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|--|--|-------------------------------------|-------------------------------------|
| <b>MEETING TITLE</b><br>Trust Board Meeting in Public  |  | <b>MEETING DATE</b><br>30/05/2017   |                                     |
| <b>TITLE of PAPER</b>  | Trust Executive Group Report & Integrated Performance Report (IPR)   | <b>PAPER REF</b>                    | 5.2                                 |
| <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 29 March 2017 to 22 May 2017, and the opportunity for TEG to highlight the key variances / movements contained within the April 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.<br>The Board notes and discusses the variances contained within the April 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><br><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><br><i>If 'Yes' – expand in Section 2. / attached paper</i>  |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Legal implications/Regulatory requirements</b><br><i>If 'Yes' – expand in Section 2. / attached paper</i>   |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Equality and Diversity Implications</b><br><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**

- 1.1 To give the Board assurance on the activity of the Trust Executive Group (TEG) from 29 March 2017 to 22 May 2017, and the opportunity for TEG to highlight the key variances / movements contained within the April 2017 Integrated Performance Report (IPR).

## **2. External Environment**

Our thoughts go out to the victims and relatives of the terror attack at Manchester Arena on the evening of 22 May. At the time of writing this report Police have confirmed that at least 22 people have been killed and a further 59 people injured in the explosion. North West Ambulance Service dispatched ambulance crews and their HART teams to the scene and called on neighbouring services for mutual aid. Plans and training for such events are well embedded across all emergency services and crews were quickly dispatched from West Yorkshire, East and West Midlands and Wales to assist directly and indirectly with the incident.

The announcement of a general election on 8 June has limited new policy announcements since the second half of April however two important reports for the ambulance sector were issued in April.

NHS England has published The Next Steps on the Five Year Forward View and an associated Delivery Plan for Urgent and Emergency Care. Both documents set ambitious targets for NHS 111 including increasing clinical advice, implementation of NHS111 on-line and direct booking into primary care and identify the potential for both 999 and NHS 111 services reduce attendances into A&E departments by utilising new Urgent Treatment Centres as alternative destinations.

The NHS Workforce Race Equality Standard (WRES) Data Analysis Report was published in April. The report identifies that those organisations that treat their staff fairly, listen to them and develop their talent to the full, are ones that provide better care for all patients. To support improvement across the provider sector, the report compares 2015 and 2016 data on the nine national WRES indicators including five workforce indicators relating to recruitment, promotion, career progression, staff development and BME board representation and four indicators based on data from the NHS staff survey covering harassment, bullying or abuse from patients, relatives or the public.

The data for 2016 shows improvement across the ambulance sector. Within this YAS has significantly improved performance against indicators for BME staff experiencing discrimination from managers and colleagues and reduced the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public.

On Friday 12 May a number of NHS organisations were affected by a global cyber-attack which left some hospitals and GPs unable to access patient data, after their computers were locked by a ransomware program. NHS Digital and

local ICT were very quick to respond to the issue and none of the Trust's systems were affected. NHS Digital's Data Security Centre, alongside the National Cyber Security Centre, are monitoring issues arising from the cyber attack and are continuing to support NHS organisations that were affected.

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

#### **3.1 Chief Executive**

The Trust is continuing to make good progress against core strategic priorities. During April and May we have seen improved response times within our A&E service as new operational rotas bed in. Overall demand is showing a small increase on last year's levels but capacity pressures across the system have reduced since the winter period impacting positively on ambulance turnaround times at A&E departments.

Both our A&E and NHS 111 services coped extremely well with the peaks of the Easter period. Our NHS 111 service exceeded the national response standard 95% of calls answered in 60 seconds throughout the weekend.

Having secured a financial surplus for 2016/17 our focus is on ensuring delivery of our efficiency plans for 2017/18 and generating sufficient financial headroom to fund resources to fund longer-term capital investment plans and service improvement priorities.

We were delighted to hear that we had been awarded a new five-year contract in April to deliver non-emergency health care patient transport services across South Yorkshire following a competitive tender process. The new contract for more than a quarter of a million journeys per year will commence on 1 September 2017 and includes:

- Core outpatient services throughout South Yorkshire and on-day discharge services in Sheffield
- Ad-hoc repatriation work for the four South Yorkshire clinical commissioning groups (CCGs)
- GP urgent services in Sheffield.

This contract award follows our success in winning the contract for non-emergency medical transport services in the East Riding of Yorkshire. The Trust is also preparing its response to Vale of York and Scarborough and Ryedale CCGs recently announced competitive procurement process for non-emergency transport services.

In recognition of the work being undertaken to improve the diversity of our workforce and engage with the communities we serve, YAS has been selected as one of 30 national Diversity and Inclusion Partners by NHS Employers. The trusts, selected as Partners, will be supported to progress and develop equality performance and improve the state of diversity in their organisations and will also act as champions to drive diversity across the NHS by raising awareness about what constitutes sustainable, outcome-focused improvement in managing equality.

Following the publication of the CQC report containing the findings of last autumn's inspection of our services, which gave the Trust an overall rating of Good, we held a Quality Summit on 24 April at Waterton Park Hotel, Wakefield. Attendees included representatives from the YAS Critical Friends Network, NHS Improvement, local Health Overview and Scrutiny Committees, Healthwatch and Wakefield, East Riding of Yorkshire and Greater Huddersfield CCGs. The meeting received a presentation from the CQC on key findings within the report and our response highlighting the priorities in our action plan to move from 'good' to 'outstanding'.

Aligned to the Five Year Forward View recommendations on development of new workforce models, on 6 April YAS hosted a national workshop on the development of nursing roles within the ambulance sector. YAS has been working with NWAS and other services to share best practice and agree key steps in developing nursing roles as part of a wider multi-professional workforce in pre-hospital care. On 15 May six registered nurses started the first cohort of YAS's new Nurse Internship Programme which will see them undertake three placements in NHS 111, 999 frontline operations and our Emergency Operations Centre (EOC).

Supporting our public health and integrated care priorities Ruth Crabtree (Public Health Lead) and Tom Heywood (Clinical Manager - Pathways) have received a Highly Commended Award at the 2017 Advancing Healthcare Awards in London for their work on the YAS alcohol misuse referral pathway.

This month's report includes a revised IPR format for 2017/18. It aims to provide a more strategic view of delivery across the organisation and the risks associated with delivery of our plans. The new format has been developed to more easily signpost to key exceptions and to prompt informed enquiry on core areas of assurance. It is an important part of our journey towards presenting information in a way that aligns to the Intelligent Board Principles.

Going forward we will better link the performance and delivery of key support services. Other areas of ongoing improvement and development of the IPR over coming months will include:

- Fleet availability data and associated operational impact
- Incorporating richer soft intelligence on Sustainability and Transformation Plans and system pressures.
- Further development of the Corporate Dashboard including core metrics around delivery of support function efficiency improvements and early warning indicators for higher risk functions.
- A quarterly forward projection for some measures will be included to show us what the anticipated direction of travel is in that area.
- Additional efficiency measures such as the ratio of vehicles to incident.
- Operational drill-down reports will be developed with Service Leads, and delivered by the BI Team.

Finally, colleagues across the Trust bid farewell to Vince Larvin, Locality Director for North and East Yorkshire, who retired at the end of March after

more than 30 years with the ambulance service. Vince's ambulance service career began in 1983 when he joined Derbyshire Ambulance Service, following service with the RAF. He served as a qualified paramedic until the early 1990s when he moved into management roles with Cleveland Ambulance Service and later West Yorkshire Metropolitan Ambulance Service. Vince finished his ambulance career as Locality Director for Emergency Operations in North and East Yorkshire.

### **3.2 Operations Directorate**

- Performance year on year (April '16 v April '17 comparison):
  - Demand increased 0.8%;
  - Performance increased 0.2%.
- All new working rosters are now in place across all areas; these have generally been well received by staff and are clearly improving our levels of service to patients.
- The new relief planning procedure has increased staffing profiles at weekends; this has improved our performance on Friday evening, Saturday and Sunday.
- Currently the amount of resource being put out is impacting on our DCA fleet. The operational management teams are working closely with their Fleet colleagues to mitigate daily shortfalls.
- CBUs continue to manage their overtime allocation within or below targets for April and the trend continues; whilst still maintaining the recommended resource plans and in some areas exceeding it.
- Clinical Supervisor and Paramedic (newly qualified) recruitment continues throughout May with assessment centres and interview panels all in place.
- A number of the management team have already attended or are scheduled to attend the NARU Tactical Commander course during 2017.

#### Re-structure

- Divisional Commander West – start date confirmed as 19/06/17.
- Head of Central Service Delivery – start date confirmed as 19/06/17.
- Scheduling Manager – start date confirmed as 22/05/17.
- 4 x Group Station Managers now in post.
- 11 new Locality Managers recruited.
- Re-advertising for the following posts:
  - Regional General Manager;
  - Group Station Manager (North);
  - Locality Managers x 6, plus 2 secondments (North, East and West CBUs);
  - Insight & Scheduling Analyst (last round of recruitment unsuccessful).

#### Capacity Planning and Scheduling Department

- Work continues with The Forum on the completion of models, frameworks, processes and systems. Work is now underway on communicating the key changes and new systems with colleagues in Operations. Agreement on training plan for department as a result of Training Needs Analysis nearing conclusion.

## A&E Transformation Programme Phase 2

- Rota work stream completed – all new rotas implemented by 03/04/17. Monitoring of impact on performance undertaken weekly, full analysis report to be produced at end of Q1.
- Phase 2 outline programme agreed as three work streams (detailed below) and a range of projects within each including transfer into BAU for some activities and stand-alone projects to support service transformation/service improvement:

### Right Number of People with the Right Skills

- This work stream focuses on workforce planning, recruitment and training within A&E to ensure our quality of service meets national requirements in terms of time and clinical quality and delivers the best possible care to patients. Its objectives are:
  - To ensure A&E has in place the right number of people with the right skills;
  - To ensure staff receive the required training and development required in order to successfully deliver in their role;
  - Complete the fulfilment of staff into the new A&E management structure including support for the leadership and management development programme.

### Safe and Effective

- This work stream focuses on ensuring we have a safe and effective service through the creation of a capacity and planning framework; supported by policies, processes, appropriate functions, roles and leadership structures to achieve this. Its objectives are:
  - To complete the implementation and embedding of the capacity planning cycle including agreement of a training programme;
  - To undertake a programme of awareness raising across Operations in relation to capacity planning;
  - To undertake a rota review within EOC;
  - To ensure policies and procedures support the effective operations of A&E;
  - To establish a governance and administration framework across A&E Operations.

### Creating a Sustainable Service

- This work stream focuses on the development of the A&E service to ensure it is strategic, forward-looking and flexible enough to meet current and expected future demands on the service. Its objectives are:
  - To develop and implement strategic frameworks which will support the achievement of A&E objectives;
  - To provide senior managers with the appropriate tools to plan and achieve performance targets and strategic objectives;
  - To deliver and embed a staff engagement strategy with A&E Operations.

## Workforce Update

As of 30 April 2017:

- Position at end of April for frontline staff (excluding Clinical Supervisors) is 2,141 FTE against a plan of 2,179 FTE, 38 FTE off the plan. Plans already in place for the year 2017-18 will see a net increase in staffing to 2,183 FTE (945 Clinical Support/1,238 Clinical) by March 2018. System embedded within A&E Operations to ensure close monitoring of the Workforce Plan and to enable any mitigation to be actioned promptly if required.
- 509 new staff have been recruited into the service since September 2015 against a plan of 455 FTE (338 Clinical Support/171 Clinical)
- 265 FTE have attended conversion courses against a plan for 205 FTE (139 Clinical Support/126 Clinical)
- Attrition is tracking under plan (Actual: 261 FTE, Plan: 296 FTE)
- Overall workforce numbers in the service have increased by 211 FTE in 20 months

## EOC & Clinical Hub

- EOC is seeing improvements in the SLA for call answer with April finishing at 94.7% and May currently at 96.1%. YTD 95.3%
- Category 1 performance project team supported by AACE is currently working through actions to support performance medium to long-term which will change the delivery in EOC.
- 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 and 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 Services, and Shared Care Record) and impact will be tracked throughout the year. Plans also to review codes sent to NHS 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 - April

Performance:-

- KPI 2 (inward) patients being delivered between 0 and 120 minutes before their appointment. Performance continues to improve and remains above the target of 82.9% being well ahead year-to-date at 88.6%.

- KPI 3 (outward) patients being collected within 90 minutes after their appointment. April was 89.7% below a target of 91.7%. However this is an improvement on the previous month of March.
- All PTS KPIs in April showed an improvement on the previous month of March.
- April was the first month without Hull CCG activity in East Yorkshire. East Yorkshire performance against the KPIs showed a drop compared to previous months; however, both commissioners and YAS PTS were very pleased with performance given the transition of services, staff and control.

### General Service Update

- There has been a slight decrease in both long-term sickness at 4.4% and short-term sickness at 2.2%, which overall is 6.6%. This is versus 5% Trust target.
- PTS PDRs remain close to the 90% Trust target, as does PTS Statutory and Mandatory training.
- PTS management restructure will be completed with the existing PTS team by 1 June 2017. A number of posts will be vacant as a result of the above and there have been some resignations. As a result, vacancies are currently advertised for four roles.

### PTS Contracts

- ERoY is in its first month of the contract extension, we have received good feedback from the CCG about how we are managing the transition. There are operational challenges with the relocation of control. The new service mobilisation meetings and contract negotiations are progressing well and we are on track for 1 July “go-live” date.
- South Yorkshire:
  - Negotiations underway with the CCG
  - Main difference is “on-day” discharge services for Rotherham, Barnsley and Doncaster Acute Trusts as well as the new Urgent Tier Service for Sheffield
  - CSU procurement requesting YAS proposal to situation
  - We are working through the challenges with Legal and Finance
- Mobilisation – we require contracts to be put in place with Sheffield City Taxi and Event Medical.
- Incoming TUPE into sub-contractor of up to 40 Arriva staff – HR (HRBP) supporting and legal advice has been utilised.
- The South Yorkshire renal service has gone out to procurement again after being halted by commissioners during the previous South Yorkshire procurement and a bid/no bid decision is required. The financial envelope is below the previous lot advertised and includes a new lot for Bassetlaw renal services.
- NHS Vale of York CCG and Scarborough and Ryedale CCG PTS services were advertised in April and the first stage, the Selection Questionnaire (SQ) has been successfully managed and completed. We expect the next stage of the procurement to begin in June.



## NHS 111

### NHS 111 Annual Summary

Achievement of key performance indicators for the service from April 2016 through to the end of March 2017 are:

- 1,570,254 patient calls answered (3.9% up on 2016/17)
- 93.3% of calls were answered within 60 seconds against a target of 95% (4.2% up on 2015/16)
- 79.7% clinical calls received a call-back within two hours
- Of the calls answered, 8.8% were referred to 999, 14.7% were given self-care advice and 6.5% signposted to ED. The remainder were referred to attend a primary or community care service or attend another service such as dental
- 90% patient satisfaction with the service (based on the national Friends and Family Assessment Framework)
- Income and costs aligned to manage within budget
- Received a CQC rating of 'Good' when the service was inspected for the first time.

### Easter Performance

- 31,253 patients were managed through NHS 111 during the four-day Easter period.
- 99.3% of patients' calls were answered within 60 seconds against a target of 95%.
- 86% of patients were managed in one call with no requirement for a call-back.
- 87% of patients who required a clinical call-back were responded to within two hours with the average time for a call-back c.45 minutes.
- Referrals to 999 and emergency departments (EDs) remained low:
  - 999 referrals ranged from 5.7% - 7.2% of all calls
  - ED referrals ranged from 4.9% - 6.3% of all calls.
- Out-of-Hours providers across the region worked closely with NHS 111, providing support with clinical advice to ensure timely patient care throughout the period.
- Call volumes were 8.9% lower than 2016: potentially linked to a later Easter, the school holiday periods and a reduction in overall 'system' pressures.

|                    | Calls Answered | Performance  |
|--------------------|----------------|--------------|
| Easter 2016        | 34,048         | 86.1%        |
| <b>Easter 2017</b> | <b>31,253</b>  | <b>99.3%</b> |
| Difference         | -2,795         | +13.2%       |

### 2017/18 Contract Negotiations

- Contract negotiations for NHS 111 and West Yorkshire Urgent Care (WYUC) are near completion.

## 2018/19 Transitional Arrangements

- A Prior Information Notice (PIN) regarding the 2018/19 transitional year has now been issued by commissioners and we plan to work with them, with a timeline of (July), to ensure this matter is progressed swiftly.

## Annual Service Line Business Plan

- The team has developed an annual business plan for the service line in order to cascade the objectives to staff. This includes input from colleagues in Business Planning and Organisational Development to ensure alignment to the Trust's strategic plans. Staff engagement sessions will take place in June.

## Other points to note

- The York call centre will close at the end of May 2017 with the majority of staff redeployed within the Trust, transferring to another NHS 111 call centre or clinical home working.
- GP recruitment has been successful for the directorate with the successful applicant due to start in June for one day a week before taking up the post for three days a week from September.

## West Yorkshire Urgent Care Accelerator Zone (WYAZ)/Vanguard

### Clinical Advisory Service (CAS)

- The evaluation of the CAS is underway and will be completed by the Academic Health Science Network (AHSN) over the next few months. An internal report on phase one of the project is also being prepared and will be completed in May.
- The percentage of NHS 111 calls managed by the CAS clinicians has remained roughly the same at 1.51% (7,325) for the four-month period December 2016 - March 2017).
- Signposting to A&E was relatively low at 19.3% and calls leading to an ambulance dispatch were very low at 5.3%. This seems to show that calls managed through the CAS result in patients being less likely to be signposted to A&E or an emergency ambulance being dispatched compared to calls managed by a non-clinician. This data requires further analysis to fully assess the benefits of the CAS and this work is ongoing.
- The next phase of the CAS development will see engagement with a range of internal and external stakeholders so that a business case can be developed and be presented to commissioners in quarter one of 2017/18.

### Falls Response

- On 5 December 2016, YAS implemented a trial for a trained non-registered Falls Response Team (FRT) to attend uninjured patients who need assistance from the floor. This also includes the provision of a dedicated Clinical Advisor in EOC to triage and co-ordinate the responses in West Yorkshire and the existing partnerships in Hull and Sheffield.

- The dedicated falls team was implemented as a result of our successful Health Foundation bid and was funded through both WYAZ and Vanguard.
- Patients are identified by clinical advisors in EOC for their suitability for an alternative response. Once on scene, the FRT uses a falls assessment and moves the patient when safe to do so. The FRT then re-contact the clinical advisor to assess the patient further and agree the care plan, including a referral to community falls teams.
- In addition, an emergency care practitioner (ECP) in Sheffield has trialled the use of additional lifting equipment as they often respond to falls single-handed and have to call for back-up to lift the patients.
- The trials received additional West Yorkshire Acceleration Zone (WYAZ) funding in 2016/17 which was used to continue the scheme until the end of April. The scheme is now being evaluated by the AHSN.
- Initial results are encouraging and show that out of 299 referrals only 2.7% were conveyed to A&E.
- The learning from the pilot needs to be further analysed to determine the next steps.

### WYAZ

- The WYAZ scheme outcomes have been reported back to NHS England via highlight reports and Vanguard schemes are in the process of being evaluated with support from the AHSN.
- The WYAZ income funded a number of schemes to support the local system in West Yorkshire and delivered measurable benefits. They include IT licensing and support to implement NHS 111 home working, GP support in NHS 111, urgent care support in EOC, hospital discharge pilot.

### Mental Health Nurses

- We have re-established the Mental Health Improvement Group to support our staff in mental health.

### Care Home Support

- The most frequent cause of ambulance calls to care homes are end-of-life care, falls, hydration and blocked catheters (in residential homes). In order to reduce the number of calls, a series of targeted interventions are being undertaken with care homes. Our Lead Nurse for Urgent and Planned Care is working closely with NHS England and leading a piece of work identifying what support is required for care homes.

### Prisons

- Emergency responses within secure environments are currently guided by a complexity of protocols encompassing Prison Service Instructions, national guidance and multi-agency local agreements. We are taking part in the ERIC (Emergency Response in Custody) project, a multi-agency collaboration to review emergency response data for prisons in the North of England and consider how to target training and review emergency

response processes and procedures to introduce improved and standardised practices within regional protocols.

### Q-Volunteering

- In November 2016 the Department of Culture, Media and Sport asked ambulance services to bid for funding to support the development of volunteering in the health sector.
- The successful bid was to set up a project in conjunction with the British Red Cross to explore the relationship that YAS has with the voluntary sector and to understand how this can support patients in their community with urgent care needs. The project will also examine how we can better co-ordinate and maximise the huge benefits that our volunteer Community First Responders (CFRs) and car drivers bring to the organisation.
- A stakeholder event is planned for 14 June where representatives from across Yorkshire will be invited to meet and discuss the role of the third sector and volunteers for the benefit of our patients.

### **IPR Exceptions**

No exceptions to report.

## **3.4 Clinical Directorate**

### Clinical Development

- Recognition of posterior ST elevation Myocardial Infarction (heart attack) by modification of lead placement for electrocardiograms (ECGs) has been introduced, permitting early diagnosis of this particular type of heart attack which is amenable to treatment with emergency angioplasty (pPCI).
- The Deputy Medical Director presented YAS work at the Yorkshire Sepsis Summit, run by the Royal College of General Practitioners, to integrate 999, NHS111 and primary care in the early recognition of sepsis and encouraging General Practitioners to use the National Early Warning Score (NEWS).
- The Executive Medical Director attended the West Yorkshire and Harrogate STP stroke summit and agreed to develop a pilot of expert clinical support to frontline paramedics by utilising video calling in partnership with Bradford Teaching Hospitals.
- The results from 228 data downloads following resuscitation from out of hospital cardiac arrest have demonstrated delivery of high quality care through improved compliance with the rate of chest compressions delivered and continued extremely high quality cardiopulmonary resuscitation delivery with compression ratios consistently above 80%.
- The Associate Director for Paramedic Practice has delivered a three-day intensive 'train the trainer' session to the region's Fire and Rescue Services tutors to further strengthen our governance arrangements with emergency services partners.

## Research

- YAS has achieved its 2016/17 target of 1,200 recruits to NIHR studies, which has resulted in an additional £18,000 of research funding being awarded from the regional research network.
- York Hospital is the latest acute trust to receive research participants into the RIGHT-2 study. Three patients in the York area have already been recruited into the study by YAS clinicians, taking the total number of YAS recruits in this study to 64.
- The Yorkshire Health Study is now open to YAS staff and their families. The study will review the health of thousands of people living in Yorkshire in order to provide up-to-date information on their health status and health needs. The information is helping not only researchers but the NHS and local councils make better decisions about healthcare for people in Yorkshire.

## Clinical Leadership and Education

- The new Clinical Supervisor rotas have been implemented and a standardised system to record supervisory activities has been developed.
- The in-house clinical Continuing Professional Development (CPD) plan has been developed and the first session, hosted at Catterick Garrison, was well attended with clinicians coming from all areas of Yorkshire. In addition, the venue offered the opportunity for networking with military clinicians.
- The clinical refresher for frontline operational clinicians has been updated in conjunction with the Education Department and will be delivered as part of the rolling programme of stand down days.

## **IPR Exceptions**

No exceptions to report.

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

- Following the Quality Summit with our key stakeholders, the action plan arising from the CQC inspection conducted in September-October 2016 has now been published on the Trust website. Progress in delivering the plan will be monitored by the Quality Team, with regular reports to the Trust Management Group and Quality Committee.
- Six nurses have now commenced their work in the Trust as part of the pilot Internship programme. They have started with a placement in the NHS 111 service, with a view to rotating to other service areas over the next 2 years. The Trust has also facilitated a national workshop on the development of nursing roles and a professional career framework in the ambulance service.
- The Quality Team is contributing to a new North of England Independent Care Sector Programme Board, chaired by the Regional Nurse Director of NHS England. The Board includes NHSE, NHS Provider Trust, Local Authority, CCG and Care Home representatives and is focused on how we can collectively support care homes to deliver patient care within the home environment.

- The Trust is currently looking at examples of good practice in systematically supporting quality improvement, underpinned by patient and staff engagement. This has included participation in a Virginia Mason Certified Leaders training at Mid-Yorkshire Hospitals NHS Trust and a visit to East London Hospitals Foundation Trust. The latter is rated 'outstanding' by CQC and has championed the use over several years of the Model for Improvement approach, with support from the US Institute for Health Improvement. The intention is that learning from these activities will inform the development of a Trust framework for quality improvement which aligns to our wider transformation and organisational development plans during 2017/18.
- The Executive Director of Quality, Governance and Performance Assurance has begun a process of extending Trust engagement with the Local Workforce Advisory Boards, which are aligned to the STP geographical areas. Early discussions are highlighting opportunities to explore greater partnership working on professional workforce issues across the NHS aligned to the Emergency and Urgent Care agenda.

## **IPR Exceptions**

### **3.6 Workforce & Organisational Development**

#### Workforce and OD Team Update

- The Senior HR and Learning & Educations teams have completed their review of the work of the Directorate and have designed new structures in order to take this work forward. The structure is hoped to be presented for approval at the Trust Executive Group at the beginning of June 2017.
- The HR structure is being finalised prior to consultation with staff and Staff-side commencing. The structure introduces a true business partner approach, in addition to ensuring that technology and robust governance is at the heart of everything we do. The aim of the structure is to ensure that staff and managers are truly supported, particularly during transformation of services and in health and wellbeing. The health and wellbeing team has been redesigned in order that the initiatives and health and wellbeing agenda can be delivered with credibility by staff who have a real understanding of the pressures of frontline staff.
- The transformational restructure of Education and Learning is in its final stages of formation and consultation with staff will commence when the structure has been approved. The restructure proposes the transformation of the Leadership and Learning Team into a Leadership and OD Team with a LDBP (Learning and Development Business Partner) model to support learning and development – including leadership and organisational development. The restructure also includes launching a YAS Academy (as a transformational reconfiguration of the Education and Standards department) to ensure effective governance, a proactive and systematic approach to training needs analysis, a structured involvement of the organisation in governing the educational portfolios, stronger quality assurance processes and more effective utilisation of resources. Thus, the restructure aims to truly add value to the organisation and ensure commitment to lifelong learning for all.

## National Issues

- Holiday Pay – This issue stems from the 2014 Employment Tribunal between Bear Scotland v Fulton the outcome of which 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 is working nationally on this issue and all ten ambulance trusts are receiving the same legal advice. A paper has been submitted to the Trust Executive Group and to the Remuneration and Terms of Service Committee in order to make some local decisions and confirm an implementation plan.
- Paramedic rebanding Band 5 to Band 6 – This national agreement, which was jointly decided by NHS Employers, the Department of Health, ambulance unions, the Association of Ambulance 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. Significant work is required in order to ensure that our workforce meet the requirements including writing to each paramedic to inform them of the contractual change. A job description review with a job evaluation process is currently taking place, with the costs being established. A Band 5 role will remain for newly-qualified paramedics and hence an education programme is to be developed; a framework is being developed nationally.

## Staff Engagement

- Quality Health Ltd has been procured to provide our Staff Friends and Family Test for 2017/18, with the first tranche of surveys to be released week commencing 22 May 2017. The 2017-18 surveys will include the additional questions required to enable our overall staff engagement score to be reported quarterly, rather than the current annual position.
- A corporate-level action plan, in response to the 2016 National Staff Survey results, is being prepared for the Board. This action plan will identify three of the survey's key finding areas for focus during 2017-18. The focus for 2017-18 will be: health and wellbeing, errors and incidents, and management behaviours.
- The initial phase of the Trust-wide values engagement project achieved its first key milestone in late April 2017 following 10 weeks of visits, meetings and colleague roadshows. The objective was to 'engage with a minimum of 10% of the workforce to quantify what the descriptions of the new YAS values should be and ensure they are supported across the organisation'. As a result, a total of 720 YAS colleagues were engaged in the process equating to 14.4% of the YAS population. 468 feedback surveys were completed (9.4%) and 285 colleagues (61%) also gave feedback in relation to implementation suggestions. The next phase is to complete the analysis of the data gathered, present and propose any suggested word changes to the Values descriptions before sending out an 'all staff' electronic survey to validate these changes.

## Education and Learning

- The comprehensive review of statutory and mandatory training requirements has now delivered (with TEG approval) an increase in training time for A&E Operational staff. This staff group will see an increase from one to two days of statutory and mandatory training attendance as part of a three-year training cycle. Material is currently being designed for roll-out in June 2017. This increase in training provision will strengthen the Trust's compliance in the areas of Conflict Resolution, Safeguarding and Resuscitation. The next phase of the review will focus on statutory and mandatory training requirements for non-operational and contact centre staff.
- The Trust's Performance Indicator Scorecard data shows PDR compliance has maintained compliance at around 80% 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 4.2 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 also be reviewed in line with the renewed Trust values (underway) to ensure a more cohesive approach.
- The new Apprenticeship Levy and the Trust's digital account are now fully operational. Our apprenticeship training using the new system has commenced and work is now underway to produce a three-year apprenticeship forecast. This forecast will cover both the financial aspect of the Levy and performance against the public sector target of 2.3% of our workforce being signed up on to an apprenticeship standard. An application has been submitted to be an approved Apprenticeship Training Provider with the Education Skills Funding Agency. Being successful in this application will enable the Trust to recover some of the Levy cost; the outcome on this application should be known shortly.

## 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.
- The Trust's Diversity and Inclusion Strategy entitled, Embracing Diversity – Promoting Inclusivity has been completed and is due to be presented to TMG and the next Trust Board.
- The 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 Diversity and Inclusion Steering Group continues to meet; the last meeting focused on the effective implementation and communication of the strategy.
- The Trust has been selected for the NHS Employers, Diversity and Inclusion Partners Programme for 2017-18.

## Recruitment

- Recruitment activity across the Trust remains high, particularly for frontline roles. There are 21 paramedics progressing through employment checks, three of which are overseas. 43 student paramedics have been invited to interview and there are a further 14 paramedics invited to interview. There are 25 ECA candidates proceeding through employment checks and 68 invited to the next



selection event in May 2017. We currently have eight permanent and four secondment HEMS aircrew paramedics in progression. There are also 37 EOC candidates in progression as well as 26 candidates for NHS 111 and 27 for PTS. Corporate recruitment remains fairly high with 41 candidates in progression.

- We also have 17 Volunteer Car Service drivers in progression and 63 Community First Responders.
- The recruitment policy has been reviewed and is now with the Policy Progression Group for final agreement. The new policy reduces administration in respect of internal recruitment with the aim of reducing the time to hire.
- The temporary workers guidance has been reviewed and will be sent as a final draft by the end of May 2017. This includes guidance for how the Trust manages agency workers and contractors across the Trust. It will also include no purchase order, no payment for agencies.
- The team has been working with managers in order to reduce the number of agency workers across the Trust and this has been successful to date. The forecast, at the end of July 2017, shows an overall reduction of 75% from the original position in January 2017.

#### Employee Wellbeing and CQUIN Activity

- The sickness absence rate for April 2017 is 5.24%, a decrease from 5.59% in March. However, it is an increase on the comparable month of April last year. The main reasons for sickness absence continue to be mental health / anxiety at 30.2% and musculoskeletal (combined with back problems) 24.7%.
- The Health and Wellbeing Team and 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. In addition, papers were submitted to TEG on 15 May 2017 in relation to the Health and Wellbeing CQUIN 2017/19. The Trust has evidenced its commitment to the Health and Wellbeing Agenda by supporting a number of activities most notably the following:
  - Mental health/diffusion training pilot for East Yorkshire A&E
  - Roll-out of Physical Competency Assessment for applicants to frontline roles
  - MSK/back care workshops in EOC, 111 and PTS Comms
  - Health checks for staff
  - Global Challenge for 140 staff (20 teams of seven).

#### Occupational Health: PAM

- The Trust is currently exploring means by which the overall contract spend can be reduced in 2017-18. The Health and Wellbeing Team is working in partnership with the Finance Team in robustly monitoring the performance of PAM against the contract. Current performance against KPIs for Occupational Health and access to psychological services are within target, however performance against the KPI for access to physiotherapy appointments (lead time of 0-5 days) is well outside the target, currently being 40% of appointments within 0-5 days instead of 95%.

- The PAM contract is due to end 30 September 2018 and the Health and Wellbeing Team is actively looking at alternative options to deliver the Occupational Health service to staff.

### Employee Relations

- The HR Team has a high level of employee relations cases with a significant amount of absence cases being managed.
- The NHS 111 York closure consultation has ended and is due to close on 31 May 2017. The ongoing consultation in Fleet continues to challenge the HRBP resources.
- Partnership working on policies and management guidelines continues. Seven policies were reviewed at the last Policy Group meeting on 4 May 2017. The Attendance Management Policy and Guidance, Annual Leave Policy, Professional Registration and Membership Policy, Relocation Expenses Policy, Disciplinary Policy, guidance, standard templates and flowchart was also approved. The Alcohol and Substance Misuse Policy was discussed and will be deliberated further at the June meeting. The approved policies were referred to JSG for ratification, on 22 June 2017.

### **IPR Exceptions**

No exceptions to report.

## **3.7 Finance and Performance Directorate**

### Finance and Contracting Update

- The Finance Team continues to focus on the 2017/18 – 2018/19 financial plans, including working through the detail of departmental budgets and CIP plans to support delivery of the Trust’s overall financial plans. This includes the implementation of new financial control processes and procedures as previously reported to Trust Board and “deep dives” into high-risk CIP areas. The month one financial position was consistent with plan.
- The Finance Team has also been focused on the 2016/17 year-end accounts with draft accounts submitted to NHS Improvement and to our external auditors in line with national and local deadlines. The final accounts will be presented to the Audit Committee and then Trust Board on 30 May.
- The Finance Team continues to support the development of the four Sustainability and Transformation Plans (STPs) across our health and social care system. This includes medium-term financial planning through to 2020/21 with STP capital bids submitted in May by the Trust for a Doncaster Hub, a Bradford Hub and additional vehicles to support reconfigurations of urgent and emergency care services. The development of a medium-term financial strategy for the Trust will continue to be an area of priority during the next financial year.
- The Finance Team has continued to support business development opportunities including the PTS bids, the Vanguard programme and West Yorkshire Acceleration Zone. The team is also supporting NHS 111/WYUC with regards to the 2018/19 contract and future plans for the service.

- Work is continuing on costing, including supporting the system-wide Return on Investment model developed by Capita as part of the Vanguard programme. The team also continues to work nationally on ambulance costing standards with NHS Improvement/NHS England.
- The Trust is continuing with the implementation of Patient Level Costing (PLICS) which includes presenting and engaging with a number of stakeholders. This will support the further development and the roll-out of Service Line Reporting (SLR) and be a key enabler of Service Line Management (SLM) (and ownership) as part of the Trust's Performance Framework.
- The Trust's Standing Financial Instructions (SFIs) have been developed and reviewed to support improved alignment of accountability and delegation. Following Trust Board approval plans are being developed to support budget delegation and accountability linked to revised structures in service areas including A&E and PTS once these have been recruited into.
- The Finance Team continues to work on improving its financial services' processes and controls, including the development of Purchase-to-Pay (P2P). The first phase has been implemented in pilot areas of the Trust. The 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.

### Procurement & Logistics

- The department has a clear work plan for 2017/18 and is working closely with other YAS departments in order to progress these procurements as quickly as possible.
- The team is on track with delivery of large projects started in 2016/17, such as the Ambulance Vehicle Preparation (AVP) Framework.
- The indicative figures for 2016/17 are that the Procurement & Logistics department has delivered or identified £2.9m of savings across the life of the contracts placed in-year.
- The Associate Director continues to play a key part in Northern Ambulance Alliance (NAA) initiatives and is currently working on producing a common specification for Double Crewed Ambulance for the three NAA Trusts.

### Fleet Function

- Commissioning of the 109 new Fiat van conversions is nearing completion and the feedback from operational crews has been very good.
- The replacement of the 106 Mercedes Van Conversion Tail Lifts (additional to 10 which were completed last financial year) has been factored into the 2017/18 capital plan and this proposal will go to Trust Board in July 2017.
- The restructuring of the Fleet Services Team is nearing completion and the new Head of Fleet Services, Richard Moyes, commences in post on 30 May.
- Work is progressing with Northern Ambulance Alliance counterparts. A joint specification for a new Fleet Management System, which will be procured in 2017-18, has been agreed.
- Work is about to commence on proposals to commission new DCA vehicles in line with the 2017-18 capital plan, and proposals will go to Trust Board in July.

- CIP plans continue to be developed across the Fleet, Estates and Facilities Directorate.

### Estate and Hub & Spoke Programme Office

- Ambulance station refurbishments have been completed in Huddersfield, Bramley, Barnsley and Castleford and plans are underway to undertake further ambulance station refurbishments in 2017-18.
- The sale of the former Bramham Ambulance Station will potentially complete in June 2017.
- The Trust will exit Monkgate Health Centre in York in June 2017.
- The Trust has commissioned condition surveys on its estate, and these should be complete in July 2017.
- Discussions continue with North Yorkshire Police and North Yorkshire Fire and Rescue Service around potential co-location opportunities at Malton and Ripon.
- A shortlist of potential sites for the Doncaster Hub has been identified and negotiations continue with agents. The business case continues to be reviewed. On approval a capital funding application proposal (to enable the use of historic cash surpluses) will go to NHS Improvement to support this proposal.
- Capital bids have also been submitted to South and West Yorkshire STPs for funding to support Doncaster and Bradford Hub projects.
- The value for money evaluation of the Make Ready system at Manor Mill, Leeds and Vehicle Preparation System at Wakefield Ambulance Station continues to be reviewed.
- Two projects have been approved and will commence shortly to:
  - Introduce improvements to Medicines Management in the Hull locality by trialling a pre-packed system;
  - Improvements to reporting of downtime associated with crews using CAD.

### ICT

- ePR (electronic Patient Record) – The specification and storyboard have been completed and signed-off. The authorisation to proceed has been received from YAS TEG and NWAS EMT. Development of part of the application has commenced with a demonstration version in week commencing 06/03/17. Drafting the business case is in progress.
- CAD Hardware Refresh – All of the CAD servers have been upgraded in Wakefield and the DR site in York to provide the Trust with high capacity, performance hardware for the next five years.
- Back-up Telephony Switch – Work is progressing to provide the Trust with the back-up telephony switch replacing the legacy telephony system and provide resilience to EOC and NHS 111 with a view to be completed by quarter one 2017/18.
- Voice Recorder Moves and Changes – ICT is working on enhancing existing voice recording by adding a back-up voice recording as well as resilience within the system.
- GP In-Hours Direct Booking (pilot) – complete pilot evaluation, scheduled to finish 31/03/17 for 21 GP practices. GP In-Hours Direct Booking (Live) – prepare for continuation of technical enablement beyond 31 March; design plan, and secure funding.

- Improved usage of Summary Care Record and System One – this has been pushed out to 20 ECP/UCPs using Toughbooks. System One is now available to clinical positions in EOC.
- MIG (Medical Interoperability Gateway) - This has been implemented for Barnsley area and will be followed by Leeds area.
- YAS Hospital Dashboard - ICT has developed a YAS interface for the hospitals to receive data from YAS so that they can incorporate it into their hospital dashboards. This development has been shared with Barnsley and Rotherham hospitals as a pilot. The data will be real-time feed.

#### Business Intelligence

- Supporting implementation of the new A&E rosters and acute service reconfiguration modelling.
- New Ambulance Quality Indicators (AQIs) are being assessed with some results due in June.
- PTS and clinical reporting portal now live with access reports via Pulse (intranet)/performance.
- Workforce ESR reports being reviewed to streamline and improve information provided.
- New contract reports have been set up for 2017/18 including a new look Integrated Performance Report.

In month one, the Trust achieved financial plan as set out in detail in the IPR.

#### **IPR Exceptions**

No exceptions to report.

### **3.8 Planning and Business Development Directorate**

#### Bid Support & Management

- Since the last report, the Planning and Development Team has continued to work with PTS to progress responses to tenders, most recently in Vale of York and Scarborough and for further elements of service in South Yorkshire. In addition to hands-on support, the team is focused on helping the organisation to learn lessons from previous bids, to be proactive in retaining contracts and better prepare for future tenders.

#### Stakeholder Engagement

- The Planning and Development Team has continued to lead on building effective collaborative relationships with stakeholders. Since the last report, South Yorkshire Sustainability and Transformation partnership has invited YAS to participate as part of the newly emerging accountable care system and we will be working through the details of this in the next few months.
- As STPs become established and move towards delivery, the team has also spent time over the last few weeks supporting commissioners to understand the implications of service reconfigurations for patient flows and for YAS. Our

focus has been to ensure that we maintain standards of safety, quality and responsiveness and support partners to deliver the best possible care for patients.

- In addition to supporting service changes, the team is working with A&E Delivery Boards to describe and implement YAS's contribution to the national Urgent and Emergency Care Delivery Plan which sets out requirements for improvement in urgent and emergency care. YAS will, of course, play a key role in these plans particularly in relation to the support and resilience that we can offer to the wider health system in terms of remote clinical advice and response. With this in mind we have been promoting the role of NHS 111 and Urgent Care Practitioners in supporting patients to remain at home without needing admission to hospital.

### Organisational Strategy

- The team has co-ordinated a number of workshop and time-out sessions for the Executive Team in the past month to further develop our organisational strategy. More sessions are planned with the objective of re-launching our strategy in the autumn. To date, the Executive Team has considered in detail the environment in which we operate and reviewed options for developing services sustainably, looking at a range of evidence and considering opportunities for partnership working. Time has been set aside to explore the role that YAS has to play in the developing Sustainability and Transformation Partnerships, focusing on our workforce, our response models and the technology that we need to develop further.

### Operating Plan and Business Plans

- Underpinning the evolving strategy, the Directorate has led work across the organisation to develop team-level objectives, milestones and business plans to ensure implementation in the new financial year. The intention is that during the course of the year the team will be able to connect our high level strategic goals at a Board level, through directorate teams and into individual objectives. Towards this, the team has instigated planning meetings with every directorate in order that plans are calibrated "top down" and "bottom up". Supporting this, the team continues to play a role in contract negotiations for key commissioned service developments including Urgent Care Practitioner schemes and the Clinical Advisory Service.

### **IPR Exceptions**

No exceptions to report.

## **4. Recommendation**

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

The Board notes and discusses the variances contained within the April 2017 IPR report, highlighted in the Executive Directors' reports.