



Business
Intelligence

Integrated Performance Report

April 2026

Published 20 May 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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<h3>Our Purpose</h3>	<p>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</p>
<h3>Our Vision</h3>	<p>What we want to achieve: Great Care Great People Great Partner</p>
<h3>Our Values</h3>	<p>What do we want to be and what behaviours do we expect? Kindness Respect Teamwork Improvement</p>
<h3>YAS Together</h3>	<p>A way of working collaboratively to achieve our vision: Care Lead Grow Excel Everyone</p>
<h3>Our Enabling Plans</h3>	<p>The drivers of success: Clinical and Quality People Partnership Sustainable Services</p>

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 - April 26

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04		
999 - Answer 95th Percentile		00:00:37		
999 - AHT		00:07:31		
999 - Calls Ans in 5 sec	95.0%	89.7%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:40		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:13		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:22:27		
999 - C2 90th (T < 40 Mins)	00:40:00	00:45:49		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:04:47		
999 - C3 90th (T < 2 Hour)	02:00:00	02:28:09		
999 - C1 Responses > 15 Mins		444		
999 - C2 Responses > 80 Mins		660		
999 - Job Cycle Time		01:42:10		
999 - Avg Hospital Handover (ED and non ED)	00:15:00	00:17:30		
999 - C1%		10.9%		
999 - C2%		58.3%		

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 4 seconds for April, a decrease from March of 4 seconds. The median remained the same, and the 90th decreased by 25 seconds. The 95th decreased from 1 minute 4 seconds in March to 37 seconds in April, and the 99th decreased from 2 minutes 8 to 1 minute 39.

Cat 1-4 Performance - The mean performance time for Cat1 improved from March by 2 seconds and the 90th percentile improved by 16 seconds. The mean performance time for Cat2 improved from March by 3 minutes 5 seconds and the 90th percentile improved by 7 minutes 27 seconds. Compared to April of the previous year, the Cat1 mean remained the same, the Cat1 90th percentile improved by 7 seconds, the Cat2 mean improved by 3 minutes 7 seconds and the Cat2 90th percentile improved by 8 minutes 45 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 69.2% in April (10.9% Cat1, 58.3% Cat2) after a 2.8 percentage point (pp) decrease compared to March (0.1 pp decrease in Cat1 and 2.7 pp decrease in Cat2). Comparing against April for the previous year, Cat1 proportion decreased by 4.1 pp and Cat2 proportion increased by 0.3 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in April, with 444 responses over this target. This is 49 (9.9%) less compared to March. The number for last month was 22.8% lower than April 2025. The number of Cat2 responses greater than 2x 90th percentile target decreased from March by 476 responses (41.9%). This is a 42.1% decrease from April 2025.

Hospital & Job Cycle Time - Last month the average handover time increased by 12 seconds and overall turnaround time increased by 17 seconds. The number of conveyances to ED was 2.8% lower than in March. Overall, the average job cycle time increased by 20 seconds from March.

Demand - On scene response demand was 0.4% above forecasted figures for April. It was 2.1% lower compared to March and 2.8% higher compared to April 2025.

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

PTS IPR Key Indicators - April 26

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	88.0%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	82.3%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	90.0%		
PTS - Arrive at Appointment Time	90.0%	86.4%		
PTS - Journeys < 120Mins	90.0%	96.8%		
PTS - Same Month Last Year		-13.4%		
PTS - Increase - Previous Month		-4.2%		
PTS - Demand (Journeys)		66,223		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

In April, PTS operated 66,223 journeys, including abortions and escorts. Activity was 13.4% lower than the same period last year. This reduction was expected, as the full launch of the Eligibility Programme did not take place until May/June 2025. Variances in activity are expected to stabilise over the course of 2026/27.

Total activity was 1.3% below the Business Plan forecast, remaining well within the accepted threshold.

Reservations received c.33,000 calls during April, consistent with the run rate seen over the previous two months. Average Handling Time (AHT) increased by seven seconds; however, NRRC % was below target at 14.8%, meaning service levels were not materially impacted by the longer call durations. Call performance narrowly missed target, with 88.0% of calls answered within 180 seconds, against the 90.0% service level target.

Short Notice Outwards performance has remained consistently above 80.0% since December 2025. In April, 82.3% of patients were collected within 120 minutes, representing a 3.2% improvement compared with the same period last year.

All other KPIs remained in line with recent performance trends.

Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust



Key KPIs

Name	Apr-25	Mar-26	Apr-26
Turnover (FTE) %	9.0%	8.0%	8.0%
Vacancy Rate %	5.8%	0.3%	3.9%
Apprentice %	10.3%	9.0%	8.7%
BME %	8.8%	9.0%	9.0%
Disabled %	9.8%	11.3%	11.3%
Sickness - Total % (T-5%)	6.9%	8.1%	7.6%
PDR / Staff Appraisals % (T-90%)	70.1%	89.1%	88.9%
Essential Learning	88.3%	90.3%	90.6%

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to March 2026, the vacancy rate has increased to 3.9% compared to 0.3% in March 2026 with 999 operations at 0.4% (at establishment) and vacancies in contact centres remaining above well above the Trust average. Turnover for IUC has remained high at 21.9%, with vacancies of 5.4% (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.

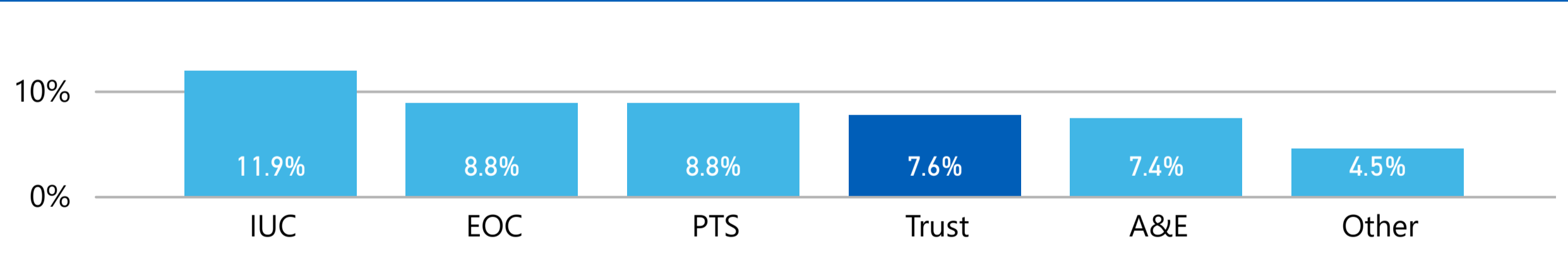
Sickness – Sickness has improved slightly, decreasing from 8.1% to 7.6%, from the previous month. Although the Trust's absence rates in March are typical for the Ambulance Sector, they remain concerning. Investigations to identify potential underlying causes, focusing on 12 key data points, with comparisons of the three most challenged stations to the three with the lowest rates, is complete with ideas generation, on responding to issues, is taking place in May 2026. Interventions are planned to begin in Q1 as part of the 2026-27 project plan. Updates are provided to the People & Culture Group.

PDR / Appraisals – The overall compliance rate has decreased marginally to 88.9% from 89.1% at the end of March. A&E is the highest performing area (90.6%) with EOC as the lowest (81.0% only service line to increase compliance across April). Directorates are being held to account in Performance Reviews. The Senior Leadership Community appraisal window is now open for completion in Q1 with 100% compliance expected.

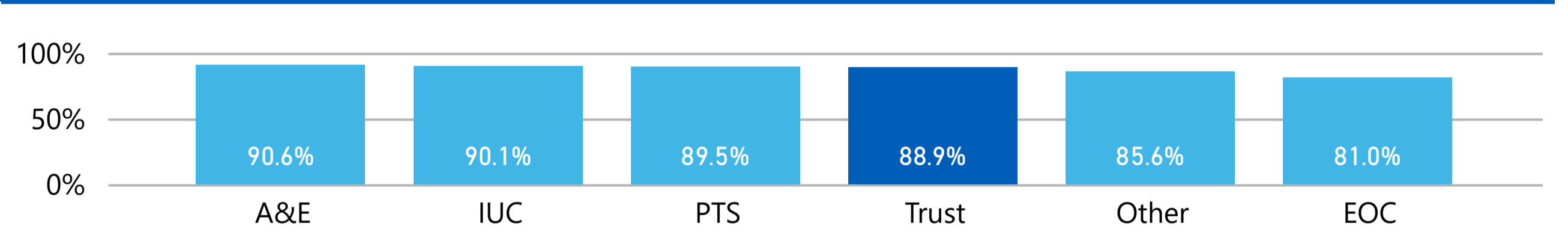
Essential Learning – the overall compliance rate remains stable at 90.6%, up marginally from 90.3% as the end of year position and exceeding the 90% target. PTS and Other achieved the target at 95.7%, and 94.0% respectively. All other areas are below target with EOC at the lowest at 86.7% (up 83.6% in Feb 2026). The compliance dashboard is available to all managers and refreshed twice weekly with monitoring, including historical non-compliance, through the Education Portfolio Governance Boards. YAS is an active participant in the national reform of Statutory and Mandatory training.

Assurance: All data displayed has been checked and verified

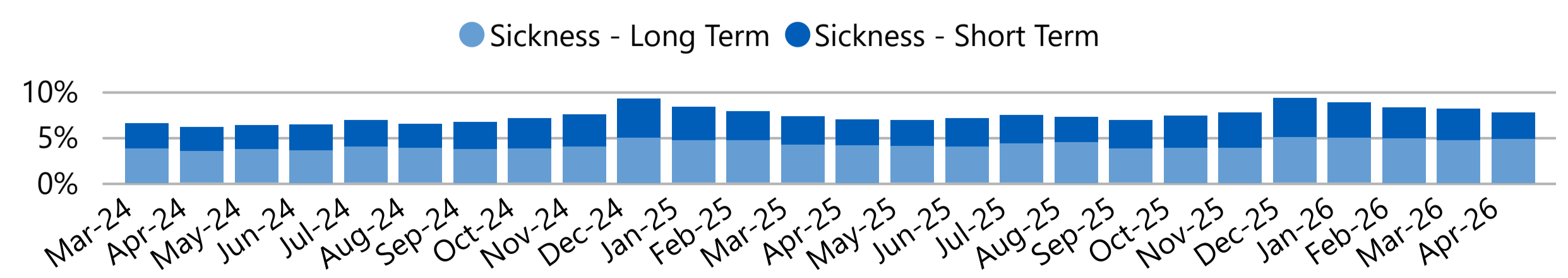
Sickness Benchmark for Last Month (Trust)



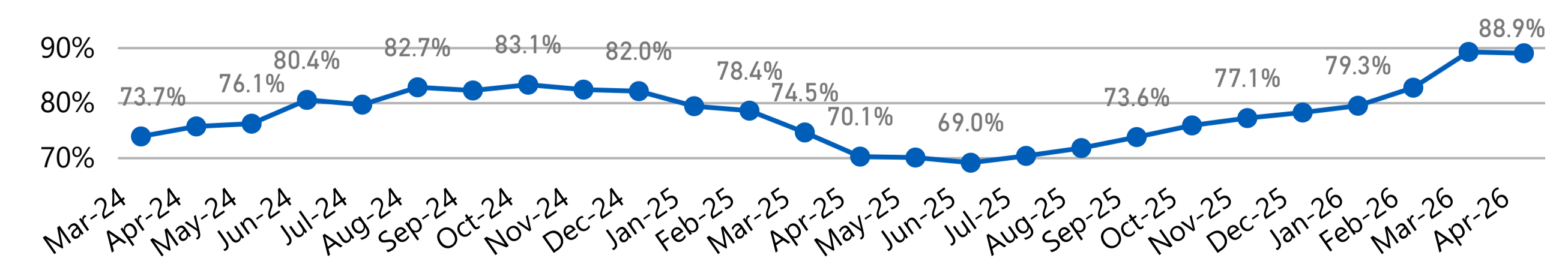
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



Patient Demand Summary

Demand Summary

Indicator	Apr-25	Mar-26	Apr-26
999 - Incidents (HT+STR+STC)	73,608	75,252	73,486
999 - Calls Answered	75,660	90,284	87,041
IUC - Calls Answered	146,320	141,684	
IUC - Calls Answered vs. Ceiling %	-16.4%	-12.4%	
PTS - Demand (Journeys)	76,485	69,091	66,223
PTS - Increase - Previous Month	-4.9%	8.0%	-4.2%
PTS - Same Month Last Year	-8.0%	-14.2%	-13.4%
PTS - Calls Answered	35,851	32,629	31,094

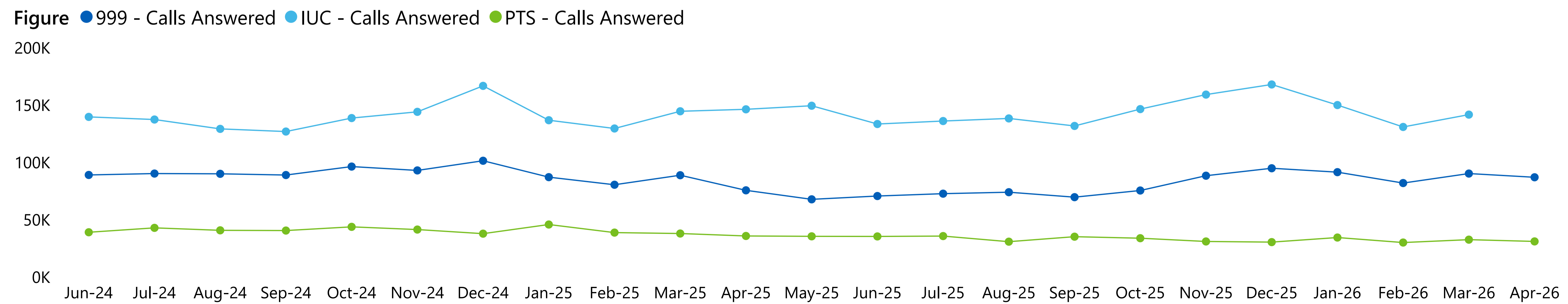
Commentary

999 - On scene response demand was 0.4% above forecasted figures for April. It was 2.1% lower compared to March and 2.8% higher compared to April 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 - In April, PTS operated 66,223 journeys, including aborts and escorts. Activity was 13.4% lower than the same period last year. This reduction was expected, as the full launch of the Eligibility Programme did not take place until May/June 2025. Variances in activity are expected to stabilise over the course of 2026/27.

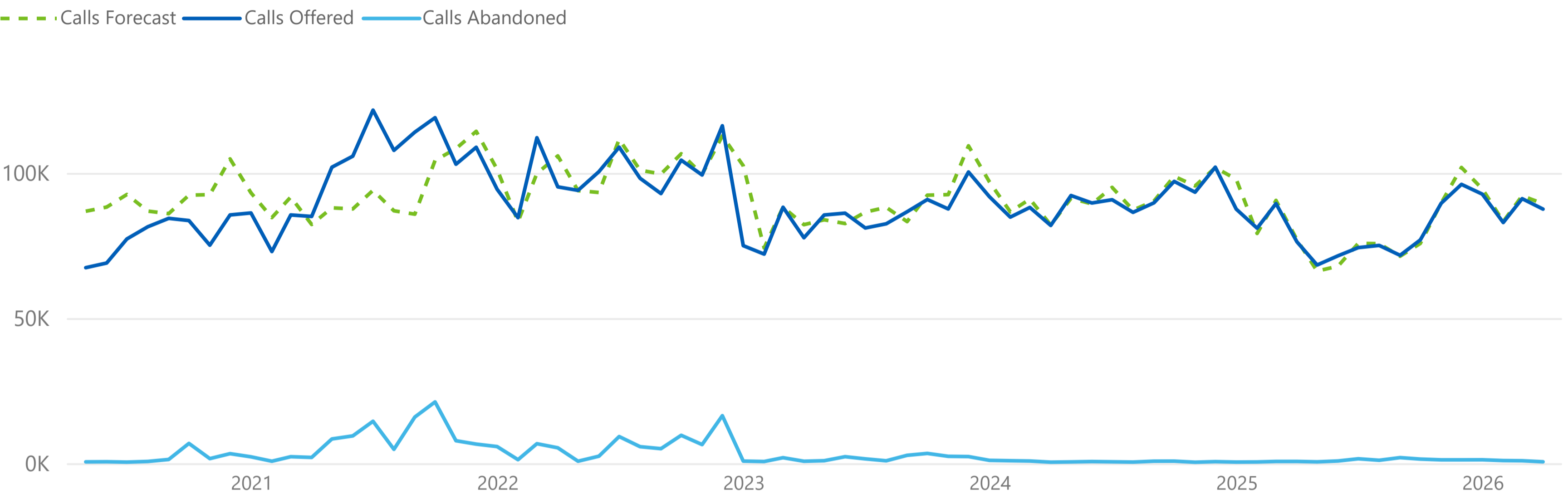
Overall Calls and Demand



999 and IUC Historic Demand

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

999 Historic Call Demand

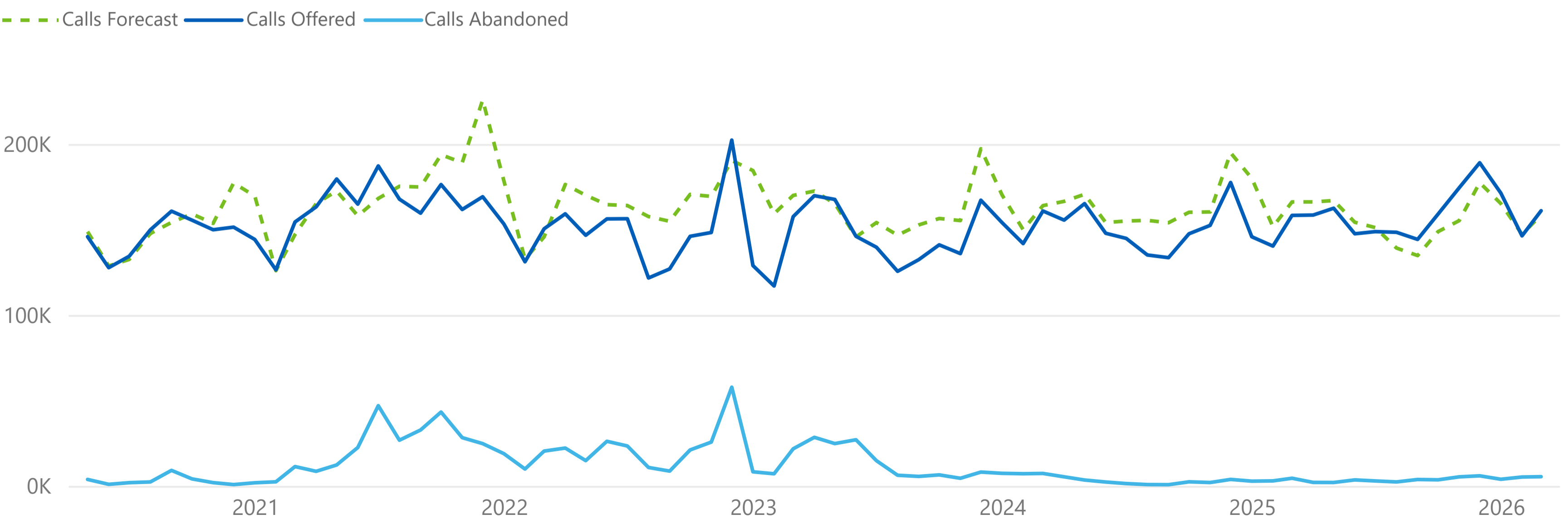


999

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 April 2026, there were 87,543 calls offered which was 2.1% below forecast, with 87,041 calls answered and 502 calls abandoned (0.6%). There were 4.0% fewer calls offered compared with the previous month and 14.8% 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 41.7% reduction in abandoned calls compared with the previous month.

IUC Historic Demand



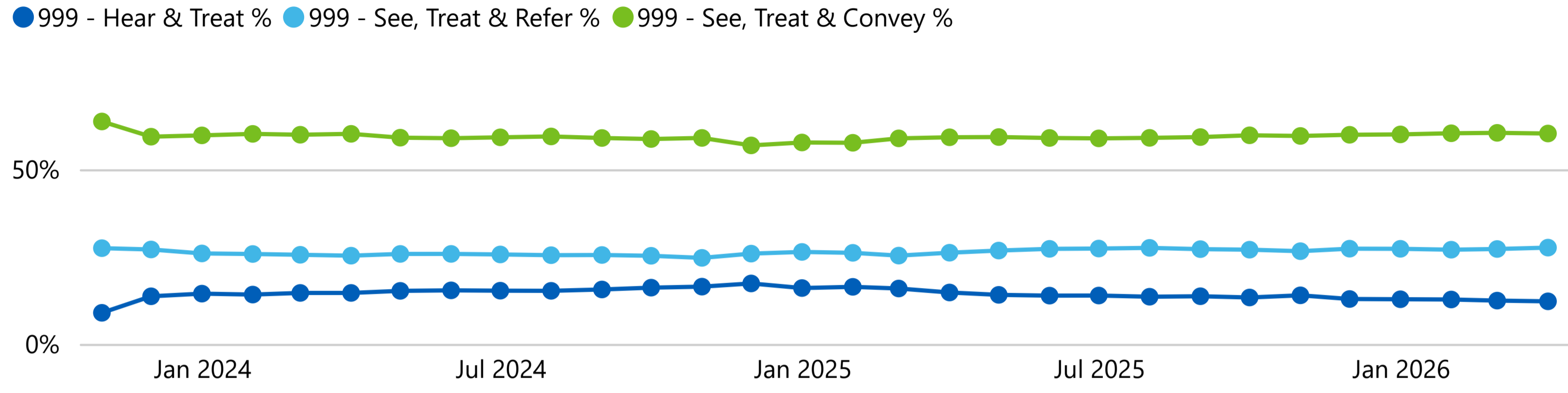
IUC

Patient Outcomes Summary

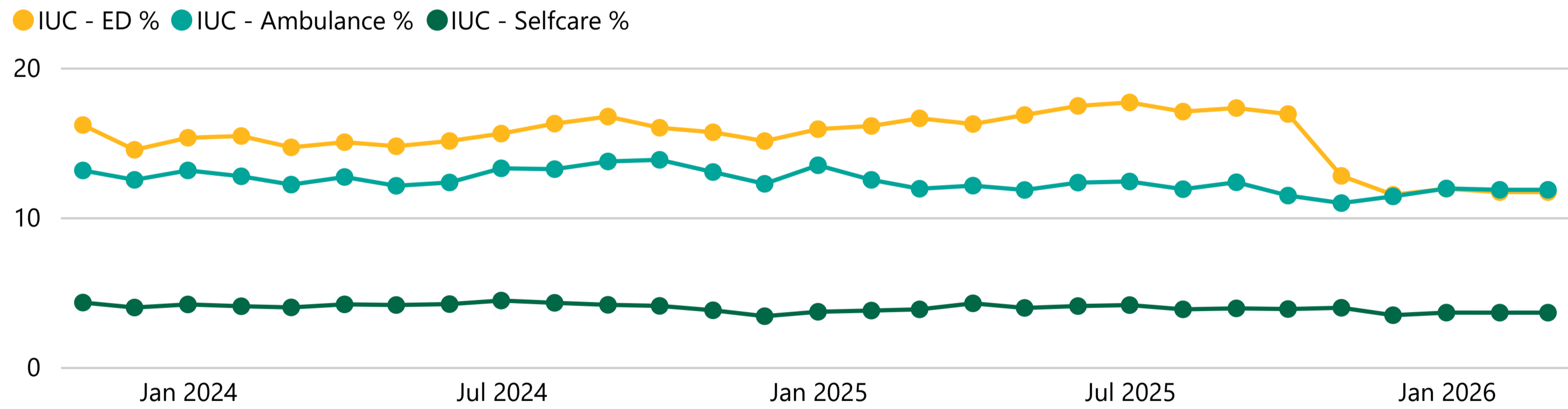
Outcomes Summary

ShortName	Apr-25	Mar-26	Apr-26
999 - Incidents (HT+STR+STC)	73,608	75,252	73,486
999 - Hear & Treat %	14.7%	12.4%	12.2%
999 - See, Treat & Refer %	26.1%	27.2%	27.6%
999 - See, Treat & Convey %	59.2%	60.4%	60.2%
999 - Conveyance to ED %	52.8%	53.8%	53.5%
999 - Conveyance to Non ED %	6.4%	6.7%	6.7%
IUC - Calls Triaged	142,024	141,218	
IUC - ED %	16.2%	11.7%	
IUC - Ambulance %	12.1%	11.8%	
IUC - Selfcare %	4.2%	3.6%	
IUC - Other Outcome %	14.1%	18.7%	
IUC - Primary Care %	44.8%	47.4%	
PTS - Demand (Journeys)	76,485	69,091	66,223

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for April against March, the proportion of hear & treat decreased by 0.2 percentage points (pp), see treat & refer increased by 0.4 pp and see treat & convey decreased by 0.2 pp. The proportion of incidents with conveyance to ED decreased by 0.2 pp and the proportion of incidents conveyed to non-ED increased by 0.0 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	Apr-25	Mar-26	Apr-26
Service to Service	116	127	62
Concern	24	26	24
Compliment	119	135	101
Complaint	73	54	58
Total	119	135	101

Complaint



Compliment



YAS Comments

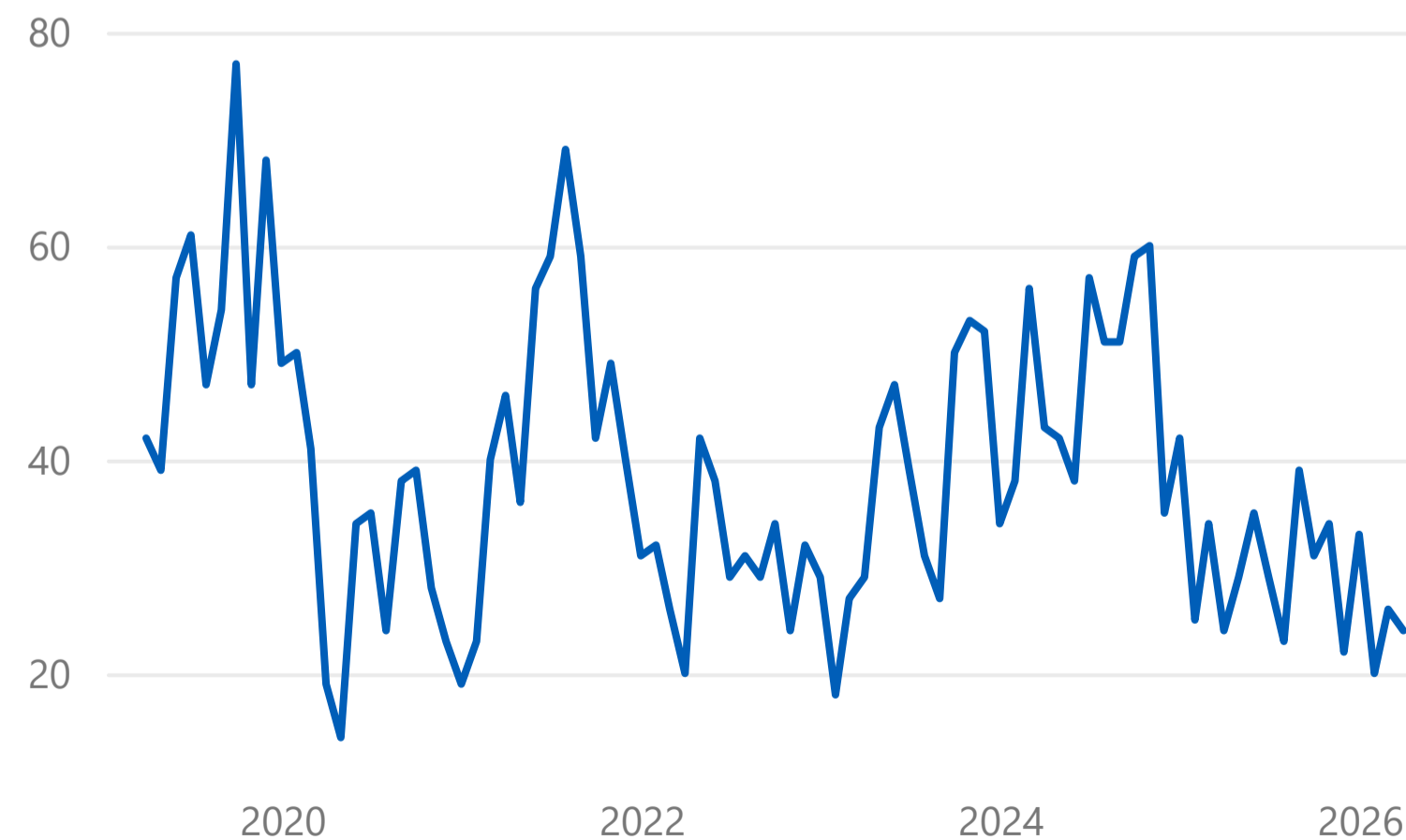
Complaints increased in April, particularly in 999 Operations and EOC, although EOC levels remain relatively low compared with last year.

Compliments decreased this month but remain around average levels. The previous month was unusually high, likely due to the "Ambulance" TV series being aired. 999 Operations continues to receive the most compliments, averaging around 100 per month. In IUC, compliments have also declined over recent months; although there was an improvement in late 2025, this has since reduced.

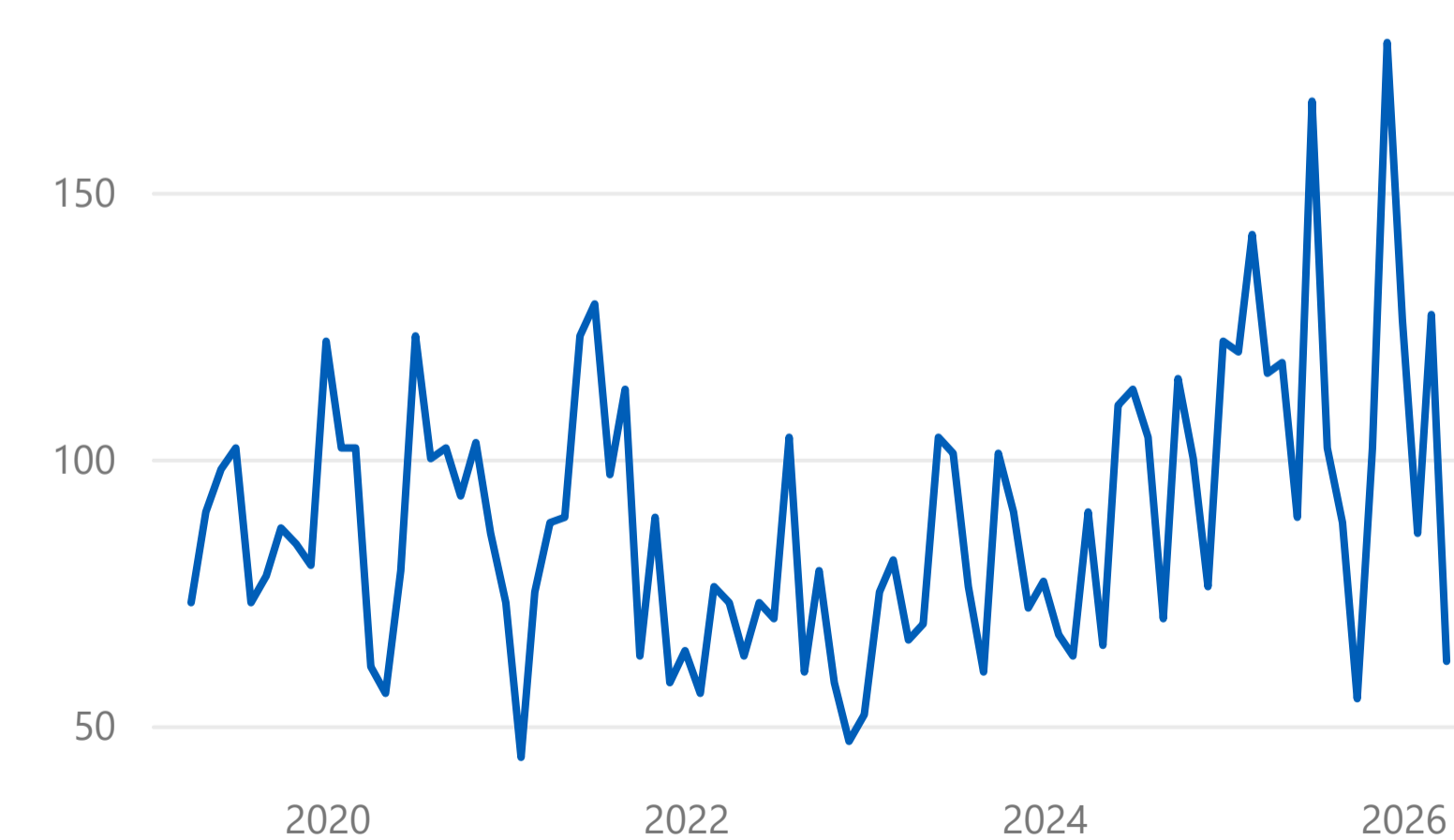
Concerns have continued to decrease over several months, reflecting the success of local resolution. Reductions have been seen in 999 Operations and particularly in PTS. Concerns have increased in IUC; however, this is likely due to triage within the Patient Relations team, with some formal complaints being reclassified as concerns, which has also had a positive impact on complaints data.

Service-to-service feedback has decreased over recent months following a significant rise in late 2025, particularly within 999 Operations and, in April, notably in PTS.

Concern



Service to Service



Patient Safety - Quality (Director Responsible - Dave Green)

A&E

EOC

IUC

PTS

YAS



Incidents

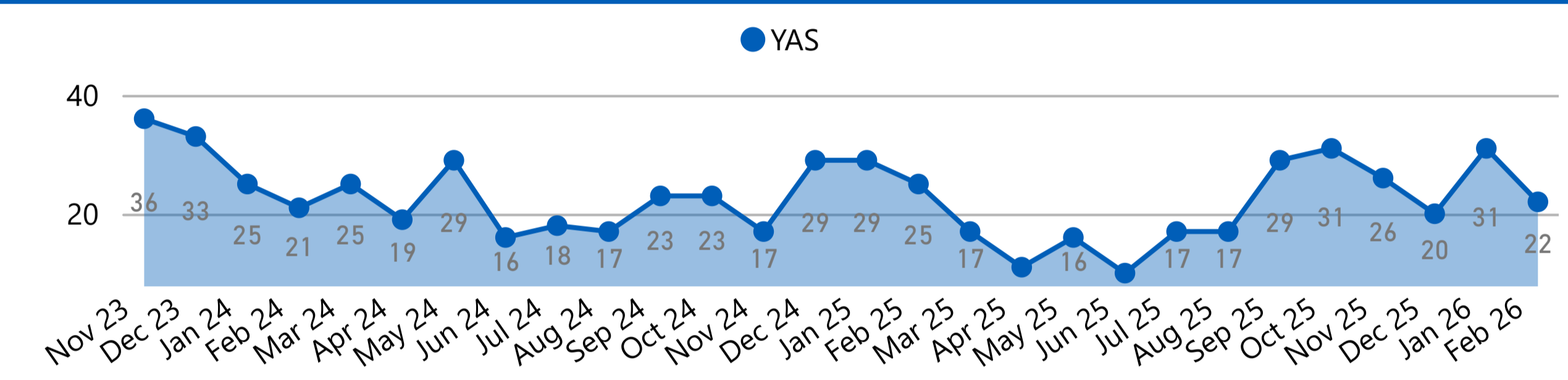
Indicator	Apr-25	Mar-26	Apr-26
All Incidents Reported	908	1,196	989
Number of duty of candour contacts	18	8	10
Number of RIDDORs Submitted	4	6	6
Patient Safety Indicator Incident Investigation	1		

Indicator	Feb 25	Jan 26	Feb 26
Moderate & Above Harm (verified)	25	31	22
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	6	6	4

Hygiene

Indicator	Apr-25	Mar-26	Apr-26
% Compliance with Hand Hygiene	99.9%	87.9%	83.0%
% Compliance with Premise	99.3%	91.3%	97.0%
% Compliance with Vehicle	98.5%	88.9%	86.0%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Apr-25	Mar-26	Apr-26
Rapid Review	6	3	
Child Safeguarding Practice Review			
Domestic Homicide Review (DHR)	3	7	2
Safeguarding Adult Review (SAR)	16	9	20
Child Death	16	20	15

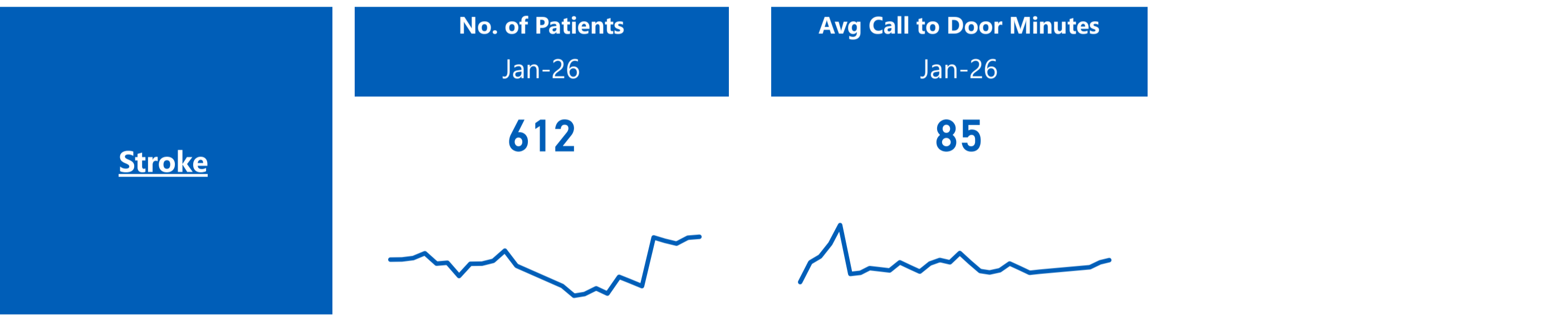
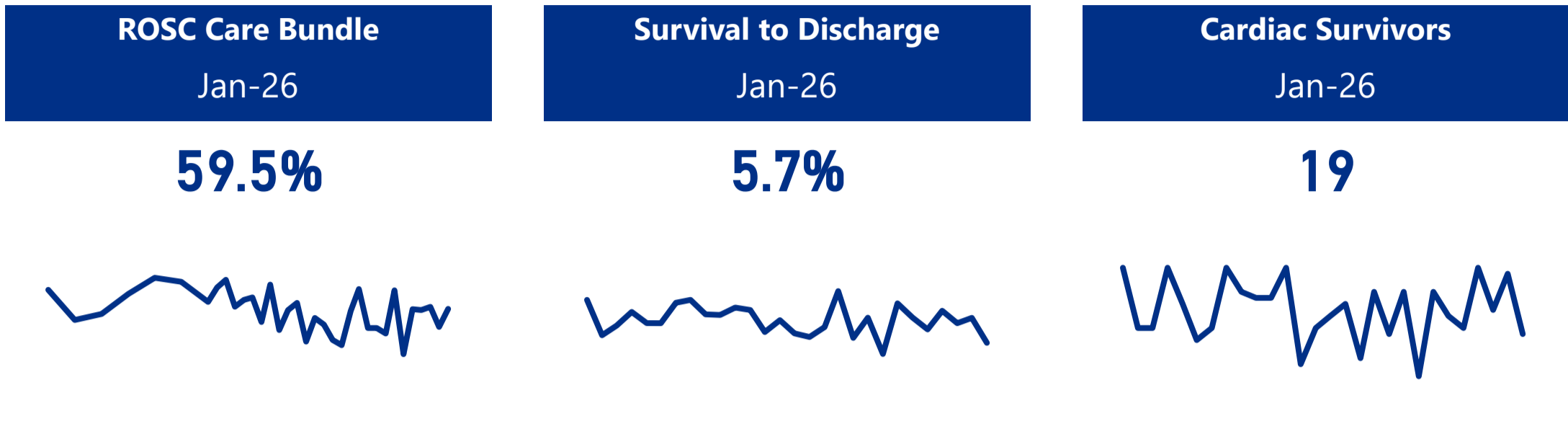
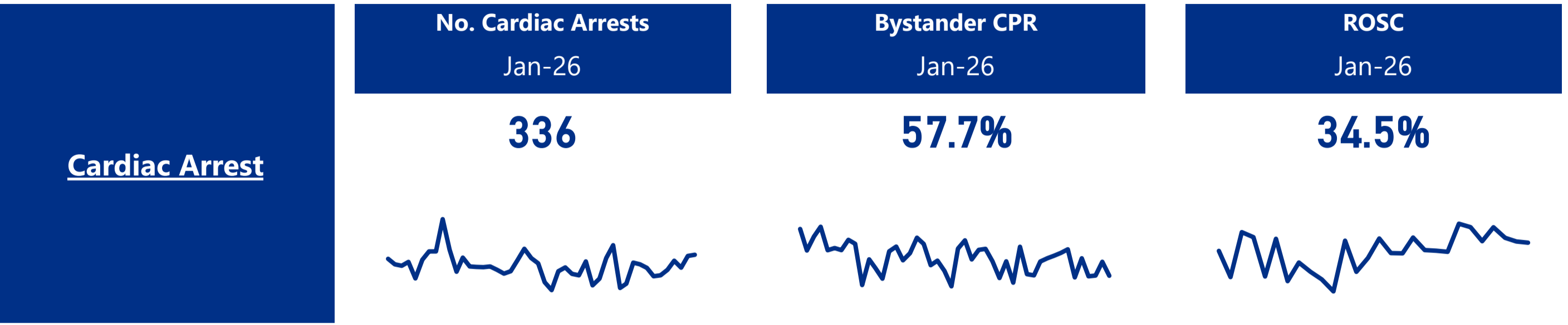
A&E Long Responses

Indicator	Apr-25	Mar-26	Apr-26
999 - C1 Responses > 15 Mins	575	493	444
999 - C2 Responses > 80 Mins	1,140	1,136	660

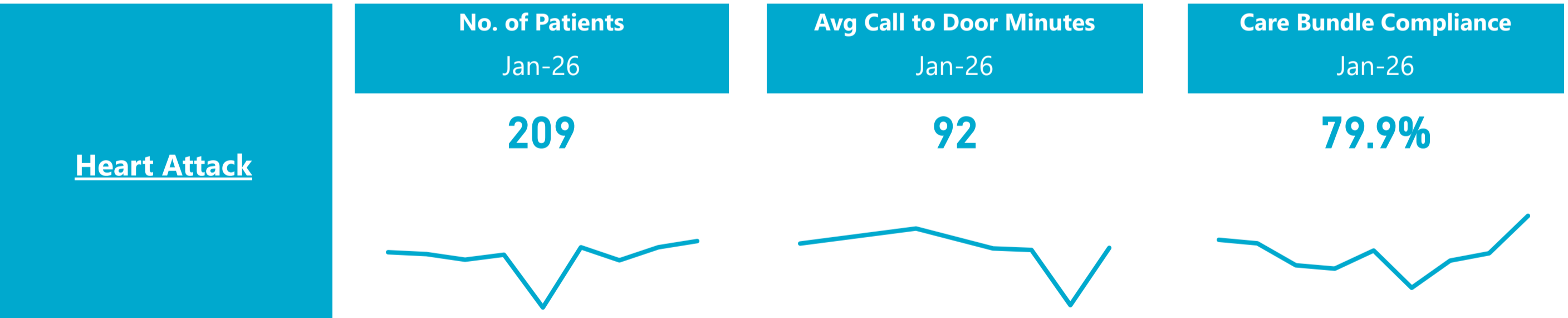
YAS Comments

- Domestic Homicide Reviews (DHR)** – 2 requests for information in relation to a DHR were received this month.
- Safeguarding Adult Review (SAR)** – 20 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 0 Rapid Reviews this month.
- Child death** - The Safeguarding team contributed information in relation to 15 children who died this month.

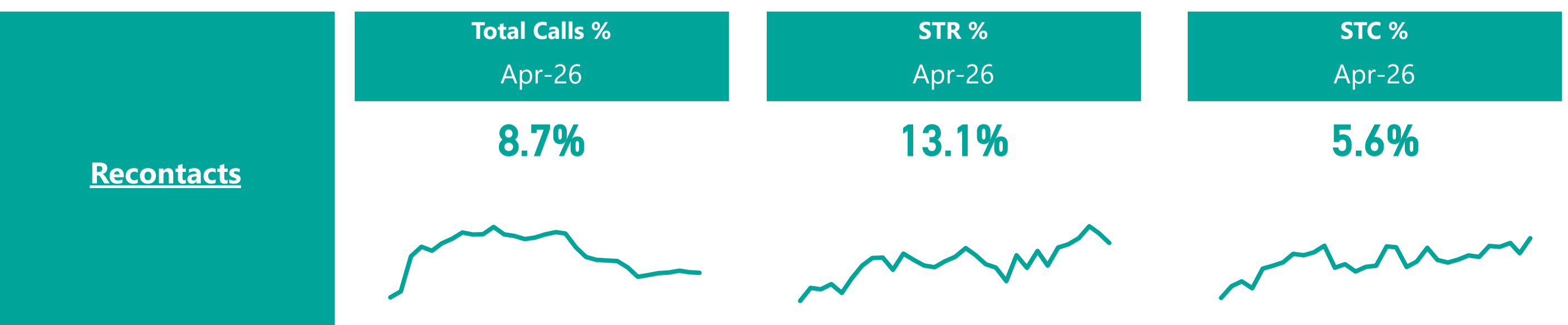
Patient Clinical Effectiveness



Cardiac Arrest - In January, YAS continued or commenced resuscitation for 336 patients who were in cardiac arrest. The post ROSC care bundle achieved in January was 59.5%. Survival to discharge rate is recorded at 5.7% for the month of January and this equates to 19 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) - 209 patients were recorded as having a STEMI in January. Care bundle compliance has continued to improve since the last data collected in October (63.8%) and is 79.9%. 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 audit has recently been completed, which includes patients with a presenting complaint of chest pain. This has identified gaps in the care delivery of analgesia across several patient groups including those with chest pain.



Stroke - The number of stroke patients in January is recorded at 612. The call to door time is 92 minutes. The significant change (increase) in patient numbers could be linked to the national issue with SSNAP data which has since been fixed.

Glossary - Indicator Descriptions (A&E)

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.
AMB88	999 - Calls Answered over 2 mins	int	The number of calls answered after more than 2 minutes
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