



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 27/03/2018	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	5.2
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 21 November 2017 to 19 March 2018 and the opportunity for TEG to highlight the key variances / movements contained within the February 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 February 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 21 November 2017 to 19 March 2018 and the opportunity for TEG to highlight the key variances / movements contained within the February 2018 Integrated Performance Report (IPR).

2. External Environment

NHS England (NHSE) and NHS Improvement (NHSI) published their joint planning guidance for 2018/19 on 2 February (*Refreshing NHS plans for 2018/19*). National priorities for ambulance services include the delivery of Ambulance Response Programme (ARP) national response times standards by September 2018, more than 50% of callers into NHS111 to receive clinical input into their call and ensuring patient handovers between ambulance clinicians and hospital emergency departments do not exceed 30 minutes.

NHSI published the Quarter 3 performance report for the provider sector on 21 February. At Q3 the provider sector reported a year-to-date deficit of £1,281 million against a plan of £916 million deficit, giving an adverse variance of £365 million over plan. This deterioration is almost wholly attributable to significant operational pressures faced by the acute sector. The Q3 report included performance figures for the ambulance sector using the new ARP performance standards. December 2017 saw sector Category 1 90th centile performance outside of the standard of 15 minutes, at 15:25 and a Cat 1 mean response time of 8:52 minutes compared to the seven minute target. The Category 2 mean and 90th centile standards were also not met during December.

The Chancellor Philip Hammond's Spring Statement given earlier this month recognised the pressures for more spending in the NHS because of an ageing population and developments in care but did not commit additional funding at this time, instead hinting that austerity will be eased in the Autumn Budget.

This month NHS England has published a number of reports on workforce issues of relevance to our strategic priorities. These include an Integrated Urgent Care / NHS 111 Workforce Blueprint developed by NHSE and Health Education England in close partnership with commissioners and providers. The Workforce Blueprint provides guidance on key topics such as apprenticeships, qualifications, governance, leadership development opportunities and workforce mental health and wellbeing. Resources include a new Career Framework, a range of tools to promote NHS 111 as a career of choice.

NHS England has also published a report by the University of Sheffield and Michael West of the Kings Fund 'Employee engagement, sickness absence and agency spend in NHS trusts', which uses NHS data from staff survey and other sources to identify a clear association between levels of staff engagement (including motivation, involvement in decision-making and change and willingness to recommend an organisation as a place to work and be treated), sickness absence and expenditure on agency and bank staffing.

Finally, NHS Workforce Race Equality: A Case for Diverse Boards promotes the importance of diverse leadership teams to support better decision making, based on principles of inclusivity, shared decision making, modelling behaviour, constructive challenge and awareness of bias.

3. Executive Team Reports

3.1 Chief Executive

The Trust continues to make good progress against strategic and operational priorities despite a continuation of systems pressures seen in the run up to the festive period.

The Trust went live with reporting against new Ambulance Response Programme (ARP) categories at the beginning of September. Good progress has been made in improving EOC call answer times, rates of 'Hear and Treat' activity and the vehicles dispatched to each incident. Despite this Category 1 and Category 2 mean and 90th centile response times have been adversely impacted by increasing demand, capacity pressures across health and social care and adverse weather conditions. A number of local hospital Emergency Departments (EDs) have struggled to cope with capacity pressures, resulting in extensive ambulance turnaround delays. The Trust's full strategic and tactical command structure has been activated at times at times of peak pressure and remains at Resource and Escalation Plan (REAP) Level 3 "Severe Pressure".

Plans to increase the number of Double Crewed Ambulances (DCAs) and clinical advisors within YAS' control room (described in more detail below) are being discussed with commssiioners as part of this year's contracting process.

In January YAS was awarded the contract for the non-emergency ambulance transport for the Vale of York and Scarborough. The retention of this contract follows similar recent contract wins in South Yorkshire and East Riding and underlines the significant improvements to service delivery and efficiency through YAS' Patient Transport Service (PTS) Transformation Programme.

The Trust continues to perform well against its financial duties. The overall rating under the "Single Oversight Framework" is 1 (1 being lowest risk, 4 being highest risk) and the forecast outturn position for the Trust remains at £3.4m surplus against a planned surplus/control total of £3.4m.

Good progress is being made developing the Trust's future strategy. A number of focused workshops have ensured broader engagement around the key points of patient focus and key developments required to deliver the strategy.

The Trust Executive and leadership team continue to engage in strategy workshops, ensuring it remains aligned to national policy direction. The strategy seeks to meet the challenges and opportunities of integrating urgent and emergency care services across Yorkshire and the Humber, whilst supporting local systems of care to deliver more responsive local services.

The strategy also describes the considerable changes required to YAS' front line and support services to successfully deliver the ambitions of the Ambulance Response Programme (ARP).

The final summary is anticipated to be presented to the Board in April and a number of key elements of the strategy form the basis of current contract negotiations with commissioners and YAS' Operational Plan 2018/19, due to be published at the end of April. The final strategy is planned to be presented to at the Trust's annual leadership summit in October 2018.

The Trust's strategy is underpinned by a commitment to continually improve the quality of care provided to patients and to make YAS a better place to work. The launch of the new Trust values at our Leadership Conference in September and our Diversity and Inclusion Strategy are central to this and in January we officially launched the Behaviours Framework, 'Living our values'. It represents our personal commitment to ensure Our vision, purpose and values (One Team, Innovation, Resilience, Compassion, Integrity, Empowerment) underpin everything we do, what we stand for and what we aim to achieve as a team. These are the critical features which outline how we expect colleagues and stakeholders to interact with each other and our patients and importantly feedback from staff and stakeholders has been pivotal in this process. Over coming months changes will be introduced to policies and processes to support and recognise colleagues who demonstrate our values and behaviours and empowering colleagues to challenge those who do the opposite.

The results from the 2017 NHS Staff Survey have been received and show that the almost 90% of YAS' staff agree their role makes a positive difference to patients and that staff also appreciate quality of training, learning and development. However, there is still some work to do to improve staff engagement and communication between managers and staff.

Over the coming months the YAS Academy will be launched and a number of leadership learning events held to provide leaders at all levels of the organisation with an opportunity to discuss the role of leadership in living the Trust's values, improving teamwork and engagement and delivering the Trust's corporate strategy. This work is being supported by a thorough review of YAS' Transformation Programme, ensuring it is fully focused on addressing strategic priorities and supporting a 'One Team' approach. The work is being supported by other quality improvement initiatives focused on improving staff involvement in problem solving and decision making such as the introduction of six Quality Improvement Fellows to take forward improvement ideas from across the Trust.

Partnership working and collaboration sits at the heart of plans and the Trust has continued to play an active part in emergency and urgent care planning and service reconfigurations in Integrated Care System (ICS) and Service Transformation Plan (STP) footprints in South Yorkshire and Bassetlaw, West Yorkshire and Harrogate, Humber Coast and Vale.

YAS is taking part in a Health Education England (HEE) pilot, along with North East, East Midlands and South Central Ambulance Services, to trial a new working model for specialist and advanced paramedics.

The pilot aims to improve patient care and support workload across the wider NHS system by enabling paramedics to work across a variety of settings – including primary and community-based care – as well as within the ambulance service.

The pilots will explore whether a new rotational model of working is feasible and economically viable. Specialist and advanced paramedic practitioners will work in Emergency Operations Centres (EOCs); community-based multi-disciplinary teams (MDTs); and GP practices, on a rotational basis. The outcome of the pilots will be evaluated to establish how the role can help to best deliver high quality patient care. The roles will initially be launched in Sheffield and Leeds.

On 16 January the Boards and senior leadership teams of the three Northern Ambulance Alliance (NAA) members YAS, North East Ambulance Service (NEAS) and North West Ambulance Service (NWAS) met in Leeds to review progress and discuss priorities for future collaboration aligned to the three key aims:

- improve the quality and service delivery for patients.
- maximise standardisation opportunities at scale and reduce duplication.
- reduce the overall costs of the collective budgets of the three services.

The attendees received presentations from a number of workstream leads on collaboration taking place in Information Management & Technology (IM&T), the paramedic pathfinder triage tool, collaborative procurement and fleet management. NEAS gave a presentation on work they had undertaken to establish a wholly owned subsidiary company.

General consensus was gained around the need to accelerate NAA's pace of delivery and look for opportunities to extend the number of initiatives. Efforts to realise back office collaboration opportunities saw YAS' Payroll team take-on responsibility for NEAS' payroll. The service successfully went live in February.

Since the event in Leeds, East Midlands Ambulance Trust (EMAS) have joined the NAA as an associate member. This allows them full participation in collaborative workstreams and offers the Alliance potential access to further scale economies of scale.

On 30 March 2018 the police and paramedic scheme will be re-launched in the Wakefield and Castleford areas of West Yorkshire every Saturday night from 1900 until 0300. The scheme will see a YAS clinician teamed up with one or two special constables from West Yorkshire Police in a rapid response vehicle (RRV). The late-night pairing aims to provide a quick response to clinical incidents that require a police presence. The resource will be dispatched from both the Police Control Room and YAS' own Emergency Operations Centre.

The Trust was visited by Dewsbury MP Paula Sherriff on 2 March. MP. Paula has just joined the Labour front bench team as Shadow Minister for Mental Health and Social Care and the visit was to discuss current service challenges, YAS' role in responding to patients suffering from mental health issues and the mental health welfare of staff. Paula visited YAS' Emergency Operations Centre (EOC) to meet our specialist Mental Health advisors and to see how the service was managing demand during the adverse weather.

YAS had two national award winners at this year's Ambulance Leadership Forum (ALF) awards. Dave Hill, Ancillary Services Manager, won the Outstanding Service in Support Services award and Alistair Gunn won the Outstanding Service in leading on Diversity & Inclusion award. The awards were presented at the Ambulance Leadership Forum (ALF) event held on 20 March at Chesford Grange, Warwickshire.

Finally, thank you to Pat Drake who is leaving the Trust at the end of March as her term of office comes to an end. Pat has given 8 years service to the Trust as a non-executive director, chair of Quality Committee and Deputy Chair. Pat will be taking up a new stage in her NHS career in a non-executive role at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

3.2 Operations Directorate

Performance

Year on year a 2.13% increase in demand was seen from February 2017 to February 2018. During the cold snap at the end of February demand was up 1.25% on the same period last year.

The service was significantly impacted during 5, 6 and 7 March. Demand, which was up 6.44% for the same period in 2017, was driven by Health Care Professionals' (HCP) cases of patients being referred to hospital via their GP. The demand saw the Trust escalate to Demand Management Plan (DMP) 5 during parts of 5/6 March and DMP 3 on 7 March. Significant hospital delays were a contributing factor with 300 delays of over 1 hour for the 3 day period, the worst of which was over 6 hours at Barnsley District Hospital on 5 March.

Operational Plan 2018/19

The Directorate is finalising its annual operational plan which sets out the key objectives and priorities for 2018/19. These include delivery of the Ambulance Response Programme (ARP) standards, delivery against the 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.

A&E operations have been piloting a number of schemes to support delivery against the new standards. The Lower Acuity Transport (LAT) service to support the lower acuity categories and HCPs requiring transportation was introduced in December 2017. Due to the success of the pilot a business case to extend the service has been developed to be shared with commissioners.

The Emergency Operations Centre (EOC) have been testing their functional redesign, which includes reallocating workload into locational zones, as well as staffing. North Yorkshire and Leeds will be piloted during March and initial findings indicate positive outcomes. Full findings along with recommendations will be presented to the Trust Executive Group (TEG) over the next few months.

Significant changes are required to improve performance against the new standard to ensure it is sustainable. A number of options have been modelled and although each requires a level of investment they will improve the quality of service and support delivery. A suite of business cases for commissioners have been produced to support delivery against ARP. These are:

- Increasing provision of the LAT service to support category 3 and 4.
- Functional redesign of the EOC which also incorporates extending the Clinical Hub provision.
- Fleet mix, increasing the number of ambulances on the road.

Efficiency Programme

A number of efficiency schemes are being worked up and will be monitored via the Divisional Management Board. A full implementation plan will be developed once the schemes have been approved. The Project Initiation Document (PID) along with a Quality Impact Assessment (QIA) will be submitted to the forthcoming Trust efficiency meeting for approval.

Initial engagement with Staff Side has commenced. The workshop originally scheduled to take place on 1 March was rescheduled to 20 April as a result of the number of apologies received due to the adverse weather.

Scheduling

Following a recent workshop for operational managers and Staff Side held by the Scheduling Team constructive discussions took place about a number of key topics which will be worked up further over the next few months:

- There is an appetite from all parties to remove relief from rotas and reduce pool relief significantly, offering more certainty to staff in the long term regarding the shifts they are working.
- It was acknowledged that any additional rota lines / shifts entered into rotas in place of relief would not be accepted if they were all weekends.
- Consideration should be given to planning a dedicated week of training/development time in for all staff at least once per year.
- Where staff prefer to work permanent relief, the Trust should try to accommodate this as it works in terms of flexibility.
- The inclusion of annual leave in rotas should remain in place where this is popular and works well (eg South Yorkshire)

Workforce

Accident & Emergency Frontline Full Time Equivalent (FTE) (at 5 March 18)

	Budget	Actual	Variance
Clinician	1245	1213	-32
Clinical Support	934	936	2
Emergency Care Assistant (ECA) 1	0	19	19
Total	2179	2168	-11

- Overall establishment is 11 FTE behind the target of 2179.
- Actual skill mix is 56% Clinical to 44% Clinical Support against a requirement of 57% to 43%.
- There are 20 Emergency Medical Technician (EMT) 1s due to register as Paramedics in March 2018.
- Four external Paramedics have been recruited and are due to start in March 2018.
- Projected workforce at year end is 2172 FTE, 7 under the target of 2179.

IPR Exceptions (as at January 2018)

Total demand was 8% above forecast. This is an increase in call numbers of 9.6% compared with January 2017.

Performance seen highlighted below:

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:08:10	00:13:56	00:07:00	00:15:00
Category2	00:26:57	00:59:30	00:18:00	00:40:00
Category3		02:31:51		02:00:00
Category4		03:45:02		03:00:00

The decline in performance can be directly attributed to the 9.6% increase in demand compared with January 2017 alongside a high number of lost hours at hospital totalling 3447 hours in January.

Hospital turnaround times for January were 0.8% higher than December.

PDRs currently stand at 69.8% against a target of 90% for frontline. Clinical Supervisors were asked to support frontline services during the winter pressures period therefore contributing to this outcome. EOC compliance stands at 71.6% in January which is an increase of 2.8% on previous month.

3.3 Urgent Care and Integration Directorate

IPR Performance Exceptions - Patient Transport Service (PTS)

Demand in January 2018 increased by 16.7% on the previous month and shows a 2.3% increase against the same month last year.

Key Performance Indicator (KPI) 1 (inwards picked up no more than 2 hrs prior) – Performance increased by 0.4% on the previous month and is showing a 2.3% increase against the same month last year.

KPI 2 (arrival prior to appointment) - improved in January from 84.6% to 85.9% and is 3% above the making appointment on-time target of 82.9%.

KPI 3 (departure after appointment) - increased by 1% on the previous month and is now 2.6% below the annual target of 92%.

KPI 4 - The performance of outward on day/short notice bookings picked up within 2 hours improved by 6.2% to 81.5% in January but remains below the 92% target. Commissioned levels of resource versus the KPI 4 target and a

behaviour of high percentage discharges undertaken on-day by local acutes makes this KPI challenging.

South – On-day Discharge & GP Urgent have seen substantial improvements in January/February and been praised by Commissioners and Acute Trusts.

Sickness/Absence Management

- As of end of January 2018 sickness stood at 7.61% and is currently 0.46% higher than the Trust's average of 7.15%
- Short term stands at 3.54% and long term 4.08%
- All review cases were in line with policy and absence management meetings.

Fleet

Vehicle availability decreased by 2 percentage points in January and at 92% is below the 95% Trust target. This is due to a number of age related vehicle issues and the lead time for parts with manufacturers not supporting vehicles over 10 years of age. This reduction in availability has seen increased pressure on operational delivery during peak demand time.

The PTS deep clean percentage of breaches outside the 5 weeks window stood at 3.2%, down from 3.9% on the previous month.

PTS Management Capacity

The restructure of PTS is progressing well and has increased capacity to focus on key priorities. Current developments of the team will have a positive impact throughout the service due to the increased focus on quality improvement and compliance. A Care Quality Commission (CQC) Task and Finish Group is in place with conference calls taking place three times a week to discuss actions and progress.

An Infection Prevention and Control (IPC) event/training session has recently been undertaken for Team Leaders, Service Delivery Managers and Operations Managers together with the wider PTS management and other actions are progressing to demonstrate progress in response to CQC recommendations.

A Senior Logistics Manager is now in post and progressing with development of the logistics team. The Forecast & Resourcing Analyst has been in post since September and is focussing on the completion of the PTS forecasting planning models, for rota and holiday ceiling review and combined rota efficiencies.

PTS Contracts Overview

YAS were awarded the North Yorkshire Vale of York, Scarborough and Ryedale contract. The award is 5 + 2 years and called Medical Non-Emergency Transport (MNET). A key focus of the contract will be the application of eligibility criteria.

West Yorkshire contract – a bid/Prior Information Notice (PIN) is due during April. Internally, scene setting and trust wide training is underway.

The South Yorkshire contract went live at the beginning of September, with additional contracted activity. GP Urgent performance has improved, as has on-day Sheffield Teaching Hospital discharge. All other KPIs remain on-track.

A letter of agreement has been signed with NHS Harrogate & Rural District Clinical Commissioning Group (CCG) and NHS Hambleton, Richmondshire and Whitby CCG to continue the current PTS contract to March 2019. There is an ongoing Eligibility Pilot.

East Riding want to vary GP Urgents (Low Acuity) that 365 have operated for the past 3-4 years.

The PTS programme has made significant progress over the last quarter of 2017/18 and is currently reporting as amber. It is anticipated that it will report green in the first quarter of the new financial year.

The mobilisations of South Yorkshire and East Riding have been completed and new projects have been established for the mobilisation and eligibility work in North Yorkshire. All projects are appropriately resourced, with designated leads and project support.

NHS 111 Service - Performance

Performance for calls answered in 60 seconds during February 2018 was 83.1%, against the KPI of 95%, with a year-to-date performance of 89.1% (4.1% below the same period in 2016/17). Performance is in line with the predicted range to commissioners of 85-89%, and above the all-England average. Patient call levels also remain at contract ceiling level and actual staffing levels are in line with the capacity plan.

Performance has been impacted by increased sickness amongst staff, together with an increase in average talk time (AHT) resulting in more pressures upon existing resources which have been relentless since Christmas.

Easter represents a key pressure period for NHS 111, given the patient call increases over the period. This equates to an extra 13,000 calls (62% increase) for the Easter 4 days compared to normal expectations; with the largest call increases on Good Friday (+144%) and Easter Monday (+96%). Full senior management, clinical and additional administration support will be within the call centres at this time.

Clinical performance within the service continues to exceed the 2016/17 position, although has fallen during Q4. This is linked to clinical staff supporting front end call handling over the period.

NHS 111 Contract Update

Contract arrangements for the transitional year, 2018/19, have been finalised for NHS 111; with discussion still underway for West Yorkshire Urgent Care (WYUC) and the Minor Injuries Unit (MIU) service.

The PIN for the NHS 111 / Integrated Urgent Care (IUC) was issued in January for a potential contract period of up to 10 years and £190m. YAS responded and are awaiting further details of the tender process which is likely to start post Easter. In preparation for this the NHS 111 team, along with colleagues across the Trust, have held a 'kick start' tender meeting to develop the strategy and associated resources required to support the delivery of a successful bid.

IPR Exceptions – NHS 111

Clinical Advice - The 2 local clinical KPIs for 2 hours call-back (77.6%) and warm transfer / 10 minute call-back (33.9%) have fallen from January, although remain above the February 2017 outturns for all Clinical KPIs. Overall clinical advice continues to exceed the commissioned 30% NHS England target.

Call Answering – During February 2018 83.1% patient calls were answered in 60 seconds. The tail of performance illustrates that access to the service was good with 90.6% of calls answered in 90 seconds and 95% in 2 minutes, and with a patient abandonment rate of 1.7% (below the 5% target). Commissioners are aware that the 2017/18 contract settlement does not fund the service to meet this KPI and the year to date performance remains in line with service predictions shared with commissioners as part of the settlement.

Sickness/PDR - Overall sickness levels fell during February, although continue to track above the Trust target. Long Term sickness fell, reflecting the actions of managers in following the sickness process and supporting staff.

PDR rates have improved following a re-focus within the service and close working with the Education Records, KPI and Compliance Coordinator to cleanse/update records. This continues to be major focus across March.

Reconfiguration

Mid Yorkshire – YAS is currently negotiating funding for next year. It is agreed that the resource being deployed currently is required to continue delivering the service change in 2018/19. Notification has been received that Pontefract Hospital is converting from an A&E to an Urgent Treatment Centre (UTC) on 1 April 2018. There is currently discussion about whether ambulances are still permitted to convey patients to the UTC.

South Yorkshire Hyper-Acute Stroke Unit (HASU) – Closure of Rotherham HASU is expected in September 2018 and closure of Barnsley in October 2018. YAS require ORH modelling about resource requirement for the changes.

West Yorkshire HASU – Patient flow analysis is complete for various scenarios. The CCG are working on workforce requirements to determine which closure scenario(s) would be possible.

Harrogate HASU closure – It is currently being considered whether a full divert or a 'ship and drip' method would be most appropriate.

West Yorkshire Vascular – It is proposed that either Bradford Royal Infirmary or Huddersfield Royal Infirmary will close their emergency service. The impact on YAS is expected to be small, with 1-2 patients affected per day.

3.4 Clinical Directorate

Clinical Governance

The YAS electronic Patient Record (ePR) pilot was successfully launched in Rotherham and has been extended to Sheffield for further evaluation. The successful implementation of ePR will improve data quality and enhance the Trust's ability to perform high quality clinical audit whilst mitigating the current risk to timely and accurate health records processing.

New guidance for solo responders to request back up has been implemented to ensure that those with the most emergency need receive a timely response whilst patients with low acuity requirements for transport may be safely left by the solo responder to await transport, freeing up resources to respond to those with immediately life threatening emergencies.

Clinical Research

YAS won two awards at the annual Clinical Research Network: Yorkshire & Humber (CRN:YH) Injuries and Emergencies specialty group meeting in December. Richard Pilbery won 'Research Allied Health Professional (AHP) of the year' and the YAS research team won the 'Improvement in Patient Engagement' award.

The report of the study 'An investigation into suicide amongst ambulance service staff' has now been accepted by Association of Ambulance Chief Executives (AACE), and distributed to participating ambulance services. YAS staff will be presenting the results at the 999EMS research conference in Stirling in March. The report will also be discussed at the Ambulance Leadership Forum (ALF) in March.

An additional £29k was received from CRN:YH to support continuing growth in prehospital and paramedic research.

The Mindshine3 study has started and is available to staff. This is a randomised controlled trial investigating two online wellbeing interventions to reduce NHS staff stress.

YAS is a partner with the Universities of Hull, York and Sheffield in a bid for £250,000 research funding to conduct the BREATHE trial in the Hull area. The study will test a paramedic-delivered intervention to support patients with chronic respiratory conditions who have an acute exacerbation. This is a feasibility trial that will hopefully lead to a larger trial.

Clinical Development

The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidelines app has been made available to all clinical staff. Updates to clinical guidelines will be “pushed” out to staff through the app and auditing processes built into the app will allow health care professionals to demonstrate their ongoing engagement with Continuing Professional Development.

The indications for the use of Tranexamic Acid (TXA) to assist in the management of severe haemorrhage have been extended to include post-partum haemorrhage in addition to major trauma.

IPR exceptions

ST segment elevation myocardial infarction (STEMI) care bundle dropped unexpectedly to below 75% in September but currently unpublished data has demonstrated an improvement back to usual levels.

3.5 Quality, Governance and Performance Assurance

General update

Quality Improvement – Work progresses to support implementation of the Quality Improvement (QI) approach agreed in Board in 2017. The first group of QI Fellows has been identified. There was a high level of interest from across the Trust and successful applicants were appointed following a rigorous recruitment process. Support has been secured from the QI Academy, for delivery of training, coaching and other support for the core QI team, QI Fellows and wider YAS workforce.

Care Quality Commission (CQC) – Implementation of the action plan arising from the last CQC inspection is now largely complete, with positive progress across all domains and service lines. A date for the next inspection is not yet known, but engagement from the local CQC team has significantly increased over recent months through an increased frequency of routine engagement meetings and focus on learning from inquests, incidents and near misses.

Critical Friends Network (CFN) - Extensive work is underway to strengthen the CFN which consists of patients, service users and public members who are keen to help progress service developments incorporating the patient view.

YAS is working collaboratively with local GP practices to encourage participation and a calendar of engagement events has been planned for 2018/19. An additional piece of co-design work is also underway in relation to ensure YAS is ‘dementia friendly’. Representatives from the Quality team, Clinical Directorate and service lines are involved in progressing this work.

Health & Safety Executive - In January, the Trust received a visit as part of a national review of action to reduce musculo-skeletal injury for ambulance service staff. The discussions were very positive and the Trust shared a number of examples of good practice to contribute to the overall review.

Well Led review – following the self-assessment against the new Well Led framework completed in 2017, the Trust has completed a competitive tender process to identify an external partner to undertake an independent Well Led review in line with the NHS Improvement (NHSI) guidance.

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. Discussions are continuing about potential developments aligned to this in a number of local health systems.

Ambulance Productivity – The Lord Carter programme workstream focused on development of robust data, metrics and benchmarking across ambulance functions to underpin productivity improvements. The initial phase, which is largely completed, focused on development of metrics for Fleet, Estates and Workforce to populate the Model Ambulance dashboard. The next will focus on metrics relating to Quality, operational workforce, procurement and finance.

Delegation from the Ukrainian health system – In November 2017 the Trust hosted a visit, supported by the World Bank, by a senior team from the Poltava region of Ukraine. Following positive feedback from the visiting team, a request has now been received for a further visit by a team from the Volyn region, potentially also including Ministry of Health of the Ukraine, in June 2018.

IPR Exceptions

Incidents – The number of patient and staff related incidents reported rose in line with increased activity over December and January, but levels of moderate and above harm have remained low.

Information Governance (IG) – Two Serious Incidents relating to IG breaches were reported to the Information Commissioner's Office in early 2018. Neither has significant consequences in relation to data held but they highlighted some weaknesses in control of electronic folders, which have now been addressed.

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 and Level 2 child training stand at 94.9% and 83.7% respectively in relation to the 85% target. The new Level 2 child and adult e-learning training for 2017/18 launched in November 2017 and early uptake/feedback has been positive.

Infection Prevention and Control – audit compliance has remained positive, with individual issues followed up at local level with relevant leads. Deep clean compliance remains challenging but has improved through strong management focus and effective teamwork between Fleet and operations teams.

Legal requests – Average Freedom of Information (FOI) Request response times increased in late 2017, but compliance to defined timescales has now

risen to over 90% following implementation of a number of actions to improve efficiency of the process and to further develop the Trust publication scheme.

3.6 Workforce & Organisational Development (OD)

Workforce and OD Strategy 2018 – 2021

A Workforce and OD Strategy is currently being drafted as an enabling strategy for the Trust's Strategy. Feedback will be received from internal stakeholders and discussed further at the Strategic Leadership Forum in May 2018.

Workforce and OD Team Update

The new Workforce Directorate structure has been finalised and implemented. However, there are significant vacancies across the Directorate and these posts are in the process of being recruited to. It is unlikely that the Directorate will be operating as fully staffed until at least June 2018.

National Issues

Holiday Pay – This still remains within the legal process. The Employment Appeal Tribunal for *Flowers v East of England Ambulance Service* is being heard on 12 April 2018 with the outcome likely to be known mid-May 2018; this outcome will determine the Trust's next steps.

Paramedic Rebanding: Band 5 to Band 6 – Work remains ongoing and the Trust is working with trade unions and staff to implement the required actions. A separate report has been submitted to the Trust Board on this matter.

Staff Engagement

The Staff Friends and Family Test (FFT) survey for Quarter 4 2017 closed on 16 March 2018. The Survey operates as a full census every quarter (excluding September to December when National NHS Staff Survey is live for all NHS organisations in England). Data on the Staff FFT is publicised by NHS England on the following website. <https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>

National NHS Staff Survey 2017

The National NHS Staff Survey 2017 achieved a final response rate of **34.5%** (compared with 37% in 2016). The Trust opted for a full census and a total of 4651 staff members were invited to participate. The Trust's score for Staff Engagement (out of a possible 5) has remained the same as 2016 (3.38). This is below the national average for the ambulance sector (3.45). Overall the majority of scores show no significant change when compared with 2016.

Education and Learning

The Trust's compliance rate for Performance Development Reviews (PDRs) was 72% on 1 February 2018 against the Trust target of 90%. 21% of staff were highlighted as 'overdue' and a further 8% as never having had a PDR recorded. Trust Management Group (TMG) have a focus on improving compliance and are receiving detailed reports, ensuring that areas of low compliance are targeted and appropriate action taken to improve.

The Trust's Apprenticeship approach and priorities were agreed by the Trust Executive Group (TEG) in December 2017. The Trust continues to make progress against the 2.3% public sector target set by the Government and has to date successfully engaged and secured the commitment of 124 Apprentices. A further 22 are expected to commence, which means the Trust is over-achieving the target for YAS of 128 (which equates to 2.3% of YAS workforce).

In January 2018, the Trust's application to be formally recognised as a training provider was approved by the Education and Skills Funding Agency (ESFA). This is an important milestone as it provides the required level of assurance needed in order to be able to deliver some Apprenticeship training internally.

Leadership Development

Following the formal launch of the Values and Behaviours Framework (Living our Values) in January 2018 and the 2017 National NHS Staff Survey results, the Trust has highlighted 'leadership development' as one of its key priorities.

In May 2018, the Trust will host a Strategic Leadership Forum to be attended by senior leaders as well as nominated delegates. The aim of the session is to provide leaders with an opportunity to discuss with peers the role of leadership in delivering the Trust's corporate strategy as well as key enablers.

From May 2018, the Trust will launch a leadership development programme entitled 'Leadership in Action'. The first wave of delegates will include leaders banded 8A and above. The aim of the Programme is to clarify the role of a YAS leader, support this group in developing key leadership skills and highlight the importance of leaders' role modelling the new YAS values and behaviours.

In October 2018, the Trust will host an Annual Leadership Summit (replacing the previously titled Management Conference). The event will be attended by approximately 200 leaders and will feature guest speaker/s.

Vision & Values

The 'Living our Values' Programme has been established and work-stream leads are currently defining the purpose and objectives of their project/s in order to commence with changes and improvements. These actions will essentially support the Trust in embedding the new Values and Behaviours into working practices to support a fundamental and positive shift in culture. A presentation will be made to Board on 27 March 2018.

In addition, NHS111 has been identified as one of the first pilots for rolling out the Values and Behaviours Framework. A project team, chaired by Leaf Mobbs,

Director of Urgent Care and Integration, has been established. One of its first tasks is to agree terms of reference and develop a detailed understanding of the 'headline' staff survey results for NHS111. This will then be used to inform and shape an action plan to address the findings raised by staff in NHS111.

Diversity and Inclusion

The formal launch of the strategy took place on 7 December 2017 and was well-attended by managers and staff, including the Chairman and Chief Executive. A pledge of commitment stating "***I am committed to ensuring that my colleagues and those who access Yorkshire Ambulance Service are treated with dignity, respect and fairness at all times***" has been signed by a considerable number of staff. An individual and certificated pledge, signed by the Chairman and Chief Executive, has been placed in the Trust HQ Reception. A presentation was made to the Quality Committee on 14 March 2018 to provide assurances that the Strategic objectives are being progressed.

The Equality and Impact Assessment (EIA) methodology has been reviewed and strengthened. The Performance Assurance and Risk Management Team are providing support to determine a more consistent EIA approach.

The Trust has celebrated Lesbian, Gay, Bisexual and Transgender (LGBT) History month with two well attended sessions hosted by the LGBT Staff Forum. The first session had a focus on Transgender awareness and the second on mental health in the LGBT community.

The Trust's Gender Pay Gap data is due to be published on the Trust's website on 30 March 2018. The Trust has been supported in its data analysis by Exeter University, who undertook a piece of research during December 2017. The data does not raise any issues of concern and the pay gap can be explained by a number of factors. A separate report has been submitted to the Trust Board.

Workforce Race Equality Standard (WRES) Expert Programme

The Trust, along with all other ambulance trusts and other NHS organisations, has been invited to participate in a national WRES Expert Programme which will take place between March and October 2018. The programme will focus on developing a WRES expert that is able, through expert facilitation, support and guidance, to ensure that the Trust is able to meet and improve its WRES compliance.

More importantly, the expert will be able to educate others within the Trust and support the Board in understanding the benefits of WRES and how this can help improve performance and efficiency.

The Trust's nominated individual is Tasnim Ali who is a Business Manager within A&E Operations and the chair of the Black and Minority Ethnic (BME) sub-group. Christine Brereton, Director of Workforce and Organisational Development, is the Trust's sponsor to ensure that support and mentoring is offered to the nominees. The Programme was launched at a national event in London on 5 March 2018 and will finish in October 2018. The Board will be kept up to date with progress.

Recruitment

Recruitment activity across the Trust remains high with 259 applicants currently being progressed through employment checks (NHS 111 – 36, A&E – 117, ECA - 95, Paramedic - 22, Corporate – 31, EOC – 26, PTS – 22). There are currently 65 applicants being progressed for Community First Responder (CFR) volunteer roles and 7 volunteer applications for the Voluntary Car Service.

A holistic review of the recruitment pathway is currently underway with actions and improvements planned from April 2018. The review aims to improve efficiency across the process and will ensure that the values and behavioural framework is embedded across all aspects of recruitment activity.

Employee Wellbeing/Commissioning for Quality and Innovation (CQUIN)

The sickness absence rate for February 2018 is 6.78%, a decrease from 7.13% in January 2018 although an increase compared to February 2017 (5.88%). The main reasons for sickness absence in continue to be mental health/anxiety (23.28%) and musculoskeletal (combined with back problems) (23.60%). TEG have approved a 12 month action plan for the delivery of Health and Wellbeing Activity. Progress will be reported to the Strategic Workforce Group.

The 'Flu' Campaign was successful in achieving a 65.3% vaccination rate by the end of December 2017 (ie 75% of the 2017/18 CQUIN target). This success is recognised nationally with YAS the most improved NHS Trust in the country, finishing in the top 3 for Ambulance Trusts.

Occupational Health: People Asset Management (PAM)

The Trust is currently exploring means by which overall contract spend can be reduced in 2018/19. The Health and Wellbeing and Finance teams are working together to robustly monitor the performance of PAM against the current contract which is due to end on 30 September 2018. A procurement exercise for replacement services will commence shortly.

The provision to be tendered could either be provided by one service provider (as is the case now) or by 5 separate contracts. This will be determined through the procurement exercise which will take between 6-8 months. The Board will be kept updated on progress.

Employee Relations (ER)

The team have been proactive in the management of ER cases. The Trust currently has 195 formal cases across the region including 143 formal absence management, 12 ongoing or planned consultations and 40 ER cases combining disciplinary, issue resolution and bullying and harassment. There are also 2 active employment tribunal cases being managed.

The Trust's disciplinary process is undergoing a full review. Following lessons learned from recent internal cases and employment tribunals HR presentations are being rolled out via various groups.

Further Trust-wide training to managers on conducting investigations and hearings will be provided by the Trust's Solicitors. Approximately 40 managers have attended to date and further sessions are planned for March/April 2018.

The Policy Progression Group met on 9 February 2018 and partnership working continued on the development of policies. The Attendance at Work and Dignity at Work (previously Bullying and Harassment) policies are being reviewed and all new and reviewed policies will incorporate the Trust's visions and values.

IPR Exceptions

The Department's sickness absence is well below the Trust threshold at 2.7% against the Trust target of 5%.

The Department's compliance for Statutory and mandatory training is at 92.7% again which is above the Trust target of 85%.

However, the Department's compliance for the completion of PDRs is below the 90% Trust target at 55.4%. This data is taken from 31 January 2018. Significant work has been undertaken and a plan put in place to ensure compliance in this area with the aim of being within the Trust target by the end of March 2018.

3.7 Finance & Performance Directorate

Finance & Contracting Update

The Finance and Contracting team have been focusing on supporting 2018/19 contract negotiations and the formal mediation process for 999 and contract negotiations for NHS 111/West Yorkshire Urgent Care (WYUC), including the requirements of the national Integrated Urgent Care (IUC) specification.

The Finance team has continued to support the achievement of the 2017/18 financial plan whilst producing the 2018/19 financial plan and setting budgets for 2018/19. The draft financial plan has been formulated in line with National Planning Guidance which was published in February 2018, and was submitted to NHS Improvement (NHSI) on 8 March. A final submission is due on 30 April.

The plan and resulting budgets will be refined and updated to reflect agreed contracts which will determine the pace of delivery for the new Ambulance Response Programme (ARP) national standards.

Work to develop and implement a "Purchase to Pay" (P2P) system has completed. Oracle i-Procurement, the software used, has been adopted and is in use. A "No Purchase Order, No Pay" policy has been adopted, training provided and the system is in use throughout the Trust. Work continues to embed, develop and expand its use in order to gain the most benefit from the technology and to reinforce and extend the new approach. 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.

Business Intelligence (BI)

A&E - BI have developed and rolled out a live reporting tool in Qlikview to the EOC with access to live availability of crews, forecast versus actual demand, live performance, Call Cycle, Hospital turnaround and current workforce hours across all crews. It has drill through functionality allowing managers to make evidenced based decisions.

111- BI is working closely with senior management in 111 to implement the Integrated Urgent Care agenda and support ongoing contract discussions. Detailed analysis is taking place to identify areas to improve Clinician Contact to 50%, a key national metric.

PTS - Preparations are in place to support the West Area contract negotiations.

Workforce - New link to Electronic Staff Record is in development to create live reports with a new suite of reports to be designed in partnership with HR.

Procurement & Logistics

The department remains on track to deliver the strategic goal of "Confidence in Procurement and Logistics" by 2020, and is currently undertaking the NHS Professional Standards for Procurement accreditation process. From an initial work plan of circa 100 procurements at the start of 2017/18, the work plan has grown considerably to 232 procurements, with 140 of these already delivered, 17 cancelled, and 63 projects in-hand as of March 2018.

The team is working closely with other YAS departments in order to deliver all priority procurements within the financial year.

The Associate Director of Procurement & Logistics is working with NHS Improvement (NHSI) and the Procurement Leads of other UK Ambulance Services as part of the Lord Carter work programme, leading on areas such as Medical Consumable spend and variation.

Fleet, Estates & Facilities

Work is ongoing with A&E Operations to determine the correct fleet mix for delivery of the Ambulance Response Programme (ARP). 35 Rapid Response Vehicles (RRVs), which are no longer required and are out of lease are being removed from operation and returned to the leasing company. YAS has secured 27 Fiat Ducato Double Crewed Ambulances (DCAs) which are being used to reduce the average fleet age. Dependent on contract negotiations around delivering ARP, the vehicles could increase the overall fleet size in the short term. They would age the fleet so would have to be a temporary measure.

45 new chassis have been ordered in the current financial year, ready for conversion next financial year when the Northern Ambulance Alliance (NAA) procurement for a convertor for the van chassis is agreed.

Vehicle availability has been a challenge due to extreme weather conditions, which caused a spike in Road Traffic Accidents. The team have been working closely with operational colleagues to move vehicles and make up shortfalls.

In Medical Equipment, service developments are underway with the installation of the new Corplus defibrillator now complete in approximately 50 RRVs. Other service improvements, such as the placing of EZIO bone guns on DCAs, where previously they were only in RRVs, will bring about improved clinical outcomes.

Estates are finalising project work for the financial year, which has seen 35 properties having maintenance work completed on them. Some of the largest areas of work have been Whitby Ambulance Station, where the station is being completely refurbished and extended and refurbishments at other stations including York, Harrogate, Filey, Ripon, Middlewood, Batemoor, Longley, Maltby, Rotherham, Menston, Keighley and Preston. Critical health and safety works are being completed at Springhill, Barnsley, Leeds and Huddersfield, amongst other stations. Following completion of the works a full debrief will be provided to Board outlining the benefits created through this work.

ICT

Deep Clean - ICT have developed an application to identify and audit the deep cleaning of all YAS Operational vehicles. The application is anticipated to go live by the end of March 2018

NHS Mail - YAS are working with the national NHSMail team to migrate email to the NHSMail platform. The whole Trust will be migrated by the end of April.

Unified Communications - YAS have been working in collaboration with 5 other ambulance trusts; West Midlands, North West, North East, South East Coast, and South Central, to understand the opportunities afforded by new Unified Communications technologies which provide multiple communication technologies in a single solution, combining voice comms (telephones), video, email, text, messaging, file sharing etc. The ambulance trusts have shared expertise in drafting a requirements specification and ICT are working with the procurement team to evaluate the most appropriate procurement route.

Storage Area Network - The Trust went out to tender at the end of 2017 for new network storage and back-up hardware. It is anticipated the contract will be awarded by mid-March and will provide infrastructure storage for 5 years.

ePR - The ePR pilot is underway. Clinical staff in Rotherham are using the ePR and the pilot is being extended to two further hospitals in South Yorkshire.

999 to 999 - Successful testing of the transfer of 999 calls between YAS, EMAS and NWAS has been undertaken.

National Ambulance Lesbian, Gay, Bisexual and Transgender (LGBT) Network - Working with the National Ambulance LGBT network on the design and build of their new website, including social media channels and other marketing materials

Learning Technology Support Service - Securing and maintaining a commercial contract serving more than 90 NHS Trusts across the north of England in delivery of their e-learning and other learning technology services.

IPR Exceptions

The capital programme has been delayed during 2017/18 with much of the spend in quarter four. A refreshed plan, approving mitigations which mainly entailed bringing forward 2018/19 schemes into 2017/18, was presented to Finance & Investment Committee (F&IC) and Trust Board in December 2017.

Whilst accepting that capital planning often results in spend in the final two quarters of the year, a review and recommendations of how to proactively manage planning of capital schemes was discussed and recommendations agreed at the March F&IC meeting. These will be encapsulated in the plans for 2018/19.

3.8 Planning & Development / Corporate Communications Directorate

Communications and Engagement

The Communications team continues to promote and reinforce key messages for the organisation, reflecting the progress of the corporate objectives and supporting the various initiatives and programmes of work being undertaken. In the past six months, the team has prioritised supporting the busy winter period. Media and social media activity has concentrated on appropriate use messages and signposting to alternative services to assist with managing demand on services, particularly over the festive period and during periods of adverse weather which can cause significant pressure on the whole NHS system. The team has also given support to national campaigns such as NHS England's #StayWellThisWinter.

The Trust has seen increasing growth across its social media channels with an increase of 1,700 Twitter followers, 2.4 million impressions and 2,266 page likes on Facebook.

A new Twitter initiative has recently launched involving 10 members of staff who have volunteered to be 'Twitter Champions' and will be tweeting in a professional capacity. This is an opportunity to showcase the work of the Trust and increase the reach of its messages. The team is exploring the use of YouTube and creating video content to share across all social media channels.

A new documentary series, *999 Rescue Squad*, featuring the YAS Hazardous Area Response Team (HART) is being broadcast on W channel. The series provides exclusive access to HART and showcases their work alongside their

colleagues in YAS and emergency service partners. There are ten episodes in this initial broadcast period.

The Trust has agreed to work with an independent film production company on a major new documentary series for ITV showcasing the work of the medical emergency network in Leeds and highlighting achievements and challenges of working in emergency medicine in 2018 through the eyes of frontline NHS staff. The filming will be done in partnership with colleagues at Leeds Teaching Hospitals NHS Trust and will form part of ITV's NHS 70th anniversary project. The programme is expected to be broadcast on 22, 23 and 24 May.

Planning and Development

Stakeholder Engagement

YAS have engaged with NHS England (NHSE) and NHS Improvement (NHSI), who have commenced their planning for Easter, seeking assurance that the plans for Local Delivery Planning area are robust and will be fully achieved.

The Planning and Development team are working alongside the Urgent Care and Integration Directorate to further strengthen the capacity and capability 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.

Commissioners and system partners continue to engage well with YAS around system developments and reconfigurations, enabling timely input around potential clinical, quality, activity and financial risks.

The team are supporting the development of A&E Operations' business cases for proactive negotiations with commissioners around the delivery of the new Ambulance Response Programme (ARP) standards and continue to support the monthly "Local Delivery Board Reps" forum where key internal stakeholders co-ordinate activities and share information and key messages around all Local Delivery Boards.

The Collaborative Working checklist and partnership register have been developed, with an overarching policy / guidance nearing completion. Planned work includes a due diligence review of all current non-legal frameworks, with the legal services team; review of the checklist for all new collaborative working proposals, within the Integrated Business Planning Group (IBPG).

Corporate Strategy and Planning

The Team continue to work closely with performance Improvement to review and develop the Trust's plans and reporting. The second year of the Two-Year

Business Plan is in the process of being reviewed and refreshed, involving leads for each function and department.

Two business planning forums have taken place to achieve universal understanding of the new process and help each department better understand interdependencies, priorities and challenges in preparing for the upcoming planning cycle. The business plan, which will collate the objectives to be monitored in the Integrated Performance Report, will be available to review in March and completed in April 2018.

Planning guidance from NHSI/NHSE was issued in February 2018 and the narrative Operating Plan is in the process of being drafted for final submission of the Board-approved plan by 30 April 2018. This has been developed with input from members of TMG and TEG.

The Integrated Business Planning Group continues to gain positive support and engagement from key leads across the organisation. This group reviews upcoming business cases, discusses tenders, the emerging strategy and the work required to develop the Trust's business and operating plans.

Business Development

Following a number of successful, significant tenders, the team continue to support the wider organisation to build skills; learn lessons from previous bids; become proactive in building and maintaining relationships with partners and commissioners; and developing the right skills to prepare for future tenders.

The team provide an overview of potential tender opportunities and are continuing to develop capacity and capability around a 'tender pipeline', ensuring the organisation quickly spots opportunities and evaluates them against the Trust's strategy.

A Tender Status Report is produced monthly and provides an overview of current opportunities and decisions. This will link to the recently completed market analysis of transport contracts in Yorkshire so, once complete, the Trust will have a foresight report of expected tender opportunities. In terms of lessons learned, a database of all tender responses has been collated with the scoring and feedback, all based on commonly occurring themes.

Co-ordination of new business opportunities, business cases and proposals is through the revised Integrated Business Planning Group (IBPG), chaired by the Associate Director of Planning and Development. This also includes a review of the Tender Status Report and collaborative working opportunities.

Recent successes and engagement ensure that the Trust continues to hold its market share, provide highly effective services for its patients and retain its skilled and motivated staff, whilst ensuring it is able to shape and influence how services are developed and delivered in the future:

- South Yorkshire Non-Emergency Medical Transport Services (NEMTS)
– Secured existing contract with additional elements.

- Vale of York, Scarborough and Ryedale NEMTS – Secured existing contract with additional requirements.
- Engagement with the Total Transport Review in Leeds.
- North Yorkshire Telecare Service – collaborative bid, with YAS as a sub-contractor, to provide response services.

The Planning and Development 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 Integrated Urgent Care (111).

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.
- Weekly PTS Bid Update Meetings – Run on behalf of PTS, focusing on current tenders to ensure co-ordination of key resources, skills, message management and allocation of actions.

Market Analysis

Work is nearing completion on a market analysis of health related transport contracts within the Yorkshire region. A Freedom of Information request was sent to every Acute Trust, Mental Health Trust and Clinical Commissioning Group across Yorkshire and Humber.

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.

This will enable the Trust to identify key providers/competitors in the market across the range of health transport markets. The top line results show that the overall market value for health transport in Yorkshire is almost £229m. This includes statutory commissioned emergency and urgent transport across 99

contracts. YAS currently provides a 94% market share (based on contract value) when all contracts are considered.

Almost £43m of this value is linked to locally commissioned services (ie non-emergency and urgent transport). This includes outpatient transport, discharge services, specialist transport such as renal and mental health transport and also courier services. YAS currently has a 65% market share.

IPR Exceptions

Two members of staff are registered within the directorate but as their line management is provided elsewhere their information has been excluded. One member of the directorate has completed all required training, but is still showing as 'incomplete' within the reports. This is being investigated and is declared as compliant below.

Statutory and Mandatory Training:

Planning and Development team 100% compliancy. Corporate Comms have completed the required IG and Fire Safety training. The team have three new starters who will all complete their training as soon as possible. Two of the new starters are booked in on their induction in April and May.

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. All Corporate Comms' PDRs are booked in to be completed and logged by the end of March.

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 February 2018 IPR report, highlighted in the Executive Directors reports.