Board of Directors (in Public)
27 November 2025

Report Title	Business Plan 2025/26 – Q2 Performance and Assurance Report
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Accountable Director	Marc Thomas, Deputy Chief Executive
Previous committees/groups	TEG – 15 October 2025 Finance and Performance Committee – 25 October 2025 To be tabled at: People Committee – 18 November 2025 Quality Committee – 13 November 2025
Recommended action(s)	Assurance
Purpose of the paper	This paper provides a progress and Q2 position on delivery of the Trust's 2024/25 business plan.

Executive Summary

Over Q2 we increased our clinical capacity allowing us to support an ongoing focus on improving Hear and Treat and to access the remaining NHSE additional growth funding. Alongside system partners we supported the improvement in hospital turnaround by a further 3 minutes and reduced our category 1 demand through improved triage. This allowed us to respond to our sickest patients 2 minutes and 15 seconds faster than planned.

We engaged with more of our people, demonstrated our commitment to stamping out racism and increased staff confidence to raise issues by listening and taking appropriate action. We implemented systems to improve how we support our staff though absence and improve their experience.

To ensure patients receive the right care at the earliest point on their journey we improved our understanding of appropriate pathways effectiveness and how to communicate these with our staff through improving our data and working with Partners.

We improved our financial position by identifying and delivering efficiencies, managing our workforce numbers and improving budgetary controls. We secured new contracts in our patient transport service that are financially sustainable and the Trust is on track to deliver a breakeven financial position as planned.

Recommendation(s)	It is recommended that Board: • Notes the progress and position at Q2 end on delivery of the Trust business plan priorities for 2025/26. • Supports the planned activity for Q3 including where additional focus is required, as noted in the paper. • Considers and supports the recommended next steps
Link to Board Assurance Framework Risks (board and level 2 committees only)	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.

BUSINESS PLAN 2025/26 – Q2
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 Q2 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 2024-29, aligned to the three Integrated Care Board Joint Forward Plans, and local Place priorities in the context of system-wide financial challenges, to provide and coordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all YAS patients can have the best possible experience and outcomes through great care, great people and great partners.

2.2 Performance is monitored through the Performance Improvement process, 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.

2.3 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.

2.4 **2025/26 Quarter 2 Overview**

The Q2 Business Plan position for the 26 workstreams within the 8 priorities is as presented below. The table below presents Q1 and Q2 counts, Q2/Q3 forecasts by RAG+ rating.

	RAG Rating	Q1 Count	Q2 Forecast	Q2 Count	Q3 Forecast
●	RED – OFF TRACK	0	0	1	0
▯●	AMBER/RED – SIGNIFICANT RISK	0	0	1	2
▯	AMBER – WITHIN TOLERANCES BUT AT RISK	5	4	4	3
▯▯	AMBER/GREEN - MINOR RISKS/DELAYS	8	7	9	8
▯	GREEN – ON TRACK	13	15	10	12
▯	CLOSED – DELIVERED/BAU	0	0	1	1
	TOTAL	**26**	**26**	**26**	**26**

Please see Appendix 1 for the RAG+ rating key.

		Q2	Q3 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	AMBER	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.(reword?)	AMBER/GREEN	AMBER/GREEN	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/RED	AMBER/RED	QUALITY
2.2.2	Managing Arrive to Handover (**Transfer of Care)**	GREEN	GREEN	F&P
2.2.3	Reducing Handover to Clear (**Crew Clear)**	AMBER/GREEN	AMBER/GREEN	F&P
2.3	Implement **NHSE PTS Eligibility Criteria across** all ICB areas.	AMBER/GREEN	AMBER/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/GREEN	AMBER/GREEN	QUALITY
3.3	Development of an **iPad-based ePR application** for A&E crews.	AMBER	GREEN	F&P
3.4	Strengthening **Cyber Resilience**: Single Sign-On Integration and Zero Trust Network Implementation.	GREEN	GREEN	F&P
3.5	Improving **complaint response times**.	AMBER/GREEN	AMBER/GREEN	QUALITY
OUR PEOPLE				
Priority 4: Strengthen workforce resilience and development				
4.1	***Looking after our People***			
4.1.1	**Absence Reporting System**	CLOSED – DELIVERED/BAU	CLOSED – DELIVERED/BAU	PEOPLE
4.1.2	**Reduce Sickness Absence**	RED	AMBER/RED	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

		Q2	Q3 Forecast	Assurance Committee
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	AMBER/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	AMBER	F&P
8.4	**Regional Long Term Collaborative Agreement in PTS**	AMBER	AMBER	F&P

2.5 Delivery of 2025/26 Priorities

2.5.1 What? – The Q2 story at a glance

YAS has shifted from planning to delivery across all eight priorities of the 2025/26 Business Plan, advancing the Trust Strategy (2024–29) through the four bold ambitions of **Our Patients, Our People, Our Partners, and Our Planet and Pounds**.

- **Our Patients. Operational productivity** is improving: hospital **transfer of care** is live at all key sites and handover times are materially down; **crew clear** is trending down toward the 20-minute target. On 6 October 2025, we completed the transition to **NHS Pathways**, which is now at 100% of calls, with the final call-handler cohort in training. Category 2 performance has benefited from reduced Cat 1 proportion under NHS Pathways triage.

- **Our People.** The new **absence management system** went live in August to enable a more person-centred approach. Recruitment and retention are broadly stable, though **EOC call handler numbers** are below plan, impacting call answer performance, with plans ongoing to improve the position.

- **Our Partners.** Collaboration with all 15 Places continues, with **pathway utilisation** work to improve right care, first time from both remote and on-scene care.

- **Our Planet and Pounds.** We remain **on track for break-even** and achieved the criteria to access the final £5.5m of growth funding by delivering ahead of plan for deployed hours, unavailability and job cycle time. **PTS** contracts were secured in **West** and **South** via PSR; **HNY** discussions continue. Telematics are installed Trust-wide with benefits realisation underway (c. £700k pa efficiency target). **Hull station** external works are on track; with fit-out tendering in progress, with completion expected August 2026.

Overall delivery momentum is positive: at the end of Q2 we have **10 Green** and **9 Amber Green** workstreams; Q3 is forecast to improve **Greens to 12**, with **3 Amber** and **2 Amber-Red** areas requiring continued management.

2.5.2 **So what? – What this means for patients, our people, partners and pounds**

- **Patients – safer, faster care closer to home improving availability for those who need it most.** Reduced handover and improving crew clear times mean more hours on the road and more timely responses, particularly for Category 2. Pathways standardisation strengthens clinical decision-making and navigation. While Hear and Treat dipped during transition (counting changes, training abstraction and outsourced calls), the underlying opportunity remains, with benefits expected to normalise and improve as rollout beds in and outsourcing of calls ceases in November.

  The Clinical Response Model proposals reviewed at TEG set the stage for the 2026/27 business plan phasing that will further integrate remote care, pathways and critical care dispatch.

- **People – supporting staff and an ongoing focus on organisational culture.** The new absence system and OD work via YAS Together (leadership, sexual safety, EDI, flexible working) support culture and retention. However, sickness at 6.9% (vs 5.8% trajectory) is impacting gains and requires sustained attention. EOC call-handler gaps are the principal workforce risk to access standards in Q3.

- **Partners – collaboration for improved patient and system flow and shared outcomes.** Full transfer-of-care adoption is improving system flow; pathway enablement work is creating clearer visibility of gaps and access barriers for joint action (e.g., falls, MH).

- **Planet and Pounds – financial sustainability through grip and control with targeted investment.** Financial delivery is on plan despite some non-recurrent CIP reliance and below-target telematics savings, with work ongoing to address in both areas. PTS PSR success in both West and South Yorkshire improves contract alignment to demand. The HNY PTS PSR process remains a risk until resolved. The Hull Station scheme is on schedule, improving future resilience, response and staff experience.

Key Q2 risks to note: sustaining handover gains (system-wide dependency); Hear and Treat recovery during/after Pathways go-live; EOC staffing gap; sickness; telematics benefit realisation; PTS HNY PSR outcome; and leadership restructure capacity impacts.

2.5.3 **What next? – Q3 focus and recommendations for TEG**

For Our Patients

- NHS Pathways: end outsourcing in November; complete training; stand up remote-care capacity; track benefits and Hear and Treat improvement.

- Productivity: maintain transfer-of-care performance through winter (with partners); drive crew-clear to the 20-minute target; bring a refreshed meal-break options proposal to TEG (Q3) to improve availability.

- Progress CRM phasing for 26/27 business plan, bringing detailed option appraisals for each workstream to TEG/Committees in Q3–Q4.

For Our People

- Targeted sickness reduction plan using new absence insights; report causation analysis and actions to improve in Q3.

- Address the EOC call-handler gap with accelerated recruitment/retention actions.

- Continue YAS Together roll-out; complete sexual-safety self-assessment and launch anti-discrimination e-learning; ensure local SOP alignment to the new flexible working policy.

For Our Partners

- Ensure pathway intelligence is shared to influence action with Place partners (access, hours, criteria); prioritise falls and MH pathways.

For Our Planet and Pounds

- Maintain break-even trajectory; minimise non-recurrent CIP dependence; present telematics benefits plan to Operational Efficiency Group in November and track savings delivery.
- Conclude HNY PSR (with mitigations if unresolved); bring Hull fit-out cost/schedule for approval in Oct/Nov through Trust governance structures; continue fleet replacement to plan.

2.5.4 YAS has delivered tangible improvements in Q2, most notably the completion of NHS Pathways go-live, alongside a system partner focus on improved hospital turnaround, and a strengthened financial position, earning a Segment 1 position on the National Oversight Framework. The immediate priorities for Q3 are to embed the gains (especially through winter), restore Hear and Treat trajectory post NHS Pathways implementation, close EOC staffing gaps, ensure an ongoing focus on pathways optimisation with partners and accelerate benefits realisation from telematics.

3.0 FINANCIAL IMPLICATIONS

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

4.0 RISKS

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 Sickness remains challenging and impacts on our capacity as we head into the winter period where traditionally sickness rises above levels seen over summer months. If this occurs it may impact on performance and finances if using overtime to fill these gaps. Worsening sickness may also impact upon our national oversight framework segment.

4.3 System partners have signalled that maintaining the current hospital handover times seen over Q1/Q2 will be challenging. Any deterioration of hospital handover will directly impact on category 2 performance.

4.4 The call handler staffing position is significantly off track and will make achieving call answer performance trajectory challenging over the winter period once call handling support during NHS Pathways roll-out ceases in November.

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

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

Equality analysis has been undertaken as part of the development of each business plan priority, deliverable workstream and overall Trust Business Plan for 2025/26.

7.0 PUBLICATION UNDER FREEDOM OF INFORMATION ACT

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

8. 0 NEXT STEPS

8.1 The monthly operations and quarterly corporate performance process will continue to monitor the ongoing business plan priorities and deliverable workstreams. 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 The Q3 forecast shows continued momentum, with the number of Green-rated workstreams expected to increase to 12. However, 3 workstreams remain Amber, 2 workstreams on Amber/Red indicating ongoing delivery risk that requires continued focus and active management.

9.0 RECOMMENDATIONS

9.1 It is recommended that Board:

- Notes the progress and position at Q2 end on delivery of the Trust business plan priorities for 2025/26.
- Supports the planned activity for Q3 including where additional focus is required, as noted in the paper.
- Considers and supports the recommended next steps.

10.0 SUPPORTING INFORMATION

Attached Appendices:

- Appendix 1: Priority 1-8 workstream details
- Appendix 2: 5-Colour RAG+ System for Business Plan Workstream Progress Tracking

Appendices

Appendix 1 Priority 1-8 workstream details

Priority 1) Improve 999 and 111 call centre clinical capacity, triage, and care navigation: YAS will implement NHS Pathways in our Emergency Operations Centre by December. We will expand the multi-disciplinary clinical team to average 112 clinicians, continue integration of clinical assessment across 999 and 111 ahead of full integration in 26/27, and increase Hear and Treat rates to 17.9% across 2025/26.	
Executive Lead Summary: Nick Smith	
What? ***What is the position at Q2 & Why?***	The final phase of the **NHS Pathways** rollout began in September with all initial training set to be completed in early October in line with plan. The Trust reached 100% of calls on Pathways on the 6th October. **Hear and Treat** rate was less than planned in September (13.6% vs 18.3% target) and is related to pathway implementation and is driven by: • 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 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. **Clinical workforce** is on plan with numbers continuing to grow over Q2 in line with plan which peaks in March 26. Work is underway and options costed to expand our remote clinical hub offer starting with call flex that will support increased clinician numbers. **Call handler workforce** is behind plan at the end of Q2 by 53FTE which is impacting on call performance. This has been driven largely by reduced numbers of staff transferring from IUC with around 36 FTE less than planned moving into EOC.
So what? ***What does this mean for the Trust?***	Our category 1 demand as a percentage of all calls has fallen from 15.2% on AMPDS to 10.6% on Pathways. This is better than the planned reduction to 12% and significantly improves our ability to respond to category 2 calls. While Hear & Treat rates have reduced during Pathways launch, this is largely a counting and capacity issue, as detailed above. Outsourcing of calls ends in November which will give us a full picture of H&T performance. As noted in Q1 there has been no increase in the number of responses compared to the forecast, indicating that we are not missing a substantial number of H&T opportunities. Reduced call handling capacity vs our plan will impact on call handling performance over Q3 with recovery not expected until Q4.
Challenges/ Learning	Outsourcing of calls and Pathways transition continues to create 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. Fewer call handling staff than anticipated chose to transfer into EOC from IUC with figures planned proving to be difficult to achieve. As staff move across and provide positive feedback to colleagues on their experience, we are seeing small numbers of staff opting to make the move across to EOC to improve the position.

What next?	• Clinician recruitment continues 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. • Options to increase call handling capacity are being reviewed to mitigate performance challenges over the winter period. • Planned remote hub in call flex to progress and staff recruited to fill the new positions. • MIS module for clinicians in IUC to be implemented as the next step to enable a joint clinical queue.

Priority 2) Increase productivity to improve ambulance response times:	
YAS will improve ambulance response times for Category 2 patients to under 29 minutes. We will reduce ambulance crew unavailability, improve average crew clear time to 20 minutes by 1st November 2025 and optimise rest break arrangements.	
Executive Lead Summary: Nick Smith	
What? ***What is the position at Q2 & Why?***	**Category 2** mean response time was on average 2 minutes 15 seconds below plan in Q2 with August being the best performing month at 24 minutes 12 seconds. Demand was down by an average of 2.9% (2,288 responses) vs forecast over Q2. **Arrival to handover** decreased to 17 minutes and 44 seconds which is 5 minute 51 seconds below trajectory of 23 minutes 35 seconds with all major sites now live with Transfer of Care. **Crew clear** increased slightly to 21 minutes 24 seconds, which is 24 seconds above trajectory. This however follows 3 full months of improvement and is almost 3 minutes better than the start of the year. The target is 20 mins by November. **PTS eligibility criteria** has reduced saloon car demand across all areas (c.25 pp) better than plan, however some patients are now receiving an alternative response therefore activity is not reducing by the same amount. **Clinical Response Model** outline proposals have been presented to TEG with a refined set of proposals being presented based on TEG feedback in October. This will lead to development of an implementation plan for 26/27. **Meal break** work is rated as Amber Red in Q2 with options to improve how many staff get their break on time modelled and shared. However, none of the options deliver the anticipated level of improvement. Options on how to maximise these benefits are being reviewed and further developed to enable a proposal to come to TEG.
So what? ***What does this mean for the Trust?***	Improved handover and crew clear times mean more crews are available to respond, improving response rates and boosting resilience during high demand. Reduced saloon car activity has cut private provider spend. However, increased use of Trust crews offsets some of these savings, keeping the budget broadly on track. Without better meal break compliance, staff availability dips during break periods, impacting performance.
Challenges/ Learning	While crew clear is improving there is still significant variation across areas and individuals demonstrating that there is still work to do on communications and how we better manage and support those who are recorded as outliers. The options for meal break modelled did not deliver the benefits sought therefore this is being revisited to enable a recommendation to come to TEG.

What next?	• Maintaining transfer of care progress over winter is a priority but is largely outside of our control. • Testing of the auto alert module and work with MIS will continue so we can progress to implementation. • The options for meal break will be remodelled with options combined to assess impact. This will be used to inform a proposal to TEG in Q3. • Clinical response model proposal will be presented to TEG on 15th of October.

Priority 3) Enhance care quality and safety:	
YAS will deliver our Quality Account priorities - learning from patient incidents, clinical supervision and improving patient involvement. We will continue improvements in medicines governance to achieve over 90% compliance, expand the number of clinical audits, and deploy an iPad-based electronic patient record for all A&E crews by end March 2026.	
Executive Lead Summary: Marc Thomas, Dave Green	
What? ***What is the position at Q2 & Why?***	**CD compliance** continues to improve with 37 of 58 stations now live on the app. Compliance now at 93.8% North, 95% South and 93.7% West for those stations on the app vs an average of 63% at the start of the year. 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 Q2 due to delays in iOS app development of approximately 8 weeks. It is anticipated that the work will be completed within the year to meet overall project timescales. The **Cyber Resilience** workstream has progressed well over Q2 moving to green after initial delays. Roll out of the Zscaler software has now commenced and is set to complete in November. All milestones related to **complaint response times** were delivered in Q2 with work uncovering issues with the baseline data. It was identified for example that cases that were reopened or PHSO became involved were not showing in the data. This has led to a new baseline of 135 days being established vs 97 days at the outset with an improvement to 122 days planned before year end.
So what? ***What does this mean for the Trust?***	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. Complaint response times are continuing to improve ensuring our patients receive a timely response with further improvement to come over Q3/Q4.
Challenges/ Learning	Stock discrepancy incidents have not seen the planned reduction of 50% but this is largely driven by an increased level of POM audits over the same time which suggests the rate was higher than initially baselined. The difference in complaints data between Datix and Power Bi was not understood at the time of baselining resulting in the change to baseline in Q2. This arose as the data has been scrutinised as part of the improvement work on complaint response.
What next?	• The Medicines Safety Officer job description will progress to job evaluation in Q3 to support improved compliance. • The CD App roll out will continue as planned and is on track. • Zscaler roll out will continue with completion expected in November. • The iPad deployment continues with ePR roll out before end of Q4. • Forthrightly complaint case reviews to be implemented with progress reports created for effective tracking.

OUR PEOPLE

Priority 4) Strengthen workforce resilience and development: YAS will continue to support staff health, safety and wellbeing, to improve retention and reduce sickness absence by 0.5%, with measurable improvements in National Staff Survey outcome scores.	
Executive Lead Summary: Amanda Wilcock	
What? ***What is the position at Q2 & Why?***	Trust total **sickness** remained at 6.9% in September and remains above the 5.8% operating plan trajectory. A detailed review of absence drivers is underway to identify potential improvement in October with plans being developed to improve based on findings. This will be a priority over Q3/Q4. The change of **absence management system** to the GRS system was implemented on time in August with focus now moving maximising benefits of a more person-centred approach as part of the reducing sickness absence workstream. This workstream is now closed. Engagement on **Team Based Working** was completed in June**.** A review of best practice from other services has been undertaken. The findings are now being reviewed with a proposal being developed for TEG in late November in line with plan.
So what? ***What does this mean for the Trust?***	The Trust has made good progress in delivering its workforce plans, with improved turnover, reducing the need for recruitment. However high sickness rate is eroding the benefits of these improvements. The move to GRS will improve the Trusts ability to support staff through absence and give managers more contact with their team to identify absence issues and support swifter returns to work through greater understanding of issues staff may be facing.
Challenges/ Learning	A reduction in sickness rate seen through September after introduction of the GRS system is not yet understood with work ongoing to identify if this is a genuine improvement or a data issue. Learning from staff engagement on team-based working has been a valuable learning exercise alongside best practice from the sector which will support development of the team-based proposal.
What next?	• Closure report for absence management system to be completed and shared. • Data on drivers of absence to be presented to absence reduction group with plans developed for improvement in Q3. • The focus of the team based working review will now move to development of a proposal for review at TEG in late November.
Priority 5) Foster a Positive Organisational Culture YAS will continue to implement the YAS Together organisational development programme, which will enable the delivery of the NHS People Promise. This will focus on leadership and career development, sexual safety, anti-racism, and ensuring reasonable adjustments.	
Executive Lead Summary: Amanda Wilcock	
What? ***What is the position at Q2 & Why?***	Work continues to embed the **sexual safety charter**, with progress being made on investigation timescales which have now started to show improvement over Q2. The pool of trained investigators is also increasing with well attended courses in September and October. **Leadership development** training is progressing well with all scheduled training delivered over Q2 with numbers of leaders accessing training on track for year end. Engagement with staff on the Trust strategy and **YAS Together** continues across all areas.

	The flexible working policy has been rewritten and agreed with work to support managers to implement with their team underway. The self-assessment against the **People Promise** has now been completed. **Advancing EDI** plan is on track with the anti-discrimination statement launched and anti-discrimination online learning nearing completion for launch.
So what? ***What does this mean for the Trust?***	Our staff are feeling more confident in raising concerns and we are dealing with these in a timelier manner. The additional managers trained in September and October will further improve our ability to reduce case timescales. The new flexible working policy will enhance staff access to flexible working arrangements and support managers to make decisions in a timely manner improving staff experience.
Challenges/ Learning	YAS continues to foster a positive organisational culture through the YAS Together programme and this is reflected in our staff survey results. However, engagement sessions are showing that many staff are not aware about changes and improvements made through YAS Together and what is available to them. Time with Ops management to review local SOP alignment to the flexible working policy and to check local understanding of the policy have been challenging due to staff availability.
What next?	• Engagement with staff on YAS Together will continue in Q3. • Local meetings on flexible working policy will take place to review local SOP alignment and policy understanding. • Anti discrimination online training to be completed and rolled out. • Complete the self-assessment on sexual safety against the NHSE Assurance Framework.

OUR PARTNERS

Priority 6) Collaborate with system partners to coordinate care delivery: YAS will work with Acute and Place partners to introduce the Transfer of Care protocol in all hospitals ahead of winter to reduce handover delays, and to increase patient referrals and acceptances to appropriate services and pathways from Remote Patient Care and crews on-scene so improving Hear and Treat rates to 17.9% and our ability to See and Treat.	
Executive Lead Summary: Nick Smith	
What? ***What is the position at Q2 & Why?***	Central to delivery of the plan is strengthened collaboration with system partners, which is ongoing. Key developments in Q2 include piloting of the service finder app to determine the best method of communicating pathways information to crews. We have also started circulation of the Pathways survey to crews to understand challenges and crew knowledge.
So what? ***What does this mean for the Trust?***	We are building a clearer picture of challenges in accessing existing pathways and where pathways are underutilised and what is driving this. This information allows us to identify comms to staff to increase pathways use and how we most effectively communicate this to crews. We are also now in a stronger position to work with partners where we identify pathway gaps and challenges to access as we have the data to shape and support the conversation.
Challenges/ Learning	Challenges persist in embedding consistent collaboration across all 15 Place partners, including aligning digital systems, expanding multi-disciplinary clinical capacity, and improving access to alternative care pathways. Work is ongoing with partners.
What next?	• Work with partners on access and availability. • Develop and improve key pathways such as falls and mental health and implement plans from September.

Priority 7) Embed a culture of improvement through better use of data and quality improvement (QI): YAS will ensure data-driven, intelligence-led decision-making, providing actionable insights to support continuous improvements.	
Executive Lead Summary: Marc Thomas	
What? ***What is the position at Q2 & Why?***	The changes to embed a **culture of improvement** through better use of **data** and **QI** are progressing with 32 leaders already trained and 19 undertaking QI leader training over Q2. We have also established the QI hub and QI group to support idea generation and the infrastructure to deliver improvement.
So what? ***What does this mean for the Trust?***	Launch of the improvement Hub is increasing staff engagement and raising the number of trained QI leaders means we are becoming better equipped to test and implement improvement ideas. Establishment of the QI group is providing leadership support for ongoing work and a place for peers to discuss improvement work, challenges and access to senior support to reduce blockers.
Challenges/ Learning	Good engagement has been seen through the Improvement Hub but leadership time to review ideas and feedback is challenging and is slowing progress. Over time this may erode engagement if staff don't see action taken on their ideas.
What next?	The Trust will: • QI foundation and leader training will continue. • QI will be embedded into the business plan with clear links to business plan priorities for 26/27.

OUR PLANET AND POUNDS

Priority 8) Ensure sustainable, effective and efficient use of resources YAS will deliver a balanced, break-even financial plan, embed a culture of financial ownership to achieve 4.1% efficiencies, introduce 72 new DCAs to replace older vehicles, and reduce fuel costs by 10% through implementing telematics across our fleet. We will fully implement the national PTS eligibility criteria by June.	
Executive Lead Summary: Kathryn Vause / Nick Smith	
What? ***What is the position at Q2 & Why?***	The **financial position** at Month 6 is a surplus position of £1.45m, a favourable variance of £754k to planned surplus of £696K. The Trust is forecasting a break-even position. The Trust are reporting full achievement of the efficiency plan, both year to date and forecast, with shortfalls against defined cost reduction plans being covered by an increased level of vacancies. There are no high risk schemes remaining and all NHSE targets are now met **Fleet optimisation** is Amber with telematics devices fitted to all to Trust vehicles. Benefit delivery is now the focus with some savings realised to date but not yet at the target of 10% fuel savings of £700k per annum. All 72 DCA replacements are on track and increased mechanic numbers have supported an improvement in vehicle availability to 84% in September. **The PTS Provider Selection Regime (PSR)** process in HNY has been re-run with issues persisting around agreement of funding, service specification and unpaid income in year. South process was successfully completed with a 3+2 year contract awarded. West has also progressed well a 18+4 month contract secured. Work is progressing on the **Hull station** with external works underway as planned. Detailed costs and schedule for fit out are expected in October/November for Board approval.
So what?	Our financial position at month 6 allows us greater flexibility heading into winter months to increase our capacity if required.

What does this mean for the Trust?	A reduced level of saving on fuel in year places a cost pressure in fleet however this is being offset from savings in other areas of the directorate. Renewed contracts for PTS in South and West have allowed 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. The position in HNY creates a financial challenge and is not aligned to service specs agreed in West and South or the national eligibility criteria. Agreement is time sensitive and may result in the contract going out to tender if not resolved. The Hull station works remain on track allowing the Trust to consolidate and improve its estate in HNY in line with financial plans and to improve response for patients and staff experience.
Challenges/ Learning	Identification of CIP schemes in operations has been challenging, but savings targets have been achieved through increased vacancies which are reflected in the CIP plan. Our ability to use the telematics data and share with management and staff to improve driving behaviour which will deliver the expected benefits has faced challenge as a result of the system purchased and implementation. This is now resolved but has impacted on the benefit realisation. The PSR process is still relatively new for both commissioners and providers. Our experiences from PTS will put the Trust in a strong position if going through PSR for the 111 service contract.
What next?	• Full costings and schedule for Hull station to be shared with Board in Oct/Nov. • Savings to date and plan for benefits realisation of telematics to be presented at Organisational Efficiency Group in November. • PSR processes expected to reach conclusion in HNY with remedial actions being developed if contract not awarded.

Appendix 2: 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; Financial performance off plan	Fundamental strategic challenges; High risk of project/initiative failure; Requires radical intervention	Immediate intervention; Potential project restructuring/cancellation; Comprehensive strategic review; Detailed analysis