



MEETING TITLE Board of Director's Meeting in Public		MEETING DATE 24/05/2018	
TITLE of PAPER	YAS Final Operating Plan 2018/19	PAPER REF	6.1
STRATEGIC OBJECTIVE(S)	All		
PURPOSE OF THE PAPER	To provide the Board with the final submitted Operating Plan 2018/19 and seek retrospective approval following submission to NHS Improvement on 30 April 2018.		
For Approval	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Matt Sandford Associate Director of Planning and Development	ACCOUNTABLE DIRECTOR	Rod Barnes Chief Executive
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):			
Integrated Business Planning Group 7 February 2018			
Trust Management Group 7 February 2018			
Trust Executive Group 5 March 2018			
Trust Executive Group 17 April 2018			
Trust Executive Group 25 April 2018			
Board of Directors (Private) 26 April 2018			
PREVIOUSLY AGREED AT:	Committee/Group:	Date:	
RECOMMENDATION(S)	It is recommended that Board: <ul style="list-style-type: none"> • note and approve the contents of this final operating plan • note the changes made from the previously submitted draft operating plan • note the response to NHS Improvement feedback within the final operating plan • note the delegated sign off for the additional Finance, Workforce, Activity and Triangulation worksheets, was undertaken by the Chief Executive and Executive Director of Finance, on behalf of the Board of Directors • note and approve the submission of the final operating plan, on 30 April, in line with NHSI requirements. 		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion Implications If 'Yes' – please attach to the back of this paper	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE		
Care Quality Commission Choose a DOMAIN(s)	All	
NHSI Single Oversight Framework Choose a THEME(s)	1. All	

YAS Final Operating Plan 2018/19

1. PURPOSE

- 1.1 To provide the Board with the final submitted Operating Plan 2018/19 and seek retrospective approval following submission to NHS Improvement on 30 April 2018.

2. BACKGROUND/CONTEXT

- 2.1 The draft 2018/19 Trust operating plan was submitted to NHS Improvement on 8 March 2018, following support from TEG on 5 March 2018.

The final, Board approved, 2018/19 Operating Plan was successfully submitted to NHS Improvement on 30 April 2018, following support from the Trust Executive Group (on 25 April 2018) and the private meeting of the Board of Directors on 26 April 2018.

- 2.2 In addition to the narrative plan the following templates were completed and submitted to NHSI:

- Activity
- Finance
- Workforce
- Triangulation of Activity, Workforce and Finance

The Board of Directors supported the delegated authority to sign off the templates, on behalf of the Board, by the Chief Executive and the Executive Director of Finance. These templates were submitted alongside the operating plan.

- 2.3 The Trust received feedback on the draft operating plan from NHSI on Monday 9 April 2018, setting out the following:

- The draft plan is in a good state of readiness ahead of 2018/19
- Some areas of improvement could further improve the plan, to meet the requirements of the planning guidance for 2018/19, these include:
 - No reference to the Trust's contribution to IPC / Gram Negative ambition
 - Timescales and trajectories for ARP implementation
 - Further consideration of winter planning across local systems – a separate 'system' winter plan is required to be developed within each system, however the guidance and template has not yet been released
 - Further consideration of workforce / agency
 - CIP deliverability / detailed plans and progress

- 2.4 The final submitted narrative operating plan is attached at Appendix 1 for approval, noting the changes from the draft operating plan submission and reflecting the NHSI feedback.

3. FINAL OPERATING PLAN CONTENT

3.1 The planning guidance re-confirmed a number of deliverables. Those specific to YAS are set out below. The draft narrative plan provides our response to these for 2018/19.

3.2 Key National Deliverables

3.2.1 Implementation of the NHS 111 Online service to 100% of the population by December 2018. **Remains a commissioner target, we state that we will work with commissioners to support this.**

3.2.2 Access to enhanced NHS 111 services to 100% of the population, with more than half of callers to NHS 111 receiving clinical input during their call. Every part of the country should be covered by an integrated urgent care Clinical Assessment Service (IUC CAS), bringing together 111 and GP out of hours service provision. This will include direct booking from NHS 111 to other urgent care services. **We outline the challenges associated with the funding gap to meet all targets; the workforce plan to recruit additional clinical staff within the 111 / Clinical Advisory Service; and the Emergency and Urgent Care Programme that will support the delivery of this.**

3.2.3 By March 2019, CCGs should ensure technology is enabled and then ensure that direct booking from IUC CAS into local GP systems is delivered wherever technology allows. **Remains a commissioner target, we state that we will work with commissioners to support this.**

3.2.4 Designate remaining urgent treatment centres in 2018/19 to meet the new standards and operate as part of an integrated approach to urgent and primary care. **Outline the Trust's recent pilot status for rotational posts within primary care.**

3.2.5 Work with local Ambulance Trusts to ensure that the new ambulance response time standards that were introduced in 2017/18 are met by September 2018. **Multiple references to ARP and the challenges associated with delivering this by September 2018. We reference the current contract settlement with commissioners around the jointly developed business cases, the business case pipeline and commissioners' acknowledgement that this level of funding and investment does not support delivery of the ARP performance standards by September 2018 or during 2018/19. We introduce trajectories around delivery of the business cases and performance towards delivery by March 2019.**

3.2.6 Handovers between ambulances and hospital A&Es should not exceed 30 minutes. **Referenced broadly as delivery of our Emergency Care standards.**

3.2.7 Deliver a safe reduction in ambulance conveyance to emergency departments. **Referenced broadly as delivery of our Emergency Care standards, with particular reference to our hear and treat and see and treat approach, to support delivery.**

3.3 Provider Key Themes

- 3.3.1 Extension to the suspension of an agreed range of contractual performance sanctions for providers that accept their control totals and associated conditions, and so have access to the Provider Sustainability Fund. **Financial plan sets out achievement of the control total, with assumptions and risks outlined, including the impact of ARP.**
- 3.3.2 Plans must just include the 1% pay inflation currently. **This is included within the financial assumptions.**
- 3.3.3 Contract Variation (to the 2017/18-20/18/19 two-year agreement) to be signed by 23 March (if mediation is required a decision is required by 2 March). **Have referenced the contract settlements.**
- 3.3.4 0.5% CQUIN risk to be added to engagement CQUIN. **Included within the financial plan.**
- 3.3.5 Ambulance Response Time Standards to be met by September 2018. **Multiple references to ARP and the challenges associated with delivering this by September 2018.**

Category 1 and 2 (mean & 90th Centile) trajectories included, referencing the EOC and RRV:DCA business case impact and the trajectory for delivering these programmes.

We reference the current contract settlement with commissioners around the jointly developed business cases, the business case pipeline and commissioners' acknowledgement that this level of funding and investment does not support delivery of the ARP performance standards by September 2018 or during 2018/19. We set out that the trajectories see achievement of ARP performance by March 2019.

- 3.3.6 Handovers to reduce to 30 minutes standards (anticipated to be September 2018). **YAS cannot deliver this in isolation, however, referenced broadly as delivery of our Emergency Care standards.**
- 3.3.7 Safe reduction in conveyances to A&E expected. **Referenced broadly as delivery of our Emergency Care standards, with particular reference to our hear and treat and see and treat approach, to support delivery.**
- 3.3.8 Capital (over CRL) will be through STPs / ICSs. **Capital planning referenced within the financial plan. No specific reference to capital plans above CRL.**

3.4 Broader Points

- 3.4.1 Shadow Accountable Care Systems (ACS) are now referred to as shadow Integrated Care Systems (ICS). South Yorkshire is currently the only ICS in YAS footprint, with West Yorkshire submitting an application to become a shadow ICS. **All references to ACS / STPs updated, with additional updates to reflect broad challenges and plans for our local ICS / STPs.**

3.3.2 Expectation to triangulate Activity / Workforce / Finance. **This is outlined within the plan. These remain work in progress and will be finalised prior to submission on 30 April 2018.**

3.4.3 Activity Assumptions indicate 2.3% growth in non-electives and ambulance activity. **Included within the activity and finance sections.**

3.5 We have responded to the feedback from NHSI; these are set out on the final operating plan cover page, with references to the pages in the plan.

The trajectory and timescales for ARP implementation have been included, setting out our trajectories for performance and delivery of the internal programmes that will support achievement. We have clarified that the contract settlement will not achieve ARP performance standards for all categories of call by September, but anticipate delivery by March 2019.

More detailed project plans are still being developed for the internal and commissioner approved business cases, however, high level milestones have been incorporated within this operating plan.

We set out the changes to the Trust's Transformation Programme and our intention to respond to the IUC and west Yorkshire PTS tenders.

Additional changes have all been highlighted in red text within the operating plan to identify the changes – these are also set out in the summary table on the cover page of the plan.

NHSI Feedback description:	Page Number:
Winter planning	13 – 14
Understanding of the timescales and trajectories for ARP implementation	15 – 16, 19 – 21
Trust's contribution to IPC/gram negative ambition	26 – 27
Workforce/agency	32 – 34, 38
CIP deliverability/detailed plans and progress	37 - 38
Additional key changes / elements:	
General updates to reflect contract settlement	Throughout
Statement of intent around IUC 111 Tender	2, 3
Summary of key priorities	3 – 4
Updated Service Development / Transformation Programme	5 – 8
Updated ARP business case outline to reflect agreed commissioner investment	6
PTS Update to reflect North Yorkshire and West Yorkshire status	7
Updated activity narrative and tables to reflect latest outturn and forecast	17 – 21
Updates to quality improvement strategy priorities	26
Updates to principal risks to quality and mitigating actions	28
Updates to workforce section (culture, learning, health & well-being, OD)	32 – 34
Updates to finance section (contract settlement, finance tables, CIP)	35 – 40

4. RISK ASSESSMENT

- 4.1 There is a reputational risk if the operating plan does not meet the requirements of NHS Improvement.
- 4.2 There is an operational risk of not delivering the Trust's objectives if the plan is not of sufficient quality to lay out the key deliverables of the Trust in the coming year.

5. PROPOSALS/NEXT STEPS

- 5.1 Once feedback is incorporated into the document and final checks have been completed to ensure consistency with the Activity, Workforce and Financial templates the plan will be submitted to NHS Improvement.

6. RECOMMENDATIONS

- 6.1 It is recommended that Board:
- Note and approve the contents of this final operating plan
 - Note the changes made from the previously submitted draft operating plan
 - Note the response to NHS Improvement feedback within the final operating plan
 - Note the delegated sign off for the additional Finance, Workforce, Activity and Triangulation worksheets, was undertaken by the Chief Executive and Executive Director of Finance, on behalf of the Board of Directors
 - Note and approve the submission of the final operating plan, on 30 April, in line with NHSI requirements.

7. Appendices

Appendix 1

YAS Operating Plan 2018/19 Final Plan 30.04.2018