

# Board of Directors (in Public)

21 May 2026



Report Title	Annual Business Plan 2026/27 Update
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Accountable Director	Carol Weir, Director of Strategy, Planning and Performance
Previous committees/groups	Trust Executive Group (9 February 2026) Board of Directors (10 February 2026) Board of Directors (in Private) (26 March 2026)
Recommended action	Approval
Purpose of the paper	To present the Yorkshire Ambulance Service 2026/27 Annual Business Plan to the Trust Board for approval.

## Executive Summary

This paper presents the 2026/27 Annual Business Plan for Board approval. It translates the Trust's Strategy (2024-29) into the year 3 delivery plan and provides the clinical, quality, operational, workforce, and financial focus for the year. The plan is compliant with the NHSE Medium-Term Guidance requirements and was submitted to NHSE on 12<sup>th</sup> February 2026.

The plan is built around three Board-agreed priorities:

1. improving the right response by increasing Hear and Treat to 15.4% and reducing Emergency Department conveyance by 1.3%;
2. improving operational productivity and performance including Category 2 response time to 24:44 while reducing variation across the day and geography; and,
3. supporting our people by reducing sickness absence by 0.5% Trust-wide.

Delivery will be through 11 workstreams and accelerated through clinically led quality priorities including implementing the Clinical Response Model, a focus on improving patient safety, patient experience and clinical supervision, and the YAS Together culture programme. Delivery will be enabled and supported by digitisation and data, partner collaboration, fleet and estates, and strong financial grip. The financial plan is a breakeven plan with 4.0% efficiency, requiring disciplined delivery of productivity improvements and careful management of identified risks, while assuming receipt of the additional £12m growth funding for 999 from NHSE.

The plan delivers the third year of the Trust Strategy is triangulated across clinical, quality, workforce, performance and finance, and supported by established governance, performance, and risk management arrangements. Delivery will require a sustained focus on quality, productivity, workforce wellbeing, system collaboration, and financial discipline throughout 2026/27. This will be monitored and reported through the performance management framework and associated governance arrangements.

Recommendation(s)	The Board is asked to approve the 2026/27 Annual Business Plan.
Link to Board Assurance Framework Risks	1. Deliver a timely response to patients. 7. Support staff health and well-being effectively. 12. Secure sufficient revenue resources and use them wisely to ensure value for money.

# Annual Business Plan 2026/27

## 1. INTRODUCTION

- 1.1 This paper seeks Trust Board approval of the 2026/27 Annual Business Plan. The paper provides the year 1 delivery plan flowing from the plan submitted to NHSE which is compliant with the Medium-Term Guidance and year 3 of the Trust's Strategy (2024-29). The plan sets out the priorities, delivery approach, financial implications, and risks for 2026/27.

## 2. BACKGROUND

- 2.1 The Trust has already agreed the strategic direction set out in the Trust Strategy (2024-29) and Five-Year Medium Term Guidance Narrative Plan (2026-31). The 2026/27 Annual Business Plan is the third year of the Trust Strategy and translates the agreed medium-term direction into operational delivery for the coming year.
- 2.2 The annual plan retains the clear golden thread from national guidance and Trust Strategy to annual business planning, delivery, and assurance, supported by the Performance Management Framework. It is aligned to Great Care, Great People, Great Partner (YAS Trust Strategy 2024-29), driven by the Clinical Response Model, Quality Account priorities (clinical supervision, patient safety and experience) and the YAS Together Culture Programme, and is compliant with meeting the requirements of the NHSE Medium Term Guidance.
- 2.3 The Board agreed the high-level 2026/27 priorities through extensive Board engagement and planning discussions to be: right response including increased hear and treat (to 15.4%) and improved avoidable ED conveyance (reduced by 1.3%); improved operational productivity and performance including Category 2 response (24:44 mean); and support for our people through sickness reduction (by 0.5%).
- 2.4 The high-level priorities were presented and agreed at the Board in February 2026. The workstreams that deliver these have evolved and developed, therefore this paper updates the Board on the workstreams, noting the overall priorities and metrics remain unchanged and are as previously agreed.
- 2.5 The annual plan for 2026/27 sets ambitious but credible priorities for the Trust in the context of continued demand growth, system flow pressures, workforce challenges, and the need to maintain financial balance.

## 3. PROPOSAL

- 3.1 The proposed 2026/27 Annual Business Plan is structured around three Board-agreed priorities which balance clinical, quality, performance improvement, alongside workforce and financial sustainability.
- 3.2 The priorities are delivered by a small number of workstreams that each have an Executive Lead, Senior Responsible Officer, Delivery Lead and PMO support. Each

workstream has been developed using evidence, best practice and benchmarking to directly contribute to the priority with clear milestones and metrics that will be monitored and reported through the agreed Performance Management Framework processes and presented monthly at the performance meetings and to TEG by exception, and quarterly to TEG, Committees and Board.

- 3.3 Some workstream metrics and milestones are still in development at the time of writing. However, work is progressing at pace, supported by the PMO team to maximise delivery and realise all identified benefits in 26/27.
- 3.4 As required / appropriate, each workstream identified will have Equality and Quality Impact Assessment undertaken and approved through Trust governance routes by 31.03.26.
- 3.5 Priority 1 - Right response. Increase Hear and Treat to 15.4% and reduce Emergency Department conveyance by 1.3%. Delivery will be through the following three workstreams:
- growth in remote clinical capacity – through expanding remote clinical hubs, clinician recruitment and increasing Specialist Paramedic in Urgent Care utilisation
  - an integrated clinical assessment service across 999 and 111, including implementing the joint CAD,
  - Optimising appropriate pathways in EOC and for crews on scene
- 3.6 Priority 2 - Improve operational productivity and performance. Deliver Category 2 response time of 24:44 in 2026/27 while reducing unwarranted variation by time of day and geography. Delivery will be through the following five workstreams:
- better matching of resources to demand and reducing unwarranted variation by time of day and geography through:
    - improved rotas, scheduling, overtime, and resource allocation
    - improvements in Remote Patient Care actions
    - fleet optimisation
    - reviewing rest break arrangements
  - improving crew clear to support availability
  - improved on-scene clinical support through Crew Line to support improved avoidable ED conveyances
  - redirecting inappropriate Healthcare Professional (HCP) transportation requests
  - realising telematics benefits
- 3.7 Priority 3 - Support our people. Reduce Trust-wide sickness absence by 0.5% through prevention, proactive wellbeing, and support. Delivery will be through the following three workstreams:
- Strengthening alternative duties
  - Enhancing workplace adjustment arrangements
  - Optimising compassionate absence conversations.

In 26/27 there will also be targeted quality improvement (QI) work in three services and locations to better understand drivers and improvements that may be implemented wider.

- 3.8 The three priorities and 11 workstreams will be accelerated by the core drivers already agreed by the Board: clinically and quality led quality priorities including the Clinical Response Model, patient safety and experience, and clinical supervision, alongside the YAS Together culture programme. These drivers will be reinforced by key enablers including digitisation and data, collaboration with partners to support the left shift, fleet and estates, and disciplined financial management. (Appendix 1)
- 3.9 The annual plan will continue to improve quality (safety, effectiveness, experience, efficiency) and operational performance across 999, NHS 111 and PTS; strengthen clinical decision-making at the point of contact; support more care remotely, at home or closer to home; and maintain the trajectory towards constitutional standards.
- 3.10 The plan is clinically and quality led, triangulated across clinical, quality, workforce, performance and finance, is compliant with the requirements in the NHSE Medium-Term Guidance, and supported by established governance, performance, and risk management.
- 3.11 Delivery will require sustained focus on quality, productivity, workforce wellbeing, system collaboration, and financial discipline throughout 2026/27. This will be monitored and reported through the Performance Management Framework, executive-led Performance Review and Improvement meetings, monthly integrated performance reporting, quarterly business plan reporting, and escalation through Trust Executive Group and Board committees to Board.

#### **4. FINANCIAL IMPLICATIONS**

- 4.1 The 2026/27 plan is supported by a breakeven financial plan and a requirement to deliver substantial productivity and efficiency improvements within the financial envelope.
- 4.2 The financial plan requires total cash releasing efficiencies of 4.03%, equivalent to £18.85m. The plan remains stretching and depends on the delivery of quality and performance improvements within the available financial envelope.
- 4.3 The plan assumes full receipt of £12m 999 growth funding and includes investment in additional Emergency Operations Centre (EOC) call handlers, clinicians, additional 999 operational staff and a small number of doctors and support posts.
- 4.4 The current plan includes c.£2.2m unidentified efficiencies, which includes provision for an £800k NHS 111 contingency to support clinical capacity and c.£8m of high-risk identified efficiencies, including elements linked to 999 operational performance modelling e.g. hear and treat, crew clear, sickness improvement. Continued financial grip, robust forecasting, vacancy management and close alignment between activity, workforce and finance will therefore be essential.

4.5 Capital priorities remain aligned to plan delivery, particularly digital enablement, including electronic patient record re-platforming, Common CAD, and fleet and estate investment to maximise operational availability and staff wellbeing.

## **5. RISKS**

5.1 Delivery is subject to several strategic and operational risks.

5.2 Timely response and access to appropriate care remain core risks. Delivery depends on improving Hear and Treat, reducing ED conveyance where clinically appropriate, including access to and availability of alternative pathways with system partners, releasing ambulance capacity and sustaining progress on hospital handovers with system partners. The annual plan mitigates these through the workstreams around recruitment, integration across 999 and 111 and system collaboration.

5.3 Partnership work is focused on deliverables that directly support the plan: joint clinical assessment, appropriate pathway access and availability, reduced ED conveyance, inappropriate HCP transport redirection and maintaining handover performance, recognising actions within YAS control and those requiring system commitment. It is recognized that there are structural changes affecting the partnership landscape which may pose a risk to delivery.

5.4 YAS has been explicit in the medium-term planning response that our intention is to return to constitutional standards in 2028/29 but that further year-on-year progress toward the 18-minute standard in year 3 is contingent on both YAS and system partner action (including handover improvement, appropriate pathways and left shift). A key dependency is the ability to safely direct more patients to alternative services, either through Hear & Treat or at scene. This requires ongoing partner prioritisation to improve the access, availability and responsiveness of appropriate care pathways across the Region. We will continue collaborative work through system governance structures to support this.

5.5 Workforce risks remain significant, particularly sickness absence, wellbeing, recruitment, and retention. The annual plan mitigates these through wellbeing and leadership actions, improved rostering and proactive management of absence and workplace adjustments.

5.6 Financial and productivity risks remain material given the scale of the efficiency requirement, the residual unidentified efficiency gap and dependencies on growth funding and operational productivity assumptions. Mitigations include strong grip and control, phased implementation, close monitoring, and clear accountability.

5.7 The dependencies are digital delivery, capital availability, and system collaboration.

5.8 Risks will be monitored through the Performance Management Framework, Board Assurance Framework, and established governance, with escalation where appropriate.

## **6. RECOMMENDATION**

6.1 The Trust Board is asked to approve the 2026/27 Annual Business Plan.

## **7. APPENDICES**

Appendix 1 2026/27 YAS Business Plan on a Page

Appendix 2 Priorities, Workstreams, High level Metrics and suggested/draft  
Governance Arrangements

## Appendix 1 2026/27 YAS Business Plan on a Page

<p><b>Three priorities</b></p>	<p><b>1. Right response:</b> Increase hear and treat and reduce ED conveyance</p>	<p><b>2. Improve operational productivity and performance:</b> Improve performance including Category 2</p>	<p><b>3. Support Our People:</b> Reduce sickness</p>		
<p><b>Outcome</b></p>	<p>YAS will increase Hear and Treat to <b>15.4%</b> and reduce ED conveyances to <b>1.3%</b>, ensuring every patient receives the right response at the earliest point in their journey.</p>	<p>YAS will reduce Category 2 average response times to <b>00:24:44</b> and minimise variability across the day and geography through improving operational efficiencies.</p>	<p>YAS will reduce sickness absence by <b>0.5%</b> and create a healthier, more skilled and engaged workforce.</p>		
<p><b>Workstreams</b></p>	<ol style="list-style-type: none"> <li>Expanding EOC clinical capacity - remotely, in EOC &amp; SPUC/SPMH utilisation</li> <li>Optimising integration - clinical queue, iCAS Phase 2 and joint CAD</li> <li>Improving access and availability of appropriate care pathways in EOC and on-scene</li> </ol>	<ol style="list-style-type: none"> <li>Better matching of resource to demand (rotas, scheduling, OT, fleet optimisation, RPC actions, rest break arrangements)</li> <li>Improve Crew Clear</li> <li>Redirect inappropriate HCP transport</li> <li>Enhance Crew Line</li> <li>Realise Telematics Benefits</li> </ol>	<ol style="list-style-type: none"> <li>Strengthen alternative duties</li> <li>Enhance workplace adjustments</li> <li>Optimise compassionate absence conversations</li> </ol>		
<p><b>Drivers</b> (Accelerating improvements)</p>	<p>Clinical Response Model</p>	<p>Quality Account priorities (clinical supervision, patient safety and experience)</p>	<p>YAS Together culture programme</p>		
<p><b>Enablers</b> (Strong foundations)</p>	<p>Digitisation and data</p>	<p>Quality Improvement</p>	<p>Collaboration</p>	<p>Fleet and estates</p>	<p>Sustainability (financial and environmental)</p>

**Appendix 2** Priorities, Workstreams, High level Metrics and suggested / draft Governance Arrangements

<b>Priority 1 – Right response: Increase hear and treat and reduce ED conveyance:</b> YAS will increase Hear and Treat to 15.4% and reduce ED conveyances to 1.3% by Q4 2026/27, ensuring every patient receives the right response at the earliest point in their journey.			
<b>Workstream</b>	<b>Projects</b>	<b>Board Committee</b>	<b>Executive Lead</b>
1. Expanding EOC clinical capacity - remotely, in EOC & SPUC/SPMH utilisation	-Expanding Remote Clinical Hub	Quality Committee	Deputy Chief Executive and Chief Operating Officer
	-Clinical Recruitment		
	-Expanding SPUC & SPMH H&T utilisation		
2. Optimising integration - clinical queue, iCAS Phase 2 and joint CAD	-Optimising integrated clinical queue: ICAS Phase 2	Quality Committee	Deputy Chief Executive and Chief Operating Officer
	-Implementing Common CAD for 111		
3. Improving access and availability of appropriate care pathways in EOC and on-scene	-Optimising Alternative Pathways - Push & On Scene		

**Priority 2 - Improve operational productivity and performance: including Category 2.**

YAS will reduce Category 2 average response times to 00:24:44 and minimise variability across the day and geography through improving operational efficiencies.

Workstream	Projects	Board Committee	Executive Lead
1. Better matching of resource to demand (rotas, scheduling, OT, fleet optimisation, RPC actions, rest break arrangements)	-Reduce variation in resource availability (rotas, scheduling, OT, and resource allocation) -Fleet optimisation -New 999 Operations Rest Break Standard Operating Procedure. -RPC prioritisation of resource to key periods, escalation processes & dynamic moving of resource.	Finance and Performance Committee	Deputy Chief Executive and Chief Operating Officer
2. Improve Crew Clear	-Improving Turnaround times (Crew Clear).		
3. Redirect inappropriate HCP transport	-Redirecting Inappropriate Healthcare Professional (HCP) Transportation Requests (09:00–16:00).		
4. Enhance Crew Line	-Enhancing Crew line.		
5. Realise Telematics Benefits	-Realising telematics benefits.		

**Priority 3 – Support Our People: Reduce sickness**

YAS will reduce sickness absence by 0.5%, improving workforce wellbeing, reliability, and engagement.

<b>Workstream</b>	<b>Projects</b>	<b>Board Committee</b>	<b>Executive Lead</b>
1. Strengthening alternative duties	-Strengthening alternative duties	People Committee	Director of People and Organisational Development
2. Enhancing workplace adjustments	-Enhancing workplace adjustments		
3. Optimising compassionate absence conversations	-Optimising compassionate absence conversations		

**\*NB:** Quarterly reports are submitted to all committees; however, the highlighted committees will focus specifically on the delivery and progress of the relevant projects.