



AGENDA

Meeting:	Board of Directors Meeting (held in Public)	
Date:	20 June 2024	
Time:	1300	
Venue:	Springhill HQ: Roche Meeting Room	
Board Members	Tim Gilpin Anne Cooper Jeremy Pease Amanda Moat Andrew Chang Peter Reading Nick Smith Dave Green Kathryn Vause Julian Mark	Non-Executive Director (Acting Chair) Non-Executive Director (Senior Independent Director) Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Executive Director of Quality and Chief Paramedic Executive Director of Finance Executive Medical Director
In Attendance:	Marc Thomas Mandy Wilcock Adam Layland Jeevan Gill Rachel Gillott Carol Weir David O'Brien Helen Edwards	Deputy Chief Executive Director of People and Organisational Development Director of Partnerships and Operations Director of Partnerships and Operations Director of Partnerships and Operations Director of Strategy, Planning and Performance Director of Corporate Services and Company Secretary Head of Communications and Community Engagement
Apologies:	Martin Havenhand Rebecca Randell	Trust Chair NExT Director

No.	Description	Format	Lead	Time
1.	OPENING BUSINESS			
1.1	Welcome and Apologies (information)	Verbal	Tim Gilpin Acting Chair	1300-1305
1.2	Declaration of Interests (assurance) <i>Any Board Member who is aware of a conflict of interest relating to any item on the agenda will be required to disclose it at this stage or when the conflict arises during consideration of the item.</i>	Verbal		
2	STRATEGY AND PLANNING			
2.1.1	2024/25 Financial Plans: <div>- Revenue Plan</div>	Attached	Kathryn Vause Executive Director of Finance	1305-1320
2.1.2	<div>- Capital Plan</div>	Attached		
2.2	2024/25 Business Plan	Attached	Carol Weir Director of Strategy, Planning and Performance	1320-1325
3.	CLOSING BUSINESS			
3.1	Any Other Business	Verbal	Tim Gilpin Acting Chair	1325-1330
3.2	Risks <i>Any risks raised during the meeting that require consideration of adding to Risk Registers/Board Assurance Framework</i>	Verbal	Tim Gilpin Acting Chair	
MEETING CLOSE 1330				
Date of next Board Meeting to be held in Public: 25 July 2024				

Board of Directors Meeting (held in Public)

20 June 2024

Agenda Item: 2.1.1



Report Title	2024-2025 Finance Plan (Revenue)
Author (name and title)	Louise Engledow, Deputy Director of Finance
Accountable Director	Kathryn Vause, Executive Director of Finance
Previous committees/groups	Trust Executive Group and Finance and Performance Committee
Recommended action(s) Approval, Assurance, Information	Approval
Purpose of the paper	The purpose of this paper is to seek formal approval for the 2024-2025 financial plan(revenue) and for budgets to be set within the parameters of this plan.
Recommendation(s)	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Note the financial framework for 24/25. • Note the underlying recurrent deficit position in the 24/25 plan. • Note the risks to delivery of the plan. • Approve the break-even financial plan for 24/25 (acknowledging the risk identified in section 7 that further changes/planning submissions maybe required if systems are not able to achieve balanced positions). • Approve budgets to be set within the parameters of this plan.

Executive summary (overview of main points)

This paper sets out the 24/25 financial revenue plan and includes information regarding the financial framework, contracting arrangements and system context. The plan is based upon prior year recurrent budgets and incorporates known changes to income and expenditure. Detail is provided regarding the cost pressures & pre-commitments and the paper sets out the funding that has been identified to deliver the Trusts strategic objectives and business priorities for the year ahead. Achievement of an efficiency plan / target is required to achieve financial balance and there are risks to delivery.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	
	Our People	
	Our Partners	
	Our Planet and Pounds	<ul style="list-style-type: none"> • Work towards reducing our impact on the environment and tackling climate change, with net-zero emissions. • Use resources wisely and ensure value for money

		<ul style="list-style-type: none"> • Ensure decisions are informed by evidence, research, data and intelligence. • Develop and deliver improvement, through learning and adoption of best practice. • Provide cutting-edge services by establishing new digitally enabled ways of working to optimise patient care and services - including automation, artificial intelligence (AI) and innovation.
Link with the BAF (board and level 2 committees only)	Include reference number	4a, 4b, 4c

**Board of Directors Meeting (held
in Public)**
20th June 2024
2024-25 Trust Financial Plan (Revenue)

1. INTRODUCTION

- 1.1 The purpose of this paper is to seek formal approval for the 2024-2025 financial plan(revenue) and for budgets to be set within the parameters of this plan.
- 1.2 This plan has been developed in accordance with the principles and business rules defined in the operational planning guidance. (*Appendix 1: Revenue finance and contracting guidance for 2024/25 published 27 March 2024 ref PRN00888*).

2. FINANCIAL FRAMEWORK

- 2.1 Integrated care systems (ICSs) continue to be the key unit for financial planning purposes. Utilisation of resource for NHS trusts and foundation trusts is fully mapped to a single system, with their planned financial positions wholly included in that system's plan whilst reflecting the contract arrangements agreed with commissioners outside the system. For YAS, planning is undertaken wholly within the West Yorkshire Integrated Commissioning Board (WY ICB).
- 2.2 All integrated care boards (ICBs) and systems have a requirement to break even and a duty to comply with the system resource limits.
- 2.3 For 24/25, ICB programme allocations reflect:
 - 2.3.1 A net cost uplift factor (CUF) of 0.6%; (*1.7% gross uplift less 1.1% efficiency*).
 - 2.3.2 Base growth: the acute and ambulance capacity adjustment has increased from 0.2% to 0.6%.
 - 2.3.3 0.97% deduction for convergence factor (applicable to the WY ICB contract value only) to reduce overall resource consumption to within funded levels and move systems towards a fair share distribution i.e. distance from target.
 - 2.3.4 Ambulance Funding received non recurrently in 2023/24 has now been recurrently included in ICB core allocations, based on weighted population, with an uplift to reflect the CUF and efficiency requirement. (*Previously allocated via the host ICB only*). YAS have been allocated £13.6m. This funding is conditional on maintaining the required capacity and performance standards.

3 CONTRACTING ARRANGEMENTS

- 3.1 National guidance for 2024/25 mandates that contracts, in the form of the NHS standard contract, must be in place between NHS commissioners and NHS providers covering at least the full 2024/25 financial year. Contract agreement is intended to coincide with the completion of the national planning cycle.
- 3.2 The high-level terms of the 24/25 contract settlement are being finalised with commissioners and work is underway to jointly complete the NHS standard contracts for the Trust's A&E, IUC and PTS services. Given the extended planning cycle, these are expected to be completed by late May / Early June.
- 3.3 As in previous years Commissioners and YAS have agreed a consolidated financial value spanning all YAS NHS income contracts. This settlement will be included in the 24/25 A&E contract and referenced in 24/25 contract variations for PTS and IUC services.
- 3.4 The national CQUIN Quality Incentive Scheme has been 'paused' by NHS England for 24/25. This scheme previously linked up to 1.25% of annual contract income to the achievement national and local quality indicators. With the pause in CQUIN this potential risk to income has been removed for the current year. Arrangements for future years will be subject to an NHS England consultation schedule to take place later in 24/25.
- 3.5 In addition to the block income specified in the Trust's A&E contract, three other material income streams have been agreed with the Yorkshire & Humber ICBs:
 - 3.5.1 Mental Health Investment Standard (MHIS) – up to £5.1m has been agreed for 24/25 to fund the continued delivery of the Trust's Mental Health programme, including: Mental Health Response Vehicles, development of specialist Mental Health clinical roles, and provision of additional Mental Health Training to frontline ambulance staff.
 - 3.5.2 Urgent Care Dental – Triage and clinical assessment – The IUC service continues to provide resilience support to the Yorkshire & Humber Dental Clinical Advice and Booking Service, this support will be funded separately by the ICBs on a cost per case basis.
 - 3.5.3 PTS Extra Contractual Journeys – in line with national guidance the Trust will revert to invoicing ICBs directly for all extra contractual journeys undertaken by the PTS service. This will ensure that the Trust fully recovers the costs of providing this enhanced service.

4. SUMMARY FINANCIAL PLAN

- 4.1 The submitted financial plan for 2024/25 shows a break-even position, as summarised in table 1.

SUMMARY 24/25 PLAN	£000s		
	TOTAL	Recurrent	Non Recurrent
INCOME	-£415,021	-£412,869	-£2,152
EXPENDITURE	£415,021	£421,311	-£6,290
TOTAL	£0	£8,442	-£8,442

Table 1: Summary 2024/25 Financial Plan

4.2 The Trust plan shows an underlying deficit of £8.4m which is a deterioration from the 23/24 plan (underlying deficit of £4.5m).

4.3 There are several contributing factors to this:

4.3.1 **CUF** – typically the tariff uplift, which is calculated on an ‘average Trust’, does not fully cover the cost of the pay award and non-pay inflationary pressures.

4.3.2 **Ambulance Sector specific cost pressures** –pressures due to job evaluations/rebanding and Flowers holiday pay have been responsible for the worsening position in previous years. More recently, the mandated investment to meet Cat 2 performance standards has caused indirect cost pressures elsewhere in the Trust e.g. associated increase in fleet costs and wider support services infrastructure, which exceed the available national funding.

4.3.3 Application of the ‘**global sum approach**’ rather than a return to formal contracting arrangements, which fails to recurrently address service specific issues.

4.3.4 Unidentified efficiencies being covered by non-recurrent means.

5. INCOME

5.1 Income sources for the 24/25 financial year are summarised in Table 2 below.

5.2 Total planned income for 24/25 is £415m – compared with 23/24 planned income of £393.9m.

5.3 The main source of income is the block contracts with ICBs, which have been uplifted by 0.6% net cost uplift factor and 0.6% growth. This is partially offset by a reduction of 0.97% due to the convergence factor (applied to WY ICB contract only).

5.4 In 23/24 two contract variations were transacted which reduced income:

5.4.1 Dental commissioning was transferred from NHSE to ICBs, and income was rebased to actual activity, resulting in an income reduction of £810k per annum. However, there is an expectation that ECRs will be c. £435k per annum and this is included in the plan.

5.4.2 West Yorkshire ICB de-commissioned the YAS intra-facility Transfer support to Mid-Yorkshire Teaching Hospitals (MYHT). Under the new service model, Category 3 and 4 transfers between MYHT sites will be directly

commissioned by the acute trust from an independent sector provider. The full year effect of this was an income reduction of £1.53m. The transition between services has been jointly overseen by MYHT, YAS and WY ICB to manage operational and patient risks.

- 5.5 In 23/24 the Trust received £13.4m of ambulance capacity funding, non-recurrently, for Cat 2 performance. In 24/25 this has been uplifted to £13.6m and made recurrent. It is now allocated through all 3 main commissioning ICBs.

TRUST INCOME	£000s		
	TOTAL	Recurrent	Non Recurrent
Recurrent Baseline Income (incl. dental & MYFT reductions)	-£386,527	-£386,527	£0
Cost Uplift Factor @ 0.6% (1.9%-1.1%-0.2%)	-£2,247	-£2,247	£0
Convergence Adj 0.97%	£1,747	£1,747	£0
Inter System Growth 0.6%	-£2,247	-£2,247	£0
Ambulance Capacity Funding	-£13,603	-£13,603	£0
Dental ECRs (111)	-£435	-£435	£0
PTS ECRs	-£1,000	-£1,000	£0
MHIS increase	-£2,130	-£2,130	£0
ICB Depreciation Funding (DCA's)	-£322	£0	-£322
Frontline digitisation (ePR)	-£531	£0	-£531
Academy Levy/Training income	-£3,926	-£3,926	£0
Interest Receivable (efficiency)	-£3,800	-£2,501	-£1,299
TOTAL INCOME	-£415,021	-£412,869	-£2,152

Table 2: 2023/24 Planned Income

Other Income:

- 5.6 In the main, the Trust expects to receive additional income consistent with levels in prior years, however there are 3 areas of significant increase:

5.6.1 PTS ECRs: are reflected within the block contract value at 2019/20 levels but have exceeded this level in recent years. The Trust will resume invoicing for ECRs and an additional £1m income is anticipated.

5.6.2 MHIS: the investment plan for MHIS is now in a position to be scaled up at an additional cost of £2.13m, which is covered by ring-fenced funds.

5.6.3 A planned increase (from the existing budget) of £3.9m on the apprenticeship levy drawdown, which offsets additional investment in the YAS Academy.

- 5.7 The Trust will also receive £531k to support frontline digitisation/electronic patient record.

6. EXPENDITURE

- 6.1 24/25 Budgets are based upon the recurrent budgets rolled forward from 23/24.

- 6.2 In line with usual Trust processes for setting pay budgets; **pay costs** reflect the actual pay points and increment dates of substantive post holders, with vacancies being budgeted at bottom of scale. Uplifts for unsocial hours have been based on the actual costs incurred in 23/24 as a percentage of basic pay at directorate level. In the absence of an agreed inflationary uplift, the planning guidance determines that a 2.1% inflationary award should be the current planning assumption.
- 6.3 The Trust does not apply a blanket uplift across **non pay** budgets but reflects specific and significant increases within Cost Pressures. A small contingency is held for any further costs arising in year.
- 6.4 **Demand:** Demand modelling is undertaken at service level by the Operational Planning team to reflect forecast activity with due consideration for required levels of performance and potential efficiencies. This is agreed with the responsible Director.
- 6.4.1 **A&E:** funding for A&E demand reflects an increase in front line staffing to 3,306 WTE.
- 6.4.2 **PTS** modelling will be informed by the Deep Dive review which was commissioned in March 2024. The plan reflects an increase in recurrent costs which is consistent with prior years expenditure. Budgets will be set net of efficiencies.
- 6.4.3 **IUC:** will continue to implement the Case for Change which was approved by Board in 23/24. This 2-year programme does not require additional investment in 24/25.
- 6.5 **Cost Pressures:** The 24/25 plan reflects £10.47m of additional cost pressures; of which, £4.46m are offset by other income sources. Cost pressures are defined as unavoidable increases in costs and are currently being driven by demand, staffing increases and economic factors. Some of the most significant cost pressures include:
- £1.76m on fleet including fuel price inflation and the increased costs of PTS fleet replacement as a result of the migration to electric vehicles.
 - £1.54m increased costs of Flowers and End of Shift overtime in A&E operations.
 - £1.59m replacement cost of vehicle-based ePR devices (offset by £531k of NHSE frontline digitisation funding).
 - £1.14m to cover increased depreciation charge; generated by increased fleet (and associated medical devices) and higher overall prices.
- 6.6 **Pre-Commitments** reflect the full year costs of initiatives or investments that commenced (and are therefore partially funded) in the previous financial year.
- 6.7 **Investments:** are funding decisions approved by Trust Executive Group via the Business Planning cycle to align with the Trusts strategic priorities.
- 6.8 **Cost Improvement Programme (CIP):** The cost uplift factor has an inherent

efficiency requirement of 1.1% and the Trust must recurrently achieve productivity/efficiency gains to remain with financial balance. The 24/25 plan shows a planned efficiency of just under 5.2%, or £21.66m. Plans have been developed for approximately half of this amount. Recurrent plans are being worked up for the rest. It is likely that they will at least in part be met non-recurrently in year through delivery of a vacancy factor. The distribution of these efficiencies will be determined via the budget setting process.

Total planned expenditure is summarised below in table 3.


TRUST EXPENDITURE	TOTAL	£000s	
		Recurrent	Non Recurrent
Recurrent Pay Expenditure	£309,863	£309,863	£0
Recurrent Non Pay Expenditure & Reserves (excl. contingency reserve) 	£80,516	£84,290	-£3,774
Pay Inflation @ 2.1% (includes incremental drift)	£9,264	£9,264	£0
Demand/Performance	£9,503	£10,706	-£1,203
Cost Pressures	£10,470	£8,969	£1,501
FYE Pre-commitments	£652	£548	£104
Investments	£6,217	£1,901	£4,316
MHIS	£2,130	£2,130	£0
Efficiencies	-£13,594	-£6,361	-£7,233
TRUST EXPENDITURE	£415,021	£421,311	-£6,290

Table 3: Planned Trust Expenditure

7. RISKS

There are a number of risks to delivery of this plan.

- 7.1 **System Deficits:** All three of our commissioning ICBs are in a deficit position, and plans reflect significant risk. Action may be required from all organisations in the system to keep those plans on track.
- 7.2 The **pay award** for 24/25 is not yet confirmed and the plan is predicated on a pay inflation assumption of 2.1% (as per national guidance). It is anticipated that further funding will be available if the final settlement is higher, however historically, Trusts with a high proportion of staff compared to an average provider Trust are disadvantaged through funding of the pay award, and therefore it is possible that a future settlement will generate a further cost pressure.
- 7.3 **Non-Pay Inflation:** The Trust has recognised cost pressures within the plan in relation to the specific non pay expenditure e.g., fuel, utilities and other contracts; some are known and others are estimated. It is possible that prices could vary from planned levels leading to deficits or surpluses which need to be managed.
- 7.4 **A&E Demand:** The Trust's internal demand modelling indicates a 2.4% increase in responses from 23/24. The current plan reflects the maximum

amount of resource available in terms of our recruitment and overtime capability as well as our total fleet availability, meaning over-delivery of resource is not practical. Therefore, if demand exceeds planned levels, it is likely to result in reduced performance rather than increased costs.

The Trust's modelling and performance trajectories include ambitious average handover reductions across North, East and South Yorkshire. If these are not met, then this significantly reduces availability of crews and over delivery of resource to mitigate this is not practical because of fleet availability. Therefore, excessive average handover times is likely to result in reduced performance rather than increased costs.

- 7.5 **PTS Demand:** The current plan reflects the maximum amount of YAS resource available in terms of our recruitment and overtime capability. If demand increases above expected levels the additional workload will need to be managed through alternative third-party resource which is likely to result in increased costs.
- 7.6 **Slippage on pay costs.** Historically, the Trust have found it difficult to recruit to the full establishment defined in recurrent budgets, and even when recruitment is successful; attrition remains high. To mitigate this, vacancies are budgeted at bottom of scale and the plan includes a 2% vacancy factor (£6.45m).
- 7.7 **Unidentified CIP.** The Trusts efficiency plan includes an unidentified CIP equating to 1% of total Trust income (£4.1m). The Trust must find recurrent cost reductions/productivity gains to prevent a further deterioration in the underlying deficit.

8. BUDGET SETTING

- 8.1 Budgets have been set within the parameters of this plan which has previously been approved in principle by Board.
- 8.2 Funding identified through the planning process relating to unconfirmed cost pressures etc. will be held in reserves and released when approved.

9. RECOMMENDATIONS

- 9.1 It is recommended that the Trust Board: -
- **Note** the financial framework for 24/25.
 - **Note** the underlying recurrent deficit position in the 24/25 plan.
 - **Note** the risks to delivery of the plan.
 - **Approve** the break-even financial plan for 24/25 (acknowledging the risk identified in section 7.1 that further changes/planning submissions may be required if systems are not able to achieve balanced positions).
 - **Approve** budgets to be set within the parameters of this plan.

10. SUPPORTING INFORMATION/APPENDICES

APPENDIX 1 - Link to Revenue finance and contracting guidance.

Louise Engledow
Deputy Director of Finance
17th June 2024

Appendix 1 - Revenue finance and contracting guidance for 2024/25 published 27 March 2024 ref PRN00888 [Revenue finance and contracting guidance for 2024/25 \(england.nhs.uk\)](https://www.revenue.nhs.uk/revenue-finance-and-contracting-guidance-for-2024-25)

Board of Directors Meeting (held in Public)
20 June 2024
Agenda Item: 2.1.2



Report Title	2024-2025 Capital Plan
Author (name and title)	Louise Engledow, Deputy Director of Finance
Accountable Director	Kathryn Vause, Executive Director of Finance
Previous committees/groups	Trust Executive Group, Finance and Performance Committee
Recommended action(s) Approval, Assurance, Information	Approval
Purpose of the paper	The purpose of this paper is to seek approval for the Trust capital plan for both Purchased and Leased assets.
Recommendation(s)	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Note the capital funding. • Note the risks in section 7. • Approve the 24/25 capital plan for purchased/owned assets. • Approve the 24/25 capital plan for leased/right of use assets.

Executive summary (overview of main points)

This paper summarises the assumed level of capital funding for 2024/25 and details the prioritised spend against that funding. It is assumed the Trust must continue to manage the “limits” for purchased and leased assets separately. The paper highlights whether individual “schemes” have already been approved in line with SFIs, or if they need further approval once further developed. Risks to the plan are also detailed in the paper.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	
	Our People	
	Our Partners	
	Our Planet and Pounds	<ul style="list-style-type: none"> • Work towards reducing our impact on the environment and tackling climate change, with net-zero emissions. • Use resources wisely and ensure value for money. • Ensure decisions are informed by evidence, research, data and intelligence. • Develop and deliver improvement, through learning and adoption of best practice. • Provide cutting-edge services by establishing new digitally enabled ways of working to optimise patient care and services - including automation, artificial intelligence (AI) and innovation.
Link with the BAF Include reference number (board and level 2 committees only)		4a, 4b, 4c

Board of Directors Meeting (held in Public)

20th June 2024

2024-2025 Capital Plan

1. PURPOSE/AIM

- 1.1 The purpose of this paper is to seek approval for the Trust capital plan for both Purchased and Leased assets.

2. BACKGROUND/CONTEXT

- 2.1 The Trust receives its full capital funding allocation via the West Yorkshire Integrated Commissioning Board (WY ICB) and annual capital plans are completed alongside the revenue financial planning process in accordance with the national timetable.
- 2.2 Within the Trust, capital funds are allocated based on the Capital Planning Process approved by the Capital Planning Group. This gives equal consideration to both the Trusts strategic objectives and operational replacement programmes when committing capital funds.
- 2.3 Capital budget holders submit their funding requirements and complete a prioritisation scoring matrix for each scheme. Schemes are prioritised according to their score.
- 2.4 Capital plan working groups are held subsequently to confirm and challenge the priority scoring and to bring the proposed capital plan within the funding envelope. For 2023/24 the prioritised schemes have also been reviewed at the Trust Executive Group (TEG) and been discussed at a Board Strategic Forum.
- 2.5 Under the scheme of delegation, projects requiring Trust Executive Group (TEG) or Board approval have either already been approved or will come to TEG/Board in due course as the schemes progress.

3. FUNDING - OWNED ASSETS

- 3.1 The capital settlement for 2024/25 includes:

3.1.1 System Level Allocation. This element is allocated to Trusts to cover day-to-day operational requirements. System level envelopes are built at Trust level; and whilst the system reserves the right to distribute differently, Trusts have been given their individual allocations. For YAS this is £13.09m.

3.1.2 Prior Year Revenue Performance Incentive. Nationally £150m is available to systems that achieve a break-even position in 23/24 and is distributed on a fair share basis. YAS' confirmed share of this fund is £696k.

3.1.3 UEC Incentive. A further £150m is available for Trusts that:

- have a Type 1 A&E department, and
- achieve an average of 80% A&E 4-hour performance over Q4 of 2023/24, and
- complete at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

YAS do not qualify for a share of this fund.

3.2 In addition to the ICB envelope, further funds are available from ring-fenced national “pots” for specific initiatives.

3.2.1 UEC Ambulance Funding

- National funds of £20m per year have been made available throughout 22/23 to 24/25 which were based upon the historical age profile of existing fleet. The allocation for YAS is £1.53m which the Trust must match fund.

Specific requirements for the funding are:

- to reduce the age profile of the DCA fleet by supporting the purchase of 46 national specification DCAs via the national procurement.
- purchase of 3 e-DCAs to begin the national transition to a zero-emission fleet of DCAs.
- deliverables for this scheme must be met by 31 March 2025

3.2.2 Mental Health Vehicles

- YAS received £624k in 23/24 for 6 Mental Health vehicles built to the national specification. Further funds of £324k are available in 24/25 for a further 3 vehicles.
- Associated revenue costs will be funded from the Mental Health Investment Standard (MHIS) monies that are ring-fenced within ICB revenue allocations.

3.2.3 ePR Digital Funding

- Over a period of 3 years the Trust will receive capital funds of £1m & revenue funds of £1.5m specifically to support the implementation of electronic Patient Record (ePR).
- We must demonstrate that we can match fund this over 5 years, although it is not necessary to match capital with capital and revenue with revenue.
- In 24/25 the capital allocation is £451k and revenue funding is £531k.

3.3 The WYICB Capital Working Group have agreed to remove the permitted 5% over plan, to simplify capital expenditure monitoring against the system allocation. The system will work collaboratively, as it has done in previous years, to manage under/overspends at Trust/System level.

4. FUNDING – LEASED/RIGHT OF USE (ROU) ASSETS

- 4.1 Systems have not yet been notified of CDEL allocations for IFRS16 expenditure (leased assets). Last year system allocations were not formally split at Trust level, however YAS had a notional allocation of £14.5m.
- 4.2 The Capital Guidance Update 2024/25 (*publication reference PRN889*) sets out some key information for IFRS16:
 - 4.2.1 The national allocation for IFRS16 in 24/25 is £800m (an increase from £615m in 23/24)
 - 4.2.2 This will be allocated to systems in line with the core methodology used in calculating the system operational capital allocation
 - 4.2.3 No uplifts will be made to system envelopes at this stage and systems will be monitored against their operational envelope excluding IFRS16 expenditure.
 - 4.2.4 Once IFRS16 allocations are confirmed they will be added to system operational envelopes. From that point; *'systems will be expected to manage their operational capital expenditure against their total system operational capital allocations **including** the incremental impact of IFRS 16'*. This is the only reference in the guidance to there being a single operational capital allocation for both purchased and leased assets combined. The guidance from the regional team is that Trusts should plan for Purchased and Leased assets separately.
- 4.3 Overspends against 2024/25 allocations will be deducted from 2025/26 allocations.
- 4.4 Total notified funds excluding IFRS16 are shown below in Table 1. Prior year allocations are shown for comparison. The system has received indicative allocations for a further 2 years.
- 4.5 Based on the information in the guidance on IFRS16 it is reasonable to assume that the allocation would not be lower than 2023/24 outturn (£11.4m) but is unlikely to exceed the submitted plan value of £12m.

Table 1: Capital Funds

CAPITAL FUNDS			£000s		
	2022/23	2023/24	2024/25	2025/26	2026/27
ICB Allocation	13,813	14,975	13,090	13,116	13,116
Permitted overplan	1,324			-	-
Remove prior year revenue surplus	-	(1,885)		-	-
Adjust for revised revenue surplus	1,885	1,396	696	-	-
UEC Ambulance funding	1,528	1,652	1,531	-	-
Topslice for CHFT car park	-	(243)	-	-	-
ICB Envelope	18,550	15,895	15,317	13,116	13,116
Loan repayment	(334)	(334)	(334)	(334)	(334)
ePR	89	412	451	-	-
Other digital	103	-	-	-	-
Mental Health Electric Vehicles	-	624	324	-	-
Match Funding - solar/thermo		32	-	-	-
TOTAL FUNDS	18,408	16,629	15,758	12,782	12,782
Leased CDEL (indicative)*	held by NHSE	14,500	?	?	?
		31,129	15,758	12,782	12,782

*amounts highlighted in yellow are subject to confirmation

5. CAPITAL EXPENDITURE PLAN (OWNED ASSETS)

- 5.1 The detailed capital expenditure plan for owned assets is shown at appendix 2.
- 5.2 The largest component of the plan is the purchase and conversion of DCA chassis procured under the national contract. The conversion of vehicles ordered for the previous financial year was not completed in time and therefore there is a £1m pressure against capital funds in 2024/25.
- 5.3 Other vehicle conversions intended for completion in 23/24 were also subject to delays, along with the delivery of some ICT hardware and so there is a further pressure to the capital budget of £1.86m from prior year.
- 5.4 Several projects that had been planned for 24/25 were brought forward into 23/24, thereby mitigating the slippage due to delayed projects and maximising capital funds available across both financial years.

6. CAPITAL EXPENDITURE PLAN (RIGHT OF USE ASSETS)

- 6.1 The Trust has several new leases for property and vehicles that will commence in 24/25, and other leases which will be renewed. Estimates have been made for annual payments and lease terms, where confirmed numbers are not available.
- 6.2 **PTS Diesel Fleet Renewals** are the largest component of the leased plan with 80 vehicles due within the financial year.
- 6.3 **HART vehicles;** As part of national contingencies, the Trust's Hazardous Area Response Team (HART) operates a fleet of 10 specially converted vehicles to deliver specialist services. This is funded, on a revenue basis, through the

National Ambulance Resilience Unit (NARU). All Vehicles were ordered in February 2023 and were due for delivery in 23/24. Only 2 were delivered with the remaining 8 being carried over into 24/25.

6.4 Both the purchased and leased asset plans include amounts identified for the potential acquisition a new site at Hull. Plans are being developed and will be presented to Board in due course.

6.5 **Contingency:** The leased assets plan includes a contingency to cover a few issues:

6.5.1 Additional liabilities around estates leases, including delay of signing leases in 23/24, uncertainty around annual rental value/lease terms and lease remeasurements arising from periodic rent reviews.

6.5.2 Requirements for new leased assets arising during the year.

7. RISKS

7.1 As with last year, there is still a risk around the uncertainty of the CDEL for Leased/Right of Use assets, albeit reduced, as we have prior year information and planning guidance to provide a clearer indication of the potential allocation value. Informally, we are now aware that the allocation at regional level was almost sufficient to cover the March plan submission (which included £11.94m for YAS). Subsequent submissions were revised to £12.059m.

7.2 Price inflation continues to be a risk. On DCA acquisitions, we are protected for a further year by the fixed price of the national contract.

7.3 Lease agreements include an inherent interest rate and are predicated on an expected residual value at the end of the lease arrangement, which are subject to fluctuation. This can result in either favourable or adverse variances from planned figures.

7.3 There is the risk of slippage on capital programmes due to supply chain issues and long lead times, which causes additional pressures in future years. Some schemes of significant value still require Board approval before being able to commence.

8. SUMMARY RECOMMENDATIONS

It is recommended that the Trust Board: -

8.1 **Note** the capital funding.

8.2 **Note** the risks in section 7.

8.3 **Approve** the 24/25 capital plan for purchased/owned assets.

8.4 **Approve** the 24/25 capital plan for leased/right of use assets.

Appendix 1: CAPITAL EXPENDITURE PLAN 2024/25 – PURCHASED ASSETS

Department	Description	No. Units	£ 000s	Priority Scoring	Approval Status
Fleet	(23/24) DCAs - balance of conversion	61	£ 1,017.0	Order raised	Board approved
Fleet	(23/24) BEV DCA - balance of conversion	2	£ 142.0	Order raised	Board approved
Fleet	(23/24) MH electric vehicles - balance of conversion	3	£ 99	Order raised	Board approved
Fleet	(23/24) PTS Fleet- Electric Vehicles -balance of conversion	35	£ 1,459	Order raised	Board approved
IT	(23/24) IT kit ordered not delivered		£ 160.4	Order raised	TEG Approved
Fleet	(24/25) DCA chassis & conversion	67	£ 6,998.1	Order raised	Board approved
IT	Sacrificial wiring MDVS	77	£ 70.7	Order raised	Within Exec. Director delegated limits
IT	Sacrificial wiring Airwaves	77	£ 70.0	Order raised	Within Exec. Director delegated limits
IT	ICT Server Refresh	14	£ 130.0	350	Within Exec. Director delegated limits
IT	ICT Network Switches		£ 70.0	350	Within Exec. Director delegated limits
IT	VMware server refresh	5	£ 100.0	350	Within Exec. Director delegated limits
IT	YAS Wi-fi into hospital ED		£ 64.6	350	Within Exec. Director delegated limits
Fleet	OEM 4x4 Conversion	14	£ 252.0	345	Board approved
Transformation	Hull		£ 1,000.0	340	Requires Board approval
IT	EOC Development - priority 1		£ 92.2	330	Within Exec. Director delegated limits
Estates	Backlog Maintenance high risk items (multiple projects)		£ 1,000.0	325	Within Exec. Director delegated limits
Estates	Station refurbishments - Wath/Malton/Thirsk		£ 1,000.0	325	Within Exec. Director delegated limits
IT	PRF scanning/EDMS		£ 100.0	325	Within Exec. Director delegated limits
IT	PTS Cleric system developments - priority 1		£ 17.2	325	Within Exec. Director delegated limits
IT	ePR development		£ 203.1	320	Requires Board approval (GETAC replacement paper)
IT	IUC development - priority 1		£ 77.2	320	Within Exec. Director delegated limits
Estates	Fuel/interceptor upgrade - Castleford contained fuel system		£ 30.0	315	Within Exec. Director delegated limits
Estates	Fuel/interceptor upgrade - Harrogate interceptor		£ 50.0	315	Within Exec. Director delegated limits
Estates	Fuel/interceptor upgrade - Keighley interceptor		£ 60.0	315	Within Exec. Director delegated limits
IT	Unified Comms enhancements - priority 1		£ 98.5	310	Within Exec. Director delegated limits
Estates	Springhill 1 & 2 fire precaution works		£ 250.0	300	Within Exec. Director delegated limits
IT	EOC Development - priority 2		£ 74.1	280	Within Exec. Director delegated limits
IT	IUC development - priority 2		£ 72.0	280	Within Exec. Director delegated limits
Estates	Leeds Ambulance Station replacement heating		£ 200.0	275	Within Exec. Director delegated limits
IT	PTS Cleric system developments - priority 2		£ 9.6	275	Within Exec. Director delegated limits
IT	Unified Comms enhancements - priority 2		£ 20.0	270	Within Exec. Director delegated limits
IT	IUC development - priority 3		£ 18.0	230	Within Exec. Director delegated limits
Estates	Springhill 2 vacant area remodelling		£ 753.2	220	Requires CEO approval
Total Planned Capital Expenditure - Purchased Assets			£ 15,758.0		

Appendix 2: CAPITAL EXPENDITURE PLAN – LEASED/ROU ASSETS

Department	Description	No. Units	£ 000s	Priority Scoring	Approval Status
Fleet	HART NARU Refresh Programme - nationally mandated refresh	8	£ 1,845.9	Order raised	Board approved
Fleet	(23/24) PTS Diesel - Chassis & Conversion	35	£ 1,785.0	Order raised	Board approved
Fleet	(24/25) PTS Fleet Diesel - Chassis & conversion	45	£ 2,307.8	315	Board approved
Fleet	LAT Vehicles	10	£ 860.0	345	Board approved
Replacement	PTS Team leader cars	27	£ 935.2	305	Requires TEG approval
New vehicles	Commander cars x 5	5	£ 200.0	not scored	Requires TEG approval
New vehicles	11 x additional DCAs	11	£ 1,765.5	not scored	Requires Board approval
Estates	Training Unit Doncaster (Park Lodge)		£ 32.8	not scored	Within Exec. Director delegated limits
Estates	Dewsbury AS		£ 108.0	not scored	Within Exec. Director delegated limits
Estates	Catterick SP		£ 54.0	not scored	Within Exec. Director delegated limits
Estates	Seacroft AS		£ 77.8	not scored	Within Exec. Director delegated limits
Estates	Car Park Brunel Road Adjacent Unit M		£ 97.2	not scored	Within Exec. Director delegated limits
Estates	Training Unit Doncaster (Walnut Lodge)		£ 239.5	not scored	Within Exec. Director delegated limits
Estates	Hull Hamburg Road AS		£ 145.8	not scored	Within Exec. Director delegated limits
Estates	Scunthorpe AS		£ 104.5	not scored	Within Exec. Director delegated limits
Estates	Contingency e.g Hull lease		£ 1,500.0	not scored	Requires Board approval
Total Planned Capital Expenditure - Leased Assets			£ 12,059.0		

Meeting Title: Board of Directors (in Public)
Meeting Date: 20th June 2024
Agenda Item: 2.2 2024-25 Annual Business Plan

Report Title	YAS 2024-2025 Annual Business Plan
Author (name and title)	Carol Weir, Director of Strategy, Planning & Performance
Accountable Director	Peter Reading, Chief Executive
Previous committees/groups	TEG 22.05.24 Finance & Performance Committee 23.05.24 (verbal) Board 30.05.24
Recommended action(s)	For Approval
Purpose of the paper	Board to approve
Recommendation(s)	The Board is asked to formally approve the 2024-25 Business Plan.

Executive summary

The Yorkshire Ambulance Service (YAS) 2024-25 Annual Business Plan is attached for formal approval. The draft business plan was approved in principle at Board on 30.05.24, subject to agreement and sign-off of the financial plan.

The business plan sets out the priorities and commitments to deliver the first year of the Trust's 2024-29 Strategy. The plan is aligned to the NHS England Operating Plan 2024-25 and the three Integrated Care Board Joint Forward Plans.

The plan outlines nine core priorities for 2024-25 under the four strategic ambition areas of Our Patients, Our People, Our Partners, and Our Planet and Pounds:

Our Patients

1. Improve response times, particularly Category 2
2. Strengthen quality and safety
3. Deliver integrated clinical assessment across 999 and 111

Our People

4. Deliver workforce plans
5. Improve health, wellbeing and safety
6. Drive culture improvements through the YAS Together programme

Our Partners

7. Enhance partnership working to improve response

Our Planet and Pounds

8. Deliver efficiencies and value for money
9. Optimise fleet availability and performance

The plan details the strategic context, specific workstreams under each priority including delivering the workforce plan, outcome measures, financial position, risk management approach, and how success will be monitored. Delivery is supported by the YAS values, YAS Together programme and ongoing action to support workforce health, safety and wellbeing.

The Trust Board is asked to formally approve the 2024-25 Business Plan.

Strategic ambition(s) this supports	Our Patients	All
	Our People	All
	Our Partners	All
	Our Planet and Pounds	All
Link with the BAF Include reference number (board and level 2 committees only)		3a

Yorkshire Ambulance Service 2024-2025 Annual Business Plan

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YAS 2024-2025 Annual Business Plan on a Page

2024-25 Strategic Priorities at a glance: YAS commitments to patients, staff and stakeholders. What YAS will do to improve what by March 2025

Our Patients: To improve safety and quality for patients.				
(1) Improve Response including Category 2: YAS will improve ambulance and 999 and 111 call response times, particularly Category 2 ambulance response , by strengthening staffing and vehicle availability and deployment, by working intensively with acute partners to reduce Emergency Department (ED) handover times and by strengthening collaboration with Place partners to deliver more care remotely, in people’s own homes and closer to home, utilising analysis of clinical and population health data, so that only where it is the best option for the patient are they conveyed to ED.		(2) Strengthen Quality and Safety: YAS will improve quality and safety through strengthening Quality Governance (including complaint handling) and medicines management, embedding the Patient Safety Incident Response Framework (PSIRF), implementing Clinical Supervision for all front-line staff, and evolving Quality Improvement (QI) to embed it culturally across the Trust.		(3) Deliver Integrated Clinical Assessment: YAS will invest further in developing integrated clinical assessment across 999 and 111, streamlining triage and care navigation processes to ensure patients get the most appropriate care at the earliest point in their journey. YAS will deliver this by aligning systems, expanding multi-disciplinary clinical capacity and support for clinical staff, and working closely with each of our 15 Places to develop consistent pathways into Place-based care coordination services.
Our People: To invest in our people to improve care and support delivery.				
(4) Deliver Workforce Plans: YAS will strengthen the workforce within existing establishments, through improvements in recruitment, retention, training, staff support and sickness management across EOC, 999, 111 and PTS, with a particular focus on implementing the IUC change programme and the EOC change programme.		(5) Improve Health, Wellbeing and Safety: YAS will improve the health, wellbeing and safety of staff with a particular focus on strengthening Mental Health and Wellbeing support, implementing the Sexual Safety Charter and the deterrence of violence and aggression including funding and extending the continued deployment of body-worn cameras.		(6) Culture, Equality, Diversity and Inclusion: YAS will drive improvements in the culture of the organisation by implementing the NHS People Promise and the YAS Together programme, with a particular focus on leadership development, improving equality, diversity and inclusion , and creating a more open culture, where staff are well informed and are encouraged and supported to Speak Up.
Our Partners: To collaborate with our partners to improve response and population health outcomes.				
(7) Partnership working to improve response: YAS will further embed partnership working and system collaboration , with a particular focus on working with acute partners on handover delays and Place partners on appropriate clinical pathways for patients.				
Our Planet & Pounds: To invest in the infrastructure and resources to improve the effectiveness of direct delivery.				
(8) Effective use of Resources, Efficiencies and Value for Money: YAS will deliver a balanced break-even financial plan and drive more effective use of resources, through implementing a structured productivity and cost improvement programme.			(9) Optimise fleet availability & performance: YAS will strengthen staffing and vehicle availability by investing further in the ambulance fleet and fleet management support, increasing the numbers and reducing the average age of vehicles, and reducing environmental impact through telematics systems.	
YAS’s Business Plan supports the ongoing strategic focus on:				
Emergency Preparedness, Resilience and Response , implementing the Manchester Arena inquiry recommendations if the required funding (revenue and capital) is made available.	Addressing health inequalities , improving population health outcomes and delivering on the Core20PLUS5 approach.	Continuing to utilise and develop digital technology to support and improve patient care, including investment in development of an iPad-based ePR application for A&E crews in 2024-25.	Environmental sustainability , with continuing efforts to tackle climate change and progress towards net zero.	Improving the Estate by creating options for new ambulance stations in Scarborough and Hull which reflect escalating building costs and available capital and implementing (within resource availability) a planned maintenance and refurbishment programme to support service delivery and staff wellbeing.

Introduction

Yorkshire Ambulance Service (YAS) serves a population of more than five million people across Yorkshire and the Humber, almost 6,000 square miles. Across three integrated care systems (ICSs) – West Yorkshire, Humber and North Yorkshire and South Yorkshire, YAS work with three integrated care boards (ICBs), more than 20 NHS Trusts, 15 councils, more than 120 primary care networks and partners in mental health, community hospitals, voluntary organisations and other emergency services to improve the health and wellbeing of local people.

The key services Yorkshire Ambulance Service provides are:

- A vital 24/7 Emergency Operations Centre and 999 emergency service
- An Integrated Urgent Care (IUC) service, which includes the NHS 111 urgent medical help and advice line across Yorkshire and the Humber, Bassetlaw in Nottinghamshire, North Lincolnshire and Northeast Lincolnshire
- A Patient Transport Service (PTS) for eligible people to travel to their healthcare appointments and support timely discharge.

Purpose of the 2024-2025 Business Plan

Delivery of the 2024-2029 Trust Strategy is through the Annual Business Plan, which details the in-year priorities against the strategic ambitions and defines the actions that the organisation will take each year to deliver the Strategy and four bold ambitions – Our Patients, Our People, Our Partners, and Our Planet and Pounds. This 2024-25 Annual Business Plan outlines key priorities for YAS and commitments to patients, staff and partners for the 2024-25 financial year. The plan delivers on the NHS England (NHSE) Operating Plan 2024-25 and the first year of the YAS Trust Strategy 2024-29, aligned to the three Integrated Care Board Joint Forward Plans, and local Place priorities in the context of system-wide financial challenges, to provide and coordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all YAS patients can have the best possible experience and outcomes through great care, great people and great partners.

Performance will be monitored through the Performance Improvement process tracking the identified workstream metrics and milestones. The business plan will be reported quarterly through governance structures to Trust Board, aligned to the Board Assurance Framework to identify and control strategic risks.

The Golden Thread
Strategy, Planning and Performance



YAS 2024-25 Business Plan Objectives and Key Workstreams

- Our Patients: To improve safety and quality for patients.
- Our People: To invest in our people to improve care and support delivery.
- Our Partners: To collaborate with our partners to improve response and population health outcomes.
- Our Planet & Pounds: To invest in the infrastructure and resources to improve the effectiveness of direct delivery.

9 Business Plan Priorities for 2024-2025 – YAS commitments to patients, staff and stakeholders

What YAS will do to improve what by March 2025:

Our Patients: To improve safety and quality for patients.

(1) Improved Response including Category 2:

YAS will improve ambulance and 999 and 111 call **response** times, particularly **Category 2 ambulance response**, by strengthening staffing and vehicle availability and deployment, by working intensively with acute partners to reduce Emergency Department (ED) handover times and by strengthening collaboration with Place partners to deliver more care remotely, in people’s own homes and closer to home, utilising analysis of clinical and population health data, so that only where it is the best option for the patient are they conveyed to ED.

Key Workstreams:

Manage Demand:

Manage Capacity:

Maximise Efficiency:

➤ Increase Hear and Treat rates

➤ Reduce avoidable conveyance rates

➤ Appropriate management of Health Care Professional calls

➤ Maximise on shift availability

➤ Optimise use of Community First Responders

➤ Optimise appropriate deployment of Specialist Paramedics Urgent Care

➤ Reduce crew clear times

➤ Improve productivity around meal break management

➤ Develop a future operating model

(2) Strengthen Quality and Safety:

YAS will improve **quality and safety** through strengthening Quality Governance (including complaint handling) and medicines management, embedding the Patient Safety Incident Response Framework (PSIRF), implementing Clinical Supervision for all front-line staff, and evolving Quality Improvement (QI) to embed it culturally across the Trust.

Key Workstreams:

➤ Implement the Patient Safety Incident Response Framework (PSIRF)

➤ Increase Quality Improvement training Trust-wide

➤ Embed Clinical Supervision

➤ Improve Medicines Governance

(3) Deliver Integrated Clinical Assessment:

YAS will invest further in developing **integrated clinical assessment** across 999 and 111, streamlining triage and care navigation processes to ensure patients get the most appropriate care at the earliest point in their journey. YAS will deliver this by aligning systems, expanding multi-disciplinary clinical capacity and support for clinical staff, and working closely with each of our 15 Places to develop consistent pathways into Place-based care coordination services.

Key Workstreams:

➤ Deliver an Integrated Clinical Assessment Service

Our People: To invest in our people to improve care and support delivery.

(4) Deliver Workforce Plans:

YAS will strengthen **the workforce** within existing establishments, through improvements in recruitment, retention, training, staff support and sickness management across EOC, 999, 111 and PTS, with a particular focus on implementing the IUC change programme and the EOC change programme.

Key Workstreams:

➤ Achieve the workforce plan (recruitment and retention)

➤ Implement IUC and EOC Improvement Programmes

➤ Implement international recruitment for Clinicians in IUC

➤ Implement the training plan

(5) Improve Health, Wellbeing and Safety:

YAS will improve the health, wellbeing and safety of staff with a particular focus on strengthening Mental Health and Wellbeing support, implementing the Sexual Safety Charter and the deterrence of violence and aggression including funding and extending the continued deployment of body-worn cameras.

Key Workstreams:

➤ Embed Body Worn Cameras

➤ Improve absence management and reduce sickness absence

➤ Implement Mental Health First Aid Training

➤ Improve appraisal and career conversation compliance

(6) Culture, Equality, Diversity and Inclusion:

YAS will drive improvements in the culture of the organisation by implementing the NHS People Promise and the YAS Together programme, with a particular focus on leadership development, improving equality, diversity and inclusion, and creating a more open culture, where staff are well informed and are encouraged and supported to Speak Up.

Key Workstreams:

- Implement YAS Together including leadership and talent management.
- Embed Equality, Diversity and Inclusion.
- Engage in the NHS People Promise, by being an exemplar site.

Our Partners: To collaborate with our partners to improve response and population health outcomes.

(7) Partnership working to improve response:

YAS will further embed partnership working and system collaboration, with a particular focus on working with acute partners on handover delays and Place partners on appropriate clinical pathways for patients.

Key Workstreams:

- Work with system partners to develop and increase access to appropriate alternative pathways
- Work with system partners to support Arrival to Handover
- Embed the Mental Health and Learning Disabilities Programme increasing:
 - utilisation of specialist resource.
 - implementation of Oliver McGowen training.

Our Planet and Pounds: To invest in the infrastructure and resources to improve the effectiveness of direct delivery.

(8) Effective use of Resources, Efficiencies and Value for Money:

YAS will deliver a balanced break-even financial plan and drive more effective use of resources, through implementing a structured productivity and cost improvement programme.

Key Workstreams:

- Maximise Organisational Efficiencies and deliver the Trust-wide efficiency target
- Implement Non-Emergency Patient Transport Service eligibility

(9) Optimise fleet availability & performance:

YAS will strengthen staffing and vehicle availability by investing further in the ambulance fleet and fleet management support, increasing the numbers and reducing the average age of vehicles, and reducing environmental impact through telematics systems.

Key Workstreams:

- Implement the fleet plan to support availability (reducing Vehicle Off Road - VOR) and improve category 2 performance
- Implement telematics

The Business Plan supports the ongoing strategic focus on:

- **Emergency Preparedness, Resilience and Response**, implementing the Manchester Arena inquiry recommendations if the required funding (revenue and capital) is made available.
- Addressing **health inequalities**, improving **population health outcomes** and delivering on the Core20PLUS5 approach.
- Continuing to utilise and develop the use of **digital technology** to support and improve patient care, including investment in development of an iPad-based ePR application for A&E crews in 2024-25.
- **Environmental sustainability**, with continuing efforts to tackle climate change and progress towards net zero.
- Improving the **Estate** by creating options for new ambulance stations in Scarborough and Hull which reflect escalating building costs and available capital and implementing (within resource availability) a planned maintenance and refurbishment programme to support service delivery and staff wellbeing.

Workforce

YAS continues to face increased demand pressures. Workforce plans and productivity improvements have been developed to mitigate some of these pressures. The Trust continues to ensure provision of a sustainable service to patients, while securing the health and wellbeing of staff members and volunteers.

Key assumptions underpin the workforce plan. The assumptions demonstrate the best level of service realistically achievable within each service line: Accident and Emergency Operations (A&E), Remote Patient Care (Emergency Operations Centre (EOC) and Integrated Urgent Care (IUC/111)) and Patient Transport Service (PTS). The assumptions have been developed based on evidence and experience to meet the bespoke requirements of each of the service lines, to ensure quality safe patient care and response times, and meet the demands of the communities served. The assumptions, delivered by the priorities and workstreams and detailed in the measures, reflect how YAS will respond to NHSE 2024-25 national objectives, whilst also highlighting variables, which if addressed and delivered system-wide, could have a positive impact on YAS performance to improve patient care and responses.

2024-25 Workforce Plan

- There is no growth in establishment between 2023-24 and 2024-25.
- Due to the significant vacancy position, there is a planned total workforce change from 6343.8 wte total workforce (March 24) to 6731.8 wte total workforce (March 25) = 6.1%
- The substantive change is 5880.1 (March 24) to 6423.7 (March 25) = 9.2%
- The total expected use of bank and agency is forecast to be reduced from 463.7 to 308.13 wte which is 4.6% of the workforce
- There are robust recruitment plans in place across all operational service lines to deliver this growth, which are factored into and contribute to the planned improvements in performance and delivery of priorities, including achieving Category 2 performance of 30 minutes 23 seconds for the year.
- The service line plans for workforce are reflected in the high-level measures detailed.

Key Assumptions underpinning the 999-operations workforce plan to achieve response standards - specifically Category 2 mean

A key target of the NHSE objectives is achieving Category 2 call response time average of 30 minutes. YAS is predicting achieving 30 minutes 23 seconds Category 2 mean on average across the 2024-25 year across the Region. YAS recognises this does not achieve the 30-minute target and will strive to improve on this position with system partners, by achieving and exceeding the workstream actions and measures detailed in the nine priorities outlined. The key activities and capacity planning assumptions that have contributed to this forecast are built into 9 priorities.

Financial Plan

The 2024-25 financial plan and resulting budgets align to the requirements of the Trust's business plan; and reflect a modest efficiency requirement. In summary:

- 2023-24 recurrent budgets have been rolled forward.
- Assumed pay inflation has been applied.
- Known precommitments and cost pressures (including specific non pay inflation) have been funded.
- Additional funding has been provided in some areas to support delivery of YAS's operational priorities for 2024-25.
- The overall efficiency target is 5.3% (c.£21.7m)

Business Plan Delivery is underpinned by the YAS Values and YAS Together Programme

Delivery of the annual business plan is underpinned by a focus on the YAS values and the YAS Together Programme, a collaborative approach to how we do things, the behaviours we expect and ways of working.

YAS Values

Our values and behavioural framework underpin everything we do and how we do it. They reflect the behaviours our patients, colleagues, volunteers, partners and others can expect from us all as we aim to reach our goals over the next five years.



YAS Together Programme

The YAS Together Programme supports and celebrates the collective impact YAS has and the ambition to deliver the great care. It defines how YAS people work together to deliver the Trust’s vision, strategy and business plan, and the tools available to help. It is aligned to the NHS People Plan and Promise, the Trust Strategy values and responds to the NHS England 2024-25 operational planning priorities.

The YAS Together foundation is built upon five pillars, actionable principles that provide guidance on how people at YAS act and our shared expectations of one another. They govern how we should act, and therefore direct what we do:

- **Care Together** – patient care is at the heart of what YAS does
- **Lead Together** – leaders unlock opportunities, making decisions to develop in their roles
- **Grow Together** – staff and volunteers are given opportunities to develop and/or progress their career at YAS
- **Excel Together** – staff and volunteers embrace improvement and can implement new ideas
- **Everyone Together** – YAS is inclusive and value diverse contributions and perspectives, to make YAS great



The YAS Together programme demonstrates commitment to improving employee experience – including looking after staff and ensuring their sense of belonging – with a strong focus on improving culture, retention of staff, developing staff, engagement, health and wellbeing and reducing sickness absence levels.

Supporting and Transforming YAS's Workforce

Transforming the NHS for the future includes working in different ways as well as securing our current and future pipelines of talent to critical roles. To secure our future pipeline of paramedics, YAS's longer-term workforce plan includes a clear approach to the 'supply chain management' from three main sources: international recruitment, direct entry from universities, and "grow our own".

The Trust understands the importance of working collaboratively across the system and establishing wider roles to support holistic, multi-disciplinary assessment and patient care and is working alongside partners to develop mutually beneficial and sustainable models for integrated workforce development and supply.

YAS is committed to the health and wellbeing of all staff and volunteers, support includes:

Culture:	YAS continues to develop its culture positively, encouraging a sense of belonging, pride, and purpose among employees, by creating a supportive, inclusive and high-performing work environment that enhances employee satisfaction, teamwork and improvement and innovation, to establish better-quality patient care outcomes and organisational effectiveness.
Equality, Diversity and Inclusion:	YAS is focused on encouraging a sense of belonging, by creating an environment where staff feel safe, free from bullying, harassment and abuse. YAS, in partnership with stakeholders, continues to support the development of an inclusive and compassionate culture through the provision of supportive practice and services to meet the needs of our diverse workforce. YAS will continue to ensure its practice and policies are accessible, fit for purpose and supportive for the needs of a diverse workforce.
Sexual Safety:	YAS's new Sexual Safety Charter applies to all colleagues, volunteers, students, apprentices, contractors and anyone else engaging with YAS in any way, regardless of any protected characteristics. YAS is committed to everyone behaving in a way that ensures sexual safety and will challenge staff about any behaviour which makes a colleague feel uncomfortable, frightened, or intimidated in a sexual way. YAS will not tolerate any behaviours that negatively affect the sexual safety of our colleagues or patients.
Violence reduction:	YAS is supporting staff to remain safe during their day-to-day work through assessment and implementation of the NHS England violence reduction standards. The Trust will also continue and expand the use of body-worn cameras, which have so far had a preventative / deterrent impact as well as providing evidence to support staff who have been subjected to violence and aggression.
Freedom to Speak Up (FTSU):	YAS staff are encouraged to 'speak up' to improve the quality and safety of patient care and staff wellbeing. FTSU is for anyone who works or volunteers in the health sector and is a clear and simple process for staff to be able to raise their concerns, all of which will be acted upon, without fear of detriment for speaking up. YAS has invested in Freedom to Speak Up Guardians to support staff who wish to raise work related concerns.
Ask Peter:	As part of YAS's commitment to ensure our culture is one where our staff and volunteers are listened to, encouraged and enabled to speak up, YAS has introduced a facility for staff and volunteers to ask our Chief Executive a question (anonymously if desired) and receive a reply.
Employee Voice Networks:	YAS is passionate about staff support networks and allyship to provide an opportunity for staff, volunteers and students to communicate, network, meet and support each other. Employee networks include Pride@YAS, Race Equality, Disability Support, Women and Allies, Armed Forces. Each has a Board level Champion.
Mental Health support:	Mental Health First Aid training gives staff the skills to support colleagues who have mental health wellbeing and support needs and to enhance awareness, break stigma and create a safe space for staff to seek support.
Occupational Health Programme:	New Occupational Health service providers are in place to provide better individualised support for sickness and aid managers supporting staff that are absent due to sickness and their return to work. The support includes occupational health, an employee assistance programme, and musculoskeletal services.
Health and wellbeing vehicles:	YAS welfare vehicles continue to visit Hospital Emergency Departments during peak demand periods to support Ambulance staff with refreshments, snacks and friendly compassionate conversations.
Therapy dogs:	Therapy dogs continue to support staff in call centres and stations, helping improve the health and wellbeing of staff. This has been positively received and proven to reduce stress and support staff.
Green spaces:	The Trust continues to develop green spaces at ambulance stations to support staff wellbeing during rest breaks. This approach continues to build on ideas directly from staff on how to best use open spaces in working environments and includes providing gardens, outdoor furniture and tree planting.
Financial wellbeing support:	A financial wellbeing working group continues to help expand YAS's support offer and communications to staff. Staff can access enhanced financial wellbeing support through the Trust Charitable Fund as well as through TASC (The Ambulance Service Charity), which is communicated with staff regularly. The Trust provides a range of opportunities to staff, including discounted shopping.
Enhancements to recruitment and selection:	Enhancement are being made to YAS's recruitment and selection processes to further develop inclusive and accessible pathways and practices. This will remove barriers to employment at YAS for our local communities, reinforce our role as an anchor organisation and help us increase the diversity profile of our workforce.
Strengthened careers and apprenticeships:	YAS continues to be one of the biggest apprenticeship providers for the NHS and an anchor organisation in the community. YAS has been recognised with Top 100 Apprenticeship Employer status, achieving outstanding Ofsted judgement for apprenticeship provision.
Leadership Development Pathway:	The Leadership Development Pathway provides a wide range of opportunities to YAS's leadership. It supports developing people management skills through Manage2Lead and supports career progression through an Aspiring Leaders and Lead Together programme. YAS has invested in a new online appraisal system, to ensure effective quality and meaningful appraisals and career conversations for all staff. YAS is committed to ensuring there is a robust quality appraisal process, and all staff receive a wellbeing conversation annually and where needed, a personal wellbeing action plan.
Greatix:	Greatix is a system that captures positive feedback of staff who have gone above and beyond, doing their job in an excellent way. The Greatix process is aligned to the vision and values at YAS, and it enables us to recognise and praise colleagues who have demonstrated these values to create a positive culture in our organisation.
STARS Awards:	The annual STARS Awards are an important part of the Trust's approach to reward and recognition, open to all YAS staff and volunteers. YAS Together includes appreciation and recognition as a key theme, recognition in the workplace has been shown to positively influence staff wellbeing, engagement and retention and is also one of the seven elements of the NHS People Promise, 'we are recognised and rewarded'.

System and Stakeholder Engagement to deliver the Business Plan

YAS has considered local Joint Forward Plans and Place priorities in developing the business plan and will continue to work closely with system partners, communities, and stakeholders in the delivery of this plan, with continuous engagement and communication to ensure successful delivery to achieve the priorities and commitments to our patients, staff and stakeholders.

Risk Management

Effective risk management underpins timely and impactful delivery of all the Trust strategic ambitions. As plans are further developed and delivered against each of the workstreams detailed in this business plan, risks to delivery will be determined, documented, and managed. Strategic risks are key corporate risks which could prevent or seriously impact on the achievement of the Trust's strategic objectives, managed at Executive Team level and reported to the Board and its committees. These risks are included in the Board Assurance Framework, which forms the Trust's corporate risk register. Any risks identified will form the risk report, which is part of the quarterly cycle of risk assurance for Audit and Risk Committee and for the Trust Board. More focussed risk reports will be presented to each meeting of the Trust Board's assurance committees.

Measuring Success

The 2024-25 annual business plan priorities and associated workstream actions will deliver the Trust Strategy. Performance will be monitored through the Performance Improvement process tracking against national ambulance quality indicators and standards, as well as monitoring and reporting on the identified workstream metrics and milestones from the 9 2024-2025 annual business plan priorities. The business plan will be reported quarterly through governance structures to Trust Board, aligned to the Board Assurance Framework to monitor progress and identify and control strategic risks.

Conclusion

This plan details how YAS will achieve its Trust Strategy (2024-29) ambitions aligned to the NHSE Objectives (2024-25) through the delivery of the 2024-25 business plan. We The 9 priorities on a page aligned to the Trust Strategy with the detailed business plan priorities, workstreams and high-level measures are presented in Appendix A. Delivering the YAS 2024-25 business plan establishes our commitment to providing great care, while advancing YAS's vision and progressing delivery of the Trust strategy.