

Report Title	Business Plan 2024/25 – Q4 and full year final Performance and Assurance Report
Author (name and title)	Gavin Austin, Head of Performance and Improvement Catherine Taylor, Strategic Planning Officer
Accountable Director	Carol Weir, Director of Strategy, Planning and Performance
Previous committees/groups	TEG 16 April 2025 Finance and Performance Committee 22 April 2025 Board (in Private) 24 April 2025)
Recommended action(s)	Assurance
Purpose of the paper	This paper provides a progress and year end position on delivery of the Trust's 2024/25 business plan.
Recommendation(s)	It is recommended that Trust Board: <ul style="list-style-type: none"> <li>Notes the progress and position at year end on delivery of the Trust business plan priorities for 2024/25.</li> </ul>

#### Executive Summary

Yorkshire Ambulance Service (YAS) has made good progress in delivering against the 24/25 Business Plan priorities, demonstrating continued commitment, resilience, and adaptability to improving patient responses and experience, operational performance, staff engagement and organisational development, despite high demand and ongoing system pressures.

Across each of the nine business plan priority areas, YAS has either achieved or made tangible progress towards delivering the YAS Strategy four bold ambitions for Our Patients, Our People, Our Partners, and Our Planet and Pounds, despite ongoing operational pressures and system-wide challenges. This report summarises 24/25 performance across key areas, highlighting both achievements and ongoing areas of focus.

### 1. Our Patients: Improving Responses, Care and Experience

YAS is continuing to improve patient care, quality and safety through being a clinically led, patient-centred organisation, prioritising care closer to home and enhanced decision-making at the point of contact to ensure patients receive the right care at the earliest point in their journey. YAS has continued to improve how patients access and experience care:

- More patients than ever received the right care in their own home and closer to home through improved Hear and Treat, access to appropriate pathways and services and reduced inappropriate conveyance.
- While 999 response performance remains challenged due to increased demand and handover delays, alternative care pathways and urgent care integration activities have delivered more appropriate responses for patients at the earliest point.
- Clinical leadership has been strengthened, with a clearer focus on clinical supervision, quality improvement and continuous learning and improvement.

### 2. Our People: Supporting and Developing Our Workforce

YAS is continuing to be a values-driven, inclusive, supportive, and resilient employer, supporting staff health, safety and wellbeing, aligned with NHS People Plan values.

2024/25 saw YAS continue to invest in workforce wellbeing, inclusion, and organisational development and culture work, essential for workforce sustainability in an increasingly complex health system:

- The YAS Together Organisational Development Programme has continued to deliver planned improvements across the organisational culture with a focus on leadership, reflected in positive outcomes in the National Staff Survey results.
- Leadership development and staff health and wellbeing support has been expanded to meet both operational and individual staff needs.
- Recruitment has stabilised in key areas with YAS achieving recruitment plans; however, challenges remain in retention and sickness absence which will require ongoing focus in 25/26.

### **3. Our Partners: System Collaboration and Integration**

YAS is increasingly recognised as an integrated system leader and strategic partner, through effective collaboration with ICBs and local providers. YAS is helping lead regional efforts to deliver the right care, in the right place, at the right time and supporting addressing health inequalities and population health management. YAS's role in the Integrated Care System (ICS) has evolved significantly in 24/25:

- YAS is a proactive contributor to place-based urgent care redesigns and population health strategies.
- There have been significant improvements in supporting access to and availability of appropriate patient pathways to support right care.
- Collaboration with ICBs, acute and community providers, and mental health services has enhanced the Trust's strategic voice and influence.

### **4. Our Planet and Pounds: Sustainability and Innovation**

YAS achieved a financial break-even position and delivered on the significant efficiency and cost improvement programme whilst improving responses and quality. YAS is moving into 25/26 on a strong foundation of financial balance, improved governance and performance management, to support transformation and delivery of efficiencies in an increasingly challenging environment. Despite a difficult economic environment in 24/25, YAS delivered:

- A breakeven financial position and achieved the cost improvement programme and efficiency plan.
- Improved fleet availability to support operational performance.

### **Conclusion**

In 2024/25 YAS has maintained financial balance and delivered on several efficiency, service, care and both patient and staff experience improvements, as well as implementing programmes that lay the foundations for continued improvements in these areas in 25/26 to ensure achievement of the YAS Strategy by 2029. However, operational performance, workforce resilience and good financial management requires sustained focus. The Trust remains committed to delivering patient-centred, safe, effective and financially sustainable care while addressing efficiency challenges through transformation and cultural improvement.

Recommendation(s)	It is recommended that Trust Board (Strategic and Forum and Private) notes the progress and position at year end on delivery of the Trust business plan priorities for 2024/25.
Link to Board Assurance Framework Risks	3a (plan, govern and deliver Trust strategy and business priorities).

# Business Plan 2024/25

## Q4 and full year final Performance and Assurance Report

### 1.0 INTRODUCTION

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. This report a progress and year end position on delivery of the Trust's 2024/25 business plan.

### 2.0 BACKGROUND

2.1 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.











2.2 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.









### 2.3 2024/25 Quarter 4 and year end overview

The Q4 / year end Business Plan position, using the RAG+ rating for the 34 workstreams is:

16 **Green**, 6 **Amber Green**, 5 **Amber**, 1 **Amber/Red**, 2 **Red**, 4 **Paused**. This is an improved position from Q3. Please see Appendix 1 for the RAG+ rating key.

Workstream		Q3	Q4 / Year end
<b>Priority 1: Improved Response including Category 2:</b>			
1.1	Manage Demand by increasing Hear and Treat rates.	 AMBER/GREEN	 AMBER/GREEN
1.2	Appropriate management of Health Care Professional (HCP) calls.	 AMBER	 AMBER
1.3	Increase capacity by maximising on shift availability.	 AMBER	 AMBER
1.4	Increase capacity by optimising use of Community First Responders (CFRs).	 AMBER/GREEN	 AMBER/GREEN
1.5	Increase productivity of Specialist Paramedics for Urgent Care (SPUCs).		

Workstream		Q3	Q4 / Year end
		GREEN	GREEN
1.6	Improve Crew Clear Efficiency.	  AMBER/RED	 AMBER
1.7	Improve productivity around meal break management.	  AMBER/RED	PAUSED
1.8	Improve efficiency by reducing on scene times appropriately.	 GREEN	PAUSED
1.9	Develop the future operating model.	  AMBER/GREEN	PAUSED
1.10	Implement the migration from AMPDS to NHS Pathways.	 GREEN	 GREEN
<b>Priority 2: Strengthen Quality and Safety:</b>			
2.1	Embed the Patient Safety Incident Response Framework (PSIRF).	  AMBER/GREEN	 GREEN
2.2	Building QI capability and capacity throughout the Trust.	  AMBER/GREEN	  AMBER/GREEN
2.3	Implement Clinical Supervision for all front-line staff.	 GREEN	 GREEN
2.4	Improve medicines governance.	  AMBER/GREEN	  AMBER/RED
<b>Priority 3: Deliver Integrated Clinical Assessment:</b>			
3.1	Develop an integrated clinical assessment service across 999 and 111.	 RED	 GREEN
<b>Priority 4: Deliver Workforce Plans:</b>			
4.1	Deliver the agreed workforce plan of 3,306 FTE across A&E Operations.	 GREEN	 GREEN
4.2	Deliver the agreed workforce plan for 247 FTE EMDs, 147 FTE Dispatch and 106 FTE clinical hub across EOC.	 AMBER	 AMBER
4.3	Deliver the agreed workforce plan of 276 FTE Health Advisors and 90 FTE Clinical Advisors across 111.	  AMBER/GREEN	 GREEN
4.4	Delivery the agree workforce plan of 471 FTE across PTS.	 GREEN	 GREEN
4.5	Recruit 16 International Nurses in four cohorts across 2024/25 for Senior Clinical Advisor roles in 111.	 GREEN	 GREEN
4.6	Implement IUC change programme.	  AMBER/GREEN	 GREEN
4.7	Implement EOC change programme.	 GREEN	 GREEN
4.8	Deliver the Training Plan.	 GREEN	 GREEN
<b>Priority 5: Improving Health, Wellbeing and Safety</b>			
5.1	Reduce sickness absence, including PDR/appraisal compliance and delivery of annual health and wellbeing plan.	 RED	 RED
5.2	Implement body worn cameras.	 GREEN	 GREEN
<b>Priority 6: Culture, Equality, Diversity and Inclusion</b>			
6.1	Implement YAS Together aligned to NHS People Promise exemplar.	 GREEN	 GREEN
6.2	Deliver the Equality, Diversity and Inclusion Plan for 24/25.	 GREEN	 GREEN
<b>Priority 7: Partnership working to improve response</b>			
7.1	Work with system partners to reduce hospital arrival to handover times.	  AMBER/RED	 AMBER
7.2	Increase, where appropriate, pathways and improve utilisation.	  AMBER/GREEN	  AMBER/GREEN

Workstream		Q3	Q4 / Year end
7.3	Embed the Mental Health and Learning Disabilities programme.	 AMBER/RED	 AMBER/GREEN
<b>Priority 8: Effective use of Resources, Efficiencies and Value for Money</b>			
8.1	Maximise operational efficiencies to deliver Trust wide efficiency target.	 RED	 GREEN
8.2	Implement Non-Emergency Patient Transport Service (PTS) Eligibility.	PAUSED	PAUSED
<b>Priority 9: Optimising Fleet Availability and Performance</b>			
9.1	Increase fleet numbers to 512 DCAs and reduce VOR to achieve 82% vehicle availability.	 AMBER/GREEN	 AMBER/GREEN
9.2	Introduce in-vehicle Telematics to the A&E, PTS and support service vehicle Fleet to increase productivity and efficiencies and reduce the Trust's carbon footprint.	 RED	 RED

## 2.4 DELIVERY OF 2024/25 PRIORITIES

### 2.4.1 Our Patients

<b>Priority 1) Improved Response Times:</b> YAS will improve ambulance and 999 and 111 call response times, particularly Category 2 ambulance response.	
<b>Executive Lead Summary:</b> Nick Smith	
<b>What?</b> <i>What is the position at Q4?</i>	Average category 2 response times improved to 31:58 from 32:33 in 23/24, however still above plan. Several factors outside of YAS control prevented improvement in performance times including increased demand, acuity and handover delays. EOC mean call answer time has performed well throughout out the year with year-to-date performance at 4 seconds vs 10 seconds in 23/24. IUC has significantly improved call answer performance with calls answered within 120 seconds at 93% vs 75.1% in 23/24
<b>So what?</b> <i>What does this mean for the Trust?</i>	These achievements show the Trust's resilience in maintaining performance despite increased demand and hospital handover challenges. Hospital handover delays are a focus for partners in 25/26 with planned roll-out of Transfer of Care (W45 – no handover over 45minutes), building on the positive impact in Hull.
<b>Challenges/Learning</b>	Demand was on average above plan by 2.3% (1,712 responses per month). Average Hospital handover was 29:19 which is 5:28 above plan over the year.
<b>What next?</b>	Detailed delivery plans associated metric and milestones are in place to support improvements in call response times 2025/26. These include: <ul style="list-style-type: none"> <li>Clinical capacity will be increased in EOC to further increase Hear and Treat rates to 17.9% from the 15.7% achieved in 24/25.</li> <li>Transition from AMPDS to NHS Pathways roll out commences in May 2025 to improve triage, assessment and appropriate call navigation, supporting improvements to ensure patients access the right care at the earliest point.</li> <li>Transfer of care will be rolled out across the region to improve hospital handover, so no handover is over 45minutes, with plans from all acutes improving handover in 25/26.</li> <li>Crew clear improvement work continues with an aim to reduce from 23mins 49 seconds in 24/25 to 20mins by October 2025.</li> <li>We will focus on rest break management to improve patient response and staff wellbeing.</li> <li>We will continue to focus on improving efficiency and productivity of operations, as well as vehicle availability and sickness absence to support improved performance.</li> </ul>

<b>Priority 2) Strengthen Quality and Safety:</b> 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
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Supervision for all front-line staff, and evolving Quality Improvement (QI) to embed it culturally across the Trust.	
<b>Executive Lead Summary:</b> Dave Green	
<b>What?</b> <i>What is the position at Q4?</i>	The PSIRF has been implemented and embedded. There has been sustained reduction in incidents across EOC and IUC telephony issues, patients fallen or injured whilst in our care, and on scene decision making incidents. The successful Controlled Drugs (CD) App pilot has led to rollout commencing across the region, supporting improved CD compliance with mandated checks. Clinical supervision has increased with 1782 clinical supervision sessions offered to staff and over 100 facilitators trained, both of which are significantly above plan to support improved opportunity for clinical supervision to support improvements in practice. The QI offer has continued to grow with staff completing training, including QI introduction, foundation and leaders. The first QI conference was held in March 2025.
<b>So what?</b> <i>What does this mean for the Trust?</i>	These achievements highlight the Trust's ongoing focus on quality, safety, effectiveness, learning and improvement including a commitment to continue the growth in clinical supervision and embed QI methodology and approaches to support continuous improvement.
<b>Challenges/Learning</b>	The QI training target numbers were off-track; however, QI foundation and leader training is recognised as more impactful, with a continued focus on these. There is an ongoing focus on medicines governance.
<b>What next?</b>	Learning from patient safety incidents, clinical supervision and patient experience are the Quality priorities for 25/26 monitored through the Quality Account and Quality committee. The QI offer will continue with a focus on developing leaders and embedding QI methodology to support business plan priority delivery including efficiencies.

<b>Priority 3) Deliver Integrated Clinical Assessment:</b> 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.	
<b>Executive Lead Summary:</b> Nick Smith	
<b>What?</b> <i>What is the position at Q4?</i>	NHS Pathways implementation was rightly prioritised impacting progress and necessitating a pause in this workstream. However, key progress has been made to support future IUC and EOC integration. Clinical staffing increased in both EOC and IUC, work has been progressed to support a single clinical queue, and the EOC and IUC training teams were merged to enhance capacity and flexibility.
<b>So what?</b> <i>What does this mean for the Trust?</i>	These achievements mark a significant step forward for the Trust, laying strong foundations for future IUC and EOC integration despite the temporary pause during prioritisation of the NHS Pathways implementation.
<b>Challenges/Learning</b>	The prioritisation of NHS Pathways has impacted the planned progress, however tangible strides have been made to support integration contributing to the longer-term vision for Remote Patient Care.
<b>What next?</b>	The integration plan for 2025/26 has been developed with sign-off planned in Q1. Work will continue throughout the NHS Pathways launch, ensuring readiness for integration activity once NHS Pathways go-live is complete in October 2025. This includes development of a joint CAD, key to realising the full benefits of integration.

## 2.4.2 OUR PEOPLE

<b>Priority 4) Deliver Workforce Plans:</b> 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.	
<b>Executive Lead Summary:</b> Nick Smith	
<b>What?</b> <i>What is the position at Q4?</i>	Improved recruitment planning, processes, and retention enabled successful delivery of workforce plans across all areas.



	Both EOC and IUC successfully delivered their change programmes, with improved recruitment and retention reflected in March's lowest turnover rates in 12 months. IUC significantly cut agency use and recruited above plan into substantive roles.
<b>So what? What does this mean for the Trust?</b>	This achievement demonstrates the Trust's strengthened workforce stability and resilience. Successfully delivering workforce plans and improving retention improves performance, continuity of care, reduced reliance on agency staff, and better use of resources. Increased substantive recruitment and lower turnover support a more sustainable and flexible service, ensuring the Trust is better positioned to meet current and future demand.
<b>Challenges/ Learning</b>	EOC EMD recruitment ended below plan due to earlier decisions to reduce course sizes, now being offset by increased IUC recruitment. There will be improved governance in 25/26 to ensure ongoing delivery to plan.
<b>What next?</b>	The positive workforce position in 24/25 and no growth planned for 25/26 along with improved retention means recruitment levels will reduce in 25/26 to maintain workforce position. Workforce numbers will still be monitored through the performance review meetings. Work will continue to embed changes in EOC and IUC to maximise the benefits from improvements in sickness and retention.

**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.

**Executive Lead Summary:** Amanda Wilcock

<b>What? What is the position at Q4?</b>	Sickness rates increased to 7.1%, some of which was driven by respiratory and gastrointestinal illnesses over winter, in line with NHS trends. Stress and anxiety remained high, though primarily non-work related. Morale scores, as reported in the National Staff Survey (NSS) scores increased, and appraisal compliance increased from 71.2% to 78.4%. The sexual safety charter was launched and is being embedded across the Trust. Body-worn camera (BWC) uptake and use for reporting violence rose by 25% and 24% respectively. The number of staff seeking prosecution using BWC footage increased by 77%, enhancing the Trust's ability to protect staff.
<b>So what? What does this mean for the Trust?</b>	These achievements highlight the Trust's focus and progress on staff wellbeing and safety. Despite increased sickness rates, morale improved, with higher NSS scores and better appraisal compliance to support staff development. The sexual safety charter is being embedded, and body-worn camera usage for reporting violence rose significantly, boosting staff protection and the Trust's ability to act against incidents, however recognising an ongoing need to support staff and deter violence and aggression.
<b>Challenges/ Learning</b>	Sickness rates and absence management support remains an area of focus.
<b>What next?</b>	In 2025/26 the absence reduction plan will focus on improving reporting systems, support for staff, and staff health and wellbeing. There is an ongoing focus on embedding the sexual safety charter and reducing investigation timescales. Body-worn cameras will move to business as usual but remain a focus for the Quality Directorate, alongside a Trust-wide commitment to improving staff safety with a particular focus on deterring violence and aggression and implementation of the NHS England violence reduction standards.

**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.

**Executive Lead Summary:** Amanda Wilcock

<b>What? What is the position at Q4?</b>	NSS results were in the upper quartile, reflecting good progress since the YAS Together programme was launched. Staff turnover in EOC and IUC is now below target, with 'stay' conversations supporting retention. Work on centralising budgets for reasonable adjustments has standardised the offer. The end-to-end inclusive
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	recruitment plan is on track, and the anti-racism framework scope has been agreed. 24/25 WRES and DES figures will be available in May.
<b>So what? What does this mean for the Trust?</b>	These achievements demonstrate the Trust's progress in staff engagement, retention, and inclusion. Improved NSS results show the success of the YAS Together programme, while reduced turnover in EOC and IUC highlights effective retention efforts. Standardising reasonable adjustments and advancing inclusive recruitment and anti-racism initiatives further strengthen YAS's commitment to equality, diversity and inclusion.
<b>Challenges/ Learning</b>	Despite strong NSS results, the lower score in "we are a team" highlights a need to improve team cohesion and collaboration. Sustaining reduced turnover will require continued focus on engagement, inclusive leadership, and acting on staff feedback. Centralising reasonable adjustment budgets is positive, but consistent application is essential. As inclusive recruitment and anti-racism work progresses, clear communication and measurable outcomes will ensure we embed lasting change.
<b>What next?</b>	In 2025/26, YAS Together will focus on developing an Inclusive Talent Management Framework and a robust leadership development programme. EDI work will continue, with inclusive recruitment recommendations being developed to shape future processes, and an ongoing focus on anti-racism.

### 2.4.3 OUR PARTNERS

<b>Priority 7) Partnership working to improve response:</b> 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.	
<b>Executive Lead Summary:</b> Nick Smith	
<b>What? What is the position at Q4?</b>	Hospital handovers were over 5 minutes above plan at 00:29:19 Trust-wide, impacting crew availability, performance, and impacting on patients, especially increasing excessive responses for patients. However, the Transfer of Care/W45 implemented in Hull in December, improved the handover position, reducing handover times in Hull from 00:50:00 in March 2024 to 00:26:00 in March 2025. This is to be roll-out across the region in 25/26 to support improved response times. The mental health programme has moved to BAU. All 9 Mental Health Response Vehicles (MHRVs) are operational, 28 out of 30 Specialist Mental Health Paramedics have been recruited, and all 10 push model partners are onboard. The target of having 20% of mental health jobs attended by MHRVs was also met.
<b>So what? What does this mean for the Trust?</b>	These achievements highlight the Trust's progress in working with partners to improve operational efficiency and access to the right services. Despite initial challenges with hospital handovers, the successful implementation of the Transfer of Care policy at Hull Royal has led to significant improvements. The new pathways dashboard enhances performance monitoring. The mental health programme's transition to BAU, along with the operational MHRVs and recruitment success, strengthens YAS's ability to support people with mental health needs effectively.
<b>Challenges/ Learning</b>	Mental health recruitment was slower than planned but now on track. Positive feedback from patients, partners and staff to be shared and built on to support and encourage staff into these roles.
<b>What next?</b>	In 2025/26, the Transfer of Care/W45 policy will be rolled out across Yorkshire, focusing on sites with the highest handover times. Plans are in place to maximise pathways use in EOC and for frontline staff, with dashboard data providing understanding to drive improvements. The mental health programme will move to BAU, however performance will continue to be monitored through the performance review process.

### 2.4.4 OUR PLANET AND POUNDS

<b>Priority 8) Effective use of Resources, Efficiencies and Value for Money:</b> 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.
<b>Executive Lead Summary:</b> Kathryn Vause / Nick Smith



<b>What?</b> <i>What is the position at Q4?</i>	The Trust achieved a break-even position by year-end, despite challenges including higher sickness, increased costs in some areas such as fleet, higher staffing levels in IUC and A&E, and reduced winter performance income, as well as increased demand across services, including PTS. PTS Eligibility criteria remained paused while agreement with ICBs was sought, with final agreement reached in March 2025 across three ICBs, though some details with Humber and North Yorkshire ICB are still pending for full implementation.
<b>So what?</b> <i>What does this mean for the Trust?</i>	These achievements demonstrate the Trust's ability to manage financial challenges, deliver efficiencies, and achieve a break-even position despite increased costs and staffing pressures. The successful agreement with ICBs on PTS eligibility criteria also marks progress towards full implementation, ensuring alignment with national guidance.
<b>Challenges/Learning</b>	Increased costs in some areas have been mitigated through improved financial control such as vacancy and non-pay panel processes. PTS demand was above plan without a mechanism to address this with ICBs, now being developed with partners for 25/26.
<b>What next?</b>	The Trust's 2025/26 financial plan includes a 5% efficiency target to achieve a break-even position. PTS Eligibility criteria rollout begins in South Yorkshire from 1st April 2025, with West and HNY to follow. Efficiency will be delivered and managed through the Organisational Efficiency Group with a focus on protecting patient care. Performance measures linked to efficiency benefits will be tracked through the performance review process.

**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.

**Executive Lead Summary:** Kathryn Vause

<b>What?</b> <i>What is the position at Q4?</i>	The Trust achieved an average vehicle availability of 84.4%, surpassing the 82% target, and successfully reached the target of 512 DCAs in the fleet. Mechanic recruitment remained challenging which added pressure on staff despite a recruitment and retention premia. Telematics installation began in February 2025, with 35% of the fleet fitted by March, though savings from the system have not been realised in 2024/25 due to delayed implementation.
<b>So what?</b> <i>What does this mean for the Trust?</i>	These achievements reflect the Trust's success in exceeding vehicle availability targets and expanding the fleet as planned to support operational performance.
<b>Challenges/Learning</b>	Delays in telematic implementation have impacted planned improvements and efficiencies. Mechanic recruitment and retention is an area for continued focus.
<b>What next?</b>	Fleet numbers will remain at 512 with average vehicle age continuing to reduce through the annual replacement programme, leading to savings in maintenance and fuel costs. Telematics installation is set to complete by July 25, with a data use policy and staff communication plan in development for Q1. Savings are expected to increase over the year, aiming for a 10% reduction in fuel costs, alongside other improvements.

### 3.0 FINANCIAL IMPLICATIONS

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

### 4.0 RISKS

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

## **5.0 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 process, and through agreed Trust governance routes into TEG, Finance and Performance Committee and Trust Board.

## **6.0 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.

## **7.0 PUBLICATION UNDER FREEDOM OF INFORMATION ACT**

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

## **8.0 NEXT STEPS**

- 8.1** The monthly operations and quarterly corporate performance process will continue to monitor the ongoing business plan priorities and deliverable workstreams, now focussing on the 2025/26 plan. Identified actions will be supported through the performance process, with TEG and Finance and Performance reporting, and escalation where appropriate.
- 8.2** 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 TEG, the Quality, People and Finance and Performance Committees and the Trust Board for assurance.

## **9.0 RECOMMENDATIONS**

It is recommended that Trust Board:

- Notes the progress and position at year end on delivery of the Trust business plan priorities for 2024/25.

## **10.0 SUPPORTING INFORMATION**

Appendix 1: 5-Colour RAG+ System for Business Plan Workstream Progress Tracking.

## Appendices

### Appendix 1: 5-Colour RAG+ System for Business Plan Workstream Progress Tracking

The **RAG+ (Red, Amber Red, Amber, Amber Green, Green)** system provides a nuanced approach to tracking workstream status beyond the traditional RAG model enhancing visibility, accountability, and decision-making. At a High Level:

- **Green** – On track: no issues; milestones and deliverables are progressing as planned.
- **Amber Green** – Minor risks / delays: progress is being made, minor issues need monitoring and resolution.
- **Amber** – Within tolerances but at risk: challenges exist; corrective action in place and required to avoid further delays.
- **Amber Red** – Significant risk: major challenges present, and mitigation efforts are not fully effective.
- **Red** – Off track: significant issues; requires immediate intervention or escalation.

Colour	Indicators	Characteristics	Actions
● <b>Green (On Track)</b>	Performance achieving majority of targets; Minimal risks; All primary objectives met; Financial performance within plan	Predictable progress; Consistent; No significant deviations	Maintain current strategies; Continue monitoring
● ● <b>Amber-Green (Minor risks / delays)</b>	Performance achieving most targets; Positive trend; Low-level opportunities identified; Financial performance within plan	Predictable progress; Consistent; No significant deviations	Investigate; Light-touch performance review
● <b>Amber (Off track within tolerance)</b>	Performance within tolerances of targets; moderate risks identified; Some objectives partially met; Financial performance off track but within tolerances of plan	Potential performance challenges Requires close monitoring; Some corrective actions in place and needed to avoid further delays/deterioration	Develop mitigation strategy; Increase reporting frequency; Conduct detailed risk assessment; Create corrective recovery / action plan
● ● <b>Amber-Red (Significant risk)</b>	Performance below target; Multiple high-impact risks; Critical objectives at risk; Financial performance off plan	Substantial performance gaps; Potential systemic issues; High intervention requirement	Immediate senior review; Comprehensive recovery plan; Potential resource reallocation; Detailed root cause analysis
● <b>Red (Critical Failure)</b>	Performance missing majority of targets; Multiple critical risks; Strategic objectives severely compromised; Financial performance off plan	Fundamental strategic challenges; High risk of project/initiative failure; Requires radical intervention	Immediate intervention; Potential project restructuring/cancellation; Comprehensive strategic review; Detailed analysis