



Board of Directors (held in Public)
27 April 2023

Trust Executive Report and Integrated Performance Report
Item 1.8

Presented for:	Information
Accountable Director:	Rod Barnes, Chief Executive Officer
Presented by:	Rod Barnes, Chief Executive Officer and Trust Executive Group Members
Author:	Rod Barnes, Chief Executive Officer
Previous Committees:	None
Legal / Regulatory:	No

Key Priorities/Goals	All
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Strategic Ambition	(✓)	BAF Strategic Risk
1. Patients and communities experience fully joined-up care responsive to their needs	✓	All
2. Our people feel empowered, valued and engaged to perform at their best	✓	All
3. We achieve excellence in everything we do	✓	All
4. We use resources wisely to invest in and sustain services	✓	All

Key points	
1. To provide an updated on the activities of the Trust Executive Group (TEG) and present the March 2023 Integrated Performance Report.	information

Board of Directors (held in Public)
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Trust Executive Report and Integrated Performance Report
(IPR)
Report of the Chief Executive

1. Chief Executive's Summary

The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the March 2023 Integrated Performance Report.

1.2 Industrial action

The industrial action which took place during, December, January and February has been particularly challenging and our focus has been to ensure that patients in the most need continued to get the support they required. Despite strong partnership working with our trade unions the duration of and scale of action has inevitably had an impact on operational delivery and patient care.

Our focus during the days of industrial action has been to prioritise patients with life-threatening conditions and our end-of-life patient transport. We increased the number of clinicians in our call centres to ensure timely triage of calls. A number of volunteers, from within YAS and our system partners, were trained to support call taking and dispatch in our call centres; we also received assistance from the military to help transport low acuity patients and engaged additional private ambulance support to provide non-urgent transport.

Through our planning for winter and industrial action, we continued to work with our system partners to expand access into community falls services, expanding the number of dedicated mental health response vehicles and ensuring we had the right numbers of staff in both our frontline and support services.

Trade unions representing ambulance staff across the country announced at the end of February that they were pausing further industrial action while they entered into fresh pay talks with the Government. This meant the planned industrial action on 8 March did not take place. UNISON members have voted in favour of the pay deal offered by the government, whilst we are still awaiting the outcome of ballots of Unite and GMB union members, Unite have called an additional days strike action for 1 May.

We continue to work constructively with system partners to mitigate risks of on-going industrial action including action taken by junior doctors and members of the Royal College of Nursing in other settings of care and I would again like to thank everyone at the Service for the commitment and professionalism demonstrated throughout the periods of industrial action.

1.3 Speak Up Review of Ambulance Trusts - National Guardian's Office

The National Guardian's Office has published a report of culture within the ambulance sector, [Listening to Workers – A speak up review of ambulance trusts in England](#), following visits to five services and engagement across the sector. Although our service was not one of the five services visited as part of this review, it is still important to shine a light on its findings and recommendations for improvement.

The report found considerable variation in the implementation and practice of the Freedom to Speak Up Guardian role nationwide with a potential impact on staff wellbeing and patient safety. Recommendations contained within the report include strengthening awareness and training for leaders and increasing the number of Guardians within each service and improving support available to them to reflect the geography and complexity of the role and a call for an independent cultural review of the sector, bringing together the work of NHS England, the Association of Ambulance Chief Executives (AAACE), the Care Quality Commission.

We are currently reviewing our training, capacity and support provided through our Guardian and network of FTSU Ambassadors and have been taking a proactive approach to speaking up by embedding it within our current cultural improvement programme.

1.4 New NHS England framework for quality improvement and delivery

NHSE has announced the establishment of a national improvement board, to agree the small number of shared national priorities on which NHSE, providers and systems, will focus improvement-led delivery work. The announcement follows a review, led by South East regional director Anne Eden and sets an expectation that all NHS providers, working in partnership with integrated care boards, will embed a quality improvement method aligned with the NHS improvement approach. Three core objectives identified are:

- To create a more standardised approach to shared priorities across England
- To embed continuous improvement-led delivery across all providers and integrated care systems
- Support the most challenged organisations and systems more consistently and effectively

NHSE will work with the Care Quality Commission to align the revised CQC well-led inspection process to the new improvement approach.

1.5 Operational Planning

The Trust submitted its operational and financial plans at the end of March and beginning of April aligned to priorities contained with national planning guidance, the national delivery plan for recovering urgent and emergency care services and local integrated care system plans. During the planning process NHSE allocated £200m capacity funding to the ten English ambulance services support increased capacity with a particular focus on improving ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

The planning process has been extended beyond the original end of March deadline to allow systems and providers more time to achieve balanced financial plans.

We are in the process of finalising our Business Plan priorities for 2023/24 (described in a separate paper) which focus on ensuring we have the people, skills, environment and culture to perform at our best and deliver the best possible care for our patients. Alongside this we have goals to produce a new 5-year strategy, further strengthen our leadership development, operating model, and governance structures to ensure we work effectively with our system partners in the Integrated Care Boards and at 'place' in communities, to provide high quality patient care for the people of Yorkshire and the Humber.

1.6 Demand and performance update

After some easing of operational pressures in late February, early March saw increasing demand and rising operational pressures in both NHS 111 and A&E Operations. Delays in patient handovers at hospital emergency departments also rose during February and early March, dominated by pressures at a small number of hospitals in North, East and South

Yorkshire. Our Patient Transport Services has also experienced higher demand with larger volumes of high acuity patients.

During April A&E response times have been significantly better, at the time of writing, with the Category 1 90th centile target of 15 mins being met and our mean response for Cat 2 mean for the month to date well within the revised national standard set for 2023/24 of 30 minutes.

We are continuing to prioritise improvement work with acute hospitals and other system partners to improve patient flow at hospital emergency departments and ensure we fully utilise available patient care pathways in local communities.

1.7 2022 NHS Staff Survey

The results from the 2022 National Staff Survey have now been released by the National Coordination Centre. The survey results present a positive picture showing good progress in a number of key areas which we can be proud of including staff having a voice that counts, compassionate culture and diversity and inclusion. At the same time however, the results highlight the recent pressures faced by the ambulance sector and the impact this has had on staff morale.

We continue to work hard to listen to and respond to experiences of our staff through the National Staff Survey and recent staff engagement programme supported by Moorhouse to inform our Future ways of working and these priorities from both are at the heart of our planning priorities for 2023/24.

1.8 Future ways of working

Last summer we began [Future Ways of Working](#), a significant programme of work to ensure we evolve to meet the increasing expectations, of our patients and our people and are best placed to collaborate across our three integrated care systems to improve the health and wellbeing and quality of care for the populations we serve.

There are two elements to this important work:

- Looking at our operating model – ensuring we are structured and organised to deliver best care we can for our patients.
- The way we work together - how we embed a consistent way of working across the Trust that embeds best practice, that is aligned to our values, that involves our people, patients and wider stakeholders in decision making and better supports individual and team development.

We have already made significant progress in both elements in recent months, such as implementation of changes to our area leadership arrangements and undertaking a major staff engagement exercise, supported by Moorhouse and I would like to thank everyone who got involved with the staff listening events or fed back views via other means. More than 700 people took the time to share their views to help us take this important work forward. It highlighted areas of good practice and particular the sense pride people have in working for YAS, their alignment to our core values and improvements made to health and wellbeing support and personal development. Most importantly the engagement work identified where we can do better – and then create a new way of working which will help us all achieve that. These areas include better talent-management, leadership and decision making, improved employee experience and more consistent culture and behaviours.

Specific actions to take forward these priorities have been incorporated into our 2023/34 business plan and will be central to our future 5-year strategy.

1.9 Emergency Operations Centre, York

Our new expanded Emergency Operations Centre, which handles 999 calls, opened in York during February, after a multi-million-pound redevelopment programme. We have two Emergency Operations Centres (EOCs) – Wakefield and York – and we have expanded the York centre to ensure we have resilience and business continuity in the event of any unforeseen incidents.

The new EOC will accommodate an expanded team with 50 positions for our Emergency Medical Dispatchers, Dispatchers, Clinicians and Team Leaders. Combined with a new open plan office area currently being developed on the ground floor for non-EOC staff, it will provide another 49 desks if required for disaster recovery. The redevelopment work has been an opportunity to improve the working environment for our staff, who have been actively involved in the design and planning. Further work is underway to redevelop other parts of the site, upgrade the power supply and improve parking for staff which we anticipate will be completed by the end of June.

2. Directorate Updates

2.1 Operations Directorate

2.1.1 Overview

The significant challenges experienced by the Accident and Emergency (A&E) service continue. Excessive delays in hospital turnaround at Acute Trusts continues to be the most significant contributor to the excessive response times some of our patients are experiencing. These delays are specifically challenged in the Humber and North Yorkshire ICB area. These delays in response also impact the ability of the Emergency Operations Centre (EOC) to respond to increasing call volumes in a timely way.

The A&E service has continued to address winter pressures and to manage the periods of industrial action over the past quarter. The winter planning group has continued to oversee and review the key actions that were identified at the beginning of the planning discussions in the Autumn. Some processes are now embedded as business as usual.

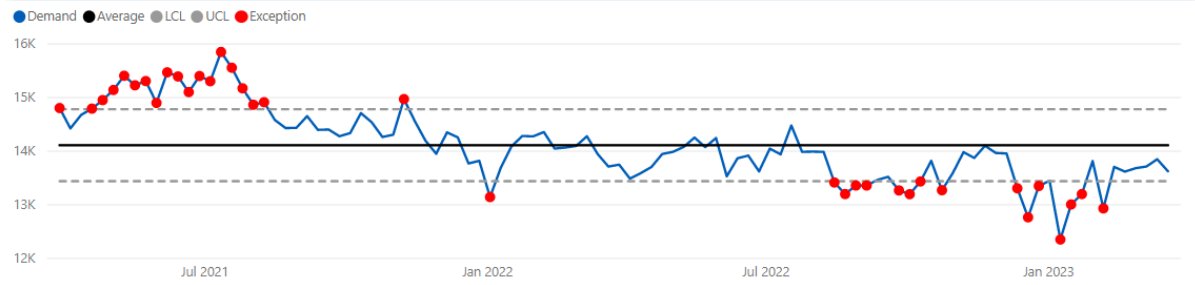
Other key activities which have also been required to continue during this period include:

- The roll out of MDVS (Mobile Data Vehicle Solution) training for front line and EOC staff in preparation for an April 2023 go live date.
- Development of the Easter Plan
- Development and further embedding of the Area strategic leadership groups in each of the regions.

2.1.2 Demand (On Scene Response Demand)

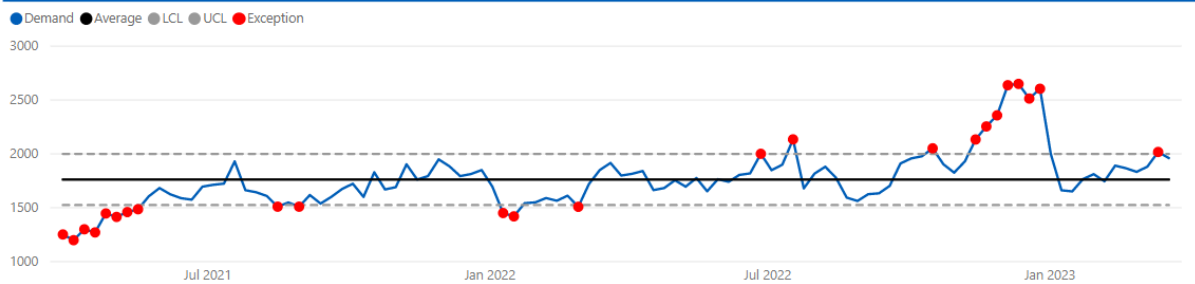
The following charts show the number of ambulance responses over the past two years. The total and Category 2 responses are currently within normal limits, although demand for Category 1 and Category 3 are on the outer limits of expected variation.

SPC Chart - YAS - Total Demand



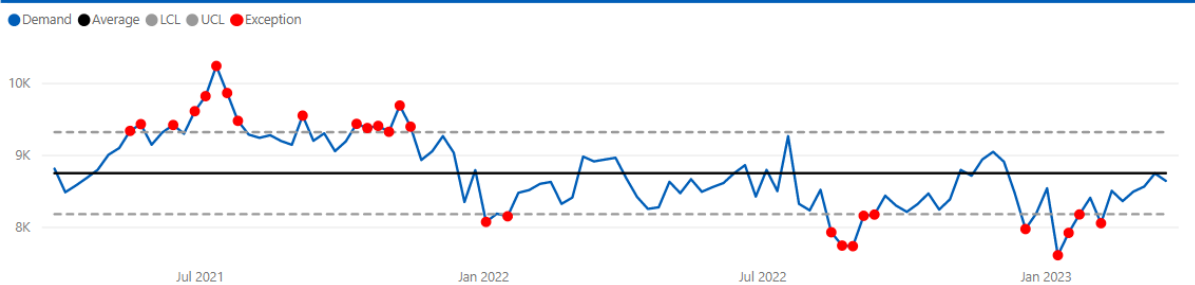
Above: All 999 responses on scene 29/03/2021 – 26/03/2023

SPC Chart - YAS - C1 Demand



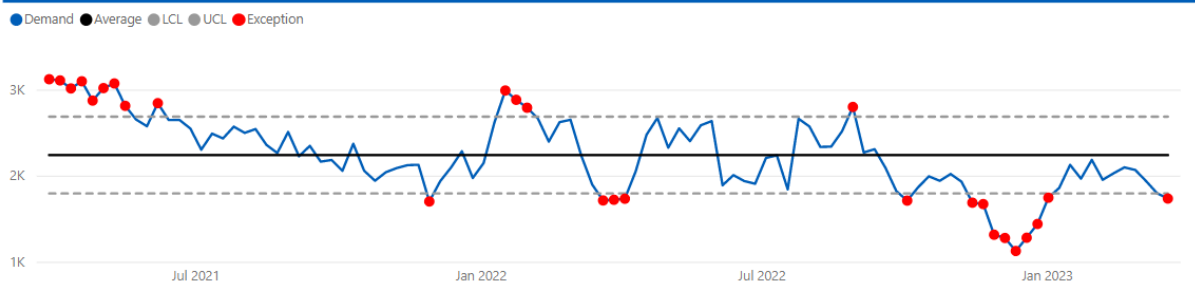
Above: All Cat1 responses on scene 29/03/2021 – 26/03/2023

SPC Chart - YAS - C2 Demand



Above: All Cat2 responses on scene 29/03/2021 – 26/03/2023

SPC Chart - YAS - C3 Demand



Above: All Cat3 responses on scene 29/03/2021 – 26/03/2023

2.1.3 A&E Operations

A&E Operations Capacity

Sickness absence reporting now includes both covid or non-covid. The level of sickness continues to fluctuate with occasional Covid outbreaks. Front line staff sickness has continued to fall and in February 2023 was 6%, which is the lowest figure for two years.

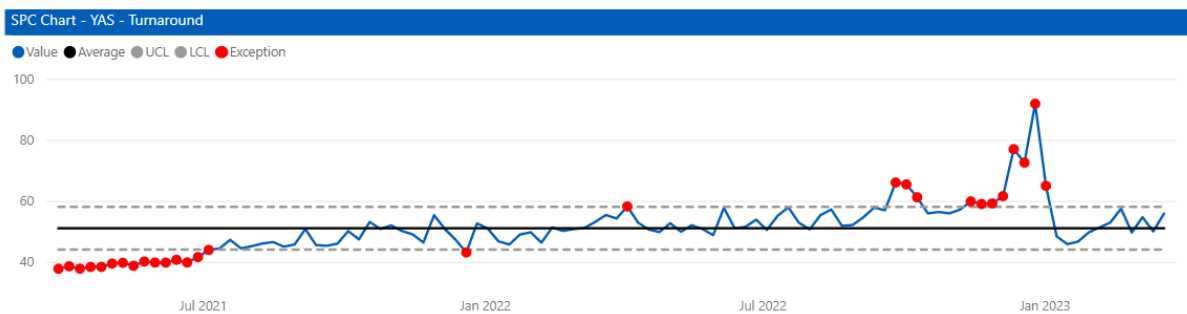
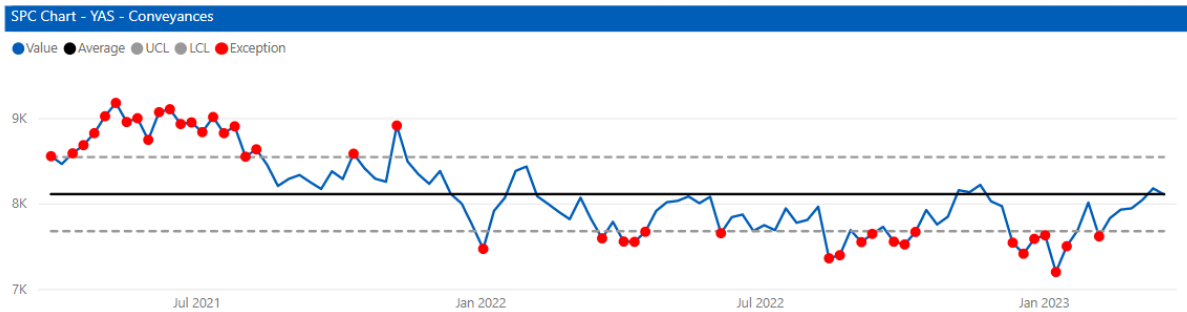
The abstraction rate includes annual leave, sickness and other non-operational hours. The overall abstraction rate within A&E operations has remained in line with the annual average of c38% this has varied across the months between from c35% to c40%.

Recruitment has been successful for paramedics with 274 recruited and trained year to date, against a target of 264. However, recruitment for Emergency Care Assistants (ECA) was lower with 187 recruited against a target of 264. This was due to the need to prioritise paramedic numbers. Progress, risks, and issues continue to be monitored and discussed within the Capacity Planning Group.

Hospital Turnaround

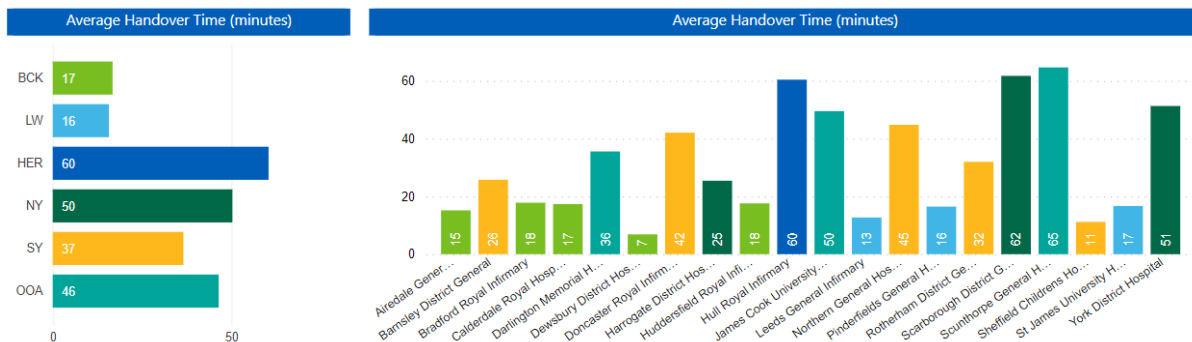
Conveyance to hospital remain within normal range but have increased slightly during February and March.

Handovers at Emergency Departments remain a serious concern and show little sign of returning to pre-2021 levels. However, they have thankfully decreased since the significant peak in November and December 2022.



Above: YAS – Turnaround 29/03/21 – 26/03/23 (Conveyances and Turnaround)

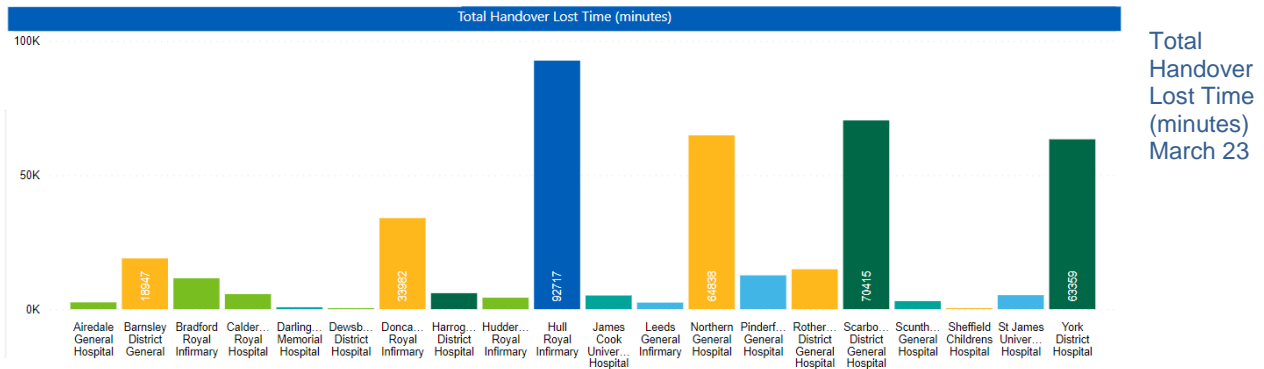
The chart below shows the average handover times for 2022/23. The target is 15 minutes.



Above: YAS – Average Handover 04/04/22 – 26/03/23

The chart below highlights significant lost time (in minutes) during March 2023 at a number of hospitals, most notably Hull Royal Infirmary, Scarborough, York and Northern General

in Sheffield. These are significant outliers and impact on ambulance availability in these areas.



Performance – YAS

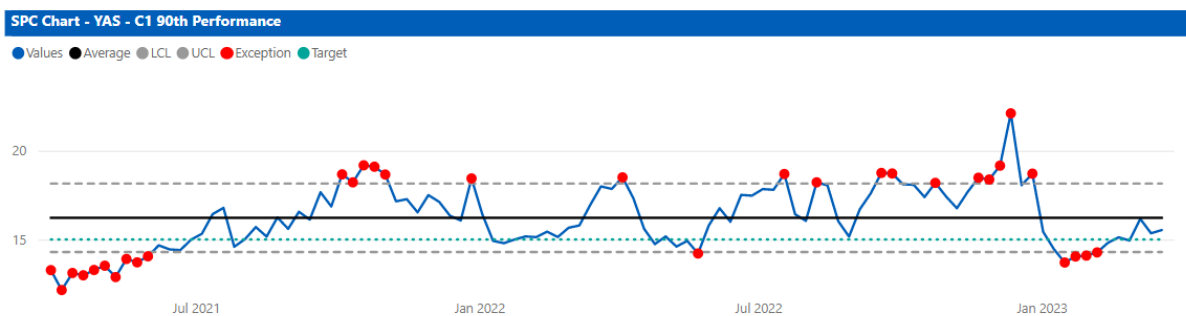
The following chart summarises performance across all categories in March 2023.

Unfortunately, no performance standard was met during the month.

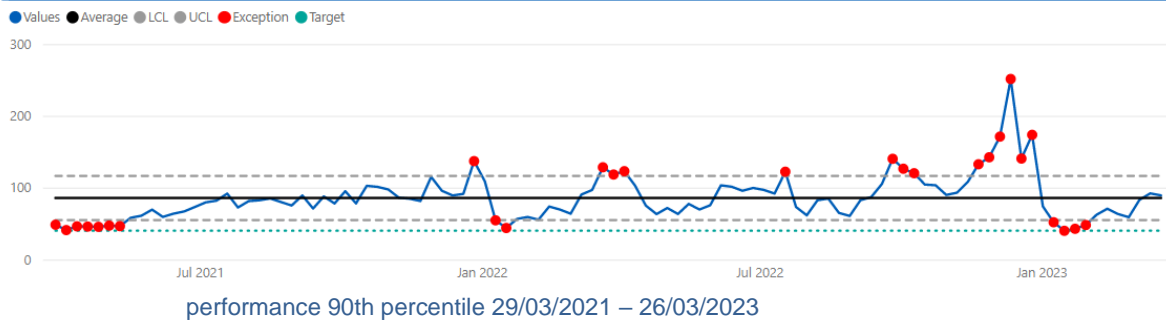
Category	Target	Performance
999 - C1 Mean	00:07:00	00:09:00
999 - C1 90 th	00:15:00	00:15:19
999 - C2 Mean	00:18:00	00:34:35
999 - C2 90 th	00:40:00	01:18:59
999 - C3 Mean	01:00:00	01:46:26
999 - C3 90 th	02:00:00	04:06:33
999 - C4 90 th	03:00:00	04:29:32

C1 to C4 Performance March 2023

The graphs below show how the Trust was meeting the Category 1 and 2 standards in January with a deterioration during March.



Cat1 performance 90th percentile 29/03/2021 – 26/03/2023

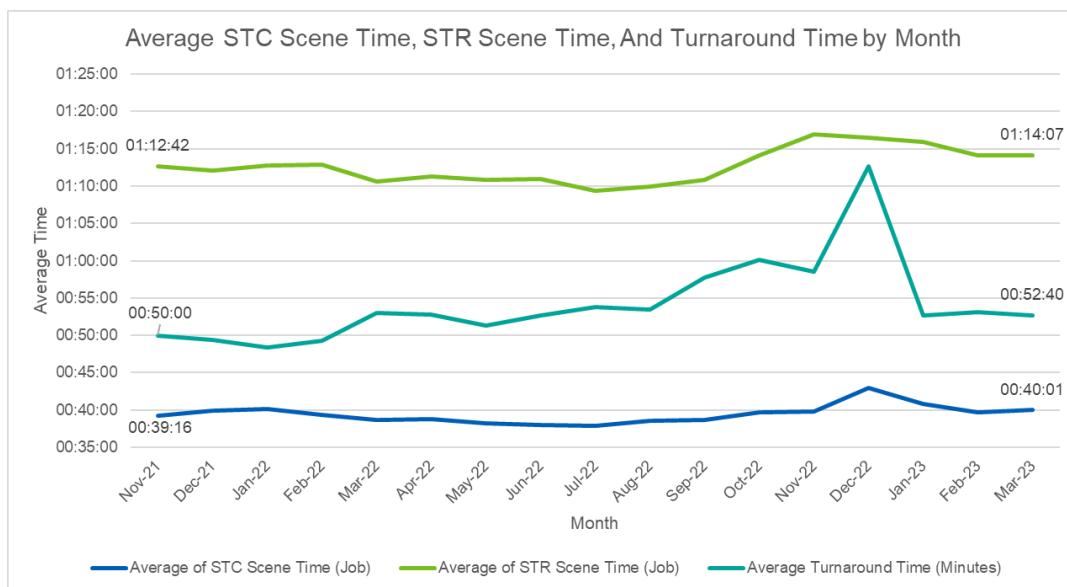


Job Cycle Times

The Job cycle time (JCT) also has an impact on performance. The job cycle time is the time taken from the ambulance getting allocated the call to the ambulance being available for the next call.

Although the time on scene is higher when patients are not conveyed to hospital that when they are, the job cycle time reduced due to not having the turnaround delay.

The on-scene times have remained relatively stable over the last 18 months.



2.1.4 Emergency Operations Centre (EOC)

EOC Demand and Performance

Call demand is greatly influenced by response time performance. Longer responses result in more calls from the public wanting an estimated time of arrival. These are classed as duplicate calls. The more calls our EOC receive the more challenging it is to meet our call answer target.

Therefore, the better the ambulance response times, the less duplicate calls received, the better the call answering times.

The chart below shows the reduction in calls since January and the subsequent increase in calls answer in standard (5 seconds).



EOC Capacity

The EOC continues to experience fluctuating levels of sickness ranging between c. 11% to c.18% with elevated levels of short-term sickness proving most disruptive.

Exact sickness levels can be seen in the Integrated Performance Report (IPR).

Staffing continues to be a challenge as turnover for 999 call takers (Emergency Medical Dispatchers or EMDs) was higher than forecast during Q4.

This is partly mitigated by continued high pace recruitment and training.

The EOC Senior Management Team (SMT) are continuing to explore opportunities with recruitment to improve retention during 2023/24. This remains the focus of capacity planning meetings both within the EOC and as part of the wider A&E Operations.

2.1.5 999 Career Pathway

A&E Operations Career Pathway Phase 1 - Enhancement to the pre-paramedic career framework

Phase 1 provides a pathway from entry into YAS from the previous Emergency Care Assistant (ECA) role to becoming a paramedic.

Following the end of the formal staff consultation with ECAs, implementation is well underway. The role of a Band 3 ECA will not continue and affected staff are being invited to an appraisal with their Team Leader to align them to the new roles.

- ECA staff who have undertaken the Ambulance Support Worker (ASW) apprenticeship will become a Band 4 Associate Ambulance Practitioner (AAP).
- Staff currently enrolled on the ASW apprenticeship will be expected to complete it in order to move to the AAP role.
- Staff that have not yet undertaken the ASW apprenticeship programme will only be progressed to the new AAP role if their level of experience and knowledge can be adequately evidenced. Staff that don't meet the above criteria will become a Band 3 Ambulance Support Worker (ASW).

Staff go 'live' with the new role as soon as the staff appraisal is completed and ESR updated.

A&E Operations Career Pathway Phase 2 – post graduate career framework

No further update as we are now at project closure stage for the Career Pathway Phase 2 project. This has been successful in putting in a clear pathway for paramedics to enter specialist and advanced practice, including rotation into Primary Care.

2.1.6 EOC Business Continuity Improvement project

The re-developed York EOC site is now 'live' and staff have been really pleased with their new working environment.

2.1.7 Emergency Planning Resilience and Response (EPRR)

EPRR has been heavily involved in the management of the recent industrial action through the provision of support to the YAS Healthcell during the planning for each strike period and supporting the Strategic Commander on each day of action.

Work has continued on the action plan put in place following the assessment against the NHS England EPRR Core Standards.

In March, the Trust self-assessed from 'Partially Compliant' to 'Substantially Compliant'. These Core Standards include a set of interoperability standards, and these are changing on 1 April. Work is underway to transfer the assessment and reporting mechanisms to these new standards.

The national funding for the HART teams has been reviewed and an uplift in funding has been recommended. ICBs have been asked to work with their ambulance trusts to review HART provision and ensure it is being delivered in line with the EPRR Core Standards. At the time of writing work is underway to develop a briefing to the ICB with a view to securing this uplifted funding and assessing potential improvements to capability that this might enable, in line with recommendations from the Manchester Arena Inquiry.

YAS were involved in two national exercises during March. The first was Exercise Spring Resolve, which was a two-day counter-terrorism exercise the second day of which was held at two sites in York and North Yorkshire. A range of resources supported the exercise including a full command team, HART, Air Ambulance, EOC, six A&E crews, along with umpires and facilitators from EPRR and Special Operations and the YAS Academy. The second was Exercise Mighty Oak, which was a national power outage exercise. YAS commanders supported two of the four Local Resilience Forums in the region that were participating in the exercise.

Learning from both exercises will be built into future response.

In February, YAS successfully recertified to the International Standard for Business Continuity and Societal Security - ISO 22301:2019 by the British Standards Institute external auditors. The report summary states, "this assessment has demonstrated YAS' high level of resilience and continued support of the community".

2.1.8 Community Resilience

Community Resilience volunteers have continued to play a major role in delivering patient care across the region and offered a seven second Cat 1 performance contribution to the trust's overall performance.

So far during 2023 our 650 Community First Responders (CFR) provided 47,113 hours of operational availability and responded to 4,170 patients. They have attended to over a thousand Category 1 patients and were first on scene to nearly half of these. Prior to the

arrival of the ambulance our CFRs were able to give high quality and lifesaving care until an ambulance arrived. Of the thousand calls our CFRs attended 182 cardiac arrests.

During the same period volunteers were trained and equipped to attend to uninjured patients who had fallen. Our CFR falls teams have responded to nearly 700 fallen patients. Supported by our remote clinicians in EOC many of the patients were able to safely stay at home with appropriate care plans in place and no need for additional resources to attend scene.

The Community Public Access Defibrillator (CPAD) familiarisation sessions have been very successful so far 27 sessions have been delivered with 457 attending in total to date.

As of 31st March, there are 4,809 defibrillators now registered within Yorkshire on The Circuit, which is an increase of 421 over the last quarter. The Circuit is a British Heart Foundation (BHF) database of all available AEDs.

We are soon to be starting a trial of auto allocating CFRs to CAT 1 incidents, with the aim of improving quicker call to mobile times and increase CAT 1 attendance by CFRs. The outcome of this will be shared with the Board.

A CFR CPD event was hosted in March to a huge success, with over 150 people attending. We have received great feedback on all social media platforms with CFRs asking when we are holding the next one. This type of event will provide a blueprint for future CPD sessions.

2.1.9 Key Operational Risks

Key operational risks which the Operations team are working to mitigate are as follows:

2.1.10 Handover delays – This continues to be the highest scoring risk on the register even after review. Operations continues to manage this at a local level where possible and discussions at a more strategic level continue with NHS England.

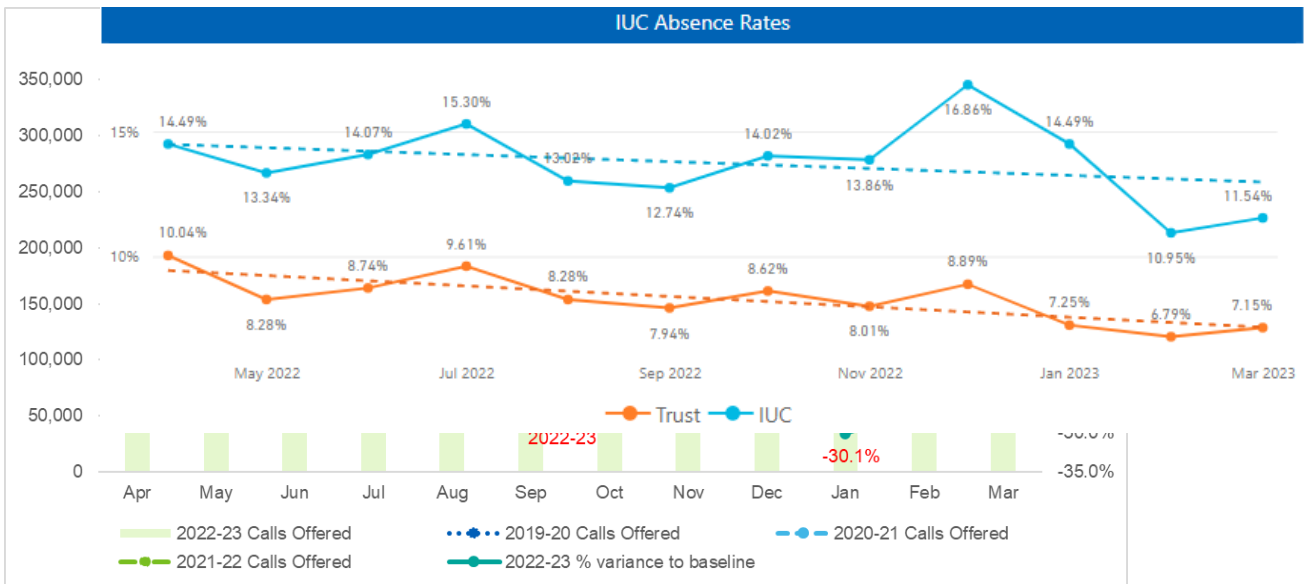
2.1.11 Industrial Action – Planning for industrial action days continued in this last quarter and at present there is no further action planned due to ongoing discussions at a national level.

3.1 Urgent Care and Integration

3.1.1 Integrated Urgent Care

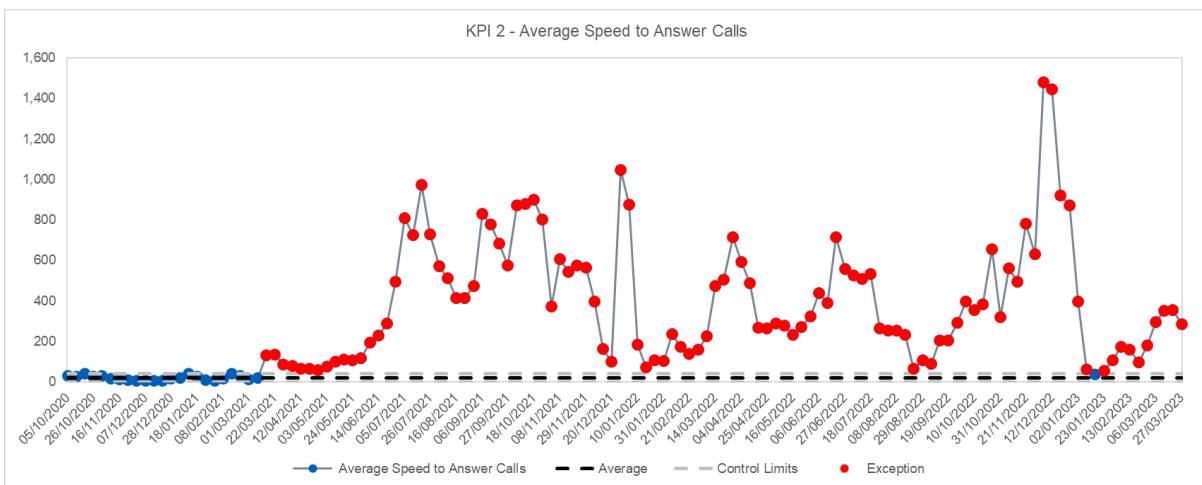
Demand and Performance

Overall demand for 2022/23 (April to March) saw the 111 service receive 1,766,792 calls, this is -13.2% below baseline. Calls answered were 1,518,926, this is -25.3% below baseline.



Performance for 2022/23 saw calls answered in 60 seconds at 40.2%, calls abandoned 14.0% and average speed to answer was 413 seconds. Clinical demand from 1st April 22 to 31st March 2023 saw 1,008,264 patients triaged, 22.9% of these were assessed by a clinician or a clinical advisor, and 46.2% of these received a clinical call back within one hour. Please note, due to the Adastra outage we are currently missing data from 03/08/2022 – 30/11/2022.

March 2022 saw Clinical demand at 180,806. 21.5% of these were assessed by a clinician or a clinical advisor and 48.7% received a clinical call back within 1 hour.



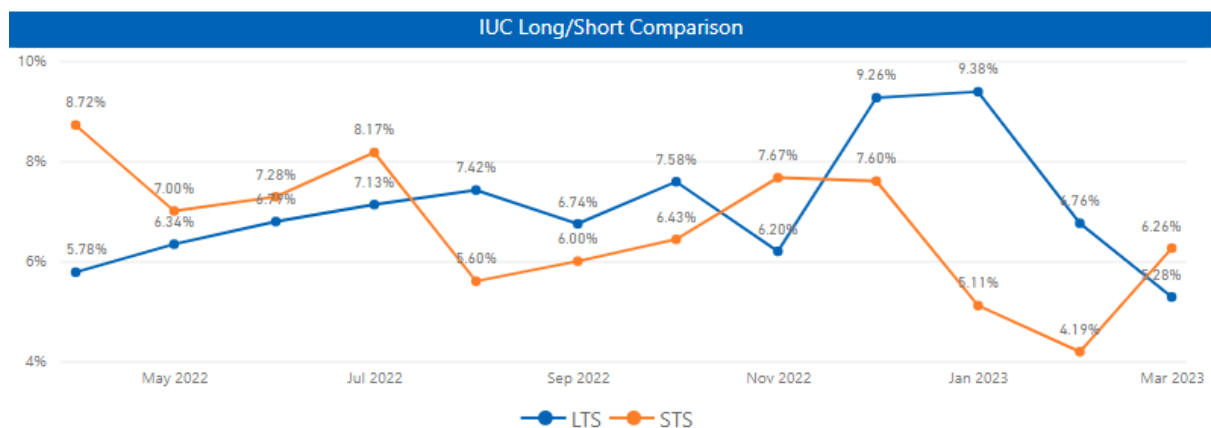
Performance continued to be a challenge across Quarter 4 for patient access as average speed of answer fluctuated. We saw a spike in ASA in December/January but a drop in February. ASA has been increasing throughout March.

3.1.2 Sickness Absence Rates

IUC sickness follows a similar trend to trust sickness. IUC sickness has been fluctuating throughout the year with a small spike in July and another in December. In quarter 4 we can see that sickness dropped from December’s high 16.85% and was at its lowest levels of the year in February and March.

Long-term absence has fluctuated over the last few months of 2022. We saw the end of quarter 3 and the start of quarter 4 at the highest we have seen all year; this was followed by a decrease down to 5.28% in March, going lower than short term sickness. Short term absence has shown fluctuation throughout the year also, you can see this in quarter 4 as

February recorded the lowest level of short term sickness for the year, but then in March this increased and overtook LTS.



Sickness Absence Reasons

Anxiety/stress/depression/psychological-related absence continues to be the highest reason for sickness absence and increased slightly from 28.42% in Quarter 3 to **30.2% in Quarter 4**.

Covid-related sickness absence remained relatively low at 5.9%. A further 5.8% of absence was attributable to Covid isolation (where an individual has tested positive but is fit for work and may be able to work at home on other duties).

Rates for each non-Covid reason remain broadly comparable to previous quarters with no significant changes.

Capacity

Staff capacity remains below the 2022/23 funded position with a shortfall of 125.9 FTE (full time equivalent) Health Advisors following a combination of high attrition (annualised at 49.5%) and more limited uptake in recruitment. We are currently engaging with 13 health advisor agencies, and we have managed to secure an average of 28.6 FTE from October to March. We are now monitoring our best-case trajectory plan.

Improvement plan

The Improvement Plan was developed into the 2022/23 IUC Delivery Plan and will be taken forward into the 2023/24 IUC Plan to ensure continuity. The Plan has allocated Workstream Leads and owners for all actions. Each action within the Plan links directly with CQC Key Lines of Enquiry (KLOEs) and the NHS People Promise. The Plan has SMART Objectives and key success criteria to enable the measurement of success as we progress.

Key developments across the rest of the quarter, through the IUC 2022/23 Delivery Plan include:

- **Culture and Leadership** – The Plan is live and being delivered through a set of projects, along with actions which are monitored through the IUC Senior Management Team and Operational Management Group Meetings. In addition, working groups have been set up to provide forums for collaborative development of key areas of work such as the rota review and leadership development.

As part of the collaborative delivery of the Plan, a defined role for staff to act as Change Champions is in place. There is a Project Plan in place to guide the work of

each Change Champions and they are provided with Leadership and Support from the dedicated Operational Lead.

The Operational Lead is in place, until 31 March 2023, to lead the operational delivery of the plan and provide supervision and support to the Change Champions. To support the delivery of the clinical elements of the Plan, a temporary Deputy Head of Nursing and Quality has been appointed until 31 March 2023, to provide capacity for the Head of Nursing and Quality to lead innovations around key areas such as Preceptorship and Restorative Supervision.

A key piece of work being delivered under this workstream are 'Civility Saves Lives' training for all IUC operational and clinical leaders. The aim is to support a culture which values kindness and support and takes a zero-tolerance approach to bullying.

In addition, the Operational Lead has developed a schedule of fun individual and team events across the year to develop a consistent 'feel good factor' within what is often a busy and challenging environment. This included events over the festive period and the development and publication of a recipe book which consists of staff contributions.

- **Health and wellbeing** – Continuation of initiatives in the call centre including therapy dogs (recognised as supporting staff wellbeing across healthcare), occupational health support sessions, review of staff absence management (including covid absence) with 8 mental health first aiders in place. Also, an additional 2 Wellbeing Officers and a Wellbeing Operational Service Manager have been appointed until 31 March 2023, to support sickness absence management and new wellbeing initiatives.

This has been valuable as the Wellbeing OSM has had the capacity to lead proactive wellbeing initiatives and link with the Operational Lead to raise awareness of wellness initiatives on a regular basis. This includes a recent event where staff were able to receive advice on movement and mild exercise, they can undertake at their desk to support mobility and good posture.

A significant step earlier in the year was the introduction of paid wellbeing breaks for all front facing IUC staff. Indicators continue to suggest that these breaks have been well received. More recently, 2 Wellbeing Champion have been introduced to support our people and also champion our Civility Saves Lives campaign.

In conjunction with EOC, we have introduced a product called Virgin Pulse Go (VP Go), a fun, personalised wellbeing program that harnesses the power of friendly, team-based competition to build healthy habits.

- **Workforce** – recruitment and retention continue to be a key focus for the service. The weekly IUC Attraction & Recruitment Task Group has worked tirelessly to drive marketing and recruitment. This is paying dividends with just over 150 applicants for Health Advisor roles and 6 applicants for Clinical Advisor roles. This initiative will continue throughout 2023/24.

The IUC and EOC teams are also working together with a marketing organisation to deliver a marketing plan, including radio, bus, and digital advertising in key areas, aimed at increasing our recruitment pipeline.

The Task Group are also working with universities to scope the possibility of recruiting students to IUC on a part time basis. In conjunction with this, the Training Team have now

developed a part time NHS Pathways Course to align with the needs of students and a wider demographic of applicants.

To increase our clinical staffing capacity, IUC asked for expressions of interest from YAS Paramedics to undertake personal development through PaCCS Training, in return for at least 10 hours per month of Clinical Advisor cover. There was an excellent response, and we now have 23 Paramedics trained with a further 20 due to be trained by the end of March.

We have also commenced a project for the international recruitment of experienced nurses. A team recently visited Kerala in India and interviewed a cohort of nurses wishing to move to the UK. This has led to the Trust making conditional offers to 15 nurses and we expect the first 6 to arrive in May 2023.

The trust Board has agreed a temporary Recruitment and Retention Premia for key IUC roles, to continue to attract new recruits and to encourage our current people to stay with us and help deliver our Plan.

- **Employee voice** – an extensive staff engagement programme commenced in March 2022 with the improvement plan and areas of key focus shared with staff. This marked the start of bi-monthly sessions seeking input and ideas from our people. This highlighted an issue with the quality of headsets causing challenges for staff. The cause has now been addressed and resolved. Our people have also provided valuable feedback on the current rotas and what they would like us to improve.

The Rota Review work is underway. We have the tools to undertake the work and we have also appointed an external organisation to validate our work. We are now working with ORH to develop capacity planning and associated rota requirements. This work is crucial to delivering other key improvements such as, Preceptorship, Clinical and Restorative Supervision and Team Based Working.

In addition, there is a working group which is developing a proposal for a Leadership Development Programme for our Team Leaders. This will equip our Team Leaders to provide leadership and support in the new Team Based Working model and drive a positive culture in IUC.

These initiatives are likely to require investment, so a business case will be developed as the rota review and associated work progresses. This has been built into our commissioning discussions for 2023/24.

- **Careers, Education and Learning** – The IUC Team are looking at the current clinical leadership model, with a view to ensuring that senior clinical expertise is in place to lead the development of career pathways, underpinned by education and CPD frameworks. The aim is to increase attraction and retention as a result of an improved offering.

Our IUC/EOC Consultant Practitioner is now in post, and this will be a key role for the development and delivery of this workstream.

- **Service Development** – A review of 'Average Handle Time' and 'Not Ready Reason Code Usage' has been completed to understand potential issues and to enable more focused action to develop a team approach around productivity.

The Health Advisor homeworking pilot commenced in June, with 13 staff on an overtime basis. This worked well and the pilot has now been extended to a total of 30 staff working from home on a hybrid basis (regular shifts as well as overtime) for a trial period. This is also proving successful, so an operating model is being developed to roll out a home/hybrid working model for Health Advisors.

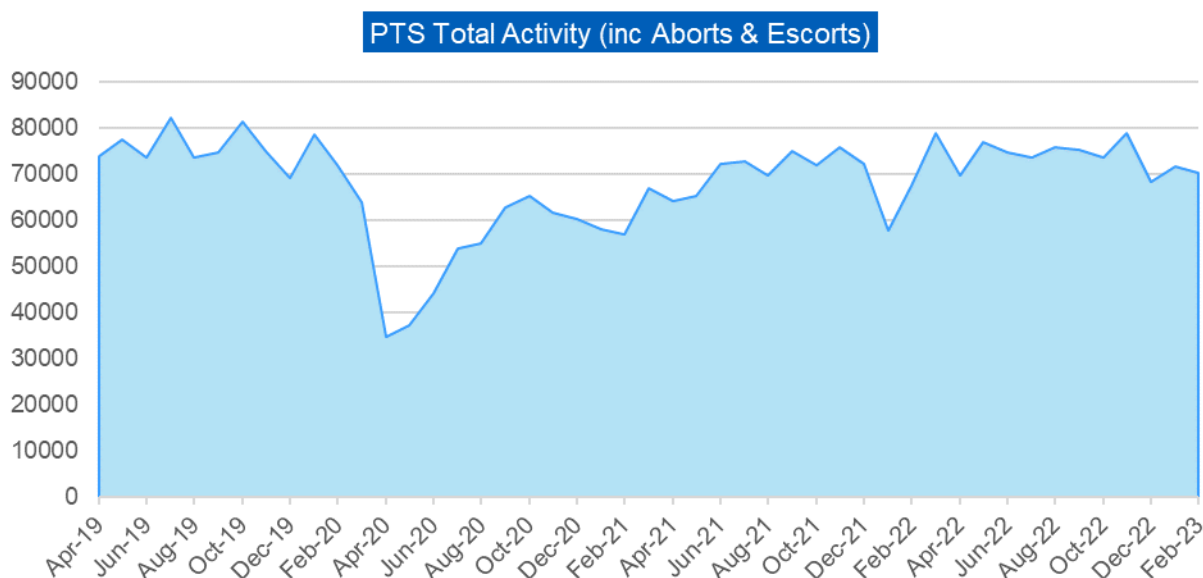
The Clinical Change Champions have also undertaken a survey of clinical staff and we have received feedback that clinicians would like more opportunities to work from home. We now have expressions of interest from 7 clinicians and home working equipment is on order to facilitate this.

3.2 Patient Transport Service (PTS)

3.2.1 Demand & Resource

PTS demand has fluctuated significantly since the Covid Pandemic. 2020-21 saw a 26.7% decrease in journeys. Gradually since then, demand has begun to rise to reflect pre Covid levels. Since April 22, PTS total activity was -2.8% below 2019-20 activity. January and February have seen PTS demand levels significantly affected by Industrial Action dates; with multiple impact of YAS strike dates and RCN and Junior Doctor strike dates impacting planned care demand. YTD demand activity is 9.8% behind plan for 22/23.

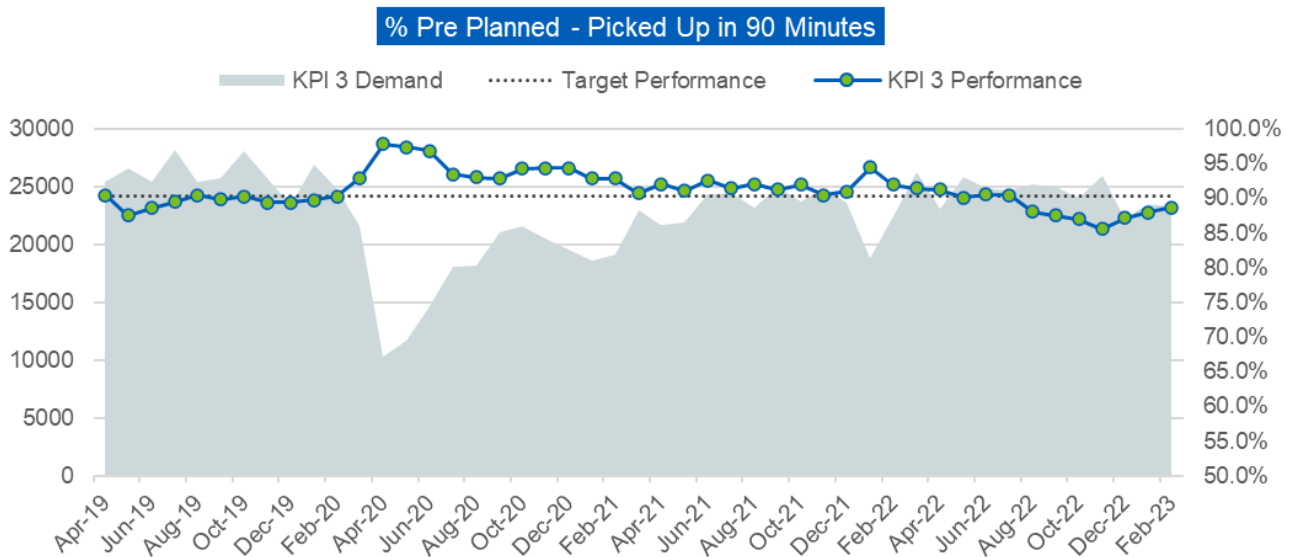
Comparing YTD figures, total demand is 5.8% above last year.



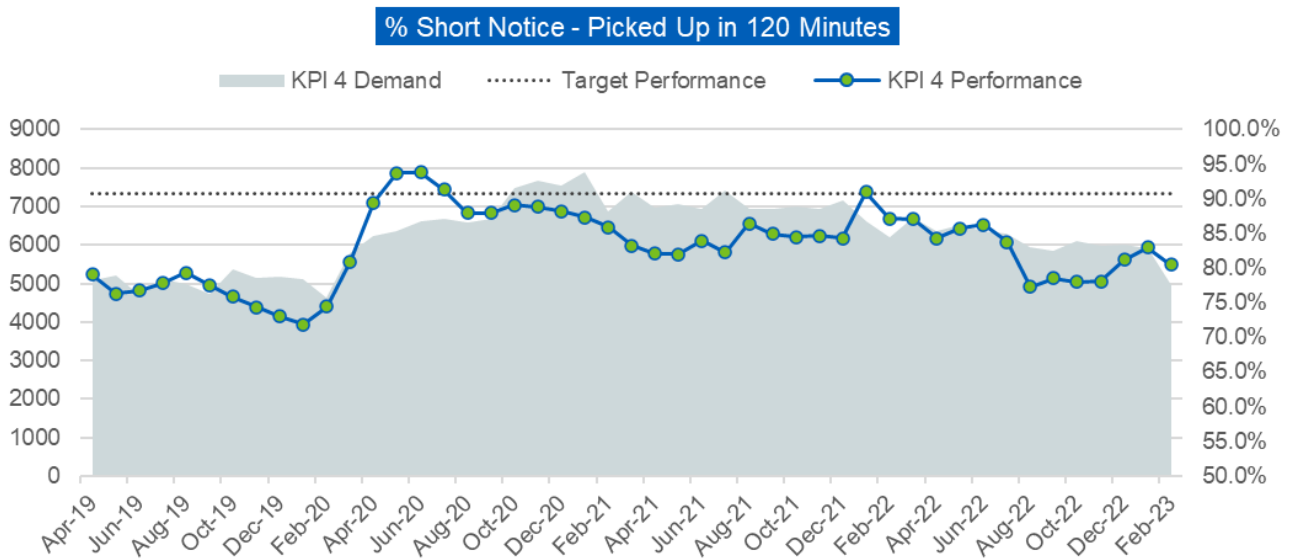
3.2.2 PTS Performance YTD/Q3

The contractual KPI's remain suspended in line with NHS England Guidance.

Pre-planned inward arrival and outward departure KPIs had seen performance levels decrease during Q2 and Q3, however they have started to increase again during Q4, with YTD position at 86.1% and 88.6% respectively. Performance Year to date for length of patient journey has been good throughout the year. Patient Journey performance levels have been well supported by all commissioners from across the Yorkshire and Humber region.



Performance for short notice discharge during Q4 to-date is 81.8%. Focus continues on the 120 Min Discharge KPI and patient care; especially when considering the high pressure being experienced in Acute's and A&E handover relating to patient flow.



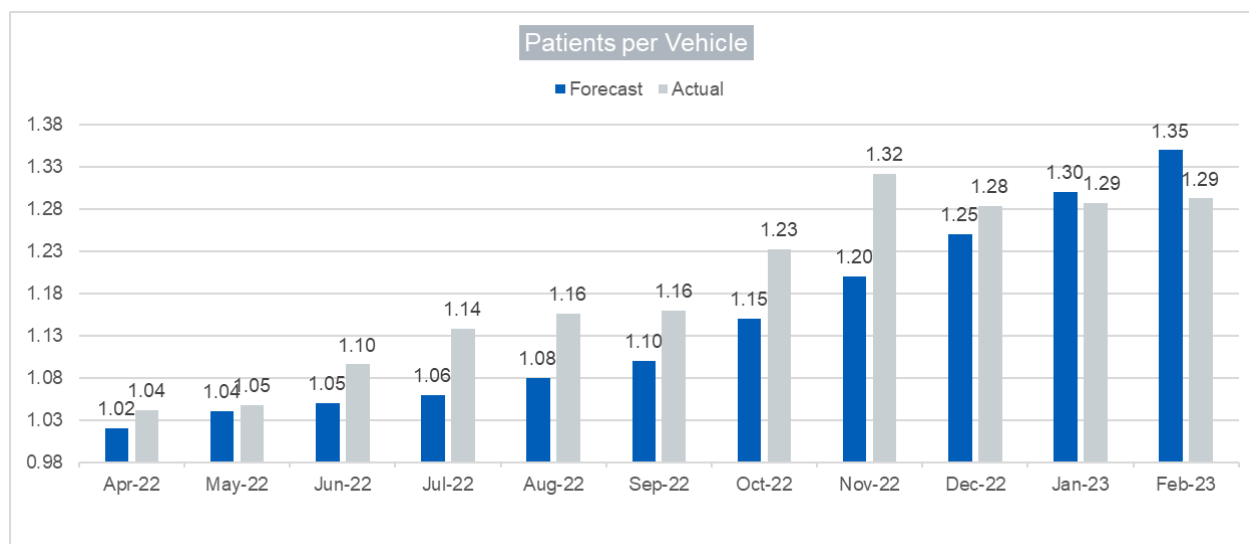
3.2.3 PTS IP&C Guidance:

The current IPC guidance (*Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - Appendix for UK ambulance services 30 November 2021*) states patients on a non-respiratory pathway can be transported together if a minimum 1 metre distance can be achieved between the patients, the patients are able to wear a surgical face mask (Type IIR), and vehicle-based ventilation systems are utilised. They must not be transported with patients with suspected or confirmed respiratory infection.

YAS PTS engaged with system partners and implemented changes to guidelines relating to transporting Renal and Oncology patients, this was implemented mid-October. As these patients were previously marked as MTA (Must Travel Alone), we've seen an 80% reduction in patients within this category.

In addition, further changes have been made to Taxi and VCS guidelines, now allowing up to 3 patients per vehicle from the previous 2.

Restoring service efficiency continues for PTS. Since April, PTS had seen a month on month increase in PPV and was above forecast target until November, and has since plateaued around 1.29, meanwhile the forecast PPV has continued to increase. In February the average patients per vehicle was 1.29, 0.06 below the operational forecast.



		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Forecast	Patients per Vehicle	1.02	1.04	1.05	1.06	1.08	1.10	1.15	1.20	1.25	1.30	1.35	1.40
Actual	Patients per Vehicle	1.04	1.05	1.10	1.14	1.16	1.16	1.23	1.32	1.28	1.29	1.29	
Variance	Patients per Vehicle	0.02	0.01	0.05	0.08	0.08	0.06	0.08	0.12	0.03	-0.01	-0.06	-1.40

The above highlights that PTS has made steady, small improvements in efficiency since phasing in cohorting for patients safely.

3.2.4 Alternative Resource:

VCS journeys are 4.5% under plan, we had forecast an increase in VCS utilisation and associated cost improvement increasing throughout this financial year; this was before the invasion of Ukraine, escalation in oil prices, cost of living crisis was known; and now potentially a result of reduced uptake due to industrial action (anecdotal feedback suggest this is likely to be the case).

- Taxis are now undertaking this demand. VCS journeys were forecast to be 4424 which is an 8% reduction from November, as per last year, actual VCS journeys were 3844

Increased taxi journeys have an impact of PTS spend; with taxi rates and new framework prices reflecting market cost increases. Year to date, alternative resource demand was 3.5% higher than activity seen in the same period in 2021/22. This reflects YAS actual headcount being below YAS forecast headcount.

The expected year end position was for YAS PTS to be delivering 55.0% of delivered journeys, and for alternative resource to be delivering 45.0%; however, this is forecast to be more like 45% YAS delivered and 55% by alternate resources.

Our high-level Planning Assumption proposals into 2023/24 Business Plan will look to increase YAS PTS provision towards 60% by the end of 24/25 of delivered journeys.

3.2.5 PTS Patient Safety & Quality

- We are carrying out our first After Action Review in PTS following an incident which involved multiple PTS teams. The AAR will provide an opportunity for all involved to discuss what happened, exchange ideas, and identify what can be done to prevent reoccurrence.
- A “portering” pilot for PTS volunteers is set to commence at the end of Q4 within Mid Yorkshire hospital settings. The key benefits will be to provide dedicated mobile resource within the hospital setting; whilst reducing the crew at site handover and collection time(s); thus, improving the “wheels moving” deployment of our crews and alternate resources.

3.2.6 PTS Pathfinder Pilot update:

This is an NHS E funded pilot as part of the National review of Non-Emergency Patient Transport Services. West Yorkshire ICS are the project lead with YAS leading on 3 of the 5 workstreams.

This update will only focus on the workstreams led by YAS.

These objectives are:

- To explore ways to better signpost people to alternative transport options if they are not eligible for NHS funded transport.
- To strengthen the role of Community/Social and Social Enterprise transport,
- Undertake a pilot and analysis on the impact of the new eligibility criteria,

Overall Status: Delivery completed, undertaking evaluation.

The evaluation stage, which is being conducted externally by NECS (Commissioning Support Unit) is continuing with a draft evaluation report expected imminently.

Community, Voluntary, Social Enterprise (CVSE:) COMPLETED. The providers who were approved for entry onto the Directory of Services are aware that the testing stage has closed. YAS will continue to engage informally with them where possible until the new Eligibility Project is established.

Signposting: COMPLETED The signposting desk was a trial, which was staffed using funding provided by the Pathfinder project, as such the funding ended as planned on 31st Dec 22 and the desk is no longer in operation.

Eligibility: COMPLETED The testing has been completed and a draft question set created. The NHSE review requires all providers to implement the revised eligibility criteria, a paper is being presented to TEG in terms of approach and recommendations 12 April 2023. The paper will then inform the engagement approach with ICB’s to implement eligibility consistently.

The overall Pilot is nearing completion. All development and delivery activity has been completed and a YAS Closure Report will be created. The overall “Executive Project Status” is Green, with “Delivery Status” also being Green and “Benefits Status” as Amber.

3.2.7 National NEPTS Guidance Pathfinder findings & implementation:

Community/Voluntary/Social Enterprise Transport providers (CVSE): Despite a slight improvement in the VCS KPIs the project is not achieving the KPIS originally suggested (for alternative viable options) for both CVSE and Signposting, it should be noted these were aspirational, and were based on estimates of what might be possible. Insufficient

Community Transport providers identified and or available to participate in the Signposting Workstream. Signposting can continue to provide information on Bus, Taxis or HTCS scheme, the number of affordable alternatives to taxis may impact on the success of the desk as patients may not feel that they are being provided suitable alternative solutions; however, a possible finding after evaluation maybe that “signposting” ineligible patients is not the “catch-all” that is intimated form the new guidance.

It should be highlighted there is a risk that there is an adverse impact (on the pilot, but also the delivery model plan for YAS PTS) as a result of increasing fuel prices on Volunteer availability. As fuel prices continue to increase, linked with cost-of-living increases, it is possible that there will be a reduction in the availability of volunteers, and thus an inability to achieve the KPIs. TEG approved the 5p additional mileage rate to move from 5p when carrying any patients. carrying mile, to 5p for every patient. This is aimed to incentivise the volunteers covering their costs and to support safe cohorting of patients.

The Eligibility testing has become more iterative as there are some challenges with the interpretation of the national criteria now it requires clear recommendation to the ICBs to enable the team to continue to support our developing a regional question set which delivers an acceptable level of eligibility. An implementation Paper is being drafted for the Trust Executive Group’s consideration; thereafter to present to each of the 3 ICB Boards for sign off.

3.3 Clinical Directorate

The Clinical Directorate continues to embed and promote the Clinical Strategy aims of person-centred, evidence-based care into the organisation, providing internal clinical leadership and working with external partners to ensure whole patient pathways of care are considered that improve patient outcomes. The Clinical Strategy supports the delivery of an integrated urgent and emergency care service through three core areas: continuous improvement and innovation of clinical care, enabling our multidisciplinary teams to deliver high quality, person-centred, evidence-based care, and ensuring that patients experience a consistently safe, compassionate, high standards of care.

Improving outcomes – Evidence-based

3.3.1 Reducing Health Inequalities

There is clear evidence that inequalities drive healthcare demand and there are recognised health inequalities in experience of ill-health, healthcare access and This project aims to examine the data that the ambulance services collect and hold and assess how that data might be useful in describing and understanding health inequalities. Initial analysis demonstrates disproportionately high demand from populations in the most deprived quintile with the rate of calls more than twice those in the least deprived quintile, but the least likely to be conveyed to hospital. There is a higher proportion of attendances for infectious disease and mental health presentations in the most deprived quintile compared to the rest of the population. This work is being shared with partners at place to help rebalance the conversation and help focus activity on priorities.

3.3.2 Clinical Effectiveness

The Clinical Audit and Informatics team continue to submit the monthly and quarterly submissions within the national timetable and are supporting the national team on transitioning to the Ambulance Data Set. Cardiac Arrest Survival to discharge remains static at 8% with significant dips in survival rates at key points during the year. The

resuscitation plan will prioritise high impact actions in 23/24 to improve the outcomes including adoption of the GoodSAM responder app and becoming an Advanced Life Support provider organisation. Submissions for sepsis and stroke care compliance remain consistently high but STeMI care bundle compliance remains low. Absence of analgesia remains the overriding reason for this and is being discussed nationally. Sepsis care has now ceased as a national indicator, the last published data being July 2022 and will be replaced by “Care of patients over 65 who have fallen and are discharged at scene.” Two local audits have been reported this quarter: Audit of Tranexamic Acid in major trauma and Audit of the care of patients with non-traumatic chest pain.

3.3.3 Research delivery

- The NIHR Clinical Research Network for Yorkshire and Humber monitor our performance in research delivery.
 - So far in 2022-23 financial year we have recruited 625 participants into studies. This is 88% of our year-to-date target (annual target 779)
- YAS continue to deliver the PACKMaN clinical trial – Paramedic Administration of Ketamine or Morphine for Trauma in adults. To date (08/12/2022) 208 patients have been enrolled (target 223), with the trial expected to close in May 2023.
- We also continue to support studies investigating:
 - the impact of pre-alerts,
 - return to work after long term absence (IGLOO),
 - staff retention (Should I stay or Should I go),
 - fatigue risk management in staff (CATNAPS),
 - point of care testing by urgent care practitioners,
 - outcomes after suspected seizures (RADOSS - Risk of Adverse Outcomes after a Suspected Seizure)
 - SNAP – Supporting New Ambulance Paramedics (NQPs)
 - BESURE - Building an understanding of Ethnic minority people’s Service Use Relating to Emergency care for injuries

3.3.4 Research impact

- Bottom line: NHS staff sampled for this survey undertaken over 3 waves shows a rising negative trend in employees concerned about staff shortages, of ambulance staff, these are the most likely to be applying for non-NHS roles

Weyman, A., Glendinning, R., O’Hara, R., Coster, J., Roy, D., & Nolan, P. (2023, February 6). Should I stay or should I go? NHS staff retention in the post COVID-19 world: Challenges and prospects. Zenodo. doi: 10.5281/zenodo.7611657

- Bottom line: In this study conducted within YAS, ambulance clinicians who respond to emergencies do not feel confident or prepared when assessing and managing patients who have self-harmed. Improvements in mental health training for ambulance clinicians and greater availability of mental health services are needed to improve prehospital care for people who self-harm.

Romeu, D., Guthrie, E., & Mason, S. M. (2023). Understanding prehospital care for self-harm: views and experiences of Yorkshire Ambulance Service clinicians. Emergency Medicine Journal, emermed-2022-212983. <https://doi.org/10.1136/emered-2022-212983>

3.3.5 Research development

- The YAS Academic Research Unit is now staffed with all roles in the YAS business case, with full funding secured for 2023-24. A launch of the ARU is planned for summer 2023.
- Caitlin Wilson was successful in receiving a small grant from the College of Paramedics for the project: “Ambulance Clinicians – Capturing those Public Health Conversations (AS USUAL)”
- An NIHR Health and Social Care Delivery Research bid related to staff training for coping with adverse events with YAS staff as co-applicants was not funded.
- Together with University of Sheffield and Mid Yorkshire Hospitals Trust, YAS researchers have submitted an NIHR Health and Social Care Delivery Research bid titled “Mixed methods study to understand the scale, impact and care trajectory for patients who have long lie.”
- YAS research continues to work with the University of Sheffield, Wakefield Research Hub and the Bradford City of Research under formal agreements to increase research activity, undertake joint research governance and develop research training and skills across the workforce. We continue to engage with the new ICB and place-based research structures as they are becoming established.

3.3.6 Medicines Optimisation

Non-controlled drug trends

During November and December there has been an upward trend in non-controlled drug incidents reported: The two main areas of concern are out of date drugs and stock discrepancies, both are being identified during audit and at scene. This suggests that the current procedures are not being adhered to. Concerns have been raised with North CBU regarding poor Prescription Only Medicines (POM) audit compliance. Action: Full rollout of the digitised process using the medicines app and full rollout of pre-packed POM to support automation and alerting.

There continues to be clinical errors relating to paracetamol in both children and adults, especially those under 50kg. The administration of paracetamol when a patient has already taken paracetamol within the previous four hours makes up nearly 50% of the clinical errors for the last quarter. Action: Improved medicines training and learning, medicines dashboard development and team leader oversight.

Controlled drug trends

There has been a peak of incidents during the last quarter, although there has been a downward trend in breakages, there has been an increase in drug check discrepancies, relating to the documentation and failure to follow procedure, especially diazepam documentation and out of date process. Controlled Drugs audit compliance remains high. Action: Full rollout of the digitised process using the medicines app.

Morphine Incident update

The investigation into the large morphine loss which occurred at the end of last year is due for publication and the police investigation has been closed.

Immediate actions have been completed and the new documentation process has been in place for several months and is working well. The main action was to digitise the whole medicines pathway and this project has commenced and is in testing phase, with full rollout later this year.

3.3.7 Key clinical and patient pathway improvements this quarter

Sick Child

Croup is a common condition that mainly affects babies and young children's airways. It is usually mild but, in some children, can require admission to hospital. In these children dexamethasone has been shown to reduce the severity of the condition and reduce the length of stay in hospital. Dexamethasone has now been approved for use in YAS and has been deployed on all frontline resources.

Acute Behavioural Disturbance (ABD)

Acute behavioural disturbance is an umbrella term used to describe a presentation which may include abnormal physiology and or behaviour. The critical care team presented a case for a treatment for ABD patients. Patient presenting with ABD pose a significant management challenge in prehospital setting when their behavioural disturbance may put them or those around them at risk of physical injury, particularly during transport to hospital, and when they have potentially life-threatening pathophysiology such as hyperadrenergic reaction, metabolic acidosis, or cardiotoxicity. Oral and parental sedation protocols have now been approved and in deployment phase.

Maternity Improvements

As part of the plan to improve maternity and neonatal services the Trust is introducing the Transwarmer Infant Warming Mattress. The single-use portable thermal device is placed underneath a new-born baby to keep them warm after birth. An audit performed in 2022 demonstrated a high proportion of babies were documented to be cold on arrival to scene or on arrival to hospital. The direct relationship between hypothermia and neonatal mortality is well known, especially for premature and low birth neonates where mortality can increase by 28% per one degree decrease in temperature below 36.5 degrees The device is being rolled out to all emergency ambulances.

3.4 Quality, Governance and Performance Assurance Directorate

Quality, Governance and Performance Assurance Directorate Q4 2022/23

3.4.1 Infection Prevention and Control

The Infection Prevention and Control (IPC) continue to provide support for the Trust response as we transition further from COVID-19 being a pandemic becomes an endemic respiratory disease and living with COVID-19.

Work on the NHS England manual has progressed, and road shows have been conducted across Trust sites.

Requirements on IPC team remain high, given the extent of pathogens circulating at present, including Influenza, COVID-19, IGAS and GAS, diphtheria, scabies, polio and TB. Clinical alerts to staff are continuing to be updated. Developed with OH a post exposure management SOP.

Flu and COVID-19 vaccines are still being promoted for staff. Work with Imms and Vaccine and OH to improve records and status is ongoing.

3.4.2 Violence Reduction Standard / Body worn camera project.

The Violence Reduction Team has remained focused on the delivery of the suite of policies and their procedures introduced in 2021; fine tuning these to ensure they are

appropriately responsive to staff and patients. Following the submission of a proposal for additional resources, agreed by the Board in December 2022, the newly developed team has been concentrating on the redirection of the team dynamics, ensuring BAU has been appropriately managed. However, the newly appointed staff have already begun to lead the way towards improvements in analysis of data and process-driven preventative initiatives.

Consequently, the VPR Standard compliance remains the same level as the previous quarter, with the main emphasis being on the accomplishment of the VPR Strategy. The Violence Prevention and Reduction Strategic Group (VPRSG) has agreed to a draft VPR Strategy, and this has been shared with colleagues who attend the Safer Responding operational Group (SROG) and other relevant staff that attend the Health and Safety Committee. The VPR Strategy is to be updated imminently, following responses received, and taken to the next available JSG for progression.

The Body Worn Camera pilot is now live across the Trust in 37 stations. The initial roll out was aimed to extend to 15 stations trust wide, however due to staff requests for expansion, we are ensuring the equipment is being adequately distributed and therefore, when complete, trust staff will have access to BWC's across 46 sites. Discussions have begun regarding extension of the BWC's to be used by others across the trust, specifically for use by commanders to log their decision making. This is an ongoing process and will continue through discussions with all relevant stakeholders at the BWC Operational meetings and with A&E Ops.

The Violence Reduction Team were considering the implementation of a new mobile phone application to deliver communications and allow for staff, working away from an office environment, to access necessary updates. Through further discussions, it has been identified that the use of Microsoft Teams and SharePoint will be able to support this idea, without the additional financial or resource implications of a new digital platform. Therefore, the team are working on revising the communication strategy and content, in order to deliver on the required upskilling of all staff about the work being undertaken.

3.4.3 Information Governance and Cyber Security

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The DSPT is an annual self-assessment and the deadline for the 2022-23 publication is 30 June 2023. It is anticipated that 108 out of 109 mandatory evidence items will be met; the exception being the need to meet the 95% target for annual Data Security and Protection training. We are currently at just under 90% compliance, with a clear plan in place to take us to the required 95% compliance.

An independent audit of our 2022-23 Toolkit submission is due to begin in April 2023. The scope of this audit is determined by NHS Digital, who have identified 13 assertions for review, across the 10 National Data Guardian (NDG) Standards in the Toolkit.

3.4.4 Service Transformation

As a result of Industrial Action, the monthly TEG+ Transformation Governance meetings were stood down in December 2022 and recommenced in March 2023. Throughout this period the YAS PMO continued to monitor the delivery progress of the transformation

programme for FY22/23 using project highlight reports and the TEG+ Transformation Programme Dashboard. The TEG+ Dashboard was reviewed and approved on behalf of TEG+ by Clare Ashby and David O'Brien. During this period, some programmes were paused, and others 'slowed'.

A review has been undertaken to understand the impact of Industrial Action on the delivery of the current transformation programme and, to identify and agree any new projects, programmes and other Business Plan activities which are to be reported and monitored via the TEG+ FY23/24 Transformation Dashboard.

The transformation programme is structured into four overarching portfolios: Our People, Our Places, Our Patients and Digital. Senior Responsible Owners (SROs) are accountable for delivery of project and programme objectives, meeting required outcomes and realising benefits. The reporting framework for the transformation programme is clearly defined and established. Project/Programme Managers submit monthly highlight reports stating progress against plan, risks / issues and escalations for decision or direction.

3.4.5 Patient Safety

Incident review of moderate and above cases continues via the Incident Review Group, with low harm and no harm incidents being reviewed by the local patient safety team for themes and trends. Serious incidents and moderate harm, largely from delayed response, continue to be reported and investigations are underway using serious incident reports or after-action reviews. Several themes have been identified and some serious incidents investigated using a cluster process for learning, which is in line with the new Patient Safety Strategy and PSIRF approach.

Staff reporting of incidents during operational pressures is paramount and a number of alerts have been sent to staff to remind them what and when to report patient safety incidents. A shortened process for reporting patient safety concerns is underway. Thematic learning from monthly data is presented to ICB's at regional Quality Group meetings.

Learning is captured at Trust Learning Group, which includes learning and actions from serious incidents and coroners' cases. Learning from the Board Development session have been fed into the scope for internal audit team to review the serious incident reporting processes.

Additional funding has been agreed to procure 2 further substantive Trust serious incident investigators, these colleagues to focus mainly on incidents which have a coronial element and to work closely with legal services. Training and development for colleagues in these posts is currently being reviewed, with a view to establishing any gaps in knowledge and building a package to be delivered across Q2/Q3 23/24 which meets the needs of the new PSIRF.

A comprehensive proposal to Clinical/Non-clinical PGB will be developed to explore cascading elements of this training programme throughout the Trust.

A local CQUINs was developed to ensure the Trust was prepared for the requirements of the new patient safety reporting process and was completed during Q4 with all relevant milestones achieved. The focus of CQUINs for the coming financial year will be a single approach for the directorate focussing on PSIRF Transition, with the additional CQUIN for flu management running concurrently and each forming 0.75% of the goal weighting.

PSIRF Transition will be closely aligned to the NHS England 'PSIRF Prep Guide' B1465-6.-PSIRF-Prep-Guide-v1-FINAL.pdf (england.nhs.uk) with milestones arranged around national expectations. It is anticipated that PSIRF transition will occur during Q3 23/24, and that continuous review will occur from that date to successfully embed the new processes.

3.4.6 Safeguarding

The Safeguarding Team have seen a high number of statutory requests for both adults and children during Q4, which have been challenging due to team capacity. A third Named Professional has recently joined the team on a seconded basis which will enable operational links to be strengthened across the ICS areas. Statutory and Mandatory training compliance across Safeguarding Levels 1 and 2 and including Prevent is consistently high. Compliance at level 3 for both Adults and Children is showing positive progress and is generating much discussion around wider safeguarding themes and CPD opportunities. CPD is currently being promoted around offender psychology and trauma informed practice. Following the development of a business case driven by learning and development identified in Domestic Homicide Reviews, funding has recently been approved for a Specialist Domestic Abuse Practitioner project role to strengthen policy and practice around Domestic Abuse identification and escalation in the Trust.

3.4.7 Quality Improvement

The QI Fellowship cohort 4 are now halfway through their fellowship. They have been learning QI tools and techniques whilst completing and helping with Trust QI projects. The QI fellowship is made of 4 members of staff from various teams within YAS. Below is a summary of what they have been contributing to:

- Sanitary product availability – To improve the availability of people requiring sanitary products at short notice whilst at work
- Skin health & Pressure Mattresses – To improve the quality of care delivered to patients that promotes and cares for skin health whilst in the care of YAS
- Patient information and ambulance paperwork – To improve availability of patient information leaflets and information where patients are not conveyed to hospital
- Learning from incidents in EOC – To ensure that teams have the appropriate learning from incidents within EOC and reduce further incidents occurring

The QI team have delivered training to teams within YAS and continue to support teams with their improvement projects. Additionally, the QI team continues to support local area leadership teams giving subject matter expert knowledge and support to those undertaking improvement work.

Furthermore, the QI team have worked with system partners to complete Rapid Process Improvement Workshops (RPIWs) to help improve ambulance emergency department handovers with varied levels of success. Learning from these have been reported at quality committee and will be shared with Trust Executive Group. From this the QI team have set up workshops for Trust Management Group and board level members to complete RPIW sponsorship training.

The QI team have now completed the CQUIN work to implement Schwartz Rounds within the organisation and the QI team will continue to organise these throughout 2023/24. This offers teams a safe space, no matter where they work within the Trust, to share the emotional and social impacts of delivering healthcare.

Simply Do ideas continues to crowdsource ideas from our people that will improve the way we work and reduce frustrations. However, implementation of ideas continues to be challenging due to an absence of engagement from key decision makers within the Trust. Additionally, Simply Do ideas can be a valuable tool to crowdsource ideas from our people and the QI team encourage leadership teams to consider this when designing new processes, service redesign and/ or looking for ideas on how we can continuously improve the service we deliver to our patients and people.

Critical Friends Network (CFN) members are continuously involved with Trust meetings and are now contributing to Trust improvement work. CFN members also now have a quarterly meeting where teams from around the Trust share what they are working on and how CFN members can be involved.

Patient Experience Framework, made from four key elements (Connecting our communities, Insights, Co-production and Integrating patients voice in what we do) is starting to be embedded within the Trust. For example, more teams now exploring insights of patients and their experience of care and obtaining better patient feedback, teams bringing patients into the design phase of service improvement. A patient experience and co-production facilitator role will be advertised soon on a 12-month fixed term basis to allow patient experience to flourish within the Trust.

3.5 People and Organisational Development Directorate

The People and OD Directorate key updates and activities undertaken in the recent period are set out below.

3.5.1 Industrial Action

The trade unions dispute with the Government over the 2022/23 pay award is currently paused whilst trade unions consult with their members over an improved offer. Following a recommendation from NHS Employers, the industrial action mandate for two of our trade unions has been extended to 23rd August 2023. Our partnership working with our trade unions during the period of industrial action has been excellent with all colleagues working together to protect and maintain high standards of patient care as far as possible.

3.5.2 Appraisals

Appraisal compliance for the Trust is gradually improving and was **71.6%** at end of February 2023. The Power-BI Appraisal Dashboard continues to provide essential data to support ongoing compliance and quality of appraisals.

3.5.3 NHS National Staff Survey (NSS) 2022

The Trust has received its results of the 2022 survey and the Board have a detailed separate report and presentation. The Trust's staff engagement score has increased from **5.92** in 2021 to **6.03** in 2022.

3.5.4 Health and Wellbeing

The 2023-24 Health and Wellbeing Plan has been finalised. The Board have a separate paper, which includes the plan, for approval. A Health and Wellbeing Plan on a Page will be developed to support Trust communication.

The Occupational Health business case has been approved which includes the procurement of Occupational Health and Specialist Services and the implementation of an enhanced Health and Wellbeing staffing model to support the health and wellbeing focus. The procurement exercise is due to commence early April 2023.

Although our sickness absence rate has improved reducing from 7.3% in January 2023 to 6.8% in February 2023, it remains a significant issue for the Trust. Stress/anxiety remains one of the top three reasons for this absence and a business case for new case management system to support absence management is proceeding through our approval process.

3.5.5 Recruitment

We continue with our work on improving our recruitment processes and we are working nationally on an 'End to End' Recruitment Project. Led by Mandy Wilcock, workshops have been held with Ambulance Trust colleagues across the UK to review our processes aiming to improve applicant and candidate experience. The focus includes applicant attraction and initiatives, recruitment challenges and employment lifecycle for prospective applicants, specifically for our Call Centre positions. Priority actions have been agreed and reporting on progress is via the Ambulance Association of Chief Executives (AACE) HR Directors Group.

The Trust are also involved in NHS Employers 'Recruitment Sprints' which are part of the national NHS England Overhauling Recruitment Sprint Programme. The Trust was chosen to participate in 'Sprint 4', with specific objectives aiming to reduce time to hire and streamline pre-employment checks. The outputs are expected in the coming weeks.

3.5.6 International Recruitment

The first year of our international recruitment programme to recruit newly qualified paramedics from Australia and New Zealand was successful with 30 Newly Qualified Paramedics (NQP's) joining the Trust. In addition, two YAS colleagues travelled out to Australia in January along with representatives from Health Education England (HEE), South Central Ambulance Service (SCAS) and South East Coast Ambulance Service (SECAMB) to conduct interviews and meet contacts at the universities. The trip was successful with 38 job offers made with groups arriving in the UK from June 23.

Alongside this work we have worked with HEE on a pilot to recruit nurses from Kerala, India for 111 Clinical Advisor roles. Interviews took place in Kerala in January and as a result 15 job offers have been made with recruitment checks now underway. A training and induction package has been developed along with delivery of Objective Structured Clinical Examinations (OSCE) to support UK registration. The first group will arrive in May with a second group to follow in mid to late June.

3.5.7 Diversity and Inclusion

Gender Pay Gap 2022: Our data and action plan have been published in line with our statutory responsibilities and the Board have a separate report and presentation. Unfortunately, our pay gap has widened further in favour of men with our mean at 7.96% and median at 10.89%. The gap can be explained by the gender profile of the workforce as 73.3% of our female staff are in Bands 2 - 5.

Diversity Census: To further understand the needs of our workforce, we launched a Diversity Census in July 2022 with a refreshed campaign recently launched in March 2023. A 3-stage approach aims to encourage staff to complete their diversity data on the Electronic Staff Record (ESR).

Veteran Aware Trust – One Year Review Approved - The Trust's Veteran Aware Trust one-year review to retain bronze was confirmed in February 2023. Recognition is given as we have demonstrated continued commitment to the Armed Forces Covenant and

Armed Forces Bill. Next steps include a submission for the Silver Award for the Defence Employer Recognition Scheme in April 2023.

Staff Networks: A soft relaunch of Pride@YAS took place during March 2023 including a tour of key stations using the wellbeing bus. A stakeholder engagement session on the revision of guidance to support our Trans colleagues took place during March also. A relaunch of the other networks is planned.

3.5.8 Education and Learning

The overall Trust Essential Learning compliance rate is **92.32%** (01 Apr 2023) from an original baseline of 79.53% (01 April 2022). This is a significant achievement with all eight directorates over 90% compliance including A&E Operations.

The number of **core workforce development new starters** in 2022/23 has increased significantly on the 2021/22 intakes with high fulfilment rates against the Training Plan requirements. The pipeline for 2023/24 is solid, and the product of strong collaborative working with Recruitment, Scheduling, A&E Operations, YAS Academy and Higher Education Institution (HEI) partners. A new framework of C1 Driving providers was established in 2022/23 to alleviate the C1 driver training and assessment delays.

A comprehensive Ofsted readiness self-assessment has been conducted using the criteria of the Education Inspection Framework to provide assurance of the **quality of apprenticeships provision** (clinical and non-clinical). A submission has been made to the Department of Education to be recognised as one of the Top 100 Apprenticeship Employers, where the 2023 rankings will be announced in summer 2023. YAS continues to be involved in the development of an Enhanced Clinical Practitioner (ECP) level 6 apprenticeship. Playing a critical role in the trailblazer group to develop the standard, and now advising Sheffield Hallam University, a partner HEI, in the development of national curricula to ensure this meets the needs of YAS specialist paramedic practice.

Exercise Spring Resolve, **a multi-agency major incident exercise**, testing the emergency services response/actions in the event of the UK threat level changing to critical, took place in March 2023. Command and clinical assurance in the form of Umpires, was provided by YAS Academy (Command and Resilience Education and Clinical Education teams). This challenging exercise tested the YAS major incident procedures and associated documentation. The formal debrief identified areas of good practice and development.

3.6 Finance Directorate

3.6.1 2022/23 Revenue

The year end position is being finalised and year end accounts prepared. As previously reported to Board the ICB has withdrawn funding of £7m. The Trust anticipates achieving meeting its breakeven plan.

Of note is the significant improvement in performance against our Better Payment Practice Code (BPPC) targets. Performance is just below the required 95% level. The Trust has been under regional and national scrutiny in this regard. In March the Accounts Payable (AP) Team cleared 800 more invoices than usual, and worklists were at the lowest they have ever been. Well done to the unsung heroes working in the AP Team!

3.6.2 Capital

The M12 position is being finalised. During 2022/23 supply chain issues have led to many significant movements away from plan. However, thanks to the hard work of the Trust's capital leads and the determination of the Deputy Director of Finance, the position has been managed successfully; outturn is expected to be very close to plan (underspent by c.£150k).

3.6.3 2023/24 Revenue

A Plan has now been agreed with WYICB, the detail will be presented to Board for approval. Budgets will be set within the parameters of that Plan. Board will note there is some risk in the plan, with c. £4.5m unidentified savings to be made. Whilst this will require close monitoring, and effective budget management, it is a positive outcome; especially noting that WY ICB is >£100m in deficit at the time of writing this report.

3.6.4 Capital

Again, the detailed plan will be presented to Board for approval. Capital availability is an increasingly significant risk for the Trust. Notably in 2023/24 we have assumed that a large proportion of assets usually purchased using the Trust's operational capital, are leased. The CDEL for Right of Use Assets is yet to be notified to the Trust; there is a potential risk that the CDEL will not cover all the planned costs.

The Trust's estate is over utilised in a number of areas, and recruitment has led to a higher demand for Fleet and equipment. This has not been reflected in the Trust's CDEL. The issue has been raised at regional and national level.

3.6.5 Procurement & Logistics

Personal Protective Equipment (PPE)

There are no immediate challenges in relation to Personal Protective Equipment (PPE) supplies within the Trust. In all cases the Trust holds a minimum of 14 days stock in line with national requirements. The national Inventory Management System - 'Foundry' which has worked effectively and has demonstrated its agility when the Trust has seen spikes or reductions in usage rates, is starting to wind down. Key products used by the Trust such as Masks, Gloves, Aprons and Clinical Waste Bags are likely to be taken off the system in the first half of 2023/24. Those products will be available through NHS Supply Chain as they were pre-pandemic but will not be free of charge. The resulting cost pressure has been factored into the 2023/24 financial plan.

On-going Key Procurements

There continues to be a significant portfolio of activity led by the Procurement team across the Fleet, ICT and Professional Services (PS) categories. The team received over 130 new projects in the final two months of 2022/23. There is also significant activity associated with the Scarborough Hub project and Trust wide station maintenance work. The new Logistics Hub project is almost completed with YAS teams expecting to move into the building shortly.

Alongside the multiple Trust requirements, including the Occupational Health Service procurement, which takes priority in the PS category and is now live (out to tender), the team continue to identify opportunities to work collaboratively with other Trusts e.g., Vehicle Recovery, which is now under evaluation.

The National Uniform contract is now live with all stock available to order by staff. We continue to work with NHSSC and the supplier to advance the current uniform with items like menopause blouses and maternity wear. Work continues with the Common CAD Project, currently at the evaluation stage, with the intention to set up a single supplier framework to be accessed by all Ambulance Service Trusts. The invitation to tender was issued in December, supported by a Supplier Briefing Event to discuss requirements with potential bidders. This will enable, if required, an immediate call-off when the framework goes live later this year.

3.6.6 Estates, Fleet & Facilities

Environmental & Sustainability

During the last quarter the Trust was successful in a bid for match funding for the replacement of oil-fired heating systems at Bainbridge and Preston Ambulance Stations. The systems are now being installed and will provide the same thermal output as the existing systems but will reduce the carbon produced by 84%.

Conditional Survey

During 2022 the Estates Department refreshed its conditional survey of all Trust buildings. In relation to that, there has been significant investment across a number of stations and corporate areas in the final quarter of 2022/23.

Fleet

The Trust's Rapid Response Vehicles (RRVs) replacement programme continues with 93 of the 106 vehicles delivered; the remaining vehicles will be delivered by the end of April.

20 Support Service vehicles have been procured in Q4; this will assist in areas operating Clean Air Zone (Bradford & Sheffield), the Trust currently has exemption for blue light emergency vehicles, but this doesn't cover non-emergency patient transport (PTS) or support service vehicles outside of Euro 6 emissions regulations. Work is ongoing within the fleet department to ensure the Trust meets the required standards.

The Trust has also invested in 5 light weight MAN Double Crew Ambulances (DCA). This will enable us to collect data in the transition to zero emissions vehicles and trial some of the lifting and handling equipment (self-loading Stretcher) to ensure these are fit for purpose as these offer weight saving opportunities, essential in moving forward to electric vehicles.

The Private Events Fleet is also being refreshed; the procurement of 5 ex-lease Fiat Ducato vehicles will lower the age profile and standardise vehicles over the DCA fleet.

In Q3 we reported that the delivery of 64 DCAs had been delayed due to testing requirements. Whole Vehicle Type Approval including BS EN 1789:2020 testing has now progressed with one final test to complete on the solo bolts which secure ICU transfer equipment, this will be complete in April. A recent visit to the convertor showed that progress on the production line is well advanced. Vehicles are expected to be delivered from the week commencing 19 May.

Vehicle availability has reduced within our A&E services during the last month. This has been due to a number of larger repairs and RTCs. Alongside high operational vehicle requirements this has put pressure on vehicle maintenance compliance. Fleet are working with A&E Operations to address. PTS vehicle availability remains at a high level along with maintenance compliance.

3.7 ICT and Business Intelligence

3.7.1 York, Fairfield EOC

A major refurbishment and expansion of the 999-call centre in York is now nearing completion. All ICT activities are completed.

3.7.2 ISDN (Integrated Services Digital Network) to SIP (Session Initiation Protocol) Migration

The Trust has embarked on a programme replacing the aging, legacy telephone lines. This includes the migration of our services to the latest model of voice lines based on SIP, which include the 999, 111 and Patient Transport call centres.

The replacement of legacy ISDN circuits with a fully supported, enterprise class, SIP solution from BT is almost complete. All live traffic has now been rerouted to use the SIP solution across Wakefield, York and Rotherham. The impact on business processes and downtime was managed and mitigated during the migrations.

Further work is now ongoing to procure a secondary SIP solution to increase resilience. In the meantime, the legacy ISDNs remain available in Rotherham and York to provide redundancy along with the current BC telephone system in Wakefield.

3.7.3 BC Phone System

Procurement for a replacement business continuity phone system is complete with a cloud hosted service to provide resilience to EOC across Wakefield and York. This represents an expansion on the existing platform. Work is now underway with an expected completion date of June 2023 subject to circuit installation at each site.

3.7.5 Wireless network replacement

The refresh of the core wireless infrastructure is ongoing across the entire YAS estate with the replacement of the wireless access points in each location. Around 55% of access points have now been replaced with target completion for June 2023.

The new platform will increase the range, coverage and bandwidth of Wi-Fi across each location.

3.7.6 Clinical Systems Development update Q4 2022/23

Electronic patient record (ePR) application

Hospital dashboard notes

- Notes added via the YAS ePR Hospital Dashboard are now also included in the patient record PDF file. This aligns with requirements for processing of 'right to rectification requests' under GDPR.

Access to patient GP records

- The next ePR release will provide crews with a direct view of the GP patient record, following verification of the patient NHS number. The ePR development is complete and has been successfully assured by NHS England. Patient information will be pulled through from the national GP Connect service, which allows authorised clinical staff to view GP practice clinical information quickly and efficiently. Final checks are underway, and it is expected this new functionality will be released to YAS ePR users by mid-April 2023

Ambulance Data Set (ADS)

- The pilot continues for the updated messaging app developed by YAS to submit data collected by ambulance services to NHS England. The latest version of the app submits data collected by frontline crews (ePR data) as well as by the Emergency Operations Centre (CAD data).
- YAS continue to support other ambulance services to onboard with the messaging app for ADS and submit their live CAD data.

Medicines management application

Following the successful development of the Prescription Only Medicine (POM) pouch, the Systems team have developed the controlled drugs module which has successfully concluded a pilot running at South Kirkby Ambulance Station. The team continues to work with the pharmacy and 999 to make enhancements to fully align with the business processes and ensure compliance with legal and governance requirements.

This module enables timely and accurate tracking of the delivery, movement and usage of controlled drugs and full auditing of stored areas to improve the management of medicines in YAS, providing a fully digitised process and removing the current paper documentation

3.7.7 Data sharing with other health & social care organisations

YAS as a provider - In February 2023 we moved into the final user acceptance testing phase to share YAS ePR and 999 encounter and patient information via the Yorkshire & Humber Care Record. This will provide health and social care organisations across the region with access to information on patient encounters with the ambulance services to aid ongoing patient care. We are nearing completion of the testing phase and expect to commence live data provision by the end of April 2023.

We continue to engage with and support acute trusts across the region to implement the electronic Transfer of Care through the Yorkshire & Humber Care Record. Calderdale & Huddersfield have completed their project scoping and are ready to start development to receive the YAS Transfer of Care messages.

3.7.8 Mobile Data Vehicle Solution (MDVS)

YAS is working with the national Ambulance Radio Programme (ARP) team to replace the aging Mobile Data Terminals (MDT) in all ambulances and RRV's with the latest DVS technology to display patient and location information from the control room to the frontline crews.

The new MDVS will be fully compliant with the Road Traffic Act, and any exemptions that apply to emergency services. The new technology includes text to voice which will allow frontline crews to be kept informed of any changes to the patient condition or location whilst on route.

The operational pilot has commenced with eight DCA's and will be extended until 17th April with a further six RRV's to gather increased exposure and feedback. Further testing is planned in for early April, with a provisional go-live date of 17th April 2023

3.7.8 Business Intelligence

ICS specific performance dashboards have been created to support the System Partnership Directors in their meetings with each ICS. More information and support is

being provided at a regional level to help the system understand where improvements can be made and support engagement with the region.

BI are working with Ops to understand handover delays and where improvements can be made as trajectories are developed for next year as part of the contract.

Staff self-serve reports are being rolled out within IUC and EOC to support staff to understand their own data and the calls they deal with.

BI are working with Public Health Analysts to be public health ambassadors and support the provision and analysis of Public Health data across the region.

Robotics is now business as usual within the team. BI are the first trust across the Northern Ambulance Alliance (NAA) to make use of Robotic Process Automation (RPA) which aims to automate processes and reduce waste on inefficient manual processes. ESR reporting is now supported by RPA daily. BI are part of the NAA project board and support the work across the NAA.

BI are fully linked into the QI team leading on projects to improve processes across the trust via the use of Office 365 tools. Current work is underway on improving the Health Passports, improving communication in the Ancillary team, improving processes within EOC and supporting the business planning team.

To make reporting more efficient and reliable a new data warehouse is being developed by IT and BI which will support future reporting for the next few years, this is due to start to become live in Q4 with roll out in 2023-24.

3.8 System Partnership update

The System Partnership Directors (SPDs), covering each of our Integrated Care System areas, are becoming more established as they approach six months in post. During this time relationships have significantly improved across all our partners, with new areas of improvements being identified, which will inform our internal strategy refresh and final priorities, these will also be the basis of the Area Plans. The SPDs are involved, and members of key meetings across Integrated Care Boards and with other partner organisations. Further work is required to determine the most appropriate approach regarding Integrated Care Partnerships at both place and system level. As YAS has a statutory 'duty to collaborate' the SPDs are leading on these obligations for YAS, and as an organisation the development of a partnership strategy will be a key mechanism within the Trust Strategy overall. The SPDs are now embedded into the Trust Executive Group (TEG) and have been providing update reports along with development opportunities for the Trust overall.

SPDs have been involved in the planning process for 2023/34 and will continue to develop this work into the Joint Forward Plans being developed in Integrated Care Boards.

Integrated Care Boards are now required to reduce their internal establishment by 30% and reviews are being taken on the function of ICBs within their statutory duties, with recognition that other NHS organisations or health and care partners might be better suited for certain activities.

As this work develops SPDs will be able to brief the Board on each Integrated Care System's developments and their future operating models.

Internally we continue to develop and evolve 'new ways of working' to better support and enable the Area Leadership Teams to fulfil the Trust's ambition with the new operating model. Focussed work has commenced on devolving and embedding accountability for clinical governance and quality functions to area teams with two further focussed workshops planned that will cover our approach to pre-hospital pathways and alternative services to ED and developing our strategy for partnership working.

3.9 Corporate Affairs and Updates on Key Activities

3.9.1 10 years of NHS 111 at YAS

During March, we celebrated 10 years of providing the region's NHS 111 service. Initially launched in March 2013 to take over from NHS Direct and respond to people's urgent healthcare needs 24/7, 365 days a year, the service handled its first 111 call as part of a soft launch which was phased over a few weeks.

Over the past 10 years, the region's 111 staff have answered more than 15 million calls, and they currently receive an average of 4,170 calls on a weekday and 6,465 on a weekend day. NHS 111 has become a core part of the Trust's services and the wider healthcare system, creating strong partner relationships across Integrated Urgent Care in Yorkshire.

3.9.2 Partnership with Meadowhall for community first responders

We partnered with Meadowhall (Sheffield) to launch the first scheme in the region whereby we train staff as Community First Responders (CFRs) equipping them to provide vital care, comfort and reassurance in medical emergencies before an ambulance arrives. The training has been completed by colleagues from across the centre, including security teams, caretakers and electricians, and Meadowhall will always have at least one trained CFR on site at all times.

3.9.3 Restart a Heart launched

This year will see the tenth anniversary of Restart a Heart and on 14 February, we launched this year's campaign to encourage as many schools as possible to sign up for CPR sessions on Restart a Heart day. Last year's campaign was a great success and we have taught CPR to over 30,000 students at 132 secondary schools. We had more than 600 staff and volunteers who came forward to help and are looking forward to making this 10th anniversary another successful year.

3.9.4 Prince's Trust Get Started course

During February, we ran a further Prince's Trust Get Started event, where 12 students, aged 16-30, who are not currently in employment, education or training undertook a week's training with us in Leeds. We were able to give them an insight into the work of an ambulance service, with existing staff talking about their careers, as well as first aid training and skills development.

The content was designed to support the students to apply for a role as an EOC call handler or NHS 111 health advisor and they will all be guaranteed a job interview, with one of the attendees already in the process of being assessed for a role.

3.9.5 National Ambulance Volunteering Strategy

In recognition of the important contribution and significant benefits volunteering brings to our patients, staff, organisations and communities, the Association of Ambulance Chief

Executives (AACE), with support from the NHS England, has released the first National Ambulance Volunteering Strategy.

Volunteers play an important role in ambulance trusts, and they enable us to deliver high quality care that goes above and beyond core services. We are looking to grow and develop volunteering, not just by developing new impactful voluntary activities, but by recognising and celebrating the contribution of our volunteers. We are developing our own Volunteering Strategy, led by our Volunteer Development Manager, and with support through YAS' role as sponsor for the national strategy.

4 Publication Under Freedom of Information Act

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

5 Recommendation

The Board is asked to:

- Receive assurance on the activities of the Executive Team.
- Receive the Integrated Performance Report for March 2023

6 Supporting Information

Appendix A: Integrated Performance Report for March 2023

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21.04.2023