

Board of Directors (in Public)

24 July 2025

Agenda Item: 9



Report Title	Business Plan 2025/26 – Q1 Performance and Assurance Report
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Accountable Director	Marc Thomas, Deputy Chief Executive
Previous committees/groups	TEG - 16 July 2025 Finance & Performance Committee – 21 July 2025 <u>To be tabled at:</u> People Committee - 9 September 2025 Quality Committee – 11 September 2025
Recommended action(s)	Assurance
Purpose of the paper	This paper provides a progress and Q1 position on delivery of the Trust's 2024/25 business plan.

Executive Summary

Yorkshire Ambulance Service (YAS) has made a solid start in the first quarter delivering the priorities set out in the 2025/26 Business Plan. Progress has been made across all eight business plan priority areas, contributing to the four strategic ambitions: Our Patients, Our People, Our Partners, and Our Planet and Pounds. This report summarises Q1 developments aligned to these ambitions.

Key achievements include the successful implementation of NHS Pathways, early productivity improvements in areas such as W45 and Crew Clear, preparation for the launch of the new absence management system, recruitment and retention, development of a dashboard to support pathway understanding, and a stable financial position. However, it is important to recognise that activity in Q1 was deliberately focused on planning, mobilisation, and foundational work. This was the right approach for the time, but it means that Q1 performance, while encouraging, is not yet a true indicator of tangible improvement for patients or staff.

As we move into Q2, the focus must now shift decisively to implementation and delivery. While we acknowledge the groundwork to date, it is equally important to be clear about the challenges ahead. Several priority areas are showing early signs of delay, including clinical capacity in EOC, Hear and Treat rates, the Clinical Response Model, ePR development, cyber resilience, sickness levels, pathway utilisation, and full rollout of telematics. These areas have been discussed and addressed in more detail at TEG and in the performance meetings.

Of particular concern is the Trust's ability to meet the key deliverables required to secure the remaining £5.5 million in ambulance growth funding. Metrics such as deployed clinical hours, EOC staffing levels, hear and treat rates, and conveyance must show measurable progress by the end of August to ensure funding is released. This is not just a financial risk, it directly impacts our ability to deliver the service transformation we have committed to. Q2 must focus on delivery at pace to achieve impact.

Our Patients: Improving safety and quality for patients

YAS continues to deliver high quality clinically led, patient-centred care, with a clear focus on enabling better decision-making at the first point of contact and delivering the right care at the

earliest point in the patient journey, focusing on delivering more care remotely, in patient's homes and closer to home. YAS continues to improve how patients access and experience care by:

- NHS Pathways implementation is progressing well, supporting more appropriate patient navigation and laying the foundations for enhanced Hear and Treat capability.
- Improvements have also been made in operational productivity, with reduced demand, better handover times and improved crew clear contributing to improved Category 2 response times.
- While all milestones for complaint response improvement have been delivered, response times remain inconsistent, and no improvement has been seen in the Trust-wide average over April and May. This remains a focus going into Q2 as it is recognised the quantifiable improvements may take time to be delivered.
- The Trust's ability to access the remaining £5.5m of the £11.1m additional growth funding is at risk unless key deliverables including clinical capacity, H&T performance, and deployed hours are met by August 2025. While mitigations are in place and trajectory against plan is improving, assurance and potentially a revised approach should be considered.

2 Our People: Supporting and Developing Our Workforce to improve care and support delivery

YAS remains committed to being a values-led, inclusive employer. Q1 has continued YAS's focus on strengthening systems and culture to support staff health, wellbeing, and retention.

- The new absence management system is on track for implementation in August, with a more person-centred approach designed to improve support during sickness and facilitate timely returns to work and reduce absence.
- The YAS Together Organisational Development Programme continues to drive cultural improvement. Strong progress has been seen in People Promise themes, as reflected in the most recent staff survey results.
- Workforce recruitment remains stable, and retention has improved in key areas. However, sickness absence remains significantly above target and continues to pose a challenge, with targeted action ongoing.

3 Our Partners: System Collaboration and Integration to improve response and population health outcomes

The Trust continues to strengthen collaboration across all 15 Place partners, with a focus on optimising triage and referral pathways.

- Q1 saw the development and internal sharing of a new dashboard to support improved clinical pathway access and inform decision-making. This will go live in Q2 and enhance joint understanding and partnership working to improve patient care across the system.
- Progress is also being made on the milestones to embed a culture of improvement, supported by an ongoing focus on business intelligence capabilities and QI infrastructure, recognising cultural change takes longer to embed and deliver.

4 Our Planet and Pounds: Infrastructure and Resources to improve the effectiveness of direct delivery

YAS is maintaining focus on financial sustainability and environmental responsibility, with key transformation programmes progressing as planned.

- The Trust remains on track to deliver a break-even financial position, though some risk remains with a portion of Cost Improvement Plans (CIPs) yet to be identified.

- In 999 operations, workforce levels are currently above plan, due to over-recruitment in 24/25 and improved retention, with actions underway to (re)align recruitment plans to operational need.
- The PTS Provider Selection Regime (PSR) process is ongoing. There have been some delays as HNY are required to re-run the process, however the learning can be applied to the West and South Yorkshire ICB processes. The anticipated outcome will place the service in a firmer and longer term financial and operational position.
- Investment in the estate continues, with the new Hull station progressing to tender for construction.
- Work is ongoing to unlock the full benefits of telematics in the months ahead.

Conclusion

The Trust has made good initial progress in Q1, with most activity focused on planning, development, and readiness, but delivery is uneven. Q2 activity must focus on converting foundational work into implementation, delivery and measurable improvements, with enhanced oversight of key risk areas to ensure full delivery of the business plan and release of critical funding.

Recommendation(s)	<p>It is recommended that Trust Board:</p> <ul style="list-style-type: none"> • Notes the progress and position at Q1 end on delivery of the Trust business plan priorities for 2025/26. • Supports the planned activity for Q2 including where additional focus is required, as noted in the paper. • Considers and supports the recommended next steps, specifically action and assurance on the performance required to access the remaining additional growth funding.
Link to Board Assurance Framework Risks (board and level 2 committees only)	<p>1. Deliver a timely response to patients. 6. Develop and sustain an open and positive workplace culture. 10. Act as a collaborative, integral, and influential system partner. 12. Secure sufficient revenue resources and use them wisely to ensure value for money.</p>

BUSINESS PLAN 2025/26 – Q1 PERFORMANCE AND ASSURANCE REPORT

1.0 INTRODUCTION

- 1.1 Delivery of the 2024-2029 Trust Strategy is through the Annual Business Plan, which details the in-year priorities against the strategic ambitions. It also 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 provides a Q1 update on delivery of the Trust's 2025/26 business plan.








2.0 BACKGROUND

- 2.1 The 2025-26 Annual Business Plan outlines the key priorities for YAS and commitments to patients, staff, and partners for the financial year. This plan aligns with the NHS England (NHSE) Operating Plan 2025-26 and the second year of the YAS Trust Strategy 2024-2, 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, which tracks the identified workstream metrics and milestones. These are detailed in the four Board-approved business plan delivery plans, aligned with Our Patients, Our People, Our Partners, and Our Planet and Pounds, and co-produced with the SROs and Executive Directors. Together, these plans deliver the eight priorities. The delivery plans ensure the achievement of the stated objectives and track progress, enabling early identification of mitigations to ensure targets and benefits are realised and maximised.

The Business Plan is reported quarterly through agreed governance structures to the Trust Board, aligned with the Board Assurance Framework to identify and control strategic risks. The data contained within the report is up to the end of May due to reporting and meeting timelines, as June data was not yet available at the time of writing.



































2.3 2025/26 Quarter 1 Overview


































The Q1 Business Plan position for the 26 workstreams within the 8 priorities is as presented below. The table presents Q1 and Q2 forecast position by RAG+ rating.

RAG Rating	Q1 Count	Q2 Forecast Count
 RED – OFF TRACK	0	0
  AMBER/RED – SIGNIFICANT RISK	0	0
 AMBER – WITHIN TOLERANCES BUT AT RISK	5	4
  AMBER/GREEN - MINOR RISKS/DELAYS	8	7
 GREEN – ON TRACK	13	15

RAG Rating	Q1 Count	Q2 Forecast Count
TOTAL	26	26

Please see Appendix 1 for the RAG+ rating key.

		Q1	Q2 Forecast	Assurance Committee
OUR PATIENTS				
Priority 1: Improve 999 and 111 call centre clinical capacity, triage, and care navigation				
1.1	Develop Integrated 111 and 999 Triage and Assessment by implementing NHS Pathways to optimise patient navigation across services.	 GREEN	 GREEN	QUALITY
1.2	Expand Remote Clinical Capacity : Increase Hear & Treat and See & Treat to reduce unnecessary and inappropriate conveyance to ED.	  AMBER/ GREEN	  AMBER/ GREEN	QUALITY
1.3	Remote Patient Care Integration : Expand Remote Clinical Capacity by integrating services.	  AMBER/ GREEN	  AMBER/ GREEN	QUALITY
Priority 2: Increase productivity to improve ambulance response times.				
2.1	Clinical Response Model : Design and commence the implementation of a revised Clinical Response Model.	 Amber	 Amber	QUALITY
2.2	Increase Operational Productivity by:			
2.2.1	Improving Rest Break Arrangements to support high quality patient care and the welfare of staff: Improving A&E Rest Break to ensure appropriate ambulance availability.	  AMBER/ GREEN	  AMBER/ GREEN	QUALITY
2.2.2	Managing Arrive to Handover (Transfer of Care)	 GREEN	 GREEN	F&P
2.2.3	Reducing Handover to Clear (Crew Clear)	 GREEN	 GREEN	F&P
2.3	Implement NHSE PTS Eligibility Criteria across all ICB areas.	 GREEN	 GREEN	F&P
Priority 3: Enhance care quality and safety				
3.1	Commence the Clinical Audit and Effectiveness Plan targeting key areas.	 GREEN	 GREEN	QUALITY
3.2	Continue to improve Medicines Governance and procedural adherence, by implementing a medicine safety strategy for 2025/26.	 AMBER	  AMBER/ GREEN	QUALITY
3.3	Development of an iPad-based ePR application for A&E crews.	 AMBER	  AMBER/ GREEN	F&P
3.4	Strengthening Cyber Resilience : Single Sign-On Integration and Zero Trust Network Implementation.	 AMBER	 AMBER	F&P
3.5	Improving complaint response times .	 GREEN	 GREEN	QUALITY

		Q1	Q2 Forecast	Assurance Committee
OUR PEOPLE				
Priority 4: Strengthen workforce resilience and development				
4.1	Looking after our People			
4.1.1	Absence Reporting System	 GREEN	 GREEN	PEOPLE
4.1.2	Reduce Sickness Absence	 AMBER	 AMBER	PEOPLE
4.2	Review, identify and propose changes to A&E Team Based Working .	 GREEN	 GREEN	PEOPLE
Priority 5: Foster a positive organisational culture				
5.1	Improving Organisational Culture through the YAS Together Programme by:			
5.1.1	Advancing Equality, Diversity and Inclusion through the YAS Together Programme	 GREEN	 GREEN	PEOPLE
5.1.2	Fostering Sexual Safety Through the YAS Together Programme	 GREEN	 GREEN	PEOPLE
5.1.3	Leadership Development	 GREEN	 GREEN	PEOPLE
5.1.4	Embedding the YAS Together Culture	  AMBER/ GREEN	 GREEN	PEOPLE
OUR PARTNERS				
Priority 6: Collaborate with system partners to coordinate care delivery				
6.1	Maximising Clinical Pathway use in Remote Patient Care and Crews on scene.	  AMBER/ GREEN	 GREEN	QUALITY
Priority 7: Embed a culture of improvement through better use of data and QI				
7.1	Develop Data Analytics and BI Capabilities	 GREEN	 GREEN	F&P
OUR PLANET AND POUNDS				
Priority 8: Ensure sustainable, effective and efficient use of resources				
8.1	Deliver a Balanced break-even Financial Plan	 GREEN	 GREEN	F&P
8.2	New Ambulance Station in Hull	  AMBER/ GREEN	  AMBER/ GREEN	F&P
8.3	Fleet Optimisation	  AMBER/ GREEN	  AMBER/ GREEN	F&P
8.4	Regional Long Term Collaborative Agreement in PTS	  AMBER/ GREEN	 AMBER	F&P

2.4 Delivery of 2025/26 Priorities

2.4.1 OUR PATIENTS

Priority 1) Improve 999 and 111 call centre clinical capacity, triage, and care navigation.	
Executive Lead Summary: Nick Smith	
What? <i>What is the position at Q1?</i>	<p>The first phase of the NHS Pathways rollout successfully launched at York Emergency Operations Centre (EOC) on 20 May 2025, with over 10,000 calls handled in the first month by approximately 40 Emergency Health Advisors. The second phase is scheduled for 8 July at Wakefield EOC, involving 32 additional staff. This is workstream is on track.</p> <p>Hear and Treat rate was less than planned (13.8% vs 16.9%), however data quality assurance and understanding the impact of NEAS and NWSAS answering our calls improves this to 15%. Ongoing work with the National Pathways team should improve this position further, although it is likely we are still behind plan.</p> <p>This has been driven by:</p> <ul style="list-style-type: none">• Changes to how calls are coded and count towards H&T rate in Pathways vs AMPDS which equates to around a 2% reduction.• Reduced clinical capacity largely due to NHS Pathways implementation and training.• Outsourcing of calls during NHS Pathways implementation has resulted in calls being H&T at source, which has further reduced our numbers. <p>Clinician numbers in EOC are 2 FTE behind plan. Whilst it is not a significant number, it is being closely monitored as part of the plan and criteria to access the remainder of the additional growth funding. To achieve numbers, in the short term, we are increasing overtime in remote hubs and increasing the amount of hours staff on rotation spend in EOC. Additionally, we are boosting our substantive numbers by recruiting more staff into remote hubs from our existing workforce. A robust plan is in place, with confidence from EOC this will be achieved.</p>
So what? <i>What does this mean for the Trust?</i>	<p>While H&T rates have reduced during Pathways launch, this is largely a counting issue, as detailed above. This position is expected to improve once data quality issues are resolved. Therefore, patients are generally receiving the appropriate response, and there has been no negative impact on ambulance response times. Additionally, there has been no increase in the number of responses compared to the forecast, indicating that we are not missing a substantial amount of H&T opportunities. Furthermore, we have not observed an increase in conveyance to the ED, giving confidence in the plan.</p>
Challenges/ Learning	<p>Outsourcing of calls and Pathways transition have created several challenges that have impacted performance and team capacity, as described above, it has contributed to a reduced H&T rate. Differences in processes between Trusts when passing calls has resulted in a large increase in datix's that need to be reviewed by the team. Clinical capacity has been reduced due to the requirement to staff the clinical query line, and not all clinicians are trained on Pathways yet as training goes live in stages. This situation has highlighted the importance of increasing our clinical capacity in line with the plan for 2025/26, which is ongoing.</p> <p>Clinician numbers are being closely monitored as part of the criteria to access the remainder of the £11.1m additional growth funding (£5.5m to still be secured). A robust clinician recruitment plan is in place, with confidence</p>

	from EOC this will be achieved (NB June figures indicate return to planned position).
What next?	<ul style="list-style-type: none"> • Work is underway internally and with the national team to capture all calls that count towards H&T in NHS Pathways, with information being shared from other Trusts on how they record calls that fall within H&T definitions. • Clinical flow will be reviewed to develop an updated model to maximise H&T. • The focus is already on recruiting clinicians to meet the growth target of 45 FTE, with a robust plan in place to achieve by March 2026, as outlined in the business plan. • While recruitment continues increasing clinical capacity through overtime in remote hubs and increasing hours for rotational staff are being put in place. • Details on all key performance measures linked to growth funding will continue to be reviewed monthly at Performance and Improvement Review Groups, with updates going monthly into F&P in the performance update paper. The inputs that the Trust is being measured on regarding access to the remainder of the £11.1m additional growth funding need to be closely monitored with prioritised action to achieve as £5.5m is to still be secured. (further detailed in risks below).

Priority 2) Increase productivity to improve ambulance response times	
Executive Lead Summary: Nick Smith, Steven Dykes	
What? <i>What is the position at Q1?</i>	<p>Category 2 mean response time was 25 minutes and 34 seconds in May which was a 3 minutes 33 seconds improvement, below Operating Plan trajectory of 29 minutes and 07 seconds. Demand was down by 4.6% (3,614 responses) vs forecast over the month in May.</p> <p>Arrive to handover decreased to 20 minutes and 59 seconds. This is 4 minute 52 seconds improvement, below trajectory of 25 minutes 22 seconds. Transfer of care is now live at Hull, Scarborough, York, Mid Yorks, Airedale and Northern General with HNY improving from 44 mins average last year to 22 mins over the same period this year.</p> <p>Crew clear is improving as we continue conversations with outlying staff; data is shared and transfer of care increases management presence at ED.</p> <p>PTS eligibility criteria is live across all areas with significant improvement in saloon car demand seen across all areas. There's a reduction of 40.9% year on year, against a planned reduction of 19.7%</p> <p>Clinical Response Model progress is behind plan due to the capacity of staff to attend multiple development groups. Therefore, a revised approach is being implemented to simplify the ask of each group to make the work less resource intensive.</p>
So what? <i>What does this mean for the Trust?</i>	<p>The reduction in demand, significant improvement in handover times at ED, along with better crew clear times, means we have more crews available to respond. This enhances our ambulance response times for patients and increases our resilience during periods of high demand.</p> <p>Additionally, the reduced demand in PTS allows us to cut down on private provider usage and is helping move towards achieving a break-even financial position.</p>
Challenges/Learning	<p>The improvements in crew clear are positive, demonstrating effective delivery of the plan, however there remains significant variation in crew clear times between different sites and individual staff members. Some of this variation is behaviour-driven, which will require time to change through consistent messaging and support for outliers. The ePR completion</p>

	<p>contributes to crew clear, which is being addressed through the ePR project, however there will also need to be staff training re effective completion alongside the new hardware and reworked ePR to see significant improvements. This is ongoing.</p> <p>The availability of crews during meal breaks significantly impacts response times. There are opportunities to improve the issue, and these are currently being worked through and modelled by ORH as part of the improving rest break arrangements workstream.</p>
What next?	<ul style="list-style-type: none"> • The rollout of Transfer of Care will continue in Q2, with Doncaster and Barnsley going live in July and August. • Crew clear work will progress with the implementation of crew clear auto alerts, and the ongoing ePR work, which are expected to drive further improvements in the coming months. • The modelled options to address crew availability during meal breaks will be reviewed, and the most effective option will be selected to improve crew availability while maintaining staff welfare. • The revised approach to development of the clinical response model will be implemented with progress monitored through monthly business plan updates.

Priority 3) Enhance Care Quality and Safety	
Executive Lead Summary: Steven Dykes, Marc Thomas, Dave Green	
What? <i>What is the position at Q1?</i>	<p>The annual clinical audit programme has been developed and shared on pulse, and the work is on track. Although we currently do not have a Medicine Safety Officer, which has delayed completion of the strategic Medicines' Safety Plan, the plan is now drafted ready for review. CD compliance continues to improve, and the App roll out is ongoing, with West at 98% and North at 99% (where implemented).</p> <p>The deployment of an iPad-based ePR for all A&E crews by March 2026 is underway. This workstream is currently RAG rated as Amber for Q1 due to delays in iOS App development and budgetary pressures. Mitigation efforts are in place to aim for an Autumn pilot and to stay on track for the overall deployment completion deadline of the end of April 2026.</p> <p>The Cyber Resilience workstream is behind plan due to delays in testing which may then delay the pilot phase of the work. Completion of testing will allow development of the roll out plan which will provide clarity on the impact of delays during testing</p> <p>All milestones related to complaint response times were delivered in Q1, laying the groundwork for sustained improvement expected later in 2025/26. While some progress has been made, response times remain inconsistent, and the overall Trust average did not improve during April and May, however month on month measurements are volatile and all actions are on track. Improvement work is ongoing, with recognition that meaningful and consistent gains will take longer than Q1 to achieve.</p>
So what? <i>What does this mean for the Trust?</i>	<p>The iPad rollout will support some further improvement in crew clear. Our ability to demonstrate controlled drug compliance continues to improve as data becomes timelier and more accessible with the app roll out, and general compliance continues to improve through a continued focus by operational teams.</p> <p>We will take learning from our completed clinical audits in 25/26 that will enable us to improve processes and patient care.</p>
Challenges/ Learning	<p>The operational focus on CDs has significantly improved the position alongside the App roll out to support compliance.</p>

	The capacity to complete cyber resilience testing has been challenging, and it is not yet known if the position is recoverable until we move to pilot phase.
What next?	<ul style="list-style-type: none"> • The strategic medicines plan will progress to Clinical Governance Group in September. • The CD App roll out will continue as planned and is on track. • Cyber resilience testing will complete in July, after which it will move to the pilot phase, allowing for the development of a rollout plan that will provide clarity on position, timelines and impact/interdependencies. • The iPad deployment is scheduled to begin in September, with the iOS ePR also expected to be ready by then. Both will be closely monitored during the first months of Q2. • Local complaint resolution processes continue to be rolled out in West and South to reduce formal complaints related to attitude and service.

2.4.2 OUR PEOPLE

Priority 4) Strengthen Workforce Resilience and Development	
Executive Lead Summary: Amanda Wilcock	
What? <i>What is the position at Q1?</i>	<p>Sickness increased by 0.4pp to 6.8% in May and remains above the 5.8% operating plan trajectory. The absence reduction plan has been developed and was presented to the People and Culture Group at the end of June, with delivery of milestones on track.</p> <p>The decision was made to end the Empactis absence management system contract with the Trust moving to a GRS solution in Q2 with work on track to set up the GRS solution. Staffing groups will be trained prior to go live in August.</p> <p>Engagement with teams commenced in May and June on Team Based Working. A review findings will be undertaken to identify and propose changes to the team-based model in A&E operations. All milestones are on track.</p>
So what? <i>What does this mean for the Trust?</i>	<p>The Trust has made good progress in delivering its workforce plans, with improved turnover, reducing the need for recruitment.</p> <p>The move to a more person-centred approach to absence management with the change to GRS will offer better support for staff and help reduce sickness, which remains a priority and challenge.</p> <p>Teams have shared their experiences and insights on Team based Working, which will inform the development of effective solutions and improvements to the model that will support our frontline managers to deliver in their roles.</p>
Challenges/ Learning	<p>Challenges in staff retention in contact centres persist, but the situation is improving.</p> <p>Sickness absence remains a challenge in A&E operations and IUC. However, the implementation of the wellbeing team in EOC has led to a significant and sustained improvement in sickness rates. The insights gained from this initiative will be reviewed and shared across the operational service lines.</p>
What next?	<ul style="list-style-type: none"> • Training for staff on the transition from Empactis to GRS will continue, along with system testing, in preparation for the go-live date on 5th August. • The delivery of the absence reduction plan is progressing, with the development and launch of initiatives being monitored through the Organisational Efficiency Group.

	<ul style="list-style-type: none"> The focus of the Team Based Working review will shift to identifying best practices from YAS and other Trusts before developing recommendations later in Q2.
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Priority 5) Foster a Positive Organisational Culture	
Executive Lead Summary: Amanda Wilcock	
What? <i>What is the position at Q1?</i>	<p>The Trust's end-to-end recruitment processes have been reviewed, and recommendations for inclusive recruitment have been developed. Work continues to embed the sexual safety charter, with good progress made in all areas, focusing on the quality of investigations and increasing investigator capacity.</p> <p>Leadership development training is ongoing across the Trust, with efforts to raise awareness of the offer through the Senior Leadership Forum and the redesign of Pulse.</p> <p>Engagement with staff on the Trust strategy and YAS Together has been refreshed and is now moving to phase three, detailing the progress made since the launch. The self-assessment against the People Promise has not yet been received but will be completed once it arrives. The flexible working policy is progressing through the Policy Development Group, with the aim to move to sign-off in Q2.</p>
So what? <i>What does this mean for the Trust?</i>	<p>Our staff are feeling more secure in raising sexual safety concerns, and our ability to conduct timely investigations is improving. We are increasing the number of trained investigators, which will further enhance timelines and outcomes. Implementing the recommendations from the end-to-end recruitment review will improve our ability to recruit a more diverse workforce through inclusive recruitment practices.</p> <p>The sign-off of a new flexible working policy will enhance staff access to flexible working arrangements and standardise processes to ensure a fair and consistent offer that balances the needs of both staff and the Trust.</p>
Challenges/ Learning	<p>YAS continues to foster a positive organisational culture through the YAS Together Programme, which aligns with the NHS People Promise. Progress is evident, as reflected in improved National Staff Survey results and expanded leadership and wellbeing support. However, challenges remain in maintaining momentum across all staff groups, especially under operational pressure.</p> <p>The capacity of investigators for sexual safety cases is currently challenging, but efforts are ongoing to train more investigators.</p>
What next?	<ul style="list-style-type: none"> Engagement with staff on YAS Together will continue in Q2. The People Promise self-assessment will be completed once received, allowing us to understand progress from last year. The flexible working policy will progress through the Trust process for sign-off, with a launch planned for Q2 if approval is achieved. There is an ongoing focus on embedding the sexual safety charter and reducing investigation timescales to improve staff safety, with a particular emphasis on deterring violence and aggression and implementing the NHS England violence reduction standards.

2.4.3 OUR PARTNERS

Priority 6) Collaborate with system partners to coordinate care delivery	
Executive Lead Summary: Nick Smith	
What? <i>What is the position at Q1?</i>	Central to delivery of the plan is strengthened collaboration with system partners, which is ongoing. Key developments in Q1 include developing governance structures and data capture mechanisms to understand pathway access, availability and use to support decision-making and pathway optimisation internally as well as with system partners. This includes sharing best practice across operational areas and with system partners to support development of area plans to increase our use of alternative pathways.
So what? <i>What does this mean for the Trust?</i>	The development of the pathways dashboard was completed at the end of June. This allows us to identify which pathways can be better utilised and where there are gaps in alternative pathways provision. Consequently, we can focus our resource on developing plans to address these key areas, with improvement expected from Q2 onwards.
Challenges/ Learning	The Trust continues to strengthen its role as a strategic partner within the Integrated Care System (ICS). However, challenges persist in embedding consistent collaboration across all 15 Place partners. These challenges include aligning digital systems, expanding multi-disciplinary clinical capacity, and improving access to alternative care pathways to reduce avoidable conveyance and support care closer to home. Learning from 2024/25 highlights the importance of co-developing integrated care coordination models, such as Single Points of Access (SPOA), and improving data quality to support pathway utilisation and reduce unnecessary conveyance. These are all key points of this year's plan, which is ongoing.
What next?	Focus now moves to: <ul style="list-style-type: none"> • Putting clinical support arrangements in place to promote the use of appropriate clinical pathways. • Identifying the most effective communication methods to achieve this. We will continue to: <ul style="list-style-type: none"> • Work with partners on access and availability. • Develop and improve key pathways such as falls and mental health. • Implement plans for these pathways starting from September onwards.

Priority 7) Embed a culture of improvement through better use of data and QI	
Executive Lead Summary: Marc Thomas	
What? <i>What is the position at Q1?</i>	The changes to embed a culture of improvement through better use of data and QI will progress over 25/26 rather than in Q1 however good progress against plan milestones is being made.
So what? <i>What does this mean for the Trust?</i>	The Trust has laid strong foundations for embedding a culture of improvement through the QI Enabling Plan, adoption of the Model for Improvement, and expansion of QI training programmes. YAS is actively transitioning into a data-driven organisation. This means: <ul style="list-style-type: none"> • Timely, accessible, and actionable data is becoming central to how decisions are made at all levels. • The Trust is investing in business intelligence (BI) capabilities. This shift enables more precise targeting of improvement efforts, better resource allocation, and stronger accountability.

Challenges/ Learning	<p>Challenges persist in releasing staff time for improvement activity, securing consistent senior leadership engagement, and integrating QI into everyday practice across all directorates.</p> <p>Learning from 2024/25 highlights the importance of making data timely, accessible and actionable to support intelligence-led decision-making, and of strengthening reporting structures, visibility, and accountability for improvement work to sustain momentum and scale impact.</p>
What next?	<p>The Trust will:</p> <ul style="list-style-type: none"> • Enhance data quality and timeliness to support intelligence-led decision-making. • Develop advanced analytics and BI capabilities to inform clinical, quality, performance, and demand forecasting. • Share outputs with system partners to support integrated care and population health management.

2.4.4 OUR PLANET AND POUNDS

Priority 8) Ensure sustainable, effective and efficient use of resources	
Executive Lead Summary: Kathryn Vause / Nick Smith	
What? <i>What is the position at Q1?</i>	<p>Work is progressing on the Hull station to improve and consolidate our estate in the Hull area. The tender process is underway which will produce full costs and schedule for approval at Board in Q2, updating the position previously shared at Board with actuals to be considered and approved.</p> <p>Fleet optimisation through the introduction of telematics continues with installation set to be completed in July and the supporting policy working its way through Trust governance processes also set to be complete in Q2. This has yet to deliver the planned improvements which are to be seen later in the year.</p> <p>The PTS Provider Selection Regime (PSR) process in HNY will re-run after going to panel. The feedback and learning from the panel are being applied to the processes being run in West and South Yorkshire that are underway and expected to complete in July. This outcome is not a negative reflection on YAS PTS but on learning for the ICB on the process.</p> <p>The financial position at Month 3 is on track against plan. Work is required to identify the remaining gap in the Trust CIP plan to achieve a break-even position.</p> <p>The Trust is forecasting break even position.</p>
So what? <i>What does this mean for the Trust?</i>	<p>Completing the tender process for the new Hull station will provide the Trust with accurate costs and timelines, informing our plans for the station's go-live date and the disposal and repurposing of existing estate.</p> <p>The full implementation of the telematics system and its supporting policy will enable the Trust to reduce fuel and maintenance costs by identifying issues such as excessive idling and harsh driving events. These can be shared with colleagues for awareness and, where necessary, training to improve behaviours and adherence to Trust processes.</p> <p>Renewed contracts for PTS will allow the Trust to set out a contract value that accurately reflects PTS demand and agree processes for addressing the costs of increased demand vs the forecast contract position. This will improve the PTS services ability to deliver its budget.</p>
Challenges/ Learning	<p>The PSR process is still relatively new and untested for both commissioners and providers. It is clear from the HNY outcome that improvements can be made in how the process is run by the commissioners and how we prepare</p>

	<p>the required information for submission. However, this early learning will improve the processes in South and West in the coming months and inform any future PSR processes we enter.</p> <p>Identification of CIP schemes in operations has been challenging, especially while also maintaining performance and hours on the road at 2024/25 levels as per the growth funding requirements. This is being progressed in Ops and overall CIP monitored and supported through OEG.</p>
What next?	<ul style="list-style-type: none"> • The outcome of the procurement process for a construction supplier for the new Hull station is expected to come to Board in August. • The telematics policy will progress through PDG and Health and Safety group in Q2 which will support delivery of the associated benefits. • PSR processes are expected to complete in Q2 across all three ICB's, with contracts expected to be agreed by late September. However, this may be extended as both West and South started the process later than expected, and HNY is being re-run.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Any financial implications are identified for the relevant priorities and associated workstreams within the report and reported through the finance updates.
- 3.2 There is a potential risk to the remaining additional growth funding to be considered – see risk section below.

4.0 RISKS

- 4.1 Key risks have been highlighted within the report, these are addressed as part of the monitoring and review process and through the performance process.
- 4.2 Lack of full updates in some areas are being actively pursued and teams supported by performance and PMO colleagues to ensure TEG, assurance committees of Board and Board are effectively sighted and assured of progress and issues.
- 4.3 A key risk is the access to the second tranche of ambulance activity growth funding (£5.5m still to be secured for YAS). YAS must demonstrate clear delivery against the growth deliverables agreed during the operational planning round. These include metrics previously reported and monitored through the business plan and performance process: control room clinician numbers, deployed staff hours, hear and treat rates, conveyance rates, see and treat rates, job cycle time, and improved unavailability. Achieving the C2 mean alone will not qualify a service for funding if the planned growth deliverables are not met. The funding will be released in October, based on performance data up to August 2025, with additional assessment points in January and February for part payments if full delivery is not yet achieved.

NHS England has recognised that improvement may not be linear and is open to considering mitigations where one metric offsets a shortfall in another, for example, an increased hear and treat rate compensating for reduced DCA hours. If services fall short of full delivery, they will need to submit a proposal outlining how much of the second tranche is required to complete their plan. Early and proactive engagement with the National Ambulance Team is encouraged to agree on revised approaches and secure appropriate support.

Whilst YAS has prioritised tracking and delivering these metrics to ensure full funding is accessed and growth ambitions are met, TEG is asked to consider if we are confident of delivery by August to meet the criteria for release of funding or if we should submit an alternative proposal.

It is suggested a separate meeting of key leads consider our current and forecast position and present a proposal to TEG about our position, confidence in delivery and plans and whether we need to engage with the national team on a revised approach. If required, this would then progress for appropriate approval through Trust governance routes.

- 4.4 Although the Trust is currently forecasting a break-even financial position for 2025/26, there are several risks that could impact this. As detailed above, securing the remaining £5.5 million of additional ambulance growth funding is contingent on meeting specific metrics by the end of August. Additionally, proportion of the required Cost Improvement Plans (CIPs) remains unidentified, and there are challenges associated with both identifying and delivering the schemes. Any shortfall in these areas would not only affect income but also undermine the Trust's ability to deliver planned service improvements. As such, financial sustainability is closely tied to the pace and effectiveness of business plan delivery in Q2.
- 4.5 There is a recognised risk to the delivery of the business plan arising from the impact of the current senior leadership restructure. While it is recognised that colleagues will remain professional and committed to maintaining progress, the scale and impact of the changes underway may create uncertainty, divert attention, and affect capacity at a critical time in the year. The Trust acknowledges the professionalism of the leadership teams and their continued focus on delivery, but it is important to recognise that this period of transition could temporarily disrupt momentum and decision-making.

5.0 COMMUNICATION AND INVOLVEMENT

- 5.1 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, Quality, People, Finance and Performance Committee and Trust Board.

6.0 EQUALITY ANALYSIS

- 6.1 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

- 7.1 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. Identified actions will be supported through the performance process, with TEG and Board Assurance Committee 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.

- 8.3 At the end of Q1 there is strong foundational progress across the eight strategic priorities, with 13 workstreams RAG-rated Green and a further 8 rated Amber-Green. This reflects a high level of early planning and implementation readiness. Notably, no workstreams are rated Red.

The Q2 forecast shows continued momentum, with the number of Green-rated workstreams expected to increase to 15. However, 4 workstreams remain Amber, indicating ongoing delivery risk that requires continued focus and active management.

Executive attention is particularly required on the delivery of the Trust's ambulance growth deliverables, which underpin access to the second tranche (£5.5m) of the £11.1m growth funding. Performance data up to August 2025 will determine eligibility for this funding. While improvement trajectories are in place, deliverables such as clinical capacity in control rooms, hear and treat rates, and deployed hours are critical and remain under close review.

Mitigations, including increased overtime and remote hub staffing, are being implemented, but the Trust must assess its confidence in full delivery and consider whether to engage NHS England on a revised funding approach if risks persist.

- 8.4 As identified in the Risk Section above, it is suggested a separate meeting of key leads consider our current and forecast position on the key criteria to access the remaining additional growth funding and present a proposal to TEG about our position, confidence in delivery and plans, and whether we need to engage with the national team on a revised approach. If required, this would then progress for appropriate approval through Trust governance routes.

9.0 RECOMMENDATIONS

- 9.1 It is recommended that Trust Board:

- Notes the progress and position at Q1 end on delivery of the Trust business plan priorities for 2025/26.
- Supports the planned activity for Q2 including where additional focus is required, as noted in the paper.
- Considers and supports the recommended next steps, specifically action and assurance on the performance required to access the remaining additional growth funding.

10.0 SUPPORTING INFORMATION

Attached Appendices:






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
 Green (On Track)	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
 Amber-Green (Minor risks / delays)	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
 Amber (Off track within tolerance)	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
 Amber-Red (Significant risk)	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
 Red (Critical Failure)	Performance missing majority of targets; Multiple critical risks; Strategic objectives severely compromised;	Fundamental strategic challenges;	Immediate intervention;

	Financial performance off plan	High risk of project/initiative failure; Requires radical intervention	Potential project restructuring/cancellation; Comprehensive strategic review; Detailed analysis
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