NHS
Yorkshire
Ambulance Service
NHS Trust

Report Title	Business Plan 2025/26 – Q3 Performance and Assurance Report
Author	Gavin Austin, Head of Performance and Improvement Carol Weir, Director of Strategy, Planning and Performance
Accountable Director	Marc Thomas, Deputy Chief Executive/Chief Operating Officer
Previous committees/groups	TEG – 21 January 2026 Finance & Performance Committee – 22 January 2026
Recommended action(s)	Assurance
Purpose of the paper	This paper provides a progress and Q3 position on delivery of the Trust's 2025/26 business plan.

Executive Summary

Over Q3 we continued to deliver category 2 response times for our patients that were better than the national standard of 30 minutes and over 2 minutes below Trust trajectory. This was driven by hospital turnaround improvement maintained at 8 minutes 55 seconds below plan and continued improvement to triage after completion of NHS Pathways rollout. This significantly improves our crew availability giving us the capacity to effectively manage demand.

We continued to raise awareness on sexual safety with 89% of staff now having completed sexual safety eLearning. More of our people engaged with the staff survey than ever with 66% of staff completing the survey. We refined and began to embed new absence reporting processes to improve staff experience. However, absence levels remained challenging over the quarter and remain a focus into Q4.

To ensure patients receive the right care at the earliest point on their journey we have continued to improve our understanding of appropriate pathways utilisation while also raising crew awareness of available pathways through targeted communications.

We further improved our financial position by delivering efficiencies, managing our workforce numbers in some areas and maintaining budgetary controls. The Trust is now on track to deliver a surplus in 25/26. Work was completed through the Provider Selection Regime (PSR) process to secure financially sustainable PTS contracts in West and South Yorkshire, with work ongoing on PSR for Humber and North Yorkshire and our 111 service.

Two work streams experienced unrecoverable delays during Q3. Modelling of meal break options showed limited benefit and further development was delayed, meaning availability during meal break periods continues to be a challenge. In addition, the Cyber Resilience programme encountered significant delays due to issues with the ZScaler product. As these issues sit with the supplier, delivery within original timescales is no longer achievable.

Recommendation(s)	It is recommended that Trust Board: • Notes the progress and position at Q3 on delivery of the Trust business plan priorities for 2025/26. • Supports the planned activity for Q4 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.

1

BUSINESS PLAN 2025/26 – Q3
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 Q3 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 December.

2.4   The NHS Oversight Framework (NOF) was officially launched on 26 June 2025, following public consultation. It marked a significant reset in how NHS England assesses integrated care boards (ICBs), NHS trusts, and foundation trusts, introducing a more consistent and transparent approach to performance oversight and accountability. The framework sets out segmentation based on agreed metrics and provides the foundation for improvement support across the system, aligning with the priorities in the 2025/26 planning guidance and the 10-year health plan. The NOF sets out a suite of metrics (e.g., Category 2 response times, ED conveyance rates, NHS Staff Survey engagement, sickness absence, financial position) that directly link to operational and strategic priorities in trust business plans. The metrics used to calculate the NOF scores are embedded into monthly and quarterly performance reviews and reporting – see Appendix 3 for the latest NHS Oversight Framework Metrics table.

2.5   **2025/26 Quarter 3 Overview**

2.5.1   The Q3 Business Plan position for the 26 workstreams within the 8 priorities is as presented below. The table below presents quarterly actuals and forecasts by RAG+ rating. There are some noted changes from Q3 forecasts to Q3 actual which is largely in the red off track. Key changes to note from forecast are on workstreams 1.2 Expand Clinical Capacity, 1.3 Remote Patient Care Integration, 2.2.1 Meal Breaks, 2.2.3, Crew Clear 3.4 Cyber Resilience, 4.1.2 Sickness Absence and 8.3 Fleet Optimisation. Details can be found in appendix 1 workstream details.

RAG Rating		Q1		Q2		Q3		Q4
		Actual	Forecast	Actual	Forecast	Actual	Forecast	
●	RED – OFF TRACK	0	0	1	0	4	2	
▢●	AMBER/RED – SIGNIFICANT RISK	0	0	1	2	2	2	
▢	AMBER – WITHIN TOLERANCES BUT AT RISK	5	4	4	3	3	3	
▢▢	AMBER/GREEN - MINOR RISKS/DELAYS	8	7	9	8	9	7	
▢	GREEN – ON TRACK	13	15	10	12	7	11	
▢	CLOSED – DELIVERED/BAU	0	0	1	1	1	1	
	TOTAL	26	26	26	26	26	26	

NB: Amber Green rating should not be of significant concern as this rating reflects that there are minor risks to delivery that may impact performance, or there is slight but recoverable slippage of tasks or benefits. In some cases, they may remain Amber Green at Q4 if delivery of tasks and benefits extends into 26/27 so are not complete in year.

Amber red and red are the main areas requiring focus. Please see Appendix 2 for the RAG+ rating key.

		Q3	Q4 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.	▢▢ AMBER/GREEN	▢ GREEN	QUALITY
1.2	Expand **Remote Clinical Capacity**: Increase Hear & Treat and See & Treat to reduce unnecessary and inappropriate conveyance to ED.	▢ ◐ AMBER/RED	▢ ◐ AMBER/RED	QUALITY
1.3	**Remote Patient Care Integration:** Expand Remote Clinical Capacity by integrating services.	◐ RED	▢▢ AMBER/GREEN	QUALITY
Priority 2: Increase productivity to improve ambulance response times.				
2.1	**Clinical Response Model:** Design and commence the implementation of a revised Clinical Response Model.	▢▢ AMBER/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	◐ 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	▢ AMBER	F&P
2.3	Implement **NHSE PTS Eligibility Criteria across** all ICB areas.	▢ GREEN	▢ GREEN	F&P
Priority 3: Enhance care quality and safety				
3.1	Commence the **Clinical Audit and Effectiveness Plan** targeting key areas.	▢ GREEN	▢ GREEN	QUALITY
3.2	Continue to improve **Medicines Governance** and procedural adherence, by implementing a medicine safety strategy for 2025/26.	▢▢ AMBER/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.	◐ RED	◐ RED	F&P
3.5	Improving **complaint response times**.	▢▢ AMBER/GREEN	▢▢ AMBER/GREEN	QUALITY
OUR PEOPLE				

		Q3	Q4 Forecast	Assurance Committee
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	⬤ 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	☐☐ AMBER/GREEN	☐☐ AMBER/GREEN	PEOPLE
5.1.2	Fostering **Sexual Safety** Through the YAS Together Programme	☐☐ AMBER/GREEN	☐ GREEN	PEOPLE
5.1.3	**Leadership Development**	☐ GREEN	☐ GREEN	PEOPLE
5.1.4	Embedding the **YAS Together Culture**	☐☐ AMBER/GREEN	☐☐ AMBER/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	☐ GREEN	F&P
8.3	**Fleet Optimisation**	☐ ⬤ AMBER/RED	☐ AMBER	F&P
8.4	**Regional Long Term Collaborative Agreement in PTS**	☐ AMBER	☐ AMBER	F&P

2.6 Delivery of 2025/26 Priorities

2.6.1 What? – The Q3 story at a glance

YAS continued with 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 & Pounds**.

- **Our Patients. Operational productivity** has significantly improved against 24/25: hospital **transfer of care** continued to perform well at 8 minutes 55 seconds below plan; **crew clear** didn't improve further to achieve plan but maintained an improvement of close to 3 minutes from the start of the year. Improved Triage through **NHS Pathways** implementation has led to Category 1 demand reducing from 15.2% (AMPDS) to 10.6% on NHS Pathways as a proportion of all call demand. This equates to an average reduction of circa 3500 category 1 calls per month, supporting improvements in Category 2 performance. Hear and Treat rates have not yet recovered since NHS Pathways transition. However, outsourcing of calls during NHS Pathways implementation did not cease until November and real performance will be understood better once NHS Pathways has been in place for a longer period of time.
- **Our People. Sickness** rates remained challenging in Q3 after the roll out of the new absence management system. Recruitment and retention numbers were stable, though **EOC call handler** numbers remained below plan, however, thanks to a number of management actions call answering performance was maintained at better than plan throughout Q3.
- **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 & Pounds.** We are on track to deliver a **surplus position** after delivering planned efficiencies and vacancies being above plan. After securing **PTS** contracts through the Provider Selection Regime (PSR) process in **West** and **South** the process will be rerun in **Humber and North Yorkshire**. Work is underway to drive **Telematics** benefits realisation focussed on staff awareness to change driver behaviour. **Hull station** external works are on track; with fit-out tendering in progress, with completion expected August 2026.

Overall delivery is less positive at the end of Q3 than Q2 or forecast position. We have 7 Green and 9 **Amber Green** workstreams; Q4 is forecast to improve **Greens to 11**, with A**mber Reds** remaining at 2 and **Reds** reduced to 2.

Q3 Forecast vs Actuals and key business plan workstreams that will remain off track

It is recognised that the quarterly forecast over 25/26 to date appears to have been overly optimistic with some projects shifting significantly over the reporting period. This will be addressed in monitoring processes going forward with greater scrutiny of forecasts based on previous quarter progress and confidence of delivery based on known risks and issues.

In light of this, the Board should have confidence in the Q4 25/26 business plan delivery forecasts as these have been reviewed and are expected to be accurate. They will be reviewed regularly throughout the quarter with any changes flagged in the monthly performance review.

Workstreams for the Board to note that are at risk of finishing the year at Red or Amber Red status, where the Exec lead and SRO have recognised that these areas will not deliver despite recovery plans, are as below:

Red:

Cyber Resilience: Issues only arose in Q3 after roll out had begun with no issues prior to roll out seen during testing of Zscaler. These could not have been foreseen and are not within the Trust's control to resolve as it requires a supplier solution to be developed. This is being actioned but will not complete to time and scope in year.

Sickness Absence: It was expected that some improvement would be seen in Q3 after the move to a new absence management system although these improvements were expected to be gradual. Given the previous 6 months performance this position was unrealistic and should have been forecast as red. The sickness absence position, despite continued efforts, will remain Red in Q4.

Amber / Red

Rest Breaks: Work did not progress as expected over Q3 after the workstream lead was seconded outside the Trust during senior leadership restructuring. Work was effectively paused during this time leading to delays. This is a key area for availability and performance and therefore is being progressed to deliver improvements in 26/27 but will not recover in year.

Amber

Crew Clear: Work was on track at the end of Q2 with improvements seen as per plan. Auto alert module was planned to go live in Q3 with sufficient timescales in place to deliver, and evidence from other Trusts to suggest further improvement once implemented. Testing of the module commenced on time but uncovered several issues that MIS could not resolve prior to the December change freeze. There was nothing in the Q2 forecast to suggest that delivery would go off track in Q3 and the position will remain Amber in Q4 due to MIS and internal change capacity.

Telematics Benefits: Benefits delivery was already delayed in Q2 but was expected to deliver in year. It was not uncovered that there was no way to identify staff on vehicles, this understanding has now led to the further slippage seen over Q3. The benefits anticipated cannot now be realised in year. The rest of the fleet optimisation workstream is delivering as planned.

Long Term PTS agreement progress was positive in Q2 with the PSR processes still being new to YAS and partners. Although some issues were apparent in HNY it was expected that issues could be resolved. Given HNY was the very first to progress with this process it was difficult to foresee the issues that followed and led to HNY having to rerun the process and the Q3 position. This is ongoing and therefore expected to remain Amber.

2.6.2 **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.**
  Maintaining vastly improved handover times and improved crew clear gave us more hours on the road to improve response times. Alongside improved triage this allowed us to respond to our category 2 patients over 10 minutes faster than in Q3 2024 and on average 2 minutes 47 seconds faster than plan. Hear and Treat remained below plan with outsourcing support for call continuing to the end of November. As NHS Pathways becomes embedded and processes are optimised, we expect Hear and Treat rates to increase.

- **People – supporting staff and an ongoing focus on organisational culture.**
  The new absence system is improving staff experience and giving leaders better visibility of staff issues so they can put the right support in place.

The OD work via YAS Together (leadership, sexual safety, EDI, flexible working) support culture and retention, however, Q3 Trust-wide sickness is at 8% (vs 7.2% target for Q3 and Trust-wide annual plan of 6.5%), impacting gains and requires sustained attention. EOC call-handler gaps remain the principal workforce risk to access standards.

Staff involved in sexual safety complaints are experiencing longer waits for outcomes than planned at 21 weeks vs the 16-week target.

- **Partners – collaboration for improved patient and system flow and shared outcomes.**
  Maintaining transfer-of-care is improving system flow; pathway enablement work is increasing visibility of opportunities to shape our focus over Q4 and 26/27 planning.

- **Planet & Pounds – financial sustainability through grip and control with targeted investment.**
  Financial delivery is ahead of plan which enables the Trust to benefit from YAS's segment one rating in the National Oversight Framework. Our position allows the Trust to use any year end surplus as capital in the next financial year. This is important for the Trust as capital allocation in 26/27 may not meet the level required to deliver current plans.
  The Hull Station scheme remains on schedule, improving future resilience, response and staff experience.
  Benefits from telematics are not yet being realised but fuel savings have been made due to reduced demand and introduction of electric vehicles in PTS.

2.6.3 What next? – Q4 focus and recommendations for TEG

For Our Patients

- NHS Pathways: Core module 2 training to be delivered, AMPDS to be decommissioned and Hear and Treat rate recovery.
- Productivity: Hospital handovers to be maintained over Q4 with partners. Auto alerts module to be implemented to support drive to achieve 20 minute crew clear target to improve availability.

For Our People

- Develop new absence reduction plan based on insight from absence deep dive on core issues.
- Continue EOC call handler recruitment to address shortfall before year end.
- Continue YAS Together roll-out; continue roll out of sexual safety eLearning; utilise additional capacity of managers trained on sexual safety to reduce case time.

For Our Partners

- Ensure pathway intelligence is used to shape our priorities to increase push referrals and identify opportunities on scene to reduce ED conveyance.

For Our Planet & Pounds

- Deliver revised forecast outturn of £2.5m surplus against the breakeven plan. This acknowledges the non-recurrent benefits seen in year and will allow the Trust to access £2.5m additional capital in 26/27.
- Identify and deliver a solution to allow individual staff to log on to telematics system on vehicles; engage with teams on data use to build understanding of driver behaviour and how it can be improved.
- Conclude the rerun PSR process for PTS contract in HNY.

YAS has maintained improvements in Q3 on hospital turnaround, category 2 response times, crew clear, a strengthened financial position and remained in Segment 1 position on the National Oversight Framework.

Recognising the aforementioned areas that are forecasting to be off track at year end there is a requirement to improve the position where possible. The immediate priorities for Q4 are to improve Hear & Treat, close EOC staffing gaps, implement actions in 111 to support clinical integration, develop effective absence reduction actions, ensure an ongoing focus on pathways optimisation with partners and accelerate benefits realisation from telematics.

3.0 FINANCIAL IMPLICATIONS

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

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. Worsening sickness may also impact upon our national oversight framework segment.

4.3 System partners have signalled that maintaining the current hospital handover times may be challenging. However, this has not yet materialised while demand has been below expected but may change if demand begins to increase.

5.0 COMMUNICATION AND INVOLVEMENT

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

6.0 EQUALITY ANALYSIS

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

7.0 PUBLICATION UNDER FREEDOM OF INFORMATION ACT

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

8. 0 NEXT STEPS

8.1 The monthly operations and quarterly corporate performance process will continue to monitor the ongoing business plan priorities and deliverable workstreams. Identified actions will be supported through the performance process, with TEG and Board Assurance Committee reporting, and escalation where appropriate.

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

8.3 The Q4 forecast shows continued momentum, with the number of Green-rated workstreams expected to increase to 11. However, 3 workstreams remain Amber, 2 workstream on Amber/Red and 2 workstreams on Red, as discussed above, indicating ongoing delivery risk that requires continued focus and active management. A section is included in Appendix 1 regarding the Q4 forecast and an accompanying narrative.

9.0   RECOMMENDATIONS

9.1   It is recommended that Trust Board:
- Notes the progress and position at Q3 on delivery of the Trust business plan priorities for 2025/26.
- Supports the planned activity for Q4 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
Appendix 3: National Oversight Framework

APPENDICES

Appendix 1 Priority 1-8 workstream details

<table>
<tr>
<td colspan="2">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 & Treat rates to 17.9% across 2025/26.</td>
</tr>
<tr>
<td colspan="2">Executive Lead Summary: Nick Smith, from 01.12.25 Marc Thomas</td>
</tr>
<tr>
<td>What?
What is the position at Q3 & Why?</td>
<td>The transition to NHS Pathways is complete. Whilst most training is on track, Core Module 2 is slightly delayed due to a cancelled course, now expected to conclude by end of February 2026. Benefits realisation is being closely monitored as there are ongoing delays in reporting and measuring impact, but dedicated groups are addressing these issues.

Hear and Treat rate was less than planned in December (12.8% vs 17.3% target) and remains low for year to date and forecast 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.
Outsourcing of calls during NHS Pathways which ceased at the end of November.
Call handler Hear and Treat isn't yet fully understood and will require work to optimise as NHS Pathways is fully embedded.
Clinical workforce is on plan with numbers continuing to grow in line with plan. Substantive staffing has increased by 20 FTE since the start of the year with increased rotation and remote clinical hub use delivering a further 16 FTE.

Call handler workforce is behind plan at the end of Q3, this has been driven largely by reduced numbers of staff transferring from IUC with around 36 FTE less than planned moving into EOC, with plans in place to narrow the gap by the end of Q4.

Remote Patient Care Integration was forecast to be amber green but slipped to amber red as work on the joint clinical queue was delayed in Q3. This was driven by delays to implementing MIS for clinicians in IUC. This work is required to enable a joint a clinical queue but changing requirements after exploration left MIS unable to complete the work prior to the change freeze that takes place in December for IUC and EOC systems. This work will now take place in January and is therefore expected to be on track by year end.</td>
</tr>
<tr>
<td>So what?
What does this mean for the Trust?</td>
<td>Our category 1 demand as a percentage of all calls has fallen from 15.2% on AMPDS to 10.6% on NHS Pathways. This is better than the planned reduction to 12% and significantly improves our ability to respond to category 2 calls.

The outsourcing of calls ending in November allows us to fully understand our H&T position. Completion of roll out also means we can begin to optimise our processes as we identify opportunities for improvement.

Actions taken to mitigate reduced call handling capacity vs plan meant we maintained good call answer time for our patients over Q3 ensuring they received a timely response.</td>
</tr>
<tr>
<td>Challenges/ Learning</td>
<td>Outsourcing of calls and NHS Pathways transition continued to create several challenges that have impacted performance and team capacity, as described</td>
</tr>
</table>

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 & Treat rates to 17.9% across 2025/26.

	above, it has contributed to a reduced hear and treat rate. Clinical capacity has been reduced due to the requirement to staff the clinical query line. There may be opportunities to increase call handler hear and treat rates in NHS Pathways. Maximising this opportunity will free up clinical capacity to deal with calls that require clinical input for hear and teat which will increase our overall rate. There is ongoing work to support hear and treat improvement.
What next?	• Core module 2 training to be completed in Q4 and AMPDS to be decommissioned. • Work undertaken to understand call handler hear and treat rate and optimise process to achieve best practice rates. • 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. • Implement a remote hub in Callflex and staff recruited to fill the new positions. • MIS module for clinicians was delayed in Q3 in IUC and will be implemented in January as the next step to enable a joint clinical queue.
Q4 Forecast	• 1.1 Pathways Amber Green ➡ Green. Project moves to completion in Q4 with no expected delays • 1.2 Expand remote clinical capacity Amber Red ➡ Green. Hear and Treat rates are not recoverable in year. However clinical capacity will be close to plan by year end. • 1.3 Remote patient Care Integration Red ➡ Amber Green. Work continues into 26/27 with Amber Green forecast reliant on MIS capacity to complete required work in January before focus must shift to Common CAD which will take priority due to Adastra contract timescales in IUC. We are currently assured that work will be complete in Jan.

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, from 01.12.25 Marc Thomas

What? *What is the position at Q3 & Why?*	**Category 2** mean response time was on average 2 minutes 47 seconds below plan in Q3 with December being the best performing month at 26 minutes 53 seconds. Demand was down by an average of 3.5% per month (2,975 responses) vs forecast over Q3.

Arrival to handover increased to 18 minutes and 29 seconds on average over Q3 (17:44 in Q2), however this is 8 minute 55 seconds below trajectory on average over the quarter.

Crew clear increased slightly to 21 minutes 35 seconds against the 20 minute target. Further improvement was expected in Q3 with the implementation of an auto alert module that had been successful at other Trusts. However, this was delayed due to issues during testing and could not be completed prior to the system freeze in December. This will now progress in Q4.

PTS eligibility criteria has sustained a reduction in saloon car demand across all areas which was 33pp better than plan, however as seen in Q2 some patients are receiving an alternative response therefore overall activity is close to planned reductions in demand.

The **Clinical Response Model** project remains on track, with the six recommendations in development as part of 26/27 business plan

Meal break work is rated as Red in Q3. Options have been reviewed and costed, however, none of the options deliver the anticipated level of improvement. Options on how to maximise these benefits are being reviewed and further developed as part of 26/27 planning. |
| **So what?** *What does this mean for the Trust?* | - **Improved Responses:** Faster response times and reduced hospital handover delays enhance patient safety and experience. There has been a significant reduction in category 2 excessive responses from 5,086 per month in Q3 24/25 to 1,778 per month in Q3 25/26.
- **Operational Efficiency:** Lower demand and better flow management has supported increased available hours on the road which is supporting sustainable performance improvements
- **Availability**: Without improved meal break management, staff availability dips during break periods, impacting performance and potentially impacts patient safety.
- **PTS**: 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. |
| **Challenges/ Learning** | Maintaining transfer of care progress over winter remains a key priority; however, this is subject to significant external dependencies, particularly on hospital partners. As a result, the Trust's ability to sustain improvements in handover times is largely outside of our direct control, and any deterioration in hospital processes could impact our performance.

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. |
| **What next?** | - Crew Clear: Testing of the auto alert module and work with MIS will continue so we can progress to implementation. |

	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.
	• The options to address availability challenges during meal break windows will be developed over Q4 as part of 26/27 planning. • Phase 2 of the Clinical Response Model to commence in January, with further scoping underway to support planning and development.
Q4 Forecast	• 2.1 Clinical response model Amber Green ➡ Amber Green. Workstream moves to delivery in 26/27 with plans not yet fully developed therefore timescales are not fully known. • 2.2.1 Rest Break Red ➡ Amber Red. Options modelled delivered little benefit and would face significant union challenge. Work continues in Q4 to identify an appropriate solution to availability challenges during meal break window. Improved rating assumes a solution is agreed for implementation in 26/27 over Q4 planning. • 2.2.2 Transfer of care Green ➡ Green. Live at all sites and performance has been maintained during winter pressures up to end of December. No expected changes during Q4 • 2.2.3 Crew Clear Amber ➡ Amber. Crew clear has improved vs 24/25 but improvement appears to have plateaued and unlikely to show further improvement until the auto alert module goes live which is the only outstanding task. However, there are risks to delivery as the module has not performed as expected during testing and MIS capacity to make changes is limited due to ICAS and Common CAD work that will take priority. • 2.3 PTS Eligibility Criteria Green ➡ Green. Benefits on track with all work completed to plan.

	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 Q3 & Why?*	**CD compliance** The target compliance of 90% has been achieved with all stations live on the app. Compliance now at 91% North, 95% South and 91% West vs an average of 63% at the start of the year. As of 18 December 2025, a total of 24 clinical audits and service evaluations have been completed, significantly surpassing the year-end target of 8. The Clinical Audit Policy which was approved in December 2025 introduces a clearer governance, a five-year audit plan, and enhanced monitoring through the Patient Safety Learning Group, ensuring stronger accountability and consistency in clinical audit processes. The deployment of an **iPad-based ePR** for all A&E crews by March 2026 is well underway. This workstream is currently RAG rated as Amber for Q3 due to timescales having extended against the business case baseline. It is anticipated that the work will be completed within the year to meet overall project timescales. Decommissioning of legacy equipment will move into 2026/27, though Finance is exploring bringing vehicle storage procurement into 2025/26 to utilise revenue underspend. Fleet fitting activities and costs will remain in 2026/27. The **Cyber Resilience** workstream is progressing with Phase 1 Zscaler rollout on track and nearing completion. However significant technical issues with the Phase

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	2 build and deployment of Zscaler system has pushed this workstream to be RAG rated as Red. This is forecast Red for year end due to the issues with the Zscaler supplier. All milestones related to **complaint response times** were delivered in Q3. Focused work with Operations Managers continues to drive further improvements in Q4.
So what? What does this mean for the Trust?	• **Compliance and Governance:** Strong progress in CD compliance and clinical audit processes enhances patient safety and regulatory assurance. • **Digital Transformation:** ePR deployment remains a priority, with revised timelines to meet original implementation deadlines back on track and managed proactively to minimise operational impact. • **Cyber Security:** Phase 2 delays mean that existing contracts for cyber security need to be extended while Zscaler develop solutions to issues discovered in Q2. Some of this cost will be recovered through reduced Zscaler costs agreed with the supplier due to issues experienced • **Service Quality:** Service users are receiving a timelier response to complaints.
Challenges/ Learning	Learning from the Cyber Security workstream highlights the importance of building broader internal expertise, allocating sufficient troubleshooting resources, and ensuring confidence in new technologies before full deployment.
What next?	• The Medicines Safety Officer job description was further delayed with completion now expected in Q4. • Zscaler roll out will continue with completion of the decommission of phase 1 legacy system by the end of January 26. • The iPad deployment continues, and the re-platformed ePR to be rolled out by end of Q4. • End of year evaluation and long term sustainability planning to continue improving complaint response times.
Q4 Forecast	• 3.1 **Clinical Audit** Green → Green. Project year end targets already delivered by end of Q3. • 3.2 **Medicines Governance** Amber Green → Amber Green. Controlled drugs compliance above 90% target for Q2 and Q3. Delays to recruiting Medicines Safety Officer role mean recruitment is unlikely before year end. • 3.3 **iPad- based ePR** Amber → Green. It is expected that ePR roll out will be complete by year end as planned after commencing with iPad roll out while ePR development continued. • 3.4 **Cyber Resilience** Red → Red. Position is not recoverable in year and is dependent on supplier developing solutions to resolve server problems experienced at roll out. • 3.5 **Complaint Response Times** Amber Green → Amber Green. While overall Trust target was delivered it was achieved through over delivery in some areas with work needed to bring IUC response times below target. May move to Green in Q4 if IUC target reduction achieved but can't be guaranteed.

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 Q3 & Why?*	Trust total **sickness** increased to 8.7% in December and remains above the 8.5% operating plan trajectory and is rated red as off track. The Q3 Trust-wide position is 8% (vs 7.2% target for Q3 and Trust-wide annual plan of 6.5%). The full year position is forecast above plan. A detailed review of absence drivers is ongoing to identify improvements with plans being developed to improve based on findings. This will be a priority over Q4 and 26/27. There is targeted work in some areas, for example, the Sickness Absence Project Group is continuing to investigate underlying reasons for sickness absence through questionnaires and focus groups at six stations, focusing on comparing the three most challenged stations with the three stations with the lowest absence rates to identify underlying causes. The **Team Based Working** project is currently rated Green, with additional workshops in November and December used to draft recommendations, supported by completed surveys with corporate and frontline colleagues to identify best practices. Four areas of consideration, each with specific sub-projects and options were finalised at the December engagement event and have been developed into a mini business case for TEG review and guidance in Q4. This will support improvements in 26/27. National staff survey scores won't be available until Q4 but engagement with the survey was at the highest level achieved at the Trust with 66% of staff completing the survey in Q3.
So what? *What does this mean for the Trust?*	• **Sickness:** Absence levels impact on our finances due to overtime for shift cover and reduces our capacity which impacts on performance. • **Sickness Recording System:** Successful implementation of GRS means all our people now have regular contact with their line manager during absence. Regular contact improves the support managers can put in place for colleagues to facilitate a return to work. • **Team-Based Working:** Progressing strongly, with clear recommendations and next steps aligned to best practice and staff engagement. If implemented staff experience will improve which may improve absence rates
Challenges/ Learning	While changes and improvement to absence management have been made through the year as planned, they have not reduced absence rates. As a result, a much deeper dive of absence data was required to identify potential solutions and a more QI focussed approach to development of solutions for 26/27.
What next?	• A sickness absence project plan for 2026/27 is being developed, with interventions scheduled to commence in April 2026. • A Team Based Working Business Case has been drafted and will be presented to TEG in January.
Q4 Forecast	• 4.1.2 **Reduce Sickness Absence** Red ➡ Red. Year-end target is not achievable with majority of tasks already completed in year and no improvement seen. Focus has shifted to deeper analysis of drivers followed by development of new interventions over Q4. • 4.2 **Team Based Working** Green ➡ Green. Options developed as per plan and already part of 26/27 priorities for delivery.

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 Q3 & Why?*	Work to embed the Sexual Safety Charter continues, with investigation timescales improving but at 21 weeks against a 16 week target. Employee Relations data shows a sustained reduction in disciplinary cases since January 2025; as of December, there were 32 live cases, a significant drop from Q2, reflecting successful early intervention efforts. Compliance with Sexual Misconduct e-learning is on track, reaching 89.6% against the 90% year end target. Investigation timescales have improved but are not yet below 20 weeks. **Leadership development** training is progressing well with all scheduled training delivered over Q3 with numbers of leaders accessing training on track for year end. **Advancing EDI** workstreams are in progress with some delays to timescales due to staff absences
So what? *What does this mean for the Trust?*	**Sexual safety awareness:** More of our people are aware of sexual safety having completed the eLearning and our staff affected by sexual safety concerns continue to come forward. **Timescales:** We now have more managers trained that can investigate these complaints. However, staff are not yet receiving an outcome within 16 weeks but are seeing times reduce.
Challenges/ Learning	Engagement sessions continue to show that many staff are not aware about changes and improvements made through YAS Together and what is available to them. There has been absence in the EDI team which has left very limited capacity to move forward with anti discrimination eLearning as planned. While we have trained more managers in sexual safety case numbers mean timescales are not yet improving for colleagues with complaints.
What next?	• Engagement with staff on YAS Together will continue in Q4. • Anti discrimination online training to be completed and rolled out after delays in Q3. • Utilise additional capacity from managers trained in sexual safety investigations to improve timescales
Q4 Forecast	• **5.1.1 Advancing EDI** Amber Green ⟹ Amber Green Work minor delays due to staff absence. • **5.1.2 Fostering Sexual Safety** Amber Green ⟹ Green continued progress expected on training uptake and investigation timescales over Q4. • **5.1.3 Leadership Development** Green ⟹ Green no expected changes over Q4 with all training delivered to plan over Q1-Q3. • **5.1.4 Embedding YAS Together** Amber Green ⟹ Amber Green. Work is on track with NSS measures showing positive improvement each time. However, there is still a risk around lack of awareness with staff engagement showing that many staff are still not fully aware of all YAS Together work and available resources.

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, Marc Thomas from 01.12.25	
What? *What is the position at Q3 & Why?*	Central to delivery of the plan is strengthened collaboration with system partners, which is ongoing. Several objectives have been delivered over Q3 with a communications campaign completed for staff on pathways options available in areas. Work has also been completed to integrate pathways for remote patient care into the JRCALC directory.
So what? *What does this mean for the Trust?*	We continue to build a clearer picture of challenges in accessing existing pathways and where pathways are underutilised and what is driving this. Further work is needed to refine the data and drive improvement in utilisation of existing pathways.
Challenges/ Learning	Push referrals are inconsistent across the region with acceptance rates showing significant variance with work required to understand issues with partners. Further work is needed to identify missed opportunities to maximise pathways utilisation on scene. This will be ongoing and into 26/27.
What next?	• Continue to work with partners on access and availability. • Develop and improve key pathways such as falls and mental health and implement plans.
Q4 Forecast	• **6.1 Maximising Clinical Pathways** Amber Green ⟶ Amber Green Work is required to refine pathways data and carry out detailed analysis to lead to action to improve.

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, Dave Green	
What? *What is the position at Q3 & Why?*	The changes to embed a culture of improvement through better use of data and QI are progressing with 49 leaders already trained and 22 undertaking QI leader training over Q4. 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?*	More of our staff and leaders are becoming aware of QI as training continues to be delivered. This builds out capacity for change and empowers our teams to act when they see improvement opportunities.
Challenges/ Learning	Good engagement has continued through the Improvement Hub but leadership time to review ideas and feedback remains challenging. Work is underway to refresh the QI group to support leaders to review and implement improvement ideas across the Trust.
What next?	• 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.

Q4 Forecast	• **7.1 Data and QI** Green ⟹ Green. No issues expected over Q4 all on track.

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, Marc Thomas from 01.12.25	
What? *What is the position at Q3 & Why?*	The **financial position** at Month 9 Trust has a year-to date surplus of £2.32m and is forecasting a year-end surplus of £2.5m. In the main, this has been achieved by non-recurrent means, including significant underspends in EOC as a result of the Pathways implementation and some insurance benefits. Efficiencies Plan Performance: 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. PTS Eligibility has delivered higher than expected cost reductions. **Fleet optimisation** has moved to amber red from amber as telematics benefits are not yet being delivered and requires further work on a technical solution to identify staff on vehicles that will support individual conversations that enable benefit realisation. Fleet replacement programme is on track and fleet availability has been maintained at or above 82% through Q3. **The PTS Provider Selection Regime (PSR)** WY contract is now signed by both parties. For SY, service specifications and KPIs have been negotiated, with final consultation and sign-off pending; contract signing is projected for late February. HNYICB has requested support to prepare internal PSR documentation, due mid-January, with no indication yet of intent to award. The contracts team is working with HNY to update paperwork. Work is progressing on the **Hull station** with onsite works to commence in January 2026.
So what? *What does this mean for the Trust?*	• **Financial Stability:** Strong financial performance will deliver a surplus in year that can be used as capital budget in 26/27 due to our national oversight score. This will support the Trust to deliver its capital plan in the next financial year. • **Telematics:** Fuel savings linked to telematics will not be delivered until staff can log onto vehicles so that driver behaviour can be tracked and linked to staff. However, savings have been delivered in year due to reduced demand and electric fleet in PTS. • **Strategic Delivery:** PSR contracts are advancing, ensuring continuity of patient transport services, while estates development supports long-term infrastructure needs.
Challenges/ Learning	Identification of CIP schemes in operational areas was challenging with savings coming from increased vacancies vs plan. A system to record who is driving the vehicle was not part of the spec for telematics. This was key to benefit delivery as fuel savings are linked to improving driver behaviour. The PSR process has been challenging in HNY and has led to the process being rerun. Some of this has helped to inform processes in West and South which led to a smoother process and successful contract award. This learning will be taken into the 111 PSR process.

	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.
What next?	• Completion of Hull Station staff consultation. • The next steps for telematics include importing door entry system data into the Telematics System, pending approval and data validation by the Core Project Team. Work is also ongoing to finalise revised benefits realisation forecasts and expectations. • PSR processes are underway in HNY with documentation submitted in the first week of January.
Q4 Forecast	• **8.1 Break-Even Financial Plan** Green ➡ Green. Currently on track for surplus with no changes expected in Q4. • **8.2 Hull Ambulance station** Amber Green ➡ Green. Project continues into 26/27 with minor delays in Q4 not impacting timescales and all areas forecast to be on track in Q4. • **8.3 Fleet Optimisation** Amber Red ➡ Amber. Solution to identifying staff on vehicles expected to be implemented in Q4 to support benefit delivery in 26/27. In year benefits have been delivered fortuitously through reduced demand, hospital turnaround times (reduces idling time) and electric vehicles in PTS. Benefits delivery for telematics was planned from Q2, so position is not recoverable in last quarter of the year. However, remains amber as vehicle replacement element of workstream and vehicle availability remain on track. • 8.4 **Regional Long-Term Collaborative Agreement in PTS** Amber ➡ Amber. May well improve over Q4 if PSR process in HNY progresses well. Previous delays and process issues reflect forecast rating.

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

Appendix 3: NHS OVERSIGHT FRAMEWORK METRICS TABLE

This table presents a set of key performance metrics used to assess the Trust's performance across several domains, as required by the NHS Oversight Framework. Each metric is reported with its value, unit, score, rank (out of 10), and the average value for comparison. Key insights:

- The Trust performs well in staff engagement and advocacy (ranked 1/10).
- Despite a slight increase in response times they remain better than the average (rank 4/10).
- Sickness absence improved in Q2 but remains a key focus for improvement (rank 9/10/).
- Financial metrics are stable, with no planned deficit and minimal variance to plan, productivity is an area for improvement.

Quarter	Segment	Trust in financial deficit?
Q2 2025/26	1 - High performing	No

Domain	Sub-domain	Metric description	Reporting Date	Metric Value	Metric Units	Metric value change	Metric score	Rank out of 10	Median
Access to services	Urgent and emergency care	Average Category 2 ambulance response time	To Sep 2025	25.77	mins	0.10 ↓	1.00	4	28.60
Effectiveness and experience	Effective out of hospital care	Percentage of ambulance patients conveyed to emergency departments	YTD 25/26	52.40	%	-0.20 ↑	3.10	8	49.35
	Patient experience	NHS staff survey advocacy score	2024	6.58	out of 10	0.00 →	1.00	1	6.20
Finance and productivity	Finance	Planned surplus/deficit	2025/26	0.00	%	0.00 →	1.00	2	0.00
		Variance year-to-date to financial plan	Month 6 2025	0.33	%	0.10 ↑	1.00	4	0.27
		Combined finance	Q2 2025/26		score		1.00		
	Productivity	Relative difference in costs	2025/25	96.71	%	-1.84 ↑	1.99	6	96.16
Patient safety	Patient safety	NHS Staff survey – raising concerns sub-score	2024	6.13	out of 10	0.00 →	1.67	3	6.02
People and workforce	Retention and culture	Sickness absence rate	Q1 2025/26	6.85	%	-0.79 ↑	3.97	9	6.28
		NHS staff survey engagement theme sub-score	2024	6.22	out of 10	0.00 →	1.00	1	6.00

Source: NHS England, 17/12/25