NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

June 2025

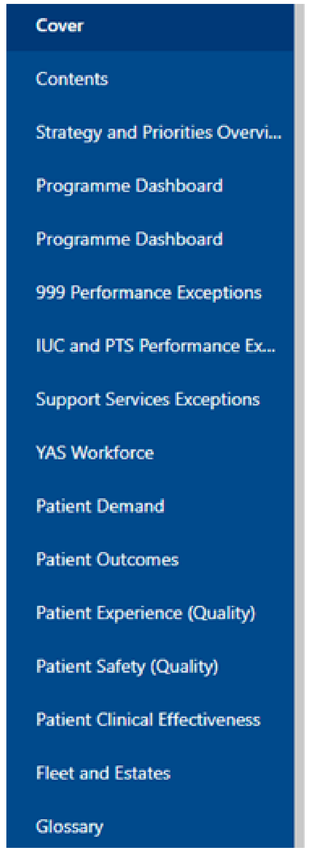
Published 18 July 2025

Report Guide

Key Buttons

This button will direct you to the relevant page when clicked.

This button will take you to a further drill down page or report. for example, monthly data or the indicator annex. They are usually found at the bottom of the page.



Menu

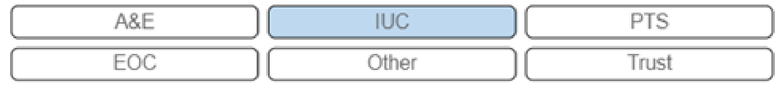
The menu of the left hand side of the screen directs you to the relevant pages for all reports within the app. The IPR has a main report and an Annex.

Reset Filters

This button found top right of the app will reset all filters to the default.

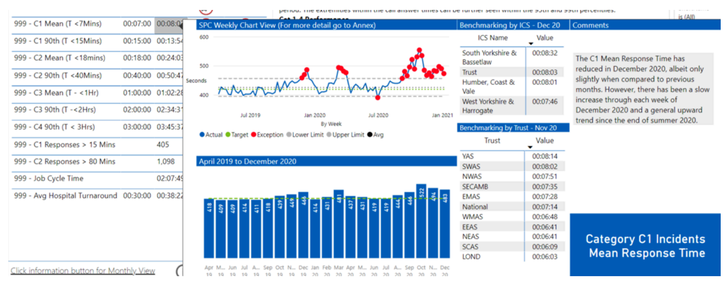
Key Buttons

Some of the summary pages allow for further drill down against areas defined within the IPR. These are found at the top of the page



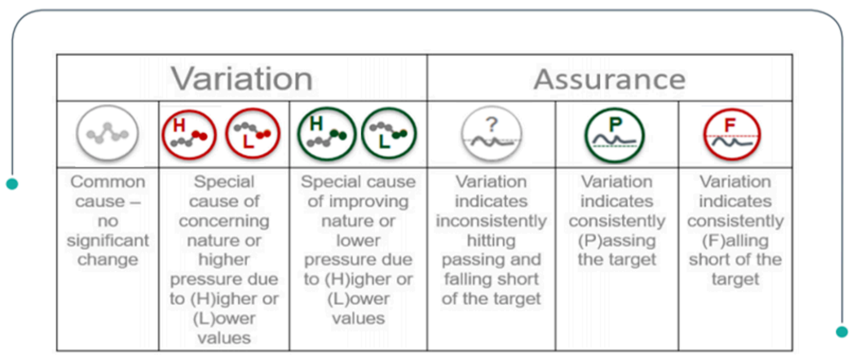
Hover Over Visuals

All of the indicators in the Main IPR allow you to hover over them and see the potential drill down at a glance without having to go to the Annex. The IPR annex has a page for each report covering the main indicators. Just hover over an indicator without clicking to see the data.



Exceptions, Variation and Assurance

As seen in the above visual. 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)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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.

Table of Contents

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 - June 25

NHS Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:07		
999 - Answer 95th Percentile		00:00:49		
999 - AHT		00:05:57		
999 - Calls Ans in 5 sec	95.0%	86.8%		F
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:46	L	F
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:25		P
999 - C2 Mean (T < 18 Mins)	00:18:00	00:26:33		F
999 - C2 90th (T < 40 Mins)	00:40:00	00:56:11		F
999 - C3 Mean (T < 1 Hour)	01:00:00	01:19:06		F
999 - C3 90th (T < 2 Hour)	02:00:00	03:05:01		F
999 - C1 Responses > 15 Mins		554	L	
999 - C2 Responses > 80 Mins		1,302		
999 - Job Cycle Time		01:42:36	L	
999 - Avg Hospital Turnaround	00:30:00	00:41:45	L	F
999 - Avg Hospital Handover	00:15:00	00:19:51	L	F
999 - Avg Hospital Crew Clear	00:15:00	00:22:00	H	F
999 - Total lost handover time		1,483		
999 - Crew clear over 30 mins %		23.7%	H	
999 - C1%		13.3%		
999 - C2%		59.2%	L	

Click information button for Monthly View

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 7 seconds for June, an increase from May of 4 seconds. The median remained the same, and the 90th increased by 18 seconds. The 95th increased from 13 seconds in May to 49 seconds in June, and the 99th increased from 1 minute 24 seconds to 1 minute 57 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from May by 4 seconds and the 90th percentile improved by 2 seconds. The mean performance time for Cat2 worsened from May by 59 seconds and the 90th percentile worsened by 1 minute 33 seconds.
Compared to June of the previous year, the Cat1 mean improved by 12 seconds, the Cat1 90th percentile improved by 28 seconds, the Cat2 mean improved by 4 minutes 10 seconds and the Cat2 90th percentile improved by 12 minutes 30 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 72.5% in June (13.3% Cat1, 59.2% Cat2) after a 0.0 percentage point (pp) increase compared to May (0.5 pp decrease in Cat1 and 0.5 pp increase in Cat2). Comparing against June for the previous year, Cat1 proportion decreased by 3.2 pp and Cat2 proportion decreased by 0.5 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in June, with 554 responses over this target. This is 13 (2.3%) less compared to May. The number for last month was 28.5% lower than June 2024.
The number of Cat2 responses greater than 2x 90th percentile target increased from May by 119 responses (10.1%). This is a 48.1% decrease from June 2024.

Hospital & Job Cycle Time - Last month the average handover time decreased by 1 minute 9 seconds and overall turnaround time decreased by 2 minutes 52 seconds. The number of conveyances to ED was 1.1% lower than in May.
Overall, the average job cycle time decreased by 2 minutes 54 seconds from May.

Demand - On scene response demand was 1.8% above forecasted figures for June. It was 0.3% lower compared to May and 1.5% higher compared to June 2024.

Outcomes - Comparing incident outcome proportions within 999 for June against May, the proportion of hear & treat decreased by 0.5 percentage points (pp), see treat & refer decreased by 0.1 pp and see treat & convey increased by 0.6 pp. The proportion of incidents with conveyance to ED increased by 1.0 pp and the proportion of incidents conveyed to non-ED decreased by 0.4 pp.

Click information button for further drill down including benchmarking and SPC

999 IPR Key Exceptions - June 25

YAS | HC&V | SYB | WY

NHS Yorkshire Ambulance Service NHS Trust

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Click information button for Monthly View

Click information button for further drill down including benchmarking and SPC

IUC IPR Key Indicators - June 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		133,495		
IUC - Answered vs. Last Month %		-10.7%		
IUC - Answered vs. Last Year %		-4.4%		
IUC - Calls Triaged		128,032		
IUC - Calls Abandoned %	3.0%	2.6%		P
IUC - Answer Mean	00:00:20	00:00:34		F
IUC - Answered in 60 Secs %	90.0%	85.2%		F
IUC - Answered in 120 secs %	95.0%	89.8%	H	F
IUC - Callback in 1 Hour %	60.0%	47.4%		F
IUC - ED Validations %	50.0%	78.1%	H	P
IUC - 999 Validations %	95.0%	99.8%		P
IUC - ED %		16.6%	H	
IUC - ED Outcome to A&E %		75.6%		
IUC - ED Outcome to UTC %		11.4%		
IUC - Ambulance %		12.3%		

Click information button for Monthly View

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 147,491 calls in June, 4.4% below the annual business plan baseline demand. 133,495 (90.5%) of these were answered, 10.7% below last month and 4.4% 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 decreased to 85.2% from 91.3% in June. Average speed to answer has increased by 17 seconds to 34 seconds compared with 17 seconds last month. Abandonment rate increased to 2.6% from 1.3% last month.

The proportion of clinician call backs made within 1 hour increased to 47.4% from 46.7% last month. This is 12.6% below the national target of 60%. Core clinical advice increased to 24.8% from 24.4% 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 94.6% in June, whilst performance for overall validations was 99.8%, with 12,821 cases validated overall.

ED validation performance remained level with last month at 78.1%. 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 38.5% from 33.9% last month and ED bookings decreased to 0.1% from 0.2%. 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. We will see ED bookings at 0% until a new booking system is implemented.

Click information button for further drill down including Benchmarking and SPC

PTS IPR Key Indicators - June 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	80.2%		F
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	76.3%	L	F
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.1%		F
PTS - Arrive at Appointment Time	90.0%	89.4%		F
PTS - Journeys < 120Mins	90.0%	96.9%	L	P
PTS - Same Month Last Year		-10.9%		
PTS - Increase - Previous Month		-3.3%		
PTS - Demand (Journeys)		70,645		

Click information button for Monthly View

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS activity reduced for the third month running due to the Eligibility programme. 70,645 journeys were operated, 10.9% lower than June 2024.

Patient journeys (inc Aborts) were 5.8% under the Business Plan forecast for June, and 5.0% under YTD.

The Eligibility Programme continues to have a positive impact, with low acuity bookings (Saloon Car & Wheelchair 1) reducing by 50.5% compared to June 24, and activity for the same journey types decreasing by 35.7%.

The programme also contributed to a 19.0% decrease in Escort activity, and a 4.2% reduction in the volume of aborted journeys. Significant cost efficiencies in Taxi spend has also been seen.

Call Performance saw an 11.8% increase compared to May. 38,586 calls were received by Reservations, the lowest call activity since March 2024. Although AHT saw a 20 second increase, lower call demand had a positive impact on service level.

Short Notice Outwards Performance has been under 80.0% for the third month running, with the last two months being under the lower control limit for this KPI. 76.3% of patients were picked up from hospital with 120 minutes – a 4.5% decrease to June 2024.

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

Click information button for further drill down including Benchmarking and SPC

Workforce Summary

A&E | IUC | PTS | EOC | Other | Trust

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Jun-24	May-25	Jun-25
Turnover (FTE) %	10.4%	8.8%	8.9%
Vacancy Rate %	9.9%	5.5%	5.2%
Apprentice %	10.0%	10.0%	9.9%
BME %	7.4%	8.9%	9.0%
Disabled %	8.4%	10.0%	10.1%
Sickness - Total % (T-5%)	6.3%	6.8%	7.1%
PDR / Staff Appraisals % (T-90%)	80.4%	69.9%	69.0%
Essential Learning	92.7%	88.8%	89.4%

Assurance: All data displayed has been checked and verified

YAS Commentary

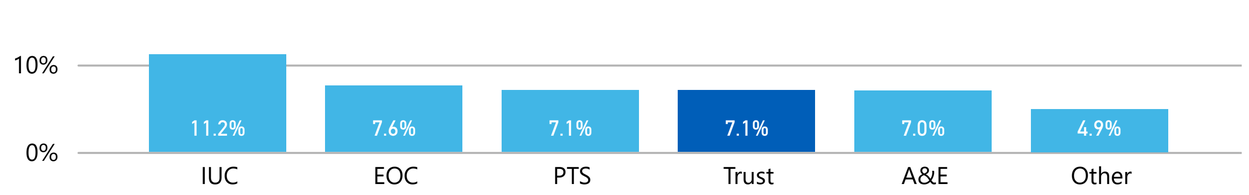
FTE, Turnover, Vacancies and BME – Compared to May 2025, vacancy rate has improved. In comparison to the same month last year (June 2024) the vacancy rate has improved by 4.7 percentage points. Turnover for IUC has improved, although still remains high at 22.8%, and vacancies decreased to 13.1% (Note: 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 June 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 worsened slightly, increasing from 6.8% to 7.1%, from the previous month; this is unusual for this time of year and compared with June 2024 (6.3%) is a significant deviation. A&E was 5.8% in June 2024, compared with 7.0% this month and IUC 11.2% compared with 10.1% in June 2024. EOC and PTS are lower than the same period last year. 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.

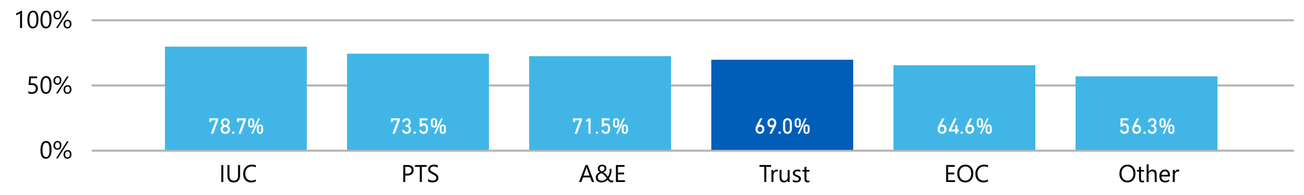
PDR / Appraisals – The overall compliance rate has decreased to 69.0% from 69.9% (May 25) continuing a decreasing trend since the high in Oct '24 at 83.1%. IUC and PTS are the highest performing areas (78.7% & 73.5% respectively) with Other as the lowest at 56.3% (was 70.5% in Jun 24). This recent decline is in part due to the implementation of the new Online Appraisal system which requires the process to be fully completed before recording, previously recording took place after the appraisal meeting had taken place. Support is being provided to managers to complete the appraisal process.

Essential Learning – continues to show an improving trend with a marginal increase from last month to 89.4% however is below the 90% target (previously maintained since Jan 2023). Other, PTS, and EOC are achieving the target at 92.3%, 93.0% and 91.0% respectively. All other areas are below target with IUC at the lowest at 88.0% (down from 88.6%). 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.

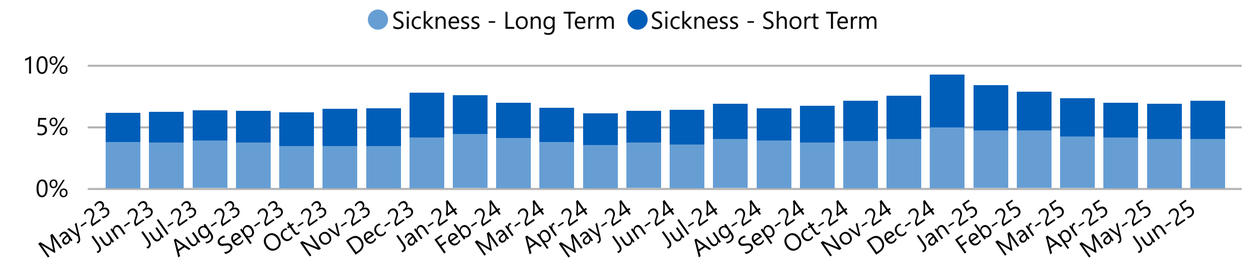
Sickness Benchmark for Last Month (Trust)



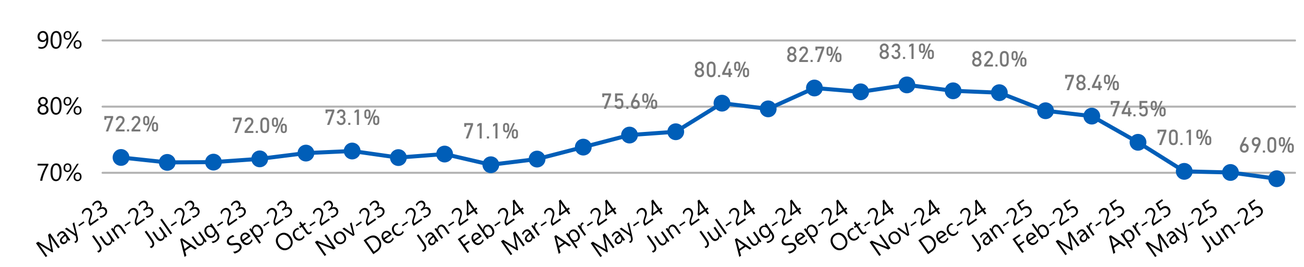
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



Click information button for key KPIs by Month

YAS Finance Summary (Director Responsible Kathryn Vause) - June 25

Overview - Unaudited Position

Overall -
The Trust has a month 3 Surplus position of £376k as shown above. The Trust plan is 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 June, 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)	£118	£376	£258
Cash	£50,742	£42,692	-£8,050
Capital	£2,432	£2,743	£311

Monthly View (£000s)

Indicator Name	2025-04	2025-05	2025-06
Surplus/ (Deficit)	-£24	£191	£209
Cash	£44,480	£42,692	£41,487
Capital	£1,566	£148	£1,029

Patient Demand Summary

Demand Summary

Indicator	Jun-24	May-25	Jun-25
999 - Incidents (HT+STR+STC)	74,467	74,649	74,235
999 - Calls Answered	89,065	67,806	70,683
IUC - Calls Answered	139,699	149,434	133,495
IUC - Calls Answered vs. Ceiling %	-11.1%	-12.2%	-15.1%
PTS - Demand (Journeys)	79,280	73,074	70,645
PTS - Increase - Previous Month	-6.6%	-4.5%	-3.3%
PTS - Same Month Last Year	1.5%	-13.9%	-10.9%
PTS - Calls Answered	39,082	35,531	35,443

Commentary

999 - On scene response demand was 1.8% above forecasted figures for June. It was 0.3% lower compared to May and 1.5% higher compared to June 2024.

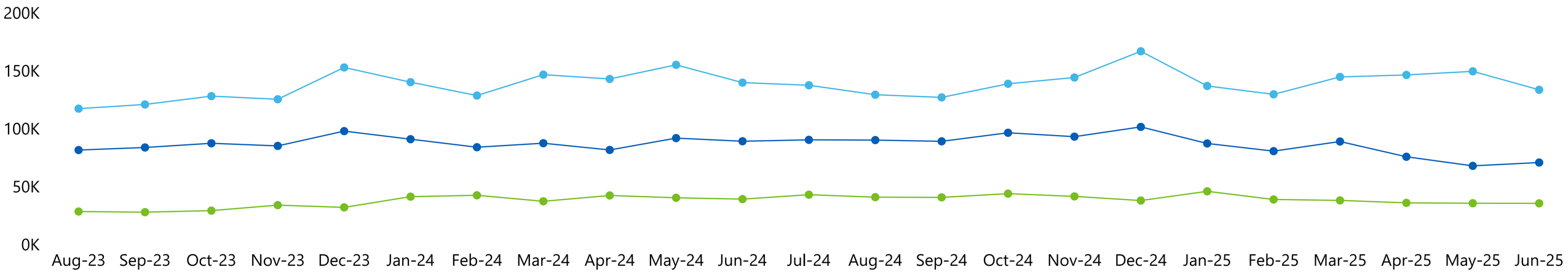
IUC - YAS received 147,491 calls in June, 4.4% below the annual business plan baseline demand. 133,495 (90.5%) of these were answered, 10.7% below last month and 4.4% below the same month last year.

PTS - PTS activity reduced for the third month running due to the Eligibility programme. 70,645 journeys were operated, 10.9% lower than June 2024.

Click information button for Monthly Table View

Overall Calls and Demand

Figure 999 - Calls Answered IUC - Calls Answered PTS - Calls Answered

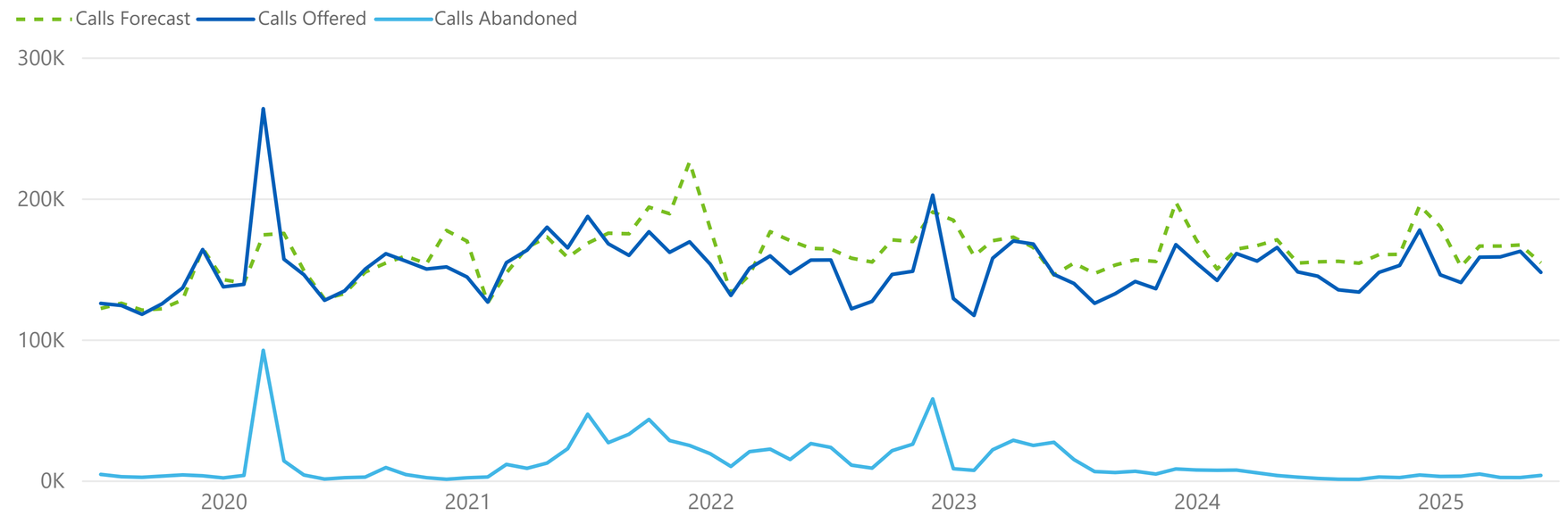


999 and IUC Historic Demand

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

999 Historic Call Demand

IUC Historic Demand



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 June 2025, there were 71,464 calls offered which was 5.3% above forecast, with 70,683 calls answered and 781 calls abandoned (1.1%). There were 4.7% more calls offered compared with the previous month and 20.3% 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 61.4% increase in abandoned calls compared with the previous month.

IUC

YAS received 147,491 calls in June, 4.4% below the annual business plan baseline demand. 133,495 (90.5%) of these were answered, 10.7% below last month and 4.4% below the same month last year.

Calls abandoned increased to 2.6% from 1.3% last month and was 1.0% above 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.

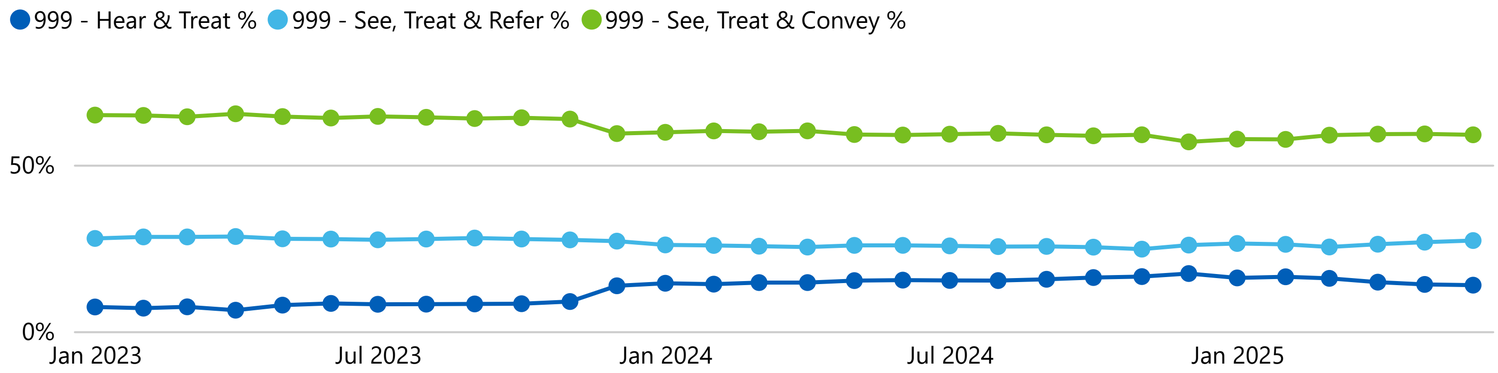
Patient Outcomes Summary

Outcomes Summary

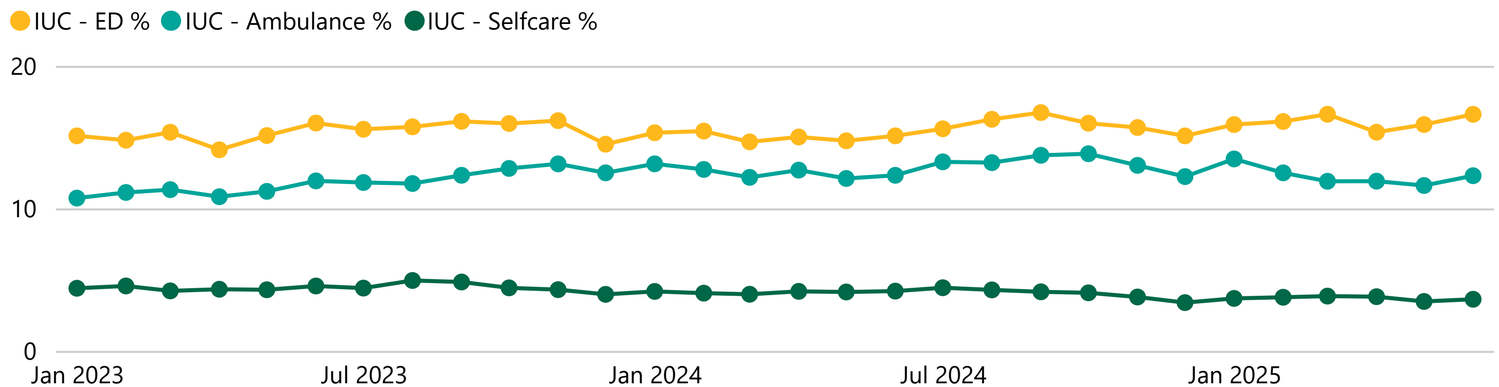
ShortName	Jun-24	May-25	Jun-25
999 - Incidents (HT+STR+STC)	74,467	74,649	74,235
999 - Hear & Treat %	15.3%	14.0%	13.8%
999 - See, Treat & Refer %	25.8%	26.7%	27.2%
999 - See, Treat & Convey %	58.9%	59.2%	59.0%
999 - Conveyance to ED %	52.6%	52.6%	52.3%
999 - Conveyance to Non ED %	6.3%	6.6%	6.6%
IUC - Calls Triaged	136,313	143,043	128,032
IUC - ED %	15.1%	15.9%	16.6%
IUC - Ambulance %	12.3%	11.6%	12.3%
IUC - Selfcare %	4.2%	3.5%	3.6%
IUC - Other Outcome %	15.4%	15.0%	16.7%
IUC - Primary Care %	52.3%	52.7%	52.7%
PTS - Demand (Journeys)	79,280	73,074	70,645

Click information button for Monthly Table View

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for June against May, the proportion of hear & treat decreased by 0.5 percentage points (pp), see treat & refer decreased by 0.1 pp and see treat & convey increased by 0.6 pp. The proportion of incidents with conveyance to ED increased by 1.0 pp and the proportion of incidents conveyed to non-ED decreased by 0.4 pp.

IUC - The proportion of callers given an Ambulance outcome was 12.0%, with Primary Care outcomes at 52.7%. The proportion of callers given an ED outcome was 16.6%. 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)

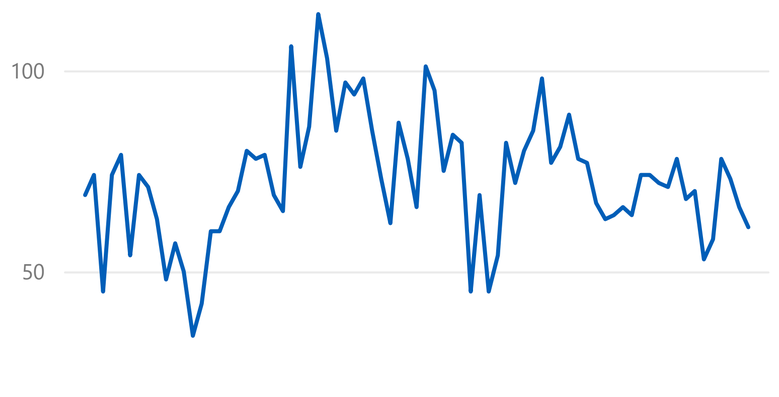
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

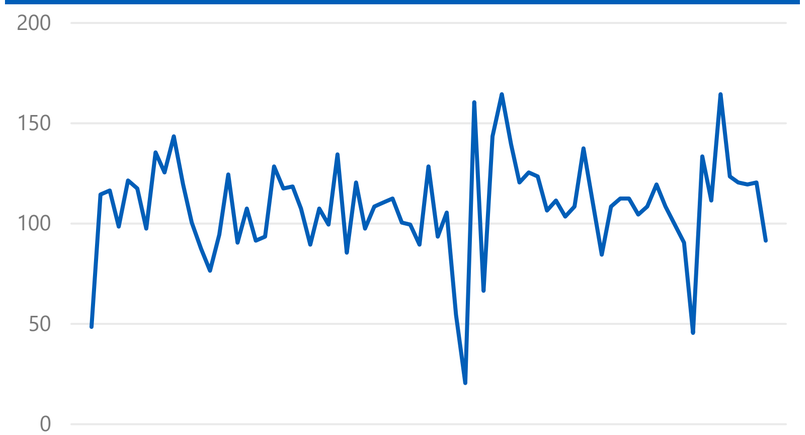
Patient Relations

Indicator	Jun-24	May-25	Jun-25
Service to Service	110	118	89
Concern	38	29	35
Compliment	119	120	91
Complaint	74	66	61
Total	**119**	**120**	**91**

Complaint



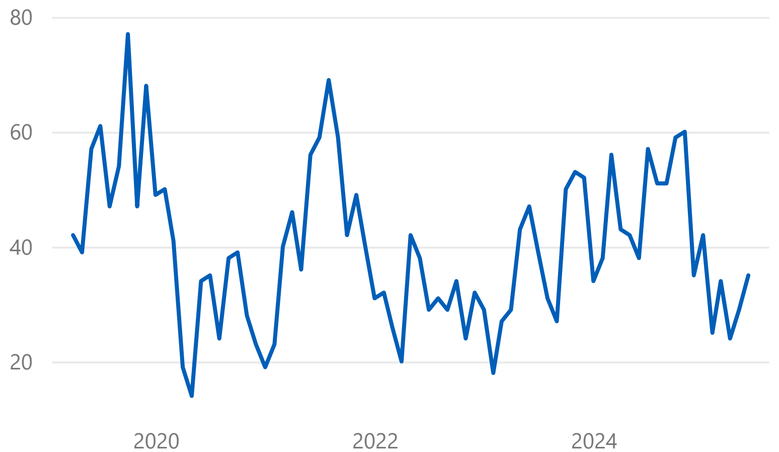
Compliment



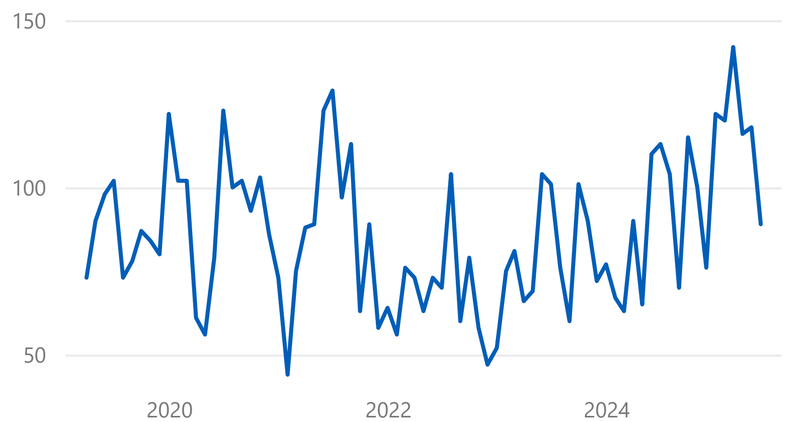
YAS Comments

Service-to-service numbers decreased from 118 in May to 89 in June, remaining below last year's figure of 110 for the same period. The most significant reduction occurred in A&E, and PTS also recorded fewer cases.
Concerns increased slightly from 29 in May to 35 in June, though this is marginally lower than last year's count of 38. A&E experienced the largest increase, but with local resolution being implemented, this number may decrease in future months.
Compliments fell to 91 in June, which is below the average of 120.
Complaints remained relatively stable at 61, a decrease compared to 74 last year. PTS complaints declined from 19 last year to 11 this month.
The average response time for formal complaints was 79 days in June, representing a positive step towards the Trust's business objective of reducing cumulative response times to 87 days.

Concern



Service to Service



Patient Safety - Quality (Director Responsible - Dave Green)

A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Incidents

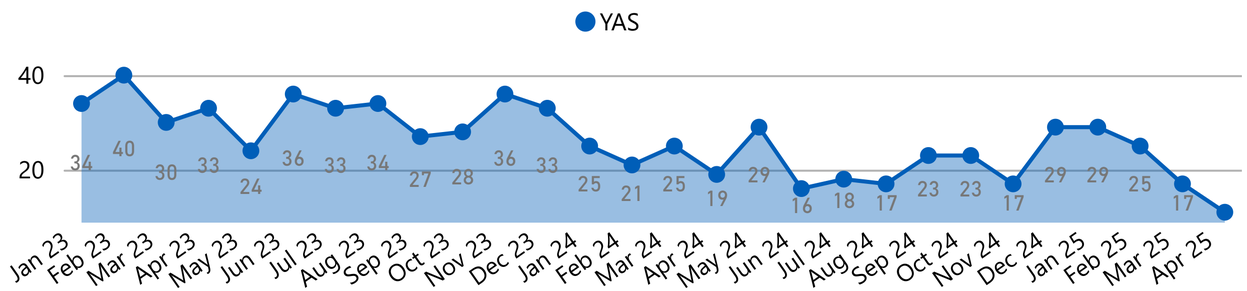
Indicator	Jun-24	May-25	Jun-25
All Incidents Reported	876	956	990
Number of duty of candour contacts	3	9	17
Number of RIDDORs Submitted	3	4	7
Patient Safety Indicator Incident Investigation	1		1

	Apr 24	Mar 25	Apr 25
Moderate & Above Harm (verified)	19	17	11
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	9	4	2

Hygeine

Indicator	Jun-24	May-25	Jun-25
% Compliance with Hand Hygiene	98.6%	96.0%	98.8%
% Compliance with Premise	98.1%	99.1%	99.9%
% Compliance with Vehicle	99.4%	98.5%	99.2%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Jun-24	May-25	Jun-25
Rapid Review		2	3
Child Safeguarding Practice Review			
Domestic Homicide Review (DHR)	4	1	3
Safeguarding Adult Review (SAR)	4	19	16
Child Death	11	14	15

A&E Long Responses

Indicator	Jun-24	May-25	Jun-25
999 - C1 Responses > 15 Mins	775	552	554
999 - C2 Responses > 80 Mins	2,508	1,125	1,302

YAS Comments

Domestic Homicide Reviews (DHR) – 3 request for information in relation to a DHR was received this month.

Safeguarding Adult Review (SAR) – 16 requests for information in relation to SAR's were received this month.

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

Rapid Review (RR) – The team contributed information in relation to 3 Rapid Reviews this month.

Child death - The Safeguarding team contributed information in relation to 15 children who died this month.

Click information button for Monthly View

Patient Clinical Effectiveness

YAS | HC&V | SYB | WY

NHS Yorkshire Ambulance Service NHS Trust

Cardiac Arrest

No. Cardiac Arrests Mar-25	Bystander CPR Mar-25	ROSC Mar-25	ROSC Care Bundle Mar-25	Survival to Discharge Mar-25	Cardiac Survivors Mar-25
215	62.3%	36.7%	69.4%	12.1%	26

Stroke

No. of Patients Mar-25	Avg Call to Door Minutes Mar-25
243	95

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 % Jun-25	STR % Jun-25	STC % Jun-25
9.5%	11.4%	5.4%

Cardiac Arrest - Significant improvements in ROSC care bundle, ROSC and Survival to Discharge in March - 26 patients survived to discharge following an out of hospital cardiac arrest.

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'.

Please Note: February and March cardiac arrest data is incomplete due to a technical issue, and will be backdated in a future report.

Fleet and Estates

Estates

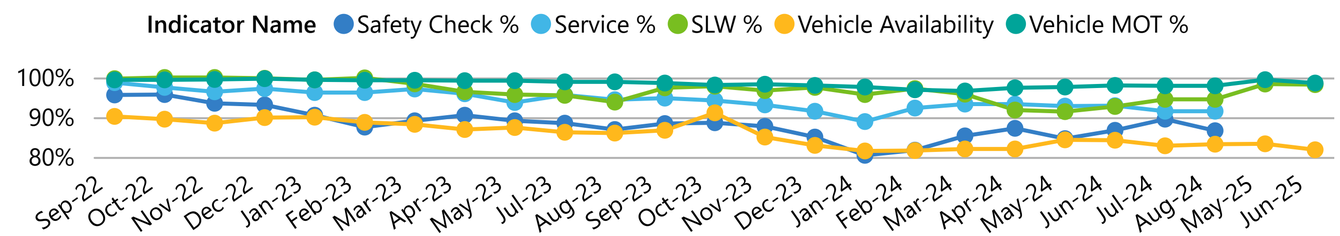
Indicator	Jun-24	May-25	Jun-25
P1 Emergency (<2Hrs) – Attendance	75.0%		
P1 Emergency (<24 Hrs) - Completed	75.0%		
P2 Emergency (<4 Hrs) - Attendance	90.0%	90.3%	86.7%
P2 Emergency (<24 Hrs) – Completed	72.5%	61.3%	82.2%
P3 Non Emergency (<24Hrs) - Attendance	92.5%	95.2%	96.4%
P3 Non Emergency (<72 Hrs) – Completed	71.6%	82.3%	92.7%
P4 Non Emergency (<2 Working Days) - Attendance	86.3%	91.9%	100.0%
P4 Non Emergency (<14 Days) – Completed	81.1%	85.1%	90.4%
P6 Non Emergency (<2 Weeks) - Attendance	91.4%	78.1%	89.5%
P6 Non Emergency (4 Weeks) - Completed	75.9%	78.1%	86.8%
Planned Maintenance Complete	95.6%	99.0%	92.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 211 jobs for the month of June. This is significantly lower than the average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 25 requests followed by Callflex at 8 and HART at 7 requests for reactive works. SLA figures are relatively high with at an overall attendance KPI at 94%, completion KPI is also relatively high at 89%.

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 over a quarter of request with attendance KPI at 96% against a target of 98%. P4 category account for just over a third of requests with attendance KPI at 100% 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 95% for June with a completion of 92%

999 Fleet



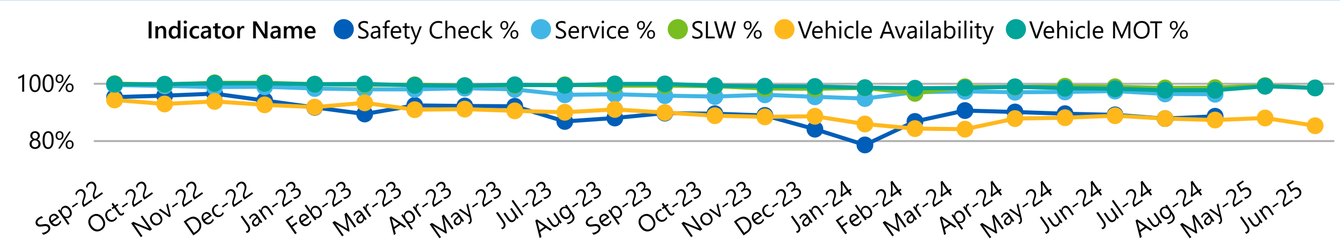
999 Fleet Age

Indicator	Jun-24	May-25	Jun-25
Vehicle age +7	19.0%	95.0%	15.2%
Vehicle age +10	1.1%		0.6%

PTS Age

Indicator	Jun-24	May-25	Jun-25
Vehicle age +7	26.6%	55.0%	15.4%
Vehicle age +10	6.5%		0.5%

PTS Fleet



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.

Glossary - Indicator Descriptions (A&E)

NHS Yorkshire Ambulance Service NHS Trust

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)

NHS Yorkshire Ambulance Service NHS Trust

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)

Yorkshire Ambulance Service NHS Trust

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)

Yorkshire Ambulance Service NHS Trust

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)

Yorkshire Ambulance Service NHS Trust

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)

Yorkshire Ambulance Service NHS Trust

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