NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

August 2025

Published 22 September 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 - August 25

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:09		
999 - Answer 95th Percentile		00:01:11		
999 - AHT		00:06:31	H	
999 - Calls Ans in 5 sec	95.0%	83.9%		F
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:44		F
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:23		P
999 - C2 Mean (T < 18 Mins)	00:18:00	00:24:12		F
999 - C2 90th (T < 40 Mins)	00:40:00	00:50:53		F
999 - C3 Mean (T < 1 Hour)	01:00:00	01:11:22		F
999 - C3 90th (T < 2 Hour)	02:00:00	02:42:58		F
999 - C1 Responses > 15 Mins		537	L	
999 - C2 Responses > 80 Mins		858	L	
999 - Job Cycle Time		01:40:29	L	
999 - Avg Hospital Turnaround	00:30:00	00:38:33	L	F
999 - Avg Hospital Handover	00:15:00	00:17:48	L	F
999 - Avg Hospital Crew Clear	00:15:00	00:20:49		F
999 - Total lost handover time		905		
999 - Crew clear over 30 mins %		20.6%		
999 - C1%		12.1%	L	
999 - C2%		58.1%	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 9 seconds for August, a decrease from July of 3 seconds. The median remained the same, and the 90th decreased by 12 seconds. The 95th decreased from 1 minute 24 seconds in July to 1 minute 11 seconds in August, and the 99th decreased from 2 minute 40 seconds to 2 minutes 23 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 improved from July by 6 seconds and the 90th percentile improved by 14 seconds. The mean performance time for Cat2 improved from July by 1 minute 16 seconds and the 90th percentile improved by 2 minutes 33 seconds. Compared to August of the previous year, the Cat1 mean worsened by , the Cat1 90th percentile improved by 7 seconds, the Cat2 mean improved by 1 minute 59 seconds and the Cat2 90th percentile improved by 7 minutes 9 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 70.2% in August (12.1% Cat1, 58.1% Cat2) after a 0.6 percentage point (pp) decrease compared to July (0.4 pp decrease in Cat1 and 0.1 pp decrease in Cat2). Comparing against August for the previous year, Cat1 proportion decreased by 3.1 pp and Cat2 proportion decreased by 1.2 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in August, with 537 responses over this target. This is 26 (4.6%) less compared to July. The number for last month was 16.9% lower than August 2024. The number of Cat2 responses greater than 2x 90th percentile target decreased from July by 233 responses (21.4%). This is a 43.9% decrease from August 2024.

Hospital & Job Cycle Time -Last month the average handover time decreased by 1 minute 31 seconds and overall turnaround time decreased by 1 minute 4 seconds. The number of conveyances to ED was 1.2% lower than in July. Overall, the average job cycle time decreased by 36 seconds from July.

Demand - On scene response demand was 1.7% above forecasted figures for August. It was 1.8% lower compared to July and 3.6% higher compared to August 2024. All response demand (HT + STR + STC) was 2.2% lower than July.

Outcomes - Comparing incident outcome proportions within 999 for August against July, the proportion of hear & treat decreased by 0.3 percentage points (pp), see treat & refer increased by 0.2 pp and see treat & convey increased by 0.1 pp. The proportion of incidents with conveyance to ED increased by 0.5 pp and the proportion of incidents conveyed to non-ED decreased by 0.4 pp.

IUC IPR Key Indicators - August 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		138,362		
IUC - Answered vs. Last Month %		1.7%		
IUC - Answered vs. Last Year %		7.1%		
IUC - Calls Triaged		131,615		
IUC - Calls Abandoned %	3.0%	1.7%		P
IUC - Answer Mean	00:00:20	00:00:21		F
IUC - Answered in 60 Secs %	90.0%	90.0%		F
IUC - Answered in 120 secs %	95.0%	94.0%	H	F
IUC - Callback in 1 Hour %	60.0%	47.1%		F
IUC - ED Validations %	50.0%	70.4%	H	P
IUC - 999 Validations %	95.0%	99.8%		P
IUC - ED %		17.1%	H	
IUC - ED Outcome to A&E %		74.2%		
IUC - ED Outcome to UTC %		11.6%		
IUC - Ambulance %		11.9%	L	

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 148,372 calls in August, 6.6% above the annual business plan baseline demand. 138,362 (93.3%) of these were answered, 1.7% above last month and 7.1% above 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 90.0% from 87.3% in August. Average speed to answer has decreased by 6 seconds to 21 seconds compared with 27 seconds last month. Abandonment rate decreased to 1.7% from 2.1% last month.

The proportion of clinician call backs made within 1 hour decreased to 47.1% from 47.7% last month. This is 12.9% below the national target of 60%. Core clinical advice decreased to 24.2% from 25.2% 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 91.5% in August, whilst performance for overall validations was 99.8%, with 12,824 cases validated overall.

ED validation performance decreased to 70.4% from 77.8% 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 39.4% from 37.6% last month and ED bookings remained level at 0.3%. 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 - August 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	84.6%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	81.5%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	90.8%		
PTS - Arrive at Appointment Time	90.0%	90.7%		
PTS - Journeys < 120Mins	90.0%	97.2%		
PTS - Same Month Last Year		-21.1%		
PTS - Increase - Previous Month		-13.4%		
PTS - Demand (Journeys)		64,067		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

August saw the lowest PTS Total Activity since January 2022. 64,067 journeys were operated including aborts and escorts. Compared to July, demand was 13.4% lower, and 21.1% lower than the same period the previous year. It is important to note that August had one less working day than in 2024 and consisted of a Bank Holiday. However, the Eligibility Programme continues to have a positive impacting on reducing activity.

Forecast demand was out of threshold with a variance of -13.6%. This has changed the YTD position to -6.2%.

Eligibility saw the largest reductions in bookings and journeys so far since the programme started.Low acuity bookings saw a reduction of 63.8% compared to August 24, and journeys reducing by 54.2%. Positive improvements to the volume of Aborts (-28.2%) and Escorts (-33.9%) was also seen in August.

Call Performance was above 80.0% for the third month running. 84.6% of calls were answered in 180 seconds, falling short of target by 5.4%.In correlation to low journey activity, Reservations also saw the lowest call demand so far this financial year with c 33,000 calls received. This reduced the FTE requirement by 2.6 compared to July.

August saw 2,032 Must Travel Alone journeys, which accounted for 3.9% of total delivered journeys – the highest percent over the past 12 months. 48% of these journeys were for Renal patients. With august seeing lower activity the MTA % appears higher due to essential patients requiring travel.

Short Notice Outwards Performance was above 80.0% for the first time this financial year. 81.5% of patients were picked up in 120 minutes. The number of Private Provider hours worked saw a 9.9% reduction compared to July, the Bank Holiday contributed to this.

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

Workforce Summary

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

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Aug-24	Jul-25	Aug-25
Turnover (FTE) %	10.4%	8.8%	8.4%
Vacancy Rate %	10.3%	5.6%	5.7%
Apprentice %	9.6%	9.7%	9.6%
BME %	7.7%	8.9%	8.9%
Disabled %	8.8%	10.2%	10.3%
Sickness - Total % (T-5%)	6.5%	7.4%	7.2%
PDR / Staff Appraisals % (T-90%)	82.7%	70.2%	71.6%
Essential Learning	92.8%	90.1%	89.7%

Assurance: All data displayed has been checked and verified

YAS Commentary

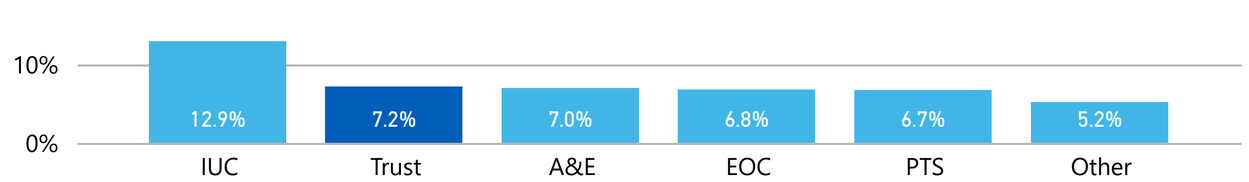
FTE, Turnover, Vacancies and BME – The vacancy rate remains stable, although there is a slight deterioration by 0.1%, compared with July 2025. In comparison to the same month last year (August 2024) the vacancy rate has improved by 4.6 percentage points. Turnover for IUC has remained high at 23.0%, but vacancies decreased to 7.8% (Note: IUC figures are for those employed staff leaving the Trust only). The numbers of BME and staff living with disabilities continues to improve i.e. BME has remained steady 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 improved slightly, decreasing from 7.4% to 7.2%, from the previous month. A sub-group of the Organisational Efficiency Group continues to progress the 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. Further work is commencing to understand any correlation between absence and staff morale. The People & Culture Group receives updates on this work.

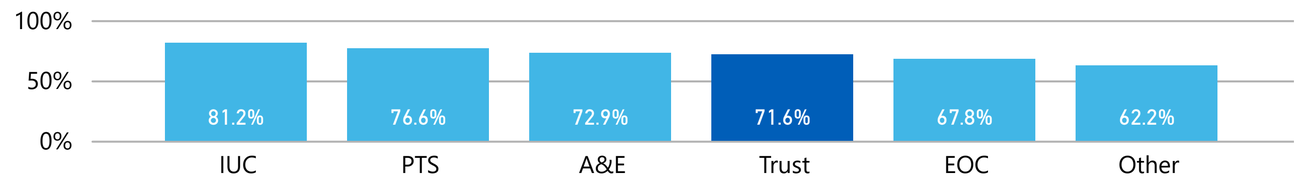
PDR / Appraisals –The overall compliance rate is showing an upward trend at 71.6% from 70.2% in July. IUC and PTS are the highest performing areas (81.2% & 76.6% respectively) with 'Other' as the lowest at 62.2% (was 75.1% in Aug 25). The Compliance Dashboard is accessible to all managers, and the new Online Appraisal system fully implemented for all staff.

Essential Learning – The overall compliance rate has dipped below the 90% target at 89.7% from 90.1% last month. A&E, IUC and PTS all continue to show a steady upward trend of compliance with PTS having the highest compliance rate of 94.8%. EOC and 'Other' have both seen a drop in compliance for Aug; EOC at 88% from 94.4% last month, Other at 90% from 92.3%. 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.

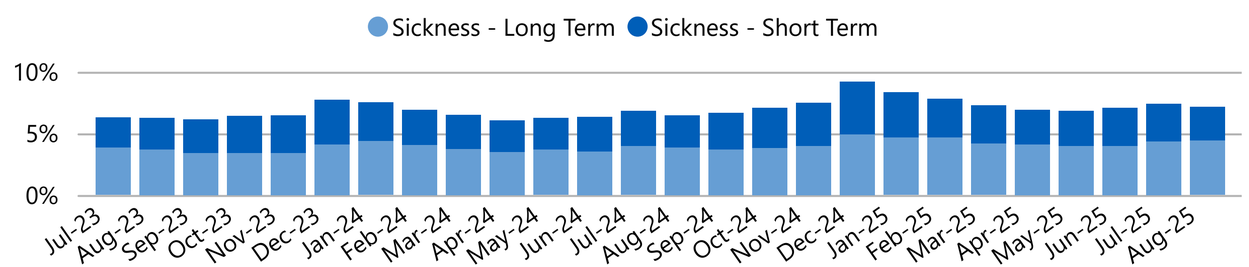
Sickness Benchmark for Last Month (Trust)



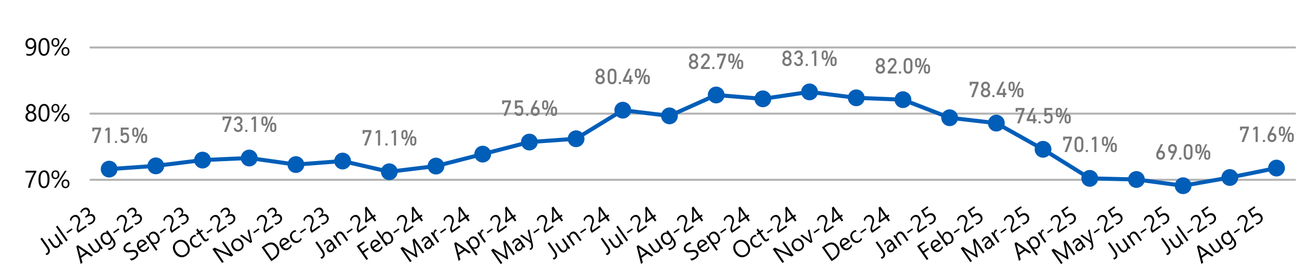
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

Overall -
The Trust has a month 5 Surplus position of £1,364k as shown below. 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 August, the Trust had £53.2m 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)	£666	£1,364	£698
Cash	£50,824	£42,692	-£8,132
Capital	£3,272	£1,888	-£1,384

Monthly View (£000s)

Indicator Name	2025-04	2025-05	2025-06	2025-07	2025-08
Surplus/ (Deficit)	-£24	£191	£209	£441	£547
Cash	£44,480	£42,692	£41,487	£42,707	£53,196
Capital	£1,566	£148	£1,029	-£1,153	£298

Patient Demand Summary

Demand Summary

Indicator	Aug-24	Jul-25	Aug-25
999 - Incidents (HT+STR+STC)	72,840	75,637	73,988
999 - Calls Answered	90,059	72,741	74,018
IUC - Calls Answered	129,249	136,092	138,362
IUC - Calls Answered vs. Ceiling %	-18.4%	-11.7%	-2.5%
PTS - Demand (Journeys)	81,244	74,000	64,067
PTS - Increase - Previous Month	-7.0%	4.8%	-13.4%
PTS - Same Month Last Year	5.2%	-15.3%	-21.1%
PTS - Calls Answered	40,769	35,751	30,872

Commentary

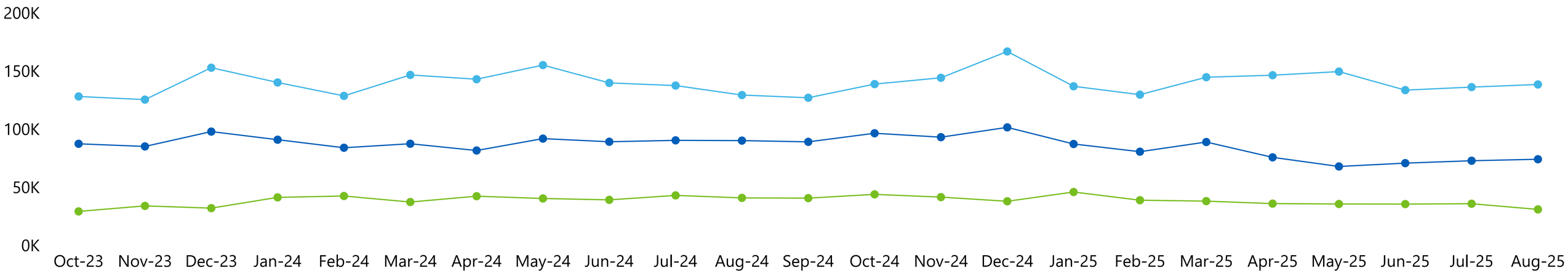
999 - On scene response demand was 1.7% above forecasted figures for August. It was 1.8% lower compared to July and 3.6% higher compared to August 2024. All response demand (HT + STR + STC) was 2.2% lower than July.

IUC - YAS received 148,372 calls in August, 6.6% above the annual business plan baseline demand. 138,362 (93.3%) of these were answered, 1.7% above last month and 7.1% above the same month last year.

PTS - August saw the lowest PTS Total Activity since January 2022. 64,067 journeys were operated including aborts and escorts. Compared to July, demand was 13.4% lower, and 21.1% lower than the same period the previous year.

Overall Calls and Demand

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

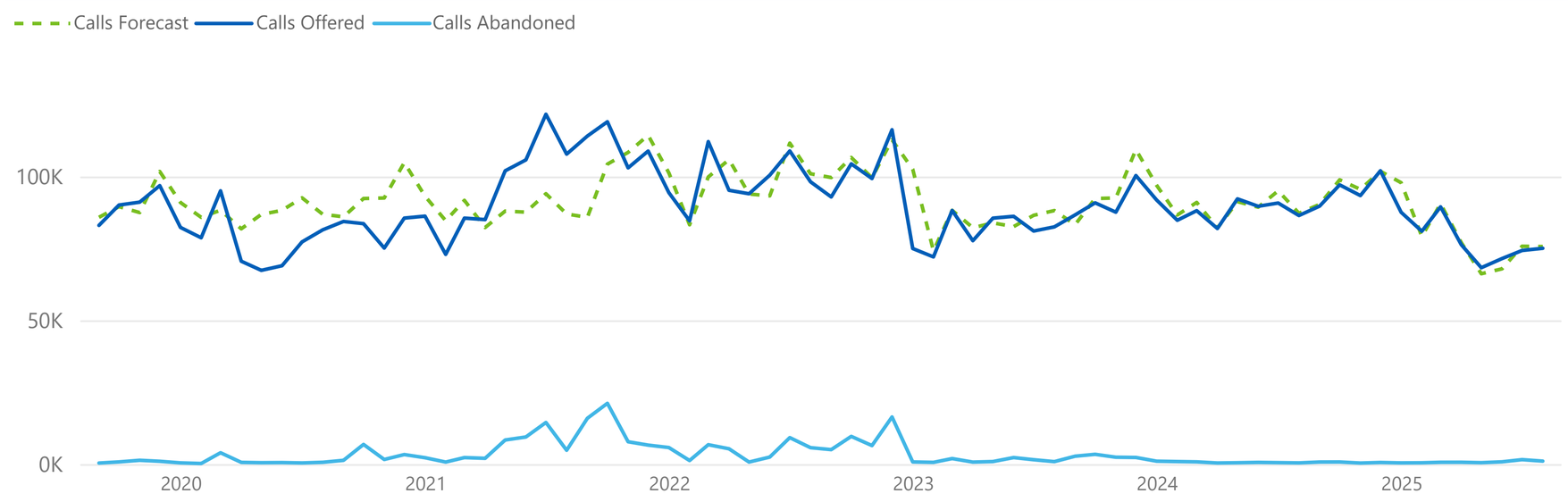


999 and IUC Historic Demand

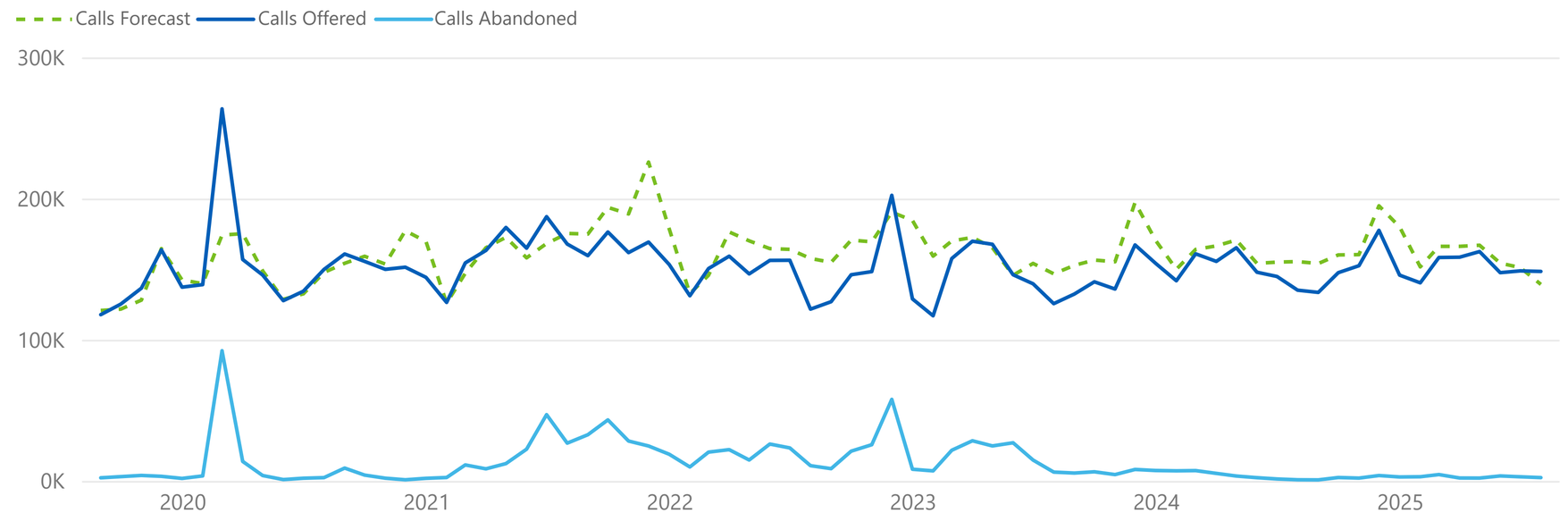
999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.

NHS Yorkshire Ambulance Service NHS Trust

999 Historic Call Demand



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 August 2025, there were 75,040 calls offered which was 0.8% below forecast, with 74,018 calls answered and 1,022 calls abandoned (1.4%). There were 1.0% more calls offered compared with the previous month and 13.2% 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 33.6% reduction in abandoned calls compared with the previous month.

IUC

YAS received 148,372 calls in August, 6.6% above the annual business plan baseline demand. 138,362 (93.3%) of these were answered, 1.7% above last month and 7.1% above the same month last year.

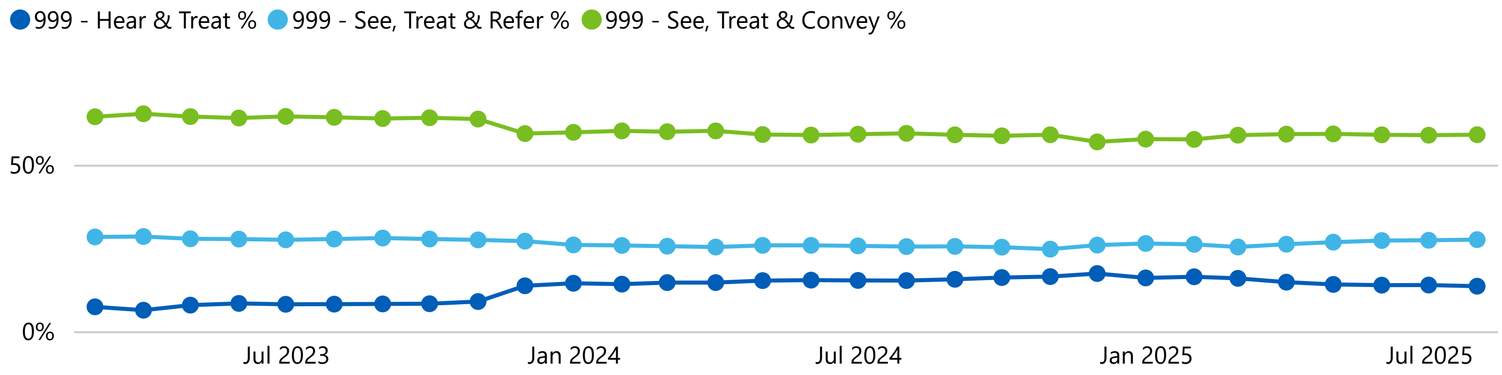
Calls abandoned decreased to 1.7% from 2.1% last month and was 1.1% above last year.

Patient Outcomes Summary

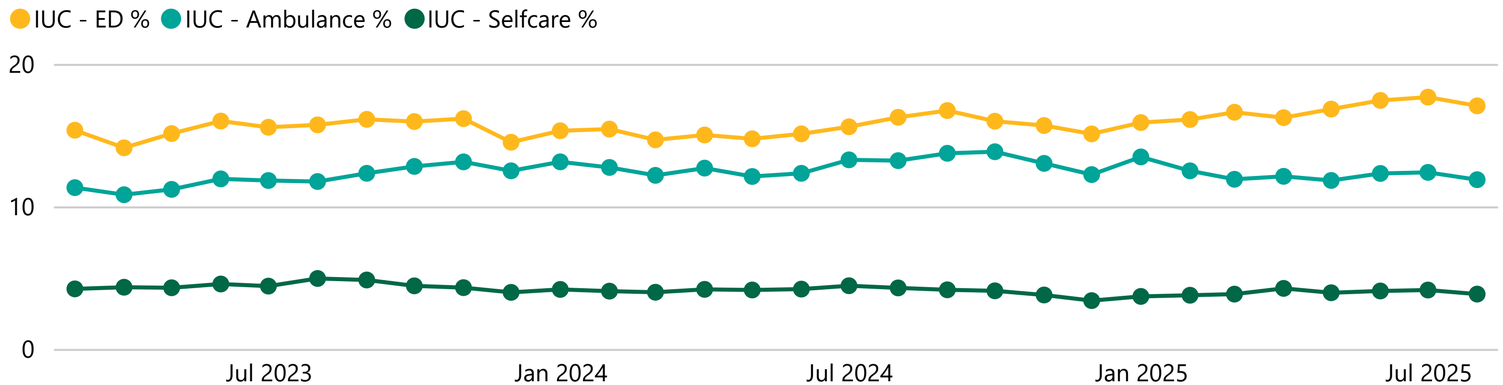
Outcomes Summary

ShortName	Aug-24	Jul-25	Aug-25
999 - Incidents (HT+STR+STC)	72,840	75,637	73,988
999 - Hear & Treat %	15.2%	13.8%	13.5%
999 - See, Treat & Refer %	25.4%	27.3%	27.5%
999 - See, Treat & Convey %	59.4%	58.8%	59.0%
999 - Conveyance to ED %	52.9%	51.9%	52.4%
999 - Conveyance to Non ED %	6.5%	7.0%	6.6%
IUC - Calls Triaged	127,578	129,919	131,615
IUC - ED %	16.3%	17.7%	17.1%
IUC - Ambulance %	13.2%	12.4%	11.9%
IUC - Selfcare %	4.3%	4.1%	3.8%
IUC - Other Outcome %	14.8%	15.4%	14.8%
IUC - Primary Care %	50.7%	42.9%	44.2%
PTS - Demand (Journeys)	81,244	74,000	64,067

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for August against July, the proportion of hear & treat decreased by 0.3 percentage points (pp), see treat & refer increased by 0.2 pp and see treat & convey increased by 0.2 pp. The proportion of incidents with conveyance to ED increased by 0.5 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 11.9%, with Primary Care outcomes at 44.2%. The proportion of callers given an ED outcome was 17.1%. The percentage of ED outcomes where a patient was referred to a UTC was 11.6%, 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)

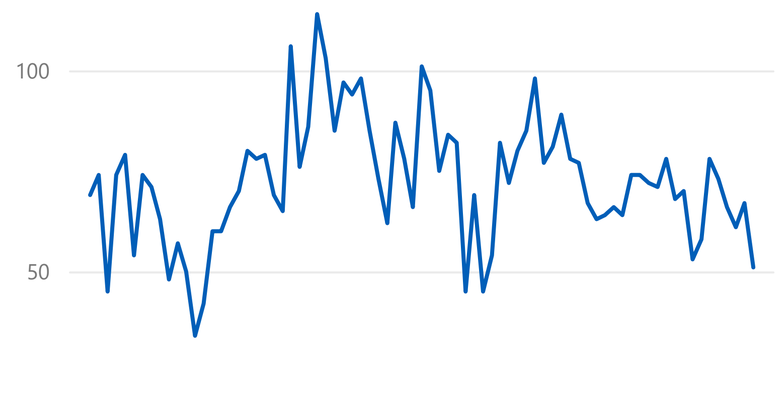
A&E | EOC | IUC | PTS | YAS

Yorkshire Ambulance Service NHS Trust

Patient Relations

Indicator	Aug-24	Jul-25	Aug-25
Service to Service	104	167	102
Concern	51	29	23
Compliment	99	96	124
Complaint	72	67	51
Total	**104**	**167**	**124**

Complaint

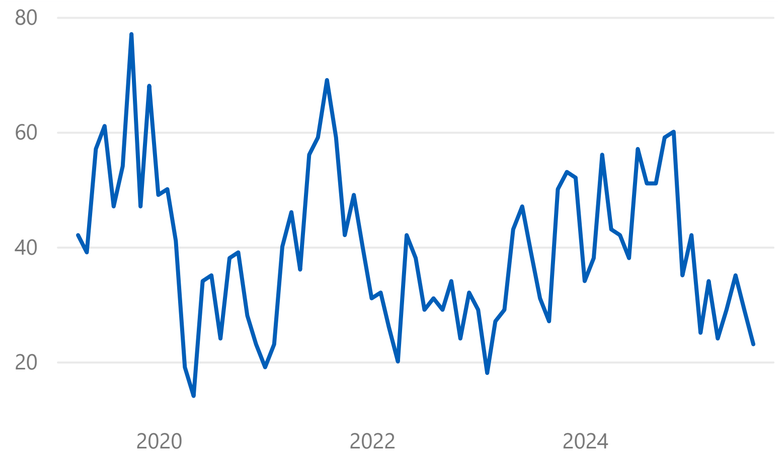


Compliment

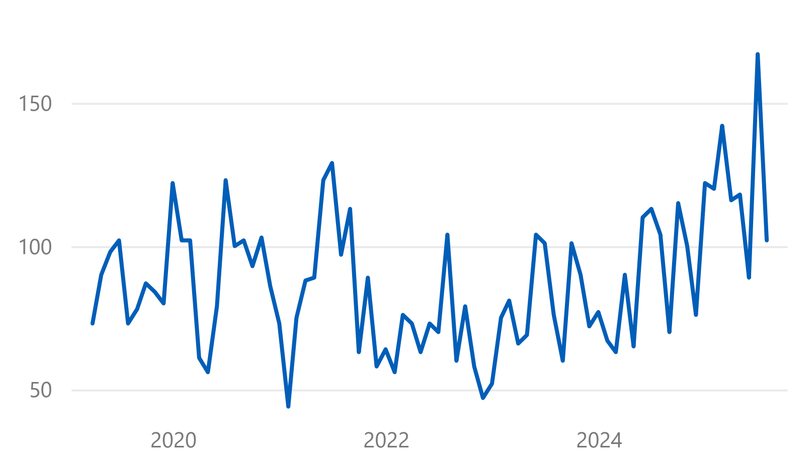
YAS Comments

There was a significant decrease in service-to-service feedback across YAS this month. Compliments increased notably, rising from 96 in July to 124 in August.
Concerns fell to less than half of those recorded at the same time last year, and slightly fewer than in the previous month. This reduction is likely linked to the introduction of local resolution for complaints. Complaints have also decreased, with 51 recorded this month compared to 67 in the previous month — a reduction of 23.9%. A&E accounted for half of all service-to-service feedback and received more than two-thirds of the compliments. It also saw a slight reduction in both concerns and formal complaints.
EOC recorded the most significant drop in complaints, decreasing from 13 in July to 6 in August, representing a 53.8% reduction. IUC complaints remained relatively static, although the service received more service-to-service feedback over the past two months compared to the same period last year. PTS also saw a substantial decline in service-to-service feedback, dropping from 44 in July to 19 in August — a figure now more in line with last year's total of 18. In addition, PTS recorded a significant reduction in both concerns and complaints compared to the same time last year.

Concern



Service to Service



Patient Safety - Quality (Director Responsible - Dave Green)

A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Incidents

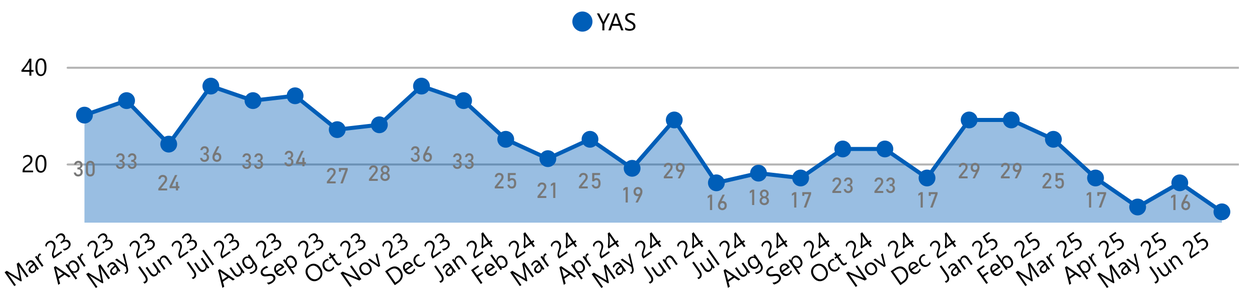
Indicator	Aug-24	Jul-25	Aug-25
All Incidents Reported	870	1,007	1,024
Number of duty of candour contacts	7	10	6
Number of RIDDORs Submitted	8	6	4
Patient Safety Indicator Incident Investigation	1	1	

	Jun 24	May 25	Jun 25
Moderate & Above Harm (verified)	16	16	10
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	3	2	4

Hygeine

Indicator	Aug-24	Jul-25	Aug-25
% Compliance with Hand Hygiene	99.6%	97.9%	90.7%
% Compliance with Premise	96.1%	97.6%	99.0%
% Compliance with Vehicle	96.3%	99.4%	91.4%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Aug-24	Jul-25	Aug-25
Rapid Review		3	4
Child Safeguarding Practice Review		5	
Domestic Homicide Review (DHR)	3		2
Safeguarding Adult Review (SAR)	11	20	10
Child Death	23	13	15

A&E Long Responses

Indicator	Aug-24	Jul-25	Aug-25
999 - C1 Responses > 15 Mins	646	563	537
999 - C2 Responses > 80 Mins	1,530	1,091	858

YAS Comments

Domestic Homicide Reviews (DHR) – 2 request for information in relation to a DHR were received this month.

Safeguarding Adult Review (SAR) – 10 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 4 Rapid Reviews this month.

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

Patient Clinical Effectiveness

YAS | HC&V | SYB | WY

NHS Yorkshire Ambulance Service NHS Trust

Cardiac Arrest

No. Cardiac Arrests May-25	Bystander CPR May-25	ROSC May-25	ROSC Care Bundle May-25	Survival to Discharge May-25	Cardiac Survivors May-25
296	64.2%	31.1%	50.0%	8.8%	26

Stroke

No. of Patients May-25	Avg Call to Door Minutes May-25
246	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 % Aug-25	STR % Aug-25	STC % Aug-25
9.4%	12.0%	5.1%

Cardiac Arrest - In May, YAS continued or commenced resuscitation for 296 patients following a cardiac arrest. Bystander CPR was provided for 64.2% of patients, and ROSC was achieved for 31.1%. Care bundle compliance remains at 50%, and 26 patients (8.8%) 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 decreased to 246 for May. Average call to door time was stable at 88 minutes, indicating consistent performance despite fluctuations in patient volumes. Timely access to stroke care continues to be a central focus given its direct impact on outcomes.

Recontacts- August data shows recontacts accounted for 9.4% of total patients, with STR at 12% and STC at 5.1%. 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/ October 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

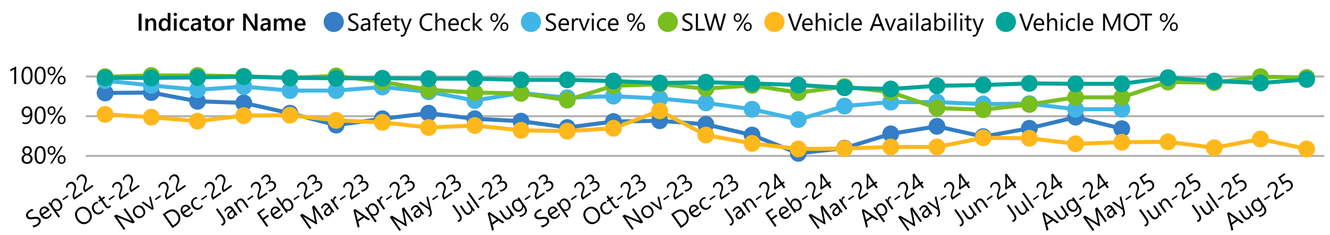
Indicator	Aug-24	Jul-25	Aug-25
P1 Emergency (<2Hrs) – Attendance		100.0%	
P1 Emergency (<24 Hrs) - Completed		100.0%	
P2 Emergency (<4 Hrs) - Attendance	74.6%	86.4%	72.7%
P2 Emergency (<24 Hrs) – Completed	68.3%	86.4%	60.6%
P3 Non Emergency (<24Hrs) - Attendance	71.1%	100.0%	90.9%
P3 Non Emergency (<72 Hrs) – Completed	65.8%	92.9%	92.7%
P4 Non Emergency (<2 Working Days) - Attendance	80.0%	97.8%	93.2%
P4 Non Emergency (<14 Days) – Completed	75.7%	94.4%	94.3%
P6 Non Emergency (<2 Weeks) - Attendance	75.0%	97.4%	85.1%
P6 Non Emergency (4 Weeks) - Completed	57.1%	89.7%	70.2%
Planned Maintenance Complete	90.0%	95.0%	94.3%

Estates Comments

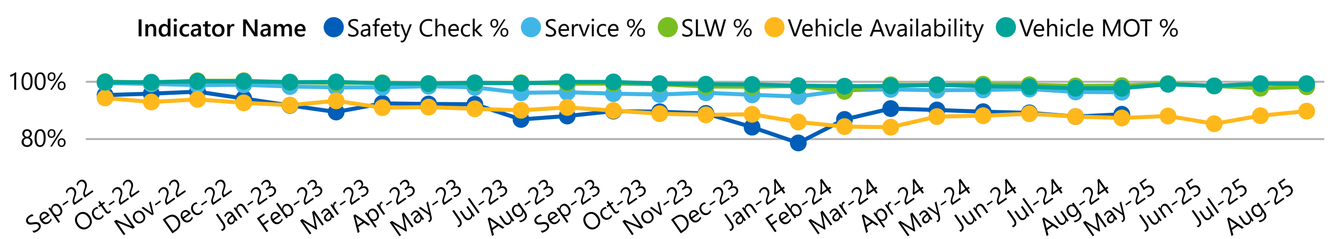
Requests for reactive work/repairs on the Estate totalled 223 jobs for the month of August. This is lower than the representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 31 requests followed by HART at 10 and Bradford at 7 requests for reactive works. SLA figures are lower than expected with at an overall attendance KPI at 88% and completion KPI is also lower than usual at 84%.

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 quarter of request with attendance KPI at 90% against a target of 98%. P4 category account for a third of requests with attendance KPI at 93% 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 97% for December with a completion of 94%.

999 Fleet



PTS Fleet



999 Fleet Age

Indicator	Aug-24	Jul-25	Aug-25
Vehicle age +7	21.0%	15.2%	14.7%
Vehicle age +10	0.9%	0.6%	0.6%

PTS Age

Indicator	Aug-24	Jul-25	Aug-25
Vehicle age +7	26.1%	15.2%	14.1%
Vehicle age +10	5.3%	0.8%	0.8%

Fleet Comments

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

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
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