



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 27/09/2016	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	4.1
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 19 July 2016 to 25 September 2016, and the opportunity for TEG to highlight the key variances / movements contained within the August Integrated Performance Report (IPR).		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Rod Barnes, Chief Executive	ACCOUNTABLE DIRECTOR	Rod Barnes, Chief Executive
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):			
Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings.			
PREVIOUSLY AGREED AT	Committee/Group:		Date:
RECOMMENDATION	The Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period. The Board notes and discusses the variances contained within the August 2016 IPR report, highlighted in the Executive Directors reports.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission	All		
Monitor Quality Governance Framework	All		

1. Purpose

- 1.1 To give the Board assurance on the activity of the Trust Executive Group (TEG) from 19 July 2016 to 25 September 2016, and the opportunity for TEG to highlight the key variances / movements contained within the August Integrated Performance Report (IPR).

2. External Environment

In August NHS Improvement and NHS England launched a joint A&E Improvement Plan focusing on five priority areas.

- Streaming within hospital emergency departments.
- Implementation of the Ambulance Response Programme.
- Increasing the proportion of NHS 111 calls transferred to a clinical advisor.
- Improving hospital discharge processes.
- Patient flow.

The Launch was supported by a regional workshop at Doncaster Royal Infirmary on 5 September attended by managerial and clinical leadership teams from across the north of England. Since the launch the West Yorkshire health economy has been selected by the Secretary of State for Health to become an Acceleration Zone to advance local initiatives which support delivery of these priorities and wider integration of primary and urgent care and mental health services.

The Trust is heavily involved in workstreams supporting this initiative including the development of a 999/NHS111 Clinical Advisory Service through the West Yorkshire Urgent and Emergency Care Vanguard and improving patient flow and discharge. Details are still to be finalised, but the Trust is working in close partnership with all providers and Commissioners to increase clinical advice through NHS111 and support delivery of the emergency care standard (A&E 4 hour standard) at acute hospitals.

NHS Improvement has published the Single Oversight Framework for NHS Trusts and NHS Foundation Trusts, to come into effect 1 October 2016. The framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'good' or 'outstanding' and identifies NHS providers' potential support needs across five themes: quality of care; finance and use of resources; operational performance; strategic change and leadership and improvement.

Providers will be placed in one of four segments to determine the level of support required:

- Providers with maximum autonomy
- Providers offered targeted support
- Providers receiving mandated support for significant concerns
- Special measures

NHS Improvement has published its detailed report on Quarter 1 (Q1) performance of the NHS provider sector for the 3 months ended 30 June 2016. The Q1 net deficit for the sector is £461 million a reduction of £469 million, from a net deficit of £930 million in Q1 2015/16.

For the fourth consecutive quarter, ambulance services have not achieved Red 1, Red 2 and Category A response-time targets, with sector performance of 70.43%, 64.43% and 91.90% respectively. Both hospital Emergency Departments and ambulance services reported a significant increase in demand over the period.

3. Executive Team Reports

3.1 Chief Executive

The CQC's planned re-inspection visit took place week commencing 12 September. Whilst it is too early to provide any formal feedback the inspection team noted that they had seen an overall improvement since the January 2015 inspection.

We are led to believe it will be some months before a draft written report is available to us to comment on for items of factual accuracy, which will be followed by the publication of the final report. Further detail is provided later in this report. It has been confirmed that the NHS 111 CQC inspection will commence 10 October 2016 and being incorporated into a single inspection report for the Trust.

YAS, West Yorkshire Fire and Rescue and West Yorkshire Police held the inaugural meeting of the Tri-Service Collaboration Programme Board on 19 September. The Board has been established in response to the Police and Crime Bill requirement for greater collaboration between the three emergency services. The Board will meet bi-monthly to develop and explore strategic issues and projects across the footprint of all three services to best meet the needs of the public and local communities.

In September the Trust launched two important initiatives to improve rates of survival from cardiac arrest:

- The #CPRSavedMyLife campaign on Social Media (Twitter, Facebook and Instagram) features cardiac arrest patients whose lives have been saved by someone successfully performing cardiopulmonary resuscitation (CPR). The #CPRSavedMyLife campaign is being held as part of preparations for Restart a Heart Day on Tuesday 18 October 2016 when YAS staff and volunteers will teach CPR to 25,000 pupils at 112 schools across the county.
- On 15 September The Save a Life Education Centre, at the National Emergency Services Museum in Sheffield was opened by the Lord Mayor of Sheffield, Cllr Denise Fox.

The Centre has been made possible thanks to a partnership between the museum, Yorkshire Ambulance Service NHS Trust, Yorkshire Ambulance Service Charitable Fund, St John Ambulance, the British Heart Foundation, Zoll, South Yorkshire Police and South Yorkshire Fire and Rescue Service. The Centre will provide school pupils and visitors to the museum CPR and defibrillator awareness workshops.

The Trust has also loaned its two heritage ambulances to the museum to allow them to be seen by members of the public. As part of the loan agreement YAS will continue to have access to the ambulances for special events such as our Long Service Awards ceremony.

The Trust has continued its programme of community engagement throughout August and September. Roadshow events were held at Scarborough, Bradford and Hull and teams of YAS staff delivered First Aid training to the members of the Al-Mahdi Mosque and participated in the Leeds Pride event on 5 and 6 August. The Trust was also represented at the memorial event Hope Not Hate for the late Jo Cox MP at Upper Batley High School.

On the 25th September 2016 staff from North West Ambulance Service and Yorkshire Ambulance Service embarked upon a 6 day walk from Scarborough to the West Coast of England. The walkers are calling in at Police, Fire, Ambulance and RNLi stations along the route, finishing in Blackpool on the 30 September in Blackpool West Coast of England. The walk will be raising funds for the charity MIND's Blue Light Programme and highlighting the Charity's work supporting wellbeing amongst Emergency Service Personnel.

This year's Long Service and Retirement Awards ceremony took place at the Pavilions of Harrogate on 6 September. 140 members of staff attended the event and we were joined by Mr Christopher Blundell, Her Majesty's Deputy Lieutenant of North Yorkshire. The awards included five staff who have completed 40 years' service and two posthumous awards to families of Neil Hare, Clinical Supervisor in Hull and Melvin Salisbury an Ambulance Technician from East Riding who sadly passed away during the last year. We were honoured that members of their families could join us to receive awards on their behalf.

3.2 Operations Directorate

Activity

- Decisions taken in late April/early May around budgets and resource capacity to bring budgets back into balance remain in place and continue to be exacerbated by a large increase in demand during July and August which is continuing into September. In total, since April the service has had to deal with an extra 18,108 responses which is concerning as we move towards our normal high activity months relating to the winter period of November through to March.

	Apr	May	Jun	Jul	Aug	YTD
2015-16	55039	56192	55166	57108	57255	280760
2016-17	56014	61569	59197	62562	59526	298868
Var	975	5377	4031	5454	2271	18108
Var%	1.8%	9.6%	7.3%	9.6%	4.0%	6.4%

- The A&E contract for the current year is a block contract so no additional monies for over activity are available to offset resourcing costs such as overtime and private providers to cover the additional activity.
- To compound the above a number of hospital reconfigurations have or are due to commence. These are not funded in terms of the additional resource with an accumulative impact on service delivery. Reconfigurations include Mid-Yorkshire in September, Scarborough and Airedale stroke changes and the York / Scarborough move of services to Bridlington.

Performance

Performance by month:

Month	Red	Amber R	Amber T	Amber F
July	63.3%	71.6%	60.5%	66.4%
August	70.5%	78.5%	69.6%	70.9%

EOC

- The vacancy factor for Emergency Medical Dispatchers (Call Handlers) within the EOC has been significantly reduced with an additional 19 WTE new recruits, 8 of whom are now fully trained to take emergency calls and 11 to deal with all urgent calls including HCP, Police, Fire and Prisons. An additional 10 new recruits will be trained in October bringing this staffing group to full establishment in time for winter pressures.
- As part of the Sign Up To Safety initiative the Risk and Safety Division have been working closely with EOC to undertake 10 patient safety huddles involving 48 members of staff on Team 2. The primary objective has been to ensure a focus on patients in balance with performance. The results are very positive and the next steps are to expand this work to the other teams within the EOC, headed up by the Clinical Duty Managers.

A&E Transformation

Table one below is a summary of the programme status as at the end of August 2016:

Programme Overall Status		Amber
1. Right People Right Skills		Amber – Mitigation plan for recruitment and training shortfall awaiting final budgetary approval. Expected end September 2016.
2. Right Time Right Place		Green – progress towards key milestone of 50% new rotas by October 2016 on track.
3. Safe and Effective		Green – Awaiting Leadership structure and Resource Department re-structure. Consultation process sign off by TEG. Implementation expected from October 2016 onwards. Progress against other activities on track.
4. Creating a sustainable service		Green – activity on track.

- Continued staff-side engagement process through Operational Joint Steering Group (JSG) in relation to A&E Transformation Programme.
- HR lead on leadership and management restructure has reviewed all JDs and Person Specifications. Consultation Paper prepared for presentation to TEG.
- Training mitigation paper produced to address predicted shortfall in recruitment and presented at Programme Board.
- Weekly progress reports received from CBUs on rota development.
- Continued work with staff side on policies and procedures.
- Monthly update with Senior Operational Management Team on the model behind the business plan so the tracking of demand / performance against trajectory / FTE / finances reviewed within the formal meeting structure with Locality Directors.

Key expectations in next reporting period

- Training mitigation paper presented to TEG for approval.
- Produce first draft of 2017/18 abstractions plan.
- Rota design at CBU level submissions to be received in A&E Transformation Programme Office.
- Planning for next series of Roadshows to CBUs regarding rota development (to take place in October).
- TEG approval of leadership and management consultation paper.
- Training and TNA project with Resource Team commenced.

- Submission to NHSI for Capacity and Resource Planning project business case.
- Continuation of project management of EOC Development Project including ARP Phase 3 (code implementation) and Auto – Despatch.

Resilience

Emergency Preparedness, Resilience and Response (EPRR):

- Started the NHS England EPRR Assurance process for 2016-17.
- Conducted the YAS Executive Training session at YAS/Health Gold Cell.
- Prepared a report for the York Independent Flood enquiry in relation to our experience of the 2015 festive flooding in the York area.
- Increased the commander footprint covering the Leeds (Chapelton) Carnival and the Leeds Festival events given the crowd sizes and number of casualties generated.

Training:

- Executive Awareness Session x1.
- Resilience Awareness Session x1 and BC Exercise.
- Health JDM Course x1.
- BCMS & ISO22301 Course x1.

Exercises:

- Leeds Festival Table Top Exercise 11 August (Ops Commander, Resilience Team x2).
- South Yorkshire Control of Major Accident Hazards (COMAH) Exercise Four Corners 16 August (Ops Commander, National Incident Liaison Officer (NILO), Hazardous Material Advisor (HAZMED) and Command Support Assistant (formerly known as Command Support Loggist).

Business Continuity

- PTS Locality Manager training on Incident Management and BC.
- ISO22301 training for HART and Air Ambulance.
- Drafted table top exercise planner for all departments. Currently 11 are booked / planned in.
- Top 15 YAS suppliers written to requesting completion of 3 PQs (Pre-qualifying Questionnaire) to assess the robustness of the suppliers' BC plans.
- 3-yr rolling Business Continuity Management Systems (BCMS) programme finalised and circulated to BC leads.
- Ran Exercise Woodpecker for Community Resilience team.

Special Operations

- The new HART Primary Response vehicles are scheduled for delivery week commencing 19 September, with the Secondary Response vehicle and Welfare vehicle order having been placed. Expected delivery time is back end of quarter 3, with the Incident Ground Technology also due at the same time.

- The new staff training and CPD folders for recording HART competences have been delivered and are now in operation.
- Air Ambulance – the first of the two new aircraft has been delivered and is operational. The second is scheduled for transfer of ownership at the end of October.

IPR Exceptions

No exceptions to report.

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.
- KPI 3 (outward) patients being collected within 90 minutes after their appointment. At the end of August PTS was 1.4% below a target of 91.7%. However this is continuing to improve month on month.
- All PTS calls answered within 3 minutes continues to improve and currently stands at 72.7%.

General Service Update

Sickness

- Long term sickness has risen to 7.36%. A number of staff are due to return in September. We are assured that these staff are being supported and are engaged with our Locality teams.

Vacancies

- PTS used an equivalent of an additional 26 FTE with the use of overtime against vacancies of 9. The difference between contract and FTE worked is related to overtime. The difference between budget and contract is related to vacancies.

Renals

- West Yorkshire Renal performance and recovery should be highlighted following poor July performance, inward journeys improved by 7.6% on previous month and above YTD performance; outward journeys (within 45 min of booked ready) improved by 14% on the previous month.

- PTS introduced a number of changes to the West Yorkshire Consortia area in June to support the implementation of the “PTS Change Programme”. These changes included combining smaller renal and main PTS rosters, and bringing together Control and planning desks. Whilst we are confident that these are the correct changes to make to bring about improvements in performance for patient transport; we have encountered challenges but have implemented service improvement measures which will reflect in the August report. Our PTS Senior Comms Lead, in position since July 2016, is working on our PTS communications plan for our “change” programme to ensure that we improve our communication and engagement with our PTS staff, external partners and of course with our patients.
- During August the PTS management team has been actively engaged with renal stakeholders and a series of meetings have now been arranged. Our PTS Renal Engagement Lead, who commenced this role on 1 August 2016, is already establishing and enhancing our relationship with LTHT renal staff and patients. We have begun to trial the extended use of sub-contractors which has already shown improvements in performance. We have also taken the decision to reintroduce the practice allowing nurses to forecast in advance when patients will be ready for collection. This decision was taken following the criticisms received from some patient groups and stakeholders.

PTS Service Programme Update September 2016

- The Service Transformation will create a Patient Transport Service that provides high quality, safe and efficient care to its patients’ whilst remaining competitive and sustainable for the future. This will be achieved via a new service delivery model developed with relevant staff which has a logical flow through booking patients into the system, defining required resources, supply and optimise the resource to deliver patients. Progress to date is detailed below.
- Piloting of Autoplanning is continuing, with the focus on solving underlying issues whilst maintaining KPI performance, prior to further roll out. The pilot Resource department has been set up to facilitate delivery of efficient resourcing of staff and vehicles.
- Streamlining the reservations process is being achieved by working with hospital trusts (currently in South) to encourage online booking and eliminate the use of the PAS (Patient Administration System). Courtesy calls to patients are being increased as part of CQUIN requirements which will lead to a reduction in aborted journeys.
- 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 number of volunteer car drivers has increased to 191 from a baseline of 62, to help deliver new ways of working. The number of alternative providers including taxis, community and ambulance providers has increased with the new PTS subcontractor framework. Governance checks for the subcontractors are almost complete. Fleet availability has improved with newer vehicles, standard configuration and out of hour's maintenance in place.
- A new PTS management structure has been developed, in line with the new service delivery and workforce models which is awaiting sign off prior to implementation.

NHS 111

Call volumes & performance:

- After five months, calls volumes are running in line with the business plan forecast and budgeted income at 636,757 for NHS 111 (1% over business plan forecast YTD) which is below the contract ceiling by -0.5%. By normalising the comparative period for August 2015 YTD, then it is approx. 5% growth year on growth.
- Year to date performance is 93.9% at the end of August 2016 which is 0.4% below August 2015 for call answer.
- In terms of clinical calls year to date performance for call backs in 2 hours at the end of August 2016 was 85.7%, which is 3.8% below the year to date figure for August 2015.

General Service update

Annual Business Plan review:

- As part of the Operational Management Group the NHS 111 management team, supported by business partners, met to review progress against operational plan objectives. The priority for the team was deemed to be clinical recruitment as it was recognised that this supported the Clinical Advisory Service developments and the requirements of the NHS A&E Delivery Boards.

Recruitment:

- Winter recruitment has been the focus of the service since May, with over 350 people assessed and the required c200 staff secured and going through recruitment checks. 55 new starters commenced training on 3 September 2016 and will be out taking calls during October at the start of the increase in call demand. There are two cohorts in October, and further cohort in November.

- Clinical requirement continues to be challenging for the service, although seven clinicians successfully completed their training during August. A formal home/remote working project has been developed to create more flexible options for clinical recruitment. Further work is underway in conjunction with HR colleagues to provide creative recruitment / contract options and this will form part of our formal clinical recruitment action plan.

Freedom to speak up:

- Freedom to Speak up engagement sessions were concluded with a series of initiatives underway to assist with staff development, wellbeing and support. One of these was the launch of the local service line recognition scheme in August. Staff achieving the following will be recognised:
 - 12 months' Perfect Attendance
 - Compliment received from a patient / caller
 - Nominated and selected as Call Handler / Clinician of the month
 - Nominated and selected as having gone "Above and Beyond" expectations

New NHS Pathways clinical update:

- All staff have been trained on version 11 NHS Pathways and this change was successfully implemented in August. The second update, version 12, for NHS Pathways is due to be available for training and implementation in the latter part of quarter three. It is likely the implementation will take place in quarter four.
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NHS 111 National Provider Forum:

- YAS was represented at the 2nd national provider forum for NHS 111 providers; this forum is starting to explore influencing nationally eg system developments or policy and also a way of sharing best practice.
- NHS England provided an update on the A&E Delivery Board requirements for NHS 111 with the focus on the increase in clinical intervention from 18% to 30%. This is in line with the West Yorkshire Vanguard / accelerator site and as a service YAS has requested to be involved in any national workflow development meetings.

Planned and Urgent Care cross directorate initiatives:

- The NHS 111 team have supported the recent PTS tenders and are working with PTS on undertaking a trial to ring PTS patients during the day before their appointment to support the reduction of aborted journey's for the service. Synergies are also been considered in terms of the wider workforce agenda for example recruitment and career development options.
- Additional recruitment has taken place on a temporary basis to support the clinical advisory service development and the operational / technical requirements have started to be understood further so that they can be developed in quarter three/four.

Integrated Urgent Care (Vanguard)

- The focus for Integrated Urgent Care has been on the development of the Hear See and Treat Model, including the business case and Role model.
- NHS England and the Secretary of State are viewing West Yorkshire as an Accelerator Zone to demonstrate the potential impact of a developed integrated urgent care model. The focus is on achieving the 95% ED Waiting time target and to increase the percentage of patients calling via NHS 111 that are referred to a Clinical Advisor from 20-30%.
- The initial plan for the 2016/17 had the CAS “Go Live” as of February 2017. However, there can be a limited “Go Live” in December in line with the Accelerator Conversation; though this will need to come with clear expectations about the ability to recruit and the potential impact of the service.
- The CAS Element of the proposal will include the clinical team, the technical infrastructure for homeworking and an urgent care desk to enable See and Treat.
- The funding and role model for the HST proposal is ongoing with a business case due to go to commissioners at the end of September.

Frequent Callers:

- The project is focusing on the expansion of the Frequent Callers service to include NHS 111 patients and prioritised care homes is included in the HST Business Case. This will be included in the Hear See and Treat Business Case for 2017/18; a decision on which is due by the end of 2016.

Falls Response:

- A West Yorkshire Falls Response Pilot has been proposed for winter 2016/17; however Vanguard Leadership has requested a proposal for a West Yorkshire wide service. This follow on proposal is being progressed and the continuation of the final model will be included in the HST Business case assuming the success of the pilot/Service.

Urgent Care Practitioners:

- The impact of ARP 2 is requiring the project team to relook at the model for how the UCPs could be used within the Urgent and Emergency Care system and the impact on the YAS workforce strategy.
- YAS is not in the position to detail a UCP the HST Business Case, but a statement of intent will be included.

IPR exceptions

No exceptions to report.

3.4 Clinical Directorate

Clinical Effectiveness

- Quarter 1 audit of Red Flag Sepsis has demonstrated month on month improvement in care bundle compliance over the past year. An updated sepsis screening tool, following the publication of NICE guidelines in July 2016, is currently out for internal and external consultation, to be signed off externally at the YAS / Emergency Department leads forum on 30 September. Procurement Group have agreed the introduction of a new thermometer to improve temperature monitoring.
- The annual Myocardial Ischaemia National Audit Project (MINAP) report has now been published, reporting that 1,213 patients received primary angioplasty (pPCI) in 2015/16, 85.3% within 150 minutes of 999 call. Only 19 (1.6%) patients breached the 150 minutes ACQI standard due to pre-hospital delays. A regional review of all pre-alert pro-formas has been conducted to improve the consistency of pPCI pre-alert.
- YAS has performed very well in the latest Febrile Convulsion national Clinical Performance Indicator (CPI) care bundle with 91.3% compliance, and has demonstrated slight improvement in the Elderly Falls nCPI where action needs to be taken to improve the recording of the history of falls.
- All unexpected deaths whilst in YAS care are now reviewed by senior clinicians as part of the Mortality Review. In Quarter 1 there were 417 deaths, 392 (94%) of which occurred despite appropriate preventative measures being taken, 14 following contact with other Health Care Professionals (HCPs) in the previous 72 hours, and 11 due to terminal illness. HCPs who have had recent contact with patients who subsequently die in YAS care are informed of outcome.

Medicines Management

- The medicines formulary has a number of recent additions:
 - Activated charcoal, for the management of poisoning by ingestion;
 - Co-amoxiclav, an antibiotic for the management of open fractures (restricted to HART, HEMS and RAT paramedics);
 - Lidocaine, a local anaesthetic for the management of pain associated with intraosseous injection;
 - Duodote, a new formulation of nerve agent antidote supplied by the Department of Health which replaces expiring current stock.

Clinical Development

- A pilot of the use of ultrasound in cardiac arrest has commenced. Workshops with Leeds and York Red Arrest Team (RAT) members have shown promising early results.
- Ring magnets to manage Implantable Cardiac Defibrillators (ICDs) in peri-arrest patients are being introduced to all 999 resources.
- Paramedics are being taught to treat patient with symptomatic Ventricular Tachycardia (VT), a compromising fast heart rhythm, using DC electrical cardioversion, rather than the current practice of chemical cardioversion with amiodarone, in line with Resuscitation Council (UK) guidelines.
- RAT members have been trained to manage patients with symptomatic bradycardia (slow heart rate) using external cardiac pacing. These patients are at risk of sudden death without emergency intervention.

Clinical pathways

- Significant service reconfigurations have taken place at Mid Yorkshire Hospitals Trust in September, with implementation supported by YAS senior managers on site to ensure the maintenance of patient safety.
- Acute stroke services in Barnsley were recently withdrawn with little notice, and the regional stroke pathway has been updated to reflect the change in service provision. Staff awareness training is underway, and potential patient safety issues are being closely monitored.
- The regional vascular services review has been published following significant input from YAS. As changes are implemented, impact modelling and commissioning discussions will be managed through Business Development in order to maintain safe ambulance service provision.

Research

- An additional £22,000 of funding in 2016/17 has been agreed with the Yorkshire & Humber Clinical Research Network (YH CRN), with a further £22,000 in 2017/18, for an additional Researcher (at AfC Band 6).
- The arrangements for setting up the RePHIL study are progressing well. YAS is participating in this national study to trial the pre-hospital use of blood products on medically-staffed air ambulances, which is expected to go live in December 2016.

Clinical Leadership

- Workshops have been held with Clinical Supervisors from teams in Leeds, Rotherham, York/Harrogate and Hull, producing actions to improve the provision of clinical supervision to frontline staff including clinical simulation sessions. These are being taken forward with A&E Operational Management.

IPR Exceptions

No exceptions to report.

3.5 Quality, Governance and Performance Assurance

- Care Quality Commission – The planned Trust re-inspection by CQC was completed on 12-16 September. This included extensive review of documentation, interviews with a wide cross section of staff and senior personnel and both announced and unannounced observations across Trust sites. The inspection covered the A&E service, PTS, Emergency Operations Centre and Resilience. It is anticipated that there will be further unannounced inspection visits to Trust sites over the coming month to complete the exercise. Overall, the verbal feedback from the inspectors at the end of the week was positive in terms of improvements made since the last inspection. It is recognised, however, that this initial feedback is provisional pending the final collation of all evidence collected and further unannounced visits, and that the report is also likely to highlight a number of areas where further work is ongoing. The next stage in the process is for a second team from the CQC's Primary Care division, to visit the Trust on 10-12 October to complete an inspection of the NHS 111 service. Following this the CQC have advised that they will issue a letter to the Trust outlining key findings and once the full reports on the Trust and its constituent service lines have been finalised and quality assured by the CQC these will be issued to the Trust and published on the CQC website. A firm date for this is not currently available. A Quality Summit with external stakeholders will follow publication to discuss any action required in response to the report findings.
- Leon Kaplan, the new Trust Information Governance Manager commenced in post during August. Leon brings with him a wealth of experience from a range of public sector roles.
- Interviews were also held on 30 August for a new Head of Safeguarding and it is anticipated that the new postholder Nicola Gibson, a safeguarding professional with wide experience across both child and adult safeguarding domains, will be in post before the end of the year.
- Work is continuing to strengthen the delivery plans and programme management in the key service transformation workstreams and to implement the new performance management framework. Gavin Austin, the new Head of Performance Improvement took up post at the end of August. A plan for a structured review of the Integrated Performance Report and supporting dashboards will be presented to TEG in early October.
- The initial meeting of the new Joint Quality Board for YAS 999 and NHS 111 services took place in July, with the second scheduled for the end of September. 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.
- The Medical and Quality/Nurse Directors of YAS, NWAS and NEAS met together again to consider potential priority clinical and quality developments as part of the wider Northern Ambulance Alliance. All agreed that there is significant potential for collaborative development and a number of concrete ideas have been put forward to the NAA Board for consideration. These include potential collaboration on electronic patient record development, Research and Development, mutual support in key specialist functions, joint work on priority clinical service developments, safe

staffing and quality monitoring processes, and development of nursing roles in the ambulance service.

IPR Exceptions

- Complaints – Following a rise in complaints in the PTS service in June, primarily associated with recent changes to the service for renal patients in West Yorkshire, the level has now reduced to the previous range following the implementation of action to address the short term service issues and to engage users of the service in the improvement process. Response times for all Trust complaints and concerns against timescales agreed with the complainant remains high at 92% with average response time 23 days.
- Safeguarding training compliance has increased overall with Level 1 child and adult training over 95%% and Level 2 child safeguarding training above the 85% target level. The recently updated national Inter-collegiate guidelines for adult safeguarding were subsequently withdrawn and we understand that these will be re-issued in due course following further consultation. The safeguarding team is continuing to review Trust training provision against the draft guidelines to inform the 2017/18 training plan.
- Infection Prevention and Control – audit compliance in August remained positive across hand hygiene and bare below the elbows compliance, vehicle and premises cleaning.
- Incident reporting - there was an increase in overall reporting of incidents and near misses in August. Nine Serious Incidents were reported in August, which is the highest monthly figure in the year to-date, and the overall number of incidents associated with moderate or greater harm also rose slightly. The movements were broadly in line with the activity seen in this period.
- Legal requests – the response rates within required timescales for Freedom of Information requests and requests under the Data Protection Act are over 90%. The number of FOI requests in August was the highest monthly figure seen to-date.

3.6 Workforce & Organisational Development

- The Staff Friends and Family T Test has been commissioned for 2016/17 with the QTR 2 data collections process already underway.
- 2016/17 QTR1 Results: The response rate was 9% (149 from 1600).
- The results show that 91% (Increase of 4% from QTR4 2015/16) of respondents have scored positively on how likely they are to recommend the Trust as a 'place of care or treatment' in comparison with 3% of respondents who have given a negative response to this question (This is an improvement of 3% from QTR4 2015/16).
- 59% (A 1% drop from QTR4 2015/16) of respondents have scored positively on how likely they are to recommend the Trust as a 'place to work' in comparison with 24% of respondents who have given a negative response to this question (this is an improvement of 5%).

- The National Staff Survey for 2016 is being carried out as an organisation census, where all staff will be given the opportunity to respond. This process supports the ability to provide more local level reporting which can then influence localised plans to improve levels of staff engagement.
- The survey will be distributed to each member of staff either as an online survey or as a hardcopy survey during September with a closing date for responses of 2nd December 2016. Staff who work predominantly in Trust administrative sites or with regular access to Computers will be asked to complete the online survey. All other staff will receive hardcopy surveys. The full management report of our survey results will be provided in February 2017.
- Following the full review of statutory and mandatory training that was completed as part of the Trust wide Training Needs Analysis in October 2015, there has been an ongoing review to 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. There has been a concentrated effort to support line managers and resource teams to understand their staff's requirements and how to monitor their compliance.
- We are continuing to progress our work around the Workforce Race Equality Standard (WRES). We met our deadline of 1st August 2016 in terms of our submission on WRES to NHS England. A revised action plan has been developed which is scheduled for further discussion at the next WRES Steering Group meeting. A detailed report has been presented to TEG and TMG on our progress against the nine standards.
- A recruitment event took place on 4th August 2016 in Leeds Town Hall. Over 500 people from a range of diverse communities attended the day. The purpose of the event was to showcase the variety of careers within YAS with a diverse range of communities and to promote YAS as an employer of choice across the Yorkshire region. PATH Yorkshire, a Leeds based organisation who specialise in recruitment and selection within black and minority ethnic communities worked with us to help us organise this event. Positive feedback has been received about the event and further detailed evaluation feedback has been captured which will be actioned for future engagement activity.
- The Trusts Performance Indicator Scorecard data shows PDR compliance has increased slightly since December 2015, now around 80% (78.85% July). Feedback received through the post PDR survey indicates that the quality of PDRs being delivered has remained fairly static since the last report in May. The next stage of improvement will be to move to the proposed increase of the PDR compliance target to 90%.

Recruitment:

- There are a large number of recruitment activities underway:
- 51 ECA have started a course which 14 are for the East, 9 for North, 6 for South and 21 for West. 1 is yet to have their base confirmed.
- We have a further 52 ECA candidates awaiting written assessments over the next few weeks
- 10 Paramedics started training on the 15th August.
- 14 Paramedic candidates have interviews booked this month

- We currently have 18 individuals who started the 5th September EMT1 to EMT2 conversion course
- 126 applicants applied for the ECA to EMT1 conversion course with only 36 spaces available over 2 courses taking place in September and October.
- 7 Dispatchers started on 5th September and 12 are scheduled to start on 26th October.
- 5 candidates start PTS driver roles (Band 2 & 3) in September and 8 start in October for driver apprentice roles.
- For roles within the HR department we have confirmed start dates for the following roles:-
 - Head of HR, Karen Angus, starts 1st November
 - Head of HR Ops, Rebecca Robinson, starts 1st November
 - Senior BP, Antoinette Stewart, starts 7th November
 - Deputy Director of Workforce & OD, Suzanne Hartman, starts 3rd January 2017.
- We are progressing Gavin Austin through pre-employment checks for the role of Head of Performance Improvement, 1 reference is currently outstanding.
- Matt Sanford, Associate Director of Business Development, starts 10th October 2016.
- The role of Executive Director of Finance is currently being advertised.
- 60 call handlers for 111 started on 5th September of which 7 are senior/clinical advisors.

Employee Wellbeing

- The sickness absence rate for August 2016 sat at 5.45%, which is a slight increase on the previous month of 0.12% and a match on the same period last year where the rate stood at 5.48%. We continue to implement actions from the Employee Health & Wellbeing Strategy, which focus on supporting staff. This includes:-
 - The recording element of the Post Incident Care process has been moved over to Datix. Since go live on 10 May there have been 108 PIC's for an individual members of staff.
 - Clinical Psychology Direct have been engaged in providing support for staff in cases of severe trauma.
 - Further work will be undertaken on the Post Incident Care Process to ensure that staff and managers are fully aware of the mechanisms of support available.
 - The Creating a Mentally Healthy Workplace Train the Trainer course was held on 22nd July. Following this a design workshop was undertaken to bring together this training and other information to ensure that relevant training can be delivered to managers as part of the managing essentials programme. Work is currently underway to shape this training prior to piloting and roll out.
 - Funding has been agreed to provide several further interventions to deliver upon the 2016/17 Staff Health & Wellbeing CQUIN.
 - Work is underway to arrange for each staff member and active CFR to receive a flyer that they can take to a local pharmacy (along with their ID badge so that they can receive the flu vaccination. This is a different

model of delivery to previous years so some vaccine will still be available and utilised, but use of the flyers will be monitored to analyse the effectiveness of this approach.

- A number of meetings have been set up for staff to attend, to promote the importance of mental wellbeing, to reduce stigma, and to inform and educate on how to look after your own and your colleagues mental wellbeing.
- A training package has been developed around mental wellbeing to form part of the manager essentials training and provide managers with the knowledge and tools to support their own mental wellbeing and to support their staff teams with their mental wellbeing.

Employee and Industrial Relations

- We have set up a monthly PTS/111 JSG that mirrors the Operations JSG. These meetings, much like the A&E one, will be used to discuss any day to day issues that need decisions made and that do not need referral to the main JSG.
- There has been agreement from the Trade Unions in relation to the holiday pay claims that have recently been featured in the press and that a number of staff have raised through the ACAS early conciliation process. This is being reviewed nationally by Ambulance Trusts and Trade Unions with the Trust represented by one of our senior staffside representatives and the Deputy Director of HR.
- We have now introduced lesson learned sessions for our senior leadership team to understand where we can improve how we treat and manage our employees.

3.7 Finance & Performance Directorate

Finance and Contracting Update

- The Finance team have been continuing 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 months.
- The Finance and Contracting team will begin in September the first stages of planning for the 2017/18 planning cycle including financial planning and contract negotiations. This is earlier on in the year than historically has been the case as a result of the national planning timetable likely to be moved forwards from March to December. National guidance on the planning process is expected at the end of September.
- The Finance team have been focusing on supporting the recent PTS bids in South Yorkshire and Hull.
- The Trust is continuing with the implementation of Patient Level Costing 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 Finance Team submitted the Trust's reference cost position for 2015/16 in July. This will help inform tariff development for upcoming contract negotiations with Commissioners.
- As previously reported the Trust submitted a revised financial plan with an annual planned surplus of £5.1m for 2016/17 in line with the control total agreed with NHS Improvement. The Finance team are focused on supporting the delivery of the control total, with an action plan now developed and agreed with senior managers across the Trust.
- The Finance team is continuing to review the Trust's Standing Financial Instructions (SFIs) to support improved alignment of accountability and delegation. The first draft of these is expected to be presented at upcoming Committees over the next two months.
- The Finance team continue to work on improving its financial services processes and controls including the development of purchase to pay (P2P).

Business Intelligence/Management Information

- The BI/MI team have been working with EOC to develop real time performance management reporting, an EOC dashboard and shift design tools to inform flexible working requests, decision making and longer term for shift redesign.
- Work for A&E Operations includes working with staff side to understand the impact of new roster proposals, creation of a combined workforce FTE and abstraction plan for 2017/18 and analysis of increasing call cycle times.
- Modelling work is underway to understand 2017/18 demand and resource requirements to inform contract negotiations.
- Continued work on various work service reconfigurations to assess the impact on resources and costs across Yorkshire.

Workforce

- Business Intelligence now has responsibility for Workforce Information analysts. Started the process of reviewing and optimising workload with the aim of freeing up capacity to focus on resource planning and analysis and less on resource reporting and data extraction.

111

- The current PULSE Agent Performance reports have now been updated and are being rolled out to staff in particular team leaders who can now view the performance of other individuals within their team.
- 111 data is being prepared to be shared with North England CSU which will be included as part of an Urgent Care Flow Workshop scheduled for November linking data with Local Care Direct to inform service redesign work.

PTS

- Average week staffing requirements have been modelled for both Substantive staff and flexible resource. Schedule Fit Tool created to inform Operations where changes to staff schedules need to be made.
- Capacity Plan created – linked to forecast FTE, shrinkages and demand. A performance forecast (using historic trend data tool has been designed to allow scenario modelling, and will identify changes to performance and financial costs.

ICT

- **ePCR (Electronic Patient Care Record)** –TEG paper and Business case have been drafted for an interim ePCR solution. The application is to digitise the information in the paper Patient Record Form and should not exceed that recommended in the Business Case scope. The project is waiting for the Trust Executive Group's (TEG) authorisation to proceed.
- **Ambulance Response Programme (ARP)** – Phase 3- ICT are working with operational, EOC teams and the BI team to implement APR 3 with the intention to go live early October.
- **YASTV** – The YASTV was launched by Corporate Communication on 27th July. ICT have provided support in the developing the content management system and installation of screen at 66 remote sites.
- **Frequent Caller Solution** – ICT have worked with EOC Frequent caller team to developed and implement an in-house solution to manage, monitor and automate reports for frequent callers. The solution will go-live by end of September 2016.
- **Core Network Infrastructure** – All the switches for the core network infrastructure have been upgraded at Wakefield SH1, SH2 and York. This should provide the trust with capacity, latest security and bandwidth for the next 5 years.
- **HUB and SPOKE Program:**
 - **Make Ready Solution** - ICT have engaged with Hub and Spoke team through a series of workshops and development prototypes to support specification developments;
 - **HUB Infrastructure** - ICT have produced and shared with HUB and SPOKE team a generic HUB implementation plan that can be implemented for Doncaster initially and proceeding HUBS.

Medical Devices Department

- A review of the department structure has been completed with the recruitment for Medical engineers currently in process.
- A review of all medical equipment is currently being actioned to develop an ongoing equipment replacement cycle.

Ancillary Services

- August saw the Ancillary Services Cleaning Review document released and the identified key 'Next Steps' has already been assessed and changes commenced including implementation of 'Temp to Perm' recruitment, additional Mobile Relief Station Cleaners and the recruitment of a Regional Team Leader and Training Supervisor.

Fleet Function

- The Fleet team have been working with A&E Operational colleagues to improve the ergonomics of our Mercedes Van Conversion vehicles for both Patients and Staff. A focus group has been set up to investigate options for the tail-lift van conversion paying particular attention to the patient loading system which is currently a sliding platform and improving the working space within the saloon. A vehicle has been modified to support both changes and is currently being shown to staff for feedback on the options and to date it's been very positive. Communication has also taken place with converters and manufactures to confirm that modification has not affected CEN approval which it has been confirmed it hasn't.
- Leeds Pride took place in August with YAS staff and vehicles taking part in the event. Working with the YAS LGBT and Fleet teams a vehicle liveried with a rainbow star of life design was very well received.
- August has seen the start of the delivery of 74 replacement rapid response vehicles. The cars will be commissioned and released into service in line with the delivery plan which will be completed in December.

Procurement & Logistics

- The department is currently implementing the second iteration of its organisational structure, as described in the 5-year Procurement Strategy. This was approved by the Trust Board in 2015 and recently reviewed by the Finance and Investment Committee in 2016. These staff changes are based on improving the logistics support to front line operations, and seeking a greater Return on Investment through increasing skilled procurement resource and improving contract management competence within the team.
- The indicative figures for the first quarter of 2016/17 are that the department has delivered or identified £700k of savings. These figures are being updated for presentation to the Cost and Quality Improvement Committee.
- The Department remains on track to deliver the strategic goal of "Confidence in Procurement and Logistics" by 2020.

Estate and Hub & Spoke Programme Office

- Clinical Store Room Upgrades – 96% of station store room upgrades are complete, with Withernsea, Sherburn and Malton Stations to be completed by end of September.
- Replacement of 156 Recliner Chairs to Ambulance Stations now complete.
- Relocation of Payroll Department from Redworth House to Fairfield York, now complete with the lease for Redworth House now terminated
- Wakefield Ambulance Station electrical rewire now complete.

- York Control Centre UPS upgrade complete, improving resilience to communications infrastructure.
- 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 tender for the Doncaster Hub Building Design Team has closed and bids have been received from 19 companies. Evaluation will be completed during September 2016.
- An Options Appraisal of the Bradford station for the Bradford Hub project is currently underway with an architectural consultancy to determine the site options, costs and building programme.
- 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. The outcome of the evaluation and top VPS sites requirement agreement to complete.
- 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.

IPR Section

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 August 2016 IPR report, highlighted in the Executive Directors reports.