Board of Directors (in Public)
23 July 2026

Report Title	Business Plan 2026/27 – Q1 Performance and Assurance Report
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Accountable Director	Marc Thomas, Deputy Chief Executive and Chief Operating Officer
Previous committees/groups	Trust Executive Group (15 July 2026) Finance and Performance Committee (16 July 2026) People Committee (1 September 2026) Quality Committee (10 September 2026)
Recommended action(s) (assurance, approval, information)	Assurance
Purpose of the paper	This paper provides Q1 assurance on delivery of the Trust's 2026/27 Business Plan, including the extent to which planned benefits were achieved and the impact on our three strategic priorities.

Executive Summary

This paper provides Q1 assurance on delivery of the 2026/27 Business Plan, including the extent to which planned benefits were achieved and the impact on our three strategic priorities.

Delivery of the 2026/27 Business Plan is progressing, although most workstreams remain in the mobilisation, design or early implementation phases. Of the 17 workstreams, the majority are rated Amber or Amber/Green, with one Red and one Amber/Red workstream requiring focused management attention. Overall, benefits realisation remains limited at Q1, with the majority of planned improvements expected later in 2026/27.

Strategic Priority 1 – Right Response has demonstrated encouraging progress. Hear and Treat improved to 14.0% in June, while ED conveyance reduced to 51.8%, indicating movement in the right direction despite performance remaining short of year-end ambitions. Supporting programmes, including Specialist Paramedic Urgent Care (SPUC)/Specialist Paramedic Mental Health (SPMH) utilisation, Common CAD, iCAS Phase 2 and alternative care pathways, are progressing largely within tolerance and are establishing the foundations needed to improve clinical decision-making, pathway utilisation and patient outcomes. Call handling in 999 operations has been challenging with performance below trajectory and, while current workforce levels are ahead of plan, recruitment of call handlers is behind plan and will lead to lower workforce numbers later in the year unless addressed. Overall, there remains confidence that the priority is on track to support longer-term improvements

Strategic Priority 2 – Operational Productivity and Performance presents the most challenging position. Category 2 response times deteriorated during June and were 1 minute 39 seconds slower than trajectory, while Crew Clear performance remains significantly above plan and did not achieve its ambitious Q1 trajectory. Although a range of improvement programmes are progressing, including Crew Clear, Crew Line Improvement, HCP Transport Reduction and Telematics, many remain in discovery, modelling or approval phases, limiting benefits realisation to date. Resource Alignment remains Red however there were no planned performance benefits in year with the workstream being multi year due to the time needed to develop plans and negotiate solutions that will be complex and sensitive so will not impact on performance targets in 26/27. Crew Clear is Amber/Red, requiring accelerated delivery and implementation during Q2.

Strategic Priority 3 – Support Our People remains a key area of focus. Sickness absence increased to 7.7% in June, remaining 1.2 percentage points above plan, with both long-term and short-term sickness continuing to place pressure on workforce availability. Progress has been made across the Preventative and Recovery Pathway, Alternative Duties Framework and Workplace Adjustments programmes, although all remain rated Amber largely due to governance and implementation delays rather than significant delivery concerns. These initiatives are strengthening the foundations for improved workforce wellbeing, attendance and productivity but are not expected to deliver significant measurable reductions in sickness during 2026/27.

Overall, the Board can take assurance that delivery is progressing broadly as expected for this stage of the year. However, benefits realisation remains dependent on accelerated mobilisation, completion of governance processes, resolution of programme dependencies and successful transition from planning into implementation during Q2. Key risks include 999 call handling performance, continued under performance against Crew Clear, progression of plans to align resource to demand and sickness absence trajectories.

Recommendation(s)	It is recommended that the Trust Board: 1. notes the Q1 delivery position against the 2026/27 Business Plan, including the current RAG+ ratings across the 17 workstreams. 2. takes assurance that delivery is broadly progressing as expected for this stage of the year, with the majority of workstreams within tolerance and governance, delivery and implementation arrangements continuing to develop. 3. notes that benefits realisation remains limited at Q1, with many workstreams still in mobilisation, discovery, design or early implementation phases, and that delivery confidence is dependent on accelerated implementation during Q2. 4. notes the key risks set out in section 4, particularly Category 2 performance, Crew Clear, 999 call handling capacity, EHA recruitment, resource-to-demand alignment and sickness absence.
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 2026/27 – Q1
PERFORMANCE AND ASSURANCE 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 Q1 position on delivery of the 2026/27 Business Plan.

2.0 BACKGROUND

2.1 The 2026/27 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 is monitored through workstream milestones, metrics, RAG+ ratings and the established performance improvement process and assurance through Trust governance routes.

2.2 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 June 2026.

2.3 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 (eg 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. The Trust achieved 1st place ranking among the 10 NHS ambulance services in England in the Quarter 4 NHS Oversight Framework assessment, reflecting strong overall performance across the nationally reported measures used by NHS England. This position was supported by high staff engagement and advocacy scores, strong patient safety culture indicators, better-than-average response times, and a stable financial position. The ranking provides external assurance that YAS is performing strongly relative to its peers while maintaining focus on areas requiring further improvement, including sickness absence and reducing emergency department conveyance.

2.4 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.

2.5 **2026/27 Q1 at a glance**

2.5.1 The Q1 Business Plan position for the 17 workstreams within the 3 priorities is as presented below by RAG+ rating (further detail outlined in Appendix 2).

RAG+ rating	M1 position	M2 position	M3/Q1 position
Green	3	1	1
Amber/Green	3	6	3
Amber	8	7	9
Amber/Red	0	1	1
Red	2	1	1
Paused / Closed	0	0	1
Nonreporting workstreams	1	1	1
TOTAL	17	17	17

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.

STRATEGIC PRIORITY 1 - RIGHT RESPONSE: Increase Hear and Treat and reduce ED conveyance						
*YAS will increase **Hear and Treat** to 15.4%*						
Workstream Programmes		**Project & Support**		**Apr-26**	**May**	**June**
1.1	Expanding EOC clinical capacity - SPUC/SPMH utilisation	1.1.1	Expanding the Remote Clinical Hub	GREEN	GREEN	GREEN
		1.1.2	Achieving Clinical Recruitment	GREEN	AMBER/ GREEN	AMBER/ GREEN
		1.1.3	Expanding SPUC & SPMHT H&T Utilisation	AMBER	AMBER/ GREEN	AMBER/ GREEN
1.2	Optimising integration - clinical queue, iCAS Phase 2 and joint CAD	1.2.1	Implementing iCAS Phase 2 (Joint Clinical Queue)	AMBER	AMBER	AMBER
		1.2.2	Implementing Common CAD for 111	AMBER	AMBER	AMBER
		1.2.3	Preparing for PTS CAD Implementation (2027/28)	NOT STARTED – PLANNING STAGE	NOT STARTED – PLANNING STAGE	
1.3	Improving Access and availability of appropriate care pathways	1.3.1	Optimising Alternative Pathways - Push & On Scene	AMBER	AMBER/ GREEN	AMBER/ GREEN
1.4	Additional work not listed in priorities	1.4.1	Achieving EHA Recruitment	GREEN	AMBER	AMBER

STRATEGIC PRIORITY 2 - IMPROVE OPERATIONAL PRODUCTIVITY & PERFORMANCE: Improve performance including Category 2						
YAS will reduce Category 2 average response times to 00:24:44 and minimise variability across the day and geography through improving operational efficiencies						
Workstream Programmes		**Project & Support**		**Apr 26**	**May**	**Jun**
2.1	Improve alignment of resource to demand	2.1.1	Demand, Capacity and Performance Analysis	RED	RED	RED
		2.1.2	Flexible Working Arrangements			
		2.1.3	Rotas			

STRATEGIC PRIORITY 2 - IMPROVE OPERATIONAL PRODUCTIVITY & PERFORMANCE: Improve performance including Category 2					
YAS will reduce Category 2 average response times to 00:24:44 and minimise variability across the day and geography through improving operational efficiencies					
Workstream Programmes		**Project & Support**	**Apr 26**	**May**	**Jun**
	2.1.4	Scheduling Process (including overtime allocation and relief staff).			
	2.1.5	Fleet Alignment			
	2.1.6	New 999 Operations Rest Break Standard Operating Procedure.	AMBER/ GREEN	AMBER	AMBER
2.3	Improving turnaround (Crew Clear)		RED	AMBER/RED	AMBER/RED
2.4	Redirecting Inappropriate Healthcare Professional (HCP) Transportation Requests (09:00–16:00)		AMBER	AMBER	AMBER
2.5	Enhancing Crew Line		AMBER	AMBER/ GREEN	AMBER
2.6	Realising Telematics Benefits		AMBER/ GREEN	AMBER/ GREEN	AMBER

STRATEGIC PRIORITY 3: SUPPORT OUR PEOPLE: REDUCE SICKNESS				
Reduce sickness absence by 0.5%, create a healthier, more skilled & engaged workforce				
Workstream Programmes		**Apr 26**	**May**	**Jun**
3.1	Preventative and Recovery Pathway	AMBER	AMBER	AMBER
3.2	Strengthening Alternative Duties Framework Project Impact	AMBER	AMBER	AMBER
3.3	Enhancing Workplace Adjustments Project Impact	AMBER/ GREEN	AMBER/ GREEN	AMBER

3.0 WHAT? – DELIVERY AGAINST THE 2026/27 PLAN

3.1 STRATEGIC PRIORITY 1 – RIGHT RESPONSE

3.1.1 *Q1 position and why:*

Urgent and emergency care metrics showed signs of improvement during Q1. The Hear and Treat rate increased to 14.0% in June, although it remained marginally below target, with further improvements expected as additional clinicians complete training and become fully operational. The ED conveyance rate also improved during the quarter, reducing to 51.8% in June and performing better than the same period last year, supporting progress towards reducing avoidable hospital conveyance. Call handling performance has been challenging with demand seeing significant spikes on day further impacting performance although broadly in line with plans across the month. Call handler numbers are in line with plan in Q1, but recruitment is behind plan which may lead to numbers falling behind plan unless action is taken.

The supporting business plan workstreams are broadly progressing as planned, with the majority rated Amber/Green or Amber, reflecting good delivery progress alongside manageable risks and dependencies. Governance arrangements, delivery plans and project structures are largely established, with notable progress in expanding clinical capacity, implementing Common CAD, developing integrated clinical queue arrangements and enhancing alternative care pathways. While some projects remain in implementation or enabling phases and are experiencing minor delays relating to approvals, system dependencies and resource capacity, all

remain within agreed tolerances and continue to provide confidence in the delivery of increasing Hear and Treat, improving access to alternative pathways and reducing avoidable ED conveyance.

3.1.2 ***So what:***

Over Q1 more of our patients received clinical advice over the phone and fewer of our patients were conveyed to ED which supports increasing ambulance availability. Significant peaks in demand on day and during hot weather led to patients waiting longer than planned when calling our 999 contact centres.

Collectively, these workstreams are strengthening the Trust's ability to deliver the Right Response by improving clinical capacity, increasing access to alternative care pathways, and enabling more integrated decision-making across urgent and emergency care services. The projects are expected to support sustained improvements in Hear and Treat performance, reduce avoidable Emergency Department conveyance, improve patient access to the most appropriate care, and make more effective use of clinical resources.

The implementation of iCAS Phase 2 and Common CAD provides important enabling infrastructure for future service integration, productivity gains and system-wide efficiencies. While some benefits will be realised later in the year or beyond 2026/27, progress during Q1 provides assurance that the foundations are being established to support delivery of the Trust's strategic objectives.

3.1.3 ***Challenges and Learning***

Across the Strategic Priority 1 workstreams, the main challenges relate to call demand, EHA recruitment and call handling efficiencies. While demand is broadly in line with plan we have seen significant spikes on day and during hot weather in June which has created capacity challenges leading to reduced performance. Alongside this course fill for EHA training has been below plan in Q1 and is off track for Q2 while call handler downtime is also below optimum levels.

EHA training courses planned for summer months have been difficult to fill with candidates not able to commit to 6 weeks training without leave over the school holiday period and will inform course planning in future years. Early activity has identified opportunities to improve SPUC confidence in remote triage, referral acceptance rates and pathway utilisation through targeted training, enhanced reporting and closer collaboration with system partners. Despite some minor delays and resource pressures, mitigation plans are in place and the challenges identified are providing valuable insight to inform implementation, maximise benefit realisation and support delivery of the Trust's Right Response objectives.

3.1.4 ***What next:***

During Q2, focus will move from planning and design into implementation across the Strategic Priority 1 workstreams. Key priorities: include addressing call handler recruitment shortfall with additional training courses and expansion of 999 capacity at Callflex to increase our recruitment pool, reducing call handler down time to improve efficiency and undertaking work to better align resources to call demand. Work is also underway finalising the design and implementation requirements for the integrated clinical queue, and completing training, testing and go-live preparations for the Common CAD implementation.

3.2 STRATEGIC PRIORITY 2: IMPROVE OPERATIONAL PRODUCTIVITY AND PERFORMANCE

3.2.1 ***Q1 position and why:***

Operational productivity indicators remained under pressure at the end of Q1. **Category 2 mean** response times deteriorated during June and were 1 minute 39 seconds slower than the planned trajectory, with performance impacted by challenging operating conditions, including the late-June heatwave. Regional variation remained evident, with the South experiencing the greatest deviation from plan. **Crew clear** times also remained above 3 minutes worse than trajectory, with Q1 target not achieved given the scale of improvement required following deterioration in performance during Q4. This was partly driven by delays to implementing the MIS auto alert module which notifies crews via radio when approaching the 15-minute window. Work to update ID cards to identify staff in the telematics system on each vehicle is behind plan with 35% updated over Q1 with 50% needed to move plans forward.

Delivery across Strategic Priority 2 is progressing but remains variable, with workstreams ranging from Red to Amber/Green. Progress has been made across operational productivity initiatives, including **Crew Clear**, **Crew Line, HCP Transportation** and **Realising Telematics Benefits**, with governance structures established, discovery activity underway and improvement interventions being developed. However, several projects to improve alignment of resources to demand are in the planning, discovery or approval stages, with progress impacted by delays to modelling activity, governance sign-off and resource dependencies. As a result, whilst there is confidence that the programmes, projects and workstreams are moving in the right direction, the majority have not yet reached the stage where measurable operational benefits can be fully realised.

3.2.2 ***So what:***

Delays to roll out of the auto alert module mean early planned benefits have not been delivered. As a result crew clear times remained higher than plan impacting on crew availability which reduces our capacity to respond and impacts on response times. While improving alignment of resource to demand is a multi-year workstream and was not expected to deliver benefits in year if sufficient progress isn't made then efficiencies will not be realised to support performance in 27/28. Increased Crew Line provision in each area is reducing demand on EOC clinicians with the percentage of Crew Line calls taken by EOC falling to 43% in June which is 600 calls less than June last year. This is freeing up EOC clinicians to deliver hear and treat supporting the improved performance seen over Q1. Until staff can be identified on vehicles managers cannot begin to share driving data with staff or take corrective action with outliers to deliver telematics benefits.

Collectively, these workstreams support the Trust's ambition to improve operational productivity, maximise frontline resource availability and deliver sustainable improvements in Category 2 response performance. Whilst many of the programmes remain in discovery, design or implementation phases, they are establishing the foundations required to deliver longer-term benefits including improved response times, reduced variation in performance, increased operational resilience and more efficient use of Trust resources.

3.2.3 ***Challenges and Learning***

Across the Strategic Priority 2 workstreams, the main **challenges** relate to MIS capacity with priority given to Common CAD, completing discovery and modelling activity and securing governance approvals. As the planned improvement from this has not been realised.

Progress in several programmes remains dependent on evidence gathering, operational research, system development and behavioural change, with risks also linked to stakeholder engagement, adoption of new processes and embedding change into day-to-day operational practice.

Learning from Q1 has reinforced the importance of robust data, modelling and performance analysis to identify root causes and target improvement activity effectively. Work undertaken to date has highlighted variation in operational practices, workforce deployment, pathway utilisation and local processes, demonstrating the need for greater consistency, stronger governance and improved use of performance information. Early implementation experience has also emphasised the importance of stakeholder engagement, clear communication and evidence-based decision-making to support sustainable operational improvement and benefits realisation.

3.2.4 ***What next:***

During Q2, the focus will be on moving the Strategic Priority 2 workstreams from discovery and design into implementation. Key priorities include completing demand, capacity and rest break modelling, finalising recommendations and business cases for operational improvement, and progressing implementation planning to better align resources with patient demand.

Specific activity will focus on progressing **Crew Clear** with work on management presence at ED and self-handover now to be prioritised to mitigate MIS delays**.** Work on **HCP transportation** processes, implementing the enhanced **Crew Line** operating model, embedding telematics reporting, telematics systems training and performance management arrangements across operational services will also move forward. Collectively, these programmes will seek to establish the evidence, systems, governance and operational changes required to deliver improved productivity, increased ambulance availability, reduced variation in performance and sustainable improvements in **Category 2** response times during the remainder of 2026/27 and beyond

3.3 <u>STRATEGIC PRIORITY 3: SUPPORT OUR PEOPLE</u>

3.3.1 ***Q1 position and why:***

At Q1, **sickness absence** increased slightly, rising to 7.7% in June and remaining 1.2 percentage points above plan. Long-term sickness a concern, with short-term sickness also increasing, highlighting ongoing workforce attendance pressures.

Across the three supporting workstreams, progress has been made in developing key interventions, including manager engagement and wellbeing initiatives, the **Alternative Duties Framework** and associated digital application, and implementation of the new **Workplace Adjustments** Policy. However, all workstreams are reporting Amber ratings due primarily to delays in formal governance documentation and minor slippage against planned milestones. While delivery remains within agreed tolerances and no significant risks to overall

objectives have been identified, continued focus is required to complete governance approvals and maintain momentum in implementing the planned improvements.

3.3.2 ***So what:***

At the end of Q1, the three workstreams continue to provide important foundations to support the Trust's ambition to reduce sickness absence and improve workforce wellbeing, productivity and staff experience. The alternative duties app will increase visibility of alternative duties opportunities for staff and managers supporting more staff to remain in work. Collectively, these initiatives are intended to create a more inclusive and supportive working environment, help colleagues remain in or return to work where appropriate, and establish the conditions necessary to support sustainable reductions in sickness absence and improved workforce outcomes over the longer term.

3.3.3 ***Challenges and Learning:***

At the end of Q1, delivery has highlighted a number of common challenges across the sickness absence improvement workstreams, principally balancing project activity with operational pressures and progressing formal governance arrangements alongside implementation. Additional challenges include ensuring effective stakeholder engagement, aligning policy, process and technology developments, and establishing the infrastructure required to embed new ways of working consistently across the Trust. Early delivery has generated valuable learning regarding managers' experiences of attendance management, the importance of engaging stakeholders in the design of solutions, and the need for clear guidance, streamlined processes and appropriate support mechanisms to enable successful implementation. This learning will inform the next phase of delivery and support the sustainable adoption of improvements across the organisation.

3.3.4 ***What next:***

During Q2, the focus will be on addressing governance and implementation priorities to support continued delivery of the sickness absence improvement programme. Key activities include completing outstanding workstream documentation and governance approvals, progressing stakeholder consultation and engagement, and finalising the supporting frameworks, processes, guidance and digital solutions required across all three workstreams. Further work will focus on strengthening manager capability, raising awareness of new arrangements, increasing access to workplace support and adjustments, and ensuring that implementation arrangements are embedded effectively within business-as-usual services. These activities are intended to maintain delivery against planned milestones and establish the foundations necessary to support longer-term improvements in workforce wellbeing, attendance and productivity.

3.4 <u>STRATEGIC ALIGNMENT:</u>

The three strategic priorities in the 2067/27 Business Plan make direct contributions to the 2024-29 Strategy and are directly aligned to the **YAS Bold Ambitions**, with the strongest links to **Our Patients** and **Our People**, and supporting contributions to **Our Partners** and **Our Planet and Pounds**. The programmes focused on Right Response and Operational Productivity are closely aligned to **Our Patients**, as they aim to improve timeliness, responsiveness, access to appropriate care pathways and patient experience through better service integration, operational efficiency and

use of technology. The sickness and workforce-related programmes align most directly to **Our People**, supporting a healthier, more supported and inclusive workforce through improvements in attendance, workplace adjustments and alternative duties arrangements. Several workstreams, particularly care pathways, iCAS Phase 2, HCP redirection and wider system-facing initiatives, also support **Our Partners** by requiring stronger collaboration with health and care partners to improve joined-up care, pathway utilisation and population outcomes. Finally, the productivity, telematics, fleet, rota, rest break and resource alignment programmes contribute to **Our Planet and Pounds** through a focus on sustainable use of workforce, fleet and operational resources, improved efficiency, and better value from existing capacity. Overall, the portfolio is well aligned to the Bold Ambitions, although most areas are currently at an early stage of delivery, so the full contribution to these objectives will strengthen as programmes move from mobilisation into implementation and benefits realisation.

4.0 RISKS

4.1 The principal risks relate to the pace of transition from mobilisation into implementation and the extent to which planned benefits can be realised within 2026/27. While delivery is broadly progressing, many workstreams remain in discovery, design, approval or early implementation phases, meaning that the Board should note that Q1 assurance is currently more strongly weighted towards mobilisation and delivery control than realised operational, workforce or patient benefit.

1. **Benefits realisation risk:** Many workstreams remain in mobilisation, discovery, design or governance phases, so measurable benefits are limited at Q1. If implementation does not accelerate in Q2, benefits may slip into later quarters or beyond 2026/27.
2. **Operational performance risk:** Category 2 response times are off trajectory and deteriorated in June. Crew Clear remains significantly above plan, reducing ambulance availability and contributing to response time pressures which may result in agreed targets being missed.
3. **Resource-to-demand alignment risk:** The resource alignment programme is rated Red and remains dependent on modelling, analysis, governance decisions and potentially sensitive workforce changes. Failure to progress this work could limit performance improvement in 2026/27 and weaken preparedness for 2027/28.
4. **999 call handling and EHA recruitment risk:** Call handling performance is under pressure, with demand spikes and recruitment behind plan. Continued recruitment or training delays could affect call answer performance and patient access during Q2 and may extend later into the year.
5. **Workforce sickness and availability risk:** Sickness absence remains above plan at 7.7%, with both long-term and short-term sickness pressures which may impact operational capacity and increase overtime requirements to achieve performance.

5.0 FINANCIAL IMPLICATIONS

5.1 Failure to achieve agreed NHSE targets linked to the risks identified above on call handler numbers and DCA hours which may be impacted by sickness could impact on the second tranche of growth funding of £6.16m.

6.0 NEXT STEPS

6.1 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.

7.0 RECOMMENDATIONS

7.1 It is recommended that the Trust Board:

1. Notes the Q1 delivery position against the 2026/27 Business Plan, including the current RAG+ ratings across the 17 workstreams.
2. Takes assurance that delivery is broadly progressing as expected for this stage of the year, with the majority of workstreams within tolerance and governance, delivery and implementation arrangements are continuing to develop.
3. Notes that benefits realisation remains limited at Q1, with many workstreams still in mobilisation, discovery, design or early implementation phases, and that delivery confidence is dependent on accelerated implementation during Q2.
4. Notes the key risks set out in section 4, particularly Category 2 performance, Crew Clear, 999 call handling capacity, EHA recruitment, resource-to-demand alignment and sickness absence.

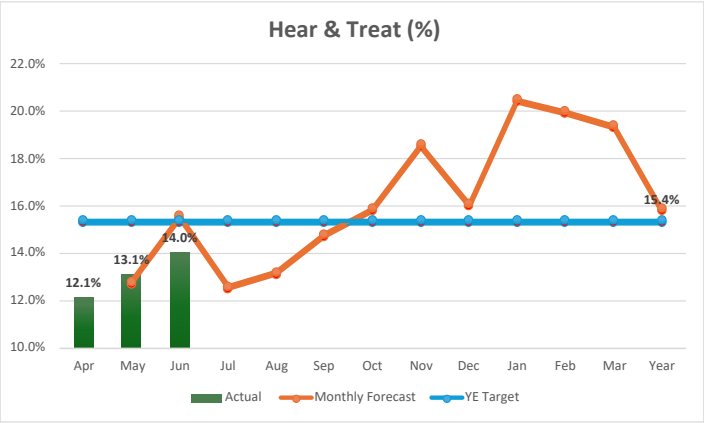
8.0 SUPPORTING INFORMATION

8.1 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 Q4 2025-26
Appendix 4: Key Metrics Table

APPENDICES

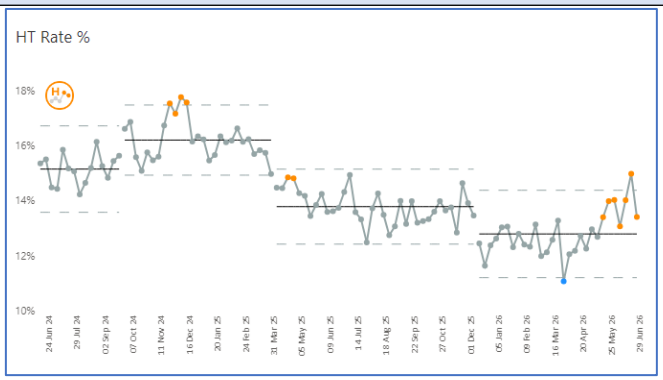
Appendix 1 Priority 1-3 workstream details

STRATEGIC PRIORITY 1 - RIGHT RESPONSE: **Increase Hear and Treat and reduce ED conveyance**	
Executive Lead Summary: Marc Thomas	
YAS will increase Hear and Treat to 15.4% and reduce ED conveyances by 1.3%, ensuring every patient receives the right response at the earliest point in their journey. The following workstreams, programmes and projects have been identified to support delivery of this priority:	
	Q1 RAG
1.1 Expanding EOC clinical capacity - SPUC/SPMH utilisation	
1.1.1 Expanding the Remote Clinical Hub	**GREEN**
1.1.2 Achieving Clinical Recruitment	AMBER/GREEN
1.1.3 Expanding SPUC & SPMHT H&T Utilisation	AMBER/GREEN
1.2 Optimising Integration – Clinical Queue, iCAS Phase 2 and Joint CAD	
1.2.1 Implementing iCAS Phase 2 (Joint Clinical Queue)	AMBER
1.2.2 Implementing Common CAD for 111	AMBER
1.2.3 Preparing for PTS CAD Implementation (2027/28)	NOT REPORTING
1.3 Optimising Alternative Pathways - Push & On Scene	AMBER
1.4 Achieving EHA Recruitment	AMBER

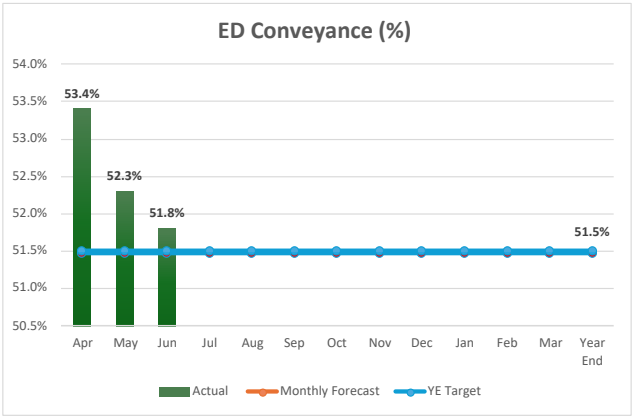
What? ***What is the position at Q1 & Why?***	The Hear and Treat rate improved from 13.1% to 14.0% in June, although performance remains 0.3 percentage points below target. A significant programme of clinician recruitment is planned throughout 2026/27, with further improvement expected from September as staff recruited in Q1 complete training, develop competency and begin contributing fully to service delivery. 

STRATEGIC PRIORITY 1 - RIGHT RESPONSE:

Increase Hear and Treat and reduce ED conveyance



The ED conveyance rate improved to 51.8% in June, a reduction of 1.6 percentage points from April, and an improvement on that reported in June 2025 (0.4 percentage points lower).



The **SPUC/SMPH utilisation project** is rated Amber/Green at the end of Q1, reflecting good delivery progress alongside minor delays to project planning and approval activities. Governance arrangements are now in place, including project and oversight groups, key SPUC actions have been completed on time, outcome metrics are being monitored, and training materials have been developed. Whilst the Project Initiation Document was delayed and remains subject to final approval, overall delivery remains within tolerances, and the project has improved from Amber during the quarter.

The **Implementing iCAS Phase 2 (Joint Clinical Queue)** workstream is rated Amber – Within Tolerances but at Risk at the end of Q1. Progress has been made in establishing governance arrangements, programme oversight, and two supporting workstreams, with design activity underway for the future joint clinical queue. However, completion of project planning documentation, minor delays in queue design activity, and dependencies on other programmes have resulted in the Amber position. Benefits are currently rated Red as no direct Hear and Treat or ED conveyance benefits are expected to be realised during 2026/27 while the new model is being implemented and embedded.

At the end of Q1, the **Implementing Common CAD for 111** project is rated Amber – Within Tolerances but at Risk. Progress has continued on the Phase 2 implementation for 111 services, with the delayed CAD software update successfully completed, training materials developed, approximately 400 users scheduled for training, draft go-live arrangements established, and implementation remaining on track for deployment. However, risks remain around testing scope, access to historical Adastra data, training capacity, and a newly identified clinical safety hazard that requires further mitigation.

STRATEGIC PRIORITY 1 - RIGHT RESPONSE: Increase Hear and Treat and reduce ED conveyance	
	The **Optimising Alternative Pathways - Push & On Scene** workstream is rated Amber/Green – Minor Risks/Delays at the end of Q1. Good progress has been made across all seven project areas, including improving mental health and primary care PUSH referrals, strengthening on-scene pathways, developing digital referral solutions, enhancing pathway reporting, and progressing improvements to the hospital directory. Whilst delivery performance remains on track, the overall rating reflects delays in finalising project governance documentation, the appointment of a Delivery Lead, and minor slippage in some digital and reporting workstreams. Confidence in benefit realisation remains positive, with clear measures and dashboards in place to support monitoring.
So what? ***What does this mean for the Trust?***	The **SPUC/SMPH utilisation** project supports the Trust's **Right Response** priority by increasing the utilisation of Specialist Paramedics in Urgent Care (SPUC) and Specialist Paramedics in Mental Health (SPMH) during EOC rotations, with the aim of increasing Hear and Treat activity and reducing avoidable Emergency Department conveyance. Benefits monitoring arrangements are in place and the project is expected to contribute to improved clinical decision-making, enhanced patient outcomes and better system efficiency through greater use of specialist clinical expertise within the EOC. The **Implementing iCAS Phase 2 (Joint Clinical Queue)** workstream remains an important enabler of the Trust's Right Response ambition, seeking to create a single integrated clinical queue across services to support more efficient clinical decision-making and improve patient access to the most appropriate care. Whilst direct benefits are not expected within 2026/27, successful implementation will establish the foundations for future improvements in Hear and Treat performance, reduced avoidable conveyance, and greater operational efficiency from 2027/28 onwards. The **Implementing Common CAD for 111** project is a key enabler of greater integration across 999 and 111 services, supporting improved interoperability, streamlined clinical workflows, and future efficiency savings. Delivery of Phase 2 will provide a common CAD platform for urgent and emergency care services, helping to strengthen system resilience and support integrated patient care. However, the pause in Phase 3 Patient Transport Services (PTS) implementation means some anticipated benefits, efficiencies and business plan milestones may not be fully realised within the original timeframe. The **Optimising Alternative Pathways - Push & On Scene** workstream directly supports the Trust's Right Response ambition by improving access to alternative pathways and increasing opportunities to avoid unnecessary conveyance to Emergency Departments. Improvements to PUSH services, strengthened system partnerships, enhanced referral processes and better pathway visibility are expected to increase Hear and Treat and See and Treat activity, improve patient access to appropriate care, and support more effective use of ambulance resources. Benefits are forecast to begin being realised from September 2026 and will be monitored through dedicated pathway utilisation dashboards.
Challenges/ Learning	For **SPUC/SMPH utilisation,** the principal challenges relate to completing project governance approvals, managing the transition of key leadership roles as the current SRO and Delivery Lead leave the Trust, and ensuring sufficient

STRATEGIC PRIORITY 1 - RIGHT RESPONSE: Increase Hear and Treat and reduce ED conveyance	
	training capacity to support SPUC refresher training. A small number of activities within the SPUC action plan have experienced short delays due to governance sign-off requirements. Learning to date highlights the need to address longstanding barriers associated with SPUC EOC rotations and to strengthen confidence and capability for Hear and Treat activity through targeted training and support. The principal challenge for the **Implementing iCAS Phase 2 (Joint Clinical Queue)** workstream is the project's dependency on the Common CAD programme, with both initiatives drawing on the same specialist resources and technical support. Additional risks remain around the scale of system development required, available MIS capacity, and any future funding requirements should greater configuration changes be needed. Early design work has highlighted the complexity of developing the future-state queue model, including determining how specific call categories will be managed within the integrated approach. The principal challenges for the **Implementing Common CAD for 111** project relate to ensuring sufficient testing is completed ahead of implementation, identifying a sustainable solution for retaining access to Adastra data following contract expiry, and mitigating clinical safety risks associated with future operational processes. In addition, work on the PTS phase has been paused, resulting in an escalation as three planned business plan milestones are unlikely to be delivered during 2026/27. These factors highlight the importance of robust assurance, safety governance and dependency management as the programme progresses towards go-live. Early delivery of the **Optimising Alternative Pathways - Push & On Scene** workstream has identified variation in referral acceptance rates across system partners and differences in pathway utilisation across localities, requiring targeted engagement and collaboration to address barriers. The project has also highlighted the importance of robust data and reporting to build clinician confidence and maximise pathway use. Some workstreams have experienced minor delays due to governance approvals, BI capacity constraints and stakeholder availability, although recovery plans are in place. Two project issues remain open relating to the appointment of a new SRO and Delivery Lead following planned leadership changes.
What next?	For **SPUC/SMPH utilisation**, the focus during Q2 will be on securing final approval of project documentation, implementing the SPUC improvement plan, delivering refresher training, and progressing actions to address training capacity risks. The SPMH element of the programme will formally commence, with governance arrangements established and baseline activity monitored. Ongoing performance tracking will be used to evaluate improvements in Hear and Treat activity and support delivery of the forecast benefits across both SPUC and SPMH workstreams. During Q2, the focus for the **Implementing iCAS Phase 2 (Joint Clinical Queue)** workstream will be on completing the design of the joint clinical queue, understanding the extent of any system-led changes required, and developing testing arrangements to support implementation. Work will continue to progress training materials, workforce modelling and reporting requirements, while monitoring dependencies with the Common CAD programme. These activities will ensure the Trust is prepared to implement the integrated clinical queue once enabling conditions are in place.

STRATEGIC PRIORITY 1 - RIGHT RESPONSE: Increase Hear and Treat and reduce ED conveyance	
	The focus in Q2 for the **Implementing Common CAD for 111** project will be on completing user training, finalising system configuration, undertaking supplier and user acceptance testing, securing approval of the DPIA, completing the clinical safety case and finalising standard operating procedures. Preparations for go-live in August 2026 will continue, alongside decisions regarding long-term Adastra data access arrangements and further consideration of the future approach to the paused PTS element. Going forward into Q2, the **Optimising Alternative Pathways - Push & On Scene** workstream will focus on implementing improvement plans with system partners, progressing digital GP and falls referral developments, enhancing pathway utilisation reporting, and advancing local pathway initiatives across West Yorkshire, South Yorkshire and Humber and North Yorkshire. Work will continue to improve mental health and primary care PUSH referrals, strengthen clinician feedback mechanisms and progress the redesign of the JRCALC hospital directory. These activities are intended to support increased pathway utilisation, improved referral acceptance rates and delivery of the programme's expected benefits.

STRATEGIC PRIORITY 2 - IMPROVE OPERATIONAL PRODUCTIVITY & PERFORMANCE:

Improve performance including Category 2

Executive Lead: Marc Thomas

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

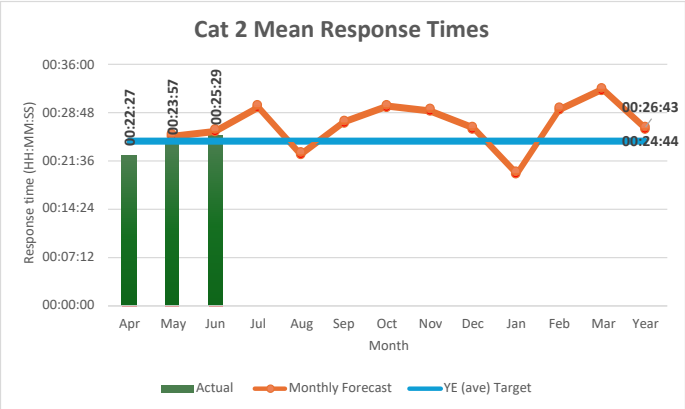
The following workstreams, programmes and projects have been identified to support delivery of this priority:

Workstream Programme	Project & Support	Q1 RAG
2.1Improve alignment of resource to demand	1. Demand, Capacity and Performance Analysis	RED
	2. Flexible Working Arrangements	
	3. Rotas	
	4. Scheduling Process	
	5. Fleet Alignment	
	6. New 999 Operations Rest Break SOP	AMBER
2.2 Improving Turnaround (Crew Clear)		RED
2.3 Redirecting Inappropriate Healthcare Professional (HCP) Transportation Requests (09:00–16:00)		AMBER
2.4 Enhancing Crew Line		AMBER
2.5 Realising Telematics Benefits		AMBER/GREEN

What?
What is the position at Q1 & Why?

Category 2 mean response time in June was 25 minutes 29 seconds, an increase on the previous month and 1 minute 39 seconds below the trajectory target. June performance coincided with a significant national heatwave between 22 and 26 June 2026, during which England experienced record-breaking temperatures and health service providers operated under elevated heat-health alerts. YAS activated adverse weather arrangements and increased escalation measures in response to the forecast pressures, which may have contributed to increased demand and operational pressures affecting response times.

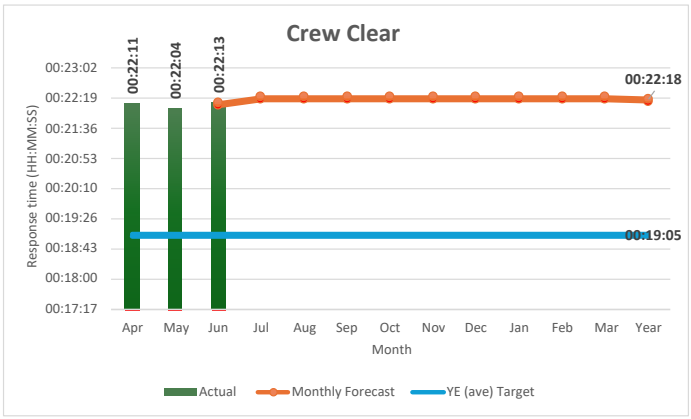
All areas performed below plan during June, reflecting the impact of challenging operating conditions, although variation across regions remained evident. HNY and the West remained relatively close to trajectory at 6 seconds and 34 seconds below plan respectively, while performance in the South was further from plan, with response times 2 minutes and 13 seconds slower than expected.



STRATEGIC PRIORITY 2 - IMPROVE OPERATIONAL PRODUCTIVITY & PERFORMANCE:

Improve performance including Category 2

Crew clear time was up marginally in June, rising by 9 seconds to 22 minutes 13 seconds. Performance remains above the planned trajectory at 3 minutes 17 seconds higher than plan. Achievement of the Q1 trajectory was not achieved, as the target was established in November based on the level of improvement seen earlier in the year. Performance deteriorated during Q4, ending the year worse than plan, resulting in a requirement for a significant improvement of approximately three minutes between Q4 and Q1 to return to trajectory.



The **Improve Alignment of Resource to Demand programme** is rated Red, reflecting delays in business planning, outstanding delivery lead appointments and the need to complete discovery and modelling work before improvement actions, timescales and benefits can be confirmed. Internal demand and capacity modelling has commenced, project governance arrangements are in place and discovery work is underway; however, progress remains dependent on completing the analysis needed to identify the most effective interventions.

The **New 999 Operations Rest Break Standard Operating Procedure** which is a workstream within the Improve Alignment of Resource to Demand programme is rated Amber, with progress affected by delays in receiving operational research modelling required to assess the current rest break arrangements and inform future options. Business planning is complete and initial discovery activity has commenced, but project documentation, delivery leadership arrangements and modelling outputs remain outstanding.

The **Improving turnaround (Crew Clear)** project is rated Amber/Red – Significant Risk at the end of Q1. The project commenced later than planned and timescales for key digital enablers, particularly the proposed auto-alert functionality, are yet to be confirmed. Despite these challenges, discovery activity is progressing well, with data collection, variation analysis, benchmarking with other ambulance services and development of an initial recommendations report all underway.

The **Redirecting Inappropriate Health Care Professional (HCP) Transportation Requests** project is rated Amber – Within Tolerances but at Risk. Progress has been made in establishing project governance, commencing data analysis and developing project documentation, with the first project group meeting completed and initial BI data reviewed. The Amber rating reflects the need to finalise project planning documentation, including the PID, and the fact that the project started later than originally planned.

The **Enhancing Crew Line** project is rated Amber – Within Tolerances but at Risk at the end of Q1. Good progress has been made, with key discovery activity completed, improvement interventions developed, new performance

STRATEGIC PRIORITY 2 - IMPROVE OPERATIONAL PRODUCTIVITY & PERFORMANCE: Improve performance including Category 2	
	measures agreed, and the project reaching approximately 56% completion. The Amber rating reflects a delay in securing approval of revised crew line staffing criteria and governance arrangements through the Clinical Governance Group (CGG), together with delays in finalising project documentation following business planning timescales. The **Realising Telematics Benefits Realisation** project is rated Amber within tolerances but at risk at the end of Q1. Delivery is progressing broadly in line with plan, with key workstreams established, action owners identified and implementation activity underway. The Amber rating reflects delays in finalising the PID and agreeing tolerances between Fleet and Operations, alongside delays in updating staff ID cards for use on the system. Overall, delivery remains on track but action is required to progress ID card updates.
So what? ***What does this mean for the Trust?***	The **Improve Alignment of Resource to Demand programme** is intended to support delivery of Strategic Priority 2 by improving operational productivity, increasing frontline resource availability and reducing unwarranted variation in Category 2 response times. While benefits have not yet been quantified, the programme is expected to identify opportunities to better align workforce, fleet, scheduling, rota and rest break arrangements with patient demand, helping to improve resilience, productivity and operational performance across 999 services. The discovery-focused approach provides assurance that future decisions will be evidence-based and informed by detailed modelling and analysis. The **Improving turnaround (Crew Clear)** project is intended to support delivery of Strategic Priority 2 by reducing Crew Clear times, improving hospital turnaround performance and increasing ambulance availability to respond to patient demand. Successful delivery would contribute to improved Category 2 response times, reduced variation in operational performance across the Trust and more effective use of frontline resources. While benefits have not yet been validated, the work currently underway is helping to build an evidence base to identify the interventions most likely to deliver sustainable operational improvements. The **Redirecting Inappropriate Health Care Professional (HCP**) **Transportation Requests** project supports Strategic Priority 2 by seeking to ensure emergency ambulances are reserved for patients who require an emergency response, reducing inappropriate Healthcare Professional (HCP) transportation requests and improving ambulance availability for Category 1 and Category 2 incidents. Successful delivery is expected to reduce inappropriate HCP requests, lower avoidable conveyance and contribute to improved operational productivity and Category 2 response performance. Benefits have been identified and are measurable, including a planned reduction in the proportion of HCP requests requiring an emergency ambulance response. The **Enhancing Crew Line** project supports the Trust's **Right Response** ambition by strengthening the Crew Line function and improving access to alternative care pathways. The intended outcome is to provide more timely clinical support to frontline crews, improve on-scene decision-making, increase See and Treat and Hear and Treat outcomes, reduce unnecessary conveyance to Emergency Departments, and improve operational efficiency. The introduction of revised performance measures will also provide clearer

STRATEGIC PRIORITY 2 - IMPROVE OPERATIONAL PRODUCTIVITY & PERFORMANCE: Improve performance including Category 2	
	evidence of the project's contribution to reduced job cycle times, increased local Crew Line activity and reduced demand on EOC resources. The **Realising Telematics Benefits** project supports Strategic Priority 2 by embedding telematics data into operational and fleet management processes to improve productivity, fleet utilisation and operational performance. It is expected to contribute to improved resource availability, more efficient fleet usage, safer driving behaviours and reduced costs. The project has identified measurable benefits, including a reduction in fuel consumption and avoidable collisions, alongside broader benefits relating to workforce wellbeing, operational resilience and performance management.
Challenges/ Learning	The principal challenge within The **Improve Alignment of Resource to Demand** programme is the need to complete detailed modelling and discovery activity before improvement opportunities, benefits and implementation plans can be confirmed. Delays in business planning, project initiation documentation, delivery lead appointments and modelling activity have impacted progress, while dependencies on operational research and analytical capacity have highlighted the importance of establishing robust evidence before committing to operational change. Early learning has reinforced the need for high-quality demand, workforce and performance data to ensure that any future interventions deliver measurable improvements in operational performance. The key challenges for the **Improving turnaround (Crew Clear)** project relate uncertainty around the delivery timescales for auto-alert functionality and competing demands on digital and MIS resources, which have resulted in an escalation to the Business Plan Oversight Group. As the project is testing interventions such as self-handover and auto-alerts before wider implementation, confidence in benefit realisation remains dependent on pilot outcomes. Early learning has reinforced the importance of understanding variation in local practice, using data-driven analysis to identify root causes, and ensuring operational and digital resources are aligned to support implementation. For the **Redirecting Inappropriate Health Care Professional (HCP**) **Transportation Requests** project, the main challenges relate to achieving behavioural change amongst healthcare partners, ensuring sufficient alternative pathways exist to support redirection of inappropriate requests, and maintaining consistency in the recording and classification of HCP activity. Early work has highlighted the importance of robust data analysis, clinical audit and engagement with partner organisations and Integrated Care Systems to understand current demand, identify variation and support adoption of future process changes. Risks remain under active management and will continue to be monitored through established governance arrangements. For the **Enhancing Crew Line** project the principal challenge has been securing agreement to revised governance and staffing arrangements, resulting in a delay to final approval of the updated Crew Line SOP and governance framework. Learning from the discovery phase has highlighted variation in local Crew Line operating models, staffing approaches and call handling arrangements across areas. This has reinforced the need for a more consistent operational model, strengthened governance arrangements and

STRATEGIC PRIORITY 2 - IMPROVE OPERATIONAL PRODUCTIVITY & PERFORMANCE: Improve performance including Category 2	
	clearer performance monitoring to maximise the benefits of the Crew Line function across the Trust. Key challenges associated to the **Realising Telematics Benefits** project relate to staff engagement, ensuring telematics data is routinely used to inform decision-making, and embedding the benefits of the system into day-to-day operational practice. Risks remain around staff perceptions of telematics, consistency of managerial use, behavioural change and maintaining confidence in the data. Early learning has highlighted the importance of clear communication, robust governance, consistent reporting and demonstrating how telematics supports safety, performance improvement and organisational efficiency rather than being perceived solely as a monitoring tool.
What next?	During Q2, the focus for The **Improve Alignment of Resource to Demand** programme will be on completing demand, capacity and rest break modelling, reviewing the findings and developing evidence-based improvement actions. For the resource-to-demand workstream, this will include identifying priority changes relating to rotas, flexible working arrangements, scheduling processes and fleet alignment, alongside reviewing project timelines and governance arrangements. For the rest break project, the next steps are to complete the discovery phase, confirm whether changes to the current SOP are required, develop recommendations and progress approvals. Together, these activities will establish a clearer understanding of the potential benefits and support informed decision-making on future implementation. The **Improving turnaround (Crew Clear)** project Q2 focus will be on finalising the diagnostic and recommendations report, securing agreement on proposed interventions and confirming implementation timescales for auto-alert functionality. Testing of improvement initiatives, including self-handover arrangements, will continue alongside the development of a Trust-wide Crew Clear operating framework and supporting governance arrangements. Work will also progress to establish a wider project group and prepare for implementation and benefits tracking once preferred interventions have been agreed. Q2 focus for the **Redirecting Inappropriate Health Care Professional (HCP**) **Transportation Requests** project will be on completing the discovery and analysis phase, including further review of BI data, clinical audit findings and national HCP framework guidance. This work will inform the development of recommendations, an implementation plan and a revised HCP process and framework. Subject to approval, the project will then progress into pilot testing within identified areas of opportunity before wider implementation, supporting delivery of the expected benefits and improved operational efficiency. The Q2 focus for the **Enhancing Crew Line** project will be on securing approval of the revised Crew Line SOP and governance arrangements, implementing the enhanced Crew Line model across localities, introducing a formal audit process, and reviewing area-based staffing arrangements to support a more consistent approach. Work will also continue to establish sustainable 24/7 operational coverage, embed the agreed performance measures, and monitor the impact on patient outcomes, operational efficiency and alternative pathway utilisation.

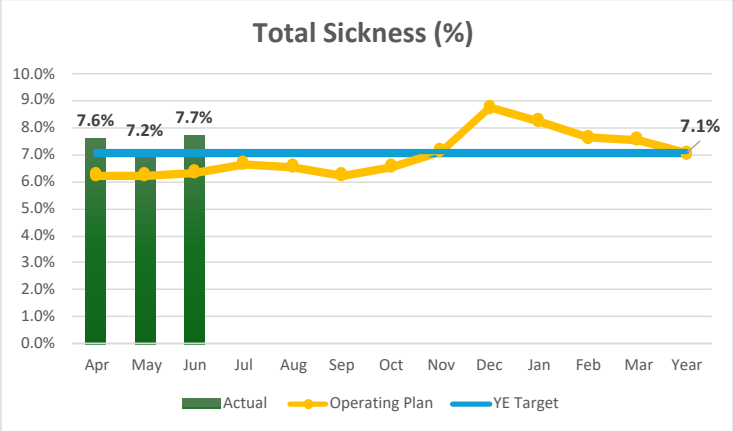
STRATEGIC PRIORITY 2 - IMPROVE OPERATIONAL PRODUCTIVITY & PERFORMANCE: Improve performance including Category 2	
	During Q2, the focus for the **Realising Telematics Benefits** project will be on increasing communications and engagement, progressing the agreed workstreams, completing project documentation and continuing implementation of telematics reporting, applications, training processes and supporting policies. Work will also continue to embed telematics data into operational management processes, develop staff understanding of the benefits, and establish the foundations for realising the anticipated reductions in fuel usage, avoidable collisions and wider operational performance improvements.

Appendix 1 Priority 1-3 workstream details

STRATEGIC PRIORITY 3 – SUPPORT OUR PEOPLE **Reduce Sickness**		
Executive Lead Summary: Amanda Wilcock		
YAS will reduce sickness absence by 0.5% and create a healthier, more skilled and engaged workforce. The following workstreams, programmes and projects have been identified to support delivery of this priority:		
Workstream Programme	**Project & Support**	**Q1 RAG**
1. Absence Preventive and Recovery Pathway		AMBER
2. Strengthening Alternative Duties Framework Project		AMBER
3. Enhancing Workplace Adjustments Project		AMBER

What?
What is the position at Q1 & Why?

Sickness absence rose slightly during Q1, rising from 7.6% in April to 7.7% in June and remaining above the operating plan target by 1.2 percentage points. Long-term sickness remains a concern at 4.57%, with a further increase in short-term sickness to 3.09%, highlighting ongoing workforce wellbeing and attendance challenges. The June heatwave may also have been a contributory factor to the increase in sickness absence, placing additional strain on staff working in challenging operational conditions.



At the end of Q1, the **Preventive and Recovery Pathway** workstream is rated **Amber – Within Tolerances but at Risk**. Progress has been made against key delivery activities, including completion of manager listening sessions, analysis of manager feedback, review of existing attendance management training, and development of the draft Wellbeing Commitment Statement. However, the overall rating reflects delays in formal project planning and governance documentation, with approval of the workstream delivery plan and Project Initiation Document behind schedule. In addition, consultation on the Wellbeing Commitment Statement is forecast to complete later than originally planned due to stakeholder availability and competing operational pressures.

At the end of Q1, the Strengthening Alternative Duties Framework workstream is rated **Amber – Within Tolerances but at Risk**. Delivery activity remains broadly on track, with the Alternative Duties Framework in development and the associated digital application approximately 90% complete. However, the

STRATEGIC PRIORITY 3 – SUPPORT OUR PEOPLE Reduce Sickness	
	overall rating reflects delays in formal project governance arrangements, including approval of the workstream delivery plan and Project Initiation Document, together with a minor delay to completion of the application build. At the end of Q1, the **Enhancing Workplace Adjustments** workstream is rated **Amber – Within Tolerances but at Risk**. Delivery activity is largely progressing as planned, with the new Workplace Adjustments Policy formally approved and published on Pulse and work underway to establish supporting processes and resources. The Amber rating is primarily driven by delays in completion of formal project governance documentation, including approval of the workstream delivery plan and Project Initiation Document, together with a slight delay in developing the workplace adjustments hardware and software catalogue.
So what? ***What does this mean for the Trust?***	The **Preventive and Recovery Pathway** workstream continues to support delivery of the strategic objective to reduce sickness absence and strengthen workforce wellbeing by improving managers' capability to manage attendance and support staff recovery. While the project is not expected to deliver measurable sickness reduction benefits during 2026/27 and is considered an enabling initiative, it is establishing important foundations to improve absence management processes, strengthen wellbeing support, and contribute to a healthier and more engaged workforce over the longer term. The **Strengthening Alternative Duties Framework** workstream supports the Trust's sickness reduction ambition by developing a consistent framework to enable staff who are temporarily unable to undertake their substantive role to remain productively engaged in work where appropriate. The project is intended to strengthen attendance management processes, improve workforce productivity and support longer-term reductions in sickness absence. The **Enhancing Workplace Adjustments workstream** supports the Trust's ambition to create a healthier, more inclusive and supportive working environment by improving the workplace adjustments process for staff. Implementation of the new policy and supporting arrangements will help ensure colleagues receive timely and consistent adjustments to enable them to remain in work and perform effectively. While the project is an enabling initiative and is not expected to deliver directly measurable sickness reduction benefits during 2026/27, it is expected to contribute to improved staff experience and support longer-term workforce wellbeing objectives.
Challenges/ Learning	The principal challenge during Q1 for **Preventative and Recovery Pathway** has been balancing stakeholder engagement activity with competing operational demands, resulting in delays to consultation and project governance milestones. Learning from the completed manager survey, listening sessions and process mapping activity has provided valuable insight into managers' experiences of managing absence, identified gaps in existing training and resources, and highlighted opportunities to improve guidance, support and signposting. The work has reinforced the importance of engaging managers early in the design of improvement initiatives to ensure solutions are practical and responsive to operational needs. The main challenge during Q1 for the **Strengthening Alternative Duties Framework** workstream has been progressing formal project governance and planning activity alongside development of the framework and supporting

STRATEGIC PRIORITY 3 – SUPPORT OUR PEOPLE Reduce Sickness	
	application. The project's success is dependent on developing a robust framework that is supported by managers and staff, making effective stakeholder engagement and consultation critical during the next phase. Progress to date has highlighted the importance of aligning policy, process and technology development to ensure the new framework is practical, consistent and capable of being embedded successfully across the organisation. The main challenges for the **Enhancing Workplace Adjustments workstream** relate to completing the supporting infrastructure required to embed the policy consistently across the organisation, including development of the adjustments catalogue, operating procedures and arrangements for ongoing management within business-as-usual processes. The workstream has also identified risks associated with sourcing specialist equipment and support, including procurement timescales and limited technical expertise in some specialist adjustment areas. Early implementation activity has highlighted the importance of clear guidance, manager awareness and streamlined processes to ensure workplace adjustments can be delivered consistently and efficiently.
What next?	During Q2, priority for **Preventative and Recovery Pathway** will be on securing approval of the workstream Delivery Plan and Project Initiation Document, concluding consultation on the Wellbeing Commitment Statement and finalising supporting communications arrangements. Insights from stakeholder engagement will inform the development of additional training, guidance and support for managers. Work will also continue to strengthen the preventative and recovery pathway and maintain progress against agreed 2026/27 milestones. The **Strengthening Alternative Duties Framework** workstream will focus on completing the Alternative Duties Framework and associated application, alongside stakeholder consultation and user acceptance testing. Implementation planning, communications and engagement activity will be progressed to support adoption across the Trust. Work will also continue to strengthen governance arrangements and maintain delivery against agreed business plan milestones. The focus for the **Enhancing Workplace Adjustments workstream** will be on strengthening implementation arrangements through manager awareness and training activity, completion of the workplace adjustments catalogue and development of supporting operating procedures. Progress will also be made on establishing a procurement framework for specialist equipment and support, alongside completion of the Health and Wellbeing Passport review and development of sustainable arrangements for the long-term management of workplace adjustments within business-as-usual services.

Appendix 2: 5-Colour RAG+ System for Business Plan Workstream Progress Tracking

The **RAG+ (Red, Amber Red, Amber, Amber Green, Green)** system provides a nuanced approach to tracking workstream status beyond the traditional RAG model enhancing visibility, accountability, and decision-making. At a High Level:

- **Green** – On track: no issues; milestones and deliverables are progressing as planned.
- **Amber Green** – Minor risks / delays: progress is being made, minor issues need monitoring and resolution.
- **Amber** – Within tolerances but at risk: challenges exist; corrective action in place and required to avoid further delays.
- **Amber Red** – Significant risk: major challenges present, and mitigation efforts are not fully effective.
- **Red** – Off track: significant issues; requires immediate intervention or escalation.

Colour	Indicators	Characteristics	Actions
Green (On Track)	Performance achieving majority of targets; Minimal risks; All primary objectives met; Financial performance within plan	Predictable progress; Consistent; No significant deviations	Maintain current strategies; Continue monitoring
Amber-Green (Minor risks / delays)	Performance achieving most targets; Positive trend; Low-level opportunities identified; Financial performance within plan	Predictable progress; Consistent; No significant deviations	Investigate; Light-touch performance review
Amber (Off track within tolerance)	Performance within tolerances of targets; moderate risks identified; Some objectives partially met; Financial performance off track but within tolerances of plan	Potential performance challenges Requires close monitoring; Some corrective actions in place and needed to avoid further delays/deterioration	Develop mitigation strategy; Increase reporting frequency; Conduct detailed risk assessment; Create corrective recovery / action plan
Amber-Red (Significant risk)	Performance below target; Multiple high-impact risks; Critical objectives at risk; Financial performance off plan	Substantial performance gaps; Potential systemic issues; High intervention requirement	Immediate senior review; Comprehensive recovery plan; Potential resource reallocation; Detailed root cause analysis
Red (Critical Failure)	Performance missing majority of targets; Multiple critical risks; Strategic objectives severely compromised; Financial performance off plan	Fundamental strategic challenges; High risk of project/initiative failure; Requires radical intervention	Immediate intervention; Potential project restructuring/cancellation; Comprehensive strategic review; Detailed analysis

Appendix 3: **NHS OVERSIGHT FRAMEWORK METRICS TABLE**

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

- The Trust is ranked 1st out of the 10 Ambulance Services in England.
- The Trust performs well in staff engagement and advocacy (ranked 1 out of 10).
- Response times they remain better than the average (rank 3/10).
- Sickness absence increased slightly in Q4 but remains a key focus for improvement.
- Financial metrics are stable, with no planned deficit and minimal variance to plan.

Quarter	Segment	Trust in financial deficit?
Q4 2025/26	1 - High performing	No

Domain	Sub-domain	Metric description	Release Frequency	Metric Value	Q4 2025/26					
					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 Mar 2026	26.25	28.93	-0.33 ↑	1.00	3
Effectiveness and experience	Effective out of hospital care	Percentage of ambulance patients conveyed to emergency departments	Monthly	%	To Mar 2026	52.9	48.70	0.20 ↓	3.40	9
	Patient experience	NHS staff survey advocacy score	Annual	out of 10	2025	6.67	6.1	0.09 ↑	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 12 2025/26	0.54	0.59	-0.14 ↓	1.00	6
		Combined finance	Year to date	score	Q3 2025/26				1.00	
	Productivity	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	2025	6.27	5.94	0.14 ↑	1.00	1
People and workforce	Retention and culture	Sickness absence rate	available monthly - Quarterly aggregated monthly figures	%	Q3 2025/26	8.03	7.74	0.99 ↓	3.91	7
		NHS staff survey engagement theme	Annual	out of 10	2025	6.29	5.91	0.06 ↑	1.00	1

Source: NHS England, 11/06/26

Appendix 4: **KEY METRICS – ANNUAL BUSINESS PLAN 2026/27**

		ACTUAL			FORECAST											
Metric	BASELINE (25/26 YE ave)	Apr-26	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-26	Feb	Mar	26/27 YE Forecast	YE Operating Plan	YE BP Target
STRATEGIC PRIORITY 1 – RIGHT RESPONSE: Increase Hear and Treat and reduce ED Conveyance																
Hear & Treat %	13.4%	12.1%	13.1%	14.0%	12.6%	13.2%	14.8%	15.9%	18.6%	16.1%	20.5%	20.0%	19.4%	15.9%	15.5%	15.4%
ED Conveyance Rate	52.8%	53.4%	52.3%	51.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			51.5%
Conveyance Rate		60.3%	59.0%	58.5%	60.0%	59.7%	58.6%	57.8%	55.9%	57.7%	54.4%	54.8%	55.3%	57.6%	58.30%	
Average Daily Responses at Scene	2,157	2,159	2,173	2,172	2,233	2,067	2,080	2,128	2,136	2,315	2,120	2,083	2,066	2,144	2,180	
STRATEGIC PRIORITY 2 – IMPROVE OPERATIONAL PRODUTIVITY & PERFORMANCE: Improve Performance including Category 2																
Category 2 Mean	00:26:14	00:22:27	00:23:57	00:25:29	00:29:40	00:22:40	00:27:25	00:29:13	00:27:13	00:25:31	00:18:52	00:28:41	00:31:20	00:26:02	00:24:44	00:24:44
Handover to Clear	00:21:53	00:22:11	00:22:04	00:22:13	00:22:21	00:22:21	00:22:21	00:22:21	00:22:21	00:22:21	00:22:21	00:22:21	00:22:21	00:22:18	00:19:03	00:19:05
Arrive to Handover	00:19:14	00:17:28	00:17:57	00:18:01	00:19:35	00:17:20	00:18:09	00:18:04	00:20:10	00:21:13	00:20:58	00:19:45	00:18:44	00:19:03	00:19:23	
Vehicle Availability: DCA	80.2%	81.8%	79.6%	81.6%												
IUC Not Ready Reason Codes – Health Advisor	28.00%	28.20 %	28.20 %	28.00 %	28.00 %	28.00 %	28.00 %	28.00 %	28.00 %	28.00 %	28.00 %	28.00 %	29.00 %	28.00%		
IUC Clinical Call Backs in 1 hour	41.30%	27.40 %	26.60 %	24.90 %	27.4%	26.6%	24.9%	25.5%	26.5%	26.4%	27.0%	26.3%	24.6%	23.0%		
PTS KPI 1 deliver journey times less than 120 mins	97.10%	96.80 %	97.40 %	97.2%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	97.20%	91.30%	
PTS KPI 3 deliver pre planned pick up within 90 mins	89.50%	90.0%	90.4%	90.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	90.2%	90.50%	
PTS KPI 4 Deliver short notice pick up within 120 mins	80.10%	82.4%	80.7%	81.5%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	81.50%	88.30%	
PTS patients per vehicle	1.38	1.37	1.37	1.36	1.39	1.41	1.39	1.37	1.41	1.44	1.39	1.41	1.43	1.37	1.36	
PTS Call Handling - answered in 180 seconds	88.00%	88.01 %	96.00 %	98.8 %											90%	
STRATEGIC PRIORITY 3 – SUPPORT OUR PEOPLE: Reduce Sickness																
Sickness (Total)	7.6%	7.6%	7.2%	7.7%	6.7%	6.6%	6.3%	6.6%	7.2%	8.8%	8.3%	7.7%	7.6%	7.5%	7.1%	7.1%
Sickness - A&E	7.2%	7.4%	7.1%	7.2%	6.4%	6.4%	5.8%	5.9%	6.6%	8.2%	8.0%	7.2%	7.2%	7.2%	7.2%	
Sickness - EOC	7.9%	8.8%	8.5%	9.2%	6.5%	6.6%	6.0%	7.0%	7.3%	10.0%	9.6%	8.6%	9.1%	8.9%	7.5%	
Sickness - IUC	12.7%	12.0%	11.2%	11.6%	11.7%	12.0%	11.6%	10.4%	12.1%	15.9%	14.0%	13.8%	13.1%	11.7%	12.2%	
Sickness - PTS	8.0%	8.6%	7.7%	8.8%	7.5%	6.2%	6.7%	8.5%	8.0%	9.4%	7.9%	7.9%	8.7%	8.4%	7.5%	
Long Term Sickness (%)	4.21%	4.76%	4.39%	4.57 %												3.96%
Short Term Sickness (%)	3.3%	2.83%	2.86%	3.09 %												3.05%

Source: Yorkshire Ambulance Service BI Portal. All business plan performance metrics were extracted on 7-8 July 2026 and represent the latest available position at the time of reporting. Data is subject to routine validation through the Trust's performance management framework