






Yorkshire Ambulance Service 2023/24 Strategic Planning Priorities and Operational Objectives

| Strategy Theme | Strategic priorities | Operational objectives | Reporting Committee | Executive Lead* |
|---|--|---|-----------------------|---|
|  | Deliver the best possible response for each patient, first time and create a safe and high performing organisation. (Priority 1 and 6): | 1. Develop and approve five-year strategy for the organisation. | Trust Board | CEO (Peter Reading) |
| | | 2. Deliver improvements in category 2 response times in line with national guidance. | Finance & Performance | Executive Director of Operations (Nick Smith) |
| | | 3. Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E. | Quality | Executive Medical Director (Steven Dykes) |
| | | 4. Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently. | Quality | Executive Director of Operations (Nick Smith) |
| | | 5. Implement the national patient safety incident response framework and other patient safety measures. | Quality | Executive Director of Quality, Governance and Performance Assurance (Clare Ashby) |
|  | Embed an ethos of continuous improvement and innovation. (Priority 4): | 6. Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse. | People | Director of People and Organisational Development (Mandy Wilcock) |
| | | 7. Deliver and implement an effective organisational operating model. | People | CEO (Peter Reading) |
| | | 8. Implement a robust performance management framework. | Finance & Performance | Executive Director of Quality, Governance and Performance Assurance (Clare Ashby) |
| | | 9. Review, develop and embed our approach to quality improvement and create an academic research unit. | Quality | Executive Director of Quality, Governance and Performance Assurance (Clare Ashby) |
| | Attract, develop, and retain a highly skilled, engaged, and diverse workforce. (Priority 2): | 10. Deliver recruitment and retention plans across 999, 111 and PTS. | People | Executive Director of Operations (Nick Smith) |
| | | 11. Improve staff health and wellbeing with a focus on inclusion and the provision of flexible and supported employment. | People | Director of People and Organisational Development (Mandy Wilcock) |
| | | 12. Respond to priorities within the staff survey and focus on improved response rates. | People | Director of People and Organisational Development (Mandy Wilcock) |
| | | 13. Develop and implement a new leadership development programme. | People | Organisational Development (Mandy Wilcock) |
| | Equip our people with the best tools, technology, and environment to support excellent outcomes. (Priority 3): | 14. Understand and utilise data and intelligence to improve patient care and population health. | Finance & Performance | Chief Information Officer (Simon Marsh) |
| | | 15. Complete the development of a long-term estates plan and open new facilities for logistics and EOC. | Finance & Performance | Executive Director of Finance (Kathryn Vause) |
|  | Develop public and community engagement to promote YAS as a community partner and an "anchor organisation". (Priority 8): | 16. Increase the number and variety of volunteering opportunities and develop supporting infrastructure to improve patient care. | People | CEO (Peter Reading) |
| | Be a respected and influential system partner and generate resources to support patient care. (Priority 5 and 7): | 17. Develop and embed our approach to system working. | Finance & Performance | CEO (Peter Reading) |
| | | 18. Embed rigorous financial oversight to ensure efficient use of resources. | Finance & Performance | Executive Director of Finance (Kathryn Vause) |

*The Executive Lead will be updated as the Operating Model is implemented.

Our Strategic Priorities and Operational Objectives for 2023/24 at a glance

| | | | |
|---|--|---|--|
|  | <p>Deliver the best possible response for each patient, first time and create a safe and high performing organisation (<i>priority 1 and 6</i>):</p> <ol style="list-style-type: none"> 1. Develop and approve five-year strategy for the organisation. 2. Deliver improvements in category 2 response times in line with national guidance. 3. Develop and fully utilise our alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E. 4. Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently. 5. Implement the national patient safety incident response framework and other patient safety measures. | | |
|  | <p>Embed an ethos of continuous improvement and innovation (<i>priority 4</i>):</p> <ol style="list-style-type: none"> 6. Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse. 7. Deliver and implement an effective organisational operating model. 8. Implement a robust performance management framework. 9. Review, develop and embed our approach to quality improvement and create an academic research unit. | <p>Attract, develop, and retain a highly skilled, engaged, and diverse workforce (<i>priority 2</i>):</p> <ol style="list-style-type: none"> 10. Deliver recruitment and retention plans across 999, 111 and PTS. 11. Improve staff health and wellbeing with a focus on inclusion and the provision of flexible and supported employment. 12. Respond to priorities within the staff survey and focus on improved response rates. 13. Develop and implement a new leadership development programme. | <p>Equip our people with the best tools, technology, and environment to support excellent outcomes (<i>priority 3</i>):</p> <ol style="list-style-type: none"> 14. Understand and utilise data and intelligence to improve patient care and population health. 15. Complete the development of a long-term estates plan and open new facilities for logistics and EOC. |
|  | <p>Develop public and community engagement to promote YAS as a community partner and an <u>"anchor organisation"</u> (<i>priority 8</i>):</p> <ol style="list-style-type: none"> 16. Increase the number and variety of volunteering opportunities and develop supporting infrastructure to improve patient care. | | <p>Be a respected and influential system partner and generate resources to support patient care (<i>priority 5 and 7</i>):</p> <ol style="list-style-type: none"> 17. Develop and embed our approach to system working. 18. Embed rigorous financial oversight to ensure efficient use of resources. |

| Operational Objective 2023/2024 | |
|---------------------------------|--|
| Objective (1): | Develop and approve five-year strategy for the organisation. |
| Executive Lead: | CEO – Peter Reading |



| 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 long-term plan, with vision and priorities for the Trust. |

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

| How will we know if we are improving? | | |
|--|---|---|
| Metric | Current State | Target State |
| 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. |
| 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 |
| Final version of strategy with delivery plan prepared and approved by Board | Not yet completed | Strategy approved and agreed by Board |
| Strategy launch programme produced and endorsed. | Programme to be developed | Programme for launch agreed and resourced |
| Launch new strategy. | Not yet approved | New strategy launched and communicated |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| Programme & roadmap approved. Resources in place. | Q1 |
| Diagnosis & forecasting phases completed. Initial ambitions/priorities produced for engagement. | Q2 |
| Engagement with stakeholders completed and draft produced | Q2 |
| Strategy approved and agreed by Board | Q3 |
| Launch programme agreed and implemented. | Q3 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (2): | Deliver improvements in Category 2 response times in line with national guidance. |
| Executive Lead: | Executive Director of Operations - Nick Smith |



| What is the objective? |
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| YAS will work to realise internal and external plans with the system in order to achieve the national Category 2 performance objective of 30 minutes. |

| Why is this a priority / key driver that needs fixing? |
|---|
| It is a national objective for Trusts to ensure that Category 2 performance is 30 minutes or less. In order to achieve the national objective, it is imperative that YAS works on internal plans and with the system. |

| What are we going to focus on? | | | | |
|--|-------------------------------|---|-------------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Reduction of Trust sickness in A&E / EOC. | Deputy Director of Operations | Trust Management Group, Trust Executive Group, Workforce Committee. | Finance and Performance | Quarterly |
| Realising Recruitment plans in A&E / EOC. | Deputy Director of Operations | Performance Delivery Group / Workforce Committee | Finance and Performance | Quarterly |
| Increase in H&T through: <ul style="list-style-type: none"> Vocare UCRS Remote clinical triage hubs (Objective 4) Cat 2 segmentation | Deputy Director of Operations | Performance Delivery Group | Finance and Performance | Quarterly |
| Reduction in handover delays. <ul style="list-style-type: none"> Handover to clear <15 mins | Deputy Director of Operations | Performance Delivery Group | Finance and Performance | Quarterly |

| How will we know if we are improving? | | |
|---|---|--|
| Metric | Current State | Target State |
| A reduction in the Category 2 mean response time. | 42 minutes and 1 second (2022/23 full year). | 29 minutes and 8 seconds. |
| A decrease in sickness. | A&E – 6.2% against a target of 5.7%. EOC - 11.1% against a target of 11.5%. | <1% compared to 2022/23 - A&E Ops. <2% compared to 2022/23 – EOC. |
| More incidents triaged by Vocare. | Not in place for EOC. | 100 incidents per day from Q2. |
| More UCR referrals. | 11 per day in April 2023. | 100 incidents per day Q1 - Q4. |
| Achievement of Recruitment Trajectory. | 48 Ambulance Support Workers against a target of 70. 43 Paramedics against a target of 48. | 240 Ambulance Support Workers. 288 Paramedics. |
| Reduction in Hospital Handover times. | 32 minutes average (2022/23 full year). | 15 minutes. 17-minute reduction compared to 2022/2023. |
| Reduction in Handover to clear times. | 20-minute average (2022/23 full year). | 1 minute reduction compared to 2022/23. |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| Increase Hear and Treat to 20% by year end. | Q4 |
| UCR 100 incidents per day for each quarter. | Q1 |
| Vocare triage 30 per day. | Q2 |
| Vocare triage 100 per day from Quarter 2 to 4. | Q2 |
| Increase clinical workforce. | Q4 |
| Recruitment of 240 Ambulance Support Workers 288 Paramedics. | Q4 |
| Handover to clear reduction. | Q4 |
| Annual sickness reduced by 1%. | Q4 |
| Reduction of 17 minutes in handover delays. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (3): | Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E. |
| Executive Lead: | Executive Medical Director - Dr Steven Dykes |



| What is the objective? |
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| In 2023/24 YAS will continue to develop and improve its urgent care pathways, processes and performance. A key element within this priority will be to avoid conveyances to A&E, by providing alternative pathways for patients and improving specialist responses. This will ensure that patients get the right care, in the right place at the right time. |

| Why is this a priority / key driver that needs fixing? |
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| Interventions that allow YAS to appropriately direct patients to alternative care pathways will improve patient safety and experience, improve ambulance and ED efficiency, whilst also providing substantial savings to the healthcare system. |

| What are we going to focus on? | | | | |
|---|----------------------------------|--|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Improving and increasing the access to appropriate pathways for patients. | Lead Clinical Pathways Manager | Clinical Governance | Quality | Quarterly |
| Maximise internal utilisation of appropriate pathways across A&E. | Deputy Director of Operations | Clinical Governance | Quality | Quarterly |
| Maximise internal utilisation of appropriate pathways across EOC. | Head of Service Central Delivery | Clinical Governance | Quality | Quarterly |
| Maximise internal utilisation of appropriate pathways across IUC. | Senior Programme Manager, IUC | Clinical Governance | Quality | Quarterly |
| Maximise the use of urgent care practitioners. | Head of Service Central Delivery | Clinical Governance | Quality | Quarterly |
| Mental Health transformational programme implementation. | Lead Nurse Urgent Care | Clinical Governance / Trust Executive Group+ | Quality | Quarterly |

| How will we know if we are improving? | | |
|---|--------------------------------------|---|
| Metric | Current State | Target State |
| Delivery of UCR National specification in all areas of Yorkshire. | Some areas are currently amber/ red | Green in all areas of Yorkshire |
| Increased utilisation of Urgent Community Response (UCR) pathways as a percentage of Cat 3 / 4 demand for EOC. | TBC | TBC |
| Number of accepted referrals to UCR and Same Day Emergency Care (SDEC). | TBC | TBC |
| Increased utilisation of Specialist Paramedic Urgent Care (SPUC). | TBC | Measurement if utilisation of the SPUC increased. |
| Emergency Department (ED) referral reduction via increased clinical validation in Integrated Urgent Care (IUC). | 35% (Red) | 50% in line with national KPI8 |
| Deliver a review of KPI first Directory of Service (DOS) selection in Integrated Urgent Care (IUC). | Green | Deliver national KPI10 |
| Utilisation and Emergency Department (ED) avoided through the use of six Mental Health Response Vehicles. | Amber | Six vehicles procured and available for use to add additional capacity for Mental Health Support. |
| Frontline staff have completed Mental Health mandatory training. | Green | Complete for a third of frontline staff, with 75% satisfaction rate. |
| Improved service delivery for people with a learning disability and people with neurodiversity. | Green | Plans completed and implementation plan is delivered. |
| Increased utilisation of Mental Health pathways as a percentage of Cat 3 / 4 demand for EOC. | Amber | TBC |
| Reduce conveyance rate to A&E. | Conveyance to ED was 56.4% for 22/23 | Achievement of National Average which was 58.3% for 22/23. |
| Increase hear and treat rate. | 7.4% | 20% |

| Key Milestones | |
|--|-------------------|
| Milestone | Quarter Timeframe |
| Review Integrated Urgent Care (IUC) surge and escalation plan in relation to maximising Emergency Department (ED) validation. | Q2 |
| Work with Directory of Service (DOS) leads to complete a review and ensure appropriate SD/SG ED codes are sent for validation, in Integrated Urgent Care (IUC). | Q3 |
| Complete the review and implement recommendations of the first DOS selection in IUC. | Q3 |
| Regionwide UCR and SDEC coverage with appropriate pathways for A&E, EOC and IUC referrals. | Q4 |
| Effective liaison established with ICS and providers on Same Day Emergency Care (SDEC). | Q4 |
| Maximised utilisation of UCR and SDEC pathways by A&E, EOC and IUC. | Q4 |
| Push model developed and scaled. | Q4 |
| Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently (OO4). | Q4 |
| Increase the number of push partners. | Q4 |
| Six dedicated Mental Health Response Vehicles procured and available for use adding additional capacity for Mental Health Support. | Q4 |
| Mandatory training for Mental Health rolled out for frontline staff. | Q4 |
| Learning Disability and Neurodiversity plans developed and delivered. | Q4 |
| Maximised utilisation of Mental Health pathways by A&E, EOC and IUC. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|--|
| Objective (4): | Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently. |
| Executive Lead: | Executive Director of Operations - Nick Smith |



| What is the objective? |
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| YAS will develop the Clinical Assessment Service (CAS) and increase clinical capacity to appropriately assess patient's needs, ensuring patients are directed efficiently and effectively into the most appropriate onward care pathway. YAS will work with Integrated Care partners to allow for the development of rotational opportunities and plans to resource clinical requirements. |

| Why is this a priority / key driver that needs fixing? |
|--|
| The Clinical Assessment Service will help to streamline referral pathways and add clinical value to a patient's journey. It would also ensure the patient is involved in deciding on the most appropriate onward care pathway. |

| What are we going to focus on? | | | | |
|---|--|----------------------------|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Increasing clinical capacity and capabilities in IUC/EOC. | Senior Programme Manager, IUC Head of Service Central Delivery, EOC | Performance Delivery Group | Quality Committee | Quarterly |
| Design and test a single integrated clinical queue. | Consultant Practitioner, Remote Clinical Triage | Integrated CAS Group | Quality Committee | Quarterly |
| Integrated CAS model developed and agreed. | TBC | Integrated CAS Group | Quality Committee | Quarterly |
| Integrated CAS plan development. | TBC | Integrated CAS Group | Quality Committee | Quarterly |

| How will we know if we are improving? | | |
|--|--------------------------------|-----------------------|
| Metric | Current State | Target State |
| Growing combined Clinical Workforce in both EOC and IUC. | Developing Plan and Trajectory | Budget FTE achieved |
| Referral pathways into system maximised. | Developing Plan and Trajectory | Maximised utilisation |
| Integrated CAS model for IUC and EOC agreed. | In discussion | Model agreed |
| Integrated CAS plan completed ready for implementation. | To commence | Plan approved |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| Integrated CAS model agreed with System partners. | Q3 |
| Integrated CAS model agreed with System partners. | Q3 |
| Clinical Workforce trajectory achieved. | Q4 |
| Integrated CAS plan approved. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|--|
| Objective (5): | Implement the national patient safety incident response framework and other patient safety measures. |
| Executive Lead: | Executive Director of Quality, Governance and Performance Assurance – Clare Ashby |



| What is the objective? |
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| YAS will continue to improve patient safety and learn from incidents to prevent harm, focusing on implementing new national guidance for dealing with investigations and improving outcomes. |

| Why is this a priority / key driver that needs fixing? |
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| Prioritising Patient Safety and improving patient outcomes will ensure patients receive the right care, at the right time and at the right place, which will reduce harm that results from inappropriate non-conveyance decisions. |

| What are we going to focus on? | | | | |
|---|---|---|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Implementing PSIRF and learning from all incidents that involve patient harm (CQUIN). | Associate Director of Quality and Safety | Clinical Governance | Quality | Quarterly |
| Reviewing the Trust's ability to respond consistently to domestic violence legislation, by recruiting a Specialist Domestic Abuse Practitioner. | Associate Director of Quality and Safety | Clinical Governance / Quarterly Executive Safeguarding review | Quality | Quarterly |
| Providing YAS clinicians with access to wider healthcare records, by implementing the Clinical Systems Development Programme. | Executive Medical Director | Clinical Systems Development Programme Implementation Group | Quality | Quarterly |
| Developing the Critical Care strategy. | Executive Medical Director | Clinical Governance | Quality | Quarterly |
| Developing and delivering year one of the Resuscitation Improvement Plan, to improve the care delivered to patients who have suffered a cardiac arrest. | Executive Medical Director | Clinical Governance | Quality | Quarterly |
| Developing and delivering year one of the Maternity Improvement Plan, utilising the findings from the strategic maternity review and Ockenden inquiry, including provision of safe, high-quality pre-hospital maternity care. | Executive Medical Director | Clinical Governance | Quality | Quarterly |
| Developing and delivering year 1 of the non-medical prescriber strategy (5-year plan). | Executive Medical Director | Clinical Governance | Quality | Quarterly |
| Implementing the Yorkshire Air Ambulance review and post critical care paramedic review. | Chief Operating Officer | Clinical Governance | Quality | Quarterly |
| Improvements to medicines optimisation (pre-packed POMs and digitisation). | Associate Director of Estates, Fleet & Facilities | Clinical Governance | Quality | Quarterly |

| How will we know if we are improving? | | |
|---|--|--|
| Metric | Current State | Target State |
| PSIRF policy and plans agreed and implemented. | In diagnostic and development. | PSIRF Live October 2023 |
| Safeguarding Policy and guidance reflect changes from the Domestic Abuse Act 2021. | Policy under review. | Embedded policy and guidance documents |
| Increased numbers of MARAC cases are referred, supported, and actioned by YAS shown through Datix data. | Agree baseline data. | Increased YAS referrals |
| Increased utilisation of wider healthcare records. | TBC | Increased use of healthcare records |
| Delivery of PROMPT training. | Funding stream identified and 2 members of staff attending a train the trainer pre-hospital PROMPT course in August. | % training compliance at agreed level |
| Reduction in resuscitation related patient safety incidents. | Agree baseline data. | No patient safety incidents |
| Increase the number of survivors from out of hospital cardiac arrest. | 7%. | England average 10% |
| Reduction in maternity related incidents via HSIB requests. | Agree baseline data. | Reduction of cases requests by HSIB |
| Increase in number of remote prescriptions. | Agree baseline data. | Increase from baseline |
| Reduction in incidents relating to medicines. | Agree baseline data. | Decrease from baseline once agreed. |

| Key Milestones | |
|--|-------------------|
| Milestone | Quarter Timeframe |
| Opening of Logistics Hub. | Q1 |
| Specialist Domestic Abuse Practitioner recruited. | Q2 |
| PSIRF adopted as the framework for investigation. | Q4 |
| Live implementation of new functionality for wider healthcare records. | Q4 |
| Critical Care Strategy approved with a clear plan for delivery. | Q4 |
| Year one of the Resuscitation Improvement Plan delivered, YAS as an ALS provider organisation delivering ALS courses and go live with Good Sam for staff groups. | Q4 |
| Year one of the Maternity Improvement Plan delivered. Maternity leadership, become a PROMPT training provider and deliver CPD sessions. | Q4 |
| Year One of the non-medical prescriber strategy delivered. Deliver the Designated Prescribing Practitioner. | Q4 |
| Implement pre-packed POMs and digitised processes across YAS. | Q4 |
| Air Ambulance review complete. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (6): | Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme, supported by Moorhouse. |
| Executive Lead: | Director of People and Organisational Development - Mandy Wilcock |



| What is the objective? |
|--|
| YAS Together provides additional direction on how the Trust works together to deliver the right care, and best outcomes for staff and patients. This will support our continuous development of a supportive and restorative culture where staff can bring their true selves to work in a physically and psychologically safe environment. |

| Why is this a priority / key driver that needs fixing? |
|---|
| Delivering and embedding the outcomes from the cultural change programme supported by Moorhouse will ensure YAS continually develops itself to be a supportive and compassionate organisation where staff feel safe and have a good experience. |

| What are we going to focus on? | | | | |
|---|----------------------------|---|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Pilot and launch of first Interventions. | Senior Programme Lead | YAS Together Programme Group, Future Ways of Working Steering Group, Trust Executive Group. | People Committee | Quarterly |
| Soft launch and roll out of YAS together content across the Trust. | Senior Programme Lead | YAS Together Programme Group, Future Ways of Working Steering Group, Trust Executive Group. | People Committee | Quarterly |
| Agree and develop short to medium term interventions for pilot within agreed teams. | Senior Programme Lead | YAS Together Programme Group, Future Ways of Working Steering Group, Trust Executive Group. | People Committee | Quarterly |

| How will we know if we are improving? | | |
|---|------------------|------------------------------|
| Metric | Current State | Target State |
| Reduction in staff sickness. | 7% | 1% reduction |
| Improvements in staff retention. | 33% EOC, 45% IUC | Reduction in contact centres |
| Improved staff survey results. | 2022 NSS results | Above average NSS 2023 |
| Qualitative feedback from Network of Champions. | N/A | TBC |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| Soft Launch YAS together. | Q2 |
| Pilot short term interventions as per project plan. | Q2/Q3 |
| Rollout of YAS Leadership Behaviours. | Q3/Q4 |
| Rollout of High Performing Teams Toolkit and Empowerment Guide. | Q3/Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|--|
| Objective (7): | Deliver and implement an effective organisational operating model. |
| Executive Lead: | CEO – Peter Reading |



| What is the objective? |
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| YAS will implement the Operating Model to ensure that Trust is structured and organised to provide a coherent integrated model of delivery, with clear accountability, which supports the implementation of Trust strategy and objectives and ensures the delivery of efficient and effective patient care. |

| Why is this a priority / key driver that needs fixing? |
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| The implementation of the operating model will ensure that YAS has defined structures with clear accountability, enabling the implementation of Trust strategy and priorities and delivery of safe, high quality and efficient services. |

| What are we going to focus on? | | | | |
|--|----------------------------|---|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Development, consultation and recruitment to new executive and senior leadership portfolios. | Director of Transition | Operating Model Delivery Group, Future Ways of Working Steering Group | People Committee | Quarterly |
| Implementation of Accountability Framework plan focused on revised governance and decision-making arrangements to streamline and support the future ways of working. | Director of Transition | Accountability Framework delivery Group, Future Ways of Working Steering Group | People Committee | Quarterly |

| How will we know if we are improving? | | |
|--|-------------------|---|
| Metric | Current State | Target State |
| Improved alignment with system partners. | Partially aligned | Fully aligned plans |
| Increased clarity on leadership accountability. | Partial | Clarity - exec and senior |
| More streamlined decision-making. | Not always timely | Clear executive process |
| More devolved decision-making and empowered leaders and teams. | Centralised model | Clear scheme of delegation & expectations |
| Stronger clinical & professional leadership. | Centralised model | Embedded model |
| Improved performance assurance (ref obj.8). | Process via TMG | New process embedded |

| Key Milestones | |
|-------------------------------------|-------------------|
| Milestone | Quarter Timeframe |
| Recruitment to phase 2 post. | Q2 |
| Completion of Phase 3 consultation. | Q2 (July 2023) |
| Scoping of phase 4 consultation. | Q2 |
| Recruitment to phase 3 posts. | Q3 |
| Accountability Framework (TBC). | Q2 to Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (8): | Implement a robust performance management framework. |
| Executive Lead: | Executive Director of Quality, Governance and Performance Assurance – Clare Ashby |



| What is the objective? |
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| YAS will design and implement a robust performance management framework to monitor performance. There will be the development of clear reporting and escalation processes and performance challenge meetings will be established to highlight risks. |

| Why is this a priority / key driver that needs fixing? |
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| The implementation of the performance management framework will support the Accountability Framework, by ensuring that YAS has clear processes for monitoring performance, reporting and escalations. |

| What are we going to focus on? | | | | |
|--|---|---|-------------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Performance management framework design and implementation plan developed and agreed by the Board. | Associate Director Performance Assurance and Risk | Trust Management Group, Trust Executive Group. | Finance and Performance | Quarterly |
| Performance monitoring and reporting resources agreed – dashboards/ KPIs. | Head of Business Intelligence | Trust Management Group, Area Leadership Groups in each ICS. | Finance and Performance | Quarterly |
| Performance challenge meeting process established, with reporting on performance exceptions and risks. | Associate Director Performance Assurance and Risk | Trust Management Group, Area Leadership Groups in each ICS | Finance and Performance | Quarterly |
| Performance issues and risk processes established – includes improvement plans. | Associate Director Performance Assurance and Risk | Trust Management Group, Area Leadership Groups in each ICS | Finance and Performance | Quarterly |

| How will we know if we are improving? | | |
|---|--|--|
| Metric | Current State | Target State |
| Performance Management framework plans developed. | Draft version for discussion. | Approved by Board. |
| Reporting and Escalation process established. | IPR and other dashboards. | Single oversight dashboard and KPIs approved. |
| Performance challenge meeting process approved and established. | Performance challenge occurs in TMG but is limited. | Challenge meetings are established and embedded. |
| Risk management, escalation and mitigation process and plans developed. | Risk management and performance management processes exist but are not efficiently linked. | Process approved, actioned and embedded. |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| Performance management framework design and implementation plan developed and agreed by the Board. | Q2 |
| Reporting and escalation process established and agreed at Board. | Q3 |
| Performance challenge meeting process established with reporting on highlights and risks through TMG & TEG. | Q3 |
| Risks identified through performance management process, escalated and mitigation plans developed. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (9): | Review, develop and embed our approach to quality improvement and create a Research Institute |
| Executive Lead: | Executive Director of Quality, Governance and Performance Assurance - Clare Ashby |



| What is the objective? |
|---|
| YAS will focus on embedding our quality improvement approach, reviewing the 2018-2023 Quality Improvement Strategy and developing, implementing and embedding the new Quality Improvement Strategy for 2023-2028. YAS will host an Academic Research Unit that embeds YAS in key research streams in partnership with higher education institutes and NHS provider organisations. |

| Why is this a priority / key driver that needs fixing? |
|---|
| Quality Improvement Strategy is integral to ensuring an environment where YAS continually learns and improves, in order to ensure quality care delivery, make YAS a great place to work and make best use of all resources. |
| Research-active organisations perform better and have better patient outcomes. The ARU will provide research leadership and will support YAS to attract and retain the best workforce by providing unique career development opportunities and advanced practice and portfolio careers. |

| What are we going to focus on? | | | | |
|--|--|--|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Evaluation and review of the 2018-2023 Quality Improvement Strategy. | Associate Director of Quality and Safety | Trust Management Group, Trust Executive Group. | Quality | Quarterly |
| Development of the 2023-2028 Quality Improvement Strategy. | Associate Director of Quality and Safety | Trust Management Group, Trust Executive Group. | Quality | Quarterly |
| Embed QI strategy across. | Associate Director of Quality and Safety | Trust Management Group, Trust Executive Group. | Quality | Quarterly |
| Local quality improvement activities with system partners. | Associate Director of Quality and Safety | System Leadership Meetings. | Quality | Quarterly |
| Launch of Research Institute. | Head of Research | Clinical Governance Group. | Quality | Quarterly |

| How will we know if we are improving? | | |
|--|--|--|
| Metric | Current State | Target State |
| Evaluation of the 2018-2023 Quality Improvement Strategy. | Completed in 22/23. | Take learning into the next QI strategy. |
| Development of 2023-2028 Quality Improvement Strategy. | In development. | QI Strategy approved and implemented. |
| Increasing numbers of staff at all levels trained and competent in QI methodology. | Around 10% of staff with some QI training. | Increased to 25% of all staff with some QI training. |
| Partnership QI working across system issues is evident. | Active. | Further activity tracked and successes shared. |
| Development of at least two funding bids in collaboration with regional partners. | Two bids in development. | Two bids submitted. |
| Development of at least two funding bids in collaboration with a partner HEI under a MOU. | One bid under discussion, one new MOU under development. | Two bids submitted. |
| Deliver funded research projects, including 'data only' projects that rely on the provision, linkage and analysis of routine data. | All staff in post. | NIHR CRN metrics on target. Staffing in place. |
| Launch of Academic Research Unit. | In planning, due 4 th October 2023. | Launch of ARU. |

| Key Milestones | |
|--|-------------------|
| Milestone | Quarter Timeframe |
| Evaluation of 2018/23 QI Strategy. | Q1 |
| ARU launch event held. | Q2 |
| QI Strategy approved and launched. | Q3 |
| Research Institute launch event held. | Q3 |
| Actively contribute to improvements identified in line with PSIRF. | Q4 (ongoing) |
| Additional MOU agreed with academic partner. | Q4 |
| Research data analyst, paramedic research fellow and senior research fellow in post. | Q4 |
| Review QI embedding journey. | Q1 2024/25 |

| Operational Objective 2023/2024 | |
|---------------------------------|--|
| Objective (10): | Deliver recruitment and retention plans across 999, 111 and PTS. |
| Executive Lead: | Executive Director of Operations - Nick Smith |



| What is the objective? |
|--|
| YAS will meet staffing and resource requirements through effective and inclusive recruitment, including overseas recruitment, whilst also supporting the retention of staff by meeting wellbeing needs and providing flexible and supported employment, through continuing to develop accessible training pathways, which will support our demand-based workforce requirements, and develop and deliver workforce plans across the three service lines, to ensure recruitment trajectories are realised and improve retention. |

| Why is this a priority / key driver that needs fixing? |
|--|
| To ensure that YAS meets staffing and resource requirements through developed workforce plans that meet the health and wellbeing needs of staff and ensure they work in a supported and flexible environment that has flexible training approaches to improve staff retention and our ability respond to changing demands, whilst consistently providing the highest quality patient care. |

| What are we going to focus on? | | | | |
|--|-------------------------------|--|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Recruitment plans delivered for 999/EOC. | Deputy Director of Operations | Capacity Planning Group | People | Quarterly |
| Recruitment plans delivered for 111. | Senior Programme Manager, IUC | Capacity Planning Group, Operational Management Group. | People | Quarterly |
| Recruitment plans delivered for PTS. | Managing Director, PTS | PTS Operations Group | People | Quarterly |
| Retention plans delivered for 999/EOC. | Deputy Director of Operations | Capacity Planning Group | People | Quarterly |
| Retention plans delivered for 111. | Senior Programme Manager, IUC | Capacity Planning Group, Operational Management Group. | People | Quarterly |
| Retention plans delivered for PTS. | Managing Director, PTS | PTS Operations Group | People | Quarterly |

| How will we know if we are improving? | | |
|---|---|---|
| Metric | Current State | Target State |
| Successful recruitment of Ambulance Support Workers . | 51 FTE against a target of 70. | 240 ASWs recruited by March 2024. |
| Successful recruitment of Paramedics. | 52 FTE against a target of 48. | 288 paramedics recruited by March 2024. |
| Attrition within expected levels for 999. | 27.8 FTE against a forecast of 39.2. | Attrition at 7.2% for 2023/24. |
| Successful recruitment of EMDs. | 46 FTE against 60 places. | 130FTE EMDs recruited by March 2024. |
| Successful recruitment of dispatchers. | 3 FTE against 11 places. | 40FTE dispatchers recruited by March 2024. |
| Successful recruitment of clinicians. | 13 FTE against 30 places. | 78FTE clinicians recruited by March 2024. |
| Achievement of Target attrition for EMD, Dispatcher, and Clinicians in EOC. | EMD 49.5% against 63.7% expected. Dispatch 12.4% against 9.7% expected. Clinician 6.3% against 11.8% expected. | EMD expected = 51.3%. Dispatch expected = 9.6%. Clinician Expected = 11.7%. |
| Successful international recruitment for IUC. | 4 FTE have arrived and due to start pathways training in August. | 15 international nurses recruited by March 2024. |
| Successful realisation of Health advisory capacity for IUC. | Currently achieving the planned 30FTE per month, however deployed staffing not meeting target due to starting 20FTE behind plan, due to Feb and Mar recruitment and attrition being higher in May and June. Deployed staffing was 393.3 FTE against a planned 442.4 FTE , deficit of 49.1FTE. | Health advisor establishment is 552FTE by March 2024. |
| Successful realisation of clinical advisory capacity for IUC. | Currently exceeding the planned 3FTE of clinical resources by monthly, deployed staffing is 67.3 FTE against a 74 FTE plan, this is a deficit of 7 FTE. | Clinical advisory capacity increased to 90 per month from 68 per month, increasing FTE to 22 by March 2024. |
| IUC Attrition targets realised. For Health advisors and Senior Health Advisors. | Attrition continues to be above the planned levels for May and June, annualised we are currently 50.39% if the remaining months come in on plan, if all future months perform like June, there will be a 72% annualised attrition. | Annualised plan of 45%, this is 48% Q1 and Q2 and 42% Q3 and Q4, monthly monitoring. |
| IUC Attrition targets realised. For Clinical Advisors. | Attrition planned at 28% annualised and currently 24%. | Annualised plan of 45%, this is 48% Q1 and Q2 and 42% Q3 and Q4, monthly monitoring. |
| Deliver the trajectory for 2023/24, to get to full establishment by March 2026. | Recruitment 20.2 FTE, against a target of 18.2 FTE. Attrition 10.3 FTE, against a target of 12.1 FTE. | Forecast Recruitment 81.8 FTE. Forecast Attrition 49.9 FTE. Net gain 31.9 FTE. |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| Individualised IPR developed for each service line (999, EOC, 111, PTS) to monitor recruitment and attrition. | Q2 |
| Development and approval of the training plan and pipeline for 24/25 aligning with service demand. | Q3 |
| Development of 3–5-year workforce plans for each service line (999, EOC, 111, PTS). | Q4 |
| Achievement of training plan pipeline for 23/24 in line with expectations. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|--|
| Objective (11): | Improve staff health and wellbeing with a focus on inclusion and the provision of flexible and supported employment. |
| Executive Lead: | Director of People and Organisational Development - Amanda Wilcock |



| What is the objective? |
|---|
| YAS, in partnership with stakeholders, will provide fit for purpose services to meet the changing needs of our people whilst ensuring they are flexible, accessible, and inclusive. |

| Why is this a priority / key driver that needs fixing? |
|---|
| To create an environment where our staff feel safe, healthy, and supported to perform their best that positively impacts on recruitment and retention. We want to strive for better and promote YAS as an employer of choice. |

| What are we going to focus on? | | | | |
|---|-------------------------------------|--|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Procure and embed occupational health services and staffing model for April 2024. | Head of Employee Health & Wellbeing | Health & Wellbeing Group OH Project Board | People Committee | Quarterly |
| Deliver annual Health and Wellbeing Plan with specific focus on supporting staff mental wellbeing. | Head of Employee Health & Wellbeing | Health & Wellbeing Group | People Committee | Quarterly |
| Undertake a comprehensive review of end-to-end recruitment process and associated procedures with recommendations to improve inclusive recruitment. | Head of Diversity & Inclusion | Diversity & Inclusion Steering Group | People Committee | Quarterly |
| Targeted and focused Absence Reduction including a review of absence management approaches, policy and processes. | Deputy Director of People & OD | Operational Efficiency Group | People Committee | Quarterly |
| Develop a series of inclusive learning interventions for people leaders specific to supporting staff living with disabilities and LGBT, BME colleagues. | Head of Diversity & Inclusion | Diversity & Inclusion Steering Group | People Committee | Quarterly |

| How will we know if we are improving? | | |
|--|--|--|
| Metric | Current State | Target State |
| Occupational Health (OH) Management information including contract KPIs. | Various, reported HWB meeting. | Access and usage of services. |
| Feedback including improvements to National Staff Survey results. | Engagement 6.0. Morale 5.4. Feeling valued 25.5%. Reasonable adjustments 65.7%. | Increased NSS scores above sector average. |
| Streamlined process for inclusive practice in recruitment. | Pockets of good practice. | Consistent approach across the Trust. |
| Line managers feel empowered to support staff and address challenges with needs (National Staff Survey Results). | Improved for WDES, deteriorated for WRES. | Staff feel supported by managers, increasing sense of belonging. |
| Staff absence rate. | tbc (7.0% in Apr 2023). | Reduce by 1%. |

| Key Milestones | |
|--|-------------------|
| Milestone | Quarter Timeframe |
| OH services procurement next steps approved, and contracts awarded by August 2023. | Q2 |
| Completion of OH services migration and implementation. | Q4 |
| Successful roll-out of the mental health first aid training. | Q4 |
| Develop project plan based on recruitment review recommendations. | Q4 |
| Pilot delivery of inclusive learning interventions for people leaders in key hot spot areas. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (12): | Respond to priorities within the staff survey and focus on improved response rates. |
| Executive Lead: | Director of People and Organisational Development - Amanda Wilcock |



| What is the objective? |
|--|
| The national Staff Survey is designed to improve employee experience across the NHS and is aligned to the People Promise. Improving the response rate ensures a representative view. Listening and responding to the feedback themes drives improved employee satisfaction and engagement. |

| Why is this a priority / key driver that needs fixing? |
|--|
| The YAS response rate for 2022 was 34% (same as 2021), 16% below the sector average. This low response rate reduces the reliability of the available data and is an indicator of staff engagement. |

| What are we going to focus on? | | | | |
|--|--|---|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Share directorate/team specific staff survey outcomes. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board, Trust Management Group, Joint Steering Group. | People Committee | Q1 |
| Publish 'You Said, We Did' actions. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board, Trust Management Group, Joint Steering Group. | People Committee | Q2, Q3 |
| Promote the 2023 staff survey to achieve 50% completion, including identification of best practice options to improve response rate. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board, Trust Management Group, Joint Steering Group. | People Committee | Q2, Q3 |
| Report 2023 quantitative results subject to embargo conditions. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board, Trust Management Group, Joint Steering Group. | People Committee | Q4 |
| Promote Quarterly Pulse Survey. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board, Trust Management Group, Joint Steering Group. | People Committee | Jan, Apr, July |

| How will we know if we are improving? | | |
|--|---------------|-----------------------|
| Metric | Current State | Target State |
| Improved response rates staff survey. | 34%. | 50%. |
| Improved response rates quarterly Pulse. | 1.7%. | 10%. |
| Improved Engagement score. | 6.0. | Above sector average. |
| Improved Morale score. | 5.4. | Above sector average. |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| Submit YAS incentives for inclusion in national staff survey (NSS). | Q2 |
| National Staff Survey opens. | Q3 (Oct) |
| Embargoed NSS results received. | Q4 |
| Quarterly Pulse Survey. | Q2, Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (13): | Develop and implement a new leadership development programme. |
| Executive Lead: | Director of People and Organisational Development - Mandy Wilcock |



| What is the objective? |
|---|
| To provide management and leadership development opportunities to all people leaders at all leadership levels; first line managers to executive leaders. To increase employee morale and retention by improving leadership skills and behaviours including effective appraisals and career conversations. |

| Why is this a priority / key driver that needs fixing? |
|--|
| There is currently no clearly defined leadership development pathway in place and core leadership development programmes were paused in March 2022. Key part of the cultural development programme supported by Moorhouse. |

| What are we going to focus on? | | | | |
|---|--|---|---------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Deliver 2 cohorts (15 max) Aspiring Leaders Programme. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board | People Committee | Q3, Q4 |
| Launch Mange2Lead. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board, Trust Management Group. | People Committee | Q2 |
| Deliver 6 cohorts (15 max) Lead Together. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board | People Committee | Q3, Q4 |
| Gain approval for Level 7 Senior Leadership development and onboard 10. | Associate Director of Education & Organisational Development | Gate Sub-Group, Trust Management Group. | People Committee | Q3, Q4 |
| Deliver Board Development Programme. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board, Trust Executive Group. | People Committee | Q2, Q3 |
| >90% Trust Managers trained to deliver effective appraisals. | Associate Director of Education & Organisational Development | Leadership & Management Portfolio Governance Board, Trust Management Group. | People Committee | Q4 |

| How will we know if we are improving? | | |
|---------------------------------------|---------------|---------------|
| Metric | Current State | Target State |
| Appraisal completion rate. | 72.2% | 90% |
| Appraisal Manager training rate. | 67.8% | 90% |
| NSS leadership-related outcomes. | various | Above average |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| Manage2Lead sign-off to launch. | Q1 |
| Gate 2 Senior Leadership Development paper. | Q2 |
| Revised leadership development programme approval to restart. | Q2 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (14): | Understand and utilise data and intelligence to improve patient care and population health. |
| Executive Lead: | Chief Information Officer - Simon Marsh |



| What is the objective? |
|--|
| YAS will drive service improvement through innovation and effective use of digital technologies, including the development of Workforce Management technologies, to ensure capacity and resilience to deliver services safely and enable effective decision making, and continue to improve the safety of medication optimisation, digitalising the process where appropriate through programmes of work, which include embedding prepacked POMs across the Trust. |

| Why is this a priority / key driver that needs fixing? |
|---|
| Developing new and innovative digital technology will improve quality, efficiency and patient experiences, as well as supporting more integrated care and improving the health of the population YAS serve. |

| What are we going to focus on? | | | | |
|--|-------------------------------|---------------------|-----------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Agree options for Common CAD. | Chief Technology Officer | TBC | Finance & Performance | Quarterly |
| Deliver and make available to all clinicians the integrated clinical data from the Yorkshire and Humber Care Record (YHCR) into EPR. | Chief Technology Officer | TBC | Finance & Performance | Quarterly |
| Deploy Mobile Data Vehicle Solutions to fleet. | Chief Technology Officer | TBC | Finance & Performance | Quarterly |
| Deploy medicines management. | Chief Technology Officer | TBC | Finance & Performance | Quarterly |
| 999 Performance and quality reporting. | Deputy Director of Operations | TBC | Finance & Performance | Quarterly |

| How will we know if we are improving? | | |
|--|---------------|--|
| Metric | Current State | Target State |
| Common CAD evaluated, options agreed, and implementation planned for delivery in 24/25. | TBC | Ready for delivery in 24/24. |
| MDVS fully deployed to YAS fleet. | TBC | Complete |
| Medicine Management deployed across YAS. | TBC | Complete and continues to be reviewed. |
| Integration of clinical data from the YHCR into EPR is complete and available to all clinicians. | TBC | Complete and available on EPR |
| Individual 999 performance and quality reporting delivered. | TBC | Complete |

| Key Milestones | |
|--|-------------------|
| Milestone | Quarter Timeframe |
| Evaluate and agree options for common CAD by November 2023 and commence implementation planning for delivery in 24/25. | Q3 |
| Deliver integrated clinical data from the Yorkshire and Humber Care Record (YHCR) into EPR and make available to all clinicians by October 2023. | Q3 |
| Fully deploy Mobile Data Vehicle Solutions (MDVS) to the YAS fleet by December 2023. | Q3 |
| Deploy medicines management across YAS by December 2023. | Q3 |
| Deliver individual 999 performance and quality reporting by December 2023. | Q3 |

Operational Objective 2023/2024**Objective (15):** Complete the development of a long-term estates plan and open new facilities for logistics and EOC.**Executive Lead:** Executive Director of Finance - Kathryn Vause**What is the objective?**

YAS will develop a new 5-year Estate Strategy, with a clear implementation plan which supports the Trust's needs in relation to operations, training, logistics and benefits our communities.

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

There is currently no approved Estates Strategy in place, this needs to be developed to equip our people with the best environment to support excellent outcomes. The strategy needs to align to the Trust's clinical strategy as well as the Trust's overall strategy. The estate will need to support clinical service delivery and improved operational performance, by providing operational staff with appropriate facilities that support positive Health & Wellbeing. Local training facilities need to be available to support professional development and contact centres and corporate facilities must be agile and resilient to meet flexible demands. Additionally, the estate needs to support the 24/7 nature of the business, facilitating the use of new models of care and service delivery, including digitally enabled services.

What are we going to focus on?

| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
|--|---|-----------------------|-----------------------|---------------------|
| Development of the Estate Strategy, including the implementation plan. | Associate Director of Estates, Fleet & Facilities | Trust Executive Group | Finance & Performance | Quarterly |
| Alignment of Estate Strategy as an enabler of the Trust-wide strategy. | Associate Director of Estates, Fleet & Facilities | Trust Executive Group | Finance & Performance | Quarterly |
| Opening of new facilities for logistics and EOC to provide additional space and capacity to allow the delivery of the services in an efficient manner. | Associate Director of Estates, Fleet & Facilities | Trust Executive Group | Finance & Performance | Quarterly |

How will we know if we are improving?

| Metric | Current State | Target State |
|---|--------------------|--|
| Discussion and overview of the draft Estate strategy. | In development. | Reviewed and supported by TEG and F&PC |
| Approval of the Estate Strategy. | Not yet completed. | Approved by Board |
| Completion of Logistics Hub. | In progress. | Completed, handed over and move in |
| Completion of new facilities for EOC. | In progress. | Completed and power supply installed |

Key Milestones

| Milestone | Quarter Timeframe |
|--|-------------------|
| Discussion and overview of draft Estate Strategy. | Q1 |
| Logistics Hub completed, handover and move in. | Q2 |
| Alignment of the Estate Strategy to Trust-wide strategy. | Q4 |
| Facilities for EOC completed with power supply upgraded for staffing requirements. | Q4 |

Operational Objectives 2023/2024

| | |
|------------------------|--|
| Objective (16): | Increase the number and diversity of volunteering opportunities and develop supporting infrastructure to improve patient care. |
| Executive Lead: | CEO – Peter Reading |



What is the objective?

YAS will work to develop plans and a strategic framework that will increase the number and variety of volunteering opportunities and the benefits and impacts of volunteers to patient care.

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

The impact and benefits volunteers have on patient care is invaluable and it is critical to increase the number and diversity of our volunteers and their roles, which will improve the delivery of care to our communities and patients.

What are we going to focus on?

| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
|--|---|-----------------------|---------------------|---------------------|
| Progress an organisational culture that values, encourages, promotes, and supports volunteering, reflecting YAS vision and values. | Head of Communications & Community Engagement | Trust Executive Group | People | Quarterly |
| Developing supporting infrastructures to improve patient care. | Head of Communications & Community Engagement | Trust Executive Group | People | Quarterly |
| Increasing the diversity of volunteering opportunities across the Trust. | Head of Communications & Community Engagement | Trust Executive Group | People | Quarterly |
| Increase the numbers and utilisation of volunteer Community First Responders. | Deputy Director of Operations | Trust Executive Group | People | Quarterly |

How will we know if we are improving?

| Metric | Current State | Target State |
|--|---|--|
| Collaborative partnerships established and embedded. | Ongoing – some partnerships in place. | Partnerships developed in each ICB, targeting areas of health inequalities. |
| Increased number of Trust volunteers. | 1,093 registered Trust volunteers. | Increased number of volunteers from start of 2023. |
| Increased voluntary opportunities across the Trust. | 4 different voluntary opportunities across the Trust. | Number of volunteer opportunities increased from start of 2023. |
| Increase the Community First Responder contribution. | Contribution to Category 1 is currently at 6 seconds. | Category 1 call contribution is 20 seconds and volunteering hours are at 20,000 per month. |

Key Milestones

| Milestone | Quarter Timeframe |
|---|-------------------|
| YAS Volunteer Development Framework developed, agreed and launched. | Q1 |
| Develop a robust infrastructure to enable, sustain and enhance current and future volunteering opportunities. | Q3 |
| YAS to co-develop, pilot, and evaluate AACE volunteering dashboard. | Q4 |
| Reaccreditation with Investing in Volunteers obtained. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|---|
| Objective (17): | Develop and embed our approach to system working. |
| Executive Lead: | CEO – Peter Reading |



| What is the objective? |
|--|
| YAS will continue to develop its engagement across all ICS/ Integrated Care Partnerships (ICP) and Integrated Care Boards (ICB), to ensure, as a system, a collaborative approach is taken to responding to the key national objectives for 2023/24. |

| Why is this a priority / key driver that needs fixing? |
|--|
| Effective collaborative working at System and Place will ensure YAS are responding to and implementing knowledge from shared learning, efficient procurement and utilising the most effective resources. |

| What are we going to focus on? | | | | |
|--|--|--|-----------------------|---------------------|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Develop and embed the YAS approach to system working. | System Partnership Directors | Trust Executive Group | Finance & Performance | Quarterly |
| Introduction of Area Leadership Plans. | System Partnership Directors | Area Leadership | Finance & Performance | Quarterly |
| Development of the Partnership Strategy. | System Partnership Directors | Trust Executive Group | Finance & Performance | Quarterly |
| Agree the new Integrated Commissioning Framework. | Planning and Strategy Development Director / Director of System Integration for Urgent and Emergency | Trust Executive Group | Finance & Performance | Quarterly |
| Conduct a post implementation review of Area Leadership Team arrangements. | Director of Transition | Trust Executive Group | Finance & Performance | Quarterly |
| Collaboration by sharing resources, procuring efficiently, and sharing learning with NAA. | System Partnership Directors | Trust Executive Group | Finance & Performance | Quarterly |
| Transparently share information with our system partners to actively monitor national UEC objectives, using system information to inform YAS delivery and development. | System Partnership Directors | Trust Executive Group | Finance & Performance | Quarterly |
| Identification for joint integrated working opportunities to support delivery of UEC key objectives. | System Partnership Directors | Area Leadership | Finance & Performance | Quarterly |
| Reflect ICS Strategy and ICB Joint Forward Plans in YAS strategy and objectives. | System Partnership Directors | Trust Executive Group | Finance & Performance | Quarterly |
| Introduce Area scorecard capturing key YAS deliverables as part of the UEC national targets and system priorities. | Chief Information Officer | Area Leadership, Trust Executive Group | Finance & Performance | Quarterly |

| How will we know if we are improving? | | |
|---|--------------------------------|---|
| Metric | Current State | Target State |
| Partnership arrangements developed and embedded to achieve YAS strategic aims, meet new ICB Operating Model arrangements from April 2024 and Provider Licence requirements. | SPDs in post – work commenced. | Complete and partnership maintained for future working. |
| NAA and tri-service collaboration established. | Not yet completed. | Complete and partnership maintained for future working. |
| Agree new Integrated Commissioning Framework governance arrangements and work programme for 2023/24. | Not yet implemented. | Implemented. |
| YAS Strategy is reflective of three ICS Strategies and ICB Joint Forward Plans. | Not yet aligned. | Clear alignment with ICS Strategy and ICB Joint Forward Plan. |

| Key Milestones | |
|---|-------------------|
| Milestone | Quarter Timeframe |
| ICB and ICS Partnership maximised, by establishing clear engagement approaches across all ICS / ICP and ICB, via the ICF and continuing to develop and strengthen the ICF to enable effective collaboration with system partners. | Q1 |
| New Integrated Commissioning Framework governance arrangements and work programme for 2023/24 agreed by TEG and 3xICBs. | Q2 |
| Collaboration with NAA and tri-service, looking at opportunities to share resources, procure efficiently and share learning. | Q3 |
| Formal post implementation review completed capturing lesson learned and actions to strengthen operating in future years. | Q4 |

| Operational Objective 2023/2024 | |
|---------------------------------|--|
| Objective (18): | Embed rigorous financial oversight to ensure efficient use of resources. |
| Executive Lead: | Executive Director of Finance - Kathryn Vause |



| What is the objective? |
|---|
| To ensure rigorous financial oversight is embedded in the Trust, focussing on improving financial sustainability. |

| Why is this a priority / key driver that needs fixing? |
|--|
| In recent years NHS organisations have been focused on the operational management of the Covid-19 pandemic. This focus, coupled with the temporary financial regime which included additional funds, led to efficiency requirements being put on hold. There is now a renewed focus on improving financial sustainability with a need to regain financial grip, while still balancing the competing priorities from operational activity, workforce demands and recovery from the impact of Covid-19. The move to integrated care systems means that organisations cannot think about financial sustainability in isolation, but rather they need to also consider what the impact of their decisions is on other organisations and how other system partners may impact on them. This is at the same time as ensuring that financial sustainability is integrated within the organisation (for example, with quality, activity, workforce and so on). |

| What are we going to focus on? | | | | |
|--|-------------------------------|---|--|---|
| Area of focus | Senior Responsible Officer | Internal Governance | Assurance Reporting | Reporting Timeframe |
| Financial plans are entirely consistent with all other plans (both internal and system wide) and have been based on robust assumptions that have been thoroughly tested. All plans have been accepted by management as achievable and approved by the board. | Deputy Director of Finance | Trust Executive Group | Finance & Performance Committee | Q1 (24/25 plans to be developed in line with national planning timetable) |
| The Board receives financial reports that are triangulated with operational, quality and workforce data, allowing them to ask probing questions and agreeing actions to ensure that operational and financial objectives are met. | Deputy Director of Finance | Trust Executive Group | Finance & Performance Committee, Trust Board | Financial reports are produced monthly and will be presented to all Board and F&PC meetings |
| The culture of the organisation recognises the need to achieve the best value from the use of available resources. This is reflected in the 'tone at the top' through to ensuring staff comprehend and are competent to support the achievement of the organisation's financial duties. | Executive Director of Finance | Trust Executive Group | Finance & Performance Committee, Trust Board | Ongoing |
| Develop PLICS, Service Line Reporting and Benchmarking activities to support the Trust in the identification of Cost Improvement/Waste Reduction opportunities; embedding these processes so that they are regarded as part of managing the business and are integral to the delivery of financial sustainability. | Deputy Director of Finance | Organisational Efficiency Group, Trust Executive Group. | Finance & Performance Committee | Q4 |

| How will we know if we are improving? | | |
|---|--|------------------------------------|
| Metric | Current State | Target State |
| All plans have been accepted by management as achievable and approved by the board. | Plans are approved. | Plans are approved |
| Budget holders have signed off and agreed their budgets and will work within their resource allocation to support the achievement of their agreed objectives. | Budgets are in process of being signed off. | All budgets signed off |
| Budget Book outlining responsibilities, with signposting to key resources and information to support effective financial management. | In development. | Complete |
| Tailored reports to reflect the appropriate level of detail provided to F&PC and Public Board. | Single detailed finance report produced monthly. | Summary report for Board developed |
| Achievement of Financial Duties Targets. | Forecast to achieve. | Achieved |

| Key Milestones | |
|--|-------------------|
| Milestone | Quarter Timeframe |
| Achievement of plans will be reported in monthly financial performance reports. Delivery will be most apparent Q3 onwards. | Q1 |
| All budgets signed off with budget holders having a clear understanding of what financial resource is available to them and delivery of operational requirements within that resource. | Q2 onwards |
| Sent to budget holders. | Q2 |
| All committee reporting deadlines are met, with timely information reported at all appropriate meetings. | Q2 onwards |
| Monitored Monthly, achieved as of 31 March 2024. | Q4 |