



Trust Board Meeting				29 May 2012	
Title	Chief Executive's Report			Paper Ref	PB.11213.05
PURPOSE (X)	Information		Strategic Objective	Business Plan Objective	
Approval	Decision				
Assurance	X	Discussion	Quality		
Purpose of the paper	This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 18 March 2012 to 18 May 2012.				
Recommendation	It is recommended that the Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.				
Author	David Whiting, Chief Executive	Accountable Director:		David Whiting, Chief Executive	
RISK ASSESSMENT				Yes	No
Changes to the Corporate Risk Register and/or Board Assurance Framework					X
Resource Implications					X
Legal implications					X
ASSURANCE/COMPLIANCE					
CQC Registration Outcome(s)	Auditors' Local Evaluation		NHSLA Risk Management Standards for Ambulance Trusts		
	4.2, 5.1		1		

Report from the Trust Executive Group (TEG)

1. Purpose

- 1.1 This report is to give the Board assurance on the activity of the Executive Team and Trust Executive Group (TEG) from 18 March 2012 to 18 May 2012. This report includes a briefing from each of the Executive Directors on key issues in their directorate during the reporting period.

2. Business Planning & Delivery

- 2.1 The Ambulance Quality Indicators (AQIs) published in May 2012, covered the first 12 months of the more process related indicators, and also covering the clinical outcome based indicators for the period April 2011 to December 2011. Reviewing the more process related indicators for the last 12 months, Yorkshire Ambulance Service (YAS) performed well with regards to 999 Time to Answer, Time to Treatment (upper quartile for all 3 measures), and upper quartile for Red 19 (formally referred to as Category A19, response time for a conveying resource). YAS did less well with regards to calls being Resolved by Telephone – 4.4% average compared to ambulance average of 5.3%, and Non A&E (conveyance to hospital) – 23.5% compared to the ambulance average of 33.9%. Re-contact 24hrs Telephone remained above average at 22.7% compared to the ambulance average of 13.1%.
- 2.2 The latest AQI report for December 2011 (month 9) in relation to the clinical outcome based indicators has shown consistency in our Return of Spontaneous Circulation following cardiac arrest (ROSC) figures, and Survival to Discharge for the patient group where the cardiac arrest was cardiac related (Utstein group). The year to date position is 36% for ROSC, and a Survival to Discharge rate of 20.8%.
- 2.3 In relation to the other clinical outcome based indicators, YAS has performed positively in the Stroke and Heart Attack (STEMI) indicators, achieving 75% for the STEMI – Care indicator, and 83.7% for the STEMI-150minute indicator. Similarly for Stroke, YAS has achieved 95.1% for the Stroke – Care indicator, and 72.4% for the Stroke – 60minute indicator. Achievement in these indicators has exceeded the national ambulance year to date average.
- 2.4 The Trust Executive Group (TEG) continued to monitor performance against a range of quality indicators, which include clinical and non-clinical training & education plans, and key quality indicators relating to workforce, including annual appraisals, safeguarding training, and staff workbooks. Significant improvements were made in relation to appraisal completion, safeguarding level 2, annual workbook, and Conflict Resolution & Manual Handling training by the end of 2011/12.
- 2.5 Despite the large increases in activity seen in February, overall activity for the year 2011/12 was 2.5%, and within the trusts activity forecast. The trust

continued to improve A&E response times through the final stages of 2011/12, and delivered 76.3% Red 8, and 97.8% Red 19 minute performance in March. The strong performance in quarter 4 enabled the trust to deliver the annual Red 8 performance target for the first time, achieving 75.7% for 2011/12. The year out turn for Red 19 was also above the national target at 97.9%.

- 2.6 The trust also delivered the national 75% Red target for 4 of the 5 PCT clusters, and delivered an agreed improvement target for York & North Yorkshire cluster, of 71.2% (a 3% improvement on the previous year).
- 2.7 Quarter 4 has been a busy period for Patient Transport Services (PTS), with regards to service improvement activities aimed at improving key performance indicators (KPIs). The trust has been working closely with Unipart as a partner in South Yorkshire to undertake a service diagnostic, and additional support has been provided to the Hull and East area to support improvement activities work. Early signs have been encouraging, with improvements to key indicators, with an expectation of further improvements to KPIs from April 2012.

3. Business Planning / Policy Development

- 3.1 During this period the Trust Executive Group (TEG) have reviewed progress in a number of areas pertaining to service quality and patient safety, including the weekly Quality Compliance Report, Historical Due Diligence (HDD1) action plan, Quality Governance action plan, and A&E and PTS Performance. Additionally TEG has reviewed progress with a number of business cases, including HART estate, Gold Command room, Electronic Care Solution (ECS), and Clinical Hub. The Executive team also reviewed the Annual Business Plan prior to submission to the trust board, and have reviewed and approved other key annual plans including Training & Education plans, Public Health, Clinical Leadership, and Olympic plans.
- 3.2 During April and May, TEG also received reports and papers relating the 111 bid, Cost Improvement Plan (CIP) – both 2012/13 and the long term CIP, A&E contracting, and the Driving to Work / Accident Reduction plan. TEG also received a number of presentations during this period including the developing Urgent Care strategy and the South Yorkshire PTS diagnostic work.
- 3.3 The key focus of TEG time has been spent on leading and developing the long term Cost Improvement Plan (CIP), and a revision of each chapter within the Integrated Business Plan (IBP) in readiness for early June. A significant amount of work has been undertaken on finalising the 2012/13 CIP and associated business cases.
- 3.4 The Foundation Trust Development Group (FTDG) continues to meet fortnightly to review progress against our Foundation Trust (FT) Accountability Agreement, and milestone plan. Additional support has been sourced to assist managers with key pieces of work and business cases to ensure the trust is ready for the Historic Due Diligence – Phase 2 (HDD2) assessment,

commencing 23 July 2012. Following a number of meetings with NHS North of England and the Yorkshire & Humber team at the Strategic Health Authority (SHA), it has been agreed to extend the HDD1 to HDD2 phase by 12 weeks to allow sufficient time for the trust to prepare for the next stage of historical due diligence. This will still ensure that the trust is able to enter the Department of Health assessment stage (Sept / Oct), and be ready to enter the final Monitor review stage in 2012/13.

3.5 The trust and its 111 partner Local Care Direct (LCD) submitted the bid for the Yorkshire & Humber 111 and urgent care service (for West Yorkshire) on Friday 4 May, ahead of the final submission date of 8 May. The YAS / LCD bid team supported by bid partners have worked superbly to develop a strong and credible bid, in response to a complex and demanding specification. In June there will be a process where bidders will present their submissions to a panel of commissioners, and the trust will hear about more about the award of contracts in early July.

3.6 Olympic planning and preparation continues, and a number of work streams are in place to ensure YAS is prepared both regionally for local events, and in supporting London Ambulance Service (LAS) with the agreed pre-planned aid (PPA).

Staff forming our pre-planned aid to the Olympics have been recruited to and trained locally, and shortly will be completing their final familiarisation training in London. Some of those staff recently took part in Operation Amber to test current plans and resilience.

The Olympic Torch relay is a key part of our regional and local planning. The command and resource plan for the Torch Relay is in the final stages of completion, and a number of multi-agency exercises have taken place. Command and Control Structures around the torch relay have been agreed with the SHA, and YAS will play a lead role during the Torch Relay event.

Throughout April and May a number of exercises for specialist assets have been organised with partners, which is a requirement for our hazardous Area Response Team (HART) team.

Our Operations Business Continuity/Events Support Plan is in place, and YAS is compliant with the requirements of the National Ambulance Service Olympic Assurance process. In summary the next steps are:-

- Continue to finalise all plans as information and intelligence allows.
- Briefings for all operational managers.
- Finalise regional Command and Control structures for games-time.
- Implement communications plan.
- Attend the UK Ambulance Forum.
- Continue to brief TEG and Board as required.

3.7 In the 24 April board development meeting, discussions took place regarding recent media interest in patients being discharged from hospitals during the

night, and the situation in the Yorkshire & Humber region. Our CAD data indicates that between 6 to 7 patients are discharged by ambulance each night (between 2200-0700hrs) across the region, with on average 1 patient being discharged from a ward. The majority of discharges are from an A&E department following treatment.

4.0 Executive Team Reports

4.1 Chief Executive

- The Chief Executive and Executive Directors have had initial meetings with the majority of Clinical Commissioning Group (CCG) leads / Chairman. The last meeting was held with representatives of the Doncaster CCG.
- Paul Birkett-Wendes, the new Executive Director of Operations will take up his post on the 4 June.
- David Williams has been appointed to the post of Deputy Director of Operations, and will also take up his post on the 4 June. He will remain the temporary Director of Operations until this time.
- The Chief Executive attended Operation Amber in London to observe a number of multi-agency exercises connected to Olympic preparedness, and to see the contribution being made by the ambulance service, including staff from Yorkshire.
- During this period the Chief Executive attended a range of internal events, including the South Yorkshire Continual Professional Development (CPD) event in May, giving a presentation on the trusts future strategic direction; visit to Hull PTS; visit to the South Yorkshire PTS Transformation office in Rotherham; attended two of the initial Clinical Leadership induction programmes in Leeds for Clinical Supervisors; and spoke at a Tele care event hosted by the trust with a wide range of stakeholders.
- The Chief Executive has also met a number of key stakeholders and partners during the last period to discuss YAS plans and service delivery, including James Courtney, Chief Fire Officer (South Yorkshire), Stephen Eames, CEO from Mid Yorkshire Acute, Chris Long, CEO Humber & North Yorkshire PCT clusters, and Andy Buck, CEO South Yorkshire PCT cluster.

4.2 Clinical Directorate

The Clinical Directorate continue to support a wide range of YAS developments. The main focus over the last 2 months has been both in emergency and urgent care.

- In April the major trauma network across the region went live. We recruited and trained the major trauma paramedic co-ordinator for our EOC in less than 4 weeks, ready for the go live date. In April they reviewed nearly 10,000 trauma cases, supported frontline clinicians applying the major trauma tool, linked in with our trauma units, and major trauma centres to give advanced warning of major trauma cases. We have led on the production of the trauma triage tool booklet sent out to all frontline clinicians across the CBU's, 90% of our clinicians will have received this training by the end of June. The trauma training is also progressing through the clinical catch-up days, including the

'stepwise approach' to trauma assessment, the trauma triage tool, TXA (the blood clotting agent), and femoral splints. There has been wider communication of the major trauma clinical handover (ATMIST) tool and the five step process to improve care of our trauma patients including a structure to provide telephone clinical handover is being championed at road shows and through posters at stations and hospitals during May and June.

- In May, a telecare workshop was organised by YAS with 70 people attending from various organisations including telecare organisations, local authorities, commissioners and clinical staff. A number of actions are being taken forward including working with the telecare organisations towards development and adoption of improved clinically-based decision algorithms, which will ensure appropriate use of the 999 YAS system in the future. Further discussions will take place as a result of the workshop about other opportunities for joint working, particularly around responses to falls. YAS will be developing a telecare, telehealth, and telemedicine strategy to encompass all these areas of work.
- We participated in the NHS Confederation conference on "To convey or not to convey" to emergency departments. Alison Walker gave an opening address on the clinical, operational and educational future developments that could be supported through commissioning to improve integration of the ambulance services with other health and social services systems. This in turn would lead to more people received the "right care, in the right place at the right time". Several examples of YAS led innovations including the development of the emergency care plan were used at the conference as examples of best practice in urgent care development.

4.3 Standards and Compliance

- The YAS 111 bid was submitted in accordance with the original deadline. The work of the project team is now focusing on preparation for the tender presentation and initial steps, including preparation of key job descriptions, to support implementation if the bid is successful. An evaluation of the bid development process is currently being conducted to identify any lessons learned for future major projects. The Quality Committee received an initial report on the clinical governance and quality aspects of the proposed service and will focus on this in the July meeting.
- Following the recent tender exercise, contracts have now been signed for purchase of the new software for management of incidents, complaints, claims, risk and assurance processes. The Project manager takes up post in June and the implementation project will commence in July 2012.
- The CQUIN quarter 4 report has been submitted to the commissioners and initial queries are currently being addressed prior to formal review in the Clinical Quality Review Group on 29 May. Programme management arrangements have been implemented to support implementation of the 2012/13 schemes in A&E, PTS and EOC services.

- Work is continuing on establishment of the Service Transformation Programme. A baseline view of all CIP and other projects is being collated, together with current information about the skills and existing commitments of key staff identified to support the programme. This will enable a clear prioritisation of the key projects and will support decisions about allocation of resources. A mini-diagnostic report has been produced by Unipart team to inform the establishment of the programme. The first Transformation Programme Group meeting will be held on 19 June and the Programme Manager will take up post in the first week of July. A milestone report will be produced for inclusion in the IPR as a vehicle for regular Board updates on progress.

4.4 Operations Directorate

- A&E Performance in quarter 4 (January to March) remained strong and the trust delivered 75.7% for Red 8 performance, meeting the national performance target for the first time since Yorkshire Ambulance service was formed in 2006. The Red 19 target of 95% was also exceeded, delivering 97.9%. The operations directorate, supported by other functions made a sustained effort to achieve the 75% target at a cluster level. The trust was able to deliver above 75% for the Humber, Calderdale, Kirklees and Wakefield, South Yorkshire and the Airedale, Bradford and Leeds PCT clusters. The ABL cluster was delivered for the year on the final day of the year thanks to a huge effort from a team of staff and managers, and with the support of operational staff and trade unions. The trust was also able to deliver an improvement in York & North Yorkshire cluster, delivering the agreed target of 71.3%, an improvement of 3% from 2010/11. This was against a back drop of 2.5% increase in demand, and meant that over 14,000 more patients received an 8 minute response to their Red emergency than in 2010/11.
- A&E performance has continued to improve during the first quarter of 2012/13, with the trust being at the top of the performance league table so far in 2012. Call answer for 999 calls also exceeded the 95% standard in 2011/12 (annual out turn of 96.8%), and so far this year the trust is in the top two trusts for the speed in which it answers these important calls from the public.
- During the last 3 months the operations directorate has focussed on improving its key performance indicators (KPIs) in Patient Transport Services (PTS). Improvements have been seen across all PTS contracts in March, and this is expected to continue through April, and in to quarter one. A dedicated service improvement team has been established in South Yorkshire, and Unipart Expert Systems are assisting with some diagnostic work to support the transformation work. Further support has also been allocated to the Hull contracts to support changes in the delivery of services, again aimed at improving the KPIs and the experiences of those using the service. A number of other initiatives and developments are being introduced across West and North Yorkshire to improve standards and patient experience. Recent patient surveys in PTS have demonstrated that the service is valued by patients, and carers, and satisfaction rates remain high.

- A major CAD system (main A&E computer system) upgrade took place in April to improve system resilience, and to improve functionality and processing speed. The upgrade was successful, and went smoothly on the day, with minimal system 'down time', confined to 4 hours. In May the CAD system will migrate on to new servers to further improve resilience and capacity.
- The introduction of the new Clinical Leadership arrangements is progressing well, with the majority of new Clinical Supervisors undertaking the leadership development hosted by Bradford University. Following the initial recruitment process involving existing clinical leaders, the trust is now recruiting to fill vacancies within the Clinical Supervisor teams.
- In readiness for the Olympics, Yorkshire Ambulance Service (YAS) staff took part in a series of simulations in London during early May, as part of a multi-agency exercise called 'Operation AMBER'. Members of the YAS Hazardous Area Response Team (HART) took part in the exercise with colleagues from all English ambulance trusts, to test contingency plans, and to test inter-agency working with the other emergency services.

4.5 Workforce & Strategy Directorate

- The Directorate has recently completed the self-assessment of the Trust's progress against the NHS Equality Delivery System (EDS), which is the national framework used by NHS Trusts to track progress against the provisions of the Single Equality Act 2010. The Trust also successfully published its four year equality objectives on 6th April 2012, in accordance with the provisions of the Single Equality Act.
- The Directorate is finalising the annual Education & Training Plan for 2012/13, building upon good practice from other sectors and the need to effectively manage the abstraction, costs and prioritisation of education and training at an organisational level.
- Work is under way to ensure review a range of workforce policies and procedures and ensure that these are up to date and compliant with external requirements. The priority focus for this work are those policies and procedures associated with the Trust's assessment for NHSLA level 2. Recent examples of policies which have been approved through the Trust Executive Group have included: supervision of clinical ambulance staff in training policy; policy on paediatric care and the statutory and mandatory training policy.
- The Directorate, with excellent support from the Corporate Communications Team, organised the inaugural WE CARE staff awards ceremony on 27th April 2012 in Leeds. This event included a presentation from Simon Weston OBE and involved the Trust Chairman, Chairman of the Quality Committee, our Expert Patient, the Executive Medical Director and the Deputy Chief Executive/Executive Director of Workforce & Strategy in the judging of the

award nominees. Over 100 nominations were received from across the Trust and each individual who was nominated will be receiving a letter from the Chairman and Chief Executive providing them with the details of their nomination and thanking the individuals concerned for their commitment and contributions.

- The Workforce & Strategy Directorate restructuring process is continuing with the new role of Associate Director of Organisational Effectiveness & Education (OE&E) having been advertised in mid-May. Following an extensive recruitment process, the post of Associate Director of Human Resources (HR) was not filled. Consequently, interim arrangements to fulfil this role will continue and the Trust has sought proposals from executive search companies to aid in securing a sufficiently high calibre individual for this key role. The Heads of Service posts, i.e. senior managers within the Directorate that report to the Associate Directors, are confirmed as follows: In the HR department - Head of HR Policy & Business Services, Sally Peart, currently employed as Assistant Director of HR, and Head of HR Business Partners, Cath Cox, currently employed as Assistant Director of HR. In the OE&E department - Head of Education & Standards, Bryan Ward, currently employed as Clinical Education Manager. The other head of service role within the OE&E department, Head of Leadership & Learning, remains unfilled following the internal process and will now proceed to external recruitment.

4.6 Finance Directorate

- The Finance directorate has been working on a number of key priorities in quarter 1, including:-
 - Completion of the 2011/12 annual accounts.
 - The Historical Due Diligence (HDD1) action plan and preparation for HDD phase 2 in July.
 - Final stages of completing the directorate restructure.
 - The ICT, Estates, Finance and Business Development functions have provided expert support to the YAS 111 tender.
 - Engaging with Yorkshire and Humber / University of Leeds on the Long Term Conditions Service Transformation project
- The directorate has been leading on development of the latest version of the IBP, working with executive / senior leads to review and update each chapter. This has resulted in a significant re write of key chapters and work to ensure a consistent narrative through all the chapters. The team have also been active in developing the key enabling strategies that underpin the IBP, such as the Fleet, ICT and Estates strategies.

The Director of Finance and finance leads have been working with key managers across directorates to develop CIP business cases, covering the 2012/13 CIP and the long term plan covering the next 5 years. The Long Term Financial Model (LTFM) is also being developed in line with the outputs from the revised IBP.

5. Recommendation

- 5.1 It is recommended that the Board agree that it has sufficient assurance on the activities of the Executive team, and Trust Executive Group during this period.