



Report Title	Operational Performance Assurance – M5 August 2026 Update
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Accountable Director	Director of Strategy, Planning and Performance
Lead Board Committee	Trust Executive Group
Previous groups	Trust Executive Group (16 September 2026) Finance & Performance (17 September 2026) Trust Board Meeting (24 September 2026) Quality Committee (13 October 2026) People Committee (3 November 2026) Executive Leadership Group
Recommended action	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 August 2026 operational performance across 999 Operations, Remote Care and Patient Transport Services (PTS), incorporating the Trust's Performance Management Framework to monitor exceptions and improvement actions. Category 2 mean response time was 24 minutes 27 seconds, 2 minutes 18 seconds worse than trajectory, with performance strongest in South Yorkshire. Arrival-to-handover improved but remained 39 seconds worse than plan, while handover-to-crew-clear remained a significant constraint at 3 minutes 18 seconds worse than trajectory. Workforce was above plan, but sickness and declining appraisal compliance remain concerns. EOC mean call answer improved to 11 seconds but remained nine seconds worse than plan. EOC sickness also remained high. IUC call answering fell to 79.5%, one percentage point below plan, following a 7.4% increase in demand; clinical callbacks improved slightly but remain low, alongside forecast workforce shortfalls. PTS activity reduced as expected. KPIs 1 (pick up/journey time) and 3 (pre-planned at location in 90m) were above plan, while KPIs 2 (dropoff/arrival time) and KPI 4 (short notice at location in 120m) the greatest delivery risk. Operational budgets were £1.79m underspent at month five and remain forecast to break even. Overall assurance is moderated by risks relating to Category 2 delivery, EOC call answering, IUC callbacks, sickness and service resilience. The committee is asked to note the report for assurance.	
Recommendation(s)	The Board are asked to note the contents of this paper for assurance purposes.
Link to Board Assurance Framework Risks (board and board assurance committees only)	1. Deliver a timely response to patients. 2. Provide access to appropriate care. 3. Deliver quality for patients. 12. Secure sufficient revenue resources and use them wisely to ensure value for money.

Operational Performance Assurance – M5 August 2026 Update

1 INTRODUCTION

- 1.1 This report presents the key exceptions in operational performance to support focused improvement action. It provides assurance on the delivery of performance across all service lines and reflects the discussions and agreed actions from the monthly Executive led Performance Review and Improvement meetings, chaired by the Executive Director of Quality & Chief Paramedic. These meetings form a core part of the Performance Management Framework (PMF), which supports the Trust to plan, monitor and deliver high-quality patient care. Each operational area presents its operational, financial and workforce performance, and the resulting updates and exception commentary inform both ongoing improvement work and quarterly Business Plan reporting.

2 BACKGROUND

- 2.1 Data is provided from the [Operational Trajectory](#)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 tables](#) (Q4 2025-26 published 11/6/26) is also included as an appendix (see Table 3 and 4).

3 OPERATIONAL PERFORMANCE ASSURANCE

- 3.1 The performance overview in this report is broken into the three operational areas of: 999 Operations, Remote Patient Care (EOC and IUC) and PTS. The measures cover the agreed metrics and targets from the Trust business plan.

3.2 999 OPERATIONS

- 3.2.1 **Category 2 mean response time** worsened slightly in August falling by 14 seconds to 24 minutes 27 seconds in August, underperforming the trajectory target by 2 minutes 18 seconds. South Yorkshire performed better than plan for the second consecutive month, achieving a mean response time of 20 minutes 49 seconds, 33 seconds better than plan. Humber and North Yorkshire was 1 minute 49 seconds worse than plan, while West Yorkshire was 3 minutes 23 seconds worse than plan. Current forecasts indicate that South Yorkshire and West Yorkshire are expected to achieve their year-end business plan targets, while Humber and North Yorkshire is forecast to finish around 1 minute 8 seconds worse than plan.
- 3.2.2 The key drivers and improvement actions for Category 2 response times are as follows:
- **Arrival to handover** improved by 34 seconds in August to 17 minutes 59 seconds but was 39 seconds worse than the operating plan trajectory. Despite this, performance is forecast to achieve the year-end target. South Yorkshire continues to perform strongly and has been better than plan in each month of 2026/27 to date. Performance remains more challenging in West Yorkshire,

¹ Links to most recently published Power BI dashboard/report

where arrival to handover was 1 minute 29 seconds under plan, compared with 25 seconds in Humber and North Yorkshire.

- **Handover to crew clear time** improved by 31 seconds in August to 22 minutes 18 seconds but remained 3 minutes 18 seconds worse than the planned trajectory of 19 minutes. Performance was worse than plan across all ICB areas. West Yorkshire recorded the longest handover to crew clear time at 25 minutes 15 seconds, followed by Humber and North Yorkshire at 22 minutes 12 seconds and South Yorkshire at 18 minutes 3 seconds. Management presence at ED will be increased in West from August to identify issues and support crews to clear in a timely manner. It is also expected that work to operationalise the auto alert module can restart as common CAD went live in August and MIS capacity is freed up for other work into September and October which will support further improvement.
- **Deployed average daily hours** on DCA's were 5,593 hours in August and just 0.1 pp worse than plan. Average daily staff unit hours were 11,740 and 0.1 pp better than plan.
- **Sickness** absence in A&E improved decreasing from 7.4% to 7.1% but was 0.7pp above plan. Sickness levels above plan are a contributing factor to deployed hours being below plan. This year's summer heatwaves may also have been a contributory factor to high levels of sickness absence, placing additional strain on staff working in challenging operational conditions.
- **Excessive responses (twice the 90th percentile)**
Category 2 excessive responses continued to improve in August, decreasing by 75 (-8.3%) from the previous month and by 26 (3%) compared with August 2025. Excessive responses represented 2.2% of Category 2 incidents reached on scene, a slight improvement from 2.3% last year.
 - WY had the highest rate at 3.3% (541) of Category 2 responses
 - HNY rate was 1.9% (203) of Category 2 responses
 - SY had the lowest rate at 0.8% (88 of Category 2 responses)

3.2.3 **999 Workforce** position was above plan in August by 52 FTE (1.5%). The current year end position is forecast to be 21 FTE (0.6%) above plan.

A&E											
AUGUST 2026						YEAR END FORECAST @ 8/9/26					
TOTAL FTE				SUBSTANTIVE FTE	OVERTIME FTE	TOTAL FTE				SUBSTANTIVE FTE	OVERTIME FTE
OPERATING PLAN	ACTUAL	FTE Variance against this month's Plan		Variance against this month's Plan		OPERATING PLAN	FORECAST	FTE Variance against Year End Plan		Variance against Year End Plan	
		No	%	%	%			No	%	%	%
3,388	3,440	52	+1.5	+1.4	+5.8	3,403	3,424	+21	+0.6	+1.3	-25.4

3.2.4 **Appraisal compliance** fell for the 4th consecutive month in August from 88.8% in July to 87.7% which is 2.3pp under the 90% planned target.

3.2.5 **Budget 999 Operations** position at month 5 is £839k underspent.

3.3 REMOTE CARE

3.3.1 EOC

- 3.3.2 **Mean call answer** performance improved on the previous month to 11 seconds in August, but underperforming against the planned level of 2 seconds. Demand was below the planned average daily calls offered with 1.8% fewer calls. However, higher abstractions than planned leading to call handler has contributed to performance being worse than plan. While call handler workforce was above plan, staffing levels within EOC dispatch and clinical teams remained slightly below plan.

EOC											
AUGUST 2026						YEAR END FORECAST @ 8/9/26					
TOTAL FTE				SUBSTANTIVE FTE	OVERTIME FTE	TOTAL FTE				SUBSTANTIVE FTE	OVERTIME FTE
OPERATING PLAN	ACTUAL	FTE Variance against this month's Plan		Variance against this month's Plan		OPERATING PLAN	FORECAST	FTE Variance against Year End Plan		Variance against Year End Plan	
		No	%	%	%			No	%	%	%
EOC CALL HANDLING											
261	261	0	0.0	-1.1	+31.1	264	263	-1	-0.4	-1.7	+54.1
EOC DESPATCH											
139	133	-6	-4.5	-5.3	+38.1	139	133	-6	-4.5	-3.0	-10.6
EOC CLINICAL											
164	149	-15	-10.1	-8.4	-5.3	167	163	-4	-2.5	-2.5	0.0

3.3.3 People Measures

- **Appraisal compliance** in EOC decreased in August falling from 91.1% to 89.9% in but just 0.1pp below the year-end target. Further work will be needed to maintain the compliance target.
- **Sickness** levels improved in EOC decreasing from 9.2% to 8.9% but remains 2.4pp above the 6.6% trajectory plan for August. Existing support for colleagues continues from the wellbeing team in EOC.

3.3.4 **Budget EOC** position was £587k underspent at month 5.

3.4 IUC

3.4.1 Call answer performance in August declined for the second consecutive month from 83.9% of calls answered in 120 seconds to 79.5% and slipped to 1 pp worse than plan. Demand in August increased by 7.4% on the previous month and was 11 pp over plan (521 calls). The key drivers and actions that impact on call answer are as follows:

- **Workforce position** was below plan for Health Advisers in August with 10 fewer than planned. However, Clinical Advisers were 2 over plan. Current year end forecasts suggest a shortfall of 13 Health Advisers and 3 Clinical Advisors.

IUC											
AUGUST 2026						YEAR END FORECAST @ 9/9/26					
TOTAL FTE				SUBSTANTIVE FTE	OVERTIME FTE	TOTAL FTE				SUBSTANTIVE FTE	OVERTIME FTE
OPERATING PLAN	ACTUAL	FTE Variance against this month's Plan		Variance against this month's Plan		OPERATING PLAN	FORECAST	FTE Variance against Year End Plan		Variance against Year End Plan	
		No	%	%	%			No	%	%	%
HEALTH ADVISERS											
405	395	-10	-2.5	-2.6	-27.6	424	411	-13	-3.2	-2.8	
CLINICAL ADVISERS											
116	118	2	1.7	+0.9	+60.0	125	122	-3	-2.5	-1.7	-14.3

3.4.2 People Measures

- **Sickness** in IUC fell slightly from 13.2% to 13.0% in August and is 1pp above plan. Sickness reduction continues to be a key focus, with plans to implement actions successfully applied within EOC to support further improvement in 2026/27.
- **Appraisal** compliance remains unchanged on the previous month standing at 91.3% in August and is 1.3pp above the 90% Trust target.

3.4.3 **Budget** IUC position at month 5 is £107k underspent.

3.5 Patient Transport Service (PTS)

3.5.1 PTS activity decreased by 10.8% in August, in line with expectations due to the Bank Holiday period. A total of 60,894 journeys were operated, including abortions and escorts, representing a 5.0% decrease compared with the same period last year. Low-acuity journeys continued to decline month on month, reflecting the ongoing impact of Eligibility. In contrast, higher-mobility journeys remained above 2025 levels, with T1 and T2 combined activity increasing by 6.6% compared with August 2025.

3.5.2 PTS performance remains strong for KPI 1 and KPI 3, both of which are above plan. KPIs 2 and 4 improved during August but continue to underperform against target, with KPI 4 representing the greatest delivery risk. Current forecasts suggest KPIs 1 and 3 will remain above plan at year end.

Metric	Actual August 26	Variance against Plan
KPI 1 – Pickup / Journey Time	96.8%	+5.5 pp
KPI 2 – Dropoff / Arrival Time	86.4%	-1.2 pp
KPI 3 – Pre-Planned: At Location in 90m %	91.3%	+0.8 pp
KPI 4 – Short Notice: At Location in 120m %	84.8%	-3.5 pp

3.5.3 The drivers and actions to improve are as follows:

- **Demand** averaged 1,964 journeys per day in August, 14.3% below plan. Activity was below trajectory across all areas: South Yorkshire by 18.7%, Humber and North Yorkshire by 11.6%, and West Yorkshire by 14.5%. Although overall demand was lower than expected, the proportion of more complex, higher-mobility journeys has increased.
- **Patients per vehicle (PPV)** remained at 1.36 for the third consecutive month, below the August operating plan target of 1.40. Performance is being closely monitored following the introduction of the revised eligibility criteria, with a continued focus on maximising the efficiency of Trust vehicles and delivering the planned savings.

- **Workforce position** was slightly above plan in August and is still forecast to break even against operating plan forecast at year end.

PTS											
AUGUST 2026						YEAR END FORECAST @ 8/9/26					
TOTAL FTE			SUBSTANTIVE FTE		OVERTIME FTE	TOTAL FTE			SUBSTANTIVE FTE		OVERTIME FTE
OPERATING PLAN	ACTUAL	FTE Variance against this month's Plan		Variance against this month's Plan		OPERATING PLAN	FORECAST	FTE Variance against Year End Plan		Variance against Year End Plan	
		No	%					No	%		
465	469	4	0.9	+1.9	-9.3	465	465	0	0.0	+0.3	-5.4

3.5.4 **Call answering** performance (within 180 seconds) was down from 99.6% in July to 97.2% in August but compares favourably against 84.6% in August 2025, demonstrating sustained improvement in service responsiveness.

3.5.5 People Measures

- **Appraisal** compliance increased slightly to 87.3% in August but remained below the 90% target by 2.7 percentage points.
- **Sickness** remained unchanged on the previous month at 8.8%, which is 2.6pp worse than the August operating plan trajectory. Support measures remain in place, and work is underway to identify suitable alternative duties for PTS staff.

3.5.6 **PTS Budget** position is £260k underspent at month 5.

4 FINANCIAL IMPLICATIONS

4.1 Overall, operational budgets are £1.79m underspent against plan at month 5 but remain forecast at break even for the year.

4.2 Productivity and Efficiency Implications

4.2.1 Analysis of operational performance identifies three key measures with the greatest impact on Category 2 response times, which have therefore been adopted as business plan improvement targets for 2026/27 (figures are a 12 month average):

- **Hear and Treat (target 15.4%)**
- **Crew Clear (19:05)**
- **Total Sickness (6.7%).**

Modelling indicates that a **1 percentage point improvement in Hear and Treat** is associated with an estimated **30 second improvement in Category 2 response times**, while a **0.5 percentage point reduction in sickness absence** is associated with a **23 second improvement**. Similarly, a **five per cent reduction in handover-to-clear time (approximately one minute)** is estimated to improve Category 2 performance by **22 seconds**. These relationships have informed the Trust's improvement priorities and support a focused approach to delivering the operational benefits required to achieve performance targets. Work is underway to estimate the productivity and efficiency implications these will have depending on current performance and year end forecasts.

Had trajectory been achieved on the above measures in August then the potential Category 2 improvements are shown below.

Measure	Trajectory	Actual	Difference	Potential cat 2 improvement
Hear & Treat	13.7%	13.2%	+0.5pp	15 seconds
Sickness	6.6%	7.7%	+1.1pp	51 seconds
Crew Clear time	19:00	22:18	03:18	01:13

**Potential improvements are an estimate and assume other factors that impact performance such as demand and hospital handover remain within plan. The figures in this table are monthly counts and not 12-month averages.*

- 4.2.2 Early benefits are being observed through increased Specialist Paramedic clinical triage activity and improved utilisation of EOC clinical capacity, supporting the Trust's ambition to increase Hear and Treat and reduce avoidable conveyance. Progress with the Common CAD implementation has also established key foundations for future service integration and efficiency gains. However, several major productivity initiatives, including resource-to-demand alignment and Crew Line enhancement, remain at an early stage or are experiencing delivery challenges, and therefore material operational and financial benefits have not yet been fully realised. Continued focus on delivery, governance approvals and implementation will be required to translate current development activity into sustainable improvements in productivity, operational performance and patient outcomes.
- 4.2.3 The latest NHS Oversight Framework benchmarking (Q4 2024-25) demonstrates that Yorkshire Ambulance Service remains one of the strongest performing ambulance trusts nationally, achieving a first-place ranking in the most recently published assessment. Performance is supported by strong staff survey outcomes, positive patient safety indicators, favourable Category 2 response times relative to the national average, and a stable financial position. Continued attention is required to reduce sickness absence and improve ED conveyance performance to protect and sustain the Trust's overall NOF position. Appendices Tables 3 and 4 outline how the trust is performing and how this compares to other trusts.

5 EQUALITY IMPLICATIONS

- 5.1 The Trust is committed to ensuring that performance improvement actions arising from this report are developed and implemented in a way that promotes equality, diversity and inclusion and does not adversely affect any protected group. Equality considerations form part of the Trust's wider Performance Management Framework and assurance processes, supporting the delivery of high-quality patient care across all service lines. Equality Impact Assessments (EIAs) have been undertaken, where required, for relevant programmes and improvement initiatives, and further EIAs will continue to be completed and reviewed as part of the ongoing monitoring, assurance and decision-making process to identify, assess and mitigate any potential equality impacts.

6 QUALITY IMPLICATIONS

- 6.1 The Trust is committed to ensuring that operational performance improvement actions support the delivery of safe, effective and patient-centred care. Quality considerations are embedded within the Performance Management Framework and form an integral part of the monitoring, assurance and decision-making process. Quality Impact Assessments (QIAs) have been undertaken, where required, for relevant service changes, programmes and improvement initiatives to identify and mitigate any potential impact on patient safety, clinical effectiveness and patient experience. Further QIAs will continue to be completed and reviewed as part of

ongoing performance monitoring and assurance arrangements, ensuring that service improvements deliver sustainable benefits while maintaining the highest standards of care

7 RISKS

- 7.1 The **principal risks** emerging from operational performance continue to relate to delivery of the Category 2 response time target, driven by persistent hospital handover and crew clear delays, workforce pressures and sickness absence above planned levels. EOC call answering performance also remains a risk due to workforce capacity constraints and recruitment shortfalls, while increasing demand and staffing pressures within IUC continue to affect call answering performance and clinical responsiveness. Collectively, these issues present a risk to service resilience, operational performance and the Trust's ability to deliver planned improvement trajectories. These risks are aligned to CRR 612 Hospital Handover Delays, CRR 433 EOC Call Handling Workforce Capacity, CRR 362 Sickness Absence, and CRRs 603 and 627 relating to Operational Performance and Operational Demand.
- 7.2 **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.

8 RECOMMENDATION

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

APPENDIX 1 – WORKFORCE PERFORMANCE TRAJECTORIES

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

OPERATIONAL SERVICE AREA	AUGUST 2026						YEAR END FORECAST @ 9/9/26					
	TOTAL FTE			SUBSTANTIVE FTE		OVERTIME FTE	TOTAL FTE			SUBSTANTIVE FTE		OVERTIME FTE
	OPERATING PLAN	ACTUAL	FTE Variance against this month's Plan		Variance against this month's Plan		OPERATING PLAN	FORECAST	FTE Variance against Year End Plan		Variance against Year End Plan	
			No	%	%	%			No	%	%	%
A&E Operations	3,388	3,440	52	1.5	+1.4	+5.8	3,403	3,424	21	0.6	+1.3	-25.4
EOC Call Handling	261	261	0	0.0	-1.1	+31.1	264	263	-1	-0.4	-1.7	+54.1
EOC Despatch	139	133	-6	-4.5	-5.3	+38.1	139	133	-6	-4.5	-3.0	-10.6
EOC Clinical	164	149	-15	-10.1	-8.4	-5.3	167	163	-4	-2.5	-2.5	0.0
IUC HA	405	395	-10	-2.5	-2.6	-27.6	424	411	-13	-3.2	-2.8	
IUC CA	116	118	2	1.7	+0.9	+60.0	125	122	-3	-2.5	-1.7	-14.3
PTS	465	469	4	0.9	+1.9	-9.3	465	465	0	0.0	+0.3	-5.4
Total	4,938	4,965	27	0.5			4,987	4,981	-6	-0.1		

Source: Trajectory Report, YAS BI Portal, data 9/9/26

**TABLE 2: KEY METRICS – ANNUAL BUSINESS PLAN 2026/27
AUGUST 2026**

		ACTUAL					FORECAST									
Metric	BASELINE (25/26 YE ave)	Apr-26	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-26	Feb	Mar	26/27 YE Forecast	YE Operating Plan	YE BP Target
STRATEGIC PRIORITY 1 – RIGHT RESPONSE: Increase Hear and Treat and reduce ED Conveyance																
Hear & Treat %	13.4%	12.1%	13.1%	14.0%	13.8%	13.2%	14.8%	15.4%	16.8%	16.6%	19.7%	20.3%	20.3%	15.9%	15.5%	15.4%
ED Conveyance Rate	52.8%	53.4%	52.3%	51.8%	51.3%	51.0%										51.5%
Conveyance Rate		60.3%	59.0%	58.5%	57.9%	57.7%	58.6%	58.2%	57.2%	57.4%	55.0%	54.5%	54.6%	57.4%	58.3%	
Average Daily Responses at Scene	2,157	2,159	2,173	2,172	2,158	2,107	2,078	2,139	2,168	2,301	2,140	2,072	2,042	2,142	2,180	
STRATEGIC PRIORITY 2 – IMPROVE OPERATIONAL PRODUTIVITY & PERFORMANCE: Improve Performance including Category 2																
Average Daily Calls Offered	3,086	2,918	3,077	3,145	3,191	3,087	3,079	3,104	3,382	3,418	3,182	3,095	3,219	3,158	3,216	
Category 2 Mean Response Time	00:26:14	00:22:27	00:23:57	00:25:29	00:24:41	00:24:27	00:25:23	00:26:35	00:26:45	00:25:21	00:21:56	00:27:31	00:28:53	00:25:17	00:24:44	00:24:44
Handover to Clear	00:21:53	00:22:11	00:22:04	00:22:13	00:22:49	00:22:18	00:22:25	00:22:25	00:22:25	00:22:25	00:22:25	00:22:25	00:22:25	00:22:25	00:19:03	00:19:05
Arrive to Handover	00:19:14	00:17:28	00:17:57	00:18:01	00:18:33	00:17:59	00:18:09	00:18:04	00:20:10	00:21:13	00:20:58	00:19:45	00:18:44	00:18:56	00:19:23	
Vehicle Availability: DCA	80.2%	81.8%	79.6%	81.6%	82.7%	79.6%										
IUC Not Ready Reason Codes – Health Advisor	28.0%	24.8%	23.1%	26.2%	27.8%	28.6%	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%	29.0%	28.0%	28.0%	
IUC Clinical Call Backs in 1 hour	41.3%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC		
PTS KPI 1 deliver journey times less than 120 mins	97.1%	96.8%	97.4%	97.2%	96.9%	96.8%								97.1%	91.3%	
PTS KPI 3 deliver pre planned pick up within 90 mins	89.5%	91.7%	92.0%	91.8%	90.2%	91.3%								91.4%	90.5%	
PTS KPI 4 Deliver short notice pick up within 120 mins	80.1%	84.9%	84.0%	84.2%	81.8%	84.8%								83.9%	88.3%	
PTS patients per vehicle	1.38	1.37	1.37	1.36	1.36	1.36	1.39	1.37	1.41	1.44	1.39	1.41	1.43	1.36	1.36	
PTS Call Handling - answered in 180 seconds	88.0%	88.0%	96.0%	98.8%	99.6%	97.2%									90%	
STRATEGIC PRIORITY 3 – SUPPORT OUR PEOPLE: Reduce Sickness																
Sickness (Total)	7.6%	7.6%	7.2%	7.7%	7.8%	7.7%	6.3%	6.6%	7.2%	8.8%	8.3%	7.7%	7.6%	7.6%	7.1%	7.1%
Sickness - A&E	7.2%	7.4%	7.1%	7.2%	7.4%	7.1%	5.8%	5.9%	6.6%	8.2%	8.0%	7.2%	7.2%	7.2%	7.2%	
Sickness - EOC	7.9%	8.8%	8.5%	9.3%	9.2%	8.9%	6.0%	7.0%	7.3%	10.0%	9.6%	8.6%	9.1%	9.0%	7.5%	
Sickness - IUC	12.7%	12.0%	11.2%	11.6%	13.2%	13.0%	11.6%	10.4%	12.1%	15.9%	14.0%	13.8%	13.1%	12.3%	12.2%	
Sickness - PTS	8.0%	8.6%	7.7%	8.9%	8.8%	8.8%	6.7%	8.5%	8.0%	9.4%	7.9%	7.9%	8.7%	8.6%	7.5%	
Long Term Sickness (%)	4.21%	4.76%	4.40%	4.53%	4.68%	4.41%										3.96%
Short Term Sickness (%)	3.3%	2.83%	2.85%	3.16%	3.16%	3.25%										3.05%

Source: Yorkshire Ambulance Service BI Portal. All business plan performance metrics were extracted on 9 September 2026 and represent the latest available position at the time of reporting.

Data is subject to routine validation through the Trust's performance management framework

TABLE 3: NHS OVERSIGHT FRAMEWORK METRICS TABLE – Q4 2025/26

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

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

Domain	Sub-domain	Metric description	Release Frequency	Metric Value	Q4 2025/26					
					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	6.1	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 12 2025/26	0.54	0.59	-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 ↑	1.00	1

Source: [NHS England](#), 11/06/26

TABLE 4: NHS OVERSIGHT FRAMEWORK – AMBULANCE TRUSTS LEAGUE TABLE - Q4 2025/26

These are the aggregated metric rankings (AMR) for ambulance trusts, which form part of the NHS oversight framework segmentation and performance dashboard.

Results for Q4 2025/26 show that Yorkshire Ambulance Service is placed 1 out of 10 which is up from 2nd place in Q3. Trusts are ranked first on their segment and then their average score within that segment.

Trust	Average score	Segment	Trust in financial deficit?	Rank	Likely range of rank	Previous quarter's rank
Yorkshire Ambulance Service NHS Trust (RX8)	1.79	1	No	1	1 to 8	2
North East Ambulance Service NHS Foundation Trust (RX6)	1.88	1	No	2	1 to 8	5
North West Ambulance Service NHS Trust (RX7)	1.91	1	No	3	1 to 8	1
South East Coast Ambulance Service NHS Foundation Trust (RYD)	2.20	2	No	4	1 to 9	4
West Midlands Ambulance Service University NHS Foundation Trust (RYA)	2.20	2	No	4	1 to 9	6
London Ambulance Service NHS Trust (RRU)	2.37	3	No	6	2 to 9	7
East Midlands Ambulance Service NHS Trust (RX9)	2.46	3	No	7	2 to 10	3
South Western Ambulance Service NHS Foundation Trust (RYF)	2.52	3	No	8	2 to 10	9
South Central Ambulance Service NHS Foundation Trust (RYE)	2.89	4	Yes	9	5 to 10	8
East of England Ambulance Service NHS Trust (RYC)	3.09	4	No	10	5 to 10	10

Source: [NHS England](#), 11/06/26