



Report Title	Operational Performance Assurance – M1 April Update
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Accountable Director	Marc Thomas, Deputy Chief Executive
Previous committees/groups	<ul style="list-style-type: none"> <li>Trust Executive Group (20 May 2026)</li> <li>Finance and Performance Committee (14 May 2026)</li> <li>Trust Board (21 May 2026)</li> </ul>
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 paper provides assurance on Trust-wide operational performance for Month 1 (April 2026), highlighting key exceptions and actions across 999 Operations, Remote Patient Care (EOC and IUC) and Patient Transport Service (PTS).</p> <p><b>999 Operations:</b> Category 2 mean response time was 22:27 (28 seconds above trajectory). Performance was strongest in the West (2:33 better than plan). Key constraints remain: crew clear time was 22:11 (3:11 worse than trajectory), and deployed DCA hours were 2.7% below plan (staff hours 2.1% below plan). Arrival-to-handover remained ahead of plan at 17:28. Workforce was broadly on plan (-0.2%) and sickness was 7.4% (1.4pp above plan). Cat 2 excessive responses reduced to 1.7% of on-scene responses.</p> <p><b>Remote care:</b> EOC mean call answer improved to 4 seconds (on plan) with demand 4.5% below plan; dispatch and clinical staffing remain slightly below plan. Hear and Treat was 12.1% (0.8pp below target), reflecting NHS Pathways impacts and clinical capacity. IUC call answer improved to 92.2% within 120 seconds (1.9pp above plan); KPI4 data was unavailable at time of writing.</p> <p><b>PTS:</b> Activity was 2.4% below plan; performance was mixed (KPI1 96.8%; KPI2 86.4%; KPI3 90.0%; KPI4 82.3%) with PPV (patient per vehicle) steady at 1.4.</p> <p>Financial performance is broadly in line with plan at month 1. Key risks relate to sustained Hear and Treat underperformance, IUC clinical callback capacity and workforce resilience.</p>	
Recommendation(s)	The Board 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"> <li>1. Deliver a timely response to patients.</li> <li>2. Provide access to appropriate care.</li> <li>3. Support patient flow across the urgent and emergency care system.</li> </ol>

## 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.

## 2. BACKGROUND

2.1 Data is provided from the [Operational Trajectory](#)<sup>1</sup> and [Integrated Performance Report](#)<sup>1</sup> 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).

2.2 The latest available [NHS Oversight Framework metrics table](#) is also included as an appendix (see Table 3).

## 3. OPERATIONAL PERFORMANCE ASSURANCE

3.1 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.

### 3.2 999 OPERATIONS

3.2.1 **Category 2 mean** response time in April was 22 minutes 27 seconds, representing a slight improvement on the previous month but remaining 28 seconds above the trajectory target, indicating performance below plan. Regional variation was evident, with the West delivering strong performance at 2 minutes 33 seconds below plan (better than target), while performance was more challenged in the South and HNY, where response times were 1 minute 31 seconds and 1 minute 15 seconds above plan respectively (worse than target).

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

- **Crew clear** time in April improved slightly by 4 seconds, falling to 22 minutes and 11 seconds. However, this is 3 minutes and 11 seconds worse than the April trajectory. It is unlikely that crew clear trajectory will be achieved over Q1 as this was set in November based on improvements seen up to this point of the year. However, over Q4 crew clear times deteriorated finishing the year worse than plan and requiring a significant improvement of around 3 minutes from March to April.

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<sup>1</sup> Links to most recently published Power BI dashboard/report

- **Arrival to handover** increased marginally by 6 seconds compared to the previous month, to 17 minutes 28 seconds, and remains 2 minutes 12 seconds better than the April trajectory target, indicating performance ahead of plan. South Yorkshire continues to deliver the strongest performance, recording an average of 14 minutes 55 seconds in April.
- In April, **Hear and Treat** performance decreased slightly from 12.4% in the previous month to 12.1%, remaining below the 13.0% target in April. 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 5,856 hours in April, 2.7% below plan, and average daily staff hours were 12,304, 2.1% below plan; both measures are below planned levels, indicating reduced operational capacity which can impact response times.
- **Sickness** absence in A&E reduced slightly from 7.7% to 7.4% in April, indicating signs of improvement; however, rates remain above the planned level by 1.4%. Sickness above plan is the main contributing factor to deployed hours being below plan.
- **Excessive responses (twice the 90<sup>th</sup> percentile)**  
Cat 2 excessive responses fell by 476 (-42%) vs last month and fell by 436 (-40%) vs Apr 2025. They accounted for 1.7% of Category 2 responses on scene in Apr 2026 (3.0% last year).
  - South rate stood at 2.3% (250) of Category 2 responses
  - HNY had the highest rate at 2.0% (216) of Category 2 responses
  - West had the lowest rate at 1.1% (194) of Category 2 responses

3.2.3 **999 Workforce** position was below plan in April, with a shortfall of 6 FTE (0.2% below trajectory), indicating very slightly reduced staffing capacity against planned levels.

A&E OPERATIONS											
APRIL 2026						YEAR END 26/27 FORECAST					
Substantive FTE Variance	OT FTE Variance	TOTAL FTE ACTUAL	TOTAL FTE OP PLAN	FTE Month Variance against Plan	%	Substantive FTE Variance	OT FTE Variance	Total FTE YE Forecast	TOTAL FTE YE OP PLAN	FTE Year End Variance against Plan	%
-0.6%	+24%	3,417	3,423	-6	-0.2%	+1.4%	-34.0%	3,418	3,403	+15	+0.4%

3.2.4 **Appraisal compliance** fell slightly from 91.2% to 90.6% in April, but remained above the 90% planned target.

3.2.5 **Budget** position at month 1 is £400k underspent.

### 3.3 REMOTE CARE

#### 3.3.1 EOC

3.3.2 **Mean call answer** performance improved from 8 seconds to 4 seconds in April, achieving the planned level. Demand was below plan at 4.5% lower than the

forecasted daily average (138 fewer calls). While call handler workforce was above plan, staffing levels within EOC dispatch and clinical teams remained slightly below plan.

EOC											
APRIL 2026						YEAR END 26/27 FORECAST					
Substantive FTE Variance	OT FTE Variance	TOTAL FTE ACTUAL	TOTAL FTE OP PLAN	FTE Month Variance against Plan	%	Substantive FTE Variance	OT FTE Variance	Total FTE YE Forecast	TOTAL FTE YE OP PLAN	FTE Year End Variance against Plan	%
<b>EOC CALL HANDLING</b>											
+2.3%	+47.6%	246	238	+8	+3.5%	+1.8	+15.6%	269	263	+6	+2.1%
<b>EOC DESPATCH</b>											
-6.0%	-33.3%	132	141	-9	-6.7%	-1.3%	-33.6%	134	138	-4	-3.1%
<b>EOC CLINICAL</b>											
-2.2%	-32.3%	136	141	-5	-13.1%	-1.4%	-25.9%	163	183	-4	-1.8%

3.3.3 The **Hear and Treat** rate reduced from 12.4% in the previous month to 12.1%, remaining 0.8 percentage points worse than target. Significant recruitment is planned over 26/27 with improving rates expected from September as recruited clinicians from Q1 complete training and increase competency.

### 3.3.4 People Measures

- **Appraisal compliance** in EOC improved from 83.5% in March to 84.7% in April against the 90.0% year-end target. Focus remains on this to achieve the 90% target
- **Sickness** decreased from 9.5% to 8.8% narrowing the gap to 2.4 pp above the 6.3% trajectory for April. Existing support for colleagues continues from the wellbeing team in EOC.

3.3.5 **Budget** position was £100k underspent at month 1

### 3.4 IUC

3.4.1 Call answer performance in April improved on the previous month from 82.8% of calls answered in 120 seconds to 92.2% and is now 1.9 pp above plan for April. Demand in April was 12.8% below plan (769 calls). The key drivers and actions that impact on call answer are as follows:

- **Call assessed by a clinician within agreed timeframe KPI4 data** was not available at the time of writing
- **Workforce** Full workforce position was not available at month 1 and will be provided in the month 2 report

IUC											
APRIL 2026						YEAR END 26/27 FORECAST					
Substantive FTE Variance	OT FTE Variance	TOTAL FTE ACTUAL	TOTAL FTE OP PLAN	FTE Month Variance against Plan	%	Substantive FTE Variance	OT FTE Variance	Total FTE YE Forecast	TOTAL FTE YE OP PLAN	FTE Year End Variance against Plan	%
IUC HA											
0.5%	-38.9%	402	400	+2	+0.5%				424		
IUC CA											
-1.8%	-11.1%	109	111	--2	-1.8%				125		

### 3.4.2 People Measures

- **Sickness** in IUC improved from 13.5% to 11.9% in April, demonstrating a positive trajectory; however, it remains 1 percentage point above plan. Sickness reduction continues to be a key focus, with plans to implement actions successfully applied within EOC to support further improvement in 2026/27.
- **Appraisal** compliance in April stood at 90.1% achieving the 90% Trust target.

3.4.3 **Budget** IUC position at month 1 is £7k underspent

### 3.5 PTS

3.5.1 Patient Transport Service (PTS) activity in April was slightly below forecast, with 8,527 enhanced care response journeys delivered, representing a 2.4% reduction against plan. Activity mix varied, with Category F (non eligible patient travelling to systemic anti-cancer treatment or radiotherapy) journeys accounting for 49.0% of total Extra Contractual Referrals (chargeable journey not in the core contract) and performing above forecast, indicating a shift in demand composition. Quality assurance activity commenced during the month, with initial observations across North Yorkshire sites identifying no areas of concern and supporting ongoing improvement and CQC readiness. Overall, performance reflects stable delivery with some variance against planned activity levels, alongside continued focus on quality assurance and service development

Metric	Actual Apr 26	Variance against Plan
KPI 1 – Pickup / Journey Time	96.8%	+5.5%
KPI 2 – Dropoff / Arrival Time	86.4%	-1.2%
KPI 3 – Pre-Planned: At Location in 90m %	90.0%	-0.5%
KPI 4 – Short Notice: At Location in 120m %	82.3%	-6.0%

3.5.2 The drivers and actions to improve are as follows:

- **Demand** averaged 2,207 journeys per day in April, 1.3% below plan, indicating activity lower than expected. Regionally, performance was on plan in the West and 3.3% below plan in the South (better than plan), while HNY was 0.5% (5 journeys) above the monthly trajectory, indicating slightly higher-than-planned activity.

- **Patients per vehicle (PPV)** remained at 1.4 in April PPV is being closely monitored since eligibility go live as we aim to maximise the efficiency of our own vehicles to achieve planned savings.

PTS											
APRIL 2026						YEAR END 26/27 FORECAST					
Substantive FTE Variance	OT FTE Variance	TOTAL FTE ACTUAL	TOTAL FTE OP PLAN	FTE Month Variance against Plan	%	Substantive FTE Variance	OT FTE Variance	Total FTE YE Forecast	TOTAL FTE YE OP PLAN	FTE Year End Variance against Plan	%
	-4.6%	416	436	-20	-4.6%				440		

3.5.3 **Call answering** performance (within 180 seconds) was down slightly from 88.5% to 88.0% in April. On the whole performance has remained positive since July as eligibility criteria became BAU.

#### 3.5.4 People Measures

- **Appraisal** compliance dipped slightly by 1pp to 89.5% in April which is just below the target of 90%.
- **Sickness** fell by 0.4pp to 8.8%, which is 2.2pp worse than the April operating plan trajectory. Support measures remain in place and work is underway to identify suitable alternative duties for PTS staff.

3.5.5 **Budget** position is £117k overspent at month 1.

## 4. FINANCIAL IMPLICATIONS

4.1 Position is broadly in line with plan at month 1.

## 5. RISKS

5.1 Key risks arising from this report are:

- **Risk to patient experience and system confidence (Hear and Treat):** continued underperformance in Hear and Treat, linked to NHS Pathways implementation, may increase responses at scene as has been seen through the last 12 months.
- **Risk to patient experience and system confidence (IUC clinical callbacks):** low performance in IUC clinical callbacks (KPI4), driven by increased demand and constrained clinical capacity, may continue without additional investment and could adversely impact patient experience.
- **Workforce resilience risk:** elevated sickness levels in some operational areas may reduce resilience, increase pressure on available staff, and impact the Trust's ability to sustain operational performance.
- **EOC mean call answer:** Call handler numbers are planned to increase by 40FTE by the end of Q2. If this is not achieved call answer performance may be impacted and fall below plan.

5.2 **Mitigation and oversight:** these risks are recognised and are being actively managed through targeted improvement actions, workforce planning and financial

controls, with ongoing monitoring and escalation through the established performance management arrangements.

## **6. RECOMMENDATIONS**

- 6.1 The Board are asked to note the contents of this paper for assurance purposes.

**APPENDIX 1 – PERFORMANCE TRAJECTORIES**

**TABLE 1: WORKFORCE POSITION – APRIL 2026 AND 2026/27 YEAR END FORECAST**

	APRIL 2026						YEAR END 26/27 FORECAST					
	Substantive FTE Variance	Overtime FTE Variance	TOTAL FTE ACTUAL	TOTAL FTE OPERATING PLAN	FTE Month Variance against Plan	%	Substantive FTE Variance	Overtime FTE Variance	Total FTE YE FORECAST	TOTAL FTE YE OPERATING PLAN	FTE Year End Variance against Plan	%
A&E Operations	-0.6%	+24%	3,370	3,423	-53	-1.5%	+1.4%	-34.0%	3,418	3,403	+15	+0.4%
EOC Call Handling	+2.3%	+47.6%	246	238	+8	+3.5%	+1.8	+15.6%	269	263	+6	+2.1%
EOC Despatch	-6.0%	-33.3%	132	141	-9	-6.7%	-1.3%	-33.6%	134	138	-4	-3.1%
EOC Clinical	-2.2%	-32.3%	136	157	-21	-13.1%	-1.3%	-32.9%	163	184	-21	-11.1%
IUC HA		-38.9%	402	400	+2	+0.5%				424		
IUC CA		-11.1%	109	111	--2	-1.8%				125		
PTS		-4.6%	416	436	-20	-4.6%				440		
<b>Total</b>			<b>4,811</b>	<b>4,906</b>	<b>-95</b>	<b>-2.0%</b>				<b>4,977</b>		

*Source: Trajectory Report, YAS BI Portal, data 12/5/26*

**TABLE 2: KEY METRICS PERFORMANCE TABLE**

Metric	BASELINE (25/26 YE ave)	Apr 25	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 26	Feb	Mar	Apr	YE Forecast	YE Operating Plan
Category 2 Mean	00:26:14	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	00:25:32	00:22:27	00:25:56	00:24:44
Demand (Responses)	909,392 (total)	73,833	74,902	74,495	75,885	74,241	73,441	78,003	77,385	81,447	80,495	69,746	75,519			
Hear & Treat %	13.4%	14.7%	14.0%	13.8%	13.8%	13.5%	13.6%	13.2%	13.9%	12.8%	12.7%	12.7%	12.4%	12.1%	14.4%	15.5%
Crew Clear	00:21:53	00:24:08	00:23:47	00:22:00	00:20:24	00:20:48	00:21:24	00:21:46	00:21:39	00:21:20	00:21:04	00:21:52	00:22:18	00:22:11	00:22:20	00:19:04
Vehicle Availability: DCA	80.2%	78.2%	78.0%	77.6%	79.4%	77.2%	79.0%	83.0%	81.7%	83.5%	81.8%	80.8%	81.3%			
Sickness (A&E)	7.2%	6.5%	6.9%	6.9%	6.9%	6.9%	6.3%	6.4%	7.1%	8.7%	8.5%	7.7%	7.7%	7.4%	7.2%	7.2%
Arrive to Handover	00:19:14	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	00:17:22	00:17:28	00:19:12	00:19:23
Appraisal Compliance (A&E Ops)	79.2%	70.3%	72.0%	71.5%	71.4%	72.9%	75.9%	78.7%	80.9%	82.1%	83.6%	86.5%	91.2%	90.6%		90.0%
IUC Not Ready Reason Codes – Health Advisor	28.0%	28.8%	27.7%	30.9%	29.0%	26.6%	28.7%	27.1%	28.0%	26.0%	27.8%	29.0%	27.4%	28.2%	28.2%	
IUC Clinical Call Backs in 1 hour	41.3%	49.0%	46.7%	47.4%	47.7%	47.0%	47.2%	44.6%	36.3%	32.6%	33.7%	37.4%	37.4%	27.4%	25.6%	
PTS KPI 1 deliver journey times less than 120 mins	97.1%	96.8%	97.1%	96.9%	97.1%	97.2%	97.1%	97.3%	97.2%	97.1%	97.2%	97.2%	97.0%	96.8%		91.3%
PTS KPI 3 deliver pre planned pick up within 90 mins	89.5%	88.5%	88.3%	89.0%	88.9%	90.8%	89.6%	91.2%	89.5%	89.7%	89.4%	89.3%	89.7%	90.0%		90.0%
PTS KPI 4 Deliver	80.1%	79.8%	75.9%	76.3%	77.2%	81.5%	79.5%	81.9%	79.1%	80.7%	81.8%	84.6%	83.0%	82.3%		88.3%

Metric	BASELINE (25/26 YE ave)	Apr 25	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 26	Feb	Mar	Apr	YE Forecast	YE Operating Plan
short notice pick up within 120 mins																
PTS patients per vehicle	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	1.4		1.4
PTS Call Handling - answered in 180 seconds	88.0%	71.1%	68.4%	80.2%	89.6%	84.6%	91.2%	87.0%	92.4%	91.5%	85.5%	87.2%	88.5%	71.1%		

**Note:**

1. 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 9/4/26 / PTS data downloaded 12/5/26*

**TABLE 3: NHS OVERSIGHT FRAMEWORK METRICS TABLE**

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 increased slightly in Q3 but remains a key focus for improvement.
- Financial metrics are stable, with no planned deficit and minimal variance to plan.

<b>Quarter</b>	<b>Segment</b>	<b>Trust in financial deficit?</b>
Q3 2025/26	1 - High performing	No

Domain	Sub-domain	Metric description	Release Frequency	Metric Value	Q3					
					Reporting Date	Metric Value	Average value	Metric value change	Metric score	Rank out of 10
Access to services	Urgent and emergency care	Average Category 2 ambulance response time	Monthly	mins	To Dec 2025	26.58	28.87	0.82 ↓	1.00	4
Effectiveness and experience	Effective out of hospital care	Percentage of ambulance patients conveyed to emergency departments	Monthly	%	To Dec 2025	52.7	48.95	0.30 ↓	3.40	9
	Patient experience	NHS staff survey advocacy score	Annual	out of 10	2024	6.58	6.2	0.00 →	1.00	1
Finance and Productivity	Finance	Planned surplus/deficit	Annual plan	%	2025/26	0.00	0.00	0.00 →	1.00	2
		Variance year-to-date to financial plan	Year to date	%	Month 9 2025	0.68	0.19	0.35 ↑	1.00	3
		Combined finance	Year to date	score	Q3 2025/26				1.00	
	Productivity	Relative difference in costs	Annual	%	2024/25	96.71	96.16	0.00 →	1.99	6
Patient safety	Patient safety	NHS Staff survey – raising concerns sub-score	Annual	out of 10	2024	6.13	6.02	0.00 →	1.67	3
People and workforce	Retention and culture	Sickness absence rate	available monthly - Quarterly aggregated monthly figures	%	Q2 2025/26	7.04	6.94	0.19 ↓	3.85	7

	NHS staff survey engagement theme	Annual	out of 10	2024	6.22	6	0.00 →	1	1
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Source: [NHS England](#), 25/3/26