



Business
Intelligence

Integrated Performance Report

June 2026

Published 23 July 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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999 IPR Key Exceptions - June 26

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:15		
999 - Answer 95th Percentile		00:01:38		
999 - AHT		00:07:34		
999 - Calls Ans in 5 sec	95.0%	74.4%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:51		
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:37		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:25:29		
999 - C2 90th (T < 40 Mins)	00:40:00	00:52:22		
999 - C3 Mean (T < 1 Hour)	01:00:00	01:23:14		
999 - C3 90th (T < 2 Hour)	02:00:00	03:12:34		
999 - C1 Responses > 15 Mins		515		
999 - C2 Responses > 80 Mins		1,175		
999 - Job Cycle Time		01:41:48		
999 - Avg Hospital Turnaround (ED and non ED)	00:30:00	00:40:34		
999 - Avg Hospital Crew Clear (ED and non ED)	00:15:00	00:22:49		
999 - Avg Hospital Handover (ED and non ED)	00:15:00	00:17:58		
999 - C1%		11.8%		
999 - C2%		58.7%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 15 seconds for June, an increase from May of 2 seconds. The median remained the same, and the 90th increased by 6 seconds. The 95th increased from 1 minute 33 seconds in May to 1 minute 38 seconds in June, and the 99th increased from 2 minutes 38 to 2 minutes 43.

Cat 1-4 Performance - The mean performance time for Cat1 improved from May by 4 seconds and the 90th percentile improved by 17 seconds. The mean performance time for Cat2 worsened from May by 1 minute 32 seconds and the 90th percentile worsened by 3 minutes 9 seconds. Compared to June of the previous year, the Cat1 mean worsened by 5 seconds, the Cat1 90th percentile worsened by 12 seconds, the Cat2 mean improved by 1 minute 4 seconds and the Cat2 90th percentile improved by 3 minutes 49 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 70.5% in June (11.8% Cat1, 58.7% Cat2) after a 0.6 percentage point (pp) increase compared to May (0.4 pp increase in Cat1 and 0.1 pp increase in Cat2). Comparing against June for the previous year, Cat1 proportion decreased by 1.6 pp and Cat2 proportion decreased by 0.4 pp.

Responses Tail (C1 and C2) -The number of Cat1 responses greater than the 90th percentile target decreased in June, with 515 responses over this target. This is 70 (12.0%) less compared to May. The number for last month was 7.0% lower than June 2025. The number of Cat2 responses greater than 2x 90th percentile target increased from May by 339 responses (40.6%). This is a 9.8% decrease from June 2025.

Hospital & Job Cycle Time - Last month the average handover time remained the same and overall turnaround time increased by 43 seconds. The number of conveyances to ED was 3.2% lower than in May. Overall, the average job cycle time increased by 17 seconds from May.

Demand - On scene response demand was 0.6% above forecasted figures for June. It was 3.3% lower compared to May and 1.4% higher compared to June 2025.

Outcomes - Comparing incident outcome proportions within 999 for June against May, the proportion of hear & treat increased by 0.9 percentage points (pp), see treat & refer decreased by 0.4 pp and see treat & convey decreased by 0.5 pp. The proportion of incidents with conveyance to ED decreased by 0.5 pp and the proportion of incidents conveyed to non-ED decreased by 0.0 pp.

IUC IPR Key Indicators - June 26

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		137,110		
IUC - Answered vs. Last Month %		-9.9%		
IUC - Answered vs. Last Year %		2.7%		
IUC - Calls Triage		128,170		
IUC - Calls Abandoned %	3.0%	2.6%		
IUC - Answer Mean	00:00:20	00:00:40		
IUC - Answered in 60 Secs %	90.0%	83.4%		
IUC - Answered in 120 secs %	95.0%	87.9%		
IUC - Callback in 1 Hour %	60.0%	18.0%		
IUC - ED Validations %	50.0%	28.5%		
IUC - 999 Validations %	95.0%	98.9%		
IUC - ED %		12.4%		
IUC - ED Outcome to A&E %		62.6%		
IUC - ED Outcome to UTC %		24.5%		
IUC - Ambulance %		10.3%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 154,731 calls in June, 3.7% below the annual business plan baseline demand. 137,110 (88.6%) of these were answered, 9.9% below last month and 2.7% above the same month last year.

We are continuing to monitor the percentage of calls answered within 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure decreased to 83.4% in June from 89.2% the month before. Average speed to answer has increased by 8 seconds to 40 seconds compared with 32 seconds last month. Abandonment rate increased to 2.6% from 1.8% last month.

Data back to February has now been updated with actual figures rather than estimates. As reporting on this data has only recently begun, the figures remain subject to change while further investigations are completed.

PTS IPR Key Indicators - June 26

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	98.8%		
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	81.5%		
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	90.2%		
PTS - Arrive at Appointment Time	90.0%	85.4%		
PTS - Journeys < 120Mins	90.0%	97.2%		
PTS - Same Month Last Year		-5.3%		
PTS - Increase - Previous Month		4.7%		
PTS - Demand (Journeys)		66,905		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

June saw 66,905 journeys operated, including abortions and escorts. Demand increased by 4.7% compared with May, in line with expectations due to the Bank Holidays.

Overall activity is continuing to align more closely with 2025/26 levels. The Eligibility Programme had been fully implemented by June 2025, therefore demand in June was only 5.3% lower than June 2026.

June's forecast variance was -5.4%, marginally outside the 5.0% threshold. Demand in Humber & North Yorkshire and South Yorkshire remained within the 0% to -5% of threshold, while West Yorkshire recorded a larger reduction of -7.8%.

Approximately 8,200 ECR journeys were operated in June, including Category F. ECR demand continues to remain within 5.0% of the forecast threshold.

Performance against KPI 4 (Short Notice Outwards) has remained above the 80.0% since December 2025. In June, 81.5% of patients were collected within 120 minutes, representing an improvement of 5.2% compared with June 2025. Hours worked by private providers increased by 4.0% compared to May, although utilisation remained consistent with recent trends.

Call demand increased by 17.1% in June, with approximately 37,000 calls offered. Despite the higher demand, performance saw the highest KPI achieved since May 2020, with 98.8% of calls answered within 180 seconds, exceeding the target by 9.8%. In addition, Not Ready Reason Codes remained below 15.0% for the third consecutive month, contributing positively to overall performance.

Workforce Summary

A&E

IUC

PTS

EOC

Other

Trust



Key KPIs

Name	Jun-25	May-26	Jun-26
FTE in Post %	94.8%	96.1%	96.7%
Turnover (FTE) %	8.9%	7.9%	7.8%
Vacancy Rate %	5.2%	3.9%	3.3%
Apprentice %	9.9%	9.4%	8.0%
BME %	9.0%	9.2%	9.4%
Disabled %	10.1%	11.4%	11.4%
Sickness - Total % (T-5%)	7.1%	7.2%	7.7%
PDR / Staff Appraisals % (T-90%)	69.0%	87.8%	87.2%
Essential Learning	89.4%	90.7%	85.1%

Assurance: All data displayed has been checked and verified

YAS Commentary

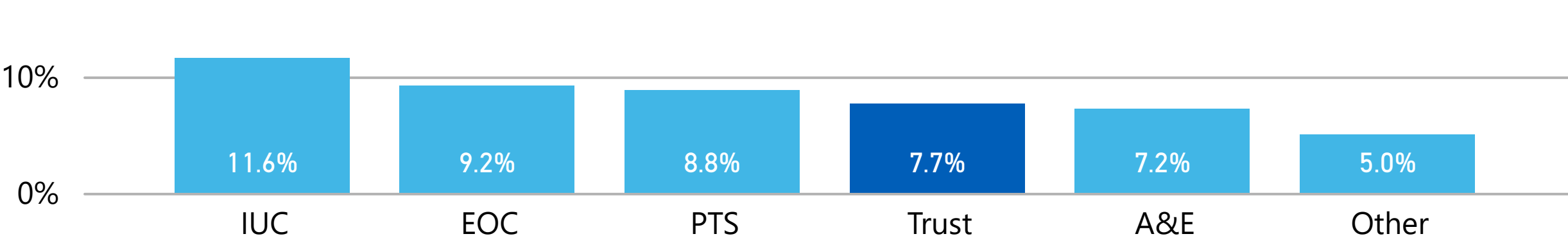
FTE, Turnover, Vacancies and BME – Compared to May 2026, vacancy rate has decreased by 0.7 percentage points to be 3.3% in June 2026. In comparison to the same month last year (June 2025) the vacancy rate has decreased by 1.2 percentage points. Turnover for IUC has remained high at 22.1%, with vacancies of 4.9% (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 worsened slightly, increasing from 7.2% to 7.7%, from the previous month. While the Trust’s June 2026 absence rate is in line with the ambulance sector, it is well above the Trust threshold, hence remains a concern. Therefore, absence reduction continues to be a focus in the Trust Business Plan under Priority 3. Discovery work to understand the key factors contributing to absence is now complete, and the resulting projects and quality improvement initiatives are progressing well. QI projects (Mental health and wellbeing, Moving and Handling, MSK and Physical Health and Data, Systems and Process Enablement) are in the ‘test and learn’ phase, with PMO projects on track for delivery. Updates are provided to the People & Culture Group.

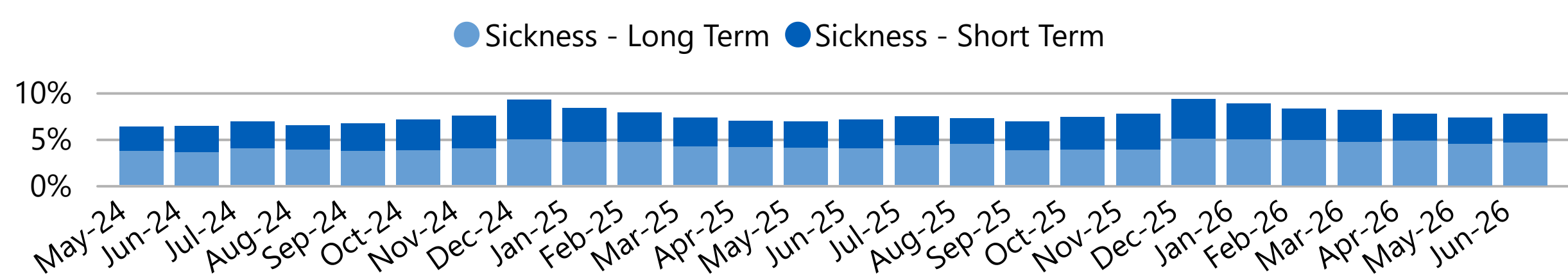
PDR / Appraisals – The overall compliance rate shows a downward trend since the start of 2026/27 at 87.2%. IUC (highest performing at 90.1%) and EOC (lowest at 81%) both improved from May with all other service lines declining. Directorates are being held to account in Performance Reviews. The Senior Leadership Community appraisal completion window closed at the end of June (94% as of 16 Jul).

Essential Learning – this rate now reflects the TEG approved bundle of essential learning used for Trust-wide reporting. This includes face-to-face on an annual and 2-year rollout cycle and eLearning. This change has resulted in a decrease to the overall compliance rate to 85.1%. PTS and Other achieved the target at 90.6%, and 92.5% respectively, with EOC at the lowest at 80.9%.Targeted work is ongoing with Subject Matter Experts to raise compliance rates, monitored through the education Portfolio Governance Boards. YAS is an active participant in the national review of Statutory and Mandatory training.

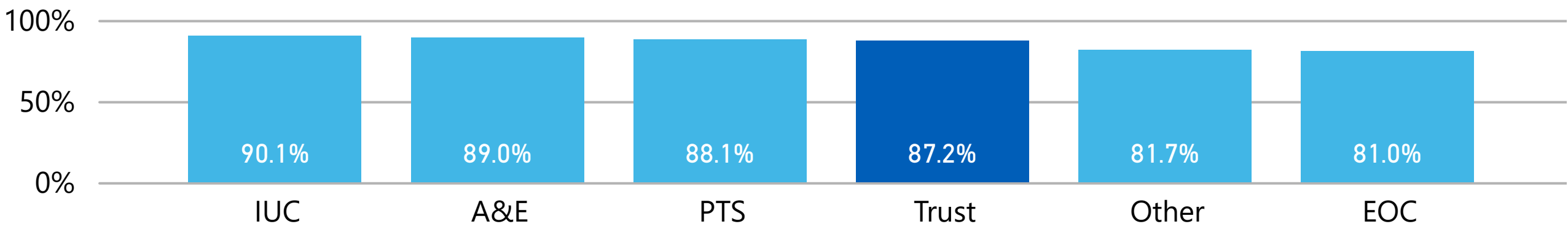
Sickness Benchmark for Last Month (Trust)



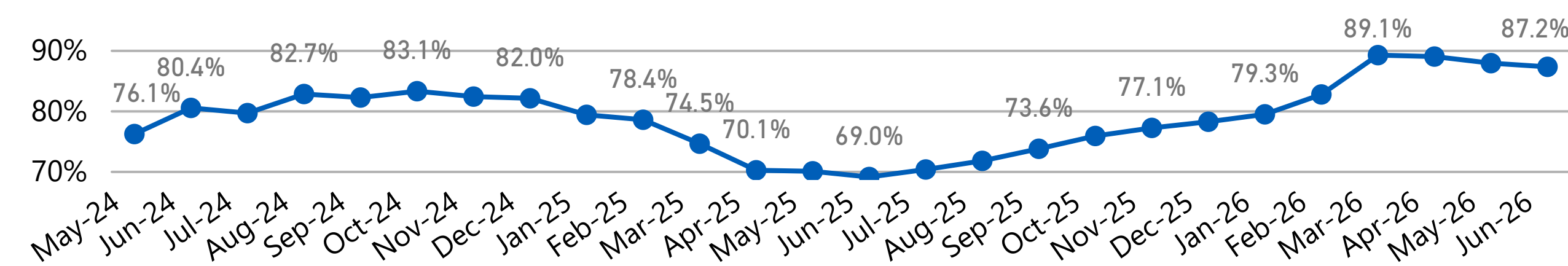
Sickness



PDR Benchmark for Last Month (Trust)



PDR - Target 90%



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



Overview - Unaudited Position

Overall -

The Trust has a month 3 Surplus position of £1,498k, £249k ahead of plan as shown below. The Trust plan is to achieve a breakeven position for 2026/27.

Capital -

The net charge against capital charge is behind plan YTD but forecast to be ahead of the allocation provided as agreed.

Cash -

As at the end of June 26, the Trust had £41.97m cash at bank. (£49.9m at the end of 25/26). Income behind plan due in part to delayed block contract income and the increased capital expenditure at the end of Financial year 2025/26

Risk Rating -

There is currently no risk rating measure reporting for 2026/27.

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
▼			
Surplus/ (Deficit)	£1,249	£1,498	£249
Cash	£47,150	£41,976	-£5,174
Capital	£4,011	£2,164	-£1,847

Monthly View (£000s)

Indicator Name	2026-04	2026-05	2026-06
▼			
Surplus/ (Deficit)	£518	£569	£410
Cash	£46,952	£44,716	£41,976
Capital		£1,046	£1,118

Patient Demand Summary

Demand Summary

Indicator	Jun-25	May-26	Jun-26
999 - Incidents (HT+STR+STC)	74,235	77,297	75,500
999 - Calls Answered	70,683	94,081	92,853
IUC - Calls Answered	133,495	152,144	137,110
IUC - Calls Answered vs. Ceiling %	-15.1%	-16.3%	-16.3%
PTS - Demand (Journeys)	70,645	63,900	66,905
PTS - Increase - Previous Month	-3.3%	-3.5%	4.7%
PTS - Same Month Last Year	-10.9%	-12.5%	-5.3%
PTS - Calls Answered	35,443	30,705	34,731

Commentary

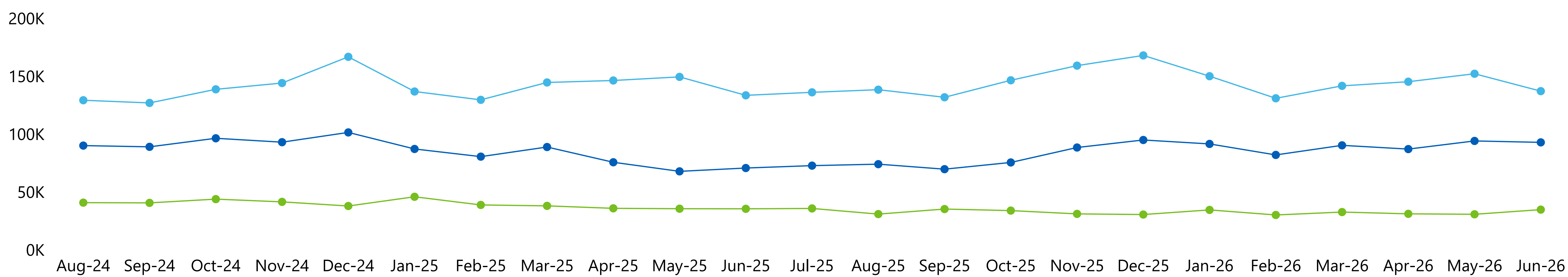
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IUC - YAS received 154,731 calls in June, 3.7% below the annual business plan baseline demand. 137,110 (88.6%) of these were answered, 9.9% below last month and 2.7% above the same month last year.

PTS -June saw 66,905 journeys operated, including abortions and escorts. Demand increased by 4.7% compared with May, in line with expectations due to the Bank Holidays.

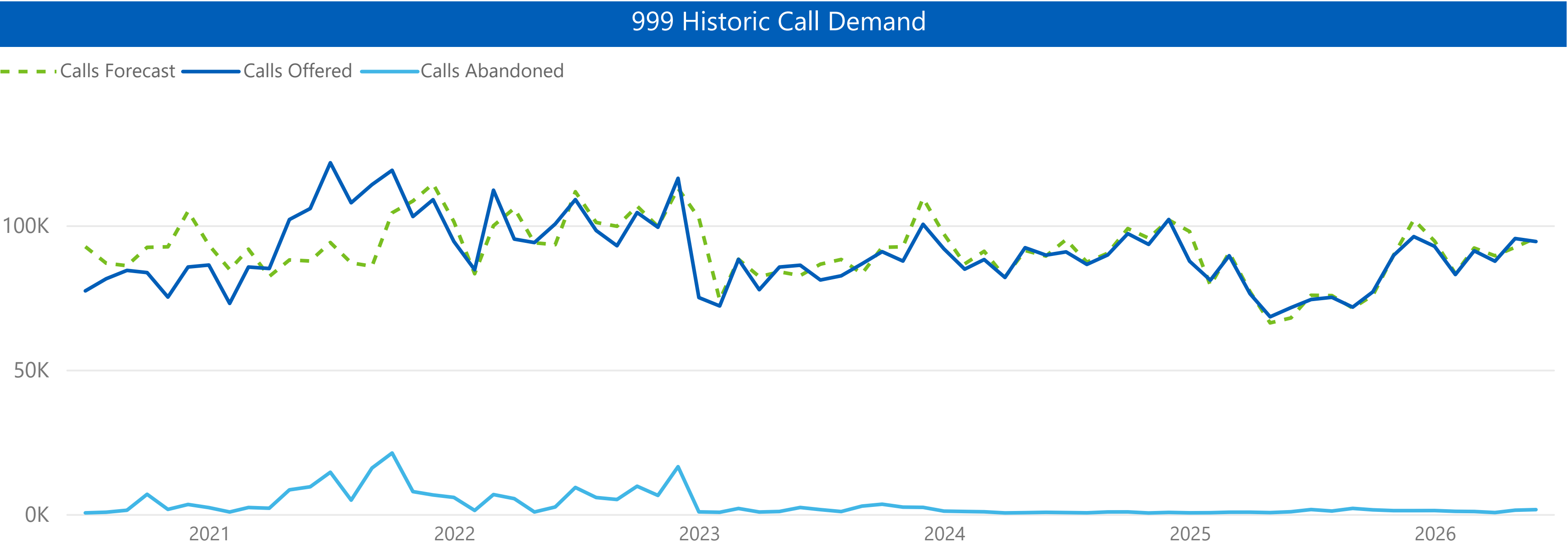
Overall Calls and Demand

Figure ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered



999 and IUC Historic Demand

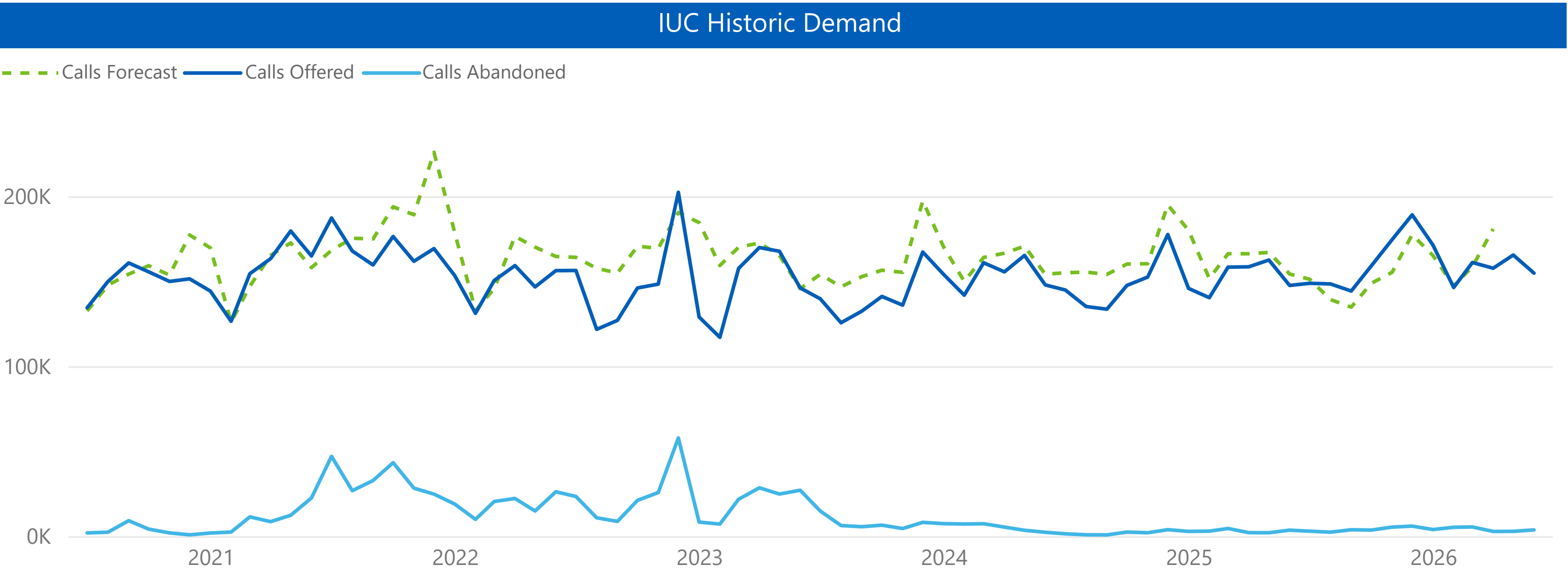
999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.



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 June 2026, there were 94,362 calls offered which was 1.4% below forecast, with 92,853 calls answered and 1,509 calls abandoned (1.6%). There were 1.1% fewer calls offered compared with the previous month and 32.0% 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 14.6% increase in abandoned calls compared with the previous month.



IUC

YAS received 154,731 calls in June, 3.7% below the annual business plan baseline demand. 137,110 (88.6%) of these were answered, 9.9% below last month and 2.7% above the same month last year.

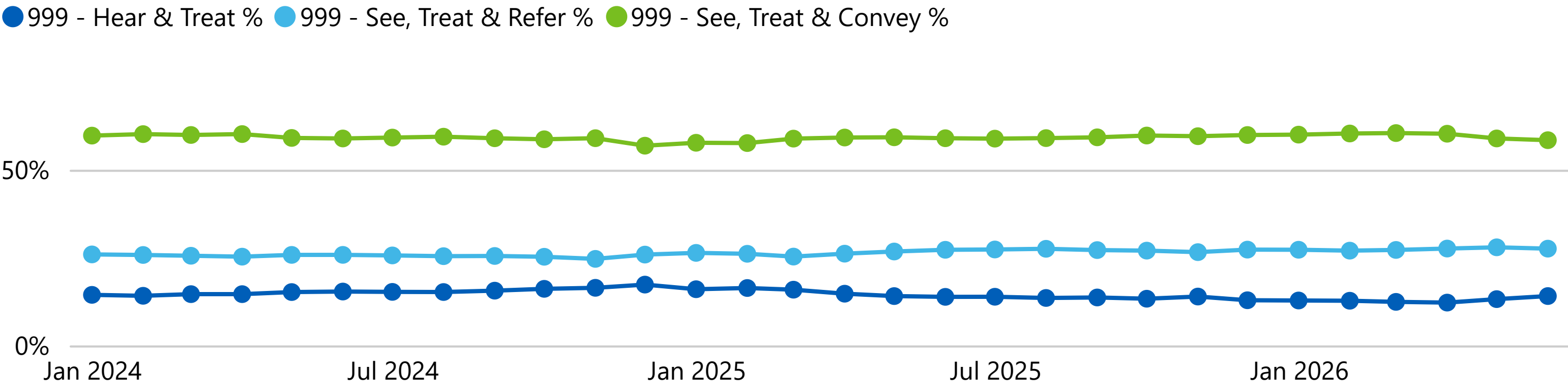
Calls abandoned increased to 2.6% from 1.8% last month and was level with last year.

Patient Outcomes Summary

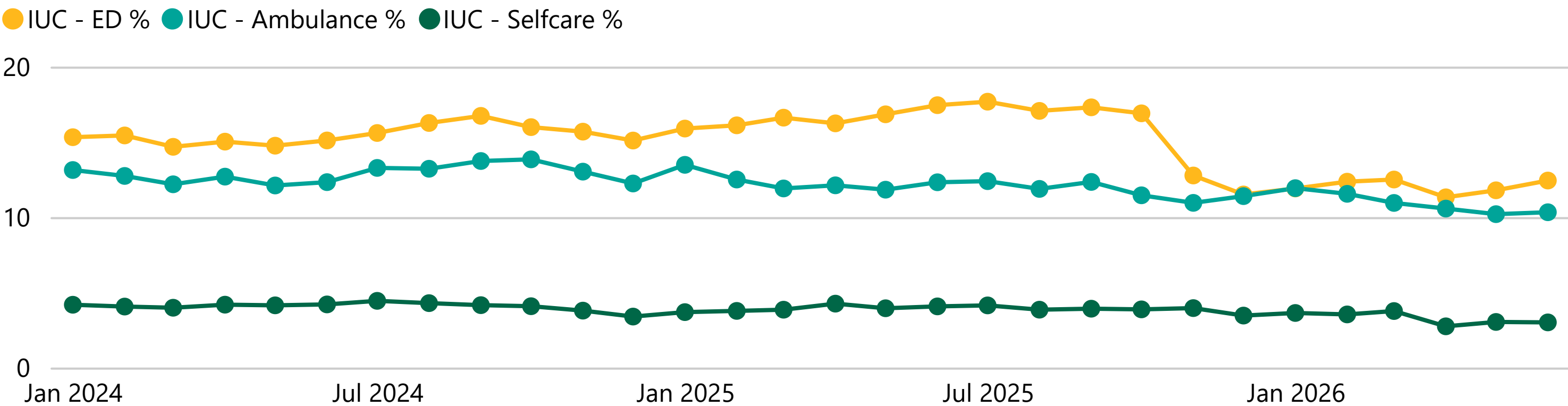
Outcomes Summary

ShortName	Jun-25	May-26	Jun-26
999 - Incidents (HT+STR+STC)	74,235	77,297	75,500
999 - Hear & Treat %	13.8%	13.2%	14.1%
999 - See, Treat & Refer %	27.2%	27.9%	27.5%
999 - See, Treat & Convey %	59.0%	58.9%	58.4%
999 - Conveyance to ED %	52.3%	52.4%	51.9%
999 - Conveyance to Non ED %	6.6%	6.5%	6.5%
IUC - Calls Triaged	128,032	141,974	128,170
IUC - ED %	17.4%	11.8%	12.4%
IUC - Ambulance %	12.3%	10.2%	10.3%
IUC - Selfcare %	4.1%	3.0%	3.0%
IUC - Other Outcome %	15.7%	19.2%	20.6%
IUC - Primary Care %	42.8%	47.0%	45.5%
PTS - Demand (Journeys)	70,645	63,900	66,905

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for June against May, the proportion of hear & treat increased by 0.9 percentage points (pp), see treat & refer decreased by 0.4 pp and see treat & convey decreased by 0.5 pp. The proportion of incidents with conveyance to ED decreased by 0.5 pp and the proportion of incidents conveyed to non-ED decreased by 0.0 pp.

IUC - Data back to February has now been updated with actual figures rather than estimates. As reporting on this data has only recently begun, the figures remain subject to change while further investigations are completed.

Patient Experience (Director Responsible - Dave Green)

A&E

PTS

EOC

YAS

IUC



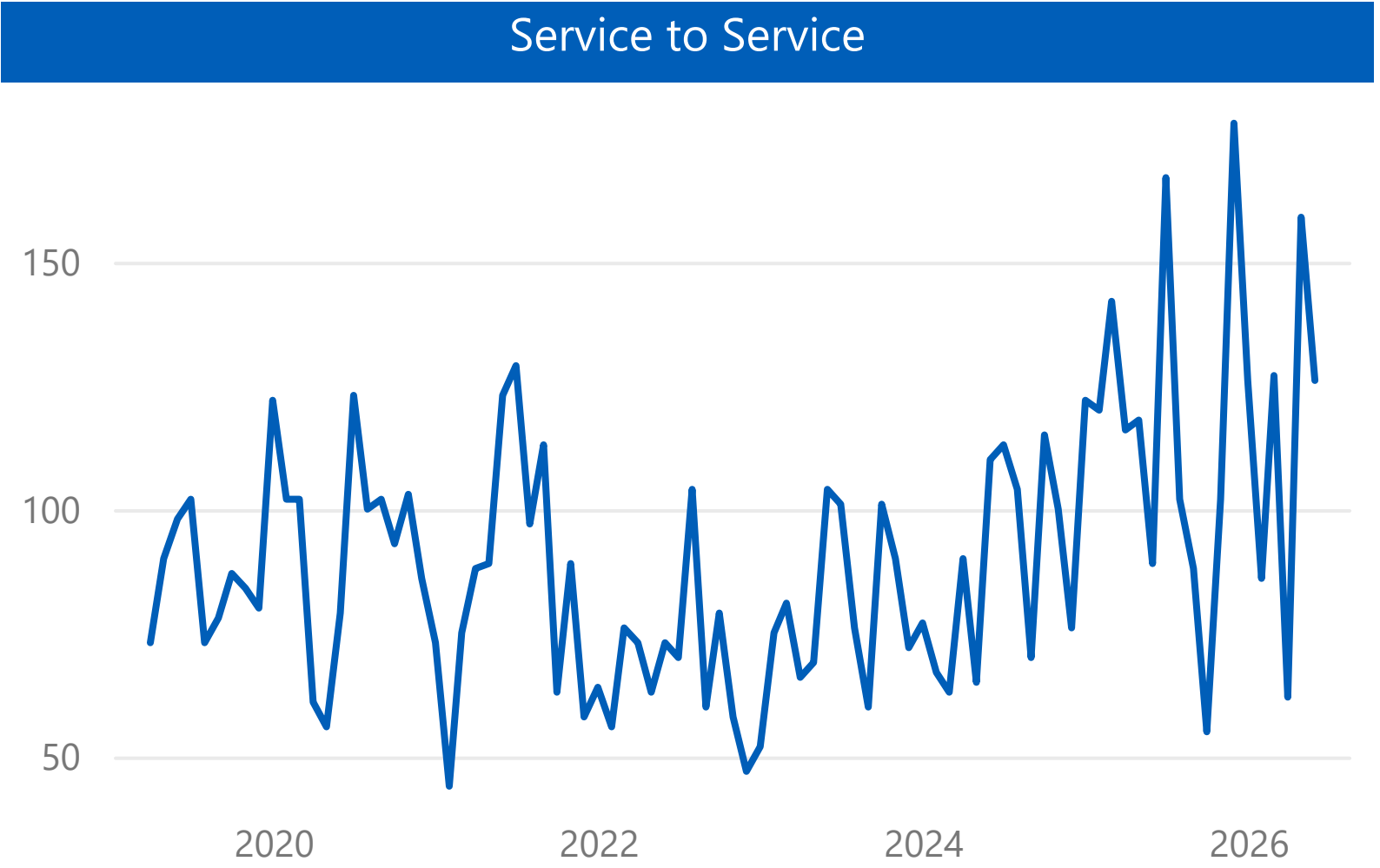
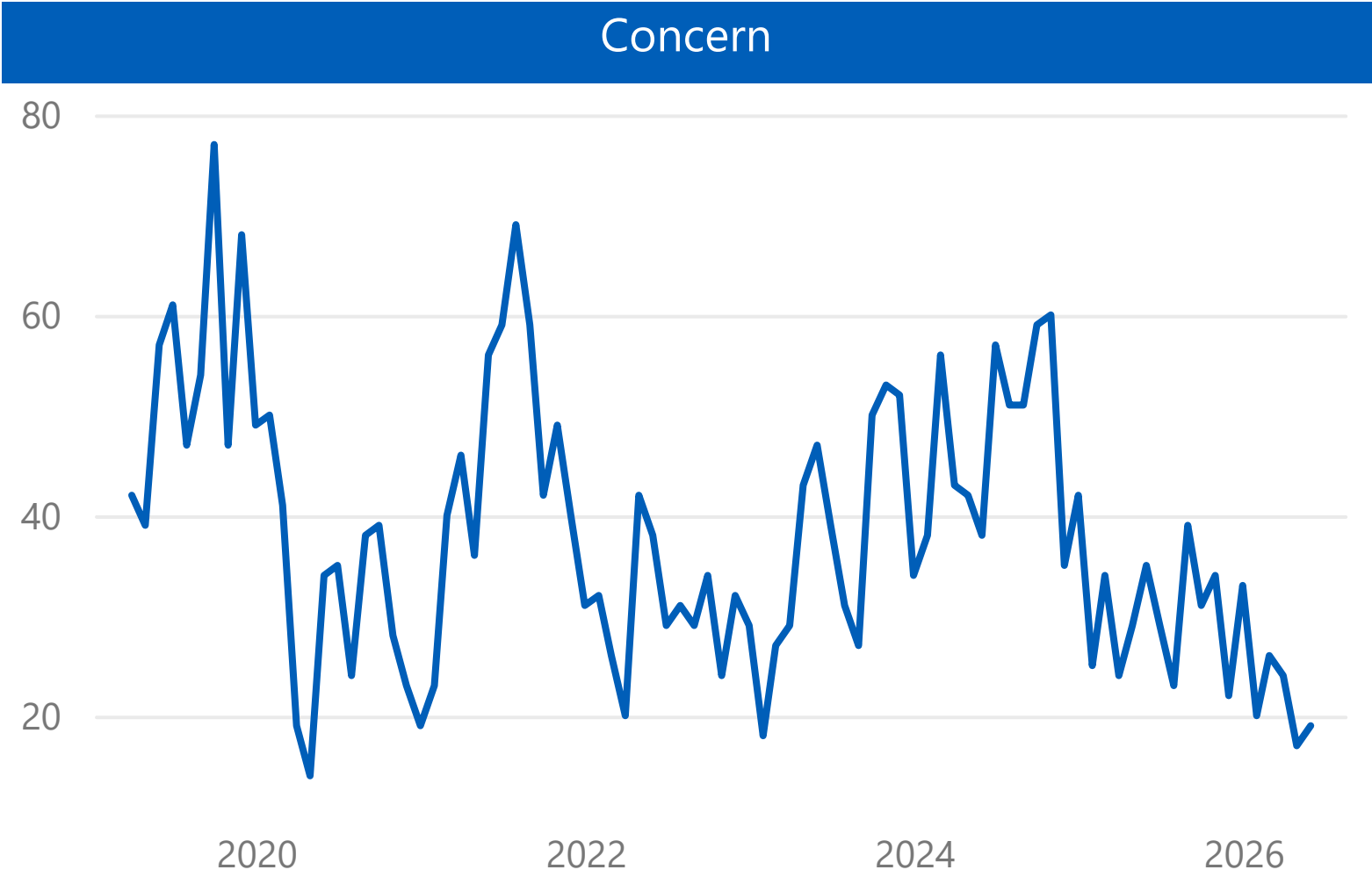
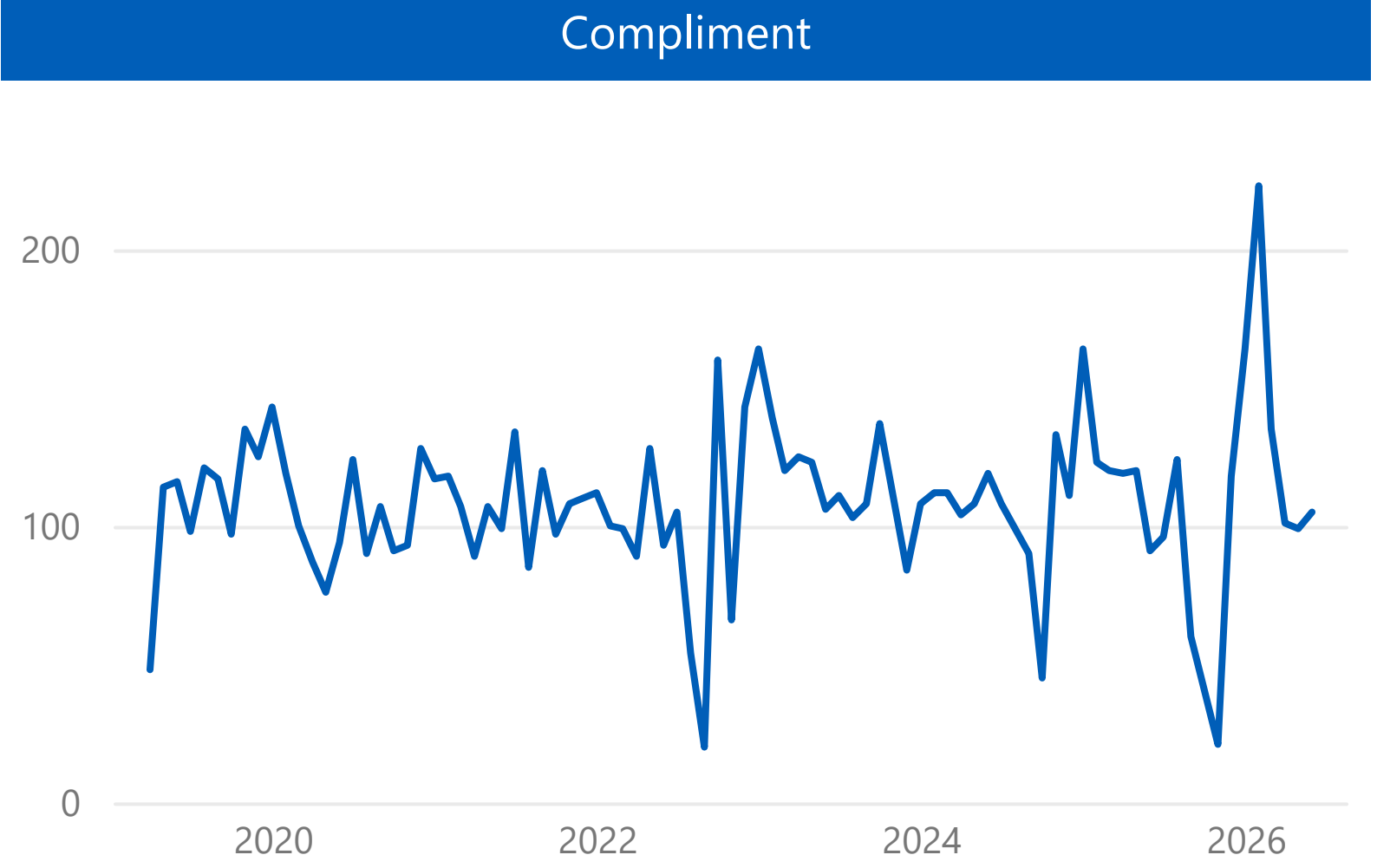
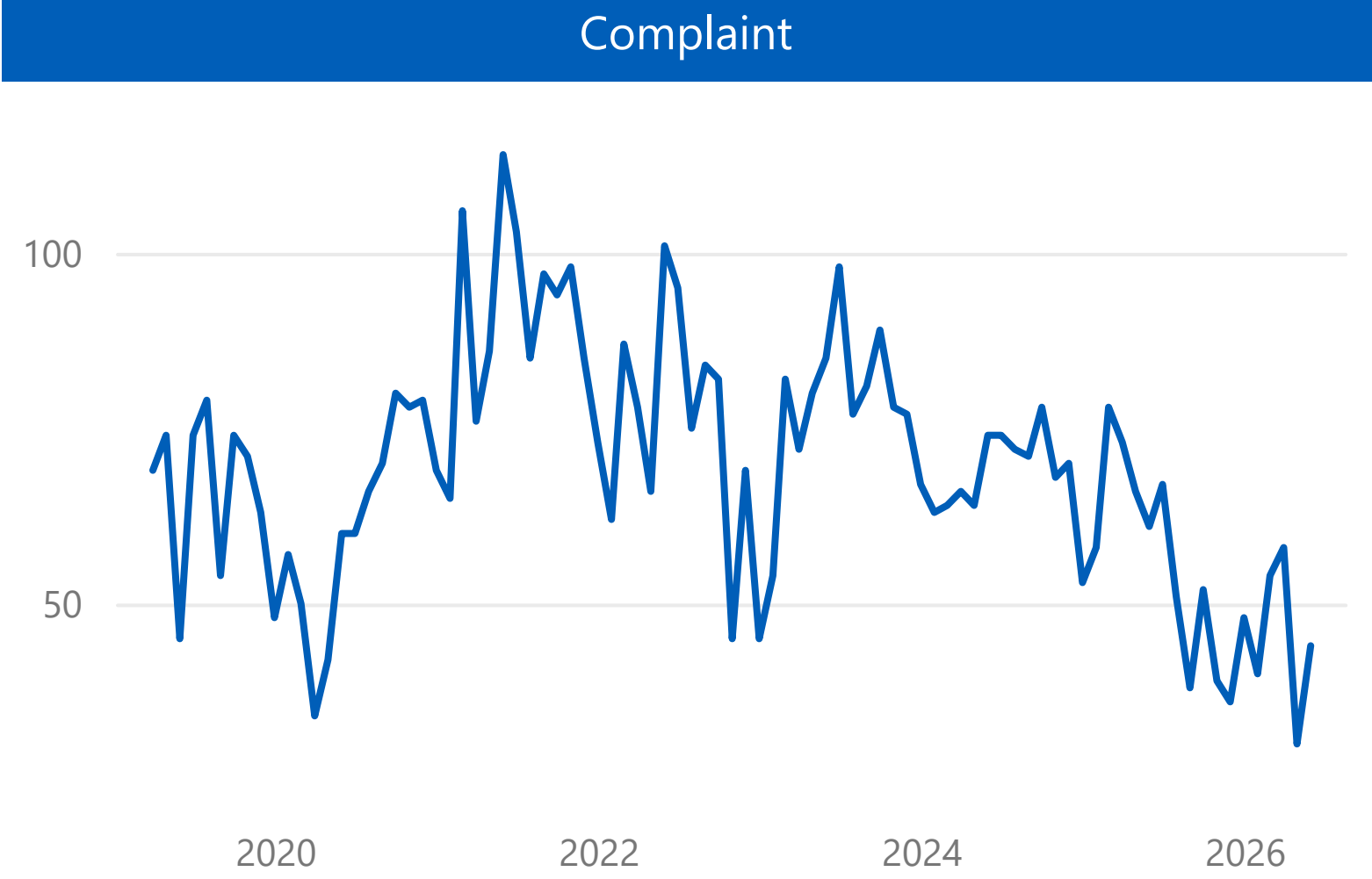
Patient Relations			
Indicator	Jun-25	May-26	Jun-26
Service to Service	89	159	126
Concern	35	17	19
Compliment	91	99	105
Complaint	61	30	44
Total	91	159	126

YAS Comments

Complaints in 999 Operations have increased slightly this month; however, overall volumes remain low. Significant improvements continue to be seen across PTS and IUC. Since IUC complaints transferred to Patient Relations in September 2025, the revised triage process has supported a notable reduction in the number of cases progressing as formal complaints.

Concern volumes remain significantly low, particularly within 999 Operations. IUC has seen a slight increase this month; however, this is reflective of concerns being managed through the appropriate triage route rather than progressing as formal complaints, where volumes remain low.

Service-to-service feedback has decreased slightly compared with the previous month but remains high overall. The increase within IUC is attributed to issues outside the remit of YAS. PTS has seen a reduction from 40 cases last month to 15 this month, bringing activity more in line with figures reported during the same period last year. Compliment volumes are within expected levels across all service areas this month.



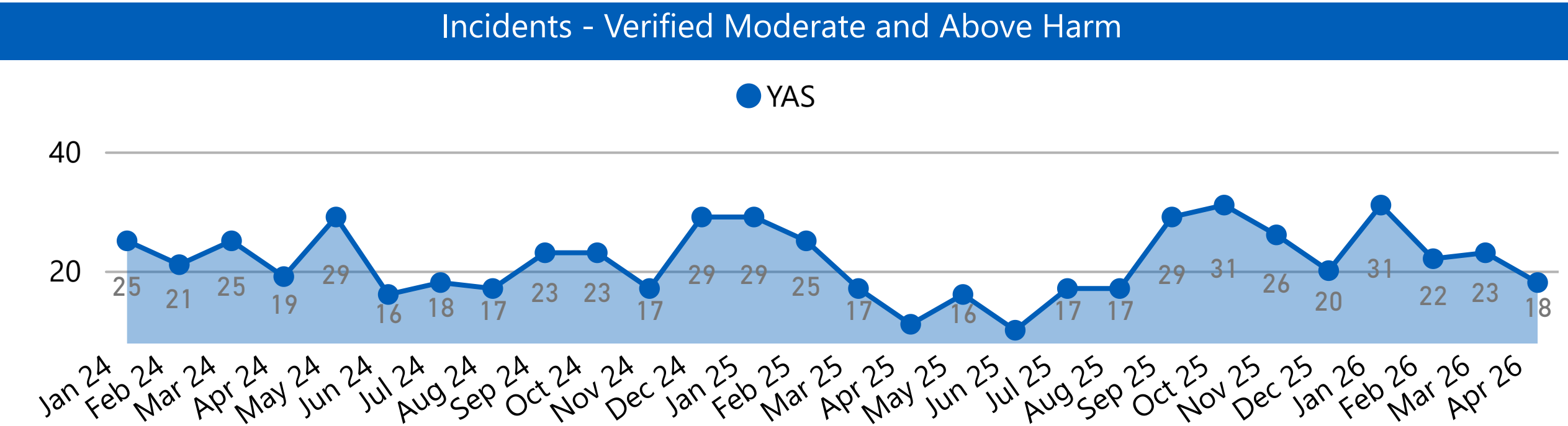
Incidents			
Indicator	Jun-25	May-26	Jun-26
All Incidents Reported	990	1,088	1,105
Number of duty of candour contacts	17	7	8
Number of RIDDORs Submitted	7	4	3
Patient Safety Indicator Incident Investigation	1	1	1

	Apr 25	Mar 26	Apr 26
Moderate & Above Harm (verified)	11	23	18
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	2	3	1

Safeguarding			
Indicator	Jun-25	May-26	Jun-26
Rapid Review	3	1	3
Child Safeguarding Practice Review			1
Domestic Homicide Review (DHR)	3	2	2
Safeguarding Adult Review (SAR)	16	8	11
Child Death	15	23	16

A&E Long Responses			
Indicator	Jun-25	May-26	Jun-26
999 - C1 Responses > 15 Mins	554	585	515
999 - C2 Responses > 80 Mins	1,302	836	1,175

Hygeine			
Indicator	Jun-25	May-26	Jun-26
% Compliance with Hand Hygiene	98.8%	93.0%	87.0%
% Compliance with Premise	99.9%	98.0%	99.7%
% Compliance with Vehicle	99.2%	90.0%	87.6%



YAS Comments

Domestic Homicide Reviews (DHR) – 2 requests for information in relation to a DHR were received this month.

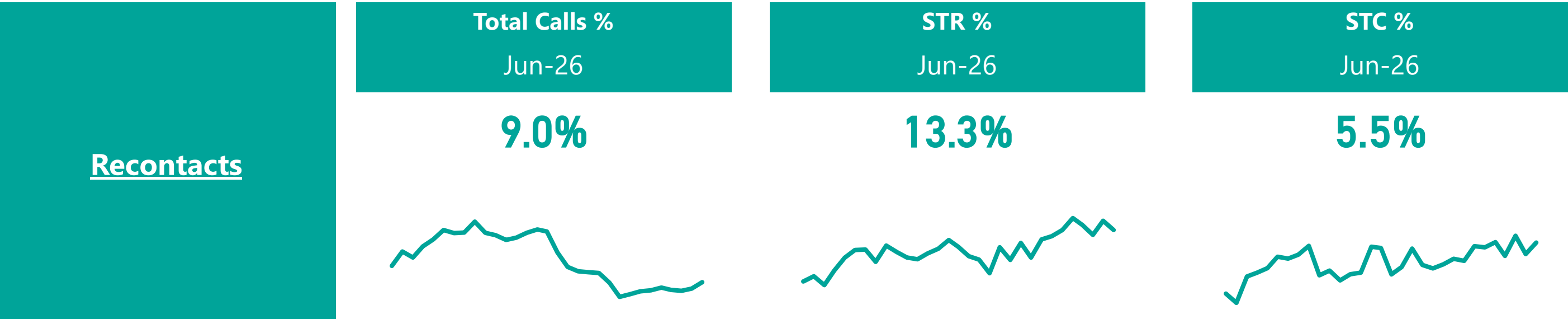
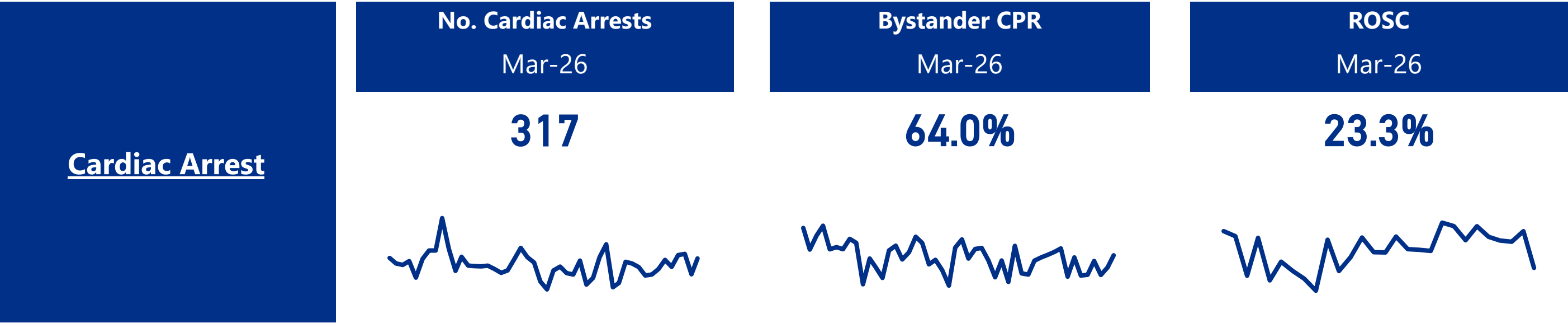
Safeguarding Adult Review (SAR) – 11 requests for information in relation to SAR’s were received this month.

Child Safeguarding Practice Review (CSPR) - 1 request was 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 16 children who died this month.

Patient Clinical Effectiveness



Cardiac Arrest - In March, YAS continued or commenced resuscitation for 317 patients who were in cardiac arrest. The post ROSC care bundle achieved in March was 62.7%. Survival to discharge rate is recorded at 10.7% for the month of March and this equates to 34 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 has been published on the BI app and is now being rolled out across all local areas. This includes 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 March is recorded at 602. 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.

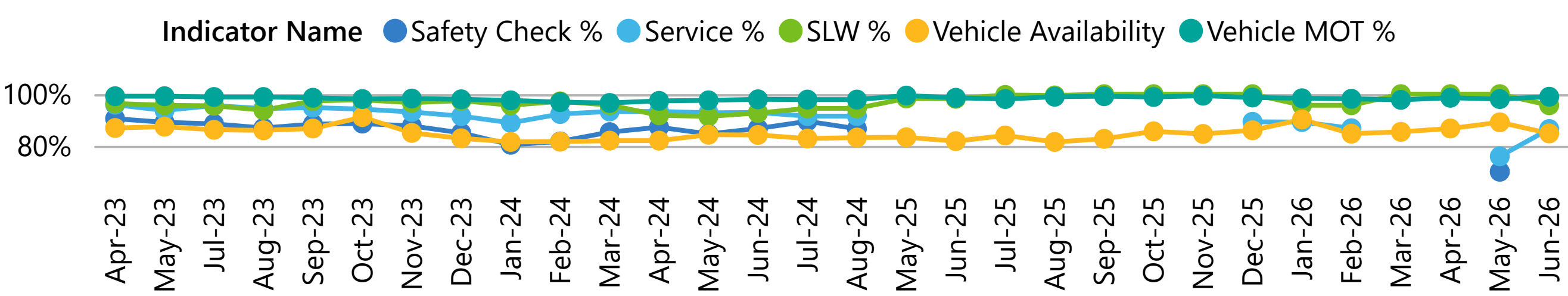
Estates

Estates Comments

Indicator	Jun-25	Jun-26
Planned Maintenance Complete	92.0%	100.0%
P1 Emergency (<4Hrs) – Attendance		97.0%
P2 Non-Emergency (<3 Days) - Attendance		93.0%
P3 Non-Emergency (<7 Days) - Attendance		98.0%
P4 Non-Emergency (<20 Days) - Attendance		92.0%
Avg. Caretaker Productivity		5.8

Estates performance reporting is currently being reviewed and new measures implemented.

999 Fleet



999 Fleet Age

Indicator	Jun-25	May-26	Jun-26
Vehicle age +7	15.2%	24.9%	23.0%
Vehicle age +10	0.6%	0.6%	0.6%

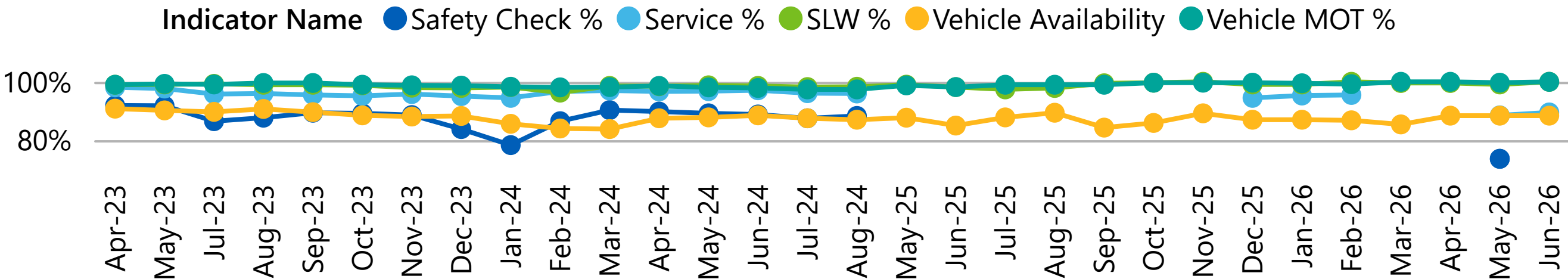
PTS Age

Indicator	Jun-25	May-26	Jun-26
Vehicle age +7	15.4%		
Vehicle age +10	0.5%	0.8%	0.8%

Fleet Comments

Due to a technical issue, the Safety Check figures are not available for this month.

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 incident 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
EST20	Avg. Caretaker Productivity	decimal	Average productivity (jobs per day per caretaker)
EST19	P4 Non-Emergency (<20 Days) - Attendance	percent	P4 Non-Emergency attended within 20 days compliance
EST18	P3 Non-Emergency (<7 Days) - Attendance	percent	P3 Non-Emergency attended within 7 days compliance
EST17	P2 Non-Emergency (<3 Days) - Attendance	percent	P2 Non-Emergency attended within 3 days compliance
EST16	P1 Emergency (<4Hrs) – Attendance	percent	P1 Emergency attended within 4 hours compliance
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