Yorkshire Ambulance Service NHS Trust

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One-year Operating Plan 2018/19

Final dated 27 April 2018

1. Strategic Context

Yorkshire Ambulance Service (YAS) carries out an important role as a regional provider of healthcare services across 23 Clinical Commissioning Groups (CCG), 13 Local A&E Delivery Boards, one shadow Integrated Care System (ICS) and three Sustainability and Transformation Partnership (STP) footprints. We provide emergency and urgent care and patient transport services to a population of more than five million people. Our 4,500 staff and over 1,000 volunteers support the delivery of our core skills and competencies in emergency and urgent care triage and response, clinical pathways design and management, healthcare technology, resilience and logistics.

Our strategy is focused on providing safe and compassionate care to the people who use our services, maintaining financial and operational resilience, providing us with the ability to withstand the pressures and risks we face, whilst delivering improved patient outcomes.
We are taking steps to improve response times and levels of clinical advice in line with the requirements of the new Ambulance Response Programme (ARP) standards and the integrated urgent and emergency care specification. These plans are underpinned by our enabling strategies and by development of enhanced clinical skills to support the delivery of care in the appropriate setting. We are committed to our role as a regional provider, ensuring that our plans remain aligned to those of the local health systems as well at place level, our commissioners and of other health and care providers.

Our refreshed Operating Plan for 2018/19 is aligned to the wider Integrated Care Systems (ICS) and Sustainability and Transformation Partnerships (STP) plans, ensuring that we continue to support the wider health and care system, whilst working towards system-wide financial balance. Our refreshed plan sets out a forecast surplus to achieve the £4.188m control total (including Sustainability and Transformation Fund (STF)) for 2018/19.

We recognise the need to identify and deliver improved efficiencies within our services to improve sustainability and reduce costs and overheads; in particular reviewing the capital programme, fleet schemes and corporate services, prioritising schemes and proposals that support the Trust's strategy and maintain financial surplus and resilience.

We have concluded the contract process with our commissioners for the 999 service. As a result, additional income has been secured to recognise increased demand and to support the Trust in its journey towards the delivery of ARP. This additional income and associated expenditure is reflected in the Trust's plan.

The Trust remains focused on the provision of our NHS111 service, as a Trust we are committed to actively engaging with the commissioner led structured dialogue process being undertaken throughout 2018/19. Our intention is to submit a tender response that demonstrates our regional capabilities, interdependencies with 999 and economies of scale, alongside more bespoke integrated local offers aligned to the IUC specification, our overall Trust plan and Organisational Strategy.

Our plan is therefore based on a range of assumptions that take the above factors into consideration. Our key financial assumptions are set out in Section 8.

The Trust has proactively established joint working relationships with North East Ambulance Service (NEAS), North West Ambulance Service (NWAS) and, in 2017, East Midlands Ambulance Service (EMAS) as an Associate Member, to create the Northern Ambulance Alliance Board (NAAB), the first alliance of its type within the ambulance sector.

YAS remains part of the Association of Ambulance Chief Executives (AACE), identifying and setting clear standards for ambulance trusts; developing a consistent response to the recently released Urgent and Emergency Care (UEC) specification; and directing and shaping how the sector mobilises and develops ARP to maximise patient outcomes and productivity.

The Trust is also a member of the West Yorkshire Tri-Service Collaboration Board, comprising other blue light services.

These partnership platforms represent an increasingly important part of our strategic delivery to explore opportunities for new organisational models and to identify, share and adopt best practice at scale, in line with the Five Year Forward View. The NAA enables us to challenge ourselves around reducing costs, sharing best quality practice, reducing variation by building on our economies of scale, strong collaborative relationships, geographical boundaries and commonality in operating practice.

We will use these partnerships to respond the requirements of the Carter review[1], working together to explore and reduce unwarranted variation and to optimise efficiency and quality benefits.

These collaborations support our drive to reduce corporate costs, as we explore cross-organisational opportunities to share resources, drive out efficiencies and reduce procurement and corporate costs.

Our plan for 2018/19 acknowledges the requirements set out within the national planning guidance, the Ambulance Response Programme and the Integrated Urgent Care Specification. These set out some challenging standards to deliver for our patients however, we recognise that as a Trust we can do more to develop synergies internally and work with system partners to meet these requirements.

Our service developments section sets out the key transformation and service improvement programmes we will deliver during this plan, to ensure resources are better aligned to our anticipated increases in demand, as set out in our approach to activity planning. Our approach to workforce and financial planning sets out how we will ensure these resources are identified, established and supported to provide safe, effective services, whilst retaining our focus on quality. Our STP and ICS section demonstrates how we will do this within the wider system, ensuring that we mobilise our resources in the most effective way.

We commenced the refresh of our Trust strategy during 2017/18; this is being consulted and introduced early in 2018/19, to ensure our strategy continues to provide the right direction and remains aligned to the wider system in which we operate.

Our priorities for 2018-19 therefore include:

- Delivering safe, compassionate care which promotes the best health outcomes for patients in urgent and emergency care through high quality and effective clinical processes and pathways.
- Continually support the wellbeing of our staff through education and promotion of a culture founded on our values.
- Develop an integrated workforce which values the diversity of multi-professional groups.
- Maintaining financial stability and achieving our agreed level of financial performance.
- Delivering the performance standards required within the ARP.
- Continuing to develop non-emergency patient transport services across the region, aligned to the wider system and supporting patient flow.
- Developing our service offering around the integrated urgent care national specification and retaining the NHS 111 integrated urgent care service.
- Maintaining and improving our ‘Good’ rating with the Care Quality Commission inspections.
- Enhancing our digital capability to ensure we identify and utilise key technology to support effective and integrated services for our patients.
- Ensuring we have robust plans in place to attract, recruit, develop and retain our valued workforce and support the health and well-being of our staff.
- Embedding the Trust’s new Behavioural Framework: *Living our Values.*
- Working as part of our local STPs and shadow ICS to improve patient care through a joined-up and efficient approach.

[1] *Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variations (February 2016)*

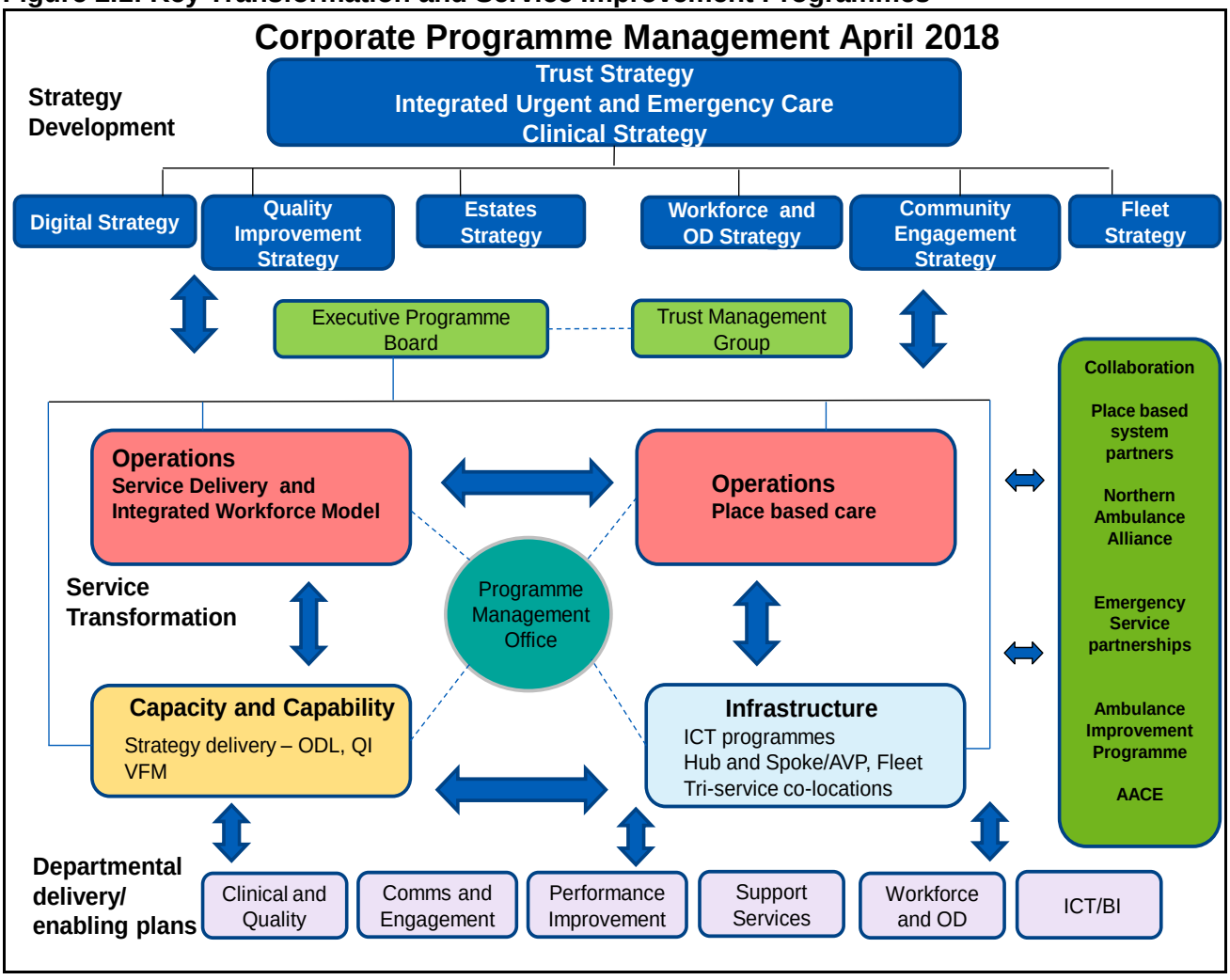
- Working with ambulance and other emergency service colleagues, including our neighbouring ambulance trusts North East Ambulance Service, North West Ambulance Service and East Midlands Ambulance Service, which along with YAS form the Northern Ambulance Alliance, we will continue to identify and deliver efficiencies in the way we work.
- Increasing our patient engagement and use their experiences to help shape developments at the Trust.
- Developing a robust and effective approach to corporate social responsibility which sets out clear engagement with our local communities, provides community education and support and which contributes to increased public health awareness and better health outcomes.
- We will focus on the development of all our leaders, leading cultural change and promoting a One Team culture. Our Living Leadership development programme will focus on our senior and middle leaders, supporting delivery of the requirements within the Well-Led Framework.

2. Service Developments

We understand the key challenges faced by our Trust and the wider health and care system throughout 2018/19 to 2019/20. We are clear about the need to achieve more effective and efficient services, to meet increasing demand, reduce costs and demonstrate more productive use of our resources supported by the right workforce and leadership. To help us achieve this, we have developed a range of key work programmes that are focused on developing the right infrastructure and service offer, to achieve system-wide benefits.

These developments will be managed through a Service Transformation Programme, which focuses on cross-cutting developments and a well-integrated approach across the Trust's service lines and departments. The programme will be fully aligned to the wider Trust strategy, and will be supported by a structured Programme Management Office (PMO) function, providing strong and effective governance of our key programmes. The key elements of the Service Transformation Programme are summarised in Figure 2.1 below.

Figure 2.1: Key Transformation and Service Improvement Programmes



These workstreams will be managed through four transformation programmes:

2.1 Service Delivery and Integrated Workforce Model

This programme is focused on largely internal, cross-directorate projects which will implement and realise the benefits of the national Ambulance Response Programme (ARP) and the clinical model which underpins the NHS 111/IUC tender.

In order to deliver these improvements, the projects for 2018/20 will build on the change programme implemented during 2017/18, with a continued focus on making the A&E service more effective & efficient, and on more effectively targeting appropriate resources to meet patient need.

A suite of business cases have been developed with support of commissioners that represent a challenging programme of change, supported by commissioner investment, The programmes will move YAS towards achievement of the ARP performance standards during 2018/19, although commissioners acknowledge that full delivery of the standards will require further development in 2019/20, due to the level of investment, recruitment, workforce, fleet transformation that is required.

An overview of the business cases is set out below:

Low Acuity Tier:
This development will improve the management and response to low acuity demand, ensuring parity of response, matching appropriate resources and skills to this demand.

Rapid Response Vehicle to Double Crew Ambulance:
This development focuses on the investment in an increased number of Double Crewed Ambulances (DCA); reducing the levels of Rapid Response Vehicles (RRV); and increasing the levels of non-clinical support, to support delivery of ARP standards, by increasing the capacity of transporting vehicles, particularly for Category 2 demand. Delivery of this change will require transition within the workforce and changes in dispatch practice, as well as some initial investment from Commissioners, to increase DCA and staffing capacity.

Emergency Operations Centre (EOC) functional redesign:
Redesign and restructure of the EOC functional model to deliver a more cohesive and locally focused response to ARP. The investment in the skills of the clinical hub will provide increased levels of clinical support to paramedics; improve decision making and maximise the use of system clinical pathways to increase See, Treat and Refer rates. This combined business case ensures that resources are maximised, providing significant benefits to the wider health system and help mitigate conveyances, supporting delivering of the four hour A&E target.

Ambulance Vehicle Preparation
Delivery will also be supported by the further development of the Ambulance Vehicle Preparation System and associated efficiency benefits.

The combination of these business cases will focus the right resource, to the right need; support increased delivery of Hear and Treat and See and Treat; reduce levels of inappropriate conveyance; maximise the clinical support to paramedics and support more localised delivery of performance standards to further improve delivery of care to patients.

In the context of developing integrated care systems, the national IUC specification and emerging regional models of integrated urgent and emergency care, there will be a key focus on delivering the national integrated urgent care specification for NHS111 and securing a new contract for NHS111 and integrated urgent care from 2019 onwards.
We will maximise the opportunities and efficiencies available to us, as an integrated urgent and emergency care provider, working towards an integrated model of clinical advice for NHS111 and 999. A range of developments are planned for 2018/19 and beyond, that support delivery of the IUC specification, including:

- Further development of a consult and complete model of urgent care, streamlining and improving patient care across the urgent care system. Building skills and competencies within a Professional Clinical Development Programme.
- Introducing prescribing to support patients where their conditions can be managed through issuing a prescription, rather than GP consultation
- Embedding our integrated approach to provide clinical advice for lower acuity calls aligned to the delivery of ARP.

- Development and delivery of an electronic patient record (EPR) for YAS.
- Developing evidence for advanced and specialist roles, including paramedics, nurses and other professional groups, and opportunities for new models of working, including rotational working.
- Continue with in-hours ED validation, looking for opportunities to expand into 24/7 provision, with more tailored, clinically appropriate referrals directed for clinical validation.

These changes will be underpinned by integrated planning for enabling developments within support services including Fleet, ICT and Estates. This will include a fully integrated workforce plan, encompassing the clinical delivery and supervision model and approach to deployment of Specialist and Advanced clinicians, an integrated recruitment and training plan and consideration of policy issues across the service lines. The programme will deliver the desired improvements within an agreed financial model, realising efficiency savings and productivity improvements through the delivery of different ways of working and the exploration of synergies across service lines.

2.2 Place Based Care

This programme focuses largely on external engagement and development to support delivery of system benefits associated with IUC and the ARP standards and wider system resilience. The programme will support the effective use of data to underpin integrated care and local service planning alongside the development of approaches that support alternative A&E conveyance decisions.

It will be underpinned by a focus on development of an explicit YAS place based plan for all health economies, which will include development of the Trust response to system pressures, consideration and testing of responses to high volume urgent care patient groups, YAS contribution to local urgent care service and workforce models, and maximising the contribution from the voluntary sector to support innovative care delivery.

Key elements of the IUC service development plan will support a place based approach to ensuring that local delivery is aligned to the local systems; including:

- Alignment with community based services, health and social care, urgent treatment centres and A&E.
- Ongoing engagement and influencing with our Directory of Service leads to ensure the directory remains accurate, using our ongoing reporting processes to identify any referral or system gaps.
- Ongoing development and provision of direct access to clinical advice, within a virtual clinical assessment service, linked to local, place-based services.
- Joint working with local service providers and commissioners to support seamless patient referrals, through increases in direct booking.

Within the PTS service we will continue to implement the internal improvement programme ensuring that our services remain efficient, fit for the future and competitive in response to market testing. Key priorities include the mobilisation of the new North Yorkshire Contract on 1 July; and proactively engaging with service users and stakeholders in preparation for a West Yorkshire procurement exercise during 2018/19. This service represents 50% of all YAS PTS services.

As part of this, we will continue to develop the PTS operating model; introduce, in partnership with CCG's, a new eligibility criteria and re-cast the YAS workforce plan, to ensure efficient and flexible use of sub-contractors and volunteer drivers.

During 2018-19 we will work to further develop the strategic direction of PTS urgent care and discharge services, in context of the Action on A&E focus on effective patient flow; increasing hospital service reconfiguration dependent on timely patient transfer between sites and the need to support a resilient and sustainable response to urgent and emergency care demand through the 999 service.

2.3 Infrastructure

This programme is focused on the development of Trust infrastructure, to underpin delivery of the corporate objectives. This will include implementation of key digital developments and of the Trust strategy for Hub and Spoke and Vehicle Preparation. The programme will be fully aligned to the underpin delivery of IUC and ARP standards, and to realise quality and productivity benefits across Trust functions and for the wider health system. Key developments will include:

- Further implementation of the 'Hub and Spoke' model supported by Ambulance Vehicle Preparation (AVP) where appropriate, ensuring the needs of A&E and PTS services are considered. Throughout 2018/19 the first purpose-built hub, incorporating vehicle preparation and improved staff welfare facilities, will be delivered in Doncaster, becoming operational in 2019. The benefits of the programme include improvement in ARP performance, increased availability, improved infection prevention and control (IPC), patient safety and better working conditions for our staff.
- During 2018/19 we anticipate introducing two AVP sites in Leeds and Huddersfield.
- Estates: Building on recent work undertaken to provide Ambulance Station improvements and backlog maintenance works. Programming of further backlog maintenance works to eradicate all high and significant backlog maintenance risk and working collaboratively with blue light partners and other public sector bodies to look at opportunities to co-locate. Implementation of improvements to increase the energy performance of the estates infrastructure.
- Developing and implementing priorities within our digital strategy including further roll out and benefits realisation of the Electronic Patient Record (EPR), increased integration with and access to other patient records, implementing a single YAS patient record, and working with partners and the national team on unified emergency communications.

2.4 Capacity and capability

This programme is focused on ensuring that the Trust has the necessary capacity and capability to deliver its 5-year strategy and the associated transformation plans. This will include:

- Establish an appropriate leadership development programme
- Increasing staff engagement
- Focus on the delivery of value for money and productivity improvements, particularly in the corporate and support functions, aligned to the national Ambulance Improvement and Northern Ambulance Alliance programmes.

3. Link to Integrated Care Systems and Sustainability &Transformation Partnerships

YAS continue to remain actively engaged in the ongoing development of the four System Planning footprints:

- Humber, Coast & Vale (STP)
- West Yorkshire and Harrogate (STP – Applying for shadow ICS status)
- South Yorkshire and Bassetlaw (shadow ICS)
- Durham, Darlington, Tees, Hambleton, Richmondshire & Whitby (STP)

YAS shares responsibility for covering the Humber, Coast and Vale footprint with East Midlands Ambulance Service (EMAS) and for Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby with North East Ambulance Service (NEAS).

3.1 Engagement Activity

YAS is represented at executive level in the three main ICS / STP leadership teams (Humber, Coast & Vale; South Yorkshire and Bassetlaw and West Yorkshire and Harrogate) and there is appropriate engagement with the Durham, Darlington, Tees, Hambleton, Richmondshire & Whitby STP through good working relationships with commissioners and partner ambulance Trusts in the area.

Across all of these sub-regional systems, we have taken steps to secure appropriate involvement in relevant subgroups including but not limited to:

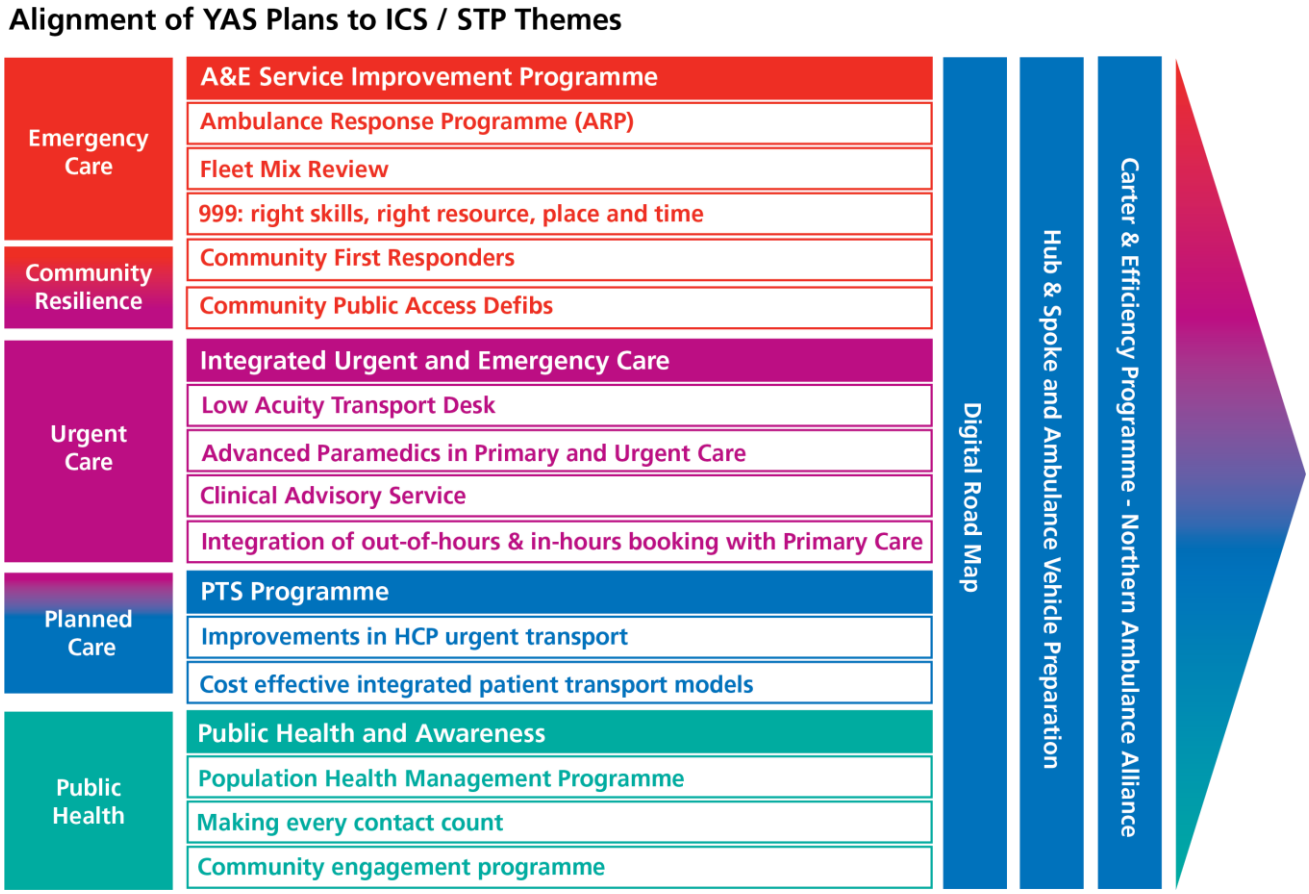
- Urgent & Emergency Care work streams
- Acute Reconfiguration work streams
- Primary Care work streams
- Clinical Groups
- Enabling work streams e.g. Technology and Workforce
- Regional performance arrangements e.g. A&E Delivery Boards.

Output from the ICS / STP leadership teams is regularly fed-back into the organisation via these routes, co-ordinated through the Planning and Development directorate and is used to inform Board level discussion of organisational strategy and operational planning.

3.2 Plan Content

We have considered how our service developments, service improvement and transformation programmes align to our wider ICS / STP plans' themes, to ensure our internal developments and external delivery continue to support these plans, as outlined in Figure 3.1 below.

Figure 3.1: YAS Plans to STP Theme alignment



3.3 Alignment with ICS / STP Plan Content

Each ICS and STP continue to develop and implement their plans for working collaboratively across health and social care systems, recognising the benefit of planning at scale, whilst acknowledging the focus of the different localities and population needs. Each ICS and STP has specific local demands and challenges, that YAS remain committed to supporting. Key challenges for YAS, associated with our ICS / STP plans include:

- Maximise the impact of primary and urgent care, supporting people to access the right services, closer to home
- Achievement of the Emergency Care Standard
- Managing the impact of hospital reconfigurations
- Delivery of the system Control Total
- Development of the system's workforce, ensuring the right skills are in the right place

As part of the ongoing planning process, YAS has identified the high level themes and specific plans from each ICS and STP together with the key strategic risks and benefits. The high level themes of particular relevance to YAS are:

- Urgent & Emergency Care: The recent publication of the Integrated Urgent and Emergency Care Specification provides a clear focus for ICS and STP plans; ongoing commissioner negotiations and the anticipated IUC tender for Yorkshire and the Humber. This continues to build on the successful models within YAS, including clinical specialists, the expanded roles of Advanced and Specialist Paramedics and the introduction of nurses into local communities and primary care. The national specification enables YAS to jointly develop and deliver a clear, consistent regional and place-based response. The national Ambulance Response Programme, alongside the IUC specification, enables YAS to support ICS / STPs in the delivery of emergency care standards and supporting patient care delivery closer to home.
- In support of local communities, YAS continues to develop specialist paramedic capacity to

support opportunities to reduce inappropriate conveyance to A&E;

- YAS is working with the ICS and STPs to develop increased levels of access to, and integration between, out-of-hours primary care with in-hours services;
- Hospital Reconfiguration: All four systems describe some element of service reconfiguration between hospital and community services and across hospitals. YAS continue to modelling the impact of all proposed hospital reconfigurations and works with providers and commissioners to ensure:
    - That the implications of these changes are factored into YAS capacity plans as job cycle times increase;
    - The risk to patients associated with journey and response times is mitigated as far as possible ; and
    - There is adequate ambulance service cover, when ambulances are called out of their operational area.

This represents a risk across the system and more specifically for YAS, with the Trust afforded a unique oversight of the collective impact of hospital reconfigurations across ICS / STP boundaries and the wider Yorkshire and Humber footprint. The Trust is working through the lead commissioner (NHS Wakefield CCG) to ensure leaders are apprised of the wider regional impact on an ongoing basis.

As part of our wider system role, we continue to respond to increasing demand (calls), whilst reducing the number of conveyances to acute hospitals (Figure 3.2). We achieve this through approaches such as Hear and Treat, See, Treat and Refer and the Ambulance Response Programme (ARP), which has a positive impact on reducing the levels of conveyance, despite an increase in job cycle times (Figure 3.3).

The increasing number of proposed hospital reconfigurations and shifts towards specialist centres may have the impact of further increasing job cycle times for those conveyed, coupled with increased distances and journey times. These factors will further reduce resource availability; create an ambulance ‘drift’ to hospital centres, further reducing ambulance availability.

Figure 3.2: Total 999 calls and percentage of incidents conveyed

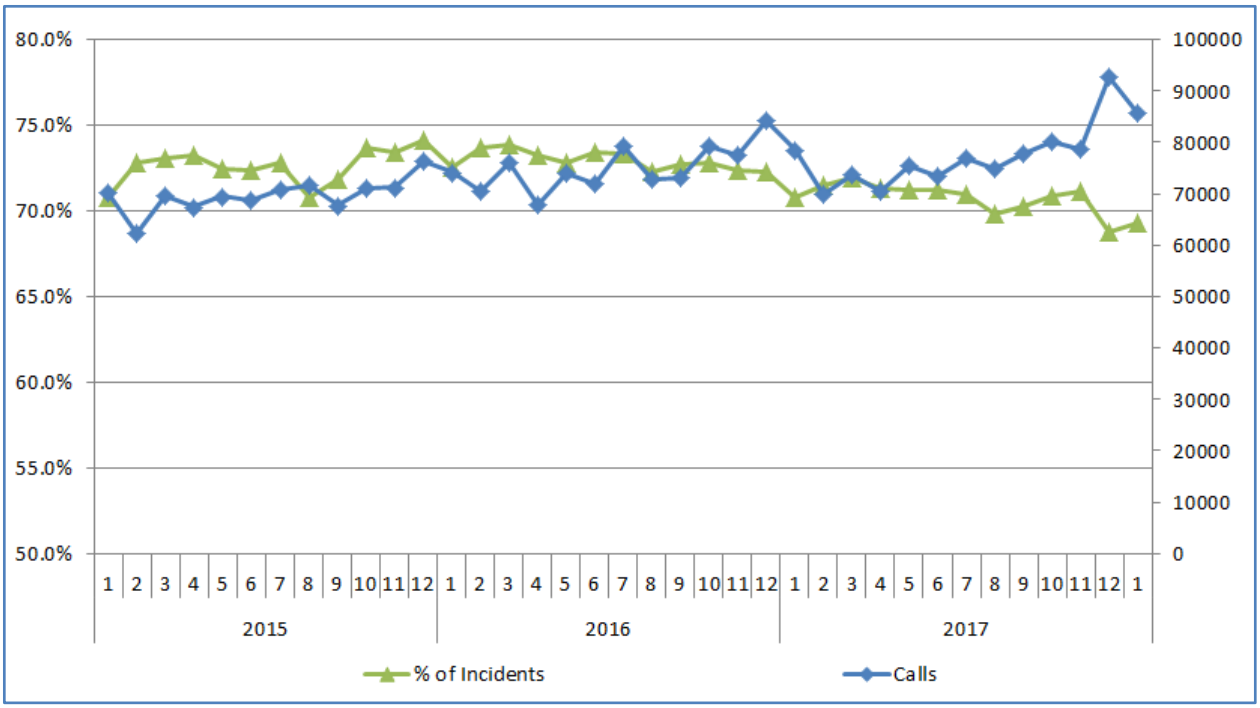
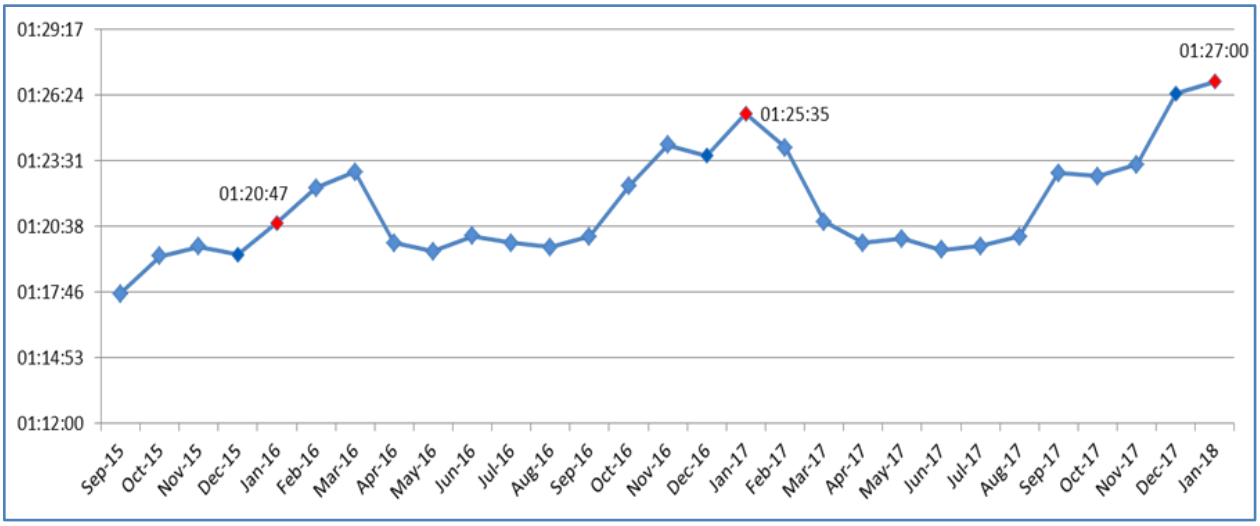


Figure 3.3: Conveyed Job Cycle Time – First vehicle at scene to last vehicle clear



- Prevention: aligning ongoing development of the Public Health & Engagement programme within YAS to the requirements of STPs. YAS is developing a Population Health Management programme, as part of the refreshed Trust strategy, that will require effective joint working with all ICS / STP partners, to effectively manage health needs across each place;
- Back-office Functions: YAS remains actively engaged in the NAAB, the West Yorkshire Tri-Service Collaboration Board and other local collaborations to develop and consider a range of opportunities that support improved use of resources, increase the level of 'purchasing power' or share resources across partners, to increase efficiency and resilience; and
- System Governance – the national planning guidance provides further clarity on the development of integrated care systems and associated governance structures. Each ICS and STP remain at different stages of development, with the South Yorkshire and Bassetlaw ICS moving towards a shadow form during 2018/19. This infrastructure approach will better enable YAS, as a regional organisation, to engage effectively and proactively on a more local basis. A joint strategic commissioning board is already in place for YAS with Yorkshire and Humber CCGs.

3.4 Financial Alignment

Financial plans are aligned to national and local planning assumptions; Contract negotiations have concluded and are now aligned to assumptions within each commissioner and STP / integrated care system.

3.5 Workforce Alignment

The national driver for integrated care has provoked consideration of the workforce requirements and as such, has resulted in a number of pilots to test new ways of working with the aim of achieving the 'right care, first time'.

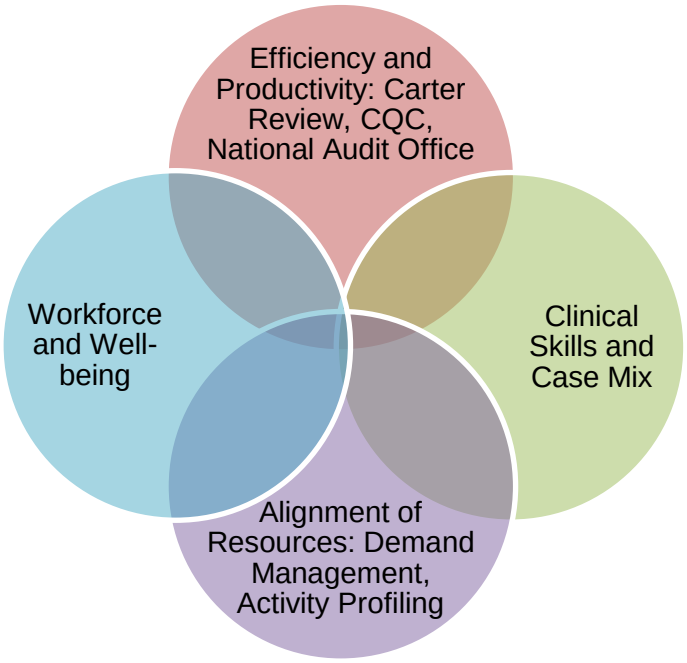
We will develop a multi-disciplinary clinical workforce to include specialist paramedic roles, including rotational posts within primary care, as part of our wider approach to providing integrated urgent and emergency care. This will support our ability to maintain or actively reduce conveyance rates to A&E. We will continue to actively recruit to increase capacity for clinical advice in NHS 111 and 999, incorporating the recruitment programme outlined within the jointly developed business cases around increasing clinical capacity levels within EOC. We are actively engaging staff around all of our key transformation and service improvement programmes to seek ideas, gain support and to ensure that we mobilise the right resources and skills in the right areas.

We will evaluate the impact of all new roles within YAS as part of this wider programme.

3.6 Resource Planning

The Trust set out a resource plan for 2017/18 – 2018/19, developed from a range of factors, including the broad STP plans. The formation of the NAAB represents the sector's first proactive response to the challenge for improved back office productivity, identification and implementation of

best practice and technology solutions; this is further supported by the Trust's response to the CQC's thematic review of Ambulance Services, alongside a review of Ambulance Services by the National Audit Office, ensuring that workforce engagement, well-being, equality and diversity is more effectively monitored and proactively managed, as set out within section 7. The alignment of resources, against our activity and demand models is outlined in section 4, below.



3.7 Winter Planning 2018/19

YAS remain actively engaged with all local delivery boards, Urgent and Emergency Care Networks and ICS / STPs, supporting the development, delivery and review of all system resilience, escalation and delivery plans. We will continue to work with system partners to set out clear and robust plans for winter 2018/19.

In addition to this, through the regional Action on A&E programme for 2018/19, we have agreed to lead several rapid cycle improvement projects in advance of winter. These fit with the high impact actions identified by NHS Improvement in the north and include:

- Ambulance Handover – working with the most challenged centres in Y&H to improve.
- Working with Urgent & Emergency Care networks to look at real time escalation and whole system capacity management.
- Standardising our responses to care home patients and enabling support through NHS111.
- The use of rotational paramedic models and whole system response to Cat 3 and 4.

Whilst we await national Winter Guidance and planning templates, YAS have reviewed, alongside system partners, areas of success and improvement from winter 2017/18 to take into upcoming Winter 2018/19 planning workshops.

We will continue to develop our learning and implement this as part of the wider system to ensure that during periods of high demand, we can respond as part of our local systems in a clear, robust and co-ordinated manner.

A range of themes have emerged from each of the wider systems, some of the key themes for YAS are highlighted in the tables below, which will be introduced into our operational response throughout 2018/19.

West Yorkshire and Harrogate:
Hospital handovers: proactive provision of Hospital Ambulance Liaison Officer (HALO) at times of high demand
Frequent callers: Reviewed top 3 high impact user groups to develop focused response across providers, to reduce demand
Capacity and Demand Planning: Improvements to support inter-facility hospital transfers, using data to improve resource management and allocation
Alternative care pathways: working with commissioners and primary care to identify gaps and raise awareness across professionals – hospital avoidance
Focus on Care Homes to reduce / minimise admissions

The West Yorkshire Urgent and Emergency Care Network have also developed 5 key changes believed to make a difference to sustainable performance improvement. YAS as a key network partner is involved in the development of these initiatives listed below.

1) **Workforce** – developing an alternative model to the current medical model for urgent care (including the A&E department) which is competency based not professional constrained and facilitates better flexible use of this between primary and secondary care.
2) **Referring from A&E into other services** – development of agreed protocols to be able to direct attendees at A&E (where appropriate) to other parts of the urgent care system seamlessly to the correct point of care, including the option for self-care.
3) **NHS Ambulance contracting** – Review, with the acute providers in West Yorkshire and Harrogate, the capacity required by volume and type to support inter provider transfer and discharge.
4) **Choice policy** – a single choice policy across West Yorkshire and Harrogate that negates the ability for patients to occupy an acute hospital bed whilst waiting for their preferred choice or wish to defer making the choice longer than the agreed timeline.
5) **Reablement and packages of care** – develop a system that enables visibility of this type of out of hospital capacity both currently available and potential to be available across health and social care. Establish the gap between demand and this capacity and look at options to improve availability.

South Yorkshire and Bassetlaw:
Increase direct booking by NHS111 into primary care
Alternative care pathways: working with commissioners and primary care to identify gaps and raise awareness across professionals – hospital avoidance
Hospital handovers: Joint hospital handover procedures and the provision of HALO when necessary
Escalation: Establish a system wide agreement around escalation triggers and response
Focus on Care Homes to reduce / minimise admissions

Humber Coast and Vale:
Alternative care pathways: working with commissioners and primary care to identify gaps and raise awareness across professionals and patients – hospital avoidance
Consideration of the increased use of PTS provision to support capacity –work with acute Trusts to encourage and support pre-discharge planning
YAS undertaking a system-wide assessment of partners' triggers around escalation management, on behalf of the system
Focus on Care Homes to reduce / minimise admissions

4. Approach to Activity Planning

4.1 Approach to Demand & Capacity Modelling 2018/19

The demand and capacity modelling assumptions within our plan demonstrate a clear commitment to deliver national performance requirements against key service lines, ensuring that a responsive service is sustained for patients. We are still working with commissioners to agree plans and secure funding to deliver national standards, particularly ARP by September 2018.

YAS's three key patient care services are:

- 999 Emergency Care triage & response service responding to over 700,000 emergency 999 and urgent calls per year;
- NHS 111 Integrated Urgent Care triage & signposting service across Yorkshire and the Humber, Bassetlaw, North Lincolnshire & North East Lincolnshire, handling 1.5m calls per year; and
- PTS undertaking more than 800,000 patient transport journeys per year.

In addition to the above, we provide a region-wide major incident response & resilience planning capability, community resilience capacity, medical and first aid cover for large-scale public events. Support service infrastructure, including Finance, HR, ICT, Fleet, Estates, Procurement, Planning & Development, Business Intelligence (BI), Communications and Clinical & Quality Governance underpins delivery across all service lines.

We continue to use data models to drive our forecasting for demand, to ensure that our operational delivery models align our capacity to demand. This enables YAS to maximise efficiency and productivity through the provision of the right resources, in the right place, at the right time.

4.2 Planning Guidance - Ambulance Response Programme (ARP)

The implementation of ARP is a step change for the ambulance service, which transforms and updates the way the sector meets the needs of its patients and communities. It also has the potential to be an enabler in managing urgent and emergency demand which is a key strategic aim for STPs seeking to reduce emergency department referrals.

When recommending the implementation of ARP, Sir Bruce Keogh highlighted that the ambulance sector's focus on the eight minute target has too often led to a culture of 'hitting the target and missing the point'.

The Planning Guidance requirement to deliver the Ambulance Response Programme national performance standards by September 2018 is very challenging in the context of the scale of change required. All ambulance trusts are working proactively to understand the feasibility of delivering by this date, and it is very clear that the standards have major resource implications that are not recognised explicitly in the planning guidance.

The original ARP pilot tested a range of clinically appropriate response times from which the current response categories have been developed. These response times have been stretched from those within the pilot, to become more challenging. A number of ambulance providers were engaged in the pilot of ARP. The recently published standards introduced a challenging seven minute mean for Category 1 calls. Further national resources have not yet been identified or allocated to support this change, but the Trust is actively engaging with commissioners to promote understanding of the scale of the challenge, as demonstrated by the ongoing work around jointly developing a range of investment business cases.

The implementation of ARP involves transformational change in operational delivery models across the sector. This requires new and distinct service models for urban and rural areas, and a move away from rapid response vehicles towards double crewed ambulances. To understand the specific requirements of the new standards, each trust has engaged in extensive modelling. This is a rigorous and resource intensive exercise, reviewing different operational delivery models, workforce models, and fleet options. Implementing these models will need significant organisational development and commitment to embed the changes in each organisation, as well as sufficient

lead-in times for fleet and workforce changes. All of which creates significant pressures for the sector in revenue, capital and mobilisation time.

Across the sector, the modelling has consistently shown a significant investment requirement in additional resource to meet the standard, alongside a substantial capital requirement for the appropriate fleet. On average the investment requirements in most Trusts are between £10-£15m (revenue) with an additional capital requirement of c. £4m. This totals a sector-wide need for investment of £75-£100m revenue and £40m-£50m capital. Whilst the ambulance sector is intensely focused on improving efficiency, and the Carter Model Ambulance programme is welcomed, the paradigm shift of ARP comes with a significant investment requirement that cannot be met through efficiencies alone.

A further challenge for the sector is that a number of Trusts have not historically been commissioned to deliver the previous 75% standard, and therefore the move to deliver ARP is hampered by historic underinvestment in some areas. The introduction of the new way of working and ambitious new performance standards must be viewed as a catalyst to engage nationally and ensure the voice of the ambulance sector is heard amongst the many competing priorities for individual commissioners and STPs.

The mediated settlement enables the Trust to begin its journey towards delivering the national standards based on what is realistically achievable in 2018/19. Whilst progress will be made in 2018/19 full compliance with ARP standards has not been commissioned in during 2018/19 based on the levels of significant investment required from Commissioners.

4.3 999

YAS engages the support of external professional advisors. For 999 (A&E) in particular, ORH (Operational Research in Health) has, with NHS Improvement approval, provided detailed analysis in respect of Trust service configuration and alignment of resources to demand. Outputs (and updates) have been used to determine capacity requirements in respect of workforce, fleet and future service provision via the Hub & Spoke model.

Using ORH, work will soon be commencing to ascertain the optimal operating model to achieve the Ambulance Response Programme (ARP) standards. This will take into account vehicle make up and staff skill levels alongside the wider system impacts of any proposed changes.

Discussions with commissioners continue in relation to activity and demand assumptions for the coming financial year. Forecasted demand for 2018/19 suggests responses will increase 2.3%; this has been provided by YAS and validated against the ORH forecast model. Additional resources will be required to sustain consistent levels of patient care even taking into account the efficiencies which can be achieved internally.

Key impacts on activity modelling include:

- Ongoing increase in forecasted activity may not be fully reflected in future contracts;
- Ambulance turnaround times increasing;
- Job cycle times increasing with see & treat model (to potentially reduce admissions to A&E); increasing travel times to specialist stroke, Myocardial Infarction (MI) and major trauma centres;
- Hospital reconfigurations requiring additional/ extended journey distances and times;
- Health Care Professional (HCP) demand increases at peak hours and certain days of the week; and
- Change of Ambulance Operating Model (ARP) impacts the response YAS needs to provide.

In respect of our 999 operations, the ARP and related national standards have been confirmed and will be rolled out nationally by the start of the 2018/19 year. Once the operational requirements are understood it is anticipated a period of transformation will be required to align the Trusts resources.

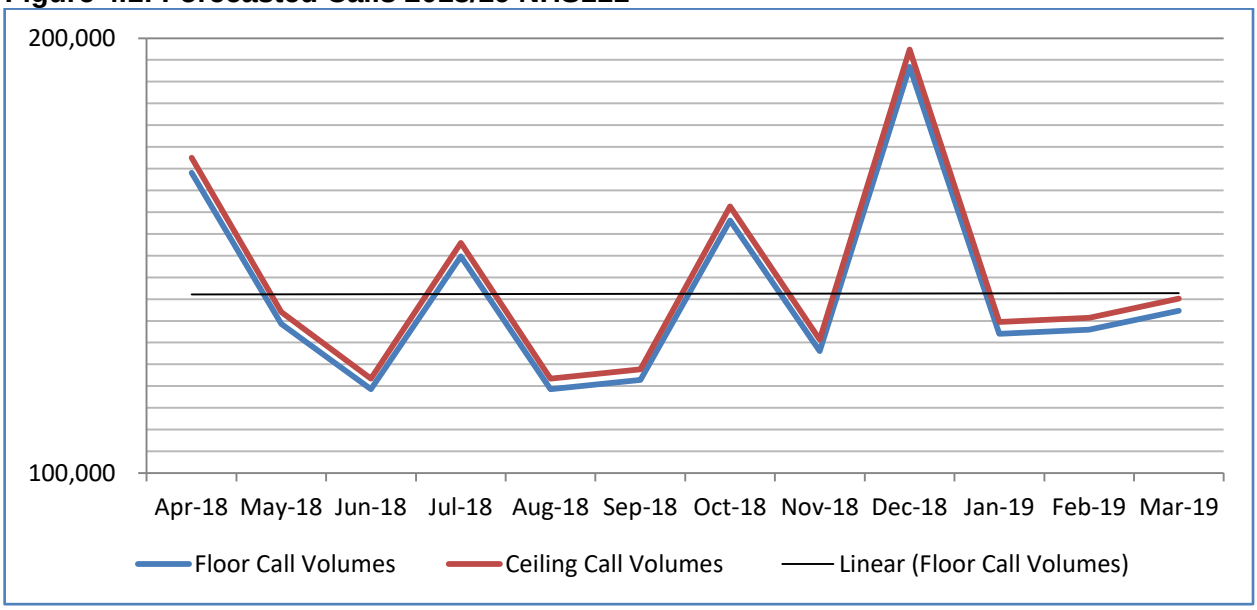
4.4 NHS 111

NHS 111 has established systems and processes in place to monitor and proactively forecast demand in order that resources are deployed effectively.

The modelling of calls across the year incorporates an Easter adjustment to reflect the seasonal call growth (this is achieved through the addition of an average week volume for that specific month). The forecast is modified through the addition of underlying growth, influenced by historic call levels. The call forecast levels are also impacted by the number of weekends and public holidays that fall within the period and therefore affect the overall assumption. For example 44% of NHS 111 demand is received on a Saturday and Sunday and therefore months which include more weekend days are therefore expected to see more calls.

Our forecast for 2018/19 is set out in table 4.1 below.

Figure 4.1: Forecasted Calls 2018/19 NHS111



NHS 111 online was launched across the region in 2017/18 with current levels around 2,000 per week. The full impact of this additional channel on current call volumes cannot be fully modelled at this stage; call forecasts have therefore not been adjusted. This remains under review, in partnership with NHS Digital.

Overall demand continues to grow as outlined in table 4.1 below.

4.5 PTS

PTS has undertaken activity and demand modelling in support of various tender exercises during 2017/18, leading to the successful retention and enhancement of services in South Yorkshire and Bassetlaw; contract variation for Harrogate and HRW CCGs, and West Yorkshire until March 2019. Successful retention of services in the Vale of York and Scarborough & Ryedale CCGs was confirmed in January 2018, with a new 5 year contract (+2) effective from July 2018.

Across multiple regions, YAS has been working with commissioning partners to review PTS contracts and specifications. This has resulted in the revision of eligibility criteria of patients who maybe currently receiving NHS funded PTS however; do not have the medical needs as defined. It is important that this is sensitively managed and alternative transport arrangements, which are more suited to means testing and social need are sign posted appropriately.

Eligibility criteria application across North Yorkshire (both contracts) and East Riding is planned to be revised and a new application set for bookings applied from 1st July onwards. This is planned to reduce saloon car patient transport activity and demand by 30%.

Some commissioners have elected to market test as individual CCGs with a consequent impact on the wider STP footprint. It is not yet known whether commissioners in the West CCGs will tender for services either individually or as consortia during 2018.

Availability in some areas of more localised/community-based services has led to an ongoing small reduction in PTS demand requirements for acute-based services. Budget pressure, due to contract changes, creates a challenge for delivering a sustainable service delivery model.

The PTS internal transformation programme has delivered financial and quality sustainability through a range of efficiency measures and increased use of private resources, including taxis; in 2018/19 PTS operations will consolidate and review the workforce plan and YAS and Alternative resource split. The impact of this means the number of journeys carried out directly by YAS resources will be balanced enabling us to deliver productivity, efficiency and increased competitiveness in future procurement exercises.

4.6 Activity planning assumptions

Using the assumptions and intelligence outlined above, activity growth for 2018/19 – 2019/20 is set out in Table 4.1 below:

Table 4.1 Activity Growth (change from previous year)

Service	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2 year increase
NHS 111 (Calls Answered)	1,403,778	1,511,038	1,579,232	1,647,270	1,729,708	1,816,366	169,115
% Change	*[1]27.4%	7.6%	4.50%	4.31%	5.00%	5.00%	10.30%
A&E (Ambulance Response) *[2]	N/A	N/A	N/A	673,888	689,069	704,918	31,030
% Change					2.3%	2.3%	4.6%
PTS (Journeys)	943,466	876,550	846,210	808,137	775,003	747,212	-60,925
% Change	-0.9%	-7.1%	-3.5%	*[3] -6.3%	-4.1%	-3.6%	-7.5%

*1 This increase is high due to a phased roll out of 111 across Yorkshire.

*2 A&E responses not including HCP demand, circa 8% additional volume based on 2017-18. Due to changes in the HCP process throughout the current year we are unable to provide like for like volumes.

*3 This larger decrease is due to the removal of Hull CCG PTS demand due to the loss of that contract

4.7 Activity Assumptions

These activity assumptions are currently being refreshed with Finance and Workforce assumptions, with agreed projections and utilising modelling provided by external resources, such as ORH, providing detailed analysis of resources required to meet A&E targets.

Seasonal variations, such as when Easter falls within the financial year, have been assessed and reflected in the forecasts above. Normalisation and other forecasting methods (e.g. regression, Holt Winters) have also been used. Constant monitoring of current forecasts allows the team to adjust short-term and long-term forecasts where appropriate.

4.8 Delivery of operational standards

Extensive modelling work undertaken in A&E, NHS 111 and PTS has enabled the Trust to develop detailed capacity requirements in each area to support a plan for delivery of operational standards in 2018/19. This information is fed into contract negotiations, although we anticipate that adjustments may be required if funding requirements are not met.

The assumptions underpinning the activity and performance model are as listed above namely:

- Demand does not increase materially beyond that which commissioners agree to support through contract discussions (including assumptions about YAS transformation to better meet demand);
- Workforce levels increase in line with profiled growth and there are no significant adverse events in relation to the workforce i.e. industrial action, increased attrition etc.;
- Job cycle time remains as modelled through ORH and does not increase materially beyond this in 2018-19 / 20; and
- System performance does not deteriorate further in terms of current hospital turnaround performance.
- Impact of service reconfigurations is funded by the relevant local area

4.8.1 A&E

Our approach to predicting future performance is challenged by the implementation of ARP and the final contract settlement. Whilst we remain supportive and flexible around operational models, commissioners acknowledge that the current contract settlement will have an impact on our operational standards and performance (in particular against the C1 and C2 targets), particularly with anticipated levels of increasing demand.

The Trust recognises these external challenges and is focused on mobilising the jointly developed business cases, set out in section 2.1. This investment and delivery of these business cases will move the Trust significantly towards the performance standards required within the ARP. Commissioners acknowledge that the current commissioning contract settlement and investment does not fully achieve these performance standards. The trajectory of anticipated ARP performance is set out below, for Category 1 (mean) and Category 2 (mean), based on the delivery of the EOC and RRV: DCA business cases.

Work continues on the delivery plans for these business cases, factoring the significant transformation and investment required to deliver their outcomes and benefits. The Transformation programme board, outlined in section 2, will provide the oversight and governance on the delivery of the business cases. The outline milestone plan for delivering these business cases and wider operational improvements and efficiencies is set out in figure 4.2.

Figure 4.2: Outline milestone plan for delivery of business cases and YAS efficiencies

						2018/2019											
Workstream	**Project**	**Sub-Projects**	**Milestone**	**Planned Start**	**Planned End**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
Supporting the achievement of ARP Standards	EOC Change Programme	Functional Re-Design	Go Live	October 2018	N/A												
		Hear and Treat	Clinical recruitment	April 2018	March 2019												
		Management Re-Structure	Go Live	October 2018	N/A												
		Rota Review	Go Live	October 2018	N/A												
		Room Reconfiguration	Go Live	July 2018	N/A												
	RRV to DCA Changes		West Midlands vehicles (27) Go Live	Underway	May 2018												
			40 additional DCA's Go Live	Underway	Sept 2018												
			Go Live	Sept 2018	N/A												
	Projects to deliver ARP	Low Acuity Transport	Go Live	June 2018													
		Re-modelling and Rota Designs	ORH Re-Modelling completed (National)	Underway	Sept 2018												
			Interim Rota changes agreed	Underway	Sept 2018												
			Full rota review completed	April 2019	Sept 2019												
		Performance Management	Go Live	Sept 2018	N/A												
Operational Improvements	Projects to deliver operational improvements	Job Cycle Time	Changes Go Live	Sept 2018	N/A												

The Trust and Commissioners will work together to co-develop a clear investment pipeline for additional investment proposal business cases. This pipeline will work alongside a range of additional factors that need to be considered and resolved to address the ARP performance gap during 2018/19 and to sustain performance into 2019/20.

The additional factors include hospital handover delays, demand fluctuations and maintaining a highly skilled workforce through effective management of training and development, focused on periods of reduced demand.

We anticipate achievement of all ARP categories by the end of March 2019, with the exception of Category 2 Mean, which will be within one minute of achievement. The ongoing investment from commissioners and YAS is required to sustain this level of performance beyond March 2019.

Operational delivery is supported by our fleet and workforce programmes, which are expected to be concluded by September/ October 2018 (all things being equal), as outlined in figure 4.2.

The forecast trajectory of ARP performance, based on the currently supported business cases, EOC Development and RRV to DCA, are set out below (figures 4.3, 4.4 and 4.5); incorporating the key measures of patient, quality and performance standards around seeing 90% of patients within 15 minutes (Cat 1) and 40 minutes (Cat 2).

Figure 4.3: Category 1 Trajectory – Combined Mean and 90th Centile

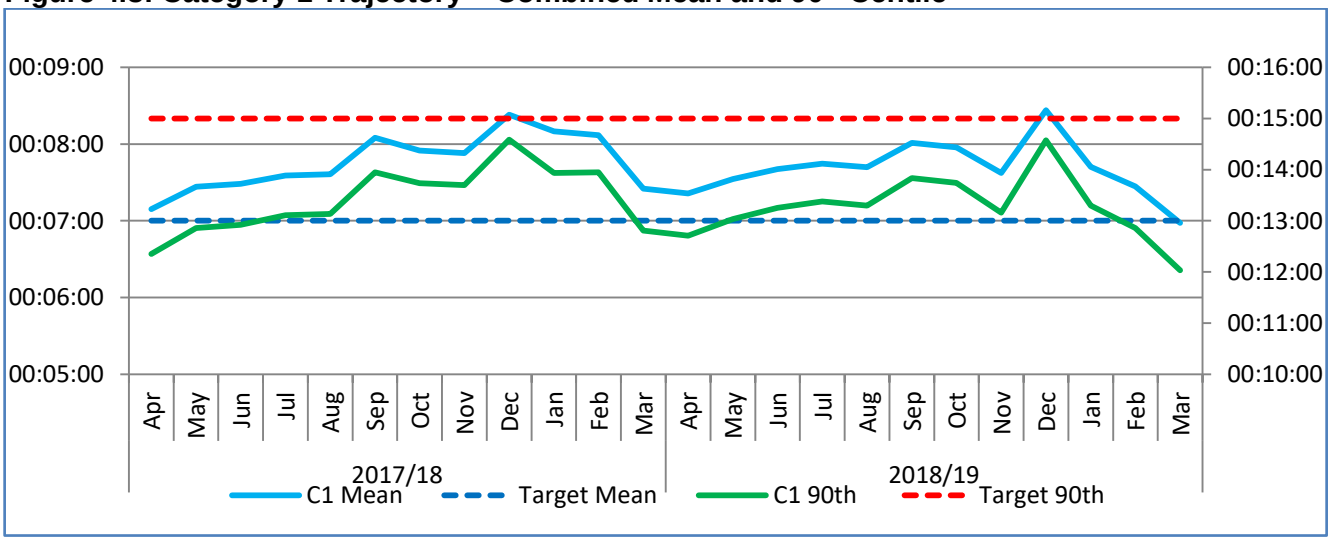


Figure 4.4: Category 2 Trajectory –Mean

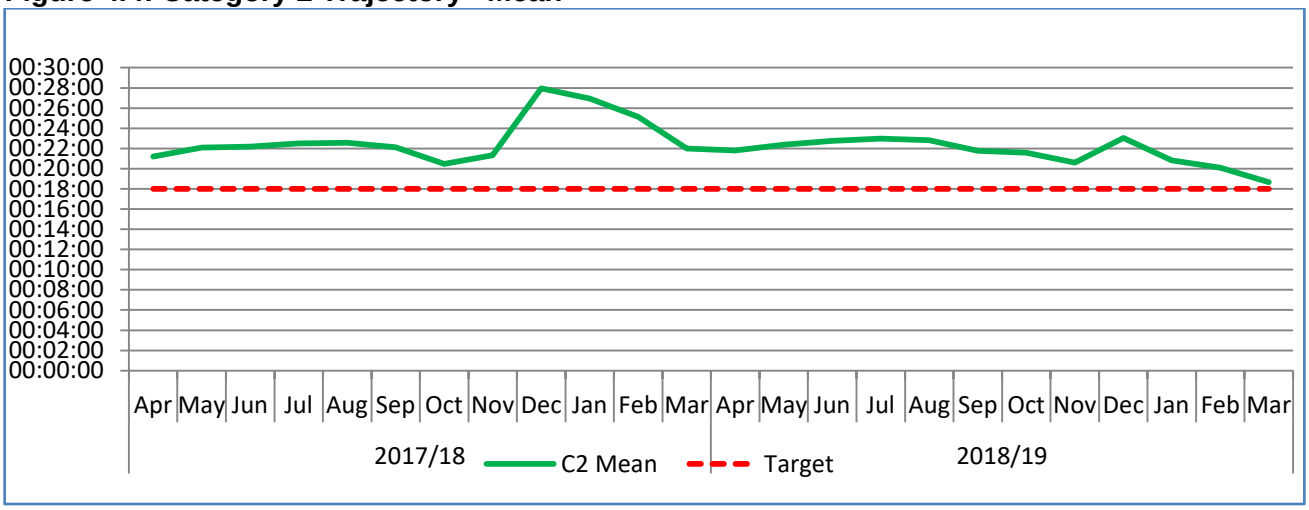
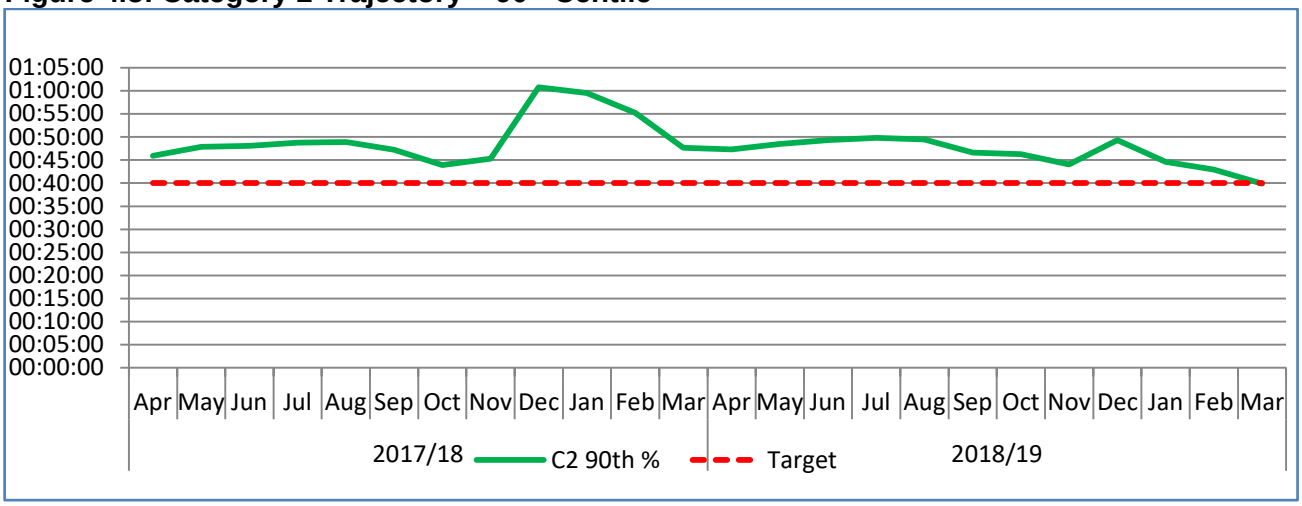


Figure 4.5: Category 2 Trajectory – 90th Centile



The Trust are also making significant investment in the delivery of the ARP performance standards, identifying key operational efficiencies; setting a challenging CIP delivery target, to re-invest in front line services; reviewing the workforce profile; and investing in the vehicle fleet mix to maximise the investment from commissioners.

This investment will move the Trust towards delivery of the ARP standards, but further system efficiencies and performance will continue to have an impact on our ability to fully achieve performance, including hospital handovers. The Trust will work with commissioners and wider system partners throughout 2018/19 to support wider delivery of system efficiencies and performance.

4.8.2 NHS 111

2018-19 marks the transitional year of the NHS 111 contract whilst commissioners develop the approach for re-tendering of the service during 2018 as part of the commissioning the Integrated Urgent Care (IUC) specification.

In order to deliver NHS 111 standards, additional call handling and clinical advisory staff will be required to meet the patient demand increase in line with the commissioned service. YAS continues to work with commissioners to support them in delivering their target of 50% of patients to IUC accessing a clinician.

Our performance around direct booking continues to see improvement at a YAS level; we await the outcome of the NHS England review, but are committed to increasing out of hours bookings.

We continue to increase the use of virtual clinical advice through local providers, alongside YAS core clinical advice, to a combined performance level of c. 43%; however the current contract settlement recognises that YAS clinical capacity cannot be increased with current investment levels. We continue to review our operating model to consider wider efficiencies as we develop our model in line with the anticipated Yorkshire and Humber IUC tender.

4.8.3 PTS

PTS is currently achieving key KPIs across the four main contracts but continues to look at initiatives to improve operational standards such as a management restructure and the building of a new resource team supported by BI which were delivered in 2017, and auto planning which is expected to be delivered during 2018. Our activity assumptions include the Vale of York and Scarborough & Ryedale CCG contracts.

4.9 Capacity for winter resilience & arrangements for managing unplanned demand changes

As an ambulance service, our ability to monitor and respond to demand in real time is very robust, as is our capability for surge planning. Demand varies significantly across the year, with major peaks

in weekends, public holidays and over the winter period. Staffing and rotas are managed with a high degree of flexibility to match these demand fluctuations and the Trust will continue to work closely with commissioners to ensure that investment in the service matches demand and enable delivery of a safe service which also supports the effectiveness of the wider urgent and emergency care system.

The Trust engages extensively with key stakeholders during the summer months in preparation for the forthcoming winter and other seasonal peaks. Additional capacity is created through peak times, by deploying staff from supervisory and supporting roles back into the front-line. A command and control structure is in place for key dates and in response to a dynamic risk assessment of key risks such as adverse weather. YAS is able to flex resource through the use of private providers in PTS and through relief in A&E. With all services, our forecasts are matched to demand profiles to cover seasonality and short-term predicted periods of adverse weather. Overtime is also profiled and used to match spikes in demand.

5. Approach to Quality Planning

5.1 Quality Planning

There are three key drivers to the Trust's plans for improving quality in 2017/18 – 2018/19:

- The requirement to deliver national ambulance performance targets;
- The National Emergency and Urgent Care Review and High Impact Action and the associated regional and local plans which reinforces the Trust's focus on responsiveness and development of urgent care services;
- The Trust Quality Improvement and Clinical Strategies, which have been developed following extensive consultation with staff, public and external stakeholders. Quality goals agreed with commissioners and priorities in the Quality Account are aligned to this strategy;

During 2018/19 we will increase the focus on development of skills and knowledge of the workforce to support continuous quality improvement, including development of understanding quality improvement methodology.

There will be targeted initiatives focused on clinical quality improvement as part of the Quality Improvement Strategy and consideration of key risks to delivery. We will also increase our focus on maximising efficiency of support functions to underpin effective patient care delivery.

5.2 Approach to Quality Improvement

Our vision and values place quality at the heart of the Trust and significant improvements in quality of care and services have been achieved over recent years. Our Quality Improvement Strategy 2018/2020 sets out a framework for development in priority areas, aligned to the wider Integrated Business Plan. This ensures that our plans for the delivery of safe, high quality patient care are effectively linked with operational, financial and workforce plans. We have commissioned expert external support to work with us on the implementation of our Quality Improvement Strategy. Objectives in relation to the Quality Improvement Strategy are managed as part of our performance management systems and risks to delivery are formally monitored via our risk escalation and assurance process. Systems and processes are in place to support quality improvement activity and effective learning from adverse events and near misses and feedback from patients, staff and other health care professionals. We are proactive in sharing the lessons learned and action.

Trust governance systems are established through the committee structure and are also set out in Trust policies and procedures. The Quality Governance arrangements for the Trust were substantially reviewed and revised following a Committee review undertaken by the Internal Audit service using the national Well Led framework.

The Board has overall responsibility for quality governance, with responsibility for delivery delegated to the Trust Executive. The Board takes an active leadership role on quality and the focus is an integrated element of all major discussions and decisions. The Integrated Performance Report (IPR) focuses on key quality indicators and this is supplemented by more detailed reports on specific aspects of clinical quality, by formal and informal staff feedback, by the annual clinical audit programme and a rolling programme of internal Inspections for Improvement. Patient stories, regular patient surveys and briefings on clinical developments are used in the Trust Board of Directors meetings alongside the quantitative data to ensure a clear patient focus.

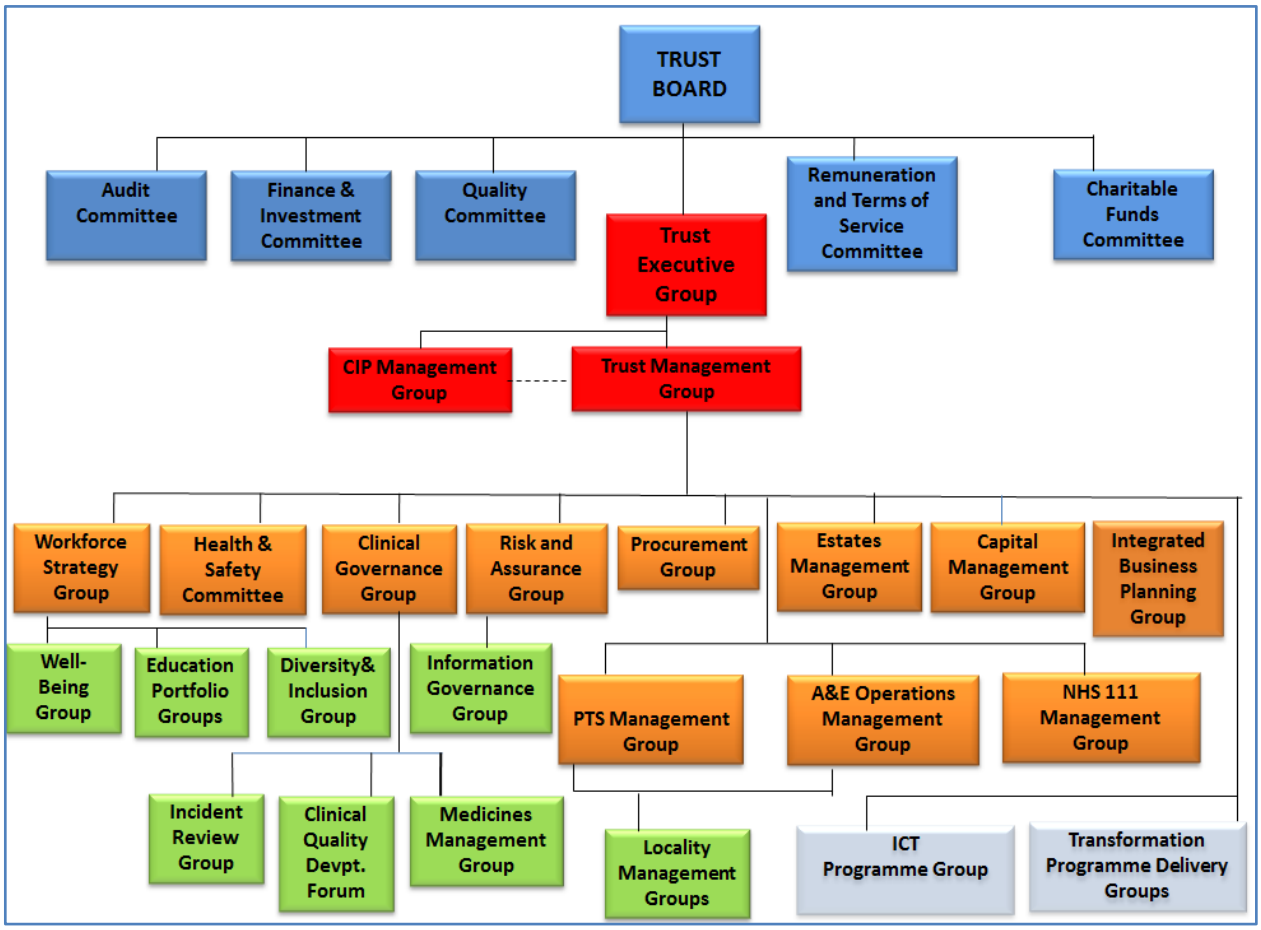
The Quality Committee supports the Board of Directors in gaining assurance on the management of clinical governance and quality and receives reports at each meeting on Trust and department level compliance with quality standards.

The Trust Management Group (TMG) reviews the quality indicators in the IPR at its meetings and receives exception reports from departments and a range of specialist sub-groups. This includes other key management groups which support delivery of safe, effective care.

The Clinical Governance Group is chaired by the Executive Medical Director and reports to the TMG. It is the principal management group responsible for development of clinical governance and quality. The Operations Management Groups and Locality Management Groups are responsible for

overseeing delivery of Trust strategy in the operational departments of the Trust. The Board committee and management group structure is summarised in Figure 5.1 below:

Figure 5.1: Trust Governance Structure



Executive leadership on quality and safety issues is provided by the Executive Director of Quality, Governance and Performance Assurance and on clinical leadership by the Executive Medical Director. The two directors work together to ensure seamless leadership across clinical governance and quality issues. Organisational focus on quality is reflected in the objectives of all Executive Directors and managers. Quality is integral to departmental agendas and individual performance review discussions at all levels.

The Executive Team and senior managers proactively engage with frontline staff on safety and quality issues through various formal and informal methods. This is complemented by separate engagement activity involving the Chairman and other Non-Executive Directors. The Executive Team reviews issues and implement action as required, reporting to the Board of Directors on key issues through regular Trust Executive Group (TEG) reports.

The quality governance arrangements are aligned to the Well-led framework[2]. We have a quality compliance delivery plan which includes actions to strengthen governance around learning from external enquiries, internal learning and self-assessments. The plan is regularly reviewed by the Committee. Key enquiries and reports which have informed the quality governance arrangements include:

- The public enquiry into Mid Staffordshire NHS Foundation Trust
- Recommendations of the Clwyd/Hart review of NHS complaints
- The Duty of Candour
- National and local investigations into the association of Jimmy Savile with NHS services

[2] Monitor: 'Well-led framework for governance reviews: guidance for NHS foundation trusts' published May 2014, updated April 2015

- Recommendations in A Promise to Learn - a commitment to act
- The Freedom to Speak Up report and Learning not Blaming report (Trust Freedom to Speak Up Guardian appointed from within our Clinical workforce in 2016)
- The inquests into the Hillsborough disaster.
- Developmental Reviews of Leadership and Governance using the Well Led Framework
- Developing People, Improving Care
- Report of the Liverpool Community Health Independent Revie

The Trust has completed a Board self-assessment against the Well Led framework, identifying priority areas for development. An external review has also been commissioned in line with the guidance, and this will be completed in Quarter 1 2018/19

The CQC completed an inspection of the Trust in September 2016, with the report published in February 2017. The Trust achieved a 'Good' rating in all domains, based on systematic improvement across all areas. Key outstanding issues identified in the report have been addressed, including:

- Review of PTS vehicle cleaning arrangements;
- An increased focus on compliance with bare below the elbows policy;
- Review of vehicle, equipment and consumables management processes;
- Investment in Trust estate and facilities;
- Development of processes for monitoring and follow up of training and Personal Development Review (PDR) completion;
- Robust review of the training and education programme for staff;
- Improvements in staff communication and engagement; and
- Supporting staff when raising concerns about quality.

Building Quality Improvement Capacity

The Trust is committed to embedding quality improvement methodology and has made progress this last year through a number of workstreams:

- The approach to Quality Improvement has been approved by the Trust Board
- Quality Improvement priorities are identified in the Clinical Strategy and annual Quality Account and agreed by the Trust Board;
- Increasing capacity with quality improvement skills through education and the plans to introduce Quality Improvement Fellows and a Quality Improvement Community;
- The "Bright Ideas" process includes a robust staff engagement element where staff are supported to implement their own ideas using quality improvement methodology;
- Maximizing resources and products available through regional and national programmes, for example, patient safety first;
- An effective communications plan which provides feedback to staff on the impact of quality improvement on patient and staff experience.

5.3 Summary of the Quality Improvement Plan

The Trust's top quality priorities for 2018/19 are:

- Delivery of sustainable improvement in emergency ambulance response performance in line with national standards;
- Development of the Trust's role in care navigation across the urgent and emergency care system, with particular focus on frail older patients and patients with palliative care and mental health conditions;
- Improvement in patient outcomes with key conditions - cardiac arrest and sepsis; and
- Improvement of patient safety aligned to Sign Up to Safety campaign, focused on reduction in patient falls, and management of deteriorating patients.

The Quality Improvement Strategy 2018/20, underpinned by an annual implementation plan, sets out in more detail the key priorities for improving quality of patient care. The Quality Improvement Strategy is fully aligned to the wider Trust leadership and organisational development strategy. Priorities within the Quality Improvement Strategy for 2018/20 include a focus on five CQC domains, which are summarised in Table 5.1 below:

Table 5.1: Quality Improvement Priorities, aligned to CQC Domains

Safe	• Embed a safety culture in line with the "*Sign up to Safety*" pledges. • Review progress of the Sign up to Safety four work-streams and embed prior to development of further safety work-streams that exist within the wider QI strategy. • Measuring and reducing avoidable harm & development of dashboards • Improved outcomes for patients with suspected sepsis by focussing on prompt recognition and treatment. • Continuous improvement in standards for Infection Prevention and Control, including contribution to preventing healthcare associated Gram-negative bloodstream infections. •
Effective	• Identified outcome measures for quality • Improved outcomes for patients through implementation of paramedic pathfinder • Implementation of the refreshed and new AQI's • Standardised clinical handovers & implementation of National Early Warning Score 2 (NEWS 2) alongside the ePCR.
Caring	• Increased visibility of patient experience information • Open and transparent • Triangulation of performance reporting and patient experience • Analysis of Patient Survey results and triangulation with information from Patient Relations (4C's). • Focus on pain management
Responsive	• Focus on End of Life & alternative care pathways • Robust safeguarding processes and practice • Collaboration with stakeholders to deliver urgent care • Focus on national standards and requirements across all service lines
Well Led	• Standardised supervision arrangements for all professionals • Maintenance of clinical leadership dashboard • Listening events with staff and stakeholders

Implementation in 2018/19 will include the following key areas of activity:

- **Safe** - The Trust joined the national Sign up to Safety programme in 2015 and has focused development on the deteriorating patient and use of the National Early Warning Score (NEWS), sepsis, falls, and the impact of human factors on safety in the Emergency Operations Centre environment. We have robust processes for monitoring of safety, particularly relating to delayed emergency responses, and mortality. These processes have been shared with other ambulance trusts via the national Medical Directors' group (for which YAS Executive Medical Director has been the Chair since 2015).

  Antibiotic Stewardship: Currently Yorkshire Ambulance Service do not prescribe antibiotics; specialist and advanced paramedics supply small selections of antibiotics using microbiologist approved patient group directions. Antibiotic use continues to be audited regularly to ensure adherence and also provide information on usage across the region. The lack of new antimicrobial treatment options for Multi drug resistant gram negative bacteria led to the formulation of the 5 year antimicrobial resistance strategy. YAS have engaged with the strategy

and have monitored antibiotic use and made the necessary adjustments to the treatment options available to the specialist and advanced paramedics. Throughout 2018/19, we will continue to deliver and facilitate workshops to provide staff with audit results and allow discussion and review of the treatment options are undertaken and to ensure staff understand the importance of engagement with the 5 year strategy. Audits have continually indicated that the most common use of antibiotics is the treatment of lower urinary tract infection, and we are in the process of moving from trimethoprim to nitrofurantoin in line with national recommendations.

- **Effective** - Priorities within this domain, in addition to managing deteriorating patients, include improvement of Ambulance Clinical Quality Indicators (AQI). The Trust's priority is survival from cardiac arrest through action to target advanced clinical skills to patients in cardiac arrest, development of community responder schemes and the Re-Start a Heart campaign. Other key areas of activity relate to treatment of MI and stroke through improved delivery of relevant care bundles.

- **Caring** – Work will include use and analysis of Friends and Family Test in line with national policy; patient stories in Board of Director meetings; training programmes and staff campaigns; triangulation of performance reporting; and patient feedback from complaints, concerns and ongoing survey activity. The continued focus on the Critical Friends Network is also a key priority to enhance engagement with patients, service users and the public.

- **Responsive** – Work in this domain includes A&E and PTS service transformation and further development of the NHS 111 clinical service as part of the wider service development strategy. Within the Clinical Quality Strategy we focus on patients with mental health needs and collaboration with other providers to deliver urgent care improvements.

- **Well-led** – The Trusts Well-Led Priority areas for 2018/19, as identified in our recent self-assessment, which was approved through a Board Development workshop are as follows:-

    - Leadership & OD, in the context of delivering our 5 year Strategy;
    - Staff Engagement and Empowerment, in relation to Diversity and Inclusion and Quality Improvement;
    - Performance Reporting & Culture, with a focus on system and processes and improvement of our culture of accountability; and
    - Collaboration & Relationships, in terms of Unions and wider partners and stakeholders.

  The external review is currently underway and will be reporting through the Board of Directors during the summer period.

Our focus remains on staff engagement and communication, with improved monthly Team Brief arrangements and regular face to face engagement of Executives and senior managers with front-line staff. A Bright Ideas scheme provides an opportunity for staff to share suggestions about service improvement. The Trust has embedded the Freedom to Speak Up Guardian role and a network of 10 staff Advocates across the different service lines and departments to provide additional routes for staff to raise quality or safety concerns.

5.4 Principal risks to quality and mitigating action

The four key risks to quality and the relevant mitigating action are summarised in Table 5.2 below:

Table 5.2: Principal risks to quality and mitigating action

Key Risk	Mitigating action
Ability to be responsive to national standards and deliver performance targets, including implementation of ARP, IUC requirements and clinical quality standards	• Re-modelling of resources, efficiencies in demand management, planning and deployment • Development of integrated multi-professional workforce • Business cases and additional income for LAT, EOC model design and RRV to DCA • Exploration and implementation of new workforce models, including rotational posts • Engagement with STPs and ICS on long term strategy and national and regional impacts • Delivery of service transformation workstreams to support implementation of the Integrated & Urgent Care Specification
System-wide availability and competency of workforce and impact of changes to funding streams on provision of education and training.	• Delivery of NQP programme • Plan for utilisation of Apprenticeship levy • Review of skill mix and rostering to respond to ARP and implementation of multi-professional workforce • Focus on recruitment and retention
Effective strategies for leadership and engagement and a developed organisational culture	• Implement vision and values and behaviours framework • Embed management & leadership development framework. • Implement Talent Development model • Embedding of Diversity and Inclusion strategy including recruitment equality monitoring and Equality Impact Assessment • Implementation of QI Strategy • Corporate Social Responsibility and Staff Engagement plan • Continued development of social media presence
Loss of PTS West Yorkshire and / or NHS 111 services following market testing exercises – impacting on our ability to provide fully integrated services	• Active engagement with system partners to identify stakeholder requirements • Successful recent track record in securing major contracts across Yorkshire; developing our workforce to support the development of strong tenders • Development of new operational and workforce models

5.5 Seven day services

The Trust operates a seven day service throughout the year across its service lines including 999, NHS 111 and PTS, with appropriate underpinning support services. Major Incident command structures operate at all times and on call management arrangements also reflect the 7 day working approach. The Trust is a key partner in multiple health economy transformation programmes, with a focus on delivering new, integrated ways of working across the urgent and emergency care systems in line with national strategy. As such we aim to support 7 day working initiatives across our partner organisations where it is clinically appropriate to do so.

5.6 Quality impact assessment process

The Board of Directors is actively engaged in reviewing the risks to quality, including the quality impact of cost improvement schemes and other service changes and developments. During 2018/19 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. As well as large scale change the Trust will be seeking efficiencies across all areas, and will include efficiencies suggested by staff and those which can be derived from the Northern Ambulance Alliance and the Tri-Service Collaboration.

During this period we will continue to assess new schemes using the existing quality impact assessment framework. We will closely monitor impact using agreed early warning indicators, ensuring continued delivery of safe care during periods of significant change.

New developments including Cost Improvement Plans (CIPs) are identified through the business planning cycle and through other Trust management processes. There are opportunities for engagement of front-line staff through face to face meetings and the Trust Bright Ideas scheme.

Project Initiation Documents are produced by lead managers. Plans are subsequently independently quality impact assessed, including review and sign off by the Executive Director of Quality, Governance and Performance Assurance and Executive Medical Director. The Quality Impact Assessments (QIAs) are reviewed by the Quality Committee and Board of Directors.

Each scheme is risk rated; key risks and mitigations are recorded in the Risk Register. Schemes are rejected where risks to quality cannot be acceptably mitigated. Risks are reviewed at departmental and corporate level through the ongoing risk management process. Quality indicators are identified in relation to each scheme and these are monitored through the IPR and focused reports, to provide assurance that there is no emerging or realised adverse impact on quality.

5.7 Triangulation of indicators

The IPR focuses on key indicators relevant to quality, workforce and finance and is supplemented by similarly constructed department dashboards. Key indicators include:

- Performance delivery against national and local targets for each service line;
- National Ambulance Clinical Quality Indicators;
- National Ambulance Clinical Performance Indicators, focused on delivery of key care bundles;
- The ‘tail of performance’ to provide assurance on overall safe levels of response. This is shown as the 90th percentile in line with ARP guidance.
- Number of incidents and levels of moderate harm and above, complaints, patient experience feedback, feedback from other services;
- Safeguarding training and referral rates;
- Cleanliness and Infection Prevention and Control audits;
- Commissioning for Quality and Innovation (CQUIN) implementation;
- Support service performance including Fleet.
- Workforce staffing against plan, staff turnover, sickness, training and PDR rates; and
- Financial performance at corporate and service level including delivery of CIPs.

This information is supplemented by detailed reports containing qualitative and quantitative information on specific aspects of clinical quality, workforce and finance including a weekly triangulated report in relation to A&E Operations indicators. This approach supports an effective overview of the interplay of quality, workforce and finance issues and early identification and mitigation of risks to specific aspects of performance.

Our Executive Team reviews issues arising and implements action as required, reporting to the Board of Directors on key issues as part of the regular integrated report from the TEG. The Quality Committee supports the Board of Directors in providing an objective and independent review of quality and workforce.

The Quality Committee and Finance and Investment Committee work in liaison with the Audit Committee to provide effective scrutiny of the management of all aspects of Trust business. This is underpinned by a broad ranging Internal Audit programme.

The integrated review processes enable identification and escalation of key issues and the Committees and Board of Directors use this information to target management action and resources in order to support improvements in quality, productivity, mitigation of risk and prioritisation. This informs priorities for improvement in the Clinical Quality Strategy and annual operating plan as well as in-year response to emerging quality issues.

6. Risk

YAS Board of Directors is systematically provided with evidence-based assurance on the adequacy of our processes for managing risk. Principal risks to delivery of our strategic objectives were agreed by the Board of Directors through review and challenge in a Board Development Meeting. These principal risks are recorded in the Board Assurance Framework (BAF), underpinned by the Corporate Risk Register (CRR) and associated plans to monitor delivery of mitigating actions. This process and changes to the BAF and CRR are facilitated and moderated by the Risk Management team and through a cycle of reviews at Trust Executive Group, Trust Management Group, Risk and Assurance Group, and through operational service line governance groups.

Our BAF contains a range of risks across our strategic objectives, including non-delivery of key performance targets, challenges with supply and retention of key workforce groups embedding strategies for effective leadership, staff engagement and a developed organisational culture, and our ability to remain financially resilient and deliver our strategic objectives, based on the increasingly challenging health and care system both at regional level and in response to national drivers.

We continue to work with system partners across ICS, STPs and local A&E Delivery Boards to consider and develop our response to winter and broader resilience planning, along with the volume of hospital reconfigurations and pathway redesign taking place across the whole of Yorkshire and Humber which continue to place increasing pressure on YAS, as a region wide provider.

We face additional challenges around:

- Ongoing market testing and tendering of PTS, which may reduce our opportunities for comprehensive economies of scale and future competitiveness; we continue to develop a strong response to PTS tenders working with partners to develop an integrated and collaborative offer;
- The implementation of ARP by September 2018
- The tendering of NHS 111/Integrated Urgent Care service;
- Availability of key staff groups; there remains a national shortage of paramedics and our regional coverage creates a risk around ensuring suitable resources are appropriately aligned with demand and the operating model; and
- Funding and investment for important schemes that support more effective patient flow, including CAS and integrating 999 and NHS 111 services.

7. Approach to Workforce

Our Workforce and OD Strategy will focus on four main aims:

1. Culture and Leadership;
2. Recruitment, Retention and Resourcing;
3. Health and Wellbeing; and
4. Education and Learning.

We will achieve this through effective planning and delivery plans, and we will focus on:

- Developing a diverse multi-professional workforce that is flexible, reflective in practice, innovative and adaptive providing the highest levels of care to our patients that is delivered effectively, safely and compassionately.
- Providing leadership development initiatives that will focus on people leadership capabilities and behaviours aligned with the YAS values and behavioural framework.
- Mobilising our talent development model to recognise, retain, develop and utilise talent best possible.
- Provide a clear career framework for all staff to enable development and progression
- Growing our own talent through a systematic approach and framework that provides clarity of opportunities in terms of career pipelines and development routes for all levels of our staff enabling a competent and high performance workforce – including but not limited to identifying and utilising apprenticeship options throughout the Trust.
- Developing a recruitment, resourcing, retention and reward plan for the Trust
- Implementing a well-being plan aimed at improving the health and well-being of our staff. This will continue to be monitored as we undertake a wider health needs assessment of our workforce.
- Reducing reliance on temporary workers to ensure continuing care for patients, provide value for money and sustainable employment.

Key actions we will take:

7.1 Workforce planning

- Create an effective, organisation-wide workforce plan with the supporting workforce planning data. Underpinning the workforce plan, robust recruitment plans will be in place including vacancy levels and future recruitment forecast trends.
- Reduce agency spend and reliance over the 2 year plan.
- Continue to develop our successful apprenticeship model, to meet the requirements for the new levy with the aim of ongoing development and forming part of the workforce plans.
- Development of a multi-professional workforce, with opportunities for rotational posts.
- Review end to end recruitment process with aim of reducing time taken to recruit by 50%.
- Ensure that our value and behavioural framework is embedded into our recruitment processes and practices
- Develop agreed KPIs for recruitment timescales for the recruitment team and recruiting managers.
- Reduce turnover in key roles by implementing a collaborative approach to the retention plan.

Table 7.1: Workforce requirements for 2017/18 – 2018/19

Staff Groups	Outturn 2016/17	Month ending 31/03/2018	Month ending 31/03/2019
Medical and Dental Staff	5	5	5
Non-Medical - Clinical Staff	3,946	4,130	4,379
Non-Medical - Non-Clinical Staff	563	617	658
Total substantive wte	**4,514**	**4,752**	**5,042**
Agency staff	**126**	**51**	**51**

7.2 Culture and Leadership

- Following the development and implementation of our vision, values and behavioural framework we will use this as a platform to influence cultural change within the Trust. We will:
  - Develop our Board to ensure it leads cultural changes from the front with the introduction of our Board Development Programme promoting a one team culture
  - Develop our senior and middle leaders with the implementation of our Leadership Development Programme – Living Leadership
  - Embed our behavioural framework in our Workforce and OD policies, practices and processes

- Our Staff Survey identified areas of positive practice, but also provides a focus around areas for development and improvement. We will continue to build on areas of positive feedback, including:
  - Placing our patients as our number one priority;
  - Acting on concerns;
  - Team working / One Team; and
  - Recommending YAS as a place to work or receive treatment.
- We recognise that in order to achieve our ambition to be an outstanding learning organisation, we must remain a listening organisation, acting on the feedback we receive. We will use this feedback to improve on the following issues:
  - Ensuring that our procedures are fair and that we strengthen the equality of opportunity – becoming more consistent in our practice;
  - Ensure that we continue to build and maintain our inclusive culture; and
  - Provide more flexible working and career choices.

7.3 Education and Learning

- Develop a Trust wide education and learning plan to ensure an effective governance, quality assurance and compliance alongside adding value to the organisation and ensuring our commitment to lifelong learning for all our people.

7.4 Diversity and inclusion

- Create diversity plans and specific actions to meet our mandate of embracing diversity and promoting inclusivity. This will underpin our Workforce and OD strategy to ensure our workforce reflects the diverse communities we provide services for.
- Introduce a refreshed set of equality objectives in response to our legal requirements; NHS equality standards, including staff equality networks, Workforce Race Equality Standards (WRES).
- Improve our position on workforce race equality standard and disability equality standard.

7.5 Partnership working

- Building stronger relationships with Unions and partnership working with external organisations, particularly through the ICS, STPs and Local Delivery Boards to support the delivery of our two year operational plan and the wider health and care system.
- Utilise opportunities to participate in national and regional initiatives including a pilot for rotational paramedic posts, operating within primary care, to further strengthen the urgent care response, to test the impact on acute trusts and A&E demand.
- Building our relationships with our Ambulance colleagues in the Northern Ambulance Alliance and nationally through our National Ambulance Networks. Through these networks we can share best practice, knowledge and intelligence to enable a consistent approach and wider strategic thinking.

7.6 Health and well-being

- Implement our 12 month Health and Well-being Plan but undertaken further analysis around the health needs of our workforce for the future.
- In 2018/19 our Health and Well-being Plan will focus on a number of key initiatives, including:
    - Supporting the YAS Public Health plan in conjunction with Public Health England.
    - Supporting the Trust's 70 Well-being Champions;
    - Implementing a physical competency assessment for applicants to front-line roles;
    - Incorporating mental health training into our 'Managing Essentials' programme;
    - Implementation of the Mental Health First Aid programme
    - Identifying providers of MSK and back care workshops to support staff where areas of increasing absence levels are seen
    - Development of the Health and Wellbeing Group which will report to the Strategic Workforce Group and development of a 12 month Health and Wellbeing action plan to begin to drive forward this agenda.
    - Further work through the Moving Patients Safely Group, focused on manual handling training, complex patient assessment and provision of supporting equipment.
    - Reviewing the research outputs on Paramedic Suicide studies to ensure that we better understand reasons behind our staff taking such action and how we can support prevention.

7.7 Excellence in Service Delivery

Underpinning our Workforce and OD Strategy we will aim to improve and embed excellence in HR and OD service delivery, this will include:

- Up to date and relevant workforce data to assist in the delivery of our strategic objectives
- Recruiting and retaining the right staff and ensuring they have the right skills to do the right things
- Ensuring effective and efficient management of employee relations cases so that matters are dealt with swiftly and appropriately
- Effective management of sickness absence to reduce absence rates
- Ensuring the provision of consistent and professional advice to our managers to enable them to effectively manage and support staff

We will continue to develop our approach to the use of agency and temporary workforce. During 2018/19, we will:

- Continue to reduce our spend on agency / temporary staff by reviewing our approach to recruitment, retention and reward. Improving our workforce planning and ensuring appropriate processes are in place will assist in keeping agency usage to a minimum and within tight financial control
- Undertake focus groups with our longstanding agency staff to understand their reasons behind remaining as agency staff rather than applying for substantive roles
- Develop a proposal for a staff bank in order to ensure that YAS have a supply of available trained staff who are able to move between temporary assignments. These staff will understand the culture, values and ways of working.

8. Approach to Financial Planning

8.1 Our Financial Strategy

YAS's financial strategy is to deliver the best possible clinical services and patient outcomes within the financial resources available.

We recognise that the current and foreseeable economic outlook presents significant financial challenges to both the Trust and the health and social care economy as a whole. Our financial strategy is focused on maintaining financial resilience in a tough economic environment, providing us with the ability to withstand the pressures and risks faced due to factors such as growing demand, reducing public sector finances and increased competition, whilst delivering improved patient outcomes.

In 2016/17 the Trust delivered a surplus excluding STF of £1.6m, which was £2m below plan. In 2017/18 the Trust achieved a total surplus excluding STF of £3.94m (£2.1m above plan). This means the Trust has earned additional £5.3m STF of which £3.8m was bonus and incentive STF. Measured over a 2 year period the Trust has delivered the financial performance required.

In summary, the refreshed 2018/19 financial plan aims to deliver the Control Total set by NHSI, whilst using internal funds generated through our CIP programme, alongside additional investment from commissioners, to begin the journey towards delivery of ARP.

In reviewing our strategy we have identified the important role the service provides in supporting the wider Quality, Innovation, Productivity and Prevention (QIPP) agenda within the ICS and STP's by ensuring patients are managed in the most appropriate setting. This is at the heart of our investment philosophy, specifically in developments such as being an integral part of the WYUECN (West Yorkshire Urgent & Emergency care Network) Vanguard Programme. It should be noted that one of the material risks for YAS is the significant volume of acute hospital reconfigurations which challenge the organisation in terms of delivery of performance standards.

Our financial plan is based on prudent inflation and activity assumptions for both income and expenditure aligned to national guidance. With the continuing pressure in the health and social care economy, our focus is on reducing our cost base and increasing efficiencies to maintain financial balance.

8.2 Our Financial Plan – Financial Forecasts

At the beginning of the financial year 2017/18 the Trust submitted a financial plan to NHS Improvement with a planned surplus of £0.053m for 2017/18, which did not meet the original NHSI control total.

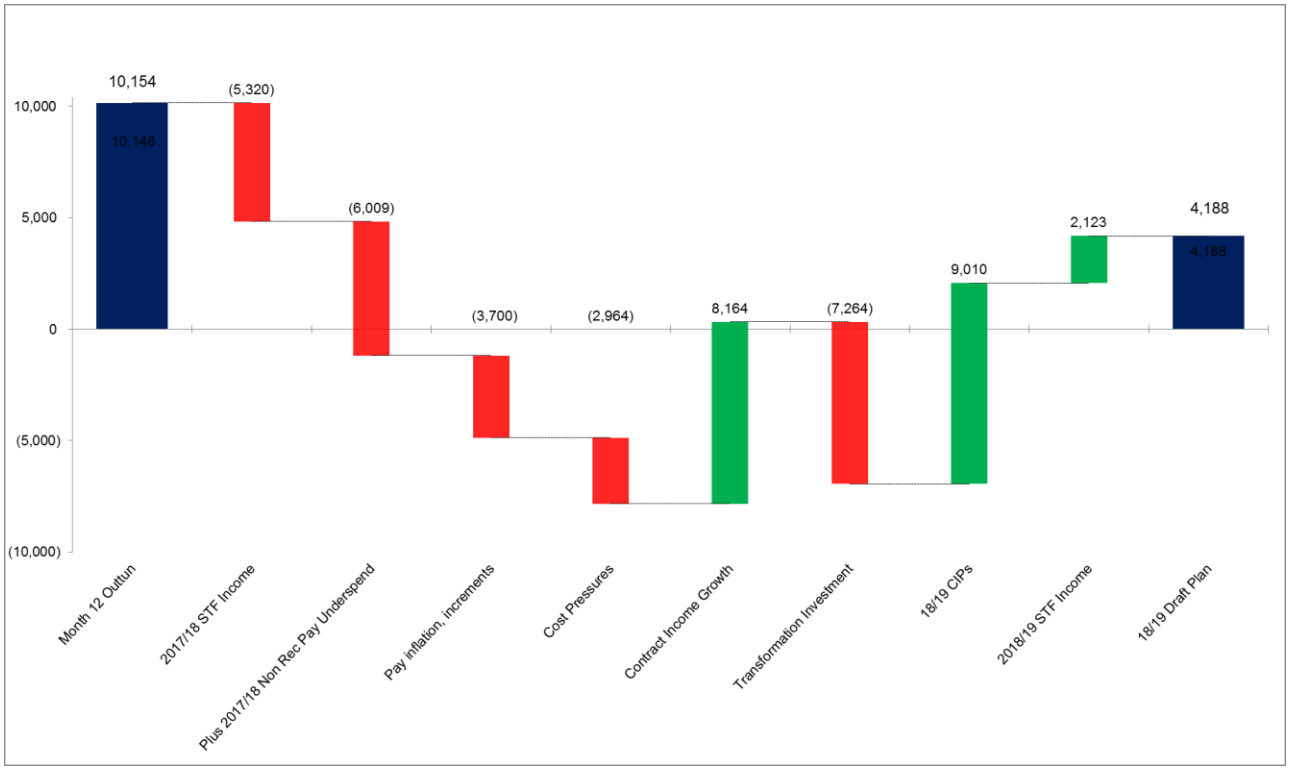
A revision to this was approved by the Trust Board and NHSI. The plan was revised to achieve a 2017/18 surplus of £1.9m, meeting a control total of £3.4m (including STF). This refreshed 2018/19 plan aims to achieve the recently notified control total of £4.2m (including STF) in 2018/19, which means the Trust plans to achieve a surplus of £2.1m (excluding STF).

Our 2018/19 financial plan has been developed and refreshed through a process of engagement with key internal and external stakeholders, review of the national planning guidance from NHS Improvement and NHS England, review of our historical performance and the impact of future service developments and cost pressures (national and local). The development of the financial plan has been considered alongside the triangulation of workforce plans, activity and finances to ensure our operational plans are internally consistent.

Below we have set out a high level summary of the financial forecast for income and expenditure, along with a narrative which explains the key movements that bridge between the forecast outturn position for 2017/18 to 2018/19 financial plan and the key assumptions that underpin this.

Figure 8.1: 2017/18 Forecast Outturn to 2018/19 Draft Plan

The chart below summarises the movements from 2017/18 outturn and the 2018/19 draft plan.



The key movements and assumptions included in the financial plan are:

- Direct investment of £3.5m to offset demand and mitigate risks identified in the Quality Impact assessment. This investment will ensure current levels of performance are maintained in year and provide a stable foundation to implement ARP service transformation.
- A development reserve of £3m (£4.9m FYE) to fund transformational changes in fleet and resources. A key element of this will be to fund double crewed ambulances (DCAs) which will target improvement in response times. This major transformation will be implemented during the summer with the impact expected from quarter three, subject to recruitment and fleet delivery.
- Structural transformation of the Emergency Operations Centre (EOC) will enable additional clinical capacity to facilitate alternative responses to conveyance. Alongside benefits to the organisation this provides wider system reductions in acute hospitals settings such as Accident and Emergency. National Transformation monies are being pursued to fund this transformation. The full year cost of the restructure is £2.6m, if national funding cannot be secured the organisation has agreed to fund (alongside an equal commissioner investment) 50% of the additional cost. This plan assumes £0.6m in 2018/19.
- 111, as per the contract agreement, achieved an additional £1.664m of income; this commissions the same service/performance standards as in 2017/18.
- There are a significant number of acute provider reconfigurations across our footprint. A number have a material impact on YAS's resources. Discussions are ongoing regarding the necessary funding; currently the plan assumes a nil impact (this remains a significant risk to the Trust.)
- STF funding of £2.123m has been assumed within the 2018/19 financial plan on the basis that it delivers the control total notified by NHSI. It should be noted that achieving the Control Total limits the Trust's ability to invest internally in the delivery of ARP.
- Inflationary pressures have been assumed in line with the national planning guidance. This includes the impact of a 1% pay award (assuming any further costs will be met centrally) and increments. Note a significant risk solely for ambulance services is the impact of the material

change in unsocial hours payments. This needs to be specifically understood and reflected in the national approach to funding pay awards above 1%.

- A number of local cost pressures have been reflected e.g. increased volumes of fuel due to a rise in demand, and longer journey times due to acute hospital reconfigurations.
- A number of specific earmarked reserves have been set aside.
- Quality and Efficiency/CIP Savings of £9m are included within the financial plan for 18/19 (further detail outlined below).

8.3 Cost Improvement Programme

Our Cost Improvement Programme (CIP) will assist us with the financial resilience to mitigate against our key risks and support delivery of service redesign to the benefit of our patients. As noted previously the quality and efficiency programme is focused on delivering operational efficiencies and quality improvements that support the financial and clinical sustainability of the Trust and wider health care system. These will be delivered through service redesign, eliminating waste, identifying opportunities for savings through the Northern Ambulance Alliance and Lord Carter productivity work programme, continued control of agency expenditure, implementation of improved requisition and purchase to pay and enhanced procurement practices, all whilst always ensuring ongoing delivery of safe, effective patient care.

The Trust has a track record of delivering efficiency savings. We have in place a robust governance model supported by specialist reviews and the use of external benchmarking. This enables us to identify efficiencies, assess the quality impact and provide regular achievement monitoring.

In 2017/18 the Trust has over delivered its CIP target in order to meet the control total. In 2018/19 the Trust has set an ambitious CIP target in order to invest in services that support delivery of new performance targets. Our Cost Improvement Programme will be underpinned by a project plan and quality impact assessment. Table 8.2 below summarises the CIP plans for 2018/19.

Table 8.2: Cost Improvement Programme Summary

Cost Improvement Programme Summary	2018/19 £m
A&E Operations	£5m
PTS Transformation Programme	£0.3m
Fleet, Estates & Procurement	£1.6m
Support Services	£2.1m
Total	**£9m**

The main Quality and Efficiency Programme schemes are detailed below:

A&E Operational Delivery Improvement programme – this programme includes schemes which focus on reducing costs through the implementation of a revised workforce plan, reducing overtime and reviewing internal HR policies with a view to aligning to national guidelines e.g., reducing missed meal breaks. In addition the Trust is reviewing how jobs are allocated in the last hour of shift with the intention of reducing end of shift over runs.

PTS Transformation – key schemes for 2018/19 will be a continuation of the transformation programme including the implementation of a new more efficient and effective workforce model, the completion of the management restructure, overtime reductions and the more effective application of eligibility criteria.

Fleet, Estates and Support Services –These schemes involve savings from investing in a modern fleet and estate along with improved facilities and vehicle management (the latter for example will support reduced vehicle accidents and therefore lower insurance costs). This programme of work also includes adopting tightly controlled procurement practices to drive down prices using national benchmarking, competitive tendering and implementation of agency price controls. Significant reductions in ICT and training and recruitment costs also form part of the efficiency programme for

2018/19 which will also include opportunities identified through the Northern Ambulance Alliance and Tri-Service Collaboration.

CIP Deliverability – CIP schemes have been RAG rated in terms of probability of deliverability at this stage. This is based largely upon how developed the schemes are, and the complexity of those schemes. They are summarised in the table below. It should be noted that the red rated value mainly relates to targets in areas where schemes are yet to be developed. Historically non front line services have covered any shortfalls in CIP delivery by holding vacancies. There is an expectation that this action will be taken to mitigate any CIP risks materialising in 2018/19.

The RAG definitions are based on:

Red: High risk of non-delivery (Difficult to deliver / no plans currently in place)

Amber: Medium risk (Hard to deliver / plans in place / delivery off track)

Green: Low risk (Delivered / Clear plan in place / anticipated to fully deliver)

Directorate	Total CIP plan 18/19
A&E Operations (including EOC & Special Ops)	-£4,863
Business Development	-£32
Chief Executive	-£82
Clincial Directorate	-£105
F&P Estates	-£279
Hub & Spoke	-£67
F&P Finance	-£113
Fleet	-£1,087
IM&T	-£360
People & Engagement	-£936
PLANNED AND URGENT CARE DIRECTORATE	-£10
Procurement	-£142
PTS	-£328
Quality, Governance & Performance Assurance	-£92
Total 111	-£512
TOTAL	**-£9,010**
Red	1,209
Green	4,465
Amber	3,336
Total	**9,010**

8.4 Agency Rules

The Trust successfully delivered within the agency cap in 2017/18 and will continue to make effective use of the national agency rules to drive down agency and overall pay costs for the organisation. This includes continued governance and employee checks; improved recruitment planning and continued implementation of substantive structures which are sustainable and rely less on agency staff.

8.5 Capital Plans

Our Capital plans reflect our service and clinical strategies aligned to our enabling strategies for ICT, Estates and Fleet. Our Capital plans include expenditure on maintenance programmes covering the essential elements of capital expenditure on compliance and regulation to ensure current vehicle fleet, ICT and facilities are sustained together with investment associated with prioritised service developments. Our financing arrangements assume that the planned capital programme will be funded internally through depreciation, disposals and STP capital funding.

The capital plans/bids have been prioritised and assessment by a multidisciplinary panel including clinicians and subject matter experts to ensure only essential capital programmes are taken forward given the constrained level of capital resource nationally.

The most significant parts of the capital plan relate to:

- Replacement of vehicles and associated medical equipment.
- Supporting statutory and mandatory compliance on Estates.
- Supporting priority ICT developments and maintaining.
- Construction of a new hub at Doncaster ambulance station subject to national STP Funding.

A high level summary of the capital plan is shown in Table 8.3 below:

Table 8.3: Capital Programme and Scheme Funding

Capital Schemes – Funding	2018/19 £000
Depreciation	9,831
Loan Repayment	(334)
Replacement Funding	**9,497**
* Disposals	*1,075
** STP national funding	** 3,862
***Cash Reserves	TBC
Total Plan	**14,434**

**Subject to funding/agreement by NHS Improvement in line with national planning guidance*

*** STP national funding relates to first phase of Doncaster Hub and Fleet and is subject to approval from Department of Health*

**** In order to deliver ARP the Trust will need to reprofile its fleet away from Rapid Response Vehicles to Double Crew Ambulances, bids have been made to STPs to support this.*

Capital Programme	2018/19 £000
Fleet	6,700
ICT	2,138
Estates	1,081
Medical Equipment	60
AVP (Leeds AS)	166
Other	113
Sub Total	**10,258**
Contingency to be allocated	314
CAPEX after Contingency	10,572

Service Development	2018/19 £000
*SYB ICS Bid - Doncaster Hub and Fleet	3,862
Sub Total	3,862
Total CAPEX	14,434

** Subject to funding/agreement by NHS Improvement*

8.6 Key Financial Risks/Sensitivity Analysis

Our 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 testing the accuracy of our assumptions over the life of the plan. We have modelled a series of sensitivities that are linked to our key business risks and have assessed their impact on our future plans.

The key risks in the 2018/19 plan are

- The affordability and deliverability of the ARP
- The deliverability of the ambitious CIP programme
- The impact on YAS of the significant services that are either being tendered in 2018/19 or potentially re-tendered eg West Yorkshire Patient Transport Service. If unsuccessful, this will have a material impact regarding stranded costs in YAS and significant potential system wide efficiency costs through loss of integration
- The impact of acute provider reconfigurations
- The lack of certainty regarding the paramedic re-banding income as well as potential changes to holiday pay arrangements and unsocial hours payments for ambulance services.