



Report Title	Operational Performance Assurance – M11 February Update	
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Accountable Director	Marc Thomas, Deputy Chief Executive	
Previous committees/groups	<ul style="list-style-type: none"> • Quality Committee (12 March 2026) • Trust Executive Group (18 March 2026) • Finance and Performance Committee (19 March 2026) • Board of Directors (in Public) (26 March 2026) 	
Recommended action(s)	Assurance	
Purpose of the paper	To provide update on performance across all service lines and provide assurance that improvement actions are in place.	
Executive Summary		
<p>This report provides assurance on Trust-wide operational performance for February 2026, focusing on key exceptions across 999 Operations, Remote Patient Care (EOC and IUC) and PTS, and reflecting discussions from the Performance Review and Improvement Group.</p> <p>In 999 Operations, Category 2 mean response time increased to 25:55 but was significantly better than plan with demand being 5.4% below forecast. Performance was impacted by higher-than-planned responses at scene and extended crew clear times, which remain above trajectory pending delayed auto-alert implementation. Hear and Treat performance stayed below trajectory plan at 12.7%. Positive contributors included improved arrival-to-handover times and reduced sickness (7.7%), with workforce levels remaining above plan due to strong retention and earlier recruitment.</p> <p>In EOC, call answering held at 11 seconds and is above the plan, with workforce broadly aligned to trajectory. Clinical staffing reached its highest level this year. Hear and Treat underperformance continued following NHS Pathways implementation, driven by coding changes, additional clinical requirements, and reduced availability.</p> <p>In IUC, call answering dropped to 82.8% within 120 seconds, impacted by higher demand and increased NRRCs (Not Ready Reason Codes).</p> <p>PTS performance remained strong overall, with KPI2 on track and improved short-notice performance, though pre-planned pickups remain slightly below trajectory. Workforce, sickness, and journey efficiency continue to be well managed.</p>		
Recommendation(s)	You are asked to note the contents of this paper for assurance purposes.	
Link to Board Assurance Framework Risks (board and level 2 committees only)	<ol style="list-style-type: none"> 1. Deliver a timely response to patients. 2. Provide access to appropriate care. 3. Support patient flow across the urgent and emergency care system. 	

OPERATIONAL PERFORMANCE ASSURANCE

1. INTRODUCTION

- 1.1 This report presents the key exceptions in operational performance to support focused improvement action. It provides assurance on the delivery of performance across all service lines and reflects the discussions and agreed actions from the monthly Executive led Performance Review and Improvement meetings, chaired by the Chief Paramedic. These meetings form a core part of the Performance Management Framework (PMF), which supports the Trust to plan, monitor and deliver high quality patient care. Each operational area presents its operational, financial and workforce performance, and the resulting updates and exception commentary inform both ongoing improvement work and quarterly Business Plan reporting.
- 1.2 Data is provided from the [Operational Trajectory](#)¹ and [Integrated Performance Report](#)¹ dashboards which are part of a suite of performance and assurance reports to support monitoring processes, identify performance challenges and improvement opportunities and assess the effectiveness of recovery actions. These reports include both key outputs (e.g. call demand, Cat 2 performance) and inputs (e.g. deployed ambulance hours, workforce numbers).
- 1.3 The latest available [NHS Oversight Framework metrics table](#) is also included as an appendix (see Table 3)

2. KEY PERFORMANCE MONITORING

- 2.1 The performance overview in this report is broken into the three operational areas of: 999 Operations, Remote Patient Care (EOC and IUC) and PTS. The measures cover the agreed metrics and targets from the Trust business plan.

3. 999 OPERATIONS

- 3.1 **Category 2 mean** response time in February was 25 minutes and 55 seconds. This was a worsening on the previous month but is 5 minutes and 4 seconds better than trajectory target. Demand was 5.4% lower than forecast (4,018 fewer responses), but responses at scene were 2.3% above plan (1,368 more responses).

- 3.1.1 The key drivers and improvement actions for Category 2 response times are as follows:

- **Crew clear** time in February worsened, slightly increasing by 48 seconds to 21 minutes and 52 seconds. This is 1 minute and 52 seconds worse than the February trajectory target. Actions completed and in progress are focused on achieving the 20-minute target. Further improvement was expected in Q3 with the implementation of an auto-alert module that had been successful at other Trusts. Further technical development work is required by MIS who are currently focused on other priority work within the Trust. Due to technical delays, auto-alerts will now not be able to be implemented before Q1 of 2026/2027.
- **Arrival to handover** improved on the previous month and at 18 minutes and 25 seconds is 6 minutes and 11 seconds better than February trajectory target. South Yorkshire continues to lead performance, recording 15 minutes and 45 seconds in February.

¹ Links to most recently published Power BI dashboard/report

- In February, **Hear and Treat** performance remained unchanged on the previous month, achieving 12.7% against the target of 19.3%. The underlying causes and the actions being implemented to improve Hear and Treat are set out in Section 4.1.2 (Remote Care).
- **Deployed average daily hours** on DCA's were 5,829 hours in February which was 4.1% above plan. RRV hours were at 563 which was 2.6% below plan. Our average daily staff hours stood at 12,221 hours in February which was +3.7% hours above plan. Putting out hours that are on or slightly above plan should lead to positive performance if demand and handovers are as expected.
- **Sickness** in A&E decreased by 0.4pp to 7.7% narrowing the gap to just 0.4pp above the 7.3% planned target for February.
- **Excessive responses (twice the 90th percentile)**
Cat 2 excessive responses rose by 44 (+4%) vs last month but fell by 926 (-45%) vs Feb 2025. They accounted for 3% of Category 2 responses on scene in Feb 2026 (6% last year).
 - South rate stood at 2.9% (302) of Category 2 responses
 - HNY had the highest rate at 3.9% (390) of Category 2 responses
 - West had the lowest rate at 2.6% (425) of Category 2 responses

3.1.2 **999 Workforce** position was above plan in February. This is mainly due to substantive FTE now planned to be 50FTE above trajectory by year end. This is driven by continuing reductions in attrition and our decision to bring forward recruitment from Q1 next year because of other budget underspends. Overtime has been reduced during the period, but we will overall finish the year above our original plan.

	Year End		Feb 26				
	Total FTE Operating Plan	Substantive FTE Forecast	Substantive FTE Actual	Overtime FTE	Total FTE	Planned Total FTE	Total FTE Variance
999 OPERATIONS	3,352	3,343	3,331	87	3,417	3,293	124

3.2 **Appraisal compliance** improved for the 7th consecutive month, rising by 2.9pp to 86.5% against a target of 90.0%. Plans presented in Q2 to improve completion rates have been effective with an increase of 15.1pp since July. All areas below 90.0% have been tasked with achieving 90% by then end of March.

3.3 **Budget** position at month 11 is £1.08M overspent with workforce numbers above plan in February as detailed above.

4. REMOTE CARE

4.1 EOC

4.1.1 **Mean call answer** remained the same as the previous month standing at 11 seconds, which is 10 seconds worse than plan. However, it should be noted that the plan is set at 1 second which was very ambitious – the national average is around 5s. Demand was 0.8% higher than plan, which equates to 626 more calls. Call handler numbers were above plan by 7 FTE but well within budget given the current level of underspend.

- **Call handler workforce** is above plan in February

	Year End		Feb 26				
	Total FTE Operating Plan	Substantive FTE Forecast	Substantive FTE Actual	Overtime FTE	Total FTE	Planned Total FTE	Total FTE Variance
EOC CALL HANDLING	256	204	228	10	239	232	7

- The **Hear and Treat** rate remained the same as the previous month at 12.7% which was 6.6pp worse than the 19.3% target, remaining low for year to date and forecast and is related to NHS Pathways implementation driven by:
 - changes to how calls are coded and count towards H&T rate in NHS Pathways vs AMPDS, which equates to around a 2% reduction.
- lower than expected call handler Hear and Treat, which isn't yet fully understood and will require work to optimise as NHS Pathways is fully embedded.
- more validation of Cat 3 dispositions in NHS 111, meaning fewer available to Hear and Treat in EOC.
- the additional clinical requirements of NHS Pathways, which reduces the volume of clinicians available to do Hear and Treat.
- Clinical workforce increased to 140 (highest this year), but 2 below plan in February. Substantive staffing increased by 1 FTE in February and is up 27 FTE (+25%) year to date.

	Year End		Feb 26				
	Total FTE Operating Plan	Substantive FTE Forecast	Substantive FTE Actual	Overtime FTE	Total FTE	Planned Total FTE	Total FTE Variance
EOC CLINICAL	128	122	135	5	140	142	-2

4.1.2 People Measures

- **Appraisal compliance** in EOC worsened by 4.1pp to 73.9% in February against the 90.0% year-end target. Increasing compliance will remain a focus in 25/26 but is challenging over winter months due to capacity issues. All areas below 90.0% have been tasked with achieving 90% by the end of March.
- **Sickness** decreased by 1pp to 9.1% but is 1.1pp above the 8.0% trajectory for February. Existing support for colleagues continues from the wellbeing team in EOC.

4.1.3 **Budget:** The month 11 position was £1.89m underspent vs budget plan which continues to be driven by vacancies in the EMD role and some planned NR CIP plans.

4.2 IUC

4.2.1 Call answer performance in February worsened on the previous month falling by 5.9pp to 82.8% of calls answered in 120 seconds which is 15.2pp below the 98% trajectory plan. Demand was 0.6% above plan (913 calls) which can impact on call answer performance. The key drivers and actions that impact on call answer are as follows:

- **Not Ready Reason Codes (NRRC)** worsened by 1.2pp in February rising to 29% against plan of 25%. This impacts the availability and number of deployed hours we have available to take calls. Focussed work to reduce NRRC continues in 25/26 to achieve the 25% year-end target.

- **Clinical Call Back KPI4** Our performance against KPI4 (clinical call backs within required timeframe) was 16.8% in February, down from 20.9% in January. This performance is the lowest in the country (national average of 38%) and a performance standard of 95% (which is not met by any provider). The low performance has been driven by substantial demand increases and prioritising our clinical resource on validation of 999 and A&E dispositions (i.e. the most acutely unwell patients). Commissioners have recognised that this performance will not increase without further investment in staff.
- Workforce call handler numbers have been reduced for 25/26 to deliver Trust efficiency targets and are now below the operating plan trajectory. Clinical advisor numbers are above plan and forecast to finish 9.4% above the year-end plan.

	Year End		Feb 26				
	Total FTE Operating Plan	Substantive FTE Forecast	Substantive FTE Actual	Overtime FTE	Total FTE	Planned Total FTE	Total FTE Variance
IUC Health Advisors	440	422	413	14	418	436	-18
IUC Clinical Advisors	98	99	101	5	108	101	7

4.2.2 People Measures

- **Sickness** in IUC fell by 0.5pp to 14.0% in February but was 3.2pp above trajectory. Sickness remains a focus of the team to reduce further over 25/26, with a plan in place to share the sickness reduction actions in EOC into IUC.
- **Appraisal** compliance improved in February rising by 2pp to 83.9% on the month against the 90% Trust end of year target. All areas below 90% have been tasked with achieving 90% by the end of March.

4.2.3 **Budget** IUC position at month 11 is £2.06m underspent against plan, driven by vacancies and planned non-recurrent Cost Improvement Plan actions.

4.3 PTS

4.3.1 PTS continues to perform well. Drop-offs within 120 minutes (KPI 2) improved slightly to 88.2% and remain on track for the year-end target. Pre-planned pickups within 90 minutes (KPI 3) remain below trajectory and are forecast to finish 0.9pp behind target. Short notice drop-offs (KPI 4) improved to 84.6%, the best rate this year, but remain 3.7pp below the February trajectory and are unlikely to meet the 88.3% yearend target.

Metric	Actual Feb 26	Average target
KPI 1 – Pickup / Journey Time	97.2%	91.3%
KPI 2 – Dropoff / Arrival Time	88.2%	87.7%
KPI 3 – Pre-Planned: At Location in 90m %	89.3%	90.5%
KPI 4 – Short Notice: At Location in 120m %	84.6%	88.3%

4.3.2 The drivers and actions to improve are as follows:

- **Demand:** A total of 63,981 journeys were completed in February which was 14% lower than plan. It should be noted that while demand was below plan some of this reduction will be down to February having fewer days in the month.

- In West journeys were 13.8% below trajectory with saloon car journeys falling 69% vs February 25 against a trajectory reduction of 30%.
- In South journeys were 24.7% below trajectory with saloon car journeys falling 58.8% vs February 25 against a trajectory reduction of 30%.
- In HNY journeys were 7.5% below trajectory with saloon car journeys falling 49.10% vs February 25 against a trajectory reduction of 30%.
- **Patients per vehicle (PPV)** remained at 1.4 in February. PPV is being closely monitored since eligibility go live as we aim to maximise the efficiency of our own vehicles to achieve planned savings.
- **Sickness** rose very slightly by 0.1pp to 8.5%, which is just 0.1pp below the February operating plan trajectory. Support measures remain in place and work is underway to identify suitable alternative duties for PTS staff.

	Year End		Feb 26				
	Total FTE Operating Plan	Substantive FTE Forecast	Substantive FTE Actual	Overtime FTE	Total FTE	Planned Total FTE	Total FTE Variance
PTS	469	436	419	50	469	466	3

4.3.3 **Call answering** performance (within 180 seconds) improved in February rising by 1.7pp to 87.2%. On the whole performance has remained positive since July as eligibility criteria became BAU.

4.3.4 **People Measures**

Appraisal compliance improved by 3.4pp to 81% in February which is the highest level this financial year with work ongoing to increase compliance towards the Trust target of 90%.

4.3.5 **Budget** position at month 11 is £827k underspent

5. **COMMUNICATION AND INVOLVEMENT**

5.1 This report is presented for assurance and has been produced from the information presented and discussed at the Performance Review and Improvement Groups in October.

6. **EQUALITY ANALYSIS**

6.1 There is no requirement for an Equality or Quality Impact Assessment in relation to this paper.

7. **PUBLICATION UNDER FREEDOM OF INFORMATION ACT**

7.1 This paper is available for publication under the Freedom of Information Act 2000.

8. **NEXT STEPS**

8.1 This document will be shared with the Finance and Performance Committee for assurance purposes.

9. **RECOMMENDATION**

9.1 You are asked to note the contents of this paper for assurance purposes.

APPENDIX 1 – PERFORMANCE TRAJECTORIES

TABLE 1: WORKFORCE POSITION – FEBRUARY 2026

	Total FTE Operating Plan ²	Substantive FTE Year End Forecast ³	Substantive FTE Actual	Overtime FTE	Total FTE	Planned Total FTE	Total FTE Variance ⁴
A&E OPERATIONS	3,352	3,343	3,331	87	3,417	3,293	124
EOC CALL HANDLING	256	204	228	10	239	232	7
EOC DISPATCH	137	121	130	4	134	143	-9
EOC CLINICAL	128	122	135	5	140	142	-2
IUC HA	440	422	413	14	418	436	-18
IUC CA	98	99	101	5	108	101	7
PTS	469	436	419	50	469	466	3
TOTAL	4,880	4,747	4,757	175	4,925	4,813	112

Source: Trajectory Report, YAS BI Portal, data downloaded on 10/03/26

² Business Plan year-end target is static but can change if there are adjustments to funding.

³ Year-end forecast figures change throughout the year due to dynamic business environments, operational performance variations, external factors, internal adjustments, and data quality improvements

⁴ Total FTE - Planned Total FTE

TABLE 2: KEY METRICS PERFORMANCE TABLE

Metric	Feb 25	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 26	Feb 26	YE Forecast	YE Operating Plan
Category 2 Mean	00:29:55	00:28:32	00:24:56	00:25:19	00:26:33	00:25:28	00:24:12	00:27:54	00:28:01	00:29:24	00:26:53	00:24:22	00:25:55	00:26:16	00:28:48
Demand (Responses)	70,368	76,001	73,833	74,902	74,495	75,885	74,241	73,441	78,003	77,385	81,447	80,495	69,746	911,815	942,136
Hear & Treat %	16.3%	15.8%	14.7%	14.0%	13.8%	13.8%	13.5%	13.6%	13.2%	13.9%	12.8%	12.7%	12.7%	13.6%	17.9%
Crew Clear	00:24:07	00:23:44	00:24:08	00:23:47	00:22:00	00:20:24	00:20:48	00:21:24	00:21:46	00:21:39	00:21:19	00:21:04	00:21:52	00:21:43	00:21:12
Vehicle Availability: DCA	82.9%		80.1%	79.7%	78.7%	80.7%	78.2%	80.4%	84.0%	82.5%	84.1%	82.7%	81.6%	82.0%	82.0%
Sickness (A&E)	7.3%	7.1%	6.5%	6.9%	6.9%	6.9%	6.9%	6.3%	6.4%	7.1%	8.7%	8.5%	7.7%	6.7%	6.1%
Arrive to Handover	00:25:29	00:22:57	00:23:40	00:20:59	00:19:50	00:19:18	00:17:47	00:17:44	00:18:00	00:18:21	00:19:03	00:20:25	00:18:25	00:19:40	00:25:12
Appraisal Compliance (A&E Ops)	78.3%	74.3%	70.3%	72.0%	71.5%	71.4%	72.9%	75.9%	78.7%	80.9%	82.1%	83.6%	86.5%		90.0%
IUC Not Ready Reason Codes – Health Advisor	29.8%	28.6%	28.8%	27.7%	30.9%	29.0%	26.6%	28.7%	27.1%	28.0%	26.0%	27.8%	29.0%	25.0%	25.0%
IUC Clinical Call Backs in 1 hour			49.0%	46.7%	47.4%	47.7%	47.0%	47.2%	44.6%	36.3%	32.6%	33.7%			
PTS KPI 1 deliver journey times less than 120 mins	99.1%	98.9%	96.8%	97.1%	96.9%	97.1%	97.2%	97.1%	97.3%	97.2%	97.1%	97.2%	97.2%	97.3%	91.3%
PTS KPI 3 deliver pre planned pick up within 90 mins	89.0%	90.1%	88.5%	88.3%	89.0%	88.9%	90.8%	89.6%	91.2%	89.5%	89.7%	89.4%	89.3%	89.6%	90.5%
PTS KPI 4 Deliver short notice pick up within 120 mins	81.8%	81.5%	79.8%	75.9%	76.3%	77.2%	81.5%	79.5%	81.9%	79.1%	80.7%	81.8%	84.6%	80.0%	88.3%
PTS patients per vehicle	1.38	1.38	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
PTS Call Handling - answered in 180 seconds	80.4%	72.7%	71.1%	68.4%	80.2%	89.6%	84.6%	91.2%	87.0%	92.4%	91.5%	85.5%	87.2%		

Note:

1. Blue shaded cells (Feb to Mar 25) are for 24/25 and are not used to calculate year end forecast.
2. Red shaded cells indicate the count/rate is off track against the month’s planned target and a green rating means the metric is on track with no significant issues.

Source: Trajectory Report, YAS BI Portal, data downloaded 10/3/26

TABLE 3: NHS OVERSIGHT FRAMEWORK METRICS TABLE – 3/11/25

This table presents a set of key performance metrics used to assess the Trust’s performance across several domains, as required by the NHS Oversight Framework. Each metric is reported with its value, unit, score, rank (out of 10), and the average value for comparison. Key insights:

- The Trust performs well in staff engagement and advocacy (ranked 1 out of 10).
- Despite a slight increase in response times they remain better than the average (rank 4/10).
- Sickness absence improved in Q2 but remains a key focus for improvement.
- Financial metrics are stable, with no planned deficit and minimal variance to plan.

Quarter	Segment	Trust in financial deficit?
Q2 2025/26	1 - High performing	No

Domain	Sub-domain	Metric description	Reporting Date	Metric Value	Metric Units	Metric value change	Metric score	Rank out of 10	Median
Access to services	Urgent and emergency care	Average Category 2 ambulance response time	To Sep 2025	25.77	mins	0.10 ↓	1.00	4	28.60
Effectiveness and experience	Effective out of hospital care	Percentage of ambulance patients conveyed to emergency departments	YTD 25/26	52.40	%	-0.20 ↑	3.10	8	49.35
	Patient experience	NHS staff survey advocacy score	2024	6.58	out of 10	0.00 →	1.00	1	6.20
Finance and productivity	Finance	Planned surplus/deficit	2025/26	0.00	%	0.00 →	1.00	2	0.00
		Variance year-to-date to financial plan	Month 6 2025	0.33	%	0.10 ↑	1.00	4	0.27
	Productivity	Relative difference in costs	2024/25	96.71	%	-1.84 ↑	1.99	6	96.16
Patient safety	Patient safety	NHS Staff survey – raising concerns sub-score	2024	6.13	out of 10	0.00 →	1.67	3	6.02
People and workforce	Retention and culture	Sickness absence rate	Q1 2025/26	6.85	%	-0.79 ↑	3.97	9	6.28
		NHS staff survey engagement theme sub-score	2024	6.22	out of 10	0.00 →	1.00	1	6.00

Source: [NHS England](#), 17/12/25