Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Annual Business Plan
2013-14

1 April 2013

POSITIVE ABOUT DISABLED PEOPLE

Version Control – Internal Versions

Version	Date	Author	Status (S/D)	Description of Change
1.0	20.03.2013	Rod Barnes/ Catherine Balazs	D	• First draft for Board review
				•
				•
				•
				•
				•
				•

S = Signed Off D = Draft

This document is controlled.
If you would like to suggest amendments to this document please contact the document author.

Version Control – External Versions

Version	Date	Author	Status (S/D)	Description of Change

S = Signed Off D = Draft

This document is controlled.
If you would like to suggest amendments to this document please contact the document author.

CONTENTS

1 EXECUTIVE SUMMARY 5
Introduction 5
Review of Performance 2012-13 7
Strategic Aims and 2013-14 Business Objectives 8
Annual Planning Cycle 9
Performance Management 10
Financial Plan 11
Capital Programme 11
Governance 12
Foundation Trust Programme 13

2. PROFILE 15
Geography 15
Range of Services 16

3. REVIEW OF PERFORMANCE 2012-13 19
Past Year Performance 19
Key Service statistics 21
Performance YTD for A&E 22
PTS Performance 22
2012-13 Objectives year-end position 24

4. STRATEGIC DIRECTION 29
Strategic Direction 2013-2018 31
YAS Projects 2013-14 33

5. 2013-14 ANNUAL OBJECTIVES AND CQUINs 36
CQUIN Priorities 45
Activity Planning Assumptions 46

6. ANNUAL PLANNING CYCLE 48
Table 6.1 High Level Annual Strategic Business Planning Cycle 2013-14 49

7. PERFORMANCE MANAGEMENT 51

8. FINANCIAL PLAN 55
Introduction 55
Income Plan 55
Patient Transport Service (PTS) 57
Total income assumption 58
Expenditure Plan 59
Cash Plan 61
Better Payment Practice Code (BPPC) 65

9. CAPITAL PLAN 69

10. RISK MANAGEMENT 72

11. FOUNDATION TRUST PROGRAMME 75

12. GLOSSARY OF TERMS 79

Appendix 82
Appendix 1 – Map Of the YAS Region and Placement of YAS Resource 83

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Business Plan
2013-14

Executive Summary

1 EXECUTIVE SUMMARY

Introduction

Our 2013/14 annual business plan outlines our ambitions, aspirations and plans for the next year 'to provide an ambulance service for Yorkshire and the Humber which is continually improving patient care, high performing, always learning and delivers value for money'.

The coming year will see several significant milestones for Yorkshire Ambulance Service as we fully implement the NHS 111 service across Yorkshire, Bassetlaw and North East Lincolnshire. We will also roll out the new A&E workforce model which will see larger than ever numbers of clinical staff gaining formal academic qualifications which will help us to achieve our aim of increasing our numbers of paramedics. We also hope to complete our journey to be authorised as a foundation trust enabling us through our members to better engage with our service users and the communities we serve. These changes are an important step in our drive to further improve the quality of services we provide and the health outcome of our patients.

Our services, clinical capability and technology have improved dramatically in recent years with staff now administrating many treatments at the scene of an incident which would previously only have been carried out at a hospital setting. We recognise that this progress must continue in order to meet the changing needs of our patients and deliver improved health outcomes for our patients.

To achieve this we will be investing in improving frontline clinical skills, giving staff access to advice and information to aid decision making, through the clinical hub, the Directory of Services and the roll out of the Emergency Care Solution, and ensuring that our estate and fleet ensure that patients have timely access to services in a safe and clean environment. The quality of our services and the care we provide to our patients will continue to be our utmost priority during the next year.

We are working with partners across the entire health economy to re-design patient care pathways to reduce admissions to acute hospitals and ensure that patients who do not need to be conveyed to hospital receive appropriate care closer to home. Demand continues to increase faster than available funding and the breadth and complexity of patients' healthcare needs are higher than ever before. We want to play our part in maximising the use of alternative care settings such as walk-in centres, pharmacies, local

health centres and community nursing teams to reduce unnecessary hospital attendances and associated pressures and costs for the whole health economy.

Through our 999 and NHS 111 services we are the largest single gateway to healthcare across Yorkshire and the Humber. This places us in a unique position to lead and support the transformation, integration and alignment of healthcare services across the region to best meet the needs of our local communities.

Through implementation of the NHS 111 service, we are a key contributor to the development of the 'Directory of Services' for Yorkshire and the Humber which will enable clinicians and staff in our Emergency Operations Centre (EOC) to identify patients' needs and guide them to the most appropriate service or advice. We are also investing in technology to enable us to share information with acute and primary care services, to ensure the most up-to-date patient information is available at all stages in the care pathway.

The current economic outlook continues to provide significant financial challenges and we will again have to make significant efficiency savings to ensure that we have financial resilience to enable us to invest in service transformation, service developments and clinical quality.

The changing landscape of commissioning, increased competition, opportunities presented by being the provider of NHS 111 single point of access and increasing quality within a difficult financial environment present us with both opportunities and challenges.

The role out of Service Line Management & Service Transformation will enhance our ability to respond to the challenges ahead.

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 these challenges positively and take the opportunities presented to improve services for the people we serve. This demand describes the actions we intend to take in the coming 12 months to achieve these aims.

Review of Performance 2012-13

2012-13 has been a year of on-going improvement for YAS and significant service delivery.

Some of the key highlights for the year include:

- Successful in our bid to provide the NHS 111 service for the whole of Yorkshire, Bassetlaw and North East Lincolnshire and 'going live' with the service in early March from two new call centres in Wakefield and Rotherham

- Delivery of the combined Red 8 minute national response standard for 75% of calls for the second consecutive year

- The Patient Transport Service has delivered significant improvements in the timeliness of patient arrival and collection at hospital

- The CQC found we were fully compliant with the standards for treating people with respect, involving them in their care, meeting their needs, caring for them safely and standards of staffing and management.

- All statutory financial targets have been met and the Trust has delivered a financial surplus and cost improvement plans in line with the trajectory required as an aspirant FT

In relation to the key national targets our year to date position, as at end of February 2013, against the combined Red standard for 2012-13 is 75.3% (75.7% for 2011-12 year end) against a standard of 75%. This is a positive reflection of the sustained focus on performance throughout the year.

We fully achieved 14 of our 18 objectives in 2012-13 and delivered substantial and sustainable progress against the others. Those that remain at an amber risk rating are running over a longer period and we expect to see significant improvements in 2013-14.

Strategic Aims and 2013-14 Business Objectives

It is our intention to deliver a number of key projects for 2013-14 which directly contribute to the delivery of our four strategic aims

- Continuously improving patient care
- High performing
- Always learning
- Value for Money and Provider of Choice

We have identified a number of business objectives for 2013-14 which will support this. Our key objectives include:

- Continuing to implement the new A&E workforce model, supported by a review of staff rotas in order to deliver improved consistency in Red performance across the year, and across the Yorkshire and the Humber region including rural areas.
- Deliver the RED 1 mandatory target which becomes effective from the 1 April 2013, through implementation of our RED 1 action plan.
- Expanding the role of the Clinical Hub, improve advice available to front line clinicians and developing our urgent care offering to reduce inappropriate admissions to A&E.
- Achieving foundation trust status by the end of 2013/14;
- Deliver our cost improvement plans which will also lead to a reduction in our national reference cost position and an improved financial surplus.
- Develop and roll out of the Emergency Care Solution (electronic Patient Record Form system).
- To reduce mortality from major trauma and improve survival to discharge for Pre-Hospital Cardiac Arrest
- Development of 'Directory of Services' (DoS) to enable clinicians and staff in our EOC to guide them to the most appropriate service or advice.
- Phased roll out of Service Line Management and service transformation across the Trust.

- Continue to implement the transformation programme for PTS in order to improve the affordability and quality of our services.

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 our 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

Our Annual Business Planning Framework includes a planned programme of activities relating to the delivery and assurance of the business plan for the Trust throughout 2013-14 has been outlined below.

- 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 (CCGs) to inform educate and develop plans for the future provision of the services YAS delivers.

- Agreement of the key projects 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 Programme achievement and financial position (bi-monthly)
- Specific groups to review progress in relation to Clinical Governance/Workforce Governance, Performance Review, Operations Management, Risk and Assurance, Health and Safety and Fleet and Equipment reporting through the Senior Management Group
- Monthly Consortia Management Board meetings with CCG commissioning leads
- Audit Committee scrutiny
- Quality Committee scrutiny
- Trust Executive Group overview and assessment of delivery
- Department and Team meetings
- Delivery of objectives agreed in individual Personal Development Review meetings (appraisal) aligned to the strategic aims.

Financial Plan

Our 2013/14 financial plan (as detailed in Section 8) is based on our five year financial strategy to deliver the best possible clinical services within the financial resources available. Our financial strategy is focused on delivering financial resilience in a tough economic environment, providing us with the ability to withstand the pressures and risks we face due to factors such as growing demand, reducing public sector finances and increased competition. In order to achieve this we must ensure we deliver financial surpluses equivalent to 1% of turnover and have enough free cash flow available to fund our capital programme and meet our day to day financial obligations as they fall due.

Our plan will be achieved by delivering cost improvements through service redesign and eliminating waste, whilst ensuring on-going delivery of safe, effective patient care. This will provide us with the financial resilience to mitigate against our key risks and support delivery of improved services for the benefit of our patients.

We are also focused on improving our commercial capabilities and ensuring all service lines make a positive financial contribution by utilising Service Line Management (SLM). SLM will enable services to better understand their income streams, costs and performance and organise their services in a way which will benefit patients and deliver efficiencies for the whole organisation.

The financial plan as detailed in Section 8 is based on our draft contract position 2013-14. The plan allows for the achievement of all the Trust's statutory financial duties.

Capital Programme

The capital programme for 2013-14 details the capital investment plan and identifies Estates, Fleet and Information and Communication Technology (ICT) as being the primary investment areas together with Commissioner funding to support the roll-out of the Emergency Care Solution (ECS) and enhancements to the infrastructure to support Resilience within Yorkshire and the Humber through the purchase and development of a new HART premises. Continuing replacement of the PTS stretcher vehicle fleet and a replacement of the current model of carry chairs with a new ergonomically approved model.

Governance

The Trust has a robust approach to governance which has been strengthened as a result of internal reviews, external feedback and best practice guidance.

Our Trust Board will ensure our strategy is achieved through strong leadership, developing, reinforcing and fully embedding our mission, vision and values. This will provide a clear strategic narrative and common purpose throughout the organisation, creating clarity for staff on ‘what we will do’ and ‘how we will do it’ both as an organisation and as individuals.

The Trust Board is formed by Executive and Non-Executive Directors operating in a unitary Board. The Trust Executive Group and Non-executive Directors bring together a formidable array of skills, experience and knowledge to the Trust Board, from both within the health service and across a range of other public sector, commercial and voluntary organisations.

The organisation is undergoing a significant period of change and has therefore strengthened its corporate governance in the light of current guidance and best practice to support our extensive Service Transformation Programme.

We have revised and strengthened our quality governance and performance management arrangements in accordance with Monitor’s Compliance Framework requirements.

The Trust has also developed its Information, Communication and Technology (ICT) Strategy to support the delivery of objectives with underpinning capital investment and robust information governance arrangements.

The “Francis” report into the Mid Staffordshire NHS Foundation Trust Public Inquiry was published in February 2013. The Inquiry identified a number of failings including:

- A culture focused on system business rather than patients
- Inadequate monitoring and lack of focus on information reflecting concerns about standards of patient care
- Too great a tolerance of poor standards and risk to patients
- A failure of organisations to share knowledge about concerns

- A failure to lead the delivery of a positive culture, particularly within the nursing and medical professions.
- A failure to appreciate the disruptive nature of re-organisation and loss of corporate memory

The recommendations contained within the report included ensuring that patients are the first priority, ensuring standards of behaviour, values and principles reflect those enshrined in the NHS Constitution, encouraging and insisting on reporting of incidents of concern to patient safety and ensuring robust processes exist to learn from complaints and adverse incidents.

Whilst many of these issues are already directly addressed through existing Trust policies and processes, we will undertake a formal review during the coming year to consider the impact the Reports' recommendations on our internal systems and processes, and on engagement with external stakeholders. This includes reference to culture, leadership, accountability, openness, learning from complaints and incidents, involvement of patients and carers and the monitoring and reporting of safety and quality information.

Foundation Trust Programme

2013-14 is another important year for YAS in terms of our aspirations to become a Foundation Trust.

We have made significant progress on our journey. After completing our statutory public consultation during 2011-12 we have successfully completed the Strategic Health Authority phase of the Application process. We are now in the next assessment phase under the NHS Trust Development Authority (TDA) prior to being considered for authorisation by Monitor with a view to being authorised during the 2013-14 financial year.

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Business Plan
2013-2014

Trust Profile

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

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.

YAS has a fleet of 495 specially-equipped emergency vehicles operating from 62 ambulance stations located across Yorkshire and the Humber. We operate an Emergency Operations Centre (EOC) from two sites in Wakefield and York, from where we activate our emergency response services. We also have NHS 111 Call centre operations in York, Wakefield and Rotherham. 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.

Range of Services

YAS provides services in a number of specific areas:

Emergency Operations Centre

We operate a virtual Emergency Operations Centre (EOC) from sites at Wakefield and York where staff receive 999 calls. Our EOC staff assess the calls and then send the most appropriate response to the patient or route the call to our Clinical Hub staffed by experienced paramedics. In some minor cases, the call will be passed to NHS 111 (formerly NHS Direct) or other healthcare services for on-going care.

A&E Operations

We provide an Accident and Emergency (A&E) service in response to 999 calls. We provide the most appropriate clinical response for patients with emergency and urgent conditions using transport activated by our EOC. Clinically trained staff will assess and treat patients at the scene and, where necessary, transport them to an emergency department or another NHS facility such as a walk-in centre or minor injuries unit for further assessment and treatment.

Resilience and Special Services

Our Resilience and Special Services team plans the Trust's response to major and significant incidents within the region. Examples include flooding, public transport incidents, pandemic flu, and chemical, biological, radiological or nuclear (CBRN) incidents. Our Hazardous Area Response Team (HART) provides a clinical response within the inner cordon of emergency incidents, particularly where there are mass casualties. An element of the HART is our Urban Search and Rescue (USAR) team which can respond to incidents involving entrapments at height, underground, in collapsed structures and other places that are difficult to reach.

GP Out-of-Hours

We provide GP Out-of-Hours (GP OOH) call handling and IT infrastructure to other healthcare providers. This involves taking calls

during periods when GP surgeries are closed such as weekends, overnight and bank holidays and liaising with these healthcare providers to ensure patients receive the most appropriate visit or advice from a healthcare professional.

Patient Transport Service

A significant part of our organisation delivers a Patient Transport Service (PTS). This involves the transport of patients who have been referred for treatment to hospital outpatient departments, or other treatment centres, and are unable to use other transport options due to their medical condition. It also provides non-urgent transfers between hospitals and healthcare providers. Our PTS is operated by staff that have been trained in first aid, moving and handling techniques and specialist driving skills.

NHS 111

The NHS 111 service is a national mandatory requirement and we were successful in our bid to run the service for the Yorkshire and the Humber region, Bassetlaw, North Lincolnshire and North East Lincolnshire, from March 2013. Patients whose condition is not life-threatening, but who require urgent care services, will be able to ring the NHS 111 number and will be offered telephone advice and signposting to the right service for their needs. It is expected that, by managing patients through a single point of contact, hospital attendances and admissions will be reduced.

Volunteers

We are supported by many community-based volunteers known as Community First Responders who have been trained by the Trust to assist in our response to certain medical emergencies. Volunteers are always backed up by ambulance professionals and there is no doubt that their early intervention has saved many lives. We also have a number of volunteer car drivers who support the delivery of our PTS.

Yorkshire Air Ambulance

We continue to work in partnership with the YAA charity to provide paramedics for a Helicopter Emergency Medical Service (HEMS) response to emergencies. The two YAA helicopters are based at Leeds Bradford International Airport and Topcliffe, North Yorkshire

Business Plan
2013-14

Review of Performance 2012-13

3. REVIEW OF PERFORMANCE 2012-13

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

- Being successful in bidding to provide the NHS 111 service for the whole of Yorkshire, Bassetlaw and North East Lincolnshire and 'going live' with the first phase of the service in early March from two new call centres in Wakefield and Rotherham

- Delivery of the combined Red 8 minute national response standard for 75% of calls for the second consecutive year. We have also successfully delivered against the Red 19 national response standard to have a transporting ambulance with patients within 19 minutes in 95% of cases.

- The Patient Transport Service delivered significant improvements in the timeliness of patient arrival and collection at hospital

- The introduction of a new A&E workforce model, including the introduction of a consistent clinical support role of Emergency Care Assistant and plans to providing funding and access for staff to higher education courses to become state registered and fully qualified paramedics

- Ambulance Quality Indicator performance has improved in year for call closed through telephone triage, non conveyance to hospital, STEMI care, Return of Spontaneous Circulation and Survival discharge (for cardiac arrests) for the Utstein patient group and re-contact rate within 24 hours following telephone advice.

- The CQC found we were fully compliant with the standards for treating people with respect and involving them in their care, meeting their needs, caring for them safely and standards of staffing and management.

- During the course of the year the Trust has recruited in excess of 4,700 new public members and progressed to the Trust Development Authority stage of foundation trust application pipeline

- All statutory financial targets have been met and the Trust has delivered a financial surplus and cost improvement plans in line with the trajectory required as an aspirant FT

However, there are a number of areas where we need to take further steps to continue the required improvements to our services.

In line with Trust Development Authority planning guidance we have been tasked with identifying improvement priorities from reviewing those areas where we benchmark less well against other ambulance services, to inform our improvement plans for the coming year. These include:

- Improving the rate of Hear and Treat (calls completed with telephone advice) and reduce the proportion of conveyances.
- Further reduction in our national reference costs through improved productivity and efficiency schemes.
- Improve response to stroke patients and ensure records are completed correctly and accurately.
- Improve information recording and clinical delivery for Return of spontaneous circulation (ROSC).
- Reduce levels of sickness absence across the Trust.

In addition to these we have ongoing programmes of work to improve our delivery of the Red 1 A&E performance standard. These have formed the focus for our improvement priorities in 2013-14.

A reminder of the objectives for 2012-13, the year-end RAG rated position and summary commentary is provided below.

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	4
GREEN	Objective fully achieved	14

Key Service statistics

Key Statistic	YTD (Feb 2013)	Projected 2012-13	Planned / Projected 2013/14
A&E Incidents (SLA incidents based on allocations)	654,821	673,400	693,610
Non conveyance Rate	25.4%	22.1%	23.6%
Average Turnaround Times at A&E	28.3 mins	28.3 mins	26.3 mins
Average handover Times at A&E	14.18mins	16.0 mins	15.6 mins
PTS (Number of journeys)	1,018,200	1,148,260	1,107,273
111 (number of calls)	-	0.1m	1.4m
Income (£m)	185.7	209.5	221.0
Surplus (£m)	1.6	2.095	2.6
Workforce (Number of staff employed)	3,927	4,179	4,253

Performance YTD for A&E

Red 1 - The national standard response is within eight minutes in a minimum of 75% of cases - identified as calls for life-threatening conditions such as cardiac arrest. An appropriate response is dispatched immediately when enough information is gathered about the location of the incident.

Red 2 - All other approved Category A calls requiring a response within eight minutes in a minimum of 75% of cases. Adjustments to the 999 clock start which came into effect on 1 June 2012 now provide some extra time to establish the chief complaint on Red 2 calls. A19 patients requiring a transporting vehicle must have one available within 19 minutes in 95% of cases.

A&E Performance YTD 2012-13

	Target	YTD 2012 -13 to February	Forecast Outturn 2012-13	2011-12 Outturn
8 minute performance				
Combined Red	75.0%	75.3%	75.2%	75.70%
Red1	75.0%	72.4%	72.4%	N/A
Red2	75.0%	75.5%	75.5%	N/A
19 minute performance				
Combined Red	95.0%	97.0%	97.0%	97.90%
Red1	95.0%	98.5%	98.5%	N/A
Red2	95.0%	96.9%	96.9%	N/A

PTS Performance

2012-13 provided PTS with some significant challenges in terms of operational performance with the inclusion of additional key performance indicators within our four contracts, the introduction of financial penalties into the contracts for the first time, and

increasing expectations from patients with regards to the quality of the service that they receive. However, we have risen to the challenge admirably and have significantly improved our performance across a number of key areas.

We have been working with external partners to understand our PTS service better than ever before, involving our front line staff, managers and partner organisations. This has led to a number of improvements which have resulted in patients having a more positive experience of PTS.

We know from patient feedback through focus group sessions with key patient groups and through feedback received, that the length of time that patients wait for transport home after their appointment is a particular concern. We have concentrated our work in this area and have improved performance dramatically in some areas of the region. However, we acknowledge that we still have more to do to improve this still further and this will be a key component of our service improvement plans throughout the coming year.

Although we are experiencing a reduction in the number of patient journeys, patients who are using our service are requiring higher levels of support than previously. We are actively looking at the impact of this on our vehicle types / numbers and on our staffing profile moving forwards. This will ensure that we can continue to deliver the high levels of service which patients expect.

For 2013-14 we will be building on this work and redesigning how we plan journeys and reviewing our staffing rotas to ensure that we have staff available when they are required. We are investing in our fleet of vehicles to improve patients experiences of the journey to and from their appointments and consequently 14 new vehicles will be rolled out across the region at the beginning of 2013-14.

PTS Performance and Demand

Percentage of PTS Patients arriving no more than 1 hour early for appointments			
Quarter 1 2012-13	**Quarter 2 2012-13**	**Quarter 3 2012-13**	**Jan & Feb 2013**
78.16%	79.26%	78.53%	76.71%
Percentage of PTS Patients waiting less than 60 minutes for collection after appointment			
Quarter 1 2012-13	**Quarter 2 2012-13**	**Quarter 3 2012-13**	**Jan & Feb 2013**
80.26%	79.28%	78.75%	78.99%

PTS Demand

	Quarter 1 2012-13	Quarter 2 2012-13	Quarter 3 2012-13	Jan & Feb 2013
Planned Demand	285,365	286,993	273,519	188,887
Actual Demand	275,647	280,921	276,735	184,897
Variance Planned vs Actual	-3.41%	-2.12%	1.18%	-2.11%

2012-13 Objectives year-end position

We have seen improvements in all of our objectives although some of these have remained amber. Some of the areas that are on track to complete the year end rated as Green will continue to be part of our future plans and work does not cease in these areas.

Overview of 2012-13 objectives with the assessed risk of achievement against the finalised year-end position

	2012-13 BUSINESS PLAN OBJECTIVES	Lead Director	Year End Forecast	Year End (YTD February 2013) Review
Strategic Goal - Continuously Improving Patient Care - Providing the right care, in the right place, at the right time.				
1	To reduce mortality from major trauma	Executive Medical Director	**GREEN**	Funding now agreed for Enhanced Care Team pilot in 2013-14
2	To improve Survival to Discharge for Pre-Hospital Cardiac Arrest	Executive Medical Director	**GREEN**	The resuscitation plan is now implemented in the Hull pilot area.
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	Executive Medical Director	**AMBER**	Work commenced and ongoing. Gaps identified through the utilisation of DoS by the Clinical Hub and NHS 111.
4	To develop as a key provider of Emergency and Urgent/Unscheduled care services in partnership with other providers	Executive Medical Director	**AMBER**	Work commenced and ongoing. Gaps identified through the utilisation of DoS by the Clinical Hub and NHS 111.
Strategic Goal - High Performing				
5	To provide services which exceed regulatory and legislative standards of care and commissioner expectations	Executive Director of Standards and Compliance	**GREEN**	Fully compliant with CQC standards. External assessment provides assurance on compliance with foundation trust Quality Governance Framework. NHS Litigation Authority Level 1 retained. No other regulatory compliance issue or significant quality issues in year.
6	To provide clinically effective care with year on year improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures	Executive Medical Director / Executive Director of Operations	**GREEN**	ACQI & CPI performance is reported at a local level to enable the effect of locally implemented action plans to take place. Performance is monitored through the Quality Committee.
7	To provide a service that exceeds our patients expectations	Executive Director of Standards and Compliance	**GREEN**	Patient survey process implemented across A&E and PTS areas, including use of net provider score. Results used to inform service improvements. CQUINs delivered in majority of areas with exceptions relating to PTS operational KPIs in some areas. FT membership exceeded plan during the year.

2012-13 BUSINESS PLAN OBJECTIVES		Lead Director	Year End Forecast	Year End (YTD February 2013) Review
8	To improve the quality of patient transport service provision	Executive Director of Operations	**AMBER**	A Transformation Team has been established within PTS to build upon the diagnostic work undertaken by UNIPART. This is part of a detailed plan to improve the operational efficiency within PTS which is anticipated to lead to considerable improvement to the patient experience of PTS most notably a reduction in wait times.
Strategic Goal - Always Learning				
9	To develop a culture of improvement and innovation	Deputy Chief Executive and Executive Director of Workforce and Strategy	**GREEN**	The Trust has been actively engaging staff through a range of measures including the Quality Council, Clinical Leadership Framework and WE CARE staff awards in 2012. Improved staff survey results indicate more staff are feeling able to contribute to real ideas for improvement
10	To align workforce and leadership to service delivery models	Deputy Chief Executive and Executive Director of Workforce and Strategy	**GREEN**	During 2012-13 significant work was undertaken to re-align the leadership and management structures across all Directorates. This has further been supported by service re-design work in a number of key areas, including A&E, EOCs and workforce and strategy. The agreement and implementation of the 5 year workforce plan for the Trust during 2012-13 also means that future workforce and leadership alignment is strategically coherent and better assured.
11	To develop a research agenda that delivers improved patient outcomes	Executive Medical Director	**GREEN**	Continued effective engagement with research partners building a strong organisational research portfolio
12	To develop internal systems and processes which support innovation and continuous improvement	Executive Director of Standards and Compliance	**AMBER**	Clinical leadership framework implementation has progressed during the year and it is envisaged that this will be completed in Q1 of 2013-14. The overall strategy for service transformation is in place and detailed implementation plans and resource allocation have been developed for 2013-14.

2012-13 BUSINESS PLAN OBJECTIVES		Lead Director	Year End Forecast	Year End (YTD February 2013) Review
13	To reduce unintended harm from patient treatment	Executive Medical Director / Executive Director of Standards and Compliance	**GREEN**	Incident and near miss reporting increased overall during the year. Datix risk management system implemented for use from 1 April 2013 which will support the incident reporting and learning process. Safeguarding referrals increased during the year, supported by new referral process via Clinical Hub. Examples of learning and improvement based on incidents and complaints reports to Board and Quality Committee. 'Being Open Process' strengthened during year.
Strategic Goal - 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	Executive Director of Finance and performance	**GREEN**	Performance management framework agreed and implemented. SLM implementation begun in PTS and Private & Events.
15	To become a regional leader in healthcare resilience	Executive Director of Operations	**GREEN**	During 2012 we have successfully opened the Gold Cell and throughout the winter of 2012-13 it has been used operationally with partners as we coped with severe weather and major incidents. The business case for a new HART facility has been approved with construction commencing in 2013-14.
16	To contribute to the regional and local public health programme	Executive Medical Director	**GREEN**	Work commenced and ongoing in line with the public health programme.
17	To provide value for money services within planned financial targets	Rod Barnes	**GREEN**	Trust on trajectory to deliver planned outturn financial position and CIP delivery >95%
18	To contribute to the wider health economy efficiency programme	Rod Barnes	**GREEN**	A&E reference costs reduced from 111 to 109. The Trust has increased the number of calls responded to through telephone triage by 17.8% for the year to February 2013, and instigated a number of demand management schemes through workshops with nursing homes and leading on work with acute hospital trusts.

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Business Plan
2013-14

Strategic Direction

4. STRATEGIC DIRECTION

Our Vision:

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

Our Mission:

Saving lives, caring for you

Our strategy to deliver our vision for the future is through continuous improvement with patients at the centre of everything we do. We have reviewed our strategic goals and developed these alongside our key objectives to deliver our vision.

YAS 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 continued to work 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.

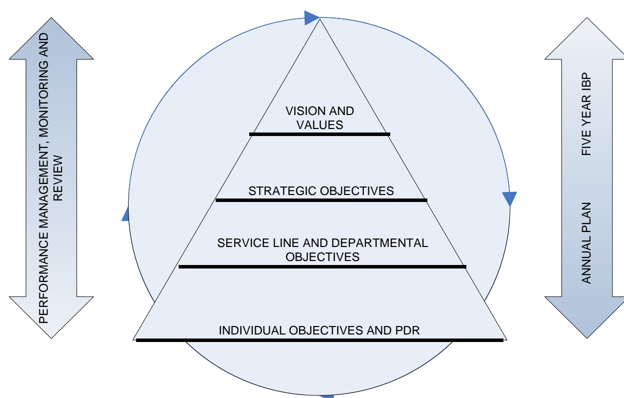
Our priorities for 2013-14 are to continue to embed these across all aspects of our organisation.

Our business planning process this year has built upon last year's objectives and we have carried out a number of workshops with TEG members to look at inter-dependencies to ensure the production of robust objectives for 2013-14.

Figure 3.2 shows the annual and five year activities linked to the five year Integrated Business Plan and Annual Business Plan. These activities are underpinned by management monitoring and review which will influence the development of the strategic plans for YAS. This link is important in ensuring that all activities at individual patient, staff and executive level, inform progress and strategy development in the future.

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

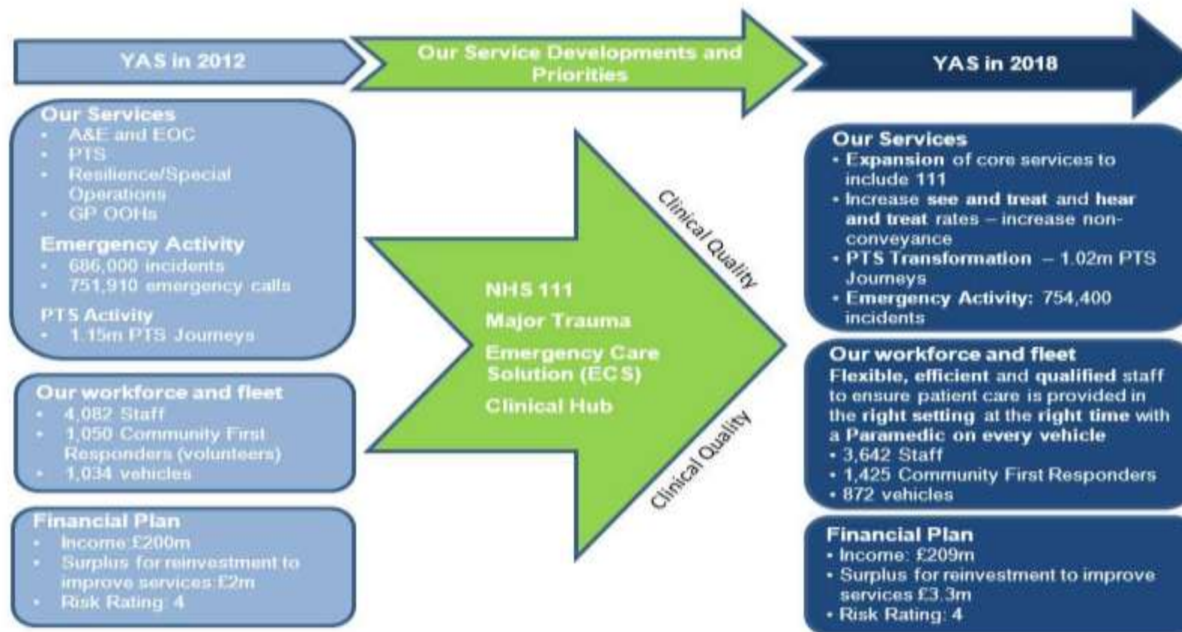
Yorkshire Ambulance Service Strategic Model / Business Planning Activities by Five Year and Annual Plan



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.

Strategic Direction 2013-2018

Our strategic direction has been set out for 2013-14 based on our five year integrated business plan and our four key service developments. As we move through our transformation programme and respond to changing commissioner environments we will continue to improve and also deliver on our operational quality, finance and performance targets. We will move from a traditional ambulance service to one which has expanded into delivering the right care agenda.



By 2018 we will look and work differently to the organisation we are today. The implementation of the new A&E workforce model will ensure we will have a paramedic on every frontline emergency vehicle, our rural models of care will be well established with

community paramedics embedded within primary care centres, and we will be well underway with the implementation of our hub and spoke A&E station model. These changes will support more timely delivery of these services, ensure that patients are treated in the most appropriate setting of care and enable the Trust to provide a wider portfolio of services alongside the more traditional 999 responses.

Within our Integrated Business Plan we identified four key service developments, these were:

- **Major trauma –** This includes the inclusion of specially trained paramedics within our control centre to coordinate responses and transport for trauma patients and the implementation on an enhanced care team, helping us to ensure we deliver the right quality of care to a key patient group.

- **NHS 111 –** To be the provider of the NHS 111 service across Yorkshire, supporting our aim to provide the right care in the most appropriate setting and be the provider of choice for our commissioners.

- **Emergency Care Solution (ECS**) **–** The roll out of the emergency care solution IT system to frontline clinicians will allow us to electronically record patient information and share this with healthcare partners in acute emergency departments and primary care to improve clinical outcomes for our patients.

- **Clinical Hub – I**ncreasing the level of clinical skills within our emergency operations centres to provide advice to frontline clinicians and where appropriate direct patients to other parts of the health community.

Our IBP also describes our plans to improve our patient transport service offering and implement changes to our frontline A&E workforce, introducing a new Emergency Care Assistant role and increasing the number of state registered paramedics.

We have further developed these plans into a number of key strategic transformation projects that are described below with further detail provided in section 5.

YAS Projects 2013-14

In 2013-14 the Trust is utilising a 'Policy Deployment System' to manage all the key projects, service transformation programmes, service improvement priorities and service developments across the Trust and at all levels to ensure delivery of all key priorities.

The Policy Deployment Matrix below shown at its highest level, and the nine key projects of work. This is underpinned by key deliverables and results and highlights interdependencies. This will ensure a robust approach to our transformation programme and ensure risks are managed and priorities agreed. Underpinning this is providing right care, first time by the right healthcare professional.

Policy Deployment Matrix

Projects	Aims: Continuously Improving Patient Care	Aims: High Performing	Aims: Always Learning	Aims: Value for Money and Provider of Choice
Right Care (NHS 111)	✓	✓	✓	✓
Operational Efficiency		✓		✓
Workforce			✓	✓
PTS Transformation	✓	✓		✓
Culture and Capability	✓		✓	
Estate		✓		✓
Emergency Care Solution	✓			✓
Clinical Developments & Trust Wide CQUIN (Major Trauma)	✓		✓	
Service Line Management		✓	✓	✓

Key Priorities

The performance of the Trust has improved significantly in recent years however there are several areas where we recognise further improvements need to be made. These are captured in the table below and have been considered when developing our key projects for 2013-14 further detail on how these improvement priorities will be taken forward is described in section 5.

Improvement Priorities

No.	Improvement Priority	Improvement Plan
1	Hear and Treat/Conveyance – lower levels of calls are completed with telephone advice and higher levels of conveyance than other Trusts	Better identification of alternative pathways, links with NHS 111, introduction of the DoS, implementation of training and development plan for all clinical hub staff. Continuation of work plans around conveyance rates including staff performance management, alternative pathways development.
2	Reference Costs have reduced from 111 (2010-11) to 109 (2011-12) but are 9% above the national average	Improve utilisation of clinical hub. Reduce workforce costs through the implementation of the new A&E workforce plan, a Trust wide rota review and improve efficiency of corporate and support services.
3	Stroke: Care bundle and response due to inconsistent completion of FAST documentation. STEMI 150: reporting by PPCI centres not accurate	Stroke: Clinical managers managing area specific action plans to ensure FAST documentation is completed correctly and blood sugar levels recorded. STEMI 150: Correct the reporting of STEMI by using MINAP
4	ROSC – Trust scoring low on ACQI care bundles, due to information recording and clinical practice.	Implement action plans with clinical managers to address clinical delivery and documentation. Implementation of the resuscitation plan
5	Sickness Absence	Implementation of improvement initiatives aimed at reducing sickness absence across the organisation.

Business Plan
2013-14

2013-14 Annual Objectives and CQUINs

5. 2013-14 ANNUAL OBJECTIVES AND CQUINs

As highlighted in section 4 above, this year we have utilised a new tool called the 'policy deployment matrix' which is a multi-level matrix allowing the organisation to have an overview of all projects of work, outcomes and objectives.

Policy Deployment Matrix

Typical Benefits arising are:

- Organisation aims, projects, deliverables understood by all at their required level
- Whole organisation pulling towards delivering organisational goals
- Alignment to organisational vision and aims
- Understanding of progress against deliverables and allowing mitigation of risk and proactive action
- Improved organisational capability and competence thus increasing marketability and future proofing
- Policy Deployment champions identified and trained

As we have worked through our annual business planning process a number of key themes have emerged which will be reflected in the operational and service level objectives and are also logged on the Policy Deployment Matrix. These have all been cross-referenced to ensure that service lines are prioritising in line with the strategic direction of the Trust.

Our Key Annual Objectives

Our services, clinical capability and technology have improved dramatically in recent years. Through the 999 and NHS 111 services we are the largest single gateway to healthcare services across Yorkshire and the Humber.

Our annual objectives build on this through committing to driving the changes necessary to deliver the best possible care for our patients through leading and supporting the transformation, integration and alignment of healthcare services across the region to best meet the needs of our local communities. This will ensure patients are managed in the most appropriate setting for their needs.

Our strategies for our workforce, clinical quality, information technology, fleet and estate support the concept of working in new ways to deliver the highest quality service possible.

Our key annual objectives for 2013/14 are as follows:

2013-14 BUSINESS PLAN OBJECTIVES	
Strategic Goal – Continuously Improving Patient Care	
1	Improve consistency in delivery of Red performance every day of the week, throughout the year, across the Yorkshire and the Humber region, including rural areas underpinned by developing a new rota model for the Accident and Emergency service.
2	Development of Clinical Hub – Increase rate of non-conveyance through increasing the numbers of patients treated in their own homes and not conveyed to an Emergency Department.
3	To reduce mortality from major trauma and improve survival to discharge for Pre-Hospital Cardiac Arrest
4	Deliver all CQUIN targets across both our A&E and PTS services
Strategic Goal – High Performing	
5	Deliver RED 1 mandatory target through implementation of RED 1 action plan.

2013-14 BUSINESS PLAN OBJECTIVES	
6	To provide clinically effective care with improvements in Ambulance Quality Indicators and Clinical Performance Indicator measures
7	Improve the quality of our PTS performance – Continue to improve PTS performance against contractual Key Performance Indicators through delivering PTS service transformation project.
8	Embed the new NHS 111 service across Yorkshire, Bassetlaw and NE Lincolnshire and delivery against required contractual call response times.
Strategic Goal – Always Learning	
9	Achieve Foundation Trust status by the end of 2013/14.
10	Reduce number of patient complaints through improving and investing in the quality of services
11	Improve utilisation and support development of 'Directory of Services' (DoS) to enable clinicians and staff in our EOC to guide them to the most appropriate service or advice.
12	Phased roll out of Service Line Management and service transformation skills across the Trust.
Strategic Goal – Value for Money and Provider of Choice	
13	Deliver cost improvement plans which will also lead to a reduction in our national reference cost position and an improved financial surplus.
14	Reduce rates of staff sickness including procurement of Occupational Health Service to deliver improvement in sickness rates.

2013-14 BUSINESS PLAN OBJECTIVES	
15	Delivery of emergency and urgent care developments and solutions including areas for development such as Telehealth and Telecare.
16	Develop and commence roll out of the Emergency Care Solution.

Right Care

This project is focused on enabling more patients who call us to receive the right care, first time (often in their own home), by the right healthcare professional. By treating more patients at home we will avoid unnecessary hospital attendances and admissions.

Key Deliverables include:

- Work with commissioners to support development of ‘Directory of Services’ (DoS) to enable clinicians and staff in our EOC to guide them to the most appropriate service or advice.
- Using the clinical hub as a resource for front line clinicians to signpost patients to the right care, first time.
- Review paramedic practitioner role.

Key Outcomes:

- Improvement in DoS utilisation increasing use of alternative care pathways and reducing missed referrals.
- Increase the number of patients who are treated at scene/closer to home - See and Treat.
- Increase the number of patients whose needs are dealt with on the telephone - Hear and Treat.
- Achieve consistency in Red performance.
- Deliver value for money and reduce reference costs.

Operational Efficiency

We recognise that the current economic outlook provides significant financial challenges to delivering our strategy. Therefore this project is focused on improving the operational efficiency of our core services to ensure we have financial resilience to invest in service transformation, service developments and clinical quality whilst delivering value for money.

Key Deliverables:

- Develop new rota model and plan for our YAS Accident and Emergency service, with implementation by Q3.
- Complete consultation and implement other changes to A&E workforce including rest break policy.

Key Outcomes:

- Deliver cost improvement plan and reduce reference costs.
- Achieve consistency in A&E performance (Red and Green).
- Increase survival to discharge for cardiac arrest.
- Reduction in serious incident rate.
- Improve patient satisfaction level from 62% to 70%.
- Improve access to training for clinicians

Workforce

Our workforce strategy has a clearly defined purpose: ‘to recruit, retain, develop, engage, reward, recognise the right people, with the right skills, in the right roles, at the right time to deliver the YAS vision and mission’. To achieve this we must improve our workforce productivity and flexibility.

Key Deliverables:

- Review and implement new managing attendance policy.
- Deliver annual education and training plan
- Procure and engage new occupational health provider.

Key Outcomes:

- Reduce lost working time due to sickness to 5% on average over the next 12 months
- Deliver agreed annual education and training plan.
- Deliver cost improvement plan and reduce reference costs.
- Achieve consistency in A&E performance (Red and Green).

PTS Transformation

Our ambition is to continue to develop and improve the quality of the PTS over the next year, focusing on improving our operational efficiency and on providing a positive experience for our patients. We will ensure that the PTS is well aligned with our wider clinical service, supporting efficiency and resilience of patient care.

Key Deliverables:

- Implement new PTS planning processes.
- Implement new PTS management structure.
- Finalise and implement new PTS rotas across all regions of Yorkshire and the Humber.

- Implement revised rest break policy.

Key Outcomes:

- Improve patient satisfaction and reduction in patient complaints.
- Improve the financial contribution of PTS through delivering the cost improvement plan. In turn this will improve the financial resilience of YAS.
- Reduce risk of losing PTS business.
- Achievement of PTS contract Key Performance Indicators with commissioners including CQUINs.
- Improve engagement with our workforce.

Culture and Capability

Over the next year we are focusing on creating and embedding the right calibre of leadership and management across all levels of the Trust in order to deliver our plan. We will continue to develop the clinical skills of our staff and increase our capability to provide the right care, first time, by the right healthcare professional. We also recognise that we need to improve our engagement and communication with our staff.

Key Deliverables:

- Service improvement skills programme.
- Design, develop and implement leadership development plan.
- Implement communications and staff engagement plan.

Key Outcomes:

- Improve staff engagement with all of our workforce.
- Acts as an enabler to improving clinical quality, productivity and developing effective leaders across the organisation.

Estate

Excellent clinical services rely on excellent support services and facilities. Many of our sites have been in operation since the 1960's and no longer meet the requirements of the modern-day service or the local population we serve. We are therefore looking to introduce a 'hub and spoke' station model, particularly in urban areas and we are also investing in our Resilience service through purchasing a new HART facility.

Key Deliverables:

- Purchase new HART site by end of Q1 and complete construction of new facility by the end of 2013-14
- Further develop Hub and Spoke and 'Make Ready' A&E station model.

Key Outcomes:

- This project acts as an enabler to improve our facilities and reduce the financial burden of maintaining a large and outdated estate, freeing resources to deliver frontline care.

Emergency Care Solution

Our aim is to develop our internal systems and processes for clinical communication across agencies to support seamless patient care. This will include the implementation of the Emergency Care Solution (ECS) which will give staff access to patient information and care plans to aid decision making. This will prevent avoidable emergency admission and readmissions and unplanned hospitalisation of patients with longer-term conditions. This will also ensure improved joined up working between YAS and primary and secondary care clinicians, thereby improving patient experience and outcomes.

Key Deliverables:

- Develop and roll out of ECS training plan.
- Develop and commence roll out of ECS. (18 month plan)

Key Outcomes:

- Improve staff engagement.
- Improve rate of See and Treat.
- Development of ‘Directory of Services’ (DoS) to enable clinicians and staff in our EOC to guide them to the most appropriate service or advice.

Clinical Developments and Trust wide CQUIN

We are focusing on our priority clinical service developments where evidence shows that we can make a real difference to patients including improvement in survival of cardiac arrest.

Key Deliverables:

- Implement cardiac arrest resuscitation plan in Hull by the end of Q1.
- Implement cardiac arrest resuscitation care plan in second region by the end of Q3.
- Implement patient safety and patient experience CQUINs

Key Outcome:

- Increase survival return of spontaneous circulation (ROSC) rate for prehospital cardiac arrest.
- Full Delivery of CQUINs

Service Line Management

Service Line Management (SLM) provides the basis for YAS to better understand its’ performance and organise its’ services to the benefit of patients. It also allows the Trust to gain a detailed understanding of its’ resources and costs.

Key Deliverables:

- Phased SLM implementation across the Trust.

Key Outcomes:

- SLM gives staff greater ownership of their service, in how it operates and develops and therefore improving overall staff engagement.
- Acts as an enabler to achieve our cost improvement plan and reduce our reference costs through providing a detailed understanding of our costs and resources. In turn this will allows us to improve productivity and efficiency across the Trust.
- By bringing clinicians to the forefront of service development and promoting a culture of continuous improvement this will improve patient care.

CQUIN Priorities

Our 'Commissioning for Quality and Innovation' (CQUIN) priorities in 2012-13 focused around:

- Reducing conveyance
- Rural response
- Dementia
- Patient safety – safety thermometer development
- Reducing ambulance demand
- Frequent callers

For 2013/14 we have agreed the following CQUIN priorities:

- Rural response – implementing flexible response models
- Patient safety – safety thermometer development
- Reducing demand from care homes – development of dashboards for individual homes
- Patient experience (including possible focus on dementia)

- Raising public awareness to manage demand
- Development of a framework to improve poor performing Clinical Commissioning Group (CCG) Red performance

These CQUINs are all attached to the A&E contract but span across many of our service lines and we will look to improve across the wider Trust where appropriate. The rural response CQUIN in 2012-13 focused upon one geographical area but the work carried out, that delivered performance improvements can be transferred to other areas.

Activity Planning Assumptions

- The population served by the Trust is expected to grow by 4.4% by 2018, with the highest growth in children under 10 years of age and the over 65 years of age groups, influencing our demand profile over the life of this plan.

- With people living longer, multiple long-term conditions will become more prevalent, increasing the complexity of care. Long-term conditions account for 68% of A&E and outpatient appointments and 77% of inpatient bed days, increasing demand for our core services A&E and Patient Transport Services (PTS). This has shaped our future strategy and developments such as NHS 111, the Clinical Hub and Emergency Care Solution (ECS)

- A&E demand is expected to rise by 3.5% in 2013/14. Growth is ultimately expected to decline to 2% per year as health economy demand management measures take effect.

- Our plans recognise that demand increases are only affordable if we work in collaboration with Commissioners and other providers to deliver a greater proportion of care closer to home. We are proactively supporting this through our developments (NHS 111, the Clinical Hub and our five year Workforce Plan).

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Business Plan
2013-14

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.

Our Annual Business Planning Framework sets out the aims of ensuring that the planning process:

- is as clear, transparent and as simple as possible, whilst meeting the requirements of the NHS
- results in well co-ordinated and structured plans for the development of the Trust's 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 Trust's Integrated Business Plan

This section sets out the programme of work associated with monitoring and maintenance of the 2013-14 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 our plans to become a Foundation Trust, a number of pieces of work have been identified as being required during 2013-14. 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.

High Level Annual Strategic Business Planning Cycle 2013-14

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Business Plan submitted to Trust Board for approval Key risks assessed and Board Assurance Framework updated	Quarter 4 review of the 2012-13 business plan objectives and undertake year-end review		Review of the 2013-14 business planning process to inform the approach for 2014-15 Quarter 1 review of the 2013-14 business plan objectives	Revision of IBP and refresh of LTFM		Quarter 2 review of the 2013-14 business plan objectives	Planning principles and parameters drafted and agreed by the Senior Management Group	Department of Health Operating Framework published Clinical Commissioning Group commissioning intentions issued Corporate Planning Brief and directorate key issues identified and shared Planning parameters finalised	NHS Financial Framework issued Contract negotiations begin Quarter 3 review of the 2012-13 business plan objectives Draft Directorate Business Plans for 2014-15	Draft financial plans submitted to NHS Trust Development Authority Income projections and indicative budget allocations 2nd round of Directorate Planning Workshops; update on contracts and presentations of Directorate Business Plans to SMG	Final financial plans submitted to NHS Trust Development Authority Contracts signed Finalise Directorate and Trust Business Plans Director budget sign- off meetings concluded Trust activity and performance plans issued Trust Financial Plan and budgets approved by the Trust Executive Group and Board for 2013-15

Business Plan
2013-14

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 and Monitor.

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 practice with no conditions.

Yorkshire Ambulance Service NHS Trust (YAS) has in place a Performance Management Strategy that sets out the commitment by YAS 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 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.

Performance Management of Service Lines 2013-14

Performance meetings have been taking place throughout 2012-13 and have been developmental during this time. Service line dashboards are now agreed or are in final draft for the performance meetings in 2013-14. These meetings cover all areas of our statutory and contractual performance to ensure that the Trust can manage any risks early in the process.

Table 7.1 Performance Management Framework

Committee	Membership	Reporting Documents
Level 1: YAS Trust Board / Executive Team		
Committee	**Membership**	**Reporting Documents**
Trust Board	Full Board	Integrated Performance Report (IPR) Other Board sub-Committee supporting information and assurance (e.g. compliance and assurance from Quality Committee or Audit Committee)
Finance and Investment Committee	Non-Executive Directors, CEO and Director of Finance and Performance	In year financial performance variance analysis including contractual and CQUIN performance Working capital KPI's and cashflow Progress against Cost Improvement Plan
Trust Executive Group (TEG)	Executive Directors and Director of Corporate Affairs	Review of IPR, Workforce Performance Dashboard and BAF Assurance regarding Cost Improvement Plan, CQUINs, quality and performance
Senior Management Group (SMG)	CEO, Executive Directors and Associate Directors	Directorate review of IPR Presentation on key performance information, including detailed information and actions to deliver on key business targets Scrutiny and assurance regarding risks and adequacy of actions
Performance Management 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 including Directorate Risk Registers Directorate commentary Other issues by exception
Level 3: Service Line / Functional		
Functional and departmental review process	Directorate Director, Dir. Mgt. Team, Service Lead	Individual dashboards, locally held performance and quality information, Risk assessment and mitigation
Level 4: Team / Individual		
Team reviews	Specialty Dir., 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

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Business Plan
2013-14

Financial Plan

8. FINANCIAL PLAN

Introduction

The 2013/14 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 2013/14 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. Reserve schemes to give an additional 25% contingency have also been identified.

- A surplus of £2.6m is forecast which is 1.1% of revenue. In the NHS TDA Planning Guidance for NHS Trust Boards for 2013/14 there is an expectation that no NHS Trust will plan for an operating deficit in 2013/14 or beyond. NHS Trusts are expected to plan for a surplus consistent with their long term financial plan.

- Robust financial control will be required throughout 2013/14 focusing on the Trusts long term position as well as in-year delivery.

- The plan allows for the achievement of all the Trust's financial duties.

Income Plan

Accident & Emergency (A&E)

Negotiations on the A&E contract are expected to conclude by the end of March and the following agreement reached for 2013/14:

- The A&E activity baseline for 2012-13 will be funded at full cost.
- CQUIN schemes will contribute an additional 2.5% of the recurrent baseline upon achievement.

- The contract sets a performance standard of 75% achievement of Red 1 and Red 2 performance at a regional level.
- 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 1.3% has been applied.

A&E Commissioners have agreed to fund new developments from the beginning of the year:

- Major Trauma enhanced care team pilot, to be funded by the Specialist Commissioning Unit.
- HART relocation revenue costs
- NHS Direct activity redirected from A&E

Table 8.1 Reconciliation of A&E Contract Income from 2012-13 to 2013-14

	£'000
2012-13 A&E Contract	**161,405**
Less 2012-13 CQUINS	-3,896
Recurrent Income	**157,509**
25% additional cost of 2012-13 contract overtrade	1,689
3.5% increase in activity at marginal cost	4,179
HART	3,053
Less Tariff Reduction 1.3%	-2,124
2013-14 CQUINS	4,119
MERIT	246
Total Income – Recurrent	**168,671**
Recurrent Income Growth	**1.8%**
Total Income Growth	**4.5%**

The A&E income figure includes £246k and £3,053k respectively for MERIT and HART.

Patient Transport Service (PTS)

PCTs previously formed into four regional cluster groups for the commissioning of PTS which remains broadly similar for 2013/14 with consortia representing CCGs.

Contract negotiations have been concluded with all four of the CCG consortia members, with a number of financial penalties associated with poor performance against KPIs attached to three of the contracts for 2013/14.

Table 8.2 PTS Income Assumption Reconciliation 2012-13 and 2013-14

PTS Income	**£'000**
2012-13 PTS Income	26,601
Less contract reduction South Yorkshire	-232
Less CQUINs 2012-13	-631
Total 2012-2013 Recurrent Income	**25,738**
Less Tariff Reduction 1.3%	-325
CQUINs 2013-14	617
Total Income 2013-14	**26,030**
Income Contraction	**-2%**

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

Total income assumption

Table 8.3 Total Income Assumption for 2013/14

Income	**£'000**
A&E including Major Trauma	165,895
ECP	1,521
Embrace	619
PTS (including ECRs £238k)	26,268
111	26,285
Private & Events	931
GPOOH	842
Hull Transport Service	922
HART	3,053
MERIT & Resilience	703
RTA	1,183
Other Income	1,876
Total Income	**230,098**

Total income forecast for 2013/14 is £230m.

Expenditure Plan

Inflation / Cost Pressure Assumptions

Pay awards have been reflected in the plan in line with NHS national pay settlements.

Incremental progression calculations are based on a person-by-person assessment of staff in post.

A non-pay inflation reserve has been set aside in line with assumptions within the LTFM for specific major categories of non-pay expenditure: 3% vehicle leasing; 3.5% vehicle insurance; 3% vehicle maintenance and 6% fuel. Inflation on other expenses is provided for at 4.5%

Other cost pressures are detailed below:

Table 8.4 Summary of Inflation / Cost Pressure Assumptions

	£'000
Pay Inflation	2,172
Fuel inflation	467
Other non pay inflation	1,270
Tariff reduction	2,449
Transformation Project	600
Pension auto-enrolment	546
111 TUPE risk pool	500
A&E model training costs	892
Total pressures	**8,896**

Cost Improvement Programme

Plans are in place to deliver £10.9m of cost improvements in 2013/14 which relates to 5% of the recurrent baseline.

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

2013/2014 Cost Improvements	**£'000**
Clinical Leadership	619
Clinical Hub	1,413
Sickness Management	202
A&E Meal Breaks	689
A&E Overtime	932
PTS Transformation	2,930
A&E Skill Mix	2,134
Fleet	770
VFM Reviews	669
Other	551
Total	**10,909**

note: exclusive of slippage on 2012-13 schemes

All CIP plans have been assessed for quality impact on clinical quality, patient safety, patient carer experience, operational effectiveness and on Trust reputation with patients, staff and stakeholders.

Reserves

The following specific reserves are available:

Table 8.5 2013/14 Reserves

	Total
	£m
Pay Inflation	2.2
Non-pay inflation	1.7
Cost pressure	1.0
Training - A&E workforce plan	0.9
Pension Auto-enrolment	0.6
111 potential TUPE issues and pressures	0.6
Transformation Programme	0.6
Major Trauma	0.4
MERIT	0.2
Contingency reserve	4.6
Total	**12.8**

Cash Plan

The underlying cash position of the Trust will increase by the end of 2013/14 as a result of planned retained surplus of £2.6m.

The opening cash balance as at 1 April 2013 is £6,842,000, in accordance with the achieved 2012-13 External Financing Limit.

Table 8.6 shows the anticipated cash position as at 31 March 2014.

A £15.4m Working Capital Facility, which represents c. 1/12th of annual cash expenditure, has been 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 2013/14

	£'000
Opening cash balance	6,842
Retained surplus for the year	2,604
Closing cash balance	**9,446**

Statement of Financial Position

The Statement of Financial Position is noted at Table 8.7. The overall increase in Total Assets Employed of £7.1m over the year is as a result of the retained surplus of £2.6m and the increased Capital Resource Limit of £4.5m for the HART project.

- **Non-Current Assets**

  Major Capital Schemes including HART (£4.6m) and ECS (£3.5m) account for the increase in Property, Plant and Equipment.

- **Working Capital**

  At the end of 2012-13, due to PCTs ceasing to exist, an unprecedented amount of cash was received as PCTs cleared outstanding debt and paid March A&E overtrade invoices. In order to meet the EFL as many creditors as possible had to be paid, including HMRC liabilities, to reduce the cash balance to £6.8m. Consequently year-end balances on NHS trade receivables and trade and other payables were unusually low.

  This position changes in 2013/14 hence the increases seen in trade & other receivables and trade & other payables in table 8.7; the retained surplus of £2.6m results in an increase in the balance held in the bank at 31 March 2014.

The increase in current liabilities is in-part due to the balance of the capital loans which are due for repayment within twelve months (£717k increase).

- **Non-Current Liabilities**

  There is an existing loan for the purchase of Springhill HQ, less repaid equity, and an anticipated loan for the Emergency Care Solution (ECS) IT system is expected to increase non-current liabilities in month six of the financial plan. The element which is repayable within twelve months is included in 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 Statement of Financial Position

	Opening Balance at 01/04/13	Closing Balance at 31/03/14	In Year Movement
	£'000	**£'000**	**£'000**
NON-CURRENT ASSETS:			
Property, Plant and Equipment	76,068	84,442	8,374
Intangible Assets	411	217	(194)
Trade and Other Receivables	1,054	1,189	135
TOTAL	**77,533**	**85,848**	**8,315**
CURRENT ASSETS:			
Inventories	1,589	1,589	0
Trade and Other Receivables	9,487	11,343	1,856
Cash and Cash Equivalents	6,842	9,446	2,604
TOTAL ASSETS	**95,451**	**108,226**	**12,775**
CURRENT LIABILITIES			
Trade and Other Payables	(11,714)	(15,387)	(3,673)
Provisions	(2,201)	(2,197)	4
TOTAL ASSETS LESS CURRENT LIABILITIES	**81,536**	**90,642**	**9,106**
NON-CURRENT LIABILITIES:			
Provisions	(5,788)	(5,621)	167
Borrowings	(6,171)	(8,345)	(2,174)
ASSETS LESS LIABILITIES (Total Assets Employed)	**69,577**	**76,676**	**7,099**
TAXPAYERS EQUITY			
Public Dividend Capital	74,094	78,594	4,500
Retained Earnings reserve	(8,807)	(6,208)	2,599
General Fund	4,290	4,290	0
Total	**69,577**	**76,676**	**7,099**

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%
- 2012-13 88%

The national target is 95%, which is not a statutory financial duty.

The Trust's purchase to pay processes are being reviewed and it is envisaged that this will improve the speed at which invoices are authorised and paid and therefore markedly improve the BPPC during 2013/14.

Financial Risk

Table 8.8 Financial Risk Inherent in the 2013/14 Plan

Risk Description	Mitigation
The Trust will not secure the level of income assumed e.g. activity levels forecast may not transpire, penalties may be incurred and CQUINs not achieved	Ensure commissioners are aware of the service implications of failure to fund services at full cost. Hold a contingency reserve
The inflation calculations do not reflect the actual rates of inflation and unforeseen cost pressures arise in-year	Ongoing monitoring of inflation as the year progresses. Hold a contingency reserve Develop CIP reserve schemes
Failure to deliver the agreed Cost Improvement Plan results in inadequate funding to deliver planned developments and fund cost pressures	Improvement to service transformation process included CIP governance processes and development of reserve schemes
The CIPs are not sustainable from a clinical quality perspective	All CIP proposals to be signed-off at commencement by DS&C and MD; periodic updates to be presented to the Quality Committee and CIP Management Group. Reserve schemes to be developed and implemented

Table 8.9 Expenditure Budgets by Directorate

	£'000	£'000	£'000
Directorate	**Pay**	**Non Pay**	**Total**
Chief Executive	1,046	280	1,326
Clinical	1,414	55	1,469
Finance and Performance	10,240	44,738	54,978
Operations	105,769	2,705	108,474
PTS	14,895	1,592	16,487
Standards and Compliance	10,957	16,228	27,185
Workforce and Strategy	3,366	1,415	4,781
Reserves	7,141	5,657	12,798
Grand Total	154,828	72,670	227,498

Note – includes depreciation, PDC dividend & interest payable / receivable Overall Income and Expenditure

Table 8.10 Summary Statement of Comprehensive Income

Income	**£'000**
A&E including ECPs, Major Trauma & Embrace	168,035
PTS	26,268
GPOOH	842
111	26,285
HART, MERIT & Resilience	3,756
Protected/mandatory Clinical Revenue	**225,186**
RTA	1,183
Non Protected/mandatory revenue	**1,183**
Other Income	3,729
Total Income	**230,098**
Expenditure	
Pay	-147,687
Non Pay	-55,125
Reserves	-12,799
Total	**-215,611**
EBITDA	**14,487**
Surplus from Operations Margin	6.3%
Non-operating Income	
Gain/(loss on asset disposals)	138
Interest Receivable	27
Total non-operating income	**165**
Non-operating Expenses	
Depreciation and amortisation	-9,505
Total non-operating expenses	**-9,505**
Surplus for the year	**5,147**
PDC Dividend	-2,392
Interest Payable	-155
Total	**-2,547**
Surplus	**2,600**

Business Plan
2013-14

Capital Plan

9. CAPITAL PLAN

The 2013-14 Capital Programme supports the progression of several key strategic schemes as well reflecting key directorate priorities identified through the annual business planning process and on-going rolling replacement programmes for fleet, medical equipment, ICT and estates.

Two major capital schemes are included within the programme, firstly the re-provision of accommodation for the Trust's Hazardous Area Response Team (HART) to comply with National Ambulance Resilience Unit guidance. This scheme will provide spare capacity to meet future potential expansion of HART's capability and provide opportunities for co-location of other services. The second scheme is the roll out of the Emergency Care Solution across the Trust. This scheme is central to the Trust's Right Care initiative, providing front line clinicians with an Electronic Patient Record Form (EPRF), access to the Directory of Services) and the transfer of patient information to clinicians in Emergency Departments and primary care. Staff will also benefit from having access to e-mails, on-line training and the Trust intranet from their vehicles.

Table 9.1 2013/14 Capital Programme (Major Schemes)

	2013/14
Scheme	Value £000
HART	4,500
Emergency Care Solution/ Electronic Patient Records	3,583

Other elements of this years programme include the second consecutive year of PTS stretcher vehicle replace, the delivery of the second wave of 43 the new specification Mercedes van based ambulances and the introduction of new ergonomically improved patient carry chairs which have been developed after extensive consultation with staff. Funding has also been identified to take forward ICT system development within our NHS111 service to improve passing patient information between 111, A&E and primary care system and help reduce our fuel costs and carbon footprint by creating on-site charging points for electric vehicles and increasing our station fuel bunker capacity. Several portacabins are also to be demolished at the Rotherham site as part of the estates capital plan.

Table 9.2 2013/14 Capital Programme

Scheme	Value £000	Resources £000
Minor Schemes Funded from Capital Resource Limit		
Estates	500	
IM&T	1,598	
A&E vehicles	3,870	
PTS Vehicles	750	
Medical Equipment	934	
Plant & machinery	50	
Service Developments	1,800	
Capital Resource Limit		9,505
NBV of disposals		97
Major Schemes funded Externally		
HART (£100k funded through CRL)	4,600	
Emergency Care Solution/ Electronic Patient Records	3,583	
Public Dividend Capital		4,500
DH Capital loan		3,583
Overall Capital Programme	17,685	17,685

Note – the service development programme funding is not yet allocated but will be allocated to specific schemes once business cases developed and approved

Business Plan
2013-14

Risk Management

10. RISK MANAGEMENT

The NHS Operating Framework 2012-13 outlines the requirements for this third year of the quality and productivity challenge ahead of the new commissioning and management system for the NHS, which come into effect from April 2013.

During 2013-14 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 2013-14, 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 2013-14 to 2017-18.

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 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
- are 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 2012 the Trust reviewed and strengthened its committee structures. A Quality Committee was introduced which will provide the Trust Board with an objective that 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 Senior Management Group on any weaknesses identified, with further escalation to the Trust Executive Group as required, to ensure that the Trust has 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.

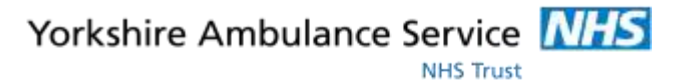
Key Business Risks

These risks are captured on the Board Assurance Framework; controls and assurances in relation to these risks are monitored at Trust Board and in the Quality Committee and other executive groups. The Audit Committee provides objective scrutiny of the processes underpinning the management of these strategic risks.

The Corporate Risk Register records risks, identified both through Executive review and via departmental risk registers, which might contribute to these strategic risks and affect the Trust's 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.



Business Plan
2013-14

Foundation Trust Programme

11. FOUNDATION TRUST PROGRAMME

2013-14 is another year of transition for YAS as it continues to progress along the journey to become an NHS Foundation Trust (FT).

The Health and Social Care Bill, first published on 19 January 2011, and became the Health and Social Care Act 2012. The Act confirms 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.

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

The Benefits

Foundation Trust (FT) status will enable us to deliver the transformational and cultural change necessary for us to achieve our ambition of becoming a world-class provider of emergency and urgent care. This is because we see the financial and operational freedoms of FT status as key enablers to achieving our vision and strategic objectives. These are as follows:

- Having greater autonomy from central control, enabling us to put new services and innovations into practice at a more rapid pace.
- More engagement with, and accountability to local communities, staff and other stakeholders will enable us to understand their needs and deliver the services they require. Our Council of Governors will be the 'voice' of local people, staff and partner organisations, elected by the membership they represent to help in the planning and strategic direction of the Trust.
- Greater freedom to develop long-term financial and business plans that secure the future of our services in the current challenging financial and commercial environment.
- Development of a representative membership of engaged local people and staff who want to be involved in decisions about their local ambulance service and the development of future services.
- Develop partnerships and joint ventures to provide new services for our patients and new service models to expand into alternative business areas.

We want our membership to act as ambassadors for the Trust and engage with local communities in new and innovative ways. This includes raising local public health issues, collating feedback, ideas and recommendations to improve service performance and support service redesign, communicating when to use our services (999 or NHS 111) and promoting YAS as a healthcare provider. We will be working with our membership to undertake ‘stay safe’ campaigns and engaging with our network of over 3,000 volunteers to listen to our communities. We will also link with ‘hard-to-reach’ and ‘seldom-heard’ sections of society to ensure they continue to have the necessary inclusion in, access to, and opportunities to shape our services.

We aim to foster a culture of responsibility, ownership and involvement of patients and carers in service design and improvement. The implementation of our Workforce Strategy, Clinical Leadership Framework and Service Line Management will help to bring about changes in behaviour. This links to our organisational values of ‘working together’ and ‘everyone counts’, recognising that staff have a key role to play in our FT journey

YAS Plans

We have continued to work on our plans to become an NHS FT throughout 2012-13.

Following on from our successful public consultation completed in December 2011 we developed a constitution to support our new organisational form. During 2012 we continued on our journey to become an NHS FT and successfully completed the Strategic Health Authority phase of the application process. We are now being reviewed by the NHS Trust Development Authority (TDA) which is the stage prior to consideration by Monitor. We aim to be authorised as an NHS FT during 2013-14.

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 2013-14 Annual Business 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, with the release of a summary version of our Integrated Business Plan, and how the role of members and the Council of Governors will provide people with a real opportunity to help influence the development and delivery of services in the future.

All our members of staff are opted-in as Staff Members after one year’s service, 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 have continued to focus our attention on our external membership recruitment drive; looking to our volunteers and local residents to support us as Public Members. It is evident from the numbers that our approach during 2012-13 was successful in achieving such a high number of members in the early years.

Over 4,700 public members have been signed up against our target for 2012-13 was 3,000. We have exceeded our 2013-14 targets of 4,000. Our aim is to continue to recruit members and we are confident we will reach over 5,000 members before 2014-15.

During 2012-13 we have in excess of 95% of our workforce, which is above the target we were aiming to achieve

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Business Plan
2013-14

Glossary of Terms

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
ACQI	Ambulance Clinical 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
CQUIN	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)
FT	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
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 or Annual Statement of Assurance
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
STEMI	ST Segment Elevation Myocardial Infarction – a type of heart attack
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
Utstein	A set of common definitions defining how to report cardiac arrest data.
YAS	Yorkshire Ambulance Service NHS Trust

Business Plan
2012-2013

Appendix

Appendix 1 – Map Of the YAS Region and Placement of YAS Resource