NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

July 2026

Published 25 August 2026

Icon Guide

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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Strategy, Ambitions & Key Priorities

NHS Yorkshire Ambulance Service NHS Trust

Our Purpose	To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes
Our Vision	What we want to achieve: **Great Care | Great People | Great Partner**
Our Values	What do we want to be and what behaviours do we expect? **Kindness | Respect | Teamwork | Improvement**
YAS Together	A way of working collaboratively to achieve our vision: **Care | Lead | Grow | Excel | Everyone**
Our Enabling Plans	The drivers of success: **Clinical and Quality | People | Partnership | Sustainable Services**

4 Bold Ambitions

Our Patients

Our ambition is to deliver **exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care**, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.

Our People

Our ambition is to be a **diverse and inclusive organisation** with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.

Our Partners

Our ambition is to be a **collaborative, integral and influential partner** across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.

Our Planet and Pounds

Our ambition is to be a **responsible and sustainable** organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

Today → **2029**

999 IPR Key Exceptions - July 26

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:15		
999 - Answer 95th Percentile		00:01:37		
999 - AHT		00:07:33	H	
999 - Calls Ans in 5 sec	95.0%	74.3%	L	F
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:56		F
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:49		P
999 - C2 Mean (T < 18 Mins)	00:18:00	00:24:41		F
999 - C2 90th (T < 40 Mins)	00:40:00	00:50:28		F
999 - C3 Mean (T < 1 Hour)	01:00:00	01:22:56		F
999 - C3 90th (T < 2 Hour)	02:00:00	03:11:24		F
999 - C1 Responses > 15 Mins		552	L	
999 - C2 Responses > 80 Mins		908	L	
999 - Job Cycle Time		01:42:39	L	
999 - Avg Hospital Turnaround (ED and non ED)	00:30:00	00:41:12	H	F
999 - Avg Hospital Crew Clear (ED and non ED)	00:15:00	00:22:48	H	F
999 - Avg Hospital Handover (ED and non ED)	00:15:00	00:18:33		F
999 - C1%		11.4%	L	
999 - C2%		58.1%	L	

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 15 seconds for July, no change from the previous month. The median remained the same, and the 90th decreased by 1 second. The 95th decreased from 1 minute 38 seconds in June to 1 minute 37 seconds in July, and the 99th decreased from 2 minutes 43 to 2 minutes 42.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from June by 5 seconds and the 90th percentile worsened by 12 seconds. The mean performance time for Cat2 improved from June by 48 seconds and the 90th percentile improved by 1 minute 54 seconds. Compared to July of the previous year, the Cat1 mean worsened by 6 seconds, the Cat1 90th percentile worsened by 13 seconds, the Cat2 mean improved by 47 seconds and the Cat2 90th percentile improved by 2 minutes 58 seconds.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 69.5% in July (11.4% Cat1, 58.1% Cat2) after a 1.0 percentage point (pp) decrease compared to June (0.4 pp decrease in Cat1 and 0.6 pp decrease in Cat2). Comparing against July for the previous year, Cat1 proportion decreased by 1.1 pp and Cat2 proportion decreased by 0.2 pp.

Responses Tail (C1 and C2) -The number of Cat1 responses greater than the 90th percentile target increased in July, with 552 responses over this target. This is 37 (7.2%) more compared to June. The number for last month was 2.0% lower than July 2025. The number of Cat2 responses greater than 2x 90th percentile target decreased from June by 267 responses (22.7%). This is a 16.8% decrease from July 2025.

Hospital & Job Cycle Time - Last month the average handover time increased by 35 seconds and overall turnaround time increased by 38 seconds. The number of conveyances to ED was 1.6% higher than in June. Overall, the average job cycle time increased by 51 seconds from June.

Demand - On scene response demand was 2.8% below forecasted figures for July. It was 2.9% higher compared to June and 2.5% higher compared to July 2025.

Outcomes - Comparing incident outcome proportions within 999 for July against June, the proportion of hear & treat decreased by 0.2 percentage points (pp), see treat & refer increased by 0.8 pp and see treat & convey decreased by 0.6 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 - July 26

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		136,463		
IUC - Answered vs. Last Month %		-0.5%		
IUC - Answered vs. Last Year %		0.3%		
IUC - Calls Triaged		127,583		
IUC - Calls Abandoned %	3.0%	3.7%	H	F
IUC - Answer Mean	00:00:20	00:01:09		F
IUC - Answered in 60 Secs %	90.0%	78.5%	L	F
IUC - Answered in 120 secs %	95.0%	83.9%	L	F
IUC - Callback in 1 Hour %	60.0%	25.1%	L	F
IUC - ED Validations %	50.0%	47.8%		F
IUC - 999 Validations %	95.0%	95.9%	L	P
IUC - ED %		12.9%	L	
IUC - ED Outcome to A&E %		63.7%	L	
IUC - ED Outcome to UTC %		12.5%		
IUC - Ambulance %		10.6%	L	

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 157,379 calls in July, 1.0% below the annual business plan baseline demand. 136,463 (86.7%) of these were answered, 0.5% below last month and 0.3% above the same month last year.

The reporting rules for telephony performance were updated in August 2024 to be in line with the decision paper approved in TEG on 24/07/24. These updated figures have been backdated to March 2023. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure decreased to 78.5% from 83.4% in July. Average speed to answer has increased by 29 seconds to 1 minute 9 seconds compared with 40 seconds last month. Abandonment rate increased to 3.7% from 2.6% last month.

The proportion of clinician call backs made within 1 hour increased to 25.1% from 18.0% last month. This is 34.9% below the national target of 60%. Core clinical advice decreased to 25.2% from 27.1% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 12.6% in July, whilst performance for overall validations was 95.9%, with 12,467 cases validated overall.

ED validation performance increased to 47.8% from 46.0% last month. The target for this KPI is 50%. This figure being lower than the target is due in part to ED validation services being closed on DoS (in the out of hours periods) for several periods of time during the month as a result of clinical demand and capacity pressures to the service. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs increased to 17.8% from 17.5% last month and ED bookings remained level at 0.2%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low. Bookings into the Emergency Department have dropped to 0% due to the booking system being switched off at the end of June 2024. We will see ED bookings at 0% until a new booking system is implemented.

PTS IPR Key Indicators - July 26

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	99.6%	H	P
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	76.1%	L	F
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	87.5%		F
PTS - Arrive at Appointment Time	90.0%	84.6%		F
PTS - Journeys < 120Mins	90.0%	96.9%	L	P
PTS - Same Month Last Year		-7.7%		
PTS - Increase - Previous Month		2.1%		
PTS - Demand (Journeys)		68,303		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

Total activity increased by 2.1% compared with June, with 68,303 journeys operated, including aborts and escorts. However, demand was 7.7% lower than July 2025. Low Acuity journeys continue to show month-on-month reductions.

In contrast, some higher complexity mobilities have experienced increased activity. T2 journeys have exceeded 7,000 for the second consecutive month, with 7,405 journeys operated in July — an 8.2% increase compared with July 2025. There has also been a significant increase in Multi Crew 4 journeys, with 293 patients travelling under this mobility in July, representing a 95.3% increase compared with the previous year.

PTS total activity was 4.6% below the Business Plan for July, falling within the 5.0% threshold. Year to date, this places Total Activity at 5.8% below plan.

Performance declined across all Core KPIs last month. For the first time since December 2025, Short Notice Outwards Performance fell below 80.0%, with 76.1% of patients picked up within 120 minutes.
Note: South ICB amended KPIs 3 and 4 in July. The service time for KPI 3 increased from 90 to 120 minutes, while KPI 4 increased from 120 to 180 minutes. These thresholds do not currently align with the IPR-agreed KPIs. Taking these changes into account, KPI 4 performance for July was 81.8%, remaining above 80.0% and continuing the positive trend seen in recent months.

July saw the highest call volumes over the past 12 months, with 36,965 calls received by Reservations. Despite these increased call levels, performance was the strongest recorded since May 2020, with 99.6% of calls answered within 180 seconds — 9.6% above target.
Average Handling Time (AHT) reduced by seven seconds, while Not Ready Reason codes remained low at 15.1%, having a positive impact on overall performance.

Workforce Summary

A&E | IUC | PTS | EOC | Other | Trust

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Jul-25	Jun-26	Jul-26
FTE in Post %	94.4%	96.7%	96.4%
Turnover (FTE) %	8.8%	7.8%	7.7%
Vacancy Rate %	5.6%	3.3%	3.6%
Apprentice %	9.7%	8.0%	7.9%
BME %	8.9%	9.4%	9.4%
Disabled %	10.2%	11.4%	11.5%
Sickness - Total % (T-5%)	7.4%	7.7%	7.9%
PDR / Staff Appraisals % (T-90%)	70.2%	87.2%	86.8%
Essential Learning	90.1%	85.1%	85.8%

Assurance: All data displayed has been checked and verified

YAS Commentary

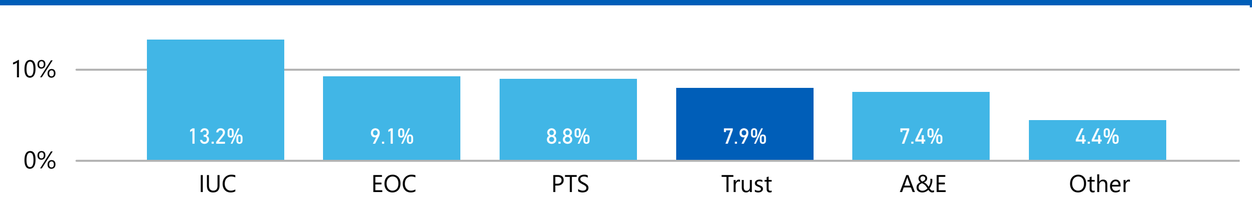
FTE, Turnover, Vacancies and BME – Compared to June 2026, vacancy rate has deteriorated by 0.3 percentage points to be 3.6% in July. In comparison to the same month last year, the vacancy rate has improved by 2 percentage points. Turnover for IUC is improving but remains high at 20.9%, with vacancies of 7% (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 absence increased from 7.7% in June to 7.9% in July and remains significantly above the Trust target, continuing as a key focus under Priority 3 of the Trust Business Plan. Absence levels have risen at a point in the year when this would not normally be expected, reinforcing the need for sustained focus on reduction activity. PMO-supported workstreams continue to progress, including the Preventive and Recovery Pathway, Alternative Duties Framework and Workplace Adjustments projects. Quality Improvement workstreams remain in the test-and-learn phase, with pilots underway across mental health and wellbeing, musculoskeletal and physical health, and data and process improvement initiatives. In addition, a new Absence Taskforce has been established, supported by dedicated HR and operational resource, to strengthen management of long-term and repeat absence cases and improve policy compliance.

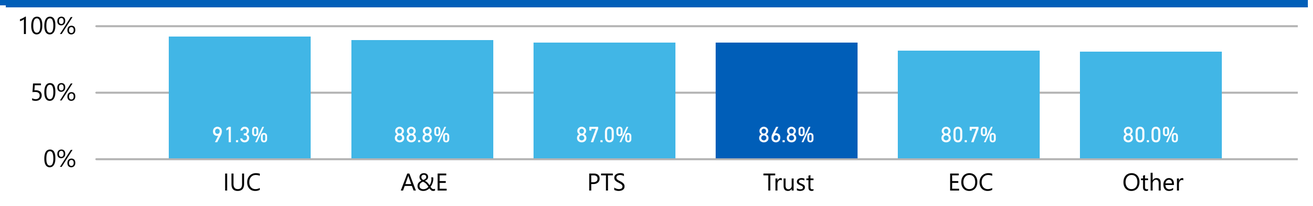
PDR / Appraisals – The overall compliance rate shows a downward trend since the start of 2026/27 at 86.8%. IUC is the highest performing at 91.3% and the only directorate to see an improvement from June. Other is the lowest at 80.0% with EOC at 80.7%. Directorates are being held to account in Performance Reviews. The Senior Leadership Community appraisal completion window closed at the end of June (93.6% as of 18 Aug, 13 outstanding).

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. The drop in compliance reflects this change. The compliance rate has marginally improved at 85.8% (85.1% in June). Other and PTS achieved the target at 93.2% and 991.0% respectively, with EOC at the lowest at 80.8%. 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.

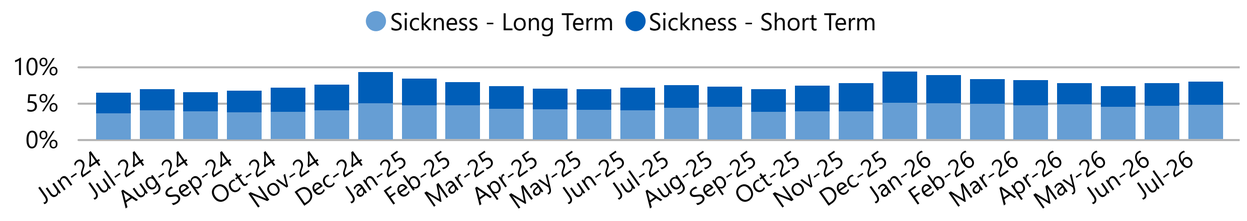
Sickness Benchmark for Last Month (Trust)



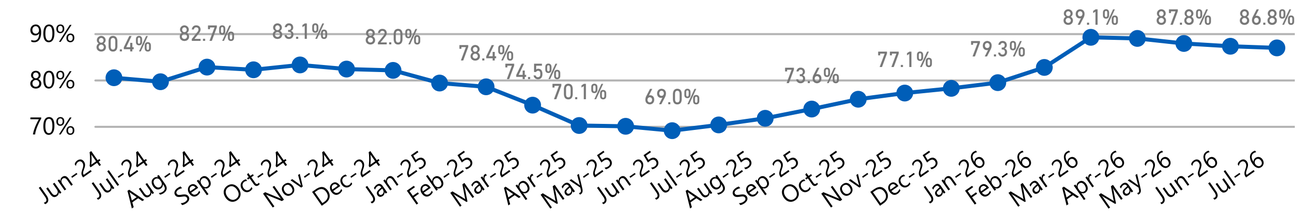
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



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

Overview - Unaudited Position

Overall -
The Trust has a month 4 Surplus position of £2,099k, £601k 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 July 26, the Trust had £46.04m 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)	£1,498	£2,099	£601
Cash	£47,361	£46,035	-£1,326
Capital	£4,723	£2,828	-£1,895

Monthly View (£000s)

Indicator Name	2026-04	2026-05	2026-06	2026-07
Surplus/ (Deficit)	£518	£569	£410	£601
Cash	£46,952	£44,716	£41,976	£46,035
Capital		£1,046	£1,118	£664

Patient Demand Summary

Demand Summary

Indicator	Jul-25	Jun-26	Jul-26
999 - Incidents (HT+STR+STC)	75,637	75,500	77,484
999 - Calls Answered	72,741	92,853	97,506
IUC - Calls Answered	136,092	137,110	136,463
IUC - Calls Answered vs. Ceiling %	-11.7%	-16.3%	-15.9%
PTS - Demand (Journeys)	74,000	66,905	68,303
PTS - Increase - Previous Month	4.8%	4.7%	2.1%
PTS - Same Month Last Year	-15.3%	-5.3%	-7.7%
PTS - Calls Answered	35,751	34,731	35,013

Commentary

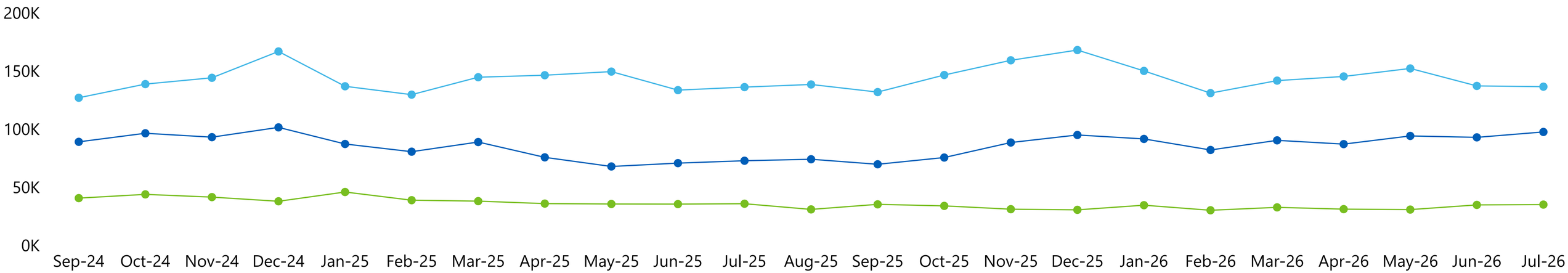
999 - On scene response demand was 2.8% below forecasted figures for July. It was 2.9% higher compared to June and 2.5% higher compared to July 2025.

IUC - YAS received 157,379 calls in July, 1.0% below the annual business plan baseline demand. 136,463 (86.7%) of these were answered, 0.5% below last month and 0.3% above the same month last year.

PTS -Total activity increased by 2.1% compared with June, with 68,303 journeys operated, including aborts and escorts. However, demand was 7.7% lower than July 2025. Low Acuity journeys continue to show month-on-month reductions.

Overall Calls and Demand

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



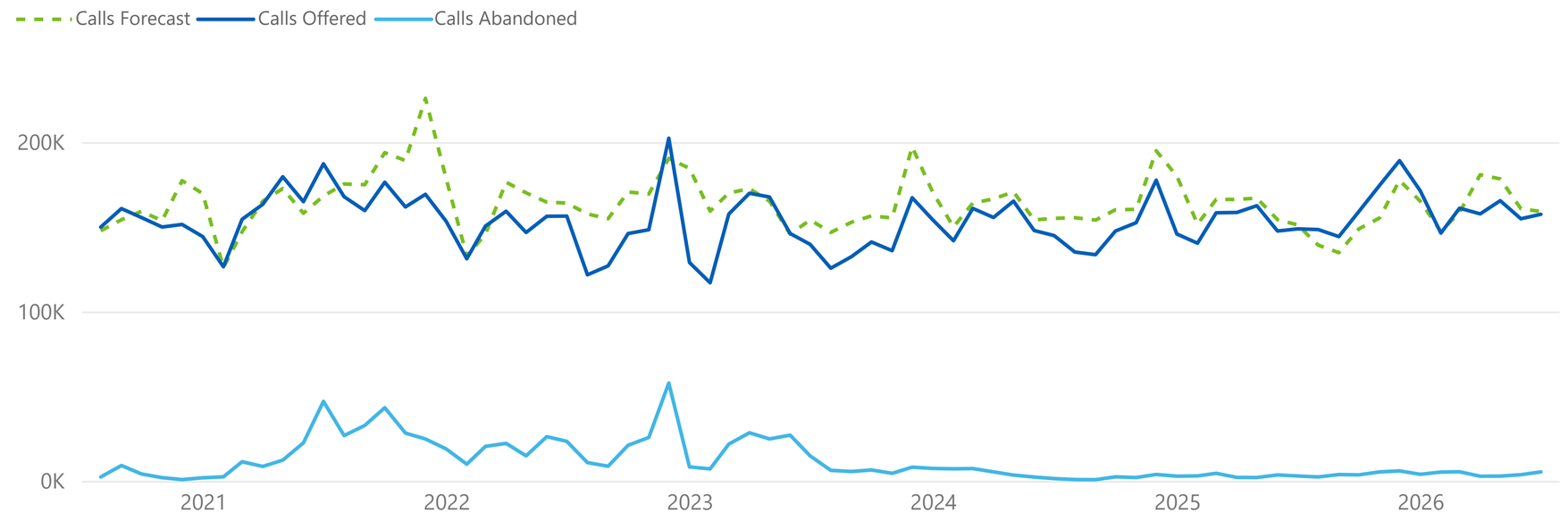
999 and IUC Historic Demand

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

NHS Yorkshire Ambulance Service NHS Trust

999 Historic Call Demand

IUC Historic 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 July 2026, there were 98,922 calls offered which was 2.5% below forecast, with 97,506 calls answered and 1,416 calls abandoned (1.4%). There were 3.0% more calls offered compared with the previous month and 30.1% 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 8.9% reduction in abandoned calls compared with the previous month.

IUC

YAS received 157,379 calls in July, 1.0% below the annual business plan baseline demand. 136,463 (86.7%) of these were answered, 0.5% below last month and 0.3% above the same month last year.

Calls abandoned increased to 3.7% from 2.6% last month and was 1.7% above last year.

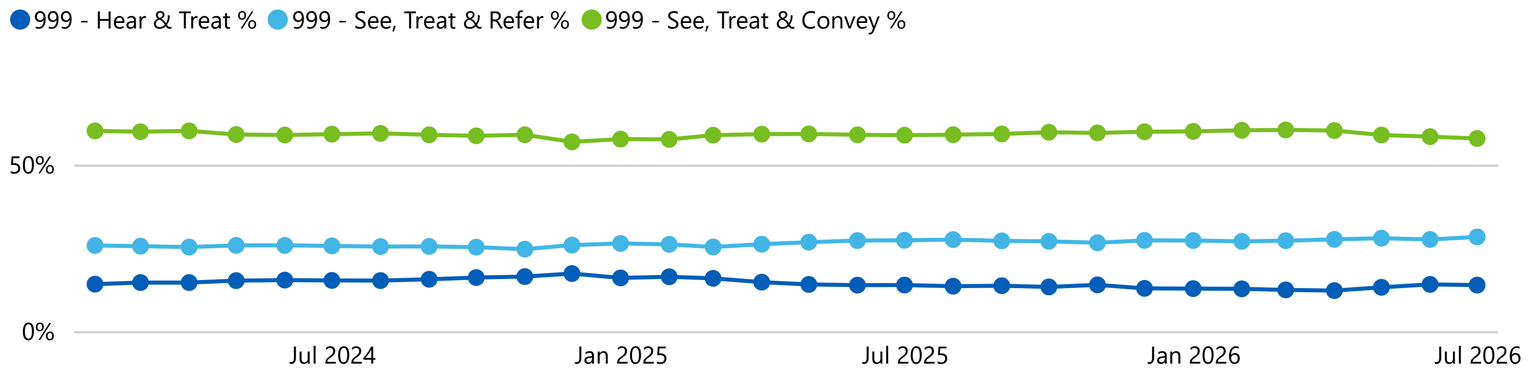
Patient Outcomes Summary

NHS Yorkshire Ambulance Service NHS Trust

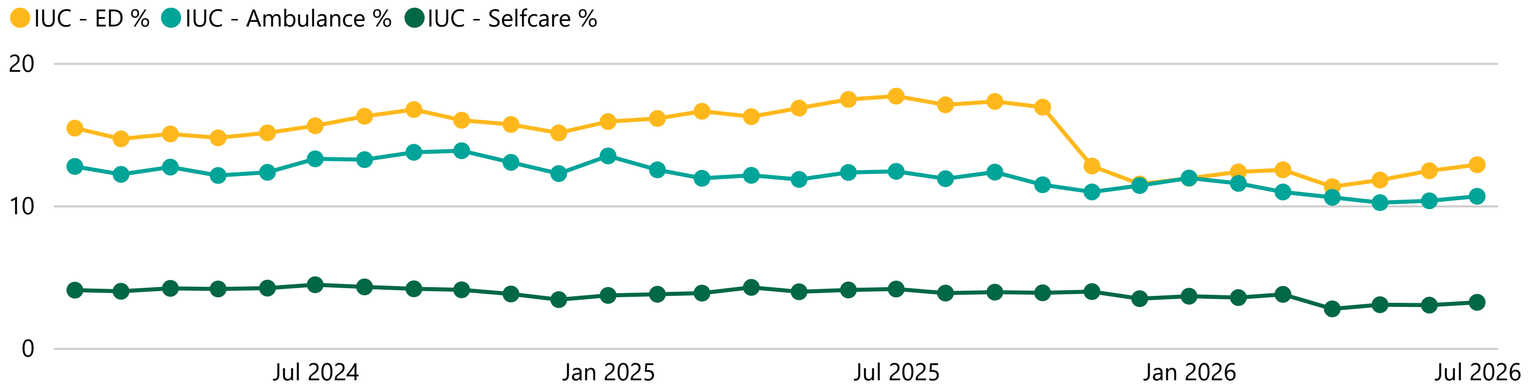
Outcomes Summary

ShortName	Jul-25	Jun-26	Jul-26
999 - Incidents (HT+STR+STC)	75,637	75,500	77,484
999 - Hear & Treat %	13.8%	14.1%	13.8%
999 - See, Treat & Refer %	27.3%	27.5%	28.3%
999 - See, Treat & Convey %	58.8%	58.4%	57.9%
999 - Conveyance to ED %	51.9%	51.9%	51.4%
999 - Conveyance to Non ED %	7.0%	6.5%	6.4%
IUC - Calls Triaged	129,919	128,170	127,583
IUC - ED %	17.7%	12.4%	12.9%
IUC - Ambulance %	12.4%	10.3%	10.6%
IUC - Selfcare %	4.1%	3.0%	3.2%
IUC - Other Outcome %	15.4%	20.6%	18.8%
IUC - Primary Care %	42.9%	45.5%	46.3%
PTS - Demand (Journeys)	74,000	66,905	68,303

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for July against June, the proportion of hear & treat decreased by 0.2 percentage points (pp), see treat & refer increased by 0.8 pp and see treat & convey decreased by 0.6 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 - The proportion of callers given an Ambulance outcome was 10.6%, with Primary Care outcomes at 46.3%. The proportion of callers given an ED outcome was 12.9%. The percentage of ED outcomes where a patient was referred to a UTC was 12.5%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Dave Green)

A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Patient Relations

Indicator	Jul-25	Jun-26	Jul-26
Service to Service	167	126	137
Concern	29	19	22
Compliment	96	105	100
Complaint	67	44	58
Total	**167**	**126**	**137**

YAS Comments

Service-to-service feedback was lower than the same period last year, particularly within A&E, although volumes were slightly higher than the previous month. IUC recorded a small monthly increase, while IUC reduced from 54 in June to 31 in July, a decrease of 43%. PTS increased from 15 in June to 34 in July.

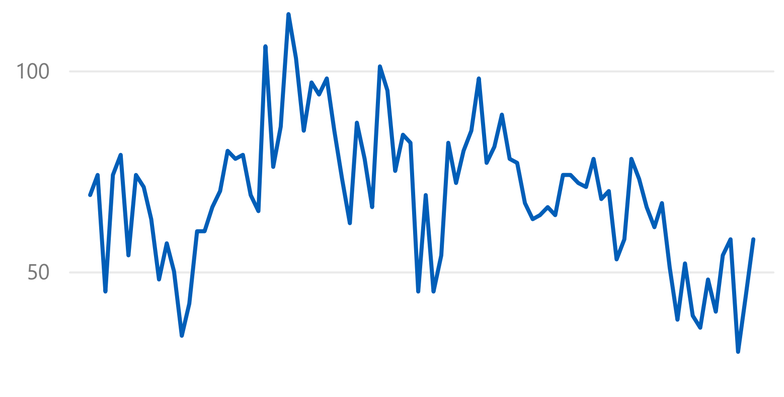
Concern volumes across YAS remained stable at 22 and continue to sit slightly below the same period last year. PTS and A&E continue to report lower concern volumes following the introduction of local resolution. IUC concerns have increased, reflecting the revised triage process introduced in October 2025, where some matters previously managed as formal complaints are now handled as concerns or local resolution.

EOC formal complaints increased to 13 in July, following 6 received in June. The planned introduction of local resolution within EOC is expected to reduce formal complaint volumes over time, with a corresponding increase in concerns and local resolution activity.

A&E formal complaints remained broadly stable, with 28 received in July compared with 25 in June and 25 in the same period last year.

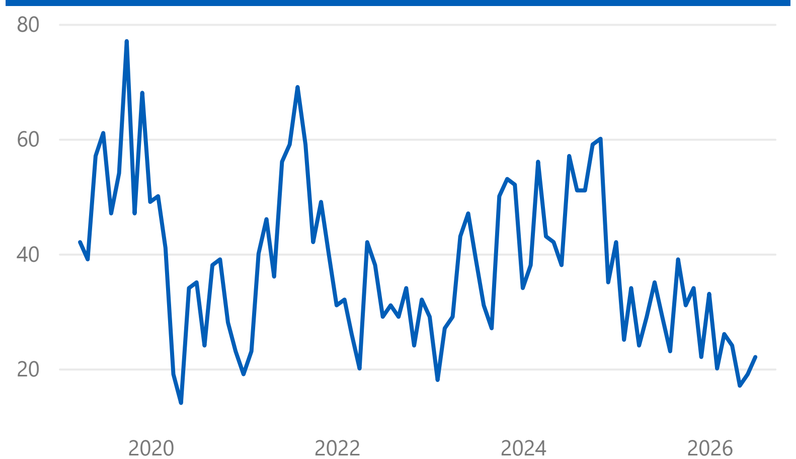
Compliment volumes remained broadly in line with average levels. A&E received slightly fewer compliments than the previous month but remained above the same period last year. EOC increased from 7 to 11 compliments, a rise of 57%. PTS reduced from 7 in June to 1 in July, an 86% decrease, and was also lower than the 12 received in the same period last year.

Complaint

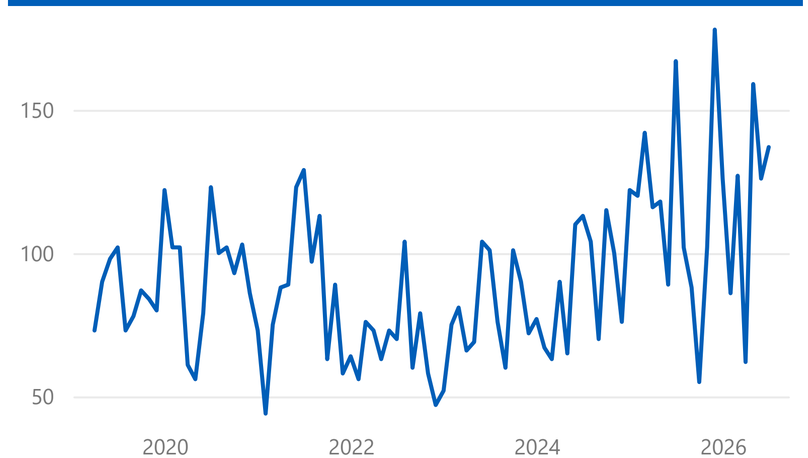


Compliment

Concern



Service to Service



Patient Safety - Quality (Director Responsible - Dave Green)

A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Incidents

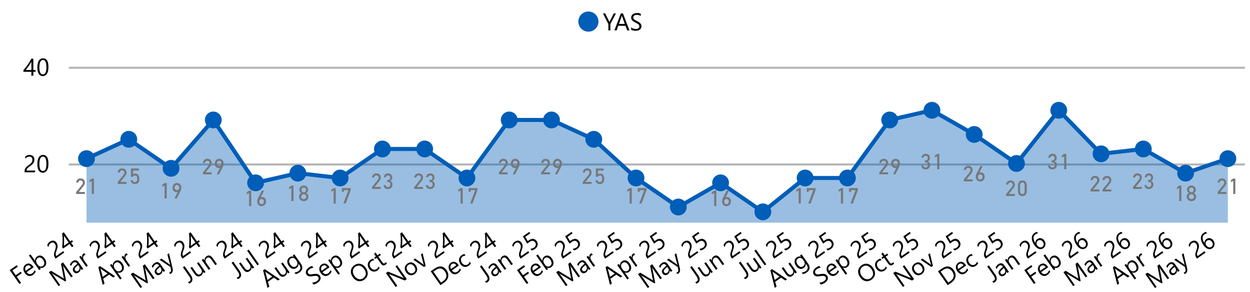
Indicator	Jul-25	Jun-26	Jul-26
All Incidents Reported	1,007	1,105	1,272
Number of duty of candour contacts	10	8	11
Number of RIDDORs Submitted	6	3	8
Patient Safety Indicator Incident Investigation	1	1	2

	May 25	Apr 26	May 26
Moderate & Above Harm (verified)	16	18	21
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	2	1	6

Hygeine

Indicator	Jul-25	Jun-26	Jul-26
% Compliance with Hand Hygiene	97.9%	87.0%	89.4%
% Compliance with Premise	97.6%	99.7%	97.6%
% Compliance with Vehicle	99.4%	87.6%	92.9%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Jul-25	Jun-26	Jul-26
Rapid Review	3	3	1
Child Safeguarding Practice Review	5	1	
Domestic Homicide Review (DHR)		2	3
Safeguarding Adult Review (SAR)	20	11	12
Child Death	13	16	18

A&E Long Responses

Indicator	Jul-25	Jun-26	Jul-26
999 - C1 Responses > 15 Mins	563	515	552
999 - C2 Responses > 80 Mins	1,091	1,175	908

YAS Comments

Domestic Homicide Reviews (DHR) – 3 requests for information in relation to a DHR were received this month.

Safeguarding Adult Review (SAR) – 12 requests for information in relation to SAR's were received this month.

Child Safeguarding Practice Review (CSPR) - no requests were received to support a CSPR this month.

Rapid Review (RR) – The team contributed information in relation to 1 Rapid Review this month.

Child death - The Safeguarding team contributed information in relation to 18 children who died this month.

Patient Clinical Effectiveness

YAS | HC&V | SYB | WY

NHS Yorkshire Ambulance Service NHS Trust

Cardiac Arrest

No. Cardiac Arrests Apr-26	Bystander CPR Apr-26	ROSC Apr-26	ROSC Care Bundle Apr-26	Survival to Discharge Apr-26	Cardiac Survivors Apr-26
227	60.4%	41.4%	47.7%	11.5%	26

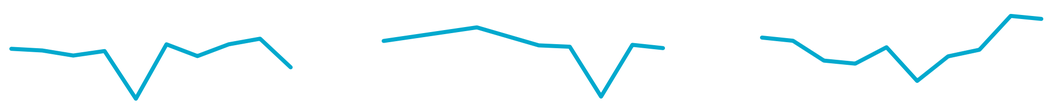
Cardiac Arrest - In April, YAS continued or commenced resuscitation for 227 patients who were in cardiac arrest. The post ROSC care bundle achieved in April was 47.7% which is down 15% from the previous month. Survival to discharge rate is recorded at 11.5% for the month of April and this equates to 26 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.

Stroke

No. of Patients Apr-26	Avg Call to Door Minutes Apr-26
573	83

Heart Attack

No. of Patients Apr-26	Avg Call to Door Minutes Apr-26	Care Bundle Compliance Apr-26
158	89	78.5%



STEMI care (ST segment elevation myocardial infarction) (Heart Attack) - 158 patients were recorded as having a STEMI in April . Care bundle compliance has remained similar since the last data collected in January and is 78.5%. 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.

Recontacts

Total Calls % Jul-26	STR % Jul-26	STC % Jul-26
9.3%	13.6%	5.5%

Stroke - The number of stroke patients in April is recorded at 573. The call to door time is 82 minutes. The significant change (increase) in patient numbers could be linked to the national issue with SSNAP data which has since been fixed.

Fleet and Estates

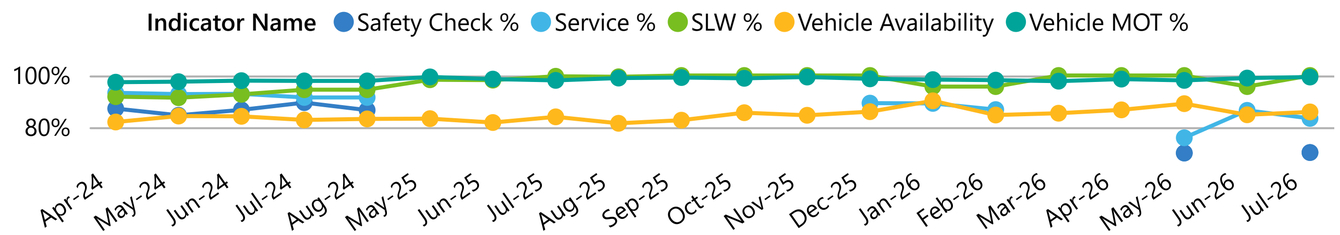
Estates

Indicator	Jul-25	Jun-26	Jul-26
Planned Maintenance Complete	95.0%	100.0%	
P1 Emergency (<4Hrs) – Attendance		97.0%	59.0%
P2 Non-Emergency (<3 Days) - Attendance		93.0%	69.0%
P3 Non-Emergency (<7 Days) - Attendance		98.0%	46.0%
P4 Non-Emergency (<20 Days) - Attendance		92.0%	78.0%
Avg. Caretaker Productivity		5.8	5.9

Estates Comments

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

999 Fleet



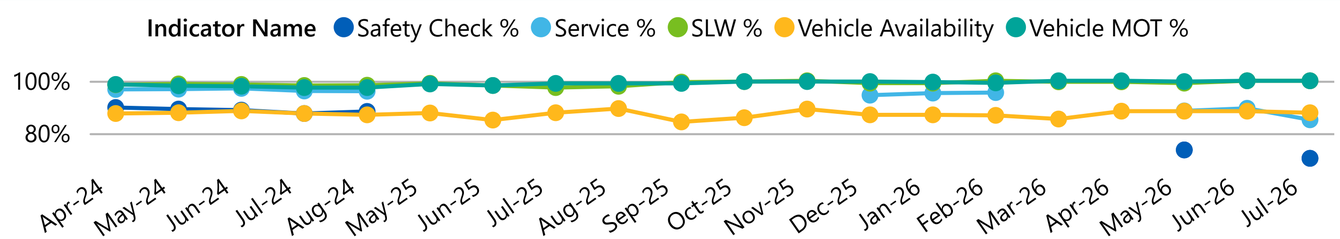
999 Fleet Age

Indicator	Jul-25	Jun-26	Jul-26
Vehicle age +7	15.2%	23.0%	22.2%
Vehicle age +10	0.6%	0.6%	0.6%

PTS Age

Indicator	Jul-25	Jun-26	Jul-26
Vehicle age +7	15.2%		
Vehicle age +10	0.8%	0.8%	0.8%

PTS Fleet



Fleet Comments

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

Glossary - Indicator Descriptions (A&E)

NHS Yorkshire Ambulance Service NHS Trust

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 inciden 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)

NHS Yorkshire Ambulance Service NHS Trust

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)

Yorkshire Ambulance Service NHS Trust

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 verfied Serious Incidents reported on DATIX

Glossary - Indicator Descriptions (Workforce)

NHS Yorkshire Ambulance Service NHS Trust

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)

Yorkshire Ambulance Service NHS Trust

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)

NHS Yorkshire Ambulance Service NHS Trust

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