



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 26/07/2016	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	4.2
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 17 May 2016 to 18 July 2016, and the opportunity for TEG to highlight the key variances / movements contained within the June 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 June 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 17 May 2016 to 18 July 2016, and the opportunity for TEG to highlight the key variances / movements contained within the June Integrated Performance Report (IPR).

2. External Environment

Philip Dunne MP has been appointed as Minister of State at the Department of Health with responsibility for ambulance services during the July cabinet changes. He was elected Conservative MP for Ludlow, Shropshire in 2005.

In June NHS Improvement (NHSI) issued a consultation document proposing a single oversight regulation framework for NHS Trusts and Foundation Trusts. The oversight model sets out the approach NHSI how Trusts will be rated according to the level of challenge across five domains and the associated support arrangements. The five proposed domains are:

- Quality of care: Care Quality Commission's (CQC) most recent assessments of whether a provider's care is Safe, Caring, Effective and Responsive, in combination with in-year information where available.
- Finance and use of resources: financial efficiency measured through the CQC Use of Resources Assessment and progress in meeting financial control totals.
- Operational performance: performance against NHS Constitution and other standards i.e. ambulance response times, and access to mental health services.
- Strategic change: how well providers are delivering the strategic changes set out in the 5 Year Forward View (5YFV), with a particular focus on contribution to Sustainability and Transformation Plans (STPs) and new care models.
- Leadership and improvement capability: building on the joint CQC and NHSI well-led framework.

The consultation finishes at 4pm on 4 August.

The appointment of a National Guardian for the NHS and local Freedom to Speak Up (FTSU) Guardians was recommended by Sir Robert Francis, following his review and subsequent report into the failings at Mid-Staffordshire. In July 2015, the Secretary of State confirmed the steps needed to be taken to develop a culture of safety, including the appointment of a national Freedom to Speak Up Guardian and a local guardian in every trust.

On 7 July practicing GP and medical director Dr Henrietta Hughes was appointed to the national Guardian role. She will provide overarching leadership and support to local guardians and staff who have raised a concern that has then not been effectively dealt with by local organisations. YAS's own arrangements for Freedom to Speak Up were launched on 4 July and are detailed later in this report.

YAS Associate Director Alan Baranowski has been recognised for his outstanding contribution to the ambulance service in the Queen's Birthday Honours List. Having joined Sheffield Ambulance Service at the age of 20, Alan has over 43 years service, including roles in A&E Operations, PTS, Training and Education and Fleet Management. He is one of only two recipients across the 10 English services.

4. Executive Team Reports

4.1 Chief Executive

- NHS Improvement has appointed Mrs Kathryn Lavery as the new Chairman of Yorkshire Ambulance Service NHS Trust with effect from 1 July 2016. Kath has extensive experience of chairmanship and health, including Chairing NHS Hull and Chair of Healthwatch Kingston upon Hull.
- Bob Alexander Executive Director of Resources/Deputy Chief Executive of NHS Improvement has written to the Trust to confirm our financial control total for 2016/17. The target has been set at £5.12m and the Executive and Finance Teams are working to finalise plans for delivery.
- We have received confirmation from the CQC that the full follow-up to their last inspection of the Trust in January 2015 will take place from 13 to 16 September 2016. We have been advised that inspection will not include NHS 111 in September and that this service is likely to be inspected separately in October 2016. Preparatory meetings with the CQC are taking place later this month.
- Performance across the ambulance sector has been challenging for quarter one. Most services have experienced a sharp rise in demand during the first three months of 2016/17 and no Trust is currently achieving the Red1 or Red 2 performance standards. This situation is matched by the three services including YAS operating the revised call coding structure within the Ambulance Response Programme pilot.
- Work is continuing with our PTS transformation programme. On 23 May the PTS Auto planning pilot was turned on in Leeds and has since been introduced in other parts of West Yorkshire, to standardise and automate of route pre-planning. These and other changes have been introduced to best utilise our fleet and staff resources and ultimately improve responsiveness for patients. There has been a short term detrimental impact on patient collection and drop off times as staff adjust to new processes. The management team have written to patients and other stakeholders advising them of the changes and apologising for the short-term disruption.

- The National Emergency Care Improvement Programme (ECIP) will be hosting a workshop in Yorkshire on 12 August involving YAS and local hospital providers to tackle ambulance patient handover delays. The workshop will build upon experience from hospitals currently demonstrating best practice and will mirror similar workshops held in the North West, Brighton and London.
- The Chief Executive and members of the senior management team have continued to engage with Sustainability and Transformation Plan groups in West, South, East and North Yorkshire to ensure the role of the ambulance service is factored into local planning on modernisation of urgent and emergency care services. Draft plans were submitted to NHS England and NHS Improvement at the end of June.
- The national ambulance Electronic Patient Record contract with CSC Medusa ceased at the end of June. The Trust Executive Team are reviewing options to implement electronic patient records within current funding constraints. Planning is being undertaken in conjunction with our Northern Ambulance Alliance partners North West Ambulance Service and North East Ambulance Service.
- During June the CEO met with Wakefield and North Kirklees CCGs, Healthwatch and Mid Yorkshire NHS Trust to review plans to bring forward the planned move of surgical, maternity and womens services from Dewsbury to Pinderfields.
- On the 24 June staff and family of YAS Clinical Supervisor Neil Hare attend the opening of the Neil Hare Training Suite at Sutton Fields Ambulance Station in Hull. Neil died suddenly of a heart attack in July 2015 and family, friends and colleagues raised funds and gave time to renovate and equip a room at Sutton Fields station with training manikins and computer simulation equipment.
- Following publication of the Police and Crime Bill meetings have been held with senior colleagues in West Yorkshire Police and West Yorkshire Fire and Rescue to identify opportunities to expand upon current collaboration projects.
- Internal engagement events attended by the Chief Executive during June and July include an number of station visits across North Yorkshire and East Riding, a shift on a PTS ambulance from Halifax station and attending the Trusts' Apprentice Graduation Ceremony in Leeds, the Community First Responder (CFR) Award Ceremony for CFR teams in North and East Yorkshire and our Annual We Care Awards in York, to celebrate staff who have been nominated by colleagues for going above and beyond the call of duty.

4.2 Operations Directorate

Ambulance Response Programme - Phase 2 (ARP 2)

- The programme has continued during the last 3 months and continues to show positive results in terms of better utilisation of resources and feedback from control room staff supports the change.
- The Trust continues to work on the programme evaluation with the national team led by NHS England.
- Year to date performance at the end of June for Red incidents was 70.1%.
- In line with the requirements of the programme YAS continues to monitor response times to all patients. The arrival of a conveying resource (ambulance) is the key indicator for amber patients and remains a key focus for those patients requiring transport to hospital for on-going care.
- Clinical outcome data will form part of the further evaluation as it becomes available.

A&E Transformation

- The role of Programme Director has been handed over to the Deputy Director of Operations in line with the next phase of the programme which is local delivery and integration into day to day operational management functions. Keeley Townend completed her secondment and has returned to her post of Associate Director of NHS 111.

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

Programme Overall Status	Amber
1. Right People Right Skills	Amber – due to forecasting a recruitment and training shortfall of 71 FTE's by March 2017.
2. Right Time Right Place	Green – progress towards key milestone of 50% new rota's by October 2016 on track
3. Safe and Effective	Amber – due to delays in approving A&E re-structure causing delays in Capacity and resource Planning re-structure. PM on LTS during April / May – now returned.
4. Creating a sustainable service	Green – activity on track

- A&E Transformation Project Management continues to support the Ambulance Response Programme Phase 2 (ARP 2). Weekly reporting to NHS England will end mid-July 2016 and project team meetings moved to fortnightly.
- Continuation of agreements for interim rota improvements.

- ORH commissioned modelling to support the impact assessment of ARP 2 fully completed including assessment on performance / resources for the A&E Transformation (longer period of data required for analysis).
- Continued staff-side engagement process through Operational Joint Steering Group (JSG) in relation to A&E Transformation Programme.
- Development of clinical supervision / supervisors model in conjunction with clinical directorate.
- A&E budget approved and contract negotiations completed.
- A&E structure approved by Trust Executive Group (TEG) and Board members.

Key expectations in next reporting period

Programme Level

- Assess the impact of ARP 2 once ORH information is available.
- Review and completion of Programme and workstream re structure (to be agreed at Programme Board).
- Continuation of project management of ARP 2 trial as part of the overall programme of change.
- The Director and Deputy Director of Operations have held six roadshows across the county for A&E operational staff regarding the A&E Transformation programme. Staff were presented with the key themes of the programme, a more detailed summary of the increase of frontline staff, local context and proposed timeline for consultation over rota changes. A&E staff had the opportunity to ask specific questions about what the programme means for them. Further engagement events to listen to the views of staff will continue during the transformation programme.

Resilience

Emergency Preparedness Resilience Response (EPRR) Activity

- YAS' Tour de Yorkshire Debrief was held recently and was hosted by West Yorkshire Police. The report will be received shortly.
- Work continues with the Local Authority Safety Advisory Groups (SAG) across Yorkshire looking at lessons identified from a SAG perspective.
- YAS continues to work with the Local Resilience Forums and Local Health Resilience Partnerships across Yorkshire to ensure the Trust is prepared for serious incidents and events.
- One-day Resilience staff awareness courses launched and well received. Staff will receive information via Staff Update. Resource will allocate places to ensure on-going service delivery is not unduly impacted upon. Delivery of the courses will place additional pressure on Resilience team resources.

Special Operations

- Hazardous Area Response Team (HART) await delivery of three new Primary Response vehicles in September, followed by three Secondary Response vehicles in December.
- Training and exercising programmes continue internally and with emergency service colleagues to ensure inter-operability and capability.
- Discussions with NEAS and NWS in recognition of the Northern Ambulance Alliance regarding HART, Chemical, Biological, Radiological & Nuclear (CBRN) and Marauding Terrorist Firearms Attack (MTFA) capabilities commence in August to establish current arrangements and identify any scope for improvement and shared learning.
- The Trust responded well to the tragic events surrounding the West Yorkshire MP Jo Cox. A multi-agency debrief of the incident is scheduled as is normal practice in a serious incident.

Air Ambulance

- The new Yorkshire Air Ambulance aircraft are on schedule for delivery in August. Plans are being developed to increase the hours of operation to extend into night flying from April 2017. Training programmes are in development for the new aircraft and night flying operations.

IPR Section

No exceptions reported.

4.3 Clinical Directorate

- Concentrated efforts with medicines management has resulted in a 50% reduction in medicine errors in the last year, with none reported in May. Clinical hand over is recognised as a weak link in the patient journey and audits have recently been completed at Harrogate, York and the Northern General in Sheffield from which action plans will be developed to improve the quality of clinical hand over.
- The use of ketamine as an additional modality of pain relief has been extended to include Red Arrest Team (RAT) paramedics with training on the Standard Operating Procedure delivered throughout June. Ketamine has already been administered safely and effectively by HART and Helicopter Emergency Medical Services (HEMS) paramedics for over two years. Its use by a wider cohort of paramedics will be closely monitored.
- A Health Foundation clinical leadership fellow was appointed in May to further develop our simulation training capability as a component of the transition of clinical education to the Clinical Directorate. The post holder will support Clinical Supervisors and frontline staff in the delivery of clinical care. We have also been successful in the bid for two additional fellowship posts with interviews being held in July.

- The first cohort of Clinical Supervisor update days has been led by the Clinical Directorate. This has complemented the workshops to develop pilot sites to develop new frameworks for clinical supervision models. Pilot sites have been agreed as Rotherham, Leeds, Wakefield, York and Hull.
- Mark Millins, the Associate Director for Paramedic Practice, has represented YAS at the first pre-hospital care conference in China discussing our approach to resuscitation outcomes from out of hospital cardiac arrest, resulting in the RAT concept being introduced in Nanjing. He also presented at the Asia-Pacific Ambulance Conference in Seoul, South Korea, and the European Resuscitation Academy in Edinburgh.

IPR exceptions

No exceptions to report.

4.4 Quality, Governance and Performance Assurance

General update

- Care Quality Commission (CQC) – The mock inspection involving approximately 30 personnel, including Trust staff and representatives from other ambulance Trusts, Clinical Commissioning Groups (CCGs), NHS Improvement and experts by experience took place on 16-17 May. This exercise provided detailed objective feedback to the Trust in anticipation of the next full inspection and has been used to inform our development plans. The dates for the full CQC re-inspection have now been confirmed as 13-16 September. This will be a full Trust inspection with the exception of NHS 111, which is expected to follow later this year. The substantial Pre-Inspection Request for Information has been received and the Trust response is currently being collated.
- Freedom to Speak Up – The Trust Freedom to Speak Up Guardian, Jock Crawford, was appointed on 27 May and following a period of induction and training for the Guardian and supporting network of 10 staff Advocates across the Trust, the new arrangements formally went live at the beginning of July.
- Discussions in relation to the 2016/17 contract for NHS 111 and West Yorkshire Urgent Care are continuing, and the process is now moving into the dispute resolution phase as outlined in the service contract.
- 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.
- There is ongoing discussion with commissioners in relation to development of the proposed 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 a newly established Joint Strategic Commissioning Board.

IPR Exceptions

- **Complaints** – There has been a rise in complaints in the PTS service in June, primarily associated with recent changes to the service for renal patients in West Yorkshire. Action is under way to address what are believed to be short term service issues and to engage users of the service in the improvement process. Response times for complaints and concerns against timescales agreed with the complainant remains high at 96% and the average response time has improved further to 21 days.
- **Safeguarding training compliance** has increased overall with Level 1 child and adult training and Level 2 child safeguarding training above the 85% target level. Work is under way to refresh training provision, particularly adult level 2 for clinical staff in the light of the recently updated national Inter-collegiate Safeguarding Standards.
- **Infection Prevention and Control** – audit compliance in May and June was positive - 99% for Hand Hygiene, 98% for Premises and 99% for vehicle audits. A number of exceptions were noted through the audit process and these are addressed directly with the relevant management team. The Trust is continuing to actively promote adherence to ‘bare below the elbows’ policy and the mock inspection exercise reported good overall compliance. The number of deep clean breaches (vehicles more than 8 weeks following last deep clean) has remained consistently low since June.
- **Incident reporting** - there is no significant change in the patterns of incident reporting in June-July compared to previous periods.
- **Freedom of Information** - in June the number of requests rose to its highest level since December 2015, although there was no discernible change in the pattern of requests. Response time performance remains strong, with 91.9% of responses issued within the prescribed 20 working day timescale.

4.5 Workforce & Organisational Development

- Recruitment to all areas continues at pace to support the Trust workforce plan. The pipeline of new recruits for A&E operations in particular is now well-developed. The recruitment summary shows the following activity:

February 2016	70 new starters
March 2016	42 new starters
April 2016	61 new starters
May 2016	76 new starters

The new starters are predominantly across A&E Operations (48.68%), PTS (23.68%), EOC (14.47%) and NHS 111 (9.21%), with just 3.95% of new starters joining other areas during this period.

Key current recruitment initiatives include:

- Emergency Care Assistant (ECA) Aspirant Paramedic – Following the targeted campaign for a cohort of ECAs to participate in a pre-degree care experience (providing an opportunity to access the DipHE Paramedic Practice Course at Sheffield Hallam University). The cohort of ECA Aspirant Paramedics commenced training on 4 July 2016, the campaign has proven successful to date and will continue to be monitored.
- ECA – East Yorkshire targeted recruitment – A further ECA advertisement open to all areas has recently closed and further advertisements targeting ABL (West Yorkshire) and Driffield (East Yorkshire) remain open. Selection events for ECA/EOC/111 are scheduled for 16 July 2016.
- Following conditional offers made to Paramedic students who are due to qualify later this summer, the Trust is now in the position where vacancies in several localities are all filled. Paramedic recruitment is ongoing with adverts targeting Hull & East Yorkshire and West Yorkshire remaining open. Further cohorts are coming out of Teeside and Bradford universities in September 2016.
- TRAC Recruitment System – Feedback from recruiting managers who have used the TRAC system has been positive. Further phases of the roll out are in planning in order to further optimise the system and associated processes. The phases will be lead by User Administrator Testing (UAT) sessions in order to ensure understanding and best fit for the Trust.

Employee Wellbeing

An update is provided below on the implementation of the Employee Wellbeing Strategy. The work currently underway includes:

- The recording element of the Post Incident Care (PIC) process has been moved over to Datix. Since go live on 10 May there have been 108 PICs for 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 PIC 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 will be held on 22 July. Following this there will be a design workshop to utilise this training and other information to ensure that training can be delivered to managers as part of the Management Essentials programme. Staff members from different areas of the Trust have been engaged in undertaking the training, and a wider group in undertaking the workshop to ensure the training meets the needs of managers in all areas.
- Funding is being sought to provide several further interventions to deliver upon the 2016-17 Staff Health & Wellbeing Commissioning for Quality and Innovation (CQUIN).
- Rebecca Hudson was appointed as Employee Wellbeing Assistant on a 6-month secondment beginning on 11 July.

Industrial Relations

- Members of the senior A&E Operations Team, together with senior HR colleagues are continuing to work in partnership with their local and regional staff-side colleagues in relation to the A&E workforce plan. There are a number of roadshows arranged across the county in the coming weeks to discuss the transformation programme with YAS' staff.
- The move from Band 5 to Band 6 for Paramedics has now been facilitated with a progression plan in place (although there is still work to be done by the Deputy Director of HR, Associate Director of Paramedic Practice and A&E Locality Directors in relation to the implementation of the proposed career framework).
- Any anomalies raised are discussed on a monthly basis at the Operations Joint Steering Group (JSG) to ensure that the Trust is taking a consistent approach to the response to staff. These meetings are also used to discuss the A&E workforce programme as a whole including the review of operational workforce policies.
- Working in partnership with staff-side colleagues 10 policies have been agreed via the Policy Progression Group and the Trust's JSG since October 2015. Another six are under review to be agreed before the end of 2016.

Education and Training Plan / 2016-17 Agreed Action Plan

The Training Plan for 2015/16 included the following agreed areas of training. The current level of agreed abstraction for training is 5%, which equates to 20,520 days based on a workforce of 2164.

Education and Training Plan 2016/17

ITEM	NUMBER OF DAYS	CUMULATIVE TOTAL	Percentage of Abstraction against total 5%
Workforce Plan	7002	13,117	63.92%
Delivery from 2015/16	6115		29.8%
A&E Statutory & Mandatory Training	852	13,969	4.15%
Clinical Refresher	1160	15,129	5.65%
Clinical leadership Away days	496	15,625	2.42%
Bariatric Training	144	15,769	0.7%
EPRF & Paramedic Pathfinder	980	16,749	4.78%

Resilience Training Plan	1252	18,001	6.1%
TOTAL	18,001	18,001	87.72%

Due to the recent workforce developments and review of operational service delivery, there is an especially high level of workforce plan training commitments for 2016/17.

The level of planned training provision for 2016/17 is high and expected to be a challenge to deliver. The Training Plan has been discussed with the Operations department and is directly linked to current workforce development requirements.

IPR Section 4 Workforce

Sickness Absence

The sickness absence rate for June 2016 was 4.98%. This is a further decrease from the previous month of 0.24% and is also the first occasion the Trust has dropped below the target over the past 12 months. The Trust continues to implement actions from the Employee Health & Well-Being Strategy, which focus on reducing absence in the areas detailed in the Health and Wellbeing section of this report.

June 2016 saw a slight increase in long-term sickness to 3.58% but a reduction in short-term sickness to 1.39%, a reduction of 0.4%.

PDRs

The current PDR rate is 77.19% against a target of 80%. Action continues to be in place to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning.

4.6 Finance & Performance Directorate

Finance and Contracting Update

- The Finance team has been supporting 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 have been leading on contract negotiations for 2016/17 which are now coming to a conclusion, with the majority of contract values now agreed and signed off by Commissioners.
- The annual production of the year-end financial accounts and annual report for 2015/16, which were subject to independent external audit were signed and submitted in June 2016 in line with the national timetable.

- The Finance team continue to support the Trust's transformation agenda comprising A&E, PTS, Hub and Spoke and the West Yorkshire Vanguard programme. The latter includes being part of the finance work stream which leads on the development of a new system wide payment models for Urgent and Emergency Care.
- 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. This will also support the Trust's national reference cost submission in July 2016.
- The Trust has 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 being developed.

Business Intelligence/Management Information

A&E:

- Ambulance Response Programme Phase 2 (ARP 2) – the pilot will be reviewed at the end of July by NHS England. Work is ongoing in respect of coding review and the impact on YAS and benefits to patients. A review of the weekly quality and performance report is underway to incorporate all the recent changes from.
- Analysis has been undertaken to understand ARP including call answer rate, vehicle ratios, demand profiles, keyword triggers and end of shift analysis.
- A Real Time availability dashboard has been created, including number of crews available by type and current meal break status. This will support understanding of on day staff availability.
- Work is underway to develop detailed A&E locality dashboards incorporating a monthly view of demand, performance, quality, clinical and financial areas of the business. A mock version has been agreed with the first new dashboard available at the end of July.
- Work is ongoing to assess the impact on resources and costs of the multiple reconfigurations planned across Yorkshire.

111:

- A new report is to be created that will highlight any trends in Symptom Groups, showing a top 10 by CCG over a number of months.
- New automated reports will be produced to assist the Clinical Practice Developers in tracking the results of call audits and to highlight any trends and areas for concern. Work continues in conjunction with IT to implement this solution.

PTS:

- The team is supporting detailed analysis of growth projections for the service.
- Work is ongoing on the Key Performance Indicator Contract Report. The plan to fully automate processes with no manual intervention will improve data quality.
- Reporting is being undertaken to look at reasons impacting on staff availability.

Fleet:

- The team is aiming to align Hub and Spoke reporting with Fleet reporting to build on current available reports.

Information, Communications & Technology (ICT)

- **Ambulance Response Programme (ARP)** – Phase 2- ICT continue to work with operational, EOC teams and the BI team to implement APR 2. ICT have also redesigned the YAS wallboards and Lightfoot Dashboards.
- **EPR (Electronic Patient Record)** – the team have been working on a prototype linked to the current paper patient record form.
- **Wireless Network Implementation** - ICT has completed the expansion of the wireless network (Wi-Fi) to 42 Trust sites.
- **YASTV** – The installation of the screens and the development of content management system for YASTV have been completed. YASTV is expected to be launched in July.
- **Vanguard Programme** – ICT continue to work with the West Yorkshire ICT Leads on the Vanguard Programme and Clinical Advisory Service.
- **YAS Digital Road Map and STP** – ICT are working with 23 CCGs across the Yorkshire and Humber area to deliver and support the Yorkshire digital road maps 2020.
- **PTS - Voluntary Car Service (VCS) Smartphone Rollout Phase 2– 62** Smartphones and hardware issued to PTS to provide VCS drivers the electronic capability to more accurately capture daily run information delivery. This should provide PTS with 160 VCS's Smartphones.

Fleet Function

- The fleet workshop (West) shift change consultations have been completed, which will see the West Yorkshire workshop opening hours brought in line with workshops in the rest of the Trust, this means that the workshop operating hours will be 06:00 till 22:00 Monday to Friday with weekend opening 07:00 till 17:00.
- Recruitment has been taking place to fill a number of vacant positions within the Fleet Interim Structure with the aim of all staff being in post at the end of July.
- This month has seen the start of Inspection for Improvement within Fleet workshops. Hull and Sheffield have been inspected and received good reports; further inspections are to take place this month and throughout August.

Medical Devices Department

- The Medical Devices team continue to strive to achieve high servicing compliance against KPIs. In July the team is currently achieving 99.4% of compliance with all device servicing.
- A review of the department structure has been completed and is currently under review by senior management.
- The team has taken steps towards bringing piped medical gas servicing and repairs in-house, which will reduce the dependence on subcontractors.
- A review of all medical equipment will be actioned to develop an equipment replacement cycle.

Ancillary Services

- The Vehicle Cleaning team have reported their best results at 99.99% compliant with vehicle deep cleans (One vehicle in exception for one day prevented the team achieving 100%).
- June also saw changes to station cleaning to ensure cleanliness within 4 key areas identified as Clinical Transaction Areas (Medical Gases Store / Control Drugs Rooms / Medical Consumables Store / Linen Store). The cleaning team has reported 100% compliance with the new cleaning regime for June and to date continue to achieve compliance in July.

Procurement & Logistics

- The Procurement and Logistics Department continues to seek to improve its performance in terms of quality, timeliness and savings for each procurement project undertaken. Building on the 2015/16 performance of delivering or identifying £1.2m of savings, representing a times three Return on Investment (ROI) on the cost of the Procurement team, the department is trying to make savings on all goods and services bought by the Trust. The indicative figures for the first quarter of 2016/17 are that the department has delivered or identified £700k of savings.
- The Associate Director of Procurement and Logistics has recently completed the annual review of the Trust's 5-year Procurement strategy, which has now been ratified by the Finance & Investment Committee, and remains on track to deliver the strategic goal of "Confidence in Procurement and Logistics" by 2020.

Estate and Hub & Spoke Programme Office

- Gildersome Station disposal – Completion of sale achieved on Friday 24 June.
- Clinical Store Room Upgrades – Pilot upgrades to six ambulance stations Clinical Store Rooms have been well received. Station Clinical Room upgrades are progressing for completion by end of July 2016.
- The 5-Year Hub and Spoke (H&S) Programme Overview plan was reviewed and noted by the Finance and Investment Committee (F&IC) in May. The programme brief is under development.
- The Doncaster Hub outline business case was presented to F&IC and the Trust Board in May 2016 and work is continuing to identify suitable locations.
- 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.
- Make Ready - Work has now started on evaluating the outputs of the Make Ready and Vehicle Preparation System pilots operating in Leeds Manor Mill and Wakefield.

IPR Section

No exceptions to report.

5. Recommendation

- 5.1 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 June 2016 IPR report, highlighted in the Executive Directors reports.