

**Board of Directors (held in Public)**  
**14 November 2024**  
**Agenda Item: 2.1**

Report Title	Business Plan 2024/25 – Q2 Performance and Assurance Progress Report
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Accountable Director	Carol Weir, Director of Strategy, Planning & Performance
Previous committees/groups	TEG (via email) & Finance & Performance Committee 22.10.24 Private Board 14.11.2024
Recommended action(s)	Assurance
Purpose of the paper	This paper provides a progress update on delivery of the Trust's 2024/25 Business Plan.
Recommendation(s)	It is recommended that Trust Board: <ul style="list-style-type: none"> <li>Notes the progress in Q2 on delivery of the Trust business plan priorities for 2024/25.</li> <li>Understands the impact of workstreams that are off-track and supports the recovery plans to improve progress and delivery of the Trust business plan priorities.</li> </ul>

**EXECUTIVE SUMMARY**

This paper provides a progress update on delivery of the Trust's 2024/25 business plan and planned tracking and reporting arrangements.

Strategic ambition(s) this supports	Our Patients	The 9 priorities and their deliverable workstreams in the 2024-25 business plan deliver on the strategic objectives of the Trust Strategy (2024-29).
	Our People	
	Our Partners	
	Our Planet and Pounds	
Link with the BAF		Plan, govern and deliver Trust strategy and business priorities.

## **1. BACKGROUND**

- 1.1 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.
- 1.2 The 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.
- 1.3 Performance is monitored through the Performance Improvement process tracking the identified workstream metrics and milestones, as detailed in the four Board approved business plan mandates (aligned to Our Patients, Our People, Our Partners and Our Planet and Pounds) which have been co-produced with the SROs and Executive Directors. Together these deliver the nine priorities. The mandates ensure delivery of the stated objectives and track progress, enabling mitigations to be identified at an early stage to ensure targets and benefits are realised and maximised.
- 1.4 The Business Plan is reported quarterly through governance structures to Trust Board, aligned to the Board Assurance Framework to identify and control strategic risks.

## **2. 2024/25 QUARTER 2 EXCEPTION REPORT**

- 2.1 Due to Trust governance processes and timescales this report reflects the most up to date information available at the time of writing. The data in [Trajectory - Power BI](#) was available up to the end of August and had been refreshed on the 1<sup>st</sup> October. Full data for the previous month is not available until 8/9<sup>th</sup> of the following month.
- 2.2 The following 'scorecards' provide a quarterly status update against metric performance and milestone delivery of key workstreams.
- 2.3 Quarter 1 was mostly green, with 11 of the 34 workstreams off-track, due to many workstreams not planned to start until quarter 2, because of delays in the business planning process and financial sign-off.
- 2.4 For quarter 2, 19 of the 34 workstreams were rated off-track affecting the delivery of 7 of the 9 business plan priorities.
- 2.5 High-level information, exceptions and recovery plans are detailed below, with the fuller discussions supported through the PMO team and performance review process.

## 24/25 BUSINESS PLAN SCORECARD: OUR PATIENTS

### Priority 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.

#### Manage Demand:

- Increase Hear and Treat rates
- Appropriate management of Health Care Professional calls
- Reduce avoidable conveyance rates

#### Manage Capacity:

- Maximise on shift availability
- Optimise use of Community First Responders
- Optimise appropriate deployment of Specialist Paramedics for Urgent Care

#### Maximise Efficiency

- Reduce crew clear times
- Improve productivity around meal break management
- Improve efficiency by reducing appropriately, on scene times
- Improve category 2 response, by developing a future operating model
- Agree to implement/commence the migration from AMPDS to NHS Pathways

2.6 Please note a forecasted position has been provided for the next quarter using the same rating\* to indicate direction of travel. This is to provide assurance on progress and identify areas that may require additional focus and support.

\***Green**= On track no issues, **Amber**= Off Track within tolerance and actions in place to recover  
**Red**= Off track by more than 2 months and actions in place will likely not deliver the year-end target.

	Workstream	Q1	Q2	Q3 Forecast	Q4
1.1	Manage demand by increasing Hear & Treat rates	ON TRACK	OFF TRACK W/T	OFF TRACK W/T	
1.2	Appropriate management of Health Care Professional (HCP) calls	ON TRACK	ON TRACK	ON TRACK	
1.3	Increase capacity by maximising on shift availability	ON TRACK	OFF TRACK W/T	OFF TRACK W/T	
1.4	Increase capacity by optimising use of Community First Responders (CFRs)	OFF TRACK	OFF TRACK W/T	OFF TRACK W/T	
1.5	Increase productivity of Specialist Paramedics for Urgent Care (SPUCs)	ON TRACK	ON TRACK	ON TRACK	
1.6	Improve Crew Clear efficiency	OFF TRACK	OFF TRACK	OFF TRACK W/T	
1.7	Improve productivity around meal break management.	ON TRACK	OFF TRACK	OFF TRACK	
1.8	Improve efficiency by reducing appropriately on scene times.	ON TRACK	ON TRACK	ON TRACK	
1.9	Develop the future operating model	ON TRACK	OFF TRACK W/T	OFF TRACK W/T	
1.10	Implement the migration from AMPDS to NHS Pathways	ON TRACK	OFF TRACK W/T	OFF TRACK W/T	

- 2.7 For Priority 1, the number of workstreams off track has increased in Q2 due to performance metrics missed despite agreed actions and milestones being delivered as per plan. The key points are outlined below with details of the recovery plans in **Table 1** Our Patients Exceptions and Recovery Plans.

### **Category 2 performance**

- 2.8 Category 2 performance is behind plan with July 31 seconds behind trajectory and August 50 seconds behind trajectory, although both months were below the temporary 30-minute standard. This now gives a forecast year-end figure of 2 mins 39 secs above trajectory at 32 minutes and 6 seconds.
- 2.9 This has been driven by increased demand which was up 2.6% against plan in July and 3.3% above plan in August and increased handover times (see recovery plans in the exceptions table).
- 2.10 Category 2 performance is affected by several of the actions and variables detailed below.

### **Hear and Treat**

- 2.11 Hear and Treat was behind plan in August at 15.2% against a target of 16.0%. This was mainly driven by:
- an increased number of referrals into pathways being rejected
  - Senior Clinical Advisor recruitment 9 FTE behind plan.
- 2.12 Work is underway with partners on Integrated Care Coordination models to increase pathways acceptance.
- 2.13 Additional recruitment and training is in place to boost clinician numbers. GP connect was launched in September which will boost clinician productivity and further work is planned to develop the remote hub model (see **Table 1** Our Patients Exceptions and Recovery Plans).

### **Optimising use of Community First Responders (CFRs)**

- 2.14 The overall contribution of CFRs to category 1 performance is 7 seconds in August against a year-end target of 10 seconds. There were 15,804 CFR hours available in August against a year-end plan to achieve 20,000 hours. Area plans have been developed to increase the number of hours, focussed on maximising hours from existing volunteers, and recruitment of new volunteers. It is expected that the impact of this work will be seen in Q4.

### **Crew Clear**

- 2.15 Crew clear was behind plan by 10 mins 30 seconds in August with a year-end forecast of 2 minutes 57 seconds behind plan. This significantly impacts on crew availability (along with handover, also off track) which impacts on availability, which is therefore also off track.
- 2.16 Recovery and improvement actions include learning from successful work at EMAS, alongside QI supported activity with the aim of developing a consistent approach to Crew Clear which should deliver improvements.

PMO support is in place due to complexity and scale, particularly the scale of the culture, staff engagement and buy-in and Trust-wide change required (see **Table 1** Our Patients Exceptions and Recovery Plans).

## NHS Pathways

- 2.17 NHS Pathways transition from AMPDS is one month behind schedule as Board approval was later than planned. Timelines and delivery plans have been reviewed to achieve planned go live date. The project governance structure is in place and working groups have commenced to support delivery as per plan. This should show an improving picture in future quarters (see **Table 1** Our Patients Exceptions and Recovery Plans).

<b>24/25 BUSINESS PLAN SCORECARD: <u>OUR PATIENTS</u></b>	
<b>Priority 2) Strengthen Quality and Safety:</b>	
YAS will improve <b>quality and safety</b> 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.	<ul style="list-style-type: none"> <li>➤ Reduce the number of patient incidents through implementing the Patient Safety Incident Response Framework (PSIRF)</li> <li>➤ Embed Quality Improvement Training</li> <li>➤ Embed Clinical Supervision</li> <li>➤ Improve Medicines Governance</li> </ul>

	<b>Key Workstream</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3 Forecast</b>	<b>Q4</b>
2.1	Embed the Patient Safety Incident Response Framework (PSIRF)	ON TRACK	OFF TRACK W/T	OFF TRACK W/T	
2.2	Systematically use quality improvement to deliver key priorities across the Trust as sighted in NHSE priorities for 2024/25, by building QI capability and capacity throughout the Trust.	ON TRACK	OFF TRACK W/T	OFF TRACK W/T	
2.3	Implement Clinical Supervision for all front-line staff.	ON TRACK	ON TRACK	ON TRACK	
2.4	Improve Medicines Governance	OFF TRACK	OFF TRACK	OFF TRACK	

## PSIRF

- 2.18 There is monitoring and reporting of the 4 local PSIRF themes to Patient Safety Learning Group:
- fallen or injured in our care
  - on scene decision making incidents
  - 999 telephony issues
  - 111 telephony issues
- 2.19 Normal variation remains with no significant improvements seen over Q2 against the targeted reduction of 5%. Interventions are being tested across service lines and the PSIRF policy and Patient Safety Partner Policy have been developed.
- 2.20 The methodology for PSIRF and the interventions are still being tested as part of the implementation plan, with the establishment of a baseline for interventions as part of this process.

- 2.21 Funding for the new PSIRF team posts begins in Q3 with recruitment underway in October to support embedding of PSIRF (see **Table 1** Our Patients Exceptions and Recovery Plans). This should see an improving position in future quarters with people in post and processes embedding.

## QI

- 2.21 To date 730 staff have undertaken Introduction to QI Training and it is unlikely to achieve the target of 1,750 by year end. The Introduction to QI Training is going through non-clinical PGB for sign off to support the training becoming mandatory (see **Table 1** Our Patients Exceptions and Recovery Plans). This would support target achievement if approved. QI Foundation Training is on track with 69 staff completing against a year end plan of 90.

## Clinical Supervision

- 2.22 Good progress made with 483 Clinical Supervision sessions delivered to date with activity increasing at pace and approx. 200 sessions scheduled for October. A train the trainer session is being delivered by the OD team to expand supervision capacity which will continue to improve delivery and the anticipated impact and benefit.

## Medicines Governance

- 2.23 The medicines governance workstream is off track due to timescale slippage. However, the Controlled Drugs app usage continues to increase after removal of paper documentation in Wakefield station. Further plans to remove the paper documentation from Castleford and South Kirkby are in place. A group is established to support Trust-wide implementation at pace, led by Dr Julian Mark with PMO support, which should deliver an improved position. The Medicines Policy was approved at September Clinical Governance Group (CGG) (see **Table 1** Our Patients Exceptions and Recovery Plans).

24/25 BUSINESS PLAN SCORECARD: OUR PATIENTS Priority 3: Deliver Integrated Clinical Assessment	
<b>3) Deliver Integrated Clinical Assessment:</b> YAS will invest further in developing <b>integrated clinical assessment</b> 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.	➤ Develop an Integrated Clinical Assessment Service

	Key Workstream	Q1	Q2	Q3 Forecast	Q4
3.1	Develop an integrated clinical assessment service across 999 and 111.	ON TRACK	ON TRACK	OFF TRACKW /T	

## Integrated Clinical Assessment Service

- 2.24 All milestones and measures are either on plan or close to plan. Calls assessed by a clinician in 111 is 40.8% YTD in August against a target of above 40% for the year.
- 2.25 Revised plans for ICAS have been developed due to NHS pathways implementation prioritisation. The draft proposal is to develop the CAD in IUC to prepare for the joint clinical queue post Pathways 'go live' in EOC. This requires capital investment, to be discussed at a future TEG.

### 24/25 BUSINESS PLAN SCORECARD: OUR PEOPLE

#### Priority 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.

- Achieve the Workforce Plan (Recruitment & Retention)
- Implement International recruitment for clinicians in IUC
- Implement IUC and EOC Improvement Programmes
- Implement Training Plans

	Key Workstream	Q1	Q2	Q3 Forecast	Q4
4.1	A&E Workforce Plans	ON TRACK	ON TRACK	ON TRACK	
4.2	EOC Workforce Plans	ON TRACK	ON TRACK	OFF TRACK W/T	
4.3	IUC Workforce Plans	OFF TRACK	OFF TRACK W/T	ON TRACK	
4.4	PTS Workforce Plans	ON TRACK	ON TRACK	ON TRACK	
4.5	International Recruitment	ON TRACK	ON TRACK	ON TRACK	
4.6	IUC Case for Change	ON TRACK	OFF TRACK	OFF TRACK	
4.7	EOC Case for Change	ON TRACK	ON TRACK	ON TRACK	
4.8	Training Plan	OFF TRACK	ON TRACK	ON TRACK	

#### Workforce Position

	Substantive FTE (year end 23/24)*	Substantive FTE (August 24)*	Growth	Substantive Planned FTE	Variance to plan	Planned Recruitment YTD	Actual Recruitment	Variance	Attrition**
<b>A&amp;E Operations</b>	3,092	3,158	66	3,225	-67	252	216	-36	150
<b>PTS</b>	430	434	4	434	0	56	32	-24	28
<b>EOC EMD</b>	202	239	37	248	-9	108	95	-13	58
<b>EOC Dispatch</b>	135	132	-3	143	-11	14	10	-4	13
<b>EOC Clinical</b>	48	52	4	61	-9	30	29	-1	25
<b>IUC HA</b>	316	334	18	335	-1	80	72	-8	54
<b>IUC CA</b>	48	56	8	58	-2	10	14	4	6
<b>Total</b>	4,281	4,405	124	4,504	-99	550	468	-82	334

*All areas exclude overtime and agency*

*\*\*Attrition is difference between recruitment and growth, includes leavers and movers (promotion, moves to other directorates)*

## A&E

- 2.26 A&E recruitment is behind plan with 146 ASW/ACA recruited YTD in August against plan of 168. This was driven by a drop in ACA recruitment which has now been replaced with additional recruitment of ASW's in Q3/4 to achieve plan. Current year-end forecast is 302 FTE against plan of 312.
- 2.27 Paramedic recruitment is 14 FTE behind plan, but these have been planned into later courses in Q3. Current year-end forecast is 255 FTE against plan of 252 FTE.
- 2.28 The net gain from A&E recruitment YTD in August is 66 FTE. Substantive FTE in post is 3,158 against a plan of 3,225. Turnover is lower than planned at 5.9% (see Workforce Position table above). The forecast is an improving position with full recruitment planned to be achieved for year-end.

## EOC

- 2.29 EOC recruitment is off track with 95 EMD's recruited against plan of 108. This gives a total of 239 FTE in post against a plan of 248 FTE, a net increase of 37 FTE since start of Q1.
- 2.30 Clinical advisor recruitment is 1 behind plan with 29 recruited YTD in August for a total of 52 FTE in post against a plan of 61 FTE. This gives a net increase of 4 FTE since the start of Q1. Turnover is 0.3% above plan at 19.6% (see table above).
- 2.31 Sickness and attrition peaked in July, which led to a decision to maintain core numbers of trainees rather than overfill courses which has the potential to increase both sickness and attrition. This has reduced sickness in both mentors and mentees. The aim is to reduce attrition to support meeting trajectories but also to improve sickness and wellbeing.

## IUC

- 2.32 Total IUC recruitment is on track with 174 Health Advisors recruited. However, substantive recruitment is 72 FTE against plan of 80 but was 8 FTE above plan across July and August, therefore on track.
- 2.33 Agency recruitment is above plan at 102 FTE against plan of 75 FTE. This gives a net increase of 39 FTE since the start of Q1 with attrition still high at 34.1% but reducing.
- 2.34 Agency recruitment will cease in Q3 in line with the plan to reduce year-end forecast overspend and increase substantive recruitment whilst reducing agency usage (see **Table 2** Our People Exceptions and Recovery Plans).
- 2.35 14 Clinical Advisors were recruited against a plan of 10, resulting in a total FTE of 56 against a plan of 58. This is a net increase of 8 FTE since start of Q1. Turnover is reducing but higher than planned however mitigations are in place (see **Table 2** Our People Exceptions and Recovery Plans).
- 2.36 International recruitment for nurses is on track to date. The first group arrived in August.



- 2.37 Case for Change core metrics are on track, moving to 100% substantive recruitment and stopping agency HA recruitment in September. All new staff have started on the new rotas, however, only 14% of the total workforce are currently on the new rotas against a requirement of 60%. One issue that has led to reduced uptake and benefit realisation is the decision to make the new rotas optional for staff. This has delayed implementation of team-based working as rotas cannot now be matched to a Team Leader (see **Table 2** Our People Exceptions and Recovery Plans).
- 2.38 This will likely impact on benefits delivery until enough new starters are on the rotas to enable the move to team-based working. Work is underway to understand the impacts of this and this understanding is due imminently to support decision-making on recovery and next steps.

## PTS

- 2.39 PTS recruitment is behind plan with 32 FTE recruited against plan of 46 giving a net growth of 4. However, this has been off set with decreased turnover of 11% with 434 FTE in post against a plan of 434 FTE at the end of August (see Workforce position table above).
- 2.40 There is further work required to understand the offered versus started from the recruitment process to support delivery of workforce plans.

### 24/25 BUSINESS PLAN SCORECARD: OUR PEOPLE

#### Priority 5: Improving 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.

- Reduce Sickness Absence, including improving PDR/Appraisal Compliance and delivery of the annual Health and Wellbeing Plan
- Embed Body Worn Cameras

	Key Workstream	Q1	Q2	Q3 Forecast	Q4
5.1	Reduce Sickness Absence, including improving PDR/Appraisal Compliance and delivery of the annual Health and Wellbeing Plan	ON TRACK	OFF TRACK	OFF TRACK	
5.2	Embed Body Worn Cameras	ON TRACK	ON TRACK	ON TRACK	

## Health & Wellbeing

- 2.41 Sickness absence has steadily increased over the summer months (6.5% in August against plan of 5.7%) which is of concern as we enter the autumn/winter months when absence is usually at its highest. Deep dives are being undertaken and shared with the Absence Group to understand where focus is required.
- 2.42 Work is commencing on the review and likely re-procurement of a Day One absence management system (Empactis is currently used). Options to use absence recording via managers rather than an automated system are being considered as this is more person-centric and likely to support improvements in absence management.
- 2.43 Appraisal rates have improved in line with plan and at 82.7% is an improvement of 7.1% from March. There is ongoing work to continue to improve to achieve the 90% target.

## Body Worn Cameras

- 2.44 The workstream is on track. A review of training for body worn cameras was completed in Q2 as per plan with revisions to be made to the training, including mandating all patient-facing staff complete the training and change the delivery method to eLearning to better capture and improve compliance.

### 24/25 BUSINESS PLAN SCORECARD: OUR PEOPLE

#### Priority 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

- Implement YAS Together aligned to NHS People Promise exemplar
- Embed Equality, Diversity and Inclusion

	Key Workstream	Q1	Q2	Q3 Forecast	Q4
6.1	Implement YAS Together aligned to NHS People Promise exemplar	ON TRACK	ON TRACK	ON TRACK	
6.2	Embed Equality Diversity and Inclusion	ON TRACK	ON TRACK	ON TRACK	

## YAS Together

- 2.45 All milestones have been delivered in Q2 with succession planning continuing its roll out across the Trust and on plan to complete in Q3, with a full trust succession plan available in Q4. Other interventions such as Team effectiveness and Team Charter are now fully in use and being rolled out as per team requests into the OD team. Roll out of YAS Together information to all staff continues through investment days with video content now being created to aid delivery to all staff. Delivery is on track and showing positive impacts.

## Equality, Diversity and Inclusion (EDI)

- 2.46 Q2 milestones are all on track. The inclusive recruitment review workshop has been delivered as planned, and objectives and workstreams agreed. These are progressing to delivery. Delivery is on track and showing positive impacts.

24/25 BUSINESS PLAN SCORECARD: <u>OUR PARTNERS</u>	
Priority 7: Partnership working to improve response:	
YAS will further embed <b>partnership working</b> and <b>system collaboration</b> , with a particular focus on working with acute partners on handover delays and Place partners on appropriate clinical pathways for patients	<ul style="list-style-type: none"> <li>➤ Work with system partners to develop and increase access to appropriate alternative pathways</li> <li>➤ Work with system partners to support Arrival to Handover</li> <li>➤ Embed the Mental Health and Learning Disabilities Programme increasing: <ul style="list-style-type: none"> <li>➤ Utilisation of specialist resource</li> <li>➤ Implement Oliver McGowan training</li> </ul> </li> </ul>

	Key Workstream	Q1	Q2	Q3 Forecast	Q4
7.1	Work with system partners to reduce hospital arrival to handover times	OFF TRACK	OFF TRACK	OFF TRACK	
7.2	Increase, where appropriate pathways and improve utilisation	OFF TRACK	OFF TRACK W/T	OFF TRACK W/T	
7.3	Embed the Mental Health and Learning Disabilities Programme	OFF TRACK	OFF TRACK	OFF TRACK W/T	

### Arrival to Handover

- 2.47 Handover is off track with July and August over trajectory by 8 mins 54 seconds and 3 minutes 37 seconds respectively. At the end of August our year-end forecast is 32 minutes 21 seconds which is 8 minutes 30 seconds above plan. This significantly impacts on crew availability and therefore performance and response to patients, impacting on care.
- 2.48 Work continues to deliver against the area, ICB & Place UEC plans to improve hospital handover and therefore the Category 2 performance. Although much work is taking place the improvements made are not sustained and remain in a volatile position due to the complexity of the UEC agenda and long-standing challenges resulting in handover delays. There is ongoing dialogue and focus across partners to address these significant and interdependent challenges (see **Table 3** Our Partners Exceptions and Recovery Plans).

### Appropriate Pathways

- 2.49 Appropriate pathway access and availability aims to ensure patients receive the right care in the right place to support improved outcomes. Integrated Care Coordination work is progressing with two new hubs in HNY.
- 2.50 Work is underway to review missed opportunities to support patients to access alternative pathways in South Yorkshire to inform where we can improve utilisation and patient care. There is now a paramedic embedded in some ICCs in South Yorkshire (Right Care Barnsley went live with YAS input in October 2024). Outcomes will be reviewed and shared as this progresses.

- 2.51 There is a large amount of differentiated Integrated Care Coordination approaches and activity across our 15 Places. Work has progressed on YAS's strategic approach to ICCs and will be presented at TEG in November (see **Table 3** Our Partners Exceptions and Recovery Plans).

### **Mental Health Programme**

- 2.52 The Mental Health programme is underspent by £918k (see **Table 3** Our Partners Exceptions and Recovery Plans). This is mainly due to gaps in shift fill which is averaging 38% across the mental health vehicles, driven by delays in recruitment to the specialist roles and lack of alternative resource from operations to backfill.
- 2.53 Shift fill is improving in line with recruitment but is below target. The requirement is a total of 48 FTE to staff the 9 vehicles that are planned. There are currently 6 vehicles in operation.
- 2.54 The limiting factor to recruitment is the number of educational places available at local universities. To date we have recruited 18 specialist paramedics but only 15 of these can begin their training in Q3 due to the limited places available.
- 2.55 The transition period to fully staff MHRV's was originally 2 years to allow for the education placements. This has resulted in 999 operations trying to fill the gaps in MHRV rotas with paramedic and clinical support staff from existing establishment. Given the challenges with demand and capacity this has been difficult to achieve.
- 2.56 Spend will increase closer to plan during Q3 and Q4 but will not recover the underspend to date. Work is underway on options of how the funding can be used differently to reduce the underspend position and our likely year-end position based on recruitment and revised plans. This will continue to be monitored through the performance review group on a monthly basis while the project remains off track.
- 2.57 There are now 8 out of 10 services onboarded to the push model and 8% of all MH jobs are supported by the mental health vehicle against year-end target of 20%.
- 2.58 The MHRV underspend does not affect YAS's financial position.

#### **24/25 BUSINESS PLAN SCORECARD: OUR PLANET AND POUNDS**

##### **Priority 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.

- Maximise Organisational Efficiencies and deliver the Trust wide efficiency target
- Implement NEPTS Eligibility

	Key Workstream	Q1	Q2	Q3 Forecast	Q4
8.1	Maximise operational efficiencies to deliver Trust wide efficiency target	OFF TRACK	OFF TRACK W/T	OFF TRACK W/T	
8.2	Implement Non-Emergency Patient Transport Service (PTS) Eligibility	OFF TRACK	OFF TRACK	OFF TRACK	

## Organisational Efficiency

- 2.59 The overall efficiency target is £21.3m, equating to 5.2% of Trust income. This is made up of Identified Schemes £6.5m, and Vacancy Factor £6.4m (1.8% of operational services pay budgets and 1% of support services pay budgets). There is an additional CIP £4.1m (1.1%, across all budgets where schemes are not identified) and performance efficiencies £4.3m.
- 2.60 Currently, the forecast is to achieve the planned breakeven position. However, at Month 5 there is a financial risk of £8.2m, held in reserves, which relates a number of pressures; A&E Ops, IUC, PTS, Procurement & Fleet. This means the unidentified efficiency savings targets in these areas are not being met. The Board has made it clear that it will take whatever decisions are necessary to recover a breakeven position, and mitigating actions are being developed. On this basis this area is rated “amber”. (see **Table 4** Our Planet and Pounds Exceptions and Recovery Plans)
- 2.61 YTD expenditure on pay is £129.6m against a plan of £129.7m, an underspend of £128k, therefore the vacancy factor and pay savings target are being achieved overall.

## NEPTS Eligibility

- 2.62 PTS eligibility criteria is off track. ICBs have agreed a go live of April 2025, therefore no benefits will be delivered in year. To complete the preparatory work needed for go live in 25/26 YAS will be required to invest in recruitment and training within year. Options have been developed to undertake preparatory work in 24/25 which range in cost from £27k - £120k. These costs need to be identified from within existing budget allocations. It had been anticipated that the costs required would have been offset by in year efficiency savings, prior to ICBs advising that in year go live was not possible. Work is ongoing to identify efficiencies and next steps to progress. (See **table 4** Our Planet and Pounds Exceptions and Recovery Plans).

## 24/25 BUSINESS PLAN SCORECARD: OUR PLANET AND POUNDS

### Priority 9: Optimising Fleet Availability and 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.

- Implement the Fleet Plan to support availability (reducing VOR) and improve Category 2 performance
- Implement Telematics

	Key Workstream	Q1	Q2	Q3 Forecast	Q4
9.1	Increase fleet numbers to 512 DCAs and reduce VOR to achieve 82% vehicle availability.	NO UPDATE	ON TRACK	ON TRACK	
9.2	Introduce in-vehicle telematics to the A&E, PTS and Support Service Vehicle Fleet to increase productivity and efficiency and reduce the trust's carbon footprint.	OFF TRACK	OFF TRACK	OFF TRACK	

### Fleet

- 2.63 All milestones were delivered in Q2 with vehicle availability achieving 82% target. Mondays remain challenging in North Yorkshire due to VOR's over the weekend especially in single vehicle stations. This is mitigated by current rotas which means vehicle demand is lower on a Monday. In addition, work is ongoing to improve this position with fleet continuing to commission new vehicles as per plan. As of 27 September, there were 462 DCA's operational across the region (North 84, East 77, South 122, BCK 89 and LW 90). Plans remain on track to have the 61 additional vehicles operational over Q3. There is a slight risk to achieving the target of 512 vehicles by the end of December due to a number on vehicles having been written off.

### Telematics

- 2.64 Timescales for implementation of a telematics system have slipped due to unexpected costs uncovered in the tender process. The successful tender outlined some increased upfront costs that were not anticipated in the business case. The impact of this is that the projected cost reduction of £507k will not be achieved in 2024/25. Revised figures are being worked up and will be presented to Finance & Performance Committee and Board (see **Table 4** Our Planet and Pounds Exceptions and Recovery Plans).

## ESCALATIONS AND RECOVERY PLANS

The information below presents a quarter 1 summary of the recovery plans for each of the priority workstreams from the 2024/25 Business Plan that are off-track. An off-track status has been determined by monitoring the priority workstream metrics and milestones (Appendix A and summary in Appendix B), through the performance reviews and in collaboration with Senior Responsible Officers and Executive Leads. The status rating criteria is provided through the SRO reports.

**Table 1 OUR PATIENTS: TO IMPROVE SAFETY AND QUALITY FOR PATIENTS – ESCALATIONS AND RECOVERY PLANS**

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
<b>Priority 1) Improved Response including Cat 2</b>						
Manage demand by increasing Hear and Treat rates.	Multi-factorial; 1. Reduction in capacity/increased number of referrals rejected into pathways. 2. Workforce in Q1 and 2. 3. Remote hub/rotational SCA plan not yet agreed.	1. Working with DPO's and partners on ICC models to increase pathway acceptance. 2. Roll out of GP connect to increase clinical productivity. 3. CP to support the Remote hub/SCA plan by Oct 24. 4. Further recruitment in Aug/Sept and training courses for SCA planned in Oct/Jan.	Q3-4	None	Nick Smith	YES
Increase capacity by maximising on shift availability.	Interdependent with Crew Clear and turnaround, both off track.	See Crew clear and handover below. Improved data and reporting on availability.	1 month	BI support, see Crew Clear and Handover sections	Nick Smith	No
Increase capacity by optimising use of Community First Responders (CFRs).	Reduced number of hours in volunteers Risks linked to consistent capacity to dispatch volunteers to most appropriate jobs	Maximise the hours available of existing volunteers Recruitment plans in place to increase overall volunteer numbers Work with EOC to improve dispatch	Q4	None	Nick Smith	No
Improve Crew Clear efficiency.	Area plans being implemented, some actions are still being worked through to be agreed. Areas adopting use of dashboards to have conversations with staff. Data is not showing improvements to date in all areas. Not escalating to TEG due to agreement in Performance Forum.	Agreement on SOP for alerts to crews prompting 15mins.Improvement and PMO capacity to support local teams. Data analysis on reasons for exceeding 15mins. Utilise Ops cells differently to support on-day availability.	1-3 months	PMO - agreed at Performance Forum. Full range of support from corporate functions, communications, staff engagement, QI capacity, BI capacity.	Nick Smith	No



Table 1 OUR PATIENTS: TO IMPROVE SAFETY AND QUALITY FOR PATIENTS – ESCALATIONS AND RECOVERY PLANS						
Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
Improve productivity around meal break management.	Finance wise 31K overspent YTD. Awaiting updated BI dashboard to support definitive oversight of compliance.	1. Timelines for dashboard and monitoring oversight. 2. analysis of data 3. Action plans and development of updated meal break policy	2-3 months	None	Nick Smith	YES
Develop the future operating model.	Delay commencing programme resulting in timelines not now being accurate, anticipated Sept 25 completion for Milestone	Delay commencing programme resulting in timelines not now being accurate, anticipated Sept 25 completion for Milestone	September 2025 new deadline agreed with Executive Sponsor	Support in place, more PMO support might be required, being scoped currently, agreed timescales with Executive Sponsor.	Nick Smith	No
Implement the migration from AMPDS to NHS Pathways.	Original plan for board approval was July with business case submission delayed to August Board	Reviewed timelines for delivery of 'go live' date. Pulled timelines back on track.	1 month	Nil complete, 'go live' date still unchanged.	Nick Smith	No
<b>Priority 2) Quality and Safety</b>						
Embed the Patient Safety Incident Framework (PSIRF)	Q2 data remains in normal variation for incidents relating to PSIRF themes, with no significant improvements. Recruitment to complete in Q3 due to funding.	Interventions are being tested for impact.	PSIRF is an ongoing plan with monthly review	None at this stage	Dave Green	No
QI	Introduction to QI unlikely to achieve 1,750. Reason for this is that training is not mandatory.	Support from non-clinical PGB to ensure introduction to QI is mandatory	April 25	Support from YAS Academy to develop e-learning training and support with reporting.	Dave Green	YES
Improve Medicines management	Documentation was approved in September CGG meeting, policy sent to academy for adding to ESR awaiting confirmation.	ESR is already set up for the policy to be added and the tracking is on the tracking table presented at Clinical PGB and MOG	N/a	Support from P&D removed due to change of role, tracking in place and continued to be used to support progress.	Dr Julian Mark	No



Table 2: OUR PEOPLE: TO INVEST IN OUR PEOPLE TO IMPROVE CARE AND SUPPORT DELIVERY – ESCALATIONS AND RECOVERY PLANS						
Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
<b>Priority 4) 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.</b>						
Deliver the agreed workforce plan of 276 FTE Health Advisors and 90 FTE Clinical Advisors across 111 through delivery of recruitment and management of overtime.	Maintaining planned recruitment trajectories, however leading to non-delivery of vacancy factor and CIP and therefore a cost pressure.	Scenario planning shared with TEG for decisions. Already reduced OT/agency/incentives and improved forecast by 500k. Met NHSE and to review national benchmarking data for 111 services around recruitment and retention. Aim to visit sites with strong recruitment and low attrition and turnover to learn and embed at YAS	TBC	Scenarios built for TEG decision regarding reducing workforce trajectories.	Nick Smith	YES
Implement IUC change programme.	Time delays in four areas have impacted benefits realisation; 1. Rota; due to not mandating the new rota, there has been a low update with current staff. All new staff are going onto the new rota, making the benefit of team based working time delivery off track. 2. Structure - 4 JD's are awaiting QA or JE panel and are causing delay to benefits realisation. 3. Attraction and Recruitment is off track due to time but due to be closed in Oct. Despite not delivering the action, we have had success recruiting substantively and now stopped agency as a primary source of recruitment. 4. Leadership; delays to recruitment of TLs has led to	Reviewing meeting 3/10/24, map immediate and medium-term actions for areas 2/3/4.	2 months for actions 2-4	TBC	Nick Smith	YES

Table 2: OUR PEOPLE: TO INVEST IN OUR PEOPLE TO IMPROVE CARE AND SUPPORT DELIVERY – ESCALATIONS AND RECOVERY PLANS						
Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
	delays in benefits realisation. However, for those who have started, begin their apprenticeship pathway 30.10.24					
<b>Priority 5) Improving Health, Wellbeing and Safety:</b>						
Reduce Trust-wide Sickness Absence by 0.5%.	Absence has increased during summer months - possibly due to covid as 'cough, cold and flu' has increased.	Focus for all Directorates on plans to increase attendance, compliance with Empactis call backs and RTWs, ensuring staff are being managed in line with trigger points.	Unknown as moving towards winter months where absence is generally higher - likely to be unable to achieve the target.	BI support for deep dives on areas of focus. Management leads in each area to engage with what the data is saying. Management leads to have a clear plan of action for areas of focus identified.	Mandy Wilcock	YES
Embed equality, diversity and inclusion.	Revised timescales due to delayed start - Phase 1/2 merged may not complete by expected Q4 deadline but Project Delivery Group in place to monitor.	People Promise Manager and PMO Assigned to drive project back on track, delayed start may result in a slightly later completing date which will be revised in Q3 depending on progress of 3 workstreams	Revised timescales due to delayed start - Phase 1/2 merged may not complete by expected Q4 deadline but Project Delivery Group in place to monitor.	Size and scale assessment required PMO support which has now been identified.	Mandy Wilcock	No

**Table 3: OUR PARTNERS: TO COLLABORATE WITH OUR PARTNERS TO IMPROVE RESPONSES AND POPULATION HEALTH OUTCOMES – ESCALATIONS AND RECOVERY PLANS**

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
<b>Priority 7) Partnership working to improve response</b>						
Work with system partners to support Arrival to Handover	The delivery of the plans requires all elements to be aligned and working consistency to order to make sustained improvements. Hospital handover historically has been challenging and although much effort is made to improve the position and improve patient care, experience it remains challenging in line with national position	A&E representatives at UEC Board and Place UEC Groups where our position is presented, along of patient harm and safety concerns. Updates are also provided on system working and progress against agreed actions Revised Trust Hospital Handover escalation document been reviewed and approved at Clinical Governance. In addition, all areas now have in place Local Incident Review Groups, and joint governance arrangements with local health partners including acutes to understand MDT reviews, share learning and improve quality	TBC	Additional NHS England funding has been provided to support Category 2. This has been utilised to increase capacity and to improve turnaround	Nick Smith	YES
Increase, where appropriate, pathways and improve utilisation	Only 1 out 4 milestones is not fully on track - Robust pathway reporting mechanisms to share with areas established is underway but not quite finalised.	Support from BI to prioritise the development of the dashboard and reporting through to the new Pathways strategy group to be established.	1-2 months	None	Dr Julian Mark	No
Embed the Mental Health and Learning Disabilities Programme.	MHRV shift fill is averaging at 48% for August across 6 MHRVs. A new SPMH model has been agreed and approved and this is also part of the transition from the original model for the initial vehicles. Expansion from 3 original vehicles to 6 and now	Weekly Ops MHRV group set up to work through resourcing issues, specifically: <ul style="list-style-type: none"> <li>Lead Clinician gaps</li> <li>Clinician support gaps</li> </ul> Staff Update on overtime has been sent out – August 2024.	November 2024	Agreed to Extend PMO Programme Lead resource – currently set to 30/09/2024 to 31/01/2025.	Dave Green	YES

**Table 3: OUR PARTNERS: TO COLLABORATE WITH OUR PARTNERS TO IMPROVE RESPONSES AND POPULATION HEALTH OUTCOMES – ESCALATIONS AND RECOVERY PLANS**

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
	<p>a further increase to 9 (full complement) is creating competing priorities for operations in terms of transitioning and filling rotas for the vehicle. A total of 48 staff are required (clinical – Specialist Paramedics and non-clinical); SP recruitment is limited to the number of educational places that can be accommodated by the university (15) and although 16 SP's have been recruited and will commence education in autumn 2024, the shortfall in staffing has not been factored into 999 Operations capacity creating a tension in priorities. The transition period was originally 2 years to allow for the education placements. This has resulted in 999 operations trying to fill the gaps in MHRV rotas with paramedic and clinical support staff from existing establishment.</p>	<p>SPMH Cohort 2 start dates to be moved forward where practical. Restrictions on who can undertake a MH shift have been removed as a requirement eg. Training, this is now recommended rather than mandatory.</p> <p>Request for each area to confirm what they expect to be able to cover in terms of gaps in MH RV by early September, so that Provider to Commissioner discussions can be held.</p> <p>Cost/Time/ Quality Medium Term: SPMH Cohort 3 recruitment campaign has been brought forward – job advert out and interviews scheduled for end of September/ early October, education to commence October 2025. APMH recruitment campaign has been brought forward – job advert out.</p>				

**Table 4: OUR PLANET AND POUNDS: TO INVEST IN THE INFRASTRUCTURE AND RSOURCES TO IMPROVE THE EFFECTIVENESS OF DIRECT DELIVERY- ESCALATIONS AND RECOVERY PLANS**

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
<b>Priority 8) 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.</b>						
Maximise Organisational Efficiencies to deliver Trust wide efficiency target	This is largely driven by overspend across operational areas linked to increased demand and improved delivery of recruitment trajectories. There are also significant forecast overspends in procurement and fleet maintenance.	Operational areas have developed options to recover overspend and delivery of efficiency targets for year end. These were presented to TEG on the 9 of October for consideration. Budget Holders being encouraged to consider reducing all areas of discretionary spend so the Trust does not have to make unpalatable decisions that impact on patient care. In addition, increased grip and control measures will be introduced eg. non pay expenditure panel. This is to be discussed at TEG 9 Oct	Mar 25	Support required will be dependent on which recovery options are taken forward	Kathryn Vause	YES
Implement Non-Emergency Patient Transport Service (PTS) Eligibility.	To complete the preparatory work needed for an April go live YAS will be required to invest in recruitment and training within year. This is an anticipated cost of £27-£120K in year. These costs need to be identified from within PTS budget allocation.	Options provided / modelled with reduced service performance and negative quality impact. £27k required to implement in year - for recurrent cost improvements circa £1.9m	Nov 24 ICB decisions latest.	Internal or ICB support to fund in year go-live to realise cost improvements at the earliest opportunity in year 25/26. this will be recurrent cost improvement.	Nick Smith	No
<b>Priority 9) Optimising Fleet Availability &amp; Performance</b>						
Introduce in-vehicle telematics to the A&E, PTS and Support Service Vehicle Fleet to increase productivity	Failure to meet F&P and Board approval dates due to an affordability issue with the successful tender.	Strategic Finance and Procurement Teams will present revised figures to next F&P and Board	TBC	Support in place from Finance and Procurement Teams	Kathryn Vause	YES

**Table 4: OUR PLANET AND POUNDS: TO INVEST IN THE INFRASTRUCTURE AND RSOURCES TO IMPROVE THE EFFECTIVENESS OF DIRECT DELIVERY-  
ESCALATIONS AND RECOVERY PLANS**

Workstream	Off-Track Reason	Recovery Action	Recovery Timescales	Support Required	Executive Lead	TEG ESCALATION REQUESTED
and efficiency and reduce the trust’s carbon footprint.						

### **3. FINANCIAL IMPLICATIONS**

- 3.1 Any financial implications are identified for the relevant priorities and associated workstreams within the exception report and reported through the finance updates.

### **4. RISKS**

- 4.1 Key risks have been highlighted within the exception report, these are addressed as part of the monitoring and review process and through the performance process.

### **5. COMMUNICATION AND INVOLVEMENT**

- 5.1 The priorities and deliverable workstreams are reviewed by Senior Responsible Officers and designated Executive Leads. These are monitored and reported through the Performance Review Process, and through agreed Trust governance routes into TEG, Finance and Performance and Trust Board.

### **6. EQUALITY ANALYSIS**

- 6.1 Equality analysis has been undertaken as part of the development of each business plan priority, deliverable workstream and overall Trust Business Plan for 2024/25.

### **7. PUBLICATION UNDER FREEDOM OF INFORMATION ACT**

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

### **8. NEXT STEPS**

- 8.1 The Performance Review process will continue to monitor the 2024/25 business plan priorities and deliverable workstreams and has increased frequency to monthly reviews. Identified actions will be supported through this process and team, with TEG escalation where appropriate. A quarterly exception report, highlighting off-track workstreams and reasons, the recovery actions, support required, and recovery timescales will continue to be provided to the Quality, People and Finance and Performance committees and the Trust Board for assurance.

### **9. RECOMMENDATIONS**

- 9.1 It is recommended that the Trust Board:
- 1) Notes the progress in Q2 on delivery of the Trust business plan priorities for 2024/25.
  - 2) Understands the impact of workstreams that are off-track and supports the recovery plans for each of the workstreams to improve progress and delivery of the Trust business plan priorities.

### **10. SUPPORTING INFORMATION**

None.