AGENDA		
Meeting:	**Board of Directors Meeting (held in Public)**	
Date: **Time:** **Venue:**	01 February 2024 09.00am University of Huddersfield	
Membership:	Martin Havenhand Andrew Chang Anne Cooper Tim Gilpin Amanda Moat Jeremy Pease Peter Reading Dave Green Kathryn Vause Julian Mark Nick Smith	Chair Non-Executive Director Non-Executive Director (Senior Independent Director) Non-Executive Director (Deputy Chair) Non-Executive Director Non-Executive Director Chief Executive Director of Quality and Chief Paramedic Executive Director of Finance Executive Medical Director Chief Operating Officer
In Attendance:	Adam Layland Jeevan Gill Rachel Gillott Helen Edwards Simon Marsh David O'Brien Carol Weir Mandy Wilcock	System Partnership Director System Partnership Director System Partnership Director Head of Communications and Engagement Chief Information Officer Director of Corporate Services/Company Secretary Director of Strategy, Planning and Performance Director of People and Organisational Development
Apologies:		

No.	Description	Format	Lead	Time
1.	**OPENING BUSINESS**			
1.1	**Welcome and Apologies** *(information)*	Verbal	Martin Havenhand, Chair	09:00-09:15
1.2	**Declaration of Interests** *(assurance)* *Any Board Member who is aware of a conflict of interest relating to any item on the agenda will be required to disclose it at this stage or when the conflict arises during consideration of the item.*	Verbal		
1.3 1.3.1	**Minutes of Previous Meetings** (***approve***) Minutes of meeting held in public on 26 October 2023	 Attachment		
1.4	**Matters Arising** *(assurance)* *Any Matters Arising in addition to items included on the agenda.*	Verbal		
1.5	**Action Log** (*assurance)* *To review open actions and agree closure of any completed actions.*	Attached		
1.6	**Staff Story** *(information*)	Presentation	Dave Green Executive Director of Quality and Chief Paramedic	09:15-09:25
1.7	**Chair's Report** *(information*)	Attached	Martin Havenhand, Chair	09:25-09:30
1.8	**Chief Executive's Report** *(information/assurance)*	Attached	Peter Reading, Chief Executive	09:30-09:35
2.	**STRATEGY, PLANNING AND POLICY**			
2.1	**Trust Strategy 2024-29** (approval /ratification)	Attached	Carol Weir Director of Strategy, Planning and Performance	09:35-09:45
2.2	**2023/24 Business Plan: Q3 Report** (assurance)	Attached	Carol Weir Director of Strategy, Planning and Performance	09:45-10:05

No.	Description	Format	Lead	Time
3	**ITEMS FOR APPROVAL**			
3.1	**Re-Framed Business Plan Objective 3**: *(approval)*	Attached	Julian Mark Executive Medical Director	10:05-10:10
4.	**ASSURANCE**			
4.1 4.1.1 4.1.2	**Risk Report** *(assurance)* Corporate Risk Register Board Assurance Framework Q3 Position	Attached Attached Attached	David O'Brien, Director of Corporate Services/ Company Secretary	10:10-10:20
4.2	**Integrated Performance Report** *(assurance)*	Attached	Executive Directors	10:20-10:25
4.3	**Operational Assurance Report** (assurance)	Attached	Nick Smith Chief Operating Officer	10:25-10:35
4.4	**EPRR Core Standards: Self-Assessment and Action Plan** (assurance)	Attached	Nick Smith Chief Operating Officer	10:35-10:45
	BREAK 1045-1100			
4.5	**Finance Report (Month 9)** *(assurance)*	Attached	Kathryn Vause, Executive Director of Finance	11:00-11:10
4.6	**Finance and Performance Committee: Highlight Report** **(**assurance)	Attached	Amanda Moat Committee Chair	11:10-11:20
4.7	**Quality and Clinical Report** (*assurance*)	Attached	Dave Green Executive Director of Quality and Chief Paramedic	11:20-11:30
4.8	**Quality Accounts: 2024/25 Improvement Priorities** (assurance)	Attached	Dave Green Executive Director of Quality and Chief Paramedic	11:30-11:40

No.	Description	Format	Lead	Time
4.9	**Quality Committee: Highlight Report** (assurance)	Attached	Anne Cooper Committee Chair	11:40-11:50
4.10	**People and Organisational Development Report** **(**assurance)	Attached	Amanda Wilcock Director of People and Organisational Development	11:50-12:00
4.11	**People Committee: Highlight Report** **(**assurance)	Attached	Tim Gilpin Committee Chair	12:00-12:10
4.12	**Audit and Risk Committee: Highlight Report** (assurance)	Attached	Andrew Chang Committee Chair	12:10-12:20
5.	**PARTNERSHIP WORKING**			
5.1	**System Partnership Quarterly Update** *(information)*	Attached	Adam Layland, Jeevan Gill, Rachel Gillott (System Partnership Directors)	12:20-12:30
6.	**BOARD GOVERNANCE AND REGULATORY**			
6.1	**Governance Report** (*assurance)*	Attached	David O'Brien Director of Corporate Services/ Company Secretary	12:30-12:35
7.	**CLOSING BUSINESS**			
7.1	**Any Other Business** *(information/approve)*	Verbal	Martin Havenhand, Chair	12:35-12:45
7.2	***Risks*** *(information/agree)* *Any risks raised during the meeting that require consideration of adding to Risk Registers/Board Assurance Framework*	Verbal	Martin Havenhand, Chair	
MEETING CLOSE 12:45				

Date of next Board Meeting to be held in Public**: 25 April 2024**

Minutes of the Board of Directors Meeting (held in PUBLIC)
26 October 2023 at 9am at Gledhow Wing, St James' Hospital, Leeds.

Present:

Martin Havenhand	Chair
Anne Cooper	Non-Executive Director
Andrew Chang	Non-Executive Director
Tim Gilpin	Non-Executive Director/Deputy Chair
Amanda Moat	Non-Executive Director
Jeremy Pease	Non-Executive Director
Peter Reading	Interim Chief Executive
Julian Mark	Executive Medical Director
Kathryn Vause	Executive Director of Finance
Clare Ashby	Interim Executive Director of Quality, Governance and Performance Assurance

In Attendance:

Zafir Ali	Associate Non-Executive Director
Helen Edwards	Associate Director of Communications and Community Engagement
Mandy Wilcock	Director of People and OD
Jeevan Gill	System Partnership Director (Humber and North Yorkshire)
Rachel Gillott	System Partnership Director (West Yorkshire)
Adam Layland	System Partnership Director (South Yorkshire)
Dave Green	Executive Director Designate - Quality and Chief Paramedic
Simon Marsh	Chief Information Officer
David O'Brien	Director of Corporate Services/Company Secretary
Jackie Cole	Deputy Director of Operations

Observers:

Chris Lake	Managing Director, Integrated Development
Lewis Henery	Assistant Client Manager, 360 Assurance

Apologies:

Nick Smith	Interim Chief Operating Officer

BoD23/10/1 **Welcome and Apologies**

1.1 The Chair welcomed Chris Lake, Managing Director of Integrated Development who is the facilitator for the forthcoming board development programme and Lewis Henery, Assistant Client Manager, 360 Assurance who were both in attendance at the Board meeting as observers.

1.2 The Chair welcomed the return of Dr Julian Mark, Executive Medical Director, Dave Green, Executive Director Designate - Quality and Chief Paramedic, and Jackie Cole, Deputy Director of Operations who was deputising for Nick Smith, interim Chief Operating Officer.

1.3 Apologies were received from Nick Smith, Interim Chief Operating Officer.

The meeting was quorate.

BoD23/10/2 **Declaration of Interests**

2.1 No declarations of interest were reported on open agenda items. It was noted that any declarations of interest would be considered if and when they occurred during the meeting.

BoD23/10/3 **Minutes of Previous Meeting**

3.1 **Resolved:** the minutes of the meeting held on 27 July 2023 were approved as an accurate record, subject to adding Mandy Wilcock to the list of attendees present at the meeting.

BoD23/10/4 **Patient Story**

4.1 Clare Ashby, interim Executive Director Quality, Governance and Performance Assurance, introduced a patient story, presented on screen. The story concerned an 83-year-old woman who uses a taxi service provided via the Trust's Patient Transport Service to attend dialysis treatment sessions. The Board was assured that the Trust takes appropriate and effective steps to ensure that sub-contracted taxi firms operate within the requirements of the Trust's framework.

4.2 Julian Mark, Executive Medical Director, noted that this story was a good demonstration of how regular patient interactions by the same members of frontline staff can help to identify early signs of deterioration in patient health and well-being.

4.3 Jeremy Pease, Non-Executive Director, queried whether the use of sub-contracted taxi firms is cost-effective. Kathryn Vause, Executive Director of Finance, confirmed that such firms were used primarily during the COVID-19 pandemic and that the Trust is moving towards greater use of in-house service provision which will offer better value for money.

4.4 **Resolved:** The Patient Story was noted.

BoD23/10/5 **Chairs Report**

5.1 The Chair's report was received and noted. The report drew reference to the Board Development Programme being delivered via a specialist firm called Integrated Development. As part of this programme, Chris Lake from Integrated Development was observing the Board meeting, and a series of online surveys and virtual interviews would also take place. A Board development workshop had been scheduled for 24 January 2024, and the Chair requested full engagement with this from the Board Directors and attendees.

5.2 The Chair's report also drew attention to the input and impact of volunteers, with 261,000 hours of voluntary work provided to the Trust last year.

5.3 **Resolved:** The Chair's report was noted.

BoD23/10/6 **Chief Executive's Report**

6.1 Peter Reading, Interim Chief Executive, presented the report. He explained that a number of significant events had been reported in his report to the previous Private Board meeting, and that he has brought these back today for the public record.

6.2 Restart a Heart: on 16 October 700 Trust staff and volunteers, alongside other partners, had taught CPR to around 35,000 students at 166 secondary schools across the region.

6.3 Multi Agency Exercise, Leeds Arena: In response to the Manchester Arena Inquiry, approximately 3,000 emergency services staff, including YAS colleagues, took part in an exercise to test preparedness for a possible major incident at a major event.

6.4 Launch of NHS Staff Survey: the latest uptake position in week 3 was 28% compared to 21% at the equivalent stage last year, with a target to reach of 50% (compared to 34% last year). The Trust will continue to promote the survey and to provide staff with sufficient time to complete it.

6.5 Andrew Chang, Non-Executive Director, queried the need for the #Safe in the Back campaign. In response Clare Ashby explained that learning from Serious Incidents indicated a need for the Trust to remind staff of policy and procedures relating to safe and effective seatbelt use.

6.6 **Resolved:** The Chief Executive's report was noted.

BoD23/10/7 **Business Plan Quarterly Update 2023/24**

7.1 **Business Planning Cycle**

7.1.1 The Board received a report on the new business planning cycle for the Trust. This business planning cycle had been discussed previously during a Private meeting of the Board and was now brought to this meeting for approval in public, which supported transparency and ensured it is captured in the public record of Trust governance.

7.1.2 The Trust had moved to a stronger and better-defined annual cycle of business planning that will support the organisation to deliver its 2023/24 business plan objectives and to prepare its 2024/25 business plan.

7.1.3 Alongside the business planning cycle, the Trust is developing an accountability framework and performance management framework. Annual appraisals will be aligned to the business planning cycle and will reflect the outcomes of the annual planning process.

7.1.4 **Resolved:** i) The proposed business planning annual cycle was approved

7.2 **Business Plan Operational Objectives 2023/24**

7.2.1 The Board received a report on the quarter two status of the Trust's 2023/24 business plan operational objectives. Updates were reported for all eighteen operational objectives. Two operational objectives rated as red, nine objectives rated as amber; and seven objectives rated as green.

7.2.2 It was noted that at the start of the year the Board had approved these eighteen objectives as achievable within allocated resources and to agreed timescales, and so the Board must now collectively ensure that these objectives are achieved.

7.2.3 It was noted that business plan reporting is evolving, and that the Board needs stronger assurance regarding the current status of operational objectives, with evidence that these objectives will be delivered and clarity about remedial actions where delivery is at risk.

7.2.4 Jeevan Gill, System Partnership Director, confirmed that amendments had been made to Operational Objective 17 relating to system working. These amendments had been supported by TEG and had now been brought to the Board for final approval. The amendments had made the objective clearer and had confirmed the inputs required from other areas of the Trust in order to secure delivery.

7.2.5 **Resolved:** i) The quarter two progress report for business plan operational objectives was noted.
ii) The amendments to Objective 17 were approved.

BoD23/10/8 **Seasonal Plan (Winter Plan)**

8.1 The Seasonal Plan (Winter Plan) for the period to March 2024 was received and noted. This comprised a strategic plan to be overseen by the Board and a tactical plan to be overseen by the Trust Executive Group (TEG). Jackie Cole, Deputy Director of Operations confirmed that this approach had previously been reviewed and supported by both TEG and the Finance and Performance Committee. In response to feedback received at those governance groups the plans now included additional priorities relating to hospital handover and crew to clear processes.

8.2 The Board received confirmation that as things stood the national guidance stated that COVID-19 booster vaccinations were only to be given to patient-facing staff and not to call-handling staff in contact centres. The Trust had identified that this approach presents significant risk to its operations and Julian Mark, Executive Medical Director, had raised this with NHSE.

8.3 **Resolved:** i) The Seasonal Plan was approved.
ii) The decision to raise with NHSE the non-availability of COVID-19 vaccinations for contact centre staff was endorsed

BoD23/10/9 **Response to Lucy Letby Trial**

9.1 Clare Ashby, Interim Executive Director Quality, Governance and Performance Assurance, presented the report. This had previously been discussed at the Board meeting held in private in September.

9.2 In response to the learning from the Lucy Letby verdict, and in response to the NHS England letter about Board oversight, this report provided assurance about the Trust's actions to strengthen its own internal arrangements, including Freedom To Speak Up (FTSU) and the implementation of the Fit and Proper Person framework.

9.3 The Trust had recruited an additional FTSU Guardian in response to the National Guardian Office recommendations, taking the total to 2.0 WTE. Further review is underway to ensure the staffing and management structure for FTSU is effective and meets the NGO requirements.

9.4 The Fit and Proper Person Framework had been strengthened with additional background checks introduced in line with national requirements and timescales.

9.5 Tim Gilpin, Non-Executive Director, noted that while the Trust might have all the required systems and processes in place, this matter is as much about organisational culture and willingness to learn lessons.

9.6 Anne Cooper, Non-Executive Director, noted that training for supervisors and middle managers should include how to nurture safe and supportive environments that allow staff to speak up properly and with confidence.

9.7 **Resolved:** i) The Board noted the report and took assurance regarding the strengthening of Trust processes

BoD23/10/10 **Corporate Risk Register**

10.1 David O'Brien, Director of Corporate Services and Company Secretary, presented the corporate risk report and drew reference to the following new risks:

10.2

- Risk 564: Right Care, Right Person: Demand (12, Moderate Risk)
- Risk 360: Facilities at Manor Mill for HART (12, Moderate Risk)
- Risk 567: Executive Team stability (12, Moderate Risk)
- Risk 568: Telephony Issue (12, Moderate Risk)

10.3 The greatest individual corporate risk was reported as Risk 35: Hospital Handover (25, high risk) which is the highest score in the Trust's matrix.

10.4 It was noted that one of the most significant areas of emerging risks identified in Section 3.8 related to the potential non-availability of COVID-19 booster vaccinations for the Trust's call-handling staff (previously mentioned in the Seasonal Plan item)

10.5 It was noted that both the People Committee and the Quality Committee had identified risks relating to staffing levels for IUC and 111 and the impact of this on the quality of care and patient safety. These staffing levels had been discussed at Board on 27 September 2023. It was now becoming apparent that the failure to achieve planned staffing levels and recruitment trajectories was also generating risk relating to significant underspend of planned budgets.

10.6 It was noted that the risk team is in the process of recruiting an additional staff member to coordinate and review risk management activity in the Trust, and that this will help to improve the quality of risk information and risk registers.

10.7 **Resolved:** The Risk Report was received and noted.

BoD23/10/11

11.1 **Board Assurance Framework**

David O'Brien, Director of Corporate Services and Company Secretary, presented the Board Assurance Framework report and drew attention to movements in strategic risk and the progress on mitigation actions.

11.2 Andrew Chang, Non-Executive Director and Chair of Audit and Risk Committee. confirmed that the Trust's Board Assurance Framework and supporting processes had received significant assurance from the internal auditors (360 Assurance).

11.3 The Chair drew attention to the hospital handover risk and the impact of this on patient harm. Whilst recognising that this is a system and national issue, and that conversations were being held with Trusts across the region and countrywide, the Board did need assurance about the Trust's own actions on this.

11.4 Jeevan Gill, System Partnership Director, updated the Board on the Trust's actions relating to hospital handover, and the specific work being done in the Humber and North Yorkshire area with hospitals and system partners to mitigate this risk. It was also noted that the Seasonal Plan set out the Trust's key actions to mitigate the handover risk, and that this is a dynamic plan that can be adapted to deliver additional mitigations if needed.

11.5 **Resolved:** The Board Assurance Framework report was received and noted.

BoD23/10/12 **Finance Report (Month 6)**

12.1 Kathryn Vause, Executive Director of Finance, presented the Month 6 Finance Report. The headline figures were:

- Income and Expenditure: £7.3m surplus at Month 6
- Organisational Efficiency Plan: £2.3m under plan at Month 6
- Cash Balances: £78.1m at 30 September 2023
- Better Payment Performance (Non-NHS): Volume 95%, Value 93%

- Better Payment Performance (NHS): Volume 85%, Value 81%
- Agency Cap: Year-to-date overspend of £0.6m
- Capital: Leased Assets, year-to-date underspend of £3.6m
- Capital: Purchased Assets, year-to-date underspend of £4.2m

12.2 At Month 6 the Trust had reported a year-to date (YTD) surplus of £7.3m. The Trust had agreed a break-even plan for the financial year and was currently forecasting delivery against this plan.

12.3 In terms of efficiencies the Trust was currently reporting under performance against the cost savings plan: the YTD position was £2.3m under plan with a forecast year-end position of £3.1m under plan.

12.4 Agency spend was reported as being higher than planned. YTD the Trust was exceeding its agency cap by £0.6m and was forecasting a £1.5m overspend for the year. This was predominantly due to high use in IUC which was forecast to increase further over the latter half of the year. New rules for non-clinical agency use had been introduced which require the Trust to gain approvals from NHSE.

12.5 The Trust was now working to a capital budget of £16.6m for purchased assets. The original plan included a 5% 'over plan allowance' to mitigate against potential slippage. It was noted that there were issues around vehicle delivery and supplies.

12.6 Andrew Chang, Non-Executive Director, commented that the Trust's cash level was very robust and asked whether this is healthy from a reputational point of view. In response, Kathryn Vause acknowledged that the cash balance is high but that this will be a good resource if the Trust faces a deficit position.

12.7 Amanda Moat, Non-Executive Director, added that the financial report had been discussed at the Finance and Performance Committee and that all system partners are aware of the Trust's current position.

12.8 Peter Reading, Interim Chief Executive, explained that many trusts are experiencing financial difficulties and that NHSE is monitoring cash balances very closely, so there is potential for the Trust to be asked to support other organisations. Kathryn Vause confirmed that the Trust does report monthly to NHSE and its financial position and cash balances are reviewed on a regular basis.

12.9 **Resolved:** the Board noted:
i) the Trust's financial performance to 30th September 2023
ii) the capital expenditure against plan
iii) all associated financial risks set out in the report

BoD23/10/13 **Operational Report**

13.1 Jackie Cole, Deputy Director of Operations, provided an update on the Trust's operational performance, and explained that this update should be taken in conjunction with the September Integrated Performance Report.

13.2 999 call answer times had remained consistent, with the number of calls waiting more than 2 minutes significantly reduced. The Trust had remained one of the best performing ambulance services for Category 2 calls and at that stage was on target to achieve the 30-minute average response time target for the year (dependent upon handover performance of acute hospitals and wider demand and operational pressures relating to winter).

13.3

Handover delays, specifically in the Humber and North Yorkshire system, had increased and were having a significant negative impact on Category 2 response times. Collaborative work was ongoing with system partners to develop and deliver solutions.

13.4 Staffing attrition continued to be a challenge in IUC, especially during the first few weeks of training. Clinical call backs continued to be a challenge. Timeliness of response remained good for PTS.

13.5 Jeremy Pease, Non-Executive Director, raised the issue of ambulance crews having to wait for long periods outside Emergency Departments and the impact of this on the Trust's ability to respond to other calls for patients in need of an ambulance response.

13.6 Julian Mark, Executive Medical Director, pointed out that although the Category 2 response time target for the year as a whole is a mean of 30 minutes, there is an expectation that response times will reduce to 18 minutes by the end of the year and onwards into 2024/25.

13.7 It was agreed that the Board needed assurance on how the Trust will reduce the Category 2 response times by the end of the financial year. It was agreed to report the performance trajectory to the Trust Board along with plans and actions to meet this trajectory to ensure the Category 2 mean response time target of 30 minutes is achieved.

ACTION (Chief Operating Officer)

13.8 Peter Reading, Interim Chief Executive, drew attention to the distribution of Trust resources available across the different ICB areas, and the local variations in population and geography, with the implications of these factors for travel times and therefore response times. In addition, other factors to consider included conveyance rates, job cycle times and handover data, and within acute trusts there were factors such as bed occupancy, patient flow, and delayed discharges into the community.

13.9 **Resolved:** The Operational Performance report was noted.

BoD23/10/14 **Digital Bi-Annual Update Report**

14.1 Simon Marsh, Chief Information Officer, presented the digital bi-annual report. He highlighted the proposed move to the Pathways system within the EOC; a possible move of all service line systems to a vertically integrated Computer Aided Despatch (CAD) system, and the further development of the Electronic Patient Record (EPR).

14.2 Amanda Moat, Non-Executive Director, raised concerns about the ability of Trust systems and data processes to identify patients who call who have mental health issues or neurological conditions. It is also difficult to extract data to show that the Trust is taking calls from these types of patients. It was worth noting that Category 2 calls sometimes fall into 111 and therefore unsure if the patient can re-present back into the 999 system. Clare Ashby, Interim Executive Director Quality, Governance and Performance Assurance confirmed that the Trust is able to flag these types of patients and the calls should be managed accordingly.

14.3 Simon Marsh drew attention to the integration of the Trust with the Yorkshire and Humber Care Record (YHCR) for sharing clinical data across the wider regional healthcare environment. Some delays had occurred in August due the large sizes of GP records that had not been expected, however this had since been restarted and records were now available to clinical staff in 111 and 999.

14.4 **Resolved:** **T**he Digital Bi-annual report was received and noted.

BoD23/10/15 **Highlight report from the Chair of the Finance and Performance Committee**

15.1 Amanda Moat, Non-Executive Director and Chair of the Finance and Performance Committee presented the report and confirmed that there was nothing further to add as this had been covered by the Month 6 Finance Report discussed earlier.

15.2 **Resolved:** The report was received and noted

BoD23/10/16 **Quality and Clinical Report**

16.1 Clare Ashby, Interim Executive Director Quality, Governance and Performance Assurance, presented the report and highlighted the implementation of the new Patient Safety Incident Report Framework (PSIRF) plan for the Trust that had gone live on 30 September 2023. The number of Serious Incident investigations was reducing, and the legacy workload was being managed effectively.

16.2 The Safeguarding team had completed a rapid process improvement workshop to improve the Trust's processes relating to safeguarding allegations. The Trust's new Sexual Safety Charter had gone live on Monday 23 October 2023. The current performance issues regarding ambulance delays and telephony issues were being monitored from a patient safety perspective.

16.3 It was noted that 14% of complaints received from patients had concerned the attitude and communication skills of Trust staff. Focussed work was planned around this to ensure that staff consistently show compassion when engaging with patients.

16.4 The Quality Committee had recommended that the Board agree to the full implementation of the Quality and Safety Walkarounds proposal, including a schedule for site visits, triangulation with the Inspection for Improvement process and ongoing review via Quality Committee.

BoD23/10/17 **Clinical report**

17.1 Dr Julian Mark, Executive Medical Director, presented the report. He confirmed that the YAS Research Institute had been launched on the 04 October with a research seminar showcasing the Trust's research talent and partnership working. There was a plan to deliver a regular itinerary of research seminars going forward.

17.2 A senior public health analyst has been recruited to support further analysis of clinical data from a health inequalities perspective.

17.3 The Clinical Quality Indicators for ST-elevation myocardial infarction (STEMI, a type of heart attack) showed an overall care bundle compliance of 51%. Half of these incomplete care bundles had occurred when there was no paramedic on scene and the technician had had limited analgesic options. Further work was ongoing to understand these fails and to develop a Trust wide action plan.

17.4 **Resolved:** i) the Quality and Clinical report was received and noted.
ii) the Board agreed to the full implementation of the Quality and Safety Walkarounds as proposed in the report.

.

BoD23/10/18 **Highlight report from the Chair of the Quality Committee**

18.1 Anne Cooper, Chair of the Quality Committee, presented the report and alerted the Board to three key issues:

18.2 First, the committee had received an update on outstanding coroner's cases. Where coroner's cases are also Serious Incidents for the Trust there had been delays in

sharing the required reports in a timely way. The Patient Safety team and Legal team were working together to ensure these cases are prioritised. However, the Board needed to be aware that the Trust has, for the first time, received a Schedule 5 notice that requires the Trust to produce documents for the coroner. Extra resources had been allocated to the Patient Safety team to support this, but the shortage of resources in the Patient Safety team is noted on the corporate risk register. A review of a sample of cases that relayed to delayed responses were discussed by the committee.

18.3 Second, the Board should note that for the first time a coroner had found the cause of death of a patient to be 'neglect' in relation to the response of the Trust to a patient. This was linked to a poor assessment of breathing by the call handler.

18.4 Third, the Committee had revisited the Well-Led action plan that had been developed following the CQC supported self-assessment last undertaken by NHS England in autumn 2022, and recommend that the Board also considers this plan at a future meeting.

(Action: Dave Green)

18.5 **Resolved:** Quality Committee Report was received and noted

BoD23/10/19 **People and Organisational Development Report**

19.1 Mandy Wilcock, Director of People and OD, presented the report. She drew attention to the Trust being named as the Yorkshire and Humber 'Regional Highly Commended Winner' in the National Apprenticeship awards, and in the 'Teesside University Macro Employer of the Year 2023' category. These awards recognised the achievements of apprentices, apprenticeship schemes, and individuals who champion apprenticeships.

19.2 Following the launch of the Ambulance Association of Chief Executive's Sexual Safety Charter, the launch of a Trust-specific charter took place on 23 October 2023.

19.3 The People Committee had received assurance on issues relating to recruitment and retention in contact centres. There will be a number of community recruitment and advertisements in January 2024. HR and IUC colleagues will be moving away from using agency recruitment. The Winter Wellbeing Plan will also commence to support staff and therapy dogs will continue to visit contact centres.

19.4 The SEQIN target for flu vaccinations is 75% and the Trust was unlikely to achieve this. It was suggested to improve the take up with further provision of in-house flu clinics.

19.5 Jeremy Pease, Non-Executive Director, noted that other organisations that had launched a Sexual Safety Charter had subsequently received an influx of cases and he sought assurance that the Trust had sufficient capacity to manage a similar influx. Mandy Wilcock assured the Board that the Trust is ready for this and had put in place measures such as external investigators; additional HR and safeguarding capacity; staff-side and manager awareness, and special training with FTSU and HR colleagues.

18.6 . **Resolved:** The People and Organisational Development Report was noted.

BoD23/10/20 **Freedom To Speak Up (FTSU) Bi-Annual Report**

20.1 David O'Brien, Director of Corporate Services and Company Secretary, presented the FTSU bi-annual report on behalf of the FTSU Guardians. A total of 61 concerns had been raised by staff via Freedom to Speak Up in the year-to-date.

20.2 The categories of concerns raised via FTSU included patient safety, worker safety or wellbeing, bullying or harassment, and other inappropriate attitudes or behaviour.

20.3 Following the Lucy Letby verdict the FTSU Guardians had been involved in strengthening arrangements to deliver the Trust's commitment to the 'Listen Up' and 'Follow Up' ethos behind Freedom to Speak Up.

20.4 FTSU Guardians were working with HR and safeguarding colleagues to support the Sexual Safety Charter launched by the Trust. Further developments included extending the number of FTSU roles (Guardians and Ambassadors) and strengthening induction materials, policies, and guidance.

20.5 It was highlighted that within A&E Operations 20 out of 28 FTSU concerns had come from one ICB area (Humber and North Yorkshire). It was suggested that it would be beneficial to monitor data more analytically to understood whether such patterns were significant . This would be picked up in future FTSU reports to the Board.

Action: (David O'Brien)

20.6 **Resolved:** i) the FTSU Bi-annual report was received and noted.
ii) the Board was assured regarding proposals for further FTSU developments

BoD23/10/21 **Highlight report from the chair of the People Committee**

21.1 Tim Gilpin, Non-Executive and Chair of the People Committee provided the following key highlights from the report.

21.2 The People Committee had raised two areas of concern. Firstly, the breach of the agency expenditure ceiling. The committee had sought assurance that efforts were being made concerning recruitment and retention, particularly in respect of the move from agency staff to Trust contracts. Secondly, recruitment to operational roles was not in line with financial planning assumptions and trajectories, resulting in a significant underspend that presented risk to the Trust.

21.3 Tim Gilpin also drew attention to the Committee's assurance regarding the workforce disability standards and the workforce race standards (WDES and WRES). There had been some slippage against the standards compared to last year and work will be done to focus on this.

21.4 **Resolved:** The People Committee Report was noted

.

BoD23/10/22 **Trust Estate: Reinforced Autoclaved Aerated Concrete (RAAC)**

22.1 Kathryn Vause, Executive Director of Finance, updated the Board on the Trust's position with regard to the presence of RAAC on its premises and the need for assurance about this following the letter received from NHSE in September 2023 addressing this issue.

22.2 The condition assessments undertaken to date had not indicated the presence of RAAC in any of the Trust's premises. However, these assessments did not include a full intrusive survey and for buildings to be fully assessed would require the Trust to commission a full structural assessment to be undertaken. If a full structural assessment were necessary, this would be carried out within this financial year.

22.3 Peter Reading, Interim Chief Executive, advised that unless and until the Trust had carried out a full structural assessment of premises the Board cannot have complete assurance on this matter. He proposed that the Finance and Performance Committee have oversight of this on behalf of the Board, and that meanwhile the Trust should consider raising this as a risk.

22.4 **Resolved:** i) the letter received from NHS England on 5 September 2023 was noted;
ii) the Finance and Performance Committee to receive assurance on the actions required outlined in the letter with assurances/risks/mitigations provided to the Board thereafter with any remedial actions included in the Trust's Estate Backlog Maintenance Plan was agreed.

BoD23/10/32 **System Partnership Update**

23.1 Jeevan Gill, System Partnership Director (Humber and North Yorkshire), delivered the report which included updates on the key highlights and lowlights across all three ICB areas.

23.2 Business Plan Objective 17 had been reviewed and strengthened to reflect emerging developments and had now been approved by Board. System engagement sessions took place in September to support the development of the new YAS strategy. Continued good collaboration had taken place with respective police forces to ascertain the impact of the Right Care, Right Person operational policing model. A new approach to Patient Transport Service (PTS) eligibility criteria was being taken forward by ICB colleagues for implementation, supported by YAS. Further mental health vehicles were to enter operations following initial success.

23.3 System partners in Humber and North Yorkshire had undertaken joint quality improvement work with Hull Royal Infirmary to address handover delays. A Rapid Improvement event would take place in week commencing 06 November. Additional alternative pathways had been introduced for same day emergency care for surgical and cardiology patients. Two clinical remote triage teams were operational across East and North Yorkshire.

23.4 Adam Layland, System Partnership Director (South Yorkshire), highlighted joint working with the South Yorkshire Fire and Rescue Service to develop a new model for responding to Category 1 calls in rural communities.

23.5 Rachel Gillott, System Partnership Director (West Yorkshire), reported that the Trust has been invited to become a formal member of the Community Services Provider Collaborative Committee in Common for West Yorkshire. Rachel also reported that YAS colleagues from across a range of teams and departments had met with the University of Huddersfield to discuss and explore opportunities to be a strategic partner in their Health Innovation Campus development.

23.6 **Resolved:** The System Partnership Update report was received and noted.

BoD23/10/24 **Governance Report**

24.1 David O'Brien, Director of Corporate Services and Company Secretary, presented the Governance Report. The report provided an update on Board-level governance issues and developments since the previous Board meeting and confirmed the Trust's position regarding the retention of Dr Stephen Dykes as the Trust's Caldicott Guardian.

24.2 **Resolved:** the Board approved the proposal that the Trust's Caldicott Guardian will continue to be Dr Steven Dykes in his role as Deputy Medical Director

BoD23/10/25 **Trust Standing Orders**

25.1 David O'Brien, Director of Corporate Services and Company Secretary, presented the updated Trust Standing Orders for ratification in public session. These had been approved previously by the Trust Board at its meeting held in Private on 28 September 2023. The majority of the changes concerned Section 6 (Declaration of Interests) and

Section 7 (Standards of Business Conduct) in accordance with NHSE guidance on Managing Conflicts of Interest in the NHS.

25.2

Resolved: i) the Board approved the updated Standing Orders
ii) the Board noted the intention to review the Scheme of Delegation following the recruitment to the new leadership positions in the Trust's operating model.
iii) the Board noted that the Trust Standing Orders will be subject to an annual review and update.

BoD23/10/26 **Any Other Business**

26.1 There were no items of any other business.

BoD23/10/27 **Risks**

27.1 The need for additional survey work regarding RAAC in the Trust estate was identified as an area of potential risk. This would be discussed further with Glen Adams, Associate Director of Fleet and Estates, and assurance reported via the Finance and Performance Committee.

BoD23/10/28 **Date and Time of Next Meeting**

28.1 The next public meeting is scheduled to take place on Thursday, 01 February 2024.

The meeting closed at 12:25

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**

NHS Yorkshire Ambulance Service NHS Trust

Actions from the minutes of the Trust Board Meeting Held in Public
(Completed items will be shared for information and then removed for the subsequent meeting)

Item 1.5

Action Ref	Meeting date	Item Title and Action Required	Lead	Comments/progress update	Due Date	Status
Actions Arising in 2023-24						
BoD23/07/8.2	27 July 2023	**Personal Belongings Policy (Patient Story)** A high-level update would be provided to the Board on the implementation plans once they are finalised.	ED.QGPA (Clare Ashby)	The Board received a progress update from the ED.QGPA. The Board was assured regarding the implementation of this action and agreed to close it.	26 October 2023	Completed
BoD23/10/13.7	26 October 2023	**Category 2 Response Times** Produce a performance trajectory and plan for the remainder of the financial year to ensure that the Category 2 mean response time target is achieved.	COO (Nick Smith)	A revised Category 2 response time performance trajectory and plan was approved by the Trust Board on 16 November as part of the NHSE exercise to review the Trust's financial and performance plans for 2023/24. A further report on Category 2 response times, performance trajectories and mitigation plans was received by the Trust Board on 14 December. The Trust Board will continue to receive updates on Category 2 response times and the effectiveness of mitigation plans as part of the Operational Performance report to Board meetings.	01 February 2024	Completed

Action Ref	Meeting date	Item Title and Action Required	Lead	Comments/progress update	Due Date	Status
BoD23/10/18.4	26 October 2023	**CQC Well-Led Action Plan**: As recommended by the Quality Committee, at a future meeting the Trust Board should receive an update on the Trust's CQC Well-Led Action Plan.	DQCP (Dave Green)	The Trust Board received a general update on CQC regulatory and inspection developments at its meeting on 14 December. A report regarding the Trust's CQC Well-Led Action Plan implementation status and next steps is on the agenda for the Trust Board meeting in Public on 01 February.	01 February 2024	Completed
BoD23/10/20.5	26 October 2023	**Freedom to Speak Up Bi-Annual Report:** Future FTSU reports to the Trust Board to include more analysis and insight in order to better identify and explain patterns in the concerns being raised.	DCSCS (David O'Brien)	Additional analysis and insight will be included in the FTSU Annual Report to be presented to the Trust Board in at its meeting in Public on 25 April 2024	24 April 2024	Open

Board of Directors (held in Public)
1st February 2024
Chair's Report

Item 1.7

Presented for:	Information/Approval
Accountable Director:	Martin Havenhand Chair
Presented by:	Martin Havenhand, Chair
Previous Committees:	This report has not been received elsewhere prior to its presentation to the Board of Directors
Legal / Regulatory:	NHS Acts

Key Priorities/Goals	This report supports all the key priorities and goals

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

Key points	
This report provides an update since the last report presented to the Board in Public on 26 October 2023.	For information

Board of Directors (held in Public)
1 February 2024
Chair's Report

1. INTRODUCTION

1.1 This report provides an update since the last report presented to the Board on 26 October 2023.

2. APPOINTMENT OF CHIEF EXECUTIVE (CEO)

2.1 Following a national recruitment process Peter Reading has been appointed our substantive CEO. Peter has been our Interim CEO since June 2023.

3. BOARD DEVELOPMENT PROGRAMME

3.1 The board held a development session on Wednesday 24th January facilitated by Integrated Development Ltd. The programme has been developed following an online board health check survey and virtual 1:1 discovery interviews with each member of the board.

3.2 This process has resulted in us able to produce a board development plan to support us in improving the way we work towards becoming a highly effective unitary board.

4. EQUALITY DIVERSITY AND INCLUSION (EDI)

4.1 As part of our ongoing support for our staff networks the board has approved the establishment of Non-Executive Director (NED) Champions and Executive Sponsors.

4.2 The role descriptor for the Non-Executive Champion had been agreed as follows:

A NED champion plays an important role to help ensure we embed equality, diversity, and inclusion, by being a role model through their lived experience or as an ally. Their key role is to be a voice and ambassador at Trust Board for the Network which they champion and the Protected Characteristic that that Network represents.

Our NED Champions are:

- Pride@YAS: Jeremy Pease
- BME: Andrew Chang
- Women and Allies: Anne Cooper
- Disabilities: Amanda Moat

4.3 The role descriptor for the Executive Sponsor had been agreed as follows:

An Executive Sponsor plays an important role to help ensure we embed equality, diversity, and inclusion, by being a resource to the relevant Chair of the Network which they sponsor and the Protected Characteristic that that Network represents, advising them on how to influence the enactment of appropriate change within YAS relating to that Protected Characteristic, and supporting them in enacting that change.

Our Executive Sponsors are:

- Pride@YAS: Adam Layland
- BME: Jeevan Gill
- Women and Allies: Kathryn Vause
- Disabilities: Nick Smith

4.4 Although not an EDI staff network, Dave Green is the Executive Sponsor for the Armed Forces Network.

5. ZAFIR ALI, ASSOCIATE NED

5.1 Zafir Ali has been appointed a NED at Bradford Teaching Hospitals NHS FT and will be taking up his appointment on 1st February 2024. As a result he is leaving the Trust at the end of January.

6. MEETINGS, VISITS and EVENTS

6.1 System Partners

- Humber and North Yorkshire ICB Trust Chairs meeting
- Humber and North Yorkshire Provider Chairs meeting
- Chair of West Yorkshire ICB
- West Yorkshire Chairs Forum
- WY Health and Care Partnership Chairs Leaders and Non-Executive Executives
- West Yorkshire Community Services Provider Collaborative
- South Yorkshire ICB Chairs and CEOs
- South Yorkshire Acute Federation (Acute Trusts Chairs and Chief Executives)
- Hosted visit from Kent and Medway ICB with West Yorkshire ICB

6.2 NHS Trust Chairs meetings

- Leeds Teaching Hospital
- Leeds Community Health
- York and Scarborough Hospitals
- Hull University Hospitals / North Lincolnshire and Goole Hospitals
- South Coast Ambulance Service
- North East Ambulance Service

6.3 Ambulance Association

- Association of Ambulance Chief Executives (AACE) Council meeting
- Northern Ambulance Association meeting

6.4 Yorkshire Ambulance Service

- Joint Staff Network Conference
- Long Service Award at Driffield Ambulance Station
- YAS Star Awards held at the Principal Hotel, York
- YAS Quality Improvement Celebration Event
- Observation Shift from Longley Ambulance Station
- Simone Mulcahy NILO
- Lesley Butterworth Lead Nurse

Martin Havenhand
January 2024

Board of Directors (held in Public)
1 February 2024
Chief Executive's Report

Item 1.8

Presented for:	Information/assurance
Accountable Director:	Peter Reading, Chief Executive
Presented by:	Peter Reading, Chief Executive
Author:	Peter Reading, Chief Executive
Previous Committees:	None
Legal / Regulatory:	No

Key Priorities/Goals	All

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
2. We achieve excellence in everything we do	✓	All
4. We use resources wisely to invest in and sustain services	✓	All

Key points	
To brief Board members on some important matters for the Trust, some of which may be covered in more detail elsewhere in the Public or Private meetings of the Board.	For information

Board of Directors (held in Public)
1 February 2024
Chief Executive's Report

1. Summary

1.1 This paper briefs Board members on some important matters for the Trust, some of which may be covered in more detail elsewhere in the Public or Private meetings of the Board. Board members are invited to discuss any of these items, as they choose, and to note them for information.

2. Operational update

2.1 The Trust has seen an increase in demand for its emergency services in December 2023, compared to the previous month, with the average responses at scene increasing by 552 per week (79 per day) between November and December and compared with December 2022; this is an increase of 1,781 per week (254 per day).

2.2 The Trust's performance in category 2 calls, (which have a target response time of 30 minutes), was 9 minutes 44 seconds longer in December 2023 than November, at 46 minutes 24 seconds. However overall, Trust performance was around 6 minutes better than most recent forecast performance because of hospital handover delays being lower than expected. For December 2023, the category 2 mean response time for the Trust overall was more than 33 minutes faster than December 2022.

2.3 Average hospital handover times have increased slightly from 29 minutes 26 seconds in November to 33 minutes 6 seconds in December. However, this is considerably lower than last December which was 43 minutes 34 seconds, with most the challenging handover times were at hospitals in South Yorkshire and Humber and North Yorkshire.

2.4 In our Emergency Operations Centre, there were over 100,000 999 calls taken in December 2023, with demand down 13% on last December and improvements of nearly 50% in calls being answered in 5 seconds compared to the same time last year.

2.5 In our Integrated Urgent Care (IUC)/NHS 111 service, the average speed to answer calls increased by 33 seconds to 1 minute 50 seconds in December and there was a slight reduction of the number of clinical call backs to patients made within one hour to 44.3% from 49.5% in November (the national target is 60%). Demand was 17.4% lower compared to December 2022 and overall performance is in line with other NHS 111 services across the country. There continues to be a focus on recruitment and retention of staff in IUC, with an improvement programme underway.

2.6 Our non-emergency Patient Transport Service (PTS) has remained busy and continues to perform well, with the addition of the dedicated discharge planning desk improving performance, achieving 85.6% of short notice outwards journeys within 2 hours' notice in December. The service saw an increase in demand with 8% more journeys compared to December 2022, equivalent to approximately 5,500 additional journeys.

2.7 NHS England reported that the week ending 31 December was the busiest for ambulances so far this winter, with more than 93,500 arriving at hospitals to hand over patients, alongside significant performance improvements.

3. Appointment updates

3.1 Following a comprehensive and robust recruitment process, I am pleased to be able to continue my journey at Yorkshire Ambulance Service as substantive Chief Executive, working with the Trust's dedicated staff and volunteers. I have thoroughly enjoyed my first seven months at the Trust and will continue to progress the implementation of our new strategy and provide the very best services we can for our patients and local communities.

3.2 Nick Smith has been appointed to the role of Chief Operating Officer (COO). This newly introduced role provides overarching leadership for all aspects of operational patient care delivery at YAS including 999 delivery, Integrated Urgent Care (NHS 111), Patient Transport Service, Community Resilience, Hazardous Area Response Team, Emergency Planning, Business Continuity and Private Events.

3.3 We have also made six further permanent appointments, all reporting to Nick Smith as COO, following interview processes:

- Julia Nixon has been appointed as the Associate Chief Operating Officer (Remote Patient Care). This role has overall responsibility for both our Emergency Operations Centre (999) and Integrated Urgent Care (NHS 111) call centres. Julia is currently Deputy Chief Operating Officer at Airedale NHS Foundation Trust and will join us on 5th February 2024.
- Jackie Cole has been appointed into the role of Associate Chief Operating Officer (Central Services), working closely with the Chief Operating Officer and providing support in both the day to day and strategic operational leadership across the Trust. Jackie is also accountable for capacity planning, EPRR and other central operational support functions, including special operations, HART, business continuity, and private events.
- We have also appointed Claire Lindsay to the role of Head of Service Delivery and Quality for our Emergency Operations Centre (EOC, our 999 operations centre) and Claire's role will be responsible for the effective delivery of emergency and urgent care operations in the EOC and leadership of the operational workforce.
- The three System Partnership Directors (Jeevan Gill, Rachel Gillott and Adam Layland) have been appointed to the new roles of Director of Partnerships and Operations for, respectively, North and East Yorkshire, West Yorkshire and Soth Yorkshire. In these revised roles, they will have accountability for the operational (999 ambulance service) in their ICS patch, and well as continuing their leadership role in relations with partners in their patch. They take up their revised roles in February.

4. Our new strategy

4.1 Last year, we completed a comprehensive engagement exercise to support the development of our new strategy, for 2024-29. Over several months, we talked and listened to hundreds of people – our staff and volunteers, partners, and the public – through surveys, interviews, focus groups and workshops, to help us to shape our vision and bold ambitions for the next five years.

4.2 We've used that feedback to ensure we have developed our strategy and are moving forward in a way that meets the needs of those we serve and work with. Guided by the strategy steering group, the Board has discussed and reviewed the strategy in its development in November and December and we are now ready to launch our new strategy at the end of the month and will be presenting the final strategy for approval at Board today.

4.3 We will be launching the strategy with our staff and volunteers internally first, with external communication and engagement activity planned with partners and the public throughout February. This will be supported by a range of tools, and we will be using videos, summaries, and digital channels to share our strategy, our four bold ambitions and what it means for our patients, our people, our partnerships and our planets and our pounds. Our communication and engagement will ensure we follow up with those who helped shaped our strategy, and continue our engagement on how we can work with them to help us delivery our strategy.

5. New dementia friendly ambulances

5.1 YAS has introduced new vehicles in both A&E and Patient Transport Service (PTS) to improve the experience of patients with dementia. The improvements to the vehicles will create a calmer environment for someone who is living with dementia and help to put them at ease. This includes printed blinds, which feature a landscape of the countryside for a sense of comfort and familiarity. The vehicles also have improved contrasting on the seats, floor and steps for better visibility.

5.2 There are 13 dementia-friendly A&E vehicles now in service, with a further 21 in the commissioning process and a further 91 vehicles to be delivered this financial year. 60 PTS vehicles are also currently in build.

6. National Ambulance Volunteering Dashboard

6.1 Following work between YAS, the Association of Ambulance Chief Executives (AACE) and South Western Ambulance Service NHS Foundation Trust (SWASFT), a new National Ambulance Volunteering Dashboard has been developed and is now live.

6.2 It is designed to highlight the contribution of ambulance volunteering and supports both our own volunteer development framework launched earlier this year, as well as the National Ambulance Volunteering Strategy.

6.3 With the dashboard now live, other ambulance trusts are now being invited to include their data to allow us to see the full impact of ambulance volunteering across the UK, and to encourage learning between trusts. The dashboard highlights the huge impact ambulance volunteering has on our service and our patients and gives clear evidence of the contribution our volunteers make.

7. YAS Supports 16 Days of Activism Against Gender-Based Violence

7.1 As part of the '16 Days of Activism' that took place in November and December, we focused on domestic abuse. This effects all people regardless of sex, gender, sexuality, class and wealth etc. However, it is accepted that this is a gender-based crime which is disproportionately experienced by women.

7.2 We have introduced several initiatives to improve our response to patients and staff experiencing domestic abuse:

- We are proud to be the first ambulance service in the country to employ an accredited Independent Sexual Violence Advocate. They joined us in September last year as the Specialist Domestic Abuse Practitioner in our Safeguarding Team.
- We have developed our own domestic abuse training package which is currently being rolled out to staff.
- To address gender-based violence and abuse within the workplace we have several policies and procedures in place to support staff. We launched our own Sexual Safety Charter this year and are also a signatory to the NHS Sexual Safety Charter.
- We have a Women & Allies' Network which aims to provide a safe and supportive space for women, colleagues who identify as a woman and male allies, to come together to celebrate women in the workplace, and champion issues that only affect or disproportionately affect women the Trust.

8. Health and Science Apprenticeship Provider of the Year

8.1 We are proud to announce that we have been named as one of two national finalists in the Health and Science Apprenticeship Provider of the Year category of the prestigious Annual Apprenticeship Conference Apprenticeship Awards 2024.

8.2 Representatives from our Apprenticeships Team will attend a celebratory reception at the Houses of Parliament on Monday 5 February 2024, hosted by the Rt Hon. Robert Halfon MP. The event will be used to formally recognise national finalists and outstanding apprenticeship delivery and provision across the sector.

8.3 The winner will be announced at the Apprenticeship Awards Gala Dinner on Tuesday 27 February.

9. East Midlands Railway staff in Sheffield partner with Yorkshire Ambulance Service for first responder training

9.1 East Midlands Railway (EMR) staff at Sheffield Railway Station have joined forces with YAS to train colleagues as Community First Responders (CFRs). They are now equipped with skills to provide vital care, comfort and reassurance to anyone suffering a medical emergency before an ambulance arrives on scene.

9.2 Colleagues from the supervisor, platform services and customer information teams have participated in the three-day CFR course which includes training on cardiopulmonary resuscitation (CPR), operating a defibrillator and administering oxygen.

9.3 We have provided the EMR team with a CFR kit bag which includes an automated external defibrillator (AED); this is an additional resource to the four AEDs already available on platforms.

9.4 The training has been completed by four colleagues with more due to complete the training soon. The station will aim to always have at least one trained CFR on site.

10. Recommendation

10.1 It is recommended that the Board:

- Note the update from the Chief Executive's Report

11. Supporting Information

11.1 Not applicable

Trust Board
Trust Strategy
01 February 2024

Presented for:	Approval
Accountable Director:	Peter Reading, Chief Executive
Presented by:	Carol Weir, Director of Strategy, Planning & Performance
Author:	Carol Weir, Director of Strategy, Planning & Performance
Previous Committees:	Board 30th November 2023
Legal / Regulatory:	No

Key Priorities/Goals	All Strategic Priorities

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

Key points	
This paper seeks formal endorsement of the new Trust Strategy. Board members are asked to formally endorse the strategy for launch.	For decision

Trust Board
Trust Strategy
01 February 2024

1. Summary

1.1 This paper seeks formal endorsement of the new Trust Strategy. Board members are asked to formally endorse the strategy for launch.

2. Background

2.1 The new Trust strategy, setting out the new vision, values and ambitions for the Trust has progressed as planned. A draft was agreed by the Strategy Steering Group on 16 November, approved by TEG on 22 November, and Board on 30 November.

3. Proposal

3.1 Board members are asked to formally endorse the strategy for launch.

4. Financial Implications

4.1 There will be additional cost to produce a range of strategy communication collateral to support the launch (tbc). These will be procured using the Trust's approved processes ensuring value for money.

5. Risk

5.1 The Strategy needs to resonate with staff, stakeholders, partners, and service users. This will be addressed through effective communication in the strategy and the planned collateral and launch events, which have previously been discussed and approved at People Committee and Board.

6. Communication and Involvement

6.1 The launch programme, planned with the Communications Team from January 2024, has previously been discussed and approved at People Committee and Board.

7. Equality Analysis

7.1 An evaluation and equality impact analysis will be undertaken on options in the strategy as part of the annual business planning process, to consider equality and equity in our services.

8. Publication Under Freedom of Information Act

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

9. Next Steps

9.1 The formal launch plan, as approved previously, will be delivered. The priorities and high-level activities under the draft ambitions that form the substance of the strategy are well developed and there will be further work to ensure alignment across the 2024/25 annual business planning priorities and development of the enabling plans.

10. Recommendation

10.1 Board members are asked to consider and endorse the strategy, to enable launch.

11. Supporting Information

11.1 The following papers make up this report:
Appendix A – Trust Strategy (final version)

NHS
Yorkshire
Ambulance Service
NHS Trust

Great Care, Great People, Great Partner:
Our Strategy, 2024-29

Introduction

Yorkshire Ambulance Service NHS Trust (YAS) provides out-of-hospital emergency, urgent and non-emergency care to 5.4 million people across Yorkshire and the Humber.

As a major regional gateway to integrated healthcare services, we influence the health outcomes for thousands of people every day. We are uniquely positioned to work with our partners to ensure the right response for every patient, whenever and wherever they need it.

This is our strategy for 2024-29.

Contents

Our commitments to you

We are extremely proud to lead Yorkshire Ambulance Service and the services we provide to the communities across Yorkshire and the Humber.

Our vision for our 2024-29 strategy is clear: Great Care, Great People, Great Partner. To achieve this, we have set ourselves four bold ambitions that will drive our actions and outcomes over the next five years.

We operate in a rapidly changing world, which has changed significantly in just a few years since we developed our previous strategy. Standing still is not an option and our new strategy represents a major step change in how we will deliver services fit for the future.

We are committed to providing high-quality services for our patients and communities. To achieve this, developing a clear direction of travel for our organisation is vital. This strategy reflects the extensive engagement we have undertaken, to ensure we are moving forward in a way that meets the needs of those we serve and work with.

We, of course, deliver the emergency response that first comes to mind when thinking of a traditional ambulance service. But we are so much more than that, and we have adapted and developed to respond to changes in the NHS and to meet the needs of our population.

Our highly skilled teams provide a wide range of out-of-hospital emergency, urgent and non-emergency care, including in patients' homes or over the telephone, and we want to develop this even further over the next five years. We will endeavour to deliver exceptional, patient-centred care that is integrated with our partners across the three systems we work with across the Yorkshire and Humber region, and ensure the most clinically appropriate response for every patient, first time, every time.

Integral to this is ensuring that our people are supported to perform at their very best, in a diverse and inclusive organisation with a culture of continuous improvement. Through our four new values of **kindness**, **respect**, **teamwork** and **improvement** and our YAS Together programme, we will create an ambulance service to be proud of.

We cannot achieve this alone and we will need to collaborate with our partners across the health and social care network. Our strategy sets out how we will be an integral and influential system partner, supporting action to improve health outcomes, patient and carer experience, and reducing health inequalities for our communities.

To enable achievement of our ambitions and our strategy, we will use our financial and physical resources responsibly and sustainably, reducing our environmental impact.

In 2029, Yorkshire Ambulance Service will be a place to work and volunteer that everyone can be proud of, as well as a valuable trusted partner with a relentless focus on ensuring an outstanding patient experience. We look forward to working with you all to achieve this.

Martin Havenhand

Martin Havenhand
Chair

Peter Reading

Peter Reading
Chief Executive

A Framework for Success

Our strategic framework ensures we achieve our **purpose** and **vision**: to deliver great care, be a great place to work and be a great partner to work with, guided by our **values**, and delivered through our **enabling plans**, ensuring everyone understands their role in making our **bold ambitions** a reality.

Our Purpose	To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes
Our Vision	What we want to achieve: **Great Care | Great People | Great Partner**
Our Values	What do we want to be and what behaviours do we expect? **Kindness | Respect | Teamwork | Improvement**
YAS Together	A way of working collaboratively to achieve our vision: **Care | Lead | Grow | Excel | Everyone**
Our Enabling Plans	The drivers of success: **Clinical and Quality | People | Partnership | Sustainable Services**

4 Bold Ambitions

Our Patients

Our ambition is to deliver **exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care**, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.

Our People

Our ambition is to be a **diverse and inclusive organisation** with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.

Our Partners

Our ambition is to be a **collaborative, integral and influential partner** across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.

Our Planet and Pounds

Our ambition is to be a **responsible and sustainable** organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

Today → **2029**

Bold Ambition 1: Our Patients

We aim to:

- Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures.
- Deliver the national, regional and local performance targets for 999, NHS 111 and Patient Transport Service (PTS).
- Ensure that the sickest patients get the best treatment on scene and are taken to the most appropriate facility without delay. Ensure patients with less severe illnesses and injuries are treated and cared for as close to home as possible.
- Continually develop, providing both the conditions and opportunities for all our teams to thrive in a research-active environment, and embed quality improvement throughout the Trust.
- Achieve the highest possible rating of 'outstanding' by the health and social care regulator (Care Quality Commission, CQC).
- Deliver the highest standards of emergency preparedness, resilience and response and continually improve, to ensure we provide the best possible response to the most complex incidents impacting the region.
- Understand and reduce unwarranted variation and support system-wide work to reduce health inequalities, positively impacting our local communities through our role as an anchor organisation.

Our ambition is to deliver **exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care**, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.

For our patients and service users, this means that:

- We will deliver the most clinically appropriate response for every patient, whenever and wherever they need it.
- We will provide care that is personalised, joined up and coordinated with the wider health and care system.
- We will provide more care and treatment in people's homes or communities and only where it is the best for the patient, take them to hospital.
- We will deliver quality care that is evidence-informed, person-centred, safe and compassionate.
- We will provide support and care delivered by professional, kind and respectful staff.

> "Our staff must be inclusive in their approach, understanding the diverse needs of our communities."
>
> **Staff engagement feedback**

Bold Ambition 2: Our People

Our ambition is to be a **diverse and inclusive organisation** with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.

We aim to:

- Invest in developing our people (staff and volunteers), ensuring they have the skills, support and resources they need to deliver high-quality care and services, now and in the future.
- Invest in leadership development to ensure that our people are well supported by their exceptional leaders.
- Develop the paramedic profession in YAS.
- Ensure our culture is one where our people are listened to, encouraged and enabled to speak up when they have concerns about patient or colleague safety and wellbeing, or when they have suggestions for how the Trust might be better run.
- Become a great place to work and volunteer, with staff survey engagement and feedback scores above average for the NHS.
- Improve staff health, wellbeing and attendance, reducing sickness rates to better than the NHS average.
- Value difference and improve equality, diversity and inclusion of our people at all levels of the organisation, to reflect the population we serve. Improve our progress towards Workforce Race and Disability Equality Standards and eliminating our Gender Pay Gap.
- Ensure all staff have a meaningful appraisal and career conversation each year.
- Invest in and expand our apprenticeship programmes, retaining our Top 100 Apprenticeship Employer status and achieving outstanding Ofsted judgement for apprenticeship provision.
- Successfully achieve re-accreditation of the Investors in Volunteers award.

For our people, this means that:

- We will create an ambulance service to be proud of.
- We will be a great place to work and volunteer - an open, inclusive and diverse organisation where people can thrive.
- We will foster a learning culture to make continuous improvement our habit.

> “We should focus on making people feel included and valued, with health and wellbeing front and centre of everything we do for our staff.”
>
> **Staff engagement feedback**

Bold Ambition 3: Our Partners

Our ambition is to be a **collaborative, integral and influential partner** across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.

Working with all our partners and communities, we aim to:

- Listen and respond to patients, partners and our communities to develop and deliver high-quality care, which is continuously improving.
- Work collaboratively with all our partners to achieve better experiences and outcomes for patients, optimising all of our collective skills and valued resources. We will ensure we deliver the most appropriate response to patients requiring of out-of-hospital emergency or urgent care, and be an effective co-ordinator and navigator for access to urgent and emergency care, and supporting services.
- Work in partnership to maximise the benefit of our collective knowledge, with academic and education partners and be a leading service provider in partnership with the voluntary, community and social enterprise (VCSE) partners.
- Collaborate with emergency service partners, not only to provide a great emergency response but to maximise our collective resource for the benefit of our populations.

For our partners and communities, this means that:

- We will work together to provide the highest quality care for all.
- We will continuously improve our services, ensuring they are shaped and influenced by listening to and working with our partners and local communities, benefiting from patient and community experience.
- We will contribute to broader social economic development locally through our role as an anchor organisation, supporting the reduction of health inequalities.
- We will support action to improve health outcomes, experience and opportunities for all our communities.

> “YAS is in a unique position to work with a broader range of stakeholders to influence population health. We need to harness this opportunity through communication and the sharing of data and intelligence.”
>
> **System partner feedback**

Bold Ambition 4: Our Planet and Pounds

Our ambition is to be a **responsible and sustainable** organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

We aim to:

- Work towards reducing our impact on the environment and tackling climate change, with net-zero emissions.
- Use our resources wisely and ensure value for money.
- Ensure decisions are informed by evidence, research, data and intelligence.
- Develop and deliver improvement, through learning and adoption of best practice.
- Provide cutting-edge services by establishing new digitally enabled ways of working to optimise patient care and services - including automation, artificial intelligence (AI) and innovation.

For our environment and the taxpayer, this means that:

- We will ensure efficient and effective use of our resources.
- We will provide high-quality, patient-focused care and services which are safe, fit for the future and financially sustainable.
- We are committed to improving the environment, supporting efforts to tackle climate change and reducing our environmental impact.

> “Focus on sustainability and environmental responsibility, including the use of electric vehicles, solar panels on stations and green building practices.”
>
> **Leadership community feedback**

Living Our Values

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

Kindness

As a Trust, we believe kindness is shown by caring as we would care for our loved ones.

- We will care for others as we would want to be cared for.
- We will be compassionate, courteous and helpful at all times.
- We will be calm, professional and considerate at all times.

Improvement

As a Trust, we believe improvement is a commitment to learning, developing and implementing best practice to deliver better care and services.

- We will strive to do the best for patients, colleagues, staff and partners by continually seeking to learn, develop and deliver better care and services.
- We will create a culture in which all staff and volunteers are empowered to pioneer new and better ways of working across the Trust to improve patient care and services.
- We will pursue excellence by taking personal responsibility for learning and improving.

Respect

As a Trust, we believe respect is having due regard for the feelings, contribution and achievements of others, adhering to the highest professional standards, even in the most challenging of circumstances.

- We will be open and honest and do what we say.
- We will celebrate and appreciate the successes of others.
- We will actively listen to, respect and involve others, valuing diversity and taking the time to understand personal and cultural viewpoints.

Teamwork

As a Trust, we believe teamwork is working collaboratively and openly with colleagues, patients, volunteers and partners, striving to achieve an exceptional standard in everything we do.

- We will work positively and openly with all.
- We will celebrate success together and be there for each other through both good and difficult times.
- We will work together to deliver exemplary care and services.

Our Commitments To You

What Yorkshire Ambulance Service Will Be Like By 2029

We are dedicated to delivering the best service we possibly can for our patients, colleagues, volunteers, partners and communities. To be successful, we recognise the importance of developing a clear direction of travel for our organisation.

This strategy therefore reflects the extensive engagement we have undertaken, to ensure we are moving forward in a way that meets the needs of those we serve and work with.

By 2029, those staffing our Emergency Operations Centre (EOC) and 111 urgent care service will have optimised integrated ways of working. Through our remote care hub, where multi-professional clinical teams will work collaboratively with all partners, our patients will receive seamless, safe, individualised and effective co-ordinated care. Regardless of how patients contact us, we will ensure the most appropriate triage, assessment and response to get people the right care first time. We will support patients and partners to ensure we reduce delays and improve timely service and discharges, including through our non-emergency Patient Transport Service (PTS).

Patients will receive rapid access to multi-professional clinical teams through advanced technology, with all their information instantly available. This will help us to determine the best response in providing personalised, streamlined and seamless care, minimising unnecessary assessments and transfers. We will care for more people in their communities and at home and, where appropriate, transport patients to the right care setting, including providing emergency treatment and response.

Strong partnerships will enable an expanded role for our staff and volunteers, across the emergency and urgent care system. Paramedics will be part of local teams to provide an integrated urgent care response closer to home. Through our 24/7 regional infrastructure we will be integral to a joined-up health system, improving care together. As an anchor institution we will support reducing inequality, taking a preventative approach and working to improve population health outcomes together.

Driven by intelligence and innovation, we will continuously improve and strive for excellence in everything we do. Our workforce will be diverse and our people will feel supported, included and empowered, and be proud to work or volunteer for us.

In 2029, YAS will be a trailblazer in delivering outstanding, seamless and compassionate healthcare through integration, technology and collaboration. We will be a great and enjoyable place to work and volunteer, a valuable partner with a relentless focus on ensuring an outstanding patient experience.

More Than A 999 Service

People trust us to provide emergency, urgent care and non-emergency patient transport services – but YAS delivers so much more. This strategy sets us on a path to 2029, to ensure that every patient receives a seamless and accurate triage, assessment and response to their care needs as quickly as possible, helping to reduce demand on overstretched hospital services.

Yorkshire Ambulance Service serves a population of more than five million people across almost 6,000 square miles of varied terrain, from isolated moors and dales to coastline and inner cities.

We work within three integrated care systems as the only NHS Trust that covers the whole of Yorkshire and the Humber, giving us a unique regional view. We are there for all patients, whether they have life-threatening injuries or complex ongoing needs, and we interface with a wide range of partners to provide co-ordinated, joined-up care, including primary, hospital, community and mental health partners, as well as local authorities, social care and the voluntary sector.

We Provide:

An Integrated Urgent Care (IUC) service, which includes the NHS 111 urgent medical help and advice line, helping more than 1.5 million patients annually across Yorkshire and the Humber, Bassetlaw in Nottinghamshire, North Lincolnshire and North East Lincolnshire

A vital 24/7 emergency and healthcare service, with around 9,200 calls handled on a typical day

A Patient Transport Service (PTS) for eligible people who are unable to travel to their healthcare appointments by other means, due to their medical condition

Key Facts

7,000 staff

1,000 volunteers

3.4 million calls annually to 999, 111 and patient transport services

3 main call-handling centres provide **24/7** remote clinical assessment

61 ambulance stations with over **500 ambulances** and over **100 response cars**

More than 800 active Community First Responder volunteers, who attended more than **14,500 incidents** in 2022-23

More than 3,750 frontline workers

paramedics, emergency care practitioners, urgent care practitioners, specialist paramedics, emergency medical technicians and emergency care assistants

Patient Transport Service

370 PTS vehicles

Staffed by **800** people and **200** volunteers

722,000 journeys a year, covering more than **7.6 million miles**

Note: All information is reflective of the services provided by Yorkshire Ambulance Service in 2022-23

And Here's What Else We Do

Support for our patients, people and places through charitable funding

Research and research support for pharmaceuticals, universities and NHS partner organisations

A Resilience and Special Services Team (incorporating our Hazardous Area Response Team), which plans and leads our response to major and significant incidents (e.g., public transport, flooding, pandemic flu or chemical, biological, radiological or nuclear materials)

Clinicians to work on the two helicopters operated by the Yorkshire Air Ambulance

Clinical cover for major sporting events and music festivals

Education and training on life-saving skills, e.g. first aid training for community groups and life support initiatives in local communities, including training in the use of defibrillators

Vehicles and drivers for the specialist Embrace transport service for critically ill infants and children

In 10 years of Restart a Heart Day, we have trained 234,708 students in CPR during 1,047 school visits, thanks to volunteers and staff who have given 39,213 hours. 32,000 students were given free CPR training on Restart a Heart Day 2023.

All In A Day's Work

999 — We answer **3,100** calls to 999

111 — We answer **4,800** calls to 111

PTS — We deal with **1,400** calls to our Patient Transport Service

On a typical day, we treat **1,500** people who have the most serious conditions. This includes:

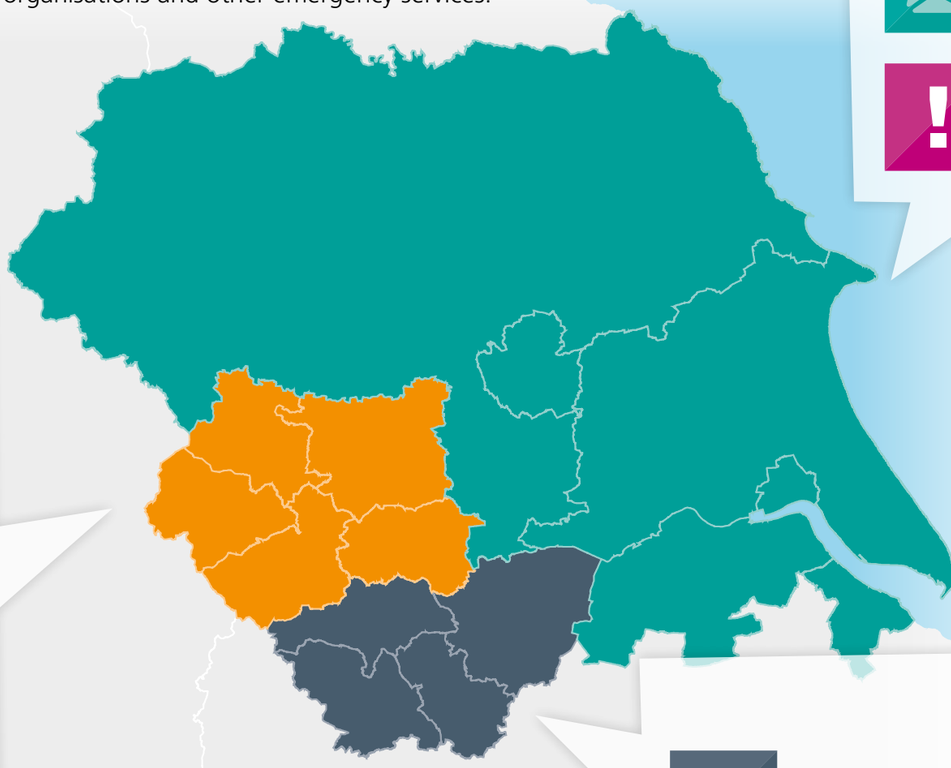
- **150 people who have fallen**
- **165 people with breathing problems**
- **135 people with chest pain**
- **27 cardiac arrests**
- **20 people with serious bleeding**
- **50 people who are having convulsions/fitting**
- **52 strokes**
- **21 traffic incidents**
- **80 people who are unconscious**

Proud to Serve Yorkshire and the Humber

We serve three of the 10 largest cities in the UK in Leeds, Sheffield and Bradford, while Yorkshire is the largest county in the UK, spanning 2.9 million acres.

Across the county, we work with more than 20 NHS Trusts and three integrated care systems (ICSs) – West Yorkshire, Humber and North Yorkshire and South Yorkshire. These ICSs bring together NHS organisations, councils, Healthwatch, hospices, charities and the voluntary, community and social enterprise sector to improve the health and wellbeing of local people.

Across our ICSs we work with three integrated care boards (ICBs), 15 councils, more than 120 primary care networks and partners in mental health, community hospitals, voluntary organisations and other emergency services.



West Yorkshire

Population of
2.4 million

Population
increase of 5.5%
since 2011

A younger population, with just
6.9% of people
aged 65 or above.

27.5% of people
belong to an **ethnic minority**,
an **increase of 55.7%** since 2011.

In West Yorkshire, **35.1%** of the population **live in the bottom 20% of the most deprived areas nationally**.

High number of calls relating to **mental health**.

Yorkshire Ambulance Service is
rated as 'Good' overall
by the Care Quality Commission (CQC)

Humber and North Yorkshire

Population of
1.37 million

Population
increase of 2.7%
since 2011

22.4% of people
aged 65 and over

9.2% of people
belong to an **ethnic minority**

In Hull, **54.2%** of the population **live in the bottom 20% of most deprived areas nationally**, however across the rest of the area only **6.7%** of the population **live in the bottom 20% of most deprived areas**.

High demand for help related to **falls, stroke** and **heart problems. Breathing problems** and **mental health issues** are prevalent.

Average life expectancy in Yorkshire and the Humber is 78.4 for males and 82.2 for females. This ranges from 75.6 years for males and 80.0 years for females in the Humber to 80.4 years for males and 84.1 years for females in North Yorkshire.

South Yorkshire

Population of
1.37 million

Population
increase of 2.3%
since 2011

18.1% of people
aged 65 and over –
up by 14.1% in the past 12 years

16.9% of people
belong to an **ethnic minority**

36.7% of people **live in the bottom 20% of most deprived areas nationally**

Prevalence of issues related to **obesity** and **smoking**, such as **breathing problems**, **diabetes** and **heart disease**.

Why YAS Needs A Bold New Direction

The world we live in today is strikingly different to the one we inhabited just a few years ago:

- Yorkshire's population has increased by around 4% (220,000 people) over the past decade.
- The number of people aged over 65 has increased by almost 150,000 during that time.
- There is an increasing prevalence of frailty in an ageing population, the health inequalities gap is growing and is likely to widen further due to the cost-of-living crisis and anxiety and depression are increasing.
- We have experienced an increase in the proportion of responses required to the most serious Category 1 emergency incidents compared to pre-COVID levels.
- Crowding in emergency departments means hospital handover delays are on the rise, impacting how long our vehicles are on the road and how long we can spend with patients.
- Many people are clinically ready to leave hospital each day but are unable to be discharged.
- Workforces are stretched in terms of capacity, with poor morale in many areas of the NHS and social care, forcing people to leave.

Growing pressures on services have prompted a fundamentally different conversation about the role of the NHS in prevention and its broader influence in local communities.

For healthcare providers, standing still is not an option. Our new strategy represents a major step change in how we will deliver services fit for the future.

Listening to what people want and need from us

We actively listened to our patients, our staff, our volunteers, our communities and our healthcare partners to make sure our strategy is reflective of their views and expectations.

To create our new strategy, we have:

- Gathered opinions of colleagues at all levels of our organisation, through a mix of online crowdsourcing tools and face-to-face interviews.
- Visited contact centres, emergency departments and ambulance stations to ensure frontline workers' voices were heard.
- Engaged externally with our healthcare system partners in all corners of the region.
- Shaped ideas and debated priorities with our leaders during dedicated and facilitated sessions.
- Held community engagement sessions across the region to engage patients, local Healthwatch organisations and our Critical Friends Network.
- Took great care to speak to those who often find it 'harder to be heard' – such as voluntary, community and faith organisations, social enterprises and those in ethnic minority, LGBTQ+ and disability groups.

Building on our success

We are proud of our achievements over the past five years, particularly against the backdrop of unprecedented pressures posed by the COVID-19 pandemic. Our new strategy builds on the progress and learning gained from our 2018-23 'One Team, Best Care' strategy, which set out four key ambitions:

- **Patients and communities experience fully joined-up care responsive to their needs.**
- **Our people feel empowered, valued and engaged to perform at their best.**
- **We achieve excellence in everything we do.**
- **We use resources wisely to invest in and sustain services.**

In striving to deliver these ambitions, we have kept the delivery of high-quality care at the forefront of our minds.

Our most recent CQC inspection recognised what we already knew – that our staff work tirelessly with our partners to provide exceptional care for patients and support each other. It was a reflection of all that is good about our Trust and Yorkshire.

Getting to Where We Want to Be

The details of how we will achieve our vision and ambitions are presented below. Every year we will analyse our performance and develop an annual business plan designed to have the biggest impact on each of these areas. Delivering our annual business plan will move us closer towards achieving our overall vision.

Our Patients

Ambition Statement

Our ambition is to deliver **exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care**, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience

What we will deliver

- Being a research-active organisation and lead the future of pre-hospital care. Driving adoption of best practice and improvement in all we do and embracing technological advancements to shape the future of care
- Evidence-based patient-centred care that is seamless, personalised and informed by what matters most to patients and their families
- Giving patients better, faster and more appropriately delivered access to care at home by:
  - Optimising the care and treatment of patients in their own homes by our staff or volunteers, or our health and social partners, or remotely through effective triage, clinical assessment, signposting and referral, including conveying them to hospital where this is the best option for the patient
  - Supporting patient flow, risk management and improvements across the healthcare system - including through providing non-emergency patient transport services
  - An integrated urgent care response provided at community/neighbourhood level
  - Increase and improve access to alternative pathways of care following remote or face-to-face clinical assessment and maximise the utilisation of specialist resources providing alternatives to conveyance to hospital, including the implementation of specialist mental health resource
- Critical and Emergency Care response through EPRR, specialist coordinated response, regional and national networks
- An effective safety and learning culture where we develop and continuously improve

What we will focus on

In 2024, we will...

Deliver improvements in quality, clinical outcome and performance by:

- Embedding clinical supervision
- Developing mechanisms to routinely learn to drive improvements
- Determining the optimal model to provide a seamless quality response for all patients including an integrated remote patient care hub with multi-professional clinical teams linking in with place-based care
- Embedding Patient Safety Incident Response Framework (PSIRF)
- Improving reporting and Freedom to Speak Up (FTSU)
- Implementing Manchester Arena Inquiry recommendations
- Preparing for major / critical incidents through exercising and scenario testing
- EPRR Annual Assurance compliance

In 2025-26, we will...

Build on and further develop the 2024 activities and...

- Embedding outcomes from research, best practice and guidelines
- Embedding quality improvement (QI) across the Trust
- Utilising data/intelligence to learn and improve clinical decision making (triage, assessment, signposting and appropriate response) and reduce unwarranted variation in clinical practice and outcomes
- Using the findings of health inequality data analysis to tailor local service delivery to support reducing inequalities in access and experience

By 2029, we will...

Build on, further develop and embed the 2025-26 activities and...

- Designing, developing and continually evaluating an effective delivery model providing a seamless response for patients, operating effectively across the local healthcare system to support system flow by reducing avoidable admission and supporting effective discharge, including an integrated remote patient care hub with multi-professional clinical teams linking in with place-based care coordination
- Utilising patient feedback to inform improvement interventions
- Developing and delivering workforce, clinical management and leadership capacity and structures that enhance service delivery across contact centres, 999 and PTS
- Enabling effective and resilient resources and infrastructure (digital, technology, equipment, vehicles and facilities) to support appropriate patient care and service delivery across all YAS activities
- Improving capability, capacity and accountability for regulatory compliance

What we will measure

- Patient care against the Ambulance Clinical Outcome measures
- Against the national, regional and local performance targets for 999, NHS 111 and PTS
- Avoidable conveyances to hospital, ensuring the sickest patients get the best treatment on scene and are taken to the most appropriate facility without delay and that those patients with less severe illness and injury are treated and cared for as close to home as possible
- How quality improvement is embedded throughout the Trust to ensure we continually develop, providing both the conditions and opportunities for all our teams to thrive in a research-active environment
- Our Care Quality Commission (CQC) rating and aim to achieve the highest possible rating of 'outstanding' by the health and social care regulator
- Standards of emergency preparedness, resilience and response, and continually improve to ensure we provide the best possible response to the most complex incidents impacting the region

What difference this will make to our patients

- We will deliver the most clinically appropriate response for every patient, whenever and wherever they need it
- We will provide care that is personalised, joined up and coordinated with the wider and health care system
- We will provide more care and treatment in people's homes or communities and only where it is the best for the patient, take them to hospital
- We will deliver quality care that is evidence informed, person centred, safe and compassionate
- We will provide support and care delivered by professional, kind and respectful staff

Getting to Where We Want to Be

Our People

Ambition Statement

We will be a diverse and inclusive organisation with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive

What we will deliver

- The right capacity and capability for the Trust through improved recruitment, retention and development, whilst ensuring staff health, happiness and an inclusive culture
- Embed a culture of collective learning and quality improvement to make excellence our habit through the YAS Together programme of leadership, cultural and organisation development, creating an organisation where everyone belongs and brings their whole self to work
- Improved employee experience, by making YAS a great place to belong and investing in our people's growth and wellbeing to ignite their potential
- Passionate, empowered leaders, unlocking leadership at all levels and fostering growth mindsets to take us to new heights

What we will focus on

In 2024, we will...

Deliver improvements in quality, clinical outcome and performance by:

- Delivering the NHS People Promise
- Delivering the YAS Together programme of leadership, cultural and organisational development
- Developing the paramedic profession in YAS
- Increasing capacity: through improved retention, recruitment and Health and Wellbeing programmes and reducing sickness absence
- Ensuring all staff have the skills, equipment and resources to deliver high-quality care
- Improving EDI to reflect our population and improve our progress towards Workforce Race and Disability Equality Standards and eliminating our Gender Pay Gap
- Engagement and response to the staff survey and develop the ways we engage, listen, respect and value staff and proactively respond and learn together

In 2025-26, we will...

Build on and further develop the 2024 activities and...

- Improving awareness of and access to development to improve our people's capability. All staff have time to develop, with access to high-quality induction, preceptorship, CPD, supervision and annual training, education and development opportunities to be at their best and support career progression, succession planning, talent development and improve quality of services and care
- Improving ways of working Trust wide (including rotas, meal breaks, relief arrangements, end of shift, remote and hybrid working)
- Reward and recognition programmes

By 2029, we will...

Build on, further develop and embed the 2025-26 activities and...

- Ensuring job opportunities are accessible to those most in need through targeted outreach and inclusive recruitment
- Improving violence prevention
- System and cross-Trust opportunities and roles ensuring they are developed and maximised

What we will measure

- Our delivery of the skills, support and resources our people need to deliver high-quality care and services, now and in the future
- Our leadership development to ensure that our people are well supported by their leaders
- Our Freedom to Speak Up data, to ensure our culture is one where our people are listened to and encouraged and enabled to voice when they have concerns about patient or colleague safety and wellbeing, or when they have suggestions for how the Trust might be better run
- Staff survey engagement and feedback scores, striving for above average for the NHS
- Sickness reduction rates, striving for better than the NHS average and improving staff health, wellbeing and attendance
- Progress towards Workforce Race and Disability Equality Standards, aiming to eliminate our Gender Pay Gap and ensure we value difference and improve equality, diversity and inclusion of our people at all levels of the organisation, to reflect the population we serve
- The number and quality of meaningful appraisal and career conversations
- Our apprenticeship programmes and retain our Top 100 Apprenticeship Employer status, achieving outstanding Ofsted judgement for apprenticeship provision
- Successfully achieve re-accreditation of the Investors in Volunteers award

What difference this will make to our staff and volunteers

We will be an ambulance service to be proud of

We will be a great place to work and volunteer

We will be an open, inclusive and diverse organisation where people can thrive

We will foster a learning culture to make continuous improvement our habit

Getting to Where We Want to Be

Our Partners

Ambition Statement

We will be a collaborative, integral and influential partner across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities

What we will deliver

- Integrated care and reduce inequality in collaboration with trusted partners
- Effective coordination and navigation to support access to urgent and emergency care and supporting services
- Reducing unwarranted variation through our commitment to understanding and supporting system-wide work to reduce health inequalities, aiming to positively impact our local communities through our role as an anchor organisation
- Engagement for patients and communities to co-create services. Partnering with our communities to design services that are accessible, proactive and prevention-focused
- Better access to a wide range of healthcare services for our communities in collaboration to improve population health

What we will focus on

In 2024, we will...

Deliver improvements in quality, clinical outcome and performance by:

- Improving and developing how we listen to staff, patients, partners and communities to deliver high-quality care, which is continuously improving
- Developing how we use our data to understand and reduce unwarranted variation and support system-wide work to reduce health inequalities
- Building capability and capacity to develop use of data, patient/community engagement and insight, evidence and evaluation to better understand access, experience, barriers and outcomes for specific population groups
- Increasing use of analysis and intelligence and sharing data to inform population health priorities and system prevention initiatives
- Increasing availability and utilisation of appropriate pathways

In 2025-26, we will...

Build on and further develop the 2024 activities and...

- Develop the use of data, patient/community engagement and insight, evidence and evaluation to better understand access, experience, barriers and outcomes for specific population groups
- Implement the Association of Ambulance Chief Executives (AACE) Health Inequalities Toolkit and associated actions
- Develop and embed strategic leadership and accountability for Health Inequalities
- Ensure clear communication on the YAS offer: call handling, triage, assessment, signposting and appropriate response. YAS role in system co-ordination and risk management
- Work with communities to improve response and care through utilisation of Community First Responders, education on first aid/basic life saving and through community engagement

By 2029, we will...

Build on, further develop and embed the 2025-26 activities and...

- Build public health capacity and capability. Developing and delivering organisational education/awareness programmes for all staff
- Embed anchor principles and ensure alignment with system partners
- Develop and deliver shared objectives with key partners
- Strengthen relationships with blue light partners to effectively manage major and critical incidents as per EPRR requirements
- Ensure embedded data analysis, alongside patient and community insights, forms the basis for business plan priority setting

What we will measure

- Reductions in unwarranted variation and system-wide work to reduce health inequalities, aiming to ensure we positively impact our local communities through our role as an anchor organisation
- Our collaboration with staff patients, partners and our communities to ensure we are developing and delivering high-quality care, which is continuously improving
- Outcomes for patients, optimising all of our collective skills and valued resources, ensuring we deliver the most appropriate response to patients requiring of out-of-hospital emergency or urgent care and coordinating and navigating access to urgent and emergency care and supporting services
- Our collaboration with academic and education partners to ensure we maximise the benefit of our collective knowledge and be a leading service provider
- Our collaboration with emergency service partners to ensure we not only provide a great emergency response, but maximise our collective resource for the benefit of our populations

What difference this will make to our partners and the local communities we serve

We will work with our partners to provide the highest quality care for all

We will continuously improve our services, ensuring they are shaped and influenced by listening to and working with our partners and local communities, benefiting from patient and community experience

We will be an organisation that contributes to broader social economic development locally through our role as an anchor organisation, supporting the reduction of health inequalities

We will be an organisation that supports action to improve health outcomes, experiences and opportunities for all our communities

Getting to Where We Want to Be

Our Plan on a Page – Planet & Pounds

Ambition Statement	What we will deliver	What we will focus on			What we will measure
		In 2024, we will...	In 2025-26, we will...	By 2029, we will...	
We will use our financial and physical resources responsibly and sustainably, reducing our environmental impact and ensuring the most effective use of all our resources	Financial sustainability Efficient and effective use of resources to advance safe, equitable care A secure, sustainable future through improvement, learning and adoption of best practice Embedded cultures of improvement and innovation to transform care delivery Response to environmental sustainability Technology and analytics to optimise value and care	Deliver improvements in quality, clinical outcome and performance by: Working together with system partners to deliver a balanced net system financial position A continued application of effective financial governance and controls Ensuring appropriate external funding opportunities are maximised Strategic plans for capital investment including focus on creating workplace and learning environments that are fit for purpose, with modern and effective facilities and equipment that support staff and volunteer learning and health and wellbeing Ensuring all staff have the resources, equipment, technology, vehicles, estate and facilities to deliver care and services effectively Review the right size for YAS infrastructure, including estate capacity and configuration to support effective service delivery Continuing to deliver on the Green Plan	Build on and further develop the 2024 activities and... Improve utilisation of assets and becoming more efficient to achieve local and national targets Develop the fleet: contributing to the best design to maximise patient outcomes in line with clinical and operational delivery Develop a comprehensive socially responsible procurement model	Build on, further develop and embed the 2025-26 activities and... Review factors influencing financial sustainability and assess existing services Ensure effective utilisation and implementation of innovation, improvement and technology to maximise quality of care and services	Our progress towards reducing our impact on the environment and tackling climate change We will report on our statutory duties and key financial indicators That our decisions are informed by evidence, research, data and intelligence Improvements to ensure that we are learning and adopting best practice Our use of digitally enabled ways of working to optimise patient care and services including automation, artificial intelligence (AI) and innovation

What difference this will make to our partners, the local communities we serve and the taxpayer

We will ensure efficient and effective use of our resources

We will provide high-quality, patient-focused care and services which are safe, fit for the future and financially sustainable

We are committed to improving the environment, supporting efforts to tackle climate change and reducing our environmental impact

Yorkshire Ambulance Service NHS Trust
Trust Headquarters
Brindley Way
Wakefield 41 Business Park
Wakefield
WF2 0XQ

www.yas.nhs.uk

Trust Board
Business Plan 2023/24 – Operational Objectives
1st February 2024

Item 2.2

Presented for:	Discussion
Accountable Director:	Peter Reading, Chief Executive
Presented by:	Carol Weir, Director of Strategy, Planning and Performance
Author:	Ian Holdsworth, Senior Planning and Development Manager; Natalie Tyrrell, Business Planning Manager
Previous Committees:	People Committee 16 January 2024, TEG 31 January 2024
Legal / Regulatory:	No

Key Priorities/Goals	All Strategic Priorities

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

Key points	
This report provides a quarter three progress report on the 2023/24 Trust's Business Plan Operational Objectives, which are to be reported to the Trust Board.	For information and discussion

Trust Board
2023/24 Business Plan – Operational Objectives
1st February 2024

1. Summary

1.1 This paper provides a quarter three progress report and assurance of business outcomes against the Trust's 2023/24 business plan operational objectives.

2. Background

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

3. Proposal

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

These are:

Operational Objective 1: Develop and approve five-year strategy for the organisation – *executive lead, Peter Reading, Interim CEO*

Operational Objective 2: Deliver improvements in category 2 response times in line with national guidance– *executive lead, Nick Smith, Executive Director of Operations*

Operational Objective 3: Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E, ***and the proposed revision of the plan,*** Right care, Right Place, First Time – *executive lead, Dr Julian Mark, Executive Medical Director*

Operational Objective 4: Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently – *executive lead, Nick Smith, Executive Director of Operations*

Operational Objective 5: Implement the national patient safety incident response framework and other patient safety measures – *executive lead, Dave Green, Executive Director, Quality, Governance and Performance Assurance*

Operational Objective 6: Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse – *executive lead, Amanda Wilcock, Director of People and Organisational Development*

Operational Objective 7: Deliver and implement an effective organisational operating model – *executive lead, Peter Reading, Interim CEO*

Operational Objective 8: Implement a robust performance management framework – *executive lead, Peter Reading, Interim CEO*

Operational Objective 9: Review, develop and embed our approach to quality improvement and create an academic research unit – *executive lead, Dave Green, Executive Director, Quality, Governance and Performance Assurance*

Operational Objective 10: Deliver recruitment and retention plans across 999, 111 and PTS – *executive lead, Nick Smith, Executive Director of Operations*

Operational Objective 11: Improve staff health and wellbeing with a focus on inclusion and the provision of flexible and supported employment – *executive lead, Amanda Wilcock, Director of People and Organisational Development*

Operational Objective 12: Respond to priorities within the staff survey and focus on improved response rates – *executive lead, Amanda Wilcock, Director of People and Organisational Development*

Operational Objective 13: Develop and implement a new leadership development programme – *executive lead, Amanda Wilcock, Director of People and Organisational Development*

Operational Objective 14: Understand and utilise data and intelligence to improve patient care and population health – *executive lead, Simon Marsh, Chief Information Officer*

Operational Objective 15: Complete the development of a long-term estates plan and open new facilities for logistics and EOC – *executive lead, Kathryn Vause, Executive Director of Finance*

Operational Objective 16: Increase the number and variety of volunteering opportunities and develop supporting infrastructure to improve patient care – *executive lead, Peter Reading, Interim CEO*

Operational Objective 17: Develop and embed our approach to system working – *executive lead, Peter Reading, Interim CEO*

Operational Objective 18: Embed rigorous financial oversight to ensure efficient use of resources– *executive lead, Kathryn Vause, Executive Director of Finance*

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

3.3 These are attached at Appendix A.

Quarter Three Progress Report:

3.5 For quarter three, updates were obtained for eighteen of the eighteen operational objectives. Operational objective three is currently under revision and awaiting approval from the Trust Board. Therefore, quarter three updates have been collated for the current and revised operational objective three. There was one operational objective rated as red, nine operational objectives rated as amber; and eight objectives rated as green.

Performance Rating	Quarter Three (2023/24)
Green: On Track On track to deliver the agreed plans, within the agreed time, cost, and quality. There are only minor issues with no action required and the expected benefits are set to be realised. **Tolerances:** Plan is running to schedule within 6 weeks and there is active work on the delivery with no issues or risks to date.	8 operational objectives: 44%
Amber: Minor Issues – Under Control Moderate issues under control with confidence that the actions being taken will get the activity back on track effectively. Or, if unable to fully get back 'on track', the expected benefits will be partially realised. **Tolerances:** Plan is delayed up to a 10-week period, but it is not anticipated that the year-end plan will be impacted. There is clear governance for monitoring and controlling the issues and assurance provided.	9 operational objectives: 50% *NB The revised operational objective 3 is also rated as amber for quarter 3, but not included in the total.*
Red: Material Issues Material issues are beyond agreed tolerances and failure to meet one or more parts of the plan. The plan may need re-baselining and/or its overall viability reassessing. **Tolerances:** There is no plan and/or the original plan is no longer a priority or will not be delivered in the financial year.	1 operational objective: 6% *NB It is operational objective 3 that is rated as having material issues (red). However, the revised operational objective 3, not included in the totals, is rated as having only minor issues, which are under control (amber) for quarter 3.*

Performance Rating by Operational Objective																		
Quarter	O 1	O 2	O 3	O 3 *Proposed Revision	O 4	O 5	O 6	O 7	O 8	O 9	O 10	O 11	O12	O13	O14	O15	O16	O17	O18
Q2																			
Q3	⇆	⇆	↓	⇆	↑	⇆	⇆	⇆	↑	↑	↑	⇆	↓	↓	⇆	↑	⇆	↓	↑

The following information presents the progress and business outcomes for each of the operational objectives, for quarter three:

Operational Objective 1: Develop and approve five-year strategy for the organisation.	
Executive Lead Summary: Peter Reading	
Significant progress has been made in the development and delivery of the Trust Strategy. The Strategy content, design and launch plan is fully developed and has been signed off at Trust Board. Plans are developed for the Strategy Launch, with delivery on track. Risks around operational pressures impacting launch arrangements have been flagged. Implementation of the Strategy is reflected in the Business Planning process and planning for 2024/25.	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 2: Deliver improvements in category 2 response times in line with national guidance.	
Executive Lead Summary: Nick Smith	
Category 2 response time performance deteriorated during quarter three (October, November and December 2023). There was a deterioration modelled in the quarter, but the level of deterioration was worse than expected. As a result, YAS are now unlikely to achieve an average Category 2 30-minute mean standard for 2023/24. This is despite exceeding performance trajectory in quarter one and quarter two. The same situation has been seen by all ambulance services in the UK, as each ambulance service has managed increased demands and increased handover times. A performance recovery plan was approved in October 2023 and actions were implemented. These included increasing Hear and Treat capacity through contracts with Local Care Direct (LCD) and Fylde Coast Medical Services (FCMS). In addition, a "December Initiative" was implemented on the 1st of December 2023 with additional mitigating actions. At the end of quarter three the 'Year to Date' Category 2 performance was 33 minutes and 3 seconds. Additional actions have also been identified in an 'In Extremis' plan, but these incur risk. These actions are in the process of being risk assessed and approved by the Trust Executive Group (TEG).	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 3: Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E.	
Executive Lead Summary: Dr Julian Mark	
Plans for the development and access to alternative pathways of care are completed or on track. Although overall Hear and Treat rate has increased, the year-end aim of >20% is unlikely to be achieved due, in part, to a rise in the proportion of Category 1 and Category 2 incidents above forecast, which are not amenable to clinical review. Focussed utlilisation of Specialist Paramedics in Urgent Care has increased the See, Treat and Refer rate when SPUCs are the only attendees. However, diversion to attend Category 1 and Category 2 incidents has adversely impacted the opportunity these specialists have to avoid conveyance to emergency departments. Further analysis by tagging jobs is being undertaken to explore this. Mental Health specialist resource development and utilisation is progressing and conveyance rate to emergency departments remains 4.6% over end of year target, with a year-to-date reduction in conveyance rate of only 0.4%. This is an irrecoverable position by year-end. There is a proposed revision of this plan as a remedial action.	
Overall Status	
Overall RAG Rating:	↓

Operational Objective 3: Right Care, Right Place, First Time * Proposed Revision	
Executive Lead Summary: Dr Julian Mark	
Plans for the development and access to alternative pathways of care are completed or on track. The Hear and Treat rate for Category 3 incidents has increased, the year-end aim of >20% is cautiously achievable with continued investment and recruitment into clinicians in EOC. Focussed utlilisation of Specialist Paramedics in Urgent Care has increased the See, Treat and Refer rate. However, diversion to attend Category 1 and Category 2 incidents has adversely impacted the opportunity these specialists have to avoid conveyance to emergency departments (EDs), further analysis by tagging jobs is being undertaken to explore this. There continues to be a reduction in ED referrals from IUC, furthermore the Mental Health specialist resource development and utilisation is progressing, with an increase in Mental Health Response Vehicles (MHRVs) being the only resource dispatched. There has also been a reduction in the incidence of Double Crewed Ambulances (DCAs) dispatched to a mental health incident. The proposed revision of objective 3, through this plan, supports closer monitoring, in the aim of recovering this position.	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 4: Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently.	
Executive Lead Summary: Nick Smith	
This priority has been ongoing within the clinical workforce, prior to the formal integration. The progress has been slow but has developed during quarter three in EOC for Clinical Navigators and IUC for International Recruits. Initial steps of integration commenced with Category 5 calls now being sent automatically to IUC, thus creating capacity within EOC for additional triage and better patient experience. The Deputy Medical Advisor will be leading the group to define the integration principles and an SRO will be in place from the 5th of February 2024 (Assistant Chief Operating Officer). There is still an expectation that the iCAS is developed and is ready for implementation by the end of March 2024, despite delays.	
Overall Status	
Overall RAG Rating:	↑

Operational Objective 5: Implement the national patient safety incident response framework and other patient safety measures.	
Executive Lead Summary: Dave Green	
There has been good progress across this objective overall with PSIRF live since October 2023. YAS are now accredited as an RCUK ALS provider with courses planned for quarter four, however the dates for these are to be confirmed. There are some issues emerging relating to Pre-Packed POMs, which includes a shortage of pouches at stations. Pouches are not being returned for repacking, due to vehicles moving outside of the pilot sites. Mitigation includes operational resources being allocated to assist in getting the pouches returned, and the vehicles in the process have been allocated back to the correct stations, but this has not yet been successful. There is a need to rollout the pouches to the rest of North, but this requires the Medicine Management app to be implemented in the area. There has also been slow implementation by staff at the seven stations with the pouches, which is being addressed locally. As a result of the issues for Prepacked POMs this objective is Amber overall, however this should be rectified through a wider roll-out.	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 6: Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse.	
Executive Lead Summary: Amanda Wilcock	
Good progress is being made across all actions. However, winter pressures have reduced non-essential meetings and corporate staff are filling other roles in support of operational staff, which will have an impact on progress for this area of focus. Pilots are progressing well, but unfortunately at this stage we are seeing turnover and sickness increase, particularly in our contact centres, though this had been reducing. Planned roll out of interventions and YAS Together is in February 2024 and will help raise awareness and secure involvement from other work areas for the next round of roll out. Bedding interventions into business as usual will be a key challenge for the programme. Linking this work with the performance framework, priorities, awards and regular communication of the benefits will support this. In addition, YAS has been successful in being chosen as a People Promise Exemplar in cohort two by NHSE. This work is supported by NHSE and provides funding for a band 8a HR/LD Business Partner for one year. YAS will work with exemplars from cohort one who have realised improvements in retention specifically, in addition to other benefits. This work underpins and aligns well with YAS Together and our Strategy.	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 7: Deliver and implement an effective organisational operating model.	
Executive Lead Summary: Peter Reading	
The Phase 4 Consultation is now completed and responses to the Consultation have been reviewed by the Remuneration and Nominations Committee (RNC). Next steps include the outstanding actions arising from the consultation process being taken forward by individual Directors and the Executive team. Additional actions to support the embedding of the new area leadership changes and accountability framework are planned. Subject to these actions being completed, the Operating Model programme will be concluded.	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 8: Implement a robust performance management framework.	
Executive Lead Summary: Peter Reading	
The model and process for the performance management framework have been approved by the Trust Board and the performance review and improvement process will start in January 2024. The model and process approved will continue to develop and evolve as the process is operationalised and embedded across the organisation. Development of IPR is ongoing, with the development of the data to support the service line performance forums planned for 23 January 2024.	
Overall Status	
Overall RAG Rating:	↑

Operational Objective 9: Review, develop and embed our approach to quality improvement and create an academic research unit.	
Executive Lead Summary: Dave Green	
There has been good progress across this objective overall. The Quality Improvement Plan has been discussed and approved at TEG and various Trust-wide engagement events. It is due to go to the Quality Committee on the 9th of February for further comments and then a Trust Board development session for approval. There are risks in relation to recruitment for an Associate Director of Quality Improvement and specifically the need for re-banding this from an 8C to an 8D, in order to attract the right calibre of candidate. The job role is currently going through the HR process. The Research Institute successfully launched on the 4th of October 2023, and is exceeding targets for submitting research bids, as well as further bids in development.	
Overall Status	
Overall RAG Rating:	↑

Operational Objective 10: Deliver recruitment and retention plans across 999, 111 and PTS.	
Executive Lead Summary: Nick Smith	
There has been good progress with paramedic recruitment, but there are concerns around Ambulance Support Worker (ASW) numbers. The suggestion is that this is due to DVLA slippage, but this needs validating. Emergency Medical Dispatcher (EMD) recruitment is also behind trajectory but has reached a point where safe levels are in place. Turnover in IUC Health Advisors is a concern and there is an over reliance on agency workers. Plans are in place to resolve these issues, but focus is needed specifically on ASW course filling and EMD numbers during quarter four.	
Overall Status	
Overall RAG Rating:	↑

Operational Objective 11: Improve staff health and wellbeing with a focus on inclusion and the provision of flexible and supported employment.	
Executive Lead Summary: Amanda Wilcock	
Good progress with Occupational Health contract and issues with Optima continue to improve as part of tighter contract management. Job Evaluation issues have been resolved. Equality, Diversity and Inclusion plans to deliver inclusive recruitment training is delayed, this will need to pick up momentum in January 2024 when hopefully winter pressures have started to decrease, and mitigations are reduced regarding non-essential meetings. Absence rates had been reducing until winter pressures started to hit. Wellbeing support is in place, but should this level of sickness continue, we will struggle with our target of 1% reduction overall. Actions are in place to support staff through contact centre wellbeing teams, there is wellbeing and welfare support at stations and emergency departments. HR staff are also supporting operations by undertaking sickness and welfare checks during December 2023 and early January 2024, as part of the winter plan actions.	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 12: Respond to priorities within the staff survey and focus on improved response rates.	
Executive Lead Summary: Amanda Wilcock	
Good progress has been made in this area of focus, culminating in achieving 51% against a 50% target response rate. Early information suggests some improvement in scores on last year, but this has not been validated. Work continues to provide regular communications to staff on the connection between 'you said, we did'.	
Overall Status	
Overall RAG Rating:	↓

Operational Objective 13: Develop and implement a new leadership development programme.	
Executive Lead Summary: Amanda Wilcock	
There has been a significant focus on this area over a number of months and progress is being made, however some areas are below target. This will be highlighted and monitored as part of the performance meetings. Appraisal compliance needs to be increased and appraisal training is improving, but again will need to be highlighted and monitored at performance meetings.	
Overall Status	
Overall RAG Rating:	↓

Operational Objective 14: Understand and utilise data and intelligence to improve patient care and population health.	
Executive Lead Summary: Simon Marsh	
Excellent progress so far this year with this objective. The integration of the EPR into the Summary Care Record via the YHCR is well received by crews and feedback is that this is making a difference in the way patients are being treated. The BI team is working well with all internal and external stakeholders and the value of the YAS data and insights is slowly gaining ground across the organisation. The team will require some additional support in 2024/25 if the pace of requests continues as is. The main challenge is the joining of YAS data to acute outcome data. Various methods of achieving this are being discussed with NHSE and there is a planned visit to LAS to see their McKinsey based app and solution.	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 15: Complete the development of a long-term estates plan and open new facilities for logistics and EOC.	
Executive Lead Summary: Kathryn Vause	
Great progress on all this objective, with much already delivered. The strategy has been to and is supported by the Trust Executive Group (TEG) and the Finance and Performance committee. There are significant risks relating to implementation (funding being a significant one). This will be addressed in the detailed plans yet to be developed. There is work ongoing to align the estates plan to the development of the Trust Strategy. A series of workshops have been scheduled to develop implementation plans to underpin the strategy. This involves extensive engagement across service lines as well as support and corporate services.	
Overall Status	
Overall RAG Rating:	↑

Operational Objective 16: Increase the number and variety of volunteering opportunities and develop supporting infrastructure to improve patient care.	
Executive Lead Summary: Peter Reading	
The development of volunteering opportunities has been incorporated into the new Trust strategy. The volunteer development steering group are providing leadership and delivery of the volunteer framework, with a focus on re-accreditation of the Investing in Volunteers award and the launch of the diversity census to identify gaps. The national volunteering dashboard has been launched, including YAS volunteer data and evaluation is underway of the RVS pilot at York. There has been some reduction in the number of volunteers although only a small reduction in volunteer hours. Recruitment of volunteers continues, with a focus on schemes where hours are reduced and on support with mandatory training to reduce the number of hours lost in Q4.	
Overall Status	
Overall RAG Rating:	⇆

Operational Objective 17: Develop and embed our approach to system working.	
Executive Lead Summary: Peter Reading	
There has been a focus on engagement in UEC groups across the ICSs, and both the ICB Forward Plans and work has been undertaken to ensure the YAS Strategy is reflective of mutual priorities. Area level plans are in place and capture the key components of the 2023-2024 Business Plan. Information is transparent with UEC and ICBs to reflect joint work on population health, but also for performance assurance and scrutiny. A focus in quarter three has been hospital handovers with numerous meetings and discussions taking place with acute hospitals to rectify long waits. Further work is required with regards to transformational opportunities across systems with YAS, and this will form part of the 2024/25 business planning. The System Partnership Director role is changing following consultation which will require a period of transition. Capacity requirements for integration and partnership working will be reviewed as part of this process.	
Overall Status	
Overall RAG Rating:	↓

Operational Objective 18: Embed rigorous financial oversight to ensure efficient use of resources.	
Executive Lead Summary: Kathryn Vause	
The 2022/23 external audit has now closed, allowing the team to refocus. A key vacancy Senior Finance Business Partner (SFBP, corporate) has now been appointed to, but the post holder will not start until April 2024. A few other vacancies relating to delays in the job evaluation process remain, although a key post (Head of Financial Planning and Capital) is currently out to advert. TEG have also approved a new post (ahead of the business planning prioritisation process) to support in the more technical areas of financial accounting, this has just been advertised. Whilst focus on added value activities has been and continues to be limited by capacity, significant progress has been made in relation to this objective. As previously reported, there are agreed, triangulated plans and bespoke reports, which have been used to focus on key delivery issues in year. Concerns had previously been reported regarding the broader understanding/profile of the Trust's financial position, with the standing down of the Trust Management Group (TMG) having left a gap in this regard. The monthly meeting of the Senior Leadership Community is now established, with finance briefs being provided here. Of note is the Finance team's submission of its application to One NHS Finance for Future Focused Finance (FFF) level 1 accreditation. The initial feedback is that the submission "looks great" and there are no gaps. Accreditation is expected to be awarded at the end of January 2024. This is formal acknowledgement that the Finance team's processes and procedures are working, demonstrating that we have developed a culture where staff feel appreciated and successes are celebrated.	
Overall Status	
Overall RAG Rating:	↑

4. Financial implications

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

5. Risks

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

6. Communication and Involvement

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

Finance and Performance Committee and Quality Committee will review these on the 8th of February 2024.

7. Equality Analysis

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

8. Publication Under Freedom of Information Act

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

9. Next Steps

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

10. Recommendation

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

11. Supporting Information

11.1 The following paper makes up this report:

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

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

Strategy Theme	Strategic priorities	Operational objectives	Reporting Committee	Executive Lead*
Our patients	Deliver the best possible response for each patient, first time and create a safe and high performing organisation. (*Priority 1 and 6*):	1. Develop and approve five-year strategy for the organisation.	Trust Board	CEO (Peter Reading)
		2. Deliver improvements in category 2 response times in line with national guidance.	Finance & Performance	Executive Director of Operations (Nick Smith)
		3. Right Care, Right Place, First Time.	Quality	Executive Medical Director (Dr Julian Mark)
		4. Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently.	Quality	Executive Director of Operations (Nick Smith)
		5. Implement the national patient safety incident response framework and other patient safety measures.	Quality	Executive Director of Quality, Governance and Performance Assurance (Dave Green)
Our people	Embed an ethos of continuous improvement and innovation. (P*riority 4*):	6. Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse.	People	Director of People and Organisational Development (Mandy Wilcock)
		7. Deliver and implement an effective organisational operating model.	People	CEO (Peter Reading)
		8. Implement a robust performance management framework.	Finance & Performance	CEO (Peter Reading)
		9. Review, develop and embed our approach to quality improvement and create an academic research unit.	Quality	Executive Director of Quality, Governance and Performance Assurance (Dave Green)
	Attract, develop, and retain a highly skilled, engaged, and diverse workforce. *(Priority 2):*	10. Deliver recruitment and retention plans across 999, 111 and PTS.	People	Executive Director of Operations (Nick Smith)
		11. Improve staff health and wellbeing with a focus on inclusion and the provision of flexible and supported employment.	People	Director of People and Organisational Development (Mandy Wilcock)
		12. Respond to priorities within the staff survey and focus on improved response rates.	People	Director of People and Organisational Development (Mandy Wilcock)
		13. Develop and implement a new leadership development programme.	People	Organisational Development (Mandy Wilcock)
	Equip our people with the best tools, technology, and environment to support excellent outcomes. *(Priority 3):*	14. Understand and utilise data and intelligence to improve patient care and population health.	Finance & Performance	Chief Information Officer (Simon Marsh)
		15. Complete the development of a long-term estates plan and open new facilities for logistics and EOC.	Finance & Performance	Executive Director of Finance (Kathryn Vause)
Our places	Develop public and community engagement to promote YAS as a community partner and an "anchor organisation". (P*riority 8*):	16. Increase the number and variety of volunteering opportunities and develop supporting infrastructure to improve patient care.	People	CEO (Peter Reading)
	Be a respected and influential system partner and generate resources to support patient care. (P*riority 5 and 7*):	17. Develop and embed our approach to system working.	Trust Board	CEO (Peter Reading)
		18. Embed rigorous financial oversight to ensure efficient use of resources.	Finance & Performance	Executive Director of Finance (Kathryn Vause)

*The Executive Lead will be updated as the Operating Model is implemented.

Operational Objective 2023/2024	
Objective (1):	Develop and approve five-year strategy for the organisation.
Executive Lead:	CEO – Peter Reading

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?	Why is this a priority / key driver that needs fixing?
YAS will develop and deliver a Trust Strategy, setting out the priorities for the organisations for the future. This will be developed and co-produced with internal and external stakeholders and will set the vision, direction and priorities for the Trust.	The Trust's current five-year strategy will come to an end in 2023 and a new strategy needs to be in place to identify a long-term plan, with vision and priorities for the Trust.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Phase One: Design a programme to deliver the strategy, including alignment with partners and benchmarking and assessment of current strategy.	Director of Strategy, Planning and Performance	Trust Executive Group	Trust Board	Quarterly
Phase Two: engage internal and external stakeholders to co-produce and develop the strategy.				
Phase Three: Finalise a new strategy for approval.				
Phase Four: Approve and prepare plan for launch and embedding of new strategy.				

How will we know if we are improving?

Metric	Current State	Target State
Programme of strategy delivery approved, with resources identified and agreed.	Programme drafted; some resources secured	Programme scheduled and resources in place
Engagement with stakeholders and draft strategy developed.	Stakeholder mapping underway; draft strategy started	Stakeholder engagement completed and draft of strategy completed
Final version of strategy prepared and ready for Board approval.	Not yet completed	Strategy approved and agreed by Board
Prepare programme for launch of strategy.	Programme to be developed	Programme for launch agreed and resourced
Launch new strategy.	Not yet approved	New strategy launched and communicated

Key Milestones

Milestone	Quarter Timeframe
Programme agreed and resources in place.	Q1
Benchmarking and review of relevant partner strategies and stocktake completed.	Q2
Engagement with internal and external stakeholders completed and first draft of strategy produced.	Q2
Strategy finalised for Board approval.	Q3
Launch programme agreed and implemented.	Q3

Operational Objective 2023/2024	
Objective (2):	Deliver improvements in Category 2 response times in line with national guidance.
Executive Lead:	Executive Director of Operations - Nick Smith

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?
YAS will work to realise internal and external plans with the system in order to achieve the national Category 2 performance objective of 30 minutes.

Why is this a priority / key driver that needs fixing?
It is a national objective for Trusts to ensure that Category 2 performance is 30 minutes or less. In order to achieve the national objective, it is imperative that YAS works on internal plans and with the system.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Reduction of Trust sickness in A&E / EOC.	Deputy Director of Operations	Trust Management Group, Trust Executive Group, Workforce Committee.	Finance and Performance	Quarterly
Realising Recruitment plans in A&E / EOC.		Performance Delivery Group / Workforce Committee		
Increase in H&T through: • Vocare • UCRS • Remote clinical triage hubs (Objective 4) • Cat 2 segmentation		Performance Delivery Group		
Reduction in handover delays. • Handover to clear <15 mins				

How will we know if we are improving?

Metric	Current State	Target State
A reduction in the Category 2 mean response time.	42 minutes and 1 second (2022/23 full year).	29 minutes and 8 seconds.
A decrease in sickness.	A&E – 6.2% against a target of 5.7%. EOC - 11.1% against a target of 11.5%.	<1% compared to 2022/23 - A&E Ops. <2% compared to 2022/23 – EOC.
More incidents triaged by Vocare.	Not in place for EOC.	100 incidents per day from Q2.
More UCR referrals.	11 per day in April 2023.	100 incidents per day Q1 - Q4.
Achievement of Recruitment Trajectory.	48 Ambulance Support Workers against a target of 70. 43 Paramedics against a target of 48.	240 Ambulance Support Workers. 288 Paramedics.
Reduction in Hospital Handover times.	32 minutes average (2022/23 full year).	15 minutes. 17-minute reduction compared to 2022/2023.
Reduction in Handover to clear times.	20-minute average (2022/23 full year).	1 minute reduction compared to 2022/23.

Key Milestones

Milestone	Quarter Timeframe
Increase Hear and Treat to 20% by year end. UCR 100 incidents per day for each quarter. Vocare triage 30 per day. Vocare triage 100 per day from Quarter 2 to 4. Increase clinical workforce.	Q4 Q1 Q2 Q2 Q4
Recruitment of 240 Ambulance Support Workers 288 Paramedics.	Q4
Handover to clear reduction.	Q4
Annual sickness reduced by 1%.	Q4
Reduction of 17 minutes in handover delays.	Q4

Operational Objective 2023/2024	
Objective (3):	Right Care, Right Place, First Time - PROPOSED REVISION
Executive Lead:	Executive Medical Director - Dr Julian Mark

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

To continuously improve processes for triaging and clinically assessing patients' needs, increasing access to alternative pathways of care and identifying where gaps in provision exist, and developing and utilising specialist resources to treat patients with urgent care needs. This will ensure that patients receive the most appropriate care for their needs in the fewest number of steps and will reduce clinically unnecessary ambulance responses and conveyances to Emergency Departments, improving ambulance availability for those who truly need one.

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

Many patients who call 999 do not clinically require an ambulance but the default position is to send an ambulance response, resulting in a lack of available ambulance resource for emergency patients who require a face-to-face response and increasing waiting times for an ambulance. Similarly, the default position following a face-to-face response is conveyance to an Emergency Department which contributes to handover delays and worsening A&E performance when alternative pathways of care may be more appropriate.

Increasing the provision of clinicians in EOC and IUC to undertake clinical assessment is integral to the delivery of this objective. However, this is addressed in objective four.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Increase and improve access to alternative pathways of care following remote or face to face clinical assessment, promoting alternatives to conveyance to ED.	Clinical Pathways Manager	Clinical Governance	Quality	Quarterly
Identify gaps in provision of alternative pathways of care and work with system partners to close those gaps, providing equity of opportunity for patients.				
Increased appropriate utilisation of Specialist Paramedic Urgent Care (SPUC).	Consultant Practitioner, Remote Clinical Triage			
Recruiting clinicians into IUC to increase validation.	Senior Programme Manager, IUC			
Where a face-to-face response is appropriate, maximise the utilisation of specialist resources to optimise the opportunity to avoid conveyance to ED, including the implementation of specialist mental health resource.	Lead Nurse Urgent Care			

How will we know if we are improving?

Metric	Baseline State March 2023	Target State March 24
Increase in Hear and Treat rate and number of calls diverted away from an ambulance response for Category 3 999 calls.	7.4%	More than 20%
Increase in utilisation of SPUCs to Category 3 face to face incidents as the sole response to the incident.	SPUCs allocated to Cat3 incidents where they are the only resource to arrive on scene = 580	TBC
Increase in relative See and Treat rates for those patients attended by SPUCs.	SPUCs allocated to Cat3 incidents where they are the only resource to arrive on scene = 580 See, Treat & Refer rates for all calls attended by SPUCs (may not be the only resource to attend = 59.6% See, Treat & Refer rates for calls attended by SPUCs where they are the only resource to attend = 98.7%	More than 80%
Decrease in Category 3 ambulance referral from 111 (IUC).	Number of Cat3 referrals from 111 = 3,905	Reduction
Increase in utilisation of ambulance specialist Mental Health response as the sole response to mental health incidents.	Number of calls receiving a response on scene from the Mental Health Response Vehicle (MHRV) = 280 Proportion of MHRV responses where they were the only resource to attend scene = 69.6%	More than 80%
Decrease in frontline DCA allocation to mental health incidents.	Number of mental health calls with a DCA arriving on scene = 2,339 Proportion of mental health calls with a response on scene where a DCA arrived = 96.5%	Reduction

Key Milestones

Milestone	Quarter Timeframe
Establish Y+H-wide provision of and access to UCR and SDEC. (Derek H)	Q3
Map alternative pathways of care provision and access across all 16 Places in Yorkshire and the Humber, identifying gaps in provision and feeding back to Place through local arrangements. (Derek H)	Q4
Ensure DoS is up to date, accessible and mechanisms for regular review are in place. (Sandie Haigh)	Q3

Operational Objective 2023/2024	
Objective (3):	Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E
Executive Lead:	Executive Medical Director - Dr Julian Mark

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?
In 2023/24 YAS will continue to develop and improve its urgent care pathways, processes and performance. A key element within this priority will be to avoid conveyances to A&E, by providing alternative pathways for patients and improving specialist responses. This will ensure that patients get the right care, in the right place at the right time.

Why is this a priority / key driver that needs fixing?
Interventions that allow YAS to appropriately direct patients to alternative care pathways will improve patient safety and experience, improve ambulance and ED efficiency, whilst also providing substantial savings to the healthcare system.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Improving and increasing the access to appropriate pathways for patients.	Derek Hatley	Clinical Governance	Quality	Quarterly
Maximise internal utilisation of appropriate pathways across A&E.	Jackie Cole	Clinical Governance	Quality	Quarterly
Maximise internal utilisation of appropriate pathways across EOC.	Claire Lindsay	Clinical Governance	Quality	Quarterly
Maximise internal utilisation of appropriate pathways across IUC.	Dave Beet	Clinical Governance	Quality	Quarterly
Maximise the use of urgent care practitioners.	Claire Lindsay	Clinical Governance	Quality	Quarterly
Mental Health transformational programme implementation.	Lesley Butterworth	Clinical Governance / TEG+	Quality	Quarterly

How will we know if we are improving?

Metric	Current State	Target State
Delivery of UCR National specification in all areas of Yorkshire.	Some areas are currently amber/ red	Green in all areas of Yorkshire
Increased utilisation of UCR pathways as a percentage of Cat 3 / 4 demand for EOC.		TBC
Number of accepted referrals to UCR and SDEC.		TBC
Increased utilisation of SPUC.	TBC	Measurement if utilisation of the SPUC increased.
ED referral reduction via increased clinical validation in IUC.	35% (Red)	50% in line with national KPI8
Deliver a review of KPI first DOS selection in IUC.	Green	Deliver national KPI10
Utilisation and ED avoided through the use of six Mental Health Response Vehicles.	Amber	Six vehicles procured and available for use to add additional capacity for Mental Health Support.
Frontline staff have completed Mental Health mandatory training.	Green	Complete for a third of frontline staff, with 75% satisfaction rate.
Improved service delivery for people with a learning disability and people with neurodiversity.	Green	Plans completed and implementation plan is delivered.
Increased utilisation of Mental Health pathways as a percentage of Cat 3 / 4 demand for EOC.	Amber	TBC
Reduce conveyance rate to A&E.	Conveyance to ED was 56.4% for 22/23	Achievement of National Average which was 58.3% for 22/23.
Increase hear and treat rate.	7.4%	20%

Key Milestones

Milestone	Quarter Timeframe
Review IUC surge and escalation plan in relation to maximising ED validation.	Q2
Work with DOS leads to complete a review and ensure appropriate SD/SG ED codes are sent for validation, in IUC.	Q3
Complete the review and implement recommendations of the first DOS selection in IUC.	Q3
Regionwide UCR and SDEC coverage with appropriate pathways for A&E, EOC and IUC referrals.	Q4
Effective liaison established with ICS and providers on SDEC.	Q4
Maximised utilisation of UCR and SDEC pathways by A&E, EOC and IUC.	Q4
Push model developed and scaled.	Q4
Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently (OO4).	Q4
Increase the number of push partners.	Q4
Six dedicated Mental Health Response Vehicles procured and available for use adding additional capacity for Mental Health Support.	Q4
Mandatory training for Mental Health rolled out for frontline staff.	Q4
Learning Disability and Neurodiversity plans developed and delivered.	Q4
Maximised utilisation of Mental Health pathways by A&E, EOC and IUC.	Q4

Operational Objective 2023/2024	
Objective (4):	Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently.
Executive Lead:	Executive Director of Operations - Nick Smith

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?
YAS will develop the Clinical Assessment Service (CAS) and increase clinical capacity to appropriately assess patient's needs, ensuring patients are directed efficiently and effectively into the most appropriate onward care pathway. YAS will work with Integrated Care partners to allow for the development of rotational opportunities and plans to resource clinical requirements.

Why is this a priority / key driver that needs fixing?
The Clinical Assessment Service will help to streamline referral pathways and add clinical value to a patient's journey. It would also ensure the patient is involved in deciding on the most appropriate onward care pathway.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Increasing clinical capacity and capabilities in EOC.	Head of Service Central Delivery, EOC	Performance Delivery Group	Quality Committee	Quarterly
Increasing clinical capacity and capabilities in IUC.	Senior Programme Manager, IUC	Performance Delivery Group	Quality Committee	Quarterly
Design and test a single integrated clinical queue.	Consultant Practitioner, Remote Clinical Triage	Integrated CAS Group	Quality Committee	Quarterly
Integrated CAS model developed and agreed.				
Integrated CAS plan development.				

How will we know if we are improving?

Metric	Current State	Target State
Growing combined Clinical Workforce in EOC.	Developing Plan and Trajectory	Budget FTE achieved
Growing combined Clinical Workforce in IUC.	Developing Plan and Trajectory	Budget FTE achieved
Referral pathways into system maximised.	Developing Plan and Trajectory	Maximised utilisation
Integrated CAS model for IUC and EOC agreed.	In discussion	Model agreed
Integrated CAS plan completed ready for implementation.	To commence	Plan approved

Key Milestones

Milestone	Quarter Timeframe
Clinical Workforce trajectory achieved in EOC.	Q4
Clinical Workforce trajectory achieved in IUC.	Q4
Integrated CAS model agreed with System partners.	Q3
Integrated CAS plan approved.	Q4

Operational Objective 2023/2024	
Objective (5):	Implement the national patient safety incident response framework and other patient safety measures.
Executive Lead:	Executive Director of Quality, Governance and Performance Assurance – Dave Green

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

YAS will continue to improve patient safety and learn from incidents to prevent harm, focusing on implementing new national guidance for dealing with investigations and improving outcomes.

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

Prioritising Patient Safety and improving patient outcomes will ensure patients receive the right care, at the right time and at the right place, which will reduce harm that results from inappropriate non-conveyance decisions.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Implementing PSIRF and learning from all incidents that involve patient harm (CQUIN).	Head of Safety	Clinical Governance	Quality	Quarterly
Reviewing the Trust's ability to respond consistently to domestic violence legislation, by recruiting a Specialist Domestic Abuse Practitioner.		Clinical Governance / Quarterly Executive Safeguarding review		
Providing YAS clinicians with access to wider healthcare records, by implementing the Clinical Systems Development Programme.	Executive Medical Director	Clinical Systems Development Programme Implementation Group		
Developing the Critical Care strategy.		Clinical Governance		
Developing and delivering year one of the Resuscitation Improvement Plan, to improve the care delivered to patients who have suffered a cardiac arrest.				
Developing and delivering year one of the Maternity Improvement Plan, utilising the findings from the strategic maternity review and Ockenden inquiry, including provision of safe, high-quality pre-hospital maternity care.				
Developing and delivering year 1 of the non-medical prescriber strategy (5-year plan).				
Implementing the Yorkshire Air Ambulance review and post critical care paramedic review.	Head of EPRR and Special Operations			
Improvements to medicines optimisation (pre-packed POMs and digitisation).	Associate Director of Estates, Fleet & Facilities			

How will we know if we are improving?

Metric	Current State	Target State
PSIRF policy and plans agreed and implemented.	In diagnostic and development.	PSIRF Live October 2023
Safeguarding Policy and guidance reflect changes from the Domestic Abuse Act 2021.	Policy under review.	Embedded policy and guidance documents
Increased numbers of MARAC cases are referred, supported, and actioned by YAS shown through Datix data.	Agree baseline data.	Increased YAS referrals
Increased utilisation of wider healthcare records.	TBC	Increased use of healthcare records
Delivery of PROMPT training.	Funding stream identified and 2 members of staff attending a train the trainer pre-hospital PROMPT course in August.	% training compliance at agreed level
Reduction in resuscitation related patient safety incidents.	Agree baseline data.	No patient safety incidents
Increase the number of survivors from out of hospital cardiac arrest.	7%.	England average 10%
Reduction in maternity related incidents via HSIB requests.	Agree baseline data.	Reduction of cases requests by HSIB
Increase in number of remote prescriptions.	Agree baseline data.	Increase from baseline
Reduction in incidents relating to medicines.	Agree baseline data.	Decrease from baseline once agreed.

Key Milestones

Milestone	Quarter Timeframe
Opening of Logistics Hub.	Q1
Specialist Domestic Abuse Practitioner recruited.	Q2
PSIRF adopted as the framework for investigation.	Q4
Live implementation of new functionality for wider healthcare records.	Q4
Critical Care Strategy approved with a clear plan for delivery.	Q4
Year one of the Resuscitation Improvement Plan delivered, YAS as an ALS provider organisation delivering ALS courses and go live with Good Sam for staff groups.	Q4
Year one of the Maternity Improvement Plan delivered. Maternity leadership, become a PROMPT training provider and deliver CPD sessions.	Q4
Year One of the non-medical prescriber strategy delivered. Deliver the Designated Prescribing Practitioner.	Q4
Implement pre-packed POMs and digitised processes across YAS.	Q4
Air Ambulance review complete.	Q4

Operational Objective 2023/2024	
Objective (6):	Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme, supported by Moorhouse.
Executive Lead:	Director of People and Organisational Development - Mandy Wilcock

What is the objective?	**Why is this a priority / key driver that needs fixing?**
YAS Together provides additional direction on how the Trust works together to deliver the right care, and best outcomes for staff and patients. This will support our continuous development of a supportive and restorative culture where staff can bring their true selves to work in a physically and psychologically safe environment.	Delivering and embedding the outcomes from the cultural change programme supported by Moorhouse will ensure YAS continually develops itself to be a supportive and compassionate organisation where staff feel safe and have a good experience.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Pilot and launch of first Interventions.	Senior Programme Lead	YAS Together Programme Group, Future Ways of Working Steering Group, Trust Executive Group.	People Committee	Quarterly
Soft launch and roll out of YAS together content across the Trust.				
Agree and develop short to medium term interventions for pilot within agreed teams.				

How will we know if we are improving?

Metric	Current State	Target State
Reduction in staff sickness.	7%.	1% reduction.
Improvements in staff retention.	33% EOC, 45% IUC.	Reduction in contact centres.
Improved staff survey results.	2022 NSS results.	Above average NSS 2023.
Qualitative feedback from Network of Champions.	N/A.	Positive qualitative feedback.

Key Milestones

Milestone	Quarter Timeframe
Soft Launch YAS together.	Q2
Pilot short term interventions as per project plan.	Q2/Q3
Rollout of YAS Leadership Behaviours.	Q3/Q4
Rollout of High Performing Teams Toolkit and Empowerment Guide.	Q3/Q4

Operational Objective 2023/2024	
Objective (7):	Deliver and implement an effective organisational operating model.
Executive Lead:	CEO – Peter Reading

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?
YAS will implement the Operating Model to ensure that Trust is structured and organised to provide a coherent integrated model of delivery, with clear accountability, which supports the implementation of Trust strategy and objectives and ensures the delivery of efficient and effective patient care.

Why is this a priority / key driver that needs fixing?
The implementation of the operating model will ensure that YAS has defined structures with clear accountability, enabling the implementation of Trust strategy and priorities and delivery of safe, high quality and efficient services.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Development, consultation and recruitment to new executive and senior leadership portfolios.	Director of Transition	Operating Model Delivery Group, Future Ways of Working Steering Group	People Committee	Quarterly
Implementation of Accountability Framework plan focused on revised governance and decision-making arrangements to streamline and support the future ways of working.		Accountability Framework delivery Group, Future Ways of Working Steering Group		

How will we know if we are improving?

Metric	Current State	Target State
Improved alignment with system partners.	Partially aligned	Fully aligned plans
Increased clarity on leadership accountability.	Partial	Clarity - exec and senior
More streamlined decision-making.	Not always timely	Clear executive process
More devolved decision-making and empowered leaders and teams.	Centralised model	Clear scheme of delegation & expectations
Stronger clinical & professional leadership.	Centralised model	Embedded model
Improved performance assurance (ref obj.8).	Process via TMG	New process embedded

Key Milestones

Milestone	Quarter Timeframe
Recruitment to phase 2 post.	Q2
Completion of Phase 3 consultation.	Q2 (July 2023)
Scoping of phase 4 consultation.	Q2
Recruitment to phase 3 posts.	Q3
Accountability Framework (TBC).	Q2 to Q4

Operational Objective 2023/2024	
Objective (8):	Implement a robust performance management framework.
Executive Lead:	CEO – Peter Reading

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?
YAS will design and implement a robust performance management framework to monitor performance. There will be the development of clear reporting and escalation processes and performance challenge meetings will be established to highlight risks.

Why is this a priority / key driver that needs fixing?
The implementation of the performance management framework will support the Accountability Framework, by ensuring that YAS has clear processes for monitoring performance, reporting and escalations.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Performance management framework design and implementation plan developed and agreed by the Board.	Director of Strategy, Planning and Performance	Trust Management Group, Trust Executive Group.	Finance and Performance	Quarterly
Performance challenge meeting process established, with reporting on performance exceptions and risks.				
Performance issues and risk processes established – includes improvement plans.				
Performance monitoring and reporting resources agreed – dashboards/ KPIs.	Head of Business Intelligence	Trust Management Group, Area Leadership Groups in each ICS.	Finance and Performance	Quarterly

How will we know if we are improving?

Metric	Current State	Target State
Performance Management framework plans developed.	Draft version for discussion.	Approved by Board.
Performance challenge meeting process approved and established.	Performance challenge occurs in TMG but is limited.	Challenge meetings are established and embedded.
Risk management, escalation and mitigation process and plans developed.	Risk management and performance management processes exist but are not efficiently linked.	Process approved, actioned and embedded.
Reporting and Escalation process established.	IPR and other dashboards.	Single oversight dashboard and KPIs approved.

Key Milestones

Milestone	Quarter Timeframe
Performance management framework design and implementation plan developed and agreed by the Board.	Q2
Performance challenge meeting process established with reporting on highlights and risks through TMG & TEG.	Q3
Risks identified through performance management process, escalated and mitigation plans developed.	Q4
Reporting and escalation process established and agreed at Board.	Q3

Operational Objective 2023/2024	
Objective (9):	Review, develop and embed our approach to quality improvement and create a Research Institute.
Executive Lead:	Executive Director of Quality, Governance and Performance Assurance – Dave Green

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?
YAS will focus on embedding our quality improvement approach, reviewing the 2018-2023 Quality Improvement Strategy and developing, implementing and embedding the new Quality Improvement Strategy for 2023-2028. YAS will host an Academic Research Unit that embeds YAS in key research streams in partnership with higher education institutes and NHS provider organisations.

Why is this a priority / key driver that needs fixing?
Quality Improvement Strategy is integral to ensuring an environment where YAS continually learns and improves, in order to ensure quality care delivery, make YAS a great place to work and make best use of all resources. Research-active organisations perform better and have better patient outcomes. The ARU will provide research leadership and will support YAS to attract and retain the best workforce by providing unique career development opportunities and advanced practice and portfolio careers.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Evaluation and review of the 2018-2023 Quality Improvement Strategy.	Head of Safety	Trust Management Group, Trust Executive Group.	Quality	Quarterly
Development of the 2023-2028 Quality Improvement Strategy.				
Embed QI strategy across.				
Local quality improvement activities with system partners.		System Leadership Meetings.		
Launch of Research Institute.	Head of Research	Clinical Governance Group.		

How will we know if we are improving?

Metric	Current State	Target State
Evaluation of the 2018-2023 Quality Improvement Strategy.	Completed in 22/23.	Take learning into the next QI strategy.
Development of 2023-2028 Quality Improvement Strategy.	In development.	QI Strategy approved and implemented.
Increasing numbers of staff at all levels trained and competent in QI methodology.	Around 10% of staff with some QI training.	Increased to 25% of all staff with some QI training.
Partnership QI working across system issues is evident.	Active.	Further activity tracked and successes shared.
Development of at least two funding bids in collaboration with regional partners.	Two bids in development.	Two bids submitted.
Development of at least two funding bids in collaboration with a partner HEI under a MOU.	One bid under discussion, one new MOU under development.	Two bids submitted.
Deliver funded research projects, including 'data only' projects that rely on the provision, linkage and analysis of routine data.	All staff in post.	NIHR CRN metrics on target. Staffing in place.
Launch of Academic Research Unit.	In planning, due 4th October 2023.	Launch of ARU.

Key Milestones

Milestone	Quarter Timeframe
Evaluation of 2018/23 QI Strategy.	Q1
ARU launch event held.	Q2
QI Strategy approved and launched.	Q3
Research Institute launch event held.	Q3
Actively contribute to improvements identified in line with PSIRF.	Q4 (ongoing)
Additional MOU agreed with academic partner.	Q4
Research data analyst, paramedic research fellow and senior research fellow in post.	Q4
Review QI embedding journey.	Q1 2024/25

Operational Objective 2023/2024	
Objective (10):	Deliver recruitment and retention plans across 999, 111 and PTS.
Executive Lead:	Executive Director of Operations - Nick Smith

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

YAS will meet staffing and resource requirements through effective and inclusive recruitment, including overseas recruitment, whilst also supporting the retention of staff by meeting wellbeing needs and providing flexible and supported employment, through continuing to develop accessible training pathways, which will support our demand-based workforce requirements, and develop and deliver workforce plans across the three service lines, to ensure recruitment trajectories are realised and improve retention.

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

To ensure that YAS meets staffing and resource requirements through developed workforce plans that meet the health and wellbeing needs of staff and ensure they work in a supported and flexible environment that has flexible training approaches to improve staff retention and our ability respond to changing demands, whilst consistently providing the highest quality patient care.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Recruitment plans delivered for 999/EOC.	Head of Service Delivery (Operational Planning)	Capacity Planning Group	People	Quarterly
Retention plans delivered for 999/EOC.				
Recruitment plans delivered for 111.		Capacity Planning Group, Operational Management Group.		
Retention plans delivered for 111.				
Recruitment plans delivered for PTS.		PTS Operations Group		
Retention plans delivered for PTS.				

How will we know if we are improving?

Metric	Current State	Target State
Successful recruitment of Ambulance Support Workers .	207 recruited in 2022/23	240 ASWs recruited by March 2024.
Successful recruitment of Paramedics.	266 recruited in 2022/23	288 paramedics recruited by March 2024.
Attrition within expected levels for 999.	181.7 FTE in 2022/23	Attrition at 7.2% for 2023/24.
Successful recruitment of EMDs.	111 recruited in 2022/23	130FTE EMDs recruited by March 2024.
Successful recruitment of dispatchers.	33 recruited in 2022/23.	40FTE dispatchers recruited by March 2024.
Successful recruitment of clinicians.	22 recruited om 2022/23.	78FTE clinicians recruited by March 2024.
Achievement of Target attrition for EMD, Dispatcher, and Clinicians in EOC.	EMD 48.6 FTE in 2022/23. Dispatch 10.1 FTE in 2022/23. Clinicians 1.78 FTE in 2022/23.	EMD expected = 51.3%. Dispatch expected = 9.6%. Clinician Expected = 11.7%.
Successful international recruitment for IUC.	4 FTE have arrived and due to start pathways training in August.	15 international nurses recruited by March 2024.
Successful realisation of Health advisory capacity for IUC.	Currently achieving the planned 30FTE per month, however deployed staffing not meeting target due to starting 20FTE behind plan, due to Feb and Mar recruitment and attrition being higher in May and June. Deployed staffing was 393.3 FTE against a planned 442.4 FTE , deficit of 49.1FTE.	Health advisor establishment is 552FTE by March 2024.
Successful realisation of clinical advisory capacity for IUC.	Currently exceeding the planned 3FTE of clinical resources by monthly, deployed staffing is 67.3 FTE against a 74 FTE plan, this is a deficit of 7 FTE.	Clinical advisory capacity increased to 90 per month from 68 per month, increasing FTE to 22 by March 2024.
IUC Attrition targets realised. For Health advisors and Senior Health Advisors.	Attrition continues to be above the planned levels for May and June, annualised we are currently 50.39% if the remaining months come in on plan, if all future months perform like June, there will be a 72% annualised attrition.	Annualised plan of 45%, this is 48% Q1 and Q2 and 42% Q3 and Q4, monthly monitoring.
IUC Attrition targets realised. For Clinical Advisors.	Attrition planned at 28% annualised and currently 24%.	Annualised plan of 45%, this is 48% Q1 and Q2 and 42% Q3 and Q4, monthly monitoring.
Deliver the PTS trajectory for 2023/24, to get to full establishment by March 2026.	Recruitment 20.2 FTE, against a target of 18.2 FTE. Attrition 10.3 FTE, against a target of 12.1 FTE.	Forecast Recruitment 81.8 FTE. Forecast Attrition 49.9 FTE. Net gain 31.9 FTE.

Key Milestones

Milestone	Quarter Timeframe
Individualised IPR developed for each service line (999, EOC, 111, PTS) to monitor recruitment and attrition.	Q2
Development and approval of the training plan and pipeline for 24/25 aligning with service demand.	Q3
Development of 3–5-year workforce plans for each service line (999, EOC, 111, PTS).	Q4
Achievement of training plan pipeline for 23/24 in line with expectations.	Q4

Operational Objective 2023/2024	
Objective (11):	Improve staff health and wellbeing with a focus on inclusion and the provision of flexible and supported employment.
Executive Lead:	Director of People and Organisational Development - Amanda Wilcock

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?
YAS, in partnership with stakeholders, will provide fit for purpose services to meet the changing needs of our people whilst ensuring they are flexible, accessible, and inclusive.

Why is this a priority / key driver that needs fixing?
To create an environment where our staff feel safe, healthy, and supported to perform their best that positively impacts on recruitment and retention. We want to strive for better and promote YAS as an employer of choice.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Procure and embed occupational health services and staffing model for April 2024.	Head of Employee Health & Wellbeing	Health & Wellbeing Group OH Project Board	People Committee	Quarterly
Deliver annual Health and Wellbeing Plan with specific focus on supporting staff mental wellbeing.				
Undertake a comprehensive review of end-to-end recruitment process and associated procedures with recommendations to improve inclusive recruitment.	Head of Diversity & Inclusion	Diversity & Inclusion Steering Group		
Develop a series of inclusive learning interventions for people leaders specific to supporting staff living with disabilities and LGBT, BME colleagues.				
Targeted and focused Absence Reduction including a review of absence management approaches, policy and processes.	Deputy Director of People & OD	Operational Efficiency Group		

How will we know if we are improving?

Metric	Current State	Target State
Occupational Health (OH) Management information including contract KPIs.	Various, reported HWB meeting.	Access and usage of services.
Feedback including improvements to National Staff Survey results.	Engagement 6.0. Morale 5.4. Feeling valued 25.5%. Reasonable adjustments 65.7%.	Increased NSS scores above sector average.
Streamlined process for inclusive practice in recruitment.	Pockets of good practice.	Consistent approach across the Trust.
Line managers feel empowered to support staff and address challenges with needs (National Staff Survey Results).	Improved for WDES (Workforce Disability Equality Standard), deteriorated for WRES (Workforce Race Equality Standard).	Staff feel supported by managers, increasing sense of belonging.
Reduce staff absence rate.	TBC (7.0% in Apr 2023).	Reduce by 1%.

Key Milestones

Milestone	Quarter Timeframe
OH services procurement next steps approved, and contracts awarded by August 2023.	Q2
Completion of OH services migration and implementation.	Q4
Successful roll-out of the mental health first aid training.	Q4
Develop project plan based on recruitment review recommendations.	Q4
Pilot delivery of inclusive learning interventions for people leaders in key hot spot areas.	Q4

Operational Objective 2023/2024	
Objective (12):	Respond to priorities within the staff survey and focus on improved response rates.
Executive Lead:	Director of People and Organisational Development - Amanda Wilcock

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?
The national Staff Survey is designed to improve employee experience across the NHS and is aligned to the People Promise. Improving the response rate ensures a representative view. Listening and responding to the feedback themes drives improved employee satisfaction and engagement.

Why is this a priority / key driver that needs fixing?
The YAS response rate for 2022 was 34% (same as 2021), 16% below the sector average. This low response rate reduces the reliability of the available data and is an indicator of staff engagement.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Share directorate/team specific staff survey outcomes.	Associate Director of Education & Organisational Development	Leadership & Management Portfolio Governance Board, Trust Management Group, Joint Steering Group.	People Committee	Quarterly
Publish 'You Said, We Did' actions.				
Promote the 2023 staff survey to achieve 50% completion, including identification of best practice options to improve response rate.				
Report 2023 quantitative results subject to embargo conditions.				
Promote Quarterly Pulse Survey.				

How will we know if we are improving?

Metric	Current State	Target State
Improved response rates staff survey.	34%.	50%.
Improved response rates quarterly Pulse.	1.7%.	10%.
Improved Engagement score.	6.0.	Above sector average.
Improved Morale score.	5.4.	Above sector average.

Key Milestones

Milestone	Quarter Timeframe
Submit YAS incentives for inclusion in national staff survey (NSS).	Q2
National Staff Survey opens.	Q3 (Oct)
Embargoed NSS results received.	Q4
Quarterly Pulse Survey.	Q2, Q4

Operational Objective 2023/2024	
Objective (13):	Develop and implement a new leadership development programme.
Executive Lead:	Director of People and Organisational Development - Mandy Wilcock

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

To provide management and leadership development opportunities to all people leaders at all leadership levels; first line managers to executive leaders. To increase employee morale and retention by improving leadership skills and behaviours including effective appraisals and career conversations.

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

There is currently no clearly defined leadership development pathway in place and core leadership development programmes were paused in March 2022. Key part of the cultural development programme supported by Moorhouse.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Deliver 2 cohorts (15 max) Aspiring Leaders Programme.	Associate Director of Education & Organisational Development & Head of Leadership & Organisational Development	Leadership & Management Portfolio Governance Board	People Committee	Quarterly
Launch Mange2Lead.				
Deliver 4 cohorts (15 max) Lead Together.				
Gain approval for Level 7 Senior Leadership development and onboard 10.				
>90% Trust Managers trained to deliver effective appraisals.				

How will we know if we are improving?

Metric	Current State	Target State
Appraisal completion rate.	72.2%	90%
Appraisal Manager training rate.	67.8%	90%
NSS leadership-related outcomes.	various	Above average

Key Milestones

Milestone	Quarter Timeframe
Manage2Lead sign-off to launch.	Q1
Gate 2 Senior Leadership Development paper.	Q2
Revised leadership development programme approval to restart.	Q2

Operational Objective 2023/2024	
Objective (14):	Understand and utilise data and intelligence to improve patient care and population health.
Executive Lead:	Chief Information Officer - Simon Marsh

NHS Yorkshire Ambulance Service NHS Trust

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

Why is this a priority / key driver that need fixing?
Developing new and innovative digital technology and insights to improve quality, efficiency and patient experiences, improve staff experiences, improve overall trust performance as well as supporting greater integrated care and improving the health of the population YAS serve.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Agree options for Common CAD replacement in 24/25	Chief Technology Officer	IT directorate	Finance & Performance	Quarterly
Deliver and make available to all clinicians the integrated clinical data from the Yorkshire and Humber Care Record (YHCR) into EPR and from EPR/CAD into the YHCR for use in regional care settings				
Service Demand, Performance and Population Profiles At Place level for use by SPD's in ICBs	Head of Business Intelligence	IT directorate	Finance & Performance	Quarterly
Set up data sharing to receive outcome data from hospitals				
Improve service provision at Place Level				
Deep dive into Population Health Data				
Individual paramedic and team based 999 performance and quality reporting				

How will we know if we are improving?

Metric	Current State	Target State
Common CAD evaluated, options agreed, and implementation planned for delivery in 24/25.	TBC.	Ready for delivery in 24/25.
Integration of clinical data from/to the YHCR into EPR is complete and available to all clinicians (subject to CCIO agreement).	Complete and available on EPR for pilot.	Rolled out fully across YAS by March 2024.
Individual 999 performance and quality reporting delivered leading to improved clear times and underlying patient care.	In Pilot.	Complete by Dec 23.
Outcome data from Acute ED's available for both research and quality of care improvements.	Establishing data sharing agreements.	Initial delivery March 2024.
Feedback from ICSs on YAS contribution to public health and service provision.	Not started.	Initial output by March 2024.

Key Milestones

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

Operational Objective 2023/2024	
Objective (15):	Complete the development of a long-term estates plan and open new facilities for logistics and EOC.
Executive Lead:	Executive Director of Finance - Kathryn Vause

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

YAS will develop a new 5-year Estate Strategy, with a clear implementation plan which supports the Trust's needs in relation to operations, training, logistics and benefits our communities.

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

There is currently no approved Estates Strategy in place, this needs to be developed to equip our people with the best environment to support excellent outcomes. The strategy needs to align to the Trust's clinical strategy as well as the Trust's overall strategy. The estate will need to support clinical service delivery and improved operational performance, by providing operational staff with appropriate facilities that support positive Health & Wellbeing. Local training facilities need to be available to support professional development and contact centres and corporate facilities must be agile and resilient to meet flexible demands. Additionally, the estate needs to support the 24/7 nature of the business, facilitating the use of new models of care and service delivery, including digitally enabled services.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Development of the Estate Strategy, including the implementation plan.	Associate Director of Estates, Fleet & Facilities	Trust Executive Group	Finance & Performance	Quarterly
Alignment of Estate Strategy as an enabler of the Trust-wide strategy.				
Opening of new facilities for logistics and EOC to provide additional space and capacity to allow the delivery of the services in an efficient manner.				

How will we know if we are improving?

Metric	Current State	Target State
Discussion and overview of the draft Estate strategy.	In development.	Reviewed and supported by TEG and F&PC.
Approval of the Estate Strategy.	Not yet completed.	Approved by Board.
Completion of Logistics Hub.	In progress.	Completed, handed over and move in.
Completion of new facilities for EOC.	In progress.	Completed and power supply installed.

Key Milestones

Milestone	Quarter Timeframe
Discussion and overview of draft Estate Strategy.	Q1
Logistics Hub completed, handover and move in.	Q2
Alignment of the Estate Strategy to Trust-wide strategy.	Q4
Facilities for EOC completed with power supply upgraded for staffing requirements.	Q4

Operational Objectives 2023/2024	
Objective (16):	Increase the number and diversity of volunteering opportunities and develop supporting infrastructure to improve patient care.
Executive Lead:	CEO – Peter Reading

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

YAS will work to develop plans and a strategic framework that will increase the number and variety of volunteering opportunities and the benefits and impacts of volunteers to patient care.

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

The impact and benefits volunteers have on patient care is invaluable and it is critical to increase the number and diversity of our volunteers and their roles, which will improve the delivery of care to our communities and patients.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Progress an organisational culture that values, encourages, promotes, and supports volunteering, reflecting YAS vision and values.	Head of Communications & Community Engagement	Trust Executive Group	People	Quarterly
Developing supporting infrastructures to improve patient care.				
Increasing the diversity of volunteering opportunities across the Trust.				
Increase the numbers and utilisation of volunteer Community First Responders.	Head of Service and Quality (Central Delivery)	Trust Executive Group	People	Quarterly

How will we know if we are improving?

Metric	Current State	Target State
Collaborative partnerships established and embedded.	Ongoing – some partnerships in place.	Partnerships developed in each ICB, targeting areas of health inequalities.
Increased number of Trust volunteers.	1,093 registered Trust volunteers.	Increased number of volunteers from start of 2023.
Increased voluntary opportunities across the Trust.	4 different voluntary opportunities across the Trust.	Number of volunteer opportunities increased from start of 2023.
Increase the Community First Responder contribution.	Contribution to Category 1 is currently at 6 seconds. CFR hours is currently 14,000.	Category 1 call contribution is 20 seconds and volunteering hours are at 20,000 per month.

Key Milestones

Milestone	Quarter Timeframe
YAS Volunteer Development Framework developed, agreed and launched.	Q1
Develop a robust infrastructure to enable, sustain and enhance current and future volunteering opportunities.	Q3
YAS to co-develop, pilot, and evaluate AACE volunteering dashboard.	Q4
Reaccreditation with Investing in Volunteers obtained.	Q4

Operational Objective 2023/2024	
Objective (17):	Develop and embed our approach to system working.
Executive Lead:	CEO – Peter Reading

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

We will understand how our places and systems operate to define what system working means for YAS.Following this YAS will formulate a method to embed into place and system whilst completing a structural review to maximise delivery of care in an area footprint.

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

Operating at place and system level will enable YAS to achieve better outcomes for patients. YAS has a statutory duty to collaborate for the improvement of patient outcomes and the betterment of the populations we serve. Healthcare delivery solutions are unable to be achieved within an organisation and requires collaboration across organisations for the benefit of the population.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Development of the Partnership Strategy defining how we will work in a system way, outlining YAS's role to collaborative working and explaining how we embed into system and place.	System Partnership Directors	Area Leadership, Trust Executive Group	Trust Board	Quarterly
Ensure representation and membership of UEC groups at place and system level, as we develop our approach to embedding wider system working.				
Partake in the strategic planning of system and place to reflect mutual priorities.				
Reflect Trusts Business Objectives into area-level plans capturing integral work at system and place.				
Work closely with partners to identify opportunities for improvement to service delivery that will provide a better and safer overall service to patients including: - mitigating issues relating to introduction of Right Care, Right Person, - reducing ambulance handover times, - integrating our 111 service better with primary care, mental health services, for example.,				
Transparently share information with our system partners to actively monitor service delivery, priorities, and patient outcomes				
Identification for joint integrated working opportunities to support delivery of UEC key objectives.				
Scope opportunities for system workforce development initiatives and associated risks, working closely with Director of People and OD				
Reflect ICS Strategy and ICB Joint Forward Plans in YAS strategy and objectives.				
Continue to embed, develop and progress area-based working arrangements through a structural review of area working, adaptation of corporate functions to area ways of working. with a post implementation review of Area Leadership arrangements.	Director of Transition	Trust Executive Group		
Align resources providing intelligence and analysis to inform decision-making at area-level, sharing our analysis with system and place.	Chief Information Officer	Area Leadership, Trust Executive Group		

How will we know if we are improving?

Metric	Current State	Target State
Identification and progression of mutual priorities	In progress.	Clear principles of mutual priority in plans
YAS Strategy is reflective of three ICS Strategies and ICB Joint Forward Plans.	Progressing through strategy development	Clear alignment with ICS Strategy and ICB Joint Forward Plan.

Key Milestones

Milestone	Quarter Timeframe
Stakeholder and Partnership forums mapping completed	Q2
Area Plans approved	Q3
Structural review completed across YAS to reflect area ways of working.	Q4
Partnership Strategy approved	Q4

Operational Objective 2023/2024	
Objective (18):	Embed rigorous financial oversight to ensure efficient use of resources.
Executive Lead:	Executive Director of Finance - Kathryn Vause

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

To ensure rigorous financial oversight is embedded in the Trust, focussing on improving financial sustainability.

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

In recent years NHS organisations have been focused on the operational management of the Covid-19 pandemic. This focus, coupled with the temporary financial regime which included additional funds, led to efficiency requirements being put on hold. There is now a renewed focus on improving financial sustainability with a need to regain financial grip, while still balancing the competing priorities from operational activity, workforce demands and recovery from the impact of Covid-19. The move to integrated care systems means that organisations cannot think about financial sustainability in isolation, but rather they need to also consider what the impact of their decisions is on other organisations and how other system partners may impact on them. This is at the same time as ensuring that financial sustainability is integrated within the organisation (for example, with quality, activity, workforce and so on).

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Financial plans are entirely consistent with all other plans (both internal and system wide) and have been based on robust assumptions that have been thoroughly tested. All plans have been accepted by management as achievable and approved by the board.	Deputy Director of Finance	Trust Executive Group	Finance & Performance Committee	Quarterly
The Board receives financial reports that are triangulated with operational, quality and workforce data, allowing them to ask probing questions and agreeing actions to ensure that operational and financial objectives are met.				
The culture of the organisation recognises the need to achieve the best value from the use of available resources. This is reflected in the 'tone at the top' through to ensuring staff comprehend and are competent to support the achievement of the organisation's financial duties.				
Develop PLICS, Service Line Reporting and Benchmarking activities to support the Trust in the identification of Cost Improvement/Waste Reduction opportunities; embedding these processes so that they are regarded as part of managing the business and are integral to the delivery of financial sustainability.				

How will we know if we are improving?

Metric	Current State	Target State
All plans have been accepted by management as achievable and approved by the board.	Plans are approved.	Plans are approved
Budget holders have signed off and agreed their budgets and will work within their resource allocation to support the achievement of their agreed objectives.	Budgets are in the process of being signed off.	All budgets signed off
Budget Book outlining responsibilities, with signposting to key resources and information to support effective financial management.	In development.	Complete
Tailored reports to reflect the appropriate level of detail provided to F&PC and Public Board.	Single detailed finance report produced monthly.	Summary report for Board developed
Achievement of Financial Duties Targets.	Forecast to achieve.	Achieved

Key Milestones

Milestone	Quarter Timeframe
Achievement of plans will be reported in monthly financial performance reports. Delivery will be most apparent Q3 onwards.	Q1
All budgets signed off with budget holders having a clear understanding of what financial resource is available to them and delivery of operational requirements within that resource.	Q2 onwards
Sent to budget holders.	Q2
All committee reporting deadlines are met, with timely information reported at all appropriate meetings.	Q2 onwards
Monitored Monthly, achieved as of 31 March 2024.	Q4

Board in Public
Re-frame of Operational Objective 3
01 February 2024

Presented for:	Approval
Accountable Director:	Dr Julian Mark, Executive Medical Director
Presented by:	Dr Julian Mark
Author:	Dr Julian Mark
Previous Committees:	Quality Committee (21/12/2023) Trust Executive Group (13/12/2023)
Legal / Regulatory:	No

Key Priorities/Goals	Deliver the best possible response for each patient, first time Be a respected and influential system partner, nationally, regionally and at place Create a safe and high performing organisation based on openess, ownership and accountability

Strategic Ambition	(✓)	**BAF Strategic Risk**
1. Patients and communities experience fully joined-up care responsive to their needs	✓	1a Ability to deliver high quality care in 999/A&E Operations
2. Our people feel empowered, valued and engaged to perform at their best		Choose an item
3. We achieve excellence in everything we do		3b Ability to influence and respond to change in the wider health and care system
4. We use resources wisely to invest in and sustain services		Choose an item.

Key points	
Board are asked to approve the introduction of the re-framed Operational Objective 3.	Approval

Board in Public
Re-frame of Operational Objective 3
01 February 2024

1. Summary

1.1 Operational Objective 3 needs to be re-framed and its metrics refined to be able to demonstrate the progress being made towards patients receiving the right care, in the right place and at the right time. This paper presents a re-framed Operational Objective 3 which focusses on 'Right Care, Right Place, First Time'. Should the re-framed objective be approved at Board then it is proposed to use it a foundation for a continued similar objective in 2024/25.

2. Background

2.1 The Executive Medical Director returned to his substantive position at YAS in October 2023 and took over responsibility for the delivery of Operational Objective 3. On review it was found that the narrative describing the objective and its importance for patient care required some refinement, and it was difficult to interpret successful delivery from the metrics being measured in part due to changes in demand and demand profiles.

2.2 The objective has therefore been re-framed to clearly describe its purpose of 'Right Care, Right Place, First Time' and the metrics have been refined to demonstrate progress against this ambition.

3. Proposal

3.1 The re-framed objective should be adopted in place of the current Operational Objective 3.

4. Financial Implications

4.1 There are no additional financial implications due to the re-framing of the objective.

5. Risk

5.1 Not implementing a re-framed Operational Objective 3 will lead to the appearance of year-end failure of delivery despite the significant progress that has been made in delivery of the ambition, and areas of weakness may be masked by the metrics currently being monitored.

6. Communication and Involvement

6.1 Normal communication for policies and guidance that have been approved to share with staff.

7. Equality Analysis

7.1 Not completed for this paper.

8. Publication Under Freedom of Information Act

8.1 This paper is exempt from publication under Section 22 of the Freedom of Information Act 2000, as it contains information which is in draft format and may not reflect the organisation's final decision.

9. Next Steps

9.1 Progress to Board for approval.

10. Recommendation

10.1 Board are asked to approve the introduction of the re-framed Operational Objective 3.

11. Supporting Information

Appendix 1 – Current Operational Objective 3
Appendix 2 – Draft re-framed Operational Objective 3

Name of author: Dr Julian Mark
16th January 2024

Operational Objective 2023/2024	
Objective (3):	Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E.
Executive Lead:	Executive Medical Director - Dr Steven Dykes

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

In 2023/24 YAS will continue to develop and improve its urgent care pathways, processes and performance. A key element within this priority will be to avoid conveyances to A&E, by providing alternative pathways for patients and improving specialist responses. This will ensure that patients get the right care, in the right place at the right time.

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

Interventions that allow YAS to appropriately direct patients to alternative care pathways will improve patient safety and experience, improve ambulance and ED efficiency, whilst also providing substantial savings to the healthcare system.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Improving and increasing the access to appropriate pathways for patients.	Lead Clinical Pathways Manager	Clinical Governance	Quality	Quarterly
Maximise internal utilisation of appropriate pathways across A&E.	Deputy Director of Operations	Clinical Governance	Quality	Quarterly
Maximise internal utilisation of appropriate pathways across EOC.	Head of Service Central Delivery	Clinical Governance	Quality	Quarterly
Maximise internal utilisation of appropriate pathways across IUC.	Senior Programme Manager, IUC	Clinical Governance	Quality	Quarterly
Maximise the use of urgent care practitioners.	Head of Service Central Delivery	Clinical Governance	Quality	Quarterly
Mental Health transformational programme implementation.	Lead Nurse Urgent Care	Clinical Governance / Trust Executive Group+	Quality	Quarterly

How will we know if we are improving?

Metric	Current State	Target State
Delivery of UCR National specification in all areas of Yorkshire.	Some areas are currently amber/ red	Green in all areas of Yorkshire
Increased utilisation of Urgent Community Response (UCR) pathways as a percentage of Cat 3 / 4 demand for EOC.	TBC	TBC
Number of accepted referrals to UCR and Same Day Emergency Care (SDEC).	TBC	TBC
Increased utilisation of Specialist Paramedic Urgent Care (SPUC).	TBC	Measurement if utilisation of the SPUC increased.
Emergency Department (ED) referral reduction via increased clinical validation in Integrated Urgent Care (IUC).	35% (Red)	50% in line with national KPI8
Deliver a review of KPI first Directory of Service (DOS) selection in Integrated Urgent Care (IUC).	Green	Deliver national KPI10
Utilisation and Emergency Department (ED) avoided through the use of six Mental Health Response Vehicles.	Amber	Six vehicles procured and available for use to add additional capacity for Mental Health Support.
Frontline staff have completed Mental Health mandatory training.	Green	Complete for a third of frontline staff, with 75% satisfaction rate.
Improved service delivery for people with a learning disability and people with neurodiversity.	Green	Plans completed and implementation plan is delivered.
Increased utilisation of Mental Health pathways as a percentage of Cat 3 / 4 demand for EOC.	Amber	TBC
Reduce conveyance rate to A&E.	Conveyance to ED was 56.4% for 22/23	Achievement of National Average which was 58.3% for 22/23.
Increase hear and treat rate.	7.4%	20%

Key Milestones

Milestone	Quarter Timeframe
Review Integrated Urgent Care (IUC) surge and escalation plan in relation to maximising Emergency Department (ED) validation.	Q2
Work with Directory of Service (DOS) leads to complete a review and ensure appropriate SD/SG ED codes are sent for validation, in Integrated Urgent Care (IUC).	Q3
Complete the review and implement recommendations of the first DOS selection in IUC.	Q3
Regionwide UCR and SDEC coverage with appropriate pathways for A&E, EOC and IUC referrals.	Q4
Effective liaison established with ICS and providers on Same Day Emergency Care (SDEC).	Q4
Maximised utilisation of UCR and SDEC pathways by A&E, EOC and IUC.	Q4
Push model developed and scaled.	Q4
Develop an integrated clinical assessment service across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently (OO4).	Q4
Increase the number of push partners.	Q4
Six dedicated Mental Health Response Vehicles procured and available for use adding additional capacity for Mental Health Support.	Q4
Mandatory training for Mental Health rolled out for frontline staff.	Q4
Learning Disability and Neurodiversity plans developed and delivered.	Q4
Maximised utilisation of Mental Health pathways by A&E, EOC and IUC.	Q4

Operational Objective 2023/2024	
Objective (3):	Right Care, Right Place, First Time
Executive Lead:	Executive Medical Director - Dr Julian Mark

NHS Yorkshire Ambulance Service NHS Trust

What is the objective?

To continuously improve processes for triaging and clinically assessing patients' needs, increasing access to alternative pathways of care and identifying where gaps in provision exist, and developing and utilising specialist resources to treat patients with urgent care needs. This will ensure that patients receive the most appropriate care for their needs in the fewest number of steps and will reduce clinically unnecessary ambulance responses and conveyances to Emergency Departments, improving ambulance availability for those who truly need one.

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

Many patients who call 999 do not clinically require an ambulance but the default position is to send an ambulance response, resulting in a lack of available ambulance resource for emergency patients who require a face-to-face response and increasing waiting times for an ambulance. Similarly, the default position following a face-to-face response is conveyance to an Emergency Department which contributes to handover delays and worsening A&E performance when alternative pathways of care may be more appropriate.

Increasing the provision of clinicians in EOC and IUC to undertake clinical assessment is integral to the delivery of this objective. However, this is addressed in objective four.

What are we going to focus on?

Area of focus	Senior Responsible Officer	Internal Governance	Assurance Reporting	Reporting Timeframe
Increase and improve access to alternative pathways of care following remote or face to face clinical assessment, promoting alternatives to conveyance to ED.	Clinical Pathways Manager	Clinical Governance	Quality	Quarterly
Identify gaps in provision of alternative pathways of care and work with system partners to close those gaps, providing equity of opportunity for patients.				
Increased appropriate utilisation of Specialist Paramedic Urgent Care (SPUC).	Consultant Practitioner, Remote Clinical Triage			
Recruiting clinicians into IUC to increase validation.	Senior Programme Manager, IUC			
Where a face-to-face response is appropriate, maximise the utilisation of specialist resources to optimise the opportunity to avoid conveyance to ED, including the implementation of specialist mental health resource.	Lead Nurse Urgent Care			

How will we know if we are improving?

Metric	Baseline State March 2023	Target State March 24
Increase in Hear and Treat rate and number of calls diverted away from an ambulance response for Category 3 999 calls.	7.4%	More than 20%
Increase in utilisation of SPUCs to Category 3 face to face incidents as the sole response to the incident.	SPUCs allocated to Cat3 incidents where they are the only resource to arrive on scene = 580	TBC
Increase in relative See and Treat rates for those patients attended by SPUCs.	See, Treat & Refer rates for all calls attended by SPUCs (may not be the only resource to attend = 59.6% See, Treat & Refer rates for calls attended by SPUCs where they are the only resource to attend = 98.7%	More than 80%
Decrease in Category 3 ambulance referral from 111 (IUC).	Number of Cat3 referrals from 111 = 3,905	Reduction
Increase in utilisation of ambulance specialist Mental Health response as the sole response to mental health incidents.	Number of calls receiving a response on scene from the Mental Health Response Vehicle (MHRV) = 280 Proportion of MHRV responses where they were the only resource to attend scene = 69.6%	More than 80%
Decrease in frontline DCA allocation to mental health incidents.	Number of mental health calls with a DCA arriving on scene = 2,339 Proportion of mental health calls with a response on scene where a DCA arrived = 96.5%	Reduction

Key Milestones

Milestone	Quarter Timeframe
Establish Y+H-wide provision of and access to UCR and SDEC. (Derek H)	Q3
Map alternative pathways of care provision and access across all 16 Places in Yorkshire and the Humber, identifying gaps in provision and feeding back to Place through local arrangements. (Derek H)	Q4
Ensure DoS is up to date, accessible and mechanisms for regular review are in place. (Sandie Haigh)	Q3

Board of Directors (in public)
Risk Report and Board Assurance Framework
01 February 2024

Item 4.1

Presented for:	Assurance
Accountable Director:	All
Presented by:	David O'Brien Director of Corporate Services (Company Secretary)
Author(s):	David O'Brien, Director of Corporate Services (Company Secretary) Risk: Levi MacInnes, Risk and Assurance Manager
Previous Committees:	Finance and Performance Committee (21 December) Quality Committee (21 December) People Committee (16 January) Trust Executive Group (10 January) Audit and Risk Committee (18 January)
Legal / Regulatory:	Regulatory: relates to the CQC Well Led Framework

Key Priorities/Goals	Create a safe and high performing organisation based on openess, ownership and accountability

Strategic Ambition	(✓)	**BAF Strategic Risk**
1. Patients and communities experience fully joined-up care responsive to their needs		
2. Our people feel empowered, valued and engaged to perform at their best		
3. We achieve excellence in everything we do	✓	3a Capacity and capability to plan and deliver Trust strategy, transformation and change
4. We use resources wisely to invest in and sustain services		

Key points	
This paper: • Reports recent material changes to the Corporate Risk Register. • Reports areas of emerging risk. • Reports the latest position regarding the Board Assurance Framework	For Assurance

Board of Directors (in Public)
01 February 2024
Risk Report and Board Assurance Framework

1. Summary

1.1 This paper:

- Reports recent material changes to the Corporate Risk Register.
- Reports areas of emerging risk.
- Reports the latest position regarding the Board Assurance Framework

1.2 This a 'full' version of the risk report prepared as part of the quarterly cycle of risk assurance for the Trust Board. More focussed risk reports are presented to each meeting of the Board's assurance committees.

2. Background

2.1 Effective risk management is a cornerstone of the Trust's *One Team, Best Care* strategic priority to *create a safe and high performing organisation based on openness, ownership, and accountability*.

2.2 Risk is inherent in all Trust activities. Risk management is everybody's business. Failure to manage risk well could lead to harm to patients, staff or others, loss or damage to the Trust's reputation and assets, financial loss, and potential for complaints, litigation, and adverse publicity. Effective risk management is essential at all levels and across all activities of the organisation to support safe and high-quality service delivery and pro-active planning for Trust development.

2.3 An important element of the Trust's risk management arrangements is regular reporting to governance bodies and management groups, including the Board and its committees, of current corporate risks, changes in corporate risk exposures, and areas of emerging corporate risk.

3. Proposal

3.1 The key elements of this report for the attention of the committee are:

<u>Corporate Risks</u>

- Section 3.3: New corporate risks.
- Section 3.4: Existing corporate risks that have increased.
- Section 3.5: Risks reduced but remaining on the Corporate Risk Register.
- Section 3.6: Risks de-escalated from the Corporate Risk Register.
- Section 3.7: Corporate risks to be closed.
- Section 3.8: Emerging risks.

<u>Strategic Risk and Assurance</u>

- Section 3.9: Board Assurance Framework

3.2 CORPORATE RISK REGISTER

3.2.1 The Corporate Risk Register is reviewed by the Risk and Assurance Group (RAG) and the Trust Management Group (TMG) on a monthly basis. It comprises those strategic and operational risks that have a current risk score of **12 or above** (based on the criteria found in the Trust's risk evaluation matrix).

3.2.2 Appendix 1 presents the Corporate Risk Register as at 05 January 2023. Note that on 09 January the Risk and Assurance Group reviewed all risks currently captured in the Corporate Risk Register. The output of that process will be approved by TEG prior to reporting to the next cycle of assurance committees.

3.2.3 The following new corporate risks have been opened:

- Risk 432 - 4C and PALS demand (12, Moderate Risk)
- Risk 570 - Lack of adherence to Controlled drug documentation requirements (12, Moderate Risk)
- Risk 574 – Security Investment (15, High Risk)
- Risk 578 – Job Evaluation Process (12, Moderate Risk)
- Risk 579 – HART Training Courses (12, Moderate Risk)

3.2.4 The greatest individual corporate risk is as follows:

- Risk 35: Hospital Handover (25, high risk)

It is important to note that persistent and serious handover delays, and the risk exposures associated with these, are not uniformly present across the Trust's operational footprint. Nonetheless, the severity of the risk remains high as the impact of significant handover delay on patient safety is potentially catastrophic.

It is widely recognised that hospital handover is a system concern relating to wider and multi-faceted issues of patient flow, and the Trust is engaged with multiple system partners to resolve handover delays.

3.2.5 The following sections of the report (3.3 - 3.7) present the most recent material changes to the Corporate Risk Register.

3.3 NEW RISKS ADDED TO THE CORPORATE RISK REGISTER

3.3.1 The Trust has identified a new corporate risk regarding the documentation of controlled drugs. Monitoring is underway and mitigating actions are to be determined.

Risk 570 - Lack of Adherence to Controlled Drug Documentation Requirements (12, Moderate Risk)
IF YAS does not adhere to the controlled drug documentation requirements including witness signatures and documenting the incident number in the station Controlled Drugs register, THEN we are failing to meet the legislation requirements and causing a lack of visibility and auditability of Controlled Drugs stocks RESULTING in an inability to account for loss in a timely manner, and possible staff or patient harm.

3.3.2 The Trust has identified a new corporate risk regarding capacity within the patient relations team and its ability to meet demand levels. The risk was originally identified in October 2021 in response to the backlog following the COVID-19 pandemic, the risk was gradually reduced before closure in June 2023. However demand and caseloads have since increased and suggest the need for greater capacity within the team. The risk been re-escalated as a result of the increased demand and the loss of existing staff within the team, therefore increasing the likelihood of the Trust failing to meet statutory requirements.

Risk 432 - 4C and PALS demand (12, Moderate Risk)
IF the Trust do not manage existing incoming demand of 4C and PALs enquiries and continue receiving them at current levels THEN the patient relations and wider Trust capacity to support the investigations and responses will see further delays RESULTING IN failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally not dealing with cases delays the identification of issues and learning further impacting patient safety.

3.3.3 The Trust has identified a new corporate risk regarding sustained investment in the physical security of the estate. Security measures across the estate require upgrades and ongoing maintenance to ensure they remain adequate . Risk assessments are being conducted in order to identify the needs of each site.

Risk 574 – Security Investment (15, High Risk)
IF the Trust does not identify adequate resources to implement essential security upgrades by providing a designated security budget, THEN existing security arrangements will become outdated and inadequate, RESULTING IN an impact on staff safety; an increased risk of loss of Trust assets; and an increased likelihood of security breaches.

3.3.4 The Trust has identified a new corporate risk regarding the Job Evaluation process. The Risk and Assurance Group has identified a theme from multiple risks recorded on the corporate risk register relating to the timeliness, accuracy and consistency of decision-making by job evaluation panels. An action plan to address gaps identified is to be developed and implemented.

Risk 578 – Job Evaluation Process (12, Moderate Risk)
IF the job evaluation process is not efficient and achieving intended aims THEN decisions cannot be made in a timely manner and the Trust will continue to experience delays in recruitment and structural changes RESULTING IN roles remaining unfilled, creating gaps in capacity with impact to operational activities. Potential risk to regulatory compliance, patient safety and reputational damage.

3.3.5 The Trust has identified a new area of corporate risk relating to cancellation of HART training courses by NARU. The proposal is to open this risk as a ‘12’ (moderate risk). This will be moderated by the Risk and Assurance Group on 09 January.

Risk 579 – National HART Training Courses (12, Moderate Risk)
IF NARU continues to cancel courses and fail to schedule courses THEN YAS will be unable to recruit and train HART paramedics in order to backfill shortfalls in

staffing, address training needs or achieve the proposed HART uplift in team members RESULTING IN A lack of HART staff within the department to be able to sustain a safe system of work and be compliant with the National Interoperability core standards. This would result in a risk to patients, staff and reputational risk to the Trust.

3.4 EXISTING CORPORATE RISKS THAT HAVE INCREASED

3.4.1 The Trust proposes to increase the level of risk associated with the Right Care Right Person operational policing model. Right Care Right Person is being implicated in significant numbers of reported incidents and inquests, indicating that the impact of this policing model is greater than originally anticipated. It is proposed to increase the risk exposure from 12 (moderate) to 16 (high). This increase was discussed and endorsed on 21 December by both the Quality Committee and the Finance and Performance Committee, and it has subsequently been moderated by the Risk and Assurance Group. There is also a need to review the precise wording of the risk.

Risk 564: Right Care Right Person – Demand (16, High Risk)
IF police forces do not implement Right Care Right Person operational models in an appropriate and proportionate manner THEN significant volumes of inappropriate calls could be directed by the police to the Trust RESULTING IN additional and often inappropriate demand on the Emergency Operations Centre and on ambulance crews

3.5 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

3.5.1 Following review by the service area and moderation by the Risk and Assurance Group, Risk 527 regarding Serious Incident (SI) investigations backlog has now reduced from 16 to 12. Temporary resources within the Investigations and Learning team has reduced the outstanding number of investigation reports.

Risk 527 - Resource provided to Trust management of serious incidents (12, Moderate Risk)
IF the Trust do not manage existing backlog of serious incidents and continue declaring them at current levels THEN the serious incident team and wider Trust capacity to support the investigations and responses will see further delays RESULTING IN failure to meet statutory requirements for serious incident management (SIF2015), increased involvement in complaint handling by external bodies (Media, CQC, Integrated Commissioning Boards, His Majesty's Coroner) therefore risk to reputational damage, financial risk associated with fines and penalties and increased workloads Trust wide. Additionally - delay and backlog hinders the identification of learning further impacting patient safety and impacts on the patient experience for families who are involved in the processes.

3.6 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

3.6.1 The following risks have reduced to a level below the threshold of a corporate risk. As a result, the risks have been de-escalated from the Corporate Risk Register. Each risk remains open and will be managed via the appropriate local risk register and directorate-level risk management mechanisms.

3.6.2 Following review by the service area and moderation by the Risk and Assurance Group, Risk 534 regarding KCOM ISDN lines has reduced in score from 12 to 6. The Trust has successfully migrated to SIP with IDSN backup from Virgin Media and BT.

Risk 534 - Ceasing of KCOM ISDN lines
IF KCOM process with the date of 6th March to cease all ISDN lines, THEN YAS may not have transferred fully from the KCOM ISDN lines to SIP lines RESULTING IN a loss of service to both primary 999 and 111 and all outbound calls.

3.6.3 Following review by the service area and moderation by the Risk and Assurance Group, Risk 568 regarding silent calls received into IUC, EOC and PTS has reduced from 12 to 6. The frequency of the calls has reduced within EOC and IUC and predominantly this is being experienced in PTS. Further investigation by BT and AVAYA has also indicated the calls are not silent before picked up by the Trust and is being abandoned by the caller but not clearing through the telephone platform.

Work will continue to fully terminate the risk; however, the frequency of silent calls has reduced and therefore the likelihood of the risk.

Risk 568 – Telephony Issue
IF there is a call into EOC or IUC that is silent, THEN there will be a delay in speaking to the patient as the Trust will have to call them back, RESULTING IN an increased risk that the condition of the patient may worsen during that time, and the Trust could suffer reputational damage.

3.7 RISKS THAT HAVE BEEN CLOSED

3.7.1 Following review by the service area and moderation by the Risk and Assurance Group, Risk 482 regarding IUC supervision capabilities is now closed. Mitigating actions include a review of the Team Leader role and subsequent recruitment, sufficient capacity to meet demand now in place ahead of winter pressures. A contributing factor of the risk was social distancing requirements however covid restrictions are now lifted therefore terminating the risk. Ongoing work as part of the Trust wide estates strategy will review available space within IUC remains fit for purpose.

Risk 482 - Lack of effective and timely supervision
IF social distancing requirements and staff absence levels continue at the current rate, THEN supervising and supporting staff across a wider estate will become more difficult, RESULTING IN ineffective and untimely supervision and support of staff.

3.7.2 The Trust previously identified a corporate risk regarding the national COVID-19 vaccination booster programme. The risk identified the likelihood of an outbreak and potential impact within the Trust if non-patient facing business critical roles did not receive the vaccination. The risk is now terminated as the identified roles will now be offered the vaccination.

Risk 571 - COVID-19 Booster Vaccinations (12, Moderate Risk)
IF COVID-19 Booster vaccinations are not provided to all operationally critical staff THEN there is a risk of outbreaks and infection within EOC and IUC impacting the Trust's ability to manage demand and operational response RESULTING IN delayed responses and potential adverse patient outcome.

3.8 AREAS OF EMERGING RISK

3.8.1 The following emerging risks have been identified at Risk and Assurance Group:

1. The Trust recently experienced issues within SharePoint and the ability to create top level folders, this issue was identified to be with the available storage capacity. The storage capacity has been increased and the short-term issue resolved. An emerging risk has been identified with regards to the possibility of this issue again in the future and the potential impact on business continuity. The NHS contract for SharePoint is under review with the expectation storage capacity will increase further however this is not confirmed, ICT will continue to monitor the capacity and escalate as required.

2. An emerging risk has been identified with regards to available airwaves within operations. Currently two airwaves are available to ensure staff safety in the event of an emergency whilst on scene, however these can be damaged or lost leaving only one working airwaves. Currently no process is outlined in these instances and on occasion vehicles have been made unavailable to ensure staff safety. However, it is recognised that doing so poses a risk to operational capability and therefore to patient safety. A task and finish group has been established in response and risk assessments are underway with support from Health and Safety and Operations.

3. An emerging risk has been identified relating to the provision of electric vehicle charging points across the Trust to support incoming new fleet. An immediate area of emerging risk relates to six mental health vehicles. Longer term risks relate to the Trust's estate not meeting the needs of incoming vehicles, notably the PTS electric fleet to be delivered during 2024-25 and 2025-26.

4. An emerging risk has been highlighted with regards to subject matter expert vacancies within the Estates team (Fire Safety Officer; Head of Property and Projects) and the potential impact on the Trust.

5. The Audit and Risk Committee has identified an area of emerging risk relating to the lack of national guidance relating to the treatment of special payments.

6. The Trust Board has identified an area of emerging risk relating to the potential presence of Reinforced Autoclaved Aerated Concrete (RAAC) in Trust buildings. An initial non-intrusive condition survey carried out by the Trust reported no presence of RAAC. A further and more comprehensive survey of Trust buildings has been commissioned. This will be completed by 31 March and the outcome reported to TEG, Finance and Performance Committee, and the Trust Board.

3.9 BOARD ASSURANCE FRAMEWORK

3.9.1 The Board Assurance Framework (BAF) presents the key areas of strategic risk associated with the Trust's ambitions. It also sets out the key control and assurance developments required to mitigate these risks, and the most important actions associated with these.

3.9.2 A BAF progress and assurance report is received by each meeting of the Audit and Risk Committee. In addition, each Board assurance committee receives a regular update on the areas of the BAF risks, controls and mitigations that fall within their remit.

3.9.3 At its meeting on 16 January the People Committee discussed the following areas of strategic risk in the BAF:

- Risk 2a: Clinical Workforce Capacity
- Risk 2b: Staff Physical and Mental Well-Being
- Risk 2c: Positive and Inclusive Workplace Culture

Areas of BAF risk and mitigations discussed by the committee are reported in the People Committee report to this Board meeting.

3.9.4 At its meetings on 09 November and 21 December the Quality Committee discussed the following areas of strategic risk in the BAF:

- Risk 1a: High quality care in 999/A&E operations (oversight shared with the Finance and Performance Committee)
- Risk 1b: High quality care in Integrated and Urgent Care / NHS111 services (oversight shared with the Finance and Performance Committee)
- Risk 1c: High quality care in the Patient Transport Services (oversight shared with the Finance and Performance Committee)
- Risk 3b: Ability to influence and respond to change in the wider health and care system (the relevant areas of oversight are Quality Improvement and system-wide patient safety and clinical developments)
- Risk 4b: Technology and cyber security developments (Information Governance elements)

Areas of BAF risk and mitigations discussed by the committee were detailed in the Quality Committee risk assurance report submitted to the Audit and Risk Committee and are reported in the Quality Committee report to this Board meeting.

3.9.5 At its meetings on 09 November and 21 December the Finance and Performance Committee discussed the following areas of strategic risk in the BAF:

- Risk 1a: High quality care in 999/A&E operations (oversight shared with the Quality Committee).
- Risk 1b: High quality care in Integrated and Urgent Care / NHS111 services (oversight shared with the Quality Committee).

- Risk 1c: High quality care in the Patient Transport Services (oversight shared with the Quality Committee).
- Risk 3b: Climate change and other business continuity threats.
- Risk 4a: Plan, manage and control Trust finances effectively.
- Risk 4b: Key technology and cyber security.
- Risk 4c: Infrastructure: estates and fleet.

Areas of BAF risk and mitigations discussed by the committee were detailed in the Finance and Performance Committee risk assurance report submitted to the Audit and Risk Committee and are reported in the Finance and Performance Committee report to this Board meeting.

Overall Position

3.9.3 Appendix 2 presents the position at the end of Q3 and moving into Q4 for each of the above areas of strategic risk, with brief progress notes regarding the status of mitigation actions. At the end of Q3 progress has been made with many BAF mitigation actions, including in some areas of recruitment, the reduction of sickness absence, in the development of the Trust strategy and performance framework, in the achievement of information governance compliance improvements, in business continuity and estates, and in the delivery of Quality Improvement, patient safety and clinical developments.

3.9.4 Risk exposures have increased relating to Strategic Risk 1a (Ability to deliver high quality care in 999/A&E operations). Despite some progress on Hear and Treat rates and overall handover delays the Trust is unlikely to achieve the average Category 2 response time target of 30 minutes for 2023/24. Handover delays overall have reduced compared to last year but have remained critical at some sites, with a significant impact on patient safety. New mitigations have been developed with system partners, including proposed 45-minute handover protocols at targeted sites. The Trust has implemented an alternative response plan to improve the management of the Category 2 calls, and NHS England has asked the Trust to consider multiple additional mitigations as part of an 'in extremis' plan to improve response times.

3.9.5 A significant area of concern relates to staffing levels. While the overall position is complex and mixed, there are well-documented shortfalls in some areas of recruitment and notable retention issues affecting health advisers in 111/IUC. Although recruitment and onboarding rates have improved, forecast trajectories indicate that full-year recruitment targets in key areas will not be met. These staffing issues present operational and patient safety risks.

3.9.6 Failure to achieve planned staffing levels on the scale currently forecast also presents financial and reputational risk to the Trust in the form of a significant budget surplus. An NHSE exercise in Month 7 relating to financial challenges resulting from industrial action required trusts to set revised financial plans and performance trajectories. As part of this exercise the Trust agreed a £14m reduction to income for 2023/24 to offset pay underspends generated by recruitment and retention issues. Planned income has been reduced from £407m to £392m. This has been transacted via a non-recurrent contract variation and budgets have been realigned to reflect this income and expenditure reduction. The Month 9 position will be reported to the Trust Board on 01 February.

3.9.7 Significant risk exposures relating to capital could affect multiple areas of the BAF. Availability of capital is a system-wide concern. Risk relating to capital availability has potentially significant implications for the Trust's ambitions in many key areas, including estates, fleet, technology, and net zero. As an immediate impact, capital constraints have required the Trust to review and revise its investment plans relating to the Scarborough estate in order to prioritise the purchase of new fleet.

3.9.8 The Trust has developed a new strategy for 2024-29. A new Board Assurance is being developed to align with the new strategy and new strategic objectives. Development of the new Board Assurance Framework will be subject to Board engagement at the Strategic Forum on 29 February

4. Financial Implications

4.1 This report has no direct financial implications.

5. Risk

5.1 Failure to identify and manage strategic risks in a timely and appropriate manner could prevent the Trust from achieving its strategic objectives.

5.2 Failure to identify and manage operational risks in a timely and appropriate manner could prevent service lines and support functions from achieving their objectives.

5.3 Failure to demonstrate suitably robust and effective risk management arrangements could have an adverse impact on the Trust's reputation and could attract regulatory attention.

5.4 The most recent internal audit review of the BAF was carried out as part of the Head of Internal Audit Opinion work for 2022/23. The review found significant assurance regarding the BAF and supporting risk management processes. An equivalent review is underway in support of the 2023/24 Head of Internal Audit Opinion.

6. Communication and Involvement

6.1 Corporate risks are moderated via the Risk and Assurance Group, which is a formally constituted sub-group of the Trust Executive Group.

6.2 Each service area or functional unit of the Trust has a designated risk lead who is responsible for supporting and co-ordinating risk management in their area. Each risk lead is a member of the Risk and Assurance Group.

6.3 The latest position regarding corporate risk is reported to the Trust Executive Group, to each of the Board's assurance committees, to the Audit and Risk Committee, and to the Trust Board.

7. Equality Analysis

Not applicable

8. Publication Under Freedom of Information Act

- This paper is currently exempt from publication under Section 22 of the Freedom of Information Act 2000

9. Next Steps

9.1 Identification and review of corporate risks and emerging risks will continue via the Risk and Assurance Group membership, with monthly updates to the Trust Management Group and periodic updates to the Trust Board and its committees.

9.2 Areas of emerging risk will be fully evaluated by the relevant service area and opened as a corporate risk where appropriate.

9.3 Options regarding the format and content of the BAF for 2024/35 will be discussed at the Board Strategic Forum on 29 February.

10. Recommendation

10.1 The Board is asked to:

a. Note the current position regarding corporate risks.
b. Note the areas of emerging risk.
c. Note the position regarding the Board Assurance Framework

11. Supporting Information

Appendix 1: Corporate Risk Register

Appendix 2: Board Assurance Framework

David O'Brien
Director of Corporate Services (Company Secretary)

Levi MacInnes
Risk and Assurance Manager

January 2024

Risk ID and Title	Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
		Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
456 Phishing Emails	**IF** a member of staff responds to a fraudulent phishing message **THEN** the Trust will have a data breach, or allow malicious software to be deployed on our infrastructure (such as Ransomware) **RESULTING IN** loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities. These effects work together to cause loss of company value, sometimes with irreparable repercussions.	**Finance and Performance**	Chief Information Officer	ICT	Ola Zahran	23/02/2024	12	12	4	IT continue to monitor cyber threats as part of BAU - Trust utilises NHSDigital Microsoft Defender with Advanced Threat Protection (ATP) Solution. Annual phishing exercises show improvements from 20-21 where 12% clicked compared to 4% this year. Exercises to continue.
457 Denial of Service	**IF** the Trust is subject to a Distributed Denial of Service (DDoS) attack **THEN** digital services could be disrupted by the infrastructure being overwhelmed with a flood of internet traffic **RESULTING IN;** possible impact or shutdown to a number of our online services and websites, temporary and possibly permanent loss of web services, financial loss associated with remediation efforts and damage to the Trust's reputation.	**Finance and Performance**	Chief Information Officer	ICT	Ola Zahran	12/12/2023	12	12	3	IT continue to monitor cyber threats as part of BAU - NHSDigital Secure boundary service subscribed and implemented. An internal fire wall is also in place to protect from any internal attacks.
394 P106 - ePR Phase 3. Clinical product owner and clinical safety officer role	**IF** there is no capacity within the Trust to provide clinical ownership and input for the YAS ePR application and no assigned Clinical Safety Officer **THEN** it may not be possible to confirm clinical requirements for new functionality and obtain clinical safety sign-off **RESULTING** in delay or cessation of new functionality release.	**Finance and Performance**	Chief Information Officer	ICT	Ola Zahran	31/01/2024	16	12	4	Weekly review has been put in place with the Deputy Medical Director as mitigation to provide the clinical steer required. JD reveiwed and out to advert however not recruited to. Ongoing management with support of job evaluation.
542 High Risk Vulnerabilities	**IF** a threat actor can successfully exploit a vulnerability **THEN** they could gain unauthorised access to a system or information **RESULTING IN** a potential to further damage the Trust ICT environment, reputational damage and operational consequences	**Finance and Performance**	Chief Information Officer	ICT	Ola Zahran	30/11/2023	12	12	4	PEN test report identified 80 total actions. 37 remaining - 11 high, 21 medium and 5 low level. Infrastructure team working on High - Low priority.
377 Mandate Fraud	**IF** fraudsters are able to introduce false information into our procure-to-pay processes **THEN** funds may be transferred to the wrong bank account **RESULTING IN** in financial loss.	**Finance and Performance**	Finance	Finance	Kathryn Vause	29/02/2024	12	12	8	Multiple processes in place to mitigate against mandate fraud. Additional SOP to be created for supplier set up and amendment requests.
522 Trust BPPC Performance NHSE Escalation	**IF** the Trust does not turn around payment to suppliers in a timely manner, **THEN** we will not meet the required target of paying 95% of invoices within 30 days which will **RESULT** in increased monitoring from NHSI, increased reputational damage and the possibility that critical goods or services required on a day to day be withdrawn.	**Finance and Performance**	Finance	Finance	Kathryn Vause	31/10/2023	12	12	6	Purchase to pay system development and training within Finance and with Directors to implement more effective ways of working.
503 **Counter Fraud Risk** - entitlement to pay and enhancements	**IF** an employee is paid for hours they have not worked or for enhancements they are not due **THEN** they will receive payments to which they are not entitled and which potentially constitute fraud, **RESULTING IN** financial loss to the Trust and potential criminal investigations.	**Finance and Performance**	Finance	Payroll	Kathryn Vause	30/09/2022	15	15	4	Finance to fully review the risk and determine mitigating actions.
504 **Counter Fraud Risk** - payment for secondary employment	**IF** an employee has undeclared and unauthorised secondary employment **THEN** that employee could continue to work at their secondary employment during a period for which they are being paid by the Trust (eg; sickness, paid absences, suspension, normal working hours) **RESULTING** in duplication of pay and potential for fraud investigation	**Finance and Performance**	Finance	Payroll	Kathryn Vause	30/09/2022	12	12	4	Finance to fully review the risk and determine mitigating actions.
502 **Counter Fraud Risk** - unsolicited and malicious email	**IF** an employee responds to fraudulent unsolicited emails **THEN** this could lead to a data breach or allow malicious software to be deployed on Trust infrastructure **RESULTING IN** fraudulent activity (e.g. ransom demands), loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities.	**Finance and Performance**	Chief Information Officer	ICT	Kathryn Vause	30/09/2022	20	20	4	Finance to fully review the risk and determine mitigating actions.

Risk ID and Title		Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
			Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
505	**Counter Fraud Risk** -bribery and corruption: tenders and contracting	**IF** an individual is obtains a contract with the organisation through offering a bribe or colluding with a member of staff involved in the tender process **THEN** a supplier might illegitimately be awarded contracts, or be enabled to suppy substandard goods or services **RESULTING IN** loss of contract value / failure to achieve contract benefits and potential financial costs to the Trust	**Finance and Performance**	Finance	Procurement	Kathryn Vause	30/09/2022	12	12	4	Finance to fully review the risk and determine mitigating actions.
560	Capital Departmental Expenditure Limit	**IF** the CDEL (Capital Departmental Expenditure Limit) is not sufficient the Trust may not be able to proceed with all planned asset acquisitions (including fleet, estates, medical equipment and ICT) **THEN** the Trust will need to reprioritise the capital plan and make decisions about which schemes to pursue or abandon, **RESULTING** in inefficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage.	**Finance and Performance**	Finance	Finance	Kathryn Vause	29/06/2023	16	16	4	Trust has set out capital planning requirements in 23/24 capital plan. Awaiting allocation to determine actions if required.
561	CDEL Lease Notification	**IF** the CDEL (Capital Departmental Expenditure Limit) is not notified in a timely way **THEN** the Trust may have already committed to lease agreements and so risk breaching the CDEL, **RESULTING** in failure to meet the statutory duty to remain within financial limits, increased scrutiny and oversight from NHSE, loss of management controls, requirement to manage CDEL at ICB level (other Trusts may need to scale back their capital plans to offset our overspends), reduction to funding in future years, and reputational damage.	**Finance and Performance**	Finance	Finance	Kathryn Vause	30/06/2023	16	16	4	Awaiting allocation to determine actions if required.
559	PTS Contracts	**IF** multiple PTS contracts are required to go through a procurement process and subsequently to tender **THEN** the contracts may be lost and awarded to outside competitors within the next 12-24 months **RESULTING IN** significant financial impact by loss of income and associated costs, loss of staff and reputational risk.	**Finance and Performance**	PTS	PTS	Chris Dexter	27/09/2023	12	12	8	Head of Contracts involved in support of the risk. Awaiting confirmation/guidance as to what is required from the Trust with regards to tender.
34	Section 172 Road Traffic Act 1988 - Obligations to furnish police with driver details upon demand	**IF** a driver of any vehicle owned and/or operated by the Trust can't be readily identified at the time of a moving traffic offence **THEN** the Trust will be guilty of an offence under Section 172 of the Road Traffic Act 1988 **RESULTING IN** the Chief Executive as responsible officer being summonsed to court for the offence with negative financial and reputational impact for the Trust.	**People**	Finance	Fleet	Jeff Gott	05/12/2023	12	15	4	Currently 1250 vehicles in the Trust with no process/ system to determine who is driving. Finance secured for telematics project to deliver driver ID implementation into vehicles. Currently under gate 1 review.
62	Climate Change	**IF** Climate Change continues to occur **THEN** extreme weather events (heatwaves, cold waves, flooding, flash floods, droughts) and sea level rise will occur **RESULTING IN** multiple implications for the Trust.	**Finance and Performance**	Finance	Estates and Facilities	Alexis Percival	01/11/2023	15	15	12	Sustainable Development Management Plan. Flood Risk Assessment. Climate Change Adaptation Plan. Assessment of operational and supply-chain business continuity.
511	Availability of EFF Funding for Estates	**IF** there is insufficient capital & revenue funding to maintain, modernise and/or expand the existing estate **THEN** all services will struggle to operate out of some sites **RESULTING IN** not being able to effectively deliver services in some localities.	**Finance and Performance**	Finance	Estates and Facilities	Glenn Adams	17/01/2024	15	15	6	Estates strategy to be delivered Q4 2023-24, this will outline a proposal for works required and sites to expand or remove. Funding required to be determined as part of this and determine level of risk should this be insufficient.
68	Deep Clean Tablet System	**IF** the in-house development of the Deep Clean tablet-based monitoring system is not made available **THEN** the Ancillary Services Team will be required to continue to work in accordance with departmental Business Continuity plan **RESULTING IN** additional work for the team, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance.	**Finance and Performance**	Finance	Ancillary	Andrew Hunter	08/01/2024	12	12	2	Smart devices purchased and work underway with ICT to explore software development project. Expected start of November with unknown completion.

Risk ID and Title		Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
			Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
290	Fire Doors	**IF** the fire doors continue to be propped open on ambulance stations **THEN** in the event of a fire this will be accelerated **RESULTING IN** potential adverse outcome to premises and staff safety and the Trust at risk of being in contravention of fire safety legislation.	**Finance and Performance**	Finance	Estates and Facilities	Stuart Craft	06/12/2023	12	12	6	Comms reminders of staff fire doors are to remain closed as an immediate measure. Review underway to determine if improvements seen however this is human factors. Fire Safety Officer role important in longer term mitigation as strategic approach required to resolve issue fully.
54	Clinical Capacity NHS 111/IUC	**IF the Trust is** unable to recruit and retain sufficient clinical staffing capacity **THEN** there is a risk to the delivery of clinical advice in appropriate timescales **RESULTING IN** a risk of not being able to deliver NHS 111 First	**People**	IUC	NHS 111	Andrew Cooke	29/12/2023	12	20	6	Recruitment and retention as part of IUC long term plan including the recruitment of international nurses. 4 through process and qualified, 2 to commence September and further 7 scheduled for November.
58	Culture / retention in NHS 111	**IF** the Trust is unable to address the current cultural issues within the NHS 111 call centres **THEN** staff will not see NHS 111 as a desirable place to work **RESULTING** IN high levels of sickness and attrition with loss of experienced and trained staff.	**People**	IUC	NHS 111	Andrew Cooke	31/01/2024	12	12	6	Health and Wellbeing initiatives continue within IUC. Retention and culture now also forms part of the wider strategic annual business plan.
367	Unable to recruit Health Advisors	**IF** the Trust is unable to recruit Health Advisors as per the Business Plan **THEN** it will not have sufficient staff to meet the demand **RESULTING** in low performance and poor patient experience	**People**	IUC	NHS 111	Andrew Cooke	01/12/2023	8	12	6	Recruitment trajectory met and 70% of recrutiment from agency staff. However attrition contributing to the risk with many leaving during training process. Training plan increase from 10 to 12 weeks, additional coaching and support to be delivered. And rota review to try entice staff to remain in post.
40	Non conveyance decisions	**IF** there is inadequate structured assessment with unclear decision making and a failure to adhere to Montgomery principles in consenting the patient for discharge with poor safety netting, **THEN** a discharge or acceptance of refusal decision may be made inappropriately **RESULTING IN** potential for adverse patient outcome	**Quality**	Medical	Clinical	Mark Millins	26/01/2024	15	12	8	Safer right care programme of work and majority of actions complete in addition to clinical refresher, NQP and elements of urgent care pathways workstream. To remain open to review output and realisation of benefits and identify any risks.
357	Maternity Care	**IF** YAS Clinicians do not receive adequate maternity training, clinical supervision and support when caring for maternity patients and new born babies **THEN** maternity patients and new born babies may receive poor quality care **RESUTLING IN** poor outcomes.	**Quality**	Medical	Clinical	Mark Millins	29/02/2024	12	12	4	Key objectives from Maternity strategy to be implemented. Recruitment of consultant midwife proposed to then lead on the work.
404	Clinical Effectiveness	**IF** the Head of Clinical Effectiveness function is not filled **THEN** there is a lack of representation at National Clinical Quality Group and a lack of capacity to develop and maintain the clinical audit plan and respond to the emerging needs of the organisation **RESULTING IN** an inability to influence the development of relevant clinical quality indicators, an inability to provide assurance to the Board and wider stakeholders on the delivery of safe and effective healthcare and an adverse effect on our ability to continuously improve clinical care.	**Quality**	Medical	Clinical	Steven Dykes	29/11/2023	12	12	3	Head of Research undertaking part of the role. Portfolio review will determine how all previous duties will be fullfilled.
508	Health IT Clinical Safety requirement DCB0129 and DCB016	**IF** Health IT Clinical Safety requirement DCB0129 and DCB0160 is not implemented and resourced sufficiently **THEN** the Trust will not be compliant which is mandatory under the Health and Social care Act 2012 **RESULTING IN** Risk to patient safety and non compliance with statutory requirement.	**Quality**	Medical	Clinical	Steven Dykes	21/11/2023	12	12	4	This is a legal requirement, options are being explored and solutions to be presented to the Trust.

Risk ID and Title		Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
			Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
538	Clinical record data loss - 'process flows' system	**IF** 'process flows' system used to scan and verify patient paper records is not accurately recording/storing data and does not have continued development by the software provider, **THEN** there is a risk of clinical data loss and the recording of incorrect information, and a risk to the security of the data as the software becomes more vulnerable to hacking etc **RESULTING** IN significant impact to clinical audit and information governance requirements with the potential of financial and Trust implications	**Quality**	Medical	Clinical	Steven Dykes	30/11/2023	12	16	3	System provider initially to find solution with scanning accuracy. Confirmation there will be no solution provided and no further updates and system to become obsolete. Work underway with ICT for alternate system, unknown timeframe.
433	EOC workforce capacity	**IF** there are sustained increases in call volume **THEN** EOC staff will not be able to allocate resources in a timely manner **RESULTING IN** delayed response times to emergency calls with potential for harm to patients	**People**	Operations	EOC	Claire Lindsay	11/01/2024	25	20	4	Q1 / Q2 saw increased recruitment and lower attrition. Recruitment continues in line with business plan. Action of revision of call delivery vectors that will impact EMD requirements.
436	EOC Not calling back dropped calls from mobile phone numbers	**IF** the current call demand continues at the predicted rate and leads to an inability to answer calls **THEN** the Trust will continue the agreed process of not returning dropped calls from mobile telephone numbers **RESULTING IN** potential patient harm	**Finance and Performance**	Operations	EOC	Claire Lindsay	18/01/2024	15	15	5	Call handler escalation plan now in place however risk remains as call could drop for number of reasons. To be reviewed alonside the recruitment of EMD's.
500	No triage system to triage calls for call handlers and clinicians in the event of a cyber attack	**IF** there was a cyber attack resulting in EOC losing access to systems due to ICT taking all systems down **THEN** EOC would have to rely on paper management but would not allow full triage and assignment of categories to calls or triage of calls by clinicians (due to the complexities of the triage systems and usually using a stand alone triage system) **RESULTING IN** an inability to triage patients effectively which could potentially lead to patient harm.	**Finance and Performance**	Operations	EOC	Claire Lindsay	14/12/2023	15	15	5	ICT to explore alternate options as part of risk mitigation. BC plan to include paper based approach, cards to be updated and rolled out. Unknown timeframe.
509	EOC Duplicate Call Process	**IF** EOC staff continue to duplicate jobs without sufficient checks to ensure they are true duplicates **THEN** there is a risk calls may be closed inappropriately meaning patients may be awaiting an ambulance response which has now been closed on the CAD system, **RESULTING** in increased exposure to patients and potential harm	**Finance and Performance**	Operations	EOC	Claire Lindsay	24/11/2023	15	15	5	Advance duplicate call model tested and live date of 24th October. Risk to remain open pending review period to ensure effectiveness and risk is mitigated.
545	Out of area calls - Isle of Wight	**IF** out of area calls come in for the Isle of Wight **THEN** the system may not prompt to pass to that ambulance service **RESULTING IN** delay in response and potential patient harm	**Finance and Performance**	Operations	EOC	Claire Lindsay	20/12/2023	12	12	4	CAD system prompts which service to send the call to, however IoW was incorrect. National solution underway however unknown timescale.
546	Radio Recordings	**IF** radio communications are not recorded or are intermittent **THEN** means we are unable to evidence what has / hasn't happened through audit **RESULTING IN** non-compliance with audits and damage to Trust reputation	**Finance and Performance**	Operations	EOC	Claire Lindsay	19/01/2024	12	12	3	Issues identified by ICT now resolved. However identified that recordings still unable to be located due to radio etiquette. Comms to staff - to determine next steps.
35	Hospital handover monitoring	**IF** there are hospital handover delays **THEN** ambulance crews will be unavailable to respond to emergency calls **RESULTING IN** delayed response times to emergency calls with potential for harm to patients	**Finance and Performance**	Operations	A&E Ops	Jackie Cole	30/11/2023	16	25	4	Post Handover Delays workstream as part of 23/24 Business Plan. HALO post recruitment and will review over the winter period. Ongoing monitoring of the risk as part of the delivery.

Risk ID and Title	Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
		Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
105 Operational performance	**IF** there is an increase in demand across the A&E Operations service **THEN** there may be excessive response times **RESULTING IN** a potential risk to patient safety	**Finance and Performance**	Operations	A&E Ops	Jackie Cole	30/11/2023	16	12	5	Workstreams linked to Hear and Treat, additional staffing and increasing clinicians in EOC contribute to reducing the likelihood of risk occurrence.
406 Medicines Checks	**IF** clinicians do not check medicines pouches at the start of shift **THEN** life-saving medicines may not be available at the point of need **RESULTING IN** compromised patient care including harm to patients and potential fatalities.	**Quality**	Operations	A&E Ops	Jackie Cole	15/12/2023	15	15	5	Work underway within operations - roll out of POM pouches. Upon completion to review and identify further actions.
471 Operational Compliance - Road Traffic Act (RTA)	**IF** A&E Operations do not implement protocols/measures to achieve RTA compliance **THEN** A&E Crews not following these guidelines maybe in breach of the RTA introduced in 2018 **RESULTING IN** Financial impact and reputational damage	**Finance and Performance**	Operations	A&E Ops	Jackie Cole	15/11/2023	16	12	4	Rollout of MDVS across patch expected completion October.
180 A&E Operations Staffing Resource	**IF** the budgeted number of FTE is not able to be achieved through recruitment **THEN** there will be a significant shortfall in available resource hours to respond to patients **RESULTING** IN reduced response times to incidents.	**People**	Operations	A&E Ops	Jackie Cole	31/12/2023	20	12	6	Recruitment plan in place, achieving good levels. Ongoing monitoring by workforce group and identifying areas of improvement. Review of training cohorts and use of agency to support in the interim.
564 Right Care, Right Person: Demand	**IF** police forces do not implement Right Care Right Person operational models in an appropriate and proportionate manner **THEN** significant volumes of inappropriate calls could be directed by the police to the Trust **RESULTING IN** additional and often inappropriate demand on the Emergency Operations Centre and on ambulance crews	**Finance and Performance**	Operations	A&E Ops	Jackie Cole	31/01/2024	12	12	3	Working group developed and liason with police forces. Legal advice sought to determine actions moving forward.
421 Computer Aided Dispatch Issue	**IF** the CAD does not contain up to date information regarding SORT trained staff **THEN** EOC may dispatch staff who are not adequately trained or available to respond to an incident in a SORT capacity **RESULTING IN** a direct impact on the organisations ability to release and make available within 10 minutes of PLATO being declared in line with core standards, and also a delay in the mobilisation of SORT staff to a CBRN/HAZMAT incident	**Finance and Performance**	Operations	A&E Ops	Jackie Cole	31/01/2024	20	12	1	Ongoing work within CAD to mitigate the risk permenantly. Information to be pulled from GRS in the interim and on-call arrangements provide adequate cover.
570 Lack of adherence to Controlled drug documentation requirements	**IF** YAS does not adhere to the controlled drug documentation requirements including witness signatures and documenting the incident number in the station CD register, **THEN** we are failing to meet the legislation requirements and causing a lack of visibility and auditability of CD stocks **RESULTING** in an inability to account for loss in a timely manner, and possible staff or patient harm.	**Quality**	Operations	A&E Ops	Jackie Cole	22/11/2023	12	12	3	Heads of Operations to determine mitigating actions. Ongoing monitoring.
338 Initial Operational Response (IOR) Training	**IF** IOR training is not undertaken by >/=95% of operational and call-handling staff **THEN** YAS will be non-compliant with Standard B:13 **RESULTING IN** a lack of awareness of the appropriate initial action to be taken in the event of a chemical incident.	**People**	Operations	A&E Ops	Jackie Cole	12/01/2024	12	12	1	New package from NARU. To update YAS package in response. Current compliance rates of 61%.
548 Resilience of Tactical Command Rota	**IF** tactical commanders cannot arrive a major incident in reasonable time **THEN** there will not be an adequate command structure in place **RESULTING** in reputational damage, patient harm and risk to staff safety.	**Finance and Performance**	Operations	A&E Ops	Jackie Cole	31/03/2024	12	12	4	Review of how TC is identified and mobilised, review alongside national guidance and the Manchester Arena reccomendations.

Risk ID and Title		Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
			Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
549	C1 Driver training for recruits	**IF** there is a delay to candidates getting their C1 provisional license **THEN** they cannot be booked onto a clinical training course and start employment with YAS **RESULTING** in not delivering the required staffing levels for A&E Operations this year (2023/24) which in turn will contribute to delayed response times for patients.	**Finance and Performance**	Operations	A&E Ops	Jackie Cole	31/01/2024	16	16	4	Delays in process are meaning delays in start dates and clinical training. Risk to achieving rectruiment trajectory for the Trust. Ongoing monitoring at the workforce development group.
555	Major Incident Capability	**IF** YAS do not ensure a sufficient capability to a major incident across the region, **THEN** there is potential for an inadequate response to a Major incident, **RESULTING IN** potential for the risk of further harm/death of the patients, failure to comply with the EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all category 1 and 2 responders and significant damage to the reputation of the Trust.	**People**	Operations	A&E Ops	Jackie Cole	31/03/2024	15	15	3	Review of current capability underway, identify gaps and propose uplift in resources.
556	Major Incident Exercising	**IF** YAS do not exercise specialist and non specialist staff on the response to a major incident, **THEN** there is potential for an inadequate response, **RESULTING IN** potential for the risk of further harm/death of the patients, failure to comply with the EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all category 1 and 2 responders and significant damage to the reputation of the Trust.	**People**	Operations	A&E Ops	Jackie Cole	30/11/2023	12	12	3	Recomendations from the MAN enquiry report to exercise specialist and non-specialist staff. Trust to explore options and course of action moving forwards.
557	Continuous Improvement (Incidents & Exercises)	**IF** YAS do not ensure that lessons identified from live incidents and exercises are not captured and embedded, **THEN** there is potential for failure to make service improvements, **RESULTING IN** potential for the risk of avoidable harm/death of patients, failure to comply with the EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all category 1 and 2 responders, recommendations from within the MAI report, increased financial costs and significant damage to the reputation of the Trust	**People**	Operations	A&E Ops	Jackie Cole	10/11/2023	12	12	6	Gaps in identifying and implementing lessons learned. Lead for continous improvement for EPRR currently building a system 'Lesson Flow' to record and implement actions. Review of debrief process as a Trust also underway.
360	Facilities at Manor Mill for the Hazardous Area Response Team	**IF** there continues to be a lack of storage facility and room availability at Manor Mill for the Hazardous Area Response Team, **THEN** personal protective equipment will continue to be stored in the garage area and some capabilities will be unable to be delivered **RESULTING** IN a lack of national compliance against the NARU standards.	**Finance and Performance**	Operations	A&E Ops	Jackie Cole	18/01/2024	9	12	3	Recorded 2021, recently escalated due to team size increase and therefore likelihood. Ongoing work with Estates to determine long term solution.
28	Management of paper records within YAS	**IF** HR/Departmental paper files being held on YAS premises continue to be held in unsecure cabinets and locations **THEN** the Trust will not be complaint with Data Protection regulations **RESULTING IN** the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO.	**Quality**	QGPA	Performance Assurance and Risk	Helen Jones	31/01/2024	12	12	4	All HR paper files for restore now scanned onto onbase. Next stage wider Trust paper files to be located and uploaded inline with retention schedule.
42	Violence and aggression	**IF** YAS fails to be compliant according to the Violence Reduction Standard which provides individual key areas of violence reduction work **THEN** there is a potential for staff to be seriously injured whilst at work **RESULTING IN** the potential for physical harm, financial loss, decreasing morale and subsequently wellbeing from an organisational support perspective and organisational reputational risks, which will lead to loss of service provision.	**Quality**	QGPA	Performance Assurance and Risk	Kate Lawrance	07/11/2023	12	12	4	Violence Reduction Standard - 17 outstanding 64% compliant overall. Strategy and Policy underway to address multiple remaining gaps.
515	Joint Decision Model (JDM) training in EOC	**IF** the JDM training is not provided to Dispatch Leaders and Duty Managers within the EOC in a practical timeframe **THEN** frontline staff are going to feel pressurised to attend locations/ situations that they have dynamically risk assessed as being too much of a safety risk **RESULTING IN** poor communication between both parties, decrease in morale on both sides and potential for staff to be placed at significant risk of harm.	**Quality**	QGPA	Performance Assurance and Risk	Kate Lawrance	05/12/2023	12	12	4	JDM training within EOC commenced. To identify new roles needed including mental health nurses. Upon completion of initial training, the training plan to be reviewed moving forward.

Risk ID and Title		Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
			Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
574	Security Investment	**IF** the Trust does not identify adequate resources to implement essential security upgrades by providing a designated security budget, **THEN** existing security arrangements will become outdated and inadequate, **RESULTING IN** an impact on staff safety; an increased risk of loss of Trust assets; and an increased likelihood of security breaches.	**Finance and Performance**	QGPA	Performance Assurance and Risk	Helen Carter	30/11/2023	15	15	3	Risk Assessment highlights resources required to maintain/upgrade Trust security measures. However no specific funding for these. Paper to be presented to TEG. Risk reflects the impact of no funding to Trust across all estate.
187	Cumulative effect of repeated moving and handling	**IF** the Trust does not consider the frequency, weight and forces involved in moving and handling tasks **THEN** staff may experience the cumulative effect of repeated actions **RESULTING IN** musculoskeletal injury	**Quality**	QGPA	Health and Safety	Shelley Jackson	30/04/2024	12	15	2	Moving and Handling SME recruitment complete and workplan review to identify priorities. Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries.
188	Health and Safety training for middle managers	**IF** the Trust's middle management do not receive formal health and safety training, **THEN** the Trust will be unable to effectively maintain its health and safety management system, **RESULTING IN** an increase in health and safety incidents and the multifarious potential adverse impacts associated with these	**Quality**	QGPA	Health and Safety	Shelley Jackson	30/04/2024	12	12	2	IOSH training secured. PTS courses fully booked and specific groups in Fleet, Estates and Facilities before December 2023. Further PTS into 2024, EOC & Operations to be scheduled also.
347	Attending Incidents on or near Water	**IF** the Trust does not provide adequate knowledge or training to support staff on or near water working **THEN** there is a potential for harm to patients and/or staff **RESULTING** in adverse patient outcome.	**Quality**	QGPA	Health and Safety	Shelley Jackson	30/04/2024	9	15	5	Working group established with input from Fire and Police. E-learning package underway. Further mitigating actions to be determined with support of H&S committee.
195	Senior Management H&S Training	**IF** the Trust's senior management do not receive up to date health and safety training, **THEN** the Trust will be non-compliant with the requirements contained in the Management of Health and Safety at Work Regulations 1999, Regulation 13 which states that "...health and safety training... shall be repeated periodically where appropriate" **RESULTING IN** senior managers not having up to date health and safety knowledge at their disposal when making senior level decisions.	**Quality**	QGPA	Health and Safety	Shelley Jackson	30/04/2024	3	12	2	IOSH funding secured. Courses scheduled for September, October and November 2023.
527	Resource provided to Trust management of serious incidents	**IF** the Trust do not manage existing backlog of serious incidents and continue declaring them at current levels **THEN** the serious incident team and wider Trust capacity to support the investigations and responses will see further delays **RESULTING IN** failure to meet statutory requirements for serious incident management (SIF2015), increased involvement in complaint handling by external bodies (Media, CQC, Integrated Commissioning Boards, His Majesty's Coroner) therefore risk to reputational damage, financial risk associated with fines and penalties and increased workloads Trust wide. Additionally - delay and backlog hinders the identification of learning further impacting patient safety and impacts on the patient experience for families who are involved in the processes.	**Quality**	QGPA	Investigations & Learning	Dave Green/ Simon Davies	30/11/2023	16	12	4	Recent investment to strengthen the resource in the team into early 2024 reducing the impact. However, with the introduction of PSIRF, it is unknown if the current resource will be enough to cover all elements of the PSIRP (Plan) therefore the risk will remain to allow time for review.

Risk ID and Title		Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
			Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
441	Domestic Abuse – response to patients and staff	**IF** the Trust response to domestic abuse is not reviewed to reflect the Domestic Abuse Bill 2021 and to incorporate the learning identified from internal and external review and audit, **THEN** YAS will be failing in its statutory duty to identify and support victims and perpetrators of domestic abuse. **RESULTING IN** ongoing patient harm and potential death due to lack of intervention and information sharing. For staff this will result in ongoing harm, potential death, being subject to punitive disciplinary and absence management processes instead of being supported to be safe in the workplace. Furthermore there is a financial impact/business continuity concern for the trust due to staff absence, poor performance in work, attrition for victims of domestic abuse.	**Quality**	QGPA	Safeguarding	Vicky Maxwell-Hobson	30/11/2023	15	15	5	Working group established, policy and training to be reviewed as part of mitigation of the risk. Specialist Domestic Abuse position funding secured for an 18 month project. JD to be determined and rectuitment to commence. Unknown timeline.
447	Capacity within the Safeguarding team to deliver core statutory requirements	**IF** the capacity of the safeguarding team remains as it is and if the increased service demand around statutory reviews, child deaths and social care enquiries for section 42 and section 47 remains **THEN** potential failure to meet these requirements will exist, **RESULTING IN** the Trust being unable to give assurance that it is meeting its statutory safeguarding obligations as a provider Trust, and will result in a delay in providing information and professional analysis and opinion to multi agency partners, with potential implications for patient safety and staff wellbeing	**Quality**	QGPA	Safeguarding	Vicky Maxwell-Hobson	05/12/2023	12	20	4	Sharp and consistent increase in safeguarding allegations in particularly around sexual misconduct has dramatically increased the need for safeguarding subject matter expertise and has created further pressure in respect of appropriately skilled staff.
452	Management of Safeguarding Allegations	**IF** the management of safeguarding allegations against staff is inconsistent due to a lack of a standardised process **THEN** potential failure to identify and escalate incidents and concerns may exist **RESULTING IN** the Trust being unable to give assurance to the CCG and CQC that it is meeting its statutory obligations as a provider Trust, and delay in making timely risk assessments and action plans which will affect the safety of staff and patients.	**Quality**	QGPA	Safeguarding	Vicky Maxwell-Hobson	31/01/2024	12	16	6	Audit highlighted gaps and actions. Work underway to complete actions.
286	Child Protection Information System (CPIS)	**IF** CP-IS system checking is not triggered at the point at which a child or pregnant woman accesses YAS via 999. **THEN** a timely alert will not be sent to the local authority who are managing the care plan nor will YAS be able to use this information to enhance their safeguarding assessment **RESULTING** IN increased risk for vulnerable unborns, children and young people.	**Quality**	QGPA	Safeguarding	Vicky Maxwell-Hobson	16/11/2023	9	16	4	System update expected 'summer'. Practitioners to continue manual searches in the interim.
432	4C and PALS demand	**IF** the Trust do not manage existing incoming demand of 4C and PALs enquiries and continue receiving them at current levels **THEN** the patient relations and wider Trust capacity to support the investigations and responses will see further delays **RESULTING IN** failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally not dealing with cases delays the identification of issues and learning further impacting patient safety.	**Quality**	QGPA	Patient Relations	Dave Green / Jacqueline Taylor	30/11/2023	20	16	6	Caseload monitoring since risk closure. Contiuous increase resulting in backlog, action for increased workforce underway. However recent loss of existing staff posing a risk to further backlog and increased likelihood failure to meet statutory requirements.
362	Non-Covid YAS Sickness Absence	**IF** Non-Covid related sickness absence continues to rise and is not accurately recorded, managed and reported **THEN** the Trust may not fully understand interventions required and adequality plan the workforce to meet the demand **RESULTING IN** impact on service delivery.	**People**	Workforce and OD	Human Resources	Suzanne Hartshorne	31/12/2023	12	12	4	Operational efficiency sub-group in place to monitor project and absence.
50	Immunity screening and vaccination and health surveillance	**IF** YAS staff are not comprehensively screened and immunised by OH THEN they may contract and spread infectious diseases **RESULTING IN** potential harm to staff and patients	**People**	Workforce and OD	Human Resources	Dawn Adams	31/12/2023	12	12	4	Work underway between Trust and Optima to contact outstanding staff members. Line manager engagement underway and legal advice sought regarding contractual obligations.

Risk ID and Title		Risk Description ('IF… THEN… RESULTING IN…')	Risk Ownership					Initial Grading	Current Grading	Target Grading	Actions / Next Steps: Summary
			Risk Ownership	Directorate	Business Area	Risk Handler	Review Date				
541	ESR Average Pay module (Payment to substantive staff with bank assignments)	**IF** a manual solution cannot be found to pay 250 substantive staff undertaking overtime on bank assignments **THEN** there is a risk of claims against the Trust for unlawful deduction of wages **RESULTING** in legal costs and reputational damage	**People**	Workforce and OD	Human Resources	Suzanne Hartshorne	31/12/2023	12	12	6	Initial payment made to bank staff in April pay. Longterm solution still required and agreement to be made with Unions regarding future payment dates.
567	Executive Team stability	**IF** the Trust does not recruit substantively to longstanding vacancies within the Executive Team, **THEN** the Trust may not have a stable senior leadership team **RESULTING** in potential criticism from the CQC under the Well-Led Domain.	**People**	Workforce and OD	Human Resources	Suzanne Hartshorne	30/11/2023	12	12	4	To be addressed as part of the Trust re-structure.
578	Job Evaluation Process	**IF** the job evaluation process is not efficient and achieving intended aims **THEN** decisions cannot be made in a timely manner and the Trust will continue to experience delays in recruitment and structural changes **RESULTING IN** roles remaining unfilled, creating gaps in capacity with impact to operational activities. Potential risk to regulatory compliance, patient safety and reputational damage.	**People**	Workforce and OD	Human Resources	Suzanne Hartshorne	30/11/2023	12	12	4	Gaps identified include quality and capacity to support process. Action plan to be determined.

NHS
Yorkshire
Ambulance Service
NHS Trust

Board Assurance Framework

2023/24 Q4

Trust Board
01 February 2024

The information in this document derives from multiple triangulated sources, including:

- Executive Directors and other senior managers
- Business Plan delivery reporting
- Project and Programme reporting
- Corporate Risk System
- Integrated Performance Report
- Internal Audit Reviews

Strategic Ambitions: One Team, Best Care 2018-23
Patients and communities experience fully joined-up care responsive to their needs
Our people feel empowered, valued, and engaged to perform at their best
We achieve excellence in everything we do
We use resources wisely to invest in and sustain services

Note: for the 2024/25 BAF these will be replaced with the new strategic ambitions.

Document Control	
Document Author / BAF Custodian	David O'Brien
Responsible Executive Director	CEO / Deputy CEO
Responsible Committee	Trust Board
Version	2023/24 v6.2 (Q4 2023)
Date	01-02-2024

Key to Role Abbreviations	
CEO	Chief Executive Officer
COO	Chief Operating Officer
EDQGPA	Executive Director: Quality, Governance, Performance Assurance
EMD	Executive Medical Director
DOF	Executive Director of Finance
DPOD	Director of People and Organisational Development
CIO	Chief Information Officer

Please direct all enquiries regarding this document to the Board Assurance Framework custodian:

David O'Brien
Director of Corporate Services (Company Secretary)
david.o'brien1@nhs.net

2023/24 Business Plan Priorities Mapped to BAF Risks

2023/24 Business Plan Priority		Committee Assurance	Executive Lead	BAF Risk(s)
1	Develop and approve five-year strategy for the organisation.	Trust Board	CEO	3a
2	Deliver improvements in Category 2 response times	Finance & Performance	COO	1a
3	Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E.	Quality	EMD	1a
4	Develop an integrated clinical assessment service across EOC and IUC	Quality	COO	1a, 1b
5	Implement the national patient safety incident response framework and other patient safety measures.	Quality	EDQGPA	3b
6	Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse.	People	DPOD	2c
7	Deliver and implement an effective organisational operating model.	People	CEO	3a
8	Implement a robust performance management framework.	Finance & Performance	EDQGPA	3a
9	Review, develop and embed our approach to quality improvement; create an academic research unit.	Quality	EDQGPA	3b
10	Deliver recruitment and retention plans across 999, 111 and PTS.	People	COO	1a, 1b, 1c, 2a
11	Improve staff health and wellbeing with a focus on inclusion and flexible and supported employment.	People	DPOD	2b
12	Respond to priorities within the staff survey and focus on improved response rates.	People	DPOD	2c
13	Develop and implement a new leadership development programme.	People	DPOD	2c
14	Understand and utilise data and intelligence to improve patient care and population health.	Finance & Performance	CIO	4b
15	Complete the development of a long-term estates plan and open new facilities for logistics and EOC.	Finance & Performance	DOF	4c
16	Increase the number and variety of volunteering opportunities and develop supporting infrastructure	People	CEO	1a, 1c
17	Develop and embed our approach to system working.	Trust Board	CEO	3b
18	Embed rigorous financial oversight to ensure efficient use of resources.	Finance & Performance	DOF	4a

Strategic Ambition	**1**	**Patients and communities experience fully joined-up care responsive to their needs**
Strategic Risk	**1a**	**Ability to deliver high quality care in 999/A&E operations** (sheet 1 of 2)

IF the Trust is unable to manage demand and capacity pressures in 999/A&E operations **THEN** there is a risk that service performance and quality will be compromised **RESULTING IN** adverse impacts on patient safety, effectiveness of care, patient experience and organisational reputation.

Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
		5 x 4 = 20	5 x 4 = 20 (increased from previous position)	5 x 2 = 10					

CQC Domains

Safe
Caring
Effective
Responsive
Well-Led

TEG Lead
(Responsible for actions unless stated otherwise)

Chief Operating Officer

Committee Assurance

Finance and Performance Committee for (1)

People Committee for (2)

Quality Committee for (3)

Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.

Corporate Risks: A&E Operations

- Risk 35: Hospital handover (25)
- Risk 433: EOC workforce capacity (20)
- Risk 180: A&E workforce capacity (16)
- Risk 436: EOC dropped calls (15)
- Risk 500: EOC triage (15)
- Risk 509: EOC duplicate calls (15)
- Risk 406: Medicines checks (15)
- Risk 564: Right Care, Right Person - demand (16)
- Risk 105: Operational Performance (12)
- Risk 362: Non-COVID sickness (12)
- Risk 421: CAD issues (12)
- Risk 548: Tactical command rota (12)
- Risk 40: Non-conveyance (12)
- Risk 579 HART training (12)

Key Controls

2023/24 Business Plan:

- Priority 2
- Priority 3
- Priority 4
- Priority 10

Trust Strategy
Trust Clinical Strategy
System-wide planning and commissioning
Trust Financial Plan
National / sector performance frameworks
Trust Strategic Workforce Plan
Regulatory frameworks
Professional standards
Surge planning and business continuity

Additional Controls

Trust policies and procedures
Gate Review Process
Transformation programme
Programme / project boards
IUEC Programme
COVID debrief and lessons identified processes
Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework)
National and sector-wide plans and priorities
National policy developments
Stakeholder engagement plans and processes
System-wide governance structures and processes (e.g., Integrated Commissioning Framework)
Capital Plan
National planning guidance

Board Level Assurance / Oversight

Trust Board
Board Committees
Audit and Risk Committee

1st Line of Assurance

Directorate Management Groups
Trust Management Bodies: TEG etc
Performance Reporting (IPR, TEG etc)
Strategic Command Cell

2nd Line of Assurance

Transformation Governance
IUEC Programme Board
PMO Programme Assurance
Risk and Assurance Group
Capital Planning Group
Clinical Governance Group
Incident Review Group
Quality Assurance Working Group
A&E Delivery Boards
Inspections for Improvement Process

3rd Line of Assurance

Internal Audit Reviews:

A&E/EOC Risk Management (22/23 – Limited)
Dispatch / Handover (20/21 - Advisory)
Referral Pathways (20/21 - Limited)
Clinical Audit (19/20 – Limited)
Medical Gases (19/20 – Significant)
Professional Revalidation (19/20 – Significant)
GRS (18/19 - Significant)
Managing Attendance (18/19 - Limited)

External Assurance / Oversight

System-wide (ICBs, NAA, QGARD etc)
Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
CQC Well-Led Framework (Good)
CQC UEC System inspection: West Yorks
External Audit

1. Improvements in Category 2 response times in line with national guidance (controls)

1.1 Hear and Treat rates.

1.2 Handover delays.

1.3 Handover to clear times.

2. Provision of sufficient staffing levels in EOC and 999/A&E Operations (controls)

2.1 Staff sickness in EOC.

2.2 Staff sickness in A&E.

2.3 Recruitment plans for EOC.

2.4 Recruitment plans for A&E.

1.1 Increase Hear and Treat rates to 20% by the end of 2023/24 (31/03/24) COO. Not on target but improvement has been delivered. Mitigating action is being taken which included recruitment of more Clinical Advisors, Implementation of Cat 2 Segmentation and the transfer of Cat 5 directly to IUC. Outcome has been increased to 14% in Dec 2023.

1.2 Reduce handover delays by 17mins compared to the 2022/23 position (31/03/24) COO. Not on target but improvement has been delivered The YTD handover time at M9 was 22mins which is a reduction of 10mins compared to last year's YTD position.

1.3 Reduce crew clear times by 1min compared to 2022/23 (31/03/24) COO. Not on target. The YTD crew clear time at M9 was 21mins which is increase of 1min compared to last year's YTD position.

2.1 Reduce staff sickness in EOC by 2% compared to 2022/23 (31/03/24) COO. On track: the M9 position is 9.4%, a reduction of 2.8%.

2.2 Reduce staff sickness in A&E by 1% compared to 2022/23 (31/03/24) COO. On track the YTD position at M9 is 5.5% a reduction of 1.6% (from 7.1%)

2.3 Achieve EOC recruitment plans: (31/03/24) COO. Not on track. End of year forecast position is recruitment of 143 EMD (target 185), 29 Dispatchers (target 40) and 92 Clinicians (target 104).

2.4 Achieve A&E recruitment plans (31/03/24) COO Not all on track. End of year forecast position is 215 Ambulance Support Workers (target 264) and 266 Paramedics (target 264).

2.5 Increase the numbers and utilisation of volunteer Community First Responders (31/03/24) COO. Q3 position to be confirmed.

Strategic Ambition	1	Patients and communities experience fully joined-up care responsive to their needs	
Strategic Risk	**1a**	**Ability to deliver high quality care in 999/A&E operations** (sheet 2 of 2)	**IF** the Trust is unable to manage demand and capacity pressures in 999/A&E operations **THEN** there is a risk that service performance and quality will be compromised **RESULTING IN** adverse impacts on patient safety, effectiveness of care, patient experience and organisational reputation.

Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions

CQC Domains

Safe
Caring
Effective
Responsive
Well-Led

TEG Lead
(Responsible for actions unless stated otherwise)

Chief Operating Officer

Committee Assurance

Finance and Performance Committee for (1)

People Committee for (2)

Quality Committee for (3)

Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.

5 x 4 = 20
5 x 3 = 15
5 x 2 = 10

Corporate Risks: A&E Operations

- Risk 35: Hospital handover (25)
- Risk 433: EOC workforce capacity (20)
- Risk 180: A&E workforce capacity (16)
- Risk 436: EOC dropped calls (15)
- Risk 500: EOC triage (15)
- Risk 509: EOC duplicate calls (15)
- Risk 406: Medicines checks (15)
- Risk 564: Right Care, Right Person - demand (16)
- Risk 105: Operational Performance (12)
- Risk 362: Non-COVID sickness (12)
- Risk 421: CAD issues (12)
- Risk 548: Tactical command rota (12)
- Risk 40: Non-conveyance (12)
- Risk 579 HART training (12)

Key Controls

2023/24 Business Plan:

- Priority 2
- Priority 3
- Priority 4
- Priority 10

Trust Strategy
Trust Clinical Strategy
System-wide planning and commissioning
Trust Financial Plan
National / sector performance frameworks
Trust Strategic Workforce Plan
Regulatory frameworks
Professional standards
Surge planning and business continuity

Additional Controls

Trust policies and procedures
Gate Review Process
Transformation programme
Programme / project boards
IUEC Programme
COVID debrief and lessons identified processes
Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework)
National and sector-wide plans and priorities
National policy developments
Stakeholder engagement plans and processes
System-wide governance structures and processes (e.g., Integrated Commissioning Framework)
Capital Plan
National planning guidance

Board Level Assurance / Oversight

Trust Board
Board Committees
Audit and Risk Committee

1st Line of Assurance

Directorate Management Groups
Trust Management Bodies: TEG etc
Performance Reporting (IPR, TEG etc)
Strategic Command Cell

2nd Line of Assurance

Transformation Governance
IUEC Programme Board
PMO Programme Assurance
Risk and Assurance Group
Capital Planning Group
Clinical Governance Group
Incident Review Group
Quality Assurance Working Group
A&E Delivery Boards
Inspections for Improvement Process

3rd Line of Assurance

Internal Audit Reviews:

A&E/EOC Risk Management (22/23 – Limited)
Dispatch / Handover (20/21 - Advisory)
Referral Pathways (20/21 - Limited)
Clinical Audit (19/20 – Limited)
Medical Gases (19/20 – Significant)
Professional Revalidation (19/20 – Significant)
GRS (18/19 - Significant)
Managing Attendance (18/19 - Limited)

External Assurance / Oversight

System-wide (ICBs, NAA, QGARD etc)
Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)
CQC Well-Led Framework (Good)
CQC UEC System inspection: West Yorks
External Audit

3. Service Developments (controls)

3.1 Alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E.

3.2 Integrated Clinical Assessment Service (CAS) across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently.

3.1 All areas of Yorkshire have urgent community response and same day emergency care coverage with appropriate pathways for EOC, A&E and IUC (31/03/24) EMD. On track, the planned work is progressing as planned.

3.2a Local CAS model for EOC agreed with system partners, with implementation plan developed and approved (31/03/24) COO
Slow progress. Constraint with commissioning

3.2b Contact centre integration plans for EOC and IUC agreed and approved (31/03/24) COO.
On track, the planned work is work progressing as planned.

Strategic Ambition	1	Patients and communities experience fully joined-up care responsive to their needs	
Strategic Risk	**1b**	**Ability to deliver high quality care in Integrated Urgent Care/NHS111 services**	**IF** the Trust is unable to manage demand and capacity pressures in IUC/111 operations **THEN** there is a risk that service performance and quality will be compromised **RESULTING IN** adverse impacts on patient safety, effectiveness of care, patient experience and organisational reputation.

Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Safe Caring Effective Responsive Well-Led		4 x 5 = 20	4 x 4= 16	4 x 3 = 12	**Corporate Risks: IUC / NHS111** ● Risk 54: Clinical capacity in NHS111/IUC (20) ● Risk 182: IUC/111 call handling time (16) ● Risk 367: Health Adviser recruitment (12) ● Risk 58: Culture and retention in NHS111 (12) ● Risk 362: Non-COVID sickness (12)	**Key Controls** 2023/24 Business Plan - Priority 3 - Priority 4 - Priority 10 Trust Strategy Trust Clinical Strategy System-wide planning and commissioning Trust Financial Plan National / sector performance frameworks Trust Strategic Workforce Plan Regulatory frameworks Professional standards IUC improvement programme **Additional Controls** COVID response and recovery planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards IUEC Programme National and sector-wide plans and priorities National policy developments Stakeholder engagement plans and processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) Capital plan Business Continuity plans and processes Surge planning processes National planning guidance	**Board Level Assurance / Oversight** Trust Board Board Committees Audit and Risk Committee **1st Line Assurance** Directorate Management Groups Trust Management Bodies: TEG etc Performance Report (IPR, TEG etc) Strategic Command Cell **2nd Line Assurance** Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Capital Planning Group Clinical Governance Group Incident Review Group Quality Assurance Working Group Inspections for Improvement Process **3rd Line Assurance** Internal Audit Reviews: Referral Pathways (20/21 - Limited) Clinical Audit (19/20 – Limited) Professional Revalidation (19/20 – Significant) **External Assurance / Oversight** System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) CQC UEC System inspection: West Yorks External Audit	**1. Provision of sufficient staffing levels in IUC/111** (controls) 1.1 Recruitment plans for 111 1.2 Retention plans for 111 **2. Service Developments** (controls) 2.1 Mental Health transformational programme implementation 2.2 Integrated Clinical Assessment Service (CAS) across EOC and IUC to support contact centre integration to ensure patient calls are responded to effectively and efficiently.	1.1a Achieve 111 recruitment plans: recruit 10 international nurses (31/03/24) COO. Complete: 14 international nurses recruited 1.1b Achieve 111 recruitment plans: increase Health Adviser numbers to 552 FTE by March 2024 (31/03/24) COO Not on track. 295 Health Advisers have been recruited at M9, with overall numbers 460. Forecast to achieve 496 FTE at year end (56 below target). 1.2 Achieve 111 retention plans: stabilise clinical adviser turnover at 28% (31/03/24) COO. Health Advisor Turnover is 58% and Clinical Advisor Turnover is 18% 2.1 Increased utilisation of Mental Health pathways as a percentage of Category 3 and Category 4 demand (31/03/24) COO. Q3 position to be confirmed. 2.2a Local CAS model for IUC agreed with system partners, with implementation plan developed and approved (31/03/24) COO. Slow progress. Constraint with commissioning 2.2b Contact centre integration plans for EOC and IUC agreed and approved (31/03/24) COO. On track, the planned work is progressing as planned.
TEG Lead (Responsible for actions unless stated otherwise) Chief Operating Officer									
Committee Assurance People Committee for (1) Quality Committee for (2) Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.									

Strategic Ambition	1	Patients and communities experience fully joined-up care responsive to their needs	
Strategic Risk	**1c**	**Ability to deliver high quality care in the Patient Transport Service**	**IF** the Trust is unable to manage demand and capacity pressures in the Patient Transport Service **THEN** there is a risk that service performance and quality will be compromised **RESULTING IN** adverse impacts on patient safety, effectiveness of care, patient experience, and organisational reputation.

Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Safe Caring Effective Responsive Well-Led		4 x 3 = 12	4 x 4= 16	4 x 3 = 12	**Corporate Risks: PTS** ● Risk 559: PTS contracts (12) ● Risk 362: Non-COVID sickness (12)	**Key Controls** 2023/24 Business Plan - Priority 10 Trust Strategy System-wide planning and commissioning Trust Financial Plan National / sector performance frameworks PTS contract standards and requirements NEPTS Pathfinder NEPTS national strategies and plans Regulatory frameworks **Additional Controls** Trust Fleet Strategy COVID response and recovery planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards COVID debrief and lessons identified processes Regional system-wide planning and commissioning (e.g., Integrated Commissioning Framework) National and sector-wide plans and priorities National policy developments Stakeholder engagement processes System-wide governance structures and processes (e.g., Integrated Commissioning Framework) PTS contracting processes Procurement processes Business Continuity plans and processes Surge planning processes	**Board Level Assurance / Oversight** Trust Board Board Committees Audit and Risk Committee **1st Line Assurance** Directorate Management Groups Trust Management Bodies: TEG etc Performance Report (IPR, TEG etc) Strategic Command Cell **2nd Line Assurance** Transformation Governance IUEC Programme Board PMO Programme Assurance Risk and Assurance Group Capital Planning Group Clinical Governance Group PTS Governance Group Quality Assurance Working Group Incident Review Group Inspections for Improvement Process **3rd Line Assurance** Internal Audit Reviews: PTS Patient Experience (21/22 – Limited) PTS Third Party Providers (18/19 – Significant) **External Assurance / Oversight** System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well-Led Framework (Good) External Audit	**1. Provision of sufficient levels of PTS staffing and volunteers** (controls) 1.1 Recruitment plans in PTS 1.2 Retention plans in PTS 1.3 Volunteers **2. Service Developments** (control) Medium-term management of contract renewal risk	1.1 Achieve PTS recruitment plans (31/03/24) COO. Approval given for additional call handlers, recruitment to establishment plus 5.2 FTE has been successful, including increased home working call-handling staff. Call-handling performance has improved throughout Nov/Dec and into January. The band 2 call handler role went through Trust job evaluation process and has been rebanded to a band 3 role; this has been communicated and will be implemented for pay run in January 2024. 1.2 Achieve PTS retention plans: PTS annualised attrition rate is 10.7% (31/03/24) COO. Retention has much improved, both the re-banding of the role and the home worker recruitment has had a positive impact upon retention. 1.3 Increase the number of Trust volunteers (31/03/24) COO. This has remained largely static in terms of recruitment and attrition. Focus has been on improved utilisation and total patient journeys of existing volunteers through a bespoke control and planning role to support volunteers. . 2.1 Evaluate and manage risks to PTS contracts (31/03/24) COO On track, the planned work is progressing in the context of developments in the PTS contracting environment. The likelihood of YAS PTS contracts being publicly advertised for procurement is now high; with written communication from South Yorkshire Commissioners for YAS to provide TUPE information for forthcoming procurement process received in December 2023 with a January deadline. The Trust is investing in its capacity to respond to procurement activity in this area.
TEG Lead (Responsible for actions unless stated otherwise) Chief Operating Officer									
Committee Assurance People Committee for (1) Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.									

Strategic Ambition	**2**	**Our people feel empowered, valued, and engaged to perform at their best**	
Strategic Risk	**2a**	**Ability to ensure provision of sufficient clinical workforce capacity and capability**	**IF** the Trust is unable to recruit, train and retain clinical staff sufficiently **THEN** there is a risk that clinical workforce capacity and capability will not meet demand **RESULTING IN** undue pressure on staff and adverse impacts on patient safety, effectiveness of care and patient experience.

Risk Appetite	Moderate	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Well-Led **TEG Lead** (Responsible for actions unless stated otherwise) Director of People and Organisational Development Chief Operating Officer **Committee Assurance** People Committee Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.		4 x 4 = 16	4 x4 = 16	4 x 3 = 12	**Corporate Risks: Workforce** ● Risk 433: EOC staffing capacity (20) ● Risk 54: Clinical capacity in NHS111/IUC (20) ● Risk 58: Culture and retention in NHS111 (12) ● Risk 367: Health Adviser recruitment(12) ● Risk 362: Non-COVID sickness (12) ● Risk 180: A&E staffing capacity (12) ● Risk 578: Job Evaluation (12)	**Key Controls** 2023/24 Business Plan - Priority 10 Trust Strategy Trust Strategic Workforce Plan NHS People Plan Recruitment and resource planning processes YAS Training Plan Statutory and Mandatory Training Professional standards Portfolio Governance Boards Trust policies and procedures **Additional Controls** Living Our Values Programme Trust Vision and Values Freedom to Speak Up Direct Executive and senior management engagement Clinical Supervision structure Staff-side engagement Diversity and Inclusion plans and processes Staff Networks NHS Staff Survey Cultural Ambassadors Say Yes to Respect Just Culture processes Simply Do Ideas process Accountability Framework Leadership in Action Programme Regulatory frameworks	**Board Level Assurance / Oversight** Trust Board Board Committees Audit and Risk Committee **1st Line Assurance** Directorate Management Groups Trust Management Bodies: TEG etc Performance Report (IPR, TEG etc) YAS Academy Strategic Command Cell **2nd Line Assurance** Transformation Governance PMO Programme Assurance Risk and Assurance Group People and Culture Group Portfolio Governance Boards Inspections for Improvement Process **3rd Line Assurance** Internal Audit Reviews: Recruitment and Retention (22/23 – tbc) Absence Management (21/22 – Limited)) Health and Well-Being (21/22 - Significant) Occupational Health (20/21 – Significant) Professional Revalidation (19/20 – Significant) **External Assurance / Oversight** System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) NHS Staff Survey CQC Well Led Framework (Good) External Audit	**1. Recruitment to key staff groups** (control) 1.1 Recruitment plans in EOC. 1.2 Recruitment plans in A&E. 1.3 Recruitment plans in 111. 1.4 Recruitment plans in PTS. **2. Retention of key staff groups** (control) 2.1 Retention plans in EOC. 2.2 Retention plans in A&E. 2.3 Retention plans in 111. 2.4 Retention plans in PTS.	1.1 Achieve EOC recruitment plans: (31/03/24) COO. Not on track. End of year forecast position is recruitment of 143 EMD (target 185), 29 Dispatchers (target 40) and 92 Clinicians (target 104). 1.2 Achieve A&E recruitment plans (31/03/24) COO Not all on track. End of year forecast position is 215 Ambulance Support Workers (target 264) and 266 Paramedics (target 264). 1.3a Achieve 111 recruitment plans: recruit 10 international nurses (31/03/24) COO. Complete: 14 recruited. 1.3b Achieve 111 recruitment plans: increase Health Adviser numbers to 552 FTE by March 2024 (31/03/24) COO Not on track. 295 Health Advisers have been recruited at M9, with overall numbers 460. Forecast to achieve 496 FTE at year end (56 below target). 1.4 Achieve PTS recruitment plans: recruit 81.8FTE to PTS (31/03/24) COO. Latest position to be confirmed. 2.1 Achieve EOC retention plans: attrition targets of 119FTE for EMDs, 14.8FTE for dispatchers and 12.6FTE for clinicians (31/03/24) COO. Latest position to be confirmed. 2.2 Achieve A&E retention plans: attrition target of 7.2% (31/03/24) COO. Ongoing: latest reported position is 6.8% 2.3 Achieve 111 retention plans: stabilise clinical adviser turnover at 28% (31/03/24) COO. Health Advisor Turnover is 58% and Clinical Advisor Turnover is 18% 2.4 Achieve PTS retention plans: PTS annualised attrition rate is 10.7% (31/03/24) COO Ongoing: latest reported position is 10.4%

Strategic Ambition	2	Our people feel empowered, valued, and engaged to perform at their best	
Strategic Risk	**2b**	**Ability to support the physical and mental health and well-being of staff**	**IF** the Trust is unable to support the physical and mental health of staff well **THEN** there is a risk that workforce availability and morale will be affected **RESULTING IN** an adverse impact on staff well-being and workforce capacity and on patient safety, effectiveness of care and patient experience

Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Well-Led Safe **TEG Lead** (Responsible for actions unless stated otherwise) Director of People and Organisational Development **Committee Assurance** People Committee Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	**Corporate Risks: Staff Well-Being** ● Risk 187: Cumulative effect of repeated moving and handling (15) ● Risk 441: Response to Domestic Abuse (15) ● Risk 452: Safeguarding allegations (16) ● Risk 447: Safeguarding capacity (20) ● Risk 347: Incidents near water (15) ● Risk 42: Violence and aggression (12) ● Risk 515: JDM training (12) ● Risk 50: Immunity screening, vaccination, health surveillance (12) ● Risk 188: Health and Safety training for middle managers (12) ● Risk 195: Health and Safety training for senior leaders (12) ● Risk 362: Non-COVID sickness (12) ● Risk 338: IOR Training	**Key Controls** 2023/24 Business Plan - Priority 11 Trust Strategy NHS People Pla Staff Health and Well-Being programme, support offer and processes NHS Health and Well-Being framework Trust Strategic Workforce Plan Trust Vision and Values Occupational health processes and procedures Trust policies and procedures Staff-side engagement Violence Prevention and Reduction Standard **Additional Controls** Portfolio Governance Boards HR Business Partners Freedom to Speak Up Staff-side engagement Diversity and inclusion plans Staff Networks NHS Staff Survey Cultural Ambassadors Say Yes to Respect Simply Do Ideas process Leadership in Action Programme YAS Training Plan Safer Responding Group Statutory and Mandatory Training Professional standards Regulatory frameworks	**Board Level Assurance / Oversight** Trust Board Board Committees Audit and Risk Committee **1st Line Assurance** Directorate Management Groups Trust Management Bodies: TEG etc Performance Report (IPR, TEG etc) Strategic Command Cell Staff Well-Being Group **2nd Line Assurance** Transformation Governance PMO Programme Assurance Risk and Assurance Group People and Culture Group Strategic Health & Safety Committee Diversity and Inclusion Group Portfolio Governance Boards Inspections for Improvement Process **3rd Line Assurance** Internal Audit Reviews: Mental Health Support (23/24 – Moderate) Health and Well Being (21/22 - Significant) Absence Management (21/22 - Limited) Occupational Health (20/21 – Significant) Violence and Aggression (20/21 – Significant) Health & Safety (19/20 – Significant) Untoward Incidents (18/19 – Significant) Temp Injury Allowance (18/19 – Significant) **External Assurance / Oversight** System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) NHS Staff Survey CQC Well Led Framework (Good) External Audit	**1. Support for the physical and mental health and well-being of staff** (control) **2. Support for improved staff attendance levels** (control) **3. Compliance with the Violence Prevention and Reduction Standard (control)**	1.1 Annual Health and Well-Being Plan developed and approved (30/06/23) DPOD. Complete: plan approved by Trust Board in April 1.2 Annual Health and Well-Being Plan implemented (31/03/24) DPOD. Ongoing: Implementation largely on track, assurance via TEG and People Committee. 1.3 New Occupational Health system ready for implementation (31/03/24) DPOD. Ongoing: on track for 01 April commencement. 2.1 Absence reporting and case management practices implemented (31/03/24) DPOD. Ongoing: implementation effective to date 2.2 Sickness absence improvement targets achieved (31/03/24) DPOD. Ongoing: targets for contact centres and overall Trust achieved to date but needs to be sustained through winter. Sickness increasing in frontline services and particularly in IUC and EOC Contact Centres. additional health and wellbeing support in place. 3.1 Violence Prevention and Reduction Strategy developed and approved by Trust Board (31/01/24). ED.QCP Ongoing: draft strategy developed, on track to go through governance and approval processes. Risk of some delays due to SME absence. 3.2 Violence Prevention and Reduction Policy developed and approved (31/03/24) ED.QCP Ongoing: draft policy developed, on track to go through governance and approval processes. Risk of some delays due to SME absence.

Strategic Ambition	2	Our people feel empowered, valued, and engaged to perform at their best	
Strategic Risk	**2c**	**Ability to promote and embed a positive and inclusive workplace culture**	**IF** the Trust is unable to embed a positive and inclusive culture **THEN** there is a risk that values and behaviours at all levels will be affected **RESULTING IN** an adverse impact on staff performance, recruitment and retention, reputation, and on patient safety, effective of care and patient experience

Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Well-Led Caring **TEG Lead** (Responsible for actions unless stated otherwise) Director of People and Organisational Development **Committee Assurance** People Committee Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	**Corporate Risks: Workplace Culture** ● Risk 454: Safeguarding allegations (16) ● Risk 58: Culture and retention in NHS111 (12) ● Risk 567: Executive Team Stability (12)	**Key Controls** 2023/24 Business Plan - Priority 6 - Priority 12 - Priority 13 Trust Strategy NHS People Plan Diversity and Inclusion Plan NHS Staff Survey Equalities Impact Assessments Staff Networks WRES and DES monitoring and reporting Say Yes to Respect Trust Vision and Values Trust policies and procedures Staff-side engagement **Additional Controls** Portfolio Governance Boards Appraisals HR Business Partners NHS People Plan Freedom to Speak Up process Direct senior management engagement Clinical Supervision structure Cultural Ambassadors Just Culture processes Simply Do Ideas process Leadership in Action Programme YAS Training Plan Statutory and Mandatory Training Gender Pay Gap monitoring and reporting Professional standards	**Board Level Assurance / Oversight** Trust Board Board Committees Audit and Risk Committee **1st Line Assurance** Directorate Management Groups Trust Management Bodies: TEG etc Performance Report (IPR, TEG etc) Staff Networks Joint Steering Group Policy Development Group YAS Academy **2nd Line Assurance** Transformation Governance PMO Programme Assurance Risk and Assurance Group People and Culture Group Diversity and Inclusion Group Portfolio Governance Boards Inspections for Improvement Process Freedom to Speak Up **3rd Line Assurance** Internal Audit Reviews: Appraisals (22/23 – Significant / Limited) Freedom to Speak Up (19/20 – Significant) Statutory and Mandatory Training Data and KPIs (19/20 – Substantial) Digital Team Culture (21/22 – Advisory) **External Assurance / Oversight** System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) NHS Staff Survey CQC Well Led Framework (Good) External Audit	1. **Strengthened leadership and management capacity and capability** (control) 2. **Positive workplace culture: 'YAS Together'** (control) 3. **Staff engagement** (control)	1.1 Develop and launch the Manage2Lead management resource (30/06/23) DPOD. Complete: Manage2Lead launched in June. 1.2 Deliver two cohorts of the Aspiring Leaders programme (31/03/24) DPOD. Ongoing: on track - cohort one commenced Autumn 2023. 1.3 Deliver two cohorts of the Lead Together programme (31/03/24) DPOD. Ongoing: on track – cohort one commenced Autumn 2023. 2.1 Moorhouse / YAS Together recommendations reviewed and action plan developed (30/09/23) DPOD. Complete: YAS Together action plan developed and approved. 2.2 Organisational Development Strategy: alignment of YAS Together with new Trust Strategy(31/03/24) DPOD. Complete, new Trust Strategy approved by Trust Board includes alignment with YAS Together and People Plan actions. 3.1 Improve response rates for the NHS Staff Survey from 34% to 50% (30/11/24) DPOD. Completed: National Staff Survey response rate was 51%. 3.2 Improve response rates for the quarterly Pulse surveys from 1.7% to 10% (31/03/24) DPOD. Complete: July survey response rate was 13.9%..Q4survey currently taking place with full communication roll out in place. 3.3 Publish 'You Said, We Did' Staff Survey actions (31/12/23) DPOD. Complete: published in October as part of the Staff Survey launch.

Strategic Ambition	**3**	**We achieve excellence in everything we do**
Strategic Risk	**3a**	**Capacity and capability to plan, govern, and deliver Trust strategy and business priorities**
		IF the Trust has insufficient capacity or capability to plan, govern and deliver strategic and business priorities well **THEN** there is a risk that key developments will not be delivered effectively **RESULTING IN** an adverse impact on organisational structures, systems, and delivery models, and on patient care.

Risk Appetite	High	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Well-Led **TEG Lead(s)** (Responsible for actions unless stated otherwise) Director of Strategy, Planning and Performance **Committee Assurance** Trust Board Finance and Performance Committee Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	**Corporate Risks: Strategy and Transformation** ● Risk 525 Long term funding arrangements from the ICS (12)	**Key Controls** 2023/24 Business Plan - Priority 1 - Priority 7 - Priority 8 Trust Strategy Trust and system-wide business planning processes Gate Review Process Programme / project boards Programme / project governance and assurance (via PMO) **Additional Controls** ICB strategies, plans and priorities Trust policies and procedures Organisational Efficiency Programme National and sector-wide plans and priorities Quality Improvement Strategy Quality Impact Assessments Performance Management Framework Data Management Framework Regulatory frameworks System Oversight Framework CQC frameworks National planning guidance	**Board Level Assurance / Oversight** Trust Board Board Committees Audit and Risk Committee **1st Line Assurance** Directorate Management Groups Trust Management Bodies: TEG etc Performance Report (IPR, TEG etc) **2nd Line Assurance** Transformation Governance PMO Programme Assurance Risk and Assurance Group Directorate budget reviews (Finance Business Partners) Organisational Efficiency Group **3rd Line Assurance** Internal Audit Reviews: Business Planning (22/23 – Limited) Performance Management (20/21 – Advisory), Data Quality and KPIs (21/22 – Limited) Risk Management (21/22 – Significant), Board Assurance Framework (20/21 – Significant) Business Case Management (18/19 – Advisory) Policy Management (21/22 – Significant) Strategic Governance (21/22 – Significant) **External Assurance / Oversight** System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) Business Insights Review 2018/19 (PwC) External Audit	**1. Trust Strategy** (control) **2. Trust Operating Model** (control) **3. Trust Planning and Performance mechanisms** (controls and assurance)	1.1 Trust Strategy 2024-28 finalised for Board approval (30/11/23) DSPP. Complete - Trust Strategy approved by Trust Board on 30 November 1.2 Strategy launch programme agreed and implemented (31/01/24) DSPP. Strategy launch plans approved by Trust Board, implementation January-March 2.1 Develop, consult and recruit to new executive and senior leadership portfolios (31/12/23) CEO. Complete: Phase 3 and 4 consultations complete and implementation. All senior roles in new structure recruited to. 3.1 Trust 2024/25 business plan developed and approved by the Board (31/03/24) DSPP. Not yet due but on track: new business plan development processes and timetable in place and being implemented, as part of a wider business planning cycle. 3.2 Performance Management Framework design and implementation plan approved by the Trust Board (30/11/23) DSPP. Key elements designed with input from Trust Board. Implementation from January 2024.

Strategic Ambition	**3**	**We achieve excellence in everything we do**
Strategic Risk	**3b**	**Ability to influence and respond to change in the wider health and care system**

IF the Trust does not identify and respond flexibly to changes in the health and care system **THEN** there is a risk that Trust plans, priorities, operating models, and resource allocations will not align well with those of local, regional, and national partners **RESULTING IN** less Trust influence in the wider system, failure to maximise the benefits of integration, and adverse impact on patient care and patient experience

Risk Appetite	Moderate	Initial	Current	Target
		3 x 4 = 12	3 x 4 = 12	3 x 3 = 9

Corporate Risks (2023/24 Q4)

Corporate Risks: System Developments

- Risk 525: Long term funding arrangements from the ICS (12)
- Risk 527: Governance: resource for management of serious incidents (12)
- Risk 432: 4Cs and PALS demand (12)

Control Framework

Key Controls

2023/24 Business Plan

- Priority 1
- Priority 5
- Priority 9
- Priority 17

Trust Strategy

ICB strategies, plans and priorities

Integrated Commissioning Framework

Trust and system-wide business planning processes

Trust organisational change / new operating model

CQC Well-Led Framework

Quality Improvement Strategy

National Patient Safety Strategy

CQUINs

Additional Controls

Trust Strategy

Trust Business Plan

Gate Review Process

TEG+ Programme Board

Programme / project boards

Programme / project governance and assurance (via PMO)

Trust policies and procedures

Transformation programme

National and sector-wide plans and priorities

Regulatory frameworks

National planning guidance

System Oversight Framework

Quality Impact Assessments

Assurance Framework

Board Level Assurance / Oversight

Trust Board

Board Committees

Audit and Risk Committee

1st Line Assurance

Directorate Management Groups

Trust Management Bodies: TEG etc

Performance Report (IPR, TEG etc)

Strategic Command Cell

2nd Line Assurance

Transformation Governance

PMO Programme Assurance

Risk and Assurance Group

3rd Line Assurance

Internal Audit Reviews:

Serious Incidents (22/23 – Significant)

Business Planning (22/23 – Limited)

External Assurance / Oversight

System-wide (ICBs, NAA, QGARD etc)

Integrated Commissioning Framework

Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)

CQC Well Led Framework (Good)

External Audit

Controls and Assurance: Key Gaps / Developments

1. **Quality Improvement** (control)

2. **Patient Safety Measures** (controls)

Key Mitigation Actions

1.1 2023-28 Quality Improvement Strategy approved and launched (30/04/24) ED.QCP Complete. Strategy approved by TEG in December. Board engagement to follow in Q4, with QI a key element of new Trust Strategy. A business case has been submitted for the upscaling of the QI team to allow the delivery of the QI plan. JD for the new ADQI senior post has been developed.

1.2 Increase partnership QI working across system issues (31/03/24) ED.QCP. On track: RPIWs with acute trusts have taken place to improve ambulance handover processes. Work is ongoing around health inequalities and deprivation and the links to ambulance conveyance.

2.1 Fully Implement the Patient Safety Incident Response Framework (31/03/24) ED.QGCP On track. Patient Safety Incident Response Plan approved by Trust Board in July. Devolved incident management in place Trust-wide from end of October. A business case has been submitted to upscale the investigations and learning team for 24/25.

2.2 Critical Care Strategy approved with clear plan for delivery (31/03/24) EMD On track. Critical Care Strategic plan approved.- Embedding Critical Care paramedic response achieved with plans to review critical care coordination in EOC underway. Yorkshire Air Ambulance review completed – HEMS Clinical and operational model agreed, recruitment underway to increase paramedic numbers, HEMS Clinical leadership structure agreed, Medical Director appointed and medical recruitment underway.

2.3 Year 1 of the Maternity Improvement Plan delivered (31/03/24) EMD On track. Maternity Improvement Plan approved. Externally approved course in pilot with CPD events agreed, Consultant Midwife business plan submitted for 24/25.

2.4 Year 1 of the Resuscitation Improvement Plan delivered (31/03/24) EMD On track. Resuscitation Improvement Plan approved. YAS an accredited Advanced Life Support provider with courses planned for this year. GoodSAM responder pilot business case approved for go live this year.

CQC Domains

Well-Led

TEG Lead(s)
(Responsible for actions unless stated otherwise)

Chief Executive Officer

Executive Director, Quality and Chief Paramedic

Committee Assurance

Finance and Performance for (1)

Quality Committee for (2) and (3)

Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.

Strategic Ambition	**3**	**We achieve excellence in everything we do**	
Strategic Risk	**3c**	**Ability to respond well to climate change and other business continuity threats**	**IF** the Trust does not address business continuity threats, including climate change, **THEN** there is a risk that strategic and tactical plans, developments and responses will be inadequate **RESULTING IN** failure to comply with policy, regulatory or statutory requirements, more frequent localised or organisation-wide disruptions, loss of Trust assets, and adverse impact on staff well-being, patient care, and organisational reputation

Risk Appetite	**Low**	Initial	Current	Target	**Corporate Risks (2023/24 Q4)**	**Control Framework**	**Assurance Framework**	**Controls and Assurance: Key Gaps / Developments**	**Key Mitigation Actions**
CQC Domains Well-Led **TEG Lead(s)** (Responsible for actions unless stated otherwise) Director of Finance (1) Chief Operating Officer (2) and (3) **Committee Assurance** Finance and Performance Committee Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	**Corporate Risks: Climate Change and Business Continuity** ● Risk 62: Climate change (15) ● Risk 574: Security Investment (15) ● Risk 326: ACCS Sites (12) ● Risk 329: Testing On-Call (12) ● Risk 338: IOR Training (12) ● Risk 548: Tactical command rota (12) ● Risk 556: Major incident exercising (12) ● Risk 557: Major incident continuous improvement (12) ● Risk 360: Manor Mill HART facilities (12)	**Key Controls** Greener NHS Programme YAS Green Plan Sector-wide net-zero targets (ICBs, PTS etc) Trust climate change risk assessments and plans National security risk assessment processes and risk register Business continuity plans and processes **Additional Controls** Trust Strategy Business planning processes Trust policies and procedures Gate Review Process Transformation programme Programme / project boards COVID debrief and lessons identified processes Regional system-wide plans and priorities National and sector-wide plans and priorities: Professional standards Regulatory frameworks Estates strategy Fleet strategy	**Board Level Assurance / Oversight** Trust Board Board Committees Audit and Risk Committee **1st Line Assurance** Directorate Management Groups Trust Management Bodies: TEG etc Performance Report (IPR, TEG etc) Strategic Command Cell **2nd Line Assurance** Transformation Governance PMO Programme Assurance Risk and Assurance Group Resilience Governance Groups **3rd Line Assurance** Internal Audit Reviews: Business Continuity (23/24 – Advisory) Green NHS Sustainability (22/23 – Significant) Business Continuity (22/23 – Advisory) Divisional Risk Management (22/23 – Limited) Policy Management (21/22 – Significant) Business Continuity (21/22 – Advisory) Resilience and Special Services (19/20 – Significant) Waste Management (19/20 – Substantial) Security Management (20/21 – Significant) **External Assurance / Oversight** EPRR Core Standards: NHSE Regional Office Assessment ISO22301 Accreditation System-wide (ICBs, NAA, QGARD etc) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) CQC Well Led Framework (Good) External Audit	**1. Green NHS and Net-Zero** (assurance) **2. EPRR compliance and capability** (control and assurance) **3. Effective business continuity arrangements** (control and assurance)	1.1 Implement the improvement actions arising from the internal audit review of Green NHS and Sustainability (30/06/23) DOF Complete. The internal audit review was closed with the governance route identified as F&P. Further implementation of the Green Plan has been restricted due to limited capital funding availability. Additional funding approved as part of the 23/24 revised capital plan has led to additional electrical vehicle charging points being installed in key locations. A 24/25 business planning application has been made to include a refresh of the green plan and a review of staffing resource to support a revised implementation plan delivery. 2.1 Implement improvement actions arising from the Manchester Arena Inquiry recommendations for ambulance trusts (31/03/24) COO. On track: 23 of 54 actions have been completed. The remaining 31 actions require significant investment and will be delivered over a three-year timescale. A business case was approved by the Trust Board on 28 September, but now potential for national funding . 2.2 Complete self-assessment against EPRR Core Standards and develop action plan (COO 31/12/23) Complete, self-assessment and external assurance exercise reported to Trust Board in November. Action plan in place with implementation on track 3.1 Implement recommendations arising from the advisory review of ISO22301 compliance (31/03/24) COO. Internal audit advisory review of ISO22301 Chapter 8 (Operations) completed in September and draft report shared with the Trust. The review recommended two actions relating to decision logs. These actions will be implemented in an appropriate timeframe.

Strategic Ambition	4	We use resources wisely to invest in and sustain services	
Strategic Risk	**4a**	**Ability to plan, manage and control Trust finances effectively**	**IF** the Trust is unable to plan, manage and control its finances well **THEN** there is risk that it will have insufficient income to meet operational and strategic priorities, **RESULTING IN** an adverse impact on investment in frontline care and enabling infrastructure, and on reputation and regulatory compliance

Risk Appetite	Low	Initial	Current	Target
		5 x 3 = 15	5 x 3 = 15	5 x 2 = 10

CQC Domains

Well-Led

TEG Lead(s)
(Responsible for actions unless stated otherwise)

Director of Finance

Committee Assurance

Finance and Performance Committee

Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.

Corporate Risks: Finance

- Risk 560: Capital Limits (16)
- Risk 561: CDEL timeliness (16)
- Risk 503: Counter Fraud: pay and enhancements (15)
- Risk 502: Counter Fraud: malicious email (20)
- Risk 525 Long-term funding arrangements from the ICS (12)
- Risk 377: Mandate fraud (12)
- Risk 522: BPPC performance (12)
- Risk 505: Counter Fraud: bribery and corruption (12)
- Risk 504: Counter Fraud: secondary employment (12)

Key Controls

2023/24 Business Plan

- Priority 18

National and regional financial planning and management arrangements

Trust Financial Plan and planning process

Trust SFIs, Scheme of Delegation etc

Trust policies and procedures

Monthly Finance reporting (TEG, TMG)

Trust Capital Plan and planning process

Capital Monitoring Process

Annual Report and Accounts to NHSE/I

Trust Counter Fraud Plan

Counter Fraud National Standards

Additional Controls

F&I Committee

Audit Committee

Finance Business Partners

Gate Review Process

Internal Audit

External Audit

Organisational Efficiency Programme

Monthly NHSI/E submission and review meetings

Single Oversight Framework

NAA Benchmarking information and collaborative reviews.

Model Ambulance benchmarking

Professional standards (accounting, financial management etc)

Regulatory frameworks

Contract management processes and frameworks

Procurement processes and frameworks

Board Level Assurance / Oversight

Trust Board

Board Committees

Audit and Risk Committee

1st Line Assurance

Directorate Management Groups

Trust Management Bodies: TEG etc

Performance Report (IPR, TEG etc)

2nd Line Assurance

Capital Monitoring Group

Transformation Governance

Risk and Assurance Group

Directorate budget reviews (Finance Business Partners)

Organisational Efficiency Group

3rd Line Assurance

Counter Fraud

Internal Audit Reviews:

- Financial Ledger and Reporting (23/24, tbc)
- Procurement (23/24: Significant / Limited)
- Asset Register (23/24 – Significant)
- NHSE Financial Sustainability Audit (22/23)
- Accounts Receivable (22/23 – Significant)
- Pay Expenditure (21/22 - Limited)
- Capital Planning (21/22 - Significant)
- Accounts Payable (21/22 - Significant)
- General Ledger (21/22 - Significant)
- Charitable Funds (21/22 – Significant)
- Expenses Travel Claims (20/21 - Limited)
- Bank, Treasury, Cashflow (20/21 - Significant)
- Procurement (20/21 – Limited)

External Assurance / Oversight

System-wide (ICBs, NAA, QGARD etc)

Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc)

National Fraud Initiative (Cabinet Office)

External Audit

1. Financial planning and management (control)

2. Financial Oversight (assurance)

1.1 Operate in line with the financial envelope agreed via the 2023/24 financial plan (31/03/24) DOF. An NHSE exercise in M7 relating to financial challenges resulting from industrial action required trusts to set revised financial plans and performance trajectories. The Trust agreed a £14m reduction to income, to offset pay underspends generated by recruitment and retention issues. Planned income has been reduced from £407m to £392m. This has been transacted via a non-recurrent contract variation and budgets have been realigned to reflect this income and expenditure reduction. The M9 position will be reported to the Trust Board on 01 February.

1.2 Develop the Trust's financial plans (revenue and capital) for 2024/25 in line with national planning guidance and timescales (31/03/24) DOF. Work is ongoing internally to feed into a system-led financial planning process. An initial consolidated WYICB plan has been produced. This indicates a significant gap. Further work to be done to reflect the Trust's internal business planning process, as well as reflecting national guidance once published.

1.3 Plan and deliver recurrent organisational efficiency initiatives required for 2023/24 (31/03/24) DOF. The Trust has an approved programme of 12 schemes with a total value of £15.7m. At M8 the Trust reported a year-to date shortfall of £2.6m against the plan, and a forecast year-end shortfall of £2.7m. In year the impact of this has been offset by underspends elsewhere. The M9 position will be reported to the Trust Board on 01 February.

2.1 Embed rigorous financial oversight to ensure efficient use of resources (31/03/24) DOF. This relates to implementation of actions from the NHSE Finance Sustainability Audit undertaken during 2022/23. Implementation of the action plan is progressing, but some delays have occurred due to the impact of additional work relating to the year-end audit and reporting processes. This has now concluded, allowing the team to refocus. Significant progress has been made, enabling the Team to apply for Future Focused Finance Level 1 accreditation. Early feedback indicates this should be successful and is acknowledgement that the finance team's processes and procedures are working.

Strategic Ambition	**4**	**We use resources wisely to invest in and sustain services**
Strategic Risk	**4b**	**Ability to deliver key technology and cyber security developments effectively**
		IF the Trust is unable to deliver technology and cyber security developments effectively **THEN** there is a risk that systems and infrastructure will not be fit for purpose **RESULTING IN** an adverse impact on digital tools for staff, security of systems and data, reputation, regulatory compliance, and patient care

Risk Appetite	Low	Initial	Current	Target
		4 x 4 = 16	4 x 3 = 12	4 x 3 = 12

Corporate Risks (2023/24 Q4)

Corporate Risks: Digital, ICT, Cyber/IG

- Risk 28: Management of paper records (12)
- Risk 456: Phishing emails (12)
- Risk 457: Denial of Service (12)
- Risk 508: Health IT clinical safety (12)
- Risk 538: Clinical Record Data Loss (12)
- Risk 394: EPR Phase 3 (12)
- Risk 542: High risk vulnerabilities (12)

Control Framework

Key Controls

2023/24 Business Plan
- Priority 14

Trust Strategy

Trust Digital Strategy

Programme / project governance and assurance (via PMO)

DSP Toolkit

GDPR

Cyber Security standards

Service Management standards (ITIL, ISO)

Additional Controls

Programme / Project Plans

CareCERT Alerts (NHS Digital)

NHS Secure Boundary (NHS Digital)

Trust policies and procedures

Gate review processes

Business planning processes

NAA Digital Lead

Mandatory training compliance: data security awareness

Data Protection Impact Assessments

Data Sharing Agreements

Statutory / designated roles:
- Data Protection Officer
- Senior Information Risk Officer
- Caldicott Guardian
- Information Asset Owners

Regulatory Frameworks

Assurance Framework

Board Level Assurance / Oversight
- Trust Board
- Board Committees
- Audit and Risk Committee

1st Line Assurance
- Directorate Management Groups
- Digital Management Group
- Programme / Project Boards
- Trust Management Bodies: TEG etc
- Performance Report (IPR, TEG etc)
- Compliance Reporting

2nd Line Assurance
- Information Governance Working Group
- Transformation Governance
- PMO Programme Assurance
- SIRO and DPO Processes
- Risk and Assurance Group

3rd Line Assurance

Internal Audit Reviews:
- Cyber Phishing (23/24 - Significant)
- DSPT (Significant [NHSE rating])
- IT Asset Management (22/23 Limited)
- Data Security Standards (22/23 – Moderate)
- IT Service Desk (21/22 – Significant)
- Digital Team Culture (21/22 – Advisory)
- Cyber Security: Phishing (21/22 – Limited)
- CAD Management (20/21 - Limited)
- Home Working Security (20/21 – Significant)
- IM&T Governance (21/20 – Substantial)
- Active Directory (19/20 – Substantial)
- Mobile Devices (19/20 – Limited)
- Server Management (19/20 - Substantial)

External Assurance / Oversight
- System-wide (ICBs, NAA, QGARD etc))
- DSP Toolkit assessment / audit
- External cyber security assessment
- Information Commissioner's Office

Controls and Assurance: Key Gaps / Developments

1. Digital Systems Delivery (assurance)

2. Cyber Security and Information Governance (control and assurance)

3. Data and Intelligence (control)

Understand and utilise data and intelligence to improve patient care and population health.

Key Mitigation Actions

1.1 Agree options for NAA common CAD and commence implementation planning for delivery in 2024/25 (31/03/24) CIO. Superseded: NAA has discontinued the common CAD project.

2.1 Strengthen overall compliance with the Data Security and Protection Toolkit standards (30/06/23) ED.QCP Complete. The Trust achieved a 'standards fully met' status for the DSPT, and 'significant assurance' for the internal audit review of the DSPT submission.

2.2. Achieve and maintain the 95% target for staff completion of data security awareness training (31/03/24) ED.QCP On track. Target achieved in June (97%). Compliance at M8 remained above the 95% target (95.2%)

2.3 Commission and implement staff email phishing exercise (31/03/24) CIO. Completed. Exercise completed via 360 Assurance. Substantial improvement compared to previous exercises. Internal audit review found 'significant assurance'.

2.4 Plan and deliver recommendations arising from the internal audit review of system resilience and disaster recovery (31/03/24) CIO. Not due. Audit review ongoing.

3.1 Deliver integrated clinical data from the Yorkshire and Humber Care Record (YHCR) into EPR and make available to all clinicians by October 2023. (31/10/23) CIO. Access to EOL plans in HNY area and Summary Care record for all matched patients available in EPR. Access to wider YHCR data due in Q4 (currently in UAT)

3.2 Deliver individual 999 performance and quality reporting to all front line staff and team leaders by December 2023 (subject to successful pilot) (31/12/23) CIO. Team leader reports are completed and in testing. Expected go live in Q4.

3.3 Set up data sharing arrangements to receive outcome data from hospitals to inform research and quality of care improvements (31/13/23) CIO. Awaiting visit to LAS with Exec Quality Director. Working with NHSE on joining ECDS and ADS data.

CQC Domains

Effective
Well-Led

TEG Lead(s)
(Responsible for actions unless stated otherwise)

Chief Information Officer

Committee Assurance

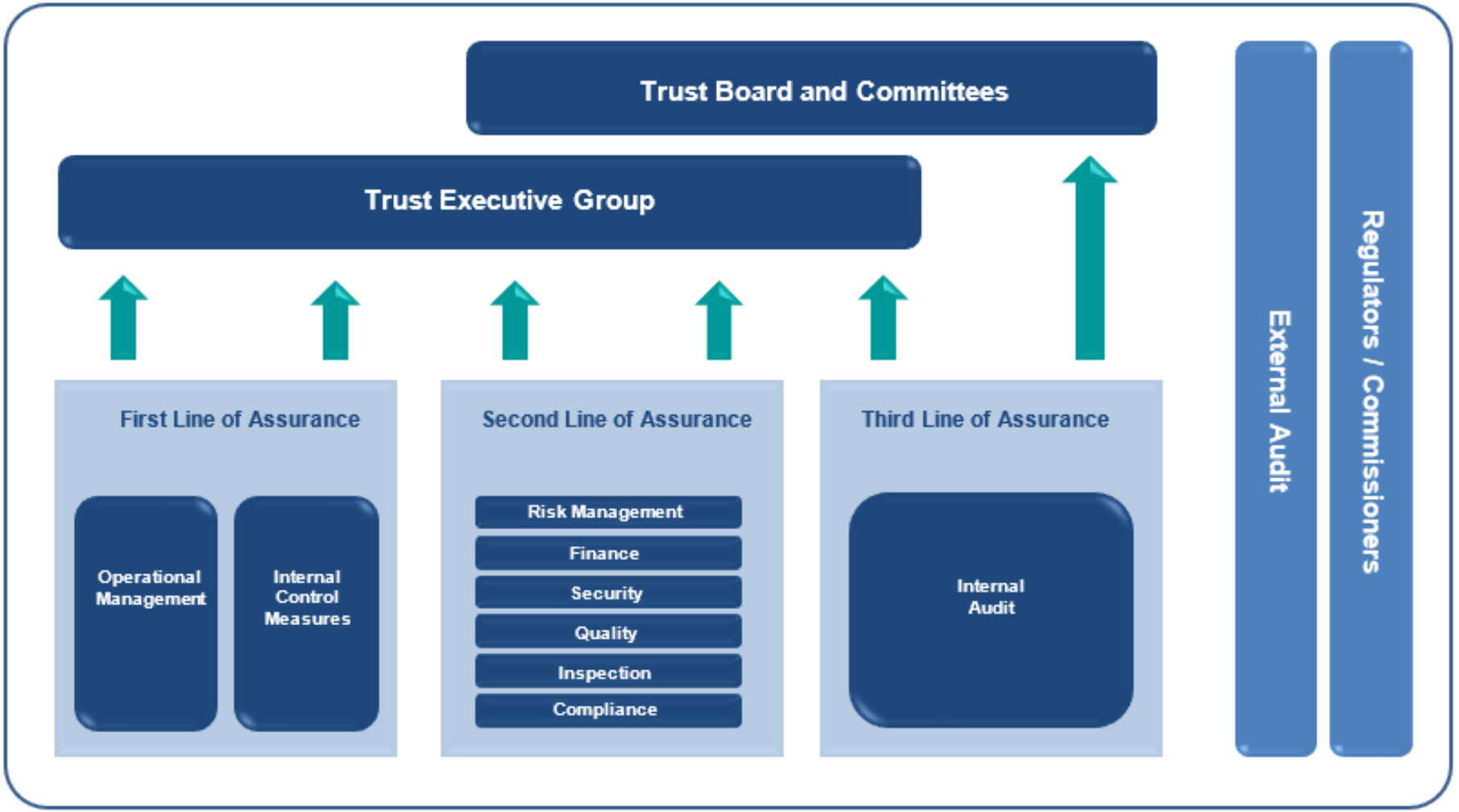
Primarily the Finance and Performance Committee

Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.

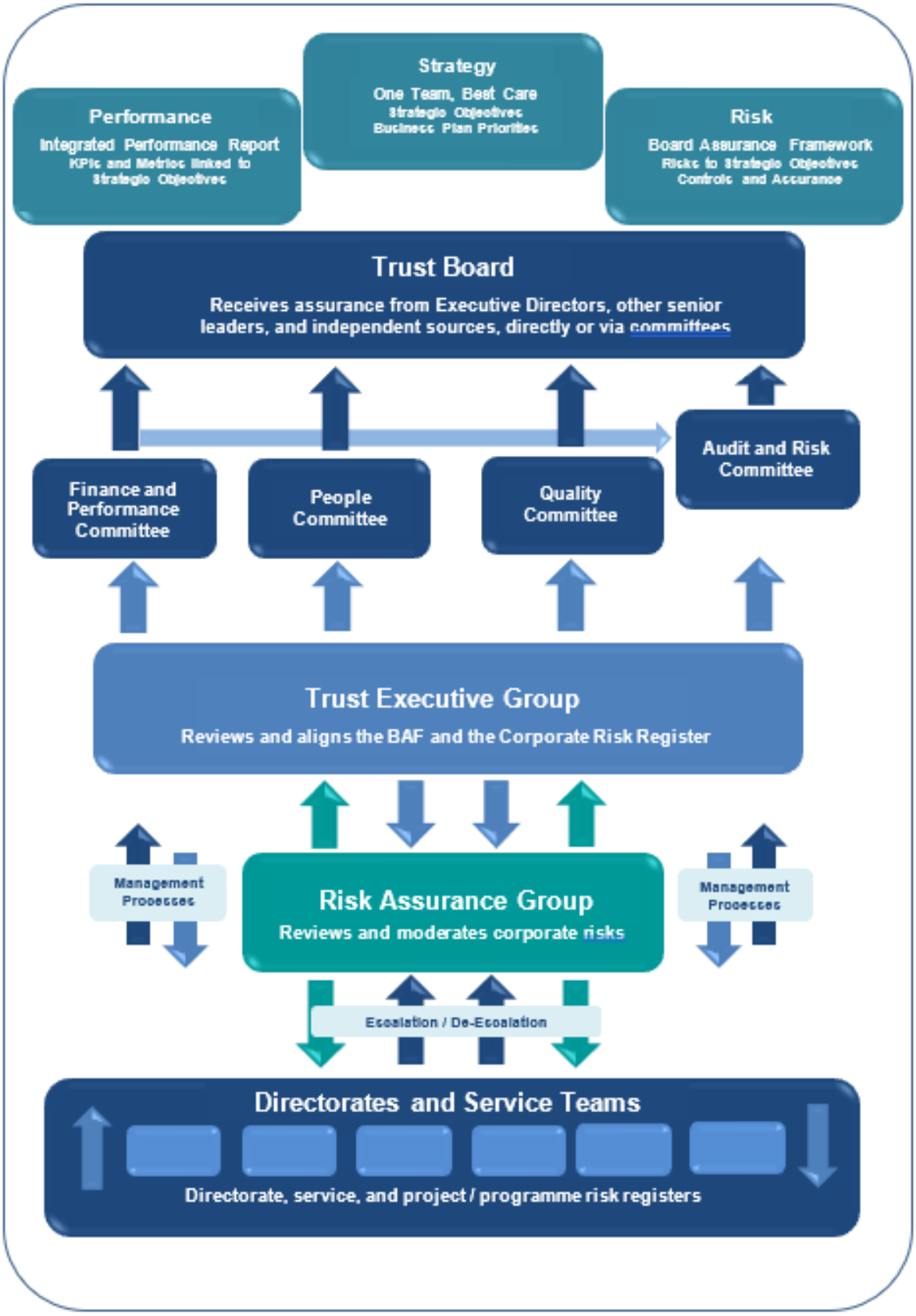
Strategic Ambition	**4**	**We use resources wisely to invest in and sustain services**	
Strategic Risk	**4c**	**Ability to deliver key enabling infrastructure effectively: estates and fleet**	**IF** the Trust is unable to deliver key enabling infrastructure effectively **THEN** there is a risk that estates and fleet will not be fit for purpose **RESULTING IN** premises locations, configurations and facilities that do not meet organisational needs and a fleet that does not support effective operations and care

Risk Appetite	Low	Initial	Current	Target	Corporate Risks (2023/24 Q4)	Control Framework	Assurance Framework	Controls and Assurance: Key Gaps / Developments	Key Mitigation Actions
CQC Domains Effective Well-Led **TEG Lead(s)** (Responsible for actions unless stated otherwise) Director of Finance **Committee Assurance** Finance and Performance Committee Audit and Risk Committee has oversight of the entire BAF as part of its assurance remit.		4 x 4 = 16	4 x 4 = 16	4 x 3 = 12	**Corporate Risks: Estates and Fleet** ● Risk 560: Capital Limits (16) ● Risk 561: CDEL timeliness (16) ● Risk 62: Climate change (15) ● Risk 511: EFF funding for estates (15) ● Risk 525 Long-term funding arrangements from the ICS (12) ● Risk 290: Fire doors (12) ● Risk 68: Deep clean tablet system (12) ● Risk 360: Manor Mill HART facilities (12)	**Key Controls** 2023/24 Business Plan - Priority 15 Trust Strategy Gate review process Capital Plan Fleet Strategy Estates Strategy Trust hybrid working model / plans YAS Green Plan Sector-wide net-zero targets (ICBs, PTS etc) **Additional Controls** Programme / Project Plans Trust policies and procedures Business planning process Procurement Group Strategic Health and Safety Committee Health and Safety processes Risk Assessment processes ERIC returns Premises Assurance Model Hybrid working plans National policies and guidance Professional standards Regulatory frameworks	**Board Level Assurance / Oversight** Trust Board Board Committees Audit and Risk Committee **1st Line Assurance** Directorate Management Groups Trust Management Bodies: TEG etc Performance Report (IPR, TEG etc) Infrastructure Management Group **2nd Line Assurance** Transformation Governance PMO Programme Assurance Hub and Spoke / AVP Boards Inspections for Improvement Process Strategic Health and Safety Committee Capital Monitoring Group **3rd Line Assurance** Internal Audit Reviews: Fleet Management and Maintenance (21/22 - Significant) Stocks and Stores (20/21 – Limited) Security Management (20/21- Significant) Estates Maintenance (18/19 – Significant) **External Assurance / Oversight** System-wide (ICBs, NAA, QGARD etc)) Reporting / accountability to govt depts and agencies (NHSE/I, CQC etc) Health and Safety Executive	**1. Estates Strategy** (control) **2. Estates developments** (control)	1.1 Develop and secure Board approval of the Estates Strategy, aligned as an enabler of the Trust Strategy (31/03/24) DOF. On track: draft strategy reported to F&P Committee on 05 October and recommended for Board approval. Developments since then, including a change in position relating to the Scarborough hub project, have pushed board approval back to April 2024. Workshops are ongoing with key stakeholders to configure and priorities estates improvements as part of the costed implementation plan to support the strategy. 2.1 Logistics hub completion, handover and operational (30/09/24) DOF. Complete, Logistics hub handed over and being operationalised. 2.2 Completion of EOC facilities, with power supply upgraded for staffing requirements (31/03/24) DOF. On track, EOC facilities operational. Power upgrade completed.

Three Lines of Assurance Model (formerly known as the 'Three Lines of Defence')



Risk Management and Assurance Information Flows



NHS
Yorkshire
Ambulance Service
NHS Trust

Integrated Performance Report

December 2023

Published 23 January 2024

Icon Guide

Exceptions, Variation and Assurance

Statistical Control Charts (SPC) are used to define variation and targets to provide assurance. Variation that is deemed outside the defined lower and upper limit will be shown as a red dot. Where available variation is defined using weekly data and if its not available monthly charts have been used. Icons are used following best practice from NHS Digital and adapted to YAS. The definitions for these can be found below.

Variation			Assurance		
					
Common cause No significant change	Special cause of concerning nature or **higher** pressure due to (H)igh or (L)ow values	Special cause of improving nature or **lower** pressure due to (H)igh or (L)ow values	Variation indicates inconsistently passing or falling short of target	Variation indicates consistently (F)alling short of target	Variation indicates consistently (P)assing target

Variation icons:
Orange indicates concerning **special cause variation** requiring action.
Blue indicates where improvement appears to lie.
Grey indicates no significant change (**common cause variation**).

Assurance icons:
Orange indicates that you would consistently expect to **miss** a target.
Blue indicates that you would consistently expect to **achieve** a target.
Grey indicates that sometimes the target will be achieved and sometimes it will not, due to random variation. In a RAG report, this indicator would flip between red and green.

Table of Contents

Strategy, Ambitions & Key Priorities

NHS Yorkshire Ambulance Service NHS Trust

One Team, Best Care

Our purpose is

to save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it

with our core values embedded in all we do

One Team | Innovation | Resilience | Empowerment | Integrity | Compassion

Our Vision

By 2023 we will be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients

Our Ambition for 2023 is that

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Delivery is directly supported by a range of enabling strategies

COMMUNITY ENGAGEMENT | PEOPLE | QUALITY IMPROVEMENT | DIGITAL | FLEET | ESTATES | FINANCE

Our Ambitions for 2023

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Our Key Priorities

1. Deliver the best possible response for each patient, first time.
2. Attract, develop and retain a highly skilled, engaged and diverse workforce.
3. Equip our people with the best tools, technology and environment to support excellent outcomes.
4. Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart.
5. Be a respected and influential system partner, nationally, regionally and at place.
6. Create a safe and high performing organisation based on openness, ownership and accountability.
7. Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding.
8. Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety.

TEG+ Overview

NHS Yorkshire Ambulance Service NHS Trust

December 2023 TEG Portfolio Delivery Dashboard

porting Status Date: 29/12/23

Overall YAS Change Portfolio Status - AMBER

Key: PJ - Projec PG - Program B-BAU

Project RAG Status: 3 (0) RED Projects | 10 (-1) AMBER Projects | 7 (0) GREEN Projects | 3 (0) PAUSED/STOPPED | 7 (+2) Completed Projects | Total Entries = 30

Workforce

Our People (5) - Portfolio Status - AMBER

0 RED | 2 Amber | 3 Green | Pause/Stop | Complete

Exec Sponsor - Mandy Wilcock/Dave Green

SRO - Nick Smith

International Recruitment — Extended to cover additional round of recruitment. Then Closeout as BAU — VERALL STATU — Deliver — Benefit — PJ

SRO - Dawn Adams

Occupational Health Mode — VERALL STATU — Deliver — Benefit — PJ

SRO - Mandy Wilcock

YAS Together (Year 1) — VERALL STATU — Deliver — Benefit — PJ

SRO - Mandy Wilcock

Operating Model Programme — VERALL STATU — Deliver — Benefit — PG

SRO - Clare Ashby

Bodyworn Camera Pilot — VERALL STATU — Deliver — Benefit —

Patient Centred

Our Patients (13) - Portfolio Status - AMBER

1 RED | 6 Amber | 1 Green | Pause/Stop | Complete

Exec Sponsor - Nick Smith

SRO - Jackie Cole

A&E and EOC Programmes — VERALL STATU — Deliver — Benefit — PG

Rotational Paramedics — Closure Report Being — sure Report Draft — PJ

Enhancement to Career Pathway — sure Report Draft — PJ

Phase 2 – Post Registration Paramedic Career Pathway — G Closed *Subject — PJ

EOC Bus Continuity Imps (Fairfields) — sure Report Draft — PJ

SRO - Lesley Butterworth

Mental Health Programme — VERALL STATU — Deliver — Benefit — PG

SRO - Chris Dexter

NEPTS Eligibility Implementation — VERALL STATU — Deliver — Benefit — PG

SRO - David Beet

IUC Improvement Programme Phs 1 — VERALL STATU — Deliver — Benefit — PG

1. Rota Review — Delivery — Benefits — PJ
2. Clinical Career Pathway IUC — Delivery — Benefits — PJ
3. Marketing & Recruitment Campaign — Delivery — Benefits — PJ
4. IUC Leadership Apprenticeships — Delivery — Benefits — PJ
5. IUC Uniforms — Delivery — Benefits — PJ

SRO - Liz Eastwood

NHS Charities Together-Y — VERALL STATU — Deliver — Benefit — PJ

Yorkshire Air Ambulance Review — VERALL STATU — Deliver — Benefit — PG

Mass Communications Tool — To inform GATE 2 Business — VERALL STATU — Deliver — Benefit — PJ

SRO - Dr Steven Dykes

Priority Patient Pathways & Safer Right Care — VERALL STATU — Deliver — Benefit — PJ

Stroke Video Triage Pilot — Completed Sept 23 — iting Closure Sign — From TEG/TEG+ — PJ

Agile Operations

Our Places (8) - Portfolio Status - RED

2 RED | 1 Amber | 1 Green | Pause/Stop | Complete

Exec Sponsor - Kathryn Vause

SRO - Glen Adams

Trust Demand Wforce & Accom (ORH) — ed - Now Part of — PJ

Logistics Hub — VERALL STATU — Deliver — Benefit — PG

Asset Management System — VERALL STATU — Deliver — Benefit — PJ

Pre-Packed POM Pouches — VERALL STATU — Deliver — Benefit — PJ

Hub & Spoke and AVP Programme (Planning & Business Cases Only) — VERALL STATU — Deliver — Benefit — PJ

Scarborough Cluster AVP Station — PAUSE — Deliver — Benefit — PJ

Hull Hub & Spoke — Project Paused — PAUSE — PAUSE — PJ

Hybrid / Agile Working (Phases 1 & 2) — sure Report Draft — raiting SRO Signo — PJ

Digital Enablers

Digital Enablers (2) - Portfolio Status - AMBER

0 RED | 1 Amber | 1 Green | Pause/Stop | Completed

TEG Sponsor - Simon Marsh

SRO - Simon Marsh

Clinical Systems Developn — VERALL STATU — Deliver — Benefit — PG

ESMCP-Mobile Data Vehicle Solution — VERALL STATU — Deliver — Benefit — PJ

Northern Ambulance Alliance

NAA (2) - Portfolio Status - AMBER

0 RED | 0 Amber | 1 Green | Pause/Stop | Completed

Exec Sponsor - NAA Board

SRO - Graham Norton

Integrated CAD — PROJECT STOPPED — PROJECT STOPPED — sure Report Recei — PJ

Robotic Process Automation — VERALL STATU — Deliver — Benefit — PG

New Projects Pending

GRS Replacement (GR165) - Due to commence reporting in February 24

EOC Improvement - Due to commence reporting in February 24

Pathways - Due to go to Board in February 24 for approval

PTS Fleet Replacement - Due to commence reporting in February 24

Other Projects 'In Closure'

FY22/23 Project: Supporting Fallers Outside by CFRs (Clos

FY22/23 Project: E-Expenses Software (Gate 4 TMG 21 Ju

999 IPR Key Exceptions - December 23

NHS Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:07		
999 - Answer 95th Percentile		00:01:01		
999 - AHT		385		
999 - Calls Ans in 5 sec	95.0%	84.3%		F
999 - C1 90th (T <15Mins)	00:15:00	00:15:19	L	F
999 - C2 Mean (T <18mins)	00:18:00	00:45:56	H	F
999 - C2 90th (T <40Mins)	00:40:00	01:44:33	H	F
999 - C3 Mean (T - <1Hr)	01:00:00	02:22:02	H	F
999 - C3 90th (T -<2Hrs)	02:00:00	05:26:41	H	F
999 - C1 Responses > 15 Mins		1,231		
999 - C2 Responses > 80 Mins		7,147	H	
999 - Job Cycle Time		01:57:57	H	
999 - Avg Hospital Turnaround	00:30:00	00:54:36	H	F
999 - Avg Hospital Handover	00:15:00	00:32:26	H	F
999 - Avg Hospital Crew Clear	00:15:00	00:22:00		F
999 - C1 Mean (T <7Mins)	00:07:00	00:08:46	L	F
999 - Total lost handover time		8,322	H	
999 - Crew clear over 30 mins %		24.2%		
999 - C1%		17.2%	H	
999 - C2%		63.3%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 7 seconds for December, a decrease from November of 1 second. The median remained the same at zero seconds while the 90th and 95th and 99th percentiles all decreased. The 90th decreased from 38 seconds in November to 31 seconds in December, 95th decreased from 67 seconds to 61 seconds and 99th decreased from 98 seconds to 96 seconds. This indicates that there was an overall decrease in the call answer times for December as well as fewer calls waiting to be answered for very long periods of time at the tail end.

Cat 1-4 Performance - No national targets were achieved for December and performance times worsened across all categories, although Cat1 performance times were similar to what they were in November. The mean performance time for Cat1 worsened from November by 2 seconds and the 90th percentile worsened by 18 seconds. The mean performance time for Cat2 worsened from November by 8 minutes 42 seconds and the 90th percentile worsened by 21 minutes 14 seconds. Abstractions were 1.8% lower than forecast for December, falling 1.2% from November. Weekly Net staff hours have risen compared to November by over 1,000 hours per week. Overall availability decreased by 2.7% from November. Compared to December 2022, abstractions are down by 2.7% and availability is up by 10.3%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 80.5% in December (17.2% Cat1, 63.3% Cat2) after a 2.2% increase compared to November (1.4% increase in Cat1 and 0.8% increase in Cat2). Comparing against December for the previous year, Cat1 proportion decreased by 1.9% and Cat2 proportion decreased by 0.0%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in December, with 1,231 responses over this target. This is 237 (23.8%) more compared to November. The number for last month was 51.4% less compared to December 2022. The number of Cat2 responses greater than 2x 90th percentile target increased from November by 2,843 responses (66.1%). This is a 42.7% decrease from December 2022.

Job cycle time - Overall, the average job cycle time increased by 5 minutes 39 seconds from November and was 13 minutes 13 seconds less than December 2022.

Hospital - From October, the way handover times are reported changed and following the new national guidance the average handover time has increased across the Trust. Turnaround and crew clear times remain unchanged by the new guidance. Last month the average handover time increased by 3 minutes 41 seconds and overall turnaround time increased by 7 minutes 10 seconds. The number of conveyances to ED was 5.6% higher than in November and 13.5% higher than in December 2022.

Demand- On scene response demand was 0.1% below forecasted figures for December and was 7.0% more than in November. All response demand (HT + STR + STC) was 12.8% higher than November and 19.8% higher than December 2022. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby more Cat5 incidents are transferred to IUC and closed as H&T when they would previously have been closed as no response and not be counted as an incident.

Outcomes - Comparing incident outcomes proportions within 999 for December 2023 against December 2022, the proportion of hear & treat increased by 5.7%, see treat & refer decreased by 2.4% and see treat & convey decreased by 3.3%. The proportion of incidents with conveyance to ED decreased by 3.0% from December 2022 and the proportion of incidents conveyed to non-ED decreased by 0.4%. Please note that changes mentioned above around the recording of H&T incidents means that there has been a relative increase in the proportion of H&T incidents and a decrease in on scene responses because of this.

IUC IPR Key Indicators - December 23

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		152,783		
IUC - Answered vs. Last Month %		21.9%		
IUC - Answered vs. Last Year %		5.7%		
IUC - Calls Triaged		146,665		
IUC - Calls Abandoned %	3.0%	8.6%		F
IUC - Answer Mean	00:00:20	00:01:50		F
IUC - Answered in 60 Secs %	90.0%	66.2%		F
IUC - Callback in 1 Hour %	60.0%	44.3%		F
IUC - ED Validations %	50.0%	41.4%		F
IUC - 999 Validations %	75.0%	99.6%		P
IUC - ED %		14.5%		
IUC - ED Outcome to A&E %		74.6%		
IUC - ED Outcome to UTC %		7.9%		
IUC - Ambulance %		12.5%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 167,142 calls in December, 15.2% below the annual business plan baseline demand. 152,783 (91.4%) of these were answered, 0.8% below last month and 20.0% above the same month last year.

Due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are being impacted and not at target levels as expected. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure decreased to 66.2% from 72.1% in December. Average speed to answer has increased by 33 seconds to 1 minute 50 seconds compared with 1 minute 17 seconds last month. Abandonment rate increased to 8.6% from 7.8% last month.

The proportion of clinician call backs made within 1 hour decreased to 44.3% from 49.5% last month. This is 15.7% below the national target of 60%. Core clinical advice decreased to 18.5% from 22.6% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 91.9% in December, whilst performance for overall validations was 99.6%, with 13,837 cases validated overall.

ED validation performance decreased to 41.4% from 53.4% last month. The target for this KPI is 50%. This figure being lower than the target is due in part to ED validation services being closed on DoS (in the out of hours periods) for several periods of time during the month as a result of clinical demand and capacity pressures to the service. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs decreased to 43.1% from 44.2% last month and ED bookings decreased to 25.6% from 26.5%. Referrals to IUC Treatments Centres have stayed consistent, however an issue with the booking system is causing the bookings figure for this KPI to appear very low.

PTS IPR Key Indicators - December 23

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	76.7%		
PTS - Arrive at Appointment Time	90.0%	85.9%		
PTS - Journeys < 120Mins	90.0%	99.0%		
PTS - Same Month Last Year		8.0%		
PTS - Increase - Previous Month		-8.5%		
PTS - Demand (Journeys)		73,822		

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity for December was 73,822 in December. Demand continued to increase following November's high demand up until w.c 18th December, however demand during Christmas week was significantly lower, meaning demand for the month as a whole was 8.5% lower than November. This is 8.0% above the same month last year however, equivalent to c5,500 extra journeys and continuing the trend of increased demand in recent months. Delivered journeys were 2.0% above the annual business plan.

Focus continues on the 120 Min Discharge KPI and patient flow.

The average Patients Per Vehicle was 1.27 during December; -0.01 on the previous month. Private provider hours have seen an increase in recent months, with another slight increase in December (+0.5% on November). KPI 3 and KPI 4 target measure(s) have been aligned with the South Yorkshire contract from May and performance has increased since then. In December, KPI 4 was a positive exception for the third consecutive month despite a 2.5% decrease at 85.1%, which is 5.7% below target. Note that performance outside of contractual KPI does provide context and assurance around discharge and arrival for appointment time.

Call volume saw a decrease of 13.5% on the previous month, however was 16.6% above last December, equivalent to c5,100 additional calls offered. Telephony performance saw a significant increase (+23.1%) once again: 76.7% for the month of December. Current modelling demonstrates that Reservations were in line with requirement for the month as a whole, however looking by week, w.c 4th and w.c 11th of December were under requirement, whereas the following 2 weeks were over requirement. Recent recruitment and improvements in Call Handler Wrap time seems to have had a positive effect as this was the highest monthly telephony performance since January 2022.

Workforce Summary

A&E | IUC | PTS | EOC | Other | Trust

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Dec 22	Nov 23	Dec 23
Turnover (FTE) %	12.0%	10.3%	10.4%
Vacancy Rate %	13.2%	13.3%	13.1%
Apprentice %	9.5%	9.9%	9.8%
BME %	6.0%	6.8%	6.8%
Disabled %	5.1%	7.2%	7.2%
Sickness - Total % (T-5%)	8.9%	6.5%	7.7%
PDR / Staff Appraisals % (T-90%)	69.2%	72.1%	72.7%
Stat & Mand Training (Fire & IG) 1Y	88.0%	95.2%	95.1%
Stat & Mand Training (Core) 3Y	91.3%	96.1%	96.5%
Stat & Mand Training (Face to Face)	80.7%	88.2%	88.2%
Stat & Mand Training (Safeguarding L2 +)	94.6%	95.4%	95.5%

Assurance: All data displayed has been checked and verified

YAS Commentary

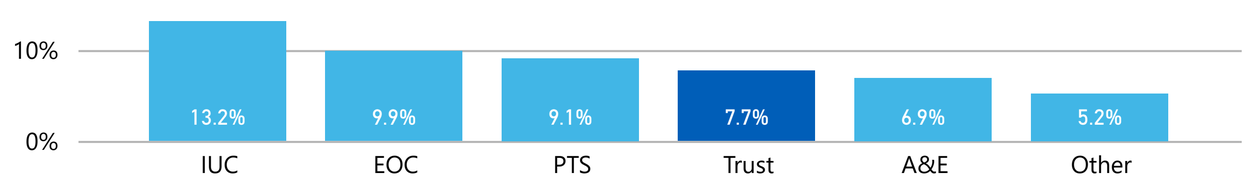
FTE, Turnover, Vacancies and BME - The Turnover and Vacancy Rate have remained stable compared to November 2023; whilst the turnover has reduced by 1.6 percentage points compared with 12 months ago, vacancy rates have remained high but stable. Both vacancies and turnover remain high for IUC with 38.1% and 30.7% respectively (Note: IUC figures are for those employed staff leaving the Trust only). A business case for change in IUC has been approved with staff consultation pending. The YAS Together programme continues to progress with the aim of addressing some cultural concerns. The numbers of BME and staff living with disabilities is steadily increasing. Note: The vacancy rate shown is based on the budget position against current FTE establishment with some vacancies being covered by planned overtime or bank.

Sickness – Sickness has increased from the previous month by 1.2 percentage points from 6.5% to 7.7%. A sub-group of the Operational Efficiency Group is working to actively reduce absence through a review of absence management processes, reasonable workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. The new Supporting Attendance policy has been approved and is to be implemented in the new year.

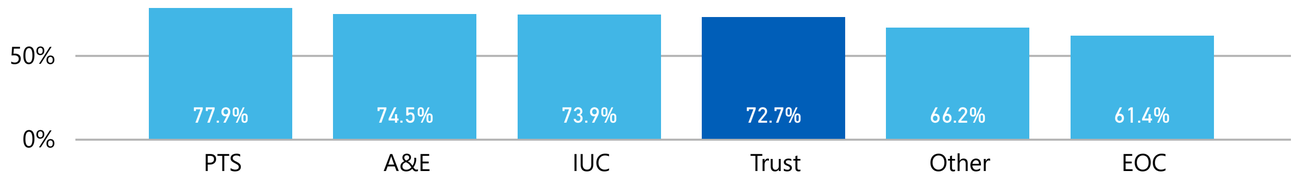
PDR / Appraisals – The overall compliance rate has increased marginally compared to November 2023 and is 4.6pp higher than December 2022. PTS remains the highest performing area (77.9%) albeit is a decreasing trend, with Other improving by 7pp (mainly P&OD). Targeted support is being provided to areas with lower compliance in addition to the Trust-wide update briefings and workshops on how to conduct quality appraisals and career conversations. A monthly email to all Managers highlights use of the Compliance Dashboard, encouraging data cleanse and setting clear 90% compliance targets for appraisal completion and training.

Statutory and Mandatory Training – At Trust level, 3 out of 4 training measures are compliant (90%+). IUC, PTS and Other are all compliant (green) for all categories. The year 2 target on the 3-year recovery plan for face-to-face training has been met, with compliance rates remaining static as one-day Refresher courses cancelled in support of the December Initiative. Managers continue to receive monthly Compliance Dashboard updates with key messages regarding priorities for action, supported by local Essential Learning Champions.

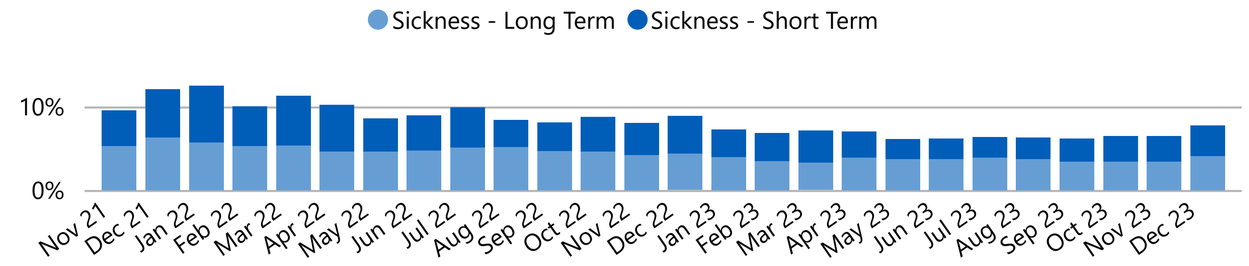
Sickness Benchmark for Last Month



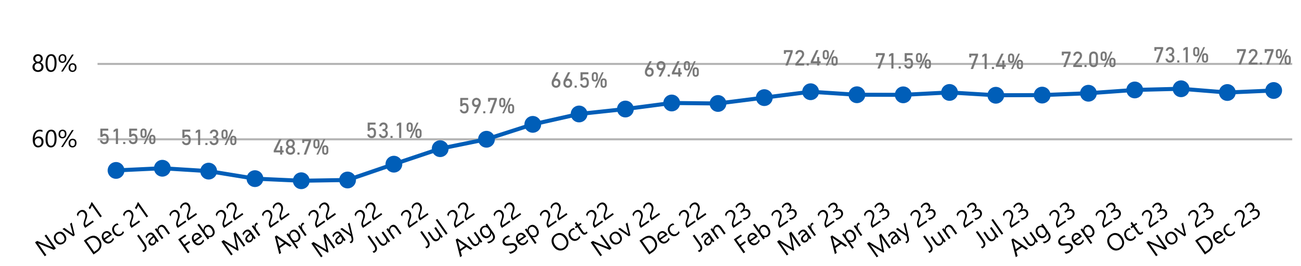
PDR Benchmark for Last Month



Sickness



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause) - December 23

Overview - Unaudited Position

Overall

The Trust has a year end surplus position at month 9 of £6.4m as shown below. This position is as a result of slippage in pay vacancies and phasing into the later part of the year.

Capital

The expenditure is lower than plan due in the main to delays on Fleet DCA deliveries and the recovery of VAT re 22//23 Major refurbs of EOC & Bradford AS together with some dropped 22/23 accruals no longer required.

Cash

As at the end of December, the Trust had £68.7m cash at bank. (£61.9m at the end of 22/23).

Risk Rating

There is currently no risk rating measure reporting for 2023/24.

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£0	£6,382	£6,382
Cash	£67,750	£68,668	£918
Capital	£8,184	£4,533	-£3,651

Monthly View (£000s)

Indicator Name	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12
Surplus/ (Deficit)	£0	£485	£6,015	£800	£1,200	-£1,605	-£513
Cash	£76,347	£75,413	£77,377	£78,100	£80,280	£79,769	£68,668
Capital	£258	£0	£175	£76	£574	£2,873	£368

Patient Demand Summary

Demand Summary

Indicator	Dec 22	Nov 23	Dec 23
999 - Incidents (HT+STR+STC)	64,527	68,538	77,326
999 - Calls Answered	99,733	85,039	97,819
IUC - Calls Answered	144,537	125,338	152,783
IUC - Calls Answered vs. Ceiling %	-23.5%	-20.8%	-24.0%
PTS - Demand (Journeys)	68,336	80,702	73,822
PTS - Increase - Previous Month	-13.4%	3.8%	-8.5%
PTS - Same Month Last Year	-5.1%	2.3%	8.0%
PTS - Calls Answered	26,559	33,893	31,958

Commentary

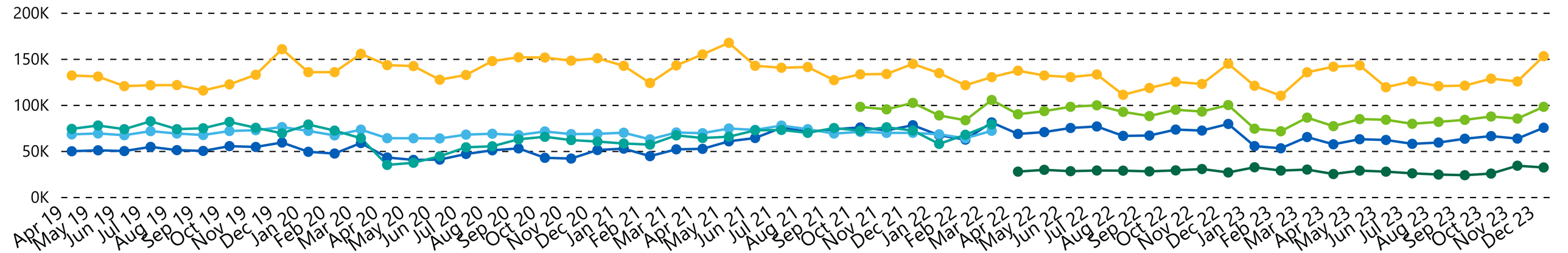
999 - On scene response demand was 0.1% below forecasted figures for December and was 7.0% more than in November. All response demand (HT + STR + STC) was 12.8% higher than November and 19.8% higher than December 2022. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby more Cat5 incidents are transferred to IUC and closed as H&T when they would previously have been closed as no response and not be counted as an incident.

IUC - YAS received 167,142 calls in December, 15.2% below the annual business plan baseline demand. 152,783 (91.4%) of these were answered, 0.8% below last month and 20.0% above the same month last year.

PTS - PTS Total Activity for December was 73,822 in December. Demand continued to increase following November's high demand up until w.c 18th December, however demand during Christmas week was significantly lower, meaning demand for the month as a whole was 8.5% lower than November. This is 8.0% above the same month last year however, equivalent to c5,500 extra journeys and continuing the trend of increased demand in recent months. Delivered journeys were 2.0% above the annual business plan.

Overall Calls and Demand

Figure 999 - Total Calls via Telephony (AQI) 999 - Incidents (HT+STR+STC) 999 - Calls Answered IUC - Calls Answered PTS - Demand (Journeys) PTS - Calls Answered

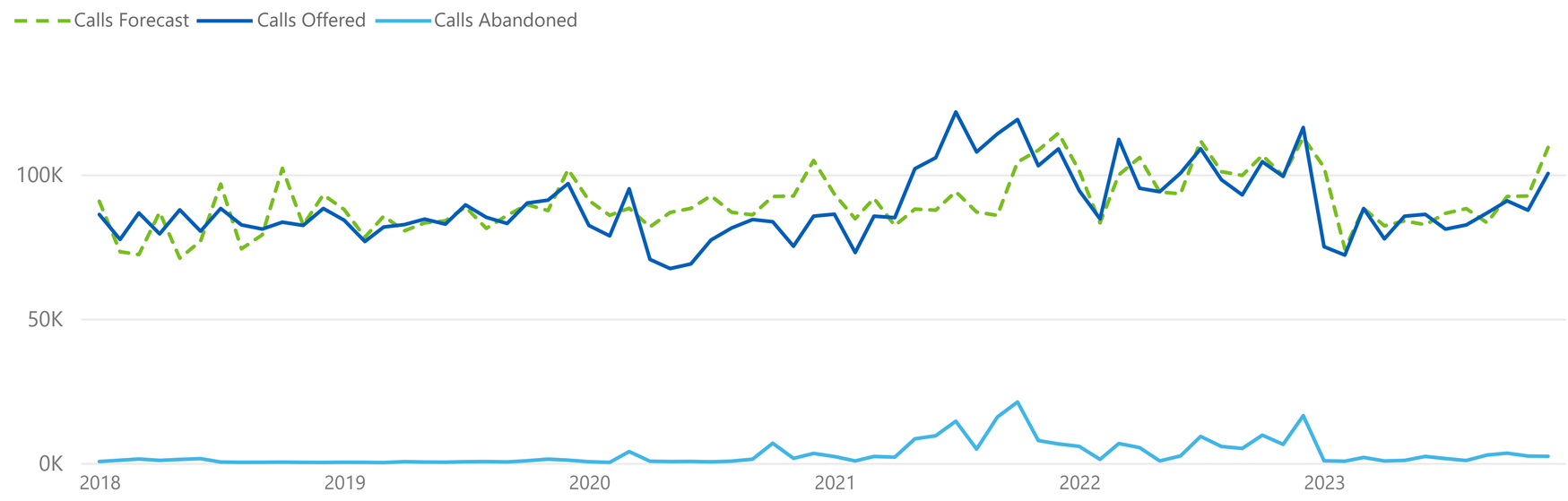


999 and IUC Historic Demand

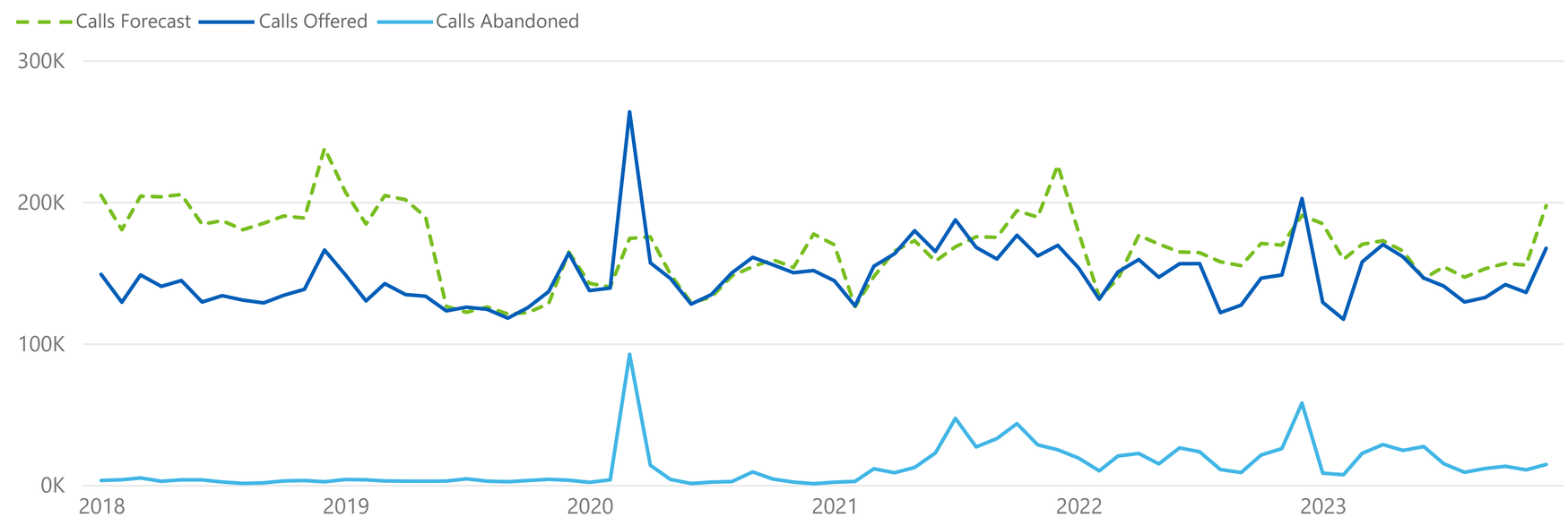
999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.

NHS Yorkshire Ambulance Service NHS Trust

999 Historic Call Demand



IUC Historic Demand



999

999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non-emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls answered and abandoned. The difference between calls offered and abandoned is calls answered.

In December 2023, there were 100,336 calls offered which was 8.2% below forecast, with 98,039 calls answered and 2,297 calls abandoned (2.3%). There were 14.6% more calls offered compared with the previous month and 13.7% fewer calls offered compared with the same month the previous year.

Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 3.5% reduction in abandoned calls compared with the previous month.

IUC

YAS received 167,142 calls in December, 15.2% below the annual business plan baseline demand. 152,783 (91.4%) of these were answered, 0.8% below last month and 20.0% above the same month last year.

Calls abandoned increased to 8.6% from 7.8% last month and was 20.0% below last year.

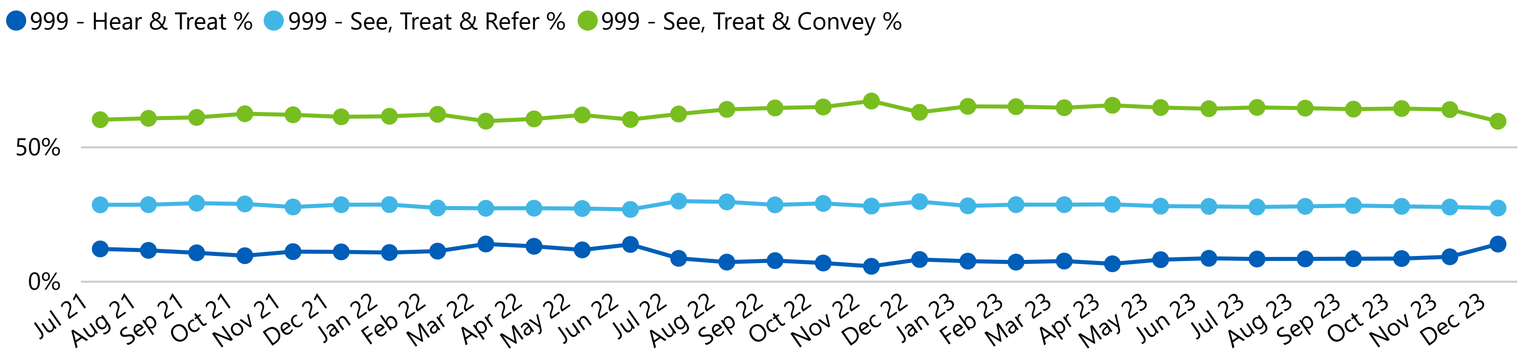
Patient Outcomes Summary

NHS Yorkshire Ambulance Service NHS Trust

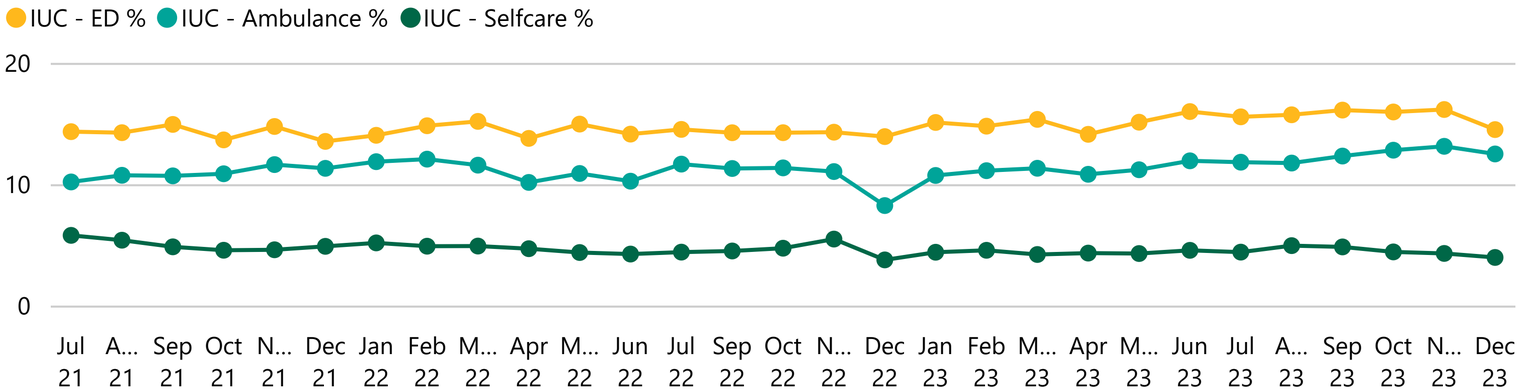
Outcomes Summary

ShortName	Dec 22	Nov 23	Dec 23
999 - Incidents (HT+STR+STC)	64,527	68,538	77,326
999 - Hear & Treat %	7.9%	8.9%	13.6%
999 - See, Treat & Refer %	29.4%	27.4%	27.0%
999 - See, Treat & Convey %	62.7%	63.7%	59.3%
999 - Conveyance to ED %	56.4%	57.1%	53.4%
999 - Conveyance to Non ED %	6.3%	6.6%	5.9%
IUC - Calls Triaged	146,348	117,582	146,665
IUC - ED %	13.9%	16.2%	14.5%
IUC - Ambulance %	8.2%	13.1%	12.5%
IUC - Selfcare %	3.8%	4.3%	4.0%
IUC - Other Outcome %	13.6%	15.6%	16.2%
IUC - Primary Care %	57.3%	49.8%	51.8%
PTS - Demand (Journeys)	68,336	80,702	73,822

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcomes proportions within 999 for December 2023 against December 2022, the proportion of hear & treat increased by 5.7%, see treat & refer decreased by 2.4% and see treat & convey decreased by 3.3%. The proportion of incidents with conveyance to ED decreased by 3.0% from December 2022 and the proportion of incidents conveyed to non-ED decreased by 0.4%. Please note that changes mentioned above around the recording of H&T incidents means that there has been a relative increase in the proportion of H&T incidents and a decrease in on scene responses because of this.

IUC - The proportion of callers given an Ambulance outcome was 12.5%, with Primary Care outcomes at 51.8%. The proportion of callers given an ED outcome was 14.5%. The percentage of ED outcomes where a patient was referred to a UTC was 7.9%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Dave Green)

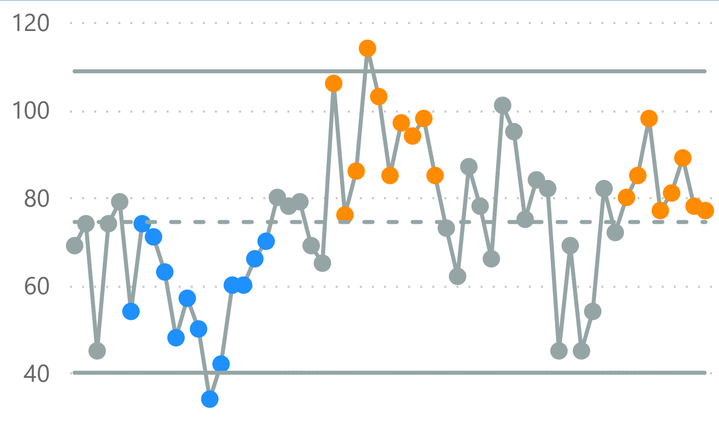
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

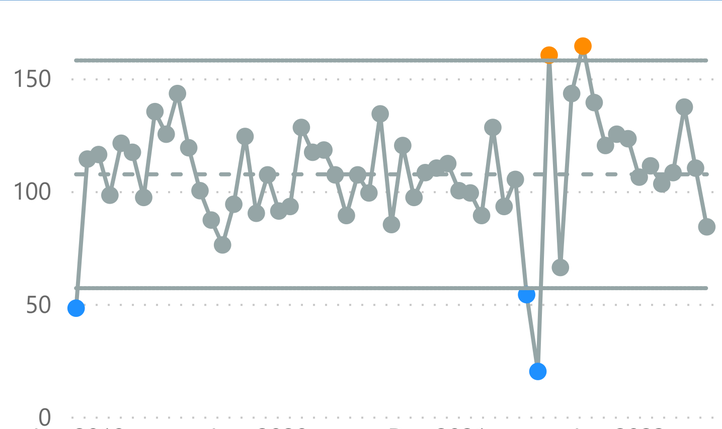
Patient Relations

Indicator	Dec 22	Nov 23	Dec 23
Service to Service	47	90	72
Concern	32	53	52
Compliment	143	110	84
Complaint	69	78	77

Complaint



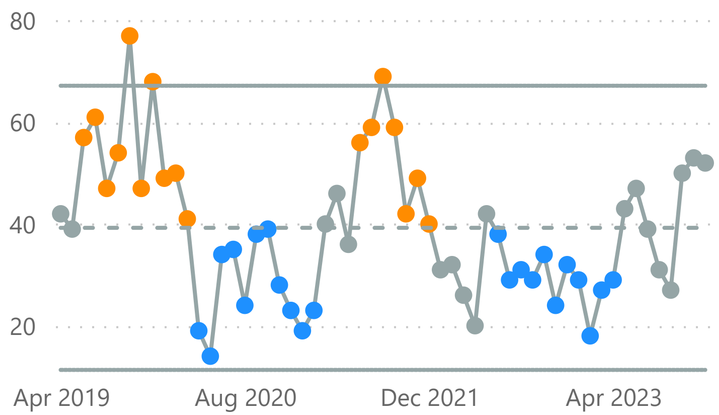
Compliment



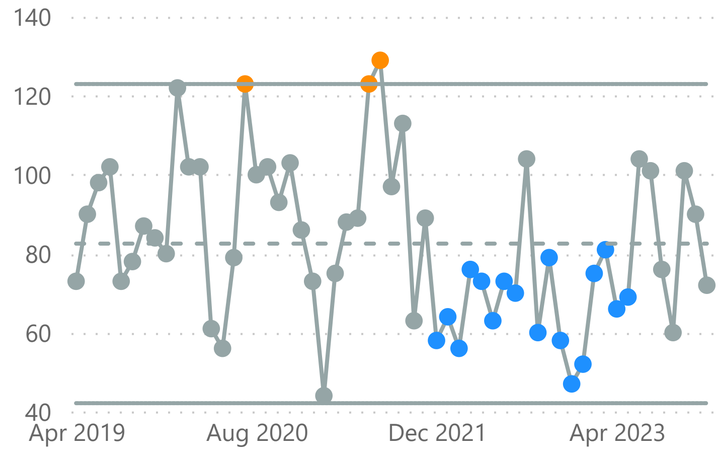
YAS Comments

There has been an increase in Service to Service cases for EOC during the month whilst Concerns and Complaints have remained at the same level as last month. A&E complaints and concerns have remained the same as November whilst Service to Service cases have decreased significantly and PTS have seen a decrease in complaints and concerns, whilst IUC complaints and concerns have increased.

Concern



Service to Service



Patient Safety - Quality (Director Responsible - Dave Green)

A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Incidents

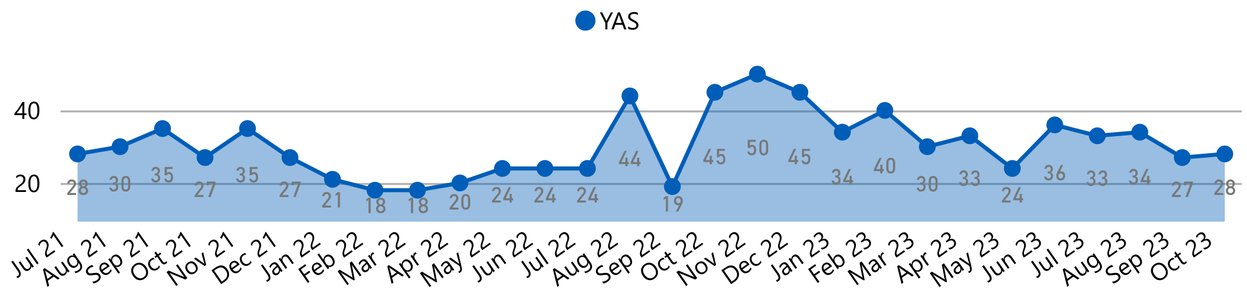
Indicator	Dec 22	Nov 23	Dec 23
All Incidents Reported	788	937	925
Number of duty of candour contacts	27	1	7
Number of RIDDORs Submitted	5	3	5
Patient Safety Indicator Incident Investigation		3	

	Oct 22	Sep 23	Oct 23
Moderate & Above Harm (verified)	45	27	28
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	6	4	5
Serious incidents (verified)	18	5	2

Hygeine

Indicator	Dec 22	Nov 23	Dec 23
% Compliance with Hand Hygiene	99.4%	99.1%	83.7%
% Compliance with Premise	98.5%	95.1%	90.5%
% Compliance with Vehicle	97.5%	97.9%	92.4%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Dec 22	Nov 23	Dec 23
Domestic Homicide Review (DHR)	3	2	4
Safeguarding Adult Review (SAR)	2	6	2
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	3	1	1
Child Death	21	18	21

A&E Long Responses

Indicator	Dec 22	Nov 23	Dec 23
999 - C1 Responses > 15 Mins	2,533	994	1,231
999 - C2 Responses > 80 Mins	12,483	4,304	7,147

YAS Comments

Domestic Homicide Reviews (DHR) – Four requests for information in relation to DHR's were received in December, this number has doubled compared to November. 3 requests for information were from South Yorkshire with the other coming from North Yorkshire. Age ranges were from 25-53 with prominent themes being suicide following domestic abuse.

Safeguarding Adult Review (SAR) – Two requests for information in relation to SAR's were received in December. Self-neglect and isolation/cuckooing were the associated themes seen.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – Zero requests in relation to CSPR's were received in December. One request for information in relation to a rapid review was received in December. This was in relation to a baby under 1 with non-accidental injuries.

Child death - The Safeguarding team contributed information in relation to 21 children who died in December. Prominent themes included road traffic collisions, prematurity, Sudden infant death, planned palliative care.

Fleet and Estates

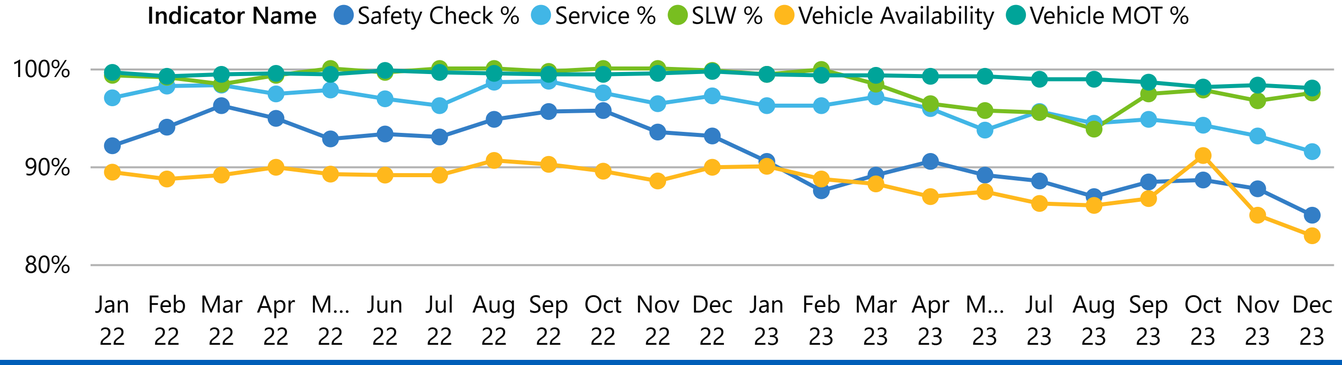
Estates

Indicator	Nov 23	Dec 23
P1 Emergency (2 HRS)	50.0%	100.0%
P1 Emergency – Complete (<24Hrs)		100.0%
P2 Emergency (4 HRS)	91.9%	96.4%
P2 Emergency – Complete (<24Hrs)	67.7%	78.2%
Planned Maintenance Complete	96.7%	62.3%
P6 Non Emergency - Attend within 2 weeks	77.6%	95.0%
P6 Non Emergency - Complete within 4 weeks	69.0%	81.3%
P5 Non Emergency - Logged to Wrong Category	50.0%	100.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 309 jobs for the month of December. This is representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 26 requests followed by HART at 15 and Doncaster at 12 requests for reactive works. SLA figures are relatively high with at an overall attendance KPI at 94% however, completion KPI is slightly lower than usual at 81%. The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P3 category accounts for just under a third of request with attendance KPI at 94% against a target of 98%. P4 category account for just over a quarter of requests with attendance KPI at 97% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 97% for December with a completion of 62%.

999 Fleet



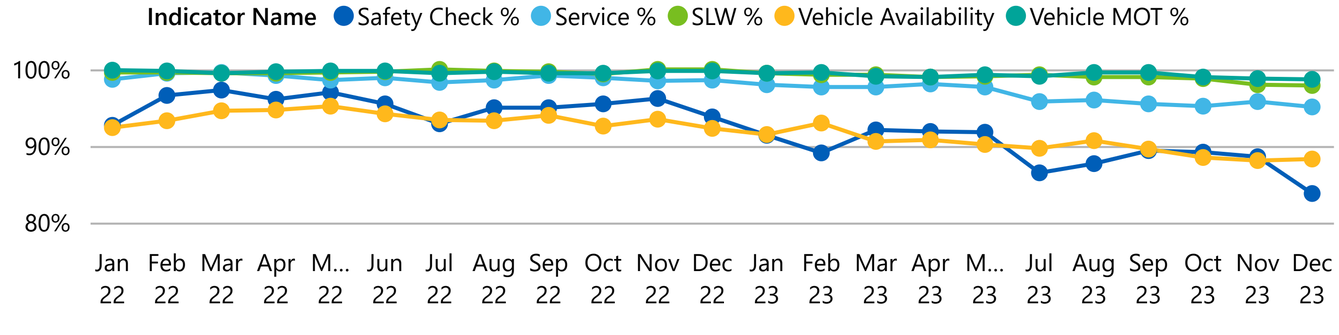
999 Fleet Age

IndicatorName	Dec 22	Dec 23
Vehicle age +7	10.7%	13.0%
Vehicle age +10	1.6%	2.0%

PTS Age

IndicatorName	Dec 22	Dec 23
Vehicle age +7	21.1%	28.2%
Vehicle age +10	1.0%	4.8%

PTS Fleet



Fleet Comments

A&E availability has dropped by 2.1% to 82.9% in December this is due to an increased number of engine faults on the 2.3 litre Fiat Ducato which are lengthy repairs, fleet are investigating the cause of the engine problems with the intent to implement preventative changes to stop the number of engine faults. Due to the impact of vehicle availability December has seen a small drop in Routine maintenance with overall compliance dropping by 1% to 93%. PTS compliance remains high but has dropped by 1.4% to 93.9% overall, this is due to resource allocated to the improved A&E availability. Fleet are working with operational colleagues to ensure rotas have the required vehicle availability.

A&E age profile has increased as planned to accommodate for additional vehicles. DCA deliver has now started with vehicle commissioning underway with 16 vehicles in service. PTS vehicles over 7 years and 10 years has remained stable in December, with vehicle orders proceeding.

Glossary - Indicator Descriptions (A&E)

NHS Yorkshire Ambulance Service NHS Trust

A&E

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB99	999 - AHT	int	The average handling time, in seconds, for 999 EMDs in EOC
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.
AMB94	999 - Total lost handover time	int	The total lost handover time over 30 minutes

Glossary - Indicator Descriptions (IUC and PTS)

Yorkshire Ambulance Service NHS Trust

IUC and PTS

mID	ShortName	IndicatorType	AQIDescription
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

NHS Yorkshire Ambulance Service NHS Trust

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS28	Moderate & Above Harm (Verified)	int	
QS29	Patient Incidents - Major, Catastrophic, Catastrophic (death)	int	
QS30	Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	int	
QS31	Domestic Homicide Review (DHR)	int	
QS32	Safeguarding Adult Review (SAR)	int	
QS33	Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	int	
QS34	Child Death	int	
QS35	Patient Safety Indicator Incident Investigation	int	
QS24	Staff survey improvement question	int	(TBC, yearly)
QS21	Number of RIDDORs Submitted	int	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

Glossary - Indicator Descriptions (Workforce)

Yorkshire Ambulance Service NHS Trust

Workforce

mID	ShortName	IndicatorType	AQIDescription
WF37	Fire Safety - 2 Years	percent	Percentage of staff with an in date competency in Fire Safety - 2 Years
WF36	Headcount in Post	int	Headcount of primary assignments
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the period.
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF24	Safeguarding Adults Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 3 Years
WF19	Vacancy Rate %	percent	Full Time Equivalent Staff required to fill the budgeted amount as a percentage
WF18	FTE in Post %	percent	Full Time Equivalent Staff in post, calculated as a percentage of the budgeted amount
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handling Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safeguarding Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Moving and Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults Level 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire Safety & Awareness"
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF04	Turnover (FTE) %	percent	The number of Fixed Term/ Permanent Employees leaving FTE (all reasons) relative to the average FTE in post in a 12 Months rolling period

Glossary - Indicator Descriptions (Clinical)

Yorkshire Ambulance Service NHS Trust

Clinical

mID	ShortName	IndicatorType	Description
CLN56	999 Subsequent Call Backs Within 72 Hours See, Treat, and Convey	percent	999 Subsequent Call Backs Within 72 Hours See, Treat, and Convey
CLN55	999 Subsequent Call Backs Within 72 Hours See, Treat, and Refer	percent	999 Subsequent Call Backs Within 72 Hours See, Treat, and Refer
CLN54	999 Subsequent Call Backs Within 72 Hours Heart Treat	percent	999 Subsequent Call Backs Within 72 Hours Heart Treat
CLN52	Falls Conveyance Rate	percent	Falls Conveyance Rate
CLN51	Falls Care Bundle Compliance	percent	Falls Care Bundle Compliance
CLN50	Number of Fall Patients	int	Number of Fall Patients
CLN49	Heart Attack Care Bundle Compliance	percent	Heart Attack Care Bundle Compliance
CLN48	Average Heart Attack Call to Door Minutes	int	Average Heart Attack Call to Door Minutes
CLN47	Average Stroke On Scene Time Minutes	int	Average Stroke On Scene Time Minutes
CLN46	Cardiac ROSC Care Bundle	percent	Cardiac ROSC Care Bundle
CLN45	Bystander CPR	percent	Bystander CPR
CLN44	Number of Cardiac Arrests	int	Number of Cardiac Arrests
CLN43	STEMI Pre & Post Pain Score %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN42	STEMI Pre & Post Pain Score	int	Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN41	STEMI Analgesia %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate analgesia
CLN40	Number of patients who received appropriate analgesia (STEMI)	int	Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.

Glossary - Indicator Descriptions (Fleet and Estates)

NHS Yorkshire Ambulance Service NHS Trust

Fleet and Estates

mID	ShortName	IndicatorType	Description
FLE07	Service %	percent	Service level compliance
FLE06	Safety Check %	percent	Safety check compliance
FLE05	SLW %	percent	Service LOLER (Lifting Operations and Lifting Equipment Regulations) and weight test compliance
FLE04	Vehicle MOT %	percent	MOT compliance
FLE03	Vehicle Availability	percent	Availability of fleet across the trust
FLE02	Vehicle age +10	percent	Vehicles across the fleet of 10 years or more
FLE01	Vehicle age 7-10	percent	Vehicles across the fleet of 7 years or more
EST15	P5 Non Emergency - Logged to Wrong Category	percent	P5 Non Emergency - Logged to Wrong Category
EST14	P6 Non Emergency - Complete within 4 weeks	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency - Attend within 2 weeks	percent	P6 Non Emergency - Attend within 2 weeks
EST12	P2 Emergency – Complete (<24Hrs)	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (4 HRS)	percent	P2 Emergency – attend within 4 hrs compliance
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST08	P4 Non Emergency – Complete (<14 Days)	percent	P4 Non Emergency completed within 14 working days compliance
EST07	P3 Non Emergency – Complete (<72rs)	percent	P3 Non Emergency completed within 72 hours compliance
EST06	P1 Emergency – Complete (<24Hrs)	percent	P1 Emergency completed within 24 hours compliance
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST03	P4 Non Emergency (<24Hrs)	percent	P4 Non Emergency attended within 2 working days compliance
EST02	P3 Non Emergency (<24Hrs)	percent	P3 Non Emergency attended within 24 hours compliance
EST01	P1 Emergency (2 HRS)	percent	P1 Emergency attended within 2 hours compliance

Public Trust Board
Chief Operating Officer Report
1st February 2024

Presented for:	Assurance
Accountable Director:	Nick Smith. Chief Operating Officer
Presented by:	Nick Smith. Chief Operating Officer
Author:	Nick Smith. Chief Operating Officer
Previous Committees:	None
Legal / Regulatory:	No

Key Priorities/Goals	Deliver the best possible response for each patient, first time Equip our people with the best tools, technology and environment to support excellent outcomes

Strategic Ambition	(✓)	**BAF Strategic Risk**
1. Patients and communities experience fully joined-up care responsive to their needs	X	1a Ability to deliver high quality care in 999/A&E Operations
2. Our people feel empowered, valued and engaged to perform at their best		2a Ability to ensure provision of sufficient clinical workforce capacity and capability
3. We achieve excellence in everything we do		3c Ability to respond well to climate change and other business continuity threats
4. We use resources wisely to invest in and sustain services		Choose an item.

Key points	
This paper needs to be read in conjunction with the December Integrated Performance Report (IPR) which identified the key performance metrics across all service lines.	Information

Highlights	Lowlights
Emergency Operations Centre (EOC) As we continue to increase the number of 999 call handlers our average call taking performance has continued to perform well, In December YAS achieved a 10 second average answer time. This is the 5th month in a row where it has been below 15 seconds. As we continue to recruit and train, we expect of answer times to continue to reduce. The turnover of staff in EOC continues to be significantly lower than our plan which is making a positive impact on capacity. This reflects the improved working environment in EOC. The Hear and Treat % has increased significantly from 8% to 15% as a result of all Category 5 calls being passed automatically to IUC for assessment by an Health Advisor. As a result YAS is not an outlier compared to other Trusts. **Accident & Emergency Operations (A&E)** The average speed of response to our patients in December 2023 (46 minutes for Category 2) was significantly quicker than December 2022 (78 minutes). However, we were still below our target for all categories of calls. **Integrated Urgent Care (IUC)** With national support the 111 call answer times we remain in the top quartile nationally for call answering and clinical call back. **Patient Transport Service (PTS)** Timeliness of response remains good, especially for our vulnerable renal patients. Call answer times for our PTS callers has improved significantly and in December achieved 77% answered in 3 minutes. This is the 5th month of continual improvement. **Emergency Planning Resilience and Response (EPRR)** YAS continues to achieve very high compliance with both HART (Hazardous Area Response Team) and SORT (Specialist Operational Response Team) availability. This ensures our capability to response to significant incidents.	**Emergency Operations Centre (EOC)** PDR compliance rates are low for the year. These rates will improve in quarter 4 as a result of the increasing capacity within EOC. We have has a number of technical incidents that have impacted our network, telephony or dispatch system (CAD). **Accident & Emergency Operations (A&E)** Due to the deterioration of monthly response times since October 2023 we are unlikely to achieve the target of an average 30-minute response time for Category 2 calls. The projected YTD position is now 32 minutes and 55 seconds. Turnaround delays continue to significantly impact on our ability to respond in a timely way. The YTD position for YAS is an average of 48 minutes with variance between 44 minutes in West Yorkshire ICB and 61m in Humber and North Yorkshire ICB. Although better than 2022 the December 2023 average was 55 minutes for December with HNY ICB being 71 minutes. A number of system summits are taking place and actions taken to release crews quickly for our most vulnerable patients. The recruitment of Ambulance Support Workers continues to be behind schedule due to delays in applicants securing the necessary provisional driving licence from the DVLA. A Quality Improvement workshop is being held around this on the 9th February. **Integrated Urgent Care (IUC)** Attrition continues to be a challenge in IUC, especially during the first few weeks of training. The Case for Change was approved by the Trust Board and new rotas will be implemented in June alongside other agreed interventions.

Key Issues to Address	Action Implemented	Further Actions to be Made
Emergency Operations Centre (EOC) We need to maximise our remote clinical assessment capacity. We need absolute stability in our critical systems. **Accident & Emergency Operations (A&E)** Category 2 response times across Yorkshire are too long. There is also significant variation across ICB footprints. Hospital Handover Times are excessive across HNY and SY ICB areas. Ambulances are now a limiting factor in the number of crews we can put out. **Integrated Urgent Care (IUC)** Turnover is exceptionally high for Health Advisors Working environment and rotas are not conducive to a high performing contact centre. Poor leadership capacity and capability **Patient Transport Service (PTS)** Proposed implementation of Eligibility **Emergency Planning Resilience and Response (EPRR)** The business case based upon the recommendations of the Manchester Arena Inquiry (MAI) needs funding.	**Emergency Operations Centre (EOC)** Majority of band 7 Clinical Navigator posts advertised and filled. C2 Segmentation+ implemented. Remote Clinical Hubs in place in Hull, Leeds, Keighley, Sheffield for rotation. Remote Clinical Assessor training courses scheduled for central and remote clinician. **Accident & Emergency Operations (A&E)** Implemented winter tactical plan actions. Implemented 'December initiative' actions. Developed, but not implemented a surge (in extremis) plan. Implemented 'Duty to Rescue' process during significant handover problems and developing a 45-minute maximum wait model with Northern General and Hull Royal. Maximised operation hours through annual profiling. Increased fleet by holding onto 40 replacement ambulances that would have been disposed of. **Integrated Urgent Care (IUC)** Case for Change was approved by Trust Board on the 26th October 2023 to address key challenges in IUC. **Emergency Planning Resilience and Response (EPRR)** Core-Standard self-assessment has been submitted. MAI Business Case supported by ICBs subject to funding availability.	**Emergency Operations Centre (EOC)** Additional remote hub at Northallerton Maximise the opportunities for preceptorship for recently trained remote clinical assessors. This is a limiting factor. Continued focus on the stability of critical systems. **Accident & Emergency Operations (A&E)** Incorporate 'in extremis' actions into REAP 4. Increase fleet by an additional 40 vehicles on top of the original 40 extra. Complete the operationalising of the 'Duty to Rescue' and the 45-minute maximum wait model. **Integrated Urgent Care (IUC)** Commence consultation with IUC workforce for implementation of the new rota. Commence recruitment to key operational roles. **Patient Transport Service (PTS)** Intensify conversations with ICB and Providers around the impact of Eligibility. **Emergency Planning Resilience and Response (EPRR)** Secure ICB funding for the approved MAI Business Case.

Board of Directors Meeting (held in Public)
NHS England Core Standards 23/24
01 February 2024

Presented for:	Assurance and Information
Accountable Director:	Nick Smith, Interim Chief Operating Officer
Presented by:	Nick Smith, Interim Chief Operating Officer
Author:	Owen Hayward, Head of EPRR and Special Operations
Previous Committees:	Finance and Performance Private Board
Legal / Regulatory:	Yes

Key Priorities/Goals	Deliver the best possible response for each patient, first time Equip our people with the best tools, technology and environment to support excellent outcomes Create a safe and high performing organisation based on openess, ownership and accountability

Strategic Ambition	(✓)	**BAF Strategic Risk**
1. Patients and communities experience fully joined-up care responsive to their needs	✓	1a Ability to deliver high quality care in 999/A&E Operations
2. Our people feel empowered, valued and engaged to perform at their best	✓	2a Ability to ensure provision of sufficient clinical workforce capacity and capability
3. We achieve excellence in everything we do	✓	3a Capacity and capability to plan and deliver Trust strategy, transformation and change
4. We use resources wisely to invest in and sustain services		Choose an item.

Key points	
1. To present the self-assessment for the 23/24 core standards	For information

Board of Directors Meeting (held in Public)
1 February 2024
NHS England Core Standards 23/24 and EPRR Annual Update

1. SUMMARY

1.1 The 2023/24 annual self-assessment of the EPRR core standards was undertaken by YAS at the end of September 2023. At the time the Trust self-assessed as 'Substantially Compliant' (97%). This was an increase of 9% from 2022/23 and reflects the continuing delivery of the EPRR action plan.

1.2 However, following a new desktop assessment process of all regional NHS organisations by the NHS North East and Yorkshire Regional EPRR team (including NEAS and NWAS) YAS were externally assessed at 59%.

1.3 The Yorkshire and North East region and the NHS Midlands region are the only regions that have undertaken this more stringent approach to self-assessment. This means there are now national inconsistencies with reporting against the core standards.

1.4 After re-reviewing our original assessment, based upon the feedback from revised assessment process, and the greater level of evidence required by NHSE, the self-assessment was revised to 79%. However, at the Local Health Resilience Partnership (LHRP) on the 23rd November, where all NHS organisations shared their assessments, NHSE confirmed that their own assessments would be used for central submission and should be reported to Public Trust Board alongside each organisations self-assessment.

1.5 Therefore, as Accountable Emergency Officer (AEO) I am reporting both the 79% based upon our self-assessment (Partially Compliant) and the 59% NHSE assessment based upon the new process. It is important to stress that this does not reflect any deterioration in EPRR capability as significant progress has been made since the 2022/23 core-standard assessment.

1.6 The Interoperable Capabilities and Deep Dive standards are unchanged and have been self-assessed as 86.8% and 80% compliant respectively, but these do not form part of the overall grading. Action plans are in place for all partial or non-compliant standards, and all those have mitigations in place.

1.7 One of the core standards requires the AEO to provide a report to Public Board, no less than annually, setting out compliance with the assurance process, and this paper discharges that requirement. A further requirement of the standards is for an annual update on training and exercising, incidents, lessons learnt, and an assessment of the adequacy of EPRR resources. This requirement will be discharged through a report to the July Public Board.

2. BACKGROUND

2.1 The NHS England Board has a statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. This is provided through the emergency preparedness, resilience and response (EPRR) annual assurance process and assurance report. Providers and commissioners of NHS-

funded services complete an assurance self-assessment based on these core standards. This assurance process is led nationally and regionally by NHS England and locally by Integrated Care Boards.

2.2 The NHS core standards for EPRR are the basis for this assurance process. These standards apply to all NHS service providers. An additional set of standards cover 'interoperable capabilities' and apply to all ambulance trusts. Each year there are also a themed set of 'deep dive' questions. The interoperable and deep dive standards do not count towards the overall assessment.

2.3 As mentioned in section 1 above there has been a substantially revised and more rigorous check and challenge process for the 2023/24 standards within two of the seven NHS Regions, including ours which also contains the North West and the North East Ambulance Services. This has therefore created inconsistency of reporting.

2.4 Within our region both NEAS and NWAS have also had their self-assessment challenged downgraded.

2.5 At the West Yorkshire LHRP on the 23rd November 2023 it was noted that all Acute Trusts have all have gone through the same process with the highest in our area being assessed at 34% (yet self-assessing at 66%) and the lowest assessed at 5% (yet self-assessed at 54%).

3. EPRR CORE STANDARDS 2023/24 ANNUAL SELF ASSESSMENT

3.1 Core Standards

The YAS self-assessment, following the challenge process, has resulted in an overall assessment of 79%, which is **Partially Compliant**. A breakdown of the standards is set out in the table below.

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant
Governance	6	5	1	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	7	4	0
Command and control	2	1	1	0
Training and exercising	4	2	2	0
Response	5	4	1	0
Warning and informing	4	3	1	0
Cooperation	5	4	1	0
Business continuity	11	10	1	0
Hazmat/CBRN	8	8	0	0
Total	**58**	**46**	**12**	**0**

*There are 15 standards not applicable to ambulance trusts

The partially compliant standards and associated action plan is attached at Appendix A and will be monitored through Resilience Governance Group over the next 12 months. It is important to note that the Trust meets the majority of the

requirements for each standard and that the actions only relate to those specific elements of the standard, which are not compliant with the evidential requirements.

3.1.1 Core Standards Check and Challenge Process

The new check and challenge assessment by NHS England's regional EPRR team has suggested an additional 22 areas of partial compliance. This resulted in the 59% score which is classed as non-compliant.

However, given that the Trust has successfully managed widespread industrial action, significant operational and business continuity incidents as well as maintaining ISO 22301 accreditation and carrying out several large scale live exercises this year, a non-complaint rating does not accurately reflect the Trust's position in relation to EPRR. Therefore, a Statement of Compliance was submitted to West Yorkshire ICB setting out the revised self-assessment of 'Partially Compliant' (79%).

Collective feedback was provided to NHS England around this new process. Part of the issue is the scoring process, which does not credit a standard that requires only a small area of improvement, while the desktop-only review of evidence does not allow for interviews and site visits that auditors and inspectors would typically use to verify initial findings. Discussions with other ambulance trusts and provider organisations across the region indicate similar experiences.

3.2 Deep Dive

The deep dive focussed on training for EPRR roles and commanders. The self-assessment outcome is that the Trust is compliant against 8 of the 10 standards. The two areas of non-compliance are related to the organisation's Training Needs Analysis (TNA). These are included in the action plan at Appendix A.

3.3 Interoperable Capabilities

The self-assessment indicates that the Trust is fully compliant against 118 of the 136 interoperable capability standards (86.8%), partially compliant against 16, and non-compliant against two.

The non-compliant standards relate to the provision of the three levels of medical provision within the command structure (strategic medical advisor, medical advisor, and forward doctor). Although there is a plan in place to rectify this, it may not be all in place within 12 months, which is why it is assessed as non-compliant.

Of the 16 areas of partial compliance, nine relate to the SORT provision, four to HART, one to Casualty Clearing Station arrangements, one to selection criteria for commander roles, and one for the provision of major incident action cards to front-line staff. There are plans in place to resolve these issues within 12 months, so they are assessed as partially compliant.

Interoperable Capabilities	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant
HART Capability	3	3	0	0
HART Human Resources	8	7	1	0
HART Administration	10	9	1	0
HART Response Times	4	4	0	0

HART Logistics	7	5	2	0
SORT Capability	4	3	1	0
SORT Human Resources	10	6	4	0
SORT Administration	13	11	2	0
SORT Response Times	14	12	2	0
Mass Casualty Capability	7	6	1	0
Mass Casualty Equipment	7	7	0	0
General C2*	4	4	0	0
Resource C2	6	5	1	0
Decision Making C2	3	3	0	0
Recording Keeping C2	3	3	0	0
C2 Learning Lessons	1	1	0	0
Competence C2	19	16	1	2
JESIP**	13	13	0	0
Total	**136**	**118**	**16**	**2**

*C2 = Command and Control
** Joint Emergency Services Interoperability Programme

Trust Board considered a paper in September 2023 regarding proposals related to the Manchester Arena Inquiry recommendations. Discussions are currently taking place with our ICBs around additional funding to meet these recommendations.

4. RISK

4.1 There are no specific risks associated with this paper. Each of the partial or non-compliant standards have mitigations in place, as well as plans to bring the Trust up to fully compliant.

4.2 There is a risk to be highlighted around the organisations ability to implement the full recommendations of the Manchester Arena without additional investment.

5. COMMUNICATION AND INVOLVEMENT

5.1 The self-assessment has been considered by the Resilience Governance Group and submitted to NHS England and West Yorkshire ICB.

6. EQUALITY ANALYSIS

6.1 No Equality Analysis has been undertaken in relation to this report.

7. PUBLICATION UNDER FREEDOM OF INFORMATION ACT

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

8. NEXT STEPS

8.1 The action plan for the Core Standards will be reported to, and monitored by, the Resilience Governance Group, which is chaired by the Chief Operating Officer.

9. RECOMMENDATION

9.1 Trust Board are asked to note the report.

10. SUPPORTING INFORMATION

10.1 APPENDIX A – Core standards action plan
APPENDIX B – Letter from NHS England, EPRR annual assurance process

Owen Hayward
Head of EPRR and Special Operations
17 January 2023

Appendix A – Core standards Action Plan

Ref	Domain	Standard	Standard Detail	Actions	By when	Lead
3	**Governance**	**EPRR board reports**	The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements	Future Board reports to cover the required information.	Sep-24	Owen Hayward
9	**Duty to maintain plans**	**Collaborative planning**	Plans and arrangements have been developed in collaboration with relevant stakeholders to ensure the whole patient pathway is considered.	Partners to be consulted upon the principal emergency plans and records kept of consultation.	Sep-24	Simone Mulcahy
13	**Duty to maintain plans**	**New and emerging pandemics**	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	New and emerging pandemic plan to be written.	Jun-24	Simone Mulcahy
16	**Duty to maintain plans**	**Evacuation and shelter**	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	1. Trust-wide fire safety arrangements to be reviewed 2. Major Incident Plan to include support to other health bodies in assisting evacuation.	1. Sep 24 2. Mar 24	1. Stuart Craft 2. Simone Mulcahy
17	**Duty to maintain plans**	**Lockdown**	In line with current guidance, regulation and legislation, the organisation has arrangements in place to control access and egress for patients, staff and visitors to and from the organisation's premises and key assets in an incident.	Complete the lockdown plans for the main sites.	Sep-24	Helen Carter
21	**Command and control**	**Trained on-call staff**	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	Increase compliance levels for all commanders.	Sep-24	Neil Kirk

23	**Training and exercising**	**EPRR exercising and testing programme**	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely test incident response arrangements.	Review Exercise Programme and explicitly map across to testing requirements, risks, and lessons from debriefs.	Jun-24	Simone Mulcahy
24	**Training and exercising**	**Responder training**	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role	Increase compliance levels for all commanders.	Sep-24	Neil Kirk
30	**Response**	**Situation Reports**	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.	Develop a formal process for completing, quality assuring, signing off and submitting SitReps.	Mar-24	Simone Mulcahy
34	**Warning and informing**	**Incident Communication Plan**	The organisation has a plan in place for communicating during an incident which can be enacted.	Incident Communications Plan to be developed.	Jun-24	Elaine Gibson
37	**Cooperation**	**LHRP Engagement**	The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership (LHRP) meetings.	1. AEO to attend at least one LHRP meeting. 2. Amend the EPRR framework to clarify that the Head of Service and Quality (Central Delivery) has delegated responsibility to attend LHRPs, authorise plans and commit resources.	1. Sep 24 2. Mar 24	1. Nick Smith 2. Simone Mulcahy
54	**Business Continuity**	**Computer Aided Dispatch**	Manual distribution processes for Emergency Operations Centre / Computer Aided Dispatch systems are in place and have been fully tested	Undertake annual EOC CAD test*	Mar-24	Lisa Taylor

			annually, with learning identified, recorded and acted upon			
Deep Dive Standards						
DD4	**EPRR Training**	**Senior Leadership Training**	Those within the organisation that are accountable for the oversight of EPRR arrangements are included in a TNA.	Include AEO role in Commander Matrix	Mar-24	Neil Kirk
DD7	**EPRR Training**	**Monitoring**	Compliance with the organisations TNA is monitored and managed through established EPRR governance arrangements at board level and multi-agency level.	Training compliance to be included in annual report to Board	Nov-23 (completed)	Owen Hayward

*Note: these plans have been successfully implemented during an unplanned outage, but the standard requires a planned test.

APPENDIX A

Classification: Official

Publication reference: PRN0235

To:
- NHS Accountable Emergency Officers
- ICB Accountable Emergency Officers
- NHS England:
  - Regional Directors
  - Regional Directors of Performance and Improvement
  - Regional Directors of Performance
  - Regional Heads of EPRR
- LHRP co-chairs

cc.
- Mike Prentice, National Director for Emergency Planning and Incident Response
- NHS England Business Continuity Team
- CSU managing directors
- Clara Swinson, Director General for Global and Public Health, Department of Health and Social Care
- Emma Reed, Director of Emergency Preparedness and Health Protection Policy Global and Public Health Group, DHSC

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

23 May 2023

Dear colleagues,

Emergency preparedness, resilience and response (EPRR) annual assurance process for 2023/24

Many thanks to you and your teams for your continued leadership and focus on the delivery of patient care during what has been another challenging year. Amongst the backdrop of a number of concurrent issues, not least the ongoing industrial action, whilst delivering a major recovery plan for urgent and emergency care service, the ability of the NHS to remain resilient and responsive over a sustained period is due to our collective commitment to emergency preparedness, resilience and response (EPRR).

NHS England is responsible for gaining assurance on the preparedness of the NHS to respond to incidents and emergencies, while maintaining the ability to remain resilient and continue to deliver critical services. This is achieved through the EPRR annual assurance process.

The process last year returned us to many of the previous mechanisms following a reduced process in the previous years, due to demands on the NHS. It was also the first time since the introduction of the Health and Care Act 2022 which established Integrated Care Boards as Category 1 responder organisations in the CCA (2004) and as local health system leaders. It is hoped that this year's process will build on these experiences by developing robust local processes for undertaking organisational self-assessments against the core standards and agree the processes to gain confidence with organisational ratings.

This letter notifies you of the start of the 2023/24 EPRR assurance process and the initial actions for organisations to take.

Core standards

The NHS core standards for EPRR are the basis of the assurance process. This year Domain 10 (CBRN) of the core standards have been reviewed and will also incorporate updated interoperable capabilities standards. The refreshed core standards can be found in the NHS core standards for EPRR self-assessment tool.

You are asked to undertake a self-assessment against the individual core standards relevant to your organisation type and rate your compliance for each.

The compliance level for each standard is defined as:

Compliance level	Definition
Fully compliant	Fully compliant with the core standard.
Partially compliant	Not compliant with the core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan is in place to achieve full compliance within the next 12 months.
Non-compliant	Not compliant with the core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.

Deep dive

Following key themes and common health risks raised as part of last year's annual assurance process, the 2023/24 EPRR annual deep dive will focus on EPRR responder

training. Training is a fundamental element of embedding resilience within organisations as part of the cycle of emergency planning.

The deep dive questions are applicable to those organisations indicated in the NHS core standards for EPRR self assessment tool.

The outcome of the deep dive will be used to identify areas of good practice and further development whilst seeking additional assurance in this area of the core standards and guide organisations in the development of local arrangements.

Organisational assurance rating

The number of core standards applicable to each organisation type is different. The overall EPRR assurance rating is based on the percentage of core standards the organisations assess itself as being 'fully compliant' with. This is explained in more detail below:

Organisational rating	Criteria
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

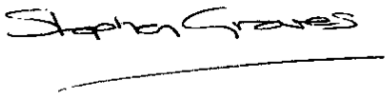
Action to take/next steps:

- All NHS organisations should undertake a self-assessment against the 2023 updated core standards (attached) relevant to their organisation. The outcome from this should then be taken and discussed at a public board or, for organisations that do not hold public boards, be published in their annual report.
- ICBs are required to work with their commissioned organisations and LHRP partners to agree a process to gain confidence with organisational ratings and provide an environment that promotes the sharing of learning and good practice. This process should be agreed with the NHS England regional head of EPRR.
- NHS England regional heads of EPRR and their teams are to work with ICBs to agree a process to obtain organisation-level assurance ratings and provide an environment that promotes the sharing of learning and good practice across their region.

- NHS England regional heads of EPRR are to submit the assurance ratings for each of their organisations and a description of their regional process to myself before Friday 29 December 2023.

If you have any queries, please contact your ICB EPRR Lead or regional head of EPRR in the first instance.

Yours sincerely,



Stephen Groves
Director of NHS Resilience (National)
NHS England

Board of Directors (held in Public)
1 February 2024
Financial Performance Update – Month 9

Presented for:	The purpose of the paper is to inform the Trust Board of financial performance as at 31st December 2023 (month 9)
Accountable Director:	Kathryn Vause, Executive Director of Finance
Presented by:	Kathryn Vause, Executive Director of Finance
Author:	Matthew Turner, Head of Financial Management Louise Engledow, Deputy Director of Finance
Previous Committees:	Trust Executive Group, 31 January 2024
Legal / Regulatory:	No

Key Priorities/Goals	Equip our people with the best tools, technology and environment to support excellent outcomes Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding

Strategic Ambition	(✓)	BAF Strategic Risk
1. Patients and communities experience fully joined-up care responsive to their needs		
2. Our people feel empowered, valued and engaged to perform at their best		
3. We achieve excellence in everything we do	✓	3a Capacity and capability to plan and deliver Trust strategy, transformation and change
4. We use resources wisely to invest in and sustain services	✓	4a Ability to plan, manage and control Trust finances effectively

Key points	
The Trust Board is asked to note: - 1) the Trust's financial performance to 31 December 2023 2) the capital expenditure against plan 3) the additional expenditure controls 4) all associated risks	For assurance

Board of Directors (held in Public)
1 February 2024
Financial Performance as at 31st December 2023 (Month 9)

1. SUMMARY

1.1 During month 7, NHSE set out required actions to address significant financial challenges across the NHS. Trusts were asked to set out revised financial forecasts and performance trajectories that could be delivered within revised allocations. As a result of this exercise, the Trust agreed a reduction to income, to offset pay underspends generated by recruitment and retention issues. This has been transacted via a non-recurrent contract variation and budgets have been realigned to reflect this income and expenditure reduction.The Trust have a revised break-even plan to reflect this and are reporting a forecast break-even position at month 9.

1.2 **Key Financial Metrics:**

Income & Expenditure Position:	£6.4m surplus year to date and breakeven forecast outturn		
Agency Cap:	YTD overspend £1.1m against cap. FCOT overspend £1.5m against cap.		
Cash:	Month end balance £68.7m		
		Volume	Value
BPPC YTD:	**Non NHS**	95%	94%
	NHS	87%	83%
Capital:	**Purchased assets** YTD underspend of £3.7m. FCOT breakeven.		
	Leased Assets: YTD underspend of £7.3m. FCOT breakeven.		
Cost savings / efficiencies Delivery:	The Trust is currently reporting underperfomance against the cost savings plan. YTD £3.1m under plan. FCOT £2.7m under plan		

2. MONTH 9 POSITION

2.1 The Trust-wide summary financial position at month 9 is shown below at table 1, with more detail at directorate level shown at table 2.

2.2 Overall, Trust pay budgets are underspending against planned pay costs, as a result of vacancies, resulting from ongoing challenges with recruitment and retention. Non-pay expenditure is higher than planned as the Trust have implemented other initiatives to maintain operational performance e.g increased use of private providers and third party call handling capacity.

	Year to date (Dec 23)			Full Year 2023/24		
	PLAN	ACTUAL	VARIANCE	PLAN	ACTUAL	VARIANCE
	£000			£000		
Income	(293,818)	(296,855)	(3,037)	(391,761)	(395,888)	(4,126)
Pay	220,757	216,353	(4,404)	294,372	291,912	(2,460)
Non Pay	73,061	74,120	1,059	97,389	103,976	6,587
(Surplus)/Deficit	-	**(6,382)**	**(6,382)**	-	**(0)**	**(0)**

Table 1: Financial Performance M9 - Summary Trust Position

2.3 Summary Directorate Position

	Year to Date (Apr - Dec)			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income (including MHIS)	(282,905)	(282,751)	154	(377,207)	(377,105)	102
Block Income	**(282,905)**	**(282,751)**	**154**	**(377,207)**	**(377,105)**	**102**
Income	(3,443)	(3,863)	(421)	(4,590)	(5,252)	(662)
Pay	150,638	149,434	(1,204)	202,406	200,766	(1,640)
Non Pay	8,326	8,946	620	10,988	13,234	2,246
Accident & Emergency	**155,522**	**154,516**	**(1,005)**	**208,804**	**208,748**	**(56)**
Income	-	(20)	(20)	-	(20)	(20)
Pay	18,884	19,281	397	25,710	26,364	653
Non Pay	839	744	(95)	1,118	1,023	(95)
NHS 111	**19,723**	**20,005**	**282**	**26,829**	**27,366**	**538**
Income	(164)	(115)	49	(219)	(135)	84
Pay	15,733	16,053	320	20,990	21,462	472
Non Pay	12,188	11,532	(656)	16,251	15,949	(302)
Patient Transport Services	**27,757**	**27,470**	**(287)**	**37,022**	**37,276**	**254**
Income	(7,306)	(10,105)	(2,799)	(9,745)	(13,097)	(3,352)
Pay	32,130	30,381	(1,749)	42,939	41,421	(1,519)
Non Pay	51,537	52,749	1,212	68,678	71,980	3,303
Support Services	**76,361**	**73,024**	**(3,337)**	**101,872**	**100,304**	**(1,568)**
Income	-	-	-	-	(278)	(278)
Pay	3,372	1,205	(2,167)	2,326	1,900	(427)
Non Pay	171	149	(22)	354	1,789	1,435
Reserves	**3,542**	**1,353**	**(2,189)**	**2,681**	**3,411**	**730**
(Surplus)/Deficit	**(0)**	**(6,382)**	**(6,382)**	**0**	**(0)**	**(0)**

Table 2: Financial Performance M9 – Summary Directorate Position

2.4 There are underspends against pay budgets throughout Support Services with many departments reporting difficulty in recruiting to existing vacancies. In addition, several reconfigurations are required to budgets to reflect the new Executive Operating Model, these are not yet complete.

2.5 **Agency** spend is higher than planned; currently exceeding our agency cap by £1.1m and forecasting a £1.5m overspend. This is predominantly due to high use in IUC which is forecast to increase over the latter half of the year. This is managed at system level and is within the overall cap. The introduction of ICB non-clinical agency expenditure controls pose a risk to being able to continue with agency staff as planned.

2.6 There are some areas of risk in relation to technical budgets and provisions which create challenges for forecasting as they are notified in quarter 4. The Trust holds a small contingency for cost pressures emerging in year.

3. CAPITAL

3.1 The Trust has a confirmed allocation of £16.6m for purchased assets and a notional allocation of £14.5m for leased assets, and is forecasting a break-even position.

3.2 The summary position for Owned/Purchased capital expenditure year to date and forecast is shown below at table 3.

OWNED ASSETS	M9 YTD (Dec '23)			Full Year Forecast		
Capital Expenditure Analysis 2023-24	Budget	Actual £'000s	Variance	Budget	Outturn £'000s	Variance
Estates	2,714	1,473	**(1,241)**	5,657	4,117	**(1,540)**
Fleet	3,204	2,591	**(613)**	7,749	7,134	**(615)**
ICT	827	1,104	**277**	1,597	2,969	**1,372**
Medical Devices	1,836	-	**(1,836)**	1,836	7	**(1,829)**
5% Overplan to be recovered (as per ICS)	(398)	-	**398**	(795)	-	**795**
VAT Recovery/credits/NBV on Disposal	-	(635)	**(635)**	-	(855)	**(855)**
Other funding adjustments	-	-	**-**	585	-	**(585)**
TOTAL	8,184	4,533	**(3,651)**	16,629	13,372	**(3,257)**
Other Expenditure - mitigating actions				0	3,257	3,257
TOTAL				16,629	16,629	0

Table 3: Capital Expenditure - Purchased Assets

3.3 The month 9 position for Owned assets is year to date expenditure of £4.5m against a plan of £8.2m and forecast break-even. A further £6.6m of orders have been raised.

3.4 A decision was made by Trust Board in November to pause the development of the new Scarborough ambulance station due to spiralling costs in subsequent years, which has resulted in significant slippage in year.

3.5 The summary position for Leased/Right of Use capital expenditure year to date and forecast, is shown below at table 4.

3.6 The most significant variance to plan is on Fleet where vehicle availability has led to orders being deferred to next year.

LEASED / RIGHT OF USE ASSETS	M9 YTD (Dec '23)			Full Year Forecast		
Capital Expenditure Analysis 2023-24	Plan	Actual £'000s	Variance	Plan	Outturn £'000s	Variance
Estates	1,757	569	(1,188)	1,790	1,519	(271)
Fleet	7,143	924	(6,219)	13,331	8,166	(5,165)
ICT	820	-	(820)	1,100	-	(1,100)
Medical Devices	2,217	-	(2,217)	3,000	2,341	(659)
Balance to notional allocation	(3,147)	-	3,147	(4,721)	-	4,721
TOTAL LEASED / ROU ASSETS	8,790	1,493	(7,297)	14,500	12,026	(2,474)
Other Expenditure - mitigating actions				0	2,474	2474
TOTAL				14,500	14,500	-

Table 4: Capital Expenditure - Right of Use Assets

3.7 A plan to mitigate the underspend on both Purchased and Leased assets is supported by the Finance & Performance Committee and has been approved by the Trust Executive Group, although long lead times present a risk to delivery. This will be closely monitored and managed accordingly.

4. COST SAVINGS / EFFICIENCIES

	Month 9 - Year to Date			Forecast		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Non Recurrent	4,797	5,649	-851	6,397	7,397	-1,000
Recurrent	6,985	3,039	3,945	9,313	5,590	3,723
Total	11,782	8,688	3,094	15,710	12,987	2,722

Table 5: Efficiencies Performance at Month 9

4.1 The Trust has an annual cost savings/efficiency programme totalling £15.7m, made up of 12 individual schemes.

4.2 The Trust is behind plan £3m year to date and forecasting an adverse variance of £2.7m, predominantly due to underachievement in increasing the Hear & Treat rate.

5. CASH

5.1 At 31 December 2023, the Trust had cash balances of £68.7m compared with £61.9m at 31st March 2023, an increase of £6.8m.

6. PAYABLES PERFORMANCE

6.1 The Better Payment Practice Code (BPPC) requires NHS bodies to pay 95% of all valid invoices (by volume and by value) by the due date or within 30 days of receipt, whichever is later.

6.2 The table below summarises the monthly and year-to-date BPPC performance.

Table 6: Monthly BPPC performance - Overall percentage paid within 30 days

Category	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD
Invoice Volume	96%	96%	96%	95%	94%	93%	95%	95%	96%	93%	95%
Invoice Value	99%	94%	90%	89%	93%	92%	94%	96%	94%	92%	93%

7. STATEMENT OF FINANCIAL POSITION

7.1 The main variance between the time periods below is the accrued central funding and associated pay expenditure of £12m as at 31 March 2023, which related to the 22/23 pay award.

Table 7: Statement of Financial Position

	31 Dec 2023	31 Mar 2023
	£m	£m
Non-current assets	**126.4**	**131.8**
Current assets		
Inventories	2.5	2.6
Trade and other receivables	11.7	20.8
Assets Held for Sale	-	-
Cash and cash equivalents	68.7	61.9
Total current assets	**82.9**	**85.3**
Current liabilities		
Trade and other payables	(27.4)	(39.2)
Borrowings	(4.4)	(3.9)
Provisions	(5.7)	(6.0)
Other liabilities	(0.8)	(0.2)
Total current liabilities	**(38.3)**	**(49.3)**
Total assets less current liabilities	**171.0**	**167.8**
Non-current liabilities		
Borrowings	(10.1)	(13.6)
Provisions	(7.4)	(7.1)
Total non-current liabilities	**(17.5)**	**(20.7)**
Total net assets employed	**153.5**	**147.1**
Financed by		
Public dividend capital	93.3	93.3
Revaluation reserve	19.2	19.2
Income and expenditure reserve	41.0	34.6
Total taxpayers' and others' equity	**153.5**	**147.1**

8. SYSTEM POSITION

8.1 YAS provide a regional service across 3 ICB footprints although planning activities and financial performance monitoring are undertaken through a single host system; West Yorkshire Integrated Care System (WY ICS).

8.2 The current system forecast is a £9.8m deficit. Whilst there are no specific mitigations to offset this, there is a shared commitment to manage this risk over the remainder of the financial year and achieve a break-even position.

8.3 The expenditure controls imposed over the last few months are expected to remain in place.

9. RECOMMENDATIONS

9.1 It is recommended that the Board note:

- the Trust's financial performance to 31st December 2023;
- the capital expenditure against plan;
- all associated risks.

NHS
Yorkshire
Ambulance Service
NHS Trust

Highlight Report

Report from: Finance and Performance Committee
Date of the meeting: 21 December 2023

Item 4.6

Key discussion points at the meetings and matters to be escalated to board:
Alert:
Operational Performance at M8 showing significant deterioration in Category 2 performance, also one of the Trust's key strategic priorities. Winter plans are in place, but cat 2 is currently 51mins. (The doctors' strike is expected to have a slight positive impact on Cat 2 as consultants cover junior colleagues work). NHSE has requested an 'in extremis' plan which puts further pressures on staff. This is detrimental to mitigating current intolerable people issues, trade union discussions are underway. Financial performance M8 is reported as a forecast year end break-even position following the budget reduction of £14m. The cash impact will be transacted M9 (YTD), and monthly thereafter. There is reasonable confidence in achieving breakeven. The areas that require the tightest monitoring and management of resource to forecast are EOC - to deliver changes as defined in the last quarter, 111, (typically experiencing volatility of spend in the last quarter), and PTS (forecasting has not been reliable due to staff absence).Timely oversight of technical accounting deployments is also required. Right care / right person - fully discussed in quality committee and FPC committee noted the earlier committee's agreement to increase risk rating from 12 to 16. Revenue financial planning update for 24/25 – early plans have been consolidated by WYICB. Draft system deficit is material, conversations have changed to focus on what is affordable.
Advise:

The committee expressed continued support for deeper business intelligence analysis and visibility on e.g. population health and behaviour factors and factors driving for example differential conveyance rates in future reports to receive assurance that actions are targeted with appropriate relevant priority and resource for maximum impact to release capacity and contribute to targeted reduction in hospital handover times.

It was agreed that the deep dive on PTS service line should be moved to the next meeting to allow more time for a thorough piece of work, but a key message arose from the overview that c.£11m of current budget is non recurrent, and is therefore not reflected in initial plans submitted to WYICB.

In addition, there is a lot of resource and effort being expended to maintain the capital spend to plan.

Improvement towards the hear and treat target of 20%, currently 15%.

All elements of the IT Asset management internal audit action have been closed bar one – the requirement for sufficient detail/recording of the IT elements in the capital plan. The overall action remains open until this is complete.

One NHS Finance, Future Focused Finance, Level 1 Accreditation application submitted by Finance team, initial feedback positive, expect formal notification end January.

Assure:

The Committee:

- Received, and noted the designated risks from the BAF and Corporate Risk register. Each risk was discussed in the context of the papers presented throughout the meeting.
- Received, discussed, and noted the M8 Operations Performance papers including specific reference to category 2 response detailing demand, performance and actions, call handling performance, detail on hospital handover times.
- Received, discussed, and noted the M8 Financial Performance papers.
- Received papers and presentation to support the request for a deep dive into invoice payment noncompliance, progress made and next steps.
- Received and supported Board approval for Dental Contract income variation.
- Received a summary Business Planning update for 24/25 and assurance from the Executive Director of Strategy and Performance regarding improvements in governance to review dependencies on current year assumptions regarding activity/workforce modelling to estates and infrastructure dependencies.
- Received and noted the procurement strategy update. Supported the strategy for A&E Third party Provision and Trust values as an evaluation criterion. The committee expressed the importance of sustainability (under social) as an evaluation criterion. Currently 10% consideration.
- Received verbal updates on all Strategic Objectives by executive leads and made express recommendations to ensure evidence captured to demonstrate delivery and where possible impact and use for future patient, Trust, and system benefit. Also received verbal assurance during discussion regarding estates strategy beyond 24/25 of wider consultation/collaborative forums in the system for capital and ensuring due attention to staff network concerns/asks.
- Received paper outlining1st draft of capital programme for 24/25. In Q4 the committee will receive a capital planning highlight report monthly.

Risks discussed:

- Hospital handover time and other factors likely impacting category 2 response times.
- HART training course cancellations for paramedics.

New risks identified:

New corporate risk issue - the combined system deficit position after round 1 of 24/25 financial planning cycle may reduce the Trust's current budget and ability to deliver its service obligations.

Report completed by: Amanda Moat, Committee Chair
Date 21 December 2023

Board of Directors (in Public)
Quality and Clinical Report
1 February 2024

Presented for:	Information
Accountable Director:	Dave Green, Executive Director of Quality & Chief Paramedic; Dr Julian Mark, Executive Medical Director
Presented by:	Dave Green, Executive Director of Quality & Chief Paramedic; Dr Julian Mark, Executive Medical Director
Author:	Dave Green, Executive Director of Quality & Chief Paramedic; Dr Julian Mark, Executive Medical Director
Previous Committees:	Quality Committee
Legal / Regulatory:	Yes

Key Priorities/Goals	Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart Create a safe and high performing organisation based on openess, ownership and accountability Deliver the best possible response for each patient, first time Be a respected and influential system partner, nationally, regionally and at place

Strategic Ambition	(✓)	**BAF Strategic Risk**
1. Patients and communities experience fully joined-up care responsive to their needs	(✓)	1a Ability to deliver high quality care in 999/A&E Operations/IUC/PTS
2. Our people feel empowered, valued and engaged to perform at their best	(✓)	2c Ability to promote and embed positive workplace culture
3. We achieve excellence in everything we do	(✓)	3b Ability to influence and respond to change in the wider health and care system
4. We use resources wisely to invest in and sustain services		

Key points	
1. QX update on highlights, lowlights, issues, actions and next steps.	Information

QUALITY AND CLINICAL 1 February 2024

Highlights	Lowlights
Patient Safety • Patient Safety Incident Response Framework now live and allows the learning responses to be more dynamic/flexible and gain the learning quicker. • Trust Patient Safety Specialists have been identified from across the Trust and are undertaking additional training planned for Q4. • Patient Safety Partners have now been selected and are undergoing induction and training in Q4. • Agreed with the wider system a process to respond to specific patient that is of higher clinical risk in the community 'Duty to Rescue' will allow a crew to be released from ED and attend the identified patient. This is part of a number of escalation options. • Sexual Safety Charter now live and regular meetings are being undertaken with the Safeguarding and HR teams to discuss any allegations or incidents. • Category 2 alternative response pilot has been started utilising Specialist Paramedics in Urgent Care (SPUC) to attend a defined patient code set. The code set has traditionally resulted in high levels of See Treat and Refer. The aim of the pilot is to fully utilise the additional skills of the SPUC team and free up Double Crewed Ambulances for patients in most need of rapid treatment and transport. **Patient Experience** • A new post of Head of Nursing and Patient Experience has now been appointed. • Development of a Patient Experience Framework has commenced, with scoping and benchmarking with other ambulance trusts and wider NHS. One of the Quality Account improvement priorities for 24/25 is the introduction of the patient experience strategy and framework. **Clinical Effectiveness and research** • The YAS Research Institute has secured sufficient support from the Clinical Research Network to continue to be self-funding for the next year. The recent regional Partner Organisation annual review meeting celebrated the launch of the YAS Research Institute, recognising the Institute's unique position in the Yorkshire and Humber research community. • Public Health analytics has suggested ways that we could target specialist response to improve our response and reduce inappropriate conveyance in key areas of deprivation. **Compliance, quality assurance and quality improvement** • QI plan has been tabled at Quality Committee and due to be tabled at Board Strategy session 29 February. • Rapid Process Improvement Workshop was held jointly between YAS/HUTH at Hull Royal Infirmary Emergency Department looking at handover improvements. • Further inspections for improvement have been carried out and the results will inform part of the planned mock CQC inspection during Q4. • A number of Quality and Safety walkarounds have been undertaken.	**Patient Safety** • Delayed response continues to be the highest reason for patient related incidents which are moderate or above. • Handover delays at a number of hospitals still present a patient safety concern. • Legacy SI cases are being processed to support learning but to reduce overall backlog with goal to clear all SI by 1 April 2024 – specific paper available to highlight. **Patient Experience** • For the A&E Service overall, 34% of cases received relate to Call Handling and Dispatch, 31% to clinical care provided by crews, and 24% relate to Attitude and Communication Skills. • For the PTS Service, 52% of cases received relate to the timeliness of the service (both inbound and outbound) and 27% relate to our care of patients. **Clinical Effectiveness** • The publication of the re-framing of the Clinical Effectiveness IPR page has been delayed due to a misinterpretation of the request by the Clinical Directorate by Business Intelligence. • No further updates to the AQI Clinical Outcomes indicators since the last report. **Compliance, quality assurance and quality improvement** • There are capacity issues due to long term absence of two SME in security and violence reduction teams. • CQC adopting their new single oversight framework, in time this could mean that we lose the relationship manager and work with several different individuals on ad-hoc basis.

Key Issues to Address	Action Implemented	Further Actions to be Made
• Capacity in the security and violence reduction team. • Risk #404, Head of Clinical Effectiveness post remains vacant pending Agenda for Change banding review. • Retention of the public health analytics resource is on doubt, pending business plan acceptance. Failure to retain this function will adversely impact on the ability to inform optimal operational deployment of clinical resource.	• Patient relations team have had 2 x FTE vacant posts, these are now recruited to and due to start February. • Alternative response Cat 2 pilot • Duty to Rescue • Business cases submitted for the planning round: ✓ Patient experience team structure and capacity. ✓ PSIRF team structure and capacity. ✓ Quality Improvement plan and core team capacity. ✓ Continuous improvement against Violence Protection & Reduction Standards (VPRS) and use of body worn cameras. ✓ Risk management function. ✓ Clinical Supervision Framework (design and implementation)	• Progress the business cases in relation to the Quality and Safety, Clinical Supervision Framework. • Progress the QI Plan to approval stage and including the approvement of the business case. • Continue to explore with colleagues alternative safe ways to respond to patients that call 999 through a series of small pilots and working with the wider system on how to do this.

Board of Directors (held in Public)
2023/24 Quality Accounts
Priorities for Improvement 2024/25
1 February 2024

Presented for:	Approval
Accountable Director:	Dave Green, Executive Director of Quality and Chief Paramedic
Presented by:	Dave Green, Executive Director of Quality and Chief Paramedic
Author:	Amanda Best, Quality Improvement Manager
Previous Committees:	None
Legal / Regulatory:	Yes

Key Priorities/Goals	Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart Create a safe and high performing organisation based on openess, ownership and accountability Equip our people with the best tools, technology and environment to support excellent outcomes All

Strategic Ambition	(✓)	**BAF Strategic Risk**
1. Patients and communities experience fully joined-up care responsive to their needs	✓	1a Ability to deliver high quality care in 999/A&E Operations
2. Our people feel empowered, valued and engaged to perform at their best	✓	2c Ability to promote and embed positive workplace culture
3. We achieve excellence in everything we do	✓	3a Capacity and capability to plan and deliver Trust strategy, transformation and change
4. We use resources wisely to invest in and sustain services		Choose an item.

Key points	
1. The purpose of the paper is to update the Trust Board on the Priorities for Improvement 2024/25 as seen in the 2023/24 Quality Accounts.	Information

Board of Directors (held in Public)
2023/24 Quality Accounts
Priorities for Improvement 2024/25
1 February 2024

1. SUMMARY

1.1 The purpose of the paper is to update the Trust Board on the Priorities for Improvement as seen in the 2024/25 Quality Accounts

2. BACKGROUND

2.1 A Quality Account is a mandated annual report about the quality of services offered by an NHS healthcare provider.

A Quality Account must cover:

- A statement on Quality from the Chief Executive
- Priorities for Improvement for the coming year
- Review of this year's quality performance

Priorities for Improvement

2.2 It is stated in the regulations that:

A Quality Account must include a description of the areas for improvement in the quality of NHS services that the provider intends to provide or sub-contract for the 12 months following the end of the reporting period.

2.3 The description must include:

- at least three priorities for improvement.
- how progress to achieve the priorities identified in paragraph (a) will be monitored and measured by the provider; and
- how progress to achieve the priorities will be reported by the provider.

2.4 The priorities should reflect the three domains of quality: patient safety, clinical effectiveness, and patient experience.

3. PRIORITIES FOR IMPROVEMENT 2024/25

3.1 <u>Priority ONE</u>

- **Patient Experience**: Implementation of a Patient Experience and Involvement Strategy

- **Lead:** Lesley Butterworth, Head of Nursing and Patient Experience

- **Key Drivers:** National Standards. Equity and Excellence: Liberating the NHS 2010 White Paper. NHS Patient Experience Book

3.2 Priority TWO

- **Clinical Effectiveness:** Clinical Supervision Framework
- **Lead**: Mark Millins, Associate Director Paramedic Practice
- **Key Drivers**: Implementation of the AACE framework. Improvement of clinical decision making, maintain patient safety, improve clinical quality, and to support the welfare of staff.

3.3 Priority THREE

- **Patient Safety:** Utilise PSIRF to gain learning and implement actions.
- **Lead**: Simon Davies, Head of Investigations and Learning
- **Key Drivers**: National Standards. Patient Safety Incident Response Framework (PSIRF).

4. FINANCIAL IMPLICATIONS

None

5. RISK

N/A

6. COMMUNICATION AND INVOLVEMENT

N/A

7. EQUALITY ANALYSIS

N/A

8. PUBLICATION UNDER FREEDOM OF INFORMATION ACT

N/A

9. NEXT STEPS

9.1 Development of the Quality Accounts, including the priorities for improvement.

9.2 On 1 April the draft document will go out for external review and comment to CCG, Overview and Scrutiny Committees and Healthwatch.

9.3 On 30 June the final approved document is uploaded to YAS external website and sent to NHS England

10. RECOMMENDATION

10.1 It is recommended that the Trust Board approve the three priorities for improvement noted in this paper.

Board of Directors (held in Public)
1 February 2024
Quality Committee Highlight Report
Report of the Quality Committee Chair

Report from: Quality Committee
Date of meeting: 21 December 2023

Key discussion points at the meetings and matters to be escalated to board:
Alert:
Right Person, Right Care The committee was assured that actions were underway to ensure the best outcomes for the calls that fall under the 'Right Person, Right Care' (RPRC) initiative. This issue had been highlighted by the number of HM Coroner's cases that related to these types of calls. The discussion at committee also revealed issues relating to safety of staff and the care of patients under the Mental Health Act, including skills required by staff in the use of restraint. The committee will be receiving a further update on RPRC in February because of the significance of this issue in relation to patient and public safety. **Winter Operational Plans** The committee considered the increased plans being put in place to improve performance and so increase safety during the winter pressures. This included a paper regarding alternative responses to Category 2 calls and 45-minute handover targets.
Advise:
Operational Objective 3 The committee welcomed the redefinition of the business plan objective that increased the clarity of the metrics. The objective relates to patients receiving the right care, in the right place, at the right time. **Management of controlled drugs** The committee received an update on the action plans in place to respond to the internal audit report about the management of controlled drugs. **ICO Complaint** The committee heard about the circumstances that led to a member of staff making a complaint to the Information Commissioner's Office (ICO). The Committee were satisfied that appropriate measures were in place to manage risk around the complaint in question and that this would not have passed the Trust's threshold to be reported to the ICO. In AOB the committee considered an approach to dealing with complaints from the CEO and recommended a review of the way complaints were handled by the Trust but did not support the use of a generic letter to complainants.

Assure:
Risks discussed: The committee discussed all the risks assigned to Quality Committee.
New risks identified:

Report completed by: Anne Cooper, Non-Executive Director, Quality Committee Chair.
Date: 22/01/2024

Trust Board (in Public)
People & OD Directorate Executive Report
1 February 2024

Presented for:	Information / Assurance
Accountable Director:	Mandy Wilcock, Director of People & OD
Presented by:	Mandy Wilcock, Director of People & OD
Author:	Suzanne Hartshorne, Deputy Director of People & OD Dawn Adams, Associate Director of Education and OD (Interim)
Previous Committees:	None
Legal / Regulatory:	No

Key Priorities/Goals	Attract, develop and retain a highly skilled, engaged and diverse workforce

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

Key points	
1. The report provides a brief overview of the highlights, lowlights, and risks within the services in the People & OD Directorate. The paper aims to update the board of key successes and outcomes and current/future projects. 2. The Committee are asked to note the contents of the report.	For information / assurance.

People & Organisational Development Directorate - Executive Report

Highlights	Lowlights
• **Recruitment** – 568 applicants are progressing through post-offer employment checks, with a further 262 candidates with planned start dates. Call handler recruitment campaign to commence 8 January 2024 incorporating global advertising campaign until May 2024. • **International Recruitment** – All Newly Qualified Paramedics (NQPs) from cohort one and two are fully operational. A further cohort of 15 NQPs arrive in March 2024. Two of the four nurses did not pass their training and have been redeployed to Mid-Yorkshire Hospitals. • **Succession Planning** - The pilot is complete with a positive evaluation. Work is progressing on the development of the toolkit to enable departments to self-complete. • **Health & Wellbeing** - implementation meetings are taking place with the successful bidders to prepare for the new occupational health and specialist services go live in April 2024. Roll out for the seasonal vaccination programme commenced in October with both the Flu and COVID-19 vaccinations being offered to staff. • **Diversity & Inclusion** – Progress against the Equality Delivery System 2022 (EDS) is on track, with Domain 1 completed and rated as Achieving at Integrated Commissioning Board (ICB) system/partnership level. Domain 2 and 3 will be completed in January 2024 and focussed on internal review. • **Support Networks**: Following Board approval, Executive Sponsors and Non-Executive Champions have been assigned to the Trust's Support Networks. Securing senior leadership to the networks ensures they can contribute to and inform decision-making processes at board level. This can help provide authenticity for colleagues with protected characteristics and the assurance of feeling 'heard and having a sense of belonging' whilst reinforcing the importance and value YAS places on inclusion.	• **Turnover** – Trust Turnover now remains stable at 10.3%, although our call centres remain of concern with Integrated Urgent Care (IUC) substantive staff at 28.4% (attrition is at 57.74% for IUC Health Advisors). Several initiatives in the Case for Change are being undertaken to address the levels including stay conversations, rota with reduced unsocial hours, induction improvements, uniforms and clear career pathways. • **Absence management** – Sickness absence is now at 6.5% (November 2023), a slight increase from the previous report. The Supporting Attendance Programme continues with 6 workstreams ongoing including implementation of a new Supporting Attendance Policy, supporting workplace adjustments for staff living with disabilities and conversations regarding immunisations and vaccinations to reduce absence due to infectious diseases. • **Agency usage -** Due to vacancies in call centres and increased workload in corporate directorate, agency spend continues to be high and the forecast to breach the NHS England set agency ceiling spend remains. A plan is in place to increase efforts on recruitment and retention to reduce reliance and the forecasted breach. For some roles, the outcome of business planning is awaited to determine if investment into Directorates can be funded. • **Appraisal compliance** - The Trust has seen a small increase in compliance as of the end of December with 72.7% appraisal completion (increase of 1.1% points YTD) and an increase to 77.6% training compliance for managers (increase of 3.8% points since Sept '23). The appraisal target completion rate is 90%. The quality of appraisals is at 7.6 out of 10.

Highlights	Lowlights
• **Joint Staff Network Event**: this intersectionality themed event took place on 8 November 2023. Guest speaker Benjy Kusi (Wellbeing Consultant and TikTok Influencer) discussed the Power of Staff Networks, with a session on Privilege and becoming an Active Bystander delivered by Paola Spiteri, D&I and OD Manager from the Welsh Ambulance Trust. The event was well attended by over 70 colleagues from across multiple service areas and received positive feedback overall. Plans to develop an Allyship Programme as a follow up action are underway. • **YAS Together** - All first phase pilots will have completed and reported back to the programme group by the end of January. A maturity assessment will be undertaken in Q4 to evaluate progress and shape pilot's second phase. • **Leadership and Talent** – The launch of the Leadership development programmes commenced with one cohort of Aspiring Leaders and two cohorts of Lead Together completed with further cohorts planned for 2024. Manage2Lead has been well received across the organisation and further developments have been made within the offer. • **Staff Engagement** – The National Staff Survey ran from 02/10/23 to 24/11/23 achieving a 51% response rate: a 50% increase in respondents from previous survey in 2022 (34%). The January People Pulse survey is ongoing and achieved the 10% target response rate with 10 days to go. • **Apprenticeship Awards** - YAS was shortlisted for the Department for Education National Apprenticeship Award and achieved 'Highly Commended Winner' for the Yorkshire and Humber region. Two YAS Academy attended a celebration lunch and collected the award. • **National Apprenticeship Award Finalist** - YAS has been shortlisted as a finalist in the AAC2024 (Annual Apprenticeship Conference) Awards in the 'Health and Science Apprenticeship Provider of the Year' category, recognising the quality of YAS' clinical apprenticeship programmes. The awards ceremony takes	• **Seasonal vaccination programme update** - Flu and COVID-19 clinics were held at YAS locations across the region. All staff receiving the flu vaccination in Trust, or at an external location (notification dependent), were offered a £10 Love2shop voucher. 2,512 staff received their flu vaccination (circa 39%). COVID-19 take-up rates were lower; 8.4% A&E operations, 16.2% PTS, 12.5% EOC and 6.98% IUC. • **Sexual Safety Charter** – The Charter was launched on 23 October 2023 across the Trust and has strong support from the Executive Team. Briefing sessions took place in partnership between HR and Safeguarding teams to raise awareness prior to its launch. Since October, there have been 8 concerns raised which have been managed through the Safeguarding Allegations Support Group, developed collaboratively with HR and Safeguarding through a Rapid Process Improvement Workshop. Positive work continues between the Safeguarding and HR teams.

Highlights	Lowlights
place on Feb 27 with one other finalist, CSR Scientific Training who are also rated Good by Ofsted and partner with Oxford University. • **Apprenticeships** - there are currently 632 apprentices undertaking a variety of clinical and non-clinical apprenticeship programmes [ASW (219), AAP (232) and Paramedic Apprenticeship (147), staff apprenticeships (34) and Trainee Nurse Associate Apprentices (3)]. The percentage of apprentices as a proportion of overall headcount is 9.5% (Government target is 2.3%). • **NHS England Quality visit -** NHSE senior leader engagement event resulted in positive feedback following rigorous scrutiny of Paramedic education provision. • **NHS People Promise Exemplar site –** The Trust have been selected by NHS England as one of the 23 People Promise Exemplar sites. The 23 organisations – a mix of acute, community and mental health providers – NHS England are working to deliver the high impact set out in the NHS People Promise together in one place, at the same time to achieve improved outcomes and optimum staff satisfaction and retention.	

Key Issues to Address	Actions Implemented	Further actions to be taken
Sickness absence remains above the Trust threshold of 5%.	A sickness absence working group meets monthly and is moving forwards on 6 workstreams: Attendance Management Policy, absence reporting and data analysis, improving workplace accessibility, training and support, health and wellbeing plan and organisational learning from interventions.	A review of the Group terms of reference, membership, and baseline for the new financial year. Agreement of absence targets to support workforce assumptions and workforce planning.
Concerns regarding **Job Evaluation (JE)** processes in terms of pace to achieve outcomes, as well as the consistency due to the poor quality of job descriptions. JE is a process undertaken in partnership with trade unions, hence any changes to process must co-produced to ensure success.	A pre-submission quality check introduced in November 2023 has improved job descriptions with less rejections from job evaluation panels as a result. More job matching training has been arranged with further training to take place.	Further discussions with trade unions on how we can adjust our processes to remain in line with the national JE handbook to speed up outcomes.

Key Issues to Address	Actions Implemented	Further actions to be taken
Agency Spend to support a reduction in vacancies and therefore a reduction in agency usage.	Implementation of the NHS England approval process via TEG and the Workforce Approval Panel Agreements are in place with agencies to offer agency staff YAS contracts after 12 weeks thus avoiding further agency fees.	Review of all existing agency staff and movement to Trust contracts or robust recruitment arrangements.
Occupancy rates for **Ambulance Support Worker (ASW) apprenticeships** lower than predicted creating a shortfall currently of 81 (was 42 in Oct) against a recruitment/training target of 264	Working with Quality Improvement to run a Rapid Process Improvement Workshop. Scoping work has identified 2 phases. Phase 1 'Optimising Capacity' workshop scheduled for 09 Feb with key stakeholders. Multi-year approach to workforce planning and scheduling of core workforce development programmes started with 24/25 dates released and April ASW occupancy strong.	Phase 2 Rapid Process Improvement Workshop to take place in March to address 'Readiness to Learn'. Baseline data collection is ongoing.
Appraisal compliance rates to achieve 90%	All Trust Managers have access to a Compliance dashboard showing appraisal completion and training rates. Managers receive 4-weekly email highlighting areas of focus and support available. Data cleanse ongoing. Targeted work with business areas to improve rates and barriers to completion.	Implementation of revised approach to appraisals where all senior leaders (circa 180) will complete their appraisal in Q1 in line with Trust strategy and business planning priorities. For other staff the appraisal dates aligned to their start date.

Item 4.11

Highlight Report

Report from: People Committee

Date of the meetings: 28 November 2023 and 16 January 2024

Key discussion points at the meetings and matters to be escalated to board:

Alert:

28 November 2023

New risk issue on the corporate risk register - job evaluation process not fit for purpose. Update at 16 January 2024 that considerable work has been undertaken and progress made to reduce the risk.

The risk management system is cumbersome and information such as action dates, controls and assurance pertaining to risk records is being left incomplete.

The Committee supported the Integrated Urgent Care (IUC) case for Change proposal phase 1 with principled support for phase 2 following information received from phase 1. There was an action to make visible the £2.2m additional cost for phase 2 clear in the total business case. Recognising the total cost of implementation makes clear the financial plan and operational goals to monitor and build into performance and quality expectations.

1 item of AOB. A whistleblowing incident at Beverley raised direct to HSE.

Advise:

28 November 2023

Following the Business Intelligence (BI) agenda discussions, the committee agreed steps to enhance assurance by way of evidence of people data scope, effective analysis of that data, distribution and consequent actions as a result of timely BI production.

There are opportunities for improvement in risk capture and recording processes, notwithstanding that the current system is resource intensive and non-automated meaning much time maintaining the data and less time for risk data evaluation and action.

The apprenticeship programme is expanding into other areas of YAS and is recognised nationally for its substantive results success.

16 January 2024

The People and Culture Group will now report to the Trust Executive Group (TEG) with assurance via the People Committee. TEG terms of reference to be updated.

Assure:

Meeting of 28 November 2023

The Committee:

- Received, and noted the ToR of the People and Culture Group reporting into the People Committee.

- Received, discussed and noted the quarterly BI people dashboard content and proposed increases to scope for future meetings.
- Received, discussed and noted the Risk report and Board Assurance Framework (BAF).
- Received verbal updates on Strategic Objectives by executive leads with focussed discussion on interventions to move two objectives back to green from amber.
- Received and noted the report on operational objectives providing assurance on activities to support the relevant section of BAF.
- Received an update on the Succession Planning pilot, going forward highlights and lowlights, issues will be reported through the People and Culture Group into the People Committee by exception.
- Received and noted the update on the new Fit and Proper persons framework.
- Received and noted the report on the Apprenticeship Programme Governance following the June 2023 Ofsted Inspection.
- Received a presentation on the Future Ways of Working and YAS together initiative update.
- Received and noted a report on Paramedic Placement Self Assessments.
- Received and noted a report on the Sexual Safety Charter rollout.
- Received, discussed, and supported Case for Change Proposal to be presented at Board.
- Three items of AOB received, two to be reported at the next People Committee. One in the Alert Section.

Meeting of 16 January 2024

- Matters arising. Discussed that the People & Culture Group will report to Trust Executive Group and give assurance to People Committee. TEG Terms of Reference will be updated. The revised ToR for People and Culture Group to be agreed at TEG.
- Received and noted a report from the work of the People and Culture Group.
- Received, discussed and noted the Risk report and BAF.
- Received and discussed a report from the People & OD Directorate on their work to progress People Plan and to reduce risks in the BAF. Highlights included: recruitment to 111 call handler roles via a targeted national campaign. Positive evaluation of the succession planning pilot. NHS England senior leader engagement event resulted in positive feedback of our education provision. Good progress on YAS Together implementation was also reported.
- Received and gained assurance on the work to increase attendance and improve health and wellbeing. Through the Organisational Efficiency Group: Absence sub-group, work is ongoing regarding the introduction of a new policy, processes for workplace adjustments and the new occupational health contracts are due to go live on 1 April 2024.
- Received and noted a report on recruitment and retention trajectory. Recruitment of Ambulance Support Workers has a strong pipeline, but delays in completing C1 driving is a risk. A plan is in place to address the shortfall. For the paramedics, retention has improved due to the number of alternative roles available, however placement availability is an issue, and a group is exploring how to increase. For IUC and Emergency Operations Centre (EOC), health and wellbeing teams have been well received. Dedicated resource is supporting recruitment into contact centres, via a national campaign.
- Received and noted a report from the Freedom to Speak Up Guardians.

- Received and noted the progress on the YAS Together programme.
- Received and noted an essential learning up from the Head of YAS Academy.
- Received and gained assurance on the Communication plan for implementing the People elements of the Trust Strategy.
- Noted that YAS have been selected as a People Promise Exemplar site.

Risks discussed:

- Causation of poor retention in IUC remains under proper investigation.
- The lack of only undertaking annual workforce planning causes issues in training programme occupancy.
- Staff engagement - specifically surveys of students.
- Agency Usage
- Recruitment process effectiveness and monitoring metrics.

New risks identified:

- None

Report completed by: Tim Gilpin, Non-Executive Director, Committee Chair
Date: 23 January 2024

Escalation and Assurance Report

Report from: Audit & Risk Committee
Date of the meetings: 18th January 2024

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
There are no issues arising to alert the board to.
Advise:
The Committee: • Welcomed colleagues from Bishop Fleming, the trust's preferred supplier for external audit services. The contract is still to be signed by both parties and once done transitional work will commence ahead of preparation for the 2023/24 audit. • Noted that the timely completion of actions, arising out of internal audit reports, was deteriorating. The board is reminded that the rate of completion of actions impacts the annual Head of Internal Audit Opinion. • Noted again that there was no update to ARC from the People Committee; and requested that the Governance team follow up for the next ARC meeting.
Assure:
The Committee: • Received 360 Assurance's internal audit and counter fraud progress reports. Both reports indicated that good progress was being made. Two changes to the internal audit plan were approved. A discussion was had on the apparent low level of fraud regarding the iceberg principle. This is to be considered in counter-fraud planning for 2024/25. • Was updated on the internal audit planning process for 2024/25. 360 Assurance will contact committee chairs and executives as part of the collaborative/co-design approach to internal audit planning. • Received the following internal audit reports: Financial systems – Asset Register (Significant Assurance); Recruitment and Retention: (Advisory); Procurement (Significant/Limited Assurance) the Limited Assurance area related to weakness in contract management. • Was updated on management action on issues raised in an earlier Limited Assurance internal audit report on Divisional Risk Management (A&E Operations). • Received a report on the trust's risk management processes and the Board Assurance Framework. 5 new risks in the register were noted as was the increased level to High Risk, of the risk relating to Right Care Right Person. • Received assurance reports from the Quality Committee and Finance and Performance Committee. • Received assurance reports on Losses and Special Payments, and Standing Financial Instructions Waivers and Contracts over £100k. • Agreed to undertake the Audit Committee Maturity Matrix assessment (co-designed by 360 Assurance, Audit Yorkshire and the Good Governance Institute) as part of its effectiveness self-assessment.
Risks discussed: Fraud risks; working near water/waterways/flood
New risks identified: N/A

Report completed by: Andrew Chang, Committee Chair
Date: 23rd January 2024

Board in Public
System Partnership Update
1 February 2024

Presented for:	Information
Accountable Director:	Peter Reading, Chief Executive Nick Smith, Chief Operating Officer
Presented by:	Jeevan Gill, System Partnership Director (HNY) Prof Adam Layland, System Partnership Director (SY) Rachel Gillott, System Partnership Director (WY)
Author:	Jeevan Gill, System Partnership Director (HNY) Prof Adam Layland, System Partnership Director (SY) Rachel Gillott, System Partnership Director (WY)
Previous Committees:	
Legal / Regulatory:	Yes – complies with Duty to Collaborate

Key Priorities/Goals	Be a respected and influential system partner, nationally, regionally and at place

Strategic Ambition	(✓)	**BAF Strategic Risk**
1. Patients and communities experience fully joined-up care responsive to their needs	✓	1a Ability to deliver high quality care in 999/A&E Operations
2. Our people feel empowered, valued and engaged to perform at their best		
3. We achieve excellence in everything we do	✓	3b Ability to influence and respond to change in the wider health and care system
4. We use resources wisely to invest in and sustain services		

Key points	
1. Trust Board are provided with information relating to the system partnerships across with Integrated Care Systems, alongside areas of concern, actions taken, and future actions. 2. Inclusion of general information relating to each ICB area for information and to note by Trust Board members.	Information

Highlights	Lowlights
Across all areas: Objective 17 is progressing, with the final quarter objective of developing a Partnership and Collaboration plan on track. Population Health information form YAS data been developed which is being shared with system partners, and will be a focus at Place level to understand patient need and patient flow within the healthcare system. As part of the YAS Strategy launch system partners are engaged through various forums across system and place, supported by the Director of Strategy, Planning and Performance. Continued good collaboration with respective police forces to ascertain the impact of Right Care, Right Person. YAS question set and framework being drafted and to be presented to Clinical Governance in February. This does not change our service model, or statutory duties. Patient Transport Services (PTS) eligibility criteria being taken forward by ICB colleagues for implementation, supported by YAS. Further mental health vehicles in operations, following the initial success.	**Across all areas:** Category 2 standard is impacted as pressures continue across the system, associated with higher levels of acuity seen in YAS and across acute hospitals, resulting in delayed discharges due to higher ongoing care needs of patients. Therefore, hospital handover delays continue to be a challenge which causes concern for maintaining patient safety and delivery of category 2 standard. A new duty to rescue protocol has been agreed across systems which support YAS to immediately respond, through the release of a vehicle which is unavailable or awaiting handover, with actions beginning when there are no resources available to respond, in anticipation of the next 999 call. Increase in Category 1, specifically breathing problems, during winter months has a direct impact on Category 2 delivery. Exploration of this is underway with place colleagues to ascertain better care routes for patients.
Humber and North Yorkshire (HNY): • Positive improvement on reducing handover delays at Hull Royal Teaching Hospital following the Summit that took place with system leaders on the 15th December, where executives made a commitment to working together, at pace to reduce the significantly long handover delays and reducing patient harm incidents. Continued work with the acute trust is ongoing to ensure this practice is sustained out of hours, and at weekends. • Work has commenced with York and Scarborough Teaching Hospitals also on the 45 minutes handover. The Trust is very engaged and good progress is being made. • Local Incident Review Governance fully embedded, themes and learning to be disseminated via Investment Days. • Stroke Video Triage Pilot underway with Hull Royal Teaching Hospital. • Scarborough and Ryedale Single Point of Access now accepting ‘Push’ referrals. • New Urology Same Day Emergency Care service developed to assist with community catheter care. • Development of a Pathways Promotion Plan. This includes a monthly newsletter to all stations highlighting the most used and underutilised pathways, CPD (continuing professional development) plans and any new pathways being developed. • Learning from deaths group been established with Hull Royal Teaching Hospital for cross organisational learning. • Project commenced with the Community Engagement and Healthwatch on working with the homeless community with an aim to understand their needs and how best services including YAS and Place can address.	**Humber and North Yorkshire** • Performance of national standards for the Ambulance Response Programme not being met, improvement plans in place. • Performance for KPI 4 on PTS contracts, on-day discharge for all contracts within HNY are not being met, improvement plans in place.

• Right Care, Right Person task group still operational. Model of response being developed by the multidisciplinary working group which is being presented to Clinical Governance in February. • Full roll out across Humber and North Yorkshire of the Mental Health Interactive Radio Response in NHS 111 service. This has reduced calls into the service, ensuring mental health calls are directed to mental health services sooner. **South Yorkshire (SY):** • Visits to emergency department has taken place with the YAS Chief Executive with place focus groups supporting UEC actions from a strategic level. • A clinical approach has been convened by YAS across SY system introducing a Joint Escalation Action Plan to have joint accountability on actions taken at Emergency Departments. This corresponds to the new Operational Pressure Escalation Level (OPEL) which was revised in December 2023 by the NHS, which now has a focus on Emergency Department and Ambulance waiting. • Across place YAS been supporting an approach with care homes and primary care, to reduce 999 demand and direct patients more appropriately. This has been led by community services with YAS data. • Push from EOC to services in SY has a year-to-date acceptance rate of c75%, further work is being targets to increase this with place colleagues. Expanded service introduced over winter to support Hear and Treat. • Final stages of commencing a rural response for Category 1 patients with South Yorkshire Fire and Rescue. • Collective support for 24/25 planning with ongoing discussions on activity and demand profiling to support YAS business planning. • Increasing community engagement with the use of immersive education on Knife Crime with community safety partnership, and on targeted health inequalities work with the most deprived communities. • As part of the SY Area Plan in 2024-2025 work is commencing on introducing a performance improvement plan and a clinical improvement plan, to be shared with the system for improvements to patient care which YAS has influence over, and to gather wider place and system support for transformational opportunities. • The Consultant Practitioner in SY has led workshops for South Yorkshire Police in Mental Capacity initiated as part of the Right Care, Right Person programme in SY. • Supporting the South Yorkshire Academic Research Unit, and initiating research into handover delays considering patient safety risk factors and required actions for improvement. • The Chair, SPD and Director of Strategy have met with the Acute Federation Board for South Yorkshire to present the YAS Strategy. Widespread support was provided and a clear ask to be locally nuanced where possible. • The first tri-emergency services carol concert took place in December at Sheffield Cathedral with great attendance and fundraising for Sheffield Children's Hospital. This will be an annual event circulating across all places in South Yorkshire. • Focussed discussions have taken place regarding handovers at hospitals, with new initiatives being trailed at each place. The SY SPD is the SRO for a workstream across community services supporting UEC recovery in Doncaster place.	**South Yorkshire:** • Performance for patient care is behind national targets, with only Category 1 90th percentile being achieved. • Year to date the equivalent of 1,905 ambulances on a 12-hour shift have been lost due to handovers beyond 15 minutes, which could have seen 11,434 patients quicker. This has an inefficiency cost of c£3.4m. • Patient Transport Services across South Yorkshire are anticipated to be re-commissioned in 2024, the Managing Director for PTS is leading on this for YAS.

• The second Mental Health Response Vehicle has commenced in Sheffield, the system is keen to support maximisation of utilisation of these resources. • The SY SPD was invited to be on the panel for the recruitment of the Deputy Chief Constable in South Yorkshire Police. • The SY SPD has supported the recruitment of the Director of Performance and Delivery for SY ICB on the stakeholder panel. **West Yorkshire (WY):** • Achievement of 2023/24 30-minute Category 2 response standard YTD at 27:42 mins (despite worsening position in November and December). • Improved performance October – mid Jan 23/24 compared to same period last year by 1.5 mins Cat 1, 7.5 mins Cat 2 and 16.5 mins Cat 3. • Focus on Crew Clear improvement commenced in Mid-November 2023 with use of team dashboard to inform discussions between staff and team leaders. QI programme of work due to commence in January now paused subject to available capacity in the team. Initial 'focus on' work has seen month on month incremental improvements, continued improvement will releasing capacity to improve response times. • Falls data shared with each place to review capacity of community provision with a view to identify opportunities to provide the right response for patients closer to home. • Commitment from West Yorkshire Association of Acute Trusts to achieve improvement in hospital turnaround for 24/25 planning. • Positive feedback received on Trust Strategy from system partners, via UEC Programme Board and Community Services Provider Collaborative Committee in Common • Support received from Community Services Provider Collaborative to prioritise YAS ambition to navigate patients to alternative community pathways, improving system leverage and opportunities for provider collaboration to improve Hear and Treat, and See, Treat and Refer rates, reducing conveyance rates. • Agreement reached to work with Mid-Yorkshire NHS Teaching Hospitals Trust on a mutual improvement programme, primarily focussing on reducing conveyance to ED, increasing access to alternative provision and targeted work with Adult community Transformation programme on falls and conveyance of over 65's. • Winter Pilot implemented from beginning of December to 'push' additional low acuity cohorts of patients to Local Care Direct for clinical assessment, increasing Hear and Treat volumes. • 'Push' model referrals exceeded 1000 in December 2023 (compared to 188 in Jan 2023) contributing to improved hear and treat rates and protecting DCA capacity to respond to higher acuity patients, contributing to response times, and improving patient experience. **<u>ICB/ICS Information to note in each Integrated Care System</u>** **Humber and North Yorkshire** • Relaunching work on Health Inequalities focus on Learning, Disability and Autism – YAS will be involved in this work. • Commitment to next years planning on Mental Health and Maternity services. • Launched research and innovation hub which will include joint work with partners (including ourselves).	**West Yorkshire:** • Average Crew Clear times not achieving the national standard of 15 minutes - an area improvement target has been agreed in Area Strategic Leadership Group. **Across all Integrated Care Systems** • All ICBs are coming to the end of their operating model reviews. This will likely result in changes at ICB and at place. These changes need to be understood to ensure key relationships are maintained and momentum isn't lost in existing work areas.

South Yorkshire: • Refreshing the “South Yorkshire Start wth People Strategy”, which YAS are contributing towards. • Major focus on smoking, impact on health service, focussing on quit smoking programmes. • Industrial action has had impact on waiting lists and entirety of health services, primary focus on UEC. • SY ICB not selected to receive additional national funding for winter due to it’s better performance than in other parts of the country. • Right Care, Right Person briefing received including preparedness assessment across all relevant organisations in South Yorkshire. **West Yorkshire:** • WY ICB issued a proactive statement on 18th January 2023, about the local government financial settlement and impact on social care and children’s social care. • ICB has undertaken an array of work on delivering the Long-Term Workforce Plan, including international recruitment and on-boarding; Project Hope targeting jobs for care leavers; Project Search seeing neurodivergent people supported to enter the workforce and brightening our lives; hyper local recruitment; inclusive recruitment approaches that deliver a 95% retention rate, and work on belonging, staff wellbeing and engagement continuing during this difficult time. • South West Yorkshire Partnership Foundation Trust has commenced a public consulattion on its adulat mental health inpatient facilities. This concerns facilities in the Calderdale and Kirklees area. YAS will be responding to the consultation which closes on 29th March 2023. • Delayed opening of the new A&E department at Huddersfield Hospital. A revised opening date has yet to be confirmed.	• Each ICB is forecasting a significant financial deficit position for 24/25 based on the two year settlement figure issued last year. Finance allocations and Planning guidance is delayed – YAS colleagues continue to contribute to the preparations.

Key Issues to Address	Action Implemented	Further Actions to be Made

Across all areas:
 	
• Achieving category 2 standard.
• Launch the Trust strategy with system partners and locally within area, alongside Yas Together
• Ensure YAS Business Planning objectives align to the ICB strategic and operational plans.
	• Work ongoing with the most challenges acute hospitals to improve long handover delays and where possible implement 45 minutes handover.
	• Targeted events / workshops to support launch of YAS Strategy both internally and externally.
	• System Partnership Directors involved in both YAS business planning assumptions and ICB planning groups to align the activity and planning assumptions.
		• Additional actions to support Category 2 standard has been identified and in implementation to maintain safety and deliver equity service provision.
		  ○ Regional divert policy to be reviewed by NHS England with engagement from all partners.
		  ○ All systems to recognise and acknowledge YAS Hospital Handover Escalation Plan and triggers for escalation, including Duty to Rescue.

Humber and North Yorkshire (HNY): • Increase utilisation and ability to extend UCR pathways to reduce conveyance and ensure patients receive right care in the right setting. Initial conversations taking place with Humberside Fire and Rescue to understand their capacity to increase falls provision via the UCR. • Health inequalities at place and system level continue to influence and support development of 2024/25, and future years strategic and delivery plan. • Expand remote clinical hub capacity in area to increase hear and treat. • Single point of access in East Yorkshire operational. • 10 week single point of access service operational for North Yorkshire, initial results indicating that this model is having a positive impact and avoiding conveyance. **South Yorkshire (SY):** • Health Inequalities across South Yorkshire is a major issue, and the Joint Strategic Needs Assessment has highlighted several interventions required to support a healthier population overall. YAS has a key role in providing information on our patients to support these interventions and where appropriate can become more integrated into system and place work. • System trajectories into 2024 and beyond require transformation to services, and YAS has an opportunity with the launch of the new Strategy to be an integral member of this. • Handover times have increased due to acuity levels of patients in hospitals, targeted work with acute hospital executives and place leaders is ongoing. **West Yorkshire (WY):** • Recover Cat 2 response performance from recent reduction in November and December. • Tackling Health inequalities at place level across West Yorkshire • Maximise opportunities to access services to avoid ED Conveyance, including Winter Pilot with LCD, Falls, UCR • Progress 'focus on' Crew Clear reductions throughout Q4 • Align fleet and staff availability to optimise response capacity.	**Humber and North Yorkshire:** • Recruitment of additional pathway managers within HNY to support delivery. • Further work required with East Yorkshire single point of access to ensure the model is fully optimised. • Evaluation of North Yorkshire single point of access service due. Aim to feed into ICB planning progress given the initial success of the service. **South Yorkshire:** • Appropriate pathways are increasing and a review in effectiveness is being undertaken, alongside the highlighting if new pathway opportunities to be introduced. • New governance structures are being implemented across SY to align with the role changes in YAS with a focus on performance delivery with all leaders. • Joint accountability with Acute Hospitals on Emergency Department actions when ambulances waiting has had a clinically led approach. • Additional EPRR exercises with SY Police and SY Fire and Rescue have taken place as part of the Local Resilience Forum. • Community response initiative at key venues has supported better response to patients. • Strongly embedded into UEC across place and system. **West Yorkshire:** • Provide data and intelligence analysis on falls activity and utilisation of current utilisation of falls services. • Conveyance rate analysis. • Revisit QI programme with QI team to support continued improvement for crew clear. • Audit commenced to collect data to better understand scale misalignment of fleet and staff capacity. • Identified improvement areas as part Performance Management and Improvement Process • Interim review of winter pilot with LCD completed.	**Humber and North Yorkshire:** • The clinical pathway team to continue into 2024/25. • Present health inequalities to HNY Population Health and Prevention Executive Committee and Place Boards. • Potential development of business case for North Yorkshire single point of access. **South Yorkshire:** • Increasing engagement at Place Executive Boards and more integration outside of formal committees at place, with increase in YAS resources that will deliver impact for patient care. • YAS is an enabler of wider services across SY and as part of SY efficiency review of services, will be a major stakeholder, with opportunities for YAS to be explored. • YAS is establishing a pan-SY operational sharing group to support place connectiveness and best practice. • Align workplans across SY for the improvement of patient care with 24-25 area plan. • Conveyance rates to emergency departments are high in some places and will be an area of focus. • Introduction of video triage, from success of Stroke trial, is being explored for frailty and mental health. **West Yorkshire:** • Conclude conveyance rates analysis and use to inform and identify opportunities working with Mid Yorkshire Hospitals NHS Teaching Trust (in first instance). • Use analysis to inform place level discussions. • Review current fleet availability and response capacity with colleagues in Fleet, capacity planning and all three 999 operations areas. • Progress improvement plans arising from Performance Forum on 23.1.24. • Adjust parameters of winter pilot with LCD to reflect learning and to optimise value of pilot and number of low acuity referrals to appropriate services.

Board of Directors (held in Public)
01 February 2024
Governance Report

Item 6.1

Presented for:	Information
Accountable Director:	Martin Havenhand, Chair
Presented by:	David O'Brien, Director of Corporate Services and Company Secretary
Previous Committees:	None
Legal / Regulatory:	Regulatory

Key Priorities/Goals	This report supports all the key priorities and goals

Strategic Ambition	(✓)	**BAF Strategic Risk**
1. Patients and communities experience fully joined-up care responsive to their needs		
2. Our people feel empowered, valued and engaged to perform at their best		
3. We achieve excellence in everything we do	✓	3a Capacity and capability to plan and deliver Trust strategy, transformation and change
4. We use resources wisely to invest in and sustain services		

Key points	
This report provides an update on issues and developments in relation to Board governance.	For information

Board of Directors (held in Public)
01 February 2024
Governance Report
Director of Corporate Services and Company Secretary

1. INTRODUCTION

1.1 This report provides an update on issues and developments relating to Board governance.

2. BACKGROUND

2.1 Insight Programme: Aspirant Non-Executive Director

The Board has previously been informed of the placement with the Trust of an Aspirant Non-Executive Director as part of the Insight Programme managed by GatenbySanderson. The Trust has been allocated Carole Hodgson-Mullings, a director with Citizens Advice. Carole has now received clearance to commence with the Trust and her six-month placement with the Trust will commence in February. Note that participants in the Insight Programme have no official status in terms of a formal role in Trust governance, they are considered to be visitors or observers.

2.2 NExT Director Programme

The Trust is in discussion with NHS England regarding the hosting of a participant in the NExT Director programme, a scheme designed to support people from under-represented groups to obtain experience of Non-Executive Director roles on NHS Boards. A potential candidate has been identified and the Trust has a call with NHS England on 31 January to discuss next steps. The Trust Board will receive an update on this at its meeting on 01 February.

2.3 Establishment Order

The Trust's case for an extension to its Establishment Order was submitted to NHS England in November 2023. The case is currently with the NHS England legal team who will draft the required statutory documentation, after which there is a requirement for Ministerial approval. The Trust Board will continue to receive updates on this matter until the process is concluded.

2.4 Partnership Governance

The Trust has been invited to join the West Yorkshire Community Health Services Provider Collaborative. Minutes and assurance reports from meetings held in October 2023 and January 2024 are enclosed with the papers for the meeting of the Trust Board held in Private on 01 February. Participation in this provider collaborative will have formal governance implications for the Trust. Work on the governance arrangements for the provider partnership has been paused temporarily and will be progressed during 2024/25.

2.5 Board Development Programme

On 24 January Board members and Board attendees participated in a workshop as part of the Board Development Programme commissioned from Integrated Development. Next steps following the workshop will include the development and implementation of an improvement plan. There will also be opportunities for further direct engagement with colleagues from Integrated Development as the Board's development journey progresses.

2.6 Skills Matrix

Board members and Board attendees have been requested to complete a self-assessment of their skills and experience. The results of this exercise will be reported to the Remuneration and Nominations Committee and used to guide development opportunities for individuals and for the Board as a collective entity.

2.7 Use of the Trust Seal

The Trust Seal was used on two occasions on 23 February 2024 in relation to lease renewal documents in relation to (i) Dewsbury District Hospital and (ii) Goole and District Hospital. A full report on use of the Trust Seal during 2023/24 will be received by the Trust Board at its meeting to be held in Public on 25 April 2024.

2.8 NHS Providers Governance Survey 2023

The NHS Providers annual governance survey was completed by chairs, company secretaries and other corporate governance leads in NHS trusts during September and October 2023. The survey sought to explore views in relation to the operation of trust boards and assurance committees, and how trusts' governance arrangements and partnership working is developing in relation to the systems they are part of. Appendix 1 presents a summary of the survey findings. The full survey report will be circulated separately.

3. RECOMMENDATION

3.1 The Board notes the issues and developments in Board governance outlined in this report.

SUPPORTING INFORMATION

Appendix 1 – NHS Providers Governance Survey 2023 – Summary

Report Author

David O'Brien
Director of Corporate Services and Company Secretary

January 2024

NHS Providers governance survey 2023

Summary briefing

Introduction

The NHS Providers annual governance survey was completed by chairs, company secretaries and other corporate governance leads in NHS trusts and foundation trusts in September and October 2023. It sought to explore views in relation to boards, their assurance committees and how trusts are developing in relation to the systems they are part of.

This summary makes sense of the picture the survey presents by highlighting notable themes and areas for further exploration.

A full briefing is also available, which includes detailed analysis of the survey data and highlights notable variations by role, region and trust type.

Thank you again to those of you who completed the survey. If you would like further detail or to discuss any of these findings, please contact Izzy Allen, senior policy advisor (governance) at izzy.allen@nhsproviders.org

Key findings

A focus on managing board and committee meetings remains important

> ***"Agendas are still too large. There is too much risk in just using the strategic objectives/assurance framework and risk agenda as a driver for committee agendas. There is a pressure to have oversight over everything just in case something is missed."***
>
> GOVERNANCE LEAD, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

While the quantitative results paint an **overwhelmingly positive picture** of the effective operation of boards and committees (for example, 86% of respondents agreed or strongly agreed that the board has time to focus on key risks and issues), the comments give a clear sense that it can still be challenging for boards and their assurance committees to prioritise and effectively cover everything.

Many respondents told us that **space on agendas is under pressure**, often attributing this to the flow of initiatives from the centre as well as new system and partnership-working related issues. This is contributing to **reduced bandwidth** for those producing and seeking to digest reporting and assurance information and putting pressure on the available time in meetings for effective discussion and scrutiny. The data do not show that trusts are increasing the number of assurance committees to manage the load: rather, system and partnership assurance was more often incorporated into existing committees than in 2022, increasing those committees' purview.

The **pressures on executive directors** at present were regularly highlighted, though there has also been a small perceived improvement in executives' engagement with, and prioritisation of, their board roles this year.

Several respondents highlighted **concern over whether boards were able to focus on the right issues**, though there was no consensus that any items were irrelevant or should not demand attention. Rather boards should be able to get into the right level of detail about all these areas, but often do not have sufficient capacity to do so.

All types of trust are experiencing some challenges, but **mental health and learning disability trusts** report the greatest challenges in relation to having manageable and relevant committee agendas and allocating adequate time at board meetings to receiving assurance from committees. The full briefing contains more detail about variation between trust types.

There were concerns about **too much detail** coming through to boards and committees. Although the survey results do not definitively tell us why this is happening, it could indicate that those producing reports are under pressure and are not able to spare the time focussing in on the salient points. It might also indicate an over-cautious approach (a perceived need to share everything so nothing potentially important is missed) or it may be a development need in those responsible for reporting.

Selecting board priorities can be complex

"Lots of competing priorities from all of these!"
GOVERNANCE LEAD, MENTAL HEALTH/LEARNING DISABILITY TRUST

When asked about **how boards prioritise**, respondents told us that trust strategy, plans, operational pressures and care quality most often steered their agendas. However it was apparent that system and regulatory priorities (as distinct from the trust's own priorities) often took precedence at a significant number of trusts.

Perspectives about **board priorities sometimes varied between chairs and governance leads**, with chairs more likely to say trust strategy, quality and partnership priorities took precedence at all times and governance leads more likely to say that external central (NHS England (NHSE) or governmental) and system priorities took precedence.

Most trusts now have associate non-executive directors

More than half (58%) of respondents said their trust has associate non-executive directors (NEDs), with the most common reason for this being developmental and to aid succession planning (85%), followed by providing specific subject matter expertise (67%), increasing board diversity (55%), and providing additional capacity (42%). This was a new question this year and respondents were able to select all options that applied.

There was some variation in reports about the ways associate NEDs undertake their roles. Respondents reported that more associates participate in the full board (90%) than sit on assurance committees (78%), 15% reported their associate NEDs chair assurance committees, with only 5% having voting associates.

Trusts' experience in systems remains variable

"Early days and we ALL still have a lot of maturity to develop in terms of system working. Good thing is we are now all in the same room and talking about the same things."
CHAIR, ACUTE TRUST

"There is duplication with system, place and individual organisation committees."
GOVERNANCE LEAD, ACUTE TRUST

"Not always clear how NHSE is wanting ICBs to behave, which can affect interactions between partners."
CHAIR, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

Last year's survey was undertaken only a few months following the establishment of statutory integrated care boards (ICBs), so this year's results are informed by the experience of the first full year of statutory system working.

While there has been some improvement, for the most part the picture remains one of considerable variation. Some trusts reported feeling involved and clear about system governance, roles and responsibilities, but in many cases the most common response to our system questions was 'neutral' (perhaps reflecting the view that much is still in development or unclear). A significant minority of trusts continue to articulate lack of clarity about roles and responsibilities, duplicative meetings and governance structures, and in some cases lack of progress in systems beyond operational or set-up concerns.

Of 36 comments in relation to this section, 23 were critical of some aspect of the way systems are working at present and a further eight say it's too soon to say.

Improvements were reported in relation to:

- Trust boards' ability to influence the development of the systems they are part of (68%, up from 62% in 2022).
- Collaboratives and partnerships referring high risk decisions back to trust boards (66% up from 54%), improving board oversight of decisions for which they are both liable and responsible.
- NEDs' perceived confidence about their role and responsibilities in systems, though from a low base (41% this year up from 24% in 2022). The need for further improvement here mirrors the responses to a new question about clarity between organisational roles in systems, addressed below.

Confidence was also higher this year about **approaches to continuous improvement** across systems, but this survey question had the second lowest proportion of respondents positively expressing confidence: just 20%, up from 17% last year. The lowest level of confidence was reported for **how risk was managed across the system(s)**, and this has deteriorated since last year (down to 12% from 20%). Effective management of system risk has featured regularly in member correspondence with NHS Providers in the past six months, and in recognition of the issue NHSE is planning some supporting guidance for trusts, following their system risk management principles guidance for ICBs (available by logging into FutureNHS).

We also asked two new questions about the **patient benefits of collaborative working**, which showed that while 59% have confidence that the partnerships and collaborations trusts are part of are working on the right things to benefit patients, 38% believed such benefits had already been realised (with 49% neutral). This will be monitored over time as collaboratives and partnerships find their feet. It is still early days for system working and some are focused on organisational efficiencies, or are newly established and currently developing networks and relationships to pave the way for future work on improving pathways and outcomes for patients.

Another new question for this year asked about confidence that there are **clear roles for trusts, ICBs, integrated care partnerships (ICPs), place-based partnerships and collaboratives**. While 35% agreed, 16% disagreed, and the large proportion of neutral responses again suggests that there is more to do in clarifying roles in many systems. Duplication and lack of congruence between system and trust governance were cited a number of times as key issues, as were conflicts of interest and lack of provider voice on ICBs. One **acute specialist trust** respondent said there was no clarity about their type of trust's role in an ICB.

Finally, and linked to clarity about roles and responsibilities, only 40% of respondents were confident that **conflicts of interest** are managed effectively across systems. This is also an issue that trust leaders have

raised with NHS Providers previously, and so we commissioned a legal opinion to provide support until NHS England update their own guidance.

System roles are a lot of work, but rewarding

"The trust's chief executive's role as the provider representative offers an opportunity to ensure that the trust's views are communicated as well as to obtain additional intelligence regarding the rest of the system."

"At least have 'ears in the room' a bit more."

The full briefing highlights any important variation between trust types on all survey questions, but it is notable that no respondents from **acute specialist** nor **ambulance trusts** (five of each responded) have a board member who is also an ICB trust partner member, and these trust types reported fewer board members who are also provider collaborative or place-based leaders than others.

There is also some regional variation. For example, all members responding from the **South East** have a board member who is part of collaborative or place-based leadership while only 22% of respondents from the **South West** do. Only one of 14 **North West** respondents has a board member on the ICB while 65% of the seventeen respondents from the **Midlands** do.

Overall, 42% of respondents have a board member who is also a **trust partner member on an ICB**. NHS Providers reported recently on the ICB trust partner members' experience in the role, based on interviews with partner members themselves. They told us that lack of understanding about the remit of the role, particularly the extent that the individual should or should not represent the interests of their sector, all providers or their own organisation, creates tensions and challenges.

Chairs and governance leads were positive about the influence and access they felt having a board member in this role gave them.

Other respondents noted challenges for the postholders around the capacity to participate, the potential for duplication, and conflicts of interest.

80% of respondents have at least one **board member who is also part of the formal leadership for either a provider collaborative or place-based partnership**. Respondents reported many benefits, most frequently having greater influence, and then gaining a wider perspective and insight, and enabling better collaboration. Few challenges were mentioned but they again included capacity and conflicts of interest.

"Allowing board to understand system dynamics and allowing committee chairs to understand how we weave system collaboration into respective committee work. Brings wider understanding of inter-dependency and importantly removes issues of lack of trust and increases relationships."

CHAIR, ACUTE TRUST

"Challenge is in attending a significant number of meetings across the system, ICB, ICP and place."

GOVERNANCE LEAD, COMBINED ACUTE AND COMMUNITY TRUST

Resources

Read the full briefing of the results of the 2023 governance survey.

NHS Providers' Good Governance Guide explores elements of corporate governance and contains considerations for trust leaders around effective boards, committees, quality assurance, and risk management. There is also a compendium of resources for busy governance leads. This includes legal advice about managing conflicts of interest.

NHS Providers board development programme is designed to support directors with a range of courses, online and face to face, to suit various needs.