



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 31/08/2017	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	3.4
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 23 May 2017 to 24 August 2017, and the opportunity for TEG to highlight the key variances / movements contained within the July 2017 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 July 2017 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

- 1.1 To give the Board assurance on the activity of the Trust Executive Group (TEG) from 23 May 2017 to 24 August 2017, and the opportunity for TEG to highlight the key variances / movements contained within the July 2017 Integrated Performance Report (IPR).

2. External Environment

NHS England announced new performance standards for the ambulance services on 13 July reflecting national adoption of the Ambulance Response Programme (ARP) which has been being piloted in Yorkshire, South Western and West Midlands ambulance services. Professor Jonathan Benger, NHS England's National Clinical Director for Urgent Care recently singled out the contribution YAS had made in supporting the development of ARP. Changes have been widely welcomed including Sir Bruce Keogh, NHS England's National Medical Director, the Stroke Association and Association of Ambulance Chief Executives.

Key elements of the changes include call handlers amending the way they assess cases to identify priority patients earlier whilst slightly having more time to decide the most appropriate clinical response. Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes, with the 'clock' only stopping when the most appropriate response arrives on scene. Other changes include includes mean average times and 90th percentile times replacing existing response time standards and the removal of use of Public Access Defibrillators from performance measures. We will be reporting against the new standards from September. Full CCG performance management against the standards will come into effect over the next few months to allow Trusts time to make necessary changes to their delivery models.

The CQC begin Use of Resources assessments from this September as part of their inspection regime. The Use of Resources assessment framework is intended to evaluate how well organisations are using resources to deliver high quality, sustainable services to patients, including identifying opportunities for improvement. Metrics are closely aligned to the 'model hospital' and 'model ambulance service' programmes and will include staff sickness and retention, pay costs per activity unit, estate and corporate services cost benchmarks, agency spend and delivery of financial control totals and income and expenditure margin.

Initially, the CQC will publish the Use of Resources Rating and report separately to its overall quality rating. Due to the availability of data, Use of Resources assessments will begin in the acute non-specialist sector, with specialist acute, ambulance, mental health and community services commencing after April 2019, once appropriate metrics have been developed.

In July NHS Improvement issued national guidance to acute hospitals *Focus on Improving Patient Flow*. The guidance, supported by the Association of

Ambulance Chief Executives and Royal Colleges of Emergency Medicine, Physicians and Surgeons stresses that patients arriving by ambulance should enjoy a seamless handover to an ED within 15 minutes of an ambulance arriving and that clinical assessment of patients should start within 30 minutes. The guidance includes limiting use of cohorting patients as a temporary measure with a clear plan for de-escalation where patient assessment has taken place to ensure departments are fully aware of the patients and their risks, ensuring waiting areas respect patients' privacy and dignity at all times and deploying hospital ambulance liaison managers ('HALOs') or additional acute resources to help manage the hospital-ambulance interface and release ambulances quicker to respond to the next emergency.

https://improvement.nhs.uk/uploads/documents/Patient_Flow_Guidance_2017_13_July_2017.pdf

NHS ENGLAND has published data from the National Heart Failure Audit suggesting improvements in patient care mean hundreds more people are surviving heart failure. The report found that the mortality rate for people admitted to hospital with heart failure has dropped from 9.6 per cent to 8.9 per cent. The reduction in the mortality rate means that in the region of 500 lives have been saved in the past year compared to 2014/15. An assessment of patients admitted to hospital with heart failure at NHS Trusts shows that 80 per cent of patients reporting heart failure at hospitals in England and Wales were seen by specialists and that more people are being provided with crucial medicines for heart disease.

Following extensive public consultation Calderdale and Huddersfield NHS Foundation Trust announced plans to reconfigure Huddersfield Royal Infirmary (HRI) and move A&E services and high-risk planned care to Calderdale Royal Hospital. YAS is working with the Trust and commissioners to model the impact of these proposals on ambulance services.

The South Yorkshire and Bassetlaw Accountable Care System (ACS) and Darlington, Durham and Tees/ Hambleton Richmond and Whitby were both classified as 'outstanding' by NHS England and NHS Improvement national ratings for locality Sustainability and Transformation Plans. The first STP Progress Dashboard was published on 21 July and measures plans against a number of areas including providers in special measures, A&E performance, access to services, variation from control totals and delayed transfers of care. The rating uses four measures Outstanding, Advanced, Making Progress and Needs Improvement. West Yorkshire is rated as Making Progress and Humber Coast and Vale as Needs Improvement.

3. Executive Team Reports

3.1 Chief Executive

The Trust continues to make good progress against strategic and operational priorities. NHS111 exceeded the national requirement for 30 percent of calls to

receive clinical advice in June and July and is in on track to deliver the financial control total for 2017/18.

Rota changes implemented earlier this year have been well received by staff and have improved on day resourcing however the Trust is experiencing challenges in A&E capacity at weekend night times. The A&E senior management team are working with TEG and TMG colleagues to implement short term mitigating actions and longer term solutions.

The new PTS/ Non-Emergency Patient Transport Service went live in East Riding at the beginning of July and Commissioners have complemented the service on the smooth changeover to the new operating model. The PTS management team are focused on the final tasks prior to go-live of the new South Yorkshire service on 1 September. Tender activity and restructuring of the PTS management team has impacted on delivery of elements of the PTS Transformation Programme and the wider management team is working with PTS to ensure resources are in place to support programme delivery going forward.

Work is nearing completion on the Business Case for our first dedicated ambulance 'hub' in Doncaster. Significant work has been done on the design of the new station specification and layout and the Hub and Spoke team is now working to finalise the business case which will be brought to the Board for consideration in September.

The Trust is in discussion with Fire and Rescue services across the region regarding the operation of the Emergency First Responder schemes following the Fire Brigades Union (FBU) indication of its intention to withdraw support for the emergency medical responses scheme and changes in demand profiles due to the implementation of ARP. The Trust remains committed to continuing and expanding collaborative working with local emergency service partners and is actively progressing opportunities through local partnership forums.

Consultation has concluded on the new YAS Values with almost 15 percent of staff actively taking part in the consultation process. Our new values were developed from feedback received from staff through an organisation wide cultural audit and annual NHS Staff Survey results. The new values which have received very positive feedback will be formally launched at the Trust's management conference at York Racecourse on 5 September. The new values are aligned to CQC Well Led principles of developing a culture which supports delivery of high-quality compassionate through learning and innovation, team-based working and high levels of staff and patient engagement and will act as the foundation for emerging strategies in areas such as diversity, staff wellbeing and quality improvement. Work is also under way to develop a behavioural framework that will be an instrument in embedding the values across the Trust.

Members of the Trust's senior management team met with the NHS Improvement Lord Carter Programme this month to discuss the implementation of the national 'Model Ambulance' analysis. YAS is one of the national pilot sites supporting development of the model, which seeks to identify opportunities for reducing variation and driving out efficiencies across the

ambulance sector and was offered the opportunity to review and feedback accuracy and appropriateness of first draft benchmarking data and efficiency metrics. Feedback is being used to further refine the model ahead of its national release.

Emma Scott, Community Defibrillation Officer (South Yorkshire, Calderdale, Kirklees and Wakefield), has been awarded the British Heart Foundation (BHF) Heart Health Professional Award in its regional Heart Heroes awards for her drive and commitment to improving the lives of heart patients and their families. She was nominated by Lauren Mallinson from the BHF who has worked in partnership with Emma on a number of defibrillator projects including the Rotherham Heart Town initiative.

Our Procurement and Logistics Team has been shortlisted at the Chartered Institute for Procurement and Supply (CIPS) Supply Management Awards 2017. They are shortlisted for the Most Improved Procurement Operation - Step Change Award and Mike Fairbotham, Associate Director of Procurement and Logistics, has been shortlisted for the CIPS Procurement and Supply Professional of the Year. The winners will be announced at an awards ceremony in London in September.

Interviews for the vacant role Director of Workforce and OD are scheduled to take place 25 August and an update on the appointment process will be provided at the meeting.

Director of Planned and Urgent Care, Dr Phi Foster has announced that he intends to retire at the end of October following a long and distinguished career in the NHS. I would like to personally thank Phil for his contribution to YAS and his passion and commitment to the development of urgent care and NHS111 services locally and nationally.

Ian Walton Deputy Director of Operations also retired at the beginning of August. Ian has held a number of senior roles within YAS and our predecessor organisations including Director of Operations and more recently overseeing Resilience and Special Operations. Ian has been highly valued and respected colleague and has demonstrated strong leadership skills throughout his career, including challenges such as the winter flooding in 2015. We wish him a very long and happy retirement.

The second series of Helicopter ER, featuring the work of Yorkshire Air Ambulance and YAS paramedics, began on Monday and the BBC Gardeners' World programme have visited Batemoor station to film the stations innovative wildlife garden. Glen Watson, Paramedic Practitioner in South Yorkshire, was inspired to create a wildlife garden in an area of disused land at Batemoor Ambulance Station last year after reading about the Kew Gardens Grow Wild #WildWorkPlaces project. The feature will be broadcast on Friday 1 September at 9pm on BBC2.

3.2 Operations Directorate

- Demand For the year to date (end July 2017) is slightly below last years level (-0.7%) with response times for our highest priority Category 1 incidents standing at 71.6% of calls seen within 8 minutes (compared to 68.9% in 2016). Response times for August have been impacted by changes to national coding definitions and annual leave and a Category 1 improvement plan has been developed to mitigate the impact of these changes.
- The changes in fleet mix from Rapid Response Vehicles (RRVs) to Double Crewed Ambulances (DCAs) brought about by ARP has placed additional demands on fleet availability. The Operational management teams are working closely with their Fleet colleagues to mitigate daily shortfalls, whilst longer term solutions are put in place.
- Clinical Supervisor recruitment is continuing with the latest cohort now taking up post and assessments/interviews for the remaining vacancies taking place throughout September.
- The YAS planning process for winter commenced at the end of July. Last year's department and CBU plans have been sent to Sector Commanders and Heads of Departments with a request for them to be revised/updated by early September. A number of the management team have already attended or are scheduled to attend the National Ambulance Resilience Unit (NARU) Tactical Commander course during 2017. The next course takes place early September.

A&E Transformation Programme Phase 2

Right Number of People with the Right Skills

- Embedding of workforce plans into business as usual activities has been completed. Formal mechanisms for the production and monitoring of progress of A&E workforce plan and A&E training plan are in place including workforce plans at CBU level.
- Post implementation review of new rotas beginning with a particular focus on night time cover and pairing up crews.
- A&E Management re-structure is nearly complete. Re-advertising for the following posts:-
 - Regional General Manager – shortlisting completed, currently arranging assessment centre for September;
 - Locality Managers x 2, North (Relief) and East – closing date early September;
 - Role of Deputy Director of Operations being advertised
 - All other posts filled within new structure.
- Paramedic Band 6 work is underway to track progress and identify remaining actions.

Safe and Effective

- Work with The Forum including design, modelling and implementation of Capacity Planning Framework fully completed. Full handbook and transfer into business as usual expected by September 2017.

- Capacity planning training programme for the new Department is currently under review to identify priorities and costs. Delivery of training sessions for Operational staff scheduled for September 2017.
- Rota Review within EOC Phase 1. Paper being finalised to provide analysis of current rotas and recommendations for further changes.
- Policies and Procedures. Work continues with staff side to agree and implement changes to key policies and procedures.
- Governance and Administration Framework. Continued development of governance framework for A&E Ops – draft expected September 2017. Administration review expected to commence Autumn 2017.
- Rota Review within EOC Phase 2. Depending on outcomes of phase 1 – plan to be developed in line with EOC re-structure with any changes anticipated to be implemented from 1/4/18.
- Category 1 Call Improvement Plan including the introduction of “ARP 3” is developed and being implemented with progress and other supporting changes within EOC, overseen by EOC and Operations senior leadership team.

Creating a Sustainable Service

- Business Planning processes and the Contract Management Framework briefs are agreed, actions are on hold until appointment of Regional General Manager.
- Established SLA's with key internal support services. Project brief agreed. Work expected to commence early Autumn 2017.
- Performance Management Framework. Project brief agreed. Initial meeting scheduled for early September to progress.
- Staff Engagement Strategy. Initial meeting completed and project brief agreed. Project plan currently being drafted.
- EOC re-structure. To include EOC room re-configuration, work commenced with anticipated implementation date of 1/4/18.

EOC & Clinical Hub

- EOC are seeing improvements call answer times with July finishing at 95.4% within 5 seconds and August currently at 95.8%. YTD 95.1%.
- A Category 1 performance project team supported by AACE are currently working through actions to support performance medium to long term which will change the delivery in EOC. There is now a Category 1 improvement plan in place; this includes CAD enhancements, a new performance framework and SOP for Dispatchers and Team Leaders within EOC, a full review of Status Plan Management and call cycle actions for the vehicle crew staff.
- Introduction of performance dashboards and real time management tools are now being embedded into EOC and Clinical Hub which enables closer monitoring of performance.
- There is ongoing work to improve performance within the Clinical Hub around Hear & Treat. Performance will be closely monitored month by month; this will feed into the non-conveyance CQUIN. Work is ongoing to implement the service enablers (NHS Number, Directory of Service, and Shared Care Record) and impact will be tracked throughout the year. Plans also to review codes sent to 111 and AMPDS V13 codes to increase the amount of calls sent to the Clinical Hub.

IPR Exceptions

No exceptions reported.

3.3 Planned and Urgent Care Directorate

Patient Transport Service – July 2017 – Performance

- PTS demand in July down on the previous month with total activity decreasing by 3.7%. Inward performance (KPI2) rose slightly in July to 88.6% which is 5.7% above the 'making appointment on-time' target.
- The less critical outward performance (KPI3) slightly increased from last month and is now 2.3% below the annual target of 92%.
- Performance against KPI1 increased by 0.2% percent in July and is 2.9% above target. The performance of outward short notice bookings picked up within 2 hours (KPI4) improved from 83.5% in June to 86.3% in July, but remains below the 92% target. Commissioned levels of resource vs KPI4 target will always make this particular KPI challenging.

General Service Update

- PDR compliance improved from 89.7% in June to 90.9% in July, above the 90% Trust target. Statutory and Mandatory Workbook compliance remains unchanged from June (96.8%) but remains above the 90% Trust target.
- The PTS sickness rate remains unchanged from June (6.5%) and is 0.9% higher than the 5.6% YAS average.

PTS Programme Summary (not Transformation Programme)

- Auto-scheduling – Project on hold and dates to be re-cast once the current restructure is completed and roles are in place.
- Resource and Logistic Functions – Resource pilot continues to progress. Senior Logistics Manager role in post. A kick-off capacity resource and forecast meeting took place with PTS, BI, Planning and 111 to discuss how to move forward forecasting model in PTS. Plans will develop during August.
- Reporting and Forecasting – A kick-off capacity resource and forecast meeting took place with PTS, BI, Planning and 111 departments to discuss how to move forward with the forecasting model in PTS. Plans will develop throughout August, including the recruitment of an interim forecasting and resource analyst to drive the work forward while in-house capacity is low.
- Streamline Reservations – Key activities within the project align with South Yorkshire mobilisation project as well as North Yorkshire bid, relating to changing methods of booking, tougher eligibility criteria for patients and overall reduced activity. Work stream lead to be identified once all resources within the restructure have been recruited.
- Sub-Contractor Management – Project in completion stage. Invoice verification being completed by the Alternative Resource department. Conversations ongoing with Finance for a bank card to enable PTS to receive live payments from sub-contractors. Work continues around sub-contractor

BC and 4 workshops took place in June. Demands relating to PTS bids and South Yorkshire contract mobilisation continue, with 'Go Live' taking priority.

- Fleet Availability – Fleet's vehicle replacement paper approved by YAS Board for 24 new PTS vehicles to meet requirements of South Yorkshire mobilisation contract for vehicles to be five years of age or less.
- Organisational Effectiveness – Three management restructure roles filled. Two outstanding Operations Manager roles interviewed for in August with offers expected to be progressed throughout the month. The Quality Lead and Operations Manager West commenced in July and the Head of Service and Standards and Senior Logistics Manager roles commenced in August.
- Telematics – Project on hold. Resolution of system issues ongoing to ensure system fit-for-purpose.
- Mobilisation PTS South Yorkshire – Progressing well although the lack of signed contract with the CCG means that risks still remain.
- Mobilisation PTS East Riding – Weekly commissioner meetings continued in July. Work continued for the contract documentation and the order was signed to commence alterations at East Hull station.
- Quality Impact - Limited progress on several projects as the majority have been on hold due to dependencies of the PTS restructure, South Yorkshire and East Riding mobilisation demands. Although Phase 1 of the restructure is now in place, not all vacancies have been filled; a requirement for several projects to re-cast milestone dates which has the potential to prolong re-casting project milestone dates.

NHS 111 Service – Performance

- Demand for NHS 111 continues to grow year-on-year, with call volumes at end July 5.4% above 2016/17 levels and just below contract ceiling (-1.7%).
- Performance is running at 91.7% year-to-date for call answer which is down on 2016/17 by 1.8%.
- Clinical performance significantly improved in July 2017. The two local clinical KPIs for 2 hours call-back (92.0%) and warm transfer/10 minute call-back (45.9%) have had the strongest performance in last 12 months.
- Clinical staffing has increased from 33fte in January to 52 fte in July a rise of 58% and with an additional 5 home workers due to start in August the level of clinicians will be at its highest since 2013.
- Version 13 of NHS Pathways was successfully deployed in June 2017 with all staff receiving training to support the new clinical algorithms.

General Service Update – NHS111

- The second phase of the restructure has been completed with remaining vacancies out for advert for suitable candidates to fill the structure prior to winter.
- Winter recruitment has commenced with c100 staff processed through assessment centres and the first cohort of staff in training. Day time and evening training courses are scheduled throughout autumn to be ready for the winter peak of calls prior to Christmas.
- The absence levels within NHS 111 for call handlers and clinicians have significantly changed since the start of the year; this is outside the trend which year on year has been reducing. This has been discussed in the operational

management group and in more detail with HR and the Operational Service Delivery Team. An action plan is underway to tackle absence levels which includes:-

- 1 to 1 review with all Team Leaders on absence through August;
- Review of management information and tools to support absence;
- Training support from HR for the team leader and OSM team;
 - Proactive health & wellbeing initiatives;
 - Review of LTS cases.
- A new Senior Call Handler role will be introduced in to NHS 111 call centres in September. The role has been developed in line with the NHS England/Health Education England Integrated Urgent Care Career Framework. These staff will be able to manage health information calls, some low acuity calls previously dealt with by clinicians and train staff as an accredited NHS Pathways trainer.
- WYUC Action Plan continues to be progressed with regular Task & Finish group meetings in place with commissioners and Local Care Direct. An extraordinary YAS & LCD clinical governance meeting took place in August to review progress together. A workshop with commissioners is planned for October and prior to this there will be another dedicated clinical governance meeting supported by the YAS Medical Director.

Integrated Urgent Care

- NHS England is soon to publish an Integrated Urgent Care (IUC) specification which will set out the requirements for IUC by April 2019.
- YAS has completed a gap analysis on the latest draft of the specification and is discussing with commissioners the implications for both in year and future years (transitional and new contract period).
- The key differences to the current service provided by YAS are associated the following:-
 - Increase in clinical intervention with consult and complete expectations including the utilisation of GP skill, prescribing and HCP direct access to a clinician;
 - Booking of appointments post clinical assessment;
 - GPOOH and NHS 111 services under one lead contract arrangement;
 - Online tool for patient access to NHS111;
 - Technological developments for sharing records and future multimedia innovations.
- Initial conversations with WYUC/NHS111 commissioners have commenced in relation to the transitional contract year 2018/19 and further meetings scheduled through the autumn.
- In October 2016, NHS England announced a £42m Pharmacy Integration Fund (PhIF) to support pharmacy to transform how it operates across the NHS for the overall benefit of patients over the next two years. Of this funding, £4.6m will be made available to support the development of integrated urgent care with an emphasis on funding applications to support proposals demonstrating effective integrated local care models. YAS has put forward proposals to commissioners in advance of the application process to influence their intentions.
- As part of the final year of the NHS England Workforce Investment fund programme funding has been made available for CCGs to support workforce

development. YAS with lead commissioner is hoping to secure funding for health and wellbeing initiatives within the call centres.

IPR Exceptions

No exceptions to report.

3.4 Clinical Directorate

- The Airways 2 research trial closed to patient recruitment this month and YAS was the highest recruiting ambulance service with around 360 paramedics delivering interventions to over 2,800 patients. Airways 2 will provide valuable evidence on how to manage the airway during a cardiac arrest.
- The Public Health Lead for the trust is now working within Public Health England as a secondment to further develop relationships with all the Directors of Public Health across the region, with “Make Every Contact Count” now embedded in all clinical training.
- The Urgent and Emergency Pathways teams have been working to increase the number of clinical care pathways available to Paramedics and further integrating out of hospital care and community or hospital care to ensure seamless patient flow. New Urgent Care pathway launched in Hull, allowing frontline clinicians to refer patients who do not need transport to hospital but require on-going management of their minor illness or injury. Improved Single Point of Access service in Doncaster designed to allow Paramedics access to a wide range of community services, and Fractured Neck of Femur pathways launched in Bradford and Leeds to ensure fast tracking of patients to surgery.
- Joint work with NHS England and the regional trauma networks to agree patient flows in the first 2 hours of a major incident has established a regional agreement. This will allow patients to be moved much faster to hospital in a pre-defined agreement rather than negotiating transfer during the incident.
- Review of the updated British Thoracic Guidelines has led to a pilot of new oxygen masks in Bradford which allow ambulance clinicians to accurately titrate oxygen according to measured oxygen saturations, without the need to keep changing the type of mask. These masks are more comfortable for the patient than current masks and easier for the clinician to use. The results of the pilot will help build the business case to introduce the mask to all frontline clinicians.
- The Patient Group Directive for midazolam has been expanded to include the use in agitated patients post successful resuscitation. The PGD will enhance our critical care capabilities and will be used by our RAT and Air Ambulance Paramedics to ensure these patients are transported to hospital safely.

IPR Exceptions

No exceptions to report.

3.5 Quality, Governance and Performance Assurance

- Care Quality Commission – During June 2017 the CQC published updated key lines of enquiry for their Well Led assessments. This was supplemented by the joint publication with NHSI of the updated Well Led Framework. Updated

guidance and the new timetable for assessment of 'use of resources' have also been published.

- The CQC are currently conducting a number of local inspections, to which YAS has been invited to contribute. These include: an inspection of Amvale Medical Transport, a private provider currently deployed by the Trust as a PTS sub-contractor, a local system review testing in York using a newly developed methodology, and a national thematic review of mental health services for children and young people, with North Yorkshire selected as a study area.
- Freedom to Speak Up – the new arrangements implemented by the Trust have been in operation for a year. They appear to be operating effectively and a number of improvements have been made during the year to refine processes. The Trust has received positive feedback from the national team and other providers and the Freedom to Speak Up Guardian has contributed to national events and publications. The Trust also hosted the last meeting of the national ambulance Guardians' group. A formal internal review of the effectiveness of the YAS Freedom to Speak Up arrangements was conducted on 23 August 2017 and feedback will be used to inform further development.
- The Trust quality team has been actively reviewing best practice in relation to quality improvement, including visits to exemplar sites and engagement with recognised expert bodies in the UK and internationally. Information from this exercise is being used to inform the proposed Trust strategy for quality improvement and next steps in developing the Trust from its current 'Good' CQC rating towards 'Outstanding' – see paper 3.3.
- The PMO has worked with relevant management leads to conduct formal reviews of the Trust service transformation programmes in PTS, A&E Operations, Hub and Spoke and Integrated Urgent and Emergency Care. Programme priorities and supporting resources are being refined to ensure clarity on key project milestones and measures aligned to wider Trust strategy.
- Over recent months, the Trust has been contacted by a number of ambulance and other NHS services with regard to its recognised good practice in governance and learning from adverse events. The Trust team has shared information and hosted visits from a range of colleagues.
- The Directorate team is working closely with the Estates and Operations teams to review current ambulance station facilities and identify improvement priorities for the coming year. This information will be used to inform the wider Estates programme.
- Improvements have been made to the processes for follow up of violent and aggressive incidents against staff. These include an updated policy and guidance, strengthened conflict resolution training for staff, a review of data flagging process in relation to violent patients and increased focus on follow up and pursuance of sanctions against offenders.
- Hillsborough – The Crown Prosecution Service announced the outcome of its case reviews in June 2017. A number of prosecutions were announced but none are being progressed in relation to ambulance service personnel. The review of the experiences of the victims' families led by the Bishop of Liverpool was sent to government in June 2017 and a publication date is awaited.

IPR Exceptions

- Safeguarding training compliance for Level 1 child and adult training and Level 2 child safeguarding training remain above the 85% target level. The

safeguarding team has completed development of the Level 2 adult training for 2017/18 in line with new national guidance. This will be introduced from October 2017.

- 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. Breaches to deep cleaning schedule increased during the last quarter largely owing to pressure on vehicle availability. An increased focus over recent weeks has reduced the level of breaches to within the previous range.
- Incident reporting – No significant changes to the pattern of incident reporting. Overall reporting has increased year on year whilst harm rates remain low.

3.6 Workforce & Organisational Development

Workforce and OD Team Update

- The Senior HR and Education & Learning Teams have completed their review of the work of the Directorate and have designed new structures in order to take this work forward. The new structures have been submitted to Trust Executive Group for final approval and their implementation will be complete by the beginning of November 2017. Any vacant posts will then be recruited to.
- The new HR structure has had significant consultation with staff and Staffside and has been positively received. The Health and Wellbeing team has been appointed to. The Health and Wellbeing Lead should start in November 2017 and the Advisor in September 2017; the latter being an occupational health nurse. This team can then take the Health & Wellbeing Strategy forwards.
- The restructure of the Education and Learning department has also had considerable consultation with staff and has been positively received. The transformation aims to strengthen the Leadership and OD team with a dedicated Talent & Apprenticeships function and a Learning and Development Business Partner team. This team will also support the multifaceted implementation of the new YAS Values. The restructure also includes launching the YAS Academy with a strengthened educational governance structure, educational portfolio governance boards and a proactive and systematic ongoing approach to training needs analysis and quality assurance and improvement.

National Issues

- Holiday Pay – This issue stems from the 2014 Employment Tribunal between Bear Scotland v Fulton where the Employment Appeal Tribunal outcome requires compulsory overtime to be included in the calculation of holiday pay; there remains a dispute over voluntary overtime. This case potentially has major financial implications for the Ambulance Service as staff are required to do compulsory overtime when shifts overrun. The Trust currently has 63 Employment Tribunal claims that are being defended and is working nationally on the issue. All 10 ambulance trusts are receiving the same advice and guidance. A recent appeal from Dudley Metropolitan Borough Council has potential financial implications and the 10 ambulance trusts are currently looking at what the next steps are in the legal process.

- Paramedic rebanding Band 5 to Band 6 – The agreement, which was jointly decided by NHS Employers, the Department of Health, ambulance unions, the Association of Chief Executives, NHS England and NHS Improvement, is in recognition of the additional responsibilities and knowledge needed by paramedics to carry out increasing amounts of more complex clinical work.
- The re-banding brings additional costs which will be centrally funded for 2016/17 and 2017/18 but no solution is yet in place for 2018/19 and beyond. A job description review with a job evaluation process has taken place and staff will now be assimilated onto their new pay band. A Band 5 role remains for newly qualified paramedics and an education programme developed; a framework is being developed nationally. A huge administration task is now required to write to each paramedic in order that they can be informed of the contractual change. There are also actions required for YAS to be eligible for the additional monies from Commissioners and the tasks and implications of those actions are currently being reviewed.
- YAS is engaged in the national work across all ambulance trusts around developing a concept for Newly Qualified (Band 5) Paramedic (NQP). The framework will ensure that graduates from the universities with a purely academic and non-experiential background undergo a proper induction into the paramedic workforce gradually building the capabilities needed for services whilst being supervised, observed, assessed and assisted during the process.

Staff Engagement

- The Staff Friends and Family Test Surveys have been circulated for Q2, with Q1 results to be presented to TEG within the next four weeks. The survey continues to adopt a census approach allowing all staff to respond.
- A Corporate level action plan has been drafted in response to the 2016 National Staff Survey results focussing on three key finding areas: health and wellbeing, errors and incidents, and management behaviours. Work is already in progress against each of these subject areas.
- The Trust-wide values engagement project, that involved 14.4% of the YAS population in the first phase of face-to-face engagement, was followed by an electronic survey where the aim was to get final feedback on the proposed new Values and their descriptors.

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 next phase will focus on statutory and mandatory training requirements for non-operational and contact centre staff with a proposal being presented to TEG in the next four weeks.
- The Trust's Performance Indicator Scorecard data shows PDR compliance has maintained compliance at around 78% against the target of 90%. The staff satisfaction rate with the PDR process has improved from 3.6 out of 5 in 2014/15 to 4.24 out of 5 in 2016/17. However work to improve participation as well as the quality of PDRs based on ongoing monitoring is continuing. The

PDR concept will be reviewed in line with the renewed Trust values to ensure a more cohesive approach.

- The implementation of the transitional apprenticeship strategy is underway with the formation of the apprenticeship working group, who will scope and shape the overall apprenticeship strategy for Trust's approval. The projected 3 year forecast is complete and steady progress to the 2.3% public sector target of 128 apprentices has been made. Although YAS' recent application to become an approved Training Provider was not successful, work is ongoing with another Trust to ensure when the application window re-opens YAS achieves approved status. In order to fulfil plans to recover some of the Levy YAS will be sub-contracting with an approved Training Provider pending the training provider approval.

Diversity and Inclusion

- The Trust's Head of Diversity and Inclusion continues to work with Senior Managers and wider staff around the diversity and inclusion agenda.
- The Trust's Diversity and Inclusion Strategy entitled, 'Embracing Diversity – Promoting Inclusivity' was formally approved by TMG on 9 August. The strategy will be presented to Board on 31 August 2017 for final approval.
- The formal launch of the strategy will be planned after formal approval and will be followed by two communication campaigns which will focus on diversity and inclusion and another around dignity and respect within the workplace.
- The team have recently recruited a Diversity and Inclusion Advisor to support the Head of Diversity & Inclusion in developing and strengthening the diversity agenda across the Trust.
- Our work around the Workforce Race Equality Standard is currently being developed for 2017-18. Our data and WRES report will be presented to Trust Board in October 2017.

Recruitment

- Recruitment activity across the Trust remains high; particularly for front line roles with 282 applicants currently being progressed through employment checks (NHS 111 – 101, A&E – 87, Corporate – 45, EOC – 21, PTS – 28).
- We currently have 72 applicants being progressed for CFR volunteer roles and 16 volunteer applications for our Voluntary Car Service.
- 56 applicants are being progressed for paramedic vacancies, 49 of which are earmarked to commence with the Trust during September/October. Further Paramedic vacancies across Bradford, Leeds and the East Coast areas are currently being advertised.
- 38 applicants are being progressed for ECA positions. The workforce plan asks for 96 ECAs before the end of the financial year plus a further 36 ECAs to replace overtime provision. Further adverts are planned in preparation for a further selection event.
- YAS has facilitated the application process for the EMT1 and EMT2 conversion courses. 54 applications were logged for the EMT2 course with 19 applicants being shortlisted for assessment. 15 of the applicants passed the assessment and commenced training in August with some in commencing in October. 134 applications were logged for the EMT1 course with 47 applicants being shortlisted for courses in September, November and January.

- The Recruitment Policy has been reviewed and agreed by the Policy Progression Group and is due to be presented to JSG before being launched across the Trust. The policy now incorporates pre-employment checks reducing the need for a separate policy and has been updated to reduce administration in respect of internal recruitment with the aim of reducing the time to hire.
- The Temporary Workers Procedure has been reviewed and will be launched in September 2017. It includes guidance on how YAS manages agency workers and contractors, including no purchase order, no payment for agencies which will assist with financial management of agency costs.
- Work with managers to reduce the number of agency workers across the Trust and has been successful with a forecast overall reduction of 50% from the original position in January 2017.

Employee Wellbeing & CQUIN Activity

- The sickness absence rate for June 2017 is 4.98%, a decrease from 5.24% in April which is comparable to the data from April last year. The main reasons for absence continue to be mental health / anxiety (27.01%) and musculoskeletal (combined with back problems) 20.51%.
- To reduce absence in these areas, HR Business Partners continue to work proactively with managers to raise awareness around mental health and prevention and treatment of musculoskeletal issues. The Trust has evidenced its commitment to the Health and Wellbeing Agenda by supporting a number of activities most notably the following:-
 - 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 49 staff (7 teams of 7).

Occupational Health: PAM

- The Trust is currently exploring means by which the overall contract spend can be reduced in 2017-18. HR, in partnership with Finance and Procurement, is robustly monitoring the performance of PAM against the contract. Current performance against KPIs for Occupational Health and access to psychological services are within target of 95%.
- The PAM contract is due to end on 30 September 2018 and the HR team have appointed a project manager to oversee this procurement.

Employee Relations

- The HR team have 213 formal cases across the region which include 140 absence management, 12 consultations and 59 cases combining disciplinary, issue resolution and bullying and harassment. There are 6 active ET cases.
- The PTS management restructure and the second stage of the 111 restructure are complete. YAS is working closely with Arriva and UKEM on the PTS South TUPE to facilitate a smooth transfer. A meeting with Arriva's elected Employee Representatives was undertaken on a joint basis with YAS and UKEM.
- The Policy Progression Group was last held on 3 August 2017 at which partnership working continued on several policies including, the approval of the

Professional Registration Policy, Fitness for Work Policy (previously titled Drugs and Alcohol), Redeployment and At Risk Management Guidance. The approved policies and guidance are being referred to the Joint Steering Group for ratification on 17 August 2017. Representation on the management side of the Policy Group is improving but the invitation for more managers to attend or join the distribution list is still extended.

IPR Exceptions

No exceptions reported.

3.7 Finance & Performance Directorate

Finance and Contracting Update

- The Finance team continue to focus on the 2017/18 – 2018-19 financial plans and are developing a more robust approach to medium term financial planning.
- The reference cost return was submitted nationally on time. The team also continue to work nationally on Ambulance costing standards with NHS Improvement/NHS England.
- The Finance team continue to work 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 are exploring developing the approach to business partnering, ensuring it is fully embedded within the organisation.

Procurement & Logistics

- The department remains on track to deliver the strategic goal of “Confidence in Procurement and Logistics” by 2020.
- There is a clear work plan for 2017/18 and close working with other YAS departments in order to progress these procurements as quickly as possible.
- The team is on track with delivery of our large projects such as the Double Crew Ambulance conversion, PTS vehicles and defibrillators tenders.
- The Associate Director is working with NHS Improvement as part of the Lord Carter work programme.

Estates, Fleet and Medical Equipment Functions

- The new Head of Fleet Services is in post and Fleet restructure is complete, with all permanent staff having commenced in their new roles. Remaining vacancies are out to external advertisement.
- Vehicle availability has seen a marked improvement as a result of the recent restructure, which has provided better staff supervision over weekends and evenings. Availability has remained in excess of 90% for the last month, against a target of 85%. An interim proposal has been agreed to temporarily increase DCA fleet size by 15 vehicles to allow enhanced capacity for winter pressures.
- Monkgate Health Centre has been vacated. Fairfields Rotherham is now being marketed following the expiry of the period given for other public sector organisations to express an interest (we received no expressions of interest).

- The condition surveys on the Trust estate have now been completed and the outcomes are being fed into the Estates Strategy and maintenance plan.
- Work is underway to work up capital proposals to design and tender stage, pending the approval of the 2017-18 capital plan by Board.

ICT

- Deep Clean – Phase 2 - Existing contract with supplier has expired with the old solution now decommissioned. Newly developed in-house mobile solution system is within final stages of user acceptance testing.
- ePR (electronic Patient Record) – Development is nearing completion and YAS user acceptance testing to take place September.
- Main Telephone Switch Upgrade – Plans confirmed with BT and YAS EOC, 111 and PTS operations to upgrade the main telephone system on 19 Sept 2017. This will bring the main telephone system up to the very latest version fixing several identified operational bugs.
- NHSMail2 Migration plan – YAS and NHS Digital have signed final contracts to go ahead with the readiness workshop which is planned for Sept 17.

Business Intelligence

- A&E – A new series of standards, indicators and measures has been introduced through the Ambulance Response Programme (ARP) for publication in the NHS England Ambulance Quality Indicators (AQI). Technical guidance has been developed to ensure all aspects of ambulance performance are measured accurately and consistently. BI are supporting A&E and EOC with roll out of the indicators with all reports being changed to reflect the measures.
- A&E – Multiple hospital reconfigurations are under review and BI is working with Finance and Operations to fully understand the potential future impact.
- A&E – New weekly dashboard in development for EOC and Operational managers to assess capacity, efficiency, cost and performance by week.
- 111 – New national MDS for Integrated Urgent Care has been released. BI are working with 111 to understand the full impact of the additional KPIs requested.

IPR Exceptions

No exceptions to report.

3.8 Planning & Business Development Directorate

Stakeholder Engagement

- The current focus across Yorkshire & Humber stakeholders is predominately preparation for winter, with an expectation that Winter Plans and associated NHS Delivery Plan milestones are in place for review in September.
- Given the complexity and pace of the current planning environment, the Director of Planning and Development now chairs a fortnightly “Local Delivery Board Reps” forum where key internal stakeholders co-ordinate activities and share information from and to Local Delivery Boards. This has proved a successful way of presenting a co-ordinated and credible response to stakeholders. Feedback from NHS England North & NHS Improvement is

positive: “in our discussions with Local Delivery Boards, we can confirm that they feel YAS involvement has been strong to date.”

- Through this mechanism, the Planning and Development team have co-ordinated YAS response to winter planning across the system, working with 23 CCGs alongside operational teams from all service lines.
- This has included attending a number of winter planning workshops across the footprint and providing input to Local Delivery Board meetings with regulators.
- More strategic developments are being progressed through STP Urgent & Emergency Care Networks in South and West Yorkshire and Humber Coast and Vale STP. The Planning and Development team are supporting reporting and communication in respect of key operational milestones for YAS including roll out of ARP, NHS111 clinical advice and direct booking standards.

Hospital Reconfiguration

- Since May, a significant proportion of time has been spent supporting a number of high profile reconfigurations across the region. The Planning & Development team now co-ordinates YAS input to reconfiguration planning. Key developments this year have been in relation to:-
 - South Yorkshire Stroke Reconfiguration proposals.
 - West Yorkshire Stroke proposals.
 - Mid Yorkshire Hospitals Trust Reconfiguration implementation.
 - Calderdale & Huddersfield Foundation Trust reconfiguration plans.
 - Durham, Darlington, Tees, Hambleton, Richmondshire & Whitby STP reconfiguration proposals.
- As STPs continue to develop a very significant amount of time is currently committed to assessing and communicating the impact of planned service changes on ambulance services and mobilising sustainable plans in response.

Organisational Strategy

- The Trust Executive Group now has a strategy in draft which has been developed from a series of “deep dive” sessions undertaken in recent months.
- Work continues to deliver and align the associated team-level objectives, milestones and business plans through the year, and to refresh these as we move into the 2018-19 planning cycle aligned to contract plans and commissioning intentions.

Bid Support & Management

- Since the May report, the Planning and Development 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 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 NHS 111, WYUC and a clinical advisory service.
- The Planning and Development team has increasingly focused on developing bid management capacity: helping the organisation learn lessons from previous bids, being proactive in retaining contracts and developing the right skills to prepare for future tenders. This has commenced with 2 days of

bespoke bid writing and stakeholder management training for a number of operational and corporate members of staff.

- The team has also worked to support contracting and operational colleagues to take forward the Emergency Care and Urgent Care Practitioner schemes across the organisation and are leading plans for a new scheme in Leeds.

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 July 2017 IPR report, highlighted in the Executive Directors reports.