NHS
Yorkshire Ambulance Service
NHS Trust

AGENDA	
Meeting:	**Board of Directors Meeting (held in Public)**
Date: **Time:** **Venue:**	30 May 2024 0930 am Springhill HQ: Kirkstall, Fountains and Rosedale
Membership	Tim Gilpin Non-Executive Director (Acting Chair) Anne Cooper Non-Executive Director (Senior Independent Director) Jeremy Pease Non-Executive Director Peter Reading Chief Executive Nick Smith Chief Operating Officer Dave Green Executive 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 Helen Edwards Head of Communications and Community Engagement Rebecca Randell NExT Director Carole Hodgson-Mullings Aspirant Non-Executive Director (Insight Programme) Sam Bentley FTSU Guardian (item 3.8) Kirsty Holt FTSU Guardian (item 3.8)
Apologies:	Martin Havenhand Chair Andrew Chang Non-Executive Director Amanda Moat Non-Executive Director David O'Brien Director of Corporate Services and Company Secretary

No.	Description	Format	Lead	Time
1.	**OPENING BUSINESS**			
1.1	**Welcome and Apologies** (information)	Verbal	Tim Gilpin Acting Chair	0930 - 0940
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 25 April 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	0940 - 0950
1.7	**Chair's Report** (information)	Verbal	Tim Gilpin Acting Chair	0950 - 0955
1.8	**Chief Executive's Report** (information/assurance)	Attached	Peter Reading, Chief Executive	0955 - 1000
2	**STRATEGY AND PLANNING**			
2.1	**Trust Final Sign-Off for :** • **Priorities 2024/25** (approval) • **Business Plan 2024/25** (provisional approval, subject to confirmation of financial plan) • **Financial Plan 2024/25: Progress Update** (information)	Attached	Peter Reading Carol Weir Kathryn Vause	1000 - 1045
3.	**ASSURANCE**			
3.1	**Risk Report and Board Assurance Framework** (assurance)	Attached	Dave Green Executive Director of Quality and Chief Paramedic	1045 - 1100

No.	Description	Format	Lead	Time
Break 1100 - 1110				
3.2	**Integrated Performance Report** (information)	Attached	Executive Directors	1110 - 1120
3.3	**Operational Assurance Report** (assurance)	Attached	Nick Smith Chief Operating Officer	1120 - 1130
3.4	**People and Organisational Development Highlight Report (**assurance)	Attached	Mandy Wilcock Director of People and Organisational Development	1130 - 1135
3.5	**People Committee: Chairs Report (**assurance)	Attached	Tim Gilpin Committee Chair	1135 - 1140
3.6	**Quality Committee: Chairs Report** (assurance)	Attached	Anne Cooper Committee Chair	1140 - 1145
3.7	**Freedom To Speak Up: Quarterly Report** (assurance)	Attached	Kirsty Holt and Samantha Bentley FTSU Guardians	1145 - 1200
4.	**ITEMS FOR APPROVAL**			
4.1	**Fit and Proper Persons Policy** (approval)	Attached	Mandy Wilcock Director of People and Organisational Development	1205 - 1220
5.	**CLOSING BUSINESS**			
5.1	**Any Other Business**	Verbal	Chair	1220 - 1230
5.2	**Risks** *Any risks raised during the meeting that require consideration of adding to Risk Registers/Board Assurance Framework*	Verbal	Chair	
MEETING CLOSE 1230 **LUNCH PRIOR to Meeting in PRIVATE**				

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

NHS
Yorkshire
Ambulance Service
NHS Trust

Minutes of the Board of Directors Meeting (held in PUBLIC)

Thursday 25 April 2024 at 1045

Venue: Kirkstall, Fountains, and Rosedale, SH1, Wakefield

Present:

Anne Cooper	Non-Executive Director (Senior Independent Director, meeting Chair)
Andrew Chang	Non-Executive Director
Amanda Moat	Non-Executive Director
Jeremy Pease	Non-Executive Director
Peter Reading	Chief Executive
Nick Smith	Chief Operating Officer
Dave Green	Executive Director of Quality and Chief Paramedic
Julian Mark	Executive Medical Director
Kathryn Vause	Executive Director of Finance

In Attendance:

Marc Thomas	Deputy Chief Executive
Mandy Wilcock	Director of People and Organisational Development
David O'Brien	Director of Corporate Services and Company Secretary
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
Helen Edwards	Head of Communications and Community Engagement
Rebecca Randell	NExT Director
Carole Hodgson-Mullings	Aspirant Non-Executive Director (Insight Programme)
Mussarat Suleman	Head of Employee Health and Well-Being (for item 4.1)
Nabila Ayub	Head of Diversity and Inclusion (for item 4.2)

Apologies:

Martin Havenhand	Chair
Tim Gilpin	Non-Executive Director/ Deputy Chair

BoD24/04/1	**Welcome and Apologies**
1.1	Anne Cooper explained that she would chair the meeting in the absence of both the Chair and Deputy Chair.
1.2	Anne Cooper welcomed Marc Thomas to his first Trust Board meeting since formally starting in role as Deputy Chief Executive.

1.3	Anne Cooper welcomed Rebecca Randell and Carole Hodgson-Mullings who are each participating in aspirant Non-Executive Director programmes and will be undertaking placements with the Trust for six months.
1.4	Apologies were received from Martin Havenhand and Tim Gilpin. It was noted that Nick Smith would arrive later in the meeting.
1.5	The meeting was quorate.

BoD24/04/2	**Declaration of Interests**
2.1	No declarations of interest were reported. If any declarations of interest did arise during the meeting these would be considered at that time.

BoD24/04/3	**Minutes of Previous Meeting**
3.1	The minutes of the meeting of the Board of Directors held in public on 01 February 2024 were approved as an accurate record.
3.2	There were no matters arising.

BoD24/04/4	**Action Log**
4.1	All completed actions were confirmed as closed.
4.2	BoD23/10/20.5 Freedom to Speak Up Report – this will be on Public Board Agenda May 2024, item to close.
4.3	BoD24/02/20.7 Risk Report - this will be on Public Board Agenda May 2024, item to close.

BoD24/04/5	**Staff Story**
5.1	Dave Green introduced a staff story about a digital therapeutic care tool called RITA (Reminiscence Interactive Therapy Activities) being trialled by Patient Transport Service (PTS) staff based at Huddersfield Ambulance Station.
5.2	RITA is a tablet-based software solution designed to improve the well-being of patients by reducing distress, agitation, and isolation. It helps staff to encourage communication and helps patients to feel more comfortable and at ease. The content includes photographs, music and interactive games spanning various generations and diverse backgrounds.
5.3	The Board recognised the benefits to staff and patients of the RITA tool. The Board discussed the cost implications (the unit cost of each device used in the trial is £1200), and particularly the trade-off between lower cost options which reduce the functionality and benefits offered by the more expensive devices.
	Resolved
5.4	The Board noted the staff story.

BoD24/04/6	**Chairs Report**
6.1	Anne Cooper introduced the Chair's report and drew attention to the GEMS: Hidden In Plain Site (75@75) list of leaders published by the Seacole Group in partnership with Colourful Healthcare. This list recognises 75 health and social care professionals from Black, Asian, and other minoritised backgrounds whose leadership is making a difference to their organisation, to patient care and communities, or to the diversity and inclusion agenda generally. Andrew Chang is included in this list in recognition of his contribution to the Trust.
6.2	**Resolved** The Board noted the report.
BoD24/04/7	**Chief Executive's Report**
10.1	Peter Reading presented the Chief Executive's report and drew attention to the following key matters:
10.2	The publication of the Cultural Review of Ambulance Trusts. NHS England (NHSE) has established an implementation group including four members from the ambulance sector. NHSE colleagues have expressed an interest to come on a ride-out at the Trust.
10.3	A review of the impact of the Trust's Sexual Safety Charter had taken place. The review group considered the quantity and nature cases, the capacity available to investigate cases, and the use of disciplinary measures such as suspension and early sanction agreements. A professional panel consisting of safeguarding, human resources and clinical leaders will be established to support a more consistent approach.
10.4	Meetings are being held with Place Directors and Leads across all ICB areas to further strengthen working relationships and to identify improvement opportunities relating to urgent and emergency care in local areas.
10.5	The YAS Research Institute had held a successful Spring Seminar with one hundred attendees from the Trust, NHS partners, and higher education.
10.6	The Trust has been named the Health and Science Apprenticeship Provider of the Year in the national Annual Apprenticeship Conference Apprenticeship Awards 2024. The Board congratulated the team for this award.
10.7	**Resolved** The Board noted the report.
BoD24/04/8	**2023/24 Business Plan Priorities: Q4 Report**
8.1	Carol Weir presented the year-end position regarding the 18 operational objectives in the Trust's 2023/24 Business Plan. Four objectives were rated 'red' due to material issues beyond agreed tolerances. Four were rated 'amber' with moderate issues that can be resolved, and ten were rated 'green' (delivery on track). Four objectives were reported as complete, and elements of the other 14 would continue through to completion in 2024/25.

8.2	Julian Mark sought clarification regarding the RAG ratings as the 'red' status of Objective 3 was potentially misleading. Carol Weir recognised the limitations of the current RAG reporting and explained that this will be changing for 2024/25.
8.3	Marc Thomas sought assurance regarding the arrangements for completion of the outstanding 2023/24 priorities and whether these had been incorporated into the 2024/25 business plan priorities. Carol Weir confirmed that actions to complete the 2023/24 work will continue as business-as-usual activity, but these are not specifically included in the 2024/25 business plan priorities.
8.4	**Resolved:** The Board noted the progress, impact, challenges, lessons learned and planned next steps for each of the eighteen operational objectives from the 2023/24 Business Plan.

BoD24/04/9	**Integrated Performance Report**
9.1	The Integrated Performance Report was presented as reference material to inform the directorate and committee assurance reports to be considered during the subsequent agenda items.
9.2	**Resolved** The Board noted the Integrated Performance Report. *Nick Smith joined the meeting at 11.10 hrs.*

BoD24/04/10	**Operational Assurance Report**
10.1	Nick Smith presented the assurance report covering the Chief Operating Officer remit, drawing attention to the following key highlights: • EOC achieved an average call answer time of 10 seconds during 2023/24, an improvement from 50 seconds in the previous year. In 2023/24 Quarter 4 the average call answer time was 3 seconds. • The 2023 EOC staff survey results had improved significantly from 2022. The biggest improvement was a 21.2% increase in EOC staff who would recommend the organisation as a place to work. • The National Ambulance Resilience Unit (NARU) contract had moved from West Midlands Ambulance Service to the London Ambulance Service. Nick Smith gave assurance regarding the mitigation of risks relating to this (particularly the risk relating to NARU training provision). • The 30-minute response time mean standard for Category 2 calls had been achieved in March 2024. This was the first time since August 2023. Overall, YAS had achieved the 30-minute mean in 6 of the 12 months during 2023/24. • PTS call answering times had improved significantly again, the fifth consecutive month of improvement.
10.2	Nick Smith also drew attention to the following key lowlights:

- The recruitment pipeline in Integrated Urgent Care is good but there remains a high reliance on agency staff and high turnover at 20%.

- The overall Category 2 mean response time for 2023/24 was 32 minutes and 32 seconds against the required standard of 30 minutes.

- There remains significant unwarranted variation in response times to patients across Yorkshire.

10.3	Jeremy Pease sought assurance regarding how many times the new Duty to Rescue protocol had been used. Dave Green confirmed that this had been used only once. Jeevan Gill explained that on several occasions trusts had been put on standby to invoke the Duty to Rescue protocol and that this had been effective. Julian Mark clarified the circumstances in which the Duty to Rescue protocol would be invoked.
10.4	Anne Cooper sought assurance regarding the effectiveness of the Alternative Response model that had been implemented as part of the management of Category 2 calls. Dave Green explained that to date this had not worked as well as planned due to constraints with allocating crews with the right skillset for each patient. Work would be ongoing to make the Alternative Response model more effective as part the wider actions to improve to Category 2 response.
10.5	Amanda Moat sought clarity regarding which committees had oversight over the various elements of operational performance. It was suggested that the operational assurance report could be adapted to identify this.
10.6	**Resolved** The Board noted the report.

BoD24/04/11	**Finance Report**
11.1	Kathryn Vause presented the financial performance report. The Trust's financial position at Month 11 (29 February 2024) was reported as follows:

- Income and Expenditure: £2.8m year-to-date surplus, forecast break-even.
- Organisational Efficiency Plan: £2.9m under plan year-to-date.
- Cash Balances: £68.1m at 29 February 2024.
- Better Payment Performance (Non-NHS): Volume 95%, Value 94%.
- Better Payment Performance (NHS): Volume 87%, Value 85%.
- Agency Cap: Year-to-date overspend of £1.5m.

11.2	Kathryn Vause reported that the provisional 2023/24 year-end (Month 12) position had become available. For income and expenditure, the position showed a revenue surplus of £50k, indicating that the Trust had achieved its duty to break-even. For purchased capital the position showed an £80k underspend, indicating the Trust had achieved its duty to work within its purchased capital limits. For leased capital the position showed a £3m underspend, but this is in the context of uncertainty about leased capital allocations and the limits to work within.

11.2	As Chair of the Finance and Performance Committee, and on behalf of the Board, Amanda Moat congratulated Finance colleagues, the Trust Executive Group, and other senior leaders and managers for their work in achieving this financial position for the Trust.
11.3	**Resolved** 1. The Board noted the Month 11 Finance Report, including: • The Trust's financial performance to 29th February 2024 • The capital expenditure against plan • All associated risks. 2. The Board noted the provisional Month 12 position reported to the meeting.
BoD24/04/12	**Finance and Performance Committee Report**
12.1	Amanda Moat presented the Finance and Performance Committee highlight report arising from the meeting held on 07 March 2024. The committee alerted the Board to the following issues:
12.2	The committee had been assured that, other than in the event of extraordinary circumstances, the Trust would achieve a year-end break-even position.
12.3	The committee had been assured that partnership work with ICBs and trusts was ongoing to strengthen urgent and emergency care performance, with good examples being the summits held in the Humber and North Yorkshire area.
12.4	The committee had continued to seek assurance regarding risks relating to unmet staffing trajectories and retention rates in 2023/24 and how this had been factored into planning for 2024/25.
12.5	**Resolved** The Board noted the report.
BoD24/04/13	**Quality and Clinical Highlight Report**
13.1	Dave Green presented the Quality sections from the Quality and Clinical highlight report. The first draft Patient Safety Incident Investigation (PSII) had been produced in line with the Patient Safety Incident Response Framework (PSIRF). Once completed this would come through the agreed governance process and would provide assurance to the Board at a future meeting.
13.2	The first Advanced Life Support Course accredited by the Resuscitation Council UK had been delivered successfully with the support from Mark Millins. This had received positive feedback from attendees and assessors alike.
13.3	Two areas of concern were (a) delayed responses continue to be the most common reason for 'moderate harm or above' patient safety incidents, and (b) handover delays at several hospitals still present patient safety concerns. The Quality Committee would receive assurance regarding these concerns.

13.4 Julian Mark presented the Clinical sections from the Quality and Clinical highlight report. Highlights included the further development of the Trust's research capacity and strategy, the deployment of GPs into EOC, and the commencement of GP trainee placements to support YAS clinicians in aspects of patient care.

13.5 The Medical Emergency Response Intervention Team (MERIT) pilot continued 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.

13.5 Two concerns to note were (a) Electronic Patient Record (ePR) usage remains too low at 90% resulting in significant demands on the healthcare records team to process and validate paper records, and (b) adherence to the controlled drugs signing out process by some frontline clinicians is still a concern and further work is underway to address the issue.

The Board to be updated on the progress towards adherence to the Controlled Drugs Policy.

(ACTION, Dr Julian Mark)

13.6 Jeremy Pease sought assurance regarding the impact on patient handovers of the time taken for staff to complete ePR processes. Julian Mark explained that there is an intention to review ePR requirements and processes and also highlighted variations in practice regarding the point (pre-or-post handover) at which patient records are completed by crews. Marc Thomas added that wi-fi connection at hospitals needs to improve and that alternative devices could be used for ePR completion. Dave Green suggested that the quality of ePR training for Newly Qualified Paramedics could be reviewed. Peter Reading explained that the current devices are coming towards their end of life and that TEG had committed to purchasing replacement devices.

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

BoD24/04/14 **Quality Committee Report**
14.1 Jeremy Pease, in his capacity as Deputy Chair of the Quality Committee, presented the Quality Committee highlight report arising from the meeting held on 11 April 2024. The Quality Committee had no new significant issues to alert the Board to.

14.2 The committee had received updates and assurance reports regarding three concerns, namely (a) progress to address identified issues with the management of controlled drugs, (b) Category 2 mean response times, and (c) management of the backlog of serious incident investigations.

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

BoD24/04/15	**People and Organisational Development Highlight Report**
15.1	Mandy Wilcock presented the People and Organisational Development highlight report. The NHS national staff survey results have been received, analysed, and circulated. The response rate was 51%, a significant improvement from the 34% achieved in the previous two years. A further paper will be provided for Board assurance focusing on key themes and actions being taken.
15.2	Recruitment and retention in the call handling centres remained a concern, particularly the continued high turnover and attrition relating to health advisor roles in the 111 call handling teams.
15.3	The New Operating Model programme had been completed and all new senior appointments were in place. The YAS Together workplace culture programme had progressed well with multiple elements coming to fruition. Initiatives such as Manage to Lead, the Team Charter, the Appreciation and Recognition Guide, and the Succession Planning Toolkit had been launched and well received.
15.4	Anne Cooper noted that although the staff survey results are positive the Trust still has areas to improve and encouraged the Executive Team to be ambitious with regard to the response to feedback from staff
15.5	**Resolved** The board noted the report.
BoD24/04/16	**People Committee Report**
16.1	Mandy Wilcock presented the People Committee report on behalf of Tim Gilpin. Recruitment and retention in call centres remained the key risk and was a particular concern to the committee. The next meeting would include a deep dive assurance review of progress regarding the IUC and EOC recruitment and retention improvement plans. It was noted the People Committee was yet to be adequately assured regarding the likely effectiveness and impact of these plans.
16.2	The 2024-25 Health and Wellbeing Plan and the 2024-27 Equality, Diversity and Inclusion Plan had been supported by the committee and both items were recommended for approval by the Trust Board at this meeting.
16.3	A key corporate risk related to visas and immigration, with a potential scenario in which the Trust loses its license to sponsor international clinicians. The committee was assured that appropriate action had been taken to strengthen the control framework in this area and to mitigate this risk.
16.4	**Resolved** The Board noted the report.
BoD24/04/17	**Audit and Risk Committee Report**
17.1	Andrew Chang, in his capacity of Chair of Audit and Risk Committee, presented the Audit and Risk Committee report relating to the meeting held on 16 April 2024. In doing so he observed that it was noticeable that risk and assurance matters being reported to committees and in other reports are consistent across agenda items and information source, and that this suggests that the Trust's risk and assurance processes include a good level of triangulation.

17.2	The Audit and Risk Committee had no new issues to alert the Board to.
17.3	The 2024/25 Internal Audit Plan had been approved, and the draft Head of Internal Audit Opinion had been received. Andrew Chang confirmed that after the meeting held on 16 April the committee had approved the 2024/25 Counter Fraud Plan.
17.4	Bishop Fleming, the Trust's new external auditors, had now commenced work and produced their audit plan, which had been approved.
17.5	**Resolved** The Board noted the report.

Mussarat Suleman and Nabila Ayub joined the meeting at 1300 hrs.

BoD24/04/18 18.1	**Staff Health and Well-Being Plans** **Staff Health and Well-Being Closing Report 2023/24**
18.2	Mussarat Suleman presented the closing report of the 2023/24 Staff and Health and Well-Being Plan. The plan comprised 13 priorities developed in consultation with stakeholders. The year-end position reported the completion of nine priorities, with three remaining in delivery and one not started. The three priorities in still in delivery would be completed during 2024/25.
18.3	The one priority that had not commenced related to the replacement well-being vehicle. This remained on hold due to funding constraints. However, use of the existing well-being vehicle would continue.
18.4	Adam Layland highlighted the impact of the health and well-being vehicles which also provide an excellent platform for staff engagement.
18.5	**Resolved** The Board noted the report and the continued progress.
BoD24/04/19 19.1	**Staff Health and Well-Being Plan 2024/25** Mussarat Suleman presented the 2024/25 Staff and Health and Well-Being Plan for approval. This plan comprised 11 priorities for based on two key themes: 'your health and well-being' and 'compassionate managers and leaders'.
19.2	Adam Layland reported that a significant number of Trust staff smoke regularly and he sought assurance regarding how the plan will encourage staff to adopt healthier lifestyles. Mussarat Suleman confirmed that the Trust had been working on smoking cessation with a public health consultant and will be running a national 'Stop and Swap' pilot scheme.
19.3	Jeremy Pease sought assurance regarding the communicating of the plan and how the Trust would embed staff well-being in all elements of its activity. Mussarat Suleman explained that the health and well-being team were seeking wider engagement opportunities and were working with the Quality Improvement team to develop approaches to measuring and improving reach and impact.

19.4	The Board sought assurance regarding the provision and impact of mental health support. It was explained that a specialist mental health worker would be joining the Trust in June to help further develop the work in this area. This will be monitored and assured via the People and Culture Group and the People Committee.
19.5	**Resolved** The Board noted the report and approved the 2024/25 Health and Wellbeing Plan.

BoD24/04/20	**Equalities, Diversity, and Inclusion Plan 2024/27**
20.1	Nabila Ayub presented the Equalities, Diversity, and Inclusion Plan for 2024/27. This three-year plan represented a move away from the previous annual plans. A three-year timeframe would help the Trust to plan and deliver more effectively and in a more strategic way with better alignment with the Trust Strategy and the strategic risks managed via the Board Assurance Framework.
20.2	Jeremy Pease sought assurance that the EDI work had appropriate links with the Freedom to Speak Up (FTSU) Guardians to pick up common themes. Nabila Ayub confirmed that although protected characteristics are not recorded as part of the FTSU reporting there is good liaison with the FTSU Guardians and that this was set to continue and strengthen.
20.3	Rachel Gillott sought assurance regarding opportunities for shared learning with ICBs and other partners. Nabila Ayub confirmed that there is engagement with ICBs and trusts, and that EDI plans and priorities in the acute and ambulance sectors have significant areas of commonality which are likely to provide opportunities for learning and shared approaches.
20.4	The Board indicated concern about the apparently low proportion of BAME colleagues in visible management positions. In particular, the Board sought assurance regarding the number of BAME colleagues working in contact centres and their progression to team manager roles. Nabila Ayub explained that generally speaking BAME applicants do not sell themselves as well as other applicants and agreed to liaise with the appropriate senior operational managers to address this issue further.
20.5	**Resolved** The Board: • Noted the progress made under the 2023/24 Equalities, Diversity and Inclusion Plan. • Approved the 2024/27 Equalities, Diversity, and Inclusion Plan. *Mussarat Suleman and Nabila Ayub left the meeting at 1335 hrs.*

BoD24/04/21	**System Partnership Quarterly Report**
21.1	Rachel Gillott introduced the System Partnership Quarterly report and drew attention to the following key highlights:

- Continued engagement with partners to promote the Trust Strategy
- Forward plans to be refreshed in this quarter.
- The new leadership arrangements had resulted in a closer internal focus at present whilst the new roles become established.
- Business plan priorities that require external contribution.

21.2 | Marc Thomas sought assurance regarding the planning guidance for integrated and single point of access for patients who contact both 999 and 111. Rachel Gillott confirmed there are pilot initiatives with EOC colleagues and a number of partners across the system that will provide additional capacity. Although this is underdeveloped and there are different models across three ICB areas, it is proving difficult to work with system partners to streamline into one single point of contact.

Resolved:

21.3 | The Board noted the assurance paper on System Partnership

BoD24/04/22 | **Governance Report**

22.1 | David O'Brien presented the Governance Report and drew attention to the following key highlights:

- Board Development Programme, two further workshops had been scheduled in June and November.
- Board size and composition: changes had been circulated including new attendance arrangements for Board meetings held in Private.
- Calendar of meetings: increased to 6 Board meetings held in Public.
- Board Net Zero Lead, Kathryn Vause has been nominated.
- Trust Standing Orders delegated expenditure limits: interim changes to accommodate recent changes in the Trust's management structure.

22.2 | **Resolved:**

1. The Board noted the developments in Board governance outlined in the report.

2. The Board approved:

- The proposal to increase the number of Board meetings held in public each year, from four to six.
- The designation of the Executive Director of Finance as the Trust's Board-level lead for net zero.
- The changes to the delegated expenditure limits set out in 2.5.

BoD24/04/24 | **Role of the Senior Independent Director**

24.1 | David O'Brien presented a paper on the role of the Senior Independent Director (SID) for information. It was explained that the role of the SID is to support the Trust Chair in leading the Board of Directors, acting as a sounding board and source of advice for the Chair.

24.2 | It was confirmed that the Trust's current SID is Anne Cooper.

24.3 | The information in the report would be incorporated into corporate governance guidance and will be included in the induction material for future Board positions.

24.4 | **Resolved:**
The Board noted the information regarding the role of Senior Independent Director.

BoD24/04/25 | **Any Other Business**
25.1 | There were no items of any other business.

BoD24/04/26 | **Risks**
26.1 | There were no additional risks raised for consideration of inclusion on risk registers of the Board Assurance Framework.

BoD24/04/27 | **Date and Time of Next Meeting**
27.1 | The next meeting is scheduled to take place on Thursday 30 May 2024.

The meeting closed at 1420 hrs.

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) Propose to close this as a Board action.	30/05/2024	**Completed**
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)	The risk has been reviewed and consolidated into a single risk with new wording. The new version will be included in risk reporting from June onwards.	30/05/2024	**Completed**
BoD24/04/13.5	25/04/2024	**Quality and Clinical Highlight Report** 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. Update to be provided to the Board regarding progress towards adherence with the Controlled Drugs policy.	MD (Dr Julian Mark)	Assurance regarding adherence with the Controlled Drugs Policy is provided to the Quality Committee (most recently at its meeting on 16 May). Relevant updates and escalations are provided to Board via the Quality Committee assurance report, and also via the Quality and Clinical Directorates update report. Propose to close this as a discrete Board action and continue to provide updates via the existing assurance and reporting routes.	30/05/2024	**Completed**

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

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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:
- Rough sleepers and homelessness patient experience project
- Enhanced support for people with hidden disabilities
- Celebrating HSJ digital shortlist
- Celebration of 10 years' certification to the international standard for business continuity at YAS
- YAS runs its first Resuscitation Council Advances Life Support (ALS) course
- New partnership in Bradford area to install community Public Access defibrillators
- Fairfields Project

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)
30 May 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. Rough sleepers and homelessness patient experience project

2.1 YAS Charity commissioned work alongside our community engagement and patient experience team to better understand the experience of rough sleepers using YAS services. The work has involved engaging with rough sleepers, colleagues and agencies in the Hull area to better understand how and why rough sleepers use our services and some of the barriers they face.

2.2 The project held a wrap-up event in April to hear the experiences and to learn about some of the findings from the project. A final report is being produced for YAS and partners to respond to and to share learning from patients experiencing homelessness across the region.

3. Enhanced support for people with hidden disabilities

3.1 The Trust has joined the Hidden Disabilities Sunflower network to better support our staff, volunteers and patients who have an invisible disability.

3.2 The Hidden Disabilities Sunflower symbol indicates to people that the wearer may need additional support, help or a little more time. By becoming a member of the initiative, we are committed to:

- ensuring that our staff and volunteers with a non-visible disability are, and feel supported and can access the help they need

- providing our staff and volunteers with training to enable them to better support colleagues and patients with invisible disabilities.

4. Celebrating HSJ digital shortlist

4.1 We have been shortlisted in the 'Generating Impact in Population Health Through Digital' category at this year's HSJ Digital Awards.

4.2 The annual awards recognise digital projects that transform care delivery, enhance efficiency, and improve patient outcomes - 343 entries were received this year. The Trust's Business Intelligence (BI) team's entry is for its Place-Based Population Health Management Analytics Tool for Ambulance and Integrated and Urgent Care.

4.3   Place-based reporting allows YAS to generate insights to better understand its population and its health needs, alongside the Trust's own data. The team presented to a judging panel on Thursday 2 May, before the winners are announced at the awards ceremony at Manchester Central on Thursday 6 June 2024.

5.   Celebration of 10 years' certification to the international standard for business continuity at YAS

5.1   YAS has successfully passed its 10-year audit of certification to the ISO 22301 standard for Business Continuity and Societal Security, having started this journey back in 2014.

5.2   This is a significant achievement as YAS remains the only UK ambulance service and one of a handful of NHS organisations to have achieved certification to ISO 22301.

6.   YAS runs its first Resuscitation Council Advanced Life Support (ALS) course Congratulations to all those who took

6.1   Congratulations to all those who took part in the first Resuscitation Council UK (RCUK) Advanced Life Support (ALS) course run by YAS on 10 and 11 April. Led by Dr Jerry Morse (course director) and Dr Andy Pountney (course medical director), the training was supported by a multi-disciplinary faculty including a large cohort of paramedics.

6.2   16 YAS paramedics attended the two-day course which takes students through the key theoretical and practical aspects of providing ALS and culminates in a practical assessment and a multiple-choice question examination. As this was the first course YAS has run, an RCUK regional representative was on hand to review the training and, following excellent feedback, YAS has been signed off as an accredited ALS centre for the next four years.

7.   New partnership in Bradford area to install community Public Access defibrillators

7.1   The [Yorkshire Ambulance Service Charity](#) has announced the launch of a new scheme supporting communities in Bradford to install defibrillators in their local area.

7.2   Generously funded by Bradford Central Lions Club CIO and Bradford Council, the Bradford cPAD Scheme has been provided with £20,000 to install up to 40 new community Public Access Defibrillators (cPADs) in the Bradford area.

7.3   The Yorkshire Ambulance Service Charity is supporting the scheme by providing the defibrillators and secure cabinets, helping communities with their own fundraising and ensuring that those areas most in need of a cPAD are prioritised. YAS can also provide free training sessions to communities on how to use the defibrillator once installed.

8.   Fairfield Project

8.1   Volunteers from YAS Charity, Starbucks, Hubbub and NHS Charities Together planted over 100 trees and 50 plants at our site in York.

8.2   Despite the very wet day, everyone worked hard and had a rewarding day out in nature. Our Fairfields Project is only possible thanks to a grant from the Greener Communities Fund which is a partnership with NHS Charities Together & Hubbub funded through the Starbucks 5p cup charge.

9.   Recommendation

9.1   It is recommended that the Board:

- Note the Chief Executive's Report

Meeting Title: Board of Directors (held in pubic)
Meeting Date: 30 May 2024
Agenda Item: 2.1

Report Title	Trust Priorities 2024-25
Author (name and title)	Peter Reading, Chief Executive
Accountable Director	Peter Reading, Chief Executive
Previous committees/groups	Trust Board in Private meeting 25.4.24 (discussion) TEG 22.5.24 Finance & Performance Committee 23.5.24 (verbal)
Recommended action(s) Approval, Assurance, Information	Approval
Purpose of the paper	The purpose of the report is for the Trust Board to approve the 9 Trust Priorities for 2024-25.
Recommendation(s)	The Trust Board is asked to approve the 9 Trust Priorities and make a commitment to the Trust's patients, staff and stakeholders to deliver these in 2024-25.

Executive summary (overview of main points)

Yorkshire Ambulance Service (YAS) has developed 9 Priorities for the Trust to deliver in 2024-25 as part of its five-year programme to deliver its four Strategic Ambitions, as defined in the 2024-2029 YAS Strategy.

The Trust Board is asked to approve the 9 Trust Priorities for 2024-25.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	All
	Our People	All
	Our Partners	All
	Our Planet and Pounds	All
Link with the BAF Include reference number (board and level 2 committees only)	3a	

Board of Directors (held in Public)
Trust Priorities 2024-25
30 May 2024

1.   Trust Priorities for 2024-2025: Yorkshire Ambulance Service's commitment to its patients, staff, and stakeholders

1.1   Yorkshire Ambulance Service's (YAS's) task is to deliver high-quality, safe patient care, support and develop its workforce, and collaborate effectively with partners to improve healthcare outcomes. To achieve this, as part of its five-year Strategy, the Trust Executive Group (TEG) has identified 9 Trust Priorities on which to focus its efforts in 2024-25. The Trust Board is asked to approve these 9 Trust Priorities and make a commitment to the Trust's patients, staff, and stakeholders to deliver these in 2024-25.

1.2   The Trust's Business Plan (presented next on the agenda for this Board meeting) has been developed to support the delivery of these Trust Priorities.

2.   Proposed Trust Priorities for 2024-25

2.1   The following 9 Priorities are proposed:

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

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

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

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

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

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

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

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

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

3.   Supporting Business

3.1   While the main efforts of the Trust will be focused on these 9 Trust Priorities, the Trust will also continue to support work in the following important areas:

- **Emergency Preparedness, Resilience and Response** - implementing the Manchester Arena inquiry recommendations if the required funding (revenue and capital) is made available from external sources.

- Addressing **health inequalities**, improving population health outcomes, and delivering on the Core20PLUS5 approach.

- Continuing to utilise and develop the use of **digital technology** to support and improve patient care, including investment in development of an iPad-based **ePR application** for A&E crews in 2024/25.

- **Environmental sustainability**, with continuing efforts to tackle climate change and progress towards net zero.

- **Improving the Estate** by creating options for new ambulance stations in Scarborough and Hull which reflect escalating building costs and available capital and implementing (within resource availability) a planned maintenance and refurbishment programme to support service delivery and staff wellbeing.

4.   Conclusion

4.1   YAS's 9 Trust Priorities, aligned to the Trust Strategy, demonstrate a comprehensive commitment to improving patient care, investing in staff, collaborating with partners and ensuring financial sustainability.

4.2   By delivering these 9 Priorities in 2024-25, through agreed workstreams monitored through the performance process, YAS will enhance care and service delivery, support the workforce, contribute to better healthcare outcomes for the communities YAS serves, ensuring financial sustainability and contributing to a balanced system financial position.

5.   Recommendation

5.1   The Trust Board is asked to approve the 9 Trust Priorities and make a commitment to the Trust's patients, staff and stakeholders to deliver these in 2024-25.

Meeting Title: Board of Directors (held in public)
Meeting Date: 30 May 2024
Agenda Item: 2.1i

NHS
Yorkshire
Ambulance Service
NHS Trust

Report Title	Business Plan 2024-25
Author (name and title)	Carol Weir, Director of Strategy, Planning & Performance
Accountable Director	Carol Weir, Director of Strategy, Planning & Performance
Previous committees/groups	Trust Board in Private meeting 25.4.24 (discussion) TEG 22.5.24 Finance & Performance Committee 23.5.24 (verbal)
Recommended action(s) Approval, Assurance, Information	Provisional Approval
Purpose of the paper	The purpose of the paper is to present the draft Business Plan 2024-25.
Recommendation(s)	It is recommended that the Trust Board provisionally approves the draft Business Plan 2024/25, subject to final approval of the Financial Plan. A separate extraordinary Board meeting will be convened to agree the Financial Plan.

Executive summary (overview of main points)

Delivery of the 2024-2029 Trust Strategy is through the Annual Business Plan, which details the in-year priorities against the strategic ambitions and defines the actions that the organisation will take each year to deliver the Strategy and four bold ambitions – Our Patients, Our People, Our Partners, and Our Planet and Pounds.

This 2024-25 Annual Business Plan outlines key priorities for YAS and commitments to patients, staff, and partners for the 2024-25 financial year.

The plan delivers on the NHS England (NHSE) Operating Plan 2024-25 and the first year of the YAS Trust Strategy 2024-29, aligned to the three Integrated Care Board Joint Forward Plans, and local Place priorities in the context of system-wide financial challenges, to provide and coordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all YAS patients can have the best possible experience and outcomes through great care, great people and great partners.

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	All
	Our People	All
	Our Partners	All
	Our Planet and Pounds	All
Link with the BAF Include reference number (board and level 2 committees only)	3a	

(Draft) Yorkshire Ambulance Service 2024-2025 Annual Business Plan

Table of Contents

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

Our Patients: To improve safety and quality for patients.

(1) Improve Response including Category 2:

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

(2) Strengthen Quality and Safety:

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

(3) Deliver Integrated Clinical Assessment:

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

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

(4) Deliver Workforce Plans:

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

(5) Improve Health, Wellbeing and Safety:

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

(6) Culture, Equality, Diversity and Inclusion:

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

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

(7) Partnership working to improve response:

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

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

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

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

(9) Optimise fleet availability & performance:

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

YAS's Business Plan supports the ongoing strategic focus on:

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

				refurbishment programme to support service delivery and staff wellbeing.

Introduction

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

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

Purpose of the 2024-2025 Business Plan

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

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

The Golden Thread
Strategy, Planning and Performance

- YAS STRATEGY (2024-2029)
- NHSE PLANNING GUIDANCE (2024-2025)
- INTEGRATED CARE BOARD JOINT FORWARD PLANS AND LOCAL PLACE PRIORITIES
- YAS ANNUAL BUSINESS PLAN (2024-2025)
- PERFORMANCE REVIEW AND IMPROVEMENT PROCESS

YAS 2024-25 Business Plan Objectives and Key Workstreams

Our Patients: To improve safety and quality for patients.

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

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

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

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

What YAS will do to improve what by March 2025:

Our Patients: To improve safety and quality for patients.

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

Key Workstreams:

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

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

Maximise Efficiency:
- Reduce crew clear times
- Improve productivity around meal break management
- Develop a future operating model

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

Key Workstreams:
- Implement the Patient Safety Incident Response Framework (PSIRF)
- Increase Quality Improvement training Trust-wide
- Embed Clinical Supervision
- Improve Medicines Governance

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

Key Workstreams:
- Deliver an Integrated Clinical Assessment Service

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

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

Key Workstreams:
- Achieve the workforce plan (recruitment and retention)
- Implement IUC and EOC Improvement Programmes
- Implement international recruitment for Clinicians in IUC
- Implement the training plan

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

Key Workstreams:
- Embed Body Worn Cameras
- Improve absence management and reduce sickness absence
- Implement Mental Health First Aid Training
- Improve appraisal and career conversation compliance

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

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

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

(7) Partnership working to improve response:
YAS will further embed partnership working and system collaboration, with a particular focus on working with acute partners on handover delays and Place partners on appropriate clinical pathways for patients**.**

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

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

(8) Effective use of Resources, Efficiencies and Value for Money:
YAS will deliver a balanced break-even financial plan and drive more effective use of resources, through implementing a structured productivity and cost improvement programme.

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

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

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

The Business Plan supports the ongoing strategic focus on:

➢ **Emergency Preparedness, Resilience and Response**, implementing the Manchester Arena inquiry recommendations if the required funding (revenue and capital) is made available.

➢ Addressing **health inequalities**, improving **population health outcomes** and delivering on the Core20PLUS5 approach.

➢ Continuing to utilise and develop the use of **digital technology** to support and improve patient care, including investment in development of an iPad-based ePR application for A&E crews in 2024-25.

➢ **Environmental sustainability**, with continuing efforts to tackle climate change and progress towards net zero.

➢ Improving the **Estate** by creating options for new ambulance stations in Scarborough and Hull which reflect escalating building costs and available capital and implementing (within resource availability) a planned maintenance and refurbishment programme to support service delivery and staff wellbeing.

Workforce

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

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

2024-25 Workforce Plan

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

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

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

Financial Plan

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

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

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

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

YAS Values

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

YAS Together Programme

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

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

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

Care Together	Lead Together	Grow Together	Excel Together	Everyone Together
We deliver quality, person-centred care, collectively supporting patients, families and our own people	We ensure leaders have the development and opportunity to empower others, and set the tone for collaborative and inclusive working	We give our people opportunities to learn and progress as individuals, and in their roles and careers	We find ways to improve and innovate, relentlessly pursuing excellence in what we do	We celebrate our diverse contributions and strive for an inclusive, respectful and compassionate culture

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

Supporting and Transforming YAS's Workforce

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

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

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

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

workplace has been shown to positively influence staff wellbeing, engagement and retention and is also one of the seven elements of the NHS People Promise, 'we are recognised and rewarded'.

System and Stakeholder Engagement to deliver the Business Plan

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

Risk Management

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

Measuring Success

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

Conclusion

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

2024/25 Annual Business Plan

Board in Public 30.05.24

Peter Reading

Chief Executive

The Golden Thread

Strategy, Planning and Performance

- YAS STRATEGY (2024-2029)
- NHSE PLANNING GUIDANCE (2024-2025)
- INTEGRATED CARE BOARD JOINT FORWARD PLANS AND LOCAL PLACE PRIORITIES
- YAS ANNUAL BUSINESS PLAN (2024-2025)
- PERFORMANCE REVIEW AND IMPROVEMENT PROCESS

9 Priorities: YAS commitments to patients, staff and stakeholders
What YAS will do to improve what by March 2025

NHS
Yorkshire Ambulance Service
NHS Trust

For Our Patients:

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

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

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

9 Priorities: YAS commitments to patients, staff and stakeholders
What YAS will do to improve what by March 2025

NHS
Yorkshire Ambulance Service
NHS Trust

For Our People:

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

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

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

9 Priorities: YAS commitments to patients, staff and stakeholders
What YAS will do to improve what by March 2025

NHS
Yorkshire Ambulance Service
NHS Trust

For Our Partners:

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

For Our Planet & Pounds:

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

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

YAS 2024-2025 Annual Business Plan

NHS Yorkshire Ambulance Service NHS Trust

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

Our Patients: To improve safety and quality for patients.

(1) Improve Response including Category 2	(2) Strengthen Quality and Safety	(3) Deliver Integrated Clinical Assessment

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

(4) Deliver Workforce Plans	(5) Improve Health, Wellbeing and Safety	(6) Culture, Equality, Diversity and Inclusion

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

(7) Partnership working to improve response

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

(8) Effective use of Resources, Efficiencies and Value for Money	(9) Optimise fleet availability and performance

YAS's Business Plan supports the ongoing strategic focus on:

Emergency Preparedness, Resilience and Response	Addressing health inequalities	Digital technology	Environmental sustainability	Improve the Estate

Meeting Title: Board of Directors (Public)
Meeting Date: 30 May 2024
Agenda Item 3.1

Report Title	**Risk and BAF Report**
Author (name and title)	David O'Brien, Director of Corporate Services and Company Secretary Levi MacIness, Risk and Assurance Manager
Accountable Director	David O'Brien, Director of Corporate Services and Company Secretary Dave Green, Executive Director of Quality and Chief Paramedic
Previous committees/groups	Information presented in this paper has been reported to multiple governance groups during March, April and May 2024: • Risk and Assurance Group • Trust Executive Group • Audit and Risk Committee • People Committee • Quality Committee • Finance and Performance Committee
Recommended action(s) Approval, Assurance, Information	Information and assurance
Purpose of the paper	This paper: • Reports recent material changes to corporate risks. • Highlights areas of emerging risk. • Summarises the 2023/24 BAF year-end position. • Presents draft 2024/25 strategic risks (new BAF). • Presents the timeline for completing the new BAF
Recommendation(s)	The Board is asked to note: 1. Two new corporate risks. 2. Three areas of emerging risk, one of which has been mitigated. 3. The year-end position for the 2023/24 BAF 4. Proposed strategic risks for inclusion in the new BAF 5. The development timeline for the new BAF

Executive summary (overview of main points)

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1. Two new corporate risks have been opened:

- Risk 599: Safeguarding Referrals to Local Authorities (15, high risk)
- Risk 598: Transportation of Neonates Weighing Less Than 2.5kg (12, moderate risk)

2. Three areas of emerging risk are reported:

- International Nurses' Registration
- Idling Vehicles
- National Minimum Wage

3. A summary of the year-end position for the 2023/24 BAF is reported in section 3.7

- The full year-end BAF document has been circulated in the supporting papers for this meeting.

4. A draft set of 2024/25 strategic risks is presented

- These will form the basis of the new Board Assurance Framework, albeit with further refinement

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Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	All strategic ambitions
	Our People	
	Our Partners	
	Our Planet and Pounds	
Link with the BAF Include reference number (board and level 2 committees only)	All BAF strategic risks	

Board of Directors (in Public)
30 May 2024
Risk and BAF Report

1.   PURPOSE

1.1   This paper:

- Reports recent material changes to the Corporate Risk Register
- Highlights areas of emerging risk.
- Summarises the 2023/24 BAF year-end position.
- Presents draft 2024/25 strategic risks.
- Presents the timeline for completing the new BAF.

1.2   Note that the report format is substantially changed from previous risk reporting, with additional information and presentational enhancements in appendices including use of the 'WHAT / SO WHAT / WHAT NEXT' assurance structure.

2.0   CONTEXT

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

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

3.0   CORPORATE RISKS

3.0.1   The Corporate Risk Register is reviewed by the Risk and Assurance Group (RAG) monthly. It comprises all risks that have a current risk score of **12 or above** (based on the criteria found in the Trust's risk evaluation matrix). The Corporate Risk Register for May 2024 is issued separately as supporting material for this meeting.

3.0.2   The greatest individual corporate risk is as follows:

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

Persistent and serious handover delays, and the risk exposures associated with these, are not uniformly present across the Trust's footprint. This risk has been disaggregated to reflect the position in different operational areas, and the disaggregated risk will be reflected in future risk reporting.

3.1 NEW CORPORATE RISKS

3.1.1 Two new corporate risks have been opened:

- Risk 599: Safeguarding Referrals to Local Authorities (15, high risk)
- Risk 598: Transportation of Neonates Weighing Less Than 2.5kg (12, moderate risk)

3.1.2 **Appendix A** presents more detailed information about these risks.

3.2 EXISTING CORPORATE RISKS THAT HAVE INCREASED

3.2.1 Three existing corporate risks have been increased in score:

- Risk 105: Operational Performance (increased from 12 to 20, high risk)
- Risk 432: 4Cs and PALS Demand (increased from 16 to 20, high risk)
- Risk 588: Visas and Immigration (increased from 12 to 15, high risk)

3.2.2 **Appendix B** presents more detailed information about these risks.

3.3 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

3.3.1 Two risks have been reduced in score but remain on the Corporate Risk Register:

- Risk 447: Safeguarding Team capacity (reduced from 20 to 12, moderate)
- Risk 561: CDEL Lease Notification (reduced from 16 to 12, moderate risk)

3.3.2 **Appendix C** presents more detailed information about the above risks.

3.4 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

3.4.1 Twelve risks have been de-escalated from the Corporate Risk Register. These remain open and are managed via local risk registers:

- Risk 394: ePR Phase 3. Clinical Product Owner and Clinical Safety Officer
- Risk 508: Health IT Clinical Safety Requirements (DCB0129 and DCB016)
- Risk 542: High Risk Vulnerabilities
- Risk 471: Operational Compliance - Road Traffic Act
- Risk 441: Domestic Abuse Response to Patients and Staff
- Risk 50: Immunity Screening, Vaccination and Health Surveillance

- Risk 338: Initial Operational Response Training
- Risk 503: Counter Fraud - Entitlement to Pay and Enhancements
- Risk 504: Counter Fraud - Payment for Secondary Employment
- Risk 505: Counter Fraud - Bribery and Corruption (Tenders and Contracts)
- Risk 290: Fire Doors

3.4.2 **Appendix D** presents more detailed information about these risks.

3.5 CLOSED RISKS

3.5.1 Four corporate risks have been closed:

- Risk 436: EOC Call Backs (Dropped Calls from Mobile Phone Numbers)
- Risk 541: ESR Average Pay Module (Substantive Staff with Bank Assignments)
- Risk 537: Executive Team Stability
- Risk 502: Counter Fraud - Unsolicited and Malicious Email

3.5.2 Risk 502 regarding counter fraud implications of unsolicited and malicious email has been closed as a stand-alone risk and merged with two other risks that cover similar subject matter. The new risk is below the corporate risk threshold.

3.5.3 **Appendix E** presents more detailed information about these closed risks.

3.6 EMERGING RISKS

3.6.1 The following areas of emerging risk have been identified:

1. International Nurses' Registration

The Trust identified four international nurses who had been working in NHS111 without full registration with the Nursing and Midwifery Council (NMC) and so technically were not eligible to work in a clinical role in the United Kingdom. These recruits are qualified nurses in their home country, have completed all relevant internal and external training, and have successfully met the requirements for NMC and NHS Pathways licences. All had successfully completed a period of direct supervision and none had left the training environment. The immediate risk has been mitigated and this will not be opened as a new corporate risk.

2. Idling Vehicles

Potential risk has been identified regarding idling vehicles, such as ambulances waiting outside emergency departments. The potential risk has multiple dimensions: the environmental and financial impact of fuel consumption; the impact on the vehicle itself, including potential for engine fire; and the impact on the health of patients and staff from diesel fumes and other particulates. A health and safety risk assessment is being carried out and the outcome of this will be reported back to the Risk and Assurance Group in the first instance. A plan is being developed to reduce unnecessary idling.

3. National Minimum Wage

The increase in National Minimum Wage effective from 01 April 2024 has resulted in some staff who participate in salary sacrifice schemes receiving a level of pay that is below the National Minimum Wage. Around 70 staff are affected at this stage. There is a risk of HMRC penalties, legal process and potential prosecutions, and the Trust is seeking legal advice. The Trust is exploring mitigation options, including the potential to extend the duration of the salary sacrifice agreements of the affected individuals. This would reduce their monthly repayments and thereby restore their pay to a level above the National Minimum Wage threshold. In addition, it is expected that the 2024/25 NHS pay award (anticipated to be around 2%) would lift all but a handful of staff back above the National Minimum Wage threshold.

3.7   2023/24 BOARD ASSURANCE FRAMEWORK

3.7.1   The Board Assurance Framework (BAF) presents the key areas of strategic risk associated with the Trust's ambitions. It also sets out the key control and assurance developments required to mitigate these risks, and the most important actions associated with these. The year-end version of the 2023/24 BAF is issued separately as supporting information for this meeting. Note that 2024/25 is a transitional period as the Trust moves towards adoption of a new BAF. During this period the existing strategic risks remain valid. Management of these risks will continue to provide the Board with assurance regarding its strategic risk exposures.

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

3.7.3   At its meetings on 28 March and 14 May the People Committee discussed the following areas of strategic risk in the BAF:

- Risk 2a: Clinical Workforce Capacity

- Risk 2b: Staff Physical and Mental Well-Being

- Risk 2c: Positive and Inclusive Workplace Culture

Areas of BAF risk and mitigations discussed by the committee are reported in the People Committee risk assurance report to the Audit and Risk Committee and are reported in the People Committee reports to meetings of the Trust Board

3.7.4   At its meetings on 08 February, 11 April and 16 May the Quality Committee discussed the following areas of strategic risk in the BAF:

- Risk 1a: High quality care in 999/A&E operations (oversight shared with the Finance and Performance Committee)

- Risk 1b: High quality care in Integrated and Urgent Care / NHS111 services (oversight shared with the Finance and Performance Committee)

- Risk 1c: High quality care in the Patient Transport Services (oversight shared with the Finance and Performance Committee)

- Risk 3b: Ability to influence and respond to change in the wider health and care system (the relevant areas of oversight are Quality Improvement and system-wide patient safety and clinical developments)

- Risk 4b: Technology and cyber security developments (Information Governance elements)

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

3.7.5   At its meetings on 08 February, 07 March, 23 April, and 23 May the Finance and Performance Committee discussed the following areas of strategic risk in the BAF:

- Risk 1a: High quality care in 999/A&E operations (oversight shared with the Quality Committee).

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

- Risk 1c: High quality care in the Patient Transport Services (oversight shared with the Quality Committee).

- Risk 3b: Climate change and other business continuity threats.

- Risk 4a: Plan, manage and control Trust finances effectively.

- Risk 4b: Key technology and cyber security.

- Risk 4c: Infrastructure: estates and fleet.

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

Year-End Position

3.7.6   Risk exposures increased during the year 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 did not achieve the average Category 2 response time target of 30 minutes for 2023/24. Handover delays overall have reduced compared to last year but have remained critical at some sites, with a significant impact on patient safety. New mitigations have been developed with system partners, including 45-minute handover protocols at targeted sites. The Trust has implemented an alternative response plan to improve the management of the Category 2 calls, and NHS England has asked the Trust to consider multiple additional mitigations as part of an 'in extremis' plan to improve response times.

3.7.7 A significant area of concern during the year related to staffing levels. While the overall position is complex and mixed, there have been well-documented shortfalls in some areas of recruitment and notable retention issues affecting health advisers in 111/IUC. Although recruitment and onboarding rates have improved, full-year staffing targets in key areas were not all met. These staffing issues presented operational and patient safety risks.

3.7.8 Failure to achieve planned staffing levels on the scale experienced during 2023/24 presented financial and reputational risk to the Trust in the form of a significant budget surplus. An NHSE exercise in Month 7 relating to financial challenges resulting from industrial action required trusts to set revised financial plans and performance trajectories. As part of this exercise the Trust agreed a £14m reduction to income for 2023/24 to offset pay underspends generated by recruitment and retention issues. Planned income was reduced from £407m to £392m. This has been transacted via a non-recurrent contract variation and budgets have been realigned to reflect this income and expenditure reduction. The Trust reported a small year-end surplus on its revised budget.

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

3.8 2024/25 STRATEGIC RISKS

3.8.1 As part of the work to construct a new Board Assurance Framework a draft set of strategic risks has been developed. The proposed strategic risks align with the bold ambitions and priorities set out in the Trust Strategy. The proposed risks cover the following areas (note that the precise wording is subject to refinement):

1. Our Patients

- Ability to deliver better, faster, and more appropriate access to care.
- Ability to support patient flow across the healthcare system.
- Ability to strengthen quality governance and medicines management.
- Ability to develop and maintain effective emergency preparedness, resilience, and response arrangements.

2. Our People

- Ability to develop and sustain an open and positive workplace culture.
- Ability to support staff health and well-being effectively.
- Ability to deliver and sustain improvements in recruitment and retention.
- Ability to deliver and sustain improvements in leadership and staff training and development.

3. Our Partners

- Ability to act as a collaborative, integral, and influential system partner.
- Ability to collaborate effectively to improve population health and reduce health inequalities.

4. Our Planet and Pounds

- Ability to secure sufficient revenue resource and use it wisely to ensure value for money.
- Ability to secure sufficient capital resource and use it wisely to ensure value for money.
- Ability to deliver safe and effective digital technology developments and cyber security arrangements.
- Ability to respond responsibly and effectively to climate change.

3.8.2   **Appendix F** sets out the proposed strategic risks in more detail, and structures them using both the Trust's established method of articulating risk ('IF…THEN…RESULTING IN') and the assurance model (WHAT? / SO WHAT? / WHAT NEXT?). Appendix F also sets out initial key areas for development in each area of risk. Detailed 2024/25 mitigation actions will follow as the new BAF is populated.

3.8.3   The proposed timeline for completion of the new BAF is as follows:

30 May: proposed strategic risks reported to Trust Board.

20 June: Board Strategic Forum, walk-through of new BAF design / format.

Late June / early July: Fully populated BAF to TEG and Assurance Committees.

16 July: Fully populated new BAF to Audit and Risk Committee.

25 July: Fully populated new BAF to Trust Board for approval and go-live.

4.   FINANCIAL IMPLICATIONS

4.1   This report has no direct financial implications.

5.   RISK

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

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

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

6. RECOMMENDATIONS

6.1   The Board is asked to note:

1. Two new corporate risks.

2. Three areas of emerging risk, one of which has now been mitigated.

3. The year-end position for the 2023/24 BAF.

4. Proposed strategic risks for inclusion in the new BAF.

5. The development timeline for the new BAF.

7. SUPPORTING INFORMATION

The Corporate Risk Register (May 2024) and the 2023/24 Board Assurance Framework (Year-End) are issued separately in the information pack to support this meeting.

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

Levi MacInnes
Risk and Assurance Manager

May 2024

APPENDIX A: NEW CORPORATE RISKS

NEW CORPORATE RISK 1	
Reference	599
Title	Safeguarding Referrals to Local Authorities
Committee	Quality Committee
Directorate	Quality and Professional Standards
Business Area	Safeguarding
Risk Owner	Vicky Maxwell-Hobson, Head of Safeguarding
BAF Link	3b, Wider Health and Care
Context	The Trust has received adverse feedback from local authority partners regarding the quality and completeness of information provided to support safeguarding referrals. This presents a risk of harm in that vulnerable patients might not be safeguarded in an adequate or timely manner.

Opening Score	Current Score	Target Score
15 (High Risk)	15 (High Risk)	4 (Low Risk)

FULL RISK DESCRIPTION		
WHAT	If…	The safeguarding referrals leaving the organisation do not contain high quality information and correct details.
	Then…	Social care partners will not be able to review and triage them correctly.
SO WHAT	Resulting in…	Patients not getting help promptly and being at risk of further harm or abuse.
WHAT NEXT	Key Mitigation Actions	Review of the process with relevant teams to be undertaken as part of initial assessment of risk and to identify actions.

NEW CORPORATE RISK 2	
Reference	598
Title	Transportation of Neonates Weighing Less than 2.5kg
Committee	Quality Committee
Directorate	Quality and Professional Standards
Business Area	Health and Safety
Risk Owner	Shelley Jackson, Health and Safety Manager
BAF Links	2b, Staff Health and Well Being
Context	A specialist paramedic in maternity care has advised that equipment used by the Trust (the 'redvac harness') is unsuitable for neonates weighing less than 2.5kg. This presents a risk of patient harm as ambulances might not be able to safely transport small and premature babies.

Opening Score	Current Score	Target Score
12 (Moderate Risk)	12 (Moderate Risk)	4 (Low Risk)

FULL RISK DESCRIPTION		
WHAT	If…	The Trust does not have suitable equipment to transport neonates weighing less than 2.5 kg who require ongoing care and support in an ambulance.
	Then…	Dual Crewed Ambulances will be unable to safely transport small and premature newborns who are unwell.
SO WHAT	Resulting in…	Potential harm to patients plus non-compliance with regulatory requirements and subsequent financial and reputational harm.
WHAT NEXT	Key Mitigation Actions	A temporary adaptation method has been devised and will be rolled out through newborn life support clinical refresher training. Trials with prototypes underway for permanent solution, timeframe to be confirmed.

APPENDIX B: EXISTING CORPORATE RISKS THAT HAVE INCREASED

Ref	Title	Area	WHAT	SO WHAT	Change From	Change To	Rationale	WHAT NEXT	
105	Operational Performance	A&E Ops	IF there is an increase in demand across the A&E Operations service THEN there may be excessive response times	RESULTING IN a potential risk to patient safety	12	20	Risk escalated in February based on the increased acuity of patients, reduction in available resources, increased delays at hospital, and longer waits for Category 2 patients resulting in increased risk of potential patient harm.	Appetite/Target:	5
432	4C and PALS demand	Quality	IF the Trust do not manage existing incoming demand of 4C and PALs enquiries and continue receiving them at current levels THEN the patient relations and wider Trust capacity to support the investigations and responses will see further delays	RESULTING IN failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies, delays to the identification of issues and learning further impacting patient safety.	16	20	Demand and caseloads continue to increase as capacity within the patient relations team has reduced, increasing the likelihood of the Trust failing to meet statutory requirements	Appetite/Target:	6
588	Visas and Immigration	People and OD	IF the Trust does not have systems and processes in place to robustly manage non-UK residents THEN the Trust could face significant reputation as well as financial penalties	RESULTING in the withdrawal of our UKVI license to be able to sponsor international applicants	12	15	This risk was initially identified following a single reported incident. However, further investigation identified multiple breaches	Appetite/Target: The breaches have been reported to the Home Office. The Trust is working with a subject matter expert to resolve the position. Good progress has been made and the risk	3

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT
					From	To		
					   	 		is expected to be reduced imminently.

APPENDIX C: CORPORATE RISKS THAT HAVE REDUCED BUT REMAIN ON THE CORPORATE RISK REGISTER

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
447	Capacity within the Safeguarding team to deliver core statutory requirements	Quality	IF the capacity of the safeguarding team remains as it is and if the increased service demand around statutory reviews, child deaths and social care enquiries for Section 42 and Section 47 remains. THEN potential failure to meet these requirements will exist.	RESULTING IN the Trust being unable to give assurance that it is meeting its statutory safeguarding obligations as a provider Trust and will result in a delay in providing information and professional analysis and opinion to multi agency partners, with potential implications for patient safety and staff wellbeing.	20	12	Additional staff now in post. The workload remains busy the additional capacity is reducing the pressure	Appetite/Target: Capacity and workload will continue to be monitored. The risk remains on the corporate risk register.	4
561	CDEL Lease Notification	Finance	IF the CDEL (Capital Departmental Expenditure Limit) is not notified in a timely way THEN the Trust may have already committed to lease agreements and so risk breaching the CDEL, in future years, and reputational damage.	RESULTING in failure to meet the statutory duty to remain within financial limits, increased scrutiny and oversight from NHSE, loss of management controls, requirement to manage CDEL at ICB level (other Trusts may need to scale back their capital plans to offset our overspends), reduction to funding .	16	12	The risk remains relevant for 2024/25 as the value of the expenditure limit is currently unknown. However, the level or uncertainty is lower than last year because the 2023/24 expenditure limit provides an indication for the Trust to work to.	Appetite/Target The risk will continue to be reviewed within finance with a view to further reductions or closure once the 2024/25 limit is confirmed. The risk remains on the corporate risk register.	4

APPENDIX D: RISKS THAT HAVE BEEN DE-ESCALATED FROM THE CORPORATE RISK REGISTER

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
394	ePR Phase 3. Clinical product owner and clinical safety officer	ICT	IF there is no capacity within the Trust to provide clinical ownership and input for the YAS ePR application and no assigned Clinical Safety Officer THEN it may not be possible to confirm clinical requirements for new functionality and obtain clinical safety sign-off	RESULTING IN delay or cessation of new functionality release.	12	8	A Clinical Safety Officer has been appointed and will support ePR development	Appetite/Target	4
								The risk will be managed via the local risk register, with a view to closure	
508	Health IT Clinical Safety requirement DCB0129 and DCB016	Clinical	IF Health IT Clinical Safety requirement DCB0129 and DCB0160 is not implemented and resourced sufficiently THEN the Trust will not be compliant which is mandatory under the Health and Social Care Act 2012	RESULTING IN Risk to patient safety and non-compliance with statutory requirements.	12	8	A Clinical Safety Officer has been appointed and will support compliance with Health IT Clinical Safety requirements	Appetite/Target	4
								The risk will be managed via the local risk register, with a view to closure.	
542	High Risk Vulnerabilities	ICT	IF a threat actor can successfully exploit a vulnerability THEN they could gain unauthorised access to a system or information	RESULTING IN a potential to further damage the Trust ICT environment, reputational damage and operational consequences.	12	8	High and medium priority improvement actions identified as part of an assessment are now complete.	Appetite/Target	4
								Work will continue to complete outstanding lower priority actions.	
471	Operational Compliance - Road Traffic Act (RTA)	A&E Ops	IF A&E Operations do not implement protocols/measures to achieve RTA Compliance	RESULTING IN Financial impact and reputational damage.	12	8	Upgrades to vehicle equipment have been implemented to meet the RTA requirements.	Appetite/Target	4
								The risk will be managed via the local risk register, with a view to closure.	

Ref	Title	Area	WHAT	SO WHAT	Change From	Change To	Rationale	WHAT NEXT	
			THEN A&E Crews not following these guidelines maybe in breach of the RTA introduced in 2018						
441	Domestic Abuse – response to patients and staff	Quality	IF the Trust response to domestic abuse is not reviewed to reflect the Domestic Abuse Bill 2021 and to incorporate the learning identified from internal and external review and audit THEN YAS will be failing in its statutory duty to identify and support victims and perpetrators of domestic abuse.	RESULTING IN patient or staff harm due to lack of intervention and information sharing, and financial impact/business continuity concerns for the Trust due to staff absence, poor performance in work, attrition for victims of domestic abuse.	15	9	A specialist domestic abuse role has been recruited to the Safeguarding team and will support delivery of the required improvements'	Appetite/Target Ongoing delivery of the safeguarding workplan. The risk will be managed via the local risk register.	5
50	Immunity screening and vaccination and health surveillance	People and OD	IF YAS staff are not comprehensively screened and immunised by Occupational Health THEN they may contract and spread infectious diseases	RESULTING IN potential harm to staff and patients	12	9	The number of staff with no details recorded continues to decline following contact with the vaccination programme lead and line managers.	Appetite/Target Work to Work to record staff details will continue. The risk will be managed via the local risk register	4
338	Initial Operational Response (IOR) Training	A&E Ops	IF IOR training is not undertaken by >/=95% of operational and call-handling staff THEN YAS will be non-compliant with Standard B13:	RESULTING IN a lack of awareness of the appropriate initial action to be taken in the event of a chemical incident.	12	9	Compliance with the new training package has increased.	Appetite/Target Work to increase training compliance will continue. The risk will be managed via the local risk register	1
503		Finance			15	6		Appetite/Target	4

Ref	Title	Area	WHAT	SO WHAT	Change From	Change To	Rationale	WHAT NEXT	
	Counter Fraud Risk - entitlement to pay and enhancements		IF an employee is paid for hours they have not worked or for enhancements they are not due THEN they will receive payments to which they are not entitled and which potentially constitute fraud.	RESULTING IN financial loss to the Trust and potential criminal investigations.	(red)	(green)	Controls identified deemed adequate and include multiple policies and processes to prevent the submission of enhancements without authorisation.	The risk will be managed via the local risk register.	
504	Counter Fraud Risk - payment for secondary employment	Finance	IF an employee has undeclared and unauthorised secondary employment THEN that employee could continue to work at their secondary employment during a period for which they are being paid by the Trust {sickness, paid absences, suspension, normal working hours)	RESULTING in duplication of pay and potential for fraud investigation.	12	6	Controls identified deemed adequate and include Trust wide policies and procedures to prevent and respond to an incident of this nature.	Appetite/Target The risk will be managed via the local risk register.	4
505	Counter Fraud Risk -bribery and corruption: tenders and contracts	Finance	IF an employee responds to fraudulent unsolicited emails THEN this could lead to a data breach or allow malicious software to be deployed on Trust infrastructure	RESULTING IN fraudulent activity (e.g. ransom demands), loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities.	12	9	Assurances are in place with regards to the procurement process and the bribery and corruption legislation in place to prevent and respond should this occur	Appetite/Target The risk will be managed via the local risk register.	4
290	Fire Doors	Estates			12	8		Appetite/Target	6

Ref	Title	Area	WHAT	SO WHAT	Change From	Change To	Rationale	WHAT NEXT
			IF the fire doors continue to be propped open on ambulance stations THEN in the event of a fire this will be accelerated.	RESULTING IN potential adverse outcome to premises and staff safety and the Trust at risk of being in contravention of fire safety legislation.			The previous issues identified were predominately reported during the COVID-19 pandemic to reduce touch points and increase airflow on stations. Actions have been taken to inform staff of the importance of fire doors remaining closed and audits undertaken have shown significant improvement.	The risk will be managed via the local risk register.

APPENDIX E: CORPORATE RISKS THAT HAVE BEEN CLOSED

Ref	Title	Area	WHAT	SO WHAT	Change From	Change To	Rationale	WHAT NEXT	
436	EOC Not calling back dropped calls from mobile phone numbers	EOC	IF the current call demand continues at the predicted rate and leads to an inability to answer calls THEN the Trust will continue the agreed process of not returning dropped calls from mobile telephone numbers	RESULTING IN potential patient harm	15	5>	The risk to patients is terminated following the implementation of a new process. Patients will be contacted in the event of a dropped call as part of business as usual within EOC.	Appetite/Target Risk closed	5
541					12	6>		Appetite/Target	6

Ref	Title	Area	WHAT	SO WHAT	Change From	Change To	Rationale	WHAT NEXT
	ESR Average Pay module (Payment to substantive staff with bank assignments)	People and OD	IF a manual solution cannot be found to pay 250 substantive staff undertaking overtime on bank assignments THEN there is a risk of claims against the Trust for unlawful deduction of wages	RESULTING IN legal costs and reputational damage			A quarterly manual payment will be made to staff as agreed by the unions.	Risk closed
567	Executive Team stability	People and OD	IF the Trust does not recruit substantively to longstanding vacancies within the Executive Team THEN the Trust may not have a stable senior leadership team	RESULTING IN potential criticism from the CQC under the Well-Led Domain.	12	4>	All senior roles in the new structure are now appointed to substantively.	Appetite/Target 4 Risk closed
502	Counter Fraud Risk - unsolicited and malicious email	Finance	IF an employee responds to fraudulent unsolicited emails THEN this could lead to a data breach or allow malicious software to be deployed on Trust infrastructure	RESULTING IN fraudulent activity (e.g. ransom demands), loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities.	20	n/a	Multiple cyber security, information governance and finance controls are in place to detect and prevent incorrect payments	Individual Risk 502 closed. Merged with two related risks. The new risk is below the corporate risk threshold.

APPENDIX F: DRAFT STRATEGIC RISKS 2024/25

OUR PATIENTS	Our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience			
	WHAT		**SO WHAT**	**WHAT NEXT**
	IF the Trust is unable to…	THEN the Trust could…	RESULTING IN…	KEY Controls/Developments	2024/25 Actions
1	Deliver better, faster, and more appropriate access to care.	Fail to provide a timely and appropriate response for all patients. Fail to deliver the national, regional, and local performance targets for 999, NHS 111 and the Patient Transport Service (PTS).	Failure to deliver the most clinically appropriate response for every patient, whenever and wherever they need it.	Improve response times. Remote triage, assessment, signposting, and referral. Reduce avoidable conveyance to hospital. Reduce hospital handover and crew clear times.	
2	Support patient flow across the healthcare system	Fail to support seamless integration of services to provide joined-up care that is coordinated across the wider system. Fail to deliver a timely and appropriate response for all patients.	Failure to support an efficient and productive urgent and emergency care service that delivers effective care and a positive patient experience.	Optimise care and treatment in people's homes. Remote triage, assessment, signposting, and referral. Reduce avoidable conveyance to hospital. Non-emergency patient transport services.	

OUR PATIENTS	Our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience			
	WHAT		**SO WHAT**	**WHAT NEXT**
	IF the Trust is unable to…	**THEN the Trust could…**	**RESULTING IN…**	**KEY Controls/Developments**	**2024/25 Actions**
3	Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.	Fail to embed and utilise quality improvement throughout the organisation. Fail to embed and apply learning from the Patient Safety Incident Review Framework. Fail to sustain and benefit from a research active environment.	Failure to deliver high standards and continuous improvements in patient safety, effectiveness of care, and patient experience.	Embed Quality Improvement PSIRF Clinical Supervision for Paramedics Medicines Governance	
4	Develop and maintain effective emergency preparedness, resilience, and response arrangements.	Fail to be adequately prepared to provide critical emergency care and specialist co-ordinated responses. Fail to meet the required standards for emergency preparedness, resilience, and response.	Failure to ensure the best possible emergency response to the most critical and complex incidents.	EPRR Core Standards Manchester Arena Inquiry Recommendations	

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			
		WHAT	**SO WHAT**	**WHAT NEXT**	
IF the Trust is unable to…		**THEN the Trust could…**	**RESULTING IN…**	**Key Controls/Developments**	**2024/25 Actions**
5	Develop and sustain an open and positive workplace culture	Fail to ensure that staff are valued, listened to, and encouraged and enabled to speak up. Fail to value difference and improve equality, diversity, and inclusion at all levels of the organisation. Fail to improve employee experience and become a great place to work and volunteer.	Failure to be a diverse and inclusive organisation where everyone feels valued, included, proud to work and can thrive.	YAS Together Equalities, Diversity, and Inclusion	
6	Support staff health and well-being effectively	Fail to improve the physical health and well-being of its workforce. Fail to improve the mental health and well-being of its workforce. Fail to reduce staff sickness rates to below the NHS average.	Failure to achieve the sustained improvements in staff well-being and attendance levels required to support high quality patient care and services.	Health and Well-Being Plan Priorities Attendance / Sickness Violence and Aggression (Bodyworn Cameras)	

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				
	WHAT		**SO WHAT**	**WHAT NEXT**	
	IF the Trust is unable to…	THEN the Trust could…	RESULTING IN…	Key Controls/Developments	2024/25 Actions
7	Deliver and sustain improvements in recruitment and retention.	Fail to attract and retain the right numbers of people with the right skills, knowledge, and experience.	Failure to achieve the capacity and capability required in all staff groups to deliver high quality patient care and services.	IUC improvements EOC improvements Recruitment International Recruitment	
8	Deliver and sustain improvements in leadership and staff training and development.	Fail to ensure that staff have the right skills, support, and resources they need to deliver high-quality care and services. Fail to invest in leadership development to ensure that staff are well supported by exceptional leaders.	Failure to develop and retain the skilled and well-led workforce required in all staff groups to deliver high quality patient care and services.	Leadership development PDR / Appraisals Training	

OUR PARTNERS	Our ambition is to be a collaborative, integral and influential partner across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities			
	WHAT		**SO WHAT**	**WHAT NEXT**
	IF the Trust is unable to…	THEN the Trust could…	RESULTING IN…	Controls/Developments	2024/25 Actions
9	Act as a collaborative, integral, and influential system partner	Fail to support seamless integration of services to provide joined-up care cross the wider system. Fail to become an effective co-ordinator and navigator for access to urgent and emergency care and supporting services. Fail to optimise the collective skills and resources of partner organisations to the benefit of patients.	Failure to work efficiently and effectively with partners to deliver service improvements, increase productivity, mitigate risk, and develop joined-up, patient-centred urgent and emergency care.	Work with acute trusts to improve arrival to crew clear processes. Work with place partners to develop alternative clinical pathways. Mental health and learning disabilities programme	
10	Collaborate effectively to improve population health and reduce health inequalities	Fail to support system-wide work to reduce health inequalities. Fail to proactively use the role of anchor organisation to impact positively on the health and well-being of local populations. Fail to support patients to access a wide range of health, care, and preventative services in their communities	Failure to support improved population health by identifying and responding effectively to unwarranted variations.	Core20PLUS5	

OUR PLANET AND POUNDS	Our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.			
	WHAT		**SO WHAT**	**WHAT NEXT**
	IF the Trust is unable to…	**THEN the Trust could…**	**RESULTING IN…**	**Controls/Developments**	**2024/25 Actions**
11	Secure sufficient revenue resource and it use it wisely to ensure value for money.	Fail to achieve a balanced revenue plan. Fail to achieve effective and efficient use of resources. Fail to support system-wide financial sustainability.	Failure to use resources wisely and productively, achieve value for money, and deliver financially sustainable patient care and services.	Revenue Plan 2024/25 Organisational Efficiencies	
12	Secure sufficient capital resource and use it wisely to ensure value for money.	Fail to provide fit for purpose workplaces. Fail to provide the required quantity, quality, and availability of fleet. Fail to support staff and patients with up-to-date technology, equipment, and facilities.	Failure to invest adequately in safe, effective, and well-equipped environments for staff and patients.	Capital Plan 2024/25 Fleet Plan Telematics Estates Projects (Enabling Plan Implementation)	
13	Deliver safe and effective digital technology developments and cyber security arrangements	Fail to utilise technology and analytics to develop new and digitally enabled ways of working to optimise patient care and services. Fail to meet legal and regulatory standards regarding information governance and cyber security.	Failure to realise the benefits that technology, data and intelligence can bring to decision-making, support services, and patient care.	DSP Toolkit Digital route-map / plan	

OUR PLANET AND POUNDS	Our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.			
WHAT		**SO WHAT**	**WHAT NEXT**	
IF the Trust is unable to…	THEN the Trust could…	RESULTING IN…	Controls/Developments	2024/25 Actions
14 Respond responsibly and effectively to climate change	Fail to support efforts to tackle climate change and reduce the Trust's environmental impact by moving towards net-zero emissions. Fail to identify and manage the potential impact of climate change on the delivery of patient care and services.	Failure to make sufficient progress in reducing and mitigating the impact of climate change.	Green Plan	

Business Intelligence

Integrated Performance Report
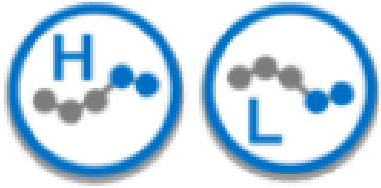
April 2024

Published 21 May 2024

Icon Guide

Exceptions, Variation and Assurance

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

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

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

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

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Strategy, Ambitions & Key Priorities

NHS
Yorkshire Ambulance Service
NHS Trust

Our Purpose

To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes

Our Vision

What we want to achieve:
Great Care | Great People | Great Partner

Our Values

What do we want to be and what behaviours do we expect?
Kindness | Respect | Teamwork | Improvement

YAS Together

A way of working collaboratively to achieve our vision:
Care | Lead | Grow | Excel | Everyone

Our Enabling Plans

The drivers of success:
Clinical and Quality | People | Partnership | Sustainable Services

4 Bold Ambitions

Our Patients

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

Our People

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

Our Partners

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

Our Planet and Pounds

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

Today — **2029**

999 IPR Key Exceptions - April 24

NHS Yorkshire Ambulance Service NHS Trust

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:04		
999 - Answer 95th Percentile		00:00:20		
999 - AHT		00:06:37		
999 - Calls Ans in 5 sec	95.0%	93.1%		F
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:44		F
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:24		P
999 - C2 Mean (T < 18 Mins)	00:18:00	00:26:03		F
999 - C2 90th (T < 40 Mins)	00:40:00	00:58:04		F
999 - C3 Mean (T < 1 Hour)	01:00:00	01:14:13		F
999 - C3 90th (T < 2 Hour)	02:00:00	02:47:59		F
999 - C1 Responses > 15 Mins		641		
999 - C2 Responses > 80 Mins		1,735		
999 - Job Cycle Time		01:54:29		
999 - Avg Hospital Turnaround	00:30:00	00:52:43		F
999 - Avg Hospital Handover	00:15:00	00:29:56		F
999 - Avg Hospital Crew Clear	00:15:00	00:22:55		F
999 - Total lost handover time		6,686		
999 - Crew clear over 30 mins %		26.9%		
999 - C1%		15.5%		
999 - C2%		60.1%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 4 seconds for April, the same as it was in March. The median remained the same at zero seconds and the 90th and 95th percentiles decreased. However, the 99th percentile saw an increase. The 90th decreased from 1 second in March to 0 seconds in April, 95th decreased from 31 seconds to 20 seconds and 99th increased from 83 seconds to 99 seconds. This indicates that generally call answer times improved in March, however, a small percentage of calls had to wait slightly longer at the tail.

Cat 1-4 Performance - The mean performance time for Cat1 improved from March by 23 seconds and the 90th percentile improved by 37 seconds. The mean performance time for Cat2 improved from March by 3 minutes 25 seconds and the 90th percentile improved by 7 minutes 48 seconds. Abstractions were 3.1% lower than forecast for April, also falling 2.7% from March. Weekly Net staff hours have risen compared to March by over 2500 hours per week. Overall availability increased by up to 2.2% from March. Compared to April 2023, abstractions are down by 2.2% and availability is down by 0.8%.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 75.7% in April (15.5% Cat1, 60.1% Cat2) after a 2.6% decrease compared to March (0.7% decrease in Cat1 and 1.9% decrease in Cat2). Comparing against April for the previous year, Cat1 proportion increased by 2.1% and Cat2 proportion decreased by 1.1%.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in April, with 641 responses over this target. This is 198 (23.6%) less compared to March. The number for last month was 4.9% more compared to April 2023. The number of Cat2 responses greater than 2x 90th percentile target decreased from March by 821 responses (32.1%). This is a 40.9% increase from April 2023.
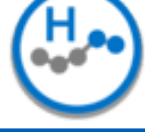
Job cycle time - Overall, the average job cycle time increased by 41 seconds from March and was 6 minutes 51 seconds more than April 2023.

Hospital - From October, the way handover times are reported changed and following the new national guidance the average handover time has increased across the Trust. Turnaround and crew clear times remain unchanged by the new guidance. Last month the average handover time increased by 1 minute 5 seconds and overall turnaround time increased by 1 minute 16 seconds. The number of conveyances to ED was 4.6% lower than in March and 6.1% higher than in April 2023.

Demand - On scene response demand was 2.2% above forecasted figures for April and was 4.7% less than in March. All response demand (HT + STR + STC) was 4.7% lower than March and 15.3% higher than April 2023. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby m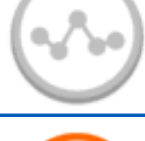ore Cat5 incidents are transferred to IUC and closed as H&T when they would previously have been closed as no response and not be counted as an incident.

Outcomes - Comparing incident outcome proportions within 999 for April 2024 against April 2023, the proportion of hear & treat increased by 8.3%, see treat & refer decreased by 3.2% and see treat & convey decreased by 5.1%. The proportion of incidents with conveyance to ED decreased by 4.6% from April 2023 and the proportion of incidents conveyed to non-ED decreased by 0.5%. Please note that changes mentioned above around the recording of H&T incidents means that there has been a relative increase in the proportion of H&T incidents and a decrease in on scene responses because of this.

IUC IPR Key Indicators - April 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		142,841	(variance icon)	
IUC - Answered vs. Last Month %		-2.5%		
IUC - Answered vs. Last Year %		1.0%		
IUC - Calls Triaged		138,962		
IUC - Calls Abandoned %	3.0%	8.1%	(variance icon)	(F icon)
IUC - Answer Mean	00:00:20	00:01:18	(variance icon)	(F icon)
IUC - Answered in 60 Secs %	90.0%	74.9%	(variance icon)	(F icon)
IUC - Callback in 1 Hour %	60.0%	47.7%	(variance icon)	(F icon)
IUC - ED Validations %	50.0%	54.7%	(H icon)	(P icon)
IUC - 999 Validations %	75.0%	99.5%	(variance icon)	(P icon)
IUC - ED %		15.0%	(variance icon)	
IUC - ED Outcome to A&E %		75.4%	(variance icon)	
IUC - ED Outcome to UTC %		8.6%	(L icon)	
IUC - Ambulance %		12.7%	(variance icon)	

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 155,492 calls in April, 6.6% below the annual business plan baseline demand. 142,841 (91.9%) of these were answered, 0.7% above last month and 8.6% above the same month last year.

Due to continued high numbers of new starters going through the training process and experienced staff assisting with coaching, call performance metrics are being impacted and not at target levels as expected. Whilst it is no longer a national KPI, we are continuing to monitor the percentage of calls answered in 60 seconds, as it is well recognised within the IUC service and operations as a benchmark of overall performance. This measure increased to 74.9% from 68.1% last month. Average speed to answer has decreased by 22 seconds to 1 minute 18 seconds compared with 1 minute 40 seconds last month. Abandonment rate decreased to 8.1% from 8.9% last month.

The proportion of clinician call backs made within 1 hour decreased to 47.7% from 47.9% last month. This is 12.3% below the national target of 60%. Core clinical advice increased to 22.9% from 21.9% last month. These figures are calculated based on the new ADC specification, which removes 111 online cases from counting as part of clinical advice, and also locally we are removing cases which come from the DCABS clinical service as we do not receive the initial calls for these cases.

The national KPI for ambulance validations monitors performance against outcomes validated within 30 minutes, rather than just all outcomes validated, and the target for this is 75% of outcomes. However, YAS is still measured against a local target of 95% of outcomes validated overall. Against the National KPI, performance was 97.8% in April, whilst performance for overall validations was 99.5%, with 13,344 cases validated overall.

ED validation performance increased to 54.7% from 48.1% last month. The target for this KPI is 50%. ED validation continues to be driven down since the implementation of 111 First and the prioritisation of UTCs over validation services for cases with an initial ED outcome. Previous analysis showed that if cases now going to UTCs that would have gone to validation previously were no longer included in the denominator for the validation calculation, YAS would have met and exceeded the 50% target every month this year.

Amongst booking KPIs, bookings to UTCs decreased to 42.5% from 46.9% last month and ED bookings decreased to 25.1% from 26.3%. Referrals to IUC Treatments Centres have stayed consistent, however, an issue with the booking system is causing the bookings figure for this KPI to appear very low.

PTS IPR Key Indicators - April 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	87.4%		F
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	83.4%		F
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	90.7%		P
PTS - Arrive at Appointment Time	90.0%	89.1%		F
PTS - Journeys < 120Mins	90.0%	99.3%		P
PTS - Same Month Last Year		22.7%		
PTS - Increase - Previous Month		3.4%		
PTS - Demand (Journeys)		83,019		?

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity has been above 80,000 journeys for the fourth month running. 83,019 journeys were operated including aborts and escorts. April had the second highest demand levels from the past 12 months.

66,644 journeys were delivered, 11.9% higher than forecasted from the Annual Business Plan.

Call Performance has been above 80.0% since February 24.   87.4% of calls were answered in 180 seconds. Call demand remains high, 24.2% higher than the same period the previous year. Despite increased call demand, service level continues to be much improved due to higher staffing levels. 16.0 FTE more worked in April compared to 12 months ago.

The number of patients being dropped off within 120 minutes of their appointment has been on an upward trend since December 23, seeing a 3.2% increase.

Short Notice Outwards Performance saw a decrease for the second month running. 83.4% of patients were picked up with 120 minutes. Winter Funding ceased mid-March, having an impact on KPI. The number of hours worked by Private Providers saw a 16.1% decrease in April when compared to the average from January to March.

Workforce Summary

A&E	IUC	PTS
EOC	Other	Trust

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Apr-23	Mar-24	Apr-24
Turnover (FTE) %	10.8%	10.4%	10.6%
Vacancy Rate %	14.2%	12.0%	10.3%
Apprentice %	10.0%	9.3%	10.3%
BME %	6.0%	7.1%	7.2%
Disabled %	5.8%	7.6%	7.9%
Sickness - Total % (T-5%)	7.0%	6.5%	6.1%
PDR / Staff Appraisals % (T-90%)	71.5%	73.7%	75.6%
Essential Learning			92.6%

Assurance: All data displayed has been checked and verified

YAS Commentary

FTE, Turnover, Vacancies and BME – Compared to March 2024, the Turnover and Vacancy rate have remained consistent. In comparison to the same month last year (April 2023) the Turnover & Vacancy rate have both slightly improved. Both vacancies and turnover remain high for IUC at 35.4% for both (Note: IUC figures are for those employed staff leaving the Trust only). The work to implement the IUC case for change is progressing with staff consultation approaching completion. The numbers of BME and staff living with disabilities is steadily improving i.e. BME has increased by 1.2% since last April. Note: The vacancy rate shown is based on the budget position against current FTE establishment with some vacancies being covered by planned overtime or bank.
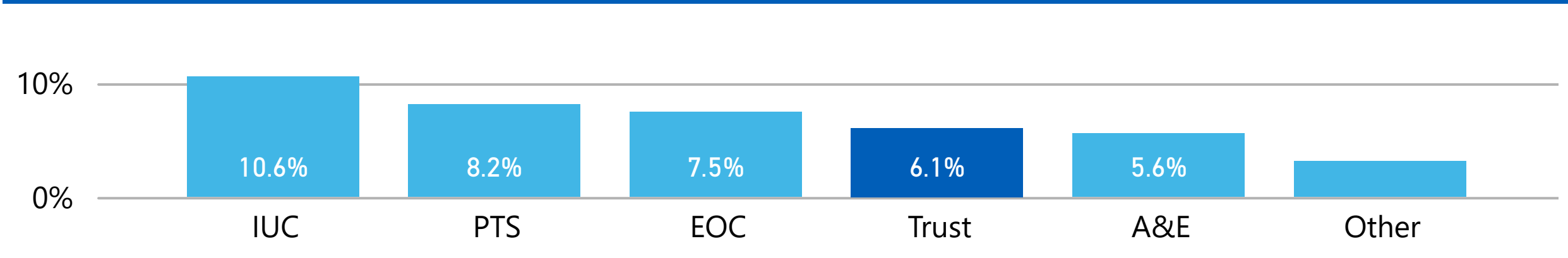
Sickness – Sickness has improved from the previous month by 0.4% from 6.5% to 6.1%. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through a review of absence management processes, workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. The new Supporting Attendance policy has been approved with an implementation process being reviewed by the Absence Group. Each service line will be devising a service specific absence reduction plan.

PDR / Appraisals – The overall compliance rate has improved compared to March 2024. Except for 'Other' all areas have seen improvements. IUC is the highest performing area (88%). Targeted support is being provided to areas with lower compliance in addition to the Trust-wide update workshops on how to conduct quality appraisals and career conversations. The requirement for all senior leaders (Band 8a and above) to have an appraisal in April-Jun 2024 has been implemented. The Compliance Dashboard continues to be promoted and is accessible to all managers.

Essential Learning – From this financial year 23/24, we now report on Essential Learning as our core Statutory and Mandatory training measure replacing the bundles previously reported taking into account essential compliance within the Trust. As a Trust we are meeting the target of 90%, at 92.6%. The compliance dashboard is promoted to all team leaders and managers across the Trust to continually improve this area.

Sickness Benchmark for Last Month (Trust)

IUC	PTS	EOC	Trust	A&E	Other
10.6%	8.2%	7.5%	6.1%	5.6%	

PDR Benchmark for Last Month (Trust)

IUC	PTS	A&E	Trust	EOC	Other
88.0%	83.1%	76.4%	75.6%	68.2%	65.6%

Sickness

● Sickness - Long Term ● Sickness - Short Term

PDR - Target 90%

48.7%, 53.1%, 59.7%, 66.5%, 69.4%, 72.4%, 71.5%, 71.4%, 72.0%, 73.1%, 71.1%, 75.6%
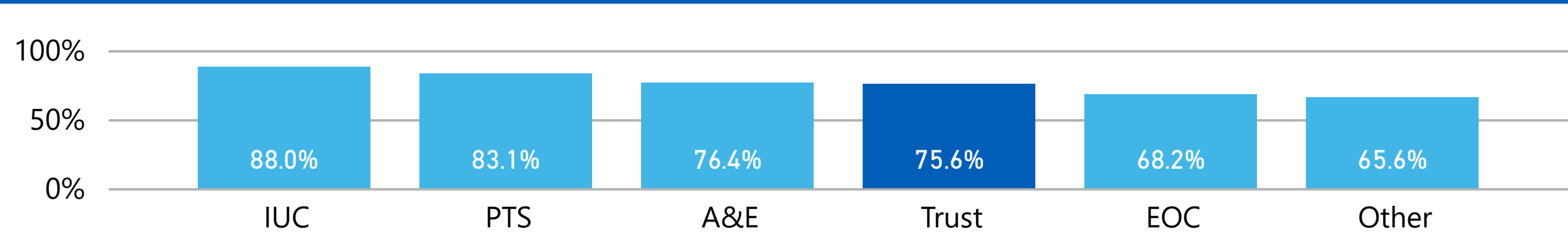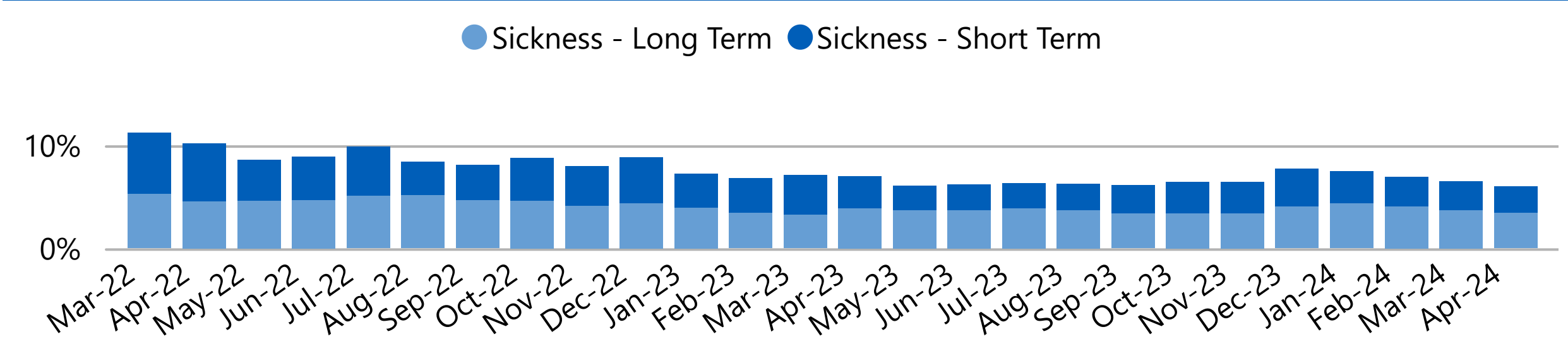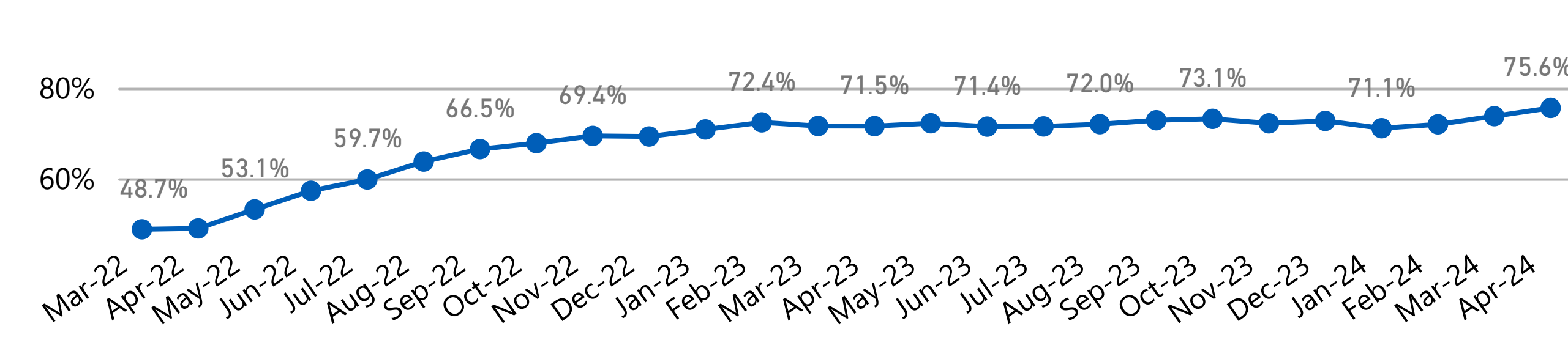
YAS Finance Summary (Director Responsible Kathryn Vause) - April 24

Overview - Unaudited Position

Overall

The Trust has a year end surplus position at month 12 of £0.05m as shown above. The position has moved over the year as a result of slippage and Phasing of expenditure into the later part of the year. Technical adjustments around provisions, stock takes, revaluation of assets and capital charges are all factored into the year end position along with the Clinical supervisor back pay which has been transacted over Qtr 4 of the financial year.

Capital

The outturn expenditure is in line with forecasts provided in the last quarter of the year.

Cash

As at the end of March, the Trust had £60.1m cash at bank. (£61.9m at the end of 22/23).

Risk Rating

There is currently no risk rating measure reporting for 2023/24.

Full Year Position (£000s)

Name ▼	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	£0	£50	£50
Cash	£65,750	£60,141	-£5,609
Capital	£15,194	£16,678	£1,484

Monthly View (£000s)

Indicator Name ▼	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03
Surplus/ (Deficit)	£0	£485	£6,015	£800	£1,200	-£1,605	-£513	-£1,195	-£2,370	-£2,767
Cash	£76,347	£75,413	£77,377	£78,100	£80,280	£79,769	£68,668	£67,934	£68,061	£60,141
Capital	£258	£0	£175	£76	£574	£2,873	£368	£214	£644	£11,287

Patient Demand Summary

Demand Summary

Indicator	Apr-23	Mar-24	Apr-24
999 - Incidents (HT+STR+STC)	63,212	76,469	72,855
999 - Calls Answered	76,837	87,357	81,543
IUC - Calls Answered	141,367	146,542	142,841
IUC - Calls Answered vs. Ceiling %	-19.6%	-12.4%	-15.9%
PTS - Demand (Journeys)	67,648	80,302	83,019
PTS - Increase - Previous Month	-12.8%	1.1%	5.2%
PTS - Same Month Last Year	-0.2%	1.8%	23.9%
PTS - Calls Answered	29,414	37,211	42,236

Commentary

999 - On scene response demand was 2.2% above forecasted figures for April and was 4.7% less than in March. All response demand (HT + STR + STC) was 4.7% lower than March and 15.3% higher than April 2023. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby more Cat5 incidents are transferred to IUC and closed as H&T when they would previously have been closed as no response and not be counted as an incident.

IUC - YAS received 155,492 calls in April, 6.6% below the annual business plan baseline demand. 142,841 (91.9%) of these were answered, 0.7% above last month and 8.6% above the same month last year.

PTS - PTS Total Activity has been above 80,000 journeys for the fourth month running. 83,019 journeys were operated including aborts and escorts. April had the second highest demand levels from the past 12 months.

Overall Calls and Demand

Figure ● 999 - Total Calls via Telephony (AQI) ● 999 - Calls Answered ● IUC - Calls Answered ● PTS - Calls Answered
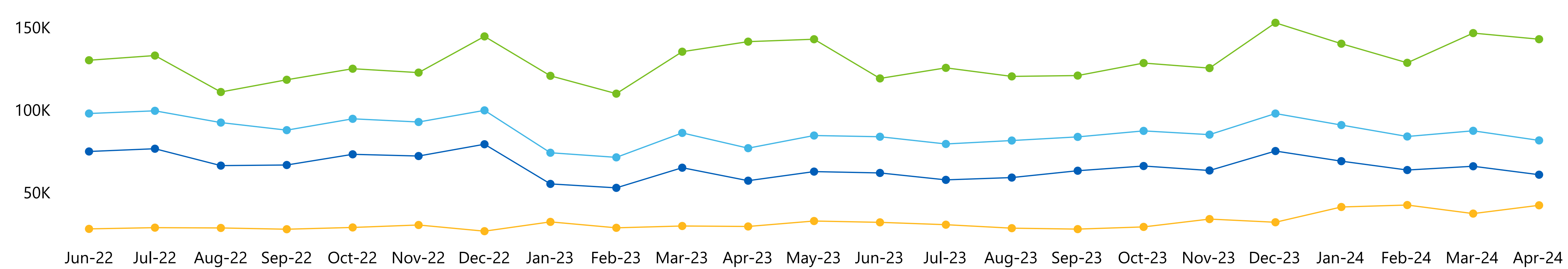
999 and IUC Historic Demand

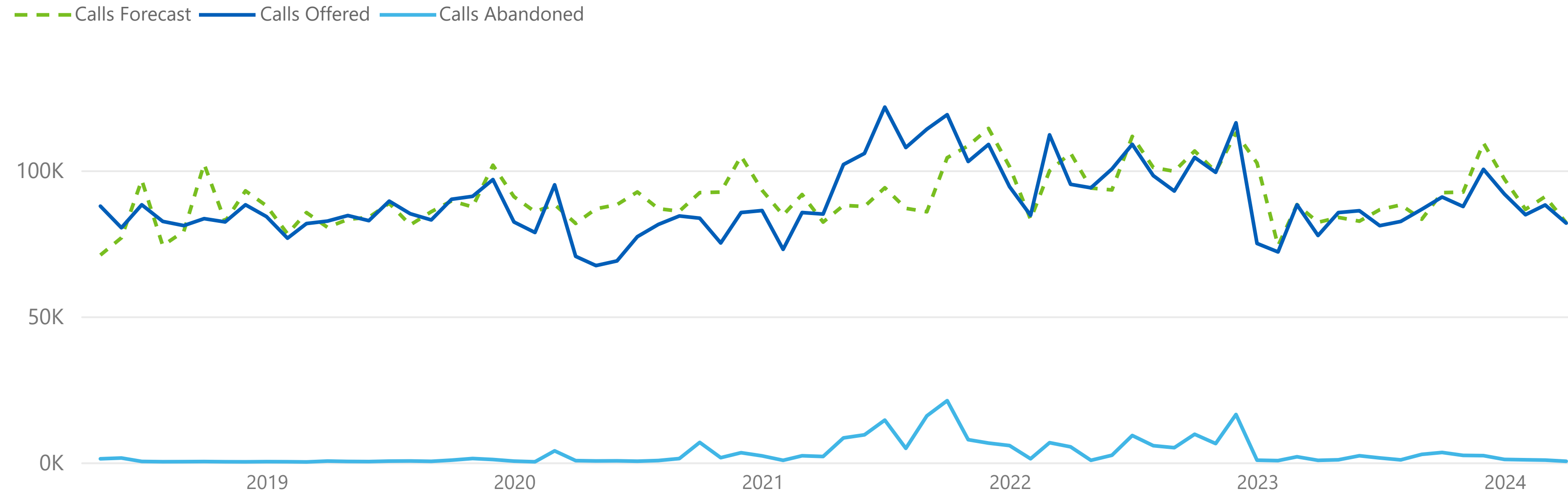999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.

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999 Historic Call Demand

- - - Calls Forecast — Calls Offered — Calls Abandoned

999

999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non-emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls answered and abandoned. The difference between calls offered and abandoned is calls answered. In April 2024, there were 81,916 calls offered which was 0.2% below forecast, with 81,543 calls answered and 373 calls abandoned (0.5%). There were 7.0% fewer calls offered compared with the previous month and 5.5% more calls offered compared with the same month the previous year. Historically, the number of abandoned calls has been very low, however, this has increased since April 2021 and remains relatively high, fluctuating each month. There was a 51.4% reduction in abandoned calls compared with the previous month.

IUC Historic Demand
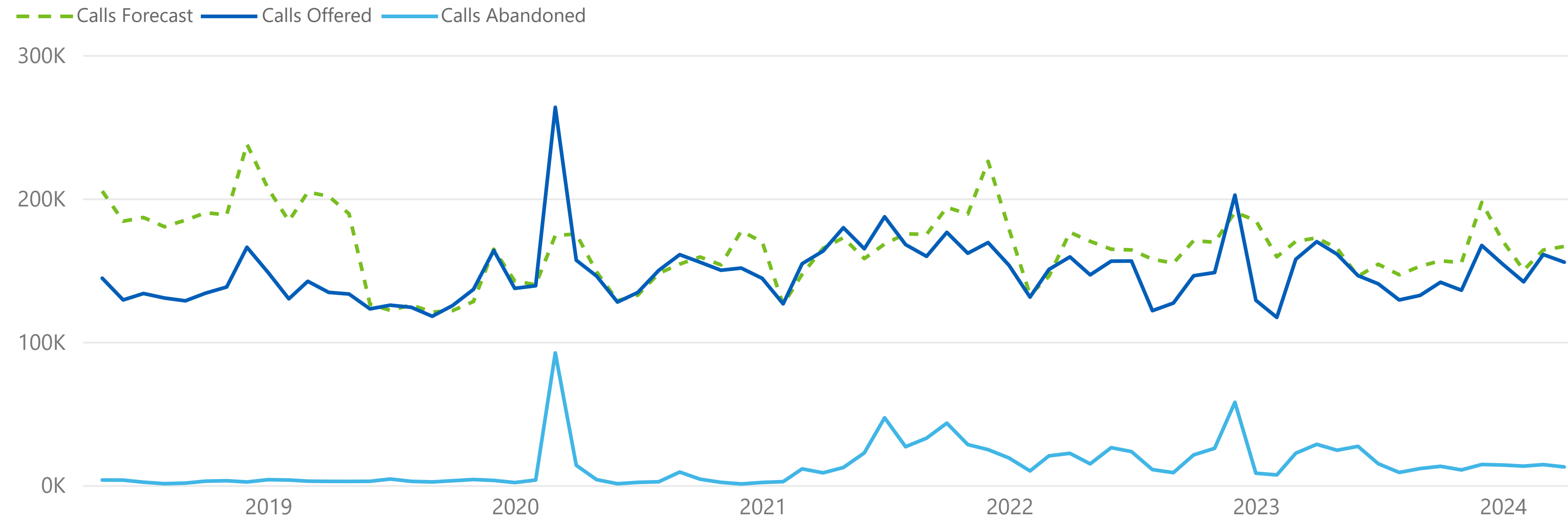
- - - Calls Forecast — Calls Offered — Calls Abandoned

IUC

YAS received 155,492 calls in April, 6.6% below the annual business plan baseline demand. 142,841 (91.9%) of these were answered, 0.7% above last month and 8.6% above the same month last year.

Calls abandoned decreased to 8.1% from 8.9% last month and was 8.6% below last year.

# Patient Outcomes Summary

Yorkshire Ambulance Service NHS Trust

Outcomes Summary

ShortName	Apr-23	Mar-24	Apr-24
999 - Incidents (HT+STR+STC)	63,212	76,469	72,855
999 - Hear & Treat %	6.3%	14.6%	14.6%
999 - See, Treat & Refer %	28.4%	25.5%	25.3%
999 - See, Treat & Convey %	65.3%	59.9%	60.1%
999 - Conveyance to ED %	58.3%	53.5%	53.6%
999 - Conveyance to Non ED %	7.0%	6.3%	6.5%
IUC - Calls Triaged	132,109	142,987	138,962
IUC - ED %	14.1%	14.7%	15.0%
IUC - Ambulance %	10.8%	12.2%	12.7%
IUC - Selfcare %	4.3%	4.0%	4.2%
IUC - Other Outcome %	13.7%	14.9%	14.6%
IUC - Primary Care %	54.4%	53.2%	52.7%
PTS - Demand (Journeys)	67,648	80,302	83,019

999 Outcomes
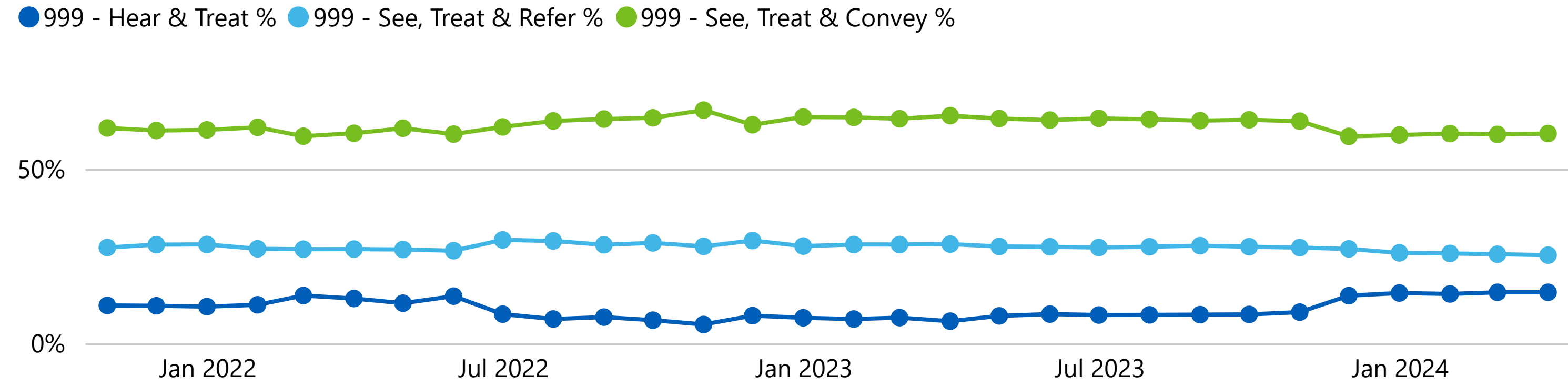
IUC Outcomes
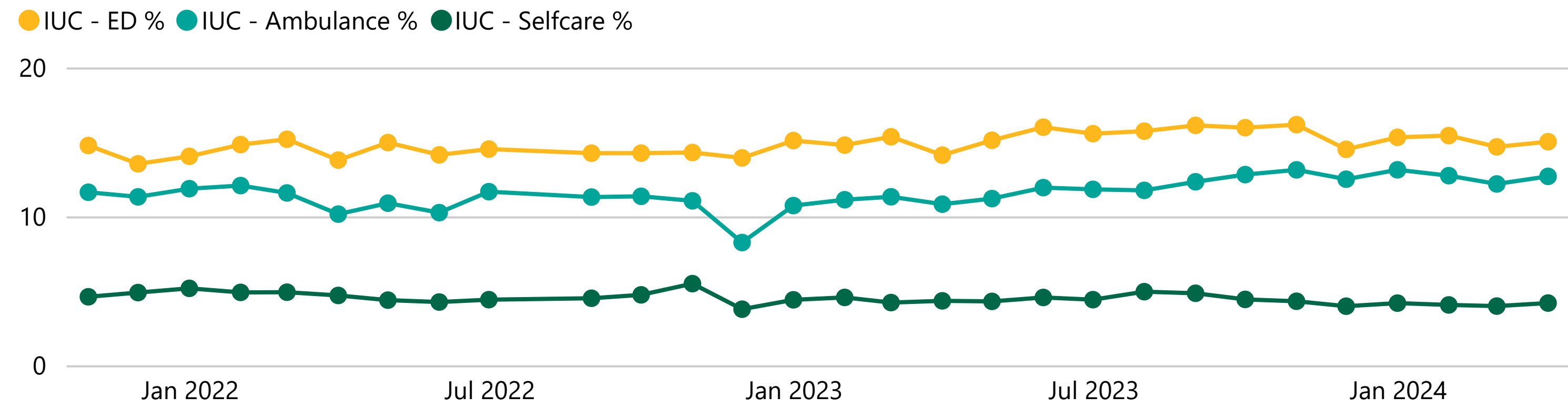
Commentary

999 - Comparing incident outcome proportions within 999 for April 2024 against April 2023, the proportion of hear & treat increased by 8.3%, see treat & refer decreased by 3.2% and see treat & convey decreased by 5.1%. The proportion of incidents with conveyance to ED decreased by 4.6% from April 2023 and the proportion of incidents conveyed to non-ED decreased by 0.5%. Please note that changes mentioned above around the recording of H&T incidents means that there has been a relative increase in the proportion of H&T incidents and a decrease in on scene responses because of this.

IUC - The proportion of callers given an Ambulance outcome was 12.7%, with Primary Care outcomes at 52.7%. The proportion of callers given an ED outcome was 15.0%. The percentage of ED outcomes where a patient was referred to a UTC was 8.6%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Dave Green)

A&E	EOC	IUC
PTS	YAS	

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Patient Relations

Indicator	Apr-23	Mar-24	Apr-24
Service to Service	66	63	90
Concern	29	56	43
Compliment	125	112	104
Complaint	72	64	66

Complaint
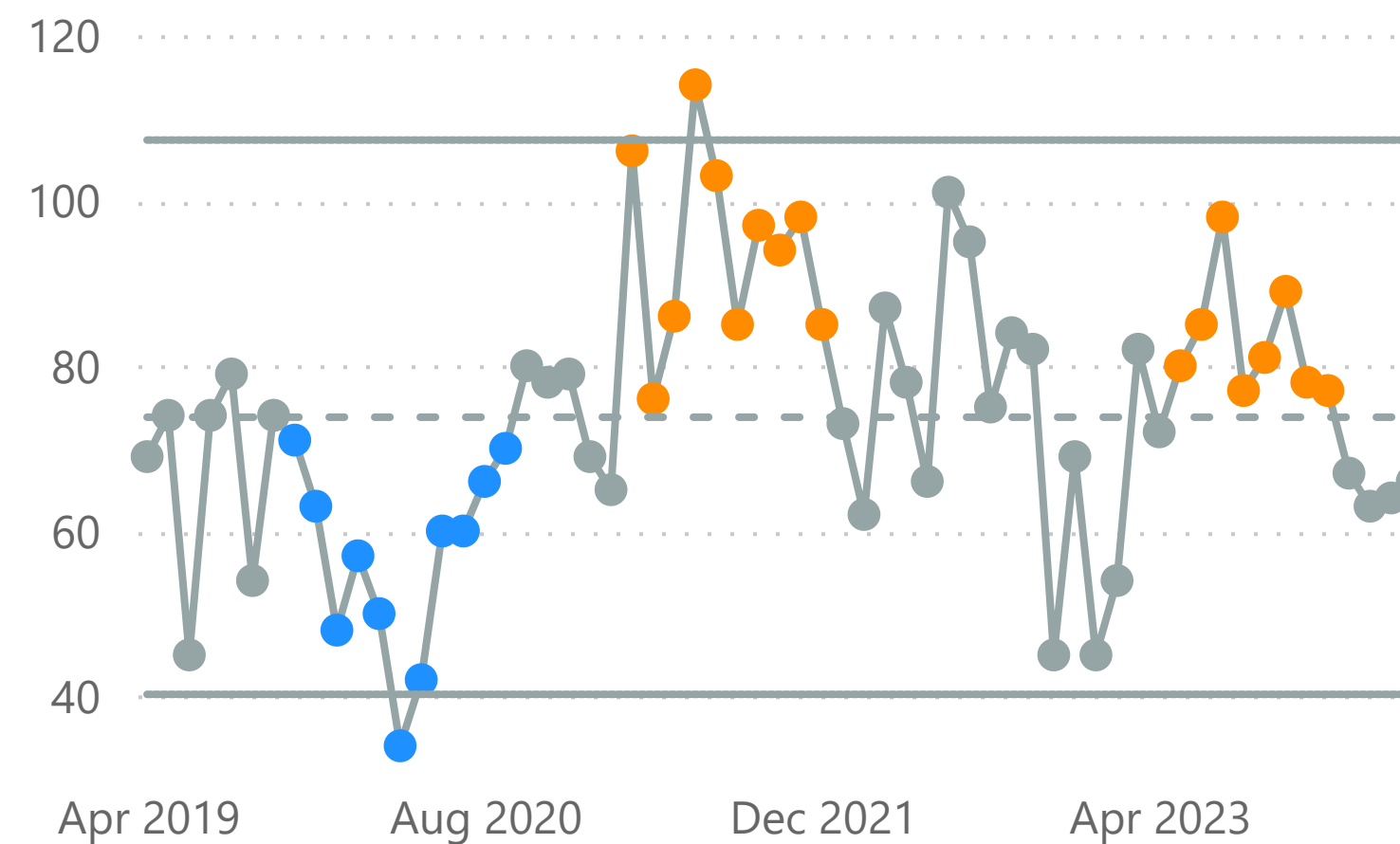
Compliment
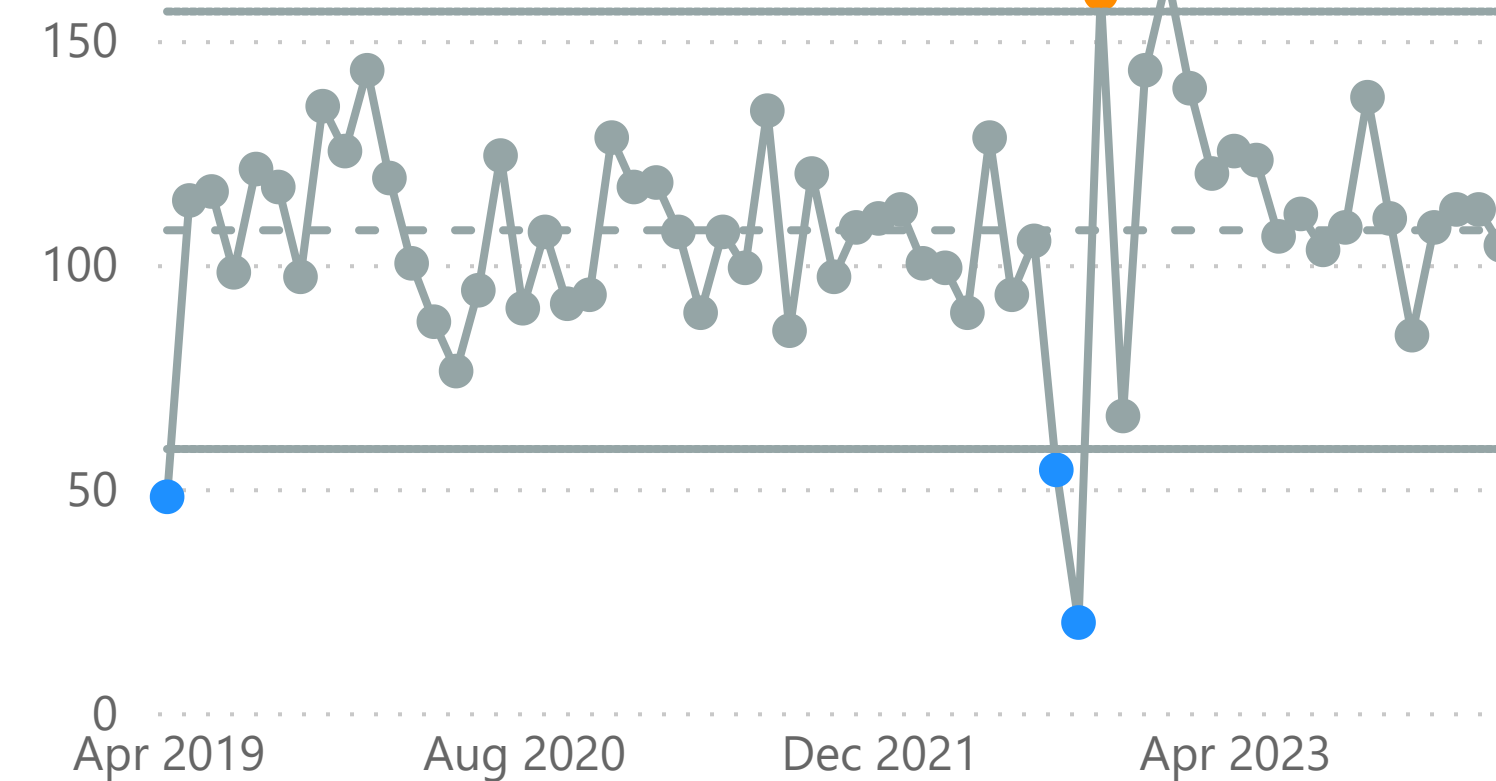
YAS Comments

Although YAS as a whole has seen very little change in the volume of 4Cs received in the month, there have been variations amongst the services. IUC has seen decreases across all case types with the exception of concerns which has remained at 1. YAS are currently reviewing and updating our complaints handling processes and will be developing new reports to supplement this.

Concern

Service to Service

Patient Safety - Quality (Director Responsible - Dave Green)

A&E	EOC	IUC
PTS	YAS	

NHS Yorkshire Ambulance Service NHS Trust

Incidents

Indicator	Apr-23	Mar-24	Apr-24
All Incidents Reported	684	865	875
Number of duty of candour contacts	22	11	8
Number of RIDDORs Submitted	2	3	
Patient Safety Indicator Incident Investigation			1

▲	Feb 23	Jan 24	Feb 24
Moderate & Above Harm (verified)	40	25	21
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	8	4	4

Safeguarding

Indicator	Apr-23	Mar-24	Apr-24
Domestic Homicide Review (DHR)	1	2	
Safeguarding Adult Review (SAR)	1	8	4
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	1	1	3
Child Death	20	16	29

A&E Long Responses

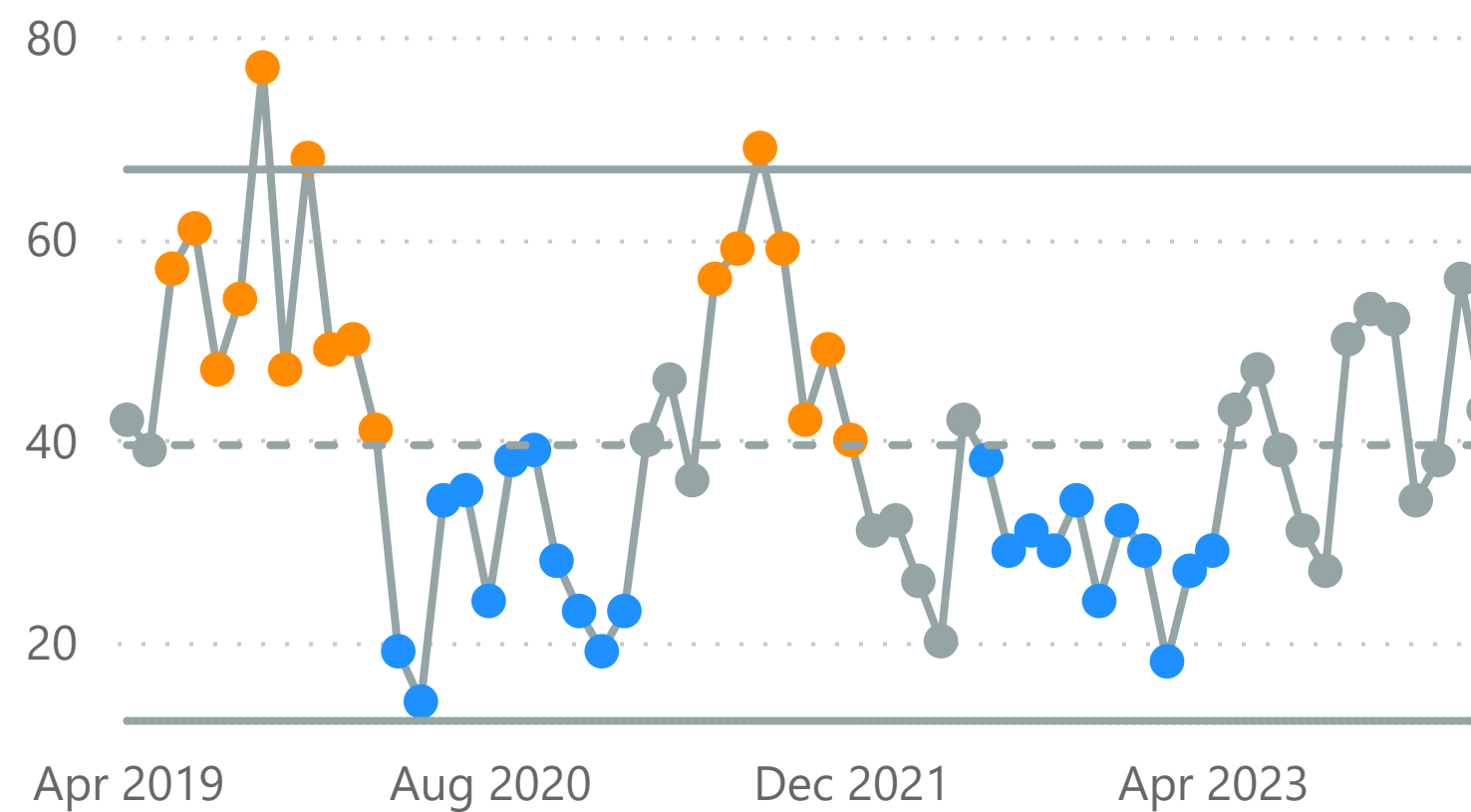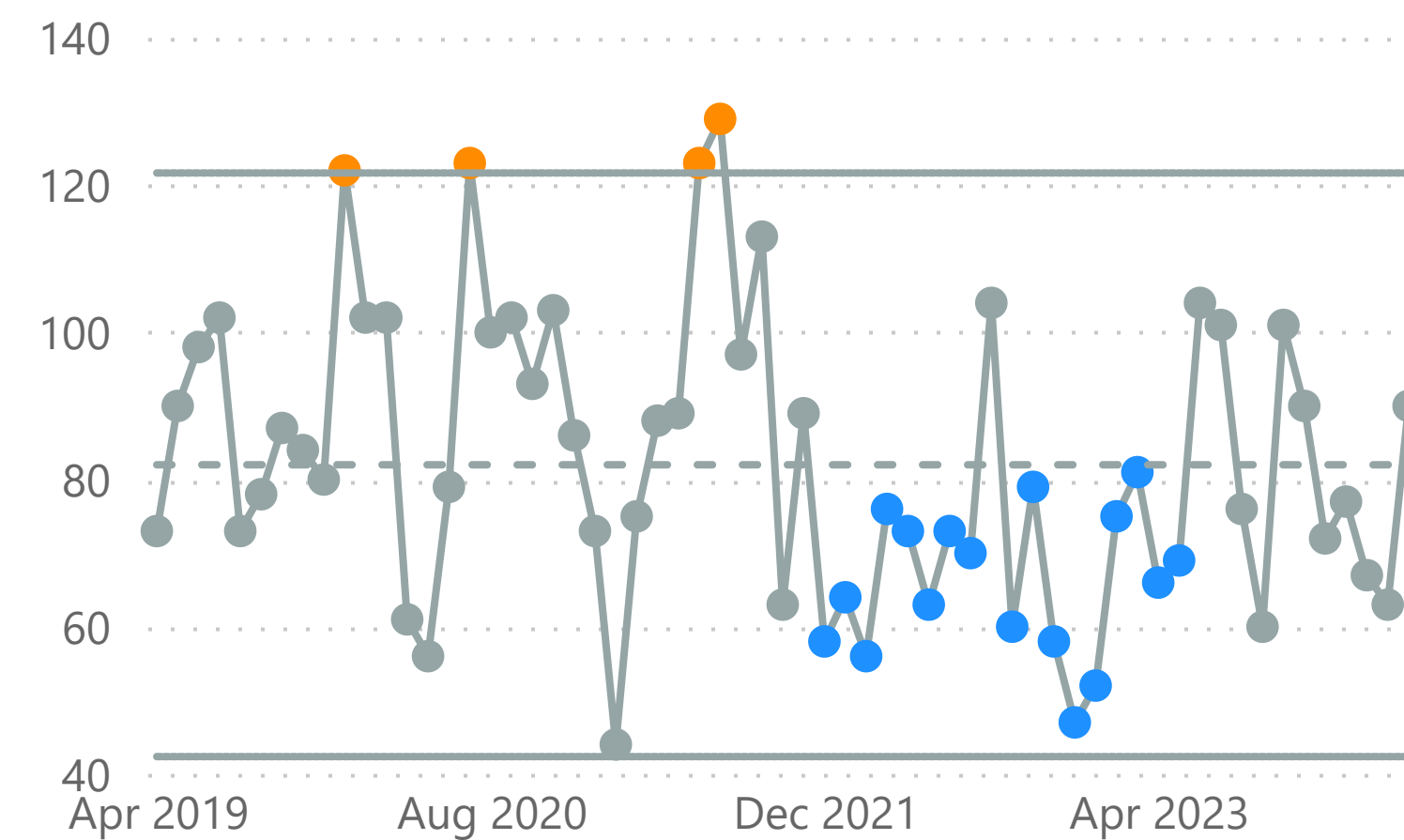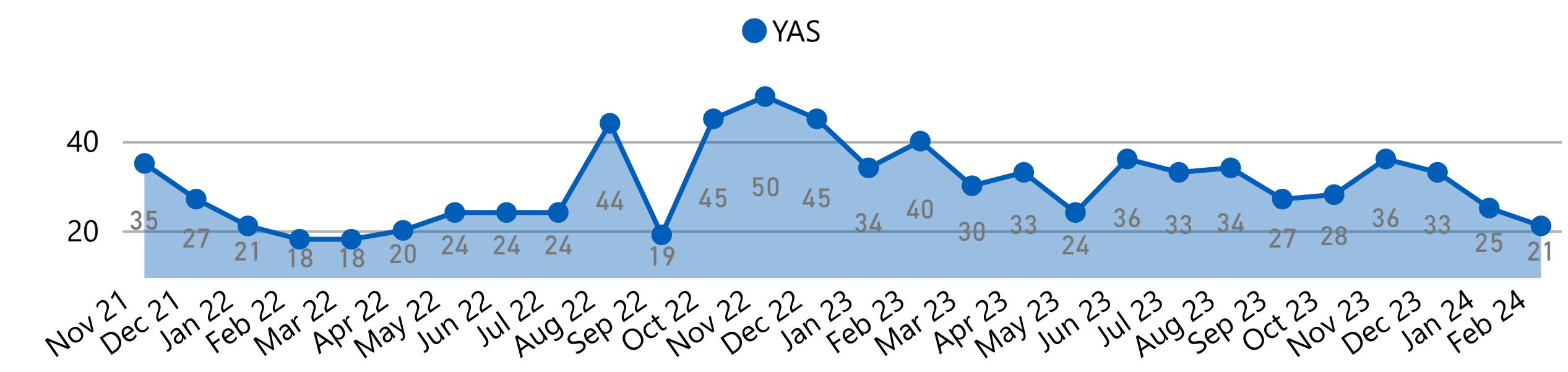| Indicator	Apr-23	Mar-24	Apr-24
999 - C1 Responses > 15 Mins	611	839	641
999 - C2 Responses > 80 Mins	1,231	2,556	1,735

Hygeine

Indicator	Apr-23	Mar-24	Apr-24
% Compliance with Hand Hygiene	99.0%	99.4%	99.0%
% Compliance with Premise	97.0%	94.3%	99.1%
% Compliance with Vehicle	99.0%	95.6%	98.1%

Incidents - Verified Moderate and Above Harm

YAS

Nov 21: 35, Dec 21: 27, Jan 22: 21, Feb 22: 18, Mar 22: 18, Apr 22: 20, May 22: 24, Jun 22: 24, Jul 22: 24, Aug 22: 44, Sep 22: 19, Oct 22: 45, Nov 22: 50, Dec 22: 45, Jan 23: 34, Feb 23: 40, Mar 23: 30, Apr 23: 33, May 23: 24, Jun 23: 36, Jul 23: 33, Aug 23: 34, Sep 23: 27, Oct 23: 28, Nov 23: 36, Dec 23: 33, Jan 24: 25, Feb 24: 21

YAS Comments

Domestic Homicide Reviews (DHR) – 0 requests for information in relation to a DHR were received in April.

Safeguarding Adult Review (SAR) – 4 requests for information in relation to SAR's were received in April. This is a 50% decrease on the requests received in March. Self-neglect, suicide, hoarding, substance misuse, deteriorating mental health, learning disabilities and disengagement from services were prominent themes seen in these cases.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 3 Rapid Reviews/CSPR in April.

Child death - The Safeguarding team contributed information in relation to 29 children who died in April. This is an increase of 13 in comparison to March. Prominent themes included sudden infant death, death by suicide, complex medical conditions, road traffic collisions and extreme prematurity.

Patient Clinical Effectiveness (Director Responsible - Dr. Julian Mark)

Cardiac Arrest

No. Cardiac Arrests Jan-24	Bystander CPR Jan-24	ROSC Jan-24	ROSC Care Bundle Jan-24	Survival to Discharge Jan-24	Cardiac Survivors Jan-24
322	**59.3%**	**36.9%**	**60.6%**	**9.5%**	**30**

Stroke

No. of Patients Jan-24	Avg Call to Door Minutes Jan-24	Care Bundle Compliance Nov-23
506	**93**	**91.8%**

Heart Attack

No. of Patients Jan-24	Avg Call to Door Minutes Jan-24	Care Bundle Compliance Jan-24
191	**96**	**69.6%**
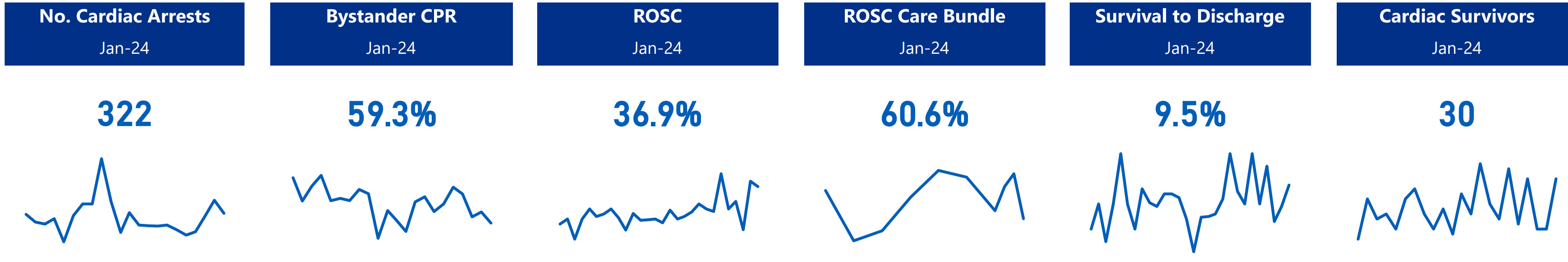
Cardiac Arrest - The number of cardiac arrests appears to be reducing following the winter peak and survival to discharge has improved back to 9.5% in January with 30 patients surviving to 30 days following an out of hospital cardiac arrest. The community response to cardiac arrest remains critical to saving lives - Bystander CPR and use of an AED increase the chances of survival by two to four fold and a critical part of improving survival from cardiac arrest. Alongside the continuous improvement work of the community resilience team, the YAS Resuscitation Plan is prioritising the deployment of GoodSAM responder to improve the quantity and quality of bystander CPR, along with campaigns such as 'Restart a Heart' in schools to raise awareness. The plan also includes improvements to training in resuscitation for our clinical teams and YAS is now delivered its first Advanced Life Support course accredited by the Resuscitation Council UK.

Stroke Care -

Heart Attack Care -

Fleet and Estates

Estates

Indicator	Apr-23	Mar-24	Apr-24
P1 Emergency (<2Hrs) – Attendance		100.0%	66.7%
P1 Emergency (<24 Hrs) - Completed		100.0%	66.7%
P2 Emergency (<4 Hrs) - Attendance	73.0%	91.2%	90.2%
P2 Emergency (<24 Hrs) – Completed	62.2%	70.6%	56.9%
P3 Non Emergency (<24Hrs) - Attendance	81.0%	85.5%	87.0%
P3 Non Emergency (<72 Hrs) – Completed	73.8%	73.9%	67.5%
P4 Non Emergency (<2 Working Days) - Attendance	90.5%	86.7%	86.5%
P4 Non Emergency (<14 Days) – Completed	85.7%	73.3%	72.1%
P6 Non Emergency (<2 Weeks) - Attendance	91.8%	81.6%	75.0%
P6 Non Emergency (4 Weeks) - Completed	70.5%	67.4%	58.8%
P5 Non Emergency - Logged to Wrong Category	50.0%		
Planned Maintenance Complete	97.2%	94.0%	94.0%

Estates Comments

Requests for reactive work/repairs on the Estate totalled 303 jobs for the month of April. This is representative of an average 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 26 requests followed by HART at 15 and Callflex at 13 requests for reactive works. SLA figures are relatively low with at an overall attendance KPI at 84%, and completion KPI is lower than usual at 65%.

The other categories aside the P1 & P2 emergency works are - P3 attend within 24 hours and P4 which is attend within 2 days. The P3 category accounts for just under a quarter of request with attendance KPI at 87% against a target of 98%. P4 category account for just over a third of requests with attendance KPI at 87% against a target of 90%. Planned Maintenance activity on the Estate carried out by our service provider to attended to Statutory, mandatory and routine maintenance is recorded at 99% for April with a completion of 94%.
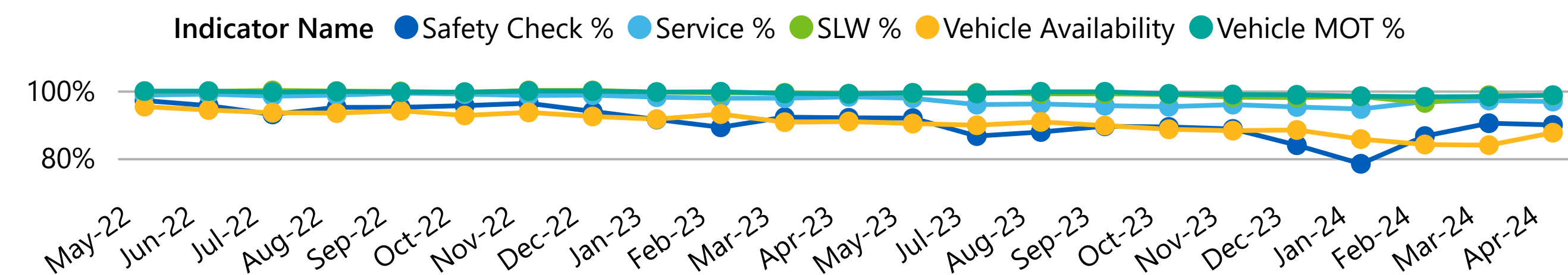
999 Fleet
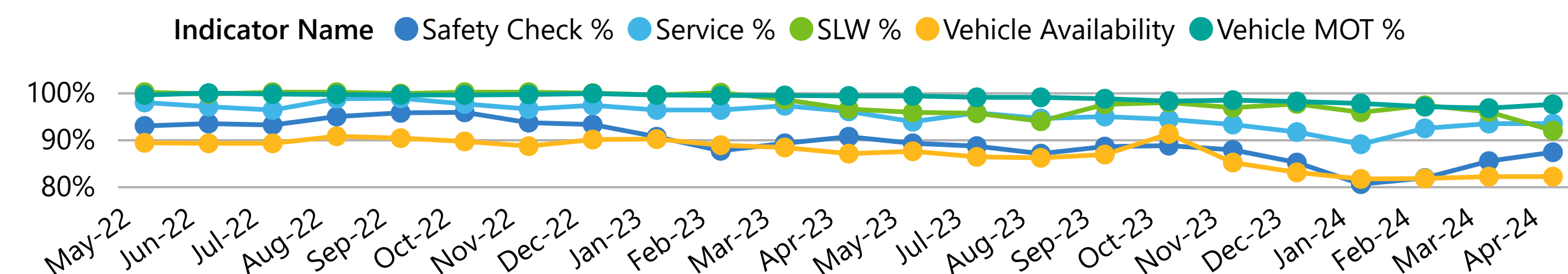
PTS Fleet

999 Fleet Age

IndicatorName	Apr-23	Mar-24	Apr-24
Vehicle age +7	17.8%	19.3%	16.2%
Vehicle age +10	1.2%	2.0%	1.3%

PTS Age

IndicatorName	Apr-23	Mar-24	Apr-24
Vehicle age +7	22.5%	28.5%	28.5%
Vehicle age +10	4.5%	4.8%	4.8%

Fleet Comments

A&E availability has stabilised at 82% in April, the engine faults of the 2.3 litre Fiat Ducato continue but with the introduction of additional oil changes has seen a slowing of failures. Repair turnaround times are reducing the backlog is taking time to get through. Routine maintenance compliance has increased by 2.1pp to 94.9% overall. PTS routine maintenance compliance has also decreased by 0.1pp to 95.9%, although availability has increased by 3.7pp to 87.5%. Fleet continue to use all available resource to maximise vehicle availability and are working with operational colleagues to ensure rotas have the required vehicle availability. A&E age profile has improved with the introduction of the 64 new vehicles. PTS vehicles over 7 years and 10 years has remained stable in April, with vehicle replacements currently in production with the convertor with deliveries due through May, June and July.

Glossary - Indicator Descriptions (A&E)

mID	ShortName	IndicatorType	AQIDescription
AMB01	999 - Total Calls via Telephony (AQI)	int	Count of all calls answered.
AMB07	999 - Incidents (HT+STR+STC)	int	Count of all incidents.
AMB59	999 - C1 Responses > 15 Mins	int	Count of Cat 1 incidents with a response time greater than the 90th percentile target.
AMB60	999 - C2 Responses > 80 Mins	int	Count of Cat 2 incidents with a response time greater than 2 x the 90th percentile target.
AMB56	999 - Face to Face Incidents (STR + STC)	int	Count of incidents dealt with face to face.
AMB17	999 - Hear and Treat (HT)	int	Count of incidents not receiving a face-to-face response.
AMB53	999 - Conveyance to ED	int	Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
AMB54	999 - Conveyance to Non ED	int	Count of incidents with any patients transported to any facility other than an Emergency Department.
AMB55	999 - See, Treat and Refer (STR)	int	Count of incidents with face-to-face response, but no patients transported.
AMB75	999 - Calls Abandoned	int	Number of calls abandoned
AMB74	999 - Calls Answered	int	Number of calls answered
AMB72	999 - Calls Expected	int	Number of calls expected
AMB76	999 - Duplicate Calls	int	Number of calls for the same issue
AMB73	999 - Calls Offered	int	Number of calls offered
AMB00	999 - Total Number of Calls	int	The count of all ambulance control room contacts.
AMB94	999 - Total lost handover time	int	The total lost handover time over 30 minutes
AMB90	999 - Total Hospital Lost Time (TA)	int	The total lost time for hospital turnarounds (time over 30 minutes)

Glossary - Indicator Descriptions (IUC and PTS)

mID	ShortName	IndicatorType	AQIDescription
IUC12	IUC - ED Validations %	percent	Proportion of calls initially given an ED disposition that are validated
IUC14	IUC - ED %	percent	Percentage of triaged calls that reached an Emergency Department outcome
IUC15	IUC - Ambulance %	percent	Percentage of triaged calls that reached an ambulance dispatch outcome
IUC16	IUC - Selfcare %	percent	Percentage of triaged calls that reached an self care outcome
IUC17	IUC - Other Outcome %	percent	Percentage of triaged calls that reached any other outcome
IUC18	IUC - Primary Care %	percent	Percentage of triaged calls that reached a Primary Care outcome
PTS01	PTS - Demand (Journeys)	int	Count of delivered journeys, aborted journeys and escorts on journeys
PTS02	PTS - Journeys < 120Mins	percent	Patients picked up and dropped off within 120 minutes
PTS03	PTS - Arrive at Appointment Time	percent	Patients dropped off at hospital before Appointment Time
PTS06	PTS - Answered < 180 Secs	percent	The percentage of calls answered within 180 seconds via the telephony system

Glossary - Indicator Descriptions (Quality and Safety)

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
QS50	Total Incidents	int	
QS51	Moderate or Above Harm	int	
QS52	IPC Incidents	int	
QS53	Medication Incidents	int	
QS54	A&E Delayed Response Incidents	int	
QS55	Patient Incidents	int	
QS56	Patient Incidents: Major or Catastrophic	int	
QS57	A&E Incidents	int	
QS58	EOC Incidents	int	
QS59	IUC Incidents	int	

Glossary - Indicator Descriptions (Workforce)

Workforce

mID	ShortName	IndicatorType	AQIDescription
WF40	Essential Learning	percent	Essential Learning to Replace Bundles
WF39	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	percent	Basic Prevent Awareness, formerly Prevent Awareness
WF38	Prevent Awareness | 3 Years	percent	Full Prevent Awareness, formerly Prevent WRAP
WF37	Fire Safety - 2 Years	percent	Percentage of staff with an in date competency in Fire Safety - 2 Years
WF34	Fire Safety & Awareness - 1 Year	percent	Percentage of staff with an in date competency in Fire Safety & Awareness - 1 Year
WF33	Information Governance - 1 Year	percent	Percentage of staff with an in date competency in Information Governance - 1 Year
WF28	Safeguarding Adults Level 2 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 2 - 3 Years
WF24	Safeguarding Adults Level 1 - 3 Years	percent	Percentage of staff with an in date competency in Safeguarding Adults Level 1 - 3 Years
WF13	Stat & Mand Training (Safeguarding L2 +)	percent	Percentage of staff with an in date competency for "Safeguarding Children Level 2" , "Safegua Adults Level 2" and "Prevent WRAP" as required by the competency requirements set in ESR
WF14	Stat & Mand Training (Face to Face)	percent	Percentage of staff with an in date competency for "Basic Life Support" , "Moving and Handlir Patients" and "Conflict Resolution" as required by the competency requirements set in ESR
WF12	Stat & Mand Training (Core) 3Y	percent	Percentage of staff with an in date competency for "Health Risk & Safety Awareness" , "Movin Handling Loads" , "Infection Control" , "Safeguarding Children Level 1" , "Safeguarding Adults 1" , "Prevent Awareness" and "Equality, Diversity and Human Rights" as required by the competency requirements set in ESR
WF11	Stat & Mand Training (Fire & IG) 1Y	percent	Percentage of staff with an in date competency for both "Information Governance" and "Fire S & Awareness"
WF05	PDR / Staff Appraisals % (T-90%)	percent	Percentage of staff with an in date Personal Development Review, also known as an Appraisal
WF35	Special Leave	percent	Special Leave (eg: Carers leave, compassionate leave) as a percentage of FTE days in the perio
WF07	Sickness - Total % (T-5%)	percent	All Sickness as a percentage of FTE days in the period
WF16	Disabled %	percent	The percentage of staff who identify as being disabled
WF02	BME %	percent	The percentage of staff who identify as belonging to a Black or Minority Ethnic background
WF17	Apprentice %	percent	The percentage of staff who are on an apprenticeship

Glossary - Indicator Descriptions (Clinical)

NHS Yorkshire Ambulance Service NHS Trust

Clinical

mID	ShortName	IndicatorType	Description
CLN52	Falls Conveyance Rate	percent	Falls Conveyance Rate
CLN51	Falls Care Bundle Compliance	percent	Falls Care Bundle Compliance
CLN50	Number of Fall Patients	int	Number of Fall Patients
CLN49	STEMI Care Bundle Compliance	percent	Heart Attack Care Bundle Compliance
CLN48	Average Time From Call to Catheter Insertion For Angiography (STEMI)	int	Average Heart Attack Call to Door Minutes
CLN47	Average Stroke On Scene Time Minutes	int	Average Stroke On Scene Time Minutes
CLN46	Cardiac ROSC Care Bundle	percent	Cardiac ROSC Care Bundle
CLN45	Bystander CPR	percent	Bystander CPR
CLN44	Number of Cardiac Arrests	int	Number of Cardiac Arrests
CLN43	STEMI Pre & Post Pain Score %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN42	STEMI Pre & Post Pain Score	int	Number of patients with a pre-hospital clinical working impression of STEMI who had a pre & post analgesia pain score recorded as part of their patient record
CLN41	STEMI Analgesia %	percent	Proportion of patients with a pre-hospital clinical working impression of STEMI who received the appropriate analgesia
CLN40	Number of patients who received appropriate analgesia (STEMI)	int	Number of patients with a pre- hospital clinical working impression of STEMI who received the appropriate analgesia
CLN32	Survival UTSTEIN - Patients Discharged Alive	int	Survival UTSTEIN - Of R4n, patients discharged from hospital alive.
CLN30	ROSC UTSTEIN %	percent	ROSC UTSTEIN - Proportion who had ROSC on arrival at hospital.
CLN28	ROSC UTSTEIN Patients	int	ROSC UTSTEIN - Patients with resuscitation commenced / continued by Ambulance Service.
CLN27	ePR Referrals (%)	percent	Proportion of ePR referrals made by YAS crews at scene.
CLN39	Re-contacts - Conveyed (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN37	Re-contacts - S&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.
CLN35	Re-contacts - H&T (%)	percent	Proportion of patients contacting YAS within 72 hours of initial contact.

Glossary - Indicator Descriptions (Fleet and Estates)

Fleet and Estates

mID ▼	ShortName	IndicatorType	Description
FLE07	Service %	percent	Service level compliance
FLE06	Safety Check %	percent	Safety check compliance
FLE05	SLW %	percent	Service LOLER (Lifting Operations and Lifting Equipment Regulations) and weight test compliance
FLE04	Vehicle MOT %	percent	MOT compliance
FLE03	Vehicle Availability	percent	Availability of fleet across the trust
FLE02	Vehicle age +10	percent	Vehicles across the fleet of 10 years or more
FLE01	Vehicle age 7-10	percent	Vehicles across the fleet of 7 years or more
EST10	Planned Maintenance Complete	percent	Planned maintenance completion compliance
EST15	P5 Non Emergency - Logged to Wrong Category	percent	P5 Non Emergency - Logged to Wrong Category
EST14	P6 Non Emergency (4 Weeks) - Completed	percent	P6 Non Emergency - Complete within 4 weeks
EST13	P6 Non Emergency (<2 Weeks) - Attendance	percent	P6 Non Emergency - Attend within 2 weeks
EST05	Planned Maintenance Attendance	percent	Average attendance compliance across all calls
EST09	All calls (Completion) - average	percent	Average completion compliance across all calls
EST04	All calls (Attendance) - average	percent	All calls (Attendance) - average
EST08	P4 Non Emergency (<14 Days) – Completed	percent	P4 Non Emergency completed within 14 working days compliance
EST03	P4 Non Emergency (<2 Working Days) - Attendance	percent	P4 Non Emergency attended within 2 working days compliance
EST07	P3 Non Emergency (<72 Hrs) – Completed	percent	P3 Non Emergency completed within 72 hours compliance
EST02	P3 Non Emergency (<24Hrs) - Attendance	percent	P3 Non Emergency attended within 24 hours compliance
EST12	P2 Emergency (<24 Hrs) – Completed	percent	P2 Emergency – Complete within 24 hrs compliance
EST11	P2 Emergency (<4 Hrs) - Attendance	percent	P2 Emergency – attend within 4 hrs compliance
EST06	P1 Emergency (<24 Hrs) - Completed	percent	P1 Emergency completed within 24 hours compliance
EST01	P1 Emergency (<2Hrs) – Attendance	percent	P1 Emergency attended within 2 hours compliance

NHS Yorkshire Ambulance Service NHS Trust

Meeting Title: Board of Directors (held in Public)
Meeting Date: 30 May 2024
Agenda Item: 3.3

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)		

Highlights	Lowlights
Remote Patient Care	**Remote Patient Care**

Highlights

Remote Patient Care

As mentioned in the last report Mike Podder-Finch has been appointed as the Head of IUC and will commence in early June. Angharad Truelove who is currently seconded into this role has been appointed substantively into the Deputy Head of IUC role. We now have a full and substantive leadership team across remote care.

Emergency Operations Centre (EOC)
Call answer times remain consistently sub-5 seconds, currently 4 seconds year to date.

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)
Despite the removal of national call taking support YAS remains 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 and various consultation processes now concluded.

Emergency Planning Resilience and Response (EPRR)
Good progress is being made with the EPRR Core and Interoperability Standards We also continue to continually meet the HART (Hazardous Area Response Team) and SORT (Specialist Operational Response Team) availability standard. This ensures our capability to respond to significant incidents.

Accident & Emergency Operations (A&E)
The Category 2 standard of 30 minutes was achieved in April (26m). The year-to-date position is 29 minutes. Both West Yorkshire and South Yorkshire YTD are below 30 minutes.

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.

Lowlights

Remote Patient Care

Emergency Operations Centre (EOC)
Turnover in April remains around 21% against a trajectory of 18% (rolling 12 month).

Integrated Urgent Care (IUC)
Recruitment pipeline is good, but we still have high reliance on agency for recruiting new staff.

As a result of the high number of agencies staff our IUC turnover continues to be a challenge. In April it was 30%, slightly below trajectory.

Accident & Emergency Operations (A&E)

Demand and handover delays have increased during May.

We failed to achieve the trajectory for May with a response time of 33 minutes against a trajectory of 29 minutes.

There remains significant variation in response times to patients across Yorkshire. YTD is 27m for West Yorkshire, 25m for South Yorkshire but 38m for Humber and North Yorkshire.

Turnaround delays continue to significantly impact on our ability to respond in a timely way. The average turnaround time is 53 minutes with variance between 46 in West Yorkshire, 52 in South Yorkshire and 71 minutes in Humber and North Yorkshire ICB.

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. **(People Committee)** **Integrated Urgent Care (IUC)** Turnover is exceptionally high for Health Advisors **(People Committee)** We have too much reliance on agency staff for IUC. **(People Committee)** Working environment and rotas are not conducive to a high performing contact centre. **(Finance and Performance Committee)** **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 <u>from July</u> 2024, from 437 to 498 **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. **Integrated Urgent Care (IUC)** Continue implementation of IUC Transformation Programme (Case for Change) **Accident & Emergency Operations (A&E)** Incorporate 'in extremis' actions into REAP 4. 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 for delivery from 1st April 2025. Explore opportunities to improve efficiency of PTS. **Emergency Planning Resilience and Response (EPRR)** Secure ICB funding for the approved MAI Business Case.

Trust Board (in Public)
30 May 2024
Agenda Item: People Directorate,
Executive Report **3.4**

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
• **A&E Pipeline** – Recruitment campaigns for A&E frontline roles have resulted in a strong pipeline with 156 Ambulance Support Workers assigned to course dates between April - October 2024, with a further 56 applications in the pool and 372 in the shortlisting/interview stage. In addition to this, 161 Paramedics are also assigned to course dates between April – October 2024, 44 applications in the pool and 41 in the shortlisting/interview stage. • **International recruitment - Nurses (IUC) –** The final cohort of Nurses arrived in March 2024 and are progressing through their assessments and pathways training. Plans have been approved for recruitment of a further 16 nurses in 2024/25 after the success seen in the first year. This will be done in groups of four with arrivals planned to start from Q2. Feedback from the nurses has been very positive about their experience so far and the same pastoral support and training will remain in place this year. • **Stay Conversations:** From 1 April 2024, all IUC and EOC staff, existing or exiting, are offered a 'stay' conversation on a routine basis in their regular one-to-one meetings and, for those leaving their role, they are offered the opportunity to complete an exit questionnaire as well as a conversation. All data is recorded via Microsoft forms, and which includes the use of displaying of QR codes in the contact centres to allow employees to readily access and provide the Trust with feedback independently. A summary of themes will be produced after Q1. • The **Succession Planning** toolkit is ready to launch following Digital Directorate completing the toolkit as part of the pilot. A full aim will enable the Trust to understand our level of risk, with regards to business-critical roles. The toolkit has been developed on SharePoint and is being launched on 4 June 2024 with the Senior Leadership Community. Directorates asked to complete their plans by end of Q3. • **National Apprenticeship Award Winner** - YAS was awarded 'Health and Science Apprenticeship Employer Provider of the Year' at the Annual Apprenticeship Conference (AAC2024) recognising excellence in YAS' apprenticeship provision. YAS also won Large	• **Appraisal compliance** - The Trust has seen an increase in compliance as of the end of April 2024 with **75.2%** appraisal completion (increase of **2.5% points** from Jan '24) and an increase to **84.9%** training compliance for managers (increase of **7.3%**). The appraisal target rate is **90%** for both compliance and training. The senior leader appraisal window opened on 1 April with an expectation that all senior leaders' band 8a and above will have their appraisal and career conversation before the end of June, and that this is recorded on ESR. A 'Frequently Asked Questions' support document is available on the dedicated appraisal pages on Pulse and has been promoted to senior leaders. • Total **sickness absence** for March 2024 was 6.5%. Although absence remains above the target of 5%, the rate March 2024 is lower than in the same month of last year (7.07%). Total absence for March 2024 comprised of 2.8% short term and 3.74% long term. Absence rates have fallen steadily since January 2024. Absence totals and the gradual downward trend through the first quarter of 2024 are broadly comparable across the sector with absence for February 2024 at 6.9% • **Seasonal vaccination programme -** the 2023 seasonal flu and COVID-19 vaccination programme delivered 105 flu clinics and 58 COVID-19 clinics resulting in 41.78% of frontline staff receiving flu vaccinations and 22% COVID-19 vaccination. Analysis of national data shows YAS is not an outlier in terms of the vaccination rates. • **Sexual Safety Charter -** The Charter was launched on 23 October 2023. In April there was a 6-month post launch review. This identified that in the 12-month period prior to its launch we had 23 disciplinary cases that were categorised as sexual safety. So far, in the 6 months post launch we have had 23. The same number in half the time indicates that people are feeling more comfortable in raising concerns of this nature, and that there is an appetite from management to address them. Future plans include specialist training for all involved in managing this caseload. This would include investigating officers and panel managers. There is also a

Highlights	Lowlights
Employer of the Year at the University of Huddersfield Apprenticeship Awards 2024. • **New Apprenticeships Data Power BI Dashboard** - YAS Academy and Business Intelligence analytics specialists have created an apprentice progress dashboard launched on 01 May. This easy-to-use dashboard provides information by programme, learners approaching completion or past their planned completion date. The progress/completion percentages provide detailed information and early warning of those learners who may require additional support. • **Rapid Process Improvement Workshop (RPIW)** - Phase 2, Readiness to Learn, of the quality improvement initiative started in early May. This aims to ensure a positive onboarding and learning experience for new starters to YAS Academy programmes. This collaborative work includes YAS Academy, HR, Recruitment, People Systems, ICT, Procurement, Scheduling, and the Quality Improvement team. • **Winter Wellbeing Tour** - successfully concluded in March with every Trust site and station visited including emergency departments. Over 600 staff engaged, and more than 100 feedback forms completed with positive feedback. • **YAS Together -** As part of the year 2 plan for the YAS Together programme a **maturity framework assessment** was undertaken with the board. This identified areas of focus for 2024/25 including leadership development, communications/engagement, and leadership behaviours. Plans are being developed for talent management with workforce planning likely to be the first area of development. • **Supporting Transgender Staff & Patients Guidance** - guidance was approved by PDG, JSG and TEG in April following extensive stakeholder engagement and review from Stonewall and is now published on Pulse. Plans to support Pride@YAS through a communication campaign to formally launch the guidance, is expected on International Day Against Homophobia, Biphobia, Intersexism and Transphobia on 17 May 2024. • **Hidden Disabilities Sunflower network** - the Trust has joined the Hidden Disabilities Sunflower network to better support our staff,	planned Trust communication to share the impact of the charter, encourage people to come forward and to provide assurances about how the Trust will manage these situations. Future plans include considering opportunities for collaboration with the NAA and other Ambulance Trusts to create efficiencies.

Highlights	Lowlights
volunteers and patients who have an invisible disability. The Hidden Disabilities Sunflower merchandise indicates to people that the wearer many need additional support, help or a little more time. By becoming a member of the initiative, we are committed to ensuring that our staff and volunteers with non-visible disabilities are and feel supported and can access the support they need and providing our staff and volunteers with resources to enable them to better support people with invisible disabilities.	

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.	A deep dive of the recruitment and retention work took place at People Committee in May 2024. Further work will be presented at future Committees. Work in this area includes, review of unpopular rota patterns, wellbeing support, rollout of a 'team based working approach and provision of uniforms to feel more part of YAS.	The IUC Case for Change work continues to be implemented.
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 against us as a Trust and have suspended our sponsorship licence.	We continue to undertake a comprehensive review of our compliance administrative systems and a full workforce review to ensure all Right to Work documentation is in place and properly recorded. Whilst this review remains ongoing, we have no reason to believe that there are likely to be any further breaches.	The plan will continue to be completed. Training for HR staff and managers on immigration regulations is continuing to take place. This area is on the internal audit plan for Q4.

Trust Board (in Public)
30 May 2024
Agenda Item: People Committee –
Chair's report **3.5**

Report Title	People Committee – Chair's report
Author (name and title)	Jeremy Pease, Non-Executive Director 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	

Highlight Report

Report from: People Committee

Date of the meetings: 14 May 2024

Key discussion points at the meetings and matters to be escalated to board:
Alert:
The Committee discussed that the Trust infrastructure, including estate, vehicles, equipment, parking etc is currently insufficient for further increases in workforce headcount. The estate capacity has been raised by staff during Board Quality Visits, particularly in terms of car parking and volume of staff on stations. A risk has been raised regarding the lack of sufficient capital funding to invest in the estate so other options will need to be considered.
Advise:
The Committee received a 'deep dive' report into recruitment and retention in call centres. The paper referred to actions being taken to ensure recruitment was undertaken in a timely way, inline with the agreed trajectory. The Committee was also updated on actions to improve retention in call centres, given turnover remains very high, compared to other areas of the Trust. The Committee agreed to monitor progress closely.
Assure:
Meeting of 14 May 2024 The meeting was quorate, and chaired by Jeremy Pease, as Tim Gilpin is currently acting as Trust Chair. The Committee: • Received an update on the Corporate risks aligned to the People Committee. An emerging risk, regarding staff with salary sacrifice agreements being paid under national minimum wage, pending the NHS annual pay award, was discussed and noted. • Received an update, and highlight report, from the People and OD Directorate which generated considerable discussion and challenge. All members received assurance that appropriate actions were being taken to progress the people agenda and reduce risks contained with the Board Assurance Framework. • Received a highlight report from the People and Culture Group regarding discussion regarding people issues and approval of Trust people policies. • Received a verbal update on work on YAS Together. The Group discussed the interventions and tools that have been designed to improve the Trust culture. • Discussed and accepted the introduction of Board Quality visit – themes, aligned to people, into the Committee's work plan. • Discussed a refreshed Fit and Proper Person Policy, which incorporated the recommendations from the KARK Review. The Committee supported its journey to

be approved at Trust Board. The Committee were also given assurance that the annual fit and proper person checks for Board Members were complete.

- Received and approved the Committee's Annual Report 2023-24 (compliance with Terms of Reference). The Committee supported its submission to the Audit Committee and Trust Board.
- Received and approved the Committee work plan for 2024-25. The work plan is aligned to the Board Assurance Framework and Committee Terms of Reference. It was noted that the Committee Terms of Reference required an annual review, and this would be submitted to the next meeting.

Risks discussed:

- Recruitment and retention in Call Centres.
- Issues with staff remuneration under National Minimum Wage, if a salary sacrifice agreement is in place.

New risks identified:

- Infrastructure issues in relations to increasing headcount.

Report completed by: Jeremy Pease, Non-Executive Director
Date: 14 May 2024

NHS
Yorkshire
Ambulance Service
NHS Trust

Board of Directors (held in Public)
30 May 2024
Quality Committee Highlight Report
Report of the Quality Committee Chair

Report from: Quality Committee
Date of meeting: 16 May 2024

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

Quality Accounts for 2023-24
The Quality Committee approved the Quality Accounts for 2023-24.

Controlled Drugs Update

The QC received a further update on progress to address identified issues with the management of controlled drugs. The Board should note that we remain non-compliant, however, the committee received an action plan that has been put in place to improve the current position. The Board should note that an internal audit is planned later in the year to assess progress.

Right Care Right Person Framework

The QC was updated on the current position across all of the region. A plan is in place to ensure we safely triage calls in the Emergency Operations Centre, but software changes are required before the new arrangements can be live. The QC committee will continue to monitor the Trust' progress.

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 and discussed the associated quality and safety issues.

Clinical Audit Plan
The Clinical Audit Plan for 24-25 was agreed.
The committee considered the annual review of its performance and agreed that the Terms of Reference needed further review and with the new annual workplan things should be in a better position at end of the current year.

Assure:

Risks discussed:
The committee considered all the risks assigned to them for oversight. They discussed the potential for improved risk tracking through the new BAF and are looking forward to the new reporting arrangements.

New risks identified:

No new risks were identified.

**Report completed by: Anne Cooper, Non-Executive Director/Quality Committee Chair.
Date: 20/05/2024**

Board of Directors (held in Public)
Meeting Date: 30 May 2024
Agenda Item: 3.7

Report Title	Freedom to Speak Up
Author (name and title)	Kirsty Holt – Freedom to Speak Up Guardian Sam Bentley – Freedom to Speak Up Guardian
Accountable Director	Peter Reading – Chief Executive Officer
Previous committees/groups	N/A
Recommended action(s) Approval, Assurance, Information	Information/Assurance
Purpose of the paper	• To provide the Board of Directors with an overview of the progress and development of the FTSU service. • The paper also includes themes arising from the concerns received by the Freedom to Speak Up Guardians (FTSUGs) from January 2023 to the end of March 2023. • Finally, the paper highlights key learning points and actions planned for the coming year.
Recommendation(s)	• Board of Directors to continue in their support of speaking up at YAS and encouraging learning from concerns. • Commit to supporting the future plans/developments with a view to strengthening the speak up provisions within YAS.

Executive summary (overview of main points)

The paper gives a summary of the following key items:
- Improvements made to FTSU
- Summary of concerns raised via FTSU
- Commonly occurring themes
- Learning from FTSU
- Future plans/developments to FTSU at YAS

	Our Patients	

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our People	2.4 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	
	Our Planet and Pounds	
Link with the BAF Include reference number (board and level 2 committees only)		2c) Ability to promote and embed a positive and inclusive workplace culture.

Board of Directors (held in Public)
30 May 2024
Freedom to Speak Up

1. Background

1.1   The National Guardian's Office (NGO) was established in October 2016 at the same time as it became a contractual obligation for every NHS provider organisation to have an appointed FTSU Guardian.

1.2   The importance of raising concerns is not just to ensure that patients receive the best care but also to protect the safety of workers. The Trust is committed to providing outstanding care to service users and staff to achieve the highest standards of conduct, openness, and accountability. There are many routes available to speak up at YAS, these include line management, Human Resources, Datix, Staff Side representatives and Freedom to Speak Up.

1.3   Speaking up is about anything that gets in the way of doing a good job. If we think something might go wrong, it is important that we all feel able to speak up to stop potential harm. Even when things are good, but could be even better, we should feel able to say something and be confident that our suggestion will be taking seriously and used as an opportunity for learning and improvement.

1.4   The Chief Executive is the named Executive Lead for FTSU and is accountable for ensuring that FTSU arrangements meet the needs of the staff across the Trust. The Non-Executive Director (NED) responsible for FTSU is available to the Guardian to seek second opinions and support as required.

1.5   The Guardians have direct access to the CEO, NED, COO, and other Executive roles, with regular meetings scheduled to discuss all elements of FTSU activity across the Trust.

1.6   YAS Guardians are members of the National Ambulance Network (solely NHS Ambulance Trusts), Ambulance Partnership Network (both NHS and private providers) and the North East & Yorkshire Regional FTSU network. These provide opportunities for learning to be shared and national themes to be addressed, alongside invaluable Guardian peer support.

1.7   The Guardians are up to date with the National Guardian refresher training to ensure the team are working in line with suggested best practice.

1.8   YAS has made exceptional progress in recording and reporting data over the past year and this report will highlight the key improvements made.

1.9   The purpose of the paper is to provide the Trust Board with an update on issues raised via Freedom to Speak Up in Quarter 4 of 2023/24 and the action taken in response. The paper also provides a further update on broader developments, both organisationally and in the world of Freedom to Speak Up.

2. Summary of Improvements to the FTSU Service

2.1 **Increased capacity**. Throughout Q1 & Q2 of 2023, following on from recommendations made in the National Guardian's Office review into Ambulance Trusts, Guardian capacity was increased from 0.6 WTE to 1.8 WTE. The existing Guardian increased their hours from 22.5 to 30, a second Guardian was then successfully appointed on a full-time, two-year secondment.

2.2 **Improved data collection.** Historically Guardians have collected data using national guidance/best practice. The themes which are recorded and submitted in the quarterly data return to the NGO are:

- Patient Safety/Quality
- Worker Safety or Wellbeing
- Bullying & Harassment
- Other Inappropriate Attitudes or Behaviours
- Detriment as a Result of Speaking Up

To continually improve our data collection, arising sub-categories are now documented, with the most prominent as follows:

- Sexual Safety
- Trust Process
- Fraud

2.3 **Updated FTSU policy.** The Board of Directors approved the NHS model policy on 29 Feb 24 which sits alongside the existing YAS policy.

2.4 **Managers toolkit.** Upon discussion with National Ambulance Network colleagues, Guardians are looking to create a Managers toolkit to provide advice and guidance on how to handle concerns. Once finalised, this will be accessible to anyone who has a concern raised in their area or those who contact FTSU to ask for advice/guidance on handling concerns.

2.5 **E-learning modules.** There are 3 FTSU e-learning modules available to staff which were created in collaboration with the National Guardian's Office & Health Education England; 'Speak Up', 'Listen Up', 'Follow Up'. Each module is important in helping understand the vital role we all play in fostering a healthy speak up culture, protecting both patient and worker safety.

Compliance figures are regularly monitored by the Guardians. Overall Trust compliance as of 30 April 24 is as follows:

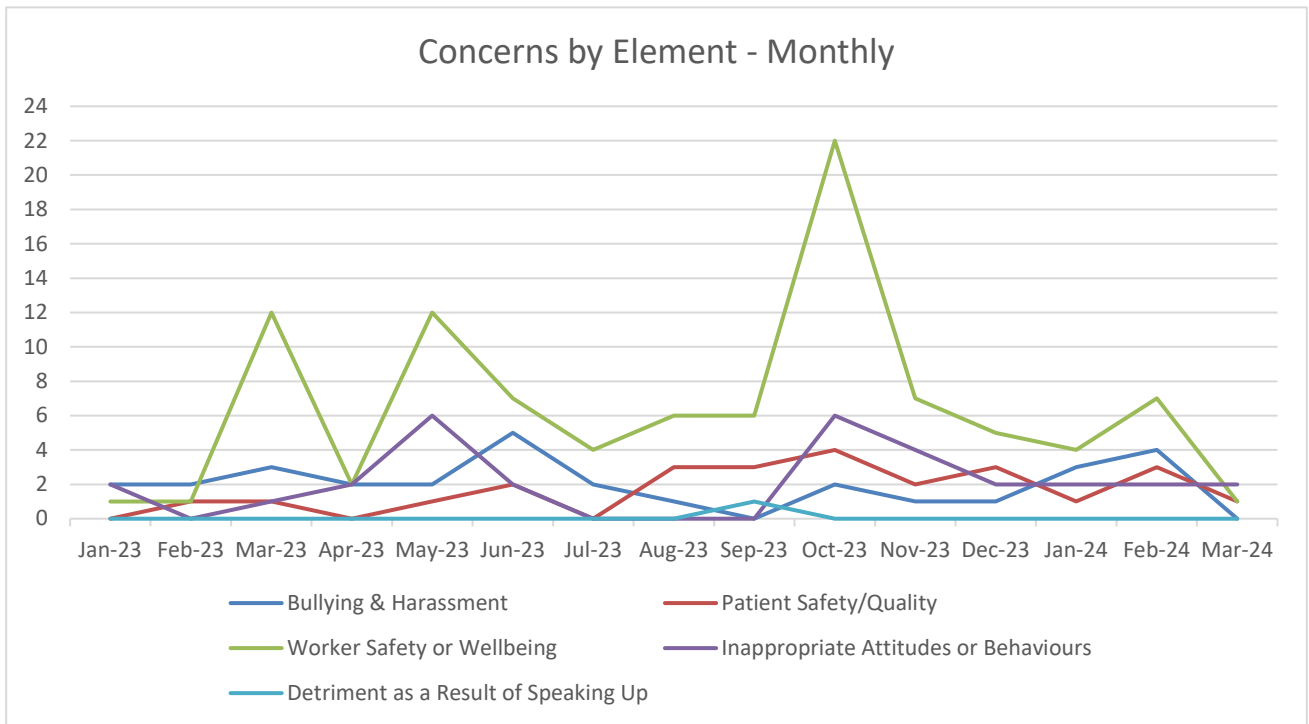| Module:	Applicable to:	Frequency:	Compliance:	Total non-compliant:
Speak Up	All Workers/Managers/Senior Leaders	3-year refresh	90.43%	757
Listen Up	Managers/Senior Leaders	3-year refresh	83.40%	117
Follow Up	Senior Leaders	3-year refresh	55.32%	21

3. Concerns raised via FTSU.

3.1   The below chart outlines the number of concerns raised via FTSU per month from the beginning of Q4 2022/23 to the end of Q4 2023/24. The data has been captured from the beginning of the first full quarter which Sam was in post to the end of last quarter. There are clear spikes in FTSU contact, which can be explained as follows;

- March 2023. The rise in concerns here follows the publication of the National Guardian's Office review into Ambulance Trusts *'Listening to Workers. A Speak Up Review of ambulance trusts in England'* in Feb 23.
- May 2023 – This spike in concerns was a result of focused engagement at a particular station in A&E Ops North due to several anonymous reports pertaining to ongoing cultural issues and inappropriate behaviour.
- October 2023. The significant rise here is attributed to the coordinated engagement plans of Guardians and Ambassadors during Speak Up Month; an annual initiative led by the NGO. During October the FTSU team attended key areas within Yorkshire, actively engaging with workers in their own settings, to talk all things FTSU.

Although the number of cases appears to be decreasing, the significance and complexity of the cases is broadening.

Concerns raised per month Q4 2022/23 - Q4 2023/24
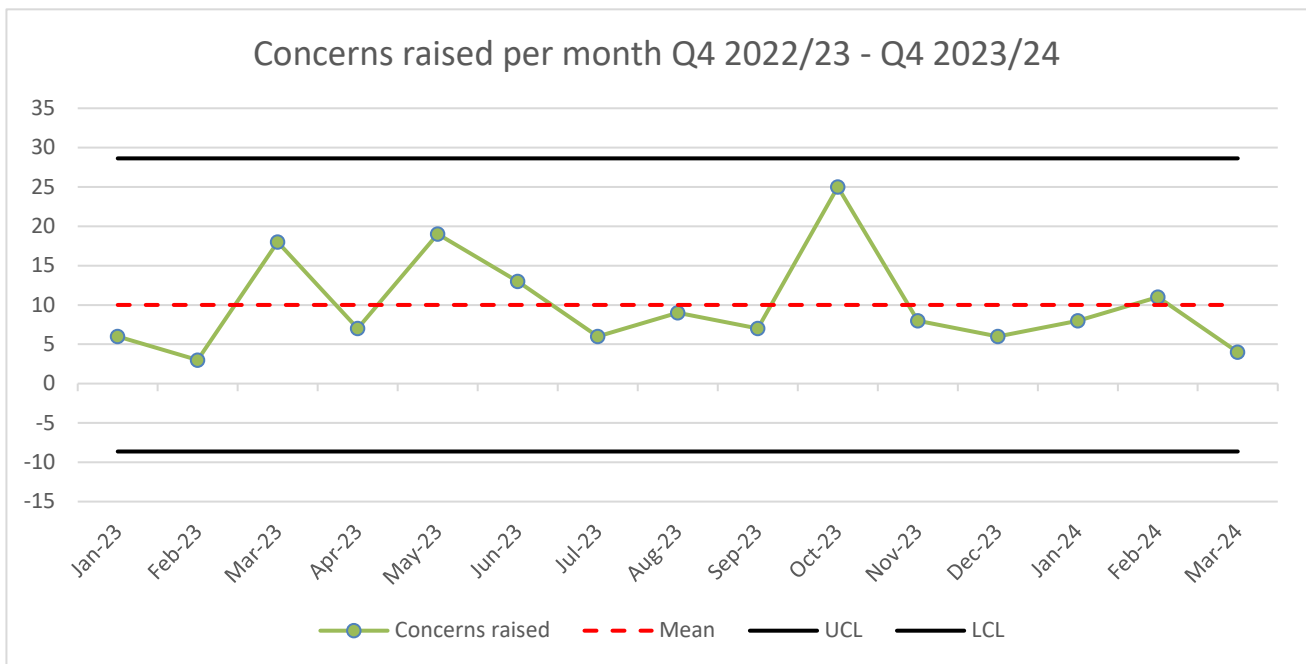
3.2   To coincide with the above, please see below concerns raised by 'element' (NGO reporting categories). From March 2023 to February 24 'Worker Safety or Wellbeing' was consistently the highest reported concern from workers with all other categories fluctuating throughout this period.

Concerns by Element - Monthly

Legend:
- Bullying & Harassment
- Patient Safety/Quality
- Worker Safety or Wellbeing
- Inappropriate Attitudes or Behaviours
- Detriment as a Result of Speaking Up

4. Commonly occurring themes

4.1 The NGO recognise fear and futility as the two biggest barriers to speaking up. This is echoed through the themes arising from concerns raised via FTSU.

4.2 **Sexual Safety** – Increased awareness of sexual safety across the organisation since the release of the Trust's Sexual Safety Charter. Upon release, Guardians expected a significantly larger influx of concerns mirroring the experience of other Trusts, however this has been a gradual increase.

4.3 **Leadership** – In a large proportion of concerns raised, staff had initially spoken up through their local leadership routes before approaching FTSU. Some of the reasons given for coming to FTSU are as follows:

- 'concern has been raised several times, it seems to hit a certain level of management and is either dismissed, ignored, or not believed'
- 'don't believe anything will happen, maybe it's not worth the hassle'
- 'team leader is very rude and condescending'
- 'management are part of the problem/clique, I don't trust that anything I say in confidence will stay confidential'
- 'they batten down the hatches and keep things hidden so that higher managers don't see incompetence'

Guardians are aware that leadership programmes such as Aspiring Leaders and Lead Together have recently been reinstated following a hiatus through Covid-19. High uptake on these courses is expected to have a positive effect on the issues highlighted above. Investment in our current leadership teams, with focus on leadership behaviours and critical decision making may reduce the number of concerns of this nature being brought to Guardians.

The response from local leadership to concerns raised through FTSU has, at times,

been one of defensiveness rather than an opportunity for improvement. This is improving as the FTSU Guardians establish their relationships and links with the local leaders, with support from the Executives.

4.4 **Scope of Practice** – Guardians have received concerns at both ends of the scale regarding scope of practice. In some circumstances, workers have felt they were unsafely being asked to work out of their scope of practice, identifying potential patient safety implications as a result. There have been extensive role reviews undertaken and updates to the appropriate Standard Operating Procedures as a result of these concerns. Guardians have also received concerns around workers who were knowingly working out of their scope of practice, allowing the possibility for patient safety risks. When escalated by Guardians, the Trust responded promptly and took appropriate risk reduction measures.

4.5 **Behaviours and Culture** – As outlined in Siobhan Melia's recent culture review into ambulance trusts, there are widespread cultural issues across the ambulance sector. This is evident for YAS in the volume of concerns received relating to poor behaviours and culture. This spans many directorates within the Trust however there are hotspots identified. Guardians are currently in talks with the recently appointed People Promise Manager to triangulate this data with other departments such as HR, Datix, and ED&I in order to map out the hotspots enabling targeted interventions in key areas.

4.6 **Trust Process** – Concerns received regarding Trust process are mostly attributed to the following:

- Significant delays during process or working out of timeframes stated in policies.
- Lack of communication and support during process.
- Policies/procedures not being followed.
- Lack of trust in the processes.
- Already gone through a Trust process, outcome unsatisfactory.

Guardians recognise that there have been capacity issues in some teams which contributes to some of the delays stated. It is to be noted that whilst ever a reporter is in a process, Guardians will always advise that the process must be exhausted before a concern can be escalated.

4.7 **Potential Fraudulent Behaviour** – Where fraudulent activity is suspected, reporters have turned to FTSU when they are not sure where to go, where they wish to remain confidential, or are not comfortable contacting external agencies (i.e. 360 Assurance).

4.8 **Reasonable Adjustments** – Several concerns have been raised in relation to reasonable adjustments. Examples of the types of things raised a

- Workers with Dyslexia who are struggling to access support and the required equipment.
- Issues with designated desks.
- Workers with disabilities finding that their occupational health recommendations are not given due consideration and aren't actioned consistently across the Trust.

4.9 **Reoccurring Behaviours** – Guardians have seen a rise in concerns raised relating to workers who have already been subject to a trust process in the past. There have been instances of further concerns raised to FTSU in relation to poor behaviours of particular individuals despite been the subject of previous FTSU concerns and trust processes.

4.10 As with all categories, the focus should be on the perception of the person raising the concern. There is often the mindset of 'the person behind the complaint'. As a Trust we need to recognise the value in the information provided to us when people raise concerns and make the shift to 'the person with the lived experience'.

5. Learning from FTSU

5.1 As part of the improvements we are making to the FTSU service, at YAS we are always looking to establish opportunities for improvements from concerns raised and to embed these improvements into our organisation.

5.2 **360 Assurance** – Guardians have identified areas for improvement in the current process for raising concerns in relation to fraud. Plans in place to work collaboratively with Human Resources and the new 360 Assurance Counter Fraud Specialist for YAS to refine process.

5.3 **Triangulation of Data** – Some cases highlighted concerns held in multiple areas i.e. Datix/FTSU/Local Management which were all being dealt with in silo. This emphasised the need to strengthen data triangulation across the Trust.

5.4 **Relationship at Work Policy** – The outcome of concerns raised, highlighted a need for a full review of the relationship at work policy.

5.5 **Welfare Support** – Welfare support to be considered for complainant, perpetrator and relevant manager during Trust processes.

5.6 **Strengthening of interview process** – A review following concerns raised identified the need to strengthen the interview process, recruitment practices, and undertake necessary training**.**

5.7 **Additional application question** – Identified the need to include an additional question in application process as an early indicator of previous employment with YAS, triggering the need for further pre-employment checks and verification.

5.8 **SME Consideration** – Concerns raised through FTSU have highlighted situations where workers have spoken up via alternative routes in the organisation and specialist advice has not been sought (i.e. safeguarding not consulted).

6. Future plans/developments to FTSU at YAS

6.1 **Secondment Model –** YAS are currently one of the last ambulance trusts to be operating on a secondment model for the Guardian role. Other trusts have moved

away from seconding the role for multiple reasons, one of the most significant of those being the need to rebuild trust with workers and Guardians through every secondment cycle. This has been demonstrated during current Guardians secondment journey. In initial stages there were a multitude of low-level concerns raised (i.e. cracked floor tiles which had not been fixed for a significant amount of time) which should have been a local level resolution. More recently, Guardians have received significant, complex concerns, raised by senior leaders and clinicians within the organisation.

6.2 **Increased Capacity –** Consideration to be given to the NGO review into ambulance trusts in Feb 23, which outlined a recommendation of 3.0 WTE Guardians. Although capacity increased from 0.6 WTE to 1.8 WTE July 2023, YAS are still not meeting the recommendation. Due to current complex caseloads, strategic demands and geographical reach of YAS, Guardians are struggling to actively engage face to face with staff in most areas.

6.3 **University Visits –** Agreements have been made with YAS Academy to reach out to university students in year 1. Site visits to be arranged soon.

6.4 **Board Development Session** – National Guardian Jayne Chidgey-Clark is due to attend a board meeting. This was meant to be on 29 Feb 24 however had to be postponed. Guardians are looking to re-arrange this for autumn time.

6.5 **FTSU Ambassadors** – Plans to refresh the current memorandum of understanding to align with Trust commitment to role, updated guidance from the NGO and Guardians expectations. Due to the significant changes to the Ambassador role (they are now required to signpost, engage with staff and raise awareness, under no circumstances should an Ambassador be taking on their own cases) this is going to be a larger piece of work which will need stakeholder involvement.

6.6 **Training Needs Analysis** – Guardians have identified further roles in YAS which would benefit from the knowledge provided in the 'Listen Up' and 'Follow Up' E-learning modules. Currently under review by Guardians and area leads.

6.7 **Power BI Dashboard** – Now that the new concern recording mechanism is fully implemented – next steps are to integrate this into an interactive dashboard through Power BI**.** This will enable the FTSU team to bring non identifiable data to team management conversations and work proactively with these teams on how to respond to and understand concerns/themes in their areas.

6.8 **RAG Rating concerns –** Guardians considering the implementation of RAG status for concerns as used by colleagues in the National Ambulance Network, and what this means for the wider trust. Define clear timeframes for resolution dependant on priority of case and consider escalation process for each stage.

6.9 **Leadership Awareness Sessions** – Tailored sessions (approx. 1 hour) for leadership groups across the organisation, highlighting the importance of speaking up, how we can work collaboratively to create a culture whereby all workers feel safe

to raise concerns, and how we can effectively learn from the outcomes of concerns raised.

7. Conclusion

7.1   Although much has been achieved in the development of the FTSU resource at YAS, there is more to do as outlined above. The FTSU team seek the support of the Board to identify, develop and support Speaking Up over the course of this year.

8. Recommendations

8.1   The Board is asked to continue in their support of speaking up at YAS and encouraging learning from concerns.

The Board is asked to commit to supporting the future plans/developments with a view to strengthening the speak up provisions within YAS.

Meeting Title: Board of Directors (Public)
Meeting Date: 30 May 2024
Agenda Item 4.1

Report Title	**Fit and Proper Person Policy**
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	Trust Executive Group, People Committee
Recommended action(s) Approval, Assurance, Information	Approval
Purpose of the paper	This document presents an updated Fit and Proper Person Policy for approval by the Board of Directors.
Recommendation(s)	The Board approves the policy.

Executive Summary

Enclosed is a draft updated policy document for approval by the Board of Directors. The document enshrines in policy the various changes made to the Fit and Proper Person Test framework following the Kark Review. These changes have been implemented in the Trust, and cover aspects of the recruitment and appointment of Board members and other directors, ongoing annual compliance requirements, and the retention of local records.

Note that compared to the previous version of the Fit and Proper Person policy various elements of operational or procedural process detail have been removed and these will be captured in a separate Procedures document. This updated document is presented a policy (what the Trust will do) rather than a set of operational procedures (how the Trust will do it).

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	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	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)		2c: Ability to promote and embed a positive and inclusive workplace culture. 3a: Capacity and capability to plan, govern, and deliver Trust strategy and business priorities

Board of Directors (in Public)
Fit and Proper Person Policy

30 May 2024

David O'Brien

Director of Corporate Services and Company Secretary

1. Purpose

1.1 This paper presents an updated Fit and Proper Person Policy for approval by the Board of Directors.

2 Background

2.1 Since November 2014 NHS provider organisations have been required to meet regulatory requirements regarding director-level appointments to ensure that individuals appointed to such positions are 'fit and proper persons.'

2.2 The Fit and Proper Person Test (FPPT) is applied under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Requirements relating to FPPT are integrated into the Care Quality Commission (CQC) registration requirements and fall within the CQC regulatory and inspection framework under the 'Well-Led' domain. The Trust has reported compliance with this framework since its inception and has an agreed policy setting out the local FPPT processes.

2.3 The Kark Review (2019) was commissioned by the government to assess the scope, operation, and purpose of the existing FPPT and to recommend improvements. The review included evaluation of how effective the FPPT is: "… in preventing unsuitable staff from being redeployed or re-employed in the NHS, clinical commissioning groups, and independent healthcare and adult social care sectors." The review highlighted areas that required improvement to strengthen the existing arrangements.

2.4 At its meetings on 28 September and 26 October the Trust Board received an update on the changes to the FPPT that are now being implemented following the Kark Review. These updates were presented in the context of the Trust's response to lessons about leadership, governance and accountability emerging from high-profile incidents involving the Counter of Chester Hospital ('the Lucy Letby trial'). In addition, at its meeting on 28 November 2023 the People Committee received an update regarding the roles to be included in the scope of the FPPT in this trust.

2.5 As part of this process the Trust needs to adopt an updated Fit and Proper Person Policy. Approval of the Trust's Fit and Proper Person is a matter reserved to the Board of Directors. A draft policy document is attached at Appendix A. The content of the updated policy aligns with guidance and other material issued by NHS England to support implementation of the stronger FPPT framework.

2.6   Compared to previous versions of the Trust's Fit and Proper Person policy various elements of operational or procedural process detail have been removed and these will be captured in a separate procedures document. This updated document is presented a policy (what the Trust will do) rather than a set of operational procedures (how the Trust will do it).

3   Fit and Proper Person Policy: Key Points

3.1   The key points in the updated policy are as follows:

3.2   Section 2.2 confirms the scope of the FPPT as set out in the legislation and associated regulations and guidance. The roles to which the FPPT framework applies in this organisation are set out in Appendix A to the policy. These roles have been updated to align with the Trust's new leadership structure and are consistent with the arrangement reported to the People Committee on 28 November 2023.

3.3   Section 3.2 confirms the instances in which the Trust will undertake the full FPPT assessment. As mentioned in 2.6 above, details of the operational processes required to carry out the assessment will be set out in a separate procedures document.

3.4   Section 3.3 confirms the importance of the annual self-attestation process and the requirement to report on the completion and outcome of this annually to the NHSE Regional Director.

3.5   Section 3.4 outlines the arrangements for carrying out FPPT assessments for new board members. This includes the need to carry out pre-employment checks in line with the Trust's existing recruitment policies and includes social media checks and Disclosure and Barring Service checks (where directly relevant to the role).

3.6   Section 3.5 outlines the strengthened arrangements for undertaking reference checks for prospective Board members. This includes use of a new standard reference template issued by NHS England, arrangements for local retention of information received via references, and the completion and retention of references when board members leave their role.

3.7   Section 3.6 sets out new arrangements for using the Electronic Staff Record (ESR) to hold and manage information about board members. This includes the Trust's approach to reviewing and updating the information held in ESR and the restrictions in place regarding access to this information.

3.8   Section 3.7 and Appendix D set out the role of the Trust Chair in the FPPT framework. The Chair is accountable for ensuring that the Trust has in place effective FPPT arrangements and that these are completed each year as required. The Chair is accountable for concluding on whether each board member does meet the requirement of the FPPT framework. The Senior Independent Director will ensure that the Chair meets the FPPT requirements.

3.9   Section 4 confirms the Trust's approach to carrying out the various annual checks required by the FPPT framework. This includes the arrangements for annual appraisals and objective-setting for all board members, both executive and non-executive. 4.2.5 confirms that the Trust will utilise any guidance, frameworks or other tools issued by NHS England or regulators to support the appraisal and development review of board members. This is required to achieve compliance with the strengthened FPPT framework.

4   Financial Implications

4.1   There are no direct financial implications associated with this paper.

5   Risk

5.1   Failure to apply the FPPT framework would represent statutory and regulatory non-compliance, with potential implications to the Trust's reputation and operating license.

5.2   Failure to apply the FPPT framework well would represent a regulatory risk under the CQC 'Well-Led' domain, with potential implications to inspection outcomes and reputation.

5.3   Failure to operate rigorous and effective FPPT arrangements could result in the Trust appointing individuals who are not demonstrably 'fit and proper' to significant roles, with potential implications for governance, accountability, assurance, reputation, and patient safety.

6   Communication and Involvement

6.1   This draft policy has been reviewed by the Trust Executive Group and the People Committee.

7   Equality Analysis

7.1   An Equalities Impact Assessment is in place for the existing policy. This will be reviewed and updated as required.

8   Recommendation

8.1   The Board is asked to approve the updated policy.

9   Supporting Information

Appendix 1: Fit and Proper Person Policy (draft for approval)

David O'Brien
Director of Corporate Services and Company Secretary
May 2024

APPENDIX A

Fit and Proper Person Policy

Director of Corporate Services and Company Secretary

May 2024

Draft for Board Approval

DOCUMENT CONTROL INFORMATION

Document name	Fit and Proper Persons Policy
Version	6.0
Responsible Committee	Trust Board
Responsible Director	Director of Corporate Services and Company Secretary
Document Owner (title)	Director of Corporate Services and Company Secretary
Document Lead (title)	Director of Corporate Services and Company Secretary
Approved By	Trust Board
Date Approved	May 2024
Review Date	May 2027
Equality Impact Assessed (EIA)	Yes
Protective Marking	Not Protectively Marked

DOCUMENT CONTROL INFORMATION

Version	Date	Author	Status (A/D)	Description of Change(s)
1.0	May 2017	Nichola Timmons	D	New Policy
2.0	Sept 2017	Nichola Timmons/ Suzanne Hartshorne	D	Additions following PPG/JSG
2.1	Jan 2018	Suzanne Hartshorne	D	Amendments following Trust Board
2.2	Feb 2018	Suzanne Hartshorne	D	Updated following CQC guidance
3.0	March 2018	Suzanne Hartshorne	A	Approved Trust Board
3.1	March 2021	Suzanne Hartshorne	D	Updated following recommendation from Remuneration Committee
4.0	April 2021	Suzanne Hartshorne	A	Trust Board in public approved changes.
5.0	May 2021	Risk Team	A	Approved at TMG
6.0	**May 2024**	**David O'Brien**	**D**	**For approval by Trust Board**
Document Status	A = Approved / **D = Draft**			
Document Author	**David O'Brien**, Director of Corporate Services and Company Secretary			
This document is controlled in accordance with the Management of Procedural Documents Policy. If you would like to suggest amendments to this document, please contact the document author.				

Associated Policies and Procedural Documents:

Recruitment and Selection Policy and Procedures
Disclosure and Barring Service Procedure
Professional Registration Policy
Secondary Employment Policy and Guidance
Probationary Policy and Guidance
Standards of Business Conduct Policy
Code of Conduct Policy

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STAFF SUMMARY

The Trust is wholly committed to the principles and operational requirements of the Fit and Proper Person (FPPT) Test framework
This policy sets out the principles and arrangements that ensures compliant application of the FPPT in the Trust
The FPPT reinforces individual accountability and transparency for board members of NHS organisations, and thereby prioritise patient safety and good leadership. Compliance with the FPPT will help board members to provide demonstrable and objective assurance that they are 'fit and proper'.
The Trust requires individual board members to demonstrate that they meet the FPPT requirements at the point of commencing their role and on an ongoing basis thereafter
To ascertain whether an individual board member is 'fit and proper' the Trust will assess all board members against the full and current FPPT framework as set out in the relevant guidance issued by NHS England
The Trust requires every board member to complete an annual self-attestation to confirm that they adhere to the FPPT requirements
The Trust will not confirm any new appointment to a board member role unless, and until, the appointee concerned has demonstrated that they meet the FPPT requirements.
On initial appointment of a new board member, the Trust will obtain references in accordance with the national guidance. The Trust will use the information received from references to support the full FPPT assessment for new board members.
The Trust uses the Electronic Staff Record (ESR) to hold FPPT information relating to its board members.
The Trust Chair is accountable for ensuring that the Trust has taken all reasonable steps to implement effective arrangements that comply with the FPPT requirements.
The Trust will investigate in a timely manner any concerns regarding the fitness or the ability of an individual board member to carry out their duties. Any such investigation will be conducted in line with the relevant Trust policies and procedures
The Trust will submit a report to the NHS England Regional Director to confirm the satisfactory completion of all annual FPPT checks and review processes

1.0 INTRODUCTION

1.1 Yorkshire Ambulance Service NHS Trust (the Trust) is wholly committed to the principles and operational requirements of the Fit and Proper Person (FPPT) Test framework.

1.2 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5, Fit and Proper Persons (Directors) placed a duty on NHS organisations to ensure that those who hold, or are due to hold, a director position within the Trust are 'fit and proper' to carry out the role of overseeing the quality and safety of care. The systems and processes required to discharge this duty are set out in the Fit and Proper Person Test (FPPT) framework.

1.3 The Kark Review (2019) broadened the scope and strengthened the requirements of the FPPT Framework.

2.0 PURPOSE AND SCOPE

2.1 Purpose

2.1.1 This policy includes the arrangements necessary for the Trust to act in accordance with the recommendations of the Kark Review. It sets out the principles that ensure compliant application of the FPPT in the Trust. Operational details regarding FPPT application in the Trust are set out in a separate procedure document that supports the implementation of this policy.

2.1.2 The aim of the strengthened FPPT is to reinforce individual accountability and transparency for board members of NHS organisations, and thereby to prioritise patient safety and good leadership. Compliance with the FPPT helps board members to provide demonstrable and objective assurance that they are 'fit and proper'.

2.1.3 The Trust requires individual board members to demonstrate that they meet the FPPT requirement at the point of commencing their role and on an ongoing basis thereafter, including an annual review and self-attestation process (see 3.3).

2.1.4 In the event that an individual board member ceases to meet the FPPT requirements and can no longer demonstrate that they are 'fit and proper' the Trust will notify the appropriate regulators and the individual may be dismissed.

2.2 Scope

2.2.1 The FPPT framework applies to the Board members of NHS organisations. In accordance with the relevant guidance, the term 'board member' is defined as:

- Executive and Non-Executive Directors, irrespective of voting rights

- Interim (all contractual forms) and permanent appointments to Board Level roles

- Those individuals called 'directors' within Regulation 5 of the Health and Social Care Action 2008 (Regulated Activities) Regulations 2014.

2.2.2   Appendix A sets out the board members to which the FPPT applies in this Trust.

2.2.3   Board members who by virtue of their profession are members of other professional registers, such as the General Medical Council (GMC), Health and Care Professions Council (HCPC), or the Nursing and Midwifery Council (NMC) will still be assessed against the FPPT framework.

2.2.4   The Trust may choose to extend the scope of the FPPT assessment to other key roles beyond board membership, such as those individuals who regularly attend meetings of the board and assurance committees or who otherwise have significant influence on board decisions.

3.0   FIT AND PROPER PERSON TEST FRAMEWORK

3.1   Principles

3.1.1   To assess whether an individual board member is 'fit and proper' the Trust will take steps to satisfy itself that:

- The individual is of good character.

- The individual has the qualifications, competence, skills, and experience that are necessary for the relevant office or position or the work for which they are employed.

- The individual is able by reason of their health, after workplace adjustments are made, of properly performing tasks that are intrinsic to the office or position for which they are appointed or to the work for which they are employed.

- The individual has not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) while carrying out a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

- None of the grounds of unfitness specified in Part 1 of Schedule 4 of the Health and Social Care Act 2008 (Regulated Activities: 2014 Regulations) (see Appendix B).

3.1.2   The Trust will assess individuals against the full and current FPPT framework as set out in the relevant guidance issued by NHS England.

3.2   Full FPPT Assessment

3.2.1   The Trust will undertake a full and documented assessment against the FPPT framework in the following circumstances:

1. New appointments to board member roles, whether permanent or temporary, where the period of appointment is greater than six weeks. This covers:

   a) New appointments, including when individuals have been promoted within the Trust.

   b) Temporary appointments (including secondments) involving acting-up into a board role on a non-permanent basis.

c) Existing board members of other NHS organisations who join the Trust in the role of board member.

d) Individuals who join the Trust in the role of board member for the first time from an organisation that is outside of the NHS.

2. When an individual board member changes their role within the Trust (for example, if an existing board member moves into a new board role that requires a different skillset).

3. Annually, within a 12-month period of the date of the previous FPPT assessment, to review for any changes that may have occurred in the previous 12 months.

3.2.2 In circumstances 1(a) to 1(d) above (new appointments) the Trust will also carry out a board member reference check (see 3.5).

3.2.3 In circumstances 2 and 3 above the Trust is not required to carry out a board member reference check.

3.2.4 The process for carrying out the full FPPT assessment is set out in the procedure document that supports implementation of this policy.

3.3 Board Member Self-Attestation

3.3.1 Self-attestation is a necessary step that forms part of the full FPPT assessment for all board members. The Trust requires every board member to complete an annual self-attestation to confirm that they adhere to the FPPT requirements. The process for completing the annual self-attestation process is set out in the procedure document that supports implementation of this policy.

3.3.2 The completed and signed self-attestation form should be submitted annually and, on request, to the Company Secretary on behalf of the Trust Chair.

3.3.3 The Trust will use the current official form for completing the FPPT self-attestation as issued by NHS England.

3.3.4 The Trust will submit an annual return to the NHS England Regional Director to confirm that all board members have completed the self-attestation process and that all board members meet the FPPT requirements.

3.4 New Board Member Appointments

3.4.1 The Trust will not confirm any new appointment to a board member role unless, and until, the appointee concerned has demonstrated that they meet the FPPT requirements, and any other appropriate employment or pre-appointment checks required by the Trust.

3.4.2 New appointments that involve joint roles across a different NHS organisation in addition to the Trust will be managed by the Trust in accordance with the relevant national guidance issued by NHS England. It is expected that the designated host or

employing organisation would undertake the FPPT assessment with input from the Chair(s) of the other organisation (s) involved.

3.4.3 New appointments that involve shared roles within the Trust will be managed by the Trust in accordance with the relevant national guidance issued by NHS England. Where two individuals within the Trust share responsibility for the same board member role both individuals will be assessed against the FPPT requirements.

3.4.4 New appointments that involve interim cover for temporary absence will be managed by the Trust in accordance with the relevant national guidance issued by NHS England. For the FPPT requirements, a temporary absence is defined as leave for a period of six consecutive weeks or less, where the Trust is leaving the role open for the same board member. A full FPPT assessment will be undertaken for an individual in an interim cover role that is expected to exceed six weeks. Where an individual is appointed as temporary interim cover and is not already assessed as fit and proper, the Trust will ensure appropriate supervision by an existing board member until all appropriate checks have been completed.

3.4.5 The recruitment process for prospective new board members will align with other Trust policies relating to recruitment. The detailed process for recruiting new board members is set out in the procedure document that supports implementation of this policy.

3.4.6 Employment checks of prospective new board members will be carried out in accordance with the requirements of the FPPT framework and the Trust's own policies and procedures relating to employment checks. Such checks will include social media checks and criminal record checks, where these are relevant to the role being recruited. The detailed process for recruiting new board members is set out in the procedure document that supports implementation of this policy.

3.5   Board Member References

3.5.1 On initial appointment of a new board member the Trust will obtain references in accordance with the national guidance. The Trust will use the information received from references to support the full FPPT assessment for new board members. The detailed process for obtaining references is set out in the procedure document that supports this policy.

3.5.2 The Trust will obtain references as part the FPPT assessment whenever it makes new board member appointments. This applies to appointees internal to the Trust, appointees external to the Trust but from within the NHS, and appointees external to the NHS. This applies to all appointments of a duration greater than six weeks, whether permanent or temporary. Specifically, this applies to:

a) New board member appointments that are internal promotions within the Trust.

b) Existing board members from another NHS organisation who join the Trust in a board member role.

c) Individuals who join the Trust in a board member role for the first time from an organisation outside of the NHS.

d) Individuals who have been a board member in another NHS organisation who join the Trust but not in a board member role.

3.5.3 For new board member appointments made from outside of the NHS the Trust will seek references to validate a period of six consecutive years of continuous employment (or provide an explanation for any gaps), or training immediately prior to the application being made.

3.5.4 The Trust will use the standard template for board member references issued by NHS England to support FPPT implementation.

3.5.5 The Trust will retain board member references locally so that the information received is available for future checks.

3.5.6 When a board member departs their role, the Trust will maintain a complete and accurate board member reference. This is irrespective of whether a reference request has been received from another NHS organisation, and it includes the circumstance of the departure of the board member.

3.5.7 The Trust will carry out board member references checks in accordance with the relevant information governance principles and data protection law. The Trust will ensure that the process is undertaken fairly, and that information generated is accurate and up to date.

3.6   Electronic Staff Record

3.6.1 The Trust will use the Electronic Staff Record (ESR) to hold FPPT information relating to its board members. The data fields to be maintained in the Trust's ESR will be consistent with the requirements of the national guidance. These are set out in the procedure document that supports implementation of this policy.

3.6.2 The information about board members held in the Trust's ESR will be accessible by the Trust only (other than in circumstances outlined in 3.6.3). Access to this information will be limited to specified roles as set out in Appendix C.

3.6.3 The Trust will provide relevant individuals from the CQC with access to information about board members held on ESR where this information is necessary for their roles and in the context of the CQC's ability to require the Trust to provide information under Regulation 5(5).

3.6.4 The Trust will maintain current information about board members held in ESR. As a minimum the Trust will review and update the information on an annual basis. Specifically, the information held in ESR will be updated for:

a) All existing board members in the Trust.

b) New board members who join the Trust.

c) Whenever there has been a relevant or material change to one of the FPPT fields held in ESR.

d) Annual completion of the FPPT requirements.

e) Annual confirmation by the Trust Chair of the completion of the FPPT requirements.

3.6.5 The Trust will manage information about board members held in ESR in accordance with the Trust's information governance and data protection policies.

3.6.6 Individual board members will be able to submit a subject access request to obtain the information about them held by the Trust.

3.6.7 The Trust will retain information about board members held in ESR in accordance with its records management policy and in line with the NHS Records Management Code of Practice.

3.7 The Role of the Chair

3.7.1 The Trust Chair is accountable for ensuring that the Trust has taken all reasonable steps to implement effective arrangements that comply with the FPPT requirements. The full FPPT responsibilities of the Trust Chair are set out in Appendix D.

3.7.2 The Trust Chair is accountable for ensuring that all new board members meet the FPPT assessment criteria.

3.7.3 The Trust Chair is accountable for ensuring that all board members complete their annual self-attestation and that all board members meet the FPPT requirements. The Trust Chair will submit an annual declaration to the NHS England Regional Director to confirm this.

3.7.4 The Trust Chair will present an annual report on the completion of the FPPT requirements to a public meeting of the Board of Directors.

3.7.5 The Trust Chair is subject to the same FPPT requirements as all other board members, including the completion of an annual self-attestation. The Trust's Senior Independent Director will undertake an annual review to ensure that the Trust Chair is meeting the requirements of the FPPT.

4.0 BOARD MEMBER COMPLIANCE

4.1 Annual Checks

4.1.1 The Trust will undertake annual checks and reviews to ensure that individual board members continue to meet the FPPT requirements.

4.1.2 As a minimum the Trust will undertake the following annual checks and review processes:

a) Completion of the annual self-attestation process by board members (see 3.3)

b) Annual checks on insolvency, bankruptcy, director qualifications, and registration with professional bodies (where required for the role).

c) The annual appraisal and development review of board members.

4.1.3   The detailed process for carrying out each of these checks is set out in the procedure document that supports this policy.

4.2   Board Member Appraisals

4.2.1   The annual appraisal and development review of Executive board members will be led by the Chief Executive.

4.2.2   The annual appraisal and development review of Non-Executive board members will be led by the Trust Chair.

4.2.3   The annual appraisal and development review of the Chief Executive will be led by the Trust Chair.

4.2.4   The annual appraisal and development review of the Trust Chair will be led by the Senior Independent Director.

4.2.5   The annual appraisal and development review of Board members will be carried out in accordance with the requirements of the FPPT framework. The Trust will utilise any guidance, frameworks or other tools issued by NHS England or regulators to support the appraisal and development review of Board members.

5.0   BOARD MEMBER NON-COMPLIANCE

5.1   The Trust will investigate in a timely manner any concerns regarding the fitness or the ability of an individual board member to carry out their duties. Any such investigation will be conducted in line with the relevant Trust policies and procedures.

5.2   In such circumstances that the Trust identifies concerns or adverse findings relating to the fitness of any individual board member, the Trust will inform other relevant bodies as required (for example, NHS England, CQC, professional regulators).

5.3   The Trust will support any enquiries or investigations carried out by others in relation to the fitness of any individual board member.

6.0   ASSURANCE AND REPORTING

6.1   Assurance reports to confirm the completion of the annual FPPT checks will be received by the appropriate assurance committee(s) and by a meeting of the Board of Directors held in public.

6.2   Assurance reports to confirm the completion of annual appraisal and development reviews of Board members will be received by the Remuneration and Nominations Committee and by a meeting of the Board of Directors held in public.

6.3   The Trust will submit a report to the NHS England Regional Director to confirm the satisfactory completion of all annual FPPT checks and review processes.

7.0   IMPLEMENTATION PLAN

7.1   The latest approved version of this policy will be posted on the Trust intranet site for all members of staff to access. New members of staff will be signposted to how to find and access this document during their induction into the Trust.

7.2   The Trust Chair is accountable for ensuring that this policy is implemented and complied with.

7.3   The Trust Chair will be supported by key roles to ensure that this policy implemented and complied with. Specific roles include:

- Company Secretary
- Director of People and Organisational Development
- Deputy Director of People and Organisational Development

8.0   MONITORING COMPLIANCE WITH THIS POLICY

8.1   Compliance with this policy will be monitored by the Company Secretary.

8.2   Compliance with the FPPT will be reported annually to a meeting of the Trust Board held in public.

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APPENDIX A

ROLES IN SCOPE

In this Trust the roles to which the FPPT requirements will apply are as follows:

- Trust Chair
- Non-Executive Directors
- Chief Executive
- Deputy Chief Executive
- Chief Operating Officer
- Executive Director of Finance
- Executive Medical Director
- Executive Director of Quality and Chief Paramedic
- Director of People and Organisational Development
- Director of Strategy, Planning and Performance
- Directors of Partnerships and Operations
- Director of Corporate Services and Company Secretary
- Chief Digital Information Officer
- Head of Communications and Community Engagement

The additional requirement to undertake Disclosure and Barring Services checks apply only to the following roles:

- Executive Medical Director
- Executive Director of Quality and Chief Paramedic

APPENDIX B

GROUNDS OF UNFITNESS

The following grounds of unfitness are specified in Part 1 of Schedule 4 of the Health and Social Care Act 2008 (Regulated Activities: 2014 Regulations)

The grounds of unfitness specified are:

a) The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged

b) The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland

c) The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986

d) The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it

e) The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland

f) The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

APPENDIX C

ACCESS TO THE ELECTRONIC STAFF RECORD

Access to the ESR records held by the Trust in respect of FPPT requirements will be limited to the following roles:

- Trust Chair
- Chief Executive
- Senior Independent Director
- Trust Deputy Chair
- Company Secretary
- Head of Corporate Affairs (Deputy Company Secretary)
- Director of People and Organisational Development
- Deputy Director of People and Organisational Development
- ESR managers / administrators (as required)

APPENDIX D

ROLES AND RESPONSIBILITIES

1. Trust Chair

The Chairs is accountable for taking all reasonable steps to ensure the FPPT process is effective and that the desired culture of the Trust NHS is maintained to support an effective FPPT regime. The responsibilities of the Chair are as follows:

a) Ensure the NHS organisation has proper systems and processes in place so it can make the robust assessments required by the FPPT.

b) Ensure the results of the full FPPT, including the annual self-attestations for each board member, are retained by the employing NHS organisation.

c) Ensure that the FPPT data fields within ESR are accurately maintained in a timely manner.

d) Ensure that the board member references/pre-employment checks (where relevant) and full FPPT (including the annual self-attestation) are complete and adequate for each board member.

e) Ensure an appropriate programme is in place to identify and monitor the development needs of board members.

f) On appointment of a new board member, consider the specific competence, skills, and knowledge of board members to carry out their activities, and how these fit with the overall board.

g) Conclude whether the board member is fit and proper.

h) Chairs will also complete an annual self-attestation that they themselves are in continued adherence with the FPPT requirements. On an annual basis, chairs should confirm that all board members have completed their own FPPT self-attestation and that the FPPT is being effectively applied in their NHS organisation.

i) Ensure that for any board member approved to commence work or continue in post despite there being concerns about a particular aspect of the FPPT, they document the reason(s) as to why there has been an issue about whether a board member might not be fit and proper and the measures taken to address this. A local record of this should be retained. A summary of this should also be included in the annual FPPT submission form (Appendix 5) to the relevant NHS England regional director.

In considering their overall assessment of board members, the Chair will confirm that points d) and g) are adequately addressed, and where relevant for point i), appropriate action has been taken to address any concern.

The Chair to present a report on completion of the annual FPPT to the Board in a public meeting and, where applicable.
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2. Senior Independent Director

The Senior Independent Director will

(a) Carry out an annual review to ensure that the Trust Chair meets the requirements of the FPPT framework.

(b) Carry out an annual appraisal and performance review of the Chair

3. Board Members and others to whom the FPPT applies

Board members and others to whom the FPPT applies will:

a) Hold and maintain suitability for the role they are undertaking.

b) Respond to any requests of evidence of their ongoing suitability i.e. annual re-checks.

c) Disclose any issues which may call into question their suitability for the role they are undertaking.

d) Participate in annual appraisal and objective setting processes as directed.

e) Make a declaration of any interests to the Company Secretary so that these can be added to the Register of Interests and submitted to the Board at least annually.

4. Company Secretary

The Company Secretary will:

a) Act as the liaison officer between NHS England, the appropriate Integrated Care Board, and the Trust in respect of the appointment process for the Chairman and Non-Executive Directors (including Associate Non-Executive Directors).

b) Oversee all appointment checks for roles within the scope of the FPPT framework and ensure the results are recorded and evidenced within an individual's file. Where checks have not been undertaken by NHS England, the Company Secretary will require assurance that these checks are undertaken by the Trust's Human Resources team.

c) Undertake an annual refresh of suitability for holders of all posts within the scope of the FPPT framework. This includes requesting that an annual declaration of suitability is completed by all board members annually.

d) Submit annually to the Board, with the Annual Register of Interests, an assurance of the compliance with the Fit and Proper Persons Test framework.

e) Ensure that the Register of Interests is maintained and that arrangements are in place for all board members to make declarations when required.

5. Human Resources

The Trust's Human Resources team will

a) Ensure that all employment checks are undertaken in line with the regulation and NHS Employment Check standards for all roles within the scope of the FPPT framework and ensure the results are recorded and evidenced within an individual's file.

b) Undertake an annual refresh of suitability for holders of all roles within the scope of the FPPT framework on request from the Company Secretary

c) Ensure that all checks are complete prior to the commencement of employment for all roles within the scope of the FPPT framework.

6. Procurement

The Trust's Procurement function will:

(a) Ensure all agencies/candidate providers understand their responsibilities and comply with the requirements of this policy. This should be evidenced through suitable contract documentation to ensure the position is clear.

7. Agency Providers

Agency Providers will be required to:

(a) Ensure the necessary checks that are outlined in this policy have been undertaken for any interim staff supplied to the Trust and make those checks available as and when requested