

# Integrated Performance Report

November 2025

Published 15 December 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 <b>higher</b> pressure due to (H)igh or (L)ow values	Special cause of improving nature or <b>lower</b> 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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- Patient Outcomes Summary
- Patient Safety (Quality)
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# 999 IPR Key Exceptions - November 25

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:12		
999 - Answer 95th Percentile		00:01:22		
999 - AHT		00:07:11		
999 - Calls Ans in 5 sec	95.0%	78.1%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:04		
999 - C1 90th (T < 15 Mins)	00:15:00	00:14:05		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:29:24		
999 - C2 90th (T < 40 Mins)	00:40:00	01:02:09		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:34:25		
999 - C3 90th (T < 2 Hour)	02:00:00	03:43:36		
999 - C1 Responses > 15 Mins		590		
999 - C2 Responses > 80 Mins		2,037		
999 - Job Cycle Time		01:43:53		
999 - Avg Hospital Turnaround	00:30:00	00:39:55		
999 - Avg Hospital Handover	00:15:00	00:18:21		
999 - Avg Hospital Crew Clear	00:15:00	00:21:39		
999 - Total lost handover time		1,071		
999 - Crew clear over 30 mins %		22.4%		
999 - C1%		11.3%		
999 - C2%		62.2%		

### 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 November, no change from the previous month. The median remained the same, and the 90th decreased by 1 second. The 95th decreased from 1 minute 23 seconds in October to 1 minute 22 seconds in November, and the 99th decreased from 2 minutes 29 seconds to 2 minutes 27.

**Cat 1-4 Performance** - The mean performance time for Cat1 worsened from October by 5 seconds and the 90th percentile worsened by 11 seconds. The mean performance time for Cat2 worsened from October by 1 minute 31 seconds and the 90th percentile worsened by 4 minutes 2 seconds. Compared to November of the previous year, the Cat1 mean improved by 8 seconds, the Cat1 90th percentile improved by 23 seconds, the Cat2 mean improved by 7 minutes 53 seconds and the Cat2 90th percentile improved by 21 minutes 48 seconds.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 73.6% in November (11.3% Cat1, 62.2% Cat2) after a 1.1 percentage point (pp) increase compared to October (0.1 pp decrease in Cat1 and 1.2 pp increase in Cat2). Comparing against November for the previous year, Cat1 proportion decreased by 5.8 pp and Cat2 proportion increased by 1.0 pp.

**Responses Tail (C1 and C2)** - The number of Cat1 responses greater than the 90th percentile target increased in November, with 590 responses over this target. This is 19 (3.3%) more compared to October. The number for last month was 39.5% lower than November 2024. The number of Cat2 responses greater than 2x 90th percentile target increased from October by 420 responses (26.0%). This is a 54.0% decrease from November 2024.




















**Hospital & Job Cycle Time** - Last month the average handover time increased by 21 seconds and overall turnaround time increased by 13 seconds. The number of conveyances to ED was 0.7% lower than in October. Overall, the average job cycle time increased by 1 minute 29 seconds from October.

**Demand** - On scene response demand was 0.0% below forecasted figures for November. It was 1.5% lower compared to October and 3.2% higher compared to November 2024. All response demand (HT + STR + STC) was 0.8% lower than October.

**Outcomes** - Comparing incident outcome proportions within 999 for November against October, the proportion of hear & treat increased by 0.6 percentage points (pp), see treat & refer decreased by 0.4 pp and see treat & convey decreased by 0.2 pp. The proportion of incidents with conveyance to ED increased by 0.0 pp and the proportion of incidents conveyed to non-ED decreased by 0.2 pp.



# IUC IPR Key Indicators - November 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		159,155		
IUC - Answered vs. Last Month %		8.6%		
IUC - Answered vs. Last Year %		10.4%		
IUC - Calls Triage		147,594		
IUC - Calls Abandoned %	3.0%	3.2%		
IUC - Answer Mean	00:00:20	00:00:51		
IUC - Answered in 60 Secs %	90.0%	78.5%		
IUC - Answered in 120 secs %	95.0%	85.1%		
IUC - Callback in 1 Hour %	60.0%	36.4%		
IUC - ED Validations %	50.0%	72.0%		
IUC - 999 Validations %	95.0%	98.0%		
IUC - ED %		12.8%		
IUC - ED Outcome to A&E %		70.6%		
IUC - ED Outcome to UTC %		13.6%		
IUC - Ambulance %		10.9%		

## IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 174,425 calls in November, 12.4% above the annual business plan baseline demand. 159,155 (91.2%) of these were answered, 8.6% above last month and 10.4% 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 78.5% from 85.4% in November. Average speed to answer has increased by 19 seconds to 51 seconds compared with 32 seconds last month. Abandonment rate increased to 3.2% from 2.4% last month.












The proportion of clinician call backs made within 1 hour decreased to 36.4% from 44.6% last month. This is 23.6% below the national target of 60%. Core clinical advice increased to 25.4% 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 43.5% in November, whilst performance for overall validations was 98.0%, with 13,147 cases validated overall.

ED validation performance increased to 72.0% from 71.0% 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 30.3% from 37.2% last month and ED bookings increased to 0.7% 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 - November 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	92.4%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	79.1%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.5%		
PTS - Arrive at Appointment Time	90.0%	87.5%		
PTS - Journeys < 120Mins	90.0%	97.2%		
PTS - Same Month Last Year		-19.3%		
PTS - Increase - Previous Month		-7.7%		
PTS - Demand (Journeys)		65,309		

## PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Activity saw a 7.7% reduction in November, with just over 65,000 journeys operated (including abortions and escorts). This was expected due to November having fewer working days. Demand compared to November 24 was 19.3% lower, showing that the Eligibility Programme is continuing to have a positive impact on demand levels.

49,000 patient journeys took place in November, 7.2% below the PTS Annual Business Plan.

Eligibility made good improvements to the number of low acuity bookings and journeys. November saw 66.7% less bookings than November 24, and journey activity reduced by 58.3%. These reductions are the highest so far since Eligibility started.

Eligibility also contributed to positive drops in the number of Aborted Journeys and Escorts, with Aborts reducing by 34.7%, and Escorts by 21.9% compared to the previous year.

Call Performance saw a 5.2% increase, with 92.4% of calls being answered in 180 seconds. This was the second time this financial year that Reservations hit the service level target. Call demand saw a 26.9% reduction when compared to November 24, and YTD calls are 18.0% lower than 2024-25. Lower call demand is having a positive effect on performance, with Calls Answered in 180% now being 1.7% higher than the previous year.

Short Notice Outwards Performance fell back below 80.0%, with 79.1% of patients being picked up in 120 minutes. The number of Private Provider worked hours saw a 7.0% drop to October, however the number of working days will have impacted this. Performance compared to November 24 was 2.8% lower.

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



# Workforce Summary

A&E

EOC

IUC

Other

PTS

Trust



## Key KPIs

Name	Nov-24	Oct-25	Nov-25
Turnover (FTE) %	10.0%	8.3%	8.3%
Vacancy Rate %	7.9%	3.8%	2.9%
Apprentice %	10.1%	9.3%	9.0%
BME %	8.2%	9.0%	8.9%
Disabled %	9.1%	10.7%	10.7%
Sickness - Total % (T-5%)	7.5%	7.3%	7.7%
PDR / Staff Appraisals % (T-90%)	82.2%	75.7%	77.1%
Essential Learning	91.2%	89.7%	90.1%

## YAS Commentary

**FTE, Turnover, Vacancies and BME** – Compared to October 2025, vacancy rate has decreased by 0.9%. In comparison to the same month last year (November 2024) the vacancy rate has improved by 5.0 percentage points. Turnover for IUC remains high at 22.5%, with vacancies increasing to 13.2% (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.

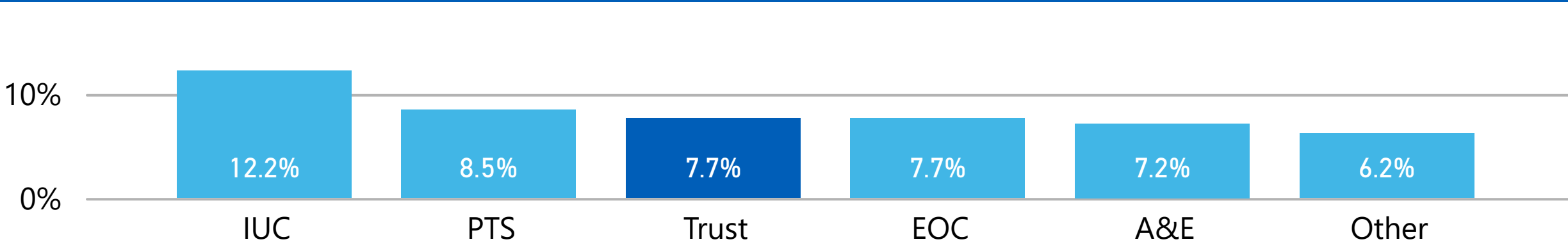
**Sickness** – Sickness has worsened slightly, increasing from 7.3% to 7.7%, from the previous month. A sub-group of the Organisational Efficiency Group is working to actively reduce absence and is programme managing an absence reduction plan. The People & Culture Group continues to receive updates on this work. A quality improvement exercise has commenced with a deep analysis of 12 areas of exploration that aim to provide targeted areas of focus for the reduction of absence. Early indications of work relate to leadership development, and flexible working.

**PDR / Appraisals** –The overall compliance rate (77.1%) is showing a steady improvement trajectory since June 25, however, is still down on the YTD position for 2024 (82.2%). IUC and A&E are the highest performing areas (83.1% & 80.9% respectively) with ‘Other’ as the lowest (65.1% (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 85.5% (27 outstanding).

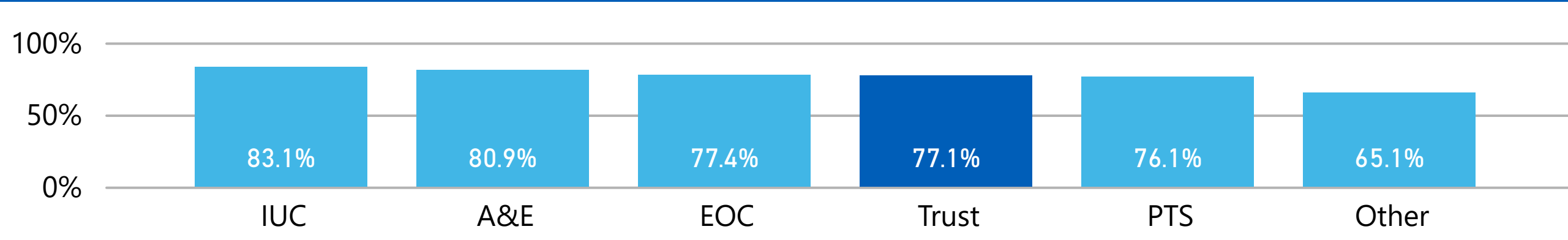
**Essential Learning** – The overall compliance rate is relatively stable at 90.1% after a steady increase to the 90% target from Mar 2025. PTS and EOC continue to achieve the target at 95.6% and 92.8% respectively. All areas increased compliance rates in October, with IUC at the lowest at 88.8%. The 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

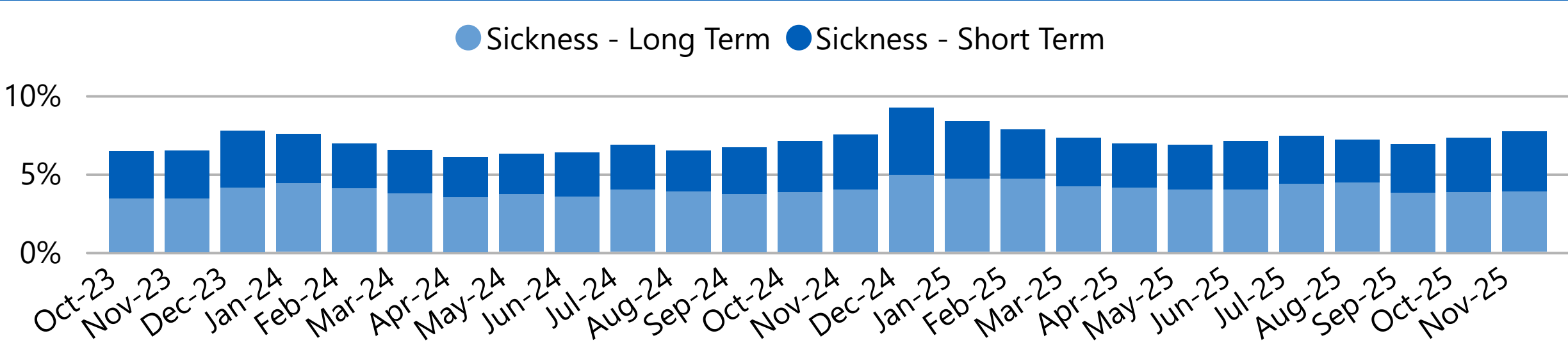
## Sickness Benchmark for Last Month (Trust)



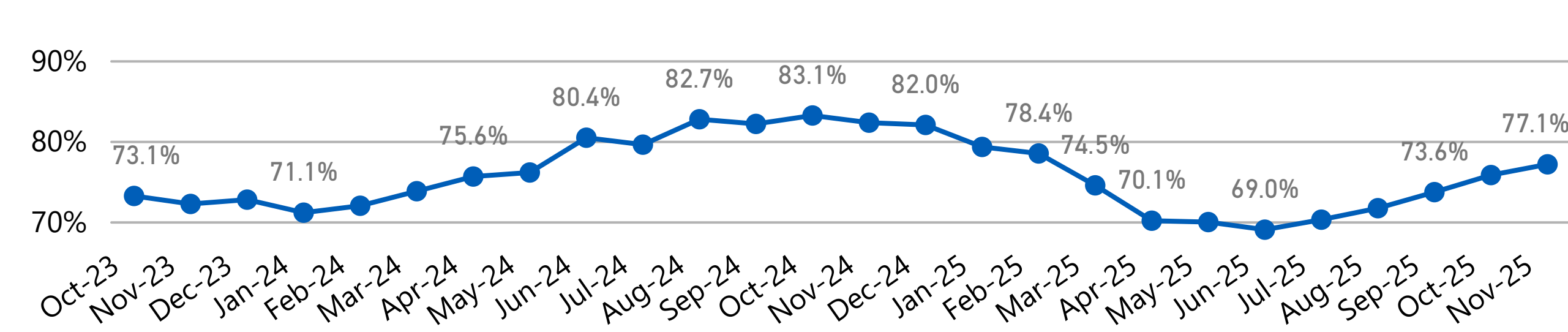
## PDR Benchmark for Last Month (Trust)



## Sickness



## PDR - Target 90%





# YAS Finance Summary (Director Responsible Kathryn Vause) - November 25



## Overview - Unaudited Position

- Overall -**  
The Trust has a month 8 Surplus position of £1,942k as shown below. The Trust plan is to achieve a £2.5m Surplus for 2025/26.
- Capital -**  
The outturn expenditure is behind plan but forecast to be within the allocation provided.
- Cash -**  
As at the end of November, the Trust had £64.8m 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)	-£172	£1,770	£1,942
Cash	£50,111	£58,063	£7,952
Capital	£8,503	£3,758	-£4,745

### Monthly View (£000s)

Indicator Name	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11
▼								
Surplus/ (Deficit)	-£24	£191	£209	£441	£547	£86	-£238	£558
Cash	£44,480	£42,692	£41,487	£42,707	£53,196	£53,193	£58,063	£64,797
Capital	£1,566	£148	£1,029	-£1,153	£298	£1,117	-£74	£827

# Patient Demand Summary

## Demand Summary

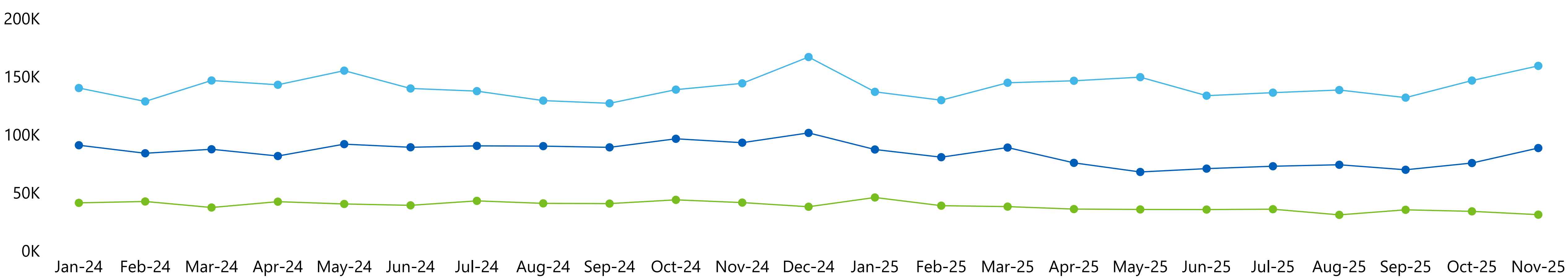
Indicator	Nov-24	Oct-25	Nov-25
999 - Incidents (HT+STR+STC)	76,950	77,743	77,123
999 - Calls Answered	93,015	75,496	88,405
IUC - Calls Answered	144,110	146,497	159,155
IUC - Calls Answered vs. Ceiling %	-11.8%	-3.5%	0.5%
PTS - Demand (Journeys)	80,949	70,773	65,309
PTS - Increase - Previous Month	-6.1%	2.4%	-7.7%
PTS - Same Month Last Year	0.2%	-17.9%	-19.3%
PTS - Calls Answered	41,441	33,893	31,052

## Commentary

- 999** - On scene response demand was 0.0% below forecasted figures for November. It was 1.5% lower compared to October and 3.2% higher compared to November 2024.
- IUC** - YAS received 174,425 calls in November, 12.4% above the annual business plan baseline demand. 159,155 (91.2%) of these were answered, 8.6% above last month and 10.4% above the same month last year.
- PTS** -PTS Activity saw a 7.7% reduction in November, with just over 65,000 journeys operated (including abortions and escorts).

## Overall Calls and Demand

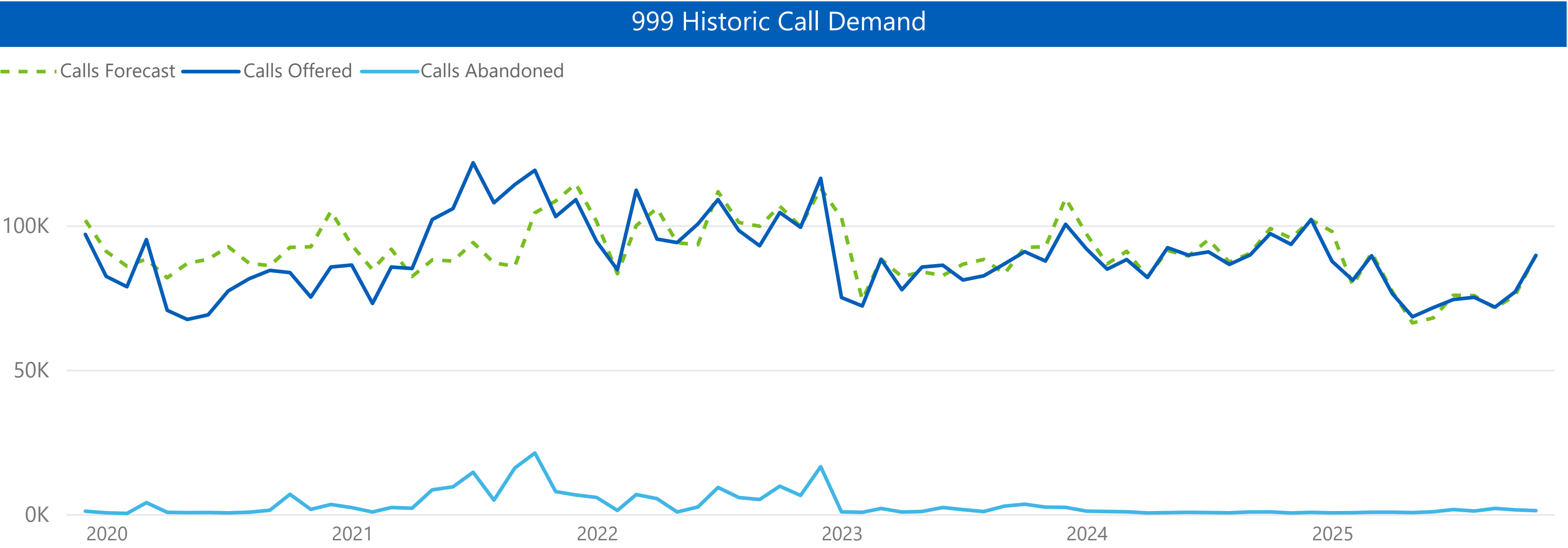
Figure ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered





# 999 and IUC Historic Demand

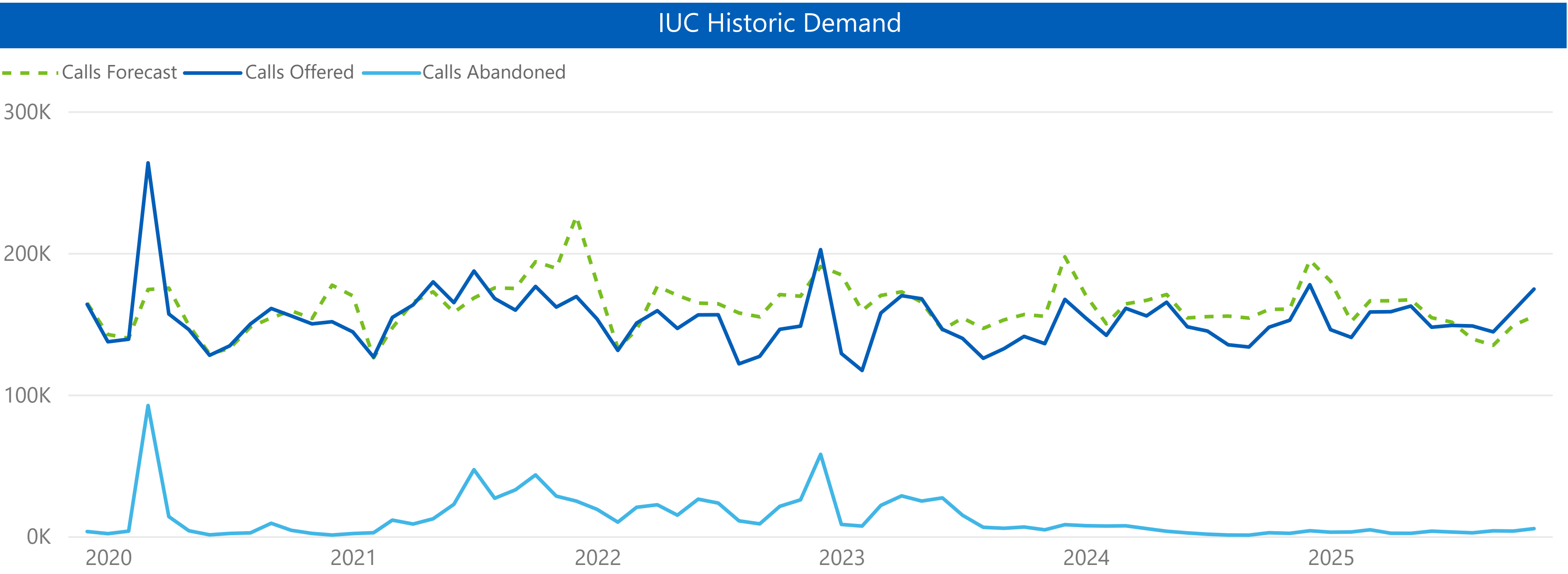
999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.



999

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 November 2025, there were 89,572 calls offered which was 0.1% below forecast, with 88,405 calls answered and 1,167 calls abandoned (1.3%). There were 16.4% more calls offered compared with the previous month and 4.1% 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 18.6% reduction in abandoned calls compared with the previous month.



IUC

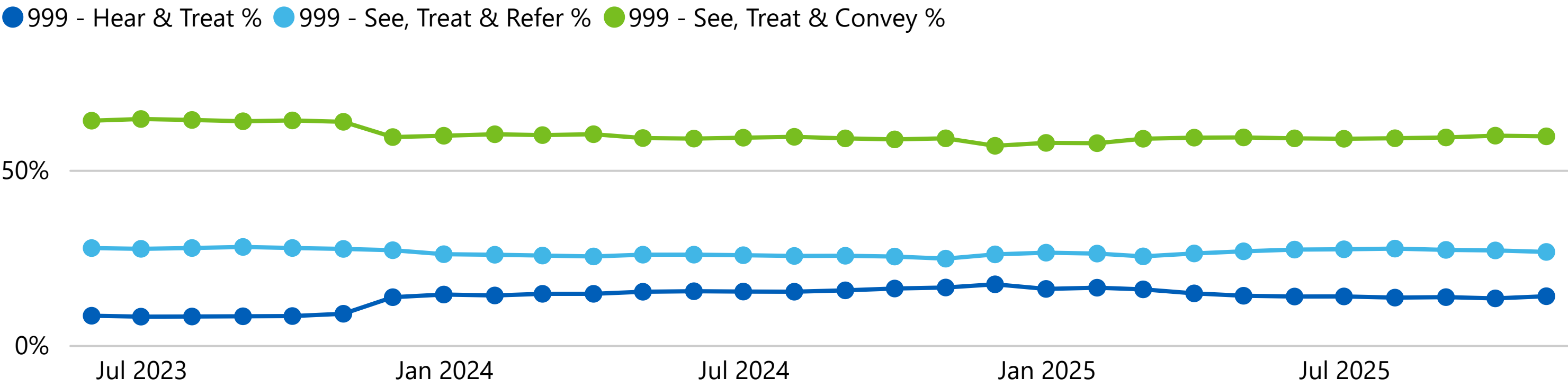
YAS received 174,425 calls in November, 12.4% above the annual business plan baseline demand. 159,155 (91.2%) of these were answered, 8.6% above last month and 10.4% above the same month last year.Calls abandoned increased to 3.2% from 2.4% last month and was 1.9% above last year.

# Patient Outcomes Summary

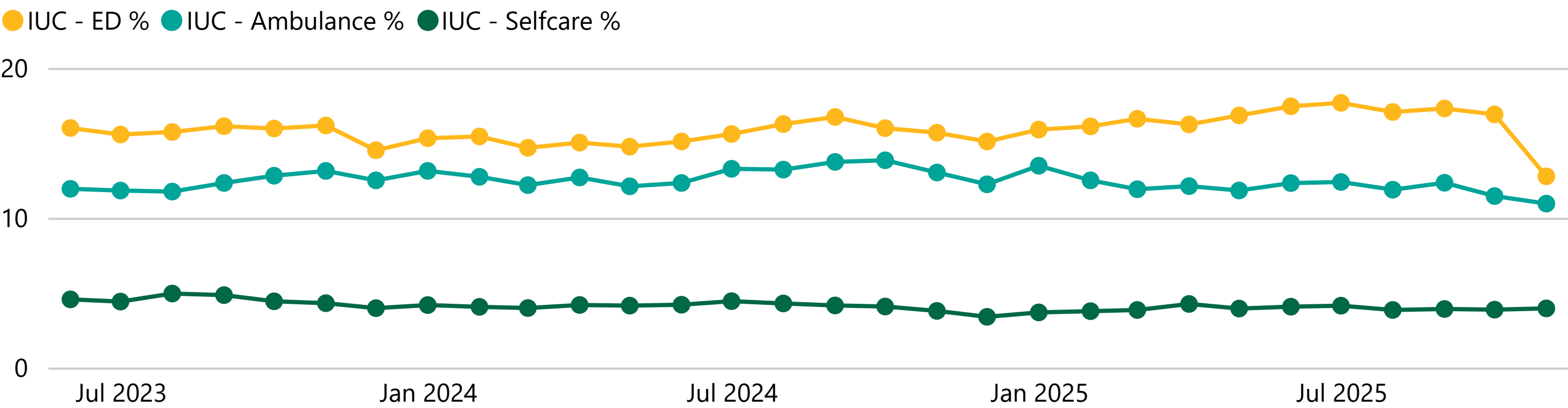
## Outcomes Summary

ShortName	Nov-24	Oct-25	Nov-25
999 - Incidents (HT+STR+STC)	76,950	77,743	77,123
999 - Hear & Treat %	16.4%	13.3%	13.9%
999 - See, Treat & Refer %	24.6%	27.0%	26.5%
999 - See, Treat & Convey %	59.0%	59.7%	59.5%
999 - Conveyance to ED %	52.8%	53.1%	53.1%
999 - Conveyance to Non ED %	6.2%	6.6%	6.4%
IUC - Calls Triaged	141,599	137,192	147,594
IUC - ED %	15.7%	16.9%	12.8%
IUC - Ambulance %	13.0%	11.4%	10.9%
IUC - Selfcare %	3.8%	3.9%	4.0%
IUC - Other Outcome %	14.2%	15.2%	18.5%
IUC - Primary Care %	51.7%	45.8%	47.7%
PTS - Demand (Journeys)	80,949	70,773	65,309

## 999 Outcomes



## IUC Outcomes



## Commentary

**999** - Comparing incident outcome proportions within 999 for November against October, the proportion of hear & treat increased by 0.6 percentage points (pp), see treat & refer decreased by 0.4 pp and see treat & convey decreased by 0.2 pp. The proportion of incidents with conveyance to ED increased by 0.0 pp and the proportion of incidents conveyed to non-ED decreased by 0.2 pp.

**IUC** - The proportion of callers given an Ambulance outcome was 10.9%, with Primary Care outcomes at 47.7%. The proportion of callers given an ED outcome was 12.8%. The percentage of ED outcomes where a patient was referred to a UTC was 13.6%, 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

PTS

EOC

YAS

IUC



Patient Relations			
Indicator	Nov-24	Oct-25	Nov-25
Service to Service	30	16	16
Concern	21	10	3
Compliment	12		1
Complaint	25	7	5
Total	30	16	16

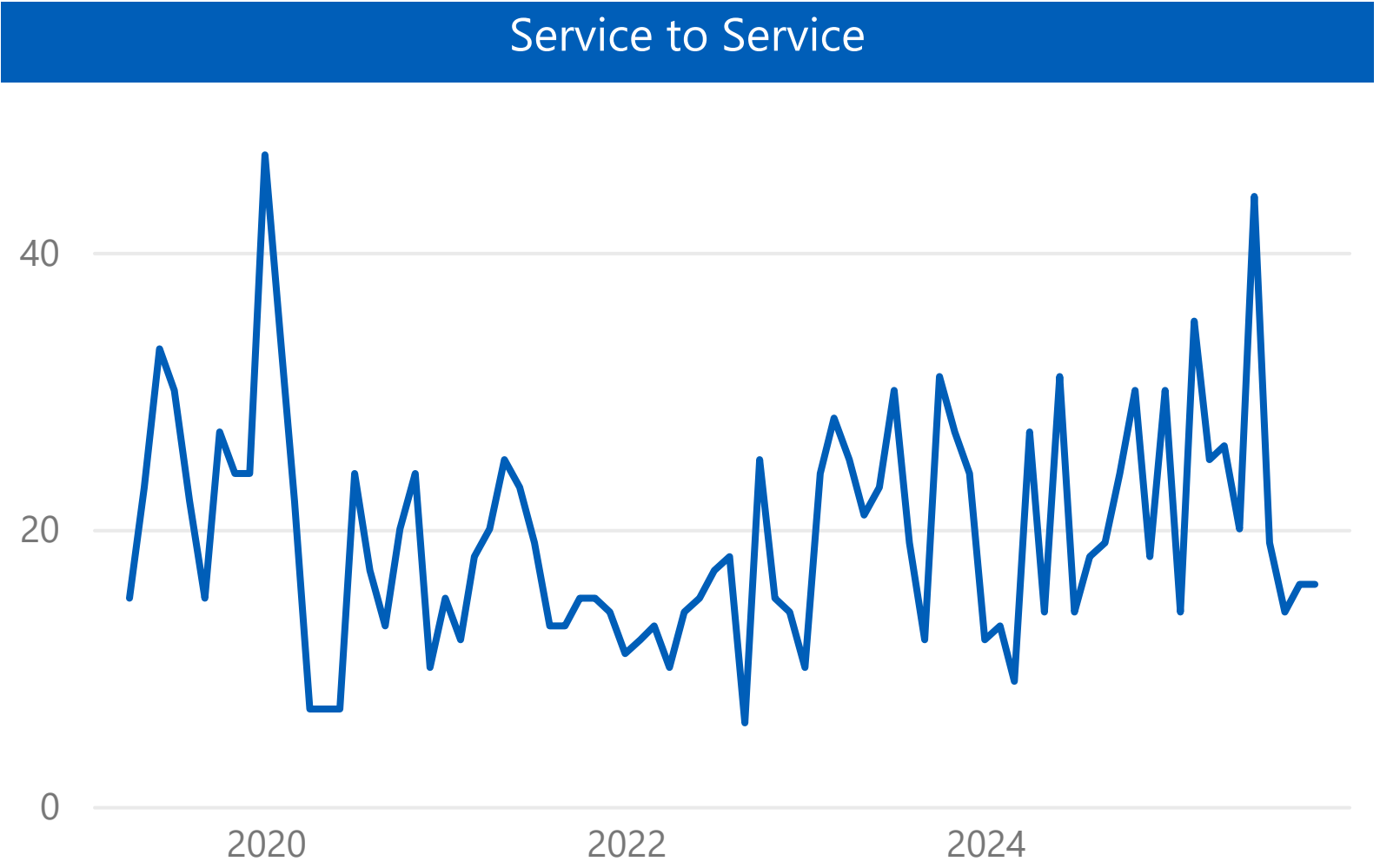
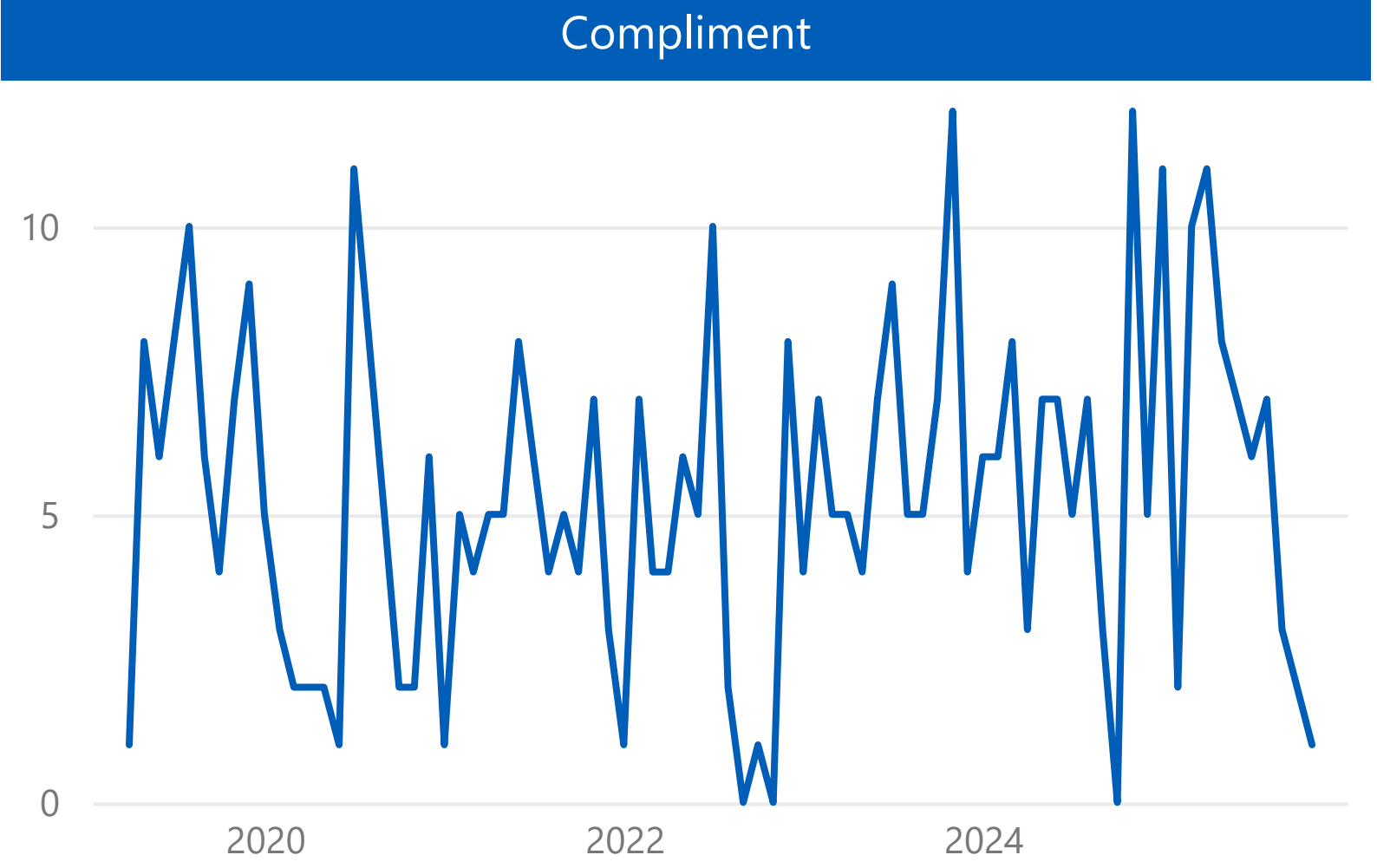
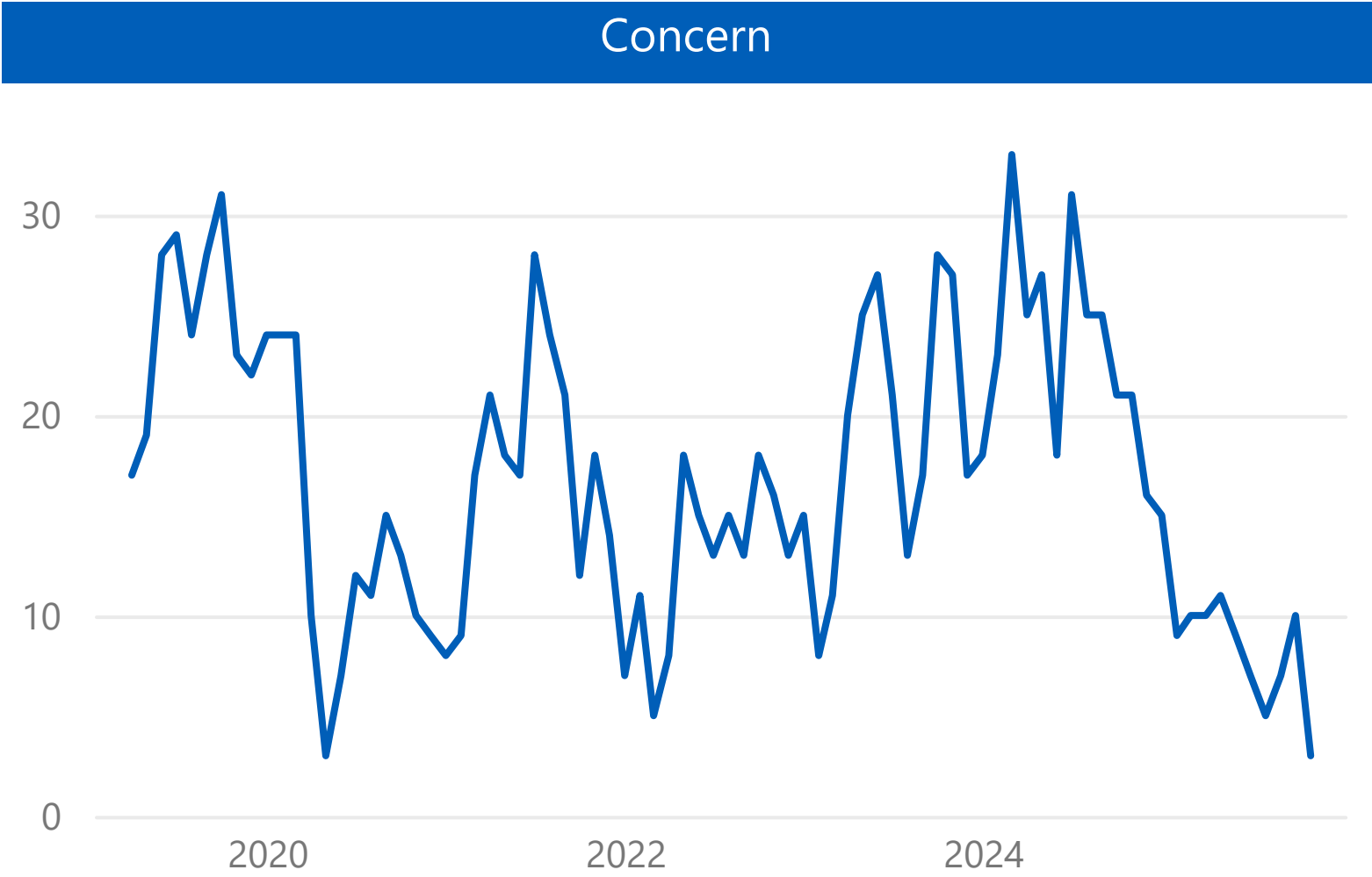
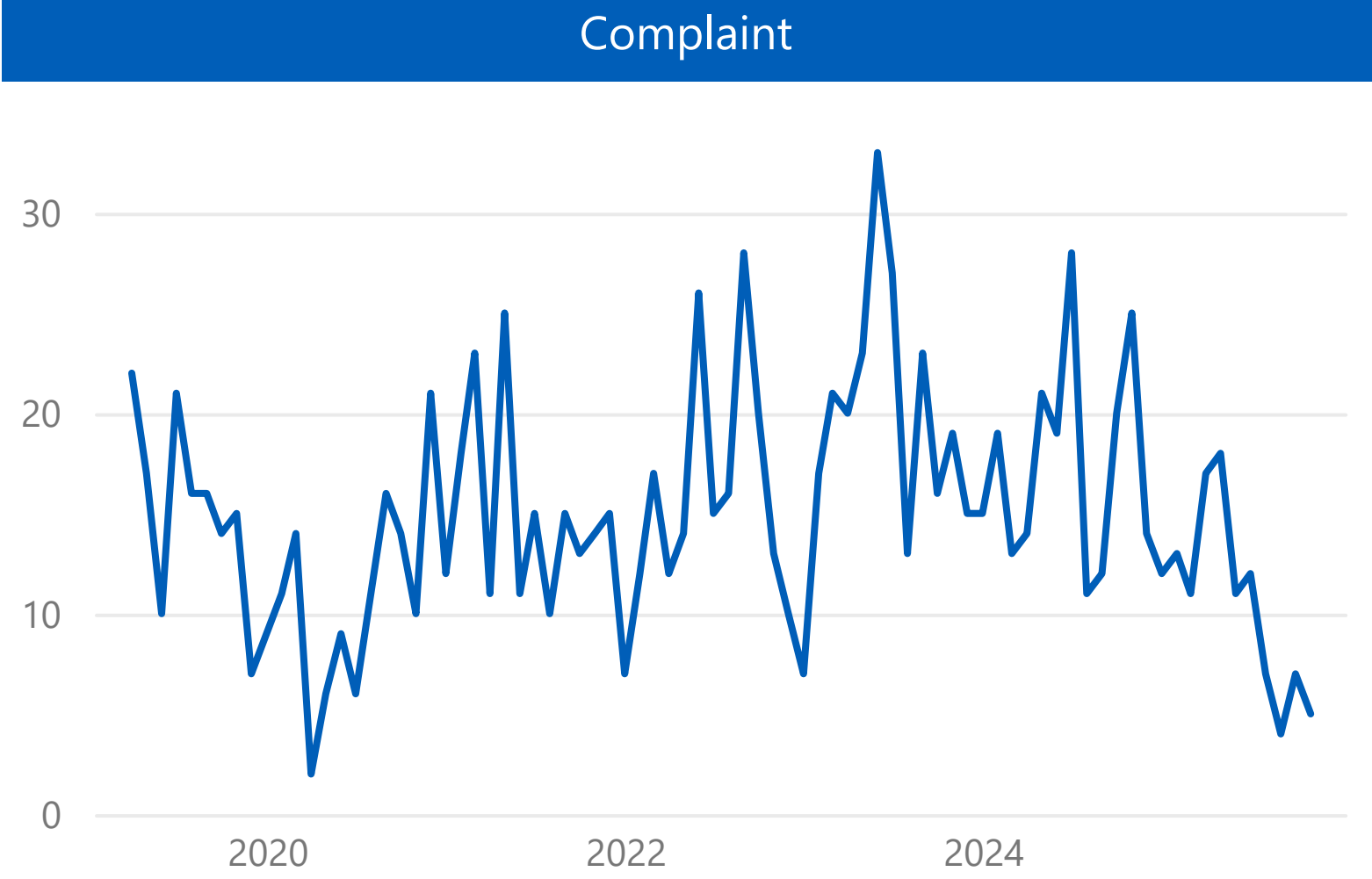
## YAS Comments

Complaint volumes continued to decrease in November, with 39 cases received compared to 68 in the same period last year. This sustained downward trend has been evident for several months and reflects significant improvements across all service areas, with the most notable reduction seen in PTS.

Concern levels remained stable month-on-month but are still approximately 50% lower than the same period last year. The greatest reductions occurred in PTS and A&E, where the increased use of local resolution is having a positive impact. IUC recorded an increase in concerns, likely linked to the recent transition to Patient Relations and the triaging of issues as concerns rather than formal complaints. From 1 December, IUC concerns will be triaged for local resolution, and further improvement is expected in the coming months.

Compliments remain low across all areas, primarily due to capacity constraints within the Patient Relations team during November. An increase is anticipated from December as cases are logged retrospectively, with timely reporting expected from January onwards.

Service-to-service contacts increased this month, largely due to retrospective case logging, although a gradual upward trend has also been observed in A&E and IUC over recent months.



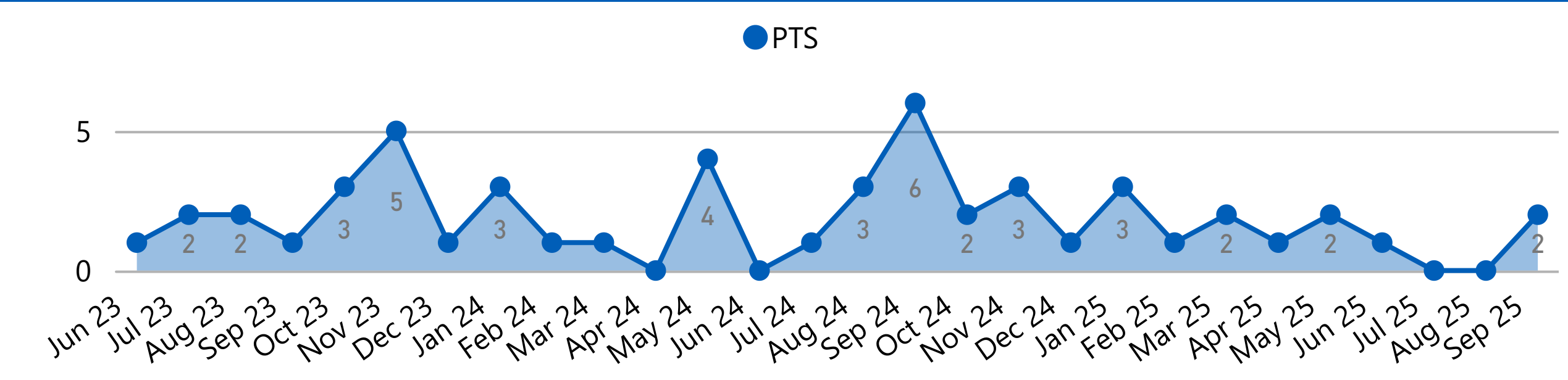
Incidents

Indicator	Nov-24	Oct-25	Nov-25
All Incidents Reported	114	116	88
Moderate & Above Harm (verified)	Sep 24 6	Sep 25 2	

Hygiene

Indicator	Nov-24	Oct-25	Nov-25
% Compliance with Hand Hygiene	97.4%	99.7%	99.3%
% Compliance with Vehicle	97.8%	99.0%	99.8%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Nov-24	Oct-25	Nov-25
Rapid Review	1	2	
Child Safeguarding Practice Review			1
Domestic Homicide Review (DHR)	3	3	1
Safeguarding Adult Review (SAR)	5	9	7
Child Death	14	11	14

YAS Comments

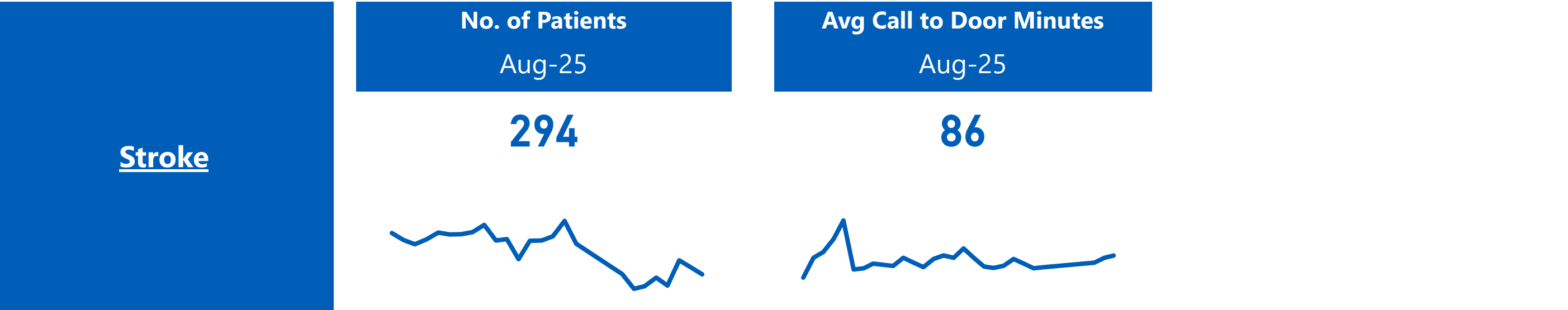
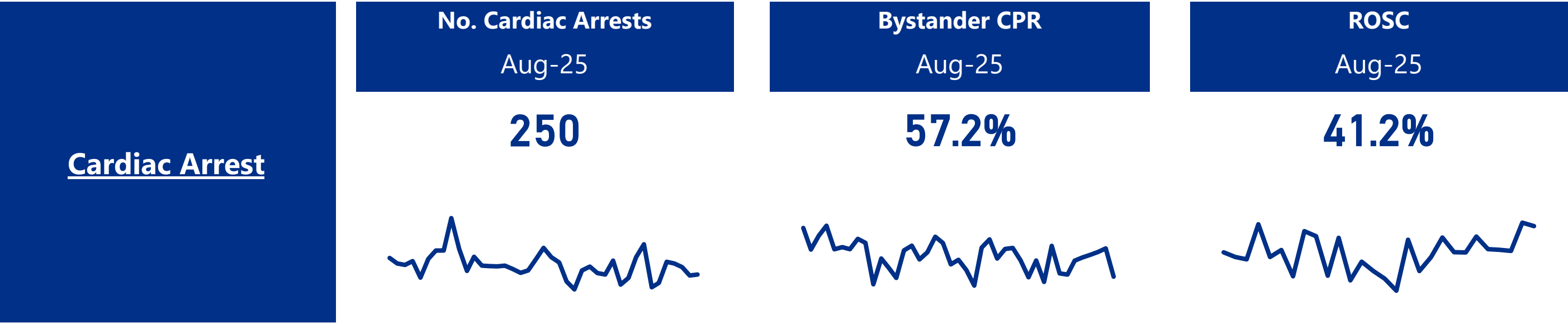
- Domestic Homicide Reviews (DHR)** – 1 request for information in relation to a DHR was received this month.
- Safeguarding Adult Review (SAR)** – 7 requests for information in relation to SAR’s were received this month.
- Child Safeguarding Practice Review (CSPR)** - 1 request was received to support 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 14 children who died this month.

A&E Long Responses

Indicator	Nov-24	Oct-25	Nov-25
999 - C1 Responses > 15 Mins	976	571	590
999 - C2 Responses > 80 Mins	4,428	1,617	2,037



# Patient Clinical Effectiveness



**Cardiac Arrest** - In August, YAS continued or commenced resuscitation for 250 patients who were in cardiac arrest. The post ROSC care bundle has seen a significant reduction of 30% from 68.8% in July, to 37% in August which shows poor compliance. Survival to discharge rates are recorded at 8.8% for the month of August and this equates to 22 patients who have been discharged from hospital following a cardiac arrest. The AmbCo plan continues with stakeholders to improve local reporting and promote awareness amongst all staff. A BI dashboard is being created specifically for clinical outcome data relating to the national audits and this will be available early 2026.

**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 at 294 and the call to door time also remains similar to that seen in previous months of 2025 at 86 minutes.

**Recontacts**- November shows recontacts to be at 8.5% across the trust. With STR at 12.9% and STC at 5.2%.

Estates

Indicator	Nov-24	Oct-25	Nov-25
P1 Emergency (<2Hrs) – Attendance	100.0%		
P1 Emergency (<24 Hrs) - Completed	100.0%		
P2 Emergency (<4 Hrs) - Attendance	78.3%	93.1%	85.4%
P2 Emergency (<24 Hrs) – Completed	68.1%	93.1%	78.1%
P3 Non Emergency (<24Hrs) - Attendance	68.2%	85.3%	96.3%
P3 Non Emergency (<72 Hrs) – Completed	58.8%	91.2%	95.1%
P4 Non Emergency (<2 Working Days) - Attendance	83.6%	94.6%	92.7%
P4 Non Emergency (<14 Days) – Completed	83.6%	89.3%	82.7%
P6 Non Emergency (<2 Weeks) - Attendance	65.3%	82.9%	68.2%
P6 Non Emergency (4 Weeks) - Completed	46.9%	71.4%	54.6%
Planned Maintenance Complete	98.5%	91.0%	98.0%

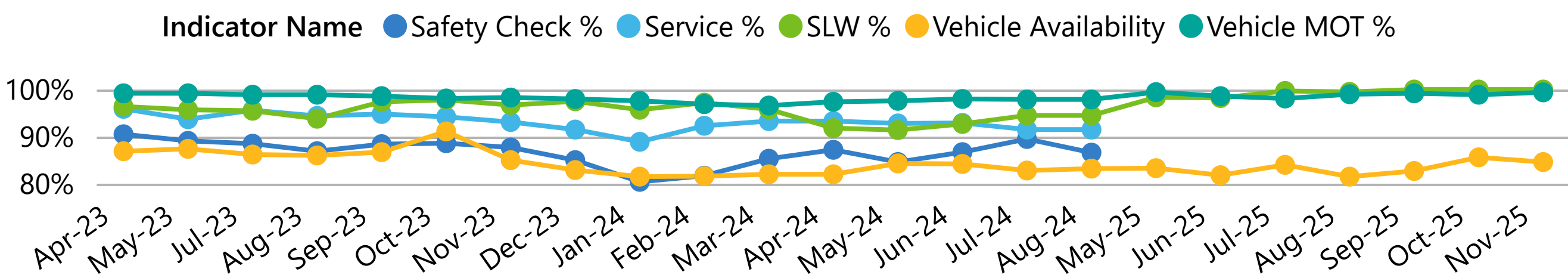
Estates Comments

Requests for reactive work/repairs on the Estate totalled 254 jobs for the month of November. This is lower than the representative average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 30 requests followed by HART at 15 and Bramley at 11 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 83%.

The other categories aside the P1 & P2 emergency works are – P3 attend withing 3 working days and P4 which is attend within 7 days. The P2 category accounts for just under a fifth of requests with attendance KPI at 85% against a target of 100%, P3 category account for just under a third of requests with attendance KPI at 96% against a target of 98% and P4 category account for just under a half of requests with attendance KPI at 92% 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 November with a completion of 98%.

999 Fleet



999 Fleet Age

Indicator	Oct-25	Nov-25
Vehicle age +7	17.7%	16.9%
Vehicle age +10	0.6%	0.6%

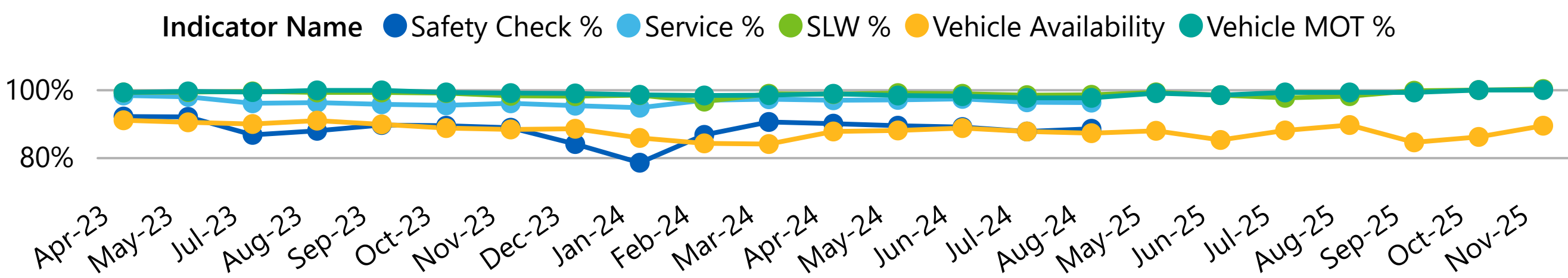
PTS Age

Indicator	Oct-25	Nov-25
Vehicle age +7	8.6%	7.6%
Vehicle age +10	0.5%	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