Yorkshire Ambulance Service NHS Trust

Board of Directors Meetings

Supporting Information

Thursday 25th July, 2024

Yorkshire Ambulance Service NHS Trust

Corporate Governance Guide: The Board of Directors

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Associated Policies and Procedural Documents

External Documents

NHS Code of Governance (2023)

The Seven Principles of Public Life (Committee on Standards in Public Life)

Trust Documents

Trust Standing Orders

Standards of Business Conduct Policy

Fit and Proper Person Policy

Trust Code of Conduct

Corporate Governance Guide: Senior Independent Director

Corporate Governance Guide: Committee Terms of Reference

Corporate Governance Guide: Route to Board (Governance and Approvals) (available August 2024)

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INTRODUCTION

The NHS Code of Governance (2023) requires that the Trust should make available the responsibilities of the Chair, the Chief Executive, the Senior Independent Director, the Board of Directors, and the Board Committees. This information should be clear, set out in writing, agreed by the Board of Directors, and publicly available.

1. THE BOARD OF DIRECTORS

The NHS Code of Governance requires that every trust should be led by an effective and diverse board that is innovative and flexible, and whose role it is to promote the long-term sustainability of the trust, generating value for patients, service users and the public.

In accordance with the NHS Code of Governance and the NHS Provider License, the Board of Directors has the following main duties:

Vision and Strategy

- The Board of Directors should develop, embody and articulate clear vision, values and strategy for the Trust.
- The Board of Directors should ensure alignment of the Trust's vision, values and strategy with Integrated Care Boards' strategies
- The Board of Director should ensure that decision-making complies with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.

System Collaboration

- The Board of Directors should ensure effective engagement with stakeholders, including patients, staff, the community and system partners,
- The Board of Directors should encourage collaborative working at all levels with system partners.
- The board should ensure that the Trust actively addresses opportunities to work with other providers to tackle shared challenges through entering partnership arrangements such as provider collaboratives.
- The Board of Directors should give particular attention to the Trust's role in reducing health inequalities in access, experience and outcomes.

Resource Management

- The Board of Directors should ensure that the necessary resources are in place for the Trust to meet its objectives.
- The Board of Directors should establish a framework of prudent and effective controls that enable risk to be assessed and managed.

Performance and Effectiveness

- The Board of Directors is collectively responsible for the performance of the Trust.

- The Board of Directors should ensure that adequate systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy, and the quality of its healthcare delivery.
- The Board Directors should regularly review the Trust's performance against regulatory and contractual obligations, and approved plans and objectives, including those agreed through place-based partnerships and provider collaboratives.

Workforce and Culture

- The Board of Directors should ensure that workforce policies and practices are consistent with the Trust's values and support its long-term sustainability.
- The Board of Directors is responsible for ensuring effective workforce planning aimed at delivering high quality of care.
- The Board of Directors should assess and monitor culture

The Trust's Standing Orders include a schedule of powers reserved to the Board of Directors. The current schedule of powers reserved to the Board of Directors is set out at Appendix F.

2. COMPOSITION OF THE BOARD OF DIRECTORS

The NHS Code of Governance requires that the Board of Directors should be of sufficient size for the requirements of its duties but should not be so large as to be unwieldy. Membership of the Board of Directors and its committees should have a diversity of skills, experience and knowledge.

The membership of the Board of Directors is determined in statute by the Trust Establishment Order (2006) and is set out in the Trust's Standing Orders.

The Board of Directors is composed of Executive Directors and Non-Executive Directors. The NHS Code of Governance states that all directors, Executive and Non-Executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy.

The fundamental principle is that the Board of Directors should function as a unitary decision-making body. Executive and Non-Executive Directors are full and equal members of the board. The NHS Code of Governance states that all members of the Board of Directors have joint responsibility for every board decision regardless of their individual skills or status.

Under its current Establishment Order the Trust's Board of Directors can have a maximum of twelve voting directors, of whom the majority must be Non-Executive Directors and no more than five may be Executive Directors.

The voting members of the Board of Directors are as follows:

- Chair (Non-Executive)
- Non-Executive Directors x 5
- Chief Executive
- Chief Operating Officer
- Executive Director of Finance
- Executive Director of Quality and Chief Paramedic
- Executive Medical Director

The Board of Directors has two non-voting members. These are:

- Deputy Chief Executive
- Director of People and Organisational Development

The Board of Directors has six Contributing Directors who fulfil Board-level leadership roles but who generally do not attend all Board meetings. These are:

- Directors of Partnerships and Operations x3
- Director of Strategy, Planning and Performance
- Director of Corporate Services and Company Secretary
- Chief Digital Information Officer

All members of the Board (Non-Executive Directors, Executive Directors, and Contributing Directors) must meet the requirements of the Fit and Proper Person test framework. These requirements, and the Trust's arrangements for compliance with them, are set out in the Trust's Fit and Proper Person Policy.

All members of the Board (Non-Executive Directors, Executive Directors, and Contributing Directors) must always demonstrate the Principles of Standards in Public Life. These are enshrined in the Trust's Standing Orders and are set out in Appendix G.

3. MEETINGS OF THE BOARD OF DIRECTORS

The NHS Code of Governance requires that the Board of Directors should meet sufficiently regularly to discharge its duties effectively. The arrangements for meetings of the Board of Directors of this Trust are as follows:

- The Board of Directors meets formally in public every two months.
- The Board of Directors also holds formal meetings in private.
- Throughout the year the Board of Directors holds a series of informal Strategic Fourm sessions.
- The Board of Directors holds the Annual General Meeting of the Trust at which the Annual Report and Accounts are published.

Appendix B sets out the calendar of Board of Directors meetings for 2024/25.

Appendix C set out the attendee lists for the different types of Board of Directors meetings.

The rules and regulations regarding the proceedings of Board of Directors meetings are set out in the Trust's Standing Orders.

4. THE ROLE OF THE CHAIR

The Chair of the Trust is a Non-Executive Director who is appointed by and accountable to the Secretary of State for Health and Social Care (via NHS England). The Chair leads the Board of Directors and is responsible for its overall effectiveness in leading and directing the Trust.

The Chair facilitates constructive board relations and the effective contribution of all Non-Executive directors.

The Chair is responsible for leading on setting the agenda for the Board of Directors and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.

The Chair is responsible for ensuring that directors receive accurate, timely and clear information that enables them to perform their duties effectively.

The Chair should promote a culture of honesty, openness, trust and debate by facilitating the effective contribution of Non-Executive directors and ensuring a constructive relationship between Executive and Non-Executive directors.

The Chair and should regularly engage with stakeholders, including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision.

The Chair should ensure that the Board of Directors has a clear understanding of the views of all stakeholders including system partners.

The Chair should ensure that directors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board and committees.

The Chair should ensure that new directors receive a full and tailored induction on joining the board.

The Chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.

More details regarding the specific role and responsibilities of the Chair are set out in the Trust's Standing Orders.

5. NON-EXECUTIVE DIRECTORS

Non-Executive Directors should provide constructive challenge and strategic guidance, offer specialist advice and lead in holding the Executive to account

At least half the Board of Directors, excluding the Chair, should be Non-Executive Directors whom the board considers to be independent.

Non-Executive Directors have a prime role in appointing and removing Executive directors. They should scrutinise and hold to account the performance of individual Executive Directors against agreed performance objectives.

Non-Executive Directors should scrutinise the performance of the Executive management in meeting agreed goals and objectives, request further information if necessary, and monitor the reporting of performance.

Non-Executive Directors should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and clinical quality controls, and systems of risk management and governance, are robust and implemented.

Non-Executive Directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, by making full use of their skills and experience gained both as a director of the trust and in other leadership roles.

6. SENIOR INDEPENDENT DIRECTOR

The Senior Independent Director is a Non-Executive Director appointed by the Board of Directors to play a key role to support the Chair.

The main responsibilities of the Senior Independent Director are to:

- Support the Chair in leading the Board
- Act as a ‘sounding board’ and a source of advice for the Chair
- Be a focal point for any concerns of Board members that cannot be resolved by either the Chair or the Chief Executive.
- Carry out the annual appraisal of the Chair.

The role of the Senior Independent Director is enshrined in the Trust’s Standing Orders and is summarised in Appendix D.

The Trust maintains a separate guidance document regarding the role of the Senior Independent Director.

7. THE ROLE OF THE CHIEF EXECUTIVE

The Chief Executive is accountable to the Chair and reports to the Board of Directors more generally.

The Chief Executive is ultimately responsible for ensuring that the decisions of the Board of Directors are implemented.

The Chief Executive is ultimately responsible for ensuring that the Trust complies with its duties as required by the legal, regulatory, financial, operational and policy frameworks within which it operates.

All members of the Trust's management structure report through to the Chief Executive, either directly or indirectly.

More details regarding the specific role and responsibilities of the Chief Executive are set out in the Trust's Standing Orders.

8. THE CHIEF EXECUTIVE AS ACCOUNTABLE OFFICER

The Chief Executive is also the Trust's Accountable Officer who is accountable to Parliament for the management of the organisation and the preparation of its accounts.

The Accountable Officer is responsible for ensuring that the Trust has in place effective management systems and processes, sound corporate governance arrangements, and an effective system of internal controls. This role has a particular duty to ensure that the Board of Directors is provided with appropriate advice regarding matters of financial propriety.

The Accountable Officer carries a personal responsibility for:

- The propriety and regularity of the public finances for which they are answerable.
- The keeping of proper accounts.
- The prudent and economical administration of the organisation (in accordance with the HM Treasury guidance on Managing Public Money).
- The avoidance of waste and extravagance.
- The efficient and effective use of all resources in their charge.

In the absence for whatever reason of the Chief Executive the Trust may appoint an Acting Accountable Officer.

More details regarding the specific role and responsibilities of the Accountable Officer are set out in Appendix E.

9. EXECUTIVE DIRECTORS AS BOARD MEMBERS

In addition to, and separate from, the management of their functional or operational areas, Executive Directors have duties as Board members. These duties cover all aspects of the business of the Board of Directors, as set out in Section 1 of this document.

As members of the unitary board, each Executive Director shares individual and collective responsibility for all decisions of the Board of Directors. As members of the unitary board, Executive Directors are expected to hold each other to account, individually and collectively, for the delivery of the Trust's strategic objectives.

10. THE COMPANY SECRETARY

The NHS Code of Governance requires that all directors should have access to the advice of the company secretary who is responsible for advising the Board of Directors on all governance matters.

The Company Secretary works closely with the Chair and the Chief Executive to ensure that effective and compliant corporate governance arrangements are in place and the board is supported to operate effectively and efficiently.

The company secretary is accountable to the Chair for matters of board governance and development.

The company secretary and is accountable to the Chief Executive for corporate governance matters relating to the Executive functions of the organisation.

A more detailed description of the role of the Company Secretary in and NHS trust is set out in Appendix X.

11. BOARD COMMITTEES

A set of Committees supports the Board of Directors in the discharge of its duties. These Committees are an extension of the Board and not separate to it. Appendix A shows the Trust's committee structure.

The committees of the Trust are:

- Trust Executive Committee (known as the Trust Executive Group, TEG)
- Audit and Risk Committee
- Quality Committee
- Finance and Performance Committee
- People Committee
- Remuneration and Nominations Committee
- Charitable Funds Committee

More details about the purpose and remit of these committees is set out in their Terms of Reference which are reviewed and approved by the Board of Directors annually.

The Terms of Reference for each of the above committees for 2024/25 are issued in a separate document.

12. GOVERNANCE AND APPROVALS: THE ROUTE TO BOARD

To ensure appropriate levels of review, assurance and due diligence, involving Executive Directors and Non-Executive Directors, any item that requires approval by the Board of Directors should normally follow the following governance route:

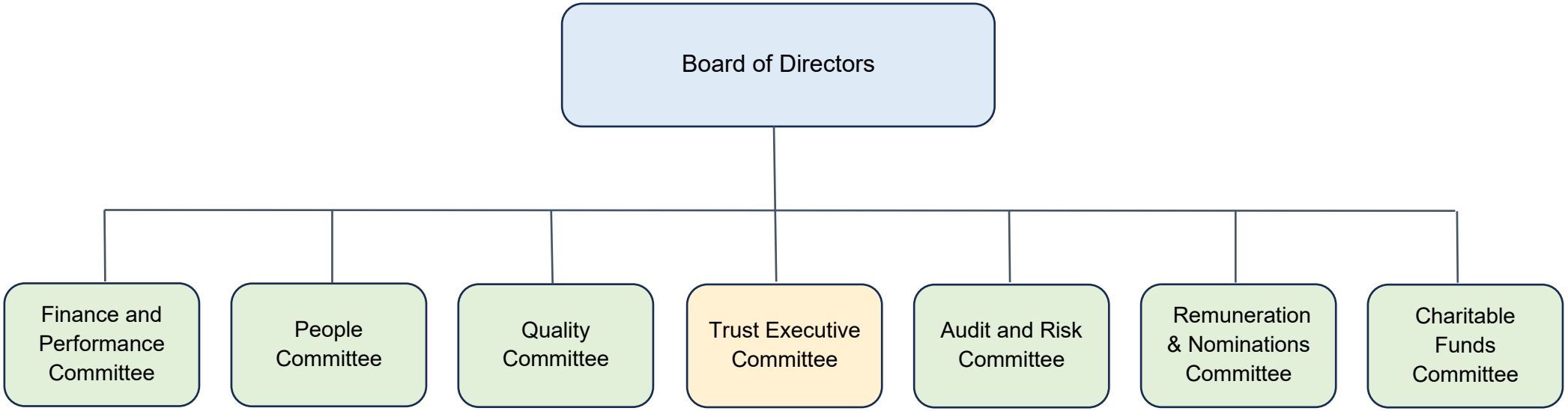
Stage	Governance Body	Purpose	Outcome
0	Directorate management teams or SME groups	Development and refinement	Recommend to TEG Reporting Committee
1	TEG Reporting Committee	Pre-TEG review and assurance	Recommend to TEG
2	Trust Executive Group	Executive review and assurance	Recommend to an Assurance Committee
3	Assurance Committee	Non-Executive review and assurance	Recommend to the Board of Directors
4	Board of Directors	Board approval	Approved for implementation

In certain circumstances this route to Board might require the transaction of review and assurance processes outside of the planned schedule of governance meetings. To facilitate this, TEG, Assurance Committees, and the Board of Directors are all granted powers of urgent and flexible decision-making that allow the required due diligence to be transacted quickly.

However, powers of urgent and flexible decision-making should be used sparingly, only in exceptional and unavoidable circumstances, and always on the advice of the Company Secretary.

More details about the Route to Board are issued in a separate document.

APPENDIX A: BOARD GOVERNANCE FRAMEWORK



APPENDIX B: CALENDAR OF BOARD AND COMMITTEE MEETING DATES 2024/25

	Board of Directors Meetings			Committee Meetings						
	Board Meeting in Public	Board Meeting in Private	Board Strategic Forum	Trust Executive Group	Audit and Risk Committee	Quality Committee	Finance and Performance Committee	People Committee	Remuneration & Nominations Committee	Charitable Funds Committee
Apr	25	25	25	03 and 17	16	11	23			11
May	30	30		01 and 15		16	23	14	30	
Jun		27	20	05 and 19		13	25			
Jul	25	25		03 and 24	16	18	23	09		11
Aug				07 and 21						
Sep	26 (+AGM)	26		04 and 18		19	24	10	26	
Oct		24	24	02 and 16		17	22			10
Nov	28	28		06 and 20	12	21	26	19		
Dec		12	12	04 and 18			19		12	
Jan	30	30		15 and 29	21	16	28	21		23
Feb		27	27	05 and 19		20	25		27	
Mar	27	27		05 and 19		20	25	18		

APPENDIX C: BOARD MEETING ATTENDEES

Board Role	Board Meeting in Public	Board Meeting in Private	Board Strategic Forum	Annual General Meeting
Voting Board Directors				
Chair	✓	✓	✓	✓
Non-Executive Directors	✓	✓	✓	✓
Chief Executive	✓	✓	✓	✓
Chief Operating Officer	✓	✓	✓	✓
Executive Director of Finance	✓	✓	✓	✓
Executive Director of Quality and Chief Paramedic	✓	✓	✓	✓
Executive Medical Director	✓	✓	✓	✓
Non-Voting Board Directors				
Deputy Chief Executive	✓	✓	✓	✓
Director of People and Organisational Development	✓	✓	✓	✓
Contributing Directors				
Directors of Partnerships and Operations	✓	✗	✓	✗
Director of Strategy, Planning and Performance	✓	✗	✓	✗
Chief Digital Information Officer	✓	✗	✓	✗
Director of Corporate Services and Company Secretary	✓	✓	✓	✓
Other Attendees				
Head of Communications and Community Engagement	✓	✓	✓	✓

APPENDIX D: THE SENIOR INDEPENDENT DIRECTOR

4.1 The Trust Standing Orders set out the role of the Senior Independent Director (SID) in this organisation. Standing Order 1.2.24 provides a general definition of the SID as being:

> The Non-Officer member (i.e. the Non-Executive Director) appointed by the Board to play a key role in supporting the Chairman in leading the Trust Board.

4.2 Standing Order 2.6 (6) sets out the role of the SID in more detail:

> The Senior Independent Director (SID) will be appointed by the Board from among the Non-Executive Director Members, whose role is to:

i. Play a key role in supporting the Chair in leading the Board and acting as a 'sounding board' and a source of advice for the Chair.
ii. Be available to Board Members if they have concerns which have not or cannot be resolved through contact with the Chair or the Chief Executive. This will involve an obligation on the SID to respond to such contacts and to meet privately with members if appropriate and necessary.
iii. Be the focal point for Board Members for any concerns regarding the Chair's performance or the relationship between the Chair and Chief Executive.
iv. Co-ordinate among other Directors annually, feedback on the Chair's performance to contribute to his/her appraisal.
v. Act as a trusted intermediary for Non-Executive Directors where this is required to help them challenge and contribute effectively.
vi. Take the initiative in discussion with the Chair or other Board Members if it should seem that the Board is not functioning effectively.

APPENDIX E: THE ACCOUNTABLE OFFICER

The Accountable Officer carries a personal responsibility for:

- The propriety and regularity of the public finances for which they are answerable
- The keeping of proper accounts
- The prudent and economical administration of the organisation (in accordance with the HM Treasury guidance on Managing Public Money)
- The avoidance of waste and extravagance
- The efficient and effective use of all resources in their charge

The Accounting Officer must:

- Personally sign the accounts and, in doing so, accept personal responsibility for ensuring their proper form and content.
- Ensure that the Trust complies with the financial requirements of the NHS Provider License.
- Ensure that proper financial procedures are followed and that accounting records are maintained in a form suited to the requirements of the Trust's management and in a form prescribed for published accounts.
- Ensure that the resources for which they are responsible are properly and well managed, controlled and safeguarded, with independent and effective checks of cash balances in the hands of any official.
- Ensure that assets for which they are responsible, such as land, buildings and other property, and including stores and equipment, are properly and well managed, controlled and safeguarded, with checks as appropriate.
- Ensure that any protected property is not disposed of without the required consent.
- Ensure that conflicts of interest are avoided, whether in the proceedings of the Board of Directors or in the actions or advice of the Trust's staff.
- Ensure that in the consideration of policy proposals relating to expenditure, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account and are brought to the attention of the Board of Directors.

The Accounting Officer should also ensure that managers at all levels:

- Have a clear view of their objectives, and the means to measure and assess outputs or performance in relation to those objectives.
- Are assigned well-defined responsibilities for making the best use of resources and securing value for money.
- Have the information, training and access to expert advice that they need to exercise their responsibilities effectively.

APPENDIX F: THE COMPANY SECRETARY

The main duties of the Company Secretary regarding corporate governance are as follows:

- Support the Chair and Chief Executive to ensure that the Trust has robust corporate governance arrangements that take account of the NHS Code of Governance, the NHS Provider License, and other relevant sources of best practice.
- Provide advice to the Board of Directors, Committees, and individual directors on all governance matters.
- Ensure that the Board and Committees are properly constituted, operated and supported in accordance with the Trust's Standing Orders and relevant regulatory frameworks.
- Ensure there is appropriate co-ordination and good information flows between the Board, the Committees and Executive management.
- Ensure that the Trust complies with its Standing Orders; review and update the Standing Orders as appropriate.
- In conjunction with the Director of Finance, ensure that Standing Financial Instructions are in place, reviewed regularly, and complied with.
- Provide advice to the Chair, the Chief Executive, and the Board of Directors on constitutional matters and the correct and proper conduct of Trust business and meetings.
- Commission external advice, including legal advice, where necessary to ensure the effective and efficient resolution of corporate governance issues.
- Horizon-scan and scrutinise new and emerging corporate governance and regulatory matters, and brief the Chair, the Chief Executive, and the Board of Directors as appropriate.
- Ensure all registers of interests required by legislation or regulatory frameworks are established and maintained appropriately and are available for public inspection in line with statutory requirements.
- In conjunction with the Chief Executive and the Director of Finance, take a leading role in the preparation and publication of the annual report and accounts.
- Ensure compliance with regulatory frameworks, including the CQC Well-Led Framework, the Fit and Proper Person test framework, and the NHS Code of Governance.
- Support the Chair in the management of Non-Executive positions, including annual appraisals, succession planning, training and development, and recruitment.
- Support the Chair in planning and delivering a structured programme of Board development.

APPENDIX G: THE SEVEN PRINCIPLES OF STANDARDS IN PUBLIC LIFE

The seven principles of standards in public life apply to anyone who holds public office, including leadership roles in public services.

The principles should be upheld by the Board of Directors and by all employees of the Trust.

The principles are:

- **Selflessness:** holders of public office should act solely in terms of the public interest.
- **Integrity:** holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- **Objectivity:** holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- **Accountability:** holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- **Openness:** holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty:** holders of public office should be truthful.
- **Leadership:** holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour whenever it occurs.

APPENDIX H: POWERS RESERVED FOR THE BOARD OF DIRECTORS

General Enabling Provision

The Board may determine any matter within its statutory powers, for which it has delegated or statutory authority, in full session.

1. Regulations and Control

1. Approve Standing Orders (SOs), including a scheme of powers delegated and reserved to the Board, and Standing Financial Instructions for the regulation of its proceedings and business.
2. Suspend the Standing Orders.
3. Vary or amend the Standing Orders.
4. Retrospectively approve in public session any urgent decisions taken by the Chairman and Chief Executive.
5. Approve the scheme of delegation of powers delegated from the Board to committees**.**
6. Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determine the extent to which that member may remain involved with the matter under consideration.
7. Require and receive the declaration of officers' interests that may conflict with those of the Trust.
8. Approve arrangements for dealing with complaints.
9. Adopt the organisational structures, processes and procedures to facilitate the discharge of business by the Trust and agree modifications thereto.
10. Receive reports from committees including those that the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action on.
11. Confirm the recommendations of the Trust's committees where the committees do not have Executive powers.
12. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust.
13. Establish terms of reference and reporting arrangements of all committees and sub- committees that are established by the Board.
14. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property.
15. Authorise use of the Trust Seal.
16. Retrospectively approve, or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention.
17. Discipline members of the Board or employees who are in breach of statutory requirements or Standing Orders.

2 - Appointments / Dismissal

1. Appoint the Deputy Chairman of the Board.
2. Appoint and dismiss committees (and individual members) that are directly accountable to the Board.
3. Appoint, appraise, discipline and dismiss Executive Directors.
4. Confirm appointment of members of any committee of the Trust as representatives on outside bodies.
5. Approve proposals of the Remuneration and Nominations Committee regarding directors and senior employees and the proposals of the Chief Executive for staff not covered by that committee.

3. Strategy, Plans and Budgets

1. Define the strategic aims and objectives of the Trust.
2. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State.
3. Approve the Trust's policies and procedures for the management of risk.
4. Approve Outline and Final Business Cases for Capital Investment and Service Developments.
5. Approve budgets.
6. Approve annually the Trust's proposed organisational development proposals.
7. Approve, or otherwise, proposals for acquisition, disposal or change of use of land and/or buildings in line with the Standing Orders and Standing Financial Instructions.
8. Approve Private Finance Initiative proposals.
9. Approve the opening of bank accounts.
10. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £1m.
11. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Finance (for losses and special payments) previously approved by the Board.
12. Approve individual compensation payments (other than those delegated to the Remuneration and Nominations Committee).
13. Approve proposals for action on litigation against or on behalf of the Trust where the quantum exceeds the delegated budget authority of the Chief Executive.
14. Review use of NHS Litigation Authority risk pooling schemes.

4. Policy Determination

1. Approve management policies including workforce policies incorporating the arrangements for the appointment, removal and remuneration of staff.

5. Audit

1. Approve the appointment (and where necessary dismissal) of External Auditors recommended by the Auditor Panel. Approval of external auditors' arrangements for the separate audit of funds held on trust, and the submission of reports to the Audit and Risk Committee meetings which will take appropriate action.
2. Receive the annual management letter received from the external auditor and agreement of proposed actions, taking account of the advice, where appropriate, of the Audit and Risk Committee.
3. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit and Risk Committee.

6. Annual Reports and Accounts

1. Receive and approve the Trust's Annual Report and Annual Accounts including the Quality Account.
2. Receive and approve the Annual Report and Accounts for funds held on trust.

7. Monitoring

1. Receive such reports as the Board sees fit from committees in respect of their exercise of powers delegated.
2. Continuous appraisal of the affairs of the Trust by means of the provision to the Board, as the Board may require, from directors, committees, and officers of the Trust as set out in management policy statements. All monitoring returns required by the Department of Health and Social Care, NHS England and the Charity Commission shall be reported, at least in summary, to the Board.
3. Receive reports from the Director of Finance on financial performance against budget and the Trust's Financial Plan. Receive reports from the Chief Executive on actual and forecast income from contracts and Service Level Agreements.

ID	Title	WHAT (IF… THEN…)	SO WHAT (RESULTING IN…)	Risk Ownership					Initial Grading	Current Grading	Target Grading	WHAT NEXT?
				Risk Ownership	Directorate	Area	Risk Owner	Review Date				
456	Phishing Emails	**IF** a member of staff responds to a fraudulent phishing message **THEN** the Trust will have a data breach, or allow malicious software to be deployed on our infrastructure (such as Ransomware)	**RESULTING IN** loss of money, loss of intellectual property, damage to reputation, and disruption of operational activities. These effects work together to cause loss of company value, sometimes with irreparable repercussions.	**Finance and Performance**	Digital	ICT	Ola Zahran	14/06/2024	12	12	4	Audit/Test conducted by 360 Assurance. Annual audit to be conducted going forward. Regular comms to be circulated. IT continue to monitor cyber threats as part of BAU - Trust utilises NHSDigital Microsoft Defender with Advanced Threat Protection (ATP) Solution.
457	Denial of Service	**IF** the Trust is subject to a Distributed Denial of Service (DDoS) attack **THEN** digital services could be disrupted by the infrastructure being overwhelmed with a flood of internet traffic	**RESULTING IN** possible impact or shutdown to a number of our online services and websites, temporary and possibly permanent loss of web services, financial loss associated with remediation efforts and damage to the Trust's reputation.	**Finance and Performance**	Digital	ICT	Ola Zahran	14/06/2024	12	12	3	IT continue to monitor cyber threats as part of BAU - NHSDigital Secure boundary service subscribed and implemented. An internal fire wall is also in place to protect from any internal attacks.
522	Trust BPPC Performance NHSE Escalation	**IF** the Trust does not turn around payment to suppliers in a timely manner **THEN** we will not meet the required target of paying 95% of invoices within 30 days	**RESULTING IN** increased monitoring from NHSI, increased reputational damage and the possibility that critical goods or services required on a day to day be withdrawn.	**Finance and Performance**	Finance, Estates & Procurement	Finance	Kathryn Vause	28/08/2024	12	12	6	Purchase to pay system development and training within Finance and with Directors to implement more effective ways of working.
560	Capital Departmental Expenditure Limit	**IF** the CDEL (Capital Departmental Expenditure Limit) is not sufficient the Trust may not be able to proceed with all planned asset acquisitions (including fleet, estates, medical equipment and ICT) **THEN** the Trust will need to reprioritise the capital plan and make decisions about which schemes to pursue or abandon	**RESULTING IN** inefficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage.	**Finance and Performance**	Finance, Estates & Procurement	Finance	Kathryn Vause	26/08/2024	16	16	4	Trust has set out capital planning requirements in 23/24 capital plan. Awaiting allocation to determine actions if required.
561	CDEL Lease Notification	**IF** the CDEL (Capital Departmental Expenditure Limit) is not notified in a timely way **THEN** the Trust may have already committed to lease agreements and so risk breaching the CDEL	**RESULTING IN** failure to meet the statutory duty to remain within financial limits, increased scrutiny and oversight from NHSE, loss of management controls, requirement to manage CDEL at ICB level (other Trusts may need to scale back their capital plans to offset our overspends), reduction to funding in future years, and reputational damage.	**Finance and Performance**	Finance, Estates & Procurement	Finance	Kathryn Vause	26/08/2024	16	12	4	Risk remains relevant for 24/25, however the value of 23/24 gives a good indication of what this will be. Therefore the potential impact is less. Potential further downgrade/closure once confirmed.
591	Finance Team Resources	**IF** the Finance team are unable to recruit substantively to all vacant posts **THEN** the team will be unable to undertake the appropriate activities to ensure sound financial governance	**RESULTING IN** inability to meet statutory and internal reporting deadlines, inability to produce accurate and timely information e.g payroll processing, internal reports and year end accounts, failure to meet statutory financial duties, qualification of audited accounts, reputational damage.	**Finance and Performance**	Finance, Estates & Procurement	Finance	Kathryn Vause	17/08/2024	16	16	4	Roles required in the team identified and job evaluation/ recruitment underway.
34	Section 172 Road Traffic Act 1988 - Obligations to furnish police with driver details upon demand	**IF** a driver of any vehicle owned and/or operated by the Trust can't be readily identified at the time of a moving traffic offence **THEN** the Trust will be guilty of an offence under Section 172 of the Road Traffic Act 1988	**RESULTING IN** the Chief Executive as responsible officer being summonsed to court for the offence with negative financial and reputational impact for the Trust.	**People**	Finance, Estates & Procurement	Fleet	Jeff Gott	23/08/2024	12	15	4	Telematics project to deliver driver ID implementation into vehicles proposed. Business Plan awaiting approval and launch dates. Funding now in place and will go to tender at the start of August 2024. Role out will be retrospective.
62	Climate Change	**IF** Climate Change continues to occur **THEN** extreme weather events (heatwaves, cold waves, flooding, flash floods, droughts) and sea level rise will occur	**RESULTING IN** multiple implications for the Trust.	**Finance and Performance**	Finance, Estates & Procurement	Estates and Facilities	Alexis Percival	28/06/2024	15	15	12	Climate Adaptation plan and Bio-diversity plan underway, including actions that will support management of the risk.

ID	Title	WHAT (IF… THEN…)	SO WHAT (RESULTING IN…)	Risk Ownership					Initial Grading	Current Grading	Target Grading	WHAT NEXT?
				Risk Ownership	Directorate	Area	Risk Owner	Review Date				
511	Availability of EFF Funding for Estates	**IF** there is insufficient capital & revenue funding to maintain, modernise and/or expand the existing estate **THEN** all services will struggle to operate out of some sites	**RESULTING IN** not being able to effectively deliver services in some localities.	**Finance and Performance**	Finance, Estates & Procurement	Estates and Facilities	Glenn Adams	24/08/2024	15	15	6	Estates strategy agreed in principcal and outlines the works required. Currently no funding is available for 24-25 therefore priorities will be further reviewed and risk reviewed accordingly.
592	Fire Safety Officer Role	**IF** a Fire Safety officer is not appointed within the Trust **THEN** there is no specified position to advise the Trust on all fire safety matters and provide technical fire expertise in order that it can fulfil its obligations	**RESULTING IN** potential staff harm, reputational damage and failure to meet H&S legislative requirements	**Finance and Performance**	Finance, Estates & Procurement	Estates and Facilities	Rob Mackenzie	01/09/2024	12	12	6	Fire safety requirements within the Trust that are legislative and potential areas that are not identified as a risk by not having a SME in post. Upcoming interviews for post early July 2024.
640	Procurement Act 2023	**IF** the Trust does not meet the new 'Procurement Act 2023' requirements to be enforced October 2024 **THEN** we will non - compliant in line with regulation	**RESULTING IN** challenge from suppliers, legal action, financial penalties and reputational risk.	**Finance and Performance**	Finance, Estates & Procurement	Procurement	Matt Barker	05/08/2024	12	12	4	Review of capacity and resourcing in the team. Requirements of the Act includes additional training within the procurement team, this training is underway. Actions for the wider Trust are still to be identified.
68	Deep Clean Tablet System	**IF** the in-house development of the Deep Clean tablet-based monitoring system is not made available **THEN** the Ancillary Services Team will be required to continue to work in accordance with departmental BC plan	**RESULTING IN** additional work for the team, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance.	**Finance and Performance**	Finance, Estates & Procurement	Ancillary	Steven Waters	19/09/2024	12	12	2	ICT have been awarded new fleet management system. They are trying to simulate a system that is already in use. AVP have had a demonstration of the system and are confident this will fill needs going forward. ICT are aiming for the system to be live September/October 2024.
538	Clinical record data loss - 'process flows' system	**IF** 'process flows' system used to scan and verify patient paper records is not accurately recording/storing data and does not have continued development by the software provider **THEN** there is a risk of clinical data loss and the recording of incorrect information, and a risk to the security of the data as the software becomes more vulnerable to hacking etc	**RESULTING IN** significant impact to clinical audit and information governance requirements with the potential of financial and Trust implications	**Quality**	Medical	Clinical	Steven Dykes	01/08/2024	12	16	3	System provider initially to find solution with scanning accuracy. Confirmation there will be no solution provided and no further updates and system to become obsolete. Procurement underway with ICT for alternate system and have had software demonstrations, unknown timeframe.
40	Non conveyance decisions	**IF** there is inadequate structured assessment with unclear decision making and a failure to adhere to Montgomery principles in consenting the patient for discharge with poor safety netting **THEN** a discharge or acceptance of refusal decision may be made inappropriately	**RESULTING IN** potential for adverse patient outcome	**Quality**	Quality and Professional Standards	Paramedic Practice	Mark Millins	29/02/2024	15	12	8	Safer right care programme of work addresses actions for the risk. Reduction in incidents relating to assessment and decision making evidenced, other elements such as Montgomery principles and safety netting were still appearing in clinical audits as an issue in compliance.
357	Maternity Care	**IF** YAS Clinicians do not receive adequate maternity training, clinical supervision and support when caring for maternity patients and new born babies **THEN** maternity patients and new born babies may receive poor quality care	**RESUTLING IN** poor patient outcomes.	**Quality**	Quality and Professional Standards	Paramedic Practice	Mark Millins	26/06/2024	12	12	4	Key objectives from Maternity Improvement Plan to be implemented. Significant action is the recruitment of a consultant midwife post, business planning proposal submitted and awaiting outcome.
28	Management of paper records within YAS	**IF** HR/Departmental paper files being held on YAS premises continue to be held in unsecure cabinets and locations **THEN** the Trust will not be complaint with Data Protection regulations	**RESULTING IN** the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO.	**Quality**	Quality and Professional Standards	Risk and Assurance	Helen Jones	31/09/2024	12	12	4	All HR paper files for restore now scanned onto onbase. Next stage wider Trust paper files to be located and uploaded inline with retention schedule.

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42	Violence and aggression	**IF** YAS fails to be compliant according to the Violence Reduction Standard which provides individual key areas of violence reduction work **THEN** there is a potential for staff to be seriously injured whilst at work	**RESULTING IN** the potential for physical harm, financial loss, decreasing morale and subsequently wellbeing from an organisational support perspective and organisational reputational risks, which will lead to loss of service provision.	**Quality**	Quality and Professional Standards	Risk and Assurance	Kate Lawrance	14/08/2024	12	12	4	Violence Reduction Standard and gaps identified. Strategic Plan and Policy now approved. Two standards awaiting actions completing.
515	Joint Decision Model (JDM) training in EOC	**IF** the JDM training is not provided to Dispatch Leaders and Duty Managers within the EOC in a practical timeframe **THEN** frontline staff are going to feel pressurised to attend locations/ situations that they have dynamically risk assessed as being too much of a safety risk	**RESULTING IN** poor communication between both parties, decrease in morale on both sides and potential for staff to be placed at significant risk of harm.	**Quality**	Quality and Professional Standards	Risk and Assurance	Kate Lawrance	31/08/2024	12	12	4	55 completed training, 25 outstanding. 10 scheduled for May. Training has been expanded to other roles including clinical navigators. Long-term training requirements yet to be determined including new starters / refreshers.
574	Security Investment	**IF** the Trust does not identify adequate resources to implement essential security upgrades by providing a designated security budget, **THEN** existing security arrangements will become outdated and inadequate	**RESULTING IN** an impact on staff safety; an increased risk of loss of Trust assets; and an increased likelihood of security breaches.	**Finance and Performance**	Quality and Professional Standards	Risk and Assurance	Helen Carter	15/08/2024	15	15	3	Funding from 23/24 budget for immediate works. However, Risk Assessment highlights resources required to maintain/upgrade Trust security measures moving forward. Risk reflects the longer term impact of no funding to Trust across all estate.
187	Cumulative effect of repeated moving and handling	**IF** the Trust does not consider the frequency, weight and forces involved in moving and handling tasks **THEN** staff may experience the cumulative effect of repeated actions	**RESULTING IN** musculoskeletal injury	**Quality**	Quality and Professional Standards	Health and Safety	Shelley Jackson	31/08/2024	12	12	2	Moving and Handling workplan to address training, risk assessments and M&H equipment devised. Working through all gaps. Work progressing as looking at equipment trials and adopting a model NEAS uses.
188	Health and Safety training for middle managers	**IF** the Trust's middle management do not receive formal health and safety training **THEN** the Trust will be unable to effectively maintain its health and safety management system	**RESULTING IN** an increase in health and safety incidents and the multifarious potential adverse impacts associated with these	**Quality**	Quality and Professional Standards	Health and Safety	Shelley Jackson	30/08/2024	12	12	2	Provisional training plan delivered – Two courses to senior executives and three IOSH safety training courses to PTS managers within fleet and estates. Future training plans to be organised for A&E and EOC.
347	Attending Incidents on or near Water	**IF** the Trust does not provide adequate knowledge or training to support staff on or near water working **THEN** there is a potential for harm to patients and/or staff	**RESULTING** in adverse patient outcome.	**Quality**	Quality and Professional Standards	Health and Safety	Shelley Jackson	30/08/2024	9	15	5	Working group established with input from Fire and Police. E-learning package underway. Further mitigating actions to be determined with support of H&S committee. Staff training video is within production.
195	Senior Management H&S Training	**IF** the Trust's senior management do not receive up to date health and safety training **THEN** the Trust will be non-compliant with the requirements contained in the Management of Health and Safety at Work Regulations 1999, Regulation 13 which states that "...health and safety training... shall be repeated periodically where appropriate"	**RESULTING IN** senior managers not having up to date health and safety knowledge at their disposal when making senior level decisions.	**Quality**	Quality and Professional Standards	Health and Safety	Shelley Jackson	30/08/2024	3	12	2	Provisional training plan delivered – Two courses to senior executives and three IOSH safety training courses to PTS managers within fleet and estates. Future training plans to be organised for A&E and EOC.
598	Transport of neonates weighing less than 2.5 kg	**IF** YAS does not have suitable equipment to transport neonates weighing less than 2.5 kg who require ongoing care and support in an ambulance **THEN** DCAs will be unable to safely transport small / premature newborns who are unwell	**RESULTING IN** potential harm to patients plus non-compliance with regulatory requirements and subsequent financial and reputation harm.	**Quality**	Quality and Professional Standards	Health and Safety	Shelley Jackson	27/08/2024	12	12	4	Maternity group deemed current 'redvac harness' unsuitable for neonates less that 2.5kg. Within the proccess of agreement with Procurment group of temporary adaptation method devised and will be rolled out through newborn life support clinical refresher training. Trials with prototypes underway for permanent solution, unknown timeframe.

ID	Title	WHAT (IF… THEN…)	SO WHAT (RESULTING IN…)	Risk Ownership					Initial Grading	Current Grading	Target Grading	WHAT NEXT?
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527	Resource provided to Trust management of serious incidents	**IF** the Trust do not manage existing backlog of serious incidents and continue declaring them at current levels **THEN** the serious incident team and wider Trust capacity to support the investigations and responses will see further delays	**RESULTING IN** failure to meet statutory requirements for serious incident management (SIF2015), increased involvement in complaint handling by external bodies (Media, CQC, Integrated Commissioning Boards, His Majesty's Coroner) therefore risk to reputational damage, financial risk associated with fines and penalties and increased workloads Trust wide. Additionally - delay and backlog hinders the identification of learning further impacting patient safety and impacts on the patient experience for families who are involved in the processes.	**Quality**	Quality and Professional Standards	Investigations & Learning	Dave Green/ Simon Davies	15/07/2024	16	12	4	Historic SI's awaiting investigation and final sign off has signifcantly reduced. PSIRF plan underway for delivery.
286	Child Protection Information System (CPIS)	**IF** CP-IS system checking is not triggered at the point at which a child or pregnant woman accesses YAS via 999. **THEN** a timely alert will not be sent to the local authority who are managing the care plan nor will YAS be able to use this information to enhance their safeguarding assessment	**RESULTING** IN increased risk for vulnerable unborns, children and young people.	**Quality**	Quality and Professional Standards	Safeguarding	Hazel O'neill	31/08/2024	9	16	4	Awaiting IT to make fixes to the manual system as CPIS check only happens automatically within IUC however within EOC, CPIS check only takes place when taken by clinician for triage call. NHS England has appetite to extend system.
599	Safeguarding Referrals to Local Authorities from Yorkshire Ambulance Service	**IF** the Safeguarding referrals leaving the organisation do not contain high quality information and correct and detail **THEN** social care partners will not be able to review and triage them correctly	**RESULTING IN** patients not getting help promptly and being at risk of further harm or abuse.	**Quality**	Quality and Professional Standards	Safeguarding	Hazel O'neill	04/08/2024	15	15	4	Recorded following quality of referrals feedback from external providers. Review of the process with relevant teams to be undertaken as part of initial assessment of risk and identifying actions.
432	4C and PALS demand	**IF** the Trust do not manage existing incoming demand of 4C and PALs enquiries and continue receiving them at current levels **THEN** the patient relations and wider Trust capacity to support the investigations and responses will see further delays	**RESULTING IN** failing to meet statutory requirements for responses, increased involvement in complaint handling by external bodies (media, CQC, MP's, HCPC & PHSO) therefore risk to reputational damage, financial risk and increased workloads Trust wide. Additionally not dealing with cases delays the identification of issues and learning further impacting patient safety.	**Quality**	Quality and Professional Standards	Patient Relations	Lesley Butterworth	12/08/2024	20	20	6	100 cases per co-ordinator. Recruitment for patient relations manager role will begin early September 2024. Upcoming working in the coming months to discuss the next steps within complaints handling process.
362	Non-Covid YAS Sickness Absence	**IF** Non-Covid related sickness absence continues to rise and is not accurately recorded, managed and reported **THEN** the Trust may not fully understand interventions required and adequality plan the workforce to meet the demand	**RESULTING IN** impact on service delivery.	**People**	People and OD	Human Resources	Suzanne Hartshorne	30/10/2024	12	12	4	Absence Group continues to understand the initiatives taking place to reduce absence across the Trust. Performance dashboard being built to monitor closely.
588	Visas and Immigration	**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	**People**	People and OD	Human Resources	Suzanne Hartshorne	14/08/2024	12	12	3	No further investigation from Home Office. All personnel files have been reviewed and employees are being contacted where information is missing.
610	National Minimum Wage - staff on salary sacrifice remunerated under legal minimum	**IF** a solution cannot be found to ensure staff are paid at or above National Minimum Wage **THEN** the Trust might be subject to legal action from staff	**RESULTING** in potential fines and reputational issues.	**People**	People and OD	Human Resources	Suzanne Hartshorne	30/09/2024	12	12	3	Awaiting national pay award details to determine exact numbers of staff affected.

ID	Title	WHAT (IF… THEN…)	SO WHAT (RESULTING IN…)	Risk Ownership					Initial Grading	Current Grading	Target Grading	WHAT NEXT?
				Risk Ownership	Directorate	Area	Risk Owner	Review Date				
639	Employment checks for student paramedics	**IF** the Trust does not comply with the terms of the NHS England contract regarding employment checks for student paramedics **THEN** the Trust will be in breach of contract	**RESULTING** in the withdrawal of our permissions to train students, which will reduce our paramedic recruitment pipeline with then implications on patient safety due to gaps in rotas.	**People**	People and OD	Human Resources	Suzanne Hartshorne	22/08/2024	12	12	3	Actions to mitigate the risk to be determined for existing staff - approximately 600 student paramedics. New staff will have necessary checks conducted moving forward.

Yorkshire Ambulance Service NHS Trust

Integrated Performance Report

June 2024

Published 16 July 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

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 - June 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:07		
999 - Answer 95th Percentile		00:00:50		
999 - AHT		00:06:31	H	
999 - Calls Ans in 5 sec	95.0%	87.9%		F
999 - C1 Mean (T < 7 Mins)	00:07:00	00:07:58		F
999 - C1 90th (T < 15 Mins)	00:15:00	00:13:53		P
999 - C2 Mean (T < 18 Mins)	00:18:00	00:30:43		F
999 - C2 90th (T < 40 Mins)	00:40:00	01:08:41		F
999 - C3 Mean (T < 1 Hour)	01:00:00	01:28:24		F
999 - C3 90th (T < 2 Hour)	02:00:00	03:25:10		F
999 - C1 Responses > 15 Mins		775		
999 - C2 Responses > 80 Mins		2,508		
999 - Job Cycle Time		01:51:57		
999 - Avg Hospital Turnaround	00:30:00	00:51:04		F
999 - Avg Hospital Handover	00:15:00	00:28:02		F
999 - Avg Hospital Crew Clear	00:15:00	00:23:23	H	F
999 - Total lost handover time		5,429		
999 - Crew clear over 30 mins %		28.4%	H	
999 - C1%		16.5%	H	
999 - C2%		59.6%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The mean call answer was 7 seconds for June, an increase from May of 2 seconds. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles increased. The 90th increased from 7 seconds in May to 15 seconds in June, 95th increased from 41 seconds to 50 seconds and 99th increased from 1 minute 50 seconds to 2 minutes 5 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from May by 1 second and the 90th percentile worsened by 3 seconds. The mean performance time for Cat2 improved from May by 38 seconds and the 90th percentile improved by 1 minute 43 seconds. Abstractions were 0.8 percentage points (pp) lower than forecast for June, though rising 1.5 pp from May. Weekly Net staff hours have fallen compared to May by almost 1,500 hours per week. Overall availability decreased by up to 0.8 pp from May. Compared to June 2023, abstractions are down by 1.1 pp and availability is down by 0.8 pp.

Call Acuity - The proportion of Cat1 and Cat2 incidents was 76.2% in June (16.5% Cat1, 59.6% Cat2) after a 0.6 percentage point (pp) decrease compared to May (0.1 pp decrease in Cat1 and 0.5 pp decrease in Cat2). Comparing against June for the previous year, Cat1 proportion increased by 2.4 pp and Cat2 proportion decreased by 0.9 pp.

Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target decreased in June, with 775 responses over this target. This is 39 (4.8%) less compared to May. The number for last month was 13.4% less compared to June 2023. The number of Cat2 responses greater than 2x 90th percentile target decreased from May by 326 responses (11.5%). This is a 7.2% decrease from June 2023.

Job cycle time - Overall, the average job cycle time decreased by 1 minute 44 seconds from May and was 6 minutes 45 seconds more than June 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 decreased by 1 minute 46 seconds and overall turnaround time decreased by 2 minutes 8 seconds. The number of conveyances to ED was 3.5% lower than in May and 6.5% higher than in June 2023.

Demand - On scene response demand was 2.9% above forecasted figures for June and was 3.7% less than in May. All response demand (HT + STR + STC) was 3.5% lower than May and 13.9% higher than June 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.

Outcomes - Comparing incident outcome proportions within 999 for June 2024 against June 2023, the proportion of hear & treat increased by 7.0 percentage points (pp), see treat & refer decreased by 1.9 pp and see treat & convey decreased by 5.1 pp. The proportion of incidents with conveyance to ED decreased by 3.6 pp from June 2023 and the proportion of incidents conveyed to non-ED decreased by 1.5 pp. 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 - June 24

Indicator	Target	Actual	Variance	Assurance
IUC - Calls Answered		139,656		
IUC - Answered vs. Last Month %		-9.9%		
IUC - Answered vs. Last Year %		17.3%		
IUC - Calls Triaged		136,313		
IUC - Calls Abandoned %	3.0%	5.5%		F
IUC - Answer Mean	00:00:20	00:00:51	L	F
IUC - Answered in 60 Secs %	90.0%	86.0%	H	F
IUC - Answered in 120 secs %	95.0%	93.1%	H	F
IUC - Callback in 1 Hour %	60.0%	42.9%		F
IUC - ED Validations %	50.0%	61.1%	H	P
IUC - 999 Validations %	75.0%	99.8%		P
IUC - ED %		15.1%		
IUC - ED Outcome to A&E %		77.3%		
IUC - ED Outcome to UTC %		9.3%		
IUC - Ambulance %		12.3%		

IUC Exceptions - Comments (Director Responsible - Nick Smith)

YAS received 147,784 calls in June, 13.4% below the annual business plan baseline demand. 139,656 (94.5%) of these were answered, 9.9% below last month and 17.3% 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 86.0% from 82.7% in June. We are also assessing calls answered in 120 seconds, in June this figure was 93.1%, up from 90.0% in May. Average speed to answer has decreased by 6 seconds to 51 seconds compared with 57 seconds last month. Abandonment rate decreased to 5.5% from 6.2% last month.

The proportion of clinician call backs made within 1 hour decreased to 42.9% from 47.2% last month. This is 17.1% below the national target of 60%. Core clinical advice increased to 22.9% from 21.8% 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 98.3% in June, whilst performance for overall validations was 99.8%, with 12,907 cases validated overall.

ED validation performance increased to 61.1% from 55.9% 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 41.3% from 42.7% last month and ED bookings decreased to 22.2% from 24.8%. ED booking services will take a fall in July due to the booking technology being turned off on the 28th June and a replacement technology is yet to be developed and deployed. 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 - June 24

Indicator	Target	Actual	Variance	Assurance
PTS - Answered < 180 Secs	90.0%	84.7%		F
PTS - % Short notice - Vehicle at location < 120 mins	90.8%	80.9%		F
PTS - % Pre Planned - Vehicle at location < 90 Mins	90.4%	89.0%		F
PTS - Arrive at Appointment Time	90.0%	88.0%		F
PTS - Journeys < 120Mins	90.0%	99.0%		P
PTS - Same Month Last Year		1.5%		
PTS - Increase - Previous Month		-6.6%		
PTS - Demand (Journeys)	79,252			?

PTS Exceptions - Comments (Director Responsible - Nick Smith)

PTS Total Activity fell under 80,000 journeys for the first time since November. Despite a 6.6% decrease, levels remain above average for this measure. 79,252 journeys were operated including aborts and escorts.

Delivered journeys fell 1.3% below forecast from the Annual Business Plan, taking the YTD position to 7.3% over expected levels.

In June 2,175 'Must Travel Alone' journeys were operated. This accounts for 3.4% of total delivered journeys, which fell in line with the last seven month run rate. Of the 'Must Travel Alone' journeys, 37.7% of these were renal patients, a 1.1% reduction to May.

Reservations saw c 42,000 calls, a 3.9% reduction to the previous month. 84.7% of calls were answered in 180 seconds, taking the YTD position to 84.4%. Staffing reduced for the second month running, however KPI continues to be high and has been over 80.0% since February.

There were no significant changes to the main core KPI's. Short Notice Outwards performance saw a 0.7% increase to May, but remains low since Winter Funding ended.

Workforce Summary

A&E | IUC | PTS | EOC | Other | Trust

NHS Yorkshire Ambulance Service NHS Trust

Key KPIs

Name	Jun-23	May-24	Jun-24
Turnover (FTE) %	10.6%	10.5%	10.4%
Vacancy Rate %	14.3%	10.6%	9.9%
Apprentice %	9.5%	9.8%	10.0%
BME %	6.1%	7.3%	7.4%
Disabled %	6.2%	8.1%	8.4%
Sickness - Total % (T-5%)	6.2%	6.3%	6.3%
PDR / Staff Appraisals % (T-90%)	71.4%	76.1%	80.4%
Essential Learning		92.5%	92.7%

Assurance: All data displayed has been checked and verified

YAS Commentary

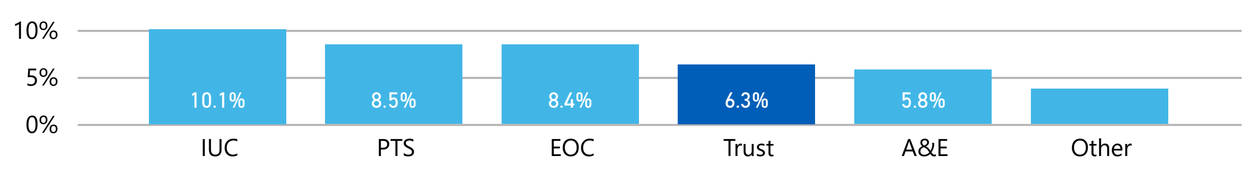
PDR / Appraisals – The overall compliance rate continues to improve across all areas with a notable upturn in Q1 compared to the relatively static position across 23/24. PTS is the highest performing area (88.9%). Targeted support is being provided to areas with lower compliance in addition to the Trust-wide update workshops on how to conduct quality appraisals and career conversations. The new appraisal window for all senior leaders (Band 8a and above) ran April-Jun 2024 with 60% compliance. Support is being provided to ensure completed appraisals are recorded on ESR. The Compliance Dashboard 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 92.7%. Overall compliance rates remain strong however starting to see some topics drop below 90% including Newborn Life Support, Mental Capacity Act and Information Governance. The compliance dashboard is available to all managers and refreshed twice weekly. Targeted work is ongoing with Subject Matter Experts to raise compliance rates and monitored through the education Portfolio Governance Boards.

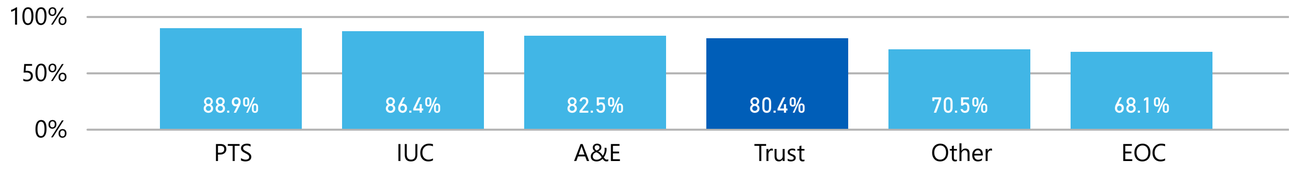
FTE, Turnover, Vacancies and BME – Compared to May 2024, the Turnover Vacancy rate has remained consistent, with the Vacancy Rate improving by 0.7 percentage points (pp) . Whereas, in comparison to the same month last year (June 2023) the Turnover rate has remained consistent, the Vacancy Rate has seen an improvement of c.4.5 percentage points. Both vacancies and turnover remain high for IUC at 22.3% (improvement of 11.6pp from previous month) and 34.7% respectively (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 1.3 percentage points since June 2023. 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 remained the same from the previous month. A sub-group of the Organisational Efficiency Group is working to actively reduce absence through monitoring and addressing compliance with absence management processes, workplace adjustments, MSK/injuries at work. The People & Culture Group receives updates on this work. Each service line will be devising a service specific absence reduction plan.

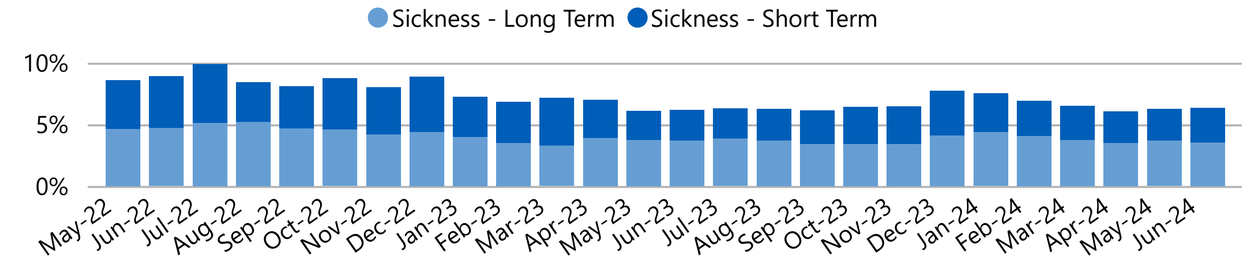
Sickness Benchmark for Last Month (Trust)



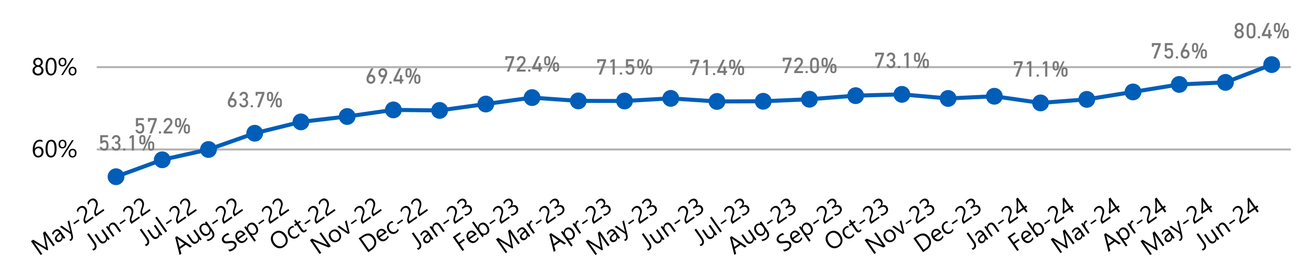
PDR Benchmark for Last Month (Trust)



Sickness



PDR - Target 90%



YAS Finance Summary (Director Responsible Kathryn Vause) - June 24

Overview - Unaudited Position

Overall
The Trust has a YTD defict position at month 3 of £0.9m as shown below. The forecast position is for the Trust to achieve breakeven and assumes achievement of identifying all efficiency requirements and vacancy factor allocation.

Capital
The outturn expenditure forecast is in line with annual plan.

Cash
As at the end of June, the Trust had £50.6m cash at bank. (£60.2m at the end of 23/24).

Risk Rating
There is currently no risk rating measure reporting for 2024/25.

Full Year Position (£000s)

Name	YTD Plan	YTD Actual	YTD Plan v Actual
Surplus/ (Deficit)	-£192	-£870	-£678
Cash	£63,089	£60,141	-£2,948
Capital	£403	£420	£17

Monthly View (£000s)

Indicator Name	2024-05	2024-06
Surplus/ (Deficit)	£0	-£870
Cash	£53,894	£50,599
Capital	£180	£240

Patient Demand Summary

Demand Summary

Indicator	Jun-23	May-24	Jun-24
999 - Incidents (HT+STR+STC)	65,407	77,189	74,467
999 - Calls Answered	83,765	91,766	89,065
IUC - Calls Answered	119,083	154,991	139,656
IUC - Calls Answered vs. Ceiling %	-19.8%	-10.9%	-11.1%
PTS - Demand (Journeys)	78,119	84,846	79,252
PTS - Increase - Previous Month	2.4%	2.2%	-6.6%
PTS - Same Month Last Year	4.6%	11.2%	1.5%
PTS - Calls Answered	31,909	40,254	39,082

Commentary

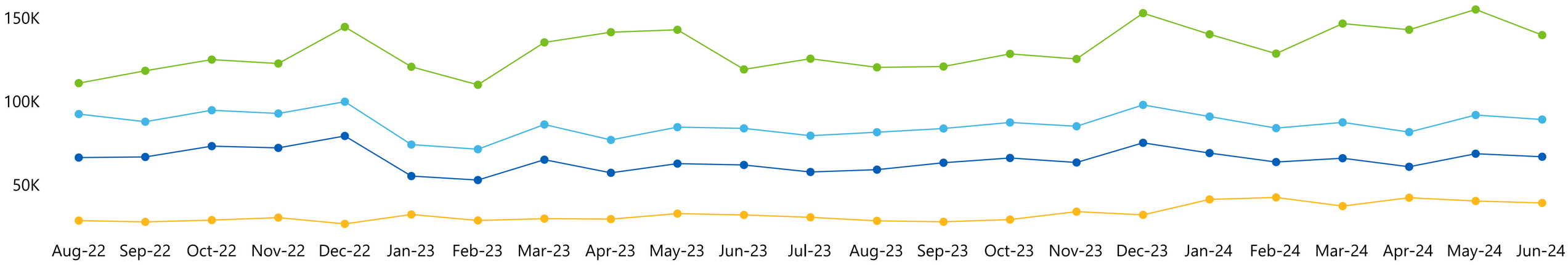
999 - On scene response demand was 2.9% above forecasted figures for June and was 3.7% less than in May. All response demand (HT + STR + STC) was 3.5% lower than May and 13.9% higher than June 2023. This is in part due to changes made in December to the recording of Hear & Treat incidents, whereby more 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 147,784 calls in June, 13.4% below the annual business plan baseline demand. 139,656 (94.5%) of these were answered, 9.9% below last month and 17.3% above the same month last year.

PTS - PTS Total Activity fell under 80,000 journeys for the first time since November. Despite a 6.6% decrease, levels remain above average for this measure. 79,252 journeys were operated including aborts and escorts.

Overall Calls and Demand

Figure 999 - Total Calls via Telephony (AQI) 999 - Calls Answered IUC - Calls Answered PTS - Calls Answered

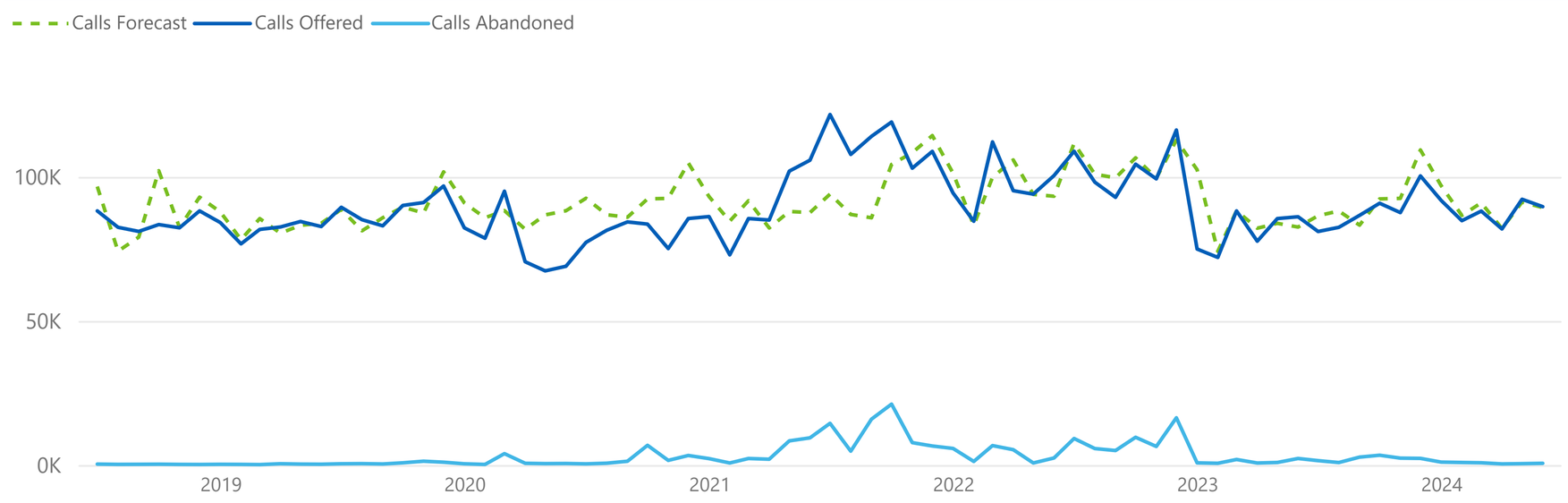


999 and IUC Historic Demand

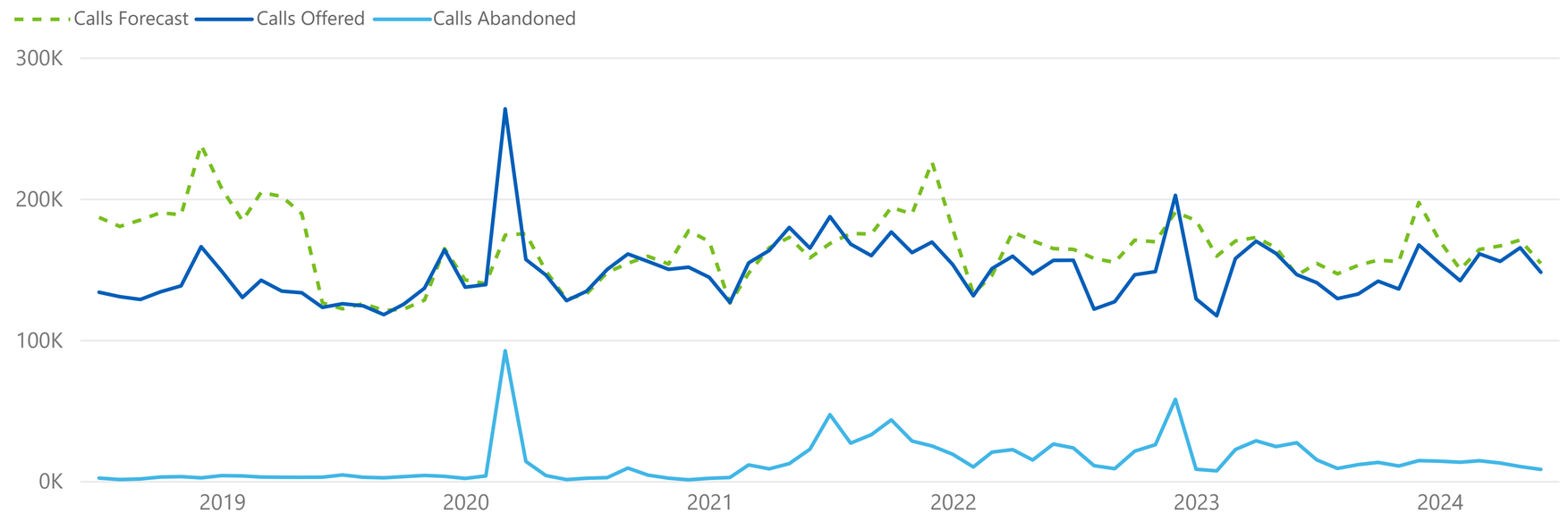
999 and IUC call demand broken down by calls forecast, calls offered and calls abandoned.

Yorkshire Ambulance Service NHS Trust

999 Historic Call Demand



IUC Historic Demand



999

999 data on this page differs from elsewhere within the IPR because this includes calls on both the emergency and non-emergency applications within EOC, whereas the main IPR includes emergency only. The forecast relates to the expected volume of calls offered in EOC, which is the total volume of calls answered and abandoned. The difference between calls offered and abandoned is calls answered. In June 2024, there were 89,650 calls offered which was 0.4% above forecast, with 89,065 calls answered and 585 calls abandoned (0.7%). There were 2.8% fewer calls offered compared with the previous month and 4.1% 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 26.3% increase in abandoned calls compared with the previous month.

IUC

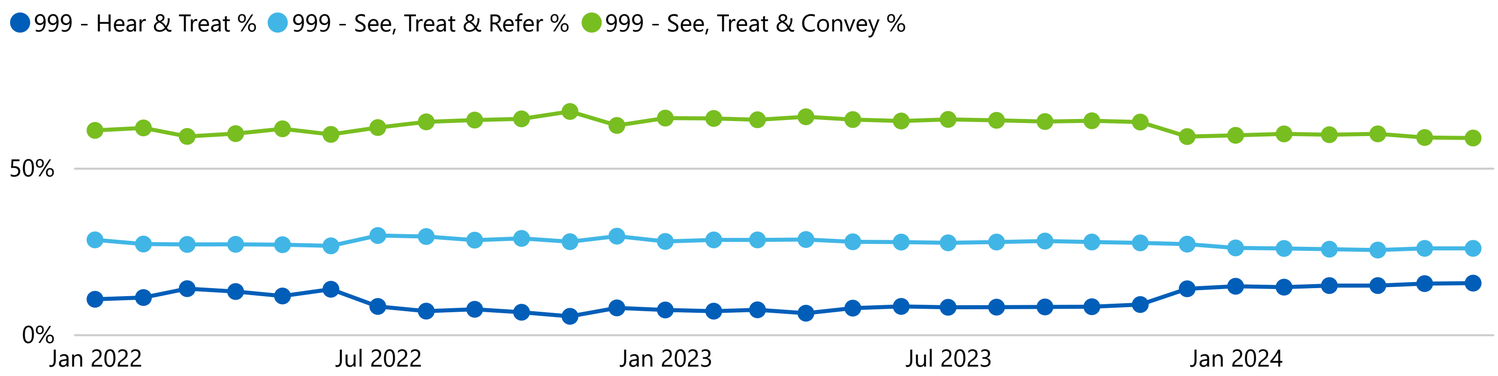
YAS received 147,784 calls in June, 13.4% below the annual business plan baseline demand. 139,656 (94.5%) of these were answered, 9.9% below last month and 17.3% above the same month last year. Calls abandoned decreased to 5.5% from 6.2% last month and was 13.0% below last year.

Patient Outcomes Summary

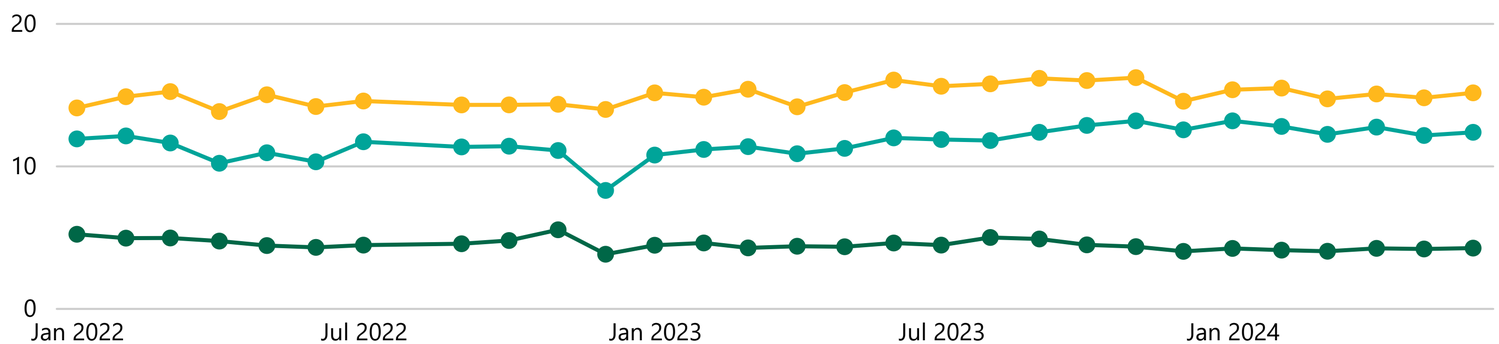
Outcomes Summary

ShortName	Jun-23	May-24	Jun-24
999 - Incidents (HT+STR+STC)	65,407	77,189	74,467
999 - Hear & Treat %	8.3%	15.2%	15.3%
999 - See, Treat & Refer %	27.7%	25.8%	25.8%
999 - See, Treat & Convey %	64.0%	59.0%	58.9%
999 - Conveyance to ED %	56.3%	52.6%	52.6%
999 - Conveyance to Non ED %	7.7%	6.4%	6.3%
IUC - Calls Triaged	111,977	150,688	136,313
IUC - ED %	16.0%	14.7%	15.1%
IUC - Ambulance %	11.9%	12.1%	12.3%
IUC - Selfcare %	4.6%	4.1%	4.2%
IUC - Other Outcome %	13.8%	15.0%	15.4%
IUC - Primary Care %	51.8%	53.2%	52.3%
PTS - Demand (Journeys)	78,119	84,846	79,252

999 Outcomes



IUC Outcomes



Commentary

999 - Comparing incident outcome proportions within 999 for June 2024 against June 2023, the proportion of hear & treat increased by 7.0 percentage points (pp), see treat & refer decreased by 1.9 pp and see treat & convey decreased by 5.1 pp. The proportion of incidents with conveyance to ED decreased by 3.6 pp from June 2023 and the proportion of incidents conveyed to non-ED decreased by 1.5 pp. 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 12.3%, with Primary Care outcomes at 52.3%. The proportion of callers given an ED outcome was 15.1%. The percentage of ED outcomes where a patient was referred to a UTC was 9.3%, a figure that historically has been as low as 2-3%. A key goal of the 111 first programme was to reduce the burden on emergency departments by directing patient to more appropriate care settings.

Patient Experience (Director Responsible - Dave Green)

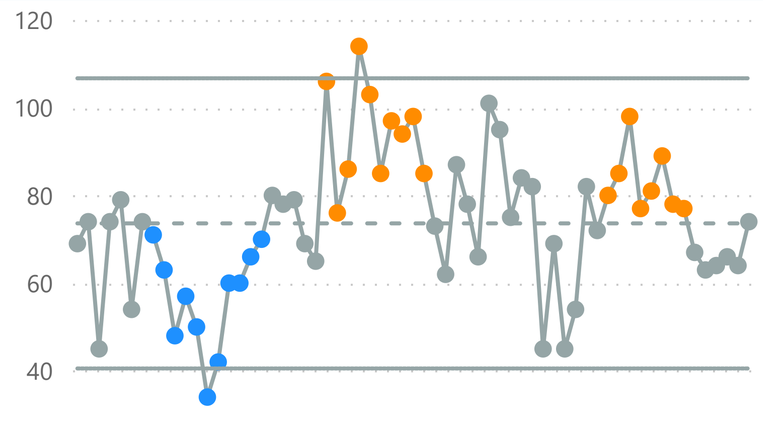
A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

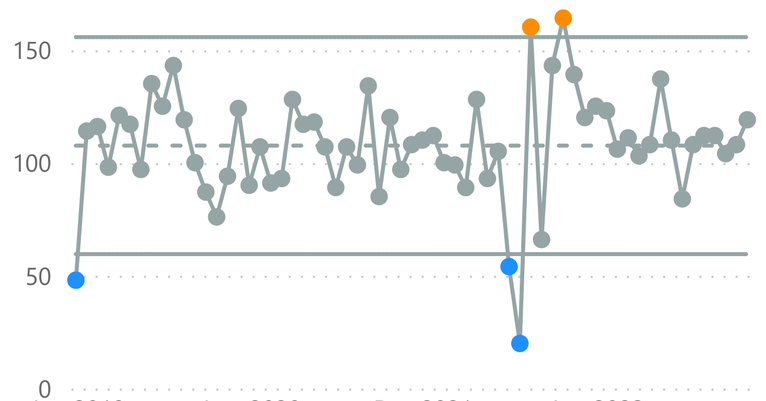
Patient Relations

Indicator	Jun-23	May-24	Jun-24
Service to Service	104	65	110
Concern	47	42	38
Compliment	106	108	119
Complaint	85	64	74

Complaint



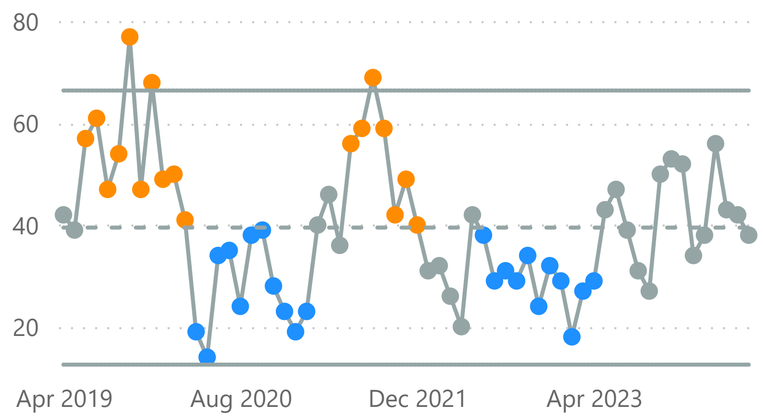
Compliment



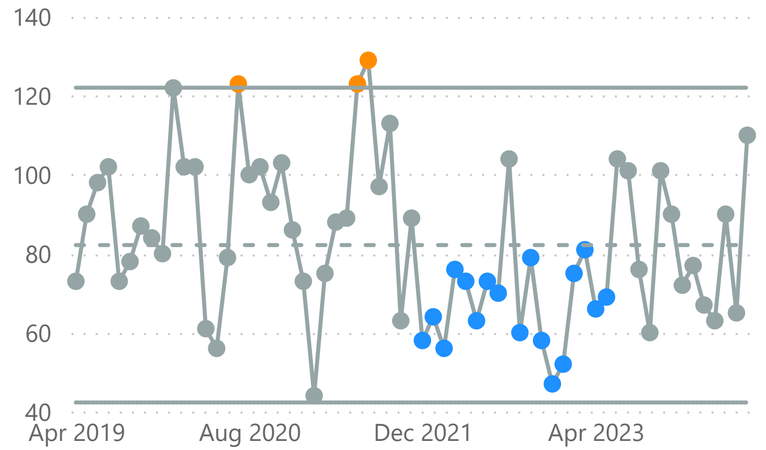
YAS Comments

YAS has seen an increase in all elements of the 4C's except for 'Concern' which has decreased by 4 when compared to May-2024. Whereas the overall number of 'Concerns' reduced, A&E (+2) and EOC (+3) saw increases. Average response times have increased and the number of complaints closed within the agreed time frame has decreased. This is due to a back log in patient relations cases. A recovery plan is in place and being monitored on a weekly basis by the Head of Nursing and Patient Experience to ensure that complaints are dealt with efficiently and to a high quality. Process changes are also planned in Q3 which will see improvements in these metrics

Concern



Service to Service



Patient Safety - Quality (Director Responsible - Dave Green)

A&E | EOC | IUC | PTS | YAS

NHS Yorkshire Ambulance Service NHS Trust

Incidents

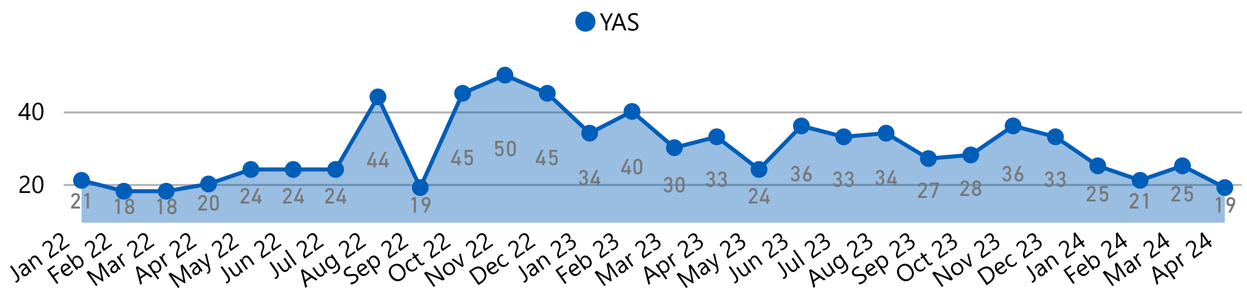
Indicator	Jun-23	May-24	Jun-24
All Incidents Reported	689	983	876
Number of duty of candour contacts	15	11	3
Number of RIDDORs Submitted		4	3
Patient Safety Indicator Incident Investigation		1	1

	Apr 23	Mar 24	Apr 24
Moderate & Above Harm (verified)	33	25	19
Patient Incidents - Major, Catastrophic, Catastrophic (death) (verified)	5	9	9

Hygeine

Indicator	Jun-23	May-24	Jun-24
% Compliance with Hand Hygiene	89.4%	96.8%	98.6%
% Compliance with Premise	93.3%	98.7%	98.1%
% Compliance with Vehicle	84.2%	97.4%	99.4%

Incidents - Verified Moderate and Above Harm



Safeguarding

Indicator	Jun-23	May-24	Jun-24
Domestic Homicide Review (DHR)	1	1	4
Safeguarding Adult Review (SAR)	2	5	4
Child Safeguarding Practice Review/Rapid Review (CSPR/RR)	4	2	1
Child Death	13	15	11

A&E Long Responses

Indicator	Jun-23	May-24	Jun-24
999 - C1 Responses > 15 Mins	895	814	775
999 - C2 Responses > 80 Mins	2,704	2,834	2,508

YAS Comments

Domestic Homicide Reviews (DHR) – 4 requests for information in relation to a DHR were received in June.

Safeguarding Adult Review (SAR) – 4 requests for information in relation to SAR's were received in June.

Child Safeguarding Practice Review / Rapid Review (CSPR/RR) – the team contributed information in relation to 1 Rapid Review in June. 0 requests for information to support a CSPR were received.

Child death - The Safeguarding team contributed information in relation to 11 children who died in June. This is a decrease of 4 in comparison to May.

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

NHS Yorkshire Ambulance Service NHS Trust

Cardiac Arrest

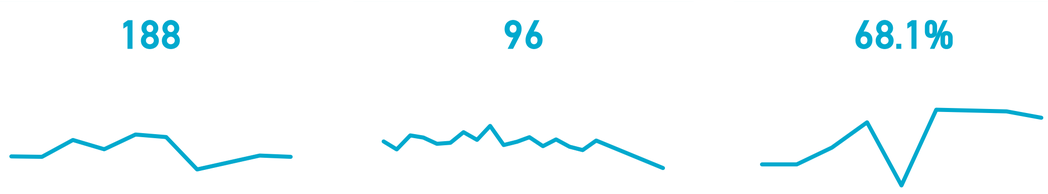
No. Cardiac Arrests	Bystander CPR	ROSC	ROSC Care Bundle	Survival to Discharge	Cardiac Survivors
Apr-24	Apr-24	Apr-24	Apr-24	Apr-24	Apr-24
188	69.2%	33.5%	55.8%	10.6%	20

Stroke

No. of Patients	Avg Call to Door Minutes	Care Bundle Compliance
Apr-24	Apr-24	Feb-24
359	86	92.8%

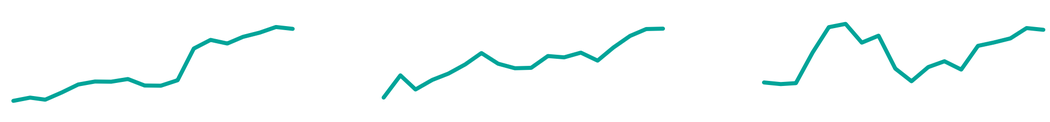
Heart Attack

No. of Patients	Avg Call to Door Minutes	Care Bundle Compliance
Apr-24	Jan-24	Apr-24
188	96	68.1%



Recontacts

Total Calls %	STR %	STC %
Jun-24	Jun-24	Jun-24
11.1%	12.4%	5.3%



Cardiac Arrest - The number of cardiac arrests continues to reduce following the winter peak and bystander CPR rates have recovered to baseline, meaning that survival to discharge has risen to 10.6% with 20 survivors in April. The GoodSAM responder capital has been approved and now awaiting installation and configuration - the app will support bystander CPR improvements and survival to discharge numbers. A cardiac arrest pilot has been approved for trial in the Emergency Operations Centre to help refine the identification of cardiac arrest and ensure the right number of resources are dispatched.

Stroke - Average call to door time remains high at 86 minutes due to long response times to category 2 patients and average on scene times are higher than ideal at 35 minutes. The stroke care bundle remains consistently high at 92.8%. The NHSE stroke video pilot in South Yorkshire will be extended to Humber and North Yorkshire later this year. A review of the stroke pathway and outcomes has been commenced and will report later this year.

Heart Attack - Some improvement in average call to door time and a sustained improvement in care bundle compliance, analgesia remains the key factor in not achieving compliance. The new pathway with the ability to send the ECG to the PPCI centre is still embedding and the declined rate remains high.

Recontacts - In June 2022, overall Recontact Rates were consistent across all ICS' with 11.8%, 10.8% and 10.6% for SY, HNY and WY respectively.

Recontact metrics have recently been developed by YAS who will monitor the data to ensure best practice is followed. Recontacts data is exported monthly and includes initial calls and subsequent calls within the month + 72 Hours. As a result of this, calls that had previously been flagged as a subsequent calls in previous data sets may be classified as an initial call in future exports. 'Frequent Callers' have been removed from Recontacts metrics.Recontacts data at ICS level excludes instances where a patient has called from two separate ICS'.

Fleet and Estates

Estates

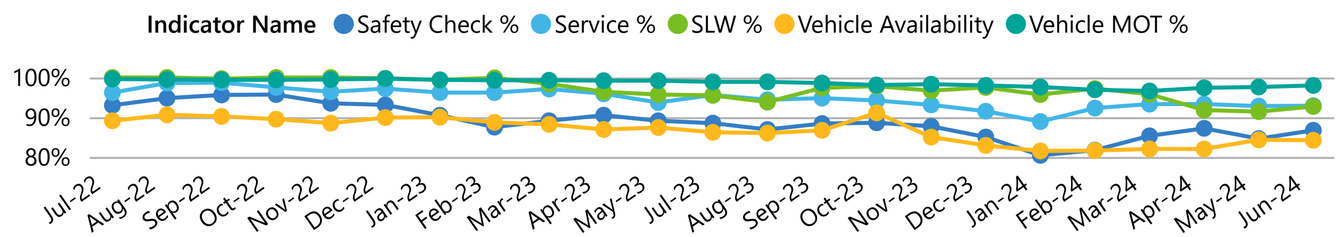
Indicator	Jun-23	May-24	Jun-24
P1 Emergency (<2Hrs) – Attendance			75.0%
P1 Emergency (<24 Hrs) - Completed			75.0%
P2 Emergency (<4 Hrs) - Attendance	92.5%	88.4%	90.0%
P2 Emergency (<24 Hrs) – Completed	69.8%	74.4%	72.5%
P3 Non Emergency (<24Hrs) - Attendance	89.6%	81.4%	92.5%
P3 Non Emergency (<72 Hrs) – Completed	75.0%	67.1%	71.6%
P4 Non Emergency (<2 Working Days) - Attendance	96.6%	89.0%	86.3%
P4 Non Emergency (<14 Days) – Completed	82.1%	76.8%	81.1%
P6 Non Emergency (<2 Weeks) - Attendance	98.3%	73.3%	91.4%
P6 Non Emergency (4 Weeks) - Completed	79.0%	52.0%	75.9%
P5 Non Emergency - Logged to Wrong Category	100.0%	100.0%	
Planned Maintenance Complete	98.5%	97.8%	95.6%

Estates Comments

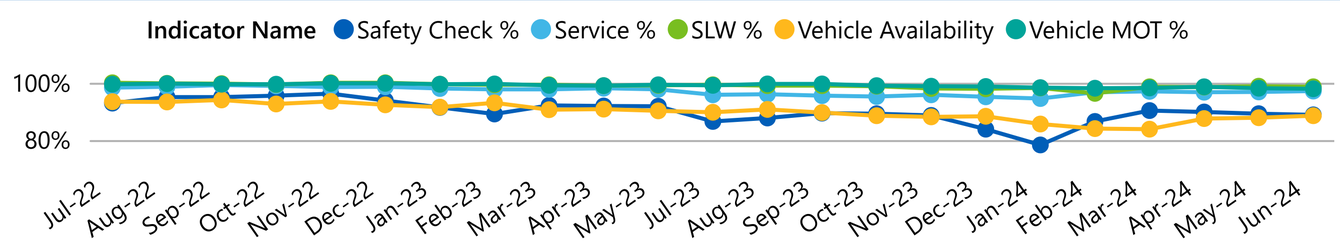
Requests for reactive work/repairs on the Estate totalled 264 jobs for the month of June. This is lower than a representative average of 300 repairs requests within month. As usual, Springhill remains the largest requester for service at 23 requests followed by Callflex at 18 and Bramley at 14 requests for reactive works. SLA figures are relatively low with at an overall attendance KPI at 90% however, completion KPI is also lower than usual at 76%.

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 a quarter of request with attendance KPI at 93% against a target of 98%. P4 category account for just over a third of requests with attendance KPI at 86% 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 100% for June with a completion of 96%."

999 Fleet



PTS Fleet



999 Fleet Age

Indicator	May-24	Jun-24
Vehicle age +7	17.7%	19.0%
Vehicle age +10	1.3%	1.1%

PTS Age

Indicator	May-24	Jun-24
Vehicle age +7	26.8%	26.6%
Vehicle age +10	6.2%	6.5%

Fleet Comments

A&E availability has dropped by 0.1pp to 84.2% in June, Fleet are repairing the engine faults of the 2.3 litre Fiat Ducato with issues slowing with the introduction of additional oil changes, but due to the initial number of failures there is still an affect on vehicle availability. Repair turnaround times are reducing the backlog. Routine maintenance compliance has increased by 1pp to 92.6% overall. PTS routine maintenance compliance has also decreased by 0.1pp to 95.6%, although availability has increased by 0.7pp to 88.5%. 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.PTS age profile is set to improve in the next 2 months with the introduction of 60 New PTS vehicles, while the A&E will increase slightly with the next 61 vehicles being used to increase the DCA fleet, the DCA age profile will improve with the next 73 new vehicles which are due in December.

Glossary - Indicator Descriptions (A&E)

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)

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)

Yorkshire Ambulance Service NHS Trust

Quality and Safety

mID	ShortName	IndicatorType	AQIDescription
QS01	All Incidents Reported	int	
QS02	Serious	int	
QS03	Moderate & Above Harm	int	
QS04	Medication Related	int	
QS05	Number of duty of candour contacts	int	
QS06	Duty of candour contacts exceptions	int	
QS07	Complaint	int	
QS08	Compliment	int	
QS09	Concern	int	
QS10	Service to Service	int	
QS11	Adult Safeguarding Referrals	int	
QS12	Child Safeguarding Referrals	int	
QS26	Moderate and Above Harm (Per 1K Incidents)	int	
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)

Yorkshire Ambulance Service NHS Trust

Clinical

mID	ShortName	IndicatorType	Description
CLN60	Re-contacts - STC %	percent	Percentage of conveyed calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed. Additional call backs removed from denominator.
CLN59	Re-contacts - STC	int	Total number of conveyed calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN58	Re-contacts - ST %	percent	Percentage of see and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed. Additional call backs removed from denominator.
CLN57	Re-contacts - ST	int	Total number of see and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN56	Re-contacts - HT %	percent	Percentage of hear and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed. Additional call backs removed from denominator.
CLN55	Re-contacts - HT	int	Total number of hear and treat calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
CLN54	Re-contacts - Total Calls %	percent	Percentage of calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed. Additional call backs removed from denominator.
CLN53	Re-contacts - Total Calls	int	Total number of calls which resulted in a re-contact to YAS within 72 hours. Managed frequent callers removed.
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

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
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Ambulance Service
NHS Trust

Health and Safety Policy

Document Author: Health and Safety Manager

Date Approved: 5th June 2024

Document Reference	PO – Health and Safety Policy
Version	V6.0
Responsible Director (title)	Executive Director of Quality and Chief Paramedic
Document Author (title)	Health and Safety Manager
Approved By	Trust Executive Group
Date Approved	June 2024
Review Date	June 2026
Equality Impact Assessed (EIA)	Yes
Document Publication	Internal and Public Website

Document Control Information

Version	Date	Author	Status (A/D)	Description of Change
0.1	Dec 12	Shelley Jackson – Health and Safety Manager	D	Initial draft
0.2	Dec 12	Kevin Wynn – Associate Director Risk & Safety	D	Formatting changes to comply with the Management of Procedural Documents Policy
0.3	Jan 13	Shelley Jackson - Health and Safety Manager	D	Formatting changes
0.4	Jan 13	Shelley Jackson – Health and Safety Manager	D	Changes following consultation with Health and Safety Committee
1	Jan 13		A	
1.1	Jan 15	Shelley Jackson – Health and Safety Manager	D	Review in light of new H&S Management guidance
2.0	March 2015	Shelley Jackson – Health and Safety Manager	A	Approved by TMG March 2015
2.1	March 2017	Shelley Jackson – Health and Safety Manager	D	2 yearly review. Includes reference to new / updated supporting documentation
3.0	March 2017	Shelley Jackson – Health and Safety Manager	A	Approved at TMG
3.1	Feb 18	Risk Team	A	Document formatted – New visual identity
3.2	April 19	Health and Safety Manager	A	TMG approved extension until June 19
3.3	May 19	Health and Safety Manager	D	2 yearly review of document conducted. Minor amendments made i.e., job title changes.
3.4	October 19	Health and Safety Manager	D	EIA started
3.5	May 20	Health and Safety Manager	D	EIA completed.
4.0	May 20	Health and Safety Manager	A	Approved at TMG
4.1	Jan 22	Health and Safety Manager	D	2 yearly review of document conducted. Updates made to job titles and departments. Inclusion of new associated documents and reference to new subject matter expert roles. Reference to One Team, Best Care Strategy added.
4.2	Feb 22	Health and Safety Manager	D	Approved at H&S Committee

4.3	Feb 22	Health & Safety Manager	D	Approved at JSG
5.0	March 22	Risk Team	A	Approved at TMG
5.1	March 2024	Risk Team	A	Extension approved within February 2024 Strategic Health & Safety Group. Policy put onto Trust new visual identity.
5.2	April 2024	Health and Safety Manager	D	Updated to reflect: - Changes to operating model including title changes for roles and departments - Changes to internal incident review process' including reference to PSIRF and TLG - New YAS Strategy 24 - 29
5.3	May 2024	Health and Safety Manager	D	Policy reviewed and approved at strategic Health and Safety Committee on 9th May 2024. Change to designation of strategic Health and Safety Committee to fit with new governance structure (changed to Group)
6.0	June 2024	Health and Safety Manager	A	Policy agreed at TEG with minor amendments: • Inclusion of specific responsibilities for COO role • Amendment to SME access to incorporate reference to external resources
A = Approved D = Draft				
Document Author = Health and Safety Manager				

Associated Documentation: There are a significant number of documents that underpin or have links with the Health and Safety Policy.

A list of Health and Safety related policies and procedures, which form an important part of the Trust's Health and Safety Management system, are listed below along with other policy and procedural documents that are linked to or support an element of health and safety management.

Health and Safety Policies and Procedures

- Health and Safety Risk Assessment Policy
- Moving & Handling of Loads Policy
- Safer Patient Handling Policy
- Slips, Trips & Falls Policy
- Personal Protective Equipment (PPE) Policy

- Provision and Use of Work Equipment (PUWER) Policy
- Control of Substances Hazardous to Health (COSHH) Policy
- Contractor Management Policy
- Display Screen Equipment Policy
- Health and Safety Consultation with Employees Policy
- Fire Safety Policy
- Electrical Safety Policy
- Water Safety Policy
- Asbestos Policy
- Stress Management Policy
- RIDDOR Standard Operating Procedure
- CAS Alert / Field Safety Notice and CareCERT Process

Supporting / Linked Policy and Procedural documents

- Employee Wellbeing Strategy & Health and Wellbeing Plan
- Risk Management Policy
- Incident and Serious Incident Management Policy
- Investigations and Learning Policy
- Inspection for Improvement Process – Standard Operating Procedure
- Statutory and Mandatory Training Policy
- Safety & Security Policy
- Management of Violence and Aggression Policy
- Lone working and personal safety guidance
- Infection Prevention and Control Policy – this incorporates:
    - *Exposure to biological agents*
    - *Sharps / needlestick injuries*
    - *Personal Protective Equipment (PPE)*
- Driving at Work Policy and Guidance – this incorporates:
    - *Occupational road risk*
- Maternity and Maternity Support Policy – this incorporates:
    - *Pregnancy risk assessment*

Yorkshire Ambulance Service NHS Trust

Health and Safety Policy Statement

The Yorkshire Ambulance Service (YAS) Trust Board is committed to ensuring the health, safety and welfare of its employees and any other persons affected by its activities so far as is reasonably practicable.

The Trust will take the necessary steps to ensure regulatory compliance with relevant health and safety legislation and will access competent advice to assist with this.

Compliance will be achieved through the implementation of this health and safety policy and associated policy / procedural documents.

Working together with all staff, the Trust is committed to the effective management of health and safety in the workplace. This will be achieved through the development and implementation of a health and safety management system which will include a process for health and safety risk assessment.

The Trust is also committed to proactively addressing wider risk issues and will ensure this through the application of risk management principles.

The Trust acknowledges that effective health and safety management contributes to the organisation's success and will monitor performance in a number of different ways.

The Health and Safety Policy will be monitored to ensure compliance. It will be reviewed and revised as necessary on a two-yearly basis or in response to organisational / legislative changes.

Signed:

Peter Reading
YAS Chief Executive

Date: 20 June 2024

Staff Summary

YAS is committed to ensuring the health, safety and welfare of its employees and others who are affected by its activities
YAS will take necessary steps to ensure regulatory compliance with relevant health and safety legislation
YAS is committed to the effective management of health and safety across all functions
YAS has in place a health and safety management system that complies with current guidance
YAS will conduct health and safety risk assessments for the activities it undertakes
YAS will use risk management principles to address wider risk issues
YAS will monitor its health and safety performance through the setting of relevant targets
YAS will review its health and safety management system every 2 years
YAS will consult with its workforce on health and safety issues through the strategic Health and Safety Group

1.0 Introduction

1.1 This policy details the processes by which the Trust will effectively manage health and safety across all its activities and functions.

1.2 This policy sets out how the Trust will approach and discharge its legal duties under the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and all other relevant statutory provisions including current best practice / requirements from within the wider NHS.

1.3 All individuals working for or on behalf of the Trust have legal responsibilities under the Health and Safety at Work Act. This policy sets out the actions necessary to fulfil these responsibilities.

1.4 The implementation of good health and safety management is not just a legal responsibility, it can benefit an organisation financially by helping to reduce the wide range of costs associated with accidents and incidents.

1.5 This policy supports the Trust's Great Care, Great People, Great Partner Strategy 24 - 29 which has the following ambitions for YAS:

- Deliver exceptional patient-centred out of hospital emergency, urgent and non-emergency care which is safe, kind and responsive *(Our Patients)*
- To be a diverse and inclusive organisation with a culture of continuous improvement *(Our People)*
- To be a collaborative, integral and influential partner across a joined-up health and social care network *(Our Partners)*
- To be a responsible and sustainable organisation in the use of financial and physical resources *(Our Planet and Pounds)*

1.6 It provides support by:

- ensuring that YAS provides a safe workplace / environment for staff and patients
- embedding health and safety principles throughout the Trust in order to deliver continuous safety improvements for staff and patient care
- ensuring YAS learns from health and safety incidents, learning that can be shared with other organisations
- contributing to good financial management by reducing accident and ill-health related costs

1.7 The policy operates in conjunction with the Risk Management and Assurance Strategic Framework to ensure the proactive management of health and safety related risks.

2.0 Purpose/Scope

2.1 This policy sets out a process for how the Trust will manage health and safety with the aim of ensuring legal compliance with health and safety related legislation.

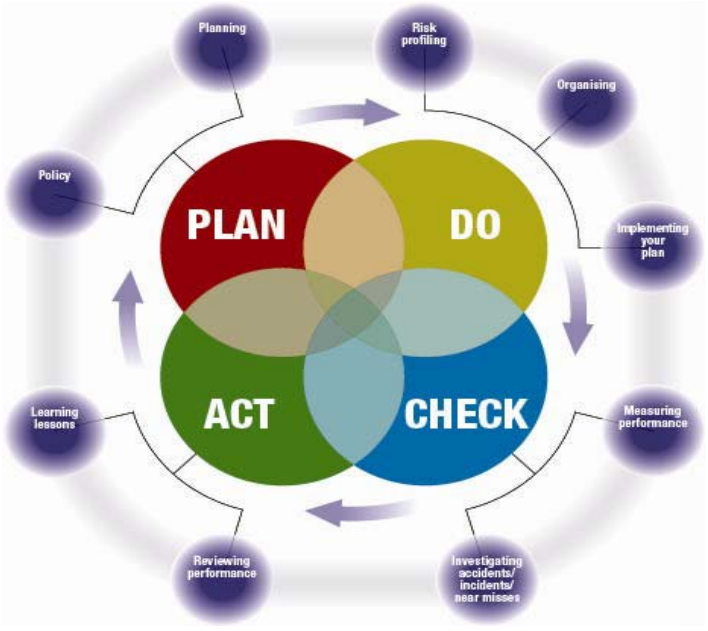
2.2 It is a legal requirement for all organisations with 5 or more employees to have a written health and safety policy.

2.3 The objectives of the policy are:

- To establish the Trust's approach and commitment to health and safety management
- To detail the process for establishing a health and safety management system
- To integrate health and safety management into the Trust's culture and everyday management practice
- To define the elements of the Trust's health and safety management system

3.0 Process

The Trust's process for managing health and safety follows the framework laid down in the Health and Safety Executive's HS(G)65 – Managing for Health and Safety. The framework is based around the plan, do, check, act cycle shown below.



(1) Reference: "*Managing for Health and Safety" HS(G)65 – Third Edition. Health and Safety Executive. Published 2013. Accessed via* www.HSE.gov.uk

3.1 Plan

3.1.1 Policy – *"An important part of achieving effective health and safety outcomes is having a strategy and making clear plans"* (1)

The development and maintenance of this policy fulfil the first element of the "plan" stage by setting out the Trust's approach to health and safety.

3.1.2 Planning for Implementation – *"An effective system for health and safety management requires organisations to plan to 1) control risks 2) react to changing demands and 3) sustain positive health and safety attitudes and behaviours"* (1)

Controlling risk

The health and safety policy is supported by a number of health and safety policy / procedural documents. These detail the arrangements for ensuring compliance with legislation that is relevant to the risks faced by the organisation. Where necessary, health and safety policy / procedures are translated into standard operating procedures within departments.

In addition to a Health and Safety Manager, the Trust also employs or commissions via external contracts as authorising engineers, dedicated internal and external subject matter experts in a number of fields which relate to health and safety risks identified for the organisation. These include:

- Moving and handling
- Violence and aggression
- Infection prevention and control
- Health and well-being (physical and psychological health)
- Fire safety
- Water Safety (Authorising Engineer)
- Patient safety
- Security

Reacting to changing demands

The Trust has in place a Risk Management and Assurance Strategic Framework. The framework includes the maintenance of Trust risk registers which capture all different types of risk to the organisation. The process for risk management is detailed in the Trust's Risk Management Policy document.

Health and safety risks can be added to the Trust risk registers by any Department. This process allows for the proactive identification, assessment and treatment of Trust wide health and safety related risks as they arise in any area of the Trust.

Health and Safety risks are reviewed on a quarterly basis by the strategic Health and Safety Group.

The Health and Safety Manager also develops an annual work plan. This is based on the Trust's strategic objectives together with any identified gaps in the Trust's health and safety management system, changes in legislation or any other risks identified through the risk management process.

Sustaining positive health and safety attitudes and behaviours

The Trust is working to improve health and safety awareness. Information and awareness of the most commons hazards associated with ambulance work are already incorporated into staff training e.g., moving and handling, slip, trip and falls and occupational road risk however, the Trust's Health and Safety manager along with the subject matter experts are working to improve wider risk awareness and encourage safe and healthy behaviours.

3.2 Do

3.2.1 Risk Profiling – "*A risk profile examines the nature and levels of threats faced by an organisation. It examines the likelihood of adverse effects occurring, the level of disruption and costs associated with each type of risk and the effectiveness of the control measures in place"* (1)

As detailed in the previous section, the Trust has in place a Risk Management and Assurance Strategic Framework which it uses to profile all risks to the organisation. The Trust's risk registers record the elements detailed above i.e., likelihood, effects, costs and gaps in controls.

Risk assessment is a specified legal requirement for many health and safety related issues, and it is therefore incorporated into the Trust's health and safety related policies and procedural documents where required. The Trust also has a specific policy for the completion of health and safety risk assessments.

3.2.2 Organising – "*Organising for health and safety is the collective label given to activities in four key areas that together promote positive health and safety outcomes"* (1)

<u>Control</u>
This policy sets out the health and safety duties for all roles within the Trust and ensures that health and safety objectives are integrated into the Trust's overall management process.

<u>Competence</u>
Risk specific health and safety training is provided to staff through the People and Organisational Development Directorate and is integrated into staff training programmes as deemed appropriate by training managers and relevant subject matter experts.

General health and safety training needs are identified by the Health and Safety Manager.

The Management of Health and Safety at Work Regulations require an employer to appoint a competent person to assist them with fulfilling their statutory health and safety responsibilities. The nominated competent person for the Trust is the Health and Safety Manager who is required to hold Chartered Safety and Health Professional status.

In addition to the Health and Safety Manager, the Trust also employs dedicated subject matter experts in a number of fields which relate to health and safety risks identified for the organisation.

<u>Co-operation and Communication</u>

The Trust has a strategic Health and Safety Group which meets quarterly. The group is attended by management representatives from appropriate Trust departments. The group members are defined in the group's terms of reference.

The Group is also attended by recognised trade union safety representatives and provides a forum for co-operation and communication between the Trust and staff on health and safety issues.

There are also a number of local Health and Safety Committees / groups which bring together business functions with similar activities so that common health and safety issues can be discussed in more detail. The local committees / groups can refer issues to the strategic group for discussion or awareness where necessary.

The Trust has an agreed working arrangement involving recognised Trade union representatives which is intended to maximise collaborative working and cover non-union affiliated employees.

The Trust Procurement Group looks specifically at the improvement and purchase of vehicles and equipment for the Trust and also has a number of sub-groups which include trade union representation. These are other forums for co-operation and communication on health and safety related issues.

All health and safety consultation carried out is detailed in the Trust's Health and Safety Consultation with Employees Policy

Other specific working groups are formed as necessary depending on legislative requirements and identified risks for the Trust e.g. Moving and Handling Group, Water Safety group.

3.2.3 Implementing your plan – "*workplace precautions will be easier to implement if risk control systems and management arrangements have been well designed***"** (1)

The Trust's health and safety related documentation e.g., policies, procedures, guidance etc. detail the Trust's practical risk control and management arrangements. The documentation details relevant health and safety legislative requirements and then translates this into practical action for Trust managers. Where the implementation of a health and safety process may vary across departments, specific standard operating procedures will be created by local management. Please see associated documents section for a list of health and safety related documentation.

3.3 Check

3.3.1 Measuring performance – "*Monitor before events, investigate after events***"** (1)

The strategic Health and Safety Group is the central function for measuring health and safety performance with a number of reports / documents being submitted to the group for consideration.

Active monitoring

The strategic Health and Safety Group meeting occurs on a quarterly basis.

As part of its regular business, it monitors progress against the Health and Safety Work plan to ensure that health and safety objectives are being met.

The Group also discusses the health and safety related risks that are recorded on the Trust risk register at every meeting and considers any new risks for inclusion or progression.

Information on compliance with Health and Safety related training is also presented to the group.

The strategic Health and Safety Group also receives the following reports as part of active monitoring:

- Health and Wellbeing update – *to monitor employee well-being and occupational health provision*
- Estates Compliance and Risk update – *to monitoring compliance with statutory / maintenance requirements e.g., asbestos, legionella, fire, electrical*
- CAS alert update – *to monitor number of safety alerts received from external sources and ensure relevant action taken*
- Local H&S Committee / group updates – *to monitor meeting occurrence and issues being raised in areas*

Following each strategic Health and Safety Group meeting, a highlight report is prepared and presented to the Quality Committee for monitoring purposes. The report is presented by the Executive Director of Quality and Chief Paramedic who chairs the strategic Health and Safety Group.

Health and safety information is also included in other reports submitted to the Trust Board, as and when required, to demonstrate effective management of health and safety and to provide assurance.

Health and safety premise inspections, with the exception of Fleet workshops, are incorporated into the Trust's inspection for improvement process (I4I) which aims to inspect premises every year regarding a range of compliance issues including health and safety. The process is delivered and administered by the Quality and Safety Team.

Requirements for Health surveillance are assessed and carried out as necessary by the Trust's Occupational Health Provider.

<u>Reactive monitoring</u>

A report containing employee related incident data is submitted to the strategic Health and Safety Group meeting which occurs quarterly. The report gives details of employee related incident figures including any incidents that have been reported to the HSE in accordance with RIDDOR regulations.

The quarterly incident report provides the Trust with a way of monitoring its health and safety related incidents and also provides analysis to identify any themes or trends in accidents which may need capturing as part of the risk management process.

The strategic Health and Safety Group also receives the following reports as part of reactive monitoring:

- Violence Reduction update – *to monitor violence and aggression related incidents*
- Crime Reduction and Security Management update – *to monitor security related incidents*
- Claims update – *to monitor occurrence and type of claims received*

Other reactive monitoring includes a verbal report detailing equipment (medical and non-medical) which is made monthly to the Trust Procurement Group by the Health and Safety Manager. The report identifies themes and trends.

A report detailing Moving and Handling related incidents is submitted to the Moving Patients and Loads Group monthly by the Moving and Handling Lead. The report identifies themes and trends and also highlights specific incidents for discussion and learning.

A verbal report detailing vehicle incidents (non-RTC related) is delivered by the Health and Safety Manager at the Vehicle Design Group which meets every 6 weeks.

Quarterly incident reports similar to those submitted to the strategic Health and Safety Group are submitted to the local Health and Safety Committees / groups to monitor local performance and incident trends.

Health and safety related incidents that have resulted in no or low harm (with the exception of violence and aggression / security and vehicle RTC) are reviewed by a multi-disciplinary team to identify issues / themes and trends to ensure appropriate investigation. The team meets weekly as the Low / no harm incident group.

The Integrated Performance Report (IPR), which contains health and safety related incident data, is submitted to the Trust Board on a monthly basis.

A network of local incident review groups (LIRG) also meet weekly to review patient safety incidents that have occurred in their respective operational areas.

A multidisciplinary team also meets monthly to review patient safety incidents that have been referred to them by the local management teams. This is the Central Incident Review Group (CIRG).

3.3.2 Investigating accidents / incidents and near misses – *"effective investigation requires a methodical, structured approach to information gathering, collation and analysis"* (1)

All incidents within the Trust are managed in accordance with the Trust's incident management process which includes reporting, capture (within an electronic data management system) and investigation. Details are provided in the Trust's Incident and Serious Incident Management Policy document and Investigations and Learning Policy.

3.4 Act

3.4.1 Reviewing performance – *"tells you whether your system is effective in managing risk and protecting people"* (1)

A health and safety report is produced annually and submitted to the strategic Health and Safety Group for consideration. The report is also submitted to the Quality Committee.

The report details the Trust's health and safety performance for that year including analysis of employee incident data to identify themes and trends. The report also looks at any HSE intervention, overall progress made with the health and safety annual work plan and the completion of any specific health and safety related projects.

Auditing is carried out as part of wider NHS arrangements such as internal audit and CQC.

3.4.2 Learning Lessons – "*Learning lessons involves acting on findings of accident investigations and near-miss reports and organisational vulnerabilities identified during monitoring, audit and review processes"* (1)

The processes in place for analysis and learning lessons from incident data is covered in the Trust's Investigations and Learning Lessons Policy. This process happens on a wider scale i.e., it does not just cover health and safety incidents but all type of incidents that occur within the Trust.

The strategic health and safety Group has a role to play in learning lessons as it is the main forum for the review of health and safety incident data. It also has sight of the results from other audit and review processes and has the authority to delegate actions to managers across the Trust to tackle any issues identified. Alongside the group, learning is also identified though the various other groups and meetings detailed previously that review incident data.

The Trust has also recently implemented the Patient Safety Incident Response Framework (PSIRF) as set out by NHS England. This is an approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The Trust Learning Group (TLG) also meets once every month and its role is to support Trust and system learning and continuous improvement in patient safety, patient experience, and clinical outcomes.

Learning lessons in relation to both staff and patient incidents is a key part of the Trust's health and safety management process.

4.0 Training expectations for staff

The Trust undertakes training needs analysis (TNA) which includes health and safety related training. The TNA is reviewed annually. The process is covered by the Statutory and Mandatory Training Policy.

As detailed previously, risk specific health and safety training is provided to staff through the People and Organisational Development Directorate (YAS Academy) and is integrated into wider staff training programmes as deemed appropriate by training managers and relevant subject matter experts.

General health and safety training needs are identified by the Health and Safety Manager and provided through YAS Academy who may commission external training provision where necessary.

Training will be provided in a variety of formats, for example, in-house, external, work-based, team briefing or e-learning.

Refresher training is available where employees are identified as benefitting from such during their personal development review.

The Trust will ensure that all staff have the appropriate level of training and education to fulfil their duties in respect of health and safety awareness.

5.0 Implementation Plan

The Health and Safety policy has been agreed by the members of the strategic Health and Safety Group and submitted to the Trust Executive Group (TEG) for formal approval.

Associated Health and Safety policies and procedures will be approved by the Strategic Health and Safety Group.

All local standard operating procedures will be agreed by the most appropriate group / committee e.g., strategic or Local Health and Safety Committee / group, Trust Procurement Group, Moving and Handling Group or a local area governance group.

The Health and Safety Policy is available on the Trust's intranet site. The Health and Safety Manager will ensure that the most up to date copy is available to all staff via this route.

Copies will also be available on request from the Health and Safety Team.

After each review, the Health and Safety Policy will be brought to the attention of all staff via the Trust's weekly briefing document.

Procedures associated with the Health and Safety Policy will also be available on the Trust's intranet site or from the relevant document author.

Any changes to associated procedures will be brought to the attention of staff via the weekly brief.

Standard Operating procedures will be managed and disseminated by the relevant department.

Any ad hoc health and safety communication regarding specific hazards will be done through the Trust's Corporate Communications Team utilising existing communication channels.

6.0 Monitoring compliance with this Policy

The processes in place for on-going compliance monitoring are detailed in section 3.3 - Check. The Health and Safety work plan forms an integral part of this process and is reviewed at each strategic Health and Safety Group.

Compliance monitoring on an annual basis is carried out by the Health and Safety Manager using the KPIs* listed below and the results are detailed in the Annual Health and Safety Report which is submitted to the strategic Health and Safety Group.

The results of the above monitoring are also used to inform the next annual health and safety work plan.

*KPIs

The key elements of the of the Trust's health and safety management system are listed below along with the key performance indicators (KPIs) that show the Trust has the element in place.

Plan

- Up to date H&S Policy on intranet
- H&S policy in date and signed by Chief Executive
- Development and maintenance of H&S policies and procedures
- Development and maintenance of SOPs
- Capture of health and safety risks via risk management process
- Development of annual Health and Safety work plan

Do

- Completion of risk assessments
- Compliance with Health and Safety Training *(to be monitored through YAS Academy)*
- Maintenance of Chartered Safety and Health Professional status by H&S Manager
- Occurrence of strategic Health and Safety Group meetings quarterly
- Occurrence of local health and safety committees / groups quarterly
- Attendance at H&S committees / groups by members identified in TORs
- Sufficient trade union representation at committees / groups

Check

- Health and Safety work plan reviewed at each strategic H&S Group meeting
- Risk Register reviewed at each strategic H&S Group
- Highlight report submitted to Quality Committee quarterly
- Premise inspections complete via I4I process annually
- Health surveillance completed in line with risk assessment
- Quarterly incident reports submitted to strategic H&S Group
- Quarterly incident reports submitted to Local H&S committees / groups
- Subject specific monitoring reports submitted to strategic H&S Group e.g., Health and Wellbeing, Violence and aggression, Estate's compliance etc.

Act

- Completion of Annual Health and Safety report for strategic H&S Group
- Compliance with CQC standards

The above KPIs will be included and reported on in wider Trust performance reports as required.

7.0 References

Reference materials used in the development of this policy are shown below:

7.1 Legislation

- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999

- The Safety Representatives and Safety Committees Regulations 1977

7.2 Guidance from Other Organisations

- "Managing for Health and Safety" HS(G)65 – Third Edition. Health and Safety Executive. Published 2013. Accessed via www.HSE.gov.uk

- "Five Steps to Risk Assessment". Health and Safety Executive. Published 2011. Accessed via www.HSE.gov.uk

8.0 Appendices

Appendix A - Definitions

Definitions relating to terminology used in this policy are shown below:

- **So far as is reasonably practicable**

This means that you have to take action to control the health and safety risks in a workplace except where the cost (in terms of time and effort as well as money) of doing so is "grossly disproportionate" to the level of risk.

- **Competent advice / Nominated competent person for health and safety**

The Management of Health and Safety at Work Regulations require an employer to appoint a competent person to assist them with fulfilling their statutory health and safety responsibilities. The nominated competent person for the Trust is the Health and Safety Manager who is required to hold Chartered Safety and Health Professional status.

- **Health and Safety Management System**

A health and safety management system is a framework for organising and recording the Trust's health and safety arrangements and activities.

The Trust is using the framework detailed in the HSE document "Managing for Health and Safety - HS(G)65 which is used as a basis by HSE inspectors when auditing an organisation's arrangements for managing health and safety.

- **Health and Safety Risk Assessment**

A health and safety risk assessment is a careful examination of what, at work, could cause harm to people so that a decision can be made on whether enough precautions have been taken to prevent harm or if more are needed.

- **Risk Management Principles**

The Trust has a statutory responsibility to patients, public and commissioners to ensure that it has effective processes, policies, and people in place to deliver its objectives and to control any risks that it may face in achieving these objectives. Risk management is the process by which these risks are controlled.

- **Trade union safety representative**

This is a staff member nominated in writing by their Union to undertake this role after suitable training via the TUC accredited training programme.

They are appointed in line with the Safety Representatives and Safety Committee Regulations to carry out functions as specified in the regulations.

- **RIDDOR**

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. This legislation requires the Trust to report certain types of incidents to the Health and Safety Executive (HSE).

Appendix B - Roles & Responsibilities

The Trust Board has overall responsibility for health and safety management. The Trust Board requires the Chief Executive, the Executive Directors, and their staff to implement the requirements of this policy within all the services covered by their portfolio.

In addition, the Health and Safety at Work Act 1974 states that everyone within the Trust has a responsibility to protect the health and safety of themselves and others whilst conducting their day-to-day activities within the organisation.

The Trust Board via the Executive Director of People and Organisational Development will ensure these responsibilities are adequately reflected in job descriptions and person profiles for all employees/volunteers working on behalf of YAS.

Specific duties and responsibilities are shown below:

10.1 **The Trust Board**

The Trust board has overall responsibility for all aspects of health and safety within YAS.

The Trust Board is responsible for the approval of the strategic direction for health and safety management including compliance with the requirements of this policy and will make adequate provisions in the annual budget to allow appropriate health and safety commitments to be met.

The Chairperson of the trust will ensure that health and safety management requirements are included in the portfolios of all Non-Executive Directors on the Trust Board.

10.2 **Trust Executive Group**

The Trust Executive Group (TEG) consists of the Executive Directors and is chaired by the Chief Executive. Its role is to deliver the objectives set by the Trust Board and support the operational management of the Trust. In regard to health and safety, TEG has responsibility for:

- monitoring and review of performance in relation to operational and workforce objectives
- oversee the identification and management of key risks

- facilitate action to address key risks to delivery of objectives
- oversee the development of strategy and policy
- communication with the Trust's wider management community
- formally approve the Health and Safety Policy

10.3 Quality Committee

The Quality Committee undertakes objective scrutiny of the Trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this. This includes processes to ensure effective learning from adverse events. The Quality committee also receives the Trust's annual health and safety report and the quarterly highlight report from the strategic Health and Safety Group.

10.4 Strategic Health and Safety Group

The strategic Health and Safety Group monitors and directs the Trust's strategic level work regarding health and safety management. Detail of the group's role is described in section 3.3 – Check

10.5 Local Health and Safety Committees / Groups

Local Health and Safety Committees / groups monitor and direct the Trust's local work regarding health and safety management.

10.6 Chief Executive

The Chief Executive has overall accountability for the health and safety of all employees and others affected by the Trusts activities.

The Chief Executive will ensure that health and safety management requirements are included in the portfolios of all Executive Directors employed by YAS.

10.7 Executive Directors

Executive Directors are responsible for implementing the strategic aspects of health and safety within their own specific areas of responsibility. Every Executive Director is responsible for ensuring that they set, agree and monitor individual health and safety management objectives with their Directors, Deputy / Associate Directors on an annual basis as part of business planning.

Specific roles:

The **Executive Director of Quality and Chief Paramedic** is the Board level lead for health and safety issues and is the chair of the strategic Health and Safety Group. This Director is also responsible for:

- ensuring that the Trust has access to competent health and safety advice as required in the Management of Health and Safety at Work Regulations 1999
- Providing health and safety advice to the Trust Board, Chief Executive and Executive Directors.

- Working with the Trust Executive Directors to ensure appropriate health and safety management objectives are set for their areas of responsibility

The **Executive Director of People and Organisational Development** is responsible for ensuring adequate arrangements are in place regarding Occupational Health services, ensuring that suitable and sufficient health and safety training is delivered as necessary and ensuring the promotion and maintenance of staff health and wellbeing.

The **Executive Director of Finance** is responsible for ensuring that premises, equipment and vehicles are provided and maintained in a safe condition.

The **Chief Operating Officer** is responsible for ensuring that health and safety arrangements are incorporated into the primary operational activities of the organisation.

10.8 Directors, Deputy / Associate Directors

Deputy / Associate Directors are responsible for achieving the health and safety management objectives set by their Executive Director by incorporating them into the annual work schedule / plan for their area of responsibility.

10.9 Deputy Director of Quality and Nursing

The above role is specifically responsible for:

- ensuring the regular occurrence of the strategic Health and Safety Group
- for promoting the business benefits of good health and safety management
- ensuring that Trust wide health and safety objectives are set and incorporated into relevant plans e.g., Trust Business plan.
- ensuring that Trust wide health and safety performance information is incorporated into relevant reports e.g., Trust Annual Report
- ensuring the Trust has a health and safety strategy in place
- ensuring adequate resources are available to provide the Trust with competent health and safety advice as required by the Management of Health and Safety at Work Regulations
- ensuring regular reports are submitted to Quality Committee and Trust Board as necessary

10.10 Heads of Department and Managers

Managers are responsible for:

- ensuring that the health and safety policy and associated procedures are adhered to within their area of responsibility
- ensuring the health and safety of their staff and other persons affected by operations under their control is adequately managed
- conducting risk assessments and developing safe operating procedures for activities under their control
- ensuring health and safety problems that arise from activities under their control are assessed and reduced so far as reasonably practicable
- determining the training needs of staff under their supervision to enable them to carry out their roles safely

- providing a suitable level of supervision for staff when necessary to ensure safe working
- co-ordinating and monitoring all aspects of health and safety and reporting matters of concern to the appropriate responsible person or their line manager
- investigating incidents that occur within their area of responsibility
- communicating health and safety messages to staff on a regular basis particularly relating to actions taken following an incident report or as part of lessons learned

10.11 **Head of Safety**

The above role is specifically responsible for:

- managing the provision of high-quality health and safety advice to the Trust and its managers
- ensuring the Trust has in place a robust health and safety management system including the production of an appropriate health and safety policy and associated procedures to ensure regulatory compliance
- ensuring the production of an annual health and safety plan
- ensuring the production of health and safety performance information

10.12 **Head of Facilities Management**

The Head of Facilities Management is specifically responsible for ensuring the Trust has access to competent advice regarding fire safety and will also, where necessary, seek external assistance relating to asbestos, water safety, electrical safety, construction and other relevant estates related compliance.

10.13 **Head of Employee Health and Wellbeing**

The Head of Employee Health and Wellbeing is specifically responsible for leading the Trust's work to promote and maintain the physical and psychological wellbeing of staff along with the organisation and provision of suitable Occupational Health Services.

10.14 **Health and Safety Manager**

The role of nominated competent person for health and safety is fulfilled by the YAS Health and Safety Manager.

The Health and Safety Manager will provide advice and practical assistance in all matters relating to health and safety across the Trust. In particular their responsibilities will include:

- providing advisory support to the Executive Director of Quality and Chief Paramedic, Deputy Director of Quality and Nursing and Head of Safety on all health and safety matters
- providing advisory support to the Trust and its managers on all health and safety matters
- positive promotion of good health and safety management including importance of incident reporting
- production of the annual Health and Safety Work Plan
- acting as risk lead for Health and Safety risks
- production of health and safety performance information at a Trust level for consideration at appropriate groups and committees e.g., strategic Health and Safety Group.

- ensuring production of health and safety performance information at a departmental level for consideration at departmental groups and committees e.g., local health and safety committees / groups
- development and coordination of the Trust's health and safety management system including:

- production and maintenance of an appropriate health and safety policy
- production and maintenance of associated health and safety procedures
- liaison with training department to ensure provision of appropriate health and safety training
- liaison with nominated Trust union representatives
- maintenance of suitable monitoring and recording arrangements
- co-operation with health and safety audit arrangements
- liaison with Health and Safety Executive (HSE) Inspectors
- reporting of incidents in line with RIDDOR requirements
- maintaining Chartered Safety and Health Professional status through CPD with IOSH (Institution of Occupational Safety and Health).
- overseeing the management of the CAS system
- ensuring adequate consideration of health and safety is incorporated into the inspection for improvement process

10.15 **Moving and Handling Lead**

The Moving and Handling Lead is specifically responsible for providing competent advice to the Trust regarding moving and handling related issues that may affect staff and patient safety. Details of procedures to deal with Moving and Handling risks within the Trust are detailed in the *Moving & Handling of Loads Policy and the Safer Patient Handling Policy.*

10.16 **Infection Prevention and Control (IPC) Lead**

The IPC Lead is specifically responsible for providing competent advice to the Trust regarding IPC related issues that may affect staff and patient safety. Details of procedures to deal with IPC risks within the Trust are detailed in the *Infection Prevention and Control Policy.*

10.17 **Violence Reduction Lead (VRL) & Security Management Specialist (Crime Reduction)**

The VRL and Security Management Specialist are specifically responsible for providing competent advice to the Trust regarding violence and aggression and security related issues that may affect staff safety. Details of procedures to deal with violence and aggression and security risks within the Trust are detailed in the *Safety and Security Policy and the Managing Violence and Aggression Policy.*

10.18 **Fire Safety Manager**

The Fire Safety Manager is specifically responsible for providing competent advice to the Trust regarding fire safety issues. Details of procedures to deal with fire safety risks within the Trust are detailed in the *Fire Safety Policy.*

10.19 **Head of Investigations and Learning / Patient Safety Specialist**

The Head of Investigations and Learning / Patient Safety Specialist is specifically responsible for providing competent advice to the Trust regarding patient safety related issues.

10.20 **Health and Safety Representatives**

Health and Safety Representatives are recognised by their trade union and accepted by the Trust to carry out health and safety functions in line with the requirements of the Safety Representatives and Safety Committees Regulations 1977.

The Trust Board, via appropriate Executive Directors, will ensure that they are:

- involved in health and safety monitoring and inspections carried out by the Trust
- consulted on health and safety matters affecting staff
- able to attend strategic and local health and safety meetings in sufficient number to ensure proportional representation
- provided with sufficient information in order to effectively represent others
- able to investigate RIDDOR reportable accidents at work and discuss these with managers
- able to participate in premises inspections, risk assessments or any work to introduce new equipment, vehicles or procedures
- able to carry out independent premises inspections in line with the Safety Representatives and Safety Committees Regulations
- able to represent staff in consultation at the workplace with inspectors from the HSE and of any other enforcing authority
- able to receive health and safety information from inspectors

Recognised Union representatives will represent the interests of all YAS staff regardless of union affiliation.

10.21 **All Employees**

Every employee has a personal responsibility for health and safety and has a duty to:

- take reasonable care of his/her own health and safety and has a duty of care toward other persons affected by his/her acts or omissions
- co-operate with management in reviewing rules and regulations regarding health and safety in his/her department and for making them effective
- report all incidents, near misses, hazards, work related illnesses or injuries, however minor, initially using the data management system as well as informing their supervisor and ensuring that these are documented properly
- correctly use personal protective equipment provided by the Trust
- correctly use equipment or items provided in the interest of health and safety management