



MEETING TITLE		MEETING DATE	
Trust Board Meeting In Public		29/03/2016	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	5.2
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 27 January 2016 to 21 March 2016, and the opportunity for TEG to highlight the key variances / movements contained within the February 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	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 February 2016 IPR report, highlighted in the Executive Directors reports.		
RISK ASSESSMENT	Yes	No	

Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission 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 27 January 2016 to 21 March 2016, and the opportunity for TEG to highlight the key variances / movements contained within the February Integrated Performance Report (IPR).

2. External Environment

As part of the 2016/17 contracting round NHS England has launched a new £600m financial incentive to improve NHS staff health. From April, providers of NHS care will be able to earn a share of a national incentive fund as part of the annual Commissioning for Quality and Innovation (CQUIN) if they:-

- offer frontline staff access to workplace physiotherapy, mental health support, and healthy workplace options.
- take action on junk food and obesity by ensuring that healthy food options are available for staff and visitors and remove adverts, price promotions and checkout displays of sugary drinks and high fat sugar and salt food from their premises.
- increase the uptake of the winter flu vaccine for their staff so as to reduce sickness absence and protect vulnerable patients from infection.

We are currently reviewing learning from the 2015/16 Flu vaccination campaign and other actions to support delivery of the CQUIN. March saw the first meeting of the Trust's Mental Health Working Group chaired by Angela Harris Lead Nurse Urgent Care and involving staff from across the Trust to co-ordinate YAS MH training and support for staff and patients.

Lord Carter's operational productivity and efficiency report was published at the beginning of February. The report reiterates that the NHS has to deliver efficiencies of 2-3% per year, effectively placing a 10-15% real terms cost reduction target on trusts to achieve by April 2021 and calls for all trusts to use their resources more effectively. Recommendations of particular relevance include: More focus on reducing delayed transfers of care, increasing local and national collaboration and coordination, Estates and Facilities departments to focus on reducing under-utilised estate.

Following the breakdown of talks with the Government, Junior Doctors staged industrial action on the 10 February and 8am 9 March to 8am 11 March. Junior Doctors continued to offer emergency cover limiting disruption to emergency admissions and ambulance services.

The public consultation on the proposed changes to hospital services in Calderdale and Greater Huddersfield was launched on 15 March. The *Right Care, Right Time, Right Place* consultation is being led by NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG and supported by Calderdale and Huddersfield NHS Foundation Trust. The consultation will run until midnight on Tuesday 21 June 2016.

The Care Quality Commission (CQC) will be undertaken a full inspection of the Bradford and Airedale Systems Resilience Group (SRG) urgent care provision, which includes YAS, week commencing 7 March. The SRG CQC inspection covered all partner organisations, including acute trusts, community services, GP services, mental health, NHS 111 and YAS A&E services.

The results of the 2015 NHS Staff Survey have been published by The Picker Institute on behalf of NHS England. In total over 741,000 staff across 297 NHS organisations were invited to take part in the 2015 survey and over 299,000 responded (a response rate of 41%).

For YAS the Survey shows marked improvement in a number of areas including rates of staff appraisal, quality of training and staff motivation but also identifies areas where further work is required including communication and engagement, quality of appraisals and rates of bullying and harassment from staff and patients. We will be using the NHS Staff Survey results in conjunction with our Your Voice, Our Future cultural survey results to focus on the key areas of leadership, staff engagement and employee wellbeing.

The Chairman and members of the Executive and Senior Management Team attended the Ambulance Leadership Forum Conference in Hinckley Leicestershire on 9 and 10 February. YAS's Dr Philip Foster gave a well received presentation on the West Yorkshire Urgent and Emergency Care Vanguard Project. Other themes explored during the conference included implementing the Urgent and Emergency Care Review, Manchester Devolution, increasing diversity within the workforce, national policy context and research by Sheffield University into the effectiveness of outcomes from different healthcare interventions including paramedics and clinical networks. Tom Heywood, YAS Paramedic Practitioner/Clinical Pathways Advisor was presented with the Award for Outstanding Innovation and Change at the Association of Ambulance Chief Executives Awards Dinner for his work developing an integrated, multi-professional falls service.

3. Business Planning & Delivery

Response time performance across the ambulance sector and YAS has been adversely impacted by national changes to A&I reporting, rising demand and increasing hospital turnaround times. Our relative national position continues to demonstrate improvement in Red2 performance relative to other services. We are currently ranked second out of ten services for delivery of the Red 2 response time standards to respond to 75% of patients in eight minutes.

This month a number of regional news media carried articles highlighting improvements being made in rates of cardiac survival across Yorkshire, thanks to initiatives introduced by Yorkshire Ambulance Service NHS Trust (YAS).

We are proud to have the highest survival rates for patients in cardiac arrest who go on to be discharged from hospital in the country. For 2015-16 to date YAS has a survival rate of 41.3% against the national average is 28.2% (year to September 2015). A total of 106 patients whose heart stopped beating were resuscitated and discharged from hospital between January and September 2015, a 20% increase on the same period the previous year.

Three further collaborative initiatives have been launched in recent weeks to support further improvements in survival rates. In January medical students from Sheffield University and the YAS Community Resilience Team launched a new life-saving initiative alongside the Trust. Students have given their time to be trained in the use of an automated external defibrillator (AED), and oxygen therapy by the Trust to become community first responders (CFRs). They join an existing project set-up in collaboration with Hull York Medical School. Since going live in early January 2016, the first two groups have been on-call for over 130 hours and the volunteers have attended 22 incidents.

In February West Yorkshire's first Emergency First Responder (EFR) scheme started with the support of 33 on-call firefighters at Skelmanthorpe Fire Station. This was followed in March by similar schemes at Featherstone and Ilkley. Finally during February Northern Rail introduced a further 13 public access defibrillators at its stations across the North in collaboration with the YAS Community Defibrillation Team.

Access to a community Public Access Defibrillators (cPADs) and First Responder schemes mean that immediate life-saving care can be

provided in emergency situations, such as cardiac arrest, in the vital minutes before an ambulance arrives.

YAS is again taking a leading role in Restart a Heart Day (18 October 2016). As well as leading local initiatives we are actively seeking collaboration from other ambulance services to support events across the country. Secondary schools are currently able to sign up to take part in the event with the deadline for applications 29 April 2016.

During February we also secured a £75k Innovating for Improvement Grant award from The Health Foundation. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The award has been made for work being led by Paramedic Practitioner Tom Haywood to develop, pilot and evaluate a regional suite of responses to falls incidents. The pilot incorporates falls prevention strategies, development of patient care pathways and use of video conferencing to provide remote face-to-face contact between expert clinicians in our control centre and a non-clinical responding team at the patient's side.

During February the Trust management team held extensive discussions with Staff-side representatives regarding the career framework for paramedics. Whilst we have not reached full agreement, all parties recognise that paramedics, who have gained sufficient skills and experience, should be able to move onto an appropriate Agenda for Change pay point in band 6. Parties issued a Joint Notice to all staff stating both sides would continue discussions. NHS Employers are currently negotiating with unions about national paramedic Agenda for Change banding and we have committed to ensuring any local career progression proposals are aligned to any future nationally agreed solution.

Our NHS111 service celebrated its third anniversary on 5 March. NHS 111 was introduced to make it easier for patients to get medical help and advice fast when they have an urgent, non-emergency care need. Over the three years our call centres in Wakefield, Rotherham and York have responded to over four million patient calls.

Our Emergency Operations Centre (EOC) has been re-accredited as a Centre of Excellence (ACE) from the International Academies of Emergency Dispatch® (IAED) for our emergency call handling and dispatch. Jerry Overton, Chair of the Board of Accreditation of visited the Trust on 11 February to congratulate the EOC team in person.

The accreditation is awarded to emergency services across the world that can demonstrate superior performance in training, quality assurance and improvement process and/or management, and very

high compliance to protocol within their communication centre environments. We are one of 118 emergency services currently accredited internationally and only one of three ambulance trusts in England to have achieved Centre of Excellence status.

Our ICT and PTS services were also successfully re-assessed in March as part of the annual re-accreditation process for the ISO 22301 Business Continuity Standard.

On Wednesday 16 March 2016 the Police National CBRN (Chemical, Biological, Radiological and Nuclear) Centre in conjunction with the West Yorkshire Local Resilience Forum and West Yorkshire Fire & Rescue Service hosted Exercise Leyland at Carr Gate (West Yorkshire Police's Learning and Development Complex in Wakefield). Exercise Leyland simulated a CBRN incident taking place to assess the effectiveness of each agency's response. YAS played a key role during the exercise with representation across a number of operational areas.

Message from Chief Executive

After six successful years at the helm, Chairman Della M Cannings QPM has taken the decision to step down from her role at the Trust and as a Board member and the Chairman of the Association of Ambulance Chief Executives (AACE) Council.

Under her leadership, the past six years have seen many major advances at YAS. The performance of the Trust has improved considerably across a broad range of quality indicators, and sustained financial stability has been achieved. Measured against a range of key indicators, including emergency response times, the Trust is now consistently amongst the top performing services across the country.

The Chairman has been a fantastic ambassador for the Trust at a regional and national level and has been instrumental leading YAS to be more clinically-led and patient-focused. Her period of tenure has seen significant key milestones achieved including the establishment of our NHS 111 urgent care service, the establishing of successful co-responder schemes with Yorkshire Fire and Rescue Services and Restart A Heart campaign, the development of the Manor Mill Resource Centre in Leeds and the introduction of the YAS and Staff Forums.

Expressions of gratitude from Sir Peter Carr CBE, Chair of the NHS Trust Development Authority, Dr Anthony Marsh, AACE Chairman and myself are provided in Appendix 1.

The NHS TDA has begun the process of finding a successor with interviews expected to take place at the beginning of May.

4. Executive Team Reports

4.1 Chief Executive

- On 2 February the Chairman and I held a cross-party MP Briefing Event at the House of Commons on 2 February 2016 for local MPs. The event was sponsored by Karl Turner Member of Parliament for Kingston upon Hull East. Key themes during the discussions focused on the role of the ambulance service in delivering care integration and managing patients closer to home, paramedic recruitment and retention, the impact of local hospital reconfigurations upon ambulance services and collaborative initiatives with local police and fire services.
- The Chairman and I also attended the Yorkshire & Humber Healthwatch Network meeting in Leeds on 10 March 2016 to present on developments at YAS and agree how to future communication and collaboration. The meeting was attended by leads from across Yorkshire and the Humber and national Healthwatch Chairman Jane Mordue. Areas discussed included our strategic priorities, the West Yorkshire Urgent Care Vanguard, delivery of Ambulance Clinical Quality Indicators (ACQIs) community initiatives and future plans for modernisation.
- The national NHS Confederation Chairs and CEOs Network Meeting took place on 18 March. Speakers included NHS Providers CEO Chris Hopson, Duncan Selbie CEO Public Health England and Jim Mackey, CEO NHS Improvement. Topics discussed included the challenges facing service providers and wider health economies delivering 2016/17 Sustainability and Transformation Plans and financial control totals given the current NHS deficit, future changes to the NHS Provider assessment regime, potential changes to rules governing tendering for services and delivery of the Workforce Race Equality Standard (WRES).
- In an on-going process to strengthen senior leadership capacity within YAS, Roberta Barker joined YAS on 1 February 2016 as Interim Director of Workforce and Organisation Development. Ms Leaf Mobbs has been offered and accepted the role of Director of Business Development. She is currently the Assistant Director of Operations at Leeds Teaching Hospitals NHS Trust and has previously held a director level role at Leeds West CCG. As part of the review Mr. Ian Walton (previously Associate Director of Operations) has been appointed to the role of Deputy Director of Operations. Interviews for the substantive roles of Executive Director of Finance, Director of

Planned and Urgent Care and Director of Estates and Facilities will be taking place during late March early April.

4.2 Operations Directorate

A&E Transformation

- Table one below is a summary of the programme status as at March 2016:-

Programme Overall Status	Summary of Workstream Status
Workstream 1	Amber - due to slippage on recruitment progress against plan
Workstream 2	Amber - due to plan review and need to re-baseline activities
Workstream 3	Amber - due to slippage rewrite/production/policies/procedures
Workstream 4	Green - activity on track

Table one – programme status March 2016

Highlights to note since the last reporting period are detailed below

- Full review of programme and workstream plans undertaken and changes made to milestone dates based on further knowledge and current position of the programme.
- Rota principles workshop held to support with design options for the new rotas and to scope out the activities and timelines to get to feasible options to share with staff (Timeline likely June 2016).
- Second Engagement and Communication workshop held with operations managers - building the 'programme delivery team' and co-creating ideas together on rotas and clinical supervision as well as sharing progress to date.
- A&E Transformation Project Management supporting the Ambulance Response Programme (ARP) phase two, with regular meeting structure and plan now in place.
- Review of policy rewrite completed in preparation for consultation period ("Straw Man" stage to be achieved by end of March).

- Workforce Tracker gone live following TEG presentation in February and now a tool on shared drive for operations manager viewing and intelligent decision making.
- Continuation of agreements for interim rota improvements.
- Overseas recruitment paper endorsed at TMG.
- ORH commissioned to undertake modelling to support the impact assessment of the AQI/ ARP1 and ARP2 on performance / resources and the assumptions in the A&E Transformation (Timeline April/May 2016).
- A key element of the A&E Transformation Programme are the changes to the workforce, and it is essential that the team manage closely, the progress against the plan. The workforce tracker is now making this easier to understand, both at a Trust and station level.

In summary, some key highlights since September 2015

- 122 new starters recruited into the service since September 2015 against a plan of 135 fte, (only a minor variation).
- (87 non-clinical, 35 clinical).
- 75 FTE attended conversion courses against a plan of 122fte.
- (38 non-clinical, 37 clinical).
- The variation was due to the cancellation of a course in October and lower numbers than planned in September. Since then progress has been on track.
- Attrition is tracking extremely close to plan (66 fte plan 67fte).
- Overall workforce numbers into the service has increased by 50fte in 5 months.
- Mitigation plans have been put in place to manage the variance with the recruitment and training team to get the overall programme and skill mix back on track by June 2016.

Key expectations in next reporting period

- Develop Quarterly Trust Board review / update including the impact the programme has had on performance.
- TEG monthly update on workforce to be presented w/c 21st March.
- Review nursing workforce proposal and impact on / support for A&E transformation.
- Staff side workshop to be set up and scoped together, to gather wider input into the programme shape and implementation ideas.
- Development of clinical supervision / supervisors model ideas for April workshops in conjunction with clinical directorate.

- 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 strategy work / other programmes to support 'single' message / clarity of story.
- Consider options for the recruitment of additional analytical support and how this transitions to the capacity planning function.
- Modelling of impact of change to AQI / ARP 1& 2.
- To complete process to identify workstream lead for WS1 and additional operational support for WS2.
- Project manage the ARP phase 2 trial as part of the overall programme of change.

Resilience

- Internal audit carried out a review of command resilience and response, the outcomes of the draft report are positive.
- Attended multi-agency debriefs in North Yorkshire and West Yorkshire in relating to floods across the festive period and we await their final reports.
- A number of training courses have taken place in February training which are shown below with a lot of emphasis being placed on special operational elements of our plans and tactics.

Course	No of courses	No of Attendees
Joint Decision Model	2	23
Special Operations Course (CBRN)	1	10
MTFA Tactical Command Course	2	24
National Multi Agency Gold Command Course	1	1
Operational Bronze awareness	1	5

Business Continuity

- As part of the income generation work (providing consultancy to trusts) it allowed the BC team to second in a member of staff to support various aspects of the BC workload. One of which was supporting operations to revise all their ambulance station BC plans. Over 90% of this work was completed in February the rest will be completed in March.
- Collation of hot de-brief information from 2015 floods and preparing for de-briefs to take place.
- BC Manager attended a Cyber Event at Civic Hall in Leeds held by West Yorkshire LRF.
- Consultancy work with HEY and CHFT ongoing.

- Completion of 1 weeks consultancy the Welsh Health Board, production of report with 25 recommendations for improvement of the BCMS.
- Increase in consultancy work for CHFT.
- Internal Audit completed and fully compliant for BC Plans and Incident Management.

HART and Special Operations

- HART continue to undertake training and exercise programmes with partner agencies, in addition to their core competence refresher training. February and March will see the annual clinical skills update being undertaken with each team.
- The NARU HART Service Specification has been published and the CQC inspectors are using this as the baseline assessment, in addition to other areas of interest to them.
- YAS and YAA have recruited nine Doctors for the Critical Care Team who will fly with the Air Ambulance from April 2016, twelve hours a day every day. They will join the Air Ambulance Paramedic team. Their in-house training programme commences in April for one week, and they will be operational thereafter.
- In addition, the Charity takes delivery of a brand new aircraft in August with a second in December, replacing the existing aircraft.
- The new aircraft will come fitted with night flying and winching capability, but they won't come into operation until later in 2016 into 2017.
- In March, a national CBRN exercise is being held in West Yorkshire. YAS will be sending two full CBRN teams, the HART, a number of operational crews and Clinical Supervisors, as well as a full command team.

IPR Section 2 (A&E Performance)

	January	February
Red1	68.96	69.59
Red2	72.45	71.99
Combined	72.23	71.83

IPR Narrative

January

- Red 2 improvement from December position of 71%.
- Red 1 similar position to December however note AQI impact from 5 January which has an estimated 6% impact on Red 1 performance.

- Red demand was up in January compared to last year by 11%.

February

- Increased activity and hospital pressures continued to impact on service delivery in February.
- RED 1 activity was up 13% compared to last year and RED 2 activity increased by 17%.
- Notwithstanding the above performance remained below trajectory for both months. However, nationally all ambulance services are under pressure and YAS performance has tracked consistently in the top three services for RED performance targets over the period.
- Other factors affecting performance over the period were:-
 - A reduction in resource hours in early January and again during the school holiday period in February mainly due to increased sickness and overtime reductions.
 - Lost time due to handovers over 15 minutes in January was 19% up in January the highest point in last 12 months, on average this is 380 ambulance hours per week~ i.e. two ambulances per day. Similarly in February hours lost relating to handover equated to 94 hours per day.
 - Introduction of new AQI impacting on RED1.
 - Winter weather, fog, ice and snow impacted on a number of days over the period reducing impacting on crew travel times to scene.
 - Overall resource hours are being sustained at current levels but continue below trajectory requirements.

4.3 Clinical Directorate

Resuscitation

- The updated Resuscitation Council UK 2015 guidelines on resuscitation have been accepted for implementation for use in Yorkshire Ambulance Service. The Red Arrest Teams (RAT) have been extended across the whole region, and senior paramedics attend cardiac arrests, providing senior leadership, extended skills and medications. They carry the AutoPulse automated CPR device to provide an alternative to delivering CPR in a moving vehicle. The RAT responders are monitored by the Major Trauma Desk paramedic and provide clinical support during resuscitation and welfare support post incident.

Major Trauma

- The Trust continues to work closely with all the major trauma networks across the region and is now involved in the Trauma Immediate Life

Support Courses being delivered by the networks. NICE major trauma guidelines have been published and these have been reviewed against current practice; recommended amendments to current practice will be presented to Clinical Governance Group.

Sepsis

- Yorkshire Ambulance Service hosted the regional sepsis group, with representatives from all the acute trust Emergency Departments and Trust wide Sepsis leads, and reviewed the current YAS Sepsis Screening Tool. Feedback was very positive, and Emergency Department clinicians noted that they had seen an increase in septic patients being fully fluid resuscitated on arrival in ED. The agreement was to keep the tool unchanged until the new guidelines are released in July 2016.
- The Quarter 3 sepsis audit has demonstrated improved compliance with documenting National Early Warning Score and compliance with the care bundle in Red Flag Sepsis. A sample of 523 septic patients had NEWS documented in 34.6% of cases (cf 8.6% in Q2), and 23.2% of Red Flag Sepsis patients had received the care bundle (Oxygen, Fluids and Hospital Pre-Alert) Exceptions noted on the audit included double technician crew, fluids not given due to high blood pressure and Pre-Alert not recorded.
- The latest Health Records completion audit has been completed for YAS clinicians and St John Ambulance for Q3. 1922 Patient Care Records (PCR) for YAS clinicians and 138 PCRs for St John Ambulance have been reviewed as per the usual audit process.

Urgent and Emergency Care

- Dr Phil Foster, Associate Medical Director Urgent Care, presented to the Ambulance Leadership Forum on the work of the West Yorkshire Urgent and Emergency Care Network Vanguard programme, describing the planned development of a Clinical Advisory Service. Subsequent discussions with commissioners by the Chief Executive have resulted in an agreement to implement the service Yorkshire-wide. The first of three workshops to develop and implement the service has recently taken place. Funding for the Vanguard programme in 2016/17 has recently been established and is considerably less than originally anticipated due to a nation-wide cut in funding for the Vanguard programme. However, the Trust has committed to continue the development of the Clinical Advisory Service, and to support the development of a shared patient care record as an integral component.

- A paramedic has been seconded into a General Practice in Wakefield as part of their development on the Advanced Practitioner programme sponsored by Health Education England Yorkshire and Humber (HEE YH). Discussions are ongoing to second three more paramedics in General Practice settings in Hull as part of the programme.

Service Reconfigurations

- The proposed reconfigurations of Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals Trust are being assessed for potential operational and clinical impact. The impact of the rationalisation of the Specialist Clinical Networks, involving a reduction in funding of a 33% and the loss of the cardiac and stroke networks, is also being assessed.

Clinical Performance Indicators

- The pilot CPI for Mental Health shows the results of the national ambulance service Clinical Performance Indicator (CPI), Mental Health: Self Harm, for cycle 15 (October 2015). This is the first pilot data and presents a baseline of how ambulance trusts adhere to clinical care bundles for self-harm. YAS performed well in all indicators, above or on the mean when compared nationally. The pilot Falls in Older People CPI (September 2015) has demonstrated a reduction in care bundle compliance from 25% down to 22.3%. Lower than expected documented history of falls has resulted in low care bundle compliance. Work to improve documentation of falls risk is underway, and will be built into the Electronic Care Record specification.

Mortality Reviews

- Following the 5 month pilot, a revised version of the Mortality Review process has been agreed at Clinical Governance Group. The Mortality Review process involves a review of all deaths by the Clinical Audit team and uses the national risk scoring tool. The review process will now occur on a monthly basis with quarterly reports to Clinical Governance Group.

Medicines Management

- The recent change in legislation around wholesale dealers licence has led to acute trusts legally required to obtain a licence to allow them to supply medications to outside agencies. This caused an increase in

cost attached to the supply of medications to YAS from the supplying acute Trusts. YAS has now secured accounts with a number of Wholesale Dealer providers, which has permitted the closure of accounts with the acute trusts. Controlled Drug (CD) procurement has also been withdrawn from the acute trusts and all areas have had bulk CD safes fitted to allow replenishment of CDs to the other stations.

- The national temperature monitoring project is ongoing and YAS have placed temperature monitors in vehicles and safes across Yorkshire. Temperature variation will be monitored between November and April. Once results are collated a national action plan will be developed by the Ambulance Pharmacists' Network.
- The system for updating PGD compliance has been enhanced through the development of an online learning tool for each drug that is administered under a PGD. The self-certifying package will allow paramedics to maintain their compliance with the PGD or enable them to seek further clarification if required. This will also enable the Trust to provide a far more accurate indication of the TXA usage as part of the major trauma peer review.

Research and Development

- The AIRWAYS-2 trial (i-gel versus endotracheal intubation for airway management in out of hospital cardiac arrest) continues to progress well. YAS has now recruited 349 paramedics and enrolled 883 patients into this study, which is expected to run until July 2017. YAS is the only participating service recruiting above target. The RIGHT2 trial (GTN patches versus placebo administered in the ambulance for patients with acute stroke) has recruited our first five patients in the Leeds area. We have three further hospitals now ready to receive patients. With these two major national trials open, we have over 30% of our registered paramedic workforce actively involved in research.
- A poster presentation of an evaluation carried out with the University of Sheffield, exploring the implementation of mental health nurses in EOC, won the prize for 'research most likely to affect practice' at the 999EMS conference which took place in Newcastle on 01 March. Two YAS staff, Kieran Baker and Angela Harris, helped to develop the poster with the academic team. YAS staff were co-authors of an article published in BMJ Open in February, part of the dissemination of work to look at how patients with suspected seizures are managed. The article is listed with other staff publications on the Research pages on Pulse. Trevor Baldwin and Jane Shewan worked with the academics on this article.

Clinical Career Development

- The clinical career framework is now fully developed and discussions are ongoing with Higher Education Institutions across the region to provide delivery of the post graduate education. Placement provision for the HEIs has been established so that the places offered to YAS paramedics may be mapped accordingly. The development of the framework was integral to the recent negotiations with unions which averted a ballot for industrial action. A mapping exercise will now take place to establish the current educational achievements of all paramedics so the application process for the post graduate certificate may begin.
- The undergraduate paramedic degree at Bradford University was granted both university and HCPC accreditation at an event in February. The university has commenced recruitment of students to the programme who will spend their third undergraduate year working with YAS thereby providing a pool of paramedics for recruitment.

4.4 Standards and Compliance Directorate

General update

- CQUINs 2016/17 – The national guidelines have now been published and these are being incorporated into the ongoing discussions with commissioners. The national CQUIN relevant to YAS relates to staff wellbeing.
- Care Quality Commission – The implementation of the CQC action plan arising from the CQC inspection conducted in January 2015 is continuing to progress well, with weekly monitoring by the Trust Executive Group. The audit programme against the plan has been initiated in Q4 and will report to the Trust Management Group (TMG) monthly from March 2016. Conversations have commenced with the CQC team about the timetable for re-inspection. Preparation has begun for ensuring readiness for re-inspection including a collaborative mock inspection with commissioners, NHS TDA and service users.
- Freedom to Speak Up – The final proposals for implementation were presented and approved by Quality Committee March. Recruitment to the Guardian roles has commenced, with a view to implementation in April 2016.
- Hillsborough – The verdict from the enquiry is 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. There is a continued focus on cataloguing retained records over the coming months will further

support the process should this be required and a presentation to raise senior management awareness is being delivered at TMG in March 2016.

IPR

- 111 calls are above contracted for February (+0.8%, 897 calls), they also remain above plan at 2.4% year to date (+7.9% above last year). The Plan included a contracted growth level of 4.6%. 111 referral rate to 999 is still performing well (<10%) at 8.0% for February. Additional recruitment and training is in progress, with a focus on ensuring an increase in staffing for the next expected peak of activity during the Easter break.
- Complaints and concerns - Complaints, concerns and comments increased slightly in number in February 2016, 264 (0.1% of incidents) compared to January 2016, 262 (0.1%). Acknowledgement times were marginally higher in February at 98.2% (acknowledged within 3 days) compared to January at 98.0%.
- Safeguarding compliance has increased slightly in February overall but Child Level 2 has reduced slightly, however all measures remain above 80%.
- Incident reporting overall has increased slightly in February compared to January. The proportion of incidents with moderate and above harm is 3.3% which is lower than the January figure and within the range previously seen.

4.5 People & Engagement Directorate

Human Resources

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

December 2015 - 18 new starters and 15 joiners to the Trust bank.
January 2016 - 94 new starters and 19 joiners to the Trust bank.
February 2016 - 73 new starters and 6 joiners to the Trust bank.
- The new starters in January and February are predominantly across A&E operations, PTS, NHS 111 and EOC.

Key Current Recruitment Initiatives

- ECA – East Yorkshire targeted recruitment – in line with the A&E Workforce plan, the Trust has received over 200 applications for a

targeted recruitment campaign in East Yorkshire. With an assessment event scheduled in Hull at the KC Stadium on 19 March, we hope to be able to address the gaps in ECA numbers in this harder to recruit to region.

- TRAC recruitment system – implementation of the procured tracking system has commenced with ‘go live’ dates for the recruitment team of 4 & 5 April. The system will monitor every aspect of the recruitment process and will support the team in making any further changes to the overall recruitment process. Communication and guidance for all recruiting managers is currently being developed.
- Overseas recruitment - The development of an overseas recruitment strategy for paramedic recruitment was approved by the A&E Programme Board on 13 January and by TMG on 24 February. The strategy recommends that working with a recruitment agent, a group of up to 20 paramedics be recruited through campaigns during 2016. Taking into account the learning from ambulance services who have previously undertaken overseas recruitment, it is anticipated that campaigns will take place in Poland and Australia, but the purpose of working with an experience recruitment partner is to benefit from their expertise in this area and to ensure that a robust recruitment process is applied.

Health & Wellbeing

- Following on from the Blue Light Mind Event in November attended by 45 colleagues, mental health awareness training for line managers is taking place throughout March 2016 with a number of sessions across localities. The Well-being Adviser is working closely with colleagues in Leadership and Learning to provide training going forward as part of the Leadership Essentials training for managers and for the development of sessions for staff across the Trust.
- With employee mental wellbeing at work being a key focus in 2016/17, the following work activities are currently underway:-
 - Raising awareness during the recruitment process for frontline roles, of the difficult and sometimes challenging nature of the roles and the importance of looking after oneself and where to get support.
 - A greater emphasis on the assessment of people management skills during supervisor and manager recruitment.
 - The introduction of Wellbeing Impact Assessment as an integral part of the development of employee policies and operating procedures and of service developments. The current rota redesign within A&E Operations is a clear example of where a Wellbeing

Impact Assessment should contribute to the wider review of current working patterns.

- Integrating mental wellbeing training for managers into the Trust's Leadership Essentials training.
- Research is currently taking place into suicide amongst staff within ambulance services to better understand the associated challenges and to support the actions above.

Industrial Relations

- The Trust has recently held an extensive round of talks with both local and regional staff-side colleagues relating to the career progression of paramedics. Whilst discussions continue nationally regarding the role grading of the paramedic role, the Trust has developed a career framework for band 5 paramedics to continue their development into specialist and potentially advanced paramedic roles.
- Whilst there remain areas of disagreement between the Trust and staff-side, in particular relating to the progression of paramedics into band 6 and the potential placing of a gateway within the band, the discussions culminated in a joint statement between the Trust Executive team and staff-side on 11 February. A ballot of paramedics on potential industrial action was deferred and the commencement of paramedic progression into band 6 was agreed, commencing on 1 April 2016.
- Discussions will remain ongoing with local staff-side representatives over the coming months to try to resolve remaining differences. The Trust's Associate Directors of Human Resources and Paramedic Practice, together with the A&E Locality Directors will lead the ongoing work including the planning and implementation of the proposed career framework. It is encouraging that staff-side colleagues wish to work with this group to develop joint Q&A's in response to questions raised by staff following the joint statement.
- Following a period of consultation between the Trust and local staff-side in the latter half of 2015 relating to proposed amendments to entitlements to pay protection under the Trust's local policy, members of the Trust's Executive team, supported by the Associate Director of Human Resources entered into a process of binding arbitration with local and regional staff-side colleagues to resolve this matter. The exercise, facilitated by an ACAS Arbitrator took place on 15 February 2016. The outcome of this, which is binding on both parties, has been confirmed as a maximum (dependent upon length of service) two years long-term protection for new starters and a maximum of three years long-term pay protection for existing staff.

Education and Training Plan

- The Education and Training plan has been approved by TEG and presented to the Quality Committee. The plan highlights the key priority areas for training across the Trust in 2016/17.
- The week commencing the 14th March was Apprenticeship Week. Apprenticeships in YAS were promoted and showcased. A Talent for Care and Apprenticeship Strategy are due to be considered by TMG and TEG.
- PDR compliance remains 76.84%. A full report is to be discussed at TMG to realign and even out peak areas of compliance.
- The staff survey results have now been received and a full report will be presented to the next Quality Committee. This work aligns to and supports a range of actions to improve staff engagement and the culture of the organisation.

IPR Section 4 Workforce

Sickness Absence

- The sickness absence rate for February 2016 stands at 5.8% which is a decrease of 0.3% from the previous month. This continues to compare favourably to the same period last year when it stood at 6.5%. The 12 month figure stands at 5.5% compared to the 6.5% for the 12 month period of Mar 2014 to Feb 2015. The two biggest reasons for sickness absence continue to be mental health / anxiety and musculoskeletal. 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.
- The HR department were asked by the Trust Board to respond to the concern that there was a potential pattern whereby staff that had had annual leave requests declined for the Christmas period, were then absent on sick leave during the same period. The HR Business Partners have provided a summary to the Associate Director of Human Resources which shows that in all cases, individual circumstances have been reviewed, cases have been escalated through to the next stage of the absence management policy and in one case, this has escalated to a formal hearing. On reviewing all cases, the team have confirmed that there were no 'repeat' cases from similar requests last year.
- Following attendance at an appeal against dismissal relating to sickness absence, one of the Trust's Non-Executive Directors has

requested assurance that cases of long-term sickness absence were not lapsing outside of the defined periods within the Trust's Absence Management policy. The HR Business Partner team have provided information on all cases of absence beyond the 100 days (17 were reported at the start of February). In the vast majority of these cases return-to-work dates have been confirmed, or as with five cases, final review meetings were scheduled. Exceptionally, (five cases were cited) further discretion has been applied by Executive Directors and other senior managers until further care can be offered to the staff concerned. Typically these cases relate to staff suffering from cancer, significant work-related injury or in one case, pending response from the necessary hospital where a staff member has been sectioned.

PDRs

- The current PDR rate is 77.3% against a target of 80%. Action continues to be in place to improve participation, which includes the realignment and resetting of the PDR process for management and support services staff as part of the business planning.

4.6 Finance & Performance Directorate

Finance and Contracting Update

- The Finance team 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 including presenting and engaging with a number of stakeholders recently. This 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 Finance and contracting team are leading on contract negotiations for 2016/17 which are ongoing. However it is likely some contracts will require the use of the national NHS mediation process.
- The Finance Team have been focused on 2016/17 financial planning aligned to the business planning process in conjunction with the strategy team and the national planning guidance.
- Over the next couple of months the Finance team will be focused on the annual production of the year-end financial accounts for 2015/16, which are subject to independent external audit.

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. 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. 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.

NHS 111:-

- As previously reported 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. A clearer process for determining when a Demand and Capacity Review is required is being discussed as part of contract negotiations.

Business Intelligence/Management Information

A&E:-

- Full Time Equivalent (FTE) Capacity tracker live and informing recruitment, training and staff transfers in line with business plan requirements.
- 2016/17 A&E trajectory in development in line with contract negotiations and Funding.
- Global Rostering System (GRS) data has been successfully automated into the data warehouse allowing for quicker access to information.
- Reports from GRS developed to pilot a new approach to relief planning against demand rather than existing (Process Evolution) rosters.
- Ambulance Response Programme ARP Phase 2 – work ongoing to look at coding review and the impact on YAS
- New reporting schedule almost agreed for next year streamlining some reports and making them available on the extranet.

111:-

- Report is being set up to track early exit cases that reached an ambulance outcome though where 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 Pilot started in the West Consortium, reports include a Capacity Plan, Shrinkage Report, Schedule Fit, Hourly Staffing Summary Report. GRS data to be reviewed by new resource function before reports can be used as live reports to check GRS is being used properly.
- Forecast Model to be created to review assumptions in a Business as usual (BAU) cycle.
- Telematics (C Track) reporting progressing. There is some cleansing of the data to be done. Data will then be included in the new Performance Dashboards that further need to be jointly designed.
- New online reporting infrastructure / portal to be created where managers can easily access online reports e.g. PTS staff availability

Fleet:-

- Work started on automating vehicle accident reporting.

Project Work:-

- Patient Level costing system – data integrated into the system so cost codes can be mapped against incident data. Most income is now in the system and data varication is taking place before further roll out.
- Support for key transformation projects ongoing including A&E/PTS/111 transformation, Vanguard, EPRF, Lightfoot.

ICT:-

- Ambulance Response Programme (ARP) – Phase 2- ICT are working with operational, EOC teams and BI team to be able implement APR phase 2 with potential to go live in the first week of April 2016. This will involve a complete reconfiguration to the CAD system, lightfoot feed, EOC wallboard and performance reports.

- Business Continuity (BC) ISO - 22301- ICT was assessed on 09th March 2016 and received ISO ratification for Business Continuity – ISO 22301.
- Core Network Infrastructure - The hardware kit has been delivered and commissioned. The detail design has been completed. ICT is waiting for business to agree the downtime for the upgrade of the core infrastructure. Expected go live 2nd week of April subject to exec approval.
- ePRF (Electronic Patient Report From) – An Outline Business Case, an initial specification produced and sent as part of a Capability Assessment Exercise for the new ePRF replacement system, has yielded four potential suppliers. An enhanced specification is being produced, with the assistance of internal stakeholders, to be sent as part of the collaborative mini-tender exercise with NWAS.
- ICT Digital Road Map and Innovation Workshops – ICT has initiated a series of workshops to engage with key stakeholders. This will allow ICT to map out the digital road map strategy according to the end user requirements and expectations.
- Introduction of Integrated Performance Report (IPR) – ICT has introduced the IPR Trust template for reporting measurements on demand, performance, quality, staffing and finance.
- Make Ready APP (application)- The development for Make ready Mobile APPs has been completed. This has been used by the make ready team at Wakefield and Manor Mill site. Further development will be reviewed in line with the Hub and Spoke Team.
- Vanguard Programme – ICT are working with the West Yorkshire ICT Leads on the Vanguard Programme for delivery of a single care record solution.
- Wireless Network Implementation - ICT has expanded the wireless network to the below 26 Trust's sites. Another 16 sites will be completed in the first week of April.
- YASTV – The tender for the sourcing and installation of screens has been completed. The implementation plan has been agreed with the supplier. The test prototype for the content management system has been completed.

Fleet Function

- Two tenders have taken place for the procurement of the 115 DCA (Including 6 Training) and the lease of 74 RRV's with the successful bidders being O&H Vehicle conversions (DCA) and VW Financial Services (RRV). Papers being presented to Trust Board 29th March for final approval before award. Subject to approval vehicle deliveries will start June 2016.

- There was an incident involving a cracked vehicle tail lift frame on the 12th March fortunately there was no injuries but this has been treated as a near miss and has been reported to the Health and Safety Executive. Further audits of all lifting and handling equipment are currently being carried out and a position statement will be provided once this has taken place. Additional visual checks have been implemented within Trust workshops to ensure early identification of any further issues.
- The final batch of the 111 PTS vehicle replacements has started to be delivered, 75 of the 111 vehicles have been commissioned and are on the road with the remaining 36 being delivered through March and April. There has been a slight delay due to a base vehicle specification change made by Peugeot (removal by the manufacturer of the reverse camera) this is now being fitted at conversion stage at no additional cost to the Trust.
- Lighting upgrades have been made to lighting in the Fleet department. LED light panels and circular lighting have replaced the lighting in the office areas. The lights will provide YAS with a two year payback and will use 60% less energy than the previous lighting.
- The Carbon Champions at Batemoor Station are in the process greening up the station and turning it into a wildlife paradise. A group of volunteers at the station clearing the site and are putting in bug hotels, lots of flowers for the bees, tyre planters, a wildflower area, hedgehog homes and even a couple of benches for the staff! The work will fit in nicely with the fruit trees that were planted on site several years ago by our carbon champions on site.

Procurement

- The Procurement Department continue to improve its performance in terms of quality, timeliness, and savings for each procurement project undertaken.
- High profile projects such as DCA and RRV vehicle conversion, the PTS and Private Providers Framework, and Vehicle Maintenance spares are being prioritised and fast-tracked where possible.
- Since the sign-off of the 5-year Procurement strategy in 2015, the team is implementing the strategy and is now staffed to the “lean” model, as described in the document. The new Deputy Head of Procurement (Band 8A) role started in February 2016, and the Quality of Service Lead (Band 7) started in March 2016.

Estates and Hub & Spoke Programme Office

- Gildersome Station disposal: - An unconditional offer has been accepted and receipts are likely to materialise in late April.
- Springhill 2 Extension: Contract resolution meeting between the Trust and F&G rescheduled for 21st March.
- Estates budget projection for year end is projected as marginally overspent.

- H&S - A programme delivery plan for hub implementation against three timelines is under development.
- The Estates Review has been completed and will be reviewed by the Programme Board on 22.3.16.
- ORH modelling of the top 9 hub locations has been completed and is being included in the delivery plan financial model.
- IT infrastructure workshops have begun with ICT and a cross-functional group to determine the IT needs for H&S.
- The Doncaster Hub business case is being drafted and is scheduled to be submitted to the Trust Board in May.
- Discussions have commenced with South Yorkshire Police to determine colocation opportunities in support of the H&S Programme across the South Locality. Optimal locations shared for Doncaster in the first instance.
- Hub building designs will be reviewed by the Programme Board on 22.3.16.
- A communication and engagement plan has been designed and initial communication has begun with key internal and external stakeholders.
- Roche Meeting Room: - Sound attenuation improvements to the first floor meeting room screen, are complete and the room is in full service.
- Electricity supply pre-contract enablement under way with contract signing anticipated at the end of March.
- Make Ready - The pilot site at Manor Mill went live on 11th November and is now well established at Manor Mill Ambulance Station. The pilot is being closely monitored to ensure that it is delivering against the specification. Data is also being collated against the key benefits as part of the evidence gathering process. Early KPI, Benefit and Quality Measures were presented to the H&S PB with positive feedback.
- Vehicle Preparation System – The VPS Pilot at Wakefield is starting to bed in well after Go Live on 16th February. The ambulance station is far bigger than the Make Ready pilot at Manor Mill and was an already established site. This will be helpful in gathering lessons and data. In common with Make Ready, the planning team are also collating and responding to feedback from staff working at the station to help improve and develop the service. The main variant between the Make Ready and VPS pilots is that VPS only operates on the night shift and does not have integration with Fleet whereas Make Ready is a 24/7 system on a site with a vehicle mechanic.

5. Recommendation

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

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

Appendices

Appendix 1 : Message from Chief Executive – Six Successful Years as Chairman