Integrated Performance Report

May 2025

Published 24 June 2025

Icon Guide

Exceptions, Variation and Assurance

Statistical Control Charts (SPC) are used to define variation and targets to provide assurance. Variation that is deemed outside the defined lower and upper limit will be shown as a red dot. Where available variation is defined using weekly data and if its not available monthly charts have been used. Icons are used following best practice from NHS Digital and adapted to YAS. The definitions for these can be found below.

Variation			Assurance		
Common cause No significant change	Special cause of concerning nature or **higher** pressure due to (H)igh or (L)ow values	Special cause of improving nature or **lower** pressure due to (H)igh or (L)ow values	Variation indicates inconsistently passing or falling short of target	Variation indicates consistently (F)alling short of target	Variation indicates consistently (P)assing target

Variation icons: Orange indicates concerning **special cause variation** requiring action.
Blue indicates where improvement appears to lie.
Grey indicates no significant change (**common cause variation**).

Assurance icons: Orange indicates that you would consistently expect to **miss** a target.
Blue indicates that you would consistently expect to **achieve** a target.
Grey indicates that sometimes the target will be achieved and sometimes it will not, due to random variation. In a RAG report, this indicator would flip between red and green.

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Strategy, Ambitions & Key Priorities

NHS
Yorkshire Ambulance Service
NHS Trust

Our Purpose
To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes

Our Vision
What we want to achieve:
Great Care | Great People | Great Partner

Our Values
What do we want to be and what behaviours do we expect?
Kindness | Respect | Teamwork | Improvement

YAS Together
A way of working collaboratively to achieve our vision:
Care | Lead | Grow | Excel | Everyone

Our Enabling Plans
The drivers of success:
Clinical and Quality | People | Partnership | Sustainable Services

4 Bold Ambitions

Our Patients
Our ambition is to deliver **exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care**, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.

Our People
Our ambition is to be a **diverse and inclusive organisation** with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.

Our Partners
Our ambition is to be a **collaborative, integral and influential partner** across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.

Our Planet and Pounds
Our ambition is to be a **responsible and sustainable** organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

Today ──────────────────────────► 2029

999 IPR Key Exceptions - May 25

Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:03		
999 - Answer 95th Percentile		00:00:13		
999 - AHT		00:05:52		
999 - Calls Ans in 5 sec	95.0%	94.0%		F
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:41	L	F
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:27		P
999 - C2 Mean (T < 18 Mins)	00:18:00	00:25:34		F
999 - C2 90th (T < 40 Mins)	00:40:00	00:54:38		F
999 - C3 Mean (T < 1 Hour)	01:00:00	01:15:15		F
999 - C3 90th (T < 2 Hour)	02:00:00	02:52:30		F
999 - C1 Responses > 15 Mins		567	L	
999 - C2 Responses > 80 Mins		1,183	L	
999 - Job Cycle Time		01:45:30	L	
999 - Avg Hospital Turnaround	00:30:00	00:44:37		F
999 - Avg Hospital Handover	00:15:00	00:21:00	L	F
999 - Avg Hospital Crew Clear	00:15:00	00:23:48	H	F
999 - Total lost handover time		2,071		
999 - Crew clear over 30 mins %		28.5%	H	
999 - C1%		13.9%		
999 - C2%		58.6%	L	

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The call answer figures are for Trust level only and do not change based on the area selection. The mean call answer was 3 seconds for May, a decrease from April of 3 seconds. The median remained the same, and the 90th decreased by 14 seconds. The 95th decreased from 46 seconds in April to 13 seconds in May, and the 99th decreased from 1 minute 56 seconds to 1 minute 24 seconds.

Cat 1-4 Performance - Performance for Cat 1 and Cat remained stable from April 2025. Compared to May of the previous year, the Cat1 mean improved by 15 seconds, the Cat1 90th percentile improved by 23 seconds, the Cat2 mean improved by 5 minutes 46 seconds and the Cat2 90th percentile improved by 15 minutes 46 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 72.5% in May (13.9% Cat1, 58.6% Cat2) after a 0.4 percentage point (pp) decrease compared to April (1.1 pp decrease in Cat1 and 0.6 pp increase in Cat2). Comparing against May for the previous year, Cat1 proportion decreased by 2.7 pp and Cat2 proportion decreased by 1.5 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in May, with 567 responses over this target. This is 8 (1.4%) less compared to April. The number for last month was 30.3% lower than May 2024. The number of Cat2 responses greater than 2x 90th percentile target increased from April by 43 responses (3.8%). This is a 58.3% decrease from May 2024.

Hospital & Job Cycle Time - Last month the average handover time decreased by 2 minutes 41 seconds and overall turnaround time decreased by 3 minutes 13 seconds. The number of conveyances to ED was 1.1% higher than in April.
Overall, the average job cycle time decreased by 1 minute 57 seconds from April.

Demand - On scene response demand was 2.1% below forecasted figures for May. It was 2.2% higher compared to April and 2.0% lower compared to May 2024.

Outcomes - Due to Pathways migration, the Hear & Treat figures (and those influenced by these) have not been published in the IPR this month. This is to allow time for further checks to be done on the data.

IUC IPR Key Indicators - May 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		149,434		
IUC - Answered vs. Last Month %		2.1%		
IUC - Answered vs. Last Year %		-3.6%		
IUC - Calls Triaged		143,043		
IUC - Calls Abandoned %	3.0%	1.3%	(variance icon)	(P)
IUC - Answer Mean	00:00:20	00:00:17	(variance icon)	(P)
IUC - Answered in 60 Secs %	90.0%	91.3%	(variance icon)	(P)
IUC - Answered in 120 secs %	95.0%	94.7%	(H)	(F)
IUC - Callback in 1 Hour %	60.0%	46.7%	(variance icon)	(F)
IUC - ED Validations %	50.0%	78.1%	(H)	(P)
IUC - 999 Validations %	95.0%	99.8%	(variance icon)	(P)
IUC - ED %		15.9%	(variance icon)	
IUC - ED Outcome to A&E %		76.2%	(variance icon)	
IUC - ED Outcome to UTC %		11.4%	(variance icon)	
IUC - Ambulance %		11.6%	(L)	

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 162,449 calls in May, 2.7% below the annual business plan baseline demand. 149,434 (92.0%) of these were answered, 2.1% above last month and 3.6% below the same month last year.

The reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure increased to 91.3% from 91.1% in May. Average speed to answer has decreased by 2 seconds to 17 seconds compared with 19 seconds last month. Abandonment rate decreased to 1.3% from 1.4% last month.

The proportion of clinician call backs made within 1 hour decreased to 46.7% from 49.1% last month. This is 13.3% below the national target of 60%. Core clinical advice increased to 24.4% from 24.2% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 95.3% in May, whilst performance for overall validations was 99.8%, with 13,540 cases validated overall.

ED validation performance increased to 78.1% from 77.6% last month. The target for this KPI is 50%. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs increased to 33.9% from 27.5% last month and ED bookings increased to 0.2% from 0.1%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low. Bookings into the Emergency Department have dropped to 0% due to the booking system being switched off at the end of June 2024.

PTS IPR Key Indicators - May 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	68.4%	(variance)	(F)
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	75.9%	(L)	(F)
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	88.3%	(variance)	(F)
PTS - Arrive at Appointment Time	90.0%	88.7%	(variance)	(F)
PTS - Journeys < 120Mins	90.0%	97.1%	(L)	(P)
PTS - Same Month Last Year		-13.9%		
PTS - Increase - Previous Month		-4.5%		
PTS - Demand (Journeys)		73,074	(variance)	

PTS Exceptions - Comments (Director Responsible - Nick Smith)

Eligibility continues to have a positive impact on PTS activity. May saw 73,126 journeys operated – the lowest demand levels since April 2023.   Activity reduced by 4.4% when compared to April, and 13.8% lower than May 2024.

Patient journeys (inc Aborts) were 7.6% under the Business Plan forecast, meaning activity has reduced at a greater rate than initially expected.

The Eligibility Programme reduced low acuity bookings (Saloon Car and Wheelchair 1) by 41.9% in May, when compared to the same period the previous year. This equates to c 14,000 bookings. Journeys reduced at a rate of 26.9% (c 8000 journeys), June is expected to see further decreases when more pre planned journeys have taken place.

Escort activity saw a 25.7% reduction when compared to May 2024, largely due to the new Eligibility criteria. The programme has also had a positive impact on the number of aborted journeys, with abort demand reducing by 8.9%.

Call Performance decreased for the third month running. High AHT and Not Ready Reason Codes increased the staffing requirements, meaning Reservations were 7.5 FTE under the number of staff needed to meet the call demand. Performance ended May at 68.4%.

Short Notice Outwards Performance has been on a downward trend since January. May saw the lowest performance achieved since April 2023, with 75.9% of patients being picked up within 120 minutes. The number of hours worked by Private Providers saw a 3.3% reduction to April, and the was the lowest over the past 12 months.

All other KPI's fell in line with recent trends.

Workforce Summary

Key KPIs

Name	May-24	Apr-25	May-25
Turnover (FTE) %	10.5%	9.0%	8.8%
Vacancy Rate %	10.6%	5.8%	5.5%
Apprentice %	9.8%	10.3%	10.0%
BME %	7.3%	8.8%	8.9%
Disabled %	8.1%	9.8%	10.0%
Sickness - Total % (T-5%)	6.3%	6.9%	6.8%
PDR / Staff Appraisals % (T-90%)	76.1%	70.1%	69.9%
Essential Learning	92.5%	88.3%	88.8%

Assurance: All data displayed has been checked and verified

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to April 2025, turnover and vacancy rate have improved. In comparison to the same month last year (May 2024) the vacancy rate has improved by 5.6 percentage points. Turnover for IUC has improved, although remaining high for IUC at 23.8%, and vacancies increased to 14.1% from 6.3% (Note: IUC figures are for those employed staff leaving the Trust only). The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.6 percentage points since May 2024. Note: The vacancy rate shown is based on the budget position against current FTE establishment with some vacancies being covered by planned overtime or bank.

Sickness – Sickness has improved slightly, reducing from 6.9% to 6.8%, from the previous month. A sub-group of the Organisational Efficiency Group is working to actively reduce absence and is programme managing an absence reduction plan, which includes heads of service being held accountable for managing absence, implementation of a new case management system and an alternative duties framework. The People & Culture Group receives updates on this work.

PDR / Appraisals – The overall compliance rate has slightly decreased to 69.9% from 70.1% (April 25) continuing a decreasing trend since the high in Oct '24 at 83.1%. IUC and PTS are the highest performing areas (76.7% & 74.4% respectively) with EOC as the lowest (62.7% (was 53.2% in April 25)). The Compliance Dashboard is accessible to all managers. The and a new Online Appraisal system has been launched is in place for the Senior Leadership Community for the Apr-Jun with their appraisal completion window closing on 30 June 2025.

Essential Learning – The overall compliance rate has improved marginally at 88.8% from last month (88.3%) however is below the 90% target (previously maintained since Jan 2023). 'Other' and PTS achieved the target at 91.9% and 90.9% respectively. All other areas are below target with EOC at the lowest at 86.1% (up from 84.9%). The compliance dashboard is available to all managers and refreshed twice weekly. Targeted work is ongoing with Subject Matter Experts to raise compliance rates and monitored through the education Portfolio Governance Boards. YAS is an active participant in the national review of Statutory and Mandatory training.

Sickness Benchmark for Last Month (Trust)

IUC	A&E	Trust	PTS	EOC	Other
11.4%	6.9%	6.8%	6.5%	6.0%	4.4%

PDR Benchmark for Last Month (Trust)

IUC	PTS	A&E	Trust	EOC	Other
76.7%	74.4%	72.0%	69.9%	62.7%	59.8%

Sickness

Legend: Sickness - Long Term, Sickness - Short Term

PDR - Target 90%

Apr-23 71.5%, May-23 71.4%, ... 72.0%, 73.1%, 71.1%, 75.6%, 80.4%, 82.7%, 83.1%, 82.0%, 78.4%, 74.5%, 69.9%
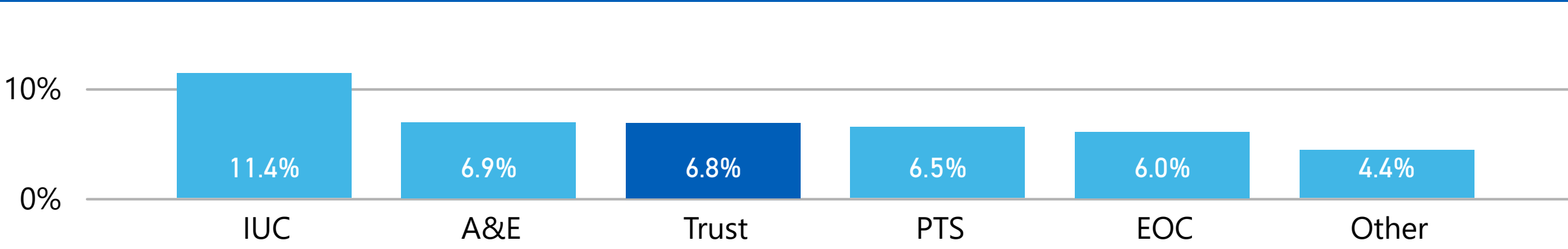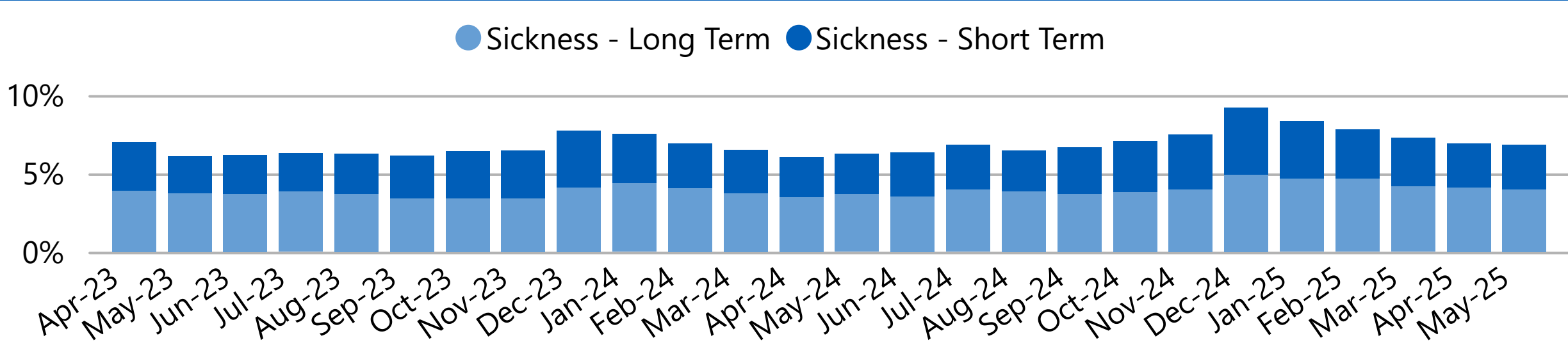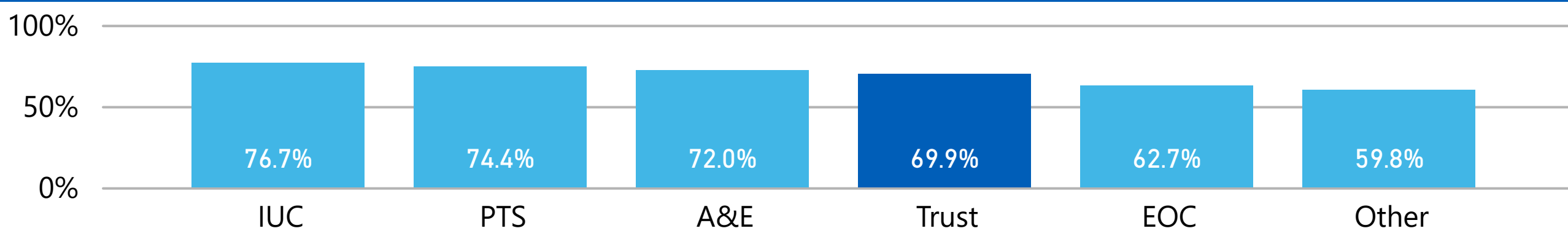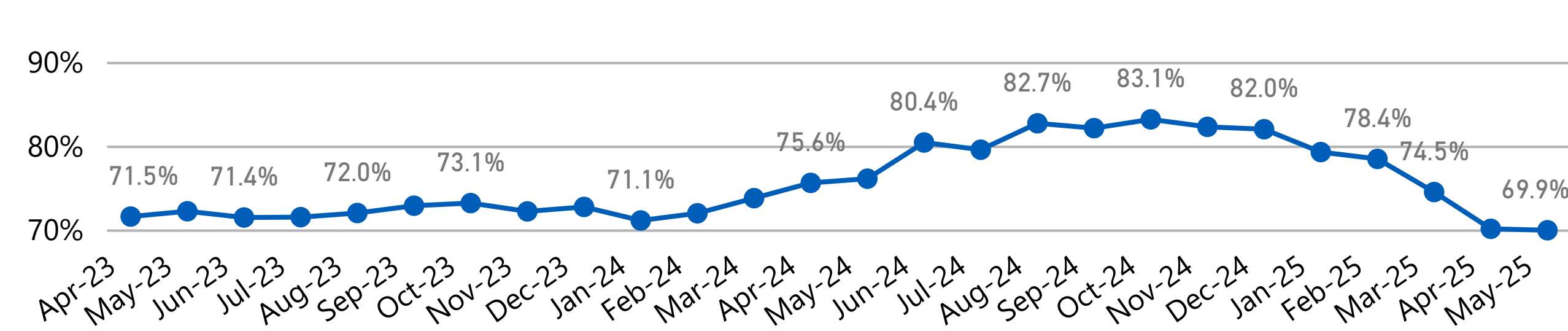
YAS Finance Summary (Director Responsible Kathryn Vause) - May 25

Overview - Unaudited Position

Overall -
The Trust has a month 2 Surplus position of £201k as shown above. The Trust plan was to achieve breakeven for 2025/26.

Capital -
The outturn expenditure was above plan but forecast to be within the allocation provided.

Cash -
As at the end of May, the Trust had £42.7m cash at bank. (£44.1m at the end of 24/25).

Risk Rating -
There is currently no risk rating measure reporting for 2025/26.

Full Year Position (£000s)

Name ▼	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	-£34	£167	£201
Cash	£44,177	£42,692	-£1,485
Capital	£890	£1,714	£824

Monthly View (£000s)

Indicator Name ▼	2025-04	2025-05
Surplus/ (Deficit)	-£24	£191
Cash	£44,480	£42,692
Capital	£1,566	£148

Patient Demand Summary

Demand Summary

Indicator	May-24	Apr-25	May-25
999 - Incidents (HT+STR+STC)	77,189	73,608	74,241
999 - Calls Answered	91,766	75,660	67,806
IUC - Calls Answered	155,030	146,320	149,434
IUC - Calls Answered vs. Ceiling %	-10.9%	-16.4%	-12.2%
PTS - Demand (Journeys)	84,870	76,485	73,074
PTS - Increase - Previous Month	2.2%	-4.9%	-4.5%
PTS - Same Month Last Year	11.2%	-8.0%	-13.9%
PTS - Calls Answered	40,254	35,851	35,531

Commentary

999 - On scene response demand was 2.1% below forecasted figures for May. It was 2.2% higher compared to April and 2.0% lower compared to May 2024.

IUC - YAS received 162,449 calls in May, 2.7% below the annual business plan baseline demand. 149,434 (92.0%) of these were answered, 2.1% above last month and 3.6% below the same month last year.

PTS - Eligibility continues to have a positive impact on PTS activity. May saw 73,126 journeys operated – the lowest demand levels nice April 2023. Activity reduced by 4.4% when compared to April, and 13.8% lower than May 2024.

Overall Calls and Demand

Figure ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered
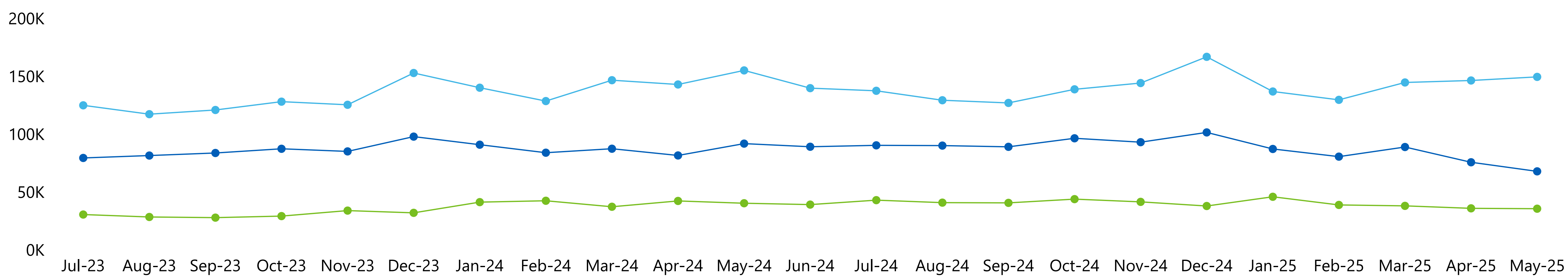
999 and IUC Historic Demand

999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.

NHS Yorkshire Ambulance Service NHS Trust

999 Historic Call Demand

Legend: — — Calls Forecast — Calls Offered — Calls Abandoned
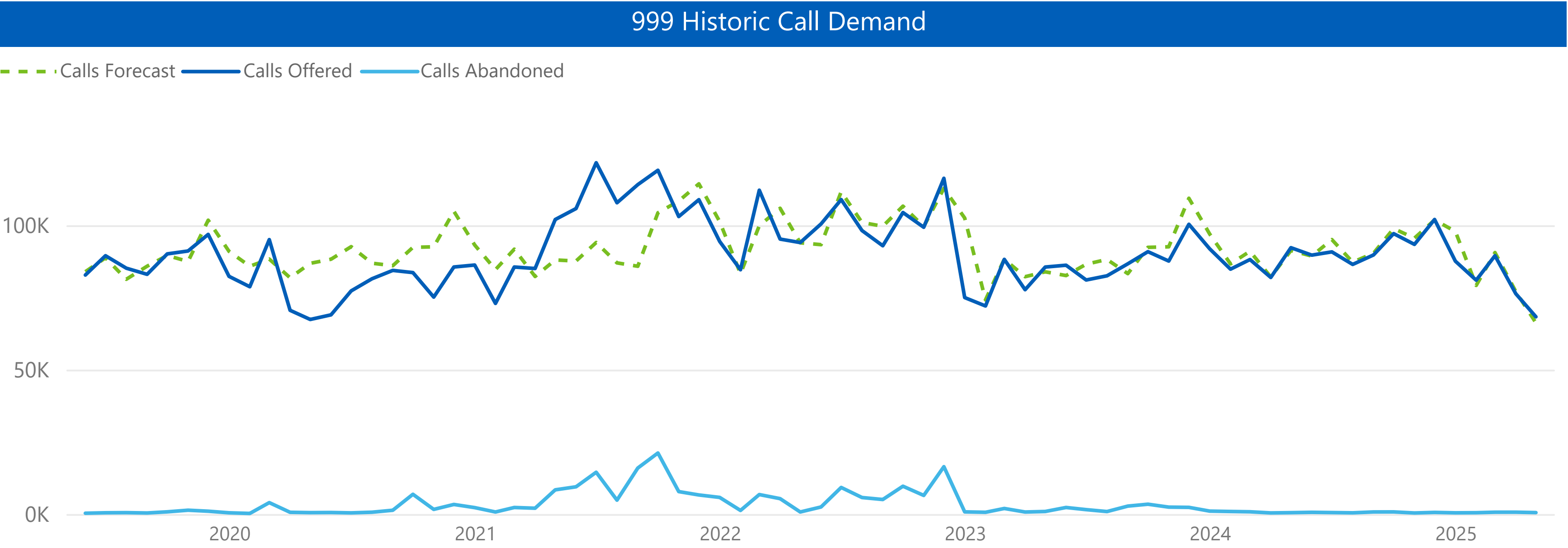
999

999 data on this page includes calls on both the emergency and non-emergency applications within EOC. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls answered and abandoned. The difference between calls offered and abandoned is calls answered.

In May 2025, there were 68,290 calls offered which was 3.2% above forecast, with 67,806 calls answered and 484 calls abandoned (0.7%). There were 10.5% fewer calls offered compared with the previous month and 26.0% fewer calls offered compared with the same month the previous year. Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 22.9% reduction in abandoned calls compared with the previous month.
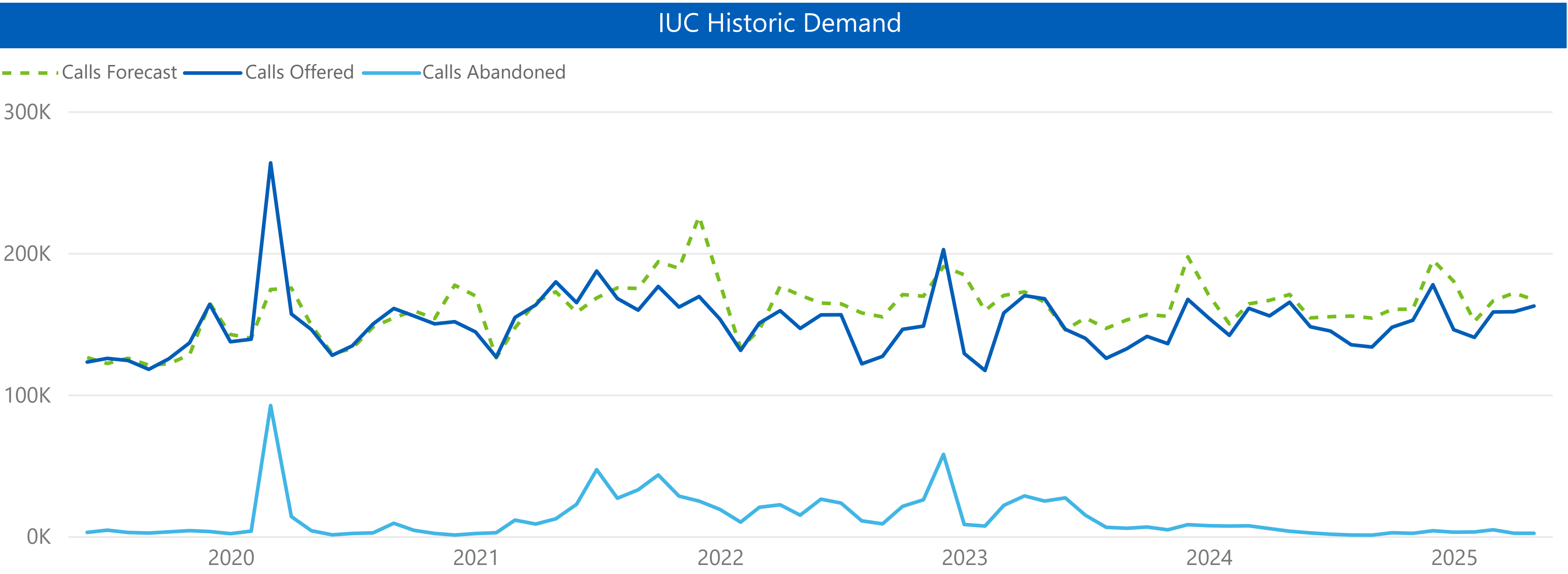
IUC Historic Demand

Legend: — — Calls Forecast — Calls Offered — Calls Abandoned

IUC

YAS received 162,449 calls in May, 2.7% below the annual business plan baseline demand. 149,434 (92.0%) of these were answered, 2.1% above last month and 3.6% below the same month last year. Calls abandoned decreased to 1.3% from 1.4% last month and was 0.9% below last year.

Please note: the reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023. Any queries please contact us at yas.businessintelligence@nhs.net.

Patient Outcomes Summary

NHS Yorkshire Ambulance Service NHS Trust

Outcomes Summary

ShortName	May-24	Apr-25	May-25
999 - Incidents (HT+STR+STC)	77,189	73,608	74,241
999 - Hear & Treat %	15.2%	14.7%	
999 - See, Treat & Refer %	25.8%	26.1%	
999 - See, Treat & Convey %	59.0%	59.2%	
999 - Conveyance to ED %	52.6%	52.8%	
999 - Conveyance to Non ED %	6.4%	6.4%	
IUC - Calls Triaged	150,688	142,024	143,043
IUC - ED %	14.7%	15.3%	15.9%
IUC - Ambulance %	12.1%	11.9%	11.6%
IUC - Selfcare %	4.1%	3.8%	3.5%
IUC - Other Outcome %	15.0%	15.0%	15.0%
IUC - Primary Care %	53.2%	52.7%	52.7%
PTS - Demand (Journeys)	84,870	76,485	73,074

999 Outcomes

● 999 - Hear & Treat %   ● 999 - See, Treat & Refer %   ● 999 - See, Treat & Convey %

IUC Outcomes

● IUC - ED %   ● IUC - Ambulance %   ● IUC - Selfcare %
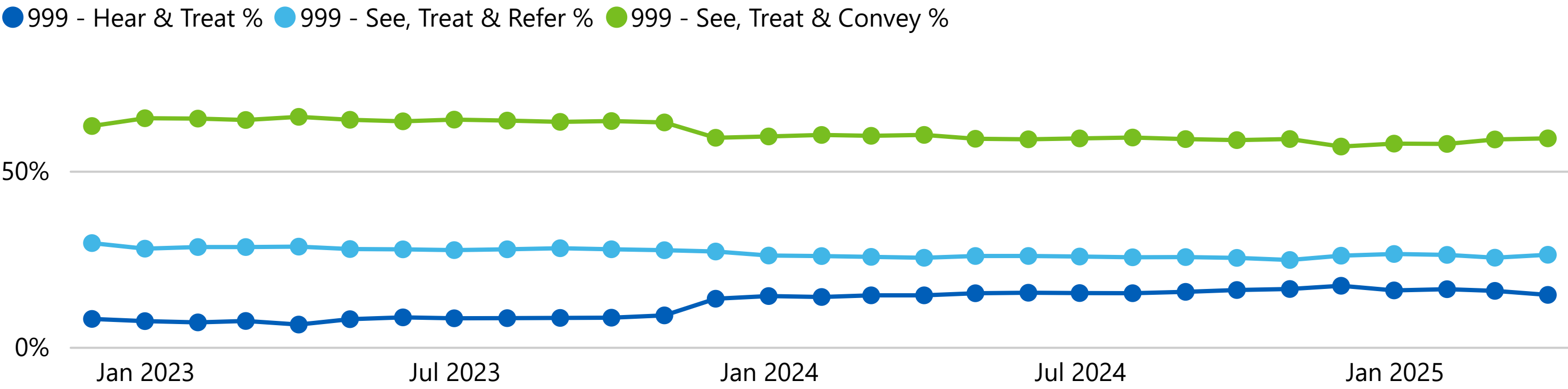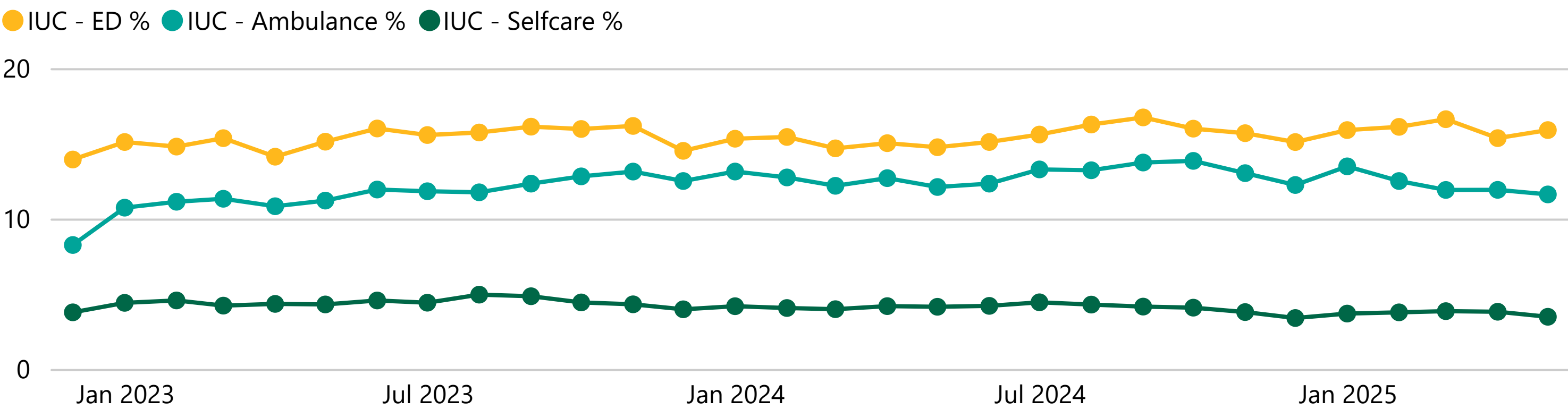
Commentary

999 - Due to Pathways migration, the Hear & Treat figures (and those influenced by these) have not been published in the IPR this month. This is to allow time for further checks to be done on the data.

IUC - The proportion of callers given an Ambulance outcome was 11.6%, with Primary Care outcomes at 52.7%. The proportion of callers given an ED outcome was 15.9%. The percentage of ED outcomes where a patient was referred to a UTC was 11.4%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings

Patient Experience (Director Responsible - Dave Green)

Patient Relations

Indicator	May-24	Apr-25	May-25
Service to Service	65	116	118
Concern	42	24	29
Compliment	108	119	120
Complaint	64	73	66
Total	**108**	**119**	**120**

Complaint
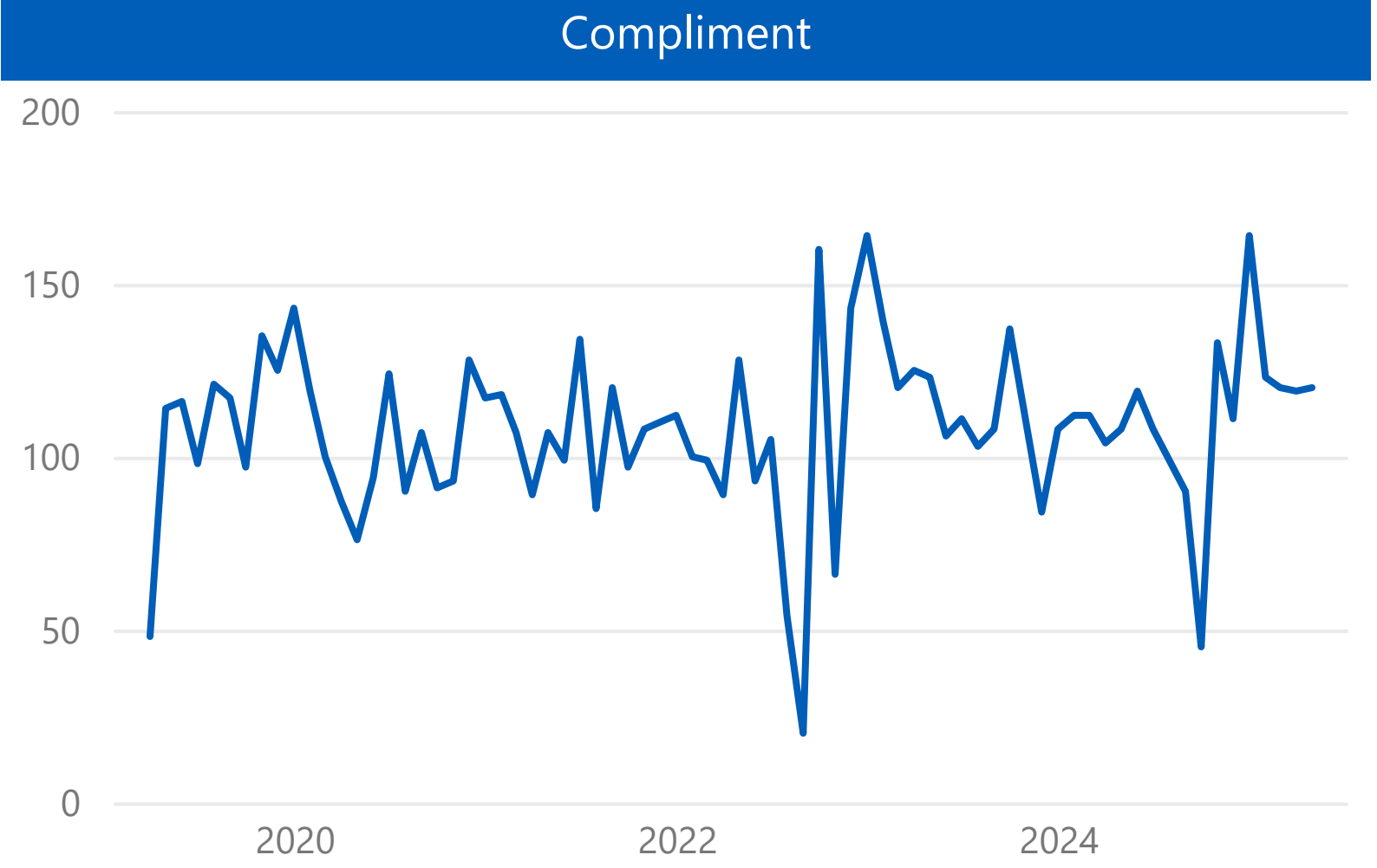
Compliment

YAS Comments

Service to service queries continue to be on a downward trend (49) but remain higher than at the same time last year (42). Demand for formal feedback including compliments, complaints and concerns is relatively static. Local resolution is now live in Humber and North Yorkshire, so we anticipate a reduction in formal complaints and improvement in response times in this area although it is too early to see this yet. Complaint response times remain high at 87 days; we have a Trust wide improvement plan in place with a trajectory to improve this.

Concern

Service to Service

Patient Safety - Quality (Director Responsible - Dave Green)

NHS Yorkshire Ambulance Service NHS Trust
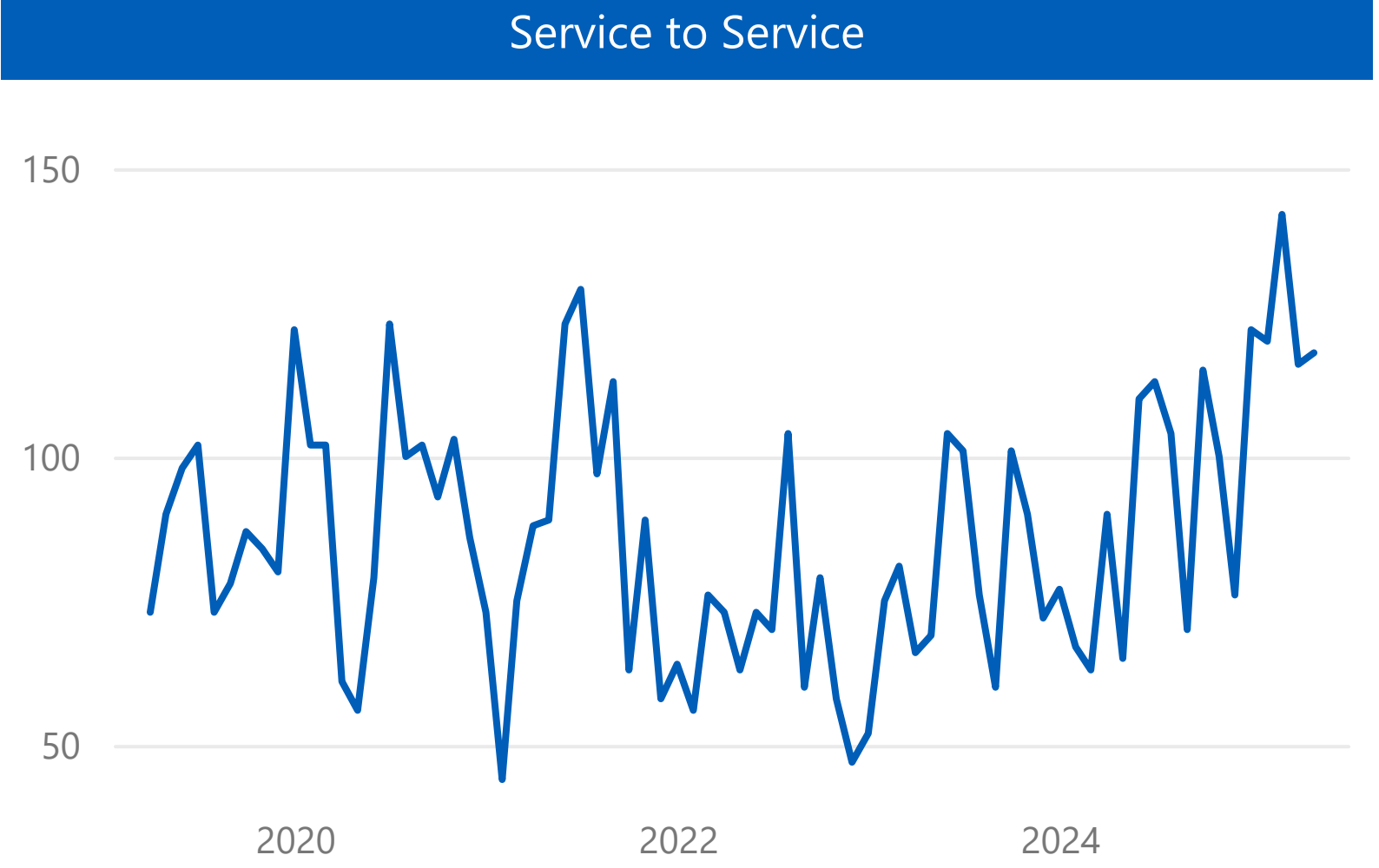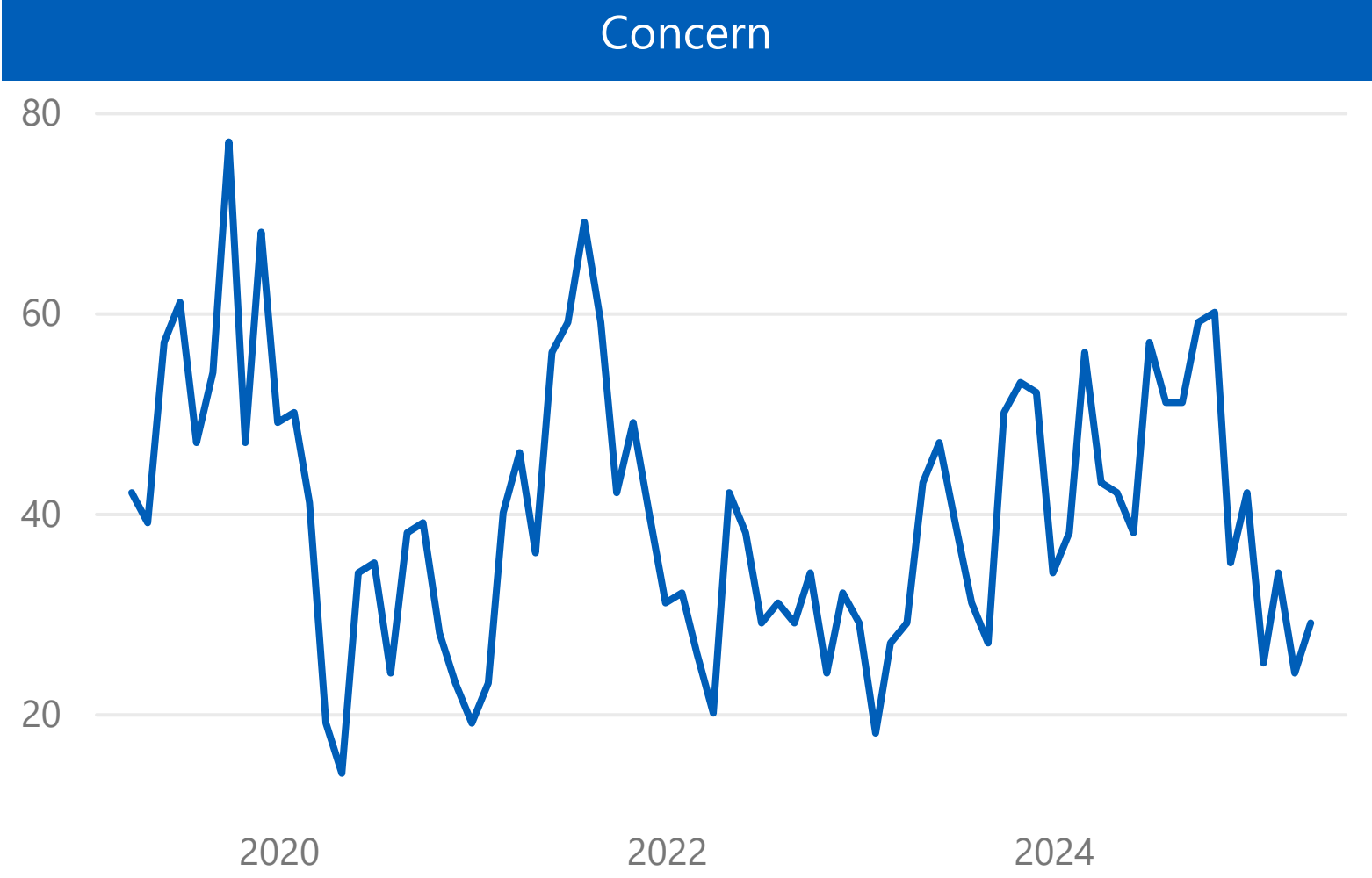
Incidents

Indicator	May-24	Apr-25	May-25
All Incidents Reported	983	908	956
Number of duty of candour contacts	11	18	9
Number of RIDDORs Submitted	4	4	4
Patient Safety Indicator Incident Investigation	1	1	

	Mar 24	Feb 25	Mar 25
▲			
Moderate & Above Harm (verified)	25	25	17
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	9	6	4

Safeguarding

Indicator	May-24	Apr-25	May-25
Rapid Review		6	2
Child Safeguarding Practice Review			
Domestic Homicide Review (DHR)	1	3	1
Safeguarding Adult Review (SAR)	5	16	19
Child Death	15	16	14

A&E Long Responses

Indicator	May-24	Apr-25	May-25
999 - C1 Responses > 15 Mins	814	575	567
999 - C2 Responses > 80 Mins	2,834	1,140	1,183

Hygeine

Indicator	May-24	Apr-25	May-25
% Compliance with Hand Hygiene	96.8%	99.9%	96.0%
% Compliance with Premise	98.7%	99.3%	99.1%
% Compliance with Vehicle	97.4%	98.5%	98.5%

Incidents - Verified Moderate and Above Harm

● YAS

Chart data points (Dec 22 – Mar 25): 45, 34, 40, 30, 33, 24, 36, 33, 34, 27, 28, 36, 33, 25, 21, 25, 19, 29, 18, 17, 23, 23, 17, 29, 29, 25, 17

YAS Comments

Domestic Homicide Reviews (DHR) – 1 request for information in relation to a DHR was received in May.

Safeguarding Adult Review (SAR) – 19 requests for information in relation to SAR's were received in May.

Child Safeguarding Practice Review (CSPR) - 0 requests were received to support a CSPR in May.

Rapid Review (RR) – The team contributed information in relation to 2 Rapid Reviews in May.

Child death - The Safeguarding team contributed information in relation to 14 children who died in May.

Click information button for Monthly View

Patient Clinical Effectiveness

NHS
Yorkshire
Ambulance Service
NHS Trust

Cardiac Arrest

No. Cardiac Arrests Feb-25	Bystander CPR Feb-25	ROSC Feb-25	ROSC Care Bundle Feb-25	Survival to Discharge Feb-25	Cardiac Survivors Feb-25
197	57.9%	29.9%	58.5%	7.6%	15

Stroke

No. of Patients Feb-25	Avg Call to Door Minutes Feb-25
232	93

Heart Attack

No. of Patients Jan-25	Avg Call to Door Minutes Oct-24	Care Bundle Compliance Jan-25
102	109	65.0%

Recontacts

Total Calls % May-25	STR % May-25	STC % May-25
9.7%	12.0%	5.1%

Cardiac Arrest - Data shows a reduction on the number of cardiac arrests following the winter peak, with the survival to discharge improving slightly to 7.6% with 15 patients surviving to discharge from hospital following an out of hospital cardiac arrest. Poor survival rates seen in Humber and North Yorkshire

Heart attack - Care bundle compliance improved to 65%

Re- Contacts - Overall re- contact rates continue to increase, remaining, with a slight increase for those patients who were attended but not conveyed. There is currently a national re- contact clinical audit underway which will look at a more in- depth view of our patients who re- contact.

Stroke: The number of stroke patients has fallen, and average call to door remains the same.

Recontact metrics have recently been developed by YAS who will monitor the data to ensure best practice is followed. Recontacts data is exported monthly and includes initial calls and subsequent calls within the month + 72 Hours. As a result of this, calls that had previously been flagged as a subsequent calls in previous data sets may be classified as an initial call in future exports. 'Frequent Callers' have been removed from Recontacts metrics. Recontacts data at ICS level excludes instances where a patient has called from two separate ICS'.

Fleet and Estates

Estates

Indicator	May-24	Apr-25	May-25
P2 Emergency (<4 Hrs) - Attendance	88.4%	75.7%	90.3%
P2 Emergency (<24 Hrs) – Completed	74.4%	64.9%	61.3%
P3 Non Emergency (<24Hrs) - Attendance	81.4%	81.2%	95.2%
P3 Non Emergency (<72 Hrs) – Completed	67.1%	78.3%	82.3%
P4 Non Emergency (<2 Working Days) - Attendance	89.0%	95.9%	91.9%
P4 Non Emergency (<14 Days) – Completed	76.8%	87.8%	85.1%
P6 Non Emergency (<2 Weeks) - Attendance	73.3%	93.4%	78.1%
P6 Non Emergency (4 Weeks) - Completed	52.0%	80.3%	78.1%
P5 Non Emergency - Logged to Wrong Category	100.0%		
Planned Maintenance Complete	97.8%	80.6%	99.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 208 jobs for the month of May. This is significantly than the normal of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 15 requests followed by Callflex and HART at 10 requests for reactive works. SLA figures are average with at an overall attendance KPI at 90% however, completion KPI is slightly lower than usual at 79%.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P3 category accounts for just under a third of request with attendance KPI at 95% against a target of 98%. P4 category account for just over a third of requests with attendance KPI at 92% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 9% for May with a completion of 99%.

999 Fleet

PTS Fleet
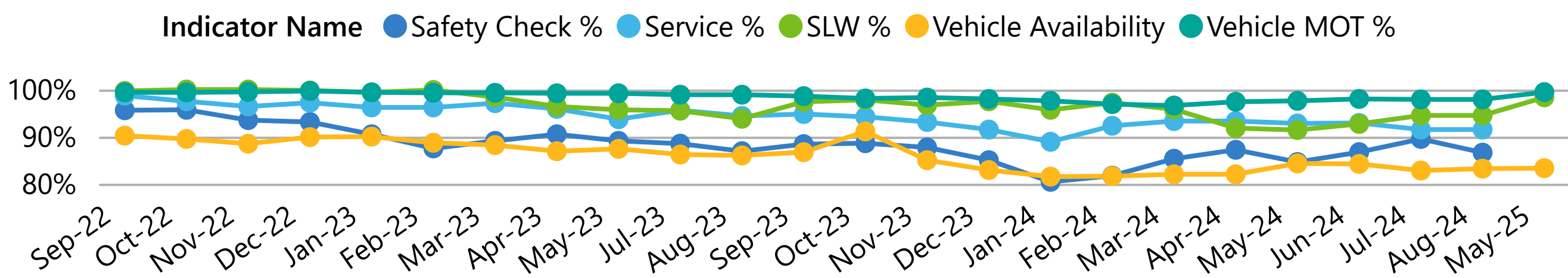
999 Fleet Age

Indicator	May-24	May-25
Vehicle age +7	17.7%	95.0%
Vehicle age +10	1.3%	

PTS Age

Indicator	May-24	May-25
Vehicle age +7	26.8%	55.0%
Vehicle age +10	6.2%	

Fleet Comments

Due to an issue with the system, the safety check and service figures for this month will be delayed. Currently, there is missing data for September 24 - April 25, which will be backdated in a future report.
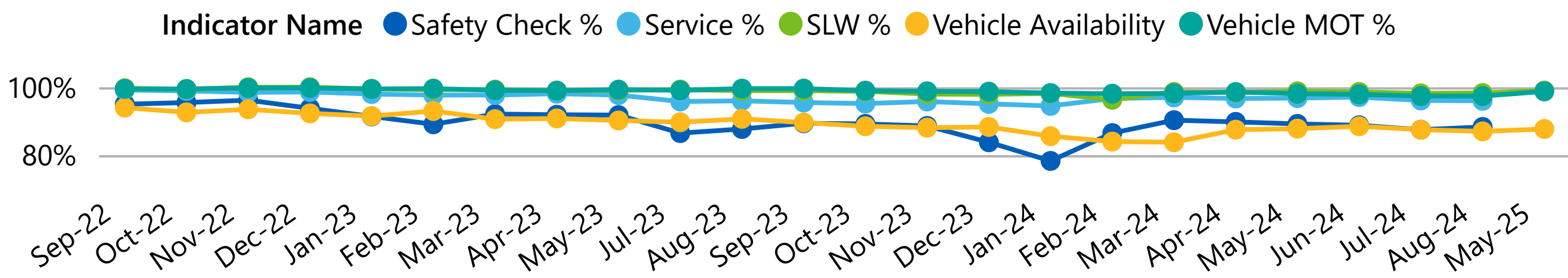
A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.
AMB88	999 - Calls Answered over 2 mins	int	The number of calls answered after more than 2 minutes
AMB94	999 - Total lost handover time	int	The total lost handover time over 30 minutes
AMB90	999 - Total Hospital Lost Time (TA)	int	The total lost time for hospital turnarounds (time over 30 minutes)

Glossary - Indicator Descriptions (IUC and PTS)

mID	ShortName	IndicatorType	AQIDescription
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

mID	ShortName	IndicatorType	AQIDescription
QS24	Staff survey improvement question	int	(TBC, yearly)
QS75	Child Safeguarding Practice Review	int	Child Safeguarding Practice Review
QS74	Rapid Review	int	Rapid Review
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
QS27	Serious incidents (verified)	int	The number of verfied Serious Incidents reported on DATIX

Glossary - Indicator Descriptions (Workforce)

mID	ShortName	IndicatorType	AQIDescription
WF40	Essential Learning	percent	Essential Learning to Replace Bundles
WF39	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	percent	Basic Prevent Awareness, formerly Prevent Awareness
WF38	Prevent Awareness | 3 Years	percent	Full Prevent Awareness, formerly Prevent WRAP
WF37	Fire Safety - 2 Years	percent	Percentage of staff with an in date competency in Fire Safety - 2 Years
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF24	Safeguarding Adults Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 3 Years
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handling Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Moving and Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults Level 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire Safety & Awareness"
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF04	Turnover (FTE) %	percent	The number of Fixed Term/ Permanent Employees leaving FTE (all reasons) relative to the average FTE in post in a 12 Months rolling period
WF36	Headcount in Post	int	Headcount of primary assignments
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount

Glossary - Indicator Descriptions (Clinical)

mID	ShortName	IndicatorType	Description
CLN59	Re-contacts - STC	int	Total number of conveyed calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN57	Re-contacts - ST	int	Total number of see and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN55	Re-contacts - HT	int	Total number of hear and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN53	Re-contacts - Total Calls	int	Total number of calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN50	Number of Fall Patients	int	Number of Fall Patients
CLN48	Average Time From Call to Catheter Insertion For Angiography (STEMI)	int	Average Heart Attack Call to Door Minutes
CLN47	Average Stroke On Scene Time Minutes	int	Average Stroke On Scene Time Minutes
CLN44	Number of Cardiac Arrests	int	Number of Cardiac Arrests
CLN42	STEMI Pre & Post Pain Score	int	Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN40	Number of patients who received appropriate analgesia (STEMI)	int	Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN21	Call to Balloon Mins for STEMI Patients (90th Percentile)	int	MINAP - For M3n, 90th centile time from call to catheter insertion for angiography.
CLN20	Call to Balloon Mins for STEMI Patients (Mean)	int	MINAP - For M3n, mean average time from call to catheter insertion for angiography.
CLN18	Number of STEMI Patients	int	Number of patients in the MINAP dataset an initial diagnosis of myocardial infarction.
CLN17	Average Stroke Call to Door Minutes (SSNAP)	int	SSNAP - Avg Time from call to hospital.
CLN16	Number of Stroke Patients (SSNAP)	int	Total number of patients included in the SSNAP hospital data sample.
CLN08	Number of STEMI Patients	int	Number of patients with a pre-hospital clinical working impression of STEMI
CLN04	Number of Patients Surviving to Discharge	int	Number of patients who survived to discharge or were alive in hospital after 30 days following an out of hospital cardiac arrest during which YAS continued or commenced resuscitation

Glossary - Indicator Descriptions (Fleet and Estates)

Fleet and Estates

mID	ShortName	IndicatorType	Description
FLE07	Service %	percent	Service level compliance
FLE06	Safety Check %	percent	Safety check compliance
FLE05	SLW %	percent	Service LOLER (Lifting Operations and Lifting Equipment Regulations) and weight test compliance
FLE04	Vehicle MOT %	percent	MOT compliance
FLE03	Vehicle Availability	percent	Availability of fleet across the trust
FLE02	Vehicle age +10	percent	Vehicles across the fleet of 10 years or more
FLE01	Vehicle age 7-10	percent	Vehicles across the fleet of 7 years or more
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST15	P5 Non Emergency - Logged to Wrong Category	percent	P5 Non Emergency - Logged to Wrong Category
EST14	P6 Non Emergency (4 Weeks) - Completed	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency (<2 Weeks) - Attendance	percent	P6 Non Emergency - Attend within 2 weeks
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST08	P4 Non Emergency (<14 Days) – Completed	percent	P4 Non Emergency completed within 14 working days compliance
EST03	P4 Non Emergency (<2 Working Days) - Attendance	percent	P4 Non Emergency attended within 2 working days compliance
EST07	P3 Non Emergency (<72 Hrs) – Completed	percent	P3 Non Emergency completed within 72 hours compliance
EST02	P3 Non Emergency (<24Hrs) - Attendance	percent	P3 Non Emergency attended within 24 hours compliance
EST12	P2 Emergency (<24 Hrs) – Completed	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (<4 Hrs) - Attendance	percent	P2 Emergency – attend within 4 hrs compliance
EST06	P1 Emergency (<24 Hrs) - Completed	percent	P1 Emergency completed within 24 hours compliance
EST01	P1 Emergency (<2Hrs) – Attendance	percent	P1 Emergency attended within 2 hours compliance