



Trust Board Meeting				27 November 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 19 September 2012 to 20 November 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 19 September to 20 November 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 / 3 were as follows;
- Maintenance of service standards throughout the autumn / winter period.
 - Delivery of cost improvement plan for quarter 2 / 3.
 - Submission of IBP / LTFM, and SHA Board to Board meeting.
 - Sign off of the NHS 111 contract and commencement of project mobilisation.
 - A&E workforce consultation.
 - PTS service improvement.
 - Engagement with health partners – a number of on-going service transformation programmes

2. Quality and Service Delivery

- 2.1 The Ambulance Clinical Quality Indicators (ACQIs) published in November 2012, cover the period including September 2012, for the more process related indicators, and also covering the clinical outcome based indicators up to the month of June 2012. Reviewing the more process related indicators for the first six months of this year, Yorkshire Ambulance Service (YAS) performance remains strong for the following indicators;
- Time to answer (999 calls)
 - Time to treatment (999 calls)
 - Red 8minute and Red 19minute response times
 - Red 1 - 95th centile response time

The indicators that require further improvement when benchmarked with other ambulance trusts are;

- Calls resolved on the telephone
- Non A&E (those patients managed at home)
- Re contact rates (callers ringing back following telephone advice)

There has been a reduction in re contact rates over the last three months, and September was 20.7% compared with 28% - 29% in April and May.

- 2.2 The latest ACQI report for June 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 (YTD) position has improved, to 46.8% for ROSC, and a Survival to Discharge rate of 29.5% for the Utstein group. The outcome measures where we benchmark positively are;

- Cardiac Arrest - ROSC – Utstein group
- Cardiac Arrest - Survival to Discharge – Utstein group
- Stroke 60minutes – to specialist centre

Outcome indicators that we need to improve on are;

- Heart Attack – STEMI care
- Heart Attack – STEMI – 150minutes to specialist centre

2.3 Recommendations being proposed by the National Ambulance Service Medical Directors (NaSMED) will assist in improving our STEMI outcome measures and secondary transfers between acute hospitals is impacting upon our STEMI 150 measure. Our primary admission times for Heart Attack patients to acute specialist centres remains very good.

2.4 Emergency & urgent activity for September was 5.2% above plan, and similarly in October it was 3.6%. YTD activity is at 5.2% above plan. In some local areas we have continued to see increases in September and October in excess of 10%, which impacted upon performance in early September and October, requiring additional contingency plans to be enacted to ensure delivery of the Red target for each of those months.

2.5 Despite the sustained activity increases through September and October, overall Red 8 minute performance exceeded the national target and was close to the monthly plan. YTD Red 8 performance remains strong at 76.8%, compared to the same position in 2011/12, when the Trust YTD position was 76.0%. Red 19 minute performance was also stable, with a YTD position of 97.4%.

2.6 At cluster PCT level the Trust continues to deliver overall Red performance above 75% (April to October), and North Yorkshire performance remains higher than the 2011/12 out turn of 71.2%;

- North Yorkshire – 72.1%
- Humber – 80.2%
- Airedale, Bradford & Leeds – 76.8%
- Calderdale, Kirklees & Wakefield – 77.4%
- South Yorkshire – 77.6%

3. Business Planning / Foundation Trust

3.1 The Trust continued to finalise its Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) during October and early November. This

culminated in submission of Version F IBP in mid-October, in readiness for the formal Board to Board assessment with the North of England Strategic Health Authority Board on the 12 November. We are awaiting a final report, but expect to make a formal application to the Department of Health (DH) by December 2012.

3.2 A further refined version of the IBP (Version G) will be submitted to the SHA / DH during November. We are anticipating completion of the DH phase in February 2013.

4. Executive Team Reports

4.1 Chief Executive

- The Chief Executive and Trust Board took part in the formal Board to Board assessment with the North of England Strategic Health Authority Board on the 12 November 2012. This is a key stage in our Foundation Trust journey, and as a result, we are expecting to progress to the Department of Health stage of our Foundation Trust application process in December 2012.
- The Chief Executive, Chairman and members of the Board attended our first Clinical Commissioning Group (CCG) engagement event, held in Barnsley in November. Over 60% of CCGs were represented, and this was an excellent opportunity for CCG colleagues to gain an insight into Yorkshire Ambulance Service, and for dialogue to commence regarding how YAS and CCGs can work closely together in the future.
- Following our recent apprentice award of Large Employer of the Year for the Y&H region, the Chief Executive and YAS colleagues attended the national Skills Show and national Apprentice Awards finals at the LG Arena in Birmingham earlier this month. It was announced that YAS is just one of 3 NHS organisations who have been named as one of the UKs Top 100 employers, for our work with apprentices.
- The Chief Executive has attended and supported the North Yorkshire service improvement strategy meetings, taking part over the last 2 months, led by the PCT cluster / CCGs, and working with KPMG. YAS is closely involved in the development of health economy plans, and has supported short term urgent care priorities aimed at better managing demand within the system, and piloting new YAS led initiatives.
- The Chief Executive has met a number of key stakeholders and partners during the last period including, Graham Stewart MP (Beverley & Holderness) regarding local 999 performance; Chief Executives & Medical Directors from Local Care Direct (LCD) & Airedale FT to discuss joint working on urgent care initiatives; KPMG and Unipart. The Chief Executive has also continued to support YAS wide Continual Professional Development events, attending sessions at Wakefield, Keighley and Rotherham during the last 2 months.

4.2 Clinical Directorate

- **Major Trauma**

We have completed 6 months of implementation of the major trauma strategy. The Medical Director presented at the Regional Major Trauma meeting on the roll out of over 2000 items of new clinical equipment, major trauma education including the major trauma triage tool, 24/7 major trauma desk in the EOC and the joint audit work with the major trauma network executive group of the SHA.

We have received a letter of congratulations from Mr Pete Campbell, the Clinical Lead for Major Trauma at the SHA on the scale of the progress on major trauma in YAS.

- **Urgent Care**

We are in the process of appointing a permanent lead nurse for Urgent Care and a Clinical Director for 111. These post holders will link across the urgent care systems across YAS and with other external health and social care partners.

The directorate continues to support the implementation of 111.

We have continued our joint working with Airedale NHS Foundation Trust around Telemedicine. This has expanded with a planned joint project linking primary care, secondary care, OOH's and mental health to support managing more people closer to home. This will be progressed over the winter period.

- **Public Health**

The YAS Public Health group now meets regularly and is progressing the public health plan and developing the full public health strategy for YAS. The group includes Dr Andrew Furber, Director of Public Health for Wakefield who is providing advice and support to the group and linkage to the regional directors of public health. Our clinical excellence manager Ruth Crabtree represented the Trust at the Every Contact Counts Regional Event.

- **Clinical Leadership**

We have completed 10 cohorts of the clinical leadership development programme linked with Bradford University. Cohort 11 commenced in November with cohort 12 due to start in December. The service improvement ideas from the cohorts have been reviewed at the Quality Forum then the Clinical Directorate to support the implementation of the clinical improvements suggested.

- **North Yorkshire & York**

The directorate continues to provide senior clinical support to the North Yorkshire & York programme. This includes HCP'S being able to choose alternatives to A&E transport such as PTS.

- **Awards**

We were highly commended as a finalist in the Nursing Times awards for our work on urgent care innovation in the Care of Older People category for partnership working and improving pathways for patients in care homes.

4.3 **Standards and Compliance**

- The 111 mobilisation process is continuing, with the current emphasis on completion of recruitment to call handler posts, progressing TUPE transfer discussions with relevant organisations and delivery of the NHS Pathways training. Work is also progressing on the estates and IT/telecommunications workstreams, and external discussions are continuing with IT providers to ensure an effective interface between 111 and urgent care IT solutions. Regional work on the clinical governance framework has commenced and this will be a significant area of development and external assessment in the next phase of mobilisation.
- Implementation of the new software for management of incidents, complaints, claims, risk and assurance processes continues to progress well. Manager training is under way and due for completion by end of March 2013.
- Work is continuing in liaison with NHS North of England, in response to the Hillsborough Independent Panel report. A Board paper outlining recent developments is currently planned for January 2013.
- Management processes and monitoring mechanisms are now in place for the Service Transformation Programme, including fortnightly Transformation Programme Group meetings involving the Executive team and other key managers. Programme and project delivery and exceptions are monitored via the programme dashboards and updates from Directors and project leads. These are summarised in the Integrated Performance Report. Plans are under way for wider communication of the programme to YAS managers and staff, aligned to dissemination of the IBP and Bright Ideas scheme. A workshop event is being held in December to inform this process. A tender exercise is being finalised to support the delivery of training on service improvement skills to a cadre of senior managers and project leads. A draft outline proposal for leadership development (complementing the current clinical leadership programme) is being presented to the next meeting of the Transformation Programme Group. The Trust was successful in its bid for an *Innovation Health and Wealth* funding grant and this will be used to support development of key knowledge and skills and acceleration of service change.

4.4 **Operations Directorate**

- In early October the EOC experienced a failure of one of the two Uninterruptable Power Supply (UPS) equipment. The immediate reaction and subsequent replacement of both UPS's was well handled and a safe service to patients was delivered throughout. A number of business continuity plans were live tested in response, these departments were EOC, ICT, HR,

Corporate Communications, Risk and Quality, Clinical Directorate and Corporate Executive. A full debrief was conducted on the 14 November.

- Jo Halliwell has taken up the post of interim Associate Director of Operations (PTS) from the 5 November 2012. She will focus the team on the immediate priorities of addressing the financial pressures associated with the Hull and East contract. Jo Halliwell will also lead on developing the PTS strategy, review of management arrangement, and oversee the YAS / UNIPART service improvement recommendations, that will strengthen the business and deliver the cost improvements required.
- The A&E workforce consultation period ended on 18 November. A period of reflection will now be embarked upon to consider the feedback from Trade Unions and staff.
- The EOC reconfiguration consultation was launched on the 5 November and will last for 30 days. The reconfiguration will address both the management structure, EOC configuration and will introduce the introduction of the team concept, including new rotas from 1 April 2013.
- A&E operational performance has remained resilient throughout the period despite YTD increases in demand of 5.2%, and the trust has now delivered 75%+ for all 7 months of this year. The YTD position for RED performance remains strong at 76.7%, creating some headroom for the winter period (in 2011, the YTD position at this time was 76.0%)
- Delivery of the RED1 target remains a challenge with a current YTD position of 74.3% (6 ambulance services are below 75% YTD for RED1). However for the time to get to 95% of RED1 patients, YAS is the third best in the country at 13m 13sec. YAS is committed to delivering this target, and a detailed project plan is being implemented, reflecting national learning. These changes will include a change in question sequence for early identification of RED1 (from end of November), a CAD prediction tool (Key words) to achieve early identification of RED1 (from end of November) and the increased use of CFR, community defibrillators, and use of manager responders.
- Clinical Hub performance increased to 5% in October with 653 999 calls closed with telephone advice; the most calls in a month this year.
- The installation of hospital turnaround screens in to all major hospital A&E departments will commence from 19 November. This process will take a number of weeks due to issues relating to the supply of critical equipment. However it is anticipated that before Christmas this system will be operational and allow the reporting of accurate information relating to ambulance / hospital handover and ambulance crew 'wrap up' time.

4.5 **Workforce & Strategy Directorate**

- The delivery of the Annual Education & Training Plan was adjusted during November to ensure that operational resourcing levels to support the delivery

of key targets, including the combined target for RED performance. This has resulted in a re-profiling of the plan to determine how this can be best accommodated between now and the end of the performance year. The particular area of focus for the balance of the plan is the delivery of Clinical Updates for frontline staff, recognising that Statutory and Mandatory Training compliance remains at an acceptable level.

- The Directorate has been actively working upon the mobilisation plan for the new 111 service, with extensive recruitment activity and the management of TUPE implications from NHS Direct requiring significant commitment and contribution from the HR department. This work remains on-going and planning for the induction and training of approximately 300 new staff early in Quarter 4 is being prepared with the 111 Project Team.
- The Directorate, supported by the Deputy Chairman in her role as Chairman of the Quality Committee, has been actively engaging with the emergent Local Education & Training Board (LETB) for Yorkshire and the Humber. This engagement has included attendance at a regional stakeholder event to discuss the future priorities for the LETB and the manner in which provider organisations would be engaged through the development of the three sub-regional partnership councils.
- The educational requirements identified and formalised in respect of the 5 year workforce plan for the Trust has received support from the LETB Commissioning lead for Education, with confirmation that the funding for the necessary Paramedic Practitioner, Technician and Paramedic Practitioner programmes and Student Paramedic programmes for 2013/14 has now been allocated in-line with the Trust's 5 year workforce plan. Further direct work is continuing, via the Organisational Effectiveness & Education department, to engage with Sheffield Hallam University as part of the curriculum review process to ensure future programme content matches Trust requirements.
- The Trust has been progressing further work during October in respect of the Stonewall Health Champions Programme and the Deputy Chief Executive accepted an invitation to meet with the Trust's Lesbian, Gay, Bisexual and Transgender Staff Support Network to discuss how best to support the development of the group and how this could act as a 'critical friend' for the Trust as it develops policies, in respect of community engagement and also in terms of employment issues. This has been further complemented during November by a meeting with the Stonewall lead for the Health Champions programme.
- The Directorate of Workforce & Strategy restructuring process is moving into its final stages with the refreshed senior management team now all in post and appointments in the process of being made to meet the future requirements for both the Trust and the Directorate.

4.6 Finance Directorate

- The final edit of version G of the IBP was sent to the SHA on 16 November ahead of submission to the Department of Health on the 1 December.
- **Commissioner event at Barnsley**

The first CCG stakeholder engagement event was held as part of a plan to work with our existing commissioners, and emerging clinical commissioning groups and to ensure during the current changes in commissioning that YAS remains engaged. The event focused on our Accident and Emergency and urgent care services.

The event was jointly run by the Business Development department with support from Service and Quality Improvement managers, and the FT team, and the current A&E lead commissioner.

A number of presentations were given at the event which was well attended with 29 external attendees from CCGs and PCTs. This included some urgent care leads and GPs. The day was planned around localities and table top exercises to allow YAS managers and their commissioners to engage and discuss local issues, with facilitators capturing all key points.

Next steps are to review the feedback and develop an action plan for discussion with commissioners and to potentially feed in to locality Urgent Care boards. Further engagement events will be held, commencing in the new year.

- **Fleet**

Recently introduced 'Trading Accounts' into the Fleet department. This is a suite of Key Performance Indicators which measure maintenance costs and tradesmen hours 'sold' and non-productive workshop time. These are the type of measures you would expect to see in a commercial maintenance setting and therefore designed to compare the outputs in a more business environment making the department accountable for its costs and productivity.

Agilitise are working alongside the Fleet Management team to undertake a change management program within the department. This is designed to transform the contribution, efficiency and sustainability of the Fleet Maintenance department and explore opportunities and constraints presented both internally and in the external market place.

Tender for van conversion ambulances has been completed for A&E ambulances. Subject to Board approval on 11 December the first batch of new ambulances will arrive in quarter 4.

- **Estates**

Work is underway both in Springhill One and in the new CallFlex building in the Dearne Valley in Rotherham for the 111 service. The works are on plan for completion in December.

A 'preferred site' has been identified as a potential replacement for HART and potential Leeds Hub as part of the Estates Hub and Spoke Strategy. A full business case is being developed for consideration in December.

- **Medical Equipment**

We have just taken receipt of 84 new LP15, 12-lead defibrillators to replace the old Zoll Defibrillators as part of this year's Capital program. These will be commissioned and replaced over the next few weeks.

- **Transformation**

Deborah Ridley has commenced in her role to support CIP delivery and the Finance, Estates, Fleet and ICT transformation programme

- **ICT**

Following the recent work to change the UPS units at Springhill 2 the Springhill 1 units were replaced on 6 and 7 November to provide additional resilience ahead of 111 go live.

CAD due to be upgraded 27/28 Nov to improve call presentation for Red 1 calls, allow for 111 messaging functionality and improve Healthcare professional call functionality

- **Finance**

We are starting to develop Service Line Reporting / Management with the focus initially on Private & Events, PTS and Commercial Training

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.