



Trust Board Business Plan 2023/24 – Operational Objectives 26 October 2023

Item 2.1.2

Presented for:	Assurance
Accountable Director:	Peter Reading, Chief Executive
Presented by:	Peter Reading, Chief Executive
Author:	Ian Holdsworth, Senior Planning and Development Manager; Natalie Tyrrell, Business Planning Manager
Previous Committees:	TEG 13 September 2023; 20 September
Legal / Regulatory:	No

Key Priorities/Goals	All Strategic Priorities
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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	
This report provides a quarter two progress report on the 23/24 Trust's Business Plan Operational Objectives, which are to be reported to the Trust Board.	For assurance

Trust Board

2023/24 Business Plan – Operational Objectives

26 October 2023

1. Summary

1.1 This paper provides a quarter two progress report and assurance of business outcomes against the Trust’s 23/24 business plan operational objectives.

2. Background

1.2 The Trust’s business plan for 2023/24 has been developed in line with the Trust’s strategy for 2018 to 2023 and the eight strategic priorities. The operational objectives have also been aligned with the 2023/24 NHSE objectives and the ICBs urgent and emergency care ambitions and priorities for 2023/24.

3. Proposal

3.1 For 2023/24, the Trust Board agreed 18 operational objectives, which support the delivery of requirements set by NHSE and Trust priorities for the year. These correlate to the strategic priorities and ambitions of the Trust.

3.2 These are included in Appendix A, which includes the plan on a page for each of the Operational Objectives.

3.3 Each of the objectives has a plan on a page developed on the agreed template to allow for clear monitoring of milestones and outcomes.

Quarter Two Progress Report:

3.4 For quarter two, updates were obtained for all of the eighteen operational objectives. There were two operational objectives rated as red, nine operational objectives rated as amber; and seven objectives rated as green.

Performance Rating	Quarter Two (2023/24)
Green: On Track	7
Amber: Minor Issues – Under Control	9
Red: Material Issues	2

Performance Rating by Operational Objective																	
OO1	OO2	OO3	OO4	OO5	OO6	OO7	OO8	OO9	OO10	OO11	OO12	OO13	OO14	OO15	OO16	OO17	OO18

3.5 The information below presents the progress and business outcomes for each of the operational objectives, for quarter two:

Operational Objective 1: Develop and approve five-year strategy for the organisation.	
Executive Lead Summary: Peter Reading	
The consultation, engagement and development of the 2024-2029 Trust Strategy has been successfully launched, with well-attended events held for YAS staff and for partners across four regional-events. Events have been well-attended with a wealth of high-quality information gathered to support the Strategy development. Online engagement opportunities remain open, with team meetings held across the Trust to support staff to complete online forms and the 'simply-do' online platform continues to gather informed ideas and generate discussion and feedback. A permanent appointment has been made to the Director of Strategy, Planning and Performance post, and resources to support the strategy developed have been identified within the Trust. Timescales continue to be tight, however good progress has been made in developing the Trust Strategy.	
Overall Operational Objective RAG Rating	
Overall RAG Rating:	

Operational Objective 2: Deliver improvements in category 2 response times in line with national guidance.	
Executive Lead Summary: Nick Smith	
Although we are on trajectory for Category 2 mean response times there are a number of areas to highlight: <ul style="list-style-type: none"> 1. The poor performance of Humber and North Yorkshire ICB is impacting on the ICB areas and the overall position of the Trust, SY ICB is 27 minutes. WY ICB is 25 minutes and HNY ICB is 37 minutes. This is primarily due to handover delays at York and Scarborough Hospitals. If HNY ICB could positively impact on HO then we would be in a very strong position (nationally). 2. Internal challenges have been seen with Hear and Treat, which is much lower than expected. This has been due to lower numbers than planned being passed and accepted by Vocare and UCR schemes. Attempts have been made to significantly increase this, but improvements have not been enough. H&T is a focus for the Operations Team over the next 2 quarters. <p>As a result of these challenges, we have significant underspends in all operational areas.</p>	
Overall Operational Objective RAG Rating	
Overall RAG Rating:	

Escalation Item for Committee Attention and Action					
Area of Focus	Escalation Purpose	Escalation Type	Escalation Description	Trust Consequence	Proposed Response
Handover Delays in HNY	Information	Red Risk	High level discussion with NHSE Region and ICBs needed.	None	Unknown
Hear and Treat	Information	Amber Risk	Additional focus is needed around H&T even through Cat is being achieved.	None	Improvement

Operational Objective 3: Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E.					
Executive Lead Summary: Dr Steven Dykes (up to 30/09/23); Dr Julian Mark (from 01/10/23).					
<p>1. Access to UCR services in all three ICB areas is established, but the static success metric may reflect capacity issues in those services limiting any further improvement. Recording a secondary metric of failed attempts to refer to UCR would be useful to understand demand and inform commissioning. Limited hours of access (although compliant with national specification) may compromise successful referral.</p> <p>2. Conveyance to ED is up compared with 2022/23 outturn with no supporting narrative to explain how the year-end target will be reached. However, this needs to be read in the context of a significant (short-lived) increase in high acuity calls over the short period of hot weather in this reporting Quarter. Increasing clinical capacity in EOC will have some effect on conveyance rate, but further work is needed to understand the opportunities for referral following face-to-face response (STR) in addition to Hear & Treat, and how some STR volume may be safely converted to H&T.</p> <p>3. Development and implementation of clinical navigation and validation in EOC, alongside the Push model of referral, will assist in the improvement of H&T opportunities. However, the target of 20% H&T will only be achieved if alternatives to an ambulance response or ED attendance are consistently and reliably available across all ICB areas.</p> <p>4. Revision of the 111-escalation plan should reduce the volume of 111 calls that are transferred to the 999 stack without clinical review. However, the time out for transfer without validation, and the proportion of calls which should be validated, may be locally agreed with commissioners and should be explored to prevent excessive stack size in 999 and self-attendance at ED.</p> <p>5. Internal progress is being made towards the Mental Health Transformation programme, but success of MH transformation in reducing unnecessary conveyance is dependent on collaboration with system MH providers, and their capacity.</p>					
Overall Operational Objective RAG Rating					
Overall RAG Rating:					
Escalation Item for Committee Attention and Action					
Area of Focus	Escalation Purpose	Escalation Type	Escalation Description	Trust Consequence	Proposed Response
1. Improving and increasing the access to appropriate pathways for patients.	Information	Amber Risk	Increase in UCR referral may be dependent on UCR capacity which is outside Trust control.	-	-
2. Maximise internal utilisation of appropriate pathways across A&E.	Direction	Amber Issue	No plan described for bringing conveyance back onto trajectory.	Increased conveyance to ED will contribute to reduced A&E performance and impact on ambulance resource availability.	-
3. Maximise internal utilisation of appropriate pathways across EOC.	Information	Amber Issue	20% target, if achieved, may have patient safety consequences and is dependent on 999 call case mix.	Aspiring to a target that has potential adverse patient safety implications may impact on Trust reputation.	-

Operational 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 Summary: Nick Smith

This objective will be led by the new Ass COO for Remote Patient Care. At present the individual areas are developing their plans in preparation for the integrated model.

A single SRO is required, but due to the delays in getting the Ass COO in place the progress of pulling all the work has been delayed. An alternative approach has failed to deliver the right person with the right skills.

There is confidence that progress is being made in the right direction, but we now need to get the SRO in place and accelerate the 'joint' actions in preparation for go live in April 2024.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Escalation Item for Committee Attention and Action

Area of Focus	Escalation Purpose	Escalation Type	Escalation Description	Trust Consequence	Proposed Response
Need SRO in place asap.	Information	Red Issue	Need to appoint Ass COO asap but put in place an interim person to bring key areas together.	None	Senior lead in place
More clinicians in EOC/IUC	Information	Amber Issue	Significant work is being out into recruitment of clinicians, especially rotational paramedics.	None	Increased Clinicians

Operational Objective 5: Implement the national patient safety incident response framework and other patient safety measures.

Executive Lead Summary: Clare Ashby

Progress across all elements of this complex priority. There has been escalation of the medicines management POMs model, with issues with estate and staff capacity within H&S.

Priority rated AMBER overall, because of these issues and resources.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational 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 Summary: Amanda Wilcock

Good progress being made with pilot interventions. Some risks identified with mitigating actions in place. Winter and operational pressures will need to be carefully monitored as historically this has led to significant delays, risks and issues. This will be managed by Steering Group with assurance provided at People Committee.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Overall RAG Rating:	
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Operational Objective 7: Deliver and implement an effective organisational operating model.

Executive Lead Summary: Peter Reading

Implementing and further developing the operating model is progressing well. Good progress has been made with recruitment to three VSM posts, and interviews scheduled in October for a fourth. Developments continue for phase 4 of the programme, which includes further consultation around senior operational roles and further refinements to the area leadership arrangements. Discussions are ongoing to agree next steps in supporting development of area leadership changes introduced in Phase 1 and the Trust 'Accountability Framework'.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational Objective 8: Implement a robust performance management framework.

Executive Lead Summary: Clare Ashby

Progress against balanced score card for Trust performance reporting under development. Directors working with Head of Business Intelligence to develop their key metrics. Initial discussion at Trust Executive Group of Performance Management Framework. Further review work completed and to be discussed, with a view to approval at TEG Strategy Session on 18th October 2023. Progress PM framework to Finance and Performance Committee then Board.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational Objective 9: Review, develop and embed our approach to quality improvement and create an academic research unit.

Executive Lead Summary: Clare Ashby

QI strategy underdevelopment with patient, partners and staff engagement underway. Important to link with YAS Together within the Excel Together programme. Business case requires full development with support from Planning team and prioritisation by TEG and Board to support implementation of QI plan/strategy 2024 - 2029. Costs red rated as not yet identified.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational Objective 10: Deliver recruitment and retention plans across 999, 111 and PTS.

Executive Lead Summary: Nick Smith

There are significant concerns around the recruitment of EOC, IUC and PTS Call Handlers. EOC recruitment is slow, but retention is improved. IUC recruitment is quick, but retention is deteriorating. Case for Change should help IUC.

There are also concerns around the number of clinicians we have in EOC and IUC, but it is believed that there is an exciting opportunity to develop a rotational paramedic workforce for EOC/IUC using PACCS. Delays to courses has been a frustration, so we have seen slippage, but good numbers of Paramedics are coming through.

There are also concerns around the delay with C1 driving licences for ASW recruits.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Escalation Item for Committee Attention and Action

Area of Focus	Escalation Purpose	Escalation Type	Escalation Description	Trust Consequence	Proposed Response
IUC Call Handlers	Information	Red Risk	Over-reliance on agency and high turnover.	N/A	N/A
EOC Call Handlers	Information	Red Risk	Course fill is frustratingly poor.	N/A	N/A
EOC Clinical Navigators	Direction	Amber Risk	Need to be Band 7 to attract more applicants.	N/A	N/A
Operational ASW	Direction	Amber Risk	Cannot get provisional C1 licences from DVLA.	N/A	N/A
IUC Clinicians	Information	Red Issue	Monthly reduction in KPI.	N/A	N/A
PTS Call Handlers	Information	Amber Risk	Weekly reduction in KPI.	N/A	N/A

Operational Objective 11: Improve staff health and wellbeing with a focus on inclusion and the provision of flexible and supported employment.

Executive Lead Summary: Amanda Wilcock

Good progress with new contract awards to three service providers for Occupational health, Employee Assistance Programme (EAP) and Musko Skeletal Services (MSK). Robust Occupational Health contract meetings have taken place with incumbent provider. Delays with vehicle can be managed. The biggest risk relates to job evaluation issues and delays. This is a trust wide issue which is being addressed with union colleagues. Significant work underway regarding inclusive recruitment, specifically in both contact centres. There is close links with Community Engagement Team in planning full day recruitment events in some of our more diverse communities. More detailed breakdown of EDI dashboard information will support the work of each directorate in improving recruitment and diversity. Work on improving attendance is progressing well. We have seen a drop in sickness, but this will need to be sustained during winter months. Reporting will be through People and Culture Group and assurance at People Committee.

Overall Operational Objective RAG Rating

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Overall RAG Rating:	
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Operational Objective 12: Respond to priorities within the staff survey and focus on improved response rates.

Executive Lead Summary: Amanda Wilcock

Good progress to date. Achieved target Quarterly Pulse response rate with more to do. NSS incentives agreed and robust communication, engagement and cascade in train. Regular updates provided at Senior Leadership Team and TEG with assurance provided to People Committee.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational Objective 13: Develop and implement a new leadership development programme.

Executive Lead Summary: Amanda Wilcock

Good progress being made. Manage2Lead is an excellent resource, which continues to be valued. There are some risks around appraisal compliance and appraisal training compliance. This is likely to be problematic, due to winter and subsequent operational pressures. This will be escalated should levels not increase following the targeted actions in place. This will be discussed and monitored at Senior Leadership Team, TEG and for assurance at People Committee. There is an action to highlight compliance in TEG in addition to directly targeting non-compliant areas.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational Objective 14: Understand and utilise data and intelligence to improve patient care and population health.

Executive Lead Summary: Simon Marsh

The NAA Common CAD project has been stopped at NAA level after the withdrawal of NWAS. Work is ongoing with COO and the Ops team to establish other strategic work plans to support EOC. This is likely to include moving from AMPDS to Pathways in 999 in 24/25 and an implementation of a common 999/111 system in 25/26. Prerequisites exist for the latter including the extension of the current YAS 111 commercial contract, due in 2026, and a strategic decision on the future of the EOC/IUC workforce model. Significant work is being delivered across BI, in accordance with the agreed sub-objectives, in support of using the Trust data to improve overall performance and share data at each ICB level. Work is progressing at pace with Public Health in South Yorkshire and supported by the SPD's. YAS is now publishing data to the YHCR and the EPR now has the capability to read GP records using GP connect, to enable front line staff to have a greater understanding of a patient history. The project to join YAS EPR/CAD records and acute data outcomes for clinical improvement purposes is making slow progress due to other priorities. However, this is being accelerated after recent feedback from LAS/McKinsey.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational Objective 15: Complete the development of a long-term estates plan and open new facilities for logistics and EOC.

Executive Lead Summary: Kathryn Vause

Great progress on all this objective, with much already delivered. The strategy has been to TEG and F&P committee. There are significant risks relating to implementation (funding being a significant one). This will be addressed in the detailed plans yet to be developed. There is work ongoing to align the estates plan to the development of the Trust Strategy.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Overall RAG Rating:	
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Operational Objective 16: Increase the number and variety of volunteering opportunities and develop supporting infrastructure to improve patient care.

Executive Lead Summary: Peter Reading

The proposals to align the organisational culture for volunteers is being aligned to the development of the Trust Strategy (objective 1) which will give identity and clarity to this process. A volunteering development steering group has been launched, to support the leadership infrastructure for volunteering, and YAS have partnered with the Royal Voluntary Service to support staff wellbeing during winter-pressures, and with Leeds Teaching Hospital to expand the role of their Way-Welcome Volunteers to support the YAS PTS service. There has been a reduction in overall volunteer numbers, but an increase in volunteering hours. Work is ongoing to further increase available volunteer hours across Yorkshire and Humber for Community First Responders, including targeting those areas where there are gaps in capacity.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational Objective 17: Develop and embed our approach to system working.

Executive Lead Summary: Peter Reading

Consultation and engagement continue through the operating model process to clarify and establish the area model for YAS. Area plans are being developed to link to Business Plan priorities, and area teams have contributed significantly, as have external partners across areas, to the development of the Trust Strategy. NAA work is progressing, with proposals for the effective continuation of the approach currently being developed. Integrated approaches to Business Information and data sharing continues, with data flowing into UEC RAIDR tool in WY, HNY and bespoke in SY, with further bespoke and targeted projects underway, specific to place needs and joint integrated opportunities have been identified with system partners including Tri-Service Partners. Key KPIs have been developed internally to support area teams, and information links including a joint dashboard continue with the Integrated Commissioning Forum.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Operational Objective 18: Embed rigorous financial oversight to ensure efficient use of resources.

Executive Lead Summary: Kathryn Vause

The capacity of the finance team (in a number of areas) has been adversely affected by the prolonged audit. Until the audit is closed (on receipt of the audit opinion), the team are still receiving requests for information. This has meant focus on added valued activities has been limited by capacity. There have been some unusual longer term sickness absences within the team. Furthermore, there has been a key vacancy on hold, as a member of staff was at risk. In addition, there has been some difficulties in relation to the Job Evaluation process. Despite this, significant progress has been made in relation to this objective. There are agreed, triangulated plans and bespoke reports, which have been used to focus on key delivery issues in year. There are concerns that there is a need to raise the profile of the overall Trust financials, the standing down of TMG has left a gap in this regard. However, the communication forum would be an ideal forum to raise the profile. The specific risks are detailed in the escalations below.

Overall Operational Objective RAG Rating

Overall RAG Rating:	
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Escalation Item for Committee Attention and Action

Area of Focus	Escalation Purpose	Escalation Type	Escalation Description	Trust Consequence	Proposed Response
	Direction	Amber Risk	Delaying recruitment to key positions.	Impact on team already under	Require support to navigate the process quickly

Job Evaluation				strain, and achievement of this objective and others.	(this is ongoing).
Capacity	Decision	Amber Risk	Temporary requests will be through VCP and TEG, permanent requests through the business planning process.	Impact on team already under strain, and achievement of this objective and others.	Prioritisation through the business planning process.

4. Financial implications

4.1 Any financial implications are identified for the relevant operational objective within the Executive Lead Summaries.

5. Risks

5.1 Key risks have been highlighted within the Executive Lead Summaries for each objective, these should be addressed as part of the monitoring and review of each objective.

6. Communication and Involvement

6.1 The operational objectives are monitored by the sub-committees and Trust Board. Prior to this quarters monitoring, these have been reviewed by Senior Responsible Officers, designated Executive Leads, TEG and the sub-committees.

7. Equality Analysis

7.1 Equality analysis is part of each operational objective and overall Trust Business Plan.

8. Publication Under Freedom of Information Act

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

9. Next Steps

9.1 Quarterly updates for the operational objectives will be provided to TEG members, sub-committees and Trust Board.

10. Recommendation

10.1 It is recommended that the Trust Board consider and note the progress report for quarter two, for each of the eighteen operational objectives.

11. Supporting Information

11.1 The following papers make up this report:

- **Appendix A 2023/24 Strategic Planning Priorities and Operational Objectives**