Board of Directors (in Public)
23 July 2026

Report Title	Operational Performance Assurance – M2 May Update
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Accountable Director	Carol Weir, Director of Strategy, Planning and Performance
Previous committees/groups	• Trust Executive Group (17 June 2026) • Quality Committee (9 July 2026) • Finance and Performance Committee (16 July 2026) – verbal report to 11 June 2026 meeting. • Trust Board Meeting (23 July 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

This report provides assurance on Trust-wide operational performance for May 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.

In 999 Operations, Category 2 response time improved slightly to **23:57** and remained ahead of plan overall, although some regional variation persists and South Yorkshire performed less well. Key pressures remain for crew clear time, deployed hours below plan and sickness absence above target, partly offset by strong arrival-to-handover performance, appraisal compliance slightly below 90% target, staffing marginally above plan and a **£733k** underspend.

In EOC, mean call answer performance deteriorated significantly from **4 to 13** seconds, despite demand being slightly below plan. Hear and Treat improved markedly to **13.1%** but remained below target, with recruitment expected to support recovery later in the year. IUC performed more positively, with **92.6%** of calls answered within 120 seconds, well above plan, though sickness remains high. IUC overspent by £56k to plan.

PTS activity was below forecast, with mixed KPI delivery (KPI2 **86.4%** failing to meet target). Call answering remained strong. Staffing numbers are slightly above plan, and appraisal compliance remains below target. Overall, the financial position is below plan with workforce resilience, EOC responsiveness, Hear and Treat and IUC clinical callback performance remaining as key risks requiring continued management.

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)	1. Deliver a timely response to patients. 2. Provide acces to appropriate care. 3. Support patient flow across the urgent and emergency care system.

1.0 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.

2.0 BACKGROUND

2.1 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.

2.2 The latest available NHS Oversight Framework metrics table (Q4 2025-26 published 11/6/26) is also included as an appendix (see Table 3).

3.0 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 May was 23 minutes 57 seconds, representing an increase on the previous month but was 49 seconds better the trajectory target. Regional variation was evident, with the West delivering strong performance at 3 minutes 11 seconds better than plan, along with HNY better than plan by 1 minute 11 seconds. Performance was more challenging in the South where the response time was 41 seconds worse than plan.

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

- **Crew clear** time in May improved slightly by 9 seconds, falling to 22 minutes and 02 seconds. However, this is 3 minutes and 02 seconds worse than the May 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 Q4 to Q1.

- **Arrival to handover** increased by 30 seconds compared to the previous month, to 17 minutes 58 seconds, but remains 1 minutes 36 seconds better than the

[1] Links to most recently published Power BI dashboard/report

May trajectory target. South Yorkshire continues to deliver the strongest performance, recording an average of 15 minutes 35 seconds in May.

- In May, **Hear and Treat** performance improved from 12.1% in the previous month to 13.1%, but remaining below the 13.4% target in May. 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 5,673 hours in May, 2.8% below plan, and average daily staff hours were 11,911, 2.4% below plan; both measures are below planned levels, indicating reduced operational capacity which can impact response times. Action is being taken to address this in June through use of targeted overtime.

- **Sickness** absence in A&E reduced slightly from 7.4% to 7.1% in May, indicating signs of improvement; however, rates remain above the planned level by 0.7pp. Sickness above plan is the main contributing factor to deployed hours being below plan.

- **Excessive responses (twice the 90th percentile)**
  Cat 2 excessive responses rose by 176 (21%) vs last month and fell by 289 (-25.6%) vs May 2025. They accounted for 3.3% of Category 2 responses on scene in May 2026 (3.9% last year).
  - South had the joint lowest rate at 2.0% (223) of Category 2 responses
  - HNY had the highest rate stood at 2.3% (254) of Category 2 responses
  - West had the joint lowest rate at 2.0% (359) of Category 2 responses

3.2.3 **999 Workforce** position was above plan in May by14 FTE (0.41% above trajectory).

A&E OPERATIONS											
MAY 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	%
0.00%	-26.40%	3,417	3,403	14	0.41%	0.80%	-12.60%	3,442	3,403	39	1.15%

3.2.4 **Appraisal compliance** fell slightly from 90.6% to 89.9% in May, slightly under the 90% planned target.

3.2.5 **Budget** position at month 2 is £733k underspent.

3.3. **REMOTE CARE**

3.3.1 **EOC**

3.3.2 **Mean call answer** performance decreased from 4 seconds to 13 seconds in May, under performing against the planned level of 4 seconds. Demand was below plan at 1.0% lower than the forecasted daily average (33 fewer calls). While call handler workforce was above plan, staffing levels within EOC dispatch and clinical teams remained slightly below plan.

EOC											
MAY 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	%
EOC CALL HANDLING											
3.40%	-58.80%	251	246	5	2.03%	1.10%	-15.60%	267	264	3	1.14%
EOC DESPATCH											
-9.00%	-12.30%	131	143	-9	-6.29%	-2.10%	-22.40%	133	139	-6	-4.32%
EOC CLINICAL											
-3.20%	-25.00%	140	146	-6	-4.11%	-3.70%	-35.50%	160	167	-7	-4.19%

3.3.3 The **Hear and Treat** rate improved from 12.1% in the previous month to 13.1%, remaining 0.3 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 84.7% in April to 88.2% in May against the 90.0% year-end target and requires continued focus to improve compliance.
- **Sickness** decreased from 8.8% to 8.5% narrowing the gap to 3.1 pp above the 5.4% trajectory for May. Existing support for colleagues continues from the wellbeing team in EOC.

3.3.5 **Budget** position was £181k underspent at month 2.

3.4 **IUC**

3.4.1 Call answer performance in May improved on the previous month from 92.2% of calls answered in 120 seconds to 92.6% and is now 10.0 pp above plan for May. Demand in May was 7.2% below plan (415 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** position was above plan in May by 9 FTE (2.2% above trajectory) for Health Advisors and 2 FTE (1.7% above trajectory) above plan for Clinical Advisors.

IUC											
May 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											
3.70%	-24.50%	403	394	9	2.28%				424		
IUC CA											
0.97%	-11.10%	116	114	2	1.75%				125		

3.4.2 **People Measures**

- **Sickness** in IUC improved from 12.0% to 11.2% in May, demonstrating a positive trajectory; however, it remains 0.6 percentage points above plan of 10.6%. 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 decreased in May from 90.1% to 89.1% falling 0.9 percentage points below the 90% Trust target.

3.4.3 **Budget** IUC position at month 2 is £56k overspent

3.5 **PTS**

3.5.1 Patient Transport Service (PTS) activity in May was below forecast, with 8,571 enhanced care response journeys delivered against a plan of 9096, representing a 5.8% reduction against plan. Activity mix varied, with Category F (non eligible patient travelling to systemic anti-cancer treatment or radiotherapy) journeys accounting for 48.4% 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 May 26	Variance against Plan
KPI 1 – Pickup / Journey Time	96.0%	+2.0%
KPI 2 – Dropoff / Arrival Time	87.9%	+3.9%
KPI 3 – Pre-Planned: At Location in 90m %	89.0%	-2.5%
KPI 4 – Short Notice: At Location in 120m %	77.0%	-8.0%

3.5.2 The drivers and actions to improve are as follows:

- **Demand** averaged 2,061 journeys per day in May, 11.8% below plan, indicating activity lower than expected. Regionally, performance was 16.4% below plan in the South (better than plan), while HNY was 10.0% below the monthly trajectory and WY 11.1% below the monthly trajectory, indicating slightly higher-than-planned activity.
- **Patients per vehicle (PPV)** remained at 1.4 in May 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											
May 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	%
	-12.9%	471	465	6	-1.29%				465		

3.5.3 **Call answering** performance (within 180 seconds) was up significantly from 88.0% to 96.0% in May.

3.5.4 **People Measures**

- **Appraisal** compliance dipped slightly by 0.9pp from 89.5% in April to 88.6% in May which is below the target of 90%.
- **Sickness** fell by 0.9pp to 7.7%, which is 1.8pp worse than the May 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 £50k overspent at month 2

4.0. FINANCIAL IMPLICATIONS

4.1 Position is broadly in line with plan at month 2.

5.0. RISKS

5.1 Key risks arising from this report are:

- **Risk to patient experience and system confidence (Hear and Treat):** Even though we have seen a marked improvement, there continues to be an 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:** This remains challenging with call handler numbers planned to increase by 40FTE by the end of Q2. If this is not achieved call answer performance may be impacted and remain 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.

6.0. 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 – May 2026 AND 2026/27 YEAR END FORECAST

Source: Trajectory Report, YAS BI Portal, data 09/06/26

	Jun-26						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	0.00%	-26.40%	3,417	3,403	14	0.41%	0.80%	-12.60%	3,442	3,403	39	1.15%
EOC Call Handling	3.40%	-58.80%	251	246	5	2.03%	1.10%	-15.60%	267	264	3	1.14%
EOC Despatch	-9.00%	-12.30%	131	143	-9	-6.29%	-2.10%	-22.40%	133	139	-6	-4.32%
EOC Clinical	-3.20%	-25.00%	140	146	-6	-4.11%	-3.70%	-35.50%	160	167	-7	-4.19%
IUC HA	3.70%	-24.50%	403	394	9	2.28%				424		
IUC CA	0.97%	-11.10%	116	114	2	1.75%				125		
PTS		-12.90%	471	465	6	1.29%		-10.80%	460	465	-5	-1.08%
Total			**4,929**	**4,911**	**7**	**-2.63%**				**4,987**		

TABLE 2: KEY METRICS PERFORMANCE TABLE

Metric	BASELINE (25/26 YE ave)	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 26	Feb	Mar	Apr	May	YE Forecast	YE Operating Plan
Category 2 Mean	00:26:14	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	00:23:57	00:24:44	00:24:44
Demand (Responses)	909,392 (total)	74,902	74,495	75,885	74,241	73,441	78,003	77,385	81,447	80,495	69,746	75,519	64,780	67,354		
Hear & Treat %	13.4%	14.0%	13.8%	13.8%	13.5%	13.6%	13.2%	13.9%	12.8%	12.7%	12.7%	12.4%	12.1%	13.1%	15.4%	15.5%
Crew Clear	00:21:53	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	00:22:02	0019:00	00:19:03
Vehicle Availability: DCA	80.2%	78.0%	77.6%	79.4%	77.2%	79.0%	83.0%	81.7%	83.5%	81.8%	80.8%	81.3%	86.7%			
Sickness (A&E)	7.2%	6.9%	6.9%	6.9%	6.9%	6.3%	6.4%	7.1%	8.7%	8.5%	7.7%	7.7%	7.4%	7.1%	7.2%	7.2%
Arrive to Handover	00:19:14	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	00:17:54	00:19:04	00:19:23
Appraisal Compliance (A&E Ops)	79.2%	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%	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%	28.2%	
IUC Clinical Call Backs in 1 hour	41.3%	46.7%	47.4%	47.7%	47.0%	47.2%	44.6%	36.3%	32.6%	33.7%	37.4%	37.4%	27.4%	26.6%	25.6%	
PTS KPI 1 deliver journey times less than 120 mins	97.1%	97.1%	96.9%	97.1%	97.2%	97.1%	97.3%	97.2%	97.1%	97.2%	97.2%	97.0%	96.8%	97.4%		91.3%
PTS KPI 3 deliver pre planned pick up within 90 mins	89.5%	88.3%	89.0%	88.9%	90.8%	89.6%	91.2%	89.5%	89.7%	89.4%	89.3%	89.7%	90.0%	90.4%		90.0%

Metric	BASELINE (25/26 YE ave)	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 26	Feb	Mar	Apr	May	YE Forecast	YE Operating Plan
PTS KPI 4 Deliver short notice pick up within 120 mins	80.1%	75.9%	76.3%	77.2%	81.5%	79.5%	81.9%	79.1%	80.7%	81.8%	84.6%	83.0%	82.3%	80.7%		88.3%
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%	68.4%	80.2%	89.6%	84.6%	91.2%	87.0%	92.4%	91.5%	85.5%	87.2%	88.5%	71.1%	96.0%		

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 09/06/26

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).
- Response times they remain better than the average (rank 3/10).
- Sickness absence increased slightly in Q4 but remains a key focus for improvement.

Quarter	Segment	Trust in financial deficit?
Q4 2025/26	1 - High performing	No

- Financial metrics are stable, with no planned deficit and minimal variance to plan.

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 Mar 2026	26.25	28.93	-0.33 ↑	1.00	3
Effectiveness and experience	Effective out of hospital care	Percentage of ambulance patients conveyed to emergency departments	Monthly	%	To Mar 2026	52.9	48.70	0.20 ↓	3.40	9
	Patient experience	NHS staff survey advocacy score	Annual	out of 10	2025	6.67	6.2	0.09 ↑	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	0.54	0.14	0.14 ↓	1.00	6
		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	2025	6.27	5.94	0.14 ↑	1.00	1
People and workforce	Retention and culture	Sickness absence rate	available monthly - Quarterly aggregated monthly figures	%	Q3 2025/26	8.03	7.74	0.99 ↓	3.91	7
		NHS staff survey engagement theme	Annual	out of 10	2025	6.29	5.91	0.06 ↑	1	1

Source: NHS England, 11/06/26