



Yorkshire Ambulance Service Winter Strategic Approach

October 2025- March 2026
Liz Eastwood

September 2025



Contents

1.0 Introduction.....2

2.0 Horizon scanning the period.....3

2.1 National Picture.....3

2.2 Impact of Winter Viruses5

2.3 Adverse Weather6

2.4 Yorkshire and Humber Context (including service line considerations).....7

2.5 Identified Risks to Maintaining Operational Delivery10

2.6 Demand and Capacity Considerations – all service lines12

2.7 Conclusion of Horizon Scan.....17

3. How will we respond to these challenges?.....19

3.1 Use of the National Decision Model.19

3.2 Learning from 2024/2520

3.3 Working Strategy20

3.4 Tactical Plans.....21

3.5 Ensuring Delivery of the Tactical Plans22

3.6 System Partnership22

3.7 Monitoring Success.....22

3.8 Capturing Learning.....22

Version History

Version	Date	Changes	Who
0.1	29/7/2025	First draft structure	Elizabeth Eastwood
0.2	1/8/2025	Second draft structure to NS	Elizabeth Eastwood
1.0	6.8.25	TEG approved document	Tasnim Ali
1.1	26.08.25	Minor amends to spelling errors and update of charts from Capacity Planning (version sent to TEG 3.9.25)	Tasnim Ali/Jonathan Oldroyd
1.2	01.09.25	Amends to decision making model	Tasnim Ali

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 1 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

1.0 Introduction

Yorkshire Ambulance Service (YAS) provides three core services to the population of Yorkshire and Humber. These are:

- 999 Operations,
- Remote Patient Care – including our Emergency Operations Centre (EOC) taking 999 calls and, Integrated Urgent Care (IUC) which includes our 111 service.
- Patient Transport Services.

Maintaining the delivery of these vital services is essential to ensure that the population of Yorkshire and Humber receive the highest possible quality of service and care during periods of known pressure. Our winter plan will support the organisation to deliver its key strategic and business plan objectives for 2025/26 through this period.

This purpose of this document is to clearly set out the strategic context for the development of our Tactical Winter Plan for 2025/26 and identify the known risks that the organisation will need to mitigate. For the purposes of our planning, we have defined the winter period as the 1st October 2025 until the 31st March 2026.

Our Tactical Winter Plan is pre-emptive in nature, addressing the identified risks before they escalate to a level where our Business Continuity (BC) plans are unable to maintain safe levels of service.

Our delivery in respect to BC is prioritised into activities known as the YAS 7. This can be seen below in Figure 1:



Figure One : YAS 7

Call Handling. Maintaining the ability to answer 999, 111 and PTS calls in a timely and effective way.

Triage. Maintaining the ability to safely prioritise 999 and 111 calls to ensure the most appropriate response is made in time order.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 2 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

Dispatch. Maintaining the ability to mobilise the appropriate resource to the patient in a timely manner.

Treat. Ensuring that our patients receive appropriate treatment in a safe, caring and timely manner.

Transport. Ensuring that if transport is required the most appropriate response is provided in a timely way.

Command. Ensuring that there is a competent and capable command structure in place to ensure safe delivery of service 24/7.

Communication. Ensuring that there is an effective method of communication in place to flow accurate and understandable information across the organisation at pace.

2.0 Horizon scanning the period.

2.1 National Picture

2.1.1 NHS Guidance and Expectation

2.1.1.1 Urgent and Emergency Care Plan 2025/26

The Department of Health and Social Care and NHS England published a new *Urgent and emergency care plan 2025/26* in June 2025. The plan sets out expectations on systems around urgent care developments and specifically requires systems to have developed and tested collective winter plans for the 2025/26 winter period. Of particular pertinence to YAS are the following key asks:

- Reduce ambulance wait times for Category 2 calls from 35 to 30 minutes
- Eradicate last winter's lengthy handover delays by meeting the maximum 45 minutes
- Improve vaccination rates for frontline staff towards to pre pandemic level - increase of 5%
- Increase the number of patients receiving urgent care in primary, community and mental health – urgent community response teams, virtual wards
- Range of priorities for Acute Emergency Departments' (ED's) – 4 hour performance, reducing 12-hour breaches, reducing 24-hour length of stay in ED's

It is not clear at this stage how each of the ICB's wish YAS to participate in system level testing of each winter plan. This in itself will pose a challenge to YAS with the potential for different expectations from each ICB.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 3 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

2.1.1.2 NHS Long Term Plan

In July 2025 the Secretary of State for Health presented a new 10 year vision for the NHS, *Fit for the Future: The 10 Year Health Plan for England*. Whilst the plan outlines the longer term plans for the NHS, there are some substantial changes which will commence and have a wider system impact for winter 2025/26. Notably these are:

- Move the neighbourhood model of care from the current model which has been identified as acute centric. It is currently not clear what changes will be implemented prior to winter but this could increase the range of different asks for YAS from an urgent care perspective.
- Abolishment of NHS England, encompassing its responsibilities into the Department of Health and Social Care and seven regional offices. This is tied to an expected reduction of the overall running costs. The timeframe for this is over the next two years however the planned changes have and will continue to cause significant disruption to the wider NHS as the change is implemented.
- Integrated Care Boards are to reduce to 42 nationally over the next two years, with existing ICB's to commence clustering and operating within the set running costs cap from autumn 2025. This will likely result in a number of changes to the ICB's we currently work with over this period.
- Greater focus on local autonomy and accountability with regions expected to draw up action plans for identified failing providers. Providers will be assessed using a new diagnostic process to better understand persistent under performance. Regions will focus on supporting identified providers through a range of options including supporting reconfiguration of providers, replacing leadership teams or the placement of a failing provider into administration, with providers taken over by another provider. Whilst this will be in the early stages on implementation throughout winter 2025/26 this could cause some changes in the wider provider landscape across Yorkshire and Humber.

As articulated, each of the changes will commence but not be fully implemented prior to winter 2025/26 but each have the potential to cause increased disruption to the overall operating model across the NHS in place to support systems to work together throughout winter.

2.1.1.3 Industrial Action

Resident doctors across England have balloted to take strike action linked to the pay offer for 2025/26. Initial strike action took place in July 2025 however it is not currently clear if further strike action will continue by resident doctors into the autumn and beyond. This action causes significant disruption to service on the days of action, impacting on our ability to direct patients to alternative urgent care services. The focus required by wider providers trusts to support the planning for this action poses an added distraction away from planning for winter with the potential impact of provider and wider systems being less ready for winter as a result.

Whilst there are not current ballots out on wider industrial action for other staff groups within the NHS it should be noted that the 2025/26 pay offer has not been supported by all unions.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 4 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

It is likely these unions will be waiting to understand the impact and resolution to the planned resident doctors strikes.

The collective action by GP's which commenced in 2024/25 paused following agreement of a contract in 2025/26, however the actions taken as part of this action have been adopted as business as usual for GP's nationally. To date YAS have seen no significant impact on the demands for our services outside the normal variations of urgent care demand.

2.1.2 National Security Picture

Whilst the overall threat level for the UK has not increased there is a growing amount of concern linked to global activities by other nations. This is increasing the noise and likelihood of our specialist resilience services being deployed to respond to such an incident and/or a request from another organisation from mutual aid. Such activities will also place significant pressure on the command structure which is a key part of the winter resilience plan within YAS.

2.2 Impact of Winter Viruses

Systems will be required to respond to the impact of ongoing waves Respiratory Infections alongside the increased prevalence of other viruses in winter. Public Health colleagues annually review the patterns of virus prevalence across the period in the UK in the previous winter, alongside information from the ongoing 'winter' period in the Southern Hemisphere to predict the coming winter challenges. Early indications from Public Health colleagues have indicated that there will be comparative pressures to the previous two years linked to winter viruses.

Winter 2023/24 and 2024/25 saw the following key impacts across the system:

- Presence of both flu and Covid impacting earlier on in the season than the traditional January spike
- Viruses spiked at significantly different timeframes in different parts of the region, viruses remained at peak levels of prevalence for longer periods of time once the peak had been reached
- Norovirus being prevalent in systems across the period impacting on hospital bed availability through closed beds and the impact on discharges
- Other previously eradicated viruses impacting in much higher levels of prevalence in communities, notably measles and scarlet fever.
- Ongoing threat of new emerging viruses worldwide

This was all in line with the predictive modelling provided by regional public health colleagues.

The Trust reviewed its pandemic plan in 2024/25 in response to wider learning. In autumn 2025 the national resilience exercise Pegasus is linked to pandemic response, which will allow us to test some aspects of our plan.

Flu vaccine uptake throughout the workforce and proactive introduction on increased Infection Prevention Control (IPC) measures will be key to mitigating these risks for YAS.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 5 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

2.3 Adverse Weather

Overview

The period that this seasonal plan covers includes those months where we are most at risk of experiencing adverse weather. This poses a four key risks to us as an organisation:

- The risk of our staff being able to get to work, particularly those staff located in remote areas and those reliant on public transport, impacting on our available capacity.
- The timeliness of our teams being able to get to patients in remote locations due to hazardous driving conditions, impacting on our response times.
- Increased demand as a result of adverse weather impact on patient conditions and ability to access public transport or transport to alternative healthcare facilities.
- Impact of adverse weather on core national infrastructure i.e. electricity

Review of previous winter periods indicates that we are at risk of the following adverse weather throughout the period.

- Flooding/Heavy Rain
- Snow
- Ice
- Fog/Mist

Review of historical impact of adverse weather indicates that the key periods of risk are January to early March. The impact of such weather can be variable across the region given the road infrastructure and specific location of weather extremes. The Trust has a developed and tested adverse weather plan to enact to respond in such scenarios.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 6 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

2.4 Yorkshire and Humber Context (including service line considerations)

YAS covers the footprint of three ICB's each with its own local challenges. This can be broken down geographically as outlined in figure two below.

Figure Two: Map of Geographical Coverage for YAS Services.



YAS continues to be committed to building on the foundations of the relationship built with each of our ICB partners. This relationship will support the transition towards the neighbourhood model outlined in the NHS long term plan.

2.4.1 Yorkshire Ambulance Service Senior Leadership Review

YAS launched a consultation into a proposed change to the leadership structure affecting the Operations, Deputy Chief Executive and Chief Paramedic Portfolios. Whilst it is anticipated that the changes will be confirmed and implemented prior to winter 2025/26 the uncertainty created during the planning process could lead to some unintentional disruption to planned improvement works.

2.4.2 A&E Operations

Overview

The service has identified a number of key priority areas to support maximising the available clinical operational capacity This has included the overall recruitment of the clinical workforce in line with established budgets, and work to maximise the efficient use of this available

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 7 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

capacity through a range of schemes including minimising the handover to clear times, working with partners to implement 'transfer of care' to work to 45 minute handover with all acute trusts and review the rest break policy to support clinical colleagues to get an appropriate rest break whilst maximising the available clinical resource throughout the shift.

We continue to work with all three of our ICB's through the Clinical Business Unit structure to ensure we build strong relationships to meet the challenges for winter and utilise all available opportunities to avoid conveyance to ED's.

Area specific considerations for Winter Plan

- Restrictions in overtime may negatively impact on our ability to cover expected winter increase in sickness/ absence and limited ability to increase resources during winter
- Ability of systems to maintain improvements in transfer of care throughout the winter period impacting on the available capacity
- Increase in flu vaccination rates amongst staff to reduce risk of rising sickness absence
- Increase in utilisation of alternative pathways – and access to non-ED pathways in place prior to winter
- Maximising clinical development/learning pre-winter to ensure focus over winter on operational resource and maximising resource availability

2.4.4 Patient Transport Service (PTS)

Overview

The service completed a service line review of last winter and has incorporated key learning to plan for the forthcoming winter period. In addition, the service has implemented the eligibility criteria across Yorkshire and Humber throughout the initial part of 2025/26. Consequently, the service has seen a reduction in demand for standard car journeys and reducing the required taxi provision.

This reduction in demand has also allowed the service to reduce private ambulance provision usage which is anticipated to continue throughout winter.

Area specific considerations for Winter Plan

- High sickness levels – reviewing surge plans, IPC plans and vaccine uptake across PTS to support the front-line service in 2025/26.
- System pressure in Acutes – regularly at OPEL 4 – increased requirement for discharge service.
- Implementation of eligibility criteria
- Electric Vehicles – unknown seasonal issues linked to winter weather that could impact on the operational running of the vehicles

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 8 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

2.4.5 Emergency Operations Centre (EOC)

Overview

EOC has done extensive work throughout 2025/26 to strengthen the overall business functions which will provide extensive support to the winter response. This has included the embedding of the structure consulted on and appointed to in 2024/25, the implementation of changes to the EOC Contact & Referral Assistant role to increase call handling capacity, developing and increasing the clinical capacity to allow us to maximise hear and treat, and reviewing the Category 2 validation process to allow us to have more robust oversight of conveyance and the role out of NHS Pathways, which will be complete in October 2025.

It is anticipated that demands will remain significantly high throughout the winter period, commencing in mid-November through to mid-January.

Area specific considerations for Winter Plan

- High sickness levels impacting on available capacity
- Embedding of new systems and developments across EOC
- Impact of additional clinical resources to maintain NHS Pathways licence whilst still maintaining and increasing Hear and Treat %'s
- Ability to mentor new EHA's due to lack of mentors available whilst still maintaining BAU
- Ability to train Module 2 for NHS Pathways, consolidated learning and coaching over this period to ensure sufficient mentors for new starters

2.4.6 Integrated Urgent Care (IUC)

Overview

We expect to see increased demand for services during the winter period in line with previous years, with peak of this demand usually focused on the bank holidays over the Christmas period. In the last 12 months we have successfully completed our implementation of our 'Case for Change' program of work and are now embedding those changes which has moved to focus on ensuring that those delivering that service have appropriate levels of support. We have had great success with recruitment of both non-clinical (Health Advisor) and clinical (Senior Clinical Advisors) and are up to our budgeted establishment levels, which is the first time in recent years we have been able to say this. We have, as a result also moved away from a reliance on agency as a source of new and existing staffing, and as of April 2025 no longer have any agency staff on the payroll

As part of the wider new Remote Care structure, we have now implemented a new governance structure to ensure that work can feed into the appropriate Trust level groups. This includes an adapted Senior Leadership Team (SLT) meeting structure to ensure effective oversight of all areas of business. Performance against KPI's in the last 12 months have shown strong improvements, and with work with our Trust executive we have robust plans over the next 12 months to maintain this level of performance.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 9 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

We are currently in development with our EOC colleagues in developing a 'Remote Patient Care Clinical Hub' – in essence the ambition is to combine the two clinical teams in the 999 / 111 services into one. To enable this, work will continue through Q2 and Q3 to move IUC Clinicians onto the same assessment system (C3) as we use in EOC, which will then open up the possibility of a joint clinical queue, allowing us to ensure the right level of support is offered our sickest patients, as well as removing duplication and reworking of cases as they pass between the two service lines. As part of this, over last winter we have developed a more productive working relationship, and as such we saw a safer approach to dealing with higher acuity patients ensuring we can keep the most in need, safe and we will look to use the lessons learned from last year as we move into this winter.

Area specific considerations for Winter Plan

- May see increased number of 'refused pathways' relating to this impacting on clinical queues and other primary care settings
- High sickness levels
- Bedding in time of new systems for clinical teams as we transition to C3

2.5 Identified Risks to Maintaining Operational Delivery

As part of the Trusts risk assurance process a number of risks are already identified on the corporate risk register linked to impacting on service delivery. Those where we believe the likelihood of the risk impacting on service delivery have been identified in table two below. In addition, there are a number of risks that if not mitigated will impact on the trusts ability to respond to the identified challenges posed to the Trust over the next six months, as summarised in table three.

These risks will continue to be managed via the agreed risk assurance processes with the Operational Resilience Oversight Group monitoring and informing changes to these two sets of risk.

Table Two: Corporate Risks that could be impacted - extract from the July 2025 Corporate Risk register				
Risk ID	Title	Risk Description	Current Grading	Business Area
627	South – Operational Performance	IF there is an increase in demand/Acuity split across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	20	South A&E Operations
616	West – Operational Performance	IF there is an increase in demand/Acuity in West Yorkshire THEN there may be excessive response times RESULTING IN patient harm	12	West A&E Operations
603	North & East - Operational Performance	IF there is an increase in demand/Acuity split across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	12	N&E A&E Operations

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 10 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

688	West - Bradford Cat 2 90th Performance	IF the Trust continues to not achieve the target 40 minute response for CAT 2 90th THEN there is a delayed patient response and commencing of care	12	West A&E Operations
623	South	IF there are hospital handover delays THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	20	South A&E Operations
602	North & East	IF there are hospital handover delays THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	12	N&E A&E Operations
433	EOC workforce capacity	IF there are sustained increases in call volume, duplicate calls and failure to meet requirements for staffing numbers, THEN EOC staff will not be able to allocate resources in a timely manner RESULTING IN delayed response times to answer and respond to emergency calls with potential for harm to patients	12	EOC

Table Three: Corporate Risks that will impact on Trusts ability to respond to seasonal challenges - extract from the July 2025 Corporate Risk register				
Risk ID	Title	Risk Description	Current Grading	Business Area
648	South Fleet Availability	IF there is no fleet available for staff at the start of their shift, or when a vehicle becomes unavailable through defect THEN there will be no ability for staff to respond to patients	15	Operations
663	N&E – Fleet Availability	IF there are not enough ambulance resources available to transport patients to ED, THEN there will be delays in patients receiving definitive treatment	16	Operations
559	PTS Contract	IF a procurement process is commenced for PTS contracts (including any challenge against PSR - direct award scheme) and a formal tender process is commenced THEN the contract(s) may be lost and awarded to competitors by September 2025	15	PTS

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 11 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

2.6 Demand and Capacity Considerations – all service lines

In line with the expectations from NHS England YAS has undertaken robust demand and capacity assessments across all service lines. For this forecasting the planning assumptions in each service line have been described as point of reference.

Demand patterns

Changes to activity patterns over the Christmas/New Year period will result in changes in expected demand levels. Demand has been forecasted using established processes and will be refreshed no less than monthly to give the most up to date position with the most recent trends and intelligence.

Rostering of staff

Rostering of staff will be completed in line with Trust policies and standard operating procedures and considering the unique demand profiles of the Christmas/New Year period. Overtime will be released in line with demand profiles; however, it is noted that overtime uptake can reduce over Christmas & New Year due to increased annual leave taken by staff.

As part of tactical planning, we will review the high risk shifts that require a different approach to fill proactively. The ambition is that this is done as early as possible.

Alongside this the tactical plan for fleet will include approaches to maximise the availability of fleet to support mitigating the risks linked to key dates.

Staff Sickness

Staff sickness always increases over the winter period and will be managed by the appropriate managers. Over the Christmas and New Year periods this is difficult to mitigate with additional overtime due to staff not wanting to work additional shifts.

Our ability to support staff operationally to return to work as quickly as is safely possible is reliant on a number of corporate services, notably HR. We will therefore request these teams review tactical options to provide support throughout the key dates to operational teams.

Demand, Capacity and Performance Forecasts

The demand and capacity overview has been broken down as follows:

Strategic Planning Level

- Monthly demand, capacity, and (where relevant) performance forecast for the remaining months of the year
- Weekly demand, capacity, and (where relevant) performance forecast for the weeks where the highest pressures are expected to be seen.

Tactical Planning Level

- Daily demand and capacity forecast for the weeks where those periods of high pressure are most significant.
- Intraday demand and capacity forecast for key dates where the most intense pressures are expected, generated by either a significant variance between demand and capacity or

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 12 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

where the demand profile has changed significantly from the norm, creating intense pressure due to its misalignment to the capacity profile.

Using the planning assumptions detailed previously a baseline forecast has been set and we will monitor against this. Should any forecasting revisions be needed if there are additional special cause factors, these will be discussed at Operational Resilience Oversight Group (OROG) prior to any changes.

2.6.1 A&E Operations

- Forecasting total response demand at 3.3% below operating plan based on YTD run rates
- H&T currently below operating plan meaning forecast responses at scene are 0.5%-0.9% below operating plan
- Conveyance rate is forecast to be 1.8%-2.0% over operating plan. However, the forecast conveyance volume remains in line with operating plan as overall demand is lower.
- Arrival to handover is running under operating plan YTD, however ICB submitted trajectories are being maintained for rest of year in forecast
- Improvements seen in crew clear time mean forecast is roughly in line with operating plan
- Category 2 mean forecast seeing some variance to operating plan due to H&T and sickness, full year forecast remains below 29 minutes

			Actual / Forecast	Forecast								
ICS	Category	Metric	Type	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Trust	Demand	Responses	Operating Plan	75,172	74,799	79,712	79,313	86,735	82,645	73,764	80,592	
			Actual / Forecast	72,664	72,303	77,052	76,667	83,841	79,887	71,303	77,903	
			Variance	-3.3%	-3.3%	-3.3%	-3.3%	-3.3%	-3.3%	-3.3%	-3.3%	
		Responses at Scene	Operating Plan	62,222	61,108	64,511	63,479	71,741	66,258	59,539	64,893	
			Actual / Forecast	61,800	60,832	64,315	63,400	71,277	66,157	59,384	64,749	
			Variance	-0.7%	-0.5%	-0.3%	-0.1%	-0.6%	-0.2%	-0.3%	-0.2%	
		STR %	Actual / Forecast	25.7%	25.6%	25.5%	25.4%	25.7%	25.4%	25.5%	25.5%	
			Conveyance Rate	Operating Plan	57.4%	56.5%	55.8%	55.0%	57.4%	55.2%	55.6%	55.5%
				Actual / Forecast	59.4%	58.6%	58.0%	57.3%	59.4%	57.4%	57.8%	57.6%
		Variance		2.0%	2.1%	2.1%	2.2%	2.0%	2.2%	2.2%	2.2%	
		Turnaround	Arrive to Handover	Operating Plan	00:22:50	00:23:35	00:25:24	00:27:06	00:28:34	00:28:03	00:24:36	00:22:20
				Actual / Forecast	00:22:50	00:23:35	00:25:24	00:27:06	00:28:34	00:28:03	00:24:36	00:22:20
	Variance			00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	
	Handover to Clear		Operating Plan	00:21:30	00:21:00	00:20:30	00:20:00	00:20:00	00:20:00	00:20:00	00:20:00	
			Actual / Forecast	00:21:30	00:21:00	00:20:30	00:20:00	00:20:00	00:20:00	00:20:00	00:20:00	
			Variance	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	
	Response Times	Category 2 Mean	Operating Plan	00:26:19	00:28:39	00:25:13	00:30:31	00:31:20	00:25:23	00:30:59	00:31:33	
			Actual / Forecast	00:24:25	00:25:38	00:30:09	00:30:52	00:32:28	00:24:31	00:32:28	00:34:26	
			Variance	-00:01:54	-00:03:01	00:04:57	00:00:21	00:01:08	-00:00:52	00:01:29	00:02:53	
	Excessive Responses	Cat. 1 Excessive Responses	Actual / Forecast	546	693	736	510	568	307	579	509	
		Cat. 2 Excessive Responses	Actual / Forecast	1,620	1,891	1,916	1,548	1,628	1,141	1,687	1,549	

OFFICIAL-SENSITIVE ONCE COMPLETE

YAS Winter Strategic Approach 2025/26				Page	Page 13 of 24
Author	Elizabeth Eastwood	Version	1.2	Status	Final
Approval Date	TEG approval on 6 August 2025	Status	Final	Review Date	
Issue Date	01.09.25	Review Date			

Service	Category	Metric	Actual / Forecast Type	Forecast							
				Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A&E	FTE	Total FTE	Operating Plan	3,401	3,398	3,392	3,365	3,335	3,316	3,293	3,262
			Actual / Forecast	3,393	3,399	3,385	3,373	3,350	3,330	3,299	3,288
			Variance	-0.2%	0.0%	-0.2%	0.2%	0.5%	0.4%	0.2%	0.8%
		Substantive FTE	Actual / Forecast	3,324	3,341	3,344	3,332	3,295	3,270	3,238	3,207
			Operating Plan	69	58	41	41	54	60	60	81
			Actual / Forecast	39.1%	38.7%	38.8%	36.8%	35.3%	33.2%	37.4%	39.6%
	Capacity	Abstraction %	Operating Plan	38.0%	37.7%	37.7%	35.7%	34.2%	32.2%	36.3%	38.6%
			Actual / Forecast	39.1%	38.7%	38.8%	36.8%	35.3%	33.2%	37.4%	39.6%
			Variance	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
		Average Daily Staff Unit Hours	Operating Plan	11,528	11,629	11,637	12,036	12,356	12,649	11,783	11,475
			Actual / Forecast	11,610	11,632	11,571	11,969	12,289	12,580	11,715	11,407
			Variance	0.7%	0.0%	-0.6%	-0.6%	-0.5%	-0.5%	-0.6%	-0.6%
	Sickness	A&E Sickness	Operating Plan	5.8%	6.0%	6.4%	6.9%	8.5%	7.7%	7.3%	6.6%
			Actual / Forecast	6.1%	5.9%	6.3%	6.3%	7.9%	8.0%	6.2%	6.3%
			Variance	0.3%	-0.1%	-0.1%	-0.6%	-0.6%	0.3%	-1.1%	-0.3%
	Turnover	A&E Turnover	Operating Plan	5.7%	5.8%	5.5%	5.4%	5.5%	5.6%	5.8%	5.8%
			Actual / Forecast	5.7%	5.8%	5.5%	5.4%	5.5%	5.6%	5.8%	5.8%
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

* tables will be refreshed periodically to give most up to date forecast position

** operating plan deployed hours have been updated to reflect re-baselined plan submitted to NHSE 25/07/2025.

2.6.2 Emergency Operations Centre (EOC)

- Forecasting total call demand higher than operating plan in October then in line with plan for rest of year
- AHT shorter than operating plan until January though this is due to known impact of outsourcing the (longer) emergency calls during Pathways implementation
- Mean call answer variances to operating plan are expected due to Pathways roll out.
- H&T currently below operating plan mainly due to outsourcing and changes to H&T definitions in NHS Pathways

ICS	Category	Metric	Actual / Forecast Type	Forecast							
				Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust	Call Handling	Calls Offered ①	Operating Plan	91,117	90,607	95,923	95,015	104,591	98,534	82,296	94,428
			Actual / Forecast	96,088	93,517	102,369	96,832	104,591	98,534	82,296	94,428
			Variance	5.5%	3.2%	6.7%	1.9%	0.0%	0.0%	0.0%	0.0%
		AHT	Operating Plan	00:07:37	00:08:05	00:08:09	00:08:07	00:08:06	00:07:47	00:07:44	00:07:47
			Actual / Forecast	00:06:57	00:07:30	00:07:39	00:07:28	00:07:33	00:07:50	00:07:50	00:07:47
			Variance	-00:00:40	-00:00:35	-00:00:30	-00:00:39	-00:00:33	00:00:03	00:00:06	00:00:00
		Mean Call Answer	Operating Plan	00:00:10	00:00:08	00:00:13	00:00:18	00:00:19	00:00:01	00:00:01	00:00:01
			Actual / Forecast	00:00:14	00:00:27	00:00:03	00:00:02	00:00:04	00:00:01	00:00:01	00:00:02
			Variance	00:00:04	00:00:19	-00:00:10	-00:00:16	-00:00:15	-00:00:00	00:00:00	00:00:01
		% Calls Answered in 5 Seconds	Operating Plan	87.7%	85.5%	90.5%	79.8%	69.6%	89.1%	88.9%	84.7%
			Actual / Forecast	61.9%	64.5%	92.2%	94.5%	89.7%	96.5%	95.6%	93.7%
			Variance	-25.8%	-21.0%	1.7%	14.6%	20.2%	7.4%	6.7%	9.1%
		% Calls Answered in 120 Seconds	Operating Plan	96.4%	95.2%	97.0%	93.4%	87.1%	97.6%	97.3%	96.0%
			Actual / Forecast	93.3%	82.5%	98.0%	99.2%	97.6%	99.6%	99.3%	99.0%
			Variance	-3.1%	-12.7%	1.0%	5.8%	10.5%	2.0%	2.0%	3.0%
	Clinical	H&T Volume	Operating Plan	12,950	13,691	15,201	15,834	14,994	16,387	14,225	15,699
			Actual / Forecast	10,864	11,472	12,737	13,267	12,564	13,731	11,919	13,154
			Variance	-16.1%	-16.2%	-16.2%	-16.2%	-16.2%	-16.2%	-16.2%	-16.2%
		H&T %	Operating Plan	17.2%	18.3%	19.1%	20.0%	17.3%	19.8%	19.3%	19.5%
			Actual / Forecast	15.0%	15.9%	16.5%	17.3%	15.0%	17.2%	16.7%	16.9%
			Variance	-2.3%	-2.4%	-2.5%	-2.7%	-2.3%	-2.6%	-2.6%	-2.6%

- Clinical FTE in line with operating plan to support maximising H&T
- Abstraction rates running over forecast across call handling, dispatch and clinical

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 14 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

Service	Category	Metric	Actual / Forecast	Forecast							
			Type	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
EOC	Call Handling	Total FTE	Operating Plan	276	265	285	274	292	251	232	238
			Actual / Forecast	208	217	230	235	237	244	245	247
			Variance	-24.7%	-18.0%	-19.3%	-14.3%	-18.9%	-2.9%	5.5%	4.1%
		Substantive FTE	Actual / Forecast	199	207	219	223	224	232	232	235
			Overtime FTE	9	10	11	12	12	12	13	13
		Abstraction %	Operating Plan	41.5%	41.4%	33.9%	31.2%	33.1%	30.0%	35.1%	37.7%
			Actual / Forecast	48.3%	50.8%	36.6%	31.0%	33.6%	30.0%	35.2%	37.9%
			Variance	6.8%	9.4%	2.8%	-0.2%	0.5%	0.0%	0.1%	0.2%
		Recruitment	Operating Plan	15	20	20	5	0	15	15	15
			Actual / Forecast	16	5	20	20	0	15	15	15
			Variance	6.7%	-75.0%	0.0%	300.0%	0.0%	0.0%	0.0%	0.0%
	Dispatch	Total FTE	Operating Plan	138	137	145	144	144	143	143	142
			Actual / Forecast	122	129	128	128	128	131	134	133
			Variance	-11.6%	-6.5%	-11.5%	-11.4%	-11.1%	-8.7%	-6.2%	-6.2%
		Substantive FTE	Actual / Forecast	113	120	119	119	118	121	124	124
			Overtime FTE	9	9	9	9	10	10	10	9
		Abstraction %	Operating Plan	37.1%	32.4%	31.4%	29.1%	32.8%	25.1%	27.5%	29.0%
			Actual / Forecast	34.3%	32.4%	32.2%	29.5%	32.8%	25.1%	27.5%	29.3%
			Variance	-2.8%	0.0%	0.8%	0.4%	0.0%	0.0%	0.1%	0.3%
	Clinical	Total FTE	Operating Plan	126	129	136	137	136	142	142	146
			Actual / Forecast	127	132	142	141	140	147	148	152
			Variance	1.0%	2.6%	4.2%	3.0%	2.9%	3.5%	3.9%	4.5%
		Overtime FTE	Actual / Forecast	7	8	9	9	9	9	9	9
			Abstraction %	45.8%	42.1%	34.6%	27.6%	37.9%	30.9%	33.9%	36.0%
		Abstraction %	Actual / Forecast	46.2%	42.5%	34.6%	27.6%	37.9%	30.9%	33.8%	36.0%
			Variance	0.4%	0.4%	0.0%	0.0%	0.0%	0.0%	-0.1%	-0.1%
		Substantive Clinical Navigator FTE	Actual / Forecast	30	32	34	34	33	33	33	33
		Substantive Senior Clinical Advisor FTE	Actual / Forecast	89	93	99	98	98	104	106	110

2.6.3 Integrated Urgent Care (IUC)

Forecasts currently in line with operating plan despite some variances in Q1

ICS	Category	Metric	Actual / Forecast	Forecast							
			Type	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust	HA Demand	Calls Offered	Operating Plan	139,172	134,740	148,763	155,194	177,380	165,150	147,189	158,516
			Actual / Forecast	139,172	134,740	148,763	155,194	177,380	165,150	147,189	158,516
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AHT	Operating Plan	00:10:46	00:10:33	00:10:39	00:10:37	00:10:25	00:10:29	00:10:43	00:10:33
			Actual / Forecast	00:10:46	00:10:33	00:10:39	00:10:37	00:10:25	00:10:29	00:10:43	00:10:33
			Variance	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
		% Calls Answered in 120 Seconds	Operating Plan	94.0%	98.0%	99.0%	98.0%	80.0%	75.0%	98.0%	100.0%
			Actual / Forecast	95.0%	96.0%	97.0%	97.0%	94.0%	97.0%	96.0%	91.0%
			Variance	1.0%	-2.0%	-2.0%	-1.0%	14.0%	22.0%	-2.0%	-9.0%
		Calls Answered	Operating Plan	130,085	125,943	139,050	145,061	165,798	154,367	137,578	148,166
			Actual / Forecast	130,085	125,943	139,050	145,061	165,798	154,367	137,578	148,166
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	HA Capacity	Not Ready Reason Codes	Operating Plan	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
			Actual / Forecast	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	CA Demand	Calls Answered	Operating Plan	32,820	32,156	34,207	35,667	37,542	41,327	35,123	36,438
			Actual / Forecast	32,820	32,156	34,207	35,667	37,542	41,327	35,123	36,438
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

- FTE under operating plan, however YTD call volumes are below plan and service level predictions are strong

OFFICIAL-SENSITIVE ONCE COMPLETE

YAS Winter Strategic Approach 2025/26		Page	Page 15 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

			Actual / Forecast	Forecast							
Service	Category	Metric	Type	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
IUC	HA Workforce	Total FTE	Operating Plan	438	466	477	458	438	454	436	418
			Actual / Forecast	429	437	447	429	421	424	436	422
			Variance	-2.1%	-6.2%	-6.3%	-6.3%	-3.9%	-6.6%	0.0%	1.0%
		Substantive FTE	Actual / Forecast	411	427	437	419	401	413	426	407
		Overtime FTE	Actual / Forecast	19	10	10	10	21	11	10	15

2.6.4 Patient Transport Service

Need to check all these forecasts as they're all currently in line with operating plan despite some variances in Q1 (August 2025)

			Actual / Forecast	Forecast							
ICS	Category	Metric	Type	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust	Demand	Aborted Journeys	Actual / Forecast	12,821	12,886	13,054	14,176	11,606	12,091	13,286	14,451
		Delivered Journeys	Actual / Forecast	58,228	57,225	57,957	60,948	55,976	55,194	56,477	61,710
		Escorts	Actual / Forecast	4,943	5,023	5,253	5,399	5,264	4,715	4,644	5,302
		Multi-Handed Journeys	Operating Plan	26,985	26,719	27,186	28,771	26,633	26,214	26,882	29,091
			Actual / Forecast	26,985	26,719	27,186	28,771	26,633	26,214	26,882	29,091
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		Patients per Vehicle (PPV)	Operating Plan	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
			Actual / Forecast	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		Single-Handed Journeys	Operating Plan	31,243	30,506	30,770	32,176	29,343	28,981	29,595	32,619
			Actual / Forecast	31,243	30,506	30,770	32,176	29,343	28,981	29,595	32,619
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		Total Journeys	Operating Plan	75,991	75,134	76,264	80,523	72,846	72,000	74,407	81,462
			Actual / Forecast	75,991	75,134	76,264	80,523	72,846	72,000	74,407	81,462
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Providers	Taxi Journeys %	Operating Plan	34.9%	38.5%	38.3%	33.8%	37.2%	34.5%	38.6%	32.7%
			Actual / Forecast	34.9%	38.5%	38.3%	33.8%	37.2%	34.5%	38.6%	32.7%
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		YAS Journeys %	Operating Plan	43.5%	42.0%	42.6%	45.7%	42.0%	45.2%	41.5%	45.9%
			Actual / Forecast	43.5%	42.0%	42.6%	45.7%	42.0%	45.2%	41.5%	45.9%
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Eligibility	Saloon / W1 Bookings YoY Change %	Operating Plan	-29.7%	-29.8%	-29.9%	-29.9%	-30.0%	-30.0%	-30.0%	-30.0%
			Actual / Forecast	-29.7%	-29.8%	-29.9%	-29.9%	-30.0%	-30.0%	-30.0%	-30.0%
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		Saloon / W1 Journeys YoY Change %	Operating Plan	-29.7%	-29.8%	-29.9%	-29.9%	-30.0%	-30.0%	-30.0%	-30.0%
			Actual / Forecast	-29.7%	-29.8%	-29.9%	-29.9%	-30.0%	-30.0%	-30.0%	-30.0%
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	KPIs	KPI 1 - Pickup / Journey Time	Operating Plan	91.3%	91.3%	91.3%	91.3%	91.3%	91.3%	91.3%	91.3%
			Actual / Forecast	99.5%	99.4%	99.3%	99.4%	99.2%	99.1%	99.3%	99.3%
			Variance	8.1%	8.1%	7.9%	8.1%	7.9%	7.8%	8.0%	8.0%
		KPI 2 - Dropoff / Arrival Time	Operating Plan	87.7%	87.7%	87.7%	87.7%	87.7%	87.7%	87.7%	87.7%
			Actual / Forecast	90.2%	90.0%	90.2%	91.2%	91.8%	90.4%	90.2%	89.5%
			Variance	2.6%	2.4%	2.5%	3.6%	4.1%	2.7%	2.6%	1.8%
		KPI 3 - Pre-Planned: At Location in 90m %	Operating Plan	90.5%	90.5%	90.5%	90.5%	90.5%	90.5%	90.5%	90.5%
			Actual / Forecast	91.5%	91.1%	91.2%	92.4%	93.1%	91.4%	91.3%	90.5%
			Variance	1.0%	0.6%	0.7%	1.9%	2.6%	0.9%	0.8%	0.0%
		KPI 4 - Short Notice: At Location in 120m %	Operating Plan	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%	88.3%
			Actual / Forecast	85.1%	82.9%	82.5%	84.0%	87.6%	82.4%	82.7%	82.1%
			Variance	-3.2%	-5.5%	-5.9%	-4.3%	-0.7%	-5.9%	-5.6%	-6.2%

- FTE in line with operating plan and abstractions slightly better than operating plan
- In discussion with finance regarding re-baselined operating plan to map journeys against budgeted activity and run-rate actual/forecast. Intend to wait for these discussions so changes only once (21.08.25)

OFFICIAL-SENSITIVE ONCE COMPLETE

YAS Winter Strategic Approach 2025/26		Page	Page 16 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

Service	Category	Metric	Actual / Forecast	Forecast							
			Type	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
PTS	FTE	Total FTE	Operating Plan	465	471	471	469	468	467	466	470
			Actual / Forecast	465	471	471	469	468	467	466	470
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		Substantive FTE	Actual / Forecast	434	436	436	434	437	432	432	436
		Overtime FTE	Actual / Forecast	32	34	35	36	31	36	35	34
	Capacity	Abstraction %	Operating Plan	31.6%	27.2%	25.2%	23.7%	34.1%	23.0%	24.8%	27.7%
			Actual / Forecast	31.6%	27.2%	25.2%	23.7%	34.1%	23.0%	24.8%	27.7%
			Variance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

2.7 Conclusion of Horizon Scan

The forthcoming winter period poses a number of challenges impacting across all service lines. Notably the key risks that our tactical plans will need to respond to are as follows:

- Increased demands on our services, driven by both the predictable impacts of winter and the uncertainty of industrial action
- Increased pressure on the available capacity, driven by:
 - increased acuity of patient needs impacting job cycle time,
 - increased pressure on partners potentially impacting on handover time and our ability to direct patients into alternative urgent care settings,
 - increased loss of workforce capacity due to sickness absence and adverse weather events,
 - increased call handling times due to higher acuity of calls and call handlers having to remain on the phone giving pre-arrival instructions
 - increased travel times to scene in adverse weather events
 - increased vehicle off road time, linked to winter driving conditions and four day shut down of 'normal' NHS business.
 - increased call handling times due to move to NHS Pathways and AHT known to be higher,
 - Variability linked to the available capacity throughout the 24 hour period, linked to rota patterns and rest break stand down
- Acknowledgement of the disruption linked to reorganisation within YAS, and the wider NHS system may impact on the infrastructure to implement both an organisational and system response to meet the anticipated demands

We do anticipate that there will be increased pressure across services commencing from mid November 2025 through into January 2026, both as a direct result of increased demands on our services and impact of increased demands across the urgent care systems.

In addition, our capacity and demand forecasting have indicated that the key dates that we expect to be most challenging across the service lines, are identified below. It should be noted that Christmas 2025 falls on a Thursday leaving 'normal' NHS business closed for a four day period, potentially increasing the demands on our services and the challenges to our capacity, most notably increased numbers of vehicles off the road (VOR). Whilst our annual business plan objectives across all operational services are aimed at responding to these challenges these objectives will need to be implemented in time for winter to support the mitigation of the outlined challenges.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 17 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

High Risk Dates: Specific Dates

Date	Issue	999	EOC	IUC	PTS
31 st October	999 Demand (Evening/Night)	X	X		
5 th November	999 Demand (Evening/Night)	X	X		
15 th December	Discharge Demand PTS				X
16 th December	Discharge Demand PTS				X
17 th December	Discharge Demand PTS				X
18 th December	Discharge Demand PTS				X
19 th December	999 Demand (Evening/Night)	X	X		
20 th December	999 Demand (All Day)	X	X		
23 rd December	Discharge Demand PTS				X
24 th December	999 Demand (Evening/Night) PTS Discharge Demand	X	X		X
25 th December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
26 th December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
27 th December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
28 th December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
29 th December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing PTS Discharge Demand (following four day bank holiday weekend)	X	X	X	X
31 st of December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
1 st January	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	

OFFICIAL-SENSITIVE ONCE COMPLETE

YAS Winter Strategic Approach 2025/26		Page	Page 18 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

3. How will we respond to these challenges?

3.1 Use of the Joint Decision Model.

Firstly, we will utilise the Joint Decision Model (JDM) in our preparation, planning and decision making.

The JDM is suitable for all decisions. It is designed to be used:

- For spontaneous incidents or planned operations
- By an individual or team of people
- For both operational and non-operational situations

It advocates application of simple principles for joint working are particularly important in the early stages of an incident, when clear, robust decisions and actions need to be taken with minimum delay, often in a rapidly changing environment.

The pentagon at the centre of the JDM reminds responders that all joint decisions should be made with reference to the overarching or primary aim of any response to an emergency – to save lives and reduce harm.

The JDM has 5 steps that operate in a cycle. The steps are:

- Gather information and intelligence
- Assess threat and risk and develop a working strategy
- Consider powers and policy
- Identify options and contingencies
- Act and review what happened

The Joint Decision Model is shown in figure four:

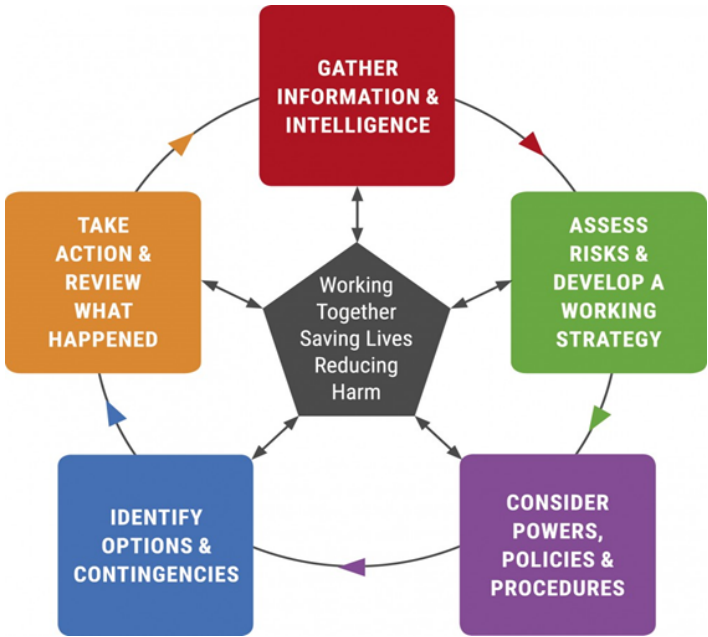


Figure Four: National Decision Model

Use of the JDM will also encourage review of our powers, current policies and procedures and approach to operationally maintaining the three service lines, both in preparation and response to the identified risks.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 19 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

3.2 Learning from 2024/25

The trust undertook a debrief exercise from winter 2024/25 and identified the following key learning areas:

- **Strategic Direction**- strategic strategy in place by September so that tactical plans can be developed. Similar to the approach adopted in 2024/25.
- **OROG** - correct representation to consider the issues and impacts. Need clarity of messaging from OROG to support situational awareness.
- **Corporate Support**- identify specific winter roles for corporate staff, plan and deliver necessary training for deployed staff.
- **Influenza Vaccinations**- robust plan for delivery in 2025/26 ensure equitable spread of vaccinators across all areas. Exploration of incentives.
- **Health and Wellbeing**- robust support plan to be developed.
- **REAP communications**- increased awareness across the Trust of REAP levels and implications.
- **Training, compliance and recruitment**- align recruitment and training plans
- **Command and Control**- Plan date for strategic cell to be stood up. Awareness for wider Trust on command-and-control decision making.
- **Action cards**- clear outlines for winter roles in all service lines to be developed.
- **Fleet**- inclusion of vehicle driver support, 4x4 cover, and ensuring good level of cover of mechanics over the festive period.
- **Loggist**- on site Loggist availability.

Each of these identified learning points are being responded to in the development of the trust tactical plan.

3.3 Working Strategy

In response to the horizon scan the following key strategic objectives have been developed to support tactical planning:

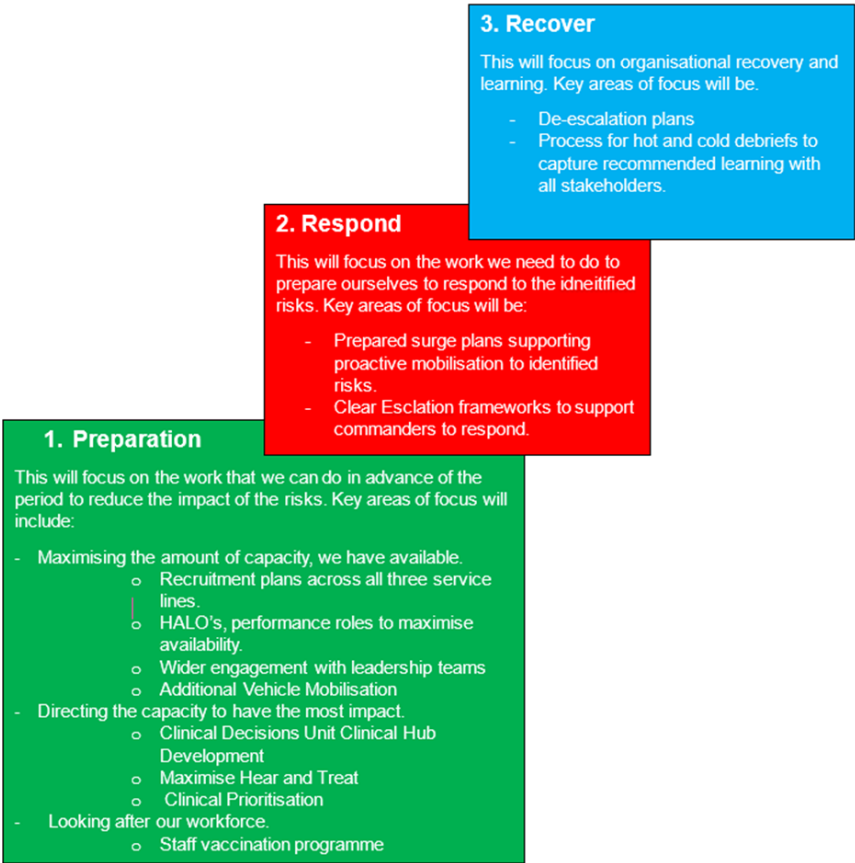
- Maximise the available usable clinical capacity to respond to our patients across the service lines, with support from corporate teams and support services, using demand and forecasting data to support proactive targeted approaches
- Develop tactical approaches to understand the increased clinical demands on our services and support best utilisation of the available clinical capacity across urgent and emergency care systems
- Ensure a robust system to managing risk within the service lines and working with system partners

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 20 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

3.4 Tactical Plans

The tactical plan to respond to the identified risks will focus on three key areas as summarised in figure five below.

Figure Five: Tactical Plan Overview



The focus is on ensuring planning is proactive and aims to minimise the risk prior to them impacting on service delivery. To do this our focus will be on protecting the YAS seven and will require support from across the organisation.

The capacity and demand plans produced for all three service lines will be broken down further into daily and intraday demand for those high pressure identified weeks to inform tactical planning. This will be used to support targeted capacity planning and surge plans agreed in advance of the identified challenging periods.

Each key area of focus has underneath it a number of workstreams with identified accountable leads. The collective coordination and oversight of the delivery of these workstreams will be through the Operational Resilience Oversight Group. Any risks to delivery will be identified and where the accountable lead cannot resolve there will be appropriate escalation to the accountable Executive Directors or where required to TEG.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 21 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

3.5 Ensuring Delivery of the Tactical Plans

In line with last year’s approach each service line and key corporate support services will produce an individual tactical plan which will undergo a check and challenge session through the Operational Resilience oversight Group which collectively will combine to give a trust wide plan. These will be developed in August, finalised and presented to the September 2025 board.

3.6 System Partnership

During all stages of this plan's delivery, we will engage with our wider system partners through our Strategic Partnership Directors and teams. We will continue to engage with the daily escalation calls with the NHS England established Regional Operations Centre.

3.7 Monitoring Success

Internal Monitoring

Performance delivery is already monitored across all three service lines. Given the aim of this approach is to maintain the trusts performance across these service lines and support against the identified key trust objectives it is proposed to use these existing performance frameworks to measure success.

The OROG will monitor the actual demand and capacity profiles against the baseline forecast that is set out in section 2.5 above. A focus will be on capturing variances between planning assumptions informing the forecast and the actual delivery to inform future forecasting.

External Reporting

The Trust already reports externally to both commissioners and NHS England on its delivery across all three service lines. This reporting will continue throughout the period covered by the seasonal plan.

NHS England have not yet published any specific additional exception reporting requirements over the winter period; however, it is anticipated in line with the plans set out in the NHS plan the scrutiny the Trust will come under around successful delivery of our operating plan will increase in winter 2025/26.

3.8 Capturing Learning

YAS has a statutory obligation under the Civil Contingencies Act (2004) and responsibilities under the NHS EPRR Framework to ensure lessons and notable practice are identified and learned following any event / incident / operation / exercise.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 22 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	

The responsibilities for learning will be fully embedded into the Trust seasonal planning arrangements. Post each seasonal event, feedback will be sought from all departments to better understand the areas for improvement and the successful changes in practice that require establishment.

This feedback will be analysed by the Operational Resilience Oversight Group (OROG) with lesson recommendations agreed for implementation. The monitoring of these lessons will be conducted via the EPRR team. The outcome of this learning will be fed into future planning and response to ensure a continuous cycle of improved seasonal planning.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2025/26		Page	Page 23 of 24
Author	Elizabeth Eastwood	Version	1.2
Approval Date	TEG approval on 6 August 2025	Status	Final
Issue Date	01.09.25	Review Date	