



Business
Intelligence

Integrated Performance Report

March 2026

Published 22 April 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 higher pressure due to (H)igh or (L)ow values	Special cause of improving nature or lower pressure due to (H)igh or (L)ow values	Variation indicates inconsistently passing or falling short of target	Variation indicates consistently (F)alling short of target	Variation indicates consistently (P)assing target		

Variation icons:

- Orange** indicates concerning **special cause variation** requiring action.
- Blue** indicates where improvement appears to lie.
- Grey** indicates no significant change (**common cause variation**).

Assurance icons:

- Orange** indicates that you would consistently expect to **miss** a target.
- Blue** indicates that you would consistently expect to **achieve** a target.
- Grey** indicates that sometimes the target will be achieved and sometimes it will not, due to random variation. In a RAG report, this indicator would flip between red and green.

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Our Purpose	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
Our Vision	What we want to achieve: Great Care Great People Great Partner
Our Values	What do we want to be and what behaviours do we expect? Kindness Respect Teamwork Improvement
YAS Together	A way of working collaboratively to achieve our vision: Care Lead Grow Excel Everyone
Our Enabling Plans	The drivers of success: Clinical and Quality People Partnership Sustainable Services

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 - March 26

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:08		
999 - Answer 95th Percentile		00:01:04		
999 - AHT		00:07:21		
999 - Calls Ans in 5 sec	95.0%	83.3%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:42		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:29		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:25:32		
999 - C2 90th (T < 40 Mins)	00:40:00	00:53:16		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:15:36		
999 - C3 90th (T < 2 Hour)	02:00:00	02:55:23		
999 - C1 Responses > 15 Mins		493		
999 - C2 Responses > 80 Mins		1,136		
999 - Job Cycle Time		01:41:50		
999 - Avg Hospital Handover (ED and non ED)	00:15:00	00:17:18		
999 - C1%		11.0%		
999 - C2%		61.0%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The call answer figures are for Trust level only and do not change based on the area selection. The mean call answer was 8 seconds for March, a decrease from February of 3 seconds. The median remained the same, and the 90th decreased by 15 seconds. The 95th decreased from 1 minute 17 seconds in February to 1 minute 4 seconds in March, and the 99th decreased from 2 minutes 21 seconds to 2 minutes 8.

Cat 1-4 Performance - The mean performance time for Cat1 improved from February by 6 seconds and the 90th percentile improved by 10 seconds. The mean performance time for Cat2 improved from February by 23 seconds and the 90th percentile improved by 30 seconds. Compared to March of the previous year, the Cat1 mean improved by 21 seconds, the Cat1 90th percentile improved by 25 seconds, the Cat2 mean improved by 3 minutes 1 second and the Cat2 90th percentile improved by 8 minutes 14 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 72.0% in March (11.0% Cat1, 61.0% Cat2) after a 0.1 percentage point (pp) increase compared to February (0.2 pp increase in Cat1 and 0.1 pp decrease in Cat2). Comparing against March for the previous year, Cat1 proportion decreased by 4.9 pp and Cat2 proportion increased by 2.3 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in March, with 493 responses over this target. This is 43 (9.6%) more compared to February. The number for last month was 36.1% lower than March 2025. The number of Cat2 responses greater than 2x 90th percentile target increased from February by 19 responses (1.7%). This is a 36.9% decrease from March 2025.

Hospital & Job Cycle Time - Last month the average handover time decreased by 1 minute 2 seconds and overall turnaround time decreased by 32 seconds. The number of conveyances to ED was 8.7% higher than in February. Overall, the average job cycle time decreased by 1 minute 25 seconds from February.

Demand - On scene response demand was 3.3% below forecasted figures for March. It was 8.7% higher compared to February and 3.4% higher compared to March 2025.

Outcomes - Comparing incident outcome proportions within 999 for March against February, the proportion of hear & treat decreased by 0.3 percentage points (pp), see treat & refer increased by 0.2 pp and see treat & convey increased by 0.1 pp. The proportion of incidents with conveyance to ED increased by 0.2 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

IUC IPR Key Indicators - March 26

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		141,684		
IUC - Answered vs. Last Month %		8.2%		
IUC - Answered vs. Last Year %		-2.0%		
IUC - Calls Triaged		141,218		
IUC - Calls Abandoned %	3.0%	3.7%		
IUC - Answer Mean	00:00:20	00:01:01		
IUC - Answered in 60 Secs %	90.0%	76.3%		
IUC - Answered in 120 secs %	95.0%	82.4%		
IUC - Callback in 1 Hour %	60.0%	37.4%		
IUC - ED Validations %	50.0%	65.5%		
IUC - 999 Validations %	95.0%	93.9%		
IUC - ED %		11.7%		
IUC - ED Outcome to A&E %		66.7%		
IUC - ED Outcome to UTC %		13.1%		
IUC - Ambulance %		11.8%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 160,979 calls in March, 1.6% above the annual business plan baseline demand. 141,684 (88.0%) of these were answered, 8.2% above last month and 2.0% below 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 76.3% from 76.6% in March. Average speed to answer has decreased by 3 seconds to 1 minute 1 seconds compared with 1 minute 4 seconds last month. Abandonment rate decreased to 3.7% from 3.8% last month.

Please note, that all measures with the exception of telephony measurements are based on estimates, this is due to the ongoing work to migrate BI systems from Adastra to CAD for clinical data.

PTS IPR Key Indicators - March 26

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	88.5%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	83.0%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.7%		
PTS - Arrive at Appointment Time	90.0%	89.2%		
PTS - Journeys < 120Mins	90.0%	97.0%		
PTS - Same Month Last Year		-14.2%		
PTS - Increase - Previous Month		8.0%		
PTS - Demand (Journeys)		69,091		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity remains low due to the continued effectiveness of the Eligibility Programme. In March, 69,091 journeys were operated (inc aborts and escorts) - 14.1% lower than March 2025.

2025-26 ended the year with Total Activity being 15.1% below 2024-25, a significant improvement to the rising demand levels seen over the past few years.

117,721 less journeys were delivered compared to the previous year. When including aborts and escorts, this equated to 147,688 less journeys.

There were 60,159 patient journeys in March, 12.6% below the forecast from the Business Plan. This took the end of year position to 7.7% under plan.

In 2025-26 the Eligibility Programme drove Low Acuity journey demand down by 47.1%, 17.1% more than the original 30.0% target.

In March the Calls Answered KPI increased for the second month running, with 88.5% of calls being answered in 180 seconds. In 2025-26, call activity saw a 20.0% reduction, this contributed to service level improvements, with the Calls Answered KPI ending the year at 84.5% - a 4.8% increase to the previous year.

Short Notice Outwards Performance has been above 80.0% since December, with March achieving 83.0%. Service level was 1.5% higher than March 25.

All other KPI's followed recent trends.

Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Mar-25	Feb-26	Mar-26
FTE in Post %	93.5%	99.0%	99.7%
Turnover (FTE) %	9.3%	8.2%	8.0%
Vacancy Rate %	6.6%	1.0%	0.3%
Apprentice %	10.1%	8.9%	9.0%
BME %	8.7%	9.0%	9.0%
Disabled %	9.7%	10.9%	11.3%
Sickness - Total % (T-5%)	7.3%	8.2%	8.1%
PDR / Staff Appraisals % (T-90%)	74.5%	82.6%	89.1%
Essential Learning	87.7%	89.9%	90.3%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to February 2026, vacancy rate has decreased by 0.7%. Although the Trust is nearly at full establishment overall, there are still vacancies in certain areas. Specifically, IUC has a vacancy rate of 7.7%, EOC stands at 6.2%, and 999 operations are currently exceeding their establishment by 7.6%. Turnover remains stable at a healthy 8% although, for IUC, it has remained high at 22.3% (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 continued to improve 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.

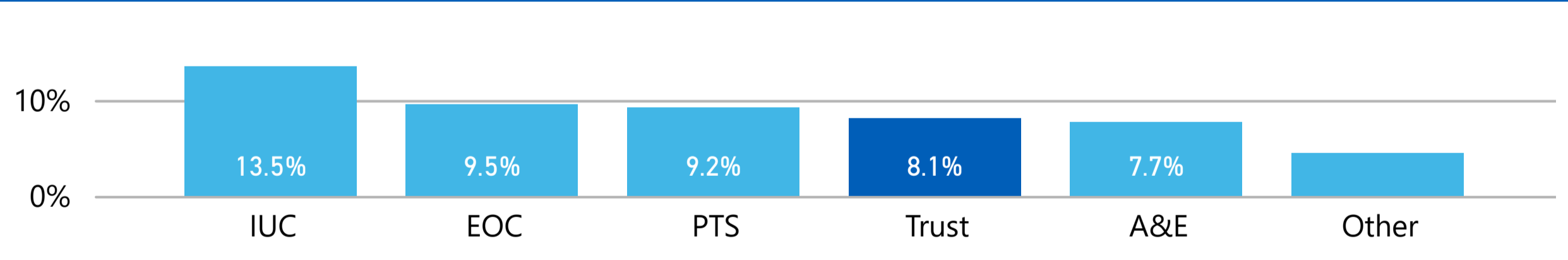
Sickness – Absence has seen a slight improvement, from 8.2% to 8.1% compared to the previous month. While the Trust’s absence figures for February align with typical patterns observed across the Ambulance Sector, they continue to be a point of concern. To address this, the Quality Improvement approach to actively examine ‘life at YAS’ by comparing stations experiencing the highest indicators of absence with those showing the lowest, aiming to uncover underlying factors contributing to these differences. The discovery phase, designed to capture staff perspectives, has been completed; this feedback has informed the development of targeted interventions included in the 2026-27 project plan. Progress and monitoring is through the People & Culture Group.

PDR / Appraisals – The overall compliance rate of 89.1% shows a significant improvement from 82.8% in February, however fell short of achieving the 90% target set by the Trust Board by the end of March 2026. This is the highest rate the Trust has ever achieved. 999 Operations, IUC and PTS are the highest performing areas (91.2%, 90.5% & 90.5% respectively) with EOC as the lowest (78.3%, a significant increase from the low of 66.2% in Dec 2025). All areas have improved. Directorates are held to account in the Performance Reviews. The Senior Leadership Community appraisal window is open April-June where 100% compliance expected.

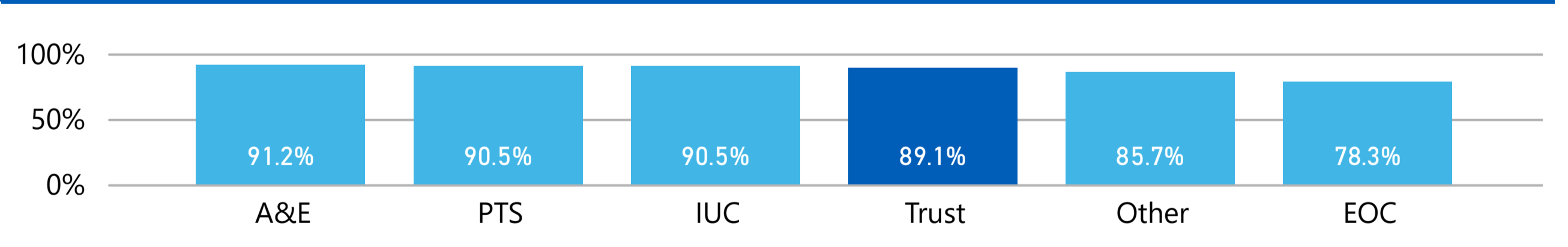
Essential Learning – the overall compliance rate remains stable at 90.3% after a steady increase to the 90% target from Mar 2025. PTS and Other are the highest performing areas (95.6% & 94.1% respectively) with EOC as the lowest at 84.6% (a drop of 13.2% points since Nov 2025). The compliance dashboard 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

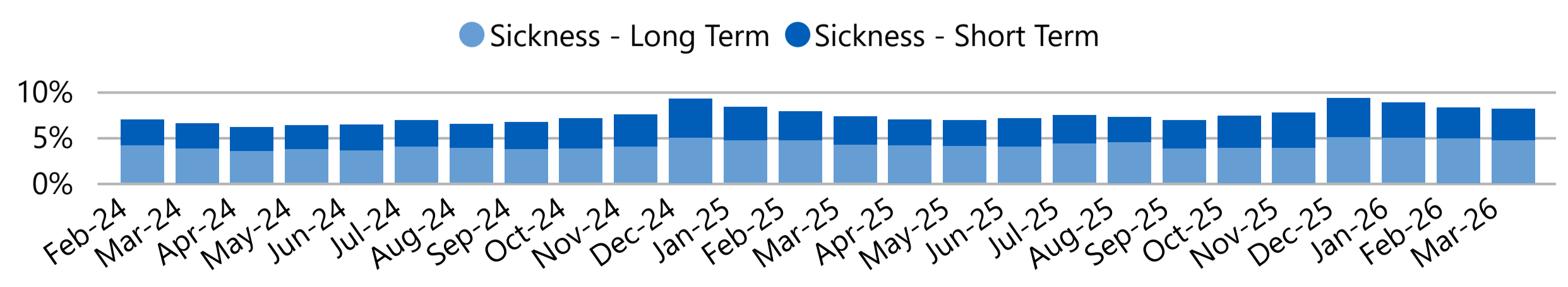
Sickness Benchmark for Last Month (Trust)



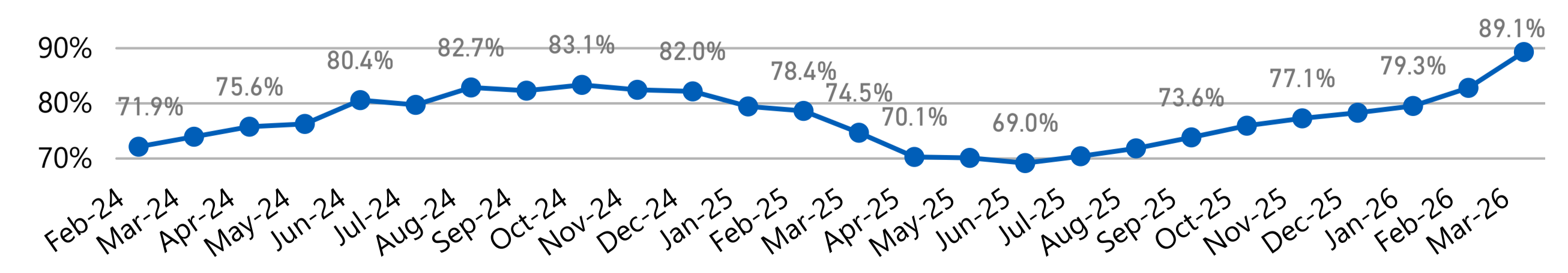
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause) - March 26

Overview - Unaudited Position

Overall -

The Trust has a month 12 Surplus position of £2,570k as shown below. The Trust plan is to achieve a adjusted £2.5m Surplus for 2025/26.

Capital -

The outturn expenditure is ahead of plan but within revised allocation provided.

Cash -

As at the end of March the Trust had £49.9m 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)	£0	£2,570	£2,570
Cash	£63,725	£49,902	-£13,823
Capital	£19,168	£20,354	£1,186

Monthly View (£000s)

Indicator Name	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03
Surplus/ (Deficit)	-£24	£191	£209	£441	£547	£86	-£238	£558	£188	£64	£572	-£24
Cash	£44,480	£42,692	£41,487	£42,707	£53,196	£53,193	£58,063	£64,797	£63,604	£68,627	£65,477	£49,902
Capital	£1,566	£148	£1,029	-£1,153	£298	£1,117	-£74	£827	£1,677	£2,203	£1,115	£11,601

Patient Demand Summary

Demand Summary

Indicator	Mar-25	Feb-26	Mar-26
999 - Incidents (HT+STR+STC)	75,758	69,501	75,252
999 - Calls Answered	88,831	82,000	90,284
IUC - Calls Answered	144,606	130,927	141,684
IUC - Calls Answered vs. Ceiling %	-14.7%	-12.8%	-12.4%
PTS - Demand (Journeys)	80,511	63,981	69,091
PTS - Increase - Previous Month	4.0%	-7.2%	8.0%
PTS - Same Month Last Year	0.2%	-17.3%	-14.2%
PTS - Calls Answered	37,983	30,118	32,629

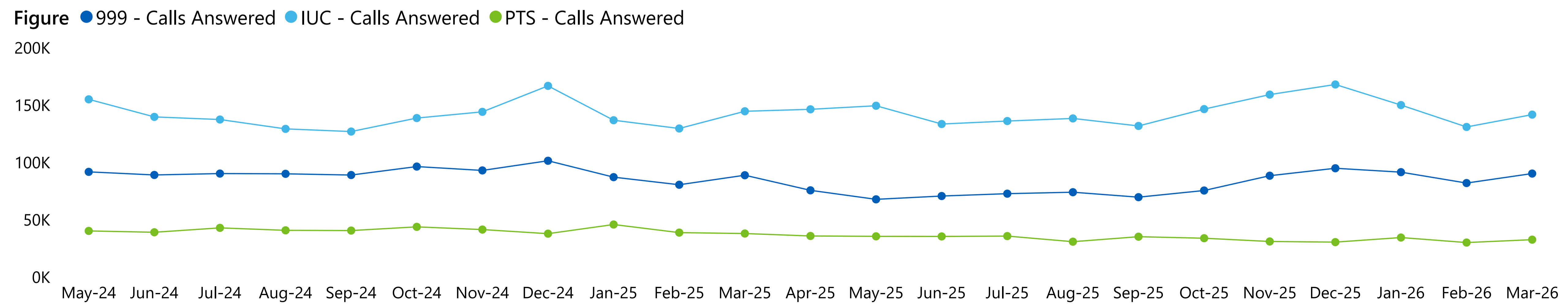
Commentary

999 - On scene response demand was 3.3% below forecasted figures for March. It was 8.7% higher compared to February and 3.4% higher compared to March 2025.

IUC - YAS received 160,979 calls in March, 1.6% above the annual business plan baseline demand. 141,684 (88.0%) of these were answered, 8.2% above last month and 2.0% below the same month last year.

PTS - 2025-26 ended the year with Total Activity being 15.1% below 2024-25, a significant improvement to the rising demand levels seen over the past few years.

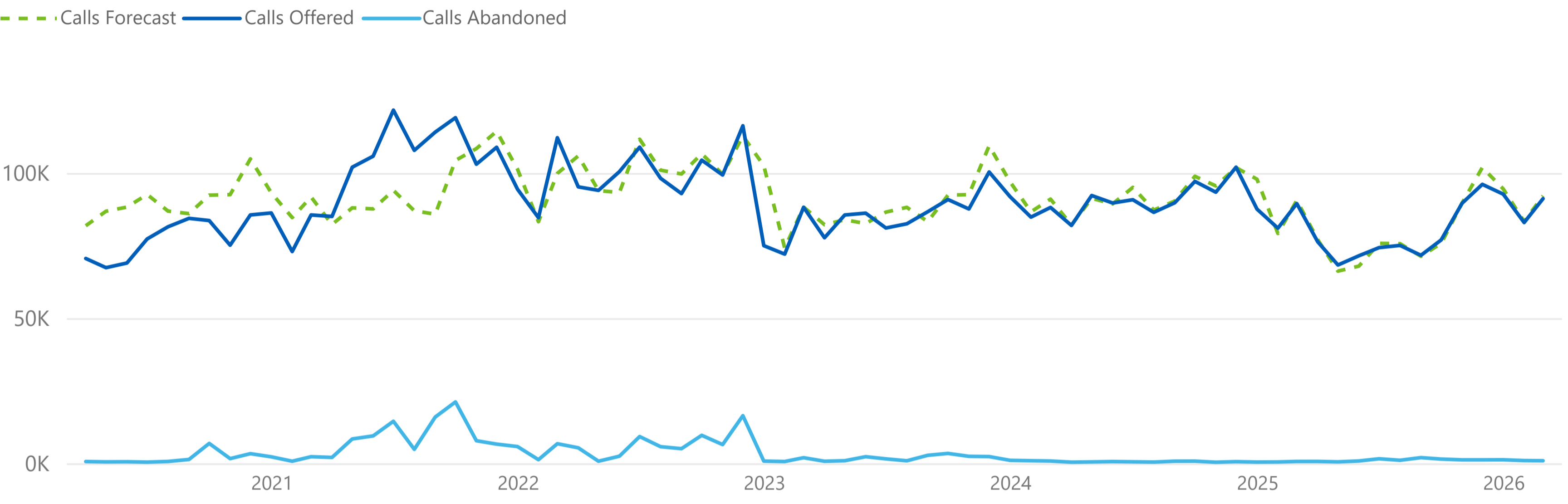
Overall Calls and Demand



999 and IUC Historic Demand

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

999 Historic Call Demand



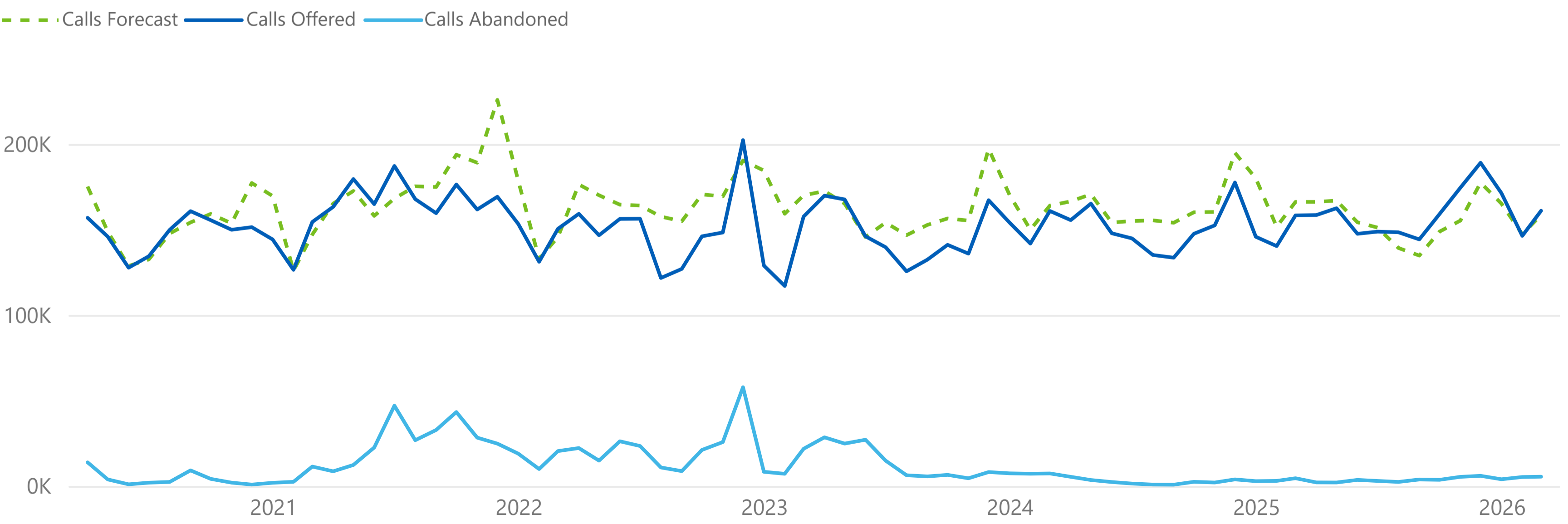
999

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 March 2026, there were 91,145 calls offered which was 1.1% below forecast, with 90,284 calls answered and 861 calls abandoned (0.9%). There were 9.9% more calls offered compared with the previous month and 1.9% more 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 6.6% reduction in abandoned calls compared with the previous month.

IUC Historic Demand



IUC

YAS received 160,979 calls in March, 1.6% above the annual business plan baseline demand. 141,684 (88.0%) of these were answered, 8.2% above last month and 2.0% below the same month last year.

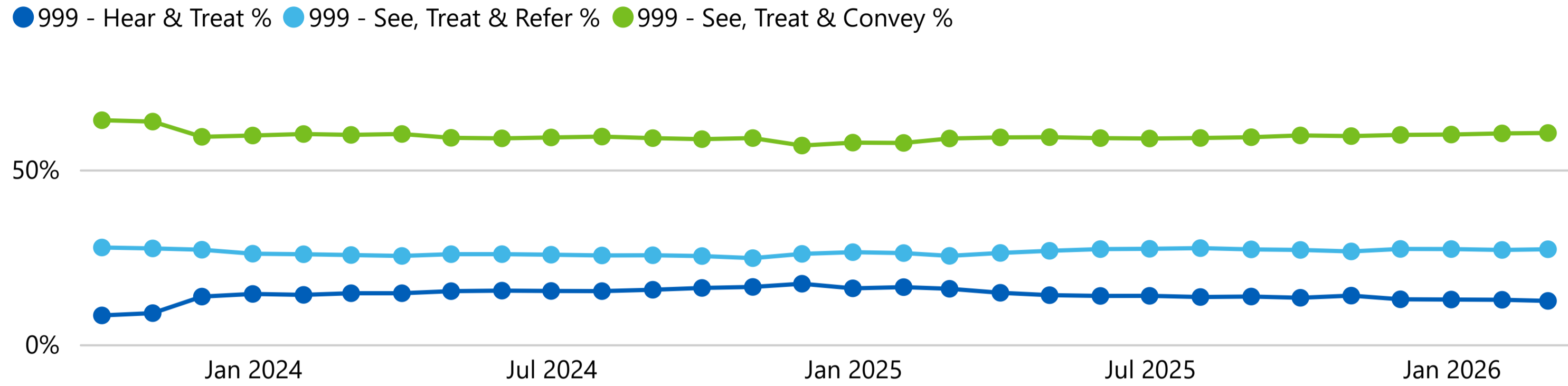
Calls abandoned increased to 3.8% from 2.5% last month and was 1.6% above last year.

Patient Outcomes Summary

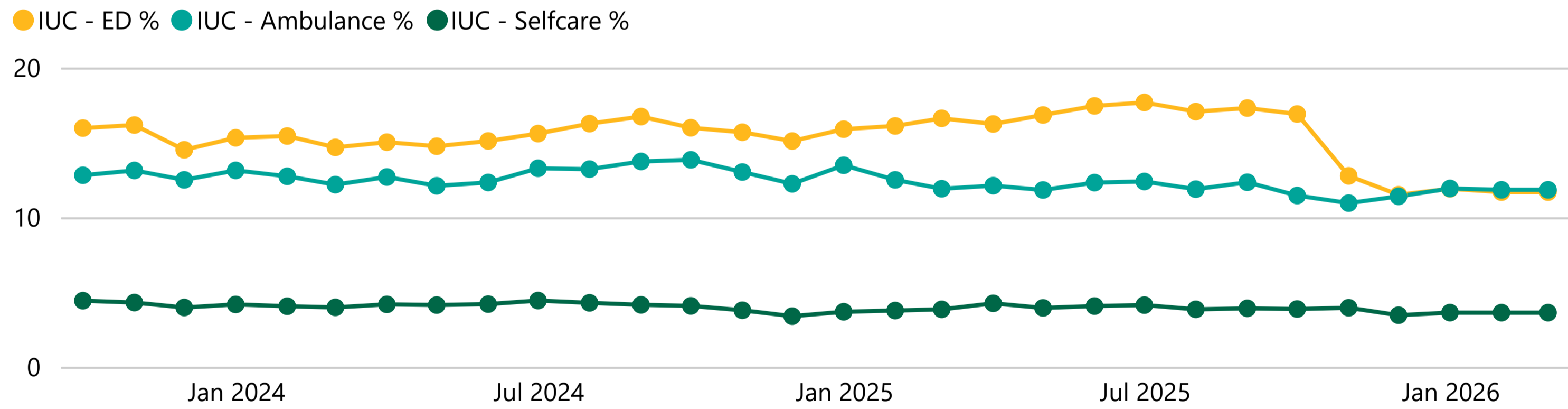
Outcomes Summary

ShortName	Mar-25	Feb-26	Mar-26
999 - Incidents (HT+STR+STC)	75,758	69,501	75,252
999 - Hear & Treat %	15.9%	12.7%	12.4%
999 - See, Treat & Refer %	25.3%	27.0%	27.2%
999 - See, Treat & Convey %	58.9%	60.3%	60.4%
999 - Conveyance to ED %	52.2%	53.6%	53.8%
999 - Conveyance to Non ED %	6.7%	6.8%	6.7%
IUC - Calls Triaged	141,514	127,552	141,218
IUC - ED %	16.6%	11.7%	11.7%
IUC - Ambulance %	11.9%	11.8%	11.8%
IUC - Selfcare %	3.8%	3.6%	3.6%
IUC - Other Outcome %	13.4%	18.7%	18.7%
IUC - Primary Care %	52.7%	47.4%	47.4%
PTS - Demand (Journeys)	80,511	63,981	69,091

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for March against February, the proportion of hear & treat decreased by 0.3 percentage points (pp), see treat & refer increased by 0.2 pp and see treat & convey increased by 0.1 pp. The proportion of incidents with conveyance to ED increased by 0.2 pp and the proportion of incidents conveyed to non-ED decreased by 0.1 pp.

IUC - Please note, that all measures with the exception of telephony measurements are based on estimates, this is due to the ongoing work to migrate BI systems from Adastra to CAD for clinical data.

Patient Experience (Director Responsible - Dave Green)

A&E

EOC

IUC

PTS

YAS



Patient Relations

Indicator	Mar-25	Feb-26	Mar-26
Service to Service	142	86	127
Concern	34	20	26
Compliment	120	223	135
Complaint	78	40	54
Total	142	223	135

Complaint



Compliment



YAS Comments

Service-to-service interactions across YAS have seen a notable increase this month, particularly within IUC. The 111 service development team is actively collaborating with partners to address these changes. Service-to-service activity has been on an upward trajectory since 2024, especially within 999 operations.

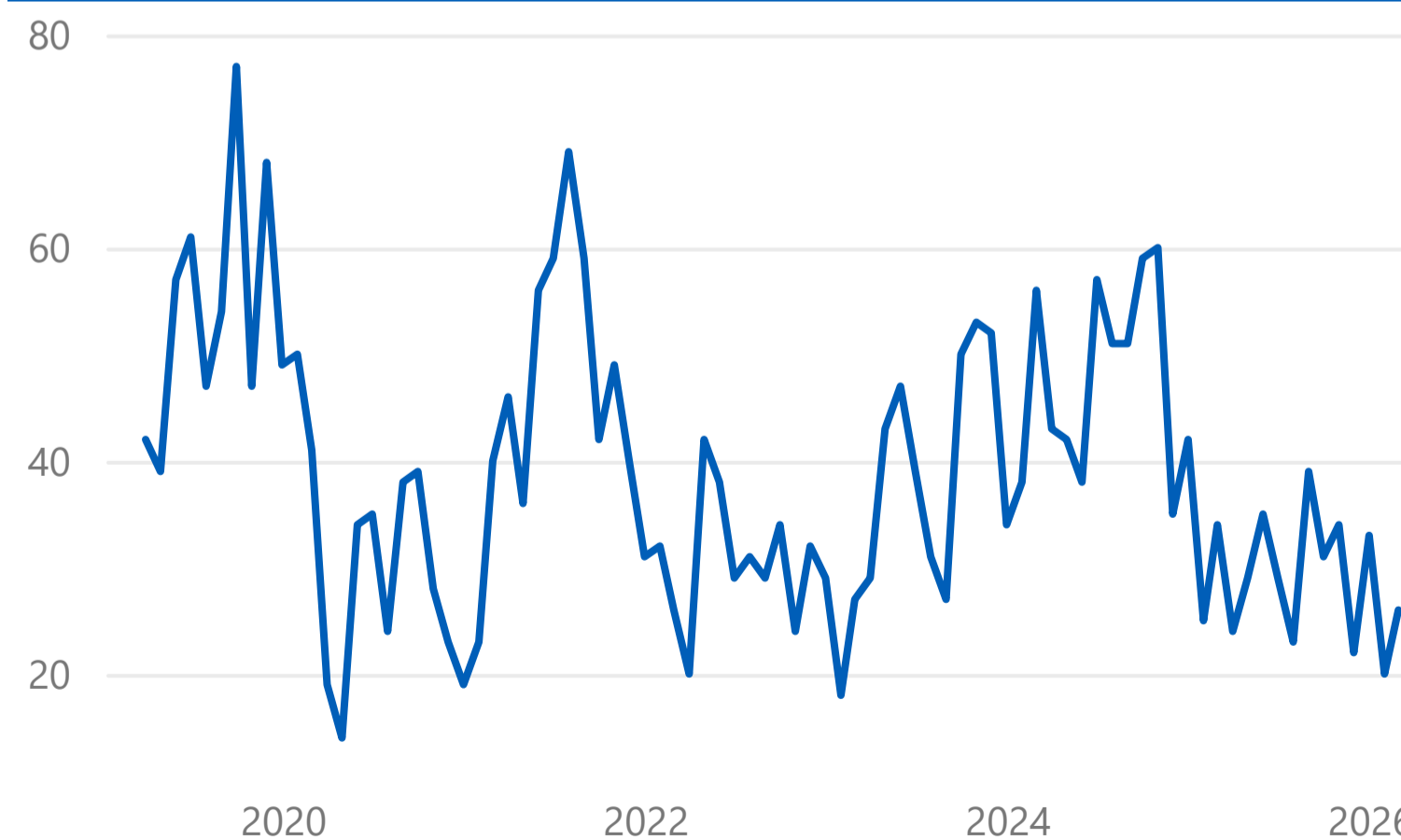
While there was a slight rise in concerns, the overall trend has been declining since early 2025. The implementation of local resolution has significantly decreased the number of concerns being processed, especially within PTS; for example, the same period last year saw 10 concerns, whereas only 4 were reported this month—a reduction of 60%.

Compliments are above average for this month, particularly in 999 operations where 124 were received; however, this figure is lower than last month, which marked a record high of 205 compliments. For comparison, 102 compliments were received in March 2025 and 205 were received in March 2026, representing an increase of approximately 101%.

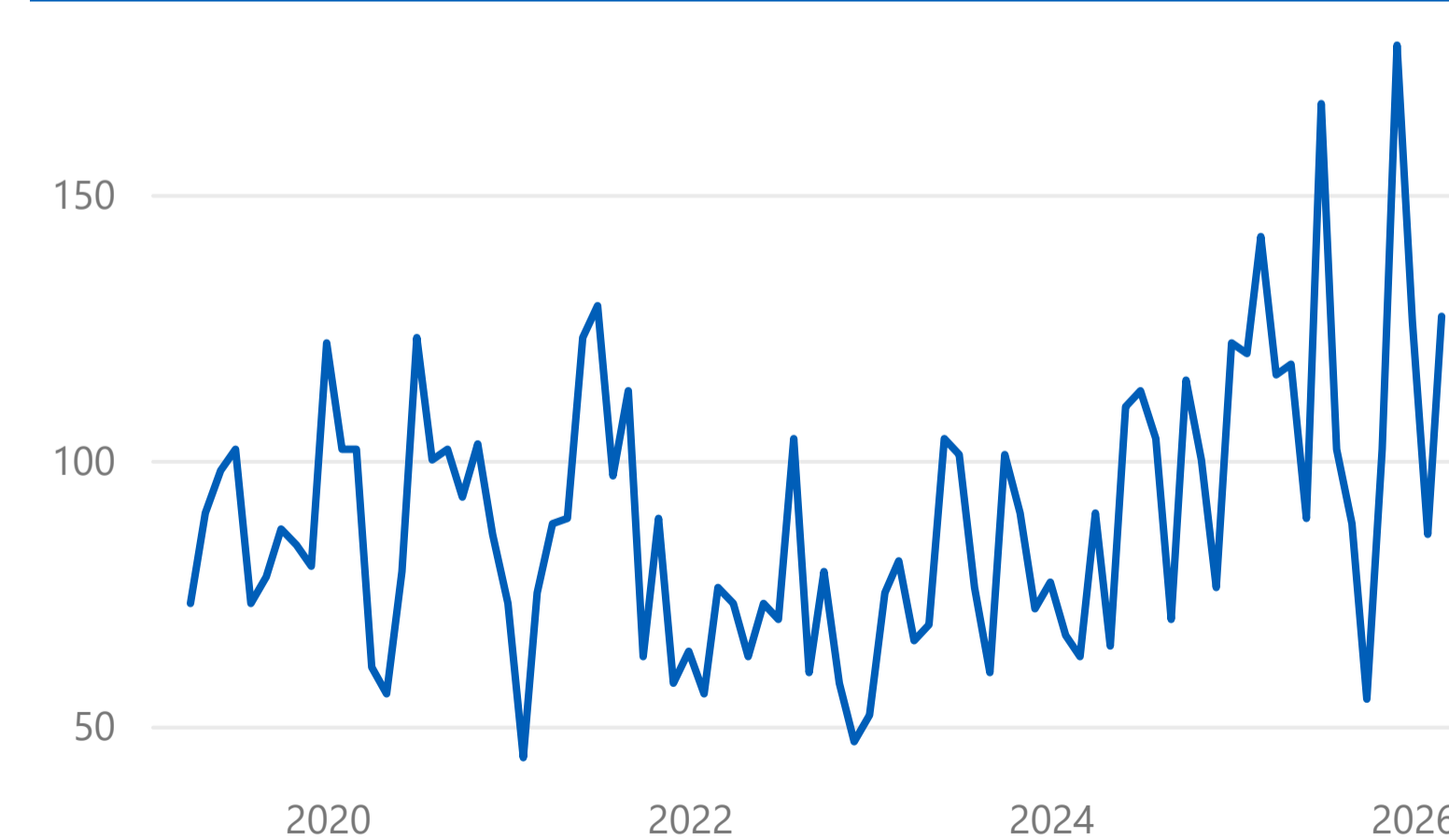
It is likely that the BBC series "Ambulance" contributed to the increased positive feedback from patients and members of the public.

Complaints remain low and have continued on a downward trend since early 2025, with the most noticeable reductions observed in EOC, IUC, and PTS.

Concern



Service to Service



Patient Safety - Quality (Director Responsible - Dave Green)

A&E

EOC

IUC

PTS

YAS



Incidents

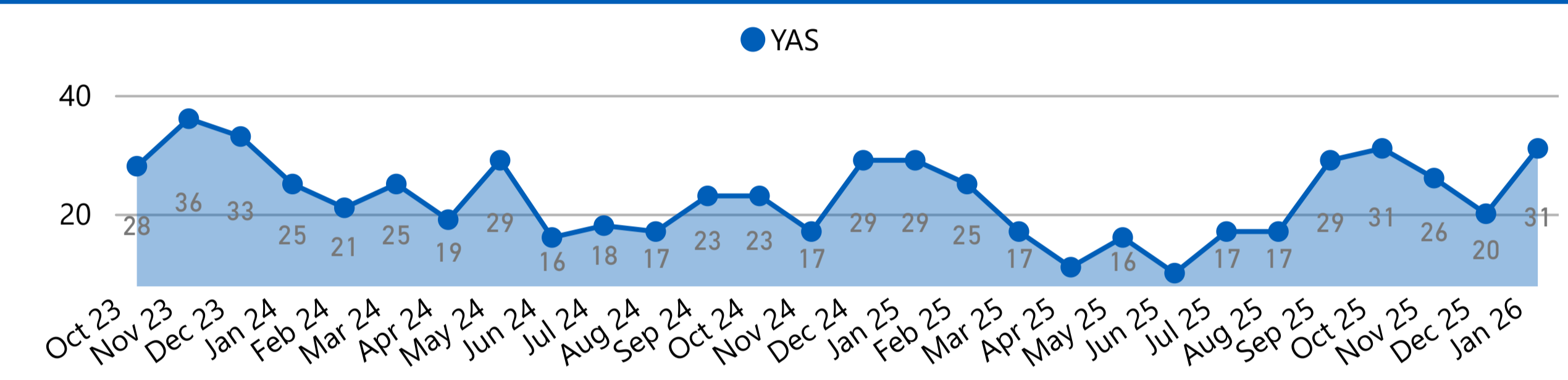
Indicator	Mar-25	Feb-26	Mar-26
All Incidents Reported	915	972	1,196
Number of duty of candour contacts	11	14	8
Number of RIDDORs Submitted	9	4	6
Patient Safety Indicator Incident Investigation	1		

Indicator	Jan 25	Dec 25	Jan 26
Moderate & Above Harm (verified)	29	20	31
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	3	3	6

Hygiene

Indicator	Mar-25	Feb-26	Mar-26
% Compliance with Hand Hygiene	99.0%	87.5%	87.9%
% Compliance with Premise	99.0%	99.0%	91.3%
% Compliance with Vehicle	99.0%	87.5%	88.9%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Mar-25	Feb-26	Mar-26
Rapid Review		1	3
Child Safeguarding Practice Review			
Domestic Homicide Review (DHR)	2	1	7
Safeguarding Adult Review (SAR)	9	13	9
Child Death	16	16	20

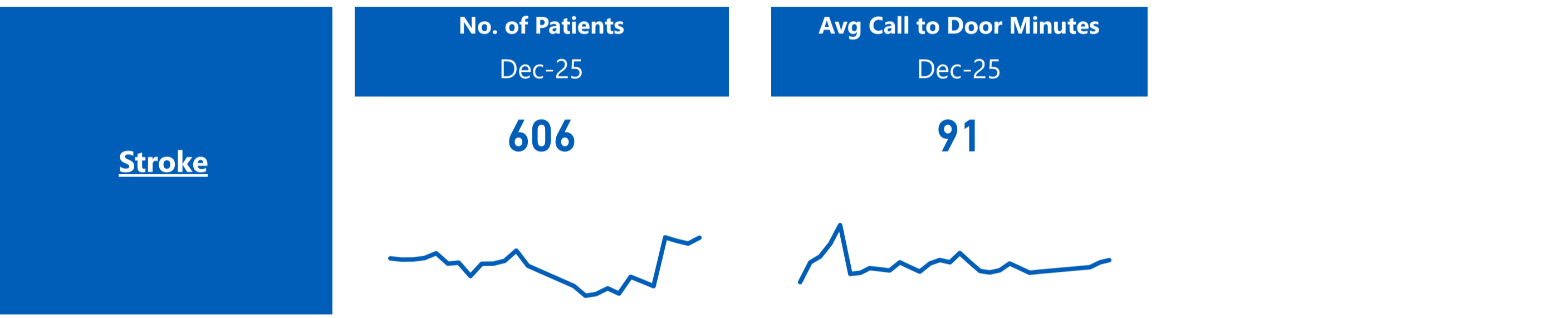
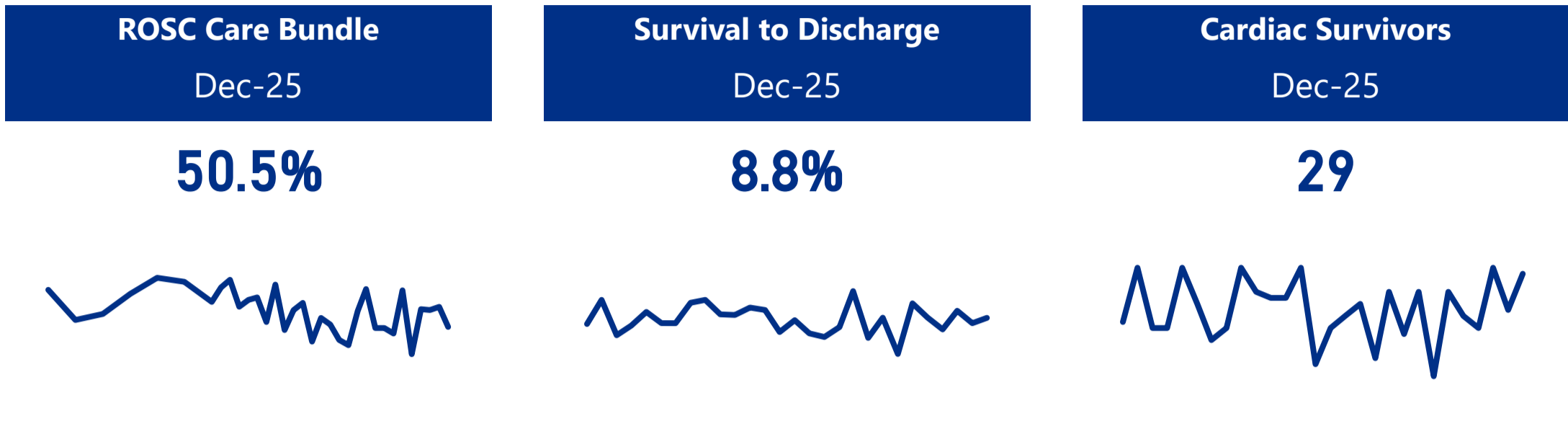
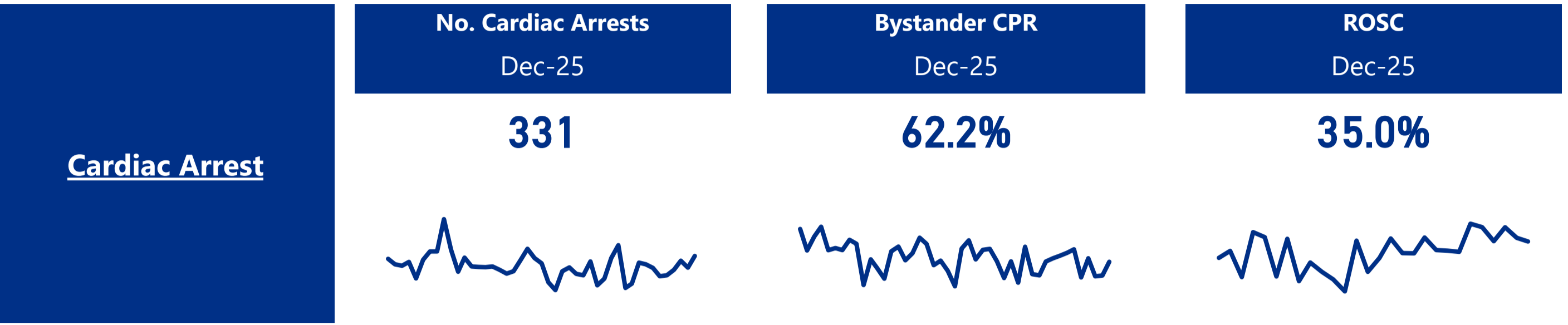
A&E Long Responses

Indicator	Mar-25	Feb-26	Mar-26
999 - C1 Responses > 15 Mins	772	450	493
999 - C2 Responses > 80 Mins	1,799	1,117	1,136

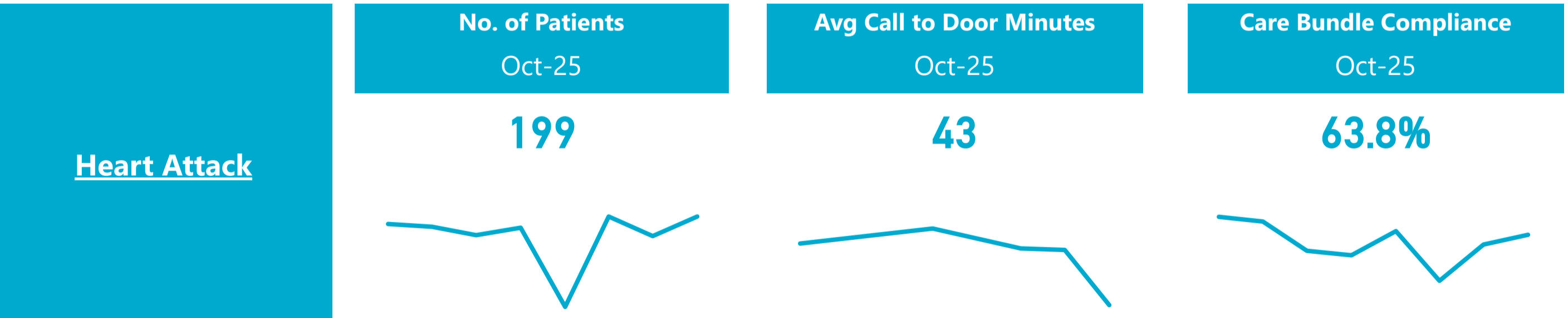
YAS Comments

- Domestic Homicide Reviews (DHR)** – 7 requests for information in relation to a DHR was received this month.
- Safeguarding Adult Review (SAR)** – 9 requests for information in relation to SAR's were received this month.
- Child Safeguarding Practice Review (CSPR)** - 0 requests were received to support a CSPR this month.
- Rapid Review (RR)** – The team contributed information in relation to 3 Rapid Reviews this month.
- Child death** - The Safeguarding team contributed information in relation to 20 children who died this month.

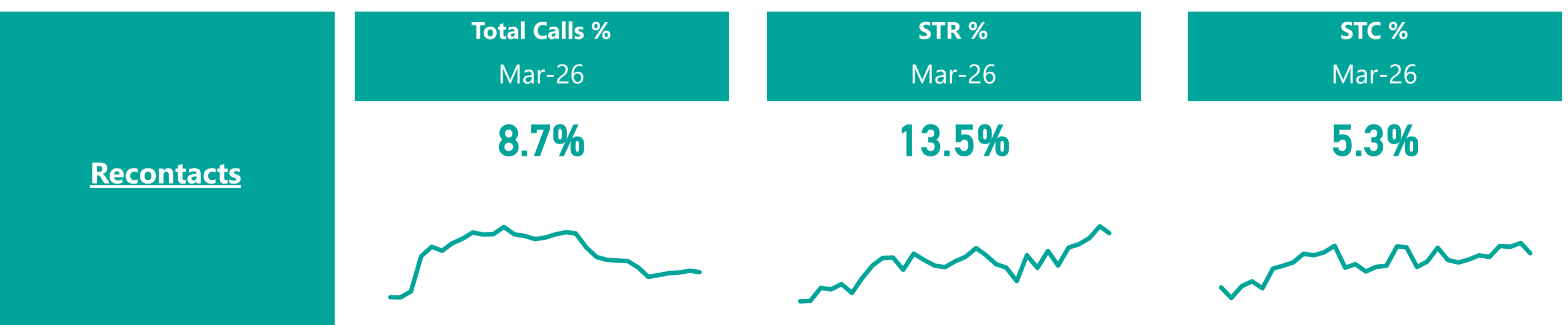
Patient Clinical Effectiveness



Cardiac Arrest - In December, YAS continued or commenced resuscitation for 331 patients who were in cardiac arrest. The post ROSC care bundle has dropped by 10% this month to 50.5%. Survival to discharge rate is recorded at 8.8% for the month of December and this equates to 29 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 has been developed specifically for clinical outcome data relating to the national audits and this is still on track to be available in Q1 26/27. This will include benchmarking for comparison with the rest of the ambulance sector.



STEMI care (ST segment elevation myocardial infarction) (Heart Attack) - 199 patients were recorded as having a STEMI in October. Care bundle compliance has continued to improve since the last data collected in July (60.7%) and is 63.8%. 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 December is recorded at 606. The call to door time is 91 minutes. The significant change (increase) in patient numbers could be linked to the national issue with SSNAP data which has since been fixed.

Fleet and Estates

Estates

Indicator	Mar-25	Feb-26	Mar-26
P1 Emergency (<2Hrs) – Attendance			50.0%
P1 Emergency (<24 Hrs) - Completed			100.0%
P2 Emergency (<4 Hrs) - Attendance	81.0%	95.0%	72.2%
P2 Emergency (<24 Hrs) – Completed	64.3%	92.7%	84.1%
P3 Non Emergency (<24Hrs) - Attendance	80.3%	92.0%	94.4%
P3 Non Emergency (<72 Hrs) – Completed	83.6%	97.4%	88.8%
P4 Non Emergency (<2 Working Days) - Attendance	96.0%	93.8%	95.3%
P4 Non Emergency (<14 Days) – Completed	93.2%	100.0%	93.0%
P6 Non Emergency (<2 Weeks) - Attendance	94.3%	100.0%	95.6%
P6 Non Emergency (4 Weeks) - Completed	80.0%	100.0%	60.8%
Planned Maintenance Complete	96.0%	97.8%	97.8%

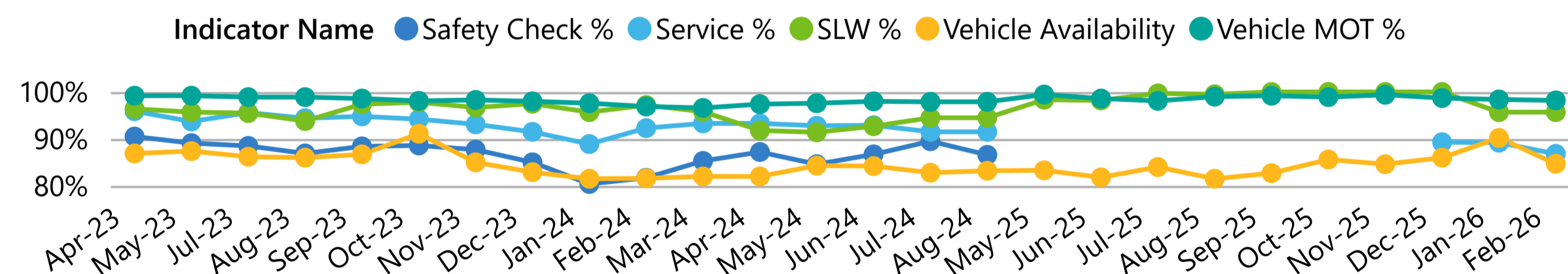
Estates Comments

Requests for reactive work/repairs on the Estate totalled 158 jobs for the month of March. This is lower than the representative average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 28 requests followed by Longley at 13 and Leeds at 10 requests for reactive works. SLA figures are average with an overall attendance KPI at 95.2% and completion KPI at 88%

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 around a fifth of requests with attendance KPI at 72.2% against a target of 100%, P3 category account for just around a third of requests with attendance KPI at 94.4% against a target of 98% and P4 category account for a quarter of requests with attendance KPI at 95.3% 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 87.3% for March with a completion of 97.76%.

999 Fleet



999 Fleet Age

Indicator	Feb-26
Vehicle age +7	23.3%
Vehicle age +10	0.6%

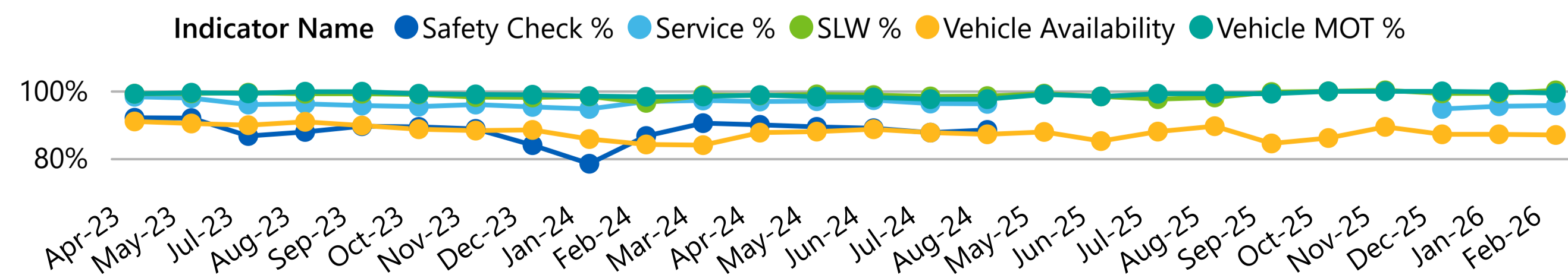
PTS Age

Indicator	Feb-26
Vehicle age +7	0.3%
Vehicle age +10	1.0%

Fleet Comments

Due to a technical issue, there is no Fleet data available for this month. This will be backdated when possible.

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
AMB147	999 - Total lost handover time (ED and non ED)	int	The total lost handover time over 30 minutes (ED and non ED)
AMB94	999 - Total lost handover time (ED)	int	The total lost handover time over 30 minutes (ED only)
AMB102	999 - Total Hospital Lost Time (TA) (ED and non ED)	int	The total lost time for hospital turnarounds (time over 30 minutes) (ED and non ED)
AMB90	999 - Total Hospital Lost Time (TA) (ED)	int	The total lost time for hospital turnarounds (time over 30 minutes) (ED only)

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