

TFA Document



Supporting all NHS Trusts to achieve NHS Foundation Trust status by April 2014

Tripartite Formal Agreement between:

- Yorkshire Ambulance Service NHS Trust
- NHS Yorkshire & the Humber
- Department of Health

Introduction

This tripartite formal agreement (TFA) confirms the commitments being made by the NHS Trust, their Strategic Health Authority (SHA) and the Department of Health (DH) that will enable achievement of NHS Foundation Trust (FT) status before April 2014.

Specifically the TFA confirms the date (Part 1 of the agreement) when the NHS Trust will submit their "FT ready" application to DH to begin their formal assessment towards achievement of FT status.

The organisations signing up to this agreement are confirming their commitment to the actions required by signing in part 2a. The signatories for each organisation are as follows:

NHS Trust – Chief Executive Officer
SHA – Chief Executive Officer
DH – Ian Dalton, Managing Director of Provider Development

Prior to signing, NHS Trust CEOs should have discussed the proposed application date with their Board to confirm support.

In addition the lead commissioner for the Trust will sign to agree support of the process and timescales set out in the agreement.

The information provided in this agreement does not replace the SHA assurance processes that underpin the development of FT applicants. The agreed actions of all SHAs will be taken over by the National Health Service

TFA Document

Trust Development Authority (NTDA)¹ when that takes over the SHA provider development functions.

The objective of the TFA is to identify the key strategic and operational issues facing each NHS Trust (Part 4) and the actions required at local, regional and national level to address these (Parts 5, 6 and 7).

Part 8 of the agreement covers the key milestones that will need to be achieved to enable the FT application to be submitted to the date set out in part 1 of the agreement.

Standards required to achieve FT status

The establishment of a TFA for each NHS Trust does not change, or reduce in any way, the requirements needed to achieve FT status.

That is, the same exacting standards around quality of services, governance and finance will continue to need to be met, at all stages of the process, to achieve FT status. The purpose of the TFA for each NHS Trust is to provide clarity and focus on the issues to be addressed to meet the standards required to achieve FT status. The TFA should align with the local QIPP agenda.

Alongside development activities being undertaken to take forward each NHS Trust to FT status by April 2014, the quality of services will be further strengthened. Achieving FT status and delivering quality services are mutually supportive. The Department of Health is improving its assessment of quality. Monitor has also been reviewing its measurement of quality in their assessment and governance risk ratings. To remove any focus from quality healthcare provision in this interim period would completely undermine the wider objectives of all NHS Trusts achieving FT status, to establish autonomous and sustainable providers best equipped and enabled to provide the best quality services for patients.

¹ NTDA previously known as the Provider Development Authority – the name change is proposed to better reflect their role with NHS Trusts only.

TFA Document

Part 1 - Date when NHS foundation trust application will be submitted to Department of Health


June 2012


Part 2a - Signatories to agreements


By signing this agreement the following signatories are formally confirming:

- their agreement with the issues identified;
- their agreement with the actions and milestones detailed to support achievement of the date identified in part 1;
- their agreement with the obligations they, and the other signatories, are committing to;

as covered in this agreement.

David Whiting, Chief Executive, Yorkshire Ambulance Service	Signature  Date: 26 th May 2011
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Bill McCarthy, Chief Executive, NHS Yorkshire & the Humber	Signature  Date: 26 th May 2011
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Ian Dalton, Department of Health	Signature  Date: 6 th July 2011
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Part 2b – Commissioner agreement

In signing, the lead commissioner for the Trust is agreeing to support the process and timescales set out in the agreement.

Simon Morritt - Chief Executive NHS Bradford and Airedale	Signature
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TFA Document

	 Date: 26 th May 2011
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TFA Document

Part 3 – NHS Trust summary

Short summary of services provided, geographical/demographical information, main commissioners and organisation history.

Current CQC registration (and any conditions): YAS are registered without conditions.

Financial data (figures for 2010-11 based on latest forecast):

	2009-10 (£000s)	2010-11 (£000s)
Total income	197,910	195,228
EBITDA	11,291	11,023
Operating surplus (deficit)	518	237
CIP target	9,327	15,563
CIP achieved recurrent	7,000	11,881
CIP achieved non-recurrent	0	105

Main Commissioners

YAS is commissioned for Accident & Emergency (A&E) services through 12 Primary Care Trusts configured as a consortium led by Bradford and Airedale tPCT and for PTS services through 4 PCT consortia.

Summary of PFI schemes: Not applicable.

Summary

YAS provides a range of ambulance services including call receipt and triage (Access & Response), emergency 999 responses (A&E), Patient Transport Service (PTS) and GP Out of Hours. It also provides specialist resources who are experts in the fields of incident management, emergency preparedness and major incidents involving hazardous materials or which present hazardous environments. It has a fleet of 420 specially equipped emergency vehicles operating from 62 ambulance stations located across Yorkshire and emergency responses are coordinated through two communications centres in Wakefield and York. The Trust also has 476 PTS vehicles.

YAS Trust headquarters is located in Wakefield, West Yorkshire. The Trust is also a Category 1 Responder under the 2004 Civil Contingencies Act. It serves a population of 5.1m.

The A&E service accounts for 79% of YAS income; PTS accounts for 15%; other service lines, about 6%, are commissioned by the Department of Health (DH), PCTs, provider units and the private sector.

TFA Document

Part 4 – Key issues to be addressed by NHS trust

Key issues affecting NHS Trust achieving FT	
<p>Strategic and local health economy issues</p> <ul style="list-style-type: none"> Service reconfigurations <input type="checkbox"/> Site reconfigurations and closures <input type="checkbox"/> Integration of community services <input type="checkbox"/> Not clinically or financially viable in current form <input type="checkbox"/> Local health economy sustainability issues <input checked="" type="checkbox"/> Contracting arrangements <input checked="" type="checkbox"/> <p style="text-align: center;">Financial</p> <ul style="list-style-type: none"> Current financial Position <input type="checkbox"/> Level of efficiencies <input checked="" type="checkbox"/> PFI plans and affordability <input type="checkbox"/> Other Capital Plans and Estate issues <input type="checkbox"/> Loan Debt <input type="checkbox"/> Working Capital and Liquidity <input type="checkbox"/> <p style="text-align: center;">Quality and Performance</p> <ul style="list-style-type: none"> QIPP <input type="checkbox"/> Quality and clinical governance issues <input type="checkbox"/> Service performance issues <input checked="" type="checkbox"/> <p style="text-align: center;">Governance and Leadership</p> <ul style="list-style-type: none"> Board capacity and capability, and non-executive support <input checked="" type="checkbox"/> 	
<p>Potential market testing of the PTS.</p> <p>Consistent commissioning intentions over the medium/longer term planning period.</p> <p>GP Commissioning Consortia commissioning services from a regional provider with wider emergency preparedness and resilience responsibilities.</p> <p>Challenging CIP for 2011-12.</p> <p>Introduction of efficiencies in relation to matching workforce and service delivery to demand requirements and ensuing organisational development and cultural change.</p> <p>Overall achievement of the 75% Category A8 target 2010-11 challenged following period of extreme weather disruption during winter.</p> <p>Vacancies within the Board structure are being addressed. New CEO took up post in February 2011 and a recommendation for the vacant NED position has been made to the Appointments Commission. A Director of Finance is under recruitment.</p>	

TFA Document

Part 5 – NHS Trust actions required

Key actions to be taken by NHS Trust to support delivery of date in part 1 of agreement	
Strategic and local health economy issues	
Integration of community services	<input type="checkbox"/>
Financial	
Current financial position	<input type="checkbox"/>
CIPs	<input checked="" type="checkbox"/>
Other capital and estate Plans	<input type="checkbox"/>
Quality and Performance	
Local / regional QIPP	<input type="checkbox"/>
Service Performance	<input checked="" type="checkbox"/>
Quality and clinical governance	<input type="checkbox"/>
Governance and Leadership	
Board Development	<input checked="" type="checkbox"/>
Other key actions to be taken (please provide detail below)	<input type="checkbox"/>
<p>Describe what actions the Board is taking to assure themselves that they are maintaining and improving quality of care for patients</p> <p>In 2011 YAS will be performance managed nationally against a combination of response times and clinical quality outcomes criteria that acknowledges that ambulance services quality success relies on a combination of factors. YAS are preparing for this, moving away from process driven standards and ensuring that staff have the skills and knowledge to deliver against a changing background of healthcare needs and patient expectations.</p> <p>Stronger management focus on achievement of planned CIPs with regular reporting to Executive Team and Board.</p> <p>Robust plans in place to secure high performance against Category A8 in first half of 2011-12 to be in stronger position to mitigate against potential severe weather later in the year.</p> <p>Currently recruiting Director of Finance; Appointments Commission handling NED appointment; full board should be in place for the end of the second quarter.</p>	

TFA Document

Part 6 – SHA actions required

Key actions to be taken by SHA to support delivery of date in part 1 of agreement	
Strategic and local health economy issues	
Local health economy sustainability issues (including reconfigurations)	<input checked="" type="checkbox"/>
Contracting arrangements	<input checked="" type="checkbox"/>
Transforming Community Services	<input type="checkbox"/>
Financial	
CIPs\efficiency	<input type="checkbox"/>
Quality and Performance	
Regional and local QIPP	<input type="checkbox"/>
Quality and clinical governance	<input type="checkbox"/>
Service Performance	<input type="checkbox"/>
Governance and Leadership	
Board development activities	<input checked="" type="checkbox"/>
Other key actions to be taken (please provide detail below)	<input type="checkbox"/>
<p>Accelerating urgent care system developments to help manage demand on the A&E service – in particular the development of alternative care pathways and the development of 111 number pilots with meaningful YAS involvement.</p> <p>Contributing to the smooth transition of responsibilities in regard to NHS emergency preparedness following implementation of the White Paper changes.</p> <p>Direct resource support in providing funding for some elements of YAS's Board and organisational development programme.</p>	

TFA Document

Part 7 – Supporting activities led by DH

Actions led by DH to support delivery of date in part 1 of agreement	
Strategic and local health economy issues Alternative organisational form options	<input type="checkbox"/>
Financial NHS Trusts with debt	<input type="checkbox"/>
Short/medium term liquidity issues	<input type="checkbox"/>
Current/future PFI schemes	<input type="checkbox"/>
National QIPP workstreams	<input type="checkbox"/>
Governance and Leadership Board development activities	<input type="checkbox"/>
Other key actions to be taken (please provide detail below)	<input type="checkbox"/>
Please provide any further relevant local information in relation to the key actions to be taken by DH with an identified lead and delivery dates:	

TFA Document

Part 8 – Key milestones to achieve actions identified in parts 5 and 6 to achieve date agreed in part 1

Date	Milestone
May 2011	PTS Service Improvement Plan in place
May 2011	Monthly reporting to Executive Team and Board on achievement of planned CIPs. Working draft IBP & LTFM considered by Board
May 2011	First draft IBP shared with SHA for further development
May/June 2011	Board capacity - Recruitment of Director of Finance and Non-Executive Directors
June 2011	SHA Quarterly monitoring of achievement of 75% Cat A8 target
June 2011	Director of Workforce & Strategy in post
July 2011	Draft LTFM submission to SHA Downsized risk model to reflect PTS risk as part of LTFM submission
July 2011	Board Development Plan
September 2011	Full Board in place
August 2011	Board approval of Workforce, and Organisational Development Plan including full engagement with staffside
August/October 2011	Implement Workforce and OD Plan with full engagement with staffside
August/October 2011	Implement organisational restructure and supporting organisational development programme
September 2011	Sustained achievement and delivery of 75% Cat A8 target Evidence of higher performance against target to potentially compensate for winter pressures
September 2011	Achievement and delivery of CIP milestones
October 2011	Review and validation of PTS Service Improvement Plan
November 2011	HDD Part 1
December 2011	Achievement and delivery of Workforce and OD Plan early milestones
January 2012	Self-certification of compliance with Quality Governance Framework
February 2012	Final draft of 2012-17 IBP/LTFM to SHA for review
March 2012	Final IBP/LTFM to Trust Board
March 2012	Year end position delivers minimum 75% Cat A8 target
March 2012	Year end position achieves and delivers CIP requirement
April 2012	HDD Part 2
April 2012	Final IBP/LTFM submission
April 2012	Board to Board
June 2012	DH Stage of Assessment Process
<p>NHS Yorkshire and the Humber will be informed at the earliest opportunity of any potential for a milestone to be delayed or missed.</p> <p>The SHA will arrange an urgent meeting with the trust to understand the position, assess the risk, and agree the remedial action necessary to avoid or minimise any delay.</p> <p>In the unlikely event a delay is absolutely unavoidable the remaining milestones will be reviewed, with key events brought forward as necessary, to secure delivery of the FT application for the agreed DH submission date.</p>	

Key Milestones will be reviewed every quarter, so ideally milestones may be timed to quarter ends, but not if that is going to cause new problems. The milestones agreed in the above table will be monitored by senior DH and SHA leaders until the NTDA takes over formal responsibility for this delivery.

TFA Document

Progress against the milestones agreed will be monitored and managed at least quarterly, and more frequent where necessary as determined by the SHA (or NTDA subsequently). Where milestones are not achieved, the existing SHA escalation processes will be used to performance manage the agreement. (This responsibility will transfer to the NTDA once it is established)

TFA Document

Part 9 – Key risks to delivery

Risk	Mitigation including named lead	Lead
<p>Board stability – structure and organisational change</p> <p>Board stability has been the main reason for changes in the FT timeline.</p>	<ul style="list-style-type: none"> • Executive Director Workforce and Strategy in post June 2011. • Executive Director of Finance appointed in July 2011. • Non Executive in post summer 2011. • Director portfolios are under review. • Organisational restructure and supporting organisational development programme. 	<p>CEO & Chairman</p> <p>CEO & Chairman</p> <p>Chairman</p> <p>CEO</p> <p>CEO</p>
<p>Potential scale of CIP</p>	<ul style="list-style-type: none"> • Rigorous planning process in place. 	<p>DoF</p>
<p>Viability of PTS services.</p> <p>YAS currently have 85% of PTS market in Yorkshire. However, there have been a number of large tenders proposed which might de-stabilise the service.</p>	<ul style="list-style-type: none"> • Following a review by Tribal, commissioned by the PCT, it has been agreed that the tender in East Yorkshire is suspended. • A service improvement plan is to be put in place. If this plan is successful, further tenders are expected to be limited in scale. • Downsizing risk modelled as part of the LTfM. 	<p>Operations Director</p> <p>Operations Director</p> <p>Operations Director</p>
<p>Employee Relations</p> <p>Scale of workforce change over medium term is significant and may create an employee relations issue.</p>	<ul style="list-style-type: none"> • Work through partnership agreement with Staff side. • Establish relevant contingency arrangements. 	<p>Workforce and Strategy Director & CEO</p> <p>CEO</p>
<p>Underperformance of A & E</p> <p>Category A underperformance is linked to the scale of CIP and potential scale of adverse weather in winter.</p>	<ul style="list-style-type: none"> • Immediate tactical improvements to follow from NHS Interim Management and Support (IMAS) review. • A&E operational improvement programme in place. 	<p>Operations Director</p> <p>Operations Director</p>