



MEETING TITLE Trust Board Meeting In Public		MEETING DATE 26/01/2016	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	5.3
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 24 November 2015 to 19 January 2016, and the opportunity for TEG to highlight the key variances / movements contained within the August Integrated Performance Report (IPR).		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Rod Barnes, Chief Executive	ACCOUNTABLE DIRECTOR	Rod Barnes, Chief Executive
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper): Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings			
PREVIOUSLY AGREED AT:	Committee/Group:	Date:	
RECOMMENDATION	<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 December 2015 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 Choose a DOMAIN	All		
Monitor Quality Governance Framework Choose a DOMAIN	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 24 November 2015 to 19 January 2016, and the opportunity for TEG to highlight the key variances / movements contained within the August Integrated Performance Report (IPR).

2. External Environment

- In the recent Spending Review, announced on 25 November 2015 the Government committed to provide the NHS with an additional £3.8 billion funding in real terms for 2016/17. This settlement is dependent on the NHS provider sector delivering a deficit of not more than £1.8 billion in 2015/16 and breaking even in 2016/17 after application of the fund.

NHS Improvement has since published its 2016/17 Financial Framework and planning guidance on 22 December 2015, Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21. This sets out the operational planning and tariff setting approach for the next financial year including an expected efficiency factor of 2% across the provider sector. The guidance also provides details of a £1.8 billion Sustainability and Transformation Fund (S&T Fund) comprising a 'general element' targeted at providers of acute emergency care and a 'targeted element' to support trusts drive efficiencies and transformation.

- Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Greater Huddersfield and Calderdale Clinical Commissioning Groups (CCGs) have announced plans for a public consultation on the future of the Accident and Emergency departments at Huddersfield Royal Infirmary and Calderdale Royal Infirmary. The plans recommend Calderdale housing the A&E Dept. for the Trust with the replacement of the A&E Department at Huddersfield with an Urgent Care Centre treating less serious conditions. YAS are fully engaged with CHFT's planning processes and are assessing the impact upon emergency ambulance and PTS journeys.
- NHS England has developed a revised set of Ambulance Quality Indicators (AQIs) which came into effect at the beginning of January 2015. The most significant changes affect the time start for calls transferred from NHS 111 through to the 999 Emergency Operations Centre (EOC). From January the clock will start immediately at the point that the call presents to the Trust's EOC rather than allowing time for additional call assessment. The new guidance also states there will be no re-triage or enhanced clinical triage undertaken on Red 1 calls which originate from either 999 or NHS 111. Both changes are likely to affect Red 1 and Red 2 response times across the ambulance sector.

- NHS junior doctors participated in 24-hour strike action on Tuesday 12 January 2016. During the strike, junior doctors limited their activities to emergency care. There are plans for a second strike for 48 hours beginning at 8am on Tuesday 26 January and a further day of action on Wednesday 10 February during which junior doctors will stop working completely between 8am and 5pm. The Resilience Team and Regional Operations Centre monitor operations closely on the days of action and invoke escalation plans as necessary.
- The Care Quality Commission (CQC) is currently consulting on increases to the fees levied on NHS and social care provider organisations for 2016/17 and beyond. The options proposed are for CQC to move to full recovery of its chargeable costs through fees over either two or four years, amounting to an additional £16 million cost across the foundation trust and trust sector.

3. Business Planning & Delivery

Winter Pressures

- The heavy rain over the Christmas period and resultant flooding across parts of North and West Yorkshire led to problems with Vodaphone and BT telephony services and difficulties with the Emergency Services Airwave radio communications system owing to a flooded supplier site in Leeds. York EOC had to be relocated to Wakefield due to local telephony issues and the Monkgate NHS 111 site was closed with staff relocated to Wakefield due to flooding in the Monkgate area of York. The flood impact on telephone lines reduced YAS' overall phone line capacity and as a result, a decision was taken to manage a proportion of NHS 111 calls via the national contingency on 28 and 29 December.
- The severe weather also affected the Northern Power Grid, causing intermittent power loss at YAS' ambulance station in Harrogate.
- The Hazardous Area Response Team (HART) were activated on Boxing Day and deployed to assist with rescuing and evacuation at Mytholmroyd and Leeds. A second team of HART volunteers was also activated and the two teams were on duty for the next three days.
- In spite of the additional challenges created by the flooding and telephony problems, the Trust maintained a safe level of service throughout the period and achieved response times in line with expectations.
- Throughout the period YAS received significant national and regional media coverage in relation to the flooding and the Trust's proactive media campaign to reduce alcohol-related incidents over the Christmas and New Year period.

- Jane Ellison MP, Parliamentary Under Secretary of State for Public Health at the Department of Health (and Conservative MP for Battersea), visited YAS HQ on Thursday 31 December 2015 to see first-hand the challenges the service had faced. Dr David Macklin hosted the visit and Jane was shown the Health Gold Cell facility and YAS' NHS 111 and Emergency Operations Centre (EOC) services. She thanked YAS for the excellent work undertaken during the challenging time.
- These achievements would not have been possible without the extraordinary efforts of staff from across the Trusts' functions and a number of correspondence have been received thanking the Trust and its staff for continuing to provide a high quality of service despite the challenges including a letter from Jim Mackey Chief Executive NHS Improvement (Appendix 1).

Other business planning priorities:

- At the beginning of December the Trust began formal consultation with members of the Trust Management Group on director portfolios and the future structure of the Trust. The proposals are intended to improve internal and external stakeholder engagement and to provide capacity to meet the strategic challenges associated with the Urgent and Emergency Care Review and delivery of the Trusts' existing Transformation Programme. The changes to the senior structure are cost neutral and reflect feedback from extensive consultation with commissioners, NHS TDA and the YAS Board.

The consultation process has now closed and the recruitment process has begun for the roles of Executive Director of Finance, Director of Workforce and Organisational Development, Director of Business Development a number of other senior roles will be advertised during late January and Early February.

- The Trust and its partner organisations in West Yorkshire are continuing to develop Vanguard proposals for new models of urgent and emergency care. The Vanguard comprises four major programmes of work Hear, See and Treat services, Primary Care, Mental Health and Acute Care supported by a number of supplementary workstreams including workforce design, contracting and shared care records.
- The Vanguard Team are currently developing 'Value Propositions' for 2015/16 and 2016/17 for submission to NHS England. These clarify the investment levels being sought from national funding sources and benefits expected to patient outcomes and system efficiencies.

- Following the Board's approval for the Strategic Outline Case (SOC) for Hub and Spoke and Make Ready, the Chief Executive has held a series of meetings with Estates and Hub and Spoke Project Team to develop prioritised implementation proposals. These include long-term proposals to address issues at Bentley Ambulance Station in Doncaster identified by the Chief Inspector of Hospitals Report and future roll-out of the Make Ready service.
- The Make Ready vehicle preparation service at Manor Mill Resource Centre in Leeds went live on 11 November. Following extremely positive feedback from staff Manor Mill has been utilising spare capacity to extend the service to vehicles based at Dewsbury Ambulance Station.
- Preparatory estates work at Wakefield Ambulance station to accommodate a Vehicle Preparation Service similar to Make Ready commenced in January with completion due by 11 February 2016.

4. Executive Team Reports

4.1 Chief Executive

- Chris Dexter took over as lead for PTS from Alan Baranowski at the beginning of December to take forward the next stages of the PTS Transformation Plan. Immediate priorities include completing test of auto journey planning in West Yorkshire and transitioning to the new workforce structure.
- Roberta Barker has been offered and accepted the role of Interim Director of Workforce and Organisational Development and will formally begin in role at the beginning of February whilst recruitment to the substantive role takes place.
- Rishi Sunak MP (Conservative MP for Northallerton) visited Northallerton Ambulance Station on Friday 18 December 2015 to thank YAS' staff for their efforts over the year.
- On 9 December the Chairman and Chief Executive attended the NHS Christmas Carol service at York Cathedral, together with Ronnie Coutts MBE and various members of YAS operational and support staff. Ronnie Coutts MBE gave a reading during the service.
- The Chief Executive undertook a number of station visits and ride outs during December and January including a visit to Seacroft Station in Leeds, shifts on the Community Medical Unit in Leeds City centre and with an emergency crew operating from Hull West station and a day with the Logistics Team delivering drugs and supplies to stations in West and North Yorkshire.

4.2 Operations Directorate

A&E Transformation Programme

Programme Overall Status		Summary of Workstream Status
Workstream 1 - Right People, Right Skills		Due to slippage on recruitment progress against an
Workstream 2 – Right Place, Right Time		Key milestones ongoing and on track
Workstream 3 – Safe and Effective Policies		Due to slippage rewrite/production/policies/procedures
Workstream 4 – Sustainable Business		Key milestones commencing in January 2016

- Having established the formal work streams, the Programme Team are now holding regular meetings and starting to understand more effectively the timescales for some of the phases within their plans and identifying additional activities.
- Coupled with the recognition that several activities need to align to wider Trust strategy it is likely that some timelines might need to change. For example, staff engagement should not be isolated to A&E transformation.
- A re-assessment of the programme plan and deliverables will commence week commencing 25 January 2016. This will incorporate some of the material and suggestions made by Operational Managers at the Partnership Workshop held on 5 January 2016.

Programme Progress against Key Milestones

- The business case has been shared with Commissioners.
- A Partnership Workshop has taken place between the Programme Team and the Operational senior team.
- Procurement 'Invitation to Tender' is currently out for the framework agreement for use of external consultancy for modelling / efficiency / processes / capacity planning.
- A Rota Design Principles Programme Team internal workshop was held in December 2015 and attended by the Programme Team and The Forum.
- A Policy and Procedures Away Day was held on 6 January 2016 to determine the actions and issues that need to be completed in order to progress to the consultation phase.
- An overseas recruitment paper has been completed.

- Benefits have been reviewed in the PID against the business case to ensure consistency.
- Ongoing recruitment and training has continued with the position at beginning of January 2016 noted below.

Staffing Progress against Plan

December 2015	Non Clinical	Clinical	Clinical Supervisors	Total
Forecast (Sept 2015)	764	1,258	110	2,132
In Post Actual	795	1,181	122	2,098
Operational	741	1,155	112	2,008
Attrition Forecast	8.0%	8.0%	8.0%	8.0%
YTD attrition	7.6%	8.7%	6.4%	8.13%

*B5 Para attrition 9.39%.

Forecasted position expected at the end March 2016:

Year End	Non Clinical	Clinical	CS	Total
Forecast (Sept 2015)	802	1,278	107	2,188
In Post (Current Forecast)	813	1,210	119	2,141

The reasons for the current shortfall include:

- Higher attrition than expected in clinical posts;
- Cancellation of a conversion course in October 2015;
- An incorrect recording of student Paramedics in the initial September plan.

The mitigation agreed was to develop overseas recruitment and undertake additional external recruitment for clinicians. In the month of January a review of the Recruitment and Training Plan will be undertaken to see if there are any other available options to help to fill the gap.

Key expectations in next reporting period are:

- A Test and Challenge workshop with ORH;
- Taking forward the next steps from the Partnership Workshop and incorporating into the programme materials;

- Developing the engagement and communications process reviewing the synergies with the strategy work and other programmes to support a 'single' message and clarity of story;
- Consideration of options for the recruitment of additional analytical support and how this transitions to the capacity planning function;
- Development of a register of service and system issues and a timeline for the impact on A&E transformation of, for example, Doncaster/ Bentley/Willerby/ Mid Yorks/Calderdale & Huddersfield;
- Modelling of the impact of change to Ambulance Quality Indicator rotas;
- To complete the process to identify a workstream lead for Work Stream 1 (Right People, Right Skills) and additional operational support for Work Stream 2 (Right Place, Right Time);
- Benefit realisation measures and tracking to be further developed.

Winter Planning

- Winter planning continued through November and arrangements kicked off in earnest in December. Operational managers adopted special rotas providing weekend and late evening cover for the critical two-week period.
- Resource planning was a key focus and the number of resource hours available to operations over December as a whole, as well as the two week Christmas period, was significantly more than the previous year which meant that the service felt in a better position even though performance pressures would be apparent as the month progressed.
- Boxing Day saw the start of the significant flooding events in West and North Yorkshire and the service coped admirably with both the floods and the business continuity issues caused by the floods such as telephony and airwave issues which led to the relocation of York EOC and NHS 111 to Wakefield.
- New Year's Eve saw the traditional spike in activity and the Chief Executive was present in Wakefield EOC, witnessing how hard YAS' staff worked during an extremely challenging four-hour period.
- Despite the challenges of December, the Trust managed to deliver its performance trajectory. As winter in NHS terms does not finish until March it is certain that there will be further unexpected occurrences due to weather to overcome before then.

Resilience

- Meetings at Strategic (Gold) and Tactical (Silver) Levels have commenced for the second Tour de Yorkshire Cycle event and YAS' planning is well underway to ensure the event is successful again in 2016.

- Resilience have ensured the continuity of winter planning monitoring which relays the potential impact of any severe weather-related events on winter plans. The Trust's mitigation is the escalation process within its Adverse Weather Plan which has been used on several occasions over December.
- The risk assessment (Joint Decision Model) was developed for the Junior Doctors' strike planned for 1 December 2015. The JDM was revisited and revised for the Junior Doctors' strike planned for 12 January 2016. The threat assessment to YAS operations for both events was assessed as Low with the main impact, if any, being on the Patient Transport Service (PTS) due to potential cancelation of routine journeys.

Business Continuity

- Consultancy with HEY and CHFT is ongoing but work for these two trusts will be completed by the end of March 2016 unless extensions are requested by the trusts.

Betsi Cadwaladr University Health Board Business Continuity Service

- YAS has secured consultancy for business continuity support to the Betsi Cadwaladr University Health Board (HB). The Health Board has sought to source and secure Consultant support, with professional knowledge and accreditation in Business Continuity Planning and equally important experience of delivering business continuity within the health sector.

YAS' work will be for one week duration initially and will entail:

- Reviewing existing business continuity policy, practices, plans and practical arrangements established for the management of disruptions, making recommendations on their effectiveness.
- Identifying areas of good practice within the HB as well as areas of weakness making recommendations on how to promulgate good practice further and address areas of weakness.

A report will be produced which provides a true reflection of the preparedness of the organisation and recommendations on how to:

- Develop and embed a BCM culture relevant to the HB;
- Develop a structure where BCM planning and preparedness provides a robust business process for the future;
- Identify training needs within the HB for the development and delivery of BCM preparedness both at a practitioner level and at a more general level relevant to on-call / day-to-day operational management structures;
- Decide on the most appropriate methodologies to adopt in developing specific BCM plans and arrangements across the diverse and complex nature of the organisation.

- The HB would expect that the outcomes of the Consultant review and subsequent recommendations would be treated as Officially Sensitive information and only shared with the express knowledge and permission of the Director of Planning, BCUHB. A work plan has been agreed with BCUHB for the duration of the consultancy. Any additional support beyond one week will be determined by the BCUHB.

IPR Section 2 (A&E Performance)

	November	December
Red1	73.73	68.95
Red2	73.29	71.01
Combined	73.32	70.88

IPR Narrative

- Performance remained off trajectory for both Red 1 and Red 2 in November due to a number of factors, the key factors continue to be:
 - Red 2 demand up by 2.8%;
 - Reduced unit hours 187/day due to reduced private provider numbers and abstractions;
 - Total abstraction 3% above plan primarily due to internal secondments, absence 1.2% above plan.
- Attrition running higher than planned and unfulfilled recruitment courses led to the 40 FTE shortfall in operational headcount.
- Pressure in hospital A&E departments on a regular basis is beginning to impact in some CBUs. A conference call with Monitor, Trust Development Authority, Commissioners and a number of Acute Trusts was held before Christmas to address some of the issues.
- Performance Trajectory was achieved in December for Red 1 and Red 2.
- Total and Red actual demand both fell within a 5.0% forecast accuracy threshold.
- Operational FTE was 0.5% below expected.
- Abstractions were 2.8% above the target of 31.0%.
- More overtime was worked in December than forecasted compensating for reductions in Private Providers which continued to be under plan.
- Unit Hours were 4.1% under expected, this was driven by a combination of lower than expected FTE numbers and higher abstraction rate.

4.3 Clinical Directorate

- In partnership with the four Fire & Rescue Services (FRS) across Yorkshire and the Humber David Bristow, a senior fire officer from Humberside FRS, has been seconded to YAS for six months to further develop operational and governance arrangements between emergency services.

It is hoped that this arrangement will continue beyond six months, with further senior fire officers seconded into YAS on a six-monthly basis. This complements the current work by the Association of Ambulance Chief Executives in forging closer ties with the Chief Fire Officers Association (CFOA).

- Kirsty Lowery-Richardson, formerly from Training & Education, has been appointed as Lead Paramedic for Clinical Development. The post will make good use of Kirsty's established relationships with regional Higher Education Institutions (HEIs) and, with the Associate Director of Paramedic Practice, will allow YAS to develop innovative means of delivering Continuing Professional Development (CPD) to post-registration clinicians in addition to providing alternative means for pre-registration students to receive training.
- A procedure for solo responders to request a conveying resource has been implemented across A&E operations. In addition to being a means of requesting an immediate back-up in incidents involving a life-threatening emergency, in conjunction with Paramedic Pathfinder the procedure also allows suitably trained and experienced clinicians to request a conveying resource for low acuity cases and come clear on scene and become available to respond to emergencies rather than having to wait with the patient until the conveying resource arrives.
- Work continues to progress in the Hear, See & Treat workstream of the West Yorkshire Urgent & Emergency Care Network Vanguard Programme with submission of the Value Proposition for 15/16 and development of the Value Proposition for 16/17, due for final submission in February. The YAS Forum received a presentation describing the work of the Vanguard at their most recent meeting.
- Recruitment to the Enhanced Care Team posts has been completed with training due to commence shortly for operational launch in April. The Enhanced Care Team will provide medically-delivered critical care for 12 hours a day, operating from the YAA airbase at Nostell Priory, and strengthened Medical Incident Commander cover 24 hours a day in line with the current recommendations from NHS England. The scheme will be evaluated throughout the year with a view to continuing funding, in partnership with the Yorkshire Air Ambulance charity, beyond 16/17.

IPR Reporting

- The Elderly Fallers National Clinical Performance Indicator (CPI) cycle 15 has demonstrated a fall in performance compared with the previous cycle. YAS is one of seven trusts to report a drop in performance. Early analysis has demonstrated that a change in technical guidance, rather than a reduction in clinical operational performance, is responsible for the fall.

In any event, action plans are being drawn up to improve those elements of the CPI where a reduction has occurred; these are documented assessment of mobility prior to the fall and documented history of events surrounding the fall.

- Morphine vial breakages remain high, with 20 vials reported broken in December. The Controlled Drugs breakages report, previously presented at Quality Committee, has been shared with NHS England (North). At their request the report is to be presented to the regional Controlled Drug Local Intelligence Network (CD LIN) meetings so that they may be better informed about the unique challenges of the operating environment of the ambulance service. In addition, there have been five occasions of vehicle safe key loss, necessitating the replacement of the lock before the vehicle can be used to carry Controlled Drugs. On three occasions a replacement key was issued, outside of protocol, but 'live' monitoring of incidents by the Trust Pharmacist has resulted in early rectification of this issue. Clinical Managers and locality teams have been reminded of the correct procedure.

4.4 Standards and Compliance Directorate

General update

- CQUINs 2016/17 – Discussions are continuing with commissioners to develop the potential CQUINs for inclusion in the 2016/17 A&E contract.
- Care Quality Commission – Implementation of the action plan arising from the CQC inspection conducted in January 2015 is continuing to progress well, with weekly monitoring by the Trust Executive Group. Conversations have commenced with the CQC team about the timetable for re-inspection.
- Freedom to Speak Up – The working group, with representatives from both the Staff Forum and Unions, is making good progress and recommendations for the implementation of the nationally recommended Freedom to Speak up Guardian role were made to the Trust Executive Group in December.

It is anticipated that the final proposals for implementation will be presented to Quality Committee and Board for sign off in February/March with a view to implementation in April 2016.

- Security – a workshop was held in December 2015 with managers from across the Trust’s functions, to identify the key risks to security to inform the future security management plan and investment priorities. The focus included security of staff, premises, vehicles and other assets, ICT systems and data security.

A number of priorities were highlighted for consideration as part of the capital programme and business plan discussions for 2016/17. Further work is planned for this quarter to engage a wider cross section of staff and to use the information to update the existing security management plan.

- Hillsborough – The Trust has continued to contribute actively to the inquest process and to plan for the key stages ahead. The summing up process is now under way and the verdict anticipated in March 2016, although a specific date has yet to be confirmed.
- Goddard Enquiry – in line with the instruction communicated to all NHS Trusts, we have reviewed our records management processes, including the requirements for retention and storage of records, in order to ensure that any records relevant to the enquiry held by the Trust can be readily retrieved. Further work on organisation and cataloguing of retained records over the coming months will further support the process should this be required.

IPR

- NHS 111 calls were below contracted for December (7.8% - (11,702 calls), although year to date they remain 2.7% above plan (7.4% above last year). NHS 111 referral rate to 999 is performing well (<10%) and has decreased from last month to 7.5% compared to 8.1% in November. There were challenges over the festive period with interruptions to telephony arising from the flooding in York and with staffing to meet demand over the peak activity days immediately following New Year, although overall the service performed well. Additional recruitment and training is in progress over the coming quarter, with a focus on ensuring an increase in staffing for the next expected peak of activity during the Easter break.
- Complaints and concerns - Numbers rose slightly in December in line with activity, but acknowledgement times were marginally improved at 98.3% (acknowledged within 3 days) compared to November 97.8% and overall response times for complaints and concerns against timescales agreed with the complainant also improved (90%) compared to November (80%). The average response time has decreased from 27 to 26 days.

- Safeguarding training compliance remains high, with all indicators above 83%.
- Infection Prevention and Control – hand hygiene and cleanliness audits, including spot checks by the Head of Safety/IPC Nurse have continued to show positive improvements. The Trust is actively promoting compliance with bare below the elbows policy and the Trust has ordered fob watches for all staff delivering direct patient care to support this. The first 400 were delivered to staff in North Yorkshire in December 2015, with the remaining distribution expected to be completed by the end of January 2016. The number of deep clean breaches - vehicles more than 8 weeks following last deep clean has remained constantly low since June.
- Incidents – Incident reporting overall has increased in December reflecting increased activity. The proportion of incidents with moderate and above harm is 4.7% which is higher than the November figure although within the range previously seen.

4.5 People & Engagement Directorate

Human Resources

Recruitment:

Recruitment to A&E Operations to support the workforce plan continues to be a key priority. Key activity recently includes:

- Having successfully secured funding from Health Education England, the Trust currently has a 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). The recruitment team is working with the Trust's Head of Diversity and Inclusion to attract applicants from under-represented groups' within the region.
- The development of an overseas recruitment strategy for paramedic recruitment was approved by the A&E Programme Board on 13 January and will be presented to TMG this month. The strategy recommends that working with a recruitment agent, a group of up to 20 paramedics be recruited through campaigns which are anticipated to take place in Poland and Australia.

- The next cohort of conversions to EMT2s commenced in January. This 9 week-programme will see a further 20 colleagues progress through to band 5 clinical roles.
- An internal tracking system has been developed as part of the work of the A&E transformation programme which maps through numbers of staff currently within both recruitment progression and training courses, together with those who have applied for an internal transfer of base. This will inform in real time decisions relating to the targeting recruitment and training efforts.

Health & Wellbeing:

- A small group met recently with the Chief Executive to discuss the Workforce Well-being Charter. Recommended by Simon Stevens as the standard by which all NHS organisations should look to measure their wellbeing provision, it is also widely regarded as the business standard by which organisations can assess the measures they have within their organisations to support health and well-being, with over 1000 companies now following this. The charter provides audit tools and guides for action plans and the Trust's Well-being adviser is currently working through the action plans for both mental and physical well-being already developed as part of YAS' well-being strategy against the charter.
- Following on from the Blue Light Mind Event in November attended by 45 colleagues, mental health awareness training for line managers is to commence with a number of sessions across localities in March 2016. The Well-Being Adviser is working closely with colleagues in Leadership and Learning to provide training as part of the Leadership Essentials training for managers and the development of sessions for staff across the Trust.

Organisational Effectiveness and Education

Statutory and Mandatory Training:

- Compliance rate continues to be good across the service and there have been no further mandatory training cancellations for A&E operations since the last report. Significant headway has been made on dealing with non-compliance in both A&E operations and PTS.
- A revised tutor-led update for Basic Life Support (CPR & AED) and Fire Safety has been approved. This reduces abstraction time for key services such as EOC and 111 to support the release of staff and thus ensure compliance is achieved. An online booking process has also been developed for this area of mandatory training; this online booking facility will be rolled out to other areas of training in the coming months.

- The revised Mandatory Training workbook for 2015-17 has been widely circulated and to date over 1300 staff have successfully completed the online Multiple Choice Questions (MCQ) via YAS 247 for instant compliance achievement.

Cultural Questionnaire - Your Voice, Our Future:

- A presentation of the results of the 'Your Voice, Our Future' cultural questionnaire was made at the Board Development day, 8 December.
- A full implementation action plan has been developed and will be presented to the Trust Executive Group before the end of January 2016.

2015/16 Training Priorities:

- A comprehensive training needs analysis for each role within the service has been completed. The Leadership and Learning team are currently in the process of reviewing the content of the analysis with senior management within each service area to establish which of the developments highlighted will need to be factored into the Workforce Training plan for 2016/17.
- The Leadership and Learning team has also developed a number of proposals for TEG approval that will support the development of our Apprentices and support service workforce through the adoption of Health Education England's Talent to Care strategy.

Education and Training Plan:

- The delivery of the plan continues particularly in relation to the recruitment and training of new staff into core service areas and of staff conversion programmes to support core service workforce plans.
- A number of additional induction programmes for new technicians and paramedics recruited as part of the A&E workforce plan will be delivered. A new cohort of Technicians begins their paramedic programme with Teesside University this month.

IPR Section 4 Workforce

Sickness Absence

- The sickness absence rate for December 2015 stands at 6.28% which is an increase of 0.43% from the previous month. This compares to the same period last year when it stood at 7.21%. The 12 month figure stands at 5.65% compared to the 6.51% for previous 12 months. We continue to implement actions from the Employee Health & well-being strategy, which focus on reducing absence in these areas. Most notably this will include mental health awareness training for managers commencing in March 2016.

PDRs

- Current PDR performance stands at 74.03% against a target of 80% which is a slight deterioration on the previous month however this is against a backdrop of a significant number of PDRs expiring during this period.
- The OEED team are developing a proposal to ensure that PDR's are evenly spread throughout the year. The proposal will detail a requirement to ensure that all Senior Managers have had a PDR within April 16 and all other appraising managers should have a PDR by the end of June 16.

4.6 Finance & Performance Directorate

Finance and Contracting Update

- The Finance team continue to support the Trust's transformation agenda including A&E and PTS. The Finance team is also supporting the West Yorkshire Vanguard programme including being part of the finance work stream which is leading on the development of new system wide payment models for Urgent and Emergency Care.
- The Trust has procured a Patient Level Costing System and begun the early stages of implementation that will support the further development and the roll out of Service Line Reporting and be a key enabler of Service Line Management as part of the Trust's Performance Framework.
- The team continues to work with Commissioners on the development of Payment by Results (PbR) and have presented a draft proposal. This includes Finance and Urgent Care teams working collaboratively with Commissioners to develop future Urgent Care Practitioner (UCP) pricing models.
- The Finance and contracting team are leading on the business planning process for 2016/17 including contract negotiations which are ongoing.
- The Finance Team are also currently focused on 2015/16 budget setting and financial plans aligned to the business planning process in conjunction with the strategy team and the national planning guidance recently released at the end of December 2015.

Contracting and Business Development

PTS:

- As previously reported both West and South consortia are undergoing a review of PTS services. The feedback from commissioners regarding PTS' transformation plans has been positive so far.
- Contract negotiations for 2016/17 have commenced for PTS at the end of November 2015. The service is also considering a number of tender opportunities which are being progressed through the gateway review process.

A&E (999):

- A&E contract negotiations commenced in October and are well ahead in respect of the stages of the annual process with high level commissioning intentions received in November and the Trust responding to these in detail in December. Focus to date has been to agree joint priorities including; performance and quality standards, activity levels and finances. The Trust has presented its requirements aligned to the A&E transformation business case to senior CCG leads and has subsequently been requested to follow up with a Y&H CCG CFOs meeting in January.

NHS 111:

- The Trust has requested a Demand and Capacity Review for NHS 111 due to the significant increases in activity above contracted levels; however the Lead Commissioners are currently unwilling to agree to undertake this and escalation is underway.

Other:

- Other Business Development activities include a project to offer telecare services for individuals within Yorkshire and Humberside which launched in 2015.

Estates and Hub & Spoke Programme Office

- Springhill 2 Extension completion certificate issued on 18/12/15. Ground floor Main Reception is fully functional and modification for sound attenuation improvements to the first floor meeting room screen, are instructed with completion anticipated mid January 2016.
- The colocation project (Gildersome to Manor Mill) is in its final stages. Gildersome Station disposal plan is mobilised and the Trust agents – Dacres, are reporting a good amount of interest in the site, with several offers being received. Closure date for best and final offers is set for 22nd January 2016.

- The Car Park development has been delayed due to the significant inclement weather in December and practical completion and handover has been achieved on 11th January 2016.
- Hub & Spoke Outline Business Case (OBC) Delivery – due to non-availability of external capital monies and discussions with the TDA, the progression and delivery of an overall OBC to a full business case trust wide is no longer required. YAS is to develop a localised delivery programme plan funded internally for the next 3-5 years. Initial development workshop to commence 13 January 2016. The previous estate review (formally known as the OBC Options Evaluation Report) undertaken by MACE is to be completed and tabled at H&S Programme Board 04 Feb 16.
- The Make Ready pilot is in its 10th week and continues to be well received by ambulance crews. Additional resources at site due to Christmas and New Year pressures were included in make ready processes. The pilot is being closely monitored to ensure that it is delivering against the specification. Data is also starting to be collated against the key benefits as part of the evidence gathering process. As part of the pilot, the Trust standard load list in relation to quantities and siting in vehicles is being reviewed. Operational staff feedback is essentially positive. The initial teething problems identified at start-up have been resolved and captured in the lessons learnt exercise currently underway and staff welcome the overall positive change. Initially this was to cover three stations but due to winter pressures and vehicle availability the focus is 6 DCAs at Dewsbury Station, this will be on a once a day basis rather than every shift.
- Wakefield Ambulance Station VPS pilot - the Project Initiation Document and outline plan approved 25 November at H&S PB. Estates work to prepare the site to commence 11th January. Training for VPS operatives to commence 18th January. Pilot to go live 12 February.
- Options appraisals for strategic redevelopment of Doncaster and Bentley are being considered. The south Locality management team to review 11 January 2016. Sponsor review to take place 26 January and to be tabled 19 Jan Hub & Spoke Programme Board.
- The capital investment Appraisal Bid for a Doncaster/Bentley proposal 2016/17 submitted 4th December 2015.
- Estates Capital Investment Appraisal bids for 2016/17 submitted 4th December 2015.
- Estates budgets continue to be marginally underspent and in financial balance: Estates Annual Business Planning process is progressing in accordance with plan.

- Inaugural Estates Management Group meeting held on 05/01/16, introducing new Estates governance assurance framework arrangements.

Procurement

- The Procurement Department is improving its performance in terms of quality, timeliness, and savings for each procurement project undertaken.
- High profile projects such as Private Providers, the PTS Framework, and various ICT procurements are being fast-tracked as required.
- The current focus is on Vehicle Spares, Dual Crewed Ambulance provision, and a consultancy framework. There are numerous lower priority projects, which are being actioned as soon as possible.
- Since the sign-off of the 5-year Procurement strategy, the team is implementing the strategy as per the high-level plan. The Head of Procurement is working with other parts of the organisation to supplement this document with a Trust Logistics strategy and plan.
- The new Deputy Head of Procurement (Band 8A) role starts in February 2016. Other appointments have been made in line with the agreed resource budget.
- The relocation of the Procurement team to Unit D (the Police building) is complete and the team are settling into the new location. The Trust's internal Supply Chain function now has a full fleet of new delivery vehicles, and a Band 4 Supply Chain Supervisor has been appointed. This role, and the arrival of the new Deputy Head of Procurement will facilitate a greater focus of efficiency and effectiveness for the Trust's internal logistics function.

ICT

Wireless Network Implementation:

- ICT has expanded the wireless network to the below 15 Trust's sites. A site survey for an additional 16 sites has been completed. These are Beverley Station, Bradford Station, Burn Hall Training Unit, Castleford Station, Halifax Station, Harrogate Station, Huddersfield Station, Keighley Station, Leeds Station, Middlewood Station, Monkgate OOH, Rotherham Station, Unit 41D - Procurement - West Yorkshire Police, Wakefield Station and York Station (Yearsley).

MDT Rollout and VDO Replacement:

- A&E vehicles have been updated with the latest maps. Implementation of Mobile Data Terminal (model TVC4K 10" screen) for 150 vehicles to frontline DCA's has been completed.

Majority of the Mobile Data Terminal (TVC3K) 192 out of 205 fitted with additional screens to front line RRV's have been completed.

PTS PDA Replacements:

- All PTS ES400 PDA has been replaced with Samsung Note 4's (440 PDA). Samsung A3 have started to roll out for Volunteer Car Service (VCS). APN Link Upgrade to 100MB.
- Implementation of 100 MB Link Access Point Network (APN) for the toughbooks, PDAs, MDT Ambulance and other mobile devices has been completed. This has added extra capacity, provide 4G/3G access and ensures all the mobile data applications have adequate bandwidth and are running smoothly.

OHIO to GRS Interface:

- Implementation between OHIO (sickness reporting system) and GRS (roasting system) has been completed. This will support the Trust to actively, accuracy , efficiently manage the sickness absence and eliminate any manually intervention .

Core Network Infrastructure:

- The tendering and evaluation process to upgrade the complete core network infrastructure for Wakefield/York sites has been completed.

Skype for Business:

- Implementation of Skype for Business to facilitate virtual meeting and allowing staff to use their time more efficiently and reduce travelling and contribute to CIP. Six for Service Planning and Development, 25 for Clinical, 8 for IT, 30 for Ops and 7 for Resilience.

Frequent Caller:

- In-house development of frequent caller application and reduce number of times the patient calls 999/111 and an ambulance is dispatched. Currently, the project is in the UAT (User Acceptance Testing) phase and will soon be launched.

Make Ready APP:

- In-house development for pilot of Make Ready APP to capture the information of vehicle asset and schedules for cleaning, drugs and general maintenance.
- Developing web application for reporting and administration of VMR records
- Currently, the project ready to be handed for in the UAT (User Acceptance Testing) phase and will soon be launched.

Patient Level Costing System:

- Commissioned hardware and installed PLICS application and SQL server.
- Installed and performed base configuration of Qlikview for PLICS reporting

Data Warehouse Development, Software Development and Support BI team:

- Continually working to provide automation to BI's reports including EOC, GRS, and Ambulance Response Programme.

GRS:

- Added GRS Live reporting database. Setup routine to update 486 tables with live GRS data for reporting purposes. Updated scripts developed between SEL and BI to provide GRS reporting tables in the BI Database.

PTS:

- Developed VCS database. PTS performance dashboard developed with BI, awaiting final testing and deployment.

Ambulance Response Programme:

- Added EOC section to ROCWeb (currently being assessed by EOC) which includes ARP monitoring and reporting capabilities. Ability to drill down to ARP call details showing early triggers based on pre-sieve and what's the problem responses. Additionally shows which of these early red responses subsequently resulted in a downgraded call.

Business Intelligence/Management Information

A&E:

- FTE Capacity tracker designed and being rolled out to locality Managers.
- KPIs and app developed for Make Ready pilot.
- New Ambulance Quality Indicator guidance implemented.
- Schedule fit tool designed to help plan new rotas.
- EOC Call forecast for 2016-17. Created an intraday FTE requirement. Updated staffing tool so EOC can see staffing profile.

111:

- Report is being set up to track early exit cases that reached an ambulance outcome but an ambulance wasn't sent as a result of clinical intervention.
- Report is being set up to track cases that reach a green ambulance and clinical intervention before the despatch.
- Report created to track KPIs as part of the Right Service, Right Time, Early Clinical Intervention Project.
- Link set up between 111 and 999 to share data.

PTS:

- Capacity Planning started. Stage 1, deriving an intraday forecast for the South, to calculate a FTE requirement and compare against actual staffing.

BI Fleet:

- Fleet cleaning dashboard automated and live
- Servicing and MOT schedule draft report designed to help workshop plan ahead

Project Work:

- Patient Level costing system – data integrated into the system so cost codes can be mapped against incident data.
- Support for key transformation projects ongoing including A&E/PTS/111 transformation, Vanguard, EPRF, Lightfoot.

Fleet Function:

- Following the successful new Fiat Demonstrator 2 week roadshow in which over 200 feedback forms were received from A&E staff and which scored a mean average of 4 out of 5. The Trust has now placed an order for 115 Fiat Ducato base vehicle chassis which will be delivered in March/April 2016 for conversion. In collaboration with East Midlands and West Midlands Ambulance Trusts who have been using this type of vehicle over a number of years now, we were also able to negotiate a higher discount on the vehicle options which delivered a saving of £83K from the original cost previously submitted to the Trust Board. We should start to see these vehicles in service from August 2016. In relation to the conversion, the Fleet and Procurement department will be conducting a tender exercise during January/February. All staff comments and observations and suggestions for change during the recent roadshow will be incorporated into the specification so staff will receive a vehicle which they have had significant input into the overall design.
- The Vehicle Mobile Data Terminal and Satellite Navigation upgrades have now been completed.
- There were a number of incidents of loose wheels on front line Double Crew Ambulances (DCA's) in recent months. The fault appeared to be isolated to Mercedes Sprinter 519 models. In discussion with other Ambulance Trust Mercedes Sprinter users and with Mercedes technical staff, the problem was isolated to likely worn threads on the wheel nuts, probably as a result of them being removed and refitted more often than normal (YAS service vehicles twice as often as Mercedes recommended service intervals reflecting the conditions they are constantly used on emergency driving). As a result, the Fleet department has replaced ALL wheel nuts on ALL front line DCA's during December.

Although the fault was limited to Mercedes, all other makes including LT46 and Movano wheel nuts were also all replaced. This was a total of over 6,000 wheel nuts fitted onto 309 vehicles. Wheel nut indicators are fitted as standard so road staff can make an instant visual check at the start of their shift.

- As part of the support service vehicle replacement plan, the Procurement department have now taken delivery of 8 new vehicles and their old vehicles have been removed from service.

5. Recommendation

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

6. Appendix

Appendix 1 – Letter from Jim Mackey, Chief Executive NHS Improvement