



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 24/05/2016	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	5.2
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 22 March 2016 to 16 May 2016, and the opportunity for TEG to highlight the key variances / movements contained within the April 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: Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings.			
PREVIOUSLY AGREED AT:	Committee/Group:	Date:	
RECOMMENDATION:	<p>That the Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.</p> <p>That the Board notes and discusses the variances contained within the April 2016 IPR report, highlighted in the Executive Directors reports.</p>		
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	

Report from the Trust Executive Group (TEG)

1. Purpose

To give the Board assurance on the activity of the Trust Executive Group (TEG) from 22 March 2016 to 16 May 2016, and the opportunity for TEG to highlight the key variances / movements contained within the April Integrated Performance Report (IPR).

2. External Environment

In February the government introduced the Policing and Crime Bill. Amongst the wide range of subjects covered, the Bill provides for collaboration agreements to be made between emergency services (either services from different branches, or by neighbouring services) and introduces a duty for emergency services to consider opportunities to collaborate. The duty is non-prescriptive, and allows for local innovation and Ambulance trusts will not be required to enter collaboration if such a collaboration would have a negative impact on its wider, non-emergency functions. We are meeting with Police and Fire leadership teams on 26 May to review whether the Bill facilitates new opportunities for collaboration over and above those already in place such as co-responder schemes, shared estate and training with.

NHS England launched its Business Plan for 2016/17 on 31 March 2016. The Plan is closely aligned to the NHS Five Year Forward View (FYFV) and its focus on integrating health care through new models of care, developing new workforce roles to support collaboration across organisational boundaries, improving use of technology and empowering patients to provide care closer to home and organising more complex services in specialist centres.

Specific priorities within the Business Plan include: Improving the quality and access to cancer treatment by increasing diagnostic capacity and developing a national radiotherapy network; improving access to mental health and dementia services including crisis care, early intervention and prevention, increasing the number of people with learning difficulties living in homes in the community; more assistance to help people at high risk of developing diabetes to eat better, lose weight and exercise more and ensuring the prevention programme reaches groups who are often under represented such as Black and Minority Ethnic (BME) communities; expanding the primary care workforce by recruiting an additional 5,000 GPs, including former GPs who will be supported to return to practice and an additional 5,000 other clinical and non-clinical staff to work in GP surgeries.

Of particular relevance to ambulance services the Plan states that access to urgent and emergency care services will be improved by creating a single point of contact through a strengthened NHS 111 service to urgent care services outside hospital and by reforming the 999 ambulance service to best meet patient's needs. By March 2017 all ambulance trusts, all community pharmacies, NHS 111 and two thirds of A&E departments are expected to have access to patients' Summary Care Records.

Wider commitments include further steps to ensure the NHS workforce and management better reflects the diverse population it serves, improving staff engagement and support and wellbeing.

The Plan sets clear objectives for local health economies to take forward these priorities. During 2016/17 every health and care system is being asked to create their own Sustainability and Transformation Plan (STP), setting out how they will address local health, care and financial challenges. Boundaries for STPs have been set nationally with Yorkshire being involved in four planning footprints, West Yorkshire (including Harrogate), South Yorkshire and Bassetlaw, Coast, Humber and York Vale (including North Lincolnshire) and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby. Work is well underway to establish plans across these footprints with plans due to be submitted in late June.

NHS Improvement which brings together Monitor, the NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change Team and Intensive Support Teams came into operation on 1 April 2016. NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers providing NHS-funded care. In April NHS Improvement introduced the national integrated whistleblowing policy for provider organisations which seeks to standardise the way NHS organisations support staff raising concerns. We have now adopted this policy in to our raising concerns framework.

With a commitment to delivering three million apprentice starts by 2020, the government is introducing a set of policy measures that will have workforce, financial and reporting implications for the NHS. The government is introducing an apprenticeship levy, payable from April 2017, which will be charged at 0.5 per cent of an organisations total pay bill to fund new apprenticeships. Apprenticeship targets will apply to each public sector organisation, which are proposed at 2.3 per cent of the headcount. We are currently assessing the impact of this initiative on our workforce and financial plans.

The public consultation on the proposed changes to hospital services in Calderdale and Greater Huddersfield was launched on 15 March and continues until 21 June 2016. YAS has undertaken modelling to assess the impact of proposals in partnership with NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG. Senior representatives from the locality management team attended the two public meetings held in April. On 26 April the jury in the Hillsborough Inquests delivered its verdict. The Jury found that after the crush began to develop at the Hillsborough Stadium there were mistakes made by the ambulance service in ascertaining the nature of the problem and to recognise and call a major incident which caused or contributed to the loss of lives. As one of the successor organisations of South Yorkshire Metropolitan Ambulance Service, we accept the findings of the Jury. We have repeated our apology for these mistakes and continue to extend our deepest sympathies to the bereaved families of the 96 people who lost their lives on 15 April 1989.

During the inquests, as one of the successor organisations of South Yorkshire metropolitan Ambulance Service, we have had a responsibility to ensure a full and fair examination of their response in 1989. We have tried our best throughout the proceedings to ensure that all relevant evidence about the emergency service response on that day was put before the court, placed in context and explored in a full, open and rigorous way.

3. Business Planning & Delivery

Against a backdrop of rising demand for Red calls, financial pressures and increasing hospital turnaround times the Trust made extremely good progress in delivery of core objectives during 2016/17:

- The Trust delivered a significant improvements in response time performance and Ambulance Quality Indicators (AQIs). We were second in the country for delivery of Red 2 response times for the year and achieved top quartile performance in 14 of the 24 national AQIs.
- PTS delivery and collection standards were met in West and East Yorkshire with significant improvements made to KPI delivery in South.
- The financial control total for 2015/16 has been fully met with the Trust achieving an unaudited surplus of £2.4m before technical adjustments against a planned surplus of £2m.

A number of key transformation programmes are continuing into 2016/17 including A&E Transformation, Urgent Care developments aligned to the West Yorkshire Vanguard, PTS technology and workforce changes and organisational Development and Engagement.

Following a challenging contracting round the A&E contract funding has been agreed for 2016/17 and work is progressing well to finalise the new A&E operational management structure within the available funding envelope.

As part of the A&E Transformation Programme, YAS volunteered for and has been selected by NHS England as one of two first wave national Ambulance Response Programme Phase 2 pilot sites. The pilot sites are trialling a new coding system and response time standards for 999 calls aimed at ensuring patients receive the most appropriate clinical response to meet their needs in a timely manner.

The pilot went live on 21 April 2016 and to date has delivered major benefits including a reduction in the number of resources sent to each incident, freeing resource capacity to respond to other calls and reducing ambulance back-up delays to Community First Responders and Rapid Response Vehicles. A positive side effect of these changes has been staff being able to take meal breaks within their meal break window and having more time for clinical supervision and development.

Lord Carter's operational productivity and efficiency report was published at the beginning of February identifying the need for ongoing efficiencies in the NHS of 2-3% per year. Aligned to the recommendations within the report the Chief Executive and Chairman of YAS have met with colleagues in North East and North West Ambulance Services during April and May to explore greater collaboration across the services. Initial areas of proposed collaboration include fleet design, IT systems, and procurement. Further meetings are planned in May and June to plans for the coming year.

In April the Trust submitted its Operational Plan for 2015/16 aligned to our Vision to provide world class care for the local communities we serve. The plan identifies five Strategic Objectives: -

- Delivering world class health outcomes in urgent and emergency care.
- Ensuring continuous service improvement and innovation.
- Developing and retain a highly skilled, engaged and motivated workforce.
- Working with partners to provide system leadership and resilience.
- Providing a safe and caring service which demonstrates an efficient use of resources.

The plan was launched at the YAS Leadership Conference 25 April 2016. The Conference also focused on feedback from the recent cultural audit and group work on values and behaviours.

Progress in delivery of the plan will be monitored through the Trusts new Performance Management Framework.

We are expecting the Care Quality Commission (CQC) to undertake an inspection of our A&E, PTS and EOC services later this summer, in follow-up to the review undertaken in January 2015. A detailed programme of improvements has been implemented over the last 14 months aligned to implementation of existing strategic plans and to address specific issues raised within the Chief Inspector of Hospitals report. Aligned to this improvement work a business case is being prepared for the replacement for Doncaster and Bentley ambulance stations which have significant backlog maintenance issues and are no longer sited in the best locations to meet patient demand. We also undertook a Mock Inspection exercise on the 16 and 17 May mirroring the actual CQC process with teams of inspectors assessing selected ambulance stations, NHS 111 and PTS services across the region.

YAS is again taking a leading role in Restart a Heart Day (18 October 2016). A total of 121 secondary schools across Yorkshire have signed up to take part in this year's event which will equate to around 25,000 pupils learning cardiopulmonary resuscitation (CPR) in one day. As well as leading local initiatives Jason Carlyon presented to the Association Ambulance Chief Executives in March to seek collaboration from other ambulance services to support events across the country.

4. Executive Team Reports

4.1 Chief Executive

- The Chief Executive is representing the Association of Ambulance Chief Executives (AACE) on a Department of Health working group reviewing cost recovery from overseas visitors.
- The Chief Executive and members of the senior management team have begun engagement 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.
- NHS Improvement are working with the Trust to appoint a new Chairman. A stakeholder event was held at the Trust Headquarters in Springhill, Wakefield on 17 May with representatives from the Trust leadership team, staff side representatives, patient groups and commissioners, with interviews due to take place on 23 May.
- In the autumn of last year we began a process of reviewing the portfolios of each director at the Trust to ensure that we have the right structures and people in place to deliver our mission, vision and objectives and develop our new five-year corporate strategy. Further progress has been made in implementing the portfolio review to deliver during April and May. Dr Philip Foster (currently the Associate Medical Director for NHS111) has been appointed to the new role of Director of Planned and Urgent Care. As part of his current role Dr Foster has been leading the Trusts work on the West Yorkshire Urgent and Emergency Care Vanguard and has extensive Board level experience within primary care. In addition it has been confirmed that Ms Leaf Mobbs the new Director of Business Development will start in role on 13 June.
- Internal engagement events attended by the Chief Executive during April and May include a visit to Longley Ambulance Station and shift rideout on a Rapid Response Vehicle (RRV) in Sheffield, attending the Community First Responder (CFR) Award Ceremony held at Tankersley Manor hotel in Barnsley for CFR teams South and West Yorkshire and undertaking Team Briefing sessions in York, Wakefield and Rotherham.

4.2 Operations Directorate

Ambulance Response Programme 2

- The Trust went live with phase 2 of ARP as planned in the early morning of Thursday 21 April 2106.
- The time spent on planning the changeover was clearly worthwhile as the it happened with little fuss and no detriment to business as usual.

- Thanks to everyone involvement in the planning and implementation of the ARP 2 programme especially the Director of Operations who has been involved in the nationally committed to getting this programme of the ground, securing YAS a pilot and then guiding managers and staff to deliver the change.
- There have been no concerns raised re the Trust performance to the response standards and not detrimental incidents raised as yet that are programme related.
- Whilst performance is above 70% for Red incidents we still await clinical quality information from the audit team to see what patients benefits are being derived from the programme even at this early stage it would be nice to know our care to the most needy is making a difference.
- Feedback from staff has been very positive. EOC and Operational staff are seeing the benefits from the additional time given which is enabling us to reduce the amount of vehicles we are sending to each incident and therefore improving our efficiency putting more resource hours back in to the system.

A&E Transformation

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

Programme Overall Status	Amber – Due to summary of workstream Status and reduced resources
Workstream 1 Right people right skills	Amber – due to no workstream lead and project manager leaving on 12 May.
Workstream 2 Right time right place	Amber - due to plan review and need to re-baseline activities. No workstream lead or project manager.
Workstream 3 Safe and effective	Green – procedure re-write complete activity on track. No project manager at present.
Workstream 4 Creating a sustainable service	Green - activity on track.

Highlights since last reporting period

- A&E Transformation Project Management supporting the Ambulance Response Programme (ARP) phase two, with successful go live 21 April 2016 and now follow up meetings supporting feedback / evaluation processes.
- Review of policy rewrite completed in preparation for consultation period.
- Continuation of agreements for interim rota improvements.
- ORH commissioned modelling to support the impact assessment of ARP2 on go live completed and now phase to modelling started for assessment on performance / resources for the A&E Transformation (Timeline May 2016).
- Staff-side engagement process through Operational JSG where principles and ideas were discussed in terms of policies and rota design and seasonal annual leave.
- Quarterly Trust Board update completed.
- A&E contract settlement agreed end April which provides the funding arrangements for the next stage of transformation.
- Two clinical supervisor workshops held in April 2016 in conjunction with clinical directorate.

Key expectations in next reporting period

- Development of clinical supervision / supervisors model following April workshops in conjunction with clinical directorate.
- Consider options for the recruitment of additional analytical support and how this transitions to the capacity planning function.
- Assess the impact of ARP 2 once ORH information available.
- Carry out review of Programme and workstream re structure.
- Project manage the ARP phase 2 trial as part of the overall programme of change.
- Ongoing training & recruitment in line with the plan.
- Establish the rota principles framework to feed into policies and frame the start of the rota design process.
- Create monthly update with Senior Operational Management Team on the model behind the business plan so the tracking of demand / performance against trajectory/ fte / finances is reviewed within the formal meeting structure with locality directors.

Resilience

- The Deputy Director of Operations has been working with all blue light JESIP strategic leads across Yorkshire to establish a JESIP Strategic Leads Group who can oversee the delivery of work plans to ensure the JESIP legacy continues with a reduced level of national scrutiny and to implement the recent national recommendations relating to the progress made so far on interoperability.
- The Group chaired by the YAS Deputy Director of Operations had its inaugural meeting in April. To date this is the only regional JESIP formally established strategic lead group in the country.
- The resilience team were involved in a number of key activities over the period:-
- Took part in a Multi-agency table top exercise at Robin Hood Airport Doncaster-Sheffield to re-accredit their plans.
- Involved in the pre-planning of the Health response to the junior doctors industrial action which had no significant impact on our service delivery.
- Involved in the assurance day for the TdY with all other partners and the Welcome to Yorkshire Team.
- Delivered the response/plan for the TdY:-
 - Full command and control plan in place, including a joint Health /YAS Gold Cell operation, several multi-agency Tactical Command Centres and an EOC Tactical Command all supported by a team of Operational commanders and resources on the Ground;
 - 3 day event attracting in excess of 1m spectators daily;
 - Televised in over 170 counties;
 - All aspects of YAS engaged and involved;
 - No adverse incidents or outcomes (known at this time).
- Undertook the National Fuel capability survey.

Business Continuity

- BC Manager facilitated and wrote final report for Exercise Leyland, National Exercise to test CBRN capabilities, 13 recommendations for improvement were made, these will be used for the tri - service debrief and the national debrief, (both held in April) prior to circulation.
- Completion of consultancy work with Hull and East Yorkshire NHS Trust.
- 4 x ISO 22310 and BCMS training courses for Procurement and Fleet.
- Ongoing Consultancy with CHFT.
- BC Plans published – Resilience and Standards and Compliance.

- Ambulance Response Programme- BC team carried out role of critical friends at the exercise.
- Preparation for Exercise Bravo Charlie (Resilience Direct Partner Exercise).

HART and Special Operations

- The capital replacement programme for the second HART generation fleet and equipment is underway.
- The Primary Response vehicles were in the 15-16 financial capital plan and are currently in Germany being converted with an estimated delivery date of July 2016. The 3 x Secondary vehicles, 1 x Welfare vehicle, 1 x Personnel carrier and the Incident Ground Technology are in the capital plan for 16-17 and estimated to be delivered in quarter three however they still await board approval.
- HART continue to undertake training and exercise programmes with partner agencies, in addition to their core competence refresher training. The annual clinical skills update has been completed; the Breathing Apparatus annual requalification's are ongoing.
- Two pre-CQC assessments have been completed with assurance provided across the key domains. A third is planned for the 16 and 17 May by external auditors. It is envisaged this will provide a more in-depth assessment of the HART capability and readiness against the NARU HART Service Specification, as opposed to the generic CQC domains. It is important cognisance is taken of the CQC inspections of other HART services across the country. Since the last CQC inspection in January 2014, the NARU HART Service Specification has been published and the CQC inspectors are using this as the baseline assessment, in addition to other areas of interest to them.

IPR Section 2 (A&E Performance)

Month	Red1	Red2
March	68.5	70.2
April	*69.69	*74.14

*Up to April 20 ARP 2 go live 21 April

ARP2 (21 to 30 April)

Month	Red	Amber R	Amber T	Amber F
April	73.1	83.1	77.8	86.8

IPR Narrative

March

- March saw one the most difficult months of the winter period. An increase in red activity compared to the previous March was 18.9% up, the highest increase since the inception of the call connect standards in 2011.

- Continued pressures in hospitals impacting on our turnaround times especially at Hull Royal Infirmary, Sheffield Teaching Hospitals, York Hospital, and Scarborough Hospital. YAS on average lost 106 hours per/day crew time due to hospital turnaround delays.

April

- The first few weeks of April continued to see a year on year increase of red demand (8.9% up year on year down). However, as we moved out of the NHS designated winter period (Nov-March) hospitals issues became a little more settled, we still lost 75 hours/days to delays. However the other factors affecting performance allowed us to cope well and were less frantic allowing us to prepare for the ARP 2 implementation mid-April.
- Other factors affecting performance over the period were:-
 - Sustained overtime take up over the period;
 - Sustained Private provider capacity;
 - New starters becoming available to operations following training;
 - Improvements in alternative response schemes and demand; management initiatives;
 - Implementation of the YAS Winter Plan, especially responses to pressures in Hospitals thought deployment of Ambulance Liaison Officers;
 - 7day working in resource office allowing more shift covered.

4.3 Clinical Directorate

- Following the recruitment of over 500 staff and patients into the AIRWAYS-2 trial, between 01 October 2014 to 30 September 2015, by our research paramedics we will receive an additional £20,000 directly from the Department of Health to build research capability in 2016-17. This supports the funding from the National Institute for Health Research which has remained static from last year at £63,000 despite the significant increase in research performance.
- The Critical Care Team is now operational delivering 12 hours a day cover provided by a team of experienced senior doctors and HEMS paramedics. Based at the Yorkshire Air Ambulance base at Nostell Priory, they will normally respond by helicopter but will also respond by road if the aircraft is unable to fly. The effectiveness of the team is being monitored and will be reported to Board through the Quality Committee.
- New initiatives to improve survival from out of hospital cardiac arrest include the introduction of external cardiac pacing for patients with slow heart rhythms and electrical cardioversion for those with fast heart rhythms. The safety and effectiveness of these new interventions will be closely monitored. In addition, Re-Start a Heart 2016 has registered 121 schools with a potential to reach 27,755 students in Yorkshire and the Humber on 18 October, with the initiative cascaded to all the English ambulance services following a presentation to AACE by Jason Carlyon, YAS Resuscitation Manager.

- Mark Millins, Associate Director Paramedic Practice, met with the Clinical Supervisor Team with Dr David Macklin, Executive Director of Operations, at two workshops designed to help inform the shape of clinical supervision in the Trust, to allow the Clinical Supervisors to improve the level of clinical supervision they provide to junior staff. The clinical career framework has been disseminated to staff and an educational questionnaire has been developed for staff to complete so that educational requirements can be better understood. This will inform work with Higher Education Institutions to develop modules to support the career framework.
- The second of three workshops have been held to develop the Clinical Advisory Service. Commissioners from all parts of Yorkshire and the Humber attended, alongside other internal and external stakeholders, and the meeting was observed by NHS England. Output from the workshops to date will help inform the development of an implementation plan at the third workshop on 27 May.

IPR exceptions

- STEMI care bundle ACQI performance continues to be compromised by the poor incidence of recording two pain scores, despite a number of interventions aimed at improving compliance. However, the Febrile Convulsion Clinical Performance Indicator (CPI) has significantly improved from 68.4% care bundle compliance in August 2015 to 91.3% compliance in February 2016. This also compares favourably with the national average of 75.9%.

4.4 Quality, Governance and Performance Assurance

General update

- Care Quality Commission – Implementation of the action plan arising from the CQC inspection conducted in January 2015 is now almost complete, with the focus on audit of the changes implemented. A mock inspection has been organised involving approximately 30 personnel, including Trust staff and representatives from other ambulance Trusts, CCGs, NHS Improvement and experts by experience. This took place on 16-17 May, and will provide more detailed objective feedback to the Trust in anticipation of the next full inspection which is likely to take place later this year.
- Freedom to Speak Up – Expressions of interest were sought from staff to be part of a network of department and locality-based Freedom to Speak Up Advocates to support the Trust Freedom to Speak Up Guardian. Six people have been selected to fulfil this role, supplementing the existing 4 Staff Forum members, giving local contacts for staff wishing to raise a concern across A&E, PTS, Emergency Operations Centre, NHS 111, Estates and Fleet and corporate services. Interviews for the Trust Freedom to Speak Up Guardian are scheduled for 27 May.
- Discussions in relation to the 2016/17 contract for NHS 111 and West Yorkshire Urgent Care are continuing, with the potential for the process to move into a dispute resolution phase as outlined in the service contract.

- A new performance management framework has been developed and approved. This is now being implemented alongside changes to strengthen the role of the Trust Management Group in overseeing delivery of the Trust's objectives and key change programmes.

IPR

- NHS 111 calls are below contracted for April (-5.3%, 7,104 calls), and running at 2.3% below last year answered volume for April, although it should be noted that last year's April figures included Easter peak activity. The call answer response performance was 93.5% in April, a significant improvement from the closing months of 2015/16 where performance was adversely affected by significant spikes of demand above the contracted level. The NHS 111 referral rate to 999 is still performing well (<10%) at 7.8% for the month.
- Complaints - there has been no significant change in complaint and concern patterns across the service lines this month. Response times for complaints and concerns against timescales agreed with the complainant is high at 94% and the average response time has improved to 23 days.
- Safeguarding training compliance has increased April overall although level 2 safeguarding children training is slightly below the 85% target level at 82.7%. Work in train to improve this position further.
- Infection Prevention and Control – audit compliance in April was positive - 98% for Hand Hygiene, 97% for Premises and 98% for vehicle audit completion. The Trust is continuing to actively promote adherence to bare below the elbows policy, and this is supported by the new fob watches now supplied to all staff delivering direct patient care. The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has remained consistently low since June.
- Incident reporting overall has increased slightly in April compared to March. The proportion of incidents with moderate and above harm is 2.6% which is lower than the February figure (3%) and within the range previously seen.

4.5 People & Engagement Directorate

- 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

The new starters are predominantly across A&E operations, PTS, NHS 111 and EOC, although a notable number also joined corporate service areas during this period.

Key current recruitment initiatives include:-

- ECA Aspirant Paramedic – Having successfully secured funding from Health Education England, the Trust has completed the targeted campaign for a cohort of ECAs to participate in a pre-degree care experience which will ultimately provide an opportunity to access the DipHE Paramedic Practice Course at Sheffield Hallam University. The pilot is responding to recommendations aimed at providing potential paramedic students with frontline healthcare experience prior to engagement on a paramedic degree course. Additional elements of the course will include covering diversity and inclusion and placement experiences aimed at providing a broader insight in to other areas of health care (e.g. GP Surgery and Acute Hospitals). From 450 applications received, the recruitment and Operations team held a special event on Saturday 16 April where the final candidates were selected
- ECA – East Yorkshire targeted recruitment – in line with the A&E Workforce plan, the recruitment and Operations team identified the need for a targeted recruitment campaign in East Yorkshire. The assessment event scheduled in Hull at the KC Stadium on 19 March saw employment offers being made to over 30 ECA to fill vacancies in this harder to recruit to region.
- The Associate Director of HR, together with the recruitment team and Locality Director Paul Mudd attended Sheffield Hallam University during the last week of April at and gave conditional offers to over 30 paramedic students who are due to qualify later this summer and will join the registered paramedic workforce. The Trust is now in the position where vacancies in several localities are all filled and recruitment for paramedics will now target specific areas of East and West Yorkshire.
- TRAC recruitment system – the procured tracking system has now gone live with the recruitment team in early April, with managers across the Trust accessing the system when recruiting. The system will monitor every aspect of the recruitment process and will support the team in making any further changes to the overall recruitment process. Communication and guidance for all recruiting managers is ongoing.

Employee Wellbeing

- An update is provided below on the implementation of the Employee Wellbeing Strategy. Underpinning the strategy are work plans for both physical and mental wellbeing. The work currently underway includes:

Physical wellbeing:

- A Health Pod has been provided at Springhill by Health Trainer service.
- There has been further opportunity to improve the workspace in EOC as part of the department's redesign process.
- Potential pilot of Physical Competency Assessments for applicants to front line roles.

Mental Wellbeing:

- A Task and Finish Group has been created to develop a communication plan for mental wellbeing promotional campaigns.
- A Task and Finish Group has been created to develop the action plan for mental wellbeing training for staff and managers. Initial actions:-
 - Funding agreed for train the trainer course so that manager training can be incorporated into the training plan.
 - Pilot to begin in East Yorkshire on traumatic incident management training.
- A process for Post Incident Care is currently being redeveloped.
- The Recruitment team is working on incorporating mental wellbeing into the recruitment process, including ensuring that candidates for frontline patient facing roles, understand the nature of the working environment.

Industrial Relations

- Members of the senior A&E Operations team, together with senior HR colleagues continue to hold proactive talks with local and regional staff-side colleagues relating to the A&E workforce plan. The Operations JSG (a forum where specific operational issues can be addressed so as not to monopolise the Trust JSG agenda) has been extended to a full day each month. The format sees operational issues addressed during the first half of the session, together with matters relating to the wider transformation programme in the latter half.
- Two such meetings have taken place to date (April and May 2016) and both managers and staff-side colleagues are confident that issues relating to the overall A&E workforce programme can be addressed, including the review of operational workforce policies. Further meetings will take place throughout May.
- Discussions will also need to continue with local staff-side representatives over the coming months to resolve remaining differences regarding the paramedic pay progression. The Trust's Associate Directors of Human Resources and Paramedic Practice, together with the A&E Locality Directors will lead the ongoing work including the planning and implementation of the proposed career framework.

Education and Training Plan

2016/17 Agreed Action Plan

- The Training Plan for 2015/16 included the following agreed areas of training with the current level of agreed abstraction for training being 5%, this 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%

- The level of training provision for 2016/17 is high and is expected to be challenging to deliver. The Training Plan has been discussed with the Operations department and is directly linked to current workforce development requirements. The Training Plan is aimed at delivering the proposed workforce requirements.
- With the recent workforce developments and review of operational service delivery, there is an especially high level of workforce plan training commitments for 2016/17.

IPR Section 4 Workforce

Sickness Absence

- The sickness absence rate for April 2016 sat at 5.21% which is a further decrease from the previous month of 0.34% and a reduction on the same period last year where the rate stood at 5.12%. The full year figure for 2015/16 sits at 5.47% compared to 6.50% for the previous 12 months. We continue to implement actions from the Employee Health & well-being strategy, which focus on reducing absence in these areas as detailed in the Health and Wellbeing section of this report.

- April 2016 saw a reduction in long-term sickness to 3.42% and short-term sickness 1.79%. A number of final sickness review hearings and appeals have been heard in the last couple of weeks within the core service areas

PDRs

- The current PDR rate is 76.83% 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 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 with Commissioners.
- The Finance team has also been focused on the annual production of the year-end financial accounts and annual report for 2015/16, which are subject of course to independent external audit.
- The Finance team continue to support the Trust's transformation agenda comprising A&E, PTS & 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 has begun the early stages of implementation of Patient Level Costing including presenting and engaging with a number of stakeholders. This will support the further development and the roll out of Service Line Reporting and be a key enabler of Service Line Management (and ownership) as part of the Trust's Performance Framework.

Agency Management and Board Awareness / Reporting Requirements

- The delegated accountable officer for compliance with the agency rules is the Executive Director of Workforce and OD.
- They are responsible for the submission of weekly override submissions to NHS Improvement (submitted weekly by Wednesday noon).
- Agency expenditure to be reported through the Workforce section of the IPR for Board review, and reported to F&IC as part of the Finance Report standing agenda item.

Business Intelligence/Management Information

A&E:

- Ambulance Response Programme ARP Phase 2 – work ongoing in respect of coding review and the impact on YAS and benefits to patients.
- Several new reports set up to monitor daily, weekly and monthly performance for contractual returns.
- New reporting schedule agreed for next year streamlining some reports and making them available on the extranet. A new Monthly 999 CCG report will be available incorporating all the reports requested that are split by CCG.
- Work ongoing to assess the impact on resources and costs of the multiple reconfigurations due to happen across Yorkshire.

111:

- Report is being set up to track cases that reach an ambulance outcome following implementation of ARP 2.
- Report created to track KPIs as part of the Right Service, Right Time, Early Clinical Intervention Project. A 12 month review of this project is due to be undertaken.
- 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.

PTS:

- Quality & Efficiency Savings / CIP and Benefits Tracker is being created to track the 2016-17 position to plan.
- New Daily Performance Report has been created to track performance by area, sub-contractor performance, staffing vs demand and other measures such as aborted journeys, average Run Time etc.
- New Dedicated Discharge Report is being built to combine all individual discharge services.
- Ongoing work and meeting regarding PTS management and supervisory use of Telematics.

Fleet:

- Work started on automating vehicle accident reporting.
- Dashboard for compliance in development (MOT created, servicing, Tax, Tail Lift, Health & Safety dates to come).
- Reporting on vehicle availability in development (base changes, VOR, disposals).

Information, Communications & Technology (ICT)

- **Ambulance Response Programme (ARP)** – Phase 2- ICT have worked with operational, EOC teams and BI team to implement APR phase 2 which went live 20th April. ICT also redesigned the YAS wallboards and Lightfoot Dashboards.
- **EPR** (Electronic Patient Record) – the Business Case has been reviewed in Draft form. The solution specification, developed in collaboration with NWS is to be finalised in readiness for an Invitation to Tender (ITT).
- **Wireless Network Implementation** - ICT has completed the expansion of the wireless network (Wi-Fi) to the Trust's 42 sites.
- **YASTV** – The installation of the screens and the development of content management system for YASTV have been completed. This will be presented to the TMG on 18th May for approval and launch of the YASTV is expected towards the end of May.
- **Vanguard Programme** – ICT are working 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.
- **ICT Hub and spoke strategy** - ICT has been involved with a series of workshops with Hub and spoke stakeholders to capture the requirements to shape the future for the next 5 years. This will include streamlining existing processes and introduce innovations.
- **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.
- **Wireless Mobile Data Terminal Connectivity** – ICT Programme Board approved concept and progression of business case. Now planning the delivery of centralised map servers and front line MDT modifications to receive the map data.
- **Backup Telephone switch**– Project concept approved with further development of business case to investigate scope with stakeholders to ensure requirements are captured with associated costs.

Fleet Function

- Following the Double Crewed Ambulance (DCA) vehicle contract reward, specifications meetings have taken place to a point in which that the prototype vehicle can now be built. This is expected to be complete at the beginning of July, with full build starting following signoff, the order shall be completed for Christmas 2016. Within the DCA vehicles we are introducing technologies to improve the Trust's carbon emissions, the specification includes Lithium batteries and light weight cabinetry to reduce vehicle weight and improve overall fuel efficiency. YAS are also including solar panels to make use of natural resources to improve battery charging within the vehicles.
- Following the report of a tail lift incident in March all vehicles have been checked and are continuing to be monitored. The Trust is fully compliant with tail lift LOLER checks. Standard Operating Protocols (SOPs) have been implemented to ensure ongoing compliance.
- Following delays in the PTS conversion in respect of reverse cameras and windows, the final vehicles will be delivered and commissioned before the end of May.
- Post-Implementation of a targeted Accident Reduction Group, work has taken place to improve the data quality with accident reporting. This is now allowing fleet to produce daily reports to assist with accident management by the end user groups. Collaborative working is also taking place with our insurers and other Trusts to identify best practice within accident reduction and staff awareness.
- The Trust is currently rolling out a new fuel card which takes advantage of discounted fuel rates and reduces transaction costs of fuel purchased for external forecourts. This backs up the use of bunkered fuel within our sites to give us best value.
- The Fleet department has started on the road to ISO 22301 accreditation with training sessions taking place throughout April/May/June to ensure staff are aware of our business continuity plans and the need to have these in place.

Procurement & Logistics

- The Procurement Department continues to seek to improve its performance in terms of quality, timeliness, and savings for each procurement project undertaken. In 2015/16 the Department have delivered or identified savings totalling £1.23m, made up of one-off non-cashable savings (such as cost avoidance) of £232k, and £997k of CIP and efficiency savings across the life of the contracts the Department placed during the year. The Procurement Quality of Service Lead is introducing an electronic feedback form to allow the team to formalise the positive anecdotal feedback which has been received to date.

- High profile procurements such as DCA and RRV vehicle conversions; the PTS and Private Providers Framework; Critical estates and Make Ready projects; and Vehicle maintenance spares are being prioritised and fast-tracked where possible.
- The Associate Director of Procurement and Logistics has recently completed the annual review of the Trust's 5-year Procurement strategy. This has been amended in several places, though not materially changed. It 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 – An unconditional offer has been accepted and receipts are likely to materialise in late May. The slight delay in receipt being due to discussions around VAT implications with the Trust's advisors.
- Springhill 2 Extension - Contract effectively concluded.
- A business case prepared for the proposed acquisition of property allowing a centralised of Training and Education services, is to be presented to TEG and F&I in due course.
- Governance Assurance: - The Estates Management Group reports a significant improvement in Estates Governance Assurance and Compliance, with core risk elements being identified and appropriately managed.
- CQC Upgrades - Station Clinical Room upgrades are progressing for completion by end of June 2016, as planned.
- Springhill Car Parking - The landlord of Unit 3 Springhill has withdrawn parking facilities to YAS and this compounds the already over-subscribed parking arrangements at Springhill. Proposals are being sought for the appointment of planning consultant and design team, to develop 36 additional parking spaces at Springhill 2 car park. Negotiations are under way for access to ancillary parking elsewhere on the business park.
- H&S - The 5 year overview has been reviewed at the programme board. It outlines the top 4 hubs and 9 VPS/MR to adopt the model. To be presented at FIC and TB in May. The programme brief is under development.
- The Doncaster Hub business case has been completed, reviewed by the H&S PB. Presented to the FIC and subsequently TB in May.
- Discussions continue with other agencies to determine colocation opportunities in support of the H&S Programme across the South Locality. Optimal locations shared for Doncaster in the first instance.
- A communication and engagement plan has been designed and initial communication has begun with key internal and external stakeholders for Doncaster Hub.

- Make Ready - The pilot site at Manor Mill (Leeds) continues and is now well established. The pilot is being closely monitored to ensure that it is delivering against the specification. Data is also being collated against the key benefits as part of the evidence gathering process. Early KPI, Benefit and Quality Measures were presented to the H&S PB with positive feedback.
- Vehicle Preparation System - The VPS Pilot at Wakefield continue. The ambulance station is far bigger than the Make Ready pilot at Manor Mill and was an already established site. The first set of comparable outputs was presented to the H&S PB this month and will inform the evaluation of the two models to be presented in June.

5. Recommendation

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

That the Board notes and discusses the variances contained within the April 2016 IPR report, highlighted in the Executive Directors reports.