

Integrated Performance Report

October 2025

Published 18 November 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.

Table of Contents

- Strategy and Priorities Overview
- Service Transformation & System Pressures
- Transformation Programme Dashboards
- KPI Exceptions (999, IUC, PTS, Quality and Workforce)
- Workforce Summary
- Finance Summary
- Patient Demand Summary
- Patient Experience (Quality)
- Patient Clinical Effectiveness



- Patient Outcomes Summary
- Patient Safety (Quality)
- Fleet and Estates



999 IPR Key Exceptions - October 25

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:12		
999 - Answer 95th Percentile		00:01:23		
999 - AHT		00:07:09		
999 - Calls Ans in 5 sec	95.0%	78.5%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:00		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:54		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:27:54		
999 - C2 90th (T < 40 Mins)	00:40:00	00:58:07		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:27:44		
999 - C3 90th (T < 2 Hour)	02:00:00	03:23:26		
999 - C1 Responses > 15 Mins		571		
999 - C2 Responses > 80 Mins		1,617		
999 - Job Cycle Time		01:43:21		
999 - Avg Hospital Turnaround	00:30:00	00:39:43		
999 - Avg Hospital Handover	00:15:00	00:18:01		
999 - Avg Hospital Crew Clear	00:15:00	00:21:46		
999 - Total lost handover time		924		
999 - Crew clear over 30 mins %		22.6%		
999 - C1%		11.4%		
999 - C2%		61.0%		

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 October, a decrease from September of 5 seconds. The median remained the same, and the 90th increased by 36 seconds. The 95th decreased from 1 minute 50 seconds in September to 1 minute 23 seconds in October, and the 99th decreased from 2 minutes 52 seconds to 2 minutes 29.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from September by 5 seconds and the 90th percentile worsened by 23 seconds. The mean performance time for Cat2 stayed consistent compared to last month and the 90th percentile improved by 31 seconds. Compared to October of the previous year, the Cat1 mean improved by 20 seconds, the Cat1 90th percentile improved by 44 seconds, the Cat2 mean improved by 10 minutes 34 seconds and the Cat2 90th percentile improved by 29 minutes 15 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 72.4% in October (11.4% Cat1, 61.0% Cat2) after a 0.5 percentage point (pp) increase compared to September (0.0 pp decrease in Cat1 and 0.5 pp increase in Cat2). Comparing against October for the previous year, Cat1 proportion decreased by 5.3 pp and Cat2 proportion increased by 0.1 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in October, with 571 responses over this target. This is 73 (14.7%) more compared to September. The number for last month was 42.6% lower than October 2024. The number of Cat2 responses greater than 2x 90th percentile target increased from September by 186 responses (13.0%). This is a 67.0% decrease from October 2024.

Hospital & Job Cycle Time - Last month the average handover time increased by 16 seconds and overall turnaround time increased by 37 seconds. The number of conveyances to ED was 7.4% higher than in September. Overall, the average job cycle time increased by 1 minute from September.

Demand - On scene response demand was 1.3% above forecasted figures for October. It was 6.7% higher compared to September and 3.7% higher compared to October 2024. All response demand (HT + STR + STC) was 6.2% higher than September.

Outcomes - Comparing incident outcome proportions within 999 for October against September, the proportion of hear & treat decreased by 0.4 percentage points (pp), see treat & refer decreased by 0.2 pp and see treat & convey increased by 0.5 pp. The proportion of incidents with conveyance to ED increased by 0.6 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

IUC IPR Key Indicators - October 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		146,497		
IUC - Answered vs. Last Month %		11.1%		
IUC - Answered vs. Last Year %		5.6%		
IUC - Calls Triage		137,192		
IUC - Calls Abandoned %	3.0%	2.4%		
IUC - Answer Mean	00:00:20	00:00:32		
IUC - Answered in 60 Secs %	90.0%	85.4%		
IUC - Answered in 120 secs %	95.0%	90.2%		
IUC - Callback in 1 Hour %	60.0%	44.6%		
IUC - ED Validations %	50.0%	71.0%		
IUC - 999 Validations %	95.0%	99.8%		
IUC - ED %		16.9%		
IUC - ED Outcome to A&E %		77.2%		
IUC - ED Outcome to UTC %		10.8%		
IUC - Ambulance %		11.4%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 159,021 calls in October, 6.9% above the annual business plan baseline demand. 146,497 (92.1%) of these were answered, 11.1% above last month and 5.6% 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 85.4% from 83.7% in October. Average speed to answer has decreased by 6 seconds to 32 seconds compared with 38 seconds last month. Abandonment rate decreased to 2.4% from 2.8% last month.

The proportion of clinician call backs made within 1 hour decreased to 44.6% from 47.2% last month. This is 15.4% below the national target of 60%. Core clinical advice increased to 25.2% from 24.7% 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 77.0% in October, whilst performance for overall validations was 99.8%, with 14,515 cases validated overall.

ED validation performance increased to 71.0% from 70.3% 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 37.2% from 39.2% last month and ED bookings decreased to 0.3% from 0.4%. 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 - October 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	87.0%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	81.9%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	91.2%		
PTS - Arrive at Appointment Time	90.0%	89.3%		
PTS - Journeys < 120Mins	90.0%	97.3%		
PTS - Same Month Last Year		-17.9%		
PTS - Increase - Previous Month		2.4%		
PTS - Demand (Journeys)		70,773		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Activity continues to see positive reductions due to the Eligibility Programme. In October, 70,773 journeys were operated including abortions and escorts, 17.9% lower than October 2024.

Actual patient journeys (delivered & aborted) fell 5.9% below the forecast from the Annual Business Plan.

October saw the Eligibility Programme reduce Escort activity by 24.4% compared to the previous year. The volume of Aborted Journeys also saw a significant reduction of 18.9%.

Call Performance fell by 4.2%, with 87.0% of calls being answered in 180 seconds. Although service level saw a slight decline, year to date it now falls 0.6% higher than 2024-25.

Discharge activity saw an 8.5% increase in October with c 9,700 discharges operated. Despite this, Short Notice Outwards Performance saw a 2.3% increase with 81.9% of patients being collected within 120 minutes. This is the highest KPI achieved since November 2024.

All other KPIs fell in line with recent trends.

Workforce Summary

A&E

IUC

PTS

EOC

Other

Trust



Key KPIs

Name	Oct-24	Sep-25	Oct-25
Turnover (FTE) %	10.3%	8.4%	8.3%
Vacancy Rate %	8.7%	5.5%	3.8%
Apprentice %	10.1%	9.3%	9.3%
BME %	8.2%	8.8%	9.0%
Disabled %	9.0%	10.5%	10.7%
Sickness - Total % (T-5%)	7.1%	6.9%	7.3%
PDR / Staff Appraisals % (T-90%)	83.1%	73.6%	75.7%
Essential Learning	92.1%	89.8%	89.7%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to September 2025, vacancy rate has decreased by 1.7%. In comparison to the same month last year (October 2024) the vacancy rate has improved by 4.9 percentage points. Turnover for IUC has remained high at 22.2%, with vacancies increasing to 10.7% (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.

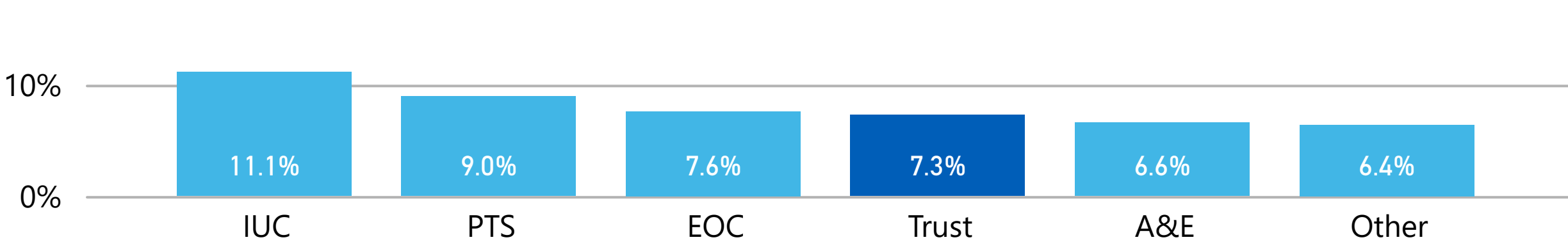
Sickness – Sickness has worsened slightly, increasing from 6.9% to 7.3%, from the previous month. A sub-group of the Organisational Efficiency Group is working to actively reduce absence and supported by QI and BI, has commenced an initial data analysis of 12 data sources to understand trends and themes which may correlate with staff morale.The People Committee and People & Culture Group receive updates on this work.

PDR / Appraisals –The overall compliance rate is showing a steady improvement trajectory since June 25. IUC and A&E are the highest performing areas (83% & 78.7% respectively) with ‘Other’ as the lowest (65% (was 56.3% in May 25)). The Compliance Dashboard is accessible to all managers, and the new Online Appraisal system is fully implemented. The Senior Leadership Community compliance rate is 84.5%.

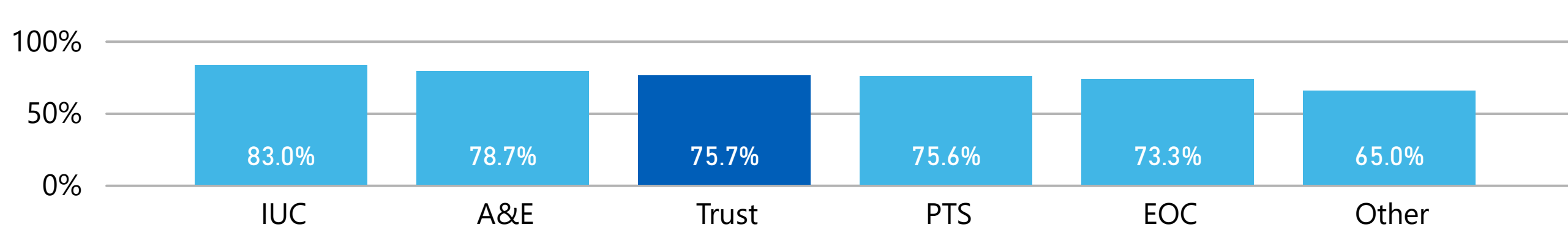
Essential Learning – the overall compliance rate is relatively stable at 89.7% after a steady increase from Mar 2025, remaining slightly below the 90% target (previously maintained since Jan 2023). PTS and EOC achieved the target at 95.5% and 90.7% respectively. All other areas are below target with IUC at the lowest at 88.3%. The compliance dashboard is available to all managers and refreshed twice weekly. Safeguarding Level 3 is now included as part of Essential Learning. YAS is an active participant in the national review of Statutory and Mandatory training.

Assurance: All data displayed has been checked and verified

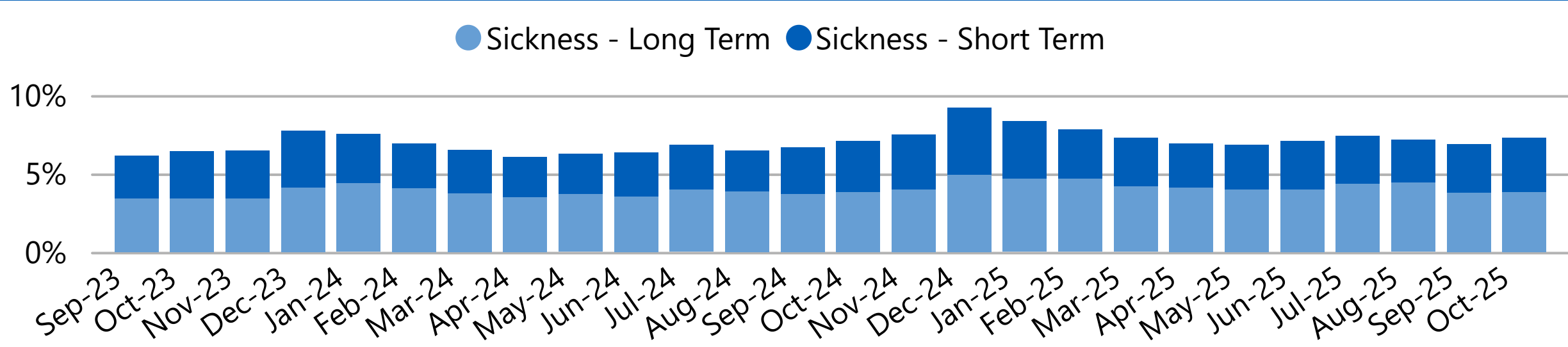
Sickness Benchmark for Last Month (Trust)



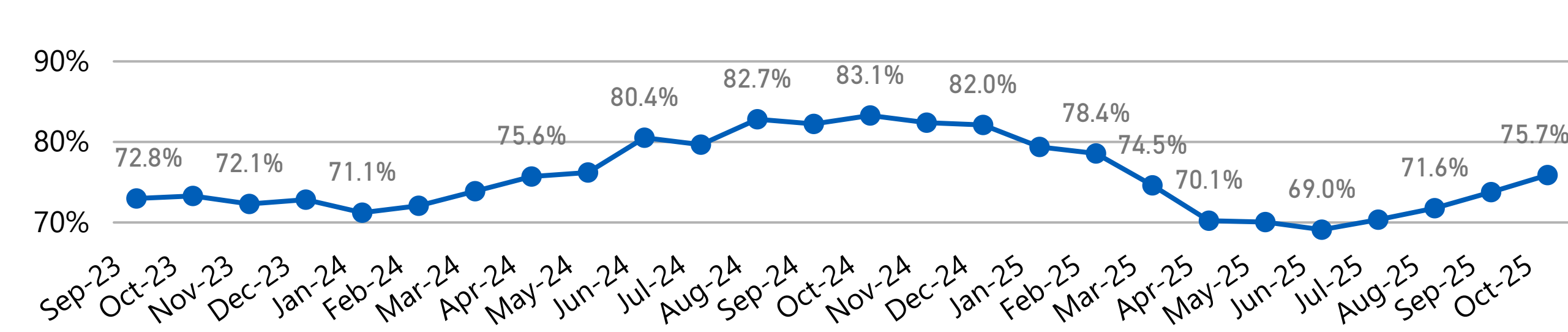
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



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



Overview - Unaudited Position

- Overall -**
The Trust has a month 7 Surplus position of £1,212k 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 October, the Trust had £58.1m 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)	£217	£1,212	£995
Cash	£50,111	£58,063	£7,952
Capital	£8,083	£2,931	-£5,152

Monthly View (£000s)							
Indicator Name	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10
▼							
Surplus/ (Deficit)	-£24	£191	£209	£441	£547	£86	-£238
Cash	£44,480	£42,692	£41,487	£42,707	£53,196	£53,193	£58,063
Capital	£1,566	£148	£1,029	-£1,153	£298	£1,117	-£74

Patient Demand Summary

Demand Summary

Indicator	Oct-24	Sep-25	Oct-25
999 - Incidents (HT+STR+STC)	77,494	73,193	77,743
999 - Calls Answered	96,375	69,691	75,496
IUC - Calls Answered	138,688	131,810	146,497
IUC - Calls Answered vs. Ceiling %	-15.1%	-4.1%	-3.5%
PTS - Demand (Journeys)	86,181	69,087	70,773
PTS - Increase - Previous Month	6.5%	7.8%	2.4%
PTS - Same Month Last Year	10.8%	-14.6%	-17.9%
PTS - Calls Answered	43,802	35,222	33,893

Commentary

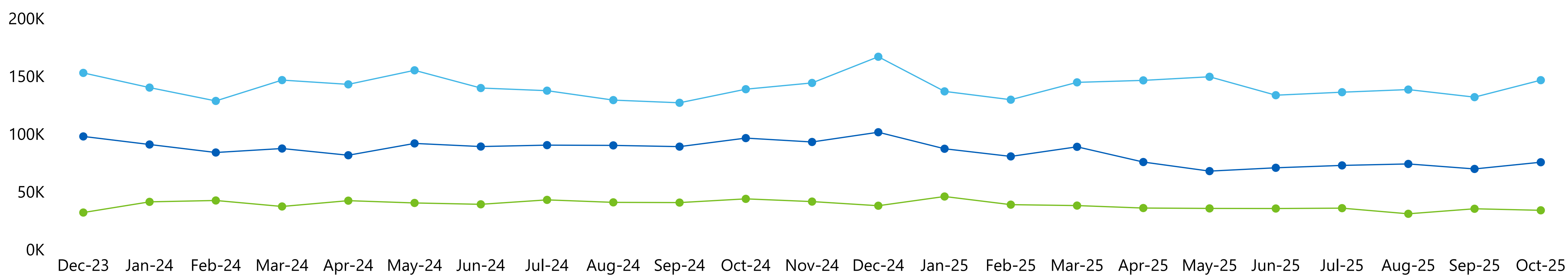
999 - On scene response demand was 1.3% above forecasted figures for October. It was 6.7% higher compared to September and 3.7% higher compared to October 2024.

IUC - YAS received 159,021 calls in October, 6.9% above the annual business plan baseline demand. 146,497 (92.1%) of these were answered, 11.1% above last month and 5.6% above the same month last year.

PTS - In October, 70,773 journeys were operated including abortions and escorts, 17.9% lower than October 2024.

Overall Calls and Demand

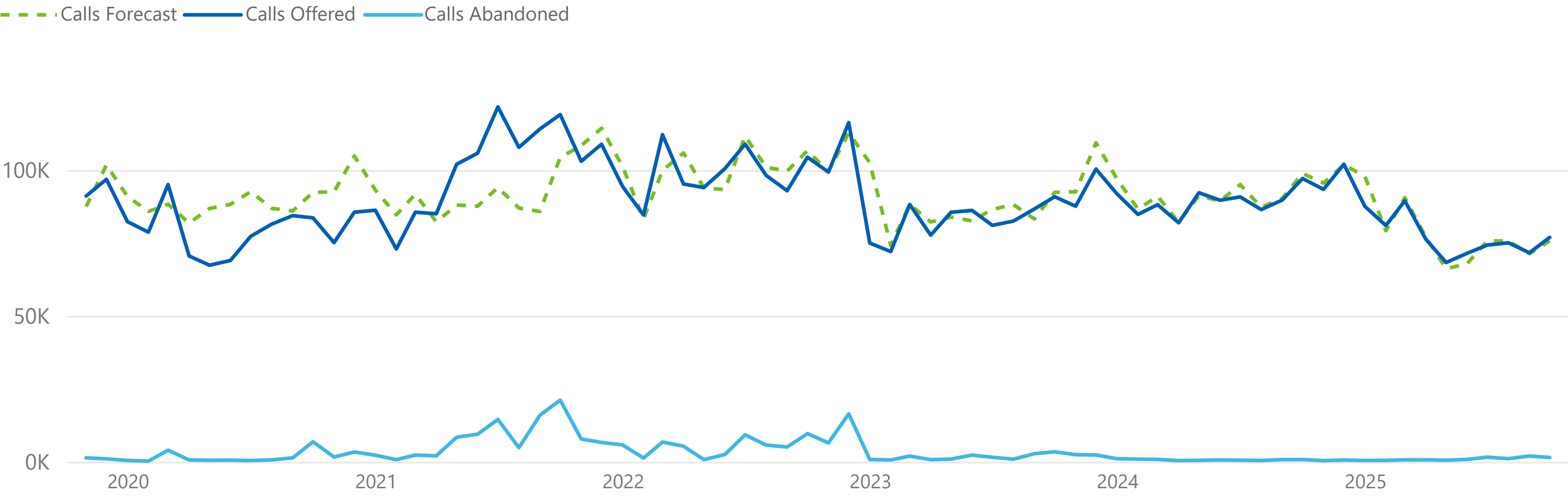
Figure ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



999 and IUC Historic Demand

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

999 Historic Call Demand

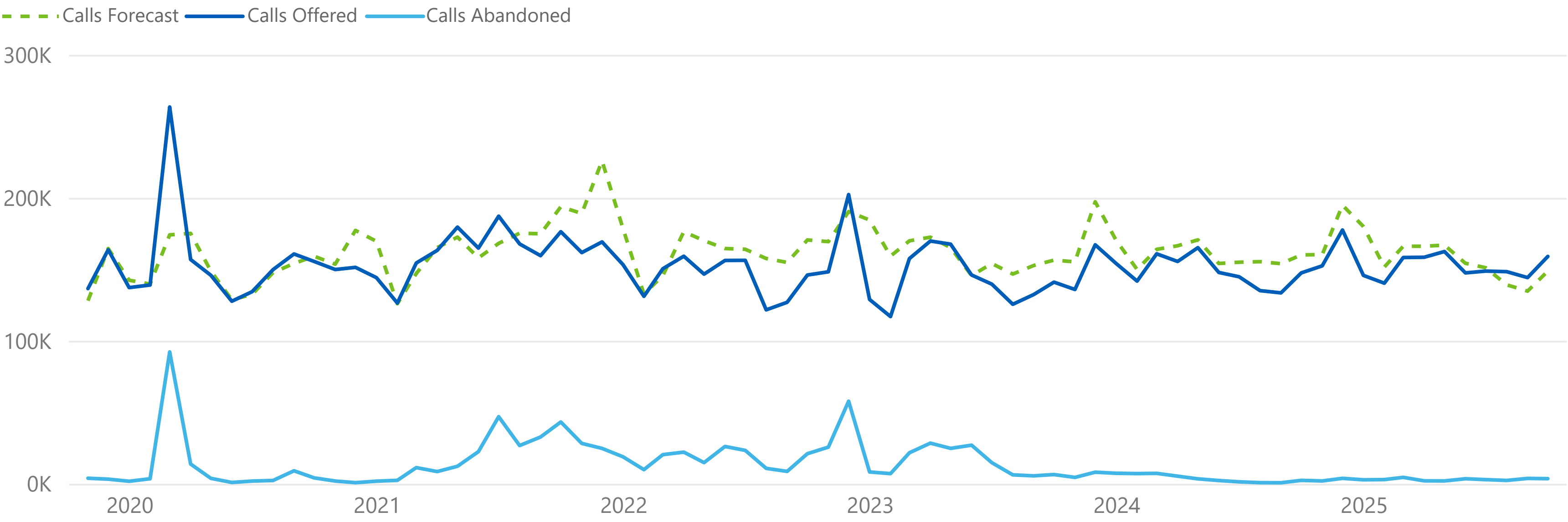


999

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 October 2025, there were 76,929 calls offered which was 1.6% above forecast, with 75,496 calls answered and 1,433 calls abandoned (1.9%). There were 7.4% more calls offered compared with the previous month and 20.8% 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 26.1% reduction in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

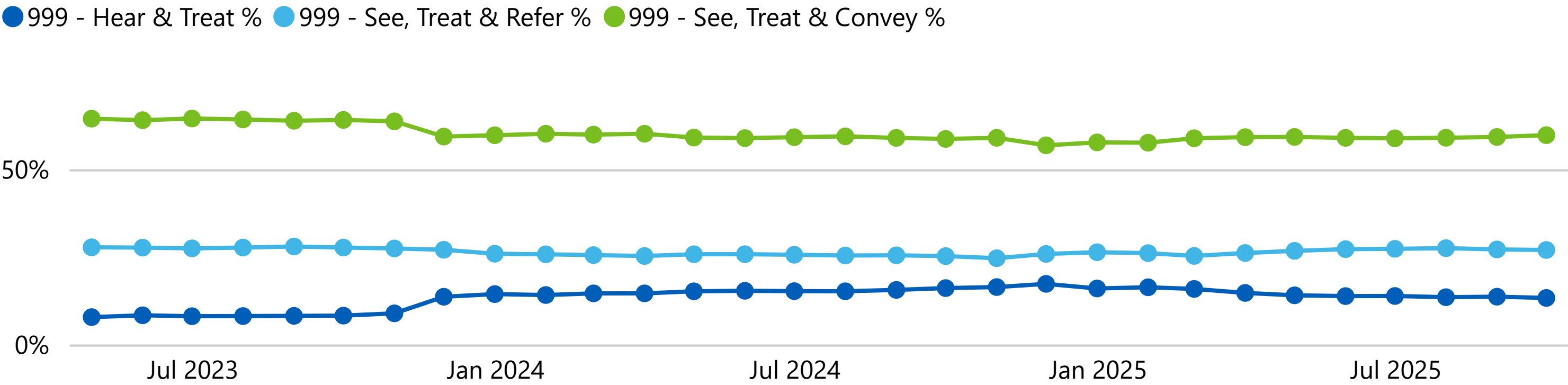
YAS received 159,021 calls in October, 6.9% above the annual business plan baseline demand. 146,497 (92.1%) of these were answered, 11.1% above last month and 5.6% above the same month last year. Calls abandoned decreased to 2.4% from 2.8% last month and was 0.7% above last year.

Patient Outcomes Summary

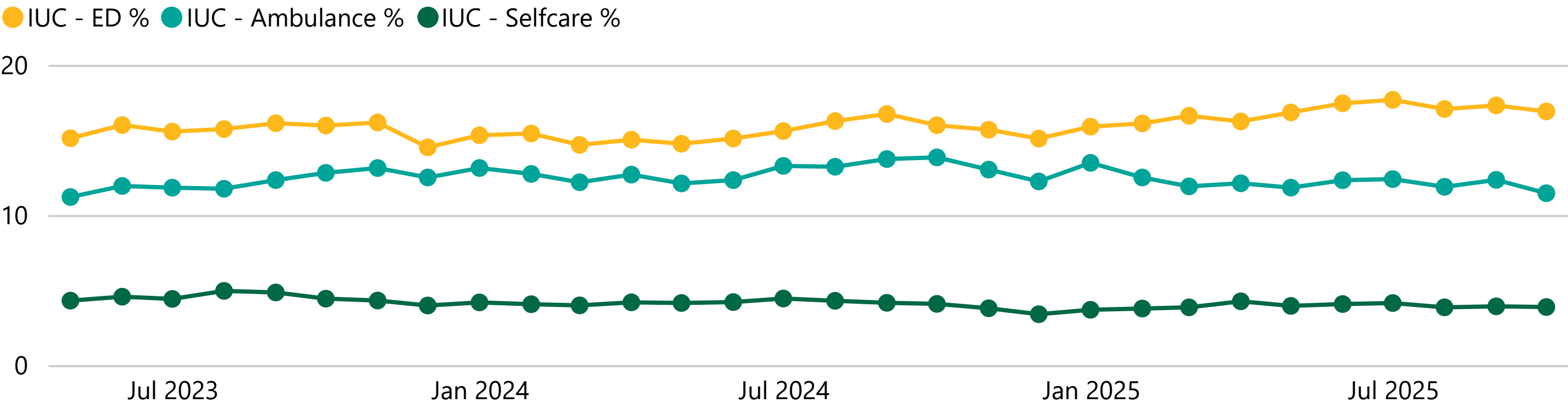
Outcomes Summary

ShortName	Oct-24	Sep-25	Oct-25
999 - Incidents (HT+STR+STC)	77,494	73,193	77,743
999 - Hear & Treat %	16.1%	13.6%	13.3%
999 - See, Treat & Refer %	25.2%	27.1%	27.0%
999 - See, Treat & Convey %	58.7%	59.2%	59.7%
999 - Conveyance to ED %	52.3%	52.5%	53.1%
999 - Conveyance to Non ED %	6.4%	6.7%	6.6%
IUC - Calls Triaged	136,384	125,226	137,192
IUC - ED %	16.0%	17.3%	16.9%
IUC - Ambulance %	13.8%	12.3%	11.4%
IUC - Selfcare %	4.1%	3.9%	3.9%
IUC - Other Outcome %	14.6%	15.2%	15.2%
IUC - Primary Care %	50.6%	44.1%	45.8%
PTS - Demand (Journeys)	86,181	69,087	70,773

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for October against September, the proportion of hear & treat decreased by 0.4 percentage points (pp), see treat & refer decreased by 0.2 pp and see treat & convey increased by 0.5 pp. The proportion of incidents with conveyance to ED increased by 0.6 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

IUC - The proportion of callers given an Ambulance outcome was 11.4%, with Primary Care outcomes at 45.8%. 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 10.8%, 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

PTS

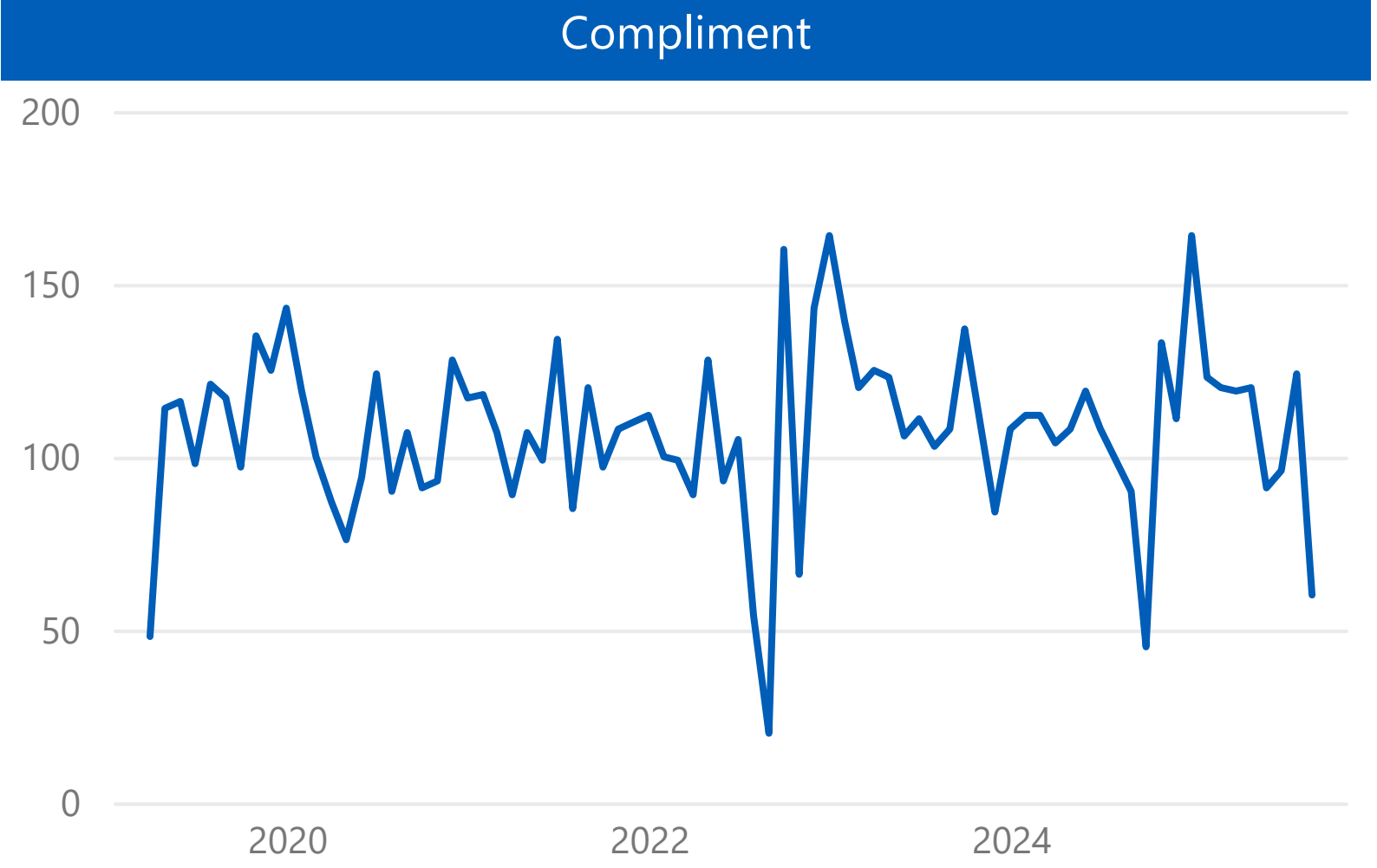
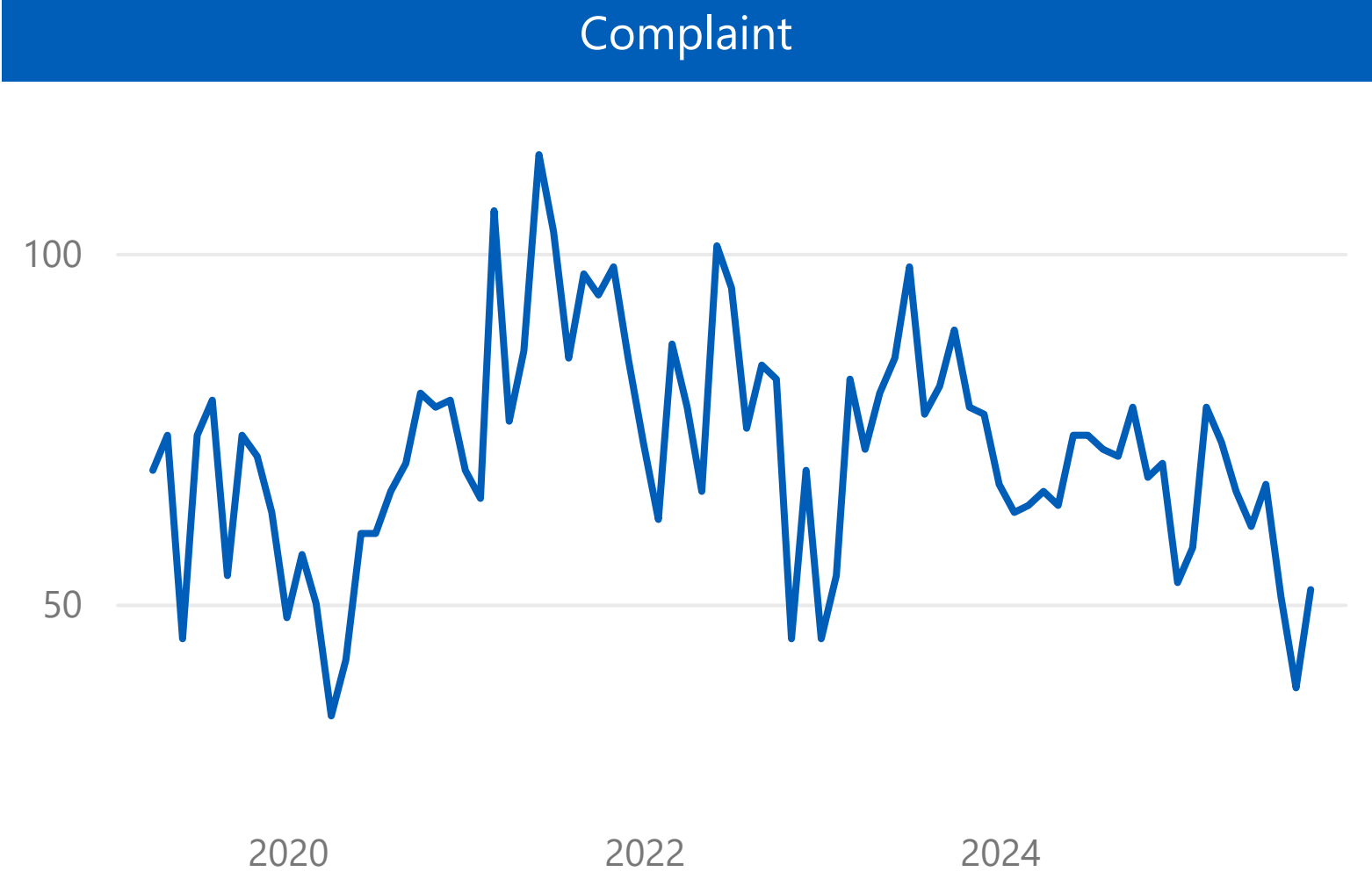
EOC

YAS

IUC



Patient Relations			
Indicator	Oct-24	Sep-25	Oct-25
Service to Service	115	88	55
Concern	59	39	31
Compliment	45	60	
Complaint	78	38	52
Total	115	88	55



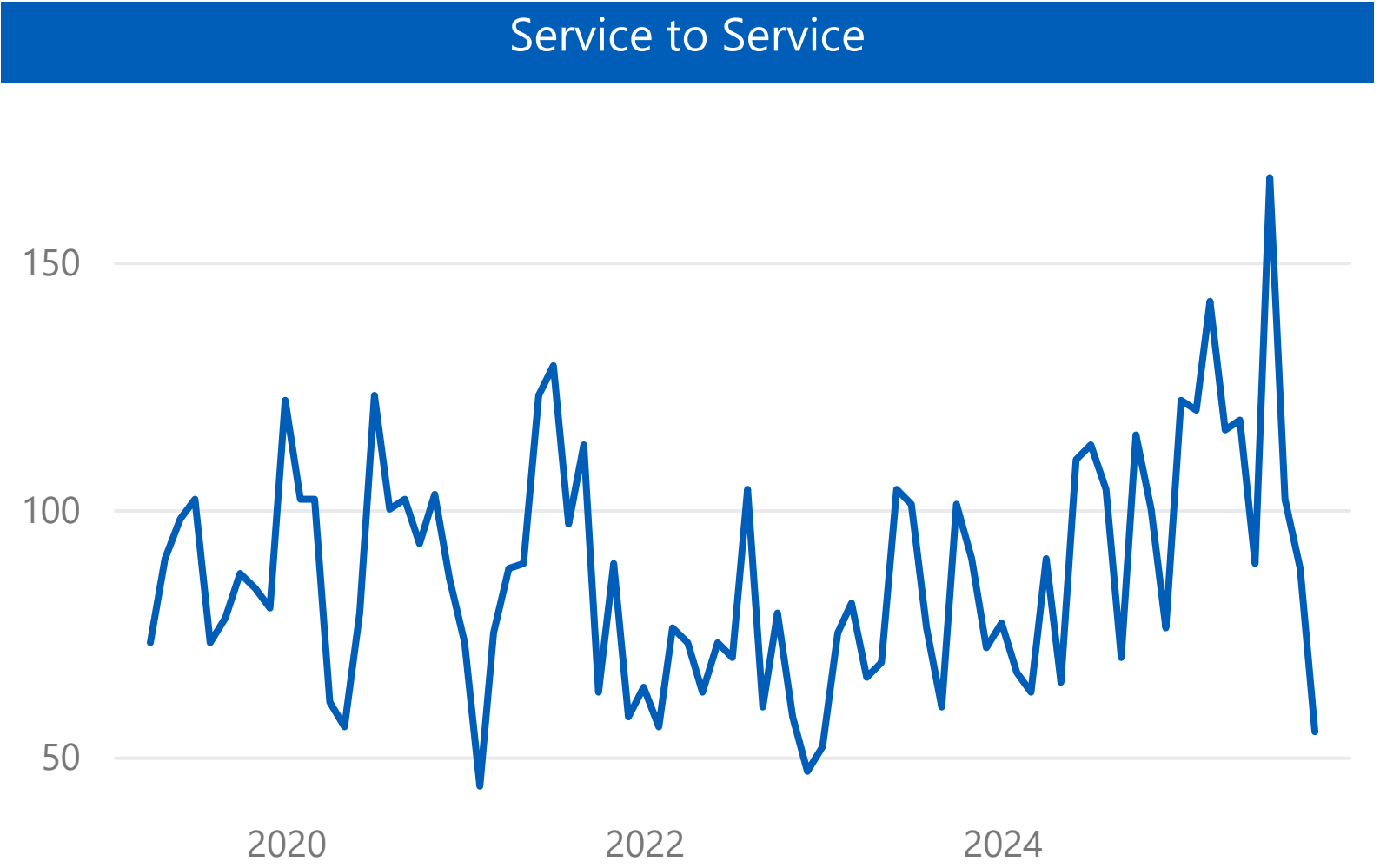
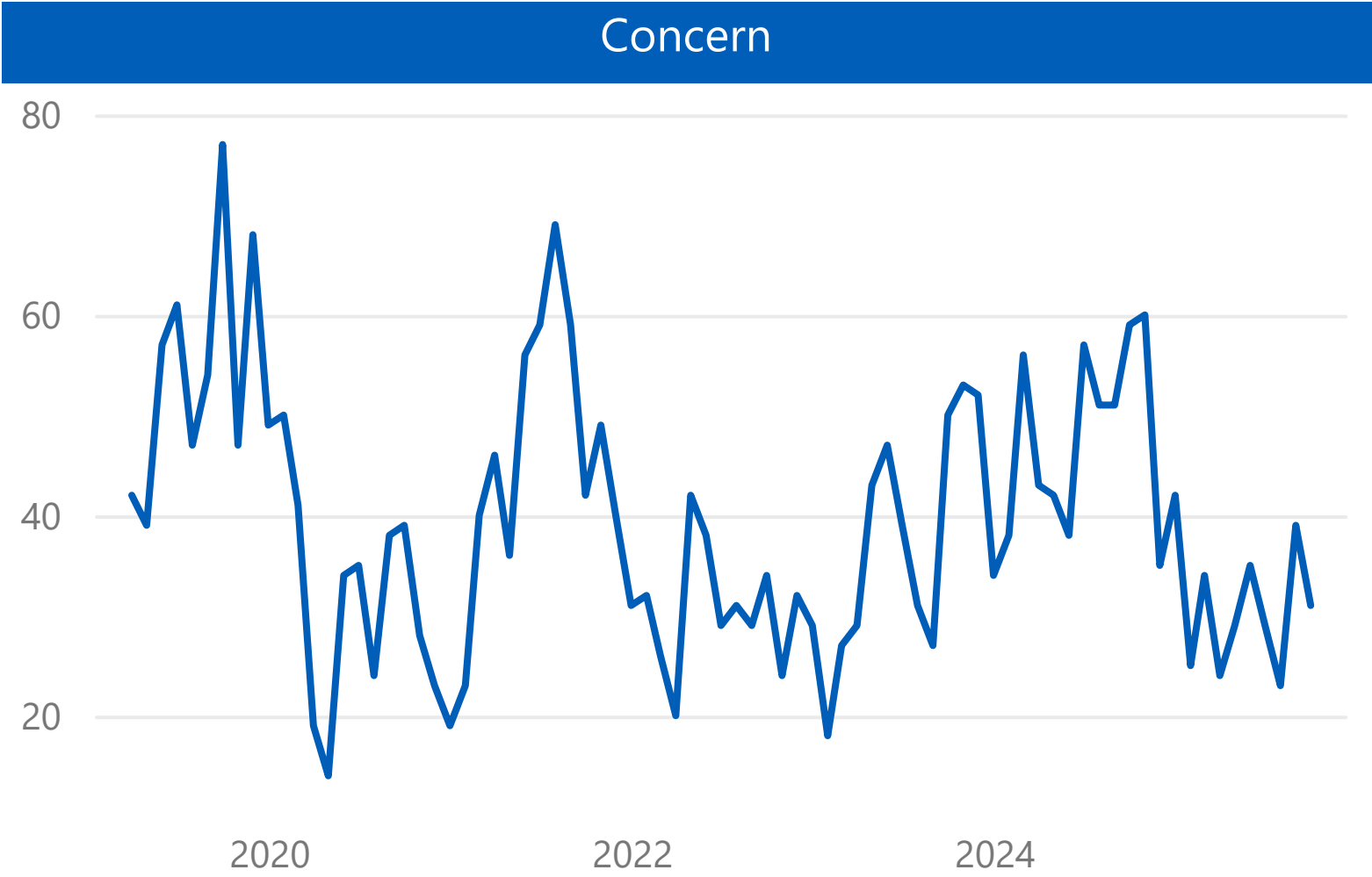
YAS Comments

Complaint levels have increased slightly this month but remain lower than the same period last year, with 52 complaints compared to 78 last year (a 33% reduction). PTS has seen the most significant improvement, recording just 7 complaints in October compared to 20 last year (a 65% reduction). EOC and IUC have also experienced fewer complaints year-on-year.

Concerns have fallen again, likely due to the introduction of Stage One Local Resolution across PTS and A&E. Both A&E and PTS have seen the largest decreases in concerns, with numbers dropping by just over 50% in each area.

Due to capacity issues, there is currently a backlog of service-to-service feedback. Cases are being prioritised, but this has resulted in recorded figures that are lower than the actual volumes. These same capacity constraints have also affected the logging of compliments, with none recorded in October.

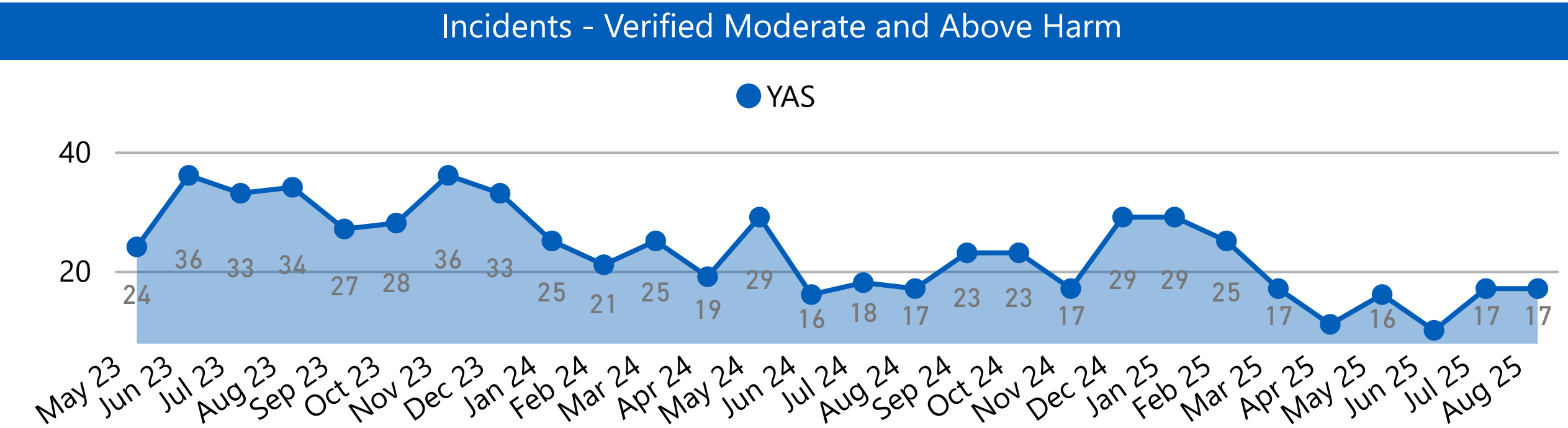
Actions are being taken to ensure that service-to-service feedback and compliments can be logged in a timely manner from 24 November. As a result, an increase is expected in the reported figures for November and December.



Incidents			
Indicator	Oct-24	Sep-25	Oct-25
All Incidents Reported	943	1,000	1,064
Number of duty of candour contacts	13	7	9
Number of RIDDORs Submitted	9	1	7
Patient Safety Indicator Incident Investigation	1		2

Indicator	Aug 24	Jul 25	Aug 25
Moderate & Above Harm (verified)	17	17	17
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	3	1	1

Hygiene			
Indicator	Oct-24	Sep-25	Oct-25
% Compliance with Hand Hygiene	97.9%	98.5%	98.4%
% Compliance with Premise	99.9%	98.3%	99.4%
% Compliance with Vehicle	99.1%	99.0%	98.5%



Safeguarding			
Indicator	Oct-24	Sep-25	Oct-25
Rapid Review	2		2
Child Safeguarding Practice Review	2		
Domestic Homicide Review (DHR)	1	7	3
Safeguarding Adult Review (SAR)	11	10	9
Child Death	20	9	11

YAS Comments

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

Safeguarding Adult Review (SAR) – 9 requests for information in relation to SAR’s were received this month.

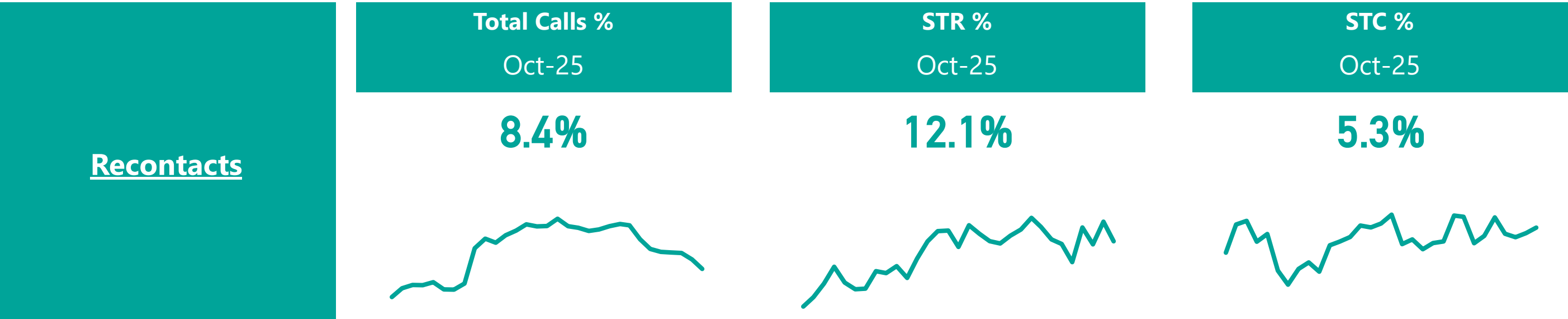
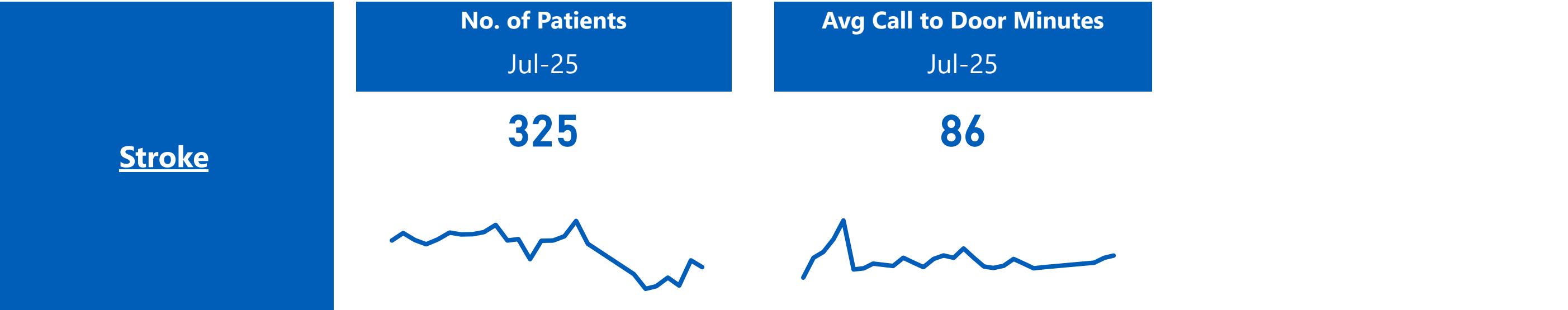
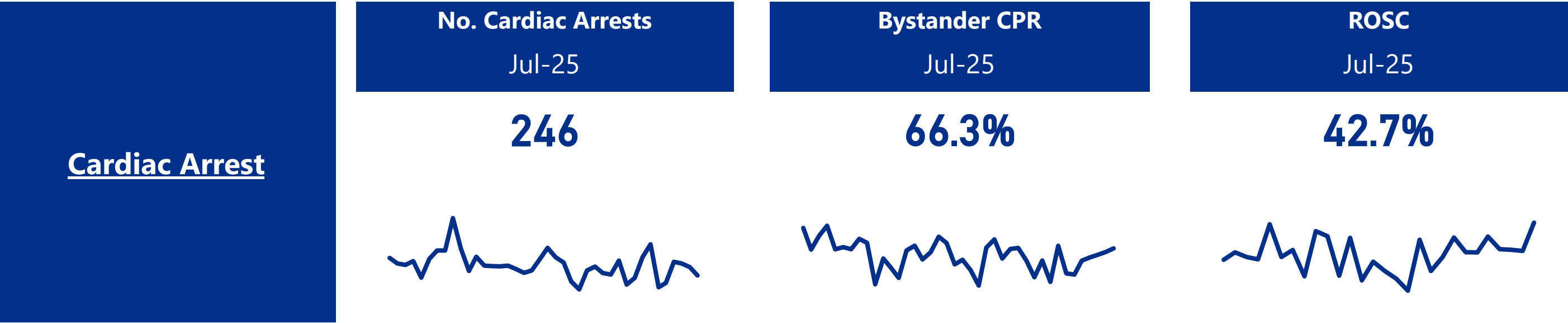
Child Safeguarding Practice Review (CSPR) - 0 requests were received to support a CSPR this month.

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

Child death - The Safeguarding team contributed information in relation to 11 children who died this month.

A&E Long Responses			
Indicator	Oct-24	Sep-25	Oct-25
999 - C1 Responses > 15 Mins	994	498	571
999 - C2 Responses > 80 Mins	4,898	1,431	1,617

Patient Clinical Effectiveness



Cardiac Arrest - In July, YAS continued or commenced resuscitation for 246 patients who were in cardiac arrest. The post ROSC care bundle has seen an improvement from 47% in June, to 68.8% in July which is comparable to the previous months of 2025. Again, following a low recorded rate of survival to discharge in June, July has seen an increase to 10.6% which is consistent across all geographical areas of Yorkshire. An AmbCo plan is being worked through with stakeholders to improve local reporting and promote awareness amongst all staff. The internal governance and escalation will be agreed and a plan to improve how the data is made available is underway.

STEMI care (ST segment elevation myocardial infarction) (Heart Attack) - 178 patients were recorded as having a STEMI in July. Care bundle compliance has improved since the last data collected in April (49%) and is 60.7%. There is still improvement required and this will also be part of the AmbCo plan to improve the care delivered and the correct documentation of that care. A pain management service evaluation is underway which includes patients with a presenting complaint of chest pain. It is expected this will identify gaps in care delivery of analgesia across several patient groups including those with chest pain.

Stroke - The number of stroke patients has remained consistent and the call to door time also remains similar to that seen in previous months of 2025.

Recontacts- October shows recontacts to be at 8.4% across the trust. With STR at 12.1% and STC at 5.3%. 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

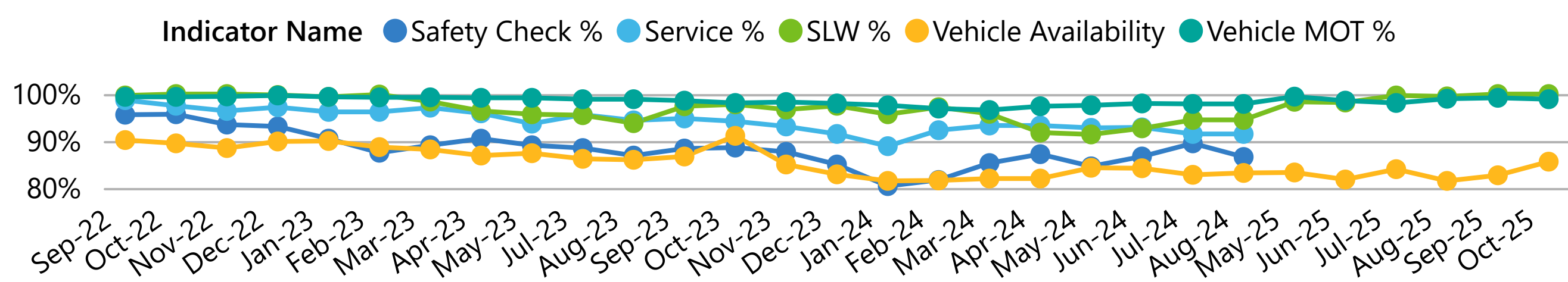
Indicator	Oct-24	Sep-25	Oct-25
P2 Emergency (<4 Hrs) - Attendance	75.4%	90.9%	93.1%
P2 Emergency (<24 Hrs) – Completed	52.5%	75.0%	93.1%
P3 Non Emergency (<24Hrs) - Attendance	79.4%	86.5%	85.3%
P3 Non Emergency (<72 Hrs) – Completed	71.4%	83.8%	91.2%
P4 Non Emergency (<2 Working Days) - Attendance	75.3%	91.4%	94.6%
P4 Non Emergency (<14 Days) – Completed	69.1%	83.7%	89.3%
P6 Non Emergency (<2 Weeks) - Attendance	70.1%	85.3%	82.9%
P6 Non Emergency (4 Weeks) - Completed	46.4%	73.5%	71.4%
Planned Maintenance Complete	83.0%	97.0%	91.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 225 jobs for the month of October. This is greatly reduced from the representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 29 requests followed by Callflex at 12 and HART at 10 requests for reactive works. SLA figures are average with at an overall attendance KPI at 90% however, completion KPI is slightly lower than usual at 88%.

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 30% of request with attendance KPI at 85% against a target of 98%. P4 category account for just over 40% of requests with attendance KPI at 94% 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 98% for October with a completion of 91%.

999 Fleet



999 Fleet Age

Indicator	Sep-25	Oct-25
Vehicle age +7	12.1%	17.7%
Vehicle age +10	0.6%	0.6%

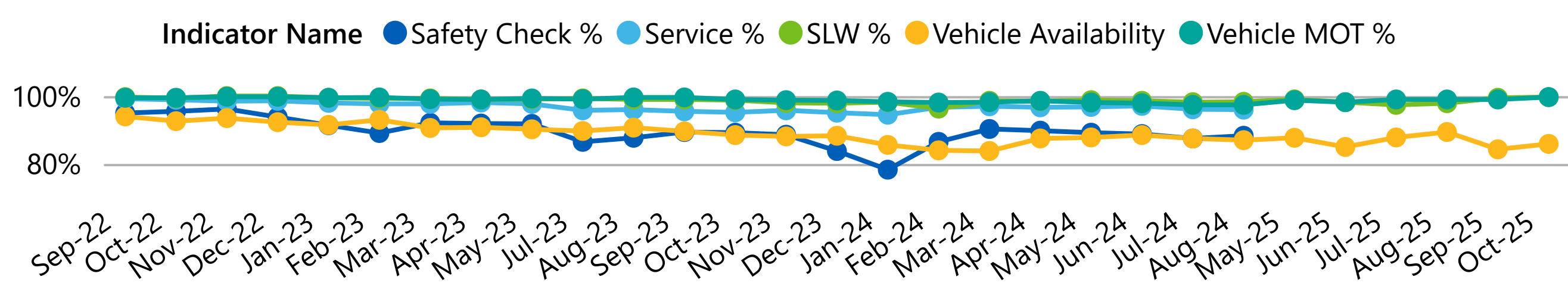
PTS Age

Indicator	Sep-25	Oct-25
Vehicle age +7	11.5%	8.6%
Vehicle age +10	0.3%	0.5%

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