



<b>MEETING TITLE</b> Trust Board Meeting in Public		<b>MEETING DATE</b> 31/01/2017	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	4.4
<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 September 2016 to 25 January 2017, and the opportunity for TEG to highlight the key variances / movements contained within the December 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 December 2016 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 September 2016 to 25 January 2017, and the opportunity for TEG to highlight the key variances / movements contained within the December Integrated Performance Report (IPR).

## 2. External Environment

On 1 October NHS Improvement's Single Oversight Framework came into effect, replacing the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'. The Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding' by help to identify each NHS providers' potential support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability.

Individual trusts are segmented according to the level of support each trust needs rather than given an overall performance rating. In December NHS Improvement published the first full segmentation of NHS. Of the 237 organisations rated 28 were rated as segment 1 requiring the least support, 116 in segment 2, 72 in segment 3 and 21 in segment 4 requiring the most support. YAS has been rated in segment 2 (four segments run from 1 best to 4 poorest).

Full details of the ratings and the SOF guidance can be found at:  
<https://improvement.nhs.uk/resources/single-oversight-framework-segmentation/>

NHS Improvement published its detailed report on Quarter 2 performance of the NHS provider sector for the 3 months ended 30 September 2016 in November. The Q2 net deficit for the sector is £648million, an underperformance of £22 million against plan at Q2 2016/17. Despite the deterioration, the reported year-to-date sector deficit represents a £968 million improvement on last year's Q2 position.

The report continues to show that ambulance services have not achieve Red 1, Red 2 and Category A response-time targets, with sector performance of 68.60%, 62.07% and 90.49% respectively. In Q2 2016/17, none of the eight ambulance services that submitted complete data achieved any of the three standards. During the period ambulance services saw an increase in time-critical and life-threatening calls of over 10% compared to the same period last year. YAS along with South Western Ambulance Foundation Trust and West Midlands Ambulance Trust is part of the NHS England national Ambulance Response Programme pilot testing new categories of incident categorisation and is therefore excluded form these performance figures.

There were no specific announcements relating to health and social care in the Autumn Statement prompting significant local and national media interest in current pressures on the NHS with A&E Departments and ambulance services receiving significant attention. On 30 November the BBC ran features focusing ambulance services across the country highlighting problems from delayed hospital handovers, rising demand for services, appropriateness of calls and violence and aggression against staff.

The Association of Ambulance Chief Executives (AACE) which represents all 10 English NHS ambulance trusts and associate members from devolved nations has formally committed to encouraging the improvement of workforce equality across all UK ambulance services by pledging its support for NHS England's Workforce Race Equality Standards (WRES).

The AACE and member trusts will now focus on goal to address under representation of black and minority ethnic staff in workplaces and to address issues relating to abuse, harassment or bullying from patients, members of the public and colleagues.

The Department of Health, NHS Employers and ambulance unions have agreed paramedics will be re-banded nationally from band 5 to band 6 in recognition of the increasing responsibilities of being a modern paramedic with initial funding will be agreed by the Department of Health, NHS England and NHS Improvement. Work is progressing to agree detailed scopes of practice for each role.

This month NHS England published 'Allied Health Professions into Action'. The report brings together the views from the 145,000 allied health professionals (AHPs) working in the NHS, including paramedics and discusses the potential role of AHPs within the health, social and wider care to provide solutions to increased demand in general practice and urgent and emergency care and support greater service integration.

A National Audit Office report on the NHS ambulance service was published last week. The report highlights the pressures being experienced by services across the country through increased demand and patient handover delays at hospital and makes a number of recommendations in relation to Ambulance Clinical Quality Indicators, reporting of turnaround delays, operational practices and commissioning.

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

#### **3.1 Chief Executive**

The Christmas and New Year period was exceptionally busy for both YAS and the wider Yorkshire health system. A&E visits and hospital admissions peaked on the 27 and 28 December, and NHS 111 had its busiest week ever. On New Year's Eve and New Year's Day the Trust responded to over 2,000 emergencies and approximately 8,000 NHS111 calls each day.

NHS Improvement issued guidance to hospitals ahead of the festive period strengthen ambulance turnaround escalation procedures and advising hospitals to reduce elective inpatient activity to free bed capacity for anticipated emergency demand. Despite this, many hospital emergency departments across the region experienced lengthy patient handover delays.

Overall YAS' operational services managed very effectively during a very highly pressured period and with the Trust's NHS111 service delivering one of the highest call answering response times nationally. Staff worked flexibly across functions to support delivery of A&E and NHS111 services during periods of peak demand and our thanks go to staff across the organisation who again worked tirelessly to ensure safe services were maintained for patients.

Following the CQC's planned re-inspection in September of our A&E, PTS and Resilience services the first planned inspection of our NHS111 service took place week commencing 10 October. Publication of both reports is expected shortly.

Further to the recent tender Patient Transport Services in Hull we were disappointed to learn we had not been chosen as the preferred provider for the contract starting in April this year. We are working with commissioners, staff and the new provider to ensure a seamless handover for patients. The PTS management and HR teams are working hard to support affected staff through the TUPE transfer process.

Contract discussions for the main A&E Operations contract took place throughout November and December. Limited funding available through the national spending review placed additional challenges on commissioners and YAS to agree a mutually acceptable funding settlement for 2017/18 before the December deadline. After a number of escalation meetings agreement has been reached on a contract settlement without the need for external mediation or arbitration. The settlement requires delivery of a challenging financial efficiency programme next year and the senior management team have been progressing plans for delivery of expenditure controls and additional savings measures for Quarter 4 2016/17 and 2017/18.

The Trust is currently reviewing the Trust's strategic direction and values to reflect feedback from the recent cultural audit and staff survey, developments in national healthcare policy and technological environment, the implications of emerging STP plans and emergency service collaboration. This work will be subject to wider engagement with staff and stakeholders as it evolves over coming months.

Partnership working with ambulance and emergency service colleagues continues to be taken forward through West Yorkshire Fire and Rescue and West Yorkshire Tri-Service Collaboration Programme Board meetings in September and December and meetings of the Northern Ambulance Alliance Board.

In November a joint emergency services team including YAS won an NHS Collaboration Award at the Health Business Awards in this week for the launch of the Local Intervention and Falls Episodes (LIFE) Team pilot in Sheffield.

Over 20,000 school pupils received CPR training across Yorkshire thanks to Restart a Heart Day on 18 October. The event led by YAS, British Heart Foundation (BHF) and the Resuscitation Council (UK), was supported by over 600 volunteers from across the health and emergency services, who gave up time to pass on life-saving skills at 105 secondary schools across Yorkshire.

This year saw YAS lead a co-ordinated roll out of the event nationally by all UK ambulance trusts. Louise Boyes (Communications Officer and Project Lead), Elaine Gibson (Head of Corporate Communications) and Jason Carlyon (Resuscitation Manager) were presented with a Silver Award at the 2016 Yorkshire and Lincolnshire PRide Awards Ceremony organised by the Chartered Institute of Public Relations for the media campaign in support of Restart a Heart, which attracted significant regional and national media interest.

The Restart a Heart Team were also awarded Team of the Year at the Wakefield and North Kirklees Clinical Commissioning Groups Celebrating Innovation and Good Practice in the System Awards, where our NHS 111 Pharmacy Team won the Innovation Award for their work informing national guidance on NHS111 services.

Alan Baranowski, Associate Director (Projects) who was awarded the Queen's Ambulance Medal for Distinguished Service (QAM) in this year's Queen's Birthday Honours List was presented with his medal by HRH Prince William at Buckingham Palace on 29 November.

Two other members of YAS staff have been recognised in national awards for outstanding achievements within their profession. John Senior, NHS 111 Workforce Information Analyst, won Best Newcomer at the 2016 Data, Analytics and Insight Awards and Emergency Operations Centre Quality Auditor Sarah Brown won the Analyst of the Year award at the 2016 Quality & Customer Experience Awards.

Paramedic Practitioner Glen Watson and staff at Batemoor Ambulance Station won a prestigious Grow Wild Award, sponsored by the Royal Botanical Gardens Kew and National Lottery for their amazing voluntary work creating a communal wildlife garden space on previously disused ground at the station.

A number of new senior appointments have been made since September to fill roles created in last years Portfolio Review. In October Emma Bolton joined us in the role of Director of Estates and Facilities. Prior to joining YAS Emma worked for NHS Property Services and will lead on our Estates, Fleet and Facilities modernisation and collaboration programmes

Mark Bradley has been appointed into the substantive Executive Director of Finance position. Mark will be joining us in early March from his current role as Chief Finance Officer at NHS Leeds South and East CCG.

Robert Toole, Interim Executive Director of Finance, will remain in post until that time to ensure a seamless handover and our sincere thanks go to Robert for the invaluable contribution he has made during the last year and a half.

### **3.2 Operations Directorate**

The festive season has been one of the busiest ever for the Trust. The A&E operations team along with clinicians from other directorates in particular the clinical directorate have worked extremely hard over the last couple of months to respond to the very high activity. Between 8 Dec and 5 Jan we dealt with 29 days over 2000 calls per day, 12 of those were over 2100, 1 over 2200 and 1 over 2300 and demand is currently running over 6% above predicted levels.

Strategic commanders and medical incident commanders were frequently called upon along with their on call teams to manage the demands on the service and ensure that both patients and staff were appropriately looked after. The demand management plan was used effectively to manage significant peaks in demand. YAS moved to REAP level 3 – severe pressure during this period and all non-essential activities across A&E operations were suspended.

Resource levels were maximised around the peaks of activity in particular specific days/nights such as boxing night and new years eve had special command arrangements in place. On New Years eve paramedics assisted in police control rooms to triage calls and provide advice to emergency service colleagues as in previous years. Police and paramedic response schemes worked effectively across Yorkshire to further enhance our response to patients and the public.

Several adverse weather warnings were received during the past few weeks and YAS commanders/officers took part in resilience teleconferences, strategic and tactical co-ordinating groups with NHS England and local resilience forums, providing key advice and support to partners and communities during high tides/flooding and severe cold temperatures. Although nowhere near the extremem events of the previous year commanders were called upon to ensure services were maintained and the public were warned and informed as necessary.

The Regional operations centre within our Gold Suite was staffed 24/7 as usual by our dedicated regional operations centre (ROC) managers. The five ROC managers deserve particular mention for their hard work, commitment and resilience during a difficult period. They manage the Trust operation on a daily basis utilising commanders as necessary and liaising with Acute hospitals, CCGs and NHS England as required. During this period significant delay at acute hospitals to handover patients was a particular focus. They worked tirelessly to maintain our response to patients in the community.

Both our Emergency operations centres were extremely busy over this period. Consultant paramedics and clinicians from the clinical hub and clinical directorate assisted in EOC, ensuring where possible patients were directed to alternative care pathways.

Supporting call handlers and despatchers during periods of high demand. The Wakefield call handlers answered 6.2 calls per hour in December compared to a 5 month average of 5.9. In York it was 5.8 compared to an average of 5.5

Our winter planning and festive plan worked well during the period, enabling resource levels to be maintained and key risks which were identified during the planning process were mitigated and managed as planned.

A&E transformation work, there is a specific report on the activity of the transformation programme. Despite the significant activity work has continued to keep the programme on track.

The fleet of new ambulances continue to arrive and have been well received by staff across all areas. Fleet and ICT have worked extremely hard to maintain the number of new vehicles coming on line on a weekly basis as well as supporting operations.

### **IPR Exceptions**

None

## **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 target of 82.9% being well ahead year to date at 85.8%.
- KPI 3 (outward) patients being collected within 90 minutes after their appointment. At the end of December 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 December PTS achieved 90.6% compared to 72.7% for last quarter.

### General Service Update

- Long term sickness continues to improve and currently stands at 4.31% compared to 7.36% for last quarter. Short term stands at 2.26%. Overall sickness as at the end of December stood at 6.57%.
- Renal performance continues to improve with our PTS Renal Engagement Lead working closely with Leeds Teaching Hospitals Trust, renal staff and patients. We have received some very positive feedback over the past 2 months from both staff and patients.

## PTS Service Programme Update

- We have now appointed a new Project Manager and are in the early stages of process for recruiting a new Programme Manager to support ongoing implementation of the PTS Transformation Programme.
- Autoplanning is continuing to be run for West only; and only inwards a.m. 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.
- Daily reports and dashboards have been developed to assist managers with daily performance reporting on YAS and flexible resources. A resourcing and capacity model is being developed by Business Intelligence to provide robust information of expected demand and staff and vehicle requirements, to drive effective resourcing.
- The workstream 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 launch took place on 13 January and individual consultation meetings are taking place on 23 and 24 January 2017. We are looking to close the consultation period on 9 March 2017.

## PTS Contracts

- Contracts have been agreed with South, West and North Yorkshire.
- Hull - We remain committed to supporting those staff who will TUPE across to the new provider, Thames Ambulance Service. We have met with our staff, the CCG, Staff-side representatives and Thames and all staff have received a letter confirming if they will transfer across. A team from Thames Ambulance Service attended a staff meeting on Thursday 5 January to give a presentation and answer questions. One-to-one meetings with YAS representatives are now underway with all affected staff and Thames will also be contacting staff about meetings to be held in February.

## NHS 111

### Call volumes & performance:

- At the end of quarter three, calls volumes are running in line with the business plan forecast and budgeted income at 1,168,296 calls answered for NHS 111 which is below the contract ceiling by -0.9%. This is still running at approx. 5.1% growth year on year and when normalised for the ‘Easter factor’ there is a 6.27% underlying growth each year in the service.



- Year to date performance for calls answer is 93.1% at end of December 2016 which is 0.5% above the same position in 2015/16.
- In terms of clinical calls year to date performance for call backs in 2 hours at end of December 2016 was 81.8% which is 6.2% below the year to date figure for December 2015 and is becoming more challenging to achieve with only 72.7% call backs made in 2 hours in December. (NB. The national target is 95% warm transfer).

**Festive Period:**

- It was a very successful festive period for the NHS 111 service; where for the key two weeks the service answered 84,400 calls against a normal winter couple of weeks at 60,000 calls. This position was nationally recognised by NHS England and commended by our commissioners locally too. The table below provides information for YAS performance in relation to other providers: -

<b>Provider</b>	<b>W/e 11<sup>th</sup> Dec 2016</b>	<b>W/e 18<sup>th</sup> Dec 2016</b>	<b>W/e 25<sup>th</sup> Dec 2016</b>	<b>W/e 1<sup>st</sup> Jan 2017</b>
YAS NHS111	90.1%	97.7%	97.9%	92.5%
NHS 111 England Average (incl YAS NHS111)	84.5%	87.2%	93.2%	79.8%

**CQC**

- Following its inspection of YAS's NHS 111 service in October 2016 the Care Quality Commission (CQC), the independent regulator of health and social care in England, has published its draft report and the Trust has fed back on matters of factual accuracy.

**Clinical Recruitment for NHS 111 / Clinical Advisory service**

- There has been a significant focus on clinical recruitment since September with many successful developments including; remote/home working; additional specialists for the clinical advisory service and an increase in senior clinical floor walkers.
- Unfortunately despite 195 applications and 111 interviews there is only approximately 34 fte in progression since Autumn with only a handful of staff with start dates for March 2017 and overall the workforce continues to reduce.
- In light of this experience a 'challenge' workshop was held on 17 January 2017 with staff from across the service to understand this further and suggest ways to address this problem. The NHS 111/ CAS teams will take forward the ideas with the new Head of Recruitment.

## West Yorkshire Urgent Care Accelerator Zone/ Vanguard

- As part of the WYAZ the NHS 111 team have been involved in several projects as noted below:-
  - *In-Hours Booking*: Go Live with c20 GP practices end Jan/ early Feb
  - *Home-working*: Live with 35 home working kits deployed in December
  - *NHS 111 Online*: Supporting NHS Digital with design and testing; no date yet for go live
  - *Clinical Advisory Service*: Initial service go-live 12 December with access to a wider range of specialist clinicians across 999/ NHS 111.
  - *Marketing*: Working with NHS England to support a marketing campaign locally to support the redirection of patients away from A&E; no date yet for advertising.

## New NHS Pathways clinical update

- The new clinical content for NHS Pathways, version 12 was successfully implemented during November 2016; with a one day training course for all staff within the service.

## 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. This commenced in December and included a visit to the service on 30/31 December by Dr Ossie Rawstone and Henry Clay (Primary Care Foundation); an interim report will be presented on 25 January with the final report expected end of February. This will inform both the current contract discussions and any future procurement of the service.

## Restructure and Call Centre Review

- The formal consultations for the restructure and call centre review have commenced during January proposing the closure of the York site; with group consultation meetings held on 19 January (restructure) and 26 January (call centre review). The formal consultation starts following discussions with staff side; with 1 to 1's taking place during January and early February. The assessment for the restructure will be undertaken on 10, 15 and 17 February with the closure of the consultation at the end of the month. The call centre review concludes in early March.

## NHS England 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 to look at a new national career framework within Integrated Urgent Care for both clinical and non-clinical roles.

- Workforce Investment project Quality Audits: To look at how we can change the culture that currently exists within our call centres about how people view call audits. To help improve staff understanding, to improve confidence and the feeling of being supported.
- Workforce Investment project Supervision and Leadership: Making time for 1:1's, ensuring they are effective and valued and to determine the optimum supervisor model in the call centres.
- All of this supports the continuous development of the service and focus around the staff within our service and feedback recently received from them along with our regulator CQC.

#### Integrated Urgent Care (Vanguard)

##### Clinical Advisory Service:

- The limited 'go live' went ahead in December as planned. We are in the process of analysing the outcomes.
- A workshop is due to take place on 14 February 2017 to look at the next stage of 'go live' within CAS.

#### Falls Response

- On 5 December 2016, YAS implemented 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 in the existing partnerships in Hull and Sheffield.
- The dedicated falls team was implemented in response to our successful Health Foundation bid.
- 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.

- Period 5/12/2016 – 15/01/2017 (37 days in operation) 2nd crew live from 9th January.
- Initial results are encouraging and show that out of 102 referrals to the team only 10% were conveyed to A&E.

#### 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.

Date	111	999	Grand Total	Number Treated without Transport	% Treated without transport
Apr-16	52	580	632	266	42.1%
May-16	41	731	772	309	40.0%
Jun-16	35	773	808	277	34.3%
Jul-16	41	825	866	274	31.6%
Aug-16	55	918	973	314	32.3%
Sep-16	43	959	1002	376	37.5%
Oct-16	15	1011	1026	367	35.8%
Nov-16	17	1000	1017	388	38.2%
Dec-16	11	1016	1027	474	46.2%
Jan-17			0		
Feb-17			0		
Mar-17			0		
<b>TOTAL</b>	<b>310</b>	<b>7813</b>	<b>8123</b>	<b>3045</b>	<b>37.5%</b>

#### Urgent Care Practitioners

- The UCP schemes have continued to improve their productivity following the development of the auto-dispatch codes.
- We are looking at putting the current schemes into business as usual under Operations with a smaller project team looking at development of UCP schemes within the newly formed Hear, See and Treat Project Board.

#### 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.

## **IPR exceptions**

No IPR exceptions reported.

### **3.4 Clinical Directorate**

#### Clinical Development and Education

- Following a number of patient safety incidents identified by London Ambulance Service involving nebuliser T-pieces, NASMeD commissioned a review by JRCALC which recommended that these devices are no longer recommended for paramedic practice. YAS has now withdrawn this device from service.
- Updated sepsis recognition toolkits have been published with compliance audits ongoing.
- Duodote injectors for the treatment of nerve agents and activated charcoal for the management of overdose have been introduced for all frontline clinicians. Ketamine, as an alternative pain relieving agent to morphine, has been introduced for Red Arrest Team paramedics.
- Cardiac arrest data downloads have been introduced to provide immediate feedback to staff on the quality of CPR being performed.
- On-station clinical simulation training has been suspended for the winter but work continues on the development of the new clinical leadership framework.

#### Research

- More than 2,000 patients in Yorkshire have been recruited into the AIRWAYS 2 clinical trial exploring airway management techniques in cardiac arrest. YAS remains a major recruiter for the trial.

## **IPR Exceptions**

Outcome from Cardiac Arrests:

- Overall Return of Spontaneous Circulation (ROSC) performance for November has matched the consistent performance trend for 2016 to date with an achievement of 32.2%. November was the highest performing month this year. In line with the results of ROSC overall, the UTSTEIN comparator group achieved 71.7% in November.
- Survival to discharge results demonstrate consistently high levels of performance; in July 11.9% was the highest performing month of 2016. Performance for survival to discharge has been consistently high. Survival to Discharge within the UTSTEIN comparator group also demonstrates a pattern of high performance; September at 33.3% depicts high levels of achievement for YAS.

## AQI Care Bundle:

- STEMI and stroke data for September and October 2016 indicates a consistently high level of care is being delivered to patients across all areas. The STEMI care bundle in October was 89.7% and the Stroke care bundle was 99.1%

### 3.5 Quality, Governance and Performance Assurance

- Care Quality Commission – It is anticipated that the final reports for the Trust services will be published on Weds 1 February 2017. Early feedback following the inspections has highlighted positive development since the January 2015 inspection. A Quality Summit with external stakeholders will follow publication to discuss any action required in response to the report findings.
- Hillsborough – a review of the experiences of the victims' families is continuing under the leadership of the Bishop of Liverpool and current indications are that this will be published in Spring 2017.
- Nursing developments – work is continuing on the implementation of the Nurse Internship pilot following the selection of 8 nurses as part of the first cohort. A group of 4 lecturers and emergency care nurses from Sweden visited the Trust in January to gain insight into the UK system. This visit will be a precursor to a student placement later this year and it is hoped that there will be an opportunity for a reciprocal visit to see how the Swedish system operates and to see what lessons can be learned from their different nursing roles.
- In October Karen Warner, the Trust's Deputy Director of Quality and Nursing successfully completed the first national aspiring Nurse Director development programme facilitated by NHS Improvement.
- A launch event for the Critical Friends Network took place at the Cedar Court Hotel, Wakefield in December. The Network will play an important role in future in engaging patients in improving and developing our services.
- The Trust has continued to participate in the new Joint Quality Board for YAS 999 and NHS 111 services. The intention is that this will support a more integrated consideration of quality issues across the services, reporting to the newly established Joint Strategic Commissioning Board.

### IPR Exceptions

- Complaints – Response times for all Trust complaints and concerns against timescales agreed with the complainant remains high at 86% and the average response time is 23 days.
- Safeguarding training compliance for Level 1 child and adult training and Level 2 child safeguarding training remain above the 85% target level. The safeguarding team is developing the Level 2 adult training for 2017/18 in line with the new national guidance.

- Infection Prevention and Control – audit compliance remained positive across hand hygiene and bare below the elbows compliance, vehicle and premises cleaning, with individual issues followed up at a local level with the relevant leads.
- Incident reporting - December saw an overall decrease of 7.3% in incidents reported from November to December. The number of incidents reported that are categorised as moderate and above has also decreased on previous months and is at its lowest figure for 5 months. The incidents categorised as moderate and above accounted for 2.54% of all incidents.
- Legal requests – FOI Request response time increased in December. This was due to an increase in FOI responses of a complex nature that needed additional review and sign off by directors.

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

#### **Workforce and OD Team Update**

- The Senior HR Team is now in place with the following individuals now in post:
  - Suzanne Hartshorne, Deputy Director of Workforce & OD, commenced on 3 January 2017
  - Karen Angus, Head of HR, commenced 1 November 2016
  - Rebecca Robinson, Head of HR Ops, commenced 1 November 2016
  - Antoinette Stewart, Senior HR Business Partner, commenced 7 November 2016
- Suzanne is now leading the work on the restructure of the department in order to bring some stability to the team and will focus on modernising the HR practices and processes in addition to working closely with Trust managers and trade union representatives to streamline some HR key processes.
- Claus Madsen, Associate Director of Education and Learning, commenced in post on 7 November 2016. Claus is now leading 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.
- Claus is also leading a Trust wide values engagement process in close collaboration with Gillian Hart, Associate Director of Communications.

#### **National Issues**

- Bear Scotland – This is the 2014 Employment Tribunal between Bear Scotland v Fulton where the Employment Appeal Tribunal outcome requires non-guaranteed overtime to be included in the calculation of holiday pay.

The ET concluded that there was no difference in principle between non-guaranteed overtime and commission payments. This case potentially has major implications for the Ambulance Service as staff are required to do compulsory overtime when shifts overrun. The Trust currently has 50+ 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 a paramedic has been re-banded 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 clinical work.

The re-banding potentially brings a cost issue for the Trust and significant work in order to ensure that our workforce meet the requirements. Job descriptions and 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.

### **Staff Engagement**

- The Staff Friends and Family Test is operational across the organisation with Q2 results being very positive at 85% of staff recommending YAS as an organisation through which to receive treatment. Unfortunately only 42% were positive as recommending YAS as a place to work. Work is being done across the Workforce Directorate in order to improve staff experience and bring cultural change.
- The 2016 National Staff Survey response deadline was 2 December 2016. A detailed report is expected by 31 January 2017, with our comparator results being nationally published on 7 March 2017. 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 will be submitted to a future Board meeting.

### **Education and Learning**

- We are 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 is scheduled to be launched by end of February 2017. Under each objective there is 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 to be held on Monday 30 January.
  - A Disability Staff Support Network has also been established with the first meeting being to be held on 15 February 2017. A wide range of staff and union representatives have put themselves forward to sit on this group.

- 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.
- Kevin Wynn is taking a lead on progressing our position and also ensuring compliance with the NHS Accessible Information Standard and is currently formulating an action plan in order to implement this across the organisation.
- The Head of Diversity and Inclusion attended the Trust JSG in order to engage and consult the Trade Union representatives of the work that is being undertaken with positive engagement and feedback received.
- Over 300 managers have been trained on a one day face to face Diversity and Inclusion Workshop. The Trust Board is scheduled to attend the Diversity and Inclusion Workshop on 28 February 2017.

## **Recruitment**

- Recruitment across the Trust is high, with over 260 staff and 80+ volunteers currently being progressed through employment checks.
- 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 whole 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.
- A full review of DBS checks for all roles has taken place and a list has been developed. This needs agreement with key stakeholders but will significantly reduce the number of roles which need a DBS check, potentially identifying a clear cost saving and a reduction in the time to hire.
- A review has taken place of the way YAS manages the Fit and Proper Person tests. A new Trust wide policy will be developed and presented to the policy group and TMG/TEG.
- A review of employment checks undertaken for internal candidates is being undertaken to speed up internal moves.
- Agency Cap – A Central Booking Team for temporary workers is being established in order to ensure better compliance with the NHSI Agency Cap and also to have better planning and cost management across the Trust in this area. The team is in the process of contacting managers in order to review the list of temporary workers currently held. A more robust booking and approvals process will be in place in the next few weeks in order to reduce the amount of agency staff.

## Employee Wellbeing

- The sickness absence rate for December 2016 stands at 6.09% which is an increase of 0.6% from the previous month, which is not unusual for the time of year. This continues to compare favourably to the same period last year when it stood at 6.28%. The 12 month figure stands at 5.4% compared to the 5.7% for the 12 month period of January to December 2016. 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, a musculoskeletal initiative to be delivered in the call centre environments, and a health check initiative delivered in various areas across the organisation (from early 2017).
- Other areas of significance are those activities relating to the Trust achieving the CQUIN for Health and Wellbeing. Specifically:

- **Flu Campaign**

Unfortunately the uptake of the flu vaccination this year has been particularly poor with the Trust percentage being 21.43% at the end of December.

The main reason for this (anecdotally) appears to be the provision of the flu vouchers, rather than an internal vaccination programme. The vouchers were originally intended to ensure that staff could obtain the vaccine in their own time at their local pharmacy. Unfortunately this was not a successful strategy and new strategies will be investigated for next year's campaign including a peer vaccination programme and potentially a more incentivised scheme. Recruitment for an in-house Occupational Health Nurse is currently being undertaken.

- **Applicants to Front Line Roles Physical Competency Assessment**

The validation pilot Physical Competency Assessments for Applicants to Front Line Roles (AFLR PCA) has begun. The pilot aims to ensure that suitable tests are in place for new starters, which ensure they can demonstrate that they are physically able to undertake the roles. So far 29 A&E 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 for further sessions.

- **Musculoskeletal (MSK) intervention pilot**

A pilot is due to commence in EoC with a further roll out to 111 and PTS Comms Team to support the management of MSK issues. The pilot will see a physio providing walk rounds and advice on back care and good posture.

- **Management training on supporting the mental health and wellbeing of staff**

A number of managers have undertaken training over the course of the last year in respect of supporting staff with mental health issues. The specific courses include the Mind Line Manager mental health training course and 'Creating a Mentally Healthy Workplace' delivered by Zeal Solutions. Sessions are being evaluated to establish their value and potential for further sessions being arranged.

- **Redevelopment of Post Incident Care (PIC) Process**

The Post Incident Care process was transferred to Datix earlier in 2016 and a Clinical Psychologist has been engaged to provide support to staff in the most extreme cases. For the purposes of the CQUIN last year, this target is met. However work will continue to develop the service further and maximise the benefit to staff.

- **Health Checks Pilot**

The team are currently in the process of negotiating for a provider to deliver health checks for some of our staff groups. It is hoped that these will begin in Spring 2017.

- **One You Public Health Campaign**

The team are currently working with Communications to roll out the 'One You' campaign to staff. The campaign promotes healthy lifestyles by providing information, mobile apps, and a 4 week challenge.

## **Employee and Industrial Relations**

- Various consultations on restructures including the TUPE of PTS staff in Hull are taking place across the Trust. As consultations may impact on other directorates, a centralised consultation tracker is being established and it is proposed the consultation tracker will be shared at JSG for information.
- HR and Staff Side continue to work in partnership on Policies and Guidelines. Currently under review at Policy Progress Group are the Disciplinary Policy and Management Guidelines and the Partnership and Recognition Agreement.
- In line with best practice and to improve employee relations it has been reiterated to management that paid suspensions should only be used after careful consideration and as a last resort failing any other alternatives e.g. temporary redeployment, which may be available. When it occurs, the length of suspension should be kept to the minimum period necessary. Suspensions going forward will be monitored by the Head of HR and Deputy Director of Workforce to ensure that they are appropriate. Cases where staff are suspended will get priority.
- HR Business Partnering Team are reviewing HR Metrics including analysis of casework and themes, dashboard and KPI reporting.

- There is a review on settlement and legal costs with the aim of reducing costs and making improvements to reporting. We continue to effectively utilise the ACAS Conciliation process.

### **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 with contracts planned to be signed in January.
- The Finance team continue to support the development of the Sustainability Transformation Plans (STPs) across the health care system, including long term financial planning. This will continue to be an area of focus over the coming year.
- The Team have also focused on supporting business development opportunities including the PTS bid in South Yorkshire, the Vanguard programme and West Yorkshire Acceleration Zone funding.
- Work is continuing on tariff development as part of contract negotiations with Commissioners and also working 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.
- 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.
- The Trust's Standing Financial Instructions (SFIs) have been developed and reviewed to support improved alignment of accountability and delegation. This is expected to be approved by the Trust Board within the next couple of months.
- 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.
- An action plan has been developed to support improving financial control across the Trust.

### Fleet Function

- The team is currently managing the commissioning of 109 new DCAs. This has been designed in close partnership with Operational staff.
- The commissioning of new Rapid Response Vehicles is coming to a close and most of these have now entered service.
- The modification of tail lifts have commenced, with 10 to be completed this financial year.

### Estate and Hub & Spoke Programme Office

- Ambulance Station refurbishments are now underway in Huddersfield, Bramley, Barnsley and Castleford.
- Space utilisation work at Wakefield HQ is currently underway and the recommendations will be implemented in 2017-18 to improve space allocation and utilisation.
- The sale of the former Bramham Ambulance Station will complete in April 2017.
- The Estates Team have completed a programme of boiler replacements which will improve heating efficiency.
- Work to improve the fire compartmentation at Wakefield HQ is due to be completed by the end of March 2017.
- Discussions are underway with North Yorks Police and Fire and Rescue Service to discuss co-location opportunities at Malton and Ripon.
- A potential site for the Doncaster Hub has been identified and preliminary work has begun to assess the site conditions and carry out legal due diligence in anticipation of submission of an outline planning application and completion of the Full Business Case.
- The 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. 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 is currently busy with a number of high value and high operational impact procurements and contracts.

- The team is on track to deliver these in-year, balancing support to front-line operations with more strategic longer-term projects such as Ambulance Vehicle Preparation (AVP).
- The indicative figures for 2016/17 are that the department has delivered or identified £2.3m of savings (across the life of the contracts placed this year).
- The Department remains on track to deliver the strategic goal of “Confidence in Procurement and Logistics” by 2020.

#### Business Intelligence/Management Information

- A new portal is live for the whole trust under Performance on the Pulse Apps page. This includes A&E and EOC with pages to be developed for PTS, 111, Workforce and Clinical in the next few weeks.
- Finalising rosters for A&E Operations to be implemented by Q1 2017/18.
- Supporting the development of the 2017/18 workforce plan to incorporate recruitment, conversion, stat man, resilience, Paramedic Practitioner training and overtime planning in line with seasonal demand and budgeted FTE.
- A new Live dashboard has been developed to provide management with a clear, real time overview of performance and demand.
- The team has been working with the EOC to increase the number of high priority calls that trigger an early response from questions and keywords. This aims to improve the response times on the most life threatening calls.
- Modelling work to assess the impact of stroke/children’s surgery service reconfigurations in South Yorkshire.
- New performance, demand, staffing and resourcing reporting created for PTS. The team has been supporting the PTS South bid through further development of resource and performance forecasting.
- Monthly reporting of call audits now in place to track number of audits completed and outstanding audits for all NHS111 Call Handlers, Clinicians and Clinical Team Leaders.
- Reporting streams currently being developed to support the further implementation of the Clinical Advisory Service and to monitor performance of the initial go live.
- Development of the reporting to support the Integrated Urgent Care Key Performance Indicators for 2016/17 has begun following an initial review of the specification with commissioners and other key stake holders.

## ICT

- **Ambulance Response Programme (ARP)** – Phase 2.2- ICT have worked with operational, EOC teams and BI team to implement APR phase 2.2 which has gone live 20<sup>th</sup> October. ICT also redesigned the YAS wallboards, performance Apps and the ROC Web.
- **111 Home working (CAS)** - ICT have commissioned 111 home working facilities for 35 users consisting of a laptop, IP Phone, backup phone and Voice recording for 111 staff. This will provide them with remote working capabilities enabling clinicians to work virtually.
- **LifePACK Data:** One of the CQUIN initiatives is to collect and analyse the data collected from Lifepak defibrillator equipment following YAS attendance at a cardiac arrest. ICT has developed the means to collect the data and present it in a form which can be analysed by the clinical directorate.
- **HUB and SPOKE Program:**
  - **Ambulance Preparation System**– Following on from successful engagement workshops with the Hub and Spoke team ICT have now got an agreed data capture specification to support reporting requirements. This will be delivered in three phases:
    - Enhanced vehicle preparation checklist Apps
    - Vehicle Deep Clean Apps
    - Interface to existing systems and procured services.
- **Mobile Data Terminal (MDT) Wireless Connectivity-** ICT have implemented infrastructure at 11 Fleet workshops, consisting of a securely stored MDT Server with wireless antenna. This will deliver the latest electronic maps wirelessly to all A&E front line vehicles. In addition to this, 80% of 425 Vehicles have received the latest maps and software updates to receive future maps wirelessly.
- **ePR (electronic Patient Record)** – the application to digitise the information in the paper Patient Record Forms is now a collaborative project with NWS. Requirements have been discussed but not yet finalised. The PID (Project Initiation Document) has been drafted but requires internal authorisation before discussion at the joint Project Board. If authorised development can proceed in February for a possible first phase go-live in July 2017.
- **Voice Recorder Legacy System** – In house development to provide access to legacy call recording which replaces the current software.
- **Restart-a-Heart:** The website was developed with the corporate communications team in preparation for the Restart-a-Heart day across Yorkshire. The site was successfully launched in October 2016.
- **YAS report enhancements:** ICT have developed a new reporting mechanism that will be used by the BI team to produce more efficient reporting. It is using approved Business intelligence software tools and methodologies (Cubes).



This will allow the BI team to produce quicker and more efficient stats and figures in their reports/documents. This new reporting mechanism has been set up against the following business areas:

- A&E
- Telephony
- 111 (In Progress)

### **IPR Exceptions**

- The Trust against a back drop of increased demand is being challenged in being able to deliver its overall financial position and the associated quality and efficiency savings / CIP Plans. Mitigating actions include ongoing discussions with Commissioners in terms of recovery of costs for service reconfigurations. Additionally commissioners have been asked formally to lead on system demand and capacity reviews and requirements with the intent to reduce demand on ambulance and hospital services including handover delays.

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

- Over winter the planning and development team have been focused on supporting effective planning, stakeholder engagement, business development and external transformation priorities for the organisation. A key focus has been the work to produce the two year operational plan which was signed off by the Board for submission to NHS Improvement on 23 December. Next steps will be to translate this high level plan into a series of action focused business plans for each directorate and to monitor progress through the coming year along with associated financial and cost improvement plans.
- In addition to developing the operational plan, the team has been progressing negotiation of the A&E and NHS111 contracts; working jointly with commissioners to develop the business case for a Clinical Advisory Service and working up further potential demand management initiatives for A&E. The team has also been engaging proactively with partners across the system to respond to the West Yorkshire Acceleration Zone; the WY Vanguard and the NHS111 and 999 Joint Strategic Commissioning Board.
- Before Christmas, the Planning & Development Team established infrastructure to manage critical stakeholder relationships across the region with the result that the organisation is now consistently represented at a senior management level across 11 A&E Delivery Boards, three STP leadership teams and three Urgent & Emergency Care networks. A group has been established internally to systematically gather intelligence from these meetings, and to ensure that YAS is proactively responding to queries and disseminating information consistently to all groups. This is an important way of building our reputation as a reliable partner in the health and social care system and feedback to date has been really positive.

- Over the winter period, all system partners have understandably been focusing on managing operational pressures but as we move into spring it is anticipated that STP planning activity will begin to accelerate once again. The team has established systems and processes for engaging and responding to this, through the networks described above. This affords an early opportunity to influence any proposed service reconfigurations across the region, assessing and escalating the risks appropriately. Currently we are monitoring the impact of operational pressures and previous reconfiguration work in a number of areas across Yorkshire and the Humber, and continue to meet with partners to ensure that we are managing this effectively in the here and now, as well as planning for further changes in future.
- Work to implement the communications and engagement strategy for the organisation continues, and a revised team structure is currently being put in place to enable more proactive leadership of community engagement in particular. A team of representatives from across the organisation now meet regularly to ensure that engagement activity is coherently planned and responsive to the needs of specific communities. This work will be developed further in the coming year.
- The Executive team has commenced work to fully refresh the organisational strategy; establishing a road map for development and completing a review of vision, purpose and values alongside some early work on strategic environmental analysis. This will be discussed along with next steps at the Board on 31<sup>st</sup> January.

### **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 December 2016 IPR report, highlighted in the Executive Directors reports.