



<b>MEETING TITLE</b>		<b>MEETING DATE</b>	
Trust Board Meeting In Public		29/09/2015	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	5.2
<b>STRATEGIC OBJECTIVE</b>	All		
<b>PURPOSE OF THE PAPER</b>	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 21 July 2015 to 22 September 2015, and the opportunity for TEG to highlight the key variances / movements contained within the August Integrated Performance Report (IPR).		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Rod Barnes, Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Rod Barnes, Chief Executive
<b>DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):</b>			
Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b>	<b>Date:</b>	
<b>RECOMMENDATION</b>	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 August 2015 IPR report, highlighted in the Executive Directors reports.		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>

<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Equality and Diversity Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b> <b>Choose a DOMAIN</b>	All		
<b>Monitor Quality Governance Framework</b> <b>Choose a DOMAIN</b>	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 21 July 2015 to 22 September 2015, and the opportunity for TEG to highlight the key variances / movements contained within the August Integrated Performance Report (IPR).

### 2. External Environment

- 2.1 At the end of July Robert Alexander, Chief Executive of the NHS Trust Development Authority, wrote to NHS Trusts outlining the financial challenges facing the NHS this year and the need for all organisations to deliver stretched financial targets. The letter identifies a stretch financial surplus target for the Trust of £2.404m against an original plan of £1.154m. In responding to the request, the Trust has assessed the risks to performance and quality of trying to achieve the revised financial outturn and have asked the TDA to apply pressure nationally for a clearer instruction on re-investment of performance penalties.
- 2.2 In August Monitor published a new report, *A&E delays: why did patients wait longer last winter?* The report analyses the reasons hospitals across England struggled to cope with the increase in admissions. The report identifies that higher rates of bed occupancy and rising ambulance demand meant that hospitals struggled to admit patients from A&E within four hours. More people came to A&E by ambulance which contributed to increased waiting times. Delays in discharging patients to social and/or community were identified by many hospital trusts as the main cause of delayed patient discharge.
- 2.3 NHS England has published Friends and Family Test Staff Responses for Quarter 1 of 2015-2016. Ambulance services generally scored less well than other parts of the NHS. Of the 10 ambulance services, YAS received the fourth highest positive responses from staff. Results from the Trusts' own Cultural Audit are due imminently and these will be used to inform management actions going forward.
- 2.4 The National Information Board and NHS England have published guidance for Clinical Commissioning Groups (CCGs), local authority partners and their providers on the production of local digital roadmaps by April 2016. The guidance outlines the actions that CCGs need to take to support their health economies to become 'paper-free at the point of care' by 2020.

### **3. Business Planning & Delivery**

#### **3.1 Chief Inspector of Hospitals Report**

On 21 August the Care Quality Commission (CQC) Report on the quality of care provided by the Trust was published. The inspection was undertaken in early January 2015 and focuses on five domains – safety, effectiveness, caring, responsiveness, well-led.

The areas inspected included Urgent and Emergency Care, the Trusts' Emergency Operations Centre, Patient Transport Service (PTS) and Resilience. NHS 111 will be subject to a separate inspection process which is still in development.

Ratings have been developed to help compare services and highlight where care is outstanding, good, requires improvement or inadequate and we were the first ambulance trust to be rated under this system.

The Report rated the Trust 'Good' in caring and aspects of effective and responsive services and gave one 'Inadequate' rating, in the safety domain for Resilience Services. Immediate action was taken in respect of the inadequate aspect of resilience services in January and the CQC identified that issues had been resolved when the CQC re-inspected later that month.

Other key areas identified as requiring improvement included ensuring ambulances and equipment are appropriately cleaned and infection control procedures are followed, ensuring equipment and medical supplies are checked and are fit for purpose and that suitable arrangements are in place for staff to receive appropriate training, supervision and appraisal including the completion of mandatory training.

Overall, the Trust rating was 'Requires Improvement'. A Quality Summit was held on 18 August to discuss the report findings ahead of publication. At this meeting which included representation from commissioners, local authorities, Healthwatch and the NHS Trust Development Authority (TDA) the CQC stated the Trust was 'just a short distance from being 'Good'.

It was acknowledged that many areas highlighted in the report are already part of the Trusts improvement plans and are being actioned. The CQC inspectors also recognised the pressures on our service during the January period when the inspection was undertaken.

Both the NHS TDA and CQC expressed confidence in the Trusts' ability to implement and deliver the necessary improvement plan.

A number of meetings have been held with local Health Overview and Scrutiny Committees to provide updates on actions in relation to the CQC report and A&E performance improvements.

## **3.2 Cardiac Survival and Rural Response Times**

Improving survival rates following cardiac arrest is a core strand of the Trusts' vision to provide world class care for the local communities we serve. The Trust has the best cardiac survival to discharge rates for the Utstein comparator group in England and is seeking to deliver further improvements in outcomes through a number of key initiatives:

Building on the success of the existing 12 Humber Fire and Rescue Service First Responder Schemes (which respond to over 200 incidents per month), the three remaining Fire and Rescue Services in Yorkshire have agreed to work with the Trust to establish schemes in Pickering, Hemsley and Lythe Fire Stations in North Yorkshire, Skelmanthorpe, Featherstone and Ilkley in West Yorkshire and Stocksbridge, Rossington and Dearne in South Yorkshire.

The schemes will become operational over the remainder of this year and will operate along similar lines to those in East Riding with Fire Responders wearing a separate uniform and travelling in a specially marked car with blue lights. Fire crews will be backed up at incidents by YAS clinicians, who will convey patients to hospital if required.

These schemes represent a core element of our plans to improve cardiac survival and response times in rural areas and towns not currently well served by existing services.

The Community Resilience Team has supported the placement of 300 additional Community Public Access Defibrillators and static Defibrillators at sites across Yorkshire since April.

Finally the Trust is undertaking extensive community training and public awareness in cardio pulmonary resuscitation (CPR). On 16 October the Trusts' Restart a Heart Campaign will see the largest ever CPR training event in the world as in excess of 23,500 pupils across 93 schools in Yorkshire have pledged to take part. The Community Resilience Team has also undertaken a 24 hour CPR Challenge at the Asda Superstore, Owlcotes Pudsey near Leeds on the 25 and 26 September to help raise public awareness about the importance of CPR and Community First Responders and Community Public Access Defibrillator schemes.

### **Other business planning priorities:-**

- A revised performance trajectory has been developed and shared with the TDA to return the Trust to delivery of national response times during the second half of this year. This is based on additional recruitment, expansion of alternative responses and

demand management schemes and improved utilisation of existing resources.

- The Trust has made progress in recruitment of A&E staff following an advert for technician grades. Between 30 and 40 new members of staff will join the Trust per month over the next three months. To supplement vacancies and backfill clinical training contracts have been awarded to three private provider organisations following a rigorous quality assessment process.
- Implementation of service development priorities including mental health nurses within the Emergency Operations Centre (EOC), expanding frequent callers pathways and clinical advisors within NHS111 have underpinned an increase in calls resolved by telephone to 8.1% of total calls, up from 5.7% for the same period last year and a reduction in frequent caller numbers by over 40%.
- PTS service improvements including operational management changes, the phased replacement of 110 PTS ambulances, vehicle telematics and increased use of volunteers have led to a sustained improvement in financial delivery and inward and outward journey times during the first five months of the year.
- The roll-out of digital clinical technologies including the Electronic Patient Report Form (ePRF) and Paramedic Pathfinder decision support tool are progressing across West and North Yorkshire. Hardware is now installed in 54% of trust ambulances.
- Development of the Trusts' Urgent and Emergency Care strategy to prepare for a full refresh of the five-year Integrated Business Plan is continuing, aligned to the development of the West Yorkshire Urgent and Emergency Care Vanguard. Workshops are due to take place with the Board and Commissioners during October.
- Work is progressing well to implement Make Ready vehicle preparation at Manor Mill Resource Centre in Leeds to support operational delivery over the winter period. Contracts have been let for an initial period to test the design model and outcomes. Approval has also been given for implementation of a reduced scale vehicle preparation service at Wakefield Ambulance Station.

## 4. Executive Team Reports

### 4.1 Chief Executive

- The Trust executive and senior management teams continue to work closely with other NHS providers and stakeholders to take forward vanguard proposals for new models of urgent and emergency care. Aligned to this work YAS and the other members of the Wakefield Provider Alliance including Mid Yorkshire Hospitals Trust and South West Yorkshire Partnership Foundation Trust have been selected as one of five Health and Social Care systems to be supported by the Pioneer Workforce Support programme. This will give access to project resources to support development of new roles and scopes of practice to deliver new models of care.
- On 6 August the Chairman and Executive Team hosted a visit by Barnsley CCG Governing Body at Springhill, Wakefield. This meeting was in response to a previous meeting held at Barnsley CCG to discuss local ambulance response time challenges. CCG members undertook a tour of the Trusts' EOC and NHS 111. The meeting afforded the opportunity to inform the CCG of response time improvements being made in the Barnsley CCG area, as well as other measures being taken by the Trust to support service integration and delivery of care closer to home. The CCG Chairman Dr Nick Balac provided positive feedback on improvements being delivered.
- On 9 September the Chairman and Chief Executive attended an Evensong service at Ripon Cathedral to mark Her Majesty Queen Elizabeth becoming the longest reigning monarch, at the invitation of Barry Dodd, Lord Lieutenant of North Yorkshire. The service was attended by representatives of the armed and emergency services and civic dignitaries.
- On 15 September we held our annual Long Service and Retirement Awards. The awards ceremony took place at the Pavilions of Harrogate. Nearly 100 members of staff attended the event to collect their awards from the Chairman, Chief Executive and special guests Mr Barry Dodd CBE, Lord Lieutenant of North Yorkshire, and Mr Charlie Forbes Adam Esq, High Sheriff of North Yorkshire.
- The Chief Executive and Interim Head of Estates met with the Head of Estates and Facilities Policy at the Department of Health (DH) to agree how Yorkshire Ambulance Service could assist in developing the DH Premises Assurance Model for ambulance services and work with the

centre in identifying opportunities for estate partnership working and invest to save schemes in support of Lord Carter of Coles Report into Efficiency and Productivity within NHS Providers.

- The Chief Executive undertook a number of station visits during August and September including visits to Harrogate, West Hull and Goole ambulance stations to discuss operational improvements and harness staff views across A&E, PTS and Fleet functions. Activities also included an evening visit to the Leeds Community Medical Unit operating in the city centre to discuss raising public awareness of the service, future service enhancements and collaborative working with West Yorkshire Police and other community stakeholders.
- Ian Brandwood Executive Director of People and Engagement has been offered and accepted the role of Director of Human Resources at West Yorkshire Fire and Rescue Service and will leave the Trust in mid-October.
- Robert Toole started in August as Interim Director of Finance and Performance on Tuesday. Alex Crickmar who was previously serving in the role has returned to his substantive position of Associate Director of Finance.

## **4.2 Operations Directorate**

### **A&E Transformation programme**

- Phase 2 of the programme following the initial diagnostic and improvement work commences at the end of September.
- The Forum commenced with the Trust on 7 September. They spent the first few days refreshing the action plan from the original report and meeting with key individuals from across directorates. A revised action plan is due with the Trust by the end of September.
- Lightfoot commenced the next phase of their work and have completed 2 of 6 IDA (Information – Decision – Action) sessions which focused on improving allocations of core resources to incidents and the use of alternative resources such as CFRs.
- The final draft of the ORH report has been received and the implications for rotas and vehicle mix is being finalised. This is a key workstream of the transformation project.



## **Clinical Training**

- Clinical training to enhance the clinical skill level of operational staff continues with conversion courses for ECAs to Emergency Medical Technician 1 (Band 4) and Emergency Medical Technician II (Band 5). EMT II will all be placed on a paramedic programme in the near future in order to create our own paramedic pipeline. This clinical training creates a short term abstraction challenge but is a key part of our longer term workforce strategy.

## **Ambulance Response Programme**

- YAS has been selected to be part of the project looking at despatch on disposition. We are currently assessing the impact of the changes and are working with the other ambulance Trusts and NHS England on an implementation date. Further regular updates will be provided to the Board as we progress.

## **Resilience**

- YAS Tour de Yorkshire planning team formulated and put in place a strategy to deliver our requirements for the next event, incorporating the lessons learned and best practise from the successful event this year.
- Several EDL/Britain First type protests related to findings around Child Sexual Exploitation report (JAYE) have taken place over the summer. Although minimal casualties are generated, these have a considerable financial and operational footprint for all partners. There may be challenges to future demos going forward, however traditionally these demos reduce during the winter period.
- New process revised - COMAH (Control of Major Accidents and Hazards) regulations 2015 came into being in June 2015. As a designated authority we have to plan, exercise and debrief the offsite plans for COMAH sites with the local authority. A costing methodology has been developed and meetings have taken place to inform the relevant partners of our intention to charge going forward, this has all been accepted by the COMAH companies and fellow responders. A commitment will be required from both Ops and resilience to meet the statutory and now contractual obligations, however full cost recovery negates any financial impact on the Trust.

- Annual Emergency Preparedness Resilience and Response (EPRR) Assurance Framework returns and winter planning, both on track and will be submitted within agreed deadlines. Awaiting this year's National Capabilities Survey.

### **Business Continuity**

- Extension to consultancy with Calderdale and Huddersfield Foundation Trust will likely generate a further £11K into the resilience budget, in addition to the £28k already generated from this trust.
- Consultancy with Hull and East Yorkshire NHS Trust has now begun.
- South and West Yorkshire Foundation Trust has been visited to prepare for consultancy beginning later in the year. Training and consultation is also underway with Wakefield CCG.
- Relevant guidance and policies reviewed and updated. We have recruited admin to support the development. The income generated is being utilised to backfill the gaps within the department so we can maintain the progress on ISO 22301 and wider BCPs across the Trust.

### **Education**

- 1 x Bronze Refresher Course (3 day)
- 1 x Tactical / Operational JESIP course to be held 30th Sept

### **IPR Section 2 (A&E Performance)**

	<b>July</b>	<b>August</b>
<b>Red1</b>	70.82%	68.73%
<b>Red2</b>	70.10%	70.02%
<b>Combined</b>	70.15%	69.93%

### **IPR Narrative**

- Performance remained off trajectory in August due to a number of factors, the key factors continue to be:-

- reduced deployed hours due to vacancies and the shortage of paramedics;
  - total abstraction primarily annual leave, sickness and training;
  - an increase in red demand during August – 42% of overall activity is now categorised as Red;
- Private Providers have been introduced to increase resource levels and assist performance. The implementation of these is being phased over September and October. The revised trajectory reflects this phasing schedule. September trajectory is based on 6 private provider crews per day. A number of challenges exist over reaching the 30 crews per day that have been modelled for the trajectory going forward and this is being reviewed as a matter of urgency, including the potential for bringing on stream, utilising the governance process that has been established.
  - Abstractions for September and October have been reviewed and any reductions in abstraction are being made in discussion with other directorates.
  - 
  - Paramedic vacancies continue to be a significant challenge to achieving performance. Mitigating action includes additional recruitment targeted at qualified technicians.

### **4.3 Clinical Directorate**

- In partnership with the West Yorkshire Urgent and Emergency Care Network, and other provider organisations in West Yorkshire, we have been successful in being awarded Vanguard status in the new models of acute care programme. Responses to the 9 high impact interventions for ambulance services have been provided to System Resilience Groups. Together, these will allow us to accelerate the delivery of our urgent and emergency strategy.
- The implementation of Paramedic Pathfinder has continued along in line with the project plan and is being used successfully in Rotherham, West Yorkshire and Humberside. Reporting for the CQUIN has fallen short of milestones initially agreed with commissioners, but this has been due to issues with providing accurate data. Meetings have taken place with commissioners and a contract variation has been drafted for consideration.

- The isochrone for bypass to a major trauma centre has been increased to one hour following NHS England direction. Working with all four major trauma networks we have agreed that the only significant impact of the change is to paediatric major trauma as all paediatric major trauma in Humberside will now flow to Leeds General Infirmary without attending Hull Royal Infirmary.
- The evaluation of automated CPR devices has demonstrated that the Zoll Autopulse is the preferred and effective device for the transport of patients who require ongoing chest compressions in cardiac arrest whilst being transported to hospital. These devices will be provided to resuscitation team leaders to bring to cardiac arrests. In addition, standard operating procedures for external cardiac pacing for bradycardia and synchronised DC cardioversion for pulsed VT are in development for use by resuscitation team leaders. Training will commence in October.
- The first quarterly mortality audit was completed in August as part of a wider national ambulance services pilot. Of 481 cases reviewed in the preceding three months 93% of patients were already in cardiac arrest or deceased at the point of first contact with YAS.
- However, 33 patients had had recent contact with other health care professionals and these have been individually investigated and feedback provided to other agencies.
- The clinical app has continued to be developed so that all GP surgeries are now geo-located. This means that the app has the functionality to automatically provide the closest alternative recommendations for attending clinicians. Using this functionality, the emergency care pathways are being developed to be included in the app.

### **IPR exceptions**

No exceptions to report.

## **4.4 Standards and Compliance Directorate**

- Care Quality Commission – The final report of the CQC inspection of YAS services was published on 21 August and the Trust has now submitted its action plan in response to the issues highlighted to the CQC and Trust Development Authority. Implementation is progressing well, with weekly monitoring by the Trust Executive Group. The Trust

has attended a number of Local Authority Overview and Scrutiny Committees to discuss the findings and Trust response.

- Freedom to Speak Up – A working group, with representatives from both the Staff Forum and Unions has now been established to oversee further development of our approach to encouraging and responding to staff concerns about care. This group is undertaking a full review of policies and procedures on raising concerns at work in the light of the *Freedom to Speak Up* report, Department of Health *Learning not Blaming* report and national *Raising Concerns at Work* and other guidance from NHS Employers.
- Nursing in YAS – Good progress is being made to establish the necessary framework and processes to support our nursing staff in maintaining their professional development and registration, in anticipation of the new Nursing and Midwifery Council revalidation requirements due to be launched in October 2015. The Nursing Leadership Forum is also developing proposals for consideration by TEG, to enhance future nurse recruitment and career progression, within the multi-professional YAS workforce.
- Hillsborough – The Trust has continued to contribute actively to the inquest process and to plan for the key stages ahead.
- Events – The Associate Director of Quality and Nursing attended the UK Sepsis Trust's Reception taking place in the Palace of Westminster on Tuesday 8 September, participating in this opportunity to meet with parliamentarians and clinicians to discuss improvements which might be made in sepsis treatment.

## IPR

- NHS 111 – Call volumes remain above the contracted rate for the quarter. Calls answered in 60 seconds at 93.6% dipped under the 95% target for the first time since April and now stands at 94.3% year to date. Although call answering is below target, clinical performance continues to improve with all national and local KPI's being at their highest levels since February and 94.4% of patients who required a clinician being contacted within 2 hours. Clinical Adviser grades have been reviewed to support recruitment and retention of clinical staff. This has had a positive impact but recruitment remains challenging in the wider context of nursing and paramedic shortages. A multi-faceted recruitment plan has been developed by the NHS 111 team to promote the opportunities for clinical professionals within the service.
- Complaints and concerns - Response times for complaints and concerns against timescales agreed with the complainant shows a significant improvement from 60% in July to 84% in August, an

increase of 24 basis points and the average response time has decreased from 39 to 24 days.

- Infection Prevention and Control – hand hygiene and cleanliness audits, including spot checks by the Head of Safety/IPC Nurse have shown positive improvements over the last 2 months. The Trust is actively promoting compliance with bare below the elbows policy and the Trust is purchasing a fob watch for all staff delivering direct patient care to support this. Vehicle deep cleaning processes have also improved, supported by increased staffing levels for cleaning staff and weekly monitoring led by the Director of Infection Prevention and Control.
- Incidents – the rate of incidents and near misses reported by staff has fallen slightly this month. The level of harm arising from reported incidents remains within the previous low range. A new monthly feedback bulletin has been introduced for staff, to provide feedback on Trust learning from incidents and complaints. A survey of staff has also been conducted to gather views from staff and managers on how the feedback process could be further improved. This will be considered as part of the work of the recently established Freedom to Speak Up working group.
- Safeguarding training - The Safeguarding Children Level 2 training compliance has continued to improve month on month.

#### **4.5 People & Engagement Directorate**

- We were advised at the beginning of August of the joint trade unions decision to reject the latest A&E workforce plan proposals. Whilst this rejection was disappointing, in reality, it has not stopped us taking steps to re-shape the A&E workforce and some of the interventions in terms of recruitment and training are described below.
- Following a lengthy period of consultation, a new pay protection policy was introduced on 3 September. The new policy brings YAS into line with the rest of the NHS, protecting pay for a maximum of two years in situations where staff are downgraded as a result of organisational change.
- Discussion continues with the Trade Unions to try and reach agreements on elements of service redesign which require a negotiated solution.

## **Recruitment**

- Recruitment to A&E Operations to support the workforce plan continues to be a key priority.

### *Paramedics:-*

- Paramedic recruitment continues. There are currently 32 paramedics completing training with a further 19 being progressed through our recruitment pipeline. Our current advertisement has yielded a further 26 applications.

### *EMTs:-*

- There has been focus on the recruitment of EMT 2s to support the implementation of the A&E workforce plan. An external advertisement yielded 26 successful candidates who will receive induction during October 2015 and become operational in November 2015. A further 47 expressions of interest have been received from existing EMT1s to convert to EMT2s and these are being placed on training courses over the coming months.

### *ECAs:-*

- 26 ECAs are due to start training in September and October and a further 65 are being progressed through our recruitment pipeline. A further 40 ECAs are being progressed following the 'Lifewise' event on 19 September 2015.
- Additional staff have been recruited to the recruitment team to ensure that the pace of recruitment can be maintained. The Recruitment team are currently in the process of procuring an electronic applicant tracking system aimed at improving the timeliness and effectiveness of recruitment processes.

## **2015/6 Flu Campaign**

- A delivery and communications plan to support the 2015/6 flu campaign has been developed. This year's planning revolves around ensuring further improvements to accessing the vaccine, continued use of peer vaccination, greater focus on encouraging CFR's to be vaccinated, and improved communications (including myth busting and use of social media). Additional vaccine has been ordered this year to mitigate the risk of having to order more

vaccine mid campaign. This vaccine will be available on site at HQ and will be distributed across the region to fridges at key locations. Clinics/drop in sessions will be arranged in each area. Flu leads have also been identified in each area to co-ordinate the delivery of the campaign.

### **Personal Development Reviews**

- Work continues to increase the quality and quantity of PDRs. The Board has been aware that compliance achievement is currently compromised by a large number of staff who's PDR is due to expire in the final 4 months of the financial year. The proposed plan focuses on ironing out the peaks and troughs in compliance in favour of a steady flow of PDR completions per month.

### **Statutory and Mandatory Training**

- Whilst the compliance rate continues to be high this is being monitored due to the need to cancel elements of Statutory and Mandatory classroom training for A&E Operations. A dashboard has been produced which is being tested with managers and provides a more transparent approach to monitoring this area.
- The revised workbook is currently in development and is due for distribution at the end of October.

### **Leadership and Management Development**

- The Management Essentials Programme has now been running since October 2014 with 62 line managers having attended to date. This now forms part of the initial learning for all newly recruited or promoted line managers. These mandatory modules will be supplemented by optional workshops designed to support line managers with people management challenges.
- The leadership and management development proposition is being expanded to facilitate a three tier offering which will focus on:-
  - Developing and supporting identified talent and aspiring leaders and managers;
  - Supporting newly recruited or promoted managers and leaders into their leadership roles.
  - Providing learning opportunities to the leadership community to support their continuing professional development and technical skill base.



## **Workforce Race Equality Scheme**

- A procurement process is now completed to deliver a programme of training for all managers on equality and diversity. This is to be implemented following feedback from staff and managers including the BME staff network and will provide managers with improved knowledge and skills to ensure that they manage all staff fairly. It will focus on their role in setting workplace standards of behaviour.

## **Cultural Questionnaire - Your Voice, Our Future**

- Throughout December 14, over 100 members of staff from a range of localities and service areas contributed to the first stage of the programme and either attended one of Zeal's listening events or contacted them independently to share their views on what it feels like to work for YAS. This data was used to develop a bespoke and confidential questionnaire which covers the workplace features, indicators of culture, safety climate and leadership and management behaviour.
- The survey titled 'Understanding the Quality of Your Working Life' was launched and circulated to all staff. Over 1378 questionnaires have been completed. A total of 852 surveys were returned on paper by post and a further 510 were completed online.
- The results of the statistical analysis between the workplace features, cultural dimensions and other factors are currently being validated and will be summarised in the final report which will be submitted to YAS at the end of October.

## **2015/16 Training Priorities**

- The focus for the Training and Education plan so far has been within A&E Operations. The training and education plan is extensive this year to match the requirement for new starters and to upgrade for new job roles within the service. Given the scale and scope of the plan the delivery requirement has been modelled for the year and a projection has been made over the next three years.
- A more extensive training needs analysis has commenced to provide a more comprehensive picture of training needs across the Trust.

## **Corporate Communications**

- This year's awards ceremony took place on Tuesday 15 September at the Pavilions of Harrogate, North Yorkshire. We recognised a total of 232 staff members, who had achieved a combined total 5,512 years' service between them.
- 87 members of staff attended the event to collect their awards from the Chairman, the Chief Executive and special guests Mr Barry Dodd CBE, Lord Lieutenant of North Yorkshire, and Mr Charlie Forbes Adam Esq, High Sheriff of North Yorkshire.
- The Long Service and Retirement Awards honoured service achieved up to 2014. In total, 35 individuals were congratulated for achieving 20 years' service and 15 individuals for reaching the 30 years' service milestone.

## **IPR Section 4 Workforce**

### **Sickness Absence**

- Sickness absence remains above the Trust target of 5%. However the Trust has experienced a reduction of 8% in sickness absence during the first quarter of 2015 compared to the same period in 2014. This equates to 2209 less calendar days lost this year compared to last. The sickness absence rate for the Trust in August 2015 stood at 5.84% compared to 7.09% in August 2014. YAS is currently performing favourably when compared to other Ambulance Trusts. YAS is currently ranked 4 out of 11 Ambulance Trusts nationally.

### **PDRs**

- The compliance rate remains consistent with only a very slight reduction from last month; this is still significantly improved than the same period last year. Managers have been made aware of the revised 80% target and are working to ensure that this is achieved.

#### **4.6 Finance & Performance Directorate**

- The Finance team led on the re-submission of the FY15/16 operating plan including the revised financial and workforce plans, in line with national NHS TDA requirements.
- The Finance team continue to support the Trust's transformation agenda including A&E workforce modelling and PTS.
- The Trust is in the latter stages of procuring a Patient Level Costing System that will support the development and the roll out of Service Line Reporting and Management. The Trust is also working with Commissioners and Monitor on a new payment mechanism/system and development of Payment by Results (PbR).

#### **Business Development**

- South, East and West contracts have all signed for 2015-16. North are still debating internally on the split of the contract value, however, all aspects of the contract have been agreed between the North consortia and YAS. Both West and South consortia are undergoing a review of PTS services aiming to report at the end of 2015.
- The feedback from commissioners in all areas regarding PTS' transformation plans has been extremely positive.
- A risk around CCG confirmation of CQUIN 1 has been resolved with Calderdale and Greater Huddersfield CCGs agreeing to implementation as previously planned.
- Discussions with CCGs are underway around the provision of winter pressures services.
- Contract negotiations for 2016-17 are planned to begin in October with the agreement of timetables and procedures. The first meeting with commissioners will take place on Friday 2 October 2015.
- Finance and Urgent Care are working collaboratively with commissioners to develop future UCP (Urgent Care Practitioner) pricing models.
- Other Business Development activities include a project to facilitate / offer telecare services for individuals within Yorkshire and Humberside. This launches on the 19 October 2015.

- The Business Intelligence (BI) team has developed the new Integrated Performance Report (IPR). This went live in August.
- BI continue to review the requirements for the data warehouse. The BI team are also working with Operations to support improved forecasting modelling, build comprehensive staffing summaries and roll out new automated reports across the support services including quality, fleet, risk, clinical and others.

## ICT

The ICT team are continuing to support a number of projects including:-

- PTS PDA Rollout of devices now picking up pace with 162 Samsung Note 4 devices Issued; 368 remaining.
- The SMS Enterprise System, the solution is currently been used by PTS, 111, resource and EOC teams for rostering and an appointment reminder.
- ROC Module, developed a new system to provide the Regional Operations Centre (ROC) with the following:-
  - How many frontline staff on duty with relevant skills are available on shift;
  - Provide critical information on a daily basis to monitor and manage lost time through staff keying on late for duty, staff failing to respond to emergency details in an acceptable time and staff been unavailable from duty.
- New YAS Internet – Has been launched 14 September.
- ICT continue to support on the roll out of electronic Patient Report Forms (e-PRF) as part of the Electronic Care Solution (ECS). Hull & East Yorkshire was completed in July 2015. ICT are currently rolling out to the North Yorkshire (September to December 2015)
- ICT are working collaboratively with East Midlands, East of England and North West Ambulance Services to procure a new version for the Electronic Care Solution (ECS) / Electronic Care Record System (ECSR) post July 2016.
- Airwave Handset Replacement and upgrade project has been completed 14 August.

- Continue support to fleet to update MDT Satnav and swap out 150 MDT's with the latest MDT 4000 and VDO Replacement to all the RRVs.
- Procured YAS new storage for Wakefield and York Data centres. This to provide the trust with additional storage to support the trust demand in the next three years.
- Start Deploying Skype for business to Operations, Clinical team, Resilience team, training team.
- Continue working on the ITIL Delivery project into ICT.
- Continue to work on the development of data warehouse and support BI department.

## **Fleet**

- The first batch (26) of the 47 new leased PTS Vehicles have been being delivered and are now in service across YAS. The second batch of 21 will be delivered during October. Fleet are already seeing a positive impact on vehicle reliability as we have removed 26 of the very old PTS vehicles from service.
- The 20 urgent tier vehicles procured from West Midlands are now all in service throughout YAS.
- All of the 40 new A & E Mercedes van conversion Ambulances are now on the road and in service throughout the Trust. 40 of the oldest A&E Vehicles have now been removed from service and Fleet will start to see the benefits of the new vehicles as the old vehicles were expensive to maintain with replacement engines and ongoing transmission faults.
- A major review of our ambulance specification has commenced and work is underway to introduce a FIAT Ducato demonstrator into the fleet. This vehicle/specification addresses the historical tail lift problems and provides a larger interior space for clinical treatment. A Sub-Group of representatives from the Vehicle and Equipment Group are travelling to Germany on the 28<sup>th</sup> September to see the demonstration vehicle come off the production line and they will make any final changes/modifications prior to it being delivered to YAS for staff evaluation from 12 October.
- All of the PTS fleet has now been fitted with Vehicle Telematics. This was completed in July. The system gives full visibility to the PTS Management and Resource scheduling teams which means the department is able to maximise vehicle utilisation by knowing exactly where each vehicle is and what it is doing. This type of

system is now generally fitted as standard on ALL commercial fleets large and small. Industry statistics suggest that vehicles fitted with telematics return up to 10% fuel saving through better driving. It is a little early to evidence just yet but early indications suggest that we are already seeing a positive reduction in Miles per Gallon (MPG).

- Of the 8 new supplies vehicles which have been ordered two have been delivered and the remaining 6 will come into service in early October. These are all fitted with the Trust approved vehicle telematics system.
- The new Fuel Card contract came into force on 1 September. It is the same Fuel Card provider so we don't have the inconvenience of changing all cards on vehicles. The new contract however comes with revised and more favourable terms in relation to the administration charge. This will deliver a £70k annual saving on previous terms.
- The Fleet Maintenance department continues to explore ways of extending working hours to provide better levels of cover at the workshops to support front line operations. Three current vacant mechanic posts are being recruited as dedicated weekend mechanics in south Yorkshire and Harrogate which will support the front line operations service by enhancing the fleet maintenance cover and further increase vehicle availability.
- The Fleet, Ancillary and Medical Equipment teams have been heavily involved in delivering actions to support the Trust addressing concerns and shortfalls identified in the recent CQC review. This has included the development and implementation of a number of Standard Operating Procedures (SOP's) around vehicle cleaning, Station cleaning, Medical Device decontamination and decommissioning, introducing vehicle service stickers following service and embedding the current Deep Clean breach process. Further work will continue throughout October which will see the introduction of Vehicle Equipment and Consumable checklists and a poster campaign throughout the Trust and in vehicles.

## **Procurement**

- The procurement team are continuing to improve performance in terms of quality, timeliness, and savings for each project they undertake.
- The team is building strong relationships with internal customers, and lending substantial resource to high-profile projects such as Private Providers and Hub & Spoke.

- Since the sign-off of the 5-year Procurement strategy, the team is implementing the strategy as per the high-level plan.
- Internal appointments have been made for Band 6 and 5 Category posts, with external recruitment for the Band 8A and 7 posts underway. Interviews for these two positions are expected to take place in October 2015, with appointment dependant on HR processing time and notice periods.
- The relocation of the Procurement team to Unit D (the Police), has begun with the first members of the office-based side of the team moved in on the 22 September. The remaining parts of the team will relocate to the new building over the next 2-3 weeks. Likely completion date is 9 October.

### **IPR Section 5 (Finance)**

- The Trust has a cumulative surplus as at the end of (M5) August of £1,666k, a positive variance of £432k above plan. The positive variance is principally due to vacancies (reduced staff costs to plan) combined with a lower depreciation charges as a result of capital programme slippage. This is regrettably offset by adverse performance delivery and therefore contract penalties.
- A&E are £(1,036)k adverse to plan driven by the challenge to meet one of the CQUIN targets (Paramedic Pathfinder), continuing subsistence payments and the use of external providers to support internal capacity shortfalls and maintain service provision.
- Provision for A&E penalties of £(1.9)m have been accrued in respect of non-achievement of the May Red 1 target (8 minute) and the June, July , and August Red 1 and Red 2 targets.
- The PTS position is adverse to plan by £226k due to continued reliance on taxis and subcontractors.
- Quality & Efficiency (CIP) schemes are delivering 112% against the year to date target resulting in a favourable variance of £370k.

## **5. Recommendations**

- 5.1 That the Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.
- 5.2 That the Board notes and discusses the variances contained within the August 2015 IPR report, highlighted in the Executive Directors reports.