



Yorkshire Ambulance Service

Winter Strategic Approach

October 2026 - March 2027

Name: Tasnim Ali
Date: 03 September 2026
Version: 1.0
Status: Approved by TEG



Winter Strategic Approach 2026/27

Content

Version History.....	2
1.0 Introduction	3
1.1 Background	3
2.0 Horizon scanning	4
2.1 National Picture including the NHS Guidance for Planning arrangements	4
2.2 Urgent and Emergency Care.....	4
2.3 NHS Long Term Plan	5
2.4 Industrial Action	5
2.5 National Security Picture	6
2.6 Change in Prime Minister	6
2.7 Impact of Winter Viruses	6
2.8 Adverse Weather.....	7
2.9 Yorkshire and Humber Context - Integrated Area Boards	8
3.0 Service line considerations	9
3.1 A&E Operations.....	9
3.2 Patient Transport Service (PTS).....	10
3.3 Emergency Operations Centre (EOC).....	10
3.4 Integrated Urgent Care (IUC)	11
4.0 Identified Risks to Maintaining Operational Delivery	12
4.1 Key risk periods.....	13
5.0 Demand and Capacity Considerations – all service lines	14
5.1 A&E Operations.....	16
5.2 Emergency Operations Centre (EOC).....	17
5.3 Integrated Urgent Care (IUC)	18
5.4 Patient Transport Service	19
6.0 Conclusion of Horizon Scan.....	19
7.0 How will we respond to these challenges?	20
7.1 Use of the Joint Decision Model	20
7.2 Learning from 2025/26	21
7.3 Working Strategy	22
7.4 Tactical Plans	23

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 1 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

7.5 Ensuring Delivery of the Tactical Plans	23
7.6 System Partnership	24
8.0 Monitoring Success.....	24
8.1 Internal Monitoring.....	24
8.2 External Reporting Requirements	24
9.0 Capturing Learning	24

Version History

Version	Date	Changes	Who
0.1	09.07.26	First Draft structure	Tasnim Ali
0.2	13.07.26	Feedback from ODG	Tasnim Ali
0.3	27.07.26	Update to chart, formatting	Tasnim Ali/Elaine Gibson
0.4	29.07.26	Replaced YAS 7 to new format, minor updates	Tasnim Ali
0.5	05.08.26	Feedback Liz Eastwood and amends made	Liz Eastwood
0.6	12.08.26	Update to text	Alison Bradley
0.7	25.08.26	Update to risk tables	Tasnim Ali
1.0	02.09.26	Agreed in TEG	Tasnim Ali

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 2 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

1.0 Introduction

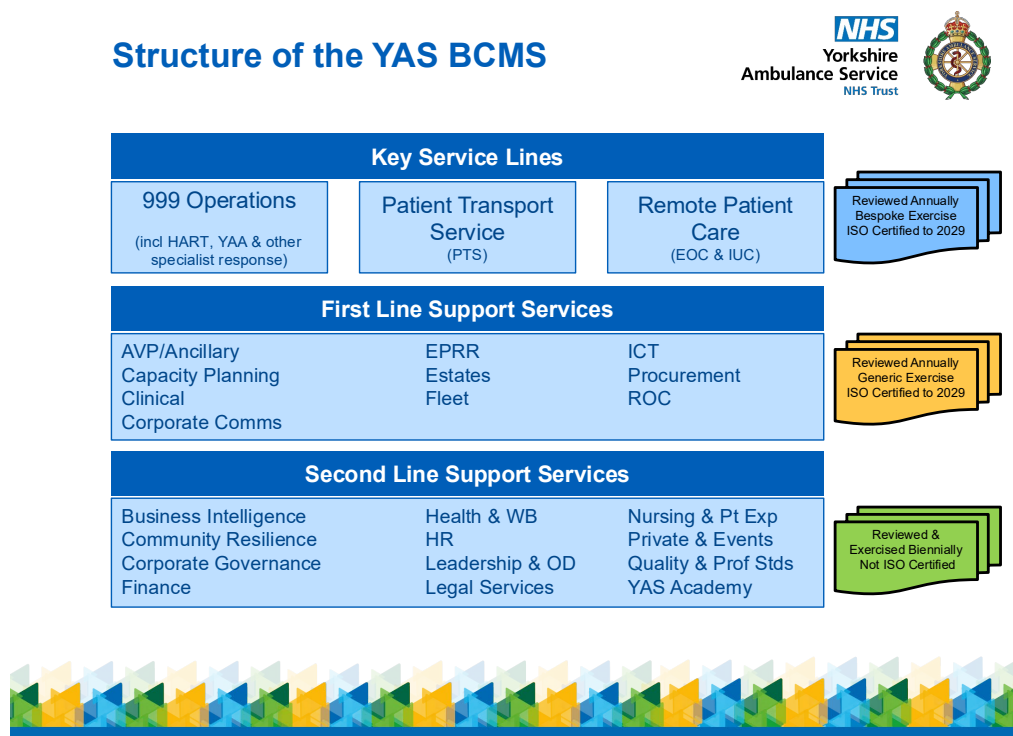
1.1 Background

Yorkshire Ambulance Service (YAS) provides the following core services to the population of Yorkshire and Humber:

- 999 Operations
- Emergency Operations Centre taking 999 calls.
- Integrated Urgent Care which includes our 111 service.
- Patient Transport Services.

Maintaining core services is a key organisational priority for Yorkshire Ambulance Service, supporting its statutory responsibilities, patient safety and wider system resilience across Yorkshire and the Humber. Indeed, this is the focus of our Business Continuity (BC) plans, which has moved away from the historical support of the YAS 7 key functions to ensuring business delivery in each of the service lines.

Figure 1: Structure of the Business Continuity Management System for the service lines within YAS



The Winter Strategic Approach sets out an evidence-based framework for October 2026 to March 2027, using historical trends, performance data and system intelligence to identify key risks and mitigation measures at expected pressure points.

This coordinated approach supports timely intervention, resource alignment, robust Business Continuity arrangements and continued delivery of the Trust's 2026/27 objectives.

Our Tactical Winter Plan is pre-emptive in nature, addressing the identified risks before they escalate to a level where are unable to maintain safe levels of service.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 3 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

2.0 Horizon scanning

2.1 National Picture including the NHS Guidance for Planning arrangements

The NHS England and Department of Health and Social Care Medium Term Planning Framework, published on 24 October 2025, sets the national operating priorities for 2026/27 to 2028/29. It replaces annual operational planning guidance with a three-year framework, establishing a clearer medium-term trajectory for performance improvement, service transformation and delivery accountability.

The priorities most directly relevant to the ambulance sector are summarised below and will inform local planning assumptions, performance trajectories and alignment with wider urgent and emergency care pathways.

Table One- Ambulance priorities in the Planning Guidance		
Priority	Success measure	Change since 2025/26
Urgent and emergency care	Category 2 response times 2026/27 target: Improvement on 2025/26 performance to reach an average response time of 25 minutes. 2028/29 target: Further improvements to reach an average response time of 18 minutes, with 90% of calls responded to within 40 minutes	Previous target was 30 minutes
Primary care	Same day appointments for all clinically urgent patients (face-to-face, phone or online) 2026/27 to 2028/29 target: 90% performance, subject to consultation	New target

2.2 Urgent and Emergency Care

NHS urgent and emergency care improvement priorities for 2026/27 to 2028/29 set a clear focus on improving patient flow, reducing ambulance response and handover delays, expanding community-based care, and strengthening alternatives to emergency department attendance.

Key areas of focus include:

- Maximising 111, hear and treat, and UTC pathways to reduce avoidable emergency department demand.
- Expanding neighbourhood and community care, particularly for frail older people and discharge support.
- Reducing ambulance handover delays towards the 15-minute standard and improving Category 2 response times to 18 minutes by 2028/29.
- Improving emergency department performance, including four-hour delivery trajectories and paediatric standards.
- Strengthening mental health emergency provision, discharge processes, intermediate care capacity.
- Improve seasonal vaccination uptake- NHS England will set the targets this year.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 4 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

For YAS, these priorities reinforce the need for closer integration with system partners, continued focus on handover improvement, and effective use of PTS to support timely hospital discharge.

In YAS, delivery will be supported through ongoing digital transformation, including the rollout of iPads to frontline crews, refined capacity and demand planning, targeted recruitment ahead of winter pressures, strengthened ICB alignment, and continued workforce wellbeing support.

2.3 NHS Long Term Plan

The Government's *Fit for the Future: 10-Year Health Plan for England*, published in July 2025, sets a long-term reform agenda for the NHS, centred on shifting care from hospital to community, analogue to digital, and treatment to prevention. Several early reforms are already influencing system operating conditions and are expected to remain relevant through winter 2025/26:

- ✓ **Neighbourhood model of care:** The move away from an acute-centric model is expected to increase reliance on community-based urgent care pathways, with potential implications for YAS demand, referral routes and conveyance decisions.
- ✓ **NHS England transition:** The transfer of functions to DHSC and regional structures may create short-term uncertainty in national oversight, commissioning arrangements and decision-making routes.
- ✓ **ICB consolidation:** The reduction and clustering of ICBs is likely to affect local system relationships, planning assumptions and partnership arrangements during the transition period. This may affect changes to on-call arrangements, and staff who are new to their roles may require additional time to become familiar with their responsibilities.
- ✓ **Regional accountability:** Increased regional intervention for underperforming providers may drive service reconfiguration and changes to the provider landscape across Yorkshire and Humber.

Collectively, these reforms present a material operating risk during winter 2025/26, when system coordination, clarity of accountability and effective partnership working will be critical to maintaining service resilience.

On the 17 July 2026 NHS England confirmed its expectations and assurance requirements for Winter in a letter to all NHS and ICB organisations. It reinforced the requirements of ambulance trusts to deliver:

- plan to deliver the 2026/27 category 2 response time trajectory, maximising hear and treat, see and treat and referral into alternatives to ED, to reduce conveyance rates
- work with acute partners to deliver 15-minute handovers, with none exceeding the 45-minute maximum

Initial asks from NHS England are that tactical plans are completed by the end of August and signed off by boards in September. There is also a Board Assurance Statement (BAS) as part of this suite of documents that has to be signed by senior board members.

2.4 Industrial Action

Nationally, NHS industrial action remains a continuing operational risk, with BMA resident doctor action taking place across England during 2025/26 and further action continuing into

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 5 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

2026/27. Recent periods of action have required national and regional coordination to maintain emergency care, patient safety, discharge flow and elective activity where possible. While the direct impact on YAS has remained minimal to date, the Trust remains exposed to indirect pressures through acute partners, including potential handover delays, reduced hospital flow and wider system capacity constraints. Continued monitoring and alignment with NHS England regional arrangements will be required throughout 2026/27.

2.5 National Security Picture

National picture: The UK national terrorism threat level has been raised to *severe*, meaning an attack is highly likely. This reflects a broader and more complex threat environment, including Islamist and extreme right-wing terrorism, state-linked threats and heightened risks to specific communities. The wider geopolitical context also remains volatile, increasing the potential for specialist resilience deployments, mutual aid requests and sustained pressure across the emergency response network. To date there has been minimal impact on oil supplies, this would be monitored closely with in YAS. The UK has experienced increased fuel prices as a result of the conflict in Iran, with the potential for further volatility to create additional financial pressures on YAS expenditure.

Implications for YAS: Any significant deployment or mutual aid request could place additional pressure on specialist teams, operational command and on-call arrangements, reducing flexibility to respond to concurrent incidents such as major events, severe weather or wider system disruption. The potential of an increase in exposure to right wing sentiment by certain political parties and associated heightened racial tensions poses a potential risks to the safety, confidence and wellbeing of minority ethnic staff, particularly those working in community settings.

Executive response: YAS will maintain enhanced situational awareness, continue scenario planning and strengthen cross-system coordination with ICBs, NHS England and emergency response partners. This will include participation in winter planning and resilience exercises, ongoing review of command capacity, and continued support for staff wellbeing, inclusion and personal safety during periods of heightened community tension.

2.6 Change in Prime Minister

Prime Minister Keir Starmer offered his resignation in June 2026, and his successor is now in post. This may result in policy changes over the coming months, which will require continued monitoring and oversight. Especially if there is any impacting on urgent care and emergency care. Already there is an indication that the ICB boundaries will need to be reviewed to further promote closer working, e.g. including mayoral links. This will help with the devolution process. The new Secretary of State for Health and Social Care was appointed on the 20 July and marks the continuation of closer working/integration of Health and Social Care systems.

2.7 Impact of Winter Viruses

National picture: Respiratory infections are expected to remain a significant winter pressure for NHS systems. UKHSA surveillance for 2025/26 showed an earlier influenza signal than usual, with flu activity increasing from autumn, COVID-19 circulating alongside seasonal respiratory viruses, and RSV and norovirus continuing to affect health and care settings. Although the overall impact varied across the season, the co-circulation of respiratory and gastrointestinal viruses continues to present a material risk to hospital flow, workforce availability and system resilience. Yorkshire and Humber experienced comparatively lower measles rates in 2025, but the continued threat of measles outbreaks and emerging infectious diseases requires ongoing vigilance.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 6 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

YAS perspective: For YAS, there are two elements to the impact on our ability to deliver services. This includes the direct impact of increased infection prevalence across the population and health and care settings may increase 999 and NHS 111 demand, reduce staff availability. In addition, there is the indirect impact of the additional pressure increased infection prevalence in the community could have on acute hospital and primary care partners. This could indirectly impact through delayed handovers of patients, and a reduction in primary care capacity to refer patients to.

Preparedness and mitigation: The Trust reviewed its pandemic plan in 2024/25 and participated in the national Exercise Pegasus pandemic response exercise with ICBs and NHS England. Further learning from the Pegasus recovery exercise in June 2026 will be reviewed and incorporated where relevant to YAS emergency preparedness, resilience and response arrangements.

Mitigations for winter 2026/27 will focus on maintaining enhanced infection prevention and control measures, strengthening workforce vaccination uptake, supporting timely surveillance and escalation, and aligning response arrangements with ICB and NHS England regional planning. The Trust's 2025 flu vaccination uptake improved by almost 10 percentage points to 46.5%, providing a stronger baseline for further improvement ahead of winter.

2.8 Adverse Weather

Adverse weather during the winter period presents a material risk to YAS operational resilience, workforce availability, response performance and wider system capacity. The main risks include flooding, heavy rain, snow, ice, fog, mist and extreme temperatures, with the highest-risk period typically between January and early March. Impacts can vary across Yorkshire and the Humber due to local geography, road infrastructure and the location of weather extremes, and may result in staff travel disruption, delayed access to patients, increased demand and disruption to critical infrastructure.

Extreme temperatures can further increase morbidity and mortality, particularly among older adults, young children, and people with cardiovascular, respiratory or mental health conditions. Heat and cold can contribute to increased cardiovascular events, severe infections and deterioration in mental health, creating additional pressure on 999, NHS 111 and wider urgent and emergency care pathways.

YAS has a developed and tested adverse weather plan to support preparedness, escalation and response. This provides a framework for maintaining core services, supporting staff, managing operational pressures and coordinating with system partners during severe or disruptive weather.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 7 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

2.9 Yorkshire and Humber Context - Integrated Care Boards

The YAS footprint covers three ICB areas, the patch we cover is as per the map in Figure 2.

Figure 2: Map of Geographical Coverage for YAS Services



YAS remains committed to strengthening strategic relationships with ICB partners to support system alignment and the transition towards the neighbourhood model set out in the NHS long-term plan.

The geography of the ICB footprint presents distinct local risks that must be reflected in YAS tactical planning. Local intelligence will be critical to understanding place-based demand, resilience requirements and seasonal pressures across Yorkshire and the Humber.

Further leadership changes within 999 Operations will need to be fully assessed and embedded ahead of the planning period to ensure operational continuity, clear accountability and effective preparation for anticipated seasonal pressures.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 8 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

3.0 Service line considerations

Listed below are key considerations by each service line to support performance generally, but then specific actions for the winter period. This is the prolonged period where we face a number of demand pressures.

3.1 A&E Operations

Overview

The service has identified a number of priority areas to maximise delivery of the **Right Response** and support improvement in Category 2 performance. A key component is the continued recruitment and deployment of the clinical workforce in line with agreed budgets, increasing operational capacity and strengthening the Trust's ability to respond to demand. This will be supported by targeted schemes to ensure capacity is used effectively, including a continued focus on reducing handover delays, improving transfer of care times, and working with acute trusts to achieve a maximum 45-minute handover standard wherever possible.

Access to alternative pathways remains a key area of focus, with the aim of reducing avoidable conveyance to emergency departments and supporting patients to receive care in the most appropriate setting. YAS will continue to work through its Clinical Business Unit structure with all three ICBs to strengthen system relationships, support winter preparedness, and maximise opportunities for non-ED conveyance and community-based care. Alongside these operational priorities, the Trust will continue to support its people, with a focus on workforce wellbeing, resilience and availability during periods of sustained pressure.

Area-specific considerations for the Winter Plan

- **Workforce availability**-Increasing staff flu vaccination uptake to reduce the risk of sickness absence and maintain workforce availability during peak demand periods. Maximising clinical development and learning before winter to enable operational focus on resource availability, response performance and patient care during the winter period.
- **Minimise unavailability**- make sure full complement of resources available at the earliest opportunity.
- **Vehicle availability**-Embedding self-handover at EDs with support from the Clinical Directorate(in particular West Yorkshire) and improving utilisation of alternative and non-ED pathways ahead of winter to support safe avoidance of unnecessary conveyance.
- **Managing increased demand**- by increasing remote clinical triage on the stack when demand is high and supporting Hear and Treat and Promoting Push pathways

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 9 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

3.2 Patient Transport Service (PTS)

Overview

The Patient Transport Service has reviewed last winter and incorporated key learning into plans for the forthcoming winter period. Eligibility criteria is now business as usual across Yorkshire and Humber and has significantly reduced demand for standard car journeys and reliance on taxis.

Our private resource usage is consistent and is managed efficiently by the Operations Management team. Should there be an increase in demand the team will flex the external capacity to support demand including fluctuating extra contractual journeys within financial parameters. This offers an opportunity to strengthen operational resilience during seasonal pressures.

Area-specific considerations for the Winter Plan

- **Workforce availability:** High sickness levels remain a key winter risk. The service will review surge plans, infection prevention and control arrangements, and vaccination uptake across PTS to support frontline resilience in 2026/27.
- **Acute system pressure:** Sustained OPEL 4 pressures across acute providers may increase demand for discharge transport and require flexible deployment of PTS capacity to support hospital flow.
- **Electric vehicle capability:** Seasonal weather conditions can reduce electric vehicle range to around 80 miles per charge, which may affect deployment, increase charging requirements and create additional downtime during shifts.

3.3 Emergency Operations Centre (EOC)

Overview

EOC has progressed a significant programme of transformation during 2025/26, which will continue into 2026/27. Key developments included the retraining of all existing call handlers in NHS Pathways as the primary triage tool, with Core Module 1 going live in October 2025 and Core Module 2 delivered by the end of February 2026. The Clinical Support Desk refresh, launched in Q3 2025/26, is enabling clinical workload to be better aligned to available clinician capacity and skill mix, supporting improved flexibility, increased hear and treat opportunities, and delivery of the right response for patients.

Additional recruitment across call handling, dispatch and clinical roles remains a key priority for 2026/27, alongside implementation of the joint Integrated Clinical Advice Service with IUC. Work has also been completed to move IUC clinicians onto the MIS CAD platform as a prerequisite for a fully integrated clinical workforce. Sustained high demand is expected to continue throughout the year, requiring continued focus on workforce availability, rota alignment and effective support for new and existing staff.

Area-specific considerations for the Winter Plan

- **Managing high sickness** levels and associated impacts on available operational and clinical capacity.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 10 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

- **Call handling capacity** to ensure emergency calls are answered in a timely manner; following move to NHS Pathways creating longer average handling times, and inconsistent demand profiles.
- Embedding new systems and developments across EOC while maintaining safe and effective business-as-usual delivery.
- **Balancing additional clinical resource requirements** to maintain the NHS Pathways licence while continuing to improve hear and treat performance.
- **Ensuring sufficient mentoring capacity** for new Emergency Health Advisors while sustaining service resilience.

3.4 Integrated Urgent Care (IUC)

Overview

IUC experienced significant demand volatility during 2025/26, with activity moving from 3–4% below forecast in Q1 to approximately 7% above plan during Q2 and Q3, and peaks of up to 12% above plan in November and December. As no single patient cohort or clinical presentation has driven this variation, demand is expected to remain challenging and difficult to forecast in 2026/27.

Despite these pressures, IUC delivered sustained performance improvement and progressed the integration of wider Remote Patient Care Services. Key support functions, including Training and Recruitment, Wellbeing, Governance, Service Development and Systems, are now aligned, with senior leadership across IUC and EOC operating through joint governance arrangements.

During 2026, implementation of the C3 system will provide a single platform for IUC clinical teams, followed by phased migration of call handling teams. This will align IUC and EOC under NHS Pathways and a shared CAD environment, supporting greater operational consistency, workforce flexibility and future service integration.

Improvements to clinical validation processes introduced in 2025 have reduced the number of cases directed to ambulance or emergency department outcomes. In line with NHSE Urgent and Emergency Care guidance, more patients are being retained in clinical queues for further assessment, increasing clinical workload. To manage this, Senior Clinical Advisor capacity is planned to increase by approximately 15%, while maintaining Health Advisor numbers to support timely and appropriate patient advice.

Area-specific considerations for the Winter Plan

- **Potential increase in refused pathways**, with impacts on clinical queues and wider primary care capacity.
- **High sickness absence**, with associated risks to operational and clinical capacity.
- Required **bedding-in period for clinical teams** transitioning to the C3 system.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 11 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

4.0 Identified Risks to Maintaining Operational Delivery

As part of the Trusts risk assurance process, a number of risks are already identified on the corporate risk register linked to impacting on service delivery. Those where we believe the likelihood of the risk impacting on service delivery have been identified in table two.

These risks will continue to be managed via the agreed risk assurance processes within the Operational Delivery Group (ODG).

Table Two: Corporate Risks that could be impacted - extract from the July 2026 Operations Corporate Risk register.

Risk ID	Title	Risk Description	Current Grading	Business Area
627	South-Operational performance	IF operational resources available are outweighed by demand and/or acuity in South Yorkshire THEN there may be excessive response times to patients. RESULTING IN patient harm	15	999 Ops
603	N&E – Operational performance	IF there is an increase in demand/Acuity split across the A&E Operations service THEN there may be excessive response times, RESULTING IN a potential risk to patient safety	12	999 Ops
612	West – Handover Monitoring	IF there are hospital handover delays THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	12	999 Ops
433	EOC call handling workforce capacity	IF there are sustained increases in call volume, duplicate calls and failure to meet requirements for staffing numbers, THEN EOC staff will not be able to allocate resources in a timely manner RESULTING IN delayed response times to answer and respond to emergency calls with potential for harm to patients	16	Remote Patient Care - EOC

Table Three: Corporate Risks that will impact on Trusts ability to respond to seasonal challenges - extract from the July 2026 Operations Corporate Risk register

Risk ID	Title	Risk Description	Current Grading	Business Area
663	N&E – Fleet Availability	IF there are not enough ambulance resources available to transport patients to ED, THEN there will be delays in patients receiving definitive treatment	16	999 Operations

Number of risks relating to hospital turnaround and operational performance in 999 Operations have been removed due to improved staffing levels, increased vehicle availability.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 12 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

4.1 Key risk periods

Festive season dates are as follows in 2026/27:

Christmas Day Friday 25 December 2026	Boxing Day Saturday 26 December 2026	Bank Holiday Monday 28 December 2026	New Year's Day Thursday 1 January 2027
---	--	--	--

High Risk Dates for Winter: Specific Dates

Date	Issue	999	EOC	IUC	PTS
31 October	999 Demand (Evening/Night)	X	X		
5 November	999 Demand (Evening/Night)	X	X		
14 December	Discharge Demand PTS				X
15 December	Discharge Demand PTS				X
16 December	Discharge Demand PTS				X
17 December	Discharge Demand PTS				X
18 December	999 Demand (Evening/Night)	X	X		
19 December	999 Demand (All Day)	X	X		
23 December	Discharge Demand PTS				X
24 December	999 Demand (Evening/Night) PTS Discharge Demand	X	X		X
25 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
26 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
27 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
28 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
29 December	999 Demand (All Day) 111 call demand Operational staffing EOC staffing PTS Discharge Demand (following four-day bank holiday weekend)	X	X	X	X
31 December	999 Demand (All Day) 111 call demand	X	X	X	

OFFICIAL-SENSITIVE ONCE COMPLETE

YAS Winter Strategic Approach 2026/27		Page	Page 13 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

	Operational staffing EOC staffing				
1 January (Friday)	999 Demand (All Day) 111 call demand Operational staffing EOC staffing	X	X	X	
4 th January (Monday)	999 Demand (All Day) 111 call demand Operational staffing EOC staffing PTS	X	X	X	X

5.0 Demand and Capacity Considerations – all service lines

YAS has robust demand and capacity review processes in place across all service lines and planning assumptions in each service line have been described as a point of reference.

Demand patterns

Changes to activity patterns during the summer holiday period will result in changes in expected demand levels. Demand has been forecasted using established processes and will be refreshed no less than monthly to give the most up to date position with the most recent trends and intelligence. Similarly, a review of demand across winter November 2025-January 2026 will inform planning for Winter 2026-27. This has been refreshed in readiness for business planning assumptions.

Rostering of staff

Rostering of staff will be completed in line with Trust policies and standard operating procedures and considering demand profiles. Overtime will be released in line with budget and demand profiles. In addition to this there will be reduced overtime availability due to the financial constraints. Over winter, incentives are limited in service lines and over winter 2025/26 we actually had good cover in 999 Operations. Clinical cover in EOC and 111 is a focus for recruitment in 2026/27. Historically it is noted that overtime uptake can reduce over Christmas & New Year due to increased annual leave taken by staff.

As part of tactical planning, we will review the high risk shifts that require a different approach to fill proactively. The ambition is that this is done as early as possible.

Alongside this the tactical plan for fleet will include approaches to maximise the availability of fleet to support mitigating the risks linked to key dates.

Staff Sickness

Staff sickness always increases over the winter period and will be managed by the appropriate managers. Over the Christmas and New Year periods this is difficult to mitigate with additional overtime due to budget and staff not wanting to work additional shifts. Our ability to support staff operationally to return to work as quickly as is safely possible is reliant on a number of corporate services, notably HR. We will therefore request these teams review tactical options to provide support throughout the key dates to operational teams.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 14 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

Demand, Capacity and Performance Forecasts

The demand and capacity overview will be broken down as follows:

Strategic Planning Level

- Monthly demand, capacity, and (where relevant) performance forecast for the remaining months of the year
- Weekly demand, capacity, and (where relevant) performance forecast for the weeks where the highest pressures are expected to be seen.

Tactical Planning Level

- Daily demand and capacity forecast for the weeks where those periods of high pressure are most significant.
- Intraday demand and capacity forecast for key dates where the most intense pressures are expected, generated by either a significant variance between demand and capacity or where the demand profile has changed significantly from the norm, creating intense pressure due to its misalignment to the capacity profile.

Using the planning assumptions detailed previously a baseline forecast has been set and we will monitor against this. Should any forecasting revisions be needed if there are additional special cause factors, these will be discussed at Operational Delivery Group (ODG) prior to any changes.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 15 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

5.1 A&E Operations

- Forecasting total response demand at 1.7% below operating plan based on YTD run rates.
- H&T currently forecast to be slightly ahead of operating plan over winter meaning forecast responses at scene are below operating plan.
- Conveyance rate is forecast to be slightly better than operating plan.
- Arrival to handover is running under operating plan YTD, however ICB submitted trajectories are being maintained for rest of year in forecast.
- Crew clear time is around 3 minutes over operating plan which is reducing overall availability.
- Although full year forecast FTE is over plan, the deployed hours are below plan due to higher than anticipated abstractions (primarily attributable to sickness) and a change in the mix of substantive and overtime FTE (overtime does not carry an abstraction and is therefore more productive).
- Category 2 mean forecast seeing some variance to operating plan due to crew clear times and sickness, full year forecast is slightly ahead of operating plan of 0:24:44 and is currently forecasting 0:26:02.

Metric	Actual / Forecast Type	Actual												Forecast			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year			
Average Daily Responses	Operating Plan	2,454	2,502	2,539	2,595	2,416	2,479	2,569	2,648	2,803	2,709	2,644	2,604	2,580			
	Actual / Forecast	2,458	2,501	2,525	2,551	2,375	2,437	2,526	2,603	2,755	2,664	2,599	2,560	2,546			
	Variance	0.2%	0.0%	-0.5%	-1.7%	-1.7%	-1.7%	-1.7%	-1.7%	-1.7%	-1.7%	-1.7%	-1.7%	-1.3%			
Average Daily Responses at Scene	Operating Plan	2,135	2,168	2,175	2,246	2,086	2,095	2,155	2,177	2,370	2,216	2,179	2,161	2,180			
	Actual / Forecast	2,159	2,173	2,172	2,230	2,063	2,075	2,124	2,119	2,311	2,118	2,081	2,063	2,141			
	Variance	1.1%	0.2%	-0.1%	-0.7%	-1.1%	-0.9%	-1.4%	-2.7%	-2.5%	-4.4%	-4.5%	-4.5%	-1.8%			
STR %	Actual / Forecast	27.5%	27.9%	27.5%	27.3%	27.1%	26.6%	26.3%	25.5%	26.2%	25.1%	25.2%	25.3%	26.5%			
Conveyance Rate	Operating Plan	59.8%	59.6%	59.0%	59.5%	59.4%	58.4%	58.0%	56.9%	58.4%	56.6%	57.0%	57.4%	58.3%			
	Actual / Forecast	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%			
	Variance	0.5%	-0.6%	-0.6%	0.5%	0.3%	0.2%	-0.1%	-1.0%	-0.7%	-2.2%	-2.2%	-2.1%	-0.7%			
Average Daily ED Conveyance	Actual / Forecast	1,312	1,307	1,308													
ED Conveyance %	Actual / Forecast	53.4%	52.3%	51.8%													
Non-ED Conveyance %	Actual / Forecast	7.0%	6.7%	6.7%													
Arrive to Handover	Operating Plan	00:19:40	00:19:34	00:19:06	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	00:19:23			
	Actual / Forecast	00:17:28	00:17:57	00:19:06	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			
	Variance	-00:02:12	-00:01:37	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	-00:00:20			
Handover to Clear	Operating Plan	00:19:00	00:19:00	00:19:00	00:19:00	00:19:00	00:19:30	00:20:00	00:21:00	00:21:00	00:19:00	00:17:00	00:16:00	00:19:03			
	Actual / Forecast	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			
	Variance	00:03:11	00:03:04	00:03:13	00:03:21	00:03:21	00:02:51	00:02:21	00:01:21	00:01:21	00:03:21	00:05:21	00:06:21	00:03:15			
Category 2 Mean	Operating Plan	00:21:59	00:24:46	00:23:50	00:27:32	00:22:09	00:25:37	00:26:09	00:25:57	00:24:15	00:20:12	00:26:35	00:29:05	00:24:44			
	Actual / Forecast	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			
	Variance	00:00:28	-00:00:49	00:01:39	00:02:08	00:00:31	00:01:49	00:03:05	00:01:16	00:01:16	-00:01:20	00:02:05	00:02:15	00:01:18			

Total FTE	Operating Plan	3,423	3,403	3,374	3,390	3,388	3,422	3,478	3,450	3,414	3,375	3,373	3,352	3,403			
	Actual / Forecast	3,417	3,417	3,433	3,442	3,424	3,447	3,439	3,427	3,404	3,424	3,423	3,419	3,426			
	Variance	-0.2%	0.4%	1.8%	1.5%	1.1%	0.7%	-1.1%	-0.7%	-0.3%	1.5%	1.5%	2.0%	0.7%			
Substantive FTE	Operating Plan	3,370	3,350	3,321	3,301	3,300	3,334	3,343	3,315	3,279	3,280	3,279	3,257	3,311			
	Actual / Forecast	3,351	3,350	3,360	3,356	3,337	3,361	3,389	3,377	3,354	3,374	3,373	3,369	3,362			
	Variance	-0.6%	0.0%	1.2%	1.6%	1.1%	0.8%	1.4%	1.9%	2.3%	2.9%	2.9%	3.4%	1.6%			
Overtime FTE	Operating Plan	53	53	53	88	88	88	135	135	135	94	94	94	93			
	Actual / Forecast	66	67	74	86	86	86	50	50	50	50	50	50	64			
	Variance	24.0%	26.4%	39.2%	-2.2%	-2.2%	-2.2%	-63.1%	-63.1%	-63.1%	-46.9%	-46.9%	-46.9%	-31.2%			
Abstraction %	Operating Plan	35.0%	36.6%	37.2%	38.5%	38.5%	39.0%	38.7%	36.7%	32.5%	32.7%	37.2%	38.3%	36.7%			
	Actual / Forecast	37.6%	38.2%	38.5%	39.3%	39.4%	39.7%	39.6%	37.6%	33.7%	33.8%	38.1%	39.2%	37.9%			
	Variance	2.6%	1.6%	1.3%	0.9%	0.9%	0.8%	0.8%	0.9%	1.2%	1.1%	1.0%	0.9%	1.2%			
Average Daily Staff Unit Hours	Operating Plan	12,573	12,209	12,026	11,811	11,728	11,695	11,800	12,353	13,131	12,890	12,168	11,788	12,181			
	Actual / Forecast	12,305	11,912	11,956	11,903	11,835	11,713	11,614	12,097	12,848	12,802	11,944	11,688	12,051			
	Variance	-2.1%	-2.4%	-0.6%	0.8%	0.9%	0.2%	-1.6%	-2.1%	-2.2%	-0.7%	-1.8%	-0.9%	-1.1%			
A&E Sickness	Operating Plan	6.0%	6.4%	6.4%	6.4%	6.4%	5.8%	5.9%	6.6%	8.2%	8.0%	7.2%	7.2%	6.7%			
	Actual / Forecast	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%			
	Variance	1.4%	0.7%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%			
A&E Turnover	Operating Plan	5.1%	5.0%	5.3%	5.3%	5.2%	5.2%	5.2%	5.1%	5.1%	4.9%	4.7%	4.5%	5.0%			
	Actual / Forecast	4.9%	4.7%	4.4%	5.3%	5.2%	5.2%	5.2%	5.1%	5.1%	4.9%	4.7%	4.5%	4.7%			
	Variance	-0.1%	-0.3%	-0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-0.3%			

*tables will be refreshed periodically to give most up to date forecast position

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 16 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

5.2 Emergency Operations Centre (EOC)

Call handling:

- Forecasting total call demand roughly in line with operating plan with some variation from month-to-month.
- AHT roughly in line with operating plan.
- FTE slightly below operating plan and abstraction slightly higher.
- Mean call answer forecast in line with operating plan.

Metric	Actual / Forecast		Actual				Forecast											
	Type		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year			
Average Daily Calls Offered	Operating Plan		3,056	3,110	3,241	3,189	3,144	3,261	3,299	3,382	3,418	3,182	3,095	3,219	3,216			
	Actual / Forecast		2,918	3,077	3,145	3,238	3,259	3,261	3,299	3,382	3,418	3,182	3,095	3,219	3,208			
	Variance		-4.5%	-1.0%	-3.0%	1.6%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-0.3%			
AHT	Operating Plan	00:07:34	00:07:30	00:07:44	00:07:30	00:07:38	00:07:43	00:07:32	00:07:48	00:07:45	00:07:26	00:07:41	00:07:40	00:07:38				
	Actual / Forecast	00:07:31	00:07:34	00:07:33	00:07:34	00:07:35	00:07:33	00:07:36	00:07:36	00:07:37	00:07:29	00:07:32	00:07:34	00:07:34				
	Variance		-00:00:03	00:00:04	-00:00:11	00:00:04	-00:00:03	-00:00:10	00:00:04	-00:00:12	-00:00:08	00:00:03	-00:00:09	-00:00:06	-00:00:04			
Mean Call Answer	Operating Plan	00:00:04	00:00:04	00:00:09	00:00:04	00:00:02	00:00:02	00:00:03	00:00:02	00:00:02	00:00:00	00:00:00	00:00:00	00:00:00	00:00:03			
	Actual / Forecast	00:00:04	00:00:13	00:00:15	00:00:10	00:00:03	00:00:01	00:00:03	00:00:02	00:00:01	00:00:00	00:00:00	00:00:00	00:00:00	00:00:05			
	Variance		00:00:00	00:00:09	00:00:06	00:00:06	00:00:01	-00:00:01	00:00:00	00:00:00	-00:00:01	00:00:00	00:00:00	00:00:00	00:00:02			
% Calls Answered in 5 Seconds	Operating Plan		89.0%	89.0%	81.0%	89.0%	93.0%	94.0%	92.0%	94.0%	93.0%	99.0%	98.0%	98.0%	92.4%			
	Actual / Forecast		88.4%	75.8%	73.3%	82.4%	90.3%	95.2%	90.4%	92.6%	94.5%	98.7%	97.7%	98.3%	89.8%			
	Variance		-0.6%	-13.2%	-7.7%	-6.6%	-2.7%	1.2%	-1.6%	-1.4%	1.5%	-0.3%	-0.3%	0.3%	-2.6%			
% Calls Answered in 120 Seconds	Operating Plan		97.8%	97.5%	95.9%	98.2%	98.8%	99.2%	98.5%	99.1%	99.0%	99.9%	99.8%	99.8%	98.6%			
	Actual / Forecast		99.4%	97.9%	97.4%	97.8%	98.1%	99.4%	98.3%	98.9%	99.3%	99.9%	99.8%	99.9%	98.8%			
	Variance		1.6%	0.4%	1.5%	-0.3%	-0.7%	0.1%	-0.2%	-0.2%	0.2%	0.0%	0.0%	0.1%	0.2%			
Average Daily H&T	Operating Plan		318	334	364	349	330	384	414	471	433	493	465	443	400			
	Actual / Forecast		299	329	354	322	313	362	402	485	444	545	519	497	405			
	Variance		-6.2%	-1.7%	-2.9%	-7.9%	-5.3%	-5.9%	-3.1%	2.9%	2.6%	10.6%	11.5%	12.2%	1.4%			
H&T %	Operating Plan		13.0%	13.4%	14.3%	13.5%	13.7%	15.5%	16.1%	17.8%	15.5%	18.2%	17.6%	17.0%	15.5%			
	Actual / Forecast		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%			
	Variance		-0.8%	-0.2%	-0.3%	-0.9%	-0.5%	-0.7%	-0.2%	0.8%	0.7%	2.3%	2.4%	2.4%	0.4%			
Total FTE	Operating Plan		247	246	243	259	261	267	277	275	266	283	275	267	264			
	Actual / Forecast		246	251	254	263	262	265	270	262	262	278	271	264	263			
	Variance		-0.2%	2.3%	4.4%	1.4%	0.6%	-1.0%	-2.5%	-2.1%	-1.6%	-1.4%	-1.4%	-1.2%	-0.3%			
Substantive FTE	Operating Plan		232	234	238	254	255	261	272	269	260	276	268	260	257			
	Actual / Forecast		237	242	243	252	252	254	260	258	251	267	260	252	252			
	Variance		2.3%	3.4%	2.2%	-0.7%	-1.3%	-2.8%	-4.5%	-4.1%	-3.6%	-3.2%	-3.1%	-3.0%	-1.7%			
Overtime FTE	Operating Plan		6	6	6	6	7	7	7	7	7	7	7	7	7			
	Actual / Forecast		9	10	11	11	11	11	11	11	12	11	11	12	11			
	Variance		47.6%	58.8%	76.2%	75.5%	51.8%	55.7%	53.1%	55.8%	64.6%	61.8%	56.8%	65.7%	60.1%			
Abstraction %	Operating Plan		32.5%	33.6%	32.9%	34.1%	33.2%	31.9%	33.2%	32.4%	35.0%	31.2%	32.8%	33.6%	33.0%			
	Actual / Forecast		34.1%	35.9%	41.3%	37.1%	34.3%	32.3%	33.7%	31.9%	34.3%	30.5%	32.1%	32.9%	34.2%			
	Variance		1.6%	2.3%	8.5%	3.0%	1.1%	0.4%	0.4%	-0.5%	-0.8%	-0.7%	-0.7%	-0.8%	1.2%			

* tables will be refreshed periodically to give most up to date forecast position

Clinical:

- Clinical FTE slightly below operating plan however abstraction forecast is slightly better than operating plan
- H&T currently below operating plan but forecast to exceed operating plan from November.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 17 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

Metric	Actual / Forecast Type	Actual			Forecast									
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year
Total FTE	Operating Plan	142	146	151	155	164	169	173	178	180	186	184	183	167
	Actual / Forecast	136	140	144	145	151	160	167	177	180	189	187	186	163
	Variance	-3.6%	-3.5%	-4.6%	-6.4%	-8.1%	-5.6%	-3.5%	-0.7%	-0.1%	1.6%	1.6%	1.3%	-2.1%
Overtime FTE	Operating Plan	7	7	7	7	8	8	8	8	9	9	9	9	8
	Actual / Forecast	5	5	6	7	7	7	8	8	8	9	8	8	7
	Variance	-32.3%	-24.7%	-9.8%	-6.8%	-15.1%	-9.9%	-5.8%	-0.3%	-10.0%	-5.5%	-6.2%	-7.0%	-10.6%
Abstraction %	Operating Plan	38.7%	40.3%	38.7%	44.7%	48.6%	39.9%	38.1%	31.8%	41.3%	33.0%	36.1%	38.0%	39.1%
	Actual / Forecast	36.7%	38.3%	31.8%	42.7%	46.6%	38.5%	36.7%	30.3%	40.1%	32.9%	35.9%	39.9%	37.5%
	Variance	-2.0%	-2.0%	-6.9%	-2.0%	-2.0%	-1.4%	-1.4%	-1.5%	-1.2%	-0.1%	-0.2%	1.9%	-1.6%
Recruitment	Operating Plan	7	7	7	3	7	7	7	7	0	7	0	0	59
	Actual / Forecast	8	3	8	0	7	10	13	10	0	10	0	0	69
	Variance	14.3%	-57.1%	14.3%	-100.0%	0.0%	42.9%	85.7%	42.9%	0.0%	42.9%	0.0%	0.0%	16.9%
Substantive Clinical Navigator FTE	Operating Plan	35	34	34	35	36	36	36	36	35	35	35	34	35
	Actual / Forecast	35	35	35	34	34	34	34	36	36	35	35	35	35
	Variance	0.0%	0.7%	1.4%	-0.8%	-6.9%	-6.9%	-4.8%	1.5%	1.5%	1.5%	1.5%	1.5%	-0.9%
Substantive Senior Clinical Advisor FTE	Operating Plan	100	105	110	113	119	125	129	134	136	142	141	140	125
	Actual / Forecast	97	100	103	104	110	119	126	133	136	145	144	142	121
	Variance	-3.3%	-3.9%	-6.5%	-8.4%	-7.9%	-4.6%	-2.7%	-1.0%	0.1%	2.0%	1.7%	2.0%	-2.4%

* tables will be refreshed periodically to give most up to date forecast position

5.3 Integrated Urgent Care (IUC)

Call handling:

- Forecasting total call demand running 5.2% below plan.
- AHT forecast slightly below operating plan.
- FTE slightly above operating plan.
- % calls answered in in line with operating plan.

		Actual / Forecast	Actual			Forecast									
Metric	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year	
Average Daily Calls Offered	Operating Plan	6,023	5,750	5,355	5,129	4,744	4,737	5,154	5,409	6,020	5,671	5,548	5,349	5,407	
	Actual / Forecast	5,254	5,335	5,158	4,901	4,529	4,556	4,938	5,183	5,768	5,434	5,316	5,126	5,125	
	Variance	-12.8%	-7.2%	-3.7%	-4.4%	-4.5%	-3.8%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-5.2%	
AHT	Operating Plan	00:10:19	00:10:17	00:10:20	00:10:28	00:10:29	00:10:21	00:10:31	00:10:31	00:10:25	00:10:19	00:10:32	00:10:26	00:10:25	
	Actual / Forecast	00:09:37	00:09:17	00:09:30	00:10:28	00:10:29	00:10:21	00:10:31	00:10:31	00:10:25	00:10:19	00:10:32	00:10:26	00:10:12	
	Variance	-00:00:42	-00:01:00	-00:00:50	-00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	-00:00:13	
Mean Call Answer	Actual / Forecast	00:00:30	00:00:32	00:00:40											
	Operating Plan	90.3%	82.6%	66.4%	77.4%	97.9%	99.1%	99.2%	99.9%	94.4%	96.3%	83.7%	92.1%	89.9%	
	Actual / Forecast	92.2%	92.6%	88.0%	77.4%	97.9%	99.1%	99.2%	99.9%	94.4%	96.3%	83.7%	92.1%	92.7%	
% Calls Answered in 120 Seconds	Variance	1.9%	10.1%	21.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.8%	
	Total FTE	Operating Plan	400	394	408	413	405	423	443	432	432	444	435	459	424
		Actual / Forecast	402	403	408	416	407	425	446	434	434	446	435	461	426
Variance		0.5%	2.3%	0.0%	0.7%	0.5%	0.5%	0.7%	0.5%	0.5%	0.5%	0.0%	0.4%	0.5%	
Substantive FTE	Operating Plan	382	374	393	398	388	408	428	417	407	427	419	436	406	
	Actual / Forecast	391	388	400	401	390	410	431	419	409	429	419	438	411	
	Variance	2.4%	3.7%	1.8%	0.8%	0.5%	0.5%	0.7%	0.5%	0.5%	0.5%	0.0%	0.5%	1.2%	
Overtime FTE	Operating Plan	18	20	15	15	17	15	15	15	25	17	16	23	18	
	Actual / Forecast	11	15	8											

* tables will be refreshed periodically to give most up to date forecast position

Clinical:

- Clinical FTE in line with operating plan

Service	Category	Metric	Actual / Forecast Type	Actual			Forecast									
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year
IUC	CA Workforce	Total FTE	Operating Plan	111	114	116	117	116	127	126	125	129	137	136	140	125
			Actual / Forecast	109	116	116	117	116	127	126	125	129	139	138	142	125
			Variance	-1.8%	1.8%	-0.3%	0.0%	-0.1%	0.0%	0.3%	0.0%	0.0%	1.5%	1.5%	1.4%	0.4%
	Substantive FTE		Operating Plan	102	105	111	112	111	122	122	121	120	131	130	129	118
			Actual / Forecast	101	108	110	112	111	122	122	121	120	131	130	129	118
			Variance	-1.0%	2.9%	-0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Overtime FTE		Operating Plan	9	9	5	5	5	5	4	4	9	6	6	11	7
			Actual / Forecast	8	8	6	5	5	5	4	4	9	6	6	11	6

* tables will be refreshed periodically to give most up to date forecast position

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 18 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

5.4 Patient Transport Service

- Forecasting total journeys at 1.1% below operating plan.
- FTE slightly behind plan and abstractions higher than plan
- Overall, YAS journeys slightly lower proportion than plan (attributable in part to under FTE / over abstraction).

Metric	Actual / Forecast Type	Actual												Forecast												Year
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar													
Average Daily Aborted Journeys	Actual / Forecast	119	112																							116
Average Daily Delivered Journeys	Actual / Forecast	1,807	1,697																							1,752
Average Daily Escorts	Actual / Forecast	281	251																							266
Average Daily Multi-Handed Journeys	Operating Plan	452	476	482	474	473	478	478	499	446	488	513	483	479												
	Actual / Forecast	461	431	482	474	473	478	478	499	446	488	513	483	446												
	Variance	1.8%	-9.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-6.9%												
Average Daily Single-Handed Journeys	Operating Plan	1,362	1,419	1,428	1,405	1,382	1,407	1,387	1,482	1,309	1,375	1,488	1,458	1,409												
	Actual / Forecast	1,347	1,267	1,428	1,405	1,382	1,407	1,387	1,482	1,309	1,375	1,488	1,458	1,306												
	Variance	-1.1%	-10.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-7.3%												
Average Daily Total Journeys	Operating Plan	2,236	2,336	2,357	2,310	2,292	2,337	2,311	2,459	2,157	2,311	2,493	2,419	2,335												
	Actual / Forecast	2,207	2,061	2,357	2,310	2,292	2,337	2,311	2,459	2,157	2,311	2,493	2,419	2,309												
	Variance	-1.3%	-11.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-1.1%												
Patients per Vehicle (PPV)	Operating Plan	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4												
	Actual / Forecast	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.2												
	Variance	-1.5%	-1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-16.3%												
Total Journeys	Operating Plan	67,075	72,421	70,702	71,600	71,045	70,096	71,651	73,764	66,858	71,629	69,815	74,975	851,631												
	Actual / Forecast	66,203	63,900	70,702	71,600	71,044	70,095	71,651	73,764	66,857	71,628	69,815	74,974	842,233												
	Variance	-1.3%	-11.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-1.1%												
Taxi Journeys %	Operating Plan	28.8%	30.9%	29.1%	29.9%	31.1%	28.8%	28.9%	30.4%	31.5%	29.7%	30.4%	31.2%	30.1%												
	Actual / Forecast	30.6%	31.4%	29.1%	29.9%	31.1%	28.8%	28.9%	30.4%	31.5%	29.7%	30.4%	31.2%	31.0%												
	Variance	1.7%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%												
YAS Journeys %	Operating Plan	52.3%	50.2%	52.4%	51.5%	49.8%	52.7%	52.7%	51.0%	48.8%	51.6%	50.4%	50.1%	51.1%												
	Actual / Forecast	49.3%	48.2%	52.4%	51.5%	49.8%	52.7%	52.7%	51.0%	48.8%	51.6%	50.4%	50.1%	48.8%												
	Variance	-3.0%	-2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-2.4%												
FTE	Total FTE	Operating Plan	465	465	465	465	465	465	465	465	465	465	465	465												
		Actual / Forecast	478	471	462	459	460	456	459	457	455	455	459	460												
		Variance	2.7%	1.2%	-0.7%	-1.5%	-1.2%	-2.0%	-1.4%	-1.7%	-2.3%	-2.3%	-2.8%	-1.1%												
	Substantive FTE	Operating Plan	430	430	427	422	419	420	419	423	427	421	428	425												
		Actual / Forecast	44	40	33	33	36	37	35	33	32	35	38	36												
		Variance	-89.8%	-90.7%	-92.2%	-92.2%	-91.4%	-91.2%	-91.8%	-92.3%	-92.4%	-91.6%	-91.2%	-91.5%												
	Overtime FTE	Operating Plan	35	35	39	43	46	46	47	42	39	45	37	40												
		Actual / Forecast	44	40	33	33	36	37	35	33	32	35	38	36												
		Variance	25.8%	12.9%	-14.3%	-23.6%	-22.4%	-19.8%	-25.9%	-22.9%	-15.8%	-20.8%	1.1%	-10.8%												
	Capacity	Operating Plan	26.4%	28.2%	24.0%	27.1%	30.5%	24.6%	25.3%	23.1%	35.2%	27.2%	23.4%	26.9%												
		Actual / Forecast	25.8%	30.4%	25.6%	27.1%	30.7%	26.7%	24.5%	23.3%	36.1%	25.6%	27.5%	27.3%												
		Variance	-2.7%	2.2%	1.6%	0.0%	0.3%	2.0%	-0.8%	0.1%	1.0%	-1.6%	0.8%	0.4%												

* tables will be refreshed periodically to give most up to date forecast position

6.0 Conclusion of Horizon Scan

In summary, the October 2026- March 2027 is expected to test our ability to respond dynamically to a number of challenges that pose risks to our ability to maintain the delivery of our key services. Notably these are:

Operational Risks and Pressures

Winter pressures present a material risk to service resilience, operational performance and the Trust's ability to sustain safe, timely patient care. The principal risk areas are set out below.

1. Workforce Capacity and Availability

EOC clinical capacity is expected to remain a key constraint, with pressures arising from sickness absence, peak leave and weather-related disruption.

2. Demand and Wider System Pressures

Sustained pressure across health and social care is likely to drive increased call volumes, delayed handovers and reduced system flow, impacting the timely navigation of patients to

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 19 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

the most appropriate care pathway. Community infection rates will require ongoing surveillance given the potential impact on both demand and workforce availability.

3. Operational Efficiency and Service Delivery

Increased patient acuity, extended job cycle times and longer call handling durations may reduce operational productivity and limit overall system capacity. In-day capacity is also likely to remain variable due to rota profiles and statutory rest break requirements.

4. Environmental and Seasonal Factors

Adverse weather may increase travel times and, when combined with the four-day reduction in routine NHS activity, contribute to higher vehicle off-road time and reduced fleet availability.

5. Strategic and Financial Context

Delivery will need to be managed within NHS England productivity expectations and constrained financial envelopes, limiting the scope to increase capacity or invest in additional mitigations.

The cumulative effect of these risks will require continued executive oversight, robust operational grip and coordinated mitigation across all service lines throughout the winter period.

7.0 How will we respond to these challenges?

7.1 Use of the Joint Decision Model

Firstly, we will utilise the Joint Decision Model (JDM) in our preparation, planning and decision making.

The JDM is suitable for all decisions. It is designed to be used:

- For spontaneous incidents or planned operations
- By an individual or team of people
- For both operational and non-operational situations

It advocates application of simple principles for joint working are particularly important in the early stages of an incident, when clear, robust decisions and actions need to be taken with minimum delay, often in a rapidly changing environment.

The pentagon at the centre of the JDM reminds responders that all joint decisions should be made with reference to the overarching or primary aim of any response to an emergency – to save lives and reduce harm.

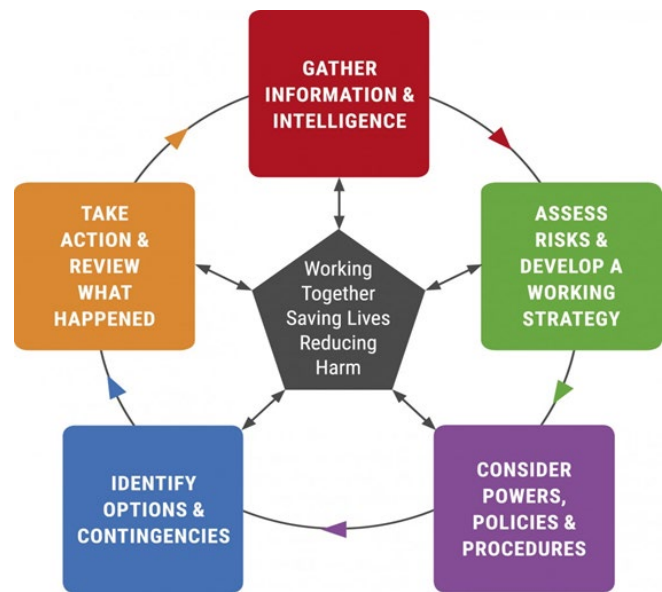
The JDM has five steps that operate in a cycle. The steps are:

- Gather information and intelligence.
- Assess threat and risk and develop a working strategy.
- Consider powers and policy.
- Identify options and contingencies.
- Act and review what happened.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 20 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

The Joint Decision Model is shown in Figure 3.

Figure 3: Joint Decision Model



Use of the JDM will also encourage review of our powers, current policies and procedures and approach to operationally maintaining the three service lines, both in preparation and response to the identified risks.

7.2 Learning from 2025/26

The Trust undertook a debrief exercise via questionnaire from winter 2025/26 and identified the following key learning areas.

The winter debrief concluded that early planning, strong governance, effective communication and collaborative working were the main contributors to a successful winter period.

Operational performance was generally stable, with improvements seen in several areas, helped by robust capacity planning and transfer of care arrangements. The review also highlighted opportunities to strengthen corporate support, workforce planning and governance arrangements, while recognising that Winter 2025/26 was relatively mild and future plans should remain sufficiently flexible to respond to more significant system pressures.

Key Reflections from 2025/26			
1	Early planning and clear governance arrangements improved winter delivery, enabling earlier risk identification and stronger coordination across service lines and partners.		
2	The tactical planning approach and OROG oversight provided effective assurance, challenge and scrutiny of winter preparations.		
3	Strong capacity planning allowed services to identify and mitigate pressures in advance, contributing to positive operational performance.		
4	Cross-service collaboration and regular communication were key strengths, with daily calls, shared decision-making and effective teamwork widely praised.		
OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 21 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

5	Transfer of Care improvements appear to have positively influenced operational performance , with crew clear times showing marked improvement compared with previous years.
6	The winter period was comparatively mild and largely managed as business as usual , reducing the need for significant escalation measures or tactical cells.
7	Corporate support arrangements added value but would benefit from clearer roles, earlier planning and a smaller, more focused membership.
8	People and OD involvement should begin earlier in the planning cycle to support workforce decisions, wellbeing and operational resilience.
9	Winter planning should continue to be treated as an integrated, year-round process , with reusable plans, established governance and shared situational awareness across service lines.

In addition, there was a recommendation for the following:

- OROG is closed as a planning meeting with the winter planning function picked up by ODG week B
- That a performance and safety response cell is planned ready to be stood up for the anticipated demand in winter 2026/27 only if triggers for this are met.
- That we approach the winter plan in same approach for strategic risk assessment and service line tactical plans as in previous years incorporating learning

7.3 Working Strategy

In response to the horizon scan the following key strategic objectives have been developed to support tactical planning:

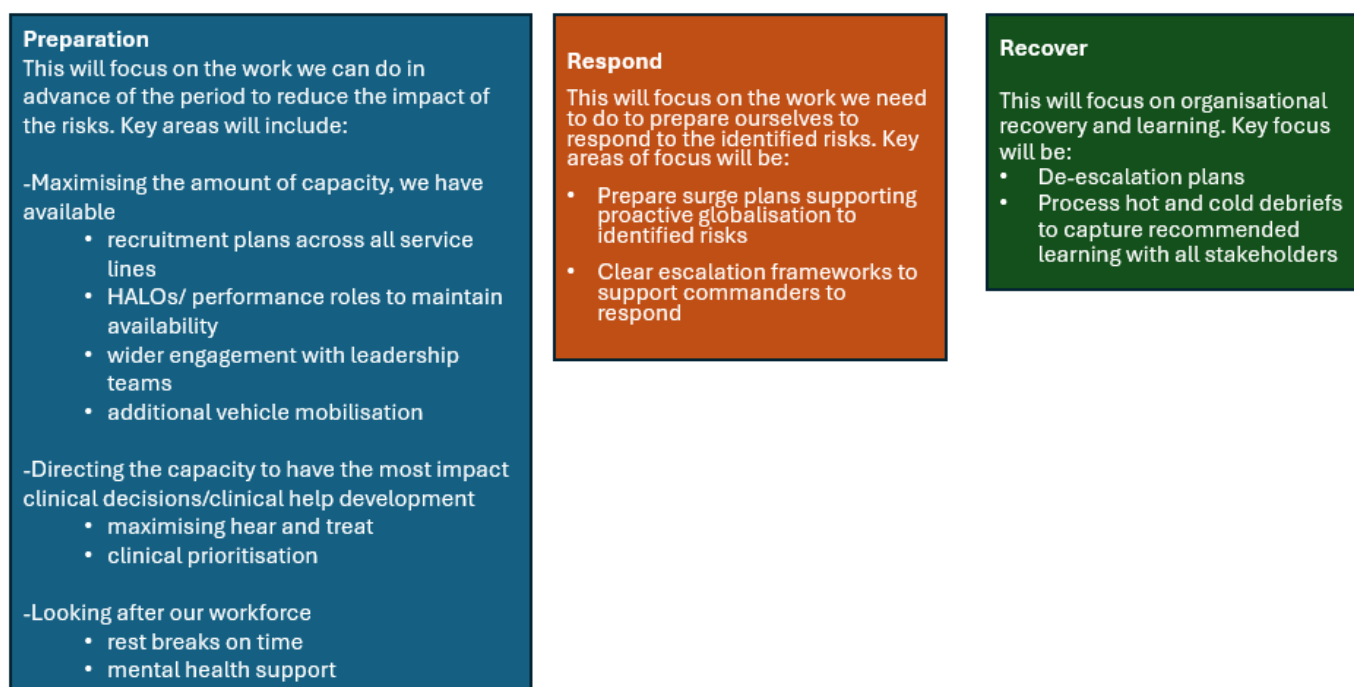
- Maximise the available usable clinical capacity to respond to our patients across the service lines, with support from corporate teams and support services, using demand and forecasting data to support proactive targeted approaches.
- Develop tactical approaches to understand the increased clinical demands on our services and support best utilisation of the available clinical capacity across urgent and emergency care systems.
- Ensure a robust system to managing risk within the service lines and working with system partners.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 22 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

7.4 Tactical Plans

The tactical plan to respond to the identified risks will focus on three key areas as summarised in Figure 4.

Figure 4: Tactical Plan Overview



Our approach focuses on proactive planning to minimise risks before they impact service delivery. To achieve this, we will prioritise protecting the YAS Seven, with support required from teams across the organisation.

Capacity and demand plans for all three service lines will be further refined to daily and intraday levels for identified high-pressure weeks. This detail will inform tactical planning and enable targeted capacity and surge arrangements ahead of challenging periods.

Each key focus area includes several workstreams with designated accountable leads. Oversight and coordination of these workstreams will be managed through the Operational Delivery Group (ODG). Any risks that cannot be resolved by the accountable lead will be escalated to the Operational Leadership Group (OLG) to the relevant Executive Director, and where necessary, to the Trust Executive Group (TEG).

A comprehensive YAS tactical plan for the winter season will be produced and incorporated into the overarching plan.

7.5 Ensuring Delivery of the Tactical Plans

Previously the Operational Resilience Oversight Group (OROG) used to oversee the development of the strategic and tactical plans in response to identified risks to service delivery across all three service lines. This responsibility has been agreed to be managed via the ODG. The OROG has been stood down.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 23 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	

7.6 System Partnership

During all stages of this plan's delivery, we will engage with our wider system partners with our Partnerships and Improvement Managers or relevant corporate teams as required.

We will continue to engage with any escalation calls with ICB's or NHS England through System Control Centre arrangements and/or Regional Operations Centre.

We will participate in any NHS England coordinated activities and meetings regarding winter planning.

8.0 Monitoring Success

8.1 Internal Monitoring

Performance across all three service lines is already monitored through established internal frameworks. These arrangements will be used to assess the effectiveness of the seasonal plan, ensuring continued focus on maintaining Trust performance and supporting delivery against the identified strategic objectives.

8.2 External Reporting Requirements

The Trust will continue to meet existing external reporting requirements to commissioners and NHS England across all three service lines throughout the seasonal planning period.

Oversight of any NHS reporting requirements will be maintained through ODG.

9.0 Capturing Learning

YAS has a statutory obligation under the Civil Contingencies Act (2004) and responsibilities under the NHS EPRR Framework to ensure lessons and notable practice are identified and learned following any event / incident / operation / exercise.

This feedback will be analysed by the ODG with lesson recommendations agreed for implementation. The monitoring of these lessons will be conducted via the EPRR team.

OFFICIAL-SENSITIVE ONCE COMPLETE			
YAS Winter Strategic Approach 2026/27		Page	Page 24 of 25
Author	Tasnim Ai	Version	1.0
Approval Date	02.09.26	Status	Approved by TEG
Issue Date		Review Date	