Board of Directors (held in Public)
30 January 2025
Agenda Item: 2.1

NHS
Yorkshire
Ambulance Service
NHS Trust

Report Title	Business Plan 2024/25 – Q3 Performance and Assurance Progress Report
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Accountable Director	Carol Weir, Director of Strategy, Planning & Performance
Previous committees/groups	TEG 22 January 2025 Finance & Performance Committee 28.1.25
Recommended action(s)	Assurance
Purpose of the paper	This paper provides a progress update on delivery of the Trust's 2024/25 Business Plan.
Recommendation(s)	It is recommended that Trust Board: • Notes the progress in Q3 on delivery of the Trust business plan priorities for 2024/25. • Understands the impact of workstreams that are off-track and supports the recovery plans to improve progress and delivery of the Trust business plan priorities.

EXECUTIVE SUMMARY

This paper provides a progress update on delivery of the Trust's 2024/25 business plan and planned tracking and reporting arrangements.

Trust Strategy Bold Ambitions Select the most relevant points from the bold ambitions.	Our Patients	Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures.
	Our People	Invest in leadership development to ensure that our people are well supported by their exceptional leaders.
	Our Partners	Work collaboratively with all our partners to achieve better experiences and outcomes for patients, optimising all of our collective skills and valued resources. Deliver the most appropriate response to patients requiring of out-of-hospital care. Work in partnership to maximise the benefit of our collective knowledge, with academic and education partners and be a leading service provider in partnership with the voluntary, community and social enterprise (VCSE) partners.
	Our Planet and Pounds	Use our resources wisely and ensure value for money.
Link to Board Assurance Framework Risks (board and level 2 committees only)		5. Develop and maintain effective emergency preparedness, resilience, and response arrangements. 9. Develop and sustain improvements in leadership and staff training and development.

1. BACKGROUND

- Delivery of the 2024-2029 Trust Strategy is through the Annual Business Plan, which details the in-year priorities against the strategic ambitions and defines the actions that the organisation will take each year to deliver the Strategy and four bold ambitions – Our Patients, Our People, Our Partners, and Our Planet and Pounds.

- The 2024-25 Annual Business Plan outlines key priorities for YAS and commitments to patients, staff and partners for the 2024-25 financial year. The plan delivers on the NHS England (NHSE) Operating Plan 2024-25 and the first year of the YAS Trust Strategy 2024-29, aligned to the three Integrated Care Board Joint Forward Plans, and local Place priorities in the context of system-wide financial challenges, to provide and coordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all YAS patients can have the best possible experience and outcomes through great care, great people and great partners.

- Performance is monitored through the Performance Improvement process tracking the identified workstream metrics and milestones, as detailed in the four Board approved business plan mandates (aligned to Our Patients, Our People, Our Partners and Our Planet and Pounds) which have been co-produced with the SROs and Executive Directors. Together these deliver the nine priorities. The mandates ensure delivery of the stated objectives and track progress, enabling mitigations to be identified at an early stage to ensure targets and benefits are realised and maximised.

- The Business Plan is reported quarterly through governance structures to Trust Board, aligned to the Board Assurance Framework to identify and control strategic risks.

2. 2024/25 QUARTER 3 EXCEPTION REPORT

- Due to Trust governance processes and timescales this report reflects the most up to date information available at the time of writing. The data in [Trajectory - Power BI](#) was available up to the end of November. Data for December 2024 is scheduled for release on 8/9th January 2025.

- For Quarter 3 of the 34 workstreams 8 were rated off track **Red,** 14 were rated off-track **Amber** within tolerance, affecting the delivery of 8 of the 9 business plan priorities, and 12 were rated **Green** – on track no issues. The Green / on track workstreams have provided updates but are not detailed within this exception and escalation report.

- The following 'scorecards' provide a quarterly high-level status update against metric performance and milestone delivery of key workstreams. The Q3 update focuses on providing exceptions and recovery plans for each of the priority workstreams from the 2024/25 Business Plan that have reported as being off-track and have anticipated off-track status for Q4.

- Status has been determined by monitoring the priority workstream metrics and milestones through the performance reviews and in collaboration with Senior Responsible Officers and Executive Leads. The status rating criteria is provided through the SRO reports.

- Please note a forecasted position has been provided for the next quarter using the same status rating to indicate direction of travel. This is to provide assurance on progress and identify areas that may require additional focus and support to ensure delivery as planned.

- Exceptions and recovery plans are subject to wider discussions supported by the PMO team and performance review process.

NB
***Green**= On track no issues, **Amber**= Off Track within tolerance and actions in place to recover **Red**= Off track by more than 2 months and actions in place will likely not deliver the year-end target.

2.1 Key exceptions focus

- As detailed above there are a total of 22 workstream that are either off track **Red** (8) or off track within tolerance **Amber** (14). However, these off track workstreams have varying levels of impact on delivery of Trust priorities. Therefore, those that most significantly impact either frontline performance or Trust finances, where actions may be possible in year to improve the current position/forecast, are detailed below.

Whilst still important, all other exceptions can be found in section 2.2 under their relevant priority, detailing those that are Red first.

Priority 1: Improve Response

Crew Clear (1.6) – Exec: Nick Smith

Crew clear was 24 minutes 3 seconds, which is 6 minutes 56 seconds above trajectory. Non-recurrent funding is being used in North to provide additional Team Leaders to support at York ED with a focus on improving both handover and crew clear, supported by the QI team. However, REAP 4 and Winter pressures towards the end of Q3 have prevented work progressing as planned and halted further tests of change.

Plans for improvement are being developed and implemented based on learning from successful work at EMAS, some aspects, particularly in relation to pre alerting crews approaching 15 minutes, are still being worked through and agreed. PDSA tests of change in West Yorkshire commenced in Q3 with alerts being made to crews with long crew clear times. Auto alert software is being considered but will require capital funding. PMO support has been agreed due to the complexity and scale of work across the trust, particularly scale of the change required, staff engagement and buy-in.

An improved position and progress on crew clear is forecast for Q4 / year end.

Maximising on shift availability (1.3) – Exec: Nick Smith

Delivery of on shift availability is interdependent with other priorities and delivery has been impacted where benefits of these other actions have not materialised. Demand, system pressures, higher sickness absence and some fleet availability issues, especially run-back overlaps resulting in loss of capacity/availability, all have impacted on delivery of improvements planned. Plans to address each of these are detailed in the relevant priority below, despite this the current position is forecast for Q4 / year end.

Priority 5: Improving Health, Wellbeing and Safety

Reduce Sickness Absence, including improving PDR/appraisal compliance and delivery of the annual Health and Wellbeing Plan (5.1) – Exec: Amanda Wilcock

Sickness absence continues to increase (7.5% in November against plan of 5.9%) and is expected to remain above plan during the winter months with sharp increases in cold and flu, with winter pressures impacting ability to support compliance and engagement. There is ongoing local engagement activity ensuring better utilisation of reasonable adjustments where possible and Empactis call back compliance.

Work reviewing the day one absence management system continues with several options being explored. The existing contract is in place until 7th Aug 2025, with an option to extend for further two years. Options to use absence recording via managers rather than an automated system are being considered as this is more person-centric and likely to support improvements in absence management.

The current position on sickness absence is not expected to improve for Q4 / year end despite best efforts.

Priority 7: Partnership Working to Improve Response

Arrival to Handover (7.1) – Exec: Nick Smith

Arrive to handover fell to 30 minutes and 56 seconds against a plan of 26 minutes 11 seconds in November. HNY is particularly challenged with handover reaching 45 minutes 13 seconds. Hospital handover impacts on crew availability and therefore performance and response to patients, impacting on care.

The transfer of Care SOP has been approved by the Trust, implementation commenced at Hull Royal on the 18th December which has seen positive results with average handover falling from 75 mins to 40 mins. Discussions have started with Northern General, Pinderfields and York Trust for wider roll out. Winter pressures schemes to support Cat 2 delivery and reduce handover delays remain in place across all areas. These include, Cohorting, Halos and patient flow nurses. Transfer of care remains a priority in 25/26 focused on the roll out of the process piloted at Hull Royal. Escalations and recovery plans are detailed in Appendix 7.

The current position will improve but not below targeted levels for 24/25 and will therefore remain at red in Q4

Priority 8: Effective use of Resources, Efficiencies and Value for Money

Organisational Efficiency (8.1) – Exec: Kathryn Vause

Most likely forecast at month 9 is £3.5m deficit if corrective action is not taken (worst case £4.8m). The forecast is based on assumption that the £1.1m NHSE income for Cat 2 perf will not be received, and increased demand for PTS in HNY will not be funded. The Trust continue to explore all options to achieve a break-even position with ICB partners. Vacancy Factor - YTD £4.89m, Forecast Outturn (FCOT) £6.51m, both 'on plan'. The Trust is reporting full achievement of the vacancy factor, although there is significant variation across directorate positions - pay overspends in A&E, PTS, 111 and Fleet being offset by underspends in EOC, Central and Support services. Achievement of non-pay efficiencies is variable: the fleet insurance rebate is higher than previously forecast. Confirmed rebate at M8 is £1.16m, hence the forecast has been increased to £1.5m (original plan £1m). Interest receivable has deteriorated due to lower average cash balances as a result of the pay award timing and receipt of income from ICBs to cover it. Telematics installation has now commenced but will not generate savings in-year. Procurement are on-track to deliver on savings identified mid-year. A&E sickness reduction FCOT 50% achievement and Hear & Treat increase is on plan. (more detail is provided in the Financial Performance Report).

The aim of further focussed efforts is to improve the position for Q4 / year end.

2.2 Q3 Business Plan Exceptions

24/25 BUSINESS PLAN SCORECARD: OUR PATIENTS

Priority 1: Improve Response including Category 2:

<table>
<tr><td>YAS will improve ambulance and 999 and 111 call response times, particularly Category 2 ambulance response, by strengthening staffing and vehicle availability and deployment, by working intensively with acute partners to reduce Emergency Department (ED) handover times and by strengthening collaboration with Place partners to deliver more care remotely, in people's own homes and closer to home, utilising analysis of clinical and population health data, so that only where it is the best option for the patient are they conveyed to ED.</td><td>

Manage Demand:
- Increase Hear and Treat rates
- Appropriate management of Health Care Professional calls
- Reduce avoidable conveyance rates

Manage Capacity:
- Maximise on shift availability
- Optimise use of Community First Responders
- Optimise appropriate deployment of Specialist Paramedics for Urgent Care

Maximise Efficiency
- Reduce crew clear times
- Improve productivity around meal break management
- Improve efficiency by reducing appropriately, on scene times
- Improve category 2 response, by developing a future operating model
- Agree to implement/commence the migration from AMPDS to NHS Pathways
</td></tr>
</table>

Workstream		Q1			Q2			Q3			Q4 FORECAST		
		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
1.1	Manage demand by increasing Hear & Treat rates	ON	ON	ON	ON	ON	W/T	ON	ON	W/T	ON	ON	W/T
1.2	Appropriate management of Health Care Professional (HCP) calls	ON	ON	ON	ON	ON	ON	ON	W/T	W/T	ON	W/T	W/T
1.3	Increase capacity by maximising on shift availability	ON	ON	ON	ON	W/T	W/T	ON	W/T	W/T	ON	W/T	W/T
1.4	Increase capacity by optimising use of Community First Responders (CFRs)	ON	OFF	ON	ON	W/T	W/T	ON	W/T	W/T	ON	W/T	W/T
1.5	Increase productivity of Specialist Paramedics for Urgent Care (SPUCs)	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON
1.6	Improve Crew Clear Efficiency	ON	ON	OFF	ON	ON	OFF	ON	W/T	OFF	ON	W/T	W/T
1.7	Improve productivity around meal break management.	ON	ON	ON	OFF	OFF	ON	OFF	OFF	ON	OFF	OFF	ON
1.8	Improve efficiency by reducing on scene times appropriately	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON
1.9	Develop the future operating model	ON	ON	ON	ON	W/T	ON	ON	W/T	ON	ON	W/T	ON
1.10	Implement the migration from AMPDS to NHS Pathways	ON	ON	ON	ON	W/T	W/T	ON	ON	ON	ON	ON	ON

<u>Category 2 performance</u>

Category 2 mean response time decreased from 38 minutes and 27 seconds in October to 37 minutes and 17 seconds in November. This is 3 minutes 14 seconds above planned Operating Plan trajectory of 34 minutes and 3 seconds. This gives a year end forecast position of 32 minutes 54 seconds against a plan of 29 minutes 27 seconds. Plans are in place and continue to be developed to improve response times – see recovery plans in the exceptions Appendices. Demand was down slightly by 0.7% over the month of November which was a 2.8% above forecast.

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

Crew Clear (1.6) – Exec: Nick Smith
See exceptions detailed above (Section 2.1)

Meal Break Management (1.7) – Exec: Nick Smith

Activity for Q3 was focused on reviewing the current position. Data for Q3 indicates that meal break compliance was above plan at 59% against a target of 50% which is significantly higher than 23/24 performance at 42%. Stakeholder engagement and development of the new meal break policy that was planned for Q3 will commence in Q4. As compliance is above plan the impact on Trust finances and performance has been reduced. Further improvement is only likely in 25/26 when options for improvement are reviewed and implemented. The workstream is forecast to be off plan at year end, but a key priority the 2025-26 Business Plan.

Hear and Treat (1.1) – Exec: Nick Smith

The number of Hear and Treats continues to increase reaching a rate of 16.4% but is 1.6pp below trajectory of 18.0%. Going forward targets for H&T will be set by volume of call as well as a percentage of calls so we can clearly monitor improvements in H&T. The actions being taken to improve Heat & Treat are outlined in Appendix 1 below and will continue to be a focus in the 25/26 Business Plan.

Reducing HCP Calls (1.2) – Exec: Nick Smith

The agreed milestones were to develop and implement plans from Q3 therefore only one full quarter of delivery which would have been unlikely to deliver the targeted 1% improvement for 24/25. Current levels are 0.2% lower YTD than last year. The targeted improvement was not built into forecasted category 2 response times so is not adversely affecting performance vs trajectory. Work is ongoing to develop and implement the improvement actions as planned.

Maximising on shift availability (1.3) – Exec: Nick Smith

See exceptions detailed above (Section 2.1).

Optimising use of Community First Responders (CFRs) (1.4) – Exec: Nick Smith

The overall contribution of CFRs to category 1 performance was 8 seconds in November which was up from 7 seconds the previous quarter against a year-end target of 10 seconds. There were 15,989 CFR hours available in November against a year-end plan to achieve 20,000 hours. Area plans are being implemented in all geographical areas to increase the number of hours with a focus on maximising hours from existing volunteers and recruitment of new volunteers, leading to improvement. The move of Volunteer Statutory and Mandatory training to YAS 247 platform in December 2024 will increase the number of active volunteers. Escalations and recovery plans are outlined in Appendix 1 below.

Develop the Future Operating Model (1.9) – Exec: Nick Smith

Delivery milestones are currently off track but within tolerances. The focus and scope of this workstream was reviewed at TEG and will become focussed on the Trust's clinical response model which will be one of the business plan priorities for 25/26.

Appendix 1 sets out exceptions and recovery plans for Priority 1 which have indicated off-track status for Q3 and forecast Q4 off-track.

24/25 BUSINESS PLAN SCORECARD: <u>OUR PATIENTS</u>

Priority 2) Strengthen Quality and Safety:

YAS will improve **quality and safety** through strengthening Quality Governance (including complaint handling) and medicines management, embedding the Patient Safety Incident Response Framework (PSIRF), implementing Clinical Supervision for all front-line staff, and evolving Quality Improvement (QI) to embed it culturally across the Trust.	➢ Reduce the number of patient incidents through implementing the Patient Safety Incident Response Framework (PSIRF) ➢ Embed Quality Improvement Training ➢ Embed Clinical Supervision ➢ Improve Medicines Governance

	Workstream	Q1			Q2			Q3			Q4 FORECAST		
		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
2.1	Embed the Patient Safety Incident Response Framework (PSIRF)	ON	ON	OFF	ON	OFF W/T	OFF W/T	ON	OFF W/T	ON	ON	ON	ON
2.2	Systematically use quality improvement to deliver key priorities across the Trust as sighted in NHSE priorities for 2024/25, by building QI capability and capacity throughout the Trust.	ON	ON	ON	ON	ON	OFF W/T	ON	ON	OFF W/T	ON	ON	OFF W/T
2.3	Implement Clinical Supervision for all front-line staff.	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON
2.4	Improve Medicines Governance	ON	OFF	ON	ON	OFF	OFF	ON	ON	OFF W/T	ON	ON	ON

PSIRF (2.1) - Exec: Dave Green

Monitoring and reporting of the 4 local PSIRF themes to Patient Safety Learning Group includes:
- fallen or injured in our care
- on scene decision making incidents
- 999 telephony issues
- 111 telephony issues

Milestone delivery is on track and the four local themes are now progressing well with interventions being tested and developed with staff.

There is a small reduction in the number of patient falls whilst in our care that have been reported for Q3 and this is in line with the 5% reduction target.

On scene decision making has remained static with no improvement seen yet.

EOC is reporting lower levels of call handling issues, with ineffective breathing issues being noted as minimal during Q3. This is positive progress on an ongoing issue, achieving the 5% reduction for 999 telephony issues.

IUC telephony issues have reduced in Q2 and Q3 and again there is the potential to meet the 5% reduction on reported incidents of this nature.

Recruitment for the PSIRF teams both centrally and locally will be completed in Q4. Although this workstream reported off-track delivery for Q3 this is expected to be back on track in Q4 with vacant posts being filled and new processes being embedded.

QI (2.2) – Exec: Dave Green

To date 736 staff have undertaken Introduction to QI Training. The decision by non-clinical PGB not to make the training mandatory will impact on the 1,750 year-end target being met. The QI team will now focus on delivery of the most impactful training of QI foundations and QI leaders. See 2.2 in Appendix 2 for an outline of exceptions and recovery plans.

Medicines Governance (2.4) – Exec: Dave Green

The medicines governance workstream was off track in Q3 due to one metric relating to a policy on ESR (Clinician's signed declaration on ESR for Medicines Optimisation Policy). Awaiting upload onto ESR and if this is completed, scheduled to be back on track for Q4. Good progress is being made against the other metrics, and milestones are on track. Out of date medicines incidents on track. CD app usage continues to be consistent, paper documentation removed from Castleford and South Kirkby with excellent compliance and usage of app. Good engagement from staff, and roll out plan in place with core development group set up with senior ops, TOR approved and blueprint for roll out complete.

Forecast for year-end is on track to achieve.

Appendix 2 sets out exceptions and recovery plans for Priority 2 which have indicated off-track status for Q3 and forecast Q4 off-track.

24/25 BUSINESS PLAN SCORECARD: <u>OUR PATIENTS</u>
Priority 3: Deliver Integrated Clinical Assessment

3) Deliver Integrated Clinical Assessment: YAS will invest further in developing **integrated clinical assessment** across 999 and 111, streamlining triage and care navigation processes to ensure patients get the most appropriate care at the earliest point in their journey. YAS will deliver this by aligning systems, expanding multi-disciplinary clinical capacity and support for clinical staff, and working closely with each of our 15 Places to develop consistent pathways into Place-based care coordination services.	➢ Develop an Integrated Clinical Assessment Service

		Q1			Q2			Q3			Q4 FORECAST		
Workstream		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
3.1	Develop an integrated clinical assessment service across 999 and 111	ON	ON	ON	ON	ON	ON	ON	OFF	OFF	ON	OFF	OFF

Integrated Clinical Assessment Service (3.1) – Exec: Nick Smith

Revised plans for ICAS have been developed due to NHS pathways implementation prioritisation. Work could not commence on the original plan while also implementing NHS Pathways in EOC. The draft proposal is to develop the CAD in IUC to prepare for the joint clinical queue post Pathways 'go live' in EOC. This will allow for swifter progress upon completion of Pathways work. This requires capital investment which is awaiting approval in Q4 to allow work to progress for the 25/26 plan. Escalations and recovery plans are outlined in Appendix 3 below. Due NHS Pathways implementation and the accepted revised plans the forecast year end position is that we will not achieve what was planned in 24/25, however positive progress will be made in 25/26.

Appendix 3 sets out exceptions and recovery plans for Priority 3 which have indicated off-track status for Q3 and forecast Q4 off-track.

Priority 4) Deliver Workforce Plans

YAS will strengthen the **workforce** within existing establishments, through improvements in recruitment, retention, training, staff support and sickness management across EOC, 999, 111 and PTS, with a particular focus on implementing the IUC change programme and the EOC change programme.	➢ Achieve the Workforce Plan (Recruitment & Retention) ➢ Implement International recruitment for clinicians in IUC ➢ Implement IUC and EOC Improvement Programmes ➢ Implement Training Plans

	Workstream	Q1			Q2			Q3			Q4 FORECAST		
		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
4.1	Deliver the agreed workforce plan of 3,306 FTE across A&E Operations through delivery of recruitment and management of overtime.	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON
4.2	Deliver the agreed workforce plan of 247 FTE EMDs, 147 FTE Dispatch and 106 FTE clinical hub across EOC through delivery of recruitment and management of overtime.	ON	ON	ON	ON	ON	ON	W/T	W/T	W/T	W/T	W/T	W/T
4.3	Deliver the agreed workforce plan of 276 FTE Health Advisors and 90 FTE Clinical Advisors across 111 through delivery of recruitment and management of overtime.	OFF	ON	ON	ON	W/T	ON	W/T	ON	ON	W/T	ON	ON
4.4	Deliver the agreed workforce plan of 471 FTE across PTS through delivery of recruitment and management of overtime.	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON
4.5	Recruit 16 international nurses in four cohorts across 2024/25 for Senior Clinical Advisor roles in 111.	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON
4.6	Implement IUC change programme.	ON	ON	ON	ON	OFF	OFF	ON	W/T	W/T	ON	W/T	W/T
4.7	Implement EOC change programme.	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON
4.8	Deliver the Training Plan.	OFF	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON

EOC (4.2) – Exec: Nick Smith

EMD recruitment is behind plan by 35 FTE, with a forecast year end position of 24 FTE behind plan. However, performance has remained stable. Attrition was higher than plan in Q3 and capacity to recruit in Q4 is limited due to NHS Pathways training. To mitigate this IUC will recruit an additional 15 FTE per month through Q4 for the EOC to address the shortfall. This plan demonstrates positive progress towards integrated working in Remote Patient Care.

Clinical Recruitment is on track with 41 FTE recruited against a plan of 40 and overall FTE is 2 behind plan at 56 FTE.

IUC (4.3) - Exec: Nick Smith

Health Advisor Recruitment is above plan with 148 substantive FTE recruited against a plan of 112 FTE with overall FTE in post 22 above plan at 409 FTE. Agency recruitment has ceased which should improve retention as agency turnover is higher than substantive. While a break-even year-end position will not be achieved in IUC due to staffing overspend it will deliver the planned overspend of c. £500k (as per option 1) agreed and implemented to reduce staffing spend in Q3 and Q4.

IUC Case for Change (4.6) - Exec: Nick Smith

Several workstream milestones have slipped but the core are now complete. The reduction in not ready reason codes (NRRCs) did not achieve its Q3 target with 29.8% recorded in November 2024 against the 25% Operating Plan target, however, the trajectory is improving.

Health Advisor Retention is above target at 32.4% which is 14pp above plan for Q3. The highest turnover was seen in agency staffing, with agency recruitment ceasing in Q3 and agency staffing reducing this should improve turnover.

Full benefits from IUC Case for Change will not be delivered until team-based working can be fully implemented. This is dependent on reaching a point through attrition and recruitment where most staff are on the new rotas so they can be aligned to team leaders.

Appendix 4 sets out exceptions and recovery plans for Priority 3 which have indicated off-track status for Q3 and forecast Q4 off-track.

24/25 BUSINESS PLAN SCORECARD: <u>OUR PEOPLE</u>

Priority 5: Improving Health, Wellbeing and Safety:

YAS will improve the **health, wellbeing and safety** of staff with a particular focus on strengthening Mental Health and Wellbeing support, implementing the Sexual Safety Charter and the deterrence of violence and aggression including funding and extending the continued deployment of body-worn cameras.	➢ Reduce Sickness Absence, including improving PDR/Appraisal Compliance and delivery of the annual Health and Wellbeing Plan ➢ Embed Body Worn Cameras

Workstream		Q1			Q2			Q3			Q4 FORECAST		
		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
5.1	Reduce Sickness Absence, including improving PDR/Appraisal Compliance & delivery of the annual Health & Wellbeing Plan	ON	ON	ON	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5.2	Embed Body Worn Cameras	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON

Reduce Sickness Absence, including improving PDR/appraisal compliance and delivery of the annual Health and Wellbeing Plan (5.1) – Exec: Amanda
See exceptions detailed above (Section 2.1)

Appendix 5 sets out exceptions and recovery plans for Priority 5 Improving Health, Wellbeing and Safety workstreams which have indicated off-track status for Q3 and forecast Q4 off-track

24/25 BUSINESS PLAN SCORECARD: <u>OUR PEOPLE</u>
Priority 6: Culture, Equality, Diversity and Inclusion:

YAS will drive improvements in the **culture** of the organisation by implementing the NHS People Promise and the YAS Together programme, with a particular focus on leadership development, improving **equality, diversity and inclusion**, and creating a more open culture, where staff are well informed and are encouraged and supported to Speak Up	➢ Implement YAS Together aligned to NHS People Promise exemplar ➢ Embed Equality, Diversity and Inclusion

Workstream		Q1			Q2			Q3			Q4 FORECAST		
		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
6.1	Implement YAS Together aligned to NHS People Promise exemplar	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON
6.2	Embed Equality Diversity and Inclusion	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON	ON

No exception or recovery plans required for Priority 6: Culture, Equality, Diversity and Inclusion workstreams as all on track in Q3 and forecast to deliver as planned for 24/25.

24/25 BUSINESS PLAN SCORECARD: <u>OUR PARTNERS</u>

Priority 7: Partnership working to improve response:

YAS will further embed **partnership working** and **system collaboration**, with a particular focus on working with acute partners on handover delays and Place partners on appropriate clinical pathways for patients	➢ Work with system partners to develop and increase access to appropriate alternative pathways
	➢ Work with system partners to support Arrival to Handover
	➢ Embed the Mental Health and Learning Disabilities Programme increasing:
	  ➢ Utilisation of specialist resource
	  ➢ Implement Oliver McGowan training

Workstream		Q1			Q2			Q3			Q4 FORECAST		
		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
7.1	Work with system partners to reduce hospital arrival to handover times	ON	ON	OFF	ON	OFF	OFF	ON	OFF	OFF	ON	OFF	OFF
7.2	Increase, where appropriate pathways and improve utilisation	ON	OFF	ON	ON	W/T	ON	ON	W/T	ON	ON	W/T	ON
7.3	Embed the Mental Health and Learning Disabilities Programme	OFF	ON	ON	OFF	OFF	ON	OFF	OFF	ON	W/T	W/T	ON

Arrival to Handover (7.1) – Exec: Nick Smith

See exceptions detailed above (Section 2.1).

Appropriate Pathways (7.2) – Exec: Nick Smith

The workstream has no metrics identified for improvement in 24/25 with work focussed on delivery of actions to improve access to existing pathways, analysis of pathways use and reporting mechanisms to shape priorities for 25/26. Integrated Care Coordination work is progressing with two new hubs in HNY and additional support assigned to West to set up a pilot. The two outstanding milestones for Q3 to improve reporting mechanisms and Integrated Care Coordination pilot in West will be completed by the end of January. Completion of the pathways' dashboard is targeted for Q4 which will give greater visibility on pathways use, themes and trends. Escalations and recovery plans are detailed in Appendix 7.

Mental Health Programme (7.3) – Exec: Dave Green

The Mental Health programme underspend has increased to £1.35M. The underspend position cannot be recovered as spend is planned on 100% shift fill of the nine Mental Health Response Vehicles (MHRV). The last of these vehicles will become operational in January and 25 of the 30 Specialist Paramedic Mental Health roles are now in post. This will allow for improved shift fill vs plan during February and March. The MHRV underspend does not affect YAS's financial position.

Good progress is being made against metrics with the MHRV attending 17% of mental health calls against the 20% year-end target and DCA attendance reduced to 83% against the 80% target. Alongside this all 10 partners for the Push model have now been onboarded further helping to reduce demand on frontline YAS resources.

App[endix 7 sets out exceptions and recovery plans for Priority 7 workstreams which have indicated off-track status for Q3 and forecast Q4 off-track.

24/25 BUSINESS PLAN SCORECARD: OUR PLANET AND POUNDS

Priority 8: Effective use of Resources, Efficiencies and Value for Money:

YAS will deliver a **balanced break-even financial plan** and drive more effective use of resources, through implementing a structured **productivity and cost improvement** programme.	➢ Maximise Organisational Efficiencies and deliver the Trust wide efficiency target ➢ Implement NEPTS Eligibility

	Workstream	Q1			Q2			Q3			Q4 FORECAST		
		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
8.1	Maximise operational efficiencies to deliver Trust wide efficiency target	OFF	ON	ON	OFF	ON	ON	OFF	OFF	OFF	OFF	OFF	OFF
8.2	Implement Non-Emergency Patient Transport Service (PTS) Eligibility	OFF	OFF	ON	OFF	OFF	ON	OFF	OFF	ON	OFF	OFF	ON

Organisational Efficiency (8.1) – Execs: Kathryn Vause/Marc Thomas
See exceptions detailed above (Section 2.1).

NEPTS Eligibility (8.2) – Exec: Nick Smith
PTS eligibility criteria is off track. ICBs have agreed a go live of April 2025, however discussions are ongoing regarding implementation across all areas from April 25, therefore no benefits will be delivered in year. West and South have both agreed to the national criteria with HNY yet to agree this approach as they are considering some variation regarding rural and coastal communities and health inequalities. Options are going to TEG in January for decision to ensure timely and effective implementation of eligibility - with minimal go-live resource - to deliver 25/26 efficiencies. Some of the scoped roles (appeals and TL support) will be required to be recruited in Q4 to ensure eligibility is effectively applied.

Appendix 8 sets out exceptions and recovery plans for Priority 8 workstreams which have indicated off-track status for Q3 and forecast Q4 off-track.

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Priority 9: Optimising Fleet Availability and Performance:

YAS will strengthen staffing and vehicle availability by investing further in the **ambulance fleet** and fleet management support, increasing the numbers and reducing the average age of vehicles, and reducing environmental impact through telematics systems.

> Implement the Fleet Plan to support availability (reducing VOR) and improve Category 2 performance
> Implement Telematics

	Workstream	Q1			Q2			Q3			Q4 FORECAST		
		Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics	Cost	Milestones	Metrics
9.1	Increase fleet numbers to 512 DCAs and reduce VOR to achieve 82% vehicle availability.	ON	ON	ON	ON	ON	ON	ON	W/T	ON	ON	W/T	ON
9.2	Introduce in-vehicle telematics to the A&E, PTS and Support Service Vehicle Fleet to increase productivity and efficiency and reduce the trust's carbon footprint.	OFF	OFF	ON	OFF	OFF	ON	OFF	OFF	OFF	OFF	OFF	OFF

Telematics (9.2) – Exec: Kathryn Vause

Timescales for implementation of a telematics system have slipped due to unexpected costs uncovered during the tender process. Finance and Performance Committee and Board granted approval to proceed with the project and incur the additional costs. The contract was awarded in December 2024 and project planning and supplier engagement is underway. The savings outlined in the 24/25 delivery plan will not be realised in year and milestones will need to be rescheduled. This will now be a priority focus in the 25/26 business plan.

Fleet (9.1) - – Exec: Kathryn Vause

Two of the three Q3 metrics are on track with the delivery and rollout of new vehicles achieved and vehicle availability above target at 90% in Nov. However, the recruitment trajectory is off-track due to limited availability of skilled candidates with two of the planned eleven recruited to date. A further recruitment drive will commence in Q4 and recovery actions are outlined in Appendix 9 below.

Appendix 9 sets out exceptions and recovery plans for Priority 9 workstreams which have indicated off-track status for Q3 and forecast Q4 off-track.

3. FINANCIAL IMPLICATIONS

Any financial implications are identified for the relevant priorities and associated workstreams within the exception report and reported through the finance updates.

4. RISKS

Key risks have been highlighted within the exception report, these are addressed as part of the monitoring and review process and through the performance process.

5. COMMUNICATION AND INVOLVEMENT

The priorities and deliverable workstreams are reviewed by Senior Responsible Officers and designated Executive Leads. These are monitored and reported through the Performance Review Process, and through agreed Trust governance routes into TEG, Finance and Performance Committee and Trust Board.

6. EQUALITY ANALYSIS

Equality analysis has been undertaken as part of the development of each business plan priority, deliverable workstream and overall Trust Business Plan for 2024/25.

7. PUBLICATION UNDER FREEDOM OF INFORMATION ACT

This paper has been made available under the Freedom of Information Act 2000.

8. NEXT STEPS

The monthly operations and quarterly corporate Performance Review process will continue to monitor the 2024/25 business plan priorities and deliverable workstreams. Identified actions will be supported through this process and team, with TEG and Finance and performance reporting, and escalation where appropriate.

The quarterly business plan exception report, highlighting off-track workstreams and reasons, the recovery actions, support required, and recovery timescales will continue to be provided to the Quality, People and Finance and Performance Committees and the Trust Board for assurance.

9. RECOMMENDATIONS

It is recommended that Trust Board:
1. Notes the progress in Q3 on delivery of the Trust business plan priorities for 2024/25.
2. Understands the impact of workstreams that are off-track and supports the recovery plans for each of the workstreams to improve progress and delivery of the Trust business plan priorities.

10. SUPPORTING INFORMATION

Appendices attached.

APPENDICES

APPENDIX 1 OUR PATIENTS: TO IMPROVE SAFETY AND QUALITY FOR PATIENTS – PRIORITY 1) IMPROVED RESPONSE INCLUDING CAT 2 - ESCALATIONS AND RECOVERY PLANS						
Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
Priority 1) Improved Response including Cat 2						
1.1 Manage demand by increasing Hear and Treat rates.	METRICS – Q3/Q4 Multi-factorial; 1. Reduction in capacity/increased number of referrals rejected into pathways. 2. Workforce/capacity in Q1 & 2. 3. Remote hub/rotational SCA plan not yet agreed.	1. Working with DPO's and partners on ICC models to increase pathway acceptance. 2. Roll out of GP connect to increase clinical productivity. 3. Consultant Paramedic to support the Remote hub/SCA plan. 4. Further recruitment took place in Aug/Sept and training courses for SCA's in January	Q3-4	None	Nick Smith	No
1.2 Reduce the proportion of HCP responses (HT+STR+STC)	TIME & METRICS – Q3/Q4 Capacity and oversight across whole of Ops is a challenge.	Remedial plan discussions to take place at OLG and Heads. Monitoring report not yet complete - awaiting BI team. ACOO/Assoc Medical Director and EOC team set up working group to look at HCP processes. Requires area input.	Q4	TBC	Nick Smith	No
1.3 Increase capacity by maximising on shift availability.	Interdependencies with other BP priorities, Crew Clear, Handover delays, SPUC utilisation with benefits of these not materialising. Demand outstripped capacity, system pressures prevented focus on improvement initiatives to required extent. Higher sickness absence levels. Some fleet availability issues remain, especially run-back overlaps resulting in loss of capacity/availability.	Detailed recovery plans to be produced and shared across each area for mutual support and development. Define and agree metrics and produce data to support and inform improvement.	3-6 months	PMO support to support development of recovery plans in each area and map interdependencies with other key workstreams. BI and analytical support to produce intelligence on opportunities for improvement.	Nick Smith	No
1.4 Increase capacity by optimising use of	TIME & METRICS – Q3/Q4	Maximise the hours available of existing volunteers.	Q4-25/26	None	Nick Smith	No

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
Community First Responders (CFRs).	1) Reduced number of volunteer hours 2) Risks linked to consistent capacity to despatch volunteers to most appropriate jobs. 3) Community resilience team capacity issues.	Recruitment plans in place to increase overall volunteer numbers Work with EOC to improve despatch. Mitigation plans in place to combat capacity issues due to vacancies and sickness absence in the community resilience team, however, benefits will not be delivered until 25/26 due to recruitment delays.				
1.6 Improve Crew Clear efficiency.	TIME & METRICS Q3/ Q4 REAP 4 and winter pressures towards the end of Q3 reduced capacity to progress tests of change Focus of HALO and Team Leader capacity on Handover delays at hospital prevented focus on crew clear	Implement good practice and learning from EMAS, appropriate to YAS, with relevant engagement, communication and support. Improvement Delivery Group cross area and team to be established in Q4 with PMO support. Recovery plan to be developed in each area Ops teams	Q1 25/26	PMO Support	Nick Smith	No
1.7 Improve productivity around meal break management.	COST & TIME – Q3/Q4 Off track due to engagement schedule. 24/25 delivery has focussed on review. Benefits will be delivered when actions are identified so no impact in 24/25.	Policy development and stakeholder engagement will commence in Q4 and workstream identified as priority for 25/26 Business Plan.	25/26	PMO support.	Nick Smith	No
1.9 Develop the future operating model.	TIME – Q3/Q4 Programme governance under review.	New SRO to be identified. Programme and governance to be revised.	September 2025 new deadline agreed with Executive Sponsor	Support in place, more PMO support might be required, being scoped currently, agreed timescales with Executive Sponsor.	Nick Smith	No

APPENDIX 2
OUR PATIENTS: TO IMPROVE SAFETY AND QUALITY FOR PATIENTS – PRIORITY 2 – STRENGTHEN QUALITY AND SAFETY - ESCALATIONS AND RECOVERY PLANS

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
2.1 Embed the Patient Safety Incident Framework (PSIRF)	TIME – Q3/Q4 Q3 patient incident metrics relating to PSIRF themes remain in normal variation, however. there has been some improvement in Q3 in 3 of 4 areas. On scene decision making looks static with less clear signs of improvement as yet, but these are expected to take longer to embed. PSIRF team capacity issues will be resolved in Q4.	IUC & EOC interventions for some elements of call handling have been successful - such as ineffective breathing. Moving and handling interventions and on-scene assessment interventions will take longer to embed and show improvement, but Q3 data is potentially showing improvements.	PSIRF is an ongoing plan under monthly review – capacity issues recruited to by end Q4.	None	Dave Green	No
2.2 Systematically use quality improvement to deliver key priorities across the Trust by building QI capability and capacity.	QUALITY – Q3/Q4 Introduction to QI was not approved as a mandatory requirement at non clinical PGB and consequently will not reach its year-end target.	The recovery action is to continue to increase Introduction to QI numbers but accept the year-end target will remain off-track. This training is not as impactful as QI Foundations and QI Leaders. Focus will remain on progress towards people completing QI Foundation and QI Leaders.	NA	None	Dave Green	No
2.4 Improve Medicines Management	QUALITY – Q3/Q4 Medicines policy submitted to academy in September - due to staff shortage unable to complete action, awaiting upload onto ESR and if this is completed, scheduled to be back on track for Q4.	Escalated and reassurance that will be complete in year	Q4	None	Dr Julian Mark	No

APPENDIX 3
OUR PATIENTS: TO IMPROVE SAFETY AND QUALITY FOR PATIENTS – PRIORITY 3 - DELIVER INTEGRATED CLINICAL ASSESSMENT - ESCALATIONS AND RECOVERY PLANS

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
3.1 Develop an Integrated Clinical Assessment Service across 999 and 111.	TIME & METRICS – Q3/Q4 Awaiting approval for capital/revenue to roll out 25/26 plan.	No recovery actions required as decision was made to delay this work while implementing pathways.	TBC	TEG approval	Nick Smith	No

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
APPENDIX 4: **OUR PEOPLE: TO INVEST IN OUR PEOPLE TO IMPROVE CARE AND SUPPORT DELIVERY – PRIORITY 4 – WORKFORCE PLANS - ESCALATIONS AND RECOVERY PLANS**						
4.2 Deliver the agreed workforce plan of 247 FTE EMDs, 147 FTE Dispatch and 106 FTE clinical hub across EOC through delivery of recruitment and management of overtime.	COST/TIME/METRICS – Q3/Q4 Increased turnover in early Q3 above plan which has since stabilised but reduced capacity to recruit in Q4 due to NHSP project.	Mitigation plan developed using IUC pipeline in Q4 to recruit.	Q1 25/26	None - work undertaken via performance meetings.	Nick Smith	No
4.3 Deliver the agreed workforce plan of 276 FTE Health Advisors and 90 FTE Clinical Advisors across 111 through delivery of recruitment and management of overtime.	COST – Q3/Q4	Reduced OT and end of agency recruitment have improved financial forecast by £1.5M. Incentives not used this financial year.	Q4	Financial recovery plan on track.	Nick Smith	No
4.6 Implement IUC change programme.	TIME & METRICS – Q3/Q4 Several workstreams have overrun but core now complete. NRRC improving.		NA	None	Nick Smith	No

APPENDIX 5:
OUR PEOPLE: TO INVEST IN OUR PEOPLE TO IMPROVE CARE AND SUPPORT DELIVERY – PRIORITY 5 – IMPROVING HEALTH, WELLBEING AND SAFETY - ESCALATIONS AND RECOVERY PLANS

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
5.1 Reduce Trust-wide Sickness Absence by 0.5%.	COST/TIME/METRICS – Q3/Q4 Absence has continued to increase due to a sharp rise in winter bugs, with winter pressures impacting ability to support compliance and engagement.	Will continue with local engagement ensuring better utilisation of reasonable adjustments where possible and Empactis call back compliance.	Unknown for sickness absence	Further work required via OEG sub-group to understand underlying causes supported by development of an action plan.	Mandy Wilcock	YES

APPENDIX 6:
OUR PEOPLE: TO INVEST IN OUR PEOPLE TO IMPROVE CARE AND SUPPORT DELIVERY – PRIORITY 6 – CULTURE, EQUALITY, DIVERSITY AND INCLUSION - ESCALATIONS AND RECOVERY PLANS

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
NONE						

APPENDIX 7:
OUR PARTNERS: TO COLLABORATE WITH OUR PARTNERS TO IMPROVE RESPONSES AND POPULATION HEALTH OUTCOMES – PRIORITY 7) PARTNERSHIP WORKING TO IMPROVE RESPONSE - ESCALATIONS AND RECOVERY PLANS

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
7.1 Work with system partners to support Arrival to Handover	**TIME/METRICS – Q3 / Q4** ED's across the region remain challenged due to levels of demand. The SOP for transfer of care was agreed in Q3 with pilot begging in Hull Royal in in late December.	Transfer of Care implementation commenced at Hull Royal on the 18th Dec which has seen positive results. Plan to roll out across the region discussions started with Northern General, Pindersfields and York Trust. Winter pressure schemes to support Cat 2 delivery and reduce handover delays remain in place across all areas	TBC	To be supported by area teams	Nick Smith	No
7.2 Increase, where appropriate, pathways and improve utilisation	**TIME – Q3/Q4** Slippage on 2 milestones.	Supporting West to prioritise the development of the integrated Care Coordination pilot in January. Continue to support BI to prioritise completing dashboard in January.	Actions to be completed by end of Jan 25.	None	Dr Julian Mark	No
7.3 Embed the Mental Health and Learning Disabilities Programme.	**COST & TIME – Q3/Q4** Underspend has increased to £1.35m. 8 MHRVs are onboarded and the remaining MHRV at Hoyland is to be operationalised in January 2025. The shift fill for the last 3 months is 68%. Cohort 2 recruitment will bring in a further 10 SPMHs taking total to 25 out of 30.	9th MHRV to be introduced in January 2025. Hull MH Professionals will be utilised on the Hull West MHRV as part of a trial.	31/3/25	Agreed to Extend PMO Programme Lead resource – currently set to 30/09/2024 to 31/01/2025.	Dave Green	No

APPENDIX 8:
OUR PLANET AND POUNDS: TO INVEST IN THE INFRASTRUCTURE AND RSOURCES TO IMPROVE THE EFFECTIVENESS OF DIRECT DELIVERY- PRIORITY 8 – EFFECTIVE USE OF RESOURCES, EFFICIENCIES AND VFM - ESCALATIONS AND RECOVERY PLANS

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
Priority 8) YAS will further embed partnership working and system collaboration, with a particular focus on working with acute partners on handover delays and Place partners on appropriate clinical pathways for patients.						
8.1 Maximise Organisational Efficiencies to deliver Trust wide efficiency target	COST/TIME/METRICS – Q3 / Q4 There are a number of drivers for current forecasted overspend areas. • Potentially not receiving £1.1m in NHSE income for Cat 2 performance • Pay overspends in A&E, 111, PTS and Fleet. • Unfunded PTS demand in HNY • New pressures in year	Continue to explore further balance sheet flexibilities. 'Difficult decisions' discussion taken place via ELB - QIA needed for proposed actions. Budget holders are asked to support the Trust position by holding vacancies and committing only essential expenditure. This will be supported by the Workforce Approval Panel, and a new Non pay Expenditure Panel	End of Q4	Remedial action needs to be implemented quickly to realise improvements in forecast before end Q4.	Kathryn Vause	No
8.2 Implement Non-Emergency Patient Transport Service (PTS) Eligibility.	COST & TIME – Q3 / Q4 Go live dates not yet agreed by ICBs. In year funding will not be made available by ICB's to support implementation	YAS to consider options and risk to ensure timely (1st April) and effective implementation of eligibility - with minimal go-live resource - to deliver 25/26 efficiencies. Some of the scoped roles (appeals and TL support) will be required to be recruited in Q4 to ensure eligibility is being effectively applied. This minimal option is likely to result in low quality call handling performance and increased complaints.	TBC depending on TEG decision.	Jan 25 TEG decision. Options paper to be presented to TEG. Risk impact assessment of lower than required / scoped call handlers on effectiveness of implementation and Trust / ICB Eligibility repute.	Nick Smith	No

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
9.1 Increase fleet numbers to 512 DCAs and reduce VOR to achieve 82% vehicle availability.	TIME– Q3 /Q4 Recruitment is off track due to limited number of candidates for mechanic posts with suitable skills and knowledge. Consultation continues with staff for restructure. No Fleet Business Partner posts recruited to delayed consultation completion.	Posts to be readvertised in Q4. Agency mechanics are being used in the interim to fill vacant posts.	Q4	No additional support required.	Kathryn Vause	No
9.2 Introduce in-vehicle telematics to the A&E, PTS and Support Service Vehicle Fleet to increase productivity and efficiency and reduce the trust's carbon footprint.	COST/TIME/METRICS – Q3 /Q4 Failure to meet Finance & Performance Committee and Board approval dates due to an affordability issue with the successful tender – workstream moved to Q1 2025/26.	PID and programme schedule in development. Engagement with supplier underway. Project officer for telematics now in place. Key focus in 25/26 business plan.	Q1 25/26	PMO supporting with PID.	Kathryn Vause	No

Workforce Position – Operations – Based on data available at 5.12.24

	Substantive FTE (year end 23/24)	Substantive FTE (Nov 24)	YTD Growth	Substantive Planned FTE	Variance to plan	Planned Recruitment YTD	Actual Recruitment	Variance	Attrition*
A&E Operations	3,092	3,305	213	3,232	+73	432	401	-31	188
PTS	430	439	7	438	-1	88	54	-34	47
EOC EMD	202	212	10	256	-44	144	109	-35	99
EOC Dispatch	135	128	-7	142	-14	20	10	-10	17
EOC Clinical	48	56	8	58	-2	40	41	1	33
IUC HA	316	409	93	387	+22	112	148	36	55
IUC CA	48	61	13	64	-3	20	27	7	14

All areas exclude overtime and agency
**Attrition is difference between recruitment and growth, includes leavers and movers (promotion, moves to other directorates)