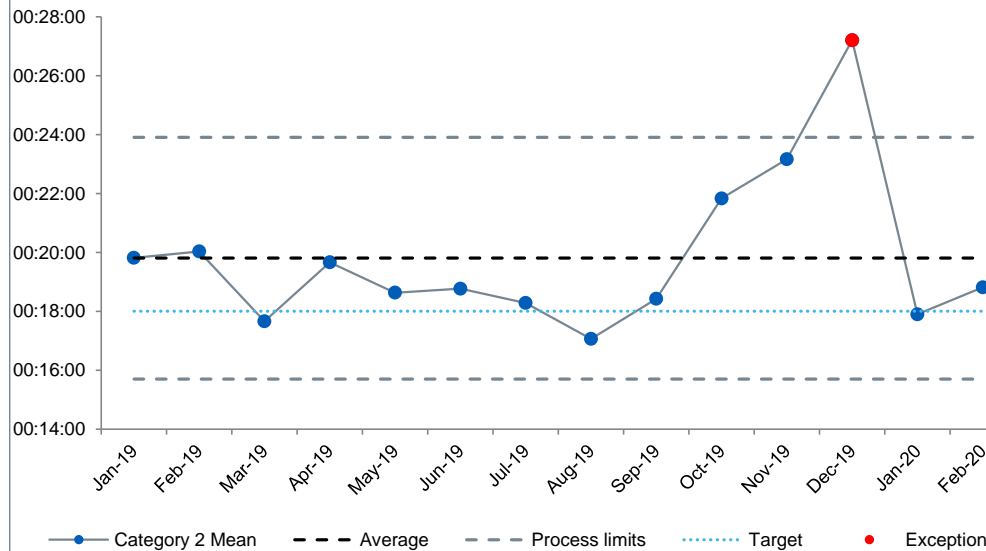
A&E Chart 8: Performance - Category 2 90th Percentile | Year to Date | 00:41:45

Legend: Category 2 90th · Average · Process limits · Target · Exception
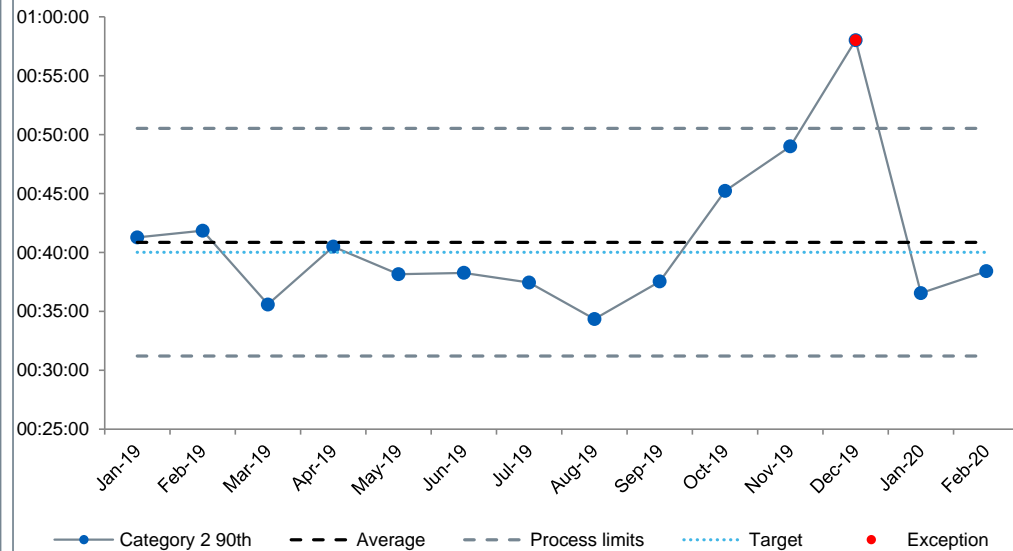
A&E Chart 9: Performance - Category 3 90th Percentile

Year to Date	01:52:46

Legend: Category 3 90th — Average — Process limits ···· Target ● Exception
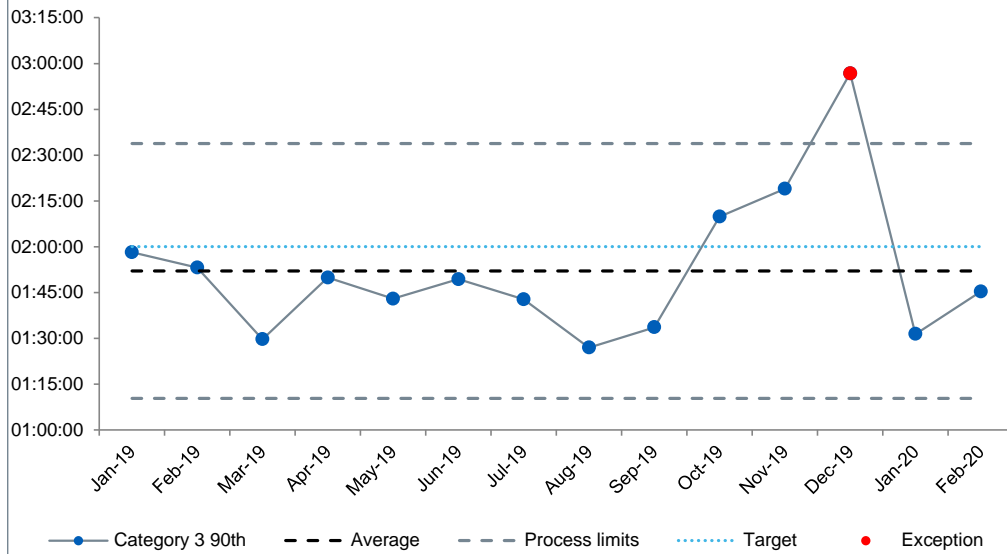
A&E Chart 10: Performance - Category 4 90th Percentile

Year to Date	03:01:52

Legend: Category 4 90th — Average — Process limits ···· Target ● Exception
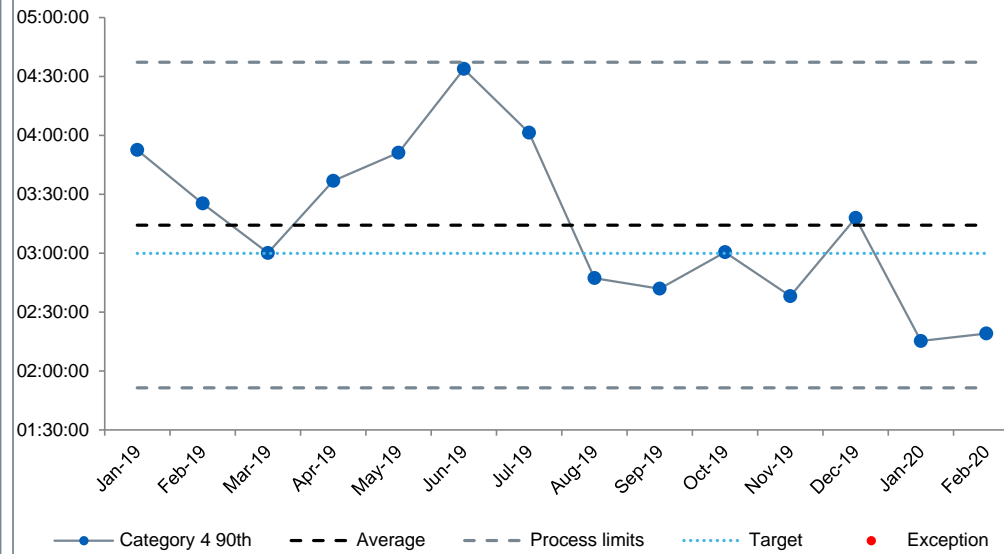
A&E Chart 11: Performance - ROSC (Utstein) & Survival (Utstein)

Legend: ROSC (Utstein) --- Survival (Utstein)
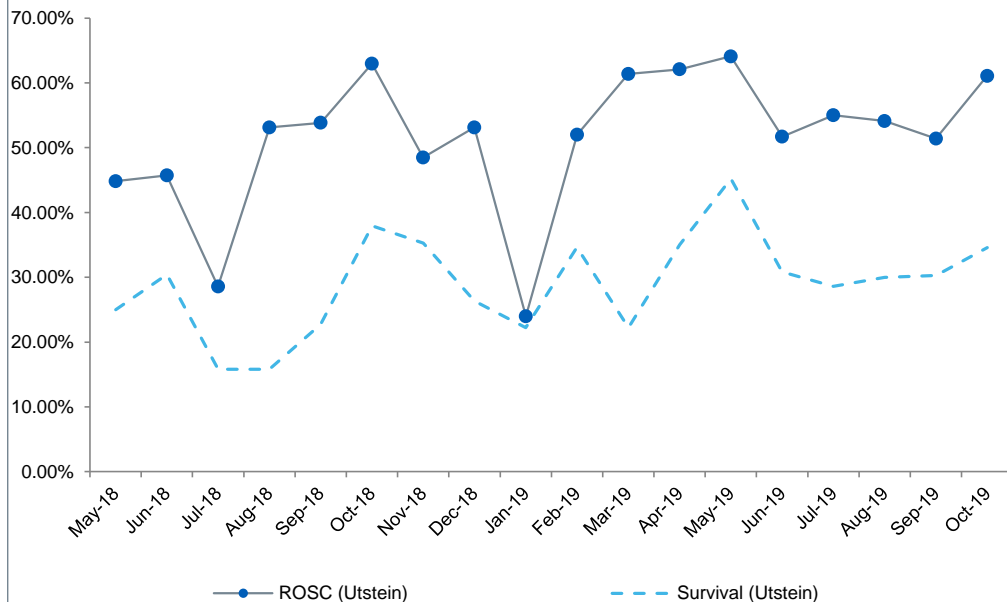
Performance Commentary:

Demand reduced again during February which was mirrored with our system partners in primary and secondary care.

STR increased again and is an exception against the SPC position. The STC again reduced indicating that YAS continue to improve on their national position which continues to be one of the poorer performing trusts.

Performance continued to be maintained against the commissioned trajectory, narrowly missing CAT1 by 8 seconds and CAT2 by 4 seconds. with all other National stds achieved improved in all categories.

Hospital handover remains an area of concern although improvements were seen in February but the lost hours due to hospital handover delays continue to put a drain on resource and is correlated to loss in performance stds in some areas.

Work with acute hospitals and systems to improve processes continues with greater regional involvement from NHSI and local management to focus on ways to reduce the impact on service delivery.

A&E Cht12: Quality - Reported Incidents

Legend:
- All incidents Reported (Prev Year)
- All incidents Reported
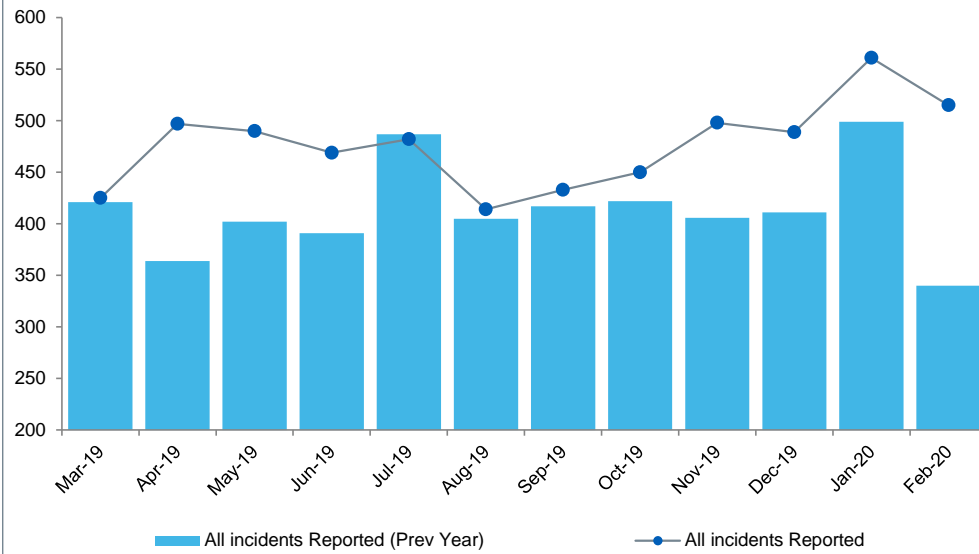
A&E Cht13: Quality - Reported Incidents - Moderate & Above

Legend:
- Moderate and Above (Prev Year)
- Moderate and Above
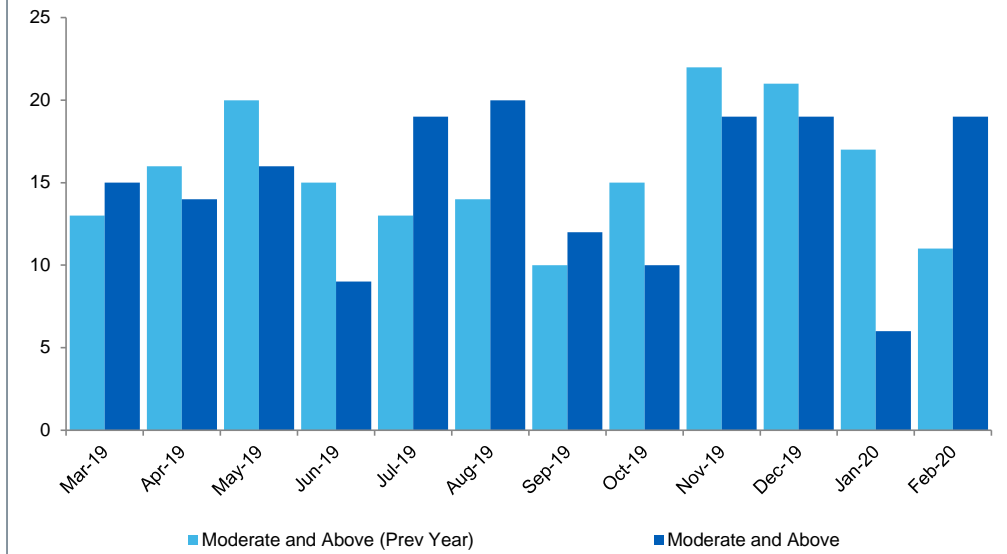
A&E Cht14: Workforce - Sickness

Legend:
- A&E Short Term
- A&E Long Term
- YAS Overall Sickness
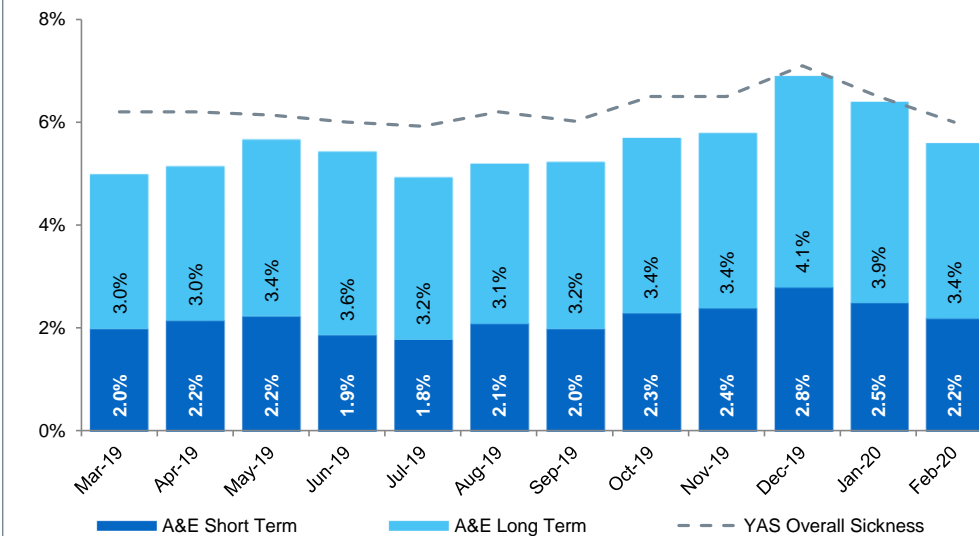
Quality Commentary:

Reported incidents fell in February directly correlated to the improved timeliness performance. As this is measured as a volumetric it is difficult to identify as this is significant against the back drop of increasing demand. The number of incidents rated moderate or above is higher than the previous year by 8 cases.

Workforce Commentary:

Sickness absence management has been a key focus in Operational areas and rates have reduced from 6.9% in December to 6.4% in January and now to 5.6% in February. This shows a common picture at this time of year but A+E Ops remain below trust average and in a positive position. Work continues to reduce this further with significant input from managerial and HR teams. Given the increased demand pressure this level is projected to decline in line with previous years.

PDR compliance has seen some challenges through the summer months and Operational teams have been tasked with improvements to address the backlog. Given the increased Operational demand pressures in the 3rd quarter and escalation of the REAP during December there was further slippage as tactical options are utilised to support service delivery. This will continue to be a challenge into the next financial year given the continued demand pressure. Mitigations to address this through the summer months will need to be addressed.
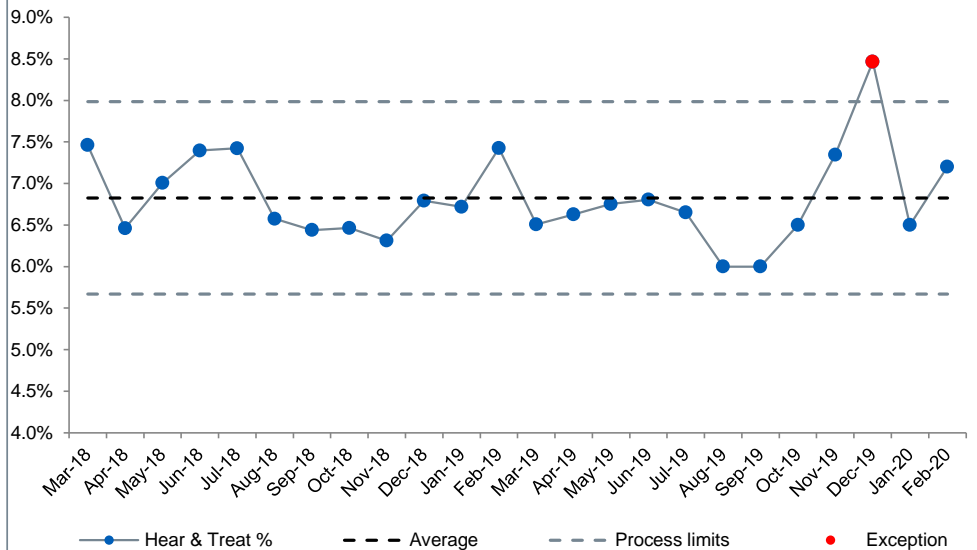
Emergency Operations Centre — February 2020

EOC Chart 1: Demand - 999 Calls Answered

Y-axis: 35,000 – 75,000
X-axis: Mar-18 to Feb-20

Legend: 999 Calls Answered | Average | Process limits | Exception
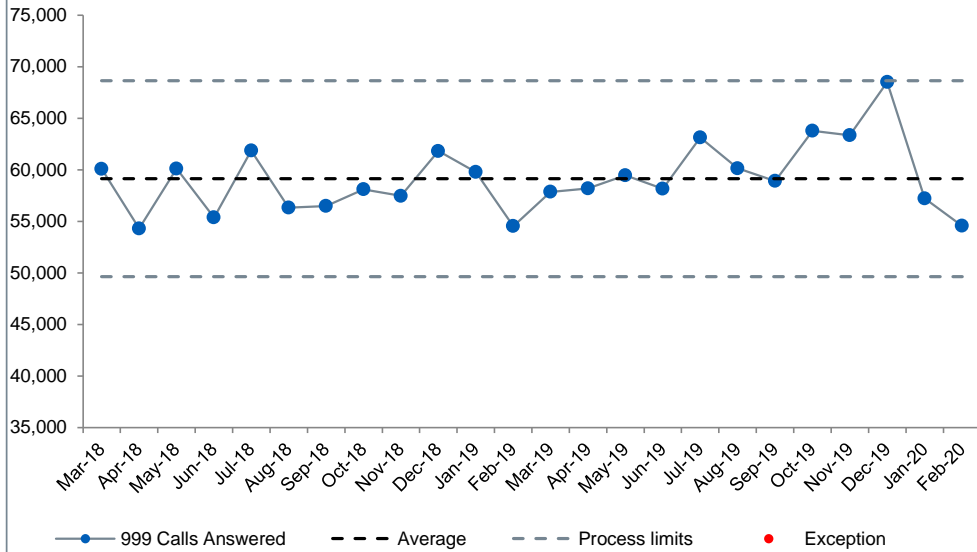
EOC Chart 2: Performance - 999 Calls Answered in 5 Seconds

Y-axis: 86% – 100%
X-axis: Mar-18 to Feb-20

Legend: 999 Calls Answered in 5 Seconds | Target | Average | Process limits | Exception
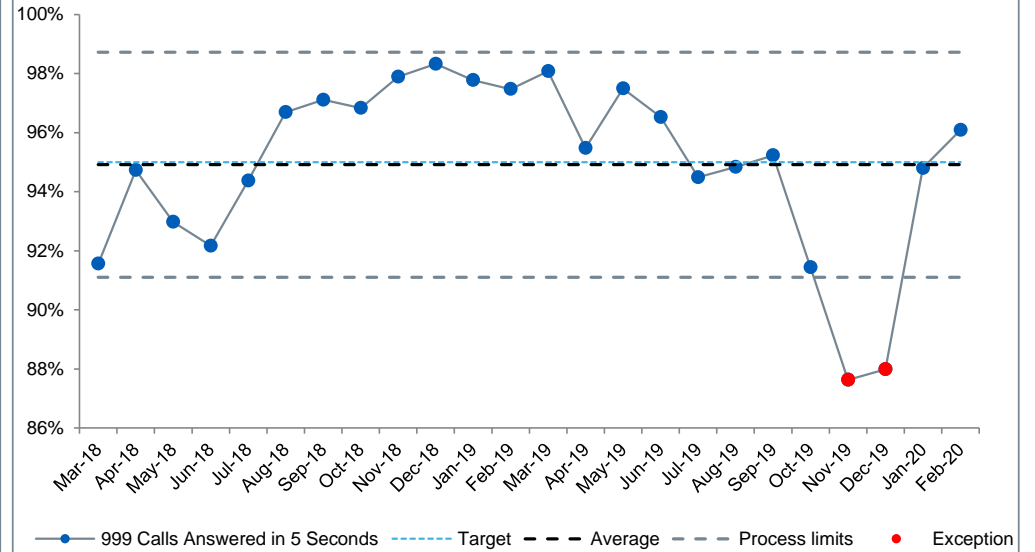
EOC Chart 3: Performance - % Hear & Treat

Y-axis: 4.0% – 9.0%
X-axis: Mar-18 to Feb-20

Legend: Hear & Treat % | Average | Process limits | Exception

Performance Commentary:

In February call volumes fell again resulting in a slight reduction in overall incidents to January. The call answer standard stood at 96.1% achieving the 95% std for the first time since September last year.

Hear and Treat performance increased which correlated against a reduction in demand and continues to be a key focus area for improvement. EOC is currently looking at CAT3 volumes and how these can be reviewed more effectively as part of the Hear and Treat process. The effects of sustained delivery of national standards in operations and the AQI requirements to not delay an emergency response to CAT3 patients makes this a more complex position, however, positive progress is being made and the appropriate clinical governance is being sought for the process.
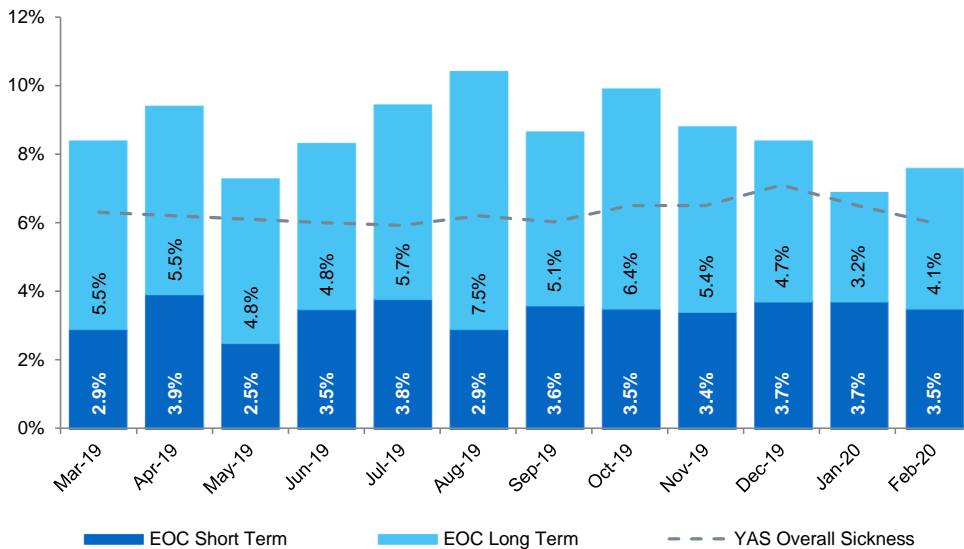
EOC Chart 4: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) ● All incidents Reported

EOC Chart 5: Quality - Reported Incidents - Moderate & Above
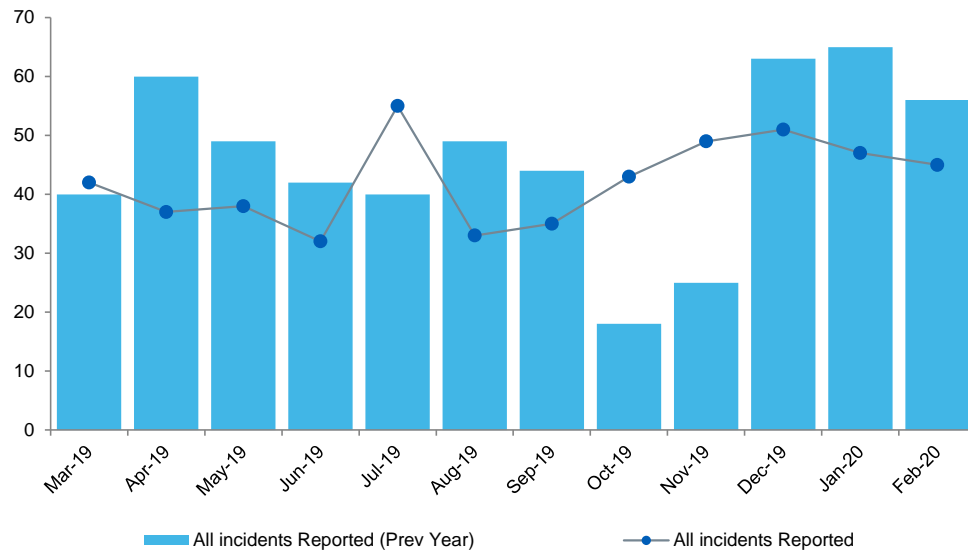
Legend: ■ Moderate and Above (Prev Year) ■ Moderate and Above
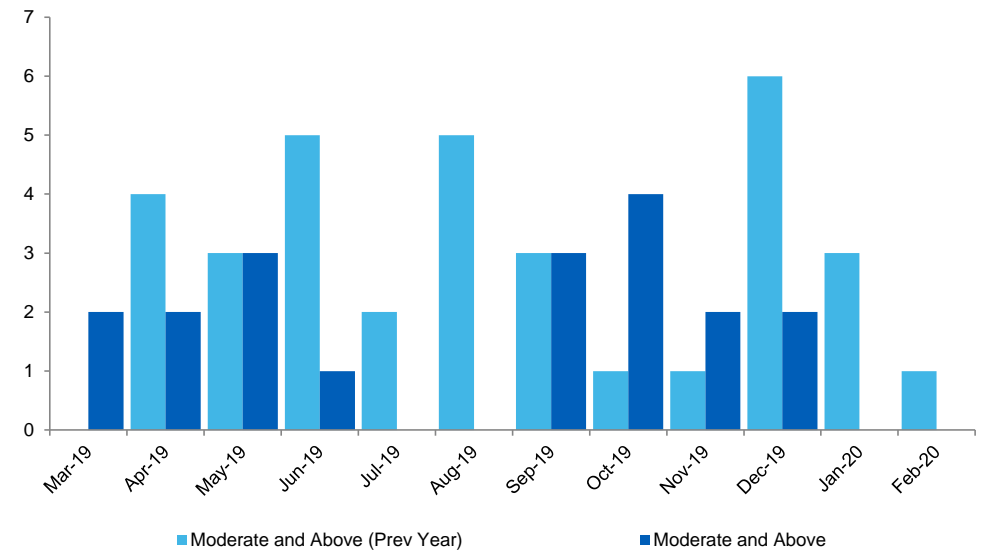
EOC Chart 6: Workforce - Sickness


Legend: ■ EOC Short Term ■ EOC Long Term - - - YAS Overall Sickness

Quality Commentary:

The total number of incidents fell again in February and remains lower than those experienced in the previous year. The level of incidents classed as moderate or above remain in a very positive position.

Workforce Commentary:

Overall sickness levels worsened in February. The long term sickness rate became a factor in February and shows a concerning rise. The EOC team continues to focus on ensuring robust managerial processes are in place and have been liaising with the IUC team in a bid to support each other with significant challenges to the call handling staff groups. Themes of musculoskeletal problems and stress, anxiety and depression feature as the key issues. Engagement sessions with Staff to reinvigorate and improve morale have been planned through March.
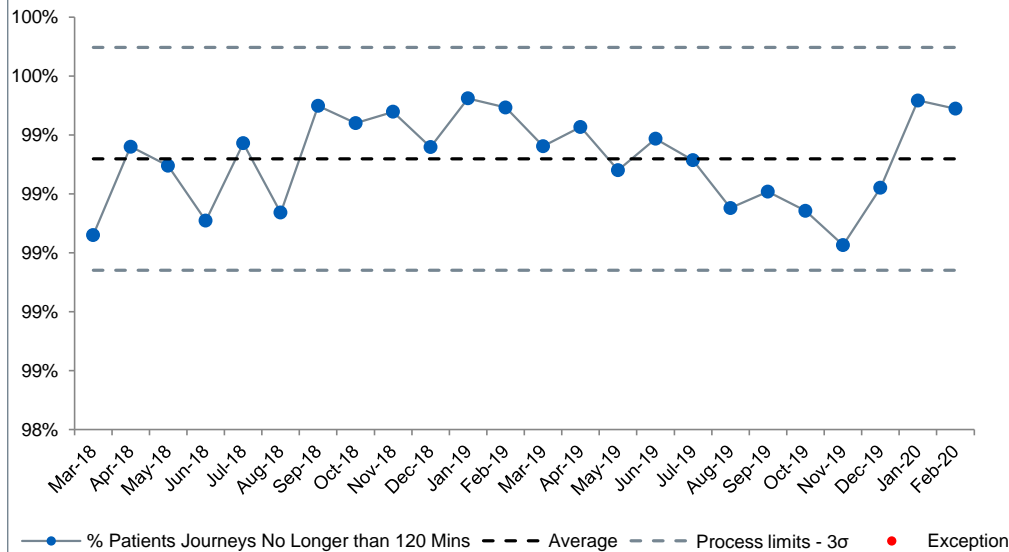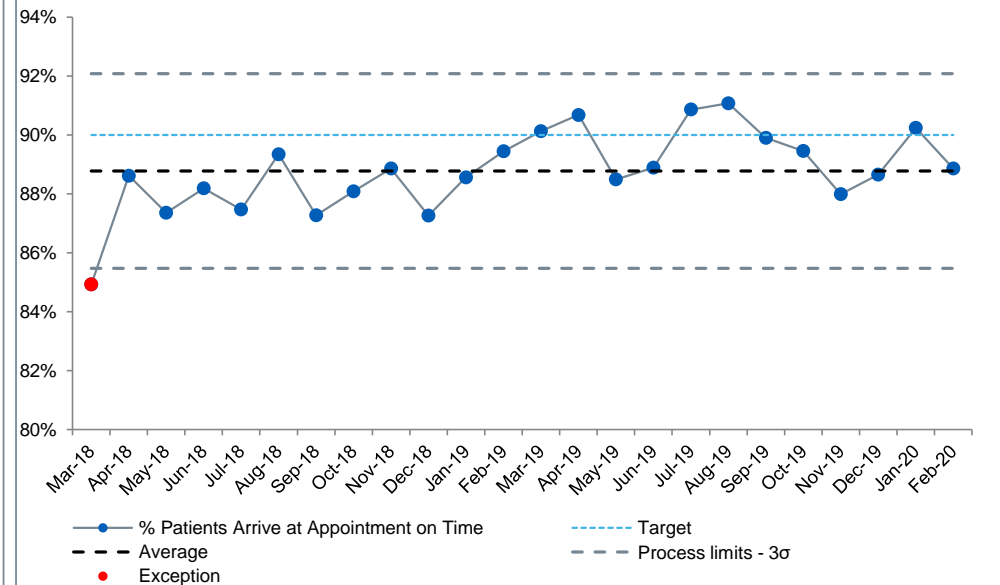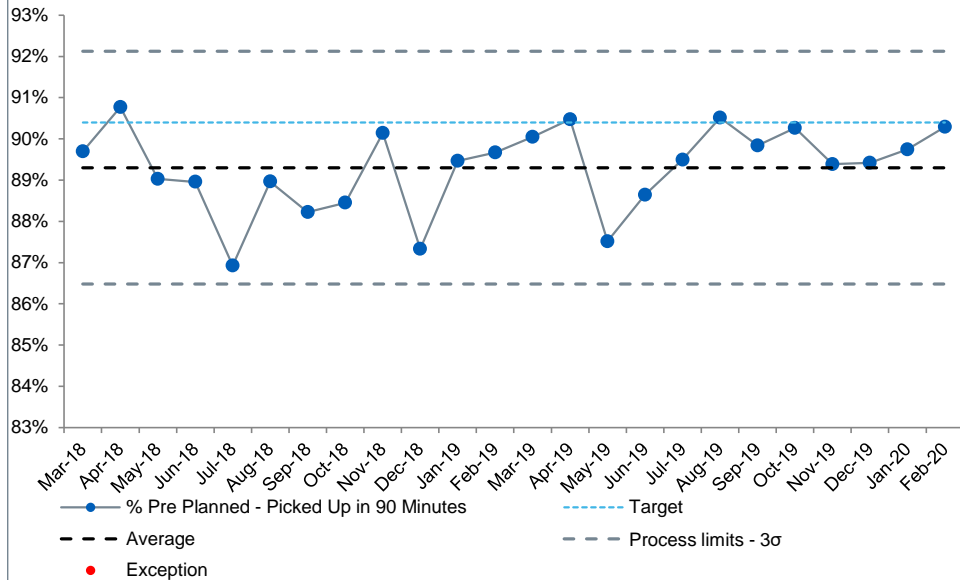
PTS Chart 1: Demand - Journeys

Legend: Delivered Journeys, Aborts, Escorts
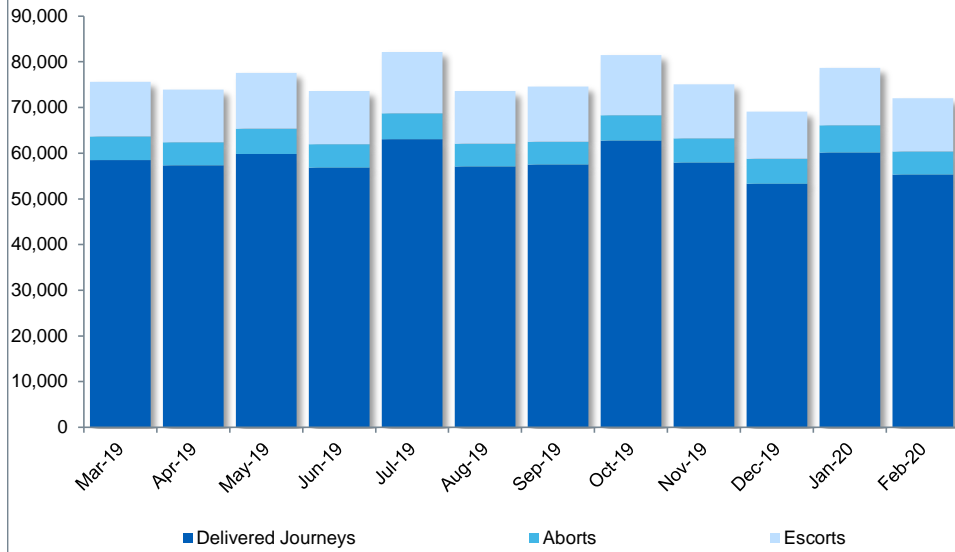
PTS Chart 2: Demand - Total Demand

Legend: Total Demand, Average, Process limits - 3σ, Exception
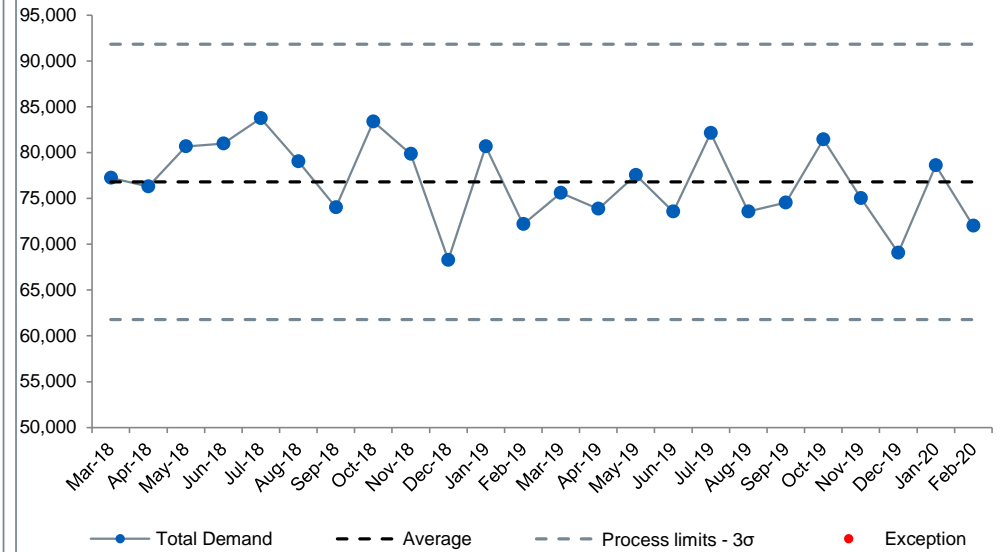
PTS Chart 3: % Patients Journeys to be no longer than 120 Minutes

Legend: % Patients Journeys No Longer than 120 Mins, Average, Process limits - 3σ, Exception

PTS Chart 4: % Patients Arrive at Appointment on Time

Legend: % Patients Arrive at Appointment on Time, Target, Average, Process limits - 3σ, Exception

PTS Chart 5: Performance - % Pre Planned - Picked Up in 90 Minutes

Legend: % Pre Planned - Picked Up in 90 Minutes | Target | Average | Process limits - 3σ | Exception

PTS Chart 6: Performance - % Short Notice - Picked Up in 120 Mins

Legend: % Short Notice - Picked Up in 120 Minutes | Target | Average | Process limits - 3σ | Exception
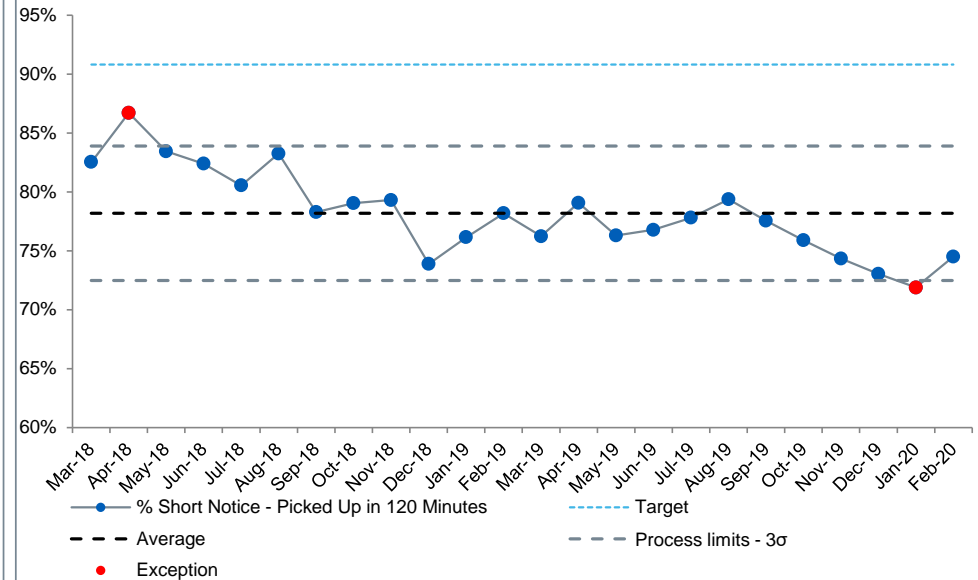
PTS Chart 7: Telephony - Calls Answered within 180 Seconds

Legend: Answered in 180 | Target | Average | Process limits - 3σ | Exception
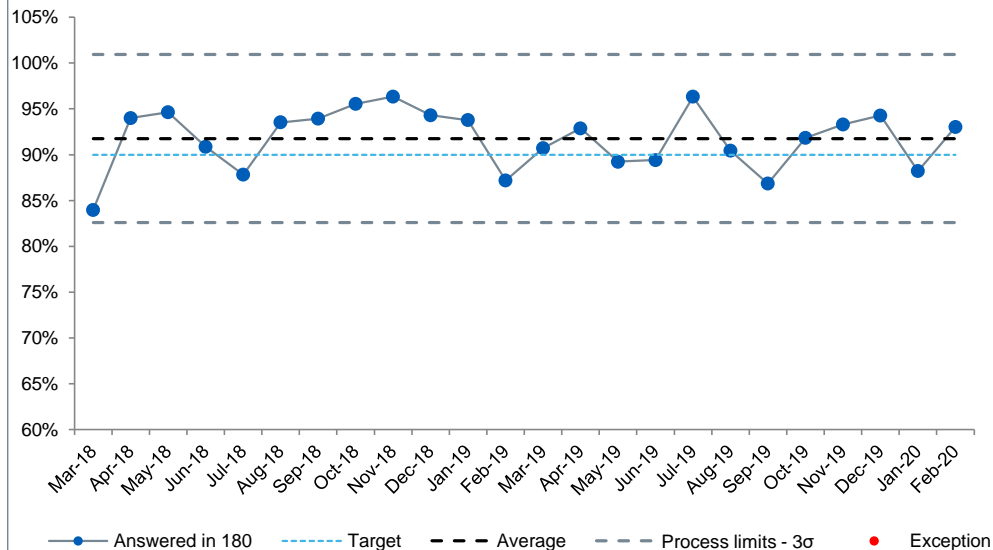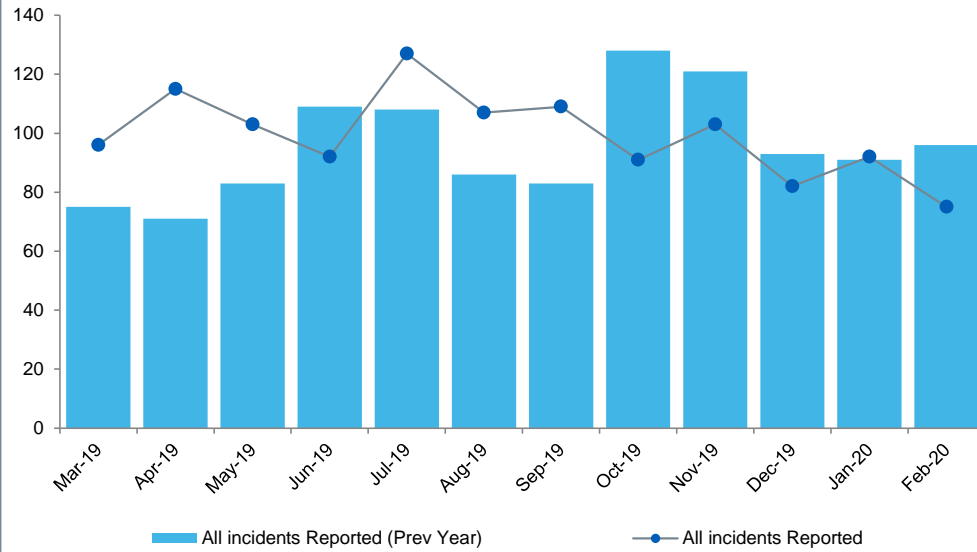
Performance Commentary:

February activity total is as forecast but higher levels of on-day and higher mobility need "activity" continues to be above plan.

The overall PTS performance is above YTD average on pre-planned inward and outward outpatient journeys (KPI 1, 2 & 3).
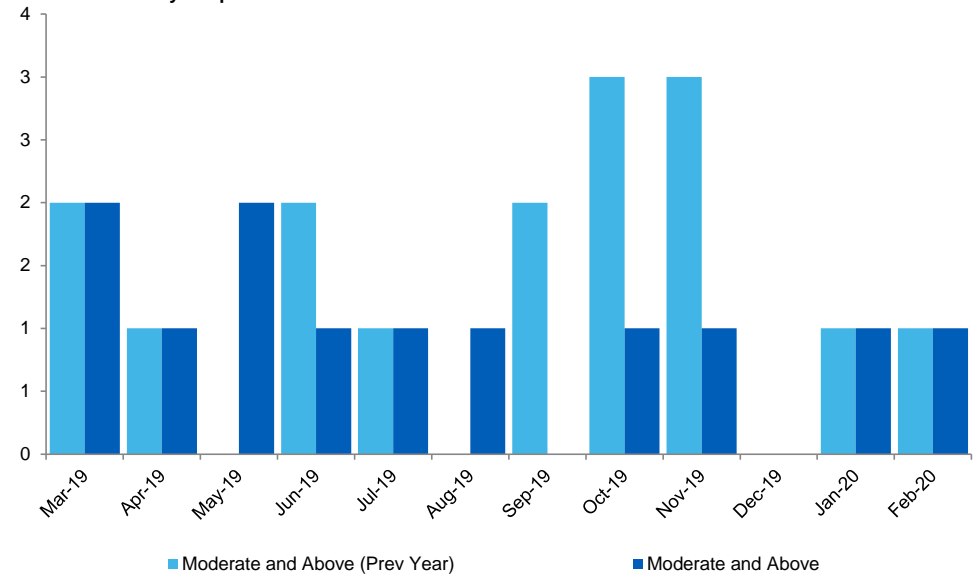
A positive movement in February for KPI 4 (on-day discharge) did not achieve target and is below YTD. Management review has been undertaken and mitigating actions have been introduced in South Yorkshire.

Although we experienced some challenging periods - PTS calls answered was above target in February reaching 93%. YTD is also above target.
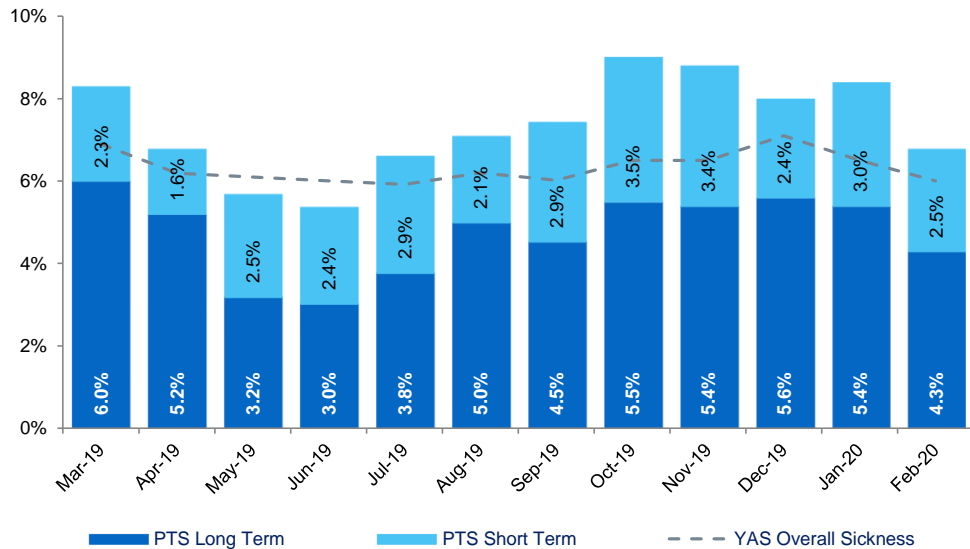
PTS Chart 8: Quality - Reported Incidents

Legend: All incidents Reported (Prev Year) — All incidents Reported

PTS Chart 9: Quality - Reported Incidents - Moderate & Above

Legend: Moderate and Above (Prev Year) — Moderate and Above

PTS Chart 10: Sickness

Long Term values (Mar-19 to Feb-20): 6.0%, 5.2%, 3.2%, 3.0%, 3.8%, 5.0%, 4.5%, 5.5%, 5.4%, 5.6%, 5.4%, 4.3%

Short Term values: 2.3%, 1.6%, 2.5%, 2.4%, 2.9%, 2.1%, 2.9%, 3.5%, 3.4%, 2.4%, 3.0%, 2.5%

Legend: PTS Long Term — PTS Short Term — YAS Overall Sickness

Quality Commentary:

There was a significant reduction on all reported incidents for February. Incidents of moderate or above remain low and in-line with previous months.

Workforce Commentary:

There has been a reduction in both LTS and STS for February overall standing at 6.8%. All cases are being managed and monitored in line with process.

Statutory and Mandatory training (including workbooks) stands at 100% for the fourth consecutive month, currently the highest within the Trust.

PDRs for the month of February narrowly missed 90%, standing at 87.7% - a slight increase on the previous month but still remains the highest within the Trust.

Ambulance Quality Indicators

February 2020

System	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)	60,739	98,359	82,223	60,981	68,419	68,037	30,971	82,139	58,548	46,297
Incident Proportions%	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1 and C2 Incidents	62.2%	66.3%	63.6%	66.8%	67.7%	60.8%	62.4%	54.5%	58.0%	53.7%
C1 Incidents	7.9%	9.0%	9.9%	10.3%	9.6%	7.0%	7.4%	6.5%	6.6%	5.9%
C2 Incidents	54.3%	57.4%	53.6%	56.5%	58.1%	53.9%	55.0%	48.1%	51.5%	47.9%
C3 Incidents	16.3%	17.2%	14.0%	17.4%	14.1%	20.4%	22.5%	33.8%	30.7%	30.4%
C4 Incidents	0.9%	1.8%	4.9%	0.3%	0.8%	0.9%	1.3%	1.5%	0.6%	1.8%
C5 Incidents	4.3%	2.9%	0.9%	1.4%	6.5%	7.7%	0.1%	0.1%	0.0%	0.2%
HCP/IFT 1-4 Hour Incidents	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hear and Treat	7.2%	8.3%	8.8%	9.2%	7.3%	5.4%	5.7%	3.5%	6.5%	8.4%
Performance	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
C1-Mean response time (Target 00:07:00)	00:07:11	00:06:48	00:07:15	00:07:38	00:08:15	00:06:57	00:06:21	00:07:09	00:07:43	00:07:30
C1-90th centile response time (Target 00:15:00)	00:12:32	00:11:16	00:12:18	00:13:51	00:15:09	00:12:36	00:10:44	00:12:33	00:14:30	00:13:27
C2-Mean response time (Target 00:18:00)	00:18:49	00:22:02	00:24:25	00:26:16	00:27:46	00:26:46	00:23:08	00:13:06	00:19:15	00:18:00
C2-90th centile response time (Target 00:40:00)	00:38:24	00:45:56	00:51:51	00:53:32	00:57:14	00:55:45	00:46:10	00:24:03	00:36:29	00:36:16
C3-Mean centile response time (Target 01:00:00)	00:44:05	01:17:24	01:35:52	01:16:52	01:22:02	01:08:22	00:59:28	00:41:16	01:31:28	00:55:18
C3-90th centile response time (Target 02:00:00)	01:45:20	03:05:27	03:36:06	03:04:02	03:23:35	02:41:53	02:22:41	01:32:27	03:25:09	02:11:36
C4-90th centile response time (Target 03:00:00)	02:19:03	07:00:05	03:17:06	04:42:03	04:56:36	03:45:44	02:19:47	02:12:12	04:46:32	02:53:20
Proportion of All incidents	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
Incidents with transport to ED	58.0%	57.3%	58.8%	60.1%	56.7%	53.3%	58.0%	55.7%	60.7%	51.4%
Incidents with transport not to ED	9.2%	6.1%	5.5%	4.4%	2.8%	4.5%	10.1%	6.4%	1.1%	6.7%
Incidents with face to face response	25.6%	28.3%	26.9%	26.2%	33.1%	36.8%	26.3%	34.4%	31.8%	33.5%
Clinical (October 2019)	YAS	LOND	NWAS	EMAS	EEAS	SWAS	NEAS	WMAS	SECAMB	SCAS
	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	AMPDS	Pathways	Pathways	Pathways	Pathways
ROSC	30.0%	33.9%	32.0%	29.4%	26.8%	33.9%	33.3%	34.5%	25.3%	30.2%
ROSC - Utstein	61.1%	55.0%	50.0%	55.6%	43.5%	58.5%	77.3%	59.7%	54.1%	52.2%
Cardiac - Survival To Discharge	8.2%	8.3%	7.8%	7.8%	9.3%	10.9%	4.0%	12.0%	10.9%	9.9%
Cardiac - Survival To Discharge Utstein	34.6%	23.2%	10.5%	34.6%	23.9%	30.6%	22.2%	29.5%	30.6%	30.4%