



<b>MEETING TITLE</b> Trust Board Meeting in Public		<b>MEETING DATE</b> 28/11/2017	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	5.1a
<b>STRATEGIC OBJECTIVE</b>	All		
<b>PURPOSE OF THE PAPER</b>	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 25 August 2017 to 20 November 2017, and the opportunity for TEG to highlight the key variances / movements contained within the October 2017 Integrated Performance Report (IPR).		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Rod Barnes, Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Rod Barnes, Chief Executive
<b>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):</b>			
Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings.			
<b>PREVIOUSLY AGREED AT</b>	<b>Committee/Group:</b>	<b>Date:</b>	
<b>RECOMMENDATION</b>	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 October 2017 IPR report, highlighted in the Executive Directors reports.		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Equality and Diversity Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b>		All	
<b>Monitor Quality Governance Framework</b>		All	

## 1. Purpose

To give the Board assurance on the activity of the Trust Executive Group (TEG) from 24 August 2017 to 20 November 2017, and the opportunity for TEG to highlight the key variances / movements contained within the October 2017 Integrated Performance Report (IPR).

## 2. External Environment

NHS Improvement published performance data for the second quarter of 2017/18 this month. Despite admissions to hospital continuing to rise, 90.2 per cent of emergency patients were seen within four hours, an improvement on this time last year. Delayed discharges continue to place pressures on acute hospital beds accounting for 5% of NHS beds during the first six months of the year against a 3.5% target. Financially, at this point in the year trusts are collectively predicting a full-year deficit of around £623 million (£127m higher than planned). Within the ambulance sector four of the ten English ambulance services are recording a year to date deficit.

Professor Keith Willett, Director for Acute Care, NHS England wrote to Trust CEO's, Clinical Commissioning Group (CCG) Accountable Officers and Chairs of A&E Delivery Boards earlier this month highlighting the risks to patients and communities and system wide responsibility for handover delays. The letter spells out a number of actions to be taken by each part of the system including acute trusts appointing a senior lead to oversee the development and implementation of clinical handover protocols and measures to avoid queueing patients in a corridor or outside Emergency Departments in an ambulance. Actions for ambulance trusts include sharing predicted activity levels with Acute Trusts on an hourly and daily basis to trigger effective escalation when demand increases.

The Assaults on Emergency Services Workers (Offences) Bill completed its second reading in Parliament in October and is now progressing through the committee stages. The Bill was brought forward by Chris Bryant MP and backed by the Government. The Bill seeks to address the current gap in legislation whereby it is not currently a specific offence to assault emergency workers or NHS staff other than police officers. Such assaults would instead be prosecuted using one of the general criminal offences against the person.

NHS Improvement (NHSI), along with the Royal College of Emergency Medicine (RCEM), NHS England and Health Education England have developed a plan to ensure sustainable staffing in NHS emergency departments. The plan Securing the future workforce for emergency departments in England (October 2017) includes commitments to recruit 100 additional people to enter emergency medicine training in each of the next four years and supporting trainees through a dedicated leadership and development training offer.

The Care Quality Commission (CQC) has reinstated its Ambulance Advisory Group, which met in London on 31 October. The meeting provided further clarity on the CQC's future regulatory direction and inspection regime.

The meeting also discussed best practice in monitoring and reducing hospital hand over delays and actions being taken to address concerns with a number of independent ambulance providers as outlined in their State of care report [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/650626/State\\_of\\_Care\\_16-17\\_web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/650626/State_of_Care_16-17_web.pdf)

The Department of Health has launched a consultation ***Promoting Professionalism, Reforming Regulation which seeks*** views on what needs to be done to design a flexible model of professional regulation which secures public trust, fosters professionalism and improved clinical practice, while also being able to adapt swiftly to future developments in health care and support the development of the healthcare workforce. The consultation, which includes the Health and Care Professions Council which regulates paramedics, seeks to support a culture that enables professionals to learn from their experiences, rather than encounter a culture of blame. The consultation closes on 23 January 2018.

### **3. Executive Team Reports**

#### **3.1 Chief Executive**

The Trust continues to make good progress against strategic and operational priorities:-

NHS111 has reached the national requirement for 40 percent of calls to receive clinical advice ahead of the December 2017 target date.

The Trust continues to perform well against its financial duties. The Trust's 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.

The Trust went live with reporting against new Ambulance Response Programme (ARP) categories at the beginning of September. The Trust is achieving the 90<sup>th</sup> centile standard of 15 minutes for Category 1 and 2 hours for Category 3 calls but is currently not achieving the 7 minute category 1 mean standard or category 2 standards. Additional front line resources are being brought in between November and January including the piloting of a low acuity transport tier and the introduction of auto-dispatch into EOC for Category 1 calls from December.

The new South Yorkshire Patient Transport Service (PTS) successfully went live on 1 September. The PTS management team have also submitted a tender for non-emergency transport for Vale of York and Scarborough.

YAS continues to play a key role in sector collaboration through participation in the Northern Ambulance Alliance, Ambulance Improvement Programme and Lord Carter Programme.

Senior leaders from across the Trust are involved in the development of regional and national common ambulance vehicle specifications, collaborative procurement of fleet and medical supplies, price and corporate service benchmarking and evaluation of options for ICT standardisation.

The reconfiguration of services at Mid Yorkshire Hospitals NHS Trust between Dewsbury and Pinderfields hospitals came into effect at the beginning of September. The Trust has worked in partnership with the Trust and Wakefield Clinical Commissioning Group (CCG) to put additional ambulances in place to support the changes to patient flows. We are also working with Huddersfield and Calderdale hospitals to ensure changes to services planned for November do not adversely affect ambulance response times.

A Civil Aviation Authority (CAA) inspection has taken place at the Nostell Air Support Unit (ASU) in order to gain the necessary certification to carry out night-time air ambulance operations in Yorkshire. This was successful and Yorkshire Air Ambulance began night-time Helicopter Emergency Medical Service (HEMS) operations in September.

The Yorkshire and Humber Emergency Services Prevention and Early Intervention Consensus Statement was launched in Leeds on 21 November. The Statement has been co-ordinated by Public Health England (Yorkshire and the Humber) and aims to extend the existing partnership approach between emergency services across Yorkshire to support communities with ill-health prevention and early intervention where problems are identified. The Statement is the first such regional agreement in the country and underlines the work being done with our emergency service partners across Yorkshire to take forward 'Making Every Contact Count'.

As part of our continued campaign to improve cardiac survival across Yorkshire over 900 volunteers gave up their time to teach CPR to 25,000 school pupils at 123 secondary schools across Yorkshire on Restart a Heart Day (Monday 16 October). The event which is run in partnership with the British Heart Foundation and Resuscitation Council (UK), attracted national and extensive regional media attention, including BBC Look North and ITV Calendar. The event has been shortlisted for a Health Service Journal national award in the Improving Outcomes through Learning and Development category.

This year's Management Conference was held on 5 September. Around 180 people attended the day at York Racecourse to hear about the launch of the Trust's new values and to take part in sessions focused on the strategic plans and behaviours required to embed them in every day practice supporting our aim to move from 'Good to Outstanding'.

The Trust also held its annual staff recognition *WE CARE* Awards at the Principal York Hotel on 17 November to celebrate the achievements and contribution of teams and individuals from all parts of the service. This will be the final *WE CARE* event with next year's ceremony aligned to the new YAS values and behaviours.

Christine Brereton started in post as our new Director of Workforce and Organisational Development (OD) at the beginning of November. Christine joined us from North Cumbria University Hospitals NHS Trust, having previously held senior roles in the Police service and higher education.

Following the retirement of Dr Phil Foster, Leaf Mobbs has kindly agreed to move to the role of Director of Urgent Care and Integration leading the Trust's NHS111 and PTS service and supporting the development of integrated urgent and emergency care and service reconfiguration.

Stephen Segasby, Divisional Commander for West Yorkshire, has been appointed Deputy Director of Operations. Stephen brings a wealth of experience to the role, having joined YAS earlier this year from East of England Ambulance Service.

Taryne Davey, one of our Emergency Medical Dispatchers (EMDs) at the York Emergency Operations Centre (EOC), won the prestigious International Academies of Emergency Dispatch (IAED) 2017 Dispatcher of the Year award at the UK Navigator Conference in Cardiff. The award was created to identify and recognise individuals who have made the most significant personal contributions in compliance with protocol, teamwork, initiative to further professionalism and education, and the ability to function well under stress.

Finally Dr Julian Mark has been awarded a Founding Senior Fellowship of the Faculty of Medical Leadership and Management (FMLM). Julian is one of 20 new Founding Fellowships awarded to individuals for their skills, experience and contribution to healthcare leadership.

### **3.2 Operations Directorate**

Responses for the year to date (end of October 2017) are slightly below last year's level (-1.1%) though only -0.1% through September and October.

The Emergency Preparedness Response and Recovery (EPRR) and Special Operations Bi-Annual Report (April 2017 to October 2017) was submitted to the Trust Executive Group (TEG) on 13 November 2017.

#### Workforce Update (as of 6 November 2017)

The position at the start of November for frontline staff (excluding Clinical Supervisors) is 2,138 Full-Time Equivalents (FTE) against a plan of 2,179 FTE, 38 FTE off the plan. Plans are in place for the remainder of the year to reach 2,192 FTE (922 Clinical Support / 1,234 Clinical) by March 2018.

125 new staff have been recruited into the service year to date against a plan of 159 FTE. The shortfall is due to course fulfilment and lessons learnt in regards to course fulfilment assumptions have been applied to all future courses.

100 FTE have attended conversion courses against a plan for 108 FTE. External attrition is tracking under plan (Actual: 102 FTE, Plan: 109 FTE).

**Hazardous Area Response Team (HART) establishment** - Recruitment of five HART posts has taken place to fill current vacancies. Recruits will be trained and operational in November 2017. A HART advertisement is currently active to recruit to a further three vacancies expected to be in post during February 2018.

### A&E Transformation Programme

Working with Ian Ferguson and with the approval of TEG, the A&E Transformation Programme has been re-worked and re-focussed into the A&E Operational Delivery Improvement Plan (ODIP).

Three workstreams have been agreed:-

- Ambulance Response Programme (ARP);
- Operations Performance Improvements;
- Emergency Operations Centre (EOC) Performance Improvements.

All individual projects have been allocated a lead Senior Manager (a member of the Senior Operations Team (SOT), and dedicated project support. All of the projects have in place, or are developing a detailed project plan, with approved milestones and anticipated benefits. A presentation for each project to detail the content, status, benefits / impact and current position has been scheduled to be presented at the weekly SOT meeting.

### Ambulance Response Programme (ARP) Workstream

**Review of Category 1s and Inter Facility Transfers (IFTs)** – led by Pauline Archibald. Within EOC, Card 35 is being updated for Health Care Professional (HCP) and IFT calls in order to reduce the Category 1 count. This is currently in beta testing and expected to go live on 20 November. It will be monitored through to the end of March 2018.

**Low Acuity Transport Pilot (Urgent Tier)** – led by Paul Mudd. The set-up of a Low Acuity Transport desk within EOC and the use of Patient Transport Service (PTS)/dedicated crews in order to improve the quality of patient care to lower acuity patients, provide an increase in A&E frontline operational hours available due to the re-direction of workload, deliver a decrease in response times for lower acuity patients and provide a dedicated low acuity dispatch response. The pilot will go live on 4 December. Detailed evaluation and assessment mechanisms will monitor and review the effectiveness throughout the pilot.

**New Model Scoping and Skill Mix Review** – led by Stephen Segasby. This project encompasses Operational Research in Health (ORH) Modelling in respect of ARP, a detailed Rota Review and review of / agreement on the future skill mix within A&E Operations in order to meet ARP demands.

**ARP Communications (Operations)** – led by Stephen Segasby. Specific communications for Operations staff around ARP, implications and changes to future delivery models, linked closely to the New Model Scoping and Skill Mix Review detailed above.

## Operations Performance Improvements Workstream

**End of Shift over runs** - led by Stephen Segasby, John McSorley and Pauline Archibald. The team is working on an end of shift policy which aims to reduce the amount of end of shift overtime payments made, and subsequently reduce the amount of minutes lost to late keying on.

**Reduced Job Cycle** - led by Jackie Cole, and working with the Clinical Department. This project will review the time spent on scene and identify ways to reduce the average job cycle time.

**Improved Use of Community First Responders (CFRs)** - linked to the EOC project of the Alternative Response Desk. Paul Mudd is working with Paul Stevens on agreeing the overall performance impact that CFRs have, support for Category 3 and 4 patients and how best to utilise the CFR's in place.

**See and Treat** - led by Jackie Cole, and inter-linked with the reduced job cycle project. This project aims to improve the percentage of patients who are treated on scene and not conveyed.

**Reduce Allocation Time to Vehicles Mobile, Wheels Turning** - led by Paul Mudd. This project focuses on the time between notification of crews and time taken to 'wheels moving'. The project, through a process mapping exercise will identify what, if any, improvements can be made and time saved.

**Performance Management Framework roll out** - led by Stephen Segasby in Operations and Pauline Archibald in EOC. Performance dashboards have been developed for both Operations and EOC which are reviewed at the respective senior management team meetings. Business Information (BI) have been instrumental in the development of the dashboards and the project is now to roll out across Locality Teams in Operations and Dispatch Teams in EOC.

**Engagement** (with staff in Operations). This project is a continuation of the Staff Engagement Strategy project kicked off under Phase 2 of the A&E Transformation Programme. It aims to develop the Staff Engagement Strategy for Operations (linked to the YAS Engagement Strategy) and implement key protocols / processes for ensuring staff across Operations are engaged.

**More Effective Use of Resources** – This project, led by Richard Chilvers and the Capacity Planning and Scheduling Department aims to ensure that policies and procedures support the Scheduling processes, engage with Operations and ensure the on-going review and continuous improvement of forecasting and workforce planning.

## Emergency Operations Centre (EOC) Performance Improvements Workstream

**Hear and Treat Phase 1** – this is the production of a Business Case to support the recruitment of additional clinicians within EOC which is anticipated to be finalised by the end of November. This is being led by Pauline Archibald with support from Martin Shaw.

**SSP – System Status Plans** – this project is nearly completed with all Stand By Points now agreed with localities and changes to systems now underway. This is being led by Trevor Baldwin.

**Meal Break Management Phase 1** – Dispatch Advocates are undertaking a month long analysis of missed meal breaks. The outcomes of this analysis which is aimed at reducing missed meal breaks and subsequent meal break payments is expected mid-December and will determine the actions for any Phase 2.

**Reduction in Response Ratio** – this looks at the ratio of vehicles sent to each call. An analysis of current data is required to identify whether there is any opportunity to reduce the response ratios.

**EOC Dispatch Operating Model** – this project relates to the remodelling of dispatch within EOC in order to reduce allocation times and improve efficiencies. It will be supported by a room reconfiguration. Any changes to rotas will also be considered as part of this project.

**EOC re-structure** – continued from Phase 2 of the A&E Transformation Programme, this project looks to ensure that the management structure of the EOC reflects ARP and the changes made within A&E Operations. It can now commence with the appointment of the Head of Service Central Delivery.

With regards to Phase 2 of the A&E Transformation Programme, all projects have either been absorbed into newly agreed projects or are detailed below:-

Policies – On Call, End of Shift, Lease Car, Ranking, Uniform, Secondment and Transfer Policy	Work continues – monitored through Senior Operations Team (SOT) action log
Clinical Leadership Framework	Work continues – monitored through SOT action log
Administration Re-Structure Formalisation of Governance Framework	Postponed until after winter. To be reviewed again in February
Service Level Agreements (SLAs)	On-hold until the Director of Operations returns
Contract Management Framework Business Planning Process	On hold until the Regional General Manager (RGM) is in post
Fleet Modelling	Closed – no further action
Embedding of workforce plan into 'business as usual' Capacity Planning Framework A&E Management Re-Structure	Closed – work completed, closure reports outstanding



## Emergency Operations Centre (EOC) Projects

In addition to the projects detailed above, EOC are also running a significant number of system improvement projects. Some are due to go live shortly and some are scheduled for 2018. Full project plans are in place and personnel allocated to deliver them:-

- Auto Dispatch (going live 5 and 6 December);
- Ambulance Response Programme (ARP) – System changes (national changes);
- Specialist Desk Module (go live with Low Acuity Transport (LAT) on 4 December), others in development;
- Escalation Module (Beta testing scheduled end of November);
- National Geographic Information System (NGIS) and Horizon (January);
- 999 to 999 Northern Alliance Ambulance Services (testing underway);
- EOC to PTS Interface (2018);
- Health Care Professional (HCP) Web Booking System (2018);
- Control Room Solution (2018).

## Emergency Operations Centre (EOC) & Clinical Hub

EOC call answer reduced in September and October due to demand and an increase in the proportion of CAT 1 and CAT 2 calls. The Service Level Agreement (SLA) is improving but year to date lies beneath the 95% target. Plans are in place to improve call answer with focus placed on recruitment and scheduling. Over the last quarter Serious Incidents (SIs) relating to ineffective breathing have reduced to zero, meaning an increase in the quality of care.

A project implementation team is now in place, delivering Computer Aided Dispatch (CAD) system enhancements, improved Standard Operating Procedures (SOPs) for Dispatchers and Team Leaders, greater focus on performance for the Duty Manager team and room reconfiguration to increase efficiency throughout EOC. Auto dispatch is going live in December which will reduce allocation times for Cat 1 calls.

The low acuity transport desk will go live in December, aiming to effectively manage urgent/low acuity calls with alternative crews to 999.

The introduction of performance dashboards and real time management tools are being embedded into EOC and a senior management team weekly meeting is in place which focuses on service delivery.

Ongoing work to increase Hear & Treat includes the preparation of a business case to increase the capacity of clinicians within the clinical hub and an increase in specialist services including mental health and frequent callers.

## **IPR Exceptions**

No exceptions reported.

### **3.3 Planned and Urgent Care Directorate**

#### Patient Transport Service (PTS) Performance Exceptions

PTS activity year to date is down 3.3% in comparison to the same period last year.

Key Performance Indicator (KPI) 2 (inward performance) fell to 84.2% in September. This was associated with a change in reporting related to the implementation of the South Yorkshire contract. The position has improved in October and performance remains above target.

KPI 3 (outward journeys collections made within 90 minutes) continues to underperform against the annual target of 92% but has improved in October.

KPI 4 performance (outward short notice bookings picked up within two hours) remains below the 92% target. Commissioned levels of resource against KPI 4 and a high percentage of discharges undertaken on-day remain a challenge to performance against this standard.

#### 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 on quality 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 held 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 role has been in post since mid-September and will focus on completing the PTS forecasting planning models for rota and holiday ceiling review and combined rota efficiencies. The Implementation Lead for automated systems in PTS Control and Planning is being interviewed w/c 12 November 2017.

#### PTS Contracts Overview

The South Yorkshire contract went live at the beginning of September, with additional contracted activity.

The South Yorkshire team are working closely with the Clinical Commissioning Groups (CCGs) and Sheffield Teaching Hospitals to look at targeted improvements and have increased resources during the mobilisation period.

Feedback from commissioners regarding go-live has been positive, however there are wider ongoing issues regarding transport flows around Sheffield Teaching Hospitals Trust sites. YAS are collaborating with all partners via the A&E Delivery Board in Sheffield to urgently resolve any issues.

As at 1 October 2017 a new renal patient transport provider has been appointed for South Yorkshire, creating some media interest. The previous incumbent provider Sheffield City Taxis has been replaced by Premier Care Direct, a subsidiary of Thames.

In September 5 of the 7 new KPIs were achieved with the KPIs for GP Urgent and On-Day Discharge not met.

YAS submitted a bid for NHS Vale of York CCG and NHS Scarborough and Ryedale CCG PTS contract on 27 September 2017 with an outcome expected on 18 January 2018.

A letter of agreement has been signed with NHS Harrogate & Rural District CCG and NHS Hambleton, Richmondshire and Whitby CCG to continue the current PTS contract to March 2019. An initial meeting has taken place between the CCGs and YAS to explore options for managing the contract more efficiently.

### NHS 111 Service

Performance for calls answered in 60 seconds during October was 88.3%, against KPI of 95%, with a year-to-date performance of 91.6%. Patient call levels remain above contract ceiling.

NHS 111 staffing levels remain a challenge with numbers marginally below planned levels. Capacity issues relate to numbers of staff passing training requirements and levels of attrition. The service launched a performance improvement action plan in October with additional training courses in place on 30 October and 13 November to provide additional resource for winter.

Clinical performance within the service continues to improve linked to the substantial increase in clinical staffing, which in turn has helped to support front end call handling over the period.

During October, some technical issues impacted on the service. These were the national N3 network outage (11 October), three local telephony issues with the Rotherham Call Centre (12, 17 and 20 October) together with a YAS wide Storage Area Network (SAN) issue (29 October). These events placed extra pressure onto the service and did impact on performance across the KPIs on these days with national contingency invoked on the 29 October for a 3½ hour period (11:30 – 15:00) and resulting in up to 40% of calls from Yorkshire and Humber being handled by other providers across the country.

All of these events have been reviewed by the service and YAS Information Communication Technology (ICT) department, for further learning with actions already taken by ICT around the Rotherham telephony (removal of a router firewall) and SAN (mapping of individual PCs so that authentication to the wider network is not required) to mitigate against future issues.

### Collaborative Working

Preparations for winter and delivery of the Integrated Urgent Care specification remain the key focus for Yorkshire and Humber NHS stakeholders/regulators. NHS England and NHS Improvement continue to seek assurance that all Trust and system-wide plans are robust and on target for achievement.

To sustain the levels of engagement and responsiveness required, the team have strengthened internal capacity to co-ordinate engagement effectively across Yorkshire and Humber. A Head of Partnerships is now in place to work closely with the Trust's resilience, operational and corporate teams and appropriately support stakeholder meetings including Sustainability & Transformation Partnerships, Urgent & Emergency Care Networks, Local Workforce Action Boards and Local A&E Delivery Boards.

Developments across each Sustainability and Transformation Partnership (STP) and Local Delivery Board area are tracked through the Partnerships team and escalated to the Trust Executive Group (TEG) for response as appropriate.

During the last reporting period, issues for escalation to TEG have included some operational system pressures – e.g. preparation for winter, handover performance risks and service reconfiguration plans.

A Reconfiguration Manager has been appointed to ensure that the Trust remains proactive in monitoring and responding to service reconfigurations around the region. The Trust is currently working with a number of providers and commissioners to support and respond safely to key service changes including recent changes at Mid Yorkshire Hospitals Trust.

### **IPR Exceptions**

No exceptions reported.

## **3.4 Clinical Directorate**

### Clinical Governance

As part of the Ambulance Response Programme (ARP) the Trust has developed new mechanisms to manage Interfacility Transfer (IFT) and Health Care Professional (HCP) requests for ambulances which are currently in the pilot phase with a small number of dispatchers.

The outputs available from the new algorithms align to ARP response categories and will inform the national programme.

A joint escalation agreement with York Teaching Hospitals NHS Foundation Trust regarding the management of patient handover at Scarborough Emergency Department has finally been formalised after nearly a year of development work. The Clinical Directorate will continue to work closely with the A&E Operational locality management team to ensure the process is embedded over the winter period.

The YAS electronic patient record (ePR) project has reached the pilot testing phase with Rotherham acute trust. A component of the project has been to develop patient information leaflets which meet clinical and information, and safeguarding requirements for patients who are not conveyed to hospital. These are now complete.

Following recognition of a potential risk of needlestick injury to staff, Mucosal Atomisation Devices (MAD) have been introduced for the intranasal administration of naloxone for the management of patients with suspected opiate overdose.

### Clinical Research

In October one of YAS' Research Paramedics, Jamie Miles, presented his findings on patients who attend the Emergency Department via ambulance but receive no investigations or interventions that could have been provided in a community setting, at the Royal College of Emergency Medicine (RCEM) Research Conference. It is very unusual for non-medical professionals to be invited to present at such conferences, and demonstrates the high calibre of work Jamie is producing.

The RIGHT-2 trial, investigating the use of GTN patches to manage high blood pressure in acute stroke, has recruited 99 patients in Yorkshire. Currently this is YAS' largest study following end of data collection for the AIRWAYS-2 trial.

### Clinical Development

Two Continuing Professional Development (CPD) courses, one covering paediatrics and the other obstetrics and gynaecology, have been held in the last two months. Both courses were well attended, comprised simulation sessions and external key note speakers, and received good feedback from the attendees. Monthly CPD sessions continue at a divisional level led by the Clinical Development Managers.

A total of four Clinical Supervisor development days have been held in the last Quarter. The clinical component of the days included introductory sessions to the new ePR and scenario training to introduce midazolam into the management of post cardiac arrest patients.

The Newly Qualified Paramedic (NQP) programme is now established. Senior clinical support is available to them through the Clinical Hub and each has a Personal Development Plan (PDP) in place with the Education department.

### **IPR exceptions**

YAS is currently ranked 9<sup>th</sup> for survival to discharge following cardiac arrest in the Utstein subgroup of patients year to date (Apr-June 2017) having completed 2016/17 ranked 1<sup>st</sup>. Analysis is underway to review potential causes for the dramatic fall in ranking.

## **3.5 Quality, Governance and Performance Assurance**

**Quality Improvement** – A further Care Quality Commission (CQC) inspection is likely in early 2018 and action is progressing well in relation to specific issues highlighted in the last inspection. Following Board approval for the new Trust approach to Quality Improvement (QI), plans for initial phase of implementation have been discussed in the Trust Management Group (TMG). The first phase will include an externally supported diagnostic exercise, production of supporting education and guidance materials for staff, advanced skill development for the core team and establishment of the first wave of QI Fellows across a number of Trust departments.

**Well Led review** – the Trust Board has completed a self-assessment against the new Well Led framework and will use this to inform further development and as the basis for an external review in line with NHS Improvement (NHSI) guidelines.

The Trust is working in partnership with Mid Yorkshire Hospitals to undertake a Rapid Process Improvement Workshop focused on transfers of surgical patients between Dewsbury Hospital and Pinderfields Hospital. This exercise is based on the Virginia Mason methodology for quality improvement. It will involve senior managers and front line staff from both organisations during a week in December in reviewing the current process, and in designing and testing opportunities for its improvement.

**Multi-professional workforce** – The Trust continues to contribute, with representation from across Directorates, to Local Workforce Advisory Board (LWAB) meetings and discussions have been held with GPs in York and Leeds exploring opportunities for joint work in relation to Paramedic roles in primary care.

**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 also under way about potential developments aligned to this in several local health systems.

**Ambulance Productivity** – the Lord Carter programme is now under way for ambulance services and a workstream established focused on development of robust data, metrics and benchmarking across ambulance Trust functions, to underpin productivity improvements. Initial workshops have been held by NHSI during November in relation to Fleet, Estates and Workforce.

**NHS Resolution (NHSR)** – a team visited the Trust in November to discuss relationship management, claims management processes and organisational learning. Initial feedback was positive, with a recognition of good practice in the Trust in management of claims information with the NHSR team.

Hull Safeguarding Adults Partnership Board – Board members visited the Trust in November to gain assurance on organisational learning following the very sad death of a patient in 2014. The discussions outlined positive developments in Trust practice since this time, particularly in relation to mental health care and support for ‘frequent callers’ to the service. Opportunities were also discussed to support wider sharing of good practice across different health communities in the identification and multi-agency support for vulnerable patients.

### **IPR Exceptions**

**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 safeguarding training remain above the 85% target level at 94.5% and 87% respectively. Delivery of PREVENT WRAP training for staff is at 88%. The new Level 2 adult training for 2017/18 pilot is due to start this month.

**Infection Prevention and Control** – audit compliance remained positive across hand hygiene and bare below the elbows compliance, vehicle and premises cleaning, with individual issues followed up at a local level with the relevant leads.

**Deep clean** compliance remains challenging owing to demand and pressure on vehicle availability, but the management focus remains strong and exceptions are well highlighted and managed.

**Incident reporting** – There are no significant changes to patterns. The overall reporting level remains good, with a low rate of moderate and above harm to patients.

**Legal requests** – Average Freedom of Information (FOI) request response times have increased. Action is under way to address this with a focus on ensuring effective publication of information through the Trust website and on the FOI management process. It is expected that usual response performance will be restored within the coming month.

### 3.6 Workforce & Organisational Development

The Workforce Directorate has completed its restructure and the implementation is now in progress. There are significant vacancies across the Directorate and these posts are being recruited to. A communication to all staff on the new structure will be developed in the coming weeks.

The new HR structure has been positively received by staff with many applying for promotional opportunities.

The restructure of the Education and Learning department has also been positively received. The two senior posts of Head of YAS Academy and Head of Leadership and Organisational Development have been appointed to with appointments commencing in the New Year.

#### National Issues

**Holiday Pay** – A verbal update will be given at the Trust Board.

**Paramedic Re-banding:** Band 5 to Band 6 – has been covered in a separate paper.

#### Staff Engagement

The Staff Friends and Family Test Survey for Q2 is now complete with analysis underway prior to being reported through the Trust Executive Group (TEG). The survey continues to adopt a census approach allowing all staff to respond.

The National Staff Survey for 2017 is currently out for completion, with the last day for responses being Friday 1 December.

Weekly response rate updates are being provided to TEG with additional support offered by the Leadership and Organisational Development Team. The current response rate is 26% (2% less than at the same time in the 2016 survey). This year has seen the launch of the “Have your Say” app on Pulse which provides information about the survey including an explanation of how it is administered to ensure all responses are anonymous. A communications plan is in place to support the survey response window which includes activities such as Team Brief, Staff Update, YAS TV, the Pulse carousel, screensavers and survey reminders directly from Quality Health (who administer the process on YAS’ behalf).

The Trust-wide Vision, Purpose and Values were launched at the annual Management Conference on 5 September 2017. In early November the accompanying YAS Behavioural Framework was approved by TEG along with the proposed multi-faceted implementation plan to ensure the values and behaviours are truly embedded in the culture and across all stages of the employee journey. A number of work streams will be driven through an overarching project task and finish group chaired by Christine Brereton, Director of Workforce and OD.



## Education and Learning

The comprehensive review of statutory and mandatory training requirements for the Trust continues. Progress to date includes enhancement of the training delivered to both A&E and PTS Operational Staff strengthening the Trust's compliance in the areas of Conflict Resolution, Safeguarding and Resuscitation. The review is now focusing on statutory and mandatory training requirements for non-operational and contact centre staff and the Trust's Volunteer Community.

The Trust's Performance Indicator Scorecard data shows Personal Development Review (PDR) compliance has maintained is around 76% against the target of 90%.

A proposal for a Trust-wide Apprenticeship Strategy will be submitted to TEG in late November for review. Progress has been made on the 2.3% Government target of 128 with 101 apprentices currently on programme. Commitment statements from across the organisation indicate the target should be exceeded by year end. The application to become a Training Provider has been resubmitted with feedback on the outcome due in late January 2018. Agreement has been reached with Sheffield College on a sub-contract to deliver YAS' clinically related apprenticeships.

## Diversity and Inclusion

The Trust's Head of Diversity and Inclusion continues to work with Trust's Senior Managers and wider staff around the diversity and inclusion agenda which has been a key feature at the recent Clinical Supervisor away days. The formal launch of the strategy in early December will be followed up by a communication campaign.

A small task and finish group has been established to look at the wider issues of dignity and respect across the Trust. The group, which also consists of staff side representatives, is looking at a range of actions under the objective of 'Promoting Inclusive Behaviours' as part of the Trust's strategy implementation.

Yvonne Coghill, National WRES Director, NHS England visited the Trust on 16 November 2017 to present to the Board on WRES activity and updates. Yvonne addressed members of the Diversity and Inclusion Steering Group along with members of the BME staff network.

## Recruitment

Recruitment activity across the Trust remains high; particularly for front line roles with 211 applicants currently being progressed through employment checks (NHS 111 – 46, A&E – 98, Corporate – 31, EOC – 21, PTS – 15). 82 applicants are being progressed for Community First Responder (CFR) volunteer roles and 13 volunteer applications for the Voluntary Car Service.

The revised recruitment & selection policy and guidance have been agreed by TMG and are in the process of being launched across the Trust. A copy of the new policy/guidance is available on Pulse.

#### Employee Wellbeing & CQUIN Activity

The sickness absence rate for October 2017 is 5.72%, a decrease from 5.90% in September 2017 and comparable to the data from October 2016. The main reasons for sickness absence continue to be mental health / anxiety at 24.36% and musculoskeletal (MSK) (combined with back problems) 16.99%.

The HR Business Partners continue to work proactively with managers to raise awareness around mental health and the prevention and treatment of musculoskeletal issues to reduce absence in these areas.

The 'Flu' Campaign is progressing well with 52% of eligible staff vaccinated by 10 November 2017. The Health & Wellbeing Team are confident that the Trust will meet the 70% target by the end of December 2017.

The Trust has evidenced its commitment to the Health and Wellbeing Agenda by supporting a number of activities most notably:-

- Mental Health First Aid Training for all Clinical Supervisors
- Mental health/diffusion training pilot for East Yorkshire A&E
- Physical Competency Assessment for Applicants to Front Line Roles
- MSK/Back care workshops in EOC, 111 and PTS Comms
- Global Challenge for 140 staff (14 teams of 7).

#### Occupational Health: People Asset Management (PAM)

The Trust is currently exploring means by which the overall contract spend can be reduced in 2017-18.

The HR team is working in partnership with Finance and Procurement in robustly monitoring the performance of PAM against the contract. Current performance against Key Performance Indicators (KPIs) for Occupational Health (OH) and access to psychological services are within target of 95%. The PAM contract is due to end 30 September 2018 and the HR team have appointed a project manager to oversee this procurement.

The recruitment to the Health and Wellbeing team is now complete. The team will consist of an Employee Health and Wellbeing Lead, an Employee Health and Wellbeing Advisor and a 12 month fixed term part-time Health and Wellbeing and OH Specialist who will focus on actively seeking alternative arrangements to deliver a YAS OH Service. The team will also take forward the Trust's Health and Wellbeing Strategy.

## Employee Relations (ER)

Since the last report the HR team have been proactive in the reduction of ER cases. The Trust currently has 127 formal cases across the region. These include 71 formal absence management, 11 consultations and 39 ER cases combining disciplinary, issue resolution and bullying and harassment. There are 3 active ET cases being managed.

The team are working on a number of workforce issues including Patient Transport Service (PTS) East Riding of Yorkshire consultation – new service specification which requires different operating hours which may affect unsocial hours. In addition, staff will be relocated to existing East Riding base locations following the imminent closure of Willerby Ambulance station as a result of the review of the operational requirements in the East Yorkshire Area. HR support is being given to Estates with the management with the closure of Rotherham Fairfield and proposed base location of Callflex, Dearne Valley. A Formal Group meeting is to take place on Monday 20 November 2017. Support is being given to the Hub & Spoke Programme of Works to amalgamate Doncaster & Bentley Stations into a new Hub.

A Trust wide guidance on 'time off in lieu' (TOIL) is being drafted following lessons learned from a recent issue resolution in 111. The guidance is scheduled for the December Policy Group meeting. In PTS feedback has been incorporated in to a lessons learned document from the South Yorkshire Mobilisation (TUPE). Other HR projects include the support of locally based values awareness sessions and the development of local recognition schemes.

To support workforce planning, workforce information and HR updates are being reported at monthly operational group meetings by the Senior HR Advisors including absence management support, advice and training for line managers Trust wide training to managers on conducting investigations and hearings is being provided by Trust Solicitors.

### **IPR Exceptions**

No exceptions have been reported.

## **3.7 Finance & Performance Directorate**

### Finance & Contracting Update

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

The Finance Team has been supporting the development of the Sustainability Transformation Plans (STPs) across the health care system, including long term financial planning.

This will continue to be an area of focus over coming months with the team developing a more robust approach to medium term financial planning.

The Finance team continue to focus on supporting the achievement of the 2017/18 financial plan and 2018/19 financial planning and budget setting. National planning guidance which will support this process is expected in December 2017.

Work continues on improving financial services, processes and controls including the development of Purchase to Pay (P2P). The first phase has been implemented in pilot areas and plans for the next phase are currently under development with a plan to roll out Purchase to Pay across the Trust by the end of Quarter 3. The team is also preparing for the implementation of Oracle Cloud (new version of the Trust's finance system) at the end of Q3.

The team continue to support the Trust's transformation agenda including A&E, PTS, Hub and Spoke and the Integrated Urgent Care Programme in addition to supporting business development opportunities including the North Yorkshire PTS bid.

As one of the pilot sites the Finance team will be shortly submitting its first Patient Level Costing information as part of the national costing standards programme led by NHS Improvement.

#### Procurement & Logistics

The department remains on track to deliver the strategic goal of "Confidence in Procurement and Logistics" by 2020.

From an initial work plan of circa 100 procurements at the start of 2017/18, the work plan has grown considerably to circa 165 procurements, with 50 of these already delivered and 90 projects in-hand. The team is working closely with other YAS departments in order to deliver priority procurements, such as Vehicle Conversions and Defibrillators.

The Associate Director of Procurement & Logistics is working with NHS Improvement, and the Procurement Leads of other UK Ambulance Services as part of the Lord Carter work programme.

#### Fleet & Estates

The Dual Crewed Ambulance (DCA) fleet has been temporarily increased by 15 vehicles, using non recurrent revenue, which will support delivery over the winter period. 24 new PTS vehicles are being converted with some in operational use for the new contract in South Yorkshire.

Estates improvements are underway, focusing on high priority areas of backlog maintenance and feedback from recent Inspections for Improvement. Condition surveys on the Trust estate have now been completed and the outcomes are being fed into the Estates Strategy and maintenance plan.

The procurement of defibrillators is underway and contract award expected in late November.

### Business Intelligence (BI)

#### **A&E**

A new suite of weekly dashboards for senior management and operational managers has been implemented across the 5 clusters.

The Ambulance Response Programme phase 3 (ARP3) went live on 1 September. BI is working with Operations to support the implementation of the new model and reviewing opportunities to improve performance. As part of ARP3, there have been various presentations to local delivery boards with national data becoming available from mid-November.

Multiple hospital reconfigurations are under review and BI is working with Finance and Operations to fully understand the potential future impact. This includes Calderdale and Huddersfield; Mid Yorkshire; Multiple Hyper Acute Stroke Unit (HASU) reconfigurations across the region.

#### **111**

A new online daily dashboard has been produced, including new Integrated Urgent Care (IUC) metrics. BI is also supporting the development and implementation of the new 111 IUC Minimum Data Set (MDS) due for submission in late November.

#### **PTS**

A new online reporting suite for the South contract has been developed along with online performance reports created to support the management of subcontractors.

### ICT

**NHSMail2 Migration plan** – A readiness workshop was held on 11 September with NHS Digital. Preparation for migration is going well with the pilot phase expected to start early December and full migration completed by March 2018.

**ePR** (electronic Patient Record) – Development is completed with user acceptance testing ongoing.

**Telephony** – Plans are being developed to move to a new telephony platform with engagement across a number of ambulance services. This will support the Trust in delivering its home and mobile working strategies.

**Emergency Services Mobile Communications Programme** - YAS continue to engage as part of the national programme to replace the Airwaves digital radio.

The **Cyber Security** audit has been carried out by NHS Digital on 1-3 November with the results expected in the next month.

The **Digital Maturity** assessment for the Trust has been submitted to NHS Digital.

The ICT team have been engaged with the NHS Digital to take part in a pilot with other ambulance trusts for developing a **national patient record**.

A number of upgrades to support the **111** service are planned for the end of November including upgrades relating to ARP and IUC.

### **IPR Exceptions**

No exceptions reported.

## **3.8 Planning & Business Development Directorate**

### Organisational Strategy

The Trust Executive Group continues to review the draft strategy with further focused discussions taking place to reflect current policy direction around the national Integrated Urgent Care specification, Ambulance Response Programme roll out and response to STP level planning.

The Trust Two Year Business Plan continues to be delivered and monitored and work will now commence to review the planning process and two year business plan for 2018/19 – 2019/20. A series of planning forum workshops with representatives from across the Trust will take place to ensure the plan remains integrated and cognisant of all priorities, interdependencies, contract plans and commissioning intentions.

### Bid Support & Management

The Trust now has consistent, stable capacity to support business development, with a clear direction and leadership around bid requirements, processes and reporting.

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.

During this reporting period, the team has continued to support PTS to progress responses to tenders, most recently in respect of South Yorkshire Renal Service, Doncaster GP Urgent Transport and North Yorkshire Clinical Commissioning Groups' (CCGs') PTS service. The team has also commenced business participation in a Total Transport review in Leeds, West Yorkshire and preparations towards a tender for integrated urgent care.

## Communications and Engagement

In the past six months, communication opportunities afforded by social media channels have been maximised with an increase of 1,600 followers on Twitter, 1.8 million impressions and 1,700 page likes on Facebook. An initial pilot using Instagram has also proven positive and an approach to content is being defined.

To support the launch of the new NHS branding guidelines, an audit of corporate publications and templates has been undertaken and a more coherent approach to all YAS printed communications created. A new compliant logo and corporate identity has been designed and a full suite of templates has been produced.

A number of corporate events have also taken place through the last reporting period including the YAS Management Conference at which the new vision and values were launched and the annual Long Service Awards. A fourth Restart a Heart event took place in October with 25,000 young people learning life-saving Cardio-Pulmonary Resuscitation (CPR). Media coverage was significant with coverage from both ITV and BBC news and all regional radio stations.

### **IPR Exceptions**

No exceptions reported.

## **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 October 2017 IPR report, highlighted in the Executive Directors reports.