Yorkshire Ambulance Service NHS Trust

An Aspirant Foundation Trust

YOUR AMBULANCE SERVICE

Operating Plan

2014/15 – 2015/16

Saving lives, caring for you

Contents

Introduction

Our operational plan for 2014/15 and 2015/16 identifies the key priorities, risks and milestones for the organisation over the next two years and provides the foundation for a refresh of our five year Integrated Business Plan, which will be published in June 2014, reflecting our aims and ambitions to further improve the services and care we provide to our patients:

Our Mission
Yorkshire Ambulance Service – *Your Ambulance Service, Saving Lives, Caring for You*

Our Vision
Providing world class care for the local communities we serve.

We will achieve this by:

- Continually improving patient care
- Setting high standards of performance
- Always learning
- Spending public money wisely

Our plans have been developed through a process of continual engagement with internal and external stakeholder groups including service leads, patient representatives, workforce, Commissioners and urgent care partners and are intended to provide clarity and direction to staff across the organisation and provide clear commitments to our membership, Commissioners, regulating authorities staff and most importantly the public we serve.

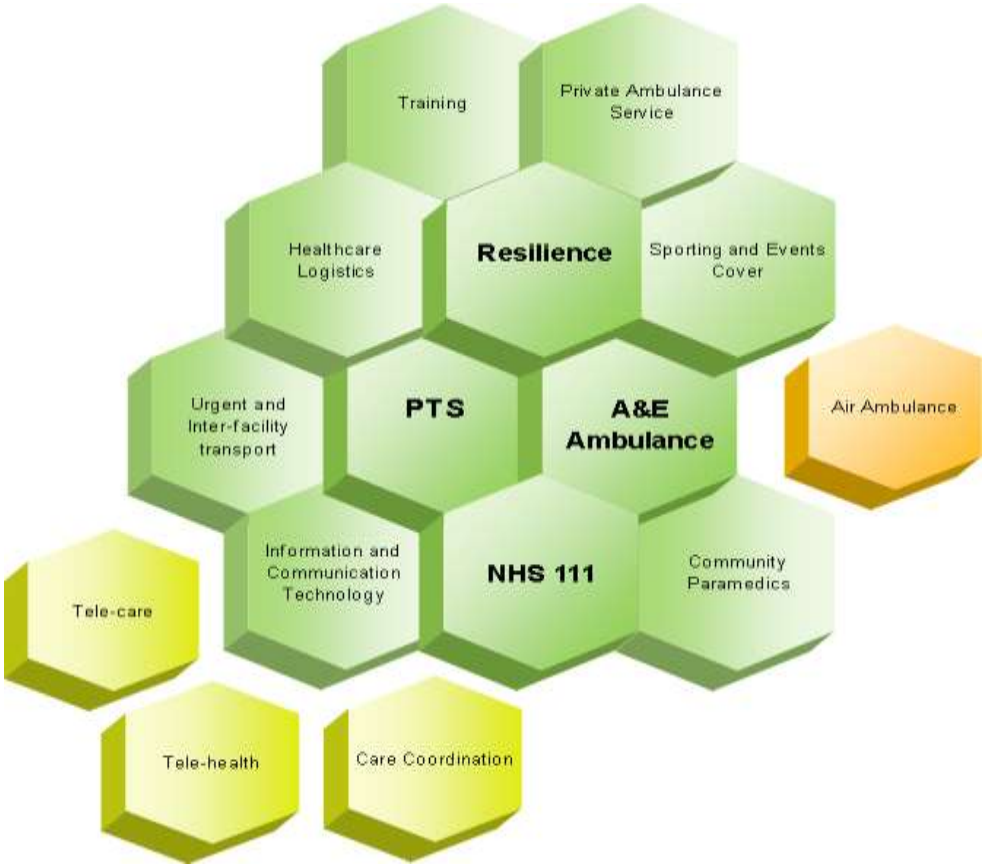
Trust Profile

Yorkshire Ambulance Service NHS Trust (YAS) was formed on 1 July 2006 from the merger of South Yorkshire, West Yorkshire Metropolitan and Tees, East and North Yorkshire (East and North Yorkshire areas) ambulance services.

In the years since 2006, we have demonstrated a strong track record of improving patient services through the adoption and implementation of innovative clinical practices, equipment and technology. We now employ over 4,000 staff who, together with over 3,000 volunteers, provide 24-hour emergency and urgent healthcare services to a population of more than five million people.

We respond to 700,000 emergency 999 and urgent calls and undertake a further one million patient transport journeys per year across the region. Our NHS 111 service for less urgent calls handles 1.3m calls per year across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire. We also provide a region wide major incident response and resilience planning capability, medical and first aid cover for large scale sporting events and festivals, commercial training and fleet and logistics services across an area of over 6,000 square miles.

Our Services



A&E, Community Paramedics, Air Ambulance
We deliver an Accident and Emergency (A&E) service in response to 999 calls, providing the most appropriate clinical response for patients with emergency and urgent conditions using transport activated by our Emergency Operations Centre (EOC). Clinically-trained staff 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.

In a number of areas across Yorkshire we are implementing community paramedic schemes, whereby paramedics with enhanced clinical skills work alongside GPs and other primary care providers to support and manage patient care within their local communities and avoiding unnecessary admissions to hospital.

We continue to work in partnership with the Yorkshire Air Ambulance (YAA) charity to provide clinicians for an airborne response to emergencies. The two YAA helicopters are based at Nostell Priory near Wakefield and Topcliffe in North Yorkshire.

Patient Transport Services (PTS) and Urgent and Inter-facility Transport
The current Patient Transport Service (PTS) represents a significant part of the Trust's operations. 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 patient transfers between hospitals and other healthcare providers. Our PTS is operated by staff who have been trained in first aid, moving and handling techniques and specialist driving skills.

We have responded to recent requests from Commissioners and acute providers by increasing our provision of weekend and evening urgent transport cover and over the life of this plan we will seek to

expand this further to take pressure off 999 ambulance resources and support the national drive for seven day services.

NHS 111 and Care Coordination
We run the NHS 111 service across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire. This is a service for patients whose condition is not life-threatening, but who require urgent care. The Service offers telephone advice and signposting to the right service for their needs.

We also hold the contract for the West Yorkshire (in-hours and out-of-hours) Urgent Care Service and provide call taking support to other GP out-of-hours (OOH) Services. Over the life of this plan we will be seeking to make the most of our skills and infrastructure by offering our capabilities to other local health communities to assist them in operating their own local care coordination programmes.

Resilience, Training and Volunteers
Our Resilience and Special Services team plan the Trust's response to major 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) provide a clinical response within the immediate area of an emergency incident known as the inner cordon, 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.

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 patient transport service. We also see our award winning apprentice scheme as an important part of our commitment to developing the skills and future prospects of younger people within our community.

As part of our commitment to supporting and raising the profile of health issues affecting the people of Yorkshire we undertake numerous school and community educational visits, providing lifesaving training and equipment and support the work of local charity groups such as MacMillan Cancer Support and Yorkshire and Humber Dementia Action Alliance.

Events and Commercial Services, Sporting and Events Cover, Private Ambulance Service
Another important part of our service is the provision of clinical cover to sporting events and festivals. Yorkshire Ambulance Service provide paramedic support to all football and rugby league clubs within Yorkshire, county and international cricket matches and horse racing events.
We also provide First Aid and other training to clubs, companies and other groups and actively promote community life support in schools, clubs and voluntary groups through our community defibrillator programme.

Information and Communication Technology
Our ICT department supports all our key service lines with a range of advanced telephony and IT systems along with communications platforms. It is leading the way in developing new integrated systems such as 'ResWeb' which is a multi-agency hosted site for sharing crucial information real-time. With our IT Help Desk and on-call teams, we are able to provide services to external partners as well as our internal services. Working closely with the IT teams are the Business Intelligence teams who are developing a data warehouse and 'self-service' approach to reporting to meet the many information requirements of staff across the organisation. The ICT team provides support to a number of GP OOH services and develops and maintains e-learning and web facilities for a number of other healthcare organisations.

Strategic Context

The rising demand for healthcare services from a population that is getting older and has more complex healthcare needs is placing considerable pressure on the current emergency and urgent care system. The Keogh Review[1] has established a clear vision for the changes needed to deliver improvements in urgent and emergency care and delivering better outcomes for patients by moving care closer to home. The report identifies that up to 50% of 999 calls could be managed at scene and that 40% of patients attending A&E are discharged without requiring any treatment.

Responsive, effective and personalised services outside of hospital for those people with urgent but non-life-threatening conditions are required to ensure they receive the right advice and treatment in the right place at the right time.

In the coming years we will see a smaller number of specialist centres of expertise and Major Emergency Centres for those with more serious or life-threatening emergency needs, to maximise their chances of survival and making a good recovery, supported by more local Emergency Centres.

Keogh also underlines the significant and unique role ambulance services can play in managing patients closer to home though enhanced paramedic skills and the provision of NHS 111. But no single organisation can deliver the above in isolation and collaboration between providers of emergency and urgent care services is essential to provide seamless care for patients and improve their health outcomes. NHS England's planning guidance *"Everyone Counts: Planning for Patients 2014/15 - 2018/19"* calls on Commissioners and providers to adopt a whole system planning approach in order to ensure plans address the healthcare needs of their local community.

This approach also needs to ensure the active participation and empowerment of patients in decisions regarding service design providing them with better information regarding healthcare choices and better support to deliver self-care.

Effectively collecting, interpreting and sharing information is a key component in improving care integration and outcomes and it is essential that the ambulance service and NHS 111 are able to access GP and hospital data such as patient medication, allergies and individual care plans to improve decision making and patient outcomes.

The NHS planning guidance, "Everyone Counts" underlines the importance of a shared digital patient record with the NHS number as the primary patient identifier for all providers. We need to ensure we harnesses the use of technology to deliver better, more convenient care to patients and support those living with long-term conditions by having access to electronically available personal care plans. Better access to patient data and sharing information between ourselves and other health and social care providers, based on the NHS number, is essential to the provision of safe, seamless care.

With urgent care such a key part of national and local policy in preventing costly admissions into A&E and acute care, one of the greatest challenges is the task of integrating urgent care across primary, secondary and community care and providing the right care to people with long-term conditions.[2]

The ambulance service is already demonstrating that it has the potential to be a significant lever for positive change both as the provider of 999 emergency and urgent care and NHS 111 services. 999 ambulance services and NHS 111 are the first point in the NHS to see demand building up in the system. The ability of these services to escalate early and utilise alternative pathways to meet rising demand is the most effective way of preventing bottlenecks building up in primary and secondary care.

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[1] The Keogh Review: Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report was published by NHS England in November 2013

[2] Getting to grips with integrated 24/7 emergency and urgent care: a practical way forward for clinical Commissioners - NHS Alliance October 2012

The National Audit Office review of ambulance services[3] supports this approach with key recommendations for a more integrated urgent and emergency care system by utilising ambulance service capabilities to reduce conveyance to hospital and therefore reducing A&E attendance where patients can be treated elsewhere and reducing duplication through the use of a common triage process and Directory of Services (DoS).

The ambulance service has the skills and capability to triage and signpost patients appropriately across the whole health economy whilst also gathering information identifying gaps in the system to support improved commissioning decisions to best meet local patient needs. Services such as NHS 111, tele-health, community based enhanced paramedic skills and PTS are key to local solutions to support seven day services, providing an improved patient-centred service across emergency and urgent care settings and increasing the proportion of older people living independently at home following discharge from hospital.

If these opportunities are to be fully realised a number of challenges must also be overcome including: improving engagement with Commissioners and partners within urgent care in relation to the role ambulance services have to play particularly in; long-term conditions management, further development of information systems that will support continuous improvement and integrated urgent care delivery, addressing incentives in the existing system that support and reward hospital admission and continuing to develop the DoS as a joint enterprise across the urgent care system to enable Commissioners to understand where appropriate services should sit to ensure patients receive the right care in the right place.

The proliferation of technology within peoples own homes, through smart phones and tablet computers is also a powerful catalyst for change within this environment. Through focused investment in ICT we can radically improve our delivery of healthcare services and reach greater numbers of patients in community and home settings. This includes assisting decision making at scene by providing front line clinicians with the technology and information through tablet PCs and smart mobile devices to access patient and pathway information and also through provision of tele-health and tele-care services to support patients living independently in their own homes.

External Stakeholder Engagement

Under the Health and Social Care Act 2012 the move to Any Qualified Provider (AQP) has created an increasingly competitive environment in the healthcare market. Therefore as a Trust we need to become more commercially aware in order to respond to the opportunities and challenges this will present us with.

We recognise that rising to the challenge of meeting patients' expectations and increasingly complex urgent and emergency needs across the region's diverse communities, involves engagement, influence and partnership working across a broad stakeholder network.

We are committed to engagement and partnership with the communities and patients we serve. Key service development programmes will set out the scope for patient and public voice and influence. Supporting stakeholder engagement plans will set out the mechanisms through which views will be sought, reviewed, reported, responded to and acted upon.

Relationships with Commissioners
We are commissioned by 23 Clinical Commissioning Groups (CCGs). Being the only region-wide healthcare provider we are ideally placed to provide the gateway for patients into urgent and emergency services, supporting integration and joined-up care.

[3] Transforming NHS ambulance services. NAO. June 2011.
http://www.nao.org.uk/publications/1012/nhs_ambulance_services.aspx

Key to fulfilling our potential as a leader in this field is maintaining credibility and the confidence of the CCGs through positive and consistent working relationships.

To achieve this we will seek to introduce dedicated account managers, with each CCG having a nominated YAS senior individual to coordinate their contact with YAS. This will provide a consistent and seamless approach to Commissioner relationships across all service areas and ensure service development opportunities are identified and appropriately responded to.

Stakeholder Relationships
Building a comprehensive understanding of Trust stakeholders, their interests, priorities and sphere of influence will form the basis of proactive stakeholder engagement plans. Stakeholder engagement will be built into the Trust's business planning process and key service development programmes will include dedicated stakeholder engagement plans.

Wherever possible we will support and work through regional collaborations and networks to encourage shared learning and consistency of clinical care and outcomes. Engagement plans will be closely linked with and supported by tailored internal and external communications.

Patient & Public Engagement
We will work in partnership with Commissioners and others to actively create opportunities to:

- Put patient and public voice at the heart of our decision-making
- Enable patients to take decisions about their own care
- Promote transparency in local health services.

We will achieve this through mechanisms including:

- Involvement of the YAS Expert Patient and the development of this role
- Development of the YAS Forum
- Engagement with Local Healthwatch
- Formal public consultation exercises where applicable for major service change
- Partnership working with regional clinical networks.

Our Strategic Vision

Our two year operating plan outlines our ambitions, aspirations and plans for the next two years to deliver world class care for the local communities we serve through providing an ambulance service for Yorkshire and the Humber which is continually improving patient care, always learning, spending public money wisely and setting high standards of performance.

When developing our strategy we have taken into account the key themes within local and national strategies that are relevant to our services, people and communities. This includes NHS England planning guidance *'Everyone Counts',* the Health and Social Care Act 2012, the Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry (the Francis Report), the Sir Bruce Keogh Review *'Transforming Urgent and Emergency Care'* and the new Care Quality Commission (CQC) inspection regime. Locally we have focused on the priorities and plans of Clinical Commissioning Groups, Healthwatch, Health and Wellbeing Boards and Urgent Care Boards.

Our plans and mission *'Saving lives, caring for you'* focus on our commitment to quality and ensuring we deliver safe, effective, caring, well led and responsive services to the communities we serve. Our supporting strategies including workforce, clinical quality, information technology, fleet and estate, provide the necessary drivers to deliver the best possible care for our patients and support the concept of working in new ways to deliver the highest quality services.

This will be achieved by improving frontline clinical skills, giving staff access to advice, technology and information to aid decision-making and ensuring that our estate and fleet guarantee 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 in the years ahead.

Our services, clinical capability and technology have improved dramatically in recent years with staff now administering many treatments at the scene of an incident which would previously only have been carried out in a hospital setting. Through the 999 and NHS 111 services we are the largest single gateway to healthcare services across Yorkshire and the Humber. This places us in a key position to lead and support the transformation, integration and alignment of healthcare services across the region to best meet the needs of local communities. This will ensure patients are managed in the most appropriate setting.

We must continue to improve and adapt in order to meet the changing needs of our patients and to deliver improved health outcomes. Our Service Transformation Programme will enable us to focus and respond to the key challenges ahead to ensure we provide the highest possible quality of services.

At the core of our strategic priorities for the next two years are:

- The expansion of Community based Emergency Care Practitioners and Advanced Paramedics, to bridge the gap between the need for an initial urgent response and community based planned care services.

- Building upon the existing NHS 111 service skills and infrastructure to expand our role in Care Co-ordination and provision of local community Single Points of Access for health and social care services.

- Developing care pathways for specialist groups such as frequent callers, mental health patients and palliative care.

- Development of Urgent Care Transport and inter-facility transport solutions to ensure timely and appropriate transport is available to convey patients including GP Urgent, discharge and falls services.

Although we are a significant provider of telephone based health-care provision via NHS 111 and the A&E clinical hub we are not currently providing other aspects of tele-health or tele-care. We see significant benefits to us providing these services given our region wide coverage, 24/7 telephone and triage capability and ability to mobilise a clinical response. Over the coming year we will be engaging with partners in health and social care to take forward the development of these services.

We understand that the current economic outlook continues to provide significant financial challenges. Our long-term financial strategy is therefore focused on ensuring that we have resilience to enable us to invest in service transformation, service developments and clinical quality.

Our Strategic Aims, Objectives and Priorities

Our strategic aims reflect our commitment to provide the best possible quality outcomes for our patients over the next two years. Our strategic objectives outline what we need to do to support achievement of our aims, with priority actions underpinning each of our strategic objectives.

Our Two Year Operational Plan				
Care Quality Commission priorities				
Safe	Effective	Caring	Well Led	Responsive
Our Strategic Vision				
Providing world class care for the local communities we serve				
Aims				
Continuously improving patient care	Setting high standards of performance	Always learning	Spending public money wisely	

	Strategic objectives	Priorities
1	Improve clinical outcomes for key conditions	• Improve survival to discharge for cardiac arrest • Reduce mortality from major trauma • Training and supporting our staff
2	To provide clinically effective services which exceed regulatory and legislative standards	• Implement recommendations from the Francis report, Keogh review, Winterbourne View review and Berwick report. • Improve performance in Ambulance Clinical Quality Indicators (ACQI's) • Continued expansion of the clinical hub • Deliver Red 1 and Red 2 targets on a consistent basis through implementation of new rotas.
3	To develop culture, systems and processes to support continuous improvement and innovation	• Ensure our fleet and estates meet the needs of a modern service through development of Hub and Spoke and Make Ready business model • Implementation of Service Line Management
4	To be at the forefront of health care resilience and public health improvement	• Improving engagement with patients, the public, clinical commissioning groups and other key stakeholders • Finalisation of new HART facility. • Introduction of YAS Forum
5	To deliver timely emergency and urgent care in the most appropriate setting	• Reduce variability and deliver Red 1 and Red 2 targets on a consistent basis through implementation of new rotas. • Increase non-conveyance rates • Building and maintaining successful partnerships including NHS 111 • Develop care pathways for specialist groups • Develop urgent care transport and inter-facility transport solutions • Expansion of community based Emergency Care Practitioners and Advanced Paramedics • Continue the development and roll out of ePRF and Paramedic Pathfinder
6	To provide services which exceed patient and Commissioners expectations	• Improve patient involvement and experience • Develop services in partnership with others
7	To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future	• Staff engagement including listening to staff with a focus on embedding our values and objectives and incorporating feedback received. • Support clinical staff development through the introduction of a new clinical leadership and supervision model
8	To provide cost effective services that contribute to the objectives of the wider health economy	• Deliver cost improvement programmes • Improve financial performance • Monitor sustainability of service lines • Drive forward whole system efficiencies

FT Aspirations and Rationale

Increasing public and stakeholder understanding of our services in order to positively influence local improvements and our future direction is at the core of our strategy. We are already taking significant steps to proactively support and be involved in our local communities. Initiatives include Community Training and Awareness programmes with schools and local groups and developing younger people through modern apprentice schemes. Our good corporate citizenship and social responsibility initiatives include supporting local suppliers and our award-winning green fleet

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 to the communities we serve. 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:

- Greater freedom to develop long-term financial and business plans that secure the future of our services in the current challenging financial and commercially competitive environment.
- 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 helping us in planning the strategic direction of the Trust.
- Having greater freedom from central government control will enable us to put new services and innovations into practice at a more rapid pace.
- The ability to develop partnerships and joint ventures to provide new services for our patients and new service models to expand into additional business areas.

We have exceeded our target public membership and now have over 5,600 public members. Also over 90% of our eligible staff are members.

We want our membership to act as ambassadors for the Trust and engage with our network of over 3,000 volunteers and local communities in raising local public health issues. This includes 'stay safe' campaigns, collating feedback, developing ideas and recommendations to improve service performance and support service redesign and communicating appropriate use of our services including 999 and NHS 111.

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 embed better ways of working, making further improvements to the quality of care we provide.

We continue to work with the NHS Trust Development Authority (TDA) to progress our FT application and following a review by the Care Quality Commission (expected in autumn 2014) aim to enter the final Monitor phase of the assessment process with authorisation as an NHS FT in spring 2015.

We will introduce into our governance structure an elected membership body known as the YAS Forum in 2014. Forum members will be accountable to the Trust membership by whom they are elected and will include representatives of public, staff and stakeholders. Their responsibilities include informing and providing insight into the development of Trust strategies and plans, through engagement with our membership, the public, staff and partner organisations including Local Healthwatch and special interest groups. The YAS Forum will operate until we are in a position to call an election for a (shadow) Council

of Governors. The YAS Forum will then be dissolved and new elections held for public and staff representatives on the YAS Council of Governors.

Performance Review

Past Year Performance

During 2013/14 we made significant progress and improvements against many of our objectives. These include:

- Improving both overall performance and national benchmarking for Ambulance Quality Indicators (AQIs).
- Achieving delivery against the Red 1 mandatory target through the implementation of our Red 1 action plan.
- Our PTS service has improved delivery against KPIs and the continuing service transformation will build upon these achievements throughout 2014/15.
- NHS 111 is now fully embedded across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire and is consistently providing one of the best performing, safe services across England.
- The year-end CIP position submitted to the NHS TDA, forecasts 97.6% achievement of the CIP Plan by 31 March 2014. The CIP target for 2014/15 is £10.35m and schemes have been identified which will achieve this amount.
- Progress has been made in relation to reducing staff sickness levels and we continue to work with our Occupational Health services provider to deliver further improvement.

We are conscious of the inconsistencies in delivery of Red performance every day of the week, throughout the year, across the Yorkshire and the Humber region including rural areas. To address this, an operational redesign (incorporating a comprehensive rota review) has been implemented with effect from 10 February 2014.

Non-Financial Performance

Emergency Response Performance
We continue to deliver against national targets, delivering the 75% standard for Red calls across the Yorkshire and the Humber region.

Emergency Response Performance

Category	Standard	2012/13 Actual	2013/14 Forecast	2014/15 Forecast	2015/16 Forecast
Red 1	75%	72.5%	77.5%	75.5%	75.5%
Red 2	75%	75.5%	75.1%	75.5%	75.5%
Red 19 Minute Response	95%	97.0%	97.2%	97%	97%

Ambulance Quality Indicators (AQIs)
From April 2011 we have been measured against a combination of national system indicators and quality criteria. There are 11 indicators which are used to benchmark between ambulance trusts, to promote best practice and provide a framework for us to demonstrate and effectively plan for continuous service improvement.

The Ambulance Quality Indicators (AQIs) focus on three key areas of quality: Effectiveness, Patient Experience and Safety across five domains. The table below highlights where we are performing above or below the national benchmarked average of all other ambulance trusts in England.

Upper Quartile Achievement

Measure	YAS Ranking	YAS	National /Average
Time to treatment - 95th percentile*	1	13m:48s	N/A
Stroke – Care**	4	97.8%	96.3
Cardiac - STD Utstein**	3	31.2%	26.7%

Lower Quartile Achievement

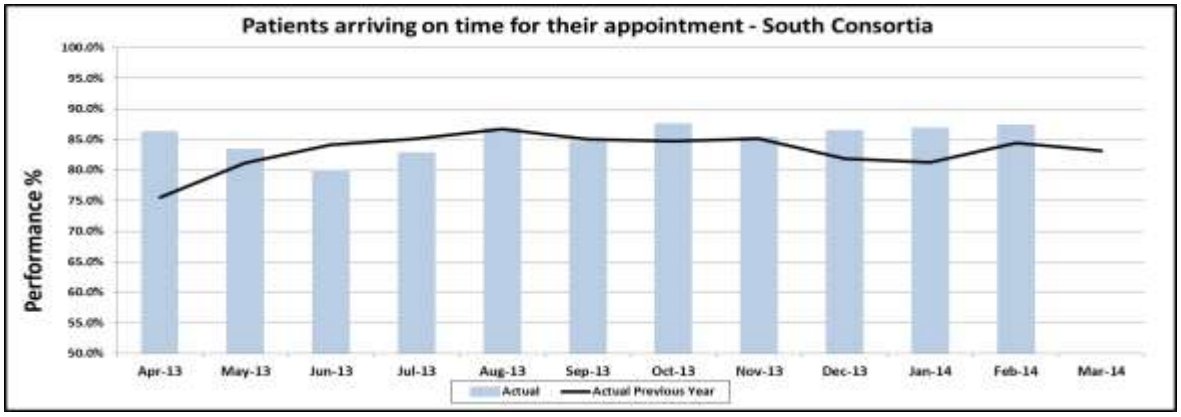
Measure	YAS Ranking	YAS	National Average
Resolved by telephone*	7	4.4%	5.8%
Return of Spontaneous Circulation ROSC**	7	22.6%	26.0%
Non Conveyance to A&E*	9	29.5%	36.1%

* Figures up to January 2014
** Figures up to October 2013

In the coming two years we will look to increase the number of calls resolved by telephone by expanding the number of clinicians within our Clinical Hub, working with Commissioners to further develop the Directory of Services and community based services, providing ambulance clinicians with decision support tools such as ePRF and Paramedic Pathfinder and continuing the development of ECP and advanced paramedic roles.

During 2013/14 the Trust completed a 'Red Arrest' pilot programme in Hull to improve adherence to resuscitation council guidelines for CPR and to establish the impact of the presence of a Clinical Supervisor at all pre-hospital cardiac arrests. Following the success of this pilot in improving local ROSC this approach will be rolled out across Yorkshire and the Humber beginning with Doncaster and Harrogate. This will be supplemented by the on-going expansion of numbers of Community First Responder Schemes and Static Defibrillators located in public places.

Patient Transport Service (PTS) Performance
In PTS we closely measure service performance and delivery through a number of KPIs. One of these is patient feedback which allows us to listen closely to our users/patients' views. Work commenced in March 2012 to look at those KPIs where we were not fully meeting targets for the timely arrival and collection of patients to and from their hospital appointments. The launch of our PTS Transformation Programme has seen the introduction of new staff rosters in September 2013 in South Yorkshire to better match vehicle and staff availability to times of peak patient demand. Following the success of these new rosters similar changes are being introduced in the West, East and North Yorkshire localities.



NHS 111 Performance
Our NHS 111 service is expected to receive 1.12m calls by the end of 2013/14, rising to 1.3m calls in future years and has one of the best response rates nationally.

Key KPIs	YAS	National Average
Abandoned calls (after 30 seconds waiting time)	1.3%	1.7%
Total answered calls within 60 seconds	94.8%	93.7%
'Warm' transfers (from call handler direct to Clinician)	41%	68.7%

The warm transfer target remains challenging and is subject to review as part of the national development of the NHS 111 service. The NHS 111 team manage all clinical calls which are not warm transferred on a clinically prioritised call back basis, to ensure that patients receive a safe and effective service.

Financial Performance Review

We have continued to strengthen our financial performance and financial governance arrangements during the year, which has enabled us to deliver our statutory financial targets in each of the last three years. We are on target to achieve our planned surplus of £2.6m for the year, in line with Department of Health guidance that NHS provider organisations deliver a surplus in excess of 1% of income. Despite the challenges faced by many organisations in health sector during 2013/14 we have also delivered over 97% of our cost improvement and service efficiency targets.

Summary of Financial Review

Key Statistic	2011/12	2012/13	Forecast 2013/14
EBITDA (Earnings Before Interest, Taxes, Depreciation and Amortisation) £000	11,280	13,358	13,669
Surplus/(deficit) £000	428	512	2,600
% of CIP delivered	100%	95.3%	97.6%
CIP £000	9,674	9,802	10,644
Cash	4,869	6,845	10,140
Financial Risk Rating**	3	4	-
Continuity of Service Rating*	-	-	4

**Where 4 is the lowest risk and 1 the highest* ***Where 5 is the lowest risk and 1 the highest*
NB. The financial risk rating was replaced by the continuity of services risk rating in 2013/14 in line with guidance from Monitor

Future Performance

Within our A&E service our future challenges include sustaining improvements in performance against the emergency response targets to deliver the highest standards of care at all times throughout the week and working with our Commissioners to deliver improvements at CCG level. We aspire to achieve upper quartile performance across all of AQIs and ACQI's and to excel in indicators relating to cardiac arrest and major trauma specific to our A&E services. We have described above the measures we will be taking over the next two years to improve our response for ROSC (for those patients suffering cardiac arrest) and how we will be seeking to treat more patients at scene or in community settings through improvements to clinical practice and enhancing the skills of our paramedic workforce.

In PTS, our ambition is to deliver further improvements in patient arrival and collection times across the county. We intend to further improve on current high levels of user/patient satisfaction and forge stronger relationships with hospitals and Commissioners by improving public information on service improvements and developments, introducing new vehicles into our fleet and using call and text

reminders to patients to remind them of journey bookings and provide on day updates of expected arrival times.

Our NHS 111 service has one of the best call response rates nationally; however there are some periods when patients are having to wait too long for clinical advice. Our focus for 2014/15 will be maintain this level of performance whilst improving our management of patients waiting for clinical advice ahead of a national review of the NHS 111 clinical service specification for 2015/16.

Progress against all these deliverables will be monitored by our senior management team and Board through our monthly Integrated Performance Report. Plans and actions are regularly reviewed as part of our annual planning cycle and performance management framework.

Our Clinical Strategy

Clinical excellence, patient-focused care and a timely response 24/7 are at the heart of the services we provide.

Access, Assessment and Triage

NHS 111 has been introduced across England as the easy to remember, free-phone number for urgent healthcare services. The NHS 111 service is designed to provide consistent clinical assessment at the first point of contact and direct people to the right service, first time.

We are responsible for delivering the contract for NHS 111 across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire and urgent care services in West Yorkshire (with our partner Local Care Direct). This builds on our expertise in clinical call centre environments with the rapid and appropriate management of calls to direct patients to the best point of definitive care. It also provides greater opportunity for the regional coordination of access and referral to emergency and urgent care.

The NHS 111 service and further development of the 999 Clinical Hub – a team of clinical advisors based within the Emergency Operations Centres providing support for patients with non-life threatening conditions – will increase the number of patients who are managed via the telephone, either entirely through our own services or by facilitating access to other care pathways.

Further developments within the Clinical Hub will enable us to expand our emergency and urgent care services and aims to:

- increase the number of patients who have a telephone assessment rather than a face-to-face assessment
- increase the number of patients whose call is resolved with appropriate advice over the phone (‘hear and treat’)
- increase the decision support provided to clinicians during face-to-face assessments
- decrease the number of patients conveyed to an emergency department by ambulance (‘see, treat and convey’)
- provide alternative transport for patients who require further face-to-face clinical assessment by another healthcare professional.

Being the gateway to all emergency and urgent care across Yorkshire and the Humber has brought development opportunities including:

- Provision of care co-ordination for patients with long term conditions or special patient notes, ensuring that these patients receive their planned individualised care when they access 999 or 111.

- Expansion of the frequent caller case management function which identifies frequent callers to the emergency ambulance service who require help, but not necessarily assistance from our A&E staff. We will also build a case for the 'invest to save' opportunities for Clinical Commissioning Groups (CCGs) in the future, through reduction in emergency department and primary care attendances and admissions.
- Greater links between the Clinical Hub and Emergency Care, expanding the co-ordination of emergency care beyond major trauma to cardiac arrest management and the provision of senior clinical advice for emergency conditions.
- Clinical Pathways Advisors to identify gaps in the provision of care pathways that don't involve attendance at an Emergency Department and work with health and social care partners to develop alternative pathways of care for conditions such as falls, diabetes and respiratory conditions. This also includes End of Life pathways and access to acute Mental Health services provision.
- Specialist nurses and paramedics working with nursing and residential homes to develop care plans to reduce unnecessary 999 and 111 calls and inappropriate attendance at Emergency Departments.
- Home visits by specialist nurses and paramedics on behalf of General Practitioners in Primary Care both 'in-hours' with YAS clinicians embedded in community healthcare and 'out-of-hours' working alongside GP OOH services.
- Provision of tele-health monitoring services, working in partnership to alert specialist clinical services when patients in the community with long term conditions may need review and assistance. This may involve the provision of 'face to face' assessment working in partnership with the specialist clinical services.
- Provision of tele-care monitoring (eg pendant alarm schemes for the frail elderly) and the development of falls service provision working in partnership with Third Sector agencies to provide social care support.
- Developing community paramedic schemes, whereby paramedics with enhanced clinical skills work alongside GPs and other primary care providers to support and manage patients care within their local communities, avoiding unnecessary admissions to hospital.

Treating Seriously Ill and Injured Patients

In the future we intend to save more lives and improve clinical outcomes for patients, particularly those suffering from cardiac arrest, myocardial infarction ('heart attack'), stroke, major trauma or vascular emergencies. Patients will receive 'gold standard' pre-hospital care and increasing numbers will be taken directly to specialist centres to receive timely definitive care.

Cardiac Arrest
We will continue our work to examine and implement those aspects of cardiac arrest management which have the greatest effect on patient outcome including training all paramedics in Immediate Life Support, ensuring that a resuscitation team leader attends all cardiac arrests and the provision of a debrief immediately following resuscitation attempts.

Major Trauma
Significant evidence collated over the last 30 years demonstrates that substantial improvements are required across the UK in care of patients with serious injuries, within all sectors of the NHS.

Working with our healthcare partners we have delivered an integrated major trauma service across Yorkshire and the Humber. This means the most severely injured patients are transported directly to major trauma centres rather than to general hospitals. This also means we drive patients further to achieve improved outcomes. Our interventions make a difference to the chances of patient survival and impacts upon the speed and extent of recovery.

In addition, we continue to work closely with the Yorkshire Air Ambulance (YAA) charity. Our partnership agreement means we provide the clinicians for the two air ambulances based in Yorkshire, and arrange their dispatch to appropriate incidents.

Paramedic Pathfinder
All our paramedics will be trained in the use of the clinical decision support tools such as the Pre Hospital Early Warning Score (PHEWS) as a component of the Paramedic Pathfinder system. The guidance provided to our clinicians on accessing alternatives to emergency department admission will be developed to clarify pathway options and instil confidence that these options are safe and appropriate for the patient.

We will work with other providers and Commissioners to identify gaps in provision and lead the development of new patient pathways for emergency and urgent care conditions, which focus on the delivery of safe, timely care at a patient's home or incident scene.

Electronic Patient Report Form (ePRF)
We will develop our internal systems and processes for clinical communication across agencies to support seamless patient care. This will include implementation of ePRF on secure tablet computers for use at the patient's side, bringing patient information and decision support tools such as Paramedic Pathfinder to assist in care delivery. This will involve the development of technology to support interfaces between the NHS 111 and urgent care services and further roll-out across the region of the use of emergency care plans.

By facilitating the electronic transfer of patient data to wider Electronic Palliative Care Records, use of the NHS 111 number and the sharing of patient information with Emergency Department clinicians, ePRF will ensure more joined-up working between the ambulance service, hospitals and community-based clinicians thereby improving patient experience and outcomes.

Patient Transport Service
We recognise that our PTS has high visibility across Yorkshire and the Humber, with more patient contact than other services we provide. Our ambition is to continue to develop and improve the quality of the PTS, focusing on improving our operational efficiency and providing a positive experience for patients. Beyond this, we recognise that the scale of our operations and geographic spread offer opportunities for us to expand into areas such as unscheduled and social care transport, and the distribution of medical consumables and equipment. With numerous daily interactions with patients our PTS staff can play an important role in the early identification of health and social care needs, ensuring that 'every contact counts' and making a significant contribution to the wider public health strategy.

The service works closely with our 999 service to ensure that key services continue to be delivered to patients with time-critical needs during periods of adverse weather or other disruption.

Developing Different Models of Care
In addition to developing our workforce and further embedding the new NHS 111 service, we will actively pursue the development of different models of care, working closely with other partner organisations as necessary.

This will include the development of a more multi-professional workforce to strengthen clinical skills and knowledge. It will also include introducing new service models for different areas including rural, inner city and areas with diverse ethnic populations or specific healthcare needs.

Where relevant, we will develop new partnerships with public, private and third sector providers, to support innovative approaches to delivery.

Our workforce plan supports the continued development of an appropriately skilled workforce, with advanced grades of clinicians targeted for the greatest clinical impact. Extensive rota reconfiguration has enabled resources to be targeted at times of greatest demand ensuring patients receive timely appropriate care.

Community Level Performance
As part of our commitment to improving availability of ambulance services at peak times of demand and in more rural areas we have recently introduced new operational rotas across Yorkshire and the

Humber. Aligned to this we are increasing the number of defibrillators located in public areas and establishing a number of community first responder schemes with staff from other emergency services.

Public Health
We have developed a Public Health Strategy to maximise YAS' contribution to wider health promotion initiatives across the region.

This will focus on alcohol, smoking, diet and accident avoidance thereby contributing to the reduction in patients suffering from the key life-threatening conditions described above. The development of health information for patients and the public is a key element, including a drive to increase awareness of cardiopulmonary resuscitation (CPR) techniques to help improve cardiac arrest survival rates.

Fleet
2014/15 and 2015/16 will see the second and third years of significant investment in our A&E and PTS fleet. We have worked with Leeds University, industry and our own clinicians to design lighter more fuel efficient vehicles that comply with latest safety requirements. This investment programme will significantly improve the average age and reliability of our vehicle fleet. Aligned to this we are also reviewing our internal fleet operational hours and practices to reduce the amount of unnecessary time vehicles spend off road for routine repairs and maintenance.

Estates
In 2012 the Trust approved a five year Estates Strategy to move towards a hub and spoke estate model whereby community based response facilities will be supported by larger locality hub facilities with dedicated training and fleet maintenance facilities, vehicle cleaning and 'make ready' staff and clinical stores. These new facilities will ensure clinicians have immediate access to clean, well maintained and equipped vehicles and spend the maximum possible time focused on patient care. The first of these facilities is due to open in South Leeds during the second half of 2014. Upon successful trialling of this concept this new estate model will be rolled out over the next 8 to 10 years.

Service Capacity and Developments

Electronic Patient Report Form (ePRF)

The deployment of the ECS system (ePRFs and the supporting infrastructure) will be a key enabler of integrated digital health and social care records within the Trust's area of influence and is a key component of the Trust's current strategy to ensure patients are treated in the most appropriate care setting. The system enables access to:

- Patients Summary Care Records
- The Pathways clinical assessment tool
- Local Directory of Services
- Other Health and Social care systems where permissible including:
    - GP systems
    - Electronic Palliative Care Coordination System (EPaCCS)
    - British National Formulary/ ePrescribing systems

As a digital healthcare record the system has the ability to integrate (using the NHS number) with all relevant health and social care systems. It uses the Personal Demographics Service (PDS) trace to automatically identify the patient's NHS number and consequently provide access to key personal medical data to tailor care provided to the individual patient's needs.

ECS/EPRF supports the ambitions of Everyone Counts: Planning for Patients 2014/2015 (Delivering better care through digitisation and sharing data) and also helps address a number of the themes

identified by The Francis Enquiry[4] Report Recommendation 244 – common information practices, shared data and electronic records.

Hub and Spoke and Make Ready

The nature of how the Trust operates has greatly changed in recent years. Ambulances are now positioned at strategic deployment sites to best meet demand, meaning out-dated ambulance stations are empty for much of the time. We are therefore looking to introduce a 'hub and spoke' station model including 'Make Ready' teams and facilities to fuel, repair and restock vehicles, maximising the time clinicians have available to deliver patient care.

This development will see the Trust operating from a number of key multi-functional 'Hub sites' supported by 'spokes' and strategic road-side stopping points used for shorter time periods, briefly described below:

Type	Location	Facilities
Hub	Fixed premises either leased or owned by Trust	▪ Staff Base ▪ Welfare facilities ▪ Office /administration space ▪ Storage/ logistics space ▪ Make Ready ▪ Training ▪ Fleet maintenance facility (certain locations only)
Facilitated Spoke ("5 Star Standby")	Leased, Shared Space or Portacabin	▪ Mess room ▪ Provision of or access to kitchen facilities ▪ Toilets and basic welfare
Non-facilitated Spoke	Road side stopping point (limited time periods)	▪ None

[4] Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry February 2013

ECS (ePRF)

Benefits	Implementation Plans/Delivery Milestones		Risk to delivery	Resource requirements	Finances
	Key milestones 2014/15	Key milestones 2015/16			
• The infrastructure and technology component of EPRF is a key enabler of the paramedic pathfinder project • Data is immediately available to support clinical audit and to support improved clinical governance and to improve patient safety • Reduction in number of non-emergency patients being conveyed to Emergency Departments through access to CMS DOS and Patient Pathways. Estimated to be 4-7% • More efficient transfer of patient data and information to receiving locations and GP systems Improved patient safety due to accessibility of online advice and guidance, and more accurate patient information Better informed commissioning underpinned by more robust data • Enhanced ability to track patient experience and outcomes • Better outcomes for patients by enabling earlier transfer of more comprehensive patient information to receiving locations • Effective mechanism to support the adoption of the NHS number • The provision of more complete patient records allowing for an improved complaints and coroner's management processes	Rollout Q2 – 2 x CCGs Q3 – 2 x CCGs Q4 – 2 x CCGs	Rollout Q1 – 3 x CCGs Q2 – 4 x CCGs Q3 – 4 x CCGs Q4 – 2 x CCGs Airedale Wharfedale Craven CCG inclusion not yet finalised	Risks 1. Difficulty in releasing front line staff for training 2. Non-delivery of expected benefits in relation to reduced conveyance 3. Inability to meet roll-out timescales 4. Lack of co-operation from A&E departments to receive handover information electronically 5. Department of Health (DH) Capital funding loan not released Mitigations 1. Project funding inbuilt to backfill staff 2. Work with Commissioners to identify and fill gaps in alternative pathways 3. Robust project management delivered through service transformation programme 4. Work jointly with Commissioners to resolve 5. DH loan requirement submitted in NHS TDA operating plans	Project Management Technical Management Project Support Training Resource	**Non – recurrent costs** £865k **Recurrent costs** 2014/15 £578k 2015/16 £602k 2016/17 £787k 2017/18 £771k 2018/19 £756k **Capital Costs** Hardware £2,067k Vehicle Adaptation £130k Total Capital Costs £2,198k

Hub & Spoke

Benefits	Implementation Plans/Delivery Milestones		Risk to delivery	Resource requirements	Finances
	Key milestones 2014/15	Key milestones 2015/16			
• Reduced risk – to staff, vehicles and equipment, through more rigorous vehicle and equipment checks and cleaning • "Liberate" clinician time through more responsive vehicle maintenance, cleaning and stocking arrangements • Improved standardisation of equipment • A reduction in overall fleet size, through efficient resource management • Improve infection control rates • Improved management of staff and issues • Benefits through economies of scale • Meet BREEAM standards • Modernise the estate therefore reducing estates running costs.	**Q1:** • Modelling & analysis to identify hub locations • Approve Outline Business Case • Approve Communications and Engagement Strategy • Initiate project governance **Q2:** • Appoint Project Board and Team. • Implement Communication and Engagement Strategy. • Develop full business case. **Q3**: • Approve Full Business Case. • Source location of first two hubs and spokes **Q4:** • Spokes implemented in one operational area • Hub implemented in one operational area • Carry out review post go live to inform next hub "go live"	**Q1-Q4:** • Implementation of Hubs 2 & 3	Affordability – Possible requirement for additional investment. Timescales - possible delays relating to construction activities Failure to engage stakeholders – resulting in resistance to adopt model Quality – Change to Estates results in deterioration in service performance Resource - Inability to resource and recruit the appropriate skilled project team to meet project requirements **Mitigations:** • Ensuring that there is a comprehensive business case in place • Ensuring that there is a robust modelling and mapping analysis of construction and timescales and quality impact • Establish and approve resource requirements to support OBC & FBC development and project delivery.	Internal (existing) • Establish Project Board and Team Establish dedicated project team • Project Lead • Estates Project Manager • Operations Manager (secondment) • Make Ready Manager • Project Support Officer • 2x Admin Assistants Physical Resource • Office space • Equipment External Resources • Professional advisors (ad hoc basis) • Suppliers	2014/15 • £2.5m Capital • £350k Resource 2015/16 • £2.5m Capital • £350k Resource

Emerging Developments

Paramedic Pathfinder
Paramedic Pathfinder is a decision making support algorithm tool based on the Manchester Triage System which assists front line clinicians in determining whether patients require Emergency Department attendance, a community service referral, or self-care management. Paramedic Pathfinder aims to improve the use of community services and reduce inappropriate conveyance of patients to Emergency Department, thereby delivering significant cost savings to the NHS at a local level and, if adopted Trust wide, at a regional level.

The current plan is to introduce Paramedic Pathfinder on a phased basis between 2014 and 2016. During the first year implementation will focus on West Yorkshire, with roll out to Leeds completed in quarter 1 of 2015/16, and final roll out to other localities following this. The implementation will be closely aligned to delivery of the ECS roll out plan and partnership work with local Commissioners on available patient referral pathways, to ensure that maximum benefits can be delivered through full alignment with local services and use of supporting technology. The anticipated key benefits of this scheme are -

- Reduction in number of patients transported to emergency departments
- Improved patient experience as patients will receive the right care in the right location
- Increase in use of urgent care services
- Decrease in the average length of ambulance cycle
- Increase in the number of patients managed by Rapid Response Vehicle(RRV) paramedics (with no double ambulance crew)
- Increase use of existing care pathways
- Potential improvement in 'see and treat' from 24% to 30%
- Improvement in DoS utilisation through reduction in missed referrals and use of alternative care pathways
- Assistance for paramedics through the use of a decision support algorithm

Introducing Paramedic Pathfinder into a specific area first will enable the thorough development of alternative patient pathways with the Urgent Care Working Group or other local commissioning groups, to include referral to GPs, walk-in centres and minor injury units. It is the robust development of these joint working practices that is seen as critical to the success of this project and by working in a small area first any challenges can be quickly managed and solutions reached.

NHS 111+ and Care Co-ordination Model
We are now delivering the region-wide NHS 111 service and there is an opportunity to deploy the NHS 111 infrastructure and the skills of its staff to support other telephone based services.

This is consistent with the national aspiration to significantly enhance NHS 111 so that it becomes the smart call to make, creating a 24-hour, personalised priority contact service, which will:

- Have knowledge about patients and their medical problems, so the staff advising you can help you make the best decisions.
- Allow patients to speak directly to a wider range of professionals (eg a nurse, doctor, paramedic, member of the mental health team, pharmacist or other healthcare professional) if this is the most appropriate way to patients the help they need.
- If needed, directly book an appointment at whichever urgent or emergency care service can deal with their problem, as close to home as possible. That could include a booked call back from a GP, a pharmacist review at a local chemist, an appointment at an urgent care centre, or a home visit by a community or psychiatric nurse.
- Still provide the patient with an immediate emergency response if their problem is more serious, with direct links to the 999 ambulance service, and the enhanced ability to book appointments at Emergency Centres.'

Working with Commissioners to develop this enhanced NHS 111 service is central to our Trust's Urgent Care Development Plan. The enhanced service will bring significant benefits to patients and the wider health economy.

Where possible NHS 111 needs to consider how to derive greater benefit from the call centres over the whole 24 hour period, drawing on the strengths in our estate, technology and expertise in call centre management.

In addition to the core NHS 111 service, we can make wider use of the NHS 111 infrastructure and skills to provide other similar telephone based services. An example is the provision of a Single Point of Access (SPA) in local areas. The SPA is a patient bureau type service, with the objective being to ensure the seamless, safe management and referral of patients that would benefit from community service intervention, either to prevent an admission, support early discharge or coordinate care closer to home.

We will continue to explore the potential for development of SPA services, building on current pilot developments. There is an opportunity, consistent with the concept of an enhanced clinical service set out in the national review, to build on NHS 111 as a single, free access point for patients, to develop a care coordination service for specific patient groups, which could include:

- Patients with palliative and end-of-life conditions
- The frail elderly
- Patients with urgent mental health needs including a place of safety
- Patients requiring urgent dental advice

These are patient groups with complex needs, where hospital admission does not provide the optimum care required and where effective co-ordination of care across agencies is key to improving outcomes.

There is significant value to be added to the urgent care system where enhanced care co-ordination can be fully aligned to other urgent care services delivered by us or other providers.

Telecare and Telehealth
Telecare describes a service which utilises technology to enable independent living for service users. This includes using alarms, sensors and other equipment to help people live independently for longer, particularly those who require a combination of social care and health services. Telehealth incorporates services such as tele-monitoring the capture of vital signs and other key indicators for patients with one or more long term condition.

In the coming year we will engage with Commissioners and community service providers to discuss how we can take forward opportunities to develop these services building on our existing call centre infrastructure, triage expertise and access to local patient pathways.

Community ECPs and Advanced Paramedics
The Keogh Review into Urgent and Emergency Care End of Phase 1 Report identified the need to provide highly responsive urgent care services outside of hospital, with specific reference to ambulance paramedics.

ECPs and other Advanced Paramedic roles are practitioners with additional skills in assessment, diagnosis, treatment, referral and discharge. Their key focus is on providing the initial response to an urgent care need and bridging the gap between that and on-going health care services. These services will contribute to:

- Treatment of more patients at home – particularly those with long term conditions
- Avoidance of attendance at ED through non-conveyance and direct access admission
- Reduction in admissions, tests, and other associated secondary care costs
- Management of direct referrals from nursing homes, with high non-conveyance from this group
- Management of fallers including assessment, treatment and arrangement of transport if needed

- Keeping palliative care patients at home
- Increased patient satisfaction.

We currently provide a number of ECP schemes ranging from a standalone service in Sheffield to individual ECPs based in General Practice. A number of CCGs have requested that we provide additional ECP services to support front-line urgent care response services as part of a wider multi-professional team to the delivery of in-hours and out-of-hours primary care services.

Our intention is to work with our Commissioners to identify the potential application of the model within the local context and available patient pathways, recognising that these could vary in different urban and rural settings. A collaborative approach will be adopted to co-develop an Advanced Paramedic service based on a core our model, which is fully integrated with the wider health system.

Urgent Tier and Unscheduled Transport
Traditional PTS contract arrangements have not supported level discharge planning or seven day working, putting particular pressure on A&E and hospital capacity during out-of-hours periods. Outside the normal operating hours there is often no contracted provision for unplanned transport and as such discharges and transfers between healthcare facilities.

Our PTS service has undertaken a number of successful initial out-of-hours discharge pilots during 2013/14 and we intend to further refine this service model as an offer to other acute providers during 2014/15.

Aligned to this our A&E ambulance crews are often called to incidents that do not require high levels of clinical skill during the day. We intend to develop a fully co-ordinated Unplanned Transport and Booking Service during 2014/15. This will provide an opportunity to develop a tailored service to meet the specific needs of this group of patients, in a more timely and cost-effective manner.

Data Warehouse & Web Development
A key enabler of our transformation plans in 2014/15 is to provide an integrated view and reporting tool across the Trust's ICT systems (a data warehouse). This will provide us with the ability to analyse organisational data from (A&E, PTS, NHS 111, Finance, Workforce, Fleet) and create a single consolidated view of this data to aid the delivery of self-service reporting, personal performance reporting, and decision support information for all stakeholder groups.

Our ICT team will also be developing applications clinical and operational applications to provide clinicians and frontline staff with information and training materials on tablet PCs and smart mobile devices. An example of this is the resilience web portal "ResWeb" which is a single access point for information and guidance relating to Emergency Preparedness, Response and Recovery (EPRR). This application enables NHS organisations across Yorkshire and Incident/Event Commanders to navigate geographically to attain site specific and generic preparedness and business continuity information, as well information on forthcoming events and exercises. We are looking to offer "ResWeb" commercially to other NHS and emergency service organisation.

Quality and Safety

Board Leadership

The Trust arrangements for quality governance are fully aligned to the requirements of the Foundation Trust Quality Governance Framework and are designed to ensure compliance with the Essential Standards of Quality and Safety. A detailed review of the recommendations of the Public Inquiry into Mid-Staffordshire Hospitals NHS Foundation Trust was undertaken in April/May 2013. We have refined and updated its quality governance development plan in light of this review to ensure that it is fully informed by the learning from the public inquiry.

Our Clinical Quality Strategy sets out our priorities for clinical quality and this is underpinned by annual implementation plans for each of the key work streams.

Ensuring effective clinical leadership and supervision for staff is a key element of our Clinical Quality Strategy. A new framework for clinical leadership and supervision was implemented across the Trust in August 2012 and further work is progressing to ensure that the new model is fully embedded and realising the intended benefits.

Quality is a central element of all Trust Board meetings. The Integrated Performance Report focuses on key quality indicators and this is supplemented by more detailed reports containing both qualitative and quantitative information on specific aspects of clinical quality.

Our Trust Board is actively engaged in reviewing the risks to quality, including the quality impact of cost improvement schemes and other service changes. All cost improvement plans must be quality impact assessed, including review by the Executive Medical Director and Executive Director of Standards and Compliance and are signed off by the Quality Committee and Trust Board. Early warning indicators are monitored by the Board and Quality Committee to provide assurance that CIPs are not adversely impacting on quality or safety.

Patient stories and briefings on clinical developments are used in the Trust Board meetings alongside the quantitative data to ensure a clear patient focus and a monthly patient experience survey has now been introduced to add a regular ‘real time’ view of quality from the patient’s perspective.

The Executive Team and senior managers are proactive in seeking to engage with frontline staff on issues of safety and quality through a range of both formal and informal methods. The *Listening Watch* programme is an important element of this activity. This programme is a schedule of structured visits to all parts of the Trust involving all Executive Directors and Associate Directors. This is complemented by a separate engagement programme involving the Chairman and other Non-Executive Directors.

The Executive Team reviews issues arising and implements action as required, reporting to the Board on key issues as part of the regular report from the Trust Executive Group (TEG).

The Quality Committee supports the Trust Board in providing an objective and independent review of quality, to support the delivery of safety and excellence in patient care.

The Committee enables the Trust Board to obtain assurance that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:

- promote safe, high-quality patient care across all departments
- identify, prioritise and manage risk arising from clinical care and service developments
- ensure the effective and efficient use of resources through evidence-based clinical practice
- ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality and safety
- ensure effective supervision and development of the workforce

- protect the health and safety of Trust employees
- ensure effective information governance across the Trust's functions.

The Committee works in liaison with the Audit Committee to provide effective scrutiny of the management of all aspects of clinical governance and quality and has a key role in reviewing the quality impact assessments of the CIP schemes and early warning indicators, based on reports from the Executive Medical Director and Executive Director of Standards and Compliance.

Clinical Quality Strategy

The Clinical Quality Strategy, underpinned by an annual implementation plan, sets out the key priorities for improving quality of patient care. This includes a focus on the key dimensions of:

- patient safety, including cleanliness and infection control, safeguarding, medication safety, safety alerts, learning from adverse events
- clinical effectiveness including ambitious targets for improvement of ACQIs and CPIs (priorities within this include improvement of survival from cardiac arrest, treatment of MI and stroke), implementation of NIHCE and JRCALC guidance, clinical audit
- Patient experience, including 4Cs, patient surveys (Friends and Family Test), focus groups, use of patient stories in the Board, management meetings, training programmes and staff campaigns
- Clinical leadership and staff engagement.

There is strong alignment to the key themes underpinning the new inspection regime:

- Safe
- Effective
- Caring
- Responsive
- Well-led

Quality Governance and Quality Governance Development Plan
The Board, Quality Committee and Audit Committee roles, and the underpinning management groups including Trust executive Group and Clinical Governance Group, provide assurance on the delivery of quality from Board to front line.

These arrangements are informed by CQC guidance and the Monitor quality governance framework and by self-assessments and external assessments against this framework. Preparation for new style CQC and Monitor assessments is under way with the expectation that these will come into operation by October 2014. The Trust is currently involved in the development of the new ambulance guidance for CQC inspections.

Our plan is also informed by the Francis Inquiry recommendations. The key elements incorporated into our Trust plans for 2014/16 include: getting the basics right and continuously improving care, professional leadership, workforce – safe staffing, training and supervision, engagement, raising concerns and learning from adverse events, Being Open/Duty of Candour, learning from patient experience, developing the management of complaints in line with principles from the Clwyd/Hart review, promotion of patient dignity via an annual awareness raising campaign and training materials, a Trust-wide staff campaign focused on communications, attitudes and behaviours, drawing on learning from patient feedback.

The Trust has a clearly defined CIP Quality Impact Assessment process and arrangements for on-going monitoring of early warning indicators at corporate and departmental level, and for escalation and action on emerging risk. During 2014/16 there will be a continued challenge to reduce costs whilst maintaining and improving quality of care. The Trust will be implementing large scale workforce development, changes to operational workforce arrangements and the reconfiguration of its estate and fleet. During this period we will continue to assess new schemes using the Quality Impact Assessment framework and we will monitor impact closely using agreed early warning indicators to ensure the continued delivery of safe care during periods of significant change.

We have considered the implications of the Berwick report on patient safety and ensured our plans align with recommendations therein. In the coming two years we will continue to focus on: promotion of safety culture and learning from adverse events and near misses, use of the Manchester Patient Safety Framework, a focus on development of Clinical Supervisors and middle managers, exploration of mortality indicator and Trust-wide implementation of an ambulance-specific Patient Safety Thermometer focused on reduction of harm from falls and other injuries in transit and medication incidents.

Review of the recommendations of the Winterbourne View report has supported the Trust focus on adults with learning disabilities and other vulnerable adults. In 2014/16 the Trust will be making further developments to arrangements for safeguarding vulnerable adults in line with the anticipated new legislation. We will also take forward further developments in our dignity campaign and in training including e-learning and we will work with partner organisations to support the sharing of patient care plans which enable ambulance service clinicians to provide emergency and urgent care which is tailored to the specific needs of patients.

The national Emergency and Urgent Care review reinforces the Trust focus on responsiveness and development of urgent care services, including development of NHS 111 as part of the wider clinical service development strategy. This includes significant development and training for the clinical workforce, greater multi-professional working and development of new models of care delivery, both internally and in partnership with other organisations.

The Trust Service Transformation Programme is focused on the priority cross-directorate developments which will bring about step change as part of the wider Trust strategy. The programme is informed by the CQUIN developments agreed with Commissioners and engagement of staff and leaders in innovation and change. Priorities within the programme for 2014/16 will include urgent care, development of hub and spoke model of operational services, PTS service transformation, leadership, management and organisational development and transformative ICT. These initiatives will have a significant impact on quality across emergency and urgent care provision.

The Trust is committed to openness and transparency. In the coming year this will include continued attention to openness with patients and families where harm has been caused as a result of Trust care, further development of the annual Quality Account in line with best practice guidance from NHS England and Monitor, an annual public non-financial annual report covering the key aspects of quality and safety, a programme of pre-Board public presentations on important clinical topics, and publication of learning from adverse events and complaints on the Trust website.

Workforce

Introduction

Our workforce strategy is focused upon the delivery of our mission, vision and values and has been refreshed as a combined approach to people management and development. Our strategy has taken into consideration a number of themes which emerged from a consultation and diagnostic process undertaken with a range of stakeholders and places at its heart the development of the right culture and engagement with staff to deliver clinical quality and better outcomes for patients. This drew upon externally commissioned reviews and relevant internal audit reporting into areas such as Personal Development Reviews (PDRs).

Key parts of our workforce strategy include:

- **Patient Centred Professionalism** – This centres on; personal accountability for the provision of high quality compassionate care; promoting, encouraging and developing professional behaviour in our clinicians; and a clear clinical supervision structure.

- **Management and Leadership Development** - with a focus on capability, capacity, management structure, engagement and training.
- **Assessing the Quality Impact of Changes in Workforce Models** – our service developments and implementation of service transformation will impact on our current workforce models, which will require engagement, consultation and assessment of any quality impact.
- **Board Development** - Ensuring the right blend of strategic leadership ability and experience exists, along with the necessary range of skills and expertise to create a wholly effective 'unitary board' is essential to our future success.
- **Staff Engagement** – Responding to staff feedback and engaging with staff and trade unions to identify concerns and areas for improvement will be the means through which such fundamental change can be achieved.

Our Workforce Plans

We have developed a revised operational workforce model for A&E and PTS operations in order to provide a more flexible workforce to meet the changing needs and expectations of patients and ensure we deliver safe, effective, caring, well led and responsive services to the communities we serve. Our workforce plans place a greater reliance on a streamlined and simpler 'front-end' model, where qualified Paramedics are supported by Emergency Care Assistants (ECAs), providing a consistent level of clinical support and where clinical triage and the expansion of our Clinical Hub will provide the strong underpinning expertise to a more flexible workforce.

During 2014/15 we will continue to implement our new operational workforce model for PTS to ensure that our vehicle and staff availability reflect the changing nature of services, with more patients being transported to alternative care settings and increasing demand from Commissioners and hospitals for 7 day services. Further improvements to quality will be underpinned by increasing the proportion of journeys undertaken by YAS trained staff and volunteers.

As the new NHS 111 service celebrates its first anniversary we are using this as an opportunity work with Commissioners to review the numbers of clinical and call taking staff to ensure that patients have appropriate and timely access to high quality clinical advice. This pre-empts work being undertaken nationally to review service specifications for NHS 111.

Staff Category	2013/14	2014/15	2015/16
	WTE	WTE	WTE
A&E Operations ECP/Paramedic	1280	1201	1201
A&E Operations EMT	286	145	145
A&E Operations ECA/Other	562	839	826
A&E Management	38	38	38
Emergency Operations Centres (EOCs)	386	389	382
NHS 111	282	316	310
Emergency Planning (including HART and USAR)	64	63	62
PTS Operations Staff	547	546	536
PTS Management	13	13	13
PTS Communications	115	115	112
Corporate Support Staff	103	101	96
Operational Support and Other Staff	623	634	603
Total	**4299**	**4400**	**4324**

Patient Centred Professionalism
We will promote, encourage and develop professional behaviour in our clinicians, drawing on the principles of Good Medical Practice, the General Medical Council's code of practice for doctors, the '6

Cs' of nursing and midwifery practice and the standards of conduct, performance and ethics of the Health Care Professions Council.

We will hold our clinicians personally accountable for the provision of high quality compassionate care. The formation of professional forums will facilitate clinicians who have direct contact with patients to help shape the development of the service we provide. A clear clinical supervision structure, supported clinical audit and the provision of multimodal Continuing Professional Development opportunities will allow clinicians to populate their own personal professional portfolios, enhancing the individual and organisational value of the PDR process in progressing both individual careers and the clinical strategy for the organisation.

Working with the College of Paramedics we are developing scopes of clinical practice for Advanced and Specialist Paramedics to fulfil the service needs of the populations we serve, treating patients in their own homes, or as close to home as possible, whenever it is safe to do so. In addition, continued development of our paramedics with critical care skills in HART and HEMS teams will further the opportunities for clinicians to progress their careers within the organisation and move towards independent clinical practice.

In collaboration with the Yorkshire and Humber CLAHRC we will provide opportunities for higher level academic study up to PhD with the eventual aim of having a cadre of Consultant Paramedics leading the increasingly wide-ranging portfolios of clinical care provided by our clinicians and being leading contributors to the national research agenda in pre-hospital care.

Management and Leadership Development

The key to delivering transformation change and, therefore, service improvement in the Trust is ensuring that our managers and leaders possess and utilise high quality leadership skills at all levels.

Management is about 'controlling' things (being 'hands-on') such as budgets, timescales, progress etc. Leadership is about 'direction', 'movement', 'progress' and 'change'. Managers tend to get things done by controlling people whereas leaders tend to get things done by inspiring people. Motivation from a manager is often rational: 'Do this and you'll be rewarded or avoid punishment'. Motivation from a leader is often emotional 'Do this and you'll feel good'. Managers get the job done but, because leaders inspire people to take willing action, leaders usually get it done faster, better, cheaper etc.

It appears that we currently have a management culture rather than a leadership culture. To cope with the uncertainty and change that is thrust upon the organisation and to deliver better results, we need to establish and embed a leadership culture. We also need to be clear about the style of leadership that is demanded by the organisation and what behaviours underpin that style.

The YAS Engagement & Leadership Strategy will incorporate these key elements:

- The development of a management structure which is fit for purpose and will facilitate the delivery of the Trust's objectives.
- The establishment of an underpinning infrastructure including a leadership behavioural framework.
- The assessment of the current capability of existing leaders and managers against the behavioural framework.
- The creation and delivery of learning programmes which will assist staff to meet any learning needs identified.
- Embedding the structures and the programmes to ensure that they are sustainable and support the development of both the current and future leaders and managers.
- Combining the engagement and leadership work together to ensure alignment and reduce duplication

Our new leadership approach will also include:

- A 360 degree appraisal for all those people with senior line management responsibility

- Undertake cultural barometer audit to identify engagement issues and staff expectations of leaders/managers at team and departmental level
- Development of new behavioural framework and leadership and management development framework for middle and front line managers to consist of a core development programme linked to the behavioural framework and a range of optional modular developments based on individually identified learning.

Assessing the Quality Impact of Changes in Workforce Models
We have a Quality Impact Assessment process which helps us fully understand the impact of any changes we are proposing to make to the workforce model. This includes modelling the proposed changes and understanding any impact on the quality of the care we can provide. The goal is to continue to deliver clinical quality, patient and staff safety to achieve better outcomes for patients. The quality impact assessments include gaining an understanding of the safety and performance implications as well as the patient experience.

Metrics are agreed ahead of any change in practice so that the quality of the service can be monitored once the change is implemented. These metrics are all reported through the quality governance structure within YAS.

Board Development
The capability and capacity of our Trust Board is a recognised critical success factor. The requirement to ensure that our Trust Board is not only considered capable, but also well governed, has provided a strong foundation for the initiation of a programme of Trust Board development. The Board Development Plan is a rolling one, informed by independent external reviews, appraisal (Non-Executive Directors), performance review (Executive Directors) and best practice. It is underpinned by a dynamic programme of events, bespoke learning and development opportunities to meet the needs of both Executive and Non-Executive Directors alike. It is supported, where appropriate, by external facilitation and/or specialist expertise.

Our Trust Board continually reviews its composition and effectiveness to identify not only the individual capabilities, behaviours and contributions across the team of Board members, but also the qualitative aspects of effectiveness including dynamics, relationships, acting as a unitary Board.

Staff Engagement
Our workforce strategy was developed following consultation interviews with senior stakeholders and recognised trade unions, as well as drawing upon a range of other sources which have provided feedback from members of staff directly, such as the NHS Staff Survey, YAS Stress Surveys and evaluation of learning and development interventions. We have actively engaged with our staff through face-to-face briefings, led by the Chief Executive to outline our future strategy and to discuss the implications for our workforce. These briefings have further informed the development of our plans.

Staff engagement to date has included road shows, management meetings and time-out sessions, online surveys of FT consultation plans, the implementation of the 'WE CARE' staff awards to develop stronger ownership of our values and the adoption of a 'Bright Ideas' staff suggestion scheme to support the identification of improvement and efficiency opportunities across the Trust. Our Long Service and Retirement Awards annual ceremony is also considered a key part of our engagement with and recognition of the staff of the Trust.

However, there is much room for improvement with currently, engagement of staff perceived to be mixed at best. This can be evidenced through high levels of sickness absence, relatively high staff turnover and concerns expressed by staff in their responses to the Staff Survey. Particular concerns raised in the staff survey include:

- Only 39% of staff think that patient care is the Trust's top priority
- Only 39% would recommend the Trust as a place to work
- Only 27% of line managers discuss changes with staff affected
- Only 37% of staff agree they get clear feedback

- Only 30% of staff get recognition for good work and only 23% of staff feel that the Trust values their work.

As part of our Service Transformation Programme and engagement strategy leadership we will seek to deliver a range of interventions, including improved internal communications and leaders and managers who empower, engage and involve their staff more. In particular, this relies upon our clinical leadership framework which is underpinned by our clinical supervisors to provide active clinical leadership to frontline staff.

We intend to hold an away day with a number of staff from across the organisation to consider the vision, values and behaviours that they would like to see embedded in the organisation.

Financial Plan

Our Financial Strategy

In simple terms our financial strategy is to deliver the best possible clinical services within the financial resources available and improve our commercial capabilities.

We recognise that the current and foreseeable economic outlook presents significant financial challenges to the Trust and for the health economy as a whole. The 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 increased competition and deliver improved patient outcomes.

In summary our financial strategy includes:

- generating sufficient funds in surpluses and cash to invest in new clinical services and systems (see service developments section of this plan) to deliver improvements in patient outcomes, operational delivery and governance

- delivering operational efficiencies and cost improvements through service redesign and eliminating waste, whilst ensuring on-going delivery of safe, effective patient care

- reducing support and back-office costs by removing non-productive costs and estate rationalisation

- improving our commercial capabilities and ensuring all services make a positive financial contribution by utilising Service Line Management to enable departments to understand their performance and organise their services in a way which will benefit patients and deliver efficiencies for the whole organisation.

Since our inception as a Trust we have strengthened our financial performance and financial governance arrangements which has enabled us to deliver our statutory financial targets in each of the last three years. We are forecasting to achieve a target surplus of £2.6m in 2013/14 in line with our plans and are forecasting increased surpluses of circa £3m in each of the next two years.

From reviewing of strategy we have identified the important role we can play in supporting the wider Quality, Innovation, Productivity and Prevention (QIPP) agenda within our region by ensuring patients are managed in the most appropriate setting. This is at the heart of our investment philosophy, specifically in developments such as the roll out of the Electronic Patient Record Form (ePRF), as outlined previously.

Our two-year financial plan is based on prudent inflation and activity assumptions for both income and expenditure. With the continuing pressure in the health economy and reductions in tariff, our focus is on reducing our cost base and increasing efficiencies to maintain a financial balance.

Our future plans forecast achievement of a continuity of services risk rating of 4 (highest possible score) in 2014/15 and 2015/16.

Our Cost Improvement Programme

Our Cost Improvement Programme will provide us with the financial resilience to mitigate against our key risks and support delivery of service redesign to the benefit of our patients. A key area of focus will be on the clinical skills available in our emergency vehicles and remotely supporting those staff. This includes making sure that the right clinical skills are available at the right time and in the right place, first time.

We have delivered year-on-year efficiency savings and have improved our performance of achieving our target savings in recent years. We have in place a robust Cost Improvement Programme (CIP) governance model supported by external benchmarking and specialist reviews. This enables us to identify savings, assess the quality impact and monitor achievement on a regular basis.

We have a two year detailed CIP underpinned by project plans, quality impact assessments and risk registers. Our CIP plans deliver approximately 4.5-5% savings each year in line with the national efficiency requirements of providers in the NHS.

Our Two Year Cost Improvement Programme

CIP Summary of Delivery	2014/15 £000	2015/16 £000
PTS transformation	2,278	794
A&E skill mix	3,292	2,843
Clinical Hub	1,257	1,222
Meal break payments	689	
Support Services savings	1,078	1,912
Fleet vehicle reduction & department review	799	647
Insurance savings		500
Other schemes	959	1,781
Total CIP Plan	**10,352**	**9,699**

Our main schemes are detailed below:

PTS Transformation – The Trust has completed detailed diagnostic analysis to identify opportunities to improve efficiency and reduce costs. New rotas are being introduced in all four localities to reduce reliance on external providers and overtime and structures and processes within the planning and communications functions are being changed to improve utilisation of capacity and reduce wasted journeys. Aligned to this the fleet profile is being refreshed to remove surplus vehicles and reduce the average age and running costs of the fleet.

A&E Skill Mix – As part of its workforce strategy the Trust introduced the new role of Band 3 ECA to work alongside paramedics on double crewed ambulances. The existing more highly banded technician roles will be phased out over the next five years and replaced with ECAs through a process of early retirement, training to become paramedics and natural turnover.

Clinical Hub – By introducing a clinical triage function within our Emergency Control room we are able to respond to an increasing number of calls through telephone advice and sign posting patients to other parts of the health service. This avoids the need to dispatch a traditional ambulance response.

Meal Break Payments – We are reviewing the payments made to clinicians for missed meal breaks as these are in excess of the requirements of Agenda for Change or the working time directive. We are actively managing meal breaks to decrease the number of windows missed.

Support Services Savings – A number of support service functions have been or are subject to review and redesign to ensure they are able to meet the expectations of FT status and the challenges of the current healthcare environment. Each Director has undertaken a detailed review of skills and staff numbers within their own functions to develop five year workforce plans that reflects opportunities for improved efficiency and the need to do more with less.

Fleet Vehicle Reduction and Department Review - In line with the Trust Fleet Strategy, the Trust is committed to rationalising the total fleet vehicle requirements based on need. From detailed fleet usage analysis, there are a number of vehicles identified to be over and above basic requirements. This is based on vehicle allocation to operational rotas and industry standard spare capacity and benchmarking against other similar organisations. If the overall fleet capacity is to reduce by 13% then it should follow that the Fleet Maintenance staff requirements should also reduce by the same amount.

Insurance – A decreased number of insurance claims and a reduced fleet should lead to a lower insurance premium in 2015/16.

Our Two Year Financial Plans

Our 2014/15 and 2015/16 financial plans have been developed through a process of engagement with key internal and external stakeholders, review of the national planning guidance from the NHS Trust Development Authority, Monitor and NHS England, review of our historical performance and the impact of future service developments. Centred around this is ensuring our financial plans allow us to support the delivery of improved services to our patients and secure our future financial sustainability.

Key points to note in respect of our plans include:

- £2.9m planned surplus in 2014/15 and £3.1m in 2015/16 (c1.3% of revenue)
- 4 to 4.5% cost improvement plans
- £2.2m of new loans required to support the rollout of our ECS service development
- Net tariff reduction of 1.8% has been applied in line with national guidance
- CQUIN schemes will contribute 2.5% of our A&E income upon achievement
- Pay award of 1% in line with expected NHS national pay settlements.

Forecast Financial Performance

Key metrics	2013/14 £000	2014/15 £000	2015/16 £000
Income	231,262	232,023	226,964
Expenditure	(228,662)	(229,110)	(223,864)
EBITDA	13,669	15,190	15,818
Net Surplus	2,600	2,913	3,100
Cash at bank	10,140	12,062	15,162
Loans	(6,171)	(7,817)	(7,043)
CIPs	10,644	10,352	9,699
Continuity of Services risk rating	4	4	4

Our Capital Plans

Our capital plans reflect our enabling strategies for ICT, Estates and Fleet. Our capital plans include expenditure on maintenance programme which covers the essential elements of capital expenditure that we are expecting to incur in order to ensure current vehicle fleet and facilities can be sustained and capital investment associated with service developments. Our financing arrangements assume that the planned capital programme will be funded through depreciation, working capital balances and loans.

Capital Schemes	2014/15 £000	2015/16 £000
Fleet	6,045	4,620
Medical Equipment	1,134	774
IT	1,624	900
ECS/ePRF – service development	2,200	0
Hub and Spoke – service development	2,500	2,500
Other	776	2,075
Total Capital Plan	**14,279**	**10,869**

Key Financial Risks

Our two-year plans are based on a number of assumptions and therefore there are a number of financial risks to the delivery of our strategy. This includes that our assumptions may not be accurate or may vary during the life of the plan. We have modelled a series of sensitivities that are linked to our key business risks and assessed the impact on our future plans.

In order to have a secure future we must be able to demonstrate how we will mitigate against financial risks (ie remain financially viable) in a way that is consistent with the delivery of our mission ‘Saving lives, Caring for you’ and our values. When developing our mitigation plans we have placed a significant emphasis on maintaining the quality of our services and safety for patients and also the impact on our workforce.

We have identified our financial risks through a comprehensive review of our significant business risks which are included in the Board Assurance Framework and highlighted within Chapter 9 of this document. This review included a number of detailed discussions held by the Trust Executive Group along with the Trust Board having significant involvement from the start of the process. This has been achieved by reviewing each financial risk and mitigating action plans through the Trust’s governance processes including the Finance and Investment Committee, Quality Committee and Board Development meetings.

Each mitigation plan has been assessed for its impact on safety and quality through the completion of comprehensive quality impact assessments by the Executive Medical Director, Executive Director of Standards and Compliance and their senior management teams. In addition, the Quality Committee and Trust Board have reviewed the Quality Impact Assessments for each scenario, adding further scrutiny and challenge to the process.

The following section of this chapter provides a high-level summary of the individual financial risks and mitigation plans.

Risk	2014/15 Value £000	2015/16 Value £000	Mitigation
A&E Contract Penalties	6,600	6,600	We have strong performance management arrangements in place to ensure that it does not move into a position where contract penalties apply. Should these performance management arrangements not be successful then we would instigate a number of actions to mitigate the penalties imposed, including the negotiation of a risk share including discussions with Commissioners on the penalty application. Other mitigating actions would include reducing abstraction and reducing discretionary expenditure (as part of organisation-wide mitigation plans).
Retendering and loss of PTS contracts	-	9,500	The risks of contract loss would trigger the instigation of the PTS Decommissioning Plan including: • Early engagement with Commissioners regarding any retendering. • All contracts awarded to another provider would be subject to the TUPE regulations mitigating the direct staff costs to the Trust. • A vacancy freeze would be applied across those departments where fleet and support staff were not subject to TUPE • Review of all vehicles engaged on PTS contracts
10 % Underachievement of CIP	1,035	970	A schedule of reserve CIP schemes, supported by business cases and Quality Impact Assessments, has been developed for each year of the plan (25% in value). Once it became clear that key milestones in the original programme were not being met, the Cost Improvement Group would review the reserve schemes which would identify those that could be mobilised most easily.
PTS and A&E CQUINs	580	580	We have identified leads for each CQUIN scheme and progress against delivery is monitored through contract meetings and TPMG. There has been wide engagement in the development of schemes to ensure that they are deliverable.
Unsocial Hours Costs (PTS & 111)	372	372	Should a move to Section 2 of the NHS Terms & Condition of Service become applicable to Ambulance Trusts for unsocial hours payments then Commissioners will be approached regarding additional funding. If unsuccessful in obtaining Commissioner support then discretionary expenditure will be reduced

Risk

We have a risk management strategy in place and a hierarchy of reporting arrangements to ensure the Trust Board is provided with evidence-based assurance on the adequacy of our processes for managing risk.

Serious threats to our strategic objectives are recorded in the Board Assurance Framework, which is underpinned by the Corporate Risk Register and associated management plans setting out the mitigating action for each key risk identified. This process and any key changes to the Board Assurance Framework and Corporate Risk Register are facilitated and moderated by the risk management team and through reviews undertaken by the Trust Executive Group, Senior Management Group and Risk and Assurance Group. All corporate level risks are aligned to the terms of reference of the key Board Committees, and Board level assurance on the management of all key risks is provided through Committee reviews with regular reports to the Public Trust Board meeting.

We have identified five key risks, which are related to the strategic objectives and cover the range of Trust business. These risks have been agreed by the Trust Board through review, discussion and challenge in a number of Trust Board Development meetings. These are:

1. Inability to deliver performance targets and clinical quality standards.

2. Loss of income due to inability to secure/retain service contracts, adversely influencing future service commissioning intentions
3. Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes
4. Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated recruitment and training requirements
5. Adverse impact on Trust contribution to health care delivery and income due to failure to realise opportunities for development of urgent care services.

We have used the information in the SWOT and PEST analyses, alongside the principles set out in the standard AS/NZ 4360 – Risk Management to identify the key risks which we feel are significant enough to potentially affect our ability to deliver our future plans. Our five key business risks reflect all risks with major or catastrophic consequence rating or a combined score of 15 or more in line with our risk assessment matrix.

Top Five Risks Linked to Objectives

Risk	Underlying Issues	Mitigating actions
Strategic Objective - To provide clinically effective services which exceed regulatory and legislative standards		
Inability to deliver performance targets and clinical quality standards	• Workforce skills and capacity not fully developed • Clinical leadership framework and appraisal • NHS 111 KPI's not fully adhered to. • Further work is needed to fully embed governance and performance management arrangements in all business unit • Consistent achievement of Red performance targets • Need to maintain safe patient outcomes during period of cost constraint and organisational change	• Implement Workforce Strategy and Training Plan • Implement NHS 111 service optimisation and plan, and conclude NHS 111/urgent care pathway efficiency discussions with Commissioners • Implement Quality Governance action plan • Service Transformation Plan • Complete work to embed Clinical Leadership Framework • Red plan reviewed in line with rota review - refreshed plan now in place • Routine monitoring and further development of early warning indicators and measures of clinical outcome. • Review approach to ensuring safe staffing based in line with national developments in the acute sector
Strategic Objective -To provide services which exceed patient and Commissioner expectations		
Loss of income due to inability to secure/retain service contracts, adversely influencing future service commissioning intentions	• Further work is needed to develop managerial and leadership capability and capacity • Complex Commissioner landscape undergoing significant change. Need to ensure active engagement with key stakeholders • Consistent delivery of PTS and NHS 111 KPIs • Ensuring a sustainable delivery model for urgent care transport	• Implement PTS service transformation programme including management and rota reviews • Complete the implementation of service line management and reporting in PTS and NHS111 • Implement Stakeholder Engagement Plan • Implement the NHS 111 Service Optimisation Plan and review of the West Yorkshire Urgent Care model • Develop new business model options for urgent care transport provision and engage with Commissioners on future intentions
Strategic Objective - To develop culture, systems and processes to support continuous improvement and innovation.		
Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes	• Further work is needed to develop managerial and leadership capability and capacity • Programme management arrangements need to be refined and fully embedded • Need to develop management and staff engagement and accountability • Service line management is not yet fully embedded • Staff engagement • Employee relations challenges	• Implement leadership development and service improvement skills • Implement Service Transformation Programme • Maintain effective Cost Improvement Programme management • Implement Staff Engagement and Communication Plan, and ICT strategy • Implement and act on annual and other staff surveys • Implement service line management and sustain Quality Impact Assessment of CIP Programmes • Maintain continuous dialogue with trade union and actively engage in major change programme
Strategic Objective - To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future		
Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated recruitment and training requirements	• Potential for inadequate candidates of sufficient quality to deliver the required numbers to achieve 100% establishment levels within A&E • Local industrial action affects the reputation of the Trust as an employer • Enhanced abstraction rates require monitoring to ensure levels for training are delivered by the Operations Directorate	• Implementation and monitoring of the workforce plan • Monitoring and refinement of the new occupational health service • Local industrial action/disruption effectively managed via a collaborative approach between Operations, HR and Corporate Communications, with well-developed business continuity and resilience plans in place • Abstraction management and recruitment and training issues controlled on a weekly basis via HR and OE&E attendance at Operations Management Group meeting
Strategic Objective - To provide cost-effective services that contribute to the objectives of the wider health economy		
Adverse impact on Trust contribution to health care delivery and income due to failure to realise opportunities for development of urgent care services	• Complexities in the wider health system impacting negatively on development plans and effectiveness of engagement • Trust urgent care plans not clearly defined, articulated, or fully co-ordinated • New developments impact negatively on wider Trust services or income • Insufficient resources to take forward new opportunities • Need for active manager and staff engagement	• Implement Urgent Care Development Plan • Develop robust and commercially viable business models for priority service developments • Stakeholder engagement plan • Work with Commissioners to explore opportunities for development aligned to local system needs • Recruit Urgent Care Manager and agree additional resources as part of transformation programme • Implement Paramedic pathfinder initiative • Implement staff communications and engagement plan