Our patients	**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.		
	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.		
Our people	**Embed an ethos of continuous improvement and innovation (_priority 4_):**	**Attract, develop, and retain a highly skilled, engaged, and diverse workforce (_priority 2_):**	**Equip our people with the best tools, technology, and environment to support excellent outcomes (_priority 3_):**
	6. Deliver and embed the year 1 priorities for '**YAS Together'** building upon the outcome of the culture change programme supported by Moorhouse.	10. **Deliver recruitment and retention plans across 999, 111 and PTS.**	14. **Understand and utilise data** and intelligence to **improve patient care** and population health.
	7. Deliver and implement an effective **organisational operating model.**	11. Improve staff **health and wellbeing** with a focus on inclusion and the provision of flexible and supported employment.	15. **Complete the development of a long-term estates plan** and open new facilities for logistics and EOC.
	8. Implement a robust **performance management framework.**	12. Respond to priorities within the **staff survey** and focus on improved response rates.	
	9. **Review, develop and embed our approach to quality improvement** and create an academic research unit.	13. Develop and implement a new **leadership development programme.**	
Our places	**Develop public and community engagement to promote YAS as a community partner and an "anchor organisation" (_priority 8_):**		**Be a respected and influential system partner and generate resources to support patient care (_priority 5 and 7_):**
	16. **Increase the number and variety of volunteering opportunities** and develop supporting infrastructure to improve patient care.		17. Develop and **embed our approach to system working.**
			18. Embed rigorous **financial oversight** to ensure efficient use of resources.

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

Strategy Theme	Strategic priorities	Operational objectives	Reporting Committee	Executive Lead*
Our patients	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 (Dr Julian Mark)
		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)
Our people	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)
Our places	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.	Trust Board	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 implemente

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 deliver a Trust Strategy, setting out the priorities for the organisations for the future. This will be developed and co-produced with internal and external stakeholders and will set the vision, direction and priorities for the Trust.

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

The Trust's current five-year strategy will come to an end in 2023 and a new strategy needs to be in place to identify 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: Design a programme to deliver the strategy, including alignment with partners and benchmarking and assessment of current strategy.	Interim Programme Director - Strategy	Trust Executive Group	Trust Board	Quarterly
Phase Two: engage internal and external stakeholders to co-produce and develop the strategy.	Interim Programme Director - Strategy	Trust Executive Group	Trust Board	Quarterly
Phase Three: Finalise a new strategy for approval.	Interim Programme Director - Strategy	Trust Executive Group	Trust Board	Quarterly
Phase Four: Approve and prepare plan for launch and embedding of new strategy.	Interim Programme Director - Strategy	Trust Executive Group	Trust Board	Quarterly

How will we know if we are improving?

Metric	Current State	Target State
Programme of strategy delivery approved, with resources identified and agreed.	Programme drafted; some resources secured	Programme scheduled and resources in place
Engagement with stakeholders and draft strategy developed.	Stakeholder mapping underway; draft strategy started	Stakeholder engagement completed and draft of strategy completed
Final version of strategy prepared and ready for Board approval.	Not yet completed	Strategy approved and agreed by Board
Prepare programme for launch of strategy.	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 agreed and resources in place.	Q1
Benchmarking and review of relevant partner strategies and stocktake completed.	Q2
Engagement with internal and external stakeholders completed and first draft of strategy produced.	Q2
Strategy finalised for Board approval.	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

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Yorkshire Ambulance Service
NHS Trust

What is the objective?
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: • 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. • 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.
Increase all referrals to urgent care, UCR Teams.	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
UCR 100 incidents per day for each quarter. Vocare triage 30 per day. Vocare triage 100 per day from Quarter 2 to 4. Increase clinical workforce. Increase Hear and Treat to 20% by year end.	Q1 Q2 Q2 Q4 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 Julian Mark

Yorkshire Ambulance Service NHS Trust

What is the objective?

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?

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.	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

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What is the objective?

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
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?

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?

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.	Head of EPRR and Special Operations	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.	Positive qualitative feedback.

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

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What is the objective?
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?
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

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NHS Trust

What is the objective?

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?

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.	Interim Director of Quality Governance and Performance Assurance	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.	Interim Director of Quality Governance and Performance Assurance	Trust Management Group, Area Leadership Groups in each ICS	Finance and Performance	Quarterly
Performance issues and risk processes established – includes improvement plans.	Interim Director of Quality Governance and Performance Assurance	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

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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 4th October 2023.	Launch of ARU.

Key Milestones

Milestone	Quarter Timeframe
Evaluation of 2018/23 QI Strategy.	Q1
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.	Head of Service Delivery (Operational Planning)	Capacity Planning Group	People	Quarterly
Recruitment plans delivered for 111.	Head of Service Delivery (Operational Planning)	Capacity Planning Group, Operational Management Group.	People	Quarterly
Recruitment plans delivered for PTS.	Head of Service Delivery (Operational Planning)	PTS Operations Group	People	Quarterly
Retention plans delivered for 999/EOC.	Head of Service Delivery (Operational Planning)	Capacity Planning Group	People	Quarterly
Retention plans delivered for 111.	Head of Service Delivery (Operational Planning)	Capacity Planning Group, Operational Management Group.	People	Quarterly
Retention plans delivered for PTS.	Head of Service Delivery (Operational Planning)	PTS Operations Group	People	Quarterly

How will we know if we are improving?

Metric	Current State	Target State
Successful recruitment of Ambulance Support Workers .	207 recruited in 2022/23	240 ASWs recruited by March 2024.
Successful recruitment of Paramedics.	266 recruited in 2022/23	288 paramedics recruited by March 2024.
Attrition within expected levels for 999.	181.7 FTE in 2022/23	Attrition at 7.2% for 2023/24.
Successful recruitment of EMDs.	111 recruited in 2022/23	130FTE EMDs recruited by March 2024.
Successful recruitment of dispatchers.	33 recruited in 2022/23	40FTE dispatchers recruited by March 2024.
Successful recruitment of clinicians.	22 recruited in 2022/23	78FTE clinicians recruited by March 2024.
Achievement of Target attrition for EMD, Dispatcher, and Clinicians in EOC.	EMD 48.6 FTE in 2022/23 Dispatch 10.1 FTE in 2022/23 Clinician 1.78 FTE in 2022/23	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.

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 (Workforce Disability Equality Standard), deteriorated for WRES (Workforce Race Equality Standard).	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

NHS Yorkshire Ambulance Service NHS Trust

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

NHS Yorkshire Ambulance Service NHS Trust

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 4 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
>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 sustainable innovation and effective use of digital technologies, to ensure capacity and resilience to deliver all services safely and at optimum performance levels. This will include the provision of data, intelligence and insights to improve patient care, enable effective decision making within YAS and to enable improved population health at Regional, ICB and Place level using a combination of YAS and external data sources.

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

Developing new and innovative digital technology and insights to improve quality, efficiency and patient experiences, improve staff experiences, improve overall trust performance as well as supporting greater 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 replacement in 24/25	Chief Technology Officer		Finance & Performance	Quarterly
Deliver and make available to all clinicians the integrated clinical data from the Yorkshire and Humber Care Record (YHCR) into EPR and from EPR/CAD into the YHCR for use in regional care settings	Chief Technology Officer		Finance & Performance	Quarterly
Service Demand, Performance and Population Profiles At Place level for use by SPD's in ICBs	Head of Business Intelligence		Finance & Performance	Quarterly
Set up data sharing to receive outcome data from hospitals	Head of Business Intelligence		Finance & Performance	Quarterly
Improve service provision at Place Level	Head of Business Intelligence		Finance & Performance	Quarterly
Deep dive into Population Health Data	Head of Business Intelligence		Finance & Performance	Quarterly
Individual paramedic and team based 999 performance and quality reporting	Head of Business Intelligence		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 24/25.
Integration of clinical data from/to the YHCR into EPR is complete and available to all clinicians (subject to CCIO agreement).	Complete and available on EPR for pilot.	Rolled out fully across YAS by March 2024.
Individual 999 performance and quality reporting delivered leading to improved clear times and underlying patient care.	In Pilot.	Complete by Dec 23.
Outcome data from Acute ED's available for both research and quality of care improvements.	Establishing data sharing agreements.	Initial delivery March 2024.
Feedback from ICSs on YAS contribution to public health and service provision.	Not started.	Initial output by March 2024.

Key Milestones

Milestone	Quarter Timeframe
Engagement via System Partnership Directors (SPDs) to ICS and place on the 999/EPR data.	Q2
Deliver integrated clinical data from the Yorkshire and Humber Care Record (YHCR) into EPR and make available to all clinicians by October 2023.	Q3
Deliver individual 999 performance and quality reporting to all front line staff and team leaders by December 2023 (subject to pilot in Ops).	Q3
Establish either individual DPIAs and Information Sharing Agreements with acute trusts or partner with NECS.	Q3
Evaluate and agree options for common CAD by January 2024 and commence implementation planning for delivery in 24/25.	Q4

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

NHS Yorkshire Ambulance Service NHS Trust

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. CFR hours is currently 14,000.	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	Trust Board	Quarterly
Introduction of Area Leadership Plans.	System Partnership Directors	Area Leadership	Trust Board	Quarterly
Development of the Partnership Strategy.	System Partnership Directors	Trust Executive Group	Trust Board	Quarterly
Agree the new Integrated Commissioning Framework.	Planning and Strategy Development Director / Director of System Integration for Urgent and Emergency	Trust Executive Group	Trust Board	Quarterly
Conduct a post implementation review of Area Leadership Team arrangements.	Director of Transition	Trust Executive Group	Trust Board	Quarterly
Collaboration by sharing resources, procuring efficiently, and sharing learning with NAA.	System Partnership Directors	Trust Executive Group	Trust Board	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	Trust Board	Quarterly
Identification for joint integrated working opportunities to support delivery of UEC key objectives.	System Partnership Directors	Area Leadership	Trust Board	Quarterly
Reflect ICS Strategy and ICB Joint Forward Plans in YAS strategy and objectives.	System Partnership Directors	Trust Executive Group	Trust Board	Quarterly
Introduce Area scorecard capturing key YAS deliverables as part of the UEC national targets and system priorities.	Head of Business Intelligence / Chief Information Officer	Area Leadership, Trust Executive Group	Trust Board	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

NHS Yorkshire Ambulance Service NHS Trust

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 the 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