



<b>MEETING TITLE</b>		<b>MEETING DATE</b>	
Trust Board Meeting In Public		28/07/2015	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	5.3a
<b>STRATEGIC OBJECTIVE</b>	All		
<b>PURPOSE OF THE PAPER</b>	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 18 May 2015 to 20 July 2015, and the opportunity for TEG to highlight the key variances / movements contained within the June Integrated Performance Report (IPR).		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Rod Barnes, Interim Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Rod Barnes, Interim Chief Executive
<b>DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):</b>			
Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b>	<b>Date:</b>	
<b>RECOMMENDATION</b>	That the Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.  That the Board notes and discusses the variances contained within the June 2015 IPR report, highlighted in the Executive Directors reports.		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>

<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Equality and Diversity Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b> <b>Choose a DOMAIN</b>	All Not Applicable Not Applicable		
<b>Monitor Quality Governance Framework</b> <b>Choose a DOMAIN</b>	All Not Applicable Not Applicable		

## **Report from the Trust Executive Group (TEG)**

### **1. Purpose**

To give the Board assurance on the activity of the Trust Executive Group (TEG) from 18 May 2015 to 20 July 2015, and the opportunity for TEG to highlight the key variances / movements contained within the June Integrated Performance Report (IPR).

### **2. External Environment**

- 2.1 In June the Secretary of State for Health announced the move to a single leader of Monitor and the Trust Development Authority (TDA). This announcement was followed on 16 July 2015 by news that Monitor and the NHS TDA would be merging to create a new regulatory body to be renamed NHS Improvement. The combined regulator will focus on supporting both Foundation Trust and NHS Trust providers to become more efficient as well as providing higher quality care. NHS England's deputy chair Ed Smith has been appointed new chair of the body. The Monitor and NHS TDA chief executives David Bennett and Bob Alexander will oversee early steps to begin bringing the two organisations together with immediate effect. David Bennett will remain in place to steer the transition for Monitor but has announced he will step down in due course.
- 2.2 Lord Carter's interim report into NHS provider productivity was published on 11 June 2015. This interim report outlines the work that has been carried out by Lord Carter of Coles to review the productivity of NHS hospitals. Working with a group of 22 NHS providers the Report identifies potential efficiencies of up to £5bn a year by 2019/2020 .The report provides interim recommendations and next steps including; better management of staff, rotas and shifts; improving the management of annual leave and sickness absence, optimising the medicines used in hospitals and cutting the number of product lines of everyday consumables that the NHS uses from more than 500,000 to fewer than 10,000 and being better at procurement. A full report will be published in autumn 2015.
- 2.3 In his Summer post-election budget, announced on 8 July, Chancellor George Osborne set out his spending plans for the NHS confirming the NHS would receive a further £8bn by 2020, reflecting the election commitment to find the £8bn additional funding requirement for the NHS set out in the 5 Year Forward View. The budget also announced the need for additional £22bn in efficiency savings and that public sector pay awards will be 1 per cent per year for the next four years.
- 2.4 The Secretary of State for Health asked Lord Rose to conduct a review into leadership in the NHS. The review published on 16 July asked what should be done to attract and develop talent from inside and outside the health sector into leading positions in the NHS to transform

the way things get done and equip clinical commissioning groups to deliver the Five Year Forward View. The final report contains 19 recommendations. These include adopting a single service-wide communication strategy within the NHS to cascade news and information as well as best practice to NHS staff. Charging Health Education England (HEE) to coordinate the content, progress and quality of all NHS training and identify accredited/ nominated training establishments. Requiring senior managers to attend accredited courses for a qualification to show that consistent levels of experience and training have been reached across the NHS and establishing a mechanism for providing on-going career support. Establishing an NHS wide system of staff appraisal. Reviewing the data demands of regulators and oversight bodies, merging the oversight bodies and establishing and maintaining a clearer system of organisational appraisal. Formally reviewing Non-Executive Director (NED) and CCG lay member activity (including, competence and remuneration); and establish a system of volunteer NEDs from other sectors.

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

#### **3.1 The business planning priorities include:-**

- Concluding consultation on the new A&E workforce proposals and developing recruitment and training plans to support delivery.
- Delivering operational efficiencies and service development priorities including mental health nurses with EOC, expanding frequent callers pathways and clinical advisors within NHS111 to deliver the A&E performance trajectory.
- Implementation of PTS service improvements including fleet modernisation, moving to a new operational model to improve service delivery and financial sustainability.
- The roll out of digital clinical technologies including the Electronic Patient Report Form (ePRF) and Paramedic Pathfinder decision support tool.
- Improving rates of cardiac survival through joint initiatives with fire services and commissioners to increase co-responder and schemes, use of Public Access Defibrillators.
- Ongoing development of the Trusts' Urgent and Emergency Care strategy to prepare for a full refresh of the 5 Year Integrated Business Plan.
- Continuing engagement meetings with commissioners and the NHS TDA to progress formal approval of the Strategic Outline Case for the Hub and Spoke estate and operational delivery model.
- Establishing a 'Make Ready' service at Manor Mill Resource Centre to test practicalities for wider roll out across the Trust.

- Preparing for the coming CQC Quality Summit and publication of the Chief Inspector of Hospitals report on the outcome of the January 2015 inspection.

## **4. Executive Team Reports**

### **4.1 Chief Executive**

- The Trust Executive Team met CCG Chief Operating Officers from the 20 CCGs on 1 June 2015 to discuss future plans and begin the process of developing and 3 year commissioning strategy for ambulance services. There was broad support amongst Commissioners to develop a more integrated and strategic approach to commissioning ambulance services. This work is expected to be completed in late Summer/Autumn of this year.
- The Trust is working closely with other NHS providers and stakeholders to take forward Vanguard proposals for new models of urgent and emergency care. Including a bid with the Yorkshire & Humber Academic Health Science Network and West Yorkshire Urgent & Emergency Care Network to improve care coordination and an approved scheme involving an alliance of NHS and third sector providers in Mid Yorkshire to manage care closer to home.
- The first YAS Apprentice Graduation Ceremony took place at the Hilton Hotel in Leeds on 5 June. The entrepreneur and former BBC Apprentice star Claire Young was guest speaker at the event, which celebrated the success of 103 apprentices who have completed the scheme in the last year. So far 200 apprentices have completed the Apprenticeship Scheme with 80% securing employment with the service.
- The NHS Trust Development Authority (NHS TDA) has written to the Trust regarding Trust's 2015/16 Operating Plan submission. The Plan delivers a surplus of £1.2m in 2015/16. Due to the size of overall financial deficit across the NHS Trust sector all Trusts have been asked to expect a stretch target, above the current plan, to improve the financial position across the NHS Trust sector.
- The fourth annual WE CARE Awards ceremony was held in York on 10 July 2015 when over 280 members of staff and teams, nominated by colleagues were honoured for their dedication, commitment and for going the extra mile for patients and service users.
- Work is underway to review the portfolios of Executive Directors to better support delivery of the Trusts' strategic plans.
- Following completion of an extensive process, In June the Board approved the widening of formal union recognition arrangements to

include Unite the Union, GMB and the Royal College of Nursing in addition to already recognised union Unison.

#### **4.2 Operations Directorate**

- Performance remains off trajectory. Additional tactical options presented at the Board Development Meeting have been actioned and a proposal with regard to private provision is on the Board agenda.
- Annual leave buy back and toil buy back are being undertaken.
- Temporary management changes in A&E are completed.
- ORH roster keys have arrived and implementation plan is being developed.
- TDA approval for Forum and Lightfoot work is outstanding at time of writing update.

#### **Resilience and Special Services**

- The National Review of JESIP tri service working has been taking place based on ambulance service geographical footprints throughout June and July. The tri service review in Yorkshire was YAS, South Yorkshire Police and South Yorkshire Fire Service. The outcome of the review will form one report to ministers and will assist in setting the strategy up to 2020 for JESIP. Commanders at all levels, JESIP leads and other relevant managers i.e. resilience managers were interviewed throughout the week and visits to YAS EOC and Gold Cell were made by review team members. We are not sure if there will be any formal feedback to the three services and the report for ministers will be a general report but highlight good practice where it has been identified.
- West Yorkshire has been identified for carrying out a National CBRN exercise in March 2016. We are currently in the early preparation stage with multi agency partners, however, we estimate around 250 patients for decontamination with potentially 50 -60 requiring ambulance service intervention. We will be in a better position to understand resource requirements as planning moves forward but will potentially entail CBRN teams, HART, DCAs, Commanders, MICs and potentially MERIT teams but not yet confirmed.
- New Air Ambulance staff have finished their training and are now operational.
- The Charity are considering purchasing a new aircraft and a couple of staff are working with the Charity to agree on the specification and type of aircraft required.
- Enhanced Clinical Team: This is to enable a Doctor to be on one of the aircraft 7 days a week. The project is in its early stages, but is on track to have the team in place and operational by April 2016.

## IPR Section 2 (A&E Performance)

	May	June
Red1	73.64%	69.41%
Red2	73.51%	70.40%
Combined	73.52%	70.34%

### May IPR Narrative

- RED 1 performance was 73.64%. The target of 75% was missed by 19 details. Actions being developed as part of the Spring into Action Group focusing on Demand, Resources and Efficiency.
- RED 2 performance was 73.51% an increase of 1% on April 2015. Actions being developed as part of the Spring in to Action Group focusing on Demand, Resources and Efficiency. Abstractions remain high and removal of the incentive schemes has lowered the base line operational hours.
- Green 2 Performance was 77.96%, a very slight improvement on April 2015 Improvements will form part of work of the Spring in to Action. Abstractions remain high lowering base line operational hours. The Clinical Hub supporting in assessment of G2 calls to improve response time and give comfort calls to those who have a prolonged response time.

### June IPR Narrative

- RED 1 performance was 69.41%. During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. A specific action plan was put together for June to increase the unit hours, this included actions such as cancelling non clinical training. Additional actions to get performance back on trajectory are being developed with the aim of increasing the deployable hours. Managers are being asked to respond to confirmed Red 1 emergencies.
- RED 2 performance was 70.4%. During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. A specific action plan was put together for June to increase the unit hours, this included actions such

as cancelling non clinical training. Overtime is being focused on areas of high demand. Option for additional crews are being considered.

- Green 2 Performance was 75.69%; Abstractions remain high lowering base line operational hours. The Clinical Hub supporting in assessment of G2 calls to improve response time and give comfort calls to those who have a prolonged response time.
- Green 3 Performance was 75.85%, During June there was a drop in the amount of unit hours available compared to May. The reasons for this was due to an increase in vacancies and a reduction in the amount of hours taken up through overtime. The Clinical Hub supporting in assessment of G3 calls to improve response time and give comfort calls to those who have a prolonged response time.

### **4.3 Clinical Directorate**

#### **Urgent Care**

- Working closely with YAS and the Yorkshire & Humber Academic Health Science Network, the West Yorkshire Urgent & Emergency Care Network has submitted a bid for the urgent and emergency care new models of care Vanguard bid. Successful applicants will have been informed before Public Board. Elements of the bid align with the YAS urgent & emergency care strategy.
- Extensions to Urgent Care Practitioner schemes have been agreed with Bradford, Barnsley, Rotherham and York.

#### **Research**

- YAS will receive a 5% increase in funding from the Local Clinical Research Network (LCRN) in 15/16 due to achievement of 200% of the 14/15 recruitment target. In addition, following the successful participation in a commercially-funded drug trial in 2013, YAS is being awarded Research Capability funding of £25,000 to further develop research capacity.
- Over 320 paramedics have already been recruited to the AIRWAYS-2 research study and over 40 patients in the first 15 days of patient enrolment. This has achieved the recruitment target set by the LCRN for 15/16, securing research funding for YAS in 16/17.

#### **Medicines Management**

- Intravenous paracetamol has been introduced across YAS to provide another mode of analgesia; its use will be audited over the coming months.



- YAS is leading on the national drug temperature monitoring audit which is now underway in Yorkshire and the Humber.
- The Ambulance Pharmacists' Network has completed the End of Life Pack to enable paramedics to administer 'just in case' medicines at scene and is being disseminated across YAS.

### **Clinical Audit**

- Data for national audit requirements continue to be submitted on time. In addition, the clinical audit plan focuses on CQUIN data, sepsis, pain management and mortality. The new Patient Care Record, to be introduced in August, will facilitate the extraction of data for further audits.

### **IPR exceptions**

No new issues to report.

## **4.4 Standards and Compliance Directorate**

- Care Quality Commission – The Trust is awaiting the revised draft of the inspection report following the inspection in January and it is likely that the quality summit will take place in mid-August . At present the Trust is expecting to receive the draft report in early April. This month the CQC published its handbook for inspection of NHS 111 services. The Trust is not aware of any planned inspection of YAS NHS 111 services at this stage.
- Freedom to Speak Up – The Trust responded to the Department of Health consultation on the recommendations arising from the national report. We are establishing a working group to oversee further development of our approach to encouraging and responding to staff concerns about care.
- Nurse revalidation – we are continuing to prepare the necessary framework and processes to support our nursing staff in maintaining their professional development and registration, in anticipation of the new Nursing and Midwifery Council revalidation requirements due to be launched in October 2015.
- Hillsborough – The Trust has continued to contribute actively to the inquest process and to plan for the key stages ahead.

### **IPR**

- NHS 111 – Call volumes remain above the contracted rate for the quarter. The Call answer performance is above target. The warm transfer target for follow up with a clinician remains challenging and is subject to review as part of the national development of the NHS 111 service. Clinical Adviser grades have been reviewed to support recruitment and retention and recruitment of additional clinical staff is currently under way.

- Incidents – the rate of incidents and near misses reported by staff has risen this month, however the level of harm arising from reported incidents has not risen.
- Complaints and concerns - The rate of complaints in EOC rose this month, primarily relating to response times for green coded incidents.
- Safeguarding training - The Safeguarding Children Level 2 training compliance has continued to improve month on month.

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

- Kate Sims has been seconded to work on the Transformation Programme with specific responsibilities around A&E and PTS workforce matters. To cover Kate's secondment, David Smithson has joined the organisation on secondment from East Lancashire Hospitals NHS Trust. David is an experienced Head of HR and will be an able replacement whilst Kate is on secondment.
- Work continues to support the A&E transformation programme with both Recruitment and Training School working closely with Operations to ensure that the initial phases of the revised workforce plan are delivered.
- Consultation about the workforce plan has continued with the Trade Unions. It is disappointing to note that the Trade Unions are recommending that their members reject the plan, despite giving assurances that they would remain neutral in terms of any recommendation. We are trying to continue discussions with the trade Unions but at the moment, they have declined further meetings. It is difficult to understand their stance given that key strands of the A&E plan involve the recruitment of a significant number of additional staff and increased development opportunities for existing staff.

An update on individual departments is provided below.

#### **Human Resources**

- Recruitment to core services continues to be a key focus of the Human Resources team. During the last quarter of 2014/15 (January – March 2015) there have been 159 (122.55 wte) new starters into the Trust, predominantly into A&E Operations, 111 ad PTS.
- Paramedic recruitment continues to be a key priority. The dedicated assessment event at Lifewise in April attended by the Chairman and Chief Executive team saw 30 paramedics (both newly qualified and currently registered), being offered conditional officers of employment with the Trust. In addition, members of the HR team and A&E Operations also met with the Business Manager from Flinders

University, Adelaide, Australia in April to explore the possibility of an overseas recruitment drive for paramedics to Australia and the recruitment team are now at the early stages of developing an overseas recruitment campaign for members of the Trust in September of this year.

- The sickness absence rate for the Trust for April 2015 has reduced to 5.57% . At the last Trust Board meeting, the Associate Director of HR was asked to undertake a 'deep-dive' on a service area to drill down in particular into the following aspects of absence management:-
  - Long-term sickness and the increase in this overall.
  - The reasons for sickness absence and what this may tell the service about the area concerned.
  - Whether managers are adhering to the timeframes set out in the Trust's absence policy.
  - Whether there are patterns and trends within the data which need to be explored.
  - The contribution of the OH service in responding to sickness absence levels. It has been agreed that 111 will participate in the deep-dive exercise and work is now underway between the 111 management team and HR which will be presented to the Quality Committee in July.
- The workforce plan for service areas continues to be developed and in particular awaits the outcome of the current work in PTS under the Darwin programme and the ORH recommendations into A&E operations. The latter was the key focus of the workforce planning session at the Board Development day on 28 April 2015.
- The newly formed Strategic Workforce Group has held two meetings since February. A priority for the group is the development of a career framework for staff developing through the organisation from apprentices through clinical and non-clinical career pathways, which will also be used as a recruitment aid for future campaigns. All service areas are represented on the Strategic Workforce Group and a key benefit is the sharing of service 5-year workforce plans with other service and corporate areas, to ensure that workforce and service plans, particularly for support services are aligned to the workforce plans of front-line operational services.
- The last couple of months have seen significant activity in the move towards re-recognition of Unite and GMB and the recognition of the RCN. Of particular note have been the management and joint union training days facilitated by ACAS, leading to a final joint day for the Trust's senior managers and staff-side colleagues in early June. The

necessary facilities agreement is close to being signed-off with staff-side colleagues and the first meeting of the Trust's JSG with attendance from Unite, GMB and the RCN took place in early May.

### **Organisational Effectiveness and Education**

- The Education and Standards Team are fully committed delivering the agreed training plan for 2015 – 16. A key part of this is the introduction of internal courses to allow Bands 3 and 4 staff to enter the paramedic pipeline and to progress initially to EMT 2 level.
- A programme of work is in place with Zeal Solutions to establish how the organisation can increase staff engagement and improve employee wellbeing, refresh the Trust's values and develop an agreed set of behaviours for the organisation and strengthen leadership.
- The YAS Cultural Audit Steering group and Zeal have now completed the development of a survey tool. The survey is titled 'Understanding the Quality of Your Working Life' and was circulated to all staff during the last week.
- It is highly important that staff see the transparency of the full process and they need to be assured that there will be real and tangible actions being undertaken as a result of this survey. Cultural improvements are required to ensure that we are able get the best out of our staff and to be able to retain high quality and dedicated staff in what will be an increasing competitive employment market.
- Two BME staff support network meeting have taken place in Batley and Rotherham. These meeting were jointly chaired by Ian Brandwood and Tasnim Ali, and it gave staff an opportunity to air their views. As a result a number of issues have been resolved including the development of a prayer guidance document.
- A new Workforce Race Equality Standard (WRES) was introduced on 1st April 2015 for NHS Trusts. A technical guidance document for the WRES was published in March 2015. The co-authors of this document Roger Kline and Ruth Passman explain the rational for change, the research conducted and how it will link to the equality frame. The full document can be found here <http://www.england.nhs.uk/wp-content/uploads/2015/03/wres-technical-guidance-2015.pdf>
- To ensure effective implementation of this new standard a steering group has been formed. The group are to achieve the following WRES targets:-
  - 1st July 2015 – Publish baseline data, identify gaps and develop an action plan
  - July 2015 – March 2016 – Implement action plan
  - April 2016 – Baseline comparison to April 2015 data

- 1st May 2016 – Publish to commissioners, on Trust Website, share with Board and staff.

An update will be provided to the Trust Board in the Autumn

## **Corporate Communications**

### **Communications and Engagement strategy**

- Positive steps have been taken to provide the Trust with a thorough and achievable communications and engagement strategy. Consultants have been working alongside the central Communications team to speak with our stakeholders and senior staff to form a comprehensive position about where we are and where we need to be. Feedback has been informative and useful and will be built into the overall work plan. The proposal will see a complete change in how YAS engages at all levels and put communications and engagement at the heart of all our key projects. The strategy will be brought to the board in September.

### **Annual report**

- The development of the 2014/15 Annual report is on track with design work currently underway.

### **We Care Awards**

- This year's We Care awards were a fantastic success with almost 300 hundred staff nominated for their commitment to patients and their colleagues. Around 200 people attended the Royal Hotel in York see the winners announced for the eleven awards.

### **National Work**

- The Associate Director of Communications has been asked by the TDA to work alongside communications colleagues from the London Ambulance Service to develop some best practice communications across the ambulance sector. The aim will be to bring both teams together to develop the services provided and assess what good looks like in terms of ambulance communications.

### **IPR Section 4 Workforce**

- Whilst sickness absence remains above the Trust target of 5%, the reduction to 5.57% represents the lowest level of absence since October 2013 and is 1.01% lower than for the same period last year.
- Operations and NHS 111 both show significant improvement.

- Continued adherence to the policy is required.
- PDR completion rates rose slightly to 73.73% from 72.83% last month. 4 Directorates, Chief Executives, People and Engagement, Operations and the Clinical Directorate remain below the Trust's 75% target. This may be due to appraisals expiring at financial year end and a slight delay in new appraisals being undertaken.

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

##### **Business Development**

- 2015/16 contracts for A&E and PTS have been finalised, except for PTS North, where Commissioners are agreeing amongst themselves over how to share the contract value.
- Following ongoing negotiations with Commissioners regarding the development and continuation of a number of UCP Schemes we have received confirmation that UCP schemes will continue in Barnsley, Bradford, Rotherham and York until March 2016, with the exception of York which will be contracted until March 2017 with an option to extend further. Contracts that underpin each scheme are currently being negotiated.
- Other Business Development activities include a project to offer telecare services for individuals within Yorkshire and Humberside and the launching of a 2 year pilot car servicing / MOT scheme from our Bradford workshop. The scheme is expected to launch in late July / early August.
- The Business Intelligence (BI) team continue to work on the development of the IPR and data warehouse. The BI team are also working with Operations to support improved forecasting modelling.

##### **ICT**

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

- Global Rostering System/Computer Aided Dispatch interface - The interface will enable the trust to report better on its unit hour utilisation of its operational resource which will help with future operational planning, resource level and estate requirements. Expected go live end of July.
- New YAS Internet - Technical work has been completed and the site is ready for launch.

- ICT Service Level Agreement – New ICT SLA has been developed as part of ITIL best practice, which this has been developed in conjunction with Trust Management across the trust.
- ICT continue to support on the roll out of ePRF across the trust including reviewing potential exit strategies from the national contract which expires in July 2016.

## **Estates**

- The Hub and Spoke programme continues and is on track to develop an outline business case to substantiate the case for Hub and Spoke across the Trust. The piloting of vehicle Make Ready system to stock and maintain ambulances is due to commence 1 October 2015 and a business case is currently being developed to support vehicle preparation at other Trust sites.
- Enabling schemes for Hub and Spoke are progressing well, with Heads of Terms being agreed with West Yorkshire Police for the Co-location of Gildersome Procurement Department to the Police warehouse adjacent to Springhill site, scheduled for end of September. The former HART site at Morley (Leasehold) disposal will be completed on 15<sup>th</sup> August 2015.
- The Springhill 2 extension, upgrade and office refurbishment at YAS HQ continues, although there is slippage of six weeks to programme, due to issues with late production of information from the clients agent Faithful and Gould.
- The Manor Mill Car Park development scheme is now designed and out to tender with completion scheduled for the end of September 2015.
- Estates related policies for Fire, Water Hygiene, Asbestos, Electrical Services and Lifts have been produced and ratified at Health & Safety Committee meeting on 16<sup>th</sup> July.

## **Fleet**

- The 47 new leased PTS Vehicles are now being delivered into YAS with the first vehicles due into service w/c 13/07/2015. PTS vehicle off road (VOR) occurrences continue to be problematic but Fleet are aware of the issue and treat these VOR incidents with some priority.
- The 20 urgent tier vehicles procured from West Midlands are now being fitted with Airwave and the first vehicles will enter service w/c 13/07/2015.
- 40 new A & E ambulances are now being delivered into Wakefield and vehicles will start to enter into service w/c 20/07/2015.
- 20 new Skoda Octavia Rapid Response Vehicles are on order with delivery anticipated in November.

- A major review of our ambulance specification has commenced and work is underway to introduce a FIAT Ducato demonstrator into the fleet. This vehicle/specification addresses should address tail lift problems and provides a roomier vehicle for clinical treatment. Regular meetings with all stakeholders are taking place to ensure all interested parties have input into the specification.
- 8 new supplies vehicles have been ordered and will enter service in September.
- Discussions are continuing regarding the new parts contract, fuel card arrangements and the arrangements for 24/7 breakdown cover;
- The department continues to explore ways of extending working hours to provide better levels of cover at the workshops to support operations. Permanent arrangements are now in place at the Sheffield workshop.
- The PTS telematics project continues with all PTS vehicles now fitted.
- VOR improvements continue with the daily KPI target generally being met most days.
- The Fleet Team continue to attend the “Spring into Action” initiative. This includes a daily focus on; vehicle availability, faster turnaround of vehicle issues to keep staff on the road, vehicle movements and co-ordination to ensure the fleet is in the right place, reactive to changes in demand on day and providing improved cover across the weekends.

## **Finance**

- The Trust is working with Monitor as a ‘Roadmap Partner’ on the development of the Urgent and Emergency Care tariffs to support and incentivising system reform. Monitor has informed Ambulance Trusts that they are expected to have Patient Level Costing in place by 2018/19. The Trust is in the latter stages of procuring a Patient Level Costing System that will support this development and the roll out of Service Line Reporting and Management.

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

- The Trust’s Month 3 surplus is £1.897m against a plan of £0.921m and we are reporting an EBITDA of £4.550m (7.7%) which is ahead of plan by £0.551m.
- A penalty of 2% per target per month is applicable if cumulative performance for the year is not achieved, however this is capped at a maximum of 2.5% across all targets. The Trust did not achieve Red 1



performance in May, and Red 1 and Red 2 performance in June leading to provision for a contract penalty year to date of £816k.

- The position includes adverse performance within A&E of £270k, driven by non-achievement of one of the CQUIN targets and an over spend in Fleet on higher maintenance costs. However both have been offset by an under spend on depreciation and an under-utilisation of reserves.
- The Trust is forecasting a surplus of £2.404m which is £1.250m ahead on the full year plan of £1.15m. This is due to a projected underspend on depreciation associated with slippage on the capital programme in the early part of the year. Improved controls have been brought in to provide assurance that the programme remains on track for the remainder of the year.
- The position assumes that all costs associated with the Hillsborough inquest will be reimbursed.

## **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 June 2015 IPR report, highlighted in the Executive Directors reports.