Integrated Performance Report

July 2025

Published 22 August 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 - July 25

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:12	(variance)	
999 - Answer 95th Percentile		00:01:24	(variance)	
999 - AHT		00:06:18	(H)	
999 - Calls Ans in 5 sec	95.0%	80.5%	(variance)	(F)
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:50	(variance)	(F)
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:36	(variance)	(P)
999 - C2 Mean (T < 18 Mins)	00:18:00	00:25:28	(variance)	(F)
999 - C2 90th (T < 40 Mins)	00:40:00	00:53:26	(variance)	(F)
999 - C3 Mean (T < 1 Hour)	01:00:00	01:13:13	(variance)	(F)
999 - C3 90th (T < 2 Hour)	02:00:00	02:51:39	(variance)	(F)
999 - C1 Responses > 15 Mins		563	(L)	
999 - C2 Responses > 80 Mins		1,091	(L)	
999 - Job Cycle Time		01:41:05	(L)	
999 - Avg Hospital Turnaround	00:30:00	00:39:37	(L)	(F)
999 - Avg Hospital Handover	00:15:00	00:19:19	(L)	(F)
999 - Avg Hospital Crew Clear	00:15:00	00:20:24	(L)	(F)
999 - Total lost handover time		1,158	(variance)	
999 - Crew clear over 30 mins %		20.1%	(L)	
999 - C1%		12.5%	(L)	
999 - C2%		58.3%	(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 12 seconds for July, an increase from June of 5 seconds. The median remained the same, and the 90th increased by 27 seconds. The 95th increased from 49 seconds in June to 1 minute 24 seconds in July, and the 99th increased from 1 minute 57 seconds to 2 minutes 40 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from June by 4 seconds and the 90th percentile worsened by 11 seconds. The mean performance time for Cat2 improved from June by 1 minute 5 seconds and the 90th percentile improved by 2 minutes 45 seconds. Compared to July of the previous year, the Cat1 mean improved by 2 seconds, the Cat1 90th percentile improved by 14 seconds, the Cat2 mean improved by 2 minutes 30 seconds and the Cat2 90th percentile improved by 8 minutes 32 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 70.8% in July (12.5% Cat1, 58.3% Cat2) after a 1.7 percentage point (pp) decrease compared to June (0.8 pp decrease in Cat1 and 0.9 pp decrease in Cat2). Comparing against July for the previous year, Cat1 proportion decreased by 3.4 pp and Cat2 proportion decreased by 1.1 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in July, with 563 responses over this target. This is 9 (1.6%) more compared to June. The number for last month was 29.0% lower than July 2024.
The number of Cat2 responses greater than 2x 90th percentile target decreased from June by 211 responses (16.2%). This is a 44.8% decrease from July 2024.

Hospital & Job Cycle Time -Last month the average handover time decreased by 32 seconds and overall turnaround time decreased by 2 minutes 8 seconds. The number of conveyances to ED was 1.0% higher than in June.
Overall, the average job cycle time decreased by 1 minute 31 seconds from June.

Demand - On scene response demand was 2.4% below forecasted figures for July. It was 1.9% higher compared to June and 0.3% higher compared to July 2024.

Outcomes - Comparing incident outcome proportions within 999 for July against June, the proportion of hear & treat increased by 0.0 percentage points (pp), see treat & refer increased by 0.1 pp and see treat & convey decreased by 0.1 pp. The proportion of incidents with conveyance to ED decreased by 0.5 pp and the proportion of incidents conveyed to non-ED increased by 0.3 pp.

IUC IPR Key Indicators - July 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		136,092	⚪	
IUC - Answered vs. Last Month %		1.9%		
IUC - Answered vs. Last Year %		-1.0%		
IUC - Calls Triaged		129,919		
IUC - Calls Abandoned %	3.0%	2.1%	⚪	P
IUC - Answer Mean	00:00:20	00:00:27	⚪	F
IUC - Answered in 60 Secs %	90.0%	87.3%	⚪	F
IUC - Answered in 120 secs %	95.0%	91.8%	H	F
IUC - Callback in 1 Hour %	60.0%	47.7%	⚪	F
IUC - ED Validations %	50.0%	77.8%	H	P
IUC - 999 Validations %	95.0%	99.6%	⚪	P
IUC - ED %		17.7%	H	
IUC - ED Outcome to A&E %		74.9%	⚪	
IUC - ED Outcome to UTC %		11.0%	⚪	
IUC - Ambulance %		12.4%	⚪	

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 148,760 calls in July, 1.6% below the annual business plan baseline demand. 136,092 (91.5%) of these were answered, 1.9% above last month and 1.0% 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 87.3% from 85.2% in July. Average speed to answer has decreased by 7 seconds to 27 seconds compared with 34 seconds last month. Abandonment rate decreased to 2.1% from 2.6% last month.

The proportion of clinician call backs made within 1 hour increased to 47.7% from 47.4% last month. This is 12.3% below the national target of 60%. Core clinical advice increased to 25.2% from 24.8% 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 94.9% in July, whilst performance for overall validations was 99.6%, with 13,075 cases validated overall.

ED validation performance increased to 78.4% from 78.1% 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 40.5% from 38.5% last month and ED bookings remained level at 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. We will see ED bookings at 0% until a new booking system is implemented.

PTS IPR Key Indicators - July 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	89.6%		F
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	77.2%	L	F
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	88.9%		F
PTS - Arrive at Appointment Time	90.0%	88.8%		F
PTS - Journeys < 120Mins	90.0%	97.1%	L	P
PTS - Same Month Last Year		-15.3%		
PTS - Increase - Previous Month		4.8%		
PTS - Demand (Journeys)		74,000		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Activity saw a 4.7% increase in July, however this was due to the number of working days and not an impact of Eligibility. Demand levels remain low, 15.3% lower than July 2024. Year to date PTS have operated over 40,000 less journeys than in 2024-25.

Forecast demand fell within threshold (-2.2%), leaving the YTD position 4.3% under the Annual Business Plan.

Eligibility continues to have a positive impact on reducing bookings and journey activity. In July low acuity bookings saw a 58.2% reduction compared to July 2024. Journeys saw a decrease of 47.2%. Eligibility is also having a positive improvement on the volume of escorts travelling on journeys (-23.5%) and the number of aborted journeys (-4.6%).

Call Performance increased for the second month running. 89.6% of calls were answered in 180 seconds, narrowly missing the 90.0% target by 0.4%. Although AHT remains high, call volumes were 17.4% lower than July 2024, meaning that Reservations were able to achieve a higher service level.

July saw 2,138 journeys where a patient travelled alone. This accounted for 3.6% of total delivered journeys, the highest percentage over the past 12 months. 46% of these journeys were for Renal patients.

The number of Private Provider hours worked saw a slight increase in July (c 12,000) compared to the previous two months (c 11,700). In correlation to this, Short Notice Outwards Performance (KPI 4) saw a slight improvement with 77.2% of patients being picked up in 120 minutes.

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

Workforce Summary

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Jul-24	Jun-25	Jul-25
Turnover (FTE) %	10.6%	8.9%	8.8%
Vacancy Rate %	10.4%	5.2%	5.6%
Apprentice %	9.8%	9.9%	9.7%
BME %	7.6%	9.0%	8.9%
Disabled %	8.7%	10.1%	10.2%
Sickness - Total % (T-5%)	6.8%	7.1%	7.4%
PDR / Staff Appraisals % (T-90%)	79.5%	69.0%	70.2%
Essential Learning	92.4%	89.4%	90.1%

Assurance: All data displayed has been checked and verified

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to June 2025, vacancy rate has increased from 5.2% to 5.6% but has significantly improved in comparison to the same month last year (10.4% - July 2024). Turnover remains static at 8.8% with IUC has worsening slightly and, remaining high for IUC at 23.6%, but vacancies improved to 8.5% (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 1.3 percentage points since July 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 7.1% to 7.4%, 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 increased to 70.2% (up from 69% Jun) but down from 79.5% in Jul 24 and below the 90% target. IUC and PTS are the highest performing areas (81.6% & 75.1% respectively) with Other as the lowest at 59.6% (was 56.3% in Jun 25). The Compliance Dashboard is accessible to all Managers, and a new Online Appraisal system has been launched for the Senior Leadership Community for the Apr-Jun appraisal completion window (82.4% compliance 21 Aug).

Essential Learning – the overall compliance rate continues to show an improving trend surpassing the 90% target marginally at 90.1% (89.4% in Jun). EOC, PTS and 'Other' achieved the target at 94.4%, 94.3% & 92.3% respectively. IUC and A&E remain below target at 88.6% and 88.7% with both showing an upward trend. 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.

Great to see Essential Learning back over 90% even if only just. It has been improving over a number of months, and we will keep this trend going. Just need to do the same for appraisals.

Sickness Benchmark for Last Month (Trust)

IUC	EOC	PTS	Trust	A&E	Other
12.7%	8.2%	8.0%	7.4%	7.0%	5.3%

PDR Benchmark for Last Month (Trust)

IUC	PTS	A&E	Trust	EOC	Other
81.6%	75.1%	71.4%	70.2%	69.7%	59.6%

Sickness

Legend: ● Sickness - Long Term ● Sickness - Short Term

(Bar chart covering Jun-23 through Jul-25)

PDR - Target 90%

(Line chart, target 90%)
- Jun-23: 71.4%
- Aug-23: 72.0%
- Oct-23: 73.1%
- Dec-23: 71.1%
- Mar-24: 75.6%
- Jun-24: 80.4%
- Aug-24: 82.7%
- Oct-24: 83.1%
- Dec-24: 82.0%
- Feb-25: 78.4%
- Mar-25: 74.5%
- May-25: 70.1%
- Jul-25: 70.2%
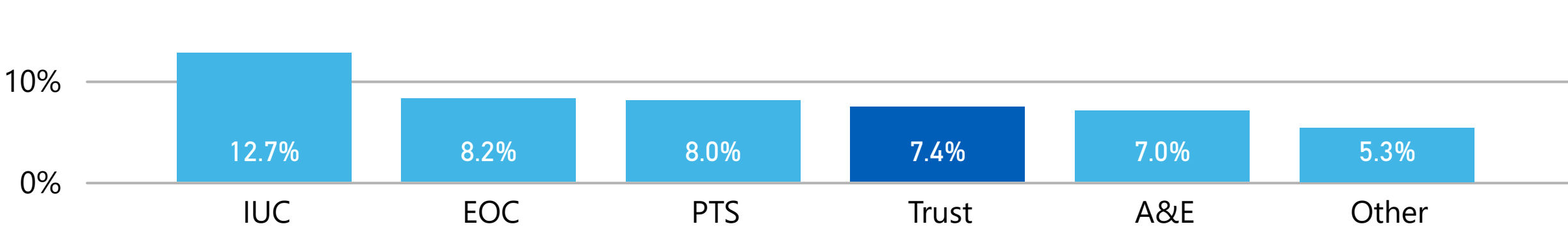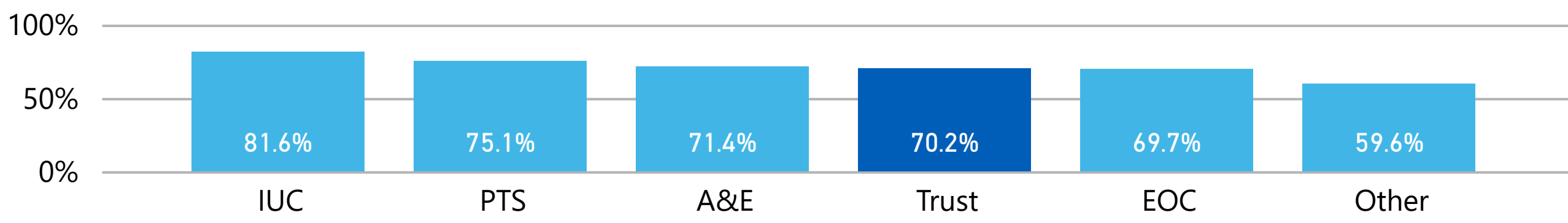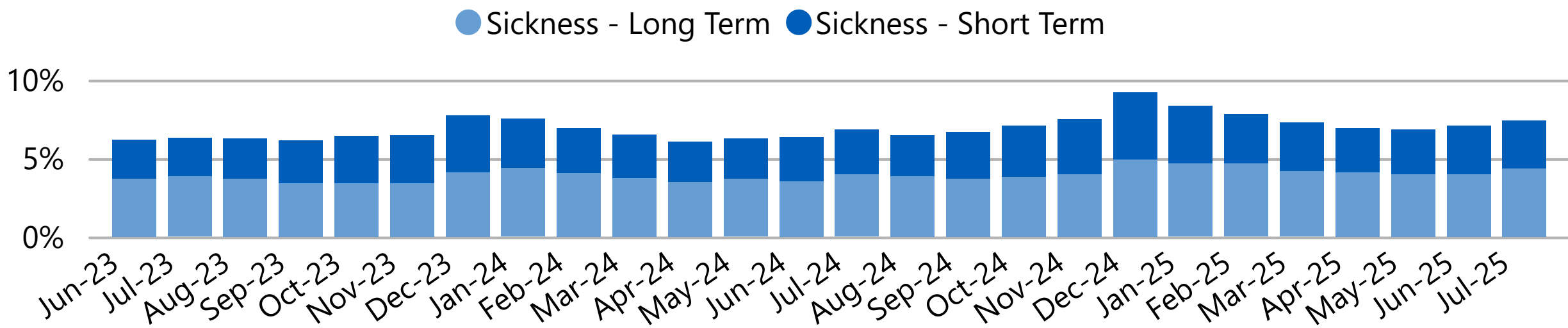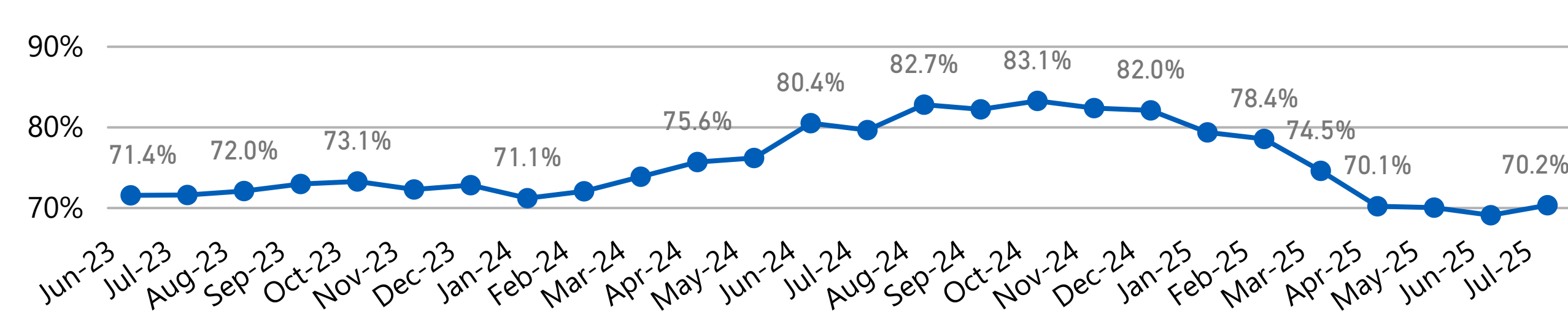
YAS Finance Summary (Director Responsible Kathryn Vause) - July 25

Overview - Unaudited Position

Overall -
The Trust has a month 4 Surplus position of £817k 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 July, 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)	£432	£817	£385
Cash	£50,904	£42,692	-£8,212
Capital	£2,852	£1,590	-£1,262

Monthly View (£000s)

Indicator Name ▼	2025-04	2025-05	2025-06	2025-07
Surplus/ (Deficit)	-£24	£191	£209	£441
Cash	£44,480	£42,692	£41,487	£42,707
Capital	£1,566	£148	£1,029	-£1,153

Patient Demand Summary

Demand Summary

Indicator	Jul-24	Jun-25	Jul-25
999 - Incidents (HT+STR+STC)	76,617	74,235	75,637
999 - Calls Answered	90,283	70,683	72,741
IUC - Calls Answered	137,413	133,495	136,092
IUC - Calls Answered vs. Ceiling %	-13.1%	-15.1%	-11.7%
PTS - Demand (Journeys)	87,402	70,645	74,000
PTS - Increase - Previous Month	10.2%	-3.3%	4.8%
PTS - Same Month Last Year	16.8%	-10.9%	-15.3%
PTS - Calls Answered	42,918	35,443	35,751

Commentary

999 - On scene response demand was 2.4% below forecasted figures for July. It was 1.9% higher compared to June and 0.3% higher compared to July 2024.

IUC - YAS received 148,760 calls in July, 1.6% below the annual business plan baseline demand. 136,092 (91.5%) of these were answered, 1.9% above last month and 1.0% below the same month last year.

PTS - PTS Activity saw a 4.7% increase in July, however this was due to the number of working days and not an impact of Eligibility. Demand levels remain low, 15.3% lower than July 2024. Year to date PTS have operated over 40,000 less journeys than in 2024-25.

Overall Calls and Demand

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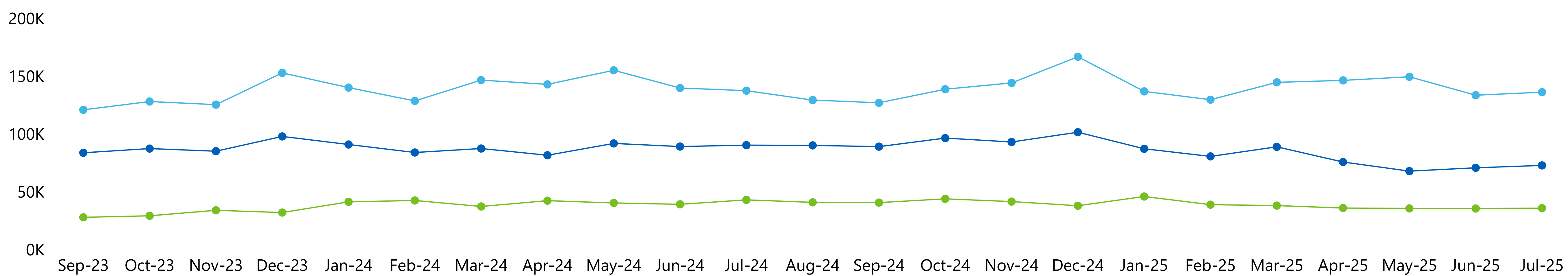
999 and IUC Historic Demand

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

999 Historic Call Demand

- - - Calls Forecast ——— Calls Offered ——— Calls Abandoned

IUC Historic Demand

- - - Calls Forecast ——— Calls Offered ——— Calls Abandoned
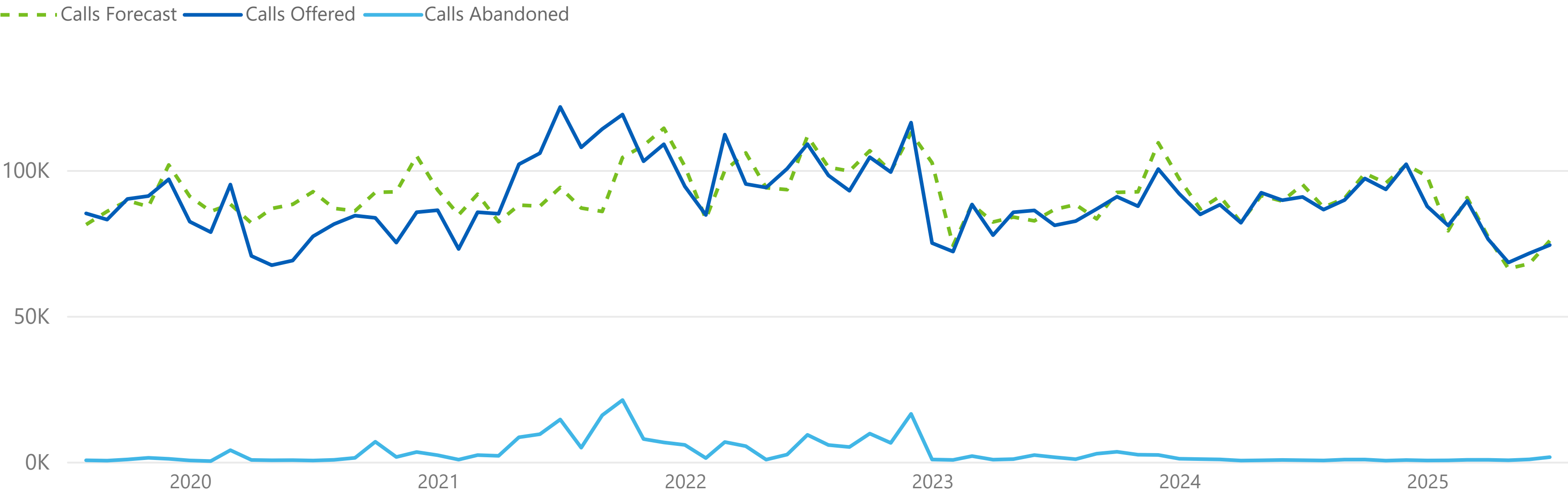
999

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 July 2025, there were 74,281 calls offered which was 1.9% below forecast, with 72,741 calls answered and 1,540 calls abandoned (2.1%). There were 3.9% more calls offered compared with the previous month and 18.2% 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 97.2% increase in abandoned calls compared with the previous month.

IUC
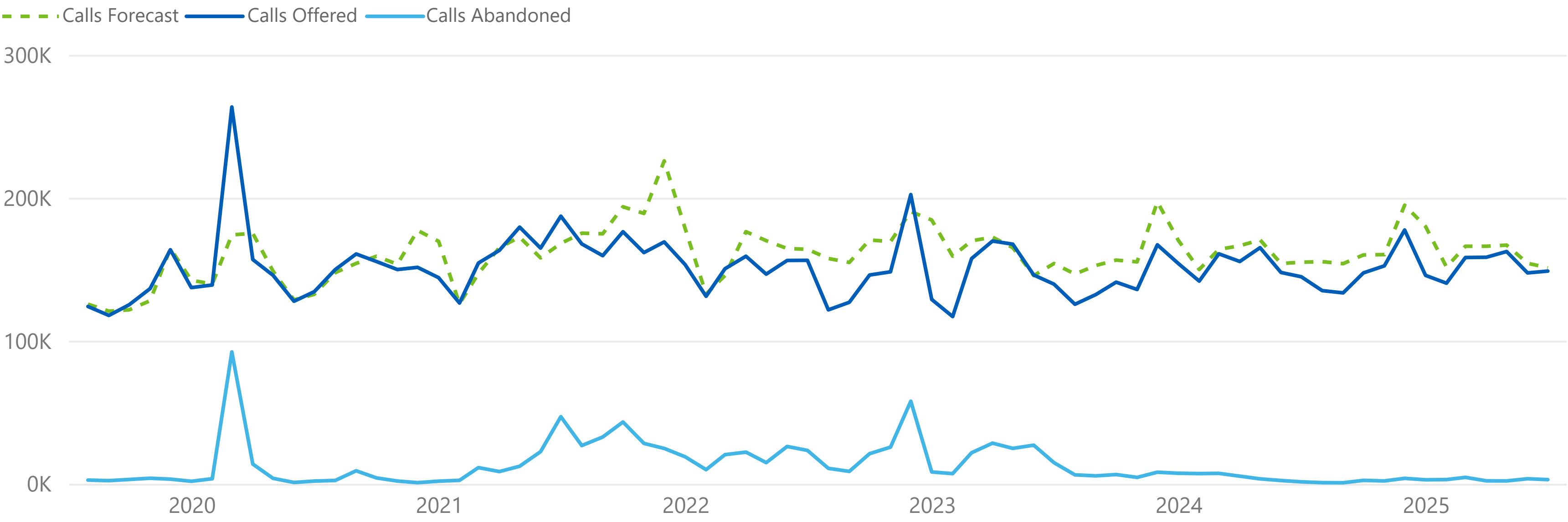
YAS received 148,760 calls in July, 1.6% below the annual business plan baseline demand. 136,092 (91.5%) of these were answered, 1.9% above last month and 1.0% below the same month last year.

Calls abandoned decreased to 2.1% from 2.6% last month and was 1.1% above last year.

Patient Outcomes Summary

NHS Yorkshire Ambulance Service NHS Trust

Outcomes Summary

ShortName	Jul-24	Jun-25	Jul-25
999 - Incidents (HT+STR+STC)	76,617	74,235	75,637
999 - Hear & Treat %	15.2%	13.8%	13.8%
999 - See, Treat & Refer %	25.6%	27.2%	27.3%
999 - See, Treat & Convey %	59.2%	59.0%	58.8%
999 - Conveyance to ED %	52.5%	52.3%	51.9%
999 - Conveyance to Non ED %	6.7%	6.6%	7.0%
IUC - Calls Triaged	134,357	128,032	129,919
IUC - ED %	15.6%	17.4%	17.7%
IUC - Ambulance %	13.3%	12.3%	12.4%
IUC - Selfcare %	4.4%	4.1%	4.1%
IUC - Other Outcome %	15.0%	15.7%	15.4%
IUC - Primary Care %	51.1%	42.8%	42.9%
PTS - Demand (Journeys)	87,402	70,645	74,000

999 Outcomes

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

IUC Outcomes

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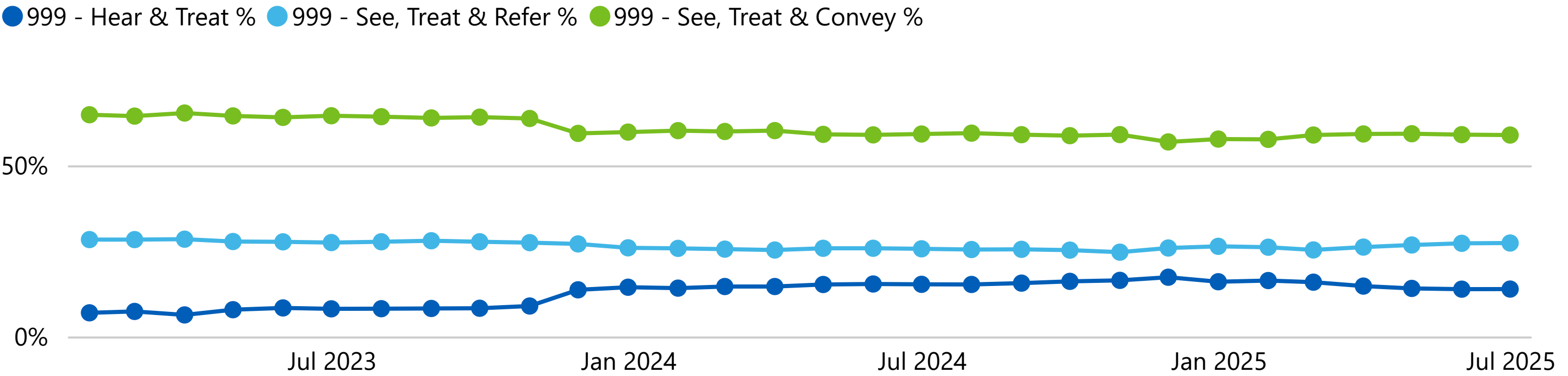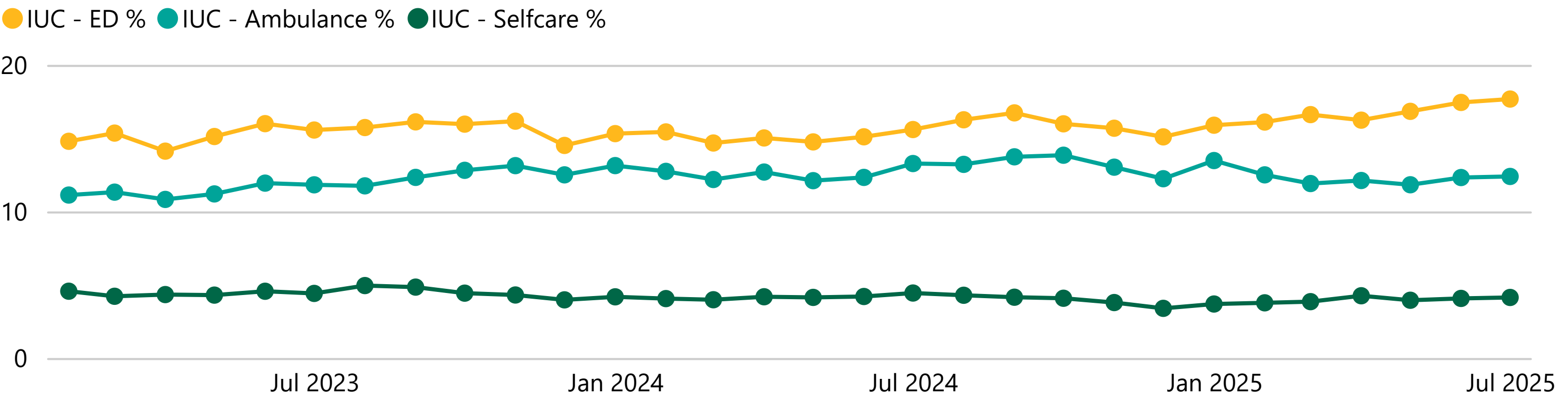
Commentary

999 - Comparing incident outcome proportions within 999 for July against June, the proportion of hear & treat increased by 0.0 percentage points (pp), see treat & refer increased by 0.1 pp and see treat & convey decreased by 0.1 pp. The proportion of incidents with conveyance to ED decreased by 0.5 pp and the proportion of incidents conveyed to non-ED increased by 0.3 pp.

IUC - The proportion of callers given an Ambulance outcome was 12.4%, with Primary Care outcomes at 52.7%. The proportion of callers given an ED outcome was 16.9%. 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)

NHS
Yorkshire
Ambulance Service
NHS Trust

Patient Relations

| Indicator	Jul-24	Jun-25	Jul-25
Service to Service	113	89	167
Concern	57	35	29
Compliment	108	91	96
Complaint	74	61	67
Total	**113**	**91**	**167**

Complaint

Compliment
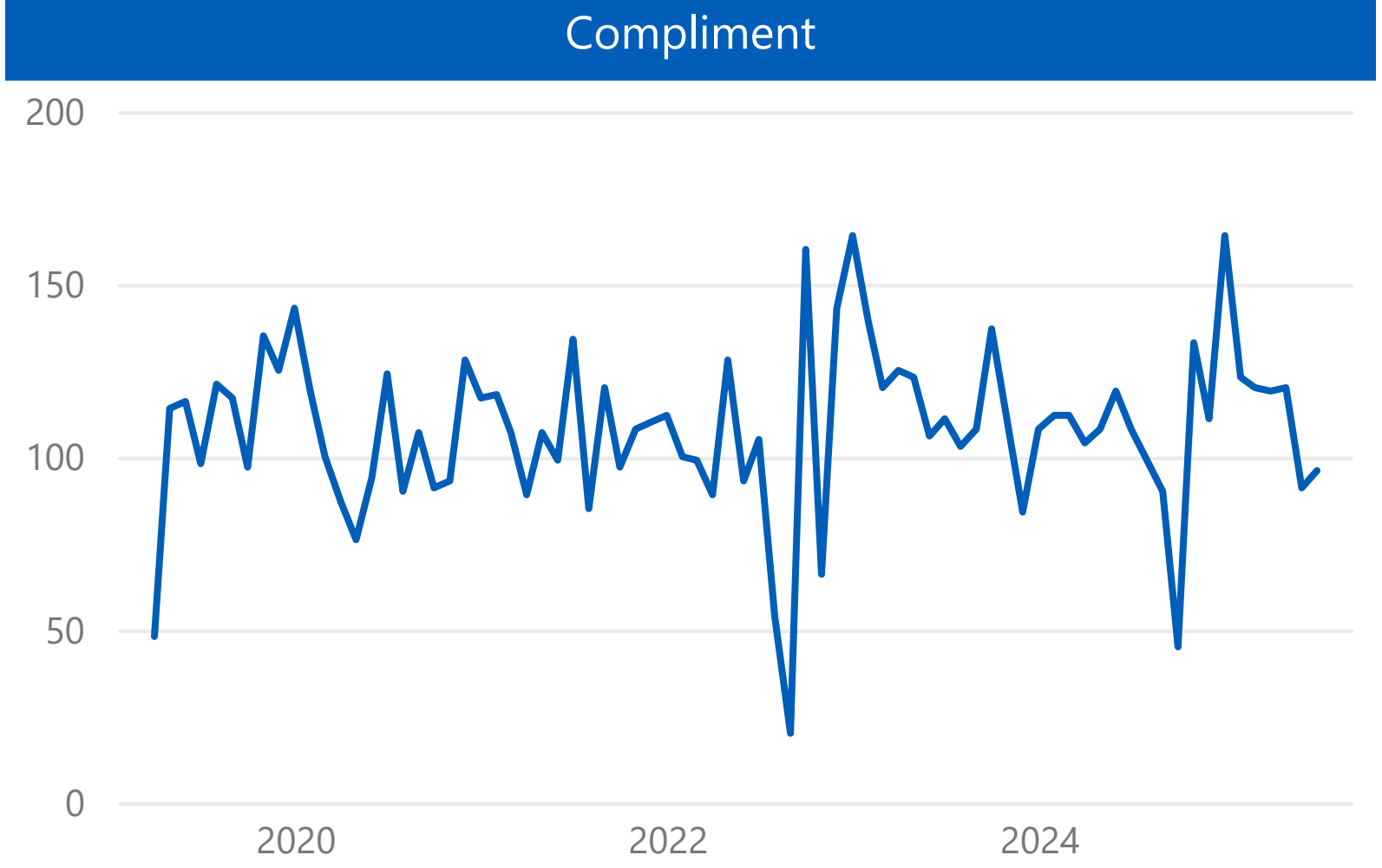
YAS Comments

Service-to-service comparisons indicate a decrease to 95 from 113 at the same time last year. Concerns have significantly declined, dropping from 57 last year to 35 last month and further to 20 in July. The most notable reduction was observed in PTS, primarily attributable to the adoption of local resolution; Humber and North Yorkshire have implemented this strategy, resulting in a modest decline in concerns. With West Yorkshire and IUC set to introduce local resolution from September, further decreases in concerns are anticipated across these services.

Complaints have also decreased, moving from 74 at this point last year to 61 last month and reaching 46 in July. The largest decrease occurred in A&E, while EOC experienced a slight increase in complaints, possibly due to the introduction of Pathways; these figures are expected to stabilise over time. IUC saw a peak in complaints during June, which subsequently fell again in July.

Concern

Service to Service

Patient Safety - Quality (Director Responsible - Dave Green)

NHS Yorkshire Ambulance Service NHS Trust
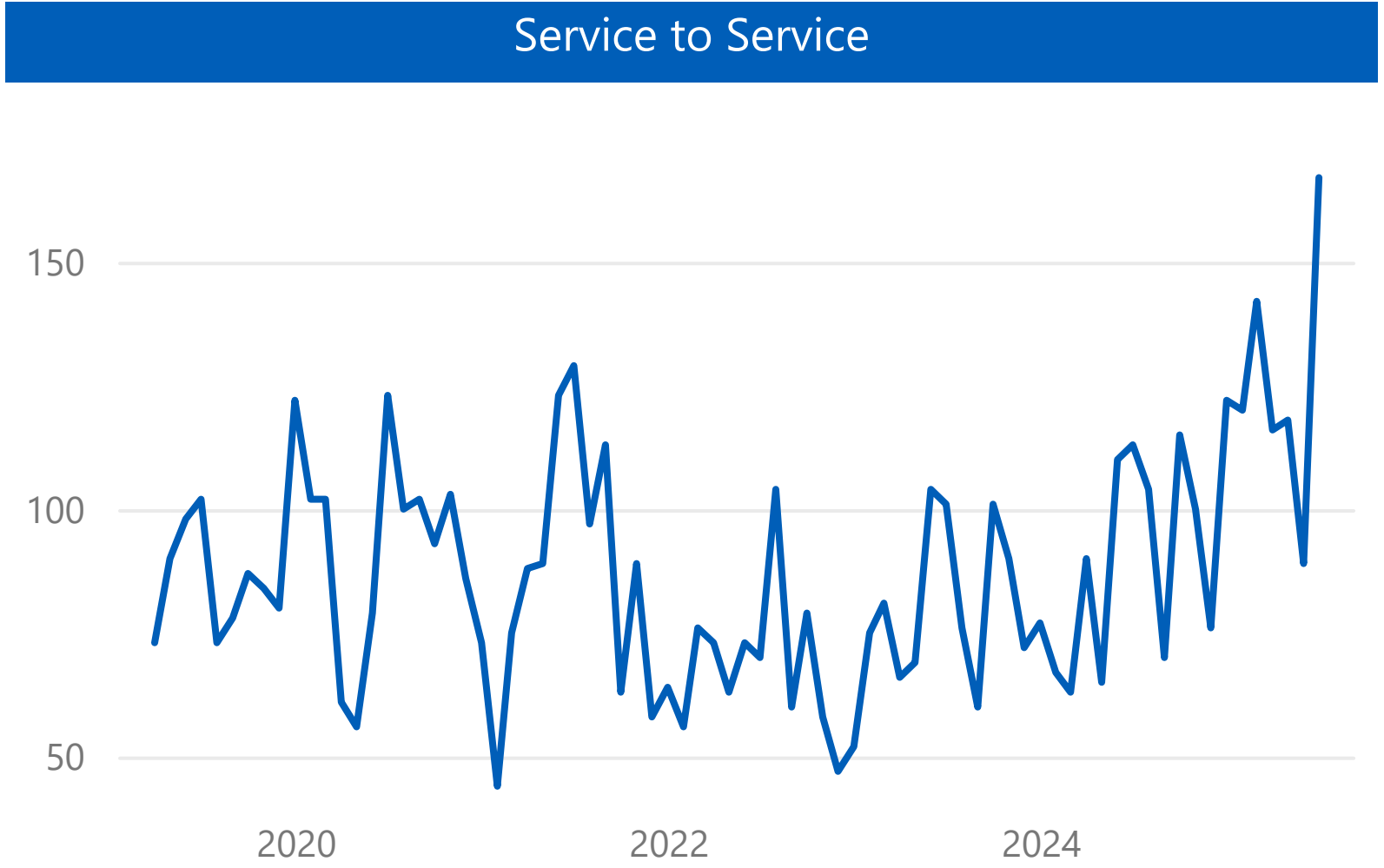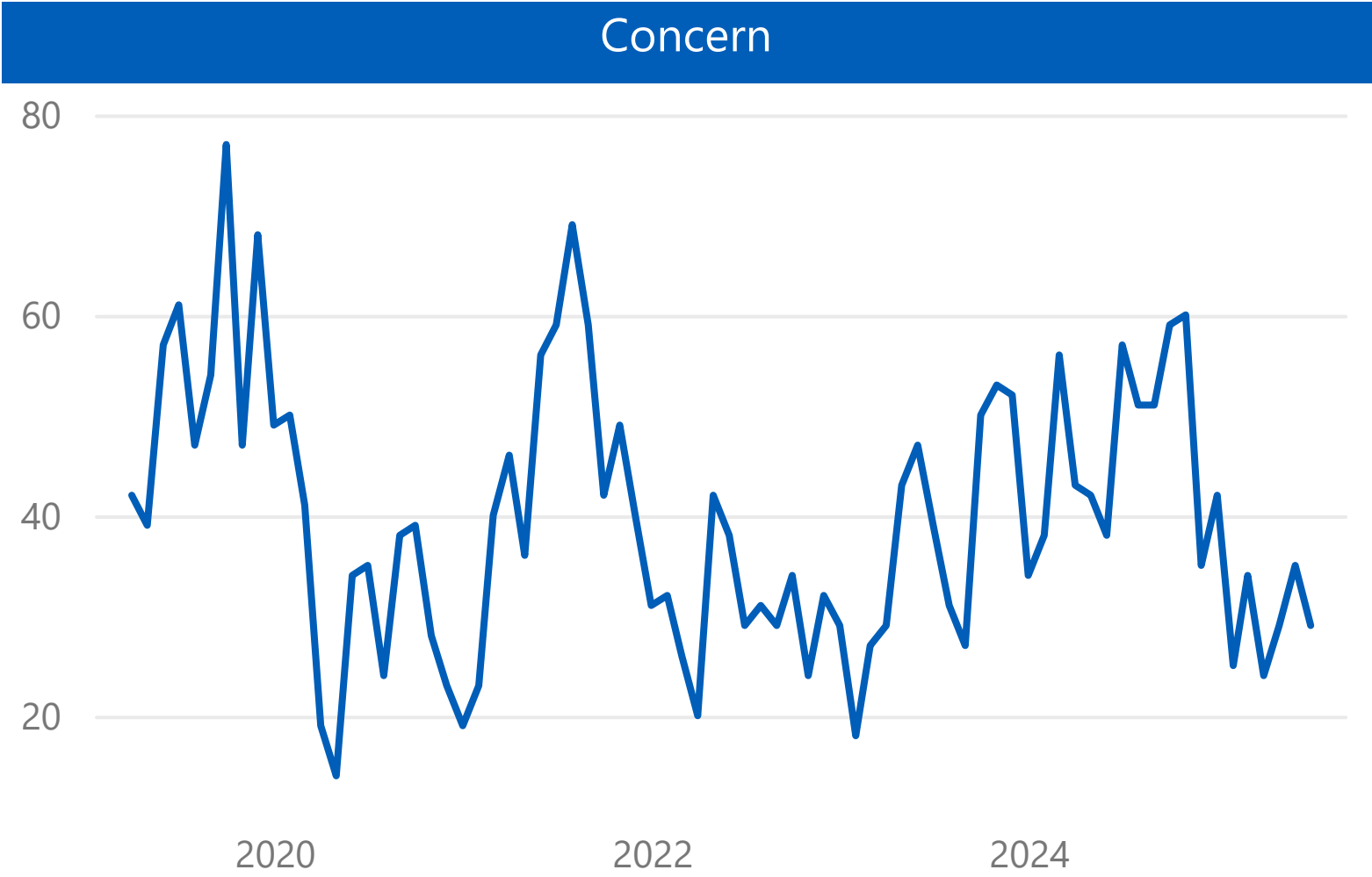
Incidents

Indicator	Jul-24	Jun-25	Jul-25
All Incidents Reported	895	990	1,007
Number of duty of candour contacts	5	17	10
Number of RIDDORs Submitted	6	7	6
Patient Safety Indicator Incident Investigation	1	1	1

▲	May 24	Apr 25	May 25
Moderate & Above Harm (verified)	29	11	16
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	6	2	2

Hygeine

Indicator	Jul-24	Jun-25	Jul-25
% Compliance with Hand Hygiene	98.5%	98.8%	97.9%
% Compliance with Premise	99.3%	99.9%	97.6%
% Compliance with Vehicle	97.8%	99.2%	99.4%

Incidents - Verified Moderate and Above Harm

● YAS

Feb 23: 40, Mar 23: 30, Apr 23: 33, May 23: 24, Jun 23: 36, Jul 23: 33, Aug 23: 34, Sep 23: 27, Oct 23: 28, Nov 23: 36, Dec 23: 33, Jan 24: 25, Feb 24: 21, Mar 24: 25, Apr 24: 19, May 24: 29, Jun 24: 16, Jul 24: 18, Aug 24: 17, Sep 24: 23, Oct 24: 23, Nov 24: 17, Dec 24: 29, Jan 25: 29, Feb 25: 25, Mar 25: 17, Apr 25, May 25: 16
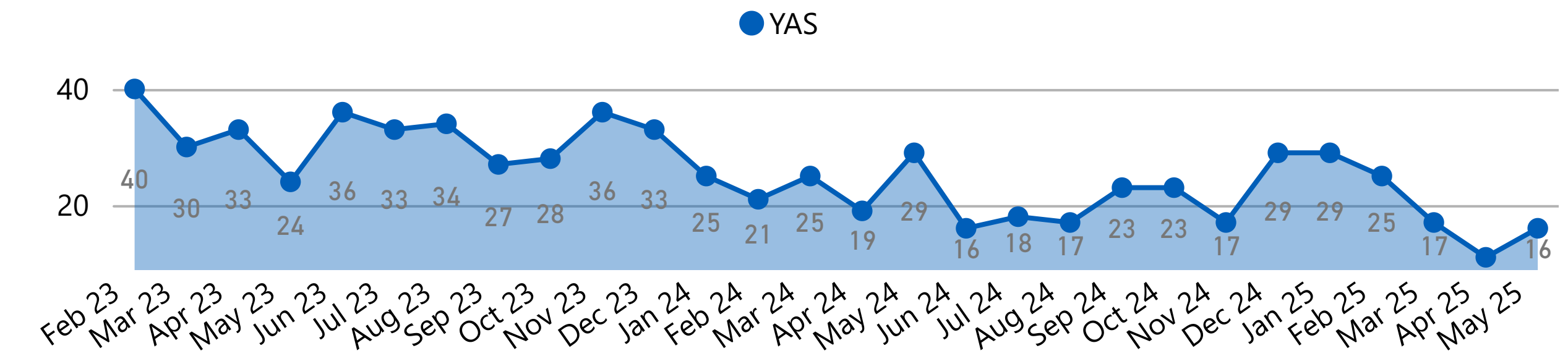
Safeguarding

Indicator	Jul-24	Jun-25	Jul-25
Rapid Review		3	3
Child Safeguarding Practice Review			5
Domestic Homicide Review (DHR)		3	
Safeguarding Adult Review (SAR)	9	16	20
Child Death	19	15	13

A&E Long Responses

Indicator	Jul-24	Jun-25	Jul-25
999 - C1 Responses > 15 Mins	793	554	563
999 - C2 Responses > 80 Mins	1,977	1,302	1,091

YAS Comments

Domestic Homicide Reviews (DHR) – 0 request for information in relation to a DHR was received this month.

Safeguarding Adult Review (SAR) – 20 requests for information in relation to SAR's were received this month.

Child Safeguarding Practice Review (CSPR) - 5 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 13 children who died this month.

Patient Clinical Effectiveness

NHS Yorkshire Ambulance Service NHS Trust

Cardiac Arrest

No. Cardiac Arrests Apr-25	Bystander CPR Apr-25	ROSC Apr-25	ROSC Care Bundle Apr-25	Survival to Discharge Apr-25	Cardiac Survivors Apr-25
303	63.4%	31.4%	50.0%	6.3%	19

Stroke

No. of Patients Apr-25	Avg Call to Door Minutes Apr-25
280	88

Heart Attack

No. of Patients Apr-25	Avg Call to Door Minutes Apr-25	Care Bundle Compliance Apr-25
199	92	49.0%

Recontacts

Total Calls % Jul-25	STR % Jul-25	STC % Jul-25
9.5%	12.5%	5.2%

Cardiac Arrest -In April, YAS continued or commenced resuscitation for 303 patients following a cardiac arrest. Bystander CPR was provided for 63.4% of patients, and ROSC was achieved for 31.4%. Care bundle compliance dipped to 50%, and 19 patients (6.3%) survived to discharge. Month-to-month variation in cardiac arrest outcomes is common, and similar fluctuations are reported nationally across other ambulance trusts. Nonetheless, sustained focus on high-quality pre-hospital interventions and post-ROSC care remains essential to good outcomes and driving improvement.

Heart attack - 199 STEMI patients were recorded in April. Care bundle compliance fell to 49% across the Trust, down from a previous improvement to 65%. This decline is most strongly associated with the non- administration or incomplete recording of analgesia. To address this, the clinical informatics and audit team are leading a large-scale pain management project to improve both practice and documentation across STEMI and wider patient groups. Average call to door time remains at 92 minutes. Strengthening documentation and ensuring accurate recording of analgesia provision will be critical to improvement.

Stroke: The number of stroke patients reduced to 280 in April. Average call to door time was stable at 88 minutes, indicating consistent performance despite fluctuations in patient volumes. While fewer patients presented, timely access to stroke care continues to be a central focus given its direct impact on outcomes.

Recontacts- July data shows recontacts accounted for 9.5% of total patients, with STR at 12.5% and STC at 5.2%. Work is underway within YAS through the Clinical Response Model Groups and Pathways Steering Group to better understand avoidable conveyance and reduce recontacts. The national recontact audit has also prompted a wider local analysis, with intelligence due in September to provide greater clarity on the patient groups most affected.

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	Jul-24	Jun-25	Jul-25
P1 Emergency (<2Hrs) – Attendance	80.0%		100.0%
P1 Emergency (<24 Hrs) - Completed	60.0%		100.0%
P2 Emergency (<4 Hrs) - Attendance	82.5%	86.7%	86.4%
P2 Emergency (<24 Hrs) – Completed	50.9%	82.2%	86.4%
P3 Non Emergency (<24Hrs) - Attendance	87.8%	96.4%	100.0%
P3 Non Emergency (<72 Hrs) – Completed	57.1%	92.7%	92.9%
P4 Non Emergency (<2 Working Days) - Attendance	88.2%	100.0%	97.8%
P4 Non Emergency (<14 Days) – Completed	75.3%	90.4%	94.4%
P6 Non Emergency (<2 Weeks) - Attendance	77.7%	89.5%	97.4%
P6 Non Emergency (4 Weeks) - Completed	51.8%	86.8%	89.7%
Planned Maintenance Complete	85.0%	92.0%	95.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 243 jobs for the month of July. This is lower than the average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 29 requests followed by Callflex and Beverley at 9 requests for reactive works. SLA figures are relatively high with at an overall attendance KPI at 96% however, completion KPI average at 91%.

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 100% against a target of 98%. P4 category account for just over a third of requests with attendance KPI at 98% 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 July with a completion of 95%.

999 Fleet
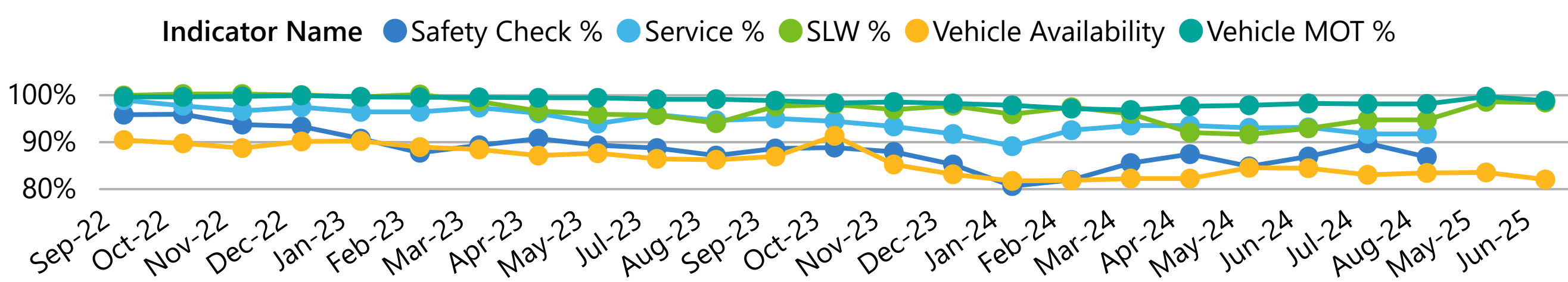
999 Fleet Age

Indicator	Jul-24	Jun-25	Jul-25
Vehicle age +7	19.6%	15.2%	15.2%
Vehicle age +10	1.1%	0.6%	0.6%

PTS Age

Indicator	Jul-24	Jun-25	Jul-25
Vehicle age +7	26.3%	15.4%	15.2%
Vehicle age +10	5.3%	0.5%	0.8%

Fleet Comments

Due to an issue with the system, the safety check and service figures for this month will be delayed.

PTS Fleet
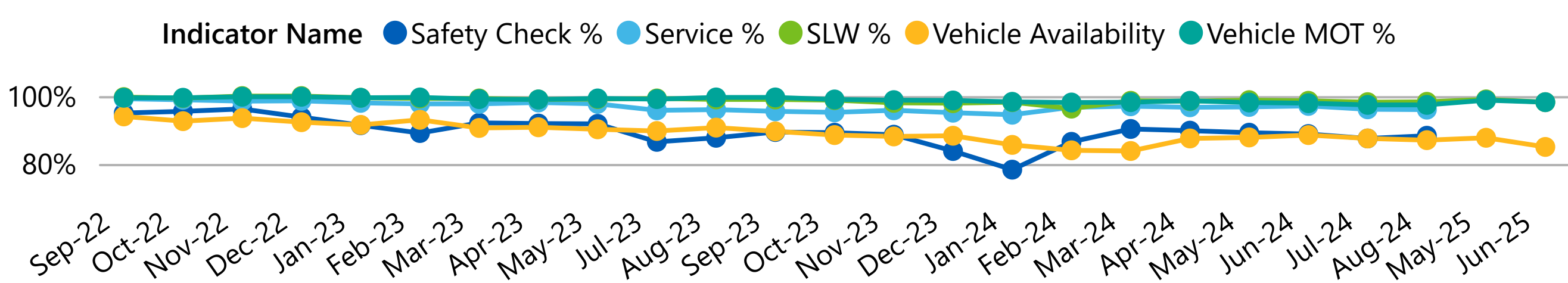
Glossary - Indicator Descriptions (A&E)

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)

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
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)

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