



<b>MEETING TITLE</b> Trust Board Meeting in Public		<b>MEETING DATE</b> 28/03/2017	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	4.7
<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 26 January 2017 to 27 March 2017, and the opportunity for TEG to highlight the key variances / movements contained within the February 2017 Integrated Performance Report (IPR).		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Rod Barnes, Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Rod Barnes, Chief Executive
<b>DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):</b>			
Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings.			
<b>PREVIOUSLY AGREED AT</b>	<b>Committee/Group:</b>	<b>Date:</b>	
<b>RECOMMENDATION</b>	The Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period. The Board notes and discusses the variances contained within the February 2017 IPR report, highlighted in the Executive Directors reports.		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Equality and Diversity Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b>	All		
<b>Monitor Quality Governance Framework</b>	All		

## **1. Purpose**

- 1.1 To give the Board assurance on the activity of the Trust Executive Group (TEG) from 26 January 2017 to 27 March 2017, and the opportunity for TEG to highlight the key variances / movements contained within the February 2017 Integrated Performance Report (IPR).

## **2. External Environment**

The Queen gave Royal Assent to the Brexit bill this month following The European Union (Notification of Withdrawal) Bill being passed by MPs and peers. The Trust will continue to monitor the potential impact upon health services including workforce immigration, medicines regulation and access and potential cost increases due to currency fluctuation.

On 8 March Chancellor Philip Hammond released his first budget. The statement contained two significant spending announcements of relevance for the ambulance service. The first related to a further £2bn of funding over the next three years for social care, to ensure councils can take immediate action to fund additional care packages and relieve pressure on NHS services caused by delayed transfers of care. Secondly the Chancellor announced additional capital funding for the NHS in 2017/18 to help manage demand for A&E services and £325m over the next three years to support Sustainability and Transformation Plan (STP) capital investment proposals.

The NHSI Quarter 3 Performance Report for the NHS provider sector for the 3 months ended 31 December 2016 was published in February. The Report identifies that the provider sector experienced one of the toughest winters on record with A&E departments seeing exceptionally high numbers of attendances throughout the period (4.3% growth on 2015/16) with providers having to open an average 2,600 escalation beds per day throughout December. None of the eight ambulance services that submitted complete data achieved any of the three standards national response standards (Red1, Red2 and A19).

NHS Improvement (NHSI) and NHS England (NHSE) has since issued a letter to all NHS Provider Trust Chief Executives, all CCG Accountable Officers, all CCG Clinical Leaders and copied to all Local Authority Chief Executives regarding actions required to improve A&E waiting times. The letter identifies a number of requirements that local health systems should introduce to bring performance back on track including: freeing up hospital bed capacity; comprehensive front-door streaming; more standardisation of Walk-In-Centres; Minor Injury Units and Urgent Care Centres; extending GP evening and weekend appointments; strengthen clinical advice to care homes; implementing the recommendations of the Ambulance Response Programme (ARP) by October 2017 and increasing the number of 111 calls receiving clinical assessment by a third by March 2018. A named Regional Director drawn from NHSI and NHSE will support this implementation work and hold organisations to account through local STP's A&E Delivery Boards.

YAS is one of three ambulance Trusts to have already implemented ARP and the Trust is working with commissioners and other stakeholders to take forward other actions applicable to ambulance and NHS111 services.

The Quarter 3 forecast financial position has deteriorated with a forecast full-year deficit of £973 million, over £300 million worse than the forecast outturn at Quarter 2. NHS Improvement is working with providers to mitigate some of the pressure and/or identify any upside opportunities. Six of the ten ambulance services are forecasting a full year deficit for 2016/17.

In February NHS Improvement launched the Nationally Contracted Products Programme (NCP), which aggregates national demand in order to purchase products on behalf of the whole of the NHS to deliver savings. NCP, through NHS Supply Chain, is focused on reducing product and price variation. Underpinning the Operational Productivity Review by Lord Patrick Carter of Coles, this approach aims to reduce spend by collaboration and consolidating purchasing power.

NHS Improvement (NHSI) has also published the latest Single Oversight Framework provider segmentation this month. The Framework assesses NHS providers across five themes: quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability.

Each organisation has then been placed in one of four segments:

- 1 **Providers with maximum autonomy** – no potential support needs identified across our five themes
- 2 **Providers offered targeted support** – potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts)
- 3 **Providers receiving mandated support for significant concerns** – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
- 4 **Special measures** – the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

YAS continues to be assessed as category 2 alongside Northern Alliance partners North East and North West Ambulance Services. Two of the ten ambulance trusts in England are receiving mandated support (East Midlands and East of England) and two are currently in special measures (London and South East Coast).

NHS England has published new guidelines to strengthen the management of conflicts of interest. The guidance permits staff to receive small tokens of gratitude from patients but will require them to decline anything that could be seen to affect their professional judgement.

Gifts with a value of over £50, accepted on behalf of organisations, will need to be declared. All members of staff – clinical or non-clinical – will be required to declare outside employment and the details of where and when this takes place. The new guidelines come into effect on 1 June 2017.

The three Leeds Clinical Commissioning Groups (CCGs), NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG, have outlined significant proposals under the ‘One Voice’ banner exploring a single approach for commissioning health and care services in Leeds. The aim is to streamline the way they work, find ways to share some functions and make commissioning simpler for health and care providers. Subject to NHS England and governing body approval, the CCGs will adopt shared leadership and governance arrangements, with a single Accountable Officer and bringing together a single executive leadership team and joint CCG Committee with representatives from the three CCGs. The three CCG boards and governing bodies will still continue to have statutory accountability and be governed by their respective constitutions.

In February the Association of Ambulance Chief Executives (AACE) held the Ambulance Leadership Forum 2017. Members of the YAS senior leadership team accompanied by BME Staff Network members Sharon Witton and Basharat Rafiq joined over 200 delegates in Warwickshire to hear speakers including Helen Bevan talking about disruptive change, Nigel Edwards (CEO of Nuffield Trust) discussing STPs and Robert White (National Audit Office) presenting the findings from the NAO report into ambulance services. The conference also incorporated the Association of Ambulance Chief Executives (AACE) Outstanding Service Awards at a Gala Dinner and we are proud that YAS Paramedic Jon Richards received the of the Paramedic Award for his exceptional care of cardiac arrest patients.

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

#### **3.1 Chief Executive**

The Trust has started to see an improvement in A&E response times for our highest category patients as winter system pressures start to ease, coupled with continuing improved delivery against PTS collection and drop off time standards and the proportion of call answered within 60 seconds in NHS111.

Delivery against the planned financial outturn has deteriorated in quarter 4 as the Trust has been impacted by continued A&E activity above plan, additional costs to support hospital and service reconfigurations, slippage in the delivery of efficiency savings and a number of unplanned national cost pressures.

The service level reports which follow demonstrate the huge amount of work being undertaken across the Trust to support delivery of the national Urgent and Emergency Care Strategy and internal and sector transformation initiatives.

In finalising operational and transformational plans for 2017/18 and beyond we must recognise the more limited financial reserves available to the Trust and wider health economy.

Significant focus will therefore be given to those areas which support national and regional priorities for urgent and emergency care and improved patient outcomes, whilst supporting improved financial and organisational sustainability.

The Care Quality Commission (CQC) formally published YAS' inspection report on Wednesday 1 February, rating the Trust as Good in each of the four inspected domains safe, effective, responsive and well led, giving an overall rating of Good. We received extensive positive media coverage (including *BBC Look North* and *ITV Calendar*) on the speed at which improvements have been made. The report is available on the CQC's website:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF8656.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF8656.pdf)

The inspection findings will be discussed with stakeholders at a Quality Summit meeting planned for the 24 April.

The 2016 NHS Staff Survey was published on 7 March with results showing an overall progression from 2015. It is particularly pleasing to see the improvement in YAS' staff engagement scores, putting them at their highest level for five years and improvements in staff views on the quality of YAS' services. The full YAS report is available at:

[http://www.nhsstaffsurveys.com/Caches/Files/NHS\\_staff\\_survey\\_2016\\_RX8\\_full.pdf](http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RX8_full.pdf)

YAS submitted tenders for Patient Transport Service (PTS) contracts for South Yorkshire and East Riding of Yorkshire. The PTS Team, supported by colleagues from a number of other functions, have worked extremely hard to put forward competitive submissions and the Trust is expecting to hear the outcome of the tender for South Yorkshire on 21 March and for East Riding of Yorkshire on 31 March.

The Trust is continuing to take forward collaboration opportunities with local emergency services. In February members of the YAS senior leadership team and I met with Fire Chiefs from the four Yorkshire services to discuss current first responder schemes and future region wide future collaboration priorities. We are developing a joint concordat statement which will be issued in coming weeks. In addition the West Yorkshire Tri-Service Collaboration Board met on 24 February. Areas discussed included potential collaboration for training and occupational health services.

The member Trusts of the Northern Ambulance Alliance (NAA), YAS, NWS and NEAS are continuing to develop collaboration plans for 2017/18. The three Trust leadership teams held a half day workshop at Springhill in February which involved executive and senior leadership team members from across all functional areas. The event gave an opportunity for teams to meet across their usual portfolio boundaries and discuss priorities for collaboration. Following the event a priorities work programme for 2017/18 was developed and discussed at the NAA Board Meeting on 14 March.

NAA CEOs are also supporting the work of NHSI's Ambulance Sustainability Review.

The aim of the review is to support sector improvements in operational and financial performance, workforce development and organisational development. The review is closely aligned to the National Audit Office (NAO) review of ambulance services published in January 2017 and the NHS England Urgent and Emergency Care Team. It is led by Miles Scott NHSI Improvement Director and will report in late 2017.

The NAO report into NHS Ambulance Services is due to be discussed by the Public Accounts Committee at the end of March and I will be attending the session as the representative of AACE.

The Associate of Ambulance Chief Executives met in February to review the emerging thinking from the National Ambulance Medical Directors and Directors of Operations Group on potential changes to performance and quality measures aligned to the Ambulance Response Programme. Proposals are being discussed with the Department of Health and NHS England and seek to increase the emphasis on patient outcomes and ensuring standard interpretation across the sector.

Restart a Heart 2017 was officially launched on 14 February, where YAS will be providing free cardiopulmonary resuscitation (CPR) training to pupils at secondary schools across Yorkshire. Schools have until 7 April to register for the event.

The Trust held its seventh Paramedic Best Practice Day at Wetherby Racecourse. The event was attended by over 200 staff who heard from speakers including Suzanne Rastrick Chief Allied Health Professions (AHP) Officer at NHS England about the future strategy for AHP's (which includes paramedics) in supporting care closer to home, Julie Barker from Sheffield Childrens Hospital Paediatric Burns Unit and Dr Steve Oxberry Consultant in Palliative Medicine on end of life care.

During February the Trust received a visit from Tracey Myhill, CEO of the Welsh Ambulance Service, to discuss service priorities. Whilst at Springhill she took the opportunity to visit our EOC and NHS111 control centres and discuss current service priorities such as service integration, demand management and PTS.

We were also pleased to welcome Tracy Brabin MP to Springhill to discuss current service pressures and actions being taken to improve diversity within the service. Ms Brabin won the Batley and Spen seat following the tragic death of Jo Cox MP last year.

Finally, in February Mick Ferguson celebrated 50 years of service with YAS and our predecessor organisations. Mick joined the ambulance service on 20 February 1967 as an ambulance driver based at Castleford station and rose through the ranks to become Divisional Officer for the Kirklees area. Mick (currently Events Manager for the YAS Private and Events Team), accompanied by his wife Anne and a number of former and current colleagues, attended an informal lunch gathering at YAS HQ to mark the occasion.

## 3.2 Operations Directorate

- Patient demand continues to be in excess of predicted levels with several areas across YAS still seeing unprecedented calls on its service which puts pressure on our Operational resources. Work continues with our partners in Acute Trusts to minimise the impact of patient handover and total turn around.
- All new working rosters will be in place by week commencing 3 April. Many stations made the decision to go early with the new working patterns and it is hoped staff start seeing improvements to their work/life balance along with the benefits patients will see with improved capacity planning.
- Operational managers have made every effort to ensure that as many staff as possible have been consulted and involved in the final rota decisions.
- New working arrangements have also been agreed for Relief staff to increase the amount of available weekend staff and allow planned days off.
- Currently the amount of resource being put out is impacting on our DCA fleet. Fleet colleagues are thanked for working hard to minimise VOR rates and increase DCA availability.
- Overtime rates continue to fall across all CBUs as new staff join the organisation.
- The remaining operational vacancies are being filled and numerous paramedics and ECAs have joined the Trust in late February and early March.

### Re-structure

- Conditional offers have been made to the successful candidates for the Regional General Manager and Divisional Commander West positions.
- 2<sup>nd</sup> interviews will take place shortly for the Head of Service, Central Delivery post.
- Assessment Centres are underway for the 5 x Group Station Manager positions, with a mix of internal and external candidates.
- Assessment Centres for staff within the new Capacity Planning and Scheduling Department will be completed by the end of March.
- All HR Transactional work in relation to the re-structure and posts appointed to has been completed.
- Vacant Locality Manager positions have now been advertised.

### Capacity Planning and Scheduling Department

- Work continues at pace with The Forum on the development of capacity planning, forecasting and scheduling models, processes and systems. Key staff who will form part of the core of this new department are closely involved with this work.
- Review of the Training Needs Analysis report / decision on next steps are expected by the end of March.

### A&E Transformation Programme

- Recruitment and training for clinical staff continues and this work will transfer into business as usual from the beginning of the new financial year.
- Workforce Plan 17/18 including recruitment and training has been submitted to TEG for approval.

- Discussions continue with Universities of Sheffield Hallam and Tees regarding existing student recruitment.
- All rotas are agreed with a range of start dates from mid-February to 3 April 2017.
- Programme Phase 2 plans are outlined with full paper to be agreed by the end of March.
- Newsletter updating staff on all aspects of the programme are expected by the end of March (awaiting final amendments).

### Workforce Update

As of 28 February 2017:-

- Position at end of January for front line staff (excluding Clinical Supervisors) is 2154 fte against a plan of 2163 fte, 9 fte off the plan;
- 495 new starters have been recruited into the service since September 2015 against a plan of 438 fte (332 clinical support, 163 clinical);
- 239 fte have attended conversion courses against a plan of 205 fte (120 clinical support, 119 clinical);
- Attrition is tracking under plan (Actual: 234 fte, Plan: 265 fte);
- Overall workforce numbers in the service have increased by 221 fte in 18 months;
- Mitigation plans have been put in place with the recruitment and training teams to manage the variance/get the overall programme and skill mix back on track.

### **IPR Exceptions**

No exceptions reported.

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

### Patient Transport Service

#### 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 86.1%.
- KPI 3 (outward) patients being collected within 90 minutes after their appointment. At the end of February 2017, PTS was 1% below a target of 91.7%. However this is continuing to improve month on month and continues to be an overall improvement on YTD performance.
- All PTS calls answered within 3 minutes continues to improve. At the end of February 2017 PTS achieved 90.9% a 3% increase on last quarter.

### General Service Update

- There has been a slight increase in long term sickness. At the end of February 2017 long term sickness stood at 4.56%. The top absence reason was musculoskeletal problems closely followed by anxiety, stress and depression. This is being closely monitored within individual localities.



- Short term sickness stands at 2.52%. Overall sickness at the end of February 2017 stood at 7.08%
- Renal performance continues to improve. A renal patient survey has been circulated to every unit and this is being monitored on a monthly basis. Feedback is very positive and we are continuing to receive compliments within our 4C's. Our Renal Engagement Lead provides a monthly report which is circulated to the renal sisters including a summary of the monthly visits. The renal sisters are also invited to comment on the outcomes.

### PTS Service Programme Update

- Our Project Manager is in place and focussing on ensuring that checks and measures are all in place and reflective of our Programme position; also taking forward the Telematics/fleet work stream as a project. PTS Bid demands have delayed recruiting a new Programme Manager to support ongoing implementation of the PTS Transformation Programme.
- Auto-planning is continuing to be run for West inwards morning journeys; Scarborough is also being trialled and with good results. The Resource Team is piloting reducing the running of the plan to once daily, which should result in increased capacity to bring North logs into their team. In December a management Autoplanning workshop took place where it was agreed that "dynamic planning" or on-day allocation across all areas should be the way forward; but only when the correct resource was in place to lead this key business change.
- A resourcing and capacity model is in place from Business Intelligence to provide robust information of expected demand and staff and vehicle requirements, to drive effective resourcing.
- The work stream for alternative providers including taxis, community and ambulance providers together with our Volunteer Car Service has increased within the new PTS subcontractor framework; and is now successfully completed.
- A new PTS management structure has been developed, in line with the new service delivery and workforce models. The consultation will close on 18 March, and implementation and "assessment" will commence immediately; with milestone to close end of May 2017.

### PTS Contracts

- A financial agreement has been reached for ERoY CCG's 3 month extension April-June 2017.
- NHS Vale of York CCG and Scarborough and Ryedale CCG are undertaking and have publicised their intention to undertake a procurement exercise for their elements of the recently agreed North Consortia contract. Recently a two year extension for the North Consortia was signed and commences from April 2017 so how both CCGs intend to exit this agreement and the repercussions on the other North Consortia members, HRW CCG and Harrogate CCG are unclear. The PTS team is working proactively to engage with the commissioners and prepare internally for any procurements.
- Hull - YAS remains committed to supporting those staff who will TUPE across to the new provider, Thames Ambulance Service. Project to demobilise is well established.

- YAS' communications with the CCG and new provider are pro-active. The MD of PTS foresees likelihood of risk of negative publicity as there is no communications/engagement plan forthcoming from the CCG or Thames.
- Both East Riding and South Yorkshire procurement exercises have completed and the commissioners are currently evaluating the YAS submissions. Results are expected to be announced in late March.

## NHS 111

### Call volumes and performance:-

- At the end of February, call volumes are above the business plan forecast at 1,439,642 calls answered for NHS 111 which is marginally above the contract ceiling by 0.8%.
- This is still running at approximately 5.3% growth year-on-year and when normalised for the 'Easter factor' there is a 6.9% underlying growth each year in the service.
- Year-to-date performance for calls answer is 93.2% at end of February 2017 with YAS NHS 111 continuing to performance favourably against the national average, exceeding this in each week over February.

Provider	W/e 5 <sup>th</sup> Feb 2017	W/e 12 <sup>th</sup> Feb 2017	W/e 19 <sup>th</sup> Feb 2017	W/e 26 <sup>th</sup> Feb 2017
YAS NHS111	92.8%	96.2%	93.1%	96.2%
NHS 111 England Average (incl YAS NHS111)	85.7%	92.4%	87.4%	91.6%

- Clinical KPIs remain challenging within the service with performance for call back in two hours and warm transfers below the position in February 2016.
- NHS England have set a national target outside of contract to ensure 30% of NHS 111 calls receive clinical advice. An action plan has been developed to try and achieve this.
- During January and February, YAS NHS 111, supported by the Lead NHS 111 Commissioner, have held several conference calls with regards to the national target of 30% of NHS 111 calls receiving contact with a clinical advisor. Based on the new definition, YAS NHS 111 are currently at a 24.2% level with a trajectory rising up to 28% by the end of March. Following clarification though, the measure cannot include the senior clinical floor walker intervention for cases where clinicians give support do not actively assess and speak to the patient – an important part of the clinical service model and recognised by the CQC in their inspection.
- The 30% requirement is linked to reducing levels of ED/999 referral outcomes within NHS 111. Locally, YAS NHS 111 is amongst the lowest providers for the combined ratio of referrals to these services, therefore demonstrating a greater proportion of patients are managed to less acute outcomes.

## Clinical Recruitment for NHS 111/Clinical Advisory Service

- The focus on clinical recruitment has continued, work is on-going in relation to remote/home working; additional specialists for the clinical advisory service and an increase in senior clinical floor walkers. Unfortunately both the increasing numbers of specialist workers and senior clinical floor walkers' results in a minimal increase in additional hours as these are secondary assignments.
- Since 9 January, four clinicians have completed the NHS Pathways training. During February another eight clinicians have been trained and another nine clinicians are booked in for training in March. A further two training courses are planned for May and this will include six nurses who are part of the YAS Nurse Internship programme.
- Following on from the 'challenge' workshop in January 2017 held with staff from across the service, an action plan has been developed. The NHS 111/CAS team will work on this action plan with the Head of Recruitment. As clinical recruitment is a Trust wide issue, the Executive Director of Quality Governance & Performance Assurance is sponsoring a project group so that actions can be taken forward.

## Restructure and Call Centre Review

- The formal consultations for the NHS 111 restructure and call centre review have now closed. Staff have received three months formal notification. The majority of staff have agreed to relocate to Wakefield or York EOC.

## NHS England NHS 111 pilots

- YAS has applied and been selected to take part in three projects with the support of NHS England in relation to workforce developments as noted below:-
  - Early Adopter: YAS is a pilot site and has had a meeting with Health Education England and progress has been made with the development of interim audit posts.
  - Workforce Investment Project Supervision and Leadership: Five wte Team Leaders have been appointed to assist with capacity.
- This supports the development of the service with focus around the staff.

## West Yorkshire Urgent Care Accelerator Zone/Vanguard

- As part of the Vanguard the NHS 111 team have been involved in several projects as noted below:-
  - In-hours GP Booking: Go live – 15 practices live, nine more coming on stream, seven bookings made so far;
  - NHS 111 Online: Supporting NHS Digital with design and testing; a trial went live in early March in selected parts of West Yorkshire;
  - Clinical Advisory Service (CAS): Went live on 12 December with access to a wider range of specialist clinicians across 999 / NHS 111. An extra 3.51 wte CAS clinicians are in post with recruitment and training on-going.

The volume of calls currently being supported by the CAS is shown in the table below.

Week Commencing	Mental Health 111	Palliative Care	Pharmacist	Senior Floor Walkers	Mental Health 999	Total Mental Health
12/12/2016	37	19	9	118	271	308
19/12/2016	118	9	22	35	276	394
26/12/2016	172	12	73	184	337	509
02/01/2017	95	14	16	183	211	306
09/01/2017	177	26	8	107	230	407
16/01/2017	246	11	5	135	291	537
23/01/2017	165	9	12	107	299	464
30/01/2017	145	20	2	119	284	429
06/02/2017	125	12		92	289	414
13/02/2017	168	7	21	141	301	469
20/02/2017	126	15	6	166	238	364
27/02/2017	95	3	8	84	275	370
Grand Total	1669	157	182	1471	3302	4971

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 (See Appendix 1)

- 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 in response to our successful Health Foundation bid and was funded through both WYAZ and Vanguard.

The aim of the trial was to:

- To establish a falls service which will reduce the need for A&E resource response;
- To provide a triage service which will identify suitable patients for managing by the Falls service;
- To provide an integrated Falls service with other health and social care communities.
- To provide Falls model which is adaptable to customer requirements. Patients are identified by clinical advisors in EOC for their suitability for an alternative response. Once on scene, the FRT assess using a falls assessment and move the patient when safe to do so. The FRT then re-contact the clinical advisor to assess the patient further, agree the care plan including a referral to community Falls teams.
- For the trial the first crew started in December, with a second going live in January. Also an ECP in Sheffield trailed the use of additional lifting equipment for use as often ECPs respond to falls single handed and have to call for back up to lift the patients.
- Initial results are encouraging and show that out of 219 referrals to the team only 14% were conveyed to A&E.

## West Yorkshire Acceleration Zone (WYAZ)

- The WYAZ scheme outcomes have been reported back to NHS England via highlight reports.
- 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. The details of the investment are shown in the table below.

WYAZ Scheme	Achievements
IT licensing and support to implement 111 home working	Business Case Sign off Technical Solution - New solution licences and hardware purchased Recruitment - 9x positions offered to date. 25 existing staff signed off Policies developed
GP Support in NHS 111	An increase of 10 GP hours per day at weekends until March 31 2017 Initially to support HCP and under-fives – this improved response times to HCP calls (paramedics and nurses) and YAS benefited from a reduction in job cycle time for paramedics (increased productivity)
Urgent Care Support in 999	Additional clinical advice capacity in the 999 Emergency Operations Centre over winter to support paramedics with See & Treat to reduce unnecessary conveyance to hospital.
Hospital Discharge Support	Additional PTS crews in both Calderdale/Huddersfield and Bradford to expedite discharge from hospital
Falls pilot – Funded one of the vehicles in the falls pilot in West Yorkshire	The pilot is currently being evaluated and the headline figures are below: <ul style="list-style-type: none"> <li>• Total pilot incidents = 219</li> <li>• Non- conveyance rate = 86.39%</li> </ul>

## West Yorkshire Urgent Care Independent Review

- Following on from the Easter Serious Incident within the WYUC service, one of the actions was for Commissioners to initiate an Independent Review into the service. Following several meetings, a final report is due out in the next few weeks.

## Integrated Urgent Care

### Mental Health Nurses

- The mental health nurses are now fully embedded in the organisation and we are now looking at how they can support immediately our front line staff with post incident care and debrief either by face to face or telephone. We have also reset up the MH improvement group to support our staff in mental health.

Date	111	999	Grand Total	Number Treated without Transport	% Treated without transport
Apr-16	52	580	<b>632</b>	266	<b>42.1%</b>
May-16	41	731	<b>772</b>	309	<b>40.0%</b>
Jun-16	35	773	<b>808</b>	277	<b>34.3%</b>
Jul-16	41	825	<b>866</b>	274	<b>31.6%</b>
Aug-16	55	918	<b>973</b>	314	<b>32.3%</b>
Sep-16	43	959	<b>1002</b>	376	<b>37.5%</b>
Oct-16	15	1011	<b>1026</b>	367	<b>35.8%</b>
Nov-16	17	1000	<b>1017</b>	388	<b>38.2%</b>
Dec-16	11	1016	<b>1027</b>	474	<b>46.2%</b>
Jan-17	16	924	<b>940</b>	355	<b>37.8%</b>
Feb-17					
Mar-17					
<b>TOTAL</b>	<b>326</b>	<b>8737</b>	<b>9063</b>	<b>3400</b>	<b>37.5%</b>

### Care Home Support

- YAS responds to a number of HCP urgent and emergency calls from nursing and residential homes. There is emerging and historical evidence that demonstrates that these calls do not always require an ambulance response.
- 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 urgent and planned care is working closely with NHSE 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 national and local protocols encompassing Prison Service Instructions national guidance and multi-agency local agreements. The ERIC project (Emergency Response in Custody) is a multi-agency collaboration to review emergency response data for prisons in the North of England (North West, North East & Cumbria and Yorkshire & the Humber) and consider how to target training for maximum impact and effectiveness.
- To review emergency response processes and procedures in prisons across the North of England.

- To facilitate multi-agency collaboration and joint working to identify, implement and evaluate opportunities to introduce improved and standardised practices within regional protocols.
- To improve the efficiency and effectiveness of emergency response procedures within prisons in the North of England and to identify and report measurable outcomes.

#### Urgent Care Practitioners

- The directorate is supporting contracting and finance to negotiate the new contracts for existing UCP schemes for 2017/18.

#### Q-Volunteering

- Following requests for bids from the Department of Culture Media and Sports for increased working for ambulance services with the Voluntary sector YAS has been awarded £50K to develop a project with the British Red Cross to scope how we can work together to improve community support in the urgent care arena. The aim is to provide co-ordinated support to support patients in the community this avoiding conveyance to A&E and also to promote earlier discharge from hospital.
- Our Director of Planned and Urgent Care has attended a stakeholder event in Westminster in February 2017.
- We have completed a single tender waiver and appointed the British Red Cross to act as lead third sector provider on this project.
- An internal project group has been set up and an update will be provided to the Trust Board in due course.

#### **IPR exceptions**

No IPR exceptions reported.

### **3.4 Clinical Directorate**

- The Clinical Audit programme 16/17 has been finalised. The main change to note is the National Clinical Performance Indicators (CPI) programme was suspended in September 2016 until a revised national audit programme is published April 2017. In the interim YAS has continued to undertake the planned local audits to maintain oversight of clinical performance.
- The Myocardial Ischaemia National Audit Project (MINAP) has published the 2015/16 data with YAS showing a 78% compliance with the 150 minute call to balloon time. The report appears to be missing a large number of cases and may not reflect the actual value. The numbers reported differ from the IPR for the same period and this may be attributed to poor data submission by the acute trusts responsible for data upload. The locally collected data demonstrates for Quarter 2 2016/17 YAS achieved an 85.9% performance.

- The Sepsis Audit has demonstrated a Quarter 3 compliance of 67.6% with the Red Flag care bundle (IV fluids, oxygenation maintained at above 94% and a Pre Alert made to the receiving hospital) demonstrating a continued improvement in sepsis care. A National Early Warning Score (NEWS) is now documented in 71.2% of all patients, as part of sepsis care, and continues to improve month on month. Version 3 of the Sepsis Screening Tool has been developed using the July 2016 NICE guidelines and UK Sepsis Trust Toolkits in conjunction with all the regional Emergency Departments. The Screening Tool has been published online and is a component of the upcoming clinical refresher. The major changes include use of NEWS, reduction in the fluid required for resuscitation, and the use of intra-osseous access in unresponsive children.
- The Medical Director has sought clarification on the requirements for a Controlled Drug (CD) license, which has provided YAS with an opportunity to simplify how we procure, store and transport Controlled Drugs across the region. There will be a single point of entry and storage of all CDs, and from this store the CDs will be delivered to individual stations when requisitioned. This will allow YAS to apply for a single CD licence.
- In Research, YAS remains the highest recruiting ambulance service into the AIRWAYS2 clinical trial (a large multi-centre clinical trial to decide which airway device is more effective in a cardiac arrest and leads to better outcomes for cardiac arrest patients), with over 2,300 Y&H patients enrolled. YAS is a co-applicant involved with a bid for £2.5million from the NIHR Program Grants for Applied Research. If successful, the 6 year program intends to improve pathways for patients with hypoglycaemic episodes who do not need to be taken to hospital. The bid team is being led by Prof Siriwardena of EMAS / University of Lincoln.
- Working with the regional fire and rescue services (FRS) as their lead for Clinical Governance, the Associate Director for Paramedic Practice has developed a new Immediate Emergency Care programme. This will encompass a peer review system and an annual update for FRS tutors and will provide a very robust standard of governance, demonstrating effective collaboration between YAS and FRS in line with the agreement between the Association of Ambulance Chief Executives and the National Fire Chiefs Council.
- The data download process for cardiac arrest feedback is being embedded into frontline practice. This is now a standard part of the debrief following cardiac arrest. The pre hospital ultrasound in cardiac arrest trial has been transferred to Hull from Leeds as the Clinical Supervisor team there are attending a higher number of cardiac arrests and images have already been captured.
- Work is underway to implement new Clinical Supervisor rotas which will allow the teams to allocate a dedicated part of their role to clinical supervision. An updated CS job plan has been completed and training has been planned for the beginning of the next financial year.
- Two CPD events have been held in a workshop style following feedback from staff. One focused on major trauma and the other on the management of cardiac arrest. The annual best practice day has also taken place and for the first time the event was live streamed on Facebook allowing a national audience to participate.



## IPR exceptions

- The latest survival to discharge results for November 2016 demonstrates survival to discharge for all cardiac arrest of 14.1%, the highest in 3 years, and survival to discharge for the Utstein group of 54.7%. This is a result of continued focus of the chain of survival, and the provision of early high quality CPR and defibrillation, supported by early advanced life support and decision making.
- 88.1% of STeMI patients and 98.8% of Stroke patients received the appropriate care bundle. The percentage of patients who have a FAST positive stroke arriving at Hyper Acute Stroke Service within 60 minutes remains low at 42.4%. Stroke reconfiguration across the region is currently under public consultation with a potential to further reduce the number of Hyper Acute Stroke Units, putting this indicator at risk of further decline.

## 3.5 Quality, Governance and Performance Assurance

- Care Quality Commission - The CQC inspections took place took place 13-16 September 2016 for A&E, EOC, PTS, Resilience and HART and 10-12 October 2016 for NHS 111. The reports were published on 1 February 2017 and reflected an improved position for YAS across all service lines. Corporate communication was issued by the Chief Executive and Chairman thanking all staff for their efforts in the achievement. The tables below provide a comparison between the 2015 inspection and the 2016 report:-

Overview of ratings published 21 August 2015:

Outcomes	Safe	Effective	Caring	Responsive	Well-Led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Emergency operational centre (EOC)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience	Inadequate	Not rated	Not rated	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings published 1 February 2017:

Outcomes	Safe	Effective	Caring	Responsive	Well-Led	Overall
Emergency and urgent care	Good	Good	Good*	Good	Good	Good
Patient transport services (PTS)	Requires improvement	Good	Good*	Requires improvement	Requires improvement	Requires improvement
Emergency operational centre (EOC)	Good	N/A	Good*	N/A	Good	Good
Resilience	Good	★ Outstanding	Good*	Good*	Good	Good
NHS 111	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

\*Domains inspected in 2015

- The reports include many examples of notable practice across the Trust's services, including the significant improvements in cardiac arrest care and patient outcomes, work with communities including the Re-Start a Heart initiative, development of Community First Responder schemes and expansion of public access defibrillators, the deployment of palliative care nurses in NHS 111 and the rigour of workforce planning processes in the NHS 111 service.
- The report also includes a number of recommendations for further development. There are 3 actions "*must do*" actions – the Trust must:-
  - Ensure at all times that there are sufficient numbers of suitably skilled, qualified and experienced staff
  - Ensure all PTS ambulances and equipment are appropriately cleaned and IPC procedures followed
  - Ensure seating for children is routinely available in ambulance vehicles

#### A&E, PTS, EOC & Resilience

- Review the training requirements for operational staff in the PTS service for vulnerable groups such as patients living with dementia and patients experiencing mental health concerns.
- Review arrangements for operational staff to check their vehicle and equipment at the start of a shift to ensure they have sufficient time to complete the checks.
- Review the audit procedures for reviewing the recording of controlled medicines.
- Continue to ensure that equipment and medical supplies are checked and fit for purpose.

#### NHS 111

- Regularly review changes implemented in the management and leadership structure for call handlers, in order to ensure that all staff receive regular face to face feedback on their performance and call audits via the 1:1 process.
- Continue with steps to improve the access for call handlers to clinical advisors through an active recruitment programme.
- Maintain processes and systems which enable staff to safely raise concerns in relation to working relationships.
- The Trust development plan is being reviewed with managers and clinical leads in the light of inspection findings. A post-inspection Quality Summit is scheduled to take place on 24 April. This will be an opportunity for YAS to present its response and for discussion of the findings and follow up action with stakeholders including NHS Improvement, NHS England, commissioners, Local Healthwatch and Overview and Scrutiny Committee representatives.
- Nursing developments – Work has continued on developments to support the nursing internship pilot, with the first cohort scheduled to join the Trust in May 2017. YAS is working closely with the other Trusts in the Northern Ambulance Alliance to support consistent development of the nursing profession as part of the wider ambulance service multi-professional team. The Trust will also be hosting a national workshop in April, involving representatives from across the UK ambulance services.

- Independent Care sector – An Independent Care Sector Programme Board was established in March 2017, chaired by the NHS England Regional Nurse Director. The focus of the Board will be on working in partnership to support greater integration in patient care pathways across NHS and independent care organisations, and to promote improvement and consistency across nursing and care homes in the region in key areas of patient care. The work programme is intended to support a reduction in ambulance and Emergency Department referrals from care homes. The ambulance service is a key contributor to this work, building on a range of existing initiatives with care homes across the county.
- Clinician recruitment and retention – There is an ongoing challenge in recruitment and retention of clinical staff in the NHS 111 and developing Clinical Advisory Service, reflecting national pressures on the nursing and paramedic workforce. A new Trust project group has been established to provide greater impetus and support to a range of initiatives aimed at improving the numbers of staff attracted into the service and at improved retention of staff through the development of more responsive career development opportunities both within YAS and potentially in partnership with other organisations.

### **IPR Exceptions**

- Incident reporting – The overall number of incidents reported has reduced in February from the January position, but remains consistently higher than in 2015/16, reflecting the positive work undertaken to promote reporting and learning across the Trust. Incidents of moderate or greater harm remain low.
- Safeguarding: The Trust is achieving its target for Safeguarding Children Level 1 & Level 2 training and Safeguarding Adult Level 1 training. Safeguarding Adult Level 2 training provision has been reviewed in the light of new national guidance for the 2017/18 training plan.
- Complaints - 91% of responses to complaints were provided within the timeframe agreed with the complainant and the majority of complaints are successfully resolved at the first stage.
- Legal requests – Compliance with target response times for requests for information under the Data Protection Act remain high, although performance in relation to Freedom of Information requests has reduced, reflecting the volume of activity and wider Trust management pressures.
- Infection prevention and control – the regular practice audits continue to show a high level of compliance, with specific issues addressed at source with relevant managers and staff.

## **3.6 Workforce & Organisational Development**

### Workforce and OD Team Update

- The Senior HR Team has undertaken a review in order to determine the work that is required to provide an effective and efficient HR service to YAS. The review concluded that a whole scale restructure of the department is required in order to ultimately bring some stability to the team and modernise the HR practices and processes.

- The Learning and Education Team are also commencing a substantial transformation of Education and Learning at YAS including a restructure of the department to ensure an effective governance with a higher degree of involvement from the organisation, quality assurance of content as well as delivery and effective utilisation of resources alongside adding value to the organisation and ensuring our commitment to lifelong learning for all.
- The Trust wide values engagement process in close collaboration with Communications is also ongoing with various meetings and forums taking place across the Trust.

### National Issues

- Holiday Pay – This is an issue that 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 60 Employment Tribunal claims that are being defended.
- The Trust is working nationally on this issue and all 10 Ambulance Trusts are receiving the same advice and guidance.
- Paramedic Band 5 to Band 6 – This has been a national issue where the banding of Paramedics have been increased from Band 5 to a Band 6; a subject that threatened industrial action across the UK. 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. Significant work is required in order to ensure that our workforce meet the requirements. 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. A huge administration task is now required to write to each Paramedic in order that they can be informed of the contractual change.

### Staff Engagement

- The Staff Friends and Family Test is operational across the organisation. The Q2 results were reported in the last report with Q3 results being included in the national Staff Survey. Q4 is currently with staff for completion.
- The 2016 National Staff Survey results have now been published. YAS is compared against the other 9 Ambulance Trusts in the UK and scores given in terms of whether the Trust is average, above average or below average. The response rate was 37% which percentage wise is a slight decrease from last year's response rate of 41% but with a much higher number of responses (1,681) as it was sent to all staff this year and only a sample last year where 397 responded. A full report on the Trust scores is being developed.

## Education and Learning

- The Trust is currently undertaking a comprehensive review of statutory and mandatory training requirements across the Trust with a first priority given to staff with direct patient contact. Going forward we are implementing a governance structure with ongoing relevant discussions around training needs of the organisation. This will ensure appropriate mandatory training competencies have been allocated to posts and that suitable delivery methods are being used to support all staff to become fully compliant.
- The Trusts Performance Indicator Scorecard data shows PDR compliance has maintained compliance at around 80% against the target of 90%. We have monitored the staff satisfaction rate of the PDR process which has increased from 3.6 out of 5 in 2014/15 to 4.2 out of 5 in 2016/17. However, we continuously work to improve participation as well as the quality of PDR's based on ongoing monitoring. The PDR concept will also be reviewed in line with the renewed Trust values (underway) to ensure a more cohesive approach.
- With the new apprenticeship levy commencing April 2017, as a Trust we will be paying 0.5% of our pay bill into a so-called digital account which we can access only to pay for apprenticeship training. As a public sector organisation we are obliged to have a minimum of 2.3% of our workforce signed on to an apprenticeship standard at any given time. This can be new starters as well as existing staff. An apprenticeship strategy has been approved and a steering group is currently being established.

## Diversity and Inclusion

- The Trust's Head of Diversity and Inclusion is working with Trust's Senior Managers and wider staff in order to develop a clear Diversity and Inclusion Strategy. This has included the development of a refreshed set of equality objectives, these include:-
  - Education, Empowerment and Support;
  - Effective Community Engagement and Involvement;
  - Promoting Inclusive Behaviour;
  - Improving Policy and Practice;
  - Reflective and Diverse Workforce;
  - Enhancing and maintaining knowledge and awareness about demography.
- The Diversity and Inclusion Strategy has a range of actions which accompany the action plan. The action plan includes:-
  - The formation of a Diversity and Inclusion steering group – chaired by The Executive Lead for Diversity, Dave Macklin, Executive Director of Operations. The first meeting was held on Monday 30 January;
  - A Disability Staff Support Network has also been established with the first meeting held on 15 February 2017 with an impressive attendance from disabled staff and union representatives.
- The Trust continues to engage with our commissioners on our response to the Equality Delivery System 2 and requirements on the Workforce Race Equality Standard.
- The team is working closely with compliance teams on achieving the NHS Accessible Information Standard and is currently formulating an action plan in order to implement this across the organisation.

- Over 300 managers have been trained on a one day face to face Diversity and Inclusion Workshop. The Trust Board undertook this workshop on 28 February 2017.

### Recruitment

- Recruitment across the Trust is high with 190 staff going through recruitment checks. There are also 104 volunteers being progressed and 3 apprentices.
- Currently there are 110 EOC and ECA candidates scheduled to attend the selection event on Saturday 18 March 2017.
- Current recruitment processes are being reviewed in order to ensure that the department are using the full functionality within the TRAC recruitment system and reduce the number of manual processes. In addition to this, a holistic review of the recruitment process has begun with initial improvements identified. A plan of next steps will be developed including face to face conversations with recruiting managers and new recruits to the organisation to understand their experiences.
- The Recruitment Policy and manager guidance is being reviewed. Employment checks will form part of the manager guidance rather than being a separate policy. Changes are being made to the Employment Checks Guidance so that temporary workers can move more easily to contract and internal checks for staff who move from one role to another, is more efficient. This will be consulted on with the trade unions by the end of March 2017.
- Agency Cap – A Central Booking Team for temporary workers is being managed through the existing HR Team, which is proving a challenge. However, there has been a great deal of effort across the organisation to work on managing the numbers of temporary workers. The numbers have reduced to just short of 50% from the initial list in January 2017. There is great progress, but further work to be undertaken. It is hoped that the new HR structure will be approved, which will include a team to manage the temporary workforce. The next step will be to communicate the ongoing process for engaging an agency or temporary worker so managers know what they can request and how to do that.
- The team are in the process of making sure we meet the requirements of IR35. This should be in place for the new financial year; a paper will shortly be presented to TEG.
- ESR employee and manager self-service project has been handed over to the HR operations team. A project plan will be created to start to look at the potential of better utilisation of the ESR system across YAS.

### Employee Wellbeing

- The sickness absence rate for February 2017 stands at 5.88% which is a decrease from 6.10% from the previous month. The year-end figure is expected to 5.42% compared to the 5.43% for the previous year. The main reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. We continue to implement actions from the Employee Health & Wellbeing Strategy, which focus on reducing absence in these areas. Most notably this will include forums for staff to discuss mental health issues, in addition to counselling through PAM, and a musculoskeletal initiative to be delivered in the call centre environments.

## Occupational Health: PAM

- The Trust issued formal notice to PAM in December 2016, the termination of contract being in September 2018. The Trust is working with PAM in respect of resolving the issues raised with the aim of improving their performance against the contract. The service will be put out to formal tender later in 2017/18.

## CQUIN Activity

- The validation pilot **Physical Competency Assessments for Applicants to Front Line Roles (AFLR PCA)** is almost complete. 78 A&E and PTS staff have undertaken the PCA with predominantly positive feedback. A minimum of 80 staff members from A&E and PTS in total are required to validate the pilot so arrangements are being made to complete the last assessments.
- An **MSK/back care initiative** pilot has begun in EOC, 111 and PTS Comms. This initiative involves a specialist physio being available to staff to discuss back care, good posture, workstation set up, and possibly to offer brief neck and shoulder massage (the latter depending on staff time constraints). Feedback is generally positive so far.
- Following on from the initial **management training on supporting the mental health and wellbeing of staff**, a plan is to be put forward to train further supervisors and managers in mental health. The proposal also includes the creation of a peer support network for supporting staff with their own wellbeing. Approval will be sought in late March/early April.
- Since the transfer of the **Post Incident Care (PIC)** process to Datix earlier this year the Trust has had over 600 PIC incidents reported. Work is now ongoing to ensure that managers can be provided with data (via dashboards) on their own staff and areas, and that more robust support mechanisms can be established to meet the needs of staff.
- The Public Health England **One You campaign** ([www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)) is currently being promoted via the Comms Team. The campaign is designed to promote wellbeing and we will be pushing out further comms and engaging with staff to promote the campaign.

## Employee and Industrial Relations

- The HR team are supporting numerous consultations and restructures that are taking place across the Trust. Those of note are, the support to the final revisions to PTS ERoY (East Riding of Yorkshire) tender, in addition to the final preparation for the TUPE transfer of the 44 Hull staff to Thames Ambulance Service on 1st April 2017. In addition, the 111 restructure assessments and individual outcome meetings are now complete with the consultation having closed on Monday 27 February with no redundancies.
- Partnership working on Policies and Management Guidelines continues. Currently under review at Policy Progress Group are the Drugs and Alcohol Policy which takes into consideration random and cause testing and the Annual Leave Policy reviewing aspects of buying of annual leave.
- Multiple complex Employee Relations cases are ongoing including complex potential discrimination cases in blue light roles. The team are currently undertaking a Trust wide review of sickness absence triggers in all departments using the HR dashboard.

- Bite sized training sessions have been delivered to teams within Fleet by HR Business Partners on Attendance Management which generated good feedback.

### **IPR Exceptions**

No IPR exceptions reported.

## **3.7 Finance & Performance Directorate**

### Finance and Contracting Update

- The Finance team has been focused on the 2017/18 – 2018-19 financial plans, and contract negotiations, with financial plans submitted in December to NHS Improvement. In January and February the team have been focussed on working through the detail of Department budgets and CIP plans to support delivery of the Trust's overall financial plans. The 999 and PTS contracts (West and North) were signed in January and February with contract negotiations for NHS 111 and some PTS contracts (for example, East Riding) ongoing. There are also a number of reconfigurations that impact on 2016/17 and future years that are currently being discussed with NHS Improvement and Commissioners.
- As the Trust comes towards year end the Finance team are focused on supporting delivery of the in-year financial position and preparations for year end. An action plan has also been developed and shared with senior managers in order to support improving financial control across the Trust going forwards.
- The Finance team continue to support the development of the three Sustainability and Transformation Plans (STPs) across our health and social care system. This includes medium term financial planning through to 2020/21 and will continue to be an area of focus over the coming year.
- The Team have also focused on supporting business development opportunities including the PTS bids in South Yorkshire and East Riding, the Vanguard programme and West Yorkshire Acceleration Zone.
- 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 continue 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 team was nationally shortlisted as part of the HFMA awards for its work on PLICs.
- The Trust's Standing Financial Instructions (SFIs) have been developed and reviewed to support improved alignment of accountability and delegation. This has now been approved by the Trust Board with plans being developed to support budget delegation and accountability.
- The Finance team continue to work on improving its financial services processes and controls including the development of purchase to pay (P2P), with the first phase of this implemented in pilot areas of the Trust. The plans for the next phase are currently under development.



## Fleet Function

- The team continues to manage the production and commissioning of 109 new Fiat double-crewed ambulances. As at 15th March, 82 vehicles have left the production line, with 13 of these awaiting batteries prior to handover. The remaining 27 are due to be completed by the end of March.
- 10 of the Mercedes Van Conversion Tail Lifts have now been replaced (platform replacements and door modifications), with plans in the coming year to replace a further 106, with a total capital cost of £814,000 for the work to be completed.
- A substantive Head of Fleet Services has been appointed. Richard Moyes is due to start in post at the end of May.
- Work is progressing with Northern Ambulance Alliance counterparts. A Task and Finish Group has been set up to look at developing a joint specification for a new Fleet Management System, which will be procured in 2017-18.
- The fleet lifecycle plan was presented to Finance and Investment Committee in March and this plan is being developed to look at future vehicle and investment requirements with the purpose to develop the optimal vehicle replacement strategy.
- CIP plans continue to be developed across the Fleet, Estates and Facilities Directorate.

## Estate and Hub & Spoke Programme Office

- Ambulance Station refurbishments are underway in Huddersfield, Bramley, Barnsley and Castleford.
- Space utilisation work at Wakefield HQ has been completed and the report is due to be issued, proposing changes that we can implement to better utilise our space.
- The sale of the former Bramham Ambulance Station will complete in April 2017.
- Arrangements are being put in place to decant staff from Monkgate Health Centre and Willerby Ambulance Station, to allow these sites to be disposed of.
- Discussions continue with North Yorkshire Police and Fire and Rescue Service around potential co-location opportunities at Malton and Ripon.
- A potential site for the Doncaster Hub has been identified and negotiations continue with agents. There is a capital funding application proposal to go to NHS Improvement to support this proposal.
- The value for money evaluation of the Make Ready system at Manor Mill, Leeds and Vehicle Preparation System at Wakefield Ambulance Stations is currently being reviewed.
- The 5-Year Hub and Spoke (H&S) Programme brief continues to be developed and will need to be aligned to the operational and financial plans of the organisation. Discussions continue with other agencies to determine co-location opportunities in support of the H&S Programme. Communication and engagement continues with key internal and external stakeholders.

## Procurement & Logistics

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

- The department is progressing with a number of active projects, prioritising those which need to be completed within the financial year, including ensuring the delivery of front line Double Crewed Ambulances.
- The team is on track to deliver these in-year projects, balancing support to front-line operations with more strategic longer-term projects such as Ambulance Vehicle Preparation (AVP) which was published on 24 Feb 2017.
- The indicative figures for 2016/17 are that the Procurement & Logistics department has delivered or identified £2.4m of savings across the life of the contracts placed this year with circa £0.3m of cash releasing savings per annum.

## ICT

- Ambulance Vehicle Preparation – Phase 1 - Development work has begun following approval of the design specifications.
- Deep Clean – Phase 2 - Existing contract with supplier expires July 2017. Systems team are developing an alternative mobile application with like for like functionality. This will contribute to the ICT CIP savings 2017/18.
- ePR (electronic Patient Record) – The specification and storyboard has 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 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.
- EOC Dash Board – ICT have worked with BI to deliver the top level dashboard. Work continues to develop the drill down information behind the dashboard.
- Back Up Telephony Switch – Work progressing to provide the trust with the backup telephony switch replacing the legacy telephony system and provide resilience to EOC and 111 with a view to be completed by Q1 2017/2018.
- Voice Recorder Moves and Changes – ICT are working on enhancing existing voice recording by adding a backup 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 31st 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 have developed a YAS interface for the hospitals to receive data from YAS so that they can incorporate 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

- A&E – Supporting implementation of the new A&E rosters.
- A&E – New dashboard developed for the A&E delivery boards to identify pressures in the system with the aim to work together to find solutions.
- A&E - Analysis completed showing that we now identify cardiac arrests around 1 min faster since the introduction of Dispatch on Disposition and the Ambulance Response Programme. Further work is underway to improve the time it takes to identify the highest priority calls by refining the key words used.
- A&E - Emergency Medical Dispatchers and Clinical desk now have access to review their own performance.
- A&E – work continuing on the service reconfigurations currently underway at hospitals around Yorkshire. Identifying the expected demand of the known changes within the system.
- PTS – capacity work completed for PTS South and East bids.
- 111 – Reporting streams currently being developed to support the further implementation of the Clinical Advisory Service and to monitor performance of the service.

### **IPR Exceptions**

Please refer to the exceptions detailed in the Month 11 Finance report.

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

### Bid Support & Management

- Since the last report, the Planning & Development team have continued to work with the PTS Service to respond to tenders in East Riding & South Yorkshire. In addition to “hands on” support, the team are working to standardise and improve the overall bid management process within the organisation, learning lessons from bid activity in the last year.

### Stakeholder Engagement

- The P&D team has continued to lead the development of effective collaborative relationships with CCGs, STPS, UEC networks and other stakeholders, focusing on presenting a clear and credible presence across the region.
- Good progress has been made in building relationships with lead commissioners following a successful negotiation of the 999 contract and also through the developing Joint Strategic Commissioning Board. In general, strategic relationships with stakeholders are positive, particularly in West Yorkshire and South Yorkshire, but it is recognised that YAS needs to be more proactive in engaging across the Humber Coast and Vale STP footprint. In view of this, members of the Executive Team have carried out a number of additional engagement activities in the last quarter including:-
  - Chief Executive networking with acute provider CEOs (HRI, York & Scarborough) and CCG Chief Officers (East Riding & Hull);

- Director of Planning & Development attendance at Hull CCG Board to provide an overview of YAS key issues;
- Director of Operations, Medical Director and Director of Quality and Performance Assurance, attendance at York and Scarborough Hospitals to review and discuss operational issues with handover;
- Director of Planned & Urgent Care attendance at the Council of GPs in York to discuss HCP calls;
- Medical Director attendance at Scarborough & York CCGs to update on ARP.

### A&E Delivery Boards

- The P&D team has continued to co-ordinate attendance at and feedback from 13 A&E Delivery Boards across Yorkshire & Humber, ensuring that messaging from the organisation is consistent across these groups. A&E Delivery Boards are strategically important because consideration of operational pressures at a system level is driving commissioner behaviour in respect of urgent and emergency care system transformation. It is essential that YAS is viewed as a critical partner and reliable presence in these discussions.

### Organisational Strategy, Operating Plan & Business Plans

- Work with the Board and Executive Group towards producing a refreshed organisational strategy continues. Since submission of the two year operational plan in January, 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. Supporting this, the team has also played a key role in the negotiation of contracts for commissioned service developments including Urgent Care Practitioners schemes and the Clinical Advisory Service.

### Community Engagement Activities

- In order to further organisational reputation, the P&D team have established a Community Engagement Steering group which brings together a number of teams from across the organisation who are involved in direct community engagement activities. The purpose of the group is to co-ordinate engagement activities to ensure they are fully aligned with corporate communications, strategy and commissioning activities.

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

**5. Appendices / Background Information**

Appendix 1 – YAS Frailty Falls - Developmental Evaluation Design Overview