



Business  
Intelligence

# Integrated Performance Report

December 2025

Published 19 January 2026



## 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.

# 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

<b>Our Purpose</b>	To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes
<b>Our Vision</b>	What we want to achieve: <b>Great Care   Great People   Great Partner</b>
<b>Our Values</b>	What do we want to be and what behaviours do we expect? <b>Kindness   Respect   Teamwork   Improvement</b>
<b>YAS Together</b>	A way of working collaboratively to achieve our vision: <b>Care   Lead   Grow   Excel   Everyone</b>
<b>Our Enabling Plans</b>	The drivers of success: <b>Clinical and Quality   People   Partnership   Sustainable Services</b>

## 4 Bold Ambitions

### Our Patients

Our ambition is to deliver **exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care**, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.

### Our People

Our ambition is to be a **diverse and inclusive organisation** with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.

### Our Partners

Our ambition is to be a **collaborative, integral and influential partner** across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.

### Our Planet and Pounds

Our ambition is to be a **responsible and sustainable** organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

# 999 IPR Key Exceptions - December 25

## 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 December, no change from the previous month. The median remained the same, and the 90th increased by 5 seconds. The 95th increased from 1 minute 22 seconds in November to 1 minute 28 seconds in December, and the 99th increased from 2 minutes 27 seconds to 2 minutes 29.

**Cat 1-4 Performance** - The mean performance time for Cat1 improved from November by 10 seconds and the 90th percentile improved by 23 seconds. The mean performance time for Cat2 improved from November by 2 minutes 31 seconds and the 90th percentile improved by 5 minutes 19 seconds. Compared to December of the previous year, the Cat1 mean improved by 20 seconds, the Cat1 90th percentile improved by 35 seconds, the Cat2 mean improved by 14 minutes 22 seconds and the Cat2 90th percentile improved by 36 minutes 2 seconds.

**Call Acuity** - The proportion of Cat1 and Cat2 incidents was 73.5% in December (10.9% Cat1, 62.7% Cat2) after a 0.0 percentage point (pp) decrease compared to November (0.5 pp decrease in Cat1 and 0.4 pp increase in Cat2). Comparing against December for the previous year, Cat1 proportion decreased by 6.9 pp and Cat2 proportion increased by 1.1 pp.

**Responses Tail (C1 and C2)** - The number of Cat1 responses greater than the 90th percentile target decreased in December, with 558 responses over this target. This is 32 (5.4%) less compared to November. The number for last month was 45.3% lower than December 2024. The number of Cat2 responses greater than 2x 90th percentile target decreased from November by 359 responses (17.6%). This is a 71.6% decrease from December 2024.

**Hospital & Job Cycle Time** - Last month the average handover time increased by 42 seconds and overall turnaround time increased by 22 seconds. The number of conveyances to ED was 6.2% higher than in November. Overall, the average job cycle time decreased by 28 seconds from November.

**Demand** - On scene response demand was 0.1% above forecasted figures for December. It was 6.5% higher compared to November and 3.8% higher compared to December 2024.

**Outcomes** - Comparing incident outcome proportions within 999 for December against November, the proportion of hear & treat decreased by 1.1 percentage points (pp), see treat & refer increased by 0.7 pp and see treat & convey increased by 0.3 pp. The proportion of incidents with conveyance to ED increased by 0.5 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:12		
999 - Answer 95th Percentile		00:01:28		
999 - AHT		00:07:21		
999 - Calls Ans in 5 sec	95.0%	77.7%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:54		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:42		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:26:53		
999 - C2 90th (T < 40 Mins)	00:40:00	00:56:50		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:21:39		
999 - C3 90th (T < 2 Hour)	02:00:00	03:13:57		
999 - C1 Responses > 15 Mins		558		
999 - C2 Responses > 80 Mins		1,678		
999 - Job Cycle Time		01:43:25		
999 - Avg Hospital Turnaround	00:30:00	00:40:17		
999 - Avg Hospital Handover	00:15:00	00:19:03		
999 - Avg Hospital Crew Clear	00:15:00	00:21:19		
999 - Total lost handover time		1,275		
999 - Crew clear over 30 mins %		21.5%		
999 - C1%		10.9%		
999 - C2%		62.7%		

# IUC IPR Key Indicators - December 25

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		167,978		
IUC - Answered vs. Last Month %		5.5%		
IUC - Answered vs. Last Year %		0.7%		
IUC - Calls Triage		154,854		
IUC - Calls Abandoned %	3.0%	3.4%		
IUC - Answer Mean	00:00:20	00:01:00		
IUC - Answered in 60 Secs %	90.0%	81.0%		
IUC - Answered in 120 secs %	95.0%	85.9%		
IUC - Callback in 1 Hour %	60.0%	32.7%		
IUC - ED Validations %	50.0%	58.5%		
IUC - 999 Validations %	95.0%	95.0%		
IUC - ED %		11.5%		
IUC - ED Outcome to A&E %		68.8%		
IUC - ED Outcome to UTC %		13.7%		
IUC - Ambulance %		11.4%		

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

YAS received 189,045 calls in December, 6.6% above the annual business plan baseline demand. 167,978 (88.9%) of these were answered, 5.5% above last month and 0.7% 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 81.0% from 78.5% in December. Average speed to answer has increased by 9 seconds to 60 seconds compared with 51 seconds last month. Abandonment rate increased to 3.4% from 3.2% last month.

The proportion of clinician call backs made within 1 hour decreased to 32.7% from 36.4% last month. This is 27.3% below the national target of 60%. Core clinical advice decreased to 24.6% from 25.4% 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 25.5% in December, whilst performance for overall validations was 95.0%, with 13,892 cases validated overall.

ED validation performance decreased to 58.5% from 72.0% 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 increased to 33.1% from 30.3% last month and ED bookings increased to 0.8% from 0.7%. 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 - December 25

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	91.5%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	80.7%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.7%		
PTS - Arrive at Appointment Time	90.0%	88.4%		
PTS - Journeys < 120Mins	90.0%	97.1%		
PTS - Same Month Last Year		-12.0%		
PTS - Increase - Previous Month		0.7%		
PTS - Demand (Journeys)		65,742		

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

PTS Activity saw little variance to November. 65,742 journeys were operated, including abortions and escorts. Although demand stayed static to the previous month, compared to December 2024 levels were 11.9% lower.

c 58,000 patient journeys took place in November, 8.3% below the PTS Annual Business Plan. This takes the YTD position to 7.4% under forecast.

The Eligibility Programme continues to make positive reductions to Low Acuity demand. Bookings saw a 64.5% reduction compared to December 24, and journey activity decreased by 55.8%.

The programme also contributed to positive reductions in the number of Aborted Journeys and Escorts, with Aborts reducing by 28.4%, and Escorts by 14.6% compared to the previous year.

Call Performance met target for the second month running. 91.5% of calls were answered in 180 seconds. AHT saw a decrease of 15 seconds, having a positive impact on service level. Performance YTD is now 2.3% higher than 2024-25.

Short Notice Outwards Performance increased back over 80.0%, with 80.7% of patients being picked up in 120 minutes. The number of Private Provider worked hours saw 10.6% increase to November, helping contribute to higher performance.

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

# Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



## Key KPIs

Name	Dec-24	Nov-25	Dec-25
Turnover (FTE) %	9.7%	8.3%	8.4%
Vacancy Rate %	7.4%	2.9%	2.5%
Apprentice %	9.8%	9.0%	9.0%
BME %	8.2%	8.9%	8.9%
Disabled %	9.2%	10.7%	10.7%
Sickness - Total % (T-5%)	9.2%	7.7%	9.3%
PDR / Staff Appraisals % (T-90%)	82.0%	77.1%	78.1%
Essential Learning	90.0%	90.1%	90.1%

## YAS Commentary

**FTE, Turnover, Vacancies and BME** – Compared to November 2025, vacancy rate has remained the same. In comparison to the same month last year (December 2024) the vacancy rate has improved by 4.5 percentage points. Turnover for IUC has remained unacceptably high at 22.6%, with vacancies of 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.

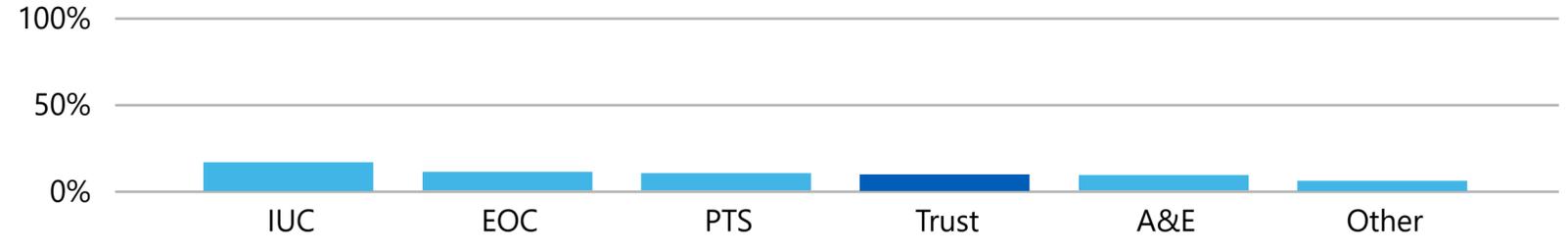
**Sickness** – Sickness has worsened significantly, increasing from 7.7% to 9.3%, from the previous month. Although the Trust's absence rates in December are typical for the Ambulance Sector, they remain concerning. Ongoing investigations are focusing on 12 key data points with comparisons of the three most challenged stations to the three with the lowest rates to identify potential underlying causes, where changes could prevent absence or reduce longevity. Discovery work is near completion and interventions are planned to begin in April 2026 as part of the 2026-27 project plan. Updates are provided to the People & Culture Group.

**PDR / Appraisals** –The overall compliance rate (78.1%) is showing a steady improvement trajectory since June 25, however, is still down on the YTD position for 2024 (82.0%). IUC and A&E are the highest performing areas (83.3% & 82.1% respectively) with EOC as the lowest (66.2% a drop of 11.2% points since Nov 2025). All other areas improved. The Senior Leadership Community compliance rate remained static 85.7% (27 outstanding).

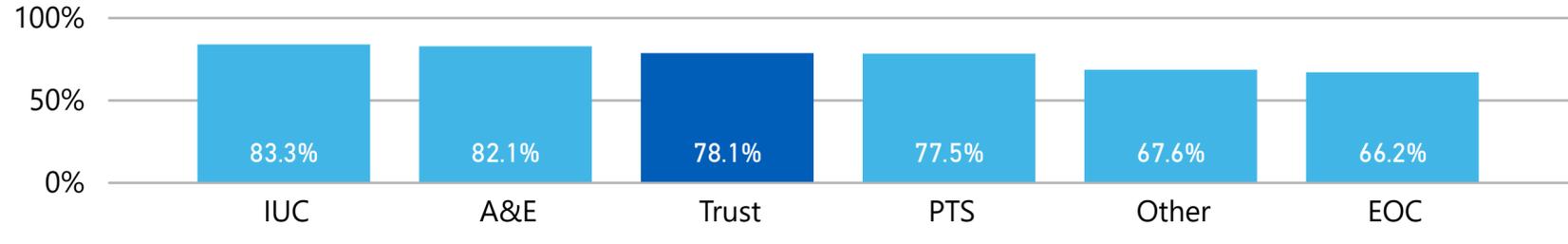
**Essential Learning** – the overall compliance rate remains stable at 90.1% after a steady increase to the 90% target from Mar 2025. PTS and Other are the highest performing areas (95.9% & 93.2% respectively) with EOC as the lowest at 85% (a drop of 12.8% points since Nov 2025). The compliance dashboard 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**

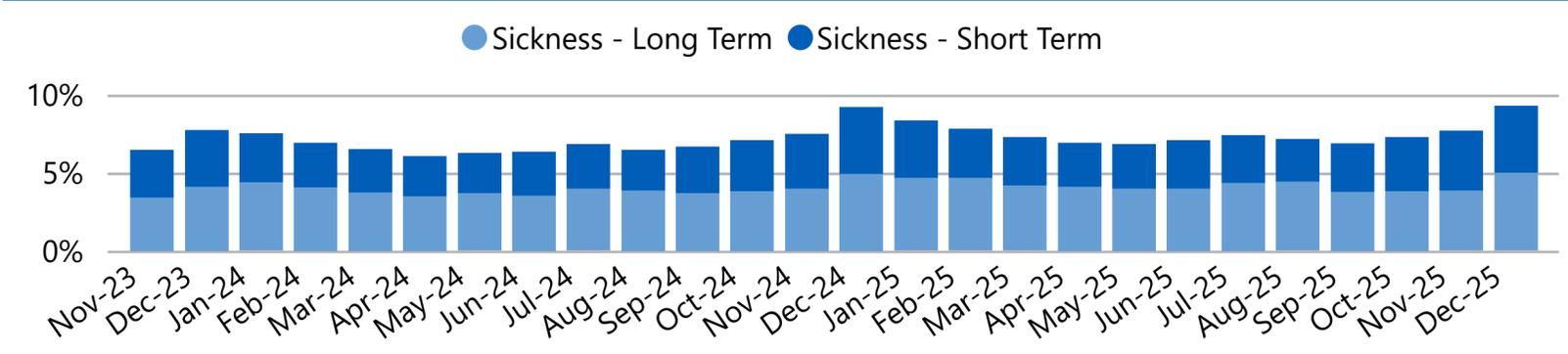
### Sickness Benchmark for Last Month (Trust)



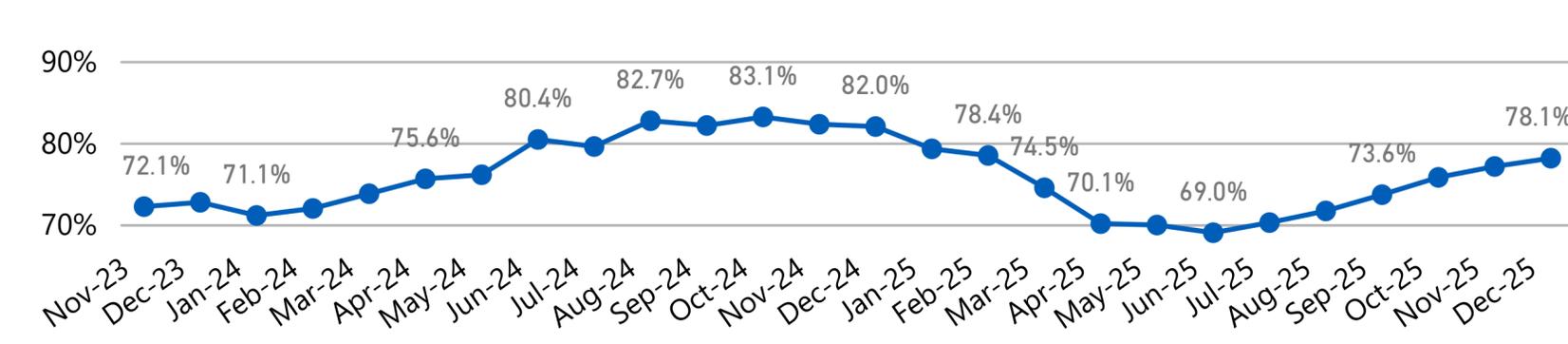
### PDR Benchmark for Last Month (Trust)



### Sickness



### PDR - Target 90%



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

## Overview - Unaudited Position

### Overall -

The Trust has a month 9 Surplus position of £2,316k 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 December, the Trust had £63.6m 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)	-£358	£1,958	£2,316
Cash	£50,404	£63,604	£13,200
Capital	£13,010	£5,435	-£7,575

## Monthly View (£000s)

Indicator Name	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12
Surplus/ (Deficit)	-£24	£191	£209	£441	£547	£86	-£238	£558	£188
Cash	£44,480	£42,692	£41,487	£42,707	£53,196	£53,193	£58,063	£64,797	£63,604
Capital	£1,566	£148	£1,029	-£1,153	£298	£1,117	-£74	£827	£1,677

# Patient Demand Summary

## Demand Summary

Indicator	Dec-24	Nov-25	Dec-25
999 - Incidents (HT+STR+STC)	82,417	77,123	81,167
999 - Calls Answered	101,447	88,405	94,906
IUC - Calls Answered	166,761	159,155	167,978
IUC - Calls Answered vs. Ceiling %	-16.1%	0.5%	-7.2%
PTS - Demand (Journeys)	74,664	65,309	65,742
PTS - Increase - Previous Month	-7.7%	-7.7%	0.7%
PTS - Same Month Last Year	1.1%	-19.3%	-12.0%
PTS - Calls Answered	37,862	31,052	30,488

## Commentary

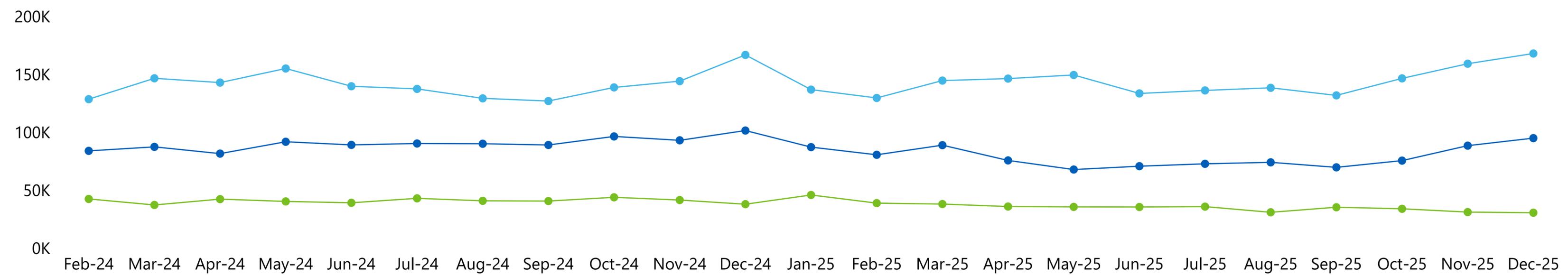
**999** - On scene response demand was 0.1% above forecasted figures for December. It was 6.5% higher compared to November and 3.8% higher compared to December 2024.

**IUC** - YAS received 189,045 calls in December, 6.6% above the annual business plan baseline demand. 167,978 (88.9%) of these were answered, 5.5% above last month and 0.7% above the same month last year.

**PTS** -PTS Activity saw little variance to November. 65,742 journeys were operated, including abortions and escorts.

## Overall Calls and Demand

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

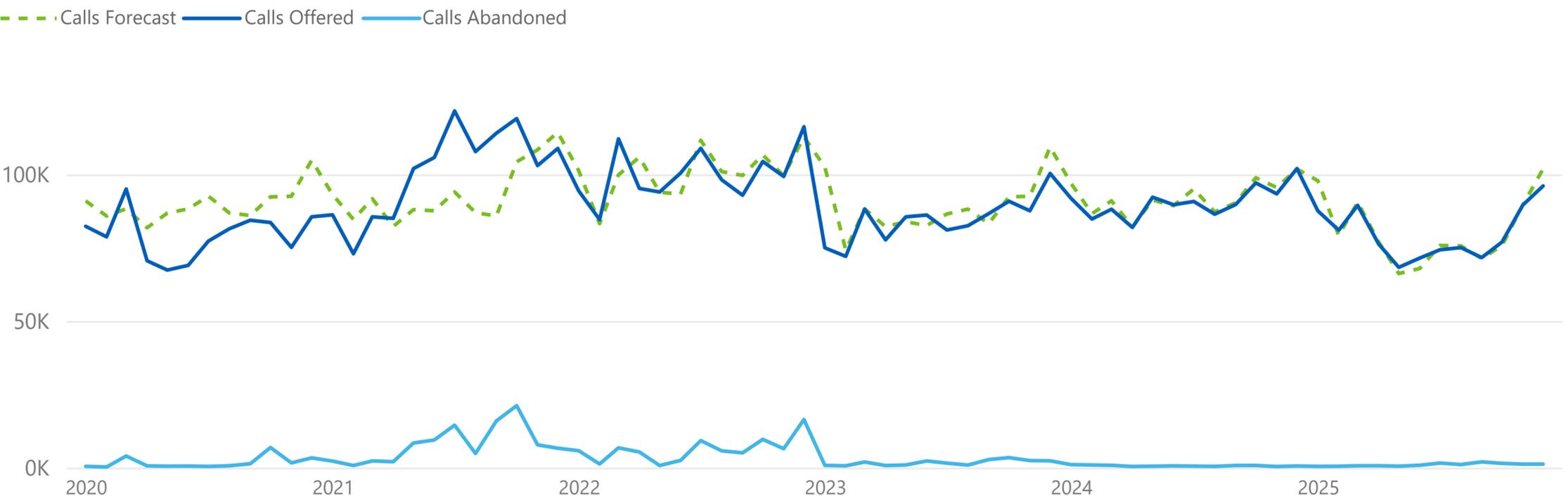


# 999 and IUC Historic Demand

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



## 999 Historic Call Demand

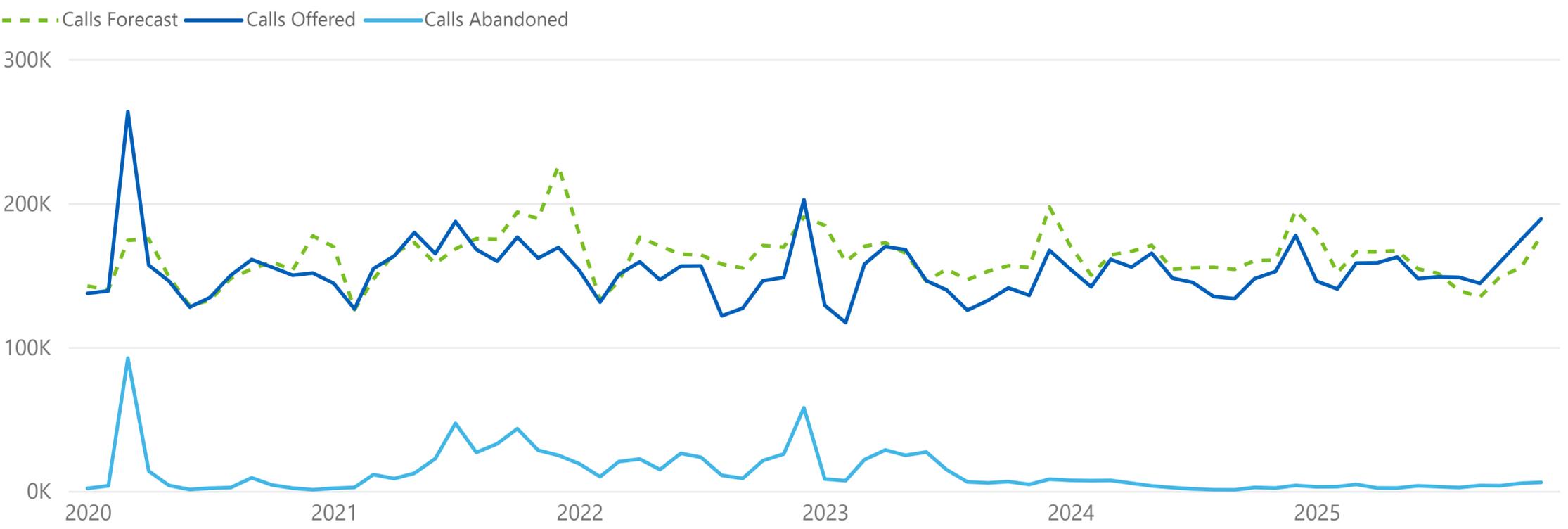


### 999

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 December 2025, there were 96,074 calls offered which was 5.7% below forecast, with 94,906 calls answered and 1,168 calls abandoned (1.2%). There were 7.3% more calls offered compared with the previous month and 5.8% 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 0.1% increase in abandoned calls compared with the previous month.

## IUC Historic Demand



### IUC

YAS received 189,045 calls in December, 6.6% above the annual business plan baseline demand. 167,978 (88.9%) of these were answered, 5.5% above last month and 0.7% above the same month last year.

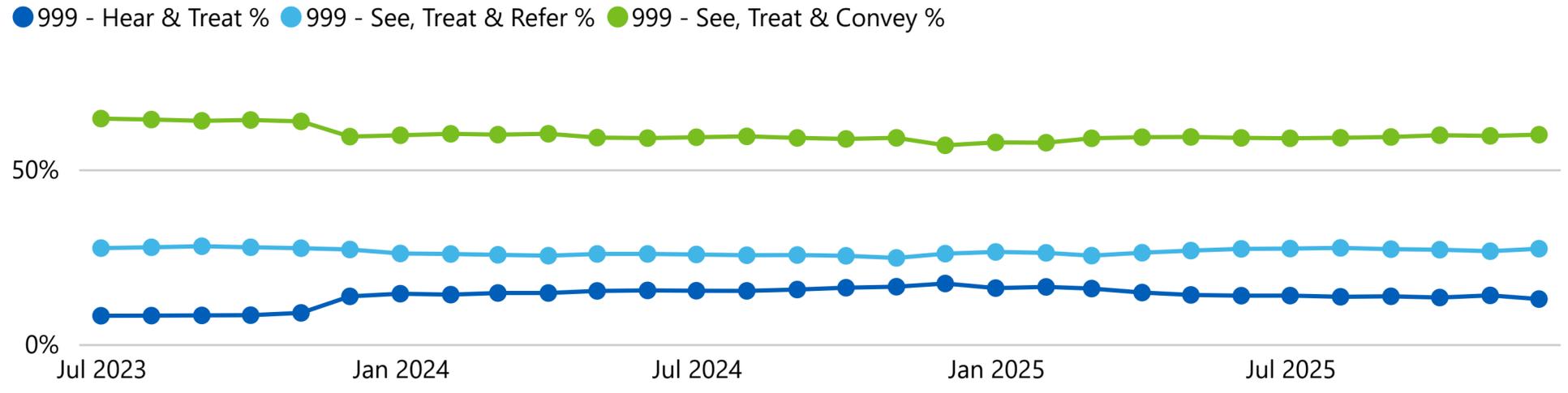
Calls abandoned increased to 3.4% from 3.2% last month and was 1.2% above last year.

# Patient Outcomes Summary

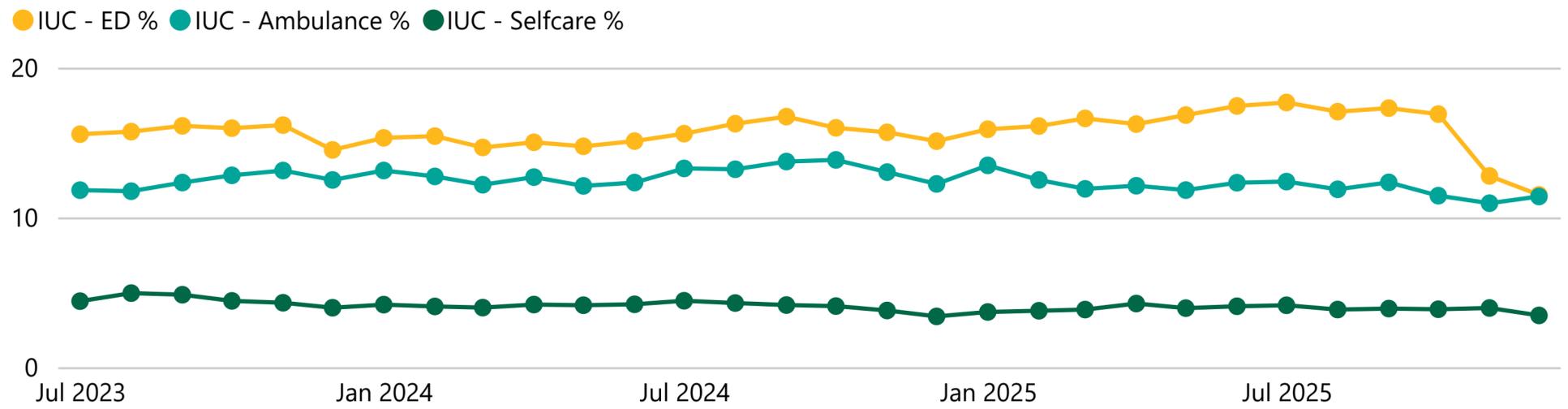
## Outcomes Summary

ShortName	Dec-24	Nov-25	Dec-25
999 - Incidents (HT+STR+STC)	82,417	77,123	81,167
999 - Hear & Treat %	17.3%	13.9%	12.9%
999 - See, Treat & Refer %	25.9%	26.5%	27.3%
999 - See, Treat & Convey %	56.8%	59.5%	59.9%
999 - Conveyance to ED %	50.8%	53.1%	53.6%
999 - Conveyance to Non ED %	6.1%	6.4%	6.3%
IUC - Calls Triaged	163,652	147,594	154,854
IUC - ED %	15.1%	12.8%	11.5%
IUC - Ambulance %	12.2%	10.9%	11.4%
IUC - Selfcare %	3.4%	4.0%	3.5%
IUC - Other Outcome %	13.7%	18.5%	18.0%
IUC - Primary Care %	53.7%	47.7%	48.8%
PTS - Demand (Journeys)	74,664	65,309	65,742

### 999 Outcomes



### IUC Outcomes



## Commentary

**999** - Comparing incident outcome proportions within 999 for December against November, the proportion of hear & treat decreased by 1.1 percentage points (pp), see treat & refer increased by 0.7 pp and see treat & convey increased by 0.3 pp. The proportion of incidents with conveyance to ED increased by 0.5 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

**IUC** - The proportion of callers given an Ambulance outcome was 11.4%, with Primary Care outcomes at 48.8%. The proportion of callers given an ED outcome was 11.5%. The percentage of ED outcomes where a patient was referred to a UTC was 13.7%, 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

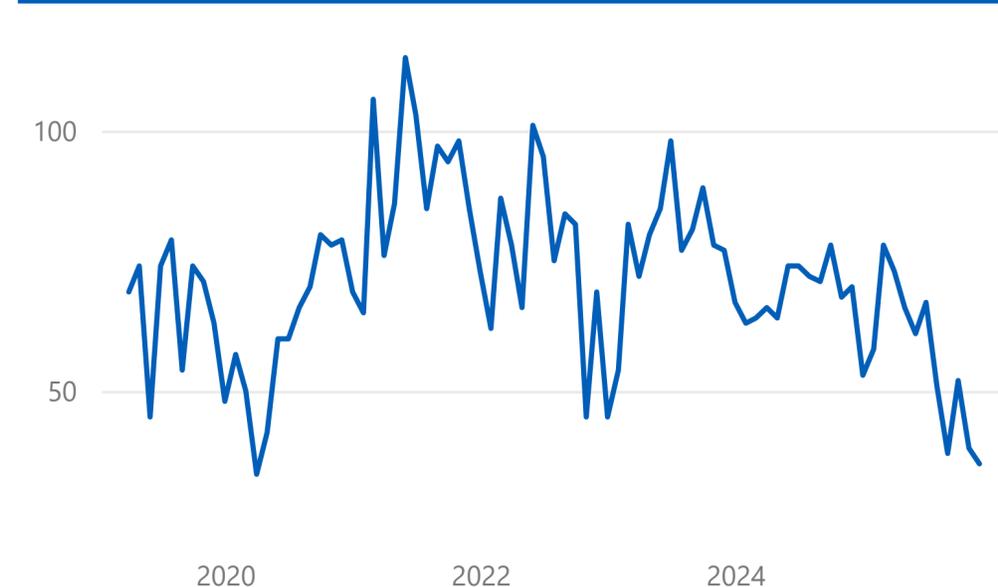
**YAS**



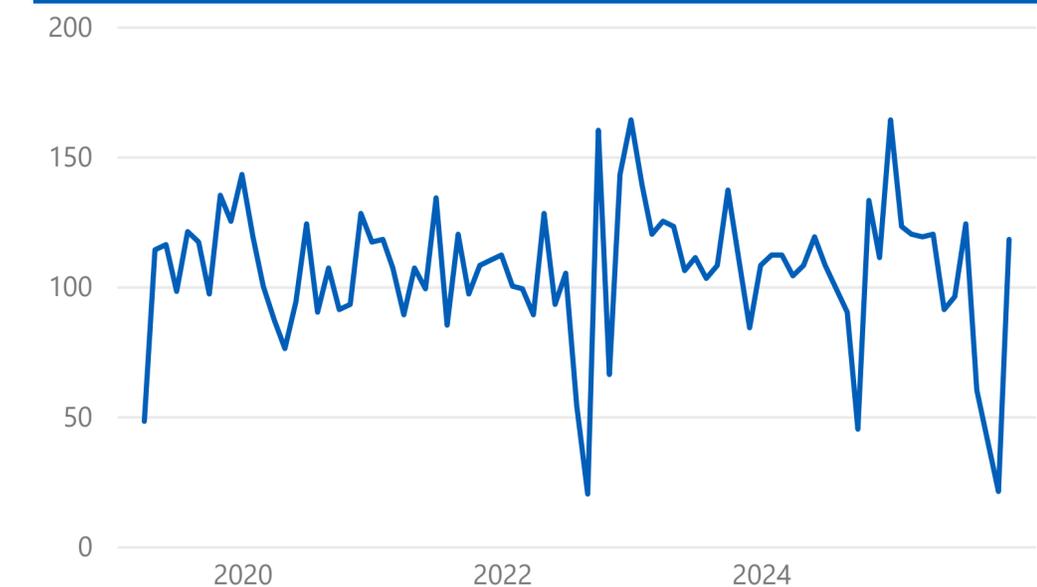
## Patient Relations

Indicator	Dec-24	Nov-25	Dec-25
Service to Service	76	102	178
Concern	35	34	22
Compliment	111	21	118
Complaint	70	39	36
<b>Total</b>	<b>111</b>	<b>102</b>	<b>178</b>

## Complaint



## Compliment



## YAS Comments

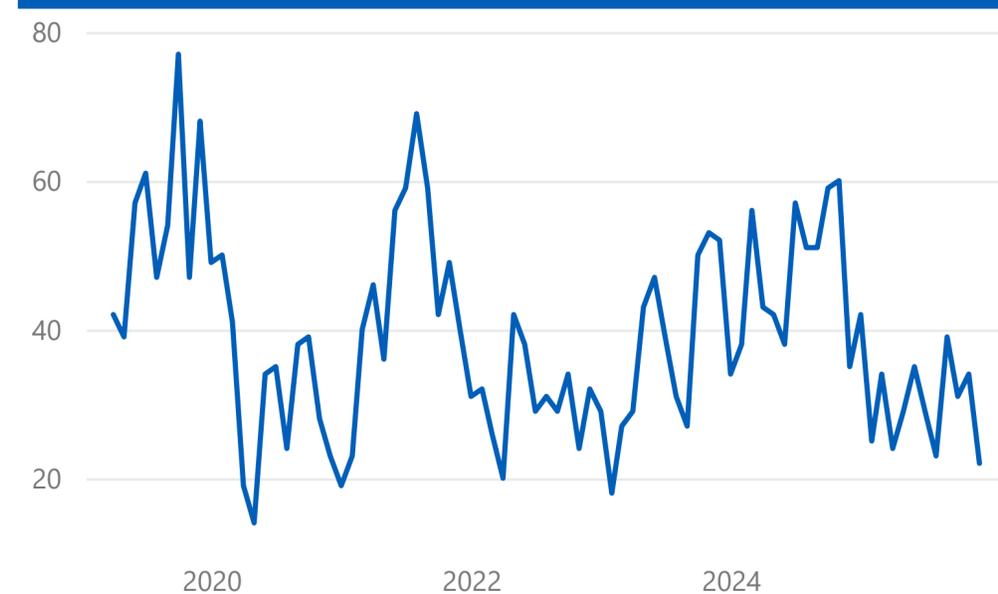
December performance demonstrates continued improvement in patient experience, with formal complaints approximately 50% lower year on year and a significant reduction in concerns overall. Positive feedback increased substantially, with compliments rising from 21 in November to 118 in December, slightly exceeding last year's levels, the majority relating to A&E, where formal complaints were also almost 50% lower year on year and only three concerns were recorded, reflecting the success of local resolution.

PTS showed marked improvement, with formal complaints reducing by 79% and concerns by 56%, while IUC maintained strong performance with complaints at less than half of last year's levels.

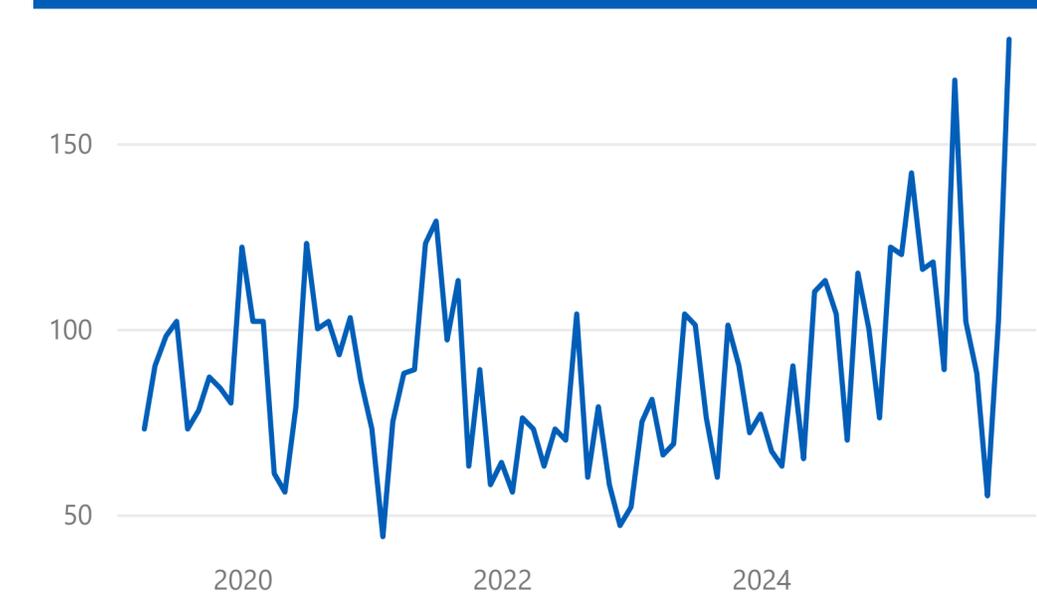
EOC experienced a modest increase in complaints 7 to 11 and concerns; however, plans to adopt local resolution are in place to address this.

Overall, the data provides strong assurance that local resolution continues to deliver measurable improvements across services.

## Concern



## Service to Service



# Patient Safety - Quality (Director Responsible - Dave Green)

A&E

EOC

IUC

PTS

YAS



## Incidents

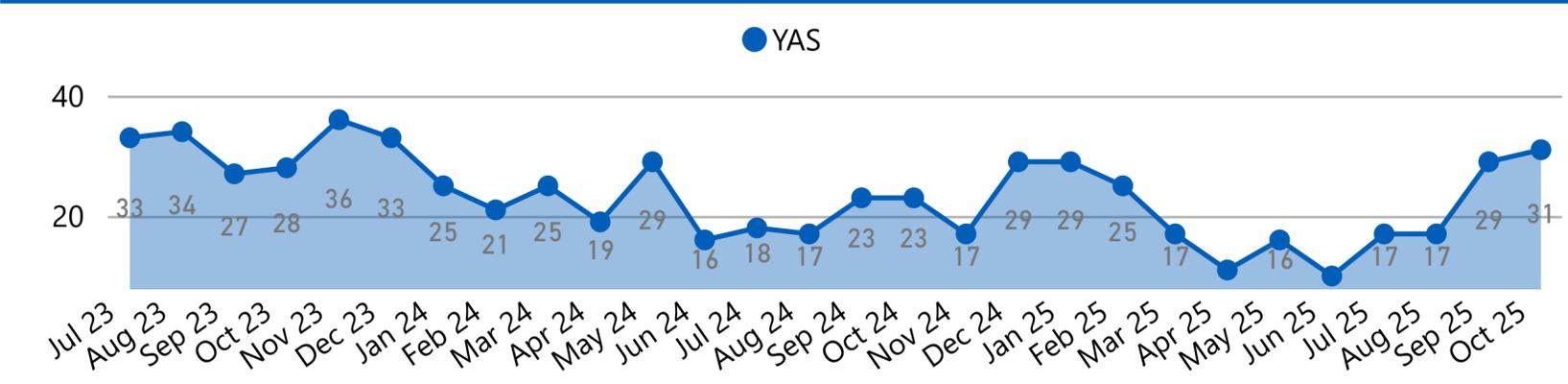
Indicator	Dec-24	Nov-25	Dec-25
All Incidents Reported	932	1,077	1,134
Number of duty of candour contacts	4	12	14
Number of RIDDORs Submitted	5	9	5
Patient Safety Indicator Incident Investigation		1	1

Indicator	Oct 24	Sep 25	Oct 25
Moderate & Above Harm (verified)	23	29	31
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	3	4	9

## Hygiene

Indicator	Dec-24	Nov-25	Dec-25
% Compliance with Hand Hygiene	98.7%	92.8%	92.4%
% Compliance with Premise	99.3%	99.7%	98.0%
% Compliance with Vehicle	98.9%	93.5%	93.7%

## Incidents - Verified Moderate and Above Harm



## Safeguarding

Indicator	Dec-24	Nov-25	Dec-25
Rapid Review			4
Child Safeguarding Practice Review		1	
Domestic Homicide Review (DHR)	3	1	3
Safeguarding Adult Review (SAR)	10	7	12
Child Death	16	14	18

## A&E Long Responses

Indicator	Dec-24	Nov-25	Dec-25
999 - C1 Responses > 15 Mins	1,020	590	558
999 - C2 Responses > 80 Mins	5,915	2,037	1,678

## YAS Comments

- Domestic Homicide Reviews (DHR)** – 3 request for information in relation to a DHR was received this month.
- Safeguarding Adult Review (SAR)** – 12 requests for information in relation to SAR's were received this month.
- Child Safeguarding Practice Review (CSPR)** - 0 requests were received to support a CSPR this month.
- Rapid Review (RR)** – The team contributed information in relation to 4 Rapid Reviews this month.
- Child death** - The Safeguarding team contributed information in relation to 18 children who died this month.

# Patient Clinical Effectiveness

## Cardiac Arrest

No. Cardiac Arrests  
Sep-25

273



Bystander CPR  
Sep-25

63.4%



ROSC  
Sep-25

35.2%



ROSC Care Bundle  
Sep-25

59.4%



Survival to Discharge  
Sep-25

7.3%



Cardiac Survivors  
Sep-25

20



## Stroke

No. of Patients  
Sep-25

608



Avg Call to Door Minutes  
Sep-25

87



## Heart Attack

No. of Patients  
Jul-25

178



Avg Call to Door Minutes  
Jul-25

91



Care Bundle Compliance  
Jul-25

60.7%



## Recontacts

Total Calls %  
Dec-25

8.7%



STR %  
Dec-25

13.0%



STC %  
Dec-25

5.5%



**Cardiac Arrest** - In September, YAS continued or commenced resuscitation for 273 patients who were in cardiac arrest. The post ROSC care bundle has seen an improvement from last months 37% to 59.4% in September. This is still lower than the 68.8% seen in July. Survival to discharge rates are recorded at 7.3% for the month of September and this equates to 20 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 developed specifically for clinical outcome data relating to the national audits and this will be available early 2026. This will include benchmarking for comparison with the rest of the ambulance sector.

**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 in September is over double the patients seen in recent months at 608. The call to door time remains similar to that seen in previous months of 2025 at 87 minutes. The significant change in patient numbers could be linked to the national issue with SSNAP data which has since been fixed.

**Recontacts**- December shows recontacts to be at 8.7% across the trust. With STR at 13.0% and STC at 5.5%.

# Fleet and Estates

## Estates

Indicator	Dec-24	Nov-25	Dec-25
P1 Emergency (<2Hrs) – Attendance	50.0%		
P1 Emergency (<24 Hrs) - Completed	50.0%		
P2 Emergency (<4 Hrs) - Attendance	84.1%	85.4%	80.9%
P2 Emergency (<24 Hrs) – Completed	60.9%	78.1%	78.7%
P3 Non Emergency (<24Hrs) - Attendance	70.0%	96.3%	98.7%
P3 Non Emergency (<72 Hrs) – Completed	58.8%	95.1%	90.5%
P4 Non Emergency (<2 Working Days) - Attendance	61.8%	92.7%	95.1%
P4 Non Emergency (<14 Days) – Completed	77.5%	82.7%	87.8%
P6 Non Emergency (<2 Weeks) - Attendance	67.5%	68.2%	91.1%
P6 Non Emergency (4 Weeks) - Completed	50.0%	54.6%	88.9%
Planned Maintenance Complete	97.5%	98.0%	99.0%

## Estates Comments

Requests for reactive work/repairs on the Estate totalled 248 jobs for the month of December. This is lower than the representative average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 23 requests followed by HART at 11 and Harrogate at 9 requests for reactive works. SLA figures are average with an overall attendance KPI at 93% however, completion KPI is slightly lower than usual at 87%.

The other categories aside the P1 & P2 emergency works are – P3 attend within 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 80% 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 over a quarter of requests with attendance KPI at 95% 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 December with a completion of 98%.

## 999 Fleet



## 999 Fleet Age

Indicator	Nov-25	Dec-25
Vehicle age +7	16.9%	18.3%
Vehicle age +10	0.6%	0.6%

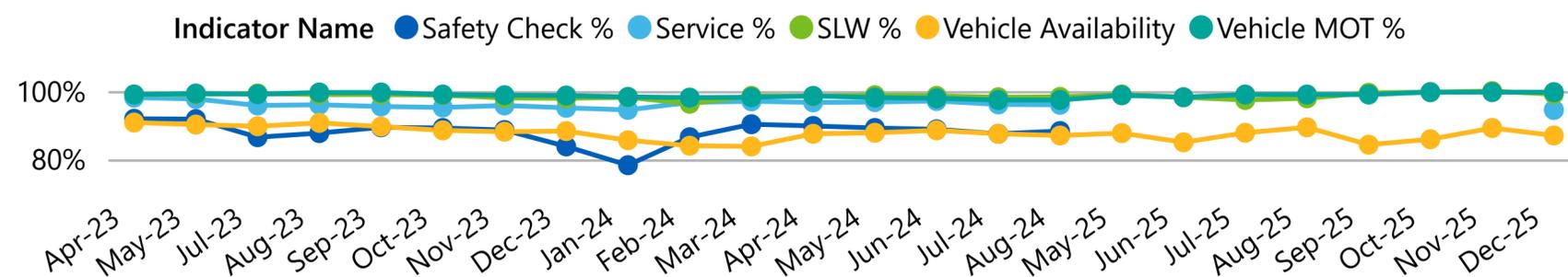
## PTS Age

Indicator	Nov-25	Dec-25
Vehicle age +7	7.6%	4.2%
Vehicle age +10	0.5%	0.5%

## Fleet Comments

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

## PTS Fleet



## 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