



Public Trust Board				29 May 2012	
Title	Annual Business Plan 2012/2013			Paper Ref	PB.121 3.07.2
PURPOSE (X)	Information		Strategic Objective	Business Plan Objective	
Approval	Decision				
Assurance	Discussion	X			
Purpose of the paper	The purpose of this paper is to present the 2012/2013 Business Plan to the Board for approval. This has been amended to reflect the 2011/2012 outturn position and latest strategic objectives contained within the Integrated Business Plan.				
Recommendation	It is recommended that the 2012/2013 Business Plan is approved by the Trust Board				
Author	Rod Barnes, Director of Finance and Performance	Accountable Director:		Rod Barnes, Director of Finance and Performance	
RISK ASSESSMENT				Yes	No
Changes to the Corporate Risk Register and/or Board Assurance Framework				X	
Resource Implications				X	
Legal implications					X
ASSURANCE/COMPLIANCE					
CQC Registration Outcome(s)	Auditors' Local Evaluation		NHSLA Risk Management Standards for Ambulance Trusts		

2012/2013 Business Plan

1. Purpose

- 1.1 The purpose of this paper is to present the 2012/2013 Draft Business Plan to the Board for approval.

2. Context

- 2.1 The 2012/2013 Business Plan sets out what the organisation will do in the coming year to progress against its strategic objectives. Key elements of the plan are as follows
- Reviews our performance for 2011/2012
 - Our revised mission, vision, values and strategic objective statements, developed by the Board as part of our preparations for Foundation Trust (FT) status.
 - Supports our journey to FT status
 - Identifies how quality and performance will continue to improve in 2012/2013.
 - Identifies key service developments and priorities for the coming year.
 - Identifies how the key service performance and financial challenges will be addressed in 2012/2013.
- 2.2 The 2011/2012 objectives identified in the plan will be allocated to individual Directors in April based on the outcome of the Director objective setting.

3. Recommendation

- 3.1 It is proposed that the Trust Board approve the 2012/2013 Business Plan.

4. Appendices

- 2012/2013 Draft Business Plan



Annual Business Plan

2012-2013

1 April 2012





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Business Plan

2012-2013

Executive Summary

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1 EXECUTIVE SUMMARY

Introduction

Our Mission is

Saving lives, caring for you

Our vision is

To provide an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money.

Our services are driven by our ambition to save more lives and provide better care for all, placing the patient at the heart of everything we do.

We work together with our colleagues, patients and partners to seek out improvements and develop Yorkshire Ambulance Service NHS Trust (YAS) to its maximum potential.

This document is the Yorkshire Ambulance Service NHS Trust (YAS) Annual Business Plan and focuses on 2012-13 financial

year. It describes for commissioners, staff and the management team at YAS how we will continue to deliver and improve on the services provided. It is derived from and informed by the Integrated Business Plan 2012-17.

Strategic Direction

2012-13 will be a key year for YAS as we complete our journey to become a Foundation Trust.

We see the involvement of staff, patients and the public through Trust membership and the Council of Governors as a positive means of ensuring we deliver services which meet the needs of our population, both now and in the future.

We know that the healthcare environment we are working in is changing. Increased competition, the changing landscape of commissioning, opportunities presented by the single point of access, commissioning intentions and increasing quality requirements within a difficult financial environment present us with both opportunities and challenges.

We are confident that through the leadership of the Board and with the active support from our communities, commissioners, patients and staff we will tackle the challenges positively and take the opportunities presented to improve services for the people we serve.



Review of Performance 2011-12

2011-12 was a year of on-going improvement for YAS and significant service delivery. The introduction of Ambulance Quality Indicators in 2011 supported the evaluation of a number of elements of our service rather than just speed of response.

In relation to the key national targets our end of year position against the Red 1 standard for 2011-12 was 75.72% (73.7% for 2010-11) against a standard of 75%. This is a positive reflection of the sustained focus on operational performance throughout the year.

We fully achieved 8 of our 11 objectives last year and delivered substantial and sustainable progress against the remainder.

2012-13 Programmes of Work and Key Performance Indicators

It is our intention to deliver a number of work programmes for 2012-13 which directly contribute to the delivery of our four strategic aims

- Continuously improving patient care – providing the right care, in the right place, at the right time

- High performing
- Always learning
- Provider of choice in a competitive environment and deliver value for money

We have identified a number of business objectives for 2012-13 which will support this. Key objectives include:

- Completing the foundation trust application process;
- Implementing training and resources to support the reconfiguration of Major Trauma services;
- Beginning an 18 month roll out of the Emergency Care Solution (ECS) patient care record system across the Trust;
- Expanding the role of the Clinical Hub and developing our urgent care offering to reduce inappropriate admissions to A&E;
- Implementing a service transformation project across PTS;
- Developing a new workforce model for A&E frontline services;
- Improving delivery of performance standards across rural localities.

Each of these objectives has an identified set of key performance indicators which will be used to inform the Board, Commissioners and key stakeholders of progress through the monthly Integrated Performance Report.



YAS is also working with commissioners to develop and deliver a transformational service improvement programme, overseen by a joint strategic commissioning group. We will work closely and openly together and with others, to ensure development and integration of ambulance service clinical delivery with other service providers across the region.

Annual Planning Cycle

In November 2011, YAS published its Annual Business Planning Framework.

A planned programme of activities relating to the delivery and assurance of the business plan for the Trust throughout 2012-13 has been outlined. This includes

- A planned series of communication and engagement events to ensure all stakeholders understand the strategic direction the Board has outlined and their contribution to its achievement
- Collaborative workshops with emerging Clinical Commissioning Groups to inform, educate and develop plans for the future provision of the services YAS deliver

- Agreement of the programmes of work for 2013-14 to ensure delivery of the next phase of the five year Integrated Business Plan (IBP).

Performance Management

The delivery of the Annual Business Plan will be performance managed through the agreed Performance Management Framework which includes

- Monthly Board scrutiny supported by the Integrated Performance Report and the Board Assurance Framework
- Finance and Investment Committee scrutiny of Cost Improvement Plan achievement and financial position (quarterly)
- Specific groups to review progress in relation to Clinical and Workforce Governance, Performance, Operations Management, Risk & Assurance, Health & Safety and Fleet & Equipment reporting through the Senior Management Group
- Monthly Consortia Management Board meetings with PCT commissioning leads
- Audit Committee scrutiny



- Quality Committee scrutiny
- Strategic Health Authority assurance meetings
- Trust Executive Group overview and assessment of delivery
- Department and Team meetings
- Delivery of objectives outlined in individual Personal Development Review meetings aligned to the strategic goals

Financial Plan

The financial plan as detailed in Section 8 is based on a finalised contract position.

It requires a minimum 5% Cost Efficiency Programme (CIP) to be delivered. New governance and scrutiny arrangements have been put into place from April 2012 to manage the delivery and contingent risks within the CIP plans.

The plan allows for the achievement of all the Trusts financial duties.

Capital Programme

The capital programme for 2012-13 details the capital investment plan and identifies Estates, Fleet and Information Management & Technology (IM&T) as being the primary investment areas together with Commissioner funding to support the roll out of the Electronic Care Solution (ECS) and enhancements to the infrastructure to support Resilience within Yorkshire and the Humber.

Governance

It is our intention during 2012-13 to assess ourselves against the Monitor governance risk rating criteria to assure ourselves of our progress as a Trust and in preparation of making an application to become a Foundation Trust.

Our ambition is to be rated Green from Quarter 1 onwards and have a Quality Governance Rating of 4 or less from Quarter 2.

We implemented a revised committee structure from April 2011 which was updated following a further review in December 2011 to include a Quality Committee. This will provide a stronger governance and assurance framework for the organisation.

Foundation Trust Programme



2012-13 is an important year for YAS in terms of our aspirations to become a Foundation Trust.

During 2011-12 we made significant progress, successfully completing our statutory public consultation and committing, via our Tripartite Formal Agreement with the SHA and Department of Health, to making our application to Monitor with a view to being authorised during the 2012-13 financial year.

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Business Plan

2012-2013

Trust Profile

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2. PROFILE

Yorkshire Ambulance Service NHS Trust (YAS) provides both emergency (24 hour) and non-emergency healthcare services and transport for the 5 million people of Yorkshire and the Humber through appropriately trained and qualified staff and the use of purpose-built vehicles and specialist equipment.

Geography

The Trust covers the whole of Yorkshire and the Humber (6,000 square miles), from isolated moors and dales to urban areas, coastline and inner cities. Within the region there are a number of busy motorways and main roads including the M1, M62, M18 and A1.

YAS has a fleet of 495 specially-equipped emergency vehicles operating from 62 ambulance stations located across Yorkshire and the Humber. There are two emergency operations centres in Wakefield and York, from where we activate our emergency response services. For our non-emergency Patient Transport Service (PTS) we have 470 vehicles located across the county.

The YAS Trust headquarters is based in Wakefield, West Yorkshire. Appendix 1 shows the location and function of YAS premises across the region.

Overview

YAS supports the public and patients of England's largest county and takes in the Yorkshire Dales and Moors and the major cities of Bradford, Hull, Leeds, Sheffield, Wakefield and York. It also covers the East Coast towns which create additional seasonal demands on our services.

Range of Services

YAS provides services in a number of specific areas:

Emergency Operations Centres

Staff at our 999 Emergency Operations Centre (EOC) handle all our emergency calls, and deploys the most appropriate response to meet patients' needs. YAS has developed a 'clinical hub' which is located within our EOC. The clinical hub provides support for patients with non-life-threatening



conditions where clinical advisors can assess their needs through a clinical triage system and signpost them to appropriate services.

Accident and Emergency (A&E)

The Accident and Emergency (A&E) service deals with emergency and urgent patients, as well as the more complex non-emergency admissions and transfers. Road vehicles (ambulances and rapid response vehicles) are supported by our collaboration with Yorkshire Air Ambulance (YAA) for which we supply paramedic staff.

Patient Transport Service (PTS)

YAS provides non-emergency transport between patients' homes, hospitals and other treatment centres where they are unable to use their own or public transport because of their medical condition.

Resilience and Special Operations (Emergency Preparedness)

The Trust is a Category 1 responder under the Civil Contingencies Act 2004 and provides a resilience and special operations service; this includes a Hazardous Area Response Team (HART) to deal with incidents that require specialist training and equipment over and above the standard 999 response.

Specialist Services

YAS also has a number of other areas for which it provides specialist services:

Private and Events Service

The Private and Events service provides medical cover at sporting events, concerts and other leisure activities when there are over 5,000 people in attendance.

General Practitioner (GP) Out-of-Hours (OOH) Service

YAS also handles calls diverted from a number of GP surgeries when they are closed in the evening and at weekends. We provide this service for some primary care trusts across and outside Yorkshire. It is anticipated that this service will cease during 2012-13 and be replaced by the new NHS 111 service.

Community and Commercial Education

Our Community and Commercial Educational Department provides high quality Health and Safety Executive approved first aid training services to a range of organisations and has worked nationally to procure large contracts. Training can take place at our own training facilities or can be tailored to specific needs and held at clients' premises.



Community Resilience

The number of community first responder schemes continues to increase in Yorkshire and the Humber. Throughout 2012-13 additional schemes will be set up in areas where there is a recognised need.

More detailed information on the services that YAS provides can be found at www.yas.nhs.uk

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Business Plan

2012-2013

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Strategic Direction



3. STRATEGIC DIRECTION

Yorkshire Ambulance Service NHS Trust Mission

Saving Lives, Caring for You

Yorkshire Ambulance Service NHS Trust Vision

To provide an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money.

Our strategy to deliver our vision for the future is through continuous improvement with the patient at the centre of everything we do.

During 2011-12 we have reviewed our strategic goals and developed these alongside 18 key objectives which we will achieve to deliver our vision.

Table 3.1 shows how these link together.



YAS Values

Figure 3.1 Our Values

YAS VALUES	
W	Working together for patients We work with others to give the best care we can
E	Everyone counts We act with openness, honesty and integrity – listening to and acting on feedback from patients, staff and partners
C	Commitment to quality of care We always give the highest level of clinical care
A	Always compassionate Our staff are professional, dedicated and caring
R	Respect and dignity We treat everyone with dignity, courtesy and respect
E	Enhancing and improving lives We continuously seek out improvements

Our values are an essential part of our strategy as it is through these that we set out the culture of YAS through describing the behaviours we expect all our staff to demonstrate.

We have worked hard to make sure that the values we hold are complementary to the NHS Constitution values but are simple, transparent and resonate across the service.

Our priorities for 2012-13 are to continue to embed these across all aspects of our organisation.

We will be using the strategic aims as a framework to structure a series of management time out sessions through 2012-13 to collaborate with senior managers on delivery of these.

Figure 3.2 is the strategic model for YAS. It shows the links between the Mission, Vision, Values and the strategic aims and how individual staff objectives agreed through their Personal Development Review (PDR) process contribute to the achievement of the vision for YAS.

The strategic objectives of YAS are linked through the Annual Business Plan to the departmental and individual objectives. This provides an organisational blueprint which translates the



strategic objectives into operational delivery over the next year.

Further information on this work is contained in Section 6 – Annual Planning Cycle.

Figure 3.2 Yorkshire Ambulance Service Strategic Model / Business Planning Activities by Five Year and Annual Plan

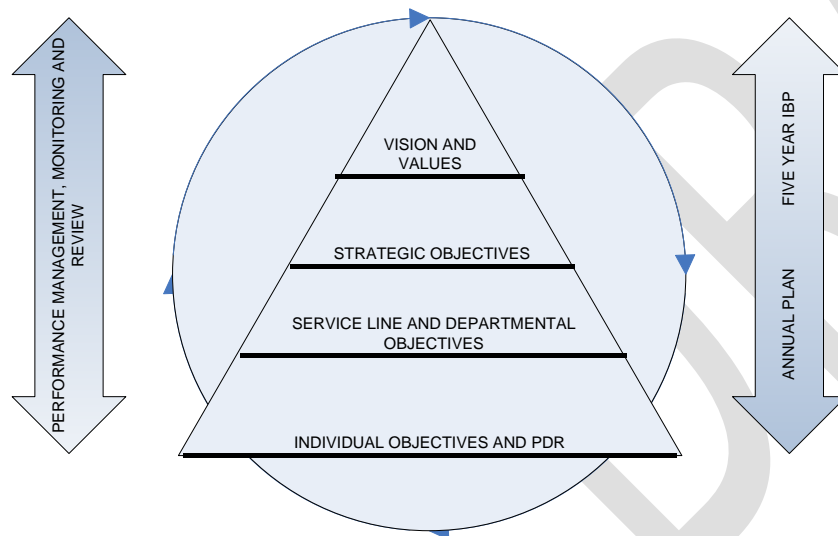




Table 3.1 YAS Strategic Goals

Strategic Goal		Strategic Objective
Continuously Improving Patient Care	1	To reduce mortality from major trauma
	2	To improve Survival to Discharge for Pre-Hospital Cardiac Arrest
	3	To deliver care in the most appropriate setting to meet the patient needs and to reduce variability and timely access to care over 24/7/365
Providing the right care, in the right place, at the right time	4	To develop as a key provider of Emergency and Urgent/Unscheduled care services in partnership with other providers
High Performing	5	To provide services which exceed regulatory and legislative standards of care and commissioner expectations
	6	To provide clinically effective care with year on year improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures
	7	To provide a service that exceeds our patients expectations
	8	To improve the quality of patient transport service provision
Always Learning	9	To develop a culture of improvement and innovation
	10	To align workforce and leadership to service delivery models
	11	To develop a research agenda that delivers improved patient outcomes
	12	To develop internal systems and processes which support innovation and continuous improvement
	13	To reduce unintended harm from patient treatment
Provider of choice in a competitive environment and deliver value for money	14	To develop rigorous performance management processes within a service line management framework
	15	To become a regional leader in healthcare resilience
	16	To contribute to the regional and local public health programme
	17	To provide value for money services within planned financial targets
	18	To contribute to the wider health economy efficiency programme



Business Plan

2012-2013

Review of Performance 2011-12



4. REVIEW OF PERFORMANCE 2011-12

Past Year Performance

Over the past year, YAS can report significant progress and improvements in terms of its business objectives. The highlights for the year include

- Delivery of the 75% Red 1 national response standard
- Improved staff engagement
- Cost Improvement Programme delivery
- Commencement and reporting against all the Ambulance Quality Indicators
- Strong performance against the majority of our CQUIN schemes
- Progression of our public health involvements

However, we also have a number of areas we need to develop

- Delivery of Patient Transport Services (PTS) key performance indicators
- Delivery of 75% performance at PCT level
- Improvements in PTS CQUIN delivery
- Delivery of £9.7m CIP plans with a surplus of £415,000
- Achieved improvements in AQIs

These have formed the focus for some of the objectives for 2012-13.

A reminder of the objectives for 2011-12, the year end RAG rated position and summary commentary is provided.

The RAG rating criteria is as follows

Rating	Criteria	Number of objectives
RED	Failure to achieve which has an impact on contractual, regulatory, legislative or national standards	0
AMBER	Partial achievement of the agreed objective	3
GREEN	Objective fully achieved	8



Table 4.1 – Overview of 2011-12 objectives with the assessed risk of achievement against the finalised year end position

Strategic Goal - Continuously improving patient care			
Strategic Aim 1		11-12 Risk of Achievement	11-12 Year End Position
1.1	Improve the quality of staff engagement and involvement throughout YAS	Amber	Green
1.2	Improve patient outcomes mapped against the areas identified in the 2011-12 operating framework	Amber	Green
Strategic Aim 2			
2	Improve the quality of patient care through delivery of the CQUINs schemes	Green	Amber
Strategic Goal - High Performing			
Strategic Aim 3			
3	Achieve and maintain a Monitor governance risk rating of Green by Q3 2011 incorporating R1 & R2	Amber	Green
Strategic Aim 4			
4	Fulfilment of requirements as a Category 1 responder	Green	Amber
Strategic Goal - Always Learning			
Strategic Aim 5			
5.1	To build sufficient membership to support a credible and successful FT application	Green	Green
5.2	The Board has sufficient skills and capacity to operate successfully as a Foundation Trust	Green	Green
Strategic Aim 6			
6	Improve staff skills and knowledge against the agreed mandatory and statutory training requirements	Green	Green
Strategic Goal - Deliver Value for Money			
Strategic Aim 7			
7.1	Achieve and sustain a Monitor financial risk rating of 3 or above	Amber	Green
7.2	Active progression of the agreed service developments in the Integrated Business Plan	Green	Green
Strategic Aim 8			
8.1	To increase YAS contribution to public health in the Yorkshire and Humber region	Amber	Amber
8.2	Design the ambulance commissioning arrangements with GP consortia	Amber	N/A*

*Please Note that this objective was removed in October 2011 following the pause and subsequent changes to the Health and Social Care Bill



Table 4.2 – Objectives for 2011-12 and year end position

Strategic Goal- Continuously improving patient care

Strategic Aim – To provide first class care through constantly seeking to innovate and be recognised for our quality

Identifier	Objective	How did we do?
1.1	Improve the quality of staff engagement and involvement throughout YAS	Significant improvements across the organisation in staff engagement and involvement and this was reflected in higher levels of training completion, and PDRs taking place and lower levels of sickness.
1.2	Improve patient outcomes mapped against the areas identified in the 2011-12 operating framework	Work is on-going around mapping patient outcomes and YAS is in a much stronger position as it learns through the implementation and review of clinical pathways. Clinical audits are now embedded and robust allowing for better outcome data with links to acute trusts particularly around survival to discharge data. YAS successfully submitted all required data against the Ambulance Quality Indicators throughout the year and we are using this information to inform the choices we make about where our clinical priorities lie.

Strategic Aim – To achieve the highest standards for our patients, meeting and exceeding their expectations in terms of outcomes, safety and experience

Identifier	Objective	How did we do?
2	Improve the quality of patient care through delivery of the CQUINS schemes	CQUINS have been successfully achieved across all of our Accident & Emergency services, however the Patient Transport Service (PTS) CQUINS have not been achieved, leaving the over-all year end position as Amber. A number of issues were highlighted around the management plans for the PTS CQUINS and learning from this has allowed for a more robust approach to the 2012-13 CQUIN planning process and the delivery in year with assigned managers and monthly monitoring.



Strategic Goal – High Performing

Strategic Aim – To provide responsive, flexible, consistent and enduring services appropriate to the needs of the patient and in line with commissioner intentions

Identifier	Objective	How did we do?
3	Achieve and maintain a Monitor governance risk rating of Green by Q3 2011 incorporating R1 & R2	Strategic aim 3 was not achieved in the financial year and has a new target of achievement of being rated Green on the Monitor Governance risk register, by the end of Quarter 1 2012-13. However, we did successfully deliver against the national response time standards for the first time.

Strategic Aim – To develop, lead, deliver and co-ordinate healthcare resilience

Identifier	Objective	How did we do?
4	Fulfilment of requirements as a Category 1 responder	We made significant progress for YAS as a Category 1 responder, with strengthened resilience and business continuity plans, along with the on-going resilience provided by the Hazardous Area Response Team. The resilience team are working in partnership with other non-health care organisations to deliver training and education in this specialist field across the region.

Strategic Goal – Always Learning

Strategic Aim – To create an environment in which YAS develops to its maximum potential, where clinical excellence flourishes, and which inspires others

Identifier	Objective	How did we do?
5.1	To build a sufficient membership to support a credible	YAS performed extremely well against our Foundation Trust consultation and membership plans, seeing the highest number of responses to the public consultation against other Ambulance Trusts who have gone through the FT application process. This gives us confidence in building our membership and Governor structures moving forwards.



	and successful FT application increasing patient	
5.2	The Board and YAS staff have sufficient skills and capacity to operate successfully as a Foundation Trust board	New committee structures within YAS and on-going Board Development work have ensured full compliance against the performance levels.

Strategic Aim – To attract, retain and enhance the skilled workforce we require to deliver services both now and in the future

Identifier	Objective	How did we do?
6	Improve staff skills and knowledge against the agreed mandatory training requirements	We evidenced significant improvement on the number of staff undertaking statutory and mandatory training throughout the year. New reporting and monitoring to support operational managers along with significant focus on delivery of PDRs throughout the organisation allowed for this achievement.

Strategic Goal – Delivers value for money

Strategic Aim – To be efficiently and effectively run and enable intelligent investment

Identifier	Objective	How did we do?
7.1	Achieve and sustain a Monitor financial risk rating of 3 or above	We successfully achieved a Monitor financial risk rating of 3 throughout the financial year. This gives a strong framework for 2012-13.
7.2	Active progression of the agreed service developments in the Integrated Business Plan	We have successfully defined the major service developments which YAS will be progressing over the next five years. We are presently involved in the tender process for the regional 111 service, have commenced service model changes linked to our response to major trauma, and are reviewing our urgent care and alternate responses to changing healthcare needs.



Strategic Aim – To engage locally, regionally and nationally to ensure YAS adds value

Identifier	Objective	Evidence
8.1	To increase YAS contribution to public health in the Yorkshire and Humber region	We achieved this objective in a number of ways through pathways development and integration and stakeholder engagement at all levels. The public health strategic focus has been agreed between the YAS Medical Director and the Regional Director for Public Health and complements the Public Health Outcomes Framework published in January 2012. The YAS Medical Director leads on the Public Health strategy for YAS and this will be an on-going piece of work
8.2	Design the ambulance commissioning arrangements with GP consortia	During the course of 2011-12, a number of additional consultations and, most importantly, the pause to the passage of the Health and Social Care Bill by the Government, meant that we were not able to progress this objective as much as we would have liked. It was therefore decided by the Board in October 2011 that this objective would be removed from the 2011-12 schedule and reframed for 2012-13 when the structures within commissioning were clearer and more mature.



Business Plan

2012-2013

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2012-13 Operational Objectives and Key Performance Indicators (KPI's)



5. 2012-13 OPERATIONAL OBJECTIVES AND KEY PERFORMANCE INDICATORS (KPI's)

Table 5.1 shows all of the operational objectives YAS will be delivering against during 2012-13 by strategic goal.

We have included a number of operational objectives for 2012-13 which we know will stretch YAS and provide us with a challenge to deliver. The Board are confident these are achievable and will directly contribute to the achievement of our strategic goals.

Throughout our business planning process a number of key themes have emerged which will be reflected in the operational and service level objectives.

On-going performance improvement

We will ensure that we deliver against all our key performance indicators sustainably throughout the year, particularly in Patient Transport Services.

Having delivered the 75% Red 1 and 2 standard at a regional and PCT cluster level, we will progress towards delivery at PCT level.

Delivery of emergency and urgent care strategy and solutions

It is our intention to bid to become a provider of 111 services for the Yorkshire and Humber region.

We will collaboratively develop an Urgent Care strategy.

We will develop our clinical hub to increase the numbers of patients treated in their own homes and not conveyed to an Emergency Department

On-going improvements to deliver Value for Money

We will deliver our planned Cost Improvements in fully and reduce our national reference cost position

We will undertake a review of our Fleet and Estates services in light of the changing front line service requirements

Foundation Trust

We will achieve and maintain our Monitor risk ratings and build a representative membership.

Quality

We will use the ambulance and clinical quality indicators to measure performance improvements in the quality of patient care.



Table 5.1 – 2012-13 Strategic Goal/Objectives Summary

Strategic Goal- Continuously improving patient care – providing the right care, in the right place, at the right time

Objective	Organisational Lead	Key Actions	Identifier	Key Performance Indicators
To reduce mortality from major trauma	Medical Director	Introduce new training, equipment, EOC trauma team	1.1	Implement Paramedic 24/7 in Emergency Operations Centre
			1.2	Roll out Major Trauma Assessment Tool
To improve Survival to Discharge for Pre Hospital Cardiac Arrest	Medical Director	Improve timeliness of response for Red 1 calls, increase paramedic scope of practice, Cardio Pulmonary Resuscitation and public education, effective Community Resilience network	1.3	Deliver 75% by Primary Care Cluster and Primary Care Trust
			1.4	Improve % of patients with Return Of Spontaneous Circulation
To deliver care in the most appropriate setting to meet patient needs and to reduce variability and timely access to care over 24/7/365	Medical Director	Clinical hub and Emergency Operations Centre, alternative pathways, rural care models, partnership working to manage peak demand, developing models of care for patients with complex needs – falls, dementia, LD, stroke, mental health, COPD, development of 'make-ready' business care	1.5	Increase calls closed through Hear and Treat to 6%
			1.6	Increase non-conveyance rates in line with CQUIN
			1.7	Increase alternative pathways utilisation
To develop as a key provider of Emergency and Urgent/Unscheduled care services in partnership with other providers	Director of Standards & Compliance	Develop and deliver alternative models of urgent care in partnership with other providers, producing an urgent care strategy as provider of 111 and a strategy if unsuccessful.	1.8	Submit credible 111 bid
			1.9	Implement 111 service
			1.10	Development and approval of Urgent Care strategy



Strategic Goal – High Performing

Objective	Organisational Lead	Key Actions	Identifier	Key Performance Indicators
To provide services which exceed regulatory and legislative standards of care and commissioner expectations	Director of Standards & Compliance	NHSLA level 2, Monitor ratings, CQC standards, contract quality compliance	2.1	CQC registration without conditions
			2.2	Achievement of NHSLA level 2
			2.3	Monitor Governance Risk rating
To provide clinically effective care with year on year improvements in Ambulance Quality Indicator and Clinical Performance Indicator measures	Director of Operations and Medical Director	AQI improvement, CPI improvement, training and education of front line staff	2.4	Improve on AQIs
			2.5	Improve on CPIs
To provide a service that exceeds our patients expectations	Director of Standards & Compliance	Increase qualitative feedback, national patient survey, engage with membership and interest groups, shaping patient expectations, single equality scheme Complete PTS transformation project in South Yorkshire	2.6	Carry out Patient Questionnaires in Accident & Emergency and Patient Transport Services to baseline service delivery
			2.7	Increase membership number for FT
			2.8	Delivery of PTS CQUINs and arrival and collection standards in South Yorkshire
To improve the quality of patient transport service provision	Director of Finance and Performance	Improve operational effectiveness and value for money with strategic partner, implement service transformation project	2.9	Deliver Service Improvement Plans (PCT level)
			2.10	Improve quality of service in the four consortia – Inward and outward journeys



Strategic Goal – Always Learning

Objective	Organisational Lead	Key Actions	Identifier	Key Performance Indicators
To develop a culture of improvement and innovation	Director of Standards & Compliance / Director of Workforce and Strategy	Fully implement Service Transformation programme, staff engagement plan, clinical leadership framework	3.1	Implement Clinical Leadership framework
			3.2	Develop and deliver staff engagement plan
To align workforce and leadership to service delivery models	Director of Workforce and Strategy	Workforce plan, training plan, CPD programme, leadership development	3.3	Remodel workforce for Accident & Emergency
			3.4	Remodel workforce for Patient Transport Services
To develop internal systems and processes which support innovation and continuous improvement	Director of Finance and Performance	Implement new technologies e.g. electronic care solution, risk management and compliance software,	3.5	Full roll out of Electronic care solutions against agreed profile and plans
To reduce unintended harm from patient treatment	Director of Standards & Compliance /DF&P	Improve incident and near miss reporting and learning, develop patient safety culture. Increase safeguarding referrals	3.6	Increase in near miss reporting
			3.7	Decrease in SUI reporting
			3.8	Increase in safeguarding Adults/Children referrals



Strategic Goal - Provider of choice in a competitive environment and deliver value for money

Objective	Organisational Lead	Key Actions	Identifier	Key Performance Indicators
To develop rigorous performance management processes within a service line management framework	Director of Finance and Performance	Develop performance management processes at all levels, introduce service line management. Implement and work to the performance management strategy.	4.1	Implement Service Line Management across all service lines by end of year
			4.2	Implement quarterly performance reviews
To become a regional leader in healthcare resilience	Director of Operations	Become provider of resilience training to external organisations and complete the development of the Gold Command centre and develop HART site proposals	4.2	Approved HART business case and acquire new site and Complete construction of Gold Command suite
			4.3	Identify external training opportunities
To contribute to the regional and local public health programme	Medical Director	Partnership working on public health priorities, public health awareness to support demand management, development of health screening initiatives	4.4	Roll out alcohol strategy/referral pathways
			4.5	Fully develop plan for agreed key Public Health priorities for YAS
To provide value for money services within planned financial targets	Director of Finance and Performance	Develop and implement CIP plans, deliver 1% net margin, year on year reduction in reference costs, develop a fleet and estates strategy	4.6	Reduction in reference costs
			4.7	Procure new vehicles in line with Accident & Emergency /Patient Transport Services plans
To contribute to the wider health economy efficiency programme	Director of Finance and Performance	Develop commercial and business development capability to pro-actively integrate YAS in to the fabric of the Y&H health economy	4.8	Develop a service improvement and stakeholder strategy with CCGs/Key partners



Business Plan

2012-2013

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Annual Planning Cycle



6. ANNUAL PLANNING CYCLE

The Annual Business Plan published in April each year is the culmination of a series of events, consultations, performance and priority review. It is a significant milestone in the business planning cycle.

YAS published the Annual Business Planning Framework in November 2011 with the aims of ensuring that the planning process:

- is as clear, transparent and simple as possible, whilst meeting the requirements of the NHS
- results in well co-ordinated and structured plans for the development of the Trusts services
- responds to external demands
- avoids unplanned and poorly tested developments
- delivers the planned level of performance against targets and standards
- supports achievement of national and contractual standards and objectives contained within the Trusts Integrated Business Plan

This section sets out the programme of work associated with monitoring and maintenance of the 2012-13 business plan and continued development of the five year Integrated Business Plan (IBP).

It is through this process that the organisation sets objectives, agrees implementation plans and reviews the monitoring and assurance cycle.

A timetable for strategic planning is included in Table 6.1 to provide an indicative sequence of events required to strategically review and plan for YAS.

As part of the YAS aspiration to be a Foundation Trust, a number of pieces of enabling work have been identified as being required during 2012-13. These have been designed to be integrated into the annual planning cycle but it is accepted that timescales and activities may be subject to change depending on the evolving requirements of the organisation due to the Foundation Trust application process and subsequent authorisation.



Table 6.1 High Level Annual Strategic Business Planning Cycle 2012-13

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
<p>Business Plan submitted to Trust Board for Approval</p> <p>Key risks assessed and Board Assurance Framework updated</p>	<p><i>(Foundation Trust Annual Plans submitted to Monitor)</i></p> <p>Quarter 4 review of the 2011-12 business plan objectives and undertake year end review</p>		<p>Review of the 2012-13 business planning process to inform the approach for 2013-14</p> <p>Quarter 1 review of the 2012-13 business plan objectives</p>			<p>Quarter 2 review of the 2012-13 business plan objectives</p>	<p>Planning principles and parameters drafted and agreed by the Senior Management Group</p>	<p>Department of Health Operating Framework published</p> <p>Clinical Commissioning Group commissioning intentions issued</p> <p>Corporate Planning Brief and Directorate key issues identified and shared</p> <p>Planning parameters finalised</p>	<p>NHS Financial Framework issued</p> <p>Contract negotiation begin</p> <p>Quarter 3 review of the 2012-13 business plan objectives</p> <p>Draft Directorate Business Plans for 2013-14</p>	<p>Draft Financial Information Management Systems (FIMS) plan to SHA</p> <p>Income projections and indicative budget allocations</p> <p>2nd round of Directorate Planning Workshops; update on contracts and presentations of Directorate Business Plans to SMG</p>	<p>Final Financial Information Management Systems (FIMS) plan to SHA</p> <p>Contracts signed</p> <p>Finalise Directorate and Trust Business Plans</p> <p>Director budget sign off meetings concluded</p> <p>Trust activity and performance plans issued</p> <p>Trust Financial Plan and budgets approved by the Trust Executive Group and Board for 2013-14</p>



Business Plan

2012-2013

Performance Management



7. PERFORMANCE MANAGEMENT

The performance management of the business plan has been considered within the context of the NHS Performance Framework, the requirements of CQC, Monitor and the requirements under Auditor's Local Evaluation (ALE).

From 1 October 2010, all health and adult social care providers are legally responsible for making sure they meet essential standards of quality and safety and must be licensed with CQC.

The CQC register and therefore license care services if they meet essential standards and monitor them to make sure they continue to do so.

YAS is registered to practise with no conditions

YAS has in place a Performance Management Strategy that sets out the commitment by Yorkshire Ambulance Service NHS Trust to establish and maintain an effective system of performance management across the Trust.

The strategy is underpinned by a focus on outcomes for patients and the public, and recognition that delivery of

these outcomes is achieved through well aligned and effective processes and outputs.

The Strategy has been developed to ensure that Yorkshire Ambulance Service NHS Trust (YAS) successfully delivers against national standards for

- quality
- performance
- finance
- patient experience

as laid down in the NHS Performance Framework and local contractual targets agreed with commissioners.

The Performance Management Strategy also seeks to encompass achievement of broader strategic objectives contained within the Trust's Integrated Business Plan (IBP) and other key enabling strategies. It achieves this by providing a focus on effective and demonstrable delivery of the 'In Year' priorities documented within the Trust's Annual Plan, which underpin our broader aims and objectives across all areas of Trust activity (see figure 7.1).

The Strategy also recognises the need to move from a centralised command and control culture underpinned by centralised budgets and independent planning by



functions, to a devolved culture, more suited to a dynamic and rapidly changing healthcare environment. To be successful, decentralisation to business units (clinical service lines) must be supported by greater alignment of business units, support functions teams and individuals to the organisation's vision, strategy and operational plans.

The remainder of the Strategy sets out the performance environment we aim to create and describes the framework and approach we have put in place to support us in achieving our objectives. It will be developed over time to include changes to the Trust's areas of operation, key performance indicators and emerging plans for the implementation of Service Line Management and Service Line Reporting.



Table 7.1 Performance Management Framework

Level 1: YAS Trust Board		
COMMITTEE	MEMBERSHIP	REPORTING DOCUMENTS
Trust Board	Full Board	Integrated Performance Report (IPR) Other Board sub-Committee supporting information (e.g. re compliance from Quality Committee or Board assurance from Audit Committee)
Senior Management Group (SMG)	CEO, Executive Directors and Associate Directors	Directorate review of IPR Presentation on key performance information, including detailed information and actions on any key business targets currently being failed Scrutiny and assurance regarding risks and adequacy of actions
Performance Review Group	Directorate Management Teams with Director of Finance and Performance and other members of TEG	Performance Management Framework Reports from thematic groups Scrutiny and assurance regarding risks and adequacy of actions
Level 2: Directorate Management		
Directorate Performance Reviews	Lead Executives, Directorate Management Team DFM and HR Business Partner	Detailed Performance Management Framework for Directorate Directorate commentary Other issues by exception
Level 3: Service Line / Functional		
Functional departmental process and review	Directorate Director, Directorate Management Team, Service Lead	Individual dashboards, locally held performance information, Risk assessment and mitigation
Level 4: Team / Individual		
Team reviews	Specialty Director, HR and Finance Managers, Service Lead with Locality Director or equivalent	Station and team level KPIs, budget review and other specific governance indicators. Risk assessment and mitigation
Individual performance management arrangements	Individual and line manager	Agreed objectives Appraisal and PDR documentation



Business Plan

2012-2013

Financial Plan



8. FINANCIAL PLAN

Introduction

The 2012/13 financial plan has been constructed through a process of engagement with key internal and external stakeholders. It is integrated with and fully supports the delivery of the 2012/13 business plan objectives.

Key points to note in respect of the plan are as follows

- Requires as a minimum the delivery of a 5% Cost Improvement Programme (CIP). This is fully identified but has a number of high risk elements.
- A surplus of £1.97m is forecast which is 1% of revenue. This is in line with the required surplus as stated in the Operating Framework for the NHS in England 2012/13
- Robust financial control will be required throughout 2012/13 focussing on the Trusts long term position as well as in year delivery
- The plan allows for the achievement of all the Trusts financial duties.

Income Plan

Accident & Emergency (A&E)

Negotiations on the A&E contract have been concluded and the following agreement reached for 2012/13:

- The A&E activity baseline for 2012/13 will be funded at full cost
- CQUIN schemes will contribute an additional 2.5% upon achievement
- The contract sets a performance standard of 75% achievement of red performance categories by PCT cluster, with the exception of NHS North Yorkshire and York, moving to 75% by PCT
- Any under or over performance in-year will be defunded or funded at 75% marginal rate and funded at full cost the following year.
- A net tariff reduction of 1.8% has been applied

A&E Commissioners have agreed to fund new developments as follows:

- ECS roll out (not included in opening budget figures)



- Olympics (local events)
- Major Trauma
- HART relocation (capital only in 2012/13)

Table 8.1 Reconciliation of A&E Contract Income from 2011/12 to 2012/13

	£,000
2011/2012 A&E Contract	158,280
Less 2011/2012 CQUINS	-2,206
Recurrent Income	156,074
Less Tariff Reduction	-2,839
25% additional 2011/2012 cost of contract over-performance	864
HART	2,853
2012/2013 CQUINS	3,896
MERIT	246
Major Trauma	367
North Yorkshire Stroke & Trauma Reconfiguration	218
Total Income – Recurrent	161,679
Olympics (Local Events)	106
Total Income	161,785
Recurrent Income Growth	3.60%
Total Income Growth	2.22%

The A&E income figure includes £1,527k, £523k and £2,853k respectively for Emergency Care Practitioners, Embrace (Sheffield neo-natal transport service) and HART.

Patient Transport Services (PTS)

The PCTs are formed into 4 regional cluster groups for the commissioning of PTS services.

Contract negotiations have been concluded with all four of the consortia members, with a number of financial penalties associated with poor performance against KPIs attached to three of the contracts for 2012/13.

Table 8.2 PTS Income Assumption Reconciliation 2011-12 and 2012-13

PTS Income	£'000
2011/2012 PTS Income	27,182
Less contract/non recurrent income	-591
Less CQUINS 2011/2012	-332
Total 2011/2012 Recurrent Income	26,259
Less Tariff Reduction	-433
CQUINS 2012/2013	634
Total Income 2012/2013	26,460
Real Income Growth/(Contraction)	0.77%

The table above takes account of known contract reductions/losses, tariff reductions and CQUINS.



Total income assumption

Table 8.3 Total Income Assumption for 2012/13

Income	£'000
A&E	156,881
ECP	1,527
Embrace	523
PTS	26,578
Private & Events	931
GPOOH	1,649
HTS	934
HART	2,853
RTA	1,183
Other Income	3,057
Total Income	196,116

Total income forecast for 2012/13 is £196m.

Expenditure Plan

Inflation / Cost Pressure Assumptions

Pay awards have only been reflected in the plan for those staff who earn less than £21,000 in line with NHS national pay settlements.

Incremental progression calculations are based on a person by person assessment of staff in post. The Trust continues to

incur a significant incremental progression cost due to the high influx of staff during the past 3 years and hence still moving through the incremental salary scale.

Non pay expenditure budgets have not been uplifted using a blanket % increase. Known increases, such as the Trust's insurance premium, will be budgeted for in full. Fuel will be budgeted in line with the outturn for 2011/12 plus 6% inflation applied.

Other cost pressures identified are the PTS Transformation Project, Clinical Leadership review and the 111 tender exercise.

Table 8.4 Summary of Inflation /Cost Pressure Assumptions

	% of baseline income	£'000
Pay Awards for staff earning less than £21,000	0.29	567
Incremental Drift	0.57	1,117
Fuel Inflation	0.22	441
PTS Transformation Project	0.31	600
Other Pressures	0.37	729
Total	1.76	3,454
Tariff reduction *	1.67	3,272
Shortfall	3.43	6,726



* Not all services are subject to the 1.8% tariff reduction, for example ICRS income (road traffic accident income recovered from insurance companies)

- Impact on patient carer experience
- Impact on operational effectiveness
- Impact on Trust reputation with patients, staff and stakeholders

Cost Improvement Programme

Plans are in place to deliver £10.4m of cost improvements in 2012/13 which relates to 5% of the recurrent baseline.

A summary of the value of the plans by directorate is as follows:

	£,000
2012/2013 Cost Improvements Service	
Transformation	4,288
Workforce / related changes	389
Support Services	1,406
Other	4,307
Total	10,390

Reserves

The following specific reserves are available

Table 8.5 2012/13 Reserves

	Pay	Non Pay	Total
	£'000	£'000	£'000
Contingency reserve	1,735		1,735
Merit (Medical Emergency Response Incident Team)		246	246
Research & Development	302		302
PTS Transformation	600		600
HART		221	221
Olympics	106		106
Other smaller reserves	150	163	313
Total	2,893	630	3,523

All CIP plans have been assessed for quality impact using the following dimensions:

- Impact on clinical quality
- Impact on patient safety



Cash Plan

The underlying cash position of the trust will increase by the end of 2012/13 as a result of planned retained surplus of £1,975,000.

The opening cash balance as at 1 April 2012 is £4,867,000, in accordance with the achieved 2011/12 External Financing Limit.

Table 8.6 shows the anticipated cash position as at 31 March 2013. A Working Capital Facility is being put in place in preparation for Foundation Trust status. This is a level of borrowing to be drawn upon on a temporary basis to smooth out short-term cash flow deficiencies, which adds further resilience to the liquidity of the Trust.

Table 8.6 Forecast Cash Movements for 2012/13

	£,000s
Opening cash balance	4,867
Retained surplus for the year	1,975
Closing cash balance	6,842

Balance Sheet

The Balance sheet is noted at Table 8.7. The overall increase in Total Assets Employed of £4.225m over the year is as a

result of the retained surplus of £1.975m and the increased Capital Resource Limit of £2.250m for the HART project.

- Non-Current Assets**
 Major Capital Schemes including HART (£2.25m), ECS (£2.062m) and estates schemes (£7.774m) account for the increase in Property, Plant & Equipment
- Working Capital**
 The retained surplus of £1.975m results in an increase in the balance held in the bank and forecast improvements to the Better Payment Practice Code are expected to reduce current liabilities.
- Non-Current Liabilities**
 Loans, less repaid equity, for the Emergency Care Solution (ECS) IT system and estates schemes are expected to increase non-current liabilities
- Taxpayer's equity**
 The HART scheme has increased Public Dividend Capital and the retained earnings reserve has increased by the surplus generated in 2012/13.



Table 8.7 Balance Sheet

Table 8.7 Balance Sheet	Opening Balance at 01/04/12	Closing Balance at 31/03/13	In Year Movement
	£000s	£000s	£000s
NON-CURRENT ASSETS:			
Property, Plant and Equipment	69,648	81,552	11,904
Intangible Assets	280	117	(163)
Trade and Other Receivables	1,833	1,831	(2)
TOTAL	71,761	83,500	11,739
CURRENT ASSETS:			
Inventories	1,729	1,683	(46)
Trade and Other Receivables	8,753	8,183	(570)
Cash and Cash Equivalents	4,867	6,842	1,975
TOTAL ASSETS	87,110	100,208	13,098
CURRENT LIABILITIES			
Trade and Other Payables	(13,086)	(11,877)	1,209
Provisions	(1,543)	(1,859)	(316)
TOTAL ASSETS LESS CURRENT LIABILITIES	72,481	86,472	13,991
NON-CURRENT LIABILITIES:			
Provisions	(5,257)	(5,354)	(97)
Borrowings		(9,669)	(9,669)
ASSETS LESS LIABILITIES (Total Assets Employed)	67,224	71,449	4,225
TAXPAYERS EQUITY			
Public Dividend Capital	74,094	76,344	2,250
Retained Earnings reserve	(11,244)	(9,269)	1,975
General Fund	4,374	4,374	0
Total	67,224	71,449	4,225

Better Payment Practice Code (BPPC)

The BPPC, which measures the invoices paid within 30 days of receipt, has historically been:

- 2008/09 53%
- 2009/10 63%
- 2010/11 75%
- 2011/12 86%

In 2012/13 a new document management system is being implemented which will automate the process of verifying the receipt of goods and services, thereby improving the turnaround of invoices. It is envisaged that this will improve the BPPC to over 90%. There is a work stream to incorporate the Fleet feeder system into the main accounting system and upon capture and processing of this information the BPPC should improve to the national target of 95%.



Financial Risk

Table 8.8 Scale of Financial Risk Inherent in the 2012/13 Plan

Risk Description		Total value of risk £000	Probability	Probable Value of risk £000	Mitigation
1	CIP Non-delivery	10,390	0.1	1,039	Contingency reserve held
2	A&E contractual penalties	6,400	0.1	640	The overtime budget will be closely managed and monitored and a contingency held
3	Loss of PTS Contracts	3,200	0.25	800	Staff aligned to contracts therefore TUPE will apply. Contribution to overheads is minimal
4	Failure to meet PTS Trajectories	600	0.5	300	Implement cost control measures
5	Non- delivery of CQUINs – A&E	3,896	0.1	390	Contingency reserve held
6	Non- delivery of CQUINs – PTS	634	0.5	317	Contingency reserve held
7	Increased Non-Pay inflation (1%)	400	0.5	200	Implement cost control measures

8	Unsuccessful in 111 bid (GPOOH contribution for one month)	10	0.5	5	Implement cost control measures
9	Industrial dispute	50	0.5	25	Implement cost control measures
TOTAL		25,580		3,716	

Table 8.9 Expenditure Budgets by Director

Directorate	Sum of £000		
	Pay	Non Pay	Grand Total
CHIEF EXECUTIVE	1,295	454	1,749
CLINICAL DIRECTORATE	1,138	47	1,185
FINANCE & PERFORMANCE	9,274	44,607	53,881
OPERATIONS	104,869	2,786	107,655
PTS	16,724	1,790	18,514
STANDARDS & COMPLIANCE	2,150	731	2,881
WORKFORCE & STRATEGY	3,198	1,555	4,753
RESERVES	2,893	630	3,523
Grand Total	141,541	52,600	194,141



Overall Income and Expenditure

Table 8.10 Recurrent Income and Expenditure Summary

	£'000
Income	
A&E	158,931
PTS	27,509
GPOOH	1,649
HART/CBRN	2,853
Protected/mandatory Clinical Revenue	190,942
Private Patient	0
RTA	1,183
Non Protected/mandatory revenue	1,183
Other Income	3,991
Total Income	196,116
Expenditure	
Pay	-138,648
Non Pay	-40,060
Reserves	-3,523
Total	-182,231

EBITDA	13,885
Surplus from Operations Margin	7.1%
Non-operating Income	
Gain/(loss on asset disposals)	0
Interest Receivable	27
Total non-operating income	27
Non-operating Expenses	
Impairments Property, Plant and Equipment	0
Other Finance Costs	-143
Depreciation and amortisation	-9,336
Total non-operating expenses	-9,479
Surplus for the year	4,433
PDC Dividend	-2,276
Interest Payable	-182
Total	-2,458
Surplus	1,975



Business Plan

2012-2013

Capital Plan



9. CAPITAL PLAN

The 2012/13 Capital Programme includes the Minor Scheme programme and a Major Scheme programme. The Minor scheme programme of £8.99m is based on the depreciation and anticipated Capital Resource Limit (CRL) of the Trust.

As part of the Business Planning Process all budget holders have presented their aspirations and required resources for 2012/13. Where these aspirations have a Capital Resource implication these details have been captured and a Capital bid Business Case has been formulated.

Bids totalling over £15m were received, and a prioritisation forum was held where Executives and Bidders worked through Business Cases and prioritised these in accordance with Business Objectives and potential impact. As a result a Programme was set up to the anticipated CRL limit, with other schemes being held as reserve or being dismissed. The resultant Minor Scheme Capital Programme is contained at Table 9.1 below.

Two major capital schemes have been progressed and form the Major Scheme element of the 2012/13 capital programme; these are contained at table 9.2. The schemes will be delivered over more than one Financial Year and funding will come from the SHA/ DH.

Table 9.2 2012/13 Capital Programme (Major Schemes)

	2012/13	2013/14
	<u>Value</u>	<u>Value</u>
<u>Scheme</u>	<u>£000</u>	<u>£000</u>
HART	2250	2250
Emergency Care Solution/ Electronic Patient Records	2062	1452

The Trust is in discussion with the SHA regarding the option for purchase of an HQ facility as part of an invest to save scheme. This could have the result in the Trust accessing a loan from the DH/SHA. This is subject to a separate business case and if approved would increase the size of the Capital Programme.

The capital charges and other revenue consequences of rolling out the ECS system is being supported by commissioners as part of the A&E contract settlement for 2012/13 and a business case is being developed to obtain Board and SHA support.

The outline and full business cases to support the HART relocation are due to come to the Board early in the new financial year and the DH has given an indication it will support the scheme subject to Board approval



NHS North of England have advised estimated capital sums for these schemes should be included in initial financial plans for 2012/13 ahead of Trust and SHA approval to ensure external capital funds are available as and when required.

2012/13 capital programme

Table 9.1 Minor Schemes Funded from Capital Resource Limit

<u>Scheme</u>	<u>Value £000</u>	<u>Resources £000</u>
111 service	1385	
Defibrillator replacements	1500	
A&E vehicles	1904	
PTS Vehicle contingency	1038	
IM&T	1275	
Estates	890	
Medical Equipment	442	
Gold cell	356	
CFR Defibrillators	160	
Plant & machinery	25	
CFR vehicles x3	15	
Capital Resource Limit		8990

Major Schemes funded Externally

HART	2250	
Emergency Care Solution/ Electronic Patient Records	2062	
Estates Reconfiguration	7774	
Major Scheme funding		12086

Overall Capital Programme	21076	21076



Business Plan

2012-2013

Risk Management



10. RISK MANAGEMENT

The NHS Operating Framework 2012-13 outlines the requirements for this second year of the quality and productivity challenge and the final year of transition to new commissioning and management system for the NHS.

During 2012-13 the Trust will need to balance and meet the financial challenge and demands for continuous improvements to patient safety and quality of care.

The Trust will be performance managed against a combination of delivery of response time standard and clinical outcomes targets. Achieving national response time standards will remain a primary performance objective for the Trust during 2012-13, however; it recognises the equal importance of delivering the quality agenda.

The Clinical Quality Strategy 2012-15, complements and is fully aligned to other key enabling strategies underpinning delivery of the Trust Integrated Business Plan 2012-2017. This strategy sets out a framework for further development necessary to deliver the national and local quality agenda. It is informed by positive and negative feedback and associated actions and risk assessments, together with national and independent review of quality, to support the delivery of safety and excellence in patient care. This remit includes a focus on safety, clinical effectiveness and patient experience. This approach will enable the Trust Board to obtain assurance that

international evidence on best practice in the relevant areas. The strategy also focuses on the contribution of all Trust employees in delivering high quality care and in supporting improvements in our services.

The Trust routinely faces challenges to improve its quality of service whilst also improving efficiency and reducing costs. All decisions taken in this regard are

- objective
- risk based and balanced
- take account of costs and savings
- consider quality and implementation impacts

Risks emanating from this process are escalated using the Trust's Risk Escalation and Reporting Procedure.

This document details the process whereby the Trust will methodically address identified risks with the goal of eradicating or reducing these risks to an acceptable level.

During 2011 the Trust reviewed and strengthened its committee structures. A Quality Committee was introduced which will provide the Trust Board with an objective and

high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place.



The Trust Risk and Assurance Group will continue to monitor the risk, control and assurance processes and report to the Trust Executive Group on any weaknesses identified to ensure that the Trust has in place effective systems for the management of risk.

An Annual Governance Statement is produced on an annual basis by the Trust as a requirement of the Department of Health. The statement, which includes a Head of Internal Audit opinion, covers any significant control issues faced by the Trust. Internal Audit will continue to play an active role in the examination of risk management arrangements and as a provider of positive assurance.

Key Business Risks

These risks are captured on the Board Assurance Framework and controls and assurances in relation to these risks are monitored at Board and in the Executive Risk Management Group. The Audit Committee provides objective scrutiny of the

processes underpinning the management of these strategic risks.

The Corporate Risk Register records significant operational risks, identified both through Executive review and via departmental risk registers, which might contribute to these strategic risks and affect the Trusts' ability to deliver the IBP objectives.

The downside scenarios expand on known risks with a potentially significant financial implication captured in the Corporate Risk Register, in order to identify the implications and level of mitigation required in greater depth.

All of the strategic risks are identified on the corporate risk register and on the Board Assurance Framework are aligned to the individual objective against which they are relevant.



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Foundation Trust Programme



11. FOUNDATION TRUST PROGRAMME

2012 –13 is a year of transition for YAS as it progresses along the journey to become an NHS Foundation Trust (FT).

The Health and Social Care Bill, first published on 19 January 2011, is nearing the end of its passage through Parliament into Law. The Bill proposes that all NHS Trusts will be required to become NHS Foundation Trusts (or become part of a NHS Foundation Trust) as soon as is clinically feasible, with a clear target of April 2014.

To date, four ambulance trusts have become authorised as FTs (South West, South East Coast, North East and South Central).

The Benefits

We believe that achieving FT status will help us fulfil our potential as a high performing organisation and enable us to effectively deliver our vision.

Being a membership-based organisation, our members (made up from our staff, volunteers and members of the public from across Yorkshire) will ensure that the services we provide are fit for purpose and effectively meet the health needs of our local residents.

By actively involving our Members in two-way engagement and involvement, their local knowledge will help us develop and evaluate our services – highlighting opportunities for improvement or service development.

Through a Council of Governors, drawn from our Members and local partner organisations, YAS's Board of Directors can stay closer to what really matters to the people we serve and the staff who work for us. The Council of Governors will also help the Directors make choices about the future of the organisation, or decisions about where efforts or resources should be prioritised.

With more financial flexibility, any money we save can be re-invested back into our local services. This will help us differentiate ourselves from private ambulance providers, which will be vital for our sustainability and growth in an increasingly competitive market place.

All in all, becoming an FT will make YAS more effective and efficient. It will enable us to become more flexible and adaptable, and better able to seize new opportunities or change to fit new commissioning priorities.



YAS Plans

YAS continued to work on its plans to become an NHS FT throughout 2011-12. In May 2011, we signed a Tripartite Formal Agreement with the Yorkshire and Humber Strategic Health Authority (SHA) and the Department of Health agreeing the milestones on our journey towards authorisation. This is published on our website; it sets out the key milestones on our journey towards FT authorisation, confirming that our plans are robust and that we have no quality, financial or performance issues which would prevent us from making a successful application to become an NHS FT.

During 2011-12 we developed a constitution to support our new organisational form. Between September and December 2011 we held a statutory 12 week public consultation around our proposed governance arrangements and our plans for the future as an NHS FT. The Trust achieved the highest response rate of all NHS Ambulance Trust Foundation Trust consultations in the country (1604 hard copy and online responses) and also recorded engagement with more stakeholders than any other such ambulance trust consultations.

During 2012 we will continue on our journey to become an NHS FT. Following a rigorous evaluation and authorisation process we aim to be authorised as an NHS FT during 2012-13.

Next Steps

Over the coming months, YAS will undergo a number of organisational changes to ensure its readiness to operate as an NHS FT (many of which are set out in the objectives outlined in this 2012-13 Annual Plan). Key to these changes is an increased level of communication, two-way engagement and involvement of our members of staff and external stakeholders. By highlighting our plans for the future, and how the role of members and governors on the Council of Governors will provide people with a real opportunity to help influence the development and delivery of services in the future, we hope to encourage all our staff and a representative collection of residents to choose to become Members of the new organisation.

All our members of staff will automatically be opted-in as Staff Members of the new organisation unless they choose not to, to capitalise on the valuable knowledge and experience that they possess, to help ensure the success of the new organisation. Following our staff membership recruitment, we will focus our attention on our external membership recruitment drive; looking to our volunteers and local residents to support us as Public Members.



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Glossary of Term



12. GLOSSARY OF TERMS

Term	Explanation / Translation
A&E	Accident and Emergency service (999 ambulance service)
Air Ambulance	Helicopter ambulances used to reach patients in inaccessible areas or where they are a significant distance from a hospital and need time-critical treatment. They are run in the UK through charitable funding
ALE	Auditors' Local Evaluation – assesses how well NHS organisations manage and use financial resources
AQI	Ambulance Quality Indicator – metrics used to measure the overall quality of patient care and outcomes
Board Assurance Framework (BAF)	Mechanism for reporting information about and driving quality improvement and risk management within the organisation
Capital cost absorption rate	The process whereby the cost of capital is taken account of fully (absorbed) in an organisation's costs
Capital Resource Limit (CRL)	CRLs are set by the Department of Health and are a measure of expenditure less disposal of assets, grants and donations

CRR	Corporate Risk Register
Capital programme	Details the capital investment plans for the Trust
Care Quality Commission (CQC)	An independent, non-governmental agency responsible for regulating all health and adult social care services in England
CEO	Chief Executive Officer
CBU	Clinical Business Unit
Civil Contingencies Act 2004	Legislation setting out the requirements for organisations which may need to respond to a significant major incident within their operational area
Clinical Hub	A team of clinical advisors based within the emergency operations centre (EOC) providing support for patients with non life-threatening conditions
Clinical Pathways	The standardisation of care practices to reduce variability in clinical practice and improve outcomes for patients
CPI	Clinical Performance Indicator – metrics used to assess how well the ambulance trust is doing in relation to specific patient presentations
CQUINs	Commissioning for Quality and Innovation – A payment framework which makes a proportion of providers' income conditional upon the achievement of quality and innovation targets
CIP	Cost Improvement Programme
DH	Department of Health



EBITDA	Earnings Before Interest, Taxation, Depreciation and Amortisation
EOC	Emergency Operations Centre (formerly Access and Response)
Foundation Trust	An NHS organisation which operates more independently under a different governance and financial framework
Governance	Measures which ensure the appropriate management of an organisation
GP	General Practitioner
HART	Hazardous Area Response Team – a group of staff who are trained to deliver ambulance services in dangerous environments such as collapsed buildings, at height or underground
HR	Human Resources
HSE	Health and Safety Executive
IBP	Integrated Business Plan – sets out an organisation’s vision and its plans to achieve that vision in the future. It includes a long term financial model (LTFM) which shows the plan is affordable and how will be financed
IM&T	Information Management and Technology
IPR	Integrated Performance Report
KPI	Key Performance Indicator
LINK	Local Involvement Network
LSMS	Local Security Management Service
LTFM	Long Term Financial Model – the financial modelling of an Integrated Business Plan which demonstrates its viability and sustainability over the lifetime of the plan
MERIT	Medical Emergency Response Incident Team
NED	Non-Executive Director

NHS	National Health Service
NHS Constitution	The NHS constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.
NHSLA	National Health Service Litigation Authority
NI	National Insurance
OD	Organisational Development
OSC	Overview and Scrutiny Committee – local authority bodies which provide scrutiny of public service provision in their local area, including health
PCT	Primary Care Trust
Patient Transport Service (PTS)	Non-emergency transport services for eligible patients to and from their homes and out-patient/clinic appointments
Quality Strategy	Framework for the management of quality within YAS
Red Call (formerly category A call)	An immediately life-threatening situation requiring emergency assistance eg cardiac arrest, choking, uncontrolled haemorrhage etc. The objective is to provide immediate aid to apply life-saving skills supported by clinical intervention
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people
SHA	Strategic Health Authority
SIC	Statement of Internal Control



SLA	Service Level Agreement
Stakeholders	All those who may use the service, be affected by or who should be involved in its operation
Standards for Better Health	Set of standards for NHS organisations designed to improve services provided to patients
Urban Search and Rescue	Part of HART, specialist team of paramedics who have been trained to carry out emergency

	treatment in difficult conditions, for example, where a patient is trapped underground
YAS	Yorkshire Ambulance Service NHS Trust



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Appendices

