



Trust Board Meeting				25 September 2012	
Title	Trust Executive Group Report			Paper Ref	5
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 21 July 2012 to 18 September 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 Trust Executive Group (TEG) from 21 July 2012 to 18 September 2012. This report includes a briefing from each of the Executive Directors on key issues in their directorate during the reporting period.
- 1.2 The priority areas for quarter 2 were as follows;
 - Maintaining service standards through the summer and Olympics period
 - Delivery of cost improvement plan for quarter 2
 - Providing pre planned aid to London for the Olympic and Paralympic games
 - Sign off of the NHS 111 contract and commencement of project mobilisation

There were a number of activities related to our Foundation trust application, including;

- Completion of Historical Due Diligence Phase 2 and Board Governance Assessment process as part of the Foundation trust plan
- Finalise workforce plans
- Development of IBP in readiness for SHA board to board assessment

2. Business Planning & Delivery

- 2.1 A review of progress against the 2012/13 Annual Business Plan will be brought to the November 2012 trust board meeting.
- 2.2 The Ambulance Clinical Quality Indicators (ACQIs) published in August 2012, cover the period including July 2012 for the more process related indicators, and also covering the clinical outcome based indicators up to the month of April 2012. Reviewing the more process related indicators for the first 3 months of this year, Yorkshire Ambulance Service (YAS) performance remains strong in relation to 999 Time to Answer, Time to Treatment (upper quartile for all 3 measures), and upper quartile for Red 2 – 8minutes and Red 19minutes (formally referred to as Category A19, response time for a conveying resource). Although the Red 1 – 95th percentile is strong at 13.3minutes, Red 1 – 8 minute performance is below 75%, with a requirement to achieve 80% by the end of 2012/13.
- 2.3 In 2012/13, YAS continues to do less well with regards to calls being Resolved by Telephone – 5% average compared to ambulance average of 5.7%, and Non A&E (conveyance to hospital) – 24.0% compared to the ambulance average of 35.3%. Re-contact 24hrs Telephone has reduced

positively in August to 25.2%, from 28.9%, but remains high compared to the ambulance average.

- 2.4 The latest ACQI report for April 2012 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 has improved, to 39.5% for ROSC, and a Survival to Discharge rate of 28.9% for the Utstein group.
- 2.5 In relation to the other clinical outcome based indicators for April, YAS has improved its performance in the Stroke and Heart Attack (STEMI) indicators, achieving 72.7% for the STEMI – Care indicator, and 84% for the STEMI-150minute indicator. Similarly for Stroke, YAS has achieved 69.9% for the Stroke – 60minute indicator, and ranked 3 compared with other ambulance trusts.
- 2.6 Emergency & urgent activity for August saw an increase of 5.8% above plan, and activity is currently 5.3% above plan for the year to date. In some local areas we have seen increases in August in excess of 10%, which impacted upon performance early in August, and required the implementation of a recovery plan for the second half of August to deliver the agreed performance trajectory.
- 2.7 Despite the significant increase in activity during August, overall Red 8 minute performance exceeded the plan by 1%, delivering 76.3% against the plan of 75.3%. Red 1 performance was disappointing in August with an out turn of 73.1%. Overall Red performance was helped by the recovery plan actions referred to above. Year to date Red 8 performance remains strong at 77.3%, and in the top quartile when benchmarked with other English ambulance trusts. Red 19 minute performance was also stable, with a YTD position of 97.5%.
- 2.8 Overall, contractual key performance indicators (KPIs) in Patient Transport Services (PTS) continued to show improvements throughout July and August, however there was a deterioration in certain KPIs in West and East. The trust is arranging to meet with East Yorkshire commissioners during September to discuss the contract, and early findings from the joint diagnostic work with Unipart Expert Systems. The East Yorkshire diagnostic work has now concluded, and the North Yorkshire diagnostic phase is due to begin this month.

3. Business Planning / Foundation Trust

- 3.1 Following the Historic Due Diligence – Phase 2 (HDD2) assessment by Alvarez Marsal, and Board Governance Memorandum (BGM) assessment, by Ernst & Young, final reports have been agreed and action plans developed. Overall there was some positive feedback received from both consultants and a recognition that progress has been made, in particular following the HDD

phase 1 assessment last year. Work is now underway to address those areas requiring further development prior to the DH phase.

- 3.2 The Trust executive Group (TEG) have been focussing on key aspects of the Foundation Trust (FT) work, following a review by the SHA. Work has been undertaken to strengthen our downside risks and mitigations, LTFM planning assumptions and cost improvement plans and associated business cases. The planned formal SHA board to board meeting has been rescheduled to take place on the 12 November 2012, to allow for this work to be concluded. We are then hoping to enter the Department of Health (DH) phase from the 1 December. We would expect to have completed that phase by February 2013.
- 3.3 In addition to the above work, TEG have also been finalising the workforce plans for all functions, and developing version E of the Integrated Business Plan (IBP), ready for the 25 September. Following final iterations based on feedback from board members, this version and the accompanying Long Term Financial Model (LTFM) will be submitted to the Strategic Health Authority (SHA).
- 3.4 The report of the Hillsborough Independent Panel and the related archive of documents was published on 12 September 2012, and there has been considerable interest from national and local press. The report highlighted shortcomings in the response of the then South Yorkshire Metropolitan Ambulance Service (SYMAS), and the Chief Executive made a public apology to the families of the bereaved for those shortcomings, and committed to working with any future processes, arising from the report.
- 3.5 YAS played an important role in supplying clinical staff and stadium commanders to support both the Olympics and Paralympic games in line with the agreed national pre-planned aid cover. YAS staff reported back that they enjoyed the challenges the games presented and enjoyed the 'once in a lifetime' opportunity to be present at a home games event. London Ambulance Service did an excellent job in looking after our staff during their stay in London.

4. Executive Team Reports

4.1 Chief Executive

- The Chief Executive and Chairman, along with members of the board attended the annual Long Service awards ceremony, this time held in West Yorkshire, at Nostell Priory. The awards were presented by Major David Wroe MBE, the Deputy Lieutenant of West Yorkshire.
- The Chief Executive and Director of Operations have continued to hold manager and staff briefings, meeting staff at Huddersfield and Sheffield / Rotherham to outline the trusts strategy, future plans and Foundation trust application.

- Interviews took place in September for the recruitment of a Commercial Director to lead on developing existing business and new opportunities.
- The Chief Executive attended a further Clinical Leadership induction programme in Leeds for Clinical Supervisors, and attended the end of induction course, where Clinical Supervisors presented 'posters' containing ideas for improving quality and value for money.
- The Chief Executive has also met a number of key stakeholders and partners during the last period including the College of Paramedics, Unipart, Stephen Eames – Chief Executive of Mid Yorkshire Hospitals, and Ian Dalton, Chief Executive at North of England.

4.2 Standards and Compliance

- The 111 contract has now been signed and the work of the project team is now focusing on the implementation plan, including completion of recruitment to key posts and progressing TUPE transfer discussions with relevant organisations. NHS Pathways training, developing the estate and purchasing essential IT and communications equipment has also commenced. The Quality Committee reviewed the clinical governance and quality aspects of the proposed service in its September meeting and agreed to receive further assurance reports on the service as part of its work plan for 2012/13.
- Implementation of the new software for management of incidents, complaints, claims, risk and assurance processes is progressing well. Training for 30 key staff on the Covalent assurance software has now been completed and users have now begun to populate the system with live information to support the compliance assurance process. Work is now well under way to build the internal coding structure of the Datix system and manager training is due to commence by the end of September.
- Further work has been undertaken by the Standards and Compliance and Clinical Directorate teams, to assess the quality impact of the cost improvement schemes and downside risk plans, and to ensure appropriate mitigations for any related risks.
- Management processes and monitoring mechanisms are now in place for the Service Transformation Programme, including the establishment of fortnightly TEG programme review and project board sessions for the most significant projects. Consideration is now being given to the development of the leadership and engagement elements of the programme. An *Innovation Health and Wealth* funding bid was also submitted to the SHA, to support acceleration of service change.
- The report of the Hillsborough Independent Panel and the related archive of documents was published on 12 September 2012, and there has been considerable interest from national and local press. There is a focus now on the possible next steps in relation to issues highlighted through the publication process, including the potential for the Attorney General to order that coroners' inquests should be re-opened. The Trust is continuing to work with

other relevant parties and to respond to press enquiries, to support the disclosure process.

4.3 Operations Directorate

- August Red performance exceeded plan by 1% at 76.3% after the implementation of a successful performance improvement plan due to a poor start to the month. This was despite a significant increase in demand during August. Year to date Red performance remains strong (planned trajectory to achieve year-end target at the end of August was 76.59% however we are currently at 77.30%). In line with cost improvement plans, overtime is reducing, and although recruitment is underway, operational vacancies remain high at 100.
- Red1 performance remains an area of greatest concern and is impacted most acutely by increased demand. The Director of Operations is working with colleagues nationally who are also experiencing similar issues to achieve the delivery of the expected improvements in Red1 performance by April 2012. YAS has a RED 1 Project team which has a clear action plan however many key actions require system changes which require lead in time with associated benefits not anticipated until Quarter 4.
- Ben Holdaway took up post as the Emergency Operations Centre (EOC) Locality Director on the 3 September. Ben is an experienced and highly regarded EOC practitioner and provides an excellent opportunity for consistency and stability of leadership within the EOC. Ben's first priority will be overseeing a reconfiguration of the EOC, which will be launched in September.
- The Operations Directorate played a leading role in the recent 'Turnaround collaborative' held in Wakefield on the 11 September. The event had good representation from across the region, from Acute providers and commissioners with the intent to improve the ambulance turnaround at all of the regions Emergency Departments before the onset of winter.
- PTS continue to make improvements against KPIs. However there is the recognition that budgetary control must be improved. Unipart diagnostic work is advanced in PTS East and now moves into PTS North.
- The A&E Workforce proposal has now been issued to all staff (20 August 2012) and the 90 day consultation period has commenced. The Director of Operations continues to visit stations across Yorkshire & Humber in order to receive feedback on the proposals and discuss pertinent issues.

4.4 Workforce & Strategy Directorate

- The reshaping and restructure of the Directorate of Workforce & Strategy has continued during August with formal consultation completed in respect of the revised Human Resources, Education & Standards and Leadership & Learning Service Structures. The new Associate Director of Human

Resources, Graeme Jackson, took up post on 20th August 2012. Further restructuring within individual teams across the directorate is continuing and a reference guide to the revised Workforce & Strategy structure is being prepared for Board members and Trust managers.

- Following Trust Board approval of the additional local questions to be added to the NHS Staff Survey for 2012 work is underway to project manage the survey process for this year and ensure that staff are encouraged to respond.
- The Trust has been actively engaging with the emergent Local Education & Training Board (LETB) for Yorkshire and the Humber to ensure that our education commissioning requirements for the next 5 years can equally be reflected in the LETB 5 year investment plan. The Trust will also be represented at the forthcoming LETB Annual General Meeting and workshop seminars scheduled for October 2012. The Trust will be represented by the Deputy Chairman/Chairman of the Quality Committee, Deputy Chief Executive/Executive Director of Workforce & Strategy and by the new Associate Director of Organisational Effectiveness & Education, who will take up post during October 2012.
- A highly successful Apprenticeships Open Event was held at the Life wise Centre in Rotherham, on 22nd August 2012. Led by the Patient Transport Service, this event was extensively supported by a range of teams from Workforce & Strategy. This type of event and learning gained from it will be built upon for future careers events within the region to promote and publicise employment opportunities within the Trust.
- The annual Long Service and Retirement Awards ceremony took place on 4th September 2012. This event was highly successful and enabled the recognition and appreciation of the service made by a number of staff, totalling over 5900 years of experience, to be marked. Organised by members of staff from the Human Resources and Corporate Affairs departments, this was an extremely positive celebration of public service and fits with the Trust's on-going and improving approach to staff recognition and engagement.
- The Trust successfully retained its accreditation by Job Centre Plus for the prestigious 'Two Ticks' symbol, indicating that YAS is a positive employer of people with disabilities or long term conditions and guarantees to interview candidates that meet the essential requirements for roles.
- The tendering process for Occupational Health Service provision to the Trust has formally commenced and the first phase review of the pre-qualification questionnaire submissions has been undertaken by a panel of staff from Human Resources and Procurement.

4.5 Finance Directorate

- There are a number of key ICT projects close to completion, including;
 - A new data link to York planned for early October, to increase bandwidth and resilience between Wakefield and York Emergency Operations Centres (EOCs).
 - Upgrade to the Telephone Switch planned for mid-October, and this will put YAS on the latest Avaya release, and support the 111 mobilisation process.
- There are a number of new ICT projects now underway to support operational services, including;
 - Implementation of new Patient Handover Screens at 20 main A&E departments facilitated through commissioner funding. This will support improvements in ambulance handover and turnaround times.
 - Implementation of ICT solutions as part of the 111 mobilisation process.
 - Upgrade to the North & East Yorkshire Stations' Network, to improve bandwidth, and increase efficiency.
- During the last quarter the ICT Service Desk has received Connecting for health accreditation, and a hardware and software Asset Management system has been implemented.
- The Estates function is working with Operations and Resilience teams to finalise options for location of a new Hazardous Area Response Team (HART) site in the Leeds area.
- In addition to our York (OOH) site, work is underway to refurbish and reconfigure the existing NHSD area within the Headquarters buildings in Wakefield, in preparation for the NHS 111 service, and a third site is being considered in the Rotherham area. This will provide a resilient 3 centre solution for our future 111 business.
- The Finance and Business Development functions have been supporting the development of CIP business cases, workforce plans and downside mitigations for the next iteration of the IBP and LTFM ahead of submission to the SHA in October.

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.