



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 29/11/2018	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	3.2
STRATEGIC OBJECTIVE(S)	All		
PURPOSE OF THE PAPER	The purpose of the paper is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 23 August 2018 to 21 November 2018 and the opportunity for TEG to highlight the key variances / movements contained within the October 2018 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: see also guidance 3. overleaf]:			
Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings.			
PREVIOUSLY AGREED AT:	Committee/Group:	Date:	
RECOMMENDATION(S)	The Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period. The Board notes and discusses the variances contained within the October 2018 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"/>
Equality Impact Assessment - [New] <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)	All		
NHSI Single Oversight Framework Choose a THEME(s)	1. All		

Trust Executive Group Report

1. PURPOSE/AIM

The purpose of the paper is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 23 August 2018 to 21 November 2018 and the opportunity for TEG to highlight the key variances / movements contained within the October 2018 Integrated Performance Report (IPR).

2. EXTERNAL ENVIRONMENT

Lord Carter's report on into unwarranted variation in NHS ambulance trusts was published at the end of September, highlighting the need for greater collaboration and the role of technology and innovation in driving improved performance across the sector. Lord Carter referenced the work of the collaboration within Northern Ambulance Alliance (NAA) of YAS, NWS, NEAS and EMAS within the report. YAS is already focused on delivering the recommendations contained within the report through our proactive role in the Joint NHS Improvement / NHS England Ambulance Improvement Programme, maximising the potential of our NAA collaborative forum and working with the other English ambulance services through the Association of Ambulance Chief Executives (ACCE).

NHS England also published the Ambulance Response Programme (ARP) Review in September to coincide with Lord Carter's report. The Review undertook a evaluation of the implementation of the various initiatives within the Ambulance Response Programme and provides recommendations relating to further development of the programme. The review shows that the ARP has been successfully implemented across all ambulance services although there are some differences in the proportion of calls assigned to each call category between trusts with higher than expected volumes in Category 2. Work is ongoing to better understand this.

The main headline at the NHS Providers Annual Conference in Manchester in October was that the long-term plan must allow the NHS to return to sustainable success. Key Speaker Secretary of State for Health and Social Care Matt Hancock focused on the need to reducing variation in practice by learning and applying best practice across the NHS at pace, the need to harness the potential of digital technology and a greater focus on prevention at CEO and Board level.

On 13 November 'Protecting the Protectors', the law protecting Emergency Services Workers, came into force. The law creates a new aggravated offence for an assault against a member of the emergency services and effectively doubles the maximum sentence for these acts from six to 12 months. The original drafted the Protect the Protectors Bill was developed by Holly Lynch, the MP for Halifax. YAS paramedic Richard Bentley has represent the ambulance sector has represented the ambulance sector at a local and national level in raising the profile of this important legislation.

Further to the announcement in March that NHS England and NHS Improvement will be working more closely together at a national and regional level. NHS Improvement (NHSI) and Health Education England (HEE) have announced plans to deliver a coordinated approach to workforce planning including transferring the NHS Leadership Academy from HEE to the new NHSI and NHS England people function from 1 April 2019, maximising the fit between the work of the Leadership Academy and the people function's responsibility for executive and non-executive leadership and talent across the NHS. HEE's regional teams will also align with the seven integrated regional teams of NHSI and NHSE. Public Health England have also announced that they will integrate with the new NHS England / NHS Improvement structure by adding a director of public health to each of the seven new regions.

The eight host locations for the 2019 Tour de Yorkshire have been unveiled by organisers Welcome to Yorkshire and the Amaury Sport Organisation (ASO). The Tour will take place between 2-5 May and the 2019 race has been upgraded to HC status by cycling's world governing body the Union Cycliste Internationale (UCI) – the highest category possible for a multi-day race outside of the UCI World Tour.

Meetings of the Joint NHSE / NHSI Ambulance Improvement Programme (AIP) Board have continued throughout the period. Key areas of focus have been developing national work programmes to support reduced inappropriate conveyance to hospital Emergency Departments, taking forward the recommendations of Lord Carters report on unwarranted variation in the ambulance sector and supporting development of the National Ambulance Digital Strategy.

The recent meeting of the West Yorkshire and Harrogate ICS Executive Group approved details for a new Partnership Board to strengthen joint working arrangements between all organisations involved in the ICS. Cllr Tim Swift, Leader of Calderdale Council, was asked to chair the Board for the first two years and Rob Webster (Chief Executive of South West Yorkshire Partnership NHS Foundation Trust) will continue as CEO Lead. The Board will bring elected members, non-executives, and lay members into the decision making process. The first meeting is expected to take place in June 2019. The Board will meet four times a year and all meetings will be held in public.

3. EXECUTIVE TEAM REPORTS

3.1 Chief Executive

The Trust has faced an extremely busy summer and autumn period continuing to embed the changes required our fleet, workforce and operating practices deliver the Ambulance Response Programme quality and performance standards, submitting our response to commissioners for the procurement of Integrated Urgent Care / NHS111 services across Yorkshire and the Humber and developing our longer term strategic plans. As we intensify our focus on winter resilience planning activity in A&E is continuing to increase with responses for November close to 4% above last years level, with only one day with fewer than 2000 responses. Hospital capacity pressures are also starting

to increase but, despite these factors we are continuing to improve against the ARP response standards particularly for Categories 1 and 3.

The launch of YAS' One Team, Best Care Strategy took place at the Annual Leadership Summit in Doncaster on 8 October. The Strategy focuses on four strategic ambitions:

- Patients and communities experience fully joined up care responsive to their needs
- Our People feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

These ambitions are underpinned by eight strategic priorities which together support the delivery of our Trust vision, *that by 2023 we will be trusted as the best urgent and emergency care provider with the best people and partnerships, delivering the best outcomes for patients*. Between now and April 2019 we will continue engagement and planning events across the Trust to complete our enabling strategies for People, Fleet, Estates, Digital, Clinical, Quality Improvement, Finance and Community Engagement. These strategies provide a more detailed roadmap across specific areas and are fully aligned to our One Team: Best Care ambitions and priorities. This more detailed work will also form the basis of our Operational Plan for 2019/20.

Attendees at the event also heard guest speakers were Professor Michael West who talked about Collaborative and Compassionate Leadership and George Binney from Ashridge Hult Business School who discussed 'Living' Leadership and took part in interactive workshops linked to our strategic ambitions.

Senior leaders from across the NAA have been meeting during October and November to further enhance our collaboration in response to Lord Carter's Report. Significant progress has been made in Fleet and ICT collaboration and work exploring sharing some back office functions is also progressing well. The work of the NAA has received positive support from NHSI and a workshop is taking place in Leeds on 23 November with Mark Gough (NHSI Carter Team) and Rhona Collins (Productivity Director NHSI North Region) to explore further collaboration and service transformation.

A Managing Director role for the NAA has recently been advertised to support programme delivery and co-ordination and the NAA Board has agreed to create a fixed term Chief Information Officer role to develop a joint Digital strategy across the NAA.

On 16 October the Trust ran its annual Restart a Heart Day. Cardiopulmonary resuscitation (CPR) training was provided for school children across Yorkshire thanks to more than 700 volunteers who turned up to support the event. The involvement of Yorkshire's gold medal winning Paralympian and World Champion, Hannah Cockcroft MBE and Lizzie Jones, widow of Danny Jones the Welsh International and Keighley Cougars Rugby League player at Crossley Heath School in Halifax attracted widespread media coverage. The

Lord Lieutenancy supported the event with Ed Anderson, Lord Lieutenant of West Yorkshire attending Pudsey Grangefield School.

The Restart A Heart campaign was instigated by Jason Carlyon, Clinical Development Manager at YAS, in partnership with the British Heart Foundation and Resuscitation Council (UK). This year the life-saving initiative has been adopted by the International Liaison Committee on Resuscitation to encourage mass CPR training on a global scale under a World Restart a Heart Day banner. Participating countries included America, Canada, Australia, New Zealand, South Africa, Saudi Arabia, India and as well as many European countries. Final figures for World Restart a Heart total 675,000 people trained in CPR worldwide, with almost 240,000 of this number coming from the UK.

Matt Hancock MP, Secretary of State for Health and Social Care, visited Leeds General Infirmary during October to talk to frontline staff about developments and concerns. During his tour of the Emergency Department, at the Secretary of State's request, YAS were provided with an opportunity to demonstrate our new electronic Patient Record (ePR) system. The Secretary of State later praised YAS' ePR development in his blog.

The YAS Volunteering Event '*Transforming Our Role in Communities through Volunteering*' took place in Leeds on 11 September. YAS' representatives were joined by representatives from the Voluntary and Community Sector in Yorkshire, South Central (SCAS) and East Midlands (EMAS) ambulance services, Age UK and the British Red Cross.

The successful event highlighted how ambulance services are expanding the role of volunteers to respond to falls and to support vulnerable people in our communities stay safe and well. Case studies presented highlighted the benefits of enhanced volunteer training, dedicated vehicles and the use of skype technology.

On 19 October YAS hosted the first conference for the National Ambulance BME Forum at the NHS Leadership Academy in Leeds. The event, organised by Tasnim Ali (Chair of the National Ambulance BME Forum and YAS Business Manager - A&E Operations) and Kez Hayat (YAS Head of Diversity and Inclusion), aimed to promote the value of diversity and share good practice, attracting over 100 delegates from all UK ambulance services. Speakers at the event included Yvonne Ormston CEO NEAS, Yvonne Coghill WRES lead NHS England, Jacynth Ivey, Non-Executive Director at Health Education England, Chris Long, Chief Executive of Hull and East Yorkshire Hospitals NHS Trust, and Helen Bevan, Chief Transformation Officer, Horizons Group, NHS England.

Three members of staff were awarded Gold Star of Life Awards in October. Jules Holroyd, Graphic Designer in the Corporate Communications Team and Kyle Goulding our Web Developer in the Online Team and Sally Abbott from EOC. The awards have been created by the National Ambulance LGBT Network to recognise colleagues who have supported its development during its first three years.

Pete Vallance (Clinical Operations Manager) received a Special Recognition Award at the Yorkshire Air Ambulance Charity Annual Recognition Awards in

Sheffield in October. Pete has worked on the air ambulance since the Charity's inception.

YAS own annual recognition awards are scheduled to take place on Friday 23 November at the Royal York Hotel in York. The new YAS STARS Awards introduced this year recognise those members of staff who inspire others, deliver beyond expectations and are shining examples of all that is excellent about YAS. At the core of the YAS STARS Awards are the values' awards which are aligned to the Trust's new values, One Team, Compassion, Integrity, Innovation (linked to the Bright Ideas initiative), Empowerment (inspiring leadership) and Resilience.

The Trust's annual Long Service and Retirement Awards Ceremony took place at Harrogate Pavilions on 18 September. We were joined by special guest Deputy Lord Lieutenant Captain Stephen Upright, Her Majesty's representative in North Yorkshire. This year 215 members of staff had served in the ambulance service and/or NHS for 20 years or more and six marked 40 years with the NHS, Ray Baker (Clinical Supervisor, Beverley), Stephen Furnell (Assistant Practitioner, Goole), Sue Grimes (Ambulance Technician, Keighley), Nick Sinclair (Paramedic, Todmorden), Karen Singer (NHS 111 Operational Service Manager) and Stuart Wilson (Ambulance Technician, Brighouse). The Trust also awarded 41 Queen's Medals for good conduct and recognised 44 retirees for their loyal service.

Further to the announcement of his appointment in the August CEO Report, Nick Smith started as the organisation's new Executive Director of Operations on Monday 12 November 2018. We would like to wish Nick every success in his new role.

3.2 Operations Directorate

Performance

Year on year a demand increase has been seen, with a 5.2% increase in total calls when comparing October 2017 to October 2018. Hours lost at hospital through excessive handover have been fairly consistent over the last 3 months.

Data	August	September	October
Excessive Handovers over 15 mins (in hours)	1,554	1,899	1,834
Excessive Hours per day (Average)	50	63	59

Operational Plan 2018/19

The Directorate's annual operational plan sets out the key objectives and priorities for 2018/19 supporting the delivery of the Ambulance Response Programme (ARP) standards, the Trust efficiency programme and working towards full compliance against the Emergency Preparedness, Resilience and Response (EPRR) Core Standards and the National Ambulance Resilience Unit (NARU) audit.

Updates from the key schemes listed in the operational plan are as follows:

Fleet - This project supports ARP which is about sending the right resource, first time to the patient. If a patient is likely to require transport to the hospital the Emergency Operations Centre (EOC) should send a double crewed ambulance (DCA) instead of a rapid response vehicle (RRV) which has no ability to transport patients. This has required capital investment for additional ambulances and a proportion of RRVs have been de-commissioned.

At the end of October:

- 37 of the 40 new vehicles are deployed and operational.
- The baseline DCA volume was 371 against the end of year target of 380. (This figure does not include the four loaned to the YAS Academy).
- It is anticipated that the remaining five vehicles will be available before the end of March 2019 as planned.
- The number of RRVs remains in line with agreed plans.

Emergency Operations Centre (EOC) Redesign - The proposed testing of the Functional Re-Design model has been postponed until 2019 due to the team focussing on winter preparations. Proposals regarding other elements of the EOC Change Programme will be finalised in Quarter 3.

Workforce Plan - Emergency Care Assistant (ECA) recruitment continues, working closely with recruitment and the YAS Academy to ensure Operations achieve the end of year staffing profiles within the operational plan. As of the end of Quarter 2, of the 288 ECAs required, 150 had been recruited and were either operational or completing their training.

There remains a high risk that emergency driving training might not be completed in a timely manner due to a national shortage of emergency driver trainers. The YAS Academy, along with A&E Operations, continues to consider and adopt all available options in order to minimise this risk.

Hear and Treat - The Trust operates a Hear and Treat service within EOC which supports clinical decision making both for the control room and front line staff. This in turn improves patient experience and See, Treat and Refer. Due to the success of the service and being a leader nationally additional investment has been secured to recruit additional Clinical Advisors into the EOC.

A joint assessment process is being delivered with NHS 111 for Clinical Advisors and as at the end of October 2018, 15 (12.6 WTE) of the additional 30 Clinicians have been recruited (10 of which become operational from 1 October 2018).

Recruitment will continue until full establishment is achieved. A number of additional schemes are being developed to support the recruitment, such as an

A&E Operations/EOC rotational role, supplemented with use of Agency Clinicians staff to support during the winter pressures.

Lower Acuity Transport (LAT) - This scheme involves increasing current provision to allow appropriate and timely response for Category 3 & 4 patients. Recruitment to the LAT roles continues in line with the workforce plan. Further development of this provision is being scoped with colleagues from the Integrated Urgent Care directorate.

Job Cycle - This project involves analysing the full job cycle time, including wheels mobile, unavailability and time on scene. An initial set of data has been presented to the Operational Divisional Management Board and proposals for the next phase are currently under development, in conjunction with the Clinical Directorate.

Emergency Preparedness Resilience Response (EPRR) - Compliance against the Core Standards and the NARU audit are ongoing with being improvements being made in line with the Trust submission in October 2018. The Commander Framework has been reviewed and updated in line with NARU specification.

The national Resource Escalation Action Plan (REAP) has been refreshed. YAS are in the process of updating the plan in line with this document and will be in place by the December 2018.

Efficiency Programme

Efficiency schemes are being implemented and outcomes/benefits monitored through the Divisional Management Board. An 'APR Support Cell' has been introduced that works jointly with the EOC Regional Operations Centre (ROC) to ensure maximum output of available operational resource hours and assist in delivering efficiency schemes around workforce. Early findings indicate improvements such as more frontline crews being stood down for allocated rest breaks. Due to its success the function has been extended until March 2019.

Scheduling

A working group has been set up via the Ops Joint Service Group to progress the trial of removing "relief" from core rotas. This is a key piece of work to support staff welfare and work/life balance as rotas will be known in advance of the current practice of four weeks. Discussions are continuing with staff side colleagues to take this forward.

Workforce

Accident and Emergency Frontline FTE (as of w/c 29 October 2018)

	Budget	Actual	Variance
Clinician	1252	1276	24
Clinical Support	1072	1043	-29
LAT	64	37	-27
Total	2388	2356	-32

- Bradford University Students showing initially as Emergency Medical Technician 1 (EMT) pending conversion dates to EMT2.

- Paramedic : EMT 2 ratio = 76:24.
- Budget varies month on month (Excludes Clinical Supervisors).
- EMT 1 : Emergency Care Assistant (ECA) ratio = 32:68.
- ECA course fulfilment compromised by on-going situation with candidates acquiring C1 in time to start a course and also impact of satisfactory checks being completed in time.
- Capacity Planning and Scheduling working with operations managers, the YAS Academy and HR to constantly review the situation and mitigate any risks and issues where possible.

Emergency Operations Centre (EOC) (as of w/c 29 October 2018)

	Budget	Actual	Variance
EMD	134	132	-2
Dispatcher	127	122	-5
Senior Clinical Advisor (Nurse & Paramedic)	33	33	0

- Agreed budget to recruit an additional 30 Senior Clinical Advisors during the financial year, phased in line with recruitment

Special Operations

Hazardous Area Response Team (HART) staffing: 46 funded establishment which is divided into seven teams of six, with four relief staff. Each team contains the full skill set to respond to and manage any HART specific incident. In October, 41 staff were in post. A recruitment process remains ongoing to fill the outstanding vacancies.

Integrated Performance Report (IPR) Exceptions (as at October 2018)

There was an increase in call numbers of 5.2 % compared to October 2017.

An increase of 6.3 % in the amount of Hear and Treat carried out vs October 2017. Hear and Treat service provision is now behind trajectory at 6.5% against 7.5% trajectory target due to recruitment of clinicians being behind track. Mitigating actions are in place to bring recruitment back in line with plan.

An increase of 11.3% in the amount of See Treat and Refer carried out vs October 2017. This is an ongoing area of focus with an aim to increase the amount of See and Treat jobs throughout 2018/19.

The graph below highlights the ARP Standards in October 2018:

ARP 3	Mean	90th Percentile	Mean Target	90th Target
Category1	00:07:10	00:12:23	00:07:00	00:15:00
Category2	00:19:58	00:41:37	00:18:00	00:40:00
Category3		01:57:34		02:00:00
Category4		02:47:56		03:00:00

Category 1 Mean performance was 7 minutes 10 seconds against the 7 minute target with the 90th percentile at 12:23 against the 15:00 target. Mean

performance has reduced by 8 seconds and 90th percentile by 5 seconds against previous month's performance.

Turnaround times for October times were 3% lower than September and 2.6% lower than October 2017.

The A&E Operations senior management team are working closely with acute trusts that regularly have significant handover delays. This involves specific support regarding handover processes and piloting a HALO+ model. Initial findings are positive with progress being monitored in each working group which consists of commissioners, acute hospitals and A&E operations.

Frontline Performance Development Review (PDR) rate is currently at 77.8% against stretch target of 90%, a decrease of 4.9% on last month which is being investigated as the directorate maintain a focus on delivering against the target.

Frontline sickness stands at 4.7% which is a slight fall on last month and is below the Trust average of 5.1%. EOC is at 5.2% in July.

Exception reporting

Recruitment: Non clinical staffing numbers are slightly behind plan however mitigating action is being taken to resolve this before heading into the winter period. A weekly recruitment/training meeting takes place with representation from YAS Academy, HR and A&E operations to manage the current shortfall, mitigating actions and decide what needs to be done in the coming weeks.

*Please note, that Ambulance Clinical Quality Indicator (ACQI) data for March, April and May 2017 is incomplete and graphically inaccurate due the following:

The availability of clinical data - staffing issues at health records have led to a back log in the processing of paper records which has resulted in less time for hospitals to provide survival information (1 week instead of 4). The submitted samples are incomplete.

Actions to mitigate the staffing shortages include: clinical PA and audit staff asked to verify sorted and scanned records; requests for light duties staff to support processing; recruitment of fixed term positions with an extension to March 2019; request for data submission extensions to NHS England (NHSE) has been granted for January and February 2019.

Recruitment of agency staff - over the last four weeks an attempt to recruit through three agencies has as yet been unsuccessful, (due to the Christmas period all short term work is filled by agency). The senior team have been based at health records processing resuscitation and sepsis case prioritising to ensure YAS submits a full sample as further NHSE extensions are not possible.

The new ACQI are currently in the process of being submitted by all ambulance trusts. As time definition and submission refinements are required it cannot be seen as comparable with other services until full data is submitted and reported in the spring. YAS clinical audit will provide full sample data for comparison and will map YAS' clinical performance over the reporting periods.

3.3 Urgent Care and Integration Directorate

Patient Transport Services (PTS)

Activity Levels: PTS contracts in South, East, and West Yorkshire have all experienced a slight increase (0.8%) in year to date activity in comparison to October 2017. PTS South in particular has experienced a significant increase in activity against plan and work is in progress with commissioners to manage this pressure on the service. The North contract for Vale of York/Scarborough has consistently over-performed in terms of activity since starting on 1 June 2018.

Performance Exceptions: No performance exceptions in respect of inbound or planned outbound Key Performance Indicators (KPIs) are reported. Challenges remain for KPI 4 (on-day discharge) with a further deterioration in performance in October. YAS continues to work with hospitals and commissioners to deliver improvements in the on day patient flow pathway, with an early pilot in development at Mid Yorkshire Hospitals NHS Trust.

Eligibility: The revised application of national eligibility criteria has been rolled out to Hambleton, Richmondshire and Whitby (HRW) and Harrogate and Rural District (HaRD) Clinical Commissioning Groups (CCGs). All system partners are engaged in the change process with plans focused around patients mobility needs. PTS continues engagement with NHS stakeholders, local councillors and Health & Oversight Scrutiny Committees to review and resolve any issues during implementation. The application will be reviewed for South and East Yorkshire in the New Year, and forms part of dialogue with West Yorkshire CCGs around future commissioning intentions.

Service Improvements: The PTS fleet now has defibrillators stocked; making YAS one of the first UK PTS fleet to deliver such an undertaking. In October 2018 a new automated planning function went live for inward journeys in North, East and Scarborough areas. A full roll out will be in place in 9 months. A new patient survey app is now in use and progressing well with over 300 surveys completed to date. PTS senior managers are currently undertaking “back2thefloor” days with crews and control staff.

NHS 111

Activity Levels: Call volumes are lower than expected for year to date to October with less growth in demand experienced than anticipated. Growth trends nationally and regionally are influenced by factors such as national advertising campaigns and potential alternatives such as NHS111 on line.

As part of the competitive dialogue process for Integrated Urgent Care (IUC), a detailed analysis was undertaken to identify and understand variation in demand growth by CCG. This shows a range of changes in demand growth from -5.9% to +10.4% with change in some areas linked to wider system developments. Demand trends will continue to be monitored through the winter period before conclusions about underlying trends are determined.

Performance Exceptions: Year to date performance saw 91.1% of 111 calls answered in 60 seconds or less against a national target of 95%. Year to date,

82.8% received clinical call back in 2 hours against a national standard of 95% and a local requirement of 82.5%. Clinical advice in October was 45.62% against a target of 50%, with work continuing to increase this further by including local clinical advice services from extended hours.

Sickness absence and clinical recruitment and retention remain key workforce challenges for NHS111. Work continues with the operational team to better understand the reasons and support improvement. A cross directorate working group to look at clinical recruitment is to be established to explore innovative recruitment and agile working options. As a result of training for NHS Pathways, new starters and early winter pressures the Performance Development Review (PDR) rate has reduced to 63.1%. An action plan has been developed with call centre managers to manage during the winter period to improve performance.

Service Improvements: Recruitment for winter has been the key focus during the quarter with over 100 new starters joining since July. Further courses are scheduled in November to meet the requirements of the Christmas peak in demand. Work continues to engage front line staff in a review of the current NHS111 culture and action planning to develop this, aligned to the Trust values. Further communication to all staff is in progress with a more detailed report planned for a future Board meeting.

Training is taking place for the next version of NHS Pathways (Version 16) which is due to be implemented at end of November. Tenders have been submitted for future IUC services and these will be considered in further detail through the Private Board. The new IUC KPIs were published for consultation in early October 2018. YAS is participating in the NHS England working group to review the consultation feedback with first data collection anticipated in February 2018.

Urgent Care & Integration

The Urgent Care and Integration team continues to work to systematically to engage place based health and social care systems to ensure YAS delivers consistent and joined up action in response to communities. The team has recently undertaken a time out to ensure that work is aligned to the Trust's strategy and to review priorities. A strategic and co-ordinated response from YAS in respect of the system service reconfiguration agenda remains a high priority, as does a co-ordinated overview to alternatives to Emergency Departments including Urgent Treatment Centres (UTCs).

3.4 Clinical Directorate

Clinical Development

New clinical best practice care bundles have been introduced in line with the introduction of the new Clinical Quality Indicators (CQIs). These include revisions to the resuscitation care bundle and the introduction of a sepsis care bundle.

Alongside these, the “10-10-10” campaign has been launched, initially concentrating on optimising the on-scene time in the management of patients with acute stroke, before considering other clinical presentations where timely conveyance to a place of definitive care may be beneficial to patient outcome.

The Trust continues to work closely with Public Health England (PHE), the latest development being the submission of “syndromic data” assisting in live health surveillance to identify emerging trends in population health, eg influenza outbreaks. YAS has also engaged in local population health needs reviews in Scarborough and Sheffield which will continue through the remainder of 18/19.

Further work with PHE, in conjunction with the introduction of ePR, will see the development of facilities to link outcome data to YAS’ frontline clinicians’ working impressions by utilising the NHS number and HESS data. Whilst in an early stage, the information generated from this linkage will allow us to identify education requirements and pathway development opportunities.

A senior midwifery advisor, funded by the West Yorkshire Local Maternity System (LMS), has joined the Clinical Directorate for a year. Working alongside colleagues in the South Yorkshire and Bassetlaw, and Humber, Coast and Vale LMSs, she will help to review and develop YAS’ policies and training in maternity, and analyse the need for midwifery support in EOC or 111 through the Clinical Assessment Service (CAS).

YAS has established direct access to a frailty service for patients in Dewsbury. Suitable patients are screened using the Clinical Frailty Scale to support clinician decision-making, reducing avoidable conveyance to the emergency department and gaining direct access to the ward where required to optimise assessment time and reduce length of stay.

Clinical Research

Recruitment to National Institute of Health Research (NIHR) studies was at 126% of year-to-date target at 30 October, with 551 participants recruited. Several studies have recently closed, and recruitment will now slow to year end, but we remain confident that the year-end target of 750 recruits will be reached.

The MATTS study (developing a Major Trauma Triage tool) has now launched, working with the West Yorkshire Major Trauma Network.

Clinical Education

The new clinical refresher programme has commenced, and good feedback received. The new programme cycles on an annual basis, ensuring that all clinicians receive update training every year. A significant component of the current programme is the recognition and management of patients in cardiac arrest, incorporating the introduction of the new Corpuls defibrillator-monitor.

IPR exceptions

YAS has encountered difficulties in processing Patient Care Records in a timely manner to permit the submission of complete data for national reporting of Clinical Quality Indicators, affecting submissions from April onwards.

The issue has been reported to NHS England and a recovery plan agreed, with full revised submission and reconciliation to take place by February 2019. Commissioners were informed at the last Joint Strategic Commissioning Board and we are confident that this does not present a patient safety issue as monitoring of incident reporting has not demonstrated any issues. An investigation has been commenced, and findings will be used to ensure that the situation does not recur.

3.5 Quality, Governance and Performance Assurance

General Update

Quality Improvement – Work is progressing positively to support the implementation of the Quality Improvement (QI) approach agreed in Board in 2017. Plans to support further implementation in 2019/20 and beyond have been reviewed in Trust Management Group (TMG). Process Improvement Managers within the Programme Management Office (PMO) are in post and beginning to actively support specific improvement projects across Trust departments.

On a national level, YAS is actively engaged in the improvement workstreams arising from Project A, led by NHS Horizons. This project has pulled together ideas from front line staff across all ambulance services, to drive improvement in quality on a national scale. YAS has been successful in a bid to NHS Improvement (NHSI) for Board development relating to leadership for quality improvement. Core QI team members are enrolled on the national NHSI Quality, service improvement and redesign (QSIR) programme.

Care Quality Commission (CQC) – A specific timeline for a follow up inspection has not yet been confirmed. This reflects the risk based approach being taken by the CQC and positive outcome of the previous inspection. In the meantime engagement with the local CQC team has continued at a high level over recent months. Actions arising from a mock inspection organised by the Trust have progressed well and further assurance is gained via the ongoing programme of Inspections for Improvement. The Trust has participated in wider health system inspections in Leeds and Sheffield. The Trust has recently reviewed the scope of its registration in the light of new guidance issued to ambulance Trusts nationally. This now reflects the use of limited emergency surgical techniques by a small number of senior clinicians deployed by YAS.

Service Transformation – The revised arrangements for oversight of the major change programmes supporting delivery of the Trust strategy are operating via four programme boards with Executive leadership, focused on Service Delivery and Integrated Workforce, Place Based Care, Infrastructure and Capacity and Capability. These are progressing well with assurance oversight via the PMO.

Strategic Cost Improvement Programmes (CIPs) have been aligned to the programme boards to support a more cross-functional approach to delivery. Recommendations arising from the Carter report and other NHS efficiency benchmarking are also being considered as part of the programme workstreams to support development of the overarching Trust plan.

IPR Exceptions

Safeguarding Training - Safeguarding Level 2 compliance has continued to rise over the last quarter following the introduction of the new combined Adult and Child Level 2 e-learning product. Uptake of the new training product is progressing well. The Trust is engaged with other ambulance Trusts nationally in reviewing updated inter-collegiate training guidance documents, to inform the overall Trust training plan for 2019/20.

Deep Clean - Compliance remains positive through the strong management focus and effective teamwork between Fleet and Operations teams.

Legal Requests – Information Governance (IG) training has improved slightly over the last quarter to 84.5% completion, with a continued emphasis on this area through the Trust Management Group (TMG). Timeliness of Freedom of Information (FOI) responses is currently significantly below the target level owing to short term staffing challenges in the Legal Services team. Mitigation arrangements are in place to expedite the responses pending recruitment into current vacancies.

3.6 Workforce & Organisational Development (OD)

Trust's People Strategy 2018 - 2021

The Trust's People Strategy has now been finalised and submitted to Board for approval. Final amendments from stakeholders will be incorporated prior to the launch. The People Strategy will be used as a framework for future reporting and key priorities, objectives and performance measures for the Directorate.

Staff Engagement

The National Staff Survey 2018 is live from 24 September until 30 November 2018 and current result as of 19 November 2018 was 30%, compared with 28% same time last year. A final push will be made to all staff in the final week to try and increase the completion rate. The final Staff Survey results for all NHS organisations will be available from March 2019.

Pulse Check (Staff Friends and Family Test); the approach in place for collating Friends and Family Test data follows the decision earlier this year, to canvass the views of staff in specific areas of the Trust each quarter. The response rate for quarters 1 (Corporate) and 2 (A&E) 2018/19 have improved significantly from last year where the response rate averaged 7%.

Q1: STAFF FFT (CARE AND WORK): Corporate Services (Benchmark set at 75%)

Q1: RESPONSE 60%	CEX & Business Development	Finance	Quality, Governance & Performance	Workforce & OD	Q1 OVERALL YAS SCORE
Q1: Recommend YAS for receiving CARE %	100.0	88.1	91.7	92.6	91.9
Q2: Recommend YAS as a place to WORK %	46.7	62.7	57.1	60.3	61.8

Q2: STAFF FFT (CARE AND WORK): A&E (Benchmark set at 75%)

Q2: RESPONSE 22%	A&E	EOC	HART / EMERGENCY PLANNING	Q2 OVERALL YAS SCORE
Q1: Recommend YAS for receiving CARE %	84.9	81.6	94.7	84.2
Q2: Recommend YAS as a place to WORK %	52.3	58.8	73.7	53.6

Positive score of 100%	> 5% above benchmark	< 5% below benchmark	Scores between 70-75%
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Responses to the question which asks if staff thought YAS was a good place to receive care continues to score positively and demonstrates staff commitment to patient care. Responses to the question which asks staff to rate YAS as a good place to work however continues to score low in most areas. The results have been shared with staff and leaders and areas of concern will be addressed in this year's staff survey action plan.

Leadership Development

The leadership and management Portfolio Governance Board (PGB) has been established and two meetings taken place. Chaired by the Chief Executive and attended by senior leaders, the PGB, which has been established to set the direction for future leadership and management development activities, meets each quarter.

The Trust's Annual Leadership Summit was held on 8 October 2018 at Doncaster Racecourse. The full day event was attended by approximately 130 leaders and was hosted by the Chief Executive. The event launched the Trust's strategy and featured two, high profile, guest speakers; Michael West, Professor of Organisational Psychology, Lancaster University Management School, who presented on collaborative and compassionate leadership, and George Binney, Ashridge Hult Business School, who presented the research based concept of 'Living Leadership'. The event was well received by leaders and feedback will be used to inform the planning and design of future events.

The Leadership in Action programme began in August 2018 as a mandatory leadership development programme. The workshops have been positively received by delegates and are well attended. This programme will be rolled out across the Trust for all people leaders at all levels.

Health and Wellbeing

The overall sickness absence rate for September 2018 was 5.1%, a decrease from 5.3% in August 2018 and compared with the same period last year (5.9%).

The main reasons for absence continue to be mental health / anxiety (29.53%) and musculoskeletal (27.2%). The Trust's Health & Wellbeing Plan continues to focus on mental health and musculoskeletal interventions for staff, in order to improve these areas.

NHS Improvement launched the Health and Wellbeing Programme; a 90-day improvement plan, on 1 October 2018 which asks trusts to provide NHSI with a 12 month Health and Wellbeing Plan to support reduction in sickness absence and staff wellbeing across the NHS. The Trust will use the NHS England, NHSI and NHS Employers 'Health and Wellbeing Framework' and diagnostic tool to reaffirm the alignment of its current plan with NHSI recommendations and will support the development of the 2019/20 Health and Wellbeing Plan.

The flu campaign is well underway. It started well, with 56% of frontline staff vaccinated at by mid-November; a similar response to this time last year and the target is 75%. The Trust achieved 65% in 2017, and our ambition is to hopefully meet the national target and improve on last year's results.

Occupational Health (OH): People Asset Management (PAM)

The procurement process for the Occupational Health contract is progressing well with 4 areas being tendered for: Core OH provision, including Health Surveillance, Employee Assistance Programme (EAP) including trauma support, a Sickness Absence reporting system and Physiotherapy support including full geographical access. The new services will be in place for 1 April 2019. The team continue to performance manage PAM against the current contract and are working with them on the exit plan.

Diversity and Inclusion

The Trust's multi-faith/contemplation room was formally launched on 25 September; this has been welcomed by a range of staff across the Trust.

The internal Mediation Service is in place with eight mediation referrals made in the first few weeks. Initial feedback has been positive with successful outcomes achieved and an internal mediators' network has been developed. The service will be formally launched when the Dignity and Respect policy is completed.

YAS supported the first conference delivered by the National Ambulance Black and Minority Ethnic (BME) Forum on Friday 19 October 2018 alongside, Health Education England and the Association of Ambulance Chief Executives. The conference was entitled "Why it is important for White people to talk about Race", with a key focus on the impact of race on health, wellbeing and patient care and experience. Positive feedback has been received with increased engagement from a range of colleagues.

Recruitment

The Team continue to support the delivery of the additional Emergency Care Assistants (ECA) following the introduction of the Ambulance Response Programme (ARP).

Since April 2018, 355 ECAs have been offered roles and 257 have so far been booked onto training courses. Weekly pipeline reports are produced to highlight candidates in the recruitment process and areas of risk.

Employee Relations

The work to implement the 2018 Pay Award continues with the majority of the project plan fully completed. The HR team have received 102 requests from existing staff who wish to transfer onto the NHS unsocial hours arrangements (Section 2) from Annex 5 (Ambulance only unsocial hours arrangements), and 17 existing members of staff have automatically moved to Section 2 due to change of role. An electronic timesheet has been implemented as a temporary measure to pay new staff on Section 2; work continues to provide a substantive solution to pay staff who will transfer to the new unsocial hours agreement.

The Mutually Agreed Resignation Scheme (MARS) process is coming to a conclusion with 62 applications received. The MARS Executive Sub Group is reviewing the 34 applications supported by directorates. Applicants will be informed of the outcome of their applications during December. The details of staff exiting the Trust will be reported to the Remuneration Committee.

3.7 Finance & Contracting Update

Finance & Contracting Update

As previously reported 2018/19 contract negotiations resulted in a significant amount of commissioner investment into the Ambulance Response Programme (ARP). The team continues to support Operations to implement and deliver the additional resources outlined in the business cases, and provide all necessary monitoring information both internally and to commissioners.

The team has invested considerable time into supporting the Integrated Urgent Care (IUC) bid team in terms of the Trust's response to the IUC tender process.

Implementation of a "Purchase to Pay" (P2P) system is complete with the Oracle Self Service Procurement software now in use. A 'No Purchase Order, No Pay' policy was adopted on 1 August 2018, and work continues to expand use of the system in order to gain maximum benefit from the technology.

YAS' finance system is provided through "NEP", a consortium of public sector bodies. The service is moving to using Oracle Cloud on 3rd of December 2018.

The team continue to monitor financial performance. Achievement of the agreed control is being forecast. Through management action a number of previously reported risks have been mitigated, although it should be noted that the underachievement of Cost Improvement Plans (CIPs) is recurrent in nature. Whilst non recurrent savings have been identified to offset against this in year, there is a recurrent pressure arising as a consequence.

Fleet, Estates & Facilities

The Estates team is progressing a number of schemes including the relocation of the Doncaster Training Academy to a temporary home, works at Fairfields North for the EOC and works at Manor Mill for HART. Schemes are currently out to tender for refurbishment of 5 ambulance stations with work due to commence in December. Planning Approval has been granted for a new site at Cottingham to relocate Willerby Ambulance Station. Support also continues to be provided to the Hub and Spoke team.

David Sanderson is due to commence in post as the new Associate Director of Fleet, Estates and Medical Equipment on 3 December 2018.

Work has continued to meet the fleet ARP demand profile of 380 DCA and 75 frontline RRV. 137 DCA will be brought into service this year, the most the team has ever commissioned. The first 40 are now in frontline service, with more vehicles due to be delivered throughout the remaining financial year. Six additional training DCA and 3 new Embrace vehicles have also been commissioned into Service.

Fleet's assurance processes are now rated as good, up from limited. The Deputy Head of Fleet and Fleet's Senior Engineering Manager have gained a Certificate of Professional Competence Operator's Licence. All mechanics have undergone vehicle training accredited by the Institute of the Motor Industry (IMI), bringing best practice and further assurance of safe working practices.

Fleet has won 4 awards over the last 12 months for YAS' contribution to developing a greener fleet. Two hydrogen-electric vehicles are being used by support services and a hydrogen-diesel vehicle is being trailed by PTS.

Procurement & Logistics

On the 2018/19 workplan there are currently 160 projects, worth a total of £59.3m (total contract value). The team have delivered 91 of these to date, with 55, worth £31m ongoing. Main contracts include: A&E Van Conversions; the Doncaster Hub; PTS vehicles; Ambulance Vehicle Preparation (AVP) Leeds and Huddersfield; Unified Communications; and Occupational Health.

The Unified Communications and Occupational Health tender deadlines have closed (7 November 2018) and are currently being evaluated. The Doncaster main works contract (approx. £2.7m) was advertised on 8 November 2018.

Business Intelligence (BI)

Data Analytics Platform - Operational managers now have access to a new operational real time dashboard allowing for drill through into key performance areas such as demand, performance, turnaround, unavailability, keying on and meal breaks.

Distance Matrix API – BI is working with IT, Governance and Finance to create an application for use in calculation for extra contractual journeys, work will reduce current time taken and will open up further opportunities for distance tracking, e.g. route analysis.

Ambulance Vehicle Preparation Project - KPI dashboard in development including AVP Operational hours, keying on, unavailability, deep cleans and fuel use.

New Quality Reporting for the North and South PTS contracts – to incorporate items agreed in the contract negotiations. Discharge Services Reports renewed and further analysis on the Scarborough and York contract. BI have volunteered to be part of NHS England's working group to define the **Integrated Urgent Care (IUC) Key Performance Indicators** (KPIs) and a new report developed to track YAS performance in IUC direct bookings KPIs.

Workforce Reporting – 70% progress completed moving all reporting to new ESR platform and project set up to calculate potential holiday back pay.

Executive Transformation Dashboard - high level KPI data to ensure 1 set of information is used during the trusts 4 transformation projects.

ICT

Electronic Patient Record (ePR) - Trust-wide deployment of ePR is around 50% complete. Over 1,500 A&E operational staff have completed training in South & West Yorkshire and ten hospitals have gone live. Toughbook devices have been deployed to around 280 A&E vehicles and over 81,000 electronic patient records finalised. Next hospitals to go live are Doncaster Royal Infirmary and Bassetlaw District General at the beginning of December. YAS has been supported by the 3 Yorkshire Sustainability Transformation Partnerships (STPs) to apply for national funding for ePR implementation and enhanced interoperability with other healthcare providers.

National Record Locator (NRLs) - YAS has been selected along with three other ambulance trusts (London, North West and North East) to take part of the NRLS pilot across UK. The National Record Locator Service (NRLS) is to provide access to a patient's information to support patient direct care. The pilot will flag patients who have a mental health crisis plan in place with Humber NHS Foundation Trust and is being run in conjunction with a number of ambulance and mental health trusts across the country. Go live date is 27 November 2018.

Unified Communications - The business case for a new communications system to replace the current aging telephony switch has been agreed. A joint tender exercise in conjunction with North West Ambulance Service and naming the Northern Ambulance Alliance Trusts commenced on 4 October 2018 with the contract due to be awarded in early January 2019. Three suppliers have submitted a response to the tender which closed on 7 November 2018.

Paperless Strategy - Work is ongoing to scope business requirements to replace paper and workflows with automated digital solutions. Priority areas identified as paper heavy are HR, PTS, Learning and Development and Training. Proposed solutions are the introduction of an Electronic Document Management System (EDMS) and digital training rooms for which a Business Case will be produced for approval in March 2019. A reduced Business Case to enable a proof of concept trial of digital training, which will inform the Paperless Strategy Business Case, has been agreed in principle by ICT Programme Committee on 5 November 2018 and Service Transformation Infrastructure Board on 8 November 2018.

YAS New Service Desk - The ICT Service Desk successfully went live on 7 November 2018.

Wide Area Network (WAN) Replacement Project - The business case was approved at the ICT Programme Committee on 5 November 2018. 80 YAS Datalinks will be updated including 69 remote sites plus HQ Connectivity and Internet sites

Cyber Security update - As part of YAS' Cyber Security programme, work continues to roll out the latest version of Windows 10 with Advanced Threat Protection (ATP). YAS has the highest deployment in the ambulance sector with 50% of PCs now running ATP. Combined with Darktrace and desktop based anti-virus software YAS has a blended approach to providing detection and management of cyber security incidents.

CAD update - The CAD Escalation Policy Manager will allow the Trust to re-configure operations at times of stress to best meet critical demand and prevent the system being overwhelmed during high demand times. The system has been developed to allow for a 'graceful' change in operational procedures and responses where calls are re-prioritised according to clinical need. The planned go-live is 5 December.

Integrated Performance Report (IPR) Exceptions

There are no exceptions to report.

3.8 Planning & Development / Corporate Communications Directorate

Planning and Development

Corporate Strategy and Planning

Corporate Strategy

The Trust's five year strategy was successfully launched at the Annual Leadership Summit on Monday 8 October, with nearly 200 members of the senior leadership team. The launch built on the range of staff and public focused Strategy Listening events and set out the Trust's four strategic ambitions, delivered through our 8 strategic priorities.

Patients and communities experience fully joined-up care responsive to their needs	Our people feel empowered, valued and engaged to perform at their best	We achieve excellence in everything we do	We use resources wisely to invest in and sustain services
Deliver the best possible response for each patient, first time			
Attract, develop and retain a highly skilled, engaged and diverse workforce			
Equip our people with the best tools, technology and environment to support			

excellent outcomes
Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart
Be a respected and influential system partner, nationally, regionally and at place
Create a safe and high performing organisation based on openness, ownership and accountability
Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding
Develop public and community engagement to promote YAS as a community partner; supporting education, employment and community safety

The team continue to develop the range of supporting strategy documents that will enable leaders to actively promote and communicate the strategy across the organisation and with external partners, with a dedicated strategy website currently in production.

Work is ongoing with the Communications and Engagement team to develop a clear communications plan for the delivery of key messages and engagement approach for the Strategy. This will include the 'You Said, We Will/Did' messages arising from the Listening Events.

Trust Operating Plan

The National Planning Guidance is expected in mid-December, with an indicative timeline shared by NHS Improvement. The team have commenced the planning process and timeline with key planning leads across the Trust, with focused sessions planned for discussion and agreement across Trust Management Group members on the key deliverables and programmes for 2019/20 – 2020/21.

A key part of the Trust's plan is around alignment to System Plans, with work underway to establish how this is most effectively undertaken to ensure that YAS is reflected within the wider system plans.

GATE Review and Business Case Approach

The team are reviewing the previous GATE review process, alongside a review of the current Business Case approach adopted across the Trust. This work is looking at standardising and aligning business case templates and use, with a clear governance structure to support approval and support. The work is due to be complete to coincide with business planning and operating plan timelines.

Business Development

Integrated and Urgent Care (IUC)

The team worked with the Urgent Care and Integration Directorate to develop and submit the IUC (111) and IUC Dental tenders. The outcome is awaited, with an expected notification in early December.

Non-Emergency Patient Transport Service (NEPTS)

Work continues to support the planning and preparation for the potential tender for PTS in West Yorkshire alongside ongoing market review for new opportunities. Additional work aligned to business development includes the following:

North Lincolnshire NEPTS

The team led on the development of a joint bid with East Midlands Ambulance Service NHS Trust (EMAS) as part of an Alliance Arrangement, for Non-Emergency PTS (NEPTS) in North Lincolnshire. This exciting opportunity to work with another NHS partner to develop a joint service was led by YAS on behalf of both organisations with the response submitted on 6 August.

Unfortunately the financial envelope available was not sufficient for the Trust to secure the tender, with the contract being offered to a private provider.

Market Analysis

Ongoing review of a transport market assessment programme is underway to identify opportunities for health related transport contracts within the Yorkshire region. The aim of this exercise was to:

- Establish a list of health transport related contracts in the region.
- Identify the market value of the health transport related contracts and understand our market share.
- To identify current contract end dates and therefore any potential opportunities, supporting the tender pipeline development.

The team are currently analysing the regional responses to identify potential opportunities to increase existing market share or to explore new markets.

Integrated Performance Report (IPR) Exceptions

There are no exceptions to report.

Communications and Engagement

The Corporate Communications team has continued to provide support for internal and external communications and engagement activity to highlight developments at the Trust and support priority areas of work.

Highlights of work undertaken during the past three months include:

- **Long Service Awards**
Members of staff with a combined service of 4,746 years were recognised at our Long Service and Retirement Awards 2018 on Tuesday 18 September.
- **Publication of Annual Report 2017-18**
The Annual Report, Quality Account and Financial Accounts 2017-18 were formally presented at the Trust's Annual General Meeting on 26 September. The comprehensive report provides highlights from the year and is available on the Trust's new website:

<https://www.yas.nhs.uk/publications/annual-report-and-quality-accounts/>

- **Restart a Heart Day**

YAS organised mass CPR training for in schools in the region on its fifth Restart a Heart Day which continued to attract extensive local and national media interest. Publicity was boosted thanks to a very positive cardiac arrest case study about fifty-seven-year-old Neil Davidson who was saved by his son who learnt CPR while at school 10 years earlier and other regionalised case studies.

Paralympian Hannah Cockcroft, Lizzie Jones and ITV Calendar's Christine Talbot attended our flagship school - Crossley Heath School in Halifax – to support the event and learn CPR. Broadcast coverage/interviews took place on *ITV Calendar News* and all of Yorkshire's radio stations with extensive social media activity with excellent engagement from volunteers, participating schools and volunteers.

IPR Exceptions

Statutory and Mandatory Training: Two members of staff are due to complete the refreshed Statutory and Mandatory Workbook training with one member of staff non-compliant as they are currently on maternity leave.

Personal Development Reviews (PDR): The team has one member of staff whose PDR is scheduled to take place in November.

4 RECOMMENDATIONS

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

The Board notes and discusses the variances contained within the October 2018 IPR report, highlighted in the Executive Directors' reports.