



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 24/05/2018	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	6.2
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 20 March 2018 to 17 May 2018 and the opportunity for TEG to highlight the key variances / movements contained within the April 2018 Integrated Performance Report (IPR).		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Rod Barnes, Chief Executive	ACCOUNTABLE DIRECTOR	Rod Barnes, Chief Executive
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):			
Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings.			
PREVIOUSLY AGREED AT	Committee/Group:	Date:	
RECOMMENDATION	The Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period. The Board notes and discusses the variances contained within the April 2018 IPR report, highlighted in the Executive Directors reports.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission	All		
Monitor Quality Governance Framework	All		

1. Purpose

To give the Board assurance on the activity of the Trust Executive Group (TEG) from 20 March 2018 to 17 May 2018 and the opportunity for TEG to highlight the key variances / movements contained within the April 2018 Integrated Performance Report (IPR).

2. External Environment

In March NHS England and NHS Improvement announced further plans to bring the organisations closer together from September 2018. Whilst the two organisations will still retain distinctive statutory responsibilities and accountabilities (a formal merger between the organisations is not possible without legislation). The stronger focus on collaboration and joint working will include increased integration and alignment of national programmes and activities and integration of NHS England and NHS Improvement regional teams, with one regional director working for both organisations.

NHS England has also published new guidance for commissioners and providers *“Planning, assuring and delivering service change for patients”*. The guidance underlines the importance of full and consistent engagement with stakeholders including the public, patients, clinicians, staff, STPs and Local Authorities in significant service changes and the need for a clear clinical evidence base to support the change.

On 1 April 2018, the NHS Leeds Clinical Commissioning Groups (CCG) Partnership, which represented the three Leeds CCGs (South & East, West and North) became a single organisation named NHS Leeds Clinical Commissioning Group. The new organisation covers the whole of Leeds but will maintain a strengthened locality structure to reflect local GP communities.

In mid-April the Ambulance Improvement Programme (AIP) leadership team hosted a stakeholder event in London. Speakers included Professor Keith Willet, Director for Acute Care NHS England, Pauline Phillip, National Urgent and Emergency Care Director NHS England and Prof. Jonathan Benger National Clinical Director for Urgent Care for NHS England. The event, sought to engage regional regulators and commissioner in the AIP and ARP work programmes, including new developments for 2018/19 and recommendations of the Spring Review of the Ambulance Response Programme (ARP). Proposals include further work on embedding digital technologies within the sector and enhancing performance standards for conveying vehicles and new mean standards lower acuity calls.

Locally, South Yorkshire & Bassetlaw Integrated Care System (ICS) launched the second stage of the Hospital Services Review. The report discusses the future provision of paediatric, maternity, stroke, gastroenterology and emergency care, recommending the establishment of networks of care to take greater responsibility for coordinating care across all acute provider sites, The report also recommends the creation of an Innovation Hub to support the development of new techniques and technologies and a Health and Care institute with local education establishments to support workforce planning.

The full report is available on the Health and Care Working Together website <http://www.healthandcaretogethersyb.co.uk/>. We are actively involved in work discussions regarding potential service reconfiguration and the integrated of emergency and urgent care and transport services through a number of different forums within the ICS.

The decision on West Yorkshire and Harrogate's expression of interest in becoming a wave 2 ICS is expected on 16 May.

Proposals to reconfigure the Huddersfield Royal Infirmary site and create a new urgent care centre, moving A&E to Calderdale Hospital are under review following challenge from the Secretary of State for Health and Social Care.

3. Executive Team Reports

3.1 Chief Executive

During April and May we have seen a continued national and regional focus on ambulance turnaround and A&E waiting times as systems demand and capacity pressures continued. A series of national conference calls have been in place between ambulance trusts, NHSI and NHS England to escalate specific system pressures and these have been supported by regional planning events focused on sharing best practice and embedding actions.

Our services responded well over the Easter bank holiday weekend with NHS111 answering over 90% of calls within 60 seconds and approximately 43% of calls receiving clinical advice. A&E response times have also seen some improvement ahead of new recruitment and fleet coming on stream.

Contract negotiations have been successfully concluded for our 999 service with funding secured to meet expected growth in demand and the transition fleet from Rapid Response Vehicles (RRVs) to Double Crewed Ambulances (DCAs) to support the new delivery model required by ARP. Approval in principle has also been given to a further business case to increase 'hear and treat' and treatment at scene rates by expanding clinical staff numbers in our Emergency Operations Centre (EOC). National NHS transformation funding is being sought to support this development in the first instance.

The leadership team have undertaken a major review of the content and structure of the Trust's Transformation Programme to ensure it's aligned to Trust and system priorities such as embedding ARP and the delivery of integrated urgent care. New programmes have been introduced focused on service delivery and integrated workforce, place based care, organisational infrastructure (including estates, facilities and technology) and workforce capacity and capability.

Improving staff engagement in decision making is a core priority for the leadership team and we have implemented a number of initiatives in recent months to deliver this. In April YAS eight Quality Improvement (QI) Fellows began their secondments and training within the Quality Improvement Team.

They will perform an important role (described later in this report) supporting staff across the organisation to make locally led improvements to their working environments.

In April Yvonne Coghill Director WRES Implementation, NHS England held a workshop at the Trust involving the Board and BME staff. The workshop focused on relevant YAS WRES and staff Survey data to guide future actions. Learning from the event is being captured in Trust's Diversity and Inclusion Strategy 2017-2020 and WRES implementation plans.

As part of the ongoing development of the new Trust strategy earlier this month we held a Strategic Leadership Forum to seek input from c70 members of the senior leadership team into the themes emerging from work so far. The session focused on the national strategy for urgent and emergency care and what this means for operational delivery across A&E, NHS111 and PTS. Break out discussion focused on our enabling strategies (Quality Improvement, Workforce and Organisational Development, Financial, Fleet, Estates, Digital, and Corporate Social Responsibility). This work is being progressed with similar sessions over the summer in time to launch our new strategy at the October leadership conference.

Our Operating Plan for 2018/19 was submitted to NHSI at the end of April. The plan describes actions being taken to deliver ARP standards, our service transformation programme, workforce and financial plans and our partnership working with STP footprints.

The Trust continues to play a very active role in the NHSI Operational Productivity (Model Ambulance) Programme. In April Lord Carter hosted a stakeholder event on London to update on progress of the Model Ambulance Programme. Discussions focused on actions to reduce unwarranted variation across the ten English ambulance services including creating a single national A&E ambulance specification, sickness absence processes, call cycle times and the national review of Emergency Control Centres. Members of the NHSI and Deloitte team undertaking the review visited our main control room at Springhill to discuss the scope and configuration of local services. Many areas of work such as ambulance fleet standardisation, vehicle load lists, control room technology and sickness absence practices are being progressed through Northern Ambulance Alliance (NAA) work with NWAS, NEAS and EMAS and in some instances these projects have potential to become national pathfinders.

The NHSI Ambulance Improvement team also announced a fast track capital bidding process for ambulance services at the beginning of May to support the fleet changes, vehicle preparation and control room changes necessary to achieve the new ARP standards. The Trust is developing several bids for submission by the 25 May deadline.

We were pleased to be able to add our support to a humanitarian initiative led by Unison Yorkshire and Humberside branch by donating two ambulances to support delivery of health care in Africa.

The two equipped ambulances which until recently were in service in Yorkshire and medical supplies donated by the Trust were shipped to Serrekunda Hospital in Gambia and are now being a new life in the town of Kanifing.

On 24 April we welcomed visitors from St John Ambulance, Western Australia to Springhill. The group including their Chair, CEO, paramedics and volunteers were visiting a number of ambulance services across Europe and spent the morning at Trust Headquarters before visiting the Emergency and NHS 111 operations centres, Wakefield Ambulance Station and the HART facility at Manor Mill.

On 5 May I met with Andrew Percy MP at his constituency office in Goole to discuss PTS and ambulance services around Goole and North Lincolnshire. Andrew is a Community First Responder (CFR) for YAS and was keen to hear about how the Ambulance Response Programme (ARP) will impact the role and our work on expanding the role of advanced paramedics in primary and community care.

A short series of programmes featuring YAS will be broadcast towards the end of May. Davina McCall, will present the *A&E Live* programmes for ITV at 9pm on 22, 23 and 24 May featuring footage of our Leeds crews and our Wakefield control room. Davina and members of the production team visited Trust Headquarters and the Emergency Operations Centre at Springhill on 30 April to discuss the shows production and editorial approach.

3.2 Operations Directorate

Performance

Total Demand was 10% above forecast. This is an increase in call numbers of 10% vs April last year. This has not been driven by any particular week/period, more an increase in comparative daily volume.

Category 1 mean performance was 8 minutes 2 seconds against the 7 minute target with the 90th percentile at 13:44 against the 15:00 target.

Category 2 Mean performance was 21.39, a decrease of 3 minute 59 seconds on March the best level of performance for 5 months. Similar performance is seen in the 90th percentile at 45:53 a decrease of 11:41 on last month.

Category 3 90th percentile performance was above target at 2:05:16 against a 2 hour target an improvement of 20 minutes and 8 seconds on last month

Category 4 90th percentile performance was below target at 2:44:53 which mirrors performance gains seen across category 2 & 3

The commencement of Transition to ARP delivery model and reliance upon DCA has seen greater volumes of DCA hours and a reduction in RRV numbers. This is on the back of a significant reduction in overtime through April. This sees a reduction in overall resource numbers and it is pleasing to see that with reduced OT spend and resource numbers the new model alludes to an improvement against all standards.

Excessive hours: Lost at hospital for April were 698 hours lower than March which is a decrease of 19.8%. This is however higher than April last year showing an increase of 1325 hours, which is an rise of 87.8%.

Operational Plan 2018/19

The Directorate's annual operational plan has been approved by the Trust Executive Group (TEG). It sets out the key objectives and priorities for 2018/19 supporting the delivery of the Ambulance Response Programme (ARP) standards, the Trust efficiency programme and working towards full compliance against the Emergency Preparedness, Resilience and Response (EPRR) Core Standards and the National Ambulance Resilience Unit (NARU) audit.

The key schemes listed in the operational plan are:

Fleet - This involves a full review of current fleet mix available against what is required to deliver the new ARP standards which is fundamentally about sending the right resource, first time to the patient. If a patient is likely to require transport to hospital the Emergency Operations Centre (EOC) should send a double crewed ambulance (DCA) instead of a rapid response vehicle (RRV) which has no ability to transport patients. This will require capital investment of additional ambulances and a proportion of RRVs de-commissioned.

EOC Redesign - This involves a re-design of the room and a management restructure to enable an improved management of incidents and resources. A pilot has been scheduled for week commencing 14 May which will test the theory along with measuring any key benefits.

Skill Mix Review - A full review of clinical functions is underway to provide the best outcomes against ARP in line with the right skill, right place and right time. This also includes a full review of A&E clinical skill mix. Staff side engagement has commenced and initial feedback has been positive.

Hear and Treat - The Trust operates a Hear and Treat Service from EOC to support clinical decision making both for the control room and front line staff, which in turn improves patient experience and See, Treat and Refer. The success of the service and being a leader nationally has led to securing additional investment to increase provision.

Lower Acuity Transport - This scheme involves increasing current provision, to support lower tier transport thus creating capacity for frontline staff to focus on the emergency workload. Additional recruitment has commenced. The first recruitment fare took place on 5 May following which 79 candidates were offered an Emergency Care Assistant (ECA) post.

Job Cycle - This project, currently being scoped, will involve analysing the full job cycle time, including wheels mobile, unavailability and time on scene.

All schemes where investment is required have been agreed with commissioners. Project plans have been produced and work has commenced to deliver against individual projects. All work is being monitored through the Divisional Management Board and reports to the Trust Transformation Board.

Efficiency Programme

A number of efficiency schemes are being worked through and monitored in the Divisional Management Board. Staff engagement includes the efficiency schemes and operational plan. The schemes do not reduce staff numbers in the directorate but instead align working practices to Trust plans and policies to improve productivity and staff welfare.

Scheduling

Discussions are at an early stage with the York AS Locality Manager and Staff Side Representatives to possibly trial the removal of “relief” to be replaced with additional shifts in addition to considering life-style shifts to improve work/life balance for staff.

Workforce

Accident & Emergency Frontline Full Time Equivalent (FTE) (at 30 April 2018)
(excluding Clinical Supervisors)

	Budget	Actual	Variance
Clinician	1214	1218	4
Clinical Support	936	946	10
LAT	55	19	-36
Total	2205	2183	-22

- Paramedic: Frontline Staff ratio = 43.38%
- Paramedic: Clinical Staff ratio = 77.09%
- EMT 1: Emergency Care Assistance (ECA) ratio = 37.17%

Special Operations

- Hazardous Area Response Team (HART) staffing: 46 funded establishment, 43 in post. Rotas are being filled from current establishment.
- Air Ambulance staffing: 15 staff required. 15 in post.

Integrated Performance Report (IPR) Exceptions (as at April 2018)

- **Total Demand** is 10% above forecast - an increase of 10% vs April 2017.
- **Hear & Treat** is 15.9% above forecast - an increase of 22.3% vs April 2017.
- **See, Treat & Refer** is 6.1% above forecast - an increase of 7.1% vs April 2017.
- **See Treat & Convey** was 2.1% above forecast - an increase of 2.1% vs April 2017.

Performance seen highlighted below:

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:08:02	00:13:44	00:07:00	00:15:00
Category2	00:21:39	00:45:53	00:18:00	00:40:00
Category3		00:54:00		02:00:00
Category4		01:06:51		03:00:00

Category 1 mean performance was 8 minutes 2 seconds against the 7 minute target with the 90th percentile at 13:44 against the 15:00 target.

Turnaround times for April were 4.8% lower than March but were 5.9% higher than April last year.

Job Cycle time showed a decrease on March of 3.0% and is showing an increase of 5.0% vs April last year.

Excessive hours: Lost at hospital for April were 698 hours lower than March, a decrease of 19.8%. This is, however, higher than April 2017 showing an increase of 1325 hours, which is an rise of 87.8%. Hours lost remain high generally with Bradford , York and Hull impacting on performance.

Frontline PDR rates are currently at 74.1% against stretch target of 90%. This is an increase of 3.5% vs last month and is 3.6% below the Trust average

3.3 Urgent Care and Integration Directorate

NHS 111 Performance & IUC Standards

- NHS111 delivered positive performance against core KPIs in April and performance above national average for call handling and abandonment rates over the four day Easter weekend period.
- Call handling performance, clinical call back and warm transfer performance all improved in April in line with seasonal reduction in demand. Further work is required to understand how this variation can be further mitigated.
- Improvement in clinical advice performance in April is associated with closures in primary care and the number of 111 cases referred to an out of hours clinician.
- Direct booking performance is at 28% across all STPs.
- Work is continuing with CCGs to improve clinical advice performance, with a key area of focus being an STP led review of recording practice in WY across the Integrated Urgent Care footprint and STP level meetings about further performance improvement in year.
- NHS111 on line is now live across each of the three STPs in Y&H and responding to approximately 2,000 incidents per week. There is currently no observed impact on demand for NHS111. The proportion of dispositions ending in 999 is c. 16% which is significantly above the NHS111 telephone service.

NHS 111 Service Update

- The NHS 111 team have commenced work to further develop a positive working environment and culture for staff, aligned to the Trust work on values and behaviours. To date this has included a “deep dive” into staff experiences and views of the NHS111 service, together with focus groups. The information gathered will now be used to develop an action plan for delivering change.
- For clinical staff, and in context of the IUC tender, a CPD programme is being developed following a clinical skills audit and initial SEPSIS training.
- Version 15 NHS Pathways training has also commenced for all staff prior to implementation required before 2nd July 2018.

PTS Performance

- Overall PTS has delivered positive performance in April across all contracts and KPIs, having recovered well from the adverse weather in March.
- For South and other contracts, performance continues to improve and the new place based PTS management team becomes established.
- Performance in the South contract (mobilised Sep 2017) continues to improve against core KPIs including those for GP Urgents. This is due to effective collaborative working with hospital staff to improve communication and booking practice in respect of the Single Point of Access (SPA)
- Performance for on-day discharges has also improved in context of a high volume of on day activity from Sheffield Teaching Hospitals.

PTS Service Update

- PTS management team have increased capacity to focus on key priorities and implemented a “place based” operational structure. Early indications are this will have a positive impact on performance, quality and efficiency.
- YAS PTS continues to support four CCGs in North Yorks with application of eligibility criteria. Further engagement planned with YAS’ Executive Team, Quality Committee, CCG governing bodies and local overview and scrutiny committees, in order to deliver commissioning deadlines of Q2 2018-19.
- In preparation for an anticipated WY PTS market test, the management team continues to engage with key stakeholders in WY area. This has included completion of a PTS West stakeholder survey to report later in 2018 and more proactive engagement with WY Association of Acute Trusts.

Integrated Urgent Care Development

- The IUC tender and specification were published on the 25th April with the first stage, selection questionnaire (SQ) to be submitted by 23 May 2018. The project team has been established to initially complete the SQ and start work on the service model and design for the IUC service.
- In year developments include ongoing collaborative work with “place based” teams to prioritise improvements to clinical advice and direct booking performance and to support the development of Urgent Treatment Centres and service reconfiguration more widely.

- Work continues for YAS and HRW CCG in support of urgent and emergency care pathways in the area and an innovative new model of care which will see Specialist Paramedics responding to primary care home visits and urgent 999 calls in the area. The wider national rotational specialist paramedic pilot is progressing well with models developing in Leeds and Sheffield as well as North Yorkshire (as above).
- YAS have actively participated in the NHSI Action on A&E Programme for Winter 2018 and is working with the acute trust and CCGs for York and Scarborough to improve ambulance handover ahead of winter. A cross-directorate team is working to deliver a co-ordinated response to each A&E delivery board and Urgent & Emergency Care network in Y&H, supporting the development of place-based winter plans.

3.4 Clinical Directorate

Clinical Governance

YAS has commenced interviewing “trapped” Newly Qualified Paramedics (NQPs) to ensure competency for progression to Agenda for Change band 6.

Staffing issues in the Health Records department, coupled with an inability to hire agency staff, has resulted in significant delays in the processing of health records remain with a current ten weeks delay. This impacts on timely record retrieval for investigations and risks late reporting for national audit requirements. However, the implementation of the electronic Patient Record (ePR) in South Yorkshire has had a positive impact on the number of paper forms presented for processing. Wider implementation, subject to business case approval, will further mitigate the risk.

Following a joint meeting of National Ambulance Service Medical Directors (NASMeD), the Quality, Governance & Risk Directors’ Group (QGARD) and National Ambulance Urgent & Emergency Care Group (NAUECG), the Medical Director produced a presentation describing the service’s experience of winter and some possible solutions to mitigate a similar situation occurring in the future. This has been presented to the NHS Improvement (NHSI) Northern Region Medical Directors’ group, has contributed to discussion at other regional and national meetings. It will be presented at the NHSI Clinical Forum in June.

Clinical Development

Working with the YAS Academy, the Associate Director for Paramedic Practice and his team have finalised the Paramedic Agenda for Change band 6 uplift programme and implemented the Newly Qualified Paramedic (NQP) fast track application process aligned to the national model.

Clinical Research

Richard Pilberry, Research Paramedic, has been awarded £1,250 by the College of Paramedics to conduct his study into the management of the soiled airway.

The results of the AACE-sponsored ambulance staff suicide study was presented at the EMS999 conference in Stirling in March. Sir Keith Pearson, Chair of the Staff and Learner Mental Health and Wellbeing Commission, visited YAS on 18 May to discuss the Trust' ongoing work into staff mental health and wellbeing research.

YAS' Research Paramedics also presented three posters in April at the EMS World Conference in Copenhagen.

The Trust continues to await funding decisions for three studies, one of which has Mark Millins (Associate Director for Paramedic Practice) named as a co-sponsor.

IPR Exceptions

The first of the new Clinical Quality Indicators (CQIs), as components of the Ambulance Response Programme (ARP), were published in April (November 2017 data). Clinical time indicators are now reported as mean and 90th centile response measures, in line with the other Ambulance Quality Indicators, along with diagnostic and care bundle indicators.

The current suite of CQIs is: Out Of Hospital Cardiac Arrest, acute STeMI (heart attack), and stroke. In development for later in the year are further CQIs for Sepsis and Falls, with a Mental Health CQI expected next year. The data permits comparison with all-England performance and the IPR is being developed to reflect this. No current concerns with YAS CQI performance.

In April, 80 medicines incidents were recorded, which was higher than previous months. This was related to the significant improvement in audit compliance in North Yorkshire which resulted in 30 discrepancies being reported. There were five medicine-related clinical incidents, none of which resulted in patient harm on investigation.

3.5 Quality, Governance and Performance Assurance

General Update

Quality Improvement – Work is progressing positively to support implementation of the Quality Improvement approach agreed in Board in 2017. The first group of eight Quality Improvement Fellows is now in post and training commenced with support from the Quality Improvement Academy. The Fellows will each undertake a 12-month internal secondment splitting their time evenly between their substantive role and that of QI fellow.

Care Quality Commission (CQC) – implementation of the action plan arising from the last CQC inspection has been completed, with ongoing monitoring and assurance as part of business as usual. A date for the next inspection is not yet known, but engagement with the local CQC team has continued at a high level over recent months. An internal mock inspection is planned during May 2018.

Well Led Review – An independent Well Led review has been completed for the Trust by PWC during April-May in line with the NHS Improvement (NHSI) guidance. The output of this review will inform YAS' developmental plans for the coming year.

Service Transformation – A full review of the programme and its governance has been completed, to ensure that it aligns fully to the updated YAS strategy. The programme has been refocused into 4 cross-directorate workstreams with clearly defined Executive leadership, reflecting the scale and complexity of the Trust's developmental programme over the coming years.

Critical Friends Network (CFN) - Work to develop the CFN is progressing well through a programme of local engagement events. The network consists of patients, service users and members of the public who wish to help YAS progress service developments incorporating the patient view.

Independent Care Sector – The Trust is contributing to the Northern Region Programme Board established by NHSI, to support quality of care and better integrated patient pathways in care homes. The Trust has also agreed a collaborative project with Sheffield CCG, to support care homes in accessing appropriate emergency and urgent care services.

Ambulance Productivity – The Lord Carter programme workstream, which focused on development of robust data, metrics and benchmarking across Ambulance Trust functions to underpin productivity improvements is continuing. Work focus on metrics relating to Quality, Operational Workforce, Procurement and Finance was completed in April 2018 and it is anticipated that the first iteration of the Model Ambulance dashboard will be published in July 2018.

International Nurses' Day (Saturday 12 May) - To celebrate the day, the Trust held a Nurses' Clinical Professional Development (CPD) Best Practice Day on Wednesday 9 May, to showcase the contribution nurses make to our service. Around 50 colleagues attended the event, reflecting the wider development of the multi-professional workforce in YAS and in the ambulance services nationally.

IPR Exceptions

Incidents – The number of patient and staff related incidents reported remains consistently high. The number of moderate and above harm incidents rose slightly during Q4 but remains low overall and within the previous range.

Complaints – Response times for all Trust complaints and concerns against timescales agreed with the complainant remains high. There is no significant change to the rate of complaints received.

Safeguarding Training - Compliance for Level 1 child and adult training remains above the 85% target. Safeguarding Level 2 compliance has reduced over the last quarter following the introduction of the new combined Adult and Child Level 2 e-learning product.

Completion of the new training product is progressing well. At present the two figures for Level 2 are reported separately, whilst a mechanism for production of the combined compliance rate is finalised.

Deep Clean - Compliance remains challenging but remains positive through the strong management focus and effective teamwork between Fleet and Operations teams.

Legal Requests – The focus on ensuring compliance with FOI response times continues, to ensure consistent delivery of the standard.

3.6 Workforce & Organisational Development (OD)

Workforce and OD Strategy 2018-2021

A Workforce and OD Strategy is currently in draft and will act as an enabling strategy for the Trust Strategy. This was presented at the Strategic Leadership Forum in May 2018. The strategy will be discussed with a number of internal stakeholder groups over the coming months to ensure that it reflects our workforce priorities for the short and long term. Alongside the strategy a workforce plan will be developed which will outline our workforce needs in terms of numbers and types of roles to aid delivery of our strategic priorities. The strategy will be finalised in line with the Trust strategy during 2018.

Integrated Performance Report for the Workforce Directorate

The department's sickness absence for March 2018 was at 6% which is above the Trust threshold of 5%. The absences during the reporting period were short term and the department now has minimal absence. Compliance for statutory and mandatory training for March 2018 is at 89.6%, which is above the Trust target of 85%.

The department's compliance for the completion of PDRs at March 2018 is at 73.8%; which is below the 90% Trust target however this has increased significantly from 55.4% in 31st January 2018. The department have undertaken significant work to ensure compliance in this area and aims to be within the Trust target by the end of May 2018.

Staff Survey and Staff Engagement

The Trust recently established a YAS Staff Engagement Group, which is attended by several key leaders from across the Trust. The Group will inform the development of a sub-section of the Workforce and OD Strategy specifically addressing Staff Engagement and a Staff Engagement Plan which will play a key role in supporting the development of a more engaging culture at YAS.

The overarching Staff Engagement Plan will include the National Staff Survey – and Staff Friends and Family Test, but will also address other ways of engaging staff – especially staff in frontline roles, with whom it is more difficult to engage.

PDR

The Trust's compliance rate for PDRs stood at 74.7%, for March 2018, against the Trust target of 90%; this is a slight increase from February 2018 when the figure was 72.7%.

The Trust Management Group have a focus on improving PDR compliance and are receiving detailed reports, and ensuring that those areas of low compliance are targeted and asked to take appropriate action to improve.

Sickness Absence

The rate for March 2018 is 6.4%, a decrease from 6.8% in February 2018. This is an increase compared the same period last year (5.24%). The main reasons for sickness absence continue to be mental health / anxiety at 27.66% and musculoskeletal (combined with back problems) 25.96%. The Trust's Health & Wellbeing Plan focuses on mental health and musculoskeletal interventions for staff, in order to improve these areas. This will become a key focus for NHSI as a result of Carter and Ambulance Trusts, given their high levels of sickness absence will be targeted. We are preparing for this with the development of an action plan focussed on reducing these high levels of sickness absence.

Living our Values

Since the launch of our Behavioural Framework "Living our Values" (LoV) in January 2018, work has progressed in several work streams to fully embed the values and behaviours to achieve a cultural shift and influence how staff interact with colleagues, partners and patients.

The work streams for year 1, about which regular updates will be submitted to TMG, TEG and the Board to inform of progress, are:

- Staff (Trust-wide) Communication
- Staff Recognition
- Pre-Employment and Recruitment
- Workforce Policies and Procedures
- Education and Professional Standards
- Corporate and Local Induction
- Managing Performance (Appraisal)
- Leadership and Talent Development

Leadership Development

One of the work streams to ensure the Vision, Values and Behaviours are thoroughly embedded throughout the Trust is a workstream on "Leadership and Talent Development". A framework for Talent Development was approved by the Trust Executive Group in December 2017. One of the strategic aims was the development of leadership across YAS: Leadership Development in role as well as Leadership Development for progression / leadership pipeline.

In March 2018 the Trust Executive Group approved funding to develop a leadership development programme to allow us to develop all people leaders in their role – and clearly set out the expectations for managers at YAS and equip managers to lead in a more engaging and dialogical way whilst role-modelling the YAS Values and Behaviours.

The Trust is currently working with AndPartnership to co-develop the programme – Leadership In Action. This involves a ‘diagnostic process’ that has included focus group interviews and some desktop research (Staff Survey results, several strategies and plans, our Values and Behavioural Framework). Focus group discussions have involved a number of leaders at different levels across YAS. They have been involved in discussing what it is like being a YAS leader and how we might improve leadership at YAS. These conversations have been used to inform the design and structure of the programme.

Leadership in Action is mandated for all people managers at YAS and is an important step the Trust is taking to improve and support a One Team culture at YAS. The detailed programme will be discussed and signed off at Trust Executive Group on 21st May. The programme will be anchored to Living our Values, and the first wave of delegates will be the Trusts senior leaders (8a and above) including Board members.

The Trusts Leadership and OD team will be involved in the delivery, and a Train-the-Trainer package will equip the Trusts own facilitators to cascade the programme in its second wave throughout the organisation for all people managers at all levels. Leadership in Action will launch over the summer 2018 and will set the pace for further development of leadership offerings at YAS.

The Trust’s first Strategic Leadership Forum was held on 2nd May 2018. The event was hosted by CEO, Rod Barnes, and the Trust’s strategy and its enabling strategies, currently in draft, were presented by the Executive team, and delegates were given time to reflect and discuss with peers and influence the further work on the strategies.

Diversity and Inclusion

An implementation plan is being developed to measure our performance in terms of the actions we have set to embed diversity across the Trust and to support the Diversity and Inclusion Strategy. This will be reported to a future Quality Committee and it has been agreed that six monthly reviews on progress will be submitted to the Board.

The revised and refreshed Equality Impact Assessment (EIA) methodology is due to be presented to TMG in June 2018. We have reviewed and strengthened the process to ensure the Trust is producing good quality comprehensive equality analysis. The Performance Assurance and Risk Management Team are supporting the team to determine a more consistent EIA approach across the Trust.

We have procured an external organisation to help us develop an internal workplace mediation service. We will be recruiting up to ten members of staff from across the Trust as 'workplace mediators' and the recruitment process is on way for this happen.

Yvonne Coghill National Director of WRES attended the Trust Board on 10th February 2018, along with members of the Diversity and Inclusion Steering Group and members of staff from the Black and Minority Ethnic Staff Network. The purpose of the workshop was to explore the WRES data, our challenges and to focus on key actions in terms of improving our performance on the nine WRES indicators. The national WRES experts programme is going well and supporting our nominated representative, Tasnim Ali. A paper and action plan will be presented to the Diversity and Inclusion Steering Group on 23rd May with our refreshed priorities around WRES.

Recruitment

The Recruitment Team are actively supporting the delivery of the additional ECA resources required following the introduction of the Ambulance Response Programme (ARP). A large selection event was held in May for ECAs which was well attended and resulted in 79 offers; 62 ECAs will need to progress through C1 training (5 weeks training), which will impact on timescales to be ready for commencement, but these staff are being prioritised. Similar selection events, in CBUs, are planned for the full year to meet planned ECA numbers, to replace attrition and to meet the extra requirements for the ARP.

Occupational Health: People Asset Management (PAM)

The PAM contract is due to end 30 September 2018 and while the Trust aim to procure the new services over the coming months, an extension to the existing contract has been agreed to allow time for the procurement to take place. The provision to be tendered includes: Core OH provision, EAP/PTSD support 24/7, Health Surveillance, Physiotherapy support including full geographical access and a Day One Sickness Absence reporting system.

Employee Relations

The Mutually Agreed Resignation Scheme (MARS) was launched on 30 April 2018. An information pack and Frequently Asked Questions are available on the Intranet. The Scheme closes to applications in July 2018.

3.7 Finance & Performance Directorate

Finance & Contracting Update

The team have successfully supported the 2018/19 contract negotiations and formal mediation process for 999. A significant amount of commissioner investment into the Ambulance Response Programme (ARP) has resulted from this.

The team have also supported contract negotiations for NHS 111/West Yorkshire Urgent Care (WYUC), including the requirements of the national Integrated Urgent Care (IUC) specification. There is now a focus on supporting the Trust's response to the 111 tender process.

The Finance team has completed and submitted the 2017/18 annual accounts, which are currently subject to external audit. The team supported delivery of a strong financial position, which saw the Trust receive significant Sustainability and Transformation Fund (STF) monies (£5.3m). A financial plan for 2018/19 has been produced and submitted in line with national timetables. Budgets have been refined and updated to reflect agreed contracts and the team continue to support budget holders with the management of these.

Work to develop and implement a "Purchase to Pay" (P2P) system is complete with the Oracle i-Procurement software now in use. A 'No Purchase Order, No Pay' policy has been adopted and work continues to expand use of the system in order to gain maximum benefit from the technology. A consultation exercise will be undertaken shortly to provide organisational structure to support the new approach, as part of moving to "Business as Usual".

YAS' finance system is provided through "NEP", a consortium of public sector bodies. The service is moving to using Oracle Cloud, and following delays with the provider, the team now expects to move to the new software in June 2018.

Fleet, Estates & Facilities

Work is taking place to implement the fleet change in operations required to deliver the Ambulance Response Programme (ARP) which includes increased Double Crew Ambulance (DCA) fleet and decreased Rapid Response Vehicle (RRV) numbers. There is an impact on the training vehicle fleet due to the extra numbers of staff required in the workforce. Additional vehicles have been ordered in line with the Board decision regarding the 18/19 capital programme.

The new Fleet Management System has been procured and work is ongoing to ensure it is commissioned in a timely manner, alongside YAS' Northern Ambulance Association (NAA) partners. Workshops have been held across the NAA to ensure a consistent approach.

In Medical Equipment, work undertaken in 2017/18 to introduce a new defibrillator, the Corpuls, is concluding with the fitting of new bracketry systems to the RRV fleet. Other medical devices are also being commissioned following a number of service developments commissioned during the last financial year.

The Estates team had a busy year in 2017/18, with 35 properties receiving backlog maintenance or improvement works. The results of the work provide safer and better accommodation for YAS' staff.

New Head of Facilities Management, Stuart Craft, is in post and the team has a further senior vacancy, with Paul McGuinness, Head of Property and Projects, leaving the Trust at the end of July. This post is out to advertisement.

Procurement & Logistics

The department remains on track to deliver the strategic goal of “Confidence in Procurement and Logistics” by 2020 and recently finalised the Trust’s response to achieving Level 1 of the NHS Professional Standards for Procurement accreditation process, submitted for approval on 11 May.

During 2017/18, the Procurement team completed 201 contracts, worth a total of circa £19m. 26 contracts, worth a total of circa £1.8m were carried over into 2018/19. These form the basis of the Workplan for 2018/19, which currently includes a total of 70 contracts.

The Associate Director is leading a session at the National Ambulance Procurement Board (NAPB) to discuss implications of early findings of the Lord Carter review, to be fed back to NHS Improvement in the coming weeks.

ICT

ICT have continued to work closely with Estates to help successfully complete the extensive programme of building and office improvements.

The **Electronic Patient Record System** pilot was extended to Sheffield Teaching Hospitals from 18 April. 475 clinical staff have been trained across South Yorkshire and a further 150 will be trained in the next three weeks. The ICT department held initial stakeholder meetings to capture organisational and operational requirements for a **Unified Communication** telephony platform which will provide multiple communication technologies in a single solution, combining voice communications (telephones), video, email, text, messaging, file sharing etc. YAS is currently exploring options for joint working with other ambulance trusts and the Northern Ambulance Alliance.

The **Emergency Services Mobile Communications Programme** is continuing at a national level. The Control Room Solution project will be the first element of this to be delivered and is planned for September 2019.

NHS Mail Migration 24 April. All user mailboxes have now fully migrated from YAS’ Microsoft exchange server to the NHS mail national server.

YAS Website. Work continues on transforming the existing YAS website at www.yas.nhs.uk to make it more accessible, visually appealing and to better meet user needs. Designs have been tested internally and with patient groups to ensure it meets their requirements. Work is now taking place on coding the designs. The new website is expected to launch in summer 2018.

Computer Aided Despatch (CAD) Upgrade (ARP V3.) CAD system has been upgraded to include Ambulance Response Programme (ARP) update 18 April. EOC has been updated in line with national changes for Ambulance Response.

999 to 999 Testing between YAS, EMAS, NWAS is complete and proves the concept of transferring 999 calls between services. Go live date awaited.

Business Intelligence

A&E Live Real Time Reports: A new real time web-based performance report tool developed in QlikView. Continued roll out to operation managers and their divisional areas to replace excel Management dashboards and new functionality added. Over 60 managers now have access to the system.

ePR Dashboard: Analysis of ePR data throughout implementation of project via a dashboard created to enable a view of the impacts on job cycle time and training.

111 Bid: Supporting the upcoming 111 Bid with analysis and modelling of different aspects of the 111 service.

Clinical Performance analysis: Work has been carried out to help understand opportunities to improve clinical performance.

IPR Exceptions

No IPR exceptions to report.

3.8 Planning & Development / Corporate Communications Directorate

Communications and Engagement

The Communications team continues to support a wide variety of internal and external activity to reflect developments at the Trust and support key initiatives and programmes of work.

During the past three months, the team has prioritised the following:

- Launch of **Right Response First Time** campaign to highlight the different ways in which the organisation responds to 999 calls.
- Launch of **Save a Life App** which maps all of the 1,288 automated external defibrillators (AEDs) across the county tells users the location of their nearest AED and provides cardiopulmonary resuscitation (CPR) guidance in the event of someone suffering a cardiac arrest.
- Continued promotion of **Restart a Heart Day 2018** encouraging schools across the region to participate in the initiative.
- YAS currently has over 16,200 followers on Twitter. Ten YAS 'Twitter Champions' from across the Trust are fully active in a professional capacity.

Planning and Development

Stakeholder Engagement

The Planning and Development team continue to work alongside the Urgent Care and Integration Directorate to support the co-ordination of appropriate engagement into the wider Yorkshire and Humber stakeholder meetings.

YAS continue to be very well represented at all significant stakeholder meetings and boards, in particular:

- Sustainability & Transformation Programme/Accountable Care Systems boards.
- Local Delivery boards.
- Urgent and emergency care network meetings.
- Reconfiguration and clinical work stream meetings.

The Collaborative Working checklist and partnership register have been developed, with an overarching policy / guidance nearing completion.

Corporate Strategy and Planning

The Team continue to develop the Trust Strategy, supporting the recent Strategic Leadership Forum to engage with senior leaders across the Trust.

The Trust's annual business plan continues to be developed, collating the objectives within the Integrated Performance Report (IPR). This was reviewed by TEG in mid-March.

The Final narrative Operating Plan 2018/19 was submitted to NHSI on 30 April and covered in item 6.1 in this Board of Directors meeting in Public.

Business Development

The team are working closely with the Urgent Care and Integration Directorate to plan and prepare for the anticipated tenders for patient transport services in West Yorkshire and the active Integrated Urgent Care (111) tender.

PTS West

A weekly bid meeting is supplemented by proactive workshops to ensure the Trust is fully prepared for the tender. The initial focus will be to understand the potential impact of splitting the current operation in West Yorkshire, understanding growth opportunities in the area and stakeholder mapping and potential partnerships for future delivery.

IUC

Focused workshops have commenced, with input and support from the team; initially establishing the approach and resources required to undertake the tender response and deliver the new service. Key deliverables from the team, in support of bid management, include:

- Tender Status Update Report – outlines the status of all known tenders, to report into IBPG. Final review taking place to present into TMG and F&I Committee.
- Portal Management and Review – daily checks for new tenders and updates for ongoing tenders.
- Tender Pipeline Development – ongoing development of a clear tender pipeline for the Trust, to identify future opportunities for better utilisation of resources.

The first stage of the tender process (SQ) was submitted by the deadline of 23 May.

Market Analysis

Final review of a transport market assessment programme is underway to identify opportunities for health related transport contracts within the Yorkshire region. The aim of this exercise was to:

- Establish a list of health transport related contracts in the region.
- Identify the market value of the health transport related contracts and understand our market share.
- To identify current contract end dates and therefore any potential opportunities, supporting the tender pipeline development.

The team are currently analysing the regional responses to identify potential opportunities to increase existing market share or to explore new markets.

IPR Exceptions

Statutory and Mandatory Training: Planning and Development team 100% compliancy.

Personal Development Reviews (PDR): The Planning and Development team have 100% compliance with PDRs set to be fully reviewed in six months, to ensure ongoing compliance, monitor performance and establish progress against objectives and development

4 Recommendation

4.1 The Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.

The Board notes and discusses the variances contained within the April 2018 IPR report, highlighted in the Executive Directors reports.