NHS
Yorkshire Ambulance Service
NHS Trust

AGENDA
Meeting: Board of Directors Meeting (held in Public)
Date: 25 April 2024   **Time:** 10.45am   **Venue:** Springhill HQ: Kirkstall, Fountains and Rosedale

Membership:	Martin Havenhand	Chair
	Andrew Chang	Non-Executive Director
	Anne Cooper	Non-Executive Director (Senior Independent Director)
	Tim Gilpin	Non-Executive Director (Deputy Chair)
	Amanda Moat	Non-Executive Director
	Jeremy Pease	Non-Executive Director
	Peter Reading	Chief Executive
	Nick Smith	Chief Operating Officer
	Dave Green	Director of Quality and Chief Paramedic
	Kathryn Vause	Executive Director of Finance
	Julian Mark	Executive Medical Director
In Attendance:	Marc Thomas	Deputy Chief Executive
	Mandy Wilcock	Director of People and Organisational Development
	Adam Layland	Director of Partnerships and Operations
	Jeevan Gill	Director of Partnerships and Operations
	Rachel Gillott	Director of Partnerships and Operations
	Carol Weir	Director of Strategy, Planning and Performance
	David O'Brien	Director of Corporate Services and Company Secretary
	Helen Edwards	Head of Communications and Community Engagement
	Ola Zahran	Acting Chief Digital Information Officer
	Rebecca Randell	NExT Director
	Carole Hodgson-Mullings	Aspirant Non-Executive Director (Insight Programme)
Apologies:		

No.	Description	Format	Lead	Time
1.	**OPENING BUSINESS**			
1.1	**Welcome and Apologies** (information)	Verbal	Martin Havenhand, Chair	1045-1050

No.	Description	Format	Lead	Time
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.*	Attached		
1.3	**Minutes of Previous Meetings** (approve)			
1.3.1	Minutes of meeting held in public on 01 February 2024	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	**Patient Story** (information)	Presentation	Dave Green Executive Director of Quality and Chief Paramedic	1050-1100
1.7	**Chair's Report** (information)	Attached	Martin Havenhand, Chair	1100-1105
1.8	**Chief Executive's Report** (information/assurance)	Attached	Peter Reading, Chief Executive	1105-1110
2.	**STRATEGY, PLANNING AND POLICY**			
2.1	**2023/24 Business Plan Priorities: Q4 Report** (assurance)	Attached	Carol Weir Director of Strategy, Planning and Performance	1110-1125
2.2	**2024/25 Business Plan Priorities** (approve)	Attached	Carol Weir Director of Strategy, Planning and Performance	1125-1135
3.	**ASSURANCE**			
3.1	**Integrated Performance Report** (information)	Attached	Executive Directors	1135-1140

No.	Description	Format	Lead	Time
3.2	**Operational Assurance Report** (assurance)	Attached	Nick Smith Chief Operating Officer	1140-1150
3.3	**Finance Report** (assurance)	Attached	Kathryn Vause, Executive Director of Finance	1150-1200
3.4	**Finance and Performance Committee Report** (assurance)	Attached	Amanda Moat Committee Chair	1200-1210
3.5	**Quality and Clinical Highlight Report** (*assurance*)	Attached	Dave Green Executive Director of Quality and Chief Paramedic	1210-1220
3.6	**Quality Committee Report** (assurance)	Attached	Anne Cooper Committee Chair	1220-1230
BREAK FOR LUNCH 1230-1300				
3.7	**People and Organisational Development Highlight Report** (assurance)	Attached	Amanda Wilcock Director of People and Organisational Development	1300-1310
3.8	**People Committee Report** (assurance)	Attached	Tim Gilpin Committee Chair	1310-1320
3.9	**Audit and Risk Committee Report** (assurance)	Attached	Andrew Chang Committee Chair	1320--1330
4.	**ITEMS FOR APPROVAL**			
4.1 4.1.1 4.1.2	**Staff Health and Well-Being Plans:** Staff Health and Well-Being Plan 2023-24 Closing Report (information / assurance) Staff Health and Well-Being Plan 2024-25 (approval)	Attached	Amanda Wilcock Director of People and Organisational Development	1330-1340

No.	Description	Format	Lead	Time
4.2	**Equalities, Diversity and Inclusion Plan 2024-27** (approval)	Attached	Amanda Wilcock Director of People and Organisational Development	1340-1350
5.	**PARTNERSHIP WORKING**			
5.1	**System Partnership Quarterly Update** (information / assurance)	Attached	Adam Layland, Jeevan Gill, Rachel Gillott (Directors of Partnerships and Operations)	1350-1400
6.	**BOARD GOVERNANCE AND REGULATORY**			
6.1	**Governance Report** (information / assurance)	Attached	David O'Brien Director of Corporate Services/ Company Secretary	1400-1410
6.2	**Role of the Senior Independent Director** (information)	Attached	David O'Brien Director of Corporate Services/ Company Secretary	1410-1415
7.	**CLOSING BUSINESS**			
7.1	**Any Other Business**	Verbal	Martin Havenhand, Chair	1415-1420
7.2	**Risks** *Any risks raised during the meeting that require consideration of adding to Risk Registers/Board Assurance Framework*	Verbal	Martin Havenhand, Chair	
MEETING CLOSE 14:20				
Date of next Board Meeting to be held in Public**: 30 May 2024**				

NHS
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Minutes of the Board of Directors Meeting (held in Public)
Thursday 01 February 2024 at 0900am
Venue: University of Huddersfield

Present:

Martin Havenhand	Chair
Andrew Chang	Non-Executive Director
Anne Cooper	Non-Executive Director
Tim Gilpin	Non-Executive Director/Deputy Chair
Jeremy Pease	Non-Executive Director
Amanda Moat	Non-Executive Director
Peter Reading	Chief Executive
Nick Smith	Chief Operating Officer
Julian Mark	Executive Medical Director
Kathryn Vause	Executive Director of Finance
Dave Green	Executive Director of Quality and Chief Paramedic

In Attendance:

Mandy Wilcock	Director of People and Organisational Development
David O'Brien	Director of Corporate Services and Company Secretary
Carol Weir	Director of Strategy, Planning and Performance
Simon Marsh	Chief Information Officer
Adam Layland	Director of Partnerships and Operations (South)
Jeevan Gill	Director of Partnerships and Operations (Humber and North)
Rachel Gillott	Director of Partnerships and Operations (West)
Helen Edwards	Head of Communications and Community Engagement

BoD24/02/01 Welcome and Apologies
1.1   There were no apologies for absence. The meeting was quorate.

BoD24/02/02 Declaration of Interests
2.1   There were no declarations of interests reported in relation to open agenda items. It was noted that any declarations of interest would be considered if they occurred during the meeting.

BoD24/02/03 Minutes of Previous Meetings
3.1   The minutes of the meeting of the Board of Directors held in Public on 26 October 2023 were approved as a true and accurate record.

BoD24/02/04 Matters Arising
4.1   No matters arising were raised.

BoD24/02/05 **Action Log**

5.1   All actions reported in the action log as completed were approved for closure.

BoD24/02/06 **Staff Story**

6.1   Dave Green introduced a staff story relating to the role of critical care paramedics. Following the presentation the Board discussed some key points including:

- The importance of the critical care paramedic as a confident advocate for the patient in relationships with acute colleagues.
- The need to balance the opportunities presented by rotational roles with the need for critical care paramedics to retain a focus on their specialism.
- The need to balance very specialist skills with the need for broad general skills.
- The need to increase and enhance the knowledge and skillset of staff.

6.2   **Resolved**

The Board noted the staff story.

BoD24/02/07 **Chair's Report**

7.1   Martin Havenhand presented the Chair's report and drew the Board's attention to three key matters, as follows:

7.2   1. Peter Reading had been appointed to the substantive role of Chief Executive.

7.3   2. Zafir Ali had left his role as Associate Non-Executive Director with the Trust, his last day in that role had been 31 January 2024. Zafir had taken up a full Non-Executive Director position with the Bradford Teaching Hospital NHS Foundation Trust.

7.4   3. As part of its commitment to Equalities, Diversity and Inclusion the Board had confirmed the establishment of Non-Executive Champions and Executive Sponsors for each of the staff networks. These appointments were as follows:

Non-Executive Director Champions:

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

Executive Sponsors:

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

7.5   Adam Layland noted that February 2024 was LGBQT+ History Month and that the theme this year was a celebration of the contribution of members of the LGBQT+ community to medicine, both today and historically. The establishment of Non-Executive Champions and Executive Sponsors for the Pride@YAS network, and for other staff networks, was important to promoting the Trust as a great place to work.

7.6   Mandy Wilcock noted that in addition to the staff networks, the Trust's operational priorities included multiple EDI initiatives, and that Directors had all included a specific EDI measure in their objectives for 2023/24.

7.7 Peter Reading noted that Tom Heywood, who had been an active and impactful leader in local and national disabilities staff networks, had died and that the funeral was imminent. The Board expressed its sympathies to Tom's family.

7.8 **Resolved**
The Board noted the Chair's report.

BoD24/02/08 **Chief Executive's Report**

8.1 Peter Reading presented the Chief Executive's report and drew the Board's attention to the following key matters:

8.2 Operational performance in December had been challenging in terms of demand, response times, and handover delays (although the handover position was an improvement compared to the equivalent period during the previous year). The indicative performance data for January showed better performance.

8.3 Substantive appointments had now been made to all senior leadership posts, as detailed in the report. The New Operating Model programme would now be closed. The appointment of Marc Thomas as Deputy Chief Executive had been confirmed and Marc would join the Trust formally in April 2024.

8.4 The Board would be approving the Trust's new strategy at this meeting. The development of the strategy had involved extensive engagement with stakeholders that had strengthened the Trust's external relationships.

8.5 Tim Gilpin raised a concern about the analysis of mean response times. Too much focus on the average response time could mask those cases in which the response time is far longer and which could have a detrimental impact on patients. Martin Havenhand suggested that this matter be addressed as part of the Operational Performance report item later on the agenda.

8.6 Tim Gilpin asked whether all ambulances were to be equipped to be Dementia Friendly Ambulances. Dave Green explained that there is an aspiration for all Patient Transport Ambulances to be dementia friendly. Dave Green agreed to circulate an update on this to the Board.

(Action: Dave Green)

8.7 **Resolved**
The Board noted the Chief Executive's report.

BoD24/02/9 **Trust Strategy 2024-29**

9.1 Carol Weir presented the proposed new Trust Strategy 2024-29 for approval. The strategy had been developed via a wide-ranging engagement exercise involving staff, partners, community groups, and others, involving consultation events and other engagement channels. Key features of the new strategy included a new purpose, vision, values, and ambitions for the Trust, incorporation of the YAS Together principles, and various enabling plans. The Board had previously discussed the strategy at length and approved it in private session on 30 November. Today the Board was being asked to provide final approval of the strategy in public session.

9.2 The new Purpose for the Trust was confirmed as: *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.*

9.3 The new Vision for the Trust was confirmed as: *Great Care, Great People, Great Partner.*

9.4 The new Values for the Trust were confirmed as: *Kindness, Respect, Teamwork, and Improvement.*

9.5 The four new Bold Ambitions for the Trust were confirmed as: *To achieve improvements for Our Patients, our People, our Partnerships, our Planet and Pounds.*

9.6 Carol Weir confirmed that a programme of launch activities was in place for the strategy, which included emphasis on the new bold ambitions, the new values, and YAS Together.

9.7 Martin Havenhand commented that the strategy represented a cohesive and coherent direction for the Trust and was already starting to influence how colleagues operate and behave.

9.8 On behalf of the Board Martin Havenhand thanked Carol Weir for her leadership in developing the strategy and thanked the wider planning and development team for their contribution.

9.9 **Resolved**
The Board approved the Trust Strategy and endorsed the launch arrangements.

BoD24/02/10 **2023/24 Business Plan Operational Objectives – Q3 Report**

10.1 Carol Weir presented a report on the delivery status of the 2023/24 business plan operational objectives. It was explained that the Trust had adopted 18 business plan priorities for 2023/24 which aligned with the strategic objectives of the organisation. At the end of Quarter 3 the available reporting and assurance information indicated that the delivery status of these objectives was as follows:

- 8 objectives have a 'green' status: these are on track to deliver as planned 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.

- 9 objectives have an 'amber' status: these have moderate issues but are under control with confidence that the actions being taken will bring the activity back on track effectively.

- 1 objective has a 'red' status: this has material issues that are beyond agreed tolerances and are likely to result in failure to meet one or more parts of the plan. This objective related to the development of alternative pathways and reduction of conveyance rates. It is now considered that this objective had not been framed appropriately during the planning process for 2023/24, and a revised version of this objective is being proposed.

10.2 Carol Weir explained that the assurance information regarding the delivery status of business plan objectives was currently limited and required further development. Board members acknowledged this and suggested alternative ratings for some objectives for which the reported delivery status did not feel accurate.

10.3 Amanda Moat noted that as well as assurance about the delivery status of business plan objectives, the Board also needs assurance about the efficacy of remedial actions in the case of business objectives that are not currently on track.

10.4   Martin Havenhand commented that to achieve robust assurance there was a need to be very rigorous and honest in the analysis and critique of the delivery status of business plan objectives. In particular, the reported RAG status should reflect what is going to be delivered as planned during the current financial year and not what is likely to be delivered over a longer timescale.

Resolved

10.5   The Board noted the report.

BoD24/02/11   **Re-Framed Business Plan Objective 3**

11.1   Julian Mark presented a proposal to re-frame Business Plan Objective 3 relating to care pathways and reduced conveyance to emergency departments. Following a review, it was considered that the narrative describing the objective and the metrics used to measure delivery both required refinement. The re-framed objective would provide greater clarity and assurance to the Board about progress made towards patients receiving the right care in the right place and at the right time.

11.2   It was confirmed that the proposed re-framed objective had been reviewed by the Clinical Governance Group, the Trust Executive Group, and the Quality Committee and all three governance bodies had been assured that this proposal is appropriate.

11.3   Amanda Moat sought assurance regarding how the public would perceive this objective and what impact it would have on patient experience. Julian Mark explained that if the Trust gets care provision right first time then patients will experience fewer steps and touchpoints during their care journey and so are more likely to receive the right care at the right time. This is likely to result in a better patient experience and better care outcomes.

11.4   Adam Layland sought assurance that the delivery milestones were the right ones to drive sufficient improvement. Julian Mark explained that the existing milestones were constrained as we are already in Quarter 4 so there are limits on what can be achieved during the remainder of 2023/24. It was expected that a new set of metrics would be developed for 2024/25.

11.5   Martin Havenhand reminded the Board that this item was to approve a re-framed objective for 2023/24 and that the discussion should not stray into metrics and milestones for 2024/25 as these would be considered during the planning for next year in line with the Trust's business planning cycle.

11.6   **Resolved**

The Board approved the re-framed Business Plan Objective 3

BoD24/02/12   **Risk Report and Board Assurance Framework**

12.1   David O'Brien presented a report covering recent material changes in corporate risks and the position regarding the Board Assurance Framework (BAF) strategic risks.

12.2   Regarding the corporate risk register, five new corporate risks had been opened in the previous reporting period. These were:

- Risk 432: 4Cs and PALs demand
- Risk 570: Controlled drugs documentation requirements
- Risk 574: Security investment
- Risk 578: Job evaluation process
- Risk 579: HART training courses

12.3 The greatest individual corporate risk remained hospital handover (Risk 35)

12.4 Regarding the strategic risks in the BAF, risk exposures had 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 would be unlikely to achieve the average Category 2 response time target of 30 minutes for 2023/24.

12.5 Another area of significant strategic risk captured in the BAF related to staffing levels. While the overall position was complex and mixed, well-documented recruitment and retention issues had affected service delivery and created a budget surplus that brought potential reputational risk to the Trust.

12.6 It was confirmed that all three assurance committees had oversight of the appropriate sections of both the BAF and the corporate risk register. It was confirmed that a new set of strategic risks was in development. These would be included in a new BAF that would align with the new Trust Strategy. A discussion on strategic risk and BAF development would take place at the Board Strategic Forum on 29 February.

12.7 Peter Reading sought assurance that the wording of the risk relating to Right Person Right Care was correct. Following discussion about the different elements of risk relating to Right Person Right Care it was agreed to review and update the wording of the risk and to consolidate multiple Right Person Right Care risks into one.

(Action: Jeevan Gill / David O'Brien)

12.8 Julian Mark provided some assurance to the Board regarding the risk relating to controlled drugs by confirming that the management actions in response to the recent audit review were progressing in line with the agreed timetable.

12.9 Kathryn Vause sought clarification regarding the content and scoring of the risk relating to security investment. It was explained that this risk had come through the established risk moderation processes via the Risk and Assurance Group, TEG, and the Finance and Performance Committee. However, the risk could be sent back to the Risk and Assurance Group for further moderation.

12.10 **Resolved**
The Board:

(a) Noted the position regarding corporate risks
(b) Noted the areas of emerging risk
(c) Noted the position regarding the Board Assurance Framework

BoD24/02/13 **Integrated Performance Report**
13.1 The Integrated Performance Report was presented for information. This would inform the subsequent agenda items relating to the performance of services and directorates across the Trust.

13.2 **Resolved**
The Board received the Integrated Performance Report

BoD24/02/14 **Operational Assurance Highlight Report**
14.1 Nick Smith presented the assurance report covering all areas of the Chief Operating Officer remit, drawing the Board's attention to the following key highlights:

- Sustained improvement in 999 call-handling performance.

- Significant increase in Hear and Treat rates, from 8% to 15% (in part due to a change in the baseline data).
- Low staff turnover in the Emergency Operations Centre, resulting in more staff capacity.
- Category 2 response times in December 2023 (46 minutes) were much improved compared to December 2022 (78 minutes), although still not on target.
- 111 call handling was in the top quartile for call answering and clinical callbacks.
- PTS timeliness of response was good, especially for the most vulnerable patients.

14.2 Nick Smith also drew the Board's attention to the following key lowlights:

- Personal Development Review completion rates in EOC were low.
- Technical problems had adverse impact on telephony and dispatch systems.
- Category 2 response times were forecast to exceed the 30-minute mean target for the year, with a projected year-end position of 32:55.
- Turnaround delays were impacting negatively on response times and showing variance across different areas.
- Ambulance Support Worker recruitment was behind schedule.
- Retention issues remained a problem in Integrated and Urgent Care.

14.3 Adam Layland reported that the 'Duty to Rescue' process had been well received by partners.

14.4 Mandy Wilcock noted that the improved position regarding EOC staffing capacity was in part due to the positive impact of focussed work by the Trust to reduce sickness and improve attendance levels in that area.

14.5 Julian Mark emphasised the need to look beyond the mean response times and consider the 90th centile response times as these are more important from a patient safety perspective. This related to the point raised earlier by Tim Gilpin regarding the tendency of mean averages to mask the outlier cases.

14.6 Anne Cooper sought assurance regarding fleet availability, explaining that during a recent visit to an ambulance station she had discovered that there were insufficient vehicles available for the number of staff. Nick Smith explained that increasing the fleet capacity is a priority and that by the end of the financial year fleet numbers would have increased significantly. In addition, it was explained that fleet sufficiency had not been a major issue historically but had become more notable recently because the Trust had received additional revenue funding to expand its staff numbers but had not received equivalent funding to expand its fleet in line with those staffing increases. Kathryn Vause explained that the overall availability of existing vehicles is good, with 82% of vehicles available which is the best performance in the ambulance sector. Kathyn Vause also explained that there did need to be better alignment between fleet and scheduling, as there are examples of scheduling making shifts available for which there could not be sufficient vehicle availability.

14.7 Anne Cooper sought assurance regarding the availability of funding to support the implementation of recommendations from the Manchester Arena Inquiry. Nick Smith confirmed that 'Plan A' had been to secure national funding but that the prospect of this seemed to be receding, and so 'Plan B' would be to source funding from the ICB. If the ICB was unable to provide funding the Trust would need to identify what could be viable using internal resources. Kathryn Vause confirmed that other ambulance trusts were in a similar position, and that while ICBs recognised the need to implement the recommendations they had not been given resources to fund this. These requirements would be fed into the 2024/25 planning discussions.

14.8 **Resolved**
The Board noted the Operational Assurance report.

BoD24/02/15 **Emergency Preparedness, Resilience and Response (EPRR) Core Standards**
15.1 Nick Smith presented the report regarding the EPRR core standards and the outcome of internal and external assessment processes. The Board had previously considered a version of this report in private session on 30 November, but compliance with the regulatory framework required the Board to receive the report in public session.

15.2 Nick Smith explained that the Trust's internal self-assessment had indicated 97% compliance with the EPPR core standards. A subsequent desktop assessment of all NHS organisations by the NHS North-East and Yorkshire Regional EPRR team (including NEAS and NWAS) had resulted in YAS being assessed as 59% compliant. Taking into account the greater level of evidence required by NHSE, the Trust had undertaken a repeat self-assessment and had now reported 79% compliance.

15.3 Anne Cooper stressed that this level of compliance did not reflect a deterioration in the Trust's EPRR capability, and that the Board should recognise that the Trust had made significant progress and improvements on EPRR.

15.4 **Resolved**
The Board noted the report.

BoD24/02/16 **Financial Performance Report: Month 9**
16.1 Karthryn Vause presented the financial performance report. The Trust's financial position at Month 9 (31 December 2023) was reported as follows:

- Income and Expenditure: £6.4m year-to-date surplus, forecast break-even.
- Organisational Efficiency Plan: £3.1m under plan year-to-date
- Cash Balances: £68.7m at 31 December 2023
- Better Payment Performance (Non-NHS): Volume 95%, Value 94%
- Better Payment Performance (NHS): Volume 87%, Value 83%
- Agency Cap: Year-to-date overspend of £1.1m
- Capital: Leased Assets, year-to-date underspend of £7.3m, break-even forecast
- Capital: Purchased Assets year-to-date underspend of £3.7m, break-even forecast

16.2 At Month 9 the Trust had reported a year-to date (YTD) surplus of £8.5m. The Trust had agreed a break-even plan for the financial year and was currently forecasting delivery against this plan. All previous Board decisions relating to budgetary adjustments had been reflected in the figures. The Trust's revised financial plan for 2023/24 had resulted in changes to internal budgets for service lines, totalling £14m. All budget holders had signed-up to these changes and had committed to work to the new financial plans for the year.

16.3 On capital, underspend against the 2023/24 capital plan (resulting in part from the Board's decision on 30 November to pause the Scarborough estate project) was being mitigated by bringing forward planned capital investments from 2024/25. This would have an additional positive impact by freeing up capital for next year.

16.4 Regarding efficiencies, the Trust was currently reporting under performance against the cost savings plan: the YTD position was £3.1m under plan with a forecast year-end position of £2.7m under plan. The re-baselining of Hear and Treat rates had yet to be factored into these figures.

16.5   Agency spend was reported as higher than planned. YTD the Trust was exceeding its agency cap by £1.1m 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.

16.6   Cash balances were high (£68.7m) but were lower than previously and did reflect the £14m downward adjustment following the NHS England 'Month 7+' exercise to revise financial plans and performance trajectories.

16.7   On invoice payments, the Trust's overall position had improved during the year but appeared to have stalled. This would be discussed at the Trust Executive Group (TEG) in order to identify where the key issues are.

16.8   Andrew Chang sought assurance that failure to pay invoices in a timely manner did not present significant risk to the Trust. Kathryn Vause explained that the main risk would be reputational, particularly given that this Trust did not face the cash availability constraints experienced by many other trusts. However, the Trust's relatively high cash balances could present a risk in the event of an exercise by NHS England to re-distribute cash balances across the sector.

16.9   Martin Havenhand sought assurance that the year-to-date surplus of £6.4m against the revised 2023/24 budget would not materialise as an underspend at year. Nick Smtih confirmed that the mitigations previously approved would be delivered during Quarter 4 and this would significantly reduce the surplus. Kathryn Vause explained that the 'Month 7+' budget re-setting exercise had been by necessity a quick exercise based on multiple assumptions. Those assumptions had since been subject to upward and downward movements, but overall there was confidence that the Trust will achieve the forecast break-even position at year end.

16.10   Martin Havenhand emphasised that as part of budget planning for 2024/25 the Trust would need to focus better on cost improvement opportunities. Previously there had been less pressure for this because of the Trust's more positive financial position, but the ICB's are now expected to impose significant cost improvement targets and the Trust will need to respond well to this.

16.11   **Resolved**
The Board noted the report.

BoD24/02/17   **Finance and Performance Committee: Chair's Report**
17.1   Amanda Moat presented the report of the Finance and Performance Committee, focussing on its meeting held on 21 December. The Committee had escalated four key matters to the Board:

- Deterioration in Category 2 response time performance
- Year-to-date and forecast year-end financial position.
- Right Care Right Person risk
- Financial planning for 2024/25

17.2   Each of these items had been covered during the Board meeting and no further discussion was required.

17.3   **Resolved**
The Board noted the report.

BoD24/02/18   **Quality and Clinical Highlight Report**

18.1   Dave Green presented the Quality elements of the report, drawing the Board's attention to the following key highlights:

- Identification of Patient Safety Specialists across the Trust
- Implementation of the 'Duty to Rescue' process
- Progress with the development of the Quality Improvement plan
- Quality and Safety walkarounds

18.2   Key lowlights included the impact on patient safety of delayed response (this is the main factor behind serious and moderate harm incidents) and the potential negative impact of the long-term absence of two security management subject matter experts (estate security; violence reduction). The risk arising from these absences would be assessed and mitigated as required.

(Action: Dave Green)

18.3   Martin Havenhand asked that a feedback report from the programme of Quality and Safety Walkarounds is added to the Board's forward plan of business for 2024/25.

(Action: David O'Brien)

18.4   Julian Mark presented the clinical elements of the report, drawing the Board's attention to key highlights including funding for the YAS Research Institute and the development and impact of public health analytics. A key issue to resolve was the Head of Clinical Effectiveness role pending completion of the job evaluation process.

18.5   Anne Cooper sought clarification of the potential impact on the Trust's work of health analytics. Julian Mark explained that good use of health analytics can support the Trust to plan and deploy the appropriate resource, ensuring that the right services are available in the right places to better meet local needs.

18.6   **Resolved**
The Board noted the report.

BoD24/02/19   **Quality Account: Priorities For Improvement**

19.1   Dave Green presented the report on the priorities for improvement identified by the Trust in the context of its Quality Account. The three proposed improvement priorities were as follows:

1. Patient Experience: a Patient Experience and Involvement Strategy
2. Clinical Effectiveness: Clinical Supervision Framework
3. Patient Safety: utilise PSIRF to gain learning and implement actions

19.2   Dave Green confirmed that the proposals had been reviewed by the Clinical Governance Group, TEG and Quality Committee and all of these governance groups were assured that these improvement priorities were appropriate.

19.3   Martin Havenhand sought assurance that sufficient resources were in place to deliver these improvement priorities. Dave Green explained that each of the three priorities is linked to a 2024/25 investment business case bid and their delivery in full would be dependent on resource being approved via those business cases.

19.4   **Resolved**
The Board supported the three improvement priorities, subject to resource being allocated through the 2024/25 business planning process.

BoD24/02/20 **Quality Committee: Chair's Report**

20.1 Anne Cooper presented the report of the Quality Committee meeting held on 21 December and explained that this had been a truncated meeting as result of operational pressures.

20.2 The Quality Committee had escalated two issues to the Board, one relating to the impact of Right Care Right Right Person, and one relating to operational plans to improve performance during the winter period, particularly regarding Category 2 response times. Both matters had been covered in the Board meeting and no further discussion was required.

20.3 **Resolved**
The Board noted the report.

BoD24/02/21 **People and Organisational Development: Highlight Report**

21.1 Mandy Wilcock presented the report and drew the Board's attention to the following highlights:

- The success of the Trust's apprenticeships programme, for which the Trust has received awards and commendations.
- Progress with the YAS Together programme
- Staff survey response rates and results
- Reduction in sickness absence overall and in call-handling centres

21.2 Mandy Wilcock drew attention to appraisals: the target completion rate of 90% was not being achieved however there had been a clear improvement in the quality of appraisals.

21.3 Martin Havenhand emphasised the importance of appraisal completion as a key indicator of organisational culture and as a key part of the role of managers. Mandy Wilcock confirmed that appraisal completion rates would be picked up as part of the new performance meetings and the actions resulting from those.

21.4 Martin Havenhand noted the concerns raised in the report regarding the job evaluation process. Mandy Wilcock explained that the current issues were the result of multiple factors, including the quantity and quality of job descriptions being submitted, the availability of managers to participate in panels, and the availability of trade union colleagues to participate in panels.

21.5 **Resolved**
The Board noted the report.

BoD24/02/22 **People Committee: Chair's Report**

22.1 Tim Gilpin presented the report of the People Committing following its meetings held on 28 November 2023 and 16 January 2024. The Committee had escalated four items to the Board:

- Risk relating to the job evaluation process.
- The functionality and user-friendliness of the Trust's risk management system
- Clarity regarding staffing investment as part of the IUC Case for Change
- A whistleblowing incident at Beverley ambulance station that had been raised directly with the Health and Safety Executive

22.2 Jeremy Pease sought clarification regarding the types of assurance received by the People Committee regarding the achievement of planned staffing levels. Tim Gilpin explained that the committee received routine assurance reports on staffing levels and remedial actions, as well as major organisational development interventions to address cultural issues.

22.3 **Resolved**
The Board noted the report.

BoD24/02/23 **Audit and Risk Committee: Chair's Report**

23.1 Andrew Chang presented the report of the Audit and Risk Committee following its meeting held on 18 January 2024. The committee had no 'red' matters to alert the Board to, but the report did draw attention to the following matters:

- Ernst and Young had yet to formally resign as the Trust's external auditors and so the Trust had not yet signed the contract with its incoming auditors, Bishop Fleming.
- There had been some in-year deterioration in the timely completion of actions arising from internal audit reviews, although the overall position was an improvement from the previous year.
- The People Committee had not yet commenced regular risk assurance reporting to the Audit and Risk Committee, which is a requirement of the Trust's governance arrangements.

23.2 **Resolved**
The Board noted the report.

BoD24/02/24 **System Partnership Update**

24.1 Rachel Gillot, Jeevan Gill and Adam Layland presented the System Partnership Update report.

24.2 The report provided updates and assurance regarding a wide range of strategic, governance, operational and performance issues pertinent to each of the three integrated care systems, and also provided an overview of developments in common across all three areas.

24.3 Amanda Moat welcomed sight of the issues and developments at system level and noted that the Trust should consider how oversight of system working should feed into its own governance, assurance and performance reporting.

24.4 Kathryn Vause noted that the Trust needed to have more focus on health inequalities at system level, explaining that the Trust is funded to provide a regional service but the differences at local level have implications that are not captured in the assessments of our performance which are measured at regional level.

24.5 **Resolved**
The Board noted the report.

BoD24/02/25 **Governance Report**

25.1 David O'Brien presented the Governance Report and drew the Board's attention to the following matters:

- Potential placements with YAS of both a NExT Director and an Aspirant NED via the Insight Programme run by Gatenby Sanderson.

- An update on the Trust's Establishment Order
- Partnership governance arrangements relating to the Trust's involvement in the West Yorkshire Community Health Services Partnership Collaborative
- The Trust's Board Development Programme
- The Board Member skills matrix
- Use of the Trust Seal
- NHS Providers Governance Survey 2023

25.2 **Resolved**
The Board noted the report.

BoD24/02/26 **Any other business**
26.1 There were no items of any other business.

BoD24/02/27 **Risks**
27.1 There were no additional risks raised for consideration of inclusion on risk registers or the Board Assurance Framework.

BoD24/02/28 **Date of Next Meeting**
28.1 The next meeting of the Board of Directors in Public would take place on 25 April 2024.

The meeting concluded at 12:45

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**

Action Log: Board of Directors (in Public)

(Completed items will be 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				
BoD23/10/20.5	26/10/2023	**Freedom to Speak Up 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 next FTSU Board Report (currently scheduled for 30 May 2024)	30/05/2024	**Open**
BoD24/02/08.6	01/02/2024	**Chief Executive's Report** Dave Green to circulate to an update regarding the number of ambulances that are equipped to be dementia friendly.	EDQ.CP (Dave Green)	Figures have been circulated by email.	25/04/2024	**Complete**
BoD24/02/12.7	01/02/2024	**Risk Report** The wording of the Right Person Right Care risk to be reviewed and multiple Right Person Right Care risks to be consolidated into one.	DPO (Jeevan Gill) DCSCS (David O'Brien)	This risk has been reviewed. A revised version will be considered by the Risk and Assurance Group and reported to the Board in the next quarterly risk report (May 2024)	30/05/2024	**Open**
BoD24/02/18.2	02/02/2024	**Quality and Clinical Report** The risk associated with the long-term absence of two security management subject matter experts (SMEs) to be assessed and mitigated as required.	EDQ.CP (Dave Green	One SME has returned to work. A return to work is anticipated soon for the second SME. The risk associated with the absence is being tolerated.	25/04/2024	**Complete**
BoD24/02/18.3	01/02/2024	**Quality and Clinical Report** A feedback report from the programme of Quality and Safety Walkarounds be added to the Board meeting forward plan.	EDQ.CP (Dave Green) DCSCS (David O'Brien)	This item has been added to the forward plan of Board meetings	25/04/2024	**Complete**

Board of Directors (held in Public)
25 April 2024
Agenda Item: 1.7

Report Title	Chair's Report
Author (name and title)	Martin Havenhand, Chair
Accountable Director	Martin Havenhand, Chair
Previous committees/groups	None
Recommended action(s) Approval, Assurance, Information	Information/Assurance
Purpose of the paper	To brief Board members of the activity and stakeholder engagement undertaken by the Chair since the last report presented to the Board in Public on 1 February 2024.
Recommendation(s)	Note the update from the Chair's Report.

Executive summary (overview of main points)

The paper gives a summary of the following key items:
- GEMS: Hidden in Plain Sight (75@75) listing
- Network chairs, NED champions and Executive Director Sponsors Workshop
- Non-Executive Director (NED) and Senior Independent Director (SID) appraisals
- Aspiring Non-Executive Director placements
- West Yorkshire Chairs and NEDS Development Session
- Homeless Voices Showcase Event
- Meetings, visits, and events undertaken by the Chair throughout the region.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	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 People	Invest in leadership development to ensure that our people are well supported by their exceptional leaders. Value difference and improve equality, diversity and inclusion of our people at all levels of the organisation, to reflect the population we serve.
	Our Partners	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.
	Our Planet and Pounds	Develop and deliver improvement, through learning and adoption of best practice.
Link with the BAF Include reference number (board and level 2 committees only)		2c, 3a, 3b

Board of Directors (held in Public)
25 April 2024
Chair's Report

1. Summary

1.1 This report briefs Board members of the activity and stakeholder engagement undertaken by the Chair since the last report presented to the Board in Public on 1 February 2024.

2. Seacole Group

2.1 The Seacole Group is the national network for Black, Asian and ethnic minority Non-Executive Directors and Chairs in the health system and they have one vision: **That NHS reflect the ethnic diversity of patients and communities they serve.**

2.2 To mark the 75th Anniversary of the NHS, the Seacole Group partnered with Colourful Healthcare to launch: GEMS: Hidden in Plain Sight (75@75). This is the new leaders list recognising 75 health and social care professionals from Black, Asian and other minoritised backgrounds who are making a difference in the sector but are often hidden in plain sight. Nominated by peers, the 75 GEMS have demonstrated that they are making a difference to their organisation, patient care/community and/or the diversity and inclusion agenda. The Seacole Group has a number of their members on the list.

2.3 Andrew Chang, one of our Non-Executive Directors is on the list.

2.4 The Seacole Group held its annual conference 'Melting the Racial Glacier' at Sheffield United FC on Thursday 18 April and I was honoured to be invited by Andrew to attend.

3. Equality, Diversity, and Inclusion (EDI)

3.1 I previously reported that as part of our ongoing support for our staff networks the board has approved the establishment of Non-Executive Director (NED) Champions and Executive Director Sponsors.

3.2 To further develop these roles a workshop is being planned for the network chairs, NED champions and Executive Director Sponsors led by the West Yorkshire ICB EDI Lead.

4. Non-Executive Director Appraisals

4.1 All the Non-Executive Director appraisals are planned to be completed by the end of April and the Senior Independent Director (SID) to be completed early May.

5. Aspiring Non-Executive Director placements

5.1 Professor Rebecca Randell and Carol Hodgson-Mullings are starting six month

placements starting from the April board meeting as part of the NHS NexT programme and the West Yorkshire Insight programme respectively.

6.   West Yorkshire Chairs and NEDs Development Session

6.1   The West Yorkshire Chair, NED, Associate NED networking session was held on Tuesday 5 March 2024 at Leeds City Museum.

6.2   I was asked to present the work we have been doing at the YAS board, around governance, management, and sustainability within the context of the Well Led Framework and the 8 key lines of enquiry.

7.   Homeless Voices Showcase Event – Jubilee Central, Hull

7.1   The event was hosted by Healthwatch Hull, and they provided a high-level commentary of the results of their research. They invited all those who had. contributed, including:

- Those with lived experience of rough sleeping and homelessness
- Yorkshire Ambulance Service, NHS Trust, and YAS Charity (the commissioners of the project)
- Primary care organisations (from the Hull area, GP practices, community services)
- Hull University Teaching Hospitals
- Humber and North Yorkshire ICB
- Hull City Council
- Voluntary Sector – including CVS, homeless charities and substance abuse charities.

7.2   The project has been funded by the YAS Charity, from designated funding for community engagement activity. The project was initiated by the Community Engagement team as part of their strategy and addressing health inequalities and began in September 2023. It is known that people at risk of rough sleeping have worse health outcomes; they have more complex needs and A&E access for homeless people has been rising steadily.

7.3   YAS worked with the voluntary sector and ICB to commission the work from Healthwatch Hull and there has been considerable interest from across the region and nationally, as no other Healthwatch organisations have undertaken this type of work.   The research project has provided qualitative information to better understand issues across all services.

7.4   The recommendations will be considered by the Trust's clinical governance group and by service areas to agree next steps.

8.   Meetings, Visits and Events

8.1   <u>System Partners</u>

- Humber and North Yorkshire ICB Trust Chairs meeting
- Humber and North Yorkshire Provider Chairs meeting
- Chair of West Yorkshire ICB
- West Yorkshire Chairs Forum
- South Yorkshire ICB Chairs and CEOs

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

8.3   Yorkshire Ambulance Service
- EDI action plan review
- Community Engagement briefing
- Clinical Hub visit
- Brough Ambulance Station
- Maltby Ambulance Station
- Goole Ambulance Station
- Filey Ambulance Station
- Bradford Ambulance Station
- Huddersfield A&E
- HART visit with the High Sherrif of WY
- YAS Research Seminar
- Caroline Balfour, Head of Legal Services
- Nabila Ayub, Head of EDI
- Alistair Gunn, National LGTB+ lead
- John McSorley, Head of Operations WY
- Community Engagement Team / Get into YAS (Prince's Trust)

8.4   Yorkshire Air Ambulance at Nostell.

9.   Recommendation

9.1   It is recommended that the Board:

- Note the update from the Chair's Report.

**Meeting Title: Board of Directors
(held in public)
Meeting Date: 25 April 2024
Agenda Item: 1.8**

Report Title	Chief Executive's Report
Author (name and title)	Peter Reading, Chief Executive
Accountable Director	Peter Reading, Chief Executive
Previous committees/groups	None
Recommended action(s) Approval, Assurance, Information	Information/ Assurance
Purpose of the paper	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.
Recommendation(s)	Note the update from the Chief Executive's Report

Executive summary (overview of main points)

The paper gives a summary of the following key items:
- Publication of NHS England 2024/25 Priorities and Operational Planning Guidance
- NHS England publishes culture review in ambulance services
- Review of Sexual Safety Charter
- NHS Staff Survey results show improvements
- Meetings with Place Directors/Leads across Yorkshire
- New appointments
- Celebrating national apprenticeship success
- Overseas NHS Workers Day
- Sharing 999 patient records through the Yorkshire & Humber Care Record
- YAS Research Institute Spring Seminar
- YAS Learning Disabilities and Neurodiversity Event
- Chief Executive 'Ride Outs' with DCA crews

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures.
	Our People	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.
	Our Partners	Listen and respond to patients, partners and our communities to develop and deliver high-quality care, which is continuously improving.

	Our Planet and Pounds	Use our resources wisely and ensure value for money.
Link with the BAF Include reference number (board and level 2 committees only)		1a, 1b, 1c, 3a

Board of Directors (held in Public)
25 April 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.   Publication of NHS England 2024/25 Priorities and Operational Planning Guidance

2.1   On 27 March NHS England published the 2024/25 Priorities and Operational Planning Guidance for the NHS.

2.2   2024/25 priorities and operational planning guidance (england.nhs.uk)

2.3   The overall priority in 2024/25 remains the recovery of the NHS's core services and productivity following the COVID-19 pandemic. In particular, to improve patient outcomes and experience, the NHS must continue to:

• maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach

• improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24

• reduce elective long waits and improve performance against the core cancer and diagnostic standards

• make it easier for people to access community and primary care services, particularly general practice and dentistry

• improve access to mental health services so that more people of all ages receive the treatment they need

• improve staff experience, retention and attendance.

2.4   The national objectives for 2024/25 are summarised as follows:

Area	Objective
Quality and patient safety	• Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	• Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
	• Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Primary and community services	• Improve community services waiting times, with a focus on reducing long waits
	• Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	• Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	• Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
	• Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
	• Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25
	• Improve patients' experience of choice at point of referral
Cancer	• Improve performance against the headline 62-day standard to 70% by March 2025
	• Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
	• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	• Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment
	• Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Mental health	• Improve patient flow and work towards eliminating inappropriate out of area placements
	• Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)
	• Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery
	• Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025
	• Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	• Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025
	• Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population
Prevention and health inequalities	• Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025
	• Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025
	• Increase vaccination uptake for children and young people year on year towards WHO recommended levels
	• Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	• Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions
	• Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors
	• Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	• Deliver a balanced net system financial position for 2024/25
	• Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

3.   NHS England publishes culture review in ambulance services

3.1   An independent review, commissioned by NHS England (NHSE), has been published to support the improvement of the culture within the ambulance service. The review has considered the main factors impacting on culture and recommends six areas for improvement, set out for NHS England, Integrated Care Boards and ambulance trusts. It was commissioned in May 2023, and follows the publication by the National Guardian's Office of 'Listening to Workers – a Speak Up Review of Ambulance Trusts in England' by the National Guardian's Office. It was chaired by Siobhan Melia, previously an interim chief executive at South East Coast Ambulance NHS Trust.

3.2   [Culture Review of Ambulance Trusts (england.nhs.uk)](https://england.nhs.uk)

3.3   The YAS Trust Board received and discussed the report at the Strategic Board Forum on 29 February, as part of a broader discussion about YAS's OD Maturity Framework. At YAS, we recognised the need to make improvements to our culture and, over 18 months ago, commissioned an independent review to support this (from Moorhouse). The results identified some key cultural challenges and we have developed a programme focused on improving our organisational culture and providing practical support and guidance to help us embed and enable new ways of working, to bring about change and address these challenges.

4.   Review of Sexual Safety Charter

4.1   The Trust's Sexual Safety Charter was launched six months ago, and a Review of its impact and how the Trust can best make sure that our arrangements to support its effectiveness is scheduled for 24 April 2024, chaired by the Chief Executive and including relevant executive and non-executive directors and senior managers, together with the Trust's Freedom To Speak Up Guardians.

5.   NHS Staff Survey results show improvements

5.1   The 2023 NHS Staff Survey results, published on 7 March, saw YAS record improvements across all nine themes explored by the Survey's questions and significantly higher scores in seven of the nine themes. We also saw improved scores to almost all individual questions and the majority of our results are either above average or average for the ambulance sector.

5.2   While welcoming the marked improvements in results, we also recognise the need for further work. Although our own scores are some of the best in the ambulance sector, the sector overall is the lowest scoring in the NHS and as noted above, there are some serious issues to address around sexual safety and improving culture. Details of our results are available on our website.

6.   Meetings with Place Directors/Leads across Yorkshire

6.1   The Chief Executive, together with the relevant Director of Partnerships and Operations, has arranged a series of meetings with the Place Directors or Place Leads for all 13 ICB Places across Yorkshire, as part of our ongoing commitment to be a Great Partner (as per our 2024-29 Strategy launched on Friday).

6.2 The purpose of these meetings is to discuss with the Place Directors or Leads how YAS can best be involved in their Place, building on our existing work and relationships, and using data and our understanding of how things work both in their Place and elsewhere. The meetings are also focusing on what further opportunities there might be in the short or longer term, to work with the Place Directors or Leads and partners in their Place partners to improve aspects of the UEC system in their Place, and in particular, how we collectively might safely reduce avoidable ambulance conveyance, and achieve better outcomes for patients contacting YAS via 111 or 999.

6.3 Successful meetings have already been had with Place Directors or Leads from Barnsley, East Riding of Yorkshire, Hull, North Yorkshire, Wakefield and York, with a further meetings in the diary for June. By the end of July it expected that meetings will have been held with all 13 Place Directors or Leads.

7. New appointments

7.1 Marc Thomas joined YAS as Deputy Chief Executive on 1 April 2024.

7.2 Following the retirement of Simon Marsh as Chief Information Officer at the end of March 2024, and following a thorough external recruitment process, Sam Robinson has been appointed Chief Digital Information Officer (with the same remit as Simon Marsh but reporting to the Deputy Chief Executive, not the Chief Executive) and is expected to join YAS towards the end of June 2024. Sam is currently Associate Director, Live Services, with NHS Digital.

8. Celebrating national apprenticeship success

8.1 The Trust has been named the Health and Science Apprenticeship Provider of the Year in the national Annual Apprenticeship Conference Apprenticeship Awards 2024.

8.2 The accolade recognises our employer provider career development pathway to paramedic and our overall commitment to using apprenticeships to support the professional development of our staff. We are exceptionally proud to be recognised, not just amongst other health organisations, but nationally and across the whole apprenticeships education sector.

9. Overseas NHS Workers Day

9.1 We celebrated Overseas NHS Workers Day to recognise the outstanding contribution of our colleagues who have migrated to the UK to work at the Trust. Over the last two years we have carried out an international recruitment drive to employ paramedics and senior clinical advisors from India, Australia and New Zealand to supplement those recruited within the UK. In addition, we have recruited 11 nurses from Kerala in India to work as Senior Clinical Advisors for our NHS 111 service.

10. Sharing 999 patient records through the Yorkshire & Humber Care Record

10.1 We are now sharing electronic care records of all emergency patient encounters, via the Yorkshire and Humber Care Record (YHCR), with health and social care professionals in the region to benefit individuals' ongoing clinical care.

10.2 Since its launch in mid-October 2023 up until the end of January 2024, over 305,000 records have been shared and this has helped other health and social care partners to be as well informed as possible about someone's condition and treatment.

10.3 YAS is responsible for conveying over 400,000 patients every year into 21 emergency departments across the Yorkshire and Humber region and thousands more patients are helped via telephone advice.

10.4 Records of these encounters, from 18 October 2023 onwards, are available to view via the YHCR Interweave Portal for all participating health and social care organisations. The portal is a web app which presents a holistic view of the patient for providing ongoing care and supports informed decision-making.

10.5 Benefits from this development include:

• Care providers gain a fuller knowledge of patients' use of emergency services, with access to the clinical record and data from those encounters.

• Improvements to patient experience, reducing the need for them to repeat information already recorded.

• Improved care options' evaluation through access to the emergency care patient record.

• Identification of patients who frequently access services, and information on recent patient observations and treatments to improve continuity of care.

11. YAS Research Institute Spring Seminar

11.1 YAS Research Institute held a very successful Spring Seminar on 14 March in Morley. Seven excellent presentations - from YAS staff, colleagues from other ambulance services and academic partners - were received by an audience of nearly one hundred from YAS and its NHS and higher education partners.

12. YAS Learning Disabilities and Neurodiversity Even

12.1 YAS's Personalised Care Team arranged a very successful Learning Disabilities and Neurodiversity Event on 22 March in Morley. Contact with Yorkshire Ambulance Service via NHS 111, 999 or our Patient Transport Service can be a worrying time for people with learning disabilities and/or those who are neurodivergent. The Event brought together about one hundred staff, service users, partners, and community groups to share their knowledge and expertise to ensure people with learning disabilities and/or those who are neurodivergent are better understood, respected, and supported. The day consisted of a creative workshop and presentations relating to the ongoing improvement work.

12.2 This Event forms a very helpful foundation for YAS to introduce Health Education England's Oliver McGowan Mandatory Training on Learning Disability and Autism, which it (in common with all the NHS) is required to do this year for all its staff. Plans for implementing this training at YAS are at an advanced stage of preparation and development.

13.   Chief Executive 'Ride Outs' with DCA crews

13.1   During March, the Chief Executive was fortunate to be able to 'Ride Out' with DCA crews for two full day shifts, one in Sheffield from Middlewood Station and one in Hull from Sutton Fields Station. These followed previous 'Ride Outs' the Chief Executive had undertaken in Leeds, Scarborough, and Doncaster with, respectively, a DCA crew, a Specialist Paramedic in Urgent Care, and a PTS crew.

13.2   As with his previous 'Ride Outs', last months' proved invaluable to the Chief Executive to develop his understanding of the work our 999 crews do, the pressures they face and their views on their work and how the Trust operates.

13.3   Learning for the Chief Executive, which he is following through in multiple work strands with relevant senior leaders at YAS (and where relevant, with partner organisations), ranged across many areas, from how referrals from Health Care Professionals (HCPs) are taken and acted on by YAS, the importance of our crews having easy access to a patient's GP when assessing a patient in their home, the professional and inter-personal skills and compassion of our crews, the risks they have to take when deciding whether to convey a patient to hospital, the vulnerability of our female staff 'on the road' to inappropriate behaviours from patients and the public, the managerial cultures of our different stations, the challenges of handover delays, the serious estates problems we face in some of our stations, how we might improve communication with and engagement of staff, and so on.

14.   Recommendation

14.1   It is recommended that the Board:

- Note the update from the Chief Executive's Report

15.   Supporting Information

15.1   Two NHS England hyperlinks to the pdf documents in the text above.

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. (*Priority 4*):	6. Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse.	People	Director of People and Organisational Development (Mandy Wilcock)
		7. Deliver and implement an effective organisational operating model.	People	CEO (Peter Reading)
		8. Implement a robust performance management framework.	Finance & Performance	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". (*Priority 8*):	16. Increase the number and variety of volunteering opportunities and develop supporting infrastructure to improve patient care.	People	CEO (Peter Reading)
	Be a respected and influential system partner and generate resources to support patient care. (*Priority 5 and 7*):	17. Develop and embed our approach to system working.	Trust Board	CEO (Peter Reading)
		18. Embed rigorous financial oversight to ensure efficient use of resources.	Finance & Performance	Executive Director of Finance (Kathryn Vause)

*The Executive Lead will be updated as the Operating Model is 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?	**Why is this a priority / key driver that needs fixing?**
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.	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.	Q4
UCR 100 incidents per day for each quarter.	Q1
Vocare triage 30 per day.	Q2
Vocare triage 100 per day from Quarter 2 to 4.	Q2
Increase clinical workforce.	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

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

Yorkshire Ambulance Service NHS Trust

What is the objective?	Why is this a priority / key driver that needs fixing?
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.	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

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

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

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

Meeting Title: Board of Directors (in Public)
Meeting Date: 25th April 2024
Agenda Item: 3.2

Report Title	Assurance Report of the Chief Operating Officer
Author (name and title)	Nick Smith, Chief Operating Officer
Accountable Director	Nick Smith, Chief Operating Officer
Previous committees/groups	n/a
Recommended action(s) Approval, Assurance, Information	Assurance
Purpose of the paper	Assurance
Recommendation(s)	Note the content of the paper

Executive summary (overview of main points)

This paper identifies the key highlights, lowlights, issues, actions taken and planned actions regarding the YAS Operational Directorate overseen by the Chief Operating Officer.

This paper is for Board assurance purposes and covers Remote Patient Care, A&E Operations, Integrated Urgent Care and Emergency Planning, Resilience and Response (EPRR).

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	Deliver the national, regional and local performance targets for 999, NHS 111 and Patient Transport Service (PTS).
	Our People	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.
	Our Partners	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.
	Our Planet and Pounds	Use our resources wisely and ensure value for money
Link with the BAF Include reference number (board and level 2 committees only)		1a, 1b, 1c

Highlights	Lowlights
Remote Patient Care Julia Nixon joined the Trust as Associate COO for Remote Patient Care on the 5th February. The Head of IUC role has also been appointed, this will be Mike Podder-Finch who will be joining YAS in June. The Deputy Head is currently being recruited. **Emergency Operations Centre (EOC)** We achieved a 10 second average answer time during 2023/24 down from 50 seconds in 2022/23. Of particular note to the Trust Board is performance in the Quarter 4 when the average call answer was an average of 3 seconds. The 2023 EOC staff survey results significantly improved from 2022. Of note is the significant improvement in response rate from 34% to 53%. All scores have improved with 12 out of the 17 questions increasing by more than 10%. Biggest improvement is a 21.2% increase in EOC staff who would recommend the organisation as a place to work. I would like to recognise the efforts of the EOC leadership team in leading these improvements in addition to improving performance. Hear and Treat performance has maintained at 15%. YAS was a national outlier during 2023 but is now in the upper quartile because of better integration between EOC and IUC. **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. The IUC Transformation Programme (Case for Change) is progressing well with new rotas to be in place during June 2024. **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. The National Ambulance Resilience Unit contract was successfully moved from WMAS to LAS on the 1st April 2024. Courses are now being allocated reducing the corporate risk previously highlighted.	**Remote Patient Care** **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. Turnover remains around 20% which is lower than trajectory but can be reduced further. **Integrated Urgent Care (IUC)** Recruitment pipeline is good, but we still have high reliance on agency for recruiting new staff. Turnover 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. **Integrated Clinical Assessment Service** Due to delays waiting for a technical solution to a single clinical queue the iCAS was not ready for implementation at the end of March. **Accident & Emergency Operations (A&E)** YAS achieved a full year outcome of an 8 minutes 26 seconds average response time to Category 1 calls. The standard is 7 minutes. We achieved a Category 2 response time of 32 minutes and 32 seconds for 2023/24 against a standard of 30 minutes. There remains significant variation in response times to patients across Yorkshire. For example, in Leeds the full year Category 2 average response time was 23 minutes but 48 minutes in East Yorkshire. This is primarily due to handover delays at Hull, York and Scarborough. Turnaround delays continue to significantly impact on our ability to respond in a timely way. The 2022/23 position for YAS was an average of 49 minutes with variance between 44 minutes in West Yorkshire ICB and 65m in Humber and North Yorkshire ICB. System summits are Exec to Exec conversations continue to take place and actions taken to release crews quickly for our most vulnerable patients.

<u>Accident & Emergency Operations (A&E)</u>
Despite not achieving the Category 2 30-minute standard for the full year it was achieved in March 2024. This was the first time since August 2023. Overall, YAS achieved the 30-minute standard in 6 of the 12 months during 2023/24.

A number of new rotas went live on the 1st April 2024 that have helped increase weekend hours and support Team Based Working.

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.

Key Issues to Address	Action Implemented	Further Actions to be Made
Remote Patient Care **Emergency Operations Centre (EOC)** We need to maximise our remote clinical assessment capacity. **Integrated Urgent Care (IUC)** Turnover is exceptionally high for Health Advisors We have too much reliance on agency staff for IUC. Working environment and rotas are not conducive to a high performing contact centre. **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. Fleet numbers are now a limiting factor in the number of crews we can put out. **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) still requires funding.	**Remote Patient Care** **Emergency Operations Centre (EOC)** Visits undertaken at Ambulance Services with good numbers of clinicians in 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. **Integrated Urgent Care (IUC)** IUC Transformation (Case for Change) is currently being implemented and recruited into key leadership roles. **Accident & Emergency Operations (A&E)** Implemented 'Duty to Rescue' process during significant handover problems. Maximised operation hours through annual profiling. Increased fleet by holding onto 40 replacement ambulances that would have been disposed of. **Emergency Planning Resilience and Response (EPRR)** NARU contract has been novated from WMAS to LAS and increased capacity for training is expected. MAI Business Case supported by ICBs subject to funding availability.	**Remote Patient Care** **Emergency Operations Centre (EOC)** Maximise the opportunities for preceptorship for recently trained remote clinical assessors. This is a limiting factor. Continued focus on the stability of critical systems. **Integrated Urgent Care (IUC)** Continue implementation of IUC Transformation Programme (Case for Change) Continue to recruit into key operational roles. **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. **Patient Transport Service (PTS)** Continue to progress Eligibility on behalf of commissioners. Explore opportunities to improve efficiency of PTS. **Emergency Planning Resilience and Response (EPRR)** Secure ICB funding for the approved MAI Business Case.

Board of Directors (in Public)
25 April 2024
Agenda Item: 3.3

Report Title	Financial Performance as at 29 February 2024 (Month 11)
Author (name and title)	Matt Turner, Head of Financial Management; Louise Engledow, Deputy Director of Finance
Accountable Director	Kathryn Vause, Executive Director of Finance
Previous committees/groups	Trust Executive Group - 3 April 2024 Finance & Performance Committee - 23 April 2004
Recommended action(s) Approval, Assurance, Information	Information
Purpose of the paper	To inform Trust Board of the current financial position as at month 11, period ending 29th February 2024.
Recommendation(s)	It is recommended that the Trust Board note: - • the Trust's financial performance to 29th February 2024; • the capital expenditure against plan; and • all associated risks.

Executive summary (overview of main points)

- YTD surplus £2.8m, FCOT breakeven
- Many forecast variances to plan, most notably A&E forecast c.£5m overspend due to clinical supervisor backpay; result of shortfall in the provision
- Upturn in recruitment in IUC leading to an overspend c. £0.5m
- Capital: forecast to spend full allocation – despite very robust management, unlikely in reality due to slippage right up to end of year, will be reported in due course

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	
	Our People	
	Our Partners	
	Our Planet and Pounds	Use resources wisely and ensure value for money
Link with the BAF Include reference number (board and level 2 committees only)		4a) Ability to plan, manage and control Trust finances effectively

Board of Directors (held in Public)
25 April 2024
Financial Performance as at 29th February 2024 (Month 11)

1.   SUMMARY

1.1   At month 11, we are reporting a year-to-date surplus of £2.8m and a forecast break-even position against plan.

1.2   **Key Financial Metrics:**

Income & Expenditure Position:	£2.8m surplus year to date and breakeven forecast outturn		
Agency Cap:	YTD overspend £1.5m against cap. FCOT overspend £1.7m against cap.		
Cash:	Month end balance £68.1m		
		Volume	Value
BPPC YTD:	**Non NHS**	95%	94%
	NHS	87%	85%
Capital:	**Purchased assets**	YTD underspend of £9.8m. FCOT breakeven.	
	Leased Assets:	YTD underspend of £13m. FCOT breakeven.	
Cost savings / efficiencies Delivery:	The Trust is currently reporting underperfomance against the cost savings plan. YTD £2.9m under plan. FCOT £2.7m under plan		

2.   MONTH 11 POSITION

2.1   The Trust-wide summary financial position at month 11 is shown below at table 1, with more detail at directorate level shown at table 2.

2.2   Overall, Trust pay budgets are now overspending against planned pay costs, which is a move since last month. The movement in month relates to the payment of clinical supervisor job evaluation back pay. This is a £2.4m impact mainly against operational directorates. There also continues to be particular issues reported in Support Services, as teams across multiple disciplines find it increasingly difficult to recruit to vacant posts. 111 recruitment has been more successful than anticipated.

2.3   Non-pay expenditure is higher than planned which reflects other initiatives that have been implemented to maintain operational performance e.g increased use of private providers and third party call handling capacity.

Table 1: Financial Performance M11 - Summary Trust Position

	Year to date (Feb 24)			Full Year 2023/24		
	PLAN	ACTUAL	VARIANCE	PLAN	ACTUAL	VARIANCE
	£000			£000		
Income	(359,114)	(363,007)	(3,893)	(391,761)	(395,957)	(4,196)
Pay	269,819	268,016	(1,803)	294,372	293,547	(825)
Non Pay	89,295	92,173	2,878	97,389	102,378	4,989
(Surplus)/Deficit	**-**	**(2,817)**	**(2,817)**	**-**	**(32)**	**(32)**
Remove capital grants I&E impact	-	32	32	-	32	32
Adjusted (Surplus)/Deficit	**-**	**(2,785)**	**(2,785)**	**-**	**-**	**-**

Summary Directorate Position

Table 2: Financial Performance M11 – Summary Directorate Position

	Year to Date (Apr - Feb)			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Income (including MHIS)	(345,773)	(345,592)	181	(377,207)	(376,870)	337
Block Income	**(345,773)**	**(345,592)**	**181**	**(377,207)**	**(376,870)**	**337**
Income	(2,094)	(2,683)	(589)	(2,284)	(2,884)	(600)
Pay	154,304	157,989	3,685	168,745	172,243	3,497
Non Pay	7,398	9,391	1,993	8,071	10,319	2,248
Accident & Emergency	**159,609**	**164,697**	**5,089**	**174,532**	**179,677**	**5,145**
Income	-	(102)	(102)	-	(105)	(105)
Pay	21,515	21,240	(275)	23,465	23,215	(250)
Non Pay	1,403	1,324	(79)	1,503	1,658	156
EOC	**22,918**	**22,463**	**(456)**	**24,968**	**24,769**	**(199)**
Income	-	(20)	(20)	-	(20)	(20)
Pay	23,401	23,928	527	25,710	26,333	623
Non Pay	1,025	940	(85)	1,118	1,085	(33)
NHS 111	**24,426**	**24,848**	**422**	**26,829**	**27,398**	**570**
Income	(2,114)	(2,108)	6	(2,306)	(2,353)	(47)
Pay	9,315	9,701	387	10,196	10,616	420
Non Pay	1,315	1,111	(204)	1,415	1,337	(77)
Central Services (Inc Spec Ops, ROC, Capacity Planning)	**8,515**	**8,704**	**188**	**9,304**	**9,600**	**295**
Income	(201)	(311)	(110)	(219)	(337)	(118)
Pay	19,237	19,702	465	20,990	21,524	534
Non Pay	14,897	15,142	246	16,251	16,903	652
Patient Transport Services	**33,934**	**34,534**	**600**	**37,022**	**38,090**	**1,068**
Income	(8,932)	(12,191)	(3,259)	(9,745)	(13,388)	(3,643)
Pay	39,281	35,455	(3,825)	42,879	39,037	(3,842)
Non Pay	62,923	64,264	1,342	68,632	71,908	3,275
Support Services	**93,271**	**87,528**	**(5,743)**	**101,766**	**97,557**	**(4,209)**
Income	-	-	-	-	-	-
Pay	2,765	0	(2,765)	2,387	579	(1,808)
Non Pay	334	-	(334)	400	(832)	(1,232)
Reserves	**3,100**	**0**	**(3,100)**	**2,787**	**(253)**	**(3,040)**
(Surplus)/Deficit	**(0)**	**(2,817)**	**(2,817)**	**0**	**(32)**	**(32)**
Remove capital grants I&E impact	0	32	32	0	32	32
Adjusted Reported (Surplus)/Deficit	**(0)**	**(2,785)**	**(2,785)**	**0**	**0**	**0**

2.4 **Agency** spend is higher than planned; currently exceeding our agency cap by £1.5m YTD and forecasting a £1.7m overspend. Whilst agency expenditure across the system remains well within the agency cap, providers are now coming under increasing pressure to reduce reliance on agency staffing.

2.5 There are specific risks relating to provisions and technical adjustments which cannot be finalised until the end of the year. These create challenges for forecasting but the Trust is confident in achieving a break-even position.

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.

OWNED ASSETS	M11 YTD (Jan '24)			Full Year Forecast		
Capital Expenditure Analysis 2023-24	Budget	Actual £'000s	Variance	Budget	Outturn £'000s	Variance
Estates	4,718	1,603	**(3,115)**	5,657	4,587	**(1,070)**
Fleet	7,750	3,105	**(4,645)**	7,749	8,378	**629**
ICT	1,552	1,376	**(176)**	1,597	3,798	**2,201**
Medical Devices	1,836	-	**(1,836)**	1,836	72	**(1,764)**
5% Overplan to be recovered (as per ICS)	(663)	-	**663**	(795)	-	**795**
VAT Recovery/credits/NBV on Disposal	-	(693)	**(693)**	-	(855)	**(855)**
Other funding adjustments	-	-	-	585	649	**64**
TOTAL	15,194	5,391	(9,803)	16,629	16,629	0

Table 3: Capital Expenditure - Purchased Assets

3.2 Purchased: Year to date expenditure is £5.4m against a plan of £15.2m, with a further £7m of orders raised awaiting delivery (table 3).

3.3 Leased/Right of Use:. At month 11, the year to date position is £13m behind plan due to delivery of vehicles being delayed until March. There is a risk that vehicles could be delayed into 24/25 (table 4).

LEASED / RIGHT OF USE ASSETS	Budget	Actual £'000s	Variance	Budget	Outturn £'000s	Variance
	M11 YTD (Feb '24)			Full Year Forecast		
Estates	1,757	569	**(1,188)**	1,790	1,626	**(165)**
Fleet	10,492	924	**(9,568)**	13,331	4,344	**(8,987)**
ICT	-	-	-	1,100		**(1,100)**
Medical Devices	2,217	-	**(2,217)**	3,000	7,556	**4,556**
Contingency		-	-	(4,721)	974	**5,695**
TOTAL LEASED / ROU ASSETS	14,466	1,493	(12,973)	14,500	14,500	(0)

Table 4: Capital Expenditure - Leased Assets

4. COST SAVINGS / EFFICIENCIES

	Month 11 - Year to Date			Forecast		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Non Recurrent	5,864	6,858	-994	6,397	7,397	-1,000
Recurrent	8,537	4,644	3,893	9,313	5,590	3,723
Total	14,400	11,502	2,898	15,710	12,987	2,722

Table 5: Efficiencies Performance at Month 11

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 by £2.9m 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 29th February 2024, the Trust had cash balances of £68.1m compared with £61.9m at 31 March 2023.

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	Jan-24	Feb-24	YTD
Invoice Volume	96%	96%	96%	95%	94%	93%	95%	95%	96%	93%	90%	97%	95%
Invoice Value	99%	94%	90%	89%	93%	92%	94%	96%	94%	92%	95%	97%	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.

	29 Feb 2024	31 Mar 2023
	£m	**£m**
Non-current assets	**124.7**	**131.8**
Current assets		
Inventories	2.5	2.6
Trade and other receivables	11.1	20.8
Assets Held for Sale	-	-
Cash and cash equivalents	68.1	61.9
Total current assets	**81.7**	**85.3**
Current liabilities		
Trade and other payables	(29.6)	(39.2)
Borrowings	(4.4)	(3.9)
Provisions	(3.2)	(6.0)
Other liabilities	(1.5)	(0.2)
Total current liabilities	**(38.7)**	**(49.3)**
Total assets less current liabilities	**167.7**	**167.8**
Non-current liabilities		
Borrowings	(9.5)	(13.6)
Provisions	(7.3)	(7.1)
Total non-current liabilities	**(16.8)**	**(20.7)**
Total net assets employed	**150.9**	**147.1**
Financed by		
Public dividend capital	94.4	93.3
Revaluation reserve	19.2	19.2
Income and expenditure reserve	37.4	34.6
Total taxpayers' and others' equity	**151.0**	**147.1**

Table 7: Statement of Financial Position

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   There is a shared commitment to achieve a break-even system 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 29th February 2024;
- the capital expenditure against plan;
- all associated risks.

Board of Directors (held in Public)
25 April 2024
Finance & Performance Committee Highlight Report
Report of the Finance & Performance Committee Chair

Report from: Finance & Performance Committee
Date of meeting: 7 March 2024

Key discussion points at the meetings and matters to be escalated to board:
Alert:

Finance - As at M10, the committee were assured that aside from an extraordinary event arising, the financial year end position would land as within current expectations (breakeven).

Operational Performance - Actions are being progressed as a result of 2 HNY summits.

Significant Risk Issues - Finance and Performance Committee as with People Committee continue to seek assurance on the impacts arising from poor retention rates. It was expressly requested that better information is required for the many planned changes/developments being implemented with regards to:

- Timely impact assessments of those actions being taken and statements following those regular reviews of likely achievement of the planned trajectories.
- Early identification of ineffective actions and corrective measures proposed to deliver the target year end position.

It was agreed that the most significant retention issues would have financial impacts mapped highlighting any widening to manage mitigation closely.

The financial team have conducted a summary level run rate analysis to support the development / assurance of workforce plans.

Separately a meeting had taken place with NHS colleagues across the system, and YAS presenting a narrative for its workforce growth. There is now a mutual understanding of our use of overtime and limited use of agency. Beyond that, conversation was focused on the ability to recruit and retain staff in order to fill all vacancies whilst moving away from agency. The Trust has received a new workforce template better suited to the ambulance service.

Advise:

Performance - Monthly performance meetings across all service lines are now in place for the Executive driving key discussions with heads of the 6 operational areas and also with item partners.

The committee noted performance evidence that conveyance rates for the different regions needs to be tackled based on local conditions and performance data needs to be segmented in the committee as a result. HNY has poorer performance KPIs. Two summits have been held and actions are being progressed.

The committee also sought to understand the scope of false demand which will be included at a future meeting.

Finance 24/25 planning and beyond. Discussion on finance proposals to review the approach for review of IT asset lifecycles and replacement programme design, enhancing opportunities for efficiencies.

The Committee requested too that the Board be made aware of opportunities for central funding so that bids can be better supported.

Business Planning template completions underway to deadlines. External pressures to reduce Cat 2 response times, at the time of the committee, had no system partner responses to requests for handover reductions.

Governance - ToR to be updated to reflect scope of the performance management framework, business planning cycle and digital/IT.

Assure:

The Committee:

- Received, and noted the designated risks from the BAF and corporate risk register that had been considered by TEG.
- Received, discussed, and noted the M10 operations performance papers.
- Received, discussed, and noted the M10 financial performance papers.
- Received and noted the latest financial planning update for 24/25.
- Noted 23/24 business plan delivery position unchanged since the last committee.
- Received and noted the capital planning group update.
- Received and noted update with regard to committee documents.

Risks discussed:
An emerging risk and mitigation yet to be assessed/agreed regarding finance team capacity and impact on key processes with significant impact for the Trust. Follow-up is expected at 23rd April Committee meeting which is time appropriate for proper review and feedback. No alert required to date.

Also introduced for consideration outside of the meeting during the risk agenda item, were the financial implications of strategic deliverables set by the Board where changes in infrastructure occur. The example used was digital - switching from capital to revenue funding of assets/asset usage as technology progresses.

Capital finance risk - again highlighting that the allocation of CDEL covers the replacement of the Trust's assets rather than capital investment / transformation.

New risks identified:

No new risks were identified.

**Report completed by: Amanda Moat, Non-Executive Director, Committee Chair.
Date: 15/04/2024**

Board of Directors (held in Public)
25 April 2024
Agenda Item: 3.5

Report Title	Quality & Clinical Highlight Report
Author (name and title)	Dave Green, Executive Director of Quality & Chief Paramedic; Dr Julian Mark, Executive Medical Director
Accountable Director	Dave Green, Executive Director of Quality & Chief Paramedic; Dr Julian Mark, Executive Medical Director
Previous committees/groups	Individual subjects discussed at: TEG, Quality Committee, Clinical Governance Group,
Recommended action(s) Approval, Assurance, Information	Information
Purpose of the paper	To update on highlights, lowlights, issues, actions and next steps in relation to Quality and Clinical areas.
Recommendation(s)	

Executive summary (overview of main points)

The report is a highlight/lowlight summary report.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures. Continually develop, providing both conditions and opportunities for all our teams to thrive in a research-active environment, and embed quality improvement throughout the Trust.
	Our People	
	Our Partners	Listen and respond to patients, partners and communities to develop and deliver high-quality care, which is continuously improving. Work collaboratively with all partners to achieve better experiences and outcomes for patients optimising all our collective skills and valued resources. Work in partnership to maximise benefit of our collective knowledge with academic and education partners and be a leading service provider in partnership with voluntary, community and social enterprise partners.
	Our Planet and Pounds	Ensure decisions are informed by evidence, research, data and intelligence. Develop and deliver improvement, through learning and adoption of best practice
Link with the BAF Include reference number (board and level 2 committees only)		3a) Capacity and capability to plan and deliver the Trust strategy, transformation and change 3b) Ability to influence and respond to change in the wider health and care system

QUALITY AND CLINICAL 25 April 2024

Highlights	Lowlights
Patient Safety • The first Draft Patient Safety Incident Investigation (PSII) has now been produced in line with the Patient Safety Incident Response Framework (PSIRF). Positive feedback has been received from the authors and reviewers of the document. Once completed this will come through the agreed governance process. • A series of training workshops have been held for investigators, managers, and senior leaders in relation to the implementation of PSIRF. The last being a PSIRF oversight training day for senior leaders held on 18 April. • The approval of a dedicated Patient Safety Specialist role, who will guide and advise the Trust on patient safety matters. This is line with NHSE/CQC best practice expectations. **Patient Experience** • Oversight for patient complaints is now being devolved to local level with Directors for input and sign off. • A gap analysis has been undertaken in relation the development of the patient experience framework, identifying areas of good practice and areas of development for the new patient experience framework. **Clinical Effectiveness and research** • The first RCUK accredited Advanced Life Support Course has been delivered successfully and received positive feedback from attendees and RCUK assessors. • YAS Research Institute seminar held on 14th March. • The 2024-27 Research strategy and corresponding workplan have been approved by Clinical Governance Group. • Research support funding from the NIHR CRN Y&H has been agreed for Q1&Q2 at higher levels than in previous years to support research paramedic and strategic research leadership posts. • CRASH-4 trial (TXA in mild TBI) ongoing. In March, YAS was the ambulance service with the highest recruitment. The "impact and care trajectory of patients with a long lie" NIHR funded (£714,000) project began on 1st April, hosted and sponsored by YAS. • Deployment of General Practitioners within EOC has been received positively by staff and is continuing. This elevates the organisational capability to provide care. • Limited Non-Medical prescribing has re-started within IUC. • The first GP trainee placed in YAS (2 days/week) is in post. The trainee is making an educational contribution to YAS staff, providing some clinical care and learning lots. • Contextual launch in ePR of GP Connect and Yorkshire and Humber Care Record now live. • Automated data processing implemented for national AmbCO reporting to improve responsiveness. • Mental Health EOC Push model now live in some places for mental health patients. • CPD on complex decision making delivered to 85 attendees with positive feedback. • New and improved GP pathways due for launch in May following consultation with all Local Medical Committees.	**Patient Safety** • Delayed response continues to be the highest reason for patient related incidents which are moderate or above. • Handover delays at several hospitals still present a patient safety concern. **Patient Experience** • The backlog of SI cases is now substantially reduced following a large increase of declared SI over the last two years, largely due to delayed responses. The delay in completion has meant that patients and families have had to wait extended times to see the outcome reports. An updated report is due to private Board. **Clinical Effectiveness** • Deployment of General Practitioners within IUC failed. Root causes are being investigated. Further engagement of Doctors deferred until the iCAS is operational. • MERIT pilot continues to be a success with a Specialist Paramedic (Critical Care) and Immediate Care Consultant providing advanced critical care from a road-based platform to patients in the region. Work continues with a view to expanding this to a seven day a week service. • On-going challenges with frontline ambulance clinicians accessing Primary Care for support and referral – key areas include Kirklees, Doncaster and Driffield. Launch of new GP pathway may help but put increased demand on internal clinical support. • Gaps remain in falls response coverage in North and East Yorkshire but progress being made. • Still significant variation in acceptance rates and utilisation for key alternative care pathways - SDEC and UCR. This relates to skill mix and risk tolerance in external provider organisations, ease of access for referrals, and sometimes interprofessional barriers. Development of place-based care-coordination hubs will be essential to reduce variation and improve access. • ePR usage remains at 90% resulting in significant demands on the Healthcare records team to process and validate paper records. **Compliance, quality assurance and quality improvement** • Adherence to the Controlled Drugs (CD) signing out process by some frontline clinicians is still a concern and further work is underway to address the issue.

Compliance, quality assurance and quality improvement

- A mock CQC inspection is nearing completion following a staff survey and a series of interviews/focus groups across the Trust. On completion a report will be compiled and shared with colleagues.
- A visit to HQ was carried out by CQC during March where they met senior leaders to discuss a range of subjects and spent some time in the Emergency Operations Centre (EOC). The feedback received was positive and they have asked for a further visit for October to visit York ambulance station and Fairfields EOC.
- The quality and safety walkarounds continue to be carried out and the findings are shared locally, added to the inspection for improvement process and taken to Quality Committee.

Key Issues to Address	Action Implemented	Further Actions to be Made
• The adherence to the CD policy by some clinical staff in regard to joint signatures and following process.	• Mock CQC inspection undertaken, and report is being compiled. • Initial scoping meeting for the introduction of the Clinical Supervision Framework has been held and a steering group established with the first meeting planned in.	• QI Enabling plan has been amended following feedback from Board and will be tabled at TEG for approval before being taken back to Board. • Progress the approved business cases in relation to Quality and Safety. • Research strategy 2024-27 to be presented to Board.

Board of Directors (held in Public)
25 April 2024
Quality Committee Highlight Report
Report of the Quality Committee Chair

Report from: Quality Committee
Date of meeting: 11 April 2024

Key discussion points at the meetings and matters to be escalated to board:
Alert:
N/A
Advise:

Controlled Drugs Update

The QC received an update on progress to address identified issues with the management of controlled drugs. It was advised that a staff circular had been issued reminding all about the need to follow the correct procedure and drawing attention to the policy. The matter was discussed, and it was felt that it was necessary to bring to staffs attention the law relating to this and to indicate that there are consequences for not meeting the requirements of the stated law. A clear plan of action would be developed for the next QC meeting.

Performance

The QC received the service line quality exception report including performance against national standards and the agreed standard for Cat 2 response this year at 30 minutes:23 seconds. The process to reach 30:23 was described. The Chair expressed some concern about the agreed standard for this year noting that the NHSE 'relaxed' standard was 30:00 or less and asked what it would take to achieve 25:00 this year, suggesting that this was the challenge we should be setting ourselves regardless of what others are doing. It was agreed that work would be undertaken to develop a plan and consider the implications for workforce, fleet, and estates along with policies and procedures in meeting 25:00 this year.

Serious Incidents backlog

The QC received a verbal update from the Director of Quality and Chief Paramedic on the management of serious incidents as at the end of Q4. The QC was advised that the SI team had been under considerable pressure in recent months, managing the backlog of incidents and investigations. The team had managed the backlog down to 15 cases. This pressure was now starting to affect the health and well being of the team and the quality of the incident management. It was agreed that the current pressure on the team should be eased for a period of time to protect their health and well-being. This would be managed by the Director of Quality and Chief Paramedic.

Assure:
The committee received updates on the following: • Integrated Performance report • Quality Management system and workplan • Academic research unit and 3-year strategy. • Recent quality and safety walk-rounds • Quality committee governance and ToR. **Risks discussed:** The committee considered all of the risks assigned to them for oversight.
New risks identified: No new risks were identified.

Report completed by: Jeremy Pease, Non-Executive Director, Quality Committee Vice Chair.
Date: 15/04/2024

Trust Board (in Public)
25 April 2024
Agenda Item: People Directorate,
Executive Report

Report Title	People Directorate: Executive Report
Author (name and title)	Suzanne Hartshorne, Deputy Director of People Dawn Adams, Associate Director of Education & OD
Accountable Director	Mandy Wilcock, Director of People
Previous committees/groups	N/A
Recommended action(s) Approval, Assurance, Information	Assurance/Information
Purpose of the paper	The report provides a brief overview of the highlights, lowlights, and risks within the services in the People Directorate. The paper aims to update the board on key successes and outcomes and current/future projects.
Recommendation(s)	The Board are asked to note the contents of the report.

Executive summary (overview of main points)

The report provides a brief overview of the highlights, lowlights, and risks within the services in the People Directorate. The paper aims to update the board on key successes and outcomes and current/future projects.

Strategic ambition(s) this supports. Provide brief bullet point details of link to Trust strategy.	Our Patients	Our work supports the ambition to deliver excellent patient care, which is safe and kind. Specifically work to ensure our workforce are well, trained and providing the best patient experience.
	Our People	The Directorate's agenda is solely focussed on our ambition to support our people to feel valued, proud to work at YAS and thrive every day.
	Our Partners	We aim to work with our ICS partners to ensure the best patient care for our communities
	Our Planet and Pounds	We use our resources wisely and progress all projects with sustainability in mind.
Link with the BAF Include reference number. (board and level 2 committees only)	2a, 2b, 2c	

People Directorate, Executive Report

Highlights	Lowlights
- The **2023-24 operational objectives** aligned to the People Directorate have been successfully completed, with some minor aspects ongoing and carried over to next year. Three new objectives for 2024-25 have been developed including Culture, Health and Wellbeing and recruitment and retention. Highlights of 2023-24 outputs are included below. **Staff Survey 2023** – conducted between 2 October and 24 November 2023, the response rate was 51% (Slightly below sector average); a significant improvement from the last 2 years, where it was 34%. As in previous years, the survey is based on 9 elements (7 People Promise Themes, staff engagement and morale). There were 3 new questions – 2 regarding sexual safety. Out of 9 elements, there has been a **statistically significant improvement in 7 areas.** The other 2 areas ('We each have a voice that counts' and 'we work flexibly') improved but not significantly. Directorate/department reports are being distributed along with analysis of results to prioritise areas for action. Areas of note, the results state we are:- - Above, or the same as, sector average, across all people promise themes. - Well above average for 'We are compassionate and Inclusive'; particularly Diversity & Inclusion and having a compassionate culture. - Average for both 'We are Safe and Healthy' (staff burnout) and 'We are a team'. - Above average for appraisals and development. - Whilst not an area of significant improvement for the Trust, above average for flexible working. - Our **staff engagement score has improved** from 6.01 to 6.21. Average is 6.03, so slightly above sector average. Morale improved from 5.41 to 5.72 (sector average is 5.57).	- Since the implementation of the Trust **Sexual Safety Charter** in October 2023, the number of cases has steadily increased. Whilst this isn't good to hear, it is positive that more staff feel confident to come forward for us to address issues. A 6-month review is taking place in the coming weeks. A number of development sessions for ambulance HR professionals are taking place; these are led by the national ambulance lead for sexual safety. - Staff Survey 2023 (new **sexual safety questions)**, 23% of colleagues had unwanted behaviour from patients (slightly above the sector average) and 8% of colleagues had unwanted behaviour from colleagues (slightly below sector average). Our work on the Sexual Safety Charter support work to address staff concerns. The sector scores are double that of the wider NHS. - Our **agency usage** in our call centres continues to be high and breached the NHS England Agency Cap for 2023-24. A comprehensive reduction plan has been developed and submitted to NHS England in this regard. **Sickness Absence** for March 2024 remains above the 5% threshold at 6.5% whilst reduced from February 6.9%, it remains high. The work of the Absence Reduction Group, a sub-group of the Organisational Efficiency Group, has refreshed its terms of reference to give a stronger focus on the work of the service lines to reduce absence in their areas. The **Supporting Attendance Policy** has recently been agreed to support this work. - Whilst **turnover** has reduced by 0.6% since March 2023 and now sits at 10.4%, it remains significantly higher in the 111 Call Centre remains high at 33.5%. The Case for Change is being implemented with staff being consulted on changes.

Highlights	Lowlights
• **YAS Together** – The programme of work following our cultural review is making good progress with a number of interventions now coming to fruition. All planned pilots have been completed. In particular, Manage to Lead, Team Charter, Appreciation & Recognition Guide and the Succession Planning Toolkit, have been well received and are being rolled out to the wider Trust over the coming year. • **Diversity and Inclusion Plan 2024 – 27** has been approved at People & Culture Group and supported by People Committee. The plan includes feedback from the Workforce Equality Standards, Gender Pay Gap as well as local feedback. • **Health and Wellbeing Plan** 2023-24 was presented for closure at People Committee. Good progress had been made across all actions. The winter plan implemented by the Health & Wellbeing Team was particularly of note. The plan for 2024-25 has also been approved and includes actions to support absence reduction as well as embedding the new occupational health services. • The new **Occupational Health Services** went live on 1 April 2024 with new providers for Employee Assistance and Physiotherapy. • One of 7 Ambulance Trusts, the Trust have been accepted as a **People Promise Exemplar site** (retention) and have appointed a Programme Manager for this work, funded by NHS England. The Trust are part of Cohort 2 and are taking a sector approach to this work. The main areas of work will focus on Flexible working, talent management including workforce planning, inclusive recruitment/onboarding, compassionate stay conversations and bullying and harassment including upstander training. The work will be aligned to the YAS Strategy and YAS Together in addition to being a key driver for recommendations made as part of the Ambulance Cuture Review .	• The **Vacancy rate** remains high at 12%, albeit this has reduced from 14.2% since March 2023. Significant planning is taking place with oversight, through People Committee, of any shortfall against the trajectory to recruit into Call Centres. • The Trust **appraisal rate** continues to be well below the 90% threshold at 73.7%, albeit this has improved by 2% since February when it was 71.9%. From April 2024, the Senior Leadership Community (SLC) (all Band 8a and above) will have their appraisal during an **'appraisal window'** between 1 April to 30 June each year. The new arrangement has been introduced to align with the YAS business planning cycle. The aim is to enable the SLC to have objectives set in quarter one that support the achievement of the business plan priorities for the forthcoming year. All other staff will retain the current annual cycle based on the anniversary of their start date, to help leaders to schedule the appraisals throughout the year. • Although 31.67% of staff report, via the Staff Survey, that they have a physical or mental health condition lasting or expected to last for 12 months or more, the Trust's formally declared **disability rate has improved** by 2.7% to go from 5.4% to 8.1%. Clearly there is further work to be undertaken to encourage more staff to update their profile and receive any necessary support to undertake their roles. To this end, the Trust have, for 2024-25, arranged a **centralised budget for workplace (reasonable) adjustments** and as set out in the Diversity & Inclusion plan, a number of actions are taking place to support our staff living with disabilities. This includes a refresh of the Health & Wellbeing Passport.

Highlights	Lowlights
• As in previous years, the Diversity & Inclusion team have been **supporting staff during Ramadan** by producing guidance for managers and colleagues. Most well received related to the community iftars at some sites, where food was purchased for staff working during the Iftar period. • The Trust won the **Health and Science Apprenticeship programme of the year** at the **Apprenticeship Awards** last month. YAS was recognised by the judges as being the best employer provider in the Health and Science category. It is great to be recognised not just amongst other health organisations, but nationally and across the whole apprenticeships education sector is such a reward for the Trust.	

Key Issues/Risks to Address	Action implemented	Further actions to be undertaken
Recruitment and Retention in our call centres – due to the continued high turnover and attrition within our 111 Call Centre, work continues to recruit into Health Advisor roles. This remains a risk on the Corporate Risk Register. It should also be noted that this is an issue reported by all 111 call centre providers and not unique to YAS.	Led by the YAS Director of People, during 2023-24 work has taken place at a national ambulance level to share good practice regarding recruitment practice. A shared guide has been published to support across the whole recruitment and onboarding journey. The guide aims to ensure that candidates get the best job preview, and that the selection process tests resilience and other values to ensure the best fit for the roles. A screening tool is also being progressed as part of the business planning process.	A deep dive of the recruitment and retention issues and plan to address the risk is being presented to the next People Committee.
Immigration and visas. A specific visa breach arose in December 2023 which led to an audit of our internal processes. These had been found to be inadequate. The Home Office could have taken action	A clear plan is being implemented and processes reviewed to ensure controls are robust. All right to work documents for staff appointed since 2008 (when immigration legislation changed), are being reviewed to	The plan will continue to be completed. Training for HR staff and managers on immigration regulations is continuing to take place.

Key Issues/Risks to Address	Action implemented	Further actions to be undertaken
against us as a Trust and have suspended our sponsorship licence.	ensure we have the correct documentation in place. No further issues have been discovered to date.	This area is on the internal audit plan for Q4.
Job evaluation. Following discussions with managers and trade unions regarding a back log of requests for job evaluation. Work has taken place in partnership with our trade unions to address concerns and process issues.	Additional training for job matching and consistency checking has taken place with further sessions planned. The Trust Policy has been reviewed and approved. Closer working with the Staff Side Job Evaluation Lead has led to issues being resolved more quickly. A quality checking process has been introduced, meaning that less job descriptions are being rejected by panels.	A benchmarking exercise with other Trusts is to take place to determine if JE processes are producing consistent outcomes.

Trust Board (in Public)
25 April 2024
Agenda Item: People Committee –
Chair's report

Report Title	People Committee – Chair's report
Author (name and title)	Tim Gilpin, Non-Executive Director/Chair of People Committee Suzanne Hartshorne, Deputy Director of People
Accountable Director	Mandy Wilcock, Director of People
Previous committees/groups	N/A
Recommended action(s)	Assurance/Information
Purpose of the paper	The report provides highlights of the People Committee to provide assurance to the Trust Board.
Recommendation(s)	The Board are asked to note the contents of the report.

Executive summary (overview of main points)

The report provides highlights of the People Committee to provide assurance to the Trust Board. The paper aims to update the board on discussions taking place to reduce the risks as set out in the Board Assurance Framework.

Strategic ambition(s) this supports. Provide brief bullet point details of link to Trust strategy.	Our Patients	The Committee's work supports the ambition to deliver excellent patient care, which is safe and kind. Specifically work to ensure our workforce are well, trained and providing the best patient experience.
	Our People	The Committee's agenda is solely focussed on our ambition to support the reduction of risk and ensure our people feel valued, are proud to work at YAS and thrive every day.
	Our Partners	We aim to work with our ICS partners to ensure the best patient care for our communities
	Our Planet and Pounds	We use our resources wisely and progress all projects with sustainability in mind.
Link with the BAF Include reference number. (board and level 2 committees only)		2a, 2b, 2c

NHS Yorkshire Ambulance Service NHS Trust

Highlight Report

Report from: People Committee

Date of the meeting: 25 April 2024

Key discussion points at the meetings and matters to be escalated to board:
Alert:
None
Advise:
Recruitment and retention in call centres – this risk is of particular concern to the Committee as the likelihood of reducing this to an acceptable level within the financial year is potentially low, hence the Committee is yet to be assured . A deep dive of the strategy to address the risk is being presented to the next Committee. Equality, Diversity and Inclusion Plan 2024-27 – this was approved and supported by the Committee. The plan has been developed using themes from WRES, WDES and Gender Pay Gap as well as local feedback from Staff Support Networks. Gender Pay Gap 2023 – The Committee were assured the Trust has met its statutory obligations in this regard. Health and Wellbeing Plan 2024 – 25 – this was approved and supported by the Committee. The Plan was based on the 7 themes from the national Health & Wellbeing Framework.
Assure:
Meeting of 28 March 2024 The Committee: • Received, and noted the risk report including the Board Assurance Framework. The risks aligned to the Committee were noted. A particular area of discussion was the risk relating to call centre recruitment and retention to ensure that strategies to address issues will be successful. The Committee were assured that a financial surplus, because of recruitment shortfalls, is unlikely to arise in future. A programme overview, deep dive and trajectory position, will be presented to the next, and future, Committees. Further work is required to provide assurance. • Received and noted the highlight report from the new People & Culture Group. The group is establishing its place in the governance structure and membership is in the process of being reviewed to ensure people issues from Service Lines are front and centre of the agenda. The Group had received a report regarding visas and immigration issues, which arose in December 2023. The issues had led to an audit of our internal processes, which had been found to be inadequate. A clear plan was in place and processes reviewed to ensure controls were robust. This area is on the internal audit plan for Q4. The Committee were assured that appropriate action is being taken. • Received and noted the Trust's Gender Pay Gap submission for 2024, based on data from 31 March 2023, which had been submitted as per our statutory

obligations. A clear action plan, aligned to the Women's and Allies Network priorities was presented and supported.
- Received and noted the Trust's Equality Delivery System. YAS scored Achieving activity in Domain 1 & 2 and Developing in Domain 3. This provided an overall score of 20 for the organisation as High Developing and is aligned to most Trusts who scored between 16 and 20 when implementing EDS. The Head of Equality and Diversity was commended for her work, given this was our first submission.
- Received and approved the Trust's Equality, Diversity and Inclusion plan for 2024 – 2027. It was noted the Trust's Support Networks had had considerable involvement in its construction.
- Received and noted the Closure report from the Trust's Health & Wellbeing Plan 2023-24. The team's winter plan was commended and of particular note.
- Received and approved the Trust's Health & Wellbeing Plan for 2024-25. The plan being based on the themes in the national Health and Wellbeing Framework as well as local issues.
- Received, discussed and noted the quarterly BI people dashboard content which had been redesigned following feedback.
- Received and noted the Trust's 2023 Staff Survey results. It was noted the significant improvement on previous year's results, particularly the 51% response rate, compared to 34% for the previous 2 years.
- Received and noted the YAS Together update with assurance that good progress is being made. The National Guardian's report was discussed and that our work aligns well with recommendations, although further work is needed. The work under the Sexual Safety Charter was also noted.
- Received and noted the Employment Tribunals and Employee Relations update. Some good work on lessons learnt and implementation of the restorative just and learning approach is progressing.
- Received and noted the Seasonal Vaccination Programme outputs. The low uptake this year was noted, but assured we are not an outlier with other Trusts.

Risks discussed:

- Visas and immigration – risk sits at 15 on the Corporate Risk Register. The Committee were assured that sufficient action was being undertaken to reduce risk to the Trust losing its license to sponsor international clinicians.
- Recruitment and Retention – risk sits at 12 in the Call Centres, further work is required to provide assurance to ensure a similar picture doesn't reoccur and that sufficient work is being undertaken to address the risk.

New risks identified:

- None

Report completed by: Tim Gilpin, Non-Executive Director, Committee Chair
Date: 17 April 2024

Meeting Title: Trust Board (in public)
Meeting Date: 25 April 2024
Agenda Item: 4.1.1

Report Title	2023-24 Health and Wellbeing Plan Closing Report
Author (name and title)	Mussarat Suleman, Head of Employee Health and Wellbeing
Accountable Director	Mandy Wilcock, Director of People and OD
Previous committees/groups	Health & Wellbeing Group – 20/02/2024 Trust Executive Group – 20/03/2024 People Committee – 28/03/2024
Recommended action(s) Approval, Assurance, Information	Assurance & Information
Purpose of the paper	To provide a closing summary of the progress made against the priorities as set out in the 2023/24 Health and Wellbeing Plan.
Recommendation(s)	Trust Board note the contents of the report and the continued progress.

Executive summary (overview of main points)

- This paper is for assurance and information providing a detailed summary of the delivery against the 2023/24 Health and Wellbeing Plan. The plan incorporated 13 high level priorities that were developed in consultation with a wide group of stakeholders.
- The end of year RAG rating against the plan saw the successful completion of 9 priorities, 3 remaining in development/delivery phase and 1 not started (Appendix A).
- The Health and Wellbeing Team are committed to ensuring the 3 priorities in development/delivery will be seen through to completion in 2024/25. Progress and plan against these are as follows:

1. Promotion of the peer support and trauma risk practitioners' network and the development of a structured programme of support. Meeting held with peer supporters; research is currently being undertaken to understand needs from which a programme of on-going support can be developed. Work on this area will be embedded as BAU moving forwards. Momentum on this work will pick up in Q1 of 2024/25. Trauma Risk Practitioners and their role will be picked up as part of the full review as detailed in point 3 below.
2. Development, approval and launch of the health and wellbeing guidance. This has been written, consulted upon and is now going through the approval process. It is envisaged this will be launched in April 2024.
3. Roll out of the mental health training utilising the seven trained mental health first aid instructors. Although the training continues to be delivered, this has now been included in the 2024/25 Health and Wellbeing plan for a full review to evaluate the full Trust offer on mental health and determine best route forwards as in its current form the delivery poses several challenges, main one being 2-day abstractions.

- The one objective that the team have been unable to start this year has been the wellbeing vehicle replacement project. Delay was down to capacity in Fleet workplan. Subsequently this objective was put on hold with a view to starting in 2024/25 subject to business case approval. Lack of funding has now meant that this objective will remain on hold. However, despite this, the group can be assured that access and use of the existing vehicle will continue albeit careful planning and regular inspections will be important due to the category of license required and age of the vehicle.
- Alongside this the team have, working in collaboration with key stakeholders, delivered against the approved campaigns calendar with a focus across mental and physical health, financial wellbeing, seasonal vaccinations and winter wellbeing. The team have also been busy supporting additional interventions/activities throughout the year.
- Positive outcomes have been visible within the health and wellbeing agenda. The health and wellbeing scores against the NHS Staff survey are improving year on year. In the 2023 survey, 51% of the respondents stated that they felt the organisation takes positive action on health and wellbeing, an increase of 3% points from the previous year (2022 data also showed an increase of 3% from 2021), and 68% also stating that their immediate manager takes a positive interest in their health and wellbeing, an increase of 2% points from 2022. There is still a long way to go, however it is encouraging to see that we are on the right trajectory for this journey.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	
	Our People	Improve staff health, wellbeing and attendance, reducing sickness rates
	Our Partners	
	Our Planet and Pounds	
Link with the BAF Include reference number (board and level 2 committees only)		2b – Ability to support the physical and mental health and wellbeing of staff

1. Summary

1.1 This paper provides a closing summary of the progress made against the priorities as set out in the 2023/24 Health and Wellbeing Plan.

1.2 The group are asked to note the contents of this paper and the continued progress being made to support the health and wellbeing of our staff.

1.3 The closing summary against the 2023/24 Health and Wellbeing Plan was discussed and shared with the Health and Wellbeing Group at the meeting on 20th February, Trust Executive Group on 20th March and People Committee on 28th March.

2. Background

2.1 The 2023/24 Health and Wellbeing Plan was developed to support the delivery of the People Strategy and its specific aim to *"create a healthy working environment to enable staff to perform at their best"*.

2.2 The plan was developed in consultation with a wider group of stakeholders, including members of the Health and Wellbeing Group and approved at TEG and Trust Board.

2.3 The plan focussed on the following four areas aligned to the NHS Wellbeing Framework:

> Your Health and Wellbeing
> Healthy Relationships
> Your Environment
> Compassionate Managers and Leaders

3. Progress against the 2023-24 Health and Wellbeing Plan

3.1 Appendix A details the full 2023/24 Health and Wellbeing plan, the priorities and progress against each. Overall, despite the challenges faced including capacity due to staffing changes and recruitment, progress against the plan has continued. It is important to note that delivery against some priorities within the plan had been delayed due to this reason and prioritisation of other work outside of this plan.

3.2 The plan identified 13 priorities for the period 2023/24. The end of year RAG rating against the plan has been as follows:

> Completed (Green): 9
> In development/delivery phase (Amber): 3
> Not started (Red): 1

3.3 It is pleasing to see the positive progress made against these priorities, given the challenges experienced. Some of the completed priorities have included the successful sign-off and implementation of the OH and specialist contracts and the new health and wellbeing staffing model, undertaking of health needs assessment and then supporting identified needs via relevant interventions, delivery against focused campaigns and MHFA and compassionate conversations training. Support at emergency departments has been increased and positively received with support now on-going around environmental sustainability and social value.

3.4   Three priorities have remained in the development/delivery phase. Although work has progressed considerably, the team have not been able to complete these before the year end for several reasons. Staffing changes, other projects impacting on the priority focus, abstraction issues and changes to governance resulting in delays to approvals have been the main reasons for the delays. The three priorities and progress to date are:

- Promotion of the peer support and trauma risk practitioners' network and the development of a structured programme of support. Meeting held with peer supporters; research is currently being undertaken to understand needs from which a programme of on-going support can be developed. Work on this area will be embedded as BAU moving forwards. Momentum on this work will pick up in Q1 of 2024/25. Trauma Risk Practitioners and their role will be picked up as part of the full review as detailed in point 3 below.
- Development, approval and launch of the health and wellbeing guidance. This has been written, consulted upon and is now going through the approval process. It is envisaged this will be launched for April 2024.
- Roll out of the mental health training utilising the seven trained mental health first aid instructors. Although the training continues to be delivered, this has now been included in the 2024/25 Health and Wellbeing plan for a full review to evaluate the full Trust offer on mental health and determine best route forwards as in its current form the delivery poses several challenges, main one being 2-day abstractions.

3.5   These priorities are pivotal in helping to build a skilled workforce, who have access to the right resources, help and confidence to support themselves and their colleagues. It is vital that this work continues to completion thus the health and wellbeing team have committed to successfully see this through to completion.

3.6   The one priority that the team have been unable to start this year has been the wellbeing vehicle replacement project. Delay was down to capacity in Fleet workplan. Subsequently this objective was put on hold with a view to starting in 2024/25 subject to business case approval. Lack of funding has now meant that this priority will remain on hold. However, despite this, the group can be assured that access and use of the existing vehicle will continue albeit careful planning and regular inspections will be important due to the category of license required and age of the vehicle.

3.7   Alongside the plan, delivery against the campaigns calendar has also progressed well. Key campaigns delivered have focused on mental health, physical fitness, and financial wellbeing. Working closely with Corporate Communications there has been spotlight on key national dates. The calendar has also supported the promotion of the vaccinations programme which saw an up-take of 41.77% of frontline staff receiving their flu vaccination and 20.5% receiving Covid-19 vaccination.

3.8   Overall, the Trust has seen positive returns within the health and wellbeing agenda both for the health and wellbeing team and wider colleagues. Feedback has been positive and as we can see from the 2023 NHS Staff Survey scores, 51% of the respondents stated that they felt the organisation takes positive action on health and wellbeing, an increase of 3% points from the previous year (2022 data also showed an increase of 3% from 2021), and 68% also stating that their immediate manager takes a positive interest in their health and wellbeing, an increase of 2% points from 2022. There is still a long way to go, however it is encouraging to see that we are on the right trajectory for this journey.

4.   Additional Health and Wellbeing Initiatives

4.1   In addition to the thirteen priorities detailed in Appendix A, the health and wellbeing Team have been busy supporting additional activities throughout the year.

4.2   Some of the additional interventions have included supporting staff networks and alcohol awareness week events with the latter working alongside IUC. Co-development, approval and launch of the Trust menopause policy, increased visibility at emergency departments during peak demand periods, which has resulted in a winter wellbeing on tour programme with the team visiting all sites/stations and emergency departments supporting staff and raising awareness of support on offer. This has resulted in face-to-face conversations with over 600 staff during the three-month period and over 100 feedback forms providing valuable information on staff experiences and areas for improvement. Additionally, the team have supported several teams away days and worked with the community defibrillation team in conjunction with Huddersfield University to run mobile health check days.

4.3   To ensure Trust programmes of change, projects and policy development do not negatively impact on staff health and wellbeing the team have been working closely with the diversity and inclusion team to introduce wellbeing impact measures into the exiting Trust EIAs. The guidance and respective documents are currently being updated with the view to going live for April enabling the health and wellbeing team to monitor impact and support staff and managers appropriately.

5.   Financial Implications

No financial implications to note.

6.   Risk

No risks identified.

7.   Communication and Involvement

Work is on-going currently developing engaging communications material to promote 2023/24 health and wellbeing achievements in conjunction with relevant stakeholders. The team will continue to promote offer and achievements using various forums and channels such as local meetings, Health and Wellbeing App, Pulse and staff updates.

8.   Equality Analysis

All activities / interventions delivered have been inclusive with no negative impacts.

9.   Publication Under Freedom of Information Act

This paper can be made available under the Freedom of Information Act 2000.

10. Next Steps

Work will continue on the three outstanding priorities as identified in section 3.4 alongside delivery of the 2024/25 Health and Wellbeing Plan.

11. Recommendation

It is recommended that Trust Board:
•   Note the contents of the report and the continued progress.

12. Supporting Information

The following papers make up this report:
APPENDIX A – Health and Wellbeing Plan 2023/24 RAG rated attached.

Meeting Title: Trust Board (in public)
Meeting Date: 25 April 2024
Agenda Item: 4.1.2

Report Title	2024-2025 Health and Wellbeing Plan Closing Report
Author (name and title)	Mussarat Suleman, Head of Employee Health and Wellbeing
Accountable Director	Mandy Wilcock, Director of People and OD
Previous committees/groups	Health & Wellbeing Group – 20/02/2024 People & Culture Group – 26/02/2024 Trust Executive Group – 20/03/2024 People Committee – 28/03/2024
Recommended action(s) Approval, Assurance, Information	Approval and Information
Purpose of the paper	To seek approval from the Trust Board on the proposed 2024/25 Health and Wellbeing Plan.
Recommendation(s)	Trust Board note the contents of the report and approve the proposed 2024/25 Health and Wellbeing Plan.

Executive summary (overview of main points)

- This paper is seeking approval from the Trust Board on the proposed 2024/25 Health and Wellbeing Plan. The plan was discussed and approved at the Health and Wellbeing Group meeting on 20th February 2024, discussed at the People and Culture Group on 26th February 2024 and priorities approved at Trust Executive Group (TEG) on 20th March 2024. The plan focuses on 11 high level priorities for 2024/25 based on two key themes – 'your health and wellbeing' and 'compassionate managers and leaders' (appendix A).

- The plan has been developed to support the delivery of the NHS Growing Occupational Health and Wellbeing Strategy. At a local level the plan supports the delivery of the YAS 2024-29 Strategy, *Our People* ambition with the specific aim to *improve staff health and wellbeing and attendance by reducing sickness rates to better than NHS average*.
- Feedback from staff including utilisation of other data sources, as detailed in the report, have also been used to inform the focus of the plan.
- The delivery against the plan will be managed and monitored from the existing resource within the health and wellbeing team and the approved budget allocation. Support from wider stakeholders will also be pivotal alongside this to ensure successful delivery against the identified priorities.
- Spend against the occupational health contract has seen a steady increase over the last couple of years due to increase in demand. There is a risk that spend, in line with the current trend, exceeds the approved budget for OH services. To mitigate for this risk and ensure spend remains within the agreed budget allocation, robust monthly contract review meetings will continue to take place with the supplier to monitor spend as well as quality and ensure efficiency of services provided to give the best return on investment. Work is currently underway mapping out the cost analysis and benefits realisation to determine the

likely efficiencies to be reaped that will successfully aid the effective management of the approved budget. This work will be presented back to TEG for assurance.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	
	Our People	Improve staff health, wellbeing and attendance, reducing sickness rates
	Our Partners	
	Our Planet and Pounds	
Link with the BAF Include reference number (board and level 2 committees only)		2b – Ability to support the physical and mental health and wellbeing of staff

1. Summary

1.1 This paper details the proposed Trust health and wellbeing planning priorities for 2024/25.

1.2 The Board are asked to note the contents of this paper and approve the proposed 2024/25 Health and Wellbeing Plan.

1.3 This plan was discussed and approved at the Health and Wellbeing Group meeting on 20th February 2024, discussed at the People and Culture Group on 26th February 2024 and priorities approved at Trust Executive Group (TEG) on 20th March 2024 and People Committee on 28th March 2024.

2. Background

2.1 The 2024/25 Health and Wellbeing Plan has been developed to support the delivery of the NHS Growing occupational health and wellbeing strategy which has a focus on to *grow the occupational health and wellbeing multi-professional workforce and services that support our NHS people and keep them safe, healthy and empowered to pass good care onto our patients.*

2.2 At a local level this plan supports the delivery of the YAS 2024-29 Strategy, *Our People* ambition with the specific aim to *improve staff health and wellbeing and attendance by reducing sickness rates to better than NHS average.*

2.3 Further to this the Health and Wellbeing Plan has been developed considering the challenges faced by the Trust including feedback obtained via the national staff survey and builds on the positive work undertaken as part of the 2023/24 Plan.

2.4 Additionally, the plan has been developed utilising various data sources. This includes consideration of results from the national Health and Wellbeing Framework diagnostic audit tool; Association of Ambulance Chief Executives (AACE) Recommendations on suicide prevention and Blue Light Mental Health at Work Commitment. TASC work on the Mental Health Continuum, the NHS staff survey results and other localised feedback have all been used to inform the planning for 2024/25.

2.5 The Health and Wellbeing Plan found in Appendix A was discussed and approved for People and Culture Group, TEG, People Committee and Trust Board consideration at the Health and Wellbeing Group meeting on 20th February 2024 and subsequently approved at TEG on 20th March 2024 and People Committee on 28th March 2024.

3. Health and Wellbeing Plan 2024/25

3.1 The plan was developed using the themes covered within the national Health and Wellbeing Framework. Although the framework covers seven themes, NHS England recommend that the framework is used flexibly tailored to our unique needs, helping the Trust to prioritise and focus on key areas of concern rather than trying to address all areas at once.

3.2 Utilising evidence obtained through the various data sources, as detailed in section 2, the focus of the proposed plan will be on the following two themes:
   o Your Health and Wellbeing
   o Compassionate Managers and Leaders

3.3 The above theme headings have slightly been revised from those used in the NHS Health and Wellbeing Framework making them more meaningful and tailored to our Trust. For the purposes of ensuring alignment to the framework the Health and Wellbeing Plan uses both theme descriptors, as detailed in Appendix A.

3.4 The themes that have not been included as a key focus in the Health and Wellbeing Plan are as follows:
- o Professional Wellbeing Support
- o Environment
- o Relationships
- o Data Insights
- o Fulfilment at Work

3.5 Although all these themes are a priority for the Trust, there has been a lot of on-going work into these areas over the last few years, thus the reason why they were not included into the plan. For example, 'Fulfilment at work' was one of the priority themes in the 2022/23 plan. Additionally, there is greater focus across the Trust around evaluation metrics, developing and reviewing policies to make them more people centric and greater focus on Trust culture and behaviour.

3.6 A total of eleven priorities have been identified across the two themes for the 2024/25 Health and Wellbeing Plan. Although these priorities sit within the Health and Wellbeing Plan it is important to highlight that not all will be led by the health and wellbeing team and that the active involvement and support from wider stakeholders will be essential for the successful delivery of these.

3.7 The proposed priorities are split as below:

3.7.1 Your Health and Wellbeing (Personal Health and Wellbeing)
- o Implement and embed the newly procured OH and specialist services including all comms and training by September 2024.
- o Work collaboratively with key stakeholders to support absence management and provide clinical input in order to reduce sickness by 0.5% across the Trust.
- o In collaboration with stakeholders review MHFA and related training offered by the Trust and implement a revised package to meet the identified needs of our staff.
- o Undertake a needs analysis of everyday stressors placed on our people and develop a package of interventions to meet the identified diverse needs.
- o Implement, embed and deliver a robust physical competency assessment (PCA) framework to support the physical wellbeing of our operational staff
- o Develop and promote preventative interventions that encourage healthy lifestyles.
- o Embed health and wellbeing into our people journey, from onboarding through to retirement supporting their diverse health and wellbeing needs.
- o Develop and deliver a campaigns calendar focusing on mental, physical, emotional and financial wellbeing in collaboration with localised health and wellbeing teams.
- o Develop a needs-driven business proposal with a clear vision for the provision.

3.7.2 Compassionate Managers and Leaders (Managers and Leaders)
- o Lead and facilitate a working group which will support the roll out of the Health and Wellbeing dashboard Trust wide, including the planning and provision of

appropriate training for our line managers to hold meaningful wellbeing conversations.

o Undertake a needs analysis to identify areas of best practice and gaps to help develop a package of tools that will empower and equip managers to appropriately support staff health and wellbeing whilst looking after themselves.

3.8 The full 2024/25 Health and Wellbeing Plan with the supporting actions, leads, timescales and milestones can be found in Appendix A. As mentioned under 3.6 Trust wide collaboration is important and will be key to the successful delivery of this plan.

3.9 The Health and Wellbeing Plan will also be supported by a robust communications plan. Availability of appropriate resource support through Corporate Communications will be vital in implementing the campaigns in a timely manner, thus early discussions have begun with Corporate Communications on this.

4. Financial Implications

4.1 Spend against the occupational health contract has seen a steady increase over the last couple of years due to increase in demand. More focused work around the core areas of spend has commenced and will be closely monitored monthly moving into the new contract. More targeted work on prevention will also support a greater focus on self-management and early intervention which has been a key driver in the development of the new priorities.

4.2 The enhanced resource within the health and wellbeing team will support the successful delivery of the identified priorities. This will enable greater collaborative working at a local level and with service providers, supporting timely advice and support whilst ensuring appropriate scrutiny of service delivery where required.

4.3 Additional work on the cost analysis and benefits realisation is currently being undertaken to help provide assurance to the Trust on the likely efficiencies to be reaped that will successfully aid the effective management of the approved budget. This work will be presented to TEG in due course.

5. Risk

5.1 There is a risk that spend, in line with the current trend, exceeds the approved budget for OH services. To mitigate for this risk and ensure spend remains within the agreed budget allocation, robust monthly contract review meetings will continue to take place with the supplier to monitor spend as well as quality and ensure efficiency of services provided to give the best return on investment.

6. Communication and Involvement

The health and wellbeing team will continue to be promote offer and achievements using various forums and channels such as local meetings, Health and Wellbeing App, Pulse and staff updates.

7. Equality Analysis

All activities / interventions delivered have been inclusive with no negative impacts.

8. Publication Under Freedom of Information Act

This paper can be made available under the Freedom of Information Act 2000.

9.   Next Steps

9.1   The Health and Wellbeing Group will own and continue to ensure this work is taken forward in collaboration with relevant stakeholders. To support this forward planning is now in place with a revised structure that encourages greater engagement and richer discussions across all service lines.

9.2   Monitoring of progress against the plan will be undertaken at the Health and Wellbeing Group meetings which are held every other month. They will also report progress to People Committee as appropriate with an annual review submitted to both TEG and the Trust Board.

9.3   Health and Wellbeing team to complete the cost analysis with a return back into TEG for discussion and approval.

10.   Recommendation

10.1   It is recommended that Trust Board:
- Approve the attached 2024/25 Health and Wellbeing Plan

11.   Supporting Information

The following papers make up this report:
APPENDIX A – Draft 2024/25 Health and Wellbeing Plan RAG rated attached.

Meeting Title: Trust Board
Meeting Date: 25 April 2024
Agenda Item: 4.2

Report Title	Equality, Diversity & Inclusion Action Plan 2024/27
Author (name and title)	Nabila Ayub, Head of Diversity & Inclusion
Accountable Director	Mandy Wilcock, Director of People and Organisational Development
Previous committees/groups	Diversity & Inclusion Steering Group 20/02/24, Joint Steering Group 15/02/24, People & Culture Group 26/02/2024, Trust Management Group 20/03/24, People Committee 28/03/2024
Recommended action(s) Approval, Assurance, Information	Information/Assurance
Purpose of the paper	This paper is for assurance and information following approval and commitment from the Trust Executive Group for the Equality, Diversity, and Inclusion (EDI) Plan for 2024/27, which includes the delivery of a high level 3-year action plan (Appendix B).
Recommendation(s)	This paper is presented for information, with recommendations that the Trust Board; 1. Note the progress made under the 2023-24 EDI Plan. 2. Note the 2024/27 Equality, Diversity and Inclusion Plan and associated projects to support the aims of the objectives outlined in the YAS Strategy and the NHS People Plan.

Executive summary (overview of main points)

1. This paper is for assurance and information following approval and commitment from the Trust Executive Group for the Equality, Diversity, and Inclusion (EDI) Plan for 2024/27, which includes the delivery of a high level 3-year action plan (Appendix B). The paper specifies the 2024/25 areas of focus as part of the overall 3-year plan highlighted in Appendix B.

2. The proposal is to adopt a 3-year Trust-wide plan, moving away from the annual cycle aligned to WRES & WDES (Oct – March) and the Gender Pay Gap (April – March) which sit outside the Trust's business planning cycle. This will also support a clear plan of action to progress cultural change over a sustained period of time, instead of meeting actions annually for compliance purposes.

3. A summary of key highlights of the 2023-24 EDI Plan are also included for information with a full update in Appendix A and Appendix B sets out the plan for 2024/27.

4. The priorities will be met using existing budgeted resources for both the EDI Team and also that of stakeholders who are integral to the success of the plan.

5. The Board are asked to note the 2024/27 Equality, Diversity, and Inclusion Plan and associated projects to support the aims of the objectives outlined in the Trust's People Strategy and the NHS People Plan.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	
	Our People	2c Ability to promote and embed positive workplace culture
	Our Partners	
	Our Planet and Pounds	
Link with the BAF Include reference number (board and level 2 committees only)		

Trust Board
25 April 2024
Equality, Diversity & Inclusion Action Plan 2024/27
Nabila Ayub, Head of Diversity & Inclusion

1. Summary

1.1 This paper is for assurance and information following approval and commitment from the Trust Executive Group for the Equality, Diversity, and Inclusion (EDI) Plan for 2024/27, which includes the delivery of a high level 3-year action plan (Appendix B).

1.2 The proposal is to adopt a 3-year Trust-wide plan, moving away from the annual cycle aligned to WRES & WDES (Oct – March) and the Gender Pay Gap (April – March) which sit outside the Trust's business planning cycle. This will also support a clear plan of action to progress cultural change over a sustained period of time, instead of meeting actions annually for compliance purposes.

1.3 A summary of key highlights of the 2023-24 EDI Plan are also included for information with a full update in Appendix A.

2. Background

2.1 Following the launch of the Trust's 5-year Strategy that encompass the Diversity and Inclusion agenda through the ambition of '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".

2.2 Aims linking to our work in Diversity and Inclusion include:

- 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.

   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.

2.2 To progress the above, a separate EDI plan for (2024-27) was developed in consultation with stakeholders, based on the principles from the YAS Strategy.

2.3 Alongside delivery of the EDI plan, the Trust has also been responsible for developing and implementation plans for WRES, WDES and Gender Pay Gap as per our statutory responsibilities. Results and accompanying plans were presented to TEG, People & Culture Group and People Committee, for our 2023 data; our 2024 data is awaited, and plans will be developed to support where focus is indicated.

2.4 A draft Diversity and Inclusion plan was discussed at a number of forums including Diversity and Inclusion Steering Group, the Joint Steering Group, Trust Executive Group and People Committee. In addition, specific engagement meetings have taken place with our Staff Networks and Trade union colleagues. All groups have given their support towards the plan. This paper presents the final Diversity and Inclusion plan for 2024/27 and was approved at the Trust Executive Group on 20 March 2024.

3. KEY ACHIEVEMENTS AGAINST THE DIVERSITY AND INCLUSION PLAN 2023-24

3.1 Progress against the previous plan is regularly reported to the Diversity and Inclusion Steering Group, Quality Committee and Trust Board. It is disappointing that some progress was hampered due to operational pressures, as key stakeholders were unable to be released to support EDI activities, however the key achievements against the 2023-24 plan have included;

3.2 **Staff Networks**: with five active networks, these have been growing in strength with objectives aligning to the overall EDI Plan and the development of steering groups within them to drive the EDI agenda. There has been an increase of engagement across all networks, specific work is outlined in Appendix A .

3.3 **Staff Networks Abstraction:** Approval was granted by TEG on 8 September 2023 to align abstraction at YAS to the national recommended minimum. This is an increase of 5 hours from the 10 hours already granted to our Staff Networks and will include the new Armed Forces Network

3.4 **Joint Staff Network Conference:** We launched our first Joint Staff Network Event in November 2023, themed on intersectionality. The event was well attended by over 70 colleagues from across multiple service areas including senior leaders, receiving positive feedback overall. Plans to develop an Allyship Programme as a follow up action are underway for 2024.

3.5 **Executive Sponsors & Non-Executive Champions:** following Board approval, Executive Sponsors and Non-Executive Champions have been assigned to the Trust's Support Networks.

3.6 **Building Minimum Requirements:** Work continues with Estates to develop a minimum requirements standard for building recognising the quality of buildings and spaces has a strong influence on enhancing or restricting a sense of belonging.

3.8 **Meeting our Statutory Responsibilities:** The Workforce Race and Disability Equality Standards data submissions were met in May 2023. The development of

action plans, subject to stakeholder engagement and approval from the Trust Executive Group, were published in October 2023 as per new deadlines.

Workforce Disability Equality Standard (WDES): We submitted this data in May 2023, following approval from TMG. Our data showed an improvement in all 10 metrics.

Workforce Race Equality Standard (WRES): Again, we submitted this data in May 2023, following approval from TMG. Disappointingly our data showed a deterioration in 8 out of the 9 standards.

Gender Pay Gap 2023
The infographic in Appendix B sets out the Trust's Gender Pay Gap data as published in accordance with our statutory obligations. As pictorially presented, our calculations disappointingly show the gap between male and female pay has widened in favour of men for the third year in a row.

3.12 **The Equality Delivery System (EDS)** is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. We received an overall score of **20 - High Developing**.

4. PROPOSED EQUALITY, DIVERSITY, AND INCLUSION PLAN 2024/27

4.1 Our workforce is 6.2% from a BAME background compared to 11.2% of the Yorkshire working population demonstrating more engagement with our communities is needed. Our staff survey, whilst improved in WDES indicators compared with last year, still highlights issues relating to inequalities aligned to the deterioration of our WRES metrics. The National Staff Survey (NSS) shows that 31% of responding staff say they have a disability/long term condition, compared to only 5.85% (as of Jan 2024) on ESR (Electronic Staff Record). Concerningly, only 54.5% of staff feel the Trust acts fairly in relation to career progression or promotion regardless of ethnic background, gender, religion, sexual orientation, disability, or age, and 22.4% of staff experienced at least one incident of discrimination due to ethnicity, 12.9% due to sexual orientation and 33.7% experienced at least one incident due to age.

4.2 Evidence from staff networks and complaints through HR demonstrate that bullying, harassment, discrimination and unacceptable behaviour still exists within the Trust; our staff survey highlights this with 10.2% experiencing bullying from managers and 17.2% from colleagues. The EDI Plan has been developed for a number of years, running from 1 November to 31 October in line with the publishing of our Workforce Equality Standards (WRES & WDES). This year we developed a 3-year plan to align with the Trust Operational Objectives.

4.3 The new EDI Plan also aligns to key areas in the Business Assurance Framework (BAF), NHSE EDI Improvement Plan (6 High Impact Actions) and recommended actions from the Disabled NHS Directors Network (DNDN) and statutory compliance frameworks which include Gender Pay Gap, Workforce Race and Disability Equality Standards.

4.4   The action plan following feedback focusses on 4 key themes which include Organisational Culture, Data, Recruitment/Selection and Staff Engagement. This plan seeks to concentrate efforts on projects over a 3-year cycle instead of a disjointed approach with an overwhelming number of actions. Given the current challenges and capacity it is proposed to focus our attention on a small, but impactful and measurable, number of objectives to ensure these are delivered and actioned, regardless of the ongoing pressures. The new plan will focus on doing fewer actions annually with targeted projects through to completion.

4.5   The Equality, Diversity and Inclusion Plan has been developed following a number of stakeholder events, which has included our Staff Networks, Trade Union colleagues, Board Members and Operational colleagues. The main themes from each event have been collated to produce this high-level plan, which should also be read in conjunction with the People Strategy Implementation Plan, NHS People Plan, Workforce Race Equality Standard and Workforce Disability Standard action plan. The action plan in Appendix B sets out the proposed objectives, but the highlights of the action plan for 2024/27 are:

We understand our barriers to recruitment and selection practices to ensure they are inclusive to prospective candidates. Our workforce profile represents the communities we serve.

- Continued focus on overhauling our recruitment and selection practices aiming for them to be inclusive, whereby we reduce any perceived barriers to our being an employer of choice.
- Introduce a clear and consistent stay conversations and an exit interview process.
- Improve the numbers of applications, and subsequent appointments of, candidates from diverse backgrounds.

We have accurate data that supports focus on diversity and inclusion.

- To review the disability and ethnicity pay gap report in public and publish action plans to address it.
- Introduction of data led Director level objectives on recruitment and progression for service areas to increase the diversity of the workforce.
- Where colleagues feel comfortable, actively encourage staff to self-declare protected characteristics, on ESR and TRAC, emphasising how this can improve the experiences of diverse staff.
- Compliance with mandatory frameworks, e.g. WRES, WDES, EDS, GPG where data is used to develop key actions to support diversity and inclusion at YAS.

Our culture is inclusive and compassionate, bullying, harassment and abuse against staff is prevented and tackled to create a culture of civility and respect.

- Improve our senior leaders understanding of the issues and barriers faced by our people from diverse backgrounds.
- Continue Culture Development work with teams on dealing with and recognising unacceptable and bullying behaviour.
- To provide leadership and management 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.
- Deliver and embed the year 2- 3 priorities for 'YAS Together' building upon the outcome of the culture change programme, supported by Moorhouse.

- Develop and launch an Active Bystander to Upstander Programme to build on Allyship for all protected characteristics.

Staff from diverse backgrounds have a voice regarding issues they face to improve working experience. All staff can bring their true selves to work, and any differences are celebrated and supported.

- Ensure the New Parent Policy is actioned and implemented across the Trust, specifically for managers supporting pregnant and breastfeeding women.
- Establish the Women & Allies Network Mentorship Scheme.
- Establish the reciprocal mentoring programme.
- Actively promote the YAS Sexual Safety Charter and implement the NHSE Sexual Safety in Healthcare Organisational Charter.
- The Trust is an LGBTQ+ Friendly Workplace for staff to bring their true selves to work.
- All staff with disabilities/long-term health conditions have adequate adjustment(s) to enable them to carry out their work, where they are required.
- To tackle race discrimination effectively YAS must proactively raise awareness of their commitment with patients and public.

4.6 Focus for 2024/25

As the Action has a large number of objectives across the 3-year period, following recommendation from the Trust Executive Group the key focus actions to progress for 2024/25 across our 4 themes will include;

1. Undertake a comprehensive review of end-to-end recruitment process and associated procedures with recommendations to improve inclusive recruitment, ensuring each stage of the recruitment pathway is accessible, does not discriminate and encourages people with protected characteristics and those affected by health inequalities to apply for roles in the NHS.
2. Introduction of data led Director level objectives on recruitment and progression for service areas to increase the diversity of the workforce.
3. Continue roll out of YAS Together content across the trust. Embedding phase 1 and undertaking a maturity framework in Q4 to inform decision-making on interventions/assessing progress.
4. Launch and deliver the reciprocal mentoring programme in partnership with the BME Support Network.
5. Raise awareness of the YAS Sexual Safety Charter and Lone Worker policy, how to raise concerns and the support available. Work collaboratively to equip managers with the knowledge and skills to handle concerns and allegations compassionately.
6. Embed process for centralised budgets to access reasonable adjustments so that there is a consistent and robust process across the whole Trust. Monitor and review trends/issues every 2 years.
7. Develop a "root out racism" campaign to raise awareness of racial discrimination within the workplace.

8. Launch and embed the Trans-inclusion guidance for staff and managers including minimum requirements for estates for refurbishments and new fits.

5. Financial Implications

The action plan outlined aims to enable the Trust to meet its responsibilities under a number of national and local strategies/plans, but the actions are also the right thing to do. The priorities will be met using existing budgeted resources for both the EDI Team and also that of stakeholders who are integral to the success of the plan.

6. Risk

There are no risks associated with the approval of the recommendations set out in this paper.

7. Communication and Involvement

7.1 This data and its action plan has been subject to discussion with a number of stakeholder groups, which have included our equality support networks, trade unions and people managers.

7.2 Our submission will include an item on the Chief Executive's Team Brief as well as an article in the weekly Staff Update. The action plan will be made available on our public website and intranet to give clarity to the data and our actions.

8. Equality Analysis

The information in this paper aims to support our existing and future workforce who are attached to our organisation.

9. Publication Under Freedom of Information Act

This paper is currently exempt from publication under Section 22 of the Freedom of Information Act 2000 but will be made available to the public on 01st April 2024.

10. Next Steps

10.1 Implementation of the Equality, Diversity and Inclusion Plan 2024/27 from 1 April 2024 approved at TEG with assurance from the People Committee. This plan incorporates targeted actions in place to address our gender pay gap.

10.2 The actions in the plan have been communicated and agreed with each Lead/Owner and have been included in respective workstreams to progress with monitoring and updates to the Diversity & Inclusion Steering Group.

11. Recommendation

This paper is presented for information, with recommendations that the Trust Board;

3. Note the progress made under the 2023-24 EDI Plan.

4. Note the 2024/27 Equality, Diversity and Inclusion Plan and associated projects to support the aims of the objectives outlined in the YAS Strategy and the NHS People Plan.

12. Supporting Information

The following papers make up this report:

Appendix A - 2023-24 EDI Action Plan Highlights
Appendix B - Equality, Diversity, and Inclusion Plan for 2024/27

Nabila Ayub
Head of Diversity & Inclusion
08 April 2024

Appendix A - PROGRESS AGAINST THE DIVERSITY AND INCLUSION PLAN 2023-24

Progress against the previous plan is regularly reported to the Diversity and Inclusion Steering Group, Quality Committee and Trust Board. Further details on key achievements against the 2023-24 plan are set out below;

1. **Community Engagement**, there were 76 external community engagement events in this period, including 18 delivered by our Community Engagement Volunteers (CEVs). Engagement activity included first aid and Basic Life Support (BLS) training; engagement on YAS careers and general community engagement to promote our services. We also delivered a number of targeted activities for projects to engage rough sleepers and people with a learning disability. Of the 76 events, 35 were delivered in areas within the 20% most deprived nationally. As well as events for the general public, we engaged with a range of communities experiencing poor health outcomes and needing support to access services, including:
   - Black, Asian and Minority Ethnic communities.
   - People recovering from drug and alcohol addiction.
   - Vulnerable women.
   - People experiencing homelessness.
   - People with a learning disability.

2. **Staff Networks**: with five active networks, these have been growing in strength with objectives aligning to the overall EDI Plan and the development of steering groups within them to drive the EDI agenda. There has been an increase of engagement across all networks, specific work is outlined below;
   - Since the launch of the Armed Forces Network in June 2023 there has been a steady growth to membership currently at 67 staff, with the increased use of functionality on Electronic Staff Record (ESR) to identify our military community.
   - The Women and Allies' Network supported a Trust-wide roll out of sanitary products in all female and accessible toilet areas. The pilot began in January 2023 at Trust HQ, Wakefield and, following positive feedback, placement of sanitary products permanently across 76 sites commenced on 24 August 2023.
   - During the Summer months, Pride@YAS attended Pride events in York, Leeds and Skipton, with the new Events Ambulance wrapped with the LGBTQ+ rainbow and progressive flag. This hoped to support branding with an external audience, recognising YAS as a LGBTQ+ friendly employer. We also launched a new page dedicated to supporting trans staff and patients with resources, toolkits and helpful tips here.
   - The Disability Staff Network has been collaborating closely with the Enabling Staff Working Group to develop a minimum for building standards at YAS, this will enable accessible buildings for staff living with disabilities above the basic requirements. Approval and funding for the sunflower scheme was also agreed to raise awareness of hidden disabilities.
   - The BME Staff Network has been involved in a number of initiatives including Black History Month, South Asian History Month and raising awareness of Ramadan. The network is looking to change their name to be inclusive and has

voted to change to 'Race Equality Network' following research of wider networks across Ambulance Trusts.

3. **Staff Networks Abstraction:** The National Ambulance Diversity and Inclusion Forum (NADIF) undertook an exercise to identify the current approach to protected time for peer support networks / forums used by its member Trusts. Following this, a recommendation to adopt a minimum-level standardised sector approach has been made adopting the abstraction rate at North East Ambulance Service. This will include 15 hours (2 days) per month each for the chair and deputy / vice chair for each of the following networks: BME, LGBT+, disability, women – or equivalents (in accord with the four national networks). Approval was granted by TEG on 8 September 2023 to align abstraction at YAS to the national recommended minimum. This is an increase of 5 hours from the 10 hours already granted to our Staff Networks and will include the new Armed Forces Network

4. **Joint Staff Network Conference:** We launched our first Joint Staff Network Event in November 2023, themed on intersectionality. Guest speaker Benjy Kusi, Wellbeing Consultant and TikTok Influencer, delivered a workshop on the Power of Staff Networks to attendees. This was followed by sessions on Privilege and becoming an Active Bystander, including learning from the Welsh Ambulance Trust (WAST) on their journey with the Allyship Programme. The event was well attended by over 70 colleagues from across multiple service areas including senior leaders, receiving positive feedback overall. Plans to develop an Allyship Programme as a follow up action are underway for 2024.

5. **Executive Sponsors & Non-Executive Champions:** following Board approval, Executive Sponsors and Non-Executive Champions have been assigned to the Trust's Support Networks. Securing senior leadership to the work of Support Networks ensures individual networks can contribute to and inform decision-making processes at Board level. This will 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 in the workplace.

Executive Sponsors;	Non-Executive Champions;
1. Pride@YAS - Adam Layland 2. Women & Allies - Kathryn Vause 3. DSN – Nick Smith 4. BME – Jeevan Gill 5. Armed Forces – Dave Green	6. Pride@YAS – Jeremy Piece 7. Women & Allies – Anne Cooper 8. DSN – Amanda Moat 9. BME – Andrew Chang

6. **Building Minimum Requirements:** Work continues with Estates to develop a minimum requirements standard for building recognising the quality of buildings and spaces has a strong influence on enhancing or restricting a sense of belonging. Actively developing our new builds or refits will increase accessibility, feeling of

security, limit boundaries and promote mobility. Work in ongoing with the Enabling Staff Working Group and the Disability Support Network, this includes the implementation of a centralised budget for workplace adjustments.

7. **Recruitment Overhaul:** a one-page summary JD for IUC has been developed and is being reviewed, with the potential to roll out the format for other job roles. Inclusion in recruitment session specific to supporting candidates with disabilities, BME and Trans have been delivered to IUC/EOC recruitment teams. The current exit process, including interviews, yields no data as engagement and response rates are low. At present, a Trust wide review of the process is not currently on the workplan, however there is an aspiration to include the future. Within IUC and EOC, revised exit and stay processes, including questionnaire and conversations, have been developed and Microsoft forms created for completion and data collection, this is being implemented from 1st April 2024 across both areas to engage with employees and expand our understanding as a Trust. It is the intention to review the process, uptake and data after an initial 3-month period to ensure that it is fit for purpose and adding value, the information collected also includes Equality Monitoring data.

8. **Leadership Development:** Appraisal Training Compliance currently is 85.3% (571 managers) but there are still some anomalies with reporting, so this figure may be slightly higher. The Lead Together programme has had 38 attendees to date and includes the current cohort that has just started. The Manage2Lead platform doesn't provide data on who has accessed all of the resources on there, but as at 07/03/2024 the homepage has had 2230 views.

9. **TIDEmark (Talent Inclusion and Diversity Evaluation),** TIDE is the annual benchmarking exercise, where our organisation's approach to EDI is compared to others in our sector and ranked against all entries. As members of the Employers Network for Equality & Inclusion (enei), the Trust are provided an opportunity to participate in a self-evaluation of our progress against inclusion with our; workforce, strategy, leadership, recruitment, training and development, communication, engagement and procurement. YAS was awarded the Silver TIDEmark in August 2023 demonstrating a positive step change from Bronze in 2022.

10. **Meeting our Statutory Responsibilities:** The Workforce Race and Disability Equality Standards data submissions were met in May 2023. The development of action plans, subject to stakeholder engagement and approval from the Trust Executive Group, were published in October 2023 as per new deadlines.

> **Workforce Disability Equality Standard (WDES):** We submitted this data in May 2023, following approval from TMG. Our data showed an improvement in all 10 metrics with the following showing most improvement:
> - Metric 1: % of disabled staff in the Trust where staff living with disabilities now represent 5.78% of workforce, compared to 4.38% last year.
> - Metric 7: % of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
> - Metric 8 - Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Workforce Race Equality Standard (WRES): Again, we submitted this data in May 2023, following approval from TMG. Disappointingly our data showed a deterioration in 8 out of the 9 standards. The following is of most concern:

- Metric 2: Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.
- Metric 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff.
- Metrics 5-8: Staff experiencing bullying and harassment from the public/patients, other colleagues, or managers.

Progress and plans to further support the improvement of these metrics has been outlined in the 2024-27 action plan.

Gender Pay Gap 2023

The infographic in Appendix B sets out the Trust's Gender Pay Gap data as published in accordance with our statutory obligations. As pictorially presented, our calculations disappointingly show the gap between male and female pay has widened in favour of men for the third year in a row.

- On average i.e., our mean average gap (calculation 1), male staff get paid 8.84% more than our female staff. In 2022, this gap was 7.69%. Our median average gap (calculation 2) is however at, 9.07% which has decreased compared to 10.89% last year.
- This mean average gap is due to our workforce profile and the number of women we employ in bands 2 - 5 i.e., our entry level roles (Ambulance Support Workers 999 and Call Handlers). We employ 3148 women and 2,299 (73%) of these are employed in Bands 2- 5.

11. **The Equality Delivery System (EDS)** is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

- **Domain 1:** reviewed commissioned and provided services and was assessed at an ICB level with stakeholder groups consisting of patients including the Trust's Critical Friends Network. The Trust presented evidence on accessibility within the Emergency Operations Centre (EOC) and the Mental Health Vehicle project on 15th December 2023. Both received a rating of Achieving.

- **Domain 2: Workforce Wellbeing and Domain 3:** Inclusive Leadership was reviewed in January 2024 as part of an internal assessment following stakeholder engagement Domain 2 was scored Achieving and Domain 3 Developing. This provided an overall score of 20 - High Developing.

A report for approval and submission was presented to People & Culture Group on 26th February 2024, publication as per mandated deadline to the website was on 29th February 2024.

12. **Project Hope:** placement from Project Hope supporting young carers has progressed to start a paid 6-month placement as an auxiliary cleaner at HQ. Commencing on 25th March to allow time to complete a pre-placement induction with the Prince's Trust, a 4-day programme from 18th March -21st March 2024 as part of the wrap around designed to help the young adults build confidence and skills, so that they are ready for

their first week of placement. During this pre-placement induction, the Prince's Trust Team will also support in issuing the travel cards so the young person will not have to pay for travel to get to and from work as well as support with buying work clothes, where required.

13. **BI Bradford University Student Placements:** BI are supporting 2 MSc Analytics students from Bradford University for a 3-month placement beginning in April. The university has a placement agreement, and we need to offer a non-paid honorary contract type which will go through Trac between now and April. One student will work closely with the technical team to bring automation and data processing skills to the team and to learn further of, and the second will be more suited to the analytical insights / presentations to work and learn with different stakeholders.

NHS
Yorkshire Ambulance Service
NHS Trust

Equality, Diversity, and Inclusion Plan 2024/27

Date Approved: 20 March 2024

Developed in collaboration with

Disability Support Network

PRIDE @ YAS Network

YAS Race Equality Network

Women & Allies' Network

Armed Forces Network

Culture and Leadership

"Through effective leadership develop a positive and inclusive culture"

Equality, Diversity, and Inclusion Plan 2024/27

Yorkshire Ambulance Service NHS Trust is passionate about ensuring our services and employment practices are accessible and inclusive for the diverse communities we serve and the people we employ or volunteer with us. This commitment is reflected in the Trust's vision and values with equality, diversity and inclusion at the heart of these.

We want to be an employer of choice for individuals regardless of their age, disability, gender identity/gender transition phase, sexual orientation, religion and belief, race, maternal or and pregnancy status, marriage/civil partnership status, social economic background or any other distinction. Our inclusive workforce will support our delivery of high-quality services and provision of compassionate care to all our patients and service users. Therefore, our approach to equality, diversity and inclusion needs to go beyond legal compliance and be central to the Trust's core business.

One of the Trust's strategic aims is to "**Attract, develop and retain a highly skilled, engaged and diverse workforce".** This area is being implemented through the Trust's Strategy where through '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".

Trust wide representation at the Diversity and Inclusion Steering Group enables partnership working on many key priority areas for equality, diversity and inclusion including inclusive practices, dignity and respect, supporting our staff who live with disabilities, creating an LGBTQ+ friendly environment and providing a voice for every member of staff regardless of their characteristics. Our connections with other NHS organisations and the ICB will ensure best practice, innovation and learning is applied in all that we do.

This Equality, Diversity and Inclusion Plan has been developed following a number of stakeholder events, which has included our Support Networks, Trade Union colleagues, Board Members and Operational colleagues. The main themes from each event have been collated to produce a high-level plan, which should also be read in conjunction with the People Strategy Implementation Plan, NHS People Plan, Workforce Race Equality Standard, Workforce Disability Standard and Gender Pay Gap action plans. We purposely want to focus our attention on a small, but impactful and measurable, number of objectives to ensure these are delivered and actioned, regardless of our going operational pressures. More detail on each of the actions will be produced using improvement methodologies as they are implemented, with this plan detailing the headlines of each area of focus.

Our plan focuses on 4 key themes Inclusive Recruitment and Selection, Accurate Data, Inclusive Culture and Employee Engagement & Voice. This connects with our NHSE High Improvement Action Plan, Recommendations from the Disabled Directors NHS Network (DNDN), the Board Assurance Framework and enables joined up working within our strategic and operational workforce and OD plans.

We specifically acknowledge, and thank, our Support Networks for their support, guidance, and insight in the production of our plan.

Monitoring and Evaluation
The action plan will be monitored by the Diversity and Inclusion Steering Group (DISG) on a bi-monthly basis and through the People & Culture Group, Quality Committee and Trust Board for end of year assessment and evaluation.

NHS
Yorkshire Ambulance Service
NHS Trust

EQUALITY, DIVERSITY, AND INCLUSION PLAN 2024 - 2027

2024 - 2025

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
Inclusive Recruitment & Selection	We understand our barriers to recruitment and selection practices to ensure they are inclusive to prospective candidates. Our workforce profile represents the communities we serve.	Undertake a comprehensive review of end-to-end recruitment process and associated procedures with recommendations to improve inclusive recruitment, ensuring each stage of the recruitment pathway is accessible, does not discriminate and encourages people with protected characteristics and those affected by health inequalities to apply for roles in the NHS.	1.	Phase 1: Review advertising and attraction stage of interview process, developing working groups to identify key stakeholders.	As at 31/3/2023: **6.2%** of the workforce are people from diverse ethnic backgrounds staff **(Q)** Attraction from people from diverse ethnic backgrounds communities increased: BME v White Applicants | Applied	Shortlisted	Appointed
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870	472	108
9.0%	54.25%	22.88%	 **Metric 2:** Relative likelihood of staff being appointed from shortlisting across all posts **1.69. (A)**	31 December 2024	**Lead:** Head of People Services **Partners:** D&I Team
			2.	Phase 2: Review application and shortlisting stage to ensure support for those coming in and progressing through YAS.		31 March 2025	**Lead:** Head of People Services **Partners:** D&I Team
		Introduce a clear and consistent stay conversations and an exit interview process.	3.	Incorporate learning from data, identifying any trends for protected characteristics leaving the organisation, analysing negative experiences to address.	**Staff Survey 2023 (A):** Staff thinking of leaving: **33%**. **Turnover at 31/3/23: 11.92%** **Stay/Exit interview data**	31 March 2025	**Lead: Head of People Services** **Partners:** D&I Team Recruitment & Resourcing

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
		Ensure international recruits receive clear communication, guidance and support around conditions of employment; including latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options.	4.	Embed international recruitment toolkit to continue good practice and processes across Nurse and Paramedic occupational groups.	Year-on-year retention of internationally recruited staff **2022**: International Paramedics **Recruited 30/Retained 29** **2023**: International Nurses **Recruited 4** (first year). Sense of belonging for internationally recruited staff National Staff Survey (NSS).	31 March 2025	**Lead:** Senior Programme Lead **Partners:** International Recruitment Team
Accurate Data	We have accurate data that supports focus on diversity and inclusion.	Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan.	5.	Where colleagues feel comfortable, actively encourage staff to self-declare protected characteristics, on ESR and TRAC, emphasising how this can improve the experiences of diverse staff. ***We recognise that national changes to ESR must be made before trans and non-binary staff are able to do so.	Our diversity data is accurate, and reduction of 'undefined' is reduced. Ethnicity: **0.0%** Sexual orientation: **0.73%** Disability: **1.84%** Religion & Belief: **20.74%** Marriage & Civil Partnerships: **3.33%**	31 March 2025	**Lead:** Head of Diversity & Inclusion **Partners:** BI/Recruitment/ Communications
			6.	To review the Disability and Ethnicity Pay Gap Report in public and publish action plans to address it.	**Baseline data as at 01/02/2024** Disability Pay Gap: **4.7%** Ethnicity Pay Gap: **7.1%**	31 March 2025	
			7.	Introduction of data led Director level objectives on recruitment and progression for service areas to increase the diversity of the workforce.	**Improvement in Exit interview data/ Departmental morale** As at 31st March 2023: **(A)** *BME: 6.91%* *Sexual Orientation: LGBT 6.5%* *Disability: 5.73% (vs 8.7% NSS)* *Gender: Male 44.63%/Female 55.37%* *Religion: Christianity 42.17%* *Undisclosed 20.70%* *Nationality: 90.6% British* *Age: 39% staff are aged 46+*	31 March 2025	

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
			8.	Compliance with mandatory frameworks, e.g. WRES, WDES, EDS, GPG where data is used to develop key actions to support diversity and inclusion at YAS.	Improvements in our benchmarking data for: • Gender Pay Gap **8.84%** • Workforce Race Equality Standards • Workforce Disability Equality Standards	Review Annually	
Inclusive & Compassionate Culture	Our culture is inclusive and compassionate, bullying, harassment and abuse against staff is prevented and tackled to create a culture of civility and respect.	Deliver and embed the year 2- 3 priorities for 'YAS Together' building upon the outcome of the culture change programme, supported by Moorhouse.	9.	Continue roll out of YAS Together content across the trust. Embedding phase 1 and undertaking a maturity framework in Q4 to inform decision-making on interventions/assessing progress.	Year-on-year improvement to: National Staff Survey 2023 **Q13b:** In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? (awaiting data) **(A)** **Q13c:** In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues? (awaiting data) **(A)** **Dignity and Respect cases:** **25 cases** during 2022/23 **(A)** Freedom to Speak Up activity increases	31 March 2025	**Lead:** Director of People & OD **Partners:** Senior Programme Lead, Head of Leadership & Organisational Development
		Embed health and wellbeing into our people journey, from onboarding through to retirement supporting their diverse health and wellbeing needs.	10.	==Action to be determined upon approval of H&WB Plan==	Year and year improvement: National Staff Survey 2023 **Q11a:** "Does your organisation take positive action on health and well-being? **51% (A)**	31 March 2025	**Lead:** Head of Health & Wellbeing **Partners:** D&I Team
Staff Voice & Engagement	Staff from diverse backgrounds have a voice regarding issues they face to improve working experience. All staff can bring their true selves to work, and any	To tackle race discrimination effectively YAS must proactively raise awareness of their commitment with patients and public.	11.	Launch and deliver the reciprocal mentoring programme in partnership with the BME Support Network.	**FTSU: Cases regarding treatment associated with protected groups: 2 cases between Oct 23 - March 24 (Q)** **Dignity and Respect cases:** **25 cases** during 2022/23 **(A)** **Turnover at 31/3/22: 11.92% (M)** Year-on-year improvement to: Staff turnover is sector average **(A)** **(M)** Turnover at 31/03/23 was **6.5%**	31 March 2024	**Lead:** Head of Leadership & Organisational Development **Partners:** BME Network/ FTSU Guardians

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
	differences are celebrated and supported.		12.	Develop a toolkit on language for inclusion to encourage an environment where colleagues feel equipped to conduct conversations surrounding diversity, equity, and inclusion with confidence.	Year-on-year improvement to: National Staff Survey 2023 **Q13b:** In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? (awaiting data) **(A)** **Q13c**: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues? (awaiting data) **(A)** **Dignity and Respect cases:** **25 cases** during 2022/23 (A)	31 October 2024	**Lead:** Chair Race Equality Support Network **Partners:** D&I Team
		Actively promote the YAS Sexual Safety Charter and implement the NHSE Sexual Safety in Healthcare Organisational Charter.	13.	Raise awareness of the YAS Sexual Safety Charter and Lone Worker policy, how to raise concerns and the support available. Work collaboratively to equip managers with the knowledge and skills to handle concerns and allegations compassionately.	Year and year improvement: National Staff Survey 2023 **Q17a:** "In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public". **23% (A)** **Q17b:** "In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues **8% (A)**	1 July 2024	**Lead:** Head of People Services/ Head of Safeguarding **Partners:** FTSU Guardians/ Head of Health and Wellbeing
		Awareness and involvement in Staff Equality Networks is increased and staff feel confident to raise issues.	14.	Network Chairs' development including governance and chairing meetings for Support Networks to improve consistency and staff voice.	**Increased membership and engagement with equality networks.** *Abstraction requests to attend Support Network meetings are increased.* Network members as of March 2023: Armed Forces **80** Disability Support **95** Pride@YAS **50** Race Equality **34** Women & Allies **145**	31 October 2024	**Lead:** Head of Diversity & Inclusion **Partners:** Network Chairs/Deputies/Sponsors/Champions

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
		Ensure the W&A Support Network continues building on engagement across all levels of the organisation through events, training and development opportunities	15.	Raising awareness of intersectionality to support staff to bring their whole selves to work through the power of support network collaboration.	**Staff Survey engagement score 2023 (A): 6.2** **Staff Survey 2023 (A):** Staff thinking of leaving: **33%** **FTSU: Cases regarding treatment associated with protected groups: 2 cases** between Oct 23 - March 24 (Q) **Dignity and Respect cases:** **25 cases during 2022/23 (A)** **Turnover at 31/3/23: 11.92% (M)** **Stay/Exit interview data**	31 March 2025	
		Establish the Women & Allies Network Mentorship Scheme.	16.	Launch and deliver the mentoring programme in partnership with the W&A specifically for senior women at YAS to mentor junior women to support progression.	Mentor/Mentee numbers matched. Evaluation data available from March 2025	31 March 2025	**Lead:** Head of Leadership & Organisational Development
		All staff with disabilities/long-term health conditions have adequate adjustment(s) to enable them to carry out their work, where they are required.	17.	Implement NHS mandatory training for leaders and managers at all levels) to develop confidence/literacy in relation to a wide variety of conditions and definitions that constitute disability and equip them with the skills to provide full and positive support to disabled staff.	Year and year improvement: National Staff Survey 2023 **Q31b**: "Has your employer made adequate adjustment(s) to enable you to carry out your work?" **69% (A)** Increase of staff with a long-term condition recorded as having a Health Passport **(Q). (142 staff** as at 09/08/23)	TBC – Awaiting NHSE Guidance	**Lead:** Head of Leadership & Organisational Development
			18.	Embed process for centralised budgets to access reasonable adjustments so that there is a consistent and robust process across the whole Trust. Monitor and review trends/issues every 2 years.		31 October 2024	**Lead:** Head of People Services **Partners:** Disability Support Network/ D&I Team

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
		We offer and actively promote a range of opportunities for flexible working to all staff, to suit their parental and caring responsibilities and commitments outside of work supportive of creating a good work/life balance.	19.	Actively promote and champion policies to support women in the workplace including focused support for managers to implement guidance on the following: •New Parent Support Policy •Menopause Policy •Flexible Working Policy •Hybrid Working Policy •Shared Parental Leave	Year-on-year improvement to: <u>National Staff Survey 2023</u> **Q6b**: My organisation is committed to helping me balance my work and home life. **35% (A)**	31 March 2025	**Lead:** Head of People Services **Partners:** HR BP's D&I Team Network Chairs
		Continued drive of flexible working policy throughout YAS, specifically in recruitment, retention and return.	20.	Encourage flexible working as part of local attraction, recruitment, retention and return plans. The plan should embed the NHS Pension Scheme and highlight its value across the career journey, with special focus on flexible retirement for staff in late-stage careers.	**Q4d**: The opportunities for flexible working patterns. **45% (A)**		
		Ensure the New Parent Policy is actioned and implemented across the Trust, specifically for managers supporting pregnant and breastfeeding women.	21.	Promote and raise awareness of the New Parent Policy with a specific focus on local provision of a private, healthy, and safe environment for breastfeeding mothers to express and store milk.	Year-on-year improvement to: <u>National Staff Survey 2023</u> **Q9d:** "My immediate manager takes a positive interest in my health and well-being" **68% (A)** **Q11a**: "Does your organisation take positive action on health and well-being? **51% (A)**		
		Ensure full support for colleagues experiencing menopause, maximising their wellbeing and allowing them to work for as long as they wish to contribute.	22.	Continue raising awareness of menopause policy including guidance for managers and colleagues.			

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
		Ensure the W&A Support Network continues building on engagement across all levels of the organisation through events, training and development opportunities.	23.	Link the Women's Support Network in with other gender Support Networks across UK, particularly the NHS to source and adopt good practice.	Cross networking opportunities, shared events for IWD and blue light services, ICB's.	31 March 2025	**Lead:** Chair W&A Network & **Partners:** Head of D&I
		To tackle race discrimination effectively YAS must proactively raise awareness of their commitment with patients and public.	24.	Develop a "root out racism" campaign to raise awareness of racial discrimination within the workplace.	Year-on-year improvement to: <u>National Staff Survey 2023</u> Q16c "On what grounds have you experienced discrimination?" **22%** **(BME)**	31 March 2025	**Lead:** Chair Race Equality Network **Partners:** D&I Team
		The Trust is an LGBTQ+ Friendly Workplace for staff to bring their true selves to work.	25.	Embed Trans-inclusion guidance for staff and managers including minimum requirements for estates for refurbishments and new fits.	Year-on-year improvement to: <u>National Staff Survey 2023</u> Q25 "I would recommend my organisation as a place to work" **71.3% LGBT** (A)		**Lead:** Head of Diversity & Inclusion **Partners:** Pride@YAS/ Head of People Services

2026 - 2027

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
Inclusive Recruitment & Selection	We understand our barriers to recruitment and selection practices to ensure they are inclusive to prospective candidates. Our workforce profile represents the communities we serve.	Undertake a comprehensive review of end-to-end recruitment process and associated procedures with recommendations to improve inclusive recruitment, ensuring each stage of the recruitment pathway is accessible, does not discriminate and encourages people with protected characteristics and those affected by health inequalities to apply for roles in the NHS.	26.	Phase 3: Review interview and selection process to facilitate fair and equal opportunities for all applicants.	As at 31/3/2023: **6.2%** of the workforce are people from diverse ethnic backgrounds staff **(Q)** Attraction from people from diverse ethnic backgrounds communities increased: BME v White Applicants <table><tr><th>Applied</th><th>Shortlisted</th><th>Appointed</th></tr><tr><td>870</td><td>472</td><td>108</td></tr><tr><td>9.0%</td><td>54.25%</td><td>22.88%</td></tr></table> **Metric 2:** Relative likelihood of staff being appointed from shortlisting across all posts **1.69. (A)**	31 March 2026	**Lead:** Head of People Services **Partners:**
			27.	Phase 4: Outcome and Offer stage of recruitment reviewed with standardised letter, support and induction.		31 March 2027	
		Ensure international recruits receive clear communication, guidance and support around their conditions of employment; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options before they join. (by March 2024)	28.	Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression.	Year-on-year retention of internationally recruited staff **2022**: International Paramedics **Recruited 30/Retained 29** **2023**: International Nurses **Recruited 4** (first year). Sense of belonging for internationally recruited staff National Staff Survey (NSS).	31 March 2026	**Lead:** Senior Programme Lead **Partners:** D&I Team

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
		Improve the numbers of applications, and subsequent appointments of, candidates from diverse backgrounds.	29.	Continue advertising apprenticeship programmes wider to target the local communities we serve. Working closely with Recruitment and Community Engagement Team.	As at 31st March 2023: (A) *BME: 6.91%* *Sexual Orientation: LGBT 6.5%* *Disability: 5.73% (vs 8.7% NSS)* *Gender: Male 44.63%/Female 55.37%* *Religion: Christianity 42.17%* *Undisclosed 20.70%* *Nationality: 90.6% British* *Age: 39% staff are aged 46+*	31 March 2027	**Lead:** Head of YAS Academy & Community Engagement Manager **Partners:**
Inclusive & Compassionate Culture	Our culture is inclusive and compassionate, bullying, harassment and abuse against staff is prevented and tackled to create a culture of civility and respect.	Develop and launch an Active Bystander to Upstander Programme to build on Allyship for all protected characteristics.	30.	Develop and launch an Active Bystander to Upstander Programme in partnership with L&OD for roll out in 2025/26.	Year-on-year improvement to: National Staff Survey 2023 **Q13b**: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? (awaiting data) (A) **Q13c**: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues? (awaiting data) (A) **Dignity and Respect cases:** **25 cases during 2022/23 (A)** Freedom to Speak Up activity increases.	31 March 2026	**Lead:** Head of Diversity & Inclusion **Partners:**

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
		Deliver and embed the year 2- 3 priorities for 'YAS Together' building upon the outcome of the culture change programme, supported by Moorhouse.	31.	Leadership behaviours and talent management framework implemented as part of phase 2 roll out of YAS Together - supporting the 'everyone together' pillar - embedding ambition to celebrate diverse contributions and strive for an inclusive, respectful and compassionate culture.	**Staff Survey engagement score 2023 (A): 6.2** **Staff Survey 2023 (A): Staff thinking of leaving: 33%** **Cases regarding treatment associated with protected groups: 2 cases between Oct 23 - March 24 (Q)** **Dignity and Respect cases: 25 cases during 2022/23 (A)** **Turnover at 31/3/23: 11.92% (M)** **Stay/Exit interview data**	31 March 2027	**Lead:** Director of People & OD **Partners:** Head of Leadership and Organisational Development, D&I Team, Senior Programme Lead
		Improve our senior leaders understanding of the issues and barriers faced by our people from diverse backgrounds.	32.	Board and executive team members continue to have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.		Review Annually	**Lead:** Director of People & OD **Partners:** Chair, CEO & Board
		Support Network & Chairs have continued access/support to Exec Sponsors and NED Champions, strengthening engagement and delivery across the Trust.	33.	Network chairs invited to relevant People Committee meetings, DISG, Public Board and other meetings including senior leadership presence and Network meetings.	Increased engagement within networks	Review Annually	**Lead:** Head of Diversity & Inclusion **Partners:** Network Chairs

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
		Continue Culture Development work with teams on dealing with and recognising unacceptable and bullying behaviour.	34.	Review data by protected characteristic on bullying, harassment, discrimination, and violence. (NSS, WRES, WDES) - and undertake Culture Development work in areas where diversity and inclusion is of particular concern.	Year-on-year improvement to: National Staff Survey 2023 Q13b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? **1% (A)** Q13c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues? **2% (A)** **Dignity and Respect cases:** **25 cases** during 2022/23 (A) Freedom to Speak Up activity increases	31 March 2027	**Lead:** Head of Leadership & Organisational Development **Partners:** D& I Team, Business Intelligence, FTSU, Local Teams
		To provide leadership and management 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.	35.	Improve leadership skills and behaviours including effective appraisals and career conversations through following programmes, Aspiring Leaders Programme, Manage2Lead, Lead Together, Developing Leaders, Strategic Leadership Programme and Board Development Programme.	**Appraisal Training Compliance currently: 85.3% (571 managers)** **The Manage2Lead platform:** as at 07/03/2024 the homepage has had 2230 views.		
Staff Voice & Engagement	Staff from diverse backgrounds have a voice regarding issues they face to improve working experience. All staff can bring their true selves	All staff with disabilities/long-term health conditions have adequate adjustment(s) to enable them to carry out their work, where they are required.	36.	Develop and adopt a disability leave policy based on good practice models available from NHS Employers website.	Year and year improvement: National Staff Survey 2023 **Q31b**: "Has your employer made adequate adjustment(s) to enable you to carry out your work?" **69% (A)**	31 March 2026	**Lead:** Head of People Services/ Head of D&I/ Head of **Partners:** Network Chairs/ Enabling Staff Working Group

Theme	Aim	Objective	No	Actions to meet objective	Measures / Baseline data (Red) Annual: A Quarterly: Q Monthly: M	Completion by	Lead and Partners
	to work, and any differences are celebrated and supported.	All staff with disabilities/long-term health conditions have adequate adjustment(s) to enable them to carry out their work, where they are required.	37.	Embed guidance on Neurodiversity which encompasses the lifecycle of employment through the Enabling Staff Working Group.	Increase of staff with a long-term condition recorded as having a Health Passport (Q). (142 staff as at 09/08/23)	31 March 2027	
		The Trust is an LGBTQ+ Friendly Workplace for staff to bring their true selves to work.	38.	Ensure that LGBT+ staff are closely involved in the development and delivery of its LGBT+ training and educational interventions and its health & wellbeing programmes so that these are fully inclusive.	YAS is an LGBTQ+ Friendly Workplace as evidenced via assessment via Stonewall Workplace Equality Index Year-on-year improvement to: National Staff Survey 2023 Q25: "I would recommend my organisation as a place to work" 71.3% LGBT (A)	31 March 2027	Lead: Head of D&I Partners: D&I Team, HR Services, Pride@YAS

Meeting Title: Board of Directors (held in public)
Meeting Date: 25 April 2024
Agenda Item: System Partnership Update
Agenda Item: 5.1

Report Title	System Partnership Update
Author (name and title)	Prof Adam Layland, Director of Partnerships and Operations – SY Jeevan Gill, Director of Partnerships and Operations – HNY Rachel Gillott, Director of Partnerships and Operations – WY
Accountable Director	Peter Reading, Chief Executive Nick Smith, Chief Operating Officer
Previous committees/groups	Discussions via TEG as appropriate.
Recommended action(s) Approval, Assurance, Information	Assurance
Purpose of the paper	To assure the Board on activities associate with System Partnership across Yorkshire and Humber, and to provide assurance on the Trusts compliance with our statutory Duty to Collaborate.
Recommendation(s)	The Board are asked to note the assurance paper on System Partnership.

Executive summary (overview of main points)

The Directors of Partnerships and Operations continue to engage across the Integrated Care Systems, with a recent focus on sharing and engaging the YAS Strategy. Meetings with the Chief Executive Officer, Directors, and the Place Directors are exploring current and future collaborations aligned to the YAS Strategy.

Integrated Care Boards are currently in the final stages of 2024-2025 planning, following the release of the NHS operational Planning Guidance, and refreshing the Joint Forward Plans. Both will be reflective of the YAS Strategy, and local area plans to support Urgent and Emergency Care, which the Directors have assisted with.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	Deliver the national, regional and local performance targets for 999, NHS 111 and Patient Transport Service (PTS). Understand and reduce unwarranted variation and support system-wide work to reduce health inequalities, positively impacting our local communities. Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures through our role as an anchor organisation.
	Our People	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.
	Our Partners	All Strategic Aims
	Our Planet and Pounds	Ensure decisions are informed by evidence, research, data and intelligence. Develop and deliver improvement, through learning and adoption of best practice.
Link with the BAF Include reference number (board and level 2 committees only)	1a, 1b, 1c, 3b	

Highlights	Lowlights
Across all areas: There is continuing engagement with partners in systems and place on the launch of the YAS Strategy 2024-2029. There is widespread support for the new Strategy, following the close engagement in its development. The Directors and appropriate colleagues are fully embedded into the Urgent and Emergency Care networks in each System, and wider collaborative pertinent to System objectives. Discussions between the Chief Executive Officer, Director of Partnerships and Operations, and Place Directors have begun, to explore a closer working relationship between YAS and Place, as well as the identification of areas of mutual priorities. This involves collaboration to reduce ambulance conveyances to emergency departments. Objective 17 as part of the 2023-2024 Business Plan is complete, and a new priority in supporting the YAS Strategy to be a *Great Partner* will be prominent in 2024-2025 Business Planning. The final engagement is commencing on the Partnership and Collaboration Enabling Plan, as part of the YAS Strategy before returning to a future Trust Board in Public meeting.	**Across all areas:** The new leadership arrangements have resulted in a closer internal focus at present whilst the new roles become established. Transformational work at place level, following on from the Place Directors meetings, will require infrastructure and resource reviews. Continual work across systems in supporting ambulance availability and deployment, as well as providing patients the most appropriate onward referrals or access to definitive care facilities. Ongoing discussions for the 2024-2025 planning in Systems, to understand the operating environment. PTS Eligibility is progressing with systems through the Integrated Care Forum, however full year effect is delayed with commissioners.

Key Issues to Address	Action Implemented	Further Actions to be Made
Across all areas: - Focus on 2024-2025 across the system to deliver National Planning Guidance. - Review of resources to support Place and System work. - Continued discussions regarding turnaround to support ambulance availability. **Humber and North Yorkshire:** - Right Care, Right Person national policing model implementation varies across the region. - Strategic engagement at Place and system. - Care coordination.	**Across all areas:** - Area Plans are being finalised, and aligned to YAS Strategy and emerging 2024-2025 Business Plans. - Presentation of YAS Strategy across system and place. **Humber and North Yorkshire:** - Continued collaborative working with blue light partners. Strategic working group been established with North Yorkshire Police and partners. Humberside Police good engagement and likely changes to their delivery model which will support YAS and ensure public are sign posted to the most appropriate service. - Met with all Place Directors and strengthen strategic priorities. Formal invitation and member of East Riding Place Board - Trust strategy presented to ICB Board in March. - Models of care coordination appraised with stakeholders	**Across all areas:** - Ensure the YAS Strategy in reflected in the refreshed Joint Forward Plans with Integrated Care Boards. **Humber and North Yorkshire:** - Finalise arrangements with Humberside Police. - Population health to be presented to York Place Board in May. - To be shared with partners to strengthen local care coordination hubs to ensure optimisation of appropriate utilisation of patient pathways.

South Yorkshire:	South Yorkshire:	South Yorkshire:
• Smoking is identified as one of the major causes of Health Inequalities across South Yorkshire. YAS has a key role in supporting smoking cessation across our workforce, and in providing health based information to enact and support interventions which assist in future demand management. • Close monitoring and accountability for handover trajectories through Urgent and Emergency Care Place Boards. **West Yorkshire:** • Tackling Health inequalities at place level. • Review future requirements for clinical triage and assessment through provider alliance/partnership arrangements, following analysis completed. • Optimise use of urgent community services. • Collaborations with Tri-Service and Academic organisations. • Avoid service delivery disruption when new Emergency Department at Huddersfield Royal Infirmary opens.	• Transformation programmes for Urgent and Emergency Care in progress with Place. • Supporting system planning through peer challenges. • Partnered with mental health services for direct access to patients from the Emergency Operations Centre. **West Yorkshire:** • Detailed Health Inequalities/Deprivation analysis shared with Wakefield and Leeds place partners with agreed work priorities progressing. • Place meetings planned, Wakefield meeting occurred, with follow-up actions agreed. • Proposition shared, and agreed in principle, by Chairs and Chief Executives of Community Services Provider Collaborative. • Information pack and conveyance rates analysis produced for each place and used to inform and identify further opportunities. • Demand Reduction programme with blue-light partners.	• Continue Place Director meetings exploring opportunities for wider collaboration. • Finalise implementation of partnership work in rural areas with South Yorkshire Fire and Rescue Service. **West Yorkshire:** • Finalise the Community Services Provider Collaborative priority plan to support patient's urgent care needs to be met in most appropriate community service. • Conclude place meetings with Executive Place Leads and agree/refine shared priorities. • Agree MOU with Mid Yorkshire and strategic priorities. • Contribute to the development of the West Yorkshire UEC blueprint. • Identify potential future collaboration with Tri-services. • Continue exploration of University of Huddersfield Health Innovation Campus. • Support to Calderdale and Huddersfield NHS Foundation Trust transition to new Emergency Department.

Meeting Title: Board of Directors (in Public)
Meeting Date: 26 April 2024
Agenda Item: 6.1

Report Title	**Governance Report**
Author (name and title)	David O'Brien, Director of Corporate Services and Company Secretary
Accountable Director	David O'Brien, Director of Corporate Services and Company Secretary
Previous committees/groups	None
Recommended action(s) Approval, Assurance, Information	Approval
Purpose of the paper	This report provides an update on issues and developments relating to Board governance.
Recommendation(s)	1. The Board notes the developments in Board governance outlined in this report. 2. The Board approves the proposal to increase the number of Board meetings held in public each year, from four to six. 3. The Board approves the designation of the Executive Director of Finance as the Trust's Board-level lead for net zero. 4. The Board approves the changes to the delegated expenditure limits set out in 2.5

Executive Summary

This report provides an update on issues and developments relating to Board governance, as follows:

1. A summary of the agreed next steps regarding the Board Development Programme.

2. Agreed changes to the attendance arrangements for meetings of the Board of Directors held in private.

3. A proposed move to increase the number of Board meetings held in public each year from four to six (with meetings held in public scheduled for May, July, September, November, January and March).

4. The formal designation of the Executive Director of Finance as the Trust's Board-level lead for net zero.

5. Proposed changes to the delegated expenditure limits set out in the Trust's Standing Orders in order to align these with the Trust's new leadership structure introduced as part of the New Operating Model programme.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	Achieve the highest possible rating of 'outstanding' by the health and social care regulator (Care Quality Commission, CQC).
	Our People	
	Our Partners	
	Our Planet and Pounds	Use our resources wisely and ensure value for money. Work towards reducing our impact on the environment and tackling climate change, with net-zero emissions.
Link with the BAF Include reference number (board and level 2 committees only)		3a, 3c, 4a

Board of Directors (in Public)
25 April 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. BOARD GOVERNANCE UPDATES

2.1 Board Development Programme

On 24 January Board members and Board attendees participated in a workshop as part of the Board Development Programme supported by Integrated Development. The workshop generated a set of proposed next steps, and a high-level summary of these is attached at Appendix A. Two further workshop sessions facilitated by Integrated Development are planned during 2024.

2.2 Board Size and Composition

As part of the Board Development Programme there has been a review of the size and composition of the Board. The outcome of this review is a change in the arrangements for attendance at meetings of the Board of Directors held in Private. This change was communicated to Board members and Board attendees in week commencing 15 April. The confirmed attendee lists for the different types of Board meeting are attached at Appendix B

2.3 Calendar of Meetings

One of the Board Development Programme actions proposes to increase the number of meetings of the Board of Directors held in public each year, from four to six. This would take effect from May 2024 onwards, with meetings in public now scheduled to take place in May, July, September, November, January, and March. The calendar of Board and Committee meetings for 2024/25 has been amended to reflect this proposal. This is attached at Appendix C. The Board is asked to approve the proposal to hold six meetings in public each year.

2.4 Board Net Zero Lead

NHS Trusts are required to designate a Board member to be the organisation's net zero lead whose primary role is to be responsible for delivery of the Trust's Green Plan and net zero targets (with a secondary role as an advocate for the broader net zero / green agenda). The Board-level net zero lead is generally expected to be an executive director. Kathryn Vause, Executive Director of Finance, has been identified as the Board-level net zero lead for YAS. The Board is asked to formally approve this.

2.5 <u>Trust Standing Orders: Update to Delegated Expenditure Limits</u>

2.5.1 The Trust's new senior leadership structure has generated the need to review and update the delegated expenditure limits set out in the Standing Financial Instructions within the Trust's Standing Orders. The existing expenditure limits do not capture new roles such as the Deputy Chief Executive and the Chief Operating Officer. In addition, the existing limits to not distinguish adequately between Executive Directors and other Directors: they do not reflect the fact that in the new structure some Directors are direct reports of Executive Directors or equivalent roles and so should be positioned at a different level in the hierarchy with different expenditure limits.

2.5.2 A full review of the Trust's Standing Orders is planned in order to fully align these with the new leadership structure. This review will take place during the remainder of 2024-25 Q1 and the outcome will be reported to the Trust Board in July. As an interim measure, however, some immediate changes are proposed to the delegated expenditure limits, notably:

1. The Deputy Chief Executive role has been added at Level 6 alongside the Execuitve Director of Finance. These roles each have a delegated expenditure limit of up to £500,000.

2. A new tier has been introduced at Level 4 to cover direct reports of the roles at Level 5 and Level 6. These Level 4 roles have a delegated expenditure limit of up to £50,000.

3. Levels 3, 4 and 5 have been updated to reflect the introduction of the Chief Operating Officer role and the leadership structure in that area of the Trust.

2.5.3 The proposed new expenditure limits are presented in Appendix D. The specific roles at each level for each budget code will be confirmed as part of the sign-off of budgets by Level 6 and Level 5 directors.

2.5.4 It is important to note that for the roles at Level 7 (Chief Executive) and Level 6 (Deputy Chief Executive; Executive Director of Finance) the delegated expenditure limit applies across all areas of the Trust. The holders of these roles can authorise expenditure from any budget code. However, for all other roles the delegated expenditure limit applies only to their own budgets: the holders of these roles can only authorise expenditure from their budget codes.

2.5.5 Budget holders will be informed of the new expenditure limits and will be reminded of the point at 2.5.4 above regarding the application of these limits to their own budgets. In addition, and as a change to common practice in the organisation, when authorised signatories are on leave they will be required to delegate upwards rather than downwards, meaning that the ability to authorise expenditure will transfer to a role at a higher level in the scheme of delegation. This is in line with an internal audit recommendation. The one exception to this is the Chief Executive, who will delegate downwards to either the Deputy Chief Executive or the Executive Director of Finance.

3.   **RECOMMENDATIONS**

1. The Board notes the developments in Board governance outlined in this report.

2. The Board approves the proposal to increase the number of Board meetings held in public each year, from four to six.

3. The Board approves the designation of the Executive Director of Finance as the Trust's Board-level lead for net zero.

4. The Board approves the changes to the delegated expenditure limits set out in section 2.5.

SUPPORTING INFORMATION

Appendix A: Board Development Programme Next Steps (Summary)

Appendix B: Attendees for Board Meetings

Appendix C: Board and Committee Meetings Calendar 2024/25

Appendix D: Proposed Delegated Expenditure Limits

Report Author

David O'Brien
Director of Corporate Services and Company Secretary

April 2024

APPENDIX A: BOARD DEVELOPMENT PROGRAMME NEXT STEPS (SUMMARY)

BOARD DEVELOPMENT PROGRAMME NEXT STEPS		
Board Membership		
1	Review and confirm Board membership.	Review concluded, with changes to attendee arrangements for Board meetings held in private.
2	Hold an Insights Discovery day for all Board members and Board attendees.	Insights Discovery day is being organised.
3	Create opportunities for Executive Directors and Directors to have a coach or mentor.	Coaching and / or mentoring opportunities discussed as part of PDR process.
4	Board diversity.	Opportunities via future recruitment of NEDs and Associate NEDs.
Board Papers / Agendas		
1	Structure and content of Board items.	New cover sheet and report template for Board item has been introduced.
		Ensure Board items include sufficient focus on the patient.
		Promote the 'What? / So What? / What Next?' structure for Board items where appropriate.
		Greater focus on impact in Board papers: what will be the impact if the 'What Next' is working?
2	Governance route for Board items.	Include greater clarity about the governance and assurance journey of each item prior to the Board.
3	Quality of Board papers.	Provide guidance and training to support improvements in the quality of Board papers.
Board Meetings		
1	Increase the number of Board meetings held in public.	Move to six meetings held in public each year: May, July, September, November, January, March.
2	Improve the facilities for Board meetings at Trust headquarters.	Use the Kirkstall / Fountains / Rosedale rooms to create one larger space Board meetings..
3	Promote public engagement with Board meetings.	Develop engagement activity around Board meetings; develop online streaming of meetings.

APPENDIX B: Attendees for Board Meetings

Board of Directors held in Public	
Role	**Name**
Chair	Martin Havenhand
Non-Executive Director / Deputy Chair	Tim Gilpin
Non-Executive Director	Anne Cooper
Non-Executive Director	Andrew Chang
Non-Executive Director	Amanda Moat
Non-Executive Director	Jeremy Pease
Chief Executive	Peter Reading
Chief Operating Officer	Nick Smith
Executive Director of Finance	Kathryn Vause
Executive Medical Director	Julian Mark
Executive Director of Quality / Chief Paramedic	Dave Green
Deputy Chief Executive	Marc Thomas
Director of People and Organisational Development	Mandy Wilcock
Director of Corporate Services / Company Secretary	David O'Brien
Director of Strategy, Planning and Performance	Carol Weir
Director of Partnerships and Operations	Jeevan Gill
Director of Partnerships and Operations	Rachel Gillott
Director of Partnerships and Operations	Adam Layland
Chief Digital Information Officer	Ola Zahran (acting)
Head of Communications and Community Engagement	Helen Edwards

Board of Directors held in Private	
Role	**Name**
Chair	Martin Havenhand
Non-Executive Director / Deputy Chair	Tim Gilpin
Non-Executive Director	Anne Cooper
Non-Executive Director	Andrew Chang
Non-Executive Director	Amanda Moat
Non-Executive Director	Jeremy Pease
Chief Executive	Peter Reading
Chief Operating Officer	Nick Smith
Executive Director of Finance	Kathryn Vause
Executive Medical Director	Julian Mark
Executive Director of Quality / Chief Paramedic	Dave Green
Deputy Chief Executive	Marc Thomas
Director of People and Organisational Development	Mandy Wilcock

The Director of Corporate Services and Company Secretary to attend in his capacity as Company Secretary.

Other Directors to be invited to attend as required for specific agenda items.

Board Strategic Forum	
Role	**Name**
Chair	Martin Havenhand
Non-Executive Director / Deputy Chair	Tim Gilpin
Non-Executive Director	Anne Cooper
Non-Executive Director	Andrew Chang
Non-Executive Director	Amanda Moat
Non-Executive Director	Jeremy Pease
Chief Executive	Peter Reading
Chief Operating Officer	Nick Smith
Executive Director of Finance	Kathryn Vause
Executive Medical Director	Julian Mark
Executive Director of Quality / Chief Paramedic	Dave Green
Deputy Chief Executive	Marc Thomas
Director of People and Organisational Development	Mandy Wilcock
Director of Corporate Services / Company Secretary	David O'Brien
Director of Strategy, Planning and Performance	Carol Weir
Director of Partnerships and Operations	Jeevan Gill
Director of Partnerships and Operations	Rachel Gillott
Director of Partnerships and Operations	Adam Layland
Chief Digital Information Officer	Ola Zahran (acting)
Head of Communications and Community Engagement	Helen Edwards

APPENDIX C: Board and Committee Meetings Calendar 2024/25

	Board Meetings			Committee Meetings					
	Board of Directors in Public	Board of Directors in Private	Board Strategic Forum	Audit and Risk Committee	Quality Committee	Finance and Performance Committee	People Committee	Remuneration and Nominations Committee	Charitable Funds Committee
Apr	25	25	25	16	11	23			11
May	30	30			16	23	14	30	
Jun		20 (ARA)	20		13	25			
Jul	25	25		16	18	23	09		11
Aug						22			
Sep	26 (+AGM)	26			19	24	10	26	
Oct		24	24		17	22			10
Nov	28	28		12	21	26	19		
Dec		12	12			19		12	
Jan	30	30		21	16	28	21		23
Feb		27	27		20	25		27	
Mar	27	27			20	25	18		

APPENDIX D: Proposed Delegated Expenditure Limits

Levels of Delegation		
Transactions with monetary values:	Approval Level	Normally applies to
Over £1m	Level 8	Board
Up to £1m (in year) Up to £1.25m (multiple years)	Level 7	Chief Executive
Up to £500,000	Level 6	Executive Director of Finance Deputy Chief Executive
Up to £100,000	Level 5	Chief Operating Officer Executive Directors Director of People and Organisational Development
Up to £50,000	Level 4	Direct Reports of Roles at Level 5 and Level 6: (e.g, Directors, Deputy Directors, Associate Chief Operating Officers, Associate Directors)
Up to £25,000	Level 3	Heads of Operations Heads of Service Delivery and Quality Or equivalent roles
Up to £10,000	Level 2	Department Managers Or equivalent roles
Up to £5,000	Level 1	Cost Centre Managers