

Integrated Performance Report

September 2025

Published 21 October 2025



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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999 IPR Key Exceptions - September 25

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:17		
999 - Answer 95th Percentile		00:01:50		
999 - AHT		00:06:47		
999 - Calls Ans in 5 sec	95.0%	73.4%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:55		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:31		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:27:54		
999 - C2 90th (T < 40 Mins)	00:40:00	00:58:38		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:27:20		
999 - C3 90th (T < 2 Hour)	02:00:00	03:20:06		
999 - C1 Responses > 15 Mins		498		
999 - C2 Responses > 80 Mins		1,431		
999 - Job Cycle Time		01:42:21		
999 - Avg Hospital Turnaround	00:30:00	00:39:05		
999 - Avg Hospital Handover	00:15:00	00:17:45		
999 - Avg Hospital Crew Clear	00:15:00	00:21:24		
999 - Total lost handover time		850		
999 - Crew clear over 30 mins %		22.1%		
999 - C1%		11.5%		
999 - C2%		60.5%		

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 17 seconds for September, an increase from August of 8 seconds. The median remained the same, and the 90th increased by 36 seconds. The 95th increased from 1 minute 11 seconds in August to 1 minute 50 seconds in September, and the 99th increased from 2 minutes 23 seconds to 2 minutes 52.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from August by 11 seconds and the 90th percentile worsened by 8 seconds. The mean performance time for Cat2 worsened from August by 3 minutes 42 seconds and the 90th percentile worsened by 7 minutes 45 seconds. Compared to September of the previous year, the Cat1 mean improved by 16 seconds, the Cat1 90th percentile improved by 42 seconds, the Cat2 mean improved by 7 minutes 24 seconds and the Cat2 90th percentile improved by 20 minutes 8 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 72.0% in September (11.5% Cat1, 60.5% Cat2) after a 1.8 percentage point (pp) increase compared to August (0.6 pp decrease in Cat1 and 2.4 pp increase in Cat2). Comparing against September for the previous year, Cat1 proportion decreased by 5.3 pp and Cat2 proportion increased by 0.3 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in September, with 498 responses over this target. This is 39 (7.3%) less compared to August. The number for last month was 40.1% lower than September 2024. The number of Cat2 responses greater than 2x 90th percentile target increased from August by 573 responses (66.8%). This is a 59.7% decrease from September 2024.

Hospital & Job Cycle Time - Last month the average handover time decreased by 3 seconds and overall turnaround time increased by 32 seconds. The number of conveyances to ED was 0.9% lower than in August. Overall, the average job cycle time increased by 1 minute 52 seconds from August.

Demand - On scene response demand was 1.2% above forecasted figures for September. It was 1.2% lower compared to August and 3.5% higher compared to September 2024.

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

IUC IPR Key Indicators - September 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		131,810		
IUC - Answered vs. Last Month %		-4.7%		
IUC - Answered vs. Last Year %		3.8%		
IUC - Calls Triage		125,226		
IUC - Calls Abandoned %	3.0%	2.8%		
IUC - Answer Mean	00:00:20	00:00:38		
IUC - Answered in 60 Secs %	90.0%	83.7%		
IUC - Answered in 120 secs %	95.0%	88.4%		
IUC - Callback in 1 Hour %	60.0%	47.2%		
IUC - ED Validations %	50.0%	70.3%		
IUC - 999 Validations %	95.0%	99.8%		
IUC - ED %		17.3%		
IUC - ED Outcome to A&E %		75.3%		
IUC - ED Outcome to UTC %		10.5%		
IUC - Ambulance %		12.3%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 144,208 calls in September, 7.0% above the annual business plan baseline demand. 131,810 (91.4%) of these were answered, 4.7% below last month and 3.8% 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 decreased to 83.7% from 90.0% in September. Average speed to answer has increased by 17 seconds to 38 seconds compared with 21 seconds last month. Abandonment rate increased to 2.8% from 1.7% last month.

The proportion of clinician call backs made within 1 hour increased to 47.2% from 47.1% last month. This is 12.8% below the national target of 60%. Core clinical advice increased to 24.7% from 24.2% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 87.0% in September, whilst performance for overall validations was 99.8%, with 12,915 cases validated overall.

ED validation performance decreased to 70.3% from 70.4% 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 decreased to 39.2% from 39.4% last month and ED bookings increased to 0.4% from 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 - September 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	91.2%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	79.5%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.6%		
PTS - Arrive at Appointment Time	90.0%	88.5%		
PTS - Journeys < 120Mins	90.0%	97.1%		
PTS - Same Month Last Year		-14.6%		
PTS - Increase - Previous Month		7.8%		
PTS - Demand (Journeys)		69,087		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

69,087 journeys were operated including abortions and escorts in September, which is 14.6% lower than last September. The Eligibility Programme continues to impact on reducing activity.

Forecast demand was out of threshold with a variance of -5.9%. This has changed the YTD position to -6.1%.

The most material reductions in activity have been to the volume of Abortions (-20.7%) and Escorts (-25.0%) was also seen in August; rather than delivered patient journeys although still reduced in line with forecast.

Call Performance was above the 90% target and was the highest monthly performance since June 2020. 91.2% of calls were answered in 180 seconds. This comes despite an 11.4% increase in calls compared to August: c 37,000 calls for the month. This increased the FTE requirement by 3.6 compared to August. Short Notice Performance saw a decrease on August's high KPI levels, however it was above the preceding 4 months (Apr - Jul). 79.5% of patients were picked up in 120 minutes. The number of Private Provider hours worked saw a 0.9% increase compared to August's low figure, however September was 9.6% lower than the average over the preceding 6 months (Feb – Jul): c 1,200 fewer hours.

All other KPIs fell in line with recent trends.

Workforce Summary

A&E

IUC

PTS

EOC

Other

Trust



Key KPIs

Name	Sep-24	Aug-25	Sep-25
Turnover (FTE) %	10.5%	8.4%	8.4%
Vacancy Rate %	10.2%	5.7%	5.5%
Apprentice %	9.2%	9.6%	9.3%
BME %	8.0%	8.9%	8.8%
Disabled %	8.9%	10.3%	10.5%
Sickness - Total % (T-5%)	6.6%	7.2%	6.9%
PDR / Staff Appraisals % (T-90%)	82.1%	71.6%	73.6%
Essential Learning	92.5%	89.7%	89.8%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to August 2025, vacancy rate has reduced by 0.2% to 5.5% with 0.4% vacancies in A&E; a strong position on going into the winter months. In comparison to the same month last year (September 2024) the vacancy rate has improved by 4.7 percentage points. Turnover remains stable at 8.4% although it has remained high for IUC at 22.4%, with vacancies increasing to 9.4% (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 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.

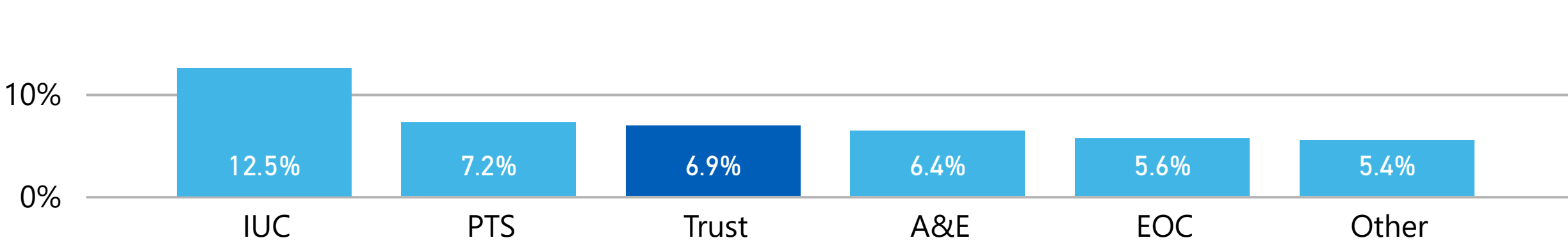
Sickness – Sickness has improved slightly, decreasing from 7.2% to 6.9%, from the previous month. A sub-group of the Organisational Efficiency Group is working to actively reduce absence and is programme managing an absence reduction plan, which includes heads of service being held accountable for managing 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 from 71.6% to 73.6% however is considerably lower than Sep 24 at 82.1%. IUC and A&E are the highest performing areas (85.5% & 75.9% respectively) with EOC as the lowest (68.9% (was 53.2% in April 25)). The Compliance Dashboard is accessible to all managers, and the new Online Appraisal system fully implemented. Targeted support is provided to business areas with low appraisal rates and people measures included in performance reviews.

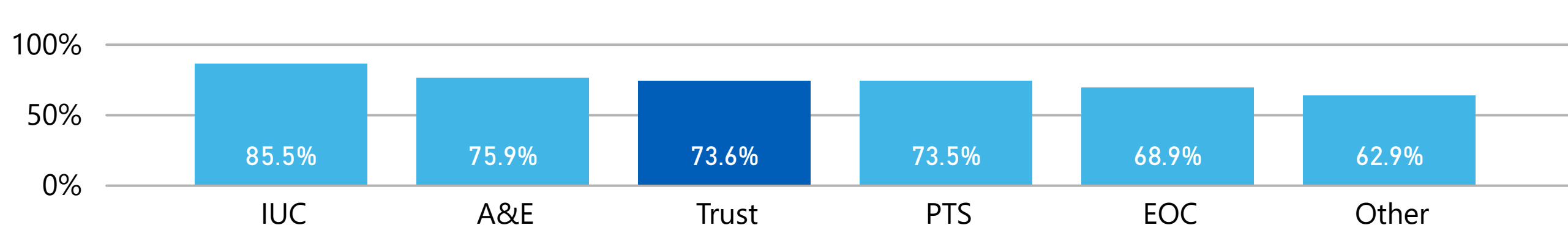
Essential Learning – the overall compliance rate has improved marginally to 89.8% from 89.7% last month, remaining slightly below the 90% target (previously maintained since Jan 2023). PTS achieved the target at 94.9%. All other areas are below target with IUC at the lowest at 88.6% (down from 88.7%). 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.

Assurance: All data displayed has been checked and verified

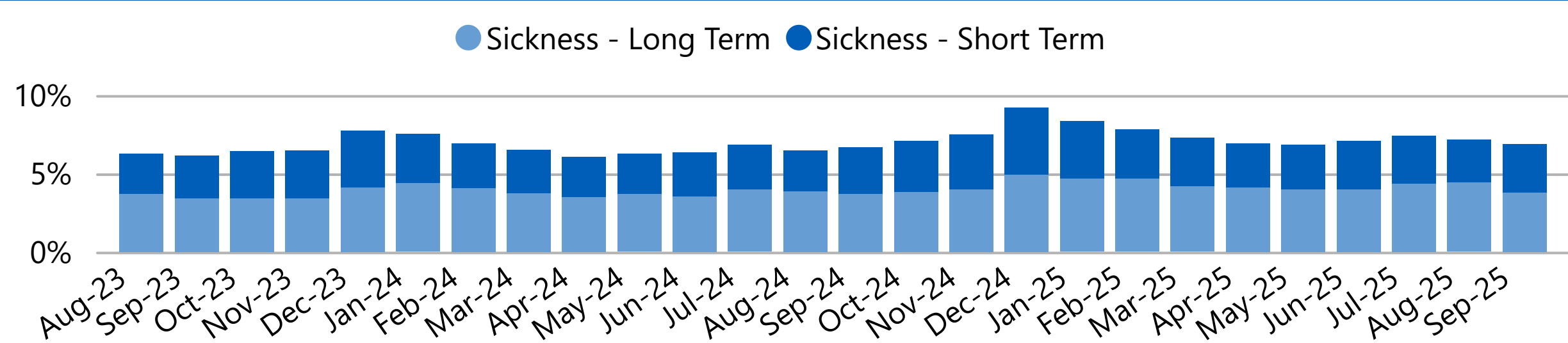
Sickness Benchmark for Last Month (Trust)



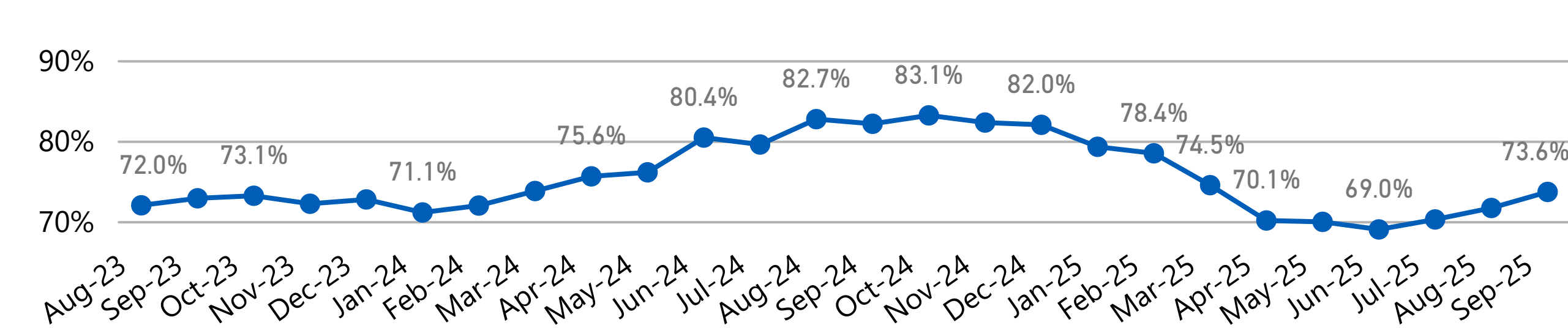
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



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



Overview - Unaudited Position

Overall -
The Trust has a month 6 Surplus position of £1,450k as shown below. The Trust plan is to achieve breakeven for 2025/26.

Capital -
The outturn expenditure is behind plan but forecast to be within the allocation provided.

Cash -
As at the end of September, 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)	£696	£1,450	£754
Cash	£50,620	£53,193	£2,573
Capital	£7,804	£3,005	-£4,799

Monthly View (£000s)

Indicator Name	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
▼						
Surplus/ (Deficit)	-£24	£191	£209	£441	£547	£86
Cash	£44,480	£42,692	£41,487	£42,707	£53,196	£53,193
Capital	£1,566	£148	£1,029	-£1,153	£298	£1,117

Patient Demand Summary

Demand Summary

Indicator	Sep-24	Aug-25	Sep-25
999 - Incidents (HT+STR+STC)	72,357	73,988	73,193
999 - Calls Answered	88,997	74,018	69,691
IUC - Calls Answered	126,928	138,362	131,810
IUC - Calls Answered vs. Ceiling %	-19.2%	-2.5%	-4.1%
PTS - Demand (Journeys)	80,938	64,067	69,087
PTS - Increase - Previous Month	-0.4%	-13.4%	7.8%
PTS - Same Month Last Year	7.6%	-21.1%	-14.6%
PTS - Calls Answered	40,573	30,872	35,222

Commentary

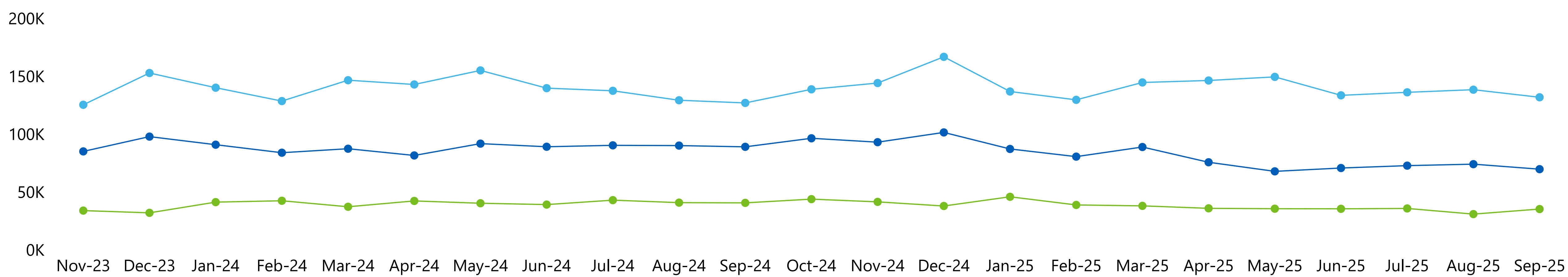
999 - On scene response demand was 1.2% above forecasted figures for September. It was 1.2% lower compared to August and 3.5% higher compared to September 2024.

IUC - YAS received 144,208 calls in September, 7.0% above the annual business plan baseline demand. 131,810 (91.4%) of these were answered, 4.7% below last month and 3.8% above the same month last year.

PTS - 69,087 journeys were operated including abortions and escorts in September, which is 14.6% lower than last September.

Overall Calls and Demand

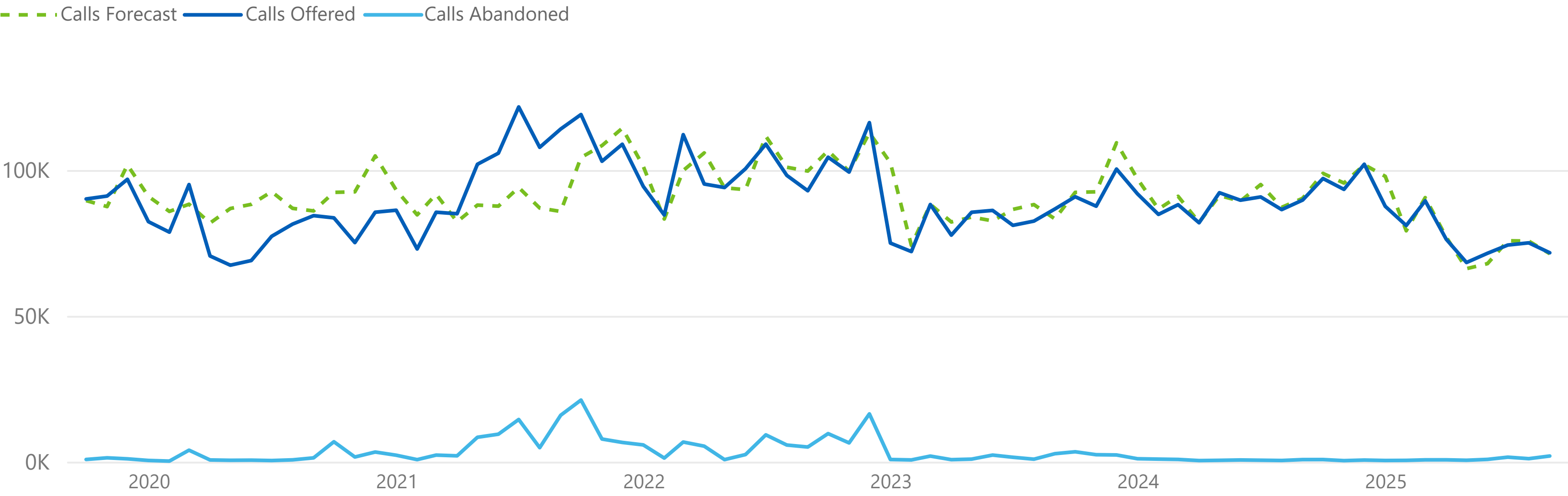
Figure ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



999 and IUC Historic Demand

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

999 Historic Call Demand

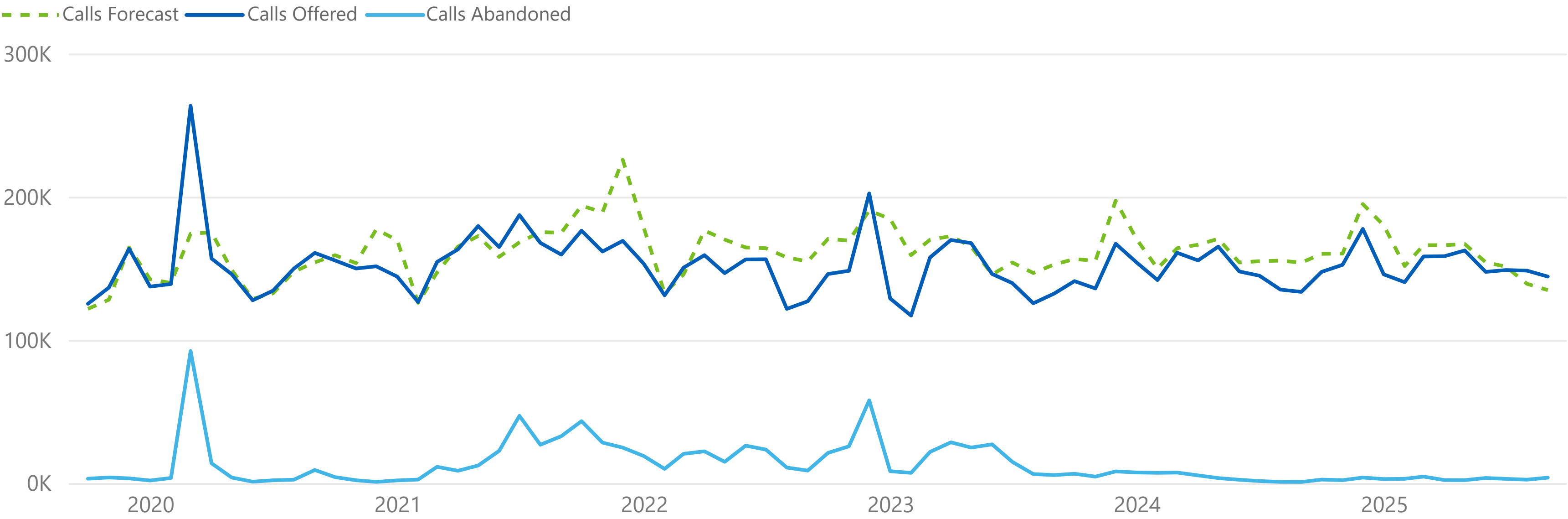


999

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 September 2025, there were 71,630 calls offered which was 0.5% above forecast, with 69,691 calls answered and 1,939 calls abandoned (2.7%). There were 4.5% fewer calls offered compared with the previous month and 20.2% 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 89.7% increase in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

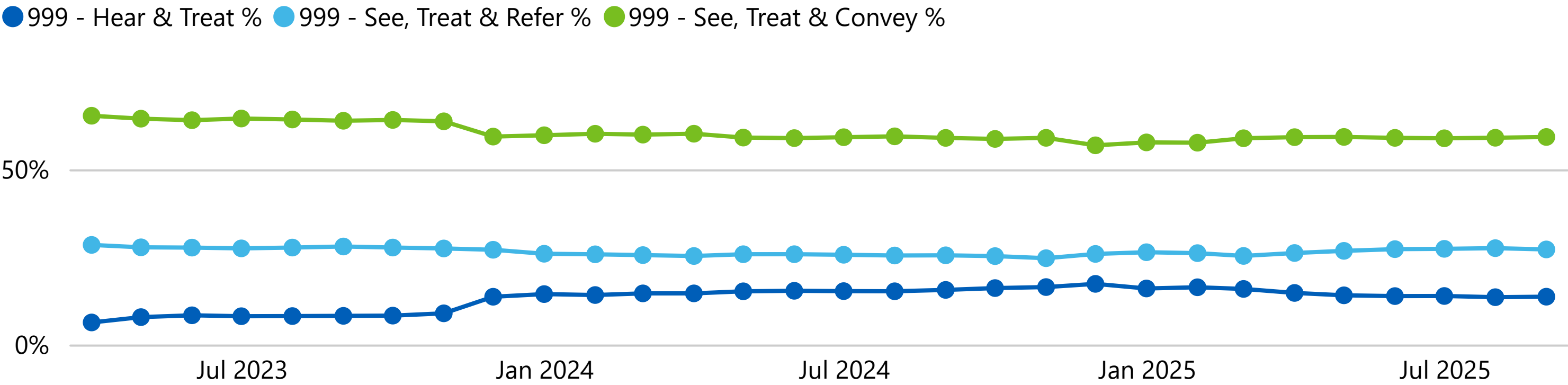
YAS received 144,208 calls in September, 7.0% above the annual business plan baseline demand. 131,810 (91.4%) of these were answered, 4.7% below last month and 3.8% above the same month last year. Calls abandoned increased to 2.8% from 1.7% last month and was 2.2% above last year

Patient Outcomes Summary

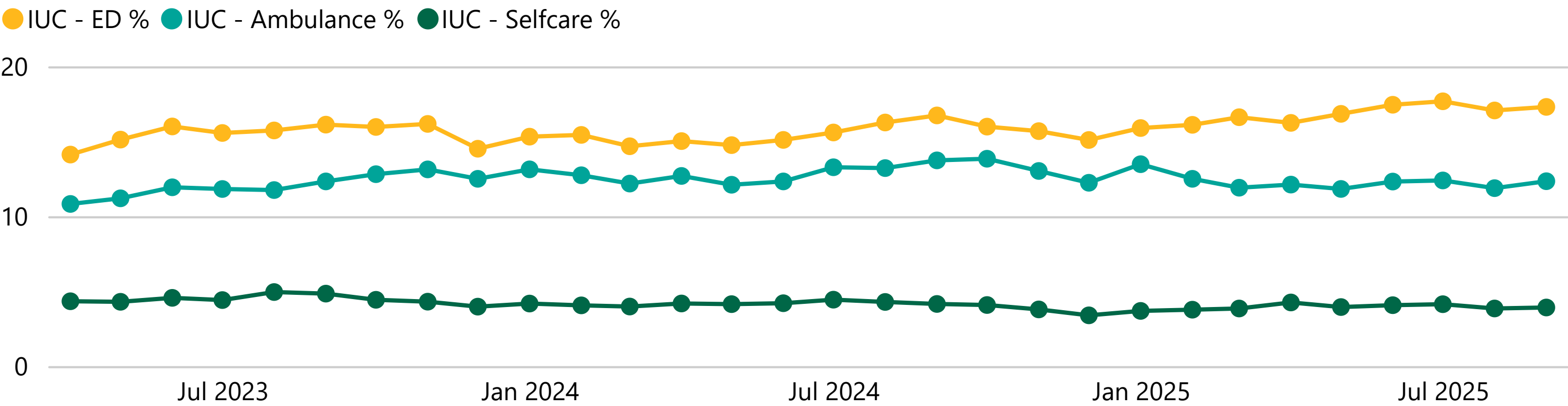
Outcomes Summary

ShortName	Sep-24	Aug-25	Sep-25
999 - Incidents (HT+STR+STC)	72,357	73,988	73,193
999 - Hear & Treat %	15.6%	13.5%	13.6%
999 - See, Treat & Refer %	25.5%	27.5%	27.1%
999 - See, Treat & Convey %	59.0%	59.0%	59.2%
999 - Conveyance to ED %	52.2%	52.4%	52.5%
999 - Conveyance to Non ED %	6.7%	6.6%	6.7%
IUC - Calls Triaged	124,786	131,615	125,226
IUC - ED %	16.7%	17.1%	17.3%
IUC - Ambulance %	13.7%	11.9%	12.3%
IUC - Selfcare %	4.1%	3.8%	3.9%
IUC - Other Outcome %	14.7%	14.8%	15.2%
IUC - Primary Care %	49.8%	44.2%	44.1%
PTS - Demand (Journeys)	80,938	64,067	69,087

999 Outcomes



IUC Outcomes



Commentary

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

IUC - The proportion of callers given an Ambulance outcome was 12.3%, with Primary Care outcomes at 44.1%. The proportion of callers given an ED outcome was 17.3%. The percentage of ED outcomes where a patient was referred to a UTC was 10.5%, 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

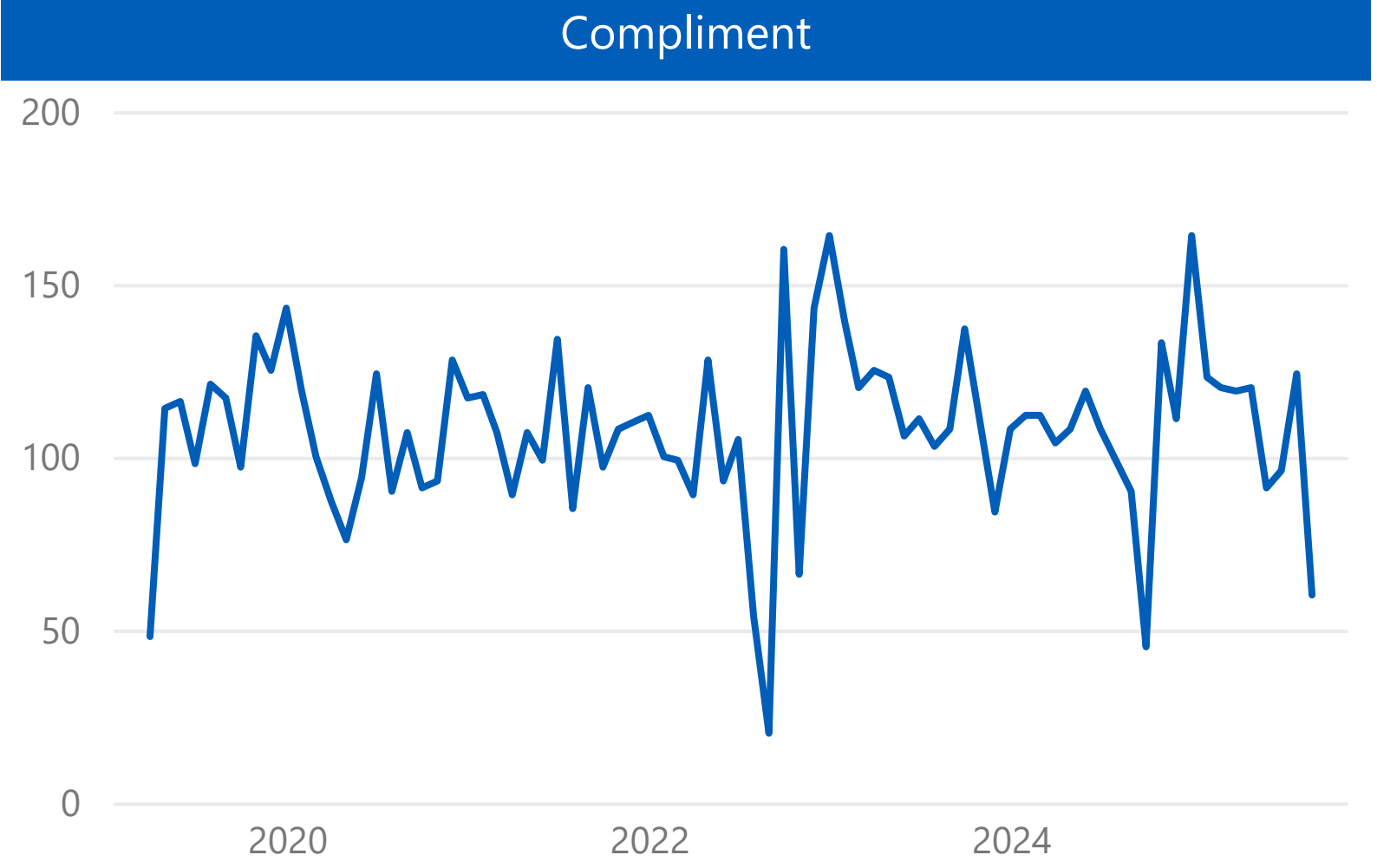
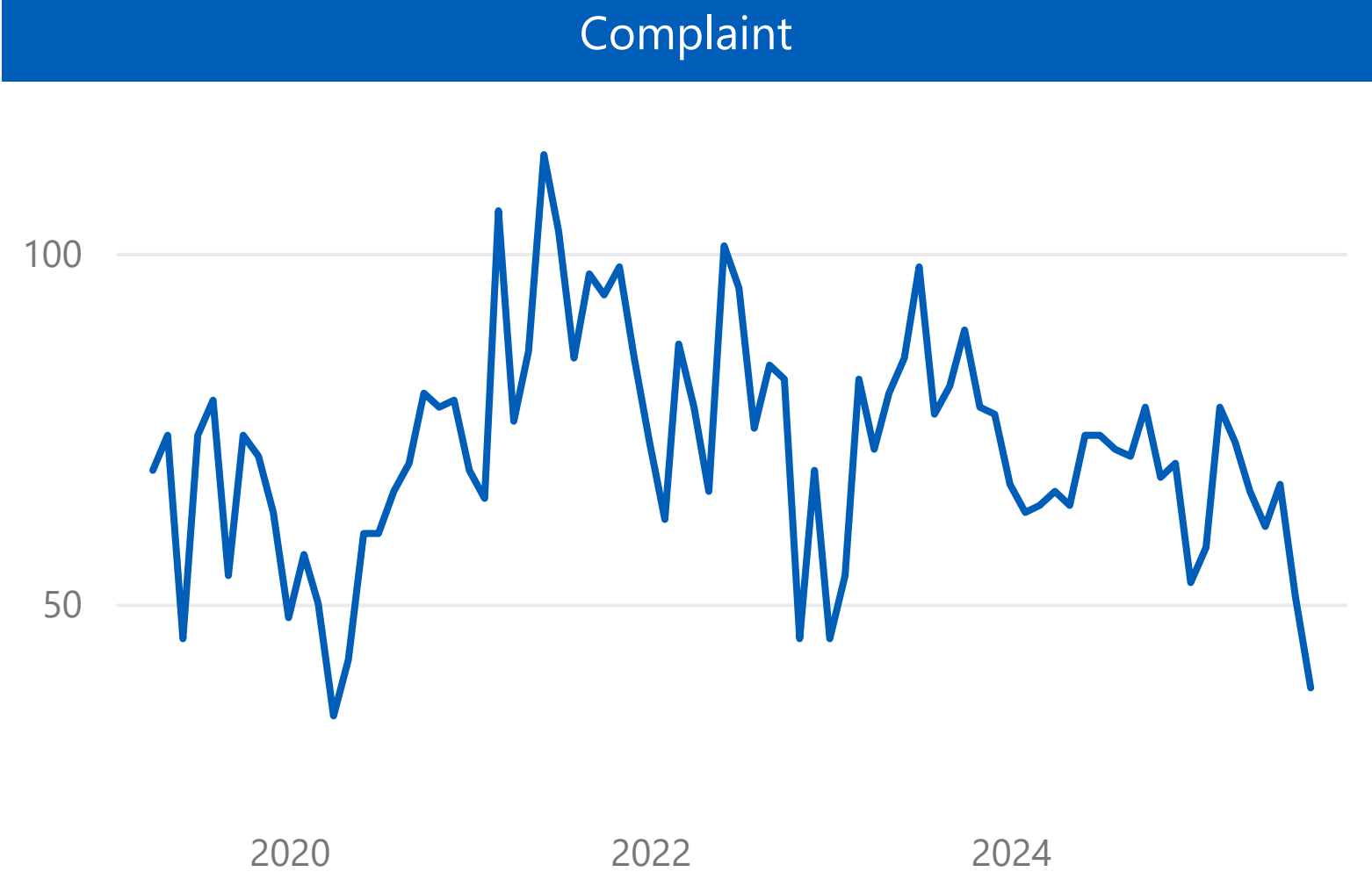
IUC

PTS

YAS



Patient Relations			
Indicator	Sep-24	Aug-25	Sep-25
Service to Service	70	102	88
Concern	51	23	39
Compliment	90	124	60
Complaint	71	51	38
Total	90	124	88



YAS Comments

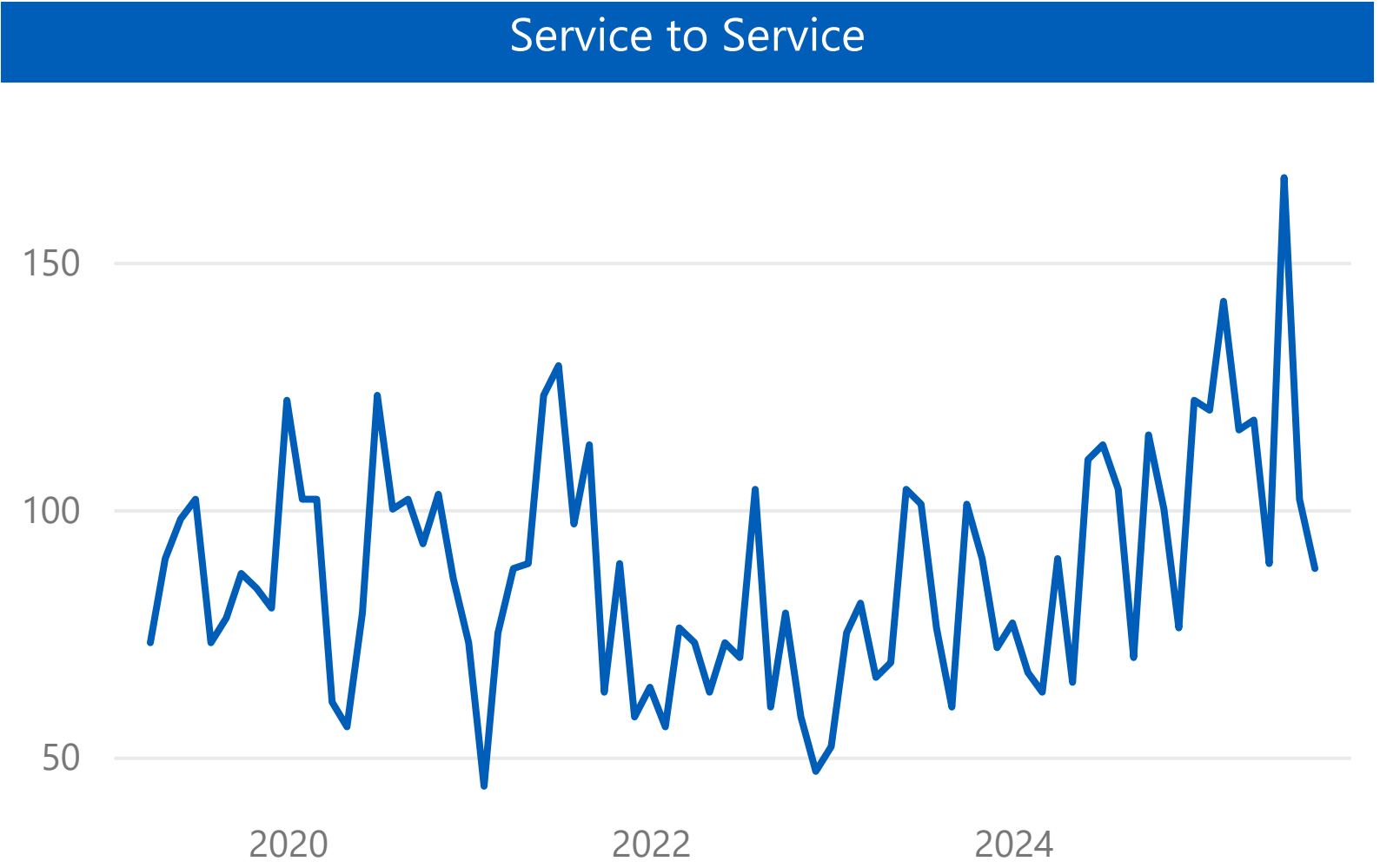
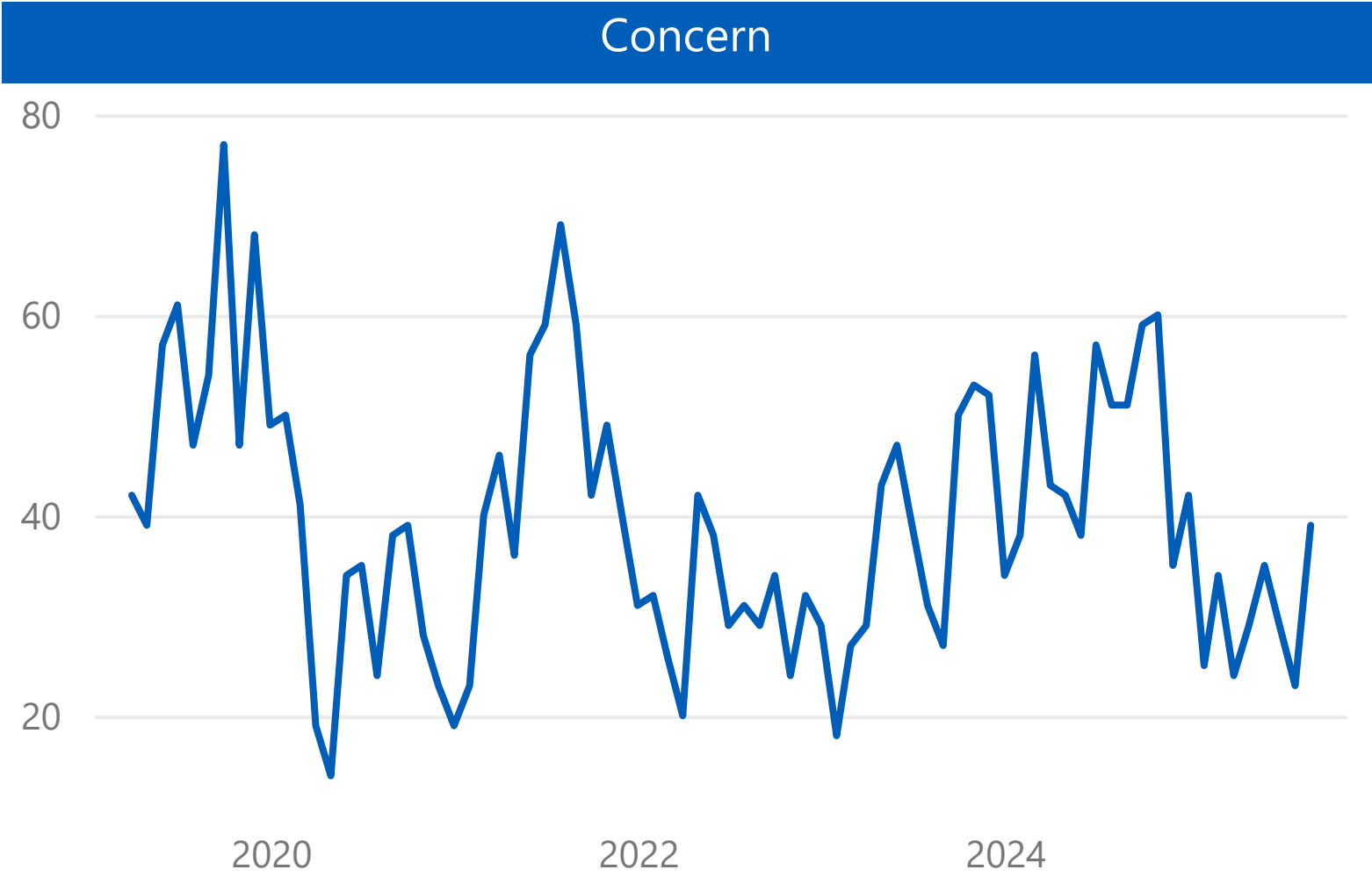
Complaint levels have reached their lowest point to date this month, with the most significant reduction seen in Integrated Urgent Care (IUC). This is partly due to IUC complaints now being directed to the Patient Relations Department, where they are more frequently recorded as concerns rather than formal complaints.

There has been a slight increase in concerns this month across A&E, IUC, and EOC; however, these remain within the expected range. In contrast, concerns in Patient Transport Services (PTS) have decreased, likely due to greater use of local resolution to address issues at the point of service.

While compliments have declined compared to last month, they remain higher than during the same period last year.

Service-to-service issues appear to have dipped this month, but there has been a consistent upward trend over the past year. A&E has seen the most significant increase, followed by PTS.

Some of the rise in PTS may be linked to the implementation of new eligibility criteria. However, the increase in A&E-related service-to-service concerns may indicate broader systemic issues with partner organisations that require further investigation.



Patient Safety - Quality (Director Responsible - Dave Green)

A&E

EOC

IUC

PTS

YAS



Incidents			
Indicator	Sep-24	Aug-25	Sep-25
All Incidents Reported	942	1,024	1,000
Number of duty of candour contacts	3	6	7
Number of RIDDORs Submitted	4	4	1

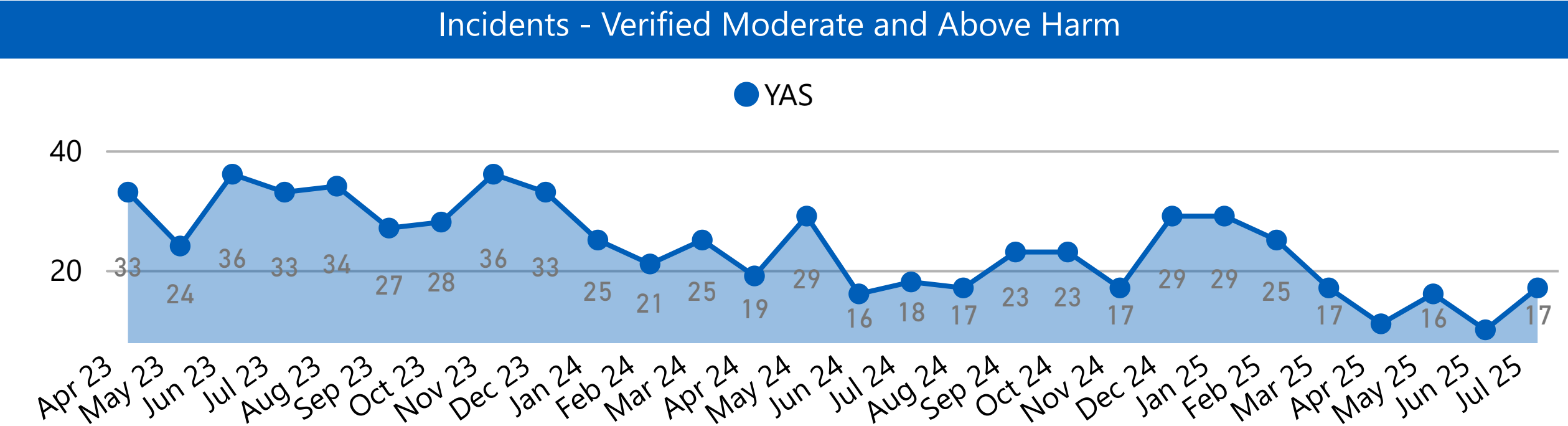


	Jul 24	Jun 25	Jul 25
Moderate & Above Harm (verified)	18	10	17
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	4	4	1

Safeguarding			
Indicator	Sep-24	Aug-25	Sep-25
Rapid Review	3	4	
Child Safeguarding Practice Review			
Domestic Homicide Review (DHR)	1	2	7
Safeguarding Adult Review (SAR)	2	10	10
Child Death	9	15	9

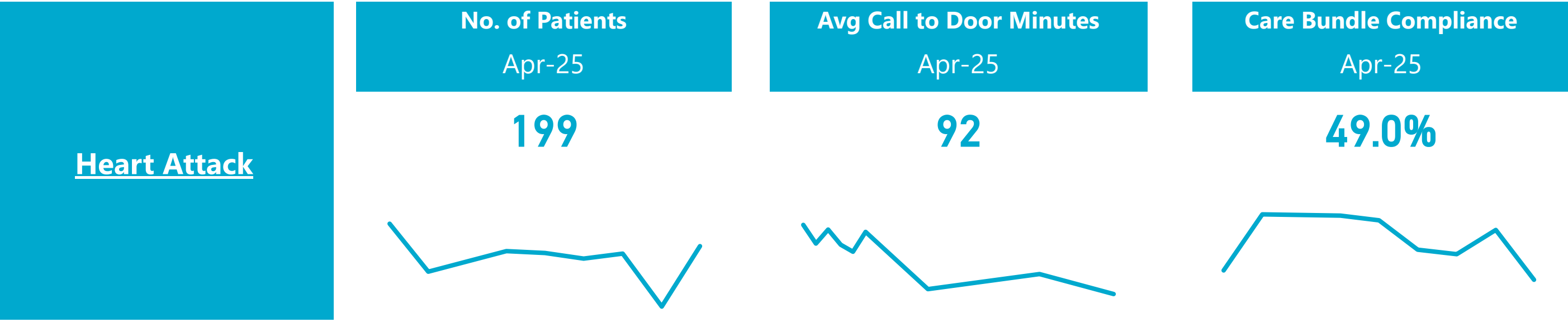
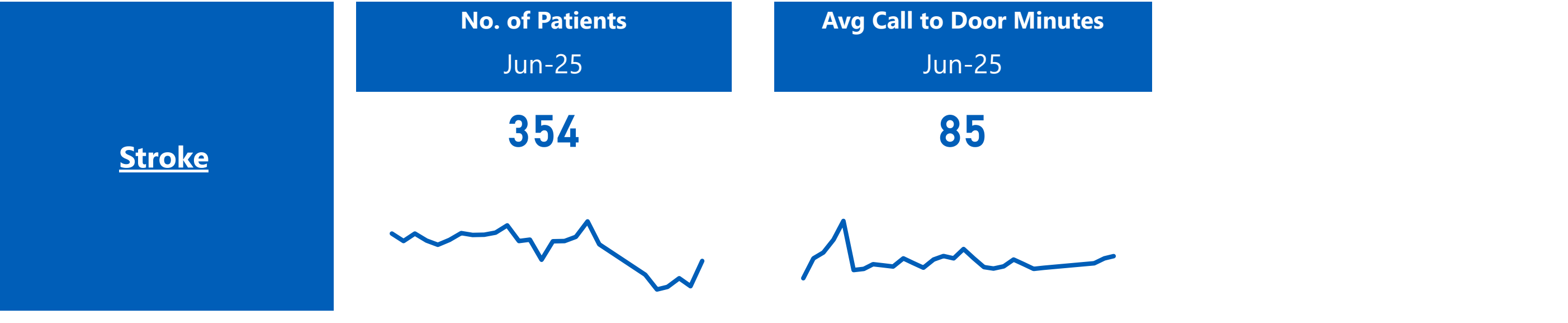
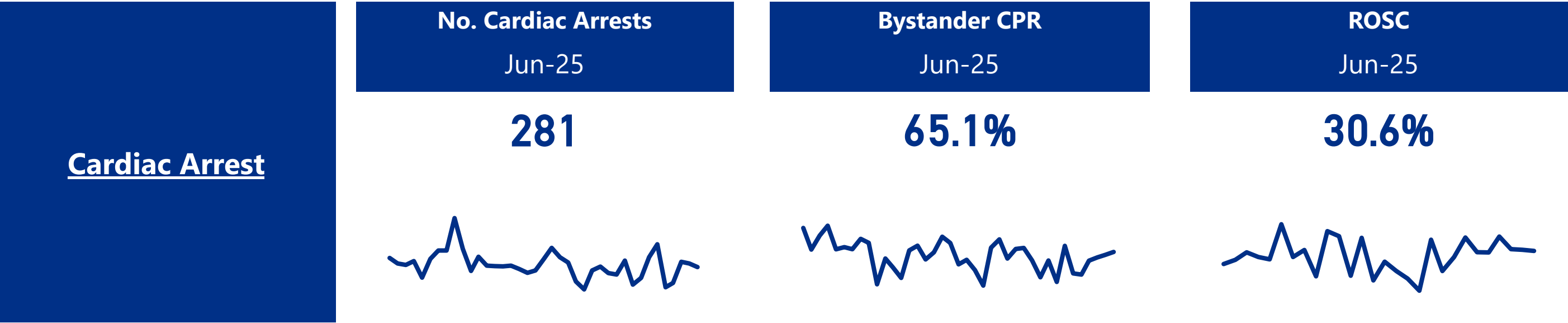
A&E Long Responses			
Indicator	Sep-24	Aug-25	Sep-25
999 - C1 Responses > 15 Mins	831	537	498
999 - C2 Responses > 80 Mins	3,551	858	1,431

Hygeine			
Indicator	Sep-24	Aug-25	Sep-25
% Compliance with Hand Hygiene	98.4%	90.7%	98.5%
% Compliance with Premise	99.3%	99.0%	98.3%
% Compliance with Vehicle	97.9%	91.4%	99.0%



- YAS Comments
- Domestic Homicide Reviews (DHR)** – 7 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 0 Rapid Reviews this month.
 - Child death** - The Safeguarding team contributed information in relation to 9 children who died this month.

Patient Clinical Effectiveness



Cardiac Arrest - In June, YAS continued or commenced resuscitation for 281 patients who were in cardiac arrest. The care bundle (post ROSC) compliance is lower than seen in previous months and this will be shared with local operational teams to address actions for improvements. A notable decline is seen with the numbers of patients who survived to discharge (S2D), this is for patients who have survived past 30 days after the cardiac arrest. Nationally for Jan - Apr 2025 survival to discharge is 9.07% with YAS at 7.80% for the same period. During June, the YAS survival to discharge rate is 4.30% (we do not have available data for June for the national survival to discharge rate). Additional scrutiny is required to understand why the overall S2D rate is lower in Yorkshire and an action plan for improvement is recommended. Moving forward this outcome data will be shared at Patient Safety Learning group (PSLG) for monitoring of actions and recommendations.

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 increased considerably in June (354) compared to that in May (246) and the call to door time remained at a similar level to May (88 minutes).

Recontacts- September shows recontacts to be at 9% across the trust. With STR at 12.7% and STC at 5.2%. Work is underway within YAS through the clinical response model group as well as the pathways steering group to better understand patient recontact and reduce avoidable repeat contact. The national recontact clinical audit has also prompted wider local analysis which will be supported by the clinical informatics and audit team.

Estates

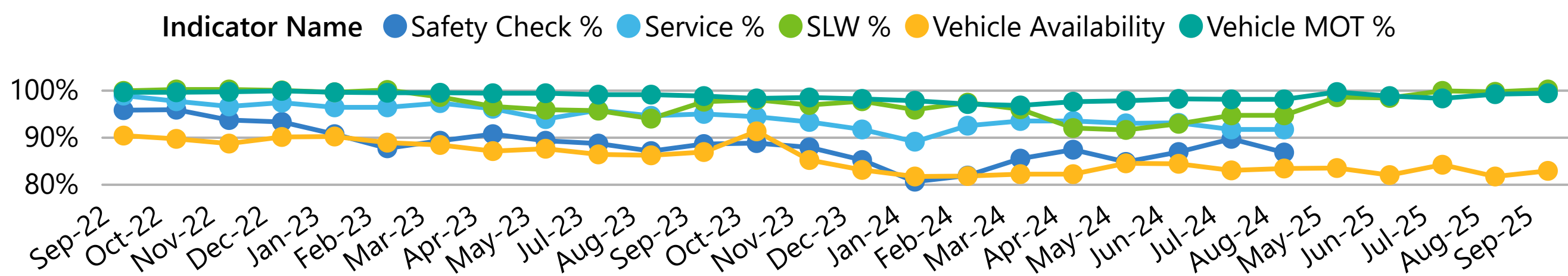
Indicator	Sep-24	Aug-25	Sep-25
P2 Emergency (<4 Hrs) - Attendance	76.9%	72.7%	90.9%
P2 Emergency (<24 Hrs) – Completed	53.9%	60.6%	75.0%
P3 Non Emergency (<24Hrs) - Attendance	72.0%	90.9%	86.5%
P3 Non Emergency (<72 Hrs) – Completed	64.0%	92.7%	83.8%
P4 Non Emergency (<2 Working Days) - Attendance	81.3%	93.2%	91.4%
P4 Non Emergency (<14 Days) – Completed	79.1%	94.3%	83.7%
P6 Non Emergency (<2 Weeks) - Attendance	78.0%	85.1%	85.3%
P6 Non Emergency (4 Weeks) - Completed	57.6%	70.2%	73.5%
Planned Maintenance Complete	94.0%	94.3%	97.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 256 jobs for the month of September. This is slightly lower than the average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 33 requests followed by HART at 17 and Bridlington at 12 requests for reactive works. SLA figures are lower than normal with at an overall attendance KPI at 89% however, completion KPI is slightly lower than usual at 81%.

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 86% against a target of 98%. P4 category account for just over a quarter of requests with attendance KPI at 91% 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 99% for September with a completion of 97%.

999 Fleet



999 Fleet Age

Indicator	Aug-25	Sep-25
Vehicle age +7	14.7%	12.1%
Vehicle age +10	0.6%	0.6%

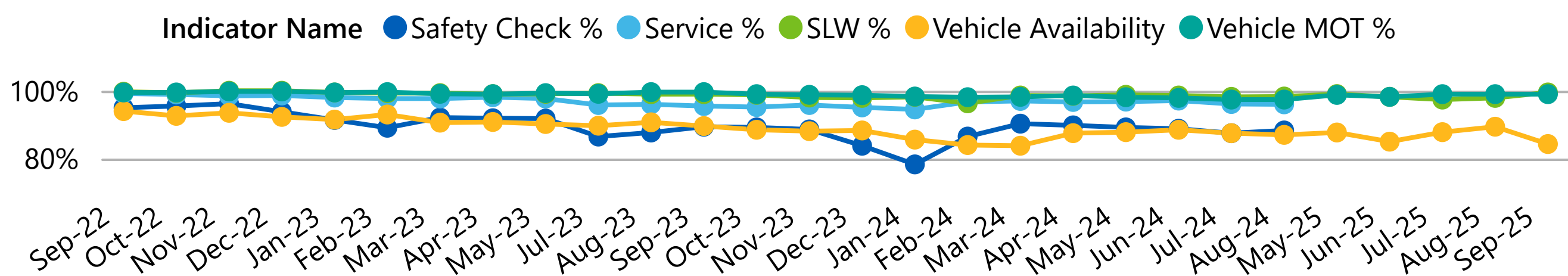
PTS Age

Indicator	Aug-25	Sep-25
Vehicle age +7	14.1%	11.5%
Vehicle age +10	0.8%	0.3%

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)

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)

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 verified Serious Incidents reported on DATIX

Glossary - Indicator Descriptions (Workforce)

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)

Clinical

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

Glossary - Indicator Descriptions (Fleet and Estates)

Fleet and Estates

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