



Report Title	Business Plan 2025/26 Closing Report
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Accountable Director	Carol Weir, Director of Strategy, Planning and Performance
Previous committees/groups	Trust Executive Group, 15 April 2026 and 6 May 2026 People Committee, 5 May 2026 Quality Committee, 7 May 2026 Finance and Performance Committee, 14 May 2026
Recommended action(s) (assurance, approval, information)	Assurance
Purpose of the paper	This paper provides year-end assurance on delivery of the Trust's 2025/26 Business Plan, including the extent to which planned benefits were achieved, the impact for patients, people, partners, planet and pounds, the key areas of under-delivery, and how learning has been carried into the 2026/27 Annual Business Plan.
<b>Executive Summary</b>	
<p>This paper provides the Board with year-end assurance on delivery of the 2025/26 Business Plan, including the extent to which planned benefits were achieved, the impact on patients, people, partners, planet and pounds, the key areas of under-delivery, and the actions being carried forward into the 2026/27 Business Plan.</p> <p>2025/26 was a year of mixed but important delivery towards achieving the aims of the Trust Strategy (2024-29). The Trust delivered measurable and meaningful improvements in patient care, operational productivity, staff experience, partnership working and financial performance, while also identifying areas where benefits were delayed or not fully realised.</p> <p>At year end, of the 26 workstreams: 8 were Green, 6 Amber/Green, 2 Amber, 3 Amber/Red and 2 Red, with 5 completed or paused. The Q4 position provides a realistic year-end assessment and a clear baseline for 2026/27.</p> <p>It is important to place this business plan delivery assessment in the wider national context. The Trust has remained in Segment 1 of the National Oversight Framework for all three published quarters to date, with Q4 expected in May. In addition, YAS is ranked 2nd overall among English Ambulance Trusts. This provides further external assurance that, despite the areas of under-delivery identified in the report, the Trust's overall performance and oversight position remains strong.</p> <p>For patients, the strongest improvement impact was ambulance availability and response: hospital handover finished nearly 9 minutes better than plan, Category 2 response ended the year at 26:14, 5:43 better than 2024/25 and better than plan, and successful implementation of NHS Pathways reduced Category 1 demand materially, improving availability and response. However, Hear and Treat did not recover as planned and crew clear missed the 20-minute ambition. These are both areas of focus in 2026/27 to support improve patient care and response.</p>	

For people, staff experience improved significantly, with YAS highest in sector for NHS Staff Survey response rate and on 7 of 9 NHS People Promise themes. However, sickness absence remained above plan and continues to affect capacity, cost and resilience. This remains an area of focus in 2026/27.

For partners, joint working sustained the hospital handover performance and secured PTS and 111 contracts through the Provider Selection Regime providing further stability for the next 3-5 years in these services and the Trust. However, alternative pathway optimisation requires renewed system commitment in 2026/27 to support right patient care (improved hear and treat, reduced conveyances and delivery of Category 2 performance). These are priorities in the 2026/27 business plan.

For planet and pounds, the Trust delivered a £2.5m surplus and the full efficiency plan. Hull station remains on track and fleet telematics have been deployed, although benefits realisation from telematics remains delayed and will be a focus in 26/27.

The main areas requiring continued Board oversight are reflected in the three business plan priorities and 11 workstreams for 26/27:

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 (including crew clear); and,
3. supporting our people by reducing sickness absence by 0.5% Trust-wide.

**Recommendation(s)**

It is recommended that the Trust Board:

1. notes the year-end delivery position against the 2025/26 Business Plan;
2. takes assurance from the areas of delivery and impact set out in this report;
3. notes the areas where planned benefits were not fully realised and the corrective actions embedded in the 2026/27 Annual Business Plan;
4. supports the planned activity for 2026-27 aligned to the agreed business plan, as noted in the paper.

**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.
7. Support staff health and well-being effectively.
10. Act as a collaborative, integral, and influential system partner.
12. Secure sufficient revenue resources and use them wisely to ensure value for money.
13. Secure sufficient capital resources and use them wisely to ensure value for money.

# BUSINESS PLAN 2025/26 CLOSING REPORT

## 1.0 INTRODUCTION

- 1.1 Delivery of the 2024-2029 Trust Strategy is through the Annual Business Plan year-on-year, which sets out the in-year priorities against the Trust's four ambitions: Our Patients, Our People, Our Partners, and Our Planet and Pounds. This report provides the Board with the year-end Q4 position on delivery of the 2025/26 Business Plan.

## 2.0 BACKGROUND

- 2.1 The 2025/26 Annual Business Plan was aligned to the NHS England operating context, the Trust Strategy 2024-29, Integrated Care Board Joint Forward Plans and local Place priorities. Delivery was monitored through workstream milestones, metrics, RAG+ ratings and the established performance improvement process and assurance through Trust governance routes.
- 2.2 Annual business plan performance is monitored through the Performance Management Framework and 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 delivered 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 TEG, Committees and 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 March 2026.
- 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. YAS has remained in NOF segment one for all quarters of 25/26 reported to date and it is anticipated will be segment one when the Q4 NOF is published in May.
- 2.5 The 2026/27 Annual Business Plan has three Board-agreed priorities: improving the right response by increasing Hear and Treat to 15.4% and reducing Emergency Department conveyance by 1.3%; improving operational productivity and performance including Category 2 response time to 24:44 while reducing variation across the day and geography (including crew clear); and, supporting our people by reducing sickness absence by 0.5% Trust-wide. The Q4 assessment therefore

provides both year-end assurance and the evidence base for the next phase of delivery into 26/27.

## 2.5 2025/26 Year-end position at a glance

2.5.1 The Q4 Business Plan position for the 26 workstreams within the 8 priorities is as presented below by RAG+ rating (see Appendix 2).

RAG+ rating	Q4 position	Board interpretation
Green	8	Delivered or on track.
Amber/Green	6	Minor risks or timing delays; not a material Board concern unless benefits extend into 2026/27.
Amber	2	Within tolerance but requiring active oversight.
Amber/Red	3	Significant risk; benefits not fully realised and recovery required.
Red	2	Off track; reset or carry-forward into 2026/27 required.
Paused / Closed	5	Closed, delivered, business-as-usual or paused with revised 2026/27 route.

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 this quarter 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.

2.5.2 Strengthened scrutiny of RAG+ rating, forecasts, delivery confidence, known risks and dependencies will be embedded in 2026/27 reporting.

		Q3	Q4	26/27
<b>OUR PATIENTS</b>				
<b>Priority 1: Improve 999 and 111 call centre clinical capacity, triage, and care navigation</b>				
1.1	Develop <b>Integrated 111 and 999 Triage and Assessment</b> by implementing <b>NHS Pathways</b> to optimise patient navigation across services.	□□ AMBER/GREEN	□ GREEN	CLOSURE PROCESS
1.2	Expand <b>Remote Clinical Capacity</b> : Increase Hear & Treat and See & Treat to reduce unnecessary and inappropriate conveyance to ED.	□● AMBER/RED	□● AMBER/RED	26/27 WORKSTREAM – Expanding EOC clinical capacity – SPUC/SPMH utilisation
1.3	<b>Remote Patient Care Integration</b> : Expand Remote Clinical Capacity by integrating services.	● RED	● RED	26/27 WORKSTREAM - Optimising integration - clinical queue, iCAS Phase 2 and joint CAD
<b>Priority 2: Increase productivity to improve ambulance response times.</b>				
2.1	<b>Clinical Response Model</b> : Design and commence the implementation of a revised Clinical Response Model.	□□ AMBER/GREEN	□ CLOSED – CF	26/27 DRIVER – Clinical Response Model
2.2	<b>Increase Operational Productivity by:</b>			
2.2.1	<b>Improving Rest Break Arrangements</b> to support high quality patient care and the welfare of staff	● RED	□ PAUSED	26/27 WORKSTREAM – Improve alignment of resource to demand
2.2.2	Managing Arrive to Handover ( <b>Transfer of Care</b> )	□ GREEN	□ GREEN	CLOSED BAU
2.2.3	Reducing Handover to Clear ( <b>Crew Clear</b> )	□ AMBER	□ AMBER	26/27 WORKSTREAM – Improve Crew Clear

		Q3	Q4	26/27
2.3	Implement <b>NHSE PTS Eligibility Criteria</b> across all ICB areas.	☐ GREEN	☐ GREEN	CLOSED BAU
<b>Priority 3: Enhance care quality and safety</b>				
3.1	Commence the <b>Clinical Audit and Effectiveness Plan</b> targeting key areas.	☐ GREEN	☐ GREEN	26/27 DRIVER – Quality Account Priority
3.2	Continue to improve <b>Medicines Governance</b> and procedural adherence, by implementing a medicine safety strategy for 2025/26.	☐☐ AMBER/GREEN	☐☐ AMBER/GREEN	26/27 DRIVER – Quality Account Priority
3.3	Development of an <b>iPad-based ePR application</b> for A&E crews.	☐ AMBER	☐● AMBER/RED	26/27 ENABLER – Digitisation & Data
3.4	Strengthening <b>Cyber Resilience</b> : Single Sign-On Integration and Zero Trust Network Implementation.	● RED	☐ PAUSED	26/27 ENABLER – Digitisation & Data
3.5	Improving <b>complaint response times</b> .	☐☐ AMBER/GREEN	☐☐ AMBER/GREEN	26/27 DRIVER – Quality Account Priority
<b>OUR PEOPLE</b>				
<b>Priority 4: Strengthen workforce resilience and development</b>				
4.1	<b>Looking after our People</b>			
4.1.1	<b>Absence Reporting System</b>	☐ CLOSED – DELIVERED/BAU	☐ CLOSED – DELIVERED/BAU	CLOSED BAU
4.1.2	<b>Reduce Sickness Absence</b>	● RED	● RED	26/27 STRATEGIC PRIORITY - Support Our People: Reduce sickness
4.2	Review, identify and propose changes to <b>A&amp;E Team Based Working</b> .	☐ GREEN	☐ GREEN	26/27 WORKSTREAM – Improve alignment of resource to demand
<b>Priority 5: Foster a positive organisational culture</b>				
5.1	<b>Improving Organisational Culture through the YAS Together Programme by:</b>			
5.1.1	Advancing <b>Equality, Diversity and Inclusion</b> through the YAS Together Programme	☐☐ AMBER/GREEN	☐☐ AMBER/GREEN	26/27 DRIVER – YAS Together Culture Programme
5.1.2	Fostering <b>Sexual Safety</b> Through the YAS Together Programme	☐☐ AMBER/GREEN	☐☐ AMBER/GREEN	26/27 DRIVER – YAS Together Culture Programme
5.1.3	<b>Leadership Development</b>	☐ GREEN	☐ GREEN	26/27 DRIVER – YAS Together Culture Programme
5.1.4	Embedding the <b>YAS Together Culture</b>	☐☐ AMBER/GREEN	☐☐ AMBER/GREEN	26/27 DRIVER – YAS Together Culture Programme
<b>OUR PARTNERS</b>				
<b>Priority 6: Collaborate with system partners to coordinate care delivery</b>				
6.1	Maximising <b>Clinical Pathway</b> use in <b>Remote Patient Care and Crews</b> on scene.	☐☐ AMBER/GREEN	☐ PAUSED	26/27 WORKSTREAM – Improving access & availability of appropriate care pathways

		Q3	Q4	26/27
<b>Priority 7: Embed a culture of improvement through better use of data and QI</b>				
7.1	Develop <b>Data Analytics and BI Capabilities</b>	☐ GREEN	☐ GREEN	26/27 ENABLER - Digitisation & Data
<b>OUR PLANET AND POUNDS</b>				
<b>Priority 8: Ensure sustainable, effective and efficient use of resources</b>				
8.1	Deliver a <b>Balanced break-even Financial Plan</b>	☐ GREEN	☐ GREEN	26/27 ENABLER - Sustainability
8.2	<b>New Ambulance Station in Hull</b>	☐☐ AMBER/GREEN	☐☐ AMBER/GREEN	26/27 ENABLER - Fleet & Estates
8.3	<b>Fleet Optimisation</b>	☐ ● AMBER/RED	☐ ● AMBER/RED	26/27 WORKSTREAM - Realise Telematics Benefits & Fleet Optimisation & 26/27 ENABLER - Fleet & Estates
8.4	<b>Regional Long Term Collaborative Agreement in PTS</b>	☐ AMBER	☐ GREEN	CLOSED BAU

### 2.5.3 The year-end delivery story summary

Ambition	What was delivered	Evidence	Where delivery / benefits were limited	26/27 business plan
Our Patients	Improved hospital handover, NHS Pathways implemented, improved Category 2 response	C2 response 26:14; hospital handover nearly 9 minutes better than plan; reduced Cat 1 demand after NHS Pathways	Hear and Treat, crew clear, remote clinical capacity and integration benefits	Right response; Category 2 24:44; Hear and Treat 15.4%; reduced ED conveyance
Our People	Staff survey improvement, leadership development, absence system implemented	Year-on-year Staff Survey gains; highest in sector on 7 of 9 People Promise themes	Sickness absence reduction not achieved	Reduce sickness by 0.5%; alternative duties; workplace adjustments; compassionate absence conversations
Our Partners	Sustained acute hospital handover improvement, PTS and 111 contract continuity	Sustained handover grip; PTS and 111 contracts secured	Appropriate pathway optimisation	Access and availability of appropriate pathways, HCP transport redirection, joint clinical assessment
Our Planet & Pounds	£2.5m surplus, efficiency plan delivered, Hull station progress, telematics deployed	Hull station progress; telematics deployed  £2.5m surplus; full efficiency plan delivered; NOF Segment 1 maintained	Telematics benefits not yet realised; productivity benefits need stronger tracking to ensure delivery	4.03% efficiency; telematics benefits; fleet optimisation; financial grip and productivity delivery

### **3.0 WHAT? – DELIVERY AGAINST THE 2025/26 PLAN**

#### **3.1 Our Patients**

##### **What:**

Operational productivity improved, with hospital handover / transfer of care and NHS Pathways implementation and associated triage processes delivering the clearest benefits.

Category 2 response ended the year at 26:14, 5:43 better than 2024/25. Hospital handover finished nearly 9 minutes better than plan. NHS Pathways was implemented and Category 1 demand reduced materially, supporting improved prioritisation of the sickest patients. However, Hear and Treat ended below plan, crew clear missed the 20-minute ambition, and the full benefits from increased remote clinical capacity and remote patient care integration were delayed into 2026/27.

##### **So what:**

More ambulance capacity was available for patients with the most urgent need, supporting faster response and safer prioritisation for the sickest patients. The improvement in hospital handover / transfer of care released hours back into operational availability and strengthened system resilience. However, under-delivery in Hear and Treat meant the Trust did not realise the full intended shift to more care remotely, closer to home or without unnecessary ED attendance.

##### **What next:**

In 2026/27, the focus should shift from implementation to benefits realisation: increasing Hear and Treat to 15.4%, reducing ED conveyance by 1.3%, completing iCAS Phase 2 and the 999 and 111 common CAD to support 999 and 111 integration benefits, expanding remote clinical hubs, improving crew clear and increasing appropriate pathway use.

#### **3.2 Our People**

##### **What:**

The NHS Staff Survey showed year-on-year improvement, with YAS highest in sector on 7 of 9 People Promise themes. Leadership development was delivered and embedded, and the absence reporting system was implemented. Team-based working review and engagement on the recommendations were completed, to be delivered in 26/27. However, the planned 0.5% sickness absence reduction was not achieved, with sickness remaining above plan at year end.

##### **So what:**

The Trust has stronger cultural foundations and evidence that YAS Together and People Promise interventions are having a positive impact. Improved engagement, morale and leadership matter because they support retention, reliability, patient experience and improvement capacity. However, high sickness absence continues to reduce operational capacity, increase cost and place pressure on colleagues. Delivery took place, but the impact was insufficient.

The Trust has strengthened the infrastructure for a safer and more inclusive culture, including policies, training, sexual safety work, leadership development and reporting routes.

##### **What next:**

The 2026/27 plan reflects sickness reduction as a targeted improvement programme rather than a generic wellbeing programme. The focus is evidence and best practice based, to deliver improvements in alternative duties, workplace adjustments, compassionate absence conversations alongside QI work focussed at

high-absence sites, with clear measures of impact, to realise the sickness absence reduction planned.

### 3.3 **Our Partners**

#### **What:**

Partnership working with acute trusts led by the NHSE Region sustained transfer of care / hospital handover improvement through winter. Regional collaboration secured PTS and 111 contracts through the Provider Selection Regime, supporting service continuity. However, pathway optimisation requires ongoing focus to support improved Hear & Treat and reduced conveyance.

#### **So what:**

Stronger system grip improved patient flow and ambulance availability. Contract continuity has protected service stability. However, the Trust did not fully realise the planned increase in appropriate pathway usage, meaning more work is needed with Regional, ICB, Place and provider partners to reduce avoidable conveyance and support the right response first time.

#### **What next:**

In 2026/27, 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.

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.

### 3.4 **Our Planet and Pounds**

#### **What:**

The Trust delivered a £2.5m surplus and the full efficiency plan, demonstrating strong financial grip. Hull ambulance station remains on track for summer 2026 and telematics has been deployed across the fleet. However, the operational, safety, environmental and fuel benefits from telematics have not yet been fully realised.

#### **So what:**

The Trust enters 2026/27 with financial credibility and some capital flexibility, but several productivity benefits assumed in future plans are not yet fully embedded including telematics, Hear and Treat, crew clear and sickness improvement. This increases the importance of benefits tracking, operational ownership and early escalation, managed through the Performance Management Framework.

#### **What next:**

Telematics benefits delivery and reporting will quantify expected and actual impact on fuel usage, emissions, driving behaviour, safety incidents and vehicle availability. The 2026/27 focus should be on converting deployed technology and improvement schemes into measurable benefits. This includes delivering the 4.03% efficiency requirement, realising telematics benefits, completing Hull station, maintaining strong grip on capital and revenue, and strengthening the link between operational productivity, workforce capacity and financial planning.

## 4.0 WHAT NEXT? – ALIGNMENT TO THE 2026/27 PLAN

2026/27 priority	Plans	Board assurance focus
Priority 1: Right response	Recover Hear and Treat to 15.4%; reduce ED conveyance by 1.3%; expand remote clinical capacity; complete iCAS Phase 2 and Common CAD; improve pathway use.	Quality Committee Oversight: Monthly tracking of H&T, ED conveyance, pathway use, clinical capacity and benefits realisation.
Priority 2: Productivity and performance	Deliver Category 2 mean response time of 24:44; improve crew clear; better match resources to demand; realise telematics benefits; reset rest break work as part of availability and flow.	Finance & Performance Committee Oversight: Cat 2 performance, operational productivity, variation by time/geography, crew clear, fleet and telematics benefit metrics.
Priority 3: Support our people	Reduce sickness absence by 0.5%; strengthen alternative duties; improve workplace adjustments; embed compassionate absence conversations; undertake targeted QI in high-absence areas.	People Committee oversight, monthly sickness metrics, local variation analysis and impact tracking.

## 5.0 EXCEPTIONS AND LEARNING

5.1 The key exceptions at year end are not just areas of non-delivery; they also provide important learning for the 2026/27 plan. The common themes are the need for more realistic forecasting, stronger benefits tracking, earlier escalation of dependencies, and clearer distinction between implementation milestones and measurable impact.

5.2 The high-level overview is presented in the table below with more detail in the Appendix 1.

Workstream	Q4 status	Position	2026/27 corrective action
Sickness absence	Red	0.5% reduction not achieved; absence remains above plan	Targeted 2026/27 plan on alternative duties, workplace adjustments and compassionate conversations
Remote patient care integration	Red	Phase 1 live but delayed; Phase 2 deferred; benefits not realised in year	iCAS Phase 2, joint clinical queue and Common CAD in 2026/27
Rest Breaks	Paused/Red	Analytical work was completed, however the options identified did not demonstrate sufficient operational benefit to justify implementation within year.	Priority 2: the workstream will be reset and progressed as part of the 2026/27 Business Plan with a revised focus on overall availability and flow.
Cyber resilience	Paused/Red	Phase 2 paused due to technical instability in live safety-critical environment from the supplier	Re-mobilise when supplier solution is stable and clinically safe which supplier is working on – beyond YAS control. Target completion of project is now November 2026.
Hear and Treat / Remote clinical capacity	Amber/Red	Recruitment recovered but delays limited benefits	Priority 1: increase H&T to 15.4%, expand remote hubs and improve clinical utilisation.
iPad-based ePR	Amber/Red	Deployment, extended scope and medicines app development delayed delivery	Complete rollout (2985 iPads have been deployed at time of writing which equals 80%), pilot and benefits realisation in 2026/27

Fleet optimisation	Amber/Red	Telematics deployed but not embedded into day-to-day practice to deliver benefits	Priority 2 and fleet enabler: Governance, staff engagement and benefits dashboard to improve benefit realisation
Crew clear	Amber	Missed 20-minute ambition; AutoAlert delayed by supplier dependency (MiS)	Priority 2: improve crew clear with supplier escalation and operational embedding. Resolve MiS AutoAlert and implement in Q1, focus on West improvement

## 6.0 RISKS

Risk	Evidence from 2025/26	Impact	Mitigation
Sickness absence	Reduction not achieved in 2025/26	Capacity, cost, staff pressure and ability to sustain operational improvement	Three targeted workstreams plus QI programme including testing improvements at high-absence sites
Crew clear	Missed 20-minute target and deteriorated in final 5 months	Limits ambulance availability and further Category 2 improvement	AutoAlert, West focus and operational grip through Team Leaders etc.
Hear and Treat & ED conveyance including access & availability of appropriate pathways	13.4% year-end against 17.9% 2025/26 target  Reduce conveyance by 1.3%	More responses at scene and reduced ability to manage demand remotely  Increased ED conveyances due to reduced H&T / limited access & availability of appropriate pathways	Remote clinical capacity and pathway optimisation with partners. Continued system collaboration and escalation through ELB arrangements.  Influence H&T nationally to promote standardisation across Trusts to ensure targets are realistic and deliverable.
Digital delivery	iCAS, ePR and cyber benefits delayed	Benefits deferred and operational risk remains	Prioritisation to support capacity, clinical safety review and supplier escalation
Hospital handover	Partners have signalled maintaining current handover performance may be challenging	Potential reduction in ambulance availability and performance	Continued system collaboration and escalation through ELB arrangements. NB. Performance has remained strong and continues to improve.
Financial productivity	2026/27 efficiency plan depends on productivity benefits	Risk to breakeven delivery	Continue to align finance, workforce, performance and benefits reporting with oversight through Operational Efficiency Group and the Performance Management Framework processes.

## 7.0 FINANCIAL IMPLICATIONS

7.1 Financial implications associated with the 2025/26 priorities have been reflected through the updates. The Trust delivered a £2.5m surplus and the full efficiency plan in 2025/26.

7.2 The 2026/27 financial plan is more stretching, with a breakeven requirement and a 4.03% efficiency plan. Delivery will depend on disciplined benefits realisation across

productivity, sickness reduction, Hear and Treat, crew clear, fleet optimisation and telematics.

## **8.0 NEXT STEPS**

8.1 The monthly operations and quarterly corporate performance processes will continue to monitor ongoing business plan priorities and deliverable workstreams aligned to the Performance Management Framework. Identified actions will be supported through the performance process, with escalation to TEG, Board Assurance Committees and Trust Board where appropriate.

## **9.0 RECOMMENDATIONS**

9.1 It is recommended that the Trust Board:

- notes the year-end delivery position against the 2025/26 Business Plan;
- takes assurance from the areas of delivery and impact set out in this report;
- notes the areas where planned benefits were not fully realised and the corrective actions embedded in the 2026/27 Annual Business Plan;
- supports the planned activity for 2026-27 aligned to the agreed business plan, as noted in the paper.

## **10.0 SUPPORTING INFORMATION**

10.1 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 Q3 2025-26

## 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 & Treat rates to 17.9% across 2025/26.

**Executive Lead Summary:** Marc Thomas

#### **What? What is the position at Q4 & Why?**

The **Hear and Treat** rate for March was 12.4%, below the target of 19.5%. The year-end position closed at 13.4%, which was 4.5 percentage points below the year-end target of 17.9%, and is related to NHS Pathways implementation driven by:

- changes to how calls are coded and count towards H&T rate in NHS Pathways vs AMPDS, which equates to around a 2% reduction.
- lower than expected call handler Hear and Treat, which isn't yet fully understood and will require work to optimise as NHS Pathways is fully embedded.
- more validation of Cat 3 dispositions in NHS 111, meaning fewer available to Hear and Treat in EOC.
- the additional clinical requirements of NHS Pathways, which reduces the volume of clinicians available to do Hear and Treat.
- Clinical workforce increased to 148 (highest this year), finishing the year 2 FTE above plan. This puts us in a strong position to meet our clinical staffing targets for 26/27. Substantive staffing increased by 7 FTE in March and is up 34 FTE (+29.8%) year to date.

**Call handler workforce** position has recovered putting us in a positive position to deliver 26/27 plans.

The **NHS Pathways** has successfully completed delivery with overall status GREEN as full transition from AMPDS to NHS Pathways was completed 6 October 2025, and AMPDS decommissioning completed 31 March 2026. Training is substantially complete (99% of available call handlers trained; all available dispatchers trained; 114 clinicians trained, exceeding target). Remaining training will be picked up through BAU. Project closure activity is underway with formal sign-off scheduled.

The **Expand Remote Clinical Capacity** workstream is AMBER/RED (significant risk) at Q4/year end. While clinician recruitment has largely recovered, delivery has been significantly impacted by delays to funding approval for the Callflex Remote Clinical Hub. The Remote Clinical Hub at Callflex is now funded, equipment is in place, and the hub is due to become operational in March 2026, but this delay has constrained in-year impact.

The Q4 **Remote Patient Care Integration(iCAS) programme** is RED due to major delays. However, Phase 1 is closed and transitioned to BAU, with the new MIS clinical queue going live on 24 February 2026. Delivery was significantly delayed from the original August 2025 plan due to unresolved system issues, safety concerns identified through hazard testing, and risks to ambulance disposition processes, all of which required additional system development and testing. The decision to delay implementation until after winter pressures was taken to minimise patient risk. While the system is now

<p><b>Priority 1) Improve 999 and 111 call centre clinical capacity, triage, and care navigation:</b></p> <p>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 &amp; Treat rates to 17.9% across 2025/26.</p>	
	<p>live, Q4 reflects a recovery position following major in-year delays, with Phase 2 formally deferred into 2026/27.</p>
<p><b>So what? What does this mean for the Trust?</b></p>	<p>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.</p> <p>The successful delivery of the <b>NHS Pathways</b> project has ensured the Trust now operates a single, integrated triage solution across 999 and 111, improving consistency in clinical triage and patient navigation. The project has delivered financial benefits, with an underspend against the agreed budget and recurring licence and maintenance savings realised on termination of the AMPDS contract. Benefits realisation has commenced and will continue into BAU, with some impacts (e.g. on C1 disposition rates and C2 response times) to be confirmed once sufficient post-implementation data is available.</p> <p>While the Trust has strengthened clinical capacity within EOC, the expected improvements in Hear and Treat performance and volumes were not fully realised in 2025/26, which may have increased our responses at scene putting additional pressure on frontline resource.</p> <p>The Trust has now successfully implemented a core element of <b>Remote Patient Care integration</b>, enabling IUC clinicians to operate on the same CAD as EOC and establishing the foundation for future integration with EOC clinicians. This represents an important step toward a more integrated clinical model across 999 and 111. However, the full benefits of joint clinical queue working have not yet been realised, as Phase 2 delivery and benefits realisation extend beyond 2025/26. The Trust enters 2026/27 with a live system, stabilisation activity underway, and a clear dependency on next-phase delivery to unlock system-wide impact.</p>
<p><b>Challenges/ Learning</b></p>	<p>Delivery of the <b>NHS Pathways</b> project has highlighted several key challenges and learning points. Some anticipated benefits require a longer post-go-live period to evidence impact, with modelling for C1 and C2 metrics needing to be revisited 6–12 months after transition. Operationally, the introduction of Pathways has increased average handling time as expected, creating additional call-handler capacity pressures with recruitment behind plan for most of the year. Realising full efficiencies is also dependent on alignment with related programmes, including Common CAD and any future dual call-handler role, with associated programme-level risks now transitioned into business as usual.</p> <p>The timing of funding approvals had a material impact on the delivery of infrastructure-dependent models such as remote hubs required to accommodate the expansion of <b>remote clinical capacity</b>, while recruitment lead times limited the speed at which additional capacity translated into operational benefit. Demonstrating impact was also constrained by differences between AMPDS and NHS Pathways data, reinforcing the need for consistent performance definitions and reporting. The scale and complexity of the workstream further emphasised the importance of earlier prioritisation and phased delivery rather than multiple concurrent sub-projects.</p>

**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.

The **Remote Patient Care Integration** programme highlighted the complexity and risk associated with large-scale digital and clinical system change, particularly where patient safety and ambulance disposition are affected. Key learning includes the need for earlier and more robust system readiness assurance, clearer alignment with supplier delivery timelines, and proactive management of workforce impacts such as skill fade during prolonged delays. The identification and amendment of approximately 80 SOPs reinforced the importance of allowing sufficient time for clinical, operational and governance readiness alongside technical delivery.

**What next?**

The **NHS Pathways** project will move to formal closure, with a final closure report and lessons learned submitted for approval and handover to business as usual, alongside Trust Executive Group sign-off. Benefits realisation will continue to be tracked through 2026, including validation of C1 and C2 impacts and workforce implications as post-implementation data matures. Residual risks and outstanding operational actions, including audit capacity and completion of training for staff returning from absence, will be managed through established BAU governance arrangements.

The Callflex Remote Clinical Hub will go live in 2026/27, with utilisation and impact actively monitored through the **Remote Patient Care programme**. Elements not delivered in 2025/26, including PUSH Partner integration, the GP model and Crew Line enhancements, will be carried forward into the 2026/27 Business Plan, informed by improved baseline data now being collected. The focus in 2026/27 will be on clear benefits realisation, aligning workforce capacity, digital capability and performance measurement to demonstrate tangible improvements in Hear and Treat and See and Treat outcomes.

**Remote Patient Care Integration** focus now shifts to system stabilisation and continuous improvement, with FAQs, snag lists and user feedback mechanisms in place to resolve teething issues post-go-live. Phase 2 of iCAS, including the joint IUC/EOC clinical queue and associated benefits realisation, will be delivered as part of the 2026/27 Business Plan, aligned with wider RPC and Common CAD dependencies. Benefits tracking and evaluation will continue in 2026/27 to demonstrate improvements in clinical utilisation, patient flow and demand management once the full integrated model is implemented.

**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 1<sup>st</sup> November 2025 and optimise rest break arrangements.

**Executive Lead Summary:** Marc Thomas

**What?  
What is the  
position at  
Q4 & Why?**

**Category 2 mean** response time in March was 25 minutes and 32 seconds. This was an improvement on the previous month and is 6 minutes and 1 seconds better than trajectory target. The year end average was 26 minutes and 14 seconds which was 2 minutes 34 seconds better than trajectory target and 5 minutes 43 seconds better than 24/25. Demand was 6.3% lower than forecast (5,073 fewer responses), but responses at scene were 2.0% above plan (1,298 more responses). Over the year demand was 3.5% lower than forecast (32,744 less responses) which contributed to the improved performance seen over 25/26.

The **Managing Arrive to Handover (Transfer of Care)** workstream is GREEN (on track). All 15 acute hospitals are live with the 45-minute transfer of care standard, following a phased rollout completed by early November 2025. Despite the expected seasonal pressures in December and January, overall performance has remained strong, a year end average of 19 minutes and 14 seconds which is 5 minutes and 58 seconds better than trajectory plan for the year.

**Crew clear** time in March worsened, increasing by 26 seconds to 22 minutes and 18 seconds. The year end average was 21 minutes and 53 seconds which is 41seconds worse than plan. Actions completed and in progress are focused on achieving the 20-minute target. Further improvement was expected in Q4 with the implementation of an auto-alert module that had been successful at other Trusts. This was delayed as further technical development work is required by MIS who are currently focused on other priority work within the Trust.

**PTS eligibility criteria** has sustained a reduction in saloon car demand across all areas which was better than plan, however 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.

The **Improving Rest Break Arrangements** work was paused. An Operational Research in Health (ORH Ltd) review was completed, and a range of options were identified and costed; however, these recommendations did not demonstrate sufficient operational benefit to justify progression within the current scope. It was identified a wider piece of work is required to address drops in crew availability with work now forming part of priority 2 in 26/27.

The **NEPTS Eligibility Criteria** project is rated GREEN – with benefits delivered in year. Formal project closure has been delayed due to outstanding commissioning policy sign-off across all three ICBs, which is outside the Trust's direct control. However, this has no impact on project benefits, and all other work is complete.

**So what?**

The Trust has not achieved the intended improvements to **rest break arrangements** or associated productivity benefits in 2025/26. As a result,

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*What does this mean for the Trust?*

there has been no measurable impact on ambulance availability or staff rest break experience within the year. However, the work undertaken has provided valuable analytical insight into the complexity of rest break management, particularly in relation to A&E handover and availability pressures, which will inform a more targeted approach going forward.

The **Managing Arrive to Handover (Transfer of Care)** workstream has delivered a material improvement in operational productivity and ambulance availability, directly supporting improved response performance and patient flow. Average arrive-to-handover times have reduced substantially, with several approaching the national 15-minute ambition. This has reduced crew unavailability, strengthened system resilience during peak demand, and provided a stable platform for further productivity gains.

While most **Crew Clear** project milestones have been delivered and financial controls remain strong, the delay to Auto-Alerts limits the full realisation of productivity benefits from reduced handover-to-clear times. This constrains the pace at which operational efficiency gains can be embedded, impacting the Trust's ability to maximise ambulance availability during periods of sustained demand.

The Trust continues to apply the **eligibility criteria** consistently and activity levels are improving as planned, but delayed ICB sign-off creates a risk of future challenge in 2026/27 if commissioners have not fully forecast the impact on ECR activity and associated funding assumptions.

**Challenges/ Learning**

The key learning is that **rest break arrangements** cannot be addressed in isolation and must be considered alongside wider operational flow, particularly A&E availability and handover delays. The ORH analysis highlighted that standalone rest break interventions limit benefits. This reinforced the need for clear executive direction, tighter scope definition, and stronger linkage to operational priorities to ensure future work delivers tangible benefit. This will be progressed in 26/27.

Improved **Transfer of Care** has shown that consistent performance is achievable at scale, even during winter pressures, when implementation is supported by clear standards, strong operational leadership and effective engagement with acute and NHSE Regional partners. Some site-level variation remains, particularly at larger or more pressured hospitals, highlighting the importance of ongoing local grip, system partnership working and continuous monitoring.

**Crew Clear** project improvements have been reliant on external system suppliers for critical enablers, highlighting the impact of competing organisational priorities on delivery timelines. This reinforces the importance of early escalation, strong supplier engagement, and realistic dependency planning for digital-enabled improvement projects with limited internal control over technical configurations.

**What next?**

The **rest break arrangements** project will transition into the 2026/27 Business Plan with a revised focus on A&E availability, rather than rest break policy alone. Further scoping work will be undertaken, supported by ORH, to identify practical, evidence based scenarios that can improve ambulance availability while safeguarding staff welfare. This reset will enable a clearer, more

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deliverable improvement programme aligned to Trust productivity priorities in 2026/27.

Focus on **Transfer of Care** now shifts to embedding and sustaining performance, with monthly monitoring of transfer-of-care metrics and continued joint working with acute trusts and system partners. In 2026/27, the Trust will build on this success with an ambition to further reduce handover times, moving closer to the 15-minute national expectation where system conditions allow, while maintaining patient safety and avoiding unintended consequences such as increased incidents or staff pressure.

Future Focus for the **Crew Clear** project is on resolving the MiS Auto-Alert configuration through continued escalation and collaborative working with ICT, the supplier, and executive oversight. Testing will be concluded as soon as specifications are finalised, enabling implementation and supporting the transition to benefits realisation and operational embedding. This will continue to be a priority for 26/27 with a focus on improving times in West.

The future focus for **NEPTS** eligibility criteria is on securing final commissioning policy sign-off from all ICBs through continued escalation and targeted engagement, enabling formal project closure and transition to business-as-usual monitoring of benefits realisation and financial impact during 2026/27.

### 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  
Q4 & Why?**

At Q4, the **Clinical Audit and Effectiveness Plan** is assessed as GREEN (on track). The Trust has delivered the core milestones for 2025/26, including sign-off of the Clinical Audit and Effectiveness Plan (2025–2030), establishment and publication of the annual Clinical Audit Programme, creation of topic teams with assigned clinical leads, rollout of clinical audit training, and completion of national audit awareness activity. Minor delays were experienced in undertaking the staff survey due to an intentional decision to delay to improve response rates; however, this did not materially impact overall delivery or year-end assurance.

A total of 30 clinical audits and service evaluations have been completed, significantly surpassing the year-end target of 8.

**Medicines Governance** is assessed as AMBER/GREEN (minor risks and delays). Delivery of core governance processes has progressed well, including full rollout of the Controlled Drugs (CD) App, routine reporting through the Medicines Optimisation Group (MOG) and Clinical Governance Group (CGG), and establishment of operational, tactical and strategic dashboards. However, progress on the Medicines Safety Strategy has been constrained by delays in finalising the Medicines Safety Officer (MSO) role and related job descriptions, requiring the Trust Pharmacist to progress the strategy in the interim. Despite this, key assurance activity has continued and performance has remained within tolerance.

The **A&E Ops iPads Programme** is assessed as AMBER/RED (significant risk). Hardware deployment is 80% complete, slightly behind plan due to deployment resourcing constraints and an expanded deployment scope to include additional eligible staff. The iOS ePR application development is complete, with a live pilot scheduled to commence in April 2026, while the iOS Medicines Management app remains in development with a forecast completion later than originally anticipated. Overall delivery has been impacted by extended development timescales against the original business case and capacity pressures across deployment, development and clinical safety resources. (2985 iPads have been deployed at time of writing, 80%).

The **Zero Trust network and Zscaler** programme is PAUSED, with the overall in-year position assessed as RED (off-track). Phase 1 has been fully delivered, with Zscaler successfully deployed across laptops (VPN users), desktops and new iPads, and the legacy AoVPN system decommissioned. However, Phase 2 is partially complete and has stalled, due to significant and repeated technical issues with the proposed replacement for the Illumio server micro-segmentation system. Following escalation, the SRO and Executive Sponsor agreed to renew the existing Illumio solution for a further 12 months, allowing time to re-evaluate the stability and suitability of the new software.

The **Complaint Response Time Improvement** workstream is assessed as AMBER/GREEN, reflecting strong overall delivery with some remaining service-specific variation. The Trust achieved a 22.7% reduction in average complaint response times by year end, reducing the Trust-wide average from 135.75 days to 104.9 days, exceeding both the 10% YAS target and the 20% internal target. This improvement follows resolution of earlier data integrity

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issues between Datix and Power BI, the rollout of local resolution, strengthened sign-off processes, and the transition of IUC complaints into Patient Relations, although IUC performance remains slightly above baseline and continues to impact the overall position.

#### **So what? What does this mean for the Trust?**

The Trust has strengthened its **clinical governance** and quality improvement infrastructure, providing clear assurance that clinical audit is embedded as a routine mechanism for improving care quality and patient safety. A robust framework is now in place to support consistent audit registration, oversight and reporting, and the Trust has significantly exceeded its ambition to conduct 5–8 audits, with substantially more audits registered and progressed during the year. This provides a strong evidence base to support learning, compliance with national standards, and continuous improvement.

The Trust has strengthened day-to-day **medicines governance** assurance and visibility of risk, with consistently high compliance in CD witnessing (generally above 90%) and improved oversight of medicines incidents through live dashboards. Reductions in out-of-date medicines have been observed in Q4, and increased reporting of stock discrepancies reflects improved detection through audits rather than increased patient risk. Overall, this provides the Board with reasonable assurance that medicines are being managed safely.

Substantial progress has been made toward modernising frontline digital capability, replacing aging Toughbook hardware with **iPad** rollout and establishing the foundation for improved patient safety, data quality and resilience. However, full realisation of benefits has been deferred, as the programme has not yet completed device deployment or transitioned fully to the live iOS ePR and **Medicines Management** applications. Continued reliance on legacy systems for a short period increases operational risk, although mitigations remain in place and cost performance is within plan.

The Trust has already realised meaningful improvements in **cyber resilience** and secure remote access through completion of Phase 1, including strengthened controls for remote users and improved alignment with Zero Trust principles, Multi Factor Authentication (MFA) requirements and national cyber standards. However, the full end-to-end Zero Trust architecture has not yet been achieved, meaning the Trust continues to rely on a legacy server protection solution for critical systems. While this maintains operational safety and system stability, it defers full benefits realisation and requires continued BAU investment to manage cyber risk in the interim. Target completion of project is now November 2026.

The Trust has delivered a substantial improvement in **complaint handling** timeliness, strengthening regulatory compliance, patient experience and organisational learning from feedback. Most services achieved or exceeded the internal 20% reduction target, demonstrating improved grip, reduced backlogs and more timely responses to patients and families. While the Trust-wide objective has been met, continued variation in IUC response times highlights the need for sustained focus to ensure consistent performance across all services.

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#### Challenges/ Learning

The primary challenge during 2025/26 related to capacity to deliver **Clinical Audit** training at scale, with delivery largely reliant on Alternative Duties Paramedics in the North. This constrained the pace of rollout across the West and South and limited earlier expansion of locally led audits. Despite these constraints, governance foundations were successfully established and delivery significantly exceeded planned outputs.

The main challenges for **Medicines Governance** during Q4 related to digital reliability, workforce capacity and the limitations of existing reporting approaches. Intermittent connectivity issues with the medicines app highlighted the importance of robust digital resilience and frontline feedback, leading to improved escalation and prioritisation of fixes. While medicines discrepancies have not reduced to the extent anticipated, learning shows that most are low-risk stock variances with no patient harm, prompting a shift towards a more proportionate, risk-based approach. Targeted education and training have proven effective in reducing out-of-date medicines, and the move to a combined Medicines Safety Officer and Quality Assurance Pharmacist role provides a more sustainable model to strengthen leadership, assurance and delivery going forward.

Key challenges for the **iPad-based ePR** application workstream have included deployment resourcing constraints, clinical safety review capacity, and development dependencies, particularly for the Medicines Management app and integration with third-party systems. Learning from the programme has reinforced the importance of realistic development timescales for clinical digital solutions, sufficient protected capacity for deployment and safety assurance, and early planning for asset management and scope change as staff eligibility evolves. Digital adoption feedback from pilots has been positive, supporting confidence in the approach once fully deployed.

Key learning from the **Cyber resilience (Zero Trust and Zscaler)** programme has been the complexity and risk associated with deploying cyber security products into live, safety-critical environments. Testing and troubleshooting required significantly more specialist capacity than anticipated, highlighting a reliance on single expert resources and the need for broader skills transfer within ICT teams. The experience reinforced the importance of prioritising system stability over pace, particularly where unresolved supplier issues present a material risk to live services.

Key learning from the year includes the critical importance of accurate and stable **complaint response** data flows, with earlier integration issues between Datix and BI significantly distorting baselines and in-year reporting before being resolved. Operationally, call audit delays within IUC and the complexity of investigation and sign-off processes have remained the primary constraints on further improvement. Conversely, the introduction of local resolution, clearer accountability through appraisals, and tighter sign-off times have proven effective in reducing response times and caseload pressures across most areas.

#### What next?

In 2026/27, the focus will move from establishment to embedding and maturing the **clinical audit framework**, with increased emphasis on audit quality, timely completion of audit cycles, and demonstrable implementation of

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recommendations. The Trust will continue to expand audit participation, align audits more closely to priority risks and Quality Account themes, and strengthen reporting of impact and learning through governance groups to provide ongoing assurance to committees and the Board.

The future focus for **Medicines Governance** will be on finalising and implementing the Medicines Safety Strategy, supported by the establishment of the MSO role and strengthened pharmacy capacity. The Trust will continue to embed the CD App and dashboards, progress the pre-packed POMs business case, and roll out competency frameworks through induction and ongoing training. This will support further reductions in out-of-date medicines, improved consistency in medicines handling, and stronger assurance to Quality Committee and the Board.

In early 2026/27, the focus will be on completing **iPad** deployment, transitioning deployment activity into BAU, and running the iOS ePR live pilot ahead of full rollout. Development of the iOS **Medicines Management app** will continue with mitigations in place to minimise further delay, alongside preparation for decommissioning legacy devices. Benefits realisation, including sustained ePR usage, reduced device faults and improved staff experience, will be tracked as the programme moves toward completion and closure later in 2026.

From April 2026, the **cyber resilience programme** will re-mobilise Phase 2, subject to confirmation that the replacement micro-segmentation technology is sufficiently stable and fit for purpose. A revised plan will be developed once YAS technical experts have completed further evaluation with the supplier. In parallel, the Trust will continue to operate and assure the existing Illumio solution, maintain Zero Trust controls delivered in Phase 1, and ensure ongoing compliance with DSPT, CAF and NHS cyber security expectations, with benefits realisation reviewed post-implementation in 2026/27. Target completion of project is now November 2026.

Going forward, the Trust will build on the 25/26 progress by targeting a further 20% reduction in **complaint response times**, with particular focus on IUC performance and call audit turnaround times. Work will continue to embed local resolution, streamline quality assurance and sign-off processes, and maintain accurate BI reporting to support sustained improvement. This will ensure that complaint handling remains timely, consistent and responsive, while maximising learning and improvement from patient feedback. Response times will continue to be monitored and reported to relevant operational quality meetings and Clinical Governance Group.

## 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 Q4 & Why?

The latest NHS National Staff Survey results demonstrate continued improvement across key workforce measures, providing assurance that delivery of the People Promise is having a positive impact. Staff engagement increased from 6.25 in 2024 to 6.30 in 2025, indicating growing motivation, involvement and connection to organisational purpose, while morale improved from 5.90 to 6.08, reflecting increased enthusiasm, pride and clarity of role despite ongoing operational pressures. Outcomes relating to feeling valued have also strengthened year-on-year, underpinned by improved recognition, inclusive leadership and day-to-day people management behaviours. In addition, perceptions of reasonable adjustments have improved, demonstrating increased confidence that individual needs are understood and supported, particularly for disabled staff and those with long-term health conditions. Collectively, these improvements provide strong assurance that cultural, leadership, wellbeing and inclusion interventions are translating into measurable gains in staff experience, supporting workforce stability, retention and sustainable delivery of the Trust's business plan.

The Trust set an objective to reduce the proportion of BME staff reporting discrimination under NSS Q16c from 22% to 21%. The latest NHS Staff Survey shows positive movement in inclusion and discrimination-related indicators and aligns with improvements in the *We are compassionate and inclusive* theme, although changes to the wording of Q16c in 2025 mean direct year-on-year comparison is limited. Overall, the results provide assurance that actions to reduce discrimination are having a positive impact, with continued focus required to sustain progress.

Across both WRES and WDES indicators, the overall direction of travel is positive, with several gaps narrowing and improving staff experience reflected in the latest NHS Staff Survey results. However, inequality has not yet been eliminated, and sustained focus on inclusive recruitment, safe working environments, and equitable access to development remains necessary. The latest published indicators currently available relate to the 31<sup>st</sup> March 2025 snapshot and were published in October 2025. The next update is scheduled for publication by 31<sup>st</sup> October 2026.

The **Absence Reporting System** workstream is successfully delivered and embedded as business as usual. The Trust transitioned sickness absence reporting from Empactis to the Global Rostering System (GRS), with GRS going live on 5 August 2025 and Empactis switched off on 7 August 2025; all departments are now recording sickness absence via GRS, supported by training, super-users, and a dedicated Pulse resource hub. The approach strengthens day-one, person-centred conversations between staff and managers and supports more consistent monitoring of attendance. Residual actions relating to legacy information (e.g., qualitative records such as fit notes/return-to-work documentation from Empactis) have been managed through BAU arrangements rather than impacting core delivery.

The **Reducing Sickness Absence** workstream is RED (off-track) at Q4/year end. The planned 0.5% reduction in sickness absence was not achieved. Trust-wide sickness absence remained high throughout Q3–Q4 and stood at 7.5% at year end which was 1.0pp above the target. While the majority of

	<p>planned health and wellbeing interventions and milestones were delivered, they did not translate into the expected reduction in absence during 2025/26.</p> <p>The <b>A&amp;E Team-Based Working workstream</b> is GREEN (on track) at Q4/year end with all planned engagement days, surveys and analysis completed as scheduled, with strong participation from frontline and corporate colleagues. Governance arrangements are in place through the Team-Based Working Steering Group, and there are no live risks, issues or escalations. The project has successfully delivered its intended scope for 2025/26: to review current A&amp;E team-based working arrangements and develop evidence-based recommendations.</p>
<p><b>So what? What does this mean for the Trust?</b></p>	<p>The Trust has not met its year-end <b>sickness absence</b> improvement objective, limiting progress against workforce resilience and productivity ambitions. Continued high absence levels increase operational pressure, impact service delivery, and require sustained management focus into 2026/27. Assurance can be provided that delivery has taken place, but impact has been insufficient, requiring a reset of approach rather than continuation of existing interventions alone.</p> <p>The Trust now has clear, actionable insight into <b>A&amp;E team-based working</b>, including identification of best practice and areas for improvement. A mini business case and options appraisal have been developed and are ready for consideration, providing a sound evidence base for future decision-making. The workstream has laid the foundations for improvement, rather than delivering immediate operational benefits within 2025/26.</p>
<p><b>Challenges/ Learning</b></p>	<p><b>Sickness absence</b> was higher than expected, particularly in Q3 and Q4, showing that the causes are more complex than seasonal variation alone. Learning from the year shows that:</p> <ul style="list-style-type: none"> <li>• Trust-wide actions alone are not sufficient; more targeted, data-led interventions are needed.</li> <li>• There is a need for a better understanding of local variation and the wider factors influencing absence, not just health-related causes.</li> <li>• Joint work with Business Intelligence and Quality Improvement was essential in identifying these issues and informing the future approach.</li> </ul> <p>The key learning from <b>Team Based working</b> in A&amp;E is that meaningful engagement and evidence-gathering are essential before implementing change in complex operational environments. The project confirmed that benefits realisation sits beyond this phase, requiring subsequent approval, investment and implementation activity. Engagement highlighted the importance of clarity around the Team Leader role and roster alignment, which will need to be addressed through future delivery phases.</p>
<p><b>What next?</b></p>	<p>A targeted <b>sickness absence</b> plan for 2026/27 is in development, informed by Q4 discovery work and detailed data analysis. Focus will shift to three priority intervention areas: reasonable adjustments, alternative duties, and compassionate, supportive conversations. A dedicated working group is in place, with delivery commencing from April 2026 and clearer measurement of impact built into the plan. There is also a dedicated QI workstream focussed on high absence sites that will develop and test a range of solutions to support further absence reduction over 26/27. Sickness absence will continue to be treated as a Trust-wide priority, with strengthened oversight and assurance through 2026/27.</p>

A **Team Based Working** mini business case will be presented to TEG to confirm direction and priorities. Agreed recommendations and sub-projects will transfer into 2026/27 Business Plan activity, including implementation, training and benefits realisation. Future phases will focus on delivery and impact, with benefits tracked once changes are implemented in operational settings.

## 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 Q4 & Why?

Results from the latest NHS Staff Survey demonstrate a clear and sustained improvement across all selected People Promise elements, together with staff engagement and morale. Year-on-year gains have been achieved in *We are compassionate and inclusive; We are recognised and rewarded; We each have a voice that counts; We are safe and healthy; We are always learning; We work flexibly; and We are a team*. These improvements indicate that actions taken to strengthen culture, leadership behaviours, staff voice, wellbeing, learning and flexible working are having a positive and cumulative impact on staff experience. Notably, the Trust has shown progress across themes that remain under pressure nationally, reflecting the effectiveness of targeted interventions and consistent organisational focus.

Improvements in staff engagement and morale further reinforce this position, suggesting growing confidence, motivation and connection to organisational purpose. Overall, the results provide strong assurance that the YAS Together Culture Development Programme is supporting the delivery of the NHS People Promise is translating into measurable improvements for staff, with positive implications for retention, wellbeing and service delivery.

The latest NHS Staff Survey shows that 3.84% of NHS staff nationally reported experiencing unwanted sexual behaviour from colleagues in the last 12 months. YAS reports a higher prevalence than the NHS average, consistent with the wider ambulance sector, which continues to experience elevated levels of staff-to-staff sexual misconduct compared to other NHS organisations. This reinforces the need for sustained action on culture, prevention, reporting confidence and sexual safety, rather than short-term expectations of rapid score improvement.

At Q4, the **Advancing EDI workstream** is assessed as AMBER/GREEN (minor risks and delays). Core elements of the programme have progressed as planned, including delivery of the YAS Together EDI plan, rollout of allyship training, publication of the anti-discrimination statement, and development activity across recruitment, anti-racism and cultural awareness themes. Some milestones experienced slippage due to staff absences and agreed changes in approach, particularly within the recruitment review and anti-racism workstreams, but these have not materially impacted the overall direction of travel.

The **Fostering Sexual Safety workstream** is assessed as AMBER/GREEN (minor risks and delays). The majority of planned milestones have been delivered or embedded into BAU, including completion of the Trust-wide learning needs analysis, embedding of the Allegations Against Staff policy, revised Student Paramedic induction, completion of the NHS England Sexual

## Priority 5) Foster a Positive Organisational Culture

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Safety self-assessment, and establishment of improved decision-making and outcome consistency through a Community of Practice. Some slippage occurred in delivery of the communications plan due to capacity and staffing issues, with a decision taken to reset this activity into 2026/27 following a Sexual Safety workshop in March 2026 to agree priorities. Sexual Misconduct in the Workplace e-learning, exceeded the year-end target of 90% by 2.5pp, providing strong assurance that staff understanding and awareness are being embedded at pace.

The **Leadership Development workstream** is assessed as GREEN (on track). All planned milestones have been delivered as intended, including full implementation and promotion of the YAS Leadership Development offer, refresh of Pulse content, and delivery of the agreed 2025/26 leadership development programmes.

At Q4, the **Embedding the YAS Together Culture** workstream is assessed as AMBER/GREEN (minor risks and delays). Delivery has progressed well across the year, with sustained engagement activity to embed YAS Together within the Trust Strategy, active participation in regional and national People Promise communities, completion of the NHSE Retention Self-Assessment, and Board-level review of the Culture Maturity Framework. Some milestones experienced minor slippage, largely due to dependencies on national self-assessment tools and additional stakeholder engagement, and the complexity of merging multiple datasets in finalising the Culture Dashboard, but these have remained within tolerance.

### **So what? What does this mean for the Trust?**

The Trust has continued to embed **EDI** as a core component of organisational culture and workforce development, supporting the embedding of YAS Together and delivery of the NHS People Promise. There is evidence of positive movement in workforce equality indicators, including improvements in recruitment parity and reductions in reported harassment for some protected groups. However, several headline metrics remain below ambition, reinforcing that sustained effort and longer-term focus are required to build on the foundations in place to deliver measurable change at scale.

The Trust has made tangible progress in strengthening its **sexual safety framework**, moving from policy intent to clearer governance, capability and consistency in managing cases. There is improved assurance around how allegations are handled, how students and staff are supported, and how outcomes are reviewed for fairness and proportionality. While cultural impact measures are largely annual and therefore lagging, the Trust is better positioned to demonstrate a robust, transparent and learning-focused approach to sexual safety, aligned to NHS expectations and the YAS Together Programme.

The Trust has strengthened **leadership** capacity and capability across all levels, supporting delivery of the NHS People Promise and wider YAS Together objectives. There is clear evidence of impact, with National Staff Survey leadership indicators exceeding target thresholds, including improvements in compassionate leadership, line management and recognition. This provides assurance that leadership development activity is contributing positively to staff experience, engagement and organisational culture.

## 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.

The Trust has strengthened its approach to culture and people experience, with clearer alignment between **YAS Together**, the NHS People Promise and Trust strategic priorities. Culture maturity and retention assessments have been mapped against staff survey insights, providing assurance that the 2025/26 programme addresses the Trust's key cultural risks and opportunities. The 2025 NHS Staff Survey demonstrates strong organisation-wide improvement with increases across all People Promise themes and the highest response rate recorded in the Trust's history and sector, supporting confidence that cultural change is being embedded in a structured and evidence-based way.

### Challenges/ Learning

Key challenges this year for embedding **EDI** have included capacity constraints, where the Diversity and Inclusion is a small team and any absence has an immediate impact, and the time lag inherent in annual metrics such as WRES, WDES and Staff Survey indicators, which limits in-year assessment of impact. Learning has highlighted the importance of phasing activity appropriately, aligning EDI interventions with wider culture and behavioural frameworks, and considering alternative impact measures to show progress in the short term as well as the use of compliance metrics.

Capacity constraints, availability of trained investigators and the inherent difficulty of measuring cultural change within a single year have created challenges. Learning highlighted the importance of quality and consistency over speed in investigations, the value of shared forums to calibrate decision-making thresholds, and the need to align metrics more clearly with national data definitions to avoid confusion. The work also reinforced that **sexual safety** improvement is multi-year, requiring sustained leadership focus rather than discrete interventions.

Key learning from the year highlights the importance of offering a blended and flexible **leadership development** portfolio, enabling leaders to access support that matches their role, experience and development need. Demand for leadership development has exceeded initial projections in some areas, reinforcing the need for ongoing capacity planning and prioritisation to sustain quality delivery while meeting organisational need.

Key challenges to embedding the **YAS Together culture** this year included timing and availability of national self-assessment tools, data quality issues within HR systems, and the need to balance pace with meaningful engagement to ensure ownership across services. Learning has reinforced the importance of co-designing culture measures with users and positioning the Culture Dashboard as a single accessible entry point for workforce insight rather than an additional reporting burden.

### What next?

In 2026/27, the focus will shift to deepening impact and coherence across the **EDI** programme, including progression of Phase 2 of the recruitment review, launch of the Anti-Racism Charter and cultural awareness, building on the behavioural framework and supporting staff to 'see something wrong, do something right'. Delivery will be aligned to impact metrics as well as workforce equality metrics, with clearer ownership and governance, to support sustained improvement and provide stronger assurance to People Committee and the Board.

**Priority 5) Foster a Positive Organisational Culture**

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The focus of the **fostering sexual safety workstream** will shift to embedding and strengthening impact, including delivery of the refreshed communications plan, continued rollout and monitoring of sexual misconduct e-learning, and further development of investigator and panel chair capability. The Trust will build on the Community of Practice model, continue collaboration with external partners, and use national survey and case management data to demonstrate progress against cultural and timeliness measures, providing clearer assurance to People Committee and the Board.

the focus will shift to embedding and evolving the **leadership development pathway**, ensuring it continues to respond to organisational priorities and emerging leadership challenges. This will include continued alignment to staff survey insights, further integration with EDI and wellbeing programmes, and sustained monitoring of leadership outcomes to ensure leadership development remains impactful, inclusive and value-adding for the Trust.

In 2026/27 delivery will centre on further **embedding YAS Together** as the Trust's 'way of working', including full rollout of the Culture Dashboard, integration of flexible working and retention metrics, and clear Director-level ownership of each YAS Together pillar. Engagement roadshows will continue, alongside targeted action in lower-scoring cultural maturity areas, to sustain improvement and provide stronger, more consistent assurance to People Committee and the Board.

**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:** Marc Thomas

**What?**  
*What is the position at Q4 & Why?*

At Q4, the **Maximising clinical pathway use** workstream is PAUSED, with delivery assessed as AMBER/GREEN earlier in the year but not fully completed. Good progress was made in establishing governance, integrating pathways into JRCALC, delivering communications campaigns, and standing up Task & Finish Groups for Clinical Support/Education and Data & Intelligence. However, the workstream was constrained by loss of dedicated health intelligence capacity, ongoing data quality limitations, and the absence of an agreed Single Point of Access (SPOA) position in a rapidly changing external environment. As a result, further delivery has been paused and the workstream will be rescoped and carried forward into the 2026/27 Business Plan as a priority.

**So what?**  
*What does this mean for the Trust?*

The Trust has strengthened the **foundations for pathway optimisation**, including clearer governance, improved frontline access to pathways, and better integration with clinical systems. However, the full benefits in terms of increased pathway utilisation, reduced conveyance and improved flow have not

	<p>yet been realised at scale. Pausing the workstream avoids partial or fragmented delivery and allows the Trust to take a more strategic, system-aligned approach in 2026/27, ensuring future investment delivers measurable impact.</p>
<p><b>Challenges/ Learning</b></p>	<p>Key challenges included limited data and intelligence capacity and capability, difficulty sustaining monthly analysis, and dependence on external partners' capacity to receive referrals. Learning from the year highlights the importance of clear senior ownership, robust intelligence support, and alignment with wider system developments such as neighbourhood health, SPOA models and RPC transformation.</p>
<p><b>What next?</b></p>	<p>In 2026/27, the Trust will undertake formal scoping to redefine the <b>pathway optimisation</b> approach, including clarifying objectives, governance, intelligence requirements and system dependencies. This will include revisiting the SPOA position, strengthening data capability, and aligning with RPC and neighbourhood health priorities. The workstream will be re-established as part of the 2026/27 Business Plan, with clearer outcomes, measures and accountability to support improved <b>pathway utilisation</b> for both <b>Remote Patient Care and crews on scene</b>.</p>

<p><b>Priority 7) Embed a culture of improvement through better use of data and quality improvement (QI):</b></p> <p>YAS will ensure data-driven, intelligence-led decision-making, providing actionable insights to support continuous improvements.</p>	
<p><b>Executive Lead Summary:</b> Marc Thomas, Dave Green</p>	
<p><b>What?</b> <i>What is the position at Q4 &amp; Why?</i></p>	<p>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. Alongside this 179 staff have completed QI foundation training.</p>
<p><b>So what?</b> <i>What does this mean for the Trust?</i></p>	<p>More of our staff and leaders now have the skills to make improvements in their areas utilising QI methodology. This gives us additional capacity to support business plan workstreams and raises QI awareness across the Trust.</p>
<p><b>Challenges/ Learning</b></p>	<p>Good engagement has continued through the Improvement Hub but leadership time to review and feedback on ideas remains an issue. This was evident in staff survey feedback which showed a reduction in staff feeling involved in change.</p>
<p><b>What next?</b></p>	<ul style="list-style-type: none"> <li>• QI foundation and leader training will continue into 26/27</li> <li>• QI is embedded in the 26/27 business plan with workstreams across the three priorities which will be monitored throughout the year.</li> </ul>

## OUR PLANET AND POUNDS

<p><b>Priority 8) Ensure sustainable, effective and efficient use of resources</b></p> <p>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.</p>	
<p><b>Executive Lead Summary:</b> Kathryn Vause / Marc Thomas</p>	
<p><b>What?</b> <i>What is the position at Q4 &amp; Why?</i></p>	<p>The Trust has delivered a year-end surplus of £2.57m, in line with the amended forecast. In the main, this has been achieved by non-recurrent means, including significant pay underspends in EOC as a result of the implementation of NHS Pathways, underspends in 111 due to lower demand in the first half of the year and some insurance benefits. In PTS, implementation of eligibility criteria led to a greater (recurrent) reduction in taxi/saloon car expenditure than had been anticipated.</p> <p>At Q4 the <b>Hull Station</b> project is rated Amber/Green (minor risks/delays) and stable, with overall progress at ~55% complete. This position reflects good construction momentum (demolition and external refurbishment complete; mezzanine installed; fit-out works mobilised and progressing), but continued schedule sensitivity due to the late award of the construction contract and delayed commencement of fit-out, now forecast to complete around end of May 2026 (6 weeks later than planned); governance is also Amber/Green because the PID is not yet completed and will be finalised following Stage 2 approval.</p> <p>At Q4, the <b>Telematics</b> rollout project part of the <b>Fleet Optimisation programme</b> is rated AMBER/RED (significant risk). While installation of the telematics system has been completed across the fleet and the telematics</p>

**Priority 8) Ensure sustainable, effective and efficient use of resources**

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	<p>policy and SOP have now been approved, the programme has experienced delays in key enabling activities. Progress has been limited by delays in completing the PID and benefits logic, issues connecting drivers to vehicles because of staff ID data problems, and late initiation of staff engagement and training. As a result, the programme is operationally live at a technical level but not yet fully embedded into day-to-day ways of working. Work on the annual fleet replacement programme was on track for the year with new vehicles commissioned in line with plan.</p> <p>The <b>Regional long-term collaborative agreement for Patient Transport Services</b> is rated GREEN. All key milestones have been delivered, with Provider Selection Regime processes concluded and contracts secured across South Yorkshire, West Yorkshire and Humber &amp; North Yorkshire, ensuring continuity of service and avoiding the risks associated with commercial tendering. Despite earlier system-led dependencies on PSR timelines, robust regional governance, strong collaboration with ICB partners and successful contract awards mean the workstream has met its year-end objectives and is well positioned to support ongoing optimisation and alignment in 2026/27.</p>
<p><b>So what? What does this mean for the Trust?</b></p>	<p><b>Financial Stability:</b> Strong financial performance delivered 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.</p> <p>The <b>Hull Ambulance Station</b> project remains deliverable within agreed cost (overall cost status Green, with forecast total cost unchanged at £12.539m) and is progressing towards providing a fit-for-purpose Hull station to support A&amp;E and PTS operations (including fleet, AVP and training). However, the Amber/Green schedule position means the Trust must maintain grip on delivery and dependencies to protect the intended go-live timeline (summer 2026) and ensure the station benefits are realised as planned; there is also an ongoing requirement to manage capital profiling, given £1.85m of 26/27 capital has been pulled forward into 25/26 to maintain momentum</p> <p>The Trust has successfully invested in and deployed <b>fleet telematics</b>, creating a strong platform to improve fleet efficiency, safety and sustainability. However, the full financial and safety benefits originally assumed in the 2025/26 Business Plan have not been realised in-year, as these depend on linking driver data to journeys and implementing the people-change elements of the programme. As such, benefits delivery has shifted later than planned.</p>
<p><b>Challenges/ Learning</b></p>	<p>Key challenges for the <b>Hull Station</b> project remain around delivery timescales and dependency management, including digital connectivity lead times, site planning and parking constraints, and cost and scope pressures. There is also an issue with electrical supply capacity, as EV charging requirements may require a new sub-station, with mitigation options under review. Key learning is that early milestones were set ahead of fit-out design maturity; moving to a phased delivery approach has helped protect the overall programme but highlights the need for timely governance documentation and early action on critical dependencies.</p> <p>Key challenges have highlighted the importance of completing governance, policy approval and benefits logic upfront before large-scale technical</p>

**Priority 8) Ensure sustainable, effective and efficient use of resources**

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deployment. The **telematics** roll out project has also demonstrated that technology alone does not deliver benefits; realising value depends on timely data integration, clear communications, and structured support for staff and managers to change behaviours. Learning from Q4 reinforces the need for strong ICT engagement, early data readiness, and clear sequencing between system rollout and workforce adoption.

**What next?**

Next steps for the **Hull Station** focus on maintaining construction momentum and resolving key dependencies. The project will finalise the PID and associated delivery plans to align milestones with the agreed fit-out cost and schedule, while maintaining close coordination with Finance to manage capital allocations across 2025/26 and 2026/27.

The immediate focus on the **telematics roll out project** is on completing the linkage of staff ID data to vehicle journeys, enabling full use of driver performance data and access to the driver portal. This will allow targeted engagement, manager conversations and training to commence, unlocking the people-change component of the programme. In parallel, the PID and benefits realisation will be formally signed off, and revised benefits forecasts confirmed. During 2026/27, the project will continue to be a business plan key priority move into benefits realisation and BAU, with BI dashboards supporting ongoing monitoring of fuel, safety, idling and fleet efficiency outcomes.

## 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
☐ <b>Green (On Track)</b>	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
☐ ☐ <b>Amber-Green (Minor risks / delays)</b>	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
☐ <b>Amber (Off track within tolerance)</b>	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
☐ ● <b>Amber-Red (Significant risk)</b>	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
● <b>Red (Critical Failure)</b>	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 out of 10).
- Despite a slight increase in response times they remain better than the average (rank 4/10).
- Sickness absence increased slightly in Q3 but remains a key focus for improvement.
- Financial metrics are stable, with no planned deficit and minimal variance to plan.

<b>Quarter</b>	<b>Segment</b>	<b>Trust in financial deficit?</b>
Q3 2025/26	1 - High performing	No

Domain	Sub-domain	Metric description	Release Frequency	Metric Value	Q3					
					Reporting Date	Metric Value	Average value	Metric value change	Metric score	Rank out of 10
Access to services	Urgent and emergency care	Average Category 2 ambulance response time	Monthly	mins	To Dec 2025	26.58	28.87	0.82 ↓	1.00	4
Effectiveness and experience	Effective out of hospital care	Percentage of ambulance patients conveyed to emergency departments	Monthly	%	To Dec 2025	52.7	48.95	0.30 ↓	3.40	9
	Patient experience	NHS staff survey advocacy score	Annual	out of 10	2024	6.58	6.2	0.00 →	1.00	1
Finance and Productivity	Finance	Planned surplus/deficit	Annual plan	%	2025/26	0.00	0.00	0.00 →	1.00	2
		Variance year-to-date to financial plan	Year to date	%	Month 9 2025	0.68	0.19	0.35 ↑	1.00	3
	Productivity	Combined finance	Year to date	score	Q3 2025/26				1.00	
		Relative difference in costs	Annual	%	2024/25	96.71	96.16	0.00 →	1.99	6
Patient safety	Patient safety	NHS Staff survey - raising concerns sub-score	Annual	out of 10	2024	6.13	6.02	0.00 →	1.67	3
People and workforce	Retention and culture	Sickness absence rate	available monthly - Quarterly aggregated monthly figures	%	Q2 2025/26	7.04	6.94	0.19 ↓	3.85	7
		NHS staff survey engagement theme	Annual	out of 10	2024	6.22	6	0.00 →	1	1

Source: [NHS England](#), 25/3/26