



MEETING TITLE Trust Board Meeting		MEETING DATE 29/01/2013	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	7.1
STRATEGIC OBJECTIVE	<i>All</i>		
PURPOSE OF THE PAPER	This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 27 November 2012 to the 21 January 2013, and to highlight the key variances / movements contained within the December 2012 Integrated Performance Report (IPR)		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	David Whiting, Chief Executive	ACCOUNTABLE DIRECTOR	Chief Executive
PREVIOUSLY CONSIDERED BY	Committee/Group:	Date:	
RECOMMENDATION	<p>It is recommended that the Board;</p> <ol style="list-style-type: none"> 1. Agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period. 2. Notes and discusses the variances contained within the December 2012 IPR report, highlighted in the Executive Directors reports. 		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality and Diversity Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Registration Outcome(s)		Not Applicable	
NHSLA Risk Management Standards for Ambulance Trusts		1: Governance	

Report from the Trust Executive Group (TEG)

This report incorporates the activities of the Trust Executive Group (TEG) during Quarter 3 of 2012/13, and incorporates a summary of key points and areas of variation highlighted by the lead Executive Director for each section of the Integrated Performance Report (IPR).

1. Purpose

1.1 This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 27 November 2012 to the 21 January 2013. This report includes a briefing from each of the Executive Directors on key issues in their directorate during the reporting period, and any exceptions / variances in the December 2012 Integrated Performance Report (IPR).

1.2 The business priority areas for quarter 3 were as follows;

- Maintenance of service standards throughout December, Xmas / New Year and January.
- Delivery of the cost improvement plan for quarter 3.
- Review of IBP / financial plans by the Department of Health (DH) Technical Committee, as part of the Foundation Trust application process.
- Continued work in preparing for 111 mobilisation, focussing on recruitment, training and estates works.
- Progressing the A&E workforce changes, following the consultation phase.
- Continued work on PTS service improvement.

2. External Environment

2.1 As part of its review of NHS competition, the Foundation Trust regulator – Monitor, has confirmed that it is proposing that private providers will not be exempt from tax, and that commercial providers should pay corporation tax.

2.2 A recent report by the Health Select Committee has stated that inspections carried out by the Care Quality Commission (CQC) are 'patchy', and there is a worrying 'disconnect between their findings and the real standards of care experienced by patients'. At the same time the Health Secretary has proposed an 'Ofsted-style' ratings system for the NHS under plans to improve standards of care for older people. YAS is expecting to have an inspection by the CQC in quarter 4.

2.3 Ambulance turnaround has remained a high profile issue, with delays reported in the national media. The NHS Confederation issued their guidance titled, '*zero tolerance, making ambulance handover delays a thing of the past*'. Regionally Yorkshire Ambulance Service (YAS) secured additional investment to head up a 'turnaround collaborative',

working with health partners, and supported by the Strategic Health Authority. In addition to a range of collaborative work, electronic handover screens have now been installed in all acute A&E departments to monitor and measure in 'real time', ambulance handovers. Penalties for delays will be built in to the national ambulance A&E contract from April 2013.

- 2.4 YAS has begun negotiating with the existing lead commissioner, the 2013/14 A&E contract. The lead commissioner will be working with Clinical Commissioning Groups (CCGs), and responsibility will pass to the new arrangements from April 2013. There will be three lead CCGs for A&E ambulance commissioning, East Riding, Wakefield, and Sheffield.

3. Service Delivery

- 3.1 Emergency & urgent activity for December was largely to planned levels, although there was a significant increase in Red activity, and a number of surges in Red demand were experienced throughout the month. A combination of weather related factors, created widespread 'black ice' conditions on the morning of the 14 December, creating an unprecedented increase in demand. This in turn led to the trust declaring a Major Incident (MAJAX), which remained in force for several hours, and the trust received mutual aid from a number of ambulance services. The MAJAX was managed effectively, and coordinated through our Gold incident room, to minimise any impact on patient care.
- 3.2 As a result of the increases in Red demand, Red performance was significantly below the 75% target and below the forecasted position, returning 68.5% for December. This picture was repeated in most ambulance trusts with the majority of them missing the 75% Red target, with a number below 70% for the month of December. However, the trust remains on track to deliver the year at 75% for Red calls.

4. Foundation Trust / Business Planning

- 4.1 Following a recommendation by the Strategic Health Authority, the trust entered the Department of Health (DH) assessment phase at the beginning of December 2012. This phase will review the trusts financial plans and assumptions, and review quality through a 'Quality Challenge' process due to take place in February 2013. The trust has been successful in the financial review, and subject to passing the Quality Challenge, is expecting the NHS Trust Development Agency (NHSTDA) in April to recommend YAS go forward to the regulator, Monitor for the final stage of the Foundation trust authorisation process.
- 4.2 In developing our Annual Business Plan for 2013/14, and our approach to negotiations with commissioners regarding core contracts, we are

taking account of both the NHS Planning Framework guidance issued in December, and the guidance issued by the NHSTDA - *Toward High Quality, Sustainable Services: Planning Guidance for NHS Trust Boards for 2013/14*. The trust has returned the required initial submission (28 January 2013) to the NHS Trust Development Agency, and the Executive Team will be developing the final plan requiring Board sign off in time for the 25 March 2013 Trust Board meeting.

- 4.3 The above guidance is also informing the internal process of finalising our Annual Business Plan for 2013/14. Negotiations have commenced with service commissioners, regarding the A&E Service Contract, and Commissioning for Quality and Innovation (CQUINs targets / plans), and meetings are being planned with patient transport Service commissioners, to ensure all contracts are signed off in good time during quarter 4.
- 4.4 The 111 urgent care project is entering its final stages before the go live date of 5 March 2013. The service will be mobilised over a two week period, being fully operational by the 19 March 2013. There is a significant amount of work to conclude prior to go live, and the service acceptance testing by the DH is key to the go live date.

5.0 Executive Team Reports

5.1 Chief Executive

- The Chief Executive attended the second meeting of the Out of Hospital Cardiac Arrest Registry (OOHCAR) meeting at Warwick University in January. This is a project designed to develop a registry for all out of hospital cardiac arrests by 2015, similar to those systems operating in the acute sector. This work will support ambulance trusts in developing and improving survival from pre-hospital cardiac arrests. The Chief Executive represents the Association of Ambulance Chief Executives (AACE), and the YAS Medical Director, Dr Alison Walker also attends as Chairman of the National Ambulance Service Medical Directors (NASMeD) group. The project is on track to deliver to its original time line, with the possibility of some data being available prior to 2015.
- The Chief Executive attended two planned events in Sheffield during December and January aimed at recruiting Foundation Trust members and Public Governors. The event at the Meadowhall Shopping Complex alone recruited almost a 1,000 members. The second event was a local event in the centre of Sheffield, lead by the YAS Chairman, and was targeted at raising awareness amongst members of the public, who were considering applying to become a Governor of the new Foundation Trust. Both events were an excellent opportunity to engage with the public, and are part of series of membership recruitment events, and potential Governor meetings being held across the region.

- The Chief Executive has continued to work with health partners on the Clinical Services Review for North Yorkshire & York. This has culminated in a report outlining the process for developing a short list of potential options and high level strategic direction to support the North Yorkshire and York health community to achieve financial balance by 2016/17. This report was presented to the PCTs Public Board meeting on the 22 January 2013. YAS continues to support the North Yorkshire & York health communities with a range of initiatives designed to better manage demand, and maintain high quality services.
- The Chief Executive has met a number of key stakeholders and partners during the last period including, Owen Williams (CEO Calderdale & Huddersfield FT) and Stephen Eames (Interim CEO Mid Yorkshire NHS Trust) to discuss service reconfiguration and opportunities to collaborate; Emma Wilson (CEO Local Care Direct) regarding 111 and future opportunities; Cllr Jim Clark (Chairman of North Yorkshire Overview & Scrutiny Committee) regarding service delivery & developments; Simon Pilling (Chief Fire Officer – West Yorkshire Fire & Rescue) regarding partnership opportunities; and Unipart Expert Systems.

5.2 Operations Directorate

- Since the last Board meeting the Operations Directorate has been focused on the delivery of the Winter Plan throughout December and January as a priority. Meeting national standards against the RED standard has been a significant challenge during this period and disappointingly outturn for December was 68.5%; reducing the YTD figure by 1% to 75.5%. However the Red19 target was successfully delivered for the month at 95.08%.
- The Major Incident Plan was live tested on the 14 December as a major incident was declared due to the icy conditions predominately in West and South Yorkshire. This resulted in the Trust dealing with the busiest day in its history and responding to 7535 calls (an increase of 64.8% compared to the previous busiest day). The incident tested the organisations major incident plan to the full and required the Trust to call for mutual aid from three neighbouring ambulance services. Despite significant challenges a safe level of service was delivered throughout this period.
- The Severe Weather Plan was live tested due to snow falls and freezing temperatures throughout the period 19- 22 January 2013. This incorporated establishing 24/7 Gold command arrangement and utilising the new Gold Command Cell. Throughout a safe service was delivered built upon a strong communications strategy, a robust 4x4

plan, proactive engagement across the local health economy and early implementation of contingency plans.

IPR Section 2 – A&E and PTS Performance

- Although in line with predictions the operational model was severely tested by an increase in demand from the preceding month by 12%. The ability of the operational model to respond to such significant variations in demand over a short period (4/5 weeks) proved to be challenging within the existing financial model and staffing levels. Within this overall demand pattern RED incidents significantly exceeded normal levels and increased by 9.1% compared with December 2011. The demand model therefore significantly altered as RED demand in December increased to 38.7% of total demand compared to November where it was 37.3% of the total. The increase in acuity of patients had a significant impact on resource allocation, job cycle time and conveyance which then impacted on the Trust ability to deliver the 8 minute RED standard.
- Delivery of the RED1 standard remains a challenge with the target currently not achieved by what equates to 1 patient per day. An improvement plan is being implemented to ensure that the Trust can improve and close the current 2.5% shortfall. Gaining any traction over the winter period has been difficult but improvements have been seen from early January. Achieving the target with such a small number of incidents per day (49) requires the implementation of a many different initiatives throughout the organisation.
- PTS experienced a similar December as A&E in terms of disappointing service delivery against contracted requirements. By contrast this was against the backdrop of a reduction in demand however there were considerable variances of demand on day. Undoubtedly PTS experienced the pressures that impacted across all services within the health economy. An immediate review by operational teams has been commissioned and discussions with commissioners have commenced to understand the service challenges actions to address are on-going through the Consortium Management Board meetings.

5.3 Clinical Directorate

- Angela Harris has been appointed as Lead Nurse for Urgent Care and will commence in the substantive post at the start of February. She will continue to develop joined-up urgent care work across health and social care systems for the organisation in partnership across directorates.
- The YAS Draft Urgent Care Strategy is out for consultation and has been discussed at SMG in January. We are also supporting Mid Yorkshire NHS Trust in identifying ambulatory care pathways to provide more joined up care closer to home.
- We have secured SHA funding for the design and implementation of a poster campaign to support understanding of DNACPR across systems.
- The YAS draft Public Health Strategy is out for internal and external consultation. The work of the YAS Public Health group is continuing cross directorate, including messaging over the winter period and episodes of severe weather.
- Cohort 12 of the YAS Clinical Leadership programme started their course in December 2012. The final service improvement initiatives for each cohort have been presented to the academic leads for Bradford University and senior members of YAS Clinical and Standards and Compliance Directorate. The clinical directorate have reviewed the first several cohort's clinical initiatives and are feeding back and linking these to on-going clinical developments.
- Dr Andrew Pountney, Consultant in Emergency Medicine and Pre-hospital Care at Mid Yorkshire NHS Trust, commenced in the role of YAS Medical Governance Lead in January 2013. He will be taking a lead on medical revalidation processes in the Trust especially around the linked systems to support revalidation for the doctors who respond on behalf of YAS as immediate care doctors or YAA doctors. He will also working to support clinical and governance developments through YAS BASICS.

IPR Section 2 – Ambulance Clinical Quality Indicators (ACQIs)

- STEMI 150 (Heart attack):

Incorrect filtering of MINAP data by PPCI centres resulting in inaccurate reporting of YAS performance. Analysis of the raw data by the Assistant Clinical Director and Management Information have highlighted filtering issues. A process has been developed to analyse all aspects of the patient journey and provide feedback through the regional cardiac networks. Analysis and feedback has taken place from August 2012 data onwards.

- Return of Spontaneous Circulation (ROSC) – Cardiac Arrests:

Implementation of RC(UK) ILS training for all clinicians, 309 trained to end October 2012.

- Re-contact within 24hrs following face to face discharge:

Inconsistent application across ambulance Trusts. Clarification of national technical guidance sought. Awaiting outcome and development of implementation plan.

5.4 Standards and Compliance Directorate

- The 111 mobilisation process is continuing according to plan. The recruitment to call handler posts is complete and their training is under way. TUPE transfer discussions are continuing with relevant organisations and there is a focus at present on the Clinical Adviser staff. Work is progressing well on the estates work stream and the fitting out of the Rotherham and first phase of Wakefield building is complete. The IT/telecommunications work stream is on track, 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 been completed with submission of the regional arrangements to the Department of Health. An assessment will be conducted by the DH in February to ensure that the arrangements meet the necessary standard.
- Work is continuing in liaison with NHS North of England, in response to the Hillsborough Independent Panel report. The Trust is also continuing to liaise with the Health Care Professions Council to support the completion of their Hillsborough related review. This is due for completion by the end of January.

- Work is under way with Deloitte to complete a further external review of quality governance, as part of the assurance process associated with the Trust's Foundation Trust application.
- An introductory meeting has been arranged between the Medical and Nurse Directors of the NHS Trust Development Authority and the YAS Executive Medical Director and Executive Director of Standards and Compliance, to take forward the Foundation Trust 'Quality Challenge'.
- The Care Quality Commission visited the Trust between 22 January and 25 January, for its annual unannounced, planned inspection. The inspectors focused on 7 outcomes in the Essential Standards of Safety and Quality, relating to consent, care and welfare, co-operation with other providers, cleanliness and infection control, staffing levels and training, supporting staff and complaints. The inspection is ongoing as this report is being prepared.

IPR Section 3 – Quality

- Page 3.7 – There has been an increased rate of staff accident reporting over the last quarter, with an higher proportion of accidents recorded as relating to moving and handling issues. The Trust is aware of the areas of concern and action is progressing according to the agreed plan to introduce new carry chairs as part of the capital programme in the new financial year, and to change the current clinical equipment bag, which is cited as the underlying cause of a number of incidents.
- Page 3.9 – A hospital has reported 3 separate incidents relating to the management of patients who have deteriorated in transit. The incidents have been reported to commissioners as Serious Incidents and an investigation is under way led by a Clinical Manager in liaison with the hospital, focused on both YAS and hospital aspects of care.
- Page 3.12 – Problems have recurred with software for scanning of patient report forms. This creates difficulties with clinical audit processes and a risk to reporting of external clinical quality indicators. Additional staffing has been put in place as a contingency measure to support the scanning process in the short term and to ensure that essential reporting requirements can be met. Work is continuing with the software supplier to resolve issues and to ensure a viable longer term solution.
- Page 3.16 – There has been a reduction in the patient satisfaction score reported in the IPR in the last month. This relates to a change in the wording of the question and options for response in line with a process agreed through national patient experience leads. Further work is under way to ensure consistency of process across the country and to enable accurate benchmarking of figures. In the meantime

results have been fed back to the relevant senior managers for review and action.

5.5 Workforce & Strategy Directorate

- The Deputy Chief Executive was invited to attend a workshop by the National Director of HR from the NHS Commissioning Board and the Director of NHS Employers on 16th January 2013. This workshop involved senior representatives from the NHS Commissioning Board, NHS Leadership Academy and Senior Civil Servants from the Department of Health to discuss the allocation of HR accountabilities in the new NHS landscape from 1st April 2013. As the only ambulance service representative and one of only three provider Trust representatives, this provided a useful opportunity to put forward the Trust's point of view on a range of issues.
- The Annual Education and Training plan has been re-profiled for the remainder of 2012/13 to balance abstracted time from Operations against the need to focus upon year-end delivery of contractual performance and quality standards. Consequently, the clinical update and operational refresher programmes have been combined to cover key clinical updates during a single day of training, but retains the focus on formal Immediate Life Support (ILS) accredited training for front-line clinicians.
- The Annual Education and Training plan for 2013/14 is currently being developed, with particular pressures to be balanced in respect of issues such as the roll-out of the 2013 Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines and the anticipated commencement of Trust wide roll out of the Emergency Care Solution (ECS), also known as e-PRF versus other education and training priorities for the year.
- Following Trust Board approval of the 5 year workforce plan in September 2012, work has been underway to implement required workforce changes, with structural changes taking place in a number of functions. The most sizeable element of the implementation of the 5 year workforce plan remains the A&E workforce Band/Skill mix changes, the final version of which was the subject of individual letters to the A&E staff concerned on 7th January 2013. Final responses from the two recognised trade unions are awaited by 31st January 2013.
- The Trust has continued to adopt a robust approach to the 2012/13 Flu Vaccination Programme, with locally trained paramedic vaccinators supporting Occupational Health providers. The Trust has achieved a 16% increase in uptake compared to 2011, i.e. 37% uptake across all staff so far in 2012/13 compared to 21% in 2011/12.

IPR Section 4 – Workforce

- Sickness absence levels within the Trust currently remain above the target of 5.0%. As at the end of December, sickness absence was recorded Trust wide as 7.58%, and consequently was RAG rated as Red. This incorporated an increase in short-term sickness absence, which is being reviewed across all Localities/Departments. A 'deep dive' on 16th January 2013 focussed upon attendance management in the Operations Directorate led by the members, both executive and non-executive, of the Board Absence Turnaround Group.
- Performance Development Reviews (PDRs) experienced a reduction in compliance to 72% at the end of December due to the number of staff falling out of compliance due to the requirement for their annual review meeting taking place. Improved compliance across all Localities / Departments will need to be sustained throughout Quarter 4 to enhance the year end position. This is currently RAG rated as Amber.

5.6 Finance & Performance Directorate

- The Estates function is continuing to work with Resilience and Operations to finalise options for the location of the new HART site in Leeds. The completed full business case is due to be presented to the Finance & Investment Committee in February prior to submission to the Board and SHA.
- Work on the new 111 site in Wath-on-Deerne in Rotherham has been completed and this has now been handed over to the 111 team for service testing. Work is due to be completed on Springhill 1 in February.
- The staff consultation document has been issued to re-structure the Sheffield Europe workshop in line with the Trust's five year workforce plan. Workforce changes include the introduction of a Fleet apprentice and trainee roles to allow for improved future career progression.
- Whilst work is ongoing to address capacity issues within the medical electronics team Medtronic have been commissioned and started on site on 14 January to assist with servicing of defibrillators to ensure all equipment is serviced within the twelve month timeframe.
- The first draft of the Trust's Commercial Strategy was presented to the Finance & Investment Committee in January for comment and feedback ahead of being brought back to the Board Development

Meeting in March. The team have also been developing the shortened version of the IBP for sharing with staff and external stakeholders. This work will be completed in the second half of January.

- The Finance team have begun work on budgets and planning assumptions for 2013/14 in line with the Trust Development Authority (TDA) guidance issued earlier this month. This is being taken forward in conjunction with annual planning workshops taking place in January and February. The final plan will be brought back to the March Board for approval.

IPR Section 5 – Finance

- During December the Trust saw further slippage within the Cost Improvement Programme in relation to reduced sickness, meal break payments, PTS and A&E overtime. Additional CIP reserve schemes including the use of bunkered fuel are being implemented in an attempt to mitigate CIP slippage. The Finance team have been working with A&E management and TEG to forecast commitments to the end of the financial year and identifying mitigating actions to ensure the Trust meets its year-end financial targets.

6. Recommendation

- 6.1 Agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.
- 6.2 Notes and discusses the variances contained within the December 2012 IPR report, highlighted in the Executive Directors reports.