



MEETING TITLE Trust Board Meeting		MEETING DATE 26/11/2013	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	7.1
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 17 September to the 25 November 2013, and to highlight the key variances / movements contained within the September and October 2013 Integrated Performance Reports (IPR)		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	David Whiting, Chief Executive	ACCOUNTABLE DIRECTOR	Chief Executive
PREVIOUSLY CONSIDERED BY	Trust Executive Group		
RECOMMENDATION	<p>It is recommended that the Board;</p> <ol style="list-style-type: none"> 1. Agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period. 2. Notes and discusses the variances contained within the September and October 2013 IPR reports, 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 type="checkbox"/>	<input checked="" 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"/>
Quality 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 Registration Outcome(s)		Not Applicable	
NHSLA Risk Management Standards for Ambulance Trusts		1: Governance	

Report from the Trust Executive Group (TEG)

This report incorporates the activities of the Trust Executive Group (TEG) during September, October and November 2013, and incorporates a summary of key points and areas of variation highlighted by the lead Executive Director for each section of the Integrated Performance Report (IPR), covering the period of September and October 2013.

1. Purpose

- 1.1 This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 17 September to the 25 November 2013, and to highlight the key variances / movements contained within the September and October 2013 Integrated Performance Reports (IPR)

2. External Environment

- 2.1 The government has published the mandate for 2014/14 setting out the government's objectives for the NHS. The Mandate contains a number of key objectives for the NHS, including, taking forward relevant actions from the Francis Report; reducing premature deaths by 30,000 p/year by 2020; making progress on supporting people with on-going health problems; promoting integrated care and the diagnosis and treatment of people with Dementia. The mandate also calls for greater transparency regarding patient-reported outcomes; 'shining a light' on variations in care; and improved engagement with the public by clinicians where changes to local health are being planned.
- 2.2 Initial planning guidance has been issued by Trust Development Authority (TDA) and is informing our early planning process for 2014/15 and beyond. Monitor and NHS England will be issuing full guidance in December, along with including planning assumptions and the 2014/15 tariff.
- 2.3 The Urgent & Emergency Care Review – end of engagement report has been issued by NHS England following a consultation period which commenced in the summer. This is phase 1 and a further phase 2 report will be published in Spring 2014, to allow for development time for any proposed changes to the commissioning plans for 2015/16. The four key headlines from the review are;
 - Provision of better support for self-care, in turn reducing avoidable attendances / admissions to hospitals
 - Helping people to receive the right urgent care advice, for example making a 'smart' call to NHS 111, who can then help patients make rational choices about the care they need
 - Provision of more responsive out of hospital services, using the spectrum of healthcare professional, including the development of 999 ambulance services to become mobile urgent care treatment services

- Reconfiguration of A&E services, including two levels of emergency departments – major Emergency Centres (MECs) to treat the most serious cases and Emergency Centres (ECs) capable of assessing and treating patients, with the facility to transfer serious cases to the MECs.

These changes provide huge opportunities for YAS to develop its urgent care capabilities & learning from 111, and further utilise the skills of clinicians to support improvements in care for patients.

2.4 The Guardian and other media sources reported that despite their popularity, 53 out of 238 NHS Walk-in Centres had been closed over the past three years. Monitor, the Foundation Trust regulator has warned against Walk-in centre closure as it provides an alternative for those patients who were unable to access an appointment with their GP. Under the proposals in the Urgent & Emergency Review, Urgent Care Centres (UCCs) will replace all other terms such as Minor Injury Centre and walk-in Centre, and will in the future provide accessible walk in arrangements and provide a range of urgent care services for patients.

2.5 YAS has been involved as a key partner in a visit by the Department of Health (DH) to Mid Yorkshire Trust during November. The DH is undertaking 'deep dive' visits to Hospitals where Accident and Emergency Departments are performing well and they have identified Mid Yorkshire NHS Trust as a site they would like to visit. The DH focused on the following areas, and spent time with all health partners, in relation to the following areas;

- The local health economy strategic context
- Key challenges last year and how these were addressed (from a winter planning & pressures perspective)
- Key challenges this year and what has been done/planned to address them, both from a winter planning and sustainability perspective

3. Business Planning & Delivery

3.1 The business priority areas for quarter 3 are as follows;

- Achieve overall Red 1 and Red 2 response targets on a monthly basis and for quarter 3.
- Implement key elements of the PTS Transformation programme.
- Recruitment to the Executive Director of Operations post.
- Commence business planning for 2014/15.
- Commence the consultation process on the A&E re-design programme, to conclude in January 2014.

- Development of key strategies and plans including ICT, estate plans, Training & Education plan and Stakeholder Engagement strategy.
- Complete recruitment to A&E, EOC and 111 establishments.
- Operational priorities include finalising winter plans, resourcing, Red performance plan, PDRs, sickness management and CIP delivery.

3.2 Trust priorities;

- Maintaining effective and responsive frontline services will be a priority as we head towards the peak winter period. The A&E operational focus is on our delivery of Red performance targets, within the agreed resource plan for Q3 and Q4. Currently the trust is delivering year to date both Red 1 and Red 2 targets, however recent monthly Red 2 performance has been below the target. The Operations Directorate has in place a Red Performance plan comprising of 4 key initiatives to sustain delivery throughout Q3 and Q4. The plan increases the use of co responders in rural areas; increase internal response capability during peak activity periods; introduction of public access defibrillators in the North and East Yorkshire; and expansion of the city centre based Static Medical Units – to deal with minor illness / injuries.
- The elements of the Red Performance plan provides mitigating action to support service delivery and maintenance of performance, through to the implementation of the A&E re-design programme in Q4, which is focused on improving efficiency and effectiveness through the revision of 999 rosters, re-alignment of operational cover, flexible rest breaks, and optimisation of stand by usage. The trust is currently in a period of formal consultation with Unison and affected staff groups, and changes are planned to take place in January 2014.
- Changes to the NHS landscape and the introduction of new services, such as our 111 service present both opportunities and risks through this winter. A range of mitigations are in place to support our core services of A&E, 111 and PTS. The Red Performance plan and revised resource plans agreed with A&E operations, PTS, are aimed at providing flexibility to meet some of the expected activity increases in Q3. Further work is underway within the trust to review contingency arrangements for 111 over the peak winter period. The trust has previously committed additional resource to 111, and has identified additional specific contingencies for the festive period, but further support is being sought from

commissioners to address gaps in capacity and increase assurance in the winter 111 plan.

- An Operational services mid-year financial review was presented to the last Finance & Investments Committee (FI&C) outlining the in-year risks and mitigating actions in relation to the A&E, PTS and 111 businesses. A year-end forecast and resource plan has been agreed with each of these service lines, but there are a number of risks remaining in the second half of the year, including 111 winter staffing, potential for A&E penalties, under performance of A&E activity and non-delivery of CQUIN schemes.

3.3 Service Delivery (refer to Integrated Performance Report [IPR] and directorate exception reports in section 4 of this TEG report)

- 3.1 The Red 1 (8 minute) response target was achieved for the months of September and October, achieving 81.7% and 79.1% respectively (section 2a).
- 3.2 The overall Red (8 minute) performance target was delivered in September (75.1%), but slipped under the target, at 74.4% for October. Red 2 was not delivered in September and October, achieving 74.4% and 74% respectively (section 2a).
- 3.3 With regards to the four CCGs where a 1% improvement in annual delivery of overall Red performance forms part of our income for demonstrating improvements in quality, two CCGs are above plan year to date, and two are just under the target. There are actions within the Red Performance plan to address the shortfalls before the end of the year (section 2a).
- 3.4 There have been some improvements in PTS KPIs over the past few weeks, though further work is required to implement agreed service changes. Progress is being seen in South Yorkshire, and new rotas, implemented in the new-year will see improvements in North & East Yorkshire (section 2b).
- 3.5 Sickness absence rates have remained stable at just above the target of 5%, and remain lower than the previous year. Many of the frontline services have seen a continued reduction. The targeted directorate reviews will continue to reduce the variation in absence levels across functions. The new Occupational Health contract will provide additional support and focus to support a continued reduction in the sickness absence rate (section 4).
- 3.6 All directorates are prioritising the completion of Personal Development Reviews (PDRs), and an improvement has been seen during this period and PDRs are on track to be at a completion level of 75% by the end of December, and above 90% by the end of 2013/14. Additional

work is underway to improve the quality of PDRs and Personal Development Plan (PDP) opportunities (section 4).

- 3.7 The forecast surplus is £2.6m, however no allowance has been made for additional requirements identified by the 111 management team of circa £290k to support contingency plans over the festive period (section 5).

4. Executive Team Reports

4.1 Chief Executive

- The Chief Executive presented Jan Matulewicz, a Clinical Advisor in the Emergency Operations Centre (EOC), with his award of Clinician of the Year, for his excellent work in the clinical hub. This was the third prestigious award this year for the EOCs.
- The Chief Executive undertook two clinical 'ride outs' with Paramedic ambulance crews in both Sheffield (Middlewood station), and Leeds (Leeds central station), and took part in a clinical development day for clinicians.
- The Chief Executive visited the Hazardous Area Response Team (HART) facility in Leeds to meet the team from the National Ambulance Resilience Unit (NARU), when they commenced their audit of our HART capability in September, as part of a national HART audit.
- The Trust hosted a number of events during October, including an Urgent Care Challenge conference, and a Best Practice Clinical event.
- The Trust hosted a visit by Sir David Nicholson, CEO of the NHS to view the 111 service at Wakefield.
- The Chief Executive has met with a number of partners during the last quarter including West Yorkshire Fire & Rescue, East Midlands Ambulance Service (EMAS) acting CEO, Dean Royles (NHS Employers), Graham Stuart MP, Bryan Millar (CEO Bradford Teaching Hospitals), and Julian Hartley (CEO Leeds Teaching Hospitals).

4.2 Operations Directorate

A & E Redesign

- Yorkshire Ambulance Service continues to work with a specialist company to look at our current operational model, which indicated that there are areas where we could be more efficient and subsequently have a positive impact on the responsiveness of

services we provide to patients and improve the working lives of our staff.

- The diagnostic work recommends that by better matching resources to demand, particularly on evenings and weekends, through revised rotas and reviewing some of our operational policies, revising rest break arrangements and stand by locations, we can optimise resources which will allow us to reach patients more quickly, more of the time.
- These changes will also improve the working lives of our staff, including improvements in access to clinical training, reduce reliance upon overtime and remove the need to use private ambulance providers other than for short periods of high demand such as Christmas and New Year's Eve.
- There has been full involvement at all stages with our Unison colleagues and in October we saw the start of a consultation process with all affected staff. This has involved meetings with staff at all stations, including the opportunity for one to one meetings with individuals.
- Over the forthcoming weeks, detailed rotas will be compiled for every station, taking into account the feedback from staff, resulting in a planned 'go-live' date of 20th January 2014.

Clinical leadership

- A Clinical Leadership dashboard is now in place to measure the effectiveness of clinical leadership and supervision in the trust. This will be further refined over the next 6 months as the approach is fully embedded.
- To support the broader qualitative aspects of the Clinical Leadership Framework, a baseline survey has been developed aimed at all clinical supervisors, on all key aspects of their role, which will be repeated on a six monthly basis. This will be complimented by 'pulse surveys' of the staff themselves, to measure the overall effectiveness of the clinical supervisor role.

Clinical First Responders and Community Defibrillators

- There has been increased focus on the recruitment of Clinical First Responders (CFR) across the Yorkshire Ambulance area, with the plan to roll out 27 additional schemes by the end of March.
- Allied to this, and as part of the aforementioned Red Performance Plan there will be a roll out of 100 public access defibrillators, primarily across North and east Yorkshire over the next 6-9 months. This is a joint project with the British Heart Foundation (BHF) to

place defibrillators in prominent locations within villages, for access by the public when a 999 call is made.

Winter Plans

- Plans for the winter period have been drawn up and shared with the commissioners as part of the normal run up to this period of the year. This is the first year of the new healthcare landscape, with 16 urgent care boards and 23 CCGs, and our plans are incorporated in to local Urgent Care Board (UCB) planning.
- The concept of operations included details on how YAS plans will be delivered; the Gold strategy for YAS; working strategy; identification of threats and risks to the service; performance monitoring and information sharing arrangements and all links to other contingency plans for winter.
- The overall operational plan is driven by the concept of operations, to ensure all areas are covered and all threats and risks are mitigated.
- A&E operational workshops have been completed in late October and early November to focus our teams on the winter planning arrangements and plans

Bill Boehly Award

- The Bill Boehly Award for clinician of the year was created to identify and recognise individuals who made significant contribution to the clinical assessment of the patient over the telephone and/or policy development in the area of Secondary Triage of Emergency (999/911/000) callers.
- This National annual award is for the clinician who has successfully exemplified the values of their profession and was awarded in September to one of our Clinical Advisors in the Wakefield EOC, Jan Matulewicz. He was nominated for, not just his care and approach during his time at work, but for his wider community work, developing a direct clinical advise service that supports Care Home staff, and working directly to educate Care Home staff.
- Although this award was verbally mentioned at the September Board, it was worthy of providing a fuller brief to board.

IPR section 2 (A&E performance)

Performance

- There has been continued focus on the achievement of the Red 1 and Red 2 performance targets.

- As part of the overall plan, we ceased using Private Ambulance Providers from October allied to an increase in staffing numbers to fill existing vacancies.
- However, in October the demand was lower than plan during the first 20 days, with a distinct step up above plan during the last 10 days; this meant that, although the total demand for the month should have been addressed by the total monthly resource, the stepped increase in the last 10 days meant we missed the Red 2 target for October.
- Further focus on the demand areas has meant a good start to November, with the aim of achieving the required Red performance for the month.
- As noted below, the year to date combined Red performance remains above 76%, but the period during December and January is always more challenging, therefore the revised resource plan and Red performance plan are key to ensuring a full year success.
 - Red 1 performance was 79.8% for October (with a YTD of 79.5%)
 - Red 2 performance was 74.0% for October (with a YTD of 76.2%)
 - Combined performance was 74.4% for October (with a YTD of 76.5 %)

4.3 Clinical Directorate

Governance

- The new BASICS governance document for YAS has been accepted as the national model policy and is awaiting ratification by NASMeD and national BASICS.

Clinical Development

- The S136 policy, addressing the management of acute mental health patients in a public place, has been agreed with all four police forces in the region and will go live on 19 November.
- Paramedic Pathfinder, (for Paramedic staff) to facilitate decision-making and access to appropriate care, is being piloted in Rotherham in December before YAS-wide implementation in 2014/15. Training is currently taking place prior to roll-out on 2 December.
- The new Resuscitation Policy, incorporating ROLE and DNACPR policies, is being launched in December. This policy has been accepted as the national ambulance services' resuscitation policy.

- A Best Practice Event for clinical staff was held at York Racecourse, focussing on professionalism and patient safety.
- Clinical Update days for senior clinical managers was held prior to winter pressures.

Research and Development

- We have been invited to nominate an Executive Director to become a member of the new NIHR Clinical Research Network: Yorkshire & Humber Partnership Board. The Board will influence the regional research strategy and priorities and will oversee the distribution of the indicative funding of £27.6 million per annum.
- YAS has completed participation in its first drug trial. The trial was managed by AstraZeneca. YAS recruited 19 patients in ambulances on their way to percutaneous coronary intervention after a ST-elevation MI, and provided the test drug at an earlier stage of the patient pathway than is usual.
- We are participating in a DELPHI study reviewing mass casualty management.

Medicines Management

- The revised Controlled Drug SOP and drug management protocol will be launched in December. These will address the CQC findings from the inspection earlier this year.
- Internal Audit of security of medicines has been undertaken, and received significant assurance.
- A Health foundation bid in partnership with SWYMHT (Suzanne Wightman) patient safety closing the gap for mental health and suicide.

IPR Section 3 – Quality

Clinical Audit and Health Records Management

- Work is on-going on the Readsoft system. A meeting has been held with the supplier to discuss system faults. A resolution has been promised, along with assistance to clear the backlog. Quality assurance and performance management tools for the system have now been provided. Review of the whole system and enquiry and feasibility of outsource for resilience progressing.
- Delivery of the National CPI and ACQI following the records system failure has been maintained through manual searches but local CPI reporting has been suspended until February 2014. Lessons learned have been used as part of business continuity development.

- MINAP report data challenged and conceded by the Cardiac Network as inaccurate.

4.4 Standards and Compliance Directorate

- Hillsborough – Warrington has been confirmed as the venue for the new inquests. Following the third pre-inquest review in October 2013 there has been a significant increase in preparatory activity, including review of the large volume of documents being collated by the coroner and of a number of expert witness statements and preparation of clinical evidence. The Trust has also continued to make contact with current and former staff to support the witness process, both for the inquests and other police investigations. Occupational Health support for current and former staff during the inquest process has been agreed. The established Trust team is continuing to meet on a regular basis to manage the preparations for inquests and other national investigation processes and additional resources have been agreed by TEG to support the Trust team over the coming months.
- Service transformation programme – A session was held by the Transformation Programme Management Group to focus on priorities for development in the next 2-3 years. Plans from April 2014 onwards will also be informed by the annual business planning discussions and a scheduled Board strategy discussion.
- The final report from the Care Quality Commission inspection visit on 2-4 July 2013 has now been received and actions agreed to address the 2 minor concern areas identified.
- The feedback from the NHS Trust Development Authority Quality Visit on 6 September 2013 has also been received. Overall the feedback was very positive, with a small number of issues relating to staff communication, engagement and support highlighted for further consideration by the Trust.
- A meeting of the Trust Clinical Quality Forum was held on 5 November 2013. This focused on two key issues relevant to the recommendations from the Francis Report: patient safety and patient experience. The patient safety discussion centred on the current Safety Thermometer development work and opportunities to take forward a Trust-wide “Safe Care/Harm Free Care” campaign based on the Thermometer in 2014/15. The patient experience discussion considered the themes and trends in the patient experience feedback we receive through a variety of methodologies (surveys, focus groups, complaints). The discussion highlighted issues relating to communication, attitude and behavior and the group considered a range of opportunities address patient concerns and support staff in delivering an excellent patient experience. Again, this has been recommended by the forum for development as a structured, Trust-wide campaign for 2014/15.

IPR Section 3 – Quality

- NHS 111 – Call volumes have risen during October, particularly at weekends. Call answer performance has been stable and above target level for most of the month, with specific challenges at peak hours on a number of weekend days. These have been addressed by further adjustment to rostering to better align staff numbers to the peak weekend hours. The KPI relating to ‘warm transfer’ of calls to a Clinical Adviser remains challenging. The service optimisation programme is continuing and there are on-going discussions with commissioners about the clinical model within the NHS 111 service. This will be informed by the recently published national report on urgent and emergency care. Discussions are also continuing with commissioners about winter resilience arrangements and support, given the anticipated challenges to the service in its first winter period.
- Reported incidents, near misses and concerns have risen this month, although this is not associated with a significant rise in harm arising from incidents. Measures to reduce risk of staff harm relating to moving and handling incidents are continuing to progress, including the introduction of the new carry chair, equipment bag and lighter weight defibrillator equipment on solo response cars. Training to support the introduction of additional specialist bariatric vehicles is now almost complete to enable the deployment of these resources.

4.5 Workforce & Strategy Directorate

- The Directorate has now been formally constituted with the necessary staff moves taking place to form the new Directorate
- The Head of Human Resources, Graeme Jackson, has tendered his resignation to take up the post of Director of Human Resources for the Falkland Islands Council. Following an assessment centre held on November 14th, 2013, Kate Sims has been appointed to replace Graeme. Kate is currently Head of Human Resources at Chesterfield Hospital NHS Foundation Trust
- The Directorate continues to work closely with the Operations directorate to progress the A&E Redesign programme of change. Difficult negotiations are progressing constructively and we are optimistic that final agreement will be reached with the trade unions for full implementation during late January 2014.

IPR Section 4 – Workforce

- Sickness absence levels within the Trust for October were at 5.56%, still above the Trust’s 5% target. This does however continue to show improvement when compared to last month, and

is a significant improvement when compared with the same period last year. Recent improvements may well have been attributable in part to the fact that in accord with the changes made to the AfC agreement, unsocial hour's payments were no longer paid when a staff member was absent due to sickness. However, following representations by trade unions at national level, the Agenda for Change agreement has now been suspended. This is pending continuing national negotiations with a view to reaching a further agreement with trade unions regarding unsocial hour's deductions. It is anticipated that the new agreement will be in place from February 2014. This suspension of the national agreement does have potential to undermine the improvement in attendance that has been noted to date. Work continues on the development of a more robust absence policy and it is anticipated that this will be implemented with effect from 1 January 2014

- The delivery of Performance Development Reviews (PDRs) has shown an improvement from 62% to 67.25% of staff now having up to date PDRs and a further 23.89% of staff having PDRs but which are now overdue. Work continues to remedy this, and ensure progress is made through to the end of 2013/14. In addition, a focus group of Clinical Supervisors has been formed to develop practices and processes to try and ensure that PDRs are conducted as efficiently as possible and to help ensure the quality of PDRs is improved for operational staff.

4.6 Finance & Performance Directorate

- ICT and BI teams have begun work scoping out requirements for the development of a trust-wide data warehouse. This will allow managers and staff to access information and reports from across the Trust's information resources such as Fleet, PTS CAD, A&E CAD and ERS, the Trusts workforce and payroll system. The teams will be engaging with managers across the trust in coming weeks to scope out requirements.
- The ICT and Resilience teams held open sessions within the Gold Command Centre to demonstrate the new ResWeb application. The main ResWeb home page is essentially a start point dashboard grouped into a navigation panel, tactical and strategic points of interest. The documents can be accessed with an offline copy of the plan being made available even when no connectivity exists between the client and Sharepoint so long as the library has been initially synchronised in advance. This can be useful for all partners involved in case of a MAJAX and no connections are available to access the documents which is usually the case.

The site has calendars for rotas which show the current strategic and tactical advisors for any given day, and also includes 'ticker', which displays the weekly REAP level, advisory bulletins, UK threat level and any adverse weather warnings from the Met Office.

ResWeb makes use of document libraries, and Google maps integration, ICT can present links to internally hosted documentation over Google maps. This documentation can then be version controlled and alerts generated to management teams when certain key documents are modified.

This tool has been developed with a potential to share with NHS and other emergency service partners and several other organisations have expressed an interest in purchasing licenses for its use.

- The Business Development and Finance teams have begun planning work for 2014/15 to agree annual plan objectives and budget priorities. Scoping sessions are being held with service lines throughout November ahead of formal planning guidance being issued by TDA week commencing 16 December 2013.
- Following the board approval of the HART internal works tender on 12 November 2013 the Estates team are working with colleagues in Resilience and external contractors to finalise timescales, room layouts and equipment specifications. This work is being supported by the new Internal Head of Estates, Jeremy Kidd.
- Formal consultation has begun on the new structure for the PTS planning and control function. These proposals include dividing the planning between 4 regional teams and combining the previously separate roles of scheduling and on day planners. These changes reflect the recent of the Unipart diagnostic work in 2012.

IPR Section 2b (PTS)

- PTS performance for patients arriving and being collected on time for their appointment has improved again in October in South Yorkshire where new rotas have been implemented (IPR page 2.9). The deterioration in performance in North and East Yorkshire will be addressed by new subcontractor arrangements and the implementation of new rotas due to go live after Christmas.

IPR Section 2d – Support Services (Fleet)

- Progress continues to be made to improve the frequency of medical device maintenance. The number of devices overdue

servicing fell by 19% in month, with one defibrillator identified as having missed its service. Internal staffing resources are being supported by external resources from Medtronic and Oxylitre pending development of a partnering relationship with Mid Yorkshire Hospital Trust Medical Devices Team.

- The Fleet Management Team is developing a structured plan to improve turnaround of off-road vehicles ahead of the winter period. This will be implemented in early December.

IPR Section 2d – Support Services (ICT)

- Contract meetings have been held with Process Flows to escalate concerns regarding the reliability of the scanning software within Clinical Audit.

IPR Section 5 (Finance)

- The surplus at the end of October is £1.595m an adverse variance of £461k against plan (Month 6 was £1.156m and adverse variance of £474k against plan).
- The forecast surplus is £2.6m; however, the contingency reserve has been reduced by an increase in benefit compensation payments of £346k in month leaving contingency reserves of £1m.
- The forecast includes £300k for 111 winter pressures with the continuation of staffing levels previously agreed by the Trust Board through to the end of the financial year. No allowance has been made for additional requirements identified by the 111 management team week commencing 11 November of circa £290k.

5. Recommendation

- 5.1 Agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.
- 5.2 Notes and discusses the variances contained within the September and October 2013 IPR reports, highlighted in the Executive Directors reports.