

Board of Directors (held in Public) 27 July 2023Yorkshire Ambulance Service Five-Year Strategy 2024-29 Programme

Item 2.1

Information
Peter Reading, Interim Chief Executive Officer
Peter Reading, Interim Chief Executive Officer
Carol Weir, Interim Programme Director – Strategy and Helen Edwards, Associate Director of Communications and Community Engagement
No
No

Key Priorities/Goals	All

Strategic Ambition	(✓)	BAF Strategic Risk
1. Patients and communities experience fully joined-up care responsive to their needs	✓	All
2. Our people feel empowered, valued and engaged to perform at their best	~	All
3. We achieve excellence in everything we do	~	All
4. We use resources wisely to invest in and sustain services	~	All

Key points	
1. To provide an update on the Trust's Strategy 2024-29	For information

Board of Directors (held in Public) 27 July 2023 Yorkshire Ambulance Service Five-Year Strategy 2024-29 Programme Report of the Chief Executive

1. Summary

The purpose of the report is to provide an update on the development of the Trust's strategy 2024-29.

2. Background

The Trust's current five-year strategy will come to an end in 2023. As outlined in the Chair's report to Board on 27 April 2023, production of a new 5-year strategy is a Trust priority. Progress to review the current strategy and develop a new strategy began in early 2023, however, progress was impacted due to operational pressures and industrial action.

Acknowledging the resource pressures to develop the strategy, the Trust commissioned MIH (Making It Happen) Solutions in May 2023, based on their experience and expertise in both the NHS and ambulance sector, to develop the YAS strategy 2024-29.

An Interim Programme Director to lead the work was appointed in July 2023. Work is now progressing to develop and deliver a new Trust strategy, setting out the priorities for the organisations for the future. This will be developed and co-produced with internal and external stakeholders and will set the vision, direction, and priorities for the Trust.

3. Current Position and Plans

The high-level roadmap and timeline to develop and deliver the strategy through extensive engagement and involvement by 30 November 2023 is in Appendix 1. This is measured by a number of key milestones, identified in the summary one-page mandate (Appendix 2).

A more detailed plan is being co-developed using the Monitor Framework (2014) and examples of best practice from elsewhere. This will build upon work already completed or underway that will inform the strategy, such as the culture work in the Future Ways of Working programme and the development of enabling and supporting strategies. The strategy development will also consider the ICB joint forward plans and the emerging Association of Ambulance Chief Executives (AACE) strategy.

For internal assurance, plans will be shared at TEG meetings, TEG strategy sessions, TMG updates, and Board. Governance and oversight will be provided by a monthly Strategy Programme Steering Group meeting, primarily to give assurance to the Board and manage associated risk, as well as enable issues to be escalated and acted upon expediently. The draft Terms of Reference and membership is included in Appendix 3.

The work will be coproduced, coordinated, and delivered by the Interim Programme Director – Strategy, Associate Director of Communications and Community Engagement and Team, Business Planning Team and key stakeholders across all directorates and teams. MIH will support the process, including leadership and stakeholder engagement events and collateral.

4. Financial implications

MIH have been commissioned for support to develop and deliver the strategy, drawing on their experience of successful strategy delivery and subject matter expertise. A

specification has been produced and contract awarded, which will be monitored and managed by the Interim Programme Director – Strategy.

There will be additional cost to develop engagement materials, secure venues and refreshments for engagement events and a cost to produce a range of strategy communication collateral. These will be procured using the Trust's approved processes ensuring value for money.

There is a significant resource impact to ensure staff and stakeholders are effectively engaged and involved in the development process and that their views, voice and influence are heard and reflected. The impact on operational delivery will be considered to ensure engagement is effective and where our staff and stakeholders are to minimise impact.

5. Risks

The main risk to delivery of the strategy is prioritisation of the work by stakeholders, with the potential impact on engagement and involvement. The main risk of engagement is the resource impact during times of significant operational pressures and demand.

To minimise risk and impact, a range of channels of engagement in a variety of geographies and venues, over a period will ensure wide involvement, minimising resource impact. These include senior leadership events, team meetings, conversation cafes outside Emergency Departments using the welfare vehicles and wellbeing bus, as well as separate events in each ICS area for external stakeholders and working with community groups to ensure wide public and patient involvement.

All risks will be identified, controlled, assessed, monitored, and reviewed as part of the programme plan and through the Programme Steering Group.

6. Communication and Involvement

Engagement and involvement are central to successful development and delivery of the Trust strategy. An extensive engagement plan is in production with a wide range of internal and external stakeholders and partners so that YAS Board, partners, staff, patients and the communities YAS serves understand what the strategy means for them and what will be different as a result. The initial stakeholder mapping is provided in Appendix 4. This will be iterated during coproduction of the plan and process.

For internal assurance, the Programme Steering Group will provide oversight (Appendix 3) and plans / updates will be shared at TEG meetings, TEG strategy sessions, TMG updates, and Board. Updates will also be provided through a range of internal communication channels including team meetings; Joint Steering Group meetings; Teambrief; Staff Update; Pulse; and service area communication channels.

7. Equality Analysis

The information and proposed actions aim to support engaging YAS staff, stakeholders, patients and communities to develop a co-produced strategy that ensures YAS continues to respond to and meet population, partner and staff needs. An evaluation and equality impact analysis will be undertaken on options in the strategy, to consider equality and equity in our services.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

9. Next Steps

Activity, as described in the high-level plan (Appendix 1), needs to progress at pace to deliver the approved and endorsed strategy by 30 November 2023. Work is underway to develop YAS draft ambitions. Once the draft ambitions are agreed, stakeholder engagement and involvement will be undertaken in August and September. This engagement will develop ambitions that resonate and are relevant, to ensure co-production and ownership to achieve the objective that internal and external stakeholders understand what the strategy means for them and what will be different as a result.

10. Recommendation

The Trust Board is asked to note the current position and support the plans to develop the Trust strategy 2024-29, noting the risks identified and next steps identified.

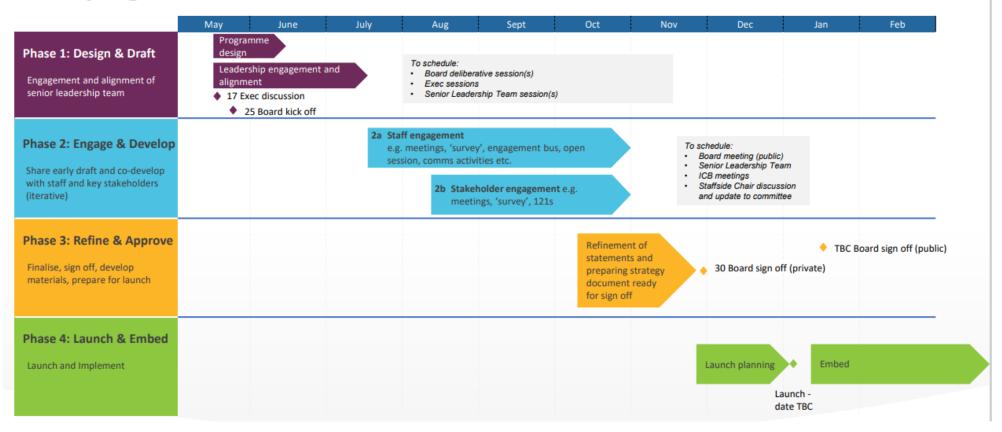
11. Supporting Information

The following papers make up this report: Appendix 1 - High Level Roadmap and Timeline Appendix 2 - Operational Objective 1: One page Business Plan Mandate Appendix 3 - Strategy Programme Steering Group Draft Terms of Reference

Appendix 4 - Initial Stakeholder Mapping July 2023

Appendix 1 High Level Roadmap and Timeline

Draft programme timeline



Appendix 2 – Operational Objective 1 - One page Business Plan Mandate

Operational Objective 2023/2		
Objective (1):	Develop and approve five-year strategy for the organisation.	Yor
Executive Lead:	CEO – Peter Reading	Ambulance S



What is the objective?

. . .

YAS will develop and launch a new Trust Strategy setting out the vision, direction, and priorities for the Trust for the future. This will be developed and co-produced with internal and external stakeholders so that everyone will be able to understand what the strategy means for them.

Why is this a priority / key driver that need fixing?

The Health and Care Act (2022) introduced Integrated Care Systems and with that a duty to collaborate for NHS Trusts. The Trust's new strategy, replacing the 2018-23 strategy, needs to recognise system ways of working and system priorities, and articulate a longterm plan, with vision and priorities for the Trust.

What are we going to focus on?				
Area of focus	Senior Responsible	Internal Governance	Assurance	Reporting
	Officer		Reporting	Timeframe
Phase One: Programme and roadmap to deliver the strategy. Diagnosis & Forecasting	Interim Programme Director -	Strategic Programme Group	Trust Board	Quarterly
stages completed, including assessment of current strategy, alignment with partners,	Strategy	reporting into TEG and Board		
benchmarking and future forecast scenario modelling. Initial ambitions/priorities				
produced for engagement.				
Phase Two: engage internal and external stakeholders to co-produce and develop the	Interim Programme Director -	Strategic Programme Group	Trust Board	Quarterly
priorities and generate and prioritise options for inclusion in the strategy.	Strategy	reporting into TEG and Board		
Phase Three: Finalise a new strategy and delivery/implementation plan approved.	Interim Programme Director -	Strategic Programme Group	Trust Board	Quarterly
	Strategy	reporting into TEG and Board		
Phase Four: Launch, embed and ongoing evolution of the new strategy.	Interim Programme Director -	Strategic Programme Group	Trust Board	Quarterly
	Strategy	reporting into TEG and Board		

How will we know if we are improving?				Key Milestones		
Metric	Current State	Target State		Milestone	Quarter Timeframe	
Strategy programme and roadmap approved, with resources identified and agreed. Diagnosis & Forecasting stages completed. Initial ambitions/priorities produced for engagement.	Programme and roadmap drafted; resources secured; diagnosis and forecasting phase in progress	Programme & roadmap approved. Resources in place. Diagnosis & forecasting phases completed. Initial ambitions/priorities produced for engagement.		Programme & roadmap approved. Resources in place.	Q1	
Engagement with stakeholders and draft priorities and options for inclusion in the strategy developed.	Stakeholder mapping underway; draft strategy started	Stakeholder engagement completed to develop the priorities and generate and prioritise options. Draft completed		Diagnosis & forecasting phases completed. Initial ambitions/priorities produced for engagement.	Q2	
Final version of strategy with delivery plan prepared and approved by Board	Not yet completed	Strategy approved and agreed by Board		Engagement with stakeholders completed and draft produced	Q2	
Strategy launch programme produced and endorsed.	Programme to be developed	Programme for launch agreed and resourced		Strategy approved and agreed by Board	Q3	
Launch new strategy.	Not yet approved	New strategy launched and communicated		Launch programme agreed and implemented.	Q3	

Appendix 3: Strategy Programme Steering Group draft Terms of Reference

Programme Steering Group: Co-Producing YAS's new vision and strategy

DRAFT Terms of Reference

1 Purpose

- 1.1 This is an oversight group to ensure that the programme to co-produce YAS's new vision strategy and strategic priorities:
 - i) is undertaken in a way which meets the requirements and values of the organisation;
 - ii) is delivered within the desired timescales and budget; and
 - iii) is resourced appropriately and makes the best use of those resources.

It also serves to give assurance to the Board and manage associated risk, as well as enable issues to be escalated and acted upon expediently.

2 Membership and attendance

- 2.1 Membership will comprise the following:
 - Chair (Martin Havenhand)
 - Non-Executive Director (Ann Cooper)
 - Chief Executive (Peter Reading)
 - Executive Director (Nick Smith)
 - Executive Director (Steven Dykes)
 - System Partnership Director (Jeevan Gill)
 - Associate Director of Communications and Engagement (Helen Edwards)
 - Project Director Strategy (Carol Weir)
 - Strategy Adviser, MIH Solutions (Jo Yeaman)
- 2.2 Meetings will be virtual owing to geography, and the opportunity to reduce travel costs as well as our environmental footprint. However, on occasion it may be deemed appropriate to meet in person, and suitable notice will be given.
- 2.3 All members are expected to attend each meeting. However, if unable to attend by exception, members should nominate a suitable colleague to represent them and speak to the relevant items on the agenda. The member is expected to brief their deputy beforehand.

3 Secretariat

3.1 Action points and key decisions agreed will be noted and shared with members within two working days by the Chair's appointed secretariat. Attendees are, nevertheless, expected to note their own actions during the meetings.

4 Frequency of Meetings

- 4.1 Meetings will be held monthly.
- 4.2 Additional meetings of the group to consider ad hoc, urgent matters may take place on an exceptional basis where required.

5 Conduct of Meetings

5.1 Formal meetings of the group shall be conducted in accordance with the organisation's values and the Nolan Principles of Public Life.

6 Responsibilities

As representatives of the organisation, the group shall:

- 6.1 Maintain oversight of the programme to develop a new vision, core purpose, strategic priorities and values for the organisation
- 6.2 Oversee the development and delivery of a project plan
- 6.3 Ensure clear accountability, roles and responsibilities with regard to the development of the new vision etc.
- 6.4 Identify and ensure the delivery of critical activities required to deliver the programme effectively and on time
- 6.5 Identify and mitigate associated risks, including potential impact on day-to-day operations
- 6.6 Ensure the appropriate sign off by relevant parties prior to sharing communications and materials
- 6.7 Enable the timely escalation of issues to the appropriate party and ensure that appropriate action is taken
- 6.8 Make recommendations to the Board regarding proposed changes to the programme.
- 6.9 Ensure co-ordination and best use of relevant resources across all parties (YAS and MIH Solutions)
- 6.10 Provide assurance to the Trust Board as required

Patients & Public	Staff	System Partners	Health Regulators & Scrutiny	Political	Media
 Residents of Yorkshire Patients, Carers & their Families Seldom heard groups* Groups with Protected Characteristics* Healthwatch Patient & Carer Groups Voluntary, Community & Faith Groups Campaign Groups Significant local employers & anchor organisations locally Local business organisations & Chambers of Commerce 	 Trade Unions, Staffside groups and professional organisations Senior and middle managers All YAS staff and volunteers Staff representative groups: Disability, LGBTQ+, BAME, Women's, Veterans 	 ICBs Acute, community and mental health providers – senior leadership and frontline staff Local Authorities Care home providers GPs and practice staff Pharmacists, dentists, opticians VCSE organisations providing health and care services Deaneries, universities and medical schools 	 CQC NHSE regionally Professional bodies Health Oversight and Scrutiny Committee members 	 MPs Health Oversight and Scrutiny Committee members Health and Wellbeing Boards Councillors 	 Local, regional traditional and online print and broadcast media Trade media

Appendix 4 – Initial Stakeholder Mapping July 2023

Specific populations / groups involved through targeted engagement may include:

- LGTBQ+
- BME groups
- Refugees and Asylum Seekers
- People with physical disability
- People with sensory impairment
- People with long term health conditions
- People with mental health needs
- People who are neurodivergent or have additional learning and complex needs
- Carers
- Specific age groups such as older people, and children and young people